

Hancock County IPLAN
Memorial Hospital Community Health Needs Assessment
2025-2027

Hancock County Health Department
In collaboration with Memorial Hospital
For
Illinois Department of Public Health
Springfield, Illinois
December 2024

Contents

EXECUTIVE SUMMARY.....	5
MEMORIAL HOSPITAL DESCRIPTION.....	6
HANCOCK COUNTY HEALTH DEPARTMENT DESCRIPTION.....	9
DESCRIPTION OF COMMUNITY SERVED	10
MEMORIAL HOSPITAL ASSOCIATION BOARD ACTION ON CHNA.....	12
LETTER OF APPROVAL FROM HANCOCK COUNTY HEALTH.....	13
COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW.....	14
Purpose.....	14
Community Participation Process.....	14
Committee Membership.....	15
Collaborating Organizations for Implementation Strategy.....	18
ANALYSIS OF HEALTH DATA AND SURVEY RESULTS.....	18
Demographic and Socioeconomic Characteristics	18
General Health and Access to Care.....	20
Community Health Plan.....	27.
References.....	36
APPENDIX	
A.....	39
2025 Hancock County Community Health Needs Assessment (CHNA).....	40
Primary Health Data from CHNA Survey.....	51
APPENDIX	
B.....	55
Health Problem Analysis Worksheet.....	56

Health Problem Analysis Worksheet.....56

Community Health Plan Worksheet.....59

EXECUTIVE SUMMARY

Memorial Hospital and the Hancock County Health Department start their collaboration for this Community Health Needs Assessment in December 2020. Hancock County Health Department will be due for a new assessment in 2025, and Memorial Hospital was due for new assessments by 2025. The collaboration is needed due to the success of previous collaborations.

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

After much discussion and review of the data and survey results the three health priority areas were determined to be: Health and Wellness, Mental Health and Access to Care. A presentation was given to the Memorial Hospital Board on December 04, 2024, and on January 23, 2005, to the Hancock County Health Department Board. The presentation reviewed the purpose, process and outcome of the interagency work. On December 4, 2024, the Memorial Hospital Board adopted the Community Health Needs Assessment Plan as presented by the administrative staff. On January 23, 2025, 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 and compassionate care springs from hometown pride and commitment to excellence.

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

In 2009 Memorial Hospital wrote another chapter of service by celebrating the grand opening of a new facility. The new Memorial hospital includes the 21st Century technology so critical to patient care while reflecting the values and dedication to community that helped the original hospital open its doors in 1950. Designated as a Critical Access Hospital, it is locally owned by the people of Hancock County and receives no income from local sales or property taxes. It is currently the second largest employer in Hancock County, with an annual payroll of 22 million.

Services available at Memorial Hospital include a 24/7 emergency room (with over 5000 visits per year) surgical procedures, medical imaging, and several community clinics. The legacy of dedication to the community continues, as Memorial Hospital perpetuates the vision of Hancock County leaders 75 years ago. The board of directors, medical staff, administration and employees of Memorial Hospital are proud to provide to the residents of Hancock County a "5 star experience" as the hospital has been rated by the Center for Medicare & Medicaid (CMS) as a hospital that has scored the top rating of 5 stars for being the hospital of patient's choice for 2020, 2021, 2022, 2023, and 2024.

Our Mission

Memorial Hospital is committed to delivering outstanding healthcare. Period.

Our Vision

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

Our Values

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

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

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

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

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

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

Standards of Behavior

Appearance

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

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

Communication

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

- Smile and introduce yourself.
- Use appropriate terms that can be understood.
- Invite questions and answer them completely

Respect

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

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

Attitude

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

- Acknowledge others and greet people in a friendly 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 the organization. I accept accountability for that ownership.

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

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

HANCOCK COUNTY HEALTH DEPARTMENT DESCRIPTION

Overview

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

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

Programs and Services

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

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

Dental Care: The Dental Center is located in the 2008 addition to the health department and has the mission of providing quality care that is affordable to all families in the Tri-

state area. The Dental Center has responded to patient needs by offering a variety of services such as: intraoral and panoramic digital x-rays, educational opportunities with intra-oral camera displayed on flat screens, comprehensive exams, cleanings, periodontal therapy, extractions, whitening, root canal treatments, one day crowns, bridges, emergency treatment, occlusal night guards, white resin fillings, cosmetic dentistry, and sport mouth guards.

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

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

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

Family Health: Family Health Division provides affordable lab services, immunizations, sexually

transmitted infection testing, lead testing, pregnancy testing, Woman Infants and Children (WIC), and no charge blood pressure checks.

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

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

Description of Community Served

Hancock county is located in West Central Illinois and it's population is 17,620 with a negative growth rate of 0.99% in the past year according to the most recent United States Census data. However, the ACS 5-year estimated the population at 17,582. Hancock County is the 16th largest county in Illinois. It's County seat is Carthage, and it's largest city is Hamilton. The county is made up of small rural towns and farmland. According to the U.S. Census Bureau, the county has a total area of 814 square miles. Hancock County contains 7,510 households, and 5,607 families residing in the County. The population density is 22 people per square mile.

The U.S. Census Bureau 2020 reported that the racial makeup of the county was 94.68% White, 0.41% Black or African American, 0.29% Native American, 0.35% Asian, 0.02 Pacific Islander, 0.67% from other races, and 3.37% from two or more races. Ethnicity for Hispanic or Latino of any race was 1.8%. The community is primarily English speaking, with 98.04% speaking English as their first language and 1.1% speaking Spanish as their first language.

According to the 2020 Census there were 7,510 households out of which 23.97% had children under the age of 18 living with them. 52.1% were married couples living together, 24.66% had a female householder with no partner present, 18.5% had a male householder with no partner, and 30.5% were non-families. Individuals living alone were 32.52% of all households, and 17.5% of those per persons 65 or older. The median age is 46 years old. For every 100 females, there were 102 males.

The median income of a household in the county was \$61,026.00, and the median by family types were \$82,456.00 for families, \$90,980.00 for married-couple families, and \$36,250.00 for non- family households. Using the United States 2020 Census data, the per capita income for the County was \$35,154.00. The ACS 5 year estimates show that about 5.4% of families and 13.1% of the population live below the poverty line, including 19.4% of those under 18 and 9.7% of those age 65 or older.

Hancock County is the 16th largest county in Illinois and has a population density of only 22 people per square mile it adds to the complexity of reaching the communities served. Due to the rural nature of Hancock County agriculture and agriculture-related businesses, it is clear that agriculture is the major drive of economy. The following chart identifies the top employers in the County:

Employer
Memorial Hospital
County of Hancock/Hancock County
CVS/Professional Swine Management
W.L. Miller Gray Quarries
Southeastern School District
Hamilton School District
Dadant & Sons
Warsaw School District
Nauvoo Restoration



Memorial Hospital Association Board Action

On

Community Health Needs Assessment

On December 4, 2024, Memorial Hospital Board of Directors met and reviewed the summary report for the collaboration on the Community Health Needs Assessment. The key areas of focus identified were reviewed in detail at that meeting.

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



*Hancock County Health Department,
Home Health Agency, and Dental Center*

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217-357-2171
Fax 217-357-3562

January 23, 2025

Illinois Department of Public Health
Attn: IPlan Department
535 W Jefferson St
2nd Floor
Springfield, IL 62761-002

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 January 23, 2025. During that meeting the Administrator reviewed the Community Health Needs Assessment and the IPLAN priority areas. The Board of Health approved the IPLAN document.

Enclosed you will find a draft copy of the minutes from the January 23, 2025, Board of Health Meeting.

Monica Crim
President, Board of Health

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Purpose

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

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

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

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

Following 2 months of data collection, committee education and review, three priorities were selected in July 2024. The committee used nominal group technique as a tool for the development of the priority areas with the result of the CHNA survey forming the basis of their decision.

Committee Membership

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

1. Hancock County Health Department
 - a. Tessie Morton
 - b. Teresa Gilbert
 - c. Jessica Croy
 - d. Marla Jacquot
 - e. Coi Rea
 - f. Laura Russell
2. Hancock County
 - a. Maria Hopp – Hancock County 911
 - b. Travis Duffy
 - c. Kendall Beals
 - d. Samantha Harnack
3. Hancock County Extension
 - a. Whitney McKeown
4. Memorial Hospital
 - a. Dawn Owren
 - b. Ada Bair
 - c. Cynthia Stewart
 - d. Ashlyn Housewright
 - e. Chris McKay
 - f. Colleen Wildrick
 - g. Mary Jane Clark
 - h. Lauren Ellison
 - i. Lisa Lantham
 - j. Keylee Kohler
 - a. Melita Finney
 - b. Moira Rothert
 - c. Shellie Mittimeyer
 - d. Valerie Brown
 - e. Carmalitta Baum
 - f. Chaka Bately
 - g. Kara Andrew
 - h. Jordan Cary
5. American Red Cross
 - a. J.D. Stonecypher
 - b. Pierre Nkundabemera
 - c. Mary Pantle
6. Carthage Public Library
 - a. Amy Gee
7. CCDC and UWGRR

- a. Amy Graham
- 8. Western Illinois Home Health Care
 - a. J. Newman
- 9. Alzheimer's Association
 - a. Daryl Carlson
 - b. Todd Lamison
- 10. CCDC and UWGRR
 - a. Amy Graham
- 11. Western Illinois Home Health Care
 - a. J. Newman
- 12. Alzheimer's Association
 - a. Daryl Carlson
 - b. Todd Lamison
- 13. Ameren
 - a. Carl Fisher
- 14. TASC
 - a. Tia Kelly
 - b. Koren VanderWeele
 - c. Diane North
- 15. Advocacy Network for Children
 - a. Amanda Humphry
- 16. Mosaic
 - a. Alicia McCabe
- 17. City of Carthage/Food Pantry
 - a. Dereck Hinman
- 18. West Central Child Care Connection
 - b. Robin Ayers
- 19. PACT Head Start
 - a. Kim Martin
 - b. Sara Mixer
- 20. Golden Bridges
 - a. Nancy Waters
- 21. Tri-State Family Services
 - a. Sherry Bliss
- 22. ROE 26
 - a. John Meixner
 - b. Doug Bradley
 - c. Mike Snowden
 - d. Neil Armstrong
- 23. ROE 26, Early Beginnings
 - a. Kate McGruder
 - b. Julie Foulk
 - c. Tammy Mcilhenny
 - d. Cari Collins

