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I. PURPOSE

The Institute of Medicine's (IOM) landmark report, *The Future of Public Health*, recommends a renewal of efforts from all corners of society to address the mission of public health. The report reaffirmed local public health agencies as "the final delivery point for all public health efforts" and called for "policy development and leadership that foster local involvement and a sense of ownership, that emphasize local needs, and that advocate equitable distribution of public resources and complementary private activities commensurate with community needs." The Madison County Community Health Plan is a response to the IOM's recommendation and provides the methodology to achieve a healthier community.

The Madison County Community Health Plan addresses the priority health issues of, Respiratory Disease, Cancer, Cardiovascular Disease, and Unintentional Injury which were identified in the Madison County Community Health Needs Assessment. It is the result of the cumulative efforts of health professionals, health agencies, citizens, and health department representatives. The Community Health Plan establishes objectives and intervention strategies that will impact positively on the health of the community. The Madison County Health Department will utilize the plan to develop programs designed to address the identified priorities.

II. COMMUNITY PARTICIPATION PROCESS

The Madison County Community Health Needs Assessment was completed and presented to the County Board July 21, 2000. Work began on the 5 year plan immediately. The Madison County Partnership for Community Health (MCPCH), a group which uses the community health improvement process (CHIP) as its structural guide, worked with the health department to collaborate the completion of the plan.

The Cardiovascular, Respiratory, and Unintentional Injury subcommittees of MCPCH, which were formed as result of the 1995 assessment, began work on intervention strategies for their respective priorities shortly after the new assessment was completed. A fourth subcommittee was formed to address the Cancer priority. Each subcommittee worked with health professionals in the community that are involved with the committee's particular health priority. Health department staff participated in committee meetings and were integral to completion of the plan.

Subcommittees met on a monthly basis to review the new assessment, discuss health problems and their risk factors. Direct and in-direct contributing factors were identified, as were interventions strategies. This plan incorporates those objectives identified by the community group as well as those of the health department.

III. PRIORITY ONE - RESPIRATORY DISEASE

REDUCE THE DEATH RATE FROM PNEUMONIA AND INFLUENZA

REDUCE THE PREMATURE DEATH RATE FROM CHRONIC OBSTRUCTIVE PULMONARY DISEASE

REDUCE HOSPITAL ADMISSIONS FOR UNCONTROLLED ASTHMA

A. RATIONALE

Madison County has a proportional mortality rate (PMR) of +35.0% for respiratory disease. Utilization of the Hanlon Method of Priority Setting (PEARL test) in combination with the PMR rate and community response yielded respiratory disease as the first health priority area for Madison County to address over the next five years. Objectives and program strategies will be developed and implemented based on these results.

The U.S. Department of Health and Human Services reported in their document, *Healthy People 2010: National Health Promotion and Disease Prevention Objectives*, that respiratory disease has a large impact on the nation's health. Asthma and chronic obstructive pulmonary disease (COPD) are in the top ten for leading causes of restricted activity. COPD seems to be on the incline especially in the older population. Healthy People 2010 emphasizes that a history of cigarette smoking is attributable to almost 80-90% of COPD patients. Asthma is also on the rise locally and nationally. Healthy People 2010 site an approximate 100% increase of the incidence of asthma over the past two decades. Asthma is also a common diagnosis in emergency rooms, outpatient clinics, and physician's offices. The incidence of pneumococcal disease and influenza are also prevalent contributors to respiratory issues, especially in the elderly. Healthy People 2010 suggests an estimated 45,000 deaths annually result from pneumonia and influenza. Several risk factors for respiratory disease are also common for stroke, cancer, and heart disease. By implementing interventions targeting risk factors, influence over multiple health concerns can occur.

According to Madison County Community Health Needs Assessment 2000, the 1997 mortality crude rate for pneumonia and influenza was 48.2/100,000 population compared to the 1997 state crude rate of 31.8/100,000 population. Pneumonia and influenza are vaccine-preventable diseases. Decreasing the incidence of these diseases while increasing the quality of life for people are achievable through increased administering of the vaccine, especially within highly susceptible populations. Healthy People 2010 Objectives target an age-adjusted rate increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease targeting an increase for noninstitutionalized adults aged 65 years and older in adults vaccinated to 90% receiving the influenza and pneumococcal vaccines, an increase in noninstitutionalized high-risk adults aged 18 to 64 years to 60% receiving the influenza and pneumococcal vaccines, and an increase in institutionalized adults (persons in long-term or nursing homes) to 90% receiving the influenza and pneumococcal vaccines (14-29). By 2005, Madison County strives to reduce pneumonia and influenza mortality to 36.3/100,000 population. (Baseline: 48.2/100,000 Madison County 1997, 31.8/100,000 state 1997). Timely vaccination for influenza and appropriate inoculation following physician recommendation for pneumonia has been shown to contribute to a decrease the incidence of influenza and pneumonia cases

reported. Addressing the fear of the vaccines and availability of the vaccine will also impact the number of vaccine recipients. Therefore, Madison County will implement opportunities targeting vaccine availability, accessibility, and acceptability.

According to Madison County Community Health Needs Assessment 2000, the 1997 mortality crude rate for COPD was 43.5/100,000 for Madison County and 36.2/100,000 for the state. The crude rate for premature COPD was 6.3/100,000 for Madison County and 6.0/100,000 for the state. Healthy People 2010 Objectives targets a rate of 60/100,000 population for COPD mortality among adults (24-10; Baseline: 119.4 deaths/100,000 persons aged 45 years and older occurred in 1998 age adjusted to the year 2000 standard population) . By 2005, Madison County will strive to reduce the incidence of premature COPD mortality to 5.67/100,000 population. (Baseline: 6.3/100,000 population under age 65-crude data Madison County 1997. 6.0/100,000 population under age 65-crude data Illinois 1997). Preventive lifestyle behavior change approaches have been deemed successful for decreasing the incidence of tobacco use, a significant contributor to respiratory disease. Therefore, Madison County will implement comprehensive opportunities targeting COPD risk factors, especially those related to tobacco and smoking, producing favorable behavior change.

According to Madison County Community Health Needs Assessment 2000, the moving average based on asthma hospital admissions crude rates for 1995, 1996, and 1997 was 170.80/100,000 population for Madison County. Healthy People 2010 Objective 24-2 targets asthma hospitalization rates of 25/10,000 for children under age 5 years, 7.7/10,000 children and adults aged 5 to 64 years, and 11/10,000 adults aged 65 years and older (age adjusted to the year 2000 standard population). By 2005, Madison County will strive to reduce hospital admissions for uncontrolled asthma to no more than 150/100,000 population (Baseline: 170.8/100,000 Madison County moving average). Appropriate education for asthmatics and caregivers can impact the incidence of hospitalization. Therefore, Madison County will implement comprehensive educational opportunities targeting youth, parents/guardians, school personnel, adults, and physicians to stimulate achievement of the asthma objectives.

Madison County objectives for achieving five year outcomes reflect and support *Healthy People 2010 Objectives*. The following are ten year national objectives concurrent with five year county objectives for respiratory disease: increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 focus areas (7-10), increase the proportion of older adults who have participated during the preceding year in at least one organized health promotion activity (7-12), increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease (14-29), reduce asthma deaths (24-1), reduce hospitalizations for asthma (24-2), reduce hospital emergency department visits for asthma (24-3), reduce the number of school or work days missed by persons with asthma due to asthma (24-5), increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of their condition (24-6), increase the proportion of persons with asthma who receive appropriate asthma care according to the NAEPP guidelines (24-7) reduce the proportion of adults whose activity is limited due to chronic lung and breathing problems (24-9), reduce deaths from COPD among adults (24-10), reduce tobacco use by adults (27-1), reduce tobacco use by adolescents

(27-2), reduce the initiation of tobacco use among children and adolescents (27-3), increase the average age of first use of tobacco products by adolescents and young adults (27-4), increase smoking cessation attempts by adult smokers (27-5), increase smoking cessation during pregnancy (27-6), increase tobacco use cessation attempts by adolescent smokers (27-7), reduce the proportion of children who are regularly exposed to tobacco smoke at home (27-9), reduce the proportion of nonsmokers exposed to environmental tobacco smoke (27-10), eliminate tobacco advertising and promotions that influence adolescents and young adults (27-16), and increase adolescents' disapproval of smoking (27-17).

B. RISK AND CONTRIBUTING FACTORS ANALYSIS

The risk factors identified as most often associated with the respiratory diseases of influenza, pneumonia, COPD, and asthma included: natural immunity status, ease of transmission, acquired immunity status, smoking/exposure to smoke, air pollution, triggers, and air quality. Contributing factors included: age, chronic disease, reduced immunity (chemo/radiation), subclinical transmission, nosocomial transmission, hand to hand transmission, not receiving annual flu vaccine, not receiving pneumococcal vaccine (as recommended), cigarette smoking, exposure to second-hand smoke (ETS), inhaled chemical irritants, high number of people over age 65 higher in Madison County, high number of long term care facilities (LTC) in Madison County (47), high incidence of diabetes, emphysema, and cancer, no health insurance/no exams for over 2 years, part of county is medically underserved, lack of knowledge of signs, symptoms, and transmission modes, lack of employer support, decreased vaccinations/co-workers, acceptability of receiving vaccines (belief of need), need for annual repeat, shortage of vaccine, availability, affordability accessibility, and transportation issues, belief of need (some believe vaccines cause disease), culturally acceptable/family and peer pressure to smoke, early onset/ease of availability of cigarettes to teens, increased stress decreases ability to stop smoking, family members smoke (environmental tobacco smoke-ETS), smoking allowed in restaurants, heavy-old industry jobs (Granite City, Alton, Wood River), unemployment forces taking at risk jobs (i.e. Chemetco), lack of surveillance and enforcement of air quality laws, excessive exercise, environmental factors, leaf burning, air pollution/ozone/weather, pets/dustmites/cockroach dander, agricultural fertilizers/pesticides, fogging for mosquitos, laws-lack of banning leaf burning, cost of alternatives, lack of education/knowledge, gasoline powered engines, and factories.

After consideration of these risk and contributing factors, focus for objectives and intervention strategies was placed on addressing the availability, accessibility, and acceptability of influenza and pneumonia vaccines and comprehensive tobacco-related prevention programming. The primary audiences selected were children, youth, adults, and community.

C. OUTCOME OBJECTIVES:

- 1. By 2005, reduce pneumonia and influenza mortality to 36.3/100,000 population. (Baseline: 48.2/100,000 Madison County 1997, 31.8/100,000 state 1997)**
- 2. By 2005, reduce the incidence of premature chronic obstructive pulmonary disease (COPD) mortality to 5.67/100,000 population. (Baseline: 6.3/100,000 population under age 65-crude data Madison County 1997. 6.0/100,000 population under age 65-crude data Illinois 1997)**
- 3. By 2005, reduce hospital admissions for uncontrolled asthma to no more than 150/100,000 population. (Baseline: 170.8/100,000 Madison County moving average)**

D. IMPACT OBJECTIVES:

- 1. By January 2003, increase by 10% the annual number of immunizations for influenza. (Baseline as determined by Intervention 1)**
- 2. By January 2003, increase by 10% the annual number of immunizations for pneumococcal vaccine. (Baseline as determined by Intervention 2)**
- 3. By July 2003, increase knowledge and skills related to tobacco and environmental tobacco smoke through contacts with at least 250 people. (Baseline as determined by Interventions 5,6,7,9,10)**
- 4. By August 2003, reach 250 people through community-based asthma education initiatives. (Baseline as determined by Interventions 3, 17)**

E. INTERVENTIONS:

Note: Several of these interventions are ongoing annually. Also see interventions for Priority Two-Cancer and Priority Three-Cardiovascular Disease for additional activities targeting common risk factors.

- 1. By September 2001, establish a baseline of the number of influenza vaccines administered in Madison County.**
- 2. By September 2001, establish a baseline of the number of pneumococcal vaccines administered in Madison County.**
- 3. By December 2001, reach 25% of teachers and staff in Madison County schools with the Asthma 101 program.**
- 4. By March 2002, Madison County Health Department will offer 57 influenza/pneumonia immunization clinics at 10 sites around Madison County.**
- 5. By July 2002, provide 15 educational sessions to civic organizations, community organizations, or businesses about tobacco use and environmental tobacco smoke.**
- 6. By July 2002, develop and begin implementation of a strategy to inform parents of the harmful effects and consequences of tobacco and environmental tobacco smoke especially on children's health.**
- 7. By July 2002, disseminate information to the community through various media and community events regarding health effects of tobacco.**
- 8. By July 2002, identify and assess the availability of smoking cessation offered in Madison County.**
- 9. By July 2002, submit 6 press releases relevant to tobacco prevention and cessation initiatives.**
- 10. By July 2002, provide 8 education and/or skill building sessions targeting at-risk populations (e.g. Women, Infant, Children clients, Family Case Management clients, Early Head Start clients).**
- 11. By December 2002, determine effectiveness of pulmonary education in the home given by respiratory therapists through a local hospital.**
- 12. By December 2002, explore the possibility of initiating mandated asthma management plans in each asthmatic student's school health record.**

- 13. By December 2002, promote collaborative involvement by the school nurse, family, child, and physician in asthma-related issues.**
- 14. By January 2003, offer 2 radio public service announcements and 8 press releases to eight newspapers regarding the availability of vaccines.**
- 15. By January 2003, post 250 flyers regarding the availability of vaccines at senior feeding centers, crisis food centers, and other community sites.**
- 16. By March 2003, research and disseminate results from the hospital initiated home-based pulmonary education program for further consideration for program replication with other interested sites.**
- 17. By March 2003, provide 10 asthma-related educational sessions or community events.**

F. RESOURCES AVAILABLE (governmental and nongovernmental):

Numerous community resources exist to assist in the development and execution of this strategic plan which include: Local Public Health Tax, Illinois Tobacco Free Communities Grant, Madison County Health Department, Madison County Partnership for Community Health (MCPCH), American Lung Association, University of Illinois Extension, Southern Illinois University Edwardsville School of Nursing, Southern Illinois University Edwardsville Department of Health Education and Kinesiology, Alton Memorial Hospital, Anderson Hospital, St. Anthony's Health Center, St. Elizabeth's Medical Center, St. Joseph's Hospital, private physicians, Chestnut Health Systems, community members, Coordinated Youth and Human Services, Madison County Regional Office of Education, Madison County Schools, Head Start programs, SSM Cardinal Glennon Children's Hospital, BJC HealthCare School Outreach and Youth Development Program Madison County Senior Services Program, and influenza vaccine sites.

G. BARRIERS:

With any initiative that involves change, barriers exist and need to be considered in the planning and implementation processes. Some potential barriers to achieving the respiratory disease objectives include: acceptability of receiving the vaccines, affordability of vaccines, availability of vaccines to agencies and community, accessibility to vaccines, access to tobacco, community acceptability of tobacco, current social norms related to tobacco, lack of policies or policy enforcement, personal choice, and participation to receive knowledge and initiate change.

H. COMMUNITY HEALTH PLAN

DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS AND CONTRIBUTING FACTORS (Including high risk populations and current and projected statistical trends):

HealthyPeople 2010: National Health Promotion and Disease Prevention Objective states that respiratory disease has a large impact on the nation's health. Asthma and chronic obstructive pulmonary disease (COPD) are in the top ten for leading causes of restricted activity. The 2000 Madison County Community Health Needs Assessment revealed high rates for influenza, pneumonia, COPD, and asthma. These four respiratory-related health concerns will be targeted through interventions. Some risk factors for these include: natural immunity status, ease of transmission, acquired immunity status, smoking/exposure to smoke, air pollution, triggers, and air quality. Some contributing factors include: age, chronic disease, modes of transmission, cigarette smoking, exposure to second-hand smoke (ETS), inhaled chemical irritants, high number of people over age 65 higher in Madison County, high incidence of diabetes, emphysema, and cancer, part of county is medically underserved, lack of knowledge of signs, symptoms, and transmission modes, acceptability of receiving vaccines (belief of need), need for annual repeat, shortage of vaccine, availability, affordability accessibility, and transportation issues, belief of need for vaccine, culturally acceptable/family and peer pressure to smoke, early onset/ease of availability of cigarettes to teens, increased stress decreases ability to stop smoking, heavy-old industry jobs, unemployment forces taking at risk jobs, lack of surveillance and enforcement of air quality laws, excessive exercise, environmental factors, leaf burning, factories air pollution/ozone/weather, and pets/dustmites/cockroach dander.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

To reduce the mortality rate for influenza and pneumonia, the issues of accessibility, acceptability, and availability need to be addressed. Actions to accomplish this objective include identifying current availability and distribution of vaccines, offering additional opportunities to receive the vaccines, and increasing the promotion of the vaccines accessibility. Dispelling fears related to receiving the vaccine and increasing knowledge of where it is available will help create the impact. To reduce the incidence of premature COPD, a focus on community-based tobacco/smoking prevention with specific target audiences will be the approach used to create an impact. Increasing knowledge and awareness among groups within the community and assessing the availability of smoking cessation will be the crux of the corrective actions for COPD. To reduce asthma-related hospitalizations, primary emphasis will be placed on various educational approaches.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Local Public Health Tax, Illinois Tobacco Free Communities Grant, Madison County Health Department, Madison County Partnership for Community Health (MCPCH), American Lung Association, University of Illinois Extension, Southern Illinois University Edwardsville School of Nursing, Southern Illinois University Edwardsville Department of Health Education and Kinesiology, Alton Memorial Hospital, Anderson Hospital, St. Anthony's Health Center, St. Elizabeth's Medical Center, St. Joseph's Hospital, private physicians, Chestnut Health Systems, community members, Coordinated Youth and Human Services, Madison County Regional Office of Education, Madison County Schools, Head Start programs, SSM Cardinal Glennon Children's Hospital, BJC HealthCare School Outreach and Youth Development Program Madison County Senior Services Program, and influenza vaccine sites.

EVALUATION PLAN to measure progress toward reaching the objectives:

Progress will be assessed through several methods. Madison County Health Department will monitor trends in respiratory related diseases, especially from influenza, pneumonia, and premature COPD. The number of influenza and pneumonia vaccines will be monitored by identification of known distributors and their distribution rates. As well, an increase in usage of the vaccines will be observed through use of public awareness through dissemination of flyers and information. The increase in knowledge and skills related to smoking issues will be measured through various methods partially dependent upon the intervention. A general increase will be monitored by exposure of information to at least 250 intervention participants for both tobacco and asthma issues.

