

Hancock County IPLAN 2018 - 2023
Memorial Hospital Community Health Needs Assessment
2018-2021

Hancock County Health Department
In collaboration with Memorial Hospital

For
Illinois Department of Public Health
Springfield, Illinois
August 29, 2018

Priorities:

- 1. Diabetes**
- 2. Mental Health**
- 3. Cancer**

Contents

EXECUTIVE SUMMARY	1
MEMORIAL HOSPITAL DESCRIPTION	2
HANCOCK COUNTY HEALTH DEPARTMENT DESCRIPTION	4
DESCRIPTION OF COMMUNITY SERVED.....	5
Hancock County Health Department & Memorial Hospital.....	8
Board Approval.....	8
Letter of Approval from Hancock County Health Department Board	9
COMMUNITY HEALTH NEEDS ASSESSMENT	10
Purpose	10
Community Participation Process.....	10
Committee Membership.....	11
Collaborating Organizations for Implementation Strategy.....	14
ANALYSIS OF HEALTH DATA & SURVEY RESULTS	15
Purpose:	21
Health Priorities	22
Diabetes	22
Mental Health	27
Cancer	29
APPENDIX 1	33
Organizational Capacity	33
Organizational Structure.....	33
Organizational Strength and Weaknesses	33

Organizational Action Plan Worksheet	33
APPENDIX 2.....	34
Health Problem Analysis Worksheet	34
Community Health Plan Worksheet	34
List Health Priority/Strategic Issue Worksheet	34
APPENDIX 3.....	35
Meeting Agendas and Minutes.....	35
APPENDIX 4.....	36
Community Health Data	36
Community Survey Tool and Results	36
APPENDIX 5.....	37
Progress Report.....	37

EXECUTIVE SUMMARY

Memorial Hospital and the Hancock County Health Department start their collaboration for this Community Health Needs Assessment in December 2017. Hancock County Health Department was due for new assessments by the end of 2019 while Memorial Hospital was due for new assessments by the end of 2018. The collaboration was needed because of the close time differences and the success of the previous collaboration.

The organizations continued to work with the Agency Collaboration Team (ACT) committee which was set up after the previous Community Health Needs Assessment (CHNA). This committee began meeting in December of 2017 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, Mental health and Cancer. On August 29, 2018, a presentation was made to the Memorial Hospital Board and on October 25 to the Hancock County Health Department Board. The presentation reviewed the purpose, process and outcome of the interagency work. On August 29, 2018, the Memorial Hospital Board adopted the Community Health Needs Assessment Plan as presented by the Administrative Staff. On October 25, 2018, the Hancock County Health Department Board also adopted the Community Health Needs Assessment Plan as presented by the Administrative Staff.

MEMORIAL HOSPITAL DESCRIPTION

Memorial Hospital is a vital force in establishing and maintaining the well-being of residents in western Illinois and eastern Iowa. Our history of quality, compassionate care springs from hometown pride and 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 \$12 million.

Services available at Memorial Hospital include a 24/7 emergency room (with over 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 healthcare 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 of courtesy, honesty, and respect
- Assume the best and speak positively about others
- Show respect for co-workers by openly discussing concerns as they arise

Attitude

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

- Acknowledge others and greet people in a friendly 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 understood the Standards of Behavior. They agree to comply with and practice them at all times.

HANCOCK COUNTY HEALTH DEPARTMENT DESCRIPTION

Overview

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

Our Mission

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

Programs and Services

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

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

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

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

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

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

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

Other Services Offered: The health department participates in the Illinois Breast and Cervical Cancer Program and Susan G Komen Program. The Illinois Breast and Cervical Cancer Program offers free breast and cervical cancer screenings to women aged thirty-five through sixty-four who lack health insurance, insurance that doesn't cover the cost of a screening, or whom have a high deductible. Hancock County Health Department is the lead agency over Adams, Brown, Hancock, Pike, and Scott Counties. The Susan G Komen program assists breast cancer patients and survivors in Hancock County by offering financial assistance. Assistance may be gas cards or funding to purchase bras, wigs, turbans, and the co-pays for office or chemotherapy treatments. The health department monitors the communicable disease throughout Hancock County.

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

DESCRIPTION OF COMMUNITY SERVED

Hancock County is a county located in West Central Illinois. According to the 2017 Census Bureau population estimate, Hancock County has a population of 18,543 (2.9% drop from 2010 census). Its county seat is Carthage, and Hamilton is the county's largest city. Hancock County has about 71.1% of its population living in the rural towns most of which are farmers. According to the U.S. Census Bureau, the county has a total area of 814 square miles; therefore, the population density is estimated to be 23 people per square mile. There are an estimated 9,212 housing units at an average density of 12 per square mile (4/km²). According to the 2017 County Health Ranking, the racial makeup of the county was 96.50% White, 0.50% Black or African American, 0.30% Native American, 0.3% Asian, 0.1% Pacific Islander, 1.40% Hispanic or Latino of any race, and 0.90% from other races, 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.

According to the 2010 census, 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.

According to the 2018 County Health Ranking, 20.8% of Hancock population is less than 18 years of age which is 2.1% lower than Illinois while 23.8% of them are 65 years and above (9.2% higher than the average in Illinois). The median age was 46.2 years. For every 100 females, there were 98 males.

According to DATAUSA, the median income for a household in the county is \$50,077 and the median income for a family was \$44,457. The average male salary is \$53,662 while the female average salary is \$36,675. The per capita income for the county was \$17,478. About 11.55% of the population was below the poverty line and the income inequality of Hancock County, IL (measured using the GINI index) is 0.448 which is lower than the national average.

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

Employer	Number of Employees
Memorial Hospital	214
County of Hancock/Hancock County	168 (85 FT; 83 PT)
CVS/Professional Swine Mgmt	60 CVS, 40 PSM, 500 farm employees
W. L. Miller Gray Quarries	120
Southeastern School District	78
Hamilton School District	99
Dadant & Sons	140 three locations
Warsaw School District	73
Nauvoo Restoration	60 (24 FT; 10 PT; 26 volunteers)

Illini West High School District	52
Montebello Healthcare Center	55
Nauvoo-Colusa School District	55 (42 FT; 13 PT)
First State Bank	45
Methode	70(60FTE, 10 PT)
Marine Bank	42
Carthage Elem. School District	60
Chem Gro	57
Cores for You	70

**Hancock County Health Department & Memorial Hospital
Board Approval**



Memorial Hospital Association

Board Action

On

Community Health Needs Assessment

On August 29, 2018, the UnityPoint Health – Memorial Hospital Board of Directors met and reviewed the summary report for the collaboration on the Community Health Needs Assessment. The key areas of focus identified were reviewed in detail at that meeting.

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

Letter of Approval from Hancock County Health Department Board



Hancock County Health Department
671 Wabash Avenue
Carthage, IL 62321
217-357-2171

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

October 25, 2018

To Whom It May Concern:

The Hancock County Board of Health acted to approve the Hancock County Health Department's Assessment as required under the Illinois Administrative Code on October 25, 2018. 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 October 25, 2018 Board of Health Meeting.

Sincerely,

Nancy Krekel
President, Board of Health

COMMUNITY HEALTH NEEDS ASSESSMENT

Purpose

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

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

Community Participation Process

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

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

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

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

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

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

It was discussed that data collection would come from multiple sources for analysis. Some of the sources identified were the IPLAN data system, Centers for Disease Control and Prevention (CDC), DATAUSA, Census Bureau, County Health Ranking, America's Health Ranking, 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 two months of data collection, committee education and review, three priorities were selected as a focus in April, 2018. The committee used nominal group technique as a tool for the development of the priority areas with the result of the survey forming the basis of their decision.

The work of the committee was presented at the Hancock County Health Department board meeting on October 25, 2018 and the Memorial Hospital board meeting on August 29, 2018. Both Boards approved the plan at their respective board meetings and quarterly report on the implementation and progress of the interventions will be presented to the boards for updates.

Committee Membership

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

1. Hancock County Health Department
 - a. Amy McCallister – Executive Director
 - b. Maureen Crawford – Health Educator/Emergency Response Coordinator
 - c. Melita Finney – Community Health Director
 - d. Jessica Croy
2. Hancock County
 - a. Scott Bentzinger – Sheriff
 - b. Terry Pope – Economic Development
3. Hancock County Extension
 - a. Whitney McKeown
4. Memorial Hospital
 - a. Ada Bair – CEO
 - b. Florine Dixon – COO
 - c. Annette Heinecke – Hancock County Senior Services Executive.

- d. Nancy Huls – Director of Quality & Risk Management
 - e. Cynthia Huffman – Director Marketing & Communications
 - f. Raigan Brown – Inpatient/ED Director
 - g. Rob Biondolino – Safety officer
 - h. Kristin Suminski – Director Pulmonary Rehab and Outpatient Gero-Psych
 - i. Deborah Schuster – Dietician
 - j. Shelly Hunter – Infection Control/Empirical Education Director
 - k. Pam Hartzell – Director Diabetes Education
5. American Red Cross
 - a. J.D. Stonecypher – Disaster Program Specialist
 6. Carthage Public Library
 - a. Amy Gee– Library Director
 7. CCDC and UWGRR
 - a. Amy Graham – Carthage Econ. Dev.
 8. Western Illinois Home Health Care
 - a. Anita Rutzen
 9. WIPC-CAA Victim Services
 - a. Diane Mayfield
 - b. Kathryn Nettleton
 10. Ameren
 - a. Carl Fisher
 11. WIRC
 - a. Carol Smith – Counselor
 12. LaHarpe Davier
 - a. Connie Jacobs
 13. Memorial Medical Clinics
 - a. Dawn Cousins – Nurse Practitioner
 - b. Karyn Streicher – Clinic Care Coordinator
 - c. Stephanie Meyers – Clinic Director
 14. WCICIL
 - a. Desarae Blickenstaff
 - b. Jenny Calvert
 15. Advocacy Network for Children
 - a. Jessica Bolton
 16. Mosaic
 - a. Devin Kozicki
 17. USDA, Rural Development
 - a. Diana Belknap
 18. City of Carthage/Food Pantry
 - a. Donna Walker – City Alderman

19. ROE 26 – Area 3 Homeless
 - a. Eileen Shoup – Liaison
20. ROE 26, Early Beginnings
 - a. Kate McGruder – Director
 - b. Krista Artman - Hancock County Parent Coordinator
21. Carl Sandburg
 - a. Ellen Henderson-Gasser – Director of Branch Campus
22. UnityPoint at Home
 - a. Laura Tenhouse – Physician Liaison
 - b. Emily Allen
23. HC EMS
 - a. Gabe Smeltser – Director
24. WCIAAA
 - a. Gay Dickerson – Information & Assistance Specialist
25. Advocacy Network for Children
 - a. Jessica Bolton
26. Sherrick Home Health
 - a. Hillary Sealock – RN/DON – Agency Supervisor
27. HC ESDA
 - a. Jack Curfman – Coordinator
28. Blessing Hospice Palliative Care
 - a. Jessica Ellefritz
29. Blessing Hospital Educational Service
 - a. Sarah Cantrell
30. Girl Scouts
 - a. Jill Butterfield
31. MHCWI
 - a. Mandy Gooding – Quality Assurance Supervisor
 - b. Joe Little- Assistant Director
 - c. Lauren McGaughey
 - d. Lexie Huffman
32. Workforce Office
 - a. Kevin Banninga – Employment Career Specialist
33. WIOA/Workforce Office
 - a. Sarah Cantrell
34. HC Ambulance
 - a. Kurt Krekel – EMT
35. SIU SOM
 - a. Laura Kessel

- 36. Health Alliance
 - a. Lora Felgar
- 37. Early Beginning
 - a. Marqueze Sanders
- 38. CareLink
 - a. Mary Mitchell
- 39. Montebello Healthcare Center
 - a. Moria Rothert – Social Worker
- 40. WIOA/Workforce Office
 - a. Robert Pinney

Collaborating Organizations for Implementation Strategy

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

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

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

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

ANALYSIS OF HEALTH DATA & SURVEY RESULTS

Demographic and Socioeconomic Characteristics

Population

According to the 2017 Census Bureau population estimate, Hancock County has a population of 18,543 (2.9% drop from 2010 census). This drop in population is an improvement from the 5.1% loss recorded from 2000 to 2010. The county is the 60th most populated county in Illinois. A key contribution to the loss of population in Hancock County could be attributed to economic reasons and the current trend of rural to urban migration. Despite the substantial loss in population in Hancock County, its situation is not much different than the surrounding counties in the area. Hancock County has about 71.1% of its population living in the rural towns most of which are farmers.

Age

According to the 2018 County Health Ranking, 20.8% of Hancock population is less than 18 years of age, 55.4% are between the age 18 to 65 and 23.8% of them are 65 years and above. The median age in Hancock County is 46.2 years which is about 8.5 years higher than the Illinois median age.

Gender

According to the 2018 County Health Ranking data, 50.4% of Hancock population is females which imply that for every 100 females there are 98 males. The county ranks 51st in number of females within Illinois.

Rural Comparison

According to the 2018 County Health Ranking, Hancock County has 71.0% of its population living in the rural towns in comparison to 11.5% of the Illinois population and 19.5% of the entire U.S. population that are rural dwellers.

Medicaid

According to the Illinois Department of HealthCare and Family Services, there were 3981 Medicaid enrollees in Hancock County as at December 2017 compared to Illinois that has enrolled a total 3,042,715 individuals in Medicaid and CHIP which is a net increase of 15.83% from October 2013.

Food Stamps

According to the IPLAN Data System from 2005, the state had over 8% of the residents and the county had over 9% of the residents receiving food stamps.

Poverty Level

According to the 2018 County Health Ranking, about 20% of children in Hancock County live in poverty compared to the 18% prevalence in Illinois. According to DATAUSA, the poverty rate in Hancock County stands at 11.7% which is lower than the Illinois rate of 13.6%.

Race & Ethnic

Race and ethnic groups in Hancock County have been relatively static since its founding in 1829. Non-white racial groups have been slowly growing, currently making up 3.6% of the population. There has been an increasing trend in population diversity in Hancock County since 1990. According to the 2018 County Health Ranking, the Hispanic population constitutes 1.4% of Hancock population, the Black or African American population constitutes 0.5%, the native Indians and pacific islanders constitutes 0.4% and the Asian population constitutes of 0.3% of the Hancock population.

Education

According to the 2018 County Health Ranking, there has been a decline in academic attainment from 2010 to 2018. The rate of high school graduation declined from 90% in 2011 to 72% in 2018, which is 14% lower than the Illinois rate which is 86%. However, there is a slight increase in some college attendance from 2010 to 2018. The 2018 report shows that 62% attended some college which is higher than 57.2% reported in 2011 and 4% lower than the Illinois rate.

Per Capita Income & Median Household Income

According to the U.S. Department of Commerce, Bureau of Economic Analysis reports on per capita income, in 2016, Hancock County had a per capita personal income of \$41,033 and ranked 45th in the State of Illinois. Compared to the 2014 finding, there was a 0.8% decline in per capita personal income. According to the 2018 County Health Ranking, the median household income \$51,700 which is low compared to the median household income in Illinois. Males earn more than the females. The average male salary is \$53,510 while average female salary is \$36,092.

Unemployment Rate

The unemployment rate in Hancock County has been fairly inconsistent over the past years. 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. However, this rate is gradually declining. Currently, the rate of unemployment within the county is 6.6% which is 0.7% higher than the Illinois rate. Manufacturing industries (15.2%) remains the highest employers in Hancock County followed by healthcare and Social Assistance (14.2%). Hancock County has been especially hard hit as compared to the other counties within the region, having the one of the highest average unemployment rate from 2006.

GENERAL HEALTH AND ACCESS TO CARE

The Robert Wood Johnson Foundation reports on county health ranking shows that Hancock county ranks 17th based on the overall health outcomes measure (Length of Life and Quality of Life). Hancock County has improved its ranking according to this study from number 26th in Illinois in 2014 to 17th in 2018.

Leading Causes of Death

According to the 2018 CDC WONDER, cardiovascular disease remains the leading cause of death in Hancock County followed by malignant neoplasm. Below is a table showing the top 15 leading causes of mortality in Hancock County between 1999 and 2016.

15 Leading Causes of Death in Hancock County (1999 to 2016)	Deaths	Average deaths per Year	Crude Rate Per 100,000
Diseases of heart	1,045	61	300.9
Malignant neoplasms	918	54	264.3
Cerebrovascular diseases	259	15	74.6
Chronic lower respiratory diseases	233	14	67.1
Accidents (unintentional injuries)	165	10	47.5
Influenza and pneumonia	128	8	36.9
Alzheimer's disease	122	7	35.1
Diabetes mellitus	74	4	21.3
Nephritis, nephrotic syndrome and nephrosis	73	4	21.0
Septicemia	61	4	17.6
Parkinson's disease	42	3	12.1
In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	35	2	10.1
Intentional self-harm (suicide)	35	2	10.1
Aortic aneurysm and dissection	24	1	6.9
Chronic liver disease and cirrhosis	21	1	6.0

Maternal and Child Health

According to the Centers for Disease Control and Prevention the total number of births in the United States in 2015 was about four million with a birth rate of 12.4 per 1,000, fertility rate was 62.5 births per 1,000 women aged 15-44 years. In Illinois, there were 154,467 births in 2016 with a total of 186 coming from Hancock County. In 2016, reported abortion cases were 32,663 in Illinois with less than 50 from Hancock County. According to the 2018 County Health

Ranking, the numbers of teen births in Hancock County were 24 per 1,000 and the Illinois teen births ranged from 10-64 per 1,000.

Chronic Disease

The IPLAN Data System was reviewed for statistics in this area. The crude mortality rates for coronary heart disease from 2010 – 2015 showed a steady increase each year for the state of Illinois but Hancock County fluctuated each year between a high of 62 in 2014 to a joint-low in 2015 and 2011 of 47. As for the premature mortality rates for individuals under the age of 65, there was a sudden increase from 9 to 19 from 2011 to 2012 before declining to 10 in 2015.

According to data from the State Cancer Profile website, the age-adjusted incidence rate for lung cancer in Hancock County between 2011 – 2015 was 71.5 per 100,000 with a -8.9% decrease across 5 years. For the same period, the average annual count of cancer cases in the county was 21.

Two data sources were reviewed for diabetes hospitalization rates. The IPLAN Data System for 2010 - 2014 showcased the number of Hancock County residents who had diabetes with complications. There was a sharp increase in the number of diabetes cases in Hancock County from 14 in 2012 to 21 in 2013, before a 33.33% reduction of number of cases to 14 in 2014.

Hancock County has seen an increase in prevalence from 10.6% in 2012 to 14.1% in 2015. This compares to the state of Illinois in 2017 of 10.7%. 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 in Illinois ranges from less than 63.6% to 82.6%. In Hancock County, there was a decrease in the rate of acute myocardial infarction cases from 10.0 in 2010, to 8.4 in 2013. However, in the county, there was a sharp increase in rate from 8.4 in 2013 to 10.6 in 2014. In comparison, Illinois had an increase in the rate of acute myocardial infarction cases from 6.1 in 2010 to 6.8 in 2014.

Furthermore, while there was a steady increase in the rate of cerebrovascular disease in Illinois from 8.6 in 2010 to 9.3 in 2014, there was a consistent decrease in the rate of cerebrovascular disease from 10.7 in 2010 to 10.1 in 2014. However, the rate of cerebrovascular disease in Hancock is higher than Illinois' rates.

Infectious Disease

In Hancock County, there was an increase in the number of Chlamydia cases from 135 in 2007 – 2011 to 182 in 2012 – 2016. Within the same time frame, in Hancock County, there was an increase in the number of Gonorrhea cases from 6 in 2007 – 2011, to 8 in 2012 – 2016. Like the data obtained from Hancock County, there was an increase in the number of Chlamydia cases in Illinois from the 2007 – 2011 periods to the 2012 – 2016 period of reporting. However, in

contrast to the data obtained from Hancock County, there was a decrease in the number of Gonorrhea cases in Illinois from the 2007 – 2011 periods to the 2012 – 2016 period of reporting.

Data for Hancock County and the state of Illinois for vaccine preventable diseases during the time frame of 2012-2016 was reviewed and the percentages of the county level and the state level follow the same trend of increase and decrease during that time.

As for the rates of Foodborne Illnesses from the IPLAN Data System for 2012 – 2016, the state of Illinois had multiple cases. When reviewing the rates of Salmonella, for Hancock County, there were variations from a high of 9 cases in 2012 to a joint low of 1 case each in 2013 – 2015. Furthermore, Hepatitis C cases increased from 5 cases in 2012 to 10 cases in 2016. This mirrors the increases in Hepatitis C cases in Illinois from 7,673 in 2012 to 9,066 in 2016.

Environmental/Occupational Health

According to the 2018 County Health Ranking, the number of violent crimes in Hancock County is 30 per 100,000 persons and the number of deaths due to injury is 67 per 100,000 persons. The number of vehicle crash deaths per 100,000 persons was 14 which is high compared to the Illinois average of 8. No data for homicide and fire arm fatalities were found. There was no record of drinking violation and the air pollution - measured by the average daily density of fine particle matter - was 10.4 micrograms per cubic meter and it is comparable to the Illinois value of 10.5. According to the Environmental Protection Agency (EPA) data, Hancock County falls under the Zone 1 (Average indoor radon screening level greater than 4pCi/L).

Behavioral Risk Factor Surveillance

According to the 2018 county health ranking, Hancock County ranks 12 in the health behavior risk factors. Fifteen percent of the adults in Hancock County smoke compared to 16% rate found in Illinois. Adult obesity rate is about 27% while food environmental index is 7.5%. Twenty percent of the Hancock County population engages in excessive drinking and there is an increase in alcohol impaired driving deaths from 15% in 2017 to 18% in 2018. Food security is at 11% which is very close to the Illinois rate of 12% and only 14% of the population has limited access to healthy foods. Drug overdose deaths are between 8% and 11.9% while physical inactivity is at 26% (4% higher than the Illinois average).

Sentinel Events

According to the Illinois Department of Public Health Center for Health Statistics, Hancock County has had 15 suicide deaths from 2006 to 2015. According to the Comp Data, 12 patients were diagnosed of infectious/parasitic disease in 2017 and 4 patients were admitted for unintentional injury. No current data on Op/post-op complications, unintended retention if foreign body and diseases outbreak were found.

Community Health Problem Survey

A survey was created asking residents to assist in identifying the community health needs and what would it take to make Hancock County a healthier and better place to live. The survey tool and data summary has been included in [Appendix 4](#)

The survey was distributed using an online tool - Survey Monkey and a paper version of the same questionnaire was also distributed. The data collected with the paper tool were manually inputted into the survey monkey. There were a total of 560 respondents with 514 responding directly to the Survey Monkey and 46 the paper survey. The paper tools as well as the information for the online survey were distributed in a wide variety of public locations including churches, public events and all provider practices. The intern attended and distributed events in Hancock County like blood drives, food banks, fund raisers, and senior services events to secure a broad representation of the population served.

Respondents were predominantly female, white and had at least a high school education. Most respondents were between the ages 25 and 44 years and fall within the household income of \$20,000 to \$49,999. Only 33% of the respondents are retired. Respondents noted that both Hancock County Health Department and Memorial Hospital were responsive to the health needs of the county. Data collected were grouped into six regions of Hancock County – East Central, West Central, South East, South West, North East, and North West.

No key issues were identified in the areas of environmental, safety, transportation or public health. Only 15% of the respondents had difficulty finding a healthcare provider. Only 12% of the respondents smoke and about 40% of the survey respondents had visited the emergency department at least once in the last 12 months. About 37% of the respondents are not aware of a mental health specialist within the county while 51% lack awareness of a substance abuse counselor. Most respondents (95%) are insured and most of them are through employer's insurance. About 25% of the female respondents 65+ years and have never had a breast exam or mammogram within the past 6 years.

When asked the question “what are the most pressing health problems in Hancock County?”, 53.60% chose cancer, 38% chose drug abuse 37.90% chose obesity, 27.50% chose mental health issue and 21.80% chose alcohol dependency. There were no statistically significant regional differences in the choice of mental health, cancer or diabetes being a pressing problem in the County. The response and choices of participants varied across the three priority areas with age. In terms of mental health, individuals from low socioeconomic status perceived alcohol as a pressing problem while those of higher socioeconomic status perceived drugs to be the most pressing health problem. The perception of cancer and diabetes as a pressing health problem varied with age of respondents and was found to be statistically significant ([Appendix 4](#)).

For proper analysis and inclusion of the data, some responses were combined to form one variable. The mental health variable consists of “Alcohol”, “Drug Abuse”, “Mental Issue” and the diabetes variable consists of “need for diabetes services” and “need for obesity services” while the cancer variable was a stand-alone variable. The combination was done based on the

similarity in risk factors and intervention strategy as well as their frequency in the survey. The burden of diabetes, cancer and mental health was found to be relatively the same across all the six regions in Hancock County.

Conclusion

The process of data collection, committee data education and data analysis started in January 2018 and concluded in June 2018. During the May and June 2018 meetings, the analyzed survey results were presented to the ACT group and education was provided on what a priority area of health focus are, 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, mental health and 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 objective

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 April 18, 2018.

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.

Diabetes

Description of each health problem:

Diabetes Mellitus (DM) is a health condition in which the body's ability to produce or respond to insulin is impaired, leading to an abnormal metabolism of carbohydrate and a consequent elevation of glucose in blood and urine. Glucose is the major source of energy for cells, tissues and systems. The poor absorption of glucose leads to its excess in the blood stream which leads to glucose toxicity, triggering many other health problems. Insulin is the hormone that activates the use up of glucose and its consequent reduction in the bloodstream. Any abnormality with the secretion of insulin or the use of insulin leads to glucose toxicity otherwise known as Diabetes Mellitus.

There are 3 major forms of diabetes mellitus:

- Juvenile Diabetes also known as Type 1 Diabetes is when the body fails to produce insulin. It's more prevalent in children and younger adults but not as prevalent as Type 2 Diabetes
- Type 2 diabetes also known as non-insulin dependent which occurs when the body antagonizes the actions of insulin.

- Gestational diabetes is a complication of pregnancy. Gestational diabetes if not properly managed leads to perinatal and postnatal complications in mother and baby and significantly increases the likelihood of cesarean section due to fetal macrosomia. Gestational diabetes is also a risk factor for subsequent development of type 2 diabetes after pregnancy.

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:

One of the goals for healthy people 2020 regarding Diabetes Mellitus goes thus: 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. Diabetes Mellitus is so important because it is the 7th leading cause of death in the United States, it also doubles the risk of heart disease, kidney failure, adult-onset blindness and lower limb amputation among those with diabetes as against those living without it. Additionally, the financial burden of DM in the US, which includes cost of care, disability, and death stands at \$245 billion annually. There is also a growing concern about DM as regards its early onset in younger adults, this account for increase in work absenteeism, depression as a result of loss of function of body parts and inability to assume family responsibilities.

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 three key risk factors identified were obesity, sedentary lifestyle and comorbidity.

Contributing Risk Factors for obesity and hypertension:

Obesity

- Lack of physical activity
- Poor Nutritional Habits
- Genetics

Sedentary lifestyle

- Age
- Time

- Poor environmental condition

Comorbidity

- Hypertension
- Hypercholesterolemia
- Gestational diabetes

Impact Objectives for Diabetes:

- By the end of 2019, there will be a 5% reduction in the prevalence of diabetes mellitus among individuals aged 18 - 44 years and individuals above 45 years living in Hancock County.
- By the end of 2019 there will be a 25% increase in the knowledge and awareness of the predisposing and aggravating factors related to diabetes mellitus.
- By the end of 2019, there will be a 30% increase in the use of recreational parks and sidewalks among residents of the Hancock County who fall within the prediabetes age group.
- By the end of 2019, there will be a 25% increase in the knowledge and awareness of ways to prevent diabetes among residents of Hancock County.
- By the end of 2019, 30% of Hancock county residents will be able to make healthy food choices five out of 10 times.
- By the end of 2019, there will be a 10% decrease in the number of women who develop gestational diabetes and a 30% increase in the number of women who are willing to breastfeed exclusively for 6 months.
- By the end of 2019, there will be a 10% decrease in the number of individuals identified to be overweight or obese among residents of the Hancock County.

Outcome Objectives for Diabetes

- By the end 2021, there will be a 10% reduction in the prevalence of diabetes for the residents of Hancock County from the reported 11.1% per the most recent CDC report card of 2012.
- By the end of 2022, 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 the end of 2023, there will be a 25% reduction in the number of Hancock County residents who have reported to have prediabetes on the Behavioral Risk Factor Surveillance System (BRFSS).
- By the end of 2020, there will be a 25% increase in the number of children who are breastfed in the Hancock County.

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.
- Increase the use of MH Fitness Park, HCHD fitness center and recreational parks around the County through advertisement.
- Identify existing recreational parks, fitness centers and walkways and determine their usability.
- Include multiple organizations in the execution of intervention programs through educational interventions by publishing informational materials when appropriate, and organizing health outreaches.
- Promotion of the existing public transportation network in Hancock County.

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, 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- \$30,000

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

- Staff support for health education presentations.
- Staff support for diabetes spotlight
- Staff support for maintenance of the fitness center.

By Memorial Hospital Carthage- \$155,000

- Continued staffing of the Diabetes Health & Wellness Center.
- Staff support for diabetes spotlight.
- Staff support for the diabetes support group.
- Staff support for grant writing.

****Grants from public health organizations e.g. Centers for Disease Control, National Institute for Health etc. will be sourced and used to supplement the funds for above interventions.**

Evaluation for Diabetes:

Evaluations will be conducted by the program team at the different time points – 2019, 2021 and 2022 and 2023 by:

- Assessing the amount of HbA1c blood screening done for residents of the Hancock County using the medical record book.
- Pretest-posttest assessment of the availability and cost of healthy food, fruits and vegetables and the average sales per day by visitation and/or online survey of residents.
- Assessing the number of children who are breastfed and the number of mothers willing to breastfeed using a pretest-posttest questionnaire.
- Qualitative evaluation of the perception of the Hancock County residents about the importance and barriers to the use of recreational parks and walkways.
- Conduct eye exams and weight measurement for residents of the Hancock County in partnership with the Lion's club.

Mental Health

Description of health problem:

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

Target Population:

The target population for mental disorders is individuals aged from 25 years and above, with a higher prevalence among individuals who are in the 25-44 age groups.

Relationship to Healthy People 2020:

One of the primary focuses of the Healthy People 2020 is bringing about a reduction in the number of people that experience major depressive episodes. This is in line with the findings of the Hancock County Community Needs Assessment which shows that there were more individuals within the ages of 25 – 44 who experienced some sort of mental disorders (including depression) than any other age group.

Risk Factors for Mental Health disorders:

Some of the key factors identified as risk factors include

- Peer pressure
- Stress
- Lifestyle
- Socioeconomic status
- Marital status
- Family history
- Unemployment
- Ineffective emotional coping skills
- Past Trauma/Abuse
- Midlife crisis
- Limited support

Impact Objectives for Mental Disorders:

- By 2020, the percentage of individuals who have alcohol consumption problems and are living in Hancock County would reduce from 27% to 15%.
- By 2020, the percentage of individuals who abuse drugs and are living in Hancock County would reduce from 33.8% to 18%.

- By 2020, the percentage of individuals who have other mental disorders and are living in Hancock County would reduce from 40.3% to 27%.

Outcome Objectives for Mental Disorders:

- By December 2022, the percentage of individuals aged who have alcohol consumption problems and are living in Hancock County would reduce from 15% to 5%.
- By December 2022, the percentage of individuals who abuse drugs and are living in Hancock County would reduce from 18% to 9%.
- By December 2022, the percentage of individuals who have other mental disorders and are living in Hancock County would reduce from 27% to 10%.
- By December 2022, the percentage of individuals who are unaware of the presence of a substance abuse counselor in Hancock County would reduce to an average of 10% across the county.

Recommended Intervention Strategies for Mental Disorders

- Conduct meeting with community gate keepers to share findings of Community Needs Assessment and facilitate buy-in into subsequent intervention efforts.
- Community town hall meeting to share the findings of the Community Needs Assessment pertaining to mental disorders arising from alcohol abuse and drug abuse.
- Educational intervention session in faith-based organizations on the rampage of mental disorders, as well as resources for treatment and management of mental disorders.
- Cognitive Behavioral Therapy for county residents suffering from mental disorders.
- Increased awareness on the availability of substance abuse counselors through social marketing strategies using radio and social media advertisements.
- Incorporating Community Health Workers (CHWs) to serve as liaisons between members of the community with mental disorders and resources that can help in the treatment and management of mental disorders.
- Free screening of residents for early detection of depression and other mental disorders through their primary care provider.
- Meeting with providers to discuss available mental health issues.

Community Resources Available for Mental Disorders:

- Mental Health Center of Western Illinois (MHCWI) which conducts the following programs: Case Management/Services Coordination, Community Housing, Community Integration, Outpatient Treatment – Mental Health, and Outpatient Treatment – Substance Abuse.
- Evergreen Center – Senior Counseling Services which specializes in counseling services for mature adults by providing free screening and assessment, group counseling, individual counseling, medication management, psychiatric evaluations, individualized treatment, and memory impairment evaluations.

Estimated Funding Needs for Mental Disorders:

By Mental Health Center of Western Illinois- \$60,000

- Staff support for cognitive behavioral therapy.
- Training and payment for the community health workers.
- Employment of one mental health expert to patient management.
- Staff support and hire interns for the management of referrals from providers.
- Advertisement and logistics.

By Memorial Hospital, Carthage- \$25,000

- Provision and training of providers on the diagnosis of mental health.
- Staff and intern support for advertisement and logistics.

Evaluation:

- At the end of 2021, the number of individuals aged between across Hancock County who has alcohol consumption problems will be evaluated by the use of survey.
- At the end of 2022, the percentage of individuals in Hancock County who abuse drugs will be evaluated.
- At the end of 2022, the percentage of individuals in Hancock County who have other mental disorders will be evaluated by the use of survey.

Cancer

Description of each health problem:

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

Target Population:

The target population for the cancer differs depending on the individual's age, gender, exposure level to associated risk factors and type of cancer.

Relationship to Healthy People 2020:

Healthy People 2020 goal for cancer is to reduce the number of new cancer cases, as well as illness, disability, and death caused by cancer. The overall objective of Healthy People 2020 for cancer is to reduce cancer related mortality by 10%. 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.

Risk Factors for Cancer:

Risk factors for cancer may vary depending on the type of cancer; however, there are common risk factors that cut across the various types of cancer. Three key factors were identified to be lifestyle, environment changes and genetic modifications.

Contributing risk factors for cancer include Lifestyle, Environment Changes and Genetic

Modifications:

- **Lifestyle**
 - Alcohol consumption
 - Tobacco
 - Diet
- **Environment Changes**
 - Air pollutant
 - Land pollutant
 - Radiation
- **Genetics Modifications**
 - Age
 - Hereditary factor
 - Viral Infections

Process Objectives for Cancer:

- Before the end of 2019, posters and fliers for free cancer screening would have been distributed around different Hancock County by the interns.
- Before June 2019, strategies for a county wide cancer awareness program would have been formulated and ready to be launched.

Impact Objectives for Cancer:

- By the end of 2019, the number of cancer screening uptake among all age groups in Hancock County would have been increased by 20%.
- By the end of 2019, there will be 10% increase in awareness of risk factors of cancer among all age groups in Hancock County.

Outcome Objectives for Cancer:

- By 2022, there will be 25% decrease in the percentage of those who stated there is need for cancer screening in Hancock County.
- By 2022, there will be 25% reduction in those who have never had any cancer screening in Hancock County.
- By the end of 2023, the number of cancer screening uptake among all age groups in Hancock County would have been increased by 30%.
- By the end of 2023, there will be 30% increase in awareness of risk factors of cancer among all age groups in Hancock County.

Recommended Intervention Strategies for Cancer

- Subsidized cancer screening for all types of cancer for men and women at risk.
- Annual subsidized skin cancer screening for farmers.
- At least one educational program on the risk factors and prevention strategies for the different types of cancer should be held in all in 1 churches in each of the 9 communities in Hancock County.
- Education and outreach through religious organizations
- Monthly social media posts on Hancock County Health Department and Memorial Hospital sites with resources for tobacco cessation, alcohol cessation, radon, and viral infection prevention.
- Radon awareness campaign and subsidized treatment of radon contaminated household within Hancock County.
- Distribution of free radon kit as incentives for use of outdoor gym fitness equipment and HCHD fitness center.

Community Resources Available for Cancer:

There are several resources available in Hancock County for cancer prevention, management and interventions. They include 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, 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, Blessing Hospice and Evergreen Center an outpatient gero-psych service.

Estimated Funding Needs for Cancer:

Hancock County Health Department- \$25,000

- Funds for subsidized Radon screening per household.
- Funds for purchase of radon kits for the Hancock County homes.
- Staffing and transportation for cancer awareness campaign.
- Staff support for Lab examination.
- Staff support for the diagnosis and referral for oral and breast cancers.

Memorial Hospital, Carthage- \$35,000

- Funds for free cancer screening – Lab, mammogram and prostate cancer.
- Staffing and transportation for cancer awareness campaign.

Evaluation:

Impact Evaluation:

- In December 2019, the number of individual who screened for cancer in the past 6 months will be assessed and analyzed via the Memorial Hospital records.
- In December 2019, pretest-posttest survey will be used to assess the knowledge of risk factors of the different kinds of cancer.

Outcome Evaluation:

- By 2022, a focus group discussion will be used to assess perception of Hancock County residents on the need for cancer screening.
- In December 2023, the number of individual who screened for cancer in the past 4 years will be assessed and analyzed via the Memorial Hospital records.
- In December 2023, posttest only survey will be used to assess the knowledge of risk factors of the different kinds of cancer

APPENDIX 1

Organizational Capacity

Organizational Structure

Organizational Strength and Weaknesses

Organizational Action Plan Worksheet

CAPACITY ASSESSMENT WORKSHEETS

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

***Perceived Importance Codes:**

H = High importance
M = Moderate importance
L = Low importance
O = Not relevant

****Current Status Codes:**

F = Fully met
P = Partially met
N = Not met at all
O = Not relevant
? = Status unknown

I. Indicators for Authority To Operate	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O? **
B. Intergovernmental Relations <ol style="list-style-type: none"> 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. 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. The health department is represented on a state public health committee or other body advisory to the state health authority. 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. The health department is regularly consulted by the local elected officials about aspects of local policy relating to health issues. The health department is regularly consulted by the state elected officials about aspects of local policy relating to health issues. The director or a representative communicates appropriately and regularly with state legislators who represent the district the health department serves. The health department is regularly consulted by the local schools when setting health policy. The health department has a formal and productive working relationship with the state health authority. <p>Other:</p>	<ol style="list-style-type: none"> <u>H</u> <u>H</u> <u>M</u> <u>M</u> <u>H</u> <u>M</u> <u>H</u> <u>H</u> <u>H</u> 	<ol style="list-style-type: none"> <u>F</u> <u>P</u> <u>F</u> <u>F</u> <u>F</u> <u>P</u> <u>F</u> <u>P</u> <u>F</u>

*Perceived Importance Codes:

H = High importance
M = Moderate importance
L = Low importance
O = Not relevant

**Current Status Codes:

F = Fully met
P = Partially met
N = Not met at all
O = Not relevant
? = Status unknown

	I. Indicators for Authority To Operate	Perceived Importance <small>Codes: H M L O*</small>	Current Status <small>Codes: F P N O ?**</small>
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. <u>H</u>	<u>F</u>
	2. The health department maintains a current file or library of all relevant federal, state, and local statutes and regulations.	2. <u>H</u>	<u>F</u>
	3. At least biennially, the director and the management staff of the health department review with legal counsel the specific authorities of the department to operate public health programs and to enforce public health laws, ordinances, and regulations, as well as the specific responsibilities these entail.	3. <u>H</u>	<u>P</u>
	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. <u>M</u>	<u>P</u>
	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. <u>H</u>	<u>P</u>
	4. Procedures for the enforcement of board authorities and responsibilities are documented and are reviewed at least biennially with legal counsel.	4. <u>H</u>	<u>P</u>
	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. <u>H</u>	<u>O</u>
	Other:		

*Perceived Importance Codes:

H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

II. Indicators for Community Relations	Perceived Importance Codes: H M L 0*	Current Status Codes: F P N 0 ?**
<p>A. Constituency Development</p> <ol style="list-style-type: none"> 1. The health department has a system that actively involves individuals and groups affected by its planning of services, its methods of service delivery, and its service results. 2. At least every four years, the health department actively involves all key individuals and organizations within its jurisdiction that might be engaged in public-health-related activities to determine their goals and their perceptions of their roles, authorities, and needs, including: <ol style="list-style-type: none"> a. Units of government with authority within the jurisdiction of the health department, including the governmental unit from which the department derives its basic authority. b. The general public of the community, at least through some form of community health committee or representation on an advisory body. c. Interest groups, such as environmental protection and conservation groups, local business organizations, the local medical and dental societies, religious organizations, and other key organizations in the community. d. Representatives from hospitals, community health centers, the Visiting Nurse Association, and other health and human service agencies. e. Educational institutions, such as university schools of public health, medicine, and nursing; colleges, private schools, and local school districts. f. Other potential stakeholders in local public health. 3. The health department cooperates and collaborates with other community agencies that have similar or overlapping <i>missions</i>. 4. The health department cooperates and collaborates with other agencies that deliver similar <i>programs</i> in the same service area. 	<p>1. <u>H</u></p> <p>2. <u>H</u></p> <p>2a. <u>H</u></p> <p>2b. <u>H</u></p> <p>2c. <u>H</u></p> <p>2d. <u>H</u></p> <p>2e. <u>H</u></p> <p>2f. <u>H</u></p> <p>3. <u>H</u></p> <p>4. <u>H</u></p>	<p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></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 O*	Current Status Codes: F P N O ?**
<p>A. Constituency Development (continued)</p> <p>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.</p> <p>6. The health department has established mechanisms to guide and ensure active and cooperative relationships with community and professional groups.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Other:</p>	<p>5. <u>H</u></p> <p>6. <u>H</u></p> <p>7. <u>H</u></p> <p>8. <u>H</u></p> <p>9. <u>M</u></p>	<p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p>

*Perceived Importance Codes:

H = High importance
M = Moderate importance
L = Low importance
O = Not relevant

**Current Status Codes:

F = Fully met
P = Partially met
N = Not met at all
O = Not relevant
? = Status unknown

II. Indicators for Community Relations	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
B. Constituency Education <ol style="list-style-type: none"> 1. The health department has a documented plan for informing the public about the current health status of the community. 2. The local media looks to the health department as a source of information about the health of the community. 3. The health department regularly provides background information and news information to the local media. 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). 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. 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. 7. The health department has a means of regular public communication, such as a regular newsletter or column in a community newspaper. 8. The health department makes its own information systems and databases available to interested community groups for their health-related activities. 9. The health department has an established program for community volunteers and student interns in departmental programs. 	<ol style="list-style-type: none"> 1. <u>H</u> 2. <u>H</u> 3. <u>H</u> 4. <u>H</u> 5. <u>H</u> 6. <u>M</u> 7. <u>M</u> 8. <u>M</u> 9. <u>M</u> 	<ol style="list-style-type: none"> 1. <u>F</u> 2. <u>P</u> 3. <u>F</u> 4. <u>F</u> 5. <u>F</u> 6. <u>P</u> 7. <u>F</u> 8. <u>N</u> 9. <u>F</u>

*Perceived Importance Codes:

- H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

- F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

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

*Perceived Importance Codes:

H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

III. Indicators for Community Health Assessment	Perceived Importance Codes: H M L 0 *	Current Status Codes: F P N 0 ? **
<p>A. Mission and Role</p> <ol style="list-style-type: none"> 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. 2. The health department has established a process for community health assessment and the development of a community health plan. 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. 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. 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. 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. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>H</u> 2. <u>H</u> 3. <u>H</u> 4. <u>M/L</u> 5. <u>M M</u> 6. <u>H</u> 	<ol style="list-style-type: none"> 1. <u>F</u> 2. <u>F</u> 3. <u>F</u> 4. <u>F</u> 5. <u>P</u> 6. <u>F</u>

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

*Perceived Importance Codes:

H = High importance
M = Moderate importance
L = Low importance
O = Not relevant

**Current Status Codes:

F = Fully met
P = Partially met
N = Not met at all
O = Not relevant
? = Status unknown

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

*Perceived Importance Codes:

- H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

- F = Fully met
 P = Partially met
 N = Not met at all
 O = 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. <u>H</u>	<u>F</u>
	2. The health department uses health data, including vital records, in its community health planning process.	2. <u>H</u>	<u>F</u>
	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. <u>M</u>	<u>P</u>
	4. The health department has a published strategic plan that includes the current year.	4. <u>M</u>	<u>N</u>
	Other:		
E.	Evaluation and Assurance		
	1. The health department monitors program impact indicators on a regular basis.	1. <u>H</u>	<u>F</u>
	2. The health department has community health objectives that are time limited and measurable.	2. <u>H</u>	<u>F</u>
	3. The health department reviews and revises community health programs on the basis of the community health plan.	3. <u>H</u>	<u>F</u>
	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 O *	Current Status Codes: F P N O ? **
A. Community Health Assessment and Planning		
1. The health department director assures and facilitates the completion of a community health assessment process.	1. <u>H</u>	<u>F</u>
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. <u>H</u>	<u>F</u>
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. <u>H</u>	<u>F</u>
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. <u>H</u>	<u>F</u>
5. The policy board adopts the community health plan.	5. <u>H</u>	<u>F</u>
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. <u>H</u>	<u>F</u>
7. The policy board monitors the implementation of the community health plan.	7. <u>H</u>	<u>F</u>
Other:		