- e. Hanna Murphy
- f. Jess Fansler
- g. Mandy Kreps
- 24. Carl Sandburg
 - a. Jodi Pospeschil
- 25. University of Illinois
 - a. Cynthia Colvin
- 26. Western Illinois University
 - a. Marissa Fast
- 27. Southeastern Community College
 - a. Sarah Smith
- 28. WCIAAA
 - a. Gay Dickerson
- 29. HC ESDA
 - a. Jack Curfman – Coordinator
- 30. Hancock County Farm Bureau
 - a. Kristin Huls
- 31. Girl Scouts
 - a. Jill Butterfield
- 32. MHCWI
 - a. Mandy Gooding
 - b. Joe Little
 - c. Danielle Siegel
 - d. Katie Wilson
 - e. Mark James
 - f. Laura Tribble
- 33. Workforce Office
 - a. Kevin Banninga
- 34. WIOA/Workforce Office
 - a. Robert Pinney
- 35. Nauvoo Pharmacy
 - a. LuAnn Haas
- 36. SIU SOM
 - a. Laura Kessel
- 37. UIC Division of Specialized Care for Children
 - a. Kathy Thomas
- 38. Beacon of Hope Hospice
 - a. Terri Peterson
- 39. Center for Family Services
 - a. Vincent Boaz
 - b. Dave King
- 40. Early Beginning
 - a. Lacie McGraw
 - b. Paul Larson
 - c. Shannon McKee

41. City of Macomb
 - a. CallaBria Putrino
 - b. Deb Brewer
 - c. Shannon Smith
42. Hancock County Churches
 - a. Barb Drozd
 - b. Clark Irwin
 - c. Jerome Lee
43. Hancock County Schools
 - a. Edith Ewing
 - b. Dustin Day
 - c. Amy Shirey
 - d. Megahn Maag
44. Family Guidance Centers
 - a. Stacey Stottler
45. Big Brothers/Big Sisters
 - a. Sarah Baca

Collaborating Organizations for Implementation Strategy

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

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

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

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

Analysis of Health Data and Survey Results

Population

According to the 2020 Census Bureau American Community Survey population estimate Hancock County has a population of 17,620, which is a 7.8% drop from 2019. The county is the 60th most populated County in Illinois. A key contribution to the loss in population could be attributed to a reduction in economic opportunities and the current trend of rural to urban migration.

Despite the substantial loss of population in the County, its situation is not very different than the surrounding counties in the area. Hancock County has about 84% of its population living in rural towns and 16% living in undesignated areas.

Age

According to the 2022 Census Bureau American Community Survey, 20.8% of Hancock County's population is less than 18 years of age, 55.5% are between the ages of 18 and 64, and 23.7% of the population is 65

and older. The median age is 46 years old. Comparatively the state of Illinois has 21.6% of the population being less than 18 years of age, 60.8% being 18 to 64 years of age, and 16.1% being over 65 years of age. According to the U.S. Census Bureau American Community Survey 1-year estimate, the median age in Illinois in 2023 was 40 years old. Thus, Hancock County consists of an older population in comparison to the state of Illinois.

Sex

According to the 2022 U.S. Census Bureau American Community Survey 5 year estimates, the sex ratio in Hancock County was 102.9 males per 100 females (49.9% males and 50.1% females). Comparatively in 2019 the state of Illinois had a sex distribution of 50.9% females and 49.1% males.

Rural Comparison

The 2024 Health Rankings show Hancock County's population consists of 84% of it's population living in a rural area (living in a census tract with a population of less than 2500 people). In comparison to 13.1% of the entire Illinois population. From the 2020 Census, 21.2% of the U.S. population lived in a rural area.

Race & Ethnicity

Race and ethnic groups in Hancock County have been relatively static since its founding in 1825. The U.S. Census Bureau reported that in 2019 Hancock County had a race distribution of 95.8% identifying as white, 0.7% identifying as black or African American, 0.3% identifying as Asian, 0.5% identifying as some other race, and 2.5% identifying as tow or more races. Only 1.8% of the population identified as having a Hispanic or Latino origin (from any race). Non-white racial groups have been slowly growing, as the percentage of the population identifying as "White only" has dropped from the 97.4% reported in 2019. Additionally, the population identifying as Hispanic or Latino has increased from 1.5% in 1019 to 95.4% in 2022.

Education

According to the 2022 U.S. Census Bureau American Community Survey, the distribution in educational attainment was as follows: 5.6% were less than high school graduates, a 1% improvement from 2019. 35.5% were high school graduates (including equivalency) a 2.15 decrease from 2019, 35.4% had attended some college or obtained an associate's degree. 17% had obtained a bachelor's degree, and 7.6% had obtained a graduate of professional degree. Based on survey records from the previous 5 years, Hancock County appears to be increasing in the levels of educational attainment achieved by its residents.

Looking at the secondary school data from the Illinois State Board of Education, Hancock County has had fluctuating rates of secondary school completion over the past 10 years. From the 2010-2011 school year to the 2016-2017 school year the secondary school drop-out rate decreased from 2.59% to 1.03%. However, since 2017 the drop-out rate has steadily increased. The drop-out rate for the 2023-2024 rate is 4%. The additional stress the COVID pandemic placed upon the families and the aftermath is a viable reasoning for the increase in drop- out rates.

Per Capital Income & Median Household Income

The U.S. Department of Commerce, Bureau of Economic Analysis reports on per capita income in 2024 Hancock County had a per capital personal income of \$56,127 and ranked 39% in the state of Illinois. Compared to the 2021 finding, there was a 0.8% increase in per capita personal income. According to the 2019 Census Bureau American Community Survey, the median household income was \$61,026. This is an increase of \$8,465 from 2019 estimates. The average median household income for the state of Illinois from 2015-2019 was \$65,886. This has increase steadily as the 2021-204 data shows Illinois households now earn an average of \$76.406.

Unemployment Rate

According to the Illinois Department of Employment Security, the unemployment rate in Hancock County had been on a fairly consistent decline from 2011 to 1023, with the lowest rate of unemployment of 4% achieved in 2019. However, in 2020 the unemployment rate jumped to 9.3% (the highest it had been since 2014).

This jump in unemployment can be attributed to the impact of the COVID-19 pandemic on the local and national economy. Currently the 2024 data shows an unemployment rate of 4% for Hancock County. Comparatively, the state of Illinois had an average rate of 9.5% in 2020 and from 2021-2022 the employment rate grew by 0.6%.

Poverty Level

In 2022 the U.S. Census Bureau estimated the percentage of people in Hancock County that were at poverty level was 12.3%. This did not grow or decline from 2019. Comparatively, the estimates for the state of Illinois were 11.5% in 2022. Additional data from County Health Rankings (managed by the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation), found the percentage of Hancock County children in poverty was 17% in 2024 which is only a 1% decrease from 2021. In comparison, the state of Illinois had 16% of its children in poverty from 2021 through 2024.

State Medical Assistance (Medicaid)

In 2023 there were a total of 5192 people enrolled to receive comprehensive benefits under the Illinois Department of Health Care and Family Services. This included 2,107 children, 423 adults with disabilities, 1,062 individuals under the ACA, 1,156 other adults, and 392 senior citizens. This is an increase of an additional 942 enrollees since 2020. Using the 2022 estimated Hancock County population of 17,582; approximately 29.5% of the County's population was enrolled to receive full comprehensive benefits from the state's medical assistance program in 2022. Comparatively, the state of Illinois had approximately 28.9% of its population enrolled for full comprehensive benefits with the state's medical assistance program in 2022.

Supplemental Nutrition Assistance Program (SNAP)

According to the U.S. Census Bureau American Community Survey in 2022 there were an estimated 976 households in Hancock County participating in the state's Supplemental Nutrition Assistance Program (SNAP). Out of these households, an estimated 271 had children under the age of 18. The number of households participating in SNAP have increased over the past 5 years with a previous high of 917 households participating in 2014 compared to 976 in 2022. With the impact of COVID-19 pandemic has had on the economy, it is understandable the number has increased.

Looking at the Illinois Department of Health the number of households in Hancock County's service region (which includes Adams and Pike Counties) participating in the SNAP program increased from 7,055 in 2019 to 8,319 in 2021.

General Access to Care

General Ranking of Hancock County Health in State of Illinois

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

In the year 2023, Hancock County was ranked 40th in the state for health outcomes and 27th in the state for health factors. These rankings have fluctuated over the past 10 years, with the average ranking of health outcomes being 26.2 and the average ranking of health factors being 34.

Leading Causes of Death

The 2022 Illinois Department of Public Health IQuery data shows diseases of the heart remain the leading cause of death in Hancock County followed by cancer. Below is a table showing the top 15 leading causes of mortality in Hancock County between 2013 and 2022. This table does not include COVID-19 deaths.

15 Leading Causes of Death in Hancock County 2013-2022	Total Deaths 2013-2022	Average Deaths per year	Average Crude Rate per 100,000 (Using ACS-5 years population estimate)
1. Diseases of the Heart	547	51	311
2. Malignant neoplasms	443	47.5	252
3. Chronic Lower Respiratory Diseases	140	14	79.6
4. Cerebrovascular Disease	123	12.3	70
5. Accidents (Unintentional injuries)	103	10.3	58.6
6. Alzheimer's Disease	79	7.9	45
7. Influenza or Pneumonia	39	3.9	36.4
8. Diabetes Mellitus	64	6.4	22.2
9. Nephritis, Nephrotic Syndrome, Nephrosis	58	5.8	33
10. Septicemia	44	4.4	15.9
11. Parkinson's Disease	44	4.4	15.9
12. Intentional self-harm (suicide)	20	2	17.6
13. Essential Hypertension & Hypertensive Renal Disease	20	2	17.6
14. Chronic Liver disease or Cirrhosis	10	1	5.7
15. Aortic Aneurysm and dissection	7	0.07	4

Comparatively, the leading causes of death for the state of Illinois include diseases of the heart, malignant neoplasms (cancer), cerebrovascular disease, accidents (unintentional injury), chronic lower respiratory diseases, Alzheimer's disease, diabetes mellitus, kidney disease, influenza or pneumonia, and COVID-19. Thus, the leading causes of death for Hancock County residents are almost identical to those observed at the state level.

Looking at the impact of the COVID-19 pandemic on Hancock County for the year 2020, the Illinois Department of Public Health reports that there were 20 deaths from March 17 of 2020 until the end of the year.¹⁹ As of July 19 of 2021, there have been a total of 12 deaths attributable to COVID-19 in the year 2021.¹⁹ By the end of 2022, the total COVID-19 deaths was recorded at 7,149.

Maternal and Child Health

Birth data from the Illinois Department of Public Health indicate there were 169 births in Hancock County in 2022. From the 2019 Census Bureau populations estimates, the crude birth rate for Hancock County was 10.45 births per 1000 residents in 2019. In comparison, the crude birth weight for the state of Illinois was 11.06 births per 1000 residents.

A closer analysis of the birth data from the Illinois Department of Public Health show that from 2010- 2019 on average 6.35 of the Hancock County babies were born with a low birth weight and .48% are born with a very low birth weight. (Illinois 8.34% born low birth weight, 1.52% very low birth weight). In those same years, an

average of 33% of Hancock County births were performed by cesarean delivery (Illinois 31.2%), and an average of 34% of Hancock County babies were born to unmarried mothers (Illinois 40%). From 2017-2019 the average percentage of Hancock County mothers receiving proper prenatal care was 89% (Illinois 78%). In comparing these metrics with the same measures for the state of Illinois, Hancock County appears to perform well in maternal and child health outcomes.