IV. PRIORITY TWO - CANCER

NO INCREASE IN THE OVERALL CANCER MORTALITY RATE

A. RATIONALE

Madison County has a proportional mortality rate (PMR) of +28.5% for cancer. Utilization of the Hanlon Method of Priority Setting (PEARL test) in combination with the PMR rate and community response yielded cancer as the second health priority area for Madison County to address over the next five years. Objectives and program strategies will be developed and implemented based on these results.

The U.S. Department of Health and Human Services reported in their document, *Healthy People 2010: National Health Promotion and Disease Prevention Objectives*, that cancer is the second leading cause of death in the U.S., killing an expected 552,200 people in 2000. In general, African Americans are at a disproportionately higher rate for cancer. Cancer mortality rates have experienced slight decline over the years, but the decline varies by gender, race, ethnicity, and type of cancer. Even with some minimal progress, cancer remains one of the primary health concerns and preventable conditions in the U.S., Illinois, and Madison County. Healthy People 2010 states that “about 30% of all cancer deaths (over 175,000 deaths per year) are related to smoking, and smoking is related to over 420,000 U.S. deaths per year from various causes (e.g. heart disease). Perhaps 50% or more of cancer incidence can be prevented through smoking cessation and changed dietary habits.” Support is strong for prevention efforts to curtail initial smoking and address other risk factors before they manifest into disease. Several risk factors for cancer are also common for heart disease, stroke, and some respiratory diseases. By implementing interventions targeting risk factors, influence over multiple health concerns can occur.

Healthy People 2010 Objective 3-1 targets a reduction in the overall cancer death rate to 159.9/100,000 population with a baseline of 202.4/100,000 population in 1998 age adjusted to the year 2000 standard population. By 2005, there will be no increase in the overall cancer mortality rate in Madison County (Baseline: 234/100,000 population 1997 IPLAN). Sustaining the current rate is a feasible goal with consideration to the possibility of increasing rates due to the aging population and increased detection efforts. With a primary prevention focus and early detection initiatives, Madison County will curtail any future increases and will detect rate reduction over extended periods of time. According to Madison County Community Health Needs Assessment 2000, the 1997 mortality crude rate for lung cancer was 78.1/100,000 population compared to the 1997 state crude rate of 56.6/100,000 population. The crude rate for premature lung cancer mortality was 24.0/100,000 for Madison County and 19.0/100,000 for the state. Healthy People 2010 Objective 3-2 targets a reduction in lung cancer mortality to 44.9/100,000 population with a baseline of 57.6/100,000 population in 1998 (age adjusted to the year 2000 standard population). Preventive lifestyle behavior change approaches and prevention education and practice as well as smoking cessation have been deemed successful for decreasing the incidence of lung cancer. Therefore, Madison County will implement comprehensive opportunities targeting lung cancer risk factors, primarily tobacco prevention, producing favorable behavior change for youth and adults.

According to Madison County Community Health Needs Assessment 2000, the 1997 mortality crude rate for breast cancer was 21.4/100,000 population compared to the 1997 state crude rate of 17.4/100,000 population. The crude rate for premature breast cancer mortality was 12.2/100,000 for Madison County and 8.5/100,000 for the state. Healthy People 2010 Objective 3-3 targets a reduction in breast cancer mortality to 22.3/100,000 females with a baseline of 27.9/100,000 females in 1998 (age adjusted to the

year 2000 standard population). According to Madison County Community Health Needs Assessment 2000, the 1997 mortality crude rate for cervical cancer was 3.0/100,000 population compared to the 1997 state crude rate of 3.8/100,000 population. The crude rate for premature breast cancer mortality was not calculated for Madison County or for the state since less than ten events were reported. Healthy People 2010 Objective 3-4 targets a reduction in mortality from cancer of the uterine cervix to 2.0/100,000 females with a baseline of 3.0/100,000 females in 1998 (age adjusted to the year 2000 standard population). Evidence supports early detection and education as effective approaches for decreasing the incidence of breast and cervical cancer. Therefore, early detection efforts primarily for women identified at-risk will be Madison County's primary approach to meet these objectives. Education and community awareness will be other supportive initiatives to impact the broader population of females in this county.

Madison County objectives for achieving five year outcomes reflect and support *Healthy People 2010 Objectives*. The following are ten year national objectives concurrent with five year county objectives for cancer: reduce overall cancer deaths (3-1), reduce lung cancer deaths (3-2), reduce breast cancer deaths (3-3), reduce deaths from cancer of the uterine cervix (3-4), increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health (7-2), increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 focus areas (7-10), substance-free youth (26-9), peer disapproval of substance abuse (26-16), perception of risk associated with substance abuse (26-17), reduce tobacco use by adolescents (27-2), reduce the initiation of tobacco use among children and adolescents (27-3), increase the average age of first use of tobacco products by adolescents and young adults (27-4), increase tobacco use cessation attempts by adolescent smokers (27-7), reduce the proportion of nonsmokers exposed to environmental tobacco smoke (27-10), and increase adolescents' disapproval of smoking (27-17).

B. RISK AND CONTRIBUTING FACTORS ANALYSIS

The risk factors identified as most often associated with cancer (primarily lung, breast, and cervical) included: smoking/smoking exposure, diet, physical inactivity, socioeconomic status, educational level, attitudes/health beliefs, family history, environmental/air quality, occupation, poor nutrition, early onset of menopause, and older than 35 at birth of first child. Contributing factors included: use and exposure to smoke, lack of accessibility to smoking cessation, attitude and beliefs, lack of prevention education/activities in schools, lack of prevention support from HMO's and other agencies, violation of clean indoor air act, work-related contact to smoke or other carcinogens, leaf burning and attitude toward compliance, industrial pollution, lack of car pools and convenient ride shares/lack of incentives to car pool, contractors burn without wind curtain, lack of enforcement laws, employees not complying with or enforcing occupational standards, inadequate screening, lack of or inconsistent personal, community, and parental education, fear, working poor, limited resources-personal and community, weight control challenges, lack of enforcement of clean

indoor air act with separate violation systems, available jobs, economy (cost to comply with air quality), lack of self-exams, and lack of consistent reading of mammograms.

After consideration of these risk and contributing factors, focus for objectives and intervention strategies was placed on comprehensive tobacco-related prevention programming targeting children and youth, early detection through screening for breast and cervical cancer, and education and community awareness of cancer especially lung, breast, and cervical. The primary audiences selected were children, youth, teachers, and females.

C. OUTCOME OBJECTIVE:

1. By 2005, there will be no increase in the overall cancer mortality rate in Madison County. (Baseline: 234/100,000 population 1997 IPLAN)

D. IMPACT OBJECTIVES:

1. By January 2003, the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS) will indicate at least minimal improvement in desired nutritional practices, increased physical activity levels, and later initiation and overall decreased tobacco use in selected groups of middle and high school students in Madison County. (Baseline to be established in 2002)
2. By January 2003, increase opportunity for early detection for at-risk women in Madison County through the Illinois Breast and Cervical Cancer screening program. (Baseline to be established in 2001)

E. INTERVENTIONS:

Note: Several of these interventions are ongoing annually. Also see interventions for Priority One-Respiratory Disease and Priority Three-Cardiovascular Disease for additional activities targeting common risk factors.

1. By June 2001, identify Madison County cancer prevention education programs (to include prevention of risk factors and early screening) currently available to public school students and county citizens.
2. By June 2001, collaboration among Madison County Partnership for Community Health (MCPCH) priority groups to define how the Respiratory, Cardiovascular, and Cancer Committees will specifically address common Cancer risk factors with minimal programmatic overlap.
3. By July 2001, identify county resources (e.g. Family Resource Alliance, Madison County Senior Services Program etc.) who agree to participate in disseminating information to the community about available cancer prevention and treatment programs.
4. By July 2001, MCPCH Cancer subcommittee members will meet with the Southwest

Region Advanced Practice Nurse's Association to explore the willingness of area nurse practitioners to develop and pilot a one-page cancer health risk assessment to determine if its presence in client records increases preventive education and/or screening referrals.

- 5. By October 2001, increase public awareness regarding the breast and cervical cancer program with Madison County Health Department.**
- 6. By October 2001, enroll 50 at-risk women into the breast and cervical cancer screening program through Madison County Health Department.**
- 7. By January 2002, obtain the cooperation of a sample of 3 Madison County middle schools and 3 Madison County high schools to agree to annually administer the CDC Youth Risk Behavior Survey (YRBS) to students in grades six, nine, and twelve. Information will be used to plot longitudinal changes in youth risk behavior that might be attributed to prevention initiatives on national, state, and local levels.**
- 8. By July 2002, assist in the implementation of at least 3 solutions related to tobacco as identified at the 2001 Madison County Tobacco Youth Forum.**
- 9. By July 2002, provide at least 2 trainings for Madison County students developing their leadership skills, tobacco knowledge, and enhancing related lifeskills and lifestyle choices.**
- 10. By July 2002, provide educational and skill-building sessions to youth and community targeting risk factors associated with cancer.**
- 11. By July 2002, continue to incorporate life skill building into health-related educational sessions.**
- 12. By July 2002, provide at least 2 teacher trainings focused on identification of behavior, attitude, health, and attendance for school-based student assistance support.**

F. RESOURCES AVAILABLE (governmental and nongovernmental):

Numerous community resources exist to assist in the development and execution of this strategic plan which include: County Public Health Tax, Illinois Breast and Cervical Cancer Grant, Illinois Tobacco Free Communities Grant, Madison County Health Department, Madison County Partnership for Community Health (MCPCH), American Heart Association, American Lung Association, American Cancer Association, American Nurses' Association (Regional Chapter), American Medical Association (County Chapter), American Dental Association (County Chapter), American Chiropractic Association (Regional Chapter), Chestnut Health Systems, Lewis & Clark Community College Health Careers Program, Madison County Regional Office of Education, Madison County schools, Alton Memorial Hospital, Anderson Hospital, St. Anthony's Health Center, St. Elizabeth's Medical Center, St. Joseph's Hospital, SSM Cardinal Glennon Children's Hospital, BJC HealthCare School Outreach and Youth Development Program, Madison County Partnership for Health Executive Committee, Southwestern Illinois Community College, Southwestern Region Advanced Practice Nurses, Southern Illinois University Edwardsville School of

G. BARRIERS:

With any initiative that involves change, barriers exist and need to be considered in the planning and implementation processes. Some potential barriers to achieving the cancer objectives include: strength of existing risk behaviors, failure to gain the cooperation of schools in obtaining YRBS data, disinclination on the part of other agencies and interest groups to participate in collaborative planning and interventions, and challenge influencing at-risk women to be screened for early detection.

H. COMMUNITY HEALTH PLAN

DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS AND CONTRIBUTING FACTORS (Including high risk populations and current and projected statistical trends):

According to the Centers for Disease Control and Prevention, in 1997 cancer was the second leading cause of death accounting for 23.3% of all deaths in the United States. The 2000 Madison County Community Health Needs Assessment revealed high mortality rates for these targeted types of cancer: lung, breast, and cervical. The following information reflects 1997 data based per 100,000 population. The crude rate of lung cancer in Madison County far exceeds the state rate (78.1 and 56.6 respectfully). Premature mortality from lung cancer is 24.0 in Madison County compared to 19.0 in Illinois. Breast cancer mortality for the county is 21.4 compared to 17.4 in Illinois. The rate of premature mortality caused by breast cancer is 12.2 in the county and 8.5 for the state. Cervical cancer mortality rates are 3.0 for the county and 3.8 for the state based on 1990 female population. Lung, breast, and cervical cancers will be targeted through interventions. Some risk factors for these include: smoking/smoking exposure, diet, physical inactivity, socioeconomic status, educational level, attitudes/health beliefs, family history, environmental/air quality, occupation, poor nutrition, early onset of menopause, and older than 35 at birth of first child. Some contributing factors include: use and exposure to smoke, lack of accessibility to smoking cessation, attitude and beliefs, lack of prevention education/activities in schools, lack of prevention support from HMO's and other agencies, violation of Clean Indoor Air Act, work-related contact to smoke or other carcinogens, industrial pollution, lack of self-exams, lack of money for screening and mammograms, and limited resources.

* lack of consistent reading of mammograms,

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

To decrease the incidence, morbidity, and mortality of cancer in Madison County, a variety of initiatives will be implemented. To monitor progress in lifestyle behavior changes and the influence of programming and society, the CDC Youth Risk Behavior Survey (YRBS) will be administered to three middle schools and three high schools over the 5 year period. Availability of education programs for schools and communities will be identified. Since common risk factors for three priority health areas exist, some initiatives will be implemented that maximize addressing these risk factors as well as increasing collaboration among projects and organizations targeting similar risk factors. To increase general community knowledge and awareness, a collaborative system for information dissemination will be explored. Enrollment of disadvantaged females in the breast and cervical cancer screening program will help address the needs of disparate populations.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

County Public Health Tax, Illinois Breast and Cervical Cancer Grant, Illinois Tobacco Free Communities Grant, Madison County Health Department, Madison County Partnership for Community Health (MCPCH), American Heart Association, American Lung Association, American Cancer Association, American Nurses' Association (Regional Chapter), American Medical Association (County Chapter), American Dental Association (County Chapter), American Chiropractic Association (Regional Chapter), Chestnut Health Systems, Lewis & Clark Community College Health Careers Program, Madison County Regional Office of Education, Madison County schools, Alton Memorial Hospital, Anderson Hospital, St. Anthony's Health Center, St. Elizabeth's Medical Center, St. Joseph's Hospital, SSM Cardinal Glennon Children's Hospital, BJC HealthCare School Outreach and Youth Development Program, Madison County Partnership for Health Executive Committee, Southwestern Illinois Community College, Southwestern Region Advanced Practice Nurses, Southern Illinois University Edwardsville School of Nursing, and Southern Illinois University Edwardsville Department of Health Education and Kinesiology.

EVALUATION PLAN to measure progress toward reaching the objectives:

Progress will be assessed through several methods. School participation and results of the CDC-YRBS will be two measures of accomplishment. The number of collaborating agencies, identified resources, and education opportunities will help measure increased awareness and knowledge. Programmatic tools will also be used to measure changes in knowledge, attitudes, and beliefs. Client records will reflect enrollment of females in the breast and cervical cancer screening program.

V. PRIORITY THREE - CARDIOVASCULAR DISEASE

REDUCE THE PREMATURE DEATH RATE FROM CARDIOVASCULAR DISEASE

A. RATIONALE

Madison County has a proportional mortality rate (PMR) of +27.3% for cardiovascular disease. Utilization of the Hanlon Method of Priority Setting (PEARL test) in combination with the PMR rate and community response yielded cardiovascular disease as the third health priority area for Madison County to address over the next five years. Objectives and program strategies will be developed and implemented based on these results.

The U.S. Department of Health and Human Services reported in their document, *Healthy People 2010: National Health Promotion and Disease Prevention Objectives*, that heart disease is the leading cause of death in the U.S., killing approximately 500,000 people each year. African Americans are at a disproportionately higher rate of coronary heart disease. Although the mortality rate from coronary heart disease has declined over the past three decades, it remains one of the primary health concerns and preventable conditions. Several risk factors for heart disease are also common for stroke, cancer, and some respiratory disease. By implementing interventions targeting risk factors, influence over multiple health concerns can occur.

According to Madison County Community Health Needs Assessment 2000, the 1997 mortality crude rate for heart disease was 349.7/100,000 population compared to the 1997 state crude rate of 274.2/100,000 population. The crude rate for premature heart disease was 55.8/100,000 for Madison County and 53.8/100,000 for the state. Healthy People 2010 Objectives target an age-adjusted rate of 166/100,000 population for coronary heart disease mortality. By 2005, Madison County will strive for a crude premature heart disease mortality rate of 52/100,000 population under age 65. Preventive lifestyle behavior change approaches have been deemed successful for decreasing the incidence of premature heart disease. Therefore, Madison County will implement comprehensive opportunities targeting heart disease risk factors producing favorable behavior change.

Madison County objectives for achieving five year outcomes reflect and support *Healthy People 2010 Objectives*. The following are ten year national objectives concurrent with five year county objectives for heart disease: reduce coronary heart disease deaths (12-1), increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health (7-2), increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees (7-5), increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 focus areas (7-10), increase the proportion of older adults who have participated during the preceding year in at least one organized health promotion activity (7-12), increase the proportion of adults who are at a healthy weight (19-1), reduce the proportion of children and adolescents who are overweight or obese (19-3), reduce the proportion of adults who engage in no leisure-time physical activity (22-1), increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days

(22-6), and reduce the proportion of nonsmokers exposed to environmental tobacco smoke (27-10).

B. RISK AND CONTRIBUTING FACTORS ANALYSIS

The risk factors identified as most often associated with cardiovascular disease (heart disease) included: high cholesterol, obesity, smoking, hypertension, stress, age/family history, and sedentary lifestyle. Contributing factors included: nutrition, no hormone replacement therapy, medication non-compliant, lack of education/knowledge, lack of activity/exercise, tobacco advertising, food choice/preference, early tobacco addiction, tobacco availability, peer/adult modeling, genetics, occupational stress, family dynamic stress, poor coping skills, food advertising, food availability, choices, knowledge, motivation, economics, fear (hormone replacement therapy), transportation, misinformation, community safety (exercise), available time, preferred leisure activity, convenience, physical limitation, self-efficacy, and poor stress management skills.

After consideration of these risk and contributing factors, focus for objectives and intervention strategies was placed on an education curriculum for a school approach, Body Mass Index monitoring for a sample population of students, and behavior changes through a weight maintenance program and WALK DAY for adults. The primary audiences selected were children, youth, school nurses, and adults.

C. OUTCOME OBJECTIVE:

- 1. By 2005, reduce the premature death rate from cardiovascular disease to no more than 52/100,000 population under age 65. (Baseline: 55.8/100,000 population under age 65-crude data from Madison County 1997. 53.8/100,000 population under age 65-crude data from Illinois 1997)**

D. IMPACT OBJECTIVES:

- 1. By December 2003, the number of food service establishments inspected by the Madison County Health Department who receive “smoke-free” certification will increase by 10%. (Baseline will be established in 2001)**
- 2. By December 2003, there will be a decrease in childhood obesity as measured by a sample of Body Mass Index (BMI) readings from mandated health records for students entering kindergarten, fifth, and ninth grades. (Baseline to be determined in 2001)**

E. INTERVENTIONS:

Note: Several of these interventions are ongoing annually. Also see interventions for Priority One-Respiratory Disease and Priority Two-Cancer for additional activities targeting common risk factors.