*Perceived Importance Codes:

H = High importance
M = Moderate importance
L = Low importance
O = Not relevant

**Current Status Codes:

F = Fully met
P = Partially met
N = Not met at all
O = Not relevant
? = Status unknown

IV. Indicators for Public Policy Development		Perceived Importance Codes: H M L O *	Current Status Codes: F P N O ? **
B.	Community Health Policy <ol style="list-style-type: none"> 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. 2. The policy board identifies any additional public policy issues affecting public health and analyzes those issues. 3. The policy board establishes priorities and formulates strategies for action on high priority health policy issues. 4. The health department facilitates the formulation of public health policy in the community. 5. The policy board and the health department director monitor and evaluate the impact of public policy on specific health problems. 6. The policy board advocates changes in public policy to correct the public health problems of the community. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>H</u> 2. <u>H</u> 3. <u>H</u> 4. <u>H</u> 5. <u>H</u> 6. <u>H</u> 	<ol style="list-style-type: none"> 1. <u>F</u> 2. <u>-P</u> 3. <u>P</u> 4. <u>P</u> 5. <u>P</u> 6. <u>F</u>

*Perceived Importance Codes:

- H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

- F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

IV. Indicators for Public Policy Development

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

*Perceived Importance Codes:

- H = High importance
- M = Moderate importance
- L = Low importance
- O = Not relevant

**Current Status Codes:

- F = Fully met
- P = Partially met
- N = Not met at all
- O = Not relevant
- ? = Status unknown

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

*Perceived Importance Codes:

H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

V. Indicators for Assurance of Public Health Services	Perceived Importance Codes: H M L O *	Current Status Codes: F P N O ? **
B. Personal Health Services <ol style="list-style-type: none"> 1. The health department monitors the availability of personal health services and assures an appropriate level of those health services in the community. 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. 3. The health department identifies barriers to access to health care and develops plans to minimize them. 4. The health department provides the services necessary to assure a clean, safe, and secure environment for the community. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>H</u> 2. <u>H</u> 3. <u>H</u> 4. <u>H</u> 	<ol style="list-style-type: none"> 1. <u>F</u> 2. <u>F</u> 3. <u>F</u> 4. <u>F</u>
C. Involvement of Community In the Public Health Delivery System <ol style="list-style-type: none"> 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. 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. 3. The policy board and the health department director assure health protection and health promotion services utilizing community-based organizations. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>H</u> 2. <u>H</u> 3. <u>H</u> 	<ol style="list-style-type: none"> 1. <u>F</u> 2. <u>P</u> 3. <u>F</u>

*Perceived Importance Codes:

H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

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

*Perceived Importance Codes:

- H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

- F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

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

*Perceived Importance Codes:

- H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

- F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

VI. Indicators for Financial Management		Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
C.	Financial Reporting and Administration		
	1. Expenditures follow the budget and financial plan of the health department.	1. <u>H</u>	<u>F</u>
	2. A description of the health department financial management system is a part of orientation for new policy board members and staff.	2. <u>H</u>	<u>F</u>
	3. Financial reports are understood by policy board members and administrative and supervisory staff.	3. <u>H</u>	<u>F</u>
	4. The financial position of the health department is routinely reviewed by the policy board and administrative and supervisory staff.	4. <u>H</u>	<u>F</u>
	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. <u>H</u>	<u>F</u>
	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. <u>H</u>	<u>F</u>
	Other:		

*Perceived Importance Codes:

H = High importance
M = Moderate importance
L = Low importance
O = Not relevant

**Current Status Codes:

F = Fully met
P = Partially met
N = Not met at all
O = Not relevant
? = Status unknown

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

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

*Perceived Importance Codes:

- H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

- F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

VII. Indicators for Personnel Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
B. Personnel Administration and Reporting <ol style="list-style-type: none"> 1. The health department director is responsible for internal administration of the department. 2. The policy board employs the health department director and conducts a periodic, written appraisal of the director's performance. 3. Written staff performance appraisals are conducted by supervisors with employees at established intervals. 4. The performance appraisal system is monitored by the health department director. 5. Union contract provisions are administered in a well-coordinated manner with documented provisions for non-union employees. 6. Health department announcements and program information are distributed to all employees via a standard mechanism. 7. There are regularly scheduled meetings by work group, work site, division, and department. 8. The policy board receives routine reports from the health department director relative to new employees, staffing changes, dismissals, grievances, etc. 9. The health department director selects qualified individuals as staff for the department. 10. The health department provides appropriate confidentiality for all personnel records. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>H</u> 2. <u>H</u> 3. <u>H</u> 4. <u>H</u> 5. <u>O</u> 6. <u>H</u> 7. <u>H</u> 8. <u>H</u> 9. <u>H</u> 10. <u>H</u> 	<ol style="list-style-type: none"> <u>F</u> <u>F</u> <u>F</u> <u>F</u> <u>O</u> <u>F</u> <u>F</u> <u>F</u> <u>F</u> <u>F</u>

*Perceived Importance Codes:

H = High importance
M = Moderate importance
L = Low importance
O = Not relevant

**Current Status Codes:

F = Fully met
P = Partially met
N = Not met at all
O = Not relevant
? = Status unknown

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

*Perceived Importance Codes:

- H = High importance
- M = Moderate importance
- L = Low importance
- O = Not relevant

**Current Status Codes:

- F = Fully met
- P = Partially met
- N = Not met at all
- O = Not relevant
- ? = Status unknown

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

*Perceived Importance Codes:

- H = High importance
- M = Moderate importance
- L = Low importance
- O = Not relevant

**Current Status Codes:

- F = Fully met
- P = Partially met
- N = Not met at all
- O = Not relevant
- ? = Status unknown

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

*Perceived Importance Codes:

- H = High importance
 M = Moderate importance
 L = Low importance
 O = 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 O*	Current Status Codes: F P N O ?**
<p>A. Organization and Structure</p> <ol style="list-style-type: none"> 1. Operating programs are authorized by the policy board. 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. 3. There is a current organizational chart which shows all functional elements of the organization and their relationship to each other. 4. Staff meetings are held at reasonable frequencies, include appropriate staff, and are called and structured by appropriate individuals. 5. The health department maintains emergency contact staff (on site or on call) to respond to local public health emergencies. <p>Other:</p>	<p>1. <u>M</u></p> <p>2. <u>M</u></p> <p>3. <u>H</u></p> <p>4. <u>H</u></p> <p>5. <u>H</u></p>	<p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p> <p><u>F</u></p>

*Perceived Importance Codes:

- H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

- F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

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

*Perceived Importance Codes:

- H = High importance
- M = Moderate importance
- L = Low importance
- O = Not relevant

**Current Status Codes:

- F = Fully met
- P = Partially met
- N = Not met at all
- O = Not relevant
- ? = Status unknown

VIII. Indicators for Program Management	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
<p>C. General Information Systems</p> <ol style="list-style-type: none"> 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. 2. The health department has a plan for the introduction and/or expansion of computer-based systems. 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. 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. 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. 6. The health department maintains current information on federal data bases and information systems relevant to its programs. <p>Other:</p>	<ol style="list-style-type: none"> 1. <u>M</u> 2. <u>L</u> 3. <u>L</u> 4. <u>L</u> 5. <u>L</u> 6. <u>H</u> 	<ol style="list-style-type: none"> 1. <u>?</u> 2. <u>N</u> 3. <u>P</u> 4. <u>P</u> 5. <u>P</u> 6. <u>P</u>

*Perceived Importance Codes:

H = High importance
M = Moderate importance
L = Low importance
O = Not relevant

**Current Status Codes:

F = Fully met
P = Partially met
N = Not met at all
O = Not relevant
? = Status unknown

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

*Perceived Importance Codes:

- H = High importance
 M = Moderate importance
 L = Low importance
 O = Not relevant

**Current Status Codes:

- F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown

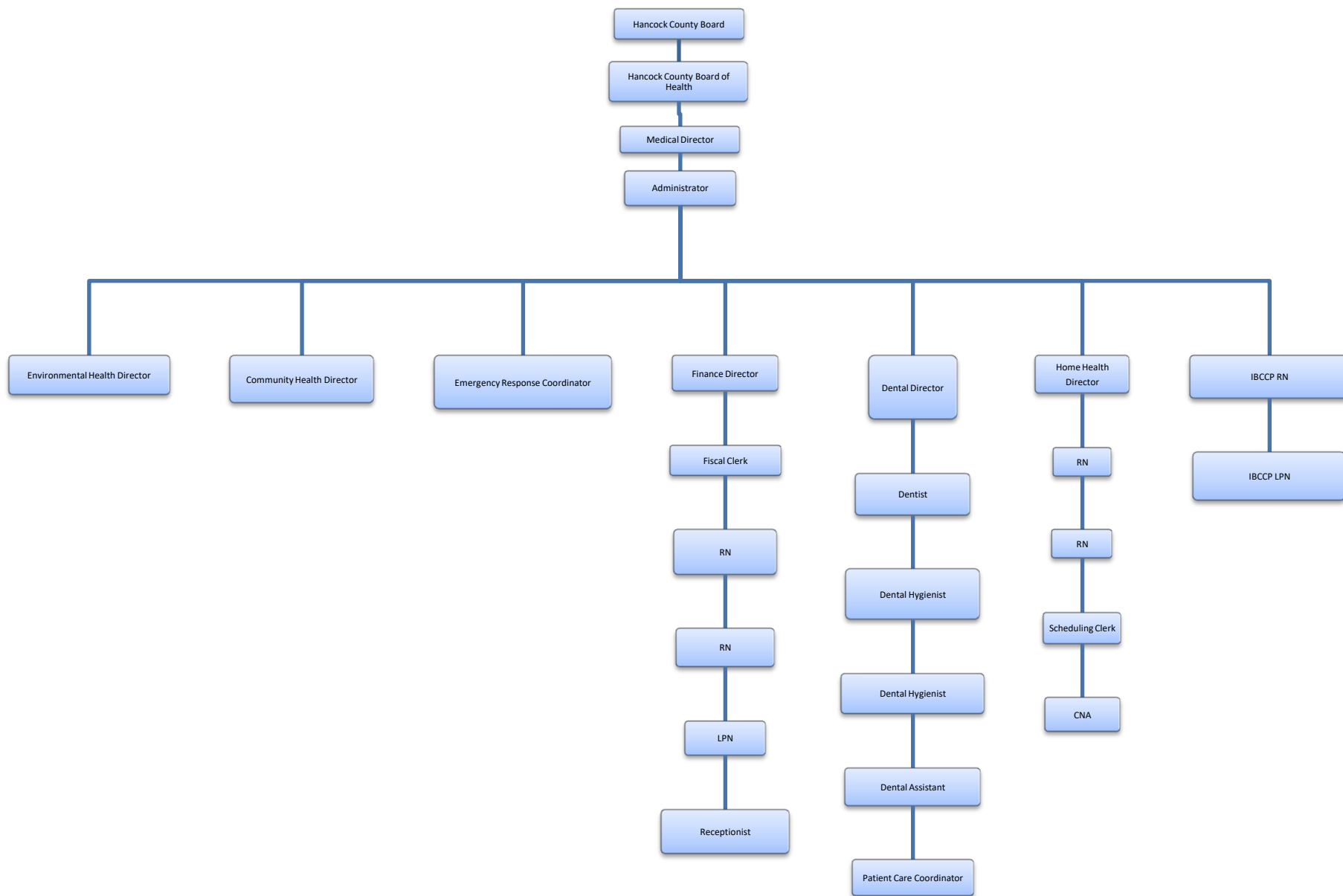
IX. Indicators for Policy Board Procedures	Perceived Importance Codes: H M L O*	Current Status Codes: F P N O ?**
1. Health department policy board members attend policy board and committee meetings.	1. <u>H</u>	<u>F</u>
2. New policy board members routinely receive orientation through an established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

*Perceived Importance Codes:

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

**Current Status Codes:

F = Fully met
 P = Partially met
 N = Not met at all
 O = Not relevant
 ? = Status unknown



ANALYSIS OF ORGANIZATIONAL STRENGTHS/PROBLEMS

Worksheet

APEX/PH Indicator Reference Number(s)	Definition of Strength or Problem Briefly state any strengths or problems suggested by 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 have contingency fund.	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.	II
III. D. 3	The health department has a standard, ongoing process to examine internal and external trends, to make forecasts, and to systematically develop long term plans for its future.	The health department could strength this area by having an internal staff committee and a BOH committee that meets.	I

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: <u>Budget Development and Authorization & Financial Planning and Financial Resource Development</u>	APEX PH Indicator Reference No(s): <u>VI.A.8 & VI. B. 1</u>
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, 2020 the health department will explore other funding avenues for the health department. The health department’s administration staff and the Board of Health will work on which financial reports benefit them most to review. The Board of Health will form an audit committee.	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. The Board of Health will choose committee members for the audit committee as well as decide on the financial reports they would like to see. 3. This is an ongoing process involving all team members listed in #1. We will have a developed process by November 30, 2020 to plan, prepare, and review fiscal health on an ongoing basis.

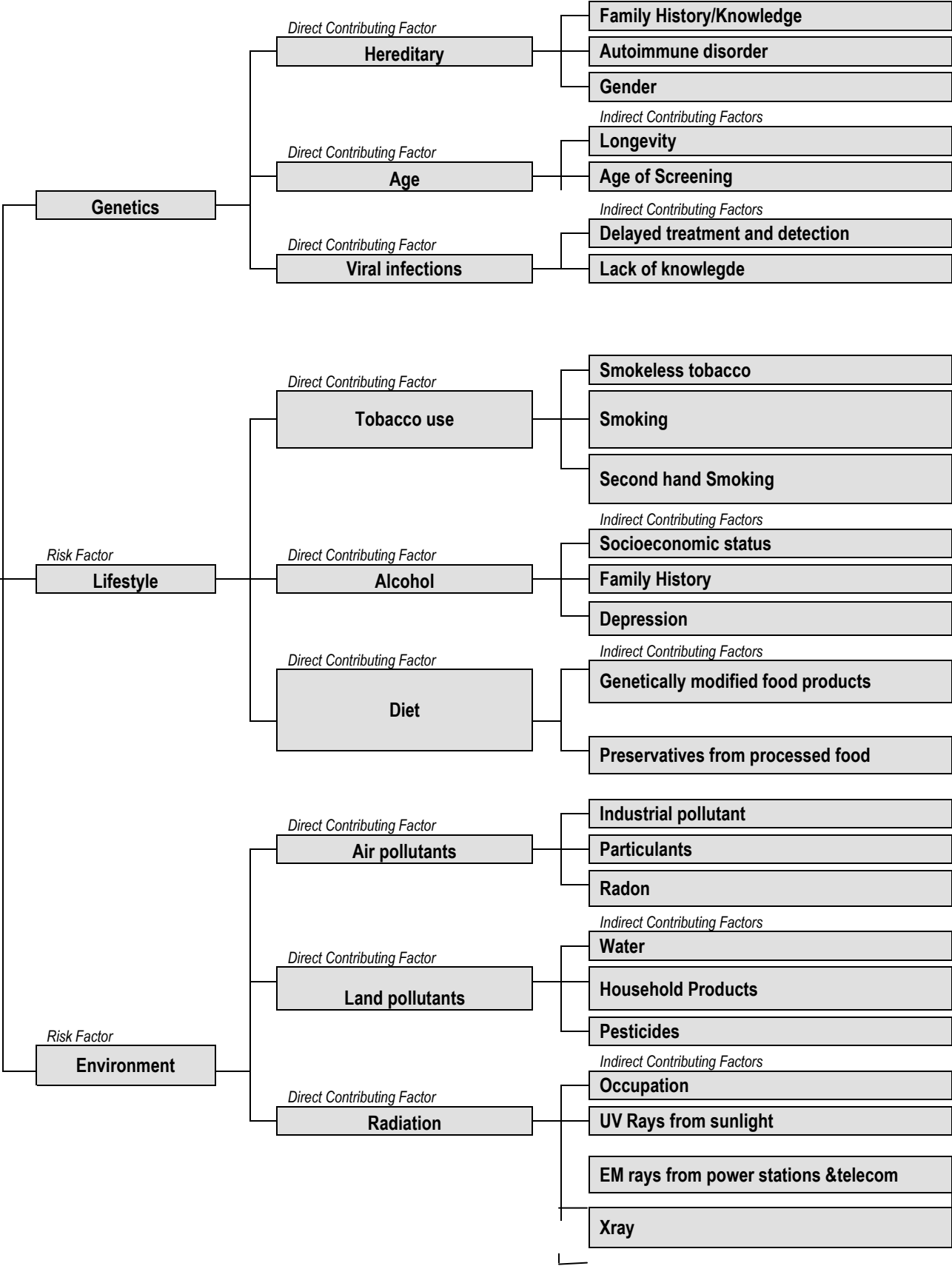
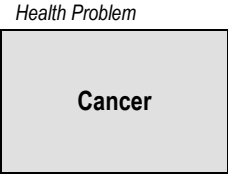
Evaluation date: November 30, 2020

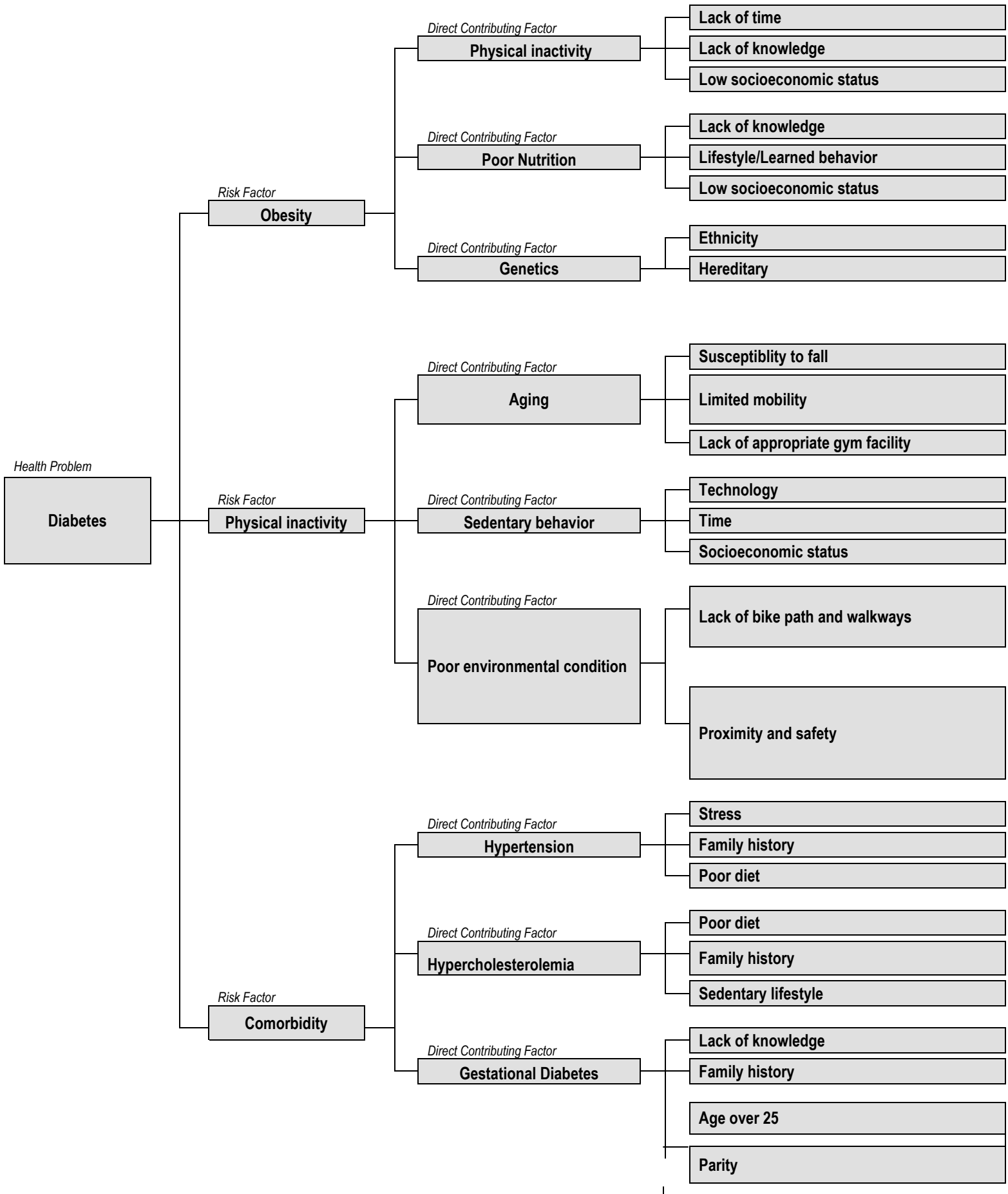
APPENDIX 2

Health Problem Analysis Worksheet

Community Health Plan Worksheet

List Health Priority/Strategic Issue Worksheet





Community Health Plan- Diabetes

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

Diabetes Mellitus (DM) is a health condition in which the body's ability to produce or respond to insulin is impaired, leading to an abnormal metabolism of carbohydrate and a consequent elevation of glucose in blood and urine.

Healthy People 2020

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.

Diabetes Mellitus is the 7th leading cause of death in the United States; it also doubles the risk of heart disease, kidney failure, adult-onset blindness and lower limb amputation among those with diabetes as against those living without it. Additionally, the financial burden of DM in the US, which includes cost of care, disability, and death stands at \$245 billion annually. There is also a growing concern about DM as regards its early onset in younger adults, this account for increase in work absenteeism, depression as a result of loss of function of body parts and inability to assume family responsibilities.

Objectives tied to Healthy People 2020

- Reduce the annual number of new cases of diagnosed diabetes in the population.
- Increase the number of individuals diagnosed with diabetes who receive formal education.

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

- Reduce the prevalence of obesity by providing free screenings.
- Increase physical activity.
- Treat underlying health conditions.

- 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.
- Increase the use of MH Fitness Park, HCHD fitness center and recreational parks around the County through advertisement.
- Identify existing recreational parks, fitness centers and walkways and determine their usability.
- Include multiple organizations in the execution of intervention programs through educational interventions by publishing informational materials when appropriate, and organizing health outreaches.
- Promotion of the existing public transportation network in Hancock County.

Health Priority/Strategic Issue Worksheet

<p>Health Problem:</p> <p>Diabetes</p>	<p>Outcome Objective:</p> <ul style="list-style-type: none">• By the end 2021, there will be a 10% reduction in the prevalence of diabetes for the residents of Hancock County from the reported 11.1% per the most recent CDC report card of 2012.• By the end of 2022, 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 the end of 2023, there will be a 25% reduction in the number of Hancock County residents who have reported to have prediabetes on the Behavioral Risk Factor Surveillance System (BRFSS).• By the end of 2020, there will be a 25% increase in the number of children who are breastfed in the Hancock County.
<p>Risk Factor(s)</p> <p>Obesity</p> <p>Sedentary Lifestyle</p> <p>Comorbidity</p>	<p>Impact Objective(s):</p> <ul style="list-style-type: none">• By the end of 2019, there will be a 5% reduction in the prevalence of diabetes mellitus among individuals aged 18 - 44 years and individuals above 45 years living in Hancock County.• By the end of 2019 there will be a 25% increase in the knowledge and awareness of the predisposing and aggravating factors related to diabetes mellitus.• By the end of 2019, there will be a 30% increase in the use of recreational parks and sidewalks among residents of the Hancock County who fall within the prediabetes age group.• By the end of 2019, there will be a 25% increase

<p>Contributing Factor (Direct/Indirect; may be many):</p> <p>Genetics: Hereditary, age, viral infections</p> <p>Lifestyle: Tobacco use, Alcohol, Diet</p> <p>Environment- Air pollutants, land pollutants, radiation</p>	<p>in the knowledge and awareness of ways to prevent diabetes among residents of Hancock County.</p> <ul style="list-style-type: none"> • By the end of 2019, 30% of Hancock county residents will be able to make healthy food choices five out of 10 times. • By the end of 2019, there will be a 10% decrease in the number of women who develop gestational diabetes and a 30% increase in the number of women who are willing to breastfeed exclusively for 6 months. • By the end of 2019, there will be a 10% decrease in the number of individuals identified to be overweight or obese among residents of the Hancock County <p>Proven Intervention Strategies</p> <ul style="list-style-type: none"> • A minimum of two A1c screenings will be offered per year to residents of Hancock County at local events. • Screened 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
--	---

<p>Resources Available(governmental and nongovernmental)</p> <p>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, Carthage Family Fitness and SIU School of Medicine Telehealth.</p>	<p>receive an auto referral to the Diabetes Health and Wellness Center from Memorial Hospital provider offices.</p> <ul style="list-style-type: none"> • Increase in the use of MH fitness park and HCHD fitness center and recreational parks around the County through advertisement. Promotion of existing public transportation network in Hancock County. • Include religious organizations in the execution of intervention programs through educational interventions by including informational materials in the church bulletin when appropriate, and organizing health outreaches in churches. • Promotion of the existing transportation network in Hancock County. <p>Barriers:</p> <p>Money Insurance Time Lack of knowledge Inability to access services due to transportation complacency</p>
---	---

Community Health Plan- Mental Health

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

Mental disorders include a collection of conditions that affect an individual's thinking, feeling, mood, and behavior. They include addiction to alcohol and drugs, depression, anxiety, bipolar disorders, or schizophrenia

Goal and relationship with healthy people 2020

To bring about a reduction in the number of individuals who experience major depressive episodes. This is in line with the findings of the Hancock County Community Needs Assessment which shows that there were more individuals within the ages of 25 – 44 who experienced some sort of mental disorders (including depression) than any other age group.

Target Population: 25years and above

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

Conduct meeting with community gate keepers to share findings of Community Needs Assessment and facilitate buy-in into subsequent intervention efforts.

Organize community town hall meetings to share the findings of the Community Needs Assessment, regarding mental disorders arising from alcohol abuse and drug abuse.

Provide educational intervention session in faith-based organizations on the rampage of mental disorders, as well as resources for treatment and management of mental disorders.

Provide cognitive Behavioral Therapy for county residents suffering from mental disorders.

Increase awareness on the availability of substance abuse counselors through social marketing strategies using radio and social media advertisements.

Incorporate Community Health Workers (CHWs) to serve as liaisons between members of the community with mental disorders and resources that can help in the treatment and management of mental disorders.

Provide free screening of residents for early detection of depression and other mental disorders through their primary care provider.

Organize meeting with providers to discuss available mental health issues.

Health Priority/Strategic Issue Worksheet	
---	--

Health Problem:

Mental Disorder

Outcome Objectives:

By December 2022, the percentage of individuals who abuse drugs and are living in Hancock County would reduce from 18% to 9%.

By December 2022, the percentage of individuals who have other mental disorders and are living in Hancock County would reduce from 27% to 10%.

By December 2022, the percentage of individuals who are unaware of the presence of a substance abuse counselor in Hancock County would reduce to an average of 10% across the county

By December 2022, the percentage of individuals who have other mental disorders and are living in Hancock County would reduce from 27% to 10%.

By December 2022, the percentage of individuals who are unaware of the presence of a substance abuse counselor in Hancock County would reduce to an average of 10% across the county

By December 2022, the percentage of individuals who are unaware of the presence of a substance abuse counselor in Hancock County would reduce to an average of 10% across the county

Alcohol

Drug Abuse

Other mental issue

Drug Abuse

Other mental issue

Other mental issue

- By 2020, the percentage of individuals who abuse drugs and are living in Hancock County would reduce from 33.8% to 18%.
- By 2020, the percentage of individuals who have other mental disorders and are living in Hancock County would reduce from 40.3% to 27%.
- By 2020, the percentage of individuals who have alcohol consumption problems and are living in Hancock County would reduce from 27% to 15%

- By 2020, the percentage of individuals who have other mental disorders and are living in Hancock County would reduce from 40.3% to 27%.
- By 2020, the percentage of individuals who have alcohol consumption problems and are living in Hancock County would reduce from 27% to 15%

Proven Intervention Strategies

-By 2020, the percentage of individuals who have alcohol consumption problems and are living in Hancock County would reduce from 27% to 15%

Proven Intervention Strategies

Conduct meeting with community gate keepers to share findings of Community Needs Assessment and facilitate buy-in into subsequent intervention efforts

Organize community town hall meeting to share the findings of the Community Needs Assessment, regarding mental disorders as a result of alcohol abuse and drug abuse.

Conduct educational session in faith-based organizations on the rampage of mental disorders, as well as resources for treatment and management of mental disorders.

Alcohol: Depression, Family History, under aged Drinking

Drug Abuse: Increased opioid use, self-medication
Financial problem

Other mental issues: Past trauma, Attention deficit hyperactivity disorder, inadequate coping skills.

Depression, Family History, under aged Drinking

Drug Abuse: Increased opioid use, self-medication

Financial problem

Other mental issues: Past trauma, Attention deficit hyperactivity disorder, inadequate coping skills.

Drug Abuse: Increased opioid use, self-medication
Financial problem

Other mental issues: Past trauma, Attention deficit hyperactivity disorder, inadequate coping skills.

Other mental issues: Past trauma, Attention deficit hyperactivity disorder, inadequate coping skills.

Organize community town hall meeting to share the findings of the Community Needs Assessment, regarding mental disorders as a result of alcohol abuse and drug abuse.

Conduct educational session in faith-based organizations on the rampage of mental disorders, as well as resources for treatment and management of mental disorders.

Conduct educational session in faith-based organizations on the rampage of mental disorders, as well as resources for treatment and management of mental disorders.

<p>Resources Available(governmental and nongovernmental)</p> <p>Mental Health Center of Western Illinois</p> <p>Evergreen Center</p>	<p>Provide cognitive behavioral therapy for county residents suffering from mental disorders.</p> <p>Increase awareness on the availability of substance abuse counselors through social marketing strategies using radio and social media advertisements.</p> <p>Incorporate Community Health Workers (CHWs), to serve as liaisons between members of the community with mental disorders and resources that can help in the treatment and management of mental disorders.</p> <p>Conduct free screening of residents by their primary care provider for early detection of depression and other mental disorders.</p> <p>Barriers:</p> <p>Fear of Stigmatization</p> <p>Money</p> <p>Insurance</p>
--	--

Community Health Plan-Diabetes

Description of Health Problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends):

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer is a genetic disease—that is, it is caused by changes to genes that control the way our cells function, especially how they grow and divide.

Estimated new cases and deaths

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

Target Population

The target population for the cancer differs depending on the individual's age, gender, exposure level to associated risk factors and type of cancer.

Objective tied to Healthy People 2020

To reduce the number of new cancer cases, as well as illness, disability, and death caused by cancer.

To reduce cancer related mortality by 10%.

To 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

Interventions

- Subsidized cancer screening for all types of cancer for men and women at risk.
- Annual subsidized skin cancer screening for farmers.
- At least one educational program on the risk factors and prevention strategies for the different types of cancer should be held in all in 1 churches in each of the 9 communities in Hancock County.
- Education and outreach through religious organizations.
- Monthly social media posts on Hancock County Health Department and Memorial Hospital sites with resources for tobacco cessation, alcohol cessation, radon, and viral infection prevention.
- Radon awareness campaign and subsidized treatment of radon contaminated household within Hancock County.
- Distribution of free radon kit as incentives for use of outdoor gym fitness equipment and HCHD fitness center.

Health Priority/ Strategic Issue Worksheet

<p>Health Problem: Cancer</p>	<p>Outcome Objectives:</p> <ul style="list-style-type: none"> • By 2022, there will be 25% decrease in the percentage of those who stated there is need for cancer screening in Hancock County. • By 2022, there will be 25% reduction in those who have never had any cancer screening in Hancock County. • By the end of 2023, the number of cancer screening uptake among all age groups in Hancock County would have been increased by 30%. • By the end of 2023, there will be 30% increase in awareness of risk factors of cancer among all age groups in Hancock County.
<p>Risk Factor(s): Genetics Lifestyle Environment</p>	<p>Impact Objectives:</p> <ul style="list-style-type: none"> • By the end of 2019, the number of cancer screening uptake among all age groups in Hancock County would have been increased by 20%. • By the end of 2019, there will be 10% increase in awareness of risk factors of cancer among all age groups in Hancock County
<p>Contributing Factors(Direct/Indirect; may be many) Hereditary Age Viral Infections Tobacco use Alcohol Diet Air pollutants Land pollutants Radiation</p>	<p>Proven Intervention Strategies:</p> <ul style="list-style-type: none"> • Subsidized cancer screening for all types of cancer for men and women at risk. • Annual subsidized skin cancer screening for farmers. • At least one educational program on the risk factors and prevention strategies for the different types of cancer should be held in all in 1 churches in each of the 9 communities in Hancock County. • Education and outreach through religious

<p>Resources Available(governmental or nongovernmental)</p> <p>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, 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, Blessing Hospice and Evergreen Center an outpatient gero-psych service.</p>	<p>organizations</p> <ul style="list-style-type: none"> • Monthly social media posts on Hancock County Health Department and Memorial Hospital sites with resources for tobacco cessation, alcohol cessation, radon, and viral infection prevention. • Radon awareness campaign and subsidized treatment of radon contaminated household within Hancock County. • Distribution of free radon kit as incentives for use of outdoor gym fitness equipment and HCHD fitness center. <p>Barriers</p> <p>Money</p> <p>Insurance</p> <p>Time</p> <p>Lack of knowledge</p>
---	--

APPENDIX 3

Meeting Agendas and Minutes

MEMORIAL HOSPITAL ASSOCIATION
BOARD OF DIRECTORS MEETING
WEDNESDAY, AUGUST 29, 2018 – 6:30 PM

PRESENT: Dan Asbury, LuAnn Haas, Dennis Rankin, Charles Gilbert, Dr. Doug Groth, Kathy Holst, Larry McClintock, Sharon Morrison, Angela Pollock, Terry Pope, Debbie Simon, Ada Bair, CEO, Teresa Smith, CFO, Florine Dixon, COO, Dan Smith, CHRO, Brian Moreau and Susan Murphy, UnityPoint Health, Elizabeth Kurt, Senior Counsel UPH Law - Bloomington, and Shelly Fox, Recorder.

The meeting was called to order President, Dan Asbury, at 6:47 p.m.

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
COMMUNITY HEALTH NEEDS ASSESSMENT	<p>Ada Bair distributed an abbreviated form summarizing the results from the community health needs assessment. Once the Board has approved the assessment, the entire document will be uploaded and available on the hospital's website. Once again, this document was done in collaboration with the local health department and mental health. There were 564 responses to the survey that was distributed making the results statistically significant as it relates to our community's perceived health care needs. The three topics that emerged as the priorities included mental health, diabetes, and cancer. Elements of requirements were reviewed noting that the Agency Collaboration Team, which is made up of representatives from approximately 40 regional organizations, has been involved with going through the data. One of the things required in the I-Plan is to look at each priority's risk factors, direct and indirect contributing factors to come up with what are the interventions that we want to do over time. The hospital's business plan format is then utilized to develop the goals, objectives, and desired change and key action items. There are some stretch goals which are necessary in order to affect change in the identified areas.</p> <p>Next steps include additional updates on the detailed goals developed. Refining the action steps also needs to be completed to get the document finalized. The recommendations do have dollar amounts built into the budget based on the requirement that resources have to be designated as it relates to this document to move it forward. The recommendation is to move forward with the 3 identified areas and to work with the Agency Collaboration Team to monitor the goals over time, with regular updates being presented to the Board.</p>	<p>A motion was made by Doug Groth, and seconded by Chuck Gilbert, to accept the community health needs assessment as presented including the three areas of focus; mental health, diabetes, and cancer. All voted in favor.</p>
ADJOURNMENT	<p>The meeting adjourned at 9:30 p.m.</p> <p>Respectfully, Dennis Rankin, Secretary</p>	<p>A motion was made by Dennis Rankin, and seconded by Doug Groth, to adjourn. Motion carried.</p>

Agency Collaboration Team
March 16, 2016 – 11:30 AM

PRESENT: Ada Bair, Amy McCallister, Annette Finlay, Donna Walker, Cynthia Huffman, Nornil Barnes, Rob Biondolino, Jessica Croy, Marla Jacquot, Jack Curfman, Krista Artman, Kurt Krekel, Maureen Crawford, Shelly Hunter, Nancy Huls, Amy Gee, Evan Gronlund, Claire Jarrell

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
Welcome	Amy McCallister opened the meeting and introductions were made	
Purpose	To pull all the committees that have been meeting together with focused purpose, less time out of the office and broad collaboration of resources. We may need sub committees at times. The meetings will alternate between emergency preparedness and care coordination. Updates will also be given at these meetings. If an organization has a program to present or what is happening let us know.	Amy and Ada will alternate chairing the meetings and note taking.
Roundtable	<p>Annette – MH Gala will be April 8th. National Senior Health and Fitness Day with speakers and screenings Mary 27th from 9-2 at Memorial Medical Building</p> <p>Maureen – FEMA Grant (safer grant) is available and wanted fire dept. to be aware. Maureen would assist with access to the website. It was noted that mutual aid members get involved to help with things like this.</p> <p>Amy G – Preschool story hour, sit and stitch are underway. National Library Week is in April and Friends of the Library annual meeting will occur.</p> <p>Krista A – Preschool screenings</p> <p>Kurt K. – EMS building is still pending with the location behind the sheriff building. Waiting on county board decision. Noted the county is hesitant to apply for grants but perhaps the volunteer service in Warsaw could.</p> <p>Jack C. - Emer. Management weather spotter class for 3 counties had 57 in attendance. Warsaw was hit the hardest recently. A county disaster drill will be May 21st with Warsaw, Ferris, Burnside, LaHarpe, Elvaston and hospital main participants. 3rd Wed. at 7 PM is ESDA meetings every other meeting at 5:45 is local. Red Cross home fire campaign wants to get 3 smoke detectors in all homes. They have a 10 year battery but volunteers are need for install.</p> <p>Jessica – full exercise will be June 15th with a nursing home as dispensing site. June is the EMS summit. If new or repaired septic tank notify HD.</p> <p>Marla – Reminder that breast for 40-64 yr. and cervical for 35-64 screening available for financial help if no</p>	

Agency Collaboration Team
March 16, 2016 – 11:30 AM

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
	<p>insurance or hi deductible. It can also cover diagnostic or procedures if financial help is needed.</p> <p>Rob – active shooter drill is coming up at the hospital where someone with a knife will come into ED.</p> <p>Nornil – March 30th is provider day. Chronic Care Management and Patient Centered Medical Home continue to be evaluated</p> <p>Claire – outdoor fitness area with 9 pieces of equipment will be installed</p> <p>Evan – working on a health coach concept with WIU</p> <p>Ada – Men Who Cook coming up April 2nd</p> <p>Summit was held with OSF (Peoria, Monmouth, Galesburg) to look at common thread within community health needs assessments. Opioid Rural Crisis conference June 2nd in Springfield with Sam Quinones author of Dreamland key note</p> <p>Amy – Activity challenge is underway</p>	
Illinois Health Outcomes and Health Factors ranking	<p>Amy noted these just came out today. For health outcomes (length of life/quality of life etc.) we were 33rd in the state in 2011 and now are 20th out of 102 counties which is good. Health Factors (smoking, obesity etc.) we went from 35 to 21. This ties into our CHNA and will need an action plan. The link is - http://www.countyhealthrankings.org/app/illinois/2016/overview</p>	Action plan will be needed
ZIKA Virus	<p>Amy presented on the Zika Virus</p> <p>Many do not have symptoms and if they do it can look like other diseases, no real treatment. Biggest concern is transfer from Mom to unborn child, also sexually transmitted</p>	Handout provided
Active Shooter	<p>Josh Smith from the Sherriff Department presented. He is one of only two certified to teach the ALICE program. It stands for Alert, Lockdown, Inform, Counter, and Evacuate. They teach how to barricade. Need to realize you may not be able to go in the exact order depending on the situation. They are training all schools in Hancock County and tailor it to age specific. Remember we are 1st responders in this area because it will take a bit for police and sheriff to respond. They will train anyone for free</p>	Motion by Teresa with second by Chuck. Unanimous.
Future Topics	<p>Suggestions are Hazmat Decon Training, Farm Safety – Kristin Huls, Legionnaires Disease and how Quincy responded</p>	If other suggestions e-mail Amy or Ada

Agency Collaboration Team
March 16, 2016 – 11:30 AM

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
Adjourn	Amy closed the meeting at 1:10 PM	

Agency Collaboration Team
April 20, 2016 – 11:30 AM

PRESENT: Ada Bair, Annette Finlay, Donna Walker, Cynthia Huffman, Nornil Barnes, Kurt Krekel, Nancy Huls, Raigan Brown, Florine Dixon, Debra Miller, Stephanie Meyers, Joe Little, Tyler Wilson, Rachelle Boston, Sarah Cantrell, Amy Gee, Amy McCallister, Kate McGruder, Rob Biondolino, Terry Pope, Kate Jarrell, Kristin Suminski, Sarah Cantrell, Susan Johnson, Debby DeVefeld, Gay Dickerson, Maureen Crawford, Jennifer Twidwell, Nornil Bar

TOPIC	Discussion	ACTION OR RECOMMENDATION
Welcome & Introductions	Amy McCallister opened the meeting and had the team do introductions.	
Purpose	To pull all the committees that have been meeting together with focused purpose, less time out of the office and broad collaboration of resources. We may need sub committees at times. The meetings will alternate between emergency preparedness and care coordination. Updates will also be given at these meetings. If an organization has a program to present or what is happening let us know.	Amy and Ada will alternate chairing the meetings and note taking.
Roundtable and Introductions	<p>Rob B. An influx drill will be held this coming Saturday May 21st. at the hospital.</p> <p>Kurt K./Tyler W. will be presenting today so will save information.</p> <p>Joe L. – at drivers risk education class will be held June 9th</p> <p>Rachelle B. - Day Camp at Wild Springs for girls scouts end of May and early June.</p> <p>Terry P. – no announcements but looking forward to working with the group in his new position as Exec. Director of Economic Development for Hancock County</p> <p>Kristin S. – 10th anniversary of Evergreen Center</p> <p>Cynthia H. - Senior Health and Wellness Day May 27th is free but interested individuals need to schedule desired screenings.</p> <p>Stephanie M – Speakers for Senior Health will Dr. Wesp/Heighton and Jones as well as Sheriff Bentzinger</p> <p>Susan J. – New to the Quincy branch of the Alzheimer's Association. They offer programs for caregivers and families.</p> <p>Annette Finley – Noted Senior Health & Fitness Day is free and will be held in the MMBC space that we are in today.</p> <p>Gay D. – Now has FREE amplified phones for those in need. Service is now local.</p> <p>Maureen C. – State wide crisis standards of care are in the works so what will we do with an overload & how we will make those decisions. A presentation will be made at the</p>	

Agency Collaboration Team
April 20, 2016 – 11:30 AM

TOPIC	Discussion	ACTION OR RECOMMENDATION
	<p>June meeting in Chicago. Hancock County Fights Cancer will sponsor a High Heel Dash and Rob B is the reigning winner. All men welcome with or without costumes.</p> <p>Kate M. – Early Beginnings is an educational program that is state supported and free. Developmental screenings are offered, materials are available for posting.</p> <p>Jennifer T – new Director of Home Health Services for the Health Dept...</p> <p>Deb. M – Just awarded a PELL grant for high school dual credit students. Only 3 schools in IL awarded and Carl Sandburg was one. Dual credit students have a high completion rate for college.</p> <p>Laura K. – SIU added community service to their mission and this is a new endeavor. Covers 20 counties to support education, housing, healthcare, workforce development initiatives that communities need. Currently working with Mason District Hospital on increasing interest in careers in healthcare. Special education development is on line with topics right now on WICK and diabetes and working on increasing primary care and public health collaboration.</p> <p>Amy G. – Summer reading kickoff tailgate is May 26th. Celebrating their 10th anniversary June 24th 8-5</p> <p>Donna W. – Kibbe held a ribbon cutting for the Memorial Hospital display with items from the original building.</p> <p>Ada B. – Reminded the group of the upcoming Opioid Crisis Next Door conference June 2nd. The hospital is will cover the cost of the community participation.</p>	
Integrated Public Health Conference	<p>Amy M. noted that she would be co-presenting at this conference with Ada B. on the joint community health needs assessment that was done jointly. Feedback from the group on what they would want to know if there were attending this program.</p> <ul style="list-style-type: none"> - Why it makes sense to do this jointly - Practical tips on the how so eliminate duplication of effort - Share a copy of the actual survey tool - Outcomes that we are seeing 	
Next Meeting June 15 th	<p>The morning of our next meeting from 9-11 there will be a full scale exercise for the purpose of having a POD (point of dispensing). This is to see how many people could be served for medications in a two hour period for a wide scale emergency. It will be held in the Memorial Medical Building Conference Room. Anyone can come to participate.</p>	

Agency Collaboration Team
April 20, 2016 – 11:30 AM

TOPIC	Discussion	ACTION OR RECOMMENDATION
Update on EMS Services	<p>Tyler Wilson presented on the changes in our local services. Hancock County is 800 square miles and 19,000 people. In Carthage there are two ALS crews on 24/7 with a transfer crew in place about 80% of the time. The Warsaw BLS unit covers south to West Point, north to Camp Eastman and east to Elvaston. Nauvoo is a separate BLS unit with a provisional license for ALS because they do not have the staff for full ALS. The Dallas City/Henderson County unit is out a lot and LaHarpe covers the top east side. The Carthage ALS does dual response for the BLS units. The Tahoe carriers ALS equipment as well.</p> <p>The two ALS in service 24/7 was put in place in Feb. because it is better response time and was less expensive than the overtime being paid to have the on call crew.</p> <p>The County Board just approved having a building next to the Sheriff office that will house all 6 vehicles, sleeping quarters for 6 and an education room for public CPR classes, pre hospital trauma classes, ACLS, PALS and skill lab. It has not been determined what they will do with the current building.</p> <p>Paramedics are needed and while they are available and living in the county most work elsewhere due to pay scale which is being worked on. Scholarships will be offered to BLS individuals for school to become paramedics. It is \$12,000 for the class and there will be one student per year. They are also looking at a pre hospital RN 6 week class that would allow them to work on the ambulance and then they can help with transfers with meds and blood that paramedics cannot manage.</p> <p>They now have the ability to do direct heart transfers to Blessing since time is muscle. If patients are critical they do stop at Memorial to stabilize and fly.</p> <p>EMS is available for outreach and education like safety days for the schools. Heart Association CPR etc.</p> <p>Laura noted there is an Illinois State Ambulance Association with a conference in Sept. that might be of interest.</p>	If other suggestions e-mail Amy or Ada

Agency Collaboration Team
April 20, 2016 – 11:30 AM

TOPIC	Discussion	ACTION OR RECOMMENDATION
	<p>Tyler also said the largest increases in their runs are transfers which are now up to 900 a year with total calls around 1,000.</p> <p>Question was asked as to how the Augusta area is covered. There is a good first responder group that has the EMS basics. The call volume is too low for an ambulance to be based there.</p>	
<p>Rachelle Boston with Girl Scouts of Western Illinois</p>	<p>She noted she has been with them for 7 months and shared a power point presentation on the services they offer.</p> <p>The organization stated in 1912 with 13 girls. There are now 50 million alumni and 2.8 million ages 5-17 active. Central Illinois has 20,596 with 5,010 adult volunteers. Hancock County has 22 troops with 267 registered.</p> <p>They focus on Courage/Confidence/Character with those who are scouts more successful. There is financial assistance for those who want to participate in a troop and go to camp.</p> <p>Important to know that the dollars raised from cookie sales stays local. The Cookie Share program allowed them to send 40,000 boxes abroad.</p> <p>Some programs they have are STEM – science technology engineering and math to expose and encourage this interest. GIRL – growing into responsible leaders. Beyond BARS supports incarcerated women, GSSD – girl scouting in school days. Baby Think It Over is education and exposure caring for a child to prevent early pregnancy and HERO is bully prevention.</p> <p>There are several camp areas in the state.</p>	<p>This is a good presentation if you are needing a program for another organization.</p>
<p>Next Meeting</p>	<p>June 15th at 11:30. Please feel free to invite other interested individuals. Focus on Care Coordination.</p>	

ACT (Agency Collaboration Team)

1/18/2017
11:30 AM to 1:30 PM
Memorial Medical Building Conference Room

Facilitator: Amy

Note taker: Ada

Timekeeper: Melita
Finney

Agenda

Introductions	Amy	1
Purpose Statement and structure of meetings	Amy	5
Roundtable from all -who we are/upcoming events/ issues	Group	30
Emergency Preparedness Summit June	Amy	10
Facebook Page for ACT	Amy	5
Community Health Needs Assessment/IPLAN	Group	15
Other Business	Team	5
Next Meeting Feb. 15		2
- Care Coordination		

Additional Information

Open/Pending

1. Facebook page for Gluten Free
2. Opioid Taskforce
3. Agency Guide for ACT education
- 4.

ACT (Agency Collaboration Team)

10/18/2017
11:30 AM to 1:30 PM
Memorial Medical Building Conference Room

Facilitator: Maureen/Ada

Note taker: Amy/Ada

Timekeeper: Melita Finney

Agenda

Welcome	Ada	
Purpose Statement and structure of meetings	Ada	5
Roundtable from all -who we are/upcoming events/ issues	Group	30
Educational Session	Community Health Needs Assessment	
	Opioid Taskforce	45
Other Business	Ada/Maureen	10
Next Meeting November 15th		
- Emergency Preparedness		

Additional Information

Open/Pending

ACT (Agency Collaboration Team)

11/15/2017
11:30 AM to 1:30 PM
Memorial Medical Building Conference Room

Facilitator: Amy

Note taker: Ada

Timekeeper: Melita Finney

Agenda

Welcome	Amy	
Purpose Statement and structure of meetings	Amy	5
Roundtable from all -who we are/upcoming events/ issues	Group	30
Educational Session	Food Safety	40
	Winter Weather Preparation	
	IQuery Data	
	Topics for upcoming meetings	
Other Business		10
Next Meeting December 20th	Do we want to skip Dec. and kick off Jan. with	5
- Care Coordination	Care Coordination?	