The number of teenage births (mother less than 20 years old) over a ten-year period fluctuated from a high of 19 births in 2010 to a low of 8 births in 2017, back up to 15 births in 2019. The percentage of Hancock County teenage births was 6.7% per year from 2010-2019. In 2022 the average dropped to 4.5%. In comparison to the state of Illinois for the same 10 years the average was 6.2%.

As there was no maternal mortality data available specifically to Hancock County, Illinois state level data was obtained from the Illinois Maternal Morbidity and Mortality Report 2018-2020. This report which was released in October of 2023, provides a variety of analyses regarding maternal mortality for various groups of Illinois women. This report indicates that for the years 2018-2020 the average number of Illinois women who died while pregnant or within one year of pregnancy was around 88 women with the highest number of 110 in 2020. The pregnancy-associated mortality ratio (PAMR) was also found to have fluctuated from 83 deaths per 100,000 live births in 2018 to 70 deaths per live births in 2019, and then 100 per 110,000 live births in 2020. When breaking down the state into various geographic regions it was found that the PAMR was highest for women living in rural counties (83 deaths per 100,000 births). Studies also suggest a steep increase in 2020 as a result of the COVID-19 pandemic. PAMR was also higher for women who were on Medicaid, advanced in age, and women with a higher body mass index. Considering Hancock County is located in rural Illinois and that around 29.5% of it's residents were enrolled in the state's medical assistance program in 2022, Hancock County women fit into the higher risk group for maternal mortality.

When looking specifically at the underlying causes for pregnancy related death for rural counties in 2018-2020, the report found 33% of maternal deaths were related to "Other Injury" (mostly motor vehicle accidents), 31% were from "All Medical" (including hemorrhage, infection, cardiac conditions, cancer, diabetes, etc.), 21% were from drug overdose, 10% were from suicide, and 5% were from homicide. Although these results were obtained by compiling data from all rural counties in Illinois, they do give an indication as to what risk factors and medical conditions Hancock County providers and women should be prepared for.

Chronic Disease

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

As stated previously, death from diseases of the heart remained number one cause of deaths in Hancock County from 2013-2022, with an average of 55 deaths per year. Additional data from the National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention indicates that both diseases are responsible for about 26,280(heart disease) and 6,768(stroke) deaths respectively in Illinois with deaths resulting from either heart disease or stroke representing 27% of all deaths across all counties in Illinois in 2021. According to the Illinois County Behavioral Risk Factor Survey 6% of Hancock County residents reported being told they have coronary heart disease, 8% being told they have had a heart attack, 2% reported having a stroke, and 11% reported having a history of cardiovascular disease. The survey also found that an estimated 39% of the Hancock County residents reported being told they had high blood pressure and an estimated 40% of county residents have been told they had high cholesterol.

Deaths from malignant neoplasms (cancer) were the second leading cause of death for Hancock County residents from 2013-2022, with an average of 44 deaths per year. Data from the Illinois Cancer Registry showed for 2017-2021 the number of new cancer cases in Hancock County consisted of 339 males and 297 females. The most common cancers diagnosed for Hancock County males from this time periods were prostate, lung and bronchus, and colon and rectum cancers. For females the most common cancers were breast, lung and bronchus, and corpus and uterus. Comparing the most cancers diagnosed for the state of Illinois were the same for men, but differed slightly for women being breast, lung and bronchus, and colon and rectum cancers.

Comparing male cancer incidence rates of Hancock County to the state of Illinois, the rate of prostate

cancer was lower in Hancock County (115 cases per 100,000 to 118 cases per 100,000) the rate of lung and bronchus cancer was higher in Hancock County (74 cases per 100,000 to 65 cases per 100,000) and the rate of colon and rectum cancer was lower in Hancock County (30 cases per 100,000 to 45 cases per 100,000) Comparing female cancer incidence rates of Hancock county residents compared to the state of Illinois, the rate of breast cancer was lower in Hancock County (101 cases per 100,000 to 134 cases per 100,000), the rate of lung and bronchus cancer was higher in Hancock County (68 cases per 100,000 to 54 cases per 100,000) and the rate of corpus and uterus cancers was also higher (40 cases per 100,000 to 31 cases per 100,000).

Estimations from the Illinois County Behavioral Risk Factor Survey Round 7 indicate that 12% of Hancock County residents had been told they have diabetes. An additional 8% of the residents were informed they have pre/borderline diabetes. It is likely that the actual number of people in the county may be higher than estimated since an estimated 52% of people in Hancock County had not received any time of blood sugar or diabetes test in the past 3 years. By comparison, the state of Illinois reported that approximately 10% of the Illinois adult population had been diagnosed as diabetic, and approximately 9% of the adult population had prediabetes in 2016.

Other chronic diseases estimations for Hancock and Henderson County given by the Illinois County Behavioral Risk Factor Survey include COPD (8% of population), arthritis (34%), asthma (7%) and depressive disorders (26%) In general, an estimated 61% of the Hancock County adult population reported living with one chronic disease and an estimated 28% of the population reported having two or more chronic diseases. Due to the sample size this report is a combination of Hancock and Henderson Counties numbers.

Infectious Disease

Data for sexually transmitted diseases was obtained from the Illinois Department of Public Health 5-year reported cases on Sexually Transmitted Diseases in Illinois from 2018-2022 and the 2020 IDPH STD provisional data. The number of chlamydia cases in Hancock County fluctuated between 28 cases in 2018 to a high of 50 cases in 2021. Compared to the state of Illinois, Hancock County had a significantly lower number of chlamydia cases. Gonorrhea cases in Hancock County in these same years averaged at about 7 cases a year. These rates were also consistently lower than the state average. There were no cases of syphilis, secondary syphilis, or early syphilis. This is also significantly lower than the state of Illinois, in which the rates are increasing.

There were 13 deaths in Hancock County that were attributed to influenza or pneumonia between 2018-2022, making it the seventh leading cause of death in the county. The greatest number of influenza-like illnesses in Illinois occurred during the 2019-2020 season, with peaks of over 7% of the population having influenza-like illnesses. The 2020-2021 influenza-like illnesses, with the highest peak being only 1.5% of the Illinois population. It is important to note the spread and impact of the COVID-19 virus may be impacting the way influenza data was recorded in these later years, as COVID-19 has very similar symptoms.

Foodborne illness outbreaks have continued to occur for various products in the state of Illinois over the past 10 years. These outbreaks have included salmonella, cyclospora, and E. Coli (among others).

Environmental/Occupational Health

According to the 2021 Index Crime and Crime Rate Data report from the Illinois State Police, Hancock County had a total of 72 crimes in 2021. Of these crimes, there were no rape charges and 5 aggravated assault/aggravated battery charges. For the years 2010 to 2023 there were 2 reported homicide charges.

The rate of deaths attributed to injury for Hancock County residents was 103 per 100,000 for the

time period between 2013 and 2022. There was a steady increase in the percentage of deaths attributed to alcohol impaired driving. In 2020 11% of deaths we reported to the “injury” category were alcohol related. 2021 had no alcohol related deaths, in 2022 36% were related to alcohol impaired driving and 46% were related to impaired driving in 2023.

There was at least one record of drinking water violations in Hancock County during 2024. Based on latest air quality data, Hancock County had a daily average of 8.4 micrograms per cubic centimeter of particulate matter in the air. This is slightly lower than the average for the entire state of Illinois. According to the Environmental Protection Agency (EPA) data, Hancock County falls under Zone 1 for radon exposure (equating to average indoor radon screening levels greater than 4 pCi/L).

Behavioral Risk Factors

An analysis of behavioral risk factors was performed for Hancock County using the Illinois County Behavioral Risk Factor Surveillance Survey Round 7 survey and the County Health Ranking data. Behavioral risk factors include behaviors performed by a person that increase their risk for disease and poor health outcomes. Examples of key behavioral risk factors include physical activity levels, tobacco use, alcohol use, diet, and sleep patterns.

Regarding nutrition and exercise, only an estimated 43.8% of Hancock County adults met physical activity guidelines in 2017-2018 according to estimates from the Illinois County Behavioral Risk Factor Surveillance Round 7 survey. The 2021 County Health rankings found that only 58% of Hancock County residents had access to locations to perform physical activity. In addition, County Health Rankings data found that 14% of Hancock County residents had limited access to healthy foods and 11% of the county faced food insecurity. The low levels of physical activity and limited food options in Hancock County have likely contributed to the high obesity rates within the county. According to the Illinois County Behavioral Risk Factor Surveillance Survey Round 7 (2019-2020), an estimated 37.4% of Hancock County adults were considered obese and 32.2% were considered overweight (based on Body Mass Index).²² In comparison, the state of Illinois had 31.8% of its population considered obese and 34.9% of its population being overweight in 2020.

Looking at substance abuse behaviors, the Illinois County Behavioral Risk Factor Surveillance Round 7 survey found that 13.3% of Hancock County residents were at risk for binge drinking and 5.2% were at risk for heavy drinking. This was lower than what was found at the state level. The survey also found that an estimated 15.5% of county residents currently smoked tobacco, 4.0% of county residents used smokeless tobacco, and 2.5% of county residents used electronic cigarettes. In comparison to the state of Illinois, Hancock County had an equal percentage of identified smokers, lower percentages of electronic cigarette users, and greater percentages of the population that used smokeless tobacco products.

Data from the Opioid Data Dashboard of the Illinois Department of Public Health found that in 2022 the non-fatal opioid overdose rate for Hancock County was 0.57 per 10,000 (there were fewer than 10 total cases). The data also shows that there were 1.14 per 10,000 fatal overdoses found for Hancock County in 2022. Since 2013, the rate of non-fatal opioid overdoses in Hancock County have fluctuated from a high of 6 in 2017 to a low of .5 in 2018. At least 1 fatal opioid overdose was observed every year from 2014 to 2022. The number of cases remained less than 10 between those years.

Looking at Hancock County drug crime arrest data from the Illinois State Police, there has been a large increase in the number of county residents arrested for methamphetamine over the past 10 years. The average number of methamphetamine arrests over a five-year period went from 4 arrests per year for the years 2010-2014 to 30.6 arrests per year for the years 2015-2019 and 34.3 arrests per year 4 years

2019-2021. Total drug arrests were found to have decreased consecutively for the years of 2019-2021. Although drug arrests do not equate to the number of substance abusers in the county, they can give an indication as to whether the issue is getting better or worse.

Sentinel Events

According to the Illinois Department of Public Health Center IQuery data system, for the time period of 2013 - 2022 there were 20 suicide deaths in Hancock County noting a slight decrease from the previous period (2010 - 2019). No current data on Op/post-op complications, unintended retention if foreign body and diseases outbreak were found. The Illinois Department of Public Health states that it is still in the process of implementing the Illinois Adverse Health Care Reporting Law of 2005, which requires reporting of adverse or “never” events that occur in health care settings.