- 1. By July 2001, determine baseline for smoke-free restaurants in Madison County after completing the first year of the Illinois Smoke-Free Restaurant Recognition program. This will be an ongoing program for the Environmental Health Division.**
- 2. By September 2001, update the Heart Healthy School Curriculum, developed by the MCPCH Cardiovascular Priority Group, to include more information on smoking and obesity as related to cardiovascular disease.**
- 3. By December 2001, submit press releases supporting the Illinois Smoke-Free Restaurant project in Madison County.**
- 4. By December 2001, present Heart Healthy Workshops for Madison County teachers and schools.**
- 5. By October 2002, increase by 10% the participation in the annual WALK DAY sponsored by MCPCH and Madison County Government. (Baseline: 72 walkers in 2000)**
- 6. By December 2002, collaborate with the MCPCH Respiratory and Cancer priority groups to share data, planning and interventions related to common risk factors.**
- 7. By January 2003, increase by 9 the number of Madison County classrooms using the Heart Healthy School Curriculum (pre-K to 12). (Baseline: 3 classrooms in winter 2000)**
- 8. By February 2003, increase by 18 the number of teams participating in the “Beat the Odds” holiday weight maintenance program. (Baseline: 18 teams in 1999)**

F. RESOURCES AVAILABLE (governmental and nongovernmental):

Numerous community resources exist to assist in the development and execution of this strategic plan which include: Local Public Health Tax, Illinois Tobacco Free Communities Grant, Madison County Health Department, Madison County Partnership for Community Health (MCPCH), American Heart Association, American Lung Association, Madison County Regional Office of Education, University of Illinois Extension, Alton Memorial Hospital, Anderson Hospital, St. Anthony's Health Center, St. Elizabeth's Medical Center, St. Joseph's Hospital, Southern Illinois University Edwardsville School of Nursing, and Southern Illinois University Edwardsville Department of Health Education and Kinesiology.

G. BARRIERS:

With any initiative that involves change, barriers exist and need to be considered in the planning and implementation processes. Some potential barriers to achieving the cardiovascular disease objectives include: preferred nutritional habits, sedentary lifestyles, lack of effective programs to prevent early tobacco use addiction, lack of effective monitoring of tobacco sales to minors, the perceived barriers to risk-behavior change are greater than the perceived benefits, and lack of smoke-free food service establishments.

H. COMMUNITY HEALTH PLAN

DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS AND CONTRIBUTING FACTORS (Including high risk populations and current and projected statistical trends):

Although the incidence trend for heart disease is declining slightly, it remains a leading cause of death in the U.S., Illinois, and Madison County. Currently, the crude rate of general heart disease mortality in Madison County exceeds the state crude rate (349.7/100,00 and 274.2/100,000 respectfully in 1997). Premature death from heart disease in Madison County also exceeds the state (55.8/100,000 and 53.8/100,000 respectfully in 1997). The aging population coupled with current lifestyle behaviors drive a continued effort to decrease heart disease mortality rates. As well, the trend of increasing childhood obesity raises alert to enact preventive measures and establish lifestyle changes now prior to an epidemic. Identified risk factors for heart disease include high cholesterol, obesity, smoking, hypertension, stress, age/family history, and sedentary lifestyle. Contributing factors for heart disease include nutrition, no hormone replacement therapy, medication non-compliant, lack of education//knowledge, lack of activity, lack of exercise, tobacco advertising, food choice/preference, early tobacco addiction, tobacco availability, peer/adult modeling, genetics, occupational stress, family dynamic stress, and poor coping skills.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

To decrease the rate of heart disease, especially premature heart disease, several initiatives must occur. Improving environmental conditions by facilitating and recognizing smoke-free food service establishments can influence the incidence of heart disease for smokers and non-smokers. Decreasing childhood obesity, especially through increased knowledge and opportunities for nutrition and increased exercise and activity, will curtail rising trends in the future. Building capacity within the schools and communities through education, training, and activity involvement will capitalize on changing social norms. Increasing knowledge, activity, and lifestyle choices among adults will produce effects for both their mortality and that of their children.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Local Public Health Tax, Illinois Tobacco Free Communities Grant, Madison County Health Department, Madison County Partnership for Community Health (MCPCH), American Heart Association, American Lung Association, Madison County Regional Office of Education, University of Illinois Extension, Alton Memorial Hospital, Anderson Hospital, St. Anthony's Health Center, St. Elizabeth's Medical Center, St. Joseph's Hospital, Southern Illinois University Edwardsville School of Nursing, and Southern Illinois University Edwardsville Department of Health Education and Kinesiology.

EVALUATION PLAN to measure progress toward reaching the objectives:

Progress will be assessed through several methods. Madison County Health Department will monitor trends in heart disease, especially from premature mortality. The number of smoke-free restaurants will be monitored through the Illinois Smoke-Free Restaurant recognition program. Childhood obesity rates will be measured through a sample of Body Mass Index (BMI) readings from targeted schools and grade levels. Capacity building and knowledge will be measured through the number of participants (including schools and teachers) and educational initiatives. Progress of adults toward improved nutrition and activity will be monitored by increased participation in community exercise initiatives and increased participation in a holiday weight maintenance program.

VI. PRIORITY FOUR - UNINTENTIONAL INJURY

REDUCE THE RATES OF DEATHS AND HOSPITALIZATION FOR UNINTENTIONAL INJURIES

A. RATIONALE

Madison County has a proportional mortality rate (PMR) of +33.1% for unintentional injuries. Utilization of the Hanlon Method of Priority Setting (PEARL test) in combination with the PMR rate and community response yielded unintentional injuries as the fourth health priority area for Madison County to address over the next five years. Objectives and program strategies will be developed and implemented based on these results.

The U.S. Department of Health and Human Services reported in their document, *Healthy People 2010: National Health Promotion and Disease Prevention Objectives*, that unintentional injuries are the fifth leading cause of death in the U.S., killing approximately 100,000 people each year and the leading cause of death for people aged 1 to 34. In 1994, over 2 million years of potential life lost (YPLL) were attributed to unintentional injuries. In 1997, Madison County's crude mortality rate for unintentional injuries was 40.8/100,000 population compared to the state rate of 30.6/100,000. The crude premature unintentional injury mortality rates were 34.9/100,000 population for Madison County and 24.8/100,000 population for the state. Motor vehicle crashes account for approximately half of the nation's deaths due to unintentional injury; unintentional injury death due to falls ranks second. Madison County mirrors the national picture, in that motor vehicle crashes and falls are implicated most often in unintentional injuries.

According to Madison County Community Health Needs Assessment 2000, the 1997 crude mortality rate for motor vehicle crashes was 20.6/100,000 population compared to the 1997 state crude rate of 13.1/100,000 population. Healthy People 2010 Objectives target a rate of 9.2/100,000 population for motor vehicle mortality. Information provided by the National SAFE KIDS Campaign in 1998 stated that "driver safety belt use is positively associated with child restraint use. In a study of car crashes, 94% of the children were restrained if the drivers were restrained while only 30% of the children were restrained if the drivers were unrestrained." By 2005, Madison County will strive for a crude motor vehicle mortality rate of 18.5/100,000 population due to fluctuating county rates and the substantial difference between county and state rates. In an effort to specifically address the influence of alcohol impairment in motor vehicle crashes, Madison County will implement specific interventions targeting an outcome by 2005 to maintain the rate of alcohol-related motor vehicle deaths at 5.5/100,000 population (Baseline = 5.5/100,000 population IPLAN 1996).

According to Madison County Community Health Needs Assessment 2000, the 1997 crude rate for hospitalization from hip fracture was 680.0/100,000 population compared to the 1997 state crude rate of 765.0/100,000 population. Healthy People 2010 Objectives target a reduced rate of hip fractures among females 65 years and older to 416/100,000 population. By 2005, Madison County intends to maintain the rate of hospitalizations for hip fracture at 680/100,000 for people ages 65 and over (1997 IPLAN). Anticipation for ten-year outcomes constitute a reduction in this rate as a result of preventive program efforts to protect the health of the aging population and early intervention/education with the already elderly population. Madison County will concentrate on improving the health status of females in the preventive age range by providing education, encouraging behavior changes, and initiating activities to support behavior change within worksites. As well, Madison County will implement interventions to address some specific issues related to falls prevention among the current elderly population. Since Madison County rates are currently below state rates, a continued preventive effort is appropriate to maintain the low rate and facilitate a further rate reduction as this population of females ages.

Madison County objectives for achieving five year outcomes reflect and support *Healthy People 2010 Objectives*. The following are ten year national objectives concurrent with five year county objectives: reduce deaths caused by unintentional injuries (15-13), reduce nonfatal unintentional injuries (15-14), reduce death by motor vehicle crashes (15-15a.), reduce nonfatal injuries caused by motor vehicle crashes (15-17), increase use of safety belts (15-19), increase use of child restraints (15-20), increase use of helmets by bicyclists (15-23), decrease deaths from falls (15-27), and decrease hip fracture among older adults (15-28).

B. RISK AND CONTRIBUTING FACTORS ANALYSIS

The risk factors identified as most often associated with unintentional injury included: unrestrained or improperly restrained occupants, impaired judgement, environmental influence on motor vehicle issues, age, disease processes, lack of engaging in preventive health behaviors for osteoporosis, lack of knowledge about osteoporosis, environment, imbalance related to physical impairment, chemical alterations, and cognitive abilities. Contributing factors included: lack of knowledge re: restraint issues, enforcement of seatbelt laws, age/developmental stage, emotional status, chemically impaired, lack of knowledge re: road conditions, vehicular condition, education re: crash dynamics, misinformation/confusing information about restraint use, dissemination to other child care givers, not enough staff, lack of primary offense status, too low age for child restraint, employment status, multiple demands on income, lack of experience/education, impaired senses-especially among elderly, slowed response time, altered mental status, distractions, failure to take medications, prescriptions/non-prescription medications, alcohol, tobacco, and other drug use, abuse, and addiction, weather, roadway design, unmarked/unexpected road hazards, age, vehicle design, poor maintenance, community accessibility, health and wellness status, fitness level, osteoporosis, health beliefs, inadequate knowledge, poverty, lack of funds, financial challenges, lifestyles, lack of willingness-time constraints, poor lighting, physical hazards, lack of family support, disabilities/impairment, polypharmacy, psychotropics,

visual impairment due to disease process, ADA non-compliant, transportation challenges, lack of, inadequate, or inappropriate medical care/coordination, assistive devices/adaptive equipment, poor communication, and past experiences.

After consideration of these risk and contributing factors, focus for objectives and intervention strategies was placed on child-passenger restraint, education, and behavior changes. The primary audiences selected were children, youth, parents/care givers, 18-65 year old females, and the elderly.

C. OUTCOME OBJECTIVES:

- 1. By 2005, reduce death caused by motor vehicle injuries to no more than 18.5/100,000 population. (Baseline: 20.6/100,000 population; IPLAN Data System)**
- 2. By 2005, maintain the rate of hospitalizations for hip fracture at 680/100,000 for people ages 65 and over. (Baseline: 680/100,000; IPLAN Data System)**
- 3. By 2005, maintain the rate of alcohol-related motor vehicle deaths at 5.5/100,000 population. (Baseline = 5.5/100,000 population IPLAN 1996)**

D. IMPACT OBJECTIVES:

- 1. By 2003, decrease the improper use of child auto restraints to 85% of those checked at child passenger safety check points. (Baseline: 90% misuse rate, Madison County SAFE KIDS 2000)**
- 2. By 2003, increase the use of driver restraints to 69%. (Baseline: 59% Chestnut Health Systems 1998)**
- 3. By 2003, increase by 10% the number of women at worksites engaging in lifestyle behavior changes to prevent osteoporosis. (Baseline: established in 2001)**

E. INTERVENTIONS:

Note: Several of these interventions are ongoing annually.

- 1. By January 2001, develop a “Train the Trainer” Education Module addressing environmental hazards and medications that can contribute to falls, that ultimately targets large numbers of elderly citizens at-risk for fall related injuries.**
- 2. By January 2001, develop a “personal health and medication information form” (PHMIF) for use by adults taking more than one medication or nutritional supplement (including both prescription and over-the-counter items).**
- 3. By March 2001, identify the “trainer” audience and begin to schedule one or more educational sessions.**
- 4. By January 2002, meet with the Madison County Medical Society to promote use of PHMIF.**
- 5. By May 2002, increase the number of collaborating agencies and services involved in the MCPCH auto vehicle safety program.**
- 6. By June 2002, 25 SAFE KIDS educational sessions will be provided for Madison County students.**
- 7. By July 2002, 10 physician groups will pilot use of the PHMIF in their offices.**
- 8. By July 2002, osteoporosis prevention education will be offered to at least 900 women in worksites throughout Madison County.**
- 9. By July 2002, 10 county businesses will make at least one preventive change to help prevent osteoporosis at their worksite for female employees.**
- 10. By September 2002, safety information will be provided for at least 6 community events throughout Madison County.**
- 11. By December 2002, the PHMIF will be modified according to feedback from users.**
- 12. By December 2002, 20 Fall Prevention Classes will be provided by “Trained Trainers”.**
- 13. By December 2003, at least 200 children will be checked for correct use of child auto restraints.**

- 14. By January 2003, “55 Alive” Mature Driving Courses (renamed end of 2002: AARP 55 Alive Driver Safety Program; renamed end of 2003 & beyond: AARP Driver Safety Program) will be sponsored by the American Association of Retired Persons at multiple sites throughout the County. (Baseline = 740 people AARP 2000)**
- 15. By January 2003, develop and implement public awareness activities in observance of 3-D month (Drunk and Drugged Driving).**
- 16. By January 2003, participate annually in Illinois Department of Human Service’s Alcohol-Server Training Program.**
- 17. By May 2003, 4 educational programs will be conducted annually for parents of high school drivers in Madison County.**
- 18. By May 2003, 20 educational sessions will be offered annually targeting students enrolled in County Drivers Education Programs.**
- 19. By May 2003, 20 “Learning to Care” educational programs will be offered for Madison County fourth grade students.**
- 20. By May 2003, annually promote media-based traffic education programs that include EMSC Week, SAFE KIDS Week, and Buckle Up America (all held in May).**
- 21. By December 2003, disseminate PHMIF at a minimum of 15 Health Fairs.**
- 22. By 2004, post training tracking will indicate that at least 50% of “Train the Trainer” participants will have subsequently conducted one or more educational sessions for at risk elderly.**

F. RESOURCES AVAILABLE (governmental and nongovernmental):

Numerous community resources exist to assist in the development and execution of this strategic plan which include: Local Public Health Tax, Illinois Health and Wellness Initiative Grant (Safe Kids), Madison County Health Department, Madison County Partnership for Community Health (MCPCH), Illinois Department of Human Services, Illinois Department of Transportation, Emergency Medical Services for Children Region 4 Coalition, Alton Memorial Hospital, Anderson Hospital, St. Anthony’s Health Center, St. Elizabeth’s Medical Center, St. Joseph’s Hospital, SSM Cardinal Glennon Children’s Hospital, BJC HealthCare School Outreach and Youth Development Program, BJC HealthCare, Madison County Regional Office of Education, Madison County schools, Chestnut Health Systems, Local law enforcement and fire departments, Illinois State Police, Illinois Department of Aging, Madison County businesses, Southern Illinois University Edwardsville School of Nursing, Southern Illinois University Edwardsville Department of Health Education and Kinesiology, Illinois

SAFE KIDS Chapter, Elementary and Secondary School Curricula, Driver's Education Classes, County Senior Centers, Medical Equipment Suppliers, Home Health Agencies, Office of Rehabilitation Services, Physicians and related health providers, Civic organizations, Churches/Church Groups, Pharmacists, Voluntary Health Organizations, Area Agency on Aging, Youth Organizations, Senior Housing Providers, and Nursing Homes.

G. BARRIERS:

With any initiative that involves change, barriers exist and need to be considered in the planning and implementation processes. Some potential barriers to achieving the unintentional injury objectives include: level of parent education, lack of enforcement for existing seat belt laws, lack of enforcement of existing impaired driving laws, lack of accurate public information regarding vehicle safety issues, insensitivity to level of concern, insufficient funding, lack of knowledge about aging process and its inherent health risks, lack of osteoporosis prevention initiatives at worksites, lack of conviction about susceptibility and seriousness related to osteoporosis, limited sensitivity to the importance of fall prevention among professionals and the elderly, lack of "wellness" motivation among caregivers and the elderly, difficulty reaching at-risk elderly who have no exposure to a change agent, lack of referrals to fall prevention activities, lack of convictions about susceptibility and seriousness related to sustaining fall-related injuries among the elderly, and alteration in mental functioning among some at-risk elderly.

H. COMMUNITY HEALTH PLAN

DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS AND CONTRIBUTING FACTORS (Including high risk populations and current and projected statistical trends):

Unintentional injury is a leading cause of death in the United States and Madison County. Death from motor vehicle accidents are prevalent, especially among children and youth. Injuries and death from falls are prevalent among people 65 years and older. Many lifestyle choices and lack of effort to prevent osteoporosis contribute to this mortality issue. Risk factors for motor vehicle accidents include: unrestrained or improperly restrained occupants, impaired judgement, and environmental influence on motor vehicle issues. Risk factors for falls include: age, disease processes, lack of engaging in preventive health behaviors for osteoporosis, lack of knowledge about osteoporosis, environment, imbalance related to physical impairment, chemical alterations, and cognitive abilities. Direct and indirect factors contribute to the occurrence of unintentional injuries, especially the categories of motor vehicle accidents and falls. Some contributing factors include: lack of/inadequate knowledge and topic education, enforcement of seatbelt laws, age, chemically impaired, misinformation/confusing information about restraint use, community accessibility, health and wellness status, fitness level, osteoporosis, health beliefs, financial challenges, lifestyle, lack of willingness-time constraints, lack of family support, disabilities/impairment, transportation challenges, and lack of, inadequate, or inappropriate medical care/coordination.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

To impact motor vehicle death rates, car seat checks will be conducted throughout the county, safety information will be provided at community events, and safety educational sessions will be provided to students in Madison County schools. To impact the rate of falls, osteoporosis prevention education will be provided for females at various worksites throughout the county and initiatives for osteoporosis prevention within the worksite will be developed and implemented. Other actions to impact falls include dissemination of a training module and development and dissemination of a personal health and medication information form (PHMIF).

