2011 IPLAN Report

For The

Egyptian Health Department

1412 U.S. 45 North

Eldorado, Illinois, 62930

I. Introduction:

The Egyptian Health Department was founded in 1952 as a Public Health Department. A full complement of Mental Health services was added in 1972 changing the name to the Egyptian Public and Mental Health Department.

The counties served by the department are Saline, Gallatin, and White. The three combined counties have a population of 45,167 (2010 US Census), a decrease of 3,378 since the 2000 Census. Most of the minority population base in the three counties has remained relatively steady over this period; this base reflects an African American base of 2.9%, a Native American base of 0.4%; however the Hispanic base has risen from 0.4% in 2000 to 1.3% in 2009 (2009 US Census Quick Facts).

Single-Parent households have been on the incline in the last study. The State of Illinois has a 9% rate of single-parent households the tri-county area percentages are as follows: White County 7%, Gallatin County 8% and Saline County 11% (US Census/American Community Survey, 2005-07). All three counties have shown at least a 1% increase since 1990 and Gallatin and Saline Counties are above the National goal of 7%.

The major industries in the three counties are farming, oil, and coal mining. Each of these industries are in a decline in the area due to low grain and oil prices, and a decrease in the use of the areas high sulfur coal. The largest city in the three county area is Harrisburg with a population of approximately 9,000. Due to these conditions all three counties have experienced high unemployment rates. These rates have been consistent with the state average and were as follows for December, 2010: White County – 8.0%, Saline County – 8.8% and Gallatin County 8.6%. The current statewide unemployment rate is at 8.8% and the U.S. rate at 9.1%. While all

rates are high they have dropped a minimum of 1% since December of 2009 (Illinois Department of Employment Security, Economic Information and Analysis, 2011).

The IPLAN data showed that the three counties had 23.0 % of its population that were Medicaid enrollees (2002 IPLAN) compared to 14.0% for the state of Illinois. The percentage of Medicaid enrollees per county are: Saline County 24.4%, White County 19.7% and Gallatin County 25.1%. These were all increases from 2001. Further study through the Illinois Department of Healthcare and Family Services show these numbers to jump further from 2002 to 2008. Using the U.S. Census Population Estimates for July 2008 the Medicaid enrollee percentages would jump dramatically with Saline County having 28.6%, White County 23.0% and Gallatin County 26.2% of all citizens on Medicaid. This is a very disturbing trend.

The counties have a very low college graduate rate compared to the rest of the Illinois. Saline County has a 13% rate while White has 15% and Gallatin 10% rates. The Illinois average is 29% (U.S. Census/American Community Survey, 2005-07). Children living in poverty in all three counties are higher than the State average of 17%. Gallatin County has a 29% rate while Saline County has 28% and White has 20% (Small Area Income and Poverty Estimates, U.S. Census, 2007).

The 2010 release of the County Health Rankings by the Robert Wood Johnson Foundation painted a bleak picture of the overall health of Saline, Gallatin and White Counties. There were 101 of the 102 counties in Illinois ranked with Pope County the only omission. Counties were ranked in two major categories, health outcomes and health factors.

Health outcomes factored in the mortality (how long people live) and morbidity (how healthy people feel) (County Health Rankings, 2010) rates of the respective counties relative to

the rest of the state. They were weighed equally at 50% for the total health outcome, however, as can be seen in Table 1 below they were also ranked as individual subsets.

Health Factors were divided into four separate studies with each weighing differently on the overall score. Health Behaviors (30%) included tobacco use, diet and exercise, alcohol use and high-risk sexual behavior. Clinical Care (20%) included access to care, quality of care, immunizations, oral health and women's health. Social and Economic Factors (40%) included education, employment, income, family and social support and community safety. Physical Environment (10%) included air quality, built environment and injury control.

Table 1: County Health Rankings

| | White County | Saline County | Gallatin County |
|---|---|---|---|
| **I. Health Outcomes** | 75 | 98 | 92 |
| A) Mortality 50% | 72 | 98 | 92 |
| B) Morbidity 50% | 75 | 92 | 93 |
| **II. Health Factors** | 51 | 82 | 95 |
| A) Health Behaviors 30% | 30 | 55 | 65 |
| B) Clinical Care 20% | 70 | 24 | 95 |
| C) Social & Economic Factors 40% | 59 | 92 | 95 |
| D) Physical Environment 10% | 37 | 51 | 93 |

While this study may be limited due to the variables studied, available data and model of ranking it should still serve as a warning to the entire region about our overall health. The Southeastern Illinois Community Health Coalition discussed the study in detail and data collected in the survey was analyzed and used where applicable.

## II. Purpose Statement:

### A. Assessment:

The purpose of the agency assessment process was to assist administration and agency staff to focus on areas that would improve organizational performance. The purpose of the community assessment was to allow the agency and its community to address the health problems and develop a plan of action to address the identified problems. This process encourages the development of a stronger relationship between the agency and its community.

The Illinois Department of Public Health developed the needs assessment process as a requirement for Local Health Departments to meet the requirements of certification. The first assessment was done in 1994 and we are currently in the fourth cycle of the community assessment process.

### B. Plan:

The purpose of the plan is to be a mechanism through which Local Health Departments and their communities can jointly identify and prioritize health problems. A plan of action to address these problems was also developed.

## III. Needs Assessment and Community Health Plan Process:

The original agency assessment was completed in 1994 and was conducted by staff representing each of the programs within the Health Department. The group included both management staff and front line employees. In this internal assessment several strengths and weaknesses were identified: In this cycle of the IPLAN process the findings from the 1999 and 2006 survey were reviewed and updated using recent staff surveys and integrating newly

implemented policies and procedures. The following are the results of the 2011 review, along with findings from the 2007 Council on Accreditation (COA) reaccredidation review:

Strengths:

1. The agency is a certified Health Department.
2. The agency is represented on numerous community and provider groups throughout the state.
3. The agency has high visibility due to the public relations appearances by its staff members.
4. The agency publishes an annual report each fiscal year.
5. The agency has received a four-year accreditation from the Council on Accreditation.
6. These strengths as reviewed are still in place. Public awareness in never at 100%, but the agency reaches a high percentage of its target population. The agency strives to educate the public and it's community providers about the services provided at the department. Through these relationships the department is able to respond to emerging health problems, or at the very least is able to direct clientele to needed services provided in our community.
7. The Egyptian Health Department, through the Illinois Delta Network Project, started community health councils in White and Gallatin counties since the 1999 IPLAN. These Health Councils, along with other local health networks, were consolidated into the Southeastern Illinois Community Health Coalition (SICHC). The SICHC was formed in February 2008 by combining existing health councils and networks into an action-oriented coalition.

8. The Egyptian Health Department has incorporated an All Hazards Plan. This plan includes special annexes for Strategic National Stockpile (SNS) distribution and Pandemic Flu.
9. The Egyptian Health Department is compliant with the National Incident Command System. EHD has incorporated Incident Command into the All Hazards Plan.
10. The Organization is very oriented to client-service and advocacy. Documentation and interviews with staff show a strong orientation and adherence to self-determination and confidentiality.
11. Policy and practice decisions are influenced based on client and community needs.
12. The Board of Health is very engaged; however observes boundaries between the duties of the CEO and staff and their role in the community. They exercise advocacy and policy-making roles.
13. Human Resources are very much oriented towards staff development and stability.
14. The organization employs innovative measures to engage clients to become more integrated into the community. There is active interest in getting clients into productive and satisfying community jobs.
15. Substance Abuse clients feel they have input into their recovery planning. High marks go to the program director that is highly respected by clients and staff alike. Program received high marks from state stakeholders in the stakeholder meeting.
16. The organization goes beyond providing direct services by investing in and partnering with the community to create sustainable partnerships to extend its capacity.

Weaknesses:

1. Orientation of new staff to programs: since the initial study in 1994 the agency has implemented a system of orientation checklists for both program specific information as well as general agency orientation. The Agency has also implemented a more comprehensive orientation form the Human Resources program. Egyptian Health has also initiated a yearly orientation day (2004) for all new staff and board of health members. The orientation consists of presentations from each department head about their various programs and services.
2. Updating of policies and procedures: The agency has instituted a process by which changes in policy are distributed to each staff member with each staff member acknowledging receipt and understanding of the policy. These signed forms are turned into the personnel department for filing. Needed clarifications of policy are discussed at Strategic Planning Committee meetings, passed to the Continuous Quality Improvement (CQI) committee for review and then to the Board of Health for final approval. At each committee questions are studied and given proper response.
3. Review of agency policy: The Board of Directors has appointed a Policy Committee to review any new policies. They have also elected to approve policy annually at a minimum or as deemed necessary by the CEO.
4. A salary plan to recruit and maintain competent staff: As part of the Strategic Planning process EHD has formed a salary plan for the recruitment and retention of competent staff. As the agency is unionized salary plans are a negotiated item. EHD has also incorporated a new selection and hiring process.

5. Mid-management participation in the budget process: Agency mid-management staff now receives monthly budget reports and have standing appointments with the accountant, as they deem necessary. The Chief Financial Officer has also created a training budget to use with new management employees.
6. Lack of orientation of new Board members: A process has been put into place to orientate new Board members. The mandatory orientation of new members includes a meeting with the CEO, attendance of the Orientation Day, a tour of the facilities and the attendance of a Department Head meeting to meet all management staff. EHD has also designed Board Manuals for new members. New members also receive records of Board action for the prior six-month period. The one weakness with the system is that of time. Our Board members are volunteers and have jobs outside of their participation on our Board.
7. Lack of community input into needs assessment: At the time of the initial plan in 1994 there had not been a process for community needs planning implemented. The concept of this process came about for just this reason. Egyptian Health Department is now an active participant in the Healthy Southern Illinois Delta Network and the Southeastern Illinois Community Health Coalition. This process is also strengthened by our involvement on many community agency provider groups.
8. Staff Development and Training: Egyptian Health Department has implemented an annual All-Day Staff Training to ensure the development of staff in areas of need. Staff is trained yearly in the following topics: Cultural Diversity, Office of the Inspector General, Bloodborne Pathogens, Client Rights, Tuberculosis and Risk

Management and Prevention. Staff is also encouraged to obtain applicable credentials and continue their education through the Advanced Degree Loan Program.