Community Health Problem Survey

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

The survey was distributed using an online tool- Survey Monkey, and a paper version was also available. The surveys were available in both English and Spanish. The data collected with the paper tool was manually inputted into the Survey Monkey too. There was a total of 334 respondents, a decrease of approximately 750 respondents from the previous survey. It should be noted that most of the 1000 surveys collected in 2021 were collected at COVID-19 vaccine clinics, that were not happening during this survey. The paper tools, as well as the information for the online survey were distributed in a wide variety of public locations including public events, and all provider practices, emails to businesses and the school systems (employees).

No key issues were identified in the areas of environmental, public health or safety. There is however a continuing transportation issue for some. Over 70% of the respondents had no adults living in the household with poor or fair health, and only 6% of households reported children with poor or fair health. Around 90% of respondents from each of the regions were aware of general providers, dental providers, and vision care providers they could utilize if needed. However, when asked about their awareness of mental health providers or substance abuse counselors, only 68% of respondents were aware of mental health service providers and only 53% of respondents were aware of substance abuse counselors. When evaluating what health conditions respondents were currently being treated for, the most frequent conditions were hypertension (20%), high cholesterol (15%), behavioral/mental health (12%), overweight/obesity (10%), and diabetes (5%).

When looking at health behaviors of respondents, 20% of the respondents reported using tobacco products, which is a 6 % increase from the last survey. With regards to cholesterol screening, survey results indicate that over 95% of adults over the age of 45 (the CDC recommends that adults have their cholesterol screened every 4-6 years) have had a screening test. For diabetes screenings, 78% of respondents aged 45-64 and 72% of respondents aged 64+ indicated that they had received a diabetes screening within the past 2 years (American Diabetes Association recommends those above the age of 45 get screened every three years after negative tests). Responses regarding colon cancer screenings found that 60% of respondents aged 45 and older, have received a screening for colon cancer in the last 5 years (the American Cancer Society recommends that those with average risk for colon cancer begin being screened starting at age 45). For breast cancer screening (mammography) results from the survey found that 54% of women between the ages of 45-64, 32% of women over the age of 65 had met the

American Cancer Society screening guidelines for breast cancer (recommendations are for women 45-54 to receive annual screenings and for women 55+ to receive screenings every other year). Survey results for cervical cancer screenings (pap-smears) found that around 89% of women aged 25-44 years, 88% of women 45-54 years and 77% of women over 55 years had received a pap-smear within the past 5 years (the American Cancer Society recommends that cervical cancer screenings begin at age 25 and be repeated every three years for pap-tests).

When asked about what the most pressing health problems in Hancock County were, the top five problems most frequently selected were cost of healthcare/medications (15.5%) ability to pay for care (15%) Behavior Health (13%), obesity (11%), and drug abuse (11%).

Finally, when respondents were asked what health or community services, they would like to see the Hancock County Health Department or Memorial Hospital provide in the future, the top services requested involved vision services (20%), dental services (20%), chiropractor (15%), diet and nutrition services (14%). As this last question was a free response, statements were coded based upon similar categories.

Conclusion

The process of primary data collection, committee data education and data analysis started in January 2024 and concluded in June 2024. During the August 2024 meeting, the analyzed survey results were presented to the ACT group and education was provided on the next steps of identifying the top health priority areas to focus on and their contributing factors. Once the committee understood the process, a variety of health problems identified in the community were discussed. From that list, voting occurred by the group 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 health and wellness, mental health and access to care.

COMMUNITY HEALTH PLAN

Purpose

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

Process

The process for developing the community health plan began in June of 2021. After being educated on the results of the community health needs assessment survey, the Agency Collaboration Team used the nominal method to determine what the three priority health areas would be for improving the health of Hancock County. The three priority health areas identified for the 2025 community health needs assessment were health and wellness, mental health, and access to care.

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

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

Health and Wellness

Description of the Health Problem

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

also associated with many of the leading causes of death and disability for both Hancock County and the United States in general.

There are 3 major components of physical health maintenance:

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

Target Population for Health and Wellness

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

Relationship to Healthy People 2020

Proper physical health maintenance covers multiple focus areas within the National Healthy People 2020 goals. The major topic areas include Nutrition and Weight Status, and Physical Activity. Minor overlapping areas include Diabetes, Heart Disease/Stroke, Access to Health Services, and Health-Related Quality of Life and Well-being. Identified Healthy People 2020 goals incorporated into the community health needs assessment health and wellness goals include:

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

Risk Factors and Contributing Factors for Health and Wellness

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

- Physical Inactivity
 - Environment
 - Individual Motivation
 - Comorbidity
- Poor Food and Nutrition
 - Healthy food Access
 - Personal Choice
- Poor Healthcare Utilization
 - Barriers to Accessing Care
 - Personal Choice

Goals for Health and Wellness

- To improve the quality of life for Hancock County residents through promoting different physical activities/programs that are available throughout the County.
- To reduce food insecurity in Hancock County through educational campaigns and increased awareness of current resources.

Impact Objectives for Health and Wellness

- By 2029, 5% of Hancock County residents will be counseled by their provider on the importance of cardiorespiratory and resistance training.
- By 2029, two restaurants in Hancock County will be offered education on healthy options by the hospital and the health department.

Outcome Objectives for Health and Wellness

- By 2032, 5% of adults will be counseled by their provider on the importance of cardiorespiratory and resistance training.
- By 2032, 10% of Hancock County residents will be educated on proper nutrition, food preparation, food shopping on a budget, and food shopping under limited resources through participation in community nutrition education programs and social media.
- By 2032, 5 restaurants in Hancock County will be offered education on healthy options

Intervention Strategies for Health and Wellness

- Work with providers on the importance of promoting physical activity.
- Materials promoting good health are distributed in both English and Spanish.
- Measure by the number of participants at County nutrition events through sign-in sheets and county of interactions from the public online events.
- Pre-post survey of County restaurants on education provided.
- Education is done at mobile food pantries and education in conjunction with the health department and hospital.
- Education materials are sent in Food for Thought backpacks for good nutrition.
- Monthly marketing of park district's opportunities for physical activity.

- Greenspace/park knowledge and pictures available for residents online.
- Continue A1-C screening efforts throughout the County.
- Provide and A1-C participants with follow-up calls for anyone with pre-diabetes/diabetes results m events.

Community Resources Available for Health and Wellness

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

Community Barriers for Health and Wellness

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

Estimated Funding Needs for Health and Wellness

Hancock County Health Department: \$45,000

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

Memorial Hospital: \$20,000

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

Evaluation for Health and Wellness

Evaluations will be conducted by the program team quarterly for the next three years. The team lead for the Health and Wellness goals and objectives will be Memorial Hospital. Reports will be made to the respective boards bi-annually. Measurements used to assess achievement of stated objectives include:

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

Mental Health

Description of the Health Problem

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

Target Population

The target population for mental health is for individuals ages 5 and older. This includes individuals ranging from early childhood to geriatric. Each of these age groups faces different challenges when it comes to mental health, so interventions involving different groups are designed for those groups specifically.

Relationship to Healthy People 2020

The priority area of mental health encompasses the Healthy People 2020 goals concerning both mental health, mental disorders, and Substance abuse. Identified Healthy People 2020 goals incorporated into the community health assessment mental health goals include:

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

Risk Factors and Contributing Factors for Mental Health

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

Poor Mental Wellness

- Stress
- Lack of support
- Poor coping skills

Substance Abuse (Alcohol and Drugs)

- Family History
- Self-medication
- External pressure/stress

Chronic Mental Health Disorder Management

- Barriers to accessing care
- Individual willingness to address the problem

Goals for Mental Health

- To improve general mental wellness through community education on effective stress management and resiliency.
- Increase access to mental health and substance abuse for adults and children that live in Hancock County.

Impact Objectives for Mental Health

- By 2029, there will be established mental health wrap-around services and solutions.
- By 2029, there will be established stress management wrap-around services and solutions.
- By 2029 the number of clients seen will increase by 3% on school campuses.
- By 2030, the number of clients will increase by 5% on school campuses.

Outcome Objectives for Mental Health

- By 2032, 50% of Hancock County residents will indicate they were able to effectively and safely manage their stress over the past year.
- By 2032, 100% of Hancock County schools will have a referral mechanism to assist children with high levels of stress and anxiety.
- By 2032, there will be a 5% increase in Hancock County residents who are aware of available mental health care providers.
- By 2032, there will be a 5% increase in Hancock County residents who are aware of available substance abuse counselors.
- By 2032, access to substance abuse and mental health services will be expanded to all schools in Hancock County.

Intervention Strategies for Mental Health

- Develop one community mental health/stress management educational campaign or program to be delivered in Hancock County communities each year.
- Make monthly health communication posts offering information on stress management and local mental health resources people can use to maintain mental wellness.
- Develop Mental Health Minute Videos.
- Provide education to parents on the resources available to kids regarding stress and anxiety.
- Promotion of the available stress/anxiety call lines currently available to community adults and adolescents.
- Design and release new mental health and substance abuse service line for the hospital.
- Use marketing and social media to increase awareness of mental health services available to Hancock County residents.
- Provide 3 youth and 3 adult mental health first aid classes per year to educate the local community on identifying and supporting those who may be struggling with mental health and substance abuse.
- Collaborate with HCAC, MHCWI, and school administration to increase opportunities for counselors to be present in each of the local schools.
- Collaborate with HCAC, MHCWI, and school administration to host substance abuse adolescent and parental education programs in the local schools.

Community Resources Available for Mental Health

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

Community Barriers for Mental Health

Barriers that exist in achieving goals to improve mental health include financial costs, external stressors, time restraints, and transportation.

Estimated Funding Needs for Mental Health

By Hancock County Health Department: \$0.00

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

- Additional counselor
- Staff support for assistance at substance abuse/mental health community educational programs.
- Staff support for assistance in implementing the mental health/stress management educational campaign
- Staff support for providing youth and adult mental health first aid classes
- Staff support for social media promotions and marketing

Evaluation for Mental Health

Evaluations will be conducted by the program team to assess completion of the impact objectives by 2029. The lead team for mental health goals and objectives will be Memorial Hospital and Mental Health Centers of Western Illinois. Progress will be reported to the organizations respective boards bi-annually. Measurements used to assess achievement of stated objectives include:

- Mental Health Centers of Western Illinois reports on number of students and school being offered counseling services
- Behavioral Health department of Memorial Hospital reports on number of students seen in RV and at what schools.
- Measured community participation with mental health/substance abuse educational materials through counts of social media interactions, attendance at events, and paper materials that were handed out.
- School reports on current success/issues of mental health/stress student referrals to either MHCWI or Memorial Health Behavior Health department.

Access to Care

Description of the Health Problem

Delayed access to medical care is a significant health problem as it can lead to worsening health conditions, increasing the risk of complications that may require more intensive and costly care. When treatment is postponed, conditions that could have been managed easily at an early stage may progress to more severe levels, making recovery harder and less likely. In addition to the physical health risks, delays in care can negatively affect mental health, as prolonged illness often causes stress and anxiety. For contagious diseases, delayed

treatment can lead to the spread of infections, further exacerbating public health issues. Overall, delaying medical care not only jeopardizes individual health but also places a strain on healthcare systems and increases the burden on society.