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Local Public Health Tax, Illinois Health and Wellness Initiative Grant (Safe Kids), Madison County Health Department, Madison County Partnership for Community Health (MCPCH), Illinois Department of Human Services, Illinois Department of Transportation, Emergency Medical Services for Children Region 4 Coalition, Alton Memorial Hospital, Anderson Hospital, St. Anthony's Health Center, St. Elizabeth's Medical Center, St. Joseph's Hospital, SSM Cardinal Glennon Children's Hospital, BJC HealthCare School Outreach and Youth Development Program, BJC HealthCare, Madison County Regional Office of Education, Madison County schools, Chestnut Health Systems, Local law enforcement and fire departments, Illinois State Police, Illinois Department of Aging, Madison County businesses, Southern Illinois University Edwardsville School of Nursing, Southern Illinois University Edwardsville Department of Health Education and Kinesiology, Illinois SAFE KIDS Chapter, Elementary and Secondary School Curricula, Driver's Education Classes, County Senior Centers, Medical Equipment Suppliers, Home Health Agencies, Office of Rehabilitation Services, Physicians and related health providers, Civic organizations, Churches/Church Groups, Pharmacists, Voluntary Health Organizations, Area Agency on Aging, Youth Organizations, Senior Housing Providers, and Nursing Homes.

EVALUATION PLAN to measure progress toward reaching the objectives:

Motor vehicle objectives will be measured through staff documentation, event participation, number of school sessions conducted, and number of community events participated in. Hospitalization from falls will be measured through hospitalization data, number of females participating in educational sessions, number of businesses initiating a osteoporosis prevention activity, number of female participants who report modifying a lifestyle behavior, number of training sessions conducted, and utilization rate of PHMIF.

VI. EVALUATION PROCESS

Progress in achieving outcome and impact objectives as well as the effectiveness of intervention strategies will be assessed through several methods. The MCPCH subcommittees will be asked to evaluate the progress toward achieving objectives by reviewing statistical data and intervention progress on a monthly basis during their regularly scheduled meetings. Minutes of these meetings will be kept at the health department for review. The health department will assist these subcommittees in accomplishing these tasks by providing clerical support and other types of support from grant and/or other programs where available. Specific evaluation methods for each health priority area are addressed in the Community Health Plan Sheet under each section (pages 9, 15, 20, and 27).

Madison County Health Department will enact additional evaluation measures related to the objectives and interventions. Health department staff will be required to keep record of all activities related to intervention strategies. Statistics relating to those outcomes will be reviewed on a quarterly basis by the Health Education staff of the health department. Reports will be provided to the Health Department Committee on a monthly basis. Committee members will review programs and discuss interventions relative to the objectives. New interventions may be adopted if deemed necessary to achieve stated goals.

Another important piece of the evaluation process is to inform and educate the public of: various health needs, plans to impact those needs and progress toward change. Information about the community health priorities will be shared with community organizations. Media, both radio and newspaper, will be used to educate and inform the residents of health needs and programs that promote the health of the residents of Madison County.

Appendix A

Madison County Worksheets

COMMUNITY HEALTH PLAN: WORKSHEET

HEALTH PROBLEM: Respiratory Disease	OUTCOME OBJECTIVES: 1. By 2005, reduce pneumonia and influenza mortality to 36.3/100,000 population. (Baseline: 48.2/100,000 Madison County 1997, 31.8/100,000 state 1997) 2. By 2005, reduce the incidence of premature chronic obstructive pulmonary disease (COPD) mortality to 5.67/100,000 population. (Baseline: 6.3/100,000 population for Madison County. 6.0/100,000 population for Illinois, IPLAN 1997) (continued on next page)
RISK(S) (may be many) * Natural immunity status * Ease of transmission * Acquired immunity status * Smoking/exposure to smoke * Air pollution * Triggers * Air Quality	IMPACT OBJECTIVES: 1. By January 2003, increase by 10% the annual number of immunizations for influenza. (Baseline as determined by Intervention 1) 2. By January 2003, increase by 10% the annual number of immunizations for pneumococcal vaccine. (Baseline as determined by Intervention 2) (continued on next page)
CONTRIBUTING FACTORS: (Direct/Indirect; may be many): * Age * Chronic disease * Reduced immunity (chemo/radiation) * Subclinical transmission * Nosocomial transmission * Hand to hand transmission * Not receiving annual flu vaccine * Not receiving pneumococcal vaccine (as recommended) * Cigarette smoking * Exposure to second-hand smoke (ETS) (continued on next page)	INTERVENTIONS: 1. By September 2001, establish a baseline of the number of influenza vaccines administered in Madison County. 2. By September 2001, establish a baseline of the number of pneumococcal vaccines administered in Madison County. 3. By December 2001, reach 25% of teachers and staff in Madison County schools with the Asthma 101 program. (continued on next page)
RESOURCES AVAILABLE (governmental and nongovernmental): Local Public Health Tax, Illinois Tobacco Free Communities Grant, Madison County Health Department, Madison County Partnership for Community Health (MCPCH), American Lung Association, University of Illinois Extension, Southern Illinois University Edwardsville School of Nursing, Southern Illinois University Edwardsville Department of Health Education and Kinesiology, Hospitals (n=5), private physicians, Chestnut Health Systems, community members, Coordinated Youth and Human Services, Madison County Regional Office of Education, Madison County Schools, Head Start programs, SSM Cardinal Glennon Children's Hospital, BJC HealthCare School Outreach and Youth Development Program, Madison County Senior Services Program, influenza vaccine sites.	BARRIERS: * Acceptability of receiving the vaccines * Affordability of vaccines * Availability of vaccines to agencies and community * Accessibility to vaccines * Access to tobacco * Community acceptability of tobacco * Current social norms related to tobacco * Lack of policies or policy enforcement * Personal choice and participation to receive knowledge and initiate change

COMMUNITY HEALTH PLAN: Worksheet Continued

Respiratory Disease

CONTRIBUTING FACTORS:

- * Inhaled chemical irritants
- * High number of people over age 65 higher in Madison County
- * High number of LTC's in Madison County (47)
- * High incidence of diabetes, emphysema, and cancer
- * No health insurance/no exams for over 2 years
- * Part of county is medically underserved
- * High incidence of diabetes, emphysema, and cancer
- * Lack of knowledge of signs, symptoms, and transmission modes
- * Lack of employer support
- * Decreased vaccinations/co-workers
- * Acceptability of receiving vaccines (belief of need)
- * Need for annual repeat, shortage of vaccine
- * Availability, affordability accessibility, and transportation issues
- * Belief of need (some believe vaccines cause disease)
- * Culturally acceptable/family and peer pressure to smoke
- * Early onset/ease of availability of cigarettes to teens
- * Increased stress decreases ability to stop smoking
- * Family members smoke (ETS)
- * Smoking allowed in restaurants
- * Heavy-old industry jobs (Granite City, Alton, Wood River)
- * Unemployment forces taking at risk jobs (i.e. Chemetco)
- * Lack of surveillance and enforcement of air quality laws
- * Excessive exercise
- * Environmental factors
- * Leaf burning
- * Air pollution/ozone/weather
- * Pets/dustmites/cockroach dander
- * Agricultural fertilizers/pesticides
- * Fogging for mosquitos
- * Laws-lack of banning leaf burning
- * Cost of alternatives
- * Lack of education/knowledge
- * Gasoline powered engines
- * Factories

OUTCOME OBJECTIVES:

3. By 2005, reduce hospital admissions for uncontrolled asthma to no more than 150/100,000 population. (Baseline: 170.8/100,000 Madison County moving average)

IMPACT OBJECTIVES:

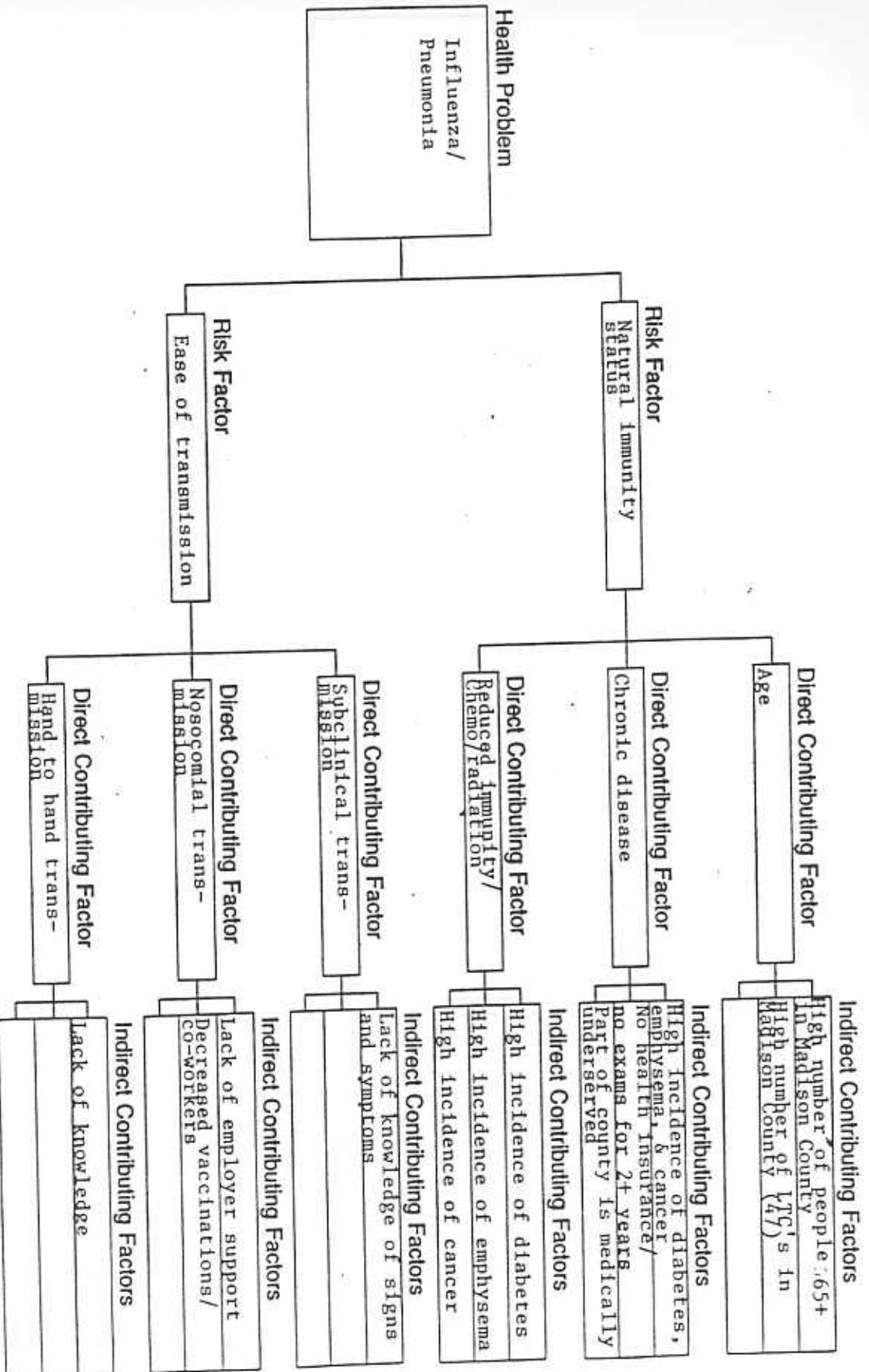
3. By July 2003, increase knowledge and skills related to tobacco and environmental tobacco smoke through contacts with at least 250 people. (Baseline as determined by Interventions 5,6,7,9,10)
4. By August 2003, reach 250 people through community-based asthma education initiatives. (Baseline as determined by Interventions 3, 17)

Respiratory Disease

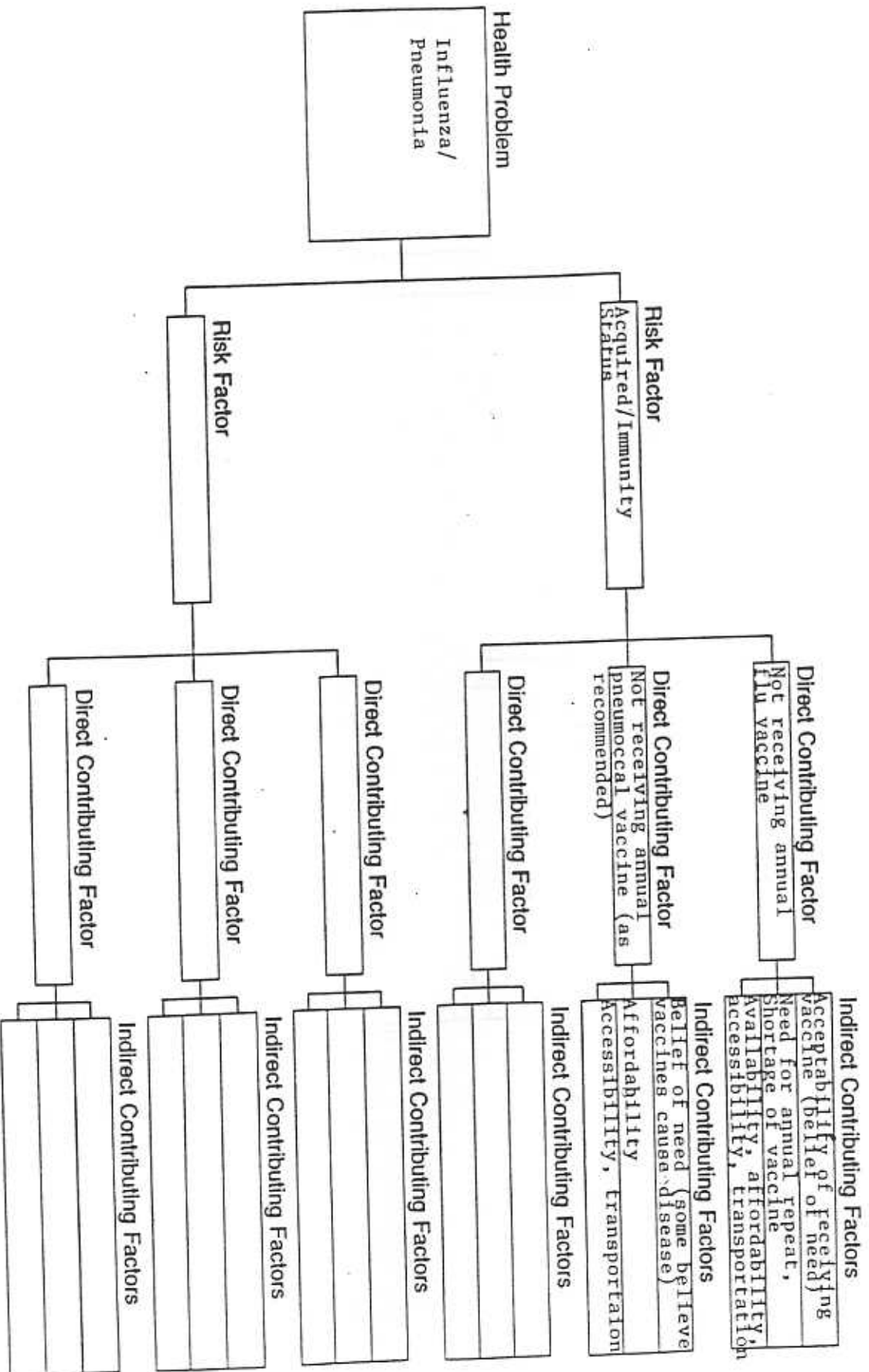
INTERVENTIONS:

4. By March 2002, Madison County Health Department will offer 57 influenza/pneumonia immunization clinics at 10 sites around Madison County.
5. By July 2002, provide 15 educational sessions to civic organizations, community organizations, or businesses about tobacco use and environmental tobacco smoke.
6. By July 2002, develop and begin implementation of a strategy to inform parents of the harmful effects and consequences of tobacco and environmental tobacco smoke especially on children's health.
7. By July 2002, disseminate information to the community through various media and community events regarding health effects of tobacco.
8. By July 2002, identify and assess the availability of smoking cessation offered in Madison County.
9. By July 2002, submit 6 press releases relevant to tobacco prevention and cessation initiatives.
10. By July 2002, provide 8 education and/or skill building sessions targeting at-risk populations (e.g. Women, Infant, Children clients, Family Case Management clients, Early Head Start clients).
11. By December 2002, determine effectiveness of pulmonary education in the home given by respiratory therapists through a local hospital.
12. By December 2002, explore the possibility of initiating mandated asthma management plans in each asthmatic student's school health record.
13. By December 2002, promote collaborative involvement by the school nurse, family, child, and physician in asthma-related issues.
14. By January 2003, offer 2 radio public service announcements and 8 press releases to eight newspapers regarding the availability of vaccines.
15. By January 2003, post 250 flyers regarding the availability of vaccines at senior feeding centers, crisis food centers, and other community sites.
16. By March 2003, research and disseminate results from the hospital initiated home-based pulmonary education program for further consideration for program replication with other interested sites.
17. By March 2003, provide 10 asthma-related educational sessions or community events.

