Hancock County

Community Health Needs Assessment

2014-2019

Hancock County Health Department

In collaboration with

Memorial Hospital

For

Illinois Department of Public Health

Springfield, Illinois

December 18, 2014

Priorities:

1. **Cardiovascular Disease**
2. **Diabetes**
3. **Lung Cancer**

TABLE OF CONTENTS

12. Appendix 2
    a. Health Problem Analysis Worksheet
    b. Community Health Plan Worksheet
    c. List Health Priority/Strategic Issue Worksheet
13. Appendix 3
    a. Meeting Agendas and Minutes
14. Appendix 4
    a. Community Health Data
    b. Community Survey Tool and Results
    c. Board Presentation Data
15. Appendix 5
    a. Evaluation for Cardiovascular Disease
    b. Evaluation for Diabetes
    c. Evaluation for Lung Cancer

EXECUTIVE SUMMARY

Hancock County Health Department and Memorial Hospital began collaboration on a joint Community Health Needs Assessment in November of 2013. Both organizations were due for new assessments by the end of 2014 even though the health department requirement is every five years and the hospital every three years. It was very timely to facilitate collaboration.

The organizations extended an invitation to multiple organizations and agencies obtaining a very broad representation of the county to form a Community Health Needs Assessment Interagency Committee. This committee began meeting in December of 2014 and met multiple times over a one year period. They reviewed the previous assessments, new data, updated community health problem areas and conducted a county wide survey.

After much discussion and review of the data and survey results the three health priority areas were determined to be: diabetes, cardiovascular disease and lung cancer.

In November of 2014 a joint presentation was made to the Hancock County Health Department Board and the Memorial Hospital Board. The presentation reviewed the purpose, process and outcome of the interagency work.

In December of 2014 the respective boards adopted the Community Health Needs Assessment Plan as presented by the Administrative Staff.

HANCOCK COUNTY HEALTH DEPARTMENT DESCRIPTION

The Hancock County Health Department has worked for more than thirty-five years to promote a healthier life for area residents.

Our Mission

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

Programs and Services

The Health Department continues to change with the needs of the residents of our community. The current program offerings include a complete range of Home Health Services including Skilled Nursing and CNA visits, Physical, Occupational and Speech Therapies as well as free loan of durable medical equipment. Environmental Services include inspections of restaurants, wells and septic systems, and non-community water supplies. Wellness services include affordable Lab services, Immunizations for all ages, Surveillance of Communicable Diseases and West Nile Vectors, Car seat Inspections and assistance, Women Infant and Children (WIC), Tobacco Cessation Assistance and Women's Health Services provided through collaboration with IBCCP and Susan G Komen for the Cure. Community Health Services include Emergency Preparedness, free Prostate Cancer Education and Screening, Diabetes Support and assistance, and a Fitness Center. Our Dental Center offers oral health services to patients of all ages.

Staff

The Health Department Staff members work in collaboration with other area service agencies to provide a variety of educational and support programs and screening opportunities to equip and enable Hancock County residents improve and maintain their health.

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 a commitment to excellence.

Hancock County faced an exciting set of circumstances in the post-World War II 1940s. 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 country to victory.

Today, nearly six decades later, Memorial Hospital has written another chapter of service to the Hancock County community. The community celebrated the grand opening of a new facility in July 2009.

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 $7 million.
Services available at Memorial Hospital include a 24/7 emergency room (with almost 4,000 visits per year), surgical procedures, medical imaging technology, OB deliveries, and several community clinics.

The legacy of dedication to the community continues, as Memorial Hospital perpetuates the vision of Hancock County leaders 60 years ago. The board of directors, medical staff, administration and employees of Memorial Hospital are proud to provide to the residents of Hancock County "Caring professionals…close to home."

Our Mission

Memorial Hospital is dedicated to improving health by providing education and wellness programs and innovative services at all stages of life.

Our Vision

Memorial Hospital will become the employer of choice and provider of choice of modern and innovative health care for the residents of our service area and will develop cooperative relationships with social service agencies and other health care providers.

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 badge at all times
- Keep work areas clean and free of 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
- Recognize and respect the cultural differences, beliefs and viewpoints of others
- Treat co-workers as professionals deserving 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 manner
- 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 this 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.

DESCRIPTION OF COMMUNITY SERVED

Hancock County is a county located in west central Illinois. According to the 2010 census, it has a population of 19,104. Its county seat is Carthage, and its largest city is Hamilton. The county is made up of rural towns with many farmers. According to the U.S. Census Bureau, the county has a total area of 814 square miles. As of the census of 2000, there were 20,121 people, 8,069 households, and 5,607 families residing in the county. The population density was 25 people per square mile. There were 8,909 housing units at an average density of 11 per square mile (4/km²). The racial makeup of the county was 98.68% White, 0.20% Black or African American, 0.18% Native American, 0.23% Asian, 0.02% Pacific Islander, 0.13% from other races, and 0.56% from two or more races. 0.52% of the population was Hispanic or Latino of any race. 35.5% were of German, 32.7% English, and 10.0% Irish ancestry according to Census 2000. 98.8% spoke English and 1.0% Spanish as their first language.

There were 8,069 households out of which 30.50% had children under the age of 18 living with them, 58.90% were married couples living together, 7.60% had a female householder with no husband present, and 30.50% were non-families. 26.90% of all households were made up of individuals and 13.80% had someone living alone who was 65 years of age or older. The average household size was 2.45 and the average family size was 2.96.

In the county the population was spread out with 24.60% under the age of 18, 7.10% from 18 to 24, 25.50% from 25 to 44, 24.50% from 45 to 64, and 18.30% who were 65 years of age or older. The median age was 40 years. For every 100 females there were 94.20 males. For every 100 females age 18 and over, there were 90.20 males.

The median income for a household in the county was $36,654, and the median income for a family was $44,457. Males had a median income of $31,095 versus $20,680 for females. The per capita income for the county was $17,478. About 5.40% of families and 8.30% of the population were below the poverty line, including 9.90% of those under age 18 and 8.20% 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 adds to the complexity of reaching the communities served. Due to the rural nature of Hancock County agriculture and agriculture related business is clearly a major driver of the economy. The following chart identifies the top employers in the county.

Employer	Number of Employees
Memorial Hospital	**208 (130 FT; 78 PT)**
County of Hancock/Hancock County Shelter Care	**153 (117 FT; 36 PT)**
CVS/Professional Swine Mgmt.	**140 (125 FT; 15 PT)**
W. L. Miller Gray Quarries	**120**
Southeastern School District	**97 (91 FT; 6 PT)**
Hamilton School District	**95 (48 FT; 47 PT)**
Dadant & Sons	**90**
Warsaw School District	**77 (65 FT; 12 PT)**
Employer	**Number of Employees**
Nauvoo Restoration	**60 (15 FT; 10 PT; 35 volunteers)**
Illini West High School District	**55**
Montebello Healthcare Center	**55**
Nauvoo-Colusa School District	**52 (48 FT; 4 PT)**
First State Bank	**50**
Methode	**50**
Marine Bank	**44 (41 FT; 3 PT)**
Carthage Elem. School District	**44**

Hancock County Health Department & Memorial Hospital

Board Approval

Public Health
Prevent. Promote. Protect.

Hancock County Health Department
& Home Health Agency

671 Wabash Avenue ~ PO Box 357 ~ Carthage, IL 62321
217-357-2171 ~ 1-800-422-8218
Fax 217-357-3562

Illinois Department of Public Health
Attn: Tom Szpyrka, IPLAN Administrator
525 W Jefferson Street
2nd Floor
Springfield, IL 62761-0001

December 18, 2014

Dear Mr. Szpyrka:

The Hancock County Board of Health acted to approve the Hancock County Health Department's Assessment as required under the Illinois Administrative Code on December 18, 2014. 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 December 18, 2014 Board of Health Meeting.

Sincerely,

Nancy Krekel

President, Board of Health

Letter of Approval from Administrator and Hancock County Health Department Board

Public Health
Prevent. Promote. Protect.

Hancock County Health Department
& Home Health Agency

671 Wabash Avenue ~ PO Box 357 ~ Carthage, IL 62321
217-357-2171 ~ 1-800-422-8218
Fax 217-357-3562

Illinois Department of Public Health
Attn: Tom Szpyrka, IPLAN Administrator
525 W Jefferson Street
2nd Floor
Springfield, IL 62761-0001

December 18, 2014

Dear Mr. Szpyrka:

We are requesting recertification for the Hancock County Health Department. We have enclosed one hard copy and one electronic copy of the Hancock County Health Department's IPLAN (including a letter from the Board of Health, listing of IPLAN committee members, three health priorities, an organizational capacity assessment, and our community health plan) in support of this request.

This IPLAN was completed in close collaboration with our valued community partners who are named within the document. Our sincere thanks to all of our partners, without whose loyal support and hard work this project could not have been completed. Our chief collaborators throughout the project have been our colleagues at Memorial Hospital, who have been instrumental throughout the processes of Community Health Needs Assessment, priority and goal setting, and planning for progress towards addressing our stated priorities and achieving our goals as we move forward. Though we have a strong history of collaboration on projects and events, we are moving into a new phase of even closer collaboration in daily operations and efforts to improve the health of Hancock County residents.

A report on the IPLAN work and progress was presented to a joint meeting of the Hancock County Board of Health and the Memorial Hospital Association Board on November 20. Both boards enthusiastically support organizational collaboration, and will receive quarterly updates on work and progress on our goals and priorities.

Thank you for your willingness to work with us on the extension requested to ensure the appropriate time could be devoted to developing a quality plan. Please feel to contact me if there are concerns or questions regarding the submitted material.

Sincerely,

Amy McCallister, Administrator
Hancock County Health Department

Memorial Hospital Board Action on Community Health Needs Assessment

On December 3, 2014 the Memorial Hospital Board of Directors met and reviewed the summary report for the collaboration on the Community Health Needs Assessment. The comprehensive report had been presented at a joint board meeting on November 20, 2014.

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.

COMMUNITY HEALTH NEEDS ASSESSMENT

Purpose

A Community Health Needs Assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community.

An ideal assessment includes risk factors, quality of life, mortality, morbidity, community assets, and forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services.

The data that is gathered during this process 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 as well as impact objectives are identified.

Community Participation Process

The first planning meeting between staff from the Hancock County Health Department and Memorial Hospital was held in November of 2013. Hancock County Health Department and Memorial Hospital agreed to be the principle organizations for coordination and follow through. Key individuals, agencies and organizations were identified in order to send an invitation for a kick off meeting. The two principle organizations made sure there was a broad representation of the county. The individuals identified to attend or represent their organization were contacted with a brief introduction as to the goal for this collaborative effort.

In December of 2013 a kick off meeting was held. During that introductory meeting the purpose of the committee was define. An educational overview of the Community Health Needs Assessment was provided along with a brief overview of the results from the previous projects conducted by the Hancock County Health Department five years prior as well as Memorial Hospital's plan from three years prior.

The role of the individuals represented was articulated. It was requested that they become a permanent part of this group not only over the next year as the priority focus is established but longer term to assist with implementation of goals. It was noted that this collaboration could be very beneficial to all involved as it pertains to having a positive impact on the health and wellbeing of the community and possibly being positioned to secure grant funding to support key elements of the efforts.

A draft survey tool had been developed so with input from the group a strategy for distribution via Survey Monkey and paper tool was developed. The goal was to secure a very broad representation of the county for feedback on perceive community health issues.

Interagency meetings were established to meet on a regular basis. This would ensure the completion of the Community Health Needs Assessment. The Interagency Committee was provided education 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 identified were the IPLAN data system, CDC, Behavioral Risk Factor Surveys, local mental health agency, local hospital as well as Comp Data which is an Illinois repository for hospital discharge data and demographics. As the process progressed data from local law enforcement as well as a Hancock County Economic Development Survey was included in the analysis by this group.

Following almost one year of data collection, committee education and review three priorities were selected as a focus in October of 2014. The committee use nominal group technique as a tool for the development of the priority areas.

The work of the committee was presented in a joint board presentation for the board of the Hancock County Health Department and the board for Memorial Hospital in November of 2014.

Both Boards approved the plan at their respective board meetings in December 2014. Quarterly reports will be provided to the boards for updates on the implementation and progress of the interventions.

Committee Membership

The following organizations or agencies were represented on the interagency committee. Included are some of the individuals who represented the organizations listed:

1. Hancock County Health Department
    a. Amy McCallister – Administrator
    b. Maureen Crawford – Grants Administrator
    c. Melita Finney – Community Health Director

2. Memorial Hospital
    a. Ada Bair – CEO
    b. Nancy Huls – Director of Quality & Risk Management
    c. Cynthia Huffman – Director Marketing & Communications
    d. Kristin Suminski – Director Pulmonary Rehab and Outpatient Gero-Psych
    e. Deborah Schuster – Dietician
    f. Pam Hartzell – Director Diabetes Education
3. Red Cross
    a. Pamela Shaffer- Former Executive Director
    b. Nancy Rutledge- Former Branch Manager
4. Area churches
    a. Robin Spurling – Pastor First Christian Church
5. Carthage City Council
    a. Donna Walker – Alderman
    b. Jim Nightingale-Mayor
6. Mental Health Centers of Western Illinois
    a. Joe Little – Associate Director
7. University of Illinois Extension
    a. Earl Bricker – 5 County Area Extension Director
    b. Sherry Merry – County Extension Director
8. Hancock County Sheriff
    a. Scott Bentzinger - Sheriff
9. Area School Superintendents/Principals
    a. Dr. Ray Olson – Superintendent Dallas City/LaHarpe School District
    b. Diane Pepple – Principle Carthage Elementary
10. Hancock County Economic Development
    a. Dustin Berg – Executive Director
11. Kiwanis
    a. Jerry Bartell - Member
12. Pact for West Central Illinois
    a. Denise Conkright- Executive Director
    b. Melissa Tschirgi-Health and Nutrition Coordinator

13. Marine Bank
    a. Susan Starr – Vice President
14. Chamber of Commerce
    a. Cynthia Huffman – Board Member
    b. Ada Bair – Board Member
15. Ramsey Financial Services
    a. John Huston – Insurance Agent
16. Hancock County Senior Services
    a. Leia Morrison-Director
17. DisTek and Carthage Community Development Corporation and Carthage Industrial Development Corporation
    a. Matt Dickinson – Owner of DisTek and Board Member for the other two entities
18. West Central Illinois Area Agency on Aging
    a. Angie Byrd–Former Site Director
    b. Tanya Sparks- Former Site Director

Collaborating Organizations for Implementation Strategy

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

The University of Illinois Extension is the flagship outreach effort of the University of Illinois at Urbana-Champaign, offering educational programs to residents of the 102 Illinois counties — and far beyond. The regional director of the U of I Extension is an active member of the core committee who will assist with the intervention strategies.

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. Its mission is to help each individual achieve personal wellness through the provision of cost-effective, person-centered services by qualified and caring staff.

A CARF three year accreditation was awarded to MHCWI for the following programs:

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

ANALYSIS OF HEALTH DATA

Demographic and Socioeconomic Characteristics

Population

According to the 2010 Census, Hancock County has a population of 19,104 individuals. Based on previous census data, and since 1980, Hancock County has lost 19.7% of its population.

However, decline has been slower in the past ten years with only a 5.1% decrease, or the loss of 1,017 individuals from 2000 to 2010, this compared to 1980 to 1990 where the population loss was at 10.2% or 2,432 individuals. Although Hancock County has seen a substantial loss in population, its situation is not much different than the surrounding counties in the area.

A key contribution to the loss of population in Hancock County has been attributed to the significant downsizing at Methode, an electronic manufacturer for the auto industry, in Carthage starting in 2008.

The downsizing consisted of laying off over 600 individuals employed at the Carthage plant due to the lower sales to automakers across the U.S.

Age

Hancock County as most other rural counties have an aging population.

The 2010 census has the median age in Hancock County at 44.6 years, putting it approximately eight years older than the median age for the State of Illinois at 36.6 years.

Hancock County has the second oldest population of the surrounding region, with only Henderson County having an older median age at 47.2 years (see Figure 3). Most other counties in the region have similar median age numbers ranging from 40.7 years in Adams County to 42.6 years in Lee County.

Gender

According to the 2010 U.S. Census the females in Hancock County outnumber the males by 324. In Illinois the female population is 6,538,356 and males are at 6,292,276. The women outnumber the men in the state by 246,080.

Rural Comparison

According to the IPLAN Data System report from 1990 Hancock County saw 72.2% of the population as rural in comparison to 15.4% of the Illinois population being rural, and 24.8% of the population in the US is rural.

Medicaid

According to the IPLAN Data System from 2002 the Medicaid enrollees compared to Illinois is over 14% in Hancock County verses the state at 14%

Food Stamps

According to the IPLAN Data System from 2005 the state and the county have the highest percentage of the population receiving food stamps. Over 8% on a state level and over 9% in Hancock County

Poverty Level

According to the IPLAN Data System from 1990 Hancock County's total population compared to Illinois and the US is considered to live in poverty at over 35%.

Race & Ethnic

The 1990 – 2010 U.S. Census of Population and Housing report on race and ethnicity.

Race and ethnic groups in Hancock County have been relatively static since its founding in 1829, although non-white racial groups have been slowly growing, currently making up 2.6% of the population. At the same time, the white population in the county has decreased by 12% since 1990, while the Hispanic population has grown by 219%. Since 1980, the Black or African American racial group has increased by 81, or 312%, making up .6% of the current population in the county. Without the slow growth of these minority groups in the county, the overall decrease in population would be more severe than the county is already experiencing. The county still remains predominantly white with 98% of the total population.

Education

Available from the U.S. Census of Population and Housing in data on educational attainment are available for the U.S., states, counties, and sub county statistical areas (such as zip codes and block groups), from 1940 to 2000.

Education attainment levels within the county have increased between 1990 and 2000, specifically when taking into account that the county has been decreasing in population. Even with this population decline as a factor, the county still has seen an increase in high school graduates of 1.3%; an increase in some college with no degree of 18.4%; an increase in associate degrees of 3.8%; an increase in bachelor degrees of 1.2%; and an increase in graduate or professional degrees of 10.5%.

Per Capita Income & Median Household Income

The U.S. Department of Commerce, Bureau of Economic Analysis reports on per capita income.

In 2011, Hancock County had a per capita personal income of $35,155 compared to $43,721 for the State of Illinois, which was 80% of the state average. Thus, over the last ten years, the income in Hancock County has been growing faster than the income level across the state.

Also reported in 2000 from the U.S. Department of Commerce the largest number of households in the county is in the $50,000 to $74,000 income range at 22.5% of households.

Unemployment Rate

According to the Illinois Department of Workforce Development over a 14 year period, Hancock County saw its largest unemployment rate of 11.8% in 2010. This has gradually decreased to a 2012 rate of 9.2% and .5%.

Hancock County has been especially hard hit as compared to the region, having the highest average unemployment rate from 2006 thru 2012. Hancock County's consistent high unemployment rates should be a concern because most other counties in the region have seen unemployment rates drop below 8% while the county's rate remained in the 9 to 11% range.

All counties in the state have experienced large unemployment increases since the economic downturn in 2008. A major factor in the unemployment figures for Hancock County has been the loss of key employers in the area and the downsizing of other employers that has hit the county especially hard.

GENERAL HEALTH AND ACCESS TO CARE

The Robert Wood Johnson Foundation reports the overall healthy county rankings by state. Hancock County has improved its ranking according to this study from number 37 in Illinois in 2010 to 26 in 2014.

Leading Causes of Death

The leading cause of death in Hancock County in comparison to Illinois according to the 2006 IPLAN Data System is noted in the chart below. The top seven issues for Hancock County are identical to the state ranking.

Hancock County	**Illinois**
Diseases of the Heart	Diseases of the Heart
Malignant Neoplasms	Malignant Neoplasms
Coronary Heart Disease	Coronary Heart Disease
Cerebrovascular Diseases	Cerebrovascular Diseases
Lung Cancer	Lung Cancer
Accidents	Accidents
Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
Motor Vehicle Accidents	Influenza and Pneumonia
Colorectal Cancer	Diabetes
Lymph and Hemato Cancer	Lymph and Hemato Cancer

According to the Memorial Hospital deaths by diagnosis for 2012 the top three were cardiac arrest, acute respiratory failure and gastrointestinal bleeding. In 2013 cardiac arrest, lung cancer and congestive heart failure were the top three causes of death.

Maternal and Child Health

Births

Data on births and the related information that follows was secured from the IDPH Health Statistics web page. The total number of births for Illinois while having seen some fluctuation between 2000-2009 there is an overall decline in the state. For Hancock County there has been also been some fluctuation from 2009-2010 with a high of 250 births to 196 in 2010.

IDPH prepared provisional statistics for 2011-2013 which show an increase in Hancock County births going from 143-157. In reviewing the births in Hancock County from Comp Data that has recorded the actual number of births for 2011-2013 the range was from 128 in 2011 to 156 in 2013 so very close to the provisional data from IDPH.

The birth rate to unmarried mothers from the IDPH Statistical Data Source has shown a steady increase over the years. In 2009, the birth rate to unmarried mothers was 407.6 per 1,000 and in 2010 it was 404.8 so just a slight decline in the most recent two years of data.

In reviewing the teen births on the IDPH Statistical Data web page Hancock County's rate was 8% in 2009 compared to Illinois of 9.6%. In 2010 the Hancock County rate increased to 9.6% while the Illinois rate dropped to 9.1% which is an all-time low for the state.

Infant/Neonatal Mortality

According to the IPLAN Data System between 2002-2006 the infant mortality for the state as well has Hancock County has remained consistent. Hancock County has reported as many as 3 in 2002. The neonatal mortality rates have also remained consistent with Hancock County again being very low with 3 in 2002 and 1 in 2006.

Mothers Who Smoke

According to the most current IPLAN Data System for 2002-2006 the number of women who report they smoke during pregnancy has declined in the state but for Hancock County it continues to fluctuate from a low of 29 in 2003 to 51 in 2006. This will be one of the focus areas as part of the intervention strategy on tobacco utilization.

Low Birth Weight

The state has seen an increase in this statistic according to the 2002-2006 IPLAN data while Hancock County has seen a decline from 13 in 2004 to 8 in 2006. Low birth rate is defined as a baby born under 5.5 pounds.

Chronic Disease

The IPLAN Data System was reviewed for statistics in this area. The crude mortality rates for coronary heart disease from 2002 – 2006 showed a slight decline each year for the state of Illinois but Hancock County fluctuated each year between a high of 64 in 2002 to a low in 2004 of 38. As for the premature mortality rates for individuals under the age of 65 for the same time period saw a decline at the state and county level both.

Lung cancer for that same time period for both the crude mortality rates and premature mortality rates for individuals under the age of 65 have stayed constant.

Two data sources were reviewed for diabetes hospitalization rates. The IPLAN Data System for 1997-2001 and the Illinois Comp Data report rates for 2010-2013 showing how many Hancock

County residents were hospitalized anywhere in the state for diabetes. Once again hospitalization rates for residents of Hancock County have remained fairly constant over the years.

The prevalence of diabetes in Hancock County as compared to the state was reviewed from the CDC 2012 diabetes report card. Hancock County has seen a steady rise from 2004 of 8% to 2011 of 11.1%. This compares to the state of Illinois in 2010 of 8.2%. In addition the CDC reports on adults over the age of 18 who receive preventive care in the area of annual foot exams, monitoring glucose and attended self-management classes just to mention a few. The compliance rate in the area of prevention ranges from less than 50% to 72%.

Infectious Disease

The IPLAN Data System was reviewed for statistical data on infectious diseases from 1997-2006 depending upon what topic area the committee was reviewing at that time. In Hancock County from 2002-2006 the rates of Chlamydia decreased during that time and the rates for Gonorrhea did increase and decrease in that time frame. When we compared the data from Hancock County to the state of Illinois it followed the same patterns.

We reviewed data for Hancock County and the state of Illinois for vaccine preventable diseases during the time frame of 1998-2002. When we reviewed the percentages both the county level and the state level followed the same trends with increasing and decreasing during that time.

As for the rates of Foodborne Illnesses from the IPLAN Data System for 1997-2001 the state of Illinois had multiple cases. However, when reviewing the rates of Salmonella, Campylobacter, and Listeria Hancock County did not have any cases during that time frame.

Environmental/Occupational Health

Scott Bentzinger, Hancock County Sheriff presented information on Hancock County Accident and Crime data from the Hancock County Sheriff's Department.

Accident Crime Date (2013)

Non-car/deer crashes	122
Incapacitating	14
Non-capacitating	19

Average ages of drivers/total crashes per month (2013)

January	39.4
February	33.94
March	42
April	40
May	41
June	39
July	37
August	44
September	40

October 46
November 40
December 47

Accident Crime Date (2014)

Non-car/deer crashes 82
Incapacitating 10
Non-capacitating 10

Average ages of drivers/total crashes per month (2014)

January 35
February 34
March 36
April 38
May 49
June 39
July 36

Theft – Takes place outside a house or building. It is a felony if it is over $500.
Burglary – Takes place inside a house or building. This is always a felony.

Crime	January-December 2013	January-August 2014
Burglary	30	10
Theft	134	68
DUI	7	12
Drugs	18	14

Data was reviewed from the IPLAN Data System as it pertains to sedentary lifestyle, the percentage of overweight individuals and the percentage of smokers. While the most recently complied information was for 1998 Hancock County had a higher percentage in all these areas than the state of Illinois.

Mental Health Centers of Western Illinois complies data from the three county area served. Substance abuse and treatment of substance abuse was specifically considered. Between July of 2012 and June of 2013 there were 150 individuals served for substance abuse and 133 receiving treatment. These statistics were higher than either Brown or Pike County.

Sentinel Events

The committee reviewed the IPLAN Data System statistical data for information on sentinel events during 1997-2004. There were only a couple of areas that Hancock County had statistical data during that time frame. From 1997-2001 Hancock County did have cases of tuberculosis in individuals that were 18 years of age and older. The committee also discussed the rates of hospitalizations for uncontrolled hypertension during 1997-2001. Both of those categories did have numbers that fluctuated up and down during those years.

Community Health Problem Survey

A survey was created asking residents to assist in identifying our 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 4.

The survey was available via Survey Monkey as well as a paper tool. Staff manually inputted the paper tool results in order to compile the data. There were a total of 448 respondents with 323 responding to Survey Monkey and 125 via paper tool. The paper tools were distributed in a wide variety of public locations including all provider practices. Staff attended blood drives, food banks and senior services events to secure a broad representation of the population served. Respondents were predominantly female, married and at least a high school education in the age range of 41-65. Only 10% who responded were unemployed.

Respondents noted that both Hancock County Health Department and Memorial Hospital were responsive to the health needs of the county.

No key issues were identified in the areas of environmental, safety, availability of healthcare, transportation or public health. While 23% of the respondents are former tobacco users 16% noted they occasionally or daily used tobacco products.

When asked the question what the two major health concerns in Hancock County are cancer rates ranked number with 125 respondents and obesity rates ranked second with 91 of the respondents.

Conclusion

The process of data collection, committee data education and data analysis by the group started in November of 2013 and concluded in October of 2014. During the September and October 2014 meetings the group was provided education on what a priority area of health focus was how to define the related risk factors, direct contributing factors and indirect contributing factors. Once the committee understood the process a variety of health problems were listed.

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 diabetes, cardiovascular disease and lung cancer.

The worksheets for these priority areas are found in Appendix 2.

Community Health Plan

Purpose

- A process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community.
- An ideal assessment includes:
    - risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services

Data enables:

- community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans

Contains

- Priority areas of focus
- Target population
- Impact & outcome objectives

Process

- Interagency Committee Education:
    - Demographic and Socioeconomic Characteristics
    - General Health and Access to Care Indicators
    - Maternal and Child Health Indicators
    - Chronic Disease Indicators
    - Environmental, Occupational, and Injury Control Indicators
    - Behavioral Risk Factors
    - Sentinel Events

Data collection from multiple sources & analysis

Priority selection completed October 22, 2014

Health Priorities

Each one of the priority health issues identified has been tied to Healthy People 2020. Healthy People is a program of nationwide health-promotion and disease-prevention goals set by the United States Department of Health and Human Services. The goals were first set in 1979, for the following decade. The goals were subsequently updated for Healthy People 2000, Healthy People 2010 and Healthy People 2020.

Cardiovascular Disease

Description of each health problem:

Cardiovascular disease refers to any disease that affects cardiovascular system, principally cardiac disease, vascular diseases of the brain and kidney, and peripheral artery disease

Target Population for Cardiovascular Disease:

Target Population of 18 years+

Relationship to Healthy people 2020:

Healthy People 2020 notes the following goal for cardiovascular disease to improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events

Heart disease is the leading cause of death in the United States. Stroke is the third leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

While Healthy People 2020 has identified 24 objectives as it relates to Cardiovascular Disease the following are the two objectives for focus through 2019.

- Reduce the proportion of persons in the population who report they have been told their blood pressure is high based on the Behavioral Risk Factor Survey
- Increase the proportion of adults who report they are getting exercise on the Behavioral Risk Factor Survey

Risk Factors for Cardiovascular Disease:

The three key factors identified were diabetes, hypertension and lifestyle.

Contributing Risk Factors for Diabetes, Hypertension and Lifestyle:

Diabetes

- Obesity
- Family history/genetics
- Socioeconomic status

Hypertension

- Lack of physical activity
- Substance/Tobacco abuse
- Obesity

Lifestyle

- Tobacco Use
- Poor nutrition
- Physical inactivity

Impact Objectives for Cardiovascular Disease:

- By 2017, the percentage of residents who report they have been told they have hypertension will decrease 2% from 36.2% to 34.2% based on the Behavioral Risk Factor Survey
- By 2017, adults will report a 5% increase in physical activity from 70.5% to 85.5% on the Behavioral Risk Factor Survey

Outcome Objectives for Cardiovascular Disease:

- By 2019, the percentage of residents who report they have been told they have hypertension will decrease 5% from 36.2% to 31.2% based on the Behavioral Risk Factor Survey
- By 2019, adults will report a 10% increase in physical activity from 70.5% to 80.5% on the Behavioral Risk Factor Survey

Intervention Strategies for Cardiovascular Disease:

- Blood pressure checks will be provided at 80% of health fairs and screening events county wide

- 100% of elevated blood pressure checks at screening events will result in education and a referral for follow up
- Quarterly social media posts with educational tips on hypertension will appear on the Hancock County Health Department and Memorial Hospital sites
- Investigate resources for low income individuals to obtain medication if needed
- Offer at least one county wide physical activity event like the Activity Challenge or 100 miles in 100 days around the Memorial Hospital walking path.

Community Resources Available for Cardiovascular Disease:

Hancock County also has excellent resources available for individuals with Cardiovascular Disease. Hancock County Health Department Labs/Blood pressure checks, Blood pressure screenings, Hancock County Health Department Community Education.

Memorial Hospital's Cardiac Rehab, Hancock County Health Department Fitness Center, Healthcare Providers and Services (including specialties like cardiology, pulmonology and internal medicine), Carthage Family Fitness, Activity Challenge, Events-5ks, Strawberry Strut, Great River Run (a 5K, 10K, ½ Marathon and bike event) parks and pools, Memorial Hospitals Diagnostics, free blood pressure checks in local clinics, and Evergreen Center for outpatient gero-psych care.

Community Barriers for Cardiovascular Disease

Since resources are not an issue for the local population the barriers will be a focus of the intervention. Some of those that have been identified include money, insurance, time, lack of knowledge, access to services and complacency.

Estimated Funding Needs for Cardiovascular Disease:

By Hancock County Health Department: *estimated annual expense of $28,400

- Maintain the fitness center
- 2015 Activity Challenge
- Staffing of the Health Department lab
- Staff support for health education presentations
- Staff support for health fairs and screenings

By Memorial Hospital: *estimated annual expense of $40,556

- Maintenance of the cardiac rehab
- Coordinate the Great River Road Run/Bike Event
- Maintain Evergreen Center
- Staffing of the lab
- Staff support for health education presentations
- Staff support for health fairs and screenings

Evaluation for Cardiovascular Disease: See Appendix 5

Diabetes

Description of each health problem*:*

Diabetes Mellitus (DM) occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications.

Many forms of diabetes exist. The 3 common types of DM are:

- Type 2 diabetes, which results from a combination of resistance to the action of insulin and insufficient insulin production.
- Type 1 diabetes, which results when the body loses its ability to produce insulin.
- Gestational diabetes, a common complication of pregnancy. Gestational diabetes can lead to perinatal complications in mother and child and substantially increases the likelihood of cesarean section. Gestational diabetes is also a risk factor for subsequent development of type 2 diabetes after pregnancy.

While there are three common types of diabetes of key concern to this committee is prediabetes. This is where it is believed the efforts can have the greatest impact not only with preventing diabetes but cardiovascular disease and other complications that are associated with diabetes.

Target Population for Diabetes:

The target population for the diabetes health priority is individuals that are 19-44 years & 44-64 years which is the most rapidly growing age range for pre-diabetes.

Relationship to Healthy People 2020:

Healthy People 2020 notes the following goal for diabetes:

Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.

This is significant because diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by 2 to 4 times and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness

While Healthy People 2020 has identified 16 major objectives as it relates to Diabetes the following are the three objectives for focus through 2019.

- Reduce the annual number of new cases of diagnosed diabetes in the population
- Increase the proportion of person with diagnosed diabetes who receive formal education
- Increase prevention behaviors in person at high risk for diabetes with prediabetes

Risk Factors for Diabetes:

The two key factors identified were obesity and hypertension.

Contributing Risk Factors for obesity and hypertension:

Obesity

- Lack of physical activity
- Poor Eating Habits
- Family History/Dynamics

Hypertension

- Lack of physical activity
- Substance/Tobacco Abuse
- Obesity

Impact Objectives for Diabetes:

- By 2017, the Hancock County reported prevalence of diabetes will be 11% as reported by the CDC. Currently the reported prevalence from the 2012 CDC diabetes report card for 2011 was 11.1%. This was an increase from 8% in 2004. Just stopping the upward trend would be significant.
- By 2017 the number of persons receiving education locally will have increase by 5%. The baseline for this objective comes from the local Diabetes Health and Wellness Center. Currently 23% of individuals with a diagnosis of diabetes who are seen by one of the 11 employed providers of Memorial Hospital are referred for education.
- By 2017 the percentage of Hancock County residents reporting prediabetes will be at 10% on the Behavioral Risk Factor Survey. Currently the reporting of prediabetes is at 7.5% for Hancock County.

Outcome Objectives for Diabetes

- By 2019, reduce the prevalence of diabetes for Hancock County to 10% from the reported 11.1% per the most recent CDC report card of 2012.
- By 2019, the number of persons with a diagnosis of diabetes receiving education locally will increase by 10% per the stats from the Diabetes Health & Wellness Center of Hancock County
- By 2019, increase the percentage of Hancock County residents who have reported that they have been told they have prediabetes from 7.5% to 15% on the Behavioral Risk Factor Surveillance System (BRFSS).

Intervention Strategies for Diabetes

- A minimum of two A1c screenings will be offered per year to residents of Hancock County at local events
- Screening participants will receive education on
    - Physical activity, healthy eating choices, local resources available for support, referral if A1c is abnormal, follow up phone call 1 month post screening
- Hancock County providers will receive education on the Diabetes Health & Wellness Center resources annually
- A Diabetes Spotlight, half day education, will be offered annually to residents

- Residents hospitalized locally with elevated glucose levels will receive consultation prior to discharge
- All diagnosed prediabetes and diabetics will receive an auto referral to the Diabetes Health and Wellness Center from Memorial Hospital provider offices

Community Resources Available for Diabetes

Hancock County has excellent resources for individuals with prediabetes and diabetes. Available locally are Certified Diabetes Educators, Volunteers for Diabetes, Diabetes Spotlight, Community Education, Healthcare Providers (including Internal Medicine, Podiatry), Diabetes Support Group, American Diabetes Association, More Medical Durable Medical Equipment, Hancock County Health Department Fitness Center, Eye Doctors, Evergreen Center an outpatient gero-psych program, Carthage Family Fitness and SIU School of Medicine Telehealth.

Community Barriers for Diabetes

Since resources are not an issue for the local population the barriers will be the focus of the interventions. Barriers identified are money, insurance, time, lack of knowledge, access to services due to transportation and complacency.

Estimated Funding Needs for Diabetes:

By Hancock County Health Department: *estimated annual expense of $29,400

- Staff support for Diabetes Spotlight
- Maintain the fitness center
- 2015 Activity Challenge
- Staffing of the Health Department lab
- Staff support for health education presentations
- Staff support for health fairs and screenings
- Staff support for the Diabetes Support Group

By Memorial Hospital: *estimated annual expense of $153,000

- Continued staffing of the Diabetes Health & Wellness Center
- Purchase of A1c screening monitor and kits to test 200 individuals at events
- Staff support for Diabetes Spotlight

- Staff support for the Diabetes Support Group

Evaluation for Diabetes: See Appendix 5

Lung Cancer

Description of each health problem:

Lung cancer, also known as carcinoma of the lung or pulmonary carcinoma, is a malignant lung tumor characterized by uncontrolled cell growth in tissues of the lung. If left untreated, this growth can spread beyond the lung by process of metastasis into nearby tissue or other parts of the body.

Target Population:

The target population for the lung cancer health priority is individuals 18 years and older.

Relationship to Healthy People 2020:

Healthy People 2020 notes the follow goal for lung cancer:

To reduce the lung cancer death rate.

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease. The cancer objectives for Healthy People 2020 support monitoring trends in cancer incidence, mortality, and survival to better assess the progress made toward decreasing the burden of cancer in the United States

While Healthy People 2020 has 1 focused objective on reducing lung cancer it has 20 objectives centered on tobacco use. The following three objectives will be the focus through 2019 for this committee.

- Reduce tobacco use by adults
- Increase smoking cessation attempts by adult smokers
- Increase tobacco cessation counseling in health care settings

Risk Factors for Lung Cancer:
Two key factors were identified to be tobacco use and environment.

Contributing Risk Factors for Tobacco Use and Environment:

- **Tobacco Use**
    - Peer pressure
    - Stress
    - Learned behavior
- **Environment**
    - Occupational hazard
    - Geographical area
    - Second hand smoke

Impact Objectives for Lung Cancer:

- By 2017, the % of adults over 18 who report never smoked on the Behavioral Risk Factor Survey will increase by 2% from 18.4 to 20.4
- By 2017, the percent of adult smokers who attempt cessation will increase by 3% per the QUITLINE stats
- By 2017, 70% of local providers will have initiated tobacco screening in office and in hospital setting
- By 2017, tobacco cessation education will be available in all healthcare settings with an increase of 2% referral to the QUITLINE

Outcome Objectives for Lung Cancer:

- By 2019, the % of adults over 18 who report never smoked on the Behavioral Risk Factor Survey will increase by 5% from 18.4 to 23.4
- By 2019, the percent of adult smokers who attempt cessation will increase by 6% per the QUITLINE stats
- By 2019, 95% of local providers will have initiated tobacco screening in office and in hospital setting
- By 2019, tobacco cessation education will be available in all healthcare settings with an increase of 5% referral to the QUITLINE

Intervention Strategies for Lung Cancer

- Annual updates on resources and QUITLINE for 100% of health care providers in Hancock County
- At least one educational program per year in all area schools on the harmful effects of tobacco use
- Quarterly social media posts on Hancock County Health Department and Memorial Hospital sites with resources for tobacco cessation
- Education will be provided to all expectant mothers in Memorial Hospital clinic settings as documented by medical record and in the WIC clinic at Hancock County Health Department

Community Resources Available for Lung Cancer:

Hancock County also has excellent resources for tobacco cessation that would lead to a reduction in lung cancer. The Illinois QUITLINE, Pulmonary Rehab, ITFC Grant Program, Hancock County Health Department Community Education, Smoke-Free Illinois Act, Healthcare Providers-medical and dental, Memorial Hospital's Cardiopulmonary Department, Pulmonary Rehab, Better Breathers Support Group, Hancock County Health Department Fitness Center, HUGS support group for cancer patients and family, Carthage Family Fitness, Hancock County Fights Cancer, American Cancer Society, Advance Physical Therapy, and Evergreen Center an outpatient gero-psych service.

Estimated Funding Needs for Lung Cancer:

By Hancock County Health Department: *estimated annual expense of $26,247

- Maintain the fitness center
- Staff support for Hancock County Fights Caner
- Staff support for health education presentations
- Staff support for health fairs and screenings
- Staff support for the HUGS
- **By Memorial Hospital: *estimated annual expense of $24,296**
- Maintenance of the cardiac rehab
- Coordinate the Great River Road Run/Bike Event

- Maintain Pulmonary Rehab
- Maintain Better Breathers Support Group
- Staff support for health education presentations
- Staff support for health fairs and screenings
- Staff support for Evergreen Center
- Staff support for Hancock County Fights Caner
- Staff support for the HUGS

Evaluation for Lung Cancer: See Appendix 5

References

IPLAN Data System

Illinois Department of Public Health's Health Statistics Website

CDC Diabetes Report Card

Illinois Hospital Association Compdata Reports

Memorial Hospital Medical Records

Community Health Needs Assessment Survey

Hancock County Sheriff's Department

Mental Health Centers of Western Illinois Data

Hancock County Comprehensive Plan 2014

HRSA

Robert Wood Johnson Foundation

National Cancer Institute

Appendix 1

CAPACITY ASSESSMENT WORKSHEETS

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

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

I. Indicators for Authority To Operate	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
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. H	P
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. H	P
3. The health department is represented on a state public health committee or other body advisory to the state health authority.	3. M	F
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. M	F
5. The health department is regularly consulted by the local elected officials about aspects of local policy relating to health issues.	5. H	P
6. The health department is regularly consulted by the state elected officials about aspects of local policy relating to health issues.	6. M	P
7. The director or a representative communicates appropriately and regularly with state legislators who represent the district the health department serves.	7. H	F
8. The health department is regularly consulted by the local schools when setting health policy.	8. H	P
9. The health department has a formal and productive working relationship with the state health authority.	9. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

I. Indicators for Authority To Operate	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
C. Legal Counsel		
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.	1. H	F
2. The health department maintains a current file or library of all relevant federal, state, and local statutes and regulations.	2. H	F
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 pubic health programs and to enforce public health laws, ordinances, and regulations, as well as the specific responsibilities these entail.	3. H	P
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.	3a. M	P
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.	3b. H	P
4. Procedures for the enforcement of board authorities and responsibilities are documented and are reviewed at least biennially with legal counsel.	4. H	?
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.).	5. H	P
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

II. Indicators for Community Relations	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
A. Constituency Development		
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.	1. H	F
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:	2. H	F
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.	2a. H	F
b. The general public of the community, at least through some form of community health committee or representation on an advisory body.	2b. H	F
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.	2c. H	F
d. Representatives from hospitals, community health centers, the Visiting Nurse Association, and other health and human service agencies.	2d. H	F
e. Educational institutions, such as university schools of public health, medicine, and nursing; colleges, private schools, and local school districts.	2e. H	F
f. Other potential stakeholders in local public health.	2f. H	F
3. The health department cooperates and collaborates with other community agencies that have similar or overlapping ***missions***.	3. H	F
4. The health department cooperates and collaborates with other agencies that deliver similar ***programs*** in the same service area.	4. H	F

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

II. Indicators for Community Relations	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
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. H	F
6. The health department has established mechanisms to guide and ensure active and cooperative relationships with community and professional groups.	6. H	F
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. H	F
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. H	F
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. M	P
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

II. Indicators for Community Relations	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
B. Constituency Education		
1. The health department has a documented plan for informing the public about the current health status of the community.	1. H	F
2. The local media looks to the health department as a source of information about the health of the community.	2. H	P
3. The health department regularly provides background information and news information to the local media.	3. H	F
4. 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).	4. H	F
5. 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.	5. H	F
6. 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.	6. M	P
7. The health department has a means of regular public communication, such as a regular newsletter or column in a community newspaper.	7. M	P
8. The health department makes its own information systems and databases available to interested community groups for their health-related activities.	8. M	N
9. The health department has an established program for community volunteers and student interns in departmental programs.	9. M	P

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

II. Indicators for Community Relations	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
B. Constituency Education (continued) 10. The health department widely disseminates reports regarding public health issues to the community. Other:	10. H	F
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. M 2. H 3. H	F F 0

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

III. Indicators for Community Health Assessment	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ? **
A. Mission and Role		
1. The health department has a clear and concrete mission statement that all staff are capable of stating and explaining in relation to their duties.	1. H	F
2. The health department has established a process for community health assessment and the development of a community health plan.	2. H	F
3. 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.	3. H	F
4. 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.	4. M/L	F
5. 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.	5. M	P
6. 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.	6. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

III. Indicators for Community Health Assessment	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ? **
B. Data Collection and Analysis		
1. The health department maintains a database of existing health resources and community health status.	1. M	P
2. The health department receives reports of communicable disease in the community on a daily basis.	2. H	F
3. The health department has qualified professionals to review and analyze reported morbidity and mortality data.	3. H	F
4. Morbidity and mortality data are reviewed and analyzed for appropriate action on a regular schedule.	4. H	F
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. 0	0
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. 0	0
7. The health department conducts or supports periodic risk factor surveys to identify community risk factors, their prevalence, and interrelationships.	7. H	F
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. H	P
b. The health department collects or receives additional locally specific data sets such as those included in Part II, Section B.	8b. H	P
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

III. Indicators for Community Health Assessment	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ? **
C. Resource Assessment		
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.	1. M	P
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.	2. M	P
3. The health department participates in joint efforts to pool training needs with neighboring health agencies.	3. M	P
4. The health department has agreements with health-related organizations operating programs within its jurisdiction for sharing staff expertise.	4. M	F/P
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.	5. M	P
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.	6. L	P
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

III. Indicators for Community Health Assessment	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
D. Planning and Development		
1. The health department has staff with education and experience in planning and evaluation.	1. H	F
2. The health department uses health data, including vital records, in its community health planning process.	2. H	F
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.	3. M	P
4. The health department has a published strategic plan that includes the current year.	4. M	N
Other:		
E. Evaluation and Assurance		
1. The health department monitors program impact indicators on a regular basis.	1. H	F
2. The health department has community health objectives that are time limited and measurable.	2. H	F
3. The health department reviews and revises community health programs on the basis of the community health plan.	3. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

IV. Indicators for Public Policy Development	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
A. Community Health Assessment and Planning		
1. The health department director assures and facilitates the completion of a community health assessment process.	1. H	F
2. The health department and the community identify and set priorities for addressing health problems based on the results of the community health assessment.	2. H	F
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.	3. H	F
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.	4. H	F
5. The policy board adopts the community health plan.	5. H	F
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.	6. H	F
7. The policy board monitors the implementation of the community health plan.	7. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

IV. Indicators for Public Policy Development	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ? **
B. Community Health Policy		
1. The policy board obtains information from an established citizens' advisory group and from the health department regarding public policy issues affecting the public health.	1. H	F
2. The policy board identifies any additional public policy issues affecting public health and analyzes those issues.	2. H	P
3. The policy board establishes priorities and formulates strategies for action on high priority health policy issues.	3. H	P
4. The health department facilitates the formulation of public health policy in the community.	4. H	P
5. The policy board and the health department director monitor and evaluate the impact of public policy on specific health problems.	5. H	P
6. The policy board advocates changes in public policy to correct the public health problems of the community.	6. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

IV. Indicators for Public Policy Development	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ? **
C. Public Policy and Public Health Issues		
1. The local governmental unit collaborates with the policy board and the health department director in developing public policy which may impact public health.	1. H	P
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.	2. H	P
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.	3. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

V. Indicators for Assurance of Public Health Services	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
A. Public Policy Implementation		
1. The policy board uses its authority to assure necessary services to reach agreed upon goals for its constituents.	1. H	P
2. The policy board assists the health department in utilizing all resources in the community to assure the desired services to all its citizens.	2. H	P
3. The health department assures or provides direct services for priority health needs identified in the community health assessment.	3. H	F
4. The health department assures and implements legislative mandates and statutory responsibilities.	4. H	F
5. The health department maintains a level of service without interruption to avoid crises affecting the health of the community.	5. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

V. Indicators for Assurance of Public Health Services	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ?**
B. Personal Health Services		
1. The health department monitors the availability of personal health services and assures an appropriate level of those health services in the community.	1. H	F
2. 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.	2. H	F
3. The health department identifies barriers to access to health care and develops plans to minimize them.	3. H	F
4. The health department provides the services necessary to assure a clean, safe, and secure environment for the community.	4. H	F
Other:		
C. Involvement of Community in the Public Health Delivery System		
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.	1. H	F
2. 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.	2. H	P
3. The policy board and the health department director assure health protection and health promotion services utilizing community-based organizations.	3. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

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

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VI. Indicators for Financial Management	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
B. Financial Planning and Financial Resource Development		
1. The health department has a predictable source of funds to allow the development and implementation of a long range plan (minimum, 5 years).	1. H	N
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.	2. M	P
3. The health department has a diverse funding base to lessen disruption of services caused by withdrawal of funds from any one source.	3. H	P
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.	4. H	F
5. The health department has a current description of state and federal funding sources available to it and to organizations within its jurisdiction.	5. H	F
6. The health department maintains current information on the health-related budgets and expenditures of all units of government within its jurisdiction.	6. L	P
7. The health department has staff skilled in writing successful grant applications.	7. H	F
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.	8. M	P
9. The health department has contracts to provide public health services to or for community organizations, private nonprofit corporations, and health care organizations.	9. H	0
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VI. Indicators for Financial Management	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
C. Financial Reporting and Administration		
1. Expenditures follow the budget and financial plan of the health department.	1. H	F
2. A description of the health department financial management system is a part of orientation for new policy board members and staff.	2. H	F
3. Financial reports are understood by policy board members and administrative and supervisory staff.	3. H	F
4. The financial position of the health department is routinely reviewed by the policy board and administrative and supervisory staff.	4. H	F
5. 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.	5. H	F
6. The policy board and staff understand their legal accountability and liability, as well as their general responsibility to the public for wise financial management.	6. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

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

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VII. Indicators for Personnel Management	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
A. Policy Development and Authorization		
1. A written job description, including minimum qualifications, exists for each position in the health department.	1. H	F
2. Written personnel policies and procedures are developed or revised with staff input.	2. H	F
3. Personnel recruitment, selection, and appointment procedures are documented.	3. M	F/P
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.	4. L	F
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.	5. 0	0
6. Both the policy board and senior management of the health department have input into any labor union contract negotiations.	6. 0	0
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.	7. H	F
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.	8. H	N
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VII. Indicators for Personnel Management	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
B. Personnel Administration and Reporting		
1. The health department director is responsible for internal administration of the department.	1. H	F
2. The policy board employs the health department director and conducts a periodic, written appraisal of the director's performance.	2. H	P
3. Written staff performance appraisals are conducted by supervisors with employees at established intervals.	3. H	P
4. The performance appraisal system is monitored by the health department director.	4. H	P
5. Union contract provisions are administered in a well-coordinated manner with documented provisions for non-union employees.	5. 0	0
6. Health department announcements and program information are distributed to all employees via a standard mechanism.	6. H	F
7. There are regularly scheduled meetings by work group, work site, division, and department.	7. H	F
8. The policy board receives routine reports from the health department director relative to new employees, staffing changes, dismissals, grievances, etc.	8. H	F
9. The health department director selects qualified individuals as staff for the department.	9. H	F
10. The health department provides appropriate confidentiality for all personnel records.	10. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VII. Indicators for Personnel Management	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
C. Staffing Plan and Development		
1. Staffing patterns and levels match policy board authorized programs and services and current levels of demand for services.	1. H	P
2. The health department has a written plan or policy regarding staff recruitment, selection, development, and retention.	2. M	P
3. 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.	3. H	F/P
4. The health department staff have access to training provided by the state health authority in areas relevant to local health problems.	4. H	F
5. The health department has access to the staff development resources of a school of public health or of other relevant educational institutions.	5. M	F
6. The health department has clearly expressed its staff development needs to schools of public health or to other educational institutions.	6. L	N
7. The health department uses volunteers to support programs where possible, and manages its volunteer program through clearly defined policies and procedures.	7. M	F
8. There are adequate provisions for liability insurance protection for department board members, staff, and volunteers.	8. H	F
9. 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.	9. H	F

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VII. Indicators for Personnel Management	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
C. Staffing Plan and Development (continued)		
10. The health department personnel administration system and personnel policies and procedures are reviewed with each new policy board member and department staff member.	10. H	P
11. The health department encourages and supports staff participation in professional organizations.	11. M	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.	12. H	F
13. The health department has the ability to fill new and vacant positions in a timely manner.	13. H	F
Other:		
D. Personnel Policy and Procedure Audit		
1. A periodic personnel administration audit is performed by a department team to determine if authorized personnel policies and procedures are being followed.	1. H	N
2. The findings of the personnel administration audit are reported to the policy board.	2. H	N
3. There is a written, standard employee exit interview conducted with every employee leaving the health department, which includes identification of reasons for resignation.	3. M	P
4. The health department director monitors all employee exit interview results, and periodically reports such information to the policy board.	4. M	P
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VII. Indicators for Personnel Management	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
E. Documentation		
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.	1. H	F
2. All personnel transactions are documented.	2. H	F
3. An up-to-date coordinated, structured, and confidential file is maintained for every employee and volunteer.	3. H	F
4. All job descriptions, policies, and procedures are consolidated and available to policy board members, department staff, and the public.	4. H	F
5. All recruitment, selection, appointment, and applicant grievance procedures are available in writing to policy board members, department staff, and the public.	5. M	F
6. The salary administration plan is written and available to policy board members, department staff, and the public.	6. M	N
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VIII. Indicators for Program Management	Perceived Importance Codes: H M L 0*	Current Status Codes:F P N 0 ?**
A. Organization and Structure		
1. Operating programs are authorized by the policy board.	1. M	F
2. 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.	2. M	F
3. There is a current organizational chart which shows all functional elements of the organization and their relationship to each other.	3. H	F
4. Staff meetings are held at reasonable frequencies, include appropriate staff, and are called and structured by appropriate individuals.	4. H	F
5. The health department maintains emergency contact staff (on site or on call) to respond to local public health emergencies.	5. H	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VIII. Indicators for Program Management	Perceived Importance Codes: H M L 0*	Current Status Codes:F P N 0 ?**
B. Evaluation		
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 ***process*** of program activities.	1. H	F
2. The health department collects and regularly analyzes information that is needed to evaluate the ***impact and outcome*** of program activities on risk factors and health status.	2. H	F
3. Program objectives are time limited and measurable.	3. H	F
4. Operating programs are reviewed or revised on a regular periodic schedule.	4. H	F
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.	5. M	F
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VIII. Indicators for Program Management	Perceived Importance Codes: H M L 0*	Current Status Codes:F P N 0 ?**
C. General Information Systems		
1. 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.	1. M	P
2. The health department has a plan for the introduction and/or expansion of computer-based systems.	2. L	N
3. 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.	3. L	P
4. 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.	4. L	P
5. 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.	5. L	P
6. The health department maintains current information on federal data bases and information systems relevant to its programs.	6. H	P
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

