

2016-2021

Madison County Health Needs Assessment and Community Health Plan

HEALTH PRIORITY AREAS:

OBESITY

SUBSTANCE ABUSE

MENTAL HEALTH

AIR QUALITY

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For:

Illinois Department of Public Health

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LETTER FROM PUBLIC HEALTH ADMINISTRATOR

Madison County Health Department adopted its first Community Health Assessment and Plan in 1996. This document denotes the fifth time in 20 years of conducting a needs assessment and developing a community health plan for Madison County, State of Illinois. I am happy to report that the process remains to be an active engagement of community partners, elected officials, and citizens interested in maintaining a living-breathing plan with community involvement to achieve positive health outcomes for our county.

We wish to extend our sincere appreciation to elected officials, appointed members of the Health Advisory Committee, community leaders, agency partners and stakeholders that participated in the focus groups, assessments, data analysis, priority selection, community health summit, and Madison County Partnership for Community Health (MCPCH) priority committees. Their commitment to improving the health of Madison County is indisputable.

Finally, I would like to thank the managers, staff, and interns at the Madison County Health Department for their participation, contributions, and teamwork throughout this IPLAN process. We look forward to working together as a community to continue to address the needs in Madison County.

Sincerely,



Toni M. Corona, Public Health Administrator
Madison County Health Department

EXECUTIVE SUMMARY

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 Health Needs Assessment and Community Health Plan is a response to the IOM's recommendation and provides the methodology to achieve a healthier community. According to 77 Illinois Administrative Code 600, last revision effective June 3, 2004; every five years local health departments are required to lead the process of assessment and plan development with community partners as part of the recertification process by the Illinois Department of Public Health. The project for this assessment and plan development process in Illinois is known as the Illinois Project for Local Assessment of Needs (IPLAN). In this fifth round of IPLAN for Madison County, a stronger emphasis has been placed on involving various community partners and the public at different points in the process and considering layers of quantitative and qualitative data as the core for guiding discussions leading to the selection of health priorities.

This assessment and plan are the result of cumulative efforts by health professionals, community agencies and organizations, educators, citizens, and health department personnel. The Health Needs Assessment documents the process and elements for identifying and establishing the Health Priorities for the next five years. The Community Plan establishes objectives and strategies that will address the Health Priorities and positively impact the health of the community. The Madison County Community Health System will utilize the assessment results and community health plan to guide program development designed to address the health concerns, as well as to encourage residents to contribute to impacting the health priorities through their actions and choices.

The 2016-2021 Madison County Community Health Plan addresses the four health priority areas that were identified through the 2015 Madison County Health Needs Assessment. The 2016-2021 Madison County Health Priorities include: Obesity, Substance Abuse, Mental Health, and Air Quality. Each priority area includes at least one outcome objective, one impact objective, and strategies to foster the achievement of outcomes over the next five years. Objectives and strategies for each priority take into consideration the current state of perception, acceptance, and knowledge of the problem by community members and stakeholders within Madison County, feasibility of attaining goals, and resources available or accessible to implement the plan.

EXECUTIVE SUMMARY

This document provides accurate, concise, and defensible information that identify and describe public health needs in Madison County, Illinois. In compliance with Illinois Department of Public Health Illinois Project for Local Assessment of Needs (IPLAN) protocol, the following categories were a portion of the elements examined in this countywide needs assessment: demographic and socioeconomic characteristics; general health and access to care; maternal and child health; chronic disease; infectious disease; environmental, occupational, and injury control; and sentinel events. Also in compliance with IPLAN protocol, progress and achievements of the 2011-2016 Madison County Community Health Plan were received, reviewed, and considered during the data analysis phase of the 2015 Health Needs Assessment.

Finally, in accordance with IPLAN protocol, Madison County Health Department fulfilled the requirement of conducting an Organizational Capacity and Self-Assessment.

This report is intended to provide a general assessment of health in Madison County, IL and a community health plan to address the identified health needs. For the purposes of program planning, any given indicator can and should be analyzed in more detail than possible here. This assessment is useful in identifying broad health problems and establishing priorities for program interventions.

WHAT IS IPLAN?

Illinois Project for Local Assessment of Needs is a community health assessment and planning process, which is led by local health jurisdictions in Illinois, as part of their certification process, with a concentration on community involvement. IPLAN is grounded in the core functions of public health: assessment, policy development, and assurance.

IPLAN is conducted every 5 years and addresses public health practice standards. The culmination of this process is to identify at least 3 health priorities and collaborative community engagement to impact those health issues for the community.

The general IPLAN Process includes the following elements for all certified local health departments in Illinois:

- Conduct Organizational Capacity and Self-Assessment
- Assemble Community Stakeholders and a Core Team
- Conduct Community Health Needs Assessment
- Analyze Data and Set at least 3 Health Priorities
- Inventory Community Health Resources
- Develop Community Health Plan
- Submit Recertification Application
- Engage Community Coalitions and Community Organizations:
 - Conduct Program Development
 - Implement Community Health Plan
 - Evaluate Progress on Community Health Plan

Local Boards of Health review the proposed health priorities and community health plan for approval of implementation in their jurisdiction. Upon approval, the IPLAN document is submitted to Illinois Department of Public Health for review and approval as part of the local health department's recertification package. Finding the local health department in substantial compliance, local health departments are then recertified for a five year period and IPLAN implementation begins in that jurisdiction.

For more information about IPLAN, to access IPLAN data, or view IPLAN-related webinars, visit <http://app.idph.state.il.us/>.

ASSESSMENT AND PLAN DEVELOPMENT PROCESS

STATEMENT OF PURPOSE

HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH PLAN

The purpose of the Health Needs Assessment is to collect and analyze a variety of data to obtain a current, clear picture of the state of health in Madison County, Illinois. Data is collected from various sources including: statistical data in specific categories, information and feedback from community leaders, observational data from trends in health, and citizen perception of health needs and their root causes. Qualitative and quantitative data are analyzed to identify common themes and specific health issues that exhibit concern for health impact. Health concerns that were more prevalent continued to be looked at through the process for consideration as possible health priorities. The Health Needs Assessment process and resulting data was the primary source of information for review during the Core Group Meetings to set the 2016-2021 Health Priorities. Highlighted data from the Health Needs Assessment is included in this document for general community use and for program and strategic planning purposes.

The purpose of the Community Health Plan is to create a five-year roadmap to impact each chosen health priority. Community members came together to:

- consider the data and current state of the health priority for Madison County
- discuss existing programs and opportunities addressing the health priority
- identify gaps in service and programs
- identify current community knowledge and perceptions about the priority and any existing interventions addressing the priority
- explore available and possible resources
- determine feasible objectives to impact the health priority as supported by strategies grounded in best practices and evidence-based approaches.

The collaborative development of the Community Health Plan establishes a partnership among key stakeholders and community organizations to work together to create a plan and implement it over the next five years. The Community Health Plan becomes a document to guide strategic planning and programming among all agencies, organizations, hospitals, and schools throughout the county, as well as an opportunity for everyone to join in a collaborative effort to address the health priority in a meaningful way for the lives of Madison County residents.

ASSESSMENT AND PLAN DEVELOPMENT PROCESS

2016-2021 PROCESS HIGHLIGHTS

During 2015, Madison County Health Department led the IPLAN Process for Madison County in cooperation with Madison County Partnership for Community Health (MCPCH) and community stakeholders. Many of these components occurred simultaneously from January 2015 through February 2016. Below are the major components of the process that will be mentioned or expanded upon in this document.

HEALTH NEEDS ASSESSMENT PHASE

- Organizational Capacity Assessment
- Collaborations and Coordination
 - Health Department and Hospitals
 - Community Partners
 - Kick Off Summit
- Community Needs Assessment
 - Data Collection and Analysis
 - Focus Groups
 - Community Health Survey
 - Photovoice Project
 - Quantitative Data
- Convene Core Group Meeting to Set Health Priorities
(Culmination of Assessment Phase)

COMMUNITY HEALTH PLAN PHASE

- Community Plan Development
 - Community Health Plan Summit
- Implementation of Plan
 - Madison County Partnership for Community Health (MCPCH)
 - Madison County Community (residents and organizations)

HEALTH NEEDS ASSESSMENT PHASE

ORGANIZATIONAL CAPACITY ASSESSMENT

To conduct effective public health functions, community relations, information systems, program management, and operational authority, an assessment of Madison County Health Department internal capabilities and organizational capacity utilizing the Assessment Protocol for Excellence in Public Health (APEX-PH) was conducted and reviewed by the Board of Health. The assessment categories of high importance are fully met and summarized in the Health Department Organizational Capacity Plan. The department's Strategic Plan is undergoing necessary revisions to address outcomes surrounding the identified health priorities within Madison County.

COMMUNITY HEALTH NEEDS ASSESSMENT

The purpose of the Community Health Needs Assessment is to collect and analyze data to obtain a clear, broad picture of the current state of health in Madison County setting the foundation for the decision making process for setting health priorities to address over the next five years. Madison County's Community Health Needs Assessment included three types of data collection, data review and analysis, and the convening of a Core Group to set the health priorities. This section will illustrate the process for each of the three methods of data collection, highlight key data that was discovered, summarize the Core Group Meeting process, and identify the selected health priorities to address.

HEALTH NEEDS ASSESSMENT PHASE

DATA COLLECTION AND ANALYSIS

At the core of the Health Needs Assessment is the collection and analysis of data. IPLAN protocol dictates that, at minimum, data groupings designated by the Illinois Department of Public Health in the IPLAN Data System be reviewed and analyzed to determine the health status and health problems most meaningful for the community within each grouping. The IPLAN Data System categories include:

IPLAN DATA SYSTEM CATEGORIES

- Demographic and socioeconomic characteristics
- General health and access to care
- Maternal and child health
- Chronic disease
- Infectious disease
- Environmental/occupational/injury control
- Sentinel event

During May-August 2015, qualitative and quantitative data was collected, organized, reviewed, and analyzed within the 7 required IPLAN Data System areas, as well as other categories identified as relevant and timely in regard to health status in Madison County. Ten top health concerns, identified from the three data collection sources, became clear and were utilized by the Core Team during the health priority setting process in August 2015.

Madison County Health Department's method for data collection and analysis included: a three-tiered approach to obtain the perspective of community partners who work in the field, interact with residents, and provide services; the perceptions of the general community; and the available statistical evidence related to a variety of health problems. This component was accomplished by conducting Stakeholder Focus Groups, administering a Community Health Survey, piloting a Photovoice Project, and collecting and analyzing multiple statistical data points. Additional data considered during the process included: Madison County Youth Forum problem statements and recommendations, 2011-2016 Madison County Community Health Plan outcomes, Community Health Needs Assessment Reports for the Madison County Hospitals, Annual Reports for local social service agencies, program data, community trends, and identified needs through the general course of business. Data from all three types of data sources was analyzed and cross-referenced to generate the Top 10 health concerns list for the Core Team to begin the health priority setting process.

HEALTH NEEDS ASSESSMENT PHASE

HOSPITALS AND HEALTH DEPARTMENT COLLABORATION

With the onset of the Affordable Care Act (ACA), new requirements for hospitals were enacted as part of section 501(c) (3) to maintain this part of their IRS status as a charitable organization. These new requirements were effective for tax years beginning after March 23, 2012. One of the four new requirements was to conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years ([https://www.irs.gov/Charities-&Non-Profits/Charitable-Organizations/New-Requirements-for-501\(c\)\(3\)-Hospitals-Under-the-Affordable-Care-Act](https://www.irs.gov/Charities-&Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act)).

Madison County has 5 hospitals, 4 of which must comply with the new CHNA requirement every 3 years and 1 health department required to comply with the Illinois State Statute mandating that they lead a similar process every 5 years. In an effort to decrease duplication, collaborate on these similar requirements with the same population, and support each other in the processes, Madison County Health Department began the 2016-2021 IPLAN process by conducting a meeting with all 5 hospitals on January 27, 2015 at the Madison County Health Department. Agenda items included: overview of the IPLAN purpose and process, hospital sharing of current place in the CHNA process, review of IPLAN timeline coupled with CHNA timelines to determine opportunities to collaborate and/or support each other. Representatives from 4 of the 5 hospitals participated in the meeting. The 5th hospital had a last minute emergency arise and couldn't attend but provided information before and after the meeting for the group.

Anderson Hospital was just beginning their next CHNA cycle and agreed to partner with Madison County Health Department for data collection and analysis. Anderson Hospital solidified their partnership through the Madison County Health Needs Assessment process by providing a dedicated employee to serve on the planning team and assisting with all of the data collection opportunities. This collaboration was efficient for both organizations. Alton Memorial Hospital, OFS St. Anthony's Hospital, St. Joseph's Hospital, and Gateway Regional Medical Center all collaborated in the county process by providing meeting space for Focus Groups; disseminating the Community Health Survey to patients, employees, and/or the community; provided relevant quantitative data; provided employees as team members to help conduct the data collection methods; and provided employees as participants in Focus Groups, the Core Team, the Health Summit, and the Madison County Partnership for Community Health (MCPCH) Committees.

HEALTH NEEDS ASSESSMENT PHASE

As part of the Quantitative Data Review, Madison County Health Department reviewed each of the hospital's CHNA documents. Below are their links as of February 12, 2016:

Alton Memorial Hospital (Alton, IL)

www.altonmemorialhospital.org/Portals/0/Upload/docs/AMH%20CHNA%20Report%20kk.12.23.13.pdf

www.altonmemorialhospital.org/Community-Health-Needs-Assessment

Anderson Hospital (Maryville, IL)

www.andersonhospital.org/sites/www/Uploads/files/Community%20Health%20Needs%20Assessment%202016-2018.pdf

OSF St. Anthony's Health Center (Alton, IL)

<https://www.osfhealthcare.org/saint-anthonys/about/community-health/>

St. Joseph's Hospital (Highland, IL)

www.stjosephshighland.org/data/files/SJH%20CHNA%20Report%20and%20Implementation%20Plan%20FY2015.pdf

Hospital in Madison County without the CHNA requirement:

Gateway Regional Medical Center (Granite City, IL) does not have the 501(c)(3) designation; therefore, the CHNA requirement does not apply to them. To learn more about the services that they offer, visit their website at www.gatewayregional.net

HEALTH NEEDS ASSESSMENT PHASE

KICK OFF SUMMIT

In June 2014, Madison County Health Department hosted a Retreat Day for the Madison County Partnership for Community Health (MCPCH) Committees that serve as the countywide coalition to address priority health concerns for Madison County. One of the suggestions that came out of the MCPCH Retreat Day was to find a way early on in the IPLAN process to inform and engage MCPCH members so that they could be more involved throughout the 2016-2021 process.

In response to that suggestion, Madison County Health Department held a Madison County Health Assessment Kick Off Summit on February 20, 2015. MCPCH members were invited and 26 were in attendance. Agenda items included: overview of the IPLAN purpose and process, 2016-2021 Madison County IPLAN Process (IPLAN Timeline, discuss opportunities to help and support throughout the process, and signup sheets to commit to helping with parts of the process), and MCPCH Committees sharing progress and activities toward the 2011-2016 Madison County Health Priorities.

As a result, MCPCH members expressed a clearer understanding of the process and timeline, feeling more included, feeling “heard” about being informed and involved, reenergizing of committees and members, and a willingness to help with parts of the process. Based on a discussion at the Kick Off Summit, a change was made to the timeline and process. The MCPCH members voiced concern over the feasibility of conducting 5 Community Forums. They suggested only conducting 1-2 or considering eliminating this data collection method for this round. Madison County Health Department took that discussion and recommendation into consideration and began planning 2 Community Forums. During the planning of the Community Forums, the health department decided to abandon that data collection method. Almost all participants completed the signup sheets and volunteered to help with parts of the process. The IPLAN Coordinator relied on those sheets throughout the planning process and used them to engage members and seek assistance when needed.

HEALTH NEEDS ASSESSMENT PHASE

STAKEHOLDER FOCUS GROUPS

Madison County Health Department conducted Stakeholder Focus Groups as one of three data collection and analysis components. The purpose of the Focus Groups was to obtain qualitative data from community partners to help generate key health concern areas for the Community Health Assessment. The Focus Groups' dialogue provided a richer context than just a paper survey. The information gathered from the focus groups assisted in identifying themes of health concerns. These themes were the foundation for the content of the Community Health Survey and carried through into the health priority setting and plan development phases. An additional benefit of the Focus Groups was the opportunity to bring stakeholders together at the common table, continue to foster partnerships, and emphasize that everyone has a role in the health of Madison County.

There were 60 focus group participants from 31 different organizations comprised of community stakeholders, Board of Health members, or Health Advisory Committee members who participated in 6 focus groups which were held at 5 different Madison County locations on the following dates:

Friday,	March 6, 2015	10:00 a.m.-11:30a.m.	Main Street Methodist Church, Alton
Monday,	March 9, 2015	1:30 p.m.-3:00 p.m.	Anderson Hospital, Maryville
Wednesday,	March 11, 2015	10:00 a.m.-11:30a.m.	MCHD – Health Dept Comm/Board of Health/Health Advisory Committee ONLY
Thursday,	March 26, 2015	1:30 p.m.-3:30 p.m.	Gateway Regional Medical Center, Granite City
Tuesday,	March 31, 2015	10:00 a.m.-11:30a.m.	St. Joseph's Hospital, Highland
Wednesday,	April 1, 2015	1:30 p.m.-3:00 p.m.	Madison County Health Department, Wood River

Each Focus Group had a Team to conduct the process which included: 1 facilitator, 2 notetakers/recorders, 1 flip chart notetaker, 1 timekeeper, and 1 observer with 2 team members serving as greeters prior to the start of each group.

A list of Focus Group Team Members and Participants located in [Appendix B](#).

HEALTH NEEDS ASSESSMENT PHASE

Focus group participants were given background information on IPLAN, overview information for the day, and handouts including health-related definitions to ensure everyone had the same foundation. The focus group discussion centered on the following question content:

Facilitated Discussion Questions (60 minutes total – approx. 10 minutes/question)

(For each subset in Section 3, focus participants on stratifying how it affects individuals, neighborhoods, community, county and how well is Madison County addressing the issues, barriers/challenges, and assets)

a. *General Question – Round Robin (10 minutes)*

i. *What is important to the health of our County?*

b. *Perception and Needs (50 minutes = 10 minutes/question)*

i. *What are the most urgent health concerns that you perceive in Madison County?*

ii. *What are the most urgent health concerns that the community perceives?*

iii. *What are the causes of these problems? (physical health problems, social problems that affect health like substance abuse and violence, mental health problems, etc.)*

iv. *What are the strengths of the health services available in your community?*

v. *What do you see as the greatest obstacles to good health?*

Participants were asked to assist with upcoming steps in the Assessment Phase including: distribution of the Community Health Survey, participation in the Community Health Plan Summit, and for some community partners – an invitation to participate on the Core Group for setting health priority recommendations.

FOCUS GROUP RESULTS

Discussion from the 6 Focus Groups yielded 19 pages of combined points and concerns documented by the notetakers. A team of five (Toni Corona, Amy J. Yeager, Lisa Modrusic from Madison County Health Department, Jean Schram from the Health Advisory Committee, and Alyssa Constantinides from Anderson Hospital) met twice to collapse and analyze the Focus Group data. This focus group response data was analyzed for trends and themes and subsequently collapsed into 2 categories which were: **Urgent Health Concerns and Root Causes**. These categories were then used as the foundation for the Community Health Survey.

URGENT HEALTH CONCERNS

(Derived from the Stakeholder Focus Groups – March-April 2015)

Substance Abuse	Sexual Health
Mental Illness/Health	Safety (falls, violence, community)
Obesity	Cancer
Heart Disease	Affordability of treatment, services, etc.
Dental Care	Accessibility of treatment, services, etc.
Access to Care	Education/Information

HEALTH NEEDS ASSESSMENT PHASE

For each of the Urgent Health Concerns, specific themes and areas of concern were identified at the Stakeholder Focus Groups as listed on the following pages:

Substance Abuse	
Heroin	Increase overdoses
Rx Drugs	Access to narcotics
Alcohol	Lack of knowledge of services
Tobacco E-cigs	Women-specifically
Marijuana	Youth
Lack of education/prevention	Lack of treatment services/trouble accessing
Substance Abuse/Mental Health (dual-diagnosis/contributing/depression, stress)	

Mental Illness/Mental Health	
Lack of providers-(lack of acute mental health providers)	Lack of psychiatrists
Stress (population, students)	Depression Disconnect
Time/Waiting Lists	Lack of sufficient resources
Medical Community/Mental Health <ul style="list-style-type: none"> • Diagnosis • Referral 	Stigma
Population of homelessness with mental illness	Transportation
Lack of beds to fit illness/disease	Malnutrition/Dehydration
Lack of patients accepted w/certain insurances	Time-busy lifestyles-speed of society
Lack of knowledge and understanding	Split families/high rate of single parents
Confinement & isolation <ul style="list-style-type: none"> • Electricity • Disabled • Severely obese • COPD 	Lack of knowledge of services

Sexual Health	
STD Rates	Lack of comprehensive sex education in schools
High abortion rates (19-24 especially)	

HEALTH NEEDS ASSESSMENT PHASE

Obesity	
Cardiovascular Disease	Exercise
Increase in youth obesity rates	Walkable Communities
Lack of education information (in school, medical practitioners, therapists, dieticians, parents)	Transportation
Perception that healthy food is more money	Recreation Opportunities
Kids don't eat school lunches/what parents pack for food	Food Choices at home
Lack of access to healthy food	Lack of responsibility
Time Constraints	Priorities
Busy lifestyle/choice of activities	Lack of information about how to prepare healthy food
Utilization of WIC is down	Economists
Lack of need for policy changes	Apathy/Indifference
Lack of nutrition/education in schools	Taste/preference/decisions for immediate gratification
Lack of appropriate physical activity in schools	Fast foods are convenient & fit into the busy lifestyle
	Lack of nutritious foods at food pantries

Safety	
Falls <ul style="list-style-type: none"> • Institutional • In home • Elderly...leads to expenses and changes in healthy life styles 	Violence
General Community Safety-especially let kids off to play/kidnapping/pedophiles, etc.	

Dental Care	
Dentist don't take medical card (few to none in some communities)	Lack of Dental Insurance <ul style="list-style-type: none"> • By employers • To include kids
Transportation (esp. to leave area for services)	Limited take Medicaid
Food we eat & sugary drinks	Long list for SIUE dental school, number of times must go, 4 plus hours per time

HEALTH NEEDS ASSESSMENT PHASE

Cancer	
Cancer-still in the community	

Access to Care	
Transportation	Even with insurance, can't afford co-pay
Lack of education/prevention/information about services/doctors available	Affordability/cost
Long waits for appointment esp. well beyond the need time	Access to doctors with Medicare/Medicaid
Decisions and priorities (e.g. pay for meds/food/doctor)	Tricky to navigate the new Medicaid plans
Difficult for elderly/low literacy/everyone to navigate plans, system care	Lack of coordination of care
Difficult for elderly/low literacy to understand/manage medicine	Access to nutrition
Specialists <ul style="list-style-type: none"> • Lack of • Don't take Medical Card • Have to go to St Louis 	Malpractice costs
Over utilization of ER (esp. Rx refills)	Too much red tape
Lack of homeless shelters	Overwhelming
Get providers to stay in our area/need more providers	High Rx cost
	Lack of access to dentists and psychiatrists
	Insurance issues (in Illinois)

ROOT CAUSES/OBSTACLES

(Derived from the Stakeholder Focus Groups – March-April 2015)

Employment
Information/Education
Motivation/Incentive
Processes
Service Promo Gap
Resources

- **Employment**
- **Funding**
- **Location**
- **Education/Information**

Lack of/Decrease in Taking Responsibility
Family Structure
Technology
Funding
Choices/Lifestyles

HEALTH NEEDS ASSESSMENT PHASE

ADDITIONAL CONTRIBUTING RISK FACTORS

(Derived from the Stakeholder Focus Groups – March-April 2015)

Lack of affordable or safe physical activity places
Easy access to liquor and drugs
Increased cost of living expenses
Lack of transportation
Fast paced society and lack of time
Language and cultural barriers
Medical costs
Poverty

The Focus Group data clearly identifies key information and its relationship. The data indicated that there is a significant gap between the information and education on health issues and the motivation to make change. That gap is being filled by/propagated by/driven by choices, lifestyles, and lack of taking personal responsibility.

Information/Education



USE OF DATA

The Focus Group data was used to build the selections for the Community Health Survey. The rationale was such that if the community stakeholders were identifying and dealing with these health concerns in their organizations and services, then the next step was to measure the community's perception, level of concern, and urgency for these identified health concerns. The data was also used as part of the Core Team discussions in the process of setting health priority recommendations.

HEALTH NEEDS ASSESSMENT PHASE

COMMUNITY HEALTH SURVEY

As one of three data collection and analysis components, Madison County Health Department administered a Community Health Survey to Madison County residents. Community perception is a substantial factor in developing interventions, identifying root causes, and gaining community support and engagement for behavior change to occur. The purpose of the Community Health Survey was to obtain qualitative data from citizens who live or work in Madison County to gather their thoughts about health concerns in Madison County, for the purpose of the Community Health Assessment. The information gathered from the Survey assisted in identifying the core health concerns of the community and the factors influencing those health problems. This data was analyzed and utilized by the Core Team for discussions in the process of setting health priority recommendations and during the Community Health Summit and Plan Development Phase.

The Community Health Survey was distributed during June 2015. The Survey was distributed to hundreds of people through various modes, including:

- Media Interactions
 - Recorded interview for WBGZ Radio about the survey and photovoice project which aired multiple times in June 2015
 - Interview with Shawndrea Thomas from Fox 2 News in St. Louis about the survey and photovoice project on June 17, 2015
 - Press Release was sent on June 19, 2015 to all newspapers, radio, television, and media contacts (over 39 media contacts) in the Metro St. Louis area
 - Interviewed on the Let's Talk segment on WBGZ Radio about the survey and photovoice project on June 24, 2015
 - Called 7 reporters at television, radio, and newspapers requesting their assistance in disseminating the survey opportunity
- Handbills (1/4 sheets) and Flyers with a QRL Code directing them to the survey by scanning it with their electronic device (e.g. smartphone, iPad, etc.)
- Emails with the survey and the web link to the online survey were sent to over 1,512 emails plus those forwarded by others contacts including:
 - Community partners
 - Focus Group Participants and Invitees
 - Friends and family
 - Madison County employees
 - Madison County Board/Board of Health
 - Health Advisory Committee
 - Community coalitions

HEALTH NEEDS ASSESSMENT PHASE

- Websites – the link to the survey was posted on a few websites including:
 - Madison County Health Department
 - Madison County Government
 - Troy, Maryville, St. Jacob Chamber of Commerce
- Social Media --- Invitation to take the survey and the promotional image of the handbill were posted on several Facebook pages including:
 - Madison County Health Department and other specialized pages that we administer (multiple times – as well as the MCHD Twitter page multiple times since every MCHD Facebook post also tweets on the MCHD Twitter)
 - LDS Edwardsville YSA page (Latter Day Saints Young Single Adults)
 - SIUE Health Education Students and Alumni
 - SIUE HED 490/491 Fall 2014
 - Accepted to SIUE Class of 2015
 - Elizabeth Hampl-Beck Personal Page
 - Lisa Modrusic Personal Page
 - Amy Yeager Personal Page (multiple times)
- Handbills and/or Flyers --- More than 1,800 were disseminated in paper form at businesses and partner agencies plus the secondary distribution from email attachments
- Secondary Outreach --- Community partners will forward and distribute the email, attachments, flyers, handbills, and paper surveys. Sometimes MCHD heard about this distribution which included:
 - Mueller Dental (Granite City, IL)
 - Juneteenth Event (Alton, IL)
 - Watershed Nature Center (Edwardsville, IL)
 - Roxana Community School District 1
 - Triad Community Unit School District 2
 - Chestnut Health Systems (email distribution lists, Chestnut employees in Madison County)
 - City of Collinsville employees
 - Hospitals (publications, flyers and surveys in patient areas, emails to employees, emails to community partners)

HEALTH NEEDS ASSESSMENT PHASE

The Community Health Survey content was based upon data derived from the Stakeholder Focus Groups in March-April 2015. The Community Health Survey was provided primarily in a web based survey format through a Survey Monkey Link. Paper versions of the Survey were also available and distributed upon request. The web based and paper survey contained the exact same questions and information. All data from the paper surveys was inputted into the web based survey database so the Survey data could be compiled and analyzed together. The survey was conducted using a convenience sample instead of a random sample due to time, cost, size of county population, and feasibility of conducting the survey and reasonably collecting the data during the time allocated. Limitations of the survey included people who: had some readability issues with multiple choices, who lacked motivation or willingness to contribute their answers, people suffer from survey fatigue in today's society.

COMMUNITY HEALTH SURVEY PUBLICATION MATERIAL:

Let Your Voice Be Heard! Community Health Survey

Madison County Health Department is beginning its 5-Year community health assessment process. For all people who live and/or work in Madison County, IL, please complete the survey and encourage Madison County family, friends, neighbors, and

co-workers to complete the survey by visiting:

<https://www.surveymonkey.com/r/HealthSurvey2015>

For a paper copy of this survey, print one from our website

at www.madisonchd.org

or call us at (618) 692-8954.

Deadline June 30th!



Scan here to go
to the survey!



HEALTH NEEDS ASSESSMENT PHASE



Madison County Community Health Assessment Survey

For all residents and for people who work in Madison County

Madison County Health Department is beginning its 5-Year community health assessment process. Citizen input is important to us! Please complete the following survey. Also, encourage family, friends, neighbors, and co-workers to complete the survey by visiting

<https://www.surveymonkey.com/r/HealthSurvey2015>

We appreciate your help!

1. What do you feel are the most urgent health-related concerns in Madison County?
(Please list up to 5)

1.

2.

3.

4.

5.

2. What keeps people in Madison County from being healthy? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Lack of caring and concern about being healthy | <input type="checkbox"/> Limited or no affordable healthy foods |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Not enough job opportunities |
| <input type="checkbox"/> Medical costs | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Easy access to liquor and drugs | <input type="checkbox"/> Unsafe communities |
| <input type="checkbox"/> People not making healthy choices | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Language and cultural barriers | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Lack of money to have a healthy lifestyle | <input type="checkbox"/> Increased cost of living expenses |
| <input type="checkbox"/> People don't want to take personal responsibility | <input type="checkbox"/> Lack of homeless shelters |
| <input type="checkbox"/> Lack of affordable or safe physical activity places | <input type="checkbox"/> Services and programs are hard to navigate |
| <input type="checkbox"/> Don't know what services, programs, and resources are available | |
| <input type="checkbox"/> Limited or no health education for parents and the community | |

HEALTH NEEDS ASSESSMENT PHASE

- ☐ Limited or no health education for students throughout their school years
- ☐ Lack of concern by politicians about the health of residents
- ☐ Too much “wired society”, technology, and electronic communication
- ☐ High levels of stress and not knowing how to handle stress
- ☐ Lack of time and fast-paced society
- ☐ Other _____

3. Please check the following issues as to why you or people you know do not get needed healthcare. (Check ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Lack of or limited knowledge of services | <input type="checkbox"/> Cost of prescription drugs |
| <input type="checkbox"/> Location of services | <input type="checkbox"/> Cost of co-pays |
| <input type="checkbox"/> Lack of or limited transportation | <input type="checkbox"/> Cost of deductibles |
| <input type="checkbox"/> Lack of or limited coordination of care | <input type="checkbox"/> Cost of insurance premiums |
| <input type="checkbox"/> Office hours for appointments are not convenient | <input type="checkbox"/> Lack of or limited time off of work |
| <input type="checkbox"/> Lack of specialists in Madison County | |
| <input type="checkbox"/> Have to go to St. Louis for specialists | |
| <input type="checkbox"/> Specialists who don't take the Medical Card | |
| <input type="checkbox"/> Lack of access to dentists | |
| <input type="checkbox"/> Lack of psychiatrists, mental health counselors, substance abuse counselors | |
| <input type="checkbox"/> Long waits for appointments (especially well after the time of need) | |
| <input type="checkbox"/> Decisions and priorities (e.g. pay for food or medicine or doctor bill, etc.) | |
| <input type="checkbox"/> Difficult for anyone to navigate medicine, health plans, insurance companies, health system, healthcare options, etc. | |
| <input type="checkbox"/> Use of Emergency Rooms for non-emergency situations (e.g. prescription refills, minor illnesses) | |
| <input type="checkbox"/> Need to get more doctors/services in our area and get them to stay | |
| <input type="checkbox"/> Difficult to get in to doctors who take Medicare, Medicaid, or the new Affordable Care Act insurance plans | |
| <input type="checkbox"/> Tricky to navigate the new Medicaid Plans | |
| <input type="checkbox"/> Too much red tape | |
| <input type="checkbox"/> Lack of healthy nutrition or access to healthy foods | |
| <input type="checkbox"/> Lack of treatment beds to fit the illness or disease | |
| <input type="checkbox"/> Other _____ | |

HEALTH NEEDS ASSESSMENT PHASE

4. Please rate the following health-related issues on a scale of Most Urgent to Not a Problem.

	<u>Most Urgent</u> <u>Problem</u>	<u>Urgent</u>	<u>Somewhat Urgent</u>	<u>Least Urgent</u>	<u>Not a</u>
Substance use/abuse (alcohol, tobacco, other drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health/Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety (falls, violence, bullying, community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GET INVOLVED (Optional)

We have committees of people interested in the health concerns of Madison County that meet together to make a difference and impact these issues. If you would like to get involved or receive more information, please provide your contact information:

NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

HEALTH NEEDS ASSESSMENT PHASE

Please tell us about you (Optional Questions – Responses will be kept confidential)

AGE: ☐ 15-24 ☐ 25-44 ☐ 45-64 ☐ 65 and over

GENDER: ☐ Male ☐ Female

RACE (as defined by the US Census): **(Check One)**

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander |
| <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> Two or More Races |

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

EDUCATION LEVEL: ☐ Less than High School
☐ High School/GED
☐ Associate's Degree/Trade School
☐ Bachelor's Degree
☐ Master's Degree or Higher

ZIP CODE: _____

☐ Live in Madison County ☐ Work in Madison County

INSURANCE STATUS: (Check all that apply)

- ☐ I have health insurance
☐ I have no health insurance
☐ I have Medicare
☐ I have Medicaid
☐ Other _____

**Please return survey by June 30, 2015
to:**

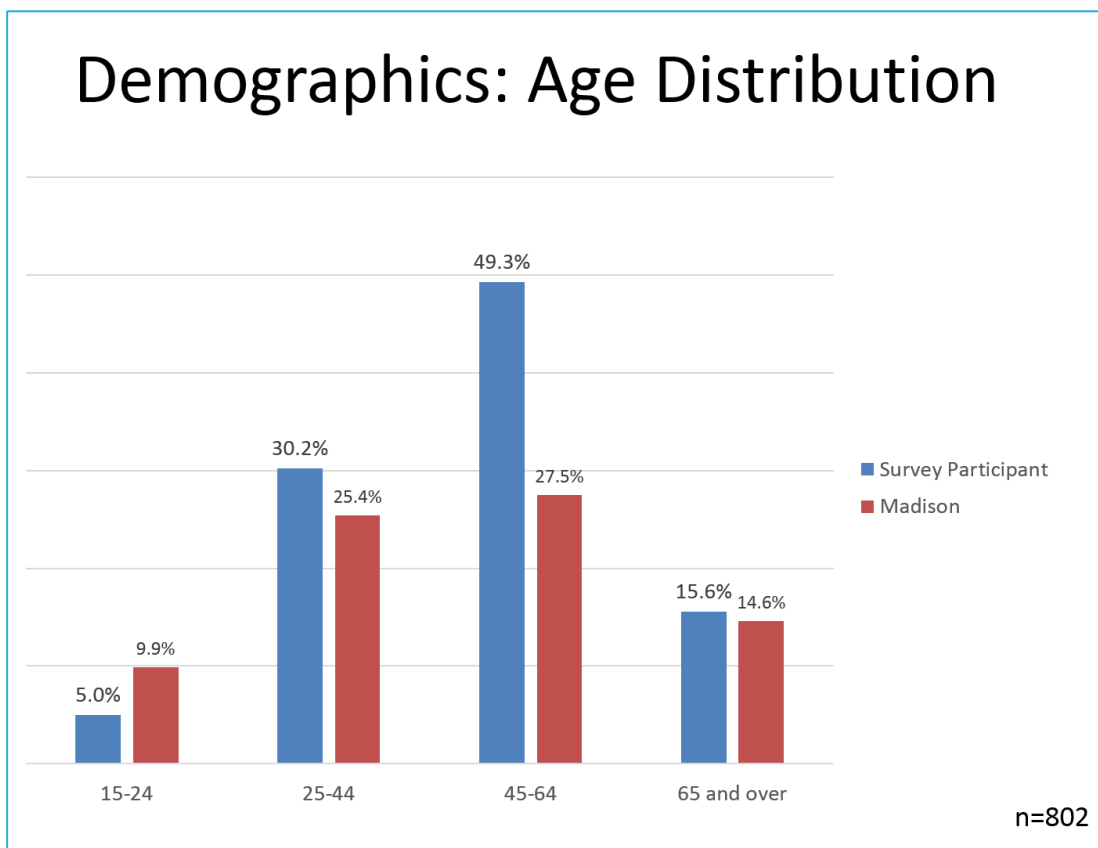
IPLAN
Madison County Health Department
101 E. Edwardsville Road
Wood River, IL 62095
communityhealthplan@co.madison.il.us

HEALTH NEEDS ASSESSMENT PHASE

SURVEY RESULTS

There were 858 responses to the Community Health Survey collected in June 2015 and analyzed for trends, perceived health needs and concerns, and to help understand the status of health in Madison County as part of the health priority setting process.