B. Community Participation Process:

The Egyptian Health Department serves a population residing in three Southern Illinois counties: Saline, Gallatin, and White. Involving the community in the plan for the community health problem priorities allowed the health Department access to local resources, leaders, and technical skilled people. This process also stimulated coordination among agencies and organizations. Hopefully, the process in 1994 built acceptance of new programs and ideas for the community, building community views into program organization and delivery of services, and establishing a basis for local ownership and long-term program maintenance (APEX).

As a grant recipient of the Illinois Delta Network, Egyptian Health Department formed Health Councils in Gallatin and White Counties in 2002. Egyptian Health Department was also represented on the Saline County Health Council. Over time participation in these councils and other local networking groups had declined. When Southern Illinois Healthcare received a HRSA capacity building grant to develop a regional network in 2007 EHD was given encouragement, training and guidance on coalition building. We were able to combine the existing councils and networks into one action-oriented health coalition. The Southeastern Illinois Community Health Coalition (SICHC) was formed in February 2008 and represents more than 30 agencies and has 50+ members including at-large community members. An IPLAN Action Team was appointed to work on the 2011 IPLAN. A list of the SICHC membership has been included as Appendix A with IPLAN team members noted with an asterisk.

The Community Health Plan Action Team has met 5 times since July of 2010. Numerous other phone calls and emails have also transpired over the last 10 months. The Action Team used three methods to develop our plan. First, the team chose to review the existing community health plan, which included identification of health problems with risk factors and direct and indirect contributing factors. Second, we developed a community health survey that 317 people completed. We focused on people in the health and social service fields, as it was our opinion that they had a sharper sense of the real issues facing our communities. Third, the Action Team compiled data from numerous sources and compared survey results with hard data. Bi-monthly reports were given to the full coalition keeping them updated on our progress.

The Action Team narrowed down the list of health priorities to seven during their January meeting and SICHC selected and approved four health priorities at our February 16, 2011 meeting. It was decided after reviewing the most updated statistics available that three of the problems listed in the 2006 plan were still priority problems for the 2011 plan. The group did decide to add some comments and set new goals for the next 5-year period.

The role of the Action Team was to carefully examine the existing health problems using available data. They were to determine if the health problem was still prevalent, note any accomplishments towards previous goals and set goals for the future. The definition (APEX) of a health problem, risk factor, and indirect and direct factors were explained:

- Health Problem: A situation or condition of people that is considered undesirable, is likely to exist in the future, and is measured as death, disease, or disability.
- Risk Factor: Scientifically established factors that relate directly to the level of a health problem. A health problem may have many different identified risk factors.
- Direct Contributing Factors: Scientifically established factors that directly affect the

level of a risk factor.

- Indirect Contributing Factors: Community-specific factors that directly affect the level of the direct contributing factors.

IV. Methods:

Certification Rule:

The assessment shall, at a minimum, include an analysis of data contained in the IPLAN Data System provided by the Department (IDPH) for assessment purposes.

A. IPLAN Data:

1. Demographic and Socioeconomic Characteristics:

"Understanding a population's age distribution, race and ethnic composition, and income characteristics is essential to identifying health needs and planning health programs. The identification of groups at high risk for certain health problems is a necessary ingredient of any health needs assessment, and a demographic and socioeconomic analysis is a vehicle for that identification. Of all the socioeconomic factors related to health, income level may have the greatest effect on the health status of a population" (Statewide Health Needs Assessment, 1993).

The population of the three counties shows a high percentage of persons over 64 years of age. As the most current breakdown of these statistics in 2009 the following numbers paint a bleak picture that shows a highly uneducated, and poverty stricken area with younger people leaving due to it's depressed economic condition and lack of opportunity. A great number of new residents have either come home to retire, or find that this area is attractive for retired life. The statistics as of 2009 are shown in Table 2.

Table 2: General Demographics

| Statistic | White Co. | Saline Co. | Gallatin Co. | Illinois |
|---|---|---|---|---|
| 2010 Population ** | 14,665 (-7%) | 24,913 (-7.2%) | 5,589 (-13%) | 12,910,409 (+4%) |
| % Under 18 (2009)* | 21.2 | 23.4 | 20.7 | 24.6 |
| % 65 and Older (2009)* | 20.4 | 19.4 | 19.7 | 12.4 |
| Female (2009)* | 52.0 | 51.2 | 51.6 | 50.7 |
| Caucasian (2009)* | 97.6 | 93.5 | 97.9 | 79.0 |
| Med. Household Income (2009)* | $40,118 | $33,817 | $34,580 | $56,230 |
| Persons below Poverty Level (2008)* | 14.9% | 19.2% | 18.6% | 12.2% |

*US Census Quickfacts **US Census 2010

Table 2 demonstrates some of the major characteristics of rural Southeastern Illinois. Compared to the State of Illinois as a whole, the area is comprised of a predominantly Caucasian, undereducated and aging population. There is a relatively high percentage of the population living below the poverty level and the medium household income is considerably lower that the state average. Also, unlike Illinois as a whole, the area is losing population at an alarming rate. The area lost around 7% of its total population from 2000-2010 while the state overall grew by 4%.

1. The area has improved in high school graduation rates. White and Saline Counties graduate 86 and 84 percent. Gallatin County's rate of 77 percent falls

below the state average of 80 percent and well below the goal of 96% graduation rates as stated in the County Health Rankings performed by the University of Wisconsin Population Institute in 2010. Rates are calculated by the percent of a county's ninth-grade cohort in public schools that graduates from high school in four years (National Center for Education Statistics, 2005-06).

2. The counties had a considerably lower percentage of college graduates than the 29% statewide average. White (13%), Saline (15%) and Gallatin (10%) Counties all fell at very low rates compared to the rest of the state (U.S. Census/American Community Survey, 2005-07).
3. The tri-county has 15.3% of its population on food stamps compared the 9.2% for the State (IPLAN, 2005).
4. Single-Parent households are the following: Saline County (11%), Gallatin County (9%) and White County (7%). The state average is 9%. U.S. Census/American Community Survey, 2005-07).

2. <u>General Health and Access to Care Indicators</u>:

"This section provides an overview of health status using general measures of mortality, years of potential life lost, and life expectancy. A general analysis of the problem of premature death establishes a foundation for a more detailed analysis of specific causes in subsequent sections of the assessment. General measures of health care access addressed here attempt to quantify the availability and use of basic health services and resources and the presence of financial barriers to access. Sentinel indicators are presented for health conditions that are considered preventable and/or controllable with regular primary care. The occurrence of sentinel

events can be interpreted to indicate inadequate access to primary care" (Statewide health Needs Assessment, 1993).

1. An interesting fact gleaned from the Illinois Behavioral Risk Factor Surveillance System (BRFSS, 2003) was that 97.7% of the population in our tri-county area was aware of the local health department. It was unfortunate that this question was omitted from Rounds 3 and 4 of the survey.
2. According to the Illinois Department of Healthcare and Family Services (2008) the tri-county had the following percentages enrolled in Medicaid: Saline (28.6), White (23.0) and Gallatin (26.2). The state average was 14%.
3. The counties have a high ratio of Medicaid enrollees to physicians that accept Medicaid. This ratio is 332.7:1 for the tri-county area (IPLAN, 2002). Illinois overall ratio is 82.3:1. This shows a huge disparity between the residents of our area compared to the rest of the state, however, this information is dated and the significance can't be verified for 2011.
4. The percentage of the three counties population with optimally fluoridated public water supplies has fallen dramatically since 1997 and is 12.2% with Illinois being 44.3% (IPLAN, 2006).
5. A Behavioral Risk Factor Surveillance Study found that only 60.8% of the tri-county population had visited a Dentist within the last year compared to 67% for the state. Another 14.7% had visited one within two years and 24.5% had not been to the Dentist in the last two years (BRFSS, Round 4, 2007-2009).
6. Round 4 of the Illinois Behavioral Risk Factor Surveillance System (2007-2009) revealed that approximately 84.6% of the tri-county population had Health Care

Coverage. It was also noted that 89.5% have a usual person as their health care provider; compared to 84.4% for the state. Much of the population (11.8%) stated that they avoided Doctors visits due to the cost.