VIII. Indicators for Program Management	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
D. Shared Resources		
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).	1. L	P/N
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.	2. L	N
3. The health department has agreements with community organizations for sharing space, clerical support, and other resources.	3. M	P/N
Other:		

*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

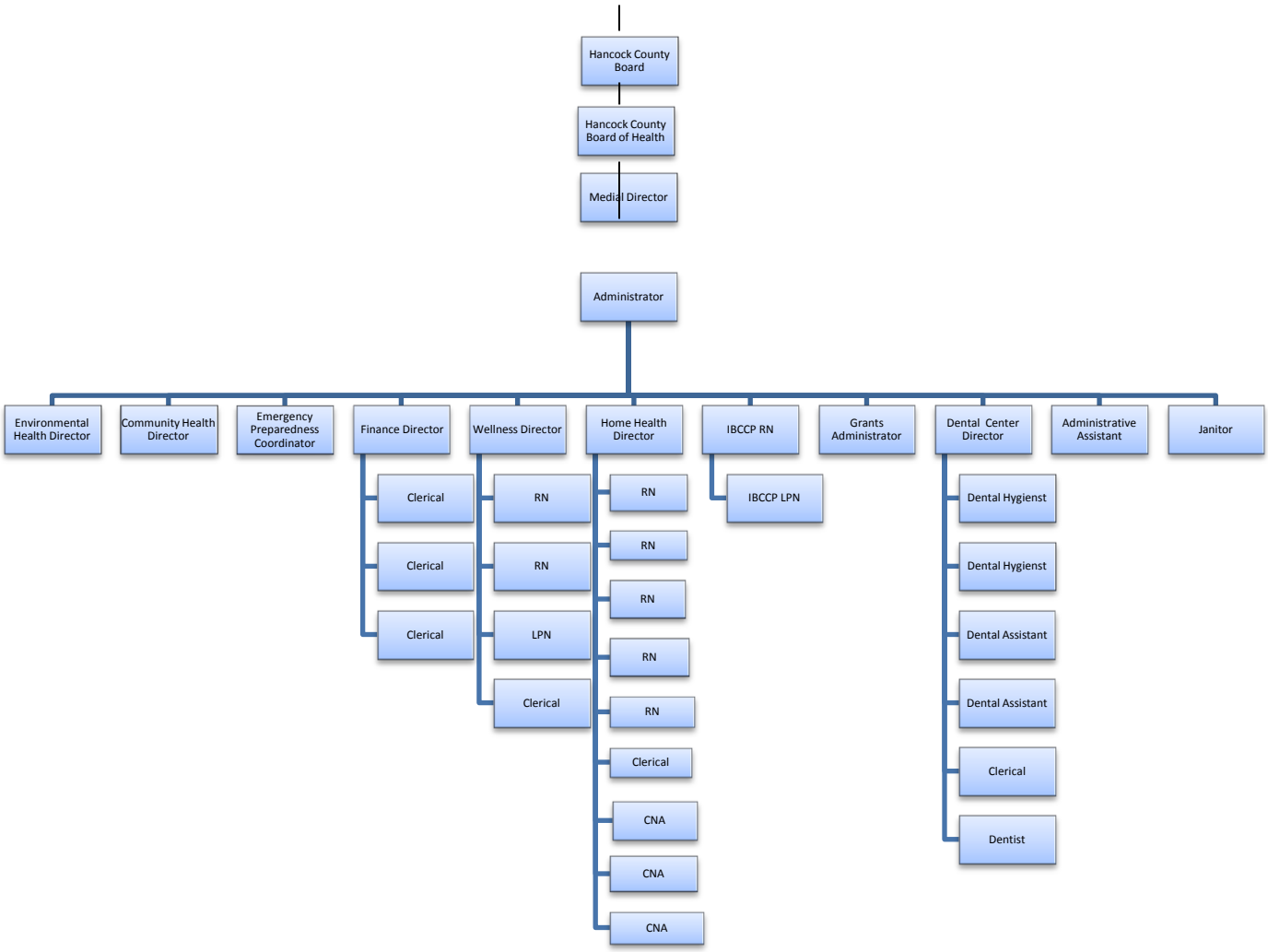
**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

IX. Indicators for Policy Board Procedures	Perceived Importance Codes: H M L 0*	Current Status Codes:F P N 0 ?**
1. Health department policy board members attend policy board and committee meetings.	1. H	F
2. New policy board members routinely receive orientation through an established and documented orientation program of the health department.	2. H	P
3. Policy board meetings are scheduled on a regular basis, with sufficient frequency to ensure board control and direction of the health department.	3. H	F
4. Policy board materials, including agenda and study documents, are mailed to members no less than three days in advance of board meetings.	4. H	F
5. Policy board meetings deal primarily with policy determination, review of plans, making board authorizations, and evaluating the work of the health department.	5. H	F
6. There are written board and administrative policies consistent with the mission statement.	6. H	F
7. The health department publishes the schedule of regular policy board meetings in local news media.	7. H	F
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. H	F
Other:		

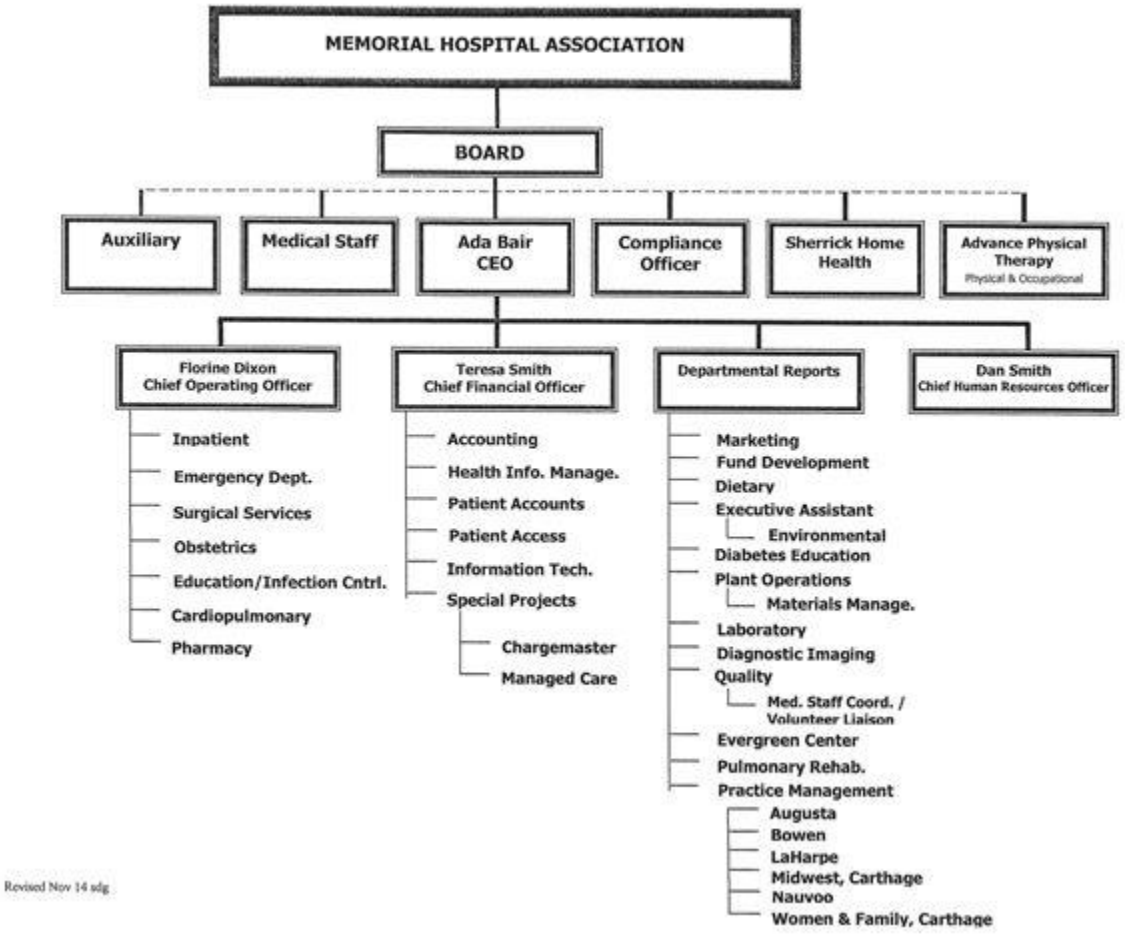
*Perceived Importance Codes:
H = High importance
M = Moderate importance
L = Low importance
0 = Not relevant

**Current Status Codes:
F = Fully met
P = Partially met
N = Not met at all
0 = Not relevant
? = Status unknown

Hancock Health Department Organizational Chart



Memorial Hospital



ANALYSIS OF ORGANIZATIONAL STRENGHTS/PROBLEMS
Worksheet

APEX/PH Indicator Reference Number(s)	**Definition of Strength or Problem** Briefly state any strengths or problems suggested by 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
VI. A. 8	The health department has an adequate contingency fund for dealing with public health emergencies.	The health department does not have a contingency fund. The health department is working towards building a fund by increasing revenue, minimizing expenditures, and maximizing tax levy funding over the next 5 years.	I
VI. B. 1	The health department has a predictable source of funds to allow the development and implementation of a long range plan (minimum, 5 years)	Health Department funding is not predictable. We receive our funding through grants, fees, and tax levy all of which can vary from year to year.	I
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 by the September 30, 2015.	II

VII. D. 1	A periodic personnel administration audit is performed by a department team to determine if authorized personnel policies and procedures are being followed.	The health department administrator, BOH Personnel Committee, and a committee of staff members have conducted a comprehensive review and update of the Personnel Handbook which will be implemented January 1, 2015.	III
VII. D. 2	The findings of the personnel administration audit are reported to the policy board.	Directors talk with the Administrator, and the Administrator discusses personnel issues with the BOH with directors present in those discussions as needed in the executive session of the BOH meetings.	III

ORGANIZATION ACTION PLAN

Worksheet

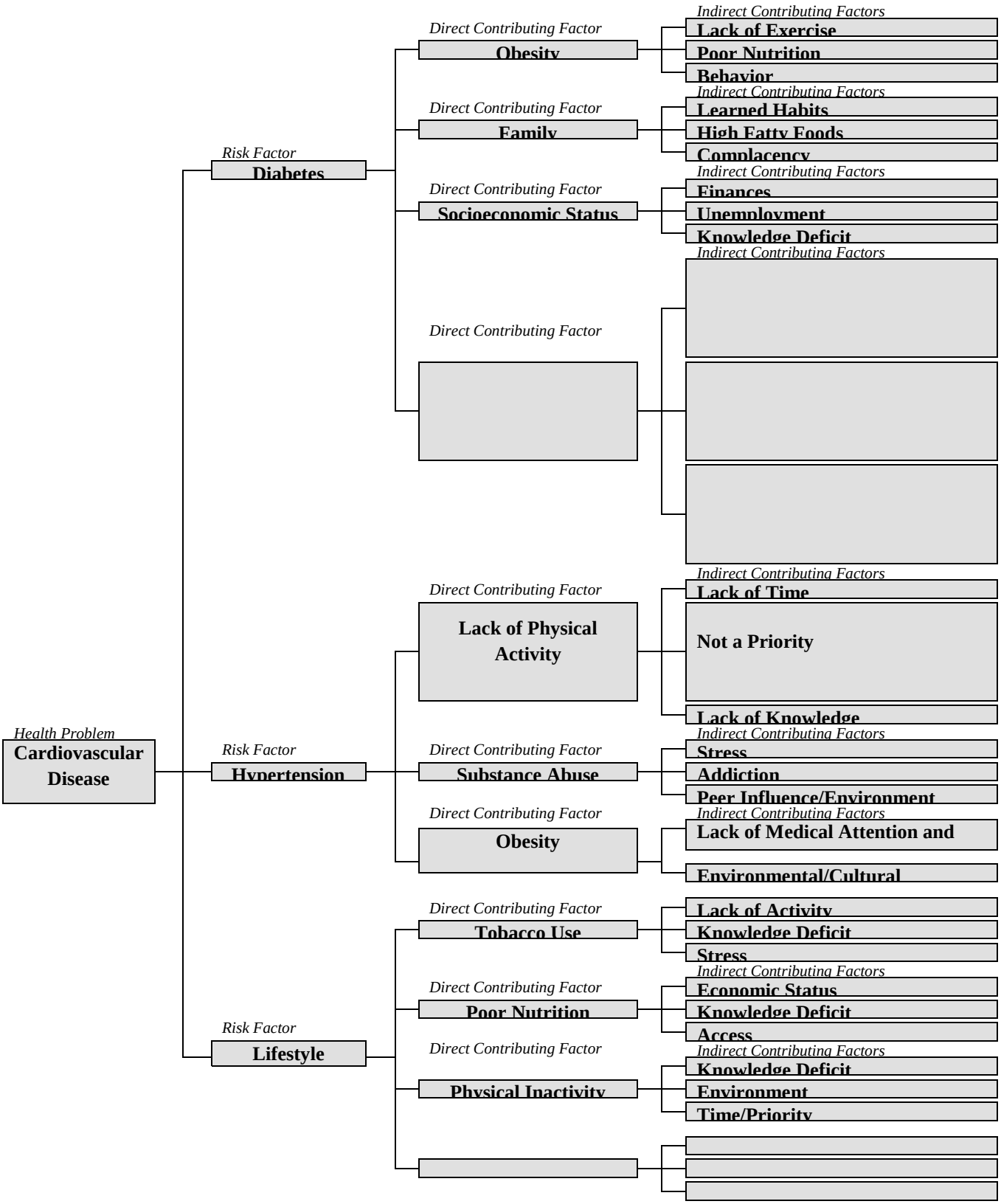
Develop an action plan for each of the top priority problem areas identified on the *Analysis of Organizational Strengths /Problems Worksheet.* Initially, address the top priority problems only. Below the table, enter the date for evaluating the effectiveness of the actions taken.

Problem Area: Budget Development and Authorization & Financial Planning and Financial Resource Development	**APEX PH Indicator Reference No(s):** VI.A.8 & VI. B. 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
G: The health department will accumulate designated operational, contingency, and emergency funds as we increase financial stability for the agency. O: By November 30, 2017 the health department will have designated operational, contingency, and emergency funds with a minimum of $1,000 in each fund.	1. Staff, Directors, Administrator, and the Board of Health. 2. Minimization of expenditures, monitoring of department budgets, look for grant and other funding opportunities, and continuing review of revenue. 3. This is an ongoing process involving all team members listed in #1. We will have a developed process by November 30, 2015 to plan, prepare, and review fiscal health on an ongoing basis.

Evaluation date: November 30 of every year.

Appendix 2

Cardiovascular Disease Health Problem Analysis Worksheet



Community Health Plan

Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends):

- Cardiovascular disease refers to any disease that affects cardiovascular system, principally cardiac disease, vascular diseases of the brain and kidney, and peripheral artery disease

Healthy People 2020 Notes

- **Goal**
  - Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events
- Heart disease is the leading cause of death in the United States. Stroke is the third leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease.

In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.

Target Population of 18 years+

Objectives tied to Healthy People 2020

- Reduce the proportion of persons in the population who report they have been told their blood pressure is high based on the BRFSS
- Increase the proportion of adults who report they are getting exercise on the BRFSS

Corrective actions to reduce the level of the indirect contributing factors:

Decrease hypertension

Increase physical activity

Proposed community organization(s) to provide and coordinate the activities:

Blood pressure checks will be provided at 80% of health fairs and screening events county wide

100% of elevated blood pressure checks at screening events will result in education and a referral for follow up

Quarterly social media posts with educational tips on hypertension will appear on the HCHD and MH sites

Investigate resources for low income individuals to obtain medication if needed Offer at least one county wide physical activity event like the Activity Challenge or 100 miles in 100 days around the MH walking path.
Evaluation plan to measure progress towards reaching objectives: See Appendix 5

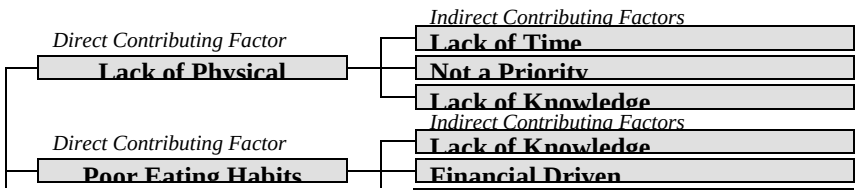
Community Health Plan Worksheet

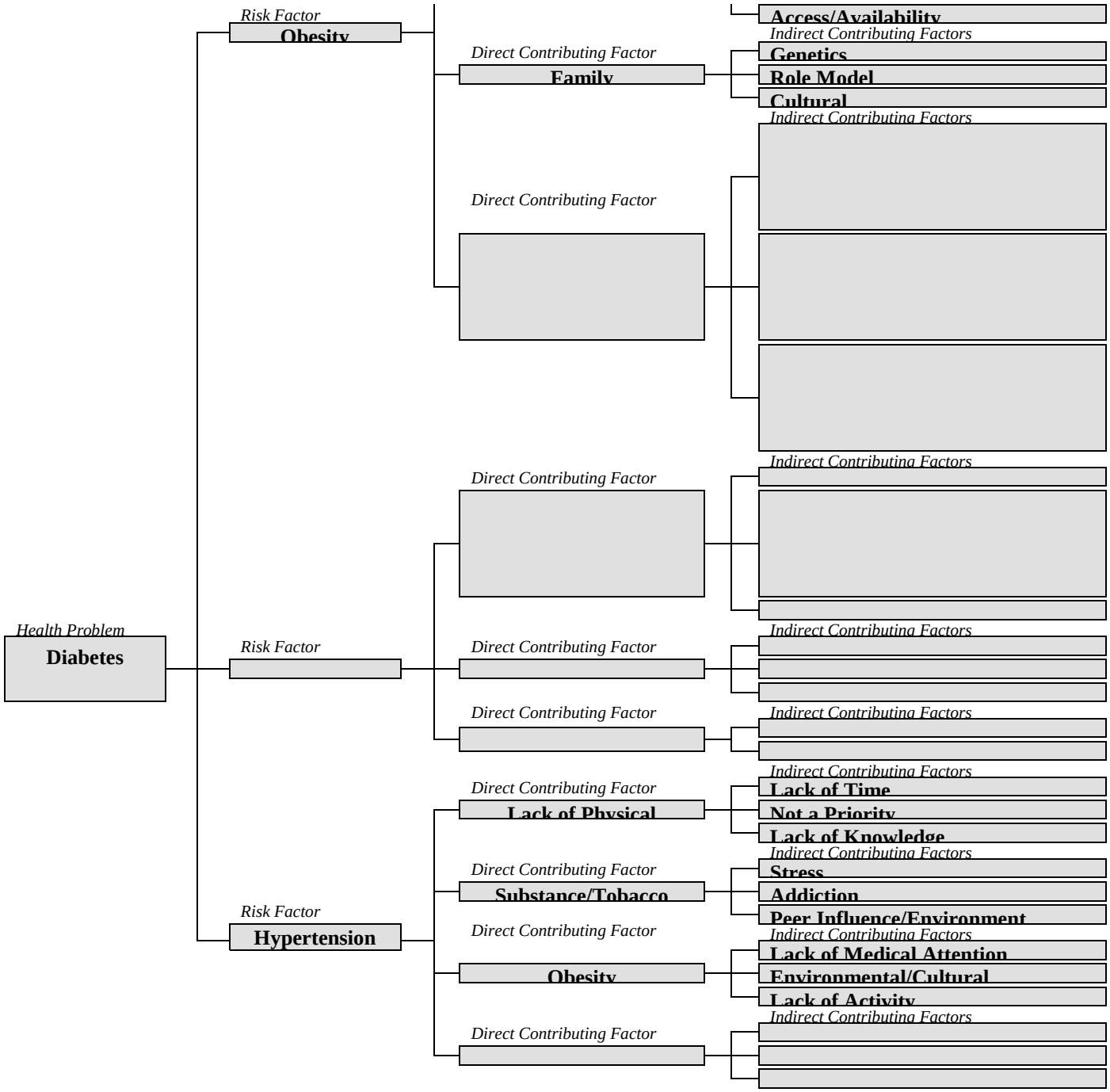
Health Problem:	Outcome Objective:

Cardiovascular Disease	By 2019, the percentage of residents who report they have been told they have hypertension will decrease 5% from 36.2% to 31.2% based on the BRFSS By 2019, adults will report a 10% increase in physical activity from 70.5% to 80.5% on the BRFSS
Risk Factor(s) (may be many): Diabetes Hypertension Lifestyle	Impact Objective(s): By 2016, the percentage of residents who report they have been told they have hypertension will decrease 2% from 36.2% to 34.2% based on the BRFSS By 2016, adults will report a 5% increase in physical activity from 70.5% to 85.5% on the BRFSS
Contributing Factor (Direct/Indirect; may be many): **Diabetes**- Obesity, family history/genetics, and socioeconomic status **Hypertension-**Lack of physical activity, substance/Tobacco abuse, and obesity **Lifestyle- t**obacco use, poor nutrition, and physical inactivity	Proven Intervention Strategies: Blood pressure checks will be provided at 80% of health fairs and screening events county wide 100% of elevated blood pressure checks at screening events will result in education and a referral for follow up Quarterly social media posts with educational tips on hypertension will appear on the HCHD and MH sites Investigate resources for low income individuals to obtain medication if needed Offer at least one county wide physical activity event like the Activity Challenge or 100 miles in

	100 days around the MH walking path.
Resources Available (governmental and nongovernmental): HCHD Labs/Blood pressure checks Blood pressure screenings HCHD Community Education Memorial Hospital's Cardiac Rehab HCHD Fitness Center Healthcare Providers and Services (including specialties like cardiology) Carthage Family Fitness Activity Challenge Events-5ks, Strawberry Strut, Great River Run, etc. Parks and pools Memorial Hospitals Diagnostics Free blood pressure checks in local clinics Evergreen Center	Barriers: Money Insurance Time Lack of knowledge Access to services Complacency

Diabetes Health Problem Analysis Worksheet





Community Health Plan

Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends):

Diabetes Mellitus (DM) occurs when the body cannot produce or respond appropriately to insulin. Insulin

is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications.

Many forms of diabetes exist. The 3 common types of DM are:

- Type 2 diabetes, which results from a combination of resistance to the action of insulin and insufficient insulin production.
- Type 1 diabetes, which results when the body loses its ability to produce insulin.
- Gestational diabetes, a common complication of pregnancy. Gestational diabetes can lead to perinatal complications in mother and child and substantially increases the likelihood of cesarean section. Gestational diabetes is also a risk factor for subsequent development of type 2 diabetes after pregnancy.

Healthy People 2020 Notes

- **Goal**
  - Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.
- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness

Steady increase in prevalence in Hancock County noted in the Centers for Disease Control and Prevention (CDC) data

86 million or more than 1 out of 3 have prediabetes

9 out of 10 people with prediabetes are unaware

Prediabetes increases risk of

Type 2 diabetes

Heart disease

Stroke

Without weight loss and moderate physical activity

15-30% will develop type 2 diabetes in 5 years

Risk of death 50% higher if diabetic

Medical cost twice as high if diabetic

$245 billion in medical cost and lost wages

CDC Data 2014

Target population 19-44 years & 44-64 years

-the most rapidly growing age range for pre-diabetes

Objectives tied to Healthy People 2020

- Reduce the annual number of new cases of diagnosed diabetes in the population
- Increase the proportion of person with diagnosed diabetes who receive formal education
- Increase prevention behaviors in person at high risk for diabetes with prediabetes

Corrective actions to reduce the level of the indirect contributing factors:

Reduce prevalence of diabetes and prediabetes in Hancock County

Increase education and awareness about prediabetes and diabetes

Provide education to diabetics

Provide screenings

Proposed community organization(s) to provide and coordinate the activities:
A minimum of two A1c screenings will be offered per year to residents of H.C. at local events
Screening participants will receive education on

- Physical activity, healthy eating choices, local resources available for support, referral if A1c is abnormal, follow up phone call 1 month post screening

H.C. providers will receive education on the Diabetes Health & Wellness Center resources annually
A Diabetes Spotlight, half day education, will be offered annually to residents
Residents hospitalized locally with elevated glucose levels will receive consultation prior to discharge
All diagnosed prediabetic and diabetic will receive an auto referral to the Diabetes Health and Wellness Center from MH provider offices

Evaluation plan to measure progress towards reaching objectives:
See Appendix 5

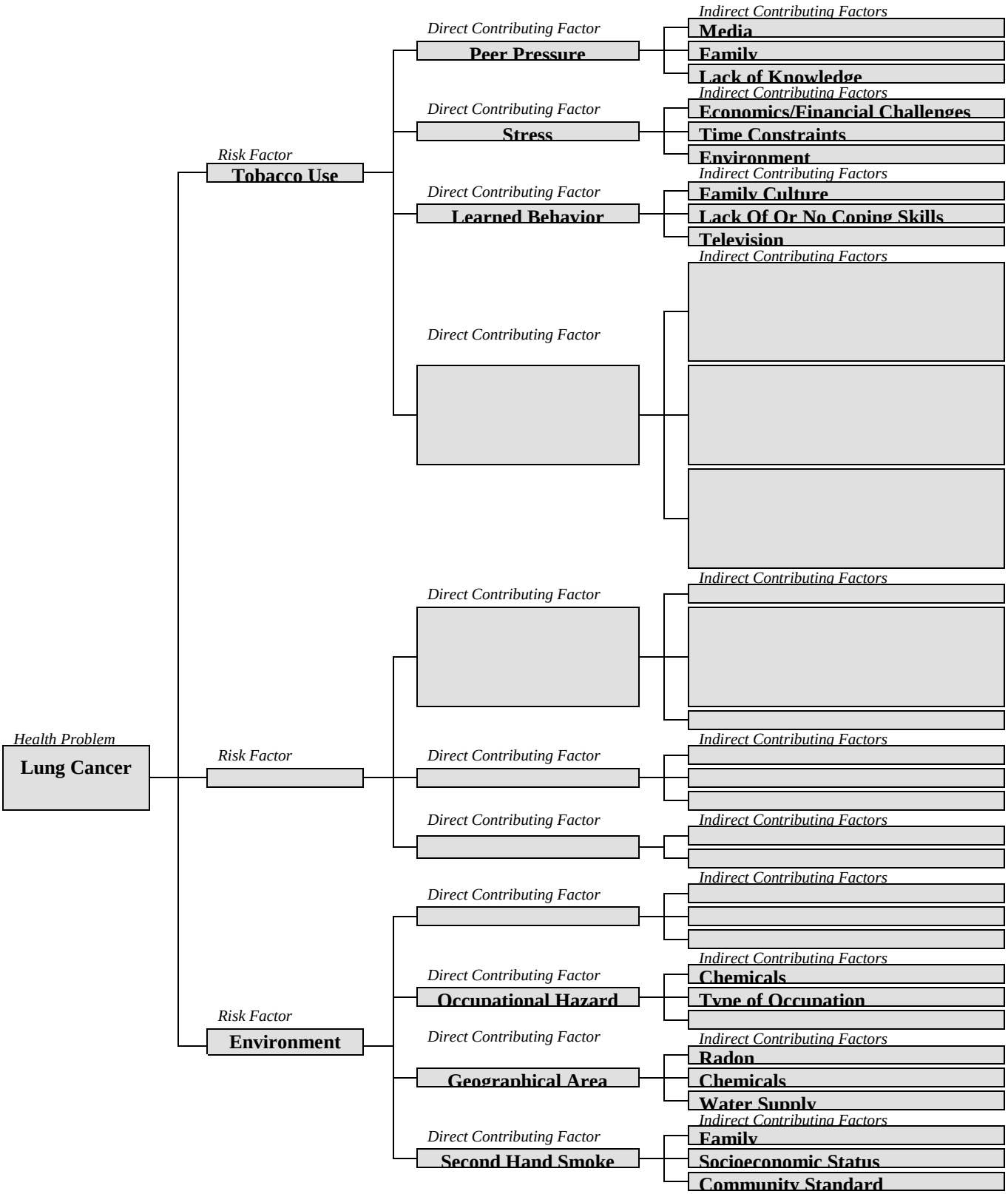
Community Health Plan Worksheet

Health Problem:	Outcome Objective:
Diabetes	By 2019, reduce the prevalence of diabetes for H.C. to 10% from the reported 11.1% per the most recent CDC report card of 2012. By 2019, the number of persons with a diagnosis of diabetes receiving education locally will increase

	by 10% per the stats from the Diabetes Health & Wellness Center of H.C. By 2019, increase the percentage of H.C. residents who have reported that they have been told they have prediabetes from 7.5% to 15% on the Behavioral Risk Factor Surveillance System (BRFSS).
Risk Factor(s) (may be many): Overweight/Obesity Hypertension	Impact Objective(s): By 2017, the H.C. reported prevalence of diabetes will be 11% as reported by the CDC. By 2017 the number of persons receiving education locally will have increase by 5% By 2017 the percentage of H.C. residents reporting prediabetes will be at 10% on the BRFSS
Contributing Factor (Direct/Indirect; may be many): **Obesity-L**ack of physical activity, poor eating habits, and family history/dynamics **Hypertension- L**ack of physical activity, substance/tobacco abuse, and obesity	Proven Intervention Strategies: A minimum of two A1c screenings will be offered per year to residents of H.C. at local events Screening participants will receive education on: -Physical activity, healthy eating choices, local resources available for support, referral if A1c is abnormal, follow up phone call 1 month post screening H.C. providers will receive education on the Diabetes Health & Wellness Center resources annually A Diabetes Spotlight, half day education, will be

	offered annually to residents Residents hospitalized locally with elevated glucose levels will receive consultation prior to discharge All diagnosed prediabetic and diabetic will receive an auto referral to the Diabetes Health and Wellness Center from MH provider offices
Resources Available (governmental and nongovernmental): Certified Diabetes Educators Volunteers for Diabetes Diabetes Spotlight Community Education Healthcare Providers (including Internal Medicine, Podiatry) Diabetes Support Group American Diabetes Association More Medical HCHD Fitness Center Eye Doctors Evergreen Center SIU School of Medicine Telehealth	Barriers: Money Insurance Time Lack of Knowledge Access to Services Complacency

Lung Cancer Health Problem Analysis Worksheet



Community Health Plan

Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends):

Lung cancer, also known as carcinoma of the lung or pulmonary carcinoma, is a malignant lung tumor characterized by uncontrolled cell growth in tissues of the lung. If left untreated, this growth can spread beyond the lung by process of metastasis into nearby tissue or other parts of the body.

Estimated new cases and deaths from lung cancer (non-small cell and small cell combined) in the United States in 2014

- New cases: 224,210
- Deaths: 159,260

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease. The cancer objectives for Healthy People 2020 support monitoring trends in cancer incidence, mortality, and survival to better assess the progress made toward decreasing the burden of cancer in the United States

Target Population of 18 years +

Objectives tied to Healthy People 2020

- Reduce tobacco use by adults
- Increase smoking cessation attempts by adult smokers
- Increase tobacco cessation counseling in health care settings

Corrective actions to reduce the level of the indirect contributing factors:
Reporting never smoked to BRFSS
Increase cessation attempts
Provide cessation education and screenings

Proposed community organization(s) to provide and coordinate the activities:
Annual updates on resources and QUITLINE for 100% of health care providers in H.C.
At least one educational program per year in all area schools on the harmful effects of tobacco use
Quarterly social media posts on HCHD and MH sites with resources for tobacco cessation

Education will be provided to all expectant mothers in MH clinic settings as documented by medical record and in the WIC clinic at HCHD

Evaluation plan to measure progress towards reaching objectives:
See Appendix 5

Community Health Plan Worksheet

Health Problem:	Outcome Objective:
Lung Cancer	By 2019, the % of adults over 18 who report never smoked on the BRFSS will increase by 5% from 18.4 to 23.4 By 2019, the percent of adult smokers who attempt cessation will increase by 6% per the QUITLINE stats By 2019, 95% of local providers will have initiated tobacco screening in office and in hospital setting By 2019, tobacco cessation education will be available in all healthcare settings with an increase of 5% referral to the QUITLINE
Risk Factor(s) (may be many): Tobacco Use Environment	Impact Objective(s): By 2017, the % of adults over 18 who report never smoked on the BRFSS will increase by 2% from 18.4 to 20.4 By 2017, the percent of adult smokers who attempt cessation will increase by 3% per the QUITLINE stats By 2017, 70% of local providers will have initiated tobacco screening in office and in hospital setting By 2017, tobacco cessation education will be available in all healthcare settings with an increase of 2% referral to the QUITLINE
Contributing Factor (Direct/Indirect; may be many): **Tobacco Use- P**eer pressure, stress, and learned behavior	Proven Intervention Strategies: Annual updates on resources and QUITLINE for 100% of health care providers in H.C.

Environment-occupational hazard, geographical area, and second hand smoke	At least one educational program per year in all area schools on the harmful effects of tobacco use Quarterly social media posts on HCHD and MH sites with resources for tobacco cessation Education will be provided to all expectant mothers in MH clinic settings as documented by medical record and in the WIC clinic at HCHD
Resources Available (governmental and nongovernmental): QUITLINE Pulmonary Rehab ITFC Grant Program HCHD Community Education Smoke-Free Illinois Act Healthcare Providers-medical and dental Memorial Hospital's Cardiopulmonary Department, Pulmonary Rehab, Better Breathers Support Group HCHD Fitness Center HUGS Carthage Family Fitness Hancock County Fights Cancer American Cancer Society Advance Physical Therapy Evergreen Center	Barriers: Peer Pressure Lack of Motivation To Quit Stress

Appendix 3

Community Needs Assessment Kick-off Meeting

Meeting date: December 11, 2013

Attendees: Donna Walker, Angie Byrd, Denis Conkright, Kristin Suminski, Jerry Bartell, Susan Starr, Joe Little, Melissa Tschirgi, Matt Dickenson, John Huston, Sherry Merry, Diane Pepple, Ryan Olsen, Jim Nightingale, Ada Bair, Amy McCallister, Maureen Crawford, Melita Finney, Nancy Huls, Robyn Spurling, Cynthia Huffman, and Pam Shaffer

Community Needs Assessment Overview –
A community health needs assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze health data within a specific community. Health data include information on risk factors, quality of life, social determinants of health, determinants of inequity, mortality, morbidity, community assets, forces of change, and information on how well the public health system provides essential services. Community health needs assessment data informs the community decision-making, the prioritization of health problems, and the development and implementation of community health improvement plans.
Memorial Hospital and the Hancock County Health Department each are required to complete community needs assessments. The health department must complete their assessment process (IPLAN) every 5 years and the hospital every 3 years. Collaborating on a community needs assessment to benefit both organizations requirements seems advantageous.

Previous Results of Needs Assessments

HCHD's 2009-2014 IPLAN included the following priority areas;

- ✓ Health priority area #1-Obesity
- ✓ Health priority area #2-Residents' Access to Available County Services
- ✓ Health priority area #3-Teen pregnancy

Memorial Hospital's Needs Assessment included the following priority areas;

- ✓ Doctor availability
- ✓ Adverse Habits
- ✓ Prevention Services
- ✓ Reducing killer diseases

For additional information about Memorial Hospital's Needs Assessment results visit their website.

Goal/Timeline

1) The health department's IPLAN (Needs Assessment) is due in September of 2014. Monthly meetings will be scheduled from now through September of 2014.
2) Suggestions, changes and comments regarding Memorial Hospital's most recently used survey tool can be emailed to Ada.
3) Cynthia Huffman from Memorial Hospital has knowledge on developing a quality needs assessment and will assist in finalizing the survey tool. After the final survey tool is completed it will be launched at the end of January and available via a survey monkey

link and in paper form and distributed to residents in the county. Deadline to complete survey is at the end of March.

4) Over the next few months we will review the statistical and survey data and then choose our health priority areas that we will be focusing on. Consequently, the hospital, health department, community agencies, and the community will unite together and have a larger impact on improving the health focus areas.
5) Our September meeting will be a recap of the community needs assessment documents and planning for the future.

Interagency Role & Commitment

- ✓ Assist in distributing and collecting the survey
- ✓ Reviewing data
- ✓ Determining health priority areas

Benefit of participation

- ✓ After completion of needs assessment process, participating agencies will have access to the data collected. This can be used as a resource when applying for grants.
- ✓ Participating agencies will have additional contacts to collaborate with on future projects.
- ✓ Participating agencies will have played a role in improving the health of our community.
- ✓ Multi-agency collaboration will result in a larger sample of the population participating.

Next Steps

Additional stakeholders to invite and/or encourage to participate;

Sheriff
Red Cross
Community members
School Superintendents/Administrators
School Social Workers
Ministers
Other Social Service Agencies

Locations in the County to tap into for survey completion.

DHS
Food Pantries
Housing Authority
Mental Health
Kid's Clothes Closet
Family Fair Event – February 1, 2014
Schools
Churches (make church bulletin inserts encouraging folks to complete the survey before or after church.)
Senior Citizen Centers

Final Comments

- ✓ Schedule future meetings in other Hancock County communities to see if additional participants take part.
- ✓ After September 2014 quarterly meetings will be scheduled to monitor health priorities.

Next meeting **January 8, 2014 at 3:30 p.m. at the Hancock County Health Department**

Memorial Hospital's 2011 Community Health Need Assessment Findings

- 2011 Total Population=18,729
- 2016 Total Population=17,763
- 2011-2016% Population Change=-5.2%
- 2016 Median Age=44.1
- 2011 Median Household Income=$42,523
- Population 65+= % of total population= 19.8%
- Females 15-44 % projected change (2011-2016)= -6.1%

Source: 2011 Community Health Needs Assessment by QHR Consulting Services for Memorial Hospital Association Carthage, IL

Community Health Needs Assessment Committee Meeting

Meeting date: January 8, 2014

Attendees: Donna Walker, Angie Byrd, Denis Conkright, Kristin Suminski, Jerry Bartell, Susan Starr, Joe Little, Melissa Tschirgi, Matt Dickenson, Sherry Merry, Diane Pepple, Ryan Olsen,

Jim Nightingale, Ada Bair, Amy McCallister, Maureen Crawford, Melita Finney, Nancy Huls, Robyn Spurling, Cynthia Huffman, and Pam Shaffer

Survey document and timeline

Last meeting a survey tool was distributed for everyone to review. Everyone was asked to review it and let Ada know if there were suggestions. Since our December meeting no one has contacted Ada with suggestions. At this point suggestions can be sent to Cynthia at chuffman@mhtlc.org

Melita, Amy, Ada and Cynthia will finalize the needs assessment and it will be ready in time to be used on February 1, 2014 at the Hancock County Family Fair Event. The plan is to have the needs assessment in paper, as well as, electronic form (using survey monkey) for 45 days.

Ways to increase completion of needs assessment survey
Send surveys home with students and ask them to return them
Have surveys available at area blood drives
Have surveys available at school events planned for February and March
Have surveys available at clinics, churches, mental health and senior centers

Data Review
Amy provided a presentation on Demographic and Socioeconomic Characteristics of Hancock County. Specific areas of discussion included population by age, gender, ethnicity, income, poverty level, unemployment, etc. (SEE ATTACHMENT)

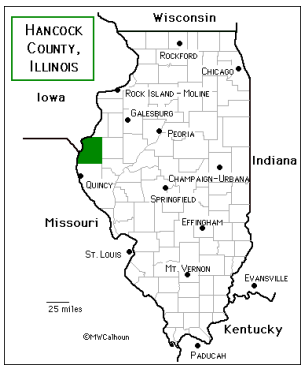
If anyone has suggestions of other sites to collect data from, please share those sites with Amy.

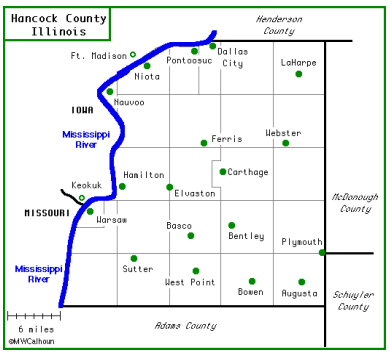
Committee Expansion - Team
We need a broad representation from around the county.
The committee would like to see representation from Warsaw and the Southeastern School District area. Suggestions:
Tom Meahy, Bowen Christian Church
Augusta Business Committee
Dustin Berg, Hancock County Economic Development

Next meeting February 12, 2014 at 3:30 p.m. at the First Christian Church

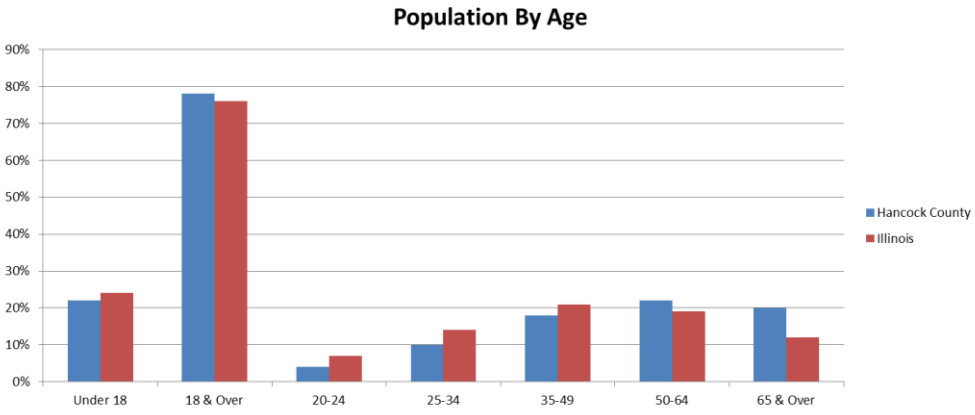
Demographic and Socioeconomic Characteristics

January 8, 2014



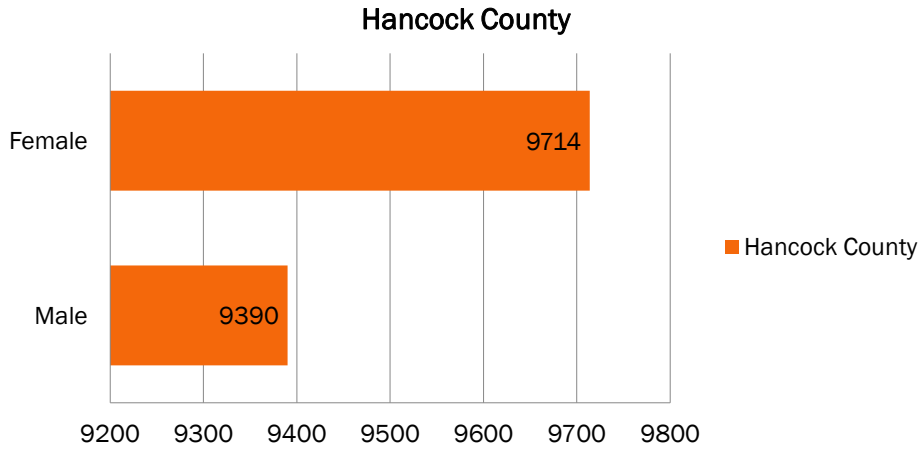


Population By Age



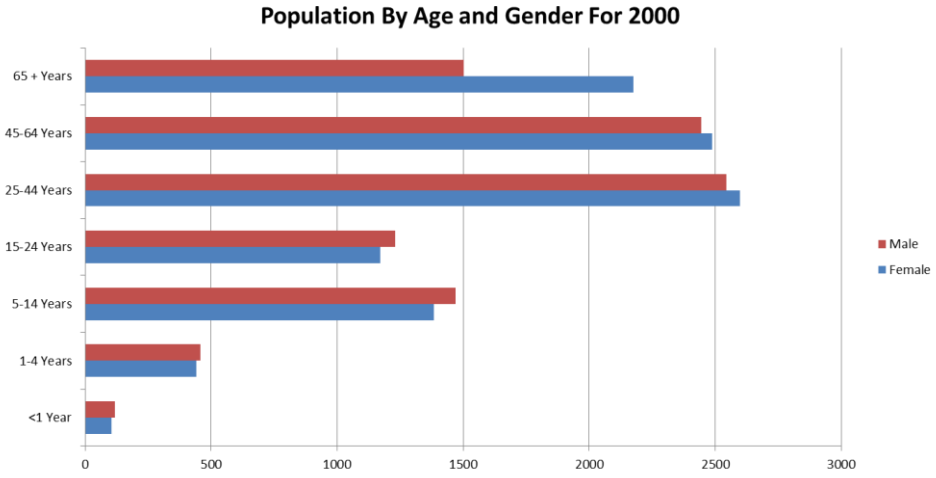
Source: 2010 Census Interactive Population Search

Male vs. Female Population



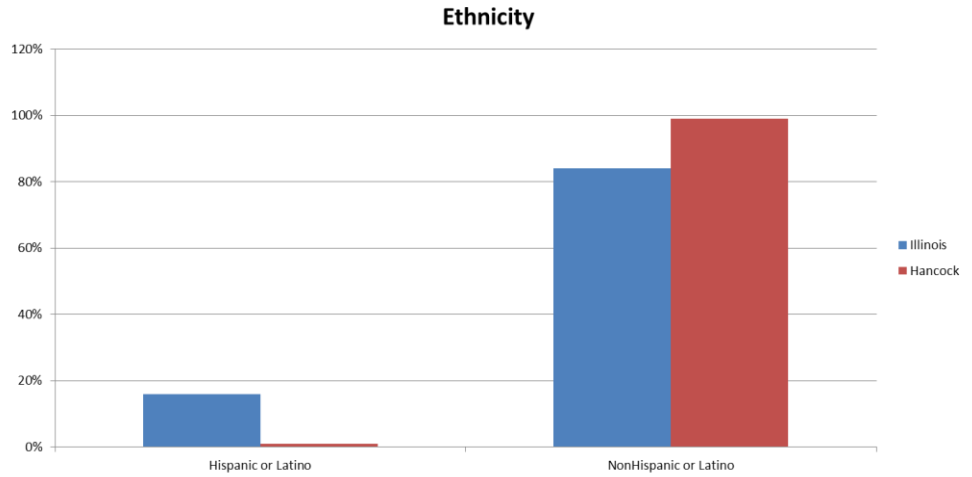
Source: 2010 Census Interactive Population Search

Population By Age And Gender



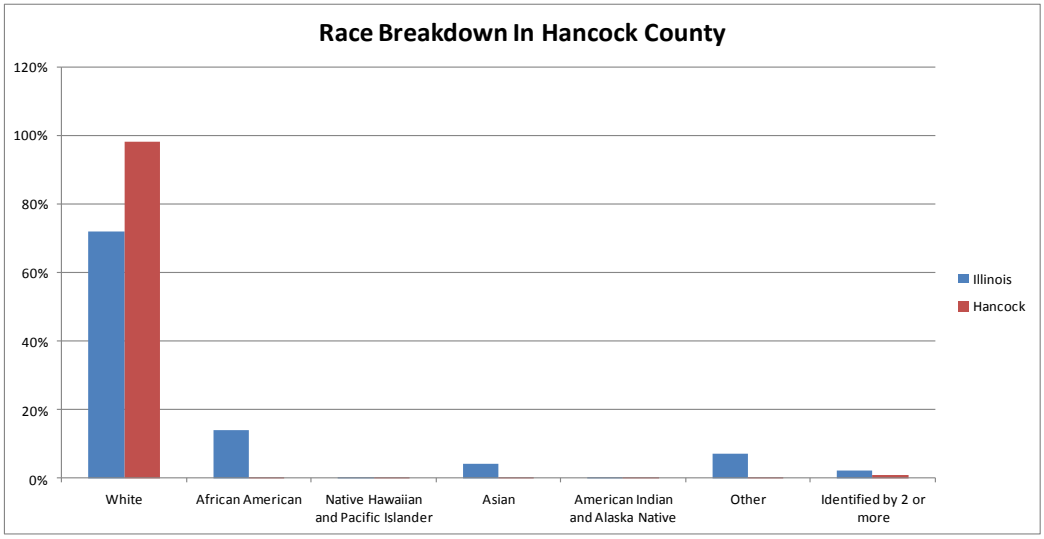
Source: IPLAN Data System County-Level Reports

Ethnicity



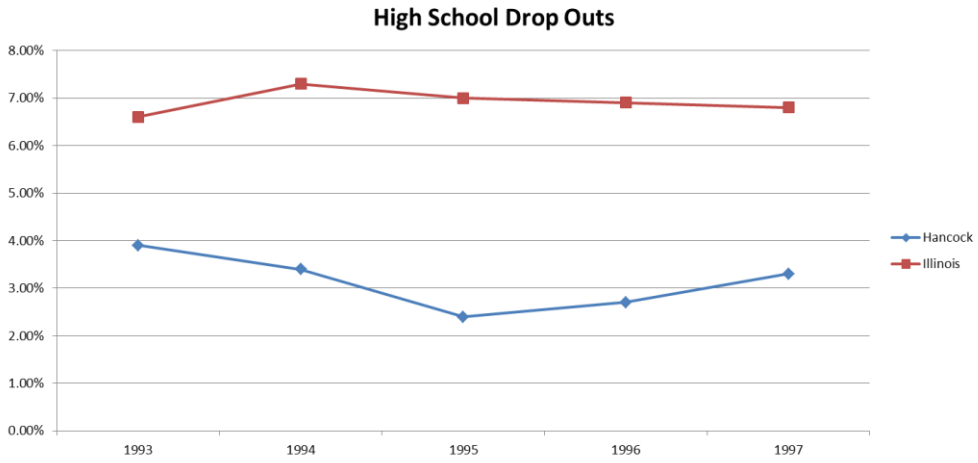
Source: IPLAN Data System County-Level Reports

Races in Hancock County



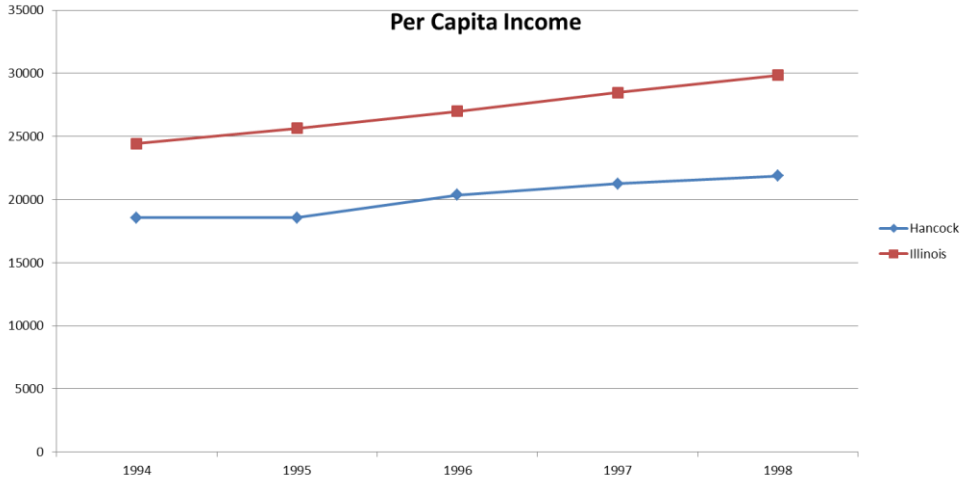
Source: IPLAN Data System County-Level Reports

High School Drop Outs



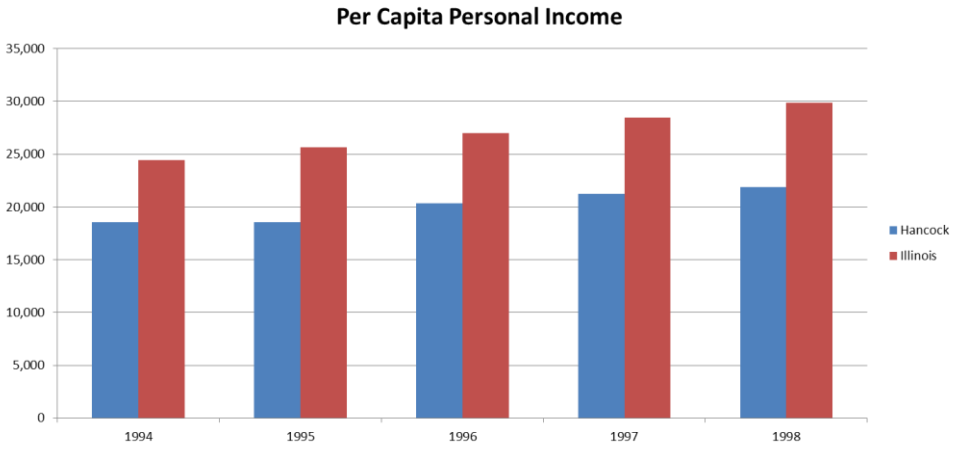
Source: IPLAN Data System County-Level Reports