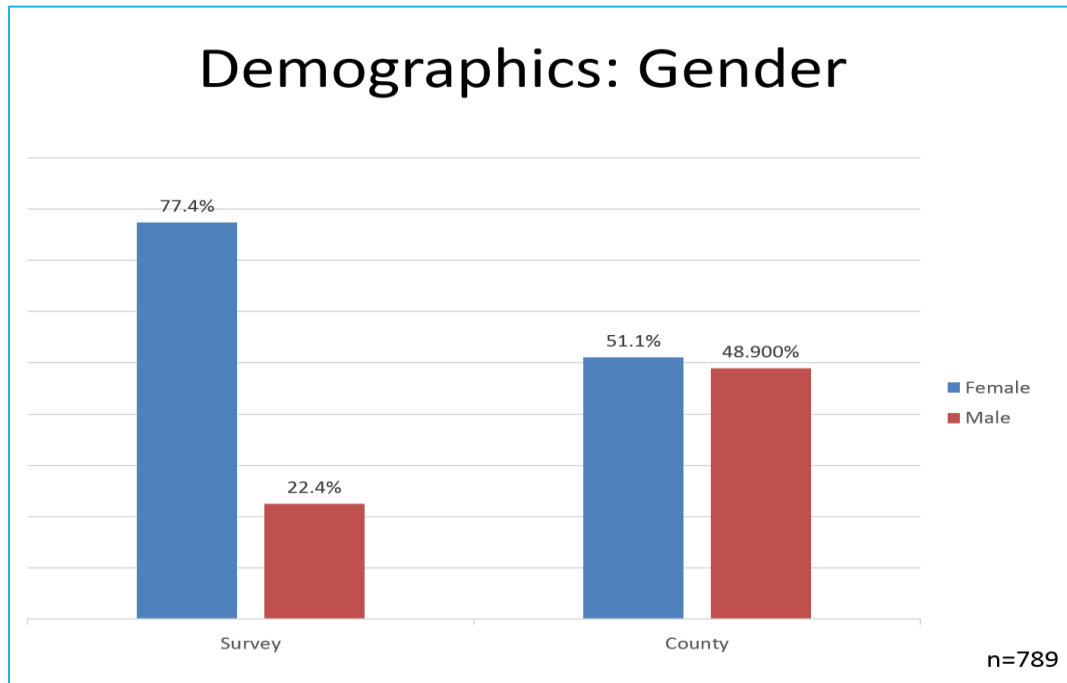
The following tables are highlights from the survey data results that were used by the Core Team:



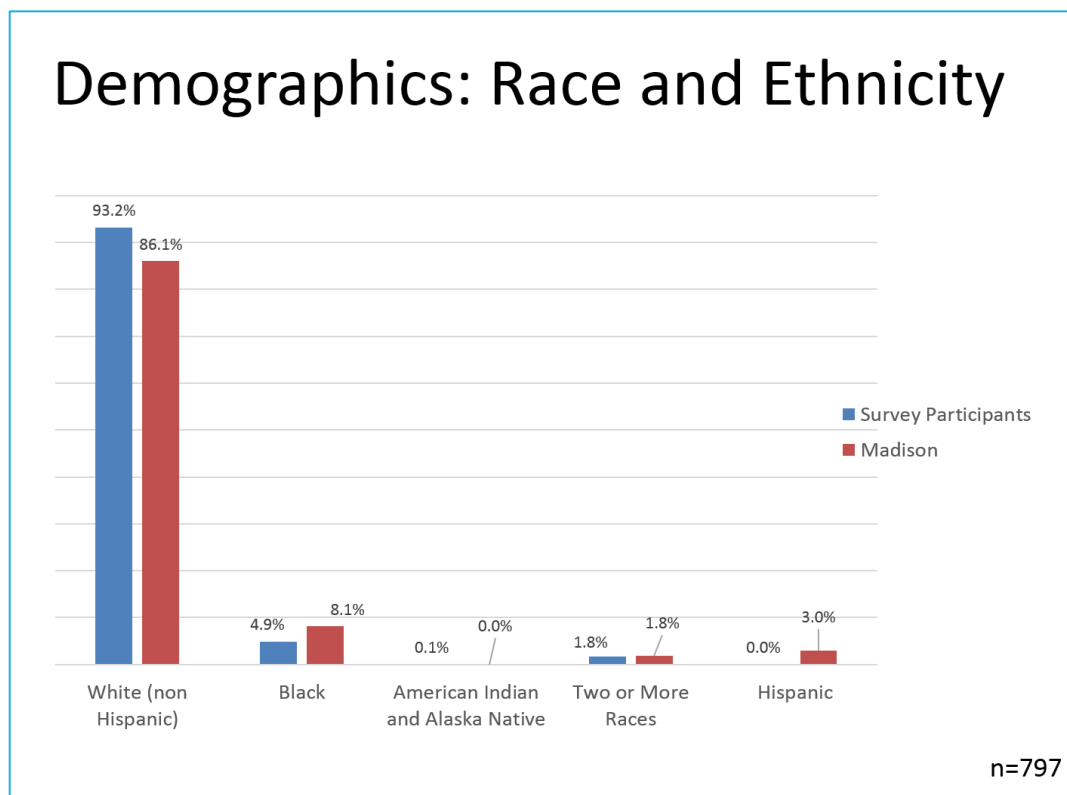
Madison County data from American Community Survey

http://thedataweb.rm.census.gov/TheDataWeb_HotReport2/profile/2013/5yr/np01.html?SUMLEV=50&county=119&state=17

HEALTH NEEDS ASSESSMENT PHASE

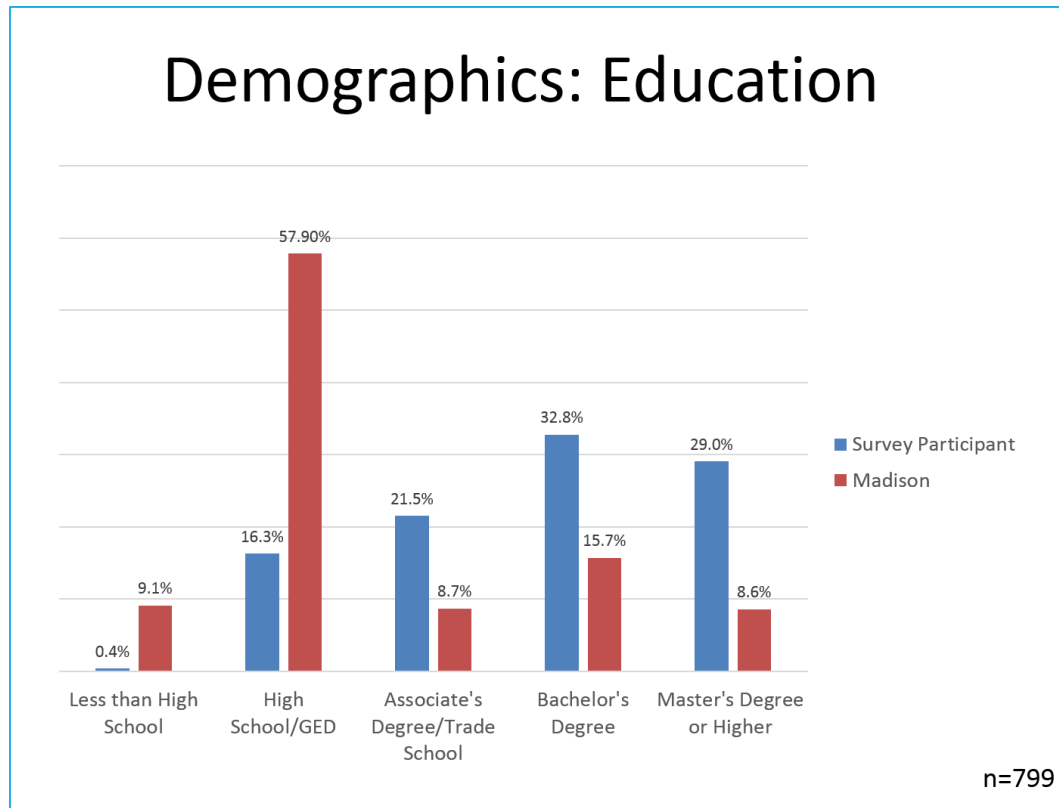


Madison data from Census



Madison data from Census

HEALTH NEEDS ASSESSMENT PHASE



Madison data from American Community Survey

http://thedataweb.rm.census.gov/TheDataWeb_HotReport2/profile/2013/5yr/np01.html?SUMLEV=50&county=119&state=17

GET INVOLVED! Respondents were given the opportunity to include their name and contact information if they would like to get involved and help address the health concerns. We were pleased surprised by the number of people who completed this section. We received:

151 Names

137 Addresses

138 Email Addresses

119 Phone Numbers

During the 5 year implementation phase, we will contact these citizens to identify their areas of interest and provide them with opportunities to get involved.

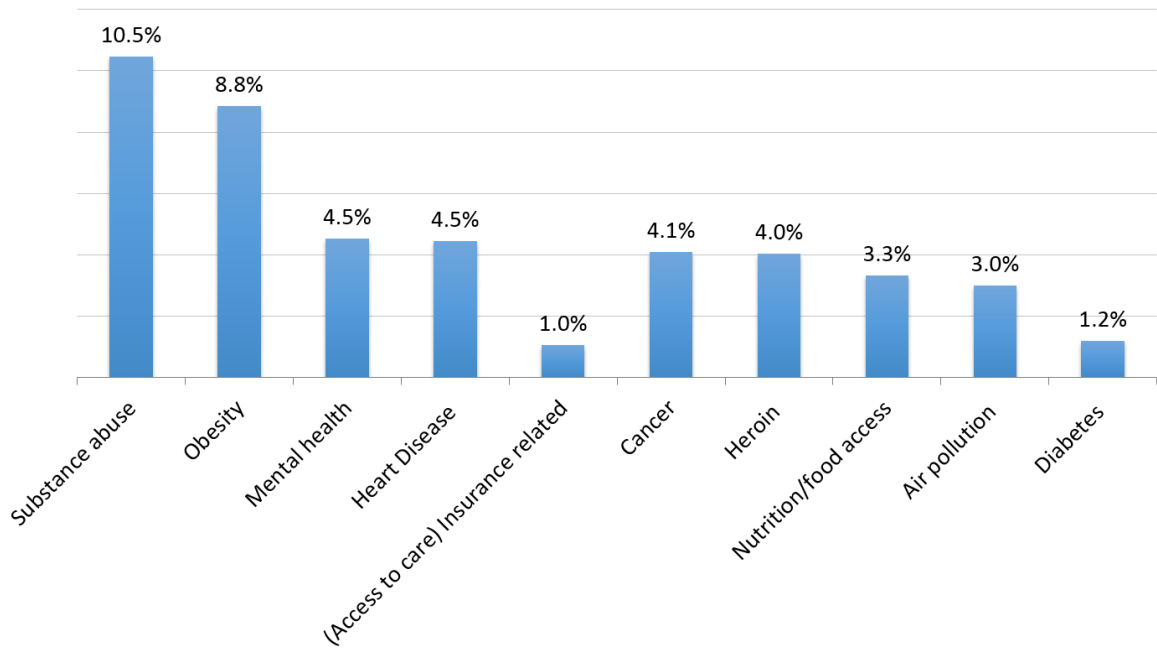
HEALTH NEEDS ASSESSMENT PHASE

Madison County Community Health Survey

1. What do you feel are the most urgent health-related concerns in Madison County? (Please list up to 5)

Question 1: Write in responses

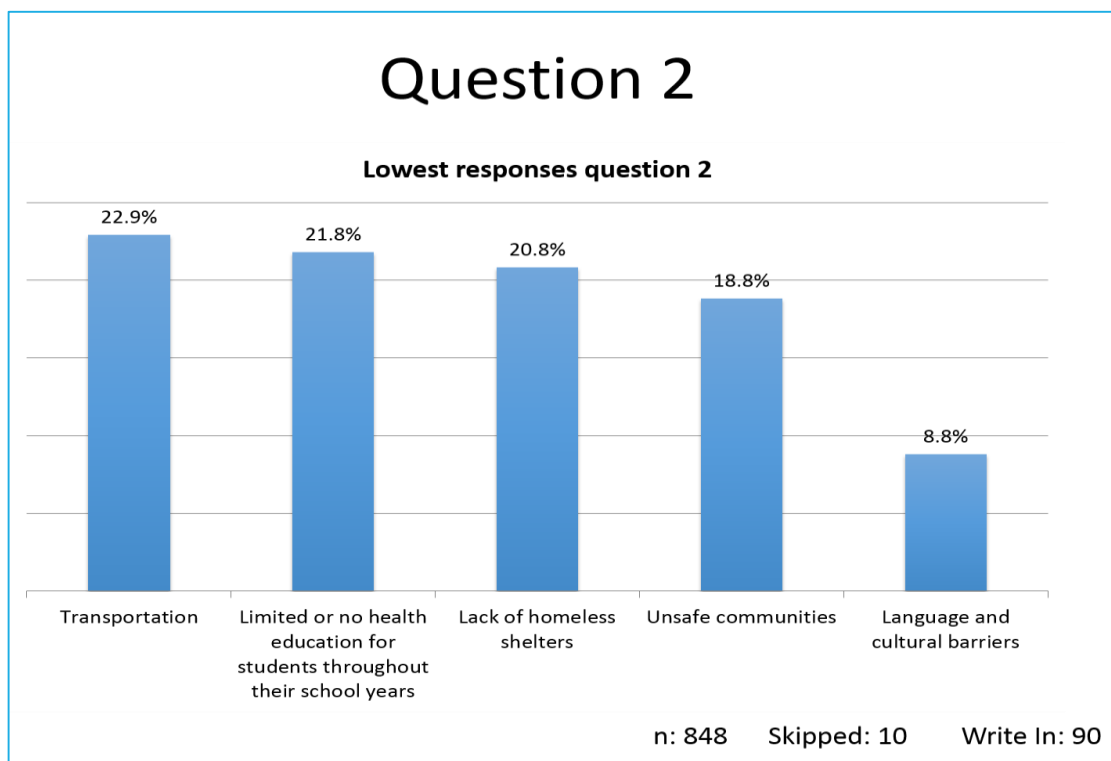
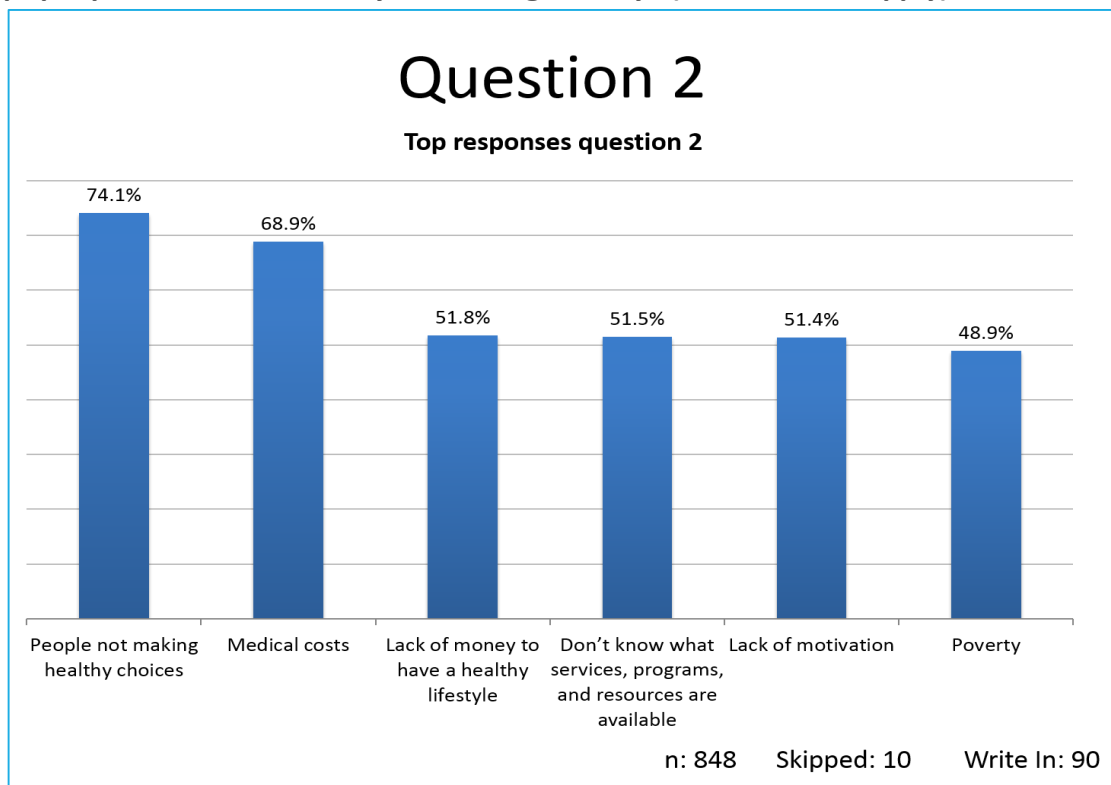
Top 10 Responses Question 1



n= 2896 (67.6%) Blanks: 1389

HEALTH NEEDS ASSESSMENT PHASE

2. What keeps people in Madison County from being healthy? (Check all that apply)

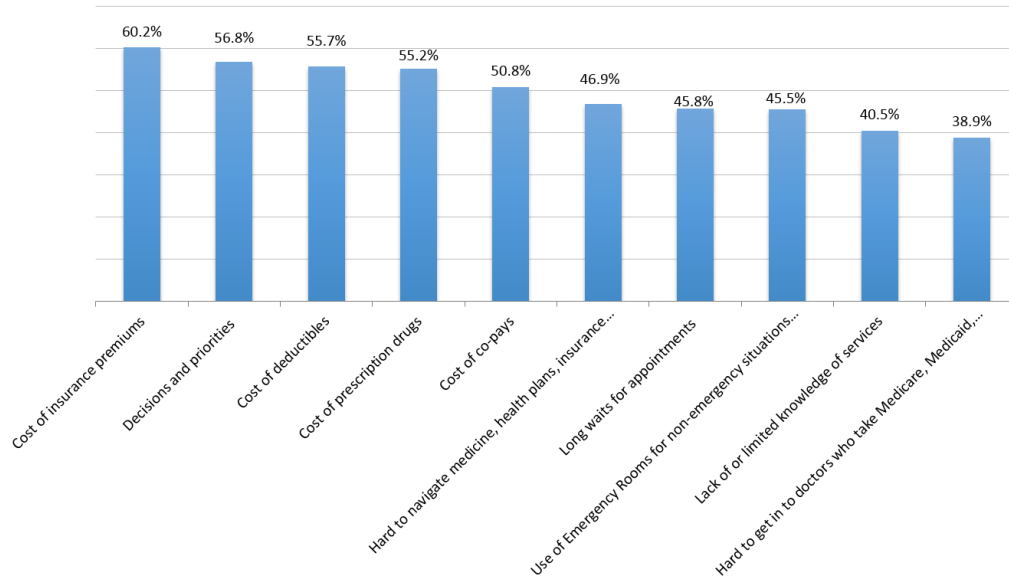


HEALTH NEEDS ASSESSMENT PHASE

3. Please check the following issues as to why you or people you know do not get needed healthcare. (Check all that apply)

Question 3: Access to Care

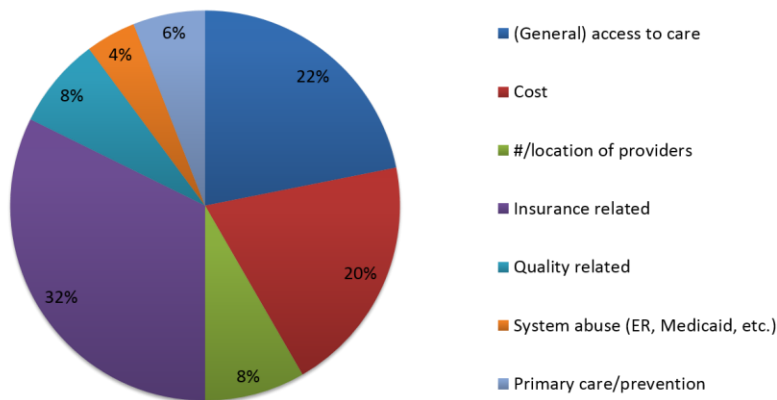
Top 10 Reasons People do not Receive Necessary Health Care



n: 840 Skipped:18 Write in: 64

More About Access to Care

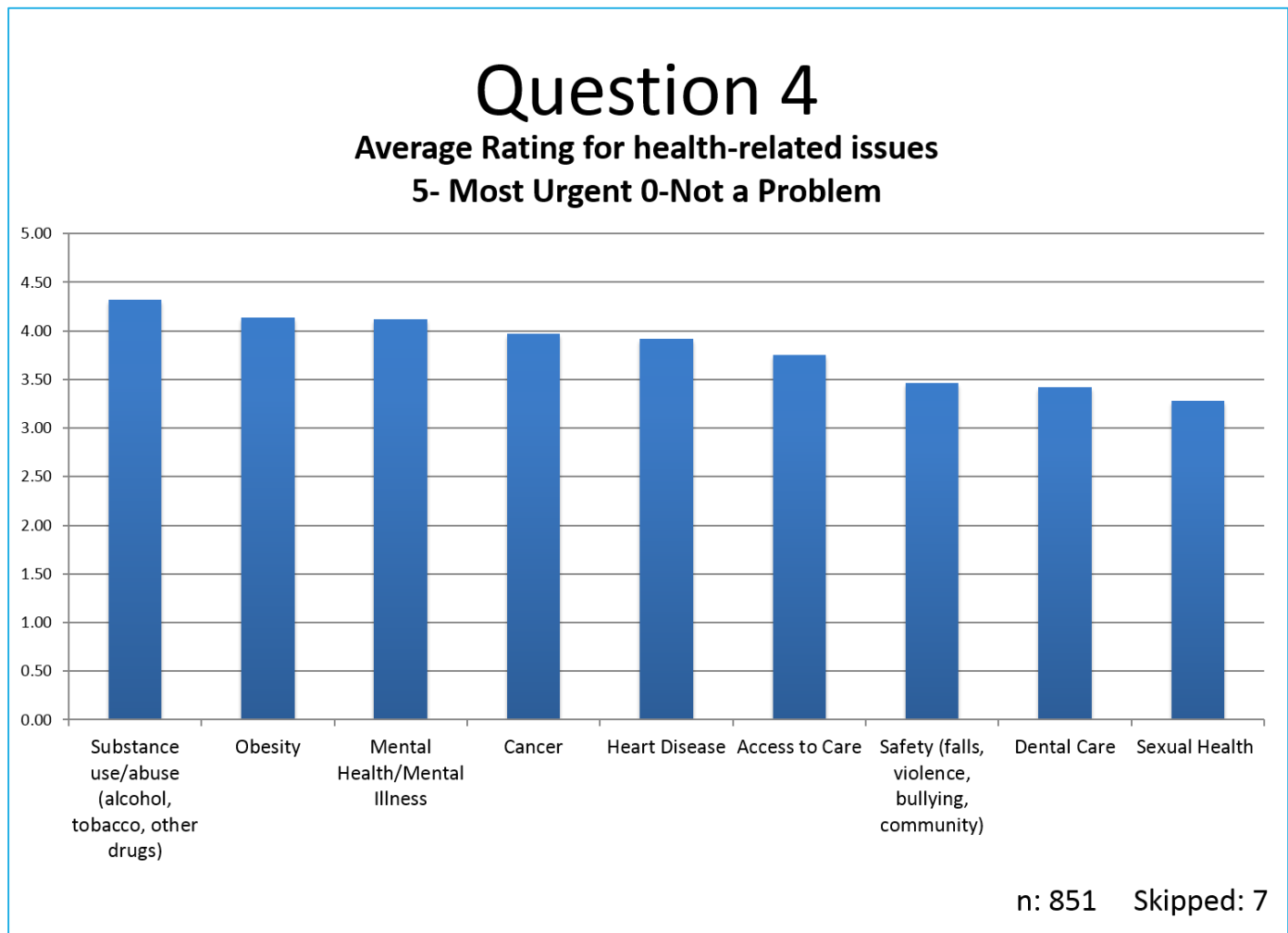
Specific responses of those referencing access to care in Question 1



n=384

HEALTH NEEDS ASSESSMENT PHASE

4. Please rate the following health-related issues on a scale of Most Urgent to Not a Problem.



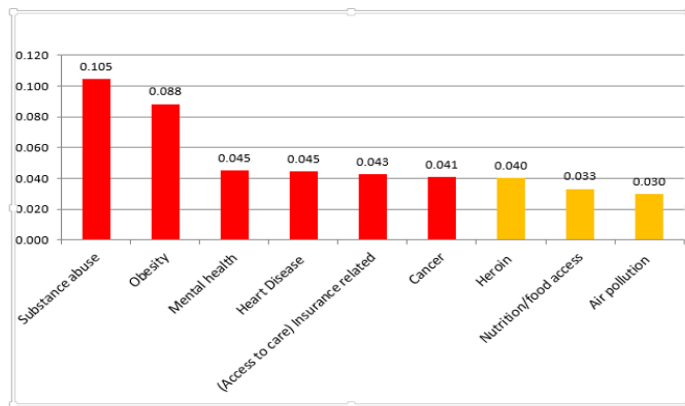
Comparing Questions 1 & 4

In Question 1, survey respondents were asked an open ended question to list their top health concerns for Madison County. In Question 4, survey respondents were asked to choose from a list of the top health concerns derived from the Stakeholder Focus Groups. Comparing the data from both questions, there were 6 categories (the red bars in the graph below) that the community indicated as top areas of concern in both their open ended responses for Question 1 and their selected answers for Question 4. The yellow bars (in the graph below) did not surface in both sets of answers. Therefore, community perception of health concerns and stakeholder perception of health concerns were very similar and generated a foundation for further examination of quantitative (statistical) data for these categories.

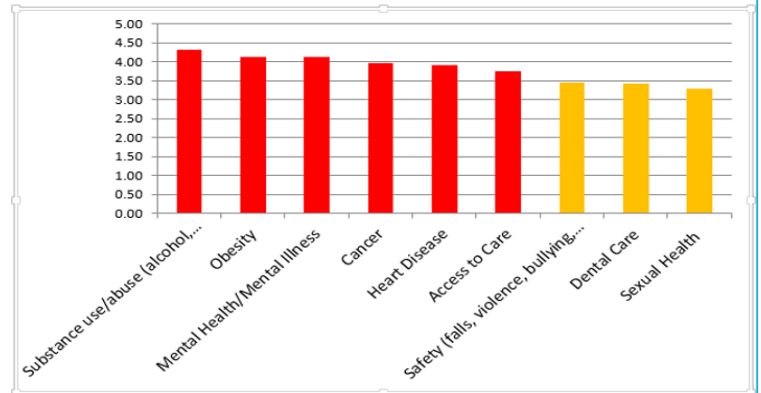
HEALTH NEEDS ASSESSMENT PHASE

Comparing Q1 and Q4

Top 10 Responses (open)



Focus Group concerns rated



Comparing Survey and Focus Groups

Rank	Question 1	Frequency of mentions	Question 4	Avg. Rating
1	Substance abuse	10.5%	Substance abuse	4.32
2	Obesity	8.8%	Obesity	4.14
3	Mental health	4.5%	Mental Health	4.12
4	Heart disease	4.5%	Cancer	3.97
5	Access to care	4.3%	Heart Disease	3.92
6	Cancer	4.1%	Access to Care	3.75
7	Heroin	4.0%	Safety (falls, violence, bullying, community)	3.46
8	Nutrition/food access	3.3%	Dental Care	3.42
9	Air quality	3.0%	Sexual health	3.28
10	Diabetes	1.2%		

HEALTH NEEDS ASSESSMENT PHASE

PHOTOVOICE PROJECT

For this round of IPLAN, Madison County Health Department added a new assessment tool, called Photovoice: Madison County, to help identify health concerns in Madison County. MCHD invited Board of Health members, Advisory members, community partners, and the community at large to participate in the Photovoice project. They were asked to take photos **of things that make it difficult to be healthy or to live a healthy lifestyle in Madison County, IL.** These photos could be taken in the community, school, workplace, or home. Photos were sent to photovoice@co.madison.il.us or uploaded to photovoiceMCHD when logged in to Facebook. For each photo, people were asked to include: description of why you chose this image; how it is a challenge to health; and zip code or general location (if possible). Photovoice publicity indicated that all photos received were to be considered property of Madison County and that submission of the photos constituted consent for the public use of the photos. If someone wanted to withdraw consent, they were asked to contact the health department in writing. Submissions were due by June 30, 2015.

Although we only received 13 photos, they were very telling and echoed our findings in the quantitative data and other qualitative data that we collected. It seemed as though people were unsure “how Photovoice worked” and the question posed may have been challenging to determine what to capture. We determined that a Photovoice Project would be an interesting way to capture data for other initiatives that would have a more specific topic, focus, or audience.

Example of Photovoice Promotional Content:

Let Your Voice Be Heard!


Photovoice Project

Madison County Health Department wants to hear from YOU!
Take photos of things that make it difficult to be healthy or to live a healthy lifestyle in Madison County, IL. These photos can be taken in your community, school, workplace, or home.
Send photos to photovoice@co.madison.il.us.
For each photo, include:

- ✓ Description of why you chose this image
- ✓ How it is a challenge to health
- ✓ Zip code or general location (if possible)

All photos received will be considered property of Madison County. The submission of the photos constitutes consent for the public use of the photos.
If you would like to withdraw consent, please contact the health department in writing.

Deadline June 30th!



HEALTH NEEDS ASSESSMENT PHASE

QUANTITATIVE DATA REVIEW

During May-August 2015, data was collected, organized, reviewed, and analyzed within the 7 required IPLAN Data System areas, as well as other categories identified as relevant and timely in regard to health status in Madison County. During the summer, the results of the Community Health Survey qualitative data were synthesized and analyzed to help inform specific quantitative data sets to include in the analysis. Upon further review, 10 top health concerns, identified from the three data collection sources, became clear and were utilized by the Core Team during the health priority setting process in August 2015. Ultimately, specific data points for each of these 10 health concerns were selected to help “tell our story” to the Core Team and through the IPLAN process.

The following data categories and key data findings culminated the most urgent health concerns for the 2016-2021 County Health Needs Assessment. Data on sentinel events was collected and reviewed as part of the Quantitative Data Analysis; however, no sentinel events appeared to be in urgent need of addressing nor indicated concerning rates for Madison County.

HEALTH NEEDS ASSESSMENT PHASE

MADISON COUNTY DEMOGRAPHICS

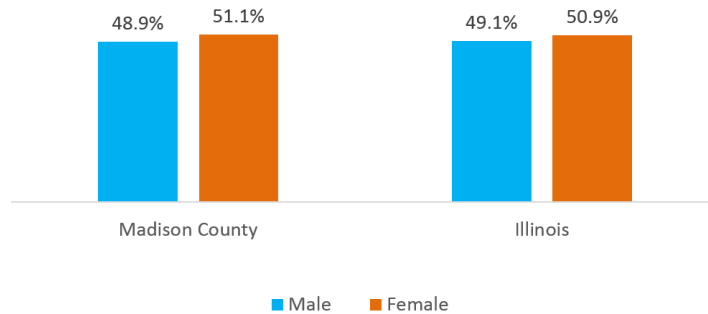
Population Characteristics

Total Population of Madison County:

266,560

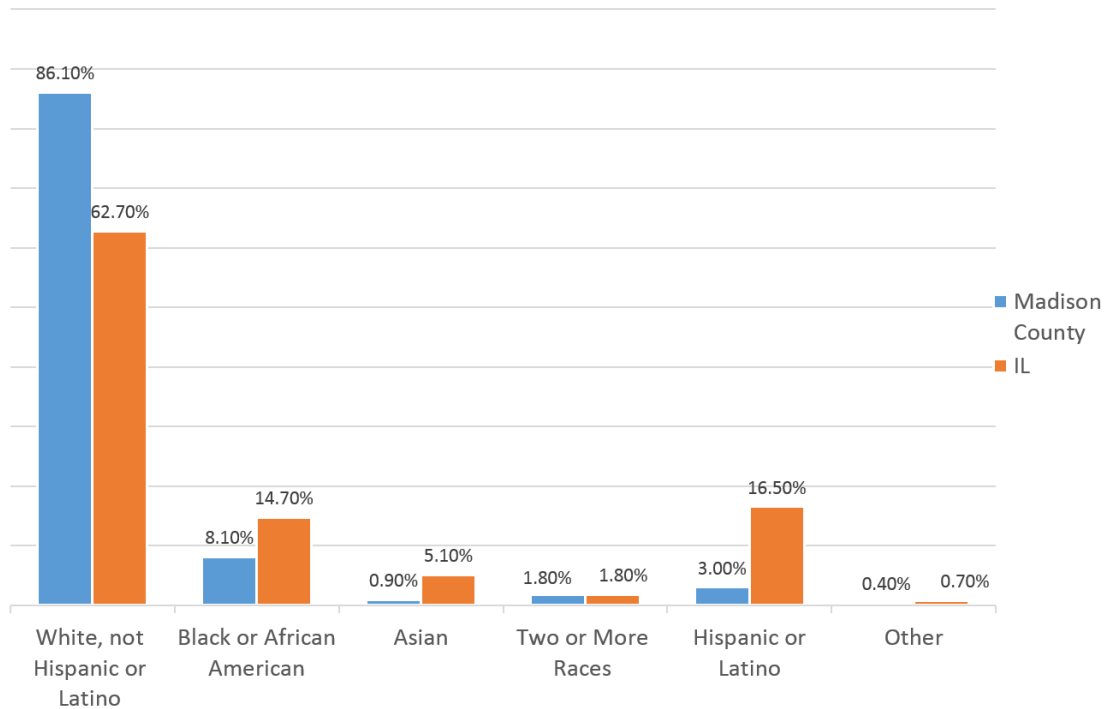
(US Census, 2014 Population Estimate)

Population Characteristic: Gender

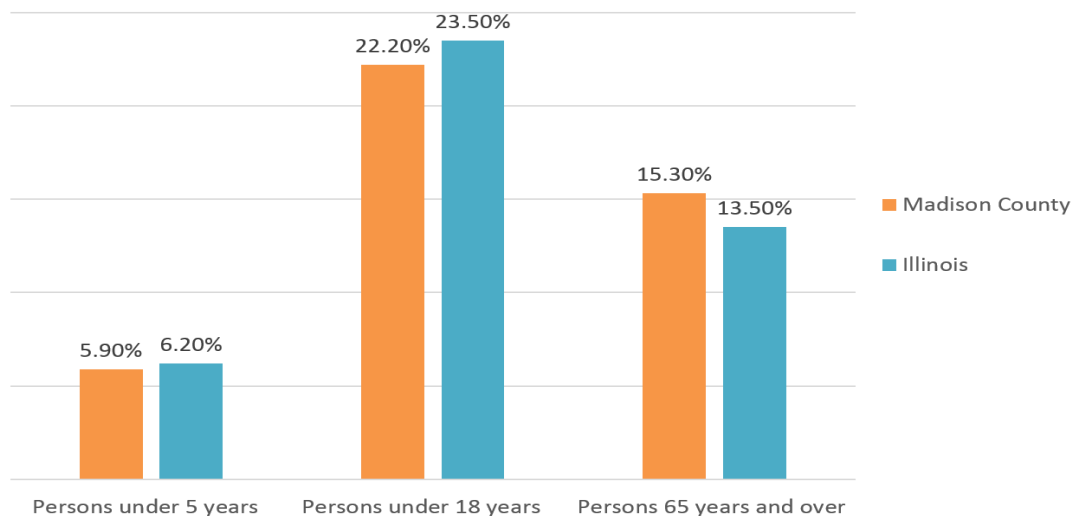


HEALTH NEEDS ASSESSMENT PHASE

Population Characteristic: Race and Ethnicity

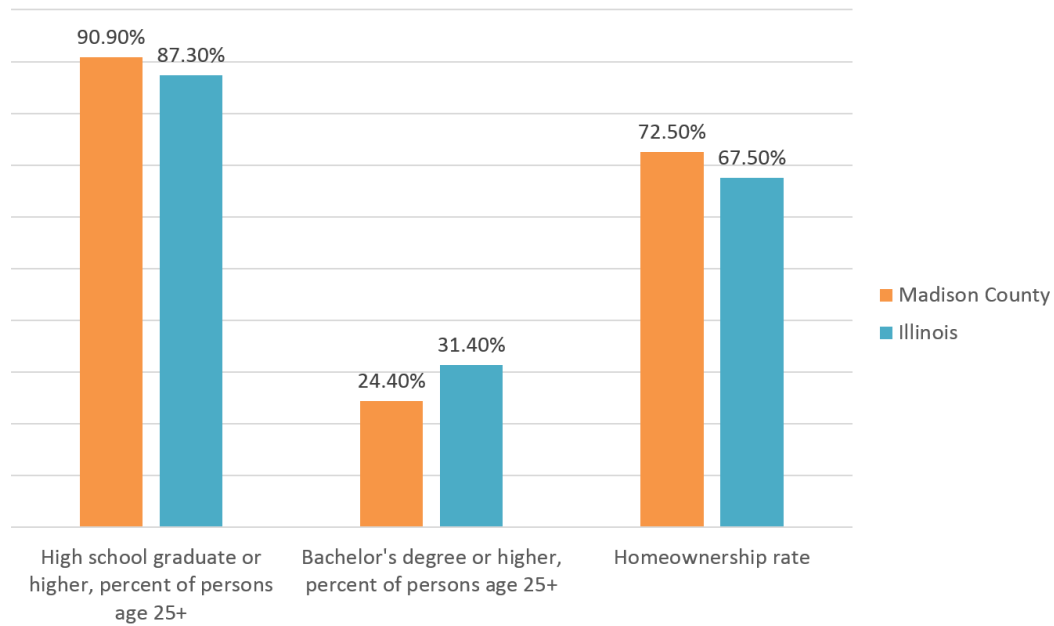


Population Characteristic: Age

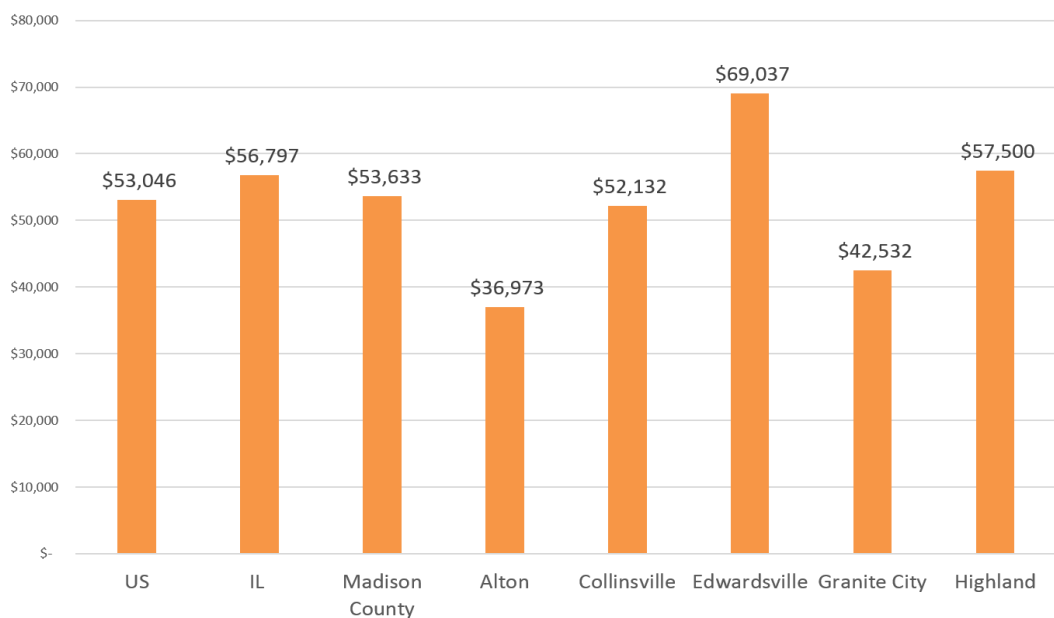


HEALTH NEEDS ASSESSMENT PHASE

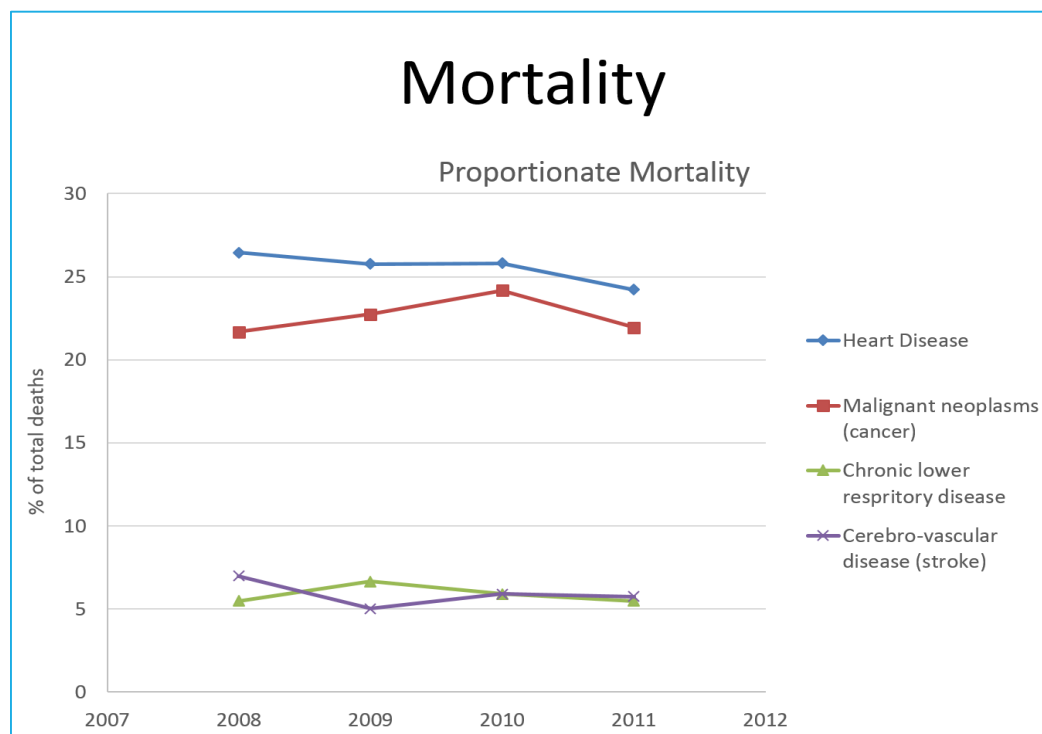
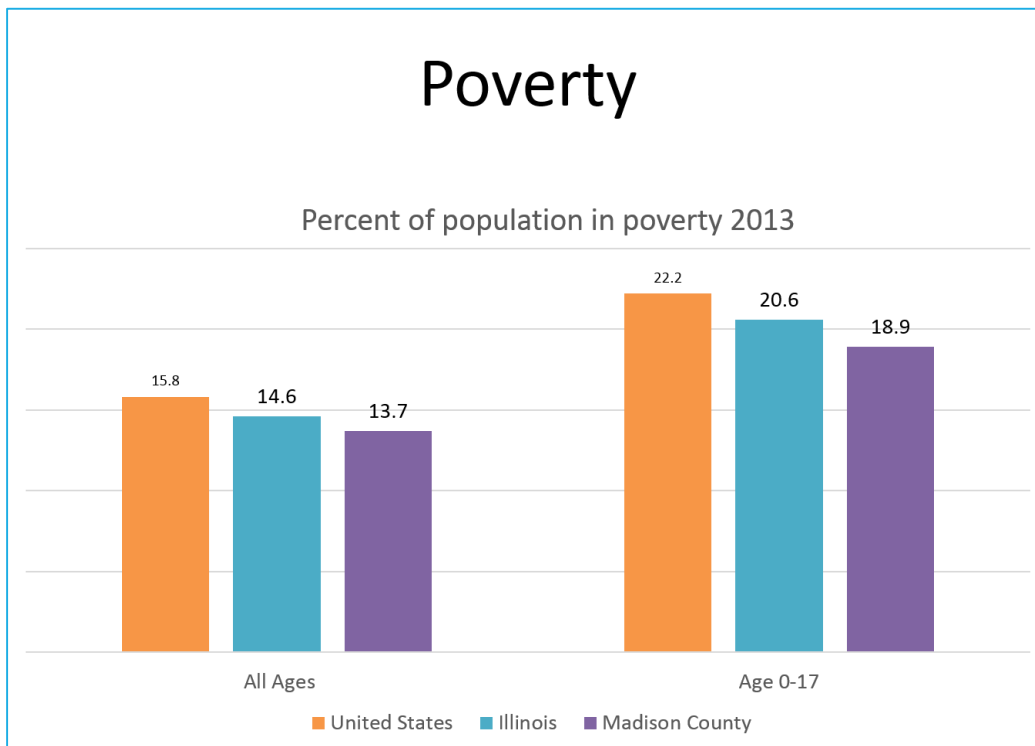
Population Characteristic: Education and Home Ownership



Population Characteristic: Median Household Income



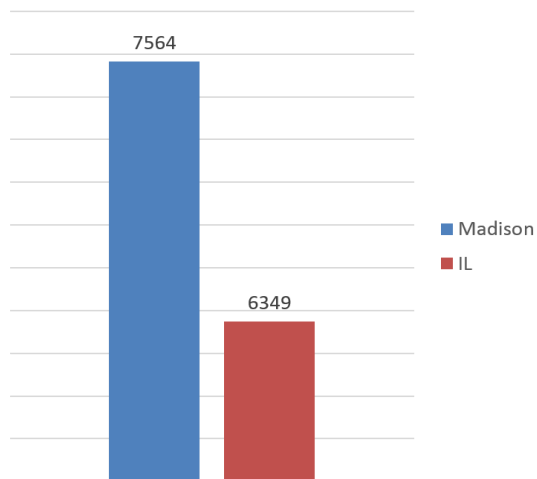
HEALTH NEEDS ASSESSMENT PHASE



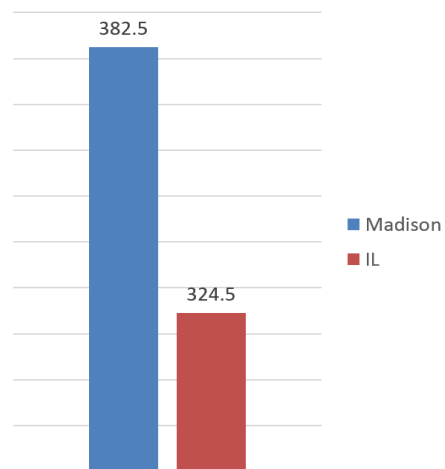
HEALTH NEEDS ASSESSMENT PHASE

Mortality

Years of potential life lost before age 75 per 100,000 population

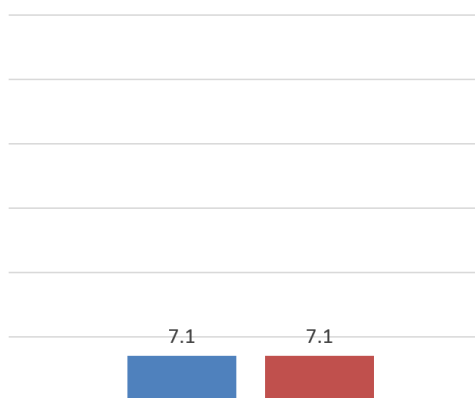


Premature age-adjusted mortality per 100,000

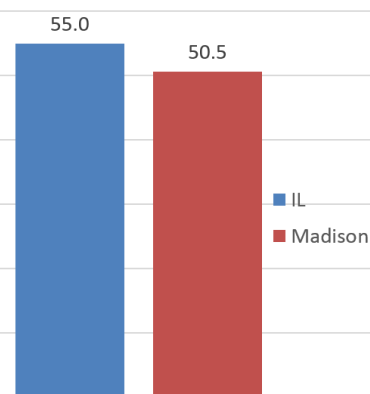


Mortality

Infant mortality, number of deaths among children less than one year of age per 1,000 live birth



Child mortality, number of deaths among children under age 18 per 100,000 population



HEALTH NEEDS ASSESSMENT PHASE

County Health Rankings is the analysis of specific data sets which are collected and comparable within a state, but not necessarily across states. It provides indicators that can be measured and compared over time for counties to monitor their progress and states to identify hot spot areas for certain factors. County Health Rankings & Roadmaps is a program of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

This chart is the overview of Madison County's 2015 rankings for each topic and indicator areas compared to the 102 counties in Illinois. For more detailed data and the indicators used for each topic, please visit the County Health Rankings website www.countyhealthrankings.org and look up Madison County, IL.

