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HEALTH DEPARTMENT

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May 19, 2017

Director Nirav D. Shah, M.D, J.D.
Illinois Department of Public Health
535 West Jefferson Street
Springfield, IL 62761

Dear Director Shah:

This letter is to inform you that the Franklin-Williamson Bi-County Health Department Board of Health has reviewed and approved the Community Needs Assessment and Community Health Plan which was recently completed by our Health Department and presented to the Board of Health on May 8, 2017.

I hereby attest that the Community Needs Assessment and/or Community Health Plan contained evidence of community participation through a Community Health Committee, clear and direct health indicator research and assessment, including additional pertinent health data that resulted in selection of three priority health problems, and an analysis of the priority health problems with related objectives and strategies for intervention.

It is without hesitation that the Franklin-Williamson Bi-County Board of Health submits this letter of approval and recommendation for the recertification of the Franklin-Williamson Bi-County Health Department.

Sincerely,



Eric Graham, M.D.
President, Board of Health

FRANKLIN-WILLIAMSON
BI-COUNTY
HEALTH DEPARTMENT



FRANKLIN-WILLIAMSON
BI-COUNTY
HEALTH DEPARTMENT

**Community Needs Assessment
&
Community Health Plan
2017-2022**

AUGUST 12, 2017

This report was prepared by Carrie Eldridge, Director of Health Education at Franklin-Williamson Bi-County Health Department. It is prepared for the health department to meet their compliance requirement for Certification as a Local Health Department in the State of Illinois and as a planning document to use in working with community resources in addressing the priority health problems identified herein.

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March 1, 2016

Tom Szyrka
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Illinois Department of Public Health
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525 West Jefferson Street
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Dear Mr. Szyrka:

This letter is written to inform you that the administrator of Franklin-Williamson Bi-County Health Department, Robin Koehl, has informed the Health Department Board of Health that the Organizational Capacity Assessment has been completed. Mrs. Carrie Eldridge, IPLAN Coordinator, summarized the results of the department's Internal Capacity Assessment and the identified strengths and weaknesses, along with the plan to address the weaknesses to the Board at the February 29, 2016 Board of Health meeting.

Sincerely,



Dr. Eric Graham
Board of Health President

EXECUTIVE SUMMARY

This is the fifth Community Needs Assessment and Community Health Plan that has been conducted by Franklin-Williamson Bi-County Health Department. Each was developed with assistance and cooperation of a community health committee. The initial project was conducted in 1994, and then subsequently conducted in 1999, 2007 and 2012.

The Illinois Project for Local Assessment of Needs (IPLAN) process is accomplished through a community wide effort to look at general indicators of health status for the community and utilize the input of community perceptions to identify leading health problems and then develop interventions to address those problems.

COMMUNITY NEEDS ASSESSMENT

Described briefly below are the specific outcomes of the current needs assessment. Summary data indicators considered by the Committee were:

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

The Franklin and Williamson County area is significantly rural, has a larger older population than the state and is greatly impacted by poverty and unemployment. For the most part, these conditions have affected Franklin County more profoundly than Williamson County.



1. The bi-county area reflects lower under 5 and under 18 populations than Illinois or the US. However, the 65 and over population is faster growing than the state or the nation. Overall, the total population for Franklin County, while declining in recent years, has currently leveled off. Williamson County's population continues to rise.
2. The poverty rate estimates for each county is higher than both the state and the nation. The estimate for children under 18 living in poverty is also higher in both counties than the state.
3. The percentage of Medicaid enrollees is higher in both counties than the state.
4. The percentage of the population receiving food stamps is considerably higher in the two counties than the state.
5. The percentage of person's age 25+ who graduate high school in Williamson and Franklin County is lower than the state.
6. The median household income for both counties is well below the state and national median.
7. Unemployment rates for the two counties are at all-time highs and much higher than the state rate.

GENERAL HEALTH AND ACCESS TO CARE

1. Crude mortality rates for both counties are higher than the Illinois rate.

2. The leading causes of death for the two counties are comparable to Illinois for 2011-2014. The years of potential life lost (YPLL) for both counties are higher than the state and the US.
3. The average suicide rate for Franklin County is higher than Williamson County and both counties' suicide rates are higher than Illinois. Suicide is also among the top ten YPLL for both counties and the state.
4. Both crude and premature motor vehicle accidents mortality rates are higher than the state.
5. Accidents are the leading contributors to years of potential life lost for Franklin and Williamson Counties. Malignant neoplasms, motor vehicle accidents, diseases of the heart, lung cancer and firearms are also among the five leading contributors for both counties. Suicide is in the top ten for both counties and does not appear in Illinois' top ten leading YPLL.
6. There are significantly fewer Medicaid physician vendors to Medicaid enrollees in both counties compared to the state. More current figures were not available.
7. Based on the BRFSS fewer combined county residents report visiting a dentist for any reason within the past year compared to those surveyed state-wide.
8. There is a higher rate of deaths in Williamson County than Franklin County due to influenza and pneumonia.
9. Franklin and Williamson Counties far surpass the state and the US rate for all cancers.
10. The County Health Rankings report indicates the health of Franklin and Williamson County residents ranks poorly compared to residents of all other Illinois counties.



MATERNAL AND CHILD HEALTH

1. The percentage of pregnant women who begin prenatal care in the first trimester is higher in both counties than the state and passes the Healthy People (HP) 2020 goal. Adequate prenatal care in both counties surpasses the state percentage level and there are a smaller percentage of pregnant women who receive inadequate care during the first trimester compared to the state.

2. The infant mortality rate in Williamson County is higher than Franklin County and the state. However, both counties and the state are higher than the HP 2020 goal.
3. The percentage of low birth weight babies born to mothers in the two counties is comparable to the state. Franklin County's percentage of very low birth weight babies is lower than those for Williamson County and the HP 2020 goal.
4. A significantly higher percentage of pregnant women smoke in the two counties than in the state. Franklin County's percentage is alarming.
5. The percentage of births to teens is only slightly higher in Franklin County than in Williamson County. Both are higher than Illinois and higher than in previous years. The teen birth rate is lower in Williamson County than Franklin County or Illinois.
6. There is no acceptable level of child abuse and neglect.
7. The percentage of children enrolled in WIC in 2003-2004 who are either overweight or at risk of being overweight are equal to or slightly higher than the state.

CHRONIC DISEASE

1. Heart disease is the leading cause of death in one out of four years in Williamson County and is the leading cause of hospitalizations in both counties.
2. Crude coronary heart disease mortality rates for Franklin County are higher than Williamson County and the state.
3. The crude cerebrovascular disease mortality rates are higher for Williamson County than Franklin County, the state and HP 2020. Cerebrovascular disease is also a leading cause of hospitalization and death for both counties.
4. Of the county residents who responded to the BRFSS, the percentage reporting having high blood pressure and high cholesterol are higher than for Illinois and considerably higher than the HP 2020 goals.
5. Diabetes appears as a leading cause of death for Franklin County for four consecutive years and three of four years in Williamson County. It has also been a leading cause of hospitalization for both counties. A higher percentage of both county residents respond to having been told they are a diabetic compared to the state on the Behavioral Risk Factor Survey (BRFS).
6. Franklin and Williamson Counties have higher death rates due to all cancers than Illinois, the US and the HP 2020 goal.

7. The crude mortality rate due to lung cancer for Williamson County has risen above that of Franklin County and Illinois.
8. Franklin and Williamson Counties have lower death rates due to prostate cancer when compared to Illinois and the US. 63% of men over 40 who responded to the BRFS reported having had a past Prostate Specific Antigen (PSA) screening.
9. Franklin County has a higher breast cancer death rate for women than Williamson County, the state, the US and the HP 2020 goal.
10. There were fewer cases of breast cancer diagnosed at a localized stage in the two counties compared to Illinois and the US. The Franklin County age-adjusted breast cancer incidence rate exceeds that of Williamson County, Illinois and the US. However, a significant number of women responding to the BRFS report as ever having a mammogram, but more than half of those surveyed reported having a mammogram during the past year.
11. There is a slightly higher age-adjusted incidence rate for prostate cancer in Williamson County than Franklin County; however the incidence rate for both counties is lower than the state of Illinois and the US. There is also a higher percentage of those being diagnosed with prostate cancer at a local stage in Williamson County than in Franklin County or Illinois. The BRFS indicates that more than half (63.7%) of men surveyed had undergone a PSA test.
12. Compared to previous years, the age-adjusted incidence rate average of lung cancer and the lung/bronchus cancer incidence rate are both higher in Franklin County than those for Williamson County, Illinois or the US.
13. The death rates for colorectal cancer are higher in Franklin and Williamson Counties than the state, US and HP 2020 goals. A little more than half of people 50 and over who responded to the BRFS report ever having a colon/sigmoidoscopy.
14. Many of the leading causes of hospitalization affecting Franklin and Williamson county residents can be prevented or delayed with lifestyle modifications (active living, healthy eating, stress reduction, safety awareness, alcohol, tobacco, and other substance use prevention).
15. As in the past, mental disorders remain a leading cause of hospitalization and are a concern for the two-county area and most importantly there is a shortage of mental health professionals.
16. The County Health Rankings report indicates the health of Franklin and Williamson County residents is poor compared to residents of all other counties in Illinois.

INFECTIOUS DISEASE

1. Rates for chlamydia and gonorrhea in Franklin and Williamson Counties are lower than the state, but future rates may change as a result of increased screening services.
2. Although cases appear low, continued surveillance of TB infection is a necessity in order to contain the disease.
3. HIV/AIDS cases will continue to be monitored.
4. There is a need for an increase in the number residents who receive flu and pneumonia vaccines. Influenza and pneumonia appeared frequently in the leading causes of hospitalizations and deaths for both counties. BRFs results indicate 46.6% of both counties residents report having a flu vaccination.

ENVIRONMENTAL/OCCUPATIONAL HEALTH AND INJURY CONTROL

1. Motor vehicle mortality rates are slightly higher for the two counties than the state.

Additional health data considered by the committee:

BEHAVIORAL RISK FACTOR SURVEY (BRFS) RESULTS

1. **A considerable percentage of people surveyed reported recently experiencing poor physical and/or mental health.**
2. **People are not consuming enough of the recommended servings of fruits and vegetables.**
3. **There is room for improvement when it comes to exercise and weight loss.**

In addition to the above information, a community survey was conducted using a hard copy survey and an internet-based survey acquired by Survey Monkey, of just over 384 residents requesting input in the identification of leading health problems in the community. The results of that survey indicate the perceived leading health problems to be:

- cancer
- obesity
- heart disease

An initial list of priority health problems was compiled by the committee and further analyzed considering:

- seriousness of the problem
- impact of the problem in the community
- resources available in the community to address the problem

SELECTED PRIORITY HEALTH PROBLEMS

The Community Health Committee considered the above data and insights gained during discussion of perceived leading health problems to arrive at the selection of three leading health problems for Franklin and Williamson Counties. A form of the Nominal Group Process was used to determine the leading health priorities. This process is described in detail in Appendix A on page 40. The survey results were presented to the committee after they had made their selection of the leading health problems. The following health problems were chosen to address over the next 5 years.



1. Chronic Disease: Heart Disease, Respiratory disease, Diabetes and Cancer Focus



2. Behavioral Health: Substance Abuse Focus

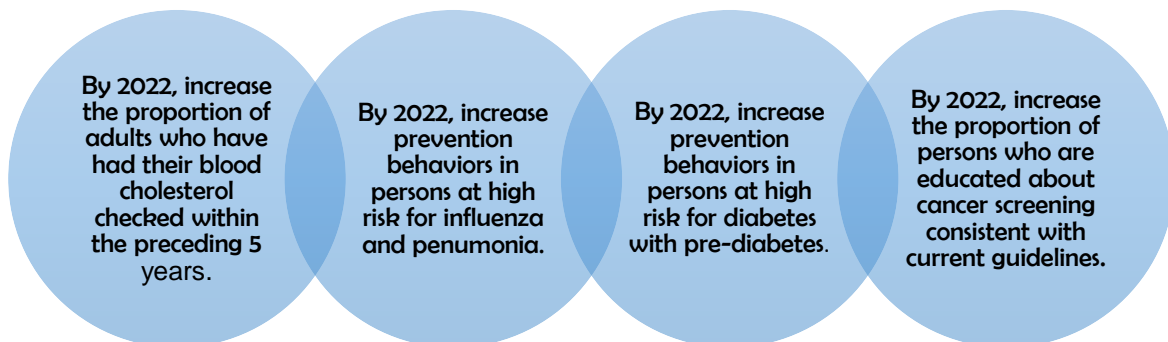


3. Obesity

Objectives and Intervention Strategies Defined in the Community Health Plan

Priority Health Problem One – Chronic Disease: Heart disease, Respiratory disease, Diabetes, and Cancer Focus

Outcome Objectives



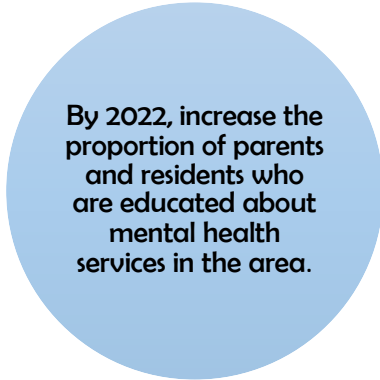
Intervention Strategies

Franklin-Williamson Bi-County Health Department will work with community partners to address the health problem of Chronic Disease in the following ways:

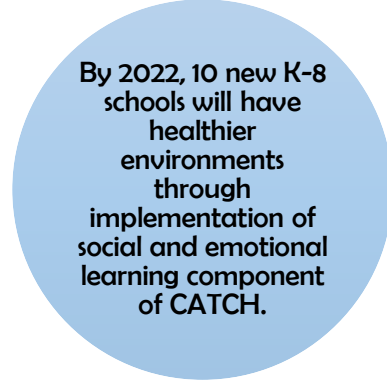
- Support work conducted by the Chronic Disease Action Teams, a subcommittee of the Franklin-Williamson Healthy Communities Coalition, in developing an awareness campaign centered on helping promote the subtopics within chronic disease. These action teams will also work to provide information to the community about access to care and resources available.
- Develop a community awareness campaign highlighting chronic disease issues to target community residents, community leaders, and local legislators.
- Actively participate and support the Cancer Action Team, Diabetes Today Resource Team, and Positive Youth Development Team of Franklin, Williamson and Jackson counties.

Priority Health Problem Two – Behavioral Health: Substance Abuse Focus

Outcome Objectives-Adults



Outcome Objectives-Children and Adolescents



Intervention Strategies

Franklin-Williamson Bi-County Health Department will work with community partners to address the health problem of Chronic Disease in the following ways:

- Staff will work with SIU Center for Rural Health and Social Service Development to contact CATCH schools offering technical assistance in the development of school wellness policies that address emotional health.
- Actively participate and support the mental health work conducted by Franklin, Williamson, and Jackson County Access to Care Team.
- Support efforts of local primary care practices and local mental health providers in the collaboration of services to provide appropriate care for patients needing mental health intervention and treatment.

Priority Health Problem Three – Obesity

Outcome Objective-Adults

-After the year 2022, increase the proportion of adults who are at a healthy weight.
-After the year 2022, reduced the proportion of adults who are obese.

Outcome Objective-Children and Adolescents

After the year 2022, reduce the proportion of children 6 to 11 years who are considered obese to no more than 16%.

Intervention Strategies

Franklin-Williamson Bi-County Health Department will work with community partners to address the health problem of obesity in the following ways:

- Promote the local Farmer's Markets, Summer Camps and CATCH program.
- Work with local worksites to help develop a worksite wellness program that addresses physical activity and nutrition, and provide technical assistance to worksites that already has a program in place.
- Help schools establish school wellness policies that address coordinated school health, including nutrition and daily physical education. Train schools to become CATCH schools.

BACKGROUND AND PURPOSE

The public health system has a basic duty to assure the public's health. In order to do this, periodic assessment of the community's health problems is required. Before 1992, planning and delivering public health services were accomplished through ten local health department program standards called basic health services. Beginning in late 1992, the public health system in Illinois was restructured at the state and local levels to replace basic health services with public health practice standards and accompanying performance indicators to measure the core functions of public health. A main component of this project is the use of a comprehensive community needs assessment. This process provides for an internal organizational assessment, as well as a community assessment involving planning improvements with continuing evaluation and reassessment. The assessment process was standardized statewide to use the Assessment Protocol for Excellence in Public Health (APEX/PH) model.

The use of APEX began in 1987, a joint project of the American Public Health Association, the Centers for Disease Control and Prevention and several other health organizations. The APEX/PH model is a method of attaining accurate and defensible information to identify public health needs. It is most valuable when adapted to local circumstances, which is what makes it a good choice for identifying local health priorities.

In Illinois, this process is called the Illinois Project for Local Assessment of Needs (IPLAN). IPLAN is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois, is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:



A critical element in the assessment process is the community. Improvement in the public's health requires community ownership and commitment. The formation of a Community Health Committee is a process designed to mobilize community resources in building a healthier community. The committee members' role on the committee includes sharing expertise and reflecting the concerns of the residents in the development of community health plans based on locally relevant public health issues.

The APEX model is used to guide the committee in identifying priority health problems and in setting goals for resolving those problems. Through the IPLAN process, there will be a local basis for achieving Healthy People 2020 objectives and other state and local objectives. Healthy People 2020 goals that are appropriate for Illinois communities to incorporate and adopt are:



The Franklin-Williamson Bi-County Health Department completed the first IPLAN project in May 1994. Due to a consensus by the Community Health Committee that the initial health problems were still relevant and deserved continued attention, Bi-County Health requested a five year extension from the Illinois Department of Public Health (IDPH) in 1999 to continue with a plan that addressed the initial three health problems. The extension received approval from IDPH and continued the initial plan for an additional five years. The third IPLAN document was completed in 2007. The fourth IPLAN was completed in 2012. This fifth document represents the current five-year needs assessment and community health plan.

The Community Needs Assessment document was developed based on comprehensive research and data collection utilizing data from the Illinois Department of Public Health (IDPH), the IPLAN system, the Behavioral Risk Factor Survey (BRFS), IQuery, Southern Illinois Healthcare Community Dashboard Data, the National Cancer Institute and various other state and local data resources. The Community Health Plan used, in addition to this data, Healthy People 2020 recommendations as a basis for development of objectives to address the priority health problems. It also presents proposed resolutions and implementation plans to address the identified health problems.

COMMUNITY PARTICIPATION PROCESS

The community health needs assessment process coordinated by the Franklin Williamson Bi-County Health Department has been a cooperative effort of a nineteen member Community Health Committee. Three members are health department staff. The remainder of the committee was selected by management staff based on county of residence or work, organization/area of expertise represented and/or knowledge of the community. Although many of the committee members had participated in the IPLAN process in the past, and several continue to serve on advisory boards addressing health priorities of the past, an orientation to the APEX- PH model for community assessment was conducted at the committee's first meeting and served as a roadmap for the IPLAN process.

The importance of community involvement in the IPLAN process is invaluable as a mechanism to ensure input from various perspectives and backgrounds. A broad spectrum of opinions and perceptions exposes all members to varying ideas and views and allows for productive discussion. The entire process establishes a vehicle for collaboration among members. The current Community Health Committee provided valuable feedback and was genuinely interested in being a part of this process. Bi-County Health is grateful to the members of our committee for their time and effort in contributing to the outcome of this needs assessment and community health plan.

**FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT
COMMUNITY HEALTH COMMITTEE
2017**

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METHODS

The management staff of Bi-County began work on this IPLAN process in January 2016. An internal planning meeting was held to discuss committee selection and to plan a timeline for meetings. Having had previous experience in completing the IPLAN process, it was decided that a total of three meetings would be held to complete the process. Each meeting would be conducted in a concise, orderly manner by providing as much information and completing as much work as possible in order to accommodate member's schedules, as well as to meet deadlines for completion. It was also decided that Carrie Eldridge, Director of Health Education, would be the IPLAN Coordinator and would conduct the meetings and be responsible for compiling the IPLAN Needs Assessment and the Community Health Plan. Mrs. Eldridge initiated the process in a well-organized manner.

Committee members were contacted and first, second, and third meeting were held in July, September, and October 2016, respectively. The Community Health Needs Assessment and the Community Health Plan were completed and submitted to IDPH in August 2017. The first meeting consisted of an overview of the IPLAN process and a description of the community health committee's role. The second meeting consisted of a presentation relevant to IPLAN and Behavioral Risk Factor Survey county data and discussion by the committee about perceived leading health problems. The third meeting consisted of presentation of the health problems survey results and selection of the three leading health problems. Also during this meeting, the Community Health Committee was divided into three subcommittees to further analyze each health problem. This was accomplished utilizing the Problem Analysis Process, which consisted of selection of Risk Factors and Direct and Indirect Contributing Factors for the leading health problems. *Risk Factors* are scientifically established factors that relate directly to the health problem. *Direct Contributing Factors* are also scientifically established and directly affect the level of risk factors. *Indirect Contributing Factors* directly affect the level of the direct contributing factors. These factors are distinct to the community. The Community Health Committee brings valuable community knowledge to the analysis process. The "Health Problem Analysis Worksheets" were used in this evaluation and can be found in the Community Needs Assessment in Appendix B, pages 42-46. Committee members listed *Community Health Resources* and *Barriers* based on the three leading health problems that were selected.

The project staff took the information generated by these subcommittees and developed the outcome and impact objectives and intervention strategies for each health problem. The project staff then developed a draft of the Community Health Plan, which was submitted to the Illinois Department of Public Health for approval. Each member of the Community Health Committee will receive copies of the Plan after its approval. A Citizen's Advisory Group was developed from the Community Health Committee to review and discuss the health department's mission and role, goals, accomplishments, past activities and future plans. This group will meet once a year.

Overall, this structure resulted in smooth, productive meetings that yielded the desired outcome selection of three priority health problems for Franklin and Williamson Counties for the coming five years.

RESULTS

Introduction

In order for the Community Health Committee or anyone with an interest in the two county area to understand the scope of the health problems, it is necessary to look at the complete health picture including IPLAN health indicators, vital statistics, demographic, social and economic characteristics of the area. Such factors play a significant role in the type of health problems present and in developing intervention strategies to address each of them. Described on the following pages are the most relevant aspects of the IPLAN data sets for Franklin and Williamson Counties.

It should be noted that as a result of a lack of available age-specific census data, some age- adjusted rates could not be calculated. Crude rates have been substituted, but are not as accurate of an indicator of morbidity and mortality as age adjusted rates.

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

Population

Both Franklin and Williamson Counties have experienced population fluctuations since 1920. In 1930, Franklin County experienced its highest population of 59,400 and Williamson County's population was 61,000. Franklin County has steadily decreased from 2013 to 2015, while Williamson County has continued to fluctuate during those years.

Figure 1a

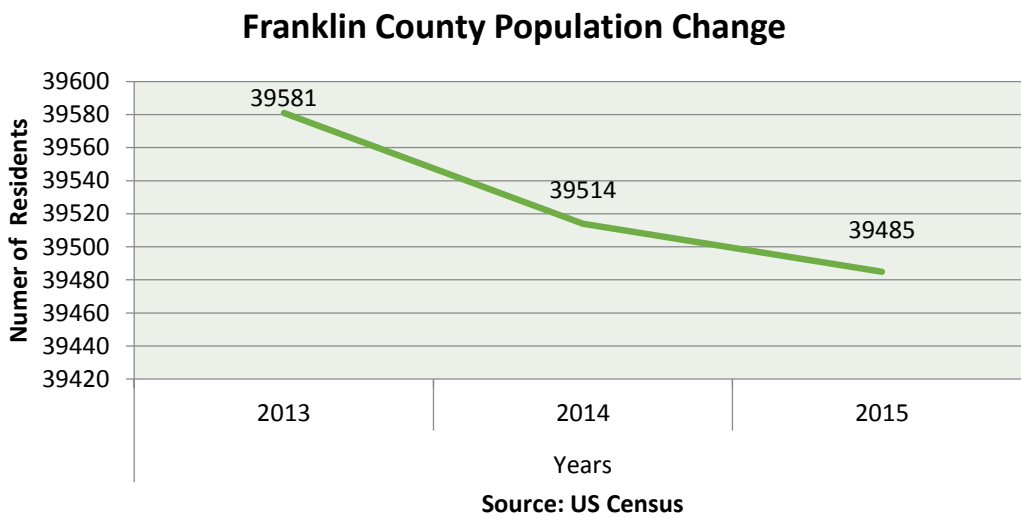


Figure 1b

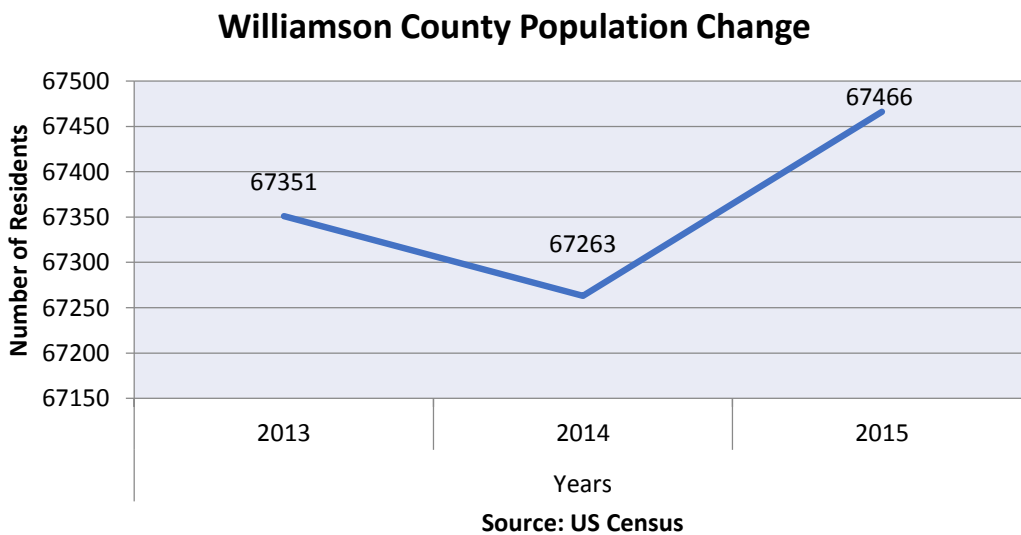
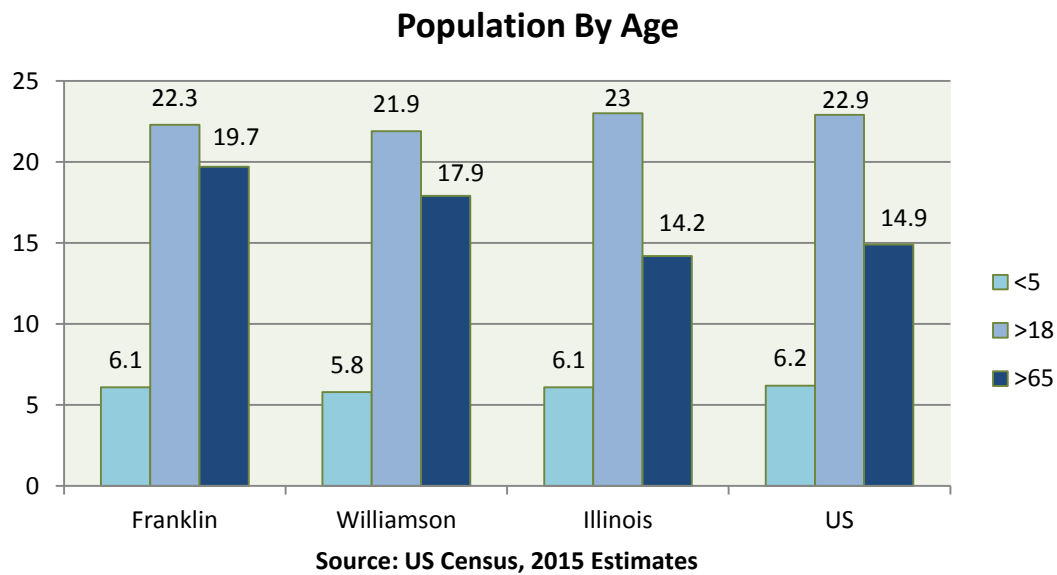


Figure 2



Population 65 and Over

The 2015 percentages of the over 65 population in both counties is higher than the state and the nation. Both Franklin and Williamson county populations over 65 has slowly increased since 2003 with 20 % in Franklin County and 18% in Williamson County. Illinois is at 14% and the US is 15%.

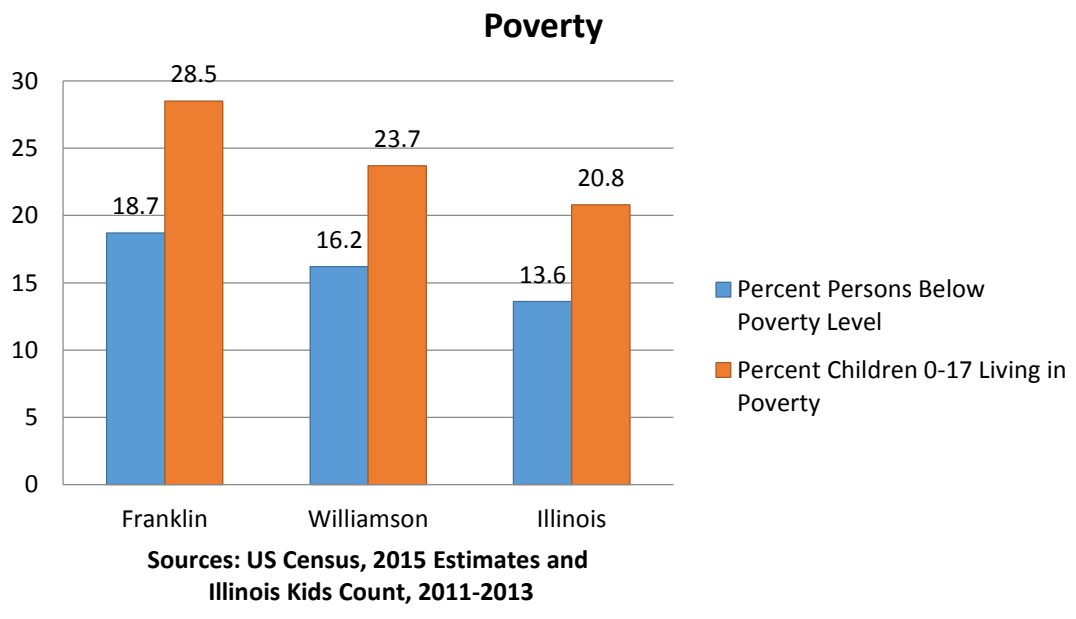
Population under 18 and under 5

The populations under the age of 18 and age 5 in both counties are slightly less than that of Illinois and the nation.

Poverty Level

The percentage of the total population that is living below the poverty level in both counties continues to remain higher than that of Illinois. Figure 3 represents the percentage of the population under age 18 that is living below the poverty level and remains steady in both Franklin and Williamson County. Both are considerably higher than Illinois.

Figure 3

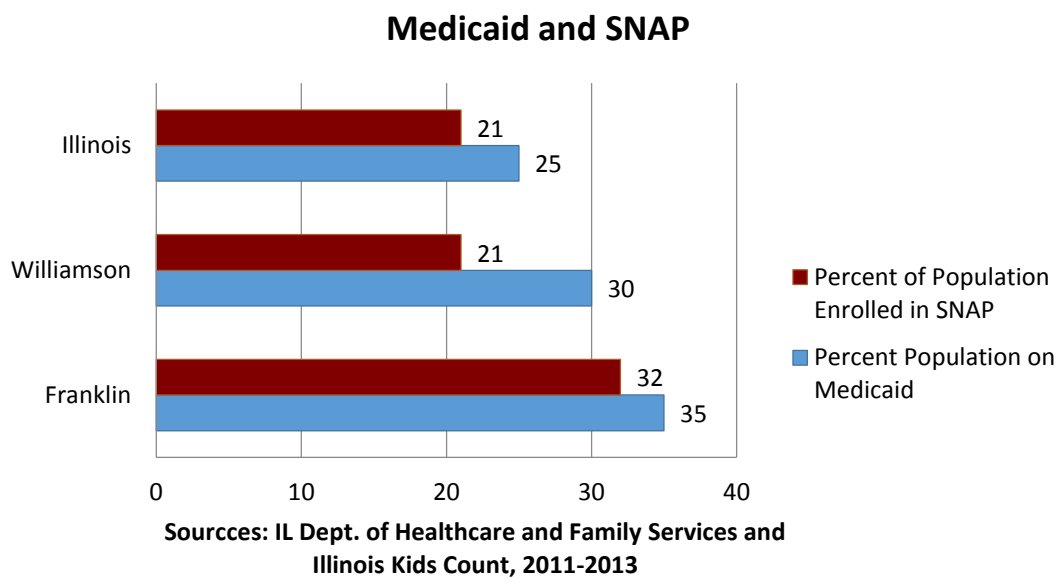


Medicaid Enrollees and Supplemental Nutrition Assistance Program (SNAP)

The percentage of the population who are Medicaid enrollees is higher than that of Illinois, as seen in Figure 4 below. The percentage of low-income persons who are SNAP (food stamp) participants is significantly higher in Franklin County than Williamson County and Illinois.



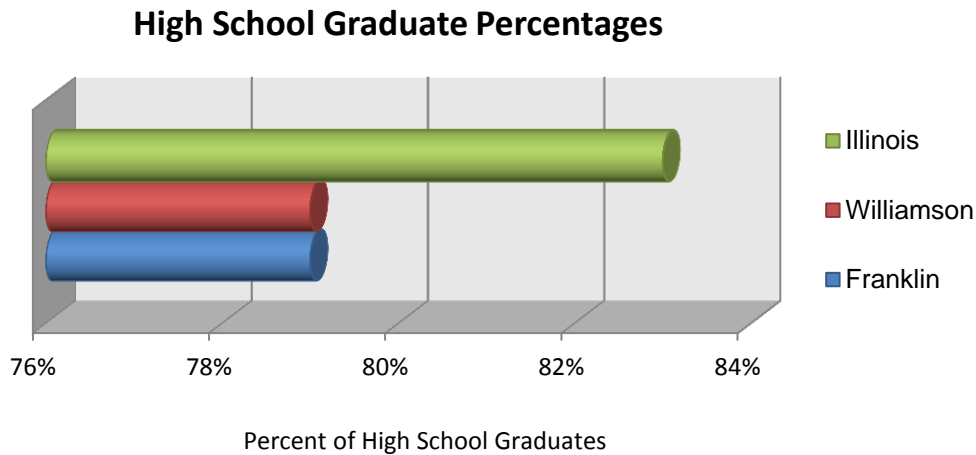
Figure 4



High School Graduates

The Williamson County percentage of persons age 25+ who are high school graduates is comparable to Franklin County and less than Illinois.

Figure 5

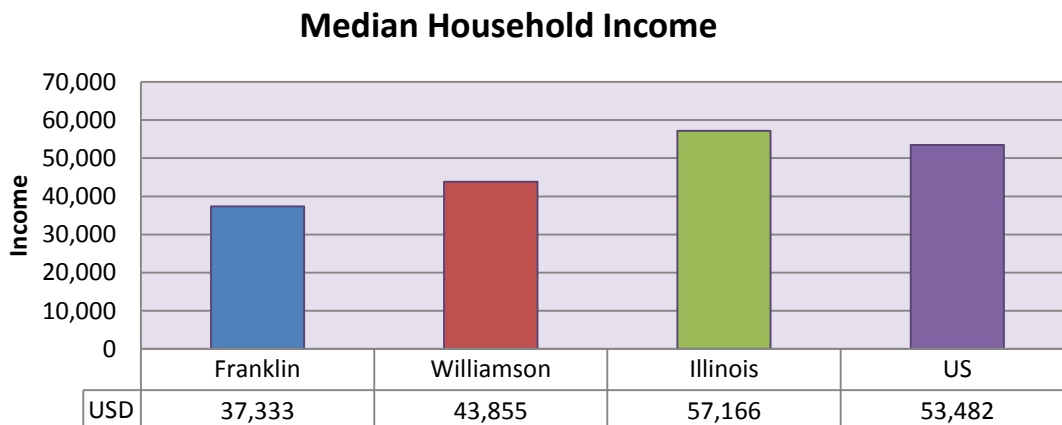


Source: County Health Rankings, 2016

Median Household Income

Based on the U.S Census Bureau 5-year estimate graph below, the *average* median household income for families in the two-county area is \$40,594 which is still well below the state and the nation.

Figure 6

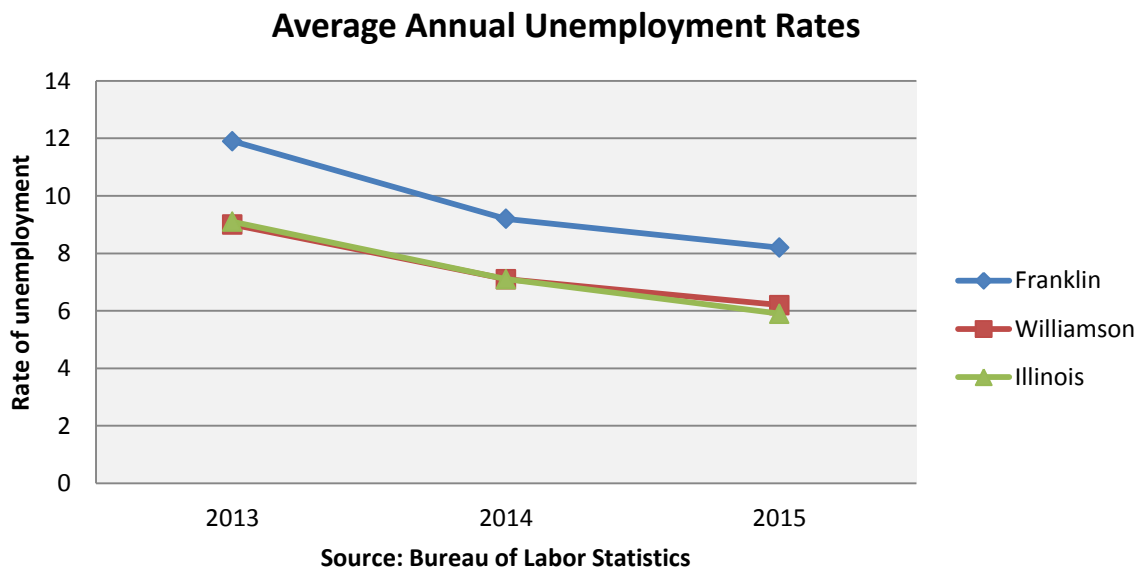


Source: US Census Bureau, 2010 - 2014

Unemployment

The rate of unemployment has dramatically fluctuated in Franklin and Williamson Counties since 2012 and is still considerably higher than Illinois.