Per Capita Income



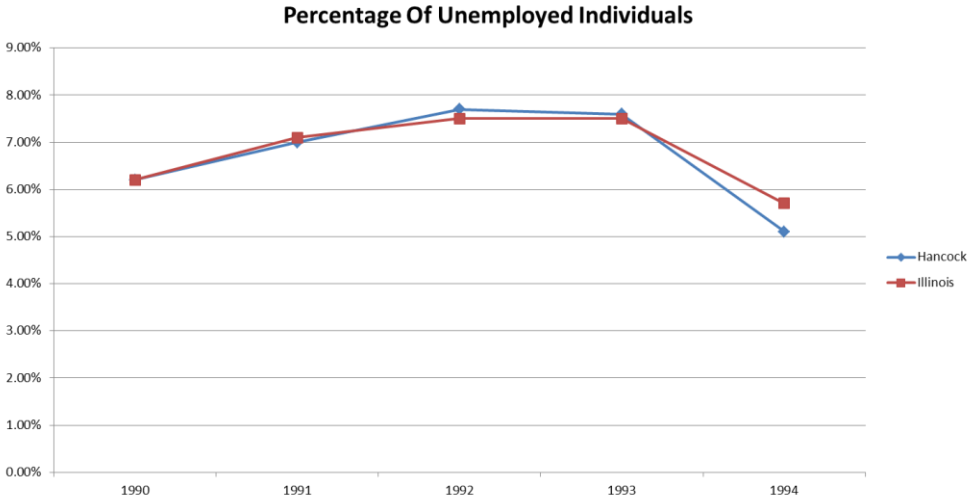
Source: IPLAN Data System County-Level Reports

Per Capita Personal Income



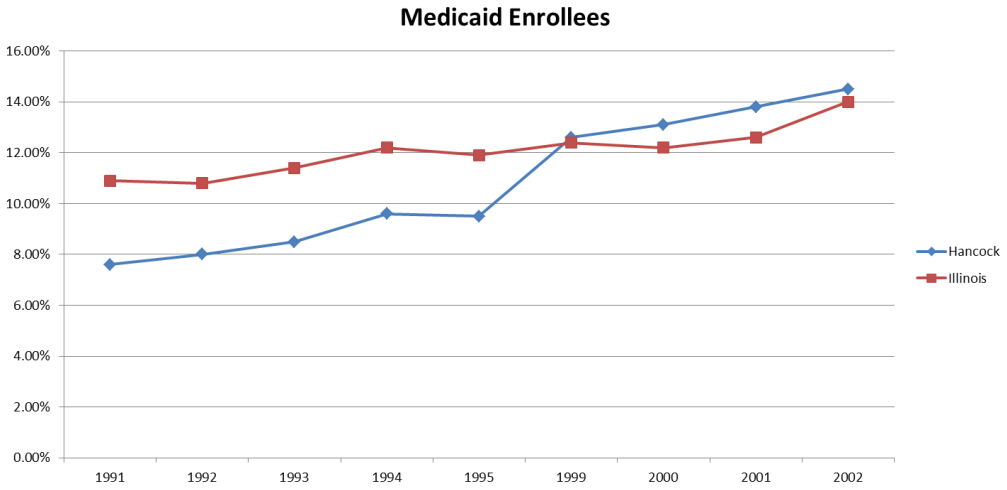
Source: IPLAN Data System County-Level Reports

Percentage Of Unemployed Individuals

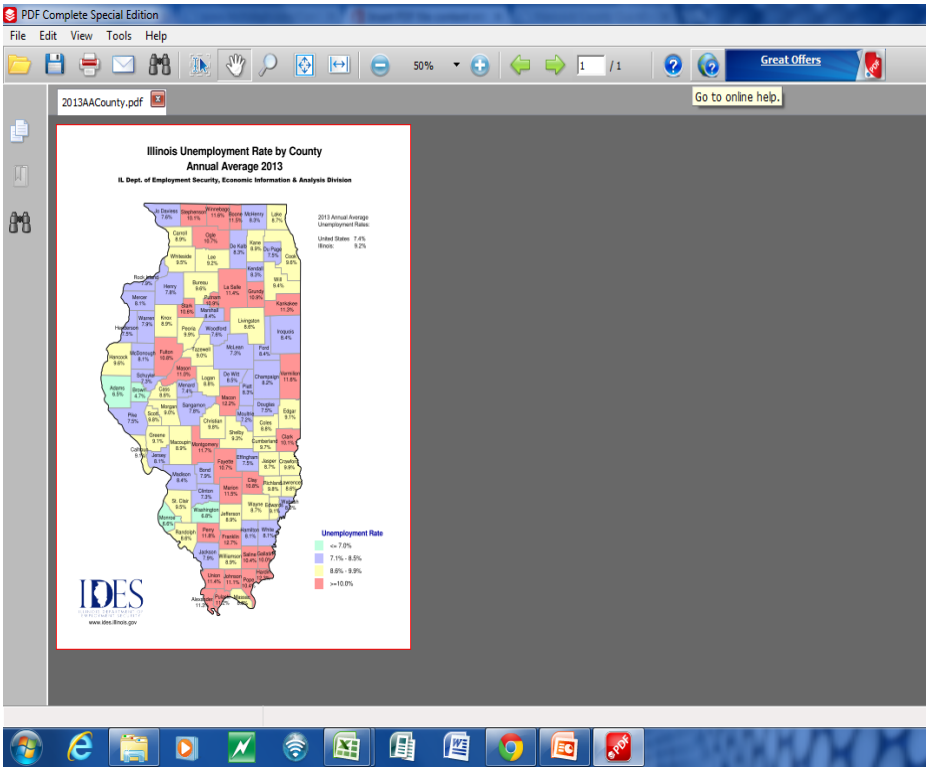


Source: IPLAN Data System County-Level Reports

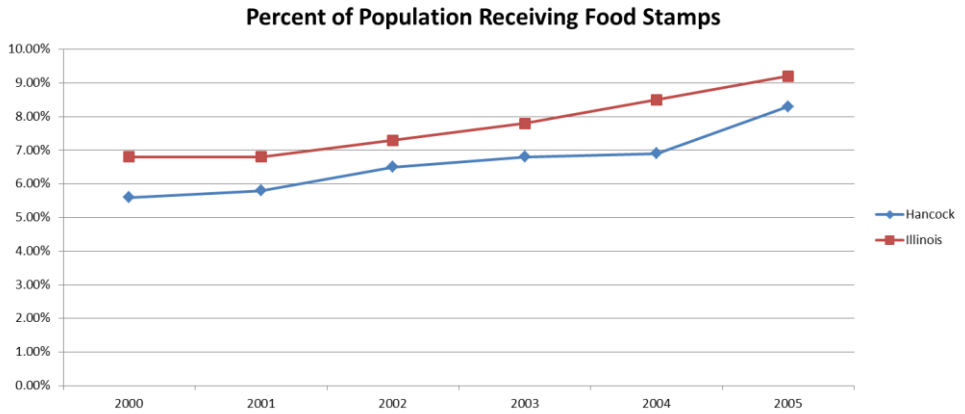
Medicaid Enrollees



Source: IPLAN Data System County-Level Reports

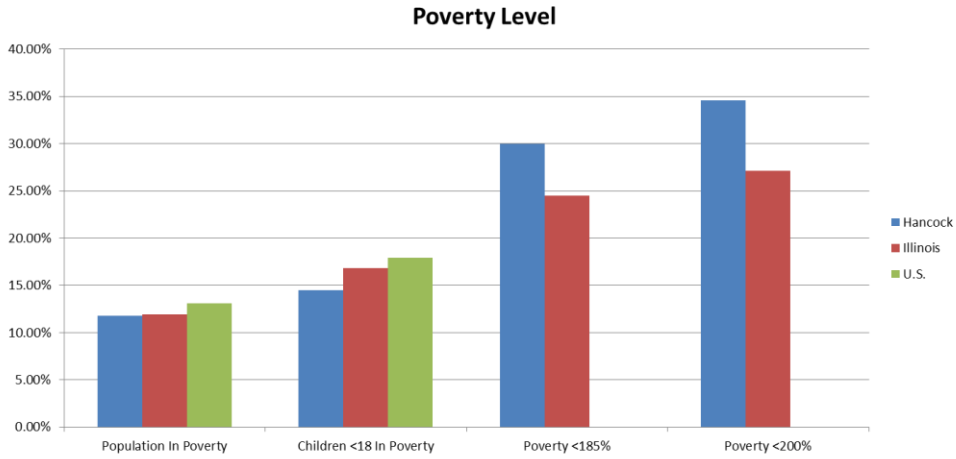


Percent of Population Receiving Food Stamps



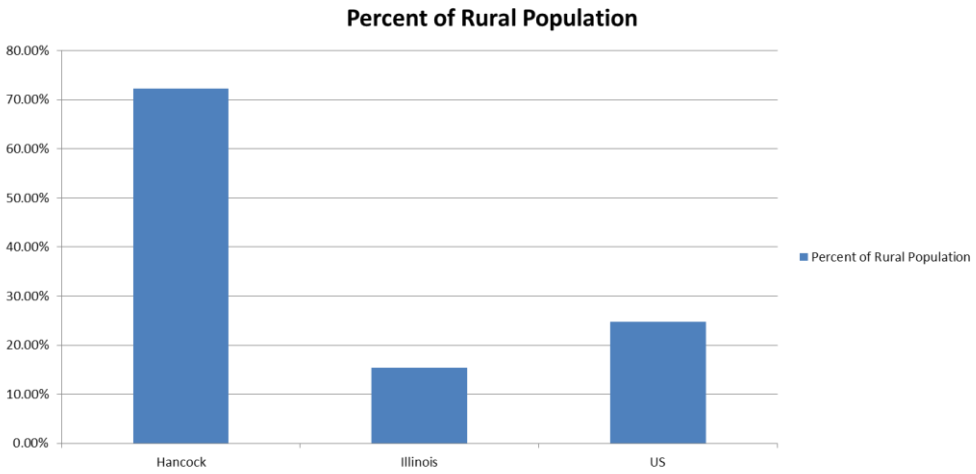
Source: IPLAN Data System County-Level Reports

Poverty Level



Source: IPLAN Data System County-Level Reports

Percent Of Rural Population



Source: IPLAN Data System County-Level Reports

Hancock County Community Needs Assessment Committee

Date: Wednesday, February 12, 2014

Attendees: Cynthia Huffman, Kristin Suminski, Nancy Huls, Pam Shaffer, Dustin Berg, Jerry Bartell, Amy McCallister, Diane Pepple, Melita Finney

Meeting Notes:

SURVEY STATUS

Survey monkey address: https://www.surveymonkey.com/s/KBC97LR

Survey is on Memorial Hospital's website and will soon be on the health department's website.

If you receive questions about the survey, please refer them to either Cynthia Huffman, Melita Finney, Amy McCallister

DISTRIBUTION EFFORTS

Surveys will be at medical clinics, Memorial Hospital, Mental Health Center of Western Illinois, Hancock County Health Department and senior centers. Cynthia will get them to the Clinics, Dr. McKenney, Schools. Amy will get them to Dr. Strope and Dr. Smith offices.

Upcoming events that the survey will be available at

Family Fair – February 15, 2014 (Amy M.)
Blood Drives February 20 – Melita, March 12 – Jerry B. March 19-Nancy , March 19-Kris,
Carthage Area Chamber of Commerce Annual Meeting – March 1, 2014 (Melita/Cynthia)
Ag Seminar – March 12, 2014 (Melita)
Hancock County Interagency Committee meeting – March 19, 2014 (Melita)
Carl Sandburg College GED Class – March 25 (Melita)
Nauvoo Senior Council Meeting – March 26 (Melita)
Marion Corner Apartments Tax Clinic – March 25 (Melita)
Carthage Kiwanis Club Program
Hancock County Food Pantries (Ada, Amy)
Everyone needs to brainstorm ideas of websites, current reports, and other resources to retrieve data for this process. Examples mentioned thus far…. Illinois Institute for Rural Affairs, Illinois Hospital Report Card, Hospice, Mental Health Centers of Western Illinois, Illinois Youth Survey, Hancock County Sheriff's Department, Illinois Department of Public Health, Behavior Risk Survey, etc.

NEXT MEETING IS SCHEDULED FOR March 12, 2014 at 3:30 p.m. at the First Christian Church.

Hancock County Community Needs Assessment Committee

Date: March 12, 2014

Attendees:

Meeting Notes:

PowerPoint presented by Amy McCallister

Slides with US Map

- HRSA Health Professional Shortage Area – Primary Care
- HRSA Professional Shortage Area – Mental Health
- HRSA Professional Shortage Area – Dental Care
- HRSA Medically Underserved Areas/Populations and Office of Rural Health Policy (ORHP) Rural Health Areas
- HRSA Medically Underserved Areas/Populations
- National Health Service Corps (NHSC) Sites with Providers and Office of Rural Health Policy(ORHP) Rural Health Areas
- Rural Health Clinics and Office of Rural Health Policy (ORHP) Rural Health Areas

Sentinel Event is defined by The Joint Commission (TJC) as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness. Sentinel events specifically include loss of a limb or gross motor function, and any event for which a recurrence would carry a risk of a serious adverse outcome.

Hospitalization for Dehydration of Infants (0-1 years of age)

	2001	2000	1999	1998	1997
Illinois	29	28	26	34	17
Hancock Co	0	0	0	0	0

Hospitalization for Rheumatic Fever Children (1-17 years of age)

	2001	2000	1999	1998	1997
Illinois	29	28	26	34	17
Hancock Co	0	0	0	0	0

Hospitalization for Asthma (Ages 1-14 years)

	2001	2000	1999	1998	1997
Illinois	13469	12750	7641	7637	7797
Hancock Co	12	10	8	7	15

Adult Tuberculosis (Ages >= 18)

	2001	2000	1999	1998	1997
Illinois	13469	12750	7641	7637	7797

Hancock Co	12	10	8	7	15

Hospitalization for Uncontrolled Hypertension

	2001	2000	1999	1998	1997
Illinois	13469	12750	7641	7637	7797
Hancock Co	12	10	8	7	15

Robert Wood Johnson Foundation – County Health Rankings

- Ranked Illinois counties from 2010-2013
- Based upon Health Outcomes (overall ranking) and Health Factors

2010 Ranked 37
2011 Ranked 33
2012 Ranked 33
2013 Ranked 27

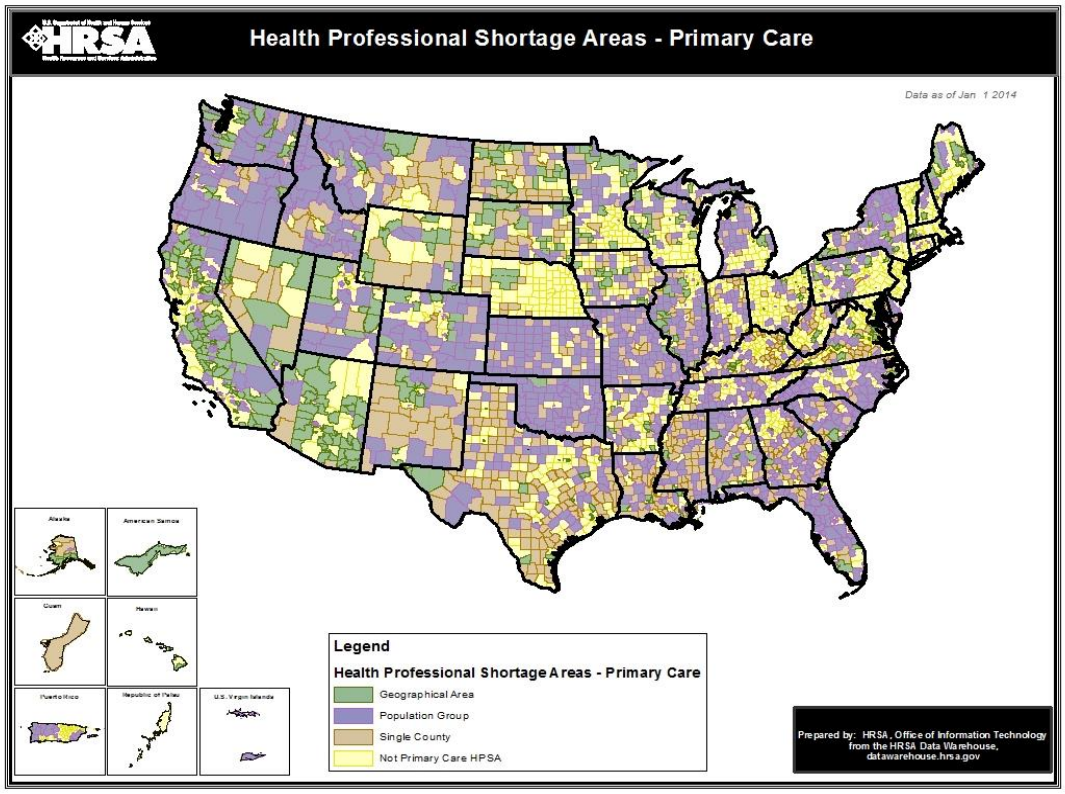
Survey Distribution Update

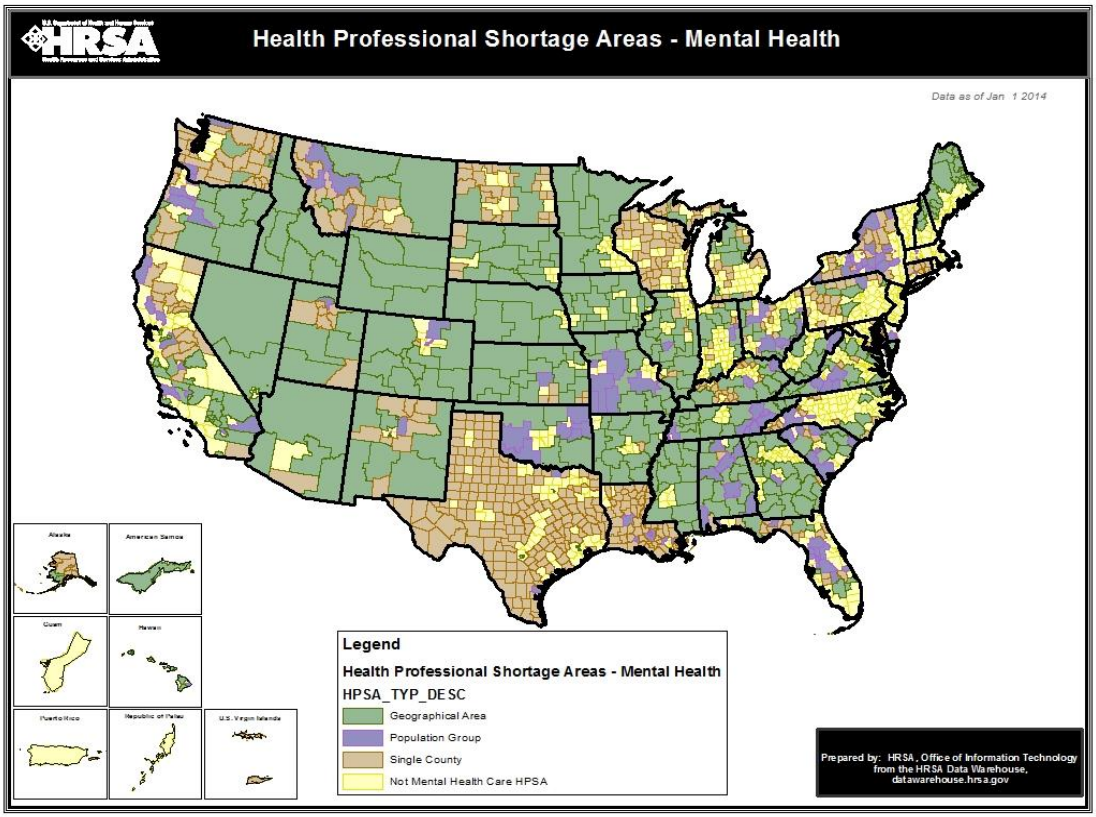
As of today, 315 surveys completed on survey monkey
Need volunteers to be a tax day at Marion Corner Apartments on March 25, 2014
Need Volunteers to go to the top 3 busiest Food Pantries in Hancock County.
Economic Summit – we can provide survey in packet.
Mr. Olson (Dallas City/LH) said he would have computers available at Parent/Teacher Conferences for parents to complete the survey.

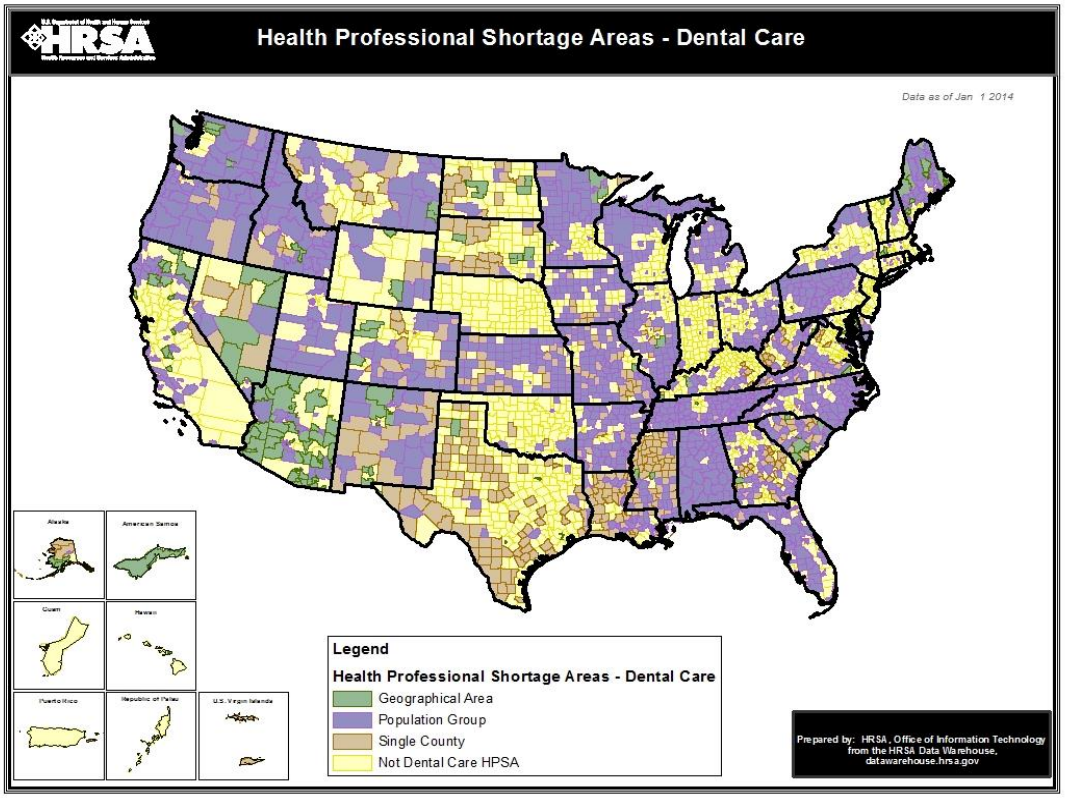
Survey CLOSE date – March 31, 2014

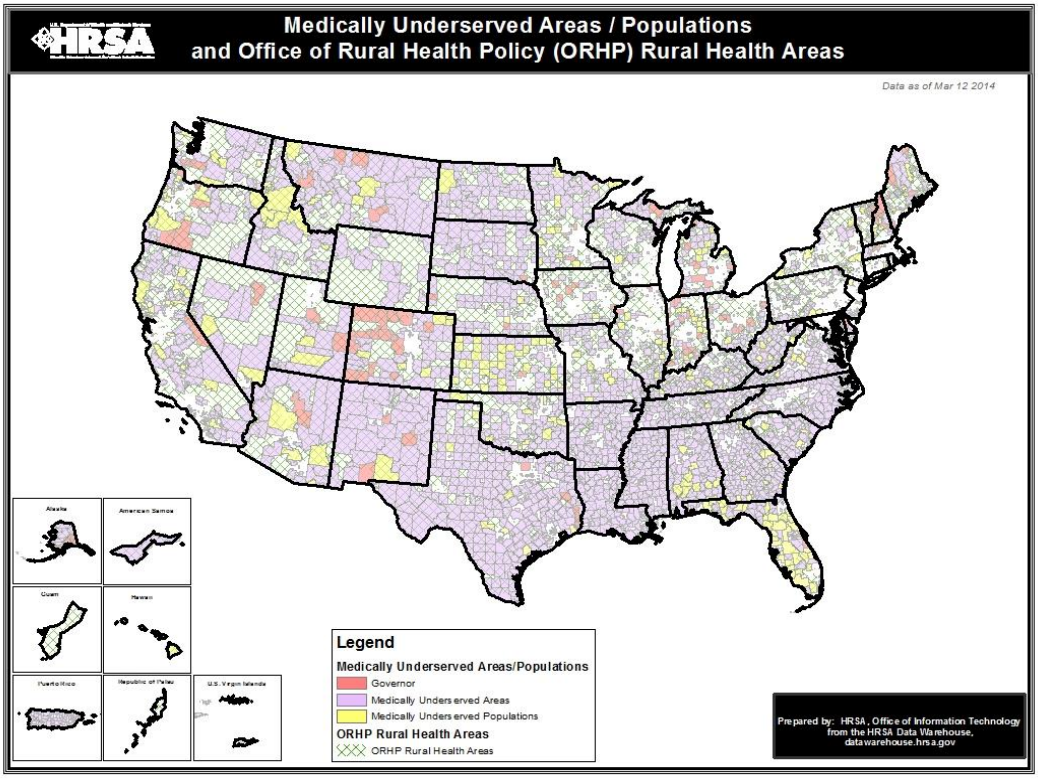
April meeting we will have the preliminary results of the survey

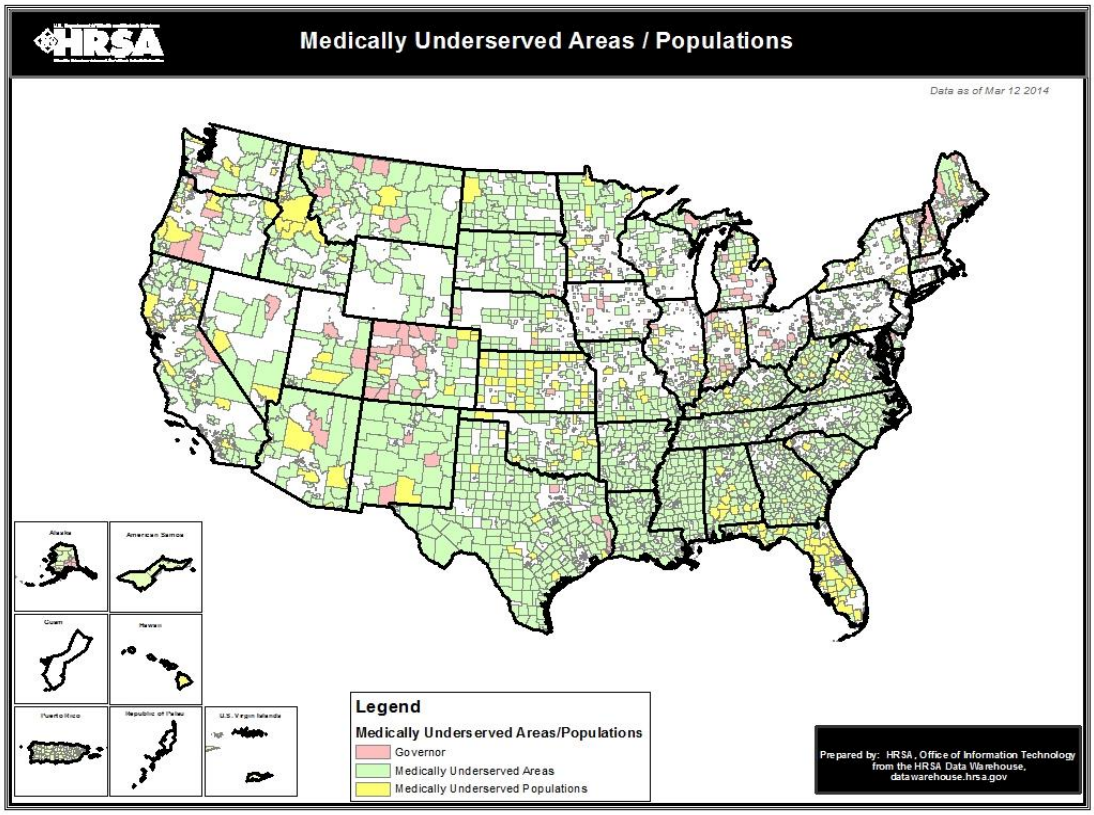
NEXT MEETING DATE April 9, 2014 at 3:30 p.m. at the First Christian Church

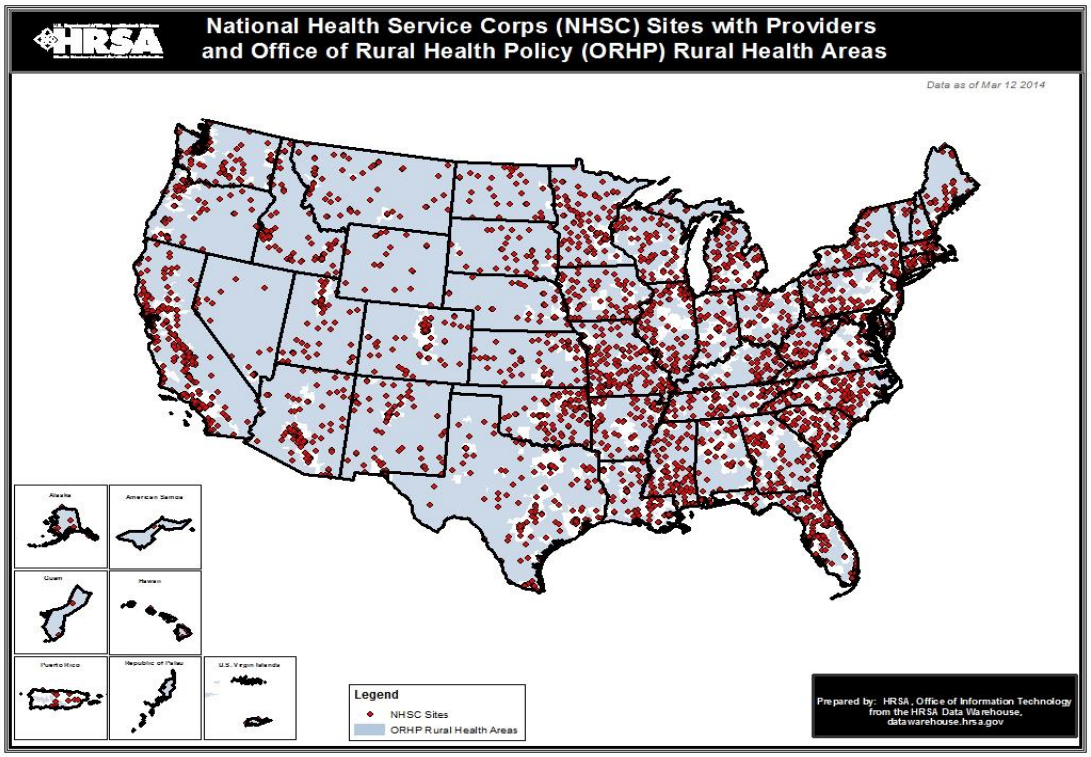

HRSA
Health Professional Shortage Areas - Primary Care
Data as of Jan 1 2014
Alaska
American Samoa
Guam
Hawaii
Puerto Rico
Republic of Palau
U.S. Virgin Islands
Legend
Health Professional Shortage Areas - Primary Care
Geographical Area
Population Group
Single County
Not Primary Care HPSA
Prepared by: HRSA, Office of Information Technology
from the HRSA Data Warehouse,
datawarehouse.hrsa.gov

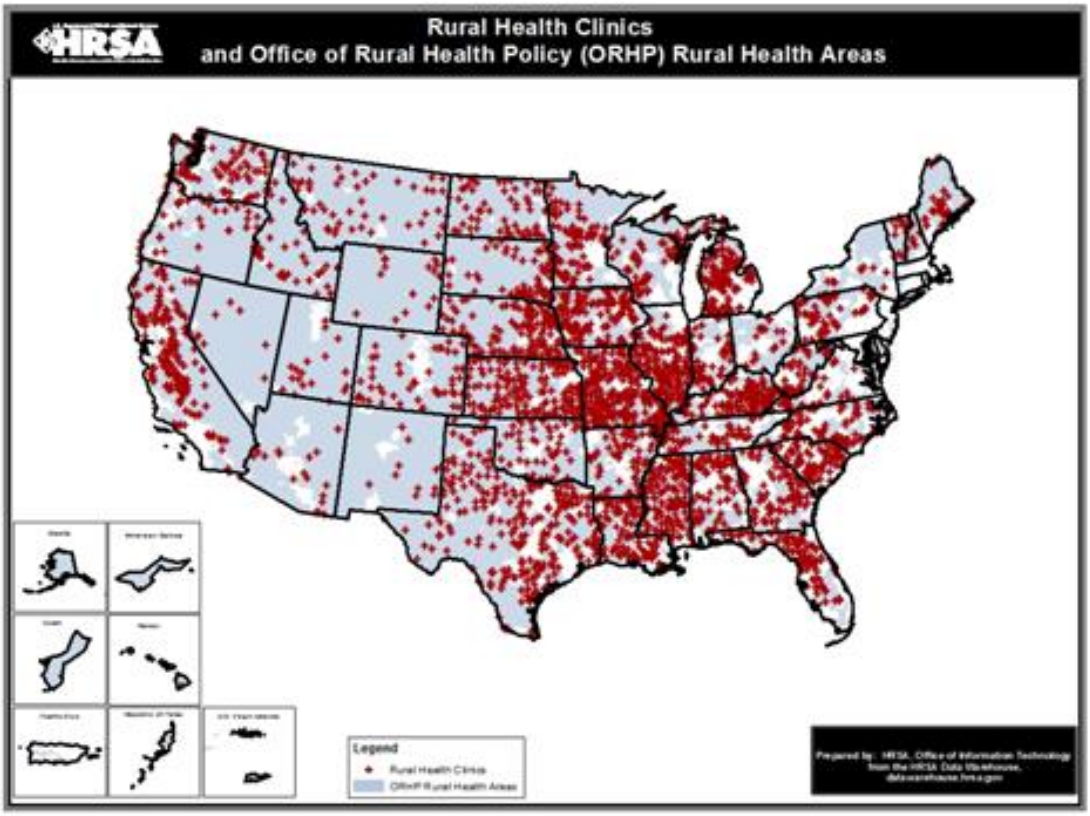

HRSA
Health Professional Shortage Areas - Mental Health
Data as of Jan 1 2014
Alaska
American Samoa
Guam
Hawaii
Puerto Rico
Republic of Palau
U.S. Virgin Islands
Legend
Health Professional Shortage Areas - Mental Health
HPSA_TYP_DESC
Geographical Area
Population Group
Single County
Not Mental Health Care HPSA
Prepared by: HRSA, Office of Information Technology
from the HRSA Data Warehouse,
datawarehouse.hrsa.gov


HRSA
Health Professional Shortage Areas - Dental Care
Data as of Jan 1 2014
Legend
Health Professional Shortage Areas - Dental Care
Geographical Area
Population Group
Single County
Not Dental Care HPSA
Prepared by: HRSA, Office of Information Technology from the HRSA Data Warehouse, datawarehouse.hrsa.gov


HRSA
Medically Underserved Areas / Populations
and Office of Rural Health Policy (ORHP) Rural Health Areas
Data as of Mar 12 2014
Legend
Medically Underserved Areas/Populations
Governor
Medically Underserved Areas
Medically Underserved Populations
ORHP Rural Health Areas
ORHP Rural Health Areas
Prepared by: HRSA, Office of Information Technology from the HRSA Data Warehouse, datawarehouse.hrsa.gov


HRSA
Medically Underserved Areas / Populations
Data as of Mar 12 2014
Alaska
American Samoa
Guam
Hawaii
Puerto Rico
Republic of Palau
U.S. Virgin Islands
Legend
Medically Underserved Areas/Populations
Governor
Medically Underserved Areas
Medically Underserved Populations
Prepared by: HRSA, Office of Information Technology
from the HRSA Data Warehouse,
datawarehouse.hrsa.gov

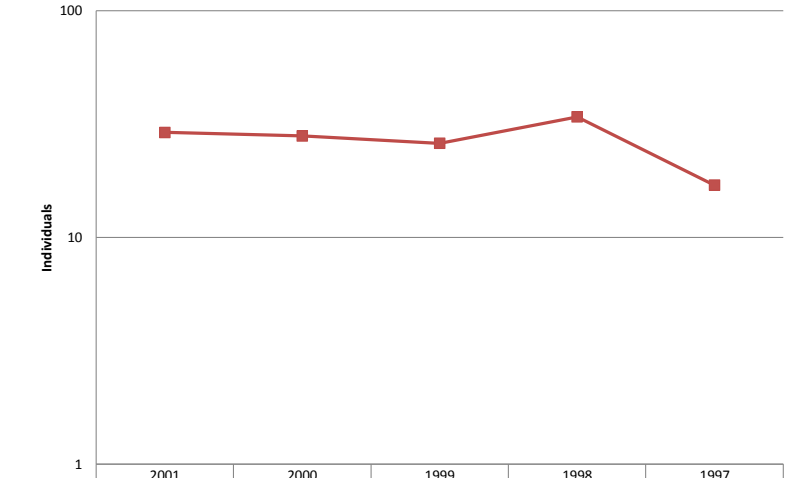

HRSA
National Health Service Corps (NHSC) Sites with Providers
and Office of Rural Health Policy (ORHP) Rural Health Areas
Data as of Mar 12 2014
Alaska
American Samoa
Guam
Hawaii
Puerto Rico
Republic of Palau
U.S. Virgin Islands
Legend
NHSC Sites
ORHP Rural Health Areas
Prepared by: HRSA, Office of Information Technology
from the HRSA Data Warehouse,
datawarehouse.hrsa.gov



Sentinel Diseases

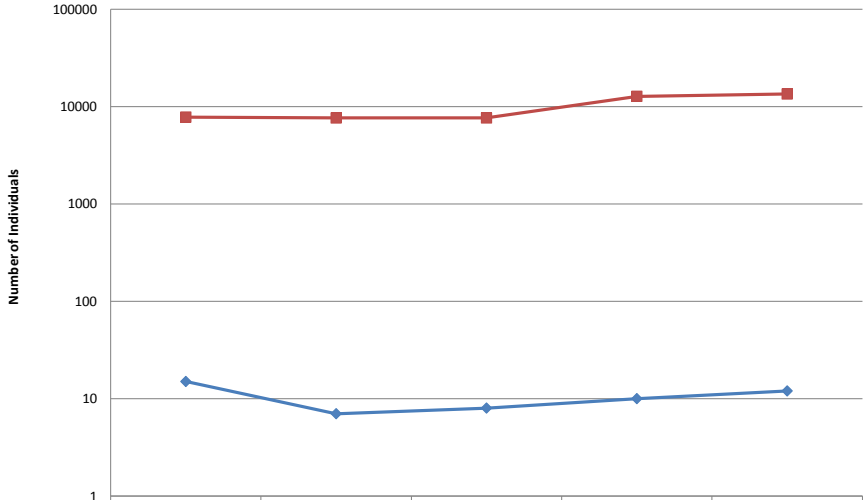
- Findings from sentinel data collection are useful for documenting trends but are not population-based.
- Additionally, it is important to remember with sentinel surveillance, results are not representative of the entire population and the potential for sampling biases exist.

Hospitalization for Rheumatic Fever Children (1-17 Years of Age)



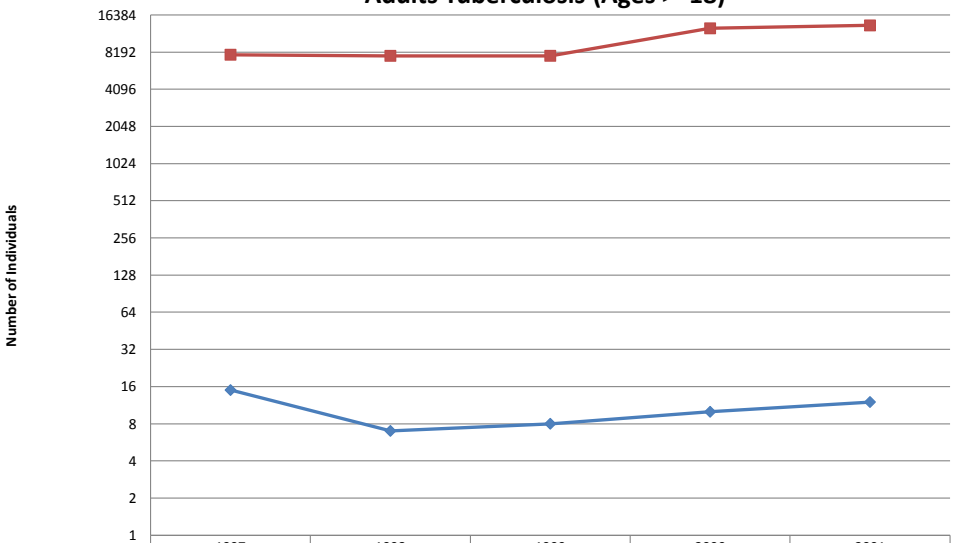
	2001	2000	1999	1998	1997
Illinois	29	28	26	34	17
Hancock	0	0	0	0	0

Hospitalization for Asthma (Ages 1-14 years)



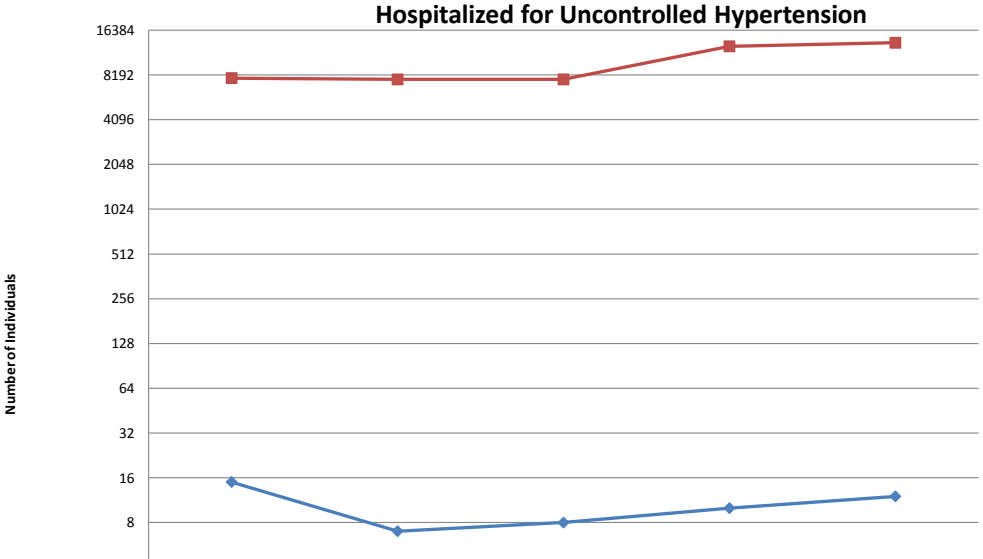
	1997	1998	1999	2000	2001
Hancock County	15	7	8	10	12
Illinois	7797	7637	7641	12750	13469

Adults Tuberculosis (Ages >=18)



	1997	1998	1999	2000	2001
Hancock County	15	7	8	10	12
Illinois	7797	7637	7641	12750	13469

Hospitalized for Uncontrolled Hypertension

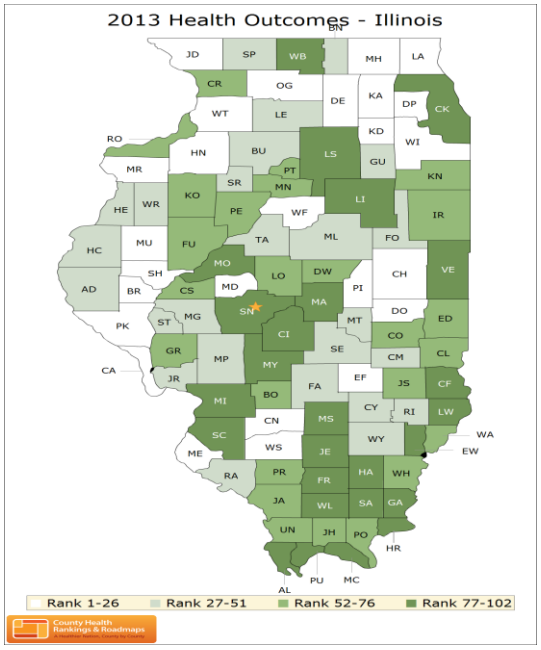


	1997	1998	1999	2000	2001
Hancock County	15	7	8	10	12
Illinois	7797	7637	7641	12750	13469

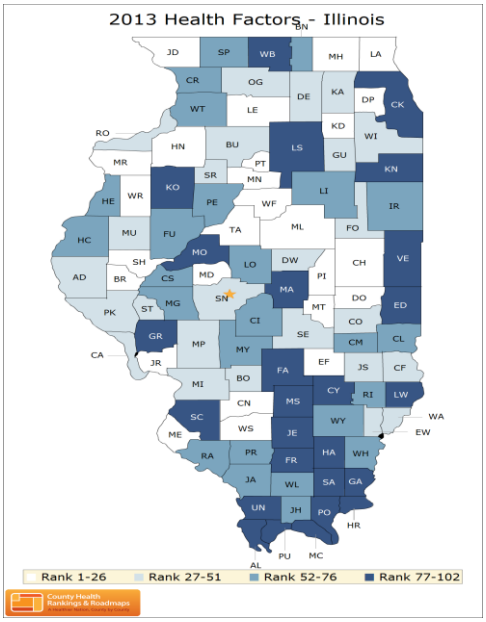
Robert Wood Johnson Foundation County Health Rankings

- Ranked Illinois counties from 2010-2013
- Based upon Health Outcomes (overall ranking) and Health Factors
- 2010 Ranked 37
- 2011 Ranked 33
- 2012 Ranked 33
- 2013 Ranked 27

Health Outcomes



Health Factors



Hancock County Community Needs Assessment Committee

Date: April 9, 2014

Attendees: Shelly Fox, Donna Walker, Cynthia Huffman, Kristin Suminski, Tanya Sparks, Nancy Rutledge, Ryan Olson, Ada Bair, Maureen Crawford

Meeting Notes:

Overview of Compdata for Market Share Analysis – Presented by Shelly Fox, Memorial Hospital (SEE POWERPOINT)

Compdata is a product of the Illinois Hospital Association. Compdata is very comprehensive data that has been available since 1987.

Applications
Market Analysis
Quality and performance measurement
Financial analysis
Physician Information

Data required for reporting-All inpatient stays, ambulatory surgeries, ambulatory observations, emergency department, imaging. There are other data that can be submitted voluntarily.

Data is provided based on quarterly activity.
Because Carthage is a border community to Missouri and Iowa some county data would not be available if patients are crossing over state lines.

Market data to assist in community assessment

- Market share data can be extracted to assist in evaluating patient flow based on facility's that report this voluntary information
- Can assist in identifying priority areas of focus applicable to our community
- Assist in identifying area of focus for marketing and/or promotion to retain county residents for health care services.

Update on Surveys

Total number of surveys completed is just under 500 responses. The committee discussed barriers that prevented some from filling out the survey. The following were determined as barriers….language, interpretation, time, lack of advocates in other areas of the county encouraging folks to complete the survey, importance or and education about survey.

Overall response data will be analyzed and reported to this committee.