County Health Rankings

Topic	Ranking (out of 102)
Health Outcomes	70
Length of Life	65
Quality of Life	76
Health Factors	42
Health Behaviors	69
Clinical Care	30
Social and Economic Factors	43
Physical Environment	79
Overall Rank	42

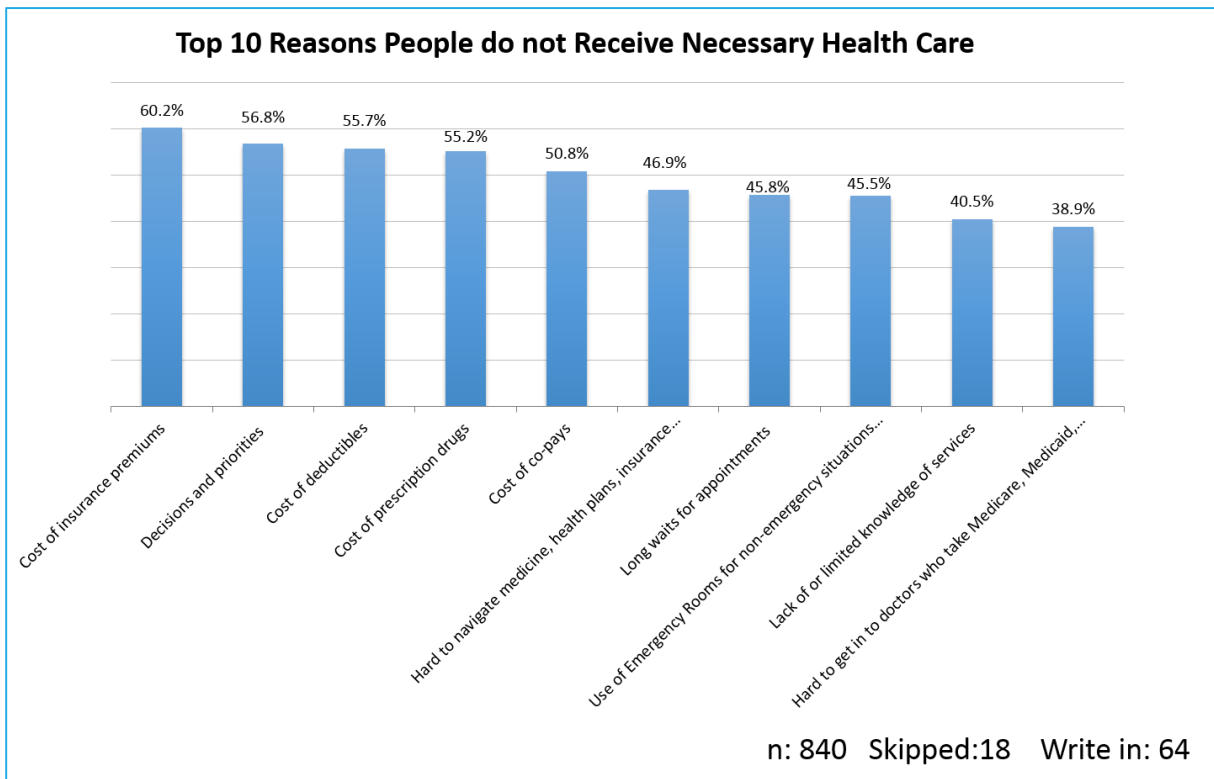
Source: County Health Rankings – Mobilizing Action Toward Community Health, Illinois, 2015 A program of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org

HEALTH NEEDS ASSESSMENT PHASE

ACCESS TO CARE

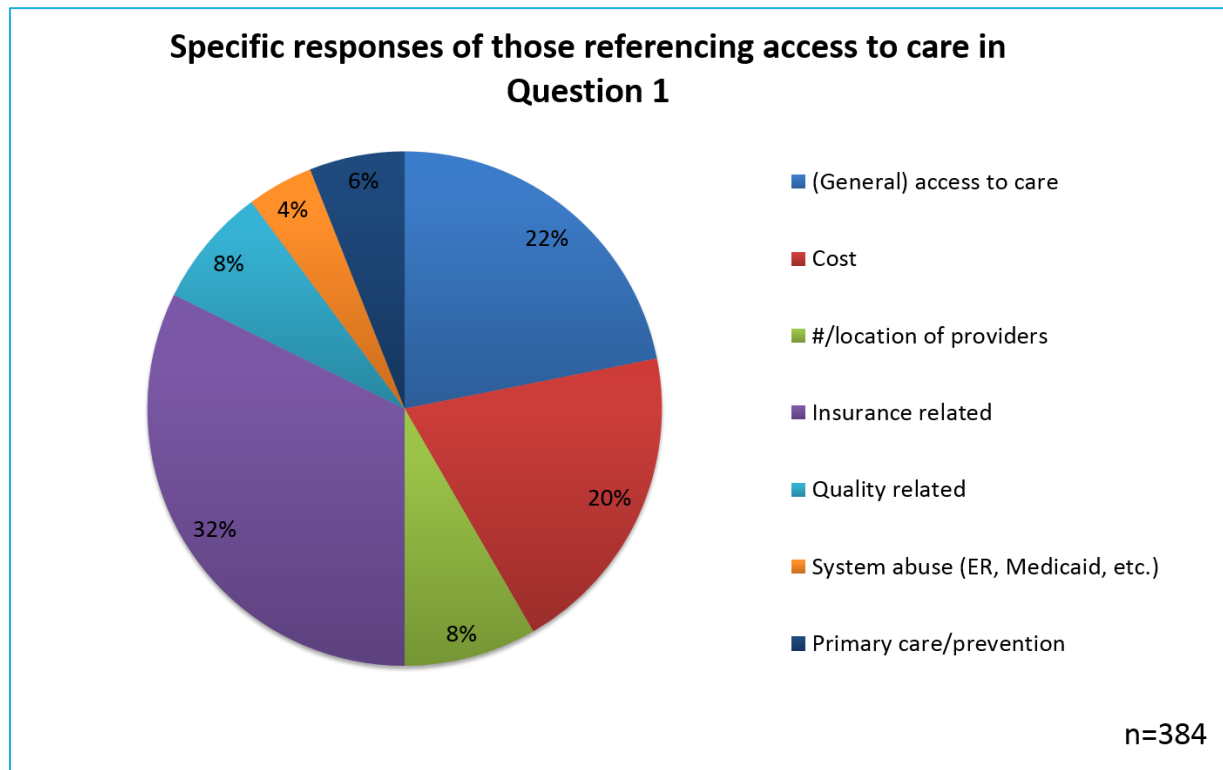
Access to Care

- 30% survey respondents report issues with insurance, 20% report cost issues
- Working poor, highest uninsured rate at 138% of poverty
- 50% of patients reported doctors that didn't always communicate well

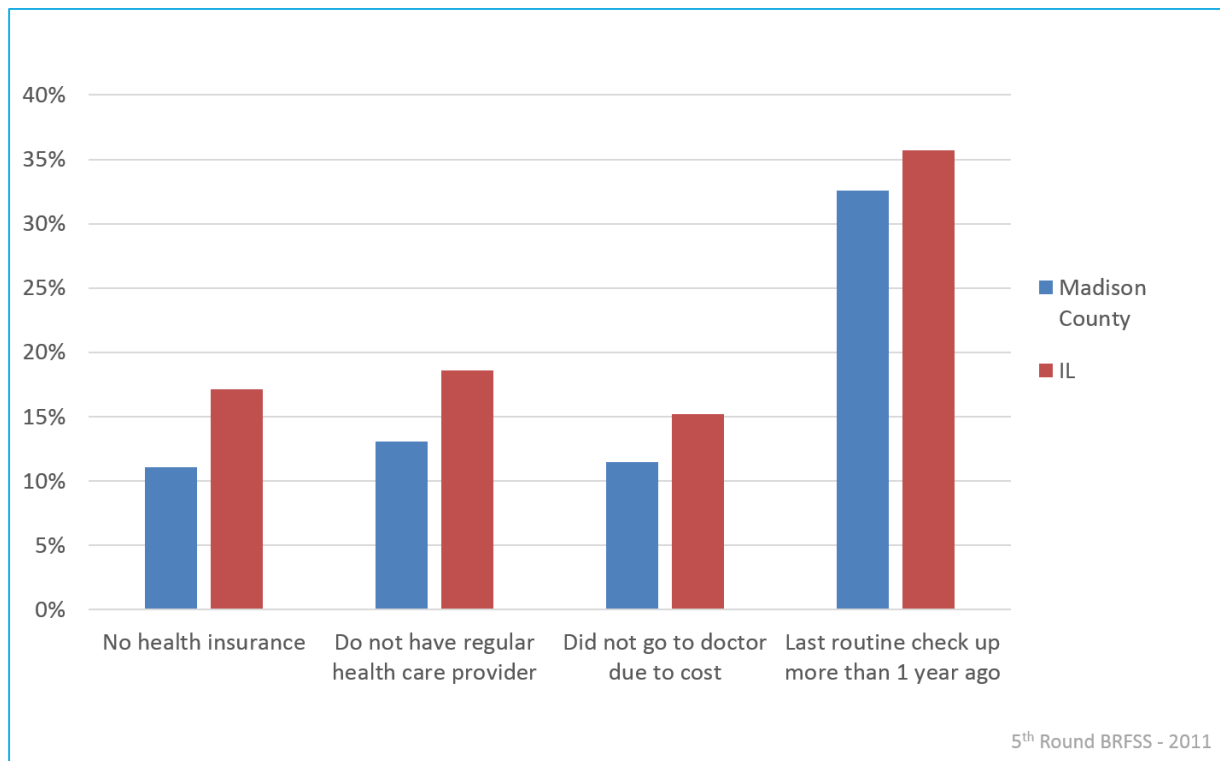


Madison County Health Needs Assessment Community Survey, June 2015

HEALTH NEEDS ASSESSMENT PHASE

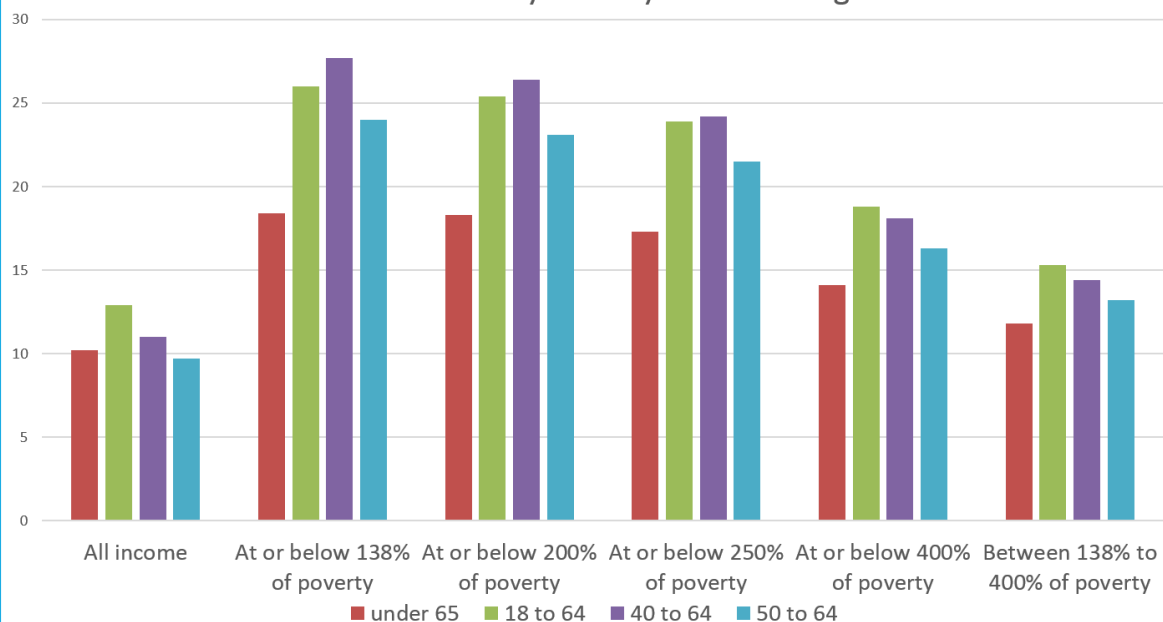


Madison County Health Needs Assessment Community Survey, June 2015



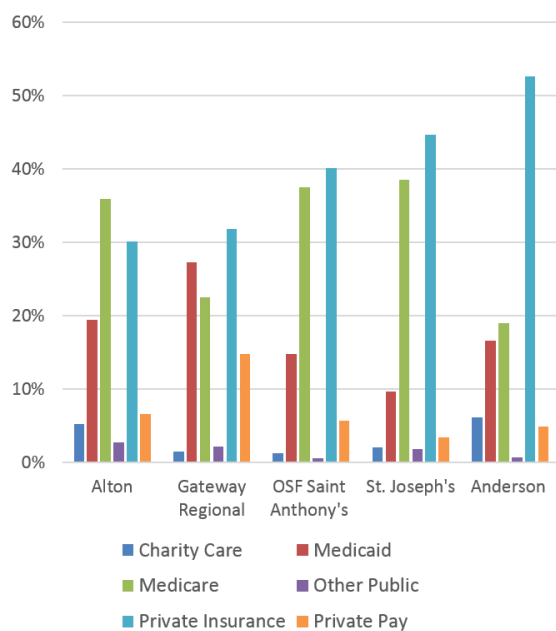
HEALTH NEEDS ASSESSMENT PHASE

Percent Uninsured by Poverty levels and Age 2013

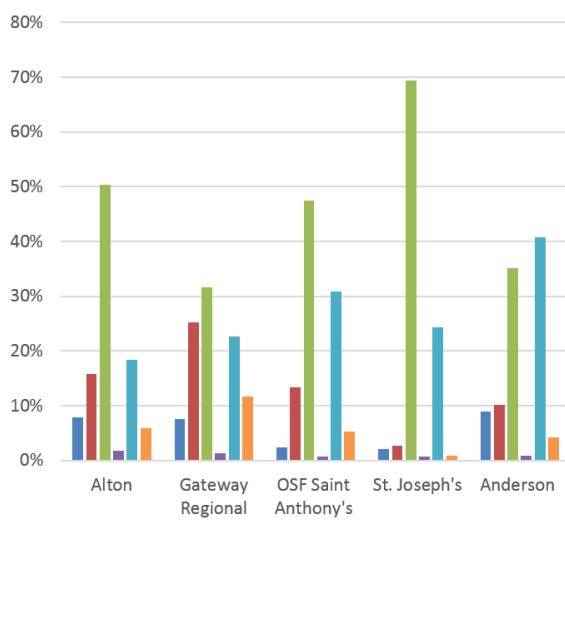


U.S. Census Bureau/Small Area Health Insurance (SAHIE), March 2015

Outpatient Payment Sources, 2013

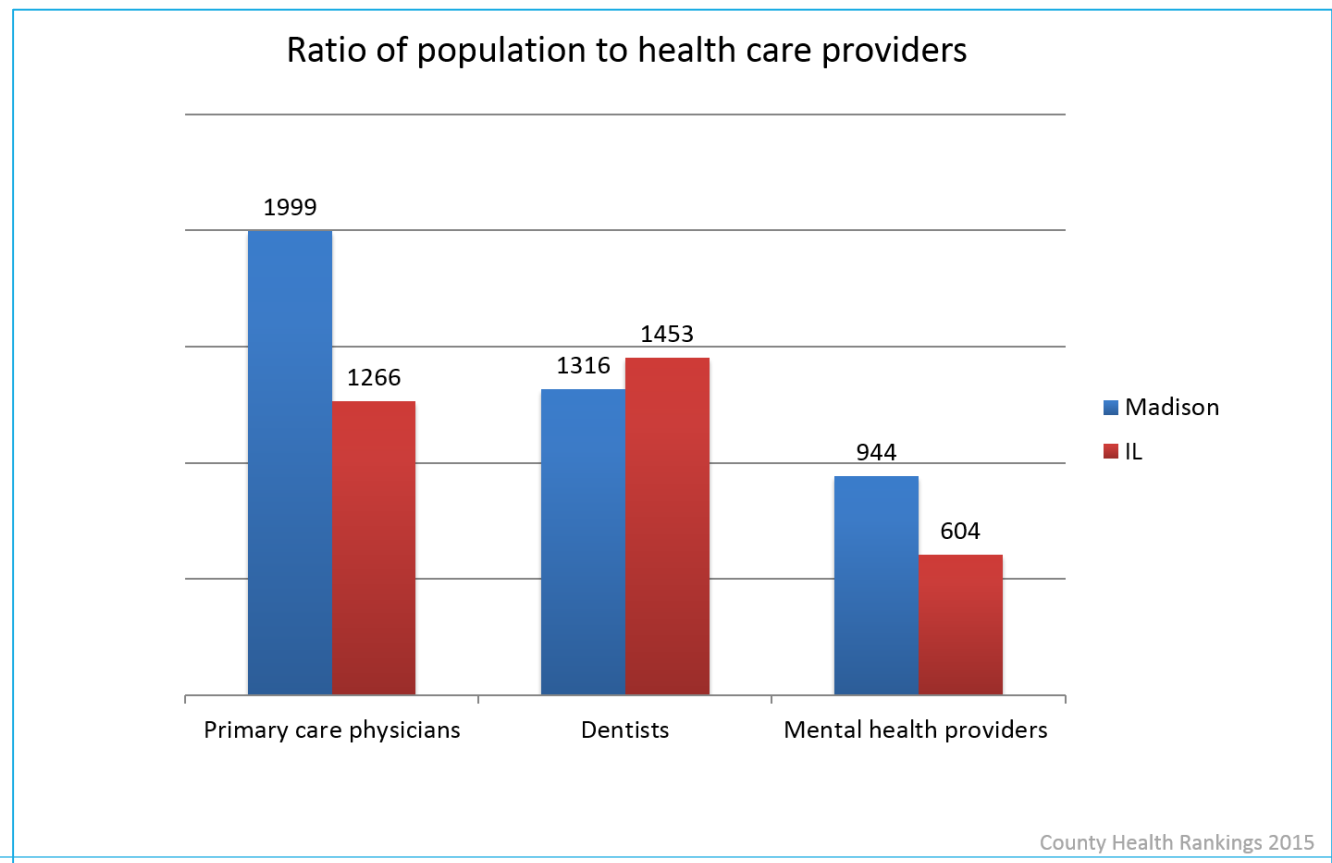
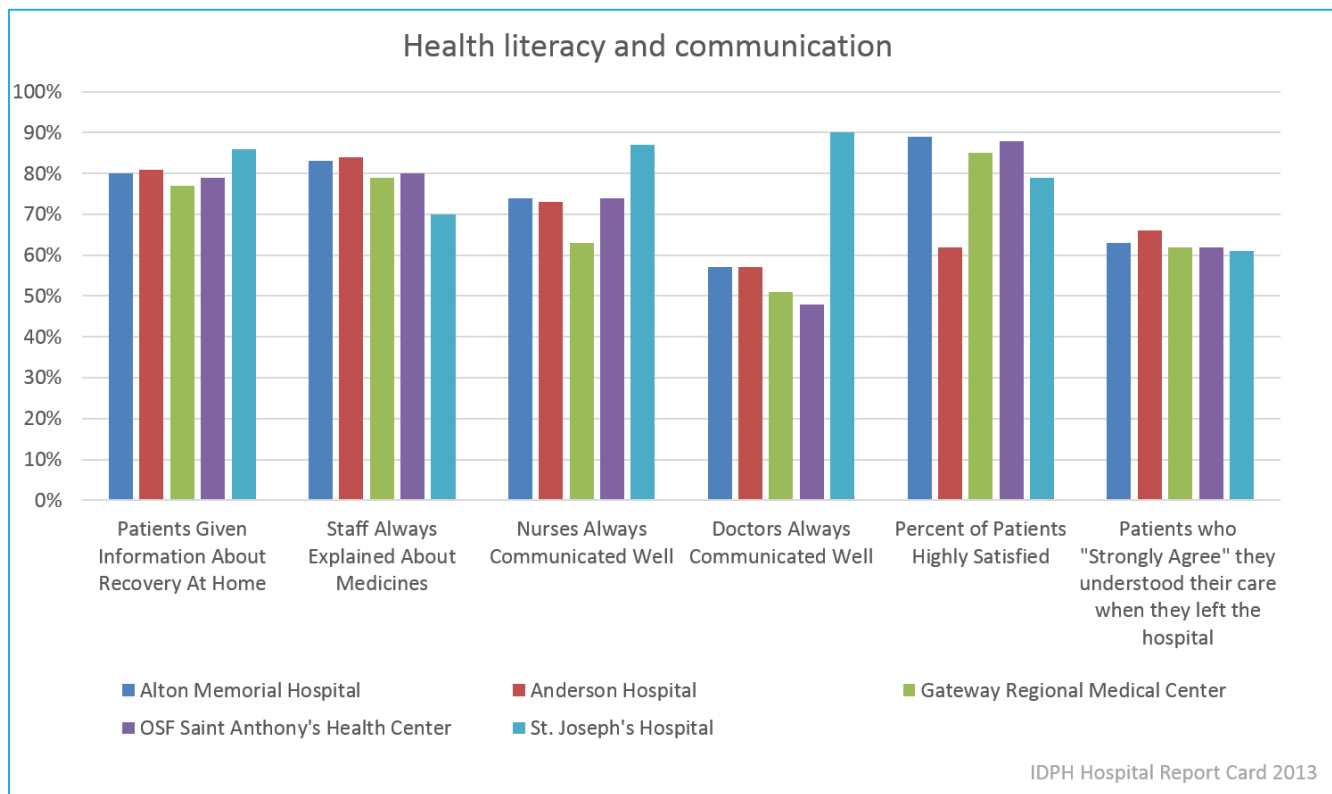


Inpatient Payment Sources, 2013



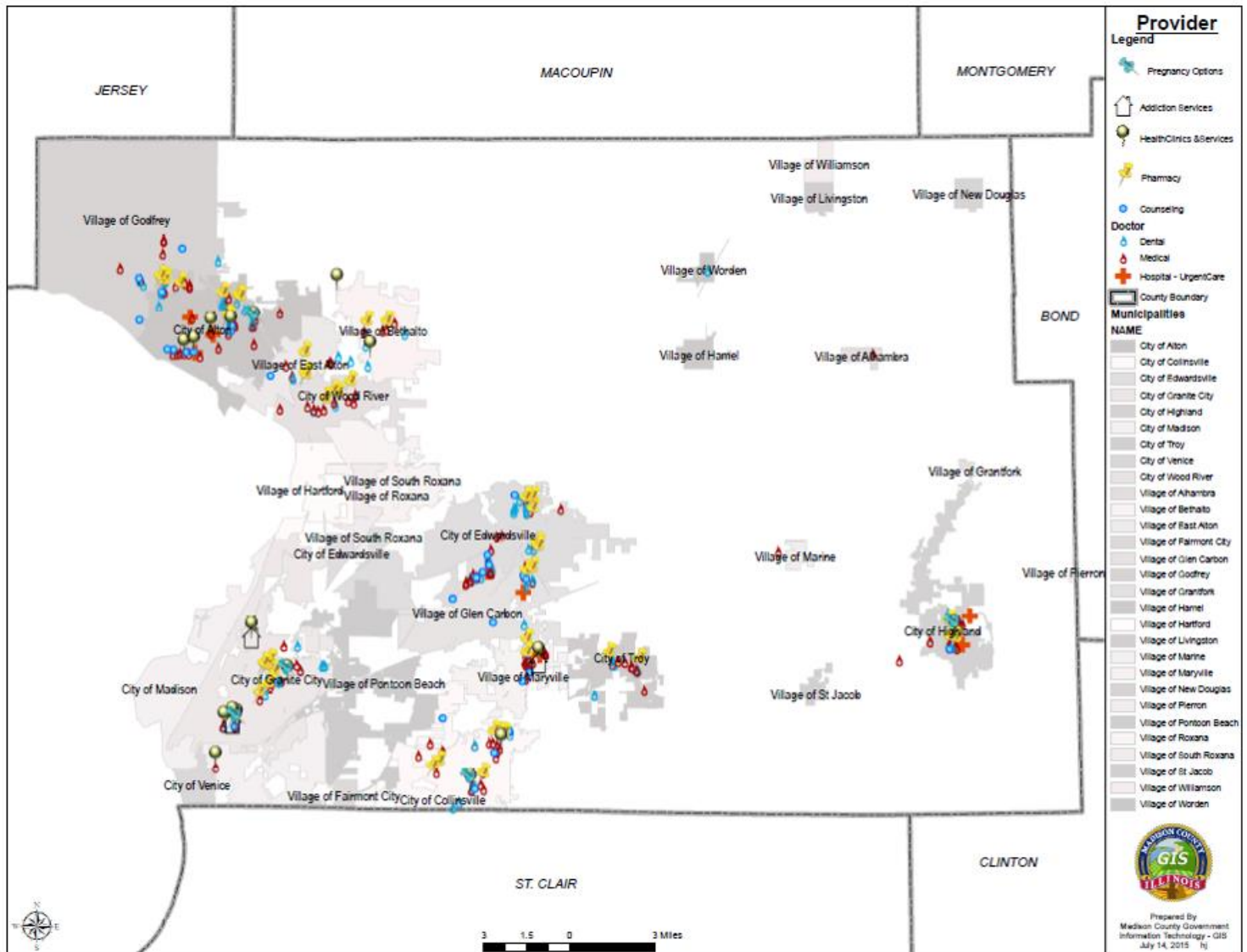
IDPH Hospital Report Card 2013

HEALTH NEEDS ASSESSMENT PHASE



HEALTH NEEDS ASSESSMENT PHASE

Healthcare Provider Service locations in Madison County

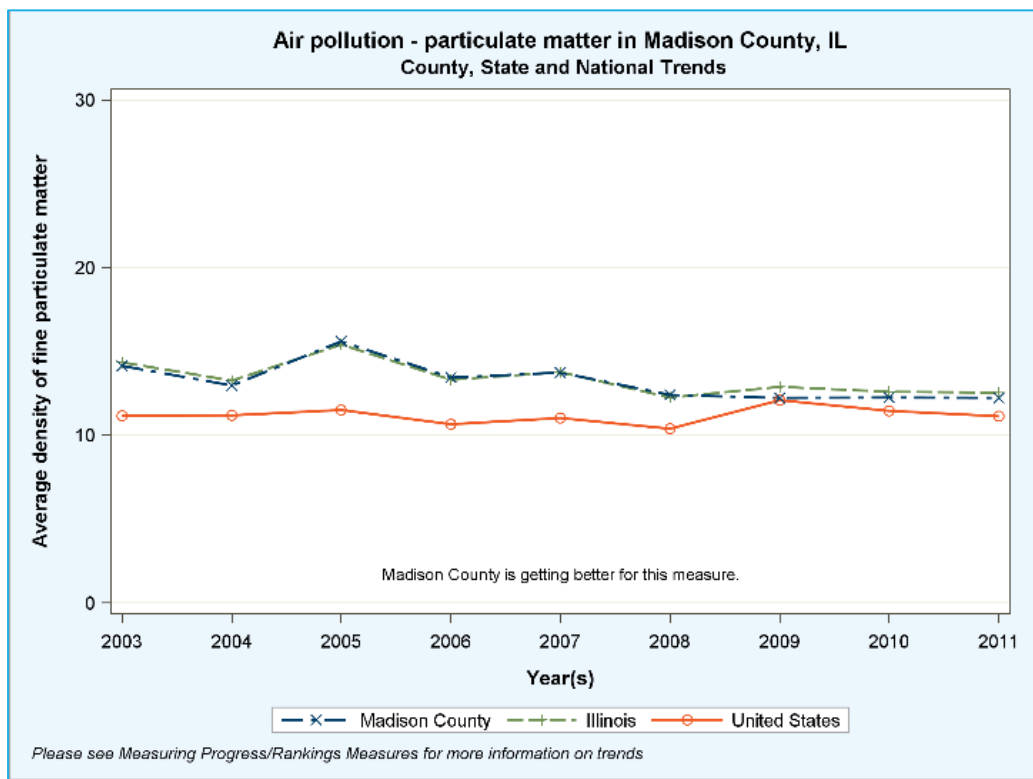


HEALTH NEEDS ASSESSMENT PHASE

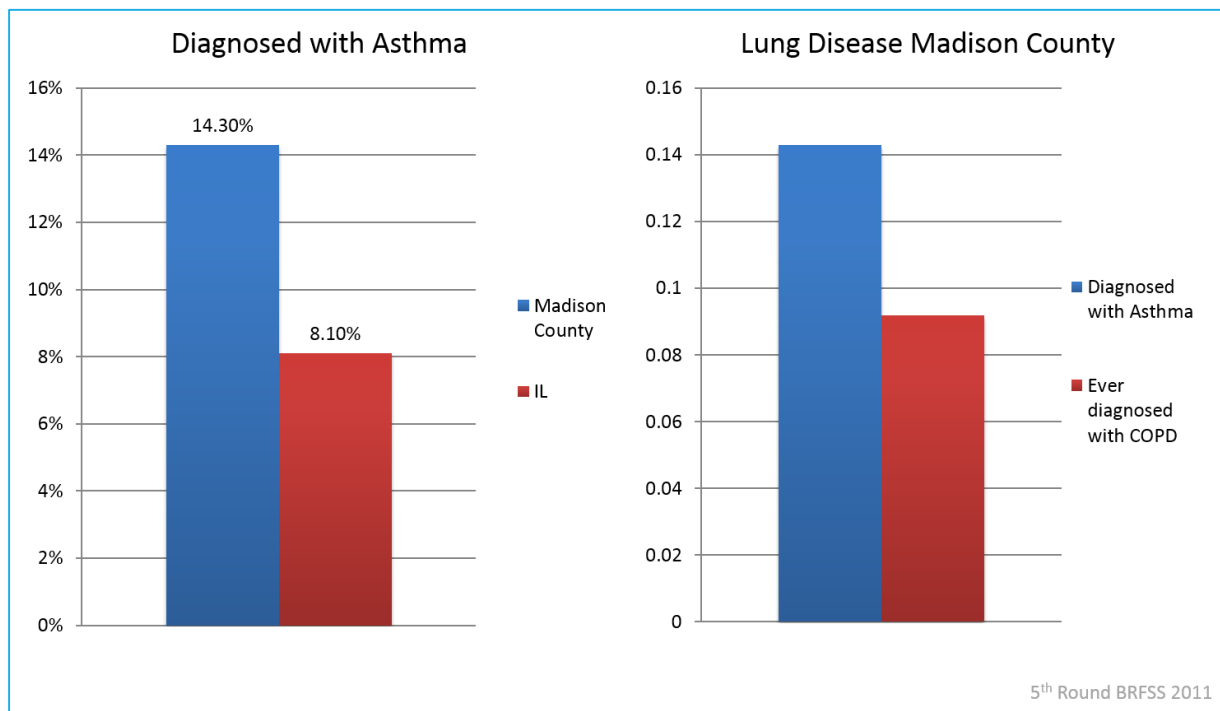
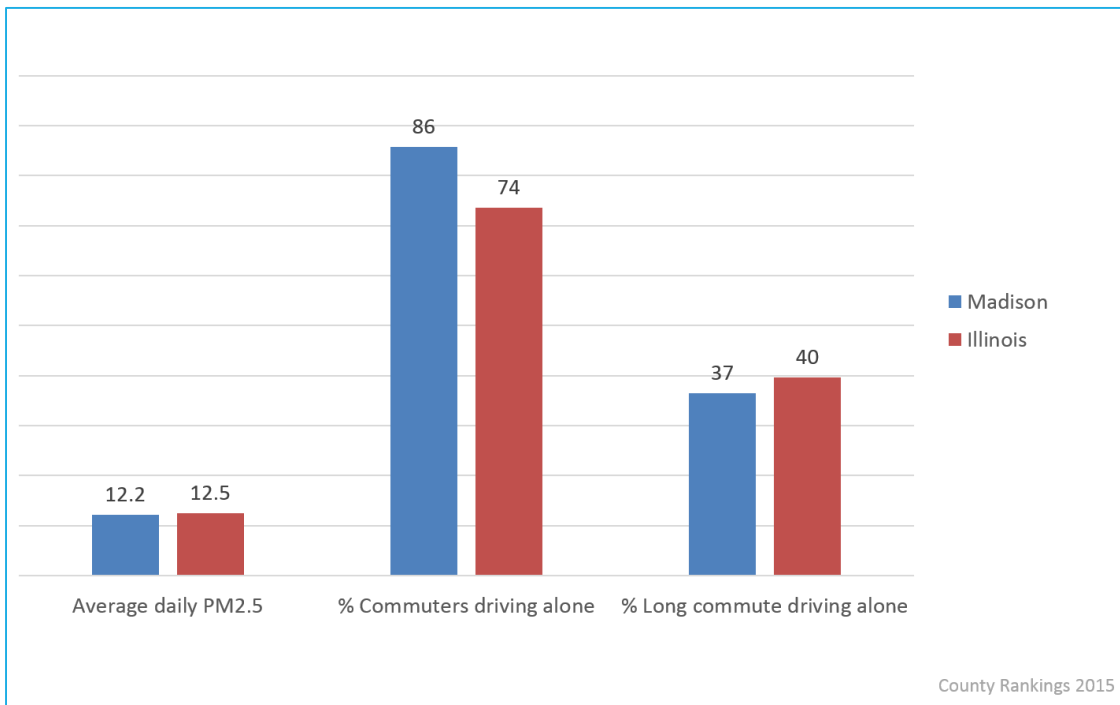
AIR QUALITY

Air Quality

- Avg daily PM2.5 12.2, similar to state
- 14.3% of residents in Madison County suffer from asthma, 9% with COPD
- Community concern about the refineries in the county
- Ranked 79 in physical environment on County Health Rankings



HEALTH NEEDS ASSESSMENT PHASE



HEALTH NEEDS ASSESSMENT PHASE

CANCER

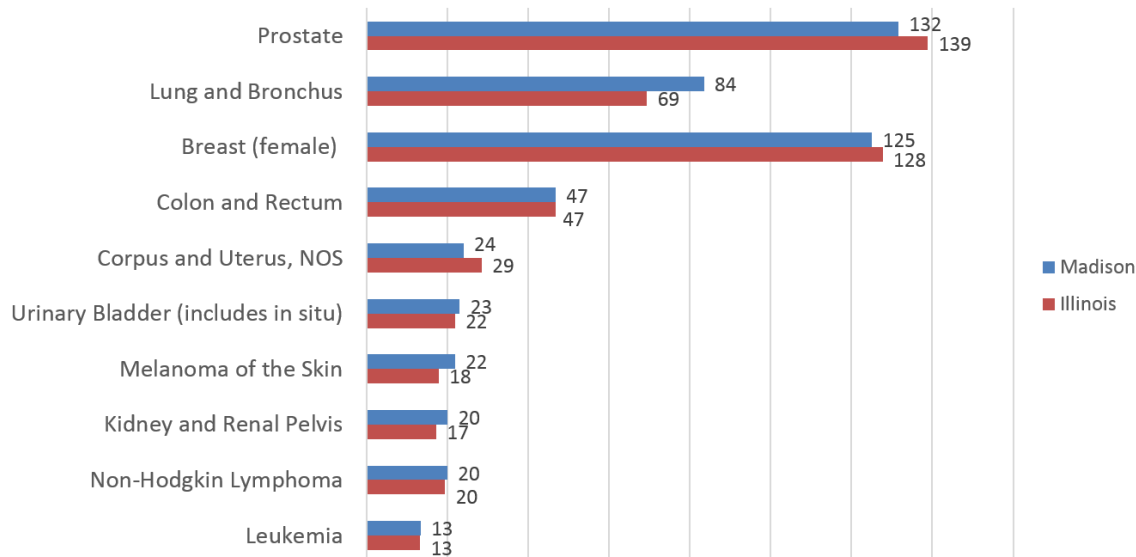
Although cancer was indicated on the Community Health Survey and mentioned in one Stakeholder Focus Group, specific types of cancer and/or issues with cancer were not indicated by the stakeholders or community respondents.