Additional Information

Open/Pending

ACT (Agency Collaboration Team)

1/17/2018
11:30 AM to 1:30 PM
Memorial Medical Building Conference Room

Facilitator: Ada

Note taker:

Timekeeper: Melita Finney

Agenda

Welcome	Ada	
Purpose Statement and structure of meetings	Ada	5
Roundtable from all -who we are/upcoming events/ issues	Group	30
Educational Session	Community Health Needs Assessment	40
	- survey roll out	
	Rural Health Coach	
	What do you want to see us accomplish this year?	
	Suggestions for educational sessions	
Next Meeting February 21 st		
- Emergency Preparedness		

Additional Information

Open/Pending

ACT (Agency Collaboration Team)

2/21/2018
11:30 AM to 1:30 PM
Memorial Medical Building Conference Room

Facilitator: Maureen

Note taker: Ada

Timekeeper: Melita Finney

Agenda

Welcome	Maureen	
Purpose Statement and structure of meetings – for new members	Maureen	5
Roundtable from all -who we are/upcoming events/ issues	Group	30
Educational Session	Kate McGruder - ACE	40
	Update on CHNA - Amy	
	What do you want to see us accomplish this year?	
	Suggestions for educational sessions	
Next Meeting March 21		
- Care Coordination		

Additional Information

Open/Pending

Agency Collaboration Team
February 21, 2018

TOPIC	Discussion	ACTION OR RECOMMENDATION
Welcome & Introductions	Amy McCallister opened the meeting.	
Roundtable and Introductions	<p>Donna – update on the Carthage food pantry</p> <p>Kate – Trauma Informed Care is coming up April 13 at WIU from 11-5. Organizations can set up tables. She introduced Taelor who is an intern.</p> <p>Krista – Continue play to learn on Monday at the library. In home support is available.</p> <p>Melita – Family Fair was a success with a great turn out.</p> <p>Gay – noted all appointments slots are full in Carthage for tax assistance with some open in Quincy.</p> <p>Cynthia – Shellie Wear NP will be practicing in Bowen. HCFC is in its 5th year and have contributed 117,000 locally. Teams are welcome for this year for this June 2nd event. Kick off at 5:30 at Marine bank Tues. the 27th.</p> <p>Karyn – working with 4 WIU students with Health Coach program.</p> <p>Eileen – will be providing in-service for teachers to understand homelessness. Will provide our program in March.</p> <p>Hillary – Attended an emergency preparedness meeting in Quincy with others from the county with excellent information.</p> <p>Samantha – sexual assault counselor works with community</p> <p>Leia – Hancock County Senior Services can use volunteers and welcomes donations for activities for the residents</p> <p>Ellen – Carl Sandburg is searching for a new President. Kids on Campus will be coming up this summer. There are 6 students in the CNA class.</p> <p>Kevin – there are funds available through the work force office for displaced workers</p> <p>Jessica – there is a position for a CASA worker due to program expansion for Hancock County. A job description was shared and if interested contact Danielle Woodyard at 217-223-2272. Run for Casa's Kids April 7th in Macomb. This will be a 5K. Volunteers are always needed to support the children.</p> <p>Jack – Severe Weather – 2 day program with good speakers Feb. 15-16 in 2019 Save the Date. Group Rates are available. \$60 for individuals. Weather Spotter Class March 5th from 6:30-8:30 at the Legacy Theater. Safe Boating in May. Red Cross is seeing an increase in home fires due to increase use of auxiliary heat. Volunteers are needed to help install free smoke detectors.</p> <p>Rob – This summer there will be an annual exercise for a</p>	

Agency Collaboration Team
February 21, 2018

TOPIC	Discussion	ACTION OR RECOMMENDATION
	<p>summer influx of patients to the hospital as a drill. Planning starts this evening.</p> <p>Susan – new with Blessing Home Care & Hospice. Doing exercises with Hickory Grove and Maple Grove twice a week and working on local referrals.</p> <p>Shelly – March is nutrition month and Ashlyn Housewright, registered dietician, with QMG will provide a lunch & learn on March 7th in the Memorial Medical Clinic Conference Room at noon.</p> <p>Maureen – Narcan training will be held on March 29th at 5:30 at the health department. Due to a grant this free 2 hours training will also distributed free Narcan. Anyone can have and administer this if trained. Law Enforcement and health care workers are encouraged to attend. March 20th 9-11:30 Mosquito/lava training for application will be held. Community Opioid sessions had 46 in attendance. County wide training will start with a kick off in the schools in April. The next taskforce meeting will be March 8th at noon at the First Christian Church in Carthage. Senior Health and Fitness Day will be May 23rd at Sullivan's in Hamilton</p> <p>Terry – March 15th is the next job fair. Hancock County has a community focus group working on keeping WCAZ. A petition is being circulated to send to the FCC.</p> <p>Ada – Cardio/Pulmonary received a grant to purchase monitors for checking blood pressure with patients who might have “white coat” syndrome. They are sent home for 24 hours to get a reading. Food For Thoughts of Hancock County now has a team working in LaHarpe with the hope that we will expand to Dallas City as well. The Legacy Theater has an art auction on March 10th with tickets \$15 in advance or \$20 at the door. Illinois Stories will feature the Legacy. Times were noted. Men Who Cook will be held March 24th at the winery.</p>	
Adverse Childhood Experience	<p>Kate McGruder provided an educational session on the ACE study and the impact of child trauma and toxic stress. There is an impact on the brain with trauma. It decreases the frontal cortex – memory loss and attention difficulty can be symptoms. A healthy brain and abused brain scan were shown.</p> <p>With toxic stress is changes the brain chemistry and that can have a lasting effect. It is very important to relieve stress as soon as possible especially with young children. If stress occurs over and over the frontal cortex will not develop. It is shown if a child has 4 or more adverse experiences there is 32x learning experience difficulty.</p>	Slide deck attached.

Agency Collaboration Team
February 21, 2018

TOPIC	Discussion	ACTION OR RECOMMENDATION
	<p>The ACE Study in 1998 looked at the root cause of mental and physical health in adults. 4+ experiences = 2x risk of heart disease and cancer. 5+ there is 1 in 9 alcoholics with 6+ dying 20 years earlier. What is predictable is preventable.</p> <p>It is shown children need 1 consistent adult in their life. A lot of ADHD is trauma.</p> <p>Kate will provide this presentation to any interested groups.</p> <p>The group had the opportunity to fill out an ACE questionnaire</p>	
Amy McCallister	<p>Amy provided an update on the current community needs health assessment/IPLAN as it pertains to Diabetes. This continues to increase but we are challenged with not having data as current as needed. Hancock County has dropped to 33 out of 102 counties in overall health ranking. We had been 10th previously.</p>	
Future Educational Sessions	<p>March – Ellen Shoup on homelessness and final report on the CHNA goals from the last report</p> <p>April – CHNA – results of the current survey determination of priority focus</p> <p>Others – Psychological 1st Aid by the Red Cross, Waterborne Pathogens, Antibiotic Stewardship.</p>	
Next Meeting	<p>March 21st. 11:30</p>	<p>Memorial Medical Clinic Conference Room</p>

ACT (Agency Collaboration Team)

3/21/2018
11:30 AM to 1:30 PM
Memorial Medical Building Conference Room

Facilitator: Ada

Note taker: Amy

Timekeeper: Melita Finney

Agenda

Welcome	Ada	
Purpose Statement and structure of meetings – for new members	Ada	5
Update titles on all team members	Ada	5
Roundtable from all -who we are/upcoming events/ issues	Group	30
Educational Session	Amy/Ada	40

Status report on 2015-2019 Goals CHNA

Education – upcoming meetings.

Next Meeting April 18

- Care Coordination

CHNA Survey Results and goal setting

Additional Information

Open/Pending

Agency Collaboration Team
April 18, 2018

TOPIC	Discussion	ACTION OR RECOMMENDATION
Welcome & Introductions	Ada Bair opened the meeting.	
Roundtable and Introductions	<p>Jack – ESDA meets today. Working with the Coast Guard on safe boating month. Ameren is having a Lunch & Learn on energy efficiency June 6th from 12-1 at Trinity Lutheran Church.</p> <p>Rob – noted an influx drill for the hospital will be held May 26th and community involvement will be needed</p> <p>Donna – May 5th the mobile food pantry will be in Cartage at 10:15. City of Carthage is finalizing the budget/</p> <p>Kevin - workforce is available for out of school youth and has funds for work experience to help with jobs. There will be funding for school this fall.</p> <p>Hillary – attended emergency preparedness workshop in Peoria</p> <p>Karyn - wrapping up the Rural Health Coach program and has 13 enrolled in chronic care management program.</p> <p>Eileen – focus on homeless compliance or monitoring visits.</p> <p>Amy – Smoke free IL Act and Quit Smoke is focus. Reminded that Health Alliance will be at the Senior Wellness Day with information on declutter and ability to accept recycling.</p> <p>Raigan – noted the Opioid Taskforce is working on education along with intervention and treatment. Another sub group that is needed will focus on transportation for individuals who need help getting to counseling or treatment.</p> <p>Cynthia – The hospital Gala raised over \$37,000. Enjoy the Ride is the campaign for this year. The foundation is wrapping up the 3D Mammogram campaign and has \$15 pink bags available. The golf outing will be held in Hamilton Sept. 22nd. Senior Health and Fitness Day will be in Hamilton and an RSVP is needed for the screenings. Hancock County Fights Cancer will be June 2nd from 5-10 on the court house square There is a survivor form for a free t-shirt is attending that evening. Shellie Wear has her NP license and will be working in Bowen and is accepting new patients.</p> <p>Gay - Area Agency on Aging is helping with a fitness program in Quincy</p> <p>Susan – covers 8 counties for the Alzheimer's Association. There is a program Tues. May 1st Dementia Related Behaviors that will be held 5:30-7 in the Memorial Medical Building Conference Room.</p> <p>Krista – Pre-K screen for up to 3 years old is in process. They continue to have play to learn twice a month on the 2nd and 4th</p>	

Agency Collaboration Team
April 18, 2018

TOPIC	Discussion	ACTION OR RECOMMENDATION
	<p>Monday from 9-10 at the Carthage library.</p> <p>Amy – Friends of the library will meet April 24th for their annual meetings at 6 pm at Trinity Lutheran Church and Elaine Printy will provide the program.</p> <p>Mandy – CASA training is going on now. For volunteers who want to be a voice for children who have been abused or neglected. Hancock County needs 25-30 based on the number of cases reported.</p> <p>Kate – and early childhood mental health program lead has been hired.</p> <p>Stephanie – Nauvoo has been re-certified as a rural health clinic</p> <p>Ellen – Sandburg is interviewing for a new president that is expected to be announced in May</p> <p>Julie – Ready Set Grow office has been in Quincy for 4 years and due to funding from the Tracy Foundation has expanded. They supply the hospital and health department with items that encourage parents to read and talk to babies.</p> <p>Ada - the Great River Road Run committee is meeting on the 30th at noon in the Memorial Medical Building Conference Room with lunch provided and all are welcome. Ashley Martin now has her license as a NP specializing in psych and located in Colchester.</p>	
Community Health Needs Assessment	Chukwuebuka Ogwo, hospital intern, has been working on the analysis of the survey tool that was distributed in Hancock County. Initial data was shared with more analysis needed. It does appear the top three areas of concern are cancer, mental health (all areas of alcohol, substance abuse etc.) and the contributing factors for diabetes.	More information will be shared as the analysis is completed.
Future Educational Sessions	June – Alzheimer's Month with Susan presenting Others – Psychological 1 st Aid by the Red Cross, Waterborne Pathogens, Antibiotic Stewardship.	
Next Meeting	May 16 th 11:30 am	Memorial Medical Clinic Conference Room

ACT (Agency Collaboration Team)

6/20/2018

11:30 AM to 1:30 PM

Memorial Medical Building Conference Room

Facilitator: Ada

Note taker: Amy

Timekeeper: Melita Finney

Agenda

Welcome	Ada	
Purpose Statement and structure of meetings – for new members	Ada	5
Roundtable from all -who we are/upcoming events/ issues	Group	20
Educational Session		
Alzheimer's Month	Susan	20
Community Health Needs Assessment	Intern Team	30
Next Meeting July 18	Youth Survey in Hancock County – Blanche & Terry	
August 15		

Additional Information

Open/Pending

ACT (Agency Collaboration Team)

7/18/2018
11:30 AM to 1:30 PM
Hancock County Health Department

Facilitator: Amy

Note taker: Ada

Timekeeper: Melita Finney

Agenda

Welcome	Amy	
Purpose Statement and structure of meetings – for new members	Amy	5
Roundtable from all -who we are/upcoming events/ issues	Group	20
Educational Session		
Youth Survey	Blanche/Terry	20
Community Health Needs Assessment		30
Next Meeting July 18	Youth Survey in Hancock County – Blanche & Terry	
August 15	Program Requests	

Additional Information

Open/Pending

Agency Collaboration Team
May 16, 2018 – 11:30 AM

PRESENT:

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
Welcome	Ada Bair opened the meeting and introductions were made.	
Purpose	To pull all the committees that have been meeting together with focused purpose, less time out of the office and broad collaboration of resources. We may need sub committees at times. The meetings will alternate between emergency preparedness and care coordination. Updates will also be given at these meetings. If an organization has a program to present or what is happening let us know.	Amy and Ada will alternate chairing the meetings and note taking.
Roundtable	<p>Kevin B – Workforce Office – No new news. Provided description of services for job training and work experience.</p> <p>Melita – 6/23 Senior Health and Fitness Day at Sullivan Auction outside of Hamilton will also have shredding event from 9:00 a.m. to 1:00 p.m. sponsored by Health Alliance Medicare. 6/24 5:30 p.m.-7:30 p.m. Opioid Naloxone Nasal Training at Hancock County Health Department. Announced High Heel Dash and distributed registration forms. Fliers for events were distributed.</p> <p>Karen – Listed responsibilities of the Care Coordinator which is not limited to offering assistance to patients via telephone and reminds the patients of upcoming labs.</p> <p>Cynthia – Announced Hancock County Fights Cancer Block Party on 6/2 at 5:00 p.m. - 10:00p.m., held on the Hancock County Courthouse Lawn in Carthage.</p> <p>Stephanie M – noted the locations of Memorial Clinics, five are in Hancock County and one in McDonough County.</p> <p>Laura- Noted the Nursing Care Walk and brought cookies from Camp Point. Thank you for the cookies.</p> <p>Shelly H - Announced exercise classes at Hickory Grove are open to the community. On 5/30 Senior Fitness Day will be discussed on WGEM.</p> <p>Terry Pope – Announced permission given to Hancock County Development to assess brownstones.</p> <p>Amy M – announced a new intern who was in attendance.</p> <p>Lois – Introduced self to group as a Health Service Management student, vice president of Student Health Advisory Committee, and an administrative intern for the summer at Hancock County Health Department.</p>	

Agency Collaboration Team
May 16, 2018 – 11:30 AM

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
	<p>Ada – Announced having one intern currently for the summer, with an additional two interns joining the hospital later this summer. Anette Hineke has taken on the role of Director. The Opioid Task Force is growing. Kiwanis is hosting a back to school kid shopping day for Carthage children on 8/11 from 9:00 a.m. – 3:00p.m.. Applications for the shopping day can be brought to the hospital and the health department. Community support and volunteers are needed to assist students.</p> <p>Diane – WIRC had laid off staff due to budget crisis, but has now expanded due to funding from the Victims of Crime Act. The Victims of Crime Act receives funding from federal crimes and is distributed Victims Services. The expansion has included two staff for court domestic violence cases, an adult councilor, an expansion into Knox county, a new social worker, and a children’s sexual abuse councilor. The services are approved for Fulton county.</p> <p>Anita – Spoke of Western Home Health taking patients for behavioral home health. Western Home Health focuses on the senior populations although not exclusively.</p> <p>Donna – The pantry is serving 123 families at mobile food pantries.</p> <p>Amy Graham – Summer meals are at Hickory Grove during the summer. An activity will take place with the children and residents. The free lunches for children will go from 6/4 – 8/3 with the exception of 7/4. Meals are 12:00 p.m. – 1:00 p.m. Monday through Friday.</p> <p>Kate – Applied for a grant and will know result on 7/1 for a full-time doula. The doula will focus on attachment and bonding in the womb.</p> <p>Krista A –Announced Play to Learn Group starting 6/1 at 9:00 a.m. at World of Wonders Park (W.O.W.).</p> <p>Mandy – Nine individuals participated in the Special Olympics and all individual received at least one gold medal. Three individuals are going to the state level. A talent show will take place on 7/6, the event will last one hour. Please use referral sources for youth counseling.</p>	
Community Health Needs Assessment	Amy McCallister guided a brainstorming exercise with the topics of diabetes, cancer, and mental health. Risk factors were identified and separated into direct and indirect. Mental health is to be completed at next month’s meeting.	Brainstorming exercise

Agency Collaboration Team
May 16, 2018 – 11:30 AM

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
Future Topics	Finish Community Health Needs Assessment exercise, Mental Health.	If other suggestions e-mail Amy or Ada
Adjourn	Amy closed the meeting at 1:15 PM	

Agency Collaboration Team
July 19, 2018

PRESENT: Any McCallister, Morgan Lewis, Kate McGruder, Krista Artman, Kevin Banninga, Donna Walker, Meli Finney, Karolina Anton, J.D. Stonecypher, Susan Johnson, Cynthia Stewart, Amy Gee, Terry Pope, Ellen Hendersor Gasser, Lois Stewart, Maureen Crawford, Ada Bair

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
Welcome	Amy McCallister opened the meeting	
Roundtable	<p>Susan: She will be leaving the Alzheimer's Association and a replacement has not been named. August 14th at the Hancock County Health Department "Healthy Living for your Brain and Body" A free program. Need 8-10 registered so call 217-641-0140.</p> <p>Ellen: Nurse aide class starts Aug. 22nd. Theory is on line with lab skills Mon. and Wed. Phlebotomy course starts Aug. 21st for 16 weeks on Tues. and Thurs. Food Service Sanitation Oct. 20th. Fall semester starts Aug. 20th.</p> <p>Krista A –Announced Play to Learn Group 9-10 for birth to 3.</p> <p>Kate – Applied for a grant and will have full-time doula. The doula will focus on attachment and bonding in the womb.</p> <p>Kevin B – Workforce Office – Funds for displaced adults are available and could have youth funds to support things like the CNA class.</p> <p>Karolina: Advocacy Network has the Happy Bear Program for elementary school and shared the information on what the Advocacy Network for Children does in our 9 county region.</p> <p>Amy G.: The Zanola's will share Disney Experience on Thurs. evening at 6. Aug. 7th will be a cook out at the JC Park. Summer Reading is ongoing.</p> <p>Donna – The mobile pantry will be at the Extension Center July 28th from 11 on. Suggest people bring a laundry basket for food.</p> <p>Amy M – announced need for HD. Nursing director. And RN with experience is needed. Also a home health RN with flexible hours based on census. Dental Hygienist is also needed. Check the Facebook page for details. .</p> <p>Maureen: It is dead bird season. Please notify the HD if birds are found for pick up or they can be dropped off. Mosquito traps are out to test for the West Nile Virus.</p> <p>Ada: Food For Thoughts Movie Night at Lilly's July 26th at 8. Free Willing donation with popcorn and beverages available to purchase. Kids Shopping Day will be Aug.</p>	

Agency Collaboration Team
July 19, 2018

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
	<p>11th. Carthage Kiwanis will be assisting kids in the Carthage School District K-8. Volunteers welcome.</p> <p>Joe: Blake Gilbert who was working with them is pursuing his doctorate and has been replaced.</p> <p>Cynthia – The Wound Clinic will start late Aug. at Memorial Medical Clinic. Great River Road Run is meeting on the 1st and 3rd Monday at noon with lunch provided. Please join this team at Memorial Medical Building Conference Room. Time to start training.</p> <p>Melita – Safety School for incoming K on Aug. 7th from 8:30-12. Hancock County Fights Cancer has gas cards and other support for those in need.</p> <p>Terry Pope – A job fair is coming up with flyers distributed. This is for employers and potential employees.</p> <p>Morgan: There is a Fulton County counselor position. Diana is retiring. Volunteers are needed for hotline calls. Stickers for sexual assault and domestic violence information available. Scholarships with WIRC for technical and vocational work available.</p> <p>J.D. The home fire campaign has saved 453 lives with 157 under 18. Attribute some of this to the Pillow Case class that is done. There have been 6,133 smoke alarms in our region installed. If needed just contact the Red Cross.</p>	
Hancock County Youth Survey	<p>Terry Pope provided an overview of the survey results. This was a joint effort with Workforce Investment, Carl Sandburg and Hancock County Economic Development. Juniors and Seniors were surveyed at the Southeastern Job Fir and Freshmen at each school using the clicker technology. This was grant funded by the Community Foundation. Concerning is 75% of freshman and 50-59% of juniors and seniors noted they would not return to HC after school. HCED will focus on 3 areas going forward. Career Day at the schools with getting employers into the school to talk about jobs, expectations, Looking for young adults in their 20's to help deliver the message. A certification program is being developed for high school students that will be yearlong and those students who receive a certificate would be given preference with employers if everything else equal with another candidate. Students will learn and meet skills like always being on time for school and soft skill like volunteering and participation in class. The third area will be Career Cruising.</p>	Survey sent via separate e-mail to group.

Agency Collaboration Team
July 19, 2018

TOPIC	DISCUSSION	ACTION OR RECOMMENDATION
Community Health Needs Assessment	Chukwuebuka shared the draft documents on Cancer Diabetes and Mental Health that articulate the risk factors, direct contributing factors and indirect contributing factors. The group developed all three areas for focus.	Consensus of the group on the final results.
Adjourn	Amy closed the meeting at 1:30 PM	

Respectively Submitted by Ada Bair

APPENDIX 4

Community Health Data

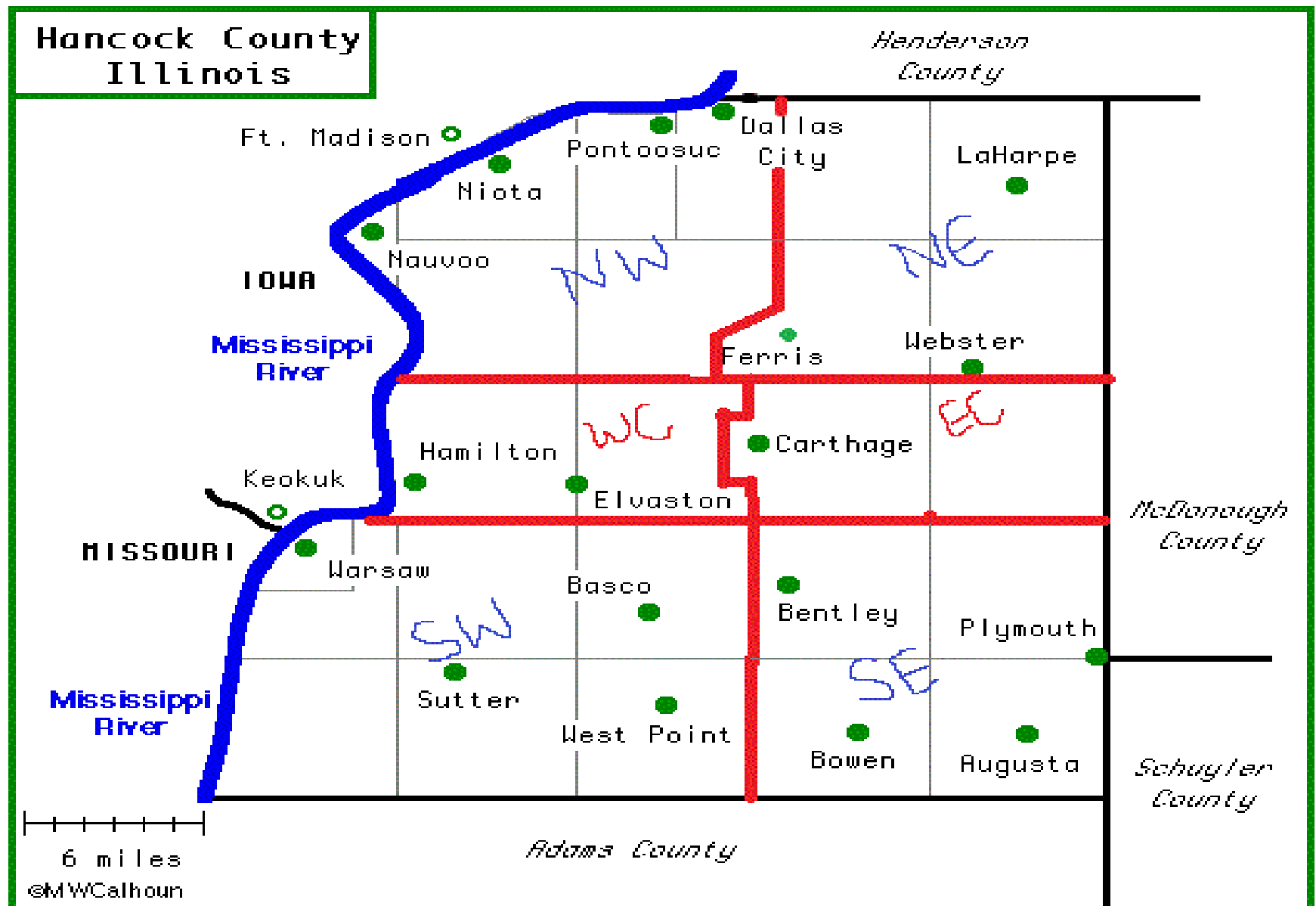
Community Survey Tool and Results

HANCOCK COUNTY COMMUNITY NEEDS ASSESSMENT

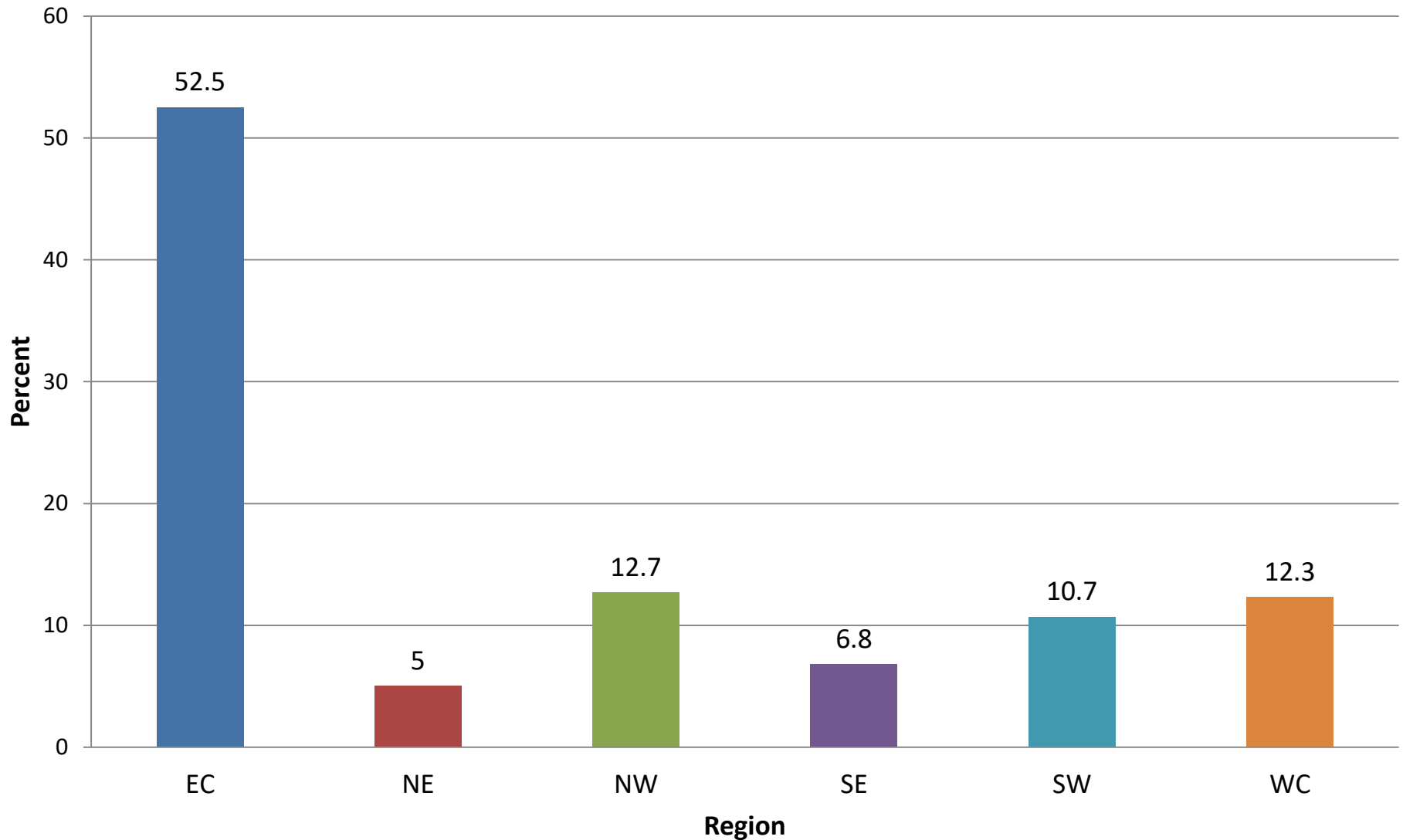
GRAPHICAL PRESENTATION OF THE SURVEY RESULTS

DESCRIPTIVE

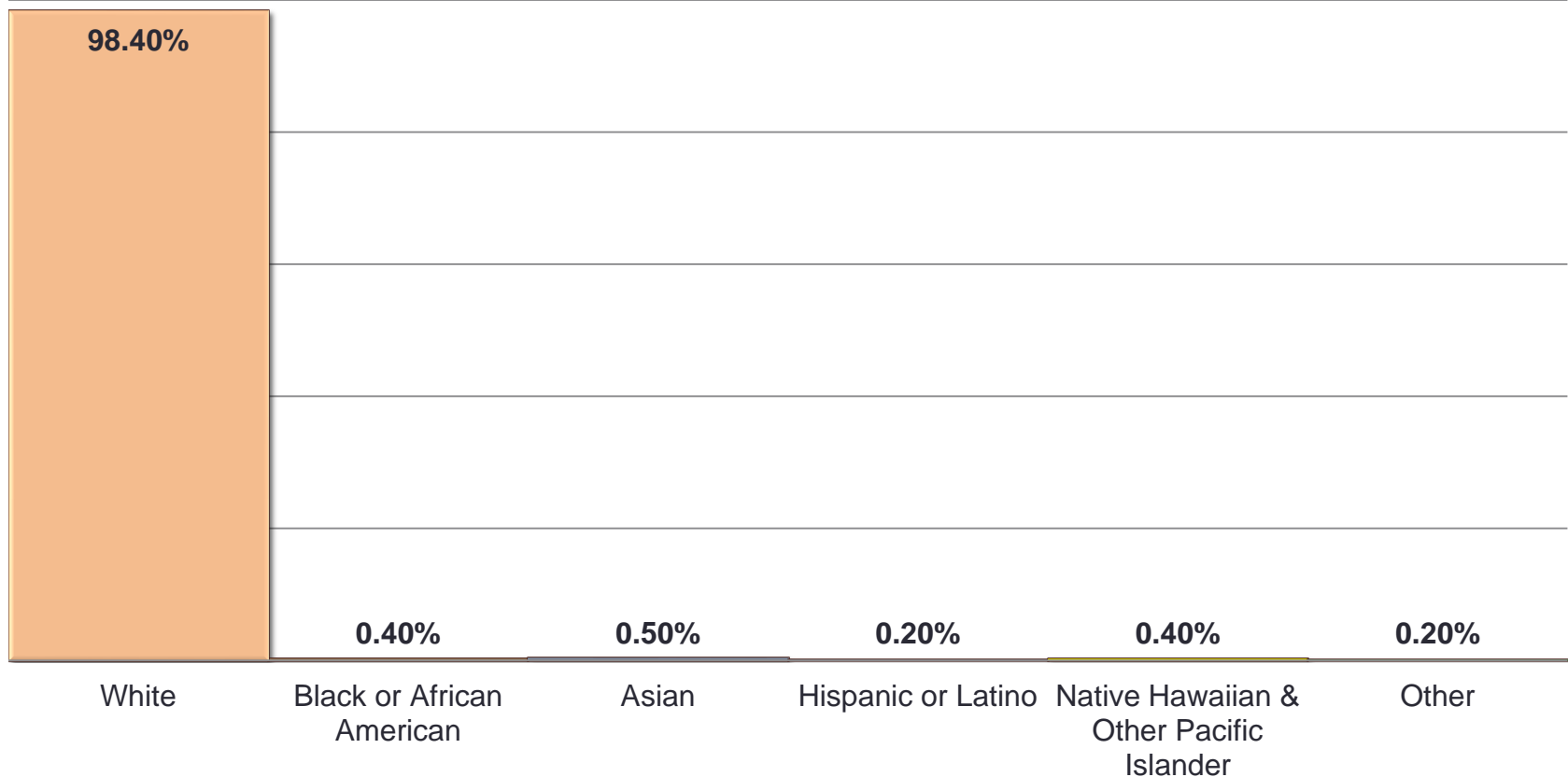
Map of Hancock County (2015 Population = 18,543)



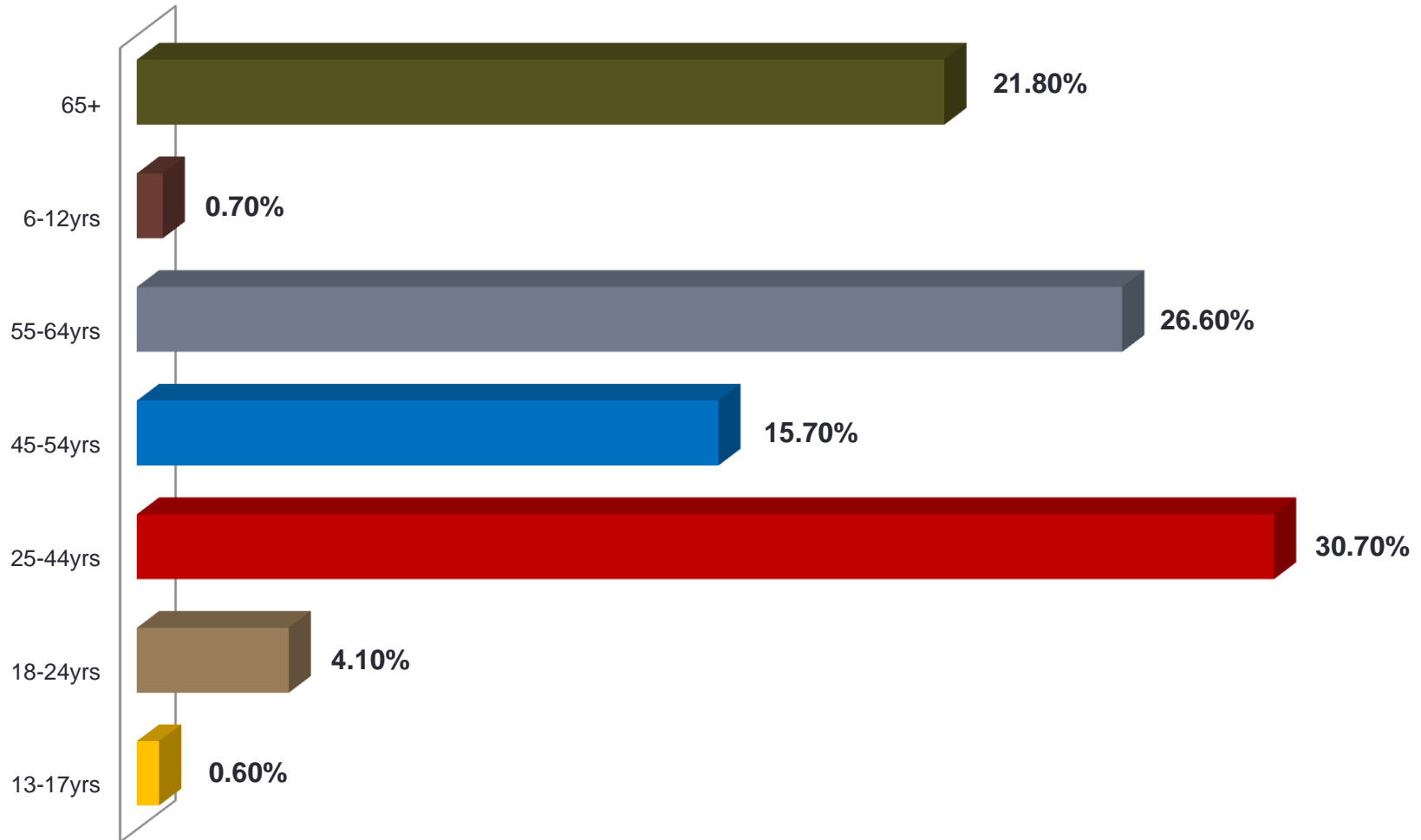
Regional Classification Of Respondents (N = 564)