Survey Monkey Hancock County CHNA (lower case) Password healthy

Preliminary survey results: majority of respondents 40ish, female, majority employed and insured

60% never used tobacco

Next Meeting scheduled for May 14, 2014 at 3:30 p.m. at the First Christian Church

Hancock County Community Needs Assessment Committee

Date: May 14, 2014

Attendees: Cynthia Huffman, Kristin Suminski, Tanya Sparks, Amy McCallister, Melita Finney, Nancy Rutledge, Nancy Huls, Robin Spurling, Dusty Berg, Donna Walker

Meeting Notes:

IPLAN Categories of Focus – presented by Amy McCallister

1) Demographics
2) Sentinel Events
3) Infectious Disease Indicators
4) General Health and Access to Care
5) Maternal and Child Health Indicators
6) Chronic Disease Indicators
7) Environmental Occupation, Injury Indicators
8) Behavior Risk Factors

Infectious Disease Data – Presented by Amy McCallister

Chlamydia Cases – Hancock County----Stats came from the IPLAN data system

2005-31 cases
2006 -26 cases
2007-29 cases
2008-20 cases
2009-13 cases

Gonorrhea Cases – Hancock County-----Stats came from the IPLAN data system

2005-0 cases
2006-1 case
2007-3 cases
2008-1 case
2007-2 cases

Basic Vaccine Series---- Stats came from the IPLAN data system

	1998	1999	2000	2001	2002
Hancock	92%	77%	84%	58%	72%
Illinois	80.80%	77.60%	78.80%	72.40%	57.80%

Salmonella Infection Rates – Illinois vs. Hancock County
Campylobacter Infection Rates – Illinois vs. Hancock County

Listeria Infection Rates – Illinois vs. Hancock County------ Stats came from the IPLAN data system

	2001	2000	1999	1998	1997
Hancock Co	0	0	0	0	0
Illinois	24	17	36	44	20

Hepatitis B Incidence Rates----Stats came from the IPLAN data system

	2001	2000	1999	1998	1997
Hancock Co	0	0	0	0	0
Illinois	218	170	213	230	284

Vaccine Preventable Diseases

Diphtheria
Pertussis
Tetanus
Measles
Mumps
Rubella
Polio

Pertussis Cases

	2002	2001	2000	1999	1998
Hancock Co	0	2	1	2	2
Illinois	232	198	133	140	173

Tetanus Cases

	2002	2001	2000	1999	1998
Hancock Co	0	0	0	0	0
Illinois	1	2	1	0	0

Measles Cases

	2002	2001	2000	1999	1998
Hancock Co	0	0	0	0	0
Illinois	1	3	4	2	1

Rubella Cases

	2002	2001	2000	1999	1998
Hancock Co	0	0	0	0	0
Illinois	2	2	2	1	1

SURVEY MONKEY – 475 Surveys Completed
General Health and Access to Care – Presented by Cynthia Huffman
Survey question #1 What do you think the two major health concerns in Hancock County are? Answer 1

Other 111
Cancer 82
Obesity 45
Heart Attacks/Care 25
Affordable Healthcare 18
Aging related issues 18

Diabetes 15
Alcohol/Drug Use 12
Smoking 11
No Answer 9
Availability of Care 8
Emergency Care 7
Dental Care 6
Teen Pregnancy 6
Ambulance service 5
Transportation 4

Survey question #1 What do you think the two major health concerns in Hancock County are? Answer 2
Other 125
Cancer 48
Obesity 38
Heart 35
Diabetes 24
Smoking 18
Affordability of Care 16
Aging/Elderly 11
Abuse 10
More/Retention of Doctors 9
Availability of Care 8
Care for Children 6
No Answer 6
Emergency Care 6
Dental Care 4
Arthritis 3

Survey question # 4.1 The following is a list of possible health related issues your community may face. Due to availability, ability or affordability, within the past two years, have you or someone in your household experienced the following…. Q# 4.1a to 4.1k (**SEE CHART for detail of responses)**

Answer OptionsNO YES NOT APPLICABLE
408 Answered the question
67 Skipped the question

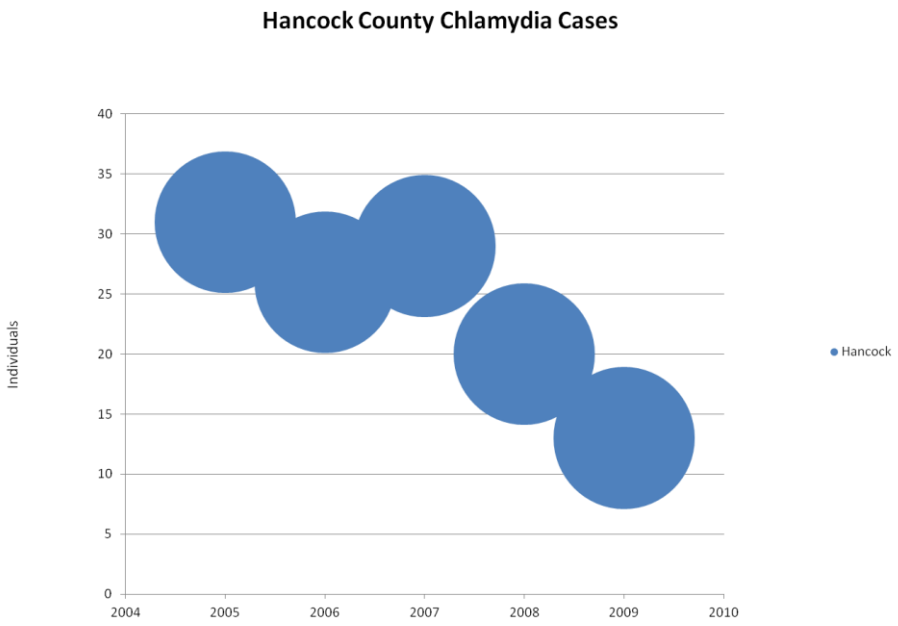
Survey question # 4.2 This is a list of possible health related issues that may be found in your community. Please identify those you feel are common in your community. Q 4.2a to 4.2k **(SEE CHART for detail of responses)**

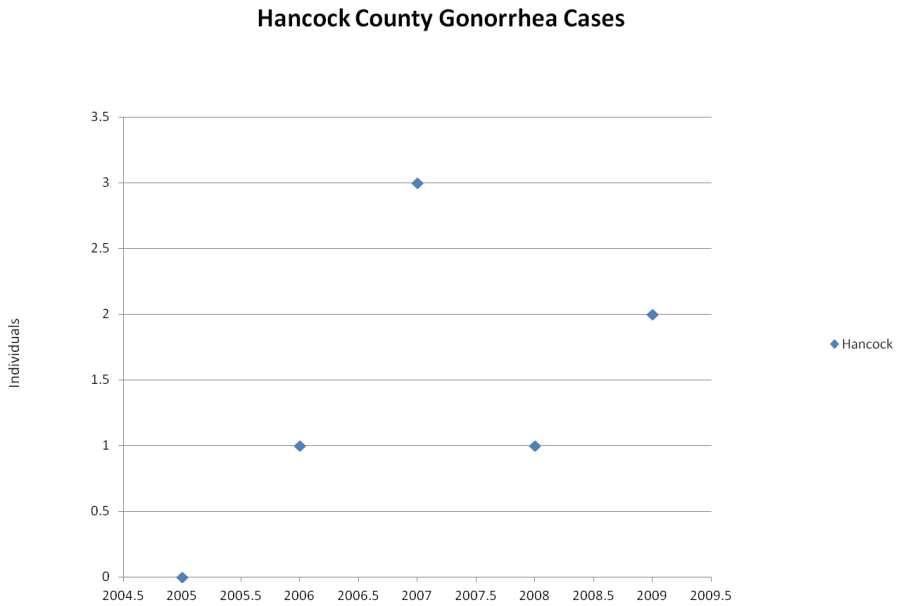
Answer OptionsNO YES NOT APPLICABLE
408 Answered the question
67 Skipped the question

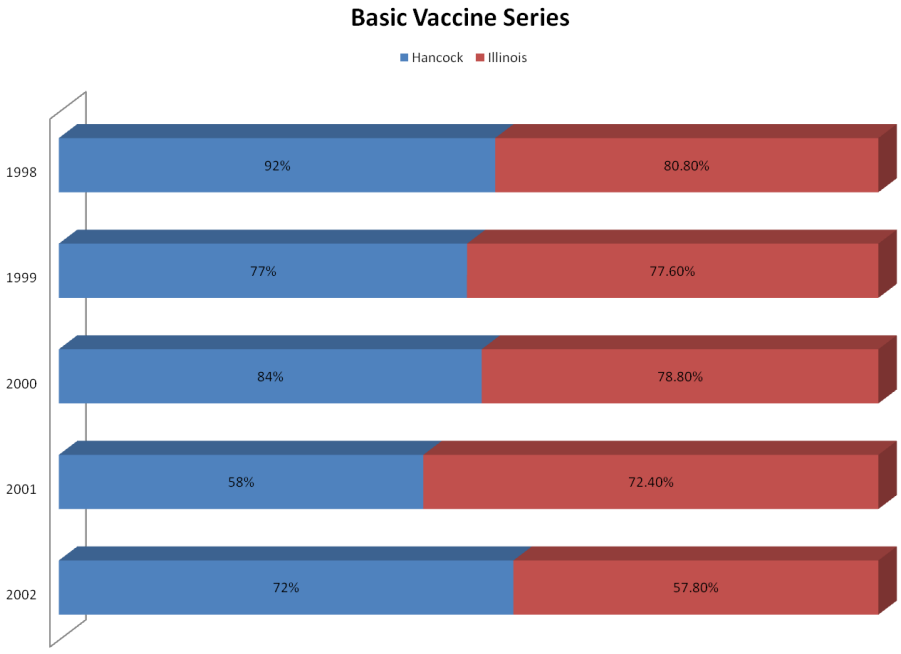
Next Meeting is scheduled for June 11, 2014 at the First Christian Church

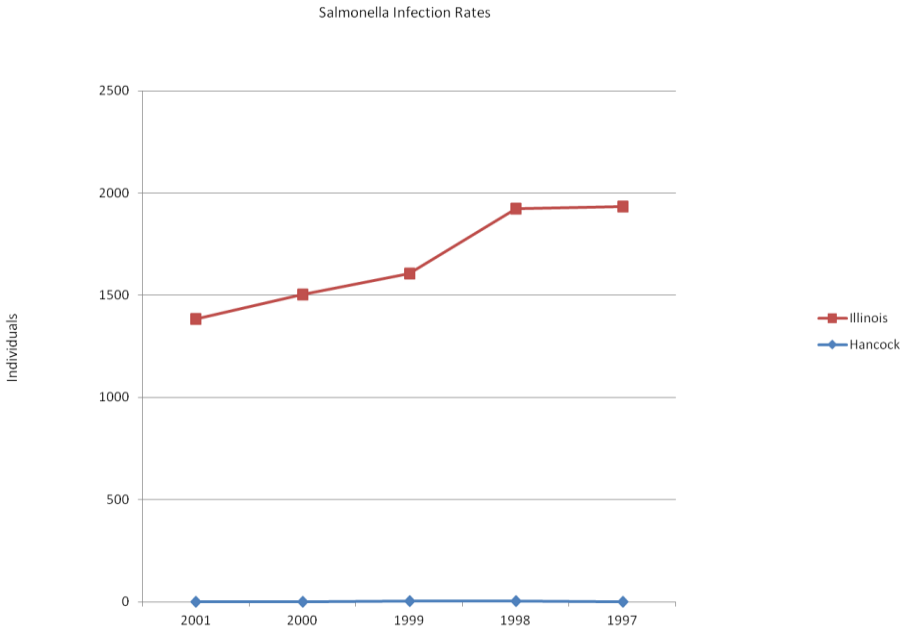
May 14,2014
CHNA Meeting

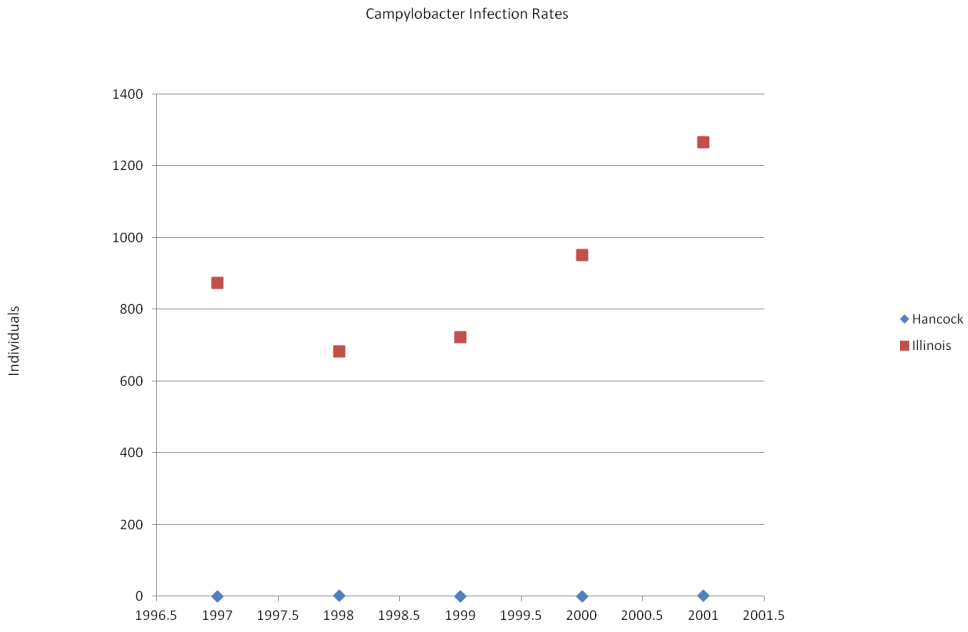
Infectious Disease Indicators

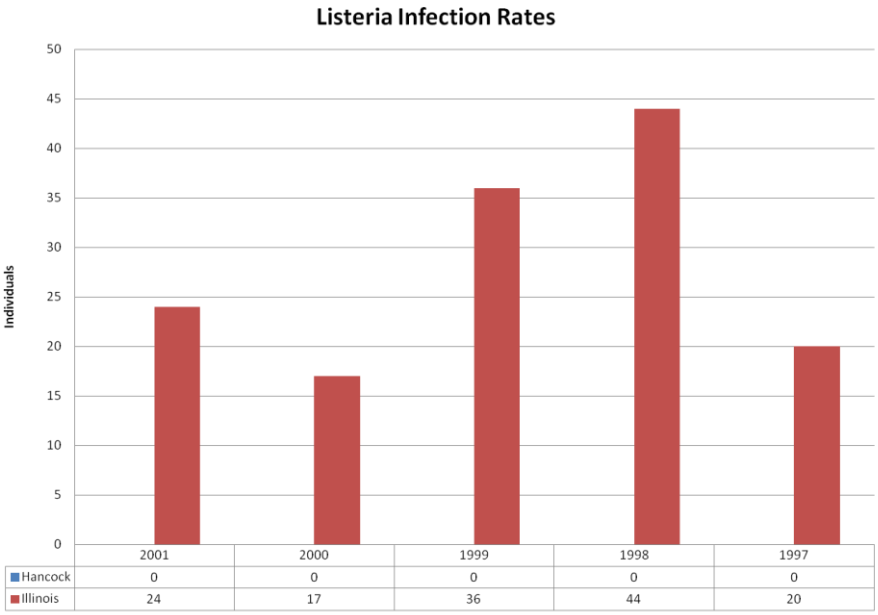


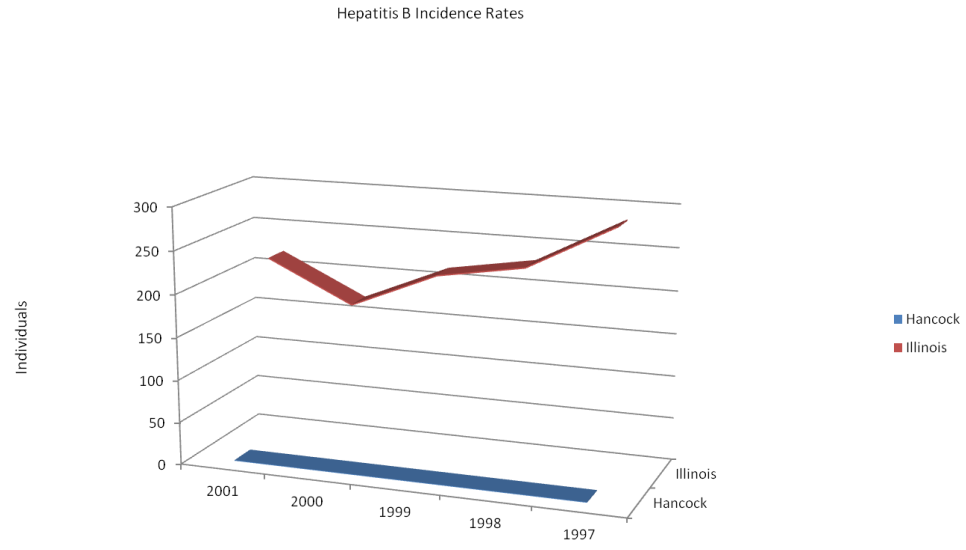

Hancock County Gonorrhea Cases
Individuals
3.5
3
2.5
2
1.5
1
0.5
0
2004.5
2005
2005.5
2006
2006.5
2007
2007.5
2008
2008.5
2009
2009.5
Hancock


Basic Vaccine Series
Hancock
Illinois
1998
92%
80.80%
1999
77%
77.60%
2000
84%
78.80%
2001
58%
72.40%
2002
72%
57.80%

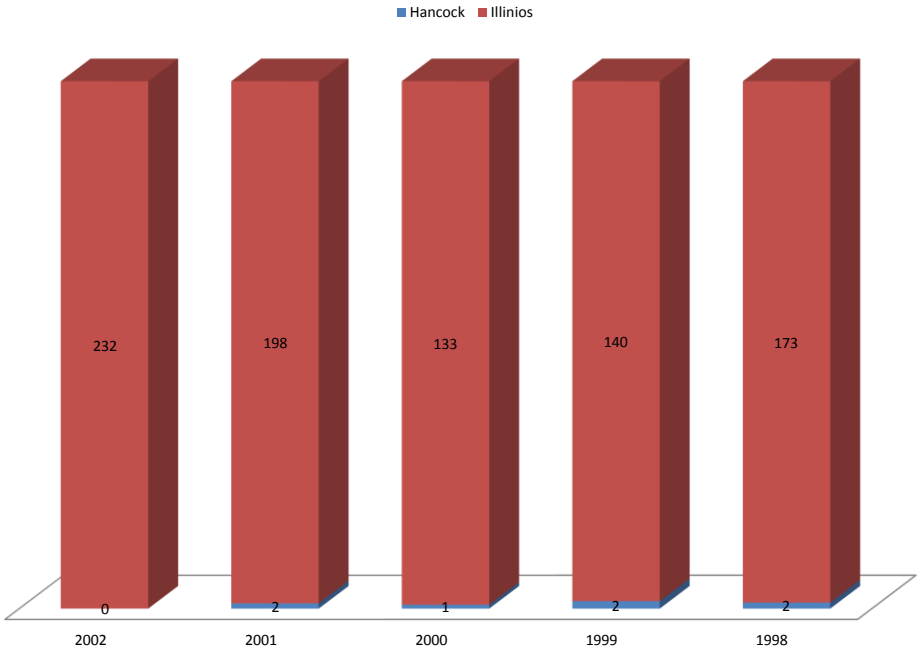

Salmonella Infection Rates
Individuals
2500
2000
1500
1000
500
0
2001
2000
1999
1998
1997
Illinois
Hancock


Campylobacter Infection Rates
Individuals
1400
1200
1000
800
600
400
200
0
1996.5
1997
1997.5
1998
1998.5
1999
1999.5
2000
2000.5
2001
2001.5
Hancock
Illinois

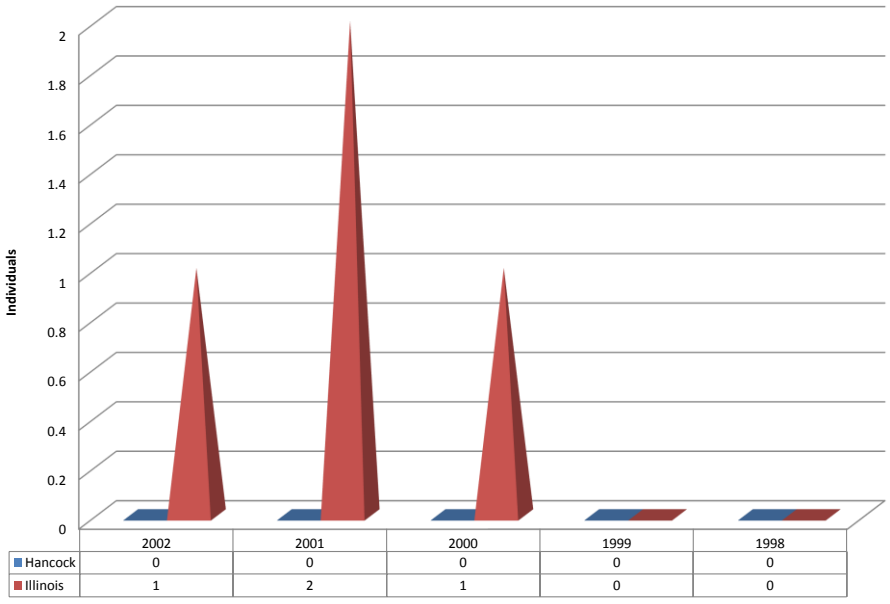

Listeria Infection Rates
Individuals
50
45
40
35
30
25
20
15
10
5
0
2001
2000
1999
1998
1997
Hancock
0
0
0
0
0
Illinois
24
17
36
44
20


Hepatitis B Incidence Rates
Individuals
300
250
200
150
100
50
0
2001
2000
1999
1998
1997
Illinois
Hancock
Hancock
Illinois

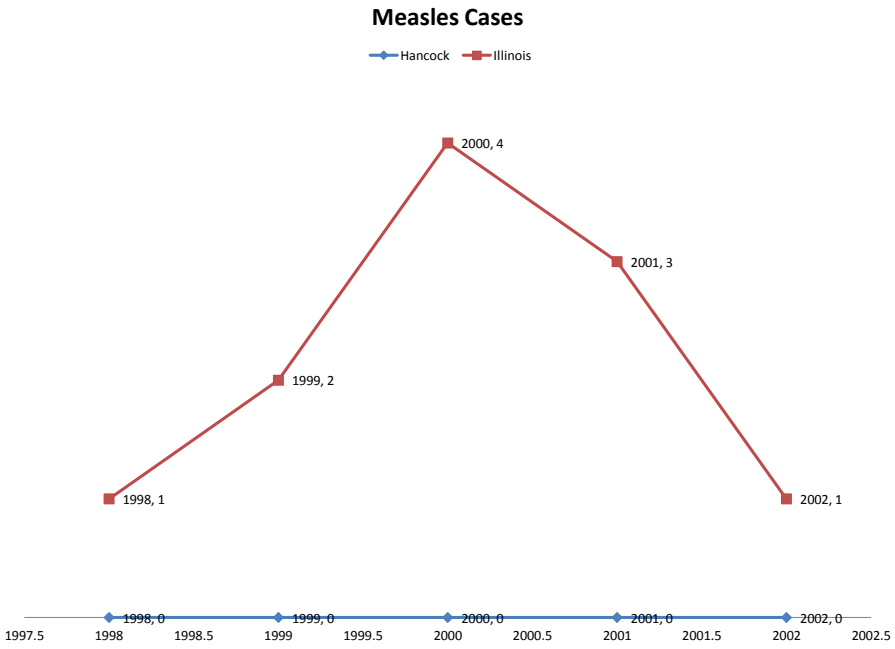
Pertussis Cases

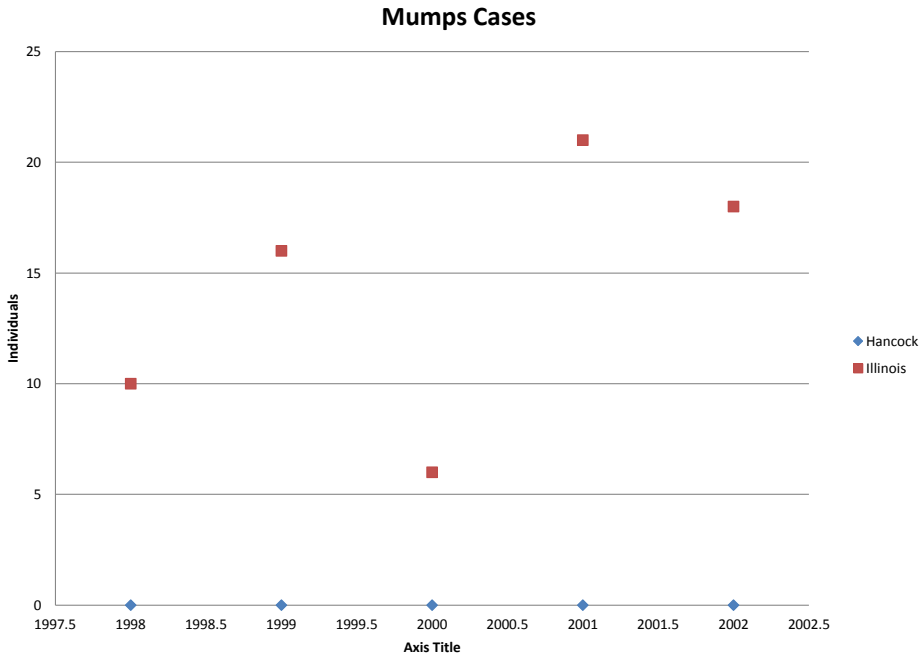


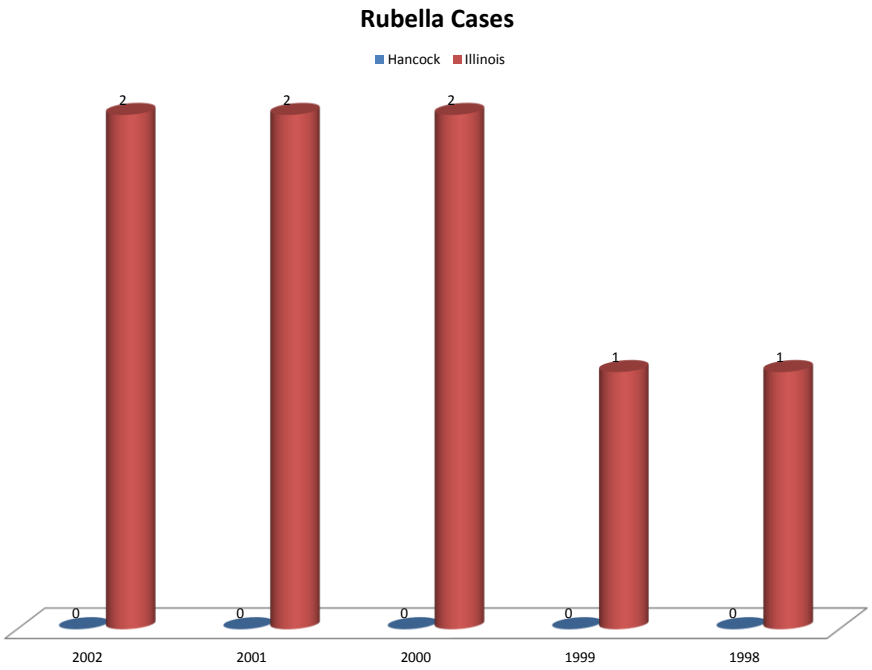
Tetanus Cases



	2002	2001	2000	1999	1998
Hancock	0	0	0	0	0
Illinois	1	2	1	0	0


Measles Cases
Hancock
Illinois
2000, 4
2001, 3
1999, 2
1998, 1
2002, 1
1998, 0
1999, 0
2000, 0
2001, 0
2002, 0
1997.5
1998
1998.5
1999
1999.5
2000
2000.5
2001
2001.5
2002
2002.5


Mumps Cases
25
20
15
10
5
0
Individuals
1997.5
1998
1998.5
1999
1999.5
2000
2000.5
2001
2001.5
2002
2002.5
Axis Title
Hancock
Illinois


Rubella Cases
Hancock
Illinois
2
2
2
1
1
0
0
0
0
0
2002
2001
2000
1999
1998

Hancock County Community Needs Assessment Committee

Date: June 11, 2014

Attendees: Maureen Crawford, Robin Spurling, Nancy Rutledge, Cynthia Huffman, Kristin Suminski, Ada Bair, Melita Finney, Scott Bentzinger

Meeting Notes:

General Health and Access to Care Indicators - Presented by Amy McCallister

Uninsured Population 1994-1998 Hancock County Ages 18-64 Years Old

1994 (15.9%)
1995 (12%)
1996 (15%)
1997 (12.8%)
1998 (10.7%)

Leading Causes of Death in 2006	Hancock County		Illinois
Disease of the Heart	56		22,744
Malignant Neoplasm's	50	20,043	
Coronary Heart Disease	39	15957	
Cerebrovascular Diseases	20		5036
Lung Cancer	15		5560
Accidents	11		3505
Chronic Lower Respiratory Disease	10		4251
Motor Vehicle Accidents	7		-
Colorectal Cancer	7		-
Lymph and Hematoma Cancer	6	2072	
Influenza/Pneumonia	-		2318
Diabetes Mellitus	-		2164

Survey and Hospital Stats

Memorial Hospital number of patients by payer source/calendar year

Memorial Hospital Expired Patients by Diagnosis/calendar year

	2012	2013
Cardiac Arrest	4	8
Acute Respiratory Failure	3	-
GI Bleed	2	-
Lung Cancer	2	6
Instant Death	2	-
Cerebral Occlusion	1	1
Congestive Heart Failure	1	2
Intestinal Obstruction	1	1
Cardiogenic shock	1	-
Acute Kidney Failure	1	1

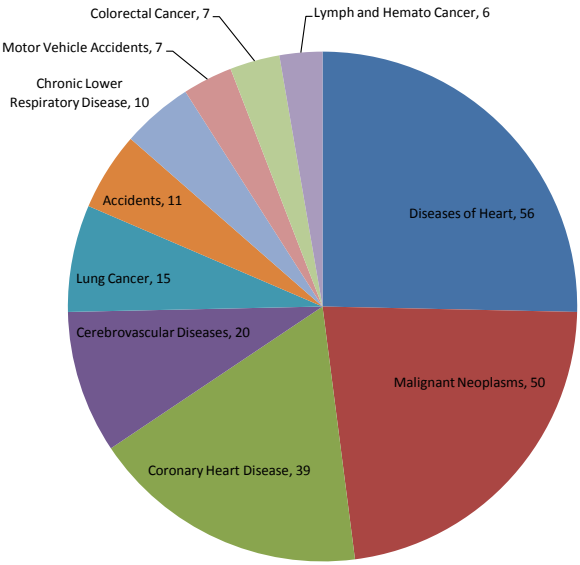
COPD/Asthma	1		-	
Pneumonia		1		2
Ovarian Cancer	1		-	
Pulmonary fibrosis		1		-
Pancreatic Cancer		-		1
Bowel Obstruction		-		1
Septicemia		-		1
Pulmonary Embolism		-		2
Intracerebral hemorrhage		-		1
Malignant Neoplasm		-		1
Cellulites		-		1
Colon Cancer		-		1
Pulmonary insufficiency		-		1
E Coli Septic Shock		-		1
Acute MI		-		1
Hemoptysis		-		1

Community Needs Assessment Survey Highlights

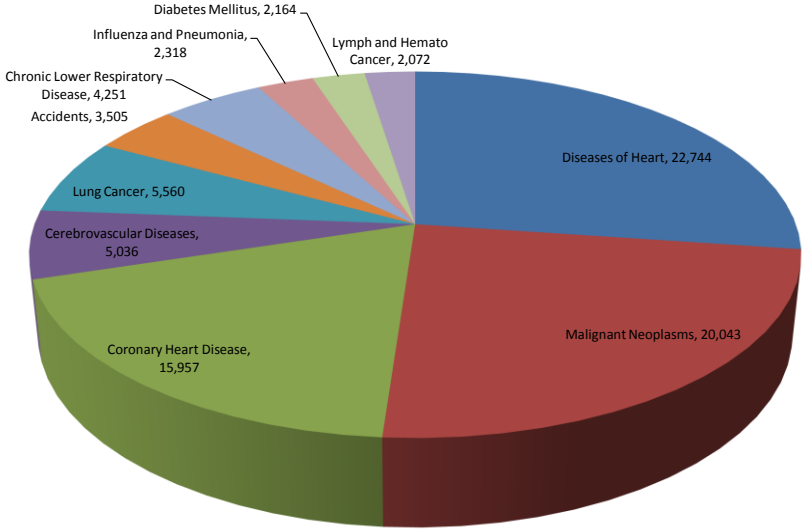
Insurance Coverage	54% of respondents have insurance coverage through employer
Age	48% of respondents were in the 41 to 65 years old category 18% of respondents were in the 18-25 year old category
Zip code	Top zip codes 62321, 62341
Marital Status	63.7% of respondents are Married 23% of respondents are single
Income Ranges	29% of respondents to the survey did not respond to this question 19% of respondents are in the $50,000to$74,999 income range
Household #	46.8% of respondents have 3-5 people in their household
Gender	70% of respondents were Female and 30% were Male
Education level	49% College Graduate, 20% Some College
Employment	53% of respondents are employed FT and 10% are unemployed

Next Meeting is scheduled for July 16, 2014 at 3:30 p.m. at the First Christian Church (NOTE THE NEXT MEETING IS THE 3rd TUESDAY OF THE MONTH NOT THE SECOND TUESDAY)

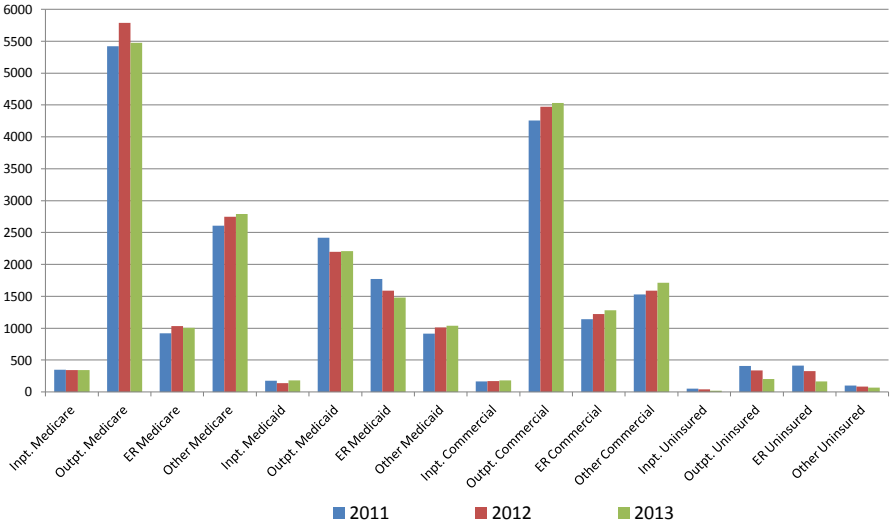
Leading Causes of Death in 2006 in Hancock County



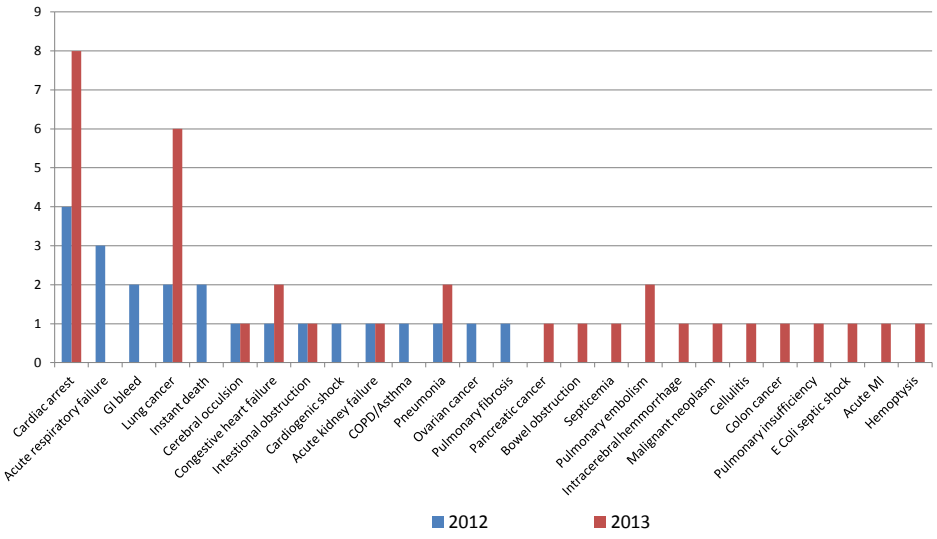
Leading Causes of Death in 2006 in Illinois



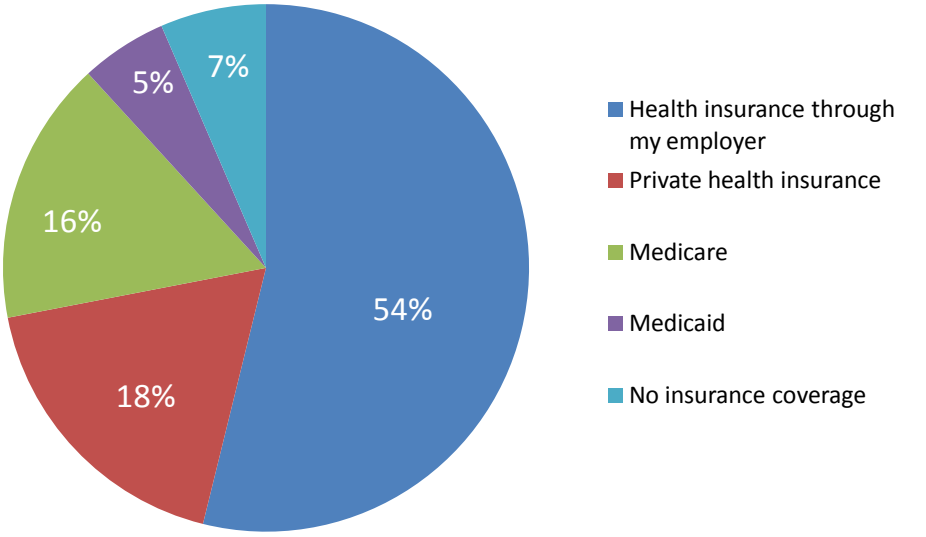
MEMORIAL HOSPITAL
NUMBER OF PATIENTS BY PAYOR SOURCE/CALENDAR YEAR



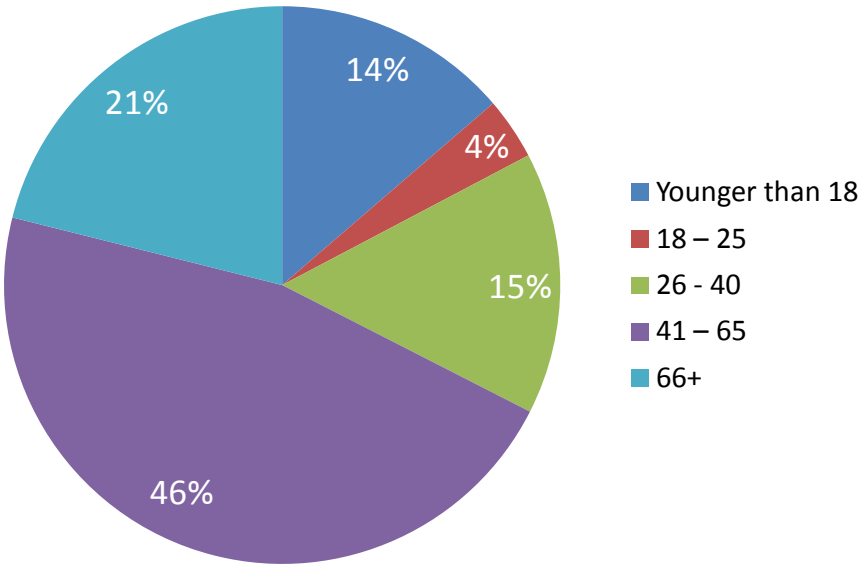
MEMORIAL HOSPITAL
EXPIRED PATIENTS BY DIAGNOSIS/CALENDAR YEAR

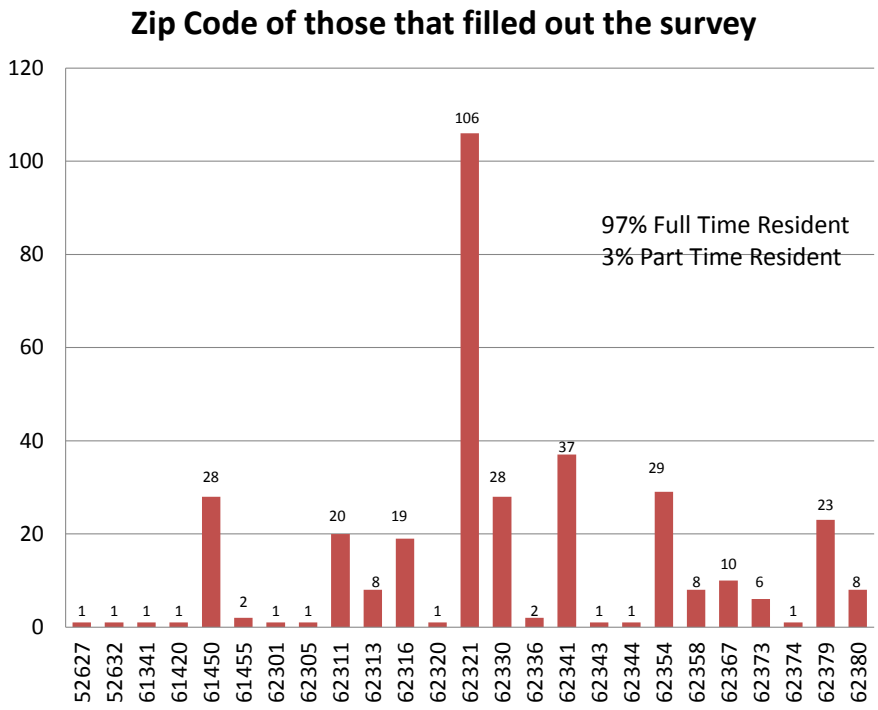


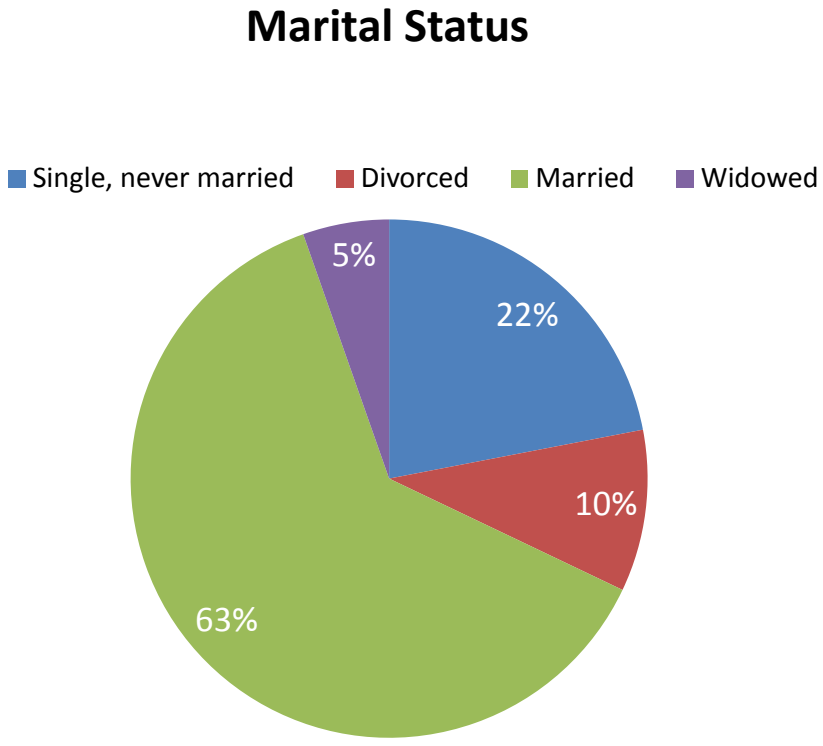
Insurance Coverage



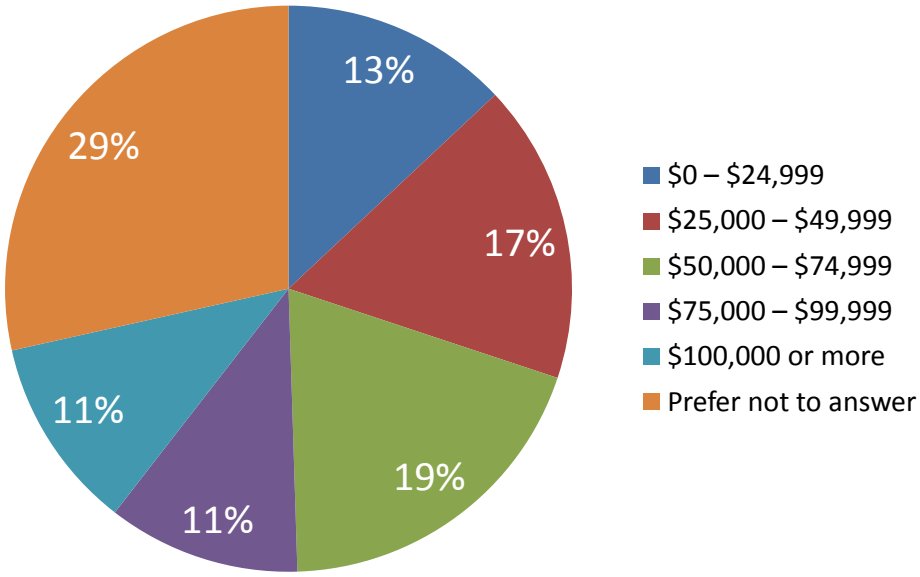
Age Range



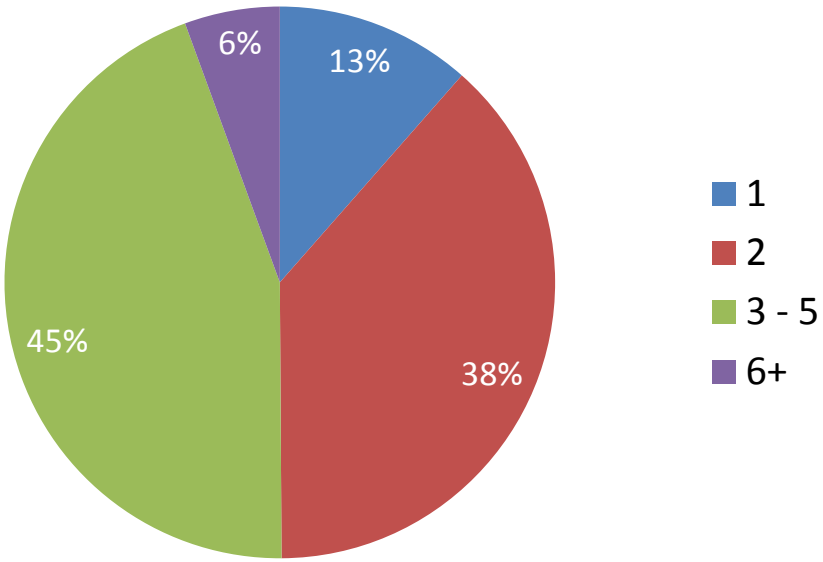

Zip Code of those that filled out the survey
120
100
80
60
40
20
0
97% Full Time Resident
3% Part Time Resident
1 1 1 1 28 2 1 1 20 8 19 1 106 28 2 37 1 1 29 8 10 6 1 23 8
52627 52632 61341 61420 61450 61455 62301 62305 62311 62313 62316 62320 62321 62330 62336 62341 62343 62344 62354 62358 62367 62373 62374 62379 62380


Marital Status
Single, never married
Divorced
Married
Widowed
5%
22%
10%
63%

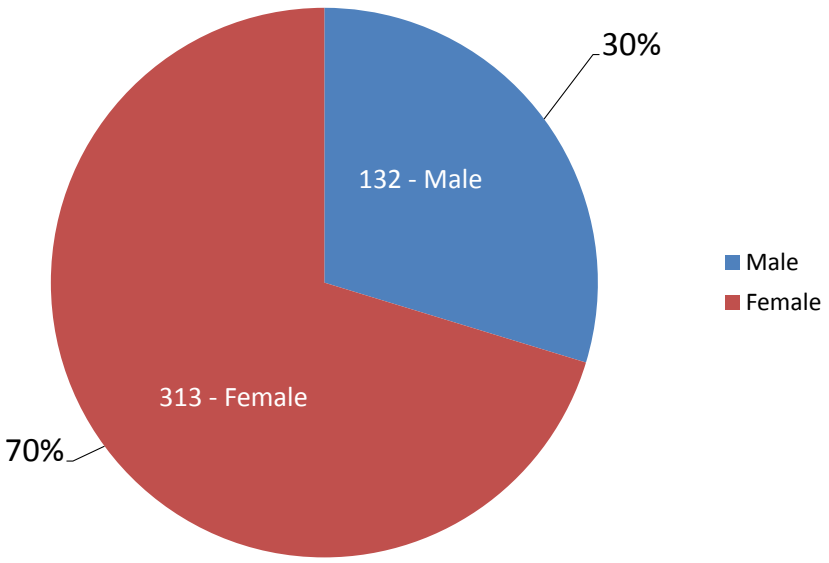
What is your household income range?



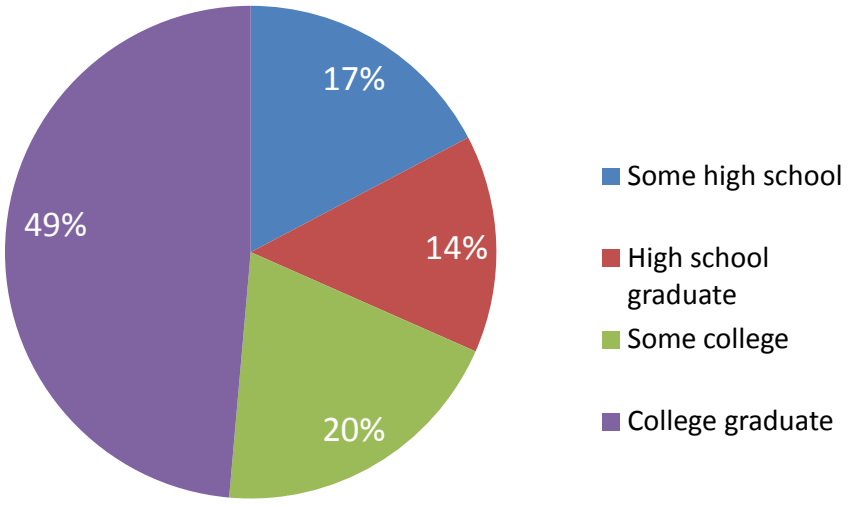
Including yourself, how many people live in your household?

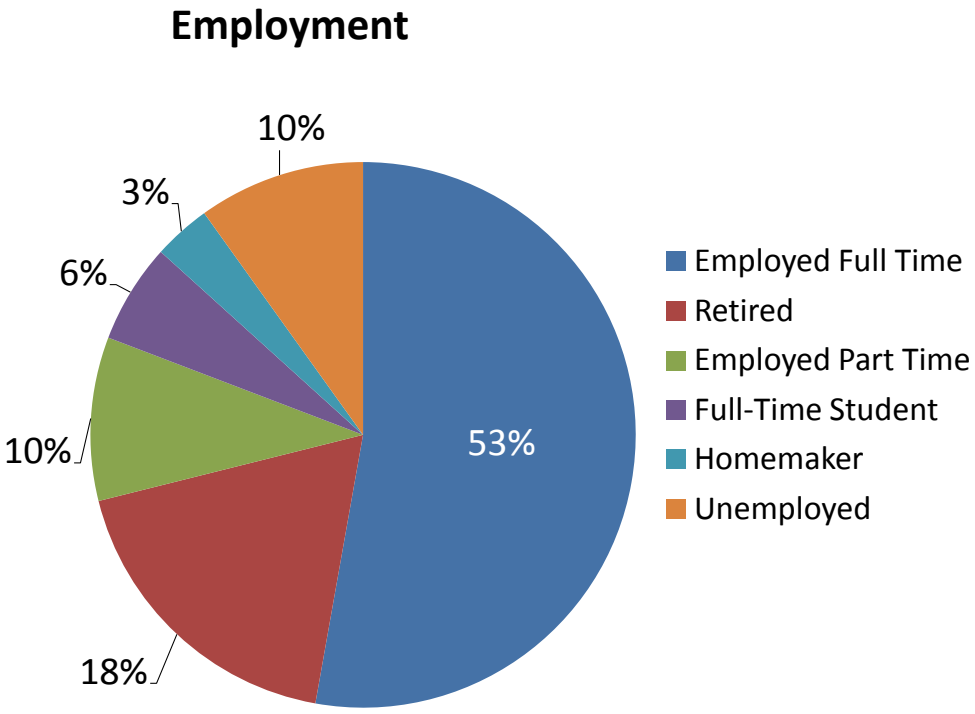


Gender



What is the highest level of education you have completed?




Employment
10%
3%
6%
10%
18%
53%
Employed Full Time
Retired
Employed Part Time
Full-Time Student
Homemaker
Unemployed

Hancock County Community Needs Assessment Committee

Date: July 16, 2014

Attendees: Joe Little, Kristin Suminski, Cynthia Huffman, Donna Walker, Dustin Berg, Melita Finney, Ada Bair, Amy McCallister

Meeting Notes:

Environmental Data was presented by Amy McCallister, Hancock County Health Department

Toxic Agents released into Air, Water, Soil (# are in pounds) (SEE SLIDE) Hancock County vs. Illinois

Motor Vehicle, Crude 2002-2006 (SEE SLIDE) Hancock County vs. Illinois

Motor Vehicle Premature (<65) (SEE SLIDE) Hancock County vs. Illinois

Homicide Rates, Crude (SEE SLIDE) Hancock County vs. Illinois

Homicide Rates, Premature (<65) (SEE SLIDE) Hancock County vs. Illinois

Suicide Rates, Crude (SEE SLIDE) Hancock County vs. Illinois

Suicide Rates, Premature (<65) (SEE SLIDE) Hancock County vs. Illinois

Alcohol-related motor vehicle mortality rates (SEE SLIDE) Hancock County vs. Illinois

Occupational Disease/Injuries, Cancer (SEE SLIDE) Hancock County vs. Illinois

Blood Lead Levels in Children >15mcg/dl (SEE SLIDE) Hancock County vs. Illinois

Blood Lead Levels in Children >25mcg/dl (SEE SLIDE) Hancock County vs. Illinois

Assault Rates, Criminal Sexual Assault (SEE SLIDE) Hancock County vs. Illinois

Assault Rates, Robbery (SEE SLIDE) Hancock County vs. Illinois

Assault Rates Aggravated Assault & Battery/Attempted Murder (SEE SLIDE) Hancock County vs. Illinois

Community Health Needs Assessment Survey Results – Presented by Cynthia Huffman

How does Memorial Hospital rate in responding to overall health needs?

19% Excellent 17% Fair

How does the Hancock County Health Department rate in responding to overall health needs?