Leading Causes of Mortality – 2006 (IPLAN)

| | Gallatin | Saline | White | Totals |
|---|---|---|---|---|
| Diseases of the Heart | 21 | 93 | 68 | 182 |
| Coronary Heart Disease | 16 | 61 | 45 | 122 |
| Malignant Neoplasm's | 20 | 72 | 53 | 169 |
| Lung Cancer | 4 | 27 | 15 | 46 |
| Diabetes | 2 | 0 | 0 | 2 |
| Accidents | 5 | 18 | 10 | 33 |
| Chronic Lower Respiratory Disease | 3 | 19 | 11 | 33 |
| Cerebrovascular Disease | 7 | 30 | 11 | 47 |
| Pneumonia & Influenza | 0 | 9 | 7 | 16 |
| Cirrhosis of Liver | 0 | 0 | 0 | 0 |
| Homicide | 0 | 0 | 0 | 0 |
| Colorectal Cancer | 0 | 7 | 7 | 14 |
| Nephritis, etc. | 6 | 13 | 10 | 29 |
| Lymph & Hemato Cancer | 0 | 10 | 8 | 18 |
| Falls | 3 | 0 | 0 | 3 |

Information collected from the National Center for Health Statistics (2004-06) showed premature deaths/years potential life lost before age 75 to be at least 50% higher for all

three counties than the state rate. White County lost 8,056 years of potential life per 100,000 while Saline lost 11,027 and Gallatin 9,281 compared to 6,987 statewide.

| Cause-Specific Years Potential Life Lost- 2006 | Gallatin | Saline | White | Totals |
|---|---|---|---|---|
| Diseases of the Heart | 7 | 215 | 73 | 295 |
| Coronary Heart Disease | 7 | 171 | 0 | 178 |
| Accidents | 60 | 347 | 112 | 519 |
| Firearms | 30 | 0 | 30 | 60 |
| Motor Vehicle Accidents | 30 | 156 | 10 | 196 |
| Perinatal Conditions | 64 | 64 | 0 | 128 |
| Malignant Neoplasm's | 76 | 158 | 85 | 319 |
| Lung Cancer | 58 | 0 | 0 | 58 |
| Colirectal Cancer | 0 | 0 | 21 | 21 |
| Suicide | 30 | 61 | 0 | 91 |
| Chronic Lower Resp. Disease | 0 | 49 | 0 | 49 |
| Influenza and Pneumonia | 0 | 49 | 0 | 49 |
| Congenital Malformations | 0 | 0 | 129 | 129 |

| Cancer Incidence Data 2003-2007 | Gallatin | Saline | White | Totals |
|---|---|---|---|---|
| Prostate | 29 | 107 | 47 | 183 |

| | | | | |
|---|---|---|---|---|
| Coli-Rectal | 33 | 121 | 76 | 230 |
| Lung & Bronchus | 48 | 180 | 102 | 330 |
| Breast | 25 | 131 | 73 | 229 |
| Cervical | 0 | 6 | 7 | 13 |
| Pancreas | 6 | 15 | 9 | 30 |
| Melanomas, Skin | 13 | 38 | 5 | 56 |
| Kidney | 17 | 30 | 26 | 73 |
| Leukemia | 7 | 28 | 14 | 49 |
| All Cancers | 236 | 876 | 487 | 1599 |

Morbidity

Morbidity for the purposes of our study uses the definition from the County Health Rankings website of the how healthy people feel. The BRFSS (2002-06) had some interesting data about morbidity. When asked how many poor physical health days people had experienced in the last 30 days Saline and White Counties both had significantly more than the statewide average of 3.3 per 30 days. Saline County residents had 4.6 per 30 days and White County had 5.5. Gallatin County had no data for this.

Citizens of Southeasten Illinois also consider their general health to be poorer than the state average. Table 3 shows the results of the three counties compared to the entire state. The number of people in the tri-county area that feel they are in poor general health is almost three times the state average (BRFSS, 2007-09).

## Table 3: General Health

| | Ex/Very | Good/Fair | Poor |
|---|---|---|---|

| | Good | | |
|---|---|---|---|
| Saline, White & Gallatin Counties | 45.9% | 44.2% | 9.9% |
| Illinois | 53.9% | 42.7% | 3.4% |

Sentinel Events

1. Sentinel events indicating lack of access to primary care data revealed 0 infants (0-1) were hospitalized for dehydration (Illinois 958). No children (1-17) were hospitalized for rheumatic fever (Illinois 29); however, 16 children in this age bracket were hospitalized for asthma (Illinois 6,599). One adult was hospitalized for tuberculosis (Illinois 647), and 56 adults were hospitalized for uncontrolled hypertension (Illinois 13,469).
2. Sentinel Events for Breast Cancer must have at least 15 cases before the 5-year age-adjusted rate can be calculated. In the years 2000-2004 Saline County had seven cases reported while White County had six and Gallatin County reported five.

*Sentinel Events data have not been updated since the 2006 IPLAN.

3. Maternal and Child Health:

"The purpose of the Maternal and Child Health indicators and analysis is to provide an overview of the key components of maternal, infant, and child health and the associated risk factors that contribute to ill health and poor outcomes." (Statewide Health Needs Assessment, 1993.)

1. The IPLAN data from 2006 noted that White County had 31.3 %, Saline County 25.5% and Gallatin County 24.4% of mothers smoked during pregnancy versus Illinois with 8.6 % (IPLAN, 2006).
2. 0% of Afro-Americans drank during pregnancy vs. the Illinois average of 0.6%.

Caucasians drinking during pregnancy in these three counties were 0.7% versus Illinois at 0.3% (IPLAN, 2006).

3. A startling statistic that was revealed in the IPLAN data was that of children ages 0-17 years involved in funded child abuse/neglect cases. 241 founded child abuse/neglect cases in our three county area (population 49,982). (IPLAN 1997)
4. The percentage of low birth weights in the three counties was similar to states at 8.2% vs. 8.6% for the State (IPLAN, 2006).
5. Illinois' average for adequate prenatal care has lowered since 2002 and is now only 74.7 % vs. our counties of 84.9% for White, 75.8% for Saline and 74.4% for Gallatin. Statistics also show that all three counties have lower than state averages of Inadequate Prenatal care. The state's average for inadequate prenatal care has increased to 8.4% while the counties are as follows: White 1.1%, Saline 5.2% and Gallatin 7.7%. (IPLAN, 2006).
6. The only county to have infants test positive during the five-year period from 1997-2001 was Saline County, which averaged 0.6 per year or 19.7/10,000 infants. Over the same time period the State averaged 44.5 per 10,000 (IPLAN, 2001).
7. The percentage of births to teens under 18 year of age was 4.1% (23 births) for the tri-county area compared to 3.5% (6,395 births) for the state (IPLAN, 2006).
8. The average congenital anomalies incidence rate for the tri-county area from 2000-2004 was 115.9 for Gallatin, 277.6 for Saline and 167.7 for White Counties per 10,000 live births. Illinois increased to 397.6 congenital anomalies per 10,000 live births over the same time period (IPLAN, 2004).

4. <u>Chronic Disease Indicators</u>:

“In 1900, infectious diseases were the major causes of death among Illinoisans. In 1990, chronic diseases are the major causes of death even though some improvements in specific chronic diseases have been realized. Over the past 25 years the age-adjusted death rates for cardiovascular diseases have declined dramatically: 42 percent for coronary heart disease and 56 percent for stroke. Changes in lifestyles and risk factor reduction were major contributors to these dramatic declines. Still, almost as many Americans die from coronary heart disease and stroke as all other chronic diseases combined. Chronic conditions which cause ill health may contribute to disability, lost economic productivity and even loss of functional daily activities.” (Statewide Needs Assessment, 1993).

The National Cancer Institutes Surveillance, Epidemiology and End Results (SEER) estimates that 1,529,560 men and women (789,620 men and 739,940 women) will be diagnosed with and 569,490 men and women will die of cancer of all sites in 2010. According to the American Cancer Society, half of all men and one-third of all women in the US will develop cancer during their lifetimes. The risk of developing most types of cancer can be reduced by changes in a person's lifestyle, for example, by quitting smoking, limiting time in the sun, being physically active, and eating a better diet (ACS website, 2011). It is not one disease but a culmination of more than 100 different diseases, each characterized by the uncontrollable growth and spread of abnormal cells. Research has demonstrated that some cancers can be prevented, or if detected and treated at early stages, cured. Lung Cancer is the most common cause of cancer death among both males and females in the United States.

According the CDC, Diabetes now affects 25.8 million people (8.3% of the U.S. population) with 18.8 million diagnosed and an additional 7.0 million undiagnosed people. It is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of

blindess among adults in the U.S. (CDC). Diabetes is also a major cause of heart disease and stroke and is the seventh leading cause of death in the United States.

Several risk factors contribute to the development of chronic diseases. Evidence of the multiple health benefits of regular physical activity continues to mount. Regular physical activity can help to prevent and manage coronary heart disease, hypertension, osteoporosis, obesity, and mental health problems. Substantial scientific research indicates diet can play an important role in the prevention of cardiovascular diseases, cancers, stroke, and diabetes. Good nutrition is important to sustain and improve health of all ages. Tobacco use is responsible for more than one of every six deaths in the U.S. and one in five in Illinois, and is the single most important preventable cause of death and disease in our society. Cigarette smoking accounts for about 443,000 deaths yearly in the U.S. (average between 2000-2004), including 126,000 Ischemic Heart Disease deaths and 128,900 lung cancer deaths (MMWR).

1. Coronary heart disease mortality rates were noticeably higher in the three counties served by Egyptian Health. The crude rate for the three counties was 256.4 (IPLAN, 2006) per 100,000 versus Illinois 149 per 100,000 and nationwide only 126 per 100,000 (NVSS). While rates have declined in the last five years they are still incredibly high compared to the rest of the state and U.S.
2. During a Behavioral Risk Factor Surveillance System study, it was determined that in the tri-county area, 36.6% of adults had been told they had high blood pressure compared to 27.6 statewide (BRFSS, 2007-09).
3. The BRFSS study also noted that 68.1% of the adult population had their cholesterol checked within the last year; down from 2006 IPLAN. The

population with high cholesterol levels was 37.9% (BRFSS, 2007-09).

4. Obesity rates for people living in the tri-county area increased almost 3 percentage points in the last five years and were at 26.9% during the 2007-09 BRFSS study. The state average was 26.4%. Another 36.8% of the tri-county population is considered overweight (BRFSS Data, 2007-09).
5. Round 4 of the BRFSS study (2007-09) found that only 43% of the tri-county population thought they received enough exercise. Of these, only 36.3% met the moderate activity standard of 5 times per week for at least 30 minutes and only 24.8% met the vigorous activity standard of 3 times per week for a least 20 minutes.
6. Cerebrovascular disease mortality rates for the three counties are more than twice the rate of Illinois. The three counties rate is 100.7 per 100,000 versus Illinois 46.6 per 100,000 (IPLAN, 2006).
7. Chronic Liver Disease and Cirrhosis of the liver mortality rates for the counties could not be figured during the latest round of data. There were not enough cases to make it statistically significant per 100,000. The rate during the 2006 IPLAN was 10 per 100,000. Illinois is currently at 8.3 per 100,000 (IPLAN, 2006).
8. Lung cancer mortality rates continue to be very high in Southeastern Illinois. The three counties had the 2006 rate of 96.7 per 100,000, while Illinois' rate is 52.4 per 100,000 (IPLAN). According the National Vital Statistics for 2007, the U.S. rate was at 50.6 per 100,000 (NVSS, CDC, NCHS), 2007).
9. A higher rate is also seen evident in colon/rectal cancer mortality rates. The

Illinois Cancer Registry had the following rates per 100,000 for males over a 5-year period from 2003-2007: Saline County 91.5, White 107.9 and Gallatin 73.5 compared to 65.6 per 100,000 for the state. During the same time period females had these rates: Saline County 52.6. White 40.8 and Gallatin 61.5 compared to 47.3 per 100,000. While the rates for men continues to be higher than women in general it is worth noting that all three counties have rates in males and females significantly higher than the state average.