Cancer

- Prostate and breast cancer have the highest rates, 132 and 125 per 100,000
- Lung cancer rates exceed the state, 84 compared to 69 per 100,000
- Lung cancer is the leading cause of cancer deaths in the United States (CDC)

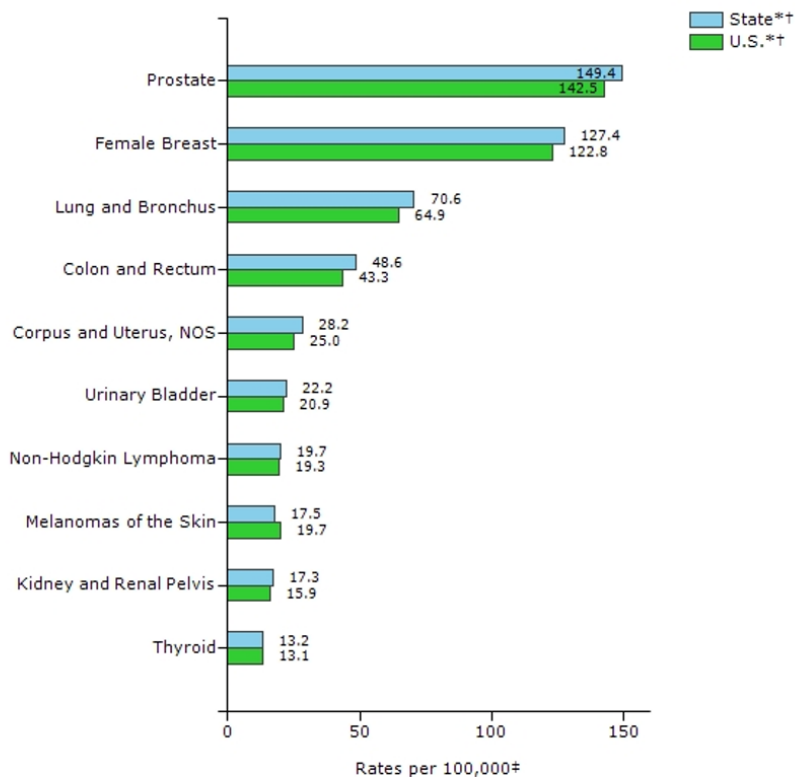
HEALTH NEEDS ASSESSMENT PHASE

Madison vs. state cancer rates 2008-2012
Age-adjusted rate per 100,000



Illinois State Cancer Registry November 2014

State vs. National Rates: 2007-2011, Male and Female, Illinois



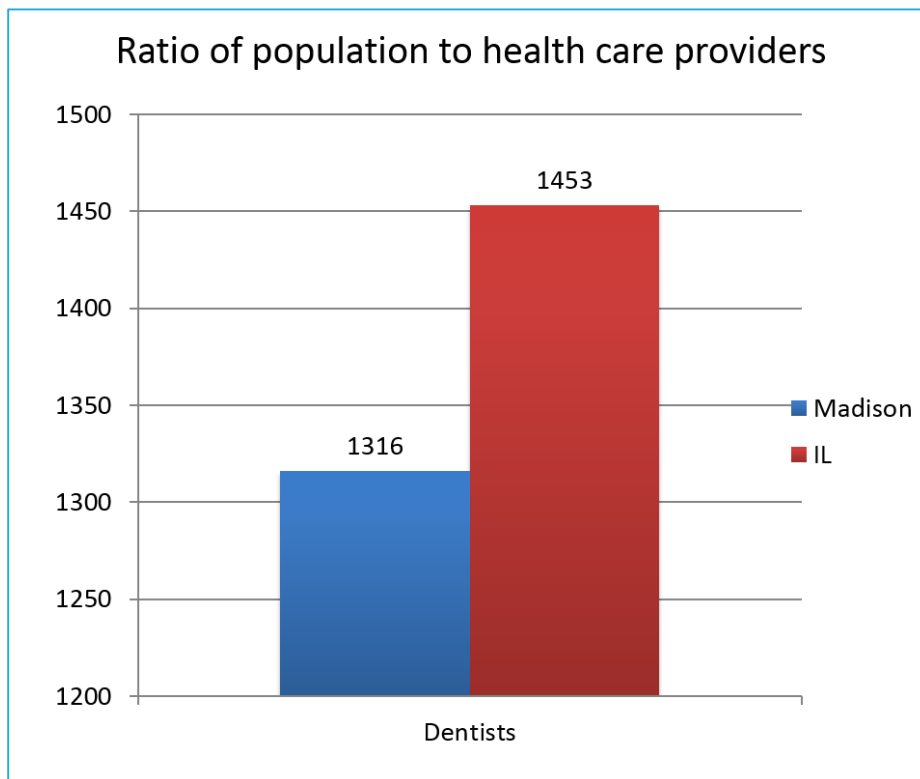
CDC United States Cancer Statistics

HEALTH NEEDS ASSESSMENT PHASE

DENTAL CARE

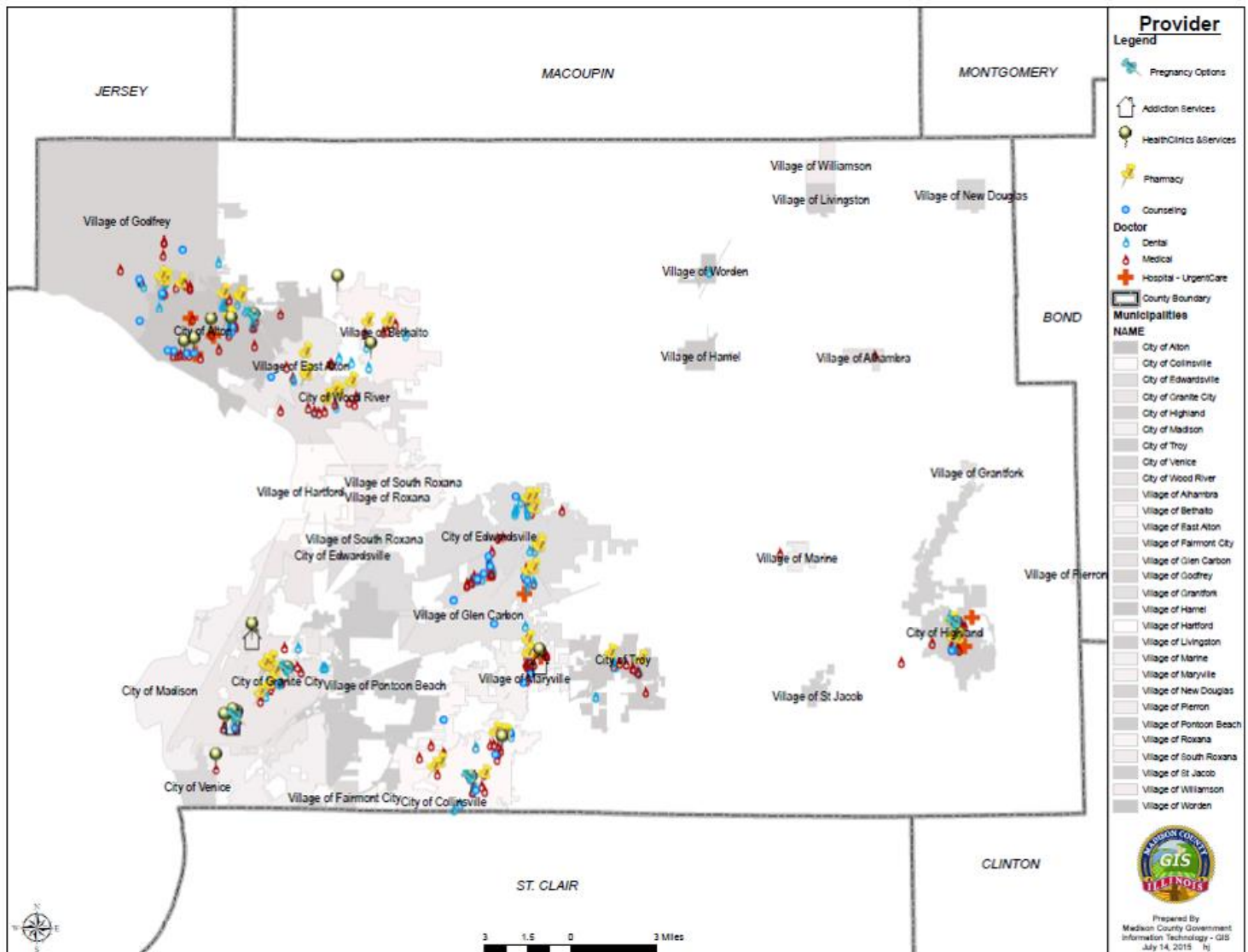
Dental Care

- Ratio of population to dentists 1316:1
- 42% of children experience dental cavities
- Common issue with dental care is finding dentists that accept Medicaid

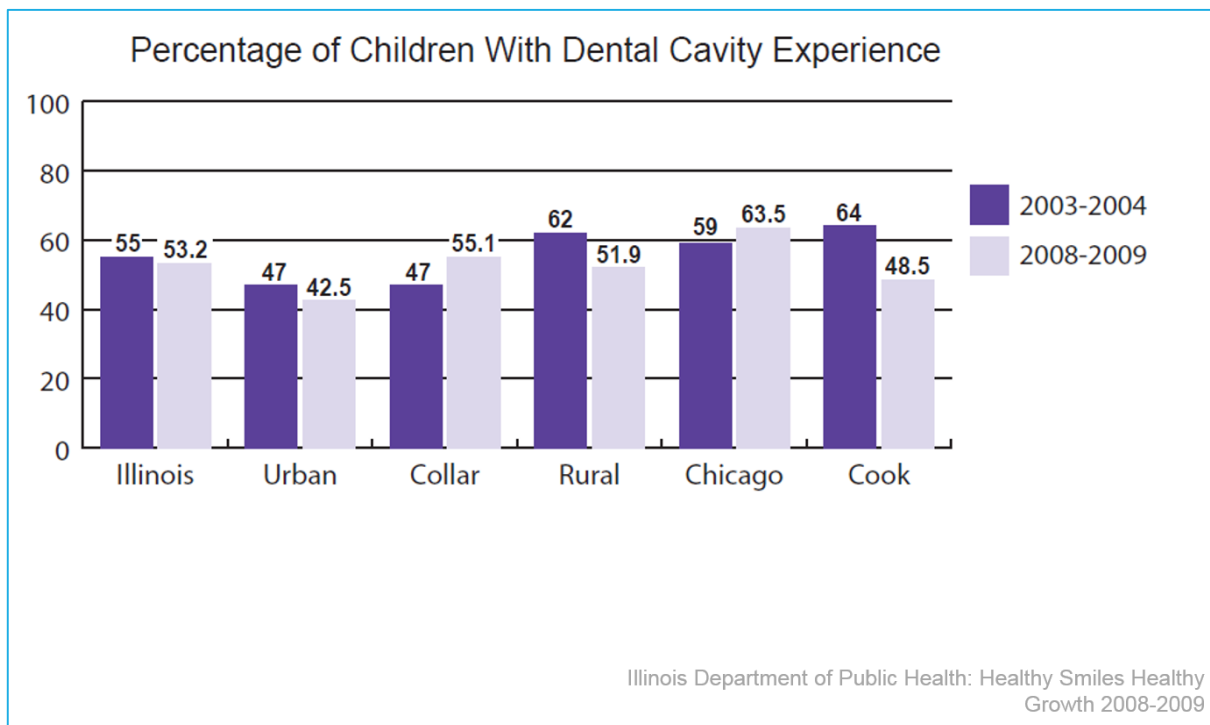


HEALTH NEEDS ASSESSMENT PHASE

Healthcare Provider Service locations in Madison County



HEALTH NEEDS ASSESSMENT PHASE



HEALTH NEEDS ASSESSMENT PHASE

INTERPERSONAL VIOLENCE

Through the quantitative data and indicated in several ways in the qualitative data, several aspects of violence surfaced as health concerns in Madison County. Specifically mentioned were types of violence that are considered interpersonal violence. We looked a little closer at interpersonal violence data that we could obtain and determined that the problem size was large enough to constitute it as one of our top 10 health concerns.

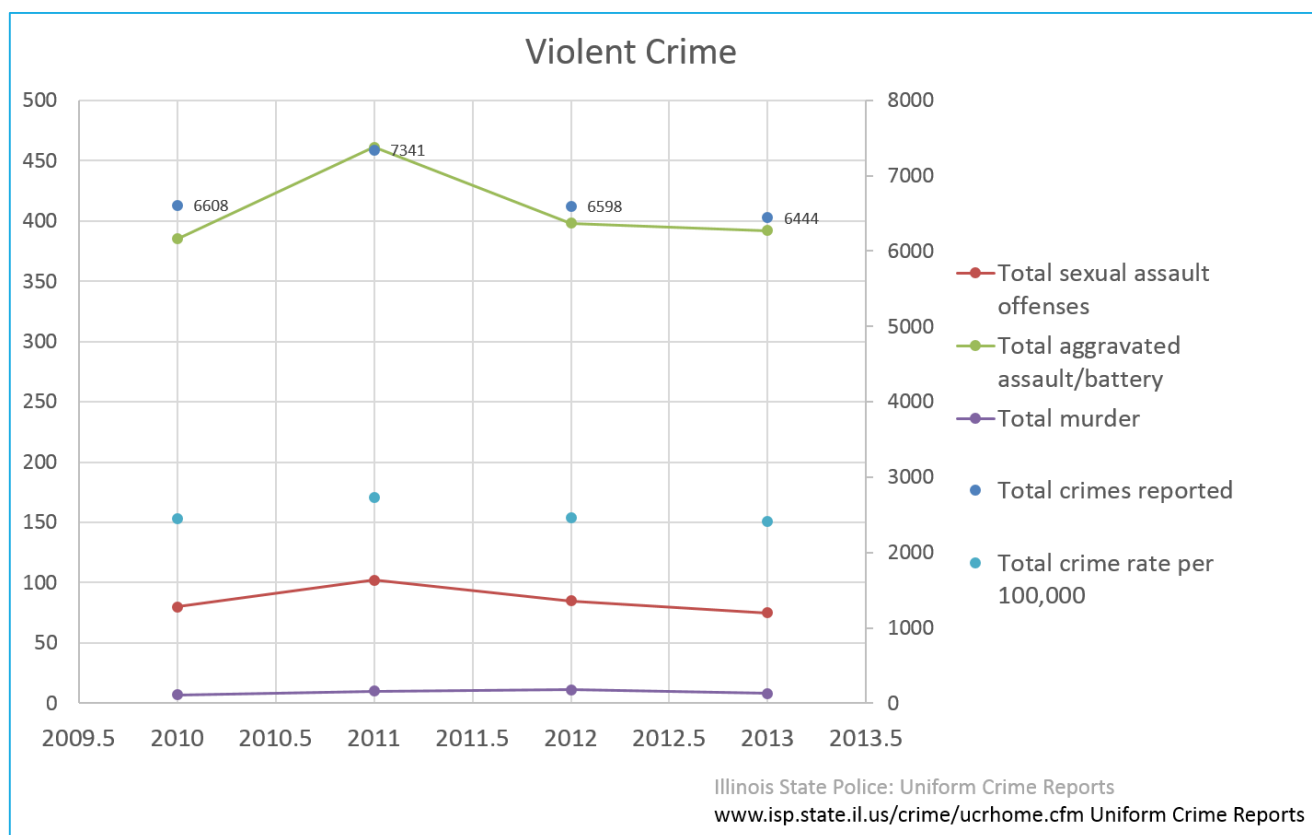
Interpersonal Violence

- Sexual assault 70 per 100,000
- Aggravated assault/battery 400 per 100,000
- 18% of 10th and 12th graders reported controlling behaviors from a partner
- 17% of females report sexual dating violence from a partner

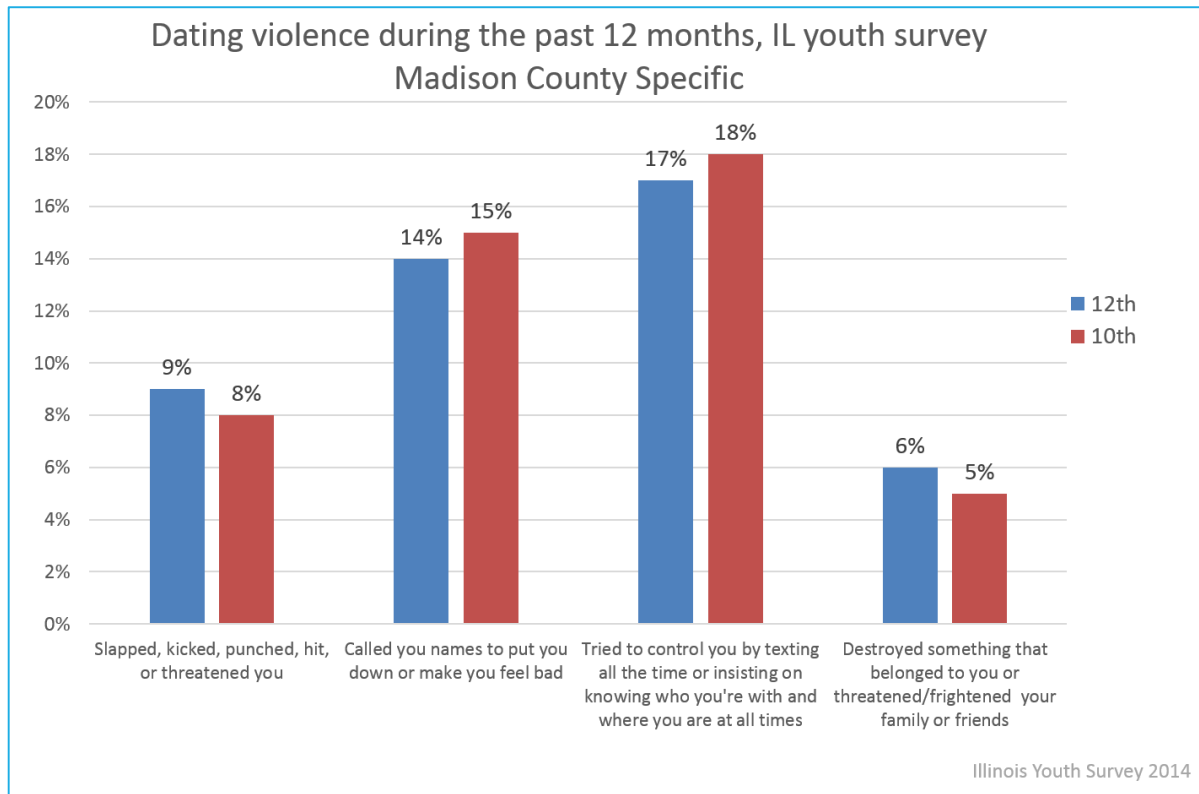
HEALTH NEEDS ASSESSMENT PHASE

Data from the 3 Crisis Shelters in Madison County.

- Good Samaritan House
 - 2014 served 215 women, 25 in transitional housing
 - Shelter max capacity is 13,600 bed nights
 - 2014 saw 10,000 bed nights utilized
- Phoenix Crisis Center
 - 2014 directly served 469 clients
 - Indirectly served 1806 (hotline, outreach, etc.)
- Oasis Women's Shelter
 - 2014 served 1500-2000 with shelter, walk-ins, hotline
 - Sheltered 150 women and children, 11 bedroom capacity



HEALTH NEEDS ASSESSMENT PHASE

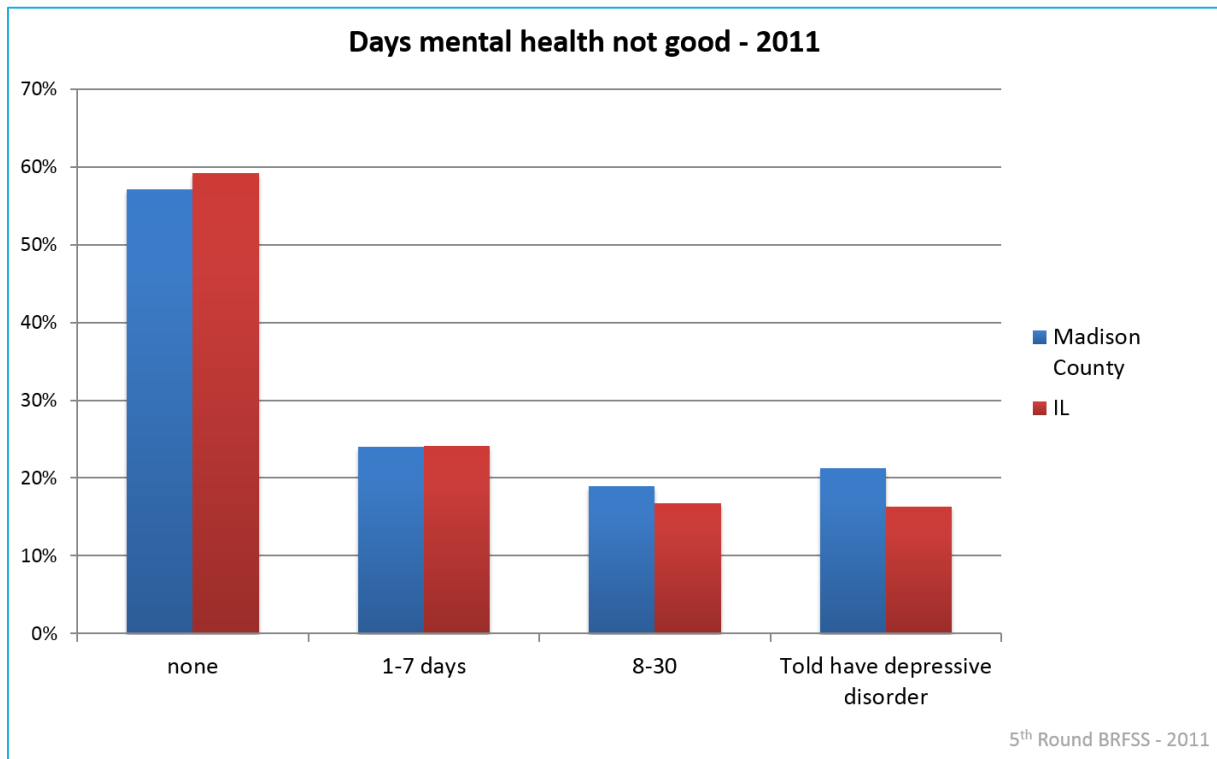


HEALTH NEEDS ASSESSMENT PHASE

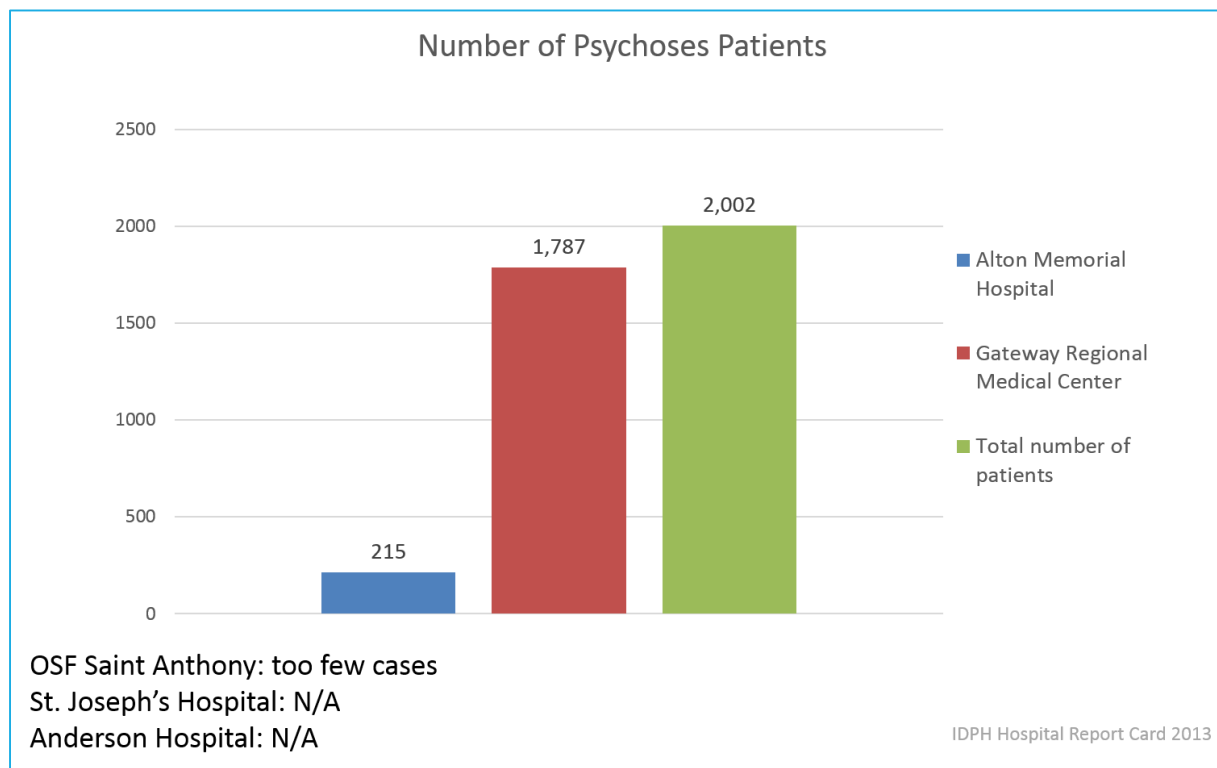
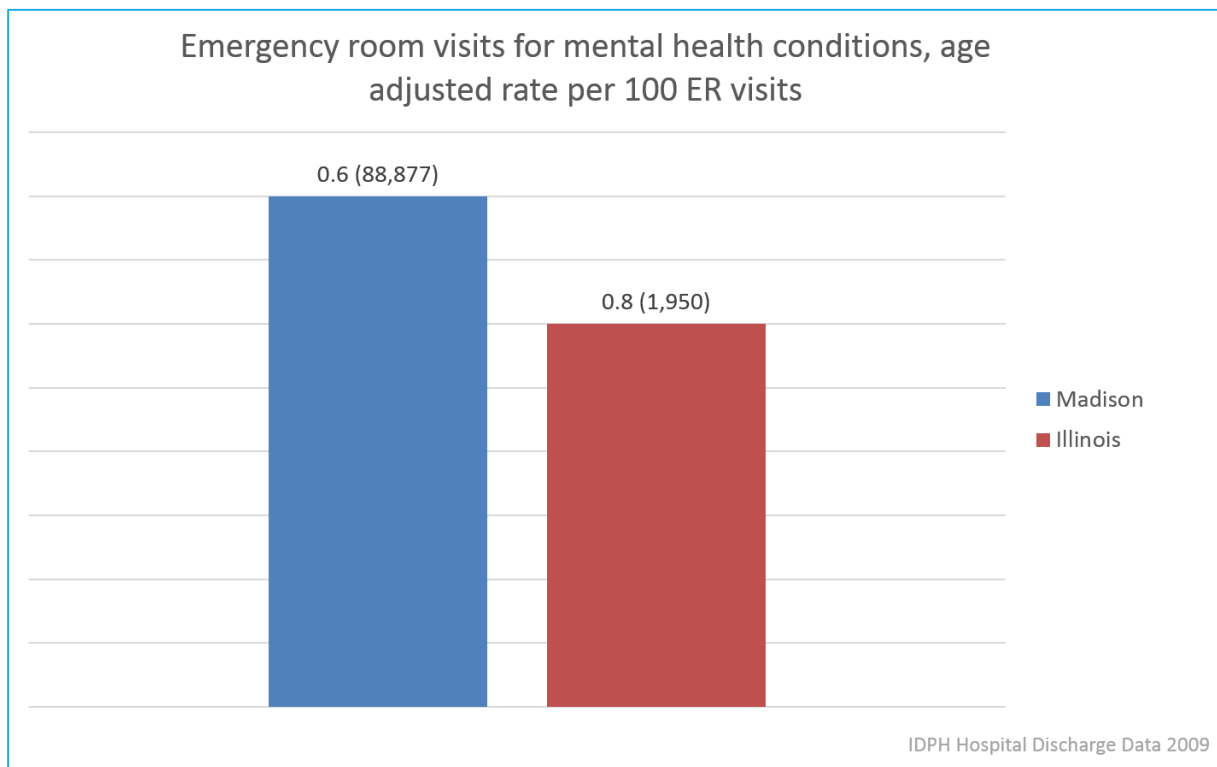
MENTAL HEALTH

Mental Health

- 20% have depressive disorder
- Around 2,000 ER visits for mental health conditions
- 35% of youth reported depression, 20% considered suicide
- 1 in 4 adults experience a mental illness
- Mental illness creates a social and economic burden on society, and is associated with other chronic diseases such as cardiovascular disease, diabetes, obesity, and cancer (CDC)



HEALTH NEEDS ASSESSMENT PHASE



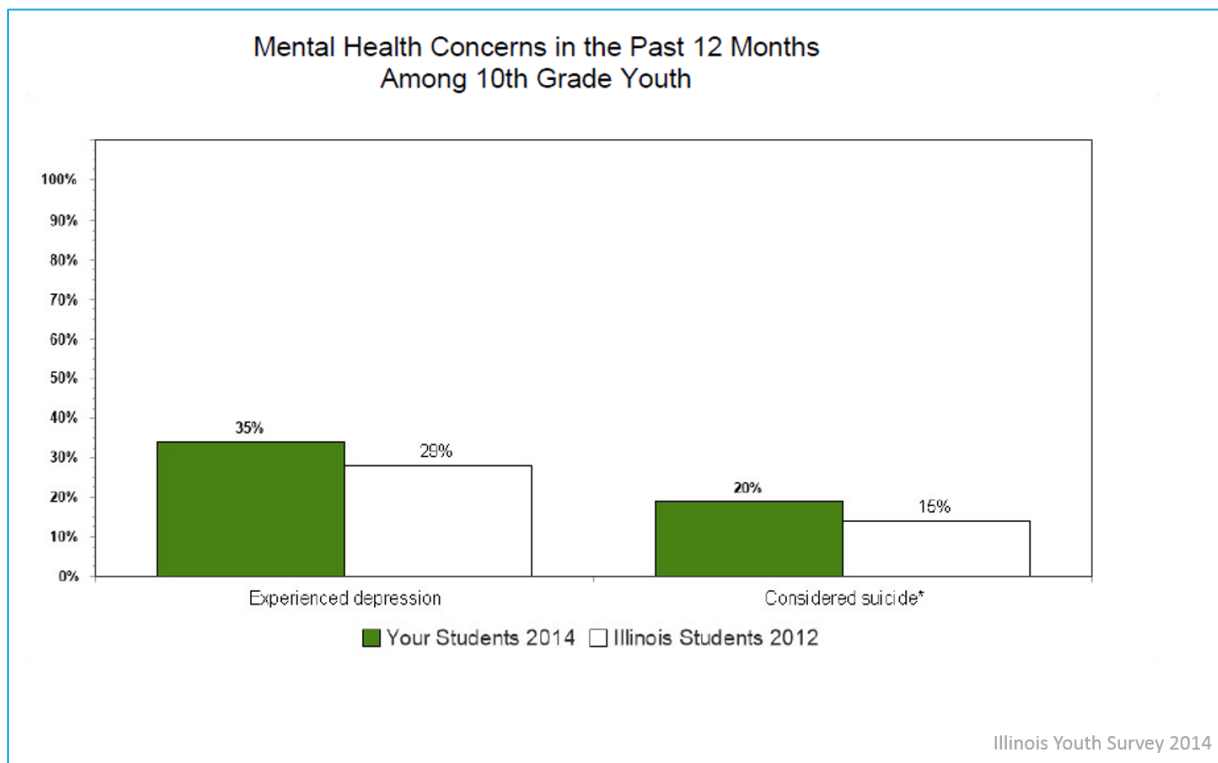
HEALTH NEEDS ASSESSMENT PHASE

The lack of acute mental health beds at hospitals in Madison County poses many obstacles for access to care and emergency needs for residents in crisis as well as for those people with co-occurring conditions. This gap contributes to access to care issues as well as mental health treatment issues in Madison County.

- **Acute mental illness beds at hospitals:**

– Alton Memorial	20
– Gateway Regional	100
– Anderson	0
– OSF Saint Anthony's	0
– St. Joesph's	0

IDPH Hospital Report Card 2013

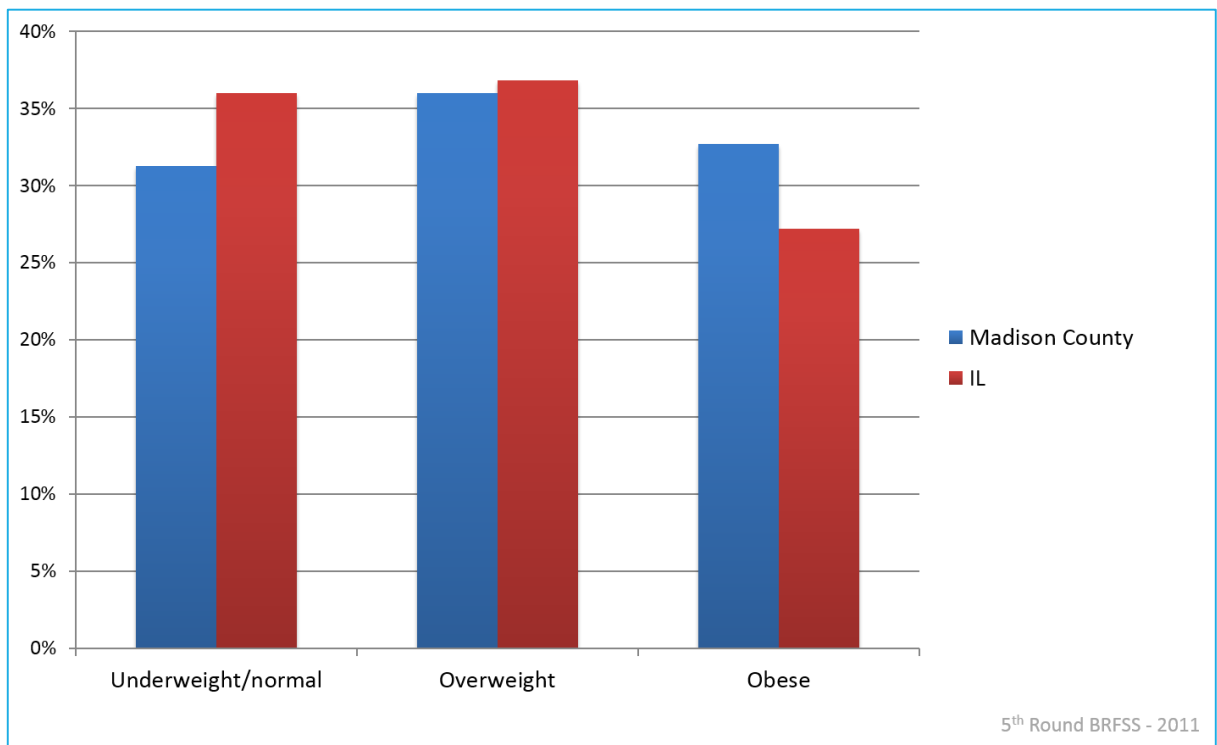


HEALTH NEEDS ASSESSMENT PHASE

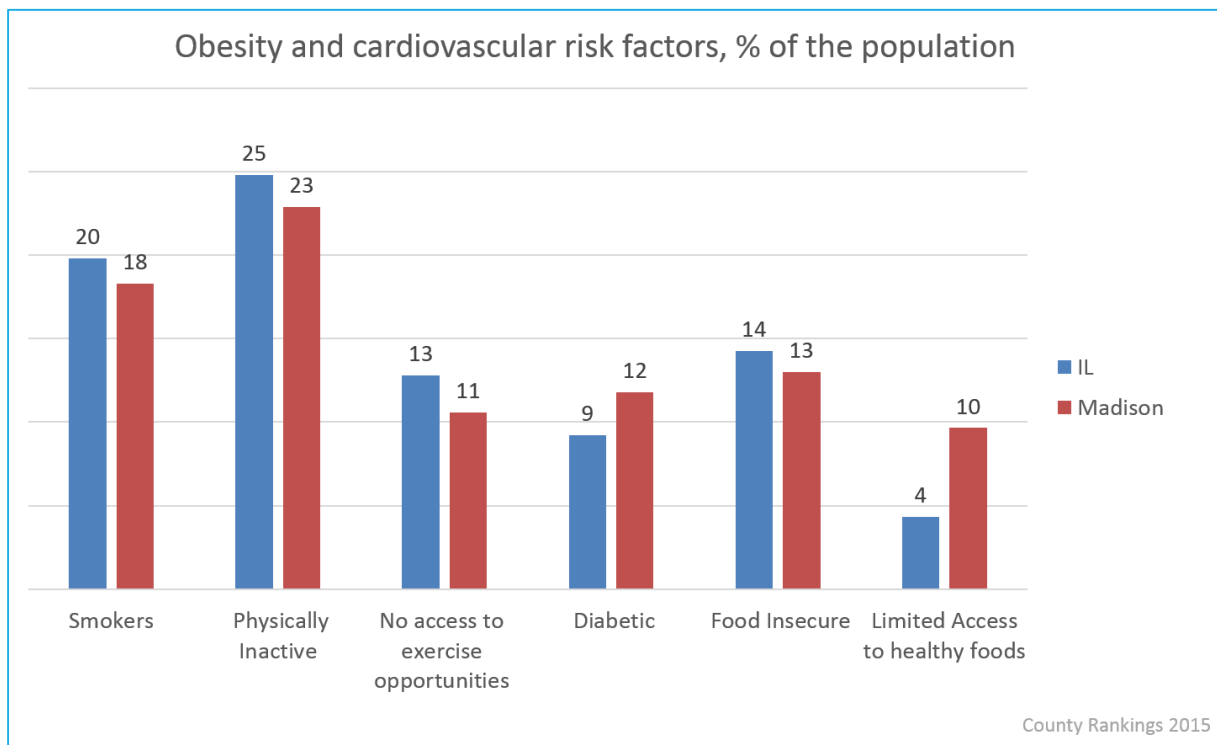
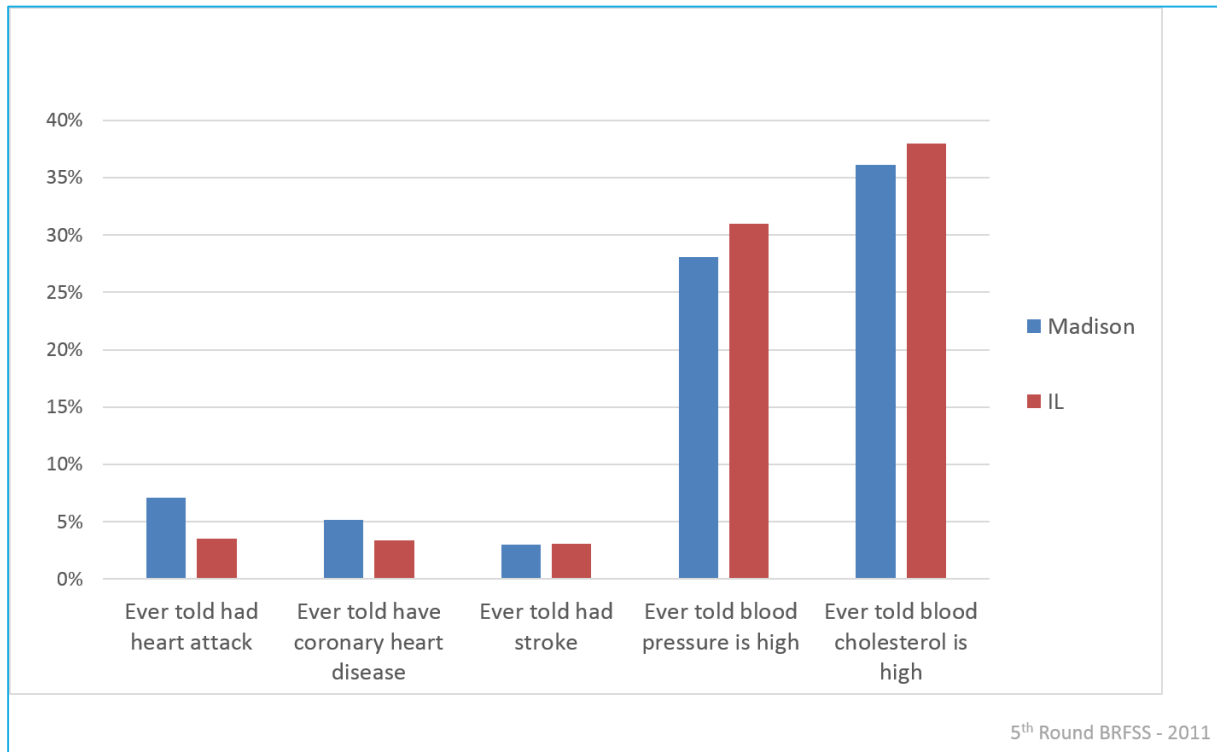
OBESITY AND HEART DISEASE