18% Excellent 49% Good 19% Fair

What can Memorial Hospital do to respond to concerns? Education, advertising and offer more services

3. Potential Health Needs

3.1 Individual and family health concerns	22% Yes	78% No	
3.2 Emergency Preparedness	45% Yes	13% No	42% d/k
3.3 Environmental factors	37% Yes	63% No	
3.4 Healthy Living	29% Yes	71% No	
3.5 Healthcare Availability	14% Yes	86% No	
3.6 Transportation difficulties	7% Yes	93% No	
3.7 Safety	6% Yes	94% No	
3.8 Public Health	12% Yes	88% No	

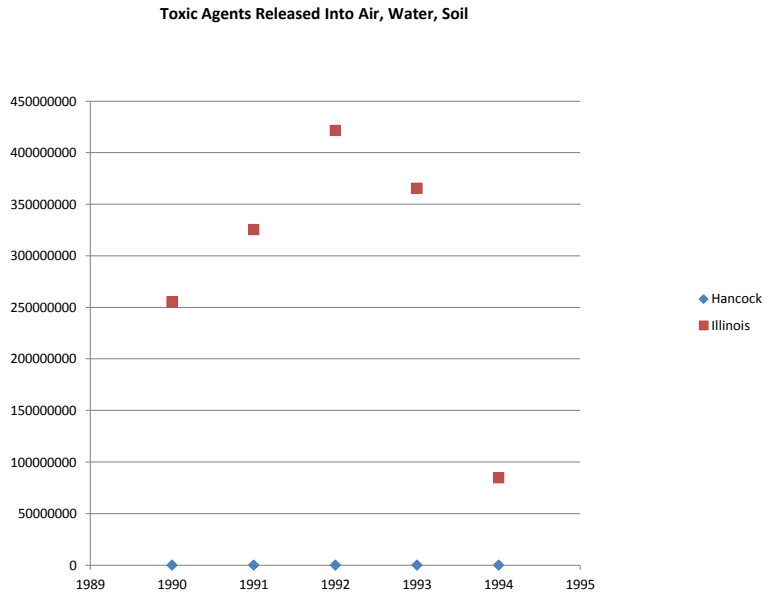
4. Specific Needs (SEE SLIDES)

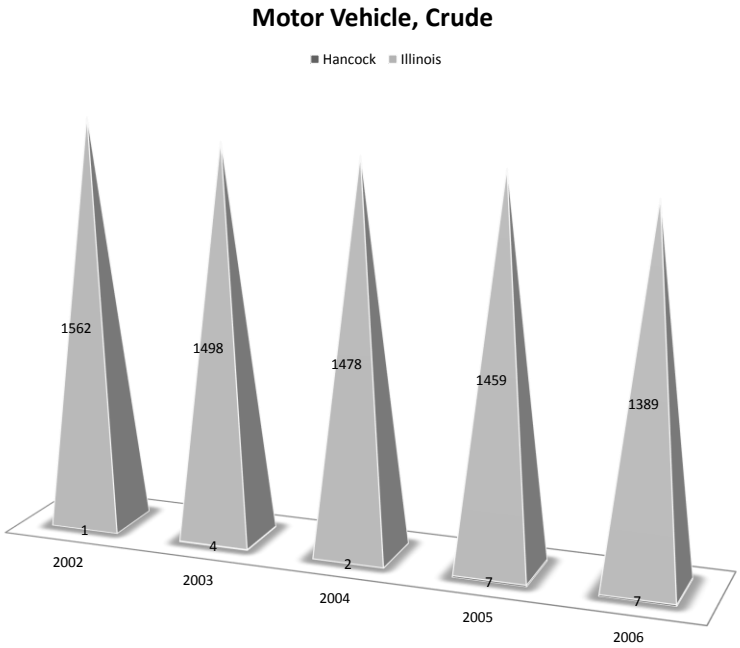
NEXT STEPS

1) Decide on three top priorities or concerns
2) Review what programs are available in the county to help with the concerns
3) Determine how much money it would cost to provide programming to help with the concerns/need
4) Develop an action plan to assist in the issues that are determined.
5) Re-invite folks to come to the CHNA meetings
6) Amy will be requesting an extension from the Illinois Department of Public Health

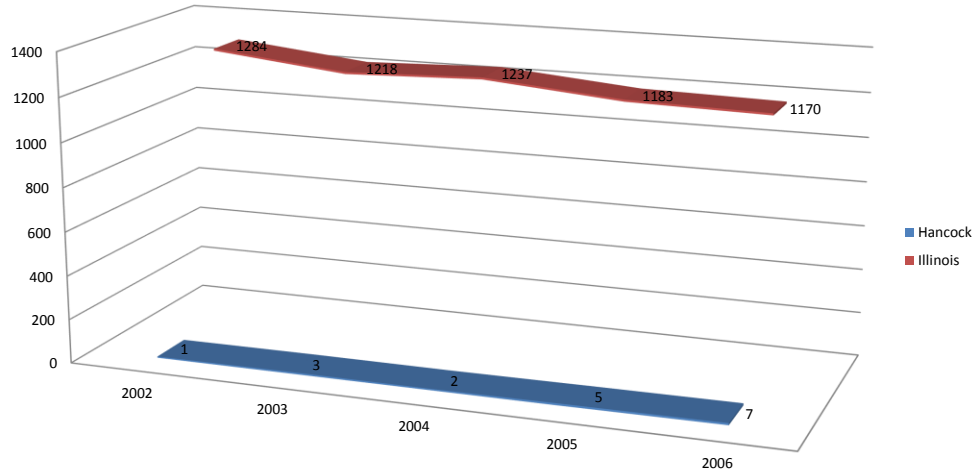
ENVIRONMENTAL DATA PRESENTED BY AMY MCCALLISTER

NEXT MEETING IS SCHEDULED FOR AUGUST 27, 2014, 3:30 p.m. AT THE FIRST CHRISTIAN CHURCH

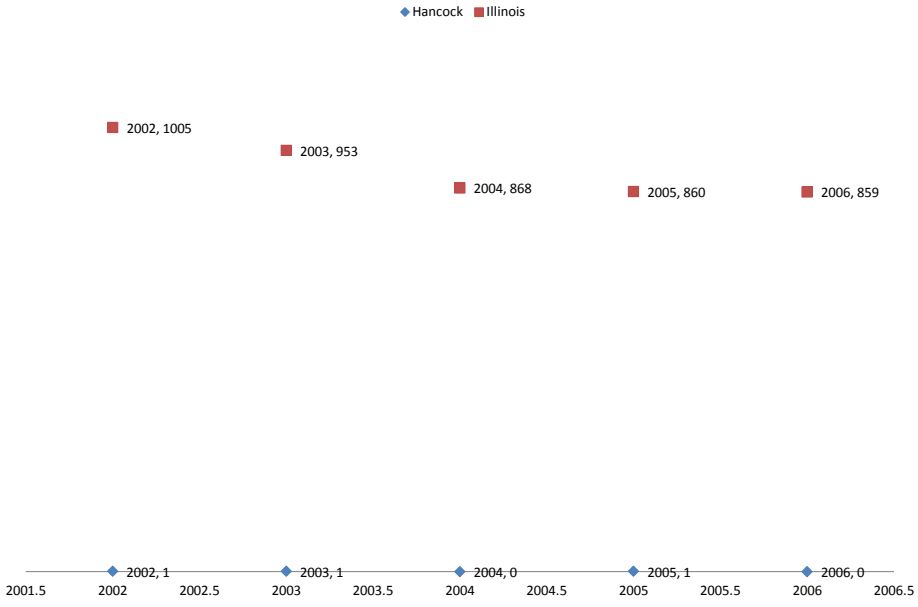

Toxic Agents Released Into Air, Water, Soil
450000000
400000000
350000000
300000000
250000000
200000000
150000000
100000000
50000000
0
1989
1990
1991
1992
1993
1994
1995
Hancock
Illinois

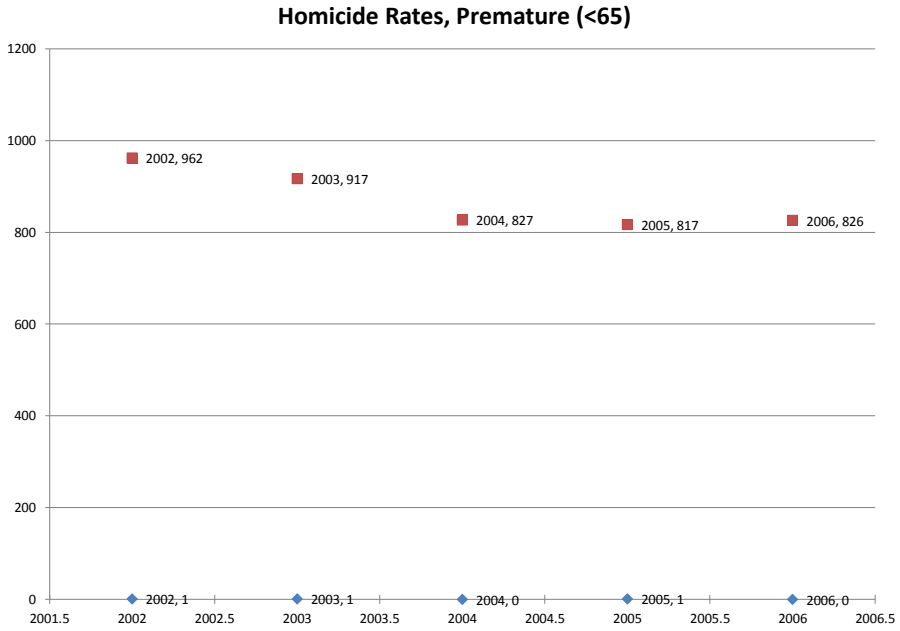

Motor Vehicle, Crude
Hancock
Illinois
1562
1498
1478
1459
1389
1
4
2
7
7
2002
2003
2004
2005
2006

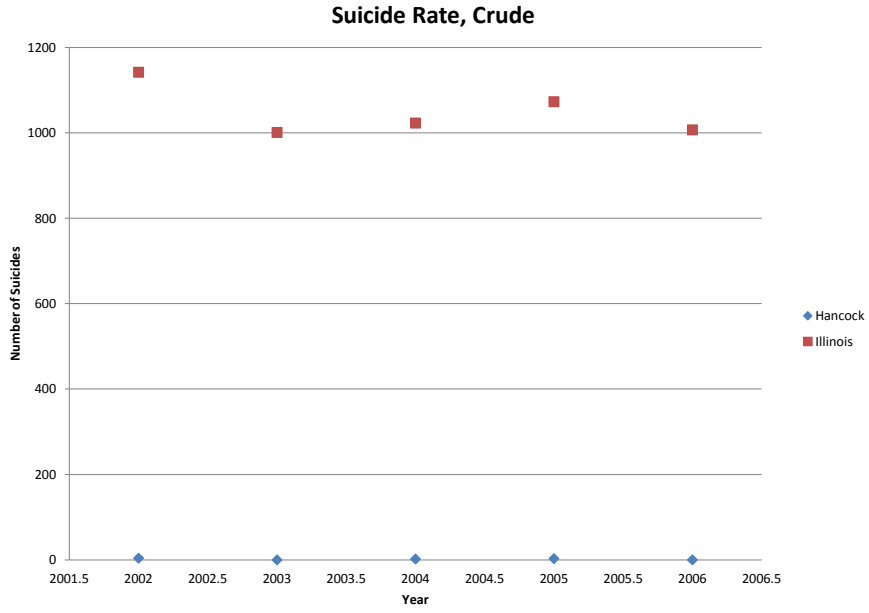
Motor Vehicle Premature (<65)



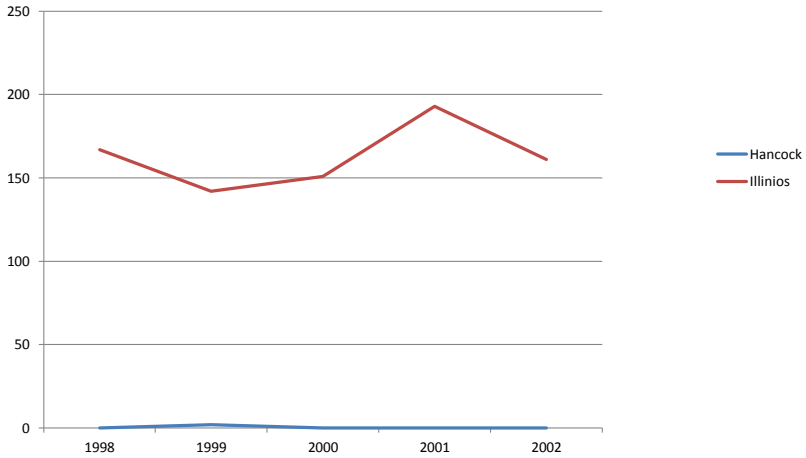
Homicide Rates, Crude



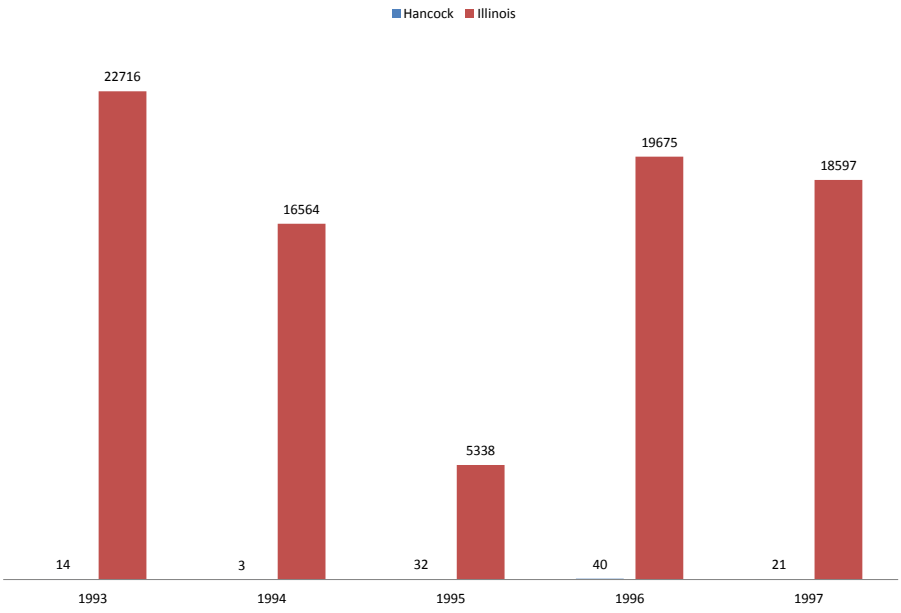

Homicide Rates, Premature (<65)
1200
1000
800
600
400
200
0
2002, 962
2003, 917
2004, 827
2005, 817
2006, 826
2002, 1
2003, 1
2004, 0
2005, 1
2006, 0
2001.5
2002
2002.5
2003
2003.5
2004
2004.5
2005
2005.5
2006
2006.5

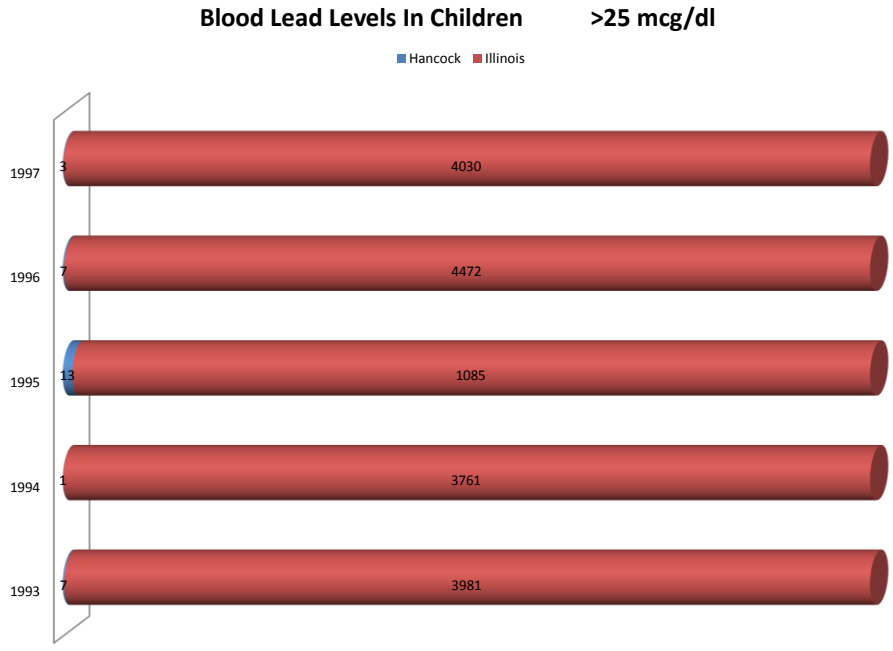

Suicide Rate, Crude
1200
1000
800
600
400
200
0
Number of Suicides
2001.5
2002
2002.5
2003
2003.5
2004
2004.5
2005
2005.5
2006
2006.5
Year
Hancock
Illinois

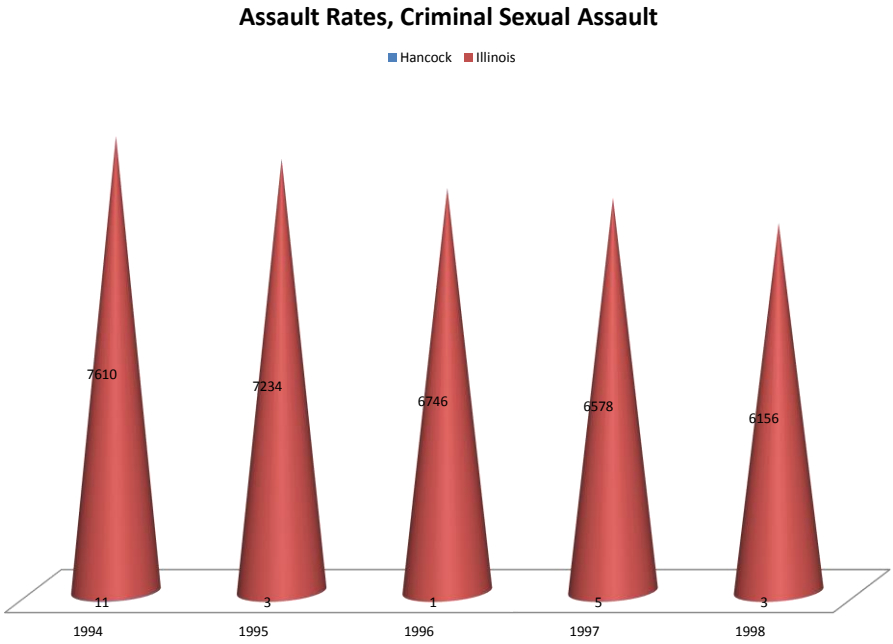
Occupational Disease/Injuries, Cancer

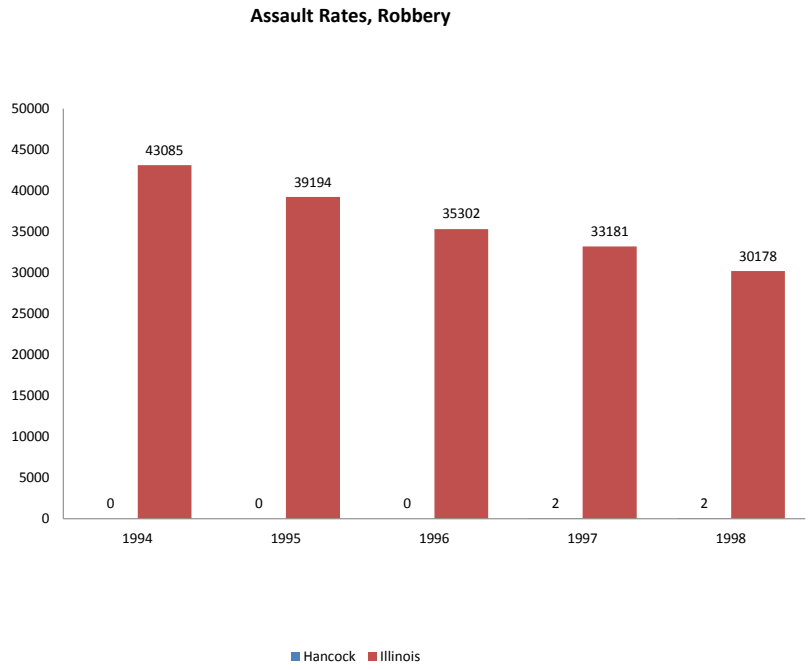


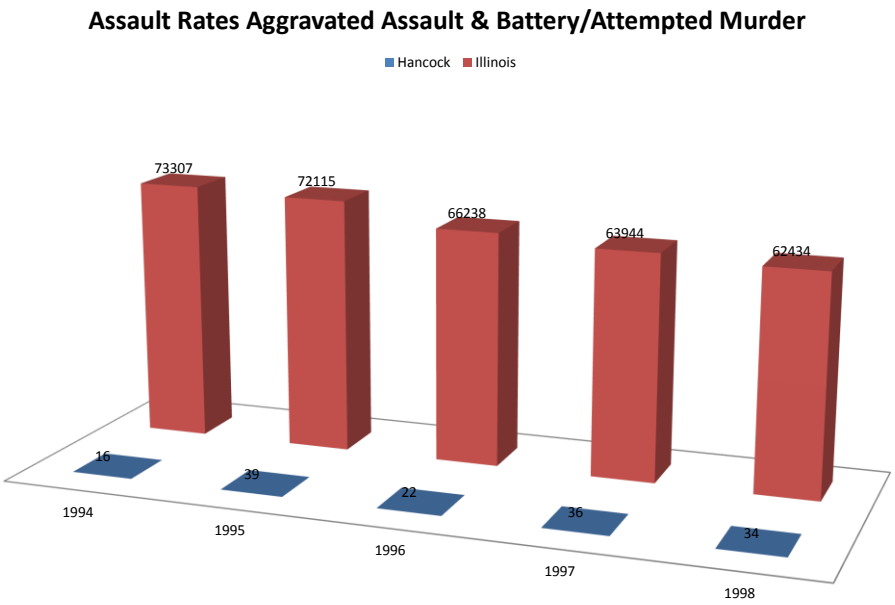
Blood Lead Levels In Children >15mcg/dl




Blood Lead Levels In Children >25 mcg/dl
Hancock
Illinois
1997
3
4030
1996
7
4472
1995
13
1085
1994
1
3761
1993
7
3981


Assault Rates, Criminal Sexual Assault
Hancock
Illinois
7610
7234
6746
6578
6156
11
3
1
5
3
1994
1995
1996
1997
1998


Assault Rates, Robbery
50000
45000
40000
35000
30000
25000
20000
15000
10000
5000
0
43085
39194
35302
33181
30178
0
0
0
2
2
1994
1995
1996
1997
1998
Hancock
Illinois


Assault Rates Aggravated Assault & Battery/Attempted Murder
Hancock
Illinois
73307
72115
66238
63944
62434
16
39
22
36
34
1994
1995
1996
1997
1998

Hancock County Community Needs Assessment Committee

Date: August 27, 2014

Attendees: Nancy Huls, Nancy Rutledge, Ada Bair, Scott Bentzinger, Cynthia Huffman, Donna Walker, Kristin Suminski, Amy McCallister, Melita Finney

Meeting Notes:

Scott Bentzinger, Hancock County Sheriff presented information on Hancock County Accident and Crime data.

Accident Crime Date (2013)

Non-car/deer crashes	122
Incapacitating	14
Non-capacitating	19

Average ages of drivers/total crashes per month (2013)

January	39.4
February	33.94
March	42
April	40
May	41
June	39
July	37
August	44
September	40
October	46
November	40
December	47

Accident Crime Date (2014)

Non-car/deer crashes	82
Incapacitating	10
Non-capacitating	10

Average ages of drivers/total crashes per month (2014)

January	35
February	34
March	36
April	38
May	49
June	39

Theft-takes place outside a building, structure, or home. It is a felony if it is over $500.
Burglary – takes place inside a building, structure or home. Always a felony.

Crime reports – Hancock County

	Jan-Dec 2013	Jan-Aug 2014
Burglary	30	10
Theft	134	68
DUI	7	12
Drugs	18	14

Mental Health Demographics – July 1, 2012 to June 30, 2013 Presented by Joe Little, Mental Health Centers of Western Illinois

SERVICES 350 Outpatient, 113 Substance Abuse Treatment, 37 Developmental Training

Services	Brown	Pike	Hancock	Total
Community Housing	71	0	14	85
Outpatient	264	293	350	907
Substance Abuse Treatment	47	67	133	247
Early Intervention	13	2	13	28
Developmental Training	0	36	37	73
Home-Based Support	0	16	20	36
DUI Evaluation	14	4	33	51
DUI Update	1	1	27	29
Driver Risk Education	0	0	19	19
Totals	**410**	**419**	**646**	**1475**

Diagnosis – 210 Mood Disorder, 150 Substance Abuse, 88 Psychosis Disorder

Diagnosis	Brown	Pike	Hancock	Total
Childhood Disorder	80	68	80	228
Impulse Control Disorder	10	15	17	42
No Diagnosis	5	3	15	23
Substance Abuse	52	46	150	248
Anxiety Disorder	19	32	40	91
Intellectual Disability	0	65	46	111
Mood Disorder	142	130	210	482
Psychotic Disorder	102	60	88	250
Totals	**410**	**419**	**646**	**1475**

Age - 263 19-40 years old, 214 41-64 years old, 97 13-18 years old

Age	Brown	Pike	Hancock	Total
12 & Under	31	36	47	114
13-18 Years Old	35	70	97	202
19-40 Years Old	144	167	263	574
41-64 Years Old	165	122	214	501
65 + Years Old	35	24	25	84
Total	**410**	**419**	**646**	**1475**

Race – 637 White, 8 African American, 1 Asian

Race	Brown	Pike	Hancock	Total
Asian	0	1	1	2
Black/African American	3	1	8	12
Native Hawaiian	0	0	0	0
Unknown	0	0	0	0
White	407	417	637	1,461
Other	0	0	0	0
Total	**410**	**419**	**646**	**1475**

Education – 214 HS Diploma, 163 Student

Education	Brown	Pike	Hancock	Total
No Response	0	0	0	0
College Grad	59	47	58	164
GED	29	32	49	110
High School Diploma	150	98	214	462
Incomplete	60	58	60	178
Other	0	46	31	77
Some College	43	15	76	134
Student	66	119	153	338
Unknown	3	4	5	12
Totals	**410**	**419**	**646**	**1475**

Gender - 360 Male, 286 Female

Gender	Brown	Pike	Hancock	Total
Unknown	0	0	0	0
Female	178	218	286	682
Male	232	201	360	793
Totals	410	419	646	1,475

Employment – 359 Not in Labor Force, 116 Unemployed, 107 Full Time

Employment	Brown	Pike	Hancock	Total
No Response	0	0	0	0
Full-Time	58	47	107	212
Not in Labor Force	294	289	359	942
Part-Time	24	28	43	95
Unemployed	32	19	116	167
Vocational	2	36	21	59
Totals	410	419	646	1,475

Marital Status – 386 Never Married, 123 Divorced, 91 Married

Marital Status	Brown	Pike	Hancock	Total
No Response	0	0	0	0
Divorced	94	56	123	273
Married	49	79	91	219
Never Married	248	265	386	899
Separated	13	9	35	57
Widowed	6	10	11	27
Totals	410	419	646	1,475

Based on attendees today…..top 3 priorities

Obesity
Heart Disease
Diabetes

Top 3 Priority Areas

- After listening to the presentations what do you think are the top 3 priority areas will be for Hancock County?

Risk Factors of Cardiovascular Disease

Risk Factors

- A variable associated with an increased risk of disease or infection
- Example: Cardiovascular Disease
  - Tobacco Use
  - Physical Inactivity
  - Poor Diet
  - Overweight/Obesity
  - High Blood Pressure
  - High Blood Cholesterol
  - Diabetes
  - Multiple Risk Factors

Contributing Risk Factors

- Those risk factors that doctors think can lead to an increase risk
- However, there exact roles have not been defined

Contributing Risk Factors of Cardiovascular Disease

Contributing Risk Factors

- Genetics
- Family Lifestyle
- Inactivity
- Unhealthy diet and eating habits
- Quitting smoking
- Pregnancy
- Lack of sleep
- Certain medications
- Age
- Social and economic issues
- Medical problems

Crawford County, IL is similar in demographics to Hancock County, IL

Crawford County, IL IPLAN TOP 3 PRIORITIES

1) Mental Health
2) Obesity
3) Cancer

Crawford County vs. Hancock County Population

Hancock County	Crawford County
2013 Population Estimate=18,618	2013 Population Estimate=19,505
Persons under 5 years, percent, 2013=5.3%	Persons under 5 years, percent, 2013=5.4%
Persons under 18 years, percent, 2013= 21.1%	Persons under 18 years, percent, 2013= 20.1%
Persons under 65 years, percent, 2013=21.4%	Persons under 65 years, percent, 2013=18.0%
White alone, percent 2013=98.2%	White alone, percent 2013=93.3%
Black or African American alone, percent, 2013=0.4%	Black or African American alone, percent, 2013=4.8%
American Indian and Alaska Native alone, percent, 2013=0.3%	American Indian and Alaska Native alone, percent, 2013=0.4%
Asian alone, percent, 2013=0.3%	Asian alone, percent, 2013=0.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013=0.1%	Native Hawaiian and Other Pacific Islander alone, percent, 2013= value greater than zero but less than half unit of measure shown
Two or More Races, percent, 2013=0.8%	Two or More Races, percent, 2013=0.9%
Hispanic or Latino, percent, 2013=1.4%	Hispanic or Latino, percent, 2013=2.1%
White alone, not Hispanic or Latino, percent, 2013=96.9%	White alone, not Hispanic or Latino, percent, 2013=91.6%

Crawford County vs. Hancock County Income

Hancock County	Crawford County
Per capita money income in past 12 months (2012 dollars), 2008-2012= $23,088	Per capita money income in past 12 months (2012 dollars), 2008-2012=$24,535
Median household income, 2008-2012= $42,494	Median household income, 2008-2012= $44,617
Persons below poverty level, percent, 2008-2012=13.9%	Persons below poverty level, percent, 2008-2012=15.0%

NEXT STEPS

September/October – Draft Plan
October – Present plan to the committee
November – Present plan to both the Hancock County Health Department and Memorial Hospital Board of Directors

Next Meeting is scheduled for September 10, 2014 at 3:30 p.m. at the First Christian Church

Hancock County Community Needs Assessment Committee

Date: October 1, 2014

Attendees: Earl Bricker, Ada Bair, Cynthia Huffman, Amy McCallister, Maureen Crawford, Donna Walker, Nancy Huls, Kristin Suminski, Melita Finney

Meeting Notes:

Quality of Life Report for Hancock County information provided by Ada Bair

2,000 surveys were sent out to residents in Hancock County. 600 surveys were returned.
2 questions that related to healthcare

1) Availability
2) Access

8 IPLAN Categories

Demographics/Socioeconomic Characteristics

Job Opportunities for individuals with disabilities
Poverty

General Health and access to care Indicator

Transportation
Obesity
Community Education around health
Lack of Access to mental health services in local hospital
Men's view on health

Maternal and Child Health Indicator

Family Planning
Poverty Level and lack of access to food
Vaccines Prevention of Diseases
Education on Nutritious Foods

Chronic Disease Indicators

Cardio vascular disease
Cancer – any type
Diabetes

Infectious Disease Indicators

MRSA
STD's STI's
Vaccines

Behavior Risk Factor Indicators

Nutrition
Lack of Physical Activity
Tobacco use
Alcohol and drug use

Sentinel Events

Hypertension hospital rates

Environmental Occupational and Injury Control

Pesticides and cancer
Distractive Driving
Seatbelt usage
Car seat usage
Education

Compare top 2 picks with informal poll (taken at today's meeting) and CHNA Survey Results

Informal	DIABETES, OBESITY, CARDIOVASCULAR
CHNA survey results	CANCER, OBESITY, HEART HEALTH

Attendees filled out a sheet at the meeting with the following questions: What do you think will be Hancock County's top 3 priority areas? Based upon the top 3 priority areas you listed what are the risk factors? Based upon the top 3 priority areas you listed what are the contributing risk factors?

The group determined 4 rather than 3 priority areas.

Diabetes, Cardiovascular Disease, Health Education, Cancer

At the next meeting the group will need to NARROW THESE 4 DOWN TO 3

HOMEWORK

1) Health Problem Analysis Worksheet

Amy will email definitions to committee. Definitions of Health Problem, Risk Factor, Direct Contributing Risk Factor, Indirect Contributing Risk Factor

2) Community Health Plan

Joint presentation with Memorial Hospital Board of Directors and Hancock County Health Department Board of Health on November 20, 2014

Next meeting is scheduled for October 8, 2014 3:30 p.m. at the First Christian Church

October 2, 2014

Amy email the following information to committee members ….

Tips for Writing Outcome Objectives

Health Problem Analysis Worksheet

We will need to come up with a description of each of the health problems, risk factors, and contributing factors. This should include the high risk population and the statistical trends.

Risk factor: Something that increases a person's chances of developing a disease. For example, cigarette smoking is a risk factor for lung cancer, and obesity is a risk factor for heart disease. http://www.medterms.com/script/main/art.asp?articlekey=5377

Determinants are scientifically established factors that relate directly to the level of a health problem.

Direct contributing factors are scientifically established factors that directly affect the level of a determinant. Again, there should be solid evidence that the level of the direct determinant affects the level of the determinant. For the neonatal mortality rate example, the prevalence of tobacco use among pregnant women has been associated with the risk of low birth weight. A determinant can have many direct contributing factors. For low birth weight, other direct contributing factors include low maternal weight gain and inadequate prenatal care.

Indirect contributing factors affect the level of the direct contributing factors. Though less proximal to the health outcome in question, these factors are often proximal enough to be modified. The indirect contributing factor affects the level of the direct contributing factor, which, in turn, affects the level of the determinant. The level of the determinant then affects the level of the health outcome. Many indirect contributing factors can exist for each direct contributing factor. For prevalence of tobacco use among pregnant women, indirect contributing factors might include easy access to tobacco products for young women, lack of health education, and lack of smoking-cessation programs.

The link below gives a good example and definitions of direct and indirect contributing factors. I find the link a useful tool when trying to complete the health problem analysis worksheet.

https://www.uic.edu/sph/prepare/courses/ph410/mods/pt2analysis.htm

Outcome Objective-please see attachment "SOC Tips For Writing..."

Impact Objective-An impact objective is short term (less than three years) and measurable. The object of interest is on knowledge, attitudes, or behavior.

Hancock County Community Needs Assessment Committee

Date: October 8, 2014

Attendees: Earl Bricker, Deborah Schuster, Ada Bair, Cynthia Huffman, Amy McCallister, Maureen Crawford, Donna Walker, Nancy Huls, Kristin Suminski, Melita Finney

Meeting Notes:

Diabetes Data presented by Deborah Schuster, Memorial Hospital

Diabetes Report Card from the Centers for Disease Control and Prevention - The report card is published by the Centers for Disease Control and Prevention (CDC) every 2 years and include data about diabetes and pre-diabetes, preventive care practices, risk factors, quality of care, diabetes outcomes, and, to the extent possible, trend and state data.

Incidence of Diagnosed Diabetes
The number of new cases of diabetes changed little from 1980 through 1990, but began increasing in 1992. From 1990 through 2010, the annual number of new cases of diagnosed diabetes almost tripled. The rise in the incidence of type 2 diabetes cases is associated with increases in obesity, decreases in leisure-time physical activity, and the aging of the U.S. population.

Prevalence of Diagnosed Diabetes
The total number of existing (including newly diagnosed) cases for each year. Similar to the incidence, the prevalence of diabetes remained fairly constant from 1980 through 1990. However, since 1990, the prevalence has steadily increased. Many people also have undiagnosed diabetes and are unaware of their condition. A 2010 CDC study projected that as many as one of three
U.S. adults could have diabetes by 2050 if current trends continue.

Hancock County Prevalence of Diabetes- (PDF document Data Illinois)

2004 - 1163 (8.0%)
2005 – 1236 (8.5%)
2006 - 1329 (9.2%)
2007 – 1332 (9.3%)
2008 – 1317 (9.2%)
2009 – 1381 (9.9%)
2010 – 1466 (10.1%)
2011 – 1601 (11.1%)

Review the Health Problem Analysis Worksheets

Diabetes, Cardiovascular Disease, Health Education, Cancer

NARROW THESE 4 DOWN TO 3

Diabetes, Cardiovascular Disease, Cancer

For each of the priority areas the group discussed the Health Problem Analysis worksheet, community health plan worksheet and the community health plan. (SEE SAMPLES OF EACH WORKSHEET)

NEXT MEETING IS SCHEDULED FOR October 15, 2014, 3:30 p.m. at the First Christian Church.

COMMUNITY HEALTH PLAN

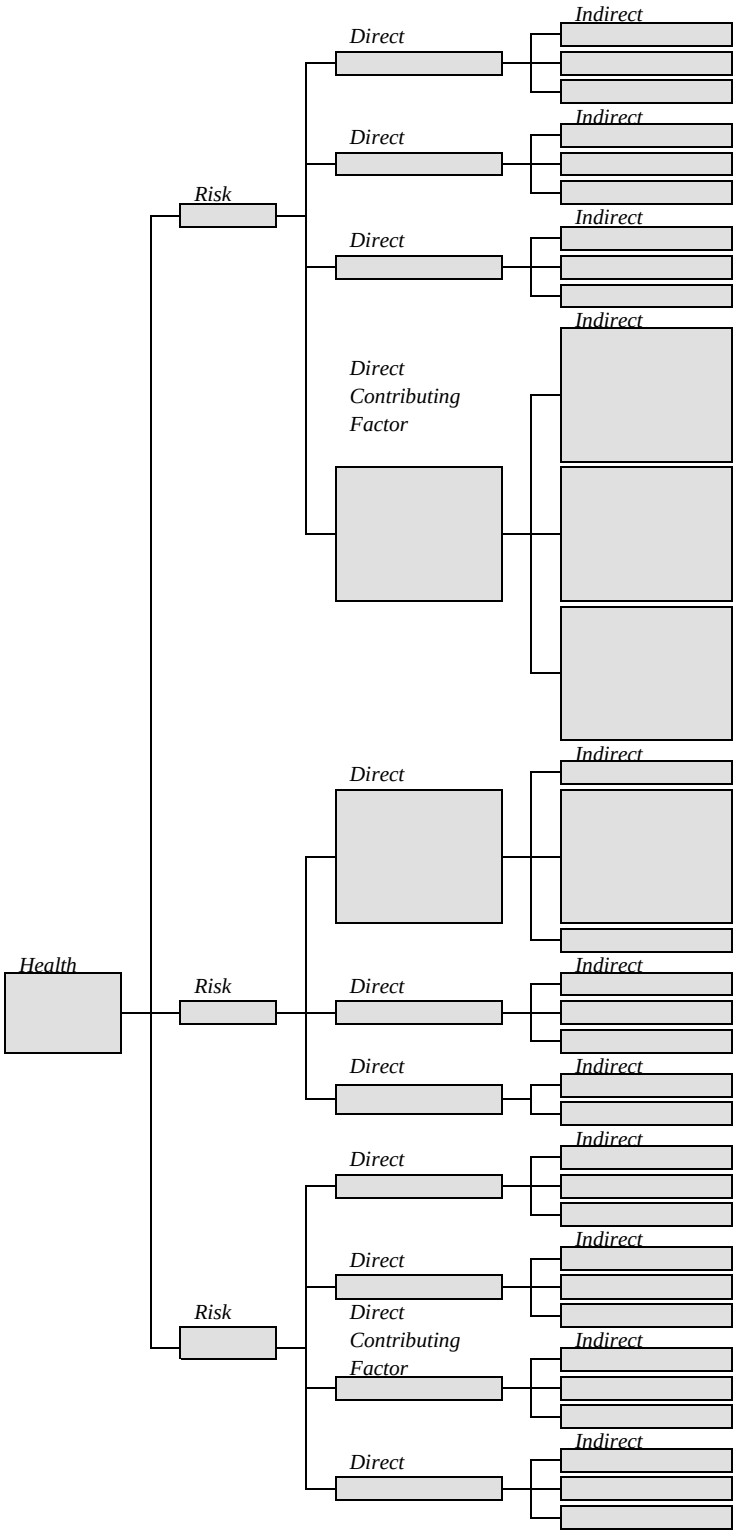
Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends):
Corrective actions to reduce the level of the indirect contributing factors:
Proposed community organization(s) to provide and coordinate the activities:

Evaluation plan to measure progress towards reaching objectives:

Health Problem:	*Outcome Objective:*
Risk Factor(s) (may be many):	*Impact Objective(s):*
Contributing Factor (Direct/Indirect; may be many):	*Proven Intervention Strategies:*

Resources Available (governmental and nongovernmental):	*Barriers:*

HEALTH PROBLEM ANALYSIS WORKSHEET



Hancock County Community Needs Assessment Committee

Date: October 22, 2014

Attendees: Ada Bair, Cynthia Huffman, Amy McCallister, Maureen Crawford, Donna Walker, Nancy Huls, Kristin Suminski, Pam Hartzell

Meeting Notes:

Diabetes Information and Data Presented By Pam Hartzell

Highlights

Pre-diabetes – Could it be you?(CDC publication) 9 out of 10 people with pre-diabetes do not know they have it. 86 million American Adults –more than 1 out of 3 – have pre-diabetes.

Diabetes in the United States (CDC Publication) 29.1 million people has diabetes. 1 out of 4 do not know they have diabetes. Risk of death for adults with diabetes is 50% higher than for adults without diabetes.

National Diabetes Statistics Report, 2014
9.3% of US population has diabetes. Diagnosed 21.0 million people, undiagnosed 8.1 million.
Estimated diabetes coast in the United States, 2012 TOTAL (Direct and Indirect) $245 Billion

Hancock County Quickfacts from the United States Census Bureau

Highlights

2013 Population – 18,618
Population change (April 1 2010 to July 1, 2013) -2.5%
2013 White along - 98.2%
Median Household income 2008-2012 - $42,494
Persons below poverty level, percent 2008-2012 – 13.9%

Reviewed Healthy People 2020 goals and objective pertaining to the 3 top health priorities that were determined.

Healthy People 2020 Information
Diabetes Objectives- http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes/objectives

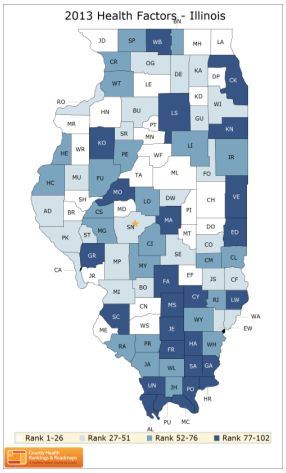
Cardiovascular Disease Objectives- http://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives

Lung Cancer- http://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives

Robert Wood Johnson Foundation County Health Rankings and Roadmaps
http://www.countyhealthrankings.org/homepage?qt-homepage_tabbed_content=1

Robert Wood Johnson Foundation Overall Healthy County Rankings for 2010-2013

- 2010 #37
- 2011 #33
- 2012 #33
- 2013 #27



Source: RWJF
http://www.countyhealthrankings.org/app/illinois/2013/rankings/outcomes/overall/by-rank

Discuss the Health Problem Analysis worksheet, community health plan worksheet and community health plan. Attendees suggested and removed additional thoughts as needed to the worksheets.

NEXT MEETING IS SCHEDULED FOR NOVEMBER 12, 2014 AT 3:30 P.M. AT THE HANCOCK COUNTY HEALTH DEPARTMENT

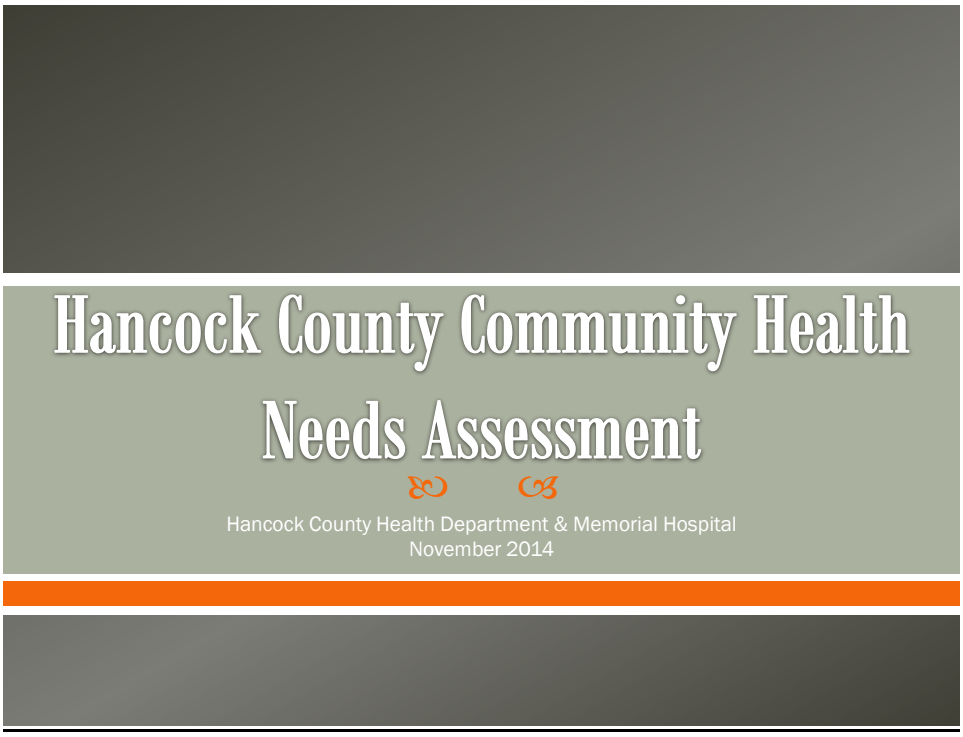
Hancock County Community Needs Assessment Committee

Date: November 12, 2014

Attendees: Ada Bair, Cynthia Huffman, Amy McCallister, Maureen Crawford, Melita Finney, Joe Little, Maureen Crawford

Meeting Notes:

Amy McCallister and Ada Bair presented the Hancock County Community Health Needs Assessment Board Presentation. This presentation will be the one that is presented to the Hancock County Board of Health and Memorial Hospital's Board of Directors on November 20, 2014, 5:30 p.m. at the Hancock County Health Department.



Appendix 4

Community Health Needs Assessment Slides

Hancock County CHNA Data

Indicators in IPLAN Data Book

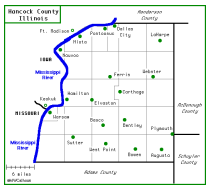
- Demographic and Socioeconomic Characteristics
- General Health and Access to Care Indicators
- Maternal and Child Health Indicators
- Chronic Disease Indicators
- Environmental, Occupational, and Injury Control Indicators
- Sentinel Events
- Behavioral Risk Factors

http://app.idph.state.il.us/Resources/IPLAN Process.asp?menu=3

Demographic and Socioeconomic Characteristics

January 8, 2014

Source: www.censusfinder.com

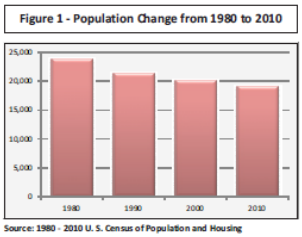


Source: illinois.outfitters.com

Memorial Hospital's 2011 Community Health Need Assessment Findings

- 2011 Total Population=18,729
- 2016 Total Population=17,763
- 2011-2016% Population Change=-5.2%
- 2016 Median Age=44.1
- 2011 Median Household Income=$42,523
- Population 65+= % of total population= 19.8%
- Females 15-44 % projected change (2011-2016)= -6.1%

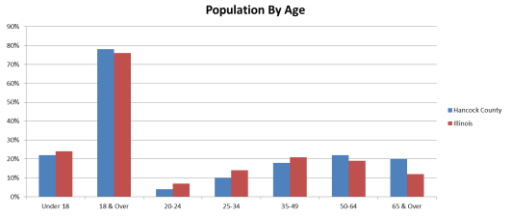
Source: 2011 Community Health Needs Assessment by QHR Consulting Services for Memorial Hospital Association Carthage, IL



Source: 1980 - 2010 U. S. Census of Population and Housing

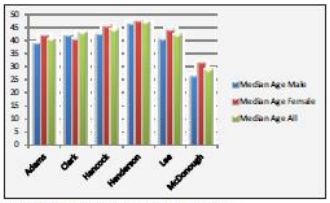
Hancock County Comprehensive Plan 2014 DRAFT

Population By Age



Source: 2010 Census Interactive Population Search

Figure 3 - Median Age of Population in Region



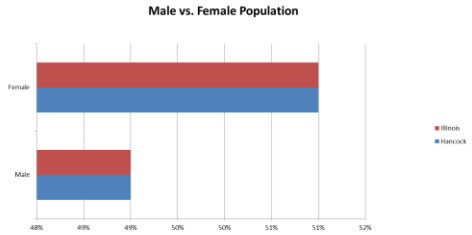
Source: 2010 U. S. Census of Population and Housing

Table 1
Age Structure by Gender

	Male	Female	Total
0-9 years old	1,128	1,109	2,237
10-19 years old	1,264	1,163	2,427
20-29 years old	965	902	1,867
30-39 years old	997	989	1,986
40-49 years old	1,264	1,254	2,518
50-64 years old	2,218	2,155	4,283
65 and over	1,644	2,142	3,786

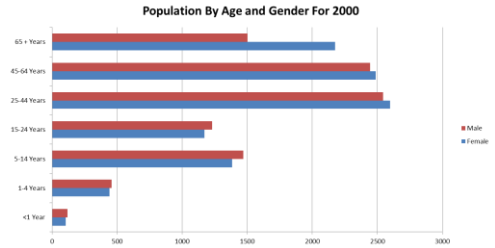
Source: 2010 U. S. Census of Population and Housing

Male vs. Female Population



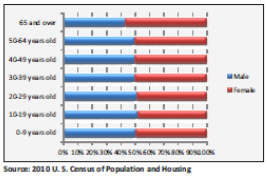
Source: 2010 Census Interactive Population Search

Population By Age And Gender



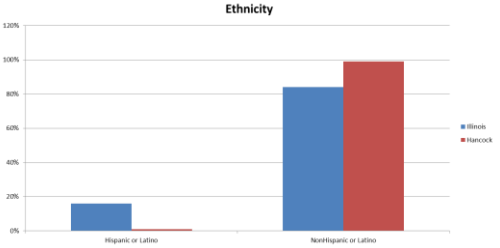
Source: IPLAN Data System County-Level Reports

Figure 4 - Percent of Population by Gender Across Age Groups



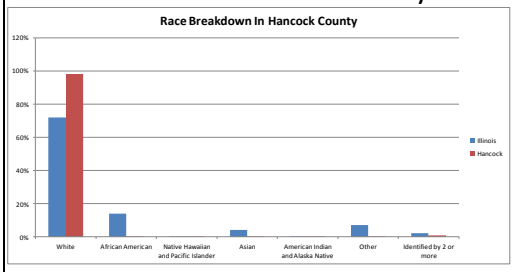
Source: 2010 U. S. Census of Population and Housing

Ethnicity



Source: IPLAN Data System County-Level Reports

Races in Hancock County

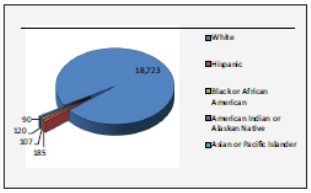


Source: IPLAN Data System County-Level Reports

Table 2 Population by Race & Ethnic Group	1990	2000	2010
White	21,272	19,855	18,723
Hispanic	58	105	185
Black or African American	26	41	107
American Indian or Alaskan Native	25	36	120
Asian or Pacific Islander	37	51	90

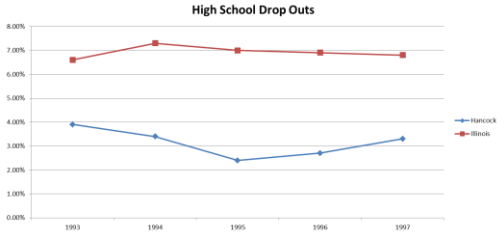
Source: 1990 - 2010 U. S. Census of Population and Housing

Figure 5 - Population by Race and Ethnic Group



Source: 2010 U. S. Census of Population and Housing

High School Drop Outs

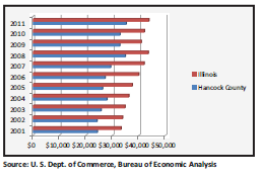


Source: IPLAN Data System County-Level Reports

Table 3 Educational Attainment	1990	2000
Less than 9th grade	1,451	707
9th to 12th grade, no diploma	1,766	1,260
High School graduate	5,612	5,686
Some college, no degree	2,534	3,002
Associate degree	890	924
Bachelor degree	1,516	1,534
Graduate or professional degree	553	611
Total	14,322	13,724

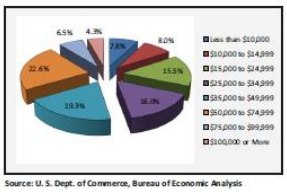
Source: 2000 U. S. Census of Population and Housing

Figure 9 - Per Capita Personal Income for Hancock County



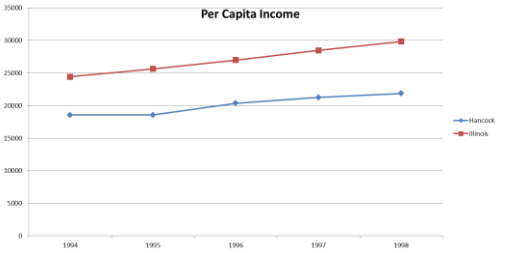
Source: U. S. Dept. of Commerce, Bureau of Economic Analysis

Figure 10 - Median Household Income



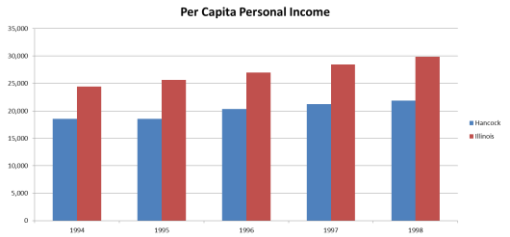
Source: U. S. Dept. of Commerce, Bureau of Economic Analysis

Per Capita Income



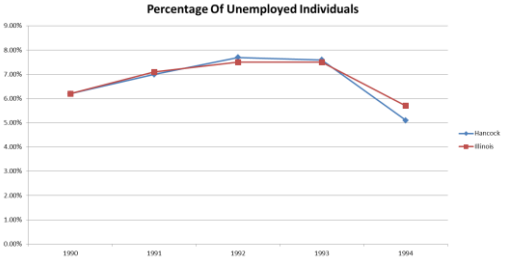
Source: IPLAN Data System County-Level Reports

Per Capita Personal Income



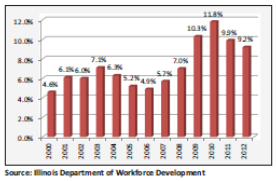
Source: IPLAN Data System County-Level Reports

Percentage Of Unemployed Individuals



Source: IPLAN Data System County-Level Reports

Figure 11 - Hancock County Unemployment Rate



Source: Illinois Department of Workforce Development

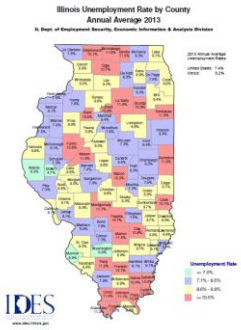


Table 4
Major Employers in Hancock County

Employer	Number of Employees
Memorial Hospital	208 (130 FT; 78PT)
County of Hancock/ Hancock County Shelter Care	153 (117 FT; 36PT)
CVS/Professional Swine Mgmt.	140 (125FT; 15PT
W. L. Miller Gray Quarries	120
Southeastern School District	97 (91FT; 6PT)
Hamilton School District	95 (48FT; 47PT)
Dadant & Sons	90
Warsaw School District	77 (65FT; 12PT)
LaHarpe School District	76
Dallas City School District	64 (53PT; 11PT)
Nauvoo Restoration	60 (15FT; 10PT;35 volunteers)
Illini West High School District	55
Montebello Healthcare Center	55
Nauvoo-Colusa School District	52 (48FT; 4 PT)
First State Bank	50
Methode	50
Marine Bank	44 (41FT; 3 PT)
Carthage Elem. School Dist.	44

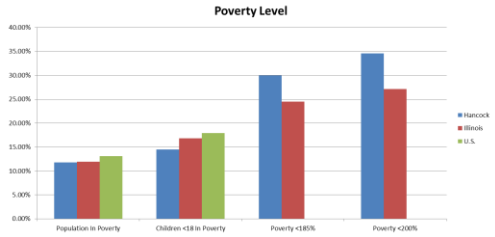
FT = Full Time PT = Part Time
Source: Illinois Institute for Rural Affairs, 2012 and Hancock County Hazard Mitigation Plan, 2010

Major Employers in Hancock County

Employer	Number of Employees
Memorial Hospital	208 (130 FT; 78 PT)
County of Hancock/Hancock County Shelter Care	153 (117 FT; 36 PT)
CVS/Professional Swine Mgmt.	140 (125 FT; 15 PT)
W. L. Miller Gray Quarries	120
Southeastern School District	97 (91 FT; 6 PT)
Hamilton School District	95 (48 FT; 47 PT)
Dadant & Sons	90
Warsaw School District	77 (65 FT; 12 PT)
Nauvoo Restoration	60 (15 FT; 10 PT; 35 volunteers)
Illini West High School District	55
Montebello Healthcare Center	55
Nauvoo-Colusa School District	52 (48 FT; 4 PT)
First State Bank	50
Methode	50
Marine Bank	44 (41 FT; 3 PT)
Carthage Elem. School District	44