Target Population

The target population for the Access to Care priority is children and adults aged four and older. This age group was selected due to the need for care among all ages.

Relationship to Healthy People 2020

Delaying medical care can negatively impact health and increase the cost of care. People who can't get the care they need may have more preventable complications, hospitalizations, emotional stress, and higher costs. Strategies to increase insurance coverage rates and improve health information technology may help reduce delays in care.

Goal:

- Decrease the number of people unable to obtain or are delayed in obtaining necessary medical care from 8.5% in 2019 to 5.9% by 2029.

Goals for Access to Care

- To increase the number of dental providers within Hancock County
- To decrease the wait time/availability for residents to access specialty care
- To increase the availability of transportation for provider appointments

Impact Objectives for Access to Care

- By 2028, the Hancock County Health Department will once again have an operational Dental Center.
- By 2029, the Specialty Clinics will have dropped their no show/no call numbers by 3%.
- By 2029, the Hancock County residents will be better informed of transportation options.

Outcome Objectives for Access to Care

- By 2032, the Hancock County Health Department will have developed a recruitment/retention plan to keep the dental center up and running.
- By 2032, the Specialty Clinics will have dropped their no show/no call numbers by 5%.
- By 2032, Hancock County will increase the number of transportation options by two.

Intervention Strategies for Access to Care

- Convene a health department staff committee to assist in developing a recruitment/retention plan to reopen the dental center and keep it open.
- Research recruiting agencies to help recruit staff.
- Advertise on job boards, dental schools, etc. to help find a dentist.
- Advertise what specialty services are offered at Memorial Hospital on social media and other areas.
- Conversations to be held with specialty providers about wait times.
- Evaluate current wait times for all specialty providers and pinpoint the most urgent to work with.

- Run reports for no call/no show rates and evaluate how to decrease them so these empty slots can be filled.
- Evaluate current options for transportation
- Determine resources available to our region other than Hancock County Transportation.
- Create handouts and social media posts for what transportation is available.
- Work with Care Coordination

Community Resources Available for Access to Care

There are a variety of resources available in Hancock County to help address the challenges associated with Access to Care. These resources include local primary care providers, and specialty services provided by QMG and Blessing Hospital. Transportation is currently available from Hancock County Transportation.

Community Barriers for Access to Care

Barriers that exist in achieving goals to improve health outcomes for Access to Care include financial costs, external factors, time restraints, and awareness of available resources or lack thereof.

Estimated Funding Needs for Access to Care

Hancock County Health Department- \$40,000

- Restarting day to day operations for dental clinic
- Staff support for lab examination.
- Staff support for the diagnosis and referral for oral and breast cancers.
- Staff support for health education presentations.
- Staff support for social media posts.
- Salaries for dentist, hygienists, assistants, sterile technician, and receptionists.
- Equipment updates and maintenance
- Continued supplies.

Memorial Hospital- \$50,000

- Staff support for mobile RV
- Staff support for health education presentations
- Staff support for social medial posts
- Staff support for increased behavioral health care throughout the County.

Evaluation of Access to Care

Evaluations will be conducted by the program team to assess completion of impact objectives by 2029 and outcome objectives by 2032. This team leads for the Access to Care goals and objectives will be Memorial Hospital. Reporting progress to the organizations' respective boards will be bi-annually. Measurements used to assess the achievement of stated objectives include:

- 2024 and 20227 Community Health Needs Assessment data
- Accountable Care Organization quarterly feedback reports
- Tracking no show/no call specialty visits
- Number of social medial posts regarding Access to Care

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Appendix A

2025 Hancock County Community Needs Assessment (CHNA) Survey

Primary Health Data from the CHNA Survey



2024 Hancock County Community Health Needs Assessment (CHNA)

This survey is completely anonymous, ensuring confidentiality and encouraging honest responses, thus enabling an understanding of the community's health landscape.

Filling out this community health needs assessment survey is crucial for understanding and addressing the health concerns of our community effectively.

By participating in this survey, individuals provide valuable insights into the health issues, priorities, and unmet needs within the community. This information helps healthcare providers and organizations allocate resources efficiently to improve public health outcomes.

This survey plays a vital role in shaping a healthier future for everyone in Hancock County and the surrounding region.

* 1. What ZIP code do you reside in?

* 2. Gender?

- ☐ Male
- ☐ Female
- ☐ Other (please specify)

* 3. What is your race?

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

*** 4. What is your highest level of education?**

- ☐ Elementary School
- ☐ Left High School without Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Currently Attending or Have Some College
- ☐ Trade/Tech/Certification
- ☐ Two-Year College Degree
- ☐ Four-Year College Degree
- ☐ Graduate-level Degree or Higher

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

- | | |
|---|---|
| <input type="radio"/> Own a house or condo | <input type="radio"/> Living in a shelter |
| <input type="radio"/> Rent a house, apartment or room | <input type="radio"/> Living in a hotel/motel |
| <input type="radio"/> Living in a group home | <input type="radio"/> Living in senior housing or assisted living |
| <input type="radio"/> Living temporarily with a friend or relative | <input type="radio"/> Homeless |
| <input type="radio"/> Multiple households sharing an apartment or house | |

Other (please specify)

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

- ☐ Less than \$20,000
- ☐ \$20,000 - \$49,999
- ☐ \$50,000 - \$69,999
- ☐ \$70,000 - \$99,999
- ☐ \$100,000 - or more
- ☐ I prefer to not disclose

*** 7. Please answer all three questions for each person in your household.**

First, indicate the ages of each household member.

Second, mark what best describes each person's health condition.

Third, mark those who are disabled.

	17 years and under	18-44 years	45-64 years	65+	Excellent Condition	Good Condition	Poor Condition	Yes Disabled	Not Disabled
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** 8. When was your last visit to the primary healthcare provider for a routine check-up? (A routine check-up is a general visit, not for a specific injury, illness, or condition).**

- ☐ Within the past year
 ☐ 5 or more years ago
- ☐ Within the past two years
 ☐ Never
- ☐ Within the past 5 years

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

- ☐ Did not have a medical condition that requires any care
 ☐ Did not have or could not arrange transportation
- ☐ Did not routinely receive any health screenings
 ☐ Have no insurance coverage
- ☐ Have scheduling conflicts
 ☐ Choose not to go
- ☐ Could not afford services
- ☐ Other (please specify)

*** 10. Have you or anyone in your household had any difficulty finding a specialist within the past two years?**

☐ Yes

☐ No

*** 11. If yes to Question 10, why were you unable to visit the specialist when you needed one?**

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

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

*** 12. Which of these healthcare services do you use?**

	Yes	No
Holistic/Integrative Services	<input type="radio"/>	<input type="radio"/>
Dental Services	<input type="radio"/>	<input type="radio"/>
Mental/Behavioral Health Services	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services	<input type="radio"/>	<input type="radio"/>
Vision Services	<input type="radio"/>	<input type="radio"/>
Health Coaching Services		
Massage Therapy Services	<input type="radio"/>	<input type="radio"/>
Acupuncture Services	<input type="radio"/>	<input type="radio"/>
Chiropractic Services	<input type="radio"/>	<input type="radio"/>
Sexual Health and Contraceptive	<input type="radio"/>	<input type="radio"/>
Dietitian Services	<input type="radio"/>	<input type="radio"/>

*** 13. If you answered NO to question 12, are you aware of one you can use?**

	Yes	No
Holistic/Integrative Services	<input type="radio"/>	<input type="radio"/>
Dental Services	<input type="radio"/>	<input type="radio"/>
Mental/Behavioral Health Services	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services	<input type="radio"/>	<input type="radio"/>
Vision Services	<input type="radio"/>	<input type="radio"/>
Health Coaching Services		
Massage Therapy Services	<input type="radio"/>	<input type="radio"/>
Acupuncture Services		
Chiropractor Services	<input type="radio"/>	<input type="radio"/>
Sexual Health and Contraceptive		
Dietitian Services	<input type="radio"/>	<input type="radio"/>

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Adult Asthma | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Angina or Coronary Artery Disease | <input type="checkbox"/> Hypertension (High Blood Pressure) |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity or Overweight |
| <input type="checkbox"/> CHF (Congestive Heart Failure) | <input type="checkbox"/> COVID Complications |
| <input type="checkbox"/> COPD (Chronic Obstructive Pulmonary Disease) | <input type="checkbox"/> Behavioral/Mental Health (ex. Depression, Anxiety) |
| <input type="checkbox"/> Diabetes or High Blood Sugar | <input type="checkbox"/> Alcohol/Drug Misuse |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Not Applicable |

Other

*** 16. Is a child in your household (age 18 or younger) being treated for any of the following? (check all that apply)**

- ☐ Asthma
- ☐ Alcohol/Drug Misuse
- ☐ Diabetes
- ☐ Obesity or Overweight
- ☐ Cancer
- ☐ Behavioral/Mental Diagnosis
- ☐ None
- ☐ I do not have children

Other health condition (please specify)

*** 17. Do you have a primary healthcare provider?**

- ☐ Yes
- ☐ No

*** 18. If you have a primary healthcare provider, where is he/she located?**

*** 19. What hospital do you use for emergency services?**

*** 20. What hospital do you use for surgical services?**

*** 21. How do you choose a hospital to receive care?**

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

Other (please specify)

22. When you get sick where do you go for care?

- ☐ Clinic/Doctors Office
- ☐ Urgent or Convenient Care Clinic
- ☐ Emergency Department
- ☐ I don't seek medical attention
- ☐ Other (please specify)

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

- ☐ None
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6 or more times

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Ability To Pay For Care | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Alcohol – Dependencies or Misuse | <input type="checkbox"/> Maternal/Infant Health |
| <input type="checkbox"/> Drug Misuse – Prescription Medication or Illegal Substances | <input type="checkbox"/> Behavioral/Mental Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity/Overweight |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cost of Healthcare/and Medication | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> COVID Complications | <input type="checkbox"/> Tobacco/Vaping/E-cigarette Use |
| <input type="checkbox"/> Domestic Violence | |

Other (please specify)

*** 26. What do you believe are the top three (3) issues missing in your community?
(Please select only 3)**

- | | |
|--|--|
| <input type="checkbox"/> Lack of Health Insurance | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Lack of prescription coverage | <input type="checkbox"/> Lack of mental/behavioral health services |
| <input type="checkbox"/> Lack of dental care services | <input type="checkbox"/> Lack of childcare services |
| <input type="checkbox"/> Lack of eye care services | |
| <input type="checkbox"/> Other (please specify) | |

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

- | | |
|---|--|
| <input type="checkbox"/> Alcohol Misuse | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Addiction Behavior | <input type="checkbox"/> Physical Activity or Exercise |
| <input type="checkbox"/> Alzheimer’s Disease | <input type="checkbox"/> Drug Misuse and Overdose |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Cancer Screening | <input type="checkbox"/> Sexually Transmitted Infections |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Smoking Cessation and/or Prevention |
| <input type="checkbox"/> COVID Complications | <input type="checkbox"/> Sexual Health |
| <input type="checkbox"/> Family Violence | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity/Overweight |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Nutrition/Diet | <input type="checkbox"/> Opioid Abuse |

Other (please specify)

*** 28. What health or community services would you like to see provided?**

29. Is there anything else you would like to share about your health goals?

*** 30. How many times in a typical week are you physically active? (example: walking, running, swimming, exercise, golf... etc...)**

- ☐ 1-2 Days
- ☐ 3-4 Days
- ☐ 5-7 Days
- ☐ Not physically active

*** 31. Do you smoke cigarettes, vape (electronic cigarettes), or chew tobacco?**

- ☐ Yes
- ☐ No

If yes, how much on an average day?