Figure 7



SUMMARY

1. Since 2003, the over 65 population has slowly increased for both Franklin and Williamson Counties, but both are higher than the state.
2. Williamson County's population continues a long-standing rising trend. Franklin County's population, after seeing a decline between 1980 and 1990, saw a slight increase from 1990-1995. It then experienced a slight decrease between 2000- 2009 and leveled off in 2010, only to experience another decline from 2013 to 2015.
3. The economic situation in the two-county area continues to be alarming. The following percentages of the population are all greater than those for the state or the nation: population who is living below the poverty level, population enrolled in Medicaid, food stamp program recipients, individuals who are unemployed, and those who have a lower median household income.
4. As a direct result of the economic situation for the area, the population is likely experiencing a greater risk for mental and physical health problems due to financial barriers and access to care issues.

General Health and Access to Care

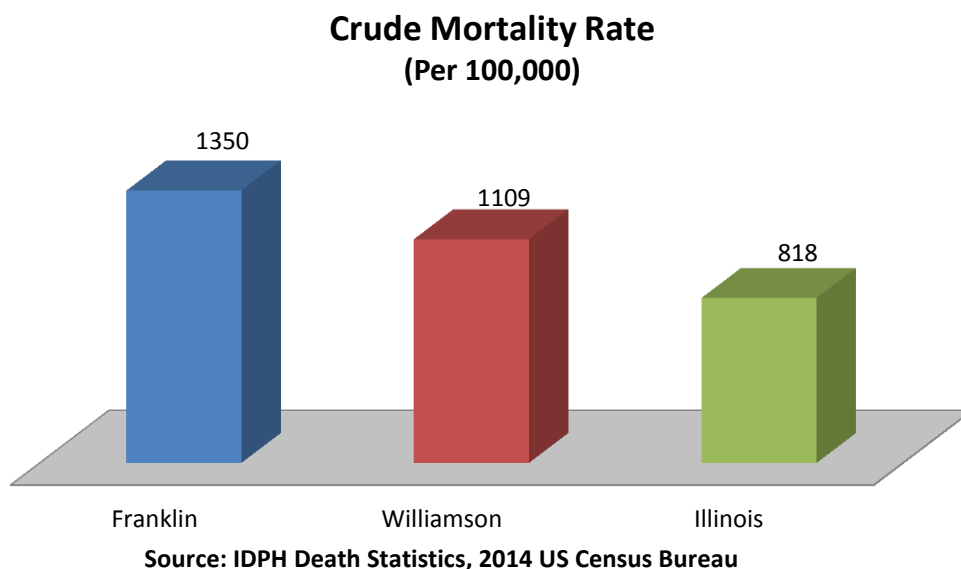
Important information in this area is the measures of mortality and years of potential life lost. Also addressed are the general indicators to access and use of basic health services, along with sentinel events which relate to conditions that are preventable and/or controllable with routine health care

General Health

The estimated life expectancy for a newborn in the US in 2012 was 79 years.

As shown in Figure 8 below, the crude mortality rate per 100,000 for Franklin County is higher than Williamson County. Both counties' rates are higher than Illinois.

Figure 8



The leading causes of death in Illinois for 2014 were:

- Diseases of the heart
- Malignant Neoplasms
- Chronic Lower Respiratory Disease
- Cerebrovascular Disease
- Accidents
- Alzheimer's Disease
- Diabetes Mellitus
- Nephritis, nephrotic syndrome, and nephrosis
- Influenza and Pneumonia
- Septicemia



The leading causes of death in **Franklin County** for 2011-2014 were:

Figure 9

	2011	2012	2013	2014
1.	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms
2.	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart
3.	Alzheimer's Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases
4.	Chronic Lower Respiratory Disease	Accidents	Alzheimer's Disease	Diabetes
5.	Diabetes	Diabetes	Accidents	Cerebrovascular Disease (Stroke)
6.	Cerebrovascular Disease (Stroke)	Alzheimer's Disease	Septicemia	Alzheimer's Disease
7.	Accidents	Cerebrovascular Disease (Stroke)	Cerebrovascular Disease (Stroke)	Accidents
8.	Nephritis, Nephrotic Syndrome, & Nephrosis	Influenza & Pneumonia	Diabetes	Septicemia
9.	Septicemia	Septicemia	Nephritis, Nephrotic Syndrome, & Nephrosis	Nephritis, Nephrotic Syndrome, & Nephrosis
10.	Influenza & Pneumonia	Nephritis, Nephrotic Syndrome, & Nephrosis	Influenza & Pneumonia	Influenza & Pneumonia

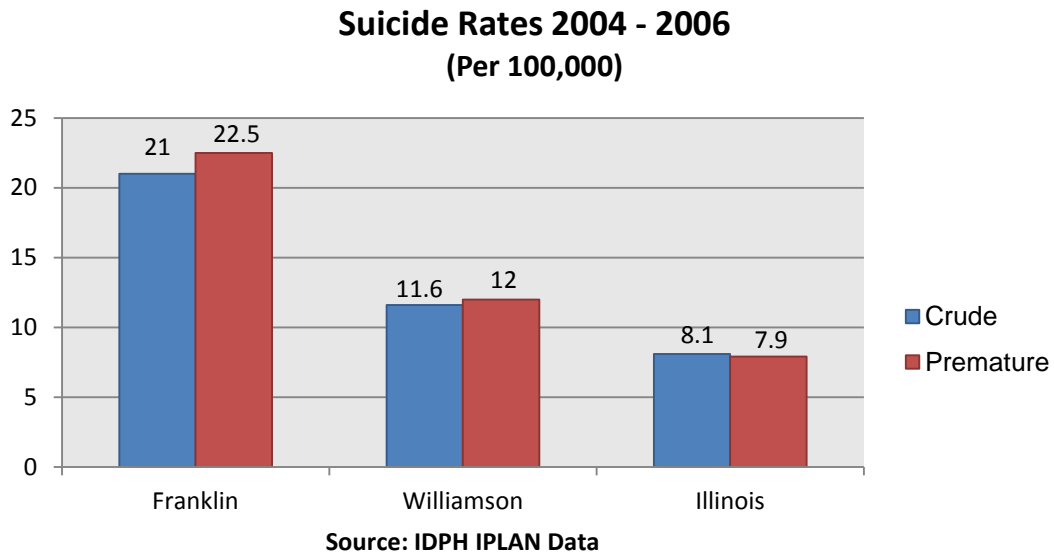
The leading causes of death in **Williamson County** for 2011-2014 were:

Figure 10

	2011	2012	2013	2014
1.	Diseases of the Heart	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms
2.	Malignant Neoplasms	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart
3.	Cerebrovascular Diseases (Stroke)	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	Accidents
4.	Accidents	Accidents	Accidents	Chronic Lower Respiratory Diseases
5.	Chronic Lower Respiratory Diseases	Cerebrovascular Diseases (Stroke)	Septicemia	Cerebrovascular Diseases (Stroke)
6.	Influenza & Pneumonia	Nephritis, Nephrotic Syndrome, & Nephrosis	Nephritis, Nephrotic Syndrome, & Nephrosis	Influenza & Pneumonia
7.	Nephritis, Nephrotic Syndrome, & Nephrosis	Influenza & Pneumonia	Cerebrovascular Diseases (Stroke)	Alzheimer's Disease
8.	Alzheimer's Disease	Alzheimer's Disease	Influenza & Pneumonia	Nephritis, Nephrotic Syndrome, & Nephrosis
9.	Septicemia	Septicemia	Alzheimer's Disease	Suicide
10.	Diabetes	Diabetes	Diabetes	Septicemia

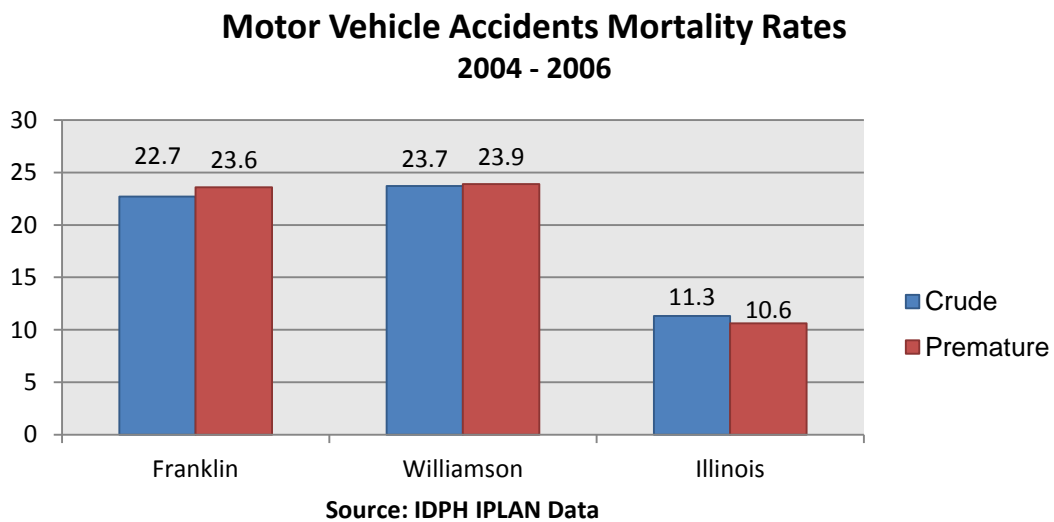
The average suicide rate for Franklin County for 2004-2006 is higher than the rate for Williamson County or Illinois and indicates the majority of deaths are to people under the age of 65.

Figure 11



Motor vehicle accident mortality rates are higher for the two-county area than the state and indicate the majority of deaths were to people under the age of 65.

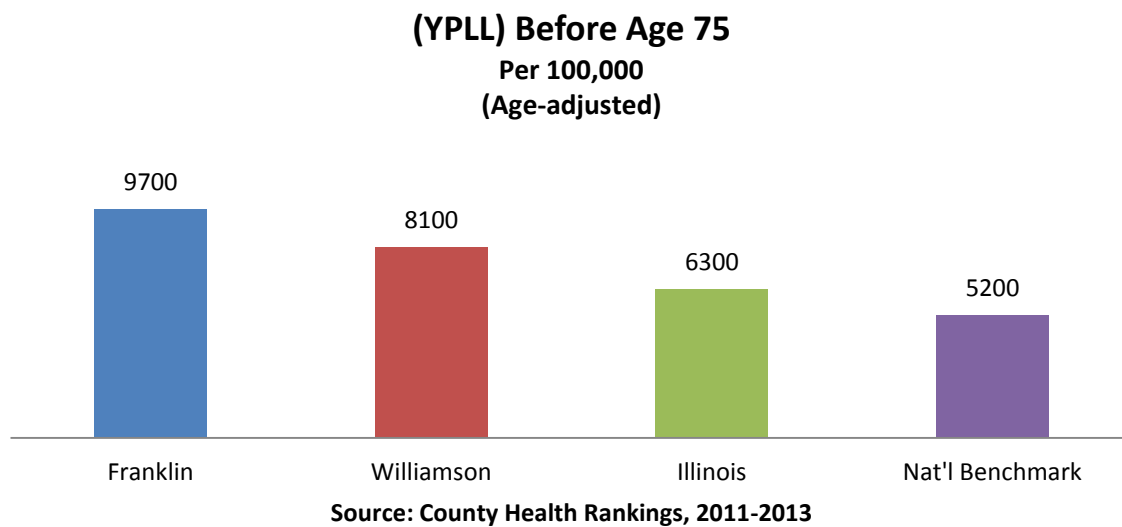
Figure 12



Years of Potential Life Lost (YPPL)

Years of potential life lost is defined as the number of years a person died before reaching age 75 and is used as a measure of the impact of premature death. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. Figure 13 shows the YPLL comparisons for Franklin and Williamson County, Illinois and the National Benchmark using the University of Wisconsin County Health Rankings Report released in 2016. This YPLL measure is presented as a rate per 100,000 2014 population and is age-adjusted to the U.S. population.

Figure 13



2016 Leading Contributors to Years of Potential Life Lost

<u>Franklin</u>	<u>Williamson</u>	<u>Illinois</u>
Accidents	Accidents	Accidents
Motor Vehicle Accidents	Malignant Neoplasms	Malignant Neoplasms
Malignant Neoplasms	Motor Vehicle Accidents	Diseases of the Heart
Diseases of the Heart	Perinatal Conditions	Perinatal Conditions
Diabetes Mellitus	Diseases of the Heart	Coronary Heart Disease
Firearms*	Lung Cancer	Motor Vehicle Accidents
Suicide	Firearms*	Homicide
Lung Cancer	Coronary Heart Disease	Firearms*
Cirrhosis of the Liver	Suicide	Congenital Malformations
Homicide	Cerebrovascular Disease	Suicide

*Firearm deaths can be due to different causes or intentions, specifically homicide, suicide, unintentional injuries, and undetermined injury (i.e., not determined if the death was due to homicide, suicide or accident)

Source: County Health Rankings, 2016

ACCESS TO CARE

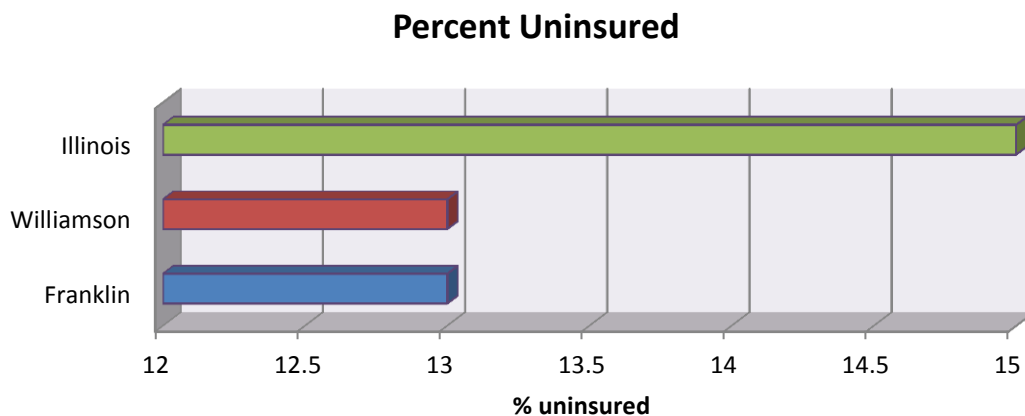
Healthcare Coverage

The 2010 BRFSS indicates that for Franklin and Williamson County combined, 84.2% of those surveyed have a usual person as a Health Care Provider (HCP) compared to 84.4% in Illinois. Both Franklin and Williamson County combined have surpassed the Healthy People 2020 goal of 83.9%.

The amount of uninsured persons within Franklin and Williamson County was 13% in 2016. Both of the counties had a smaller amount of uninsured persons compared to the state of Illinois which had 15%. See Figure 14.

Figure 15 represents the ratio of primary care physicians to patients. Franklin County's patient to physician ratio is well above Williamson County's and the state of Illinois.

Figure 14



Source: County Health Rankings, 2016

Figure 15

Primary Care Physicians to Patient Ratio		
Franklin	Williamson	Illinois
1:2450	1:1170	1:1240
Source: County Health Rankings, 2016		

Mental Health Providers to Patient Ratio

Accessing adequate mental health is a need throughout the nation, particularly for rural residents. Often time there is a negative stigma associated with mental health disorders and in receiving help for them. In order to address this, communities should strive to provide adequate mental health services for their population. Figure 16 shows the ratio of mental health providers to patients. Franklin County's ratio patient to mental health providers is above that of Williamson County and Illinois.

Figure 16

Mental Health Providers to Patient Ratio		
Franklin	Williamson	Illinois
1:720	1:500	1:560
Source: County Health Rankings, 2016		

Oral Health

Figure 17 shows the ratio of oral health providers to patients. Franklin and Williamson County's oral health provider to patient ratio is well above the state of Illinois.

Figure 17

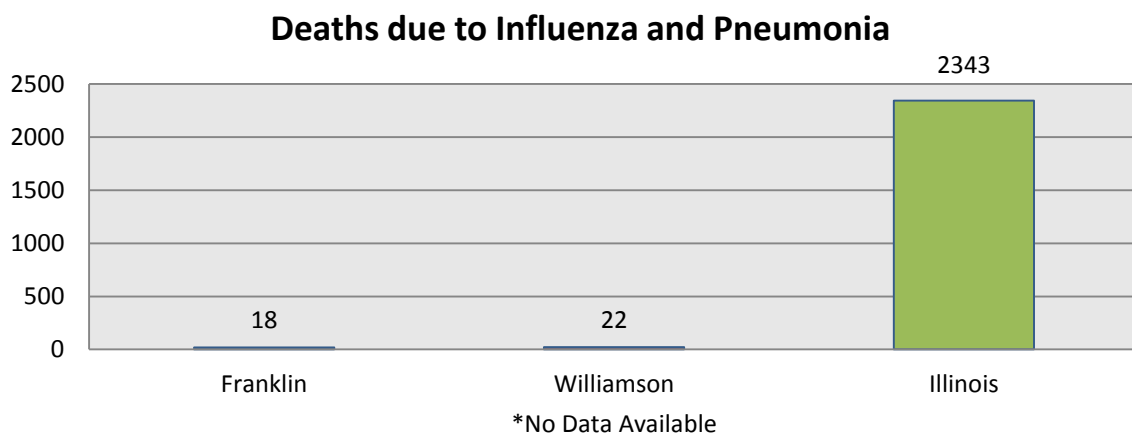
Oral Health Providers to Patient Ratio		
Franklin	Williamson	Illinois
1:2820	1:2090	1:1410
Source: County Health Rankings, 2016		



Immunizations

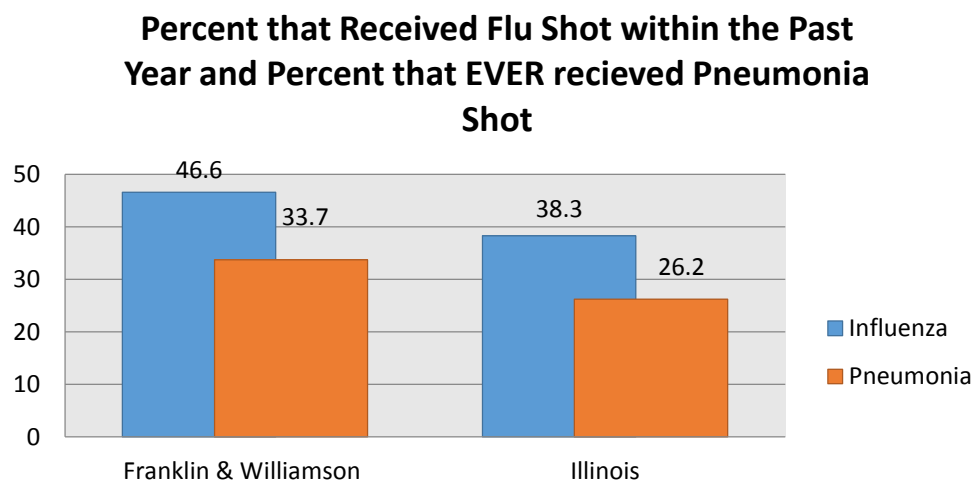
For years 2005-2008, influenza and pneumonia were one of the leading causes of death in Franklin County 3 out of 4 times. In Williamson County they were recorded as leading causes of death 2 out of 4 times. Figure 18 demonstrates that there is a slightly higher rate of deaths due to influenza and pneumonia in Williamson County than the Franklin County. Figure 19, on the other hand, illustrates that 46.6% of the residents surveyed in Franklin and Williamson County received their influenza shot compared to 38.3% of Illinois residents. Of the Franklin and Williamson County residents who were surveyed, 33.7% reported ever receiving a pneumonia vaccination.