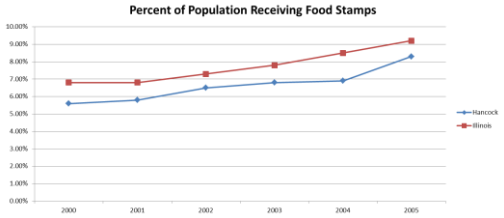
FT= Full Time PT= Part Time
Source: Illinois Institute for Rural Affairs, 2012 and Hancock County Hazard Mitigation Plan, 2010; Hancock County Comprehensive Plan 2014 DRAFT

Poverty Level



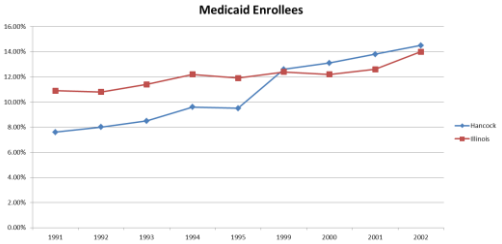
Source: IPLAN Data System County-Level Reports

Percent of Population Receiving Food Stamps



Source: IPLAN Data System County-Level Reports

Medicaid Enrollees



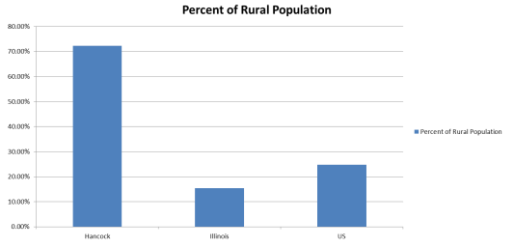
Source: IPLAN Data System County-Level Reports

Access To Care

- Uninsured individuals (age under 65)[1] 2,128
- Medicare beneficiaries[2]Elderly (Age 65+) 3,560 Disabled
- 470Medicaid beneficiaries[2] 4,168
- Primary care physicians per 100,000 pop[2] 53.5
- Dentists per 100,000 pop[2] 32.1
- Community/Migrant Health Centers[3]YesHealth Professional Shortage Area[3] Yes

Source: *[1]The Census Bureau. Small Area Health Insurance Estimates Program, 2006.[2]HRSA. Area Resource File, 2008.[3]HRSA. Geospatial Data Warehouse, 2009. CHSI 2009*

Percent Of Rural Population



Source: IPLAN Data System County-Level Reports

Crawford County vs. Hancock County Population

Hancock County	Crawford County
2013 Population Estimate=18,618	2013 Population Estimate=19,505
Persons under 5 years, percent, 2013=5.3%	Persons under 5 years, percent, 2013=5.4%
Persons under 18 years, percent, 2013= 21.1%	Persons under 18 years, percent, 2013= 20.1%
Persons under 65 years, percent, 2013=21.4%	Persons under 65 years, percent, 2013=18.0%
White alone, percent 2013=98.2%	White alone, percent 2013=93.3%
Black or African American alone, percent, 2013=0.4%	Black or African American alone, percent, 2013=4.8%
American Indian and Alaska Native alone, percent, 2013=0.3%	American Indian and Alaska Native alone, percent, 2013=0.4%
Asian alone, percent, 2013=0.3%	Asian alone, percent, 2013=0.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2013=0.1%	Native Hawaiian and Other Pacific Islander alone, percent, 2013= value greater than zero but less than half unit of measure shown
Two or More Races, percent, 2013=0.8%	Two or More Races, percent, 2013=0.9%
Hispanic or Latino, percent, 2013=1.4%	Hispanic or Latino, percent, 2013=2.1%
White alone, not Hispanic or Latino, percent, 2013=96.9%	White alone, not Hispanic or Latino, percent, 2013=91.6%

http://quickfacts.census.gov/qfd/states/17/17033.html

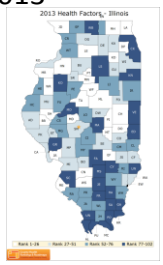
Crawford County vs. Hancock County Income

Hancock County	Crawford County
Per capita money income in past 12 months (2012 dollars), 2008-2012= $23,088	Per capita money income in past 12 months (2012 dollars), 2008-2012=$24,535
Median household income, 2008-2012= $42,494	Median household income, 2008-2012= $44,617
Persons below poverty level, percent, 2008-2012=13.9%	Persons below poverty level, percent, 2008-2012=15.0%

http://quickfacts.census.gov/qfd/states/17/17033.html

Robert Wood Johnson Foundation Overall Healthy County Rankings for 2010-2013

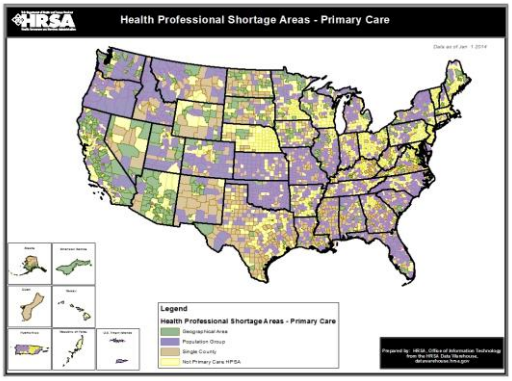
- 2010 #37
- 2011 #33
- 2012 #33
- 2013 #27

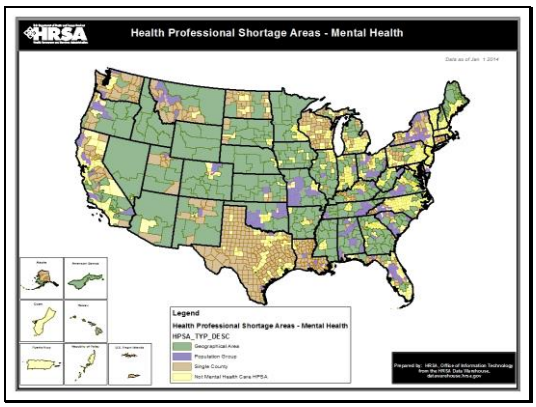


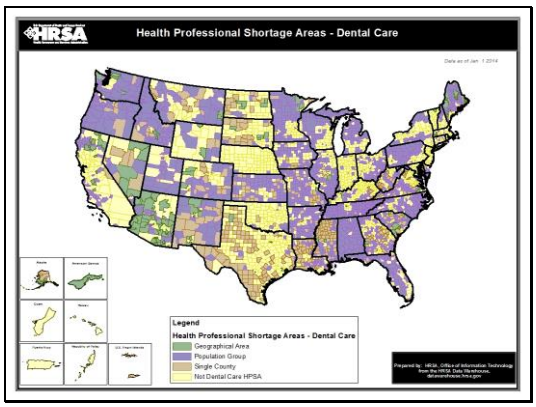
Source: RWJF
http://www.countyhealthrankings.org/app/illinois/2013/rankings/outcomes/overall/by-rank

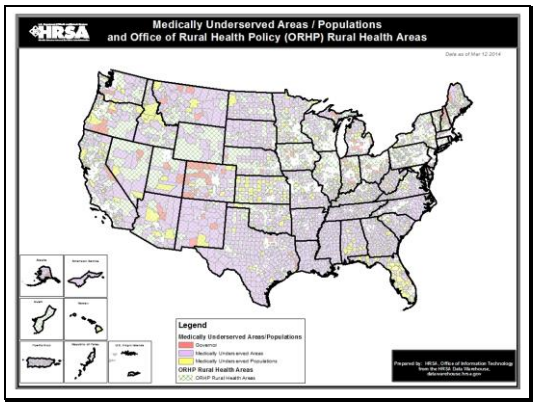
March CHNA Meeting

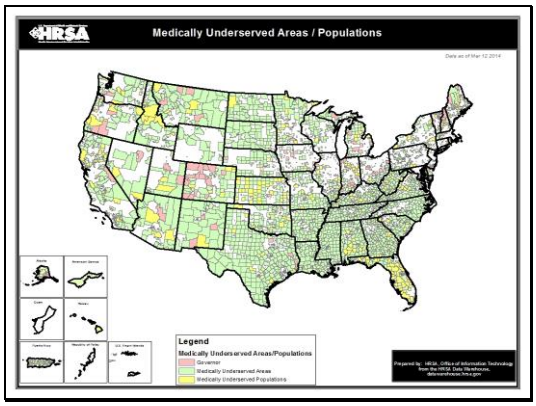
March 12, 2014

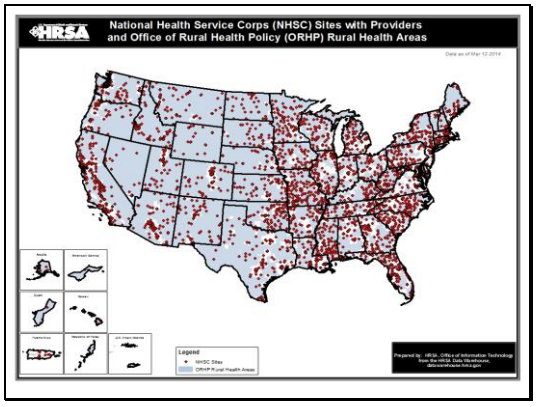


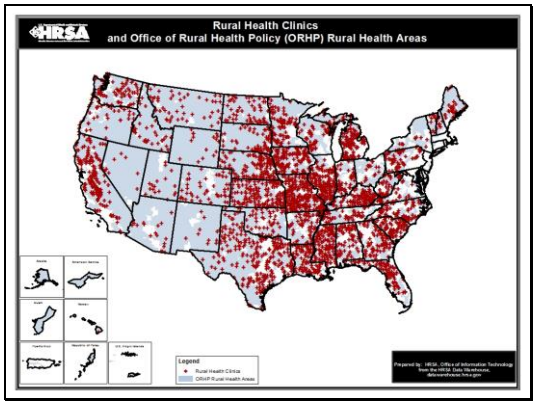

HRSA
Health Professional Shortage Areas - Mental Health
Legend
Health Professional Shortage Areas - Mental Health
HPSA_TYP_DESC
Geographical Area
Population Group
Single County
Not Mental Health Care HPSA


HRSA
Health Professional Shortage Areas - Dental Care
Legend
Health Professional Shortage Areas - Dental Care
Geographical Area
Population Group
Single County
Not Dental Care HPSA


HRSA
Medically Underserved Areas / Populations
and Office of Rural Health Policy (ORHP) Rural Health Areas
Legend
Medically Underserved Areas/Populations
Governor
Medically Underserved Areas
Medically Underserved Populations
ORHP Rural Health Areas
ORHP Rural Health Areas


HRSA
Medically Underserved Areas / Populations
Legend
Medically Underserved Areas/Populations
Governor
Medically Underserved Areas
Medically Underserved Populations


HRSA
National Health Service Corps (NHSC) Sites with Providers
and Office of Rural Health Policy (ORHP) Rural Health Areas
Legend
NHSC Sites
ORHP Rural Health Areas


HRSA
Rural Health Clinics
and Office of Rural Health Policy (ORHP) Rural Health Areas
Legend
Rural Health Clinics
ORHP Rural Health Areas

Sentinel Diseases

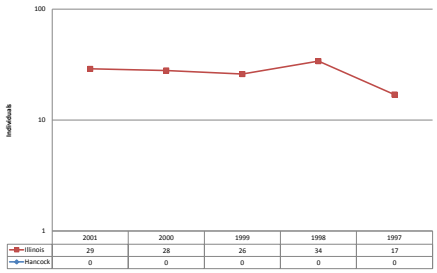
- These indicators include: 1. infants (ages 0-1), hospitalization for dehydration (this indicator reports the number of hospitalizations resulting from gastroenterities or diarrhea), 2. children (ages 1-17), hospitalization for rheumatic fever, hospitalization for asthma, and vaccine-preventable diseases (this indicator reports the number of hospitalizations due to rheumatic fever for children (ages 1-17), hospitalizations due to asthma for children (ages 1-14), and the number of cases of measles, mumps, polio, and tetanus for children (ages 1-17)), 3. adults (ages greater than or equal to 18), tuberculosis, and hospitalization for uncontrolled hypertension (this indicator reports the number of cases of TB for adults and the hospitalizations for uncontrolled hypertension in adults).

http://app.idph.state.il.us/data/IndicatorDetails.asp?Ind_No=7.01&Show_Ind_Description=Yes&Show_Ind_Profile=Yes&Show_Data_Years=Yes&FirstPost=No

- Description: Sentinel health events are those indicators that serve as a warning signal that the quality of care may need to be improved. They assume that unnecessary disease, unnecessary disability and unnecessary untimely death would have been prevented or managed if the health care system had functioned satisfactorily. The occurrence of any of these diseases, disabilities and untimely deaths should indicate that something is wrong in the health care system and can be used to determine the level of health of the general population and the effects of economic, political and other environmental effects upon it (Dever, 1984).

http://app.idph.state.il.us/data/IndicatorDetails.asp?Ind_No=7.01&Show_Ind_Description=Yes&Show_Ind_Profile=Yes&Show_Data_Years=Yes&FirstPost=No

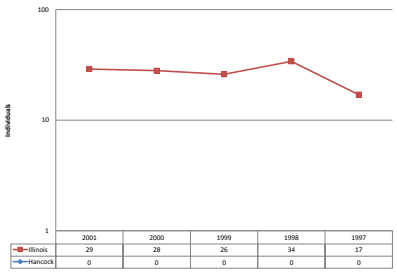
Hospitalization for Dehydration of Infants (0-1 years of Age)



	2001	2000	1999	1998	1997
Illinois	29	28	26	34	17
Hancock	0	0	0	0	0

Source: IPLAN Data System County-Level Reports

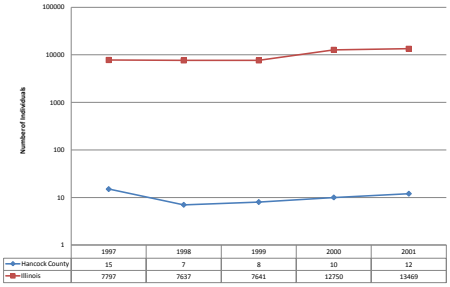
Hospitalization for Rheumatic Fever Children (1-17 Years of Age)



	2001	2000	1999	1998	1997
Illinois	29	28	26	34	17
Hancock	0	0	0	0	0

Source: IPLAN Data System County-Level Reports

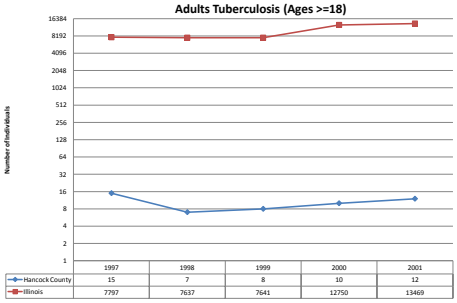
Hospitalization for Asthma (Ages 1-14 years)



	1997	1998	1999	2000	2001
Hancock County	15	7	8	10	12
Illinois	7797	7637	7641	12750	13469

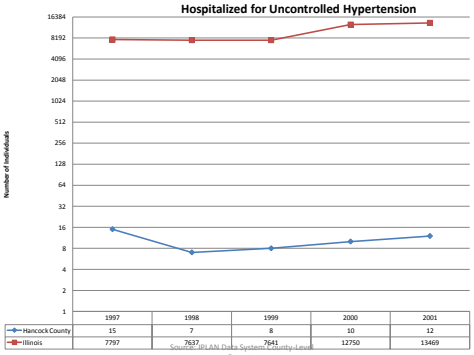
Source: IPLAN Data System County-Level Reports

Adults Tuberculosis (Ages >=18)



	1997	1998	1999	2000	2001
Hancock County	15	7	8	10	12
Illinois	7797	7637	7641	12750	13469

Source: IPLAN Data System County-Level Reports

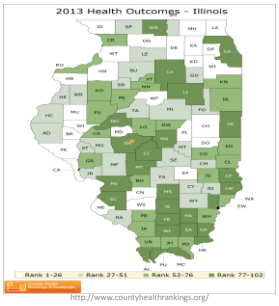


Robert Wood Johnson Foundation County Health Rankings

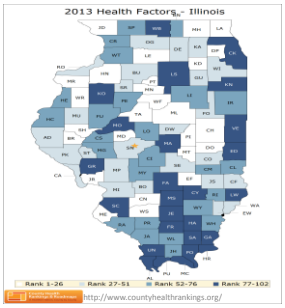
- Ranked Illinois counties from 2010-2013
- Based upon Health Outcomes (overall ranking) and Health Factors
- 2010 Ranked 37
- 2011 Ranked 33
- 2012 Ranked 33
- 2013 Ranked 27

http://www.countyhealthrankings.org/

Health Outcomes



Health Factors



You Tube Video

- https://www.youtube.com/watch?v=LORfp9_1IY0

OVERVIEW OF COMPDATA FOR MARKET SHARE ANALYSIS

Memorial Hospital
April, 2014

CompData

What is CompData

- Product of the Illinois Hospital Association
- Most comprehensive and multidisciplinary source of comparative data available including:
  - Utilization
  - Financial
  - Physician
  - Demographics
  - Market share
- Been in place since 1987
- Most timely data available
- Multiple data manipulation tools

CompData Applications

- Market analysis
  - Focused, hospital-specific market share reports
  - Reports by diagnoses
  - Service line specific reports
- Quality and performance measurement
- Financial analysis
  - Hospital-specific charge comparisons
- Physician information
  - Provider profiles
  - Provider discharge patterns and utilization information

Data Required for Reporting

- Facilities are required to submit the following data or face penalties and fines:
  - All inpatient stays
  - Ambulatory surgeries
  - Ambulatory observations
  - Emergency department
  - Imaging

Other Data Reported

- Facilities can voluntarily submit the following data:
  - Transitional care days (swing bed)
  - Labs; including specimens from our clinics
  - Cardiopulmonary
  - Pulmonary rehab
  - Evergreen Center encounters
  - Diabetic counseling and group sessions
  - Dietary consultations

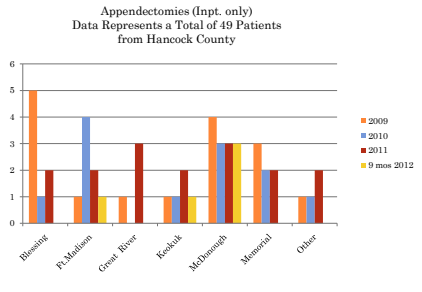
Challenges in Data Retrieval

- All data is provided based on quarterly activity
  - New changes to allow access to monthly data coming
- Illinois data most current; 4th quarter of 2013 now available
- Being a border community
  - Missouri and Iowa data not current
  - Need to be mindful that some county data would not be available if patients are crossing over state lines

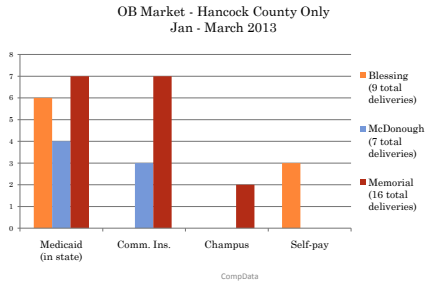
Memorial Hospital Tracking

- Inpatient Market Share
  - By Carthage residents
  - County residents
- Outpatient Market Share
  - Includes outpatient surgery, ED and observation pts.
  - By Carthage residents
  - By County residents

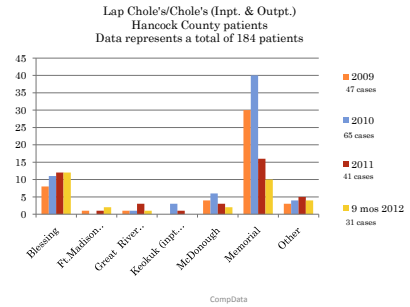
Inpatient Surgical Example



Example of Data by Payer Source



Example of Data by Case & Market

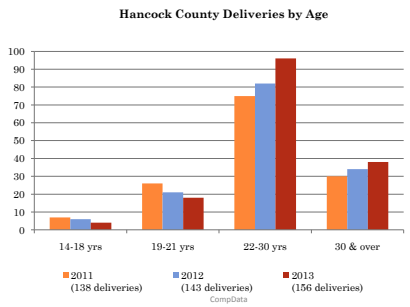


Impact to Community Needs

- Information can be pulled based on community medical needs and applicable diagnoses
- Evaluate patient flow based on specific diagnosis for inpatient admissions and/or outpatient presentation to hospital
- Can focus on community health needs and where patients are going; e.g., obstetrics, diabetes
  - Data can be broken down by patient age, DRG, average charge, percentage of market, as an example

CompData

Example of Data Available



Evolution of CompData that is Coming

- Expansion of ability to extract outpatient procedure data
- Ability to pull data based on:
  - Emergency department visits
    - Number of occurrences by facility, percentage of county market share, average charge, average age
    - Data broken down by type of visit/procedure
  - Diagnostic Imaging procedures
    - Number of Chest x-rays
    - Number of Mammograms; comprehensive & screenings
    - Number of various types of CT scan procedures

CompData

Market Data to Assist in Community Assessment

- Results of community needs assessment
  - Market share data can be extracted to assist in evaluating patient flow based on facility's that report this voluntary information
  - Can assist in identifying priority areas of focus applicable to our community
  - Assist in identifying areas of focus for marketing and/or promotion to retain county residents for health care services

CompData

Timeline

- Training for new outpatient procedure data that is soon to become available scheduled for late April
- Annual CompData user meeting scheduled for early May
  - Review the new reporting tools available
  - Review various ways available to extract desired data
  - Announce availability of outpatient procedure data

CompData

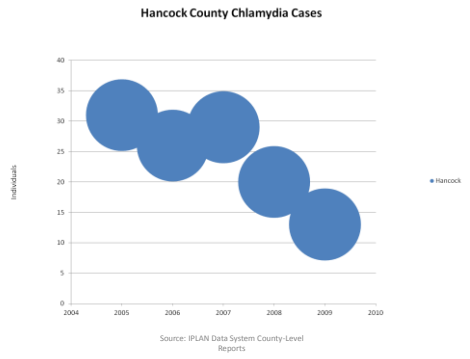
Thank you!!

Any Questions!!

CompData

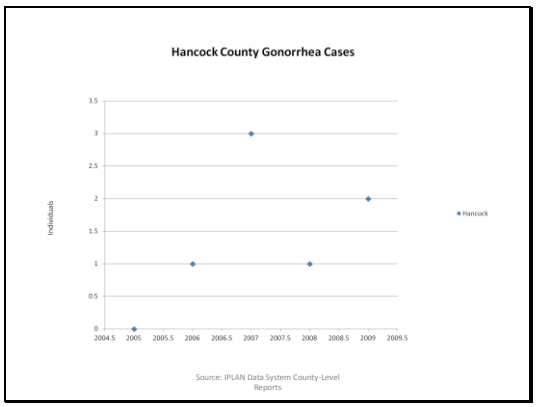
May 14,2014
CHNA Meeting

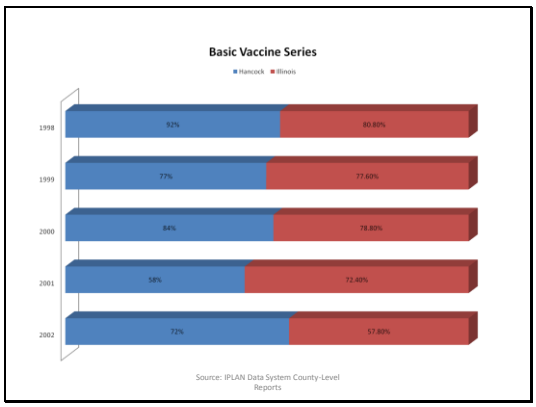
Infectious Disease Indicators

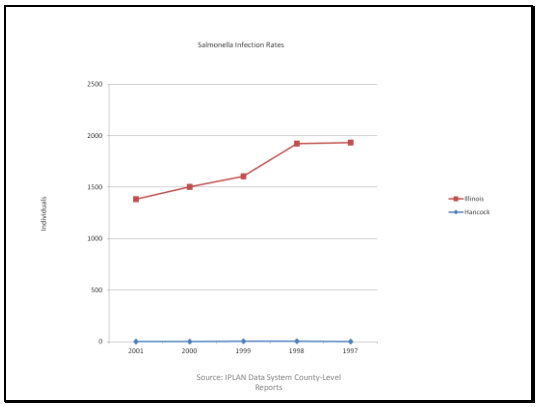


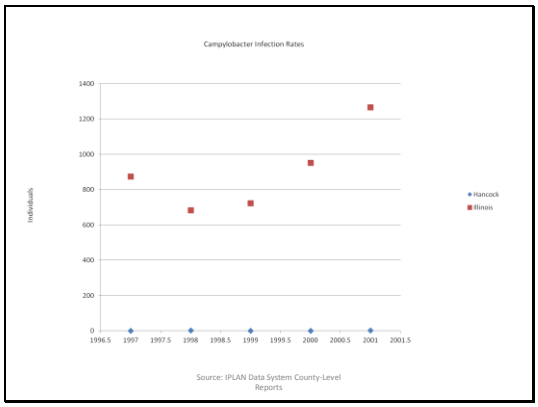
CDC's Estimates of Sexually Transmitted Infections

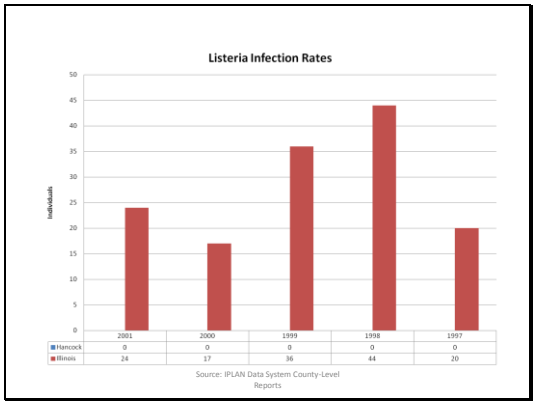
- Annual new infections (incidence)
  - 20 million in the United States, 2008
- Total infections (prevalence)
  - 110 million in the United States, 2008
- Total medical costs
  - $16 billion in the United States, in 2010 dollars

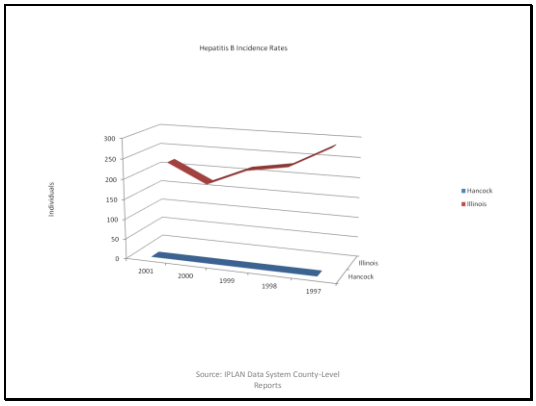

Hancock County Gonorrhea Cases
Individuals
Hancock
Source: IPLAN Data System County-Level Reports


Basic Vaccine Series
Hancock
Illinois
1998
1999
2000
2001
2002
92%
80.80%
77%
77.60%
84%
78.80%
58%
72.40%
72%
57.80%
Source: IPLAN Data System County-Level Reports


Salmonella Infection Rates
Individuals
Illinois
Hancock
Source: IPLAN Data System County-Level Reports

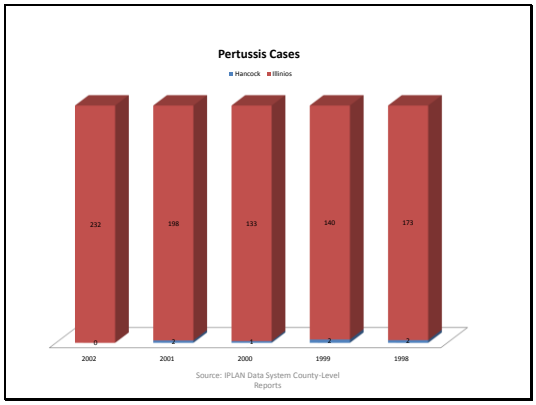

Campylobacter Infection Rates
Individuals
Hancock
Illinois
Source: IPLAN Data System County-Level Reports

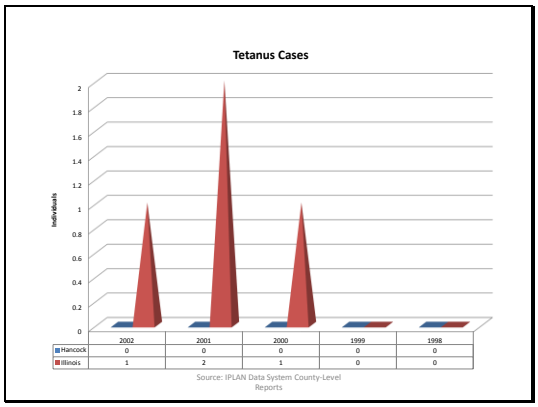

Listeria Infection Rates
Individuals
2001
2000
1999
1998
1997
Hancock
0
0
0
0
0
Illinois
24
17
36
44
20
Source: IPLAN Data System County-Level Reports

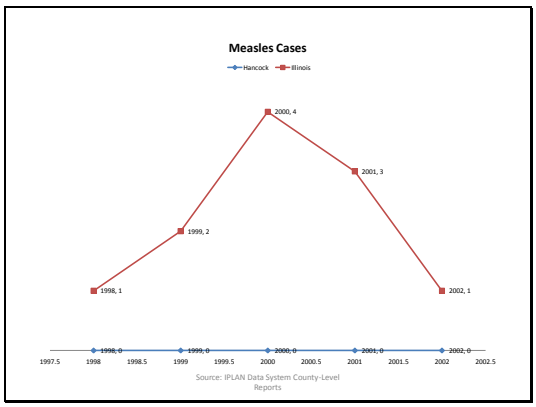

Hepatitis B Incidence Rates
Individuals
Illinois
Hancock
Hancock
Illinois
Source: IPLAN Data System County-Level Reports

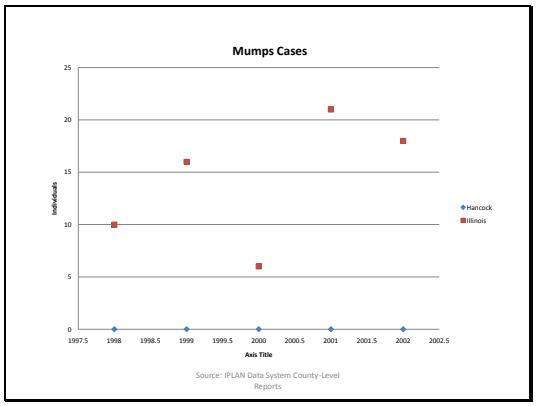
Vaccine Preventable Diseases

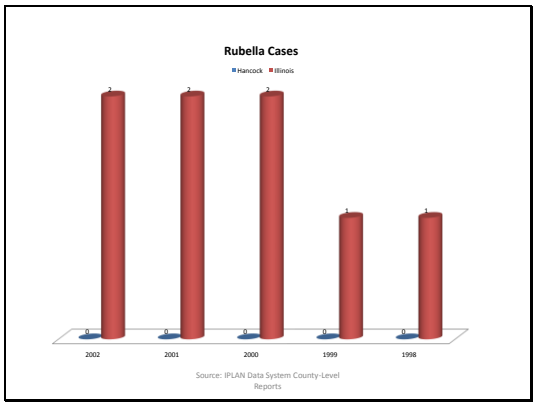
- Diphtheria
- Pertussis
- Tetanus
- Measles
- Mumps
- Rubella
- Polio





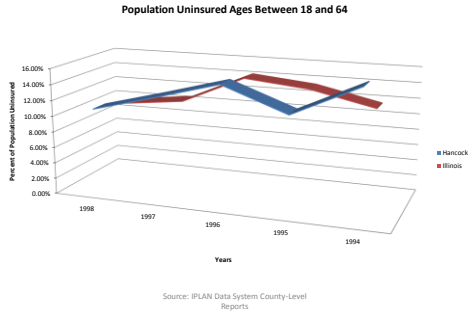






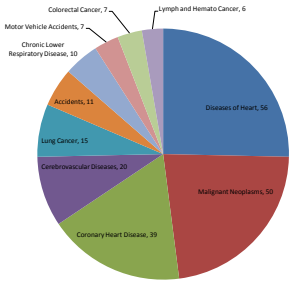
June 2014
CHNA Presentation

Uninsured Population 1994-1998

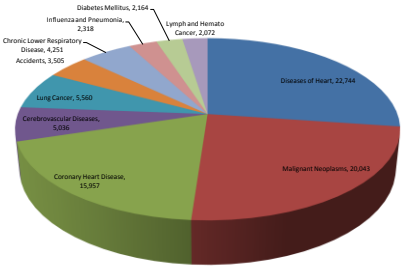


Source: IPLAN Data System County-Level Reports

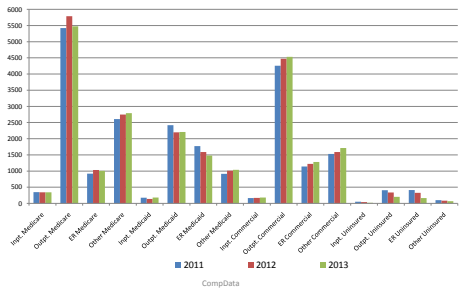
Leading Causes of Death in 2006 in Hancock County



Leading Causes of Death in 2006 in Illinois

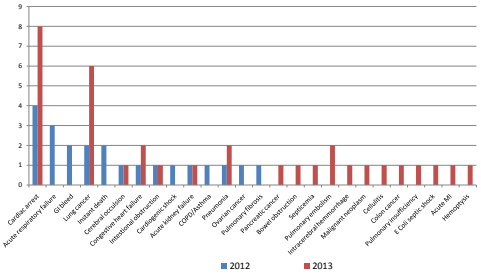


MEMORIAL HOSPITAL
NUMBER OF PATIENTS BY PAYOR SOURCE/CALENDAR YEAR

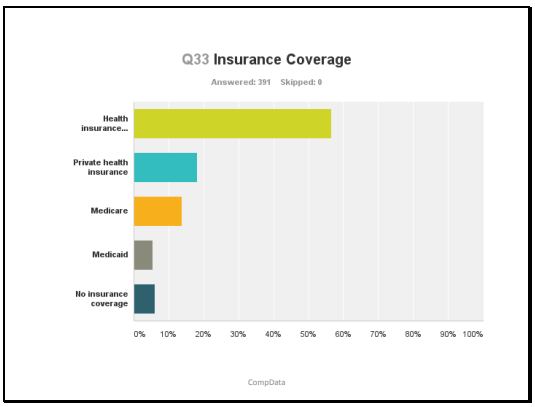


CompData

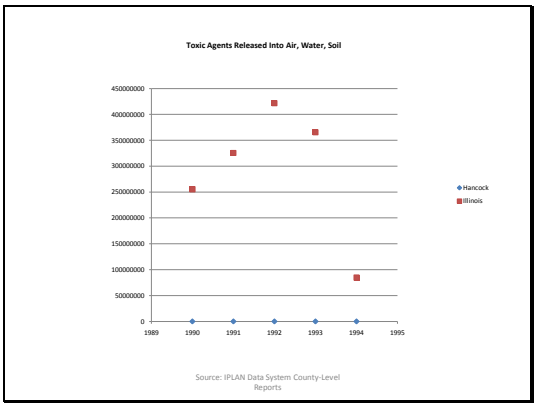
MEMORIAL HOSPITAL
EXPIRED PATIENTS BY DIAGNOSIS/CALENDAR YEAR



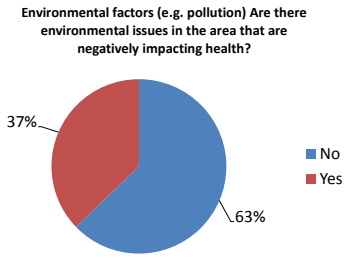
CompData



July 16, 2014
CHNA Meeting
Environmental Section

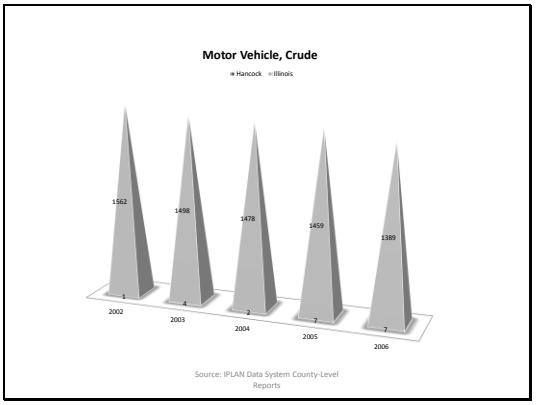


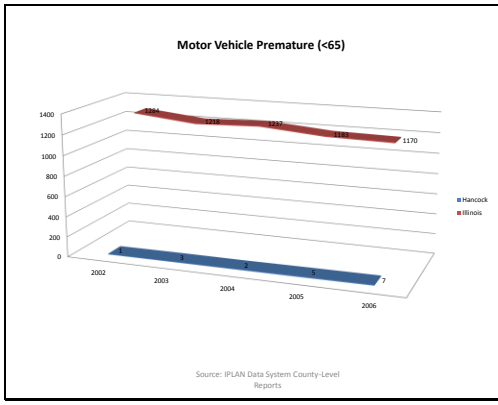
Environmental Factors

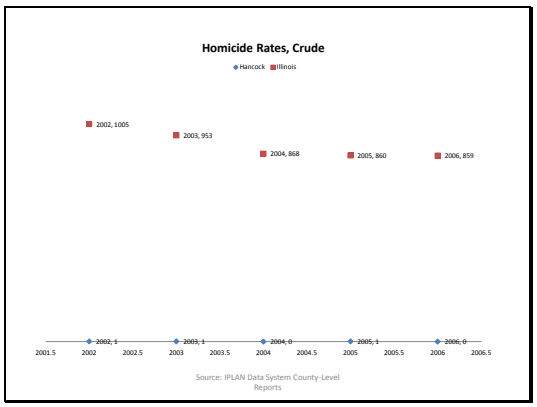


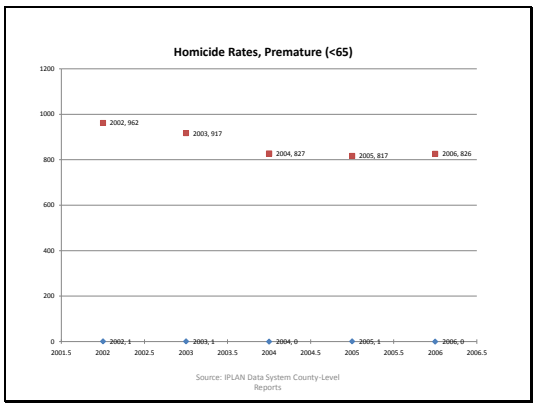
Out of 448

Hancock County Community Health Needs Assessment Survey 2013-2014






Homicide Rates, Crude
Hancock
Illinois
2002, 1005
2003, 953
2004, 868
2005, 860
2006, 859
2002, 1
2003, 1
2004, 0
2005, 1
2006, 0
Source: IPLAN Data System County-Level Reports


Homicide Rates, Premature (<65)
2002, 962
2003, 917
2004, 827
2005, 817
2006, 826
2002, 1
2003, 1
2004, 0
2005, 1
2006, 0
Source: IPLAN Data System County-Level Reports

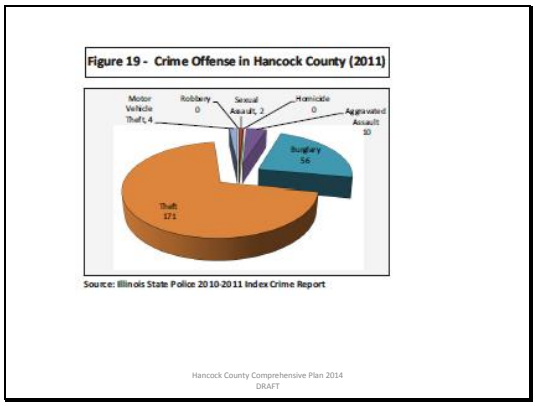


Figure 19 - Crime Offense in Hancock County (2011)
Motor Vehicle Theft, 4
Robbery 0
Sexual Assault, 2
Homicide 0
Aggravated Assault 10
Burglary 56
Theft 171
Source: Illinois State Police 2010-2011 Index Crime Report
Hancock County Comprehensive Plan 2014
DRAFT

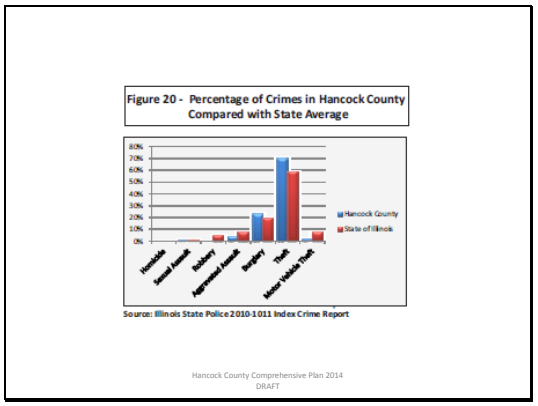
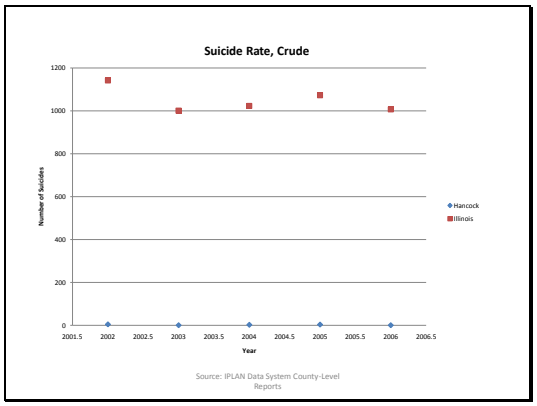
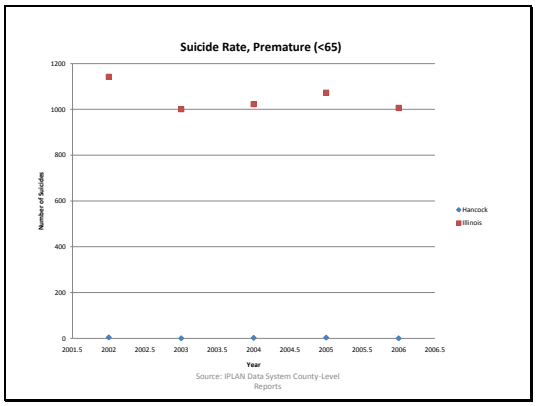
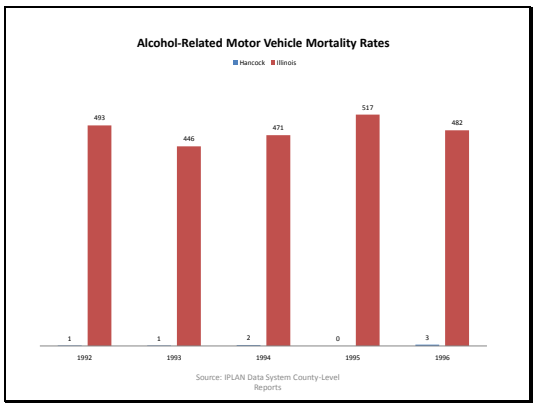
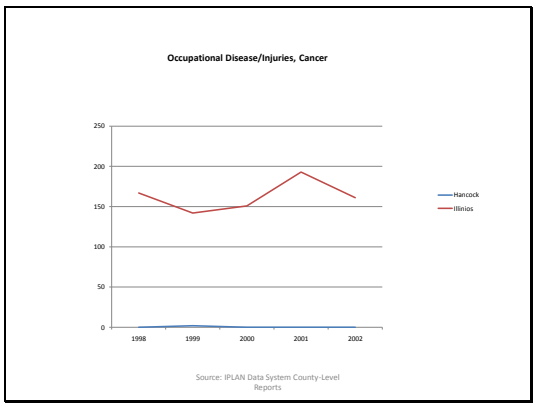


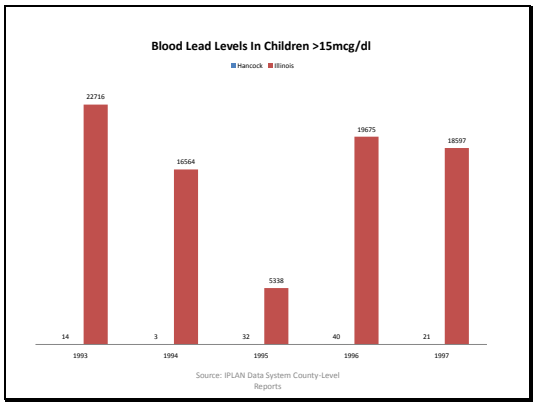
Figure 20 - Percentage of Crimes in Hancock County Compared with State Average
Hancock County
State of Illinois
Homicide
Sexual Assault
Robbery
Aggravated Assault
Burglary
Theft
Motor Vehicle Theft
Source: Illinois State Police 2010-1011 Index Crime Report
Hancock County Comprehensive Plan 2014
DRAFT

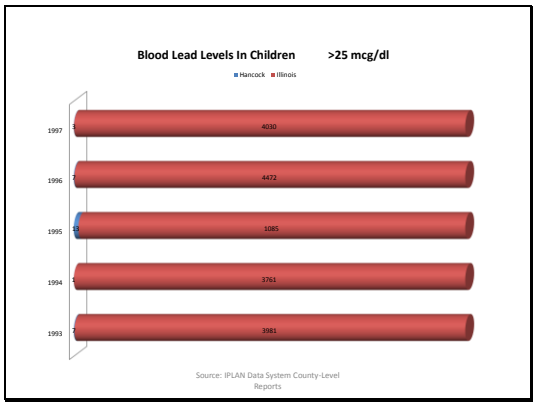

Suicide Rate, Crude
Number of Suicides
Year
Hancock
Illinois
Source: IPLAN Data System County-Level Reports

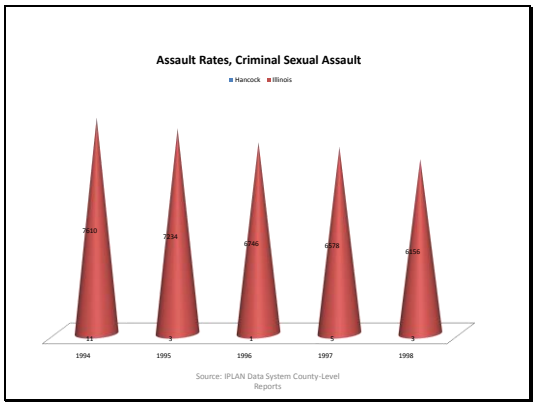

Suicide Rate, Premature (<65)
Number of Suicides
Year
Hancock
Illinois
Source: IPLAN Data System County-Level Reports

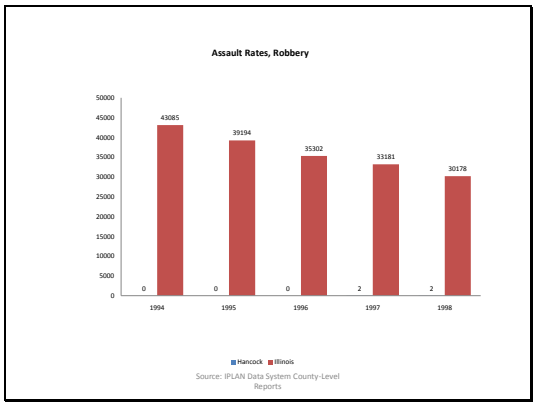

Alcohol-Related Motor Vehicle Mortality Rates
Hancock
Illinois
493
446
471
517
482
1
1
2
0
3
1992
1993
1994
1995
1996
Source: IPLAN Data System County-Level Reports

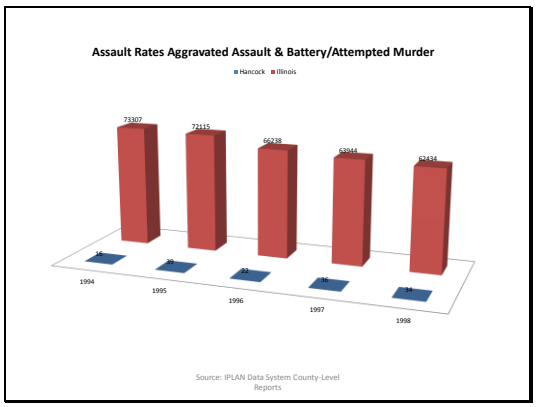

Occupational Disease/Injuries, Cancer
250
200
150
100
50
0
1998
1999
2000
2001
2002
Hancock
Illinios
Source: IPLAN Data System County-Level Reports


Blood Lead Levels In Children >15mcg/dl
Hancock
Illinois
22716
16564
5338
19675
18597
14
3
32
40
21
1993
1994
1995
1996
1997
Source: IPLAN Data System County-Level Reports


Blood Lead Levels In Children >25 mcg/dl
Hancock
Illinois
1997
1996
1995
1994
1993
4030
4472
1085
3761
3981
Source: IPLAN Data System County-Level Reports

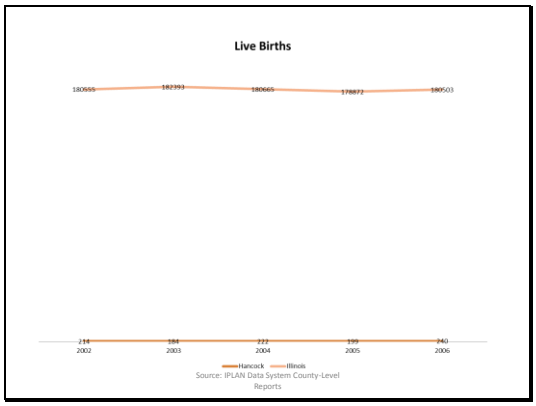

Assault Rates, Criminal Sexual Assault
Hancock
Illinois
7810
7234
6746
6678
6556
11
3
1
5
3
1994
1995
1996
1997
1998
Source: IPLAN Data System County-Level Reports

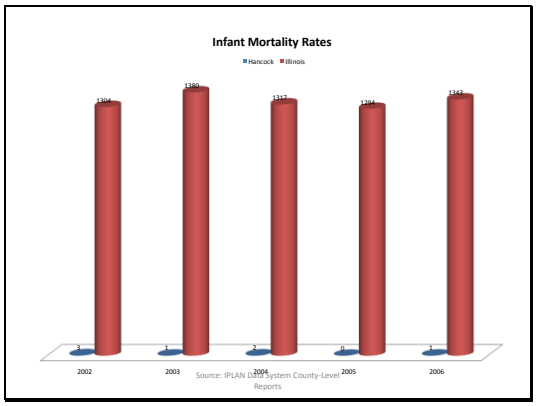

Assault Rates, Robbery
50000
45000
40000
35000
30000
25000
20000
15000
10000
5000
0
43085
39194
35302
33181
30178
0
0
0
2
2
1994
1995
1996
1997
1998
Hancock
Illinois
Source: IPLAN Data System County-Level Reports