*** 32. If you answered yes to question 31, are you interested in quitting?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

*** 33. Does anyone in your household use the following? (check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Vaping/E-Cigarettes |
| <input type="checkbox"/> Opioids | <input type="checkbox"/> None |

Other (please specify)

*** 34. How many members in your household are covered by the following health insurance options?**

Medicaid

Medicare Advantage / Replacement Plan

Through A Retirement Plan

Through an Employers Health Insurance Plan

Military Insurance Coverage

Privately Purchased Insurance

Other

*** 35. Do any of these insurance policies provide dental coverage?**

- ☐ Yes
- ☐ No
- ☐ I am unsure

*** 36. Do any of these insurance policies provide vision coverage?**

- ☐ Yes
- ☐ No
- ☐ I am unsure

*** 37. Do any of these insurances pay for prescription drugs?**

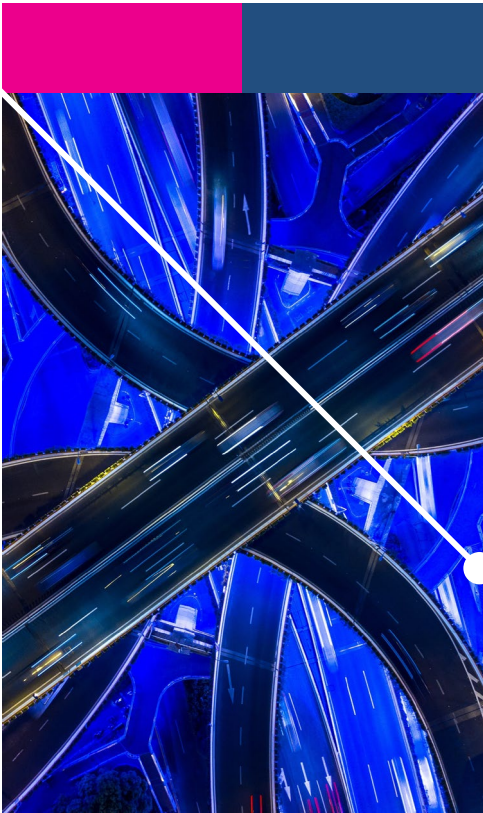
- ☐ Yes, with co-payment
- ☐ Yes, with no co-payment
- ☐ No
- ☐ I am unsure

38. In the last year, was there a time you needed a prescription medication but you could not get it?

- ☐ Yes
- ☐ No

39. If you were unable to get your prescription medication, why not?

- ☐ Could not afford to pay my copay or deductible
- ☐ The pharmacy does not accept my insurance or
medicaid ☐ Did not have transportation to the pharmacy
- ☐ No health insurance
- ☐ Medication was not available
- ☐ Other (please specify)

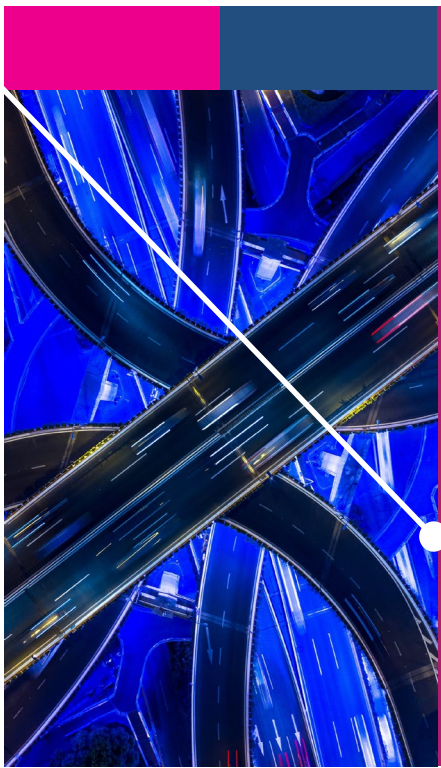
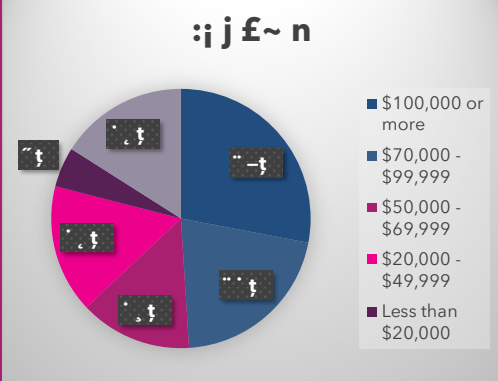
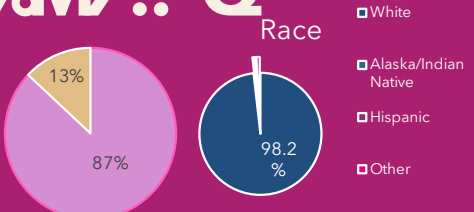


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Survey Respondents:

- 87% Female/13% Male
- 98.2% reported as white
- 0.3% Hispanic
- 0.6% American Indian/Alaska Native
- 0.9% Other

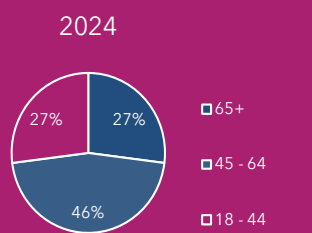
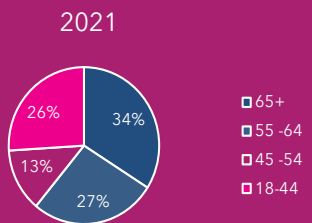
28% of respondents made more than \$100,000 per year compared to the 5% who made less than \$20,000

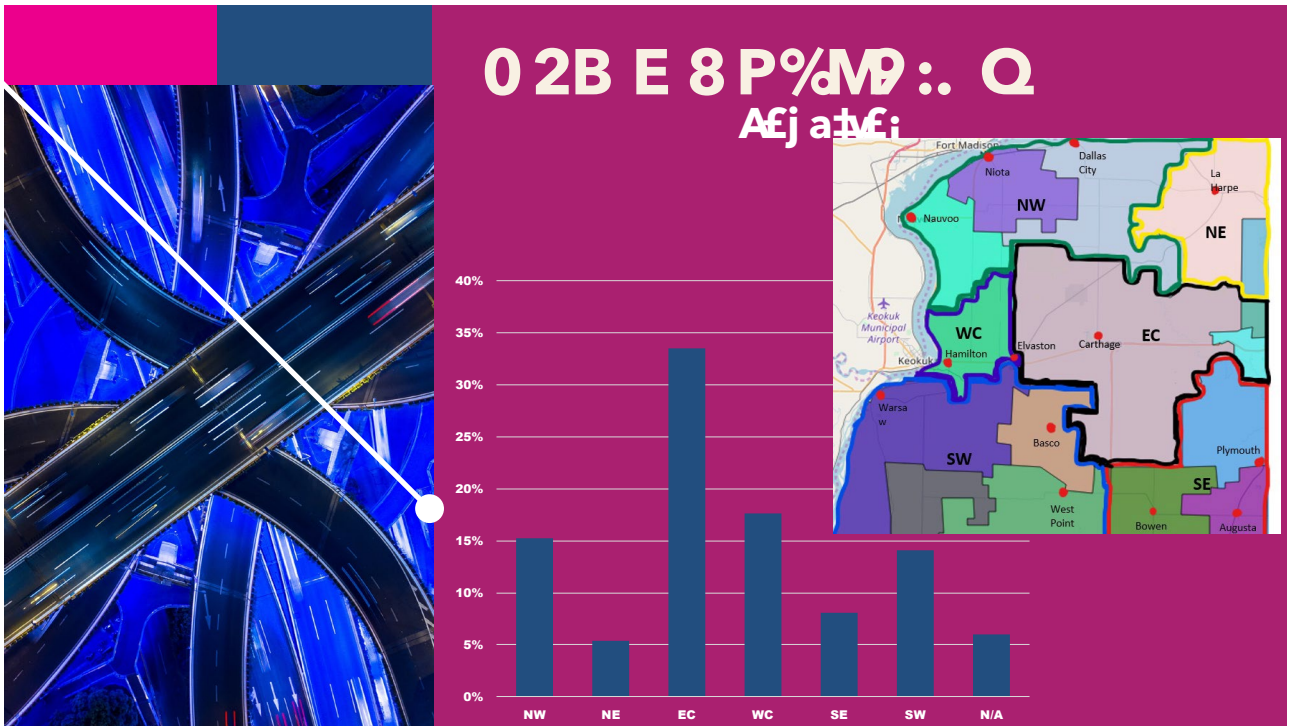


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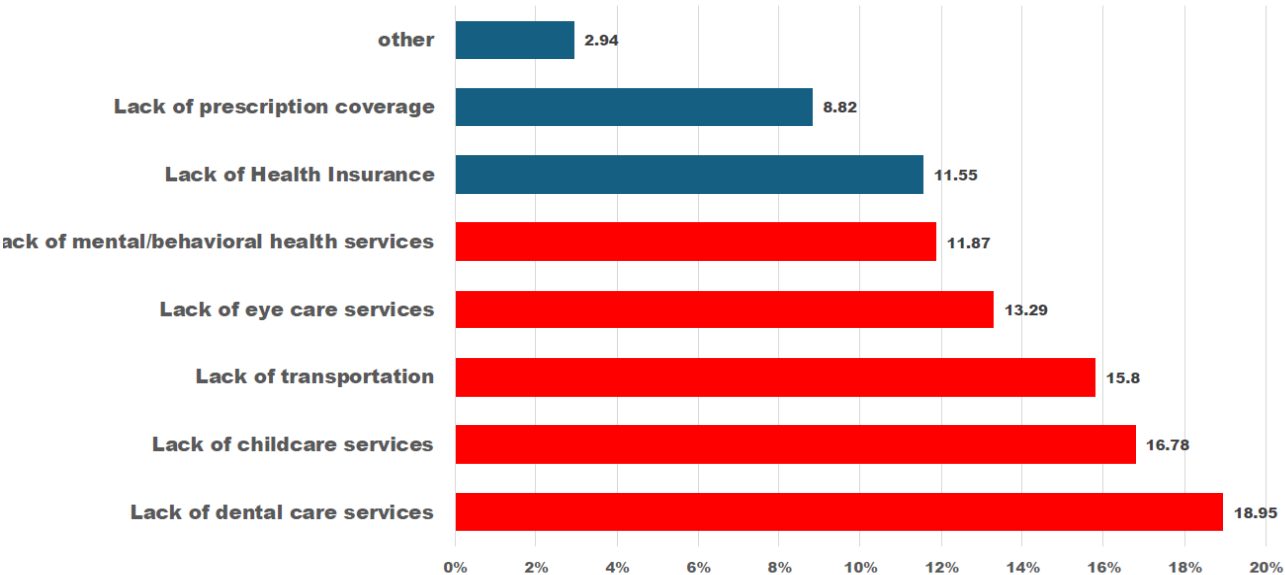