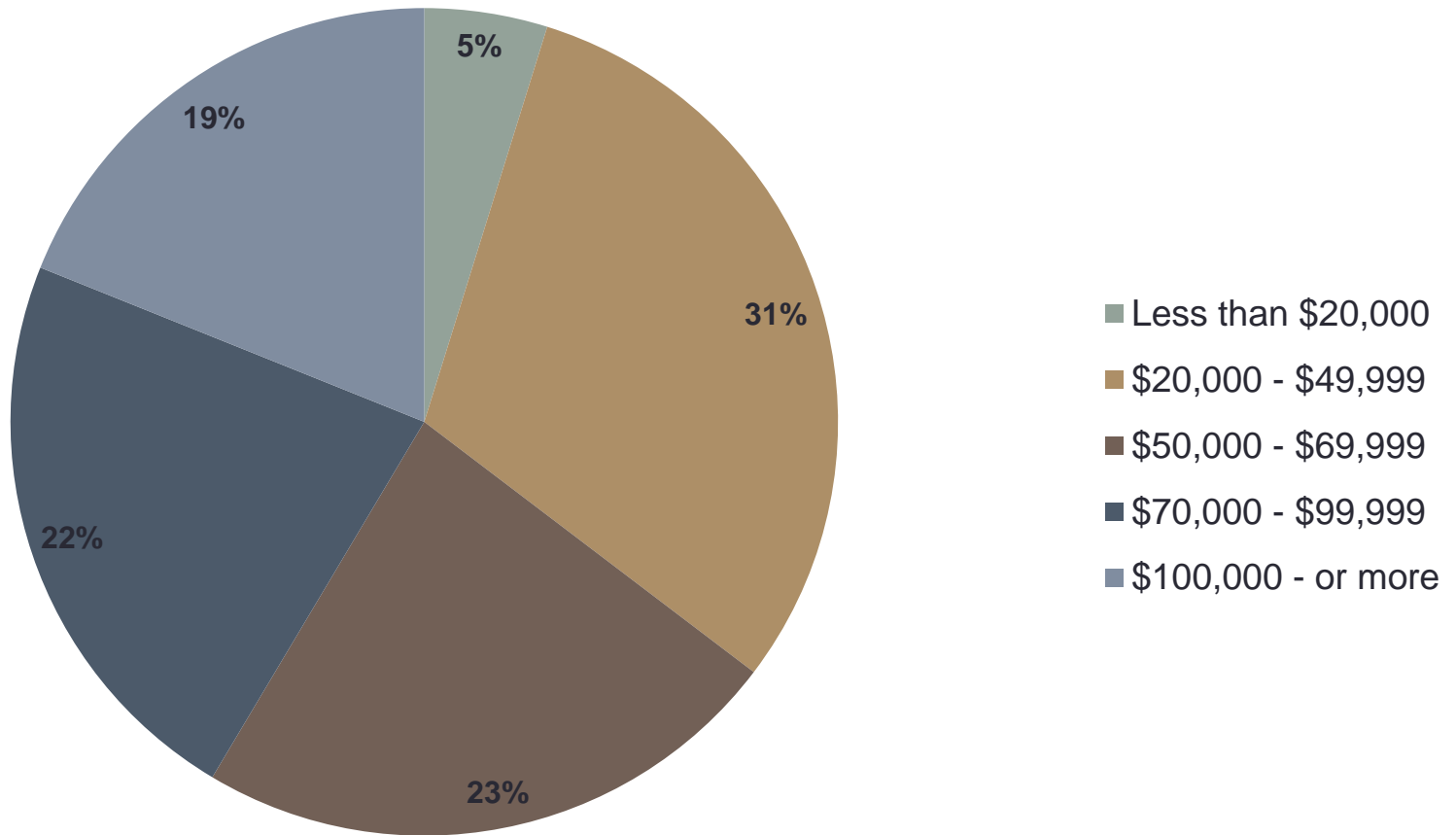
Ethnic Distribution Of Respondents



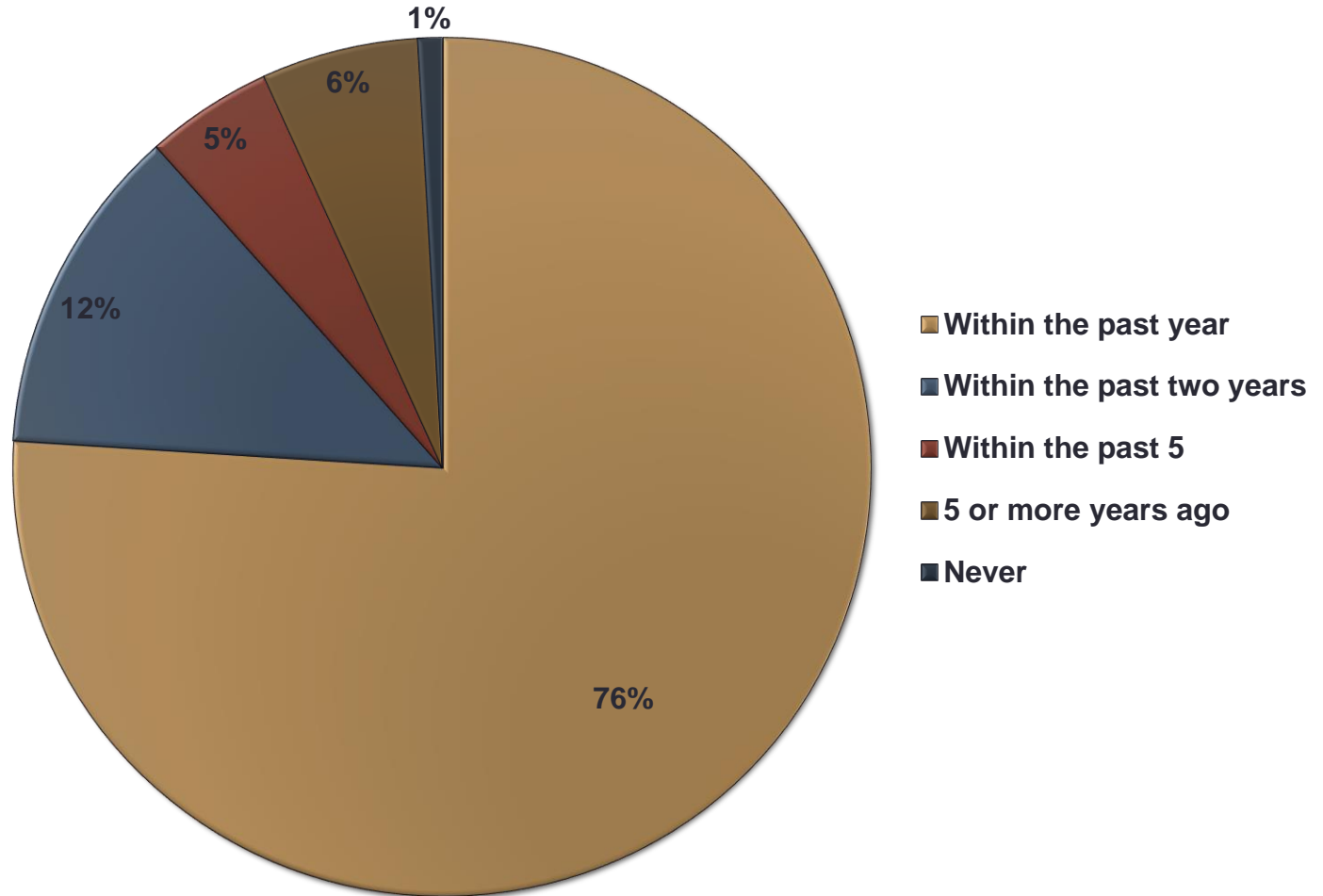
Age Distribution Of Respondents



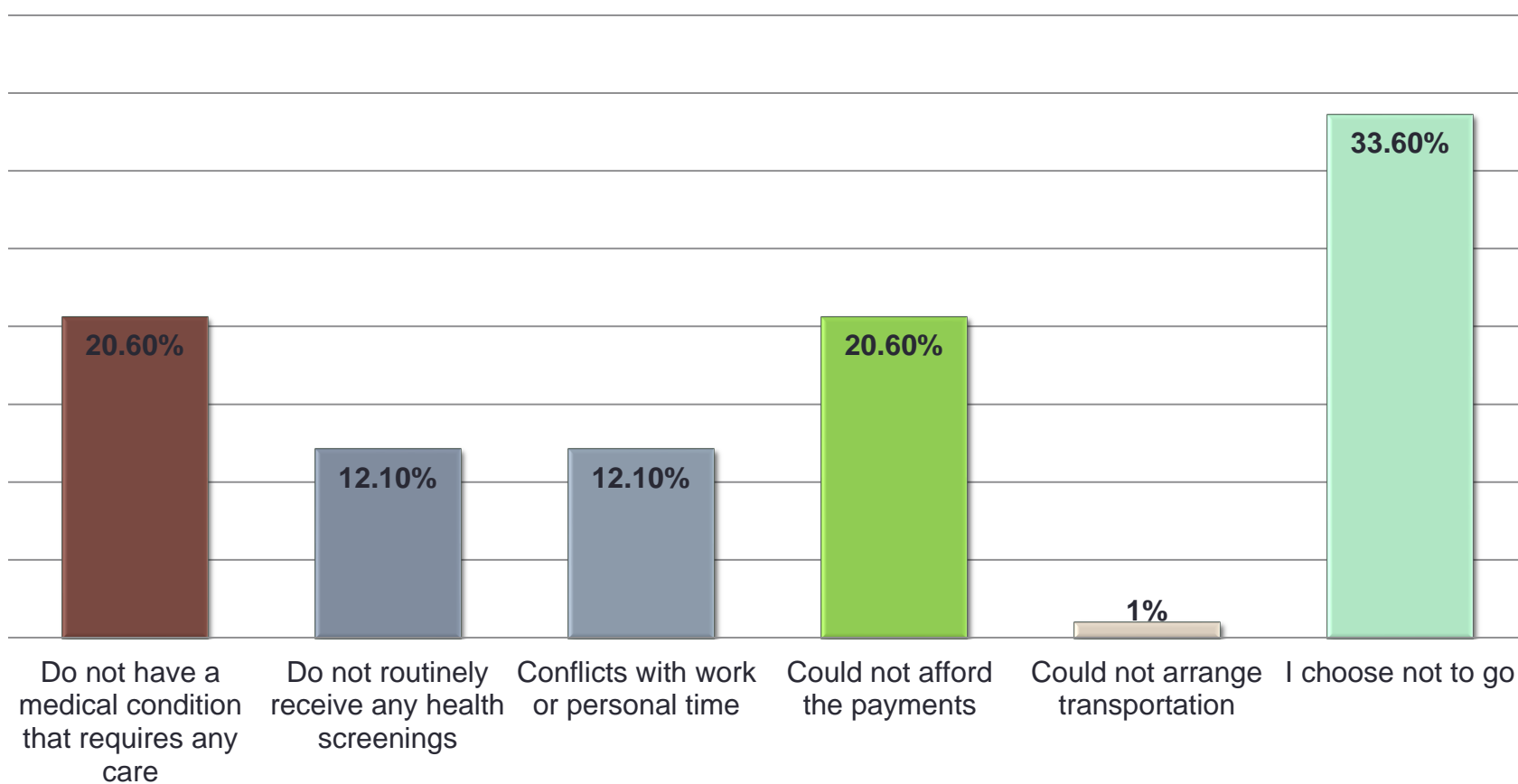
Household Income Distribution Of Respondents



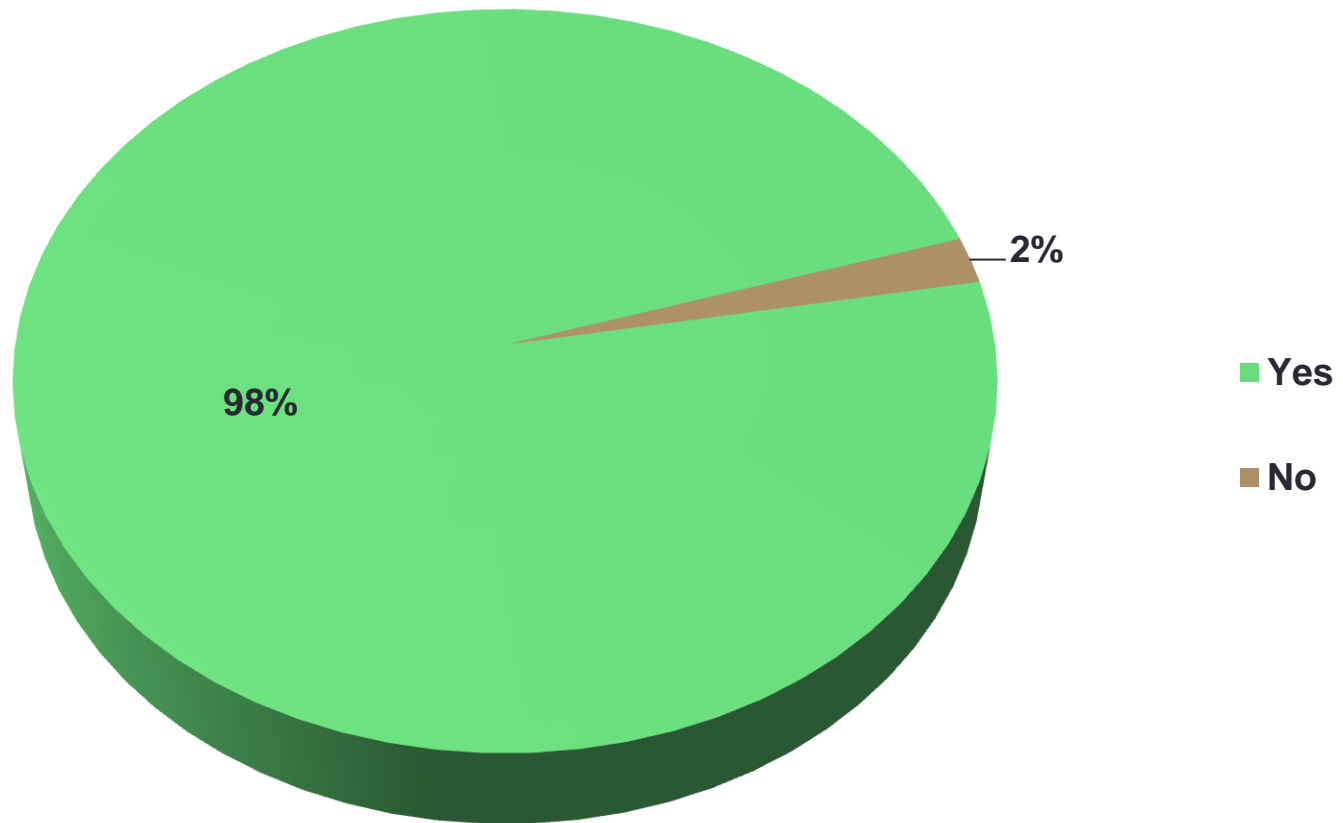
Distribution of Respondents' Last Routine Doctor Check-up



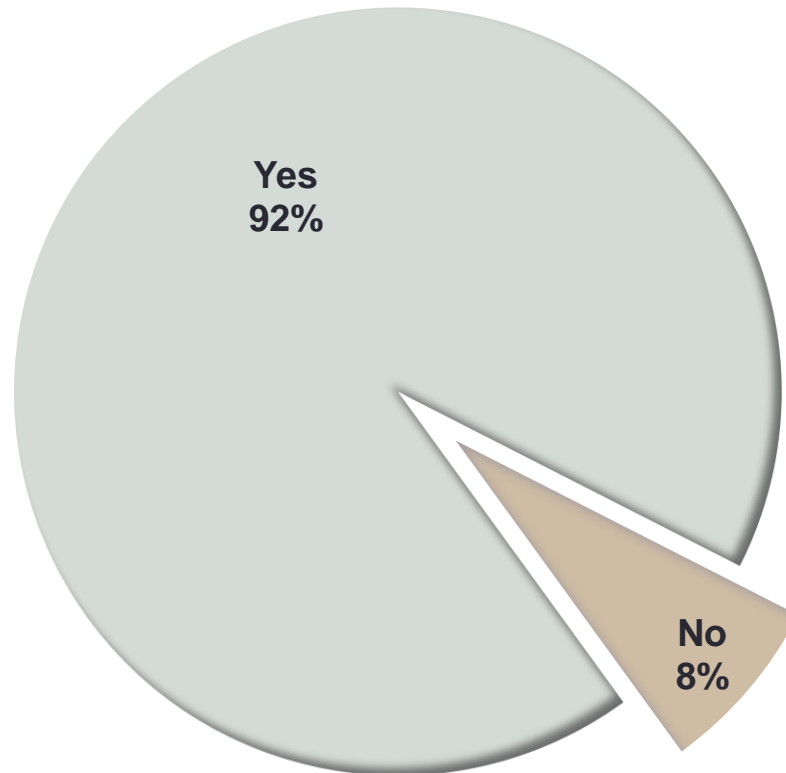
Respondents Reasons For Delayed Medical Check-up (More Than 2 Years)



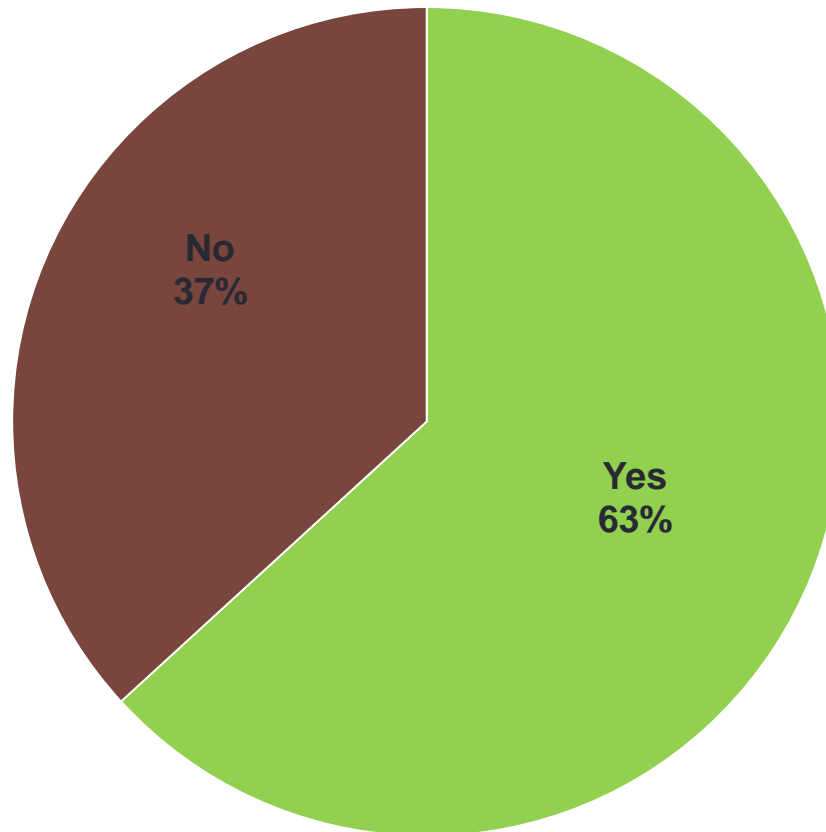
Respondents' Awareness Of Doctor/HealthCare provider



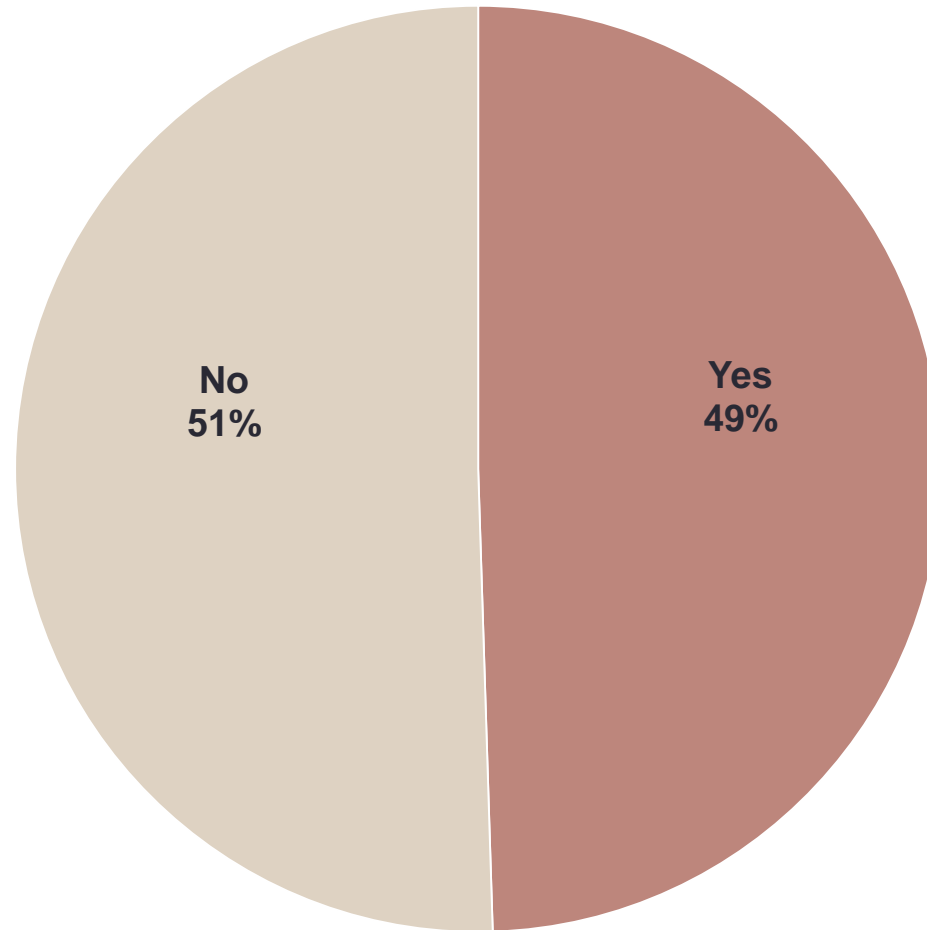
Respondents' Awareness Of Availability Of Dentists



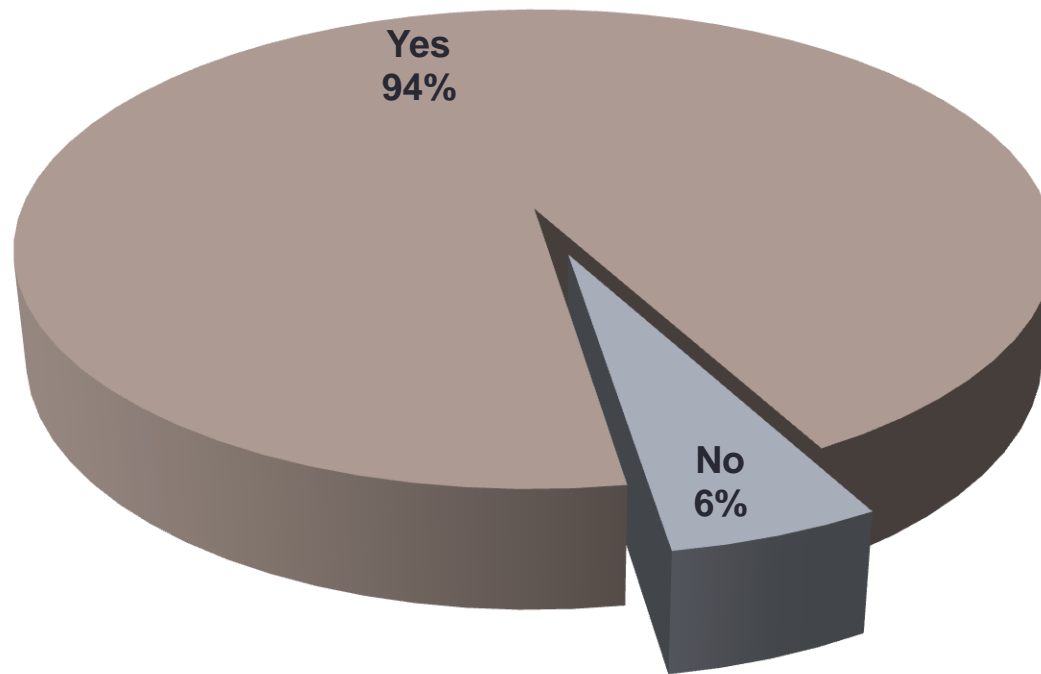
Respondents' Awareness Of Availability Of Mental Health Specialists



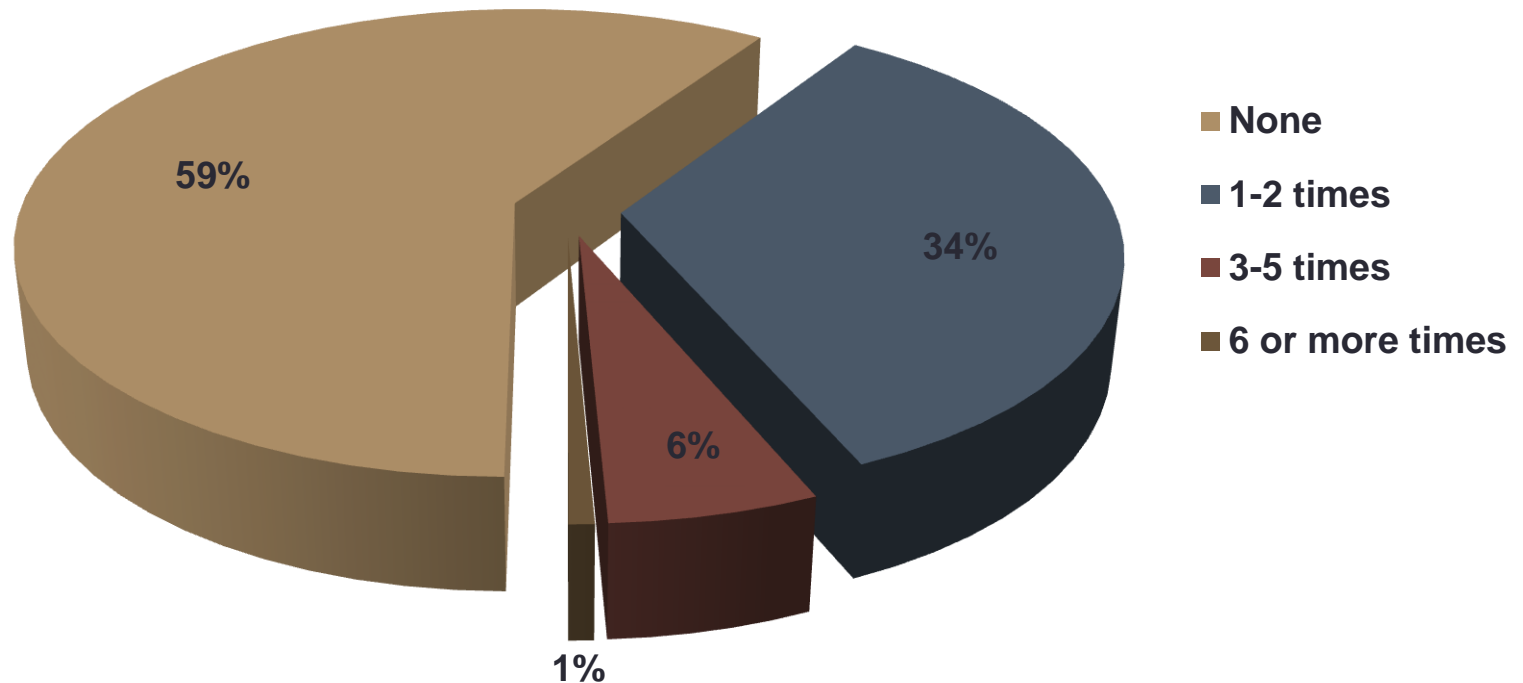
Respondents' Awareness Of Availability Of A Substance Abuse Counselor



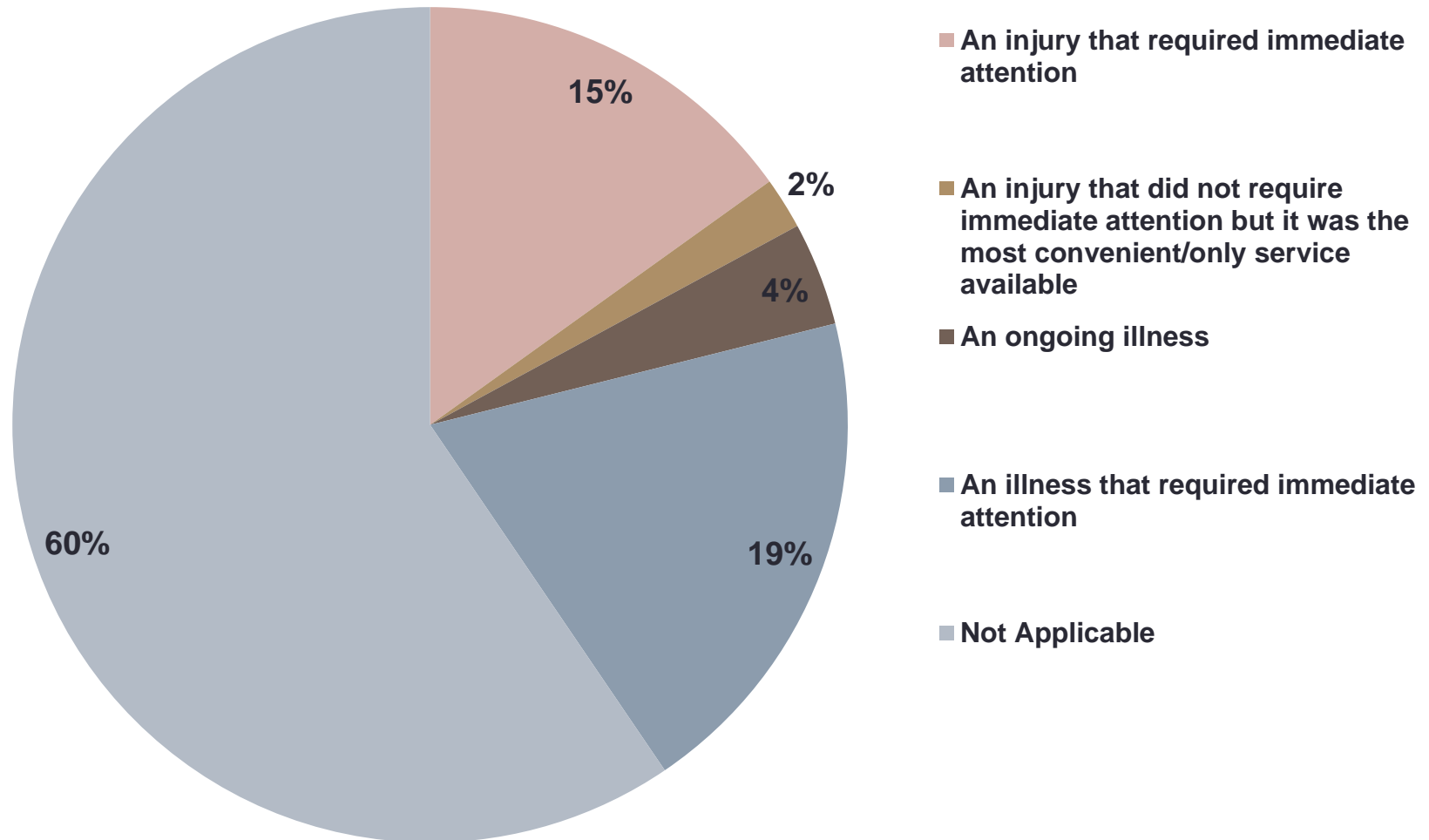
Respondents' Awareness Availability Of Eye Care Specialist



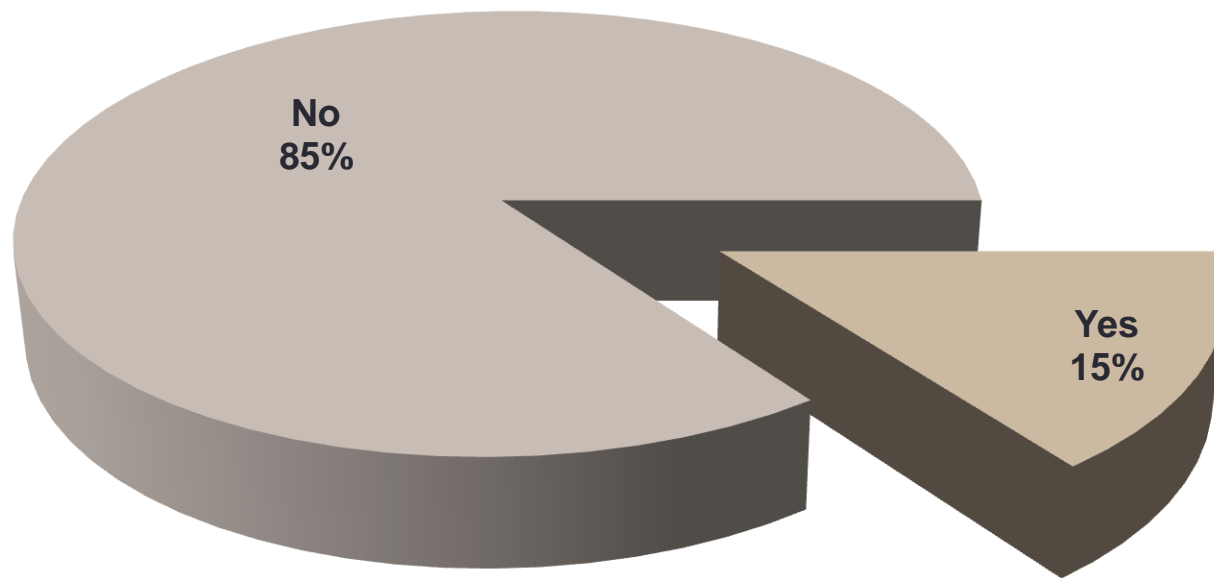
Respondents' Frequency Of Emergency Room Utilization (Past 12 months)



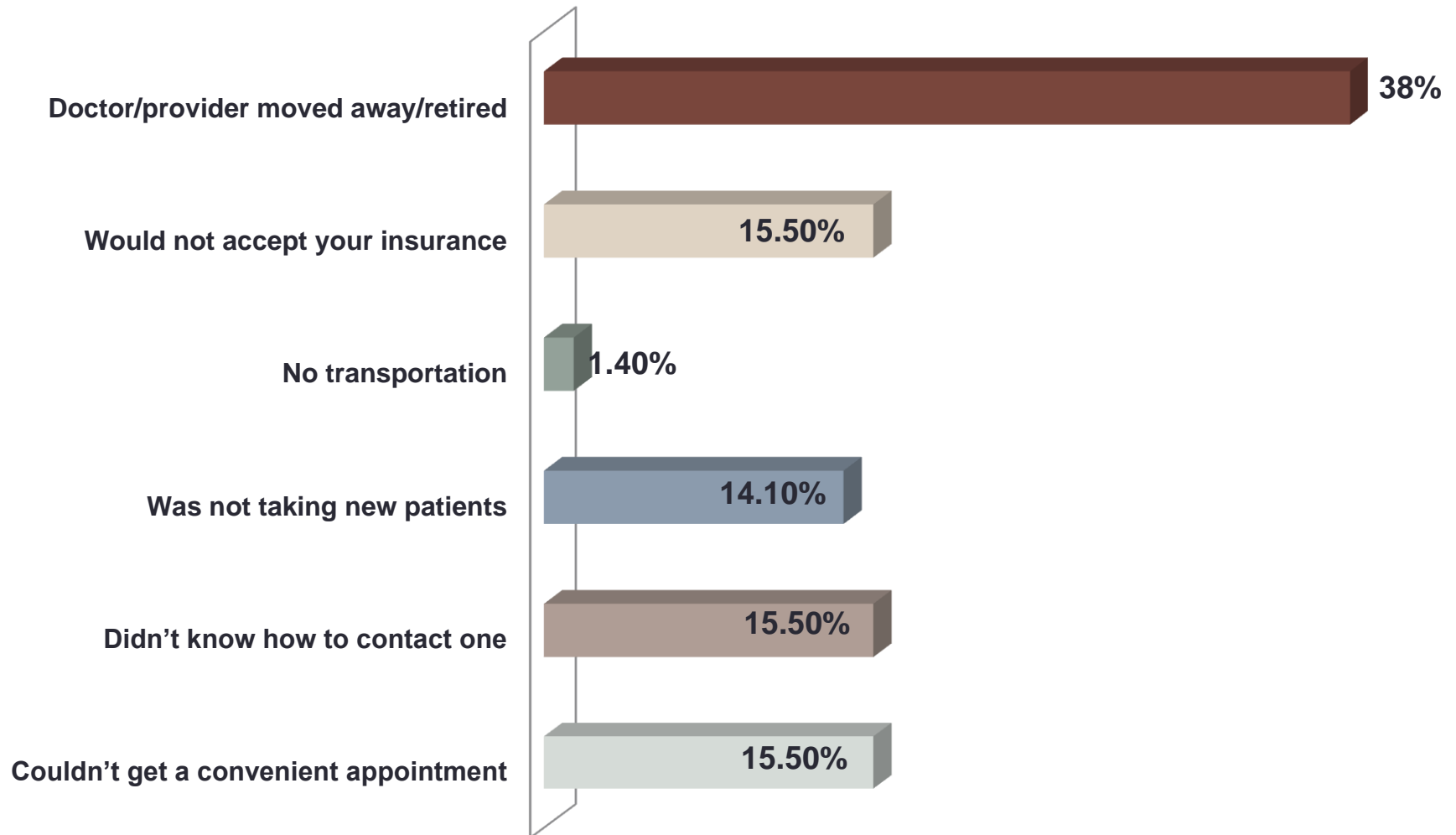
Respondents' Reason For Emergency Room Use (Past 12 Months)



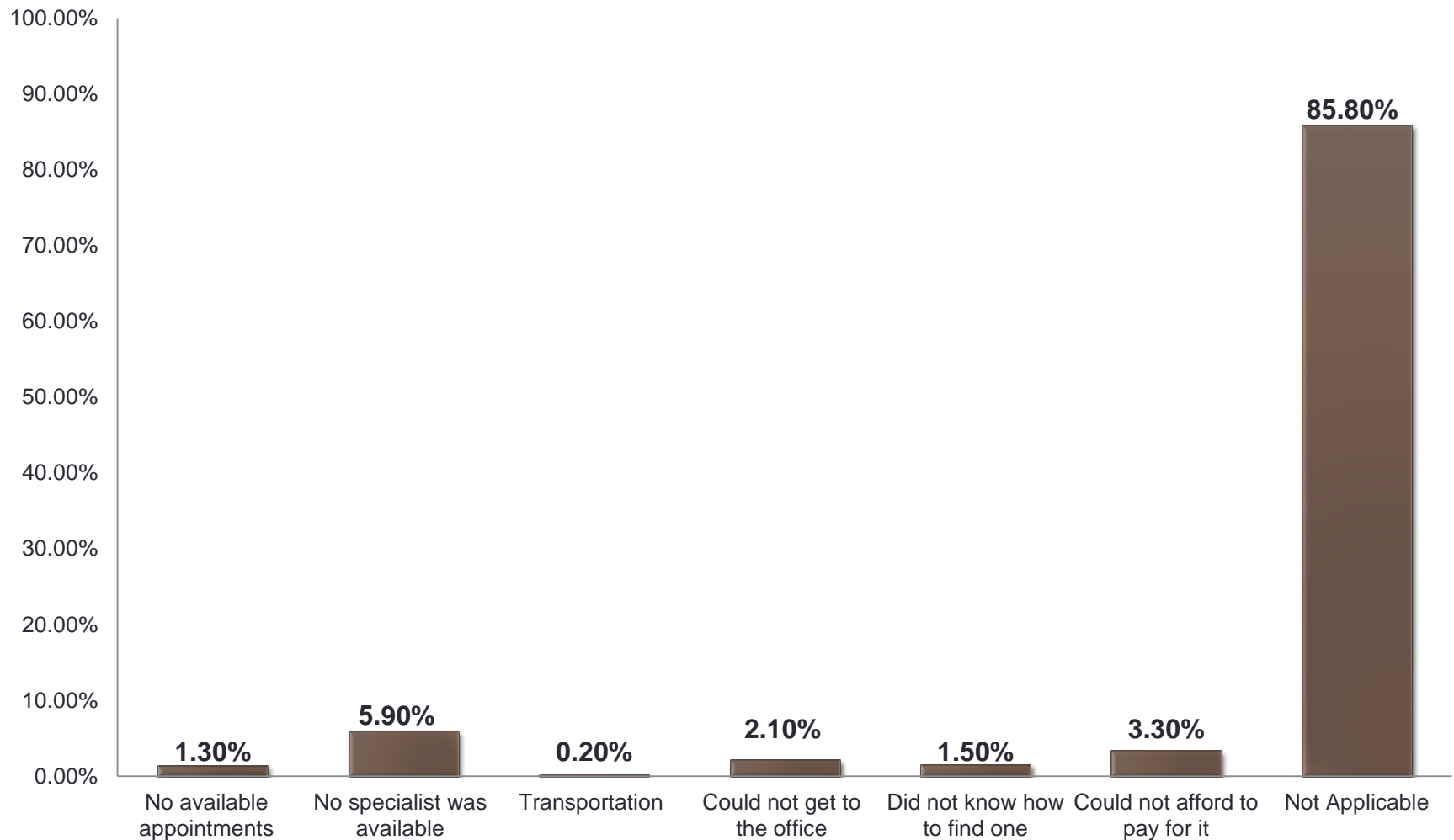
Respondents' Perception Of Difficulty In Finding Healthcare Provider



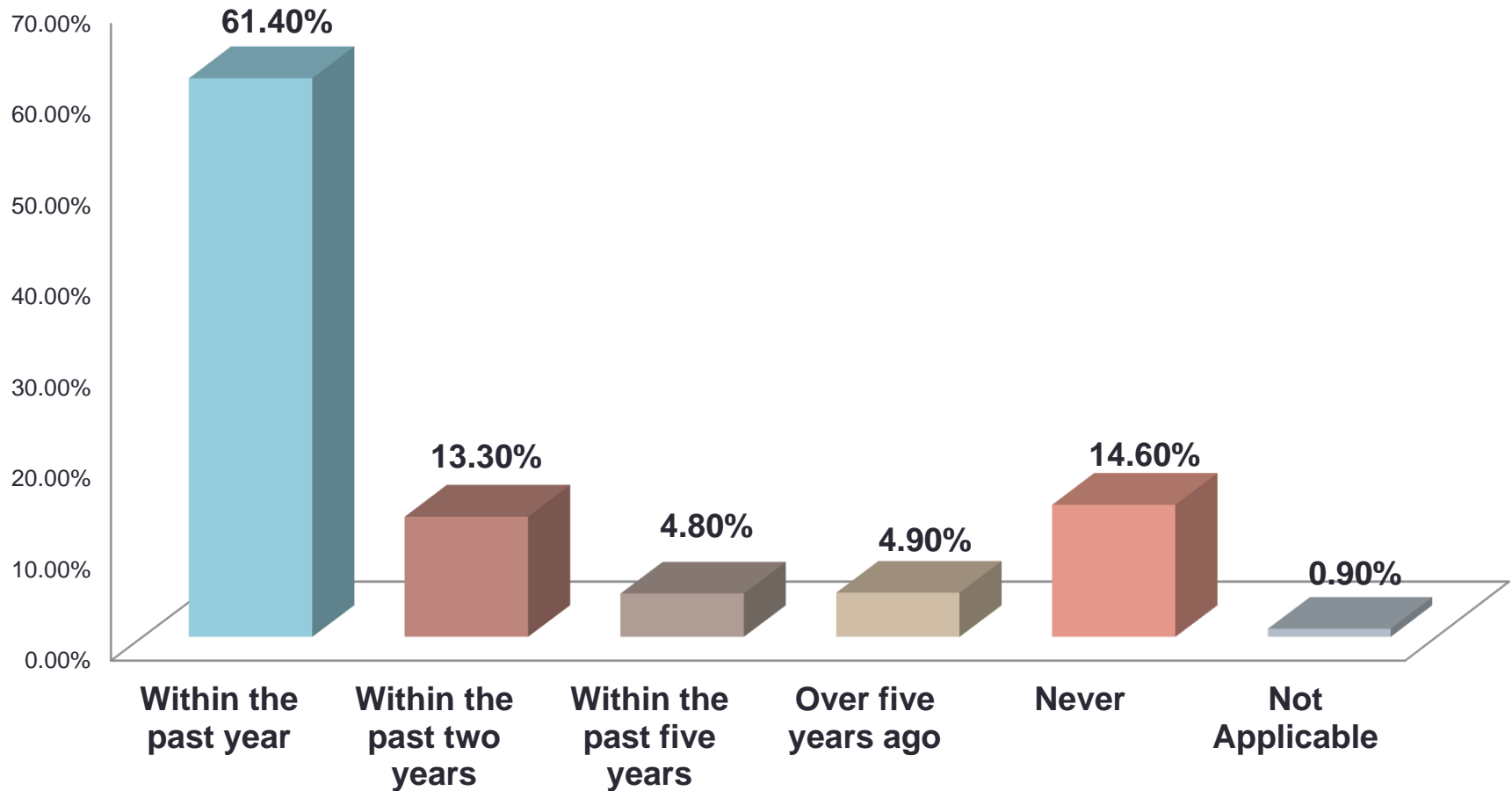
Respondents' Perceived Reasons For Not Finding Medical Care Providers



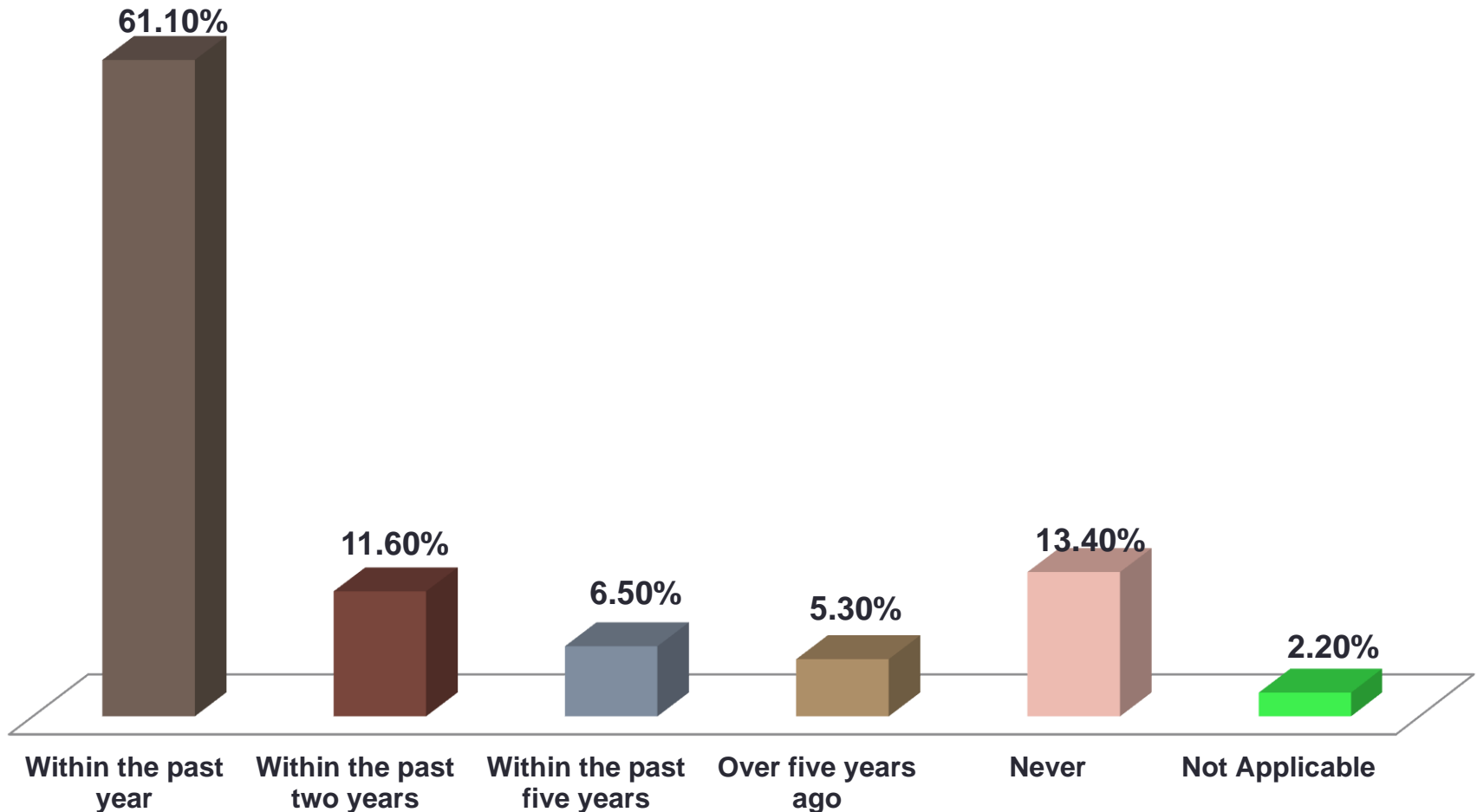
Respondents' Perceived Reasons For Not Finding Specialist Health Professionals