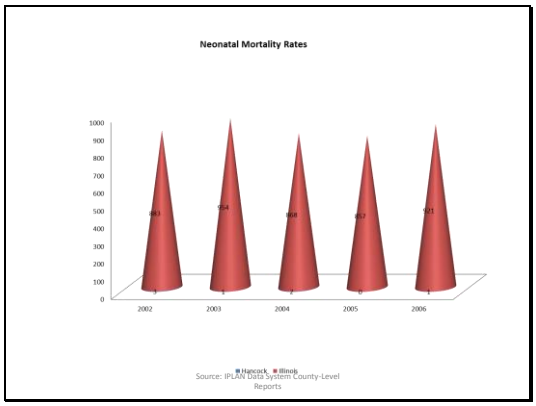


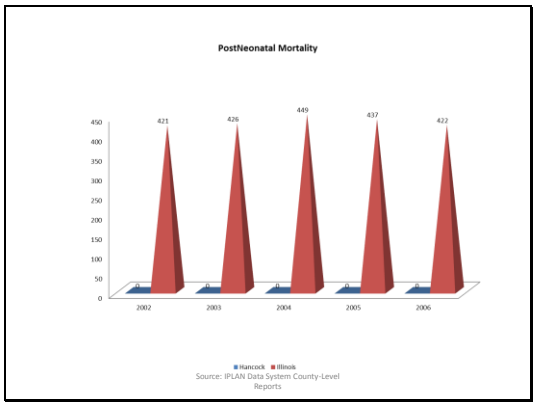
CHNA
Maternal and Child Health

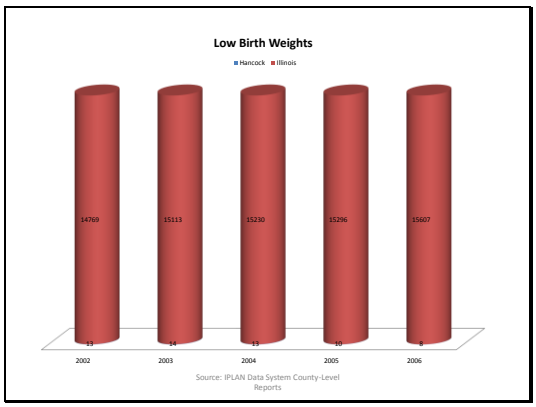
July 30, 2014

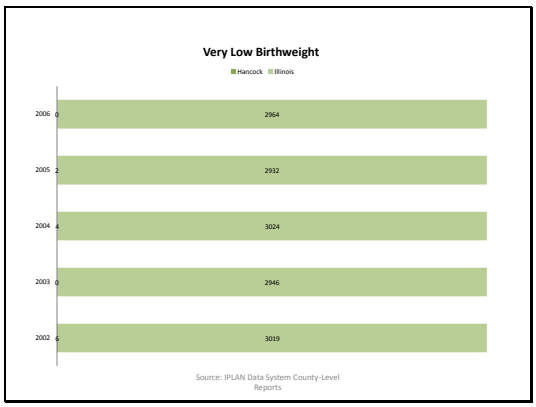


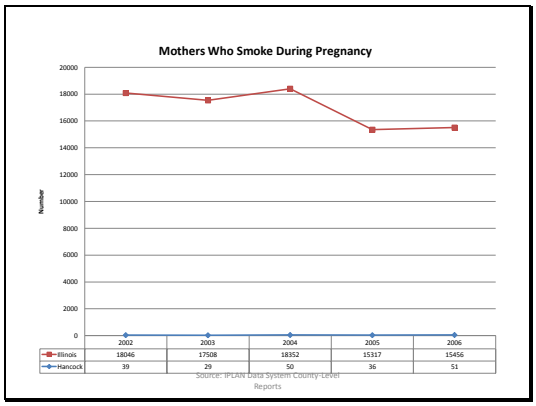


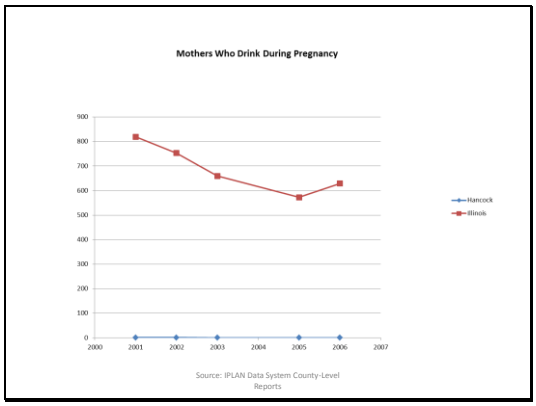


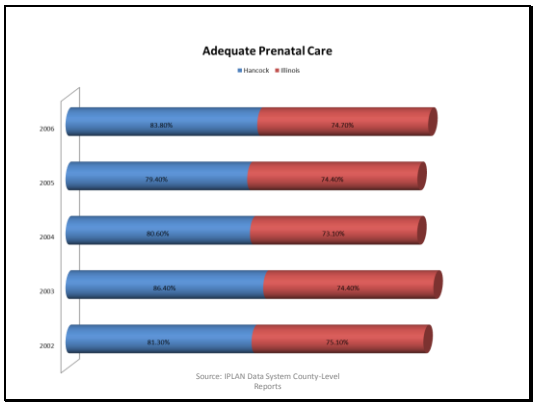


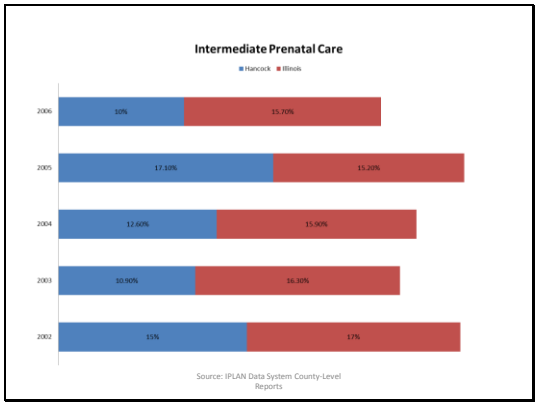

Low Birth Weights
Hancock
Illinois
14769
15113
15230
15296
15607
13
14
13
10
8
2002
2003
2004
2005
2006
Source: IPLAN Data System County-Level Reports

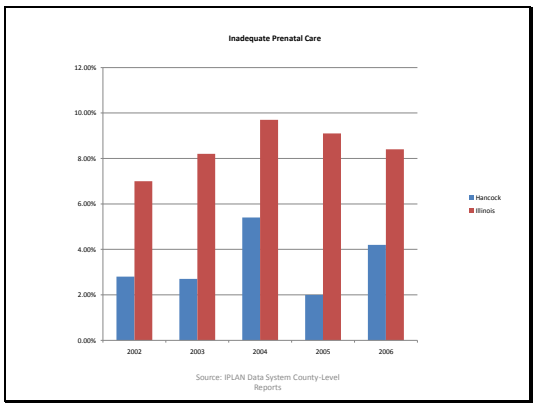

Very Low Birthweight
Hancock
Illinois
2006
0
2964
2005
2
2932
2004
4
3024
2003
0
2946
2002
6
3019
Source: IPLAN Data System County-Level Reports

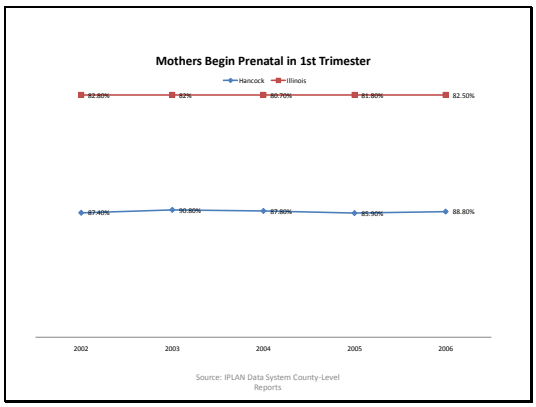

Mothers Who Smoke During Pregnancy
Number
20000
18000
16000
14000
12000
10000
8000
6000
4000
2000
0
2002
2003
2004
2005
2006
Illinois
18046
17508
18352
15317
15456
Hancock
39
29
50
36
51
Source: IPLAN Data System County-Level Reports

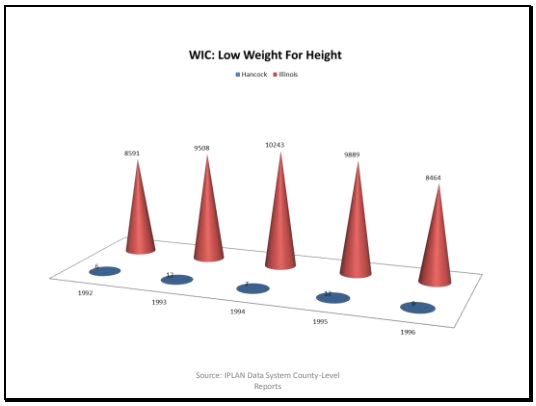

Mothers Who Drink During Pregnancy
900
800
700
600
500
400
300
200
100
0
2000
2001
2002
2003
2004
2005
2006
2007
Hancock
Illinois
Source: IPLAN Data System County-Level Reports

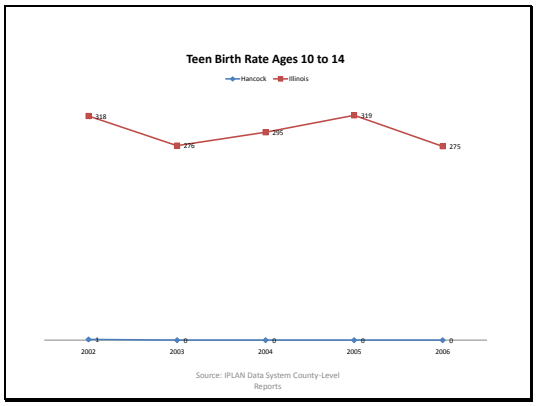

Adequate Prenatal Care
Hancock
Illinois
2006
83.80%
74.70%
2005
79.40%
74.40%
2004
80.60%
73.30%
2003
86.40%
74.40%
2002
81.30%
75.30%
Source: IPLAN Data System County-Level Reports

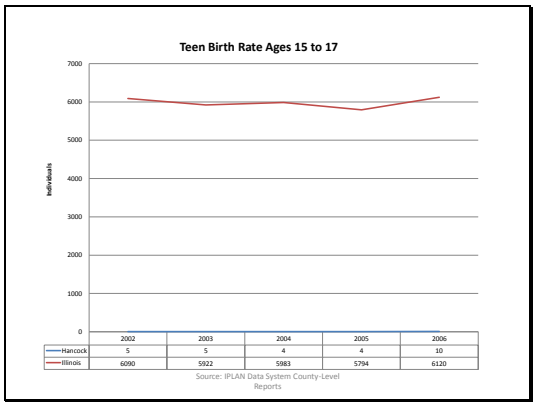

Intermediate Prenatal Care
Hancock
Illinois
2006
10%
15.70%
2005
17.10%
15.20%
2004
12.60%
15.90%
2003
10.90%
16.30%
2002
15%
17%
Source: IPLAN Data System County-Level Reports

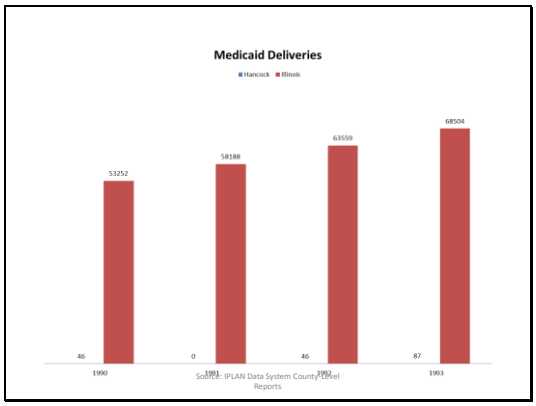

Inadequate Prenatal Care
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
2002
2003
2004
2005
2006
Hancock
Illinois
Source: IPLAN Data System County-Level Reports


Mothers Begin Prenatal in 1st Trimester
Hancock
Illinois
82.80%
82%
80.70%
81.80%
82.50%
87.40%
90.80%
87.80%
85.90%
88.80%
2002
2003
2004
2005
2006
Source: IPLAN Data System County-Level Reports


WIC: Low Weight For Height
Hancock
Illinois
8591
9508
10243
9889
8464
1992
1993
1994
1995
1996
Source: IPLAN Data System County-Level Reports

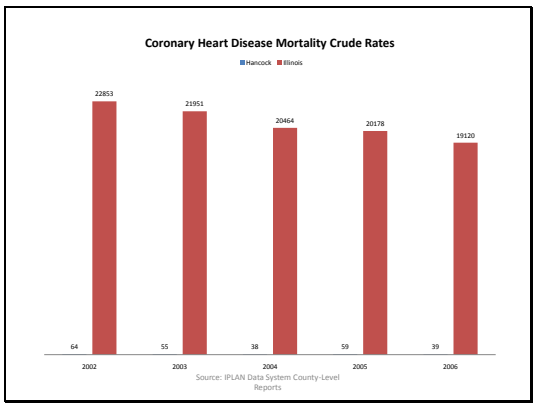

Teen Birth Rate Ages 10 to 14
Hancock
Illinois
318
276
295
319
275
1
0
0
0
0
2002
2003
2004
2005
2006
Source: IPLAN Data System County-Level Reports

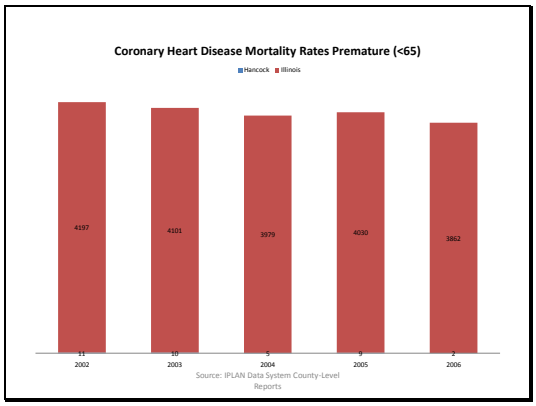

Teen Birth Rate Ages 15 to 17
7000
6000
5000
4000
3000
2000
1000
0
Individuals
2002
2003
2004
2005
2006
Hancock
5
5
4
4
10
Illinois
6090
5922
5983
5794
6120
Source: IPLAN Data System County-Level Reports

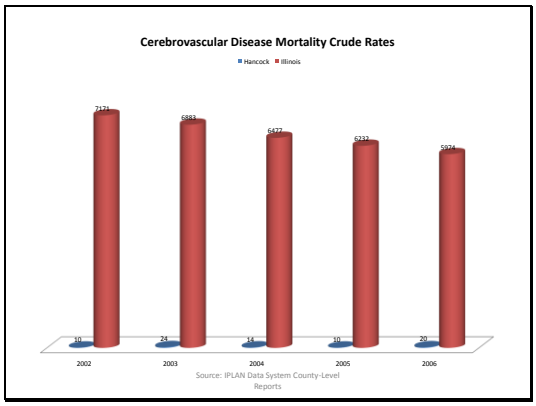

Medicaid Deliveries
Hancock
Illinois
46
53252
0
58188
46
63559
87
68504
1990
1991
1992
1993
Source: IPLAN Data System County-Level Reports

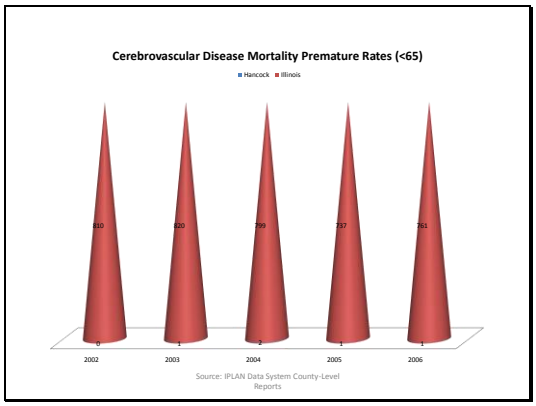
Chronic Diseases

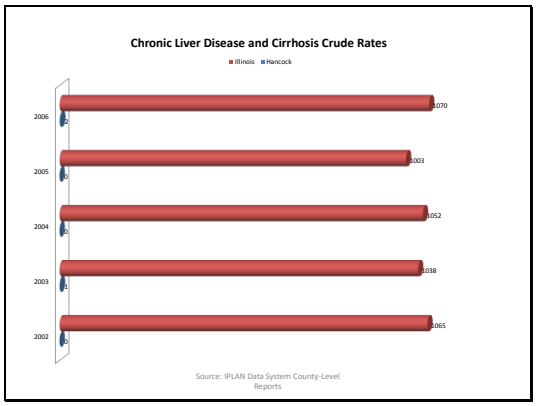
August 27, 2014

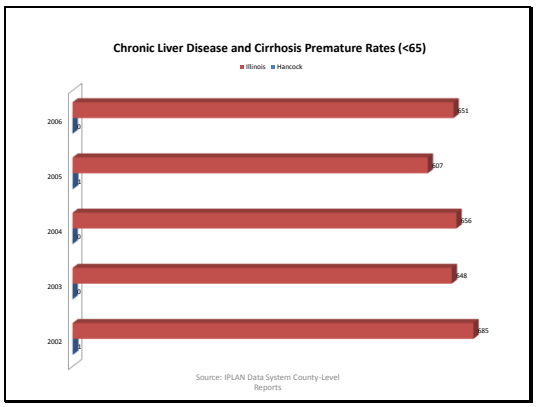


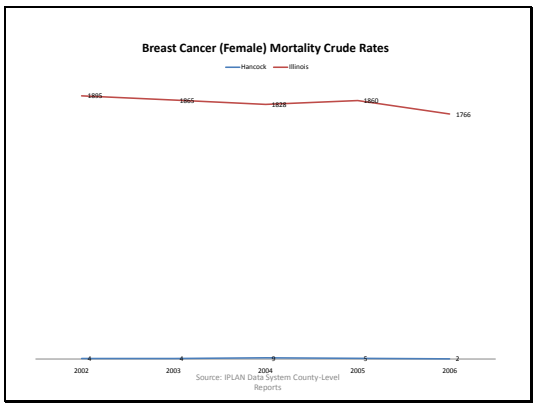


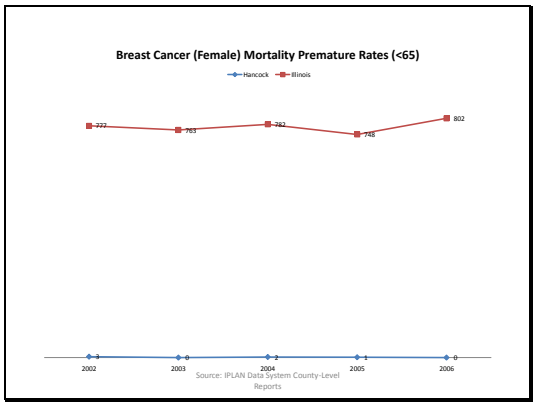


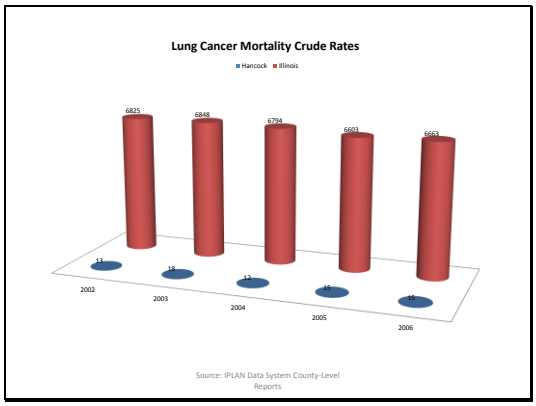


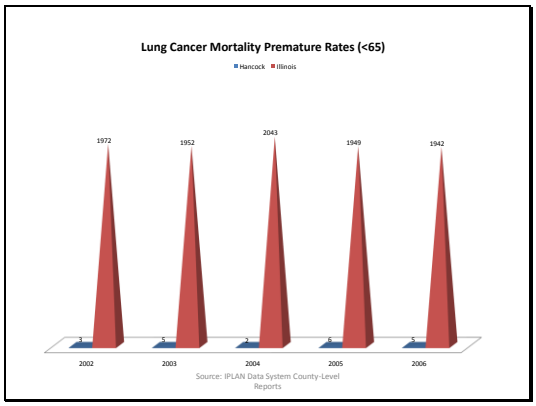


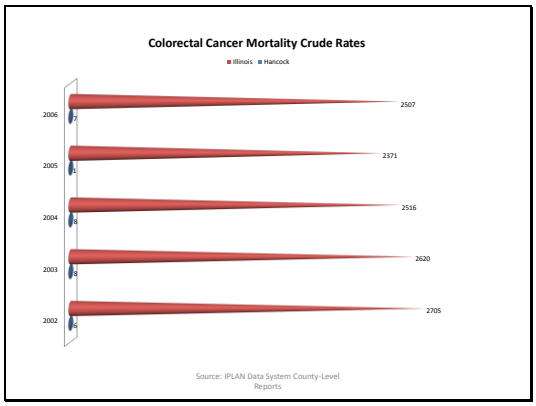

Chronic Liver Disease and Cirrhosis Premature Rates (<65)
Illinois
Hancock
2006
2005
2004
2003
2002
651
607
656
648
685
Source: IPLAN Data System County-Level Reports

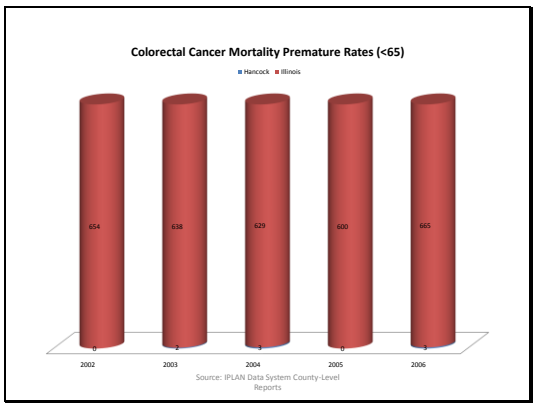

Breast Cancer (Female) Mortality Crude Rates
Hancock
Illinois
1895
1865
1828
1860
1766
4
4
3
5
2
2002
2003
2004
2005
2006
Source: IPLAN Data System County-Level Reports

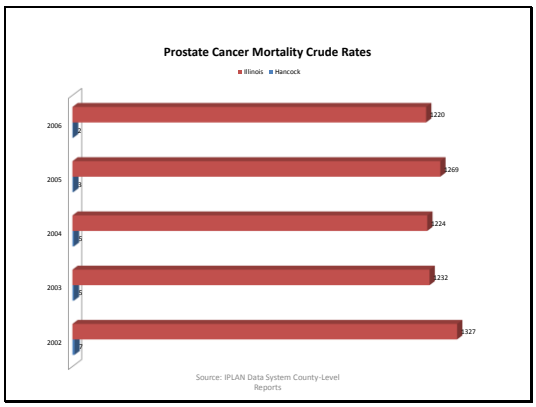

Breast Cancer (Female) Mortality Premature Rates (<65)
Hancock
Illinois
772
783
782
748
802
3
0
2
1
0
2002
2003
2004
2005
2006
Source: IPLAN Data System County-Level Reports

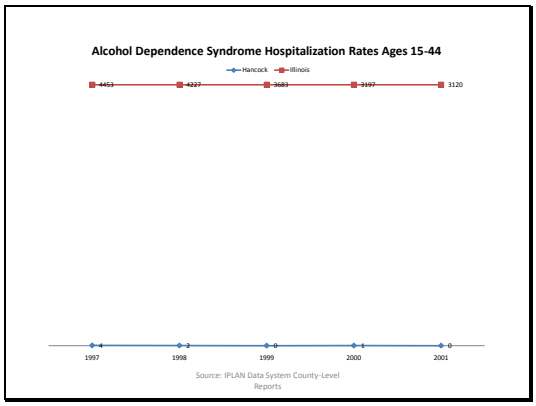

Lung Cancer Mortality Crude Rates
Hancock
Illinois
6825
6848
6794
6602
6663
13
18
12
15
15
2002
2003
2004
2005
2006
Source: IPLAN Data System County-Level Reports

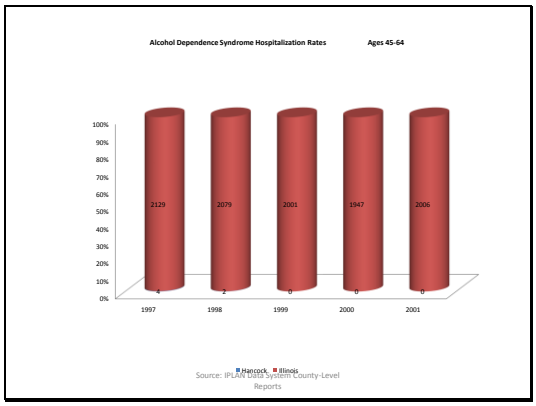

Lung Cancer Mortality Premature Rates (<65)
Hancock
Illinois
1972
1952
2043
1949
1942
3
5
2
5
5
2002
2003
2004
2005
2006
Source: IPLAN Data System County-Level Reports

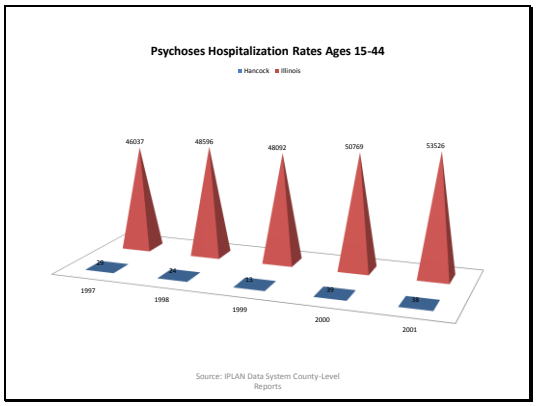

Colorectal Cancer Mortality Crude Rates
Illinois
Hancock
2006
2005
2004
2003
2002
2507
2371
2516
2620
2705
Source: IPLAN Data System County-Level Reports

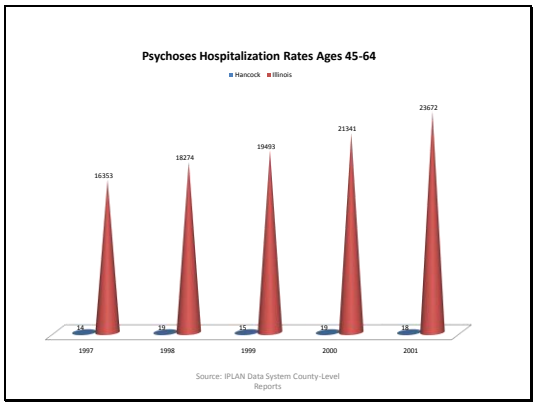

Colorectal Cancer Mortality Premature Rates (<65)
Hancock
Illinois
654
638
629
600
665
0
2
1
0
1
2002
2003
2004
2005
2006
Source: IPLAN Data System County-Level Reports

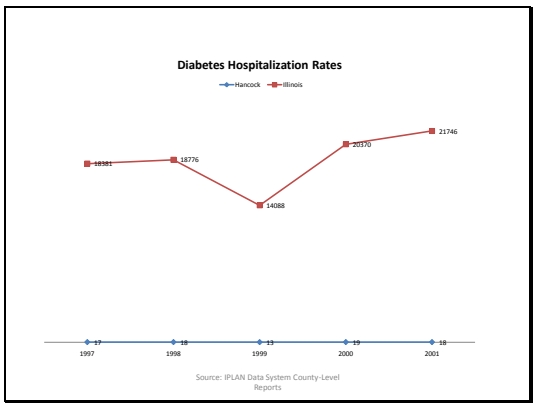

Prostate Cancer Mortality Crude Rates
Illinois
Hancock
2006
2005
2004
2003
2002
220
269
224
232
327
Source: IPLAN Data System County-Level Reports

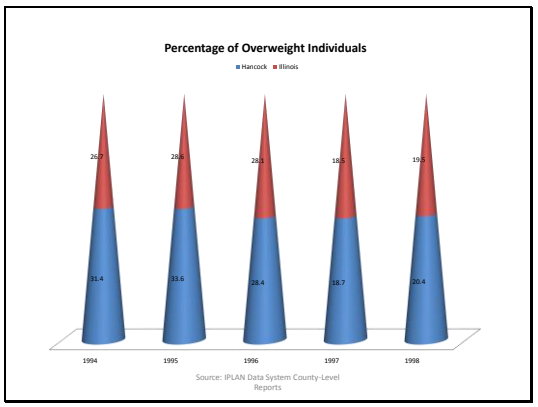

Alcohol Dependence Syndrome Hospitalization Rates Ages 15-44
Hancock
Illinois
4453
4227
3683
3197
3120
4
2
0
1
0
1997
1998
1999
2000
2001
Source: IPLAN Data System County-Level Reports

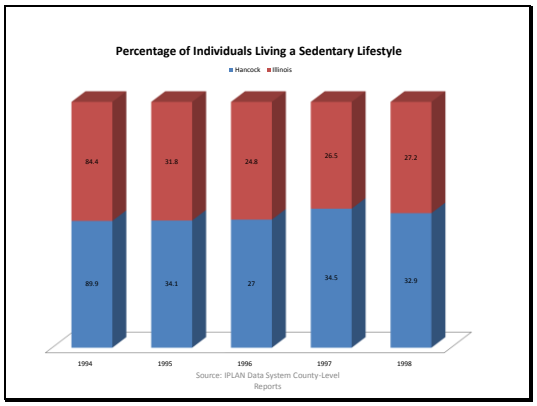

Alcohol Dependence Syndrome Hospitalization Rates
Ages 45-64
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2129
2079
2001
1947
2006
4
2
0
0
0
1997
1998
1999
2000
2001
Hancock
Illinois
Source: IPLAN Data System County-Level Reports

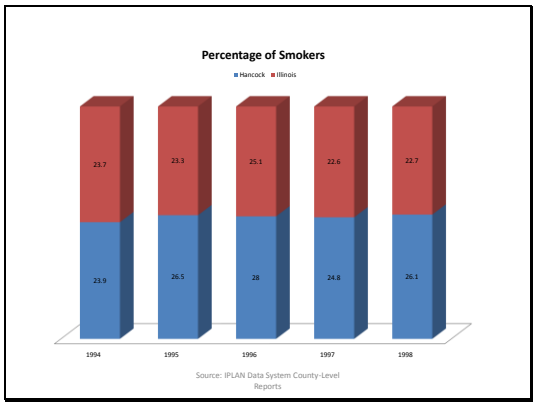

Psychoses Hospitalization Rates Ages 15-44
Hancock
Illinois
46037
48596
48092
50769
53526
29
24
23
20
18
1997
1998
1999
2000
2001
Source: IPLAN Data System County-Level Reports


Psychoses Hospitalization Rates Ages 45-64
Hancock
Illinois
16353
18274
19493
21341
23672
14
19
15
19
18
1997
1998
1999
2000
2001
Source: IPLAN Data System County-Level Reports









Demographics From Mental Health

Services	Brown	Pike	Hancock	Total
Community Housing	71	0	14	85
Outpatient	264	293	350	907
Substance Abuse Treatment	47	67	133	247
Early Intervention	13	2	13	28
Developmental Training	0	36	37	73
Home-Based Support	0	16	20	36
DUI Evaluation	14	4	33	51
DUI Update	1	1	27	29
Driver Risk Education	0	0	19	19
Totals	410	419	646	1475

Statistics from the Mental Health Centers of Western Illinois

Diagnosis	Brown	Pike	Hancock	Total
Childhood Disorder	80	68	80	228
Impulse Control Disorder	10	15	17	42
No Diagnosis	5	3	15	23
Substance Abuse	52	46	150	248
Anxiety Disorder	19	32	40	91
Intellectual Disability	0	65	46	111
Mood Disorder	142	130	210	482
Psychotic Disorder	102	60	88	250
Totals	**410**	**419**	**646**	**1475**

Statistics from the Mental Health Centers of Western Illinois

Age	Brown	Pike	Hancock	Total
12 & Under	31	36	47	114
13-18 Years Old	35	70	97	202
19-40 Years Old	144	167	263	574
41-64 Years Old	165	122	214	501
65 + Years Old	35	24	25	84
Total	410	419	646	1475

Statistics from the Mental Health Centers of Western Illinois

Race	Brown	Pike	Hancock	Total
Asian	0	1	1	2
Black/African American	3	1	8	12
Native Hawaiian	0	0	0	0
Unknown	0	0	0	0
White	407	417	637	1,461
Other	0	0	0	0
Total	410	419	646	1475

Statistics from the Mental Health Centers of Western Illinois

Education	Brown	Pike	Hancock	Total
No Response	0	0	0	0
College Grad	59	47	58	164
GED	29	32	49	110
High School Diploma	150	98	214	462
Incomplete	60	58	60	178
Other	0	46	31	77
Some College	43	15	76	134
Student	66	119	153	338
Unknown	3	4	5	12
Totals	410	419	646	1475

Statistics from the Mental Health Centers of Western Illinois

Gender	Brown	Pike	Hancock	Total
Unknown	0	0	0	0
Female	178	218	286	682
Male	232	201	360	793
Totals	410	419	646	1,475

Statistics from the Mental Health Centers of Western Illinois

Employment	Brown	Pike	Hancock	Total
No Response	0	0	0	0
Full-Time	58	47	107	212
Not in Labor Force	294	289	359	942
Part-Time	24	28	43	95
Unemployed	32	19	116	167
Vocational	2	36	21	59
Totals	410	419	646	1,475

Statistics from the Mental Health Centers of Western Illinois

Marital Status	Brown	Pike	Hancock	Total
No Response	0	0	0	0
Divorced	94	56	123	273
Married	49	79	91	219
Never Married	248	265	386	899
Separated	13	9	35	57
Widowed	6	10	11	27
Totals	410	419	646	1,475

Statistics from the Mental Health Centers of Western Illinois

Top 3 Priority Areas

- After listening to the presentations what do you think are the top 3 priority areas will be for Hancock County?

According To The CHNA Survey The Two Major Health Concerns Were

- Cancer rates
- Obesity rates

Crawford County, Illinois

- Hospital
- IPLAN

Risk Factors

- A variable associated with an increased risk of disease or infection
- Example: Cardiovascular Disease
  - Tobacco Use
  - Physical Inactivity
  - Poor Diet
  - Overweight/Obesity
  - High Blood Pressure
  - High Blood Cholesterol
  - Diabetes
  - Multiple Risk Factors

Contributing Risk Factors

- Those risk factors that doctors think can lead to an increase risk
- However, there exact roles have not been defined

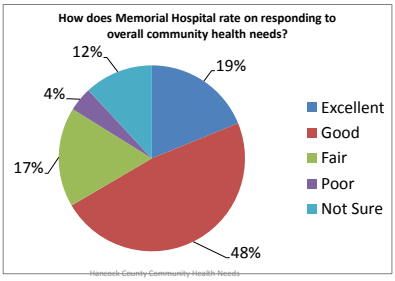
Contributing Risk Factors

- Genetics
- Family Lifestyle
- Inactivity
- Unhealthy diet and eating habits
- Quitting smoking
- Pregnancy
- Lack of sleep
- Certain medications
- Age
- Social and economic issues
- Medical problems

Next Steps

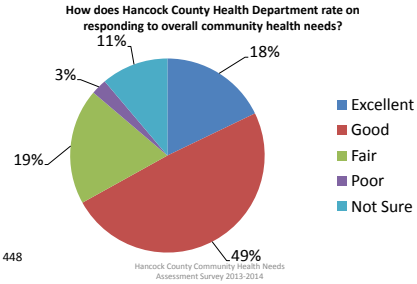
Community Health Needs Assessment Review

How does Memorial Hospital Rate on responding to overall community health needs?



Out of 448

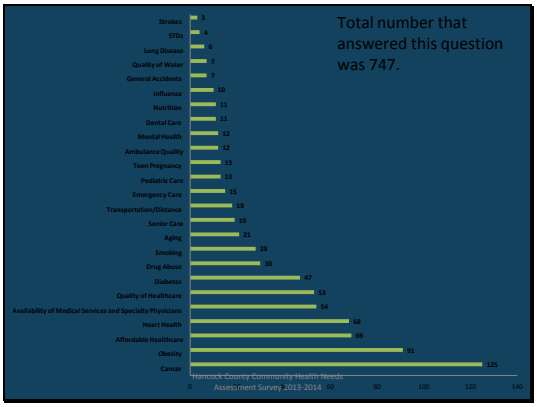
How does Hancock County Health Department rate on responding to overall community health needs?



Out of 448

What do you think the two (2) major health concerns in Hancock County are?

Hancock County Community Health Needs Assessment Survey 2013-2014

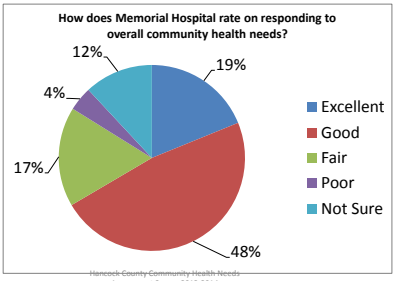


2 major health concerns

1. Cancer rates highest with 125
2. Obesity rates second highest with 91

Hancock County Community Health Needs Assessment Survey 2013-2014

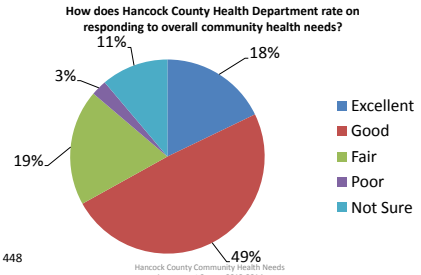
How does Memorial Hospital Rate on responding to overall community health needs?



Out of 448

Hancock County Community Health Needs Assessment Survey 2013-2014

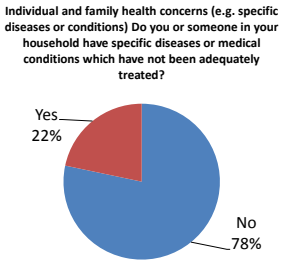
How does Hancock County Health Department rate on responding to overall community health needs?



Out of 448

Hancock County Community Health Needs Assessment Survey 2013-2014

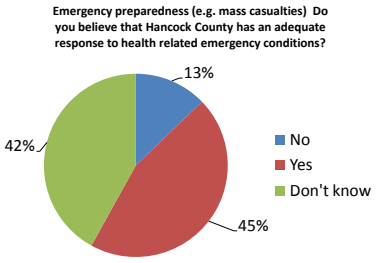
Individual and family health concerns



Out of 447

Hancock County Community Health Needs Assessment Survey 2013-2014

Emergency Preparedness

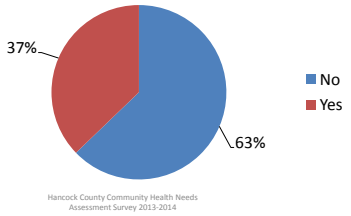


Out of 446

Hancock County Community Health Needs Assessment Survey 2013-2014

Environmental Factors

Environmental factors (e.g. pollution) Are there environmental issues in the area that are negatively impacting health?

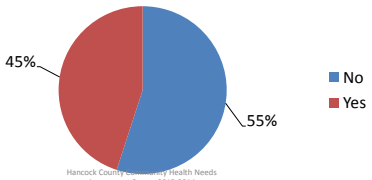


Out of 448

Hancock County Community Health Needs Assessment Survey 2013-2014

Particular Group Needs

Particular group needs (e.g. stages of life or demographic groups such as married, single, low income, mentally or physically disabled etc…) Have you personally observed a particular group of people who need help to improve their condition?

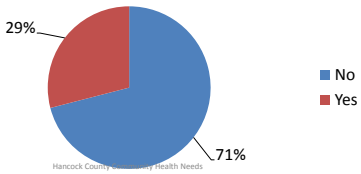


Out of 444

Hancock County Community Health Needs Assessment Survey 2013-2014

Healthy Living

Healthy living (e.g. staying well through illness prevention and wellness education) Do you or anyone in your household have any healthcare needs that would benefit from health and wellness programs in the community?

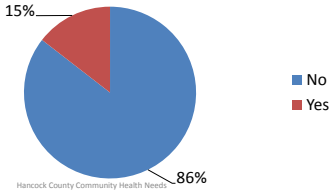


Out of 441

Hancock County Community Health Needs Assessment Survey 2013-2014

Healthcare Availability

Healthcare availability (e.g. availability of services or medical providers) Have you or anyone in your household not been able to get healthcare in a reasonable amount of time?

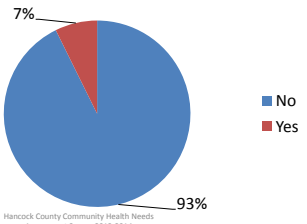


Out of 442

Hancock County Community Health Needs Assessment Survey 2013-2014

Transportation

Have you or anyone in your household had transportation difficulties getting to a medical facility to receive services?

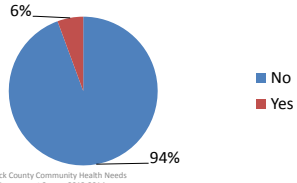


Out of 440

Hancock County Community Health Needs Assessment Survey 2013-2014

Safety

Safety (e.g. accidents, injury, violence) Have you or anyone in your household experienced safety issues at home or the workplace that could have been prevented through education or prevention measures?

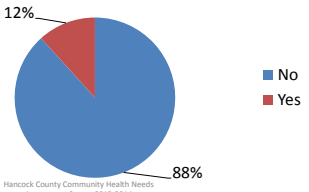


Out of 446

Hancock County Community Health Needs Assessment Survey 2013-2014

Public health

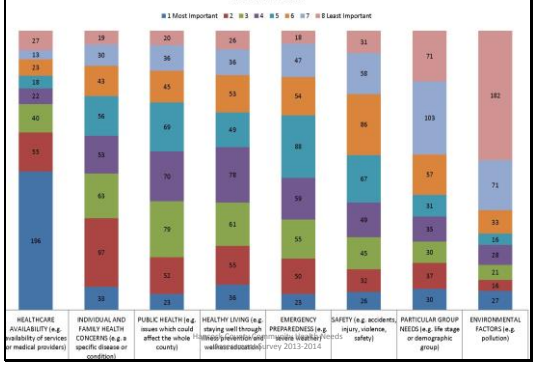
Public health (e.g. issues which could affect the whole community) Are you or anyone in your household affected by public health issues, such as: sanitation, food safety, lack of immunizations, access to health information, communicable disease or other p



Out of 445

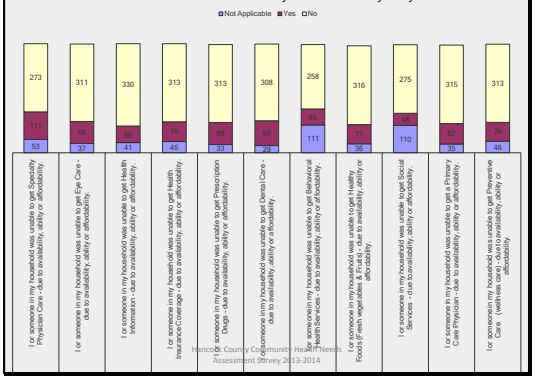
Hancock County Community Health Needs Assessment Survey 2013-2014

Please rank (in YOUR opinion) the order of importance of the 8 listed community health needs.



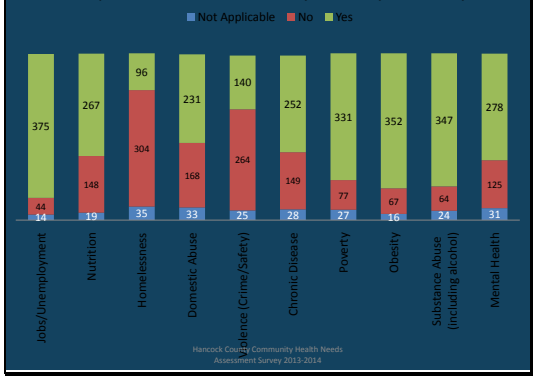
Hancock County Community Health Needs Assessment Survey 2013-2014

Possible health related issues your community may face



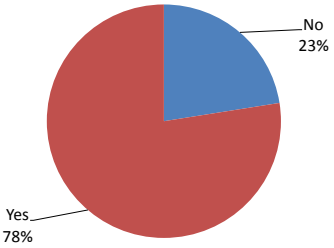
Hancock County Community Health Needs Assessment Survey 2013-2014

list of possible health related issues that may be found in your community.



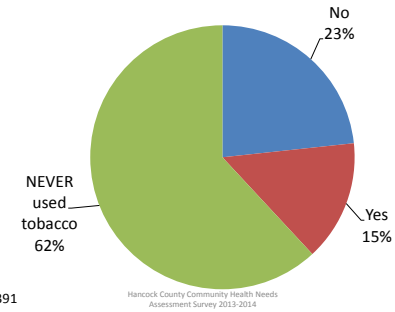
Hancock County Community Health Needs Assessment Survey 2013-2014

Do you know where to go to obtain services or answers related to the health issues you identified in the question above?



Hancock County Community Health Needs Assessment Survey 2013-2014

Tobacco Use

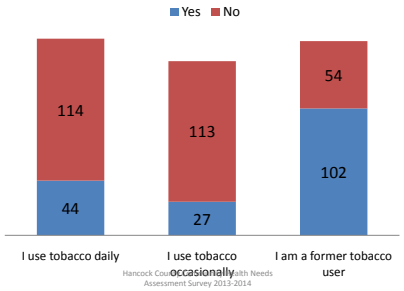


Out of 391

Hancock County Community Health Needs Assessment Survey 2013-2014

answered question 158
skipped question 242

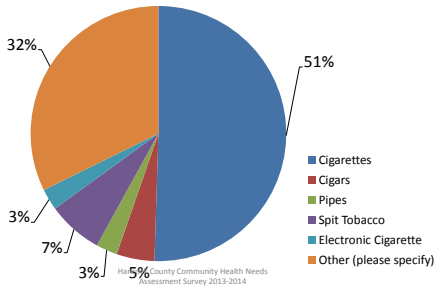
Tobacco Use



Hancock County Community Health Needs Assessment Survey 2013-2014

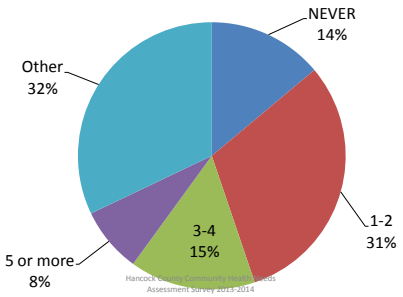
Answered question 186
Skipped question 242

What types of tobacco do you use



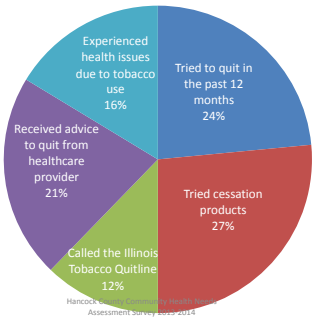
Hancock County Community Health Needs Assessment Survey 2013-2014

How many times have you tried to quit?



Hancock County Community Health Needs Assessment Survey 2013-2014

Have you (Check all that apply)



Hancock County Community Health Needs Assessment Survey 2013-2014

At what age did you begin using tobacco?

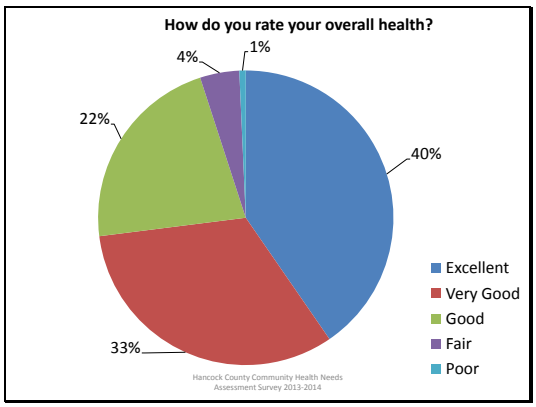
Age	Number of people
8	1
11	1
12	6
13	7
14	4
15	17
16	14
17	11
18	16
19	8
20	11
21	5
22	3
24	1
25	1
27	2
30	1
32	1
34	1
35	1
36	1
45	1

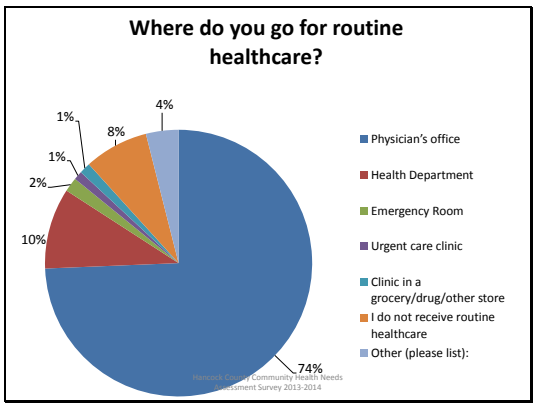
Hancock County Community Health Needs Assessment Survey 2013-2014

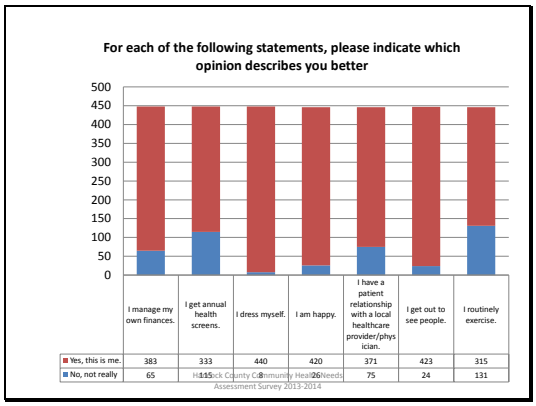
What are the total number of years you have used tobacco?