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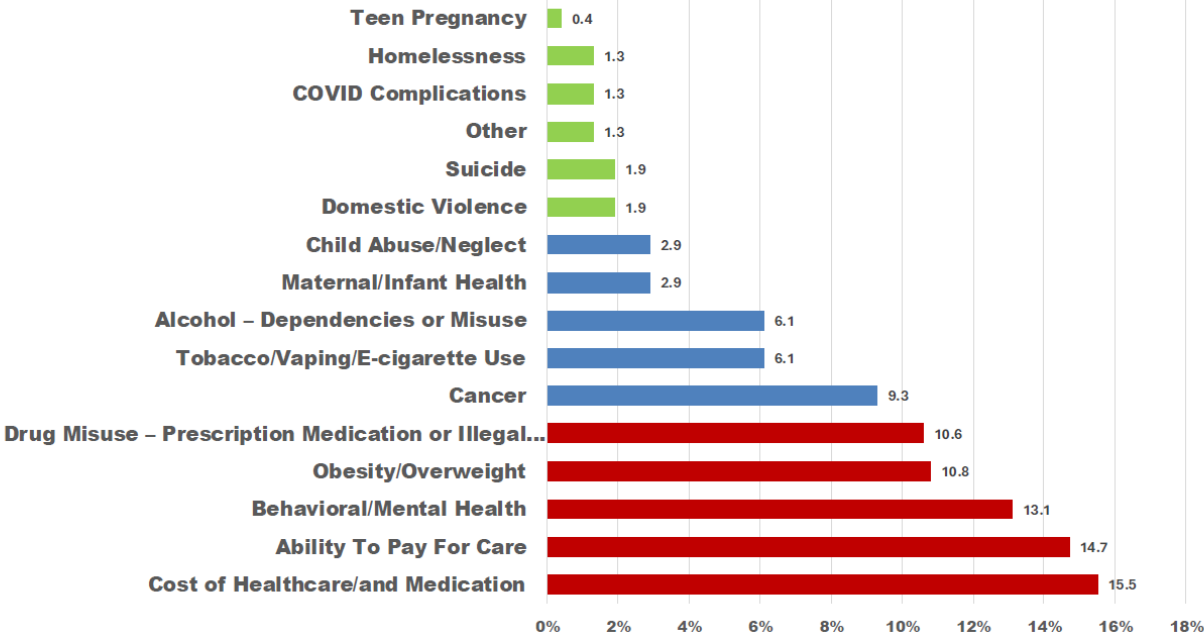
- Age and number of surveys Non comparable.
- Mammo goal- increase by 3% - achieved without 4th qtr. Numbers.

B n f i j	B n a f l f n ~ n i ±	2008	2009
A1-C	Percentage (%)	80%	61%
Cholesterol	Percentage (%)	88%	72%
Mammogram	Number completed	3151	3506
PAP Smear	Number completed	908	971

Perception of Healthcare Accessibility Concerns in Hancock County (2024)



Perceptions of Five Most Pressing Health Problems in Hancock County (2024)





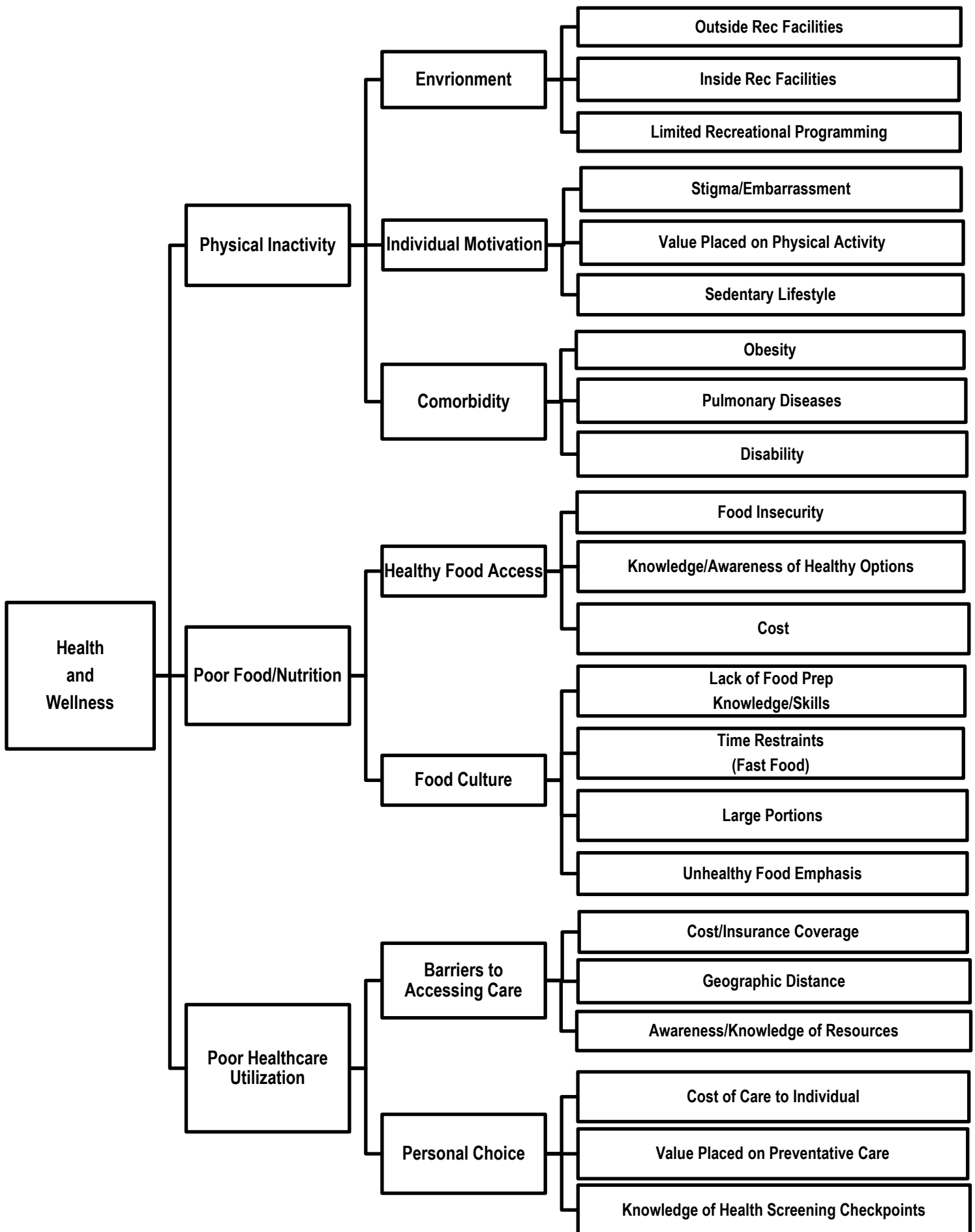
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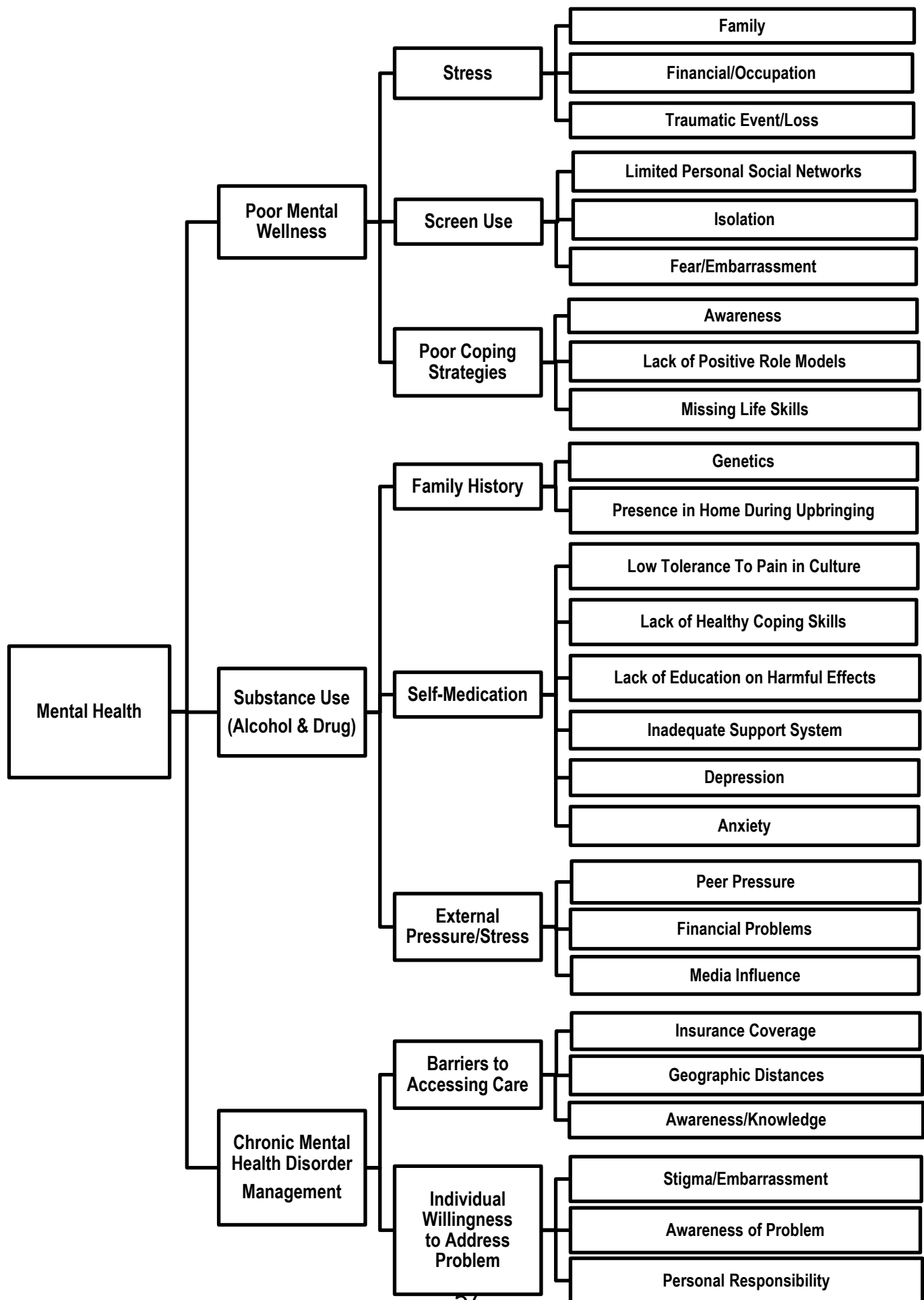
- Respondents reported undergoing treatment for 9% of the highest illnesses being managed.
- Respondents that had children less than age 18 showed an increase of 1.5% in the use of e-cigarettes from 2021.
- Increase of 1.5% in the use of e-cigarettes from 2021. (including e-cigarettes)
- 2024 CHNA highlights 1.5% increase in the use of e-cigarettes in comparison to the 2021 report.