10. Prostate cancer mortality rates also fit into this pattern with our area rate being 145 per 100,000 for Saline County, 101.1 for White and 138 for Gallatin. However, these rates are actually lower than the Illinois rate of 157 per 100,000 (Illinois Cancer Registry, 2003-07).
11. Hospitalization for diabetes in our counties was 216.7 per 100,000 in comparison to the state rate of 174.2 per 100,000 (IPLAN, 2001).

5. Infectious Disease Indicators

"The reduction in the incidence of infectious diseases stands as the most significant public health achievement of the past 100 years. Much of this progress is the result of improvements in basic hygiene and the application of specific measures such as immunization, the regulation of food production and handling, and improvements in water treatment and sewage disposal. However, much remains to be done. Older persons, the very young, immuno-comprised persons, and particularly the socioeconomically disadvantaged, are at increased risk for many infectious diseases. In addition, new infectious diseases continue to appear and new

modes of transmission of infectious agents continue to be identified." (Statewide Needs Assessment, 1993).

1. Reported incidence of chlamydia for the three counties served has increase from 28.9 per 100,000 in 1995 to 103.0 per 100,000 in 2006. During the same time period the state rate has increase from 20.9 to 417.6 (IPLAN, 2006).
2. There were less than 10 cases per year in the following categories. Due to this we used aggregation for the years 1997 - 2001: hemophilus meningitis (0 cases), hepatitis B (0.2 per year), Tuberculosis (1.2 per year), syphilis (0 cases), and gonorrhea (5.6 per year). There was one case of reported AIDS in 1999.
3. The three-county catchment area had 0 vaccine preventable diseases reported during the five-year period from 1998-2002. During that same time period the State of Illinois averaged 193.6 vaccine preventable diseases per 100,000 (IPLAN).
4. During the five-year period of 1997-2001 the tri-county area had a total of 32 foodborne pathogens that broke down as follows:
    a. Salmonella – 21 cases (4.2 per year)
    b. Campylobacter – 9 cases (1.8 per year)
    c. Listeria monocytogenes – 2 cases (0.4 per year)

❖ Due to the low number of average cases of all infectious diseases the group decided to focus on causes that were deemed more significant.

6. Environmental Indicators:

"Environmental factors play a central role in the process of human development, health and disease. Similarly, human factors play a central role in the nature and effects of environmental change. The most difficult challenges for environmental health today come from uncertainties about the toxic and ecological effects of the use of natural and synthetic chemicals, fossil fuels, and physical agents in modern society. An estimated 82 percent of major industrial chemicals have not been tested for their toxic properties and links to specific diseases, and only a small proportion of chemicals have been adequately tested for their ability to cause or promote cancer. Environmental indicators are presented here as general measures of exposures to potential toxins affecting our water, air, and soil." (Statewide Needs Assessment, 1993) According to the U.S. Department of Labor, there were approximately 154 million people in the American work force as of April, 2009, with most spending major portions of their days in their work environments. Although the number of fatal occupational injuries has gradually declined in recent years to 158 in Illinois and 4,340 nationally in 2009, work-related illnesses and nonfatal injuries are increasing. The State of Illinois rate of nonfatal occupational injury and illness is 3.5 per 100 workers and is not significantly different than the national rate of 3.6 and injuries in the manufacturing industries increased 13.5 percent (Bureau of Labor Statistics, U.S. Department of Labor, October 2010). According to the same report, incidence rates and numbers of nonfatal occupational illnesses by private sector manufacturing jobs were 39 per 10,000 workers, more than twice the 18.3 per 10,000 rate for all jobs nationally.

Injuries are the leading cause of death among Americans age 1-44 years and a leading cause of years of potential life lost in Illinois. The injury control indicators in this section are intended to bring into sharper focus the major causes of intentional and unintentional injuries."

(Statewide Needs Assessment, 1993)

1. 87.5% of household water in our three county area comes from regulated supplies/private tested wells, compared to the state rate of 89.9%. (IPLAN, 1995)
2. Toxic agents released annually by total pounds of toxic:

Agents released into:

| | EHD | Illinois |
|---|---|---|
| Air | 998 | 84,758,441 |
| Fugitive emissions | 499 | 16,846,296 |
| Water | | |
| Discharge to water | 0 | 6,334,438 |
| Discharge to publicly owned | | |
| Treatment works | 0 | 76,274,793 |
| Soil | | |
| Underground injection | 0 | 9,422,671 |
| Releases to land | 0 | 15,367,557 |
| Other off-site transfer | 499 | 55,873,317 |

(IPLAN, 1994)

3. Motor vehicle death rate for the three counties served continues to be higher than for the state. The rate for the three counties has ranged from approximately 12.5 to 20.9 per 100,000 over the five-year period from 2002-2006 with a total of 37 cases, of which 32 were premature deaths before the age of 65. Illinois' rate over the same period ranged from 10.7 to 12.4 per 100,000 with a premature death rate of 10.4 to 11.6 (IPLAN, 2006).
4. The following hospitalization for selected injuries is:

| | Our counties | Rate per 100,000 | Illinois | Rate |
|---|---|---|---|---|
| Hip fracture (Ages 65+) | 65 | 696.7 | 10,985 | 734.4 |
| Head injury | 12 | 25.0 | 8,223 | 65.9 |
| Spinal cord | 2 | | 471 | |

5. The number of alcohol related motor vehicle deaths for Saline, Gallatin, and White Counties is 4 with Illinois having 482 (IPLAN, 1996). Information not updated since 2006 IPLAN.
6. During a five-year period ending in 2002, our area had 2 cases of occupational Cancer while statewide there were 814 cases. Over the same time period there were no reported occupational injuries or lung diseases requiring hospitalizations in our area (IPLAN, 2002).

7. In 1997 we had 21 cases of blood levels in children testing <15 mcg/dl with Illinois having 18,597. During that time there was 1 case tested with blood levels >25 mcg/dl with Illinois having 430.
8. During 1998, we had 27 sexual assaults at a rate of 56.4 per 100,000 in Saline, White & Gallatin Counties. We also had a total of 190 aggravated assault & battery/attempted murders in the tri-county (396.7/100,000) vs. the Illinois rate of 518.3/100,000 (IPLAN).

V Priorities:

The 1994 community members were asked to add their list of potential health problems to the list previously generated by the agency staff. The problems listed needed to meet the definition of a health problem: a situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured as death disease, or disability (APEX, 1993). Each member was asked to read their list that they had developed independently. A master list of all problems was assembled. This process allowed the community members to discuss their views of the community health needs with staff of the health department. It is recognized that many problems listed may not be supported by the data and/or may have only slight correlation to the data. However, it was agreed that the consensus of the committee would rule as to whether the problem would remain on the list. It was also recognized that there might be a conflict between the health data and the priority problems as seen by the community committee.

The community process gives justification to creation of new programs and the continuation of old programs by allowing the health program to be developed within the community affected and not by outsiders. This process creates a sense of ownership in the

outcome that is developed. As previously described, the Nominal group planning method was utilized. The difference between a health problem, risk factors, direct contributing factors, and indirect contributing factors must be understood to enable the committee to function appropriately.

The 1999 committee added cancer to the list. The 2006 committee reviewed the list and found it to be an adequate list in accordance with their statistical review. The 2006 committee added Methamphetamine abuse to the list. It was eventually added as a subset to the substance abuse priority.

The 2011 IPLAN Action Team was formed through the Southeastern Illinois Community Health Coalition in June 2010 (See Appendix A) following a detailed presentation about the 2006 IPLAN and upcoming effort for the 2011 plan. Team members were all given copies of the 2006 IPLAN report and asked to read it before meeting.

The first team meeting was held in July 2010 and formulated a "milestone timeline" to ensure deadlines were met. The group worked together to create a community survey (Appendix B) based on data, historical information and Healthy People 2020 Health Priorities. The survey was then distributed to community members for input. Certain organizations such as Egyptian Health Department, Harrisburg Medical Center, Ferrell Hospital and Wabash Area Development were asked to distribute to staff since it was our opinion that healthcare workers had great awareness of community health problems. The team ended up with 317 completed health surveys with results shown in Appendix E. Priorities listed on the most surveys were:

- Substance Abuse – 78.2%
- Obesity – 68.5%
- Cancer – 49.2%

- ❖ Heart Disease & Stroke – 46.7%
- ❖ Diabetes – 42.0%
- ❖ Mental Health – 38.9%
- ❖ Access to Medical Care – 30.3%

The team used the Fall of 2010 to accumulate data using a variety of sources including the websites for IPLAN, BRFSS, Illinois Cancer Registry, US Census Bureau, US Department of Labor, Kaiser State Health Facts, County Health Rankings, National Vital Statistics System (CDC) and the Illinois Youth Survey. The accumulated data was then sorted into sections and studied for significance from state and national percentages or incidence rates. Once data was compacted to include areas of concern it was discussed

The data, along with the survey results, was presented to the full coalition at the February 2011 SICHC meeting. The coalition absorbed all the data and survey statistics before agreeing to accept four priorities for the 2011 Community Health Plan. The four priorities chosen in order were:

1. Substance Abuse
2. Heart Disease & Stroke
3. Obesity
4. Cancer

Three of the four health priorities from 2006 were retained for the 2011 plan. Obesity replaced Access to Medical Care due to many variables including the opening of Federally Qualified Health Centers (FQHC's) such as Community Health Emergency Services Incorporated (CHESI) in Harrisburg and Carmi and Christopher Rural Health in Eldorado. Rural Health Clinics such as Eldorado Primary Care, Ferrell Hospital Clinic in Ridgway and Gallatin

County Wellness Center also opened. Gallatin County Dental Clinic and CHESI in Harrisburg brought much needed dental services to the area, especially for Medicaid clients.