Obesity and Heart Disease

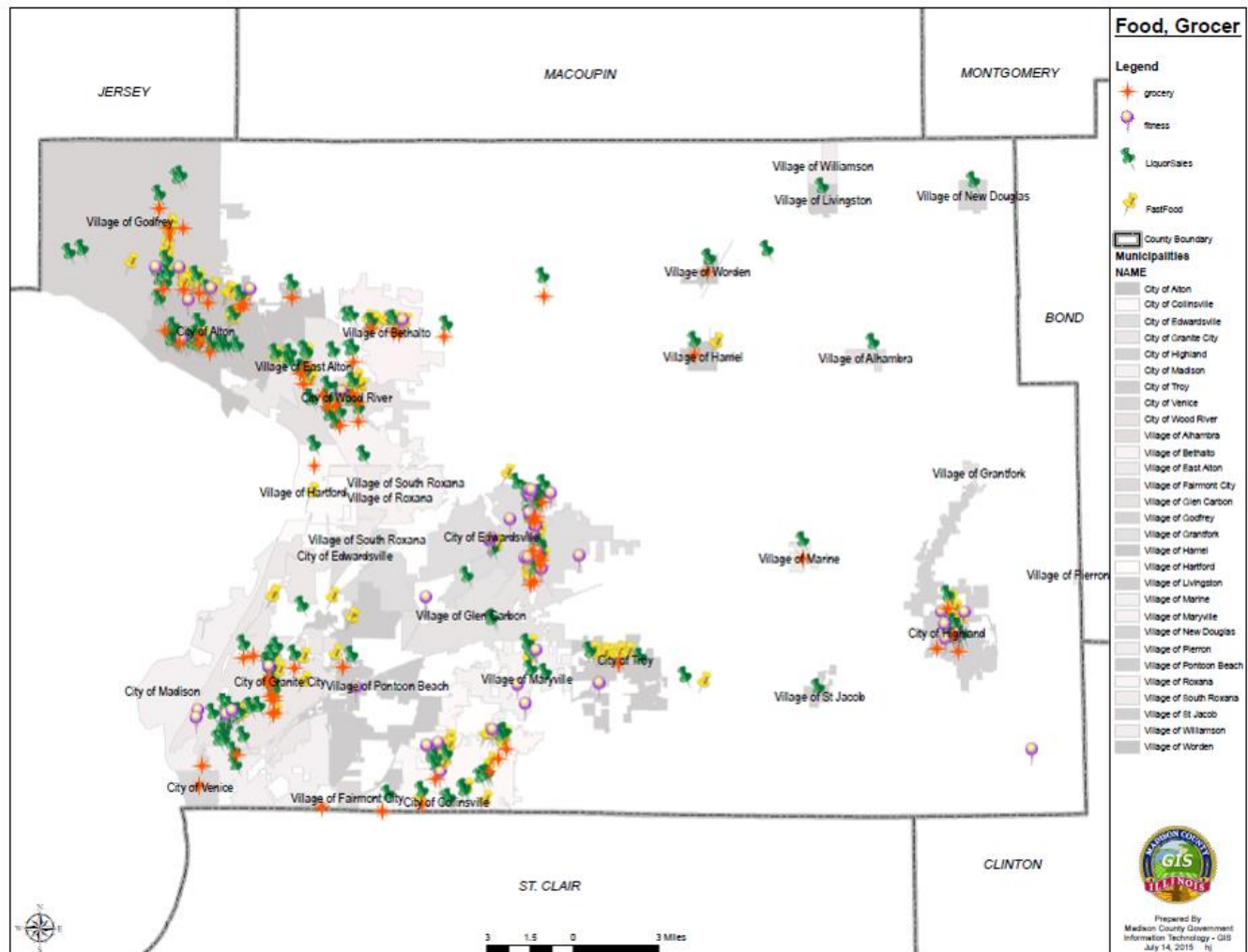
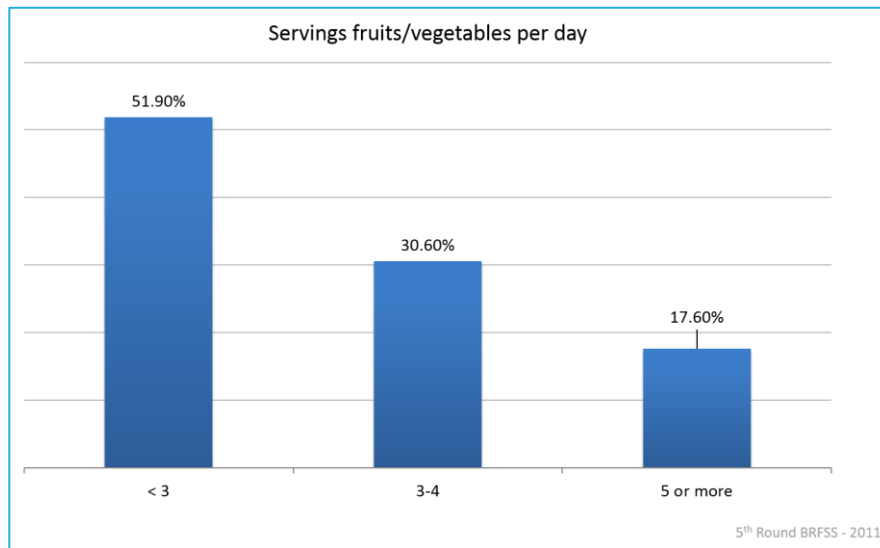
- Over 30% of residents are obese, 35% overweight
- 13% food insecure 10% limited access to healthy foods
- 52% of residents eat less than 3 servings of fruits or vegetables a day
- Community feedback on the walkability of the county
- Statewide adolescents overweight 14%, 12% obese (CDC)



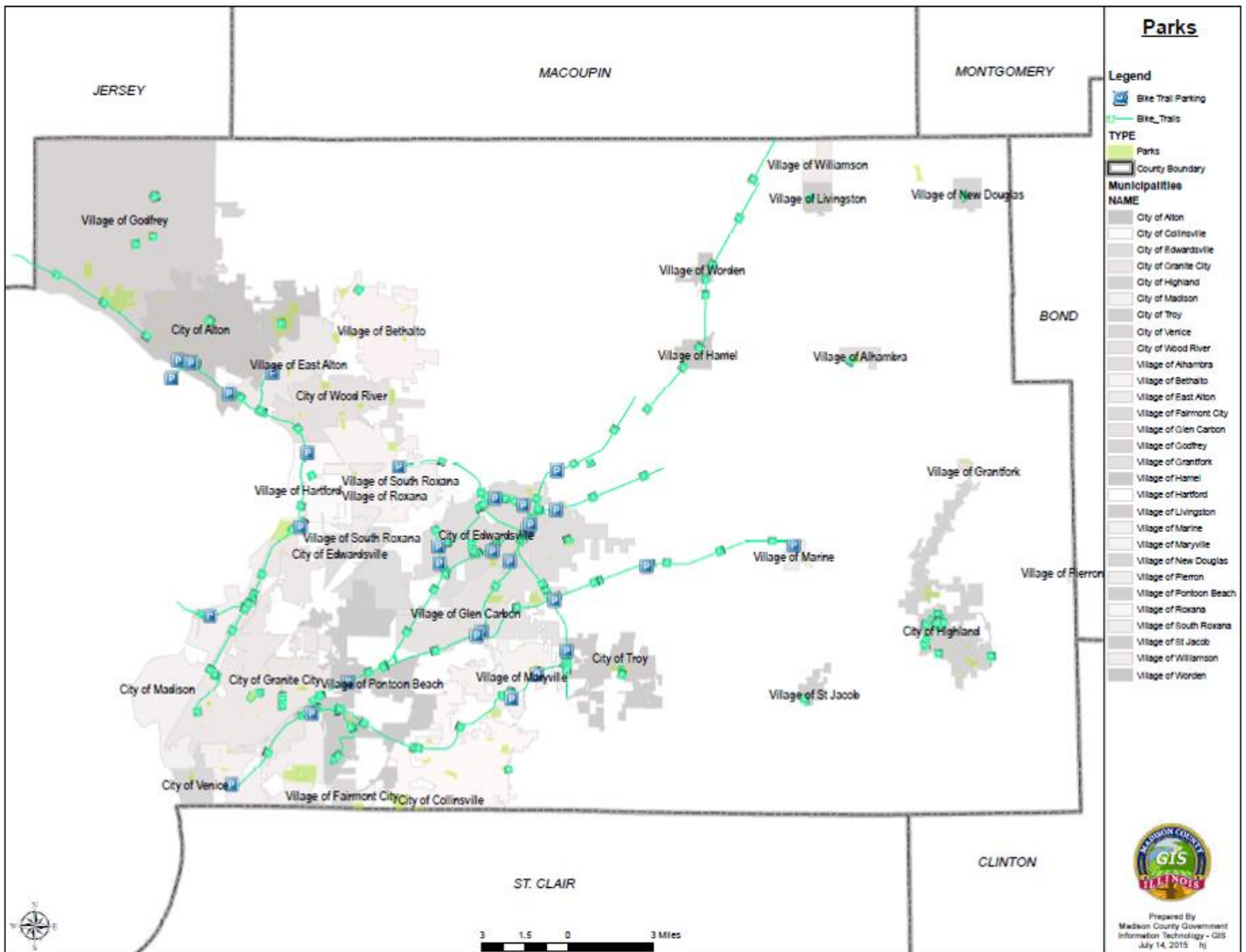
HEALTH NEEDS ASSESSMENT PHASE



HEALTH NEEDS ASSESSMENT PHASE



HEALTH NEEDS ASSESSMENT PHASE



HEALTH NEEDS ASSESSMENT PHASE

Here are a few pictures and a comment that were received from the Photovoice Project. Several pictures and comments were submitted referring to the lack of sidewalks, crosswalks, safe places to walk in communities. Walkability in a community helps to increase activity for cardiovascular health, helps combat obesity, and helps impact air quality issues by decreasing the use of motorized vehicles for short trips.



"I chose this [left] picture because I feel there is a **need for more sidewalks** which can keep people safe and off the roads. It is a challenge because some people may need to use the sidewalk to **get to work, grocery stores, or to exercise** and they do not have a safe path to travel on."

HEALTH NEEDS ASSESSMENT PHASE

Here is another picture and a comment that was received from the Photovoice Project addressing the issue of fast food alleys and food convenience verses healthy options.



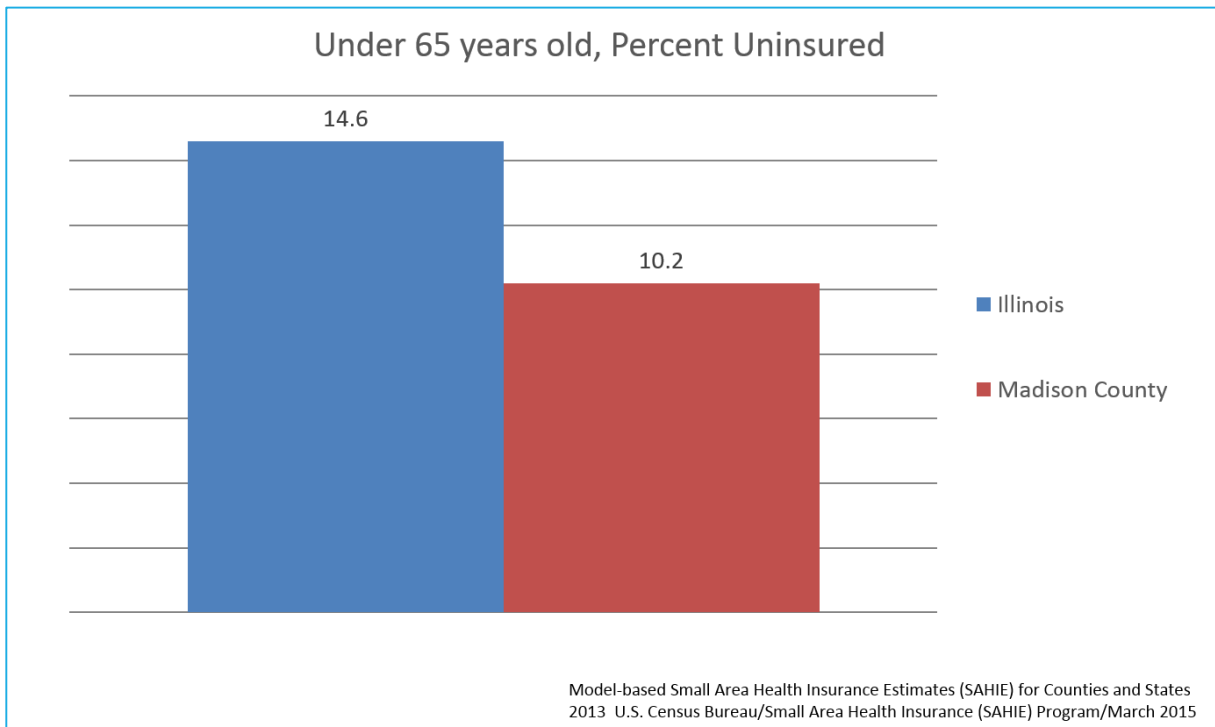
“This photo was taken on East Edwardsville Road in Wood River, IL. This picture is a snapshot of the food that is offered and served in this community. The lack of nutrition offered in these facilities is concerning...Communities are impacted by this; these stores are cheap, fast, and attract customers who seek convenience that is affordable. It limits options of those who work in the area, it also is tempting for families with limited schedules to drive thru and choose fast food for their kids. This image makes it difficult to be healthy and to live a healthy lifestyle because it normalizes the fast-food/junk food culture. These restaurants do not promote a sit-down family oriented lifestyle nor a nutritious one but encourages an unhealthy instant gratification culture.”

HEALTH NEEDS ASSESSMENT PHASE

POVERTY RELATED ISSUES

Poverty

- 75% of families that receive SNAP have at least 1 workers in the family
- 19% child poverty rate
- 13% food insecurity rate, 20% child food insecurity rate
- 13% poverty rate, 5% unemployment rate



HEALTH NEEDS ASSESSMENT PHASE

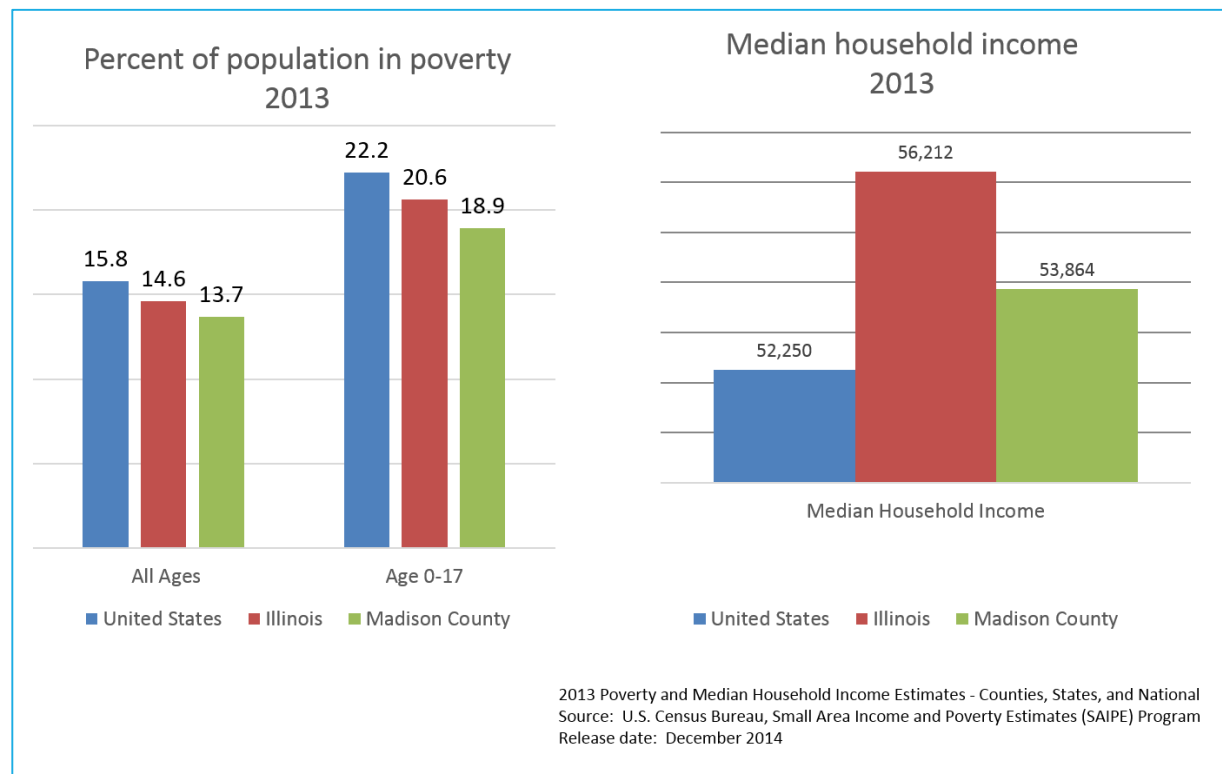
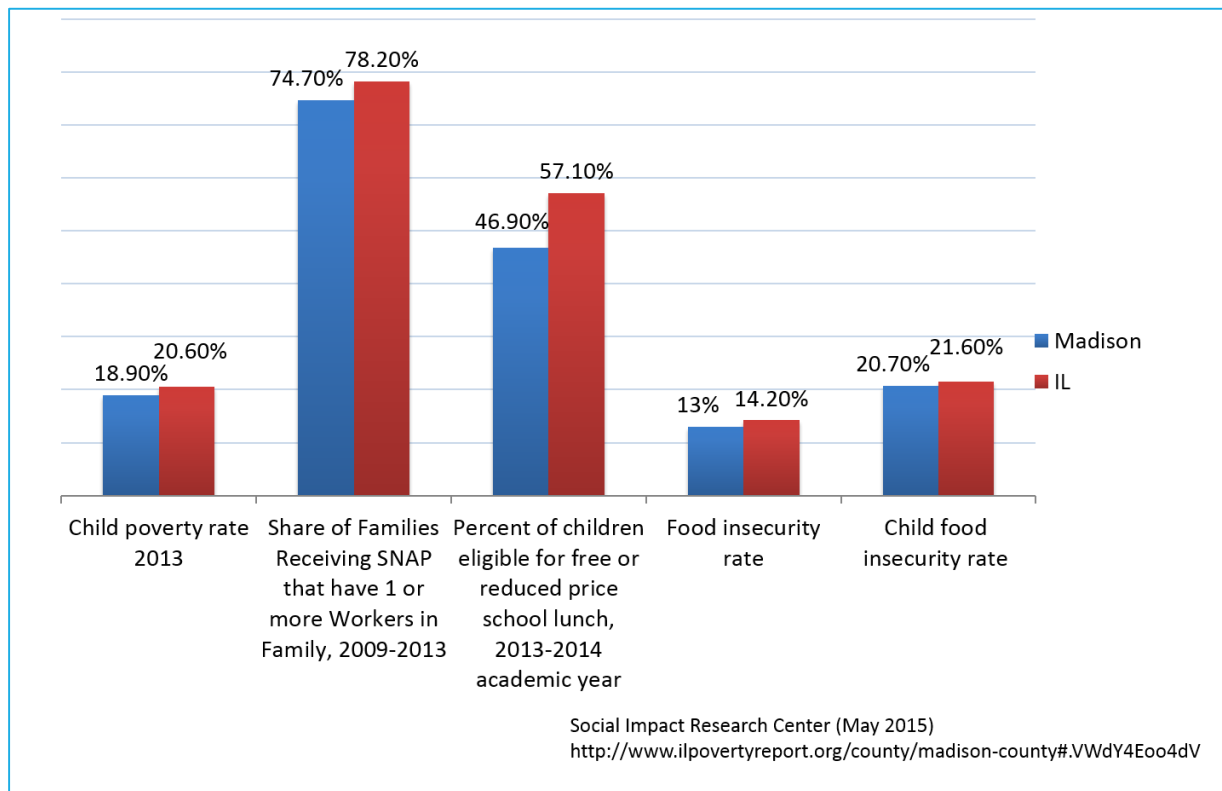
National School Lunch Program, better known as the Free and Reduced Lunch Program, from the USDA has specific guidelines and criteria (www.fns.usda.gov/sites/default/files/NSLPFactSheet.pdf). Children from families with incomes at or below 130% of the poverty level are eligible for free meals. Children from families with incomes between 130% and 185% of the poverty level are eligible for reduced-price meals of no more than \$0.40. When a school reaches 40% of its students as eligible for this program, then the entire school district and/or building become eligible for the Community Eligibility Provision and all students attending receive this benefit.

The number of students receiving free and reduced lunch benefits reflects the economic status of a community and can also be an indicator of other environmental and social issues. In the 2011-2016 Madison County Health Needs Assessment, only one Madison County school district was 100% on the free and reduced lunch program. During this Health Needs Assessment period, there are 3 Madison County school districts eligible for the provision, 2 buildings in 2 other districts, and 1 alternative school program. This shift is indicative of decreasing income for these communities and neighborhoods which creates a multitude of immediate, short-term, and long-term health concerns as well as health disparity issues.

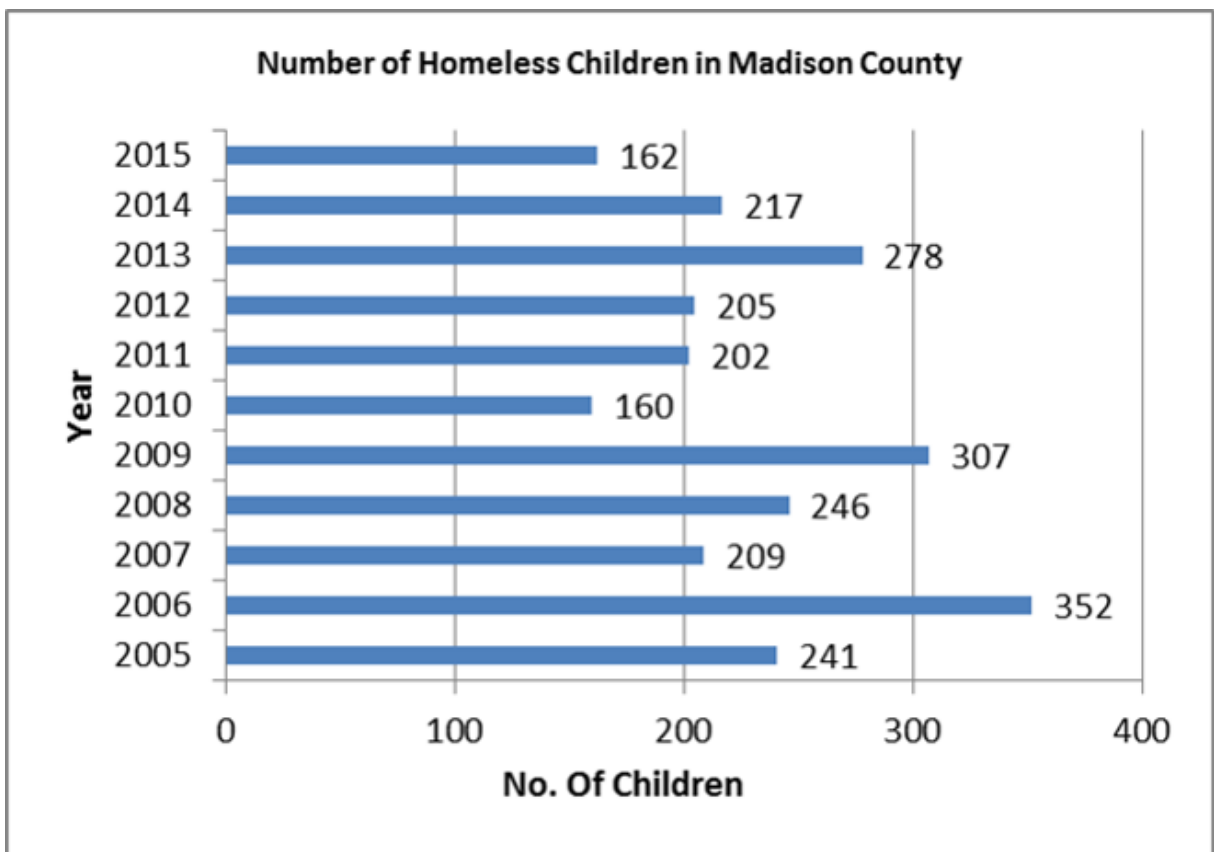
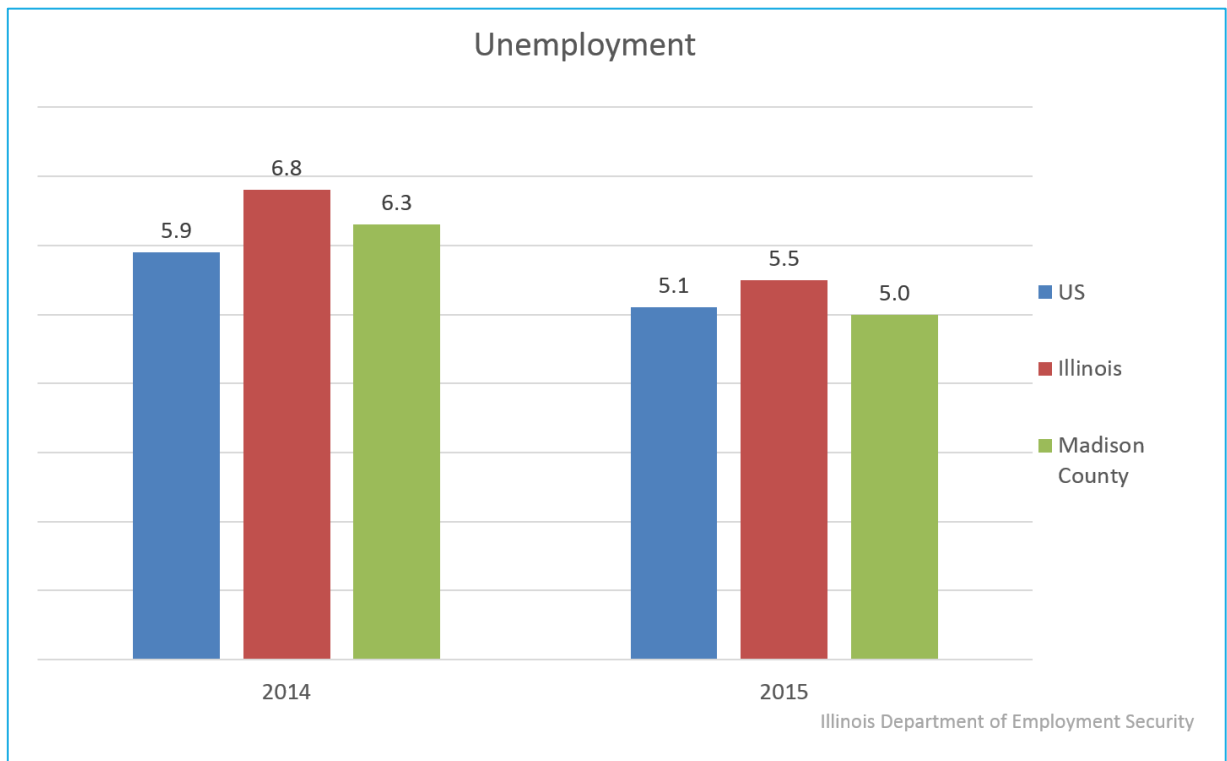
Free and Reduced Lunch

- Highest eligibility at 100% as of 1/1/2015:
 - Venice CUSD 3
 - Madison CUSD 12
 - East Alton SD 13
 - Roxana CUSD 1 – South Roxana Elementary
 - Granite City CUSD 9 – Prather Elementary
 - Coordinated Youth and Human Services

HEALTH NEEDS ASSESSMENT PHASE

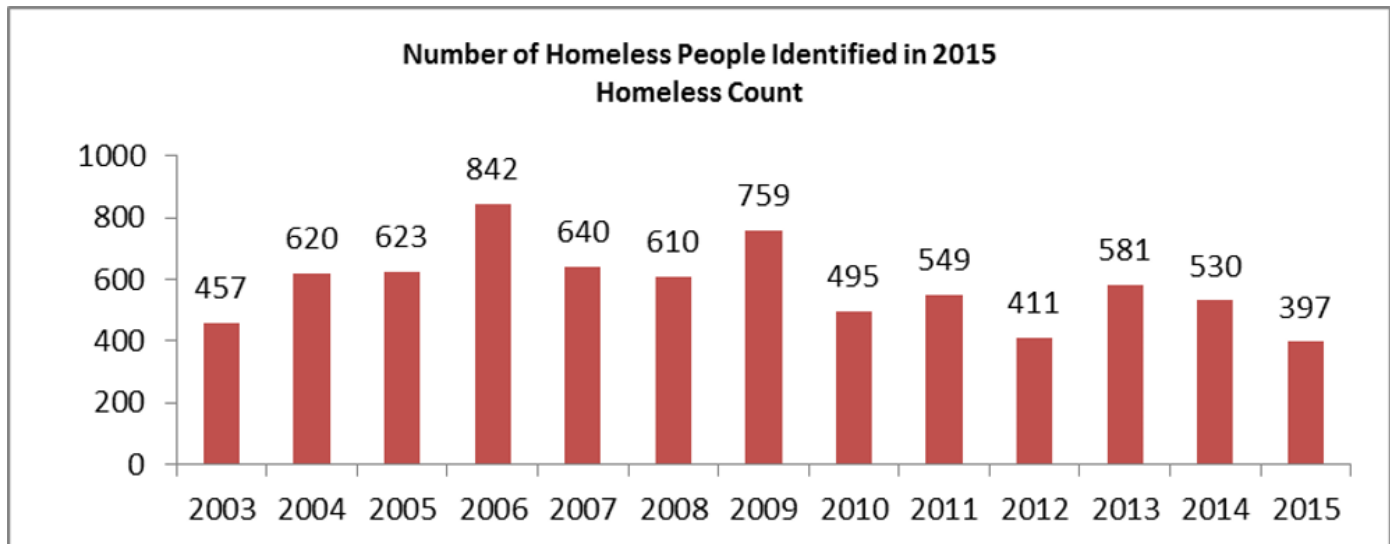


HEALTH NEEDS ASSESSMENT PHASE



HEALTH NEEDS ASSESSMENT PHASE

Annual count of the homeless population in Madison County.



Gender and Race	
Caucasian	67%
African American	28%
Females	65%
Males	34%
Children	41%
Age	
Ages 18-20	3%
Age 21-30	31%
Ages 31-40	24%
Ages 41-50	19%
Ages 51-60	14%
Ages 61-70	4%

Reason for Homelessness	
Insufficient Income	38%
Unemployment	38%
Domestic Violence	13%
Mental Health	10%
Personal Illness	8%
Bad Credit	6%
Length of Homelessness	
Less than a month	10%
1 to 3 months	21%
3 to 6 months	16%
6 to 12 months	17%
More than 12 months	20%

HEALTH NEEDS ASSESSMENT PHASE

Here is a picture and a comment that was received from the Photovoice Project. Several pictures and comments were submitted referring to abandoned buildings and deserted businesses and the effect that has on the communities and neighborhoods.



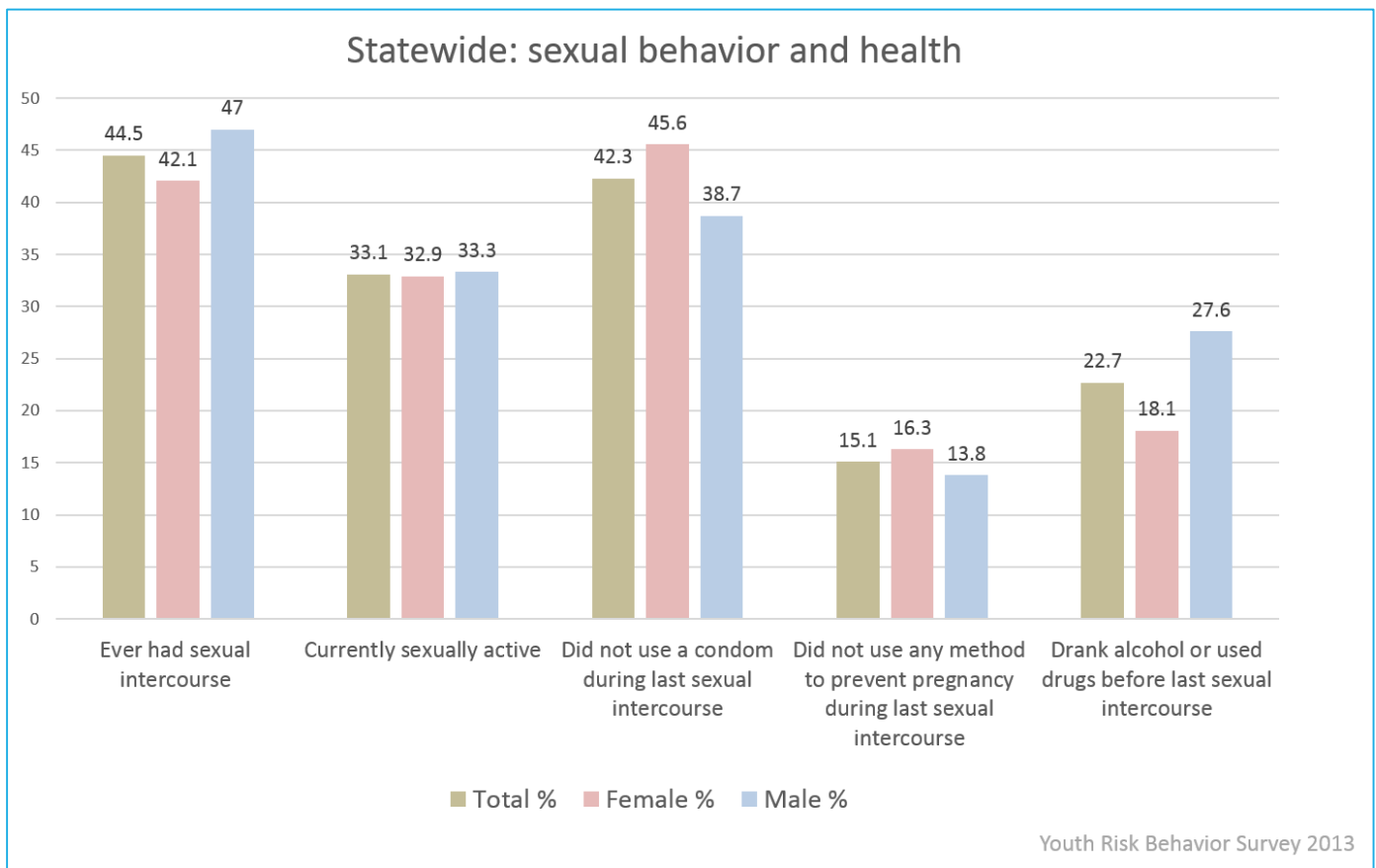
“This photo is of a strip of abandoned store fronts on Broadway in Alton, Il. This issue affects the Alton community, as well as those visiting the city. One way to fix this problem would be to turn these into something that serves the community (i.e. community center). Another idea would be offering lower rent for businesses to start up in these storefronts.”

HEALTH NEEDS ASSESSMENT PHASE

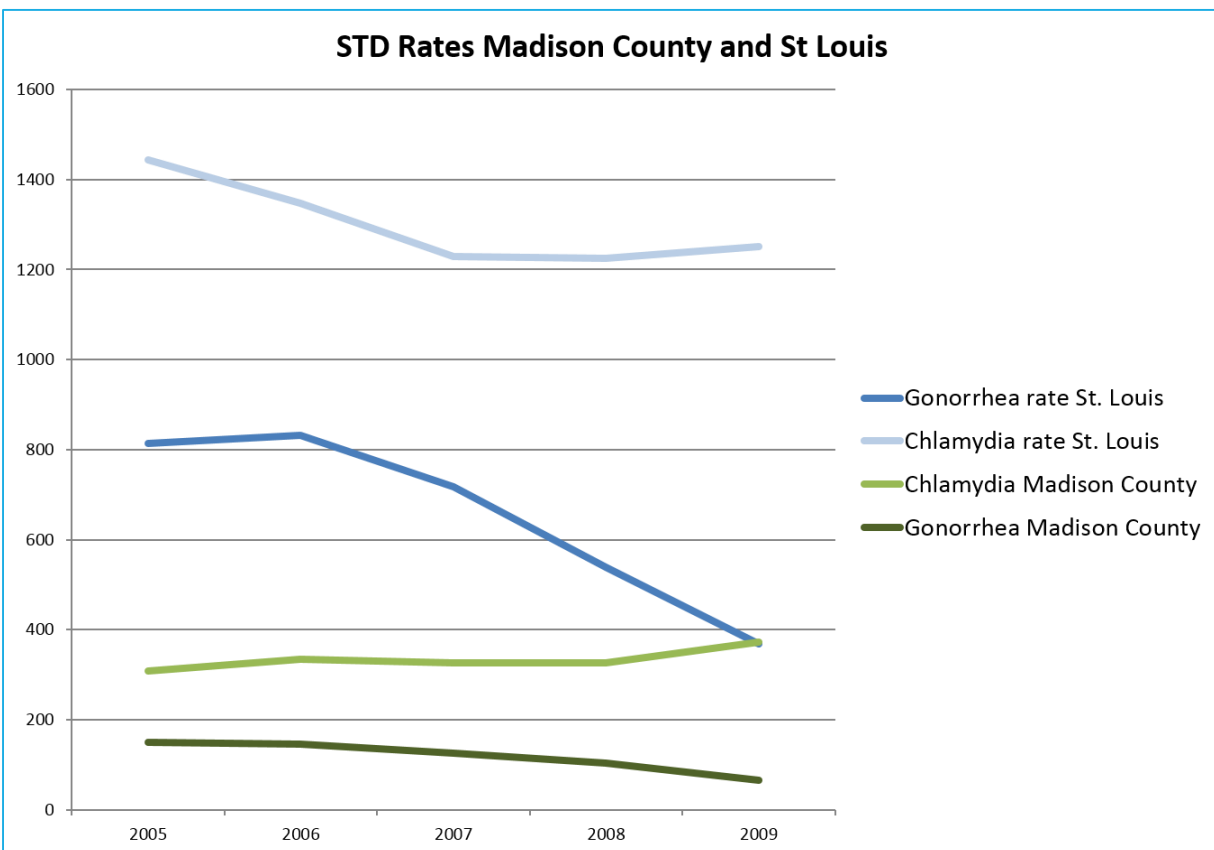
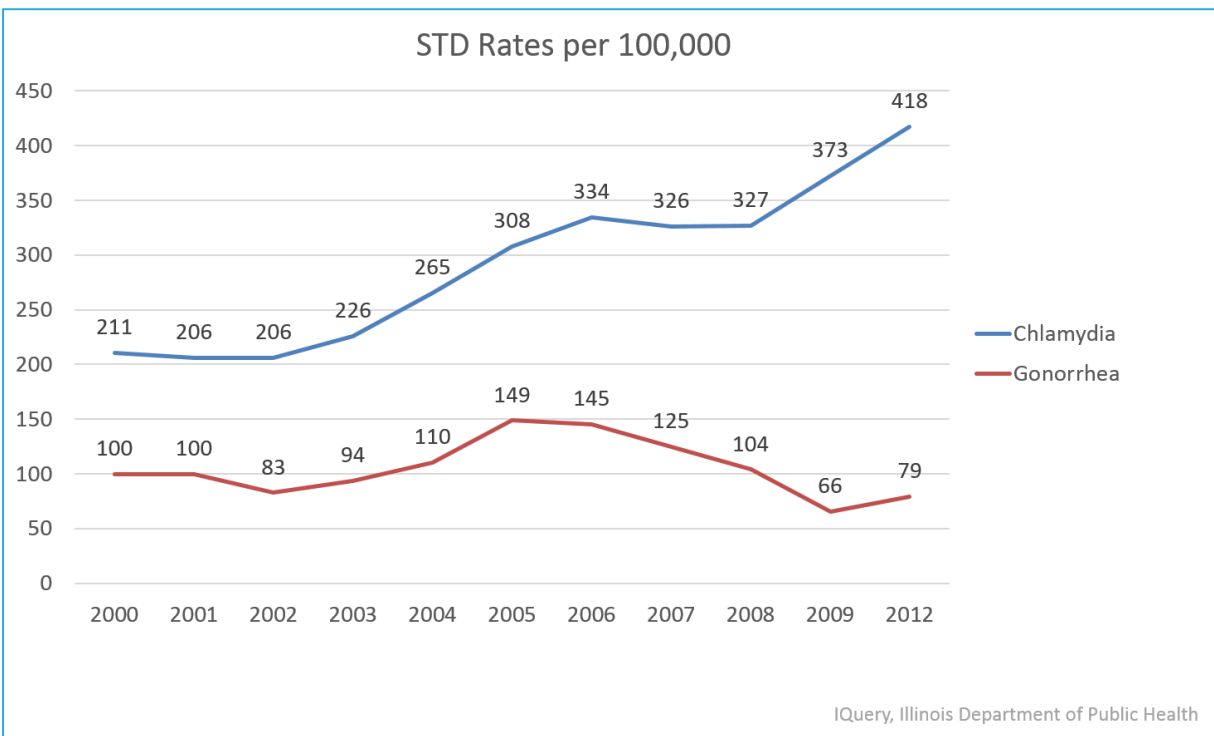
SEXUAL HEALTH