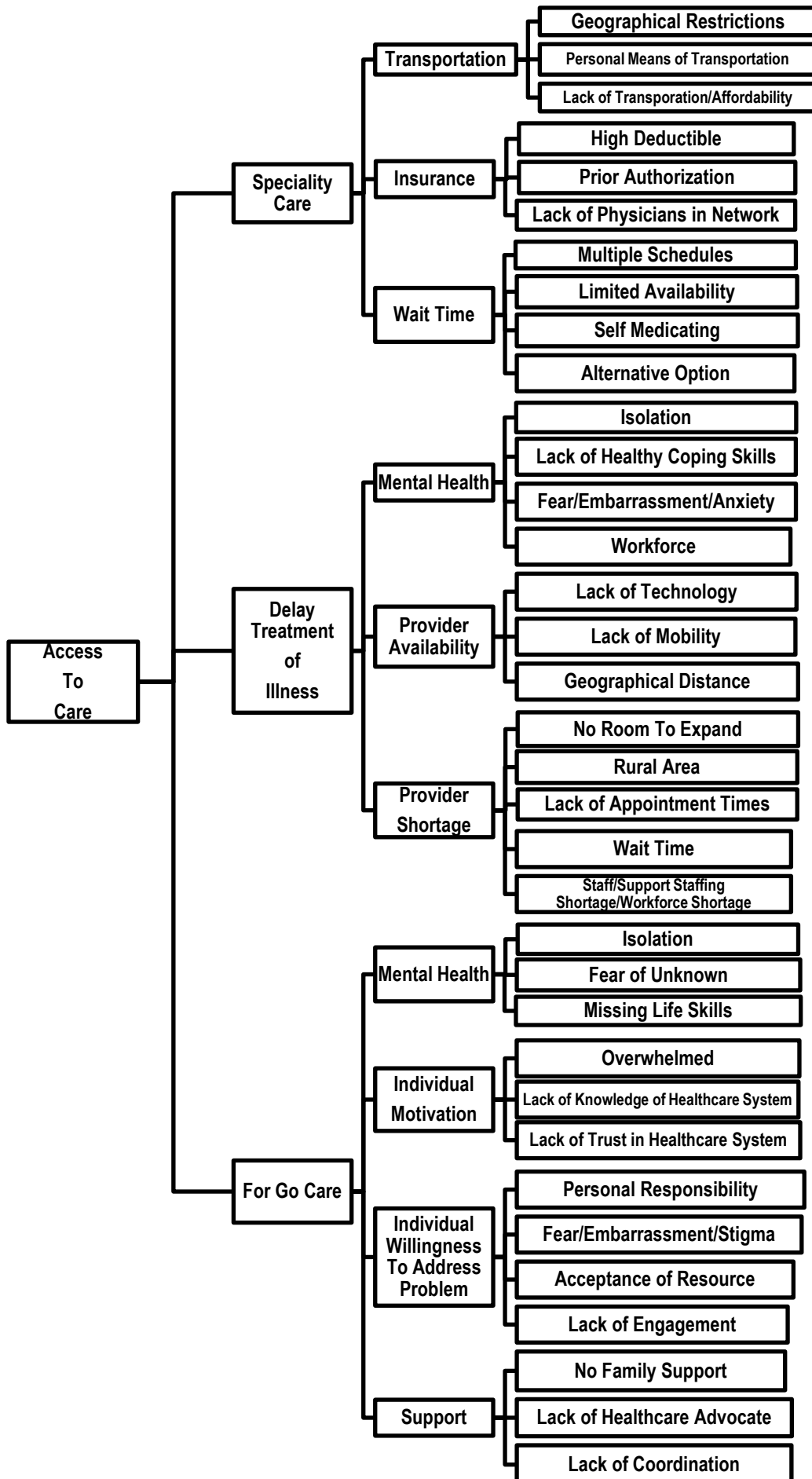
Appendix B

Health Problem Analysis Worksheets

Community Health Plan Worksheet







Goals Surrounding Health and Wellness:

Goal 1: To improve quality of life for Hancock County residents through promoting different physical activities/programs that are available throughout the County.

Impact Objectives (3 years): By 2029 there will be a 2% increase in adults who say they meet physical activity guidelines (150 minutes per week).

- Can be measured using the Illinois County Behavioral Risk Factor Surveillance Survey.
- The previous CHNA survey collected in 2021 showed 39% of Hancock County adults met the physical activity guidelines.

Outcome Objectives (5+ years): By 2029 5% of adults will be counseled by their provider on importance of cardiorespiratory and resistance training.

- a. Can be measured by reports out Epic
- b. The Health Department can report how many WIC individuals were counseled.

Success Indicator Measurement:

- Hospital records for counseling
- Health Department records
- # Social media posts

Interventions:

- Work with providers on the importance of promoting physical activity.
- Materials promoting good health are distributed in both English and Spanish.
- Work with park districts to share their events/opportunities for physical activities.

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

Impact Objectives (2-3 years): By 2027 10% of Hancock County residents will be educated on proper nutrition, food preparation, food shopping on a budget, and cooking under limited food options through participation in community nutrition education programs and social media.

- Would be measured by the number of interactions with nutrition education events and social media posts. Each interaction could translate to 1 additional person receiving some form of nutrition/food education. 5% of Hancock County would equate to 890 people.
- By 2027, 2 restaurants in Hancock County will be offered education on healthy options by the hospital and the Health Department.

Outcome Objectives (5+ years): Would be measured by the number of interactions with nutrition education events and social media posts. Each interaction could translate to 1 additional person receiving some form of nutrition/food education.

- By 2030, 10% of Hancock County residents will be educated on proper nutrition, food preparation, food shopping on a budget, and food shopping under limited resources through participation in community nutrition education programs and social media.
 - a. Would be measured by the number of interactions with nutrition education events and social media posts. Each interaction could translate to 1 additional person receiving some form of nutrition/food education.
 - b. 10% of Hancock County would equate to 1,780 people.

- By 2027, 5 restaurants in Hancock County will be offering education on healthy options.

Success Indicator Measurement:

- Measured by participation at County nutrition events through event sign-in sheets and counts of interaction from the public on online events.
- Pre/Post survey of County restaurants of education provided.

Interventions:

- Education done at mobile food pantries and education in conjunction with the health department and hospital.
- Education materials sent in Food for Thought backpacks for good nutrition.
- Monthly marketing of park district opportunities for physical activity.
- Greenspace/park knowledge and pictures digitally available for residents.
- Continue A1-C screening efforts throughout the County.
- Provide any A1-C participants with a follow-up call for anyone with pre-diabetes/diabetes results from events.

Goals Surrounding Mental Health:

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

Impact Objectives (2-3 years): By 2027 establish mental health wrap-around services and solutions.
By 2027, establish stress management wrap-around services and solutions.

Outcome Objectives (5+ years): By 2029 decrease the weighted percentage of individuals that reported 1-30 days of mental health was “not good” days by 5%. By 2029 maintain an updated resource guide for the community on available mental health and stress management services and solutions.

Success Indicator Measurement: Depression screening result reporting through hospital.

Interventions:

- Work with providers to develop a mental health resource sheet for the community.
- Work with providers to develop stress management resource sheet for the community.
- Materials will be distributed in both English and Spanish

Goal 2: Increase access to mental health and substance abuse services for adult and child residents of Hancock County.
Not sure where we stand on this goal from the current CHNA. Do we want to keep all areas of this the same and change the date?

Impact Objectives (2-3 years): By 2027 the number of clients seen will increase by 3% on school campuses.

Outcome Objectives (5+ years): By 2029 the number of clients seen will increase by 5% on school campus.

Success Indicator Measurement:

- Completed treatment on discharge- reports
- Measure number of pts. Seen in RV clinic and in school.

Interventions:

- Advertising new Mobile Clinic

- Survey out to students at registration time for services offered
- Continue to advertise adult services.
- Provider education as to what services are available and where.

Goals Surrounding Access to Care:

Goal 1: To increase the number of dental providers within Hancock County.

Impact Objectives (2-3 years): By 2027 the Hancock County Health Department will once again have an operational dental center.

Outcome Objectives (5+ years): By 2029 the Hancock County Health Department will have developed a recruitment/retention plan to keep the dental center from having to close in the future.

Success Indicator Measurement:

- Health department records
- Health department recruitment/retention plan

Interventions:

- Convene a health department staff committee to assist in developing a recruitment/retention plan to reopen and keep the dental center open.
- Research headhunting agencies to hire to help recruit dental staff.
- Advertise on job boards, dental schools, etc. that we are looking for dental staff.

Goal 2: To decrease the wait time/availability for residents to access specialty care services.

Impact Objectives (2-3 years): Determine wait time for appointments for specialty services offered by Memorial Hospital

Outcome Objectives (5+ years):

Success Indicator Measurement:

- Decrease no show/no call rate by 3%

Interventions:

- Advertise what specialty services are offered at Memorial hospital
- Conversations with Specialty providers with Memorial about wait times.

Outcome Objectives (5+ years): By 2029 Memorial Hospital will use data to determine appropriate needs for staffing and recruitment.

Success Indicator Measurement:

- Better access to care scores on the next CHNA assessment.
- Decrease no show/no call rate by 3%

Interventions:

- Run reports for no show/no call
- Social media
- Increase appointment reminders
- Work with Care Coordination for transportation issues.

Goal 3: Transportation

Impact Objectives (2-3 years): Determine what transportation needs there are for residents of Hancock County. Work with Hancock County transportation to increase the availability of transportation options.

Outcome Objectives (5+ years): Increase availability of transportation by 2

Success Indicator Measurement:

- Less people reporting transportation issues than last survey
- Number of hand-outs given about transportation options.
- Encourage patients to call insurance companies for transportation options.
- Milage reimbursement possibilities for some insurance policies.

Interventions:

- Evaluate what travel opportunities are available currently.
- Determine resources available to our residents for transportation besides Hancock County transportation.
- Transportation handouts created for what is available.
- Work with Care Coordination in transportation issues.