Figure 18



Source: IQuery IDPH 2014

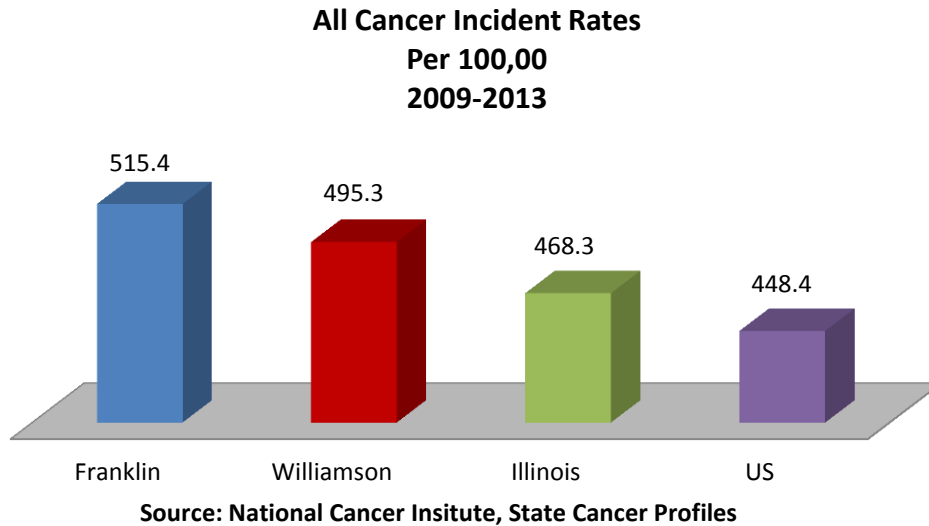
Figure 19



Source: IDPH, ICHS, 5th Round County BRFSS, 2010-2014

Cancer is the second leading cause of death in the United States. It is estimated that 1.6 million men and women were diagnosed with cancer, and over 590,000 men and women die of cancer of all sites in 2016. Figure 20 shows Franklin and Williamson County cancer rates surpass the state of Illinois and the US rates.

Figure 20

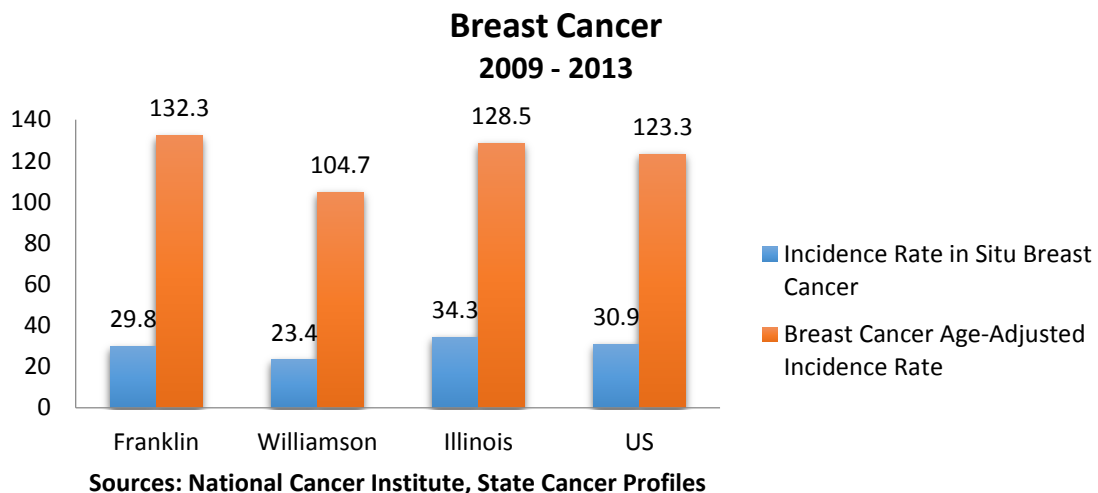


Breast Cancer

Figure 21 illustrates, from 2009-2013, there were fewer cases of in Situ breast cancer (being diagnosed at a localized stage) in the two counties than in Illinois or the US. Figure 21 shows Franklin County's breast cancer age-adjusted incidence rate has exceeded Williamson County, the State of Illinois and the U.S. rate.



Figure 21



Prostate Cancer



Figure 22 illustrates that there are a higher number of men in Williamson County being diagnosed with prostate cancer than in Franklin County or Illinois. According to Figure 23, there are fewer cases of prostate cancer in Franklin and Williamson County than Illinois and the U.S.

Figure 22

**Percent Diagnosed Local Stage Prostate Cancer Average
2009-2014**

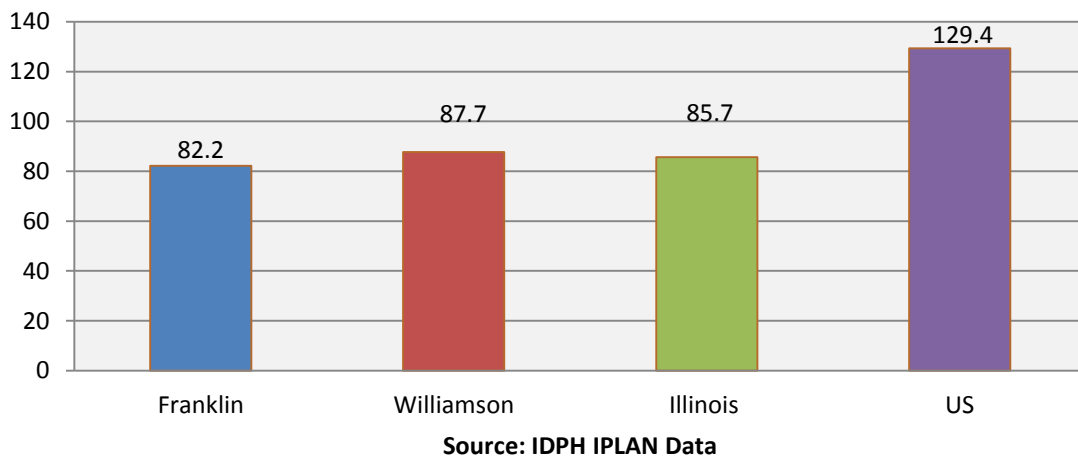
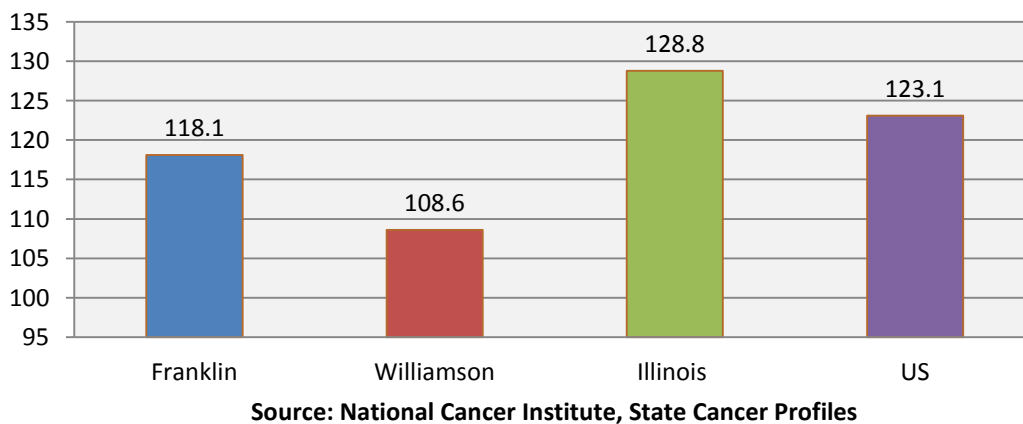


Figure 23

**Prostate Cancer Age-Adjusted Incidence Average
Rates
2009-2013**

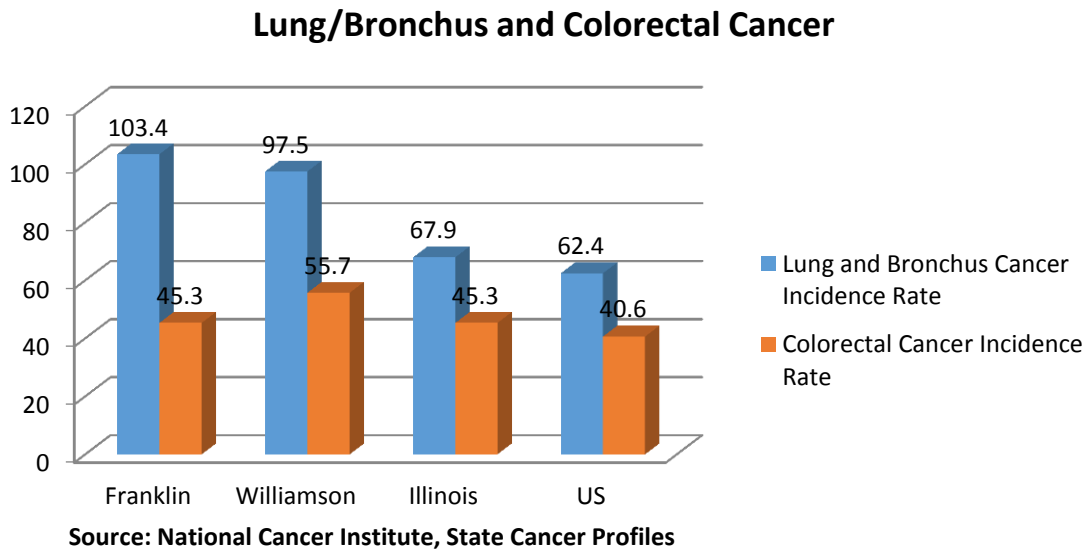


Lung Cancer and Colorectal Cancer

For 2000-2008, Figure 24 shows that both Franklin and Williamson Counties' incidence rates of lung/bronchus cancer were greater than the state of Illinois and the U.S.

Figure 24 illustrates that Williamson County's colorectal incidence rate is higher than Franklin County, Illinois, or the US.

Figure 24



Leading Causes of Hospitalization, 2014

The following leading causes of hospitalization include residents who were hospitalized in both out of state facilities and local hospitals.

Franklin

- Heart Disease
- Mental Disorders
- Pneumonia/Influenza
- Infection- Septicemia
- Stroke
- Urinary Disorders-other
- Injury
- Cancer
- Rehabilitation
- Diabetes

Williamson

- Heart Disease
- Infection-Septicemia
- Mental Disorders
- Pneumonia/Influenza
- Injury
- Urinary Disorders-other
- Stroke
- Rehabilitation
- Diabetes
- Cancer

County Health Rankings

General health comparisons are listed below for Franklin and Williamson County using the University of Wisconsin County Health Rankings Report** released in 2016. Franklin and Williamson County were ranked according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. Each county ranking is out of **102** Illinois counties.

Figure 25

County Health Rankings 2016: Illinois		
	Franklin	Williamson
Health Outcomes:	96	70
Health Factors:	97	72

Figure 26

Health Outcomes		
	Franklin	Williamson
Mortality	97	75
Morbidity	92	57

Figure 27

Health factors		
	Franklin	Williamson
Health Behaviors	94	77
Clinical Care	86	53
Social & Eco Factors	98	70
Physical Environment	55	88

** The County Health Rankings, commissioned by the Robert Wood Johnson Foundation are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

Summary

1. The average crude mortality rate for Franklin County for 2014 is higher than Williamson County or the state rate.
2. Leading causes of death are comparable to the state in Franklin and Williamson Counties.
3. The average suicide rate for Franklin County for 2004-2006 is higher than the rate for Williamson County or Illinois and indicates the deaths are to people under the age of 75.
4. Motor vehicle accident mortality rates are higher for the two-county area than the state and indicate that the majority of deaths were to people under the age of 75.
5. Accidents are the leading contributors to years of potential life lost for Franklin and Williamson Counties. Malignant neoplasms, motor vehicle accidents, diseases of the heart, perinatal conditions and diabetes are also among the five leading contributors for both counties. Lung cancer is in the top ten for both counties and does not appear in Illinois' top ten leading YPLL. Suicide is also among the top ten for both counties and the state.
6. Although the number of Medicaid enrollees per physician has decreased overall since the late 1990s for the area, Franklin County's ratio is more than two and a half times the ratio of Williamson County and almost four times that of Illinois.
7. According to the 2012 Behavioral Risk Factor Survey (BRFS) report, 58% of the residents of Franklin and Williamson County combined who were surveyed, have visited a dentist or dental clinic for any reason within the past year compared to 66.5% for Illinois.
8. There is a higher rate of deaths in Williamson County than Franklin County due to influenza and pneumonia. In 2014, influenza and pneumonia ranked third and fourth as the leading cause of hospitalization in the two-county area. However, only 46.6% of Franklin and Williamson County residents reported to the BRFS survey that they received a flu shot and 33.7% of those residents reported ever receiving a pneumonia shot.
9. Franklin and Williamson County far surpass the state and U.S incidence rate for all cancers.
10. Breast cancer incidence appears higher in Franklin County than Williamson County, Illinois or the US. Fewer cases are diagnosed at a local stage in Franklin and Williamson County, than in Illinois or the US. BRFS 2010 data, indicates a high percentage of women 40 and over who were surveyed have had a mammogram (88.5%) and lower percentage report getting one in the previous year (59.9%).

11. There is a slightly higher age-adjusted incidence rate for prostate cancer in Franklin County than Williamson County; however the incidence rate for both counties is lower than the state of Illinois and the US. The BRFS indicates that more than half (63.7%) of men surveyed had undergone a PSA test.
12. Compared to previous years, the incidence rate lung/bronchus cancer are higher in Franklin County than those for Williamson County, Illinois or the US.
13. Williamson County has a higher percentage of colorectal cancer diagnosed at the local stage than Franklin County, Illinois or the US. However, the average colorectal cancer incidence rate from 2009-2013 is greater in Williamson County than Franklin County.
14. Many of the leading causes of hospitalization affecting Franklin and Williamson county residents can be prevented or delayed with lifestyle modifications (active living, healthy eating, stress reduction, safety awareness, alcohol, tobacco, and other substance use prevention).
15. As in the past, mental disorders remain a leading cause of hospitalization and are a concern for the two-county area and most importantly there is a shortage of mental health professionals.
16. The County Health Rankings report indicates the health of Franklin and Williamson County residents is poor compared to residents of all other counties in Illinois.

MATERNAL AND CHILD HEALTH

Live Births

The number of live births for Franklin County from 2009 - 2013 was 2,359 and the number for Williamson County was 3,865 (IDPH Vital Statistics). These figures have slightly increased from the previous 5-year data figures. The number of live births from 2002-2006 in Franklin County was 2,388 and Williamson County was 3,777.

Prenatal Care

The percentage of pregnant women who begin prenatal care in the first trimester is higher in both counties than the state and passes the HP 2020 goal. See Figure 28. Adequate prenatal care in both counties surpasses the state percentage level and inadequate care is lower than the state for the two- county population seeking care during their first trimester of pregnancy. See Figure 29.

Figure 28

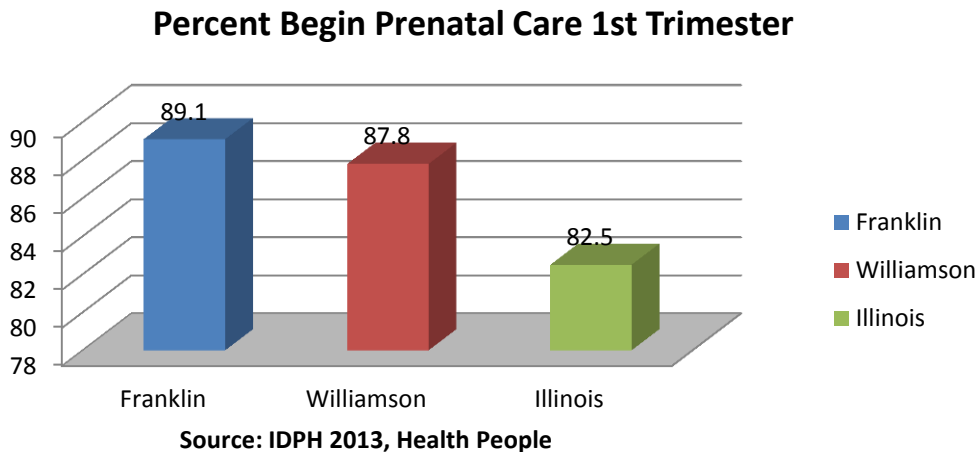
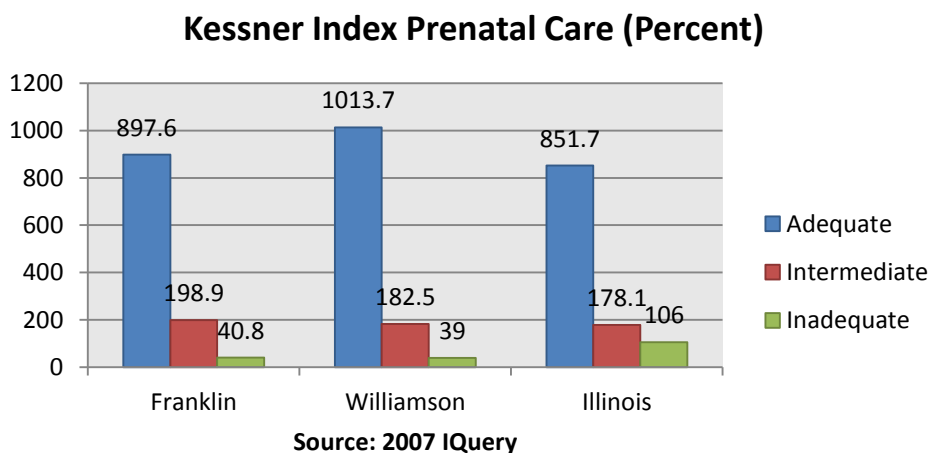


Figure 29



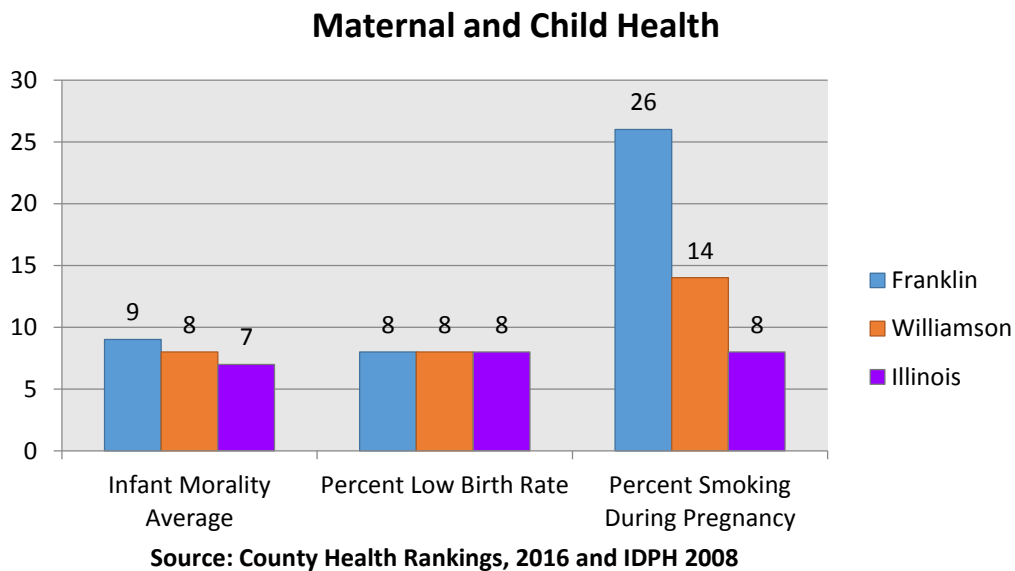
Infant Mortality, Low Birth Weight, and Percent Smoking During Pregnancy

Infant mortality and morbidity are key indicators of a nation's health. While overall infant mortality rates have improved in the last two decades, the Franklin County rate is higher than Williamson County's rate which is comparable to the state of Illinois.