Sexual Health

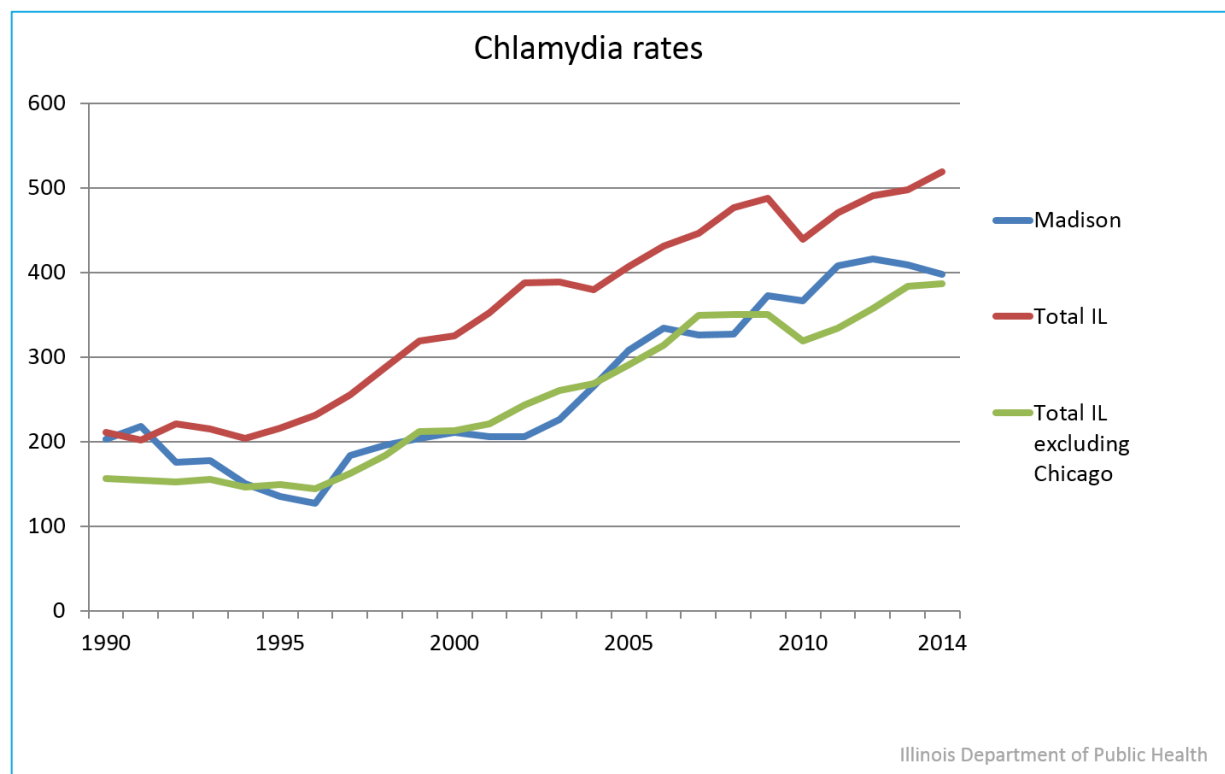
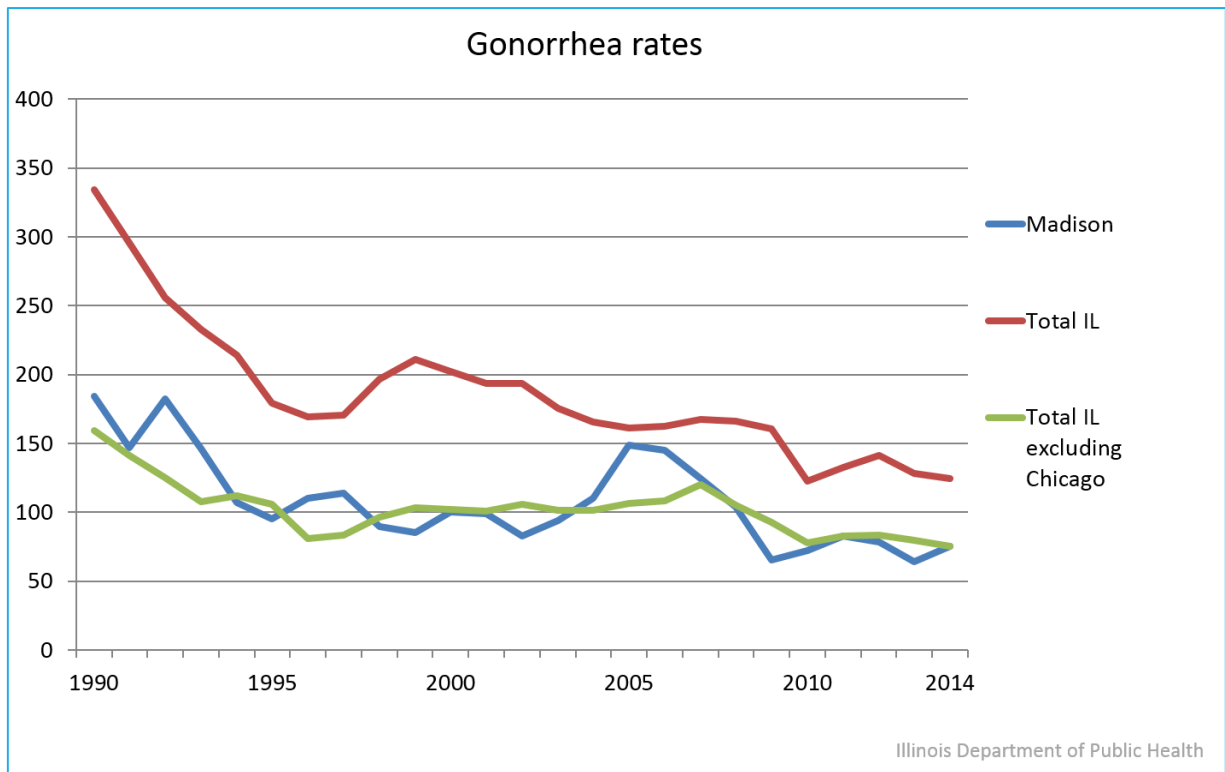
- Chlamydia rate is 400 per 100,000
- Gonorrhea rate is 75 per 100,000
- Teen pregnancy rates have been declining, 9% of all live births
- Number of abortions also declining
- 44% of youth report being sexually active (statewide)



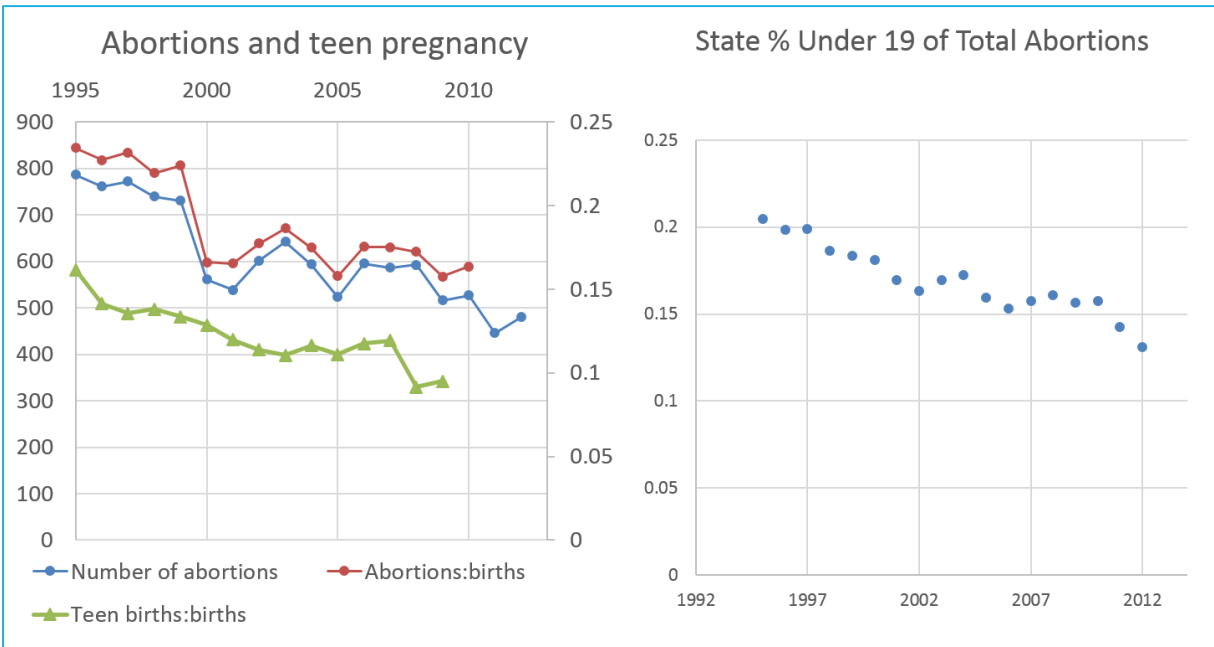
HEALTH NEEDS ASSESSMENT PHASE



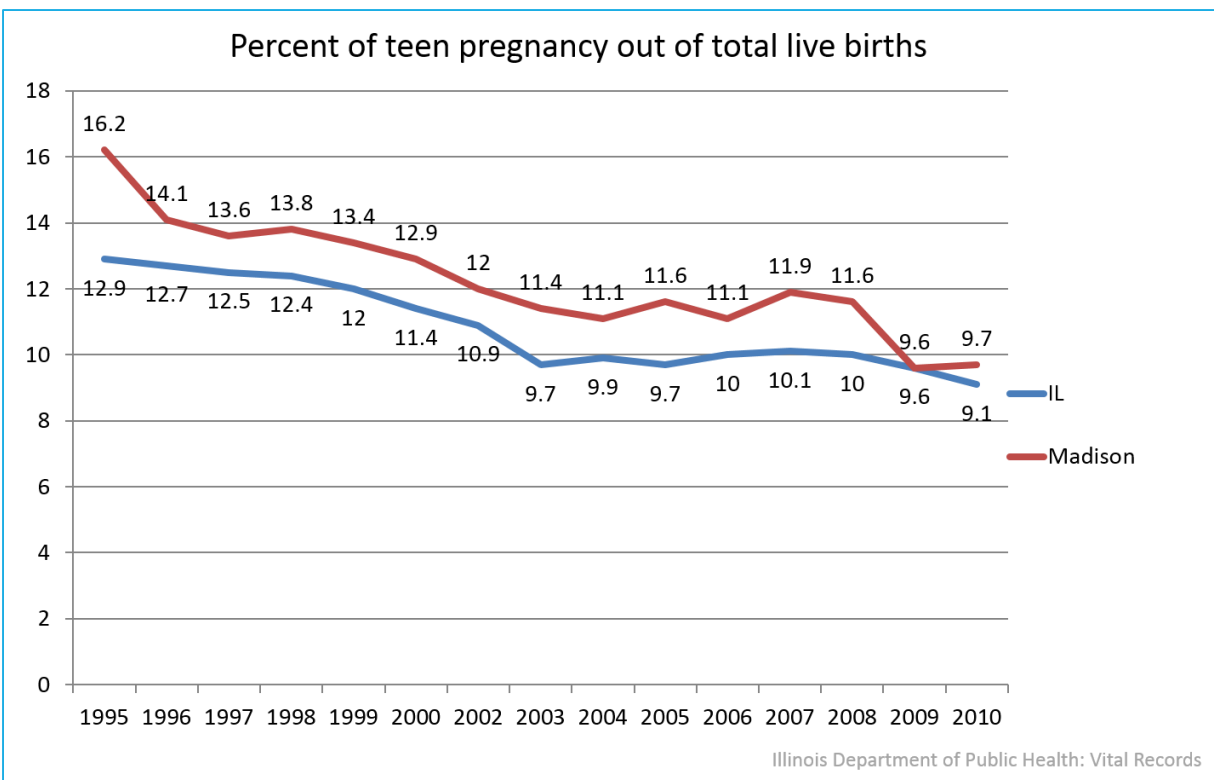
HEALTH NEEDS ASSESSMENT PHASE



HEALTH NEEDS ASSESSMENT PHASE



Illinois Department of Public Health



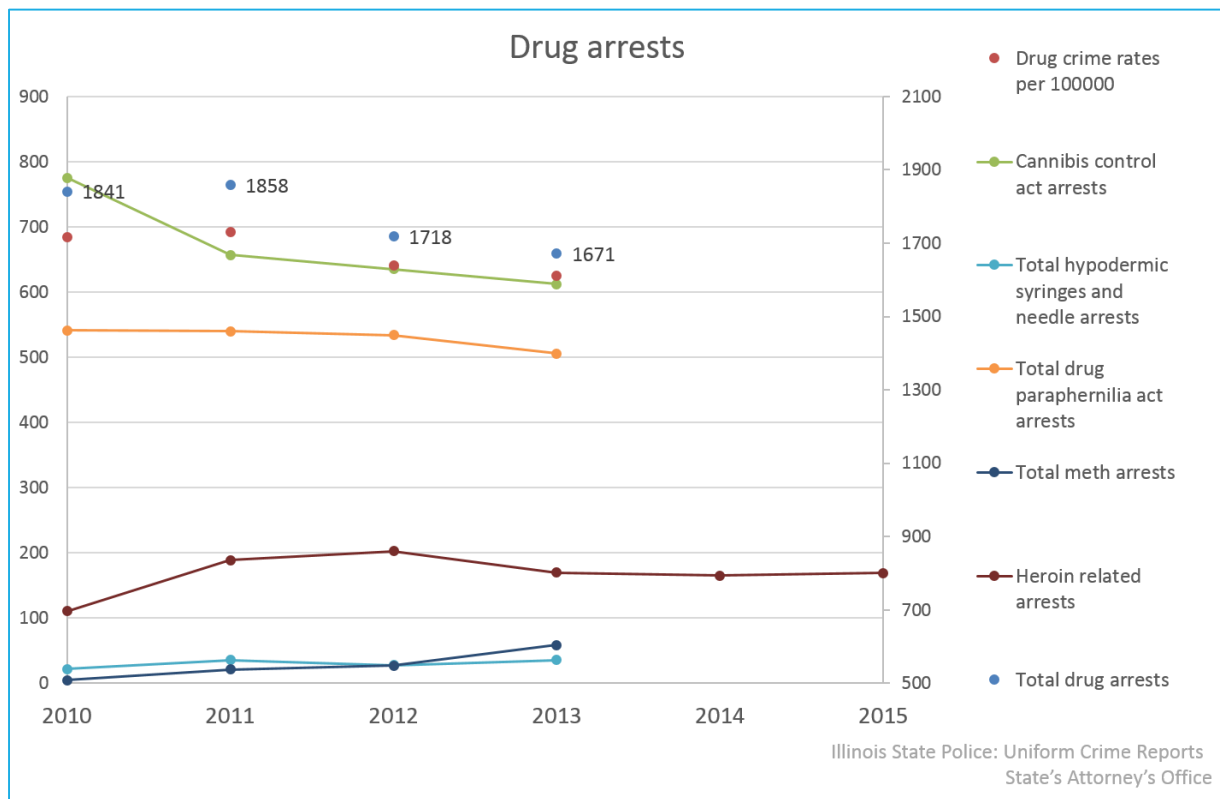
Illinois Department of Public Health: Vital Records

HEALTH NEEDS ASSESSMENT PHASE

SUBSTANCE ABUSE

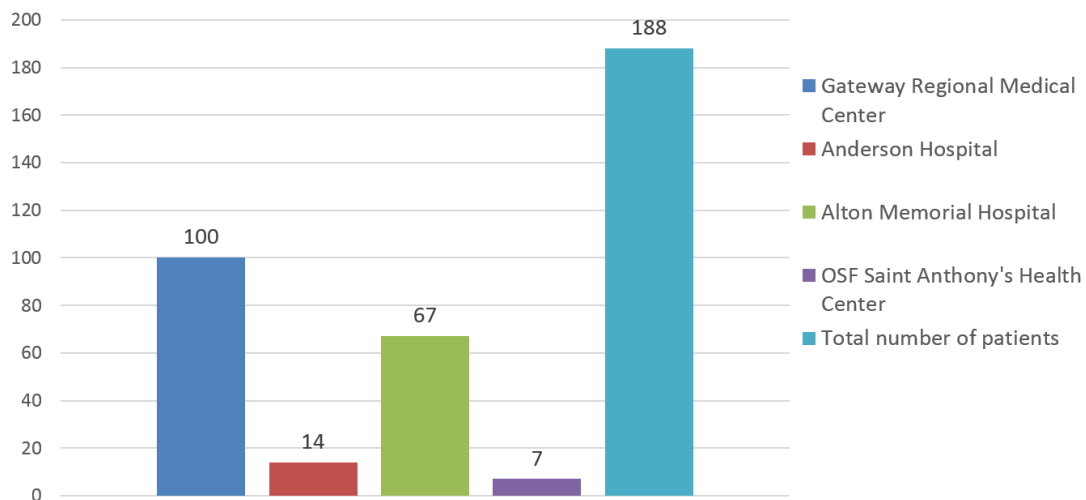
Substance Abuse

- 1,049 per 100,000 inpatient drug abuse cases in 2009-2010 (slightly higher than the state average)
- Over 150 heroin related arrests and 28 heroin overdoses already in 2015
- 25% smoking rate, 27% former smokers (higher than state average)
- 67% of 12th Graders report using any substance



HEALTH NEEDS ASSESSMENT PHASE

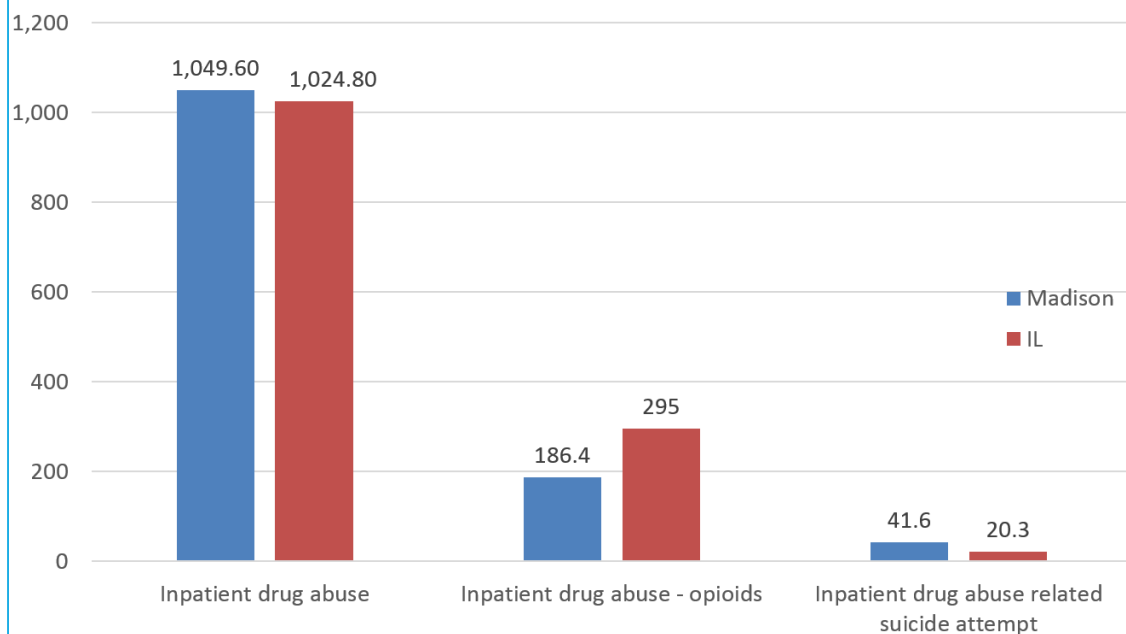
Number of Alcohol/Drug Abuse Patients



St. Joseph's Hospital: too few cases

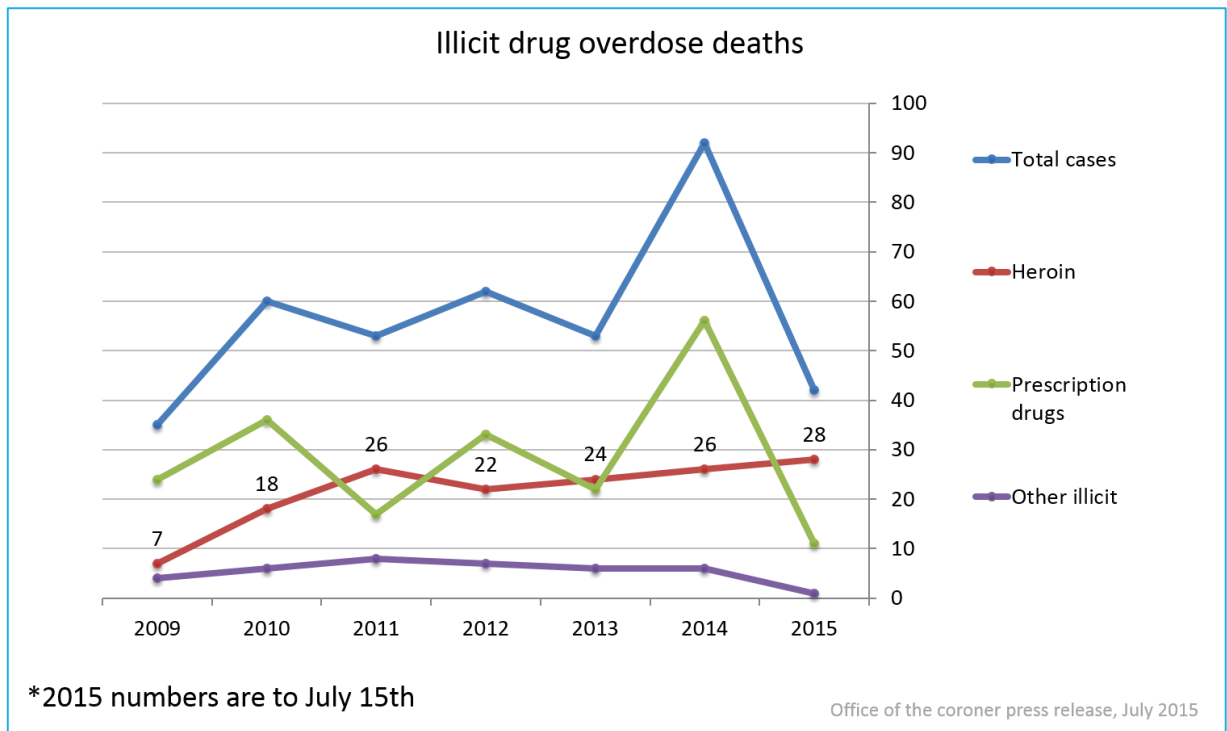
IDPH Hospital Report Card 2013

Inpatient Drug Abuse: Crude Rates



IDPH Hospital Discharge Data 2009-2010

HEALTH NEEDS ASSESSMENT PHASE



NOTE: The 2015 data in this chart only includes data available through July 15, 2015. There was not a drop off in the rate as the picture visualizes. In the end, the final 2015 data (not available yet at the time of the quantitative data analysis) was double that of the 2014 data.

HEALTH NEEDS ASSESSMENT PHASE

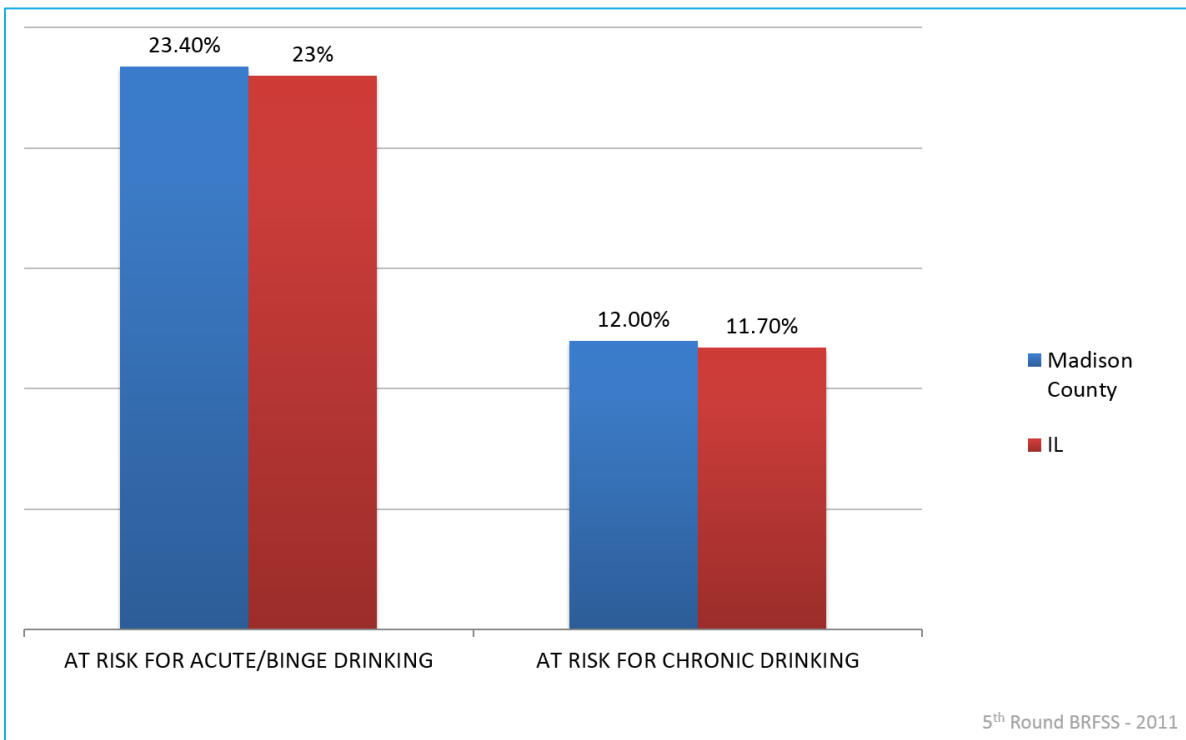
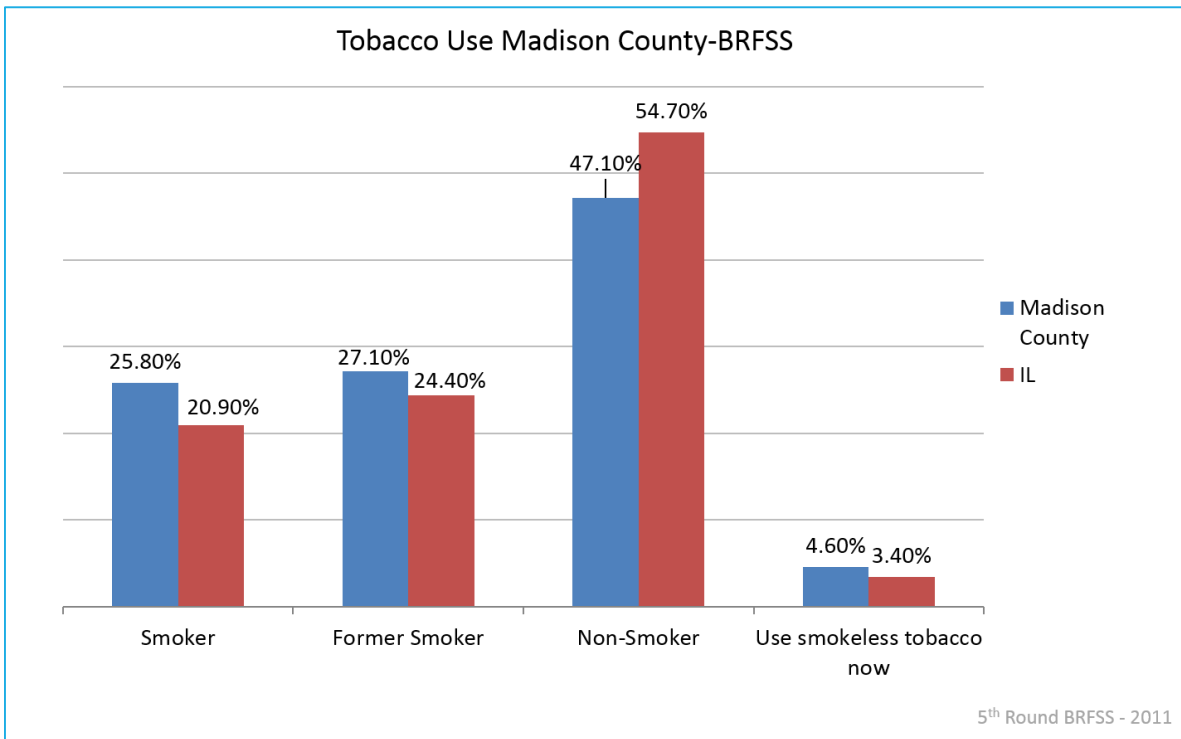
Here are pictures and comments that were received from the Photovoice Project. Several pictures and comments were submitted referring to liquor establishments and other types of businesses that hamper the community's reputation and increase substance use and other risky behaviors.



"This is a photo [left] of the Relax Inn in downtown Granite City, IL. It is difficult to be a healthy community when you have a motel known for prostitution and illegal drug activities just a few blocks down from your City Hall and family residences. Despite media reports that the motel has been under investigation for years, it is still open for business."

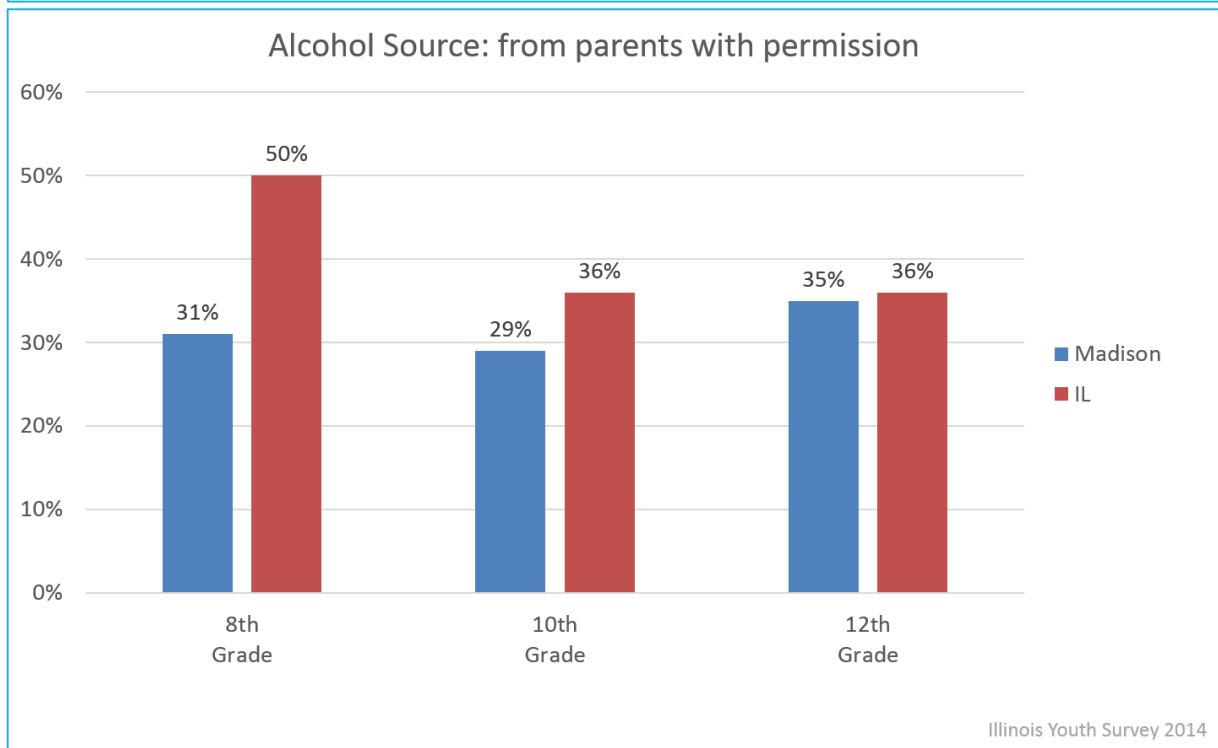
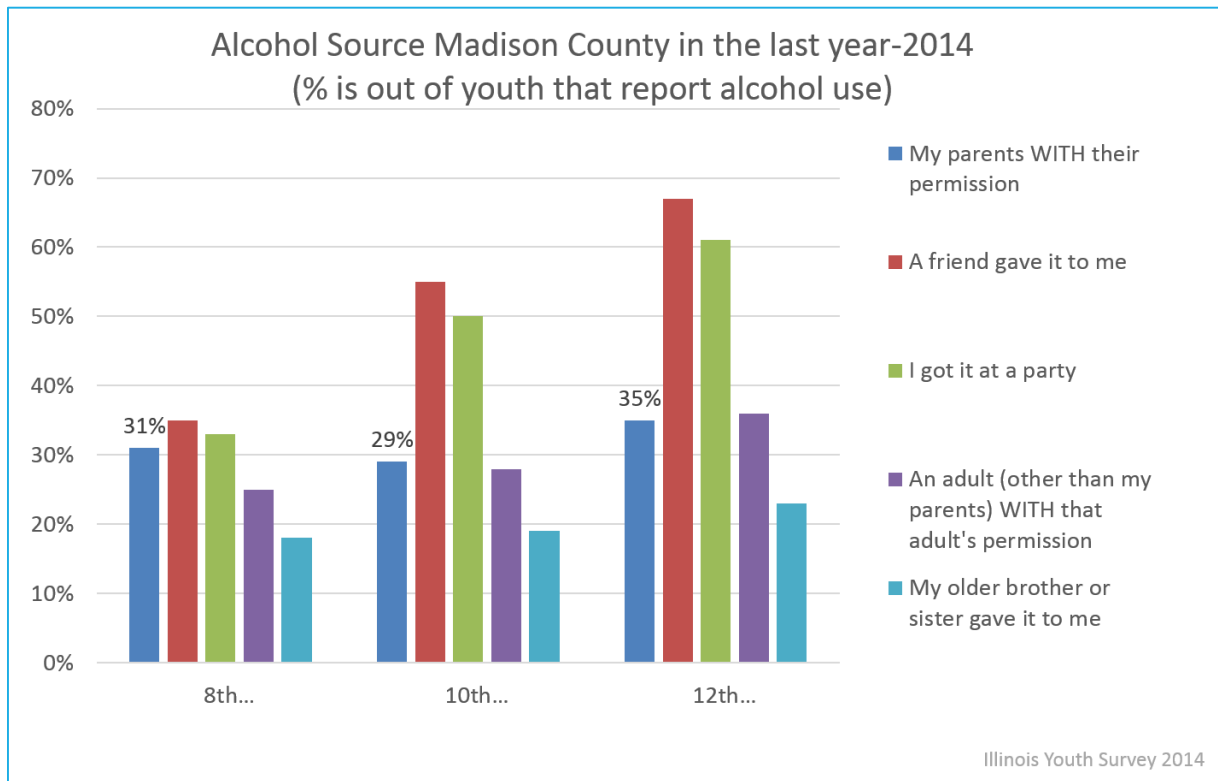
HEALTH NEEDS ASSESSMENT PHASE

ADULT SUBSTANCE USE DATA



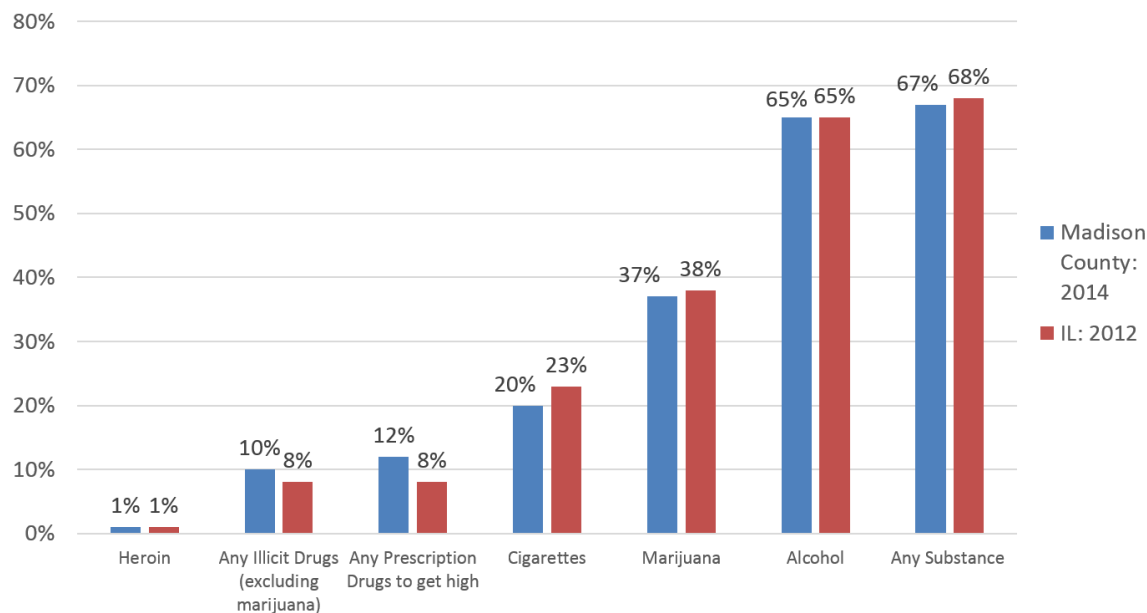
HEALTH NEEDS ASSESSMENT PHASE

YOUTH SUBSTANCE USE DATA



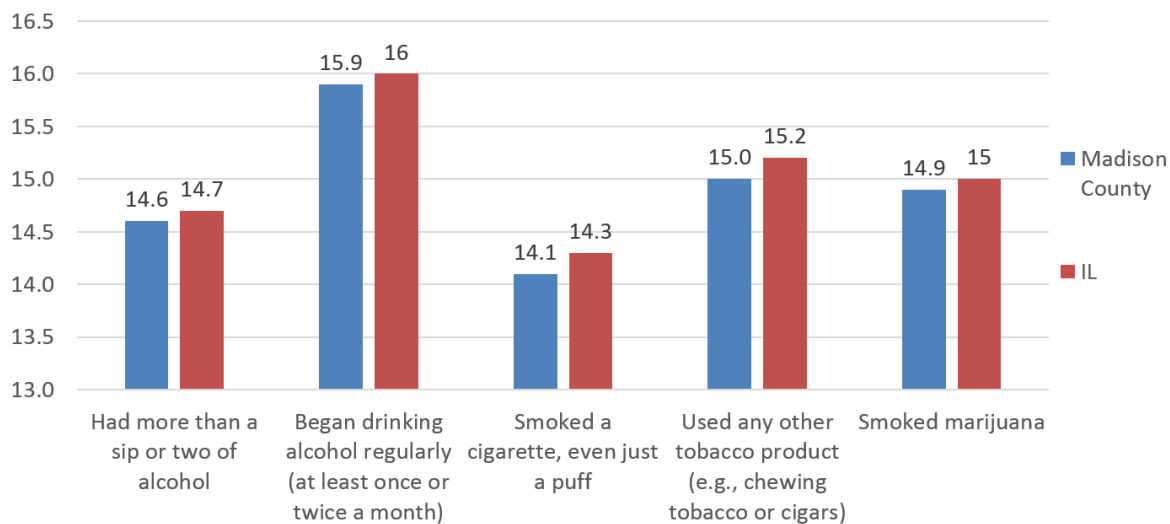
HEALTH NEEDS ASSESSMENT PHASE

Substance Abuse among 12th Graders



Illinois Youth Survey 2014

Average age when first used, among those who have ever used each drug



Illinois Youth Survey 2014

HEALTH NEEDS ASSESSMENT PHASE

HEALTH CONCERNS OF NOTE

Through our data review and analysis, two health concerns repeatedly surfaced within many of the top 10 health concerns under review. Since Food Access and Tobacco touched so many of the other health concerns, we felt it was important to highlight them separately and illustrate their relationship to the top 10 health concerns. It would have been a disservice and not truly representative to place either of these health concerns solely under any of the other health concern areas as they would have lost their full spectrum of impact and influence on the issues.

Health Concern to Note: **FOOD ACCESS**

- Food access surfaced in the Stakeholder Focus Groups and Community Health Survey results in various aspects.
- Data about food access and specific types of food access issues is limited yet beginning to be tracked in some ways.
- Food access contributes to 2 of the 10 identified health concern areas including:
 - Obesity and Heart Disease
 - Lack of resources, proximity, knowledge, and/or motivation to obtain and/or consume healthy foods
 - Poverty
 - Food insecurity is a reality for people living in poverty and/or on low or fixed incomes.
 - Food insecurity includes all of the concerns above compounded with the fear, physical and mental issues, and survival instincts that accompany inability to obtain sufficient food

Health Concern to Note: **TOBACCO**

- Although tobacco use did not surface in the Stakeholder Focus Groups or the Community Health Survey results, the Madison County tobacco use data is significantly higher than the state.
- Also, tobacco use contributes to 5 of the 10 identified health concerns including:
 - Obesity and Heart Disease
 - Mental Health
 - Substance Abuse
 - Cancer
 - Dental Care
 - Air Quality

HEALTH NEEDS ASSESSMENT PHASE

CORE TEAM MEETINGS

As the final element culminating the Assessment Phase, a Core Team was convened twice in a group meeting format for the purpose of: reviewing the data analysis information, discussing the identified health concerns and their current status in Madison County, and participating in a process to select a set of health priority areas to recommend for adoption by the Board of Health. Core Team members were invited to represent various community sectors impacted by health in different ways. Twelve community partners served as Core Team Members. A list of Core Team Members is located in [Appendix C](#).