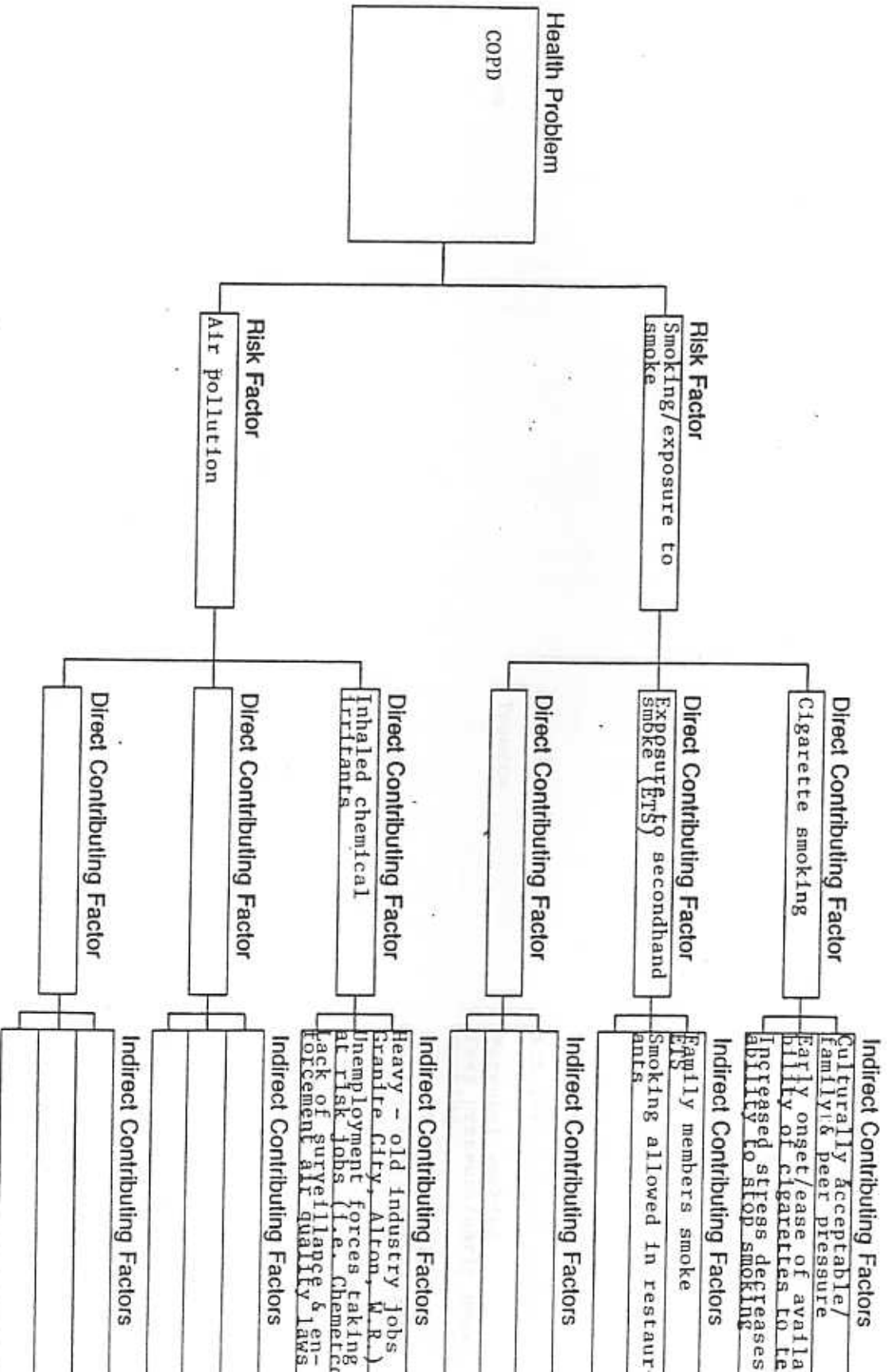
HEALTH PROBLEM ANALYSIS WORKSHEET



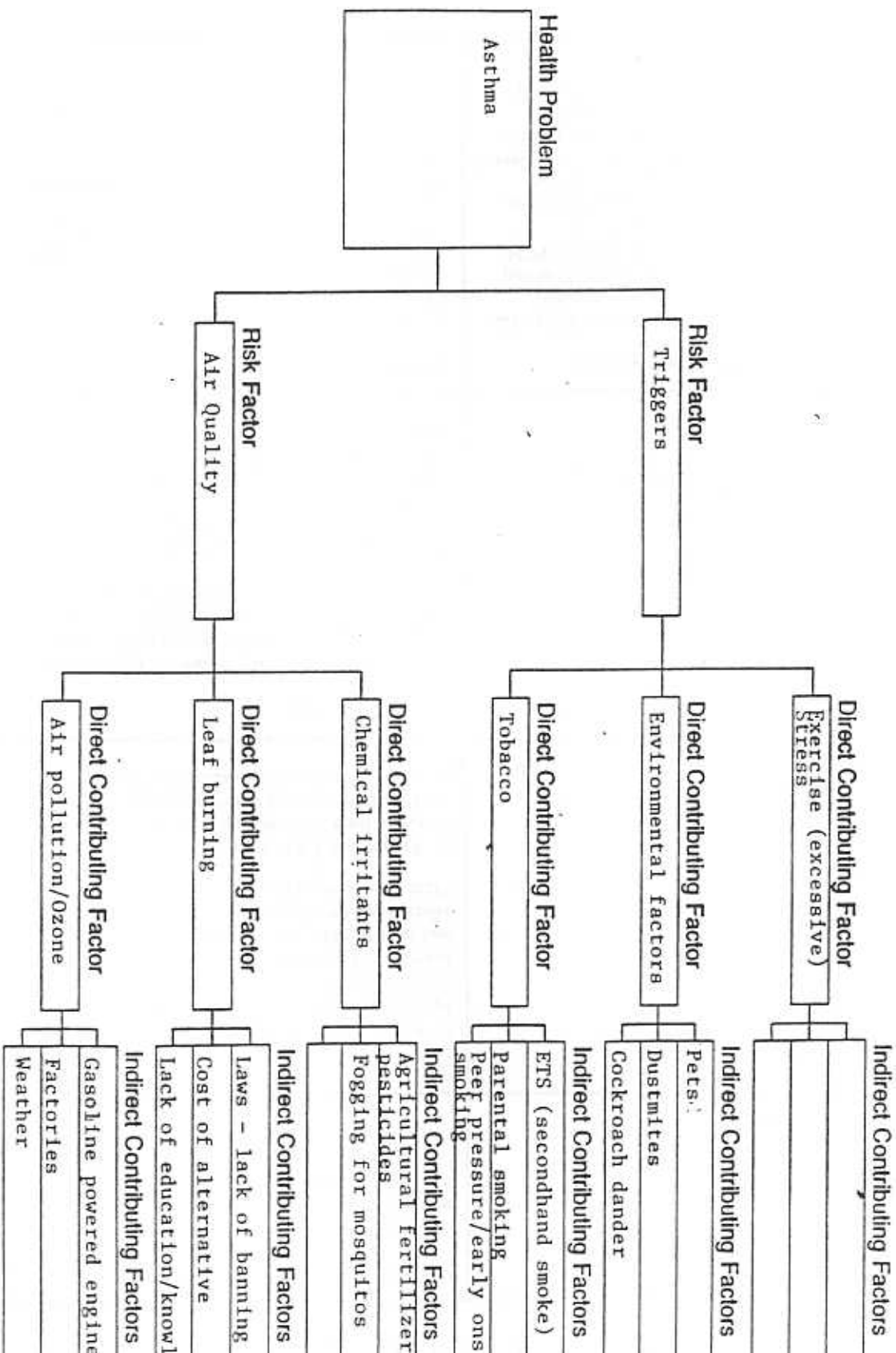
HEALTH PROBLEM ANALYSIS WORKSHEET



HEALTH PROBLEM ANALYSIS WORKSHEET



HEALTH PROBLEM ANALYSIS WORKSHEET



COMMUNITY HEALTH PLAN: WORKSHEET

HEALTH PROBLEM: Cancer (Lung, Breast, Cervical)	OUTCOME OBJECTIVE: By 2005, there will be no increase in the overall cancer mortality rate in Madison County. (Baseline: 234/100,000 population 1997 IPLAN)
RISK(S) (may be many) * Smoking/smoking exposure * Diet * Physical inactivity * Socioeconomic status * Educational level * Attitudes/health beliefs * Family history * Environmental/air quality * Occupation * Poor nutrition * Early onset of menopause * Older than 35 at birth of first child	IMPACT OBJECTIVES: 1. By January 2003, the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS) will indicate at least minimal improvement in desired nutritional practices, increased physical activity levels, and later initiation and overall decreased tobacco use in selected groups of middle and high school students in Madison County. (Baselines to be established in 2002) 2. By January 2003, increase opportunity for early detection for at-risk women in Madison County through the Illinois Breast and Cervical Cancer screening program. (Baseline to be established in 2001)
CONTRIBUTING FACTORS: (Direct/Indirect; may be many): * Use and exposure to smoke * Lack of accessibility to smoking cessation * Attitude and beliefs * Lack of prevention education/activities in schools * Lack of prevention support from HMO's and other agencies * Violation of Clean Indoor Air Act * Work-related contact to smoke or other carcinogens * Leaf burning and attitude toward compliance * Industrial pollution (continued on next page)	INTERVENTIONS: 1. By June 2001, identify Madison County cancer prevention education programs (to include prevention of risk factors and early screening) currently available to public school students and county citizens. 2. By June 2001, collaboration among Madison County Partnership for Community Health (MCPCH) priority groups to define how the Respiratory, Cardiovascular, and Cancer Committees will specifically address common Cancer risk factors with minimal programmatic overlap. (continued on next page)
RESOURCES AVAILABLE (governmental and nongovernmental): County Public Health Tax, Illinois Breast and Cervical Cancer Grant, Illinois Tobacco Free Communities Grant, Madison County Health Department, Madison County Partnership for Community Health (MCPCH), American Heart Association, American Lung Association, American Cancer Association, American Nurses' Association (Regional Chapter), American Medical Association (County Chapter), American Dental Association (County Chapter), American Chiropractic Association (Regional Chapter), Chestnut Health Systems, Lewis & Clark Community College Health Careers Program, (continued on next page)	BARRIERS: * Strength of existing risk behaviors * Failure to gain the cooperation of schools in obtaining YRBS data * Disinclination on the part of other agencies and interest groups to participate in collaborative planning and interventions * Challenge influencing at-risk women to be screened for early detection

COMMUNITY HEALTH PLAN: Worksheet Continued

Cancer

CONTRIBUTING FACTORS:

- * Lack of car pools and convenient ride shares/lack of incentives to car pool
- * Contractors burn without wind curtain
- * Lack of enforcement laws
- * Employees not complying with or enforcing occupational standards
- * Inadequate screening
- * Lack of or inconsistent personal, community, and parental education
- * Fear
- * Working poor
- * Limited resources-personal and community
- * Weight control challenges
- * Lack of enforcement of Clean Indoor Air Act
- * Available jobs
- * Economy (cost to comply with air quality)
- * Lack of self-exams
- * Lack of consistent reading of mammograms

RESOURCES AVAILABLE:

- * Madison County Regional Office of Education
- * Madison County schools
- * Alton Memorial Hospital
- * Anderson Hospital
- * St. Anthony's Health Center
- * St. Elizabeth's Medical Center
- * St. Joseph's Hospital
- * SSM Cardinal Glennon Children's Hospital
- * BJC HealthCare School Outreach and Youth Development Program
- * Madison County Partnership for Health Executive Committee
- * Southwestern Illinois Community College
- * Southwestern Region Advanced Practice Nurses
- * Southern Illinois University Edwardsville School of Nursing
- * Southern Illinois University Edwardsville Department of Health Education and Kinesiology

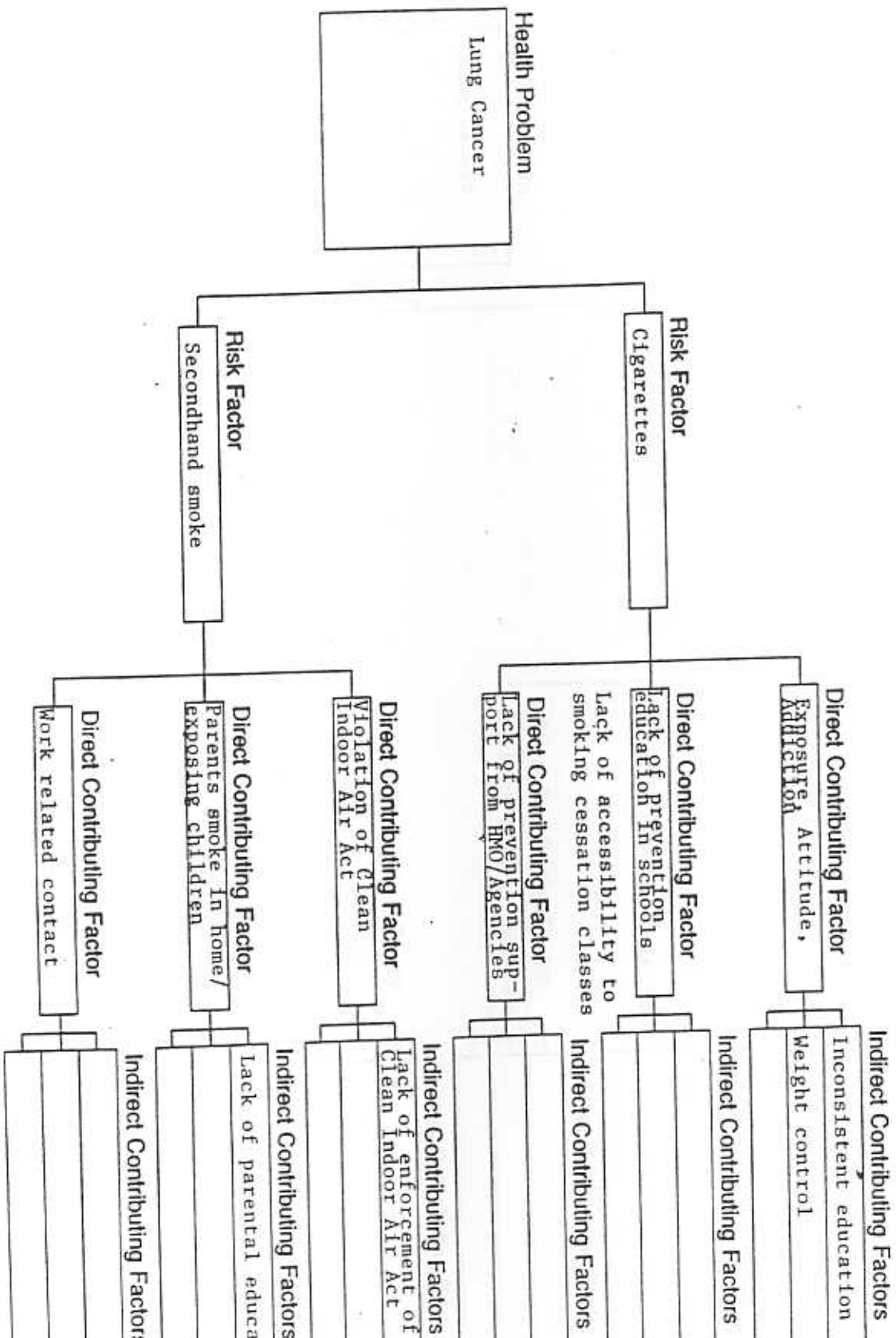
COMMUNITY HEALTH PLAN: Worksheet Continued

Cancer

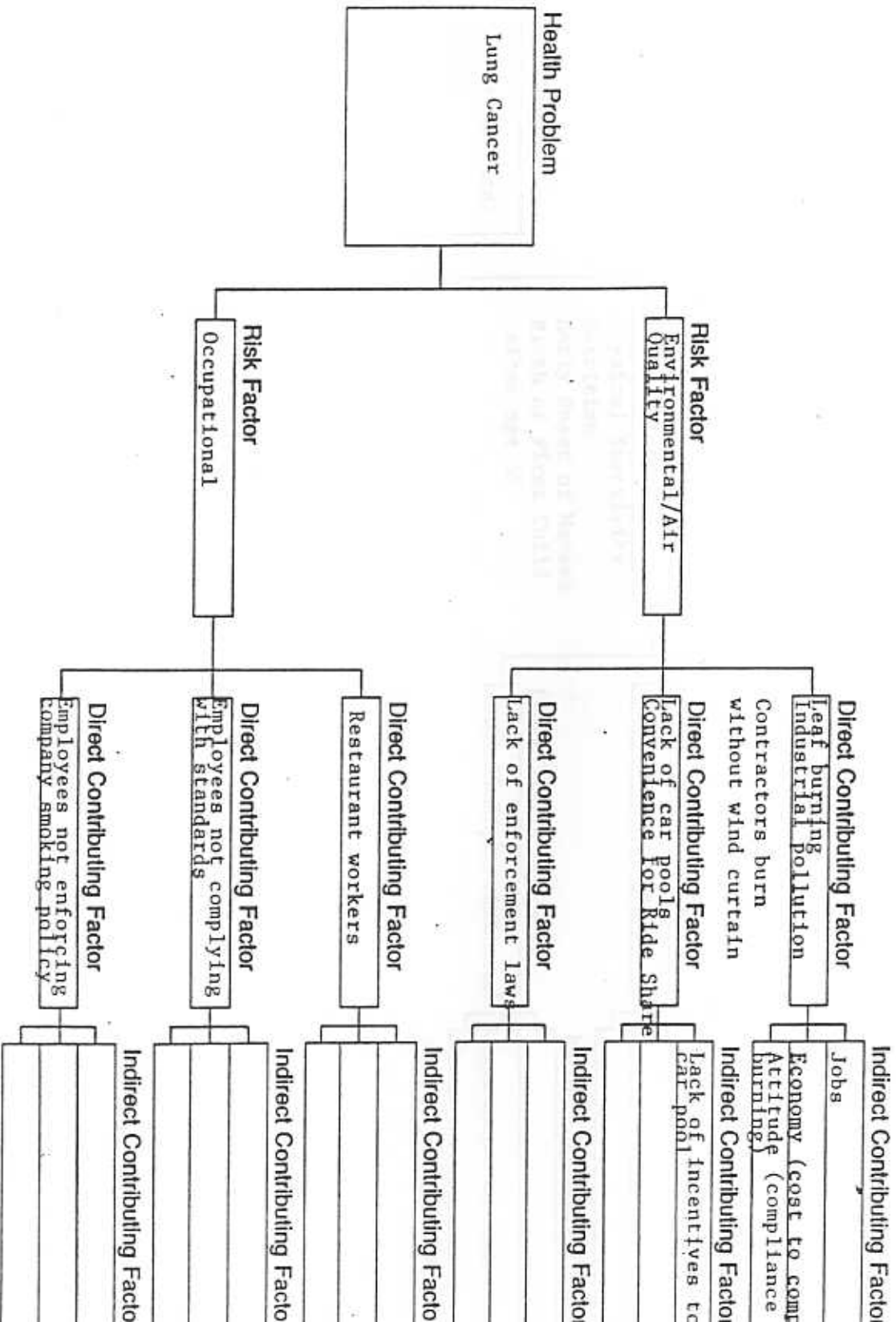
INTERVENTIONS:

3. By July 2001, identify county resources (e.g. Family Resource Alliance, Madison County Senior Services Program etc.) who agree to participate in disseminating information to the community about available cancer prevention and treatment programs.
4. By July 2001, MCPCH Cancer subcommittee members will meet with the Southwest Region Advanced Practice Nurse's Association to explore the willingness of area nurse practitioners to develop and pilot a one-page cancer health risk assessment to determine if its presence in client records increases preventive education and/or screening referrals.
5. By October 2001, increase public awareness regarding the breast and cervical cancer program with Madison County Health Department.
6. By October 2001, enroll 50 at-risk women into the breast and cervical cancer screening program through Madison County Health Department.
7. By January 2002, obtain the cooperation of a sample of 3 Madison County middle schools and 3 Madison County high schools to agree to annually administer the CDC Youth Risk Behavior Survey (YRBS) to students in grades six, nine, and twelve. Information will be used to plot longitudinal changes in youth risk behavior that might be attributed to prevention initiatives on national, state, and local levels.
8. By July 2002, assist in the implementation of at least 3 solutions related to tobacco as identified at the 2001 Madison County Tobacco Youth Forum.
9. By July 2002, provide at least 2 trainings for Madison County students developing their leadership skills, tobacco knowledge, and enhancing related lifeskills and lifestyle choices.
10. By July 2002, provide educational and skill-building sessions to youth and community targeting risk factors associated with cancer.
11. By July 2002, continue to incorporate life skill building into health-related educational sessions.
12. By July 2002, provide at least 2 teacher trainings focused on identification of behavior, attitude, health, and attendance for school-based student assistance support.