The percentage of low birth weight babies born in Franklin County is comparable to Williamson County and the state. All are higher than the Healthy People 2020 goal. The percentage of very low birth weight babies born in Franklin County is lower than Williamson County, the state, and the Healthy People 2020 goal.

Franklin and Williamson Counties have a higher percentage of reported prenatal smoking than Illinois. Both are extremely higher than the state. Franklin County's percentage is alarmingly high.

Figure 30



Percent of Births to Teens/Teen Birth Rate

Fifty-one percent of all 2016 births in Franklin County were to teens aged 18 years and younger. This is higher than the percent of birth to teens in Williamson County and that of the state's (Figure 31). The average teen birth rate for Williamson County is lower than the state and Franklin County.

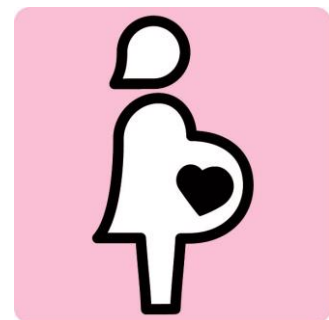
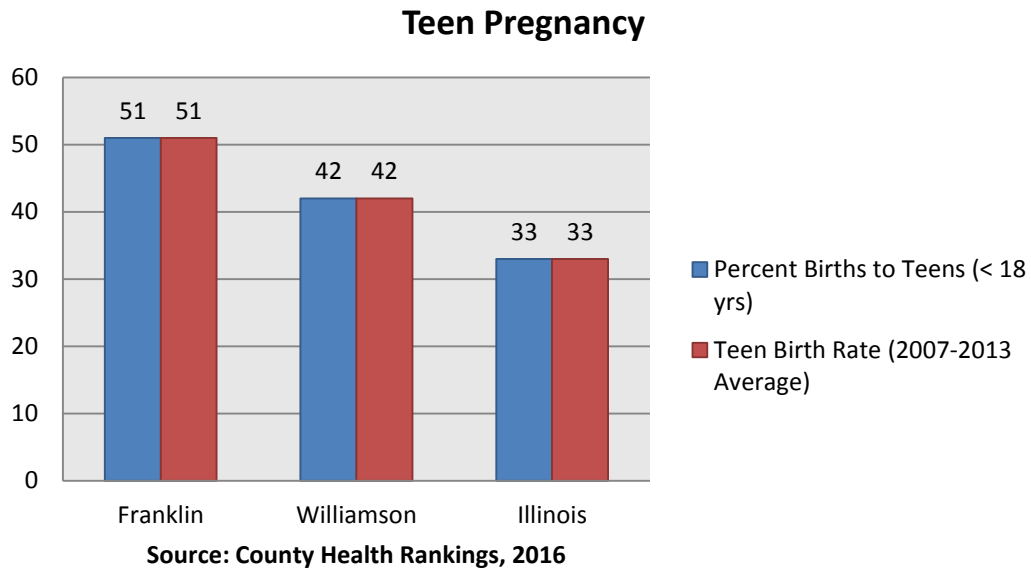


Figure 31

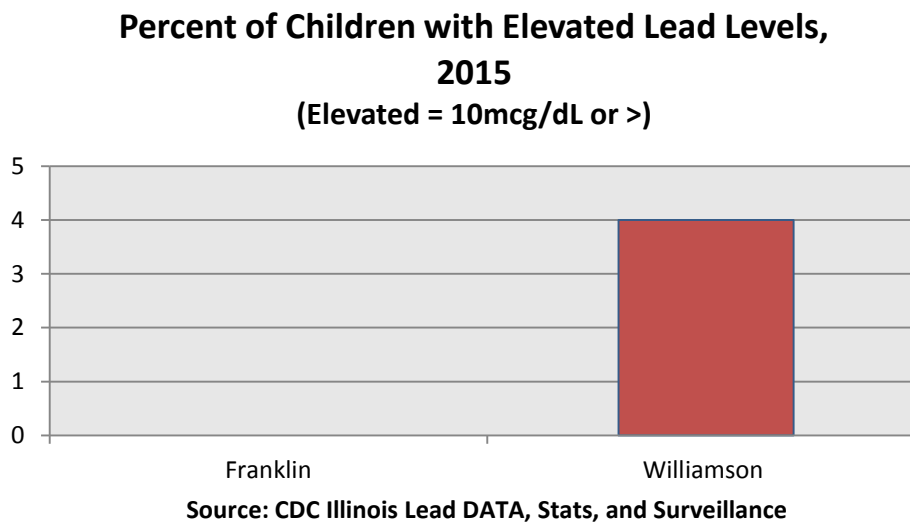


Children's Health

Lead

The amount of lead in a person's blood is the primary determinant of whether a person will experience lead's adverse health effects. Very young children (ages 1 and 2 years) are especially vulnerable to the effects of lead. A blood lead level greater or equal to 10 ug/dl is considered to be an elevated blood lead level by the federal government. Williamson County leads Franklin County with 4% of children with elevated lead levels.

Figure 32



Child Abuse

The table in Figure 33 below contains how many children were abused and neglected in 2014 for Franklin and Williamson Counties and for Illinois.

Figure 33

Child Abuse & Neglect Numbers	
	2014
Franklin	168
Williamson	287
Illinois	31,384
Source: Voices for Children (Illinois Kids Count, 2015 Data Book)	

Childhood Obesity

Figure 34 shows the percentage of children enrolled in WIC for Franklin and Williamson Counties and Illinois who are overweight and the percentage of children who are at risk of overweight for years 2003 and 2004.

Figure 34

	% All WIC Children Overweight, 2003	% 2 yrs & Older Overweight, 2003	% 2 yrs & Older At Risk of Overweight, 2003	% All WIC Children Overweight, 2004	% 2 yrs & Older Overweight, 2004	% 2 yrs & Older At Risk of Overweight, 2004
Franklin	13.0	14.1	16.9	15.1	16.5	17.5
Williamson	13.1	14.6	17.6	12.5	12.3	16.3
Illinois	13.1	14.0	15.3	13.4	14.3	15.8
Source: Centers for Disease Control and Prevention (CDC), Pediatric Nutrition Surveillance System, 2003-2004 (Illinois Kids Count, 2007 Data Book)						

Summary

1. The percentage of pregnant women who begin prenatal care in the first trimester is higher in both counties than the state and exceeds the HP 2020 goal. Adequate prenatal care in both counties surpasses the state percentage level and inadequate care is lower than the state for the two-county population seeking care during their first trimester of pregnancy.
2. Infant mortality and morbidity is a key indicator of a nation's health. Overall rates have improved in the last two decades. Franklin County rates exceed those of Williamson County and the state of Illinois. All are higher than the HP 2020 goal.
3. Low Birth Weight and Very Low Birth Weight have continued to be contributors to infant mortality with little improvement in birth weight. Franklin and Williamson County are comparable to Illinois for Low Birth Weight babies.
4. The percentage of pregnant women who smoke in the two counties is high. The Franklin county percentage is alarming.
5. Fifty-one percent of all 2016 births in Franklin County were to teens aged 18 years and younger. This is higher than the birth to teenagers in Williamson County for the same time period. The average rates for both counties are above those for Illinois. Both Franklin and Williamson counties have higher teen birth rate averages than that of the state.
6. In 2015, the percent of children with elevated lead levels were 4% in Williamson County and 0% in Franklin County.
7. The number of children being abused and neglected in Franklin and Williamson County is unacceptable.
8. County WIC data for children 2 and older who are either overweight or at risk for being overweight are equal to or slightly higher than the state.

CHRONIC DISEASE

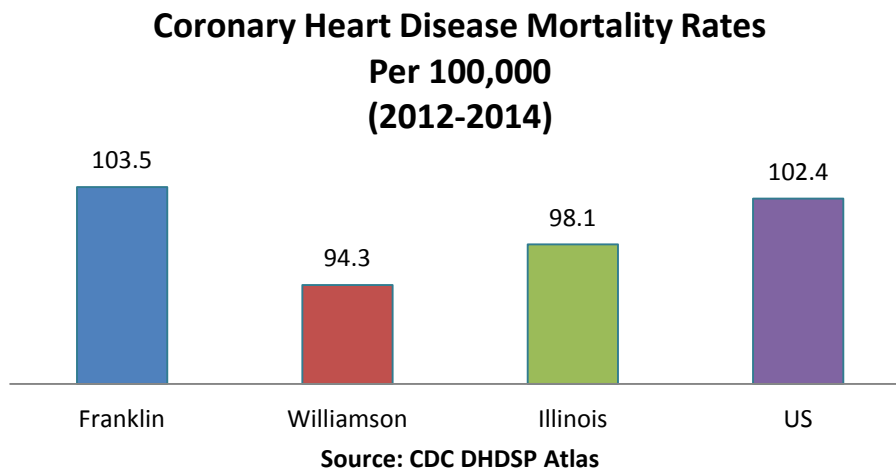
Over one hundred and thirty million Americans live with one or more chronic diseases, and seventy-five percent of the nation's total medical costs go to treating people with those conditions. These diseases affect the quality of life of 90 million Americans. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable, such as poor diet and physical inactivity. Adopting healthy behaviors (e.g., eating nutritious foods, being physically active, and avoiding tobacco use) can prevent or control the effects of these diseases. In addition, quality of life is enhanced when chronic diseases are detected and treated early.



Mortality and Morbidity

The five-year average crude coronary heart disease mortality rate for Franklin County is higher than the state and national rates. Franklin County's rate is much higher than that of Williamson County or Illinois. A considerable percentage of deaths are to people under age 65 and both counties premature rates are higher than the Illinois rate.

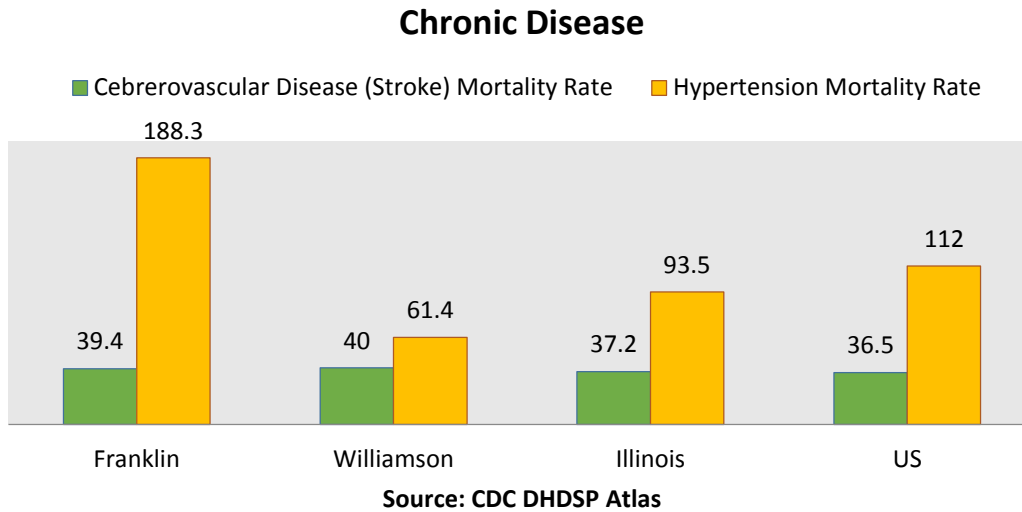
Figure 35



Cerebrovascular disease ranks third among the leading causes of death in the U.S. Each year, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. Although people of all ages may have strokes, the risk doubles with each decade of life after 55. The most important modifiable risk factors for stroke are high blood pressure, high cholesterol, and diabetes mellitus. Figure 42 illustrates that Williamson County has a higher death rate due to stroke/cerebrovascular disease than Franklin County, Illinois, and the U.S. The majority of these deaths are also attributed to those over age 65.

According to the CDC, Franklin County hypertension mortality rate is far greater than Williamson County, Illinois, and the US.

Figure 36



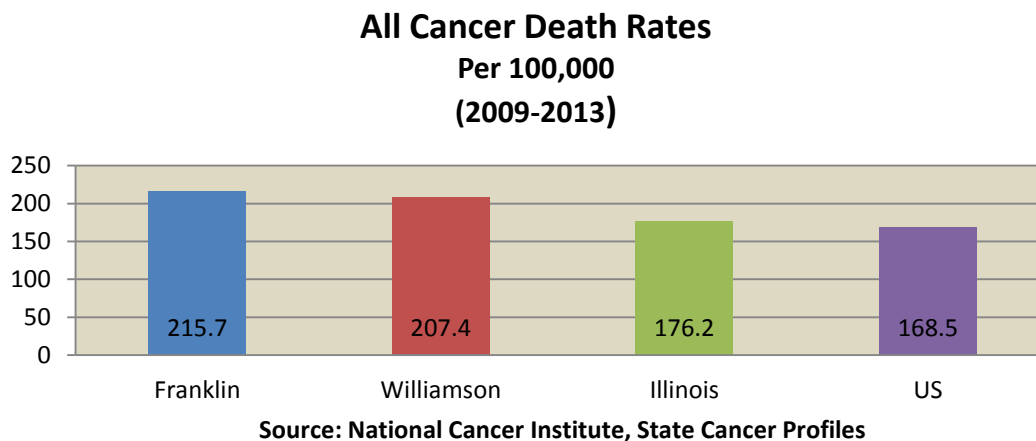
Diabetes

The percentage of county residents responding to the BRFSS, Round 5 data, who report ever being told they have diabetes, is 12.5% for Franklin and Williamson Counties combined, compared to 8.4% of Illinois residents who responded to the survey. Diabetes is in the leading causes of death for Franklin County for four consecutive years and in two of four years in Williamson County. It has also been a leading cause of hospitalization for Franklin County.

Cancer

Cancer is the second leading cause of death in the United States. The National Cancer Institute defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 types of cancer. Figure 44 illustrates that Franklin and Williamson County have higher death rates due to cancer than Illinois and the US.

Figure 37



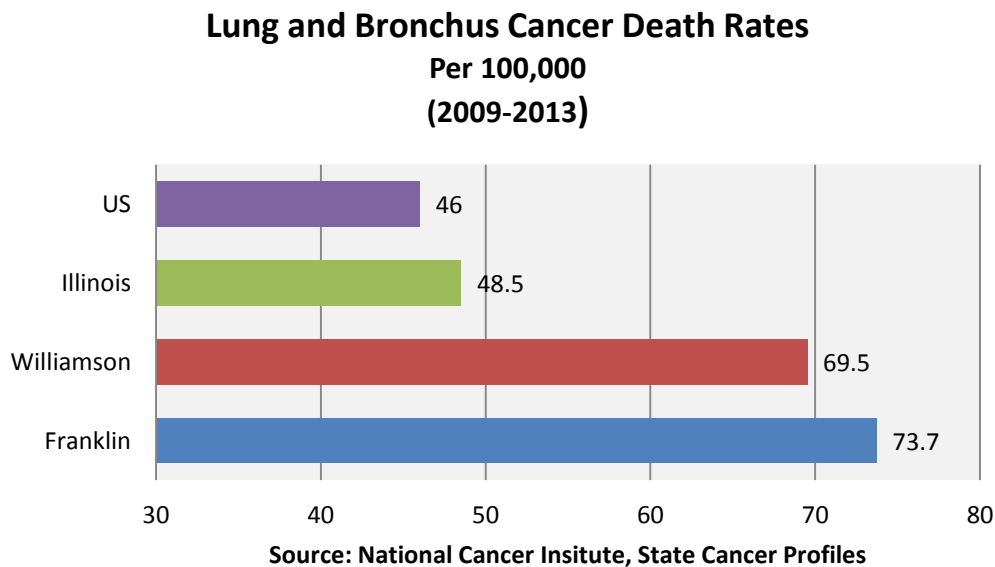
Smoking

There were 27.5% of Franklin and Williamson County residents, combined, who responded to the BRFSS, 2010, who reported being a current smoker and 25.6% who reported being a former smoker. 16.9% of Illinois adults reported smoking. Those who start smoking young are more likely to have long-term addiction to nicotine than people who start smoking later in life, putting them at greater risk for smoking-related illness and death. 27% of teens reported in Franklin County and 23% reported in Williamson County smoked cigarettes on at least 1 day during 30 days preceding a survey from the Illinois Youth Survey.

Lung Cancer Mortality / Death Rates

The greatest risk for lung cancer is duration and quantity of smoking. While crude mortality rate due to lung cancer for Williamson County has risen well above Franklin County and Illinois, the lung and bronchus cancer death rate due to lung cancer for Franklin County has exceeded Williamson County, Illinois and the U.S.