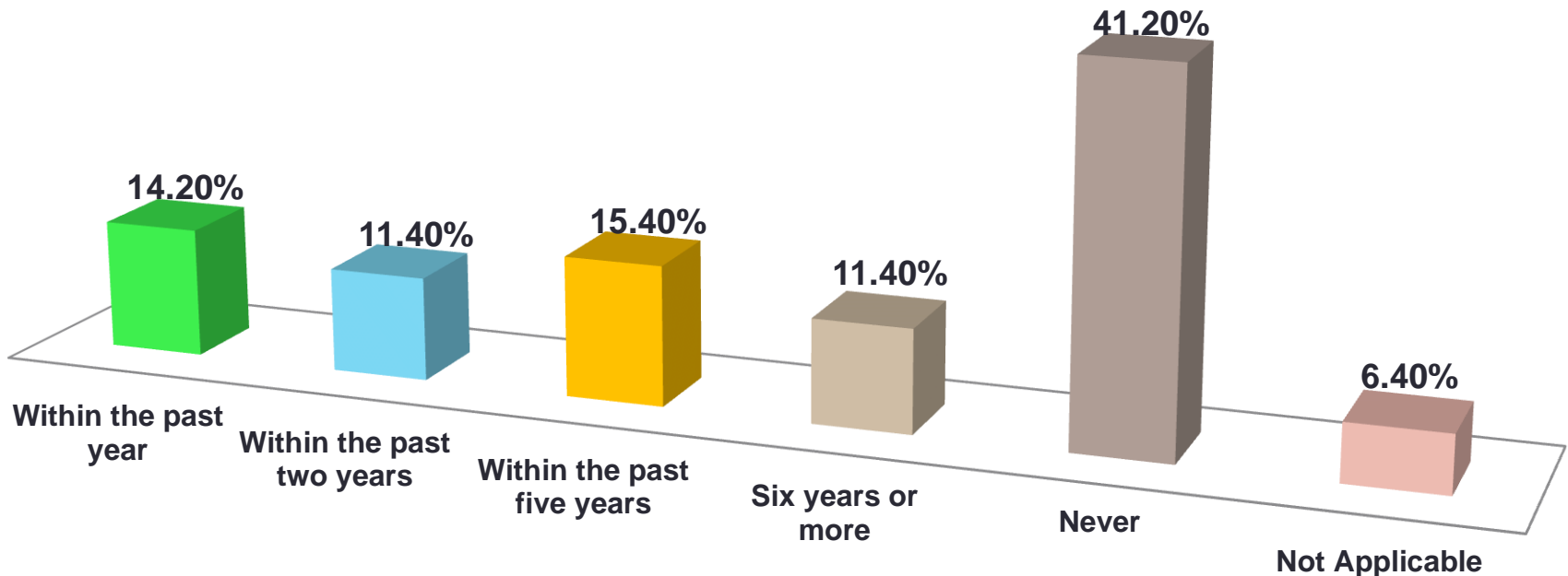
Respondents' Time Of Most Recent Cholesterol Check



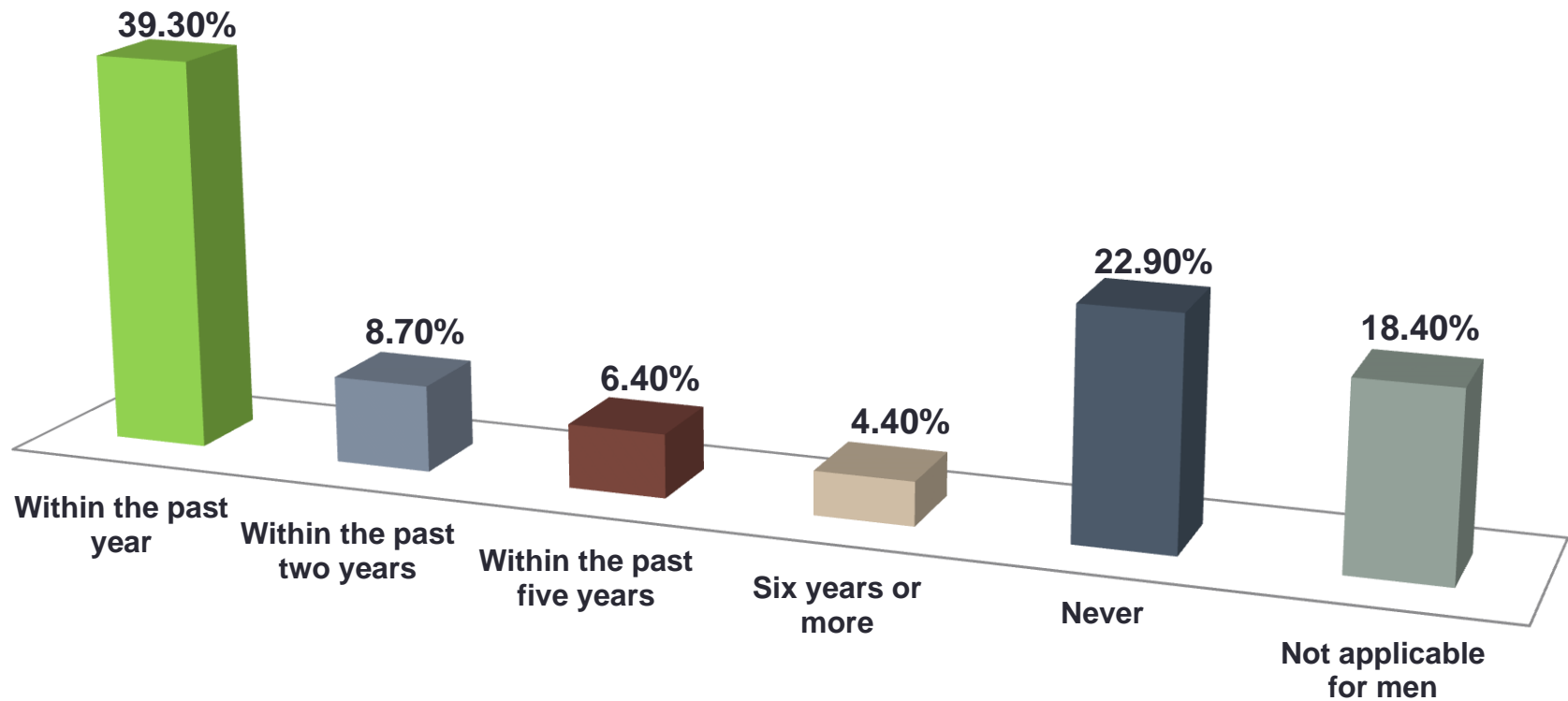
Respondents' Time Of Most Recent Diabetes Check



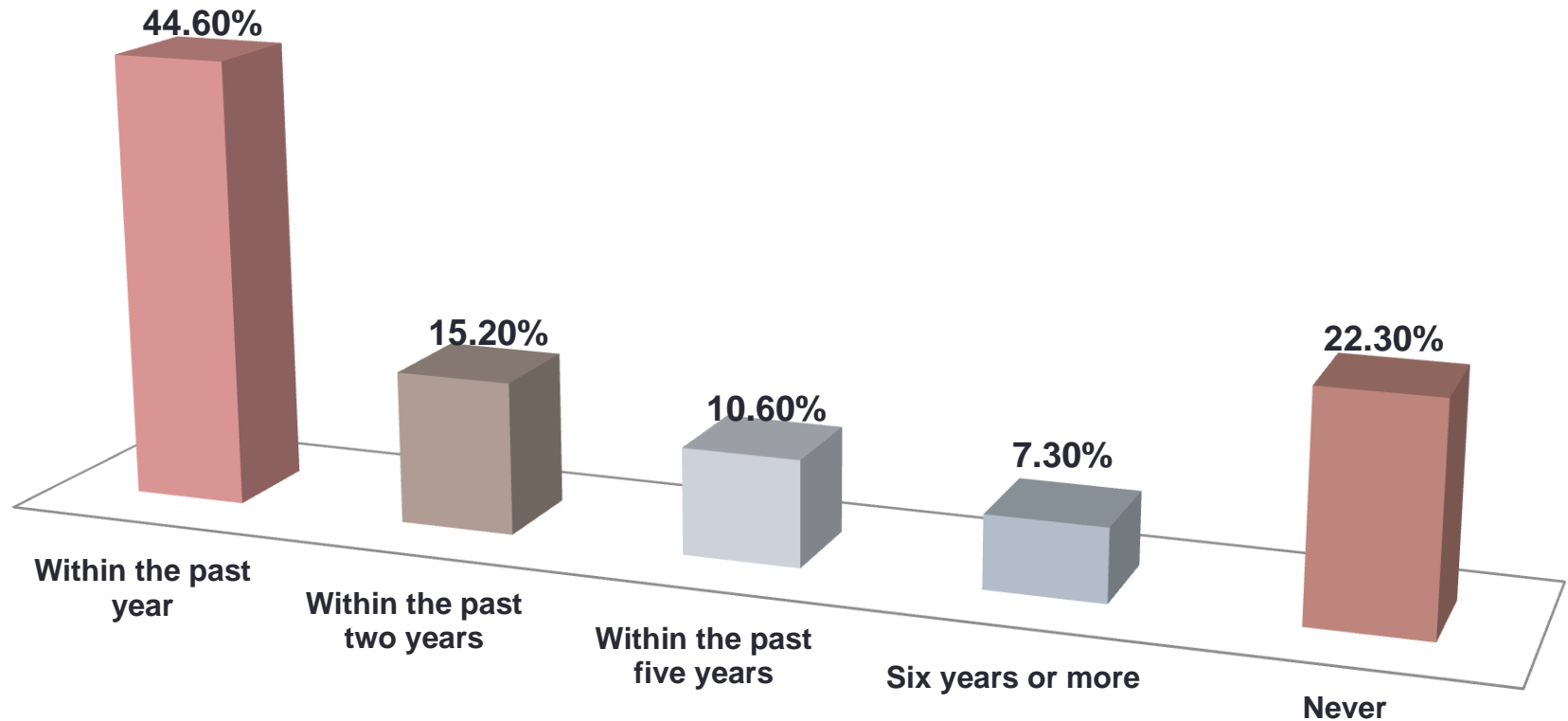
Respondents' Time Of Most Recent Colonoscopy



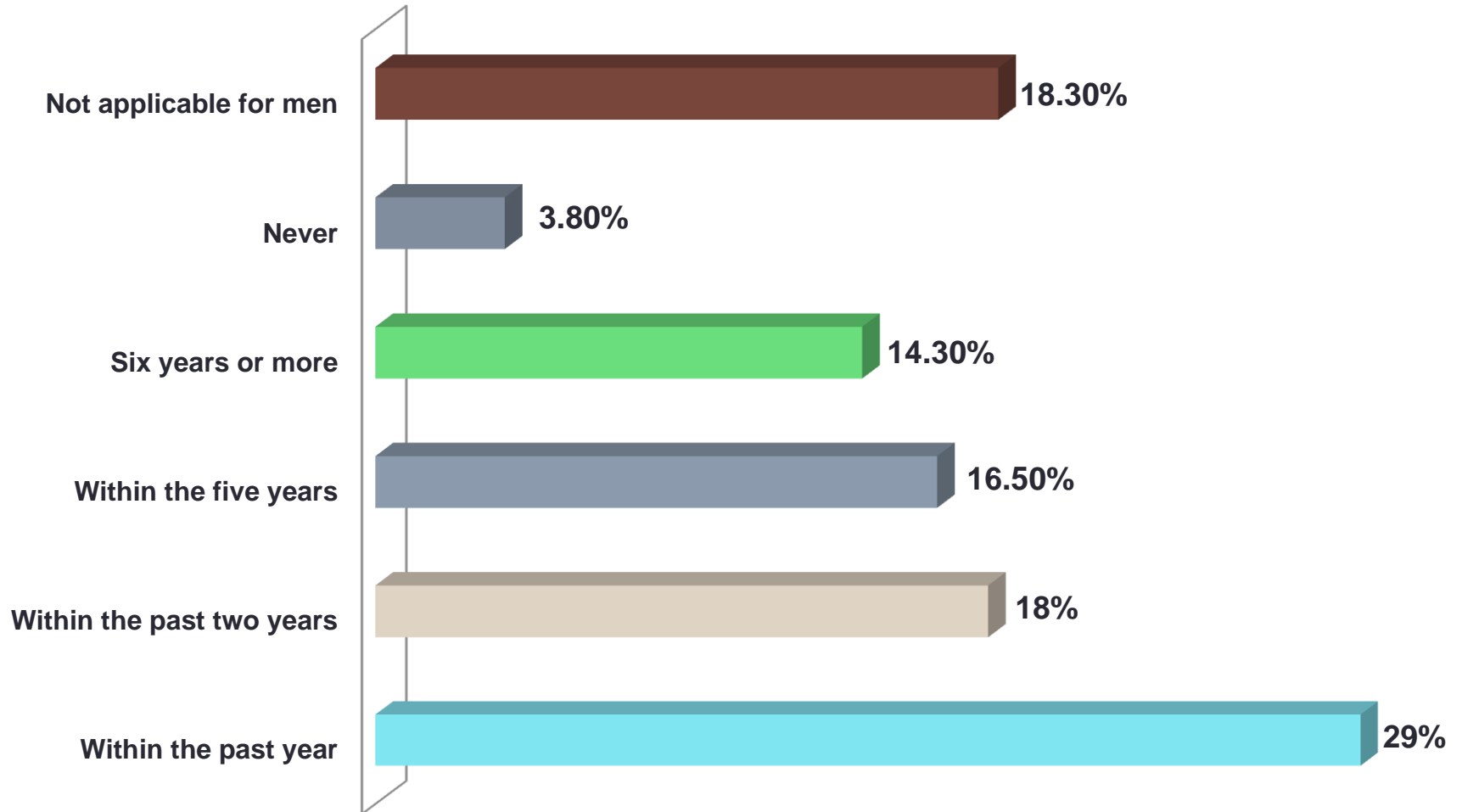
Respondents' Time Of Most Recent Mammogram



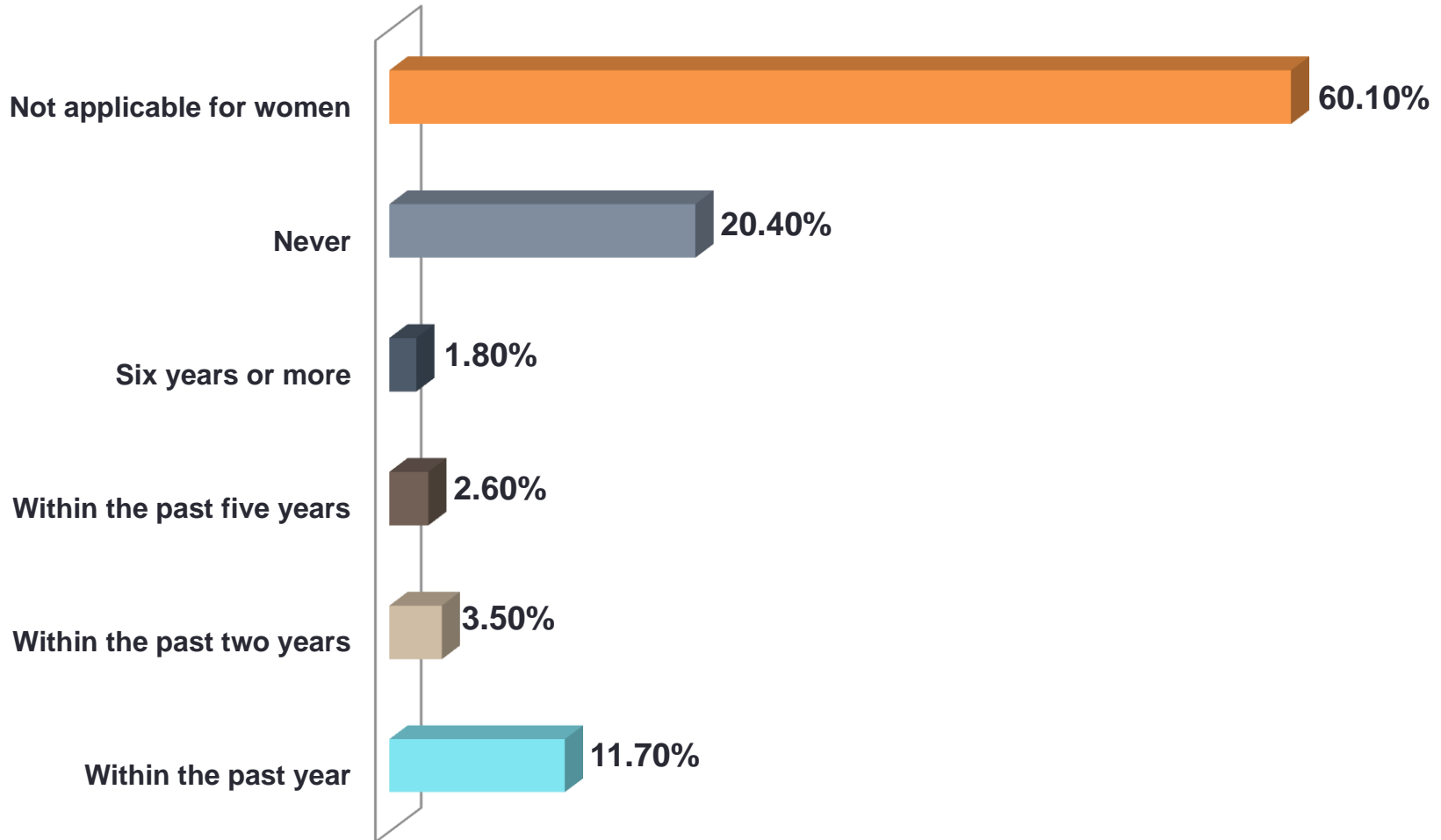
Respondents' Time Of Most Recent Breast Examination



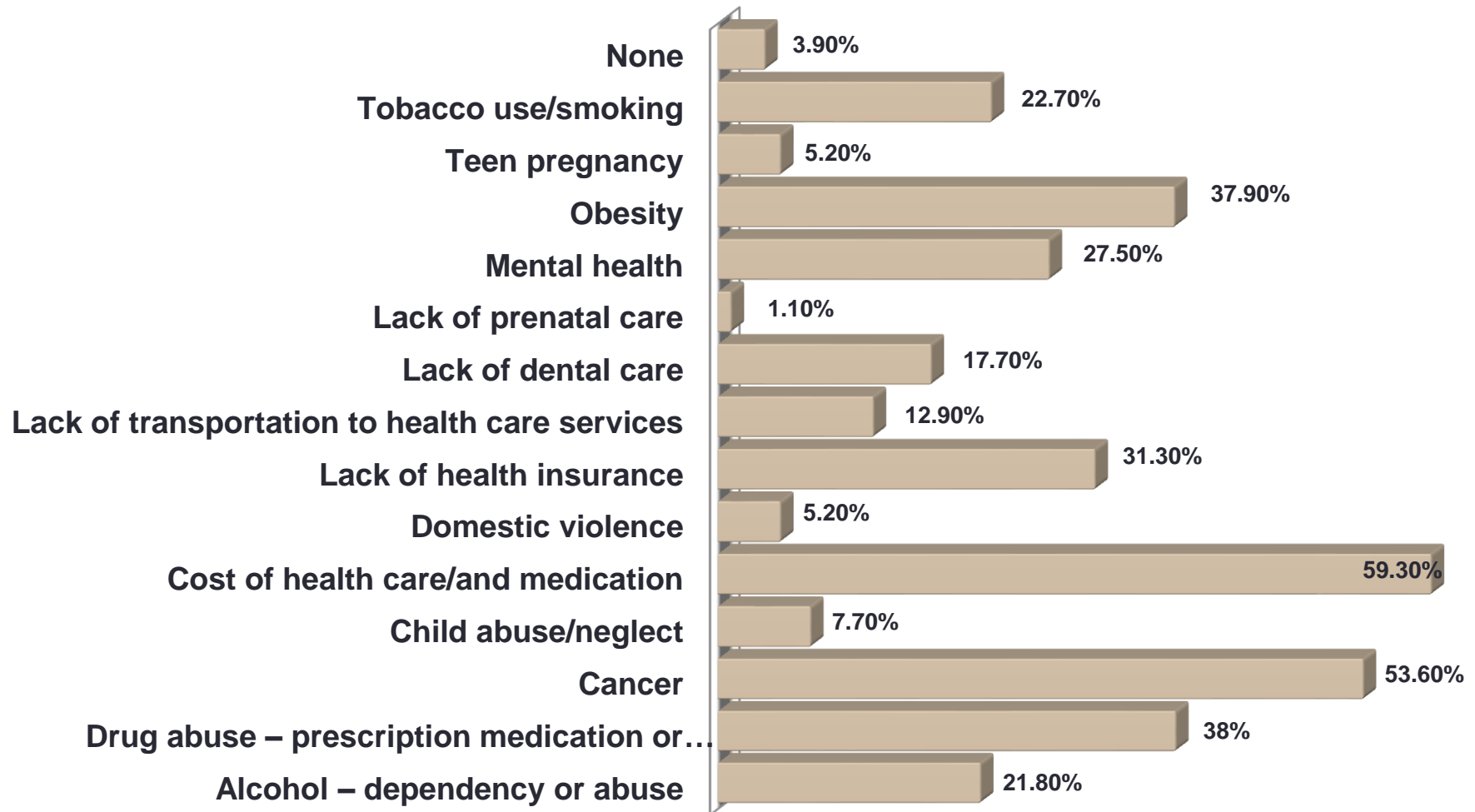
Respondents' Time Of Most Recent Pap Smear



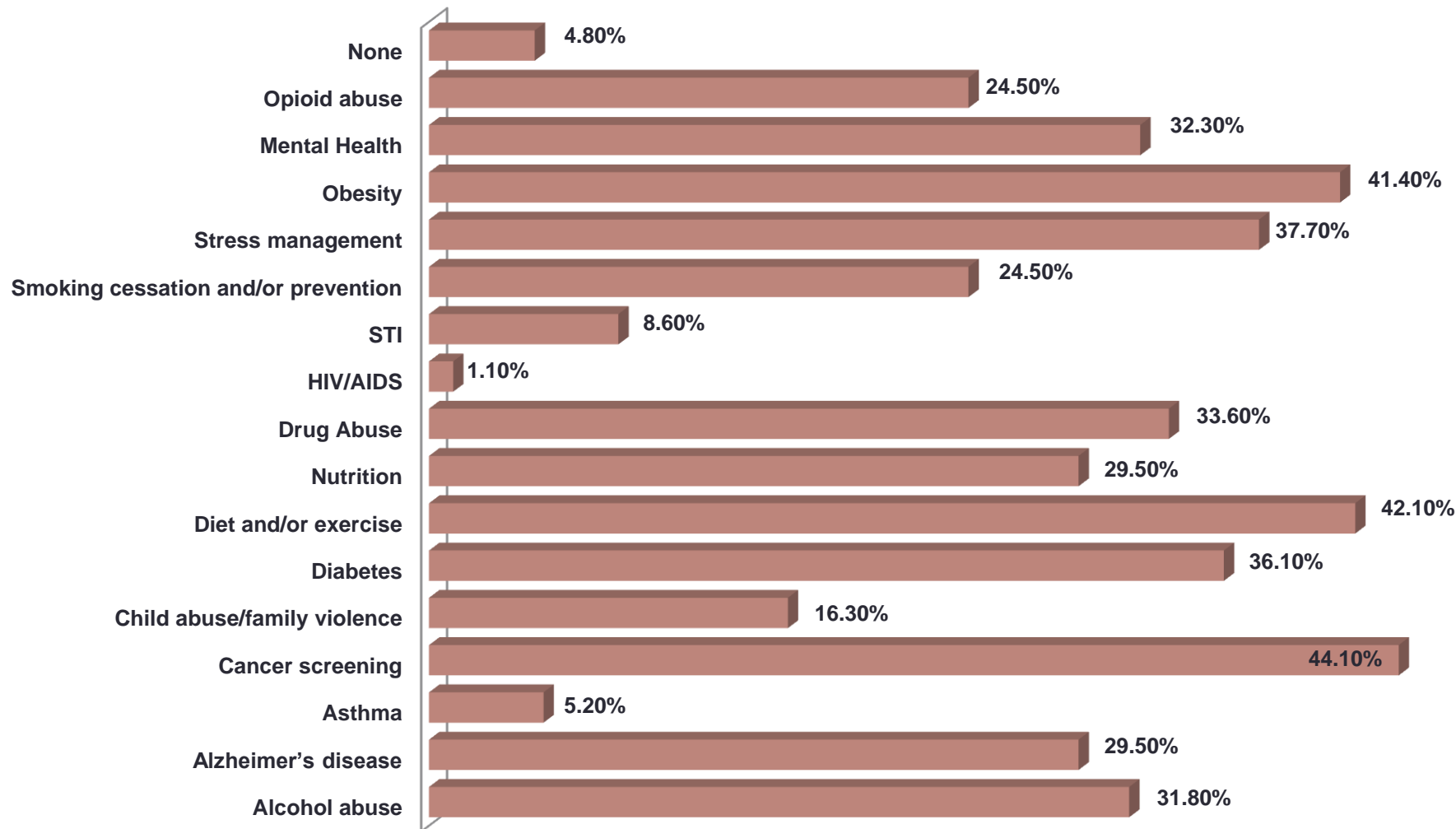
Respondents' Time Of Most Recent Prostate Examination



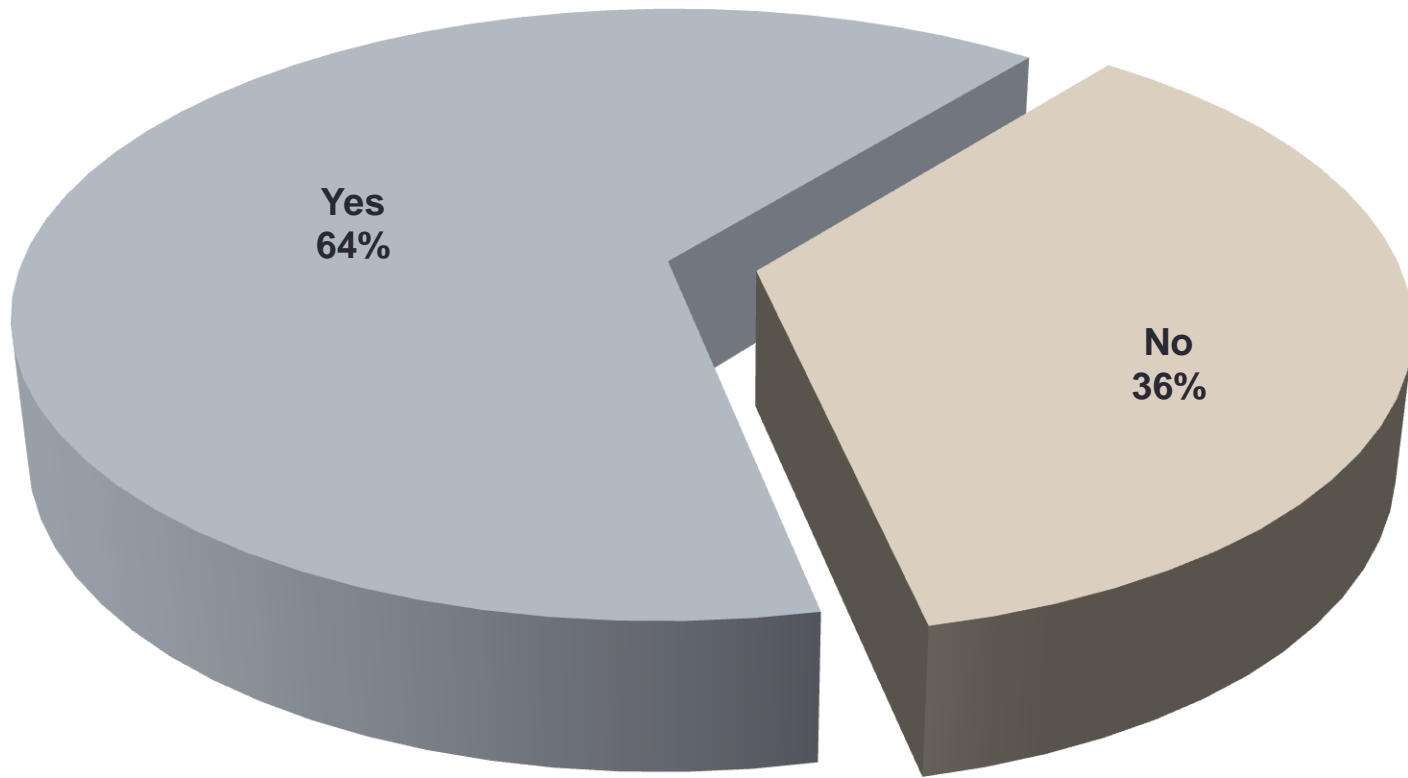
Respondents' Perception Of Most Pressing Health Problems In Hancock County



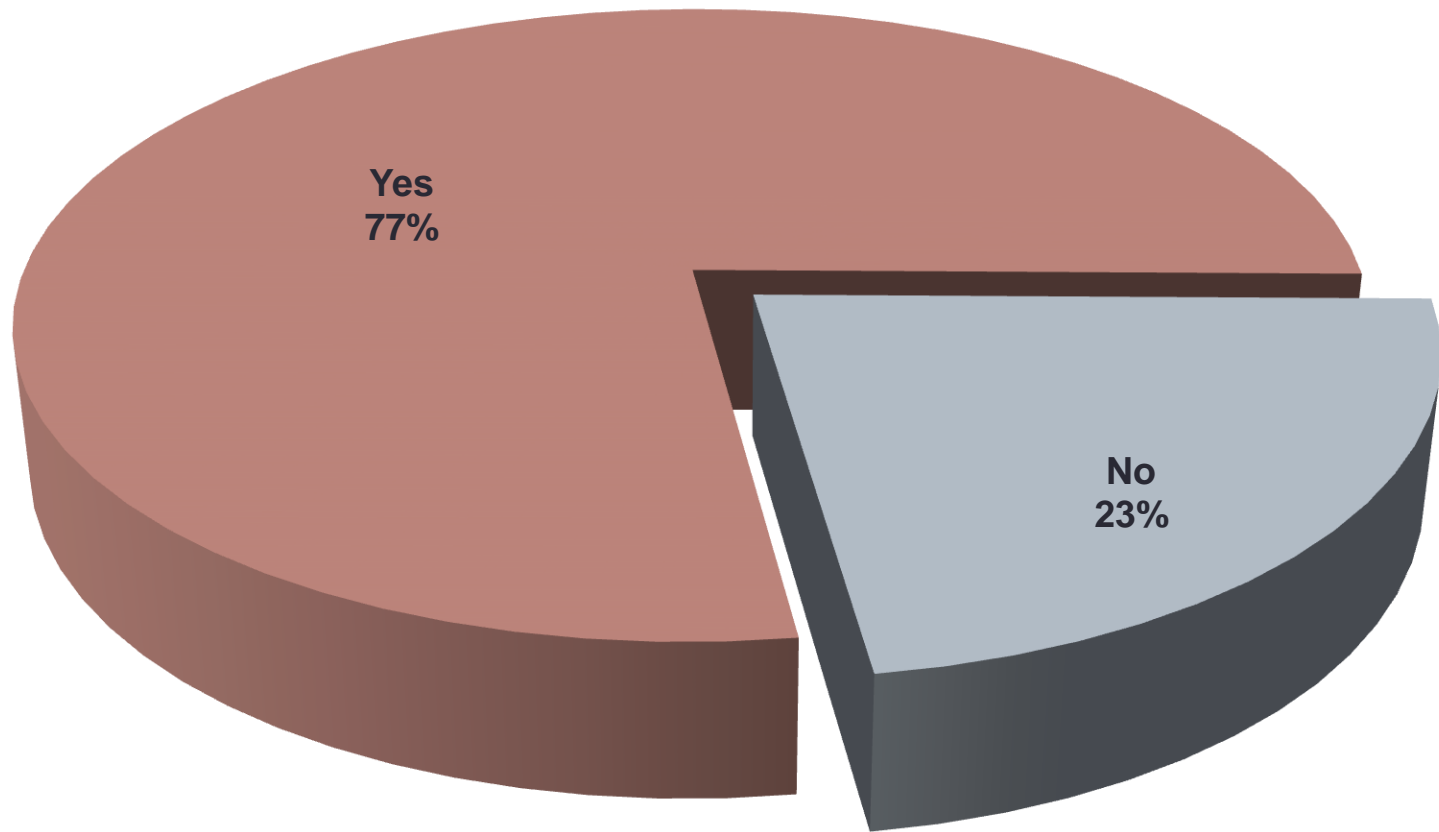
Respondents' Perception On Health Education Services Most Needed In Hancock County



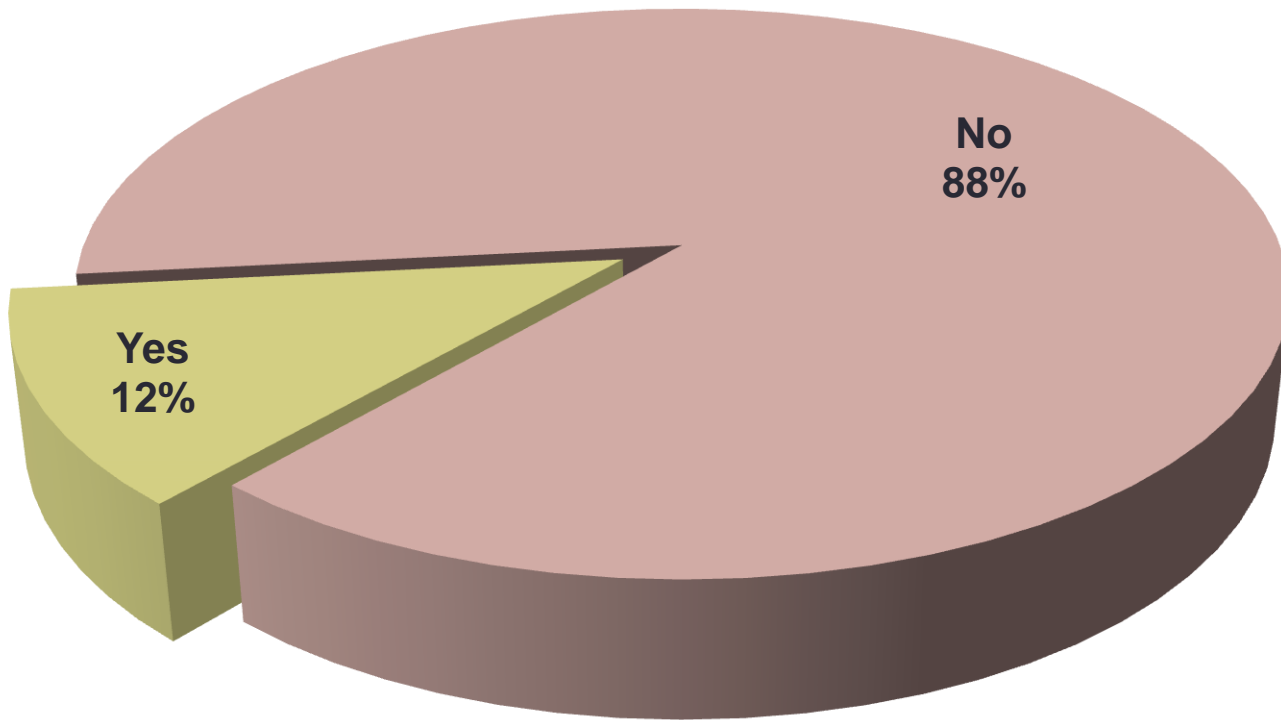
Respondents Who Received A Flu Shot Within The Past 12 Months



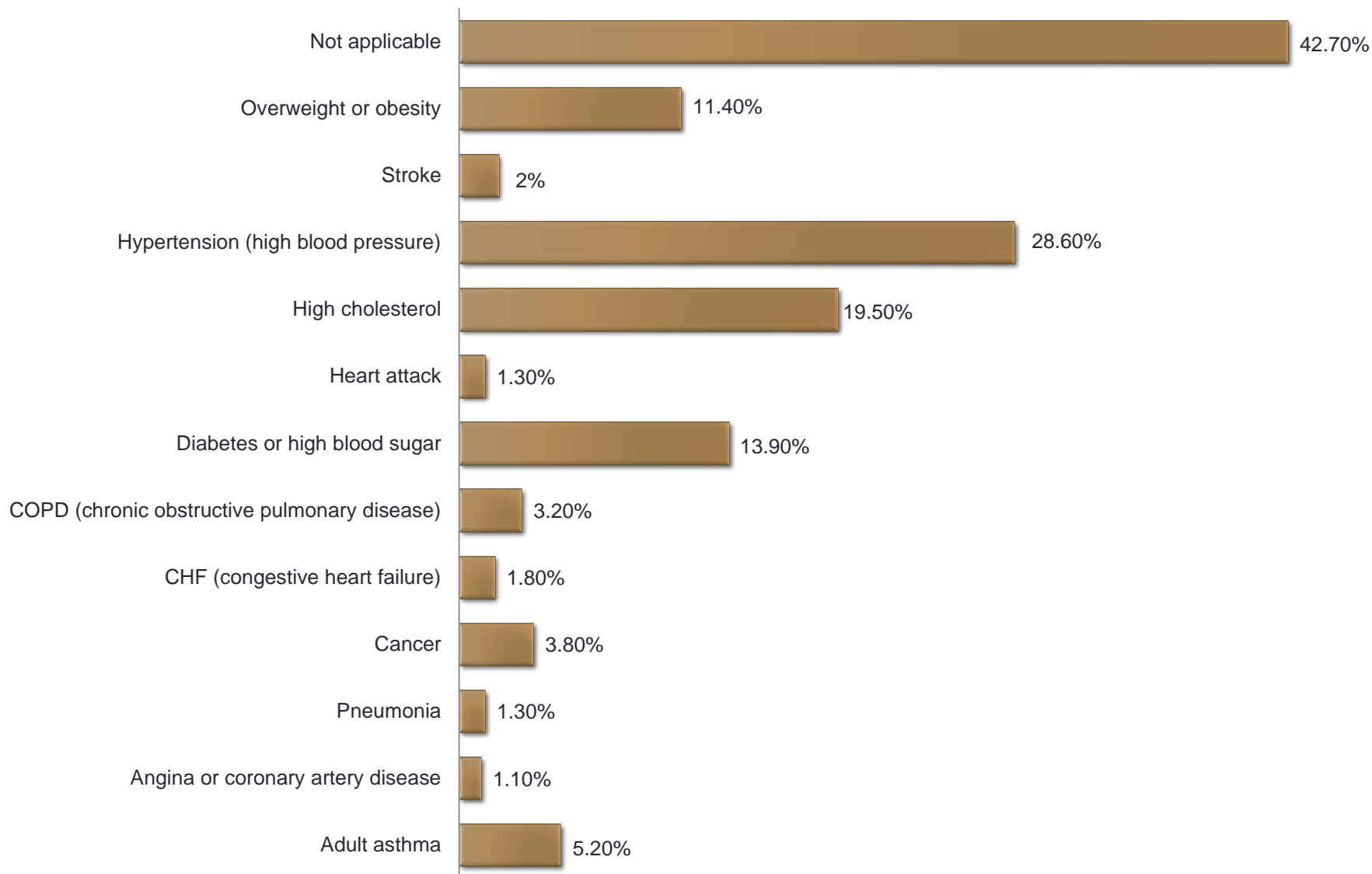
Respondents Participation in Physical Activity Within The Past 12 Months



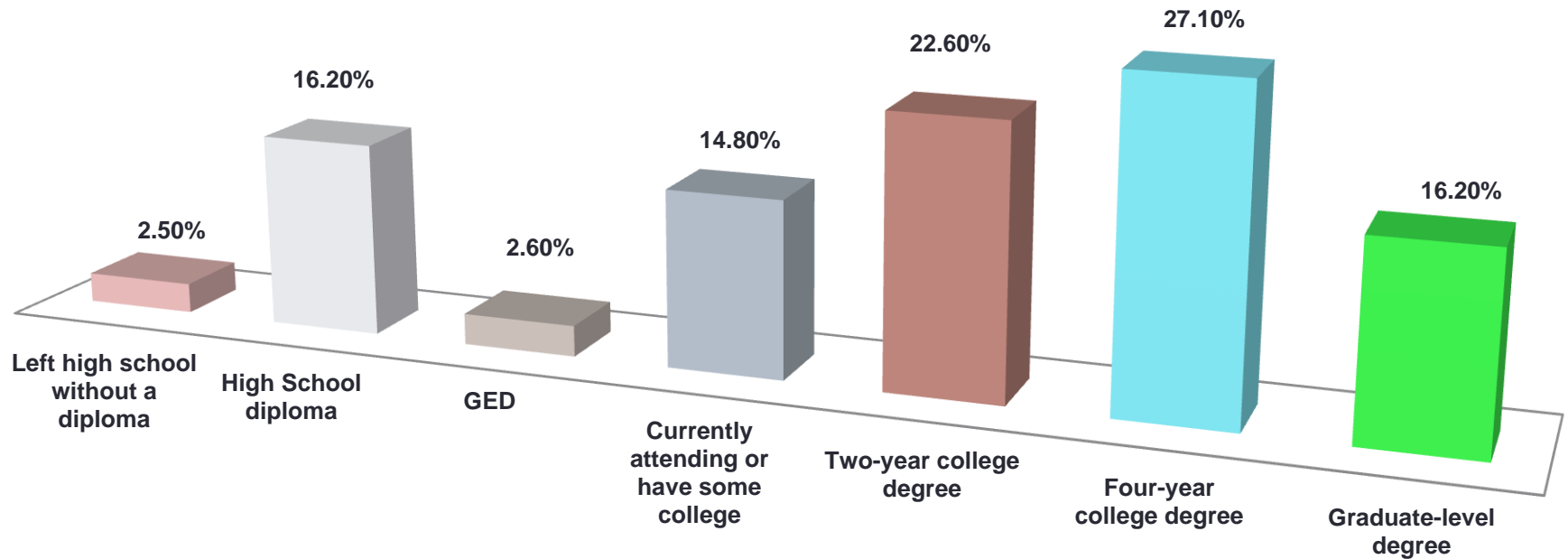
Respondents' Smoking Habits In Hancock County



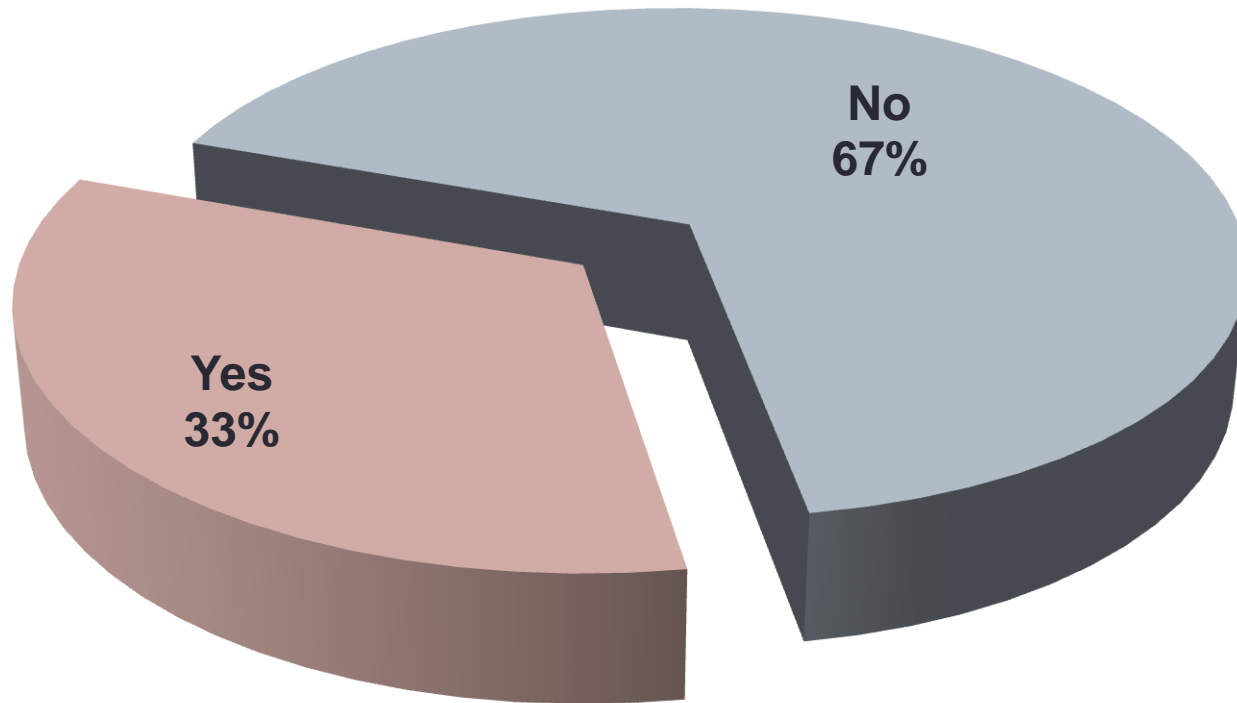
Health Issues Currently Faced By Respondents