The Healthy Child Care Illinois program also began at EHD. This program partners the Child Care Resource and Referral (CCR&R) Agency with the Egyptian Health Dept. and provides parents with child care referrals, delivers new child care resources where needed, and supports community capacity building. This program covers the lower 16 counties in Illinois.

VI. Objectives:

The certification rule states that an agency will "Develop plans and policies to address priority health needs by establishing goals and objectives to be achieved through a systematic course of action that focuses on local community needs and equitable distribution of resources and involves the participation of constituents and other related governmental agencies. Develop a community health plan that addresses at least three priority health needs, identified pursuant to Section 600.400, during each certification period.

The IPLAN Team met in March 2011 to finalize goals, outcome and impact objectives, and intervention strategies for the plan. This plan is designed to create collaboration between various community organizations and stakeholders. The Southeastern Illinois Community Health Coalition (SICHC) will continue to have input into the objectives and intervention strategies developed in the plan. The plan is a dynamic process and the continued input from community stakeholders is essential for Saline, White and Gallatin Counties to reach their goals.

The SICHC meets bi-monthly to discuss many diverse health related topics. Each council has a featured speaker for the meeting. The meetings are also utilized to coordinate intervention strategies related to the IPLAN. We are currently under discussion to create

"Action Teams" for each Health Priority. Teams would meet independently of the Coalition and bring intervention strategy ideas to the meetings.

**Health Priority: Substance Abuse**

Risk factors: heredity, mental health, environmental

Direct contributing factor: peer pressure, culture, dysfunctional family, genetics, generational drinking, stress, coping skills,

Indirect factors: predisposition for illness, lack of education, social norms, family acceptance, lack of family values, ethnic background, lifestyle, lack of positive role model, low self-esteem, advertising, social acceptance, socio-economic

Critical Data: According to the Southeastern Illinois Safe Students/Healthy Students report in 2009, 31.0% of 9th Graders and 46.8% of 12th Graders used Alcohol in the past month 2009. While this isn't significantly different to the state averages of 29.5% for 9th Graders and 47.5% for 12th Graders it is very high number of regular users.

Goal: Reduce substance abuse to protect the health, safety and quality of life for all, especially children.

**Accomplishments towards 2006 IPLAN objectives in the area of Substance Abuse:**

1. Crisis Intervention – A 24-hour, 365 days per year program where counselors are ready to assist with mental and emotional crisis, alcohol or substance abuse crisis, family crisis, child/youth runaway, or elderly crisis (Egyptian Health Dept).
2. Formed the Alliance Against Drug Abuse (AADA) Coalition in 2009. The focus for the Coalition is to decrease the use of methamphetimine, prescription drugs and underage drinking.

3. The AADA Sponsored Underage Drinking Forums in schools
4. The Regional Office of Education and Egyptian Health Department partnered the social marketing campaign “Use Your Cube” to decrease underage drinking.

1. Annual Spring Teen Leadership Conference - ~150 Teens from Saline, White & Gallatin Counties attend annual conference at Southeastern Illinois College to enhance their leadership skills and join the movement to encourage their friends and classmates to avoid destructive behaviors and promote positive growth. Sessions include:
    a. Lifesavers Program – Learning to be a listening friend and how to provide safety
    b. Bullying Prevention – how to identify what leads up to bullying behavior and how to be a support
    c. Peer Pressure Intervention – learning why peer pressure has power in your decision making
    d. Smart Education Relationship Training – learn about healthy communication among friends & classmates
    e. Social Networking Safety – learn to keep yourself safe when visiting social networking sites like Myspace & Facebook
    f. Relief For Academic Stress – learn to deal with the stress that occurs when you are striving for good grades
    g. Local Government Panel – a team of local government officials in an open forum to answer your questions

h. Conflict & Drama – learn to navigate around the drama and conflict present in social groups
i. Leadership Skills – learn the skills needed to establish yourself as a leader
j. Healthy Relationship/Intimacy – learn the risks of choosing an intimate relationship (8th grade only w/ parents permission)
k. Bullying Education

5. Mentors 4 Kids is a non-profit organization that provides disadvantaged children in Southern Illinois with caring, volunteer adult role models who befriend them and spend quality time with them. Mentoring is an evidence-based program modeled after the Big Brothers Big Sisters Program.
6. Individual Placement and Support Program – Works with those with mental health diagnosis to find and maintain employment. Egyptian Health Dept. works in collaboration with the Office of Rehab Services.
7. Youth Employment Program: VR State Grants program from the American Recovery and Reinvestment Act funds is designed for 16-21 year olds to transition into the work force. This program works closely with the Office of Rehab Services.
8. Smoke-Free Illinois Act implemented.
9. CATCH – curriculum addressed substance abuse through F.A.C.S. – educating children on the unhealthy aspects of tobacco use.
10. Suicide Prevention
    a. Annual training on suicide prevention for local law enforcement
    b. Established a suicide prevention committee at EHD

c. Suicide prevention training for school personnel that included presentation about the Jason Flatt Act

d. Ongoing 24 hour crisis intervention services that include suicide prevention assessments and hospitalization referrals and screenings

e. EHD participates on the IDPH Suicide Prevention Task Force.

11. Saline County has adopted a drug court with Egyptian Health Dept. as the treatment provider.

12. Methamphetamine and underage drinking forums have been held in each county. Egyptian Health Dept. has worked with other local agencies in providing these forums.

13. EHD actively participates in the following local coalitions: Southern Alliance Against Drug Abuse (AADA), Southern Illinois Healthcare (SIH), Alliance Against Methamphetamine Abuse (AAMA), Healthy Southern Illinois Delta Network (HSIDN), and the Southeastern Illinois Community Health Coalition (SICHC).

14. EHD has transitioned the Paul McSparin Center (PMC) from a Sanctuary to a Recovery Home. Clients are given more direct services as a result of this change. EHD owns and operates the Paul McSparin Center. DHS Office of Alcohol and Substance Abuse grant and fees for service fund it. Food is funded through the American Red Cross. EHD has continued to operate PMC under extremely dire financial circumstances.

15. The Harrisburg First Baptist Church runs the Celebrate Recovery Program for alcohol, drug and gambling addictions. Celebrate Recovery meetings are similar

to those of other twelve-step programs; one difference is in their focus on Christianity.

16. EHD was awarded a DCFS Substance Abuse Grant in 2010. This grant allows DCFS to refer parents with substance abuse problems to EHD for treatment. There has proven to be a high correlation of child abuse and substance abuse. Referrals come as a result of DCFS investigations or founded reports.
17. EHD has partnered with Ferrell Hospital to offer Suboxone treatment to persons with opiate addictions. Suboxone is a narcotic medication indicated for the treatment of opioid dependence, available only by prescription, and must be taken under a doctor's care as prescribed.
18. EHD assisted the Gallatin County School in their Safe Schools/Health Students grant, which is a program designed to promote health childhood development, foster resilience, and prevent youth violence. School districts are using funds to help communities design and implement comprehensive educational, mental health, social service, law enforcement, and juvenile justice services for youth. The US Dept. of Health and Human Services-Substance and Mental Health Services Administration fund the grant, in conjunction with the US Dept. of Education and US Dept. of Justice.

**Outcome Objectives:**

1. Reduce cirrhosis deaths to no more than 7.5 per 100,000 people by 2016. (Healthy People 2020 Objective) (The United States rate as of 2007 was 9.1 per 100,000) (National Vital Statistics System (NVSS), CDC, NCHS) The

counties of Saline, Gallatin, and White have death rates due to cirrhosis ranging from 7.8 to 9.1 per 100,000 from 2001-2006) (IPLAN, 2006).

2. Reduce the number of adolescents aged 12-17 reporting use of alcohol or other illicit drugs in the past 30 days to 20 percent. The Southeastern Illinois Safe Schools/Healthy Schools study found that in 2009 31.0% of 9th graders and 46.8% of 12th graders in Saline, White and Gallatin Counties reported alcohol use within the last 30 days (2009). Another 17.2% of the 9th graders and 19.1% of the 12th graders reported using any hard drug within the last 30 days. This includes, marijuana, inhalants, cocaine, meth and other "illegal drugs", including prescription drugs and steroids.

**Impact Objectives**:

1. Continue to support the increase of School Health Fairs and Teen Leadership Conferences in the tri-county dealing with issues of self-esteem, stress management, problem-solving skills to seven (7) by 2013. In 2010, there was at least six (6) Health Fairs at schools in the tri-county area. Resources: Egyptian Health Dept., Ferrell Hospital, and Harrisburg Medical Center.
2. Work with local partners to develop Prescription Drug trainings and forums, with some specifically targeted to Healthcare Providers. We will attempt to hold at least one public forum and one training/seminar for Healthcare Providers each year beginning in 2012. Resources: EHD, Alliance Against Drug Abuse, Ferrell Hospital, Harrisburg Medical Center, and Southeastern Illinois College.