Figure 38

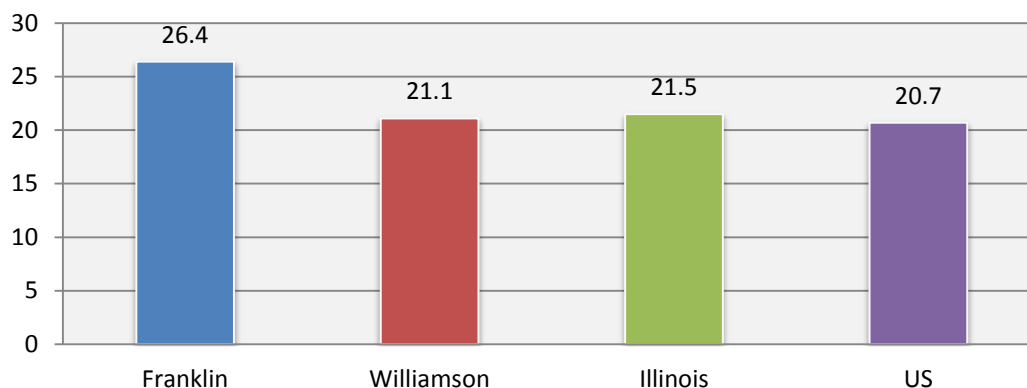


Prostate Cancer Mortality Rates

Prostate cancer is the most commonly diagnosed form of cancer among men in the U.S., according to the American Cancer Society. The chart below (Figure 39) shows that Franklin County has a prostate cancer death rate higher than that of the state of Illinois, Williamson County, and US.

Figure 39

**Prostate Cancer Age-Adjusted Death Rate
(2009-2013)**



Source: National Cancer Institutes, State Cancer Profiles

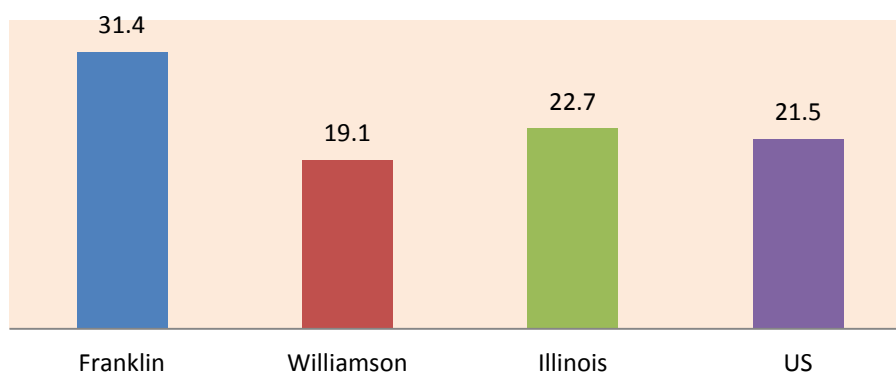
As indicated in the 2010 BRFS, 63.7% of men ages 40 and over who responded to the survey said that they had ever had a PSA test. This data is from Franklin and Williamson County combined.

Breast Cancer Mortality Rates

With breast cancer being the second leading cause of death and the second most common type of cancer among women in the U.S., the greatest risk factor in developing breast cancer is age. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection. However, the chart below (Figure 40) shows that Franklin County has a death rate of 31.4% which is higher than Williamson County, Illinois, the U.S. and the Healthy People 2020 goal.

Figure 40

**Age-Adjusted Death Rate of Breast Cancer
(2009-2013)**



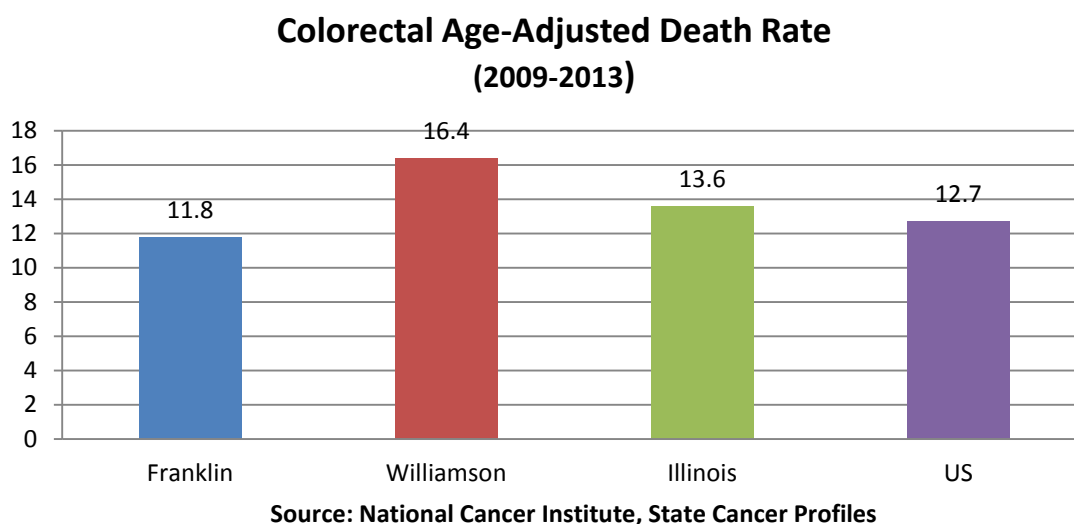
Source: National Cancer Institute, State Cancer Profiles

The percentage of women age 40 and over who responded to the 2010-2011 BRFSS as ever having a mammogram was 88.5% from Franklin and Williamson County combined. The percentage who reported having had a mammogram within the past year for Franklin and Williamson County combined is 68.4%.

Colo-rectal Cancer Death Rate

With colorectal cancer being the second leading cause of cancer-related deaths in the United States, the Centers for Disease Control and Prevention (CDC) estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. While 90% of colorectal cancer cases occur in adults aged 50 or older, it is essential for individuals with risk factors to seek regular screening earlier. The death rates for Franklin and Williamson Counties are much higher than Illinois the US. See Figure 41.

Figure 41



2010 BRFSS data indicates that among people 50 and over who were surveyed from Franklin and Williamson County combined, 57.3% reported having ever had a colon/sigmoidoscopy. Concerning whether or not they had ever had a home blood stool test, 44.5% of the residents from Franklin and Williamson County combined, said yes.

Additional Health Data

The following information was collected through the 5th (2010-2014) rounds of the Behavioral Risk Factor Survey.

This data indicates that a considerable percentage of residents of the two counties reported that their physical and mental health were not good during designated periods of time, either 1-7 days or 8-30 days, during the previous month in which they were questioned.

Although more than half in Franklin County and less than half in Williamson County questioned reported having consumed 0-2 servings of fruits and vegetables per day, it is not known how many of those actually reported consuming no fruits and vegetables. Fruit and

vegetable consumption continues to decrease in the two counties as less report having eating more fruits and vegetables.

Figure 44 clearly shows that more than half of the residents of the two counties have gotten exercise in the last 30 days. However, Figure 45 illustrates that residents in both counties are overweight and/or obese, which is of concern.

Figure 42

HEALTH STATUS

	FRANKLIN & WILLIAMSON	Illinois
DAYS PHYSICAL HEALTH NOT GOOD	1-7: 19.4% 8-30: 24.5%	1-7: 25.1% 8-30: 12.4%
TOTAL	35,455	3,633,148
DAYS MENTAL HEALTH NOT GOOD	1-7: 20.8% 8-30: 22.0%	1-7: 25% 8- 30: 14.1%
TOTAL	34,577	3,793,191

Figure 43

NUTRITION

TOTAL FRUITS & VEGS PER DAY	FRANKLIN	WILLIAMSON
0-2 servings/day	55.7%	45.6%
3-4 servings/day	36.2%	38.2%
5 or more servings/day	8.1%	16.2%



Figure 44

EXERCISE

	FRANKLIN & WILLIAMSON	ILLINOIS
ANY EXERCISE PAST 30 DAYS	73.1%	74.6%

OBESITY

Being Obese (or even just overweight) is the second leading cause of preventable death in the U.S. and is measured by body mass index (BMI), your weight to height ratio. Overweight is defined as having a BMI over 25 and obese is defined as having a BMI above 30. About 30% or more of the residents in Franklin and Williamson County are obese, which is more than the state percentage rate. For overweight percentages, Williamson County is higher than Franklin County or the state.

Figure 45

	FRANKLIN	WILLIAMSON	ILLINOIS
Overweight	33.0%	39.3%	37.2%
Obese	32.3%	29.6%	26.8%
Total	29,357	48,606	9,466,079

Summary

1. Both Franklin and Williamson Counties' crude coronary heart disease mortality rates are higher than the Illinois rate. The Franklin County rate is higher than Williamson County.
2. Williamson County has a higher death rate due to stroke/cerebrovascular disease than Franklin County, Illinois and the U.S. The majority of deaths are attributed to those over age 65. BRFS indicates that, of the residents surveyed, Franklin and Williamson County leads the percentages of high blood pressure and high cholesterol when compared to Illinois and the Healthy People 2020 goal. Stroke is a leading cause of hospitalization in the two counties.
3. There are a greater percentage of Franklin and Williamson County residents responding to the BRFS who report being a diabetic compared to the state. Diabetes is a leading cause of death and hospitalizations.
4. Franklin and Williamson Counties have higher death rates due to all cancers than Illinois.
5. With the high number of residents who smoke in the counties, both adults and teens, the greatest risk for lung cancer is duration and quantity of smoking. While the crude mortality rate due to lung cancer for Williamson County has risen well above Franklin County and Illinois, the lung and bronchus cancer death rate for Franklin County has exceeded Williamson County, Illinois and the U.S.
6. Williamson County has a lower death rate due to prostate cancer when compared to Franklin County, Illinois, and the U.S. Sixty-three percent of men over 40 who responded to the BRFS reported having had a past PSA screening.
7. Franklin County has a higher death due to breast cancer than Williamson County, Illinois, the US and the Healthy People 2020 goal.
8. More deaths are attributed to colo-rectal cancer in Williamson County than Franklin County, the state, and the US. All are higher than the HP 2020 goal. The BRFS indicates that 57.3% of those surveyed age 50 and over reported having had a colon/sigmoidoscopy, and just under a half reported having a home blood stool test.
9. BRFS data also indicates that in the two counties:
 - there are a considerable percentage of people who report recently experiencing poor physical and mental health
 - people are not consuming enough of the recommended servings of fruits and vegetables
 - there is room for improvement when it comes to exercise and weight loss

INFECTIOUS DISEASES

In the United States an estimated 19 million new cases of sexually transmitted infections (STI's) are reported each year. STI's and their complications can cause chronic pain and infertility among women, contribute to adverse pregnancy outcomes, and increase susceptibility to HIV two to five times. According to new evidence, identifying and treating STI's, can reduce the transmission of HIV.

The Illinois Control of Sexually Transmitted Disease Code [77 Illinois Administrative Code 693] requires physicians, laboratories, and blood banks to report within seven days to the local health authority (i.e., county /city health department or IDPH for jurisdictions where there is no health department) all diagnosed cases and positive laboratory findings of reportable STI's.

Sexually Transmitted Infections (STIs)

The average incidence rates for chlamydia and gonorrhea are much lower than state rates. Williamson County had higher rates of gonorrhea and chlamydia within the respective years.

Figure 53

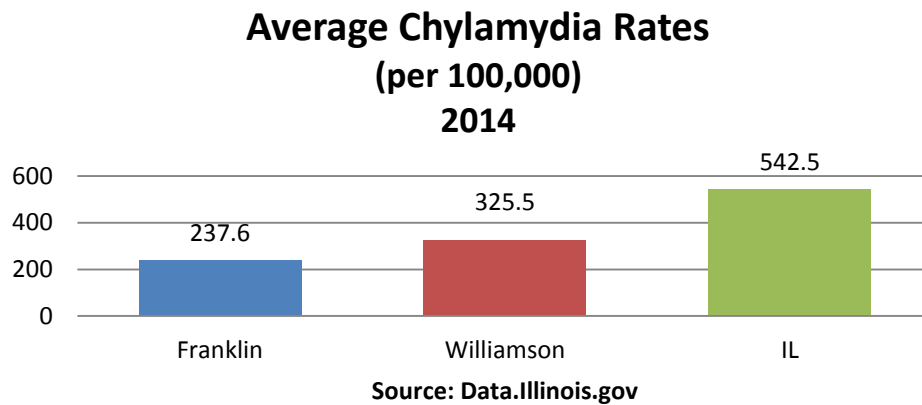
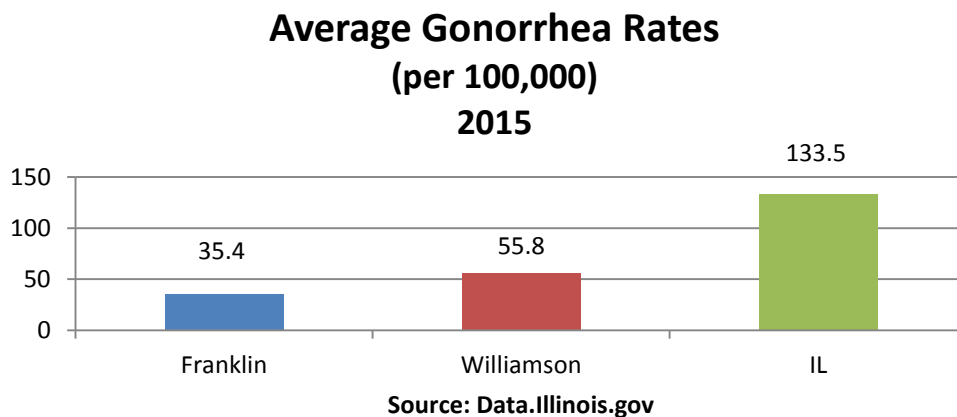


Figure 54



HIV/AIDS

As of July 2016, the number of cases of HIV reported since 2009 for Franklin County is 9, with 8 living. The number for Williamson County is 23, with 26 living with HIV. For Illinois, the total is 12,443. As of July 2016, the number of cases of AIDS reported since 2009 for Franklin County is 9, with 18 living, and for Williamson County the total is 12 with 25 living. The total number for Illinois is 6,642. ** The Illinois totals for both HIV and AIDS excludes the Collar counties and Downstate counties of Illinois.

Tuberculosis (TB)

The total numbers of diagnosed TB cases for the years 2000-2008 are 5 for Franklin County and 10 for Williamson County.

Influenza and Pneumonia

Influenza and pneumonia appears as leading causes of hospitalizations and deaths for both counties. Respondents to the BRFSS who report receiving a flu shot/spray is 46.6%.

Summary

1. Rates for chlamydia and gonorrhea in Franklin and Williamson Counties are lower than the state..
2. Although cases appear low, continued surveillance of TB infection is a necessity.
3. HIV/AIDS cases will continue to be monitored.
4. There is a need for an increase in the number residents who receive flu and pneumonia vaccines.

ROLE OF THE COMMUNITY HEALTH COMMITTEE IN DEVELOPING THE COMMUNITY HEALTH PLAN

The Community Health Committee participated in the Problem Analysis process, identifying risk factors and direct/indirect contributing factors for each health problem. Through active discussion following the Problem Analysis process, information was generated that would help project staff formulate objectives to address the priority health problems. The Committee also assisted in identifying community resources that could be utilized in addressing the health problems as well as potential barriers in addressing these problems. Project staff then finalized the outcome objectives, impact objectives and the intervention strategies as part of the written Community Health Plan.

PRIORITY ONE HEALTH PROBLEM - Chronic Disease: Heart disease, Respiratory disease, Diabetes, and Cancer Focus

The chronic diseases that will be the focus of this IPLAN program period are heart disease, respiratory disease, diabetes, and cancer. Chronic diseases such as these are among the most common, costly, and preventable of all health problems in the United States. Chronic diseases are also the leading causes of death and disability.

The community health committee identified environmental factors, tobacco and other devices, and poor nutrition as potential risk factors that may lead to chronic diseases.

Information produced by the recent Illinois Behavioral Risk Factor Survey (BRFS) indicates that most county residents are not consuming enough fruits and vegetables and are not getting enough physical activity. Poor nutrition and lack of physical activity are directly linked to higher rates of obesity. By addressing obesity, major causes of mortality and morbidity such as heart disease, stroke, diabetes, and cancer will be indirectly impacted. If no intervention is conducted, the rates of overweight and obesity may continue to spiral out of control, and the end result will be the increase in loss of life, quality of life and the additional increase of the cost of healthcare.

As noted in the BRFS, a significant proportion of Franklin and Williamson County residents report smoking on a regular basis. Also, a considerable percentage of pregnant women in the two counties report smoking. Tobacco cessation services, including counseling and medications, are effective in helping people quit using tobacco. Providers can adopt policies requiring a method of inquiring about a patient's tobacco use, encouraging quitting and promoting the use of the Illinois Tobacco Quitline. Policies that prohibit smoking can be adopted by workplaces, health care and educational campuses as well as public places and multi-unit housing settings.

A more detailed description of the community health plan for combating chronic disease can be seen below.

<p><u>Health Problem(s):</u></p> <ol style="list-style-type: none"> Heart disease is the leading cause of death in one out of four years in Williamson County and is the leading cause of hospitalizations in both counties. The crude cerebrovascular disease mortality rates are higher for Williamson County than Franklin County, the state and HP 2020. Cerebrovascular disease is also a leading cause of hospitalization and death for both counties. Of the county residents who responded to the BRFSS, the percentage reporting having high blood pressure and high cholesterol are higher than for Illinois and considerably higher than the HP 2020 goals. Diabetes appears as a leading cause of death for Franklin County for four consecutive years and three of four years in Williamson County. It has also been a leading cause of hospitalization for both counties The death rates for colorectal cancer are higher in Franklin and Williamson Counties than the state, US and HP 2020 goals. 	<p><u>Outcome Objective(s):</u></p> <ul style="list-style-type: none"> By 2022, increase the proportion of adults in Franklin and Williamson County who have had their blood cholesterol checked within the preceding 5 years. <p>HDS-6 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years</p> <ul style="list-style-type: none"> Baseline:TBD <ul style="list-style-type: none"> By 2022, increase prevention behaviors in persons of Franklin and Williamson County at high risk for influenza and pneumonia. <p>IID-12.12 Increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza</p> <p>IID-13 Increase the percentage of adults in Franklin and Williamson County who are vaccinated against pneumococcal disease</p> <ul style="list-style-type: none"> Baseline: TBD By 2022, increase prevention behaviors in persons at high risk in Franklin and Williamson County for diabetes with pre-diabetes. <p>D-16 Increase prevention behaviors in persons at high risk for diabetes with prediabetes</p> <ul style="list-style-type: none"> Baseline: TBD By 2022, increase the proportion of persons in Franklin and Williamson County who are educated about cancer screening consistent with current guidelines. <p>C-18 Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines</p>
<p><u>Risk Factor(s):</u></p> <ul style="list-style-type: none"> Environment Tobacco & other devices Poor eating habits 	<p><u>Impact Objective(s):</u></p> <p>Heart Disease</p> <ul style="list-style-type: none"> After 2019, the percentage of adults in

	<p>Franklin and Williamson County who get their cholesterol checked within the last 5 years will increase to 15%.</p> <p>Baseline: Franklin and Williamson combined: 10%</p> <p>Source: IDPH, ICHS, 5th Round County BRFS 2010</p> <p>Flu and Pneumonia</p> <ul style="list-style-type: none"> ▪ The percentage of adults in Franklin and Williamson County who receive an influenza shot will increase to 50%. <p>Baseline: Franklin and Williamson County 47%</p> <ul style="list-style-type: none"> ▪ The percentage of adults in Franklin and Williamson County who receive a pneumonia shot will increase to 40%. <p>Baseline: Franklin and Williamson County 34%</p> <p>Source: IDPH , ICHS, 5th Round County BRFS 2010</p>
<p><u>Contributing Factors:</u></p> <ul style="list-style-type: none"> ▪ Parent supervision ▪ School system ▪ Community systems ▪ Access to care ▪ Food choices ▪ Culture/ family influence ▪ Lack of concern regarding eating behaviors ▪ Nutrition knowledge ▪ Stress ▪ Image/peer pressure ▪ Addiction ▪ Socioeconomic status 	<p><u>Proven Intervention Strategies:</u></p> <ul style="list-style-type: none"> • Support work conducted by the Chronic Disease Action Teams, a subcommittee of the Franklin-Williamson Healthy Communities Coalition, in developing an awareness campaign centered on helping promote the subtopics within chronic disease. These action teams will also work to provide information to the community about access to care and resources available. • Develop a community awareness campaign highlighting chronic disease issues to target community residents, community leaders, and local legislators. • Actively participate and support the Cancer Action Team, Diabetes Today Resource Team, and Positive Youth Development Team of Franklin, Williamson and Jackson counties.