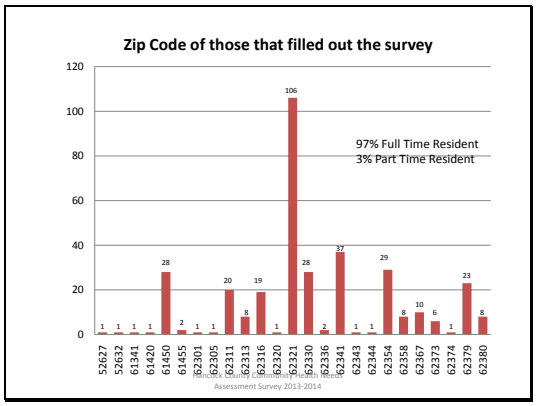
Number of Years	Number of People
1	1
2	3
3	5
4	1
5	1
6	7
7	2
8	1
9	3
10	8
12	2
13	1
14	2
15	6
16	3
17	6
18	2
19	1
20	12
21	1
22	2
24	1
25	5
30	5
34	1
35	7
37	2
40	5
41	1
45	1
46	2
50	5
55	1
60	1

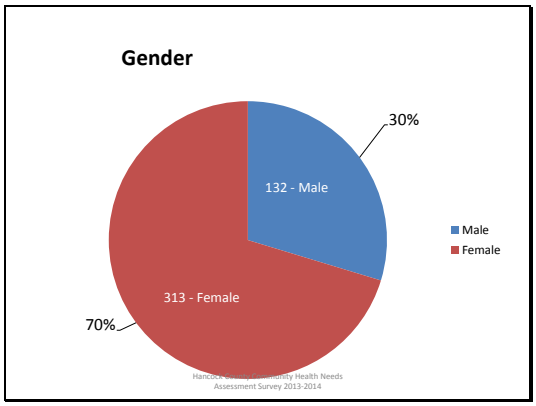
Hancock County Community Health Needs Assessment Survey 2013-2014

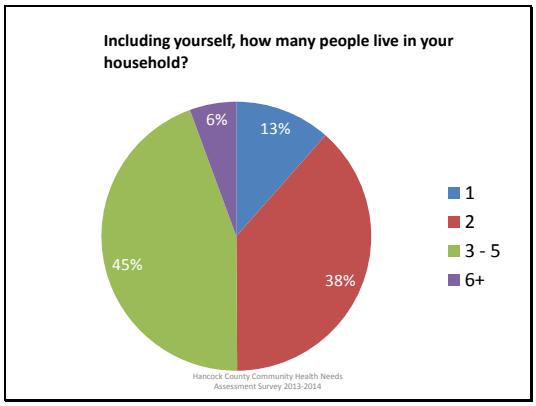

How do you rate your overall health?
4%
1%
22%
40%
33%
Excellent
Very Good
Good
Fair
Poor
Hancock County Community Health Needs Assessment Survey 2013-2014

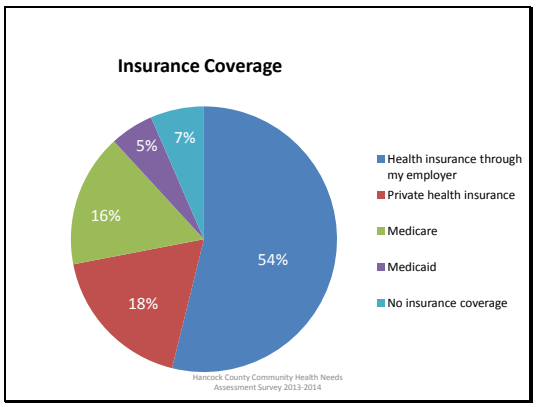

Where do you go for routine healthcare?
4%
1%
8%
1%
2%
10%
74%
Physician's office
Health Department
Emergency Room
Urgent care clinic
Clinic in a grocery/drug/other store
I do not receive routine healthcare
Other (please list):
Hancock County Community Health Needs Assessment Survey 2013-2014

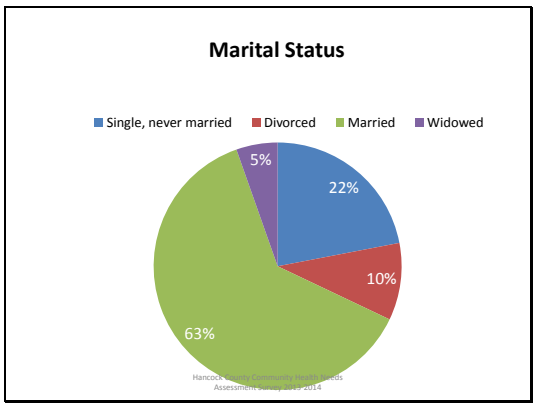

For each of the following statements, please indicate which opinion describes you better
500
450
400
350
300
250
200
150
100
50
0
I manage my own finances.
I get annual health screens.
I dress myself.
I am happy.
I have a patient relationship with a local healthcare provider/physician.
I get out to see people.
I routinely exercise.
Yes, this is me. 383 333 440 420 371 423 315
No, not really 65 115 8 26 75 24 131
Hancock County Community Health Needs Assessment Survey 2013-2014

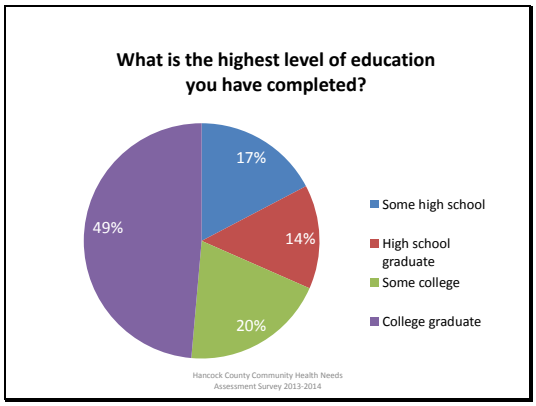

Zip Code of those that filled out the survey
120
100
80
60
40
20
0
97% Full Time Resident
3% Part Time Resident
52627 52632 61341 61420 61450 61455 62301 62305 62311 62313 62316 62320 62321 62330 62336 62341 62343 62344 62354 62358 62367 62373 62374 62379 62380
Hancock County Community Health Needs Assessment Survey 2013-2014

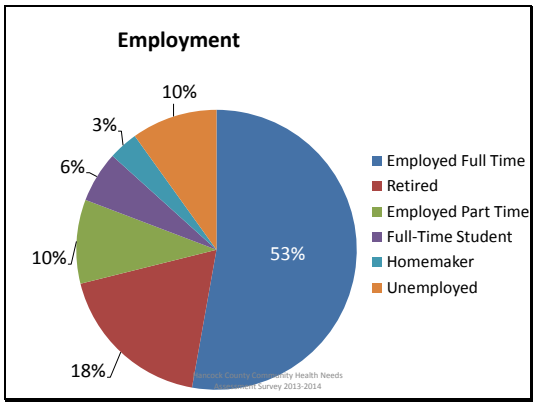

Gender
30%
132 - Male
313 - Female
70%
Male
Female
Hancock County Community Health Needs Assessment Survey 2013-2014

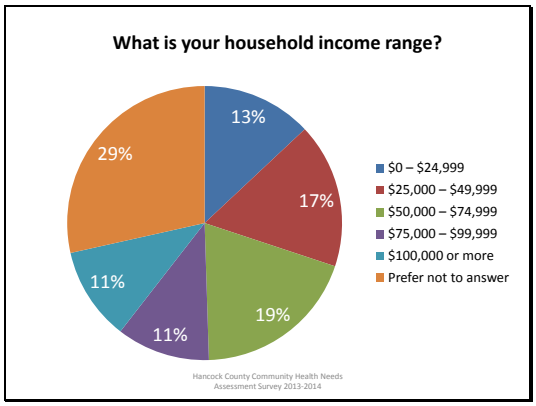

Including yourself, how many people live in your household?
6%
13%
45%
38%
1
2
3 - 5
6+
Hancock County Community Health Needs Assessment Survey 2013-2014

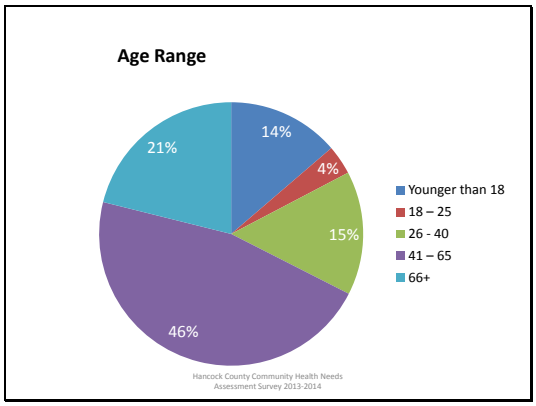

Insurance Coverage
54%
18%
16%
5%
7%
Health insurance through my employer
Private health insurance
Medicare
Medicaid
No insurance coverage
Hancock County Community Health Needs Assessment Survey 2013-2014


Marital Status
Single, never married
Divorced
Married
Widowed
22%
10%
63%
5%


What is the highest level of education you have completed?
17%
14%
20%
49%
Some high school
High school graduate
Some college
College graduate
Hancock County Community Health Needs Assessment Survey 2013-2014


Employment
53%
18%
10%
6%
3%
10%
Employed Full Time
Retired
Employed Part Time
Full-Time Student
Homemaker
Unemployed


What is your household income range?
13%
17%
19%
11%
11%
29%
$0 – $24,999
$25,000 – $49,999
$50,000 – $74,999
$75,000 – $99,999
$100,000 or more
Prefer not to answer
Hancock County Community Health Needs Assessment Survey 2013-2014


Age Range
14%
4%
15%
46%
21%
Younger than 18
18 – 25
26 - 40
41 – 65
66+
Hancock County Community Health Needs Assessment Survey 2013-2014

Boards Presentation Slides

Hancock County Community Health Needs Assessment

Hancock County Health Department & Memorial Hospital
November 2014

Agenda

- Community Health Needs Assessment (CHNA) Requirements & Process
- Hancock County (H.C.) Demographic Data
- H.C. Health Data
- CHNA 2013-14 Survey
- Top 3 Priority Areas of Focus
  - Outcomes
  - Interventions
  - Resources & Barriers
- Funding/Financial Resources

CHNA Definition

- A process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community.
- An ideal assessment includes:
  - risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services

CHNA Definition

- Data enables:
  - community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans
- Contains
  - Priority areas of focus
  - Target population
  - Impact & outcome objectives

CHNA Requirements

- Regulatory Requirement
  - HCHD must complete an (Illinois Project for Local Assessment of Needs) IPLAN every 5 years
  - (Memorial Hospital) MH must complete an assessment every 3 years
- Can be conducted with multiple organizations
- Must have input from persons who represent the broad interest of the community served
- Must be reported to (Illinois Department of Public Health) IDPH/(Internal Revenue Service) IRS
- Results must be widely available
- Penalties for non compliance

Hancock County CHNA Process

- Planning started Nov. 2013
- Kick off meeting Dec. 2013
- Interagency Invitation with regular meetings
- Community wide survey via Survey Monkey and paper tool

Hancock County CHNA Process

- Interagency Committee Education:
  - Demographic and Socioeconomic Characteristics
  - General Health and Access to Care Indicators
  - Maternal and Child Health Indicators
  - Chronic Disease Indicators
  - Environmental, Occupational, and Injury Control Indicators
  - Behavioral Risk Factors
  - Sentinel Events
- Data collection from multiple sources & analysis
- Priority selection completed October 22, 2014

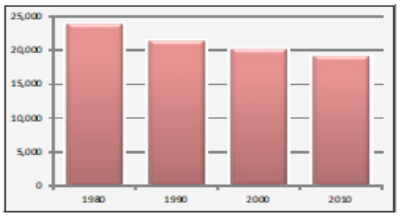
Hancock County CHNA Participants

- Hancock County Health Department
- Memorial Hospital
- Red Cross
- Area churches
- City Council
- Mental Health
- U of I Extension
- Sheriff
- Area School Superintendents/Principals
- Hancock County Economic Development
- Kiwanis
- Pact for West Central Illinois
- Marine Bank/Chamber of Commerce
- Ramsey Financial Services
- Hancock County Senior Services
- Distek

Hancock County Demographic Data

Hancock County Demographic Data

Figure 1 - Population Change from 1980 to 2010



Source: 1980 - 2010 U. S. Census of Population and Housing

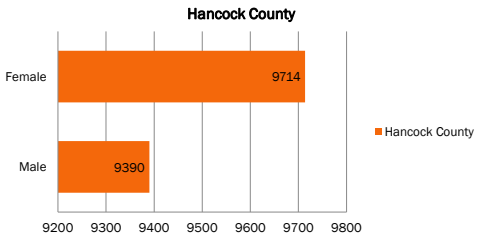
Hancock County Age/Gender

Table 1
Age Structure by Gender

	Male	Female	Total
0-9 years old	1,128	1,109	2,237
10-19 years old	1,264	1,163	2,427
20-29 years old	965	902	1,867
30-39 years old	997	989	1,986
40-49 years old	1,264	1,254	2,518
50-64 years old	2,218	2,155	4,283
65 and over	1,644	2,142	3,786

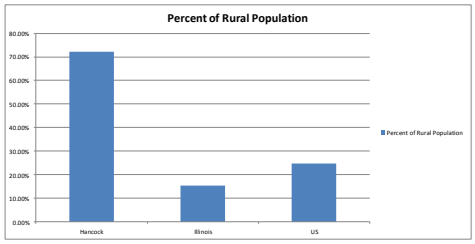
Source: 2010 U. S. Census of Population and Housing

Hancock County Gender Comparison to IL



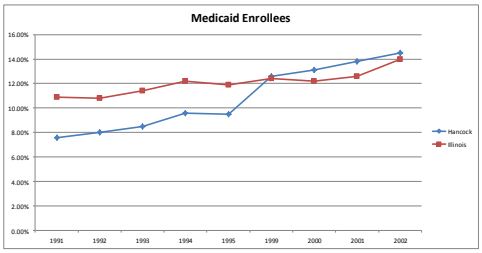
Source: 2010 Census Interactive Population Search

Percent of Rural Population Comparison



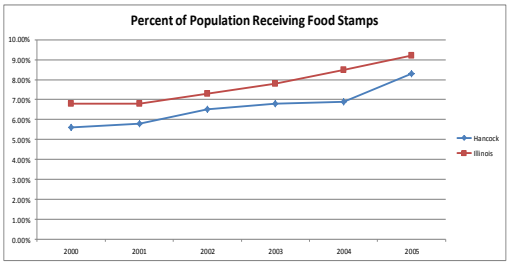
Source: IPLAN Data System County-Level Reports, 1990

Medicaid Enrollees Comparison



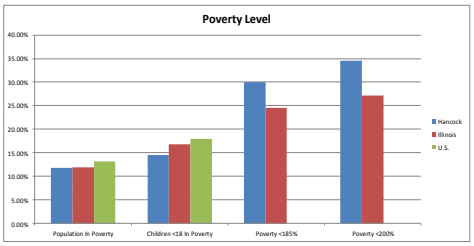
Source: IPLAN Data System County-Level Reports

Percent Receiving Food Stamps Comparison



Source: IPLAN Data System County-Level Reports

Poverty Level Comparison



Source: IPLAN Data System County-Level Reports, 1990

Race & Ethnic

Table 2
Population by Race & Ethnic Group

	1990	2000	2010
White	21,272	19,855	18,723
Hispanic	58	105	185
Black or African American	26	41	107
American Indian or Alaskan Native	25	36	120
Asian or Pacific Islander	37	51	90

Source: 1990 - 2010 U. S. Census of Population and Housing

Educational Attainment

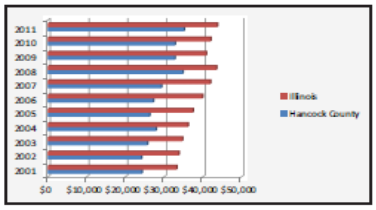
Table 3
Educational Attainment

	1990	2000
Less than 9th grade	1,451	707
9th to 12th grade, no diploma	1,766	1,260
High School graduate	5,612	5,686
Some college, no degree	2,534	3,002
Associate degree	890	924
Bachelor degree	1,516	1,534
Graduate or professional degree	553	611
Total	14,322	13,724

Source: 2000 U. S. Census of Population and Housing

Per Capita Income

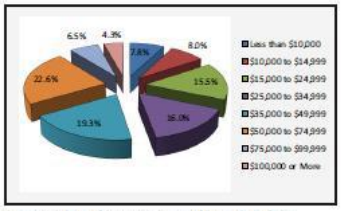
Figure 9 - Per Capita Personal Income for Hancock County



Source: U. S. Dept. of Commerce, Bureau of Economic Analysis

Median Household Income

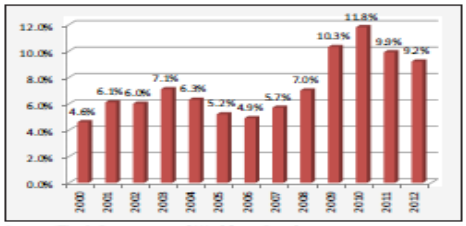
Figure 10 - Median Household Income



Source: U. S. Dept. of Commerce, Bureau of Economic Analysis

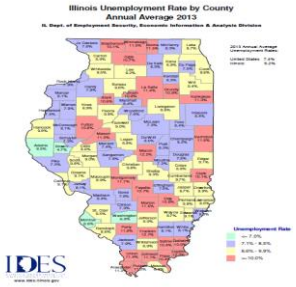
Hancock County Unemployment Rate

Figure 11 - Hancock County Unemployment Rate



Source: Illinois Department of Workforce Development

Illinois Unemployment Rate



Major Employers in Hancock County

Employer	Number of Employees
Memorial Hospital	208 (130 FT; 78 PT)
County of Hancock/Hancock County Shelter Care	153 (117 FT; 36 PT)
CVS/Professional Swine Mgmt	140 (125 FT; 15 PT)
W. L. Miller Gray Quarries	120
Southeastern School District	97 (91 FT; 6 PT)
Hamilton School District	95 (48 FT; 47 PT)
Dadant & Sons	90
Warsaw School District	77 (65 FT; 12 PT)

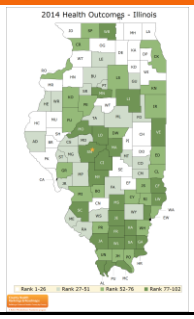
Major Employers in Hancock County

Employer	Number of Employees
Nauvoo Restoration	60 (15 FT; 10 PT; 35 volunteers)
Illini West High School District	55
Montebello Healthcare Center	55
Nauvoo-Colusa School District	52 (48 FT; 4 PT)
First State Bank	50
Methode	50
Marine Bank	44 (41 FT; 3 PT)
Carthage Elem. School District	44

Hancock County Health Data

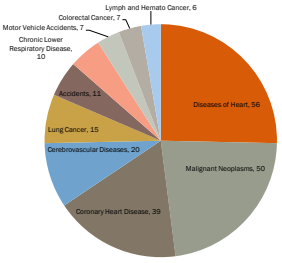
Robert Wood Johnson Foundation Overall Healthy County Rankings

- 2010 #37
- 2011 #33
- 2012 #33
- 2013 #27
- 2014 #26



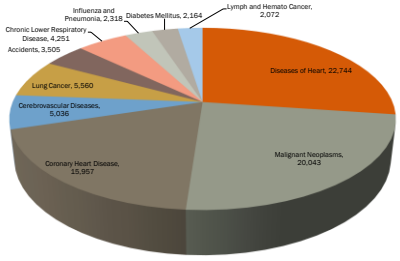
Source: RWJF
http://www.countyhealthrankings.org/sites/default/files/state/downloads/2014%20Health%20Outcomes%20-%20Illinois_0.png

H. C. Leading Causes of Death in 2006



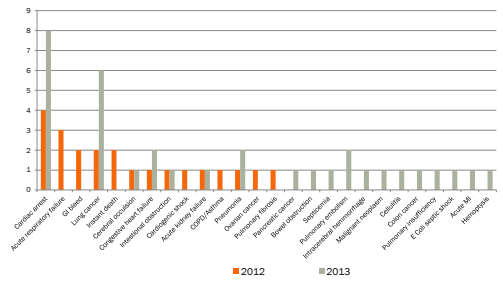
Source: IPLAN Data System County-Level Reports, 2006

IL Leading Causes of Death 2006

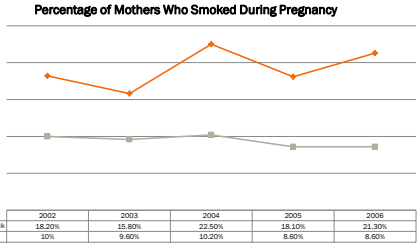


Source: IPLAN Data System County-Level Reports, 2006

Memorial Hospital Deaths by Diagnosis



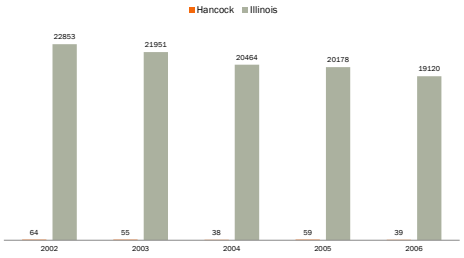
Mothers Who Smoke During Pregnancy



	2002	2003	2004	2005	2006
Hancock	18.20%	15.80%	22.50%	18.10%	21.30%
Illinois	10%	9.60%	10.20%	8.60%	8.60%

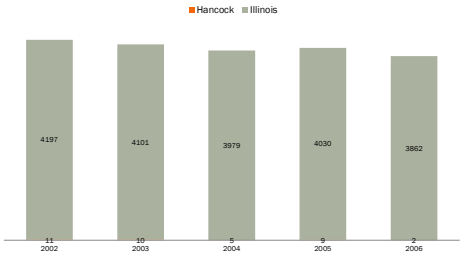
Source: IPLAN Data System

Coronary Heart Disease Mortality Crude Rates



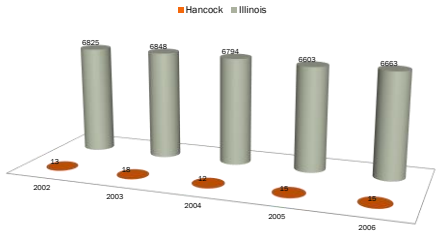
Source: IPLAN Data System County-Level Reports

Coronary Heart Disease Mortality Rates Premature (<65)



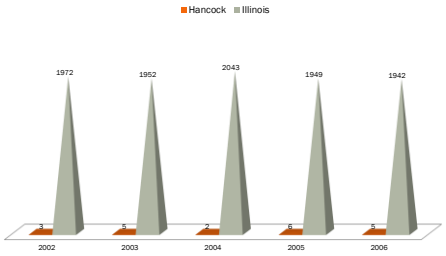
Source: IPLAN Data System County-Level Reports

Lung Cancer Mortality Crude Rates



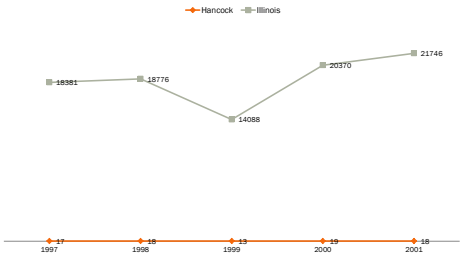
Source: IPLAN Data System County-Level Reports

Lung Cancer Mortality Premature Rates (<65)



Source: IPLAN Data System County-Level Reports

Diabetes Hospitalization Rates



Source: IPLAN Data System County-Level Reports

H.C. Diagnosed Diabetes Prevalence

Year	Cases	Percent	Illinois
2004	1163	8	
2005	1236	8.5	
2006	1329	9.2	
2007	1332	9.3	
2008	1317	9.0	
2009	1381	9.9	
2010	1466	10.1	8.2
2011	1601	11.1	

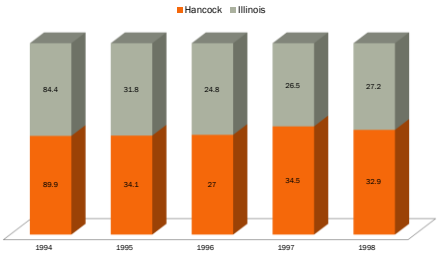
CDC 2012 Diabetes Report Card

IL Adults >18 Receiving Preventive Care
2009-2010

Exam	%	Exam	%
Annual Foot	72.8	Annual Eye	61.3
A1c > 2 Times/Yr	70.9	Daily Self Monitor/Glucose	62.7
Ever attended Diabetes Self Management Class	60.2	Annual Flu Vaccine	49.7

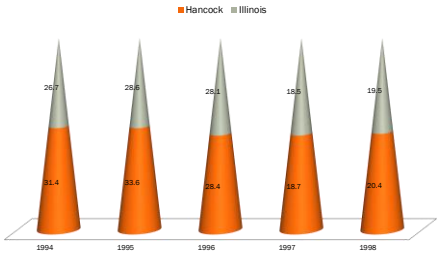
CDC 2012 Diabetes Report Card

Percentage of Individuals Living Sedentary Lifestyle



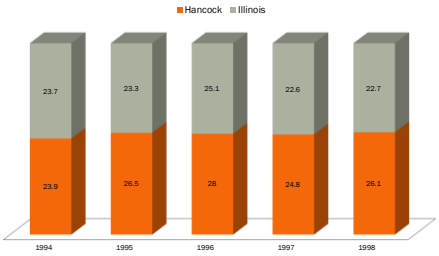
Source: IPLAN Data System County-Level Reports

Percentage of Overweight Individuals



Source: IPLAN Data System County-Level Reports

Percentage of Smokers



Source: IPLAN Data System County-Level Reports

Substance Abuse Data

Services	Brown	Pike	Hancock	Total
Substance Abuse Treatment	47	67	133	247

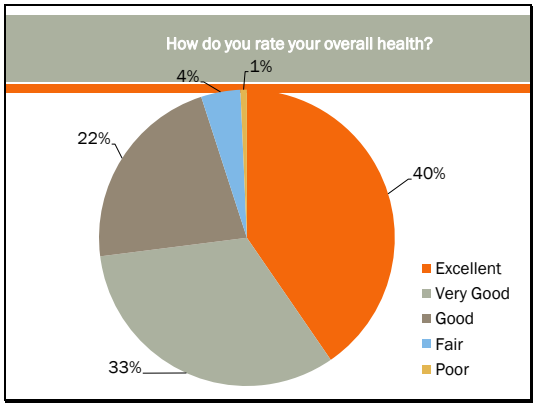
Diagnosis				
Substance Abuse	52	46	150	248

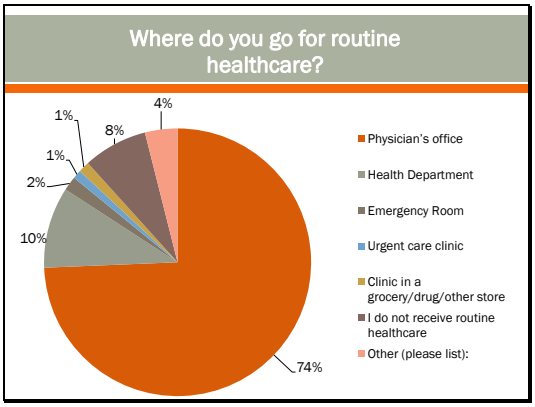
Source: Mental Health Centers of Western Illinois July 1, 2012-June 30, 2013

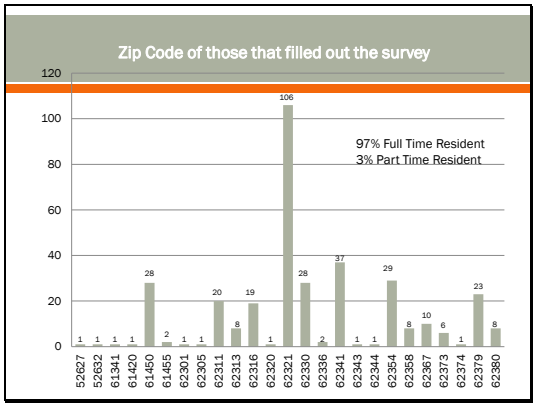
Hancock County Survey Summary

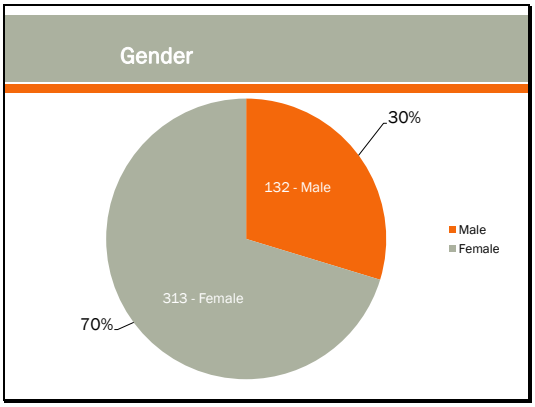
Community Health Needs Assessment Review 2014

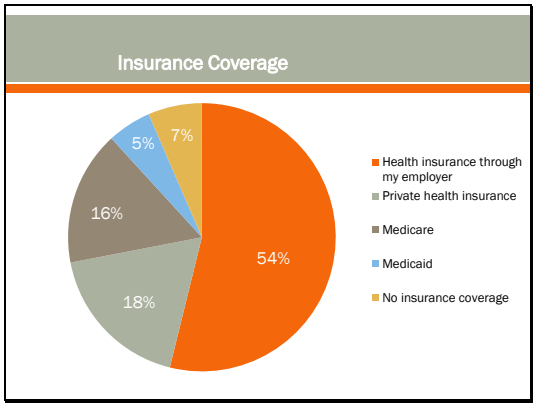
448 Respondents



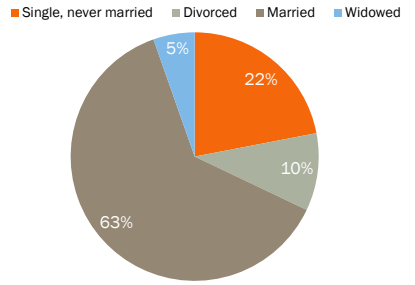




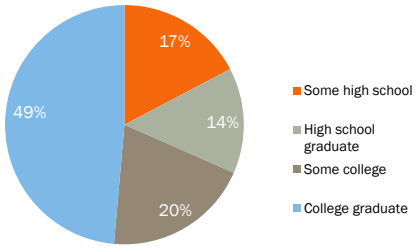




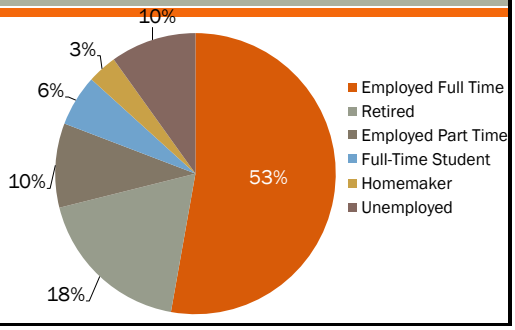
Marital Status



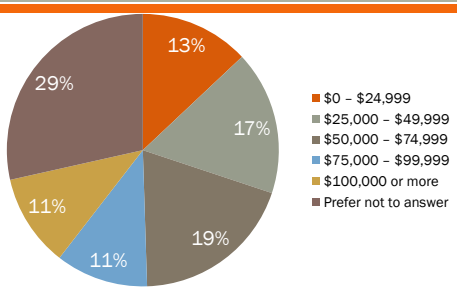
What is the highest level of education you have completed?



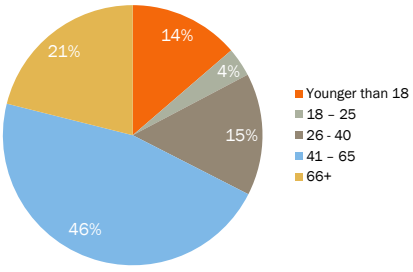
Employment



What is your household income range?



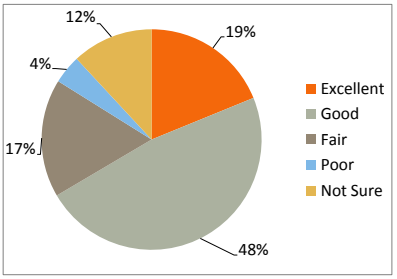
Age Range



Survey Summary

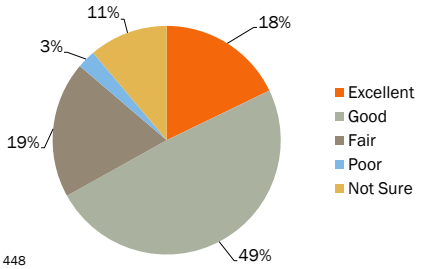
- What do you think the two (2) major health concerns in Hancock County are?
  - **Cancer rates highest with 125**
  - **Obesity rates second highest with 91**

How does Memorial Hospital Rate on responding to overall community health needs?



Out of 448

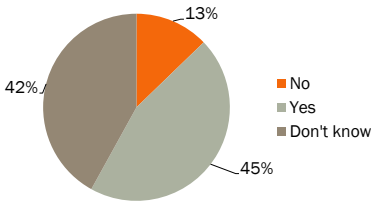
How does Hancock County Health Department rate on responding to overall community health needs?



Out of 448

Emergency Preparedness

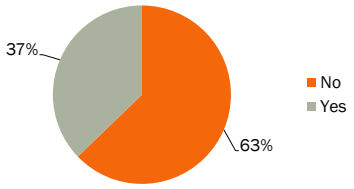
Emergency preparedness (e.g. mass casualties) Do you believe that Hancock County has an adequate response to health related emergency conditions?



Out of 446

Environmental Factors

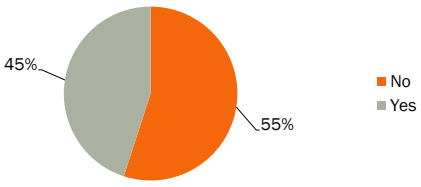
Environmental factors (e.g. pollution) Are there environmental issues in the area that are negatively impacting health?



Out of 448

Particular Group Needs

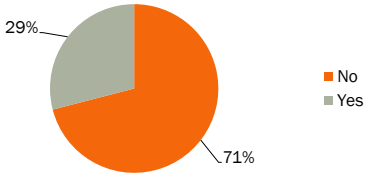
Particular group needs (e.g. stages of life or demographic groups such as married, single, low income, mentally or physically disabled etc...) Have you personally observed a particular group of people who need help to improve their condition?



Out of 444

Healthy Living

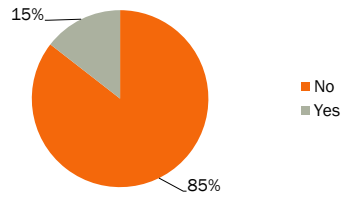
Healthy living (e.g. staying well through illness prevention and wellness education) Do you or anyone in your household have any healthcare needs that would benefit from health and wellness programs in the community?



Out of 441

Healthcare Availability

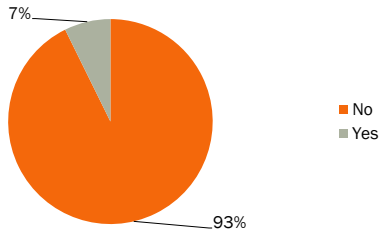
Healthcare availability (e.g. availability of services or medical providers) Have you or anyone in your household not been able to get healthcare in a reasonable amount of time?



Out of 442

Transportation

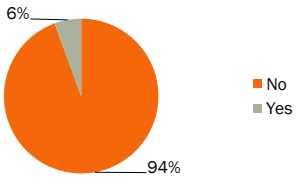
Have you or anyone in your household had transportation difficulties getting to a medical facility to receive services?



Out of 440

Safety

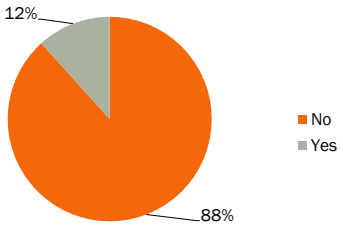
Safety (e.g. accidents, injury, violence) Have you or anyone in your household experienced safety issues at home or the workplace that could have been prevented through education or prevention measures?



Out of 446

Public health

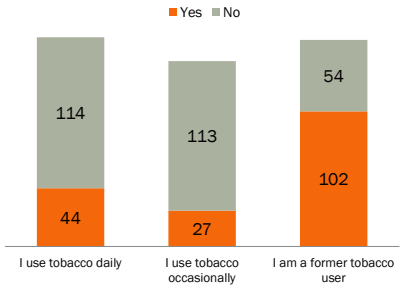
Public health (e.g. issues which could affect the whole community) Are you or anyone in your household affected by public health issues, such as: sanitation, food safety, lack of immunizations, access to health information, communicable disease or other p



Out of 445

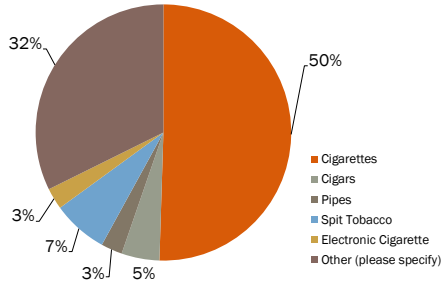
Tobacco Use

answered question 158
skipped question 242

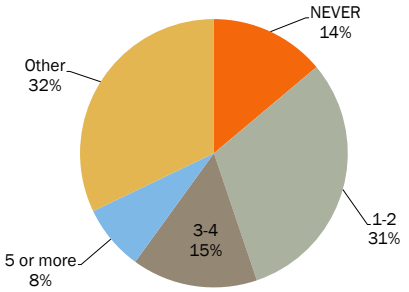


What types of tobacco do you use

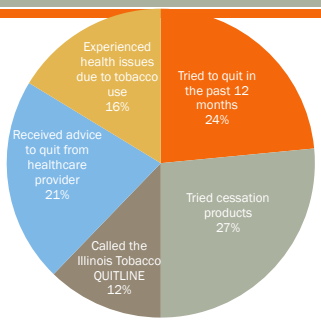
Answered question 186
Skipped question 242



How many times have you tried to quit?



Have you (Check all that apply)



At what age did you begin using tobacco?

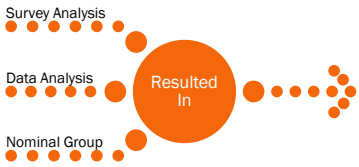
Age	Number of people
8	1
11	1
12	6
13	7
14	4
15	17
16	14
17	11
18	16
19	8
20	11
21	5
22	3
24	1
25	1
27	2
30	1
32	1
34	1
35	1
36	1
45	1

What are the total number of years you have used tobacco?

Number of Years	Number of People
1	1
2	3
3	5
4	1
5	1
6	7
7	2
8	1
9	3
10	8
12	2
13	1
14	2
15	6
16	3
17	6
18	2
19	1
20	12
21	1
22	2
24	1
25	5
30	5
34	1
35	7
37	2
40	5
41	1
45	1
46	2
50	5
55	1
66	1

Data Analysis & Conclusions

Committee Work Sessions



Top 3 Priority Areas of Focus

- Diabetes
- Cardiovascular Disease
- Lung Cancer

Diabetes

- Diabetes Mellitus (DM) occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications.
- Many forms of diabetes exist. The 3 common types of DM are:
  - Type 2 diabetes, which results from a combination of resistance to the action of insulin and insufficient insulin production.
  - Type 1 diabetes, which results when the body loses its ability to produce insulin.
  - Gestational diabetes, a common complication of pregnancy. Gestational diabetes can lead to perinatal complications in mother and child and substantially increases the likelihood of cesarean section. Gestational diabetes is also a risk factor for subsequent development of type 2 diabetes after pregnancy.

Diabetes Rationale for Selection

- Healthy People 2020 Notes
  - **Goal**
    - Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.
  - Lowers life expectancy by up to 15 years.
  - Increases the risk of heart disease by 2 to 4 times.
  - Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness
- Steady increase in prevalence in Hancock County noted in the Centers for Disease Control and Prevention (CDC) data

Diabetes National Data

- 86 million or more than 1 out of 3 have prediabetes
- 9 out of 10 people with prediabetes are unaware
- Prediabetes increases risk of
  - Type 2 diabetes
  - Heart disease
  - Stroke
- Without weight loss and moderate physical activity
  - 15-30% will develop type 2 diabetes in 5 years
- Risk of death 50% higher if diabetic
- Medical cost twice as high if diabetic
  - $245 billion in medical cost and lost wages

CDC Data 2014

Diabetes Risk Factors

- **Obesity**
  - Lack of physical activity
  - Poor Eating Habits
  - Family History/Dynamics
- **Hypertension**
  - Lack of physical activity
  - Substance/Tobacco Abuse
  - Obesity

Diabetes Overall Objectives

- Target population 19-44 years & 44-64 years
  - the most rapidly growing age range for pre-diabetes
- Objectives tied to Healthy People 2020
  - Reduce the annual number of new cases of diagnosed diabetes in the population
  - Increase the proportion of person with diagnosed diabetes who receive formal education
  - Increase prevention behaviors in person at high risk for diabetes with prediabetes

Diabetes Outcome Objective/Impact Objectives

- Outcome
  - By 2019, reduce the prevalence of diabetes for H.C. to 10% from the reported 11.1% per the most recent CDC report card of 2012.
  - By 2019, the number of persons with a diagnosis of diabetes receiving education locally will increase by 10% per the stats from the Diabetes Health & Wellness Center of H.C.
  - By 2019, increase the percentage of H.C. residents who have reported that they have been told they have prediabetes from 7.5% to 15% on the Behavioral Risk Factor Surveillance System (BRFSS).
- Impact
  - By 2017, the H.C. reported prevalence of diabetes will be 11% as reported by the CDC.
  - By 2017 the number of persons receiving education locally will have increase by 5%
  - By 2017 the percentage of H.C. residents reporting prediabetes will be at 10% on the BRFSS

Diabetes Resources & Barriers

Resources Available	Barriers
Certified Diabetes Educators	Money
Volunteers for Diabetes	Insurance
Diabetes Spotlight	Time
Community Education	Lack of Knowledge
Healthcare Providers (including Internal Medicine, Podiatry)	Access to Services
Diabetes Support Group	Complacency
American Diabetes Association	
MORE Medical	
HCHD Fitness Center	
Eye Doctors	

Diabetes Resources & Barriers

Resources Available	Barriers
Evergreen Center	
SIU School of Medicine Telehealth	

Diabetes Interventions

- A minimum of two A1c screenings will be offered per year to residents of H.C. at local events
- Screening participants will receive education on
  - Physical activity, healthy eating choices, local resources available for support, referral if A1c is abnormal, follow up phone call 1 month post screening
- H.C. providers will receive education on the Diabetes Health & Wellness Center resources annually
- A Diabetes Spotlight, half day education, will be offered annually to residents
- Residents hospitalized locally with elevated glucose levels will receive consultation prior to discharge
- All diagnosed prediabetic and diabetic will receive an auto referral to the Diabetes Health and Wellness Center from MH provider offices

Cardiovascular Disease

- Cardiovascular disease refers to any disease that affects cardiovascular system, principally cardiac disease, vascular diseases of the brain and kidney, and peripheral artery disease

Cardiovascular Disease Rationale for Selection

- Healthy People 2020 Notes
  - **Goal**
    - Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events
  - Heart disease is the leading cause of death in the United States. Stroke is the third leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

Cardiovascular Disease National Data

- Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease.
- In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.

Cardiovascular Disease Risk Factors

- **Diabetes**
  - Obesity
  - Family history/genetics
  - Socioeconomic status
- **Hypertension**
  - Lack of physical activity
  - Substance/Tobacco abuse
  - Obesity
- **Lifestyle**
  - Tobacco Use
  - Poor nutrition
  - Physical inactivity

Cardiovascular Overall Objectives

- Target Population of 18 years+
- Objectives tied to Healthy People 2020
  - Reduce the proportion of persons in the population who report they have been told their blood pressure is high based on the BRFSS
  - Increase the proportion of adults who report they are getting exercise on the BRFSS

Cardiovascular Disease Outcome/Impact Objectives

- Outcome Objectives
  - By 2019, the percentage of residents who report they have been told they have hypertension will decrease 5% from 36.2% to 31.2% based on the BRFSS
  - By 2019, adults will report a 10% increase in physical activity from 70.5% to 80.5% on the BRFSS
- Impact Objectives
  - By 2016, the percentage of residents who report they have been told they have hypertension will decrease 2% from 36.2% to 34.2% based on the BRFSS
  - By 2016, adults will report a 5% increase in physical activity from 70.5% to 85.5% on the BRFSS

Cardiovascular Resources & Barriers

Resources	Barriers
HCHD Fitness Center	Money
HCHD Labs/Blood Pressure Checks	Insurance
Blood Pressure Screenings	Time
HCHD & MH Community Education	Lack of Knowledge
MH Cardiac Rehab	Access to Services
Healthcare Providers (including specialties like cardiology)	Complacency
Carthage Family Fitness	
HCHD Activity Challenge	
Events – 5Ks, Strawberry Strut, Great River Road Run,	
Parks/Pools	

Cardiovascular Resources & Barriers

Resources	Barriers
MH Diagnostics	
Free BP checks in local clinics	
Evergreen Center	

Cardiovascular Interventions

- Blood pressure checks will be provided at 80% of health fairs and screening events county wide
- 100% of elevated blood pressure checks at screening events will result in education and a referral for follow up
- Quarterly social media posts with educational tips on hypertension will appear on the HCHD and MH sites
- Investigate resources for low income individuals to obtain medication if needed
- Offer at least one county wide physical activity event like the Activity Challenge or 100 miles in 100 days around the MH walking path.

Lung Cancer

- Lung cancer, also known as carcinoma of the lung or pulmonary carcinoma, is a malignant lung tumor characterized by uncontrolled cell growth in tissues of the lung. If left untreated, this growth can spread beyond the lung by process of metastasis into nearby tissue or other parts of the body.

Lung Cancer Rationale for Selection

- Healthy People 2020 Notes
  - **Goal**
    - To reduce the lung cancer death rate
  - Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease. The cancer objectives for Healthy People 2020 support monitoring trends in cancer incidence, mortality, and survival to better assess the progress made toward decreasing the burden of cancer in the United States

Lung Cancer National Data

- **Estimated new cases and deaths** from lung cancer (non-small cell and small cell combined) in the United States in 2014
  - New cases: 224,210
  - Deaths: 159,260
- Source: National Cancer Institute

Lung Cancer Risk Factors

- **Tobacco Use**
  - Peer pressure
  - Stress
  - Learned behavior
- **Environment**
  - Occupational hazard
  - Geographical area
  - Second hand smoke

Lung Cancer Overall Objectives

- Target Population of 18 years +
- Objectives tied to Healthy People 2020
  - Reduce tobacco use by adults
  - Increase smoking cessation attempts by adult smokers
  - Increase tobacco cessation counseling in health care settings

Lung Cancer Outcome/Impact Objectives

- Outcome
  - By 2019, the % of adults over 18 who report never smoked on the BRFSS will increase by 5% from 18.4 to 23.4
  - By 2019, the percent of adult smokers who attempt cessation will increase by 6% per the QUITLINE stats
  - By 2019, 95% of local providers will have initiated tobacco screening in office and in hospital setting
  - By 2019, tobacco cessation education will be available in all healthcare settings with an increase of 5% referral to the QUITLINE

Lung Cancer Outcome/Impact Objectives

- Impact
  - By 2017, the % of adults over 18 who report never smoked on the BRFSS will increase by 2% from 18.4 to 20.4
  - By 2017, the percent of adult smokers who attempt cessation will increase by 3% per the QUITLINE stats
  - By 2017, 70% of local providers will have initiated tobacco screening in office and in hospital setting
  - By 2017, tobacco cessation education will be available in all healthcare settings with an increase of 2% referral to the QUITLINE

Lung Cancer Resources & Barriers

Resources Available	Barriers
QUITLINE	Peer Pressure
Pulmonary Rehab	Lack of motivation to quit
ITFC Grant Program	Stress
HCHD Community Education	
Smoke-Free Illinois Act	
Healthcare Providers (medical/dental)	
MH Cardiopulmonary Dept.	
MH Pulmonary Rehab	
MH Better Breathers Support Group	

Lung Cancer Resources & Barriers

Resources Available	Barriers
HCHD Fitness Center	
HUGS	
Carthage Family Fitness	
Hancock County Fights Cancer	
American Cancer Society	
Advance Physical Therapy	
Evergreen Center	

Lung Cancer Interventions

- Annual updates on resources and QUITLINE for 100% of health care providers in H.C.
- At least one educational program per year in all area schools on the harmful effects of tobacco use
- Quarterly social media posts on HCHD and MH sites with resources for tobacco cessation
- Education will be provided to all expectant mothers in MH clinic settings as documented by medical record and in the WIC clinic at HCHD

Financial Resources

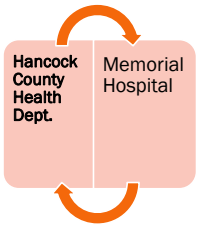
- HCHD Contribution $00000000
  - Staff
  - Will seek at least one grant to support county educational efforts in collaboration with MH and other agencies as appropriate
- Memorial Hospital Contribution $ 0000000
  - Diabetes Health & Wellness Center
  - Purchase of A1c screening machine & supplies
  - Will seek at least one grant to support county educational efforts in collaboration with HCHD and other agencies as appropriate

Next Steps

- Adoption of the plan by HCHD & MH Board
- Submission of plan to IDPH and IRS
- Posting of plan on HCHD & MH website
- Implementation of plan
- Quarterly interagency meetings to track progress
- Quarterly reports to HCHD & MH Board
- HIRE AN INTERN

Questions

Collaborating To Improve Health & Wellness



Appendix 5

Hancock County Health Department/Memorial Hospital

Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019

DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Cardiovascular Disease**

PURPOSE:	Improve cardiovascular health & quality of life through prevention, detection, and treatment of risk factors for heart attack & stroke, early identification & treatment of heart attacks & strokes, prevention of repeat cardiovascular events.	**BUDGET IMPACT**	
			YES **NO**
GOAL #:	By 2019 % of residents who have been told they have hypertension will decrease by 5%.	**Revenue**	☐ ■
		Expense	■ ☐
SUCCESS INDICATOR: **(MEASUREMENT)**	Behavioral Risk Factor Survey	**Staff**	■ ☐
DESIRED CHANGE:	**Minimum: 34.2% by 2017**	**Capital**	☐ ■
	Optimum: 31.2% by 2019		

ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Blood Pressure checks at 80% of health fairs & screening events county wide	1/1/15	Dec.'15	Melita Finney	HCHC MH Staff	x	x	x	x	
100% of elevated blood pressure checks will result in education & referral for follow up	1/1/15	Dec.'15	Melita Finney	HCHC MH Staff	x	x	x	x	
Quarterly social media posts with tips on hypertension	1/1/15	Dec.'15	Melita Finney Cynthia Huffman	HCHC MH Staff	x	x	x	x	
Investigate resources for low income individuals to obtain medication	1/1/15	Dec.'15	Ed Phelan	HCHC MH Staff	x	x	x	x	

Hancock County Health Department/Memorial Hospital

Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019

DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Cardiovascular Disease**

PURPOSE:	Improve cardiovascular health & quality of life through prevention, detection, and treatment of risk factors for heart attack & stroke, early								**BUDGET IMPACT**
	Identification & treatment of heart attacks & strokes, prevention of repeat cardiovascular events.								**YES** **NO**
GOAL #:	By 2019 adults will report a 10% increase in physical activity								**Revenue** ☐ ■
									Expense ■ ☐
SUCCESS INDICATOR: (MEASUREMENT)	Behavioral Risk Factor Survey								**Staff** ■ ☐
DESIRED CHANGE:	**Minimum: 75.5% by 2017**								**Capital** ☐ ■
	Optimum: 80.5% by 2019								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Offer at least one county wide physical activity event annually	1/1/15	Dec.'15	Ada Bair	HCHC MH Staff			x		

Hancock County Health Department/Memorial Hospital
Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019
DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Diabetes**

PURPOSE:	Reduce the disease and economic burden of diabetes mellitus & improve	**BUDGET IMPACT**	
	The quality of life for all persona who have, or are at risk for, DM		**YES** **NO**
GOAL #:	By 2017 Hancock County prevalence of diabetes will be 11% as reported	**Revenue**	☐ ■
	by the CDC		
		Expense	■ ☐
SUCCESS INDICATOR: (MEASUREMENT)	CDC Diabetes Report Card	**Staff**	■ ☐
DESIRED CHANGE:	**Minimum: 11% by 2017**	**Capital**	☐ ■
	Optimum: 10% by 2019		

ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Two A1c screenings per year	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	
Educational material given to participants screened	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	
Hancock County providers annual education on Diabetes Health & Wellness Center	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff			x		
Annual Diabetes Spotlight	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff				x	
Hospitalized patients at Memorial receive education if elevated glucose levels	1/1/15	Dec.'15	Deborah Schuster	MH Staff	x	x	x	x	
All prediabetics and diabetics in MH provider offices received auto referral to Diabetes Educator	1/1/15	Dec.'15	Stephanie Meyers	MH Staff	x	x	x	x	

Hancock County Health Department/Memorial Hospital
Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019
DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Diabetes**

PURPOSE:	Reduce the disease and economic burden of diabetes mellitus & improve The quality of life for all persona who have, or are at risk for, DM	**BUDGET IMPACT** **YES** **NO**
GOAL #:	By 2019 Hancock County prevalence of diabetes will be 10% as reported by the CDC	**Revenue** ☐ ■ **Expense** ■ ☐
SUCCESS INDICATOR: (MEASUREMENT)	CDC Diabetes Report Card	**Staff** ■ ☐
DESIRED CHANGE:	**Minimum: 11% by 2017** **Optimum: 10% by 2019**	**Capital** ☐ ■

ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Two A1c screenings per year	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	
Educational material given to participants screened	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	
Hancock County providers annual education on Diabetes Health & Wellness Center	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff			x		
Annual Diabetes Spotlight	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff				x	
Hospitalized patients at Memorial receive education if elevated glucose levels	1/1/15	Dec.'15	Deborah Schuster	MH Staff	x	x	x	x	
All prediabetics and diabetics in MH provider offices received auto referral to Diabetes Educator	1/1/15	Dec.'15	Stephanie Meyers	MH Staff	x	x	x	x	

Hancock County Health Department/Memorial Hospital

Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019

DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Diabetes**

PURPOSE:	Reduce the disease and economic burden of diabetes mellitus & improve. The quality of life for all persona who have, or are at risk for, DM	**BUDGET IMPACT**	**YES** ☐ **NO** ■
GOAL #:	By 2019 the number of persons with a diagnosis of diabetes receiving education locally will increase by 10%.	**Revenue**	☐ ■
		Expense	■ ☐
SUCCESS INDICATOR: (MEASUREMENT)	Diabetes Health & Wellness Center	**Staff**	■ ☐
DESIRED CHANGE:	**Minimum: 5% by 2017**	**Capital**	☐ ■
	Optimum: 10% by 2019		

ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Two A1c screenings per year	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	
Educational material given to participants screened	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	
Hancock County providers annual education on Diabetes Health & Wellness Center	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff			x		
Annual Diabetes Spotlight	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff				x	
Hospitalized patients at Memorial receive education if elevated glucose levels	1/1/15	Dec.'15	Deborah Schuster	MH Staff	x	x	x	x	

All prediabetics and diabetics in MH provider offices received auto referral to Diabetes Educator	1/1/15	Dec.'15	Stephanie Meyers	MH Staff	x	x	x	x	

Hancock County Health Department/Memorial Hospital

Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019

DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Diabetes**

PURPOSE:	Reduce the disease and economic burden of diabetes mellitus & improve								**BUDGET IMPACT**
	The quality of life for all persona who have, or are at risk for, DM								**YES** **NO**
GOAL #:	By 2019 Hancock County residents who have reported they were diagnosed as prediabetes will be 15%.								**Revenue** ☐ ■
									Expense ■ ☐
SUCCESS INDICATOR: (MEASUREMENT)	Behavioral Risk Factor Surveillance System								**Staff** ■ ☐
DESIRED CHANGE:	**Minimum: 10% by 2017**								**Capital** ☐ ■
	Optimum: 15% by 2019								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Two A1c screenings per year	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	
Educational material given to participants screened	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	
Hancock County providers annual education on Diabetes Health & Wellness Center	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff			x		
Annual Diabetes Spotlight	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff				x	
Hospitalized patients at Memorial receive education if elevated glucose levels	1/1/15	Dec.'15	Deborah Schuster	MH Staff	x	x	x	x	

All prediabetics and diabetics in MH provider offices received auto referral to Diabetes Educator	1/1/15	Dec.'15	Stephanie Meyers	MH Staff	x	x	x	x	

Hancock County Health Department/Memorial Hospital

Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019
DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Lung Cancer**

PURPOSE:	To reduce the lung cancer death rate								**BUDGET IMPACT**
									YES **NO**
GOAL #:	By 2019 % of adults over 18 who report never smoked will increase by 5%								**Revenue** ☐ ■
									Expense ■ ☐
SUCCESS INDICATOR: **(MEASUREMENT)**	Behavioral Risk Factor Survey								**Staff** ■ ☐
DESIRED CHANGE:	**Minimum: 20.4% by 2017**								**Capital** ☐ ■
	Optimum: 23.4% by 2019								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
At least one educational program per year in all area schools on harmful effects of tobacco	1/1/15	Dec.'15	Melita Finney	HCHC MH Staff	x		x	x	

Hancock County Health Department/Memorial Hospital

Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019

DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Lung Cancer**

PURPOSE:	To reduce the lung cancer death rate							**BUDGET IMPACT**	
								YES	**NO**
GOAL #:	By 2019 % the percent of adult smokers who attempt cessation will increase by 6%							**Revenue**	☐ ■
								Expense	■ ☐
SUCCESS INDICATOR: (MEASUREMENT)	QUITLINE Stats							**Staff**	■ ☐
DESIRED CHANGE:	**Minimum: 3% increase by 2017**							**Capital**	☐ ■
	Optimum: 6% increase by 2019								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Annual updates on resources and QUITLINE for 100% of health care providers in Hancock County	1/1/15	Dec.'15	Melita Finney	HCHC MH Staff	x	x	x	x	

Quarterly social media posts on resources for tobacco cessation	1/1/15	Dec.'15	Cynthia Huffman Melita Finney	HCHC MH Staff	x	x	x	x	
Education for all expectant mothers in Memorial Hospital clinic settings and WIC clinic at Hancock County Health Department	1/1/15	Dec.'15	Memorial Providers Health Dept. Providers	HCHC MH Staff	x	x	x	x	

Hancock County Health Department/Memorial Hospital

Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019

DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Lung Cancer**

PURPOSE:	To reduce the lung cancer death rate	**BUDGET IMPACT**	
		YES	**NO**
GOAL #:	By 2019 95% of local providers will have initiated tobacco screening in office and hospital setting	**Revenue** ☐	■
		Expense ■	☐
SUCCESS INDICATOR: (MEASUREMENT)	Electronic Health Record Reviews	**Staff** ■	☐
DESIRED CHANGE:	**Minimum: 70% increase by 2017**	**Capital** ☐	■
	Optimum: 95% increase by 2019		

ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Inventory current practices and data available	1/1/15	Dec.'15	Stephanie Meyers	HCHC MH Staff	x	x	x	x	
Education for all expectant mothers in Memorial Hospital clinic settings and WIC clinic at Hancock County Health Department	1/1/15	Dec.'15	Memorial Providers Health Dept. Providers	HCHC MH Staff	x	x	x	x	

Hancock County Health Department/Memorial Hospital

Community Health Needs Assessment Evaluation

Tracking starting in 2015 - 2019

DATE: _____

ACCOUNTABLE: Amy McCallister & Ada Bair **HEALTH PROBLEM: Lung Cancer**

		BUDGET IMPACT		
PURPOSE:	To reduce the lung cancer death rate		**YES**	**NO**
GOAL #:	By 2019 tobacco cessation education available in all healthcare settings with	**Revenue**	☐	■
	a 2% increase in referral to QUITLINE			
		Expense	■	☐
SUCCESS INDICATOR: **(MEASUREMENT)**	QUITLINE Stats	**Staff**	■	☐
DESIRED CHANGE:	**Minimum: 2% increase by 2017**	**Capital**	☐	■

	Optimum: 5% increase by 2019								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Inventory current practices and data available	1/1/15	Dec.'15	Stephanie Meyers	HCHC MH Staff	x	x	x	x	
Education for all expectant mothers in Memorial Hospital clinic settings and WIC clinic at Hancock County Health Department	1/1/15	Dec.'15	Memorial Providers Health Dept. Providers	HCHC MH Staff	x	x	x	x	
Annual education for all providers on QUITLINE Resource	1/1/15	Dec.'15	Melita Finney	HCHC MH Staff	x	x	x	x	