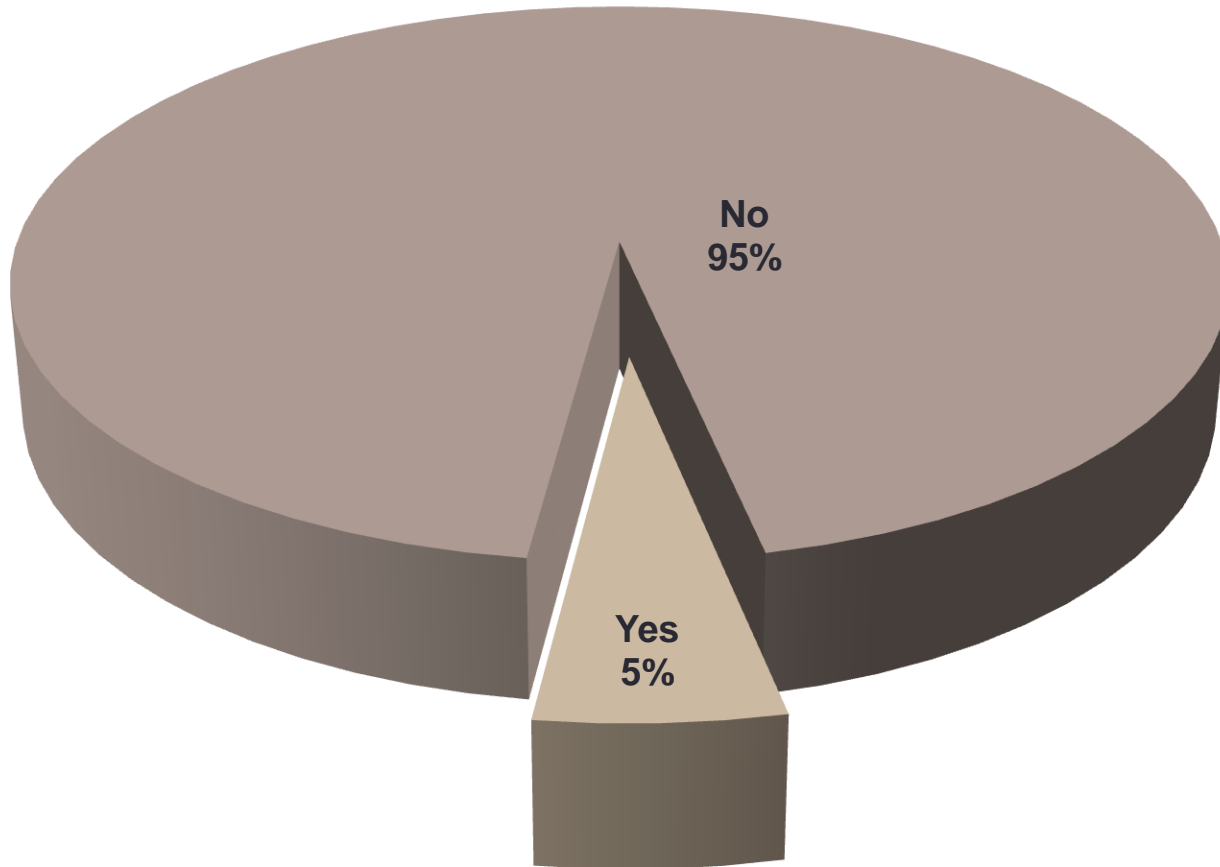
Level Of Education Attained By Respondents



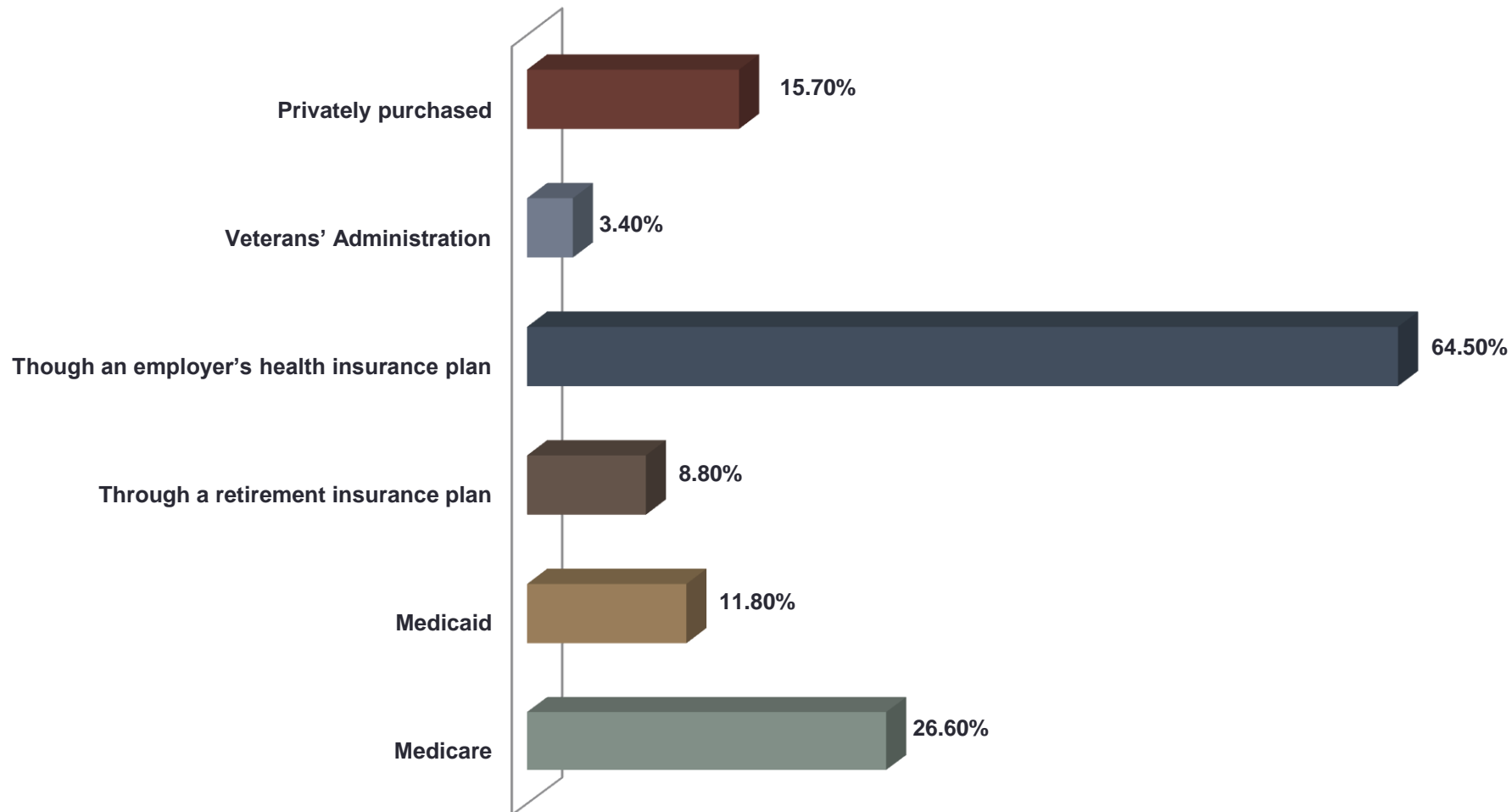
Percentage Of Respondents Who Are Retired



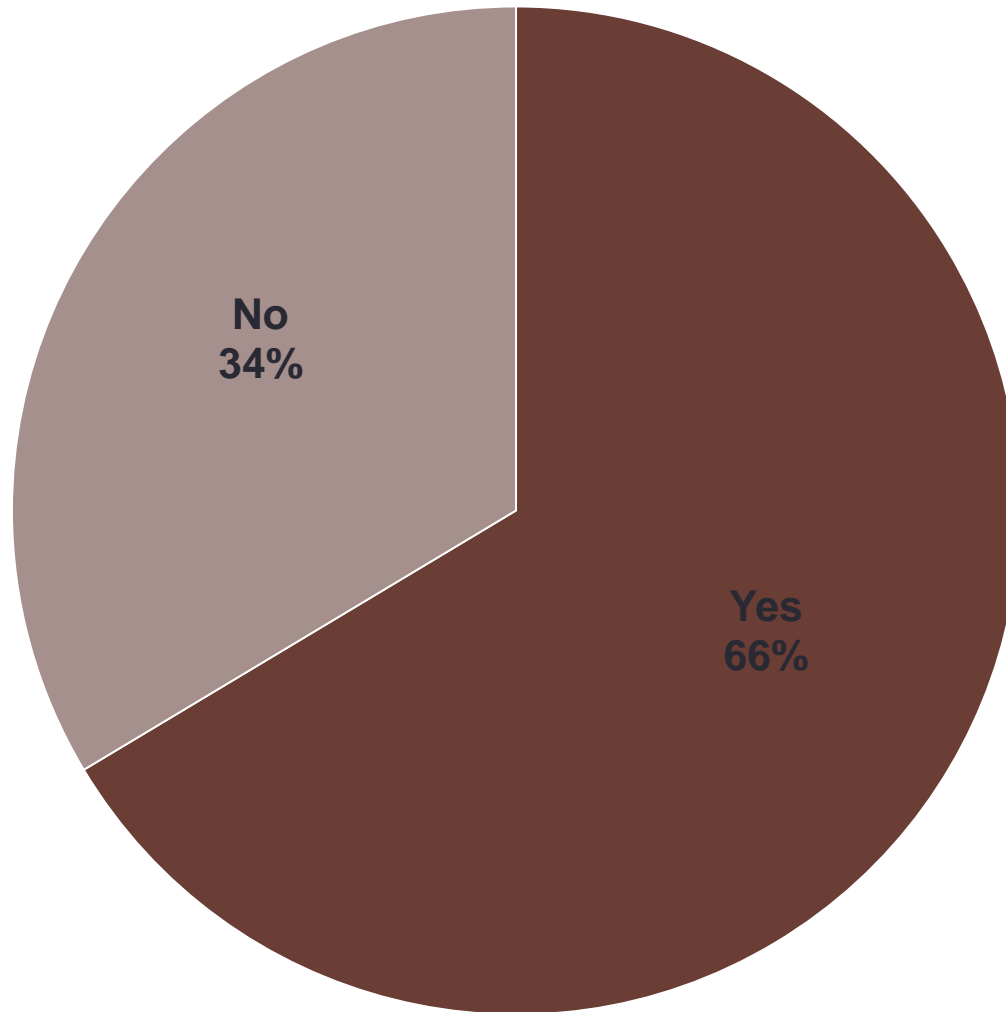
Percentage Of Respondents Without Health Insurance



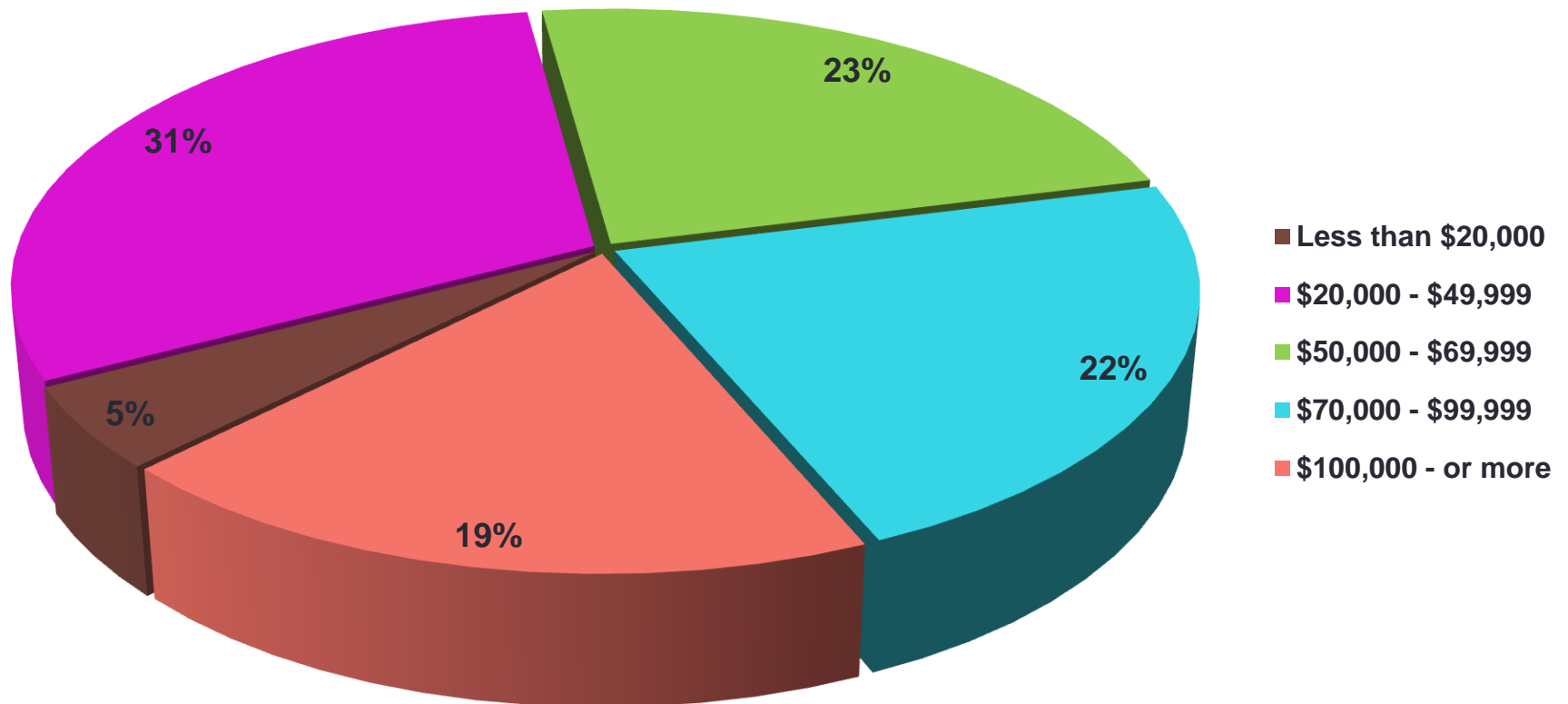
Respondents Health Insurance Providers At Hancock County



Percentage of Respondents' Health Insurance Providers With Dental Or Vision Coverage

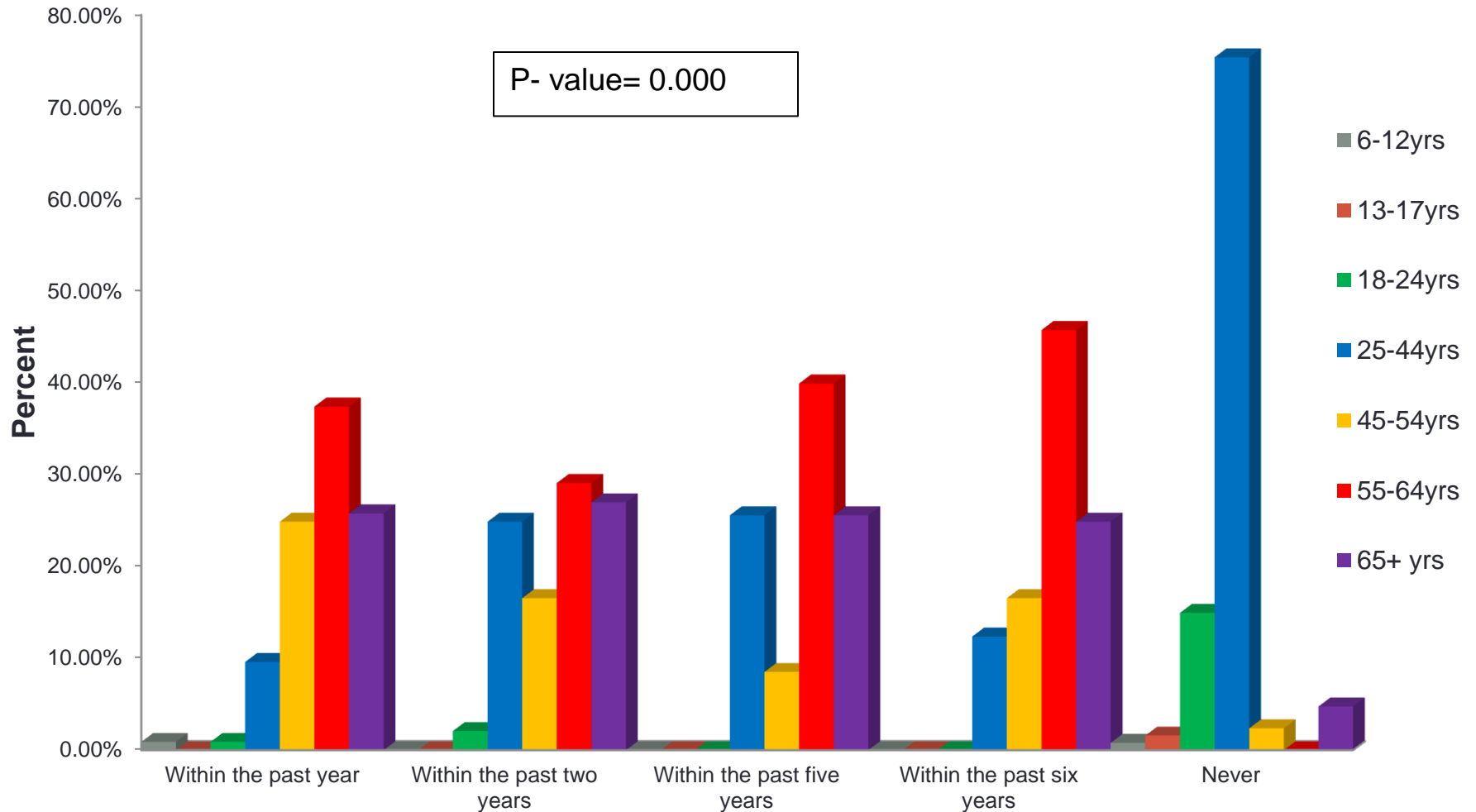


Respondents Household Income Distribution

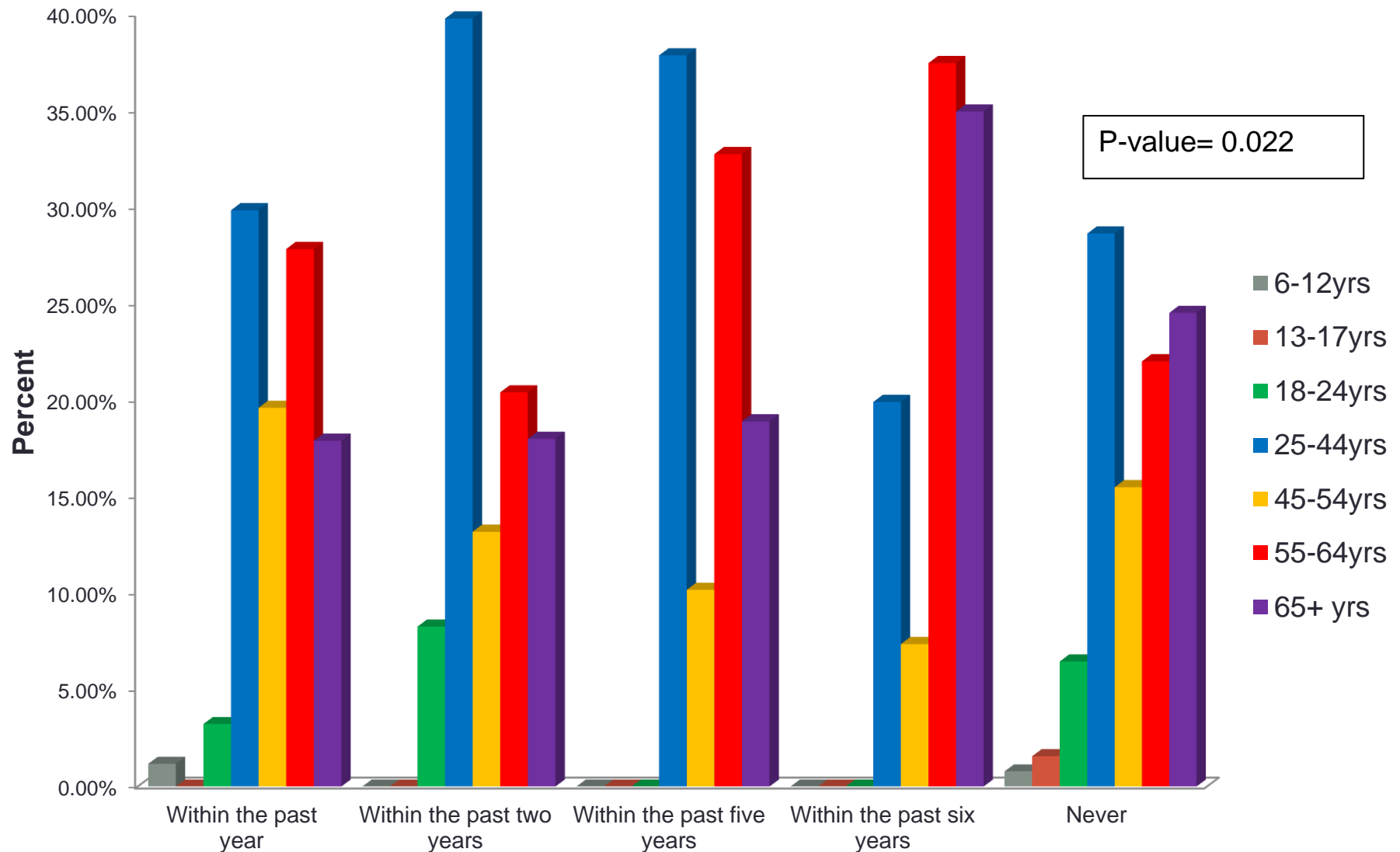


ANALYTICAL

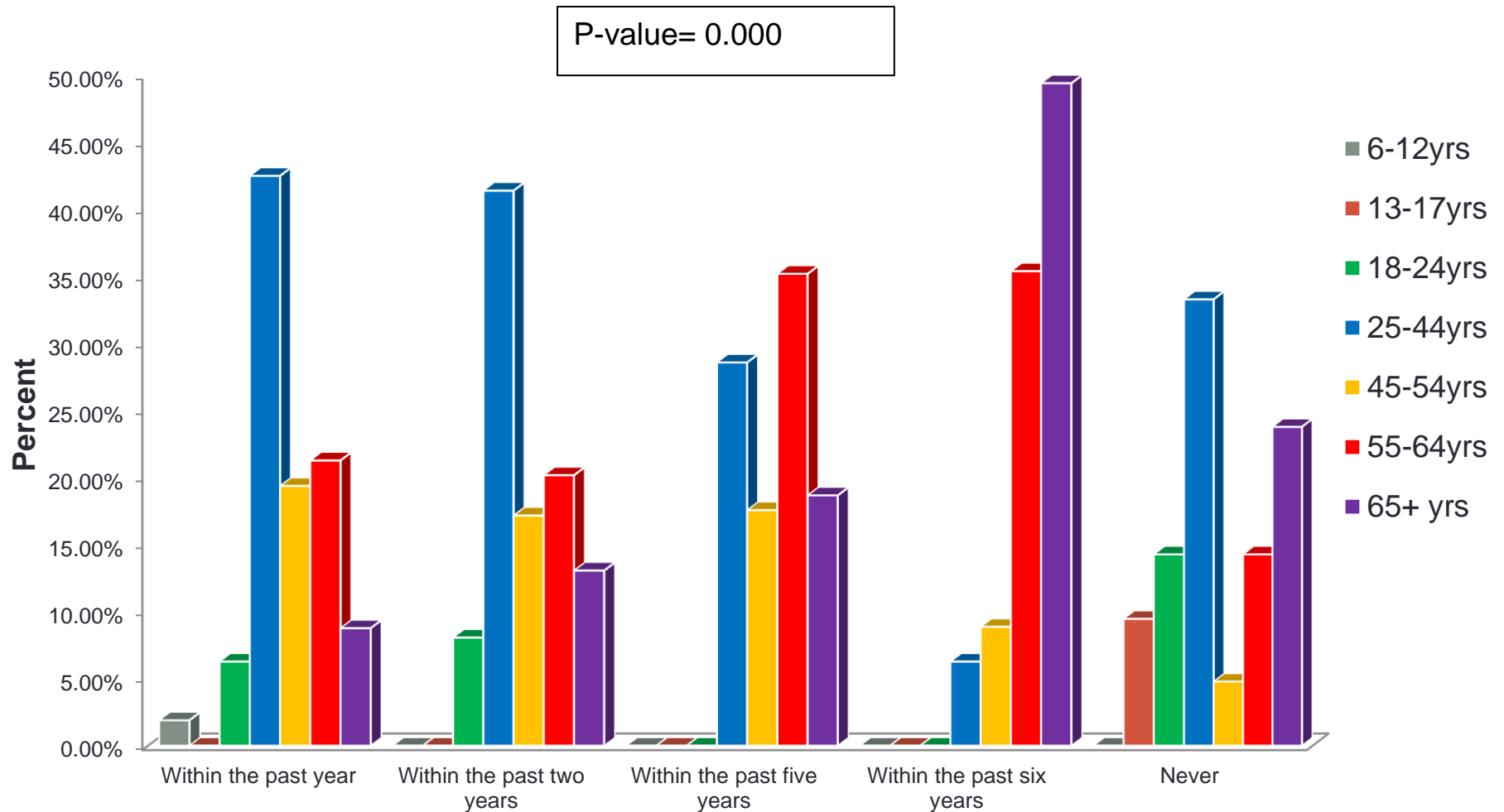
Distribution Of Time Of Most Recent Mammogram Among Various Age Groups



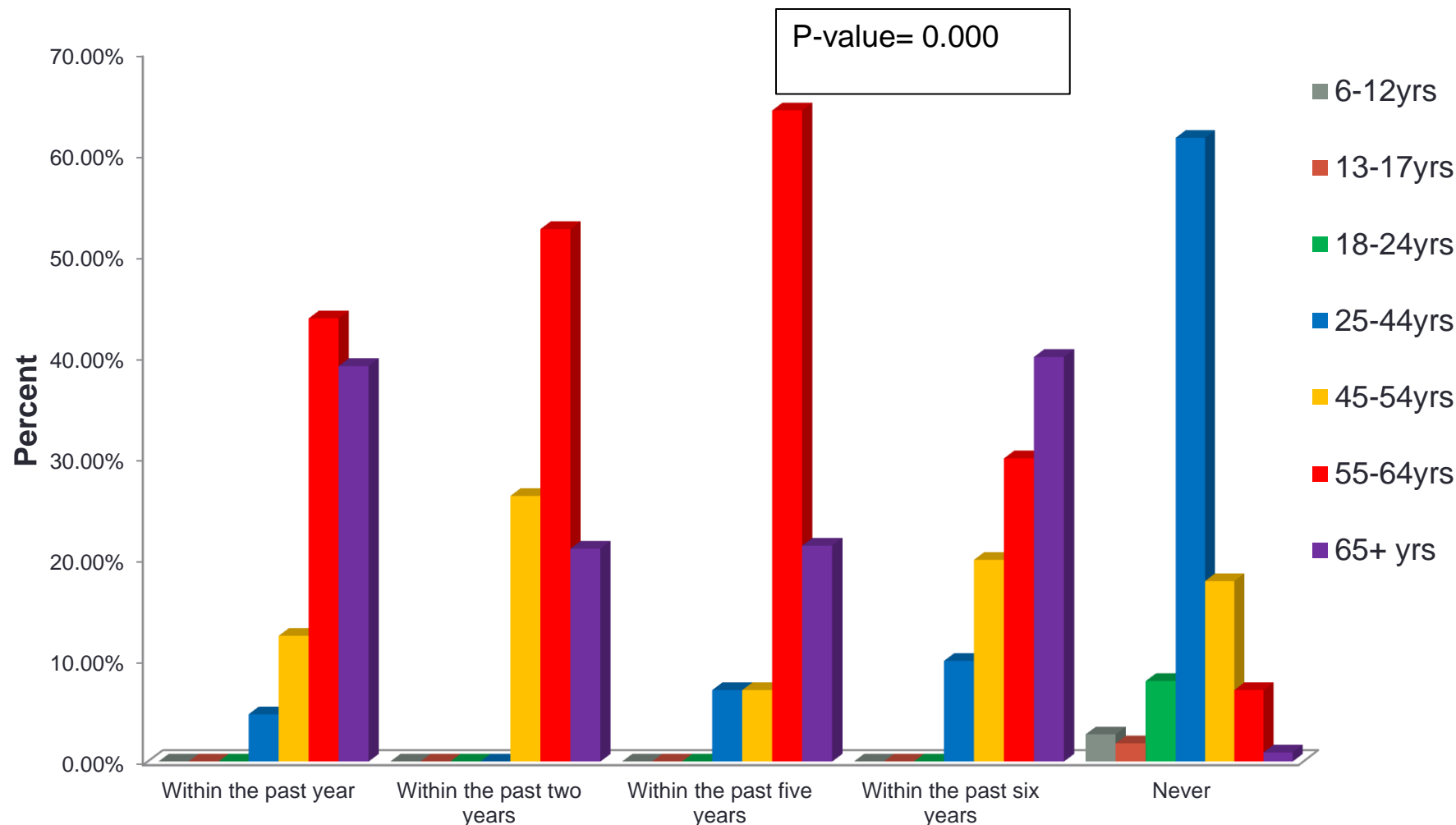
Distribution Of Time Of Most Recent Breast Examination Among Various Age Groups



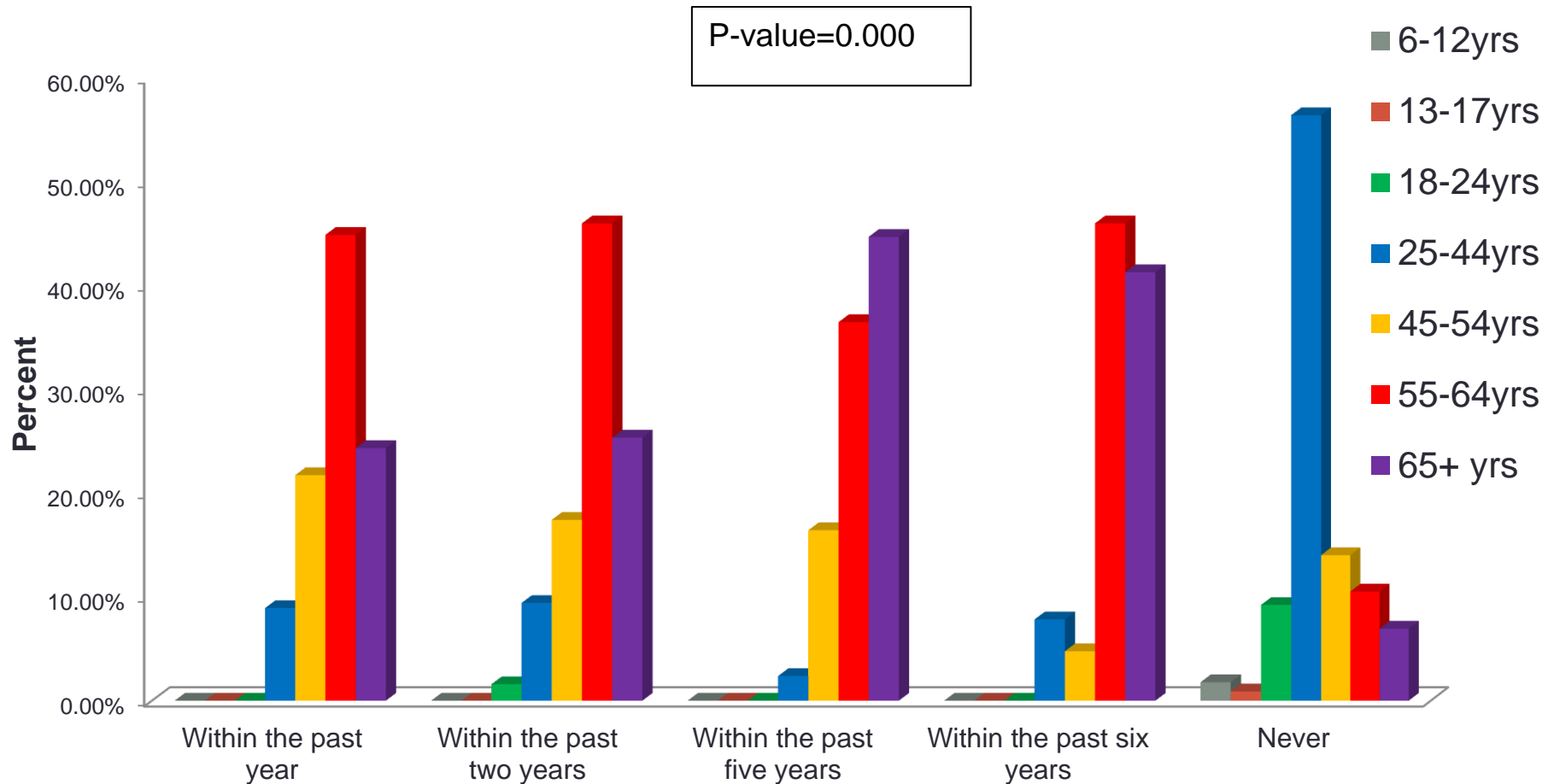
Distribution Of Time Of Most Recent Pap Smear Among Various Age Groups



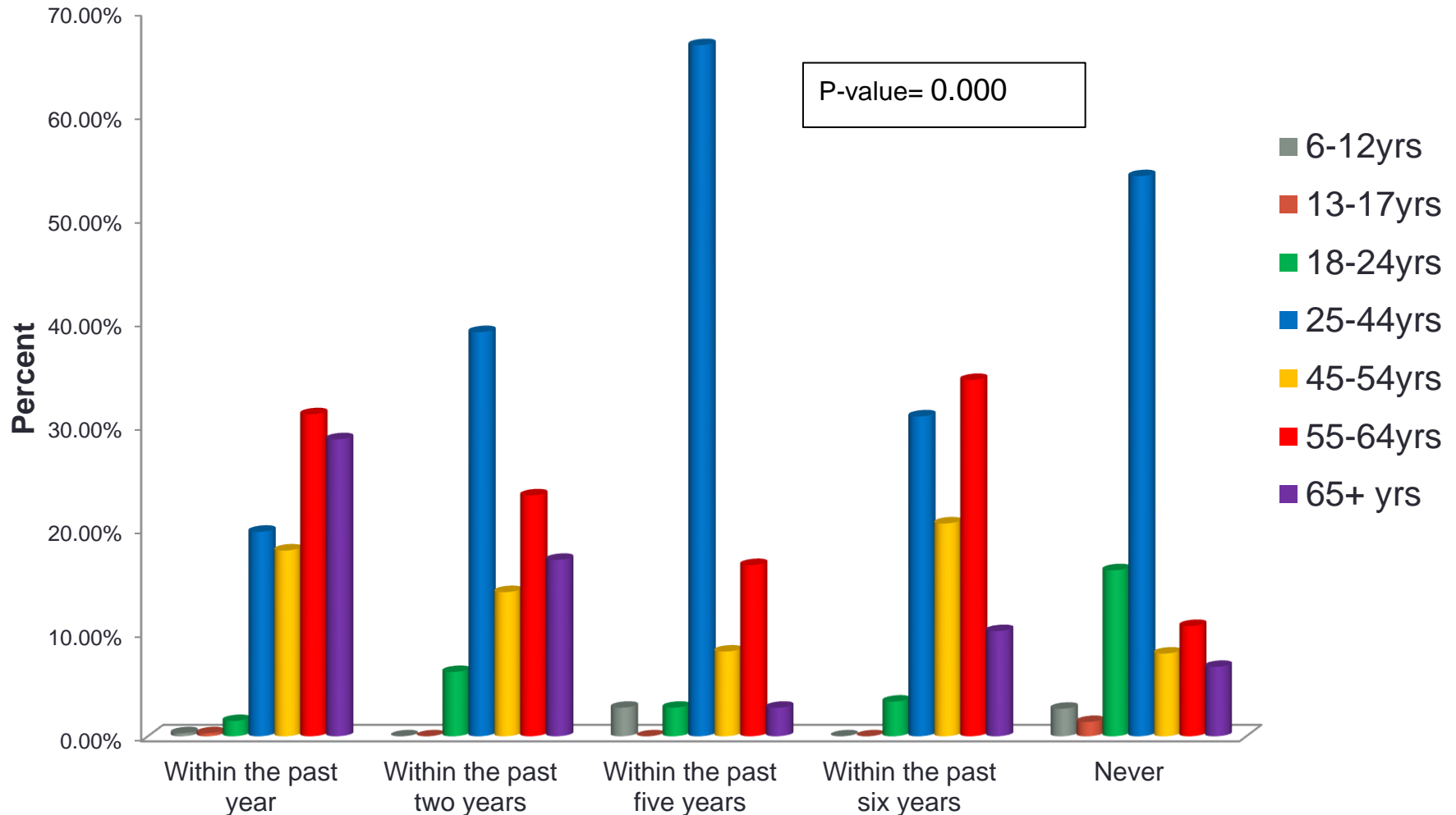
Distribution Of Time Of Most Recent Prostate Cancer Screening Among Various Age Groups



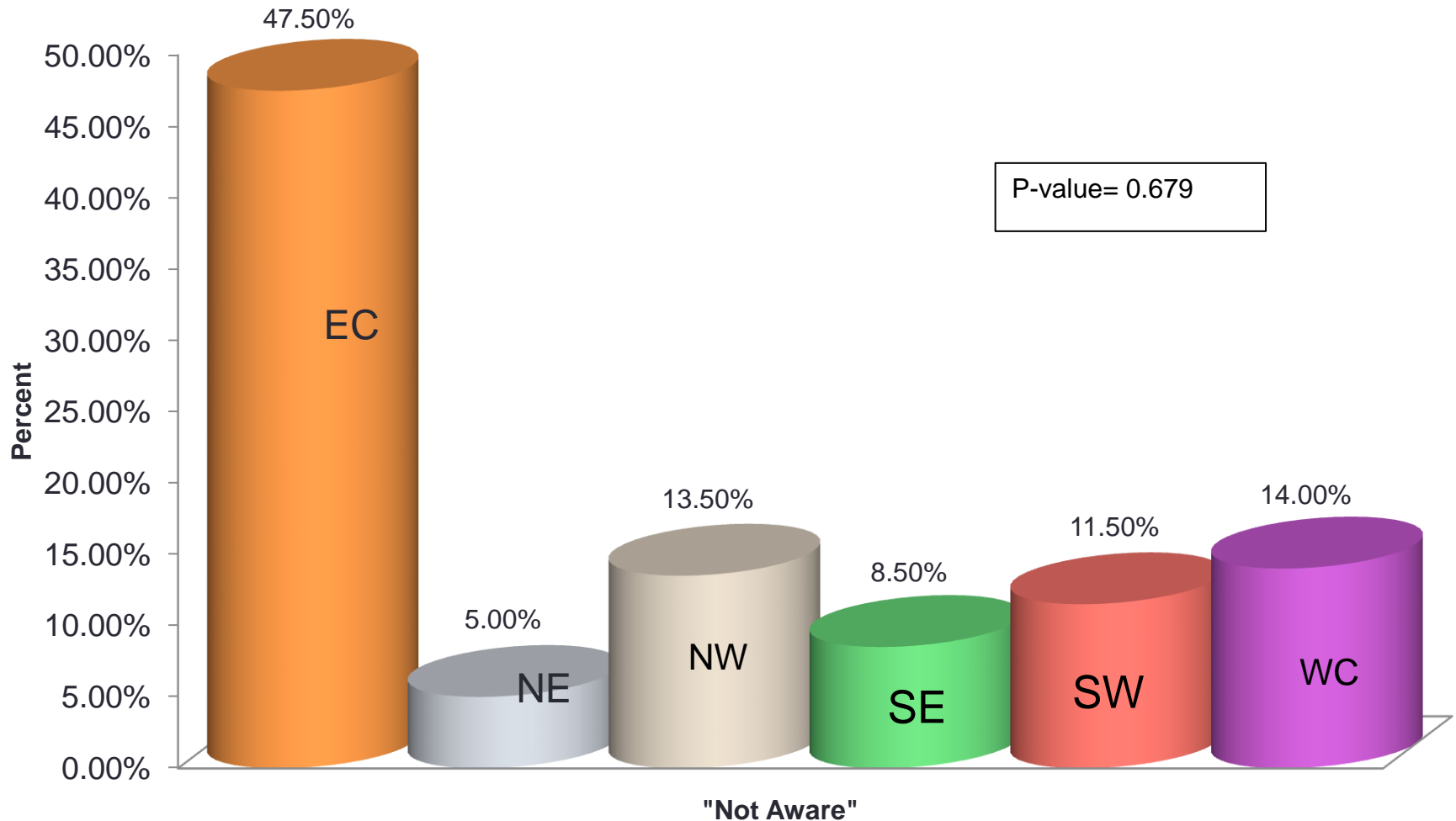
Distribution Of Time Of Most Recent Colonoscopy Among Various Age Groups



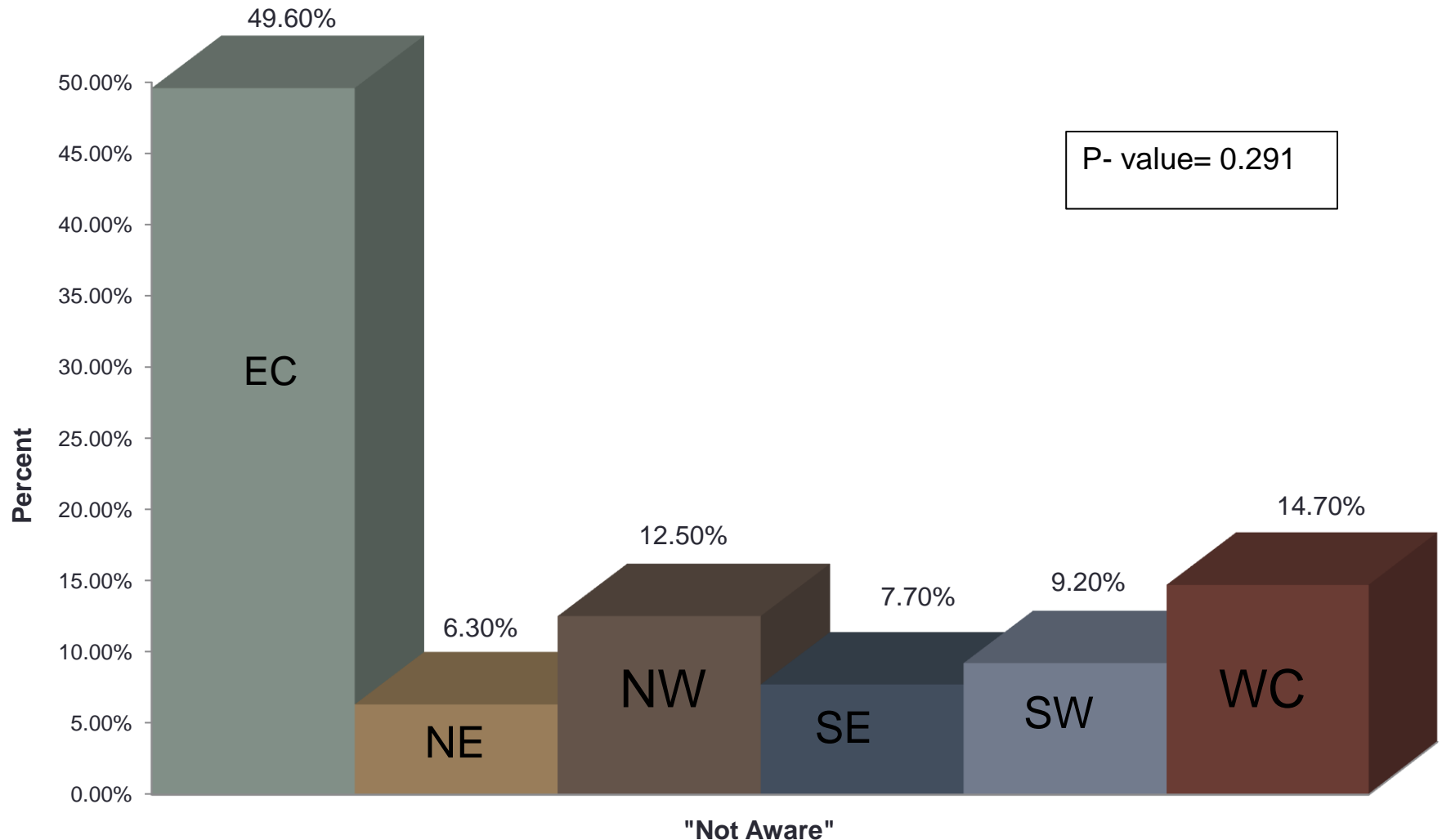
Distribution Of Time Of Most Recent Diabetes Checkup Among Age Group