<p><u>Resources:</u></p> <ul style="list-style-type: none"> • Franklin-Williamson Healthy Communities Coalition • Franklin-Williamson Bi-County Health Department • Southern Illinois Healthcare • Rural Health Clinics • Family Practice Clinics • Physicians • Hospitals • Schools • University of Illinois Extension • Area recreation facilities/gyms • Public parks • Worksites • Southern Illinois University • Illinois Tobacco Quitline • American Lung Association • American Heart Association • American Cancer Society • Social Media • Positive Youth Development Action Team 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ▪ Lack of funding ▪ Poor eating habits, lack of physical activity, easy access to fast food ▪ Limits of access to care ▪ Lack of perceived value of prevention practices and screenings ▪ Underserved areas
<p><u>Funding:</u></p> <p>The anticipated sources of funding to address this problem will be from the combined resources listed above and any grants that may be secured.</p>	<p><u>Evaluation:</u></p> <p>The adult outcome objectives and the first adult impact objective will be evaluated by the results of the Illinois Behavioral Risk Factor Surveillance Survey.</p> <p>The other adult impact objectives and the children and adolescent outcome and impact objectives will be measured by tracking:</p> <ul style="list-style-type: none"> • The number of schools that are assisted with the development of coordinated school health policies and the CDC’s School Health Index; • The number of restaurants that provide discounts/coupons for healthier menu choices; • The number of worksites that are provided with technical assistance in developing a worksite wellness program and; • The number of physicians who receive tobacco cessation toolkits with training will be tracked.

PRIORITY TWO HEALTH PROBLEM – Behavioral Health: Substance Abuse Focus

Many people have difficulty acquiring adequate physical and mental health care. One of the primary reasons is lack of health insurance or being underinsured. Other issues such as cost, location and availability of services, transportation and ability to take time off work can contribute.

The cost of treatment for behavioral health disorders creates an enormous burden on the affected individuals, their families and society.

These tremendous costs have stimulated increasing interest in prevention practices that can impede the onset or reduce the severity of the disorders. Prevention practices have emerged in a variety of settings, including programs for selected at-risk populations (such as children and youth in the child welfare system), school-based interventions, interventions in primary care settings, and community services designed to address a broad array of behavioral health needs and populations. Despite support from many providers and advocates, funding levels for prevention and behavioral health promotion services frequently remain low when compared to services for treatment and residential placements. Interest has continued to grow, however, in improving the rigor and effectiveness of preventive interventions that can mitigate or eliminate the onset of selected disorders, especially during early stages of development. Similarly, interest has increased in promoting prevention practices as well as fostering interventions that can lead to positive behavioral health among children, youth, and young adults.

A more detailed description of the community health plan for combating substance abuse can be seen below.

<u>Health Problem(s):</u>	<u>Outcome Objective(s):</u>
<ol style="list-style-type: none"> 1. As in the past, mental disorders remain a leading cause of hospitalization and are a concern for the two-county area and most importantly there is a shortage of mental health professionals. 2. There are high percentages of Franklin and Williamson County residents smoking. 	<p><i>Outcome Objectives-Adults</i></p> <ul style="list-style-type: none"> ▪ By 2022, 100 new students will be educated about mental health services in Franklin and Williamson County. <p>Baseline: TBD</p> <p>ECBP-2.4 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in suicide</p> <p><i>Outcome Objectives-Children and Adolescents</i></p> <ul style="list-style-type: none"> ▪ By 2022, 10 new K-8 schools will have healthier environments through implementation of social and emotional

	<p>learning component of CATCH.</p> <p>Baseline: TBD</p> <p>ECBP-2.4 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in suicide</p>
<p><u>Risk Factor(s):</u></p> <ul style="list-style-type: none"> ▪ Environmental components ▪ Biological ▪ Low socioeconomic status 	<p><u>Impact Objective(s):</u></p> <ul style="list-style-type: none"> ▪ By 2019, one health department staff will receive coordinated school health training that includes emotional wellness. <p>Baseline: 0 staff trained</p> <ul style="list-style-type: none"> ▪ By 2019, school wellness committees will be formed and school wellness policies that include emotional wellness will be assessed at 10 schools through the use of the CDC’s school health index. <p>Baseline: To be determined</p> <ul style="list-style-type: none"> ▪ By 2019, increase the number of primary care practices that utilize a Prescription Monitoring Program. <p>Baseline: 0</p>
<p><u>Contributing Factors:</u></p> <ul style="list-style-type: none"> ▪ Access to care ▪ Culture ▪ Environment ▪ Genetics 	<p><u>Proven Intervention Strategies:</u></p> <ul style="list-style-type: none"> ▪ Staff will work with SIU Center for Rural Health and Social Service Development to contact CATCH schools offering technical assistance in the development of school wellness policies that address emotional health. ▪ Actively participate and support the mental health work conducted by Franklin, Williamson, and Jackson County Access to Care Team. ▪ Support efforts of local primary care practices and local mental health providers in the collaboration of services to provide appropriate care for patients needing mental health intervention and treatment.
<p><u>Resources:</u></p> <ul style="list-style-type: none"> ▪ Franklin-Williamson/Jackson Counties Access to Care Action Team 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ▪ Low public awareness of existing services

<ul style="list-style-type: none"> ▪ Franklin-Williamson Bi-County Health Department ▪ Shawnee Health Service ▪ Southern Illinois Hospital Services (SIHS) ▪ Hands of Hope Clinic ▪ Christopher Rural Health Planning Corporation ▪ Hospitals ▪ Physicians ▪ Schools ▪ Marion School Wellness Center ▪ Centerstone 	<ul style="list-style-type: none"> ▪ Public transportation ▪ Early access to preventative care and treatment ▪ Cost of treatment ▪ Internal locus of control
<p><u>Funding:</u></p> <p>The anticipated sources of funding to address this problem will be from the combined resources listed above and any grants that may be secured.</p>	<p><u>Evaluation:</u></p> <p>The outcome objectives will be evaluated by:</p> <ul style="list-style-type: none"> ▪ Utilizing BRFSS and County Health Ranking data for reports on mental health data.

PRIORITY THREE HEALTH PROBLEM - Obesity

Obesity was chosen as a priority health problem due to its direct link with other diseases and cancers.

The problem of obesity is complex and involves a myriad of issues to consider. Factors that must be addressed are social, behavioral, cultural, environmental, physiological and genetic in nature. The concept of achieving and maintaining a healthy weight must begin early in childhood and continue throughout life. Like many other social issues, *preventing* overweight and obesity can prove to be more successful than efforts to lose and then maintain weight after a diagnosis of overweight or obesity.

In an effort to initiate change, schools can adopt standards, policies and programs that support active lifestyles for students and staff. Thus, a consistent coordinated school health approach is critical in helping to curtail the ever-increasing rates of obesity and the health effects from it. Communities can support safe, accessible and affordable places for physical activity, such as parks, playgrounds, community centers, schools, fitness centers, and walking and biking trails. Implementation of after-hours or joint use agreements with schools and other community buildings provide additional venues for community physical activity. Employers can join in the effort by considering adoption of policies that address healthier nutrition and physical activity options for employees during work hours.

A more detailed description of the community health plan for combating obesity can be seen below.

<p><u>Health Problem(s):</u></p> <p>Highlights of the obesity problem in Franklin and Williamson County include:</p> <ul style="list-style-type: none"> ▪ The County Health Rankings report indicates the health of Franklin and Williamson County residents ranks poorly compared to residents of all other Illinois counties. 	<p><u>Outcome Objective(s):</u></p> <p><u>Adults</u></p> <ul style="list-style-type: none"> ▪ After the year 2022, increase the proportion of adults in Franklin and Williamson counties who are at a healthy weight. ▪ Baseline: TBD <p>NWS-8 Increase the proportion of adults who are at a healthy weight</p> <ul style="list-style-type: none"> ▪ After the year 2022, reduce the proportion of adults in Franklin and Williamson counties who are obese to 30%. ▪ Baseline: Franklin and Williamson Counties 32% <p>Source: IDPH, ICHS, 5th Round BRFSS 2010</p> <p>NWS-9 Reduce the proportion of adults who are obese</p> <p><u>Children and Adolescents</u></p> <ul style="list-style-type: none"> ▪ After the year 2022, reduce the proportion of children in Franklin and Williamson County 6 to 11 years who are considered obese to no more than 16%. ▪ Baseline: TBD <p>NWS-10.2 Reduce the proportion of children aged 6 to 11 years who are considered obese.</p> <ul style="list-style-type: none"> ▪ Baseline: To be determined
<p><u>Risk Factor(s):</u></p> <ul style="list-style-type: none"> ▪ Age ▪ Cultural Influences ▪ Genetics/Family History ▪ Environment ▪ Poor compliance of health care providers directions ▪ Poor nutrition ▪ Sedentary Lifestyle 	<p><u>Impact Objective(s):</u></p> <p><u>Diabetes</u></p> <ul style="list-style-type: none"> ▪ By 2019, health department staff will receive diabetes self-management program training. <p>Baseline: 0 staff trained</p> <ul style="list-style-type: none"> ▪ By 2019, health department staff will receive chronic disease self-

	<p>management program training.</p> <p>Baseline: 0 staff trained</p> <ul style="list-style-type: none"> ▪ By 2019, diabetes support group will be formed and pre-diabetes and diabetes education will be assessed through the program. ▪ Baseline: to be determined by survey <p><u>Cancer</u></p> <ul style="list-style-type: none"> ▪ The percentage of adults in Franklin and Williamson County who report receiving a routine checkup within a year will increase to 70%. <p>Baseline: Franklin and Williamson Counties 65%</p> <p>Source: IDPH, ICHS, 5th Round BRFSS 2010</p> <p><u>Children</u></p> <ul style="list-style-type: none"> ▪ By 2019, increase the percentage of children and adolescents who consume 5 or more servings of fruits and vegetables per day to 40%. <p>Baseline: < 25%</p> <p>Source: CDC, Preventing Chronic Disease: Investing Wisely in Health 2005.</p> <p><u>Adults</u></p> <ul style="list-style-type: none"> ▪ The percentage of adults in Franklin and Williamson Counties who engage regularly, preferably daily, moderate physical activity within the last 30 days will increase to 75 by 2019. <p>Baseline: Franklin and Williamson County 73%</p> <p>Source: IL counties Behavioral Risk Factor Survey, 2010</p> <ul style="list-style-type: none"> ▪ The percentage of worksites offering employee sponsored physical activity and fitness programs will increase to 30%. <p>Baseline: to be determined by survey</p>
<p><u>Contributing Factors:</u></p> <ul style="list-style-type: none"> ▪ Sedentary lifestyle ▪ Age ▪ Poor nutrition ▪ Poor compliance to healthcare provider ▪ Cultural Influences ▪ Environment 	<p><u>Proven Intervention Strategies:</u></p> <ul style="list-style-type: none"> ▪ Promote the local Farmer's Markets, Summer Camps and CATCH program. ▪ Work with local worksites to help develop a worksite wellness program that addresses physical activity and nutrition,

	<p>and provide technical assistance to worksite that already has a program in place.</p> <ul style="list-style-type: none"> ▪ Help schools establish school wellness policies that address coordinated school health, including nutrition and daily physical education. Train schools to become CATCH schools.
<p>Resources:</p> <ul style="list-style-type: none"> ▪ Franklin-Williamson/Jackson Counties Access to Care Action Team ▪ Franklin-Williamson Bi-County Health Department ▪ Shawnee Health Service ▪ Southern Illinois Hospital Services (SIHS) ▪ Christopher Rural Health Planning Corporation ▪ Hospitals ▪ Physicians ▪ Schools ▪ Marion School Wellness Center ▪ Centerstone ▪ Marion High School health clinic ▪ Franklin County public school mobile health clinics 	<p>Barriers:</p> <ul style="list-style-type: none"> ▪ Income ▪ Not enough time ▪ Low demand for healthy foods ▪ Local food deserts
<p>Funding:</p> <p>The anticipated sources of funding to address this problem will be from the combined resources listed above and any grants that may be secured.</p>	<p>Evaluation:</p> <p>The outcome objectives will be evaluated by:</p> <ul style="list-style-type: none"> ▪ Utilizing BRFSS and County Health Ranking data for reports on physical health data.

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APPENDICES

A – Nominal Group Process for Selecting Priority Health Problems

B – Health Problem Analysis Worksheets

C – Leading Health Problems Community Survey

D – Terminology

E – Letters of Support

APPENDIX A

NOMINAL GROUP PROCESS FOR SELECTING PRIORITY HEALTH PROBLEMS

FOUR STAGES OF NOMINAL GROUP PROCESS

There are four stages of nominal group process: listing, recording, collating, and prioritizing.

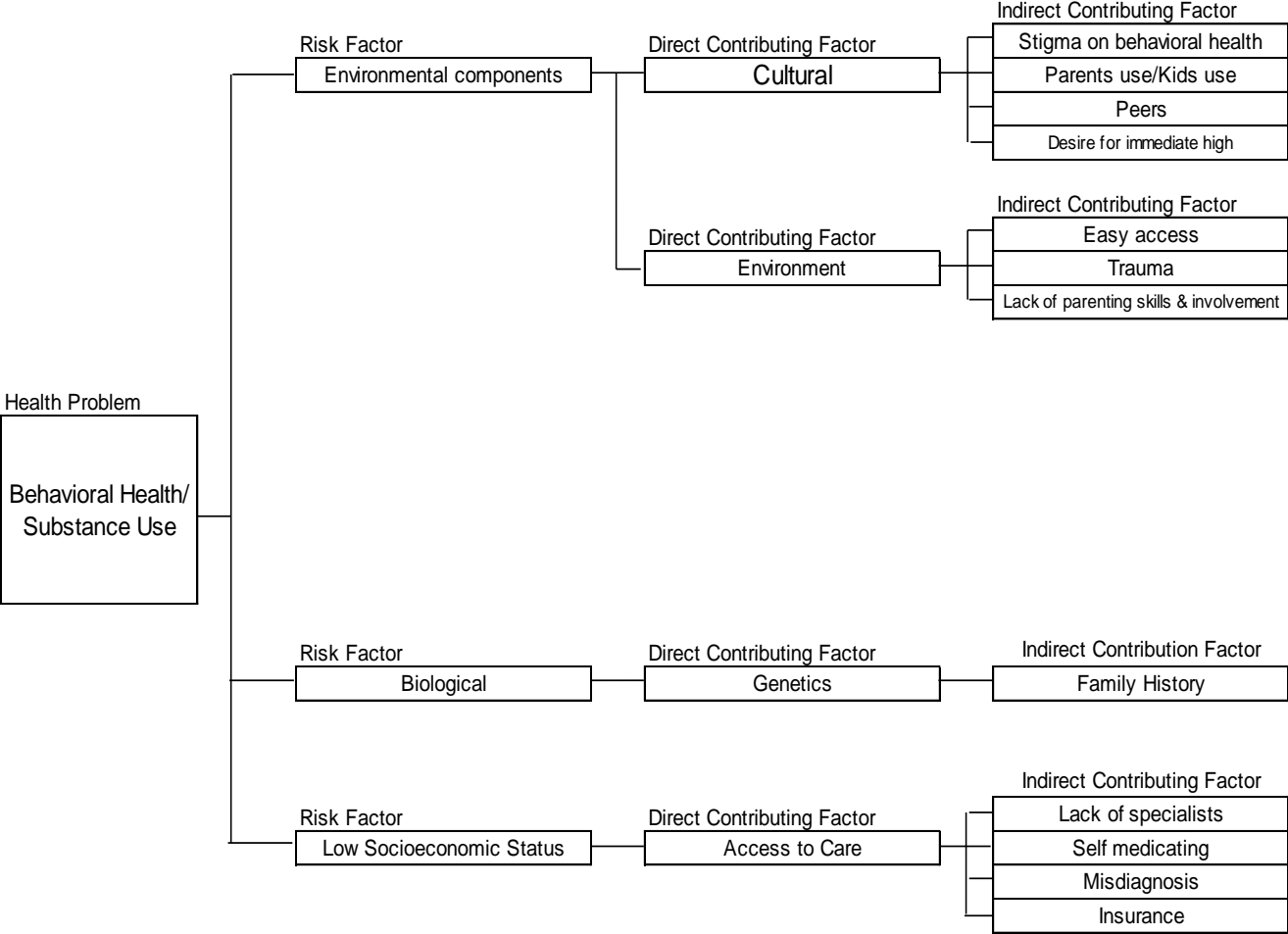
- A. **Listing** is the generation of items in writing by the group members. There is no discussion at this stage. Usually, the group leader asks a question of interest. If requested, the question may be briefly explained by the group leader. Group members are asked to work alone for a few minutes writing down their ideas or recommendations. This stage should take approximately four to eight minutes.
- B. **Recording** is the listing of items from each group member in a round-robin fashion. Each member is asked to briefly state one item on his or her own list until all ideas have been presented. The group leader records and numbers these items, using the members' own words, on a flip chart in full view of the group. Members should state their items in a phrase or brief sentence. This stage may be lengthy, especially in large groups, but may be shortened by allowing each member to contribute a limited number of items.
- C. **Collating** is the process of organizing, clarifying, and simplifying the material. Some items may be combined or grouped logically. Each item is read aloud in sequence. No discussion, except for clarification, is allowed at this point. Any member may clarify any item at this point. This stage generally should take approximately two minutes per item, but may be shortened by allotting less than two minutes for each item.
- D. **Prioritizing** involves voting on the priority of the items. Group members are asked to select five areas they perceive to be the most important. The priorities are derived through ordering or rating by each individual member. Members' scores for a given item are summed to arrive at a total score for that item, and a final list of items with the highest number of votes is compiled. The rest of the items are also listed in descending order. Group discussion of the ballot results would round out the process.

FYI: Supplies needed to complete the Nominal Group Process include water-based, felt-tip pens, a flip-chart, and masking tape. An appropriate table arrangement would be an open "U" with the flip-chart located at the open end.