**Intervention Strategies:**

1. EHD will coordinate with local partners to continue and train adolescents during the Annual Teen Leadership Conference. EHD partners with Ferrell Hospital, Harrisburg Medical Center and area Schools to train students how to deal with issues of low self-esteem, stress management and problem solving skills. Resources: EHD, Harrisburg Medical Center and Ferrell Hospital.
2. Coordinate with the Alliance Against Meth Abuse (AAMA) and Alliance Against Drug Abuse (AADA) to hold Prescription Drug Forums in Saline, White and Gallatin Counties each year. Resources: EHD, AAMA and AADA.
3. Develop method of tracking Prescription Drug related deaths. We are in discussion with Southern Illinois University at Carbondale Department of Health Education about a creating a tracking tool. Resources: EHD and SIUC.
4. Use new and existing parental support groups such as Wabash Area Development's (WADI) and Egyptian Health Department's Parents and Caregivers Empowered (PACE) monthly parent meetings to discuss and train parents on the warning signs and dangers of prescription drug abuse. Resources: WADI and EHD's Project Connect sponsor these groups.
5. Use social media to educate teens about prescription drug abuse. Resources: EHD's Project Connect Program.

6. Encourage Healthcare Providers to use mandatory MEU's or CEU's to educate and train them on prescription drug abuse. Resources: Southeastern Illinois Community Health Coalition (SICHC) and the Alliance Against Drug Abuse (AADA).

**Health Priority: Heart Disease and Stroke**

Risk Factor: High blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet and physical inactivity and overweight and obesity.

Direct Contributing Factors: Diet, heredity, sedentary lifestyle, health problems, smoking, stress.

Indirect Contributing Factors: Eating disorders, lifestyle, lack of access to medical care, lack of exercise, stress, culture, lack of education/ knowledge, peer pressure.

Critical Data: Coronary heart disease mortality rates were noticeably higher in the three counties served by Egyptian Health. The crude rate for the three counties was 256.4 per 100,000 (IPLAN, 2006) versus Illinois 149 per 100,000.

Goal: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events.

**Accomplishments towards 2006 IPLAN objectives in the area of Heart Disease**

1. Healthy SI Delta Network (created April 1, 2008) – The primary goal of the HSIDN is to work together to create and improve existing cardiovascular disease prevention programs in the lower sixteen counties in Illinois. The network brings

together public health, community health centers, hospitals and others interested in improving the health of their communities. The HSIDN covers the Southern 16 counties in Illinois.

2. SICHC partnered w/ American Cancer Society to promote health nutrition messages.
3. Ferrell Hospital and Harrisburg Medical Center have both implemented the Get With The Guidelines program. The program helps ensure consistent application of the most recent American Heart Association/American Stroke Association scientific guidelines for patient treatment. The program includes in-hospital modules for heart failure, stroke and resuscitation as well as a program for outpatient practices.
4. Coordinated Approach To Child Health (CATCH) Program – Evidence-based children's health program that addresses coronary heart disease through their healthy nutrition and physical activity components that are targeted not only at children, but the rest of their families as well (Egyptian Health Dept). The program has been implemented in six schools as of the 2010-11 school year.
5. Illinois CATCH onto Health Consortium member
6. Promoted creation of Farmers Markets
    a. Gallatin County - Scates Valley
    b. Saline County - Eldorado LIONS Club, Harrisburg TSC
    c. White County – Sunnybrook Farms
7. Preventing Heart Disease & Stroke Program – A 15-session health education program consisting of objectives, content, learning experiences, and instructional

materials designed to encourage the adoption of program participants, behaviors predetermined to be healthy (Egyptian Health Dept).

a. Heart Disease & Stroke Overview
b. Stroke
c. Heart Attack
d. Heart Failure
e. Atrial Fibrillation
f. Depression and Stress
g. High Blood Pressure
h. High Blood Cholesterol
i. Diabetes
j. Talking to Your Doctor
k. Taking Medicine
l. Healthy Eating and Weight Control
m. Physical Activity
n. Tobacco Control
o. Children and Teens

8. Employee Wellness Program – Workplace wellness programs have been developed at many of the larger local agencies. Egyptian Health Department, Harrisburg Medical Center (HMC), Ferrell Hospital, Wabash Area Development (WADI), Wabash Christian, Harrisburg Primary Care, Eldorado Primary Care, Banterra Bank and Legence Bank have all implemented a Wellness program. Employees work as individuals and teams to meet goals in physical fitness,

nutrition and weigh loss. Programs generally run around 12 weeks and some offer incentives.

9. Each food establishment annually receives educational materials relating to foods low in cholesterol. Resource: Egyptian Health Dept.
10. Harrisburg Medical Center and Integrated Health of Southern Illinois has sponsored exercise classes for Senior Citizens through the Arthritis Foundation. Resource: Arthritis Foundation.
11. Biking/Walking paths have been constructed since 2006 that connect Eldorado to Harrisburg and the rest of the Tunnel Hill Trail. The City of Eldorado has extended their bike/walking paths to include a new 2-mile stretch. A new path has also been created linking the Village of Equality with the Saline County Conservation Area. The Harrisburg Masonic Lodge is now sponsoring an annual bike race from Harrisburg to Vienna on the Tunnel Hill Bike Trail.

**Outcome Objectives:**

1. Reduce coronary heart disease death rate to 200 per 100,000 populations by 2016. The current rates range from 232.4 in Saline County to 295.5 in White County. These are approximately twice as high as the National rate and 75% higher than Illinois. While the National goal is to reduce the rate to 100.8 in 2020 we must first stop the trend and then decrease to acceptable rates.

**Impact Objectives:**

1. Reduce the proportion of adults aged 18 years and older with hypertension from 36.6% to 30% within the next 3 years.

2. Reduce the proportion of adults that were told they had high blood cholesterol from 37.9% to 30% by 2014.
3. Reduce the prevalence of smoking in adults to 18% by 2015. The latest BRFSS study had 24.8% of adults in Saline, White and Gallatin Counties as smokers.
4. Increase the number of individuals being screened for cholesterol in the last year from 68% to 75% by 2014.

**Intervention Strategies:**

1. Work with the Southeastern Illinois Community Health Coalition (SICHC) to coordinate Community-wide education campaigns and informational approaches to increase physical activity, improve nutrition and increase awareness of cardiovascular risk factors. The Healthy SI Delta Network is actively pursuing grant opportunities through HRSA that would allow monies to be used through local health coalitions for promoting and sponsoring community-wide events.
2. Work with the SICHC to designate existing bike/walking paths as *START Walking Paths.* Resource: SICHC website. The program is free and bike/walking paths have already been established in many area.
3. Develop and market a healthy heart grocery-shopping list for community. The list would be available on the Egyptian Health Dept. website, through local grocers and sent home with school children. It would contain tips for shopping for foods with less saturated and trans fat; advise on cutting down on sodium and getting more fiber. Other areas the list would address include:
    a. Vegetables and fruits

b. Milk and milk products

c. Breads, cereals and grains

d. Meat, beans, eggs and nuts

e. Fats and oils.

4. Provide evidence-based tobacco prevention education in local schools. The Egyptian Health Department gets the ITFC grant from IDPH that supports this program.
5. Increase compliance with and counter efforts to weaken the Smoke-Free Illinois Act law. Resource: work with local State's Attorneys and law enforcement to increase compliance in bars and private clubs.
6. Promote and increase the use of the Illinois Tobacco Quitline by 10% to approximately 525 calls by 2015. Resource: EHD's ITFC grant allocates money for advertising.
7. Coordinate with Healthy Southern Illinois Delta Network to implement region-wide mass media campaign that promotes screening day and awareness of cardiovascular risk factors. Resources: Southern Illinois Healthcare and HSIDN.

**Health Priority: Obesity**

Risk Factor: Sedentary Lifestyle, poor diet and physical inactivity and overweight and obesity.

Direct Contributing Factors: Diet, heredity, sedentary lifestyle, health problems, stress, lack of exercise, lack of access to healthy foods, easy access to high carb-high cholesterol diets.

Indirect Contributing Factors: Eating disorders, lifestyle, lack of access to medical care, culture, lack of education/knowledge, peer pressure.

Critical Data: Round 4 of the BRFSS study (2008) found only 33.3% of adults (ages 18+) considered themselves underweight or normal. A startling statistic from this study was that 36.8% considered themselves overweight and another 29.9% obese. In the 2011 County Health Rankings adults that reported a BMI of =>30 were estimated to be 27% for Saline and Gallatin Counties and 28% for White County. This estimate was calculated by the CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, using multiple years of BRFSS data (County Health Rankings 2011).

Goal: Prevent and control overweight/obesity related chronic disease in Southern Illinois

**Outcome Objectives:**

1. Decrease the prevalence of obesity among adults from 27% to 25% by 2016. The obesity trend must first be stopped, then reversed.
2. Increase the proportion of adults who are a healthy weight from 33.3% to 35% by 2016. This is consistent with the Healthy People 2020 Objective.

**Impact Objectives:**

1. Increase the prevalence of adults who meet or exceed the moderate activity standards from 36.3% to 50% by 2015. This objective is consistent with the Healthy Southern Illinois Delta Network (HSIDN) objective.
2. Increase the number of schools with at least 50% of PE class time with moderate-to-vigorous physical activity to 9 schools by 2012 and 12 schools by 2105. There are currently 6 CATCH schools.

3. Increase the prevalence of adults consuming more than five servings of fruits and vegetables per day from 12% to 25% by 2015. This is a HSIDN objective.
4. Increase the proportion of primary care physicians who regularly assess Body Mass Index (BMI) in their adult patients from 48.7% to 52% by 2015. This is a Healthy People 2020 Objective.

**Intervention Strategies:**

1. Increase the number of schools that implement the CATCH program with a special focus on the physical education and nutrition components including training for school food service staff. CATCH is an evidence-based program. Resources: EHD subcontracts with SIH to manage the CATCH program for Saline, White and Gallatin Counties. The CATCH program is funded through HRSA grant.
2. Implement walking programs and paths in non-traditional places. Resources: Use the SICHC to promote walking trails in businesses, churches, etc.
3. Hold community wide mass media campaigns to increase physical activity and improve nutrition for both children and adults. Resource: The HSIDN is applying for HRSA grants to allow local coalitions such as the SICHC to fund special events in their communities.
4. Promote farmer's markets. Resource: SICHC, EHD Environmental Department.
5. Develop partnerships with the business community to advance worksite wellness programs. Resource: SICHC can use local media to perform outreach to the business community. One way would be to reach out to the Chamber of

Commerce for an opportunity to present the IPLAN and ways to address the health priorities of the community.