Awareness Of The Availability Of Mental Health Specialist Among Different Regions Of Hancock County



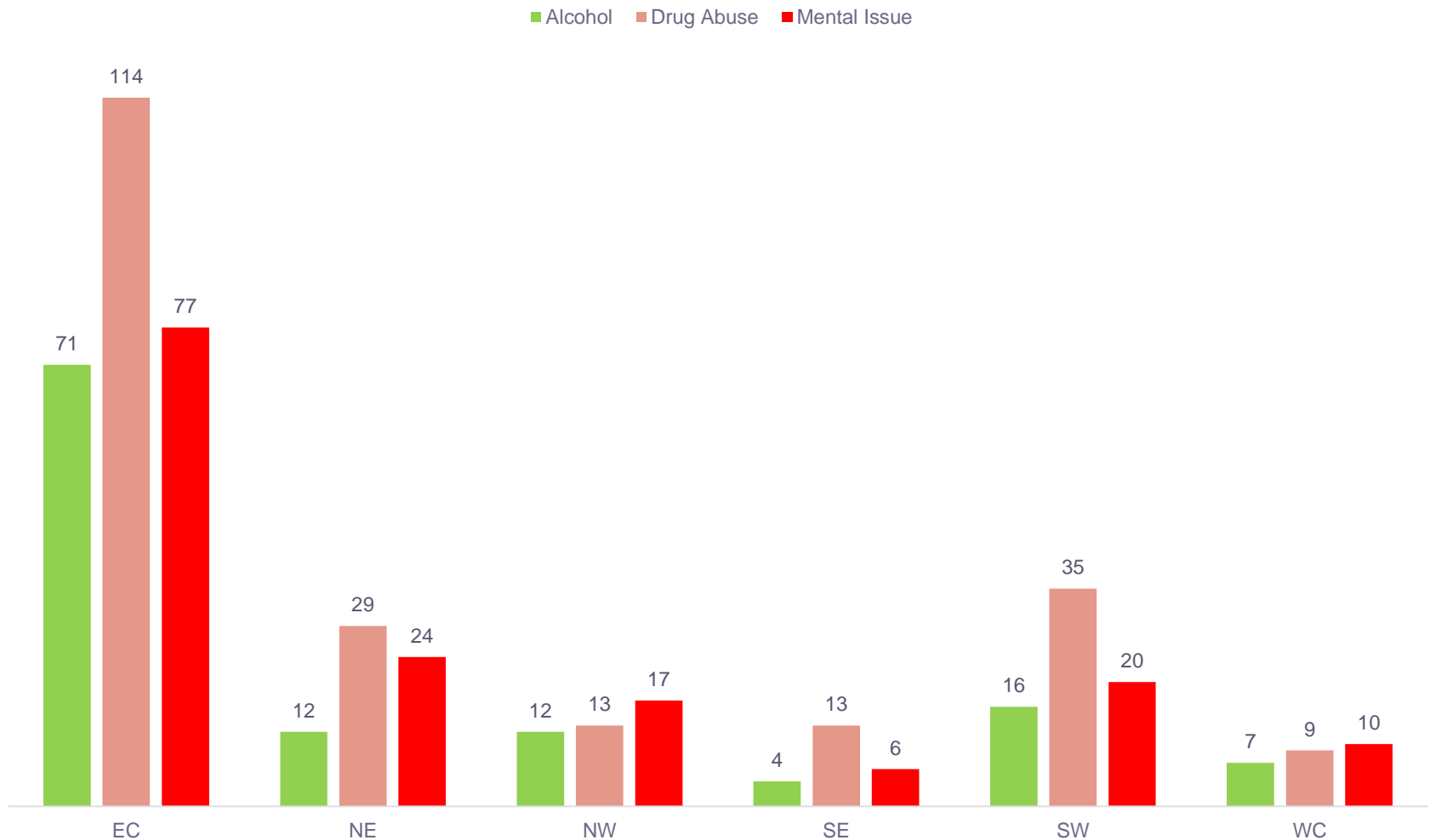
Awareness Of The Availability Of Substance Abuse Counselor Among Different Regions Of Hancock County



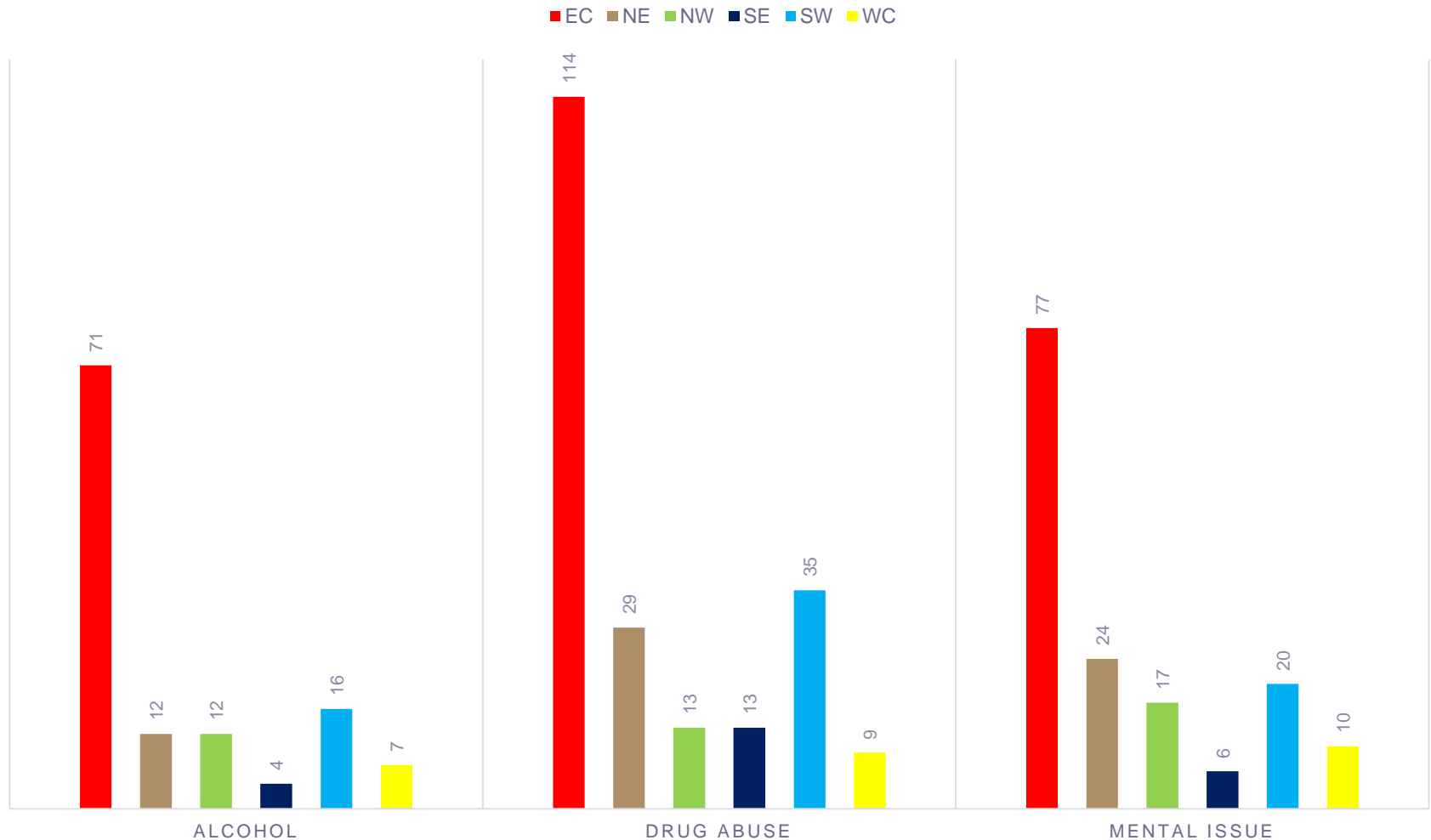
MENTAL HEALTH

Respondents who chose **mental health** as a health need within the county

Relationship Between Residents' Perception of Mental Health Prevalence And Their Region Where They Live

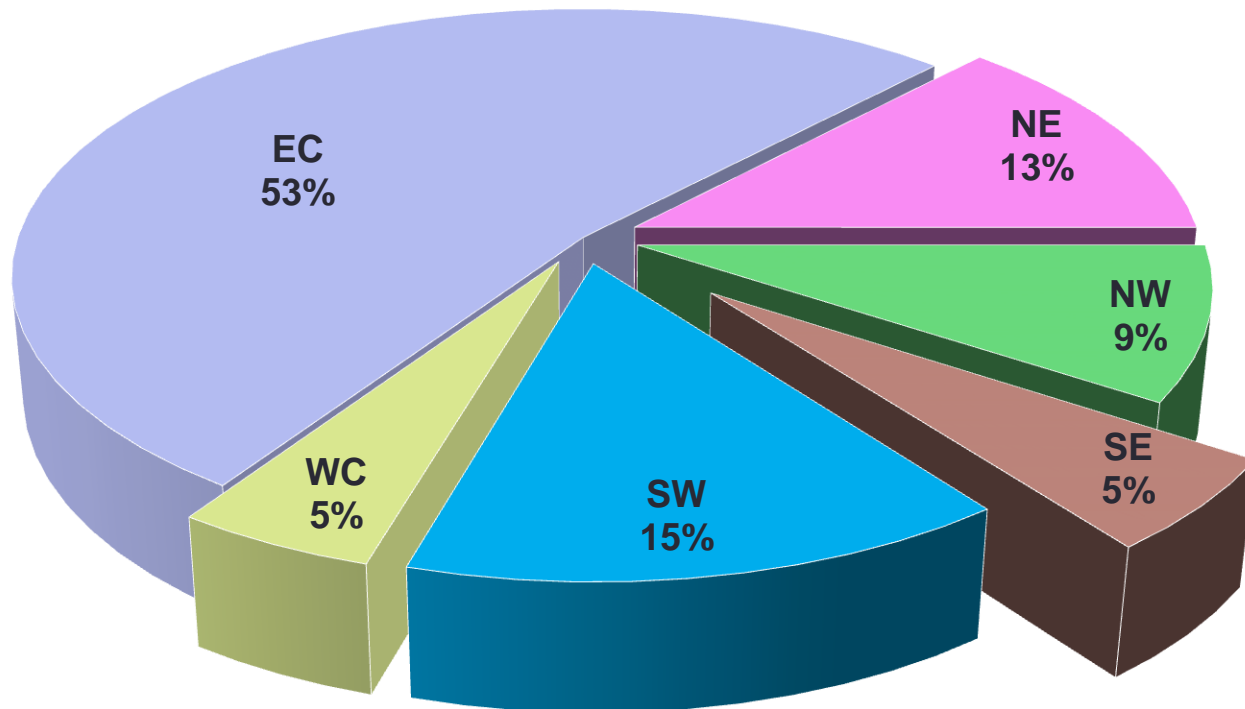


Relationship Between Residents' Perception of Mental Health Prevalence And Their Region Where They Live

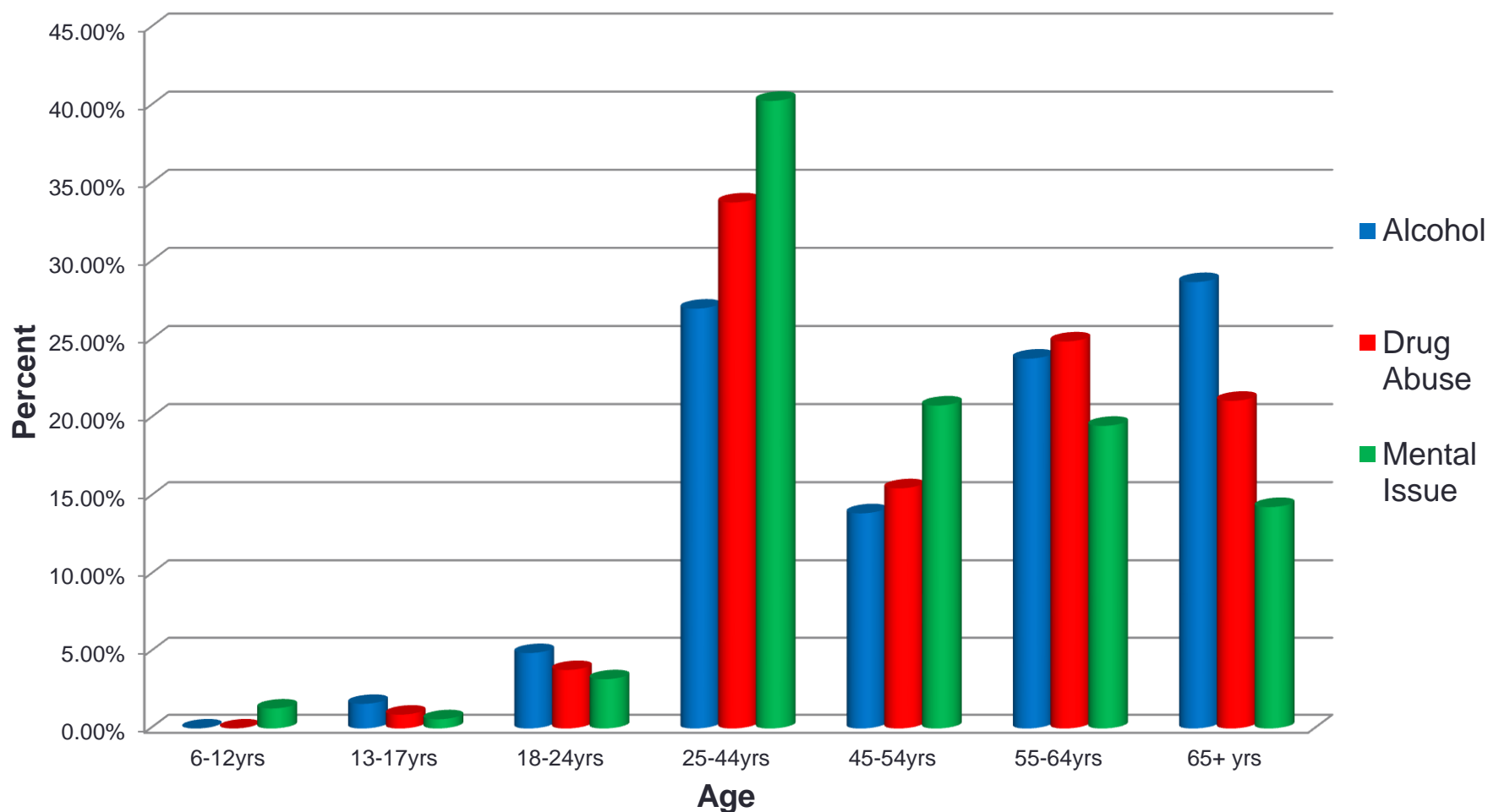


Residents' Perception Of Mental Health Prevalence And Their Region Where They Live

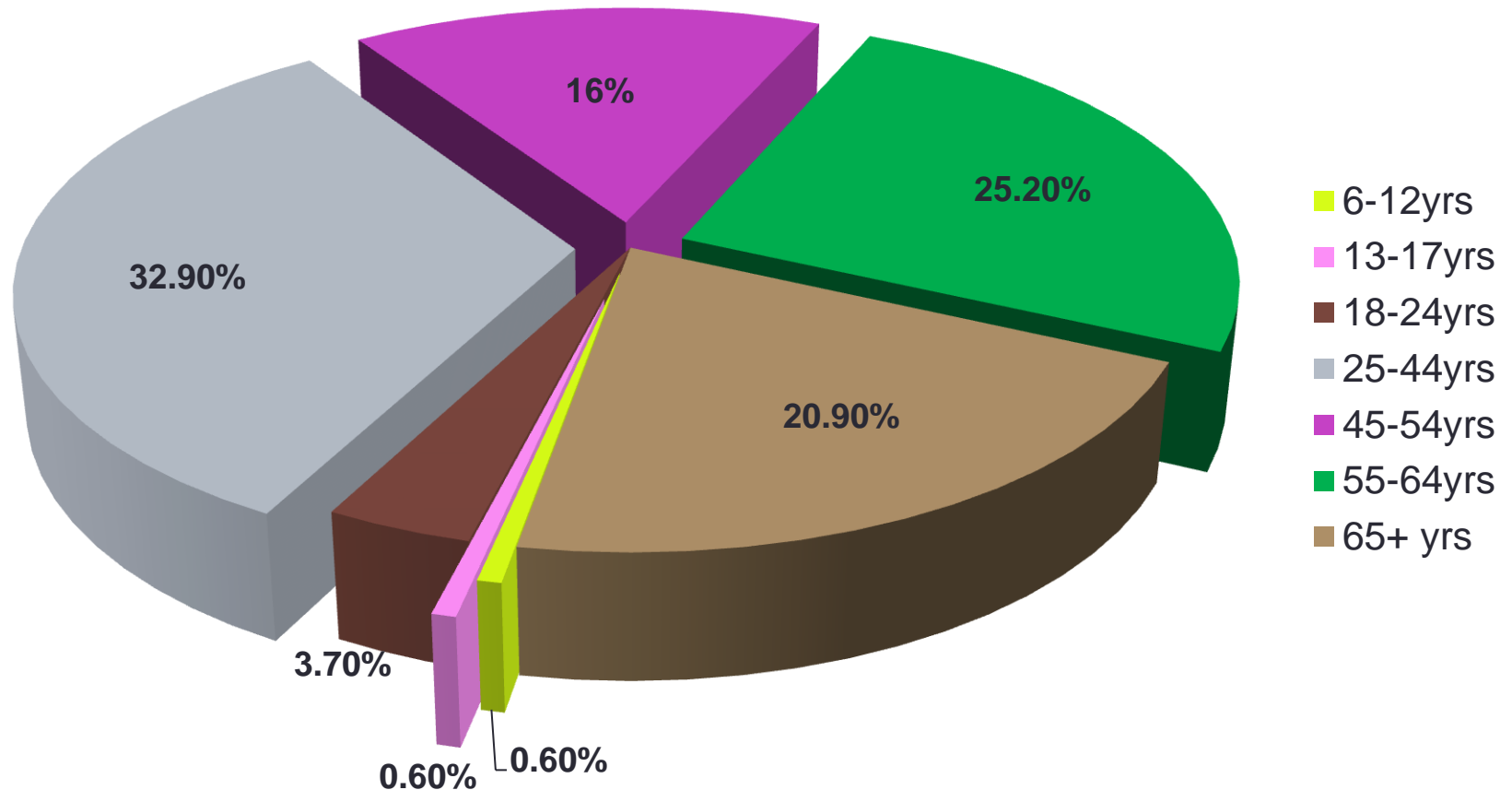
Mental Health Total Vs Region



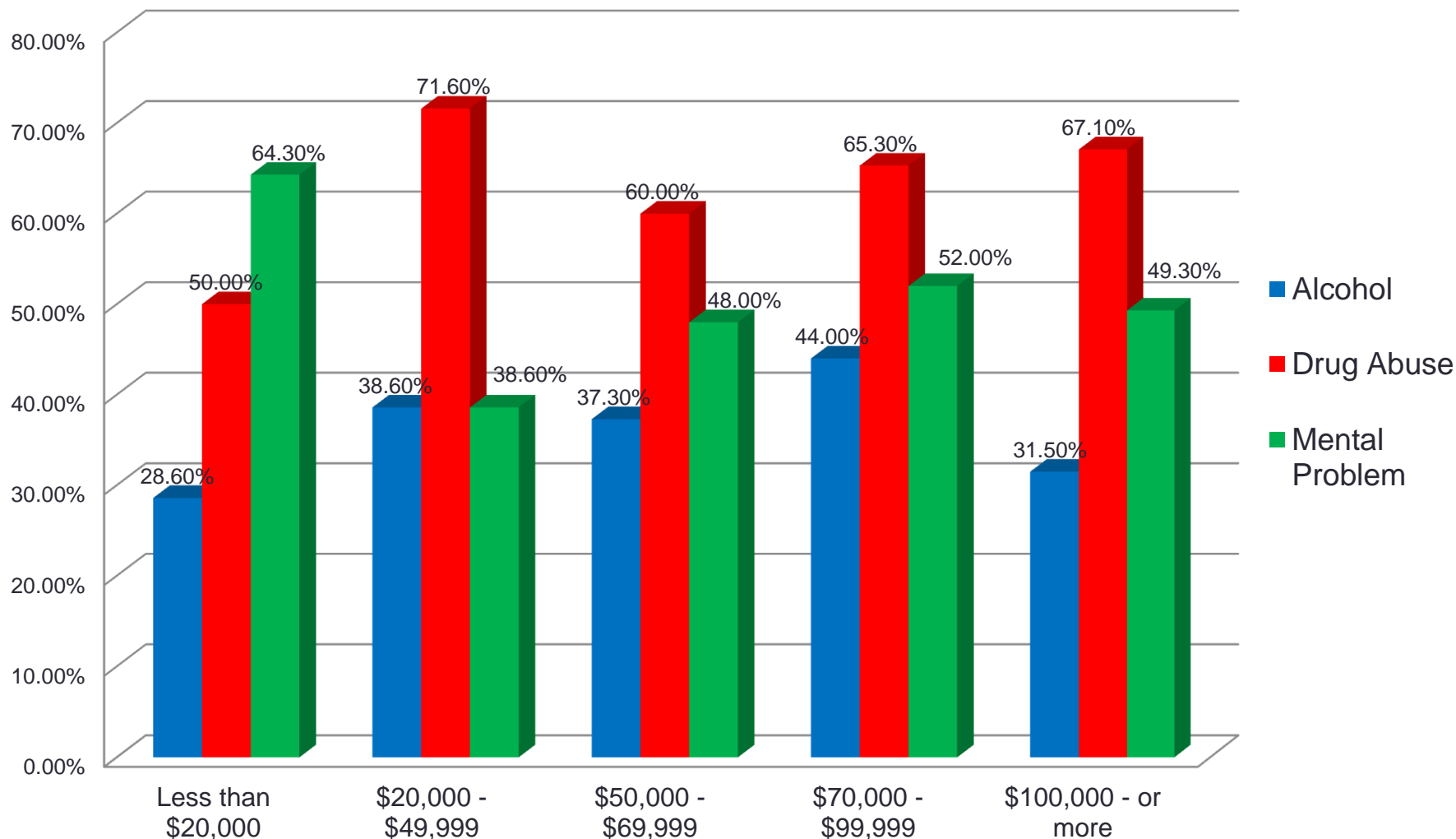
Residents' Perception Of Mental Health Prevalence In Hancock County And Their Age Groups



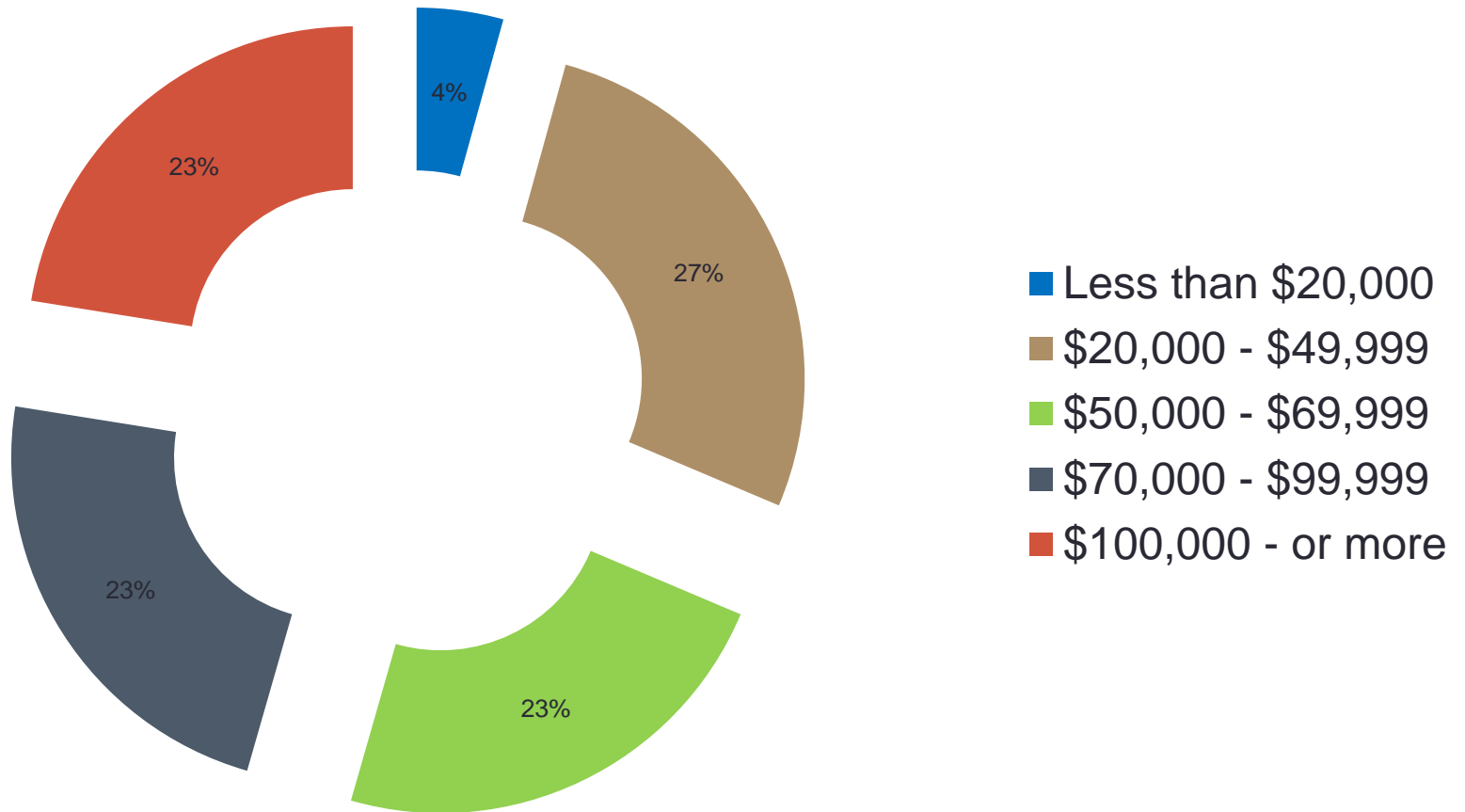
Residents' Perception Of Mental Health Prevalence In Hancock County And Their Age Groups



Relationship Between Residents' Perception Of Mental Health Prevalence And Their Household Income



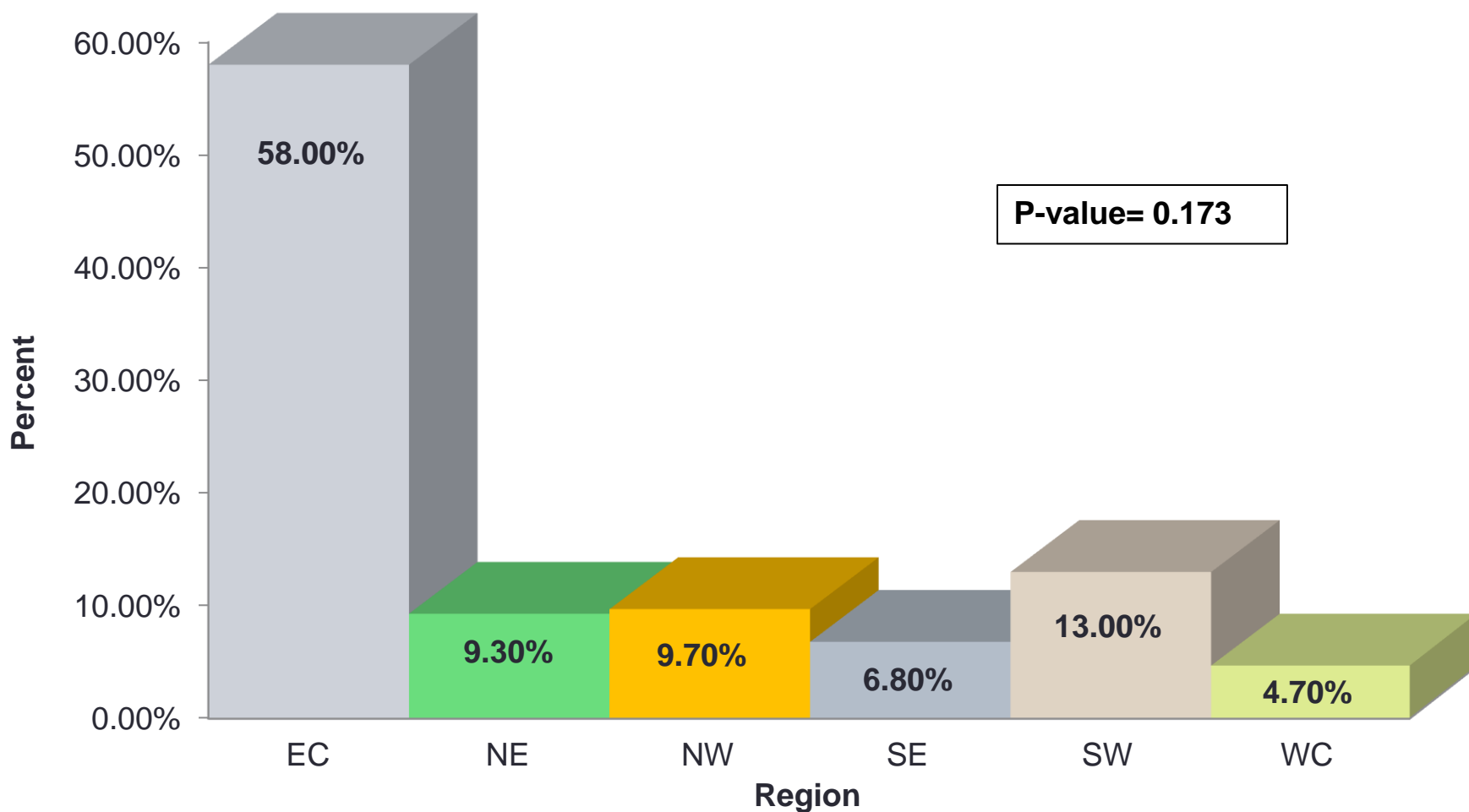
Residents' Perception Of Mental Health Prevalence In Hancock County And Their Age Groups



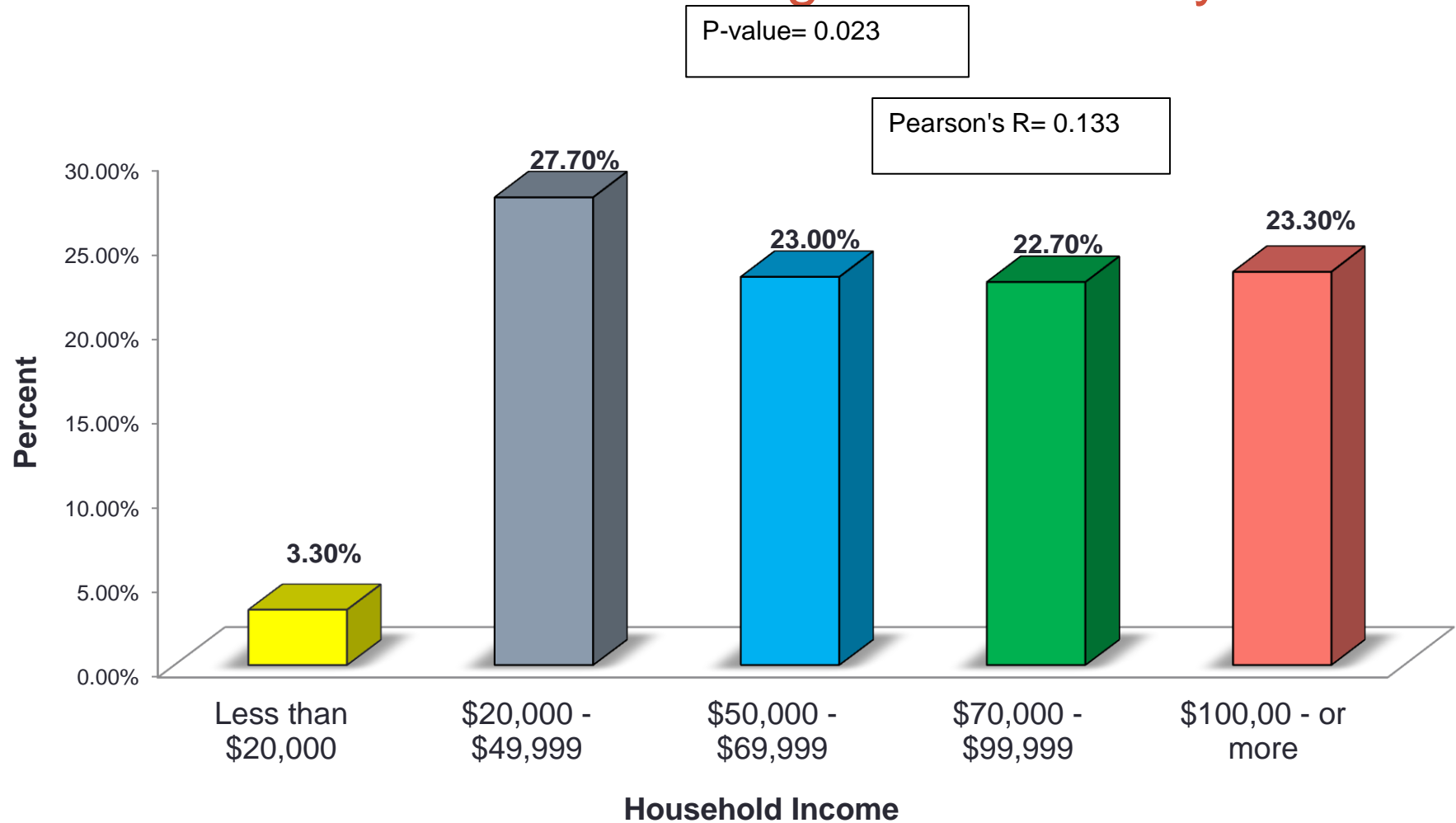
CANCER

Respondents who chose **cancer** as a health need within the county

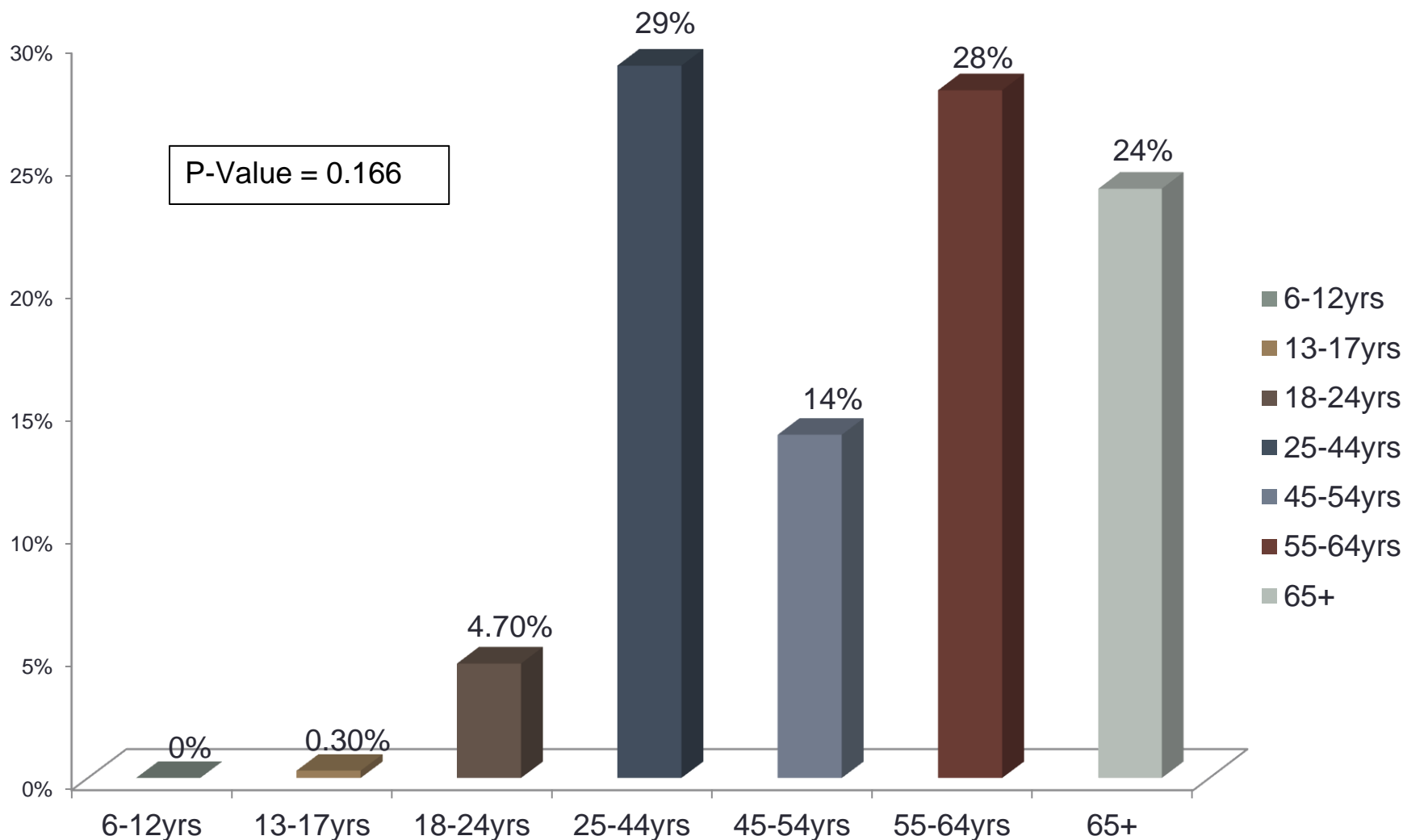
Relationship Between Residents' Perception of Cancer Prevalence And Their Region Where They Live



Relationship Between Residents' Perception of Cancer Prevalence And Their Region Where They Live



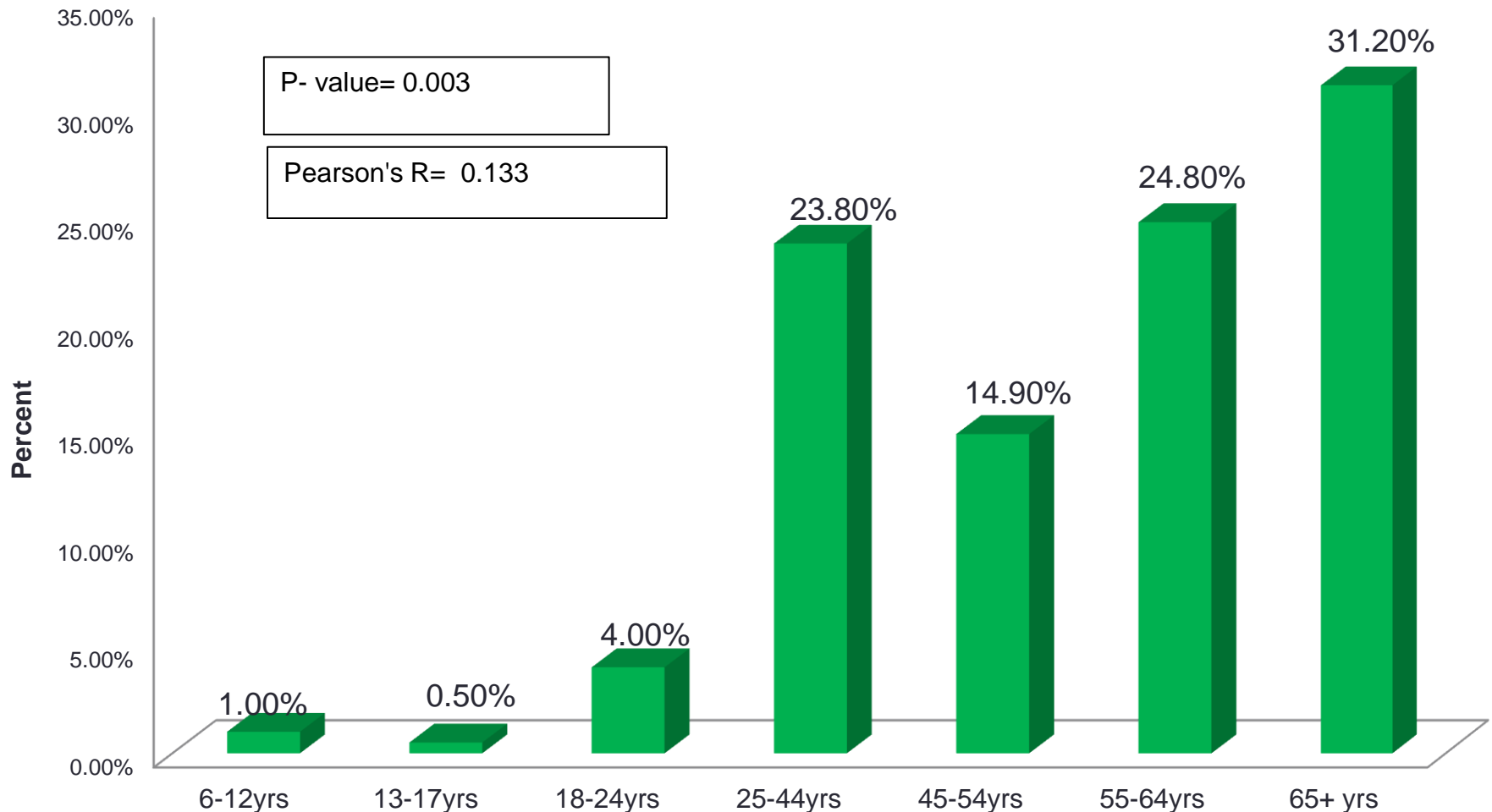
Relationship Between Residents' Perception of Cancer Prevalence And Their Age