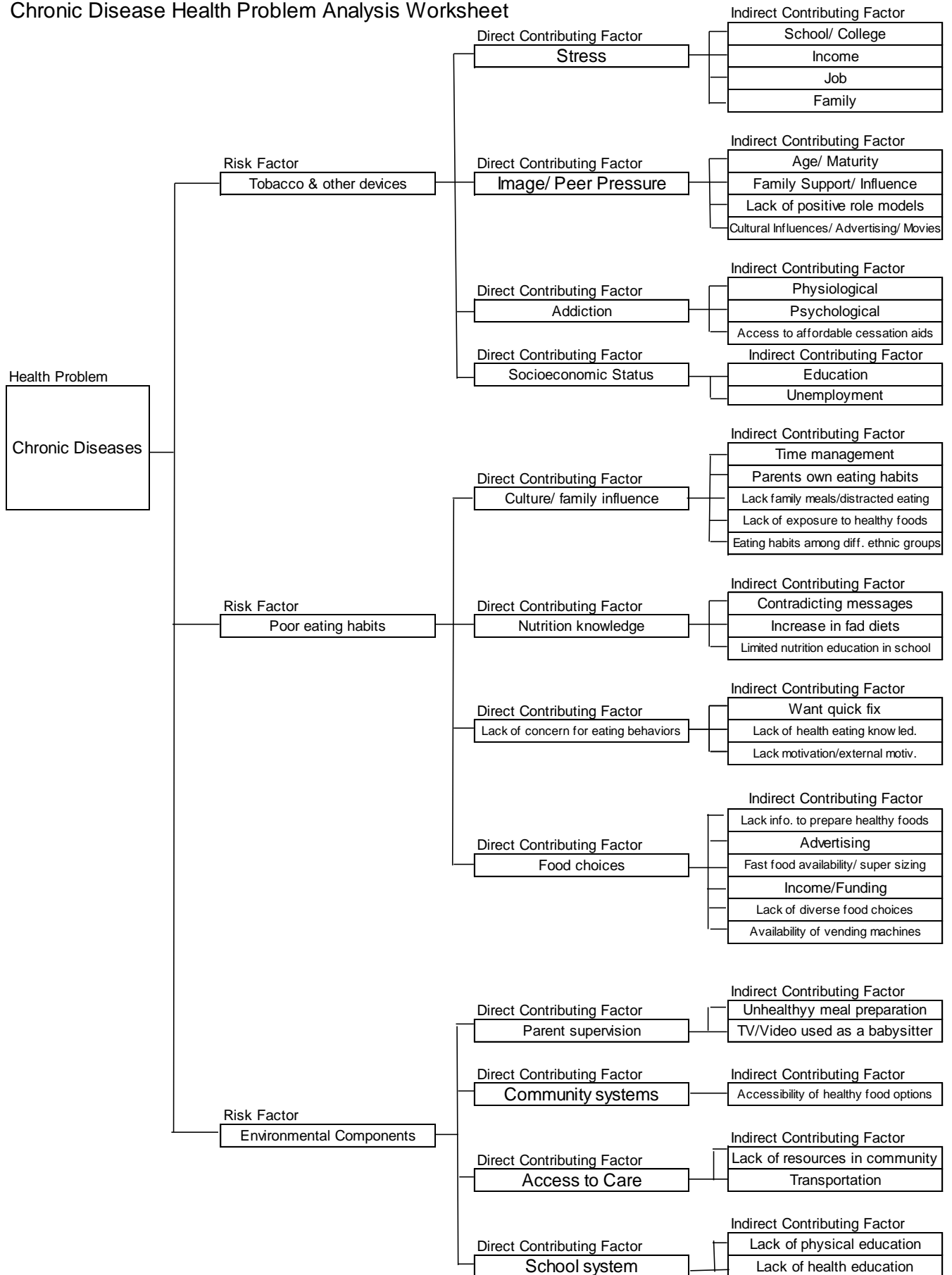
Some of this material was derived from: Moore, Carl M. (1987). *Group Technologies for Idea Building*. Applied Social Research Methods Series, Volume 9. SAGE Publications, Inc: Beverly Hills, California.

APPENDIX B
HEALTH PROBLEM ANALYSIS WORKSHEETS

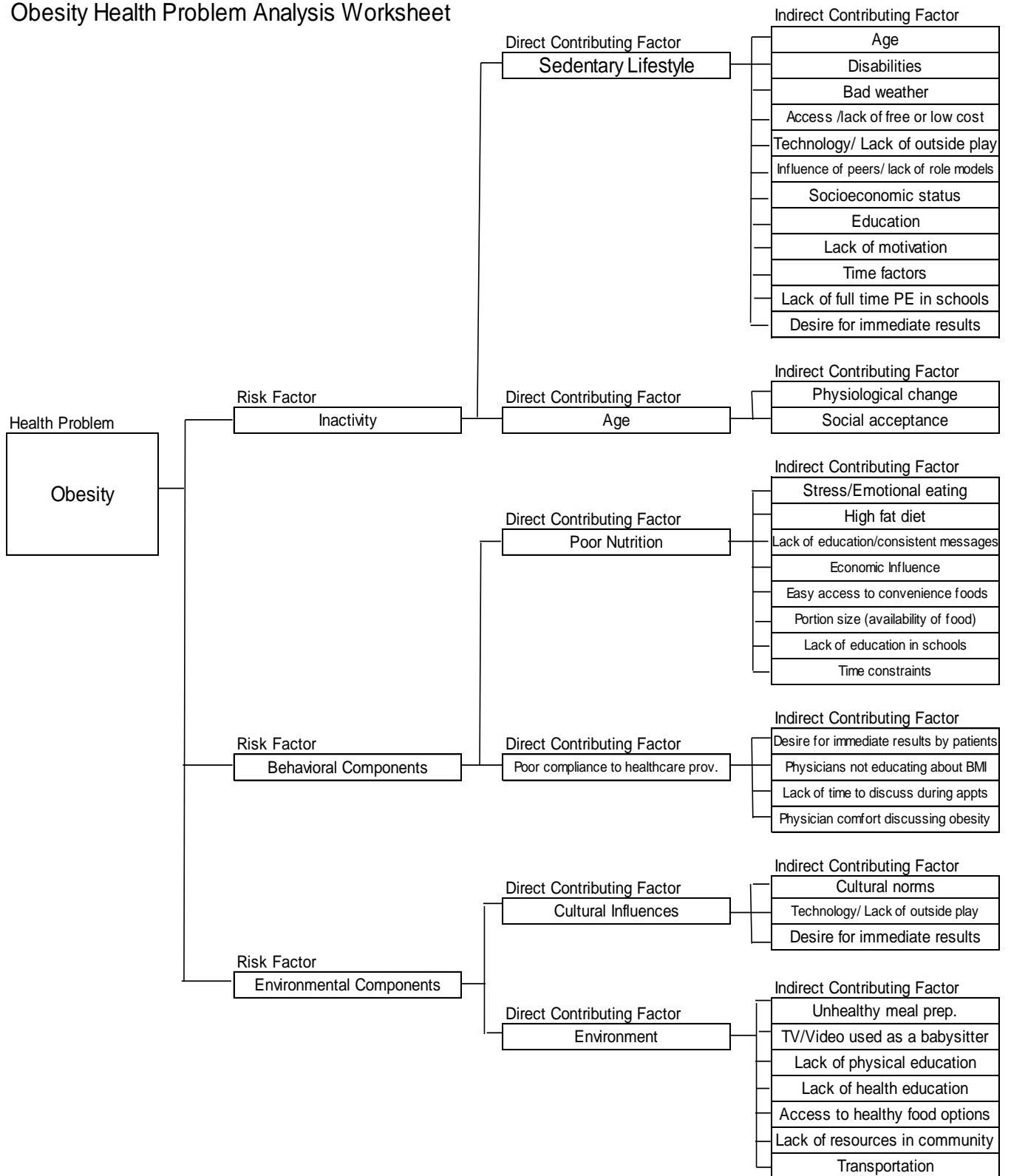
Behavioral Health/Substance Use Health Problem Analysis Worksheet



Chronic Disease Health Problem Analysis Worksheet



Obesity Health Problem Analysis Worksheet



APPENDIX C

LEADING HEALTH PROBLEMS COMMUNITY SURVEY

PLEASE TAKE 2 MINUTES TO COMPLETE OUR SURVEY!

Franklin-Williamson Bi-County Health Department and community partners are conducting a survey to find out what Franklin and Williamson County residents think are the three leading health problems in the two-county area. We would appreciate it if you would take a few minutes to provide your opinion on what you think the top three leading health problems are. Your decision should be based on the following **definition of a health problem:**

A situation or condition of people which is:

- **considered undesirable**
- **likely to exist in the future**
- **measured as death, disease, or disability**

Based on the above definition, what do you think are the **3 leading health problems** for Franklin and Williamson Counties?

1. _____
2. _____
3. _____

Please tell us about yourself: (Check all that apply.)

- I live in Franklin or Williamson County.
- I work in Franklin or Williamson County or work with residents in Franklin or Williamson County.

If you do, what is your profession/trade? _____

(Check only one item for each category.)

Gender

- Male
- Female

Age Category

- 21 and under
- 22-34
- 35-44
- 45-54
- 55-64
- 65 and over

Highest Level of Education

- 12th Grade or Less (No Diploma)
- High School Diploma
- Some College, No Degree
- Associate or Technical Degree
- Bachelor's Degree
- Graduate or Professional Degree

Race

- Black/African-American
- White
- Alaskan Native
- Asian
- Native American
- Native Hawaiian
- Pacific Islander
- Other _____

Ethnicity

- Hispanic or Latino
- Non-Hispanic or Latino

Home Zip Code: _____

Thank you for your time in completing this survey! Your response is very important. Please place this survey in the box at the front desk.

APPENDIX D
TERMINOLOGY

Terminology

1. **APEX-PH-** Assessment Protocol for Excellence in Public Health.
2. **Adjusted Rates-** Statistical process applied to rates to remove the effect of differences in composition of various populations. (e.g. age-adjusting-summarizing data specific to a certain age category)
3. **Board of Health-** The governing authority of a local health department, usually comprised of a president or chair and board members. The chair and board members can be either be appointed or elected, and may or may not serve at the discretion of another elected official; for example, the mayor, or the voters in a particular jurisdiction.
4. **BRFS-** Behavioral Risk Factor Survey. Survey conducted periodically by the Illinois Center for Health Statistics via telephone interviews with county residents 18 and over.
5. **CATCH-** Coordinated Approach To Child Health. An evidence-based, coordinated School health program designed to promote physical activity, healthy food choices and the Prevention of tobacco use in children Pre-K through grade 8.
6. **CDC-** Centers for Disease Control and Prevention. Based in Atlanta, Georgia.
7. **Cardiovascular Disease-** Disease affecting the heart or blood vessels.
8. **Cerebrovascular Disease-** Any disease affecting an artery within the brain, or supplying blood within the brain. The most common is atherosclerosis (buildup of plaque-fat)
9. **Community Health Committee-** A committee created to work with a health department for community health assessment and the generation of a community health plan.
10. **Coronary Heart Disease-** Diseases of the coronary arteries (those arteries that supply blood to the heart itself).
11. **Crude Death Rate-** Number of deaths during the year divided by the average (midyear) population (deaths per 1,000 population).
12. **Direct Contributing Factors-** Scientifically established factors that directly affect the level of a risk factor. For example, teen pregnancy is one factor that contributes directly to the birth of low-birth weight babies.
13. **Director of Health-** The person responsible for the total management of a local health department. This person may be appointed by the Board of Health or may have assumed the position by some other legal means. The director of health is usually responsible for the day-to-day operations of a local health department and its component institutions, often sets policy or implements policies adopted by the Board of Health, and is responsible for fiscal and programmatic matters.

14. **Diseases of the Heart- Diseases** that affect the heart, excluding coronary heart disease.

15. **Dorsopathies-** Any of the various diseases of the back or spine. Particularly those that cause pain.

16. **Enteritis-** Inflammation of the small intestine caused by a bacterial or viral infection.

17. **Forty Developmental Assets-** Framework developed by the Search Institute and are defined as 40 common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible, successful adults.

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

19. **Healthy People 2020-** U.S. Department of Health and Human Services (HHS), Science-based, 10-year national objectives for improving the health of all Americans.

20. **ICHS-** Illinois Center for Health Statistics, Illinois Department of Public Health.

21. **Incidence Rate-** The number of new cases of a disease in a population during a specified period of time.

22. **Impact Objective-** A goal for the level to which a risk factor should be reduced by some future date- i.e., what measurement of the risk factor at some future date should reveal. An impact objective is intermediate in time (usually 3 to 5 years) and measurable.

23. **Indirect Contributing Factor-** Community-specific factors that directly affect the level of the direct contributing factors. For example, low self-esteem may be one indirect contributing factor promoting teen pregnancy, thus generating low birth weight babies, and ultimately elevating infant mortality rates. These factors can vary considerably from community to community.

24. **Infant Mortality Rate-** Number of deaths in a year of children less than 1 year of age divided by the number of live births in the same year. Number of deaths of children less than 1 year of age per 1,000 live births.

25. **In situ-** In position, not extending beyond the focus or level or origin.

26. **IPLAN-** Illinois Project for Local Assessment of Needs.

27. **Local Health Department-** "...an official (governmental) public health agency which is in whole or in part responsible to a sub-state governmental entity or entities. The latter may be a city, county, city-county, federation of counties, borough, township, or any other type of sub-state governmental entity. In addition, a local

health department must: have a staff of one or more full-time professional public health employees [public health nurse, sanitarian]; deliver public health services [e.g. immunizations, food inspection]; serve a definable geographical area; and have identifiable expenditures and/or budget in the political subdivision(s) it services.” (ASTHO, 1983)

28. **Local Public Health Authority-** The agency charged with responsibility for meeting the health needs of the community. Usually this is the Board of Health and its administrative arm, the local health department. This authority may rest with the Board of Health, may be a city/county/regional authority, or may consist of a legislative mandate from the state. Some local public health authorities have independence from all other governmental entities, while others do not.

29. **Malignant Neoplasm-** Cancerous disease.

30. **Median-** The middle value in a group of numbers arranged in order of size, so that there are as many values larger than the median as there are values smaller.

31. **Mortality Rate-** Rate calculated in the same way as an incidence rate, by dividing the number of deaths occurring in the population during the stated period of time, usually a year, by the number of persons at risk of dying during the period.

32. **Nephritis-** Inflammation of the kidney.

33. **Outcome Objective-** A goal for the level to which a health problem should be reduced by some future date- i.e., what measurement of the health problem at some future date should reveal. An outcome objective is long term and measurable.

34. **Premature Death Rate-** Death rate that reflects deaths that occur before age 75.

35. **Process Objective-** A goal for reducing the level of a direct or indirect contributing factor by some future date, or for the level at which a corrective action should occur between that date and the present time. A process objective is short term (usually 1 to 2 years) and measurable.

36. **Public Health-** The science and art of preventing disease, prolonging life, and promoting physical and mental health through organized community efforts.

37. **Risk Factors-** Scientifically established factors (determinants) that relate directly to the level of a health problem. A health problem may have any number of risk factors identified for it. For example, low birth weight is a risk factor for the health problem of infant mortality. It is a scientific fact that a higher percentage of babies that weigh less than 2500 grams at birth die in the first year than babies who weigh 2500 grams or more at birth.

38. **Septicemia-** A systemic disease caused by pathogenic organisms or their toxins in the blood stream.

39. **Survey Monkey-** A private American company that enables users to create their own Web-based surveys.

40. **YPLL-** Years of potential life loss. The measure of premature mortality (death before age 75). The number of years “lost” by persons who die before age 75.

APPENDIX E

LETTERS OF SUPPORT

The following letters of support were provided by agencies indicating endorsement of the planning efforts and/or designating a commitment as a resource for planning initiatives.



SOUTHERN ILLINOIS HEALTHCARE

November 28, 2016

Mrs. Carrie Eldridge
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Mrs. Eldridge,

I was pleased to serve on the Community Health Committee for Bi-County Health Department's planning process this year. It was an opportunity to review current local health data compared to state and national data and to discuss the needs of area residents with other community and health professionals representing a variety of agencies. The IPLAN process is important in gaining interest and buy-in from the community and our partners.

It is always beneficial to hear the perspectives of other agency professionals. The IPLAN meetings offered an opportunity for us to share information and learn from each other about problems and resources in our service area. The result of the Committee's work identified three health problems impacting area residents which will allow us to have a focus for future work and sets the stage for multi-agency collaboration on activities and events to impact on these health issues. The issues selected by Franklin Williamson Bi-County Health Department closely align with the Southern Illinois Healthcare (SIH) Community Health Needs Assessment that was conducted in 2015. The final written plan will be shared with key staff at SIH Community Benefits and we are committed to working collaboratively with Bi-County Health Department and other agencies through the Franklin Williamson Healthy Communities Coalition to carry out the plans and action steps to have a positive impact on the health status of area residents.

Thank you for the opportunity to serve on this year's Community Health Committee and I look forward to the future work to be accomplished.

Sincerely,

Angie Bailey, MPH, MEd, CHES
Community Benefits Manager



CENTERSTONE

November 2, 2016

Mrs. Carrie Eldridge
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Mrs. Eldridge,

I was pleased to serve on the Community Health Committee for Bi-County Health Department's planning process this year. It was an opportunity to review current local health data compared to state and national data and discuss the needs of area residents with other community and health professionals representing a variety of agencies. Having access to current data is helpful to Centerstone.

It is always interesting to hear the perspectives of other agency professionals and the meetings offered an opportunity for us to share information and learn from each other about problems and resources in our service area. The result of the Committee's work identified three health problems impacting area residents which will allow us to have a focus for future work and sets the stage for multi-agency collaboration on activities and events to impact on these health issues. The final written plan will be shared with key staff at Centerstone and we are committed to work collaboratively with Bi-County Health Department and other agencies to carry out the plans and action steps to have a positive impact on the health status of area residents.

Thank you for the opportunity to serve on this year's Community Health Committee.

Sincerely,

Jean Alstat
Director of Crisis and Community Services



SHAWNEE HEALTH SERVICE

A Non-Profit Organization Serving Southern Illinois Since 1972

109 California Street
P.O. Box 577
Carterville, IL 62918-0577
Phone (618) 985-8221
Fax (618) 985-6860

November 23, 2016

Ms. Carrie Eldridge
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Re: Letter of Support

Dear Ms. Eldridge

I would like to express my support for the needs assessment and community health plan process recently undertaken by the Franklin-Williamson IPLAN committee. The committee represented a variety of community representatives from both Franklin and Williamson Counties and I was privileged to be a part of this important process. This needs assessment is very pertinent to Shawnee Health Service and Development Corporation and our network of Community Health Centers in Williamson and Jackson counties.

Having the opportunity to view the relevant socio-economic and health data of our counties and then to be able to openly discuss the needs of the community was a valuable experience. Also thought provoking and valuable was being a part of the selection of the leading health problems in the counties. Although difficult to narrow down, I believe those that were selected by our group are relevant and worthy of addressing over the coming years.

Thank you for the opportunity to serve on the IPLAN Committee. I look forward to seeing the plan implemented and anticipate positive outcomes.

Sincerely,

A handwritten signature in cursive script that reads "Connie Favreau".

Connie Favreau, R.N., B.S.N.
Project Development/ Compliance & Risk Management



JOHN A. LOGAN COLLEGE
700 Logan College Road
Carterville, Illinois 62918

November 22, 2016

Mrs. Carrie Eldridge
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Mrs. Eldridge:

I would like to express my support for the needs assessment and community health plan process recently undertaken by the