On August 11, 2015, the Core Team convened for the first meeting at 9:00 a.m.-12:00 p.m. at the Madison County Health Department. The agenda included: an overview of the IPLAN process; purpose, structure, and goal for the day; demographic data review, qualitative and quantitative data review (including Focus Group Data, Community Health Survey Data, Photovoice Project data, and Quantitative Data); and a preview of the prioritization process to be utilized at the second and final Core Team meeting.

On August 18, 2015, the Core Team convened for the second and final meeting at 12:00 p.m.-4:00 p.m. at the Madison County Health Department. The agenda included: purpose, structure, and goal for the day; recap of the IPLAN process; an abbreviated data review; overview of the health priority setting process; narrowing the choices using a Nominal Group Process with discussion; enactment of the Hanlon Method including the PEARL Test to prioritize the remaining choices; discussion of the prioritization results; and a final consensus agreement for the 2016-2021 Madison County Health Priorities to recommend to the Board of Health for adoption.

Upon conclusion of the Core Team meetings, their health priority recommendations moved through the multi-phase review process including: the Health Advisory Committee, Health Department Committee, and Board of Health. The Board of Health has the authority to make the final and official adoption of these health priorities for 2016-2021. That meeting was held on September 16, 2015 and concluded the Assessment phase of this round of IPLAN.

HEALTH NEEDS ASSESSMENT PHASE

As part of the IPLAN process, we must set at least 3 health priorities to address as a county over the next five years. Various prioritization methods and tools are available to help in this process and remove some of the bias that conversation only can introduce into priority setting. We selected the following methods and tools for our prioritization process.

Priority Setting

The goal for the Core Team was to reach a consensus on health priorities to recommend for adoption by the County Board. The process components to achieve this included:

- Reasonable
- Clearly Understood by Committee Members
- Have Objective Components
- Be based on an Analysis of Available Data and Community Input

APEX PH model for community assessment and plan development suggests that five (5) health problems be identified. IPLAN certification requires that “Prioritization shall result in the establishment of at least three (3) priority health needs” (Certified Local Health Dept. 77 Ill. Adm. Cod 600.400. (a)(d). The Core Team was asked to set 3-5 health priority areas by the end of this process.

To ensure that participants were discussing health problems from the same foundation, the health problem definition was provided as follows:

APEX PH definition:

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

IPLAN protocol:

Allows LHD’s to broaden this definition to include local public health system issues that go beyond this more traditional definition.

Methods Used:

The methods used to set the Health Priorities are standard Public Health methods for priority setting and included: Nominal Group Process and Hanlon Method with the PEARL Test (APEX-PH, August 1996).

Nominal Group Process: A group of individuals discusses select topics, asks questions, and then votes on a certain number of the topics in order to narrow down the choices. After hearing the information

HEALTH NEEDS ASSESSMENT PHASE

and data, the Core Team had a week to process the information. When they reconvened for the second and final meeting, they heard an abbreviated data review then participated in a discussion and the Nominal Group Process to vote on health concerns to narrow down the selections. This process resulted in the selection of 5 of the 10 health concerns that they thought were feasible and timely to address based on the Assessment information. The 5 health concern areas receiving the most number of votes then moved onto the next step in the process which was the Hanlon Method including the PEARL test.

*Hanlon Method*¹: The Hanlon Method addresses a rating of the size (actual statistical size) of the problem (Column A in Table A), rating the seriousness of the health problem (Column B in Table A), rating the health problem for the estimated effectiveness of intervention(s) under consideration (Column C in Table A), and then the Basic Priority Rating score which is calculated using the formula $(A + B)C/3$. This score is used as part of the Overall Priority Rating formula as well.

PEARL Test: As part of the Hanlon Method, the PEARL test can be applied to gain additional insight on the health problem while in the process of determining health priorities. PEARL is a group of factors that, although not directly related to the health problem, have a high degree of influence in determining whether a particular problem can be addressed. The PEARL Test requires a Yes or No response receiving a corresponding score of 1 for Yes and 0 for No to each of the following five areas labeled as follows (D1-D5 in Table A): P – Propriety, E-Economics, A-Acceptability, R-Resources, and L-Legality. Each D subarea is multiplied together to obtain a total D score to be used in the Overall Priority Rating formula such as $(D1) (D2) (D3) (D4) (D5) = D$. The OPR column is the cumulative calculation of the Overall Priority Rating incorporating all of the elements of Hanlon and PEARL using the formula $(A + B)C/3xD$. Column E is the final rankings of health concerns in accordance to the order that the calculations projected. This order does not imply importance, preferential significance, or priority. These methods and this final column were tools to aid the Core Team in their final discussion as to how many and which health concerns to recommend to the Board of Health as 2016-2021 health priority areas.

¹ NOTE: This method, which has been called both the Hanlon Method and the Basic Priority Rating System (BPRS), is described in Public Health: Administration and Practice (Hanlon and Pickett, Times Mirror/Mosby College Publishing) and Basic Health Planning (Spiegel and Hyman, Aspen Publishers).

APEX PH manual citation (Appendix E) is J.J. Hanlon, *"The design of public health programs for underdeveloped countries."* Public Health Reports, Vol. 69. and Hanlon and Pickett, Public Health Administration and Practice, 9th ed. 1990.

HEALTH NEEDS ASSESSMENT PHASE

PEARL FACTORS

P Propriety:

Is an intervention suitable?

Is the problem one that falls within the agencies' overall missions?

E Economic Feasibility:

Does it make economic sense to address the problem?

Are there economic consequences if the problem is not addressed?

A Acceptability:

Will the community and/or target population accept an emphasis on this problem and accept the proposed intervention?

R Resources:

Are resources available to address the problem?

L Legality:

Do the current laws allow the problem to be addressed?

Prioritization Results:

From the Data Analysis and Collection component of the Assessment Phase, 10 health concerns were identified as the most prevalent to address in congruence with all data sources. The 10 health concerns included and presented to the Core Team:

TOP 10 HEALTH CONCERNS FOR THE NOMINAL GROUP PROCESS

Access to Care

Air Quality

Cancer

Dental Care

Interpersonal Violence

Mental Health

Obesity and Heart Disease

Poverty Related Issues

Sexual Health

Substance Abuse

HEALTH NEEDS ASSESSMENT PHASE

After reviewing the data analysis information, asking questions, and group discussion, Core Team members participated in a Nominal Group discussion and decision making process to narrow the field of Top 10 health concerns to 5 health concern areas to use in the priority setting tool of the Hanlon Method with the PEARL test. The 5 health concerns included:

TOP 5 HEALTH CONCERNS FOR THE HANLON METHOD

Access to Care
Air Quality
Mental Health
Obesity and Heart Disease
Substance Abuse

Core Team members then participated in the Hanlon Method for Priority Setting including the PEARL test. After extensive discussion on these columns, categories, and health concerns, the results of Hanlon and PEARL were determined and identified as:

Health Problem	A - Size (0-10)	B - Seriousness (0-20)	C - Effectiveness of Interventions (0-10)	BPR – Basic Priority Rating = (A+B)C/3	D1 - P - Propriety (0/1)	D2 - E – Economic feasibility (0/1)	D3 - A – Acceptability (0/1)	D4 - R- Resources (0/1)	D5 - L – Legality (0/1)	OPR – Overall Priority Rating = (A+B)C/3xD	Final Rankings of Health Concerns
Obesity	10	18	8	75	1	1	1	1	1	75	yes
Mental health	10	17	6	54	1	1	1	1	1	54	yes
Substance abuse	9	18	6	54	1	1	1	1	1	54	yes
Access to care	7	13	4	27	1	1	1	0	1	0	no
Air Quality	8	13	5	35	1	1	1	1	1	35	yes

Special consideration to poverty

Special consideration to access to care issues

HEALTH NEEDS ASSESSMENT PHASE

Rationale for Selections:

After discussion and questions, the Core Team came to a consensus to recommend that 4 of the 5 final health problems be adopted by the Board of Health as the 2016-2021 Madison County Health Priorities, with special consideration to Poverty and Access to Care issues present in each priority. They also recommended to drop the “Heart Disease” part of the Obesity and Heart Disease health concern, as they felt that heart disease could be addressed in an umbrella under Obesity. Below is a summary of the rationale for the selection of each of the health concern areas as the Top 4:

Obesity: Data demonstrated need and concern, community perception and acceptance of problem, long-term and short-term impacts, feasible strategies exist to begin to address the problem, national trend with the possibility for funding to help further address the problem, problem contributes to multiple long-term health concerns that are leading causes of death and greatly impacts morbidity and mortality, and current efforts are not sufficient or do not have sufficient enough resources to impact the size of the problem.

Substance Abuse: Data demonstrated need and concern, community perception and acceptance of problem, long-term and short-term impacts, feasible strategies exist to address the problem, rapidly increasing heroin overdose deaths, presence and availability of funding to help and continue and further address the problem, problem contributes to multiple long-term health concerns that are leading causes of death and greatly impacts morbidity and mortality, and current efforts are working but not sufficient enough resources to impact the size of the problem.

Mental Health: Data demonstrated need and concern, lack of data is a concern, community perception of the problem, stigma and lack of knowledge by community impacts ability to address the problem and impacts prevention efforts and seeking treatment, multiple levels of impact on the community and individual by not addressing the problem, feasible strategies exist to begin to educate the community about the problem and decrease stigma, concern of apparent rise in suicide, national trend with the possibility for funding to help further address the problem, problem contributes to multiple long-term health and economic concerns, and current efforts need to be streamlined and coordinated to begin to impact the size of the problem.

Air Quality: Data demonstrated need and concern, County Health Rankings data of Madison County demonstrate significant progress on this health issue over the last 5 years with still more progress necessary to occur, community perception of problem, long-term and short-term impacts, feasible strategies exist to educate the community on air quality and steps they can take, problem contributes to some long-term health concerns that are leading causes of death and greatly impacts morbidity and mortality, and current efforts are not sufficient or do not have sufficient enough resources to impact the size of the problem.

HEALTH NEEDS ASSESSMENT PHASE

2016-2021 MADISON COUNTY HEALTH PRIORITY AREAS

On August 11, 2015 and August 18 2015, the Core Team convened and participated in a process to select a set of health priority areas to recommend for adoption by the Board of Health. On September 3, 2015, the Health Advisory Committee reviewed the recommended health priority areas and approved for their submission to the Health Department Committee. On September 9, 2015, the Health Department Committee reviewed the recommended health priority areas and approved for their submission to the full Board of Health. On September 16, 2015, the Madison County Board of Health adopted the following health priority areas to be addressed 2016-2021 for Madison County:

HEALTH PRIORITY AREAS:

Obesity
Substance Abuse
Mental Health
Air Quality

The Madison County Board of Health Resolution to adopt the Health Priority Areas is located in [Appendix D](#).

On August 27, 2015, the proposed 2016-2021 Health Priority Areas, as well as an abbreviated overview of the Assessment Process and Data, was presented at an All-Staff Meeting of the Madison County Health Department to keep employees informed of the process, progress, and proposed direction for the next 5 years.

GETTING INVOLVED TO HELP MAKE AN IMPACT

On March 3, 2016, the Health Advisory Committee recommended that the Community Health Plan be submitted to the Health Department Committee. On March 9, 2016, the Health Department Committee recommended that the Community Health Plan be submitted to and adopted by the full Board of Health. In compliance with IPLAN protocol, the Community Health Plan was adopted by the Madison County Board of Health on March 16, 2016. The Madison County Board of Health Resolution to adopt the Community Health Plan is located in [Appendix E](#).

The purpose of the Community Health Plan is to create a five-year roadmap to impact each chosen health priority. The development of Madison County's Community Health Plan included a Community Health Plan Summit, the development of objectives and strategies by community stakeholders to implement over the next five years to impact the health problem, and the collaborative efforts of the Madison County Partnership for Community Health to assure that the plan is implemented to further enhance the health and quality of life for Madison County residents

COMMUNITY HEALTH PLAN SUMMIT

To begin the Plan Development phase for this round of IPLAN, Madison County Health Department hosted the *Community Health Plan Summit– Innovation and Collaboration for Community Health* on Friday, September 18, 2015 at the Wood River Moose Family Center from 8:00 a.m.-3:00 p.m. The 2016-2021 Madison County Health Priorities were unveiled to the community partners on that day. The purpose of the day was to convene people interested in the health priority areas to work together to begin identifying needs, barriers, resources, strategies, and partnerships to impact the new health priorities over the next five years. Their collaboration began the foundation for the 2016-2021 Community Health Plan and will serve as a catalyst for continued collaboration to implement the Plan. Invitations to the Community Health Plan Summit were distributed to Stakeholder Focus Group participants, Core Team members, Madison County Partnership for Community Health (MCPCH) Committee members, Health Department Committee, and Health Advisory Committee. Community partners were also encouraged to share this invitation with other organizations, agencies, churches, businesses, and schools to become engaged in this process as well as expand our impact and reach on these health priorities.

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There were 60 community partners from 40 community organizations who participated in the Community Health Plan Summit, such as the Health Department Committee, Health Advisory Committee, hospitals, schools, colleges and the university, churches, agencies, and organizations. A list of participating agencies is located in [Appendix F](#).

In the morning, participants listened to presentations of the IPLAN Process, each of the 4 Health Priority Areas for 2016-2021 (Air Quality, Substance Abuse, Obesity, and Mental Health), the special consideration areas of Poverty and Access to Care, and an introduction to the 2016-2021 Partnership Pledges, which will help maximize impact on the health priority areas and increase ownership of the role entities play in contributing to and supporting the health priority areas. Then, participants spent the afternoon in small groups, based on their health priority area of interest, discussing questions to help identify strategies, resources, and barriers to addressing these health priorities. The results of these small group discussions provided the building blocks for the 2016-2021 Community Health Plan. The participants will be integrated into the existing health priority groups, which will make a shift to more of a Task Force oriented approach during the next five years.

By the end of the day, the goal for each health priority group was that they would have engaged in a meaningful conversation about the Impact and Strategy Questions by Sector and the Plan Development Questions and provide one collective set of answers for their group to be used as the base for the Community Health Plan for each health priority area. In compliance with IPLAN protocol, these two sets of questions were derived from the Risk Factor and Community Health Plan Worksheets, which were completed during the subsequent months while developing the Plan.

Community partners were encouraged to continue to work with these health priority groups to ensure the implementation of their Plan. These groups become the Madison County Partnership for Community Health (MCPCH) Committees which are the action arm of this process to implement the Community Health Plan over the next five years. Each group will meet on a regular basis, continue to add to and enhance the Plan, identify ways to implement the objectives and strategies both as a group and among their organizations, connect together as a whole body at least once a year in some form, and continue to monitor and feasibly address gaps in programs and services and follow trends among health issues.

Below are the Impact and Strategy Questions by Sector and the Plan Development Questions templates used by each health priority group at the Health Summit.

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2015 Community Health Plan Summit Impact and Strategy Questions by Sector

Health Priority Area: _____

1. Ultimately, what would you like to see happen with this health topic in the next five years?

2. What do you want to see happen in the different sectors of our community to address this health issue? What are some strategies that could be implemented; changes made; issues addressed; and/or Policy, Systems, or Environmental changes identified, developed, and addressed?
 - a. Hospitals and healthcare providers/system:

 - b. Schools:

 - c. University and Colleges:

 - d. Government (organizations and/or county, local, township, etc.):

 - e. Faith based organizations:

 - f. Other:

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2015 Community Health Plan Summit

Plan Development Questions

Health Priority Area: _____

What change or impact do we hope to see?

Where does it make sense, is most acceptable, or is most feasible for us to begin to work on this problem?

What intervention strategy or strategies will produce this change? What strategy could be focused on to address an Access to Care issue or Poverty issue related to this health problem?

What can we do/create to generate this change/impact?

What will we need to make this happen?

What steps need to be taken?

What resources/support exist to build on?

Who else needs to be at the table?

What barriers might we encounter? Do we need to build in steps to address those first?

How will we measure if our efforts are successful?

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2016-2021 COMMUNITY HEALTH PLAN

The Madison County Community Health Plan was developed from the Community Health Summit and subsequent meetings of each Health Priority Area committee. The following section includes the Health Problem, Risk Factors, Contributing Factors, Outcome Objectives, Impact Objectives, Intervention Strategies, Resources, and Barriers for each of the 5 health priority areas. Each health priority area also includes the Healthy People 2020 Objectives and the Illinois State Health Improvement Plan Objectives 2010 (as applicable) that the Madison County objectives and strategies will support and contribute to advancing their target outcomes.

The Community Health Plan will be the core tool for implementation over the next 5 years. These plans may change or be expanded upon as work progresses and measurements occur. The Community Health Plan is intended to be a “living document” that is used by the respective committees and all organizations and citizens for the enhancement of quality of life and health for Madison County.

GETTING INVOLVED TO HELP MAKE AN IMPACT

OBESITY PRIORITY PLAN

<p>Health Problem:</p> <p>Highlights of the Obesity Problem in Madison County include:</p> <p>Over 30% of residents are obese and 36% overweight 13% of population is food insecure and 10% have limited access to healthy foods</p> <p>52% of residents eat less than 3 servings of fruits or vegetables a day</p> <p>Community expressed concern about obesity-related issues including the lack of walkability of the county Statewide adolescents are 14% overweight and 12% obese</p>	<p>Outcome Objective:</p> <p>By June 2021, decrease by 10% residents who are obese and overweight <i>Baseline: 32% of residents are obese and 36% of residents are overweight (5th Round BFRSS, 2011)</i></p> <p>By June 2021, decrease by 10% physical inactivity of residents. <i>Baseline: 28% report physically inactive (County Health Rankings, 2015)</i></p> <p>By June 2021, decrease by 5% residents with limited access to health foods. <i>Baseline: 10% residents report limited access to health foods (County Health Rankings, 2015)</i></p>
<p>Risk Factor(s) (may be many):</p> <ul style="list-style-type: none"> • Consumption of food and beverages that contribute to obesity • lack of or insufficient physical fitness, wellness, and built environments conducive for this kind of lifestyle • issues of food scarcity and access to food issues 	<p>Impact Objective(s):</p> <p>HEALTHY EATING & BEVERAGES (NUTRITION)</p> <ol style="list-style-type: none"> 1. By June 2021, the committee will work to increase awareness of the benefits of consuming fruits and vegetables. 2. By June 2021, work to change environments and systems to promote healthy eating. 3. By June 2021, increase water access and consumption as well as decrease sugar-sweetened beverage consumption <p>PHYSICAL FITNESS & BUILT ENVIRONMENT</p> <ol style="list-style-type: none"> 1. By June 2021, increase physical activity among residents of Madison County. 2. By June 2021, foster and promote existing community programs that focus on physical fitness. 3. By June 2021, change environments and systems to support physical activity

GETTING INVOLVED TO HELP MAKE AN IMPACT

	Impact Objective(s) continued: Food Scarcity (Food Pantries, Summer Meals) and Food Access (Food Deserts) <ol style="list-style-type: none"> 1. By June 2021, improve access to healthy food options in food pantries, meal assistance programs, and food retail in designated food deserts. 2. By June 2021, increase demand and consumption of healthy foods among impacted communities.
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Contributing Factors (Direct/Indirect; may be many): Smoking Physical inactivity No access to exercise opportunities Diabetic Food insecure Limited access to healthy foods Daily servings of fruits and vegetables Fast food alleys Lack of sidewalks and other safe ways to walk for fitness and for mobility to community places such as schools, grocery stores, etc.	Proven Intervention Strategies: <u>Healthy Eating & Beverages (Nutrition)</u> To support Objectives 1 & 2: <ul style="list-style-type: none"> • Promote and link community to existing nutrition programming. <ul style="list-style-type: none"> ○ BJC School Nutrition Curriculum ○ Illinois Nutrition Education Program ○ YMCA Diabetes Program ○ Other programs as we learn of them • Work with schools to limit unhealthy foods (competitive foods and healthy vending) in schools and after school activities. Help them to identify healthier food options at school sporting and club events. • Share resources with schools specific to nutrition programming and healthy eating promotional materials. • Identify community centers, housing authorities, community events where nutritional education, messaging and resources can be shared. Work with community partners to provide programming. • Identify ways to promote community gardening in Madison County. Offer nutritional/cooking lessons as part of existing community garden programs. • Connect with food retail to promote healthy eating at stores through messaging, and promotional activities and events.
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GETTING INVOLVED TO HELP MAKE AN IMPACT

	<p>Proven Intervention Strategies continued:</p> <p>To support Objective 3:</p> <ul style="list-style-type: none">• Promote Rethink Your Drink Initiatives and Programming in schools, churches and community centers.• Increase the percent of secondary schools that permit students to have a drinking water bottle with them during the school day. <p><u>PHYSICAL FITNESS & BUILT ENVIRONMENT</u></p> <p>To support Objectives 1 & 2:</p> <ul style="list-style-type: none">• Promote wellness in schools. (need to develop SMART objectives specific to this)<ul style="list-style-type: none">○ Utilize SIUE exercise science students or encourage the campus to promote healthy kids days throughout the year – could provide education to parents during this time.○ Promote “brain breaks” in school settings.• Connect community to the YMCA Diabetes prevention program and other programming specific to wellness.• Promote and share information on wellness events in the community.<ul style="list-style-type: none">○ Continue to update, promote and share activity resource guide developed by committee. <p>To support Objective 3:</p> <ul style="list-style-type: none">• Promote use of public transportation• Promote walkable and bikeable communities-Connecting people to places• Promote better curb cuts that taper allowing for ADA compliance and more conducive to physical activity.• Promote the trails of Madison County to increase transportation to work via bike if close and weather permitting<ul style="list-style-type: none">○ If we develop tagline, get it painted on the trails and visible locations in the county.
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GETTING INVOLVED TO HELP MAKE AN IMPACT

	<p>Proven Intervention Strategies continued:</p> <p><u>FOOD SCARCITY (FOOD PANTRIES, SUMMER MEALS) AND FOOD ACCESS (FOOD DESERTS)</u></p> <p>To support Objective 1:</p> <ul style="list-style-type: none">• Healthy Food Retail initiatives like MO's Stock Healthy Shop Healthy. Focus on expanding access to healthy food options by targeting food retail establishments (corner stores, convenient marts, gas stations, farmers markets, grocery stores). Strategies will focus on improving the availability of healthful food options, promotional signage and displays.• Increase/promote healthier food options in food pantries. (Food Pantry nudges)<ul style="list-style-type: none">○ Promote Feeding America's Healthy Food Donation List at schools, community groups, churches, Rotaries.• Develop an updated list and pocket guide of food pantries in Madison County<ul style="list-style-type: none">○ Provide updated (and verified) list to pediatricians and general practice doctors/community clinics to provide patients that are experiencing food insecurity.• Help promote and share information on the Summer Meal program and meal sites in Madison County.• Backpack programs<ul style="list-style-type: none">○ Connect with churches with similar programming. Conduct needs assessment and see if more can be accomplished by coordinating efforts.○ Research and develop a list of more healthful food options to share with churches/organizations/schools that provide these programs to students.• Develop an updated list of the Farmer's Markets in the community and find out which ones accept Illinois EBT Link cards.
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GETTING INVOLVED TO HELP MAKE AN IMPACT

	<p>Proven Intervention Strategies continued:</p> <p>To support Objective 2:</p> <ul style="list-style-type: none"> • Food demos at pantries • Identify and promote programs that offer cooking educational opportunities. • Healthy food educational displays/walk by activities at grocery stores. • Work with existing organizations and agencies on acquiring and installing healthy eating promotional messaging and images at food pantries and food retail.
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<p>Resources Available (governmental and nongovernmental):</p> <p>Illinois Nutrition Education Program, University of Illinois Extension</p> <p>CenterTRT</p> <p>Feeding America</p> <p>Food Research & Action Center</p> <p>Illinois Action for Healthy Kids</p> <p>Illinois Department of Public Health</p> <p>Illinois Obesity Alliance</p> <p>Madison County Health Department</p> <p>No Kid Hungry</p> <p>OneSTL</p> <p>Operation Food Search</p> <p>St. Louis Food Bank</p> <p>USDA</p>	<p>Barriers:</p> <ul style="list-style-type: none"> • Money • Time, we all have our day job • Public complacency. • Lack of demand for healthy foods—just because you bring it doesn't mean they will eat it. • Federal, state, local policy can often negatively impact health.
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GETTING INVOLVED TO HELP MAKE AN IMPACT

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

The obesity problem in Madison County is also fueled by concerns of heart disease and other related illnesses. The problem is multi-level and involves various sectors in contributing to the problem and to engage in the solutions. Highlights of the Obesity Problem in Madison County include: the percentage of residents who are obese or overweight hovering or exceeding the state average; issues of food insecurity and significantly higher rates of limited access to healthy foods compared to the state; more than half of residents report eating less than 3 servings of fruits and vegetables a day; and community concern about the walkability of the county. Upon examining heart health-related data, evidence of heart health-related illnesses such as cardiovascular disease, stroke, and diabetes among others had elevated levels among our residents which indicates that long-term health consequences manifesting into other health issues continue to grow and become exacerbated by the obesity issue.

The primary risk factors contributing to the obesity health concern in Madison County include: consumption of food and beverages that contribute to obesity such as sugary drinks and foods; lack of or insufficient physical fitness, wellness, and built environments conducive for this kind of lifestyle; and issues of food scarcity and access to food issues. Multiple contributing factors drive obesity rates with the following specifically contributing to the problem in Madison County including: smoking, physical inactivity, no access to exercise opportunities, diabetes, food insecurity, limited access to healthy foods, daily servings of fruits and vegetables, fast food alleys, and lack of sidewalks and other safe ways to walk for fitness and for mobility to community places such as schools, grocery stores, etc.

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

The MCPCH Obesity Reduction Committee works to foster and promote nutrition and wellness initiatives in Madison County. We had to determine a feasible place to begin for the next five years. Here are our next steps to continue to build toward achieving our outcome and impact objectives in each of our three Focus Areas.

1. The MCPCH Obesity Reduction Committee will work to develop a theme that is carried through all what we do and resonates with the community.
 - The committee as a whole will explore the idea of developing a theme/tagline with logo that encompasses nutrition and wellness.
2. The MCPCH Obesity Reduction Committee will work to develop teams/committees to target the following focus areas:
 - Healthy Eating & Beverages
 - Physical Fitness/Wellness & Built Environment
 - Food Scarcity & Access

Based on the feedback received, interests and shared strategies fell within the above three categories. During the January Strategic Planning meeting, the members agreed to move towards a task force approach that will allow for more focused efforts. Given many committee members have specific areas of expertise, this approach will allow our members to focus on the areas that best aligns with their organizational goals, talents and passions—ultimately maximizing impact in the community.

3. Committees will work to assess needs specific to their focus area. Identifying the following:
 - Who is currently doing what in the county?
 - Who is currently not represented on this committee but should be?
 - What resources are available: locally, regionally, state, national?
 - Committees/teams will develop specific objectives and strategies around focus area

GETTING INVOLVED TO HELP MAKE AN IMPACT

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

Alton Memorial Hospital
Anderson Hospital
BJC School Outreach and Youth Development
Gateway Region YMCA
Illinois Nutrition Education Program, University of Illinois Extension
LCCC Family Health Clinic
MADCAP / CYHS
Madison County Community Development
HSHS
Molina HealthCare of Illinois
Senior Services Plus
Senior Services Plus Wellness
Southern Illinois Healthcare Foundation
Southern Illinois University Edwardsville
St. Jerome's Health Care Ministry
Tri-Cities Area Faith in Action (under MC Catholic charities)
YWCA

Evaluation plan to measure progress towards reaching objectives:

The outcome objectives will be measured based on comparing 2020 data to 2015 data from the BFRSS and County Health Rankings data collections to determine long-term impact on this health priority. Impact objectives and intervention strategies will be measured based on achievement of stated goals, appropriate documentation and data tracking and analysis as applicable, and through methods yet to be devised by the MCPCH Obesity Reduction Committee as they continue to develop and implement this plan.

GETTING INVOLVED TO HELP MAKE AN IMPACT

Illinois 2010 State Health Improvement Plan Long-term Outcomes for Obesity: Nutrition and Physical Activity Priority Health Concern:

1. Reduce the proportion of children and adolescents who are overweight or obese.
2. Reduce the proportion of adults who are overweight or obese.

Healthy People 2020 Objectives:

NWS-2.1 Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students

Baseline: 9.3% (2006) *an increase is desired*

Target: 21.3%

NWS-2.2 Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold

Baseline: 6.6% (2006); 9.6% (2012) *an increase is desired*

Target: 18.6%

NWS-9 Reduce the proportion of adults who are obese

Baseline: 33.9% (2005-08); 35.3% (2009-12) *a decrease is desired*

Target: 30.5%

NWS-10.1 Reduce the proportion of children aged 2 to 5 years who are considered obese

Baseline: 10.4% (2005-08); 10.2% (2009-12) *a decrease is desired*

Target: 9.4%

NWS-10.2 Reduce the proportion of children aged 6 to 11 years who are considered obese

Baseline: 17.4% (2005-08); 17.9% (2009-12) *a decrease is desired*

Target: 15.7%

NWS-10.3 Reduce the proportion of adolescents aged 12 to 19 years who are considered obese

Baseline: 17.9% (2005-08); 19.4% (2009-12) *a decrease is desired*

Target: 16.1%

NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese

Baseline: 16.1% (2005-08); 16.9% (2009-12) *a decrease is desired*

Target: 14.5%

NWS-12 Eliminate very low food security among children (percent of households)

Baseline: 1.3% (2008); 1.2% (2012) *a decrease is desired*

Target: 0.2%

NWS-13 Reduce household food insecurity and in doing so reduce hunger

Baseline: 14.6% (2008); 14.5% (2012) *a decrease is desired*

Target: 6.0%

NWS-14 Increase the contribution of fruits to the diets of the population aged 2 years and older (Mean daily intake of fruits in cup equivalents per 1,000 calories)

Baseline: 0.53 cup (2001-04); 0.57 cup (2007-10) *an increase is desired*

Target: 0.90 cup equivalents per 1,000 calories

GETTING INVOLVED TO HELP MAKE AN IMPACT

NWS-15.1 Increase the contribution of total vegetables to the diets of the population aged 2 years and older (Mean daily intake of fruits in cup equivalents per 1,000 calories)

Baseline: 0.77 cup (2001-04); 0.76 cup (2007-10) *an increase is desired*

Target: 1.14 cup equivalents per 1,000 calories

PA-2.1 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination

Baseline: 43.5% (2008); 50.0% (2012) *an increase is desired*

Target: 47.9%

PA-3.1 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity

Baseline: 28.7% (2011); 27.1% (2013) *an increase is desired*

Target: 31.6%

ECBP-2.8 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unhealthy dietary patterns

Baseline: 84.3% (2006) *an increase is desired*

Target: 92.7%

ECBP-2.9 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in inadequate physical activity

Baseline: 79.2% (2006) *an increase is desired*

Target: 87.1%

Sources:

www.idph.state.il.us/ship/09-10_Plan/SHIP_Final_2010.pdf

www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives#4949

www.healthypeople.gov/2020/topics-objectives/topic/physical-activity/objectives#5069

www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives#4233

GETTING INVOLVED TO HELP MAKE AN IMPACT

SUBSTANCE ABUSE PRIORITY PLAN

<p>Health Problem:</p> <p>There are high percentages of Madison County youth using alcohol, marijuana, and prescription drugs</p> <p>There are a high number of prescription drug and heroin overdose deaths in Madison County.</p>	<p>Outcome Objective:</p> <p>By June 2021, decrease by 10% the use of alcohol, marijuana, and prescription drugs by Madison County youth.</p> <p><i>Baseline:</i> <i>Alcohol: 31% (10th grade), 46% (12th grade)</i> <i>Marijuana: 18% (10th), 26% (12th)</i> <i>Prescription Drugs*: 4% (10th), 6% (12th)</i> <i>*** Prescription drugs either not prescribed for them or in a dosage not recommended by the doctor. (30 Day Use- % of 10th and 12th grade students who reported using these substances within the past 30 days, 2014 Illinois Youth Survey)</i></p> <p>By June 2021, decrease by 50% the number of prescription drug and heroin overdose deaths over the next five years.</p> <p><i>Baseline: 69 overdose deaths from heroin and prescription drug use (56 prescription drug overdose deaths in 2014; 26 heroin overdose death in 2014; 2015, Madison County Coroner's Office)</i></p>
<p>Risk Factor(s) (may be many):</p> <p>The risk factors for youth substance use are many and varied. These risk factors include:</p> <ul style="list-style-type: none"> • Family history • Anxiety, depression, loneliness • Peer pressure • Lack of parental supervision • Poverty • Poor coping skills • Increasing societal acceptance • Role modeling • Supplying and using with youth 	<p>Impact Objective(s):</p> <p>In our attempt to decrease the number of youth using alcohol, marijuana, and prescription drugs over the next five years, it is necessary that we impact the following:</p> <ol style="list-style-type: none"> 1. Increase perception of risk of harm of substance use. 2. Increase percentage of parents who talk to their kids about NOT using substances. 3. Decrease youth access to alcohol and prescription drugs. 4. Decrease youth misperception about the number of their peers who use substances.

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	<p>Impact Objective(s) continued:</p> <p>In our attempt to decrease the number of prescription drug and heroin overdose deaths over the next five years, it is necessary that we impact the following:</p> <ol style="list-style-type: none"> 1. Increase student and parent education regarding the dangers of prescription drug abuse and heroin use. 2. Increase education amongst staff who work with children (including, but not limited to: DCFS, case managers/workers, teachers, faith-leaders) 3. Engage the medical community to assist with family education. 4. Decrease access to prescription drugs by working with medical community to stop over prescribing, encouraging citizens to lock up and monitor their needed medications, encouraging citizens to properly dispose of medications by use of the Rx for Safety Program, and consistent use of the pharmacy data base system (already in place). 5. Increase access to life saving measures by educating Madison County first responders as well as the public on Narcan. 6. Increase knowledge of the Good Samaritan Law. 7. Increase access to treatment by increasing collaboration and communication amongst providers, addressing ability to pay issues, addressing in-take issues, reducing wait times, and creating services that keep the individual engaged and safe during the wait time. 8. Increase in recovery supports by improving re-entry programs, increasing the amount of self-sustaining recovery homes, job application and placement assistance, improving family supports and understanding of addiction. 9. Increase training for law enforcement regarding how to process an overdose death scene. 10. Increase the number of individuals who successfully complete Drug Court.
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Contributing Factors (Direct/Indirect; may be many);

There are many contributing factors to youth use of substances. Those contributing factors can vary widely even among neighboring communities. Those factors include:

- Parent supply of alcohol.
- Retail access to alcohol.
- Easy access to prescription drugs.
- Overprescribing of prescription drugs.
- Decreased youth perception of risk of harm from using substances.
- High numbers of youth who overestimate the number of their peers who use substances (social norms).
- Lack of parent to child communication regarding substance use.

There are many contributing factors to the increase in prescription drug overdose deaths. They factors can vary widely, but include:

- Access to Rx medications
 - Overprescribing
 - Parents, grandparents, friends medicine cabinets
- Access to heroin that is inexpensive and has dangerous levels of purity
- Lack of education (parent/other adult, case managers, teachers, faith leaders, and youth) regarding the dangers of Rx abuse.
- Lack of communication amongst professionals (treatment centers, enforcement, and medical community)
- Inconsistent use of existing systems (pharmacies)
- Lack of a consistent way to reach community members with Narcan education
- Barriers to engaging individuals in treatment (in-take, space, financial)
- Need for enhanced recovery support systems (job assistance, recovery homes, volunteer opportunities, family engagement)

Proven Intervention Strategies:

The following strategies are shown to impact contributing factors to youth substance use:

1. Educational and support materials to address parent provision of alcohol
2. Compliance checks to address retail access to alcohol.
3. Educational and support materials to address easy access to prescription drugs
4. Youth prevention education
5. Communication campaigns
6. Social norms campaigns

The following strategies were chosen to impact contributing factors of Rx drug and heroin overdose deaths:

1. Educate the general public on taking medications as prescribed, secure storage, and proper disposal (Rx Safety Program)
2. Educate those working with youth (faith-based, teachers, DCFS providers, and case workers on Trauma Informed Care, signs/symptoms of Rx abuse or heroin use, and secure storage/proper disposal.
3. Collaborate with medical community to stop the over prescribing of pain medication
4. Educate public on life saving measures such as Narcan and the Good Samaritan Law
5. Increase communication amongst treatment providers to ensure greater access to care
6. Increase consistency amongst police departments regarding the processing of an overdose death scene in an effort to increase prosecution of heroin dealers

GETTING INVOLVED TO HELP MAKE AN IMPACT

Resources Available (governmental and nongovernmental):

- Illinois Department of Human Services grant funding through their Substance Abuse Prevention Program.
- Madison County State's Attorney's Office- financial support through Drug Forfeiture Funds. The State's Attorney participates in presentations and other projects related to substance use prevention in Madison County.
- Madison County Coroner's Office. The Coroner also participates in presentations and other projects related to substance use prevention in Madison County.
- Chestnut Health Systems Prevention program.
- Drug Free Coalitions of Madison County group
- Drug free coalitions in several Madison County communities.
- Madison County Health Department provides health education information and prevention services.
- Regional Office of Education.
- Anderson Hospital.
- Treatment agencies and other local organizations dedicated to providing assistance to individuals needing addiction services.

Barriers:

Barriers to reducing youth substance use include:

- Social Norms. Alcohol use by youth is widely accepted in many communities in Madison County. Many parents and other community members see it as a "rite of passage". In fact, many parents provide alcohol in their homes in the hope that "taking their keys" will keep kids safe.
- Funding. Many of the grants available have very specific allowable strategies and expenses, making it difficult to tailor those strategies to community needs. Other funds are extremely scarce and leave many parts of the county without prevention services.
- Lack of health education classes past 9th or 10 grade.
- Perception and priorities. With the prescription drug and heroin crisis in the county, other prevention services are often seen as "less important".
- Medical marijuana law in Illinois contributing to thought that marijuana is "safe".
- Inability to engage physicians in the conversation regarding overprescribing of prescription drugs to date.
- Difficulty for some to make connection between early alcohol and other drug use and later prescription drug and heroin addiction.

GETTING INVOLVED TO HELP MAKE AN IMPACT

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

High numbers of Madison County youth report past 30-day use of alcohol, marijuana, and prescription drugs. Efforts to decrease the numbers of youth reporting 30 day use of alcohol and marijuana have been ongoing for many years in Madison County. Dedicated prevention professionals, school officials, health education professionals, and other interested community leaders have worked diligently on a variety of strategies all over the county.

Alcohol: Trend data shows significant decreases in alcohol use over an 8-year period from 2006-2014. Among 10th graders, there was a 28% decrease (from 43% in 2006 to 31% in 2014) of 10th grade students reporting 30 day use on the Illinois Youth Survey. The 10% decrease (51% to 46%) in alcohol use for 12th grade students during that same time span was smaller but still significant.

Marijuana: Comparisons of 30 day marijuana use data for 10th graders showed a 10% decline (20% to 18%) over time from 2006 to 2014. Analysis of 12th grade data showed no change in the percent (26%) reporting marijuana use during the past 30 days in both 2006 and 2014.

Prescription Drugs: Prescription drug misuse by youth has not been measured in the same way until the past two cycles of the Illinois Youth Survey. From 2012 to 2014, there was a decrease from 6% (2012) to 4% (in 2014) in the misuse of “any prescription drugs” by 10th grade students. In the same time period, among 12th graders, there was a decrease from 7% (2012) to 6% (2014). These decreases, while encouraging, are not statistically significant and caution should be shown until further results are known.

While the aforementioned trend data is a significant achievement, much work still needs to be done. 31% of our 10th grade students and 46% of our 12th grade students still report using alcohol in the past 30 days. 18% of 10th graders and 26% of 12th graders report using marijuana during the past 30 days. 4% of 10th graders and 6% of 12th graders report misusing prescription drugs during the past 30 days.

Further data analysis points to several contributing factors to youth alcohol, marijuana, and prescription drug use. Youth substance use is a complex issue, with many nuances. We will target specific contributing factors in our efforts to reduce youth substance use. These include: parent supply of alcohol to underage minors; retail access to alcohol; easy access to prescription drugs; decreased youth perception of risk of harm of alcohol, marijuana, and prescription drugs; and high numbers of youth who overestimate the numbers of their peers who use substances.