6. Increase the number of businesses that provide rewards for employees for physical activity and that display signage for walking or biking paths. Resource: SICHC, Chamber of Commerce, Local Media.
7. Work with local civic organization in Gallatin County to attract grocer to the area. Resource: City of Shawneetown, SICHC.
8. Use the Go Slow Whoa! Program to continue to provide education, activities and exercise for children ages 3-5 that attends any of the WADI daycare facilities. WADI began this grant in 2010. Resource: WADI.
9. The Southeastern Illinois Community Health Coalition will develop a flyer for primary care physicians educating on the importance of regularly assessing BMI of adult patients. Also, issue press release to local media to try and educate the public on the importance of using BMI as an indicator of obesity.

**Health Priority: Cancer**

The availability of accurate data concerning cancer has improved since the 1999 IPLAN research was performed. It appeared to be no surprise to the committee that we showed a higher incidence of cancer than the state or national averages.

Cancer Incidence Data (Illinois Cancer Registry)

| | 1993-1997 | 1998-2002 | 2003-07 |
|---|---|---|---|
| • All Cancers Combined | 1566 | 1621 | 1599 |
| • Prostrate | 175 | 201 | 183 |
| • Colo-rectal | 220 | 254 | 224 |

| | | | |
|---|---|---|---|
| • Lung | 325 | 324 | 330 |
| • Breast | 213 | 191 | 228 |
| • Cervical | 22 | 18 | 10 |
| • Pancreatic | 26 | 42 | 30 |
| • Melanoma | 35 | 44 | 58 |

Risk Factors: Use of tobacco products, obesity, physical inactivity or poor nutrition, environmental factors, tuberculosis, Ultraviolet light exposure.

Direct Contributing Factors: Smoking, high fat-low fiber diet, air quality, lack of early detection, exposure to UV rays through tanning outdoors or in tanning beds.

Indirect Contributing Factors: Income, education level, occupation, social status in the community, geographic location, health insurance environmental factors.

Goal: Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.

**Accomplishments since 2006 IPLAN Objectives in the Area of Cancer:**

1. Susan G. Komen Grant grants provide breast cancer screening Mammograms for underinsured individuals (Egyptian Health Department).
2. Ticket for the Cure Grant - Provides breast cancer preventative services (Mammogram and Ultrasound) and reimbursement for transportation cost to treatment, childcare costs during treatment, medical assistance and wigs and/or prosthetics. Resources: EHD and IDPH.
3. Black Diamond Harley Davidson of Marion funded 13 mammograms for Saline County residents.

4. SICHC/National Kidney Foundation of Illinois co-sponsored bringing the Kidney Mobile to Harrisburg and Carrier Mills in 2009. It offers free health screenings for hypertension, diabetes, and kidney disease.
5. American Cancer Society sponsored educational events for the following:
    a. 17 Breast Cancer Activities
    b. 10 Adult Tobacco Activities w/ ~680 participants
    c. 5 Youth Tobacco Activities w/ ~1,500 participants
    d. Handed out 250 colon-testing kits.
    e. 15 Great American Smokeout Events - ~1,489 participants
    f. 15 Nutritional Events
6. Colorectal Screening Day – March 19, 2010 – Co-sponsored by the American Cancer Society, EHD, HMC, Ferrell Hospital and Beck's Drugs. SICHC members handed out 250 colon-testing kits from locations at HMC in Harrisburg, Ferrell Hospital in Eldorado, EHD in Ridgway and Wabash Christian in Carmi. Harrisburg Medical Center is also participating in 2011.
7. The American Cancer Society Community Network of Gallatin County has educated residents in Gallatin County about the link between tobacco and cancer and developed and support program for those who desire to quit. Resources: American Cancer Society.
8. Cancer Peer Support groups have been founded in White and Saline County. The Ticket for the Cure Grant helped to initiate the group in White County that has branched out from Breast Cancer to support peers with any type of cancer. The

Saline County group is run through the Little Chapel Church. Resources: Ticket for the Cure Grant, EHD, and Little Chapel Church.

9. Family Planning Grant helps provide reduced rate screening for low-income females. Resources: Egyptian Health Dept., DHS Family Planning Grant.
10. Harrisburg Medical Center and Ferrell Hospital both participate in the Little Egypt Breast and Cervical Cancer screening program.

**Outcome Objectives:**

1. Slow the rise in lung cancer deaths to achieve a rate of no more than 85/100,000 by 2016. The Healthy People 2020 Objective is 45.5 per 100,000; however, the National rate as of 2007 was 50.6/100,000 (National Vital Statistics System {NVSS}, CDC, NCHS). The three county current rate is 96.7 /100,000 (IPLAN, 2006) compared to 108.3/100,000 in 2001. While this does show progress it is considerably lower than the National or State mortality rate of 52.4/100,000 (IPLAN, 2006).
2. Reduce breast cancer deaths to no more than 20.6/100,00 by 2016 (Healthy People 2020 Objective). The three county age adjusted mortality rate for 2006 was 24.1/100,000, still below the state rate of 27.1 deaths per 100,000 (IPLAN, 2006).
3. Reduce Colorectal cancer deaths to no more than 20/100,000 by 2016. The three county current rate did decrease from 31.2 deaths per 100,000 in 2001 to 29.4 in 2006 (IPLAN). This is still relatively high compared to the state rate of 19.3/100,000. (IPLAN, 2006) or the national rate of 17.0 for 2007

(National Vital Statistics System {NVSS}, CDC, NCHS). The Healthy People 2020 Objective is 14.5/100,000.

4. Reduce the Prostate cancer mortality rate to more than 21.5 per 100,000 (Health People 2020). The current rate in the three counties is approximately 23.5 per 100,000 (IPLAN, 2006), which is well below the 28.8 average for 1997. .

**Impact Objectives:**

1. To reduce cigarette smoking to a prevalence of no more than 20% of our service population (Healthy People 2020 Target is 12%) by 2015 (HSIDN objective). Currently 24.8% of adults in the tri-county are smokers (BRFSS, 2007-09) compared to 28.6% (BRFSS, 2001-03).
2. To increase to 81.1% those women age 50 and older who have received a mammogram within the preceding two years (Healthy People 2020 Objective is once per two years) by 2014. Current data collected via BRFSS shows the average of women over the age of 40 who have received a mammogram in the last year is 60.9% (BRFSS, 2007-09). The most recent U.S. Preventative Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50-74 years.
3. Increase the number of adults in the tri-county area eating 5 or more servings of fruits/vegetables per day to at least 30% by 2015. The current average is only 11.9% (BRFSS, 2007-09), which has fallen from 2006.
4. Increase the proportion of adults ages 50 and older that have had a colorectal cancer screening to at least 70.5% (Healthy People 2020 Objective). Only

54.2% of adults aged 50 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2008 (National Health Interview Survey (NHIS), CDC, NCHS). The U.S. Preventative Services Task Force recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years.

5. Increase the percentage of males age 40 and older that have had a PSA test to 75% by 2015. The average in Saline, White and Gallatin Counties rose from 64.9% (BRFSS, 2001-03) to 69.6% in Round 4 of the BRFSS (2007-09).
6. Increase the number of adults aged 50 to 75 years who receive a colorectal cancer screening to 70.5% by 2015. The current National average is only 54.2% (National Vital Statistics System {NVSS}, CDC, NCHS).

**Intervention Strategies:**

1. Promote "Break the Habit" Tobacco Cessation Program and the Illinois Tobacco Quitline. Resources: Egyptian Health Dept., IDPH Tobacco Grant.
2. Recruit smokers who desire to quit. Resources: Egyptian Health Dept., IDPH Tobacco Grant.
3. Deliver tobacco educational presentations to community organizations. Resources: Egyptian Health Dept., IDPH Tobacco Grant.
4. To increase education and awareness of community resources regarding screening for Breast, Colorectal and Prostrate Cancers. Resources: Egyptian Health Department, Ferrell Hospital, HMC, SICHC, WADI, Visiting Nurses Association and VNA Tip.

5. Continue to educate and counsel teenaged females about proper breast self-examination procedures and intervals through the Family Planning Clinic. Resources: Egyptian Health Dept., DHS Family Planning Grant.
6. Continue to educate adults about importance of proper diagnostic colon examinations, especially after the age of 50. Resource: EHD, American Cancer Society, SICHC, HSIDN.
7. To increase dietary education to include proper eating habits to decrease the potential for Colorectal cancer. Resources: EHD, Ferrell Hospital, Health Councils, Possible Grant from IDPH.

**<u>Accomplishments since 2006 IPLAN (Miscellaneous):</u>**

1. Southeastern Illinois Community Health Coalition (SICHC) – SICHC was formed in February 2008 as a direct result of the HRSSA Capacity Building Grant written by Southern Illinois Healthcare. Our mission is to have an active interest in and commitment to improving the health of the communities in Southeastern Illinois.
2. Community Health Calendar – The purpose of the community calendar is to highlight healthy activities and events occurring in our region that are open to the public. On this calendar you will find health events such as Relay for Life, health conferences, family fun nights, Heart Walk, etc (created by SIUC in collaboration with the HSIDN).
3. Southern Illinois Asthma Coalition – The mission is to create and sustain an asthma friendly environment in the Southern 16 Illinois counties by supporting the goals and objectives of the 2009-2014 Illinois Asthma State Plan.

## VII. Outcome Review

The Egyptian Health Department has a Strategic Planning Committee that meets monthly. As part of the Strategic Planning process this committee discusses all short and long-term planning. This includes specific goals and objectives for each program within the health department. The IPLAN is a part of the ongoing planning process and is included within this committee.