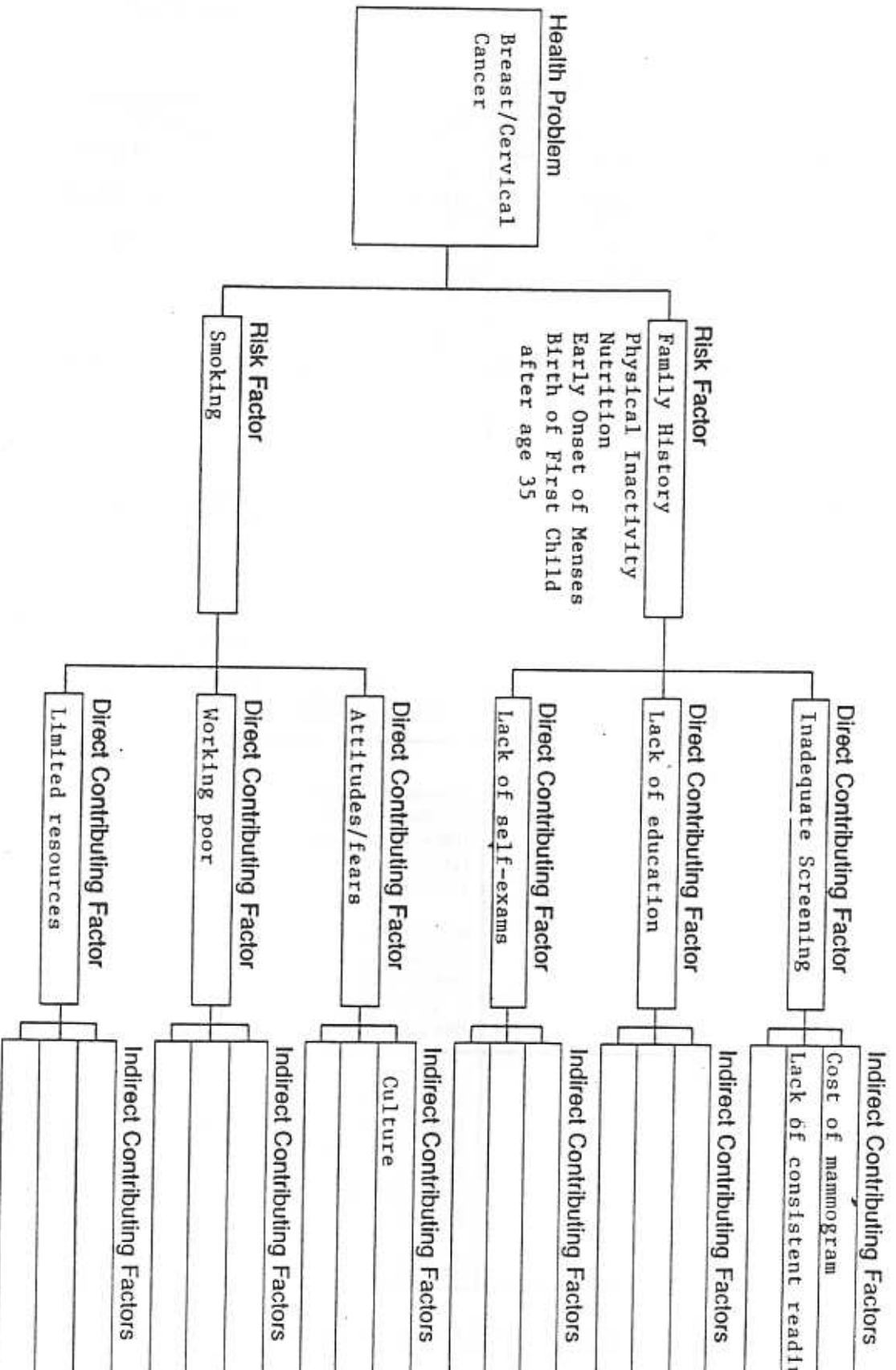
HEALTH PROBLEM ANALYSIS WORKSHEET



HEALTH PROBLEM ANALYSIS WORKSHEET



HEALTH PROBLEM ANALYSIS WORKSHEET



COMMUNITY HEALTH PLAN: WORKSHEET

HEALTH PROBLEM: Cardiovascular Disease (Heart Disease)	OUTCOME OBJECTIVE: By 2005, reduce the premature death rate from cardiovascular disease to no more than 52/100,000 population under age 65. (Baseline: 55.8/100,000 population under age 65-crude data from Madison County 1997. 53.8/100,000 population under age 65-crude data from Illinois 1997)
RISK(S) (may be many) * High cholesterol * Obesity * Smoking * Hypertension * Stress * Age/family history * Sedentary lifestyle	IMPACT OBJECTIVES: 1. By December 2003, the number of food service establishments inspected by the Madison County Health Department who receive "smoke-free" certification will increase by 10%. (Baseline will be established in 2001) 2. By December 2003, there will be a decrease in childhood obesity as measured by a sample of Body Mass Index (BMI) readings from mandated health records for students entering kindergarten, fifth, and ninth grades. (Baseline to be determined in 2001)
CONTRIBUTING FACTORS: (Direct/Indirect; may be many): * Nutrition * No hormone replacement therapy * Medication non-compliant * Lack of education/knowledge * Lack of activity/exercise * Tobacco advertising * Food choice/preference * Early tobacco addiction * Tobacco availability * Peer/adult modeling * Genetics * Occupational stress (continued on next page)	INTERVENTIONS: 1. By July 2001, determine baseline for smoke-free restaurants in Madison County after completing the first year of the Illinois Smoke-Free Restaurant Recognition program. This will be an ongoing program for the Environmental Health Division. 2. By September 2001, update the Heart Healthy School Curriculum, developed by the MCPCH Cardiovascular Priority Group, to include more information on smoking and obesity as related to cardiovascular disease. (continued on next page)
RESOURCES AVAILABLE (governmental and nongovernmental): Local Public Health Tax, Illinois Tobacco Free Communities Grant, Madison County Health Department, Madison County Partnership for Community Health (MCPCH), American Heart Association, American Lung Association, Madison County Regional Office of Education, University of Illinois Extension, Alton Memorial Hospital, Anderson Hospital, St. Anthony's Health Center, St. Elizabeth's Medical Center, St. Joseph's Hospital, Southern Illinois University Edwardsville School of Nursing, and Southern Illinois University Edwardsville Department of Health Education and Kinesiology.	BARRIERS: * Preferred nutritional habits * Sedentary lifestyles * Lack of effective programs to prevent early tobacco use addiction * Lack of effective monitoring of tobacco sales to minors * The perceived barriers to risk-behavior change are greater than the perceived benefits * Lack of smoke-free food service establishments

COMMUNITY HEALTH PLAN: Worksheet Continued

Cardiovascular Disease

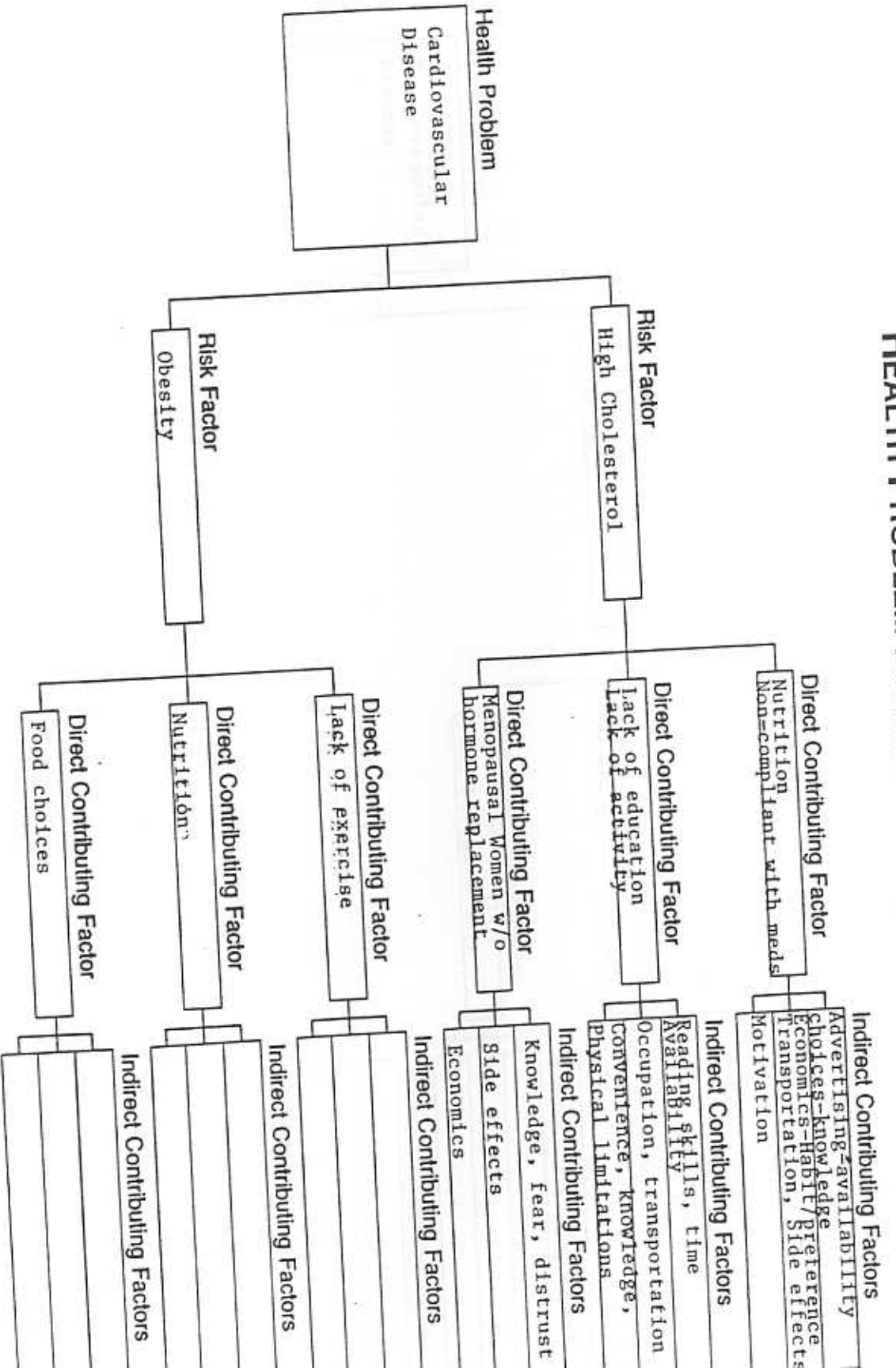
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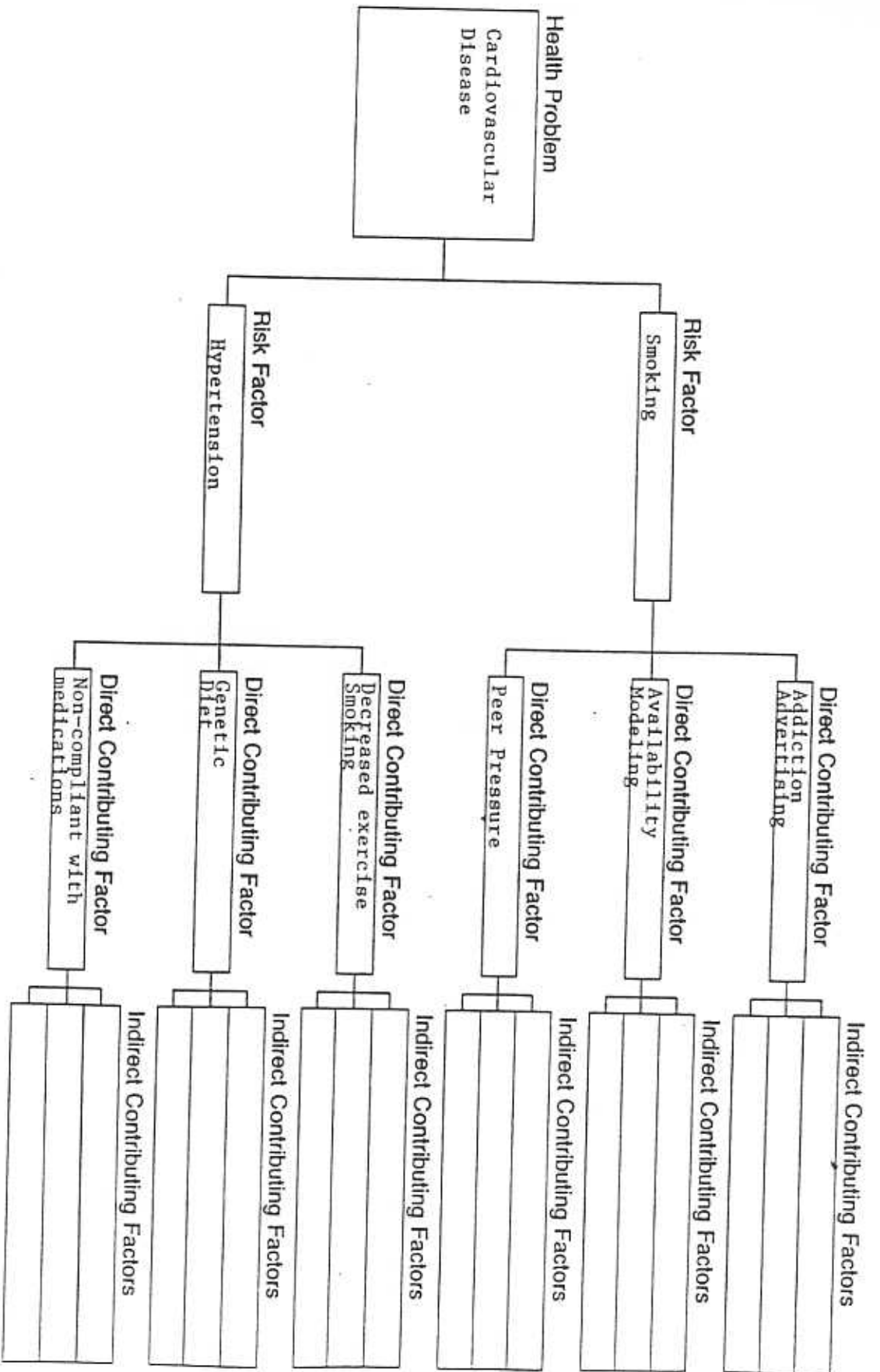
- * Family dynamic stress
- * Poor coping skills
- * Food advertising
- * Food availability
- * Choices
- * Knowledge
- * Motivation
- * Economics
- * Fear (hormone replacement therapy)
- * Transportation
- * Misinformation
- * Community safety (exercise)
- * Available time
- * Preferred leisure activity
- * Convenience
- * Physical limitation
- * Self-efficacy
- * Poor stress management skills

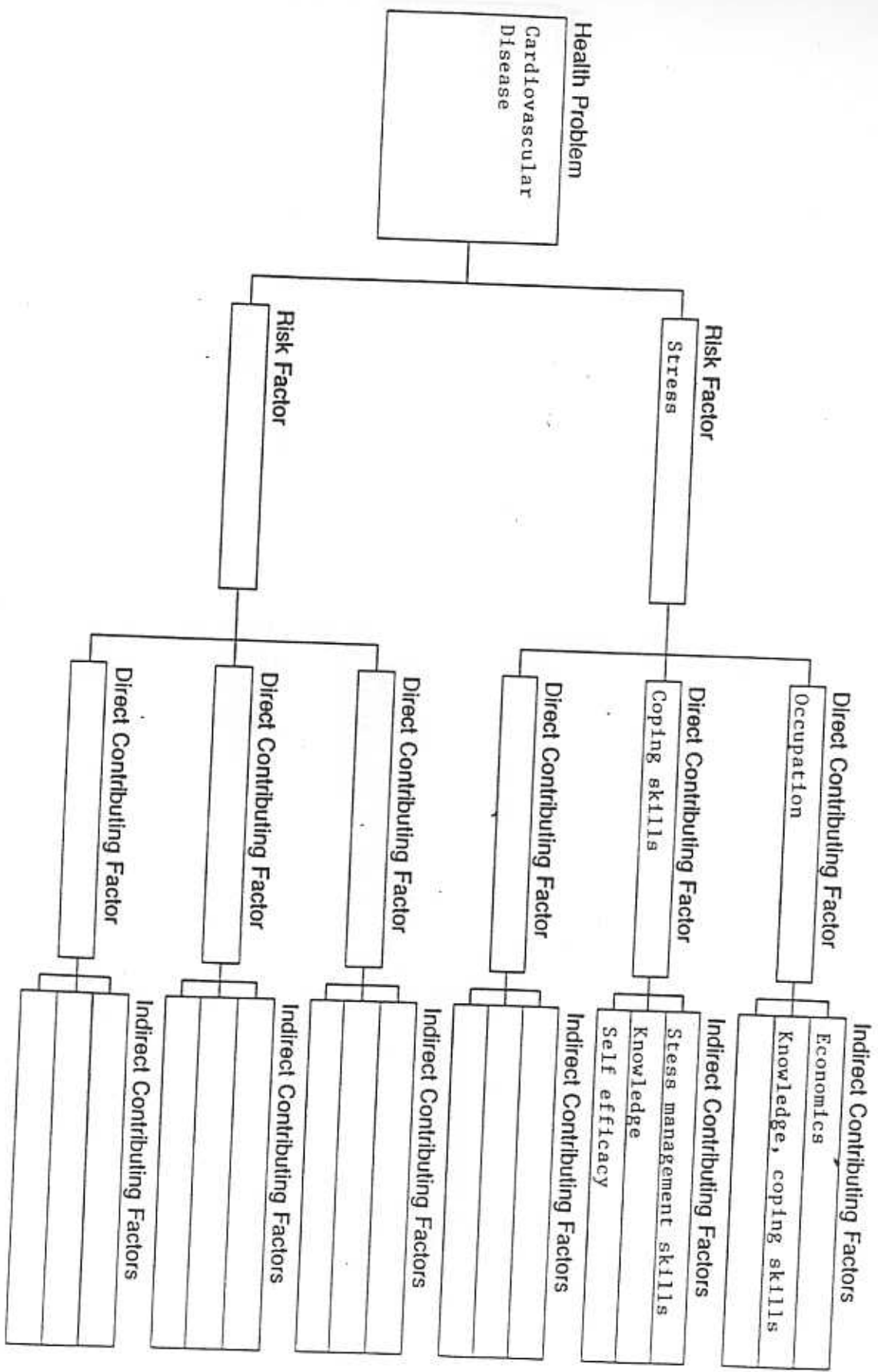
INTERVENTIONS:

3. By December 2001, submit press releases supporting the Illinois Smoke-Free Restaurant project in Madison County.
4. By December 2001, present Heart Healthy Workshops for Madison County teachers and schools
5. By October 2002, increase by 10% the participation in the annual WALK DAY sponsored by MCPCH and Madison County Government. (Baseline: 72 walkers in 2000)
6. By December 2002, collaborate with the MCPCH Respiratory and Cancer priority groups to share data, planning and interventions related to common risk factors.
7. By January 2003, increase by 9 the number of Madison County classrooms using the Heart Healthy School Curriculum (pre-K to 12). (Baseline: 3 classrooms in winter 2000)
8. By February 2003, increase by 18 the number of teams participating in the “Beat the Odds” holiday weight maintenance program. (Baseline: 18 teams in 1999)

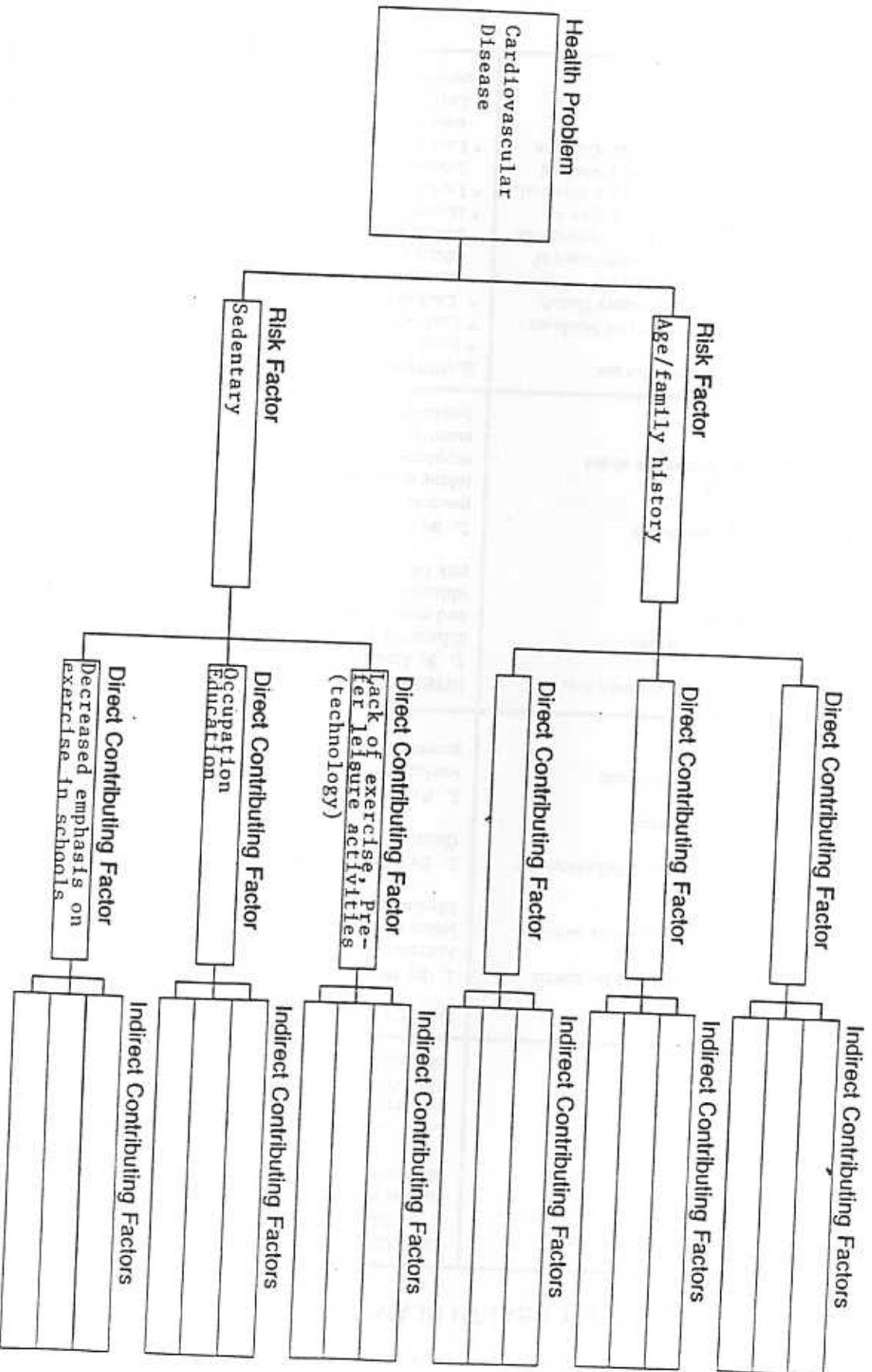
HEALTH PROBLEM ANALYSIS WORKSHEET







HEALTH PROBLEM ANALYSIS WORKSHEET



<p>HEALTH PROBLEM:</p> <p>Unintentional Injury</p>	<p>OUTCOME OBJECTIVES:</p> <p>1. By 2005, reduce death caused by motor vehicle injuries to no more than 18.5/100,000 population (Baseline: 20.6/100,000 population. IPLAN 1997)</p> <p>2. By 2005, maintain the rate of hospitalizations for hip fracture at 680/100,000 for people ages 65 and over. (IPLAN 1997) (continued on next page)</p>
<p>RISK(S) (may be many)</p> <ul style="list-style-type: none"> * Unrestrained or improperly restrained occupants * Impaired judgement * Environmental influence on motor vehicle issues * Age * Disease processes * Lack of engaging in preventive health behaviors for osteoporosis * Lack of knowledge about osteoporosis * Environment * Imbalance related to physical impairment * Chemical alterations * Cognitive abilities 	<p>IMPACT OBJECTIVES:</p> <p>1. By 2003, decrease the improper use of child auto restraints to 85% of those checked at child passenger safety check points. (Baseline: 90% misuse rate, Madison County SAFE KIDS 2000)</p> <p>2. By 2003, increase the use of driver restraints to 69%. (Baseline: 59% Chestnut Health Systems 1998)</p> <p>3. By 2003, increase by 10% the number of women at worksites engaging in lifestyle behavior changes to prevent osteoporosis. (Baseline in 2001)</p>
<p>CONTRIBUTING FACTORS: (Direct/Indirect; may be many):</p> <ul style="list-style-type: none"> * Lack of knowledge re: restraint issues * Enforcement of seatbelt laws * Age/developmental stage * Emotional status * Chemically impaired * Lack of knowledge re: road conditions * Vehicular condition * Education re: crash dynamics * Misinformation/confusing information about restraint use <p>(continued on next page)</p>	<p>INTERVENTIONS:</p> <p>1. By January 2001, develop a “Train the Trainer” Education Module addressing environmental hazards and medications that can contribute to falls, that ultimately targets large numbers of elderly citizens at-risk for fall related injuries.</p> <p>2. By January 2001, develop a “personal health and medication information form” (PHMIF) for use by adults taking more than one medication or nutritional supplement (including both prescription and over-the-counter items). (continued on next page)</p>
<p>RESOURCES AVAILABLE (governmental and nongovernmental):</p> <p>Local Public Health Tax, Illinois Health and Wellness Initiative Grant (Safe Kids), Madison County Health Department, Madison County Partnership for Community Health (MCPCH), Illinois Department of Human Services, Illinois Department of Transportation, Emergency Medical Services for Children Region 4 Coalition, Alton Memorial Hospital, Anderson Hospital, St. Anthony’s Health Center, St. Elizabeth’s Medical Center, St. Joseph’s Hospital, SSM Cardinal Glennon Children’s Hospital, (continued on next page)</p>	<p>BARRIERS:</p> <ul style="list-style-type: none"> * Level of parent education * Lack of enforcement for existing seat belt laws * Lack of enforcement of existing impaired driving laws * Lack of accurate public information regrading vehicle safety issues * Insensitivity to level of concern * Insufficient funding * Lack of knowledge about aging process and it’s inherent health risks * Lack of osteoporosis prevention initiatives at worksites * Lack of conviction about susceptibility and seriousness related to osteoporosis

COMMUNITY HEALTH PLAN: Worksheet Continued

Unintentional Injury

Contributing Factors:

- * Dissemination to other child care givers
- * Not enough staff
- * Lack of primary offense status
- * Too low age for child restraint
- * Employment status
- * Multiple demands on income
- * Lack of experience/education
- * Impaired senses-especially among elderly
- * Slowed response time
- * Altered mental status
- * Distractions
- * Failure to take medications
- * Prescriptions/non-prescription medications
- * Alcohol, tobacco, and other drug use, abuse, and addiction
- * Weather
- * Roadway design
- * Unmarked/unexpected road hazards
- * Age
- * Vehicle design
- * Poor maintenance
- * Community accessibility
- * Health and wellness status
- * Fitness level
- * Osteoporosis
- * Health beliefs
- * Inadequate knowledge
- * Poverty, lack of funds, or financial challenges
- * Lifestyles
- * Lack of willingness-time constraints
- * Poor lighting
- * Physical hazards
- * Lack of family support
- * Disabilities/impairment
- * Polypharmacy
- * Psychotropics
- * Visual impairment due to disease process
- * ADA non-compliant
- * Transportation challenges
- * Lack of, inadequate, or inappropriate medical care/coordination
- * Assistive devices/adaptive equipment
- * Poor communication
- * Past experiences

COMMUNITY HEALTH PLAN: Worksheet Continued

Unintentional Injury

RESOURCES AVAILABLE:

- * BJC HealthCare School Outreach and Youth Development Program
- * BJC HealthCare
- * Madison County Regional Office of Education
- * Madison County schools
- * Chestnut Health Systems
- * Local law enforcement and fire departments
- * Illinois State Police
- * Illinois Department of Aging
- * Madison County businesses
- * Southern Illinois University Edwardsville School of Nursing
- * Southern Illinois University Edwardsville Department of Health Education and Kinesiology
- * Illinois SAFE KIDS Chapter
- * Elementary and Secondary School Curricula
- * Driver's Education Classes
- * County Senior Centers
- * Medical Equipment Suppliers
- * Home Health Agencies
- * Office of Rehabilitation Services (ORS)
- * Physicians and related health providers (nurse practitioners, physician assistants)
- * Civic organizations
- * Churches/Church Groups
- * Pharmacists
- * Voluntary Health Organizations (American, Lung, Heart, Cancer, etc)
- * Area Agency on Aging
- * Youth Organizations
- * Senior Housing Providers
- * Nursing Homes

BARRIERS:

- * Limited sensitivity to the importance of fall prevention. among professionals and the elderly
- * Lack of "wellness" motivation among caregivers and the elderly
- * Difficulty reaching at-risk elderly who have no exposure to a change agent
- * Lack of referrals to fall prevention activities
- * Lack of convictions about susceptibility and seriousness related to sustaining fall-related injuries among the elderly
- * Alteration in mental functioning among some at-risk elderly

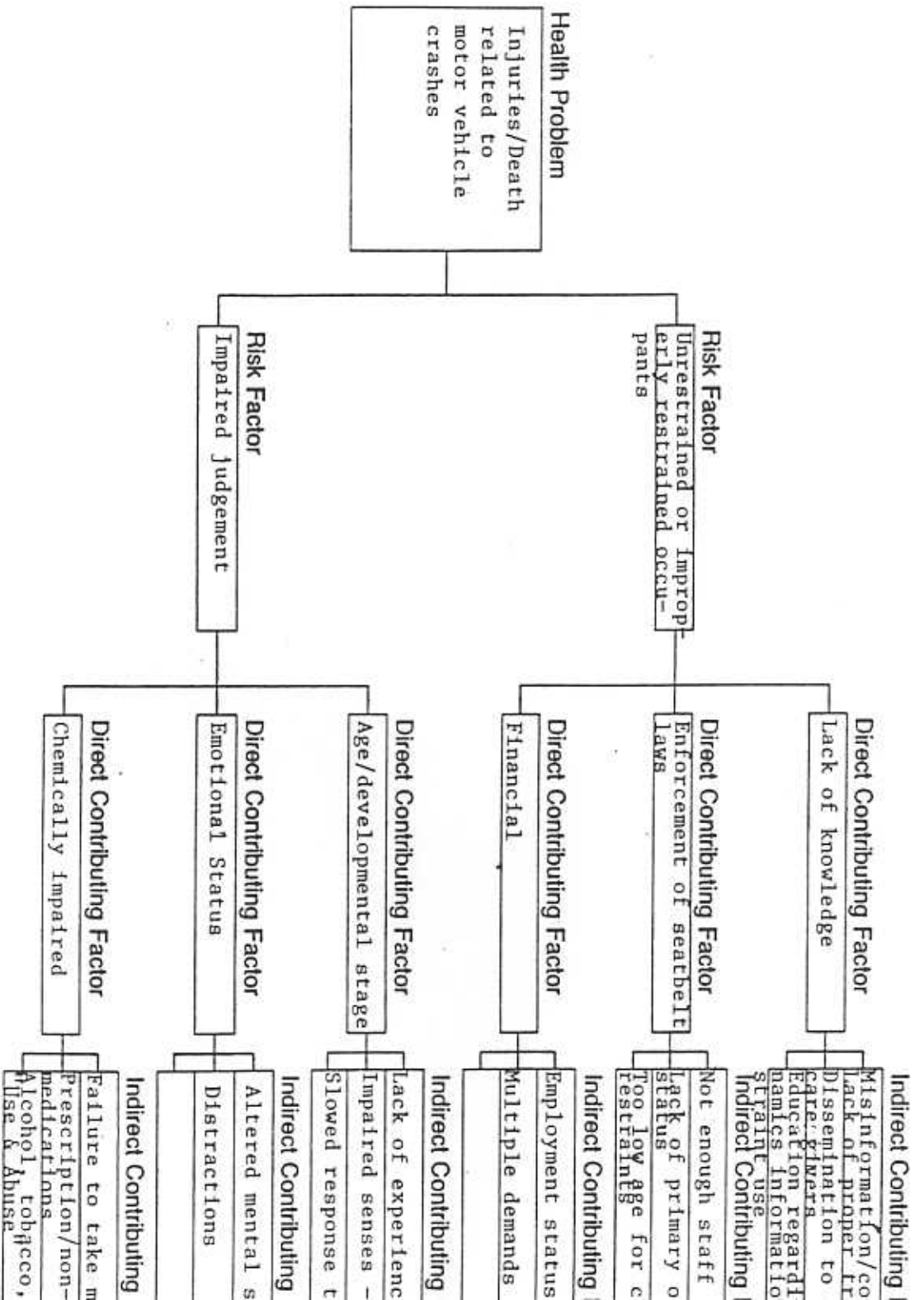
OUTCOME OBJECTIVES:

3. By 2005, maintain the rate of alcohol-related motor vehicle deaths at 5.5/100,000 population. (Baseline = 5.5/100,000 population IPLAN 1996)

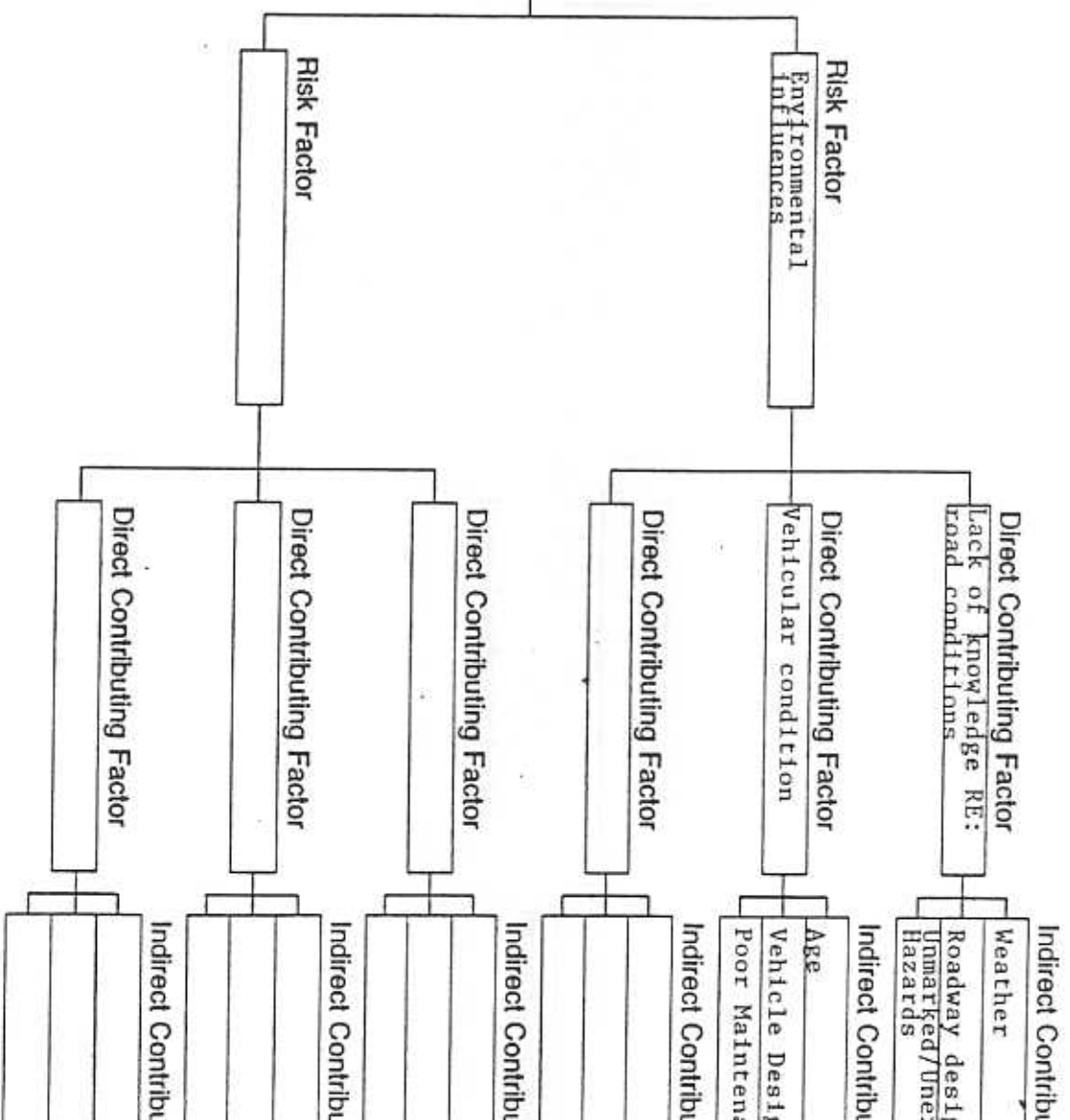
COMMUNITY HEALTH PLAN: Worksheet Continued

Unintentional InjuryINTERVENTIONS:

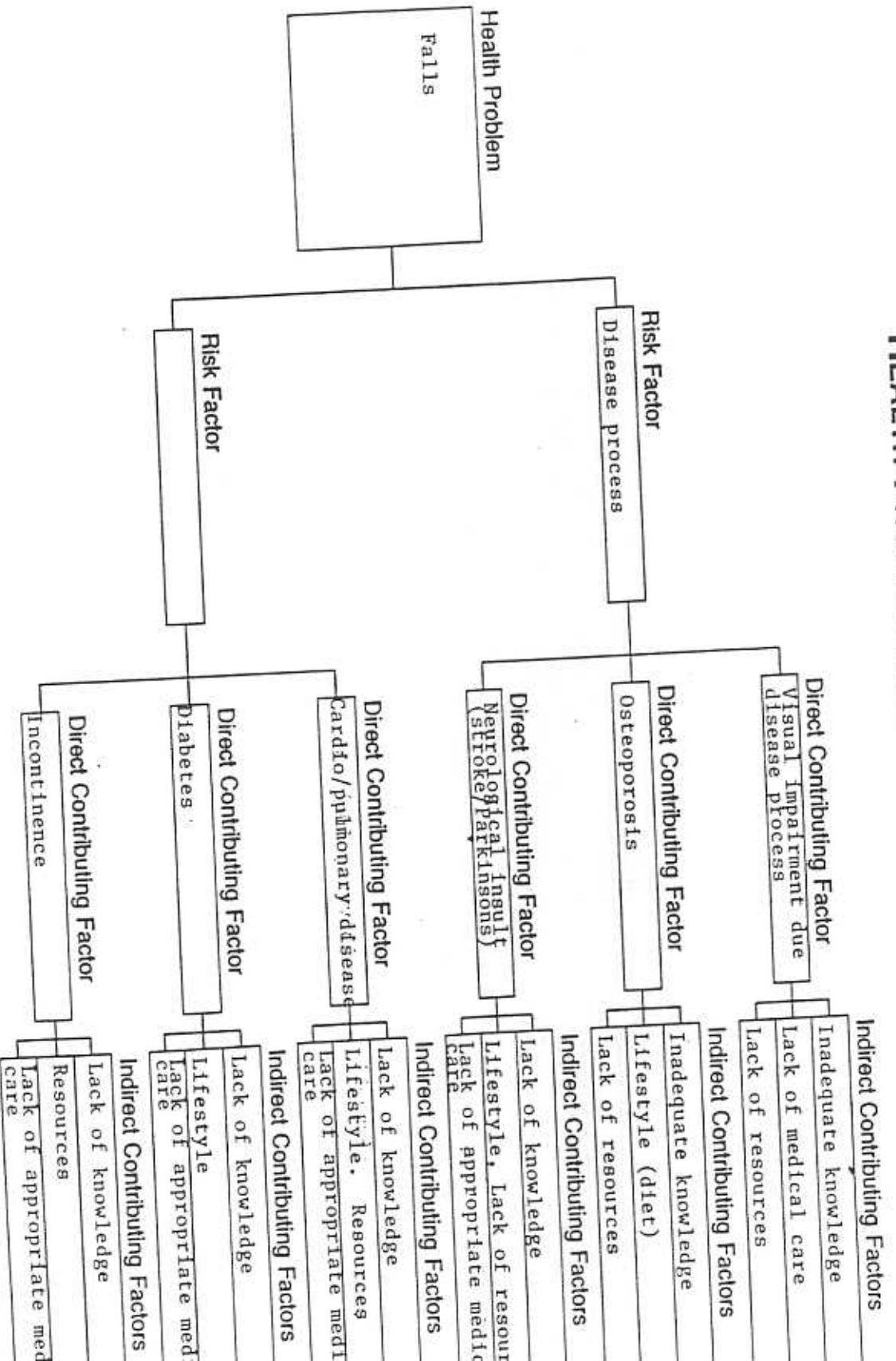
3. By March 2001, identify the “trainer” audience and begin to schedule one or more educational sessions.
4. By January 2002, meet with the Madison County Medical Society to promote use of PHMIF.
5. By May 2002, increase the number of collaborating agencies and services involved in the MCPCH auto vehicle safety program.
6. By June 2002, 25 SAFE KIDS educational sessions will be provided for Madison County students.
7. By July 2002, 10 physician groups will pilot use of the PHMIF in their offices.
8. By July 2002, osteoporosis prevention education will be offered to at least 900 women in worksites throughout Madison County.
9. By July 2002, 10 county businesses will make at least one preventive change to help prevent osteoporosis at their worksite for female employees.
10. By September 2002, safety information will be provided for at least 6 community events.
11. By December 2002, the PHMIF will be modified according to feedback from users.
12. By December 2002, 20 Fall Prevention Classes will be provided by “Trained Trainers”.
13. By December 2003, at least 200 children will be checked for correct use of child auto restraints.
14. By January 2003, “55 Alive” Mature Driving Courses (renamed end of 2002: AARP 55 Alive Driver Safety Program; renamed end of 2003 & beyond: AARP Driver Safety Program) will be sponsored by the American Association of Retired Persons at multiple sites throughout the County. (Baseline = 740 people AARP 2000)
15. By January 2003, develop and implement public awareness activities in observance of 3-D month.
16. By January 2003, participate annually in Illinois Department of Human Service’s Alcohol-Server Training Program.
17. By May 2003, 4 educational programs will be conducted annually for parents of high school drivers.
18. By May 2003, 20 educational sessions will be offered annually targeting students enrolled in County Drivers Education Programs.
19. By May 2003, 20 “Learning to Care” educational programs will be offered for fourth grade students.
20. By May 2003, annually promote media-based traffic education programs that include EMSC Week, SAFE KIDS Week, and Buckle Up America (all held in May).
21. By December 2003, disseminate PHMIF at a minimum of 15 Health Fairs.
22. By 2004, post training tracking will indicate that at least 50% of “Train the Trainer” participants will have subsequently conducted one or more educational sessions for at risk elderly.

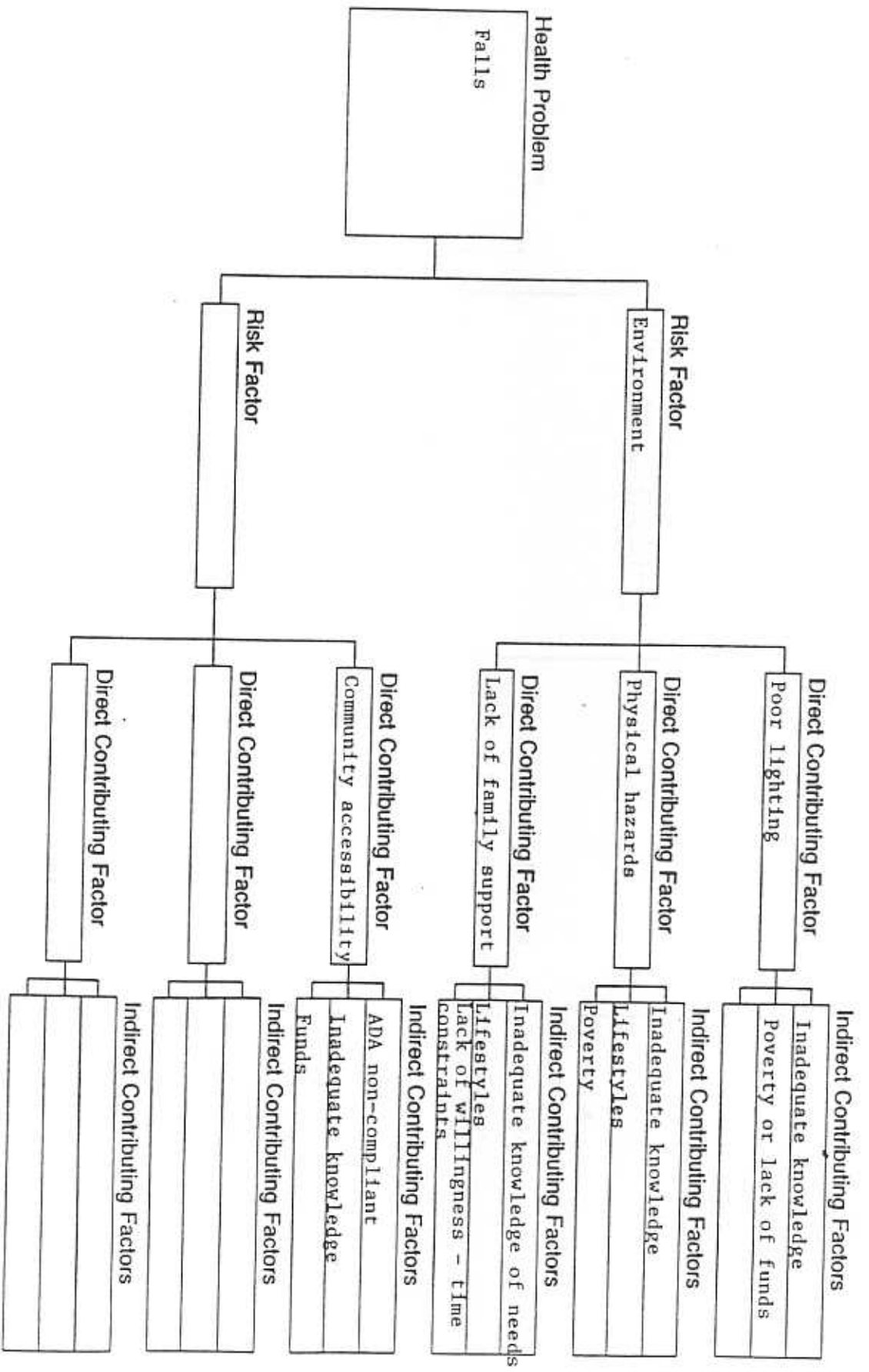


Health Problem
Injuries/Death
related to
motor vehicle
crashes

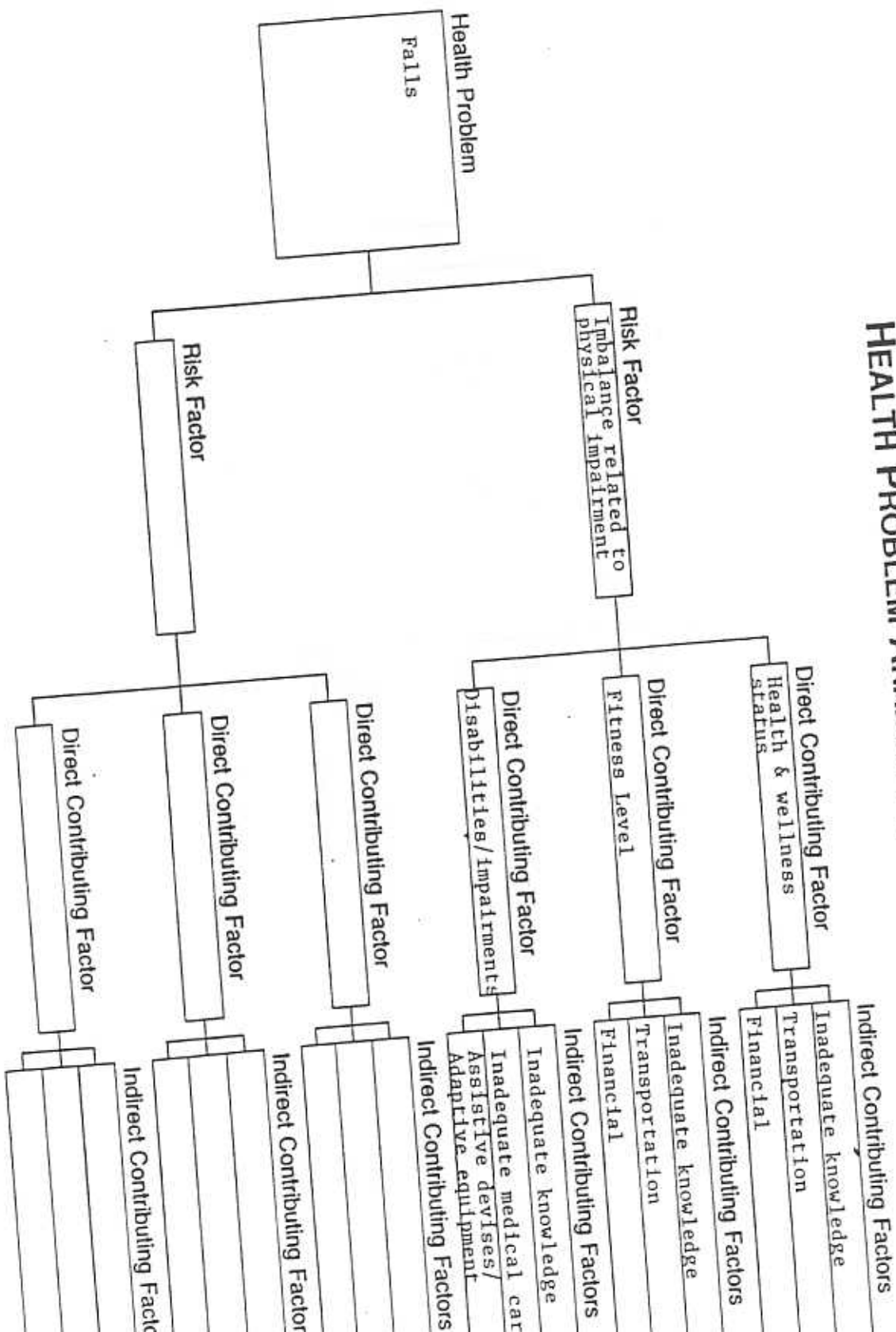


HEALTH PROBLEM ANALYSIS WORKSHEET

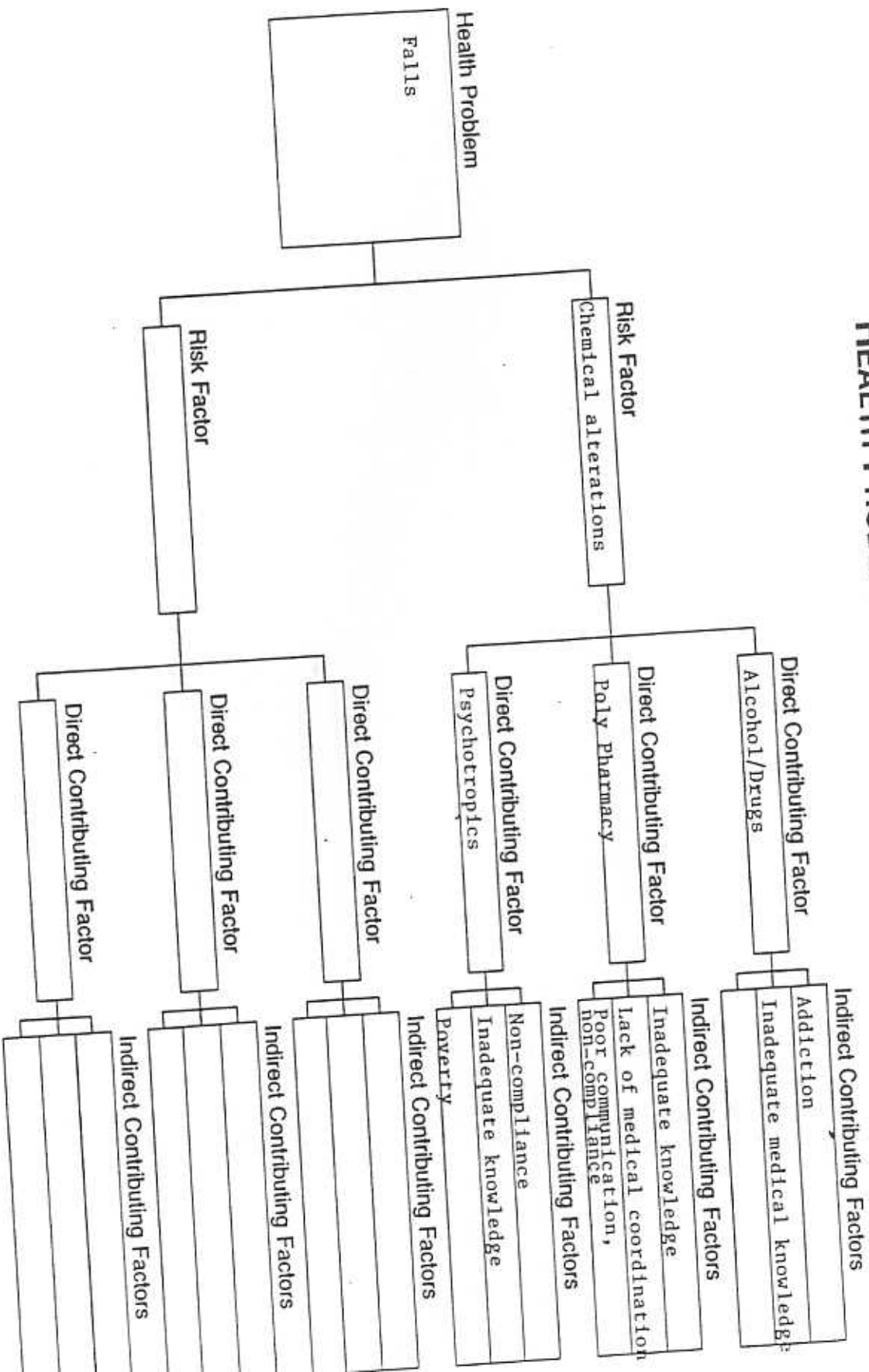




Indirect Contributing Factors



HEALTH PROBLEM ANALYSIS WORKSHEET



HEALTH PROBLEM ANALYSIS WORKSHEET