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Description of the health problem, etc. continued:

When examining overdose deaths in Madison County over the past several years, the following information should be taken into consideration:

Overdose Death Trends:

Substance	2009	2010	2011	2012	2013	2014	2015
Rx Drugs	24	36	17	33	22	56	
Heroin	7	18	26	22	24	26	

Madison County is facing a crisis when it comes to its citizens dying from overdoses. As striking as the number of deaths seem, it is estimated that for every overdose death, there are approximately 14 people who overdose but do not die because they were administered the life-saving drug Narcan. This incredible number of overdoses is a public health crisis in our area, and it will take a multi-pronged approach to make the impact necessary to save lives.

This incredibly complex problem is related to numerous contributing factors, including: access to prescription medications (through overprescribing and stealing from family and friends); access to heroin that is inexpensive and high in quality; lack of education regarding the dangers of prescription drug misuse and abuse; lack of communication among professionals (treatment centers, enforcement, and the medical community); inconsistent use of existing systems (pharmacies); lack of consistent way to reach community members with Narcan education; barriers to engaging individuals in treatment (in-take, space, funding); and the lack of adequate enhanced recovery support systems (job assistance, recovery homes, volunteer opportunities, family engagement).

We will target these specific contributing factors in our efforts to drastically reduce the number of Madison County citizens who lose their lives to prescription and heroin overdoses.

GETTING INVOLVED TO HELP MAKE AN IMPACT

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

Strategies intended to impact the contributing factors will include:

1. Educational and support materials to address parent provision of alcohol. Materials will be disseminated through school districts in a cooperative agreement with the Madison County Regional Superintendent of Schools and all Madison County School Superintendents. Materials will be made available for posting on school websites and social media accounts. Schools will also be encouraged to email this material to all parents. Communication campaigns will also be carried out in several communities in the county. Posters, yard signs, banners, email blasts, and various promotional materials will be disseminated to parents of high school students in these communities. All materials will carry messages intended to encourage parents to not provide alcohol to minors.
2. Compliance checks to address retail access to alcohol. Cooperative agreements will continue with several local police departments and the Sheriff's Department to conduct alcohol compliance checks. Data from safety check points will be monitored as well.
3. Educational and support materials to address easy access to prescription drugs. These materials will be developed to increase knowledge about taking medications as prescribed, secure storage, and proper disposal methods. Education will also focus on how to talk to youth about alcohol, tobacco, and other drugs (including Rx medications). Citizens will be encouraged to utilize lock boxes (in place in many local police departments) to dispose of unwanted or unused medications. Faith leaders will be encouraged to share information with parishioners. Messages may also be disseminated by local pharmacies.
4. Cooperative agreements and partnerships with doctors and dentists to address easy access to prescription drugs. Physicians and dentists will be encouraged to include information on prescription drug safety to their well-child checkups.
5. Youth Prevention Education to address low perception of risk of harm of alcohol and other drugs. Youth Prevention Education curriculum presentations at local middle and high schools will cover a variety of topics related to youth substance use prevention. YPE will be offered through grants by the Illinois Department of Human Services and will be implemented by Chestnut Health Systems staff in eight school districts in Madison County.
6. Continuing presentations to high school students regarding the dangers of prescription drug misuse/abuse and heroin.
7. Communication campaigns to address low perception of risk of harm of alcohol and other drugs. Materials will be designed to inform and educate youth regarding the risks associated with alcohol or marijuana. Posters, banners, announcements, stall journals, screen savers, and a variety of promotional materials will be designed to impact youth perception of risk of harm.
8. Social norms campaigns at several county high schools to combat youth misperceptions of peer use. Materials will be designed to inform youth that most of their peers do not use the target substance (either alcohol or marijuana). Posters, banners, announcements, stall journals, screen savers, and a variety of promotional materials will be designed to impact youth perception of peer usage.

GETTING INVOLVED TO HELP MAKE AN IMPACT

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

The following agencies and governmental entities will provide support for the proposed strategies:

1. Illinois Department of Human Services grant funding through their Substance Abuse Prevention Program,
2. Madison County State's Attorney's Office- financial support through Drug Forfeiture Funds. The State's Attorney participates in presentations and other projects related to substance use prevention in Madison County
3. Madison County Coroner's Office. The Coroner also participates in presentations and other projects related to substance use prevention in Madison County
4. Chestnut Health Systems Prevention program
5. Drug Free Coalitions of Madison County group
6. Drug free coalitions in several Madison County communities
7. Madison County Health Department provides health education information and prevention services
8. Regional Office of Education
9. Anderson Hospital
10. SIUE School of Pharmacy
11. ETA SIGMA GAMMA (National Health Education Honors Association)
12. Local pharmacies
13. Ministerial Alliances
14. Local substance abuse prevention focused coalitions
15. NA, AA, Al-non groups
16. Other prevention organizations/groups (i.e. Stop Heroin, etc.)

Evaluation plan to measure progress towards reaching objectives:

We will continue to use the Illinois Youth Survey as a reliable source for youth use data. All but one Madison County High School currently administers the IYS to their students. This indicates great support from school administrators. We will continue to analyze this data and make changes as necessary to continue to monitor progress toward impacting contributing factors to youth use. Strategies will be evaluated annually through intercept surveys, focus groups, and observation.

Continue to monitor the drug overdose deaths related to Rx and heroin. We will also monitor and evaluate the progress toward addressing the contributing factors to the overdose deaths in Madison County.

GETTING INVOLVED TO HELP MAKE AN IMPACT

Illinois 2010 State Health Improvement Plan Long-term Outcomes for Alcohol/Tobacco and Use of Illicit Drugs/Misuse of Legal Drugs Priority Health Concerns:

3. Decrease abuse of alcohol among adults and use of alcohol among adolescents.
4. Decrease the use of illegal drugs.
5. Decrease the misuse of legal drugs.

Healthy People 2020 Objectives:

SA-2.1 Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using alcohol for the first time

Baseline: 85.6 % adolescents aged 12 to 17 years who had never used alcohol in their lives refrained from using alcohol for the first time in 2008 (87.3 % in 2012)
(an increase in % is desired)

Target: 94.2 %

SA-2.2 Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using marijuana for the first time

Baseline: 94.3 % of adolescents aged 12 to 17 years who had never used marijuana in their lives refrained from using marijuana for the first time in 2008
(an increase in % is desired)

Target: 96.3 %

SA-2.3 Increase the proportion of high school seniors never using substances—Alcoholic beverages

Baseline: 27.7 % of high school seniors reported never using alcoholic beverages in 2009 (29.0 % in 2010) (an increase in % is desired)

Target: 30.5 %

SA-2.4 Increase the proportion of high school seniors never using substances—Illicit drugs

Baseline: 53.3 % of high school seniors reported never using illicit drugs in 2009 (51.8% in 2010) (an increase in % is desired)

Target: 58.6 %

SA-3.2 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—10th graders

Baseline: 77.6 % of 10th graders reported that they disapproved of people having one or two alcoholic drinks nearly every day in 2009
(an increase in % is desired)

Target: 85.4 %

SA-3.3 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—12th graders

Baseline: 70.5 % of 12th graders reported that they disapproved of people having one or two alcoholic drinks nearly every day in 2009 (71.5% in 2010)
(an increase in % is desired)

Target: 77.6 %

SA-3.5 Increase the proportion of adolescents who disapprove of people trying marijuana or hashish once or twice—10th graders

Baseline: 60.1 % of 10th graders reported that they disapproved of people trying marijuana or hashish once or twice in 2009 (59.2% in 2010)
(an increase in % is desired)

Target: 66.1 %

GETTING INVOLVED TO HELP MAKE AN IMPACT

SA-3.6 Increase the proportion of adolescents who disapprove of people trying marijuana or hashish once or twice—12th graders

Baseline: 54.8 % of 12th graders reported that they disapproved of people trying marijuana or hashish once or twice in 2009 (51.6% in 2010)

(an increase in % is desired)

Target: 60.3 %

SA-8.1 Increase the proportion of persons who need illicit drug treatment and received specialty treatment for abuse or dependence in the past year

Baseline: 16.0 % of persons aged 12 years and older who needed illicit drug treatment reported that they received specialty treatment for abuse or dependence in the past year in 2008 (19.1% in 2012)

(an increase in % is desired)

Target: 17.6 %

SA-12 Reduce drug-induced deaths

Baseline: 12.6 drug-induced deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population) (13.9 in 2011)

(a decrease is desired)

Target: 11.3

SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days

Baseline: 18.4 % of adolescents aged 12 to 17 years reported use of alcohol or any illicit drugs during the past 30 days in 2008 (17.4% in 2012)

(a decrease in % is desired)

Target: 16.6 %

SA-19.5 Reduce the past-year nonmedical use of any psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives)

Baseline: 6.1 % of persons aged 12 years and older reported nonmedical use of any psychotherapeutic drug in 2008 (6.4% in 2012)

(a decrease in % is desired)

Target: 5.5%

Sources:

www.idph.state.il.us/ship/09-10_Plan/SHIP_Final_2010.pdf

www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives

GETTING INVOLVED TO HELP MAKE AN IMPACT

MENTAL HEALTH PRIORITY PLAN

<p>Health Problem:</p> <p>With more than 40% of adults reporting that they have 1-30 days of mental health as not good each month and 20% being told they have depressive disorder as well as 35% of youth report having depression and 20% have considered suicide, Madison County must come together to collectively identify gaps in service and access to care, consider the impact of mental health and mental illness on society and in relation to other chronic diseases.</p>	<p>Outcome Objective:</p> <p>By June 2021, identify and impact the incidence of suicide in Madison County <i>Baseline: to be determined and local data collected</i></p> <p>By June 2021, define and increase the number of mental health screenings in Madison County <i>Baseline: to be determined and local data collected</i></p> <p>By June 2021, decrease by 5% adults who report 1-7 days/month where their mental health is not good <i>Baseline: 24% adults report 1-7 days mental health not good, 2011 5th round BFRSS)</i></p>
<p>Risk Factor(s) (may be many):</p> <p>Violence, Abuse, Crime</p> <p>Substance Abuse</p> <p>Socio/Economic</p> <p>Biological/Chemical Imbalance</p> <p>Trauma- Adverse Childhood Experience</p>	<p>Impact Objective(s):</p> <p>By December 2017, increase by 2, the number of agencies providing grief therapy services for Madison County residents. <i>Baseline: 1 agency as of February, 2016</i></p> <p>By December, 2017 develop suicide prevention task force.</p> <p>By December, 2018 conduct 25 evidence-based suicide prevention training programs.</p>

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<p>Contributing Factors (Direct/Indirect; may be many);</p> <p>Lack of Health Care Providers, Counselors, PCPs Lack of Treatment Lack of Support System Stigma Poor Home Life Unhealthy Relationships Undiagnosed Condition Bullying Confinement & Isolation Limited Resources Dysfunctional Home/Family Setting Negative Social Media</p>	<p>Proven Intervention Strategies:</p> <p>Evidence-based training & education:</p> <ul style="list-style-type: none"> • Mental Health First Aid training • QPR (Question, Persuade, Refer) Training • Train-the-Trainer • Anti-stigma event • Mental Health Awareness week and Suicide Prevention Month. <p>Recovery Education:</p> <ul style="list-style-type: none"> • CRSS-Certified Recovery Support Specialists • WRAP-Wellness Recovery Action Plan • WHAM-Whole Health Action Management <p>Develop and strengthen data collection efforts in collaboration with all stakeholders to enhance funding efforts and improve mental health services.</p>
<p>Resources Available (governmental and nongovernmental):</p> <p>Madison County Mental Health Board Madison County Health Department Southern IL Healthcare Foundation Behavioral Health Alternatives Chestnut Health Systems Centerstone IL Center for Autism Churches Faith-based organizations Alton Memorial Hospital Veterans Assistance Support Groups Service Providers Metro-East Leadership Council Heartlinks Coordinated Youth & Human Services IMPACT NAMI Southwestern IL</p>	<p>Barriers:</p> <p>Funding Resources Complacency Not adhering to treatment plan Accountability Poverty Waiting list for accessing treatment Inability to pay for treatment Stigma of having a mental illness Developmental Disabilities Co-occurring conditions Youth transition to independent living Failure to recognize that each person is best expert on their own self</p>

GETTING INVOLVED TO HELP MAKE AN IMPACT

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

There are 946 people for one mental health professional in Madison County. Resources should not only be available to the identified patient, but also to family. 1 in 4 adults experience a mental illness. 24% of Madison County adults reported 1-7 days per month that their mental health was not good and 18.9% report that 8-30 days per month were mental health not good. 35% of youth reported depression, and 20% of youth reported that they had considered suicide. Madison County has a higher rate of Emergency Room visits for mental health conditions than the State of Illinois.

The Mental Health Work Group decided to address suicide prevention and to provide outreach to the community at large for understanding and addressing the challenges of persons living with mental health conditions.

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

To improve mental health in Madison County, Illinois, there needs to be improved access to care persons seeking mental health services. Increase the number of health care providers who conduct mental health screenings. Schools can be provided with education about mental health to both students and staff. Universities and Colleges offering peer support groups and counseling services in addition to providing education and awareness initiatives surrounding mental health. Involvement of faith-based organizations is also imperative given their common tenants for sanctity of life. Providing evidence based training and education to raise awareness and understand of mental illness. This is to be sustained with facilitating train-the-trainer opportunities on curriculum to broaden knowledge. Host workshops to provide learning opportunities for professionals, caretakers, family members. There is also a need to seek grant opportunities.

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

Madison County Mental Health Board, Madison County Health Department, National Alliance for Mental Illness (NAMI) Southwestern Illinois, Heartlinks, Southern Illinois Healthcare Foundation, Churches, Faith-based organizations, schools, community colleges, universities, hospitals, Behavioral Health Alternatives, Chestnut Health Systems, Centerstone, Illinois Center for Autism, Veterans Assistance, Coordinated Youth and Human Services, Madison County Partnership for Community Health Mental Health Work Group

Evaluation plan to measure progress towards reaching objectives:

Data collection for the number of educational sessions and attendees. Mental Health screenings will first need to be assessed to determine what providers are screening clients, what questions are asked during the screening process, and what type of treatment or referral occurs when the screen identifies poor mental health. The mental health work group at least annually will monitor, enhance and/or modify intervention strategies to reach objectives.

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Illinois State Health Improvement Plan Long-term Outcomes:

1. Increase prevention and early identification of mental health issues and those at risk for mental health issues.
2. Reduce suicide attempts and suicide rates across the lifespan.

Healthy People 2020 Objectives:

MHMD-1 Reduce the suicide rate

Baseline: 11.3 % (2007); 12.3 % (2011) *a decrease is desired*

Target: 10.2 %

MHMD-2 Reduce suicide attempts by adolescents

Baseline: 1.9 % (2009); 2.7 % (2013) *a decrease is desired*

Target: 1.7 %

MHMD-11.1 Increase the proportion of primary care physician office visits where adults ≥ 19 are screened for depression

Baseline: 2.2 % (2007); 2.4 % (2010) *an increase is desired*

Target: 2.4 %

MHMD-11.2 Increase the proportion of primary care physician office visits where youth aged 12-18 years are screened for depression

Baseline: 2.1 % (2005-07) *an increase is desired*

Target: 2.3 %

ECBP-10.3 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services mental illness

Community-based organizations providing primary prevention services in mental illness (percent), an increase is desired.

Baseline: 63.2 % (2008)

Target: 69.5 %

HRQOL/WB-1.2 Increase the proportion of adults who self-report good or better mental health

Baseline: 79.1 % of adults self-reported good or better mental health in 2010 (age adjusted to the year 2000 standard population) *an increase is desired*

Target: 80.1 %

Sources:

www.idph.state.il.us/ship/09-10_Plan/SHIP_Final_2010.pdf

www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives#4804

www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives

www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being/objectives

GETTING INVOLVED TO HELP MAKE AN IMPACT

AIR QUALITY PRIORITY PLAN

<p>Health Problem:</p> <p>Poor air quality, lung and breathing problems, pulmonary disorders</p>	<p>Outcome Objective:</p> <p>By June 2021, demonstrate at least a 20% increase in the number of Madison County individuals, local businesses, schools, faith-based and government organizations participating in activities to improve air quality.</p> <p><i>Baseline: To be determined</i></p>
<p>Risk Factor(s) (may be many):</p> <p>Exposure to environmental airborne toxins</p>	<p>Impact Objective(s):</p> <p>By June 2021, provide at least 10 educational/awareness County-wide programs with the goal of increasing public awareness and improving regional air quality.</p> <p><i>Baseline: To be determined</i></p>
<p>Contributing Factors (Direct/Indirect; may be many):</p> <p>Direct:</p> <ul style="list-style-type: none"> • Outdoor Air Quality <ul style="list-style-type: none"> ○ CO₂, Ozone, Particulate Matter <ul style="list-style-type: none"> ▪ Mobile sources/Cars and other transportation sources ▪ Industry, point source/Refinery and manufacturing ▪ Energy usage in buildings ▪ Incinerating/Open burning/Wood burning stoves/Leaf burning ▪ Lawnmowers & other gasoline-powered tools • Indoor Air Quality <ul style="list-style-type: none"> ○ Exposure to Radon ○ Exposure to Mold ○ Exposure to tobacco smoke – directly or secondhand, both in workplace and residential 	<p>Proven Intervention Strategies:</p> <ol style="list-style-type: none"> 1. By December 2016, MCPCH will assess local air quality-related programs and initiatives in Madison County and the Metro region. 2. By December 2016 & December 2021, MCPCH will survey to benchmark current levels of individual and small business awareness and activity in Madison County relating to indoor and outdoor air quality.

GETTING INVOLVED TO HELP MAKE AN IMPACT

	<p>Proven Intervention Strategies continued:</p> <p>3. By May 2017, MCPCH will create a marketing strategy to inform Madison County residents about the poor air quality in Madison County as well as what they can do to help abate the issue. This can include, but is not limited to:</p> <ul style="list-style-type: none"> • Creation of an annual calendar of air quality-related programs and initiatives (by January 2017) • Creation of Air Quality-related press releases (ongoing) • Creation of Air Quality Education Kit(s) that can be used MCPCH by committee members, schools, and other organizations at local events and other venues (by March 2017) • Presentation and promotion of air quality-related programs and initiatives which can include, but isn't limited to: (ongoing) <ul style="list-style-type: none"> a. Creation of an information distribution/sharing network b. MCT's Learning in Motion/RideFinders/ School Pool educational programs c. Air Quality Bookmark Competition d. IL Radon Poster Competition e. Development and presentation of Radon Awareness classroom programs f. Ozone Gardens g. US EPA Air Quality Flag Program h. Development and presentation of Air Quality Classroom Lessons i. Arbor Day/Tree Planting initiative j. Promotion of Complete Streets Initiatives k. Inclusion and promotion of initiatives in Madison County Sustainability Plan l. Presentations at Health Fairs, conferences, Youth Forum? m. Annual Metro East Air & Health Forum n. Continued maintenance of Facebook page devoted to educating the community about environmental issues affecting Madison County; at least 4 posts a month will be focused on air quality
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GETTING INVOLVED TO HELP MAKE AN IMPACT

	Proven Intervention Strategies continued: 4. By December 2020, MCPCH will introduce and advocate for a “no idle program” in 8 Madison County school districts and/or private/parochial school systems.
Resources Available (governmental and nongovernmental): <ul style="list-style-type: none"> • Youth Centers – Riverbend Center • Asthma and Allergy Coalition • Madison County Community Development • Hospitals • Madison County Planning & Development • Madison County Health Department • University of IL Extension • Pharmacies • Alderman • 4H • Boys and Girls Clubs • Scouts • Asthma & Allergy Foundation • American Lung Association • Environmental Protection Agency • Madison County Transit – RideFinders • Southern IL University at Edwardsville • US EPA • IL EPA • IL Dept. of Health • School PTOs • Regional Office of Education 	Barriers: <ul style="list-style-type: none"> • Lack of funding • Legislation and/or lack of governmental support • Other special interests groups/projects/topics taking precedence • Lack of training in environmental issues • Lack of staff and time • Lack of support/buy-in of industry and big business • Individuals not willing to change behaviors • Lack of awareness of issues and corrective actions/behaviors • Varying beliefs to the extent of environmental problems

GETTING INVOLVED TO HELP MAKE AN IMPACT

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

Madison County has a history of air quality concerns as well as several factors that contribute to and/or impact the air quality in the county. The problem includes: poor air quality, lung and breathing problems, pulmonary disorders, and exposure to environmental airborne toxins. Air quality issues exist outdoor and indoor, with different contributing factors to each location. Outdoor Air Quality in Madison County is primarily impacted by CO₂, Ozone, Particulate Matter including: Mobile sources/Cars and other transportation sources, Industry, point source/ Refinery and manufacturing, Energy usage in buildings, Incinerating/Open burning/Wood burning stoves/Leaf burning, and Lawnmowers & other gasoline-powered tools. Indoor Air Quality in Madison County is primarily impacted by: Exposure to Radon, Exposure to Mold, and Exposure to tobacco smoke – directly or secondhand, both in workplace and residential.

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

- Consumer awareness
- Education in schools
- Public education
- Advocacy to public officials
- Environmental Awards
- Media campaigns
- Coalition building

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

- Madison County Planning & Development
- Madison County Health Department
- University of IL Extension
- Asthma & Allergy Foundations of America
- American Lung Association
- Madison County Transit – RideFinders
- St. Louis Regional Clean Air Partnership
- United Congregations of Metro East

GETTING INVOLVED TO HELP MAKE AN IMPACT

Evaluation plan to measure progress towards reaching objectives:

MCPCH Air Quality Evaluation Plan –

- 1) Local Program Assessment – MCPCH committee will work with partnering organizations to compile information and coordinate efforts and resources to ensure that Strategy 1 is met. We will monitor our progress at monthly meetings.
- 2) Local Individual and Business Assessment - MCPCH will create survey and work with partnering organizations to disseminate and compile results for benchmarking in first year, and then again in final year of the plan. MCPCH committee will compile information and coordinate efforts and resources to ensure that Strategy 2 is met. We will monitor our progress at monthly meetings.
- 3) Strategy 3: Marketing strategy, presentation and promotion of air quality-related programs – MCPCH committee will work with representatives from MCT, Madison County Planning & Development, Madison Co Public Health, St. Clair Co Public Health and others to advocate and monitor the status of programs being offered and implemented in Madison County. Facebook page is currently in place, but MCPCH committee will continue to monitor content, number of hits, followers, etc. on a regular basis.
- 4) Strategy 4: No Idling Program – MCPCH will work with committee members and Green Schools Program to advocate for this program in schools and monitor progress.

GETTING INVOLVED TO HELP MAKE AN IMPACT

Illinois 2010 State Health Improvement Plan Long-term Outcomes for Natural and Built Environment Priority Health Concern:

1. Significantly reduce the negative health impacts caused by pollution (air, land, water, point source, etc.).
2. Improve built environments to reduce pollution while enhancing opportunities for healthier lifestyles.

Healthy People 2020 Objectives:

EH-1 Outdoor Air Quality

Baseline: 2,200,000,000 days (2006-08) *a decrease is desired*

Target: 1,980,000,000 days (10% improvement)

Note: In 2012, the measure was changed from a standardized (by resident population of AQI counties) to an unstandardized measure.

EH-3.1 Reduce the risk of adverse health effects caused by mobile sources of airborne toxics

Baseline: 1,800,000 tons (reported in 2005) *a decrease is desired*

Target: 1,000,000 tons (2015 modeled data to be reported in 2020)

EH-3.2 Reduce the risk of adverse health effects caused by area sources of airborne toxics

Baseline: 1,300,000 tons (reported in 2005)

Target: 1,700,000 tons (2015 modeled data to be reported in 2020)

NOTE: There seems to be an error in their Target data. Since the objective signifies a desired decrease of airborne toxins, it would seem that the Target should be lower than the baseline. We included this HP 2020 Objective because the objective mirrors our health concern.

EH-3.3 Reduce the risk of adverse health effects caused by major sources of airborne toxics

Baseline: 800,000 tons (reported in 2005) *a decrease is desired*

Target: 700,000 tons (2015 modeled data to be reported in 2020)

Sources:

www.idph.state.il.us/ship/09-10_Plan/SHIP_Final_2010.pdf

www.healthypeople.gov/2020/topics-objectives/topic/environmental-health/objectives#4282

GETTING INVOLVED TO HELP MAKE AN IMPACT

MADISON COUNTY PARTNERSHIP FOR COMMUNITY HEALTH (MCPCH)

During 2016-2021, the Community Health Plan comes to life as the health department, hospitals, schools, agencies, organizations, and citizens use the assessment data and community health plan to inform and guide decisions for programs, services, standards, expectations, and behaviors. The action arm for implementation of the Community Health Plan is the Madison County Partnership for Community Health (MCPCH). MCPCH Committees are formed for each health priority area and those committees meet on a regular basis during the five years to implement the Community Health Plan.

MCPCH Mission:

To work together as interested individuals, professionals, and organizations to improve the health status of residents of Madison County by helping to create, promote, and maintain healthy environments and lifestyles through education, understanding, and action.

MCPCH Membership:

- MCPCH membership is open to any person or agency dedicated to its mission.
- MCPCH has no budget or member dues.
- MCPCH Committees are the action arm of the Community Health Plan and are basically coalitions of parties with similar interests, goals, and objectives dedicated to cooperative efforts to reach mutually desired goals.
- MCPCH Committees focus primarily on developing and implementing the 5 year Community Health Plan.

MCPCH Structure & Function:

- MCPCH Coordinator and Committee Chairs are elected.
- MCPCH Committees meet regularly.
- MCPCH has periodic business & educational meetings.
- Health Department is a partner rather than a director of MCPCH activities.



GETTING INVOLVED TO HELP MAKE AN IMPACT

WHAT'S NEXT? HOW DO I GET INVOLVED?

This is the beginningfrom this point forward, it takes everyone in Madison County working together and doing their part to achieve the goals and make an impact on the health of Madison County over the next 5 years.

VISIT the Madison County Health Department's website at www.madisonchd.org (under the Madison County Community Health Assessment & Plan – IPLAN tab) for an electronic version of this document, other related documents and assessment data, and information for each of the 4 health priority groups through the [Madison County Partnership for Community Health \(MCPCH\)](#).

USE this document as a guide and consider making personal changes within your own lives and the lives of your family to improve health, which ultimately helps create a healthier county.

COMMIT to doing something yourself, with your family, in your community, as part of your organization and/or workplace, or all of these by completing the **Partnership Pledge Form** and returning it to the Health Department. Each of us has a role to play to impact these health priority areas. We can make changes for ourselves, families, and workplaces/organizations that can create a deeper impact on these health priorities and improve our daily lives. The Partnership Pledge is located on the next page, or it can be downloaded from our website at [www.co.madison.il.us/departments/health/madison_county_partnership_for_community_health_\(mcpch\).php](http://www.co.madison.il.us/departments/health/madison_county_partnership_for_community_health_(mcpch).php).

GET INVOLVED in one of the MCPCH health priority groups and help with programs and projects in your local community.

For questions, please contact Madison County Health Department at (618) 692-8954 x 5 or email to communityhealthplan@co.madison.il.us.

GETTING INVOLVED TO HELP MAKE AN IMPACT



2016-2021 Madison County Community Health Plan Partnership Pledge Form

Every 5 years in Illinois, local health departments are required to conduct the IPLAN process as part of their re-certification. IPLAN is the Illinois Project for Local Assessment of Needs. The IPLAN process directs that the local health department shall lead a countywide health needs assessment, the identification of at least 3 health priorities to be addressed over the next 5 years, and the development of a community health plan to address the health priorities. High levels of community engagement are required throughout and to implement the plan during the 5 years.

Everyone and every agency/organization/entity touches health in one way or another. Madison County Health Department (MCHD) encourages every individual, agency/organization/entity etc., and the county as a whole to help impact the identified health priorities during the next 5 years. We are asking you and/or your agency/organization/entity etc. to select at least one health priority to focus on during the next 5 years and to identify strategies that you can expand, implement, explore, revise, add, or collaborate to help impact that health priority. Strategies which involve policy development, systems change, or environmental change (social or physical) tend to demonstrate broad reach and lasting impact.

Please complete the other side of this pledge and return it to:

Partnership Pledge Form

Madison County Health Department

101 E. Edwardsville Road

Wood River, IL 62095

Phone: (618) 692-8954

Fax: (618) 296-7011

health@co.madison.il.us

GETTING INVOLVED TO HELP MAKE AN IMPACT

2016-2021 Madison County Community Health Plan Partnership Pledge Form

Please complete a separate Partnership Pledge Form for each Health Priority Area to be focused on.

Circle the Health Priority Area to be focused on:

AIR QUALITY

SUBSTANCE ABUSE

OBESITY

MENTAL HEALTH

1. What do you plan to do that you can expand, implement, explore, revise, add, or collaborate to help impact this health priority?
2. Will any of your efforts address Access to Care and/or Poverty issues related this health priority? **Yes or No**
3. How will you know you have made an impact?

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

PREFERRED PHONE NUMBER: _____

EMAIL: _____

SOURCE LINKS

A multitude of sources were examined, utilized, and referenced during this Assessment and Plan phases of this process. Below are the key sources that may be of interest or assistance to the community.

Madison County Health Department www.madisonchd.org

Illinois Department of Public Health www.dph.illinois.gov

Joint Committee on Administrative Rules – Administrative Code
www.ilga.gov/commission/icar/admincode/077/07700600sections.html

Illinois Project for Local Assessment of Needs (IPLAN) Data System <http://app.idph.state.il.us/>

Healthy People 2020 www.healthypeople.gov

Illinois State Health Improvement Plan www.idph.state.il.us/ship/icc/ship.htm

U.S. Census Bureau www.census.gov

Illinois Behavioral Risk Factor Surveillance System (BFRSS) <http://app.idph.state.il.us/brfss/>

Illinois Youth Survey <https://iys.cprd.illinois.edu/results/county/>

State of Illinois Data Portal www.data.illinois.gov

IQuery by IDPH <http://iquery.illinois.gov/iquery/>

Illinois Department of Employment Security www.ides.illinois.gov

Illinois Poverty Report by the Social Impact Research Center <http://ilpovertyreport.org>

Illinois Hospital Report Card and Consumer Guide to Health Care www.healthcarereportcard.illinois.gov

County Health Rankings & Roadmaps www.countyhealthrankings.org

Centers for Disease Control and Prevention – Chronic Disease and Health Promotion Data & Indicators
<https://chronicdata.cdc.gov/Chronic-Disease-Indicators/U-S-Chronic-Disease-Indicators-CDI-/n6bi-qt4w>

Illinois County-specific Cancer Incidence Rates by IDPH
www.idph.state.il.us/cancer/15/county_rpt/County_Section_III_County_Specific_Cancer_Incidence_All_Races.pdf

American Community Survey
http://thedataweb.rm.census.gov/TheDataWeb_HotReport2/profile/2013/5yr/np01.hrml?SUMLEV=50&county=119&state=17

Illinois State Board of Education Free and Reduced-Price Meal Eligibility Data
www.isbe.net/nutrition/htmls/eligibility_listings.htm

APPENDIX

APPENDIX A – MADISON COUNTY HEALTH PRIORITIES

MADISON COUNTY HEALTH PRIORITIES

- Round 1: 1996-2000
 - Cardiovascular Disease
 - Respiratory Disease
 - Unintentional Injury (motor vehicle & falls)
- Round 2: 2001-2006
 - Respiratory Disease
 - Cardiovascular Disease
 - Cancer
 - Unintentional Injury (motor vehicle & falls)
- Round 3: 2007-2012
 - Addictive Behaviors
 - Sexual Health Behaviors
 - Cardiovascular Health
- Round 4: 2011-2016
 - Obesity
 - Air Quality/Environment
 - Teen Pregnancy
 - Mental Health
 - Substance Use and Abuse
- Round 5: 2016-2021
 - Obesity
 - Substance Use and Abuse
 - Mental Health
 - Air Quality/Environment

APPENDIX

APPENDIX B – FOCUS GROUP PARTICIPANTS

Stakeholder Focus Groups held during March-April 2015 included 60 participants from the following 31 organizations:

Alton Memorial Hospital
Anderson Hospital
Beverly Farm
Chestnut Health Systems
Coordinated Youth and Human Services
Furry Friends Recovery
Godfrey Fire Department
Highland Community Unit School District #5
Hospice of Southern Illinois
Illinois Center for Autism
Lewis & Clark Community College
Madison County Board/Board of Health
Madison County Health Department
Madison County Health Department Health Advisory Committee
Madison County Housing Authority
Madison County Planning and Development
NAMI Southwestern Illinois
Oasis Women's Center
Options Now
OSF Saint Anthony's Health Center
Riverbend Family Ministries
Riverbend Head Start and Family Services
Refuge
SCF Lewis and Clark
Senior Services Plus
Southern Illinois University Edwardsville
St. John's Community Care
St. Joseph's Hospital – Highland
St. Paul UMC
Venice Elementary & CUSD #3
William M. BeDell ARC

APPENDIX

A Special Thank You to the Focus Group Team Members:

Trudy Bodenbach (Options Now)
Alyssa Constantinides (Anderson Hospital)
Toni Corona (Madison County Health Department)
Stacey Counton (Madison County Health Department)
Teresa Grant (Anderson Hospital intern)
Megan Kaiser (SIUE undergraduate student in Health Education)
Lisa Modrusic (Madison County Health Department)
Judy Roth (Alton Memorial Hospital)
Diane Schuette (OSF St. Anthony's Health Center)
Andrea Stafford (Madison County AIDS Project -MadCAP)
Karen Tilashalski (Chestnut Health Systems)
Dani Wilson (SIUE undergraduate student in Mass Communications,
minor in Health Education)
Amy J. Yeager (Madison County Health Department)

A Special Thank You to the Host Sites for the Focus Groups:

Main Street Methodist Church, Alton
Anderson Hospital, Maryville
Madison County Health Department, Wood River
St. Joseph's Hospital, Highland
Gateway Regional Medical Center, Granite City

APPENDIX

APPENDIX C – CORE TEAM MEMBERS

- Anderson Hospital
- Chestnut Health Systems
- Madison County Health Department Administrator
- Madison County Health Department IPLAN Coordinator
- Madison County Board of Health Member (1)
- Madison County Health Department - Health Advisory Committee Members (4)
- Madison County Mental Health Board
- Madison County Regional Office of Education
- Southern Illinois University Edwardsville, Department of Kinesiology and Health Education
- University of Illinois

APPENDIX

APPENDIX D – BOARD OF HEALTH RESOLUTION TO ADOPT HEALTH PRIORITIES

A Resolution Establishing Assessment Priorities For the 2016-2021 Madison County Community Health Plan

WHEREAS, Madison County Health Department is established as a Certified Local Health Department in accordance with the Illinois Local Health Department Code for the period June 3, 2011 to June 2, 2016 and must submit to IDPH for recertification: a community health assessment, a community health plan, an organizational capacity assessment all adopted by the Madison County Board of Health; and

WHEREAS, the health department is required to assess the health needs of Madison County through a systematic assessment process identifying a minimum of 3 health concerns that impact population health; providing information on the health status and health needs of a community; and

WHEREAS, the assessment process has been ongoing since January, 2015 and involved stakeholders from various sectors such as service agencies, faith-based organizations, community associations, schools, universities, hospitals, and other partners within the public health system of Madison County; and

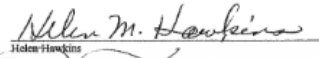
WHEREAS, the Madison County Community Health Plan (2016-2021) will be developed to establish objectives and intervention strategies that will impact positively on the health of Madison County; and

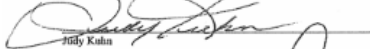
WHEREAS, the Board of Health Advisory Committee and Health Department Committee recommend the acceptance of the assessment findings which identify four priority health needs;

NOW, THEREFORE, BE IT RESOLVED that the Madison County Board of Health establishes four (4) health priorities: *Obesity, Substance Abuse, Mental Health, and Air Quality* for the 2016-2021 Madison County Community Health Plan, and that the Public Health Director is hereby authorized to submit to IDPH the recertification application by April 3, 2016.

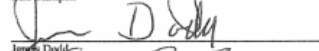
Respectfully Submitted,

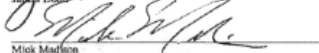

Michael Holliday, Sr.


Helen Hawkins


Jody Kahn


Mark Sampoli


James Dodd


Mick Madison

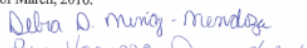
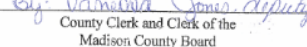
Bill Robertson

Health Department Committee

STATE OF ILLINOIS)
COUNTY OF MADISON) SS

I, Debra D. Ming-Mendoza, County Clerk in and for said County, in the State aforesaid, and keeper of the records and files thereof, as provided by statute, do hereby certify the foregoing to be a true, perfect and complete copy of a resolution adopted by the County Board of Madison County, at its regular meeting held at Edwardsville, on September 16, 2015.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County at my office in Edwardsville, in said County, this 31st day of March, 2016.


By: 
County Clerk and Clerk of the
Madison County Board

APPENDIX

APPENDIX E – BOARD OF HEALTH RESOLUTION TO ADOPT COMMUNITY HEALTH PLAN

A RESOLUTION ADOPTING THE MADISON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH PLAN 2016-2021

WHEREAS, the health department is required to periodically assess the health of the community by establishing a systematic needs assessment process that provides information on the health status and health needs of a community in part by utilizing the process known as the Illinois Project for Local Assessment of Needs (IPLAN); and

WHEREAS, on September 16, 2015, the Madison County Board of Health adopted the health priorities of *Air Quality, Mental Health, Obesity, and Substance Abuse* for the 2016-2021 Madison County Community Health Plan; and

WHEREAS, outcome and impact objectives for the adopted health priorities were developed in collaboration with stakeholders from hospitals, schools, agencies, organizations, faith-based communities, associations, and other partners within the public health system of Madison County; and

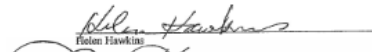

WHEREAS, the stakeholders' priority groups form Madison County Partnership for Community Health (MCPCH) Committees; who implement intervention strategies detailed in the priority plan over the next 5-year period to improve health outcomes for Madison County; and

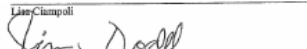


WHEREAS, the Board of Health Advisory Committee and Health Department Committee recommend the adoption of the Plan;

NOW, THEREFORE, BE IT RESOLVED that the Madison County Board of Health adopts the Madison County Health Needs Assessment and Community Health Plan 2016-2021.

Respectfully Submitted,


Michael Holliday, Sr.


Helen Hawkins

Judy Kahn


Lisa Campoli

Jim Dodd

Mick Madison

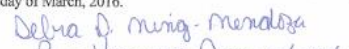
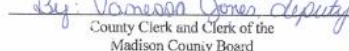

Bill Robertson

Health Department Committee

STATE OF ILLINOIS)
) SS
COUNTY OF MADISON)

I, Debra D. Ming-Mendoza, County Clerk in and for said County, in the State aforesaid, and keeper of the records and files thereof, as provided by statute, do hereby certify the foregoing to be a true, perfect and complete copy of a resolution adopted by the County Board of Madison County, at its regular meeting held at Edwardsville, on March 16, 2016.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County at my office in Edwardsville, in said County, this 31st day of March, 2016.


By: 
County Clerk and Clerk of the
Madison County Board

APPENDIX

APPENDIX F – HEALTH PLAN SUMMIT PARTICIPANTS

The Community Health Plan Summit held on September 18, 2015 included 60 participants from the following 40 organizations:

Alton Memorial Hospital
Anderson Hospital
Behavioral Health Alternatives
Beverly Farms
BJC School Outreach and Youth Development
Centerstone of Illinois
Chestnut Health Systems
Civic Memorial High School
Collinsville, Maryville, Troy YMCA
Coordinated Youth and Human Services
Gateway Region YMCA
Hospital Sisters Health System
Illinois Center for Autism
Illinois Department of Public Health
Illinois Nutrition Education Program
Land of Lincoln
Lewis & Clark Community College's Family Health Clinic
Madison County AIDS Project (MadCAP)
Madison County Board of Health (Health Department Committee)
Madison County Community Development
Madison County Health Department Health Advisory Committee
Madison County Health Department
Madison County Planning and Development
Molina Healthcare
NAMI Southwestern Illinois
OSF St. Anthony's Health Center
Refuge
Senior Services Plus
Sierra Club
Southern Illinois Healthcare Foundation
Southern Illinois University Edwardsville
St. Jerome's Catholic Church
St. Joseph's Hospital (Highland)
Tri- Cities Area Faith in Action
UCP Heartland
United Way 2-1-1
Venice CUSD 3
Walgreens
Wellspring Resources
YWCA of Alton

A Special Thank You to the Presenters at the Health Summit:

Toni Corona
(Madison County Health Department)

Leah Dettmers
(Madison County Community Development)

Amy Funk
(University of Illinois)

Melanie Nagel
(Chestnut Health Systems)

Allison Phad
(Madison County Health Department)

Amy J. Yeager
(Madison County Health Department)