Egyptian Health Department also gathers data from community stakeholders (Appendix B) and EHD staff (Appendix C) through surveys each year. These surveys help us identify our strengths and weaknesses. It enables our Strategic Planning Committee to plan for improvements in these areas.

EHD will continue to be an integral part of the Southeastern Illinois Community Health Coalition (SICHC) that meets on a bi-monthly basis. EHD has a permanent seat on the Executive Committee of the SICHC per its by-laws. It is important for the stakeholders to have input into the Intervention Strategies developed and implemented though the SICHC and, in the future, Action Teams. The community process gives justification to creation of new programs and the continuation of old programs by allowing the health program to be developed within the community affected and not by outsiders. This process creates a sense of ownership in the outcome that is developed.

Any plans approved by the Strategic Planning Committee must then be forwarded to the Continuous Quality Improvement (CQI) Committee for approval. This committee contains members of each department within EHD and a Board of Health member. Any changes implemented through the CQI program must then be approved by the full Egyptian Health Department Board of Health.

Appendix A

| Southeastern Illinois Community Health Coalition | | |
|---|---|---|
| **Name** | **Title** | **Organization** |
| *Lisa Anderson | Education Coordinator/RN | Ferrell Hospital |
| Heather Morse | Director of Marketing and Planned Giving | Ferrell Hospital |
| Elizabeth Cook | Administrative Asst. - Human Resources and Marketing/Planned Development | Ferrell Hospital |
| Barb DeVous | Discharge Planner | Ferrell Hospital |
| *Marsha Oliboni | Public Relations | Harrisburg Medical Center |
| Brenda Duckworth | Infection Control | Harrisburg Medical Center |
| *Casey Carlile | Director of Nursing | Egyptian Health Department |
| *Jamie Byrd | Public Health Administrator | Egyptian Health Department |
| Julie Patton | Tobacco/CATCH Specialist | Egyptian Health Department |
| Rochelle Wilkerson | Substance Abuse Prevention Specialist | Egyptian Health Department |
| Phyllis Wood | CATCH Project Specialist | CATCH Program (Saline, White, Gallatin, Hardin, Pope & Hamilton) |
| *Ladonna Oxford | Retired School Nurse/EHD Director of Nursing | Community Member |
| Kappy Scates | Staff Assistant | Senator Richard Durbin's Office |
| Ann Holland | Child Care Nurse Consultant | Child Care Resource and Referral Agency/Egyptian Health Dept. |
| Lori Woolcott | School Nurse | Eldorado School District #4 |
| Lori Cox | Director | The Workforce and Illinois Small Business Development Center at Southeastern Illinois College |
| Gerarda Simmons | Site Manager | Opportunities for Access |
| Caleb Nehring | Senior Health Initiatives Representative | American Cancer Society, Southern Region |
| Paula Reeves | Branch Director | Arthritis Foundation Heartland Region Southern Illinois Branch Office |
| Jean Wills | Pastoral Associate | Catholic Diocese |
| Mary Kay Bachman | Regional Administrator | DHS Division of Community Health and Prevention |
| David Holt | Regional | DHS Division of Community Health and Prevention |
| Ruth Dowdy | Director of Admissions | Wabash Christian Retirement Home |
| Carletta Prather | Public Relations Coordinator | RIDES Transportation |
| Joy Suits | Family Nutrition Program Community Worker | U of I Extension - Gallatin, Saline, Pope Counties |
| Jane Flannigan | Dean of Community Education | SIC |

| Donna Hearn | Community Outreach Supervisor | SIC |
|---|---|---|
| Brenda Funkhouser | Librarian | Eldorado Library |
| Larry Fillingham | Regional Superintendent of Schools | Regional Office of Education |
| *Marsha Hoskins | Head Start Health Coordinator | Wabash Area Development Inc. |
| Angie Rawlinson | WADI White County Manager | Wabash Area Development Inc. |
| Linda Winkleman | CCU Case Manager, White County | Wabash Area Development Inc. |
| Dena Estes-Elam | Case Manager | Shawnee Alliance for Seniors |
| Charlotte Brown | Marketing Director | Beck's Drugs |
| Diane Taborn | | Anna Bixby Women's Center |
| Jeff Thompson | Probation Officer - Drug Court | Saline County Probation Office |
| Dale Fowler | Director | Fowler-Bonan Foundation |
| Joan Harper | Office Manager | Bridge Medical Center |
| Jane Sykes | School Nurse | Carmi-White Co. High School |
| Mike Ray | EHD Board Member | EHD Board of Health |
| Tammy Rahmoeller | SLF Manager | Supported Living of Wabash |
| Kevin Fear | Membership Coordinator | Air Evac Lifeteam |
| Tara Haynes | Hospice Nurse | Hospice of Southern Illinois |
| Eric Fodor | Reporter | Daily Register/Journal |

## Appendix B
## COMMUNITY STAKEHOLDERS
## SATISFACTION SURVEY

The Egyptian Health Department is invested in your community and wants some feedback about the services we offer. Please complete the following survey and return it in the enclosed envelope. Feel free to make any additional comments.

**Rating Scale:**
1-I strongly disagree
2-I disagree
3-I neither agree nor disagree
4-I agree
5-I strongly agree

1. Were the services provided to you during the year conducted in a professional manner?

   1 2 3 4 5

2. Did the Egyptian Health Department meet your expectations?

   1 2 3 4 5

3. Were you satisfied with the outcomes of our services (response time, referrals, follow-up, etc.)?

   1 2 3 4 5

4. In your opinion, have there been any specific groups of people from your community who have not been served?

   1 2 3 4 5

5. Are you familiar with all of the services that are provided?

   1 2 3 4 5

Please list any comments:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
________________________________________

Please return at your earliest convenience in the enclosed envelope.

# Appendix C

## Employee Satisfaction Survey

**Your responses will remain anonymous.** No attempt will be made to identify individuals based on their answers to these questions. Please return to Sherry Peyton, Compliance Officer, no later than Friday, February 4, 2011.

Please rate 1-5.

1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree.

_____ 1. I get the support I need from my manager.

_____ 2. The pace of the work in this organization enables me to do a good job.

_____ 3. In this organization, we maintain very high standards of quality in everything we do.

_____ 4. I am treated fairly by my manager.

_____ 5. My manager treats me with respect.

_____ 6. My manager makes sure I am informed about decisions or changes that will affect me.

.

_____ 7. Employees are empowered and encouraged to solve problems on their own.

_____ 8. My job gives me a strong sense of personal satisfaction.

_____ 9. I respect my manager as a competent professional.

_____ 10. My manager values my talents and the contribution I make.

_____ 11. I can disagree with my manager without fear of getting in trouble.

_____ 12. When I do a good job, I receive the praise and recognition I deserve.

_____ 13. People with different ideas are valued in this organization.

_____ 14. I have a clear understanding of this organization's strategic goals.

_____ 15. Information and knowledge are shared openly within this organization.

_____ 16. The benefits I receive are comparable to those offered by other organizations.

_____ 17. I am proud to tell people that I work for this organization.

_____ 18. I could report unethical activities without fear of reprisal.

_____ 19. I have plenty of opportunities for professional growth in this organization.

_____ 20. I am satisfied with my job.

_____ 21. Senior management will take action based on the results of this survey.

What program do you work for in this organization? (We ask this question only because in this survey, we are asking you to rate management competence, and it will be helpful to know which program you are referring to. Just know that if you choose to leave this question blank, we cannot retrieve the necessary data needed to improve employee satisfaction.)

Please circle:

Administration/Management Mental Health/Case Management

Community Support Substance Abuse Youth Project Connect

Public Health/Nursing Environmental Secretarial/Janitorial

Other

What do you like most about working for this organization?

If you could change one thing about your job, what would that be?

Other comments not addressed in this survey:

Thank you for your response.

**Appendix D:**
**Southeastern Illinois Community Health Coalition (SICHC)**
**Community Health Survey 2010**

The Southeastern Illinois Community Health Coalition is a group of individuals that have taken an active interest in and commitment to improving the health of the communities in Southeastern Illinois. The coalition has a diverse membership representing public and mental health, hospitals, transportation, education and others.

The Coalition, in coordination with Egyptian Health Dept., has formed a committee to update the IPLAN. The Illinois Project for the Local Assessment of Needs (IPLAN) is a community health plan that identifies the top three (or more) health problems, sets goals and objectives to address these problems and tracks the success of strategies used. The first IPLAN was completed in 1994 and is has been updated in 1999 and 2006.

A "Health Problem" is a situation or condition of people that is considered undesirable, is likely to exist in the future, and is measured as death, disease or disability.

In your opinion, what do you think the top 5 problems are in Saline, White and Gallatin counties? Rate the problems 1 through 5 (1 being most important). Please note that some omissions such as Sedentary Lifestyle, Genetics, High Blood Pressure and High Cholesterol are considered Risk Factors for various Health Problems.

_______Access to Medical Care (Oral Health included)

_______Arthritis, Osteoporosis and Chronic Back Conditions

_______Cancer

_______Chronic Kidney Diseases

_______Diabetes

_______Disability and Secondary Conditions

_______Environmental Health (air, water, sewage)

_______Family Planning

_______Food Safety

_______Health Communication and Health IT

_______Hearing and Other Sensory or Communication Disorders

_______Heart Disease and Stroke

_______HIV

_______Immunization and Infectious Diseases

_______Mental Health and Mental Disorders

_______Nutrition and Weight Status

_______Obesity (including Childhood)

_______Occupational Safety and Health

_______Oral Health

_______Respiratory Diseases

_______Sexually Transmitted Diseases

_______Substance Abuse

_______ Suicide

_____Tobacco Use

_______Unintentional Injuries

_______Vision

Please complete this survey and return to: Jamie Byrd, Egyptian Health Dept.