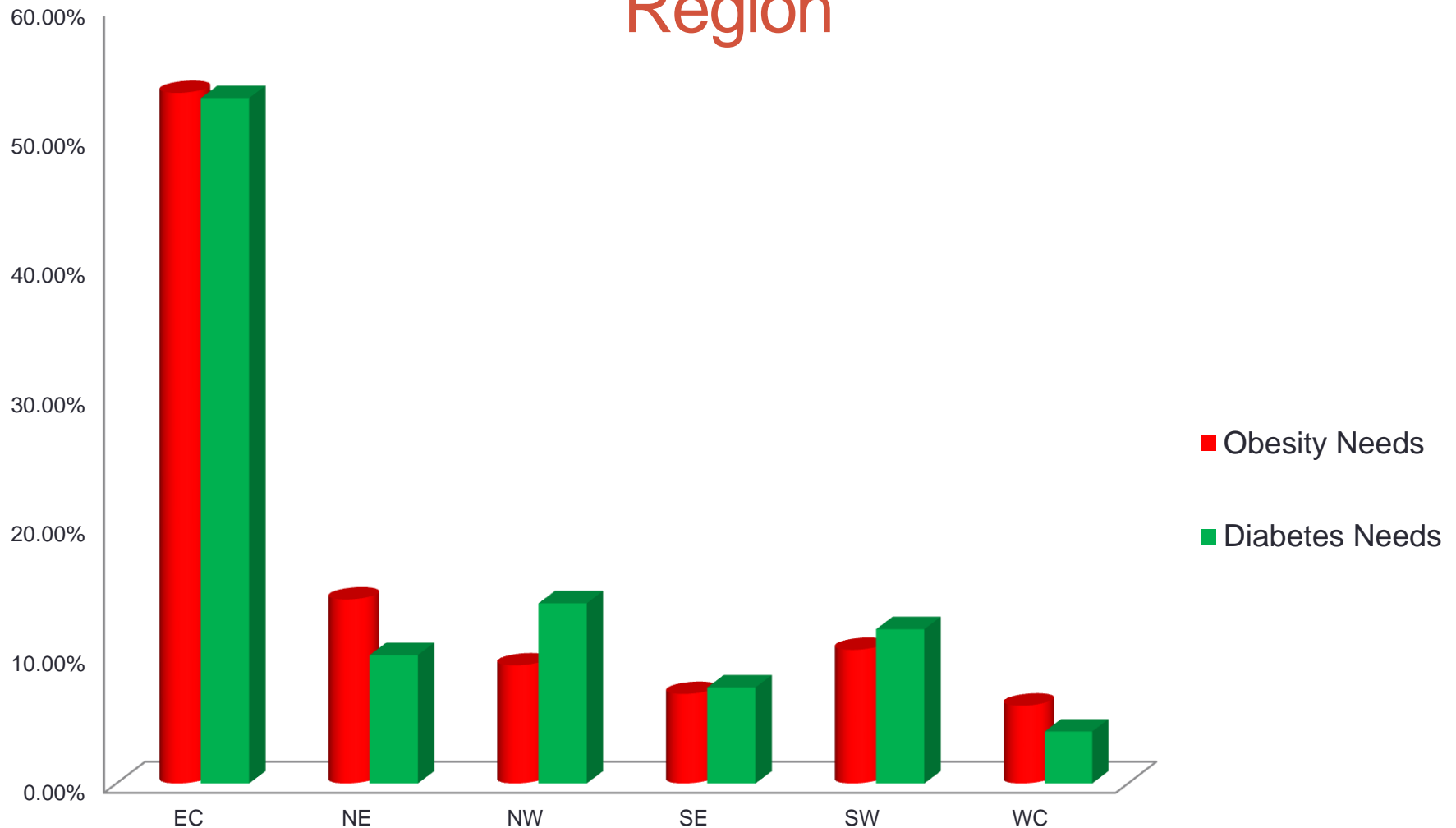
DIABETES

Respondents who chose **diabetes** as a health need within the county

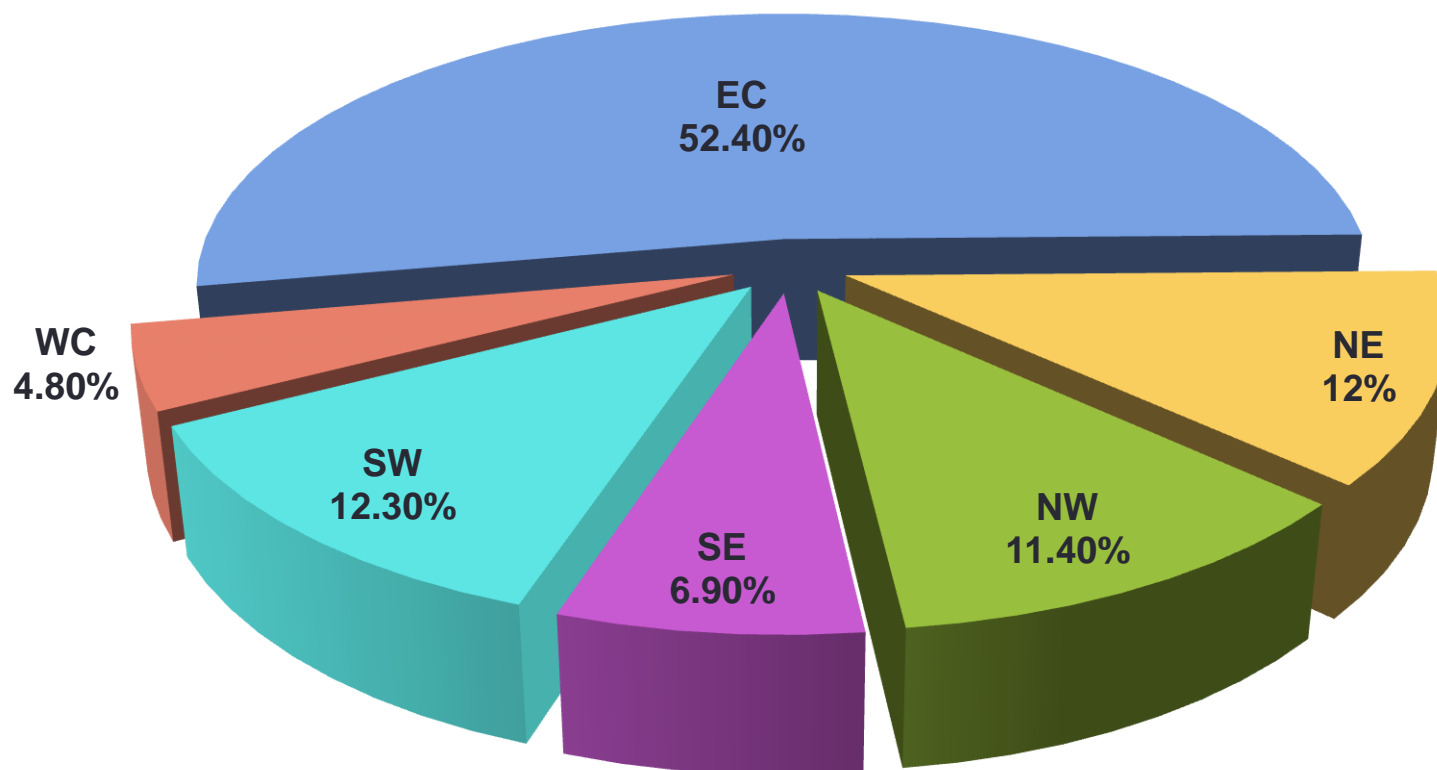
Relationship Between Residents' Perception of Diabetes Prevalence And Their Age



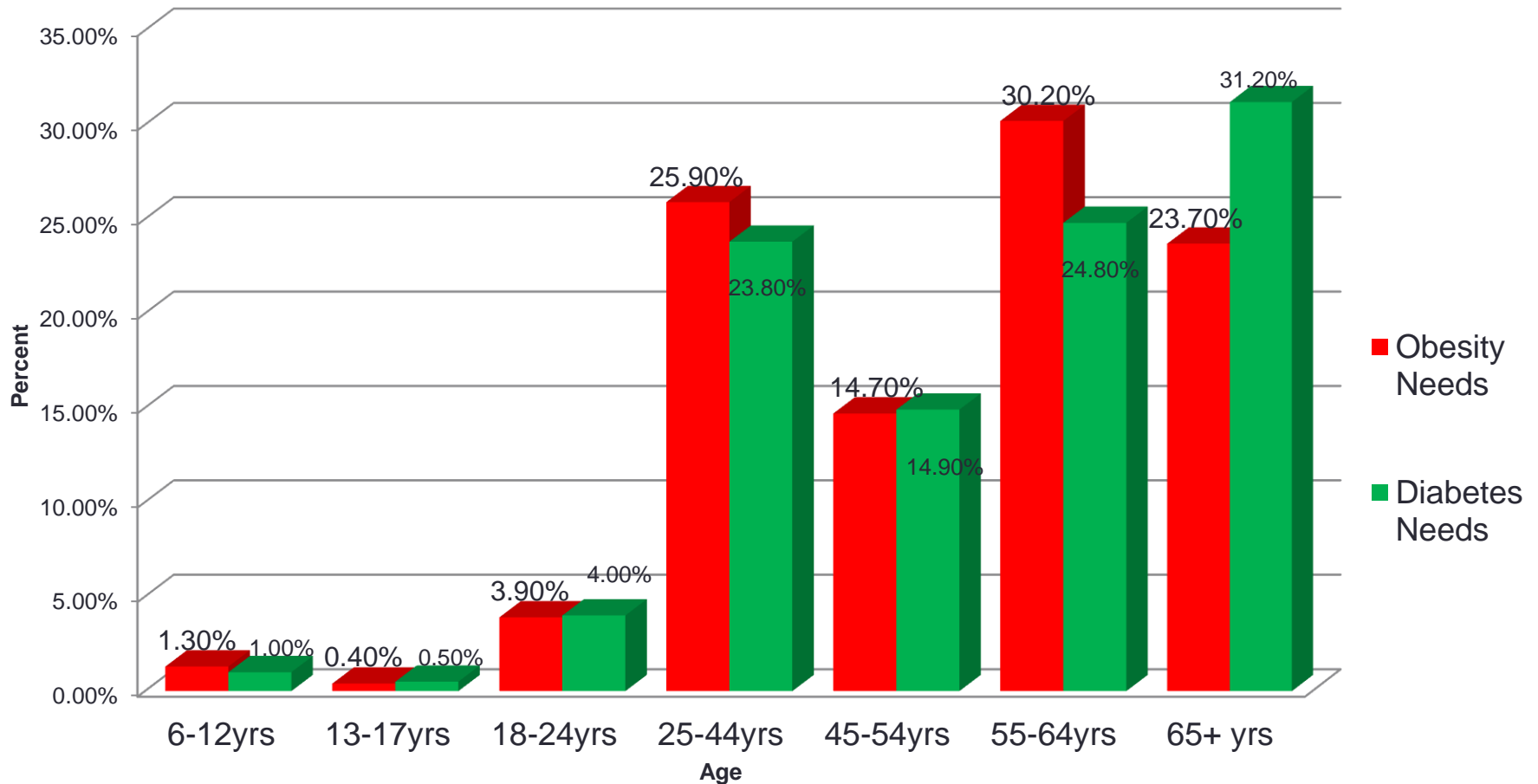
Relationship Between Residents' Perception of Obesity And Diabetes Prevalence And Their Region



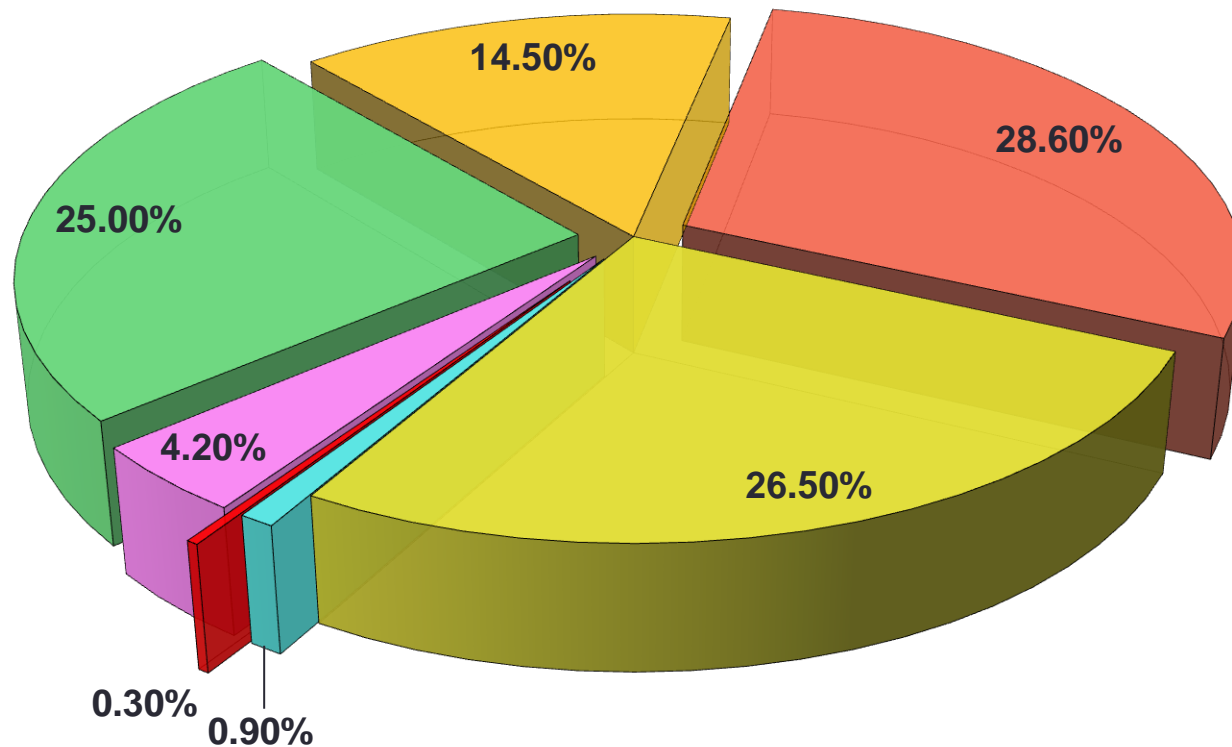
Relationship Between Residents' Perception of Diabetes Prevalence And Their Region



Relationship Between Residents' Perception of Obesity And Diabetes Prevalence And Their Ages

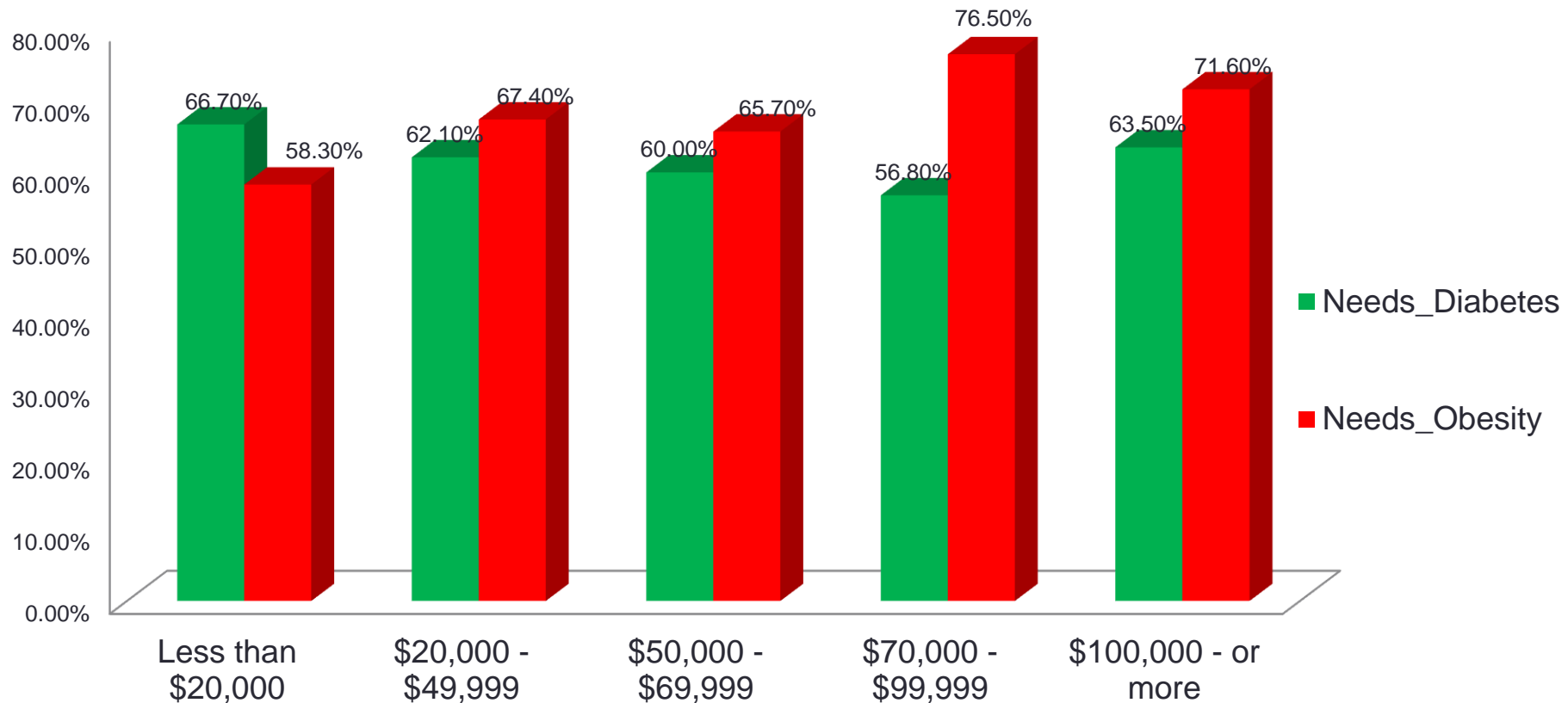


Residents' Perception of Diabetes Prevalence In Hancock County And Their Age

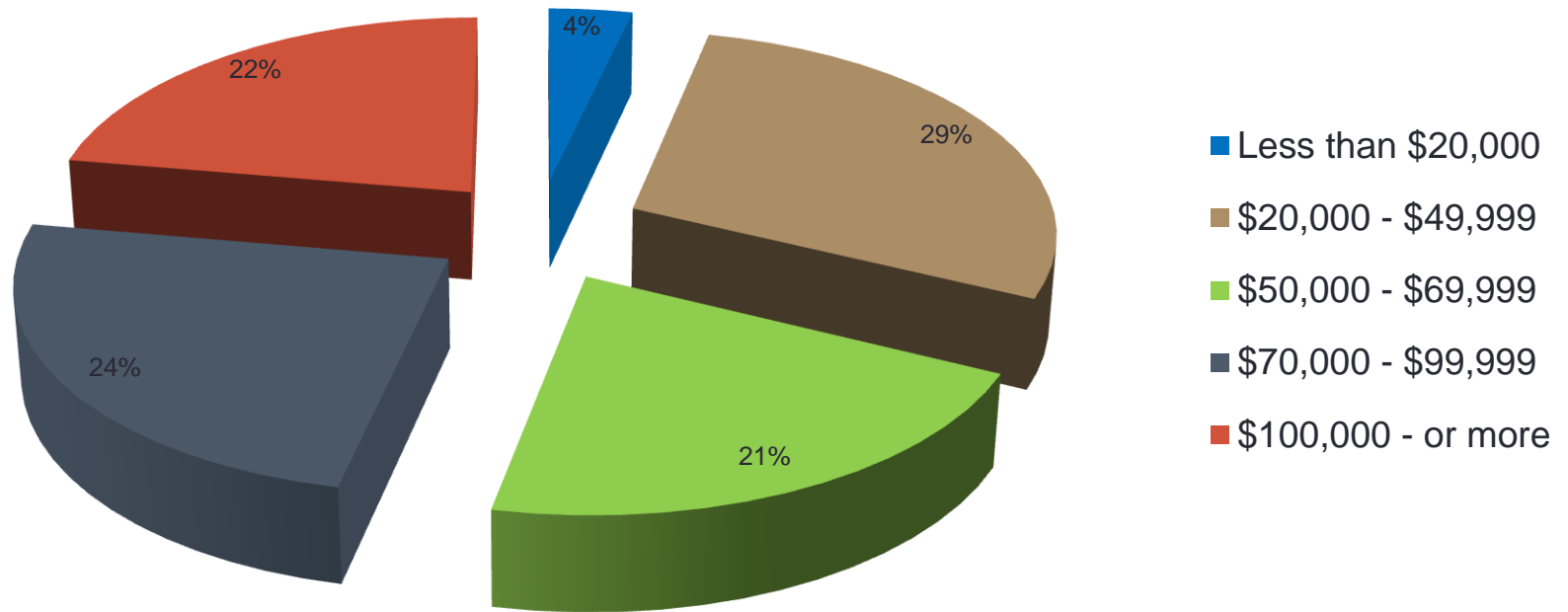


■ 6-12yrs ■ 13-17yrs ■ 18-24yrs ■ 25-44yrs ■ 45-54yrs ■ 55-64yrs ■ 65+ yrs

Relationship Between Residents' Perception of Obesity And Diabetes Prevalence And Their Household Income



Relationship Between Residents' Perception of Diabetes Prevalence And Their Household Income



PROPOSED INTERVENTIONS

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.
- Increase the use of MH Fitness Park, HCHD fitness center and recreational parks around the County through advertisement.
- Identify existing recreational parks, fitness centers and walkways and determine their usability.
- Include multiple organizations in the execution of intervention programs through educational interventions by publishing informational materials when appropriate, and organizing health outreaches.
- Promotion of the existing public transportation network in Hancock County

MENTAL HEALTH

- Conduct meeting with community gate keepers to share findings of Community Needs Assessment and facilitate buy-in into subsequent intervention efforts.
- Community town hall meeting to share the findings of the Community Needs Assessment pertaining to mental disorders arising from alcohol abuse and drug abuse.
- Educational intervention session in faith-based organizations on the rampage of mental disorders, as well as resources for treatment and management of mental disorders.
- Cognitive Behavioral Therapy for county residents suffering from mental disorders.
- Increased awareness on the availability of substance abuse counselors through social marketing strategies using radio and social media advertisements.
- Incorporating Community Health Workers (CHWs) to serve as liaisons between members of the community with mental disorders and resources that can help in the treatment and management of mental disorders.
- Free screening of residents for early detection of depression and other mental disorders through their primary care provider.
- Meeting with providers to discuss available mental health issues.

CANCER

- Subsidized cancer screening for all types of cancer for men and women at risk.
- Annual subsidized skin cancer screening for farmers.
- At least one educational program on the risk factors and prevention strategies for the different types of cancer should be held in all in 1 churches in each of the 9 communities in Hancock County.
- Education and outreach through religious organizations
- Monthly social media posts on Hancock County Health Department and Memorial Hospital sites with resources for tobacco cessation, alcohol cessation, radon, and viral infection prevention.
- Radon awareness campaign and subsidized treatment of radon contaminated household within Hancock County.
- Distribution of free radon kit as incentives for use of outdoor gym fitness equipment and HCHD fitness center.

THANK YOU

APPENDIX 5

Progress Report

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

FY: 2019 - 2023

DATE:

Accountable: Ada Bair & Amy McCallister

Health Problem: Diabetes

GOAL:	To reduce the incidence and prevalence of diabetes in Hancock County through wellness campaigns and creating awareness.					BUDGET IMPACT																																																															
						YES		NO																																																													
OBJECTIVES:	Impact Objective: By the end of 2019, there will be a 5% reduction in the prevalence of diabetes mellitus among individuals 18 and above living in Hancock County.					Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																													
	Outcome Objective: By the end 2021, there will be a 10% reduction in the prevalence of diabetes for the residents of Hancock County from the reported 15% prevalence per the most recent County wide survey 2018																																																																				
						Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																													
SUCCESS INDICATOR: (MEASUREMENT)	Primary data - County wide Survey					Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																													
	Secondary data - Hospital records																																																																				
DESIRED CHANGE:	Minimum: By 2019, 5% decline in prevalence of diabetes in adults.					Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																													
	Optimum: By 2022, 15% decline in prevalence of diabetes in adults.																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">ACTION STEPS</th> <th style="width: 10%;">START</th> <th style="width: 10%;">END</th> <th style="width: 15%;">ACCOUNTABILITY</th> <th style="width: 10%;">SUPPORT</th> <th style="width: 10%;">1st Qtr</th> <th style="width: 10%;">2nd Qtr</th> <th style="width: 10%;">3rd Qtr</th> <th style="width: 10%;">4th Qtr</th> <th style="width: 10%;">PROGRESS</th> </tr> </thead> <tbody> <tr> <td>A1c screenings twice per year to residents of Hancock County at local events.</td> <td>1/1/19</td> <td></td> <td>Ada Bair</td> <td>MH staff HCHD</td> <td style="text-align: center;">✕</td> <td></td> <td style="text-align: center;">✕</td> <td></td> <td></td> </tr> <tr> <td>Annual Diabetes Spotlight</td> <td>1/1/19</td> <td></td> <td>Ada Bair Amy McCallister</td> <td>MH staff HCHD</td> <td></td> <td></td> <td style="text-align: center;">✕</td> <td></td> <td></td> </tr> <tr> <td>All prediabetics and diabetics will receive auto referral to the Diabetes Health and Wellness Center from MH provider.</td> <td>1/1/19</td> <td></td> <td>Ada Bair</td> <td>MH staff HCHD</td> <td style="text-align: center;">✕</td> <td style="text-align: center;">✕</td> <td style="text-align: center;">✕</td> <td style="text-align: center;">✕</td> <td></td> </tr> <tr> <td>Residents hospitalized at MH with elevated glucose levels will get education prior to discharge.</td> <td>1/1/19</td> <td></td> <td>Ada Bair</td> <td>MH staff HCHD</td> <td style="text-align: center;">✕</td> <td style="text-align: center;">✕</td> <td style="text-align: center;">✕</td> <td style="text-align: center;">✕</td> <td></td> </tr> <tr> <td>Quarterly follow up calls and mails of pre-diagnosed residents</td> <td>1/1/19</td> <td></td> <td>Ada Bair</td> <td>MH staff HCHD</td> <td style="text-align: center;">✕</td> <td style="text-align: center;">✕</td> <td style="text-align: center;">✕</td> <td style="text-align: center;">✕</td> <td></td> </tr> </tbody> </table>										ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	PROGRESS	A1c screenings twice per year to residents of Hancock County at local events.	1/1/19		Ada Bair	MH staff HCHD	✕		✕			Annual Diabetes Spotlight	1/1/19		Ada Bair Amy McCallister	MH staff HCHD			✕			All prediabetics and diabetics will receive auto referral to the Diabetes Health and Wellness Center from MH provider.	1/1/19		Ada Bair	MH staff HCHD	✕	✕	✕	✕		Residents hospitalized at MH with elevated glucose levels will get education prior to discharge.	1/1/19		Ada Bair	MH staff HCHD	✕	✕	✕	✕		Quarterly follow up calls and mails of pre-diagnosed residents	1/1/19		Ada Bair	MH staff HCHD	✕	✕	✕	✕	
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	PROGRESS																																																												
A1c screenings twice per year to residents of Hancock County at local events.	1/1/19		Ada Bair	MH staff HCHD	✕		✕																																																														
Annual Diabetes Spotlight	1/1/19		Ada Bair Amy McCallister	MH staff HCHD			✕																																																														
All prediabetics and diabetics will receive auto referral to the Diabetes Health and Wellness Center from MH provider.	1/1/19		Ada Bair	MH staff HCHD	✕	✕	✕	✕																																																													
Residents hospitalized at MH with elevated glucose levels will get education prior to discharge.	1/1/19		Ada Bair	MH staff HCHD	✕	✕	✕	✕																																																													
Quarterly follow up calls and mails of pre-diagnosed residents	1/1/19		Ada Bair	MH staff HCHD	✕	✕	✕	✕																																																													

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

FY: 2019 - 2023

DATE:

Accountable: Ada Bair & Amy McCallister

Health Problem: Diabetes

GOAL:	To reduce the incidence and prevalence of diabetes in Hancock County through wellness campaigns and creating awareness.				BUDGET IMPACT				
					YES		NO		
OBJECTIVES:	Impact Objective: By the end of 2019, there will be a 10% decrease from the 12% prevalence rate as per the 2018 County wide survey in the number of individuals identified to be overweight or obese among residents of the Hancock County.				Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Outcome Objective: By the end of 2023, there will be a 25% reduction in the number of Hancock County residents who have reported to have prediabetes on the Behavioral Risk Factor Surveillance System (BRFSS).								
					Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUCCESS INDICATOR: (MEASUREMENT)	Primary data - County wide Survey				Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	Secondary data - Hospital records								
DESIRED CHANGE:	Minimum: By 2019, 10% decline in prevalence of diabetes risk factors				Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Optimum: By 2022, 35% decline in prevalence of diabetes risk factors								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Identify existing recreational parks, fitness centers and walkways and determine their usability.	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x		x		
Increase in the use of MH fitness park, HCHD fitness center and recreational parks around the County through advertisement	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x	x	x	x	
Promote the use of existing public transport network in Hancock County.	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x	x	x	x	
Organizing health outreaches in churches.	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x	x	x	x	
Residents hospitalized at MH with elevated glucose levels will get education prior to discharge.	1/1/19		Ada Bair	MH staff HCHD	x	x	x	x	
Include multiple organizations in Educational intervention.	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x	x	x	x	

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

FY: 2019 - 2023

DATE:

Accountable: Ada Bair & Amy Mc Callister

Health Problem: Diabetes

GOAL:	To reduce the incidence and prevalence of diabetes in Hancock County through wellness campaign and creating awareness.				BUDGET IMPACT				
					YES		NO		
OBJECTIVES:	Impact Objective: By the end of 2019, there will be a 25% increase in the knowledge and awareness of the predisposing and aggravating factors related to diabetes mellitus.				Revenue		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Outcome Objective: By the end of 2022, 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.								
					Expense		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SUCCESS INDICATOR: (MEASUREMENT)	Primary data – County-wide Survey				Staff		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Secondary data - Hospital records								
DESIRED CHANGE:	Minimum: By 2019, 25% increase in awareness of diabetes risk factors				Capital		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Optimum: By 2022, 35% increase in awareness of diabetes risk factors								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
A1c screenings twice per year to residents of Hancock County at local events.	1/1/19		Ada Bair	MH staff HCHD	x		x		
Annual Diabetes Spotlight	1/1/19		Ada Bair Amy McCallister	MH staff HCHD			x		
All prediabetics and diabetics will receive auto referral to the Diabetes Health and Wellness Center from MH provider.	1/1/19		Ada Bair	MH staff HCHD	x	x	x	x	
Residents hospitalized at MH with elevated glucose levels will get education prior to discharge.	1/1/19		Ada Bair	MH staff HCHD	x	x	x	x	
Quarterly follow up calls and mails of pre-diagnosed residents	1/1/19		Ada Bair	MH staff HCHD	x	x	x	x	

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

FY: 2019 - 2023

DATE:

Accountable: Ada Bair & Amy McCallister

Health Problem: Cancer

GOAL:	To reduce the burden of cancer and create awareness of cancer risk factors in Hancock County through wellness campaign and creating awareness.				BUDGET IMPACT				
					YES		NO		
OBJECTIVES:	Impact Objective: By the end of 2019, the number of cancer screening uptake among all age groups in Hancock County would have been increased by 20% per the CHNA survey 2018.				Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Outcome Objective: By the end of 2023, the number of cancer screening uptake among all age groups in Hancock County would have been increased by 30%.								
					Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUCCESS INDICATOR: (MEASUREMENT)	Primary data – County-wide Survey, focused group discussion, pretest-posttest				Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	Secondary data - Hospital records								
DESIRED CHANGE:	Minimum: By 2019, 20% increase in cancer screening uptake				Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Optimum: By 2022, 50% increase in cancer screening uptake								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Annual subsidized skin cancer screening exercise for farmers	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x		x		
Education and outreach through religious organizations.	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x	x	x	x	
Radon awareness campaign and subsidized treatment of radon contaminated household within Hancock County	1/1/19		Ada Bair Amy McCallister	MH staff HCHD		x		x	
Monthly social media posts on tobacco cessation, alcohol cessation, radon, and viral infection prevention	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x	x	x	x	

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

FY: 2019 - 2023

DATE:

Accountable: Ada Bair & Amy McCallister

Health Problem: Cancer

GOAL:	To reduce the burden of cancer and create awareness of cancer risk factors in Hancock County through wellness campaign, education and creating awareness.				BUDGET IMPACT				
					YES NO				
OBJECTIVES:	Impact Objective: By the end of 2019, there will be 10% increase in awareness of risk factors of cancer among all age groups in Hancock County through community outreaches				Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Outcome Objective: By the end of 2023, there will be 30% increase in awareness of risk factors of cancer among all age groups in Hancock County.								
					Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUCCESS INDICATOR: (MEASUREMENT)	Primary data - County wide Survey, focused group discussion, pretest-posttest				Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	Secondary data - Hospital records								
DESIRED CHANGE:	Minimum: By 2019, 10% increase in awareness of risk factors				Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Optimum: By 2022, 40% increase in awareness of risk factors								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Education and outreach through community organizations.	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x	x	x	x	
Distribution of free radon kits as incentives for use of outdoor gym and fitness equipment.	1/1/19		Ada Bair Amy McCallister	MH staff HCHD	x	x	x	x	
Subsidized cancer screening for all types of cancer for men and women who are at risk.	1/1/19		Ada Bair Amy McCallister	MH staff HCHD		x			

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

FY: 2019 - 2023

DATE:

Accountable: Ada Bair & Amy Mc Callister

Health Problem: Mental Health

GOAL:	To bring about a reduction in the number of individuals among all ages who experience mental disorders.				BUDGET IMPACT				
					YES		NO		
OBJECTIVES:	Impact Objective: By 2020, the percentage of individuals in Hancock County who have other mental disorders would reduce by 15% per the County wide survey.				Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Outcome Objective: By December 2022, the percentage of individuals in Hancock County who have other mental disorders would reduce by 30%.								
					Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUCCESS INDICATOR: (MEASUREMENT)	Primary data - County wide Survey				Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	Secondary data - Hospital records								
DESIRED CHANGE:	Minimum: By 2020, 15% decline in incidence				Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Optimum: By 2022, 30% decline in incidence								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS
Educational intervention session in faith-based organizations on the rampage of mental disorders, as well as resources for treatment and management of mental disorders.	1/1/19		Ada Bair Amy McCallister Joe Little	MH staff HCHD MHCWI	x		x		
Conduct Cognitive Behavioral Therapy for County residents suffering from mental disorders.	1/1/19		Ada Bair Amy McCallister Joe Little	MH staff HCHD MHCWI	x	x	x	x	
Advertise the availability of substance abuse counselors through social marketing strategies using radio and social media advertisements.	1/1/19		Ada Bair Amy McCallister Joe Little	MH staff HCHD MHCWI	x	x	x	x	

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

FY: 2019 - 2023

DATE:

Accountable: Ada Bair & Amy Mc Callister

Health Problem: Mental Health

GOAL:	To bring about a reduction in the number of individuals among all ages who experience mental disorders.								BUDGET IMPACT		
									YES	NO	
OBJECTIVES:	Impact Objective: By 2020, the percentage of individuals who have alcohol consumption problems and are living in Hancock county would reduce from 20% to 15% per the Hancock County health ranking 2018.								Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Outcome Objective: By December 2022, the percentage of individuals who have alcohol consumption problems and are living in Hancock County would reduce from 15% to 5%.										
									Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUCCESS INDICATOR: (MEASUREMENT)	Primary data - County wide Survey								Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Secondary data - Hospital records										
DESIRED CHANGE:	Minimum: By 2020, 5% decline in incidence								Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Optimum: By 2022, 10% decline in incidence										
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	PROGRESS		
Community town hall meeting to share the findings of the Community Needs Assessment pertaining to mental disorders arising from alcohol abuse and drug abuse.	1/1/19		Ada Bair Amy Mc Callister Joe Little	MH staff HCHD MHCWI	x		x				
Meeting with providers to discuss available mental health services.	1/1/19		Ada Bair Amy Mc Callister Joe Little	MH staff HCHD MHCWI	x	x	x	x			
Free screening of residents for early detection of depression and other mental disorders through their primary care provider.	1/1/19		Ada Bair Amy Mc Callister Joe Little	MH staff HCHD MHCWI	x	x	x	x			
Incorporating Community Health Workers (CHWs) to serve as liaisons between members of the community with mental disorders and available resources to treat mental disorders.	1/1/19		Ada Bair Amy Mc Callister Joe Little	MH staff HCHD MHCWI	x	x	x	x			

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

Tracking starting in 2015 - 2019

DATE: January 2018 Summary

ACCOUNTABLE: Amy McCallister & Ada Bair

HEALTH PROBLEM: Diabetes

	Reduce the disease and economic burden of diabetes mellitus & improve					BUDGET IMPACT			
PURPOSE:	The quality of life for all persona who have, or are at risk for, DM					YES		NO	
GOAL #:2	By 2019 the number of persons with a diagnosis of diabetes receiving					Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	education locally will increase by 10%								
						Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SUCCESS INDICATOR: (MEASUREMENT)	Diabetes Health & Wellness Center					Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
DESIRED CHANGE:	Minimum: 5% by 2017					Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Optimum: 10% by 2019								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	PROGRESS
Two A1c screenings per year	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	A total of 12 screenings have been completed during this CHNA cycle.
Educational material given to participants screened	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	Completed.
Hancock County providers annual education on Diabetes Health & Wellness Center	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff			x		This was completed through multiple programs including Diabetes Spotlight
Annual Diabetes Spotlight	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff				x	Diabetes Support Group continues to meet and plan this annual event.
Hospitalized patients at Memorial receive education if elevated glucose levels	1/1/15	Dec.'15	Deborah Schuster	MH Staff	x	x	x	x	All patients receive education and referral as needed.
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	This has not been completed. A new EHR is in place and a standing order is being

									developed to facilitate this process.
--	--	--	--	--	--	--	--	--	---------------------------------------

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

Tracking starting in 2015 - 2019

DATE: January 2018 Summary

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 #:1	By 2019 Hancock County prevalence of diabetes will be 10% as reported					Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	by the CDC								
						Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SUCCESS INDICATOR: (MEASUREMENT)	CDC Diabetes Report Card					Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	It needs to be noted that the desired change cannot be measured at this time because the data for Hancock County has not been updated.								
DESIRED CHANGE:	Minimum: 11% by 2017					Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Optimum: 10% by 2019								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	PROGRESS
Two A1c screenings per year	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	A total of 12 screenings have been completed during this CHNA cycle.
Educational material given to participants screened	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	Completed.
Hancock County providers annual education on Diabetes Health & Wellness Center	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff			x		This was completed through multiple programs including Diabetes Spotlight
Annual Diabetes Spotlight	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff				x	Diabetes Support Group continues to meet and plan this annual event.
Hospitalized patients at Memorial receive education if elevated glucose levels	1/1/15	Dec.'15	Deborah Schuster	MH Staff	x	x	x	x	All patients receive education and referral as needed.
All prediabetics and diabetics in MH provider offices received auto referral to	1/1/15	Dec.'15	Stephanie Meyers	MH Staff	x	x	x	x	This has not been completed. A new EHR is in place and a standing

Diabetes Educator									order is being developed to facilitate this process.
-------------------	--	--	--	--	--	--	--	--	--

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

Tracking starting in 2015 - 2019

DATE: January 2018 Summary

ACCOUNTABLE: Amy McCallister & Ada Bair

HEALTH PROBLEM: Diabetes

	Reduce the disease and economic burden of diabetes mellitus & improve		BUDGET IMPACT						
PURPOSE:	The quality of life for all persona who have, or are at risk for, DM				YES		NO		
GOAL #:3	By 2019 Hancock County residents who have reported they were		Revenue		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
	diagnosed as prediabetes will be 15%								
			Expense		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
SUCCESS INDICATOR: (MEASUREMENT)	Behavioral Risk Factor Surveillance System		Staff		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
	It needs to be noted that the desired change cannot be measured at this time because the data has not been updated								
DESIRED CHANGE:	Minimum: 10% by 2017		Capital		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
	Optimum: 15% by 2019								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th	PROGRESS
Two A1c screenings per year	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	A total of 12 screenings have been completed during this CHNA cycle.
Educational material given to participants screened	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff		x		x	Completed.
Hancock County providers annual education on Diabetes Health & Wellness Center	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff			x		This was completed through multiple programs including Diabetes Spotlight
Annual Diabetes Spotlight	1/1/15	Dec.'15	Pam Hartzell	HCHC MH Staff				x	Diabetes Support Group continues to meet and plan this annual event.
Hospitalized patients at Memorial receive education if elevated glucose levels	1/1/15	Dec.'15	Deborah Schuster	MH Staff	x	x	x	x	All patients receive education and referral as needed.
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	This has not been completed. A new EHR is in place and a standing

									order is being developed to facilitate this process.
--	--	--	--	--	--	--	--	--	---

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

Tracking starting in 2015 - 2019

DATE: January 2018 Summary

ACCOUNTABLE: Amy McCallister & Ada Bair

HEALTH PROBLEM: Lung Cancer

ACCOUNTABILITY: ACTION STEPS		To reduce the lung cancer death rate		BUDGET IMPACT						
PURPOSE:				YES	NO					
GOAL #:4	By 2019 tobacco cessation education available in all healthcare settings with a 2% increase in referral to QUITLINE			Revenue	<input type="checkbox"/> <input checked="" type="checkbox"/>					
				Expense	<input checked="" type="checkbox"/> <input type="checkbox"/>					
SUCCESS INDICATOR: (MEASUREMENT)	QUITLINE Stats			Staff	<input checked="" type="checkbox"/> <input type="checkbox"/>					
	It needs to be noted that the desired change cannot be measured at this time because the data for Hancock County has not been updated									
DESIRED CHANGE:	Minimum: 2% increase by 2017			Capital	<input type="checkbox"/> <input checked="" type="checkbox"/>					
	Optimum: 5% increase by 2019									
ACTION STEPS		START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	PROGRESS
Inventory current practices and data available		1/1/15	Dec.'15	Stephanie Meyers	HCHC MH Staff	x	x	x	x	Education provided currently
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	Education provided currently
Annual education for all providers on QUITLINE Resource		1/1/15	Dec.'15	Melita Finney	HCHC MH Staff	x	x	x	x	Education provided by the health department annually

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

Tracking starting in 2015 - 2019

DATE: January 2018 Summary

ACCOUNTABLE: Amy McCallister & Ada Bair

HEALTH PROBLEM: Lung Cancer

PURPOSE:	To reduce the lung cancer death rate					BUDGET IMPACT													
						YES		NO											
GOAL #3	By 2019 95% of local providers will have initiated tobacco screening in office and hospital setting					Revenue		<input type="checkbox"/>	<input checked="" type="checkbox"/>										
						Expense		<input checked="" type="checkbox"/>	<input type="checkbox"/>										
SUCCESS INDICATOR: (MEASUREMENT)	Electronic Health Record Reviews					Staff		<input checked="" type="checkbox"/>	<input type="checkbox"/>										
DESIRED CHANGE:	Minimum: 70% increase by 2017					Capital		<input type="checkbox"/>	<input checked="" type="checkbox"/>										
	Optimum: 95% increase by 2019																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">ACTION STEPS</th> <th style="width: 10%;">START</th> <th style="width: 10%;">END</th> <th style="width: 15%;">ACCOUNTABILITY</th> <th style="width: 10%;">SUPPORT</th> <th style="width: 10%;">1st Qtr</th> <th style="width: 10%;">2nd Qtr</th> <th style="width: 10%;">3rd Qtr</th> <th style="width: 10%;">4th Qtr</th> <th style="width: 15%;">PROGRESS</th> </tr> </table>										ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	PROGRESS
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	PROGRESS										
Inventory current practices and data available	1/1/15	Dec.'15	Stephanie Meyers	HCHC MH Staff	x	x	x	x	Completed –required for meaningful use										
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	Ongoing										

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

Tracking starting in 2015 - 2019

DATE: January 2018 Summary

ACCOUNTABLE: Amy McCallister & Ada Bair

HEALTH PROBLEM: Lung Cancer

PURPOSE:	To reduce the lung cancer death rate					BUDGET IMPACT			
						YES		NO	
GOAL #2	By 2019 % the percent of adult smokers who attempt cessation will increase by 6%					Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
						Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SUCCESS INDICATOR: (MEASUREMENT)	QUITLINE Stats					Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	It needs to be noted that the desired change cannot be measured at this time because the data for Hancock County has not been updated								
DESIRED CHANGE:	Minimum: 3% increase by 2017					Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	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	No contract available to sign with the state due to no budget so no \$\$ available.
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	Quitline/general tobacco info on Facebook. Tobacco prevention billboard US 136. During 2015
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	Ongoing

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

Tracking starting in 2015 - 2019

DATE: January 2018 Summary

ACCOUNTABLE: Amy McCallister & Ada Bair

HEALTH PROBLEM: Lung Cancer

		BUDGET IMPACT							
PURPOSE:	To reduce the lung cancer death rate	YES	NO						
GOAL #1	By 2019 % of adults over 18 who report never smoked will increase by 5%	Revenue <input type="checkbox"/>	<input checked="" type="checkbox"/>						
		Expense <input checked="" type="checkbox"/>	<input type="checkbox"/>						
SUCCESS INDICATOR: (MEASUREMENT)	Behavioral Risk Factor Survey	Staff <input checked="" type="checkbox"/>	<input type="checkbox"/>						
	It needs to be noted that the desired change cannot be measured at this time because the data for BRFS has not been updated								
DESIRED CHANGE:	Minimum: 20.4% by 2017	Capital <input type="checkbox"/>	<input checked="" type="checkbox"/>						
	Optimum: 23.4% by 2019								
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th 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	x	During the first year of the CHNA the items listed were accomplished. After that grant funding changed it impacted moving this goal forward. HCHD in 3 out of 12 schools during first quarter. Second qtr. presentation at Warsaw High School Health Class on tobacco. 3 rd qtr. no schools in session
									Tobacco prevention message on popcorn

									bags (2,000) at all ball fields in county
									Reviewed Neilsen Report on HC tobacco usage
									Facebook post on pulmonary rehab. & education at Hancock County Fights Cancer
									Carl Sandburg went tobacco free so information provided
									Better Breathers Group met in Aug. & Oct. of 2015

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

Tracking starting in 2015 - 2019

DATE: January 2018 Status

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 #:1	By 2019 % of residents who have been told they have hypertension will decrease by 5%					Revenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
						Expense	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUCCESS INDICATOR: (MEASUREMENT)	Behavioral Risk Factor Survey					Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	It needs to be noted that the desired change cannot be measured at this time because the BRFS has not been updated.									
DESIRED CHANGE:	Minimum: 34.2% by 2017					Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Optimum: 31.2% by 2019									
ACTION STEPS	START	END	ACCOUNTABILITY	SUPPORT	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th 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 the screenings did BP checks	
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	Recommendation to see provider but no follow up by the screening team.	
Quarterly social media posts with tips on hypertension	1/1/15	Dec.'15	Melita Finney Cynthia Huffman	HCHC MH Staff	x	x	x	x	Posted twice per month	
Investigate resources for low income individuals to obtain medication	1/1/15	Dec.'15	Ed Phelan	HCHC MH Staff	x	x	x	x	No need identified but Catholic Charity help with this issue and drug cards are available to help patients.	

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

Tracking starting in 2015 - 2019

DATE: January 2018 Status

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 #2	By 2019 adults will report a 10% increase in physical activity		Revenue	<input type="checkbox"/> <input checked="" type="checkbox"/>					
			Expense	<input checked="" type="checkbox"/> <input type="checkbox"/>					
			Staff	<input checked="" type="checkbox"/> <input type="checkbox"/>					
SUCCESS INDICATOR: (MEASUREMENT)	Behavioral Risk Factor Survey		Capital	<input type="checkbox"/> <input checked="" type="checkbox"/>					
	It needs to be noted that the desired change cannot be measured at this time because the BRFS has not been updated.								
DESIRED CHANGE:	Minimum: 75.5% by 2017								
	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.'19	Ada Bair	HCHC MH Staff			x		Great River Road Run is annual county wide event planned for Oct. each year. Annual Strawberry Strut 5K. The following additional activities have not been annual but conducted throughout the past 3 years. Memorial Hospital developed a walking path and free outdoor fitness park August Glow Run

									<p>and PTO Splash Bash, Mental Health sponsored a bowling league, Summer Food Program provided education on fitness and wellness, Hospital Leadership Development ½ day education on the 10 elements of Wellness, Memorial Hospital one year educational program on Behavior and Lifestyle change with focus on nutrition and exercise with 8 participants.</p> <p>Memorial Hospital Wellness Committee has conducted regular events for employees and community members that was promoted through facebook.</p>
--	--	--	--	--	--	--	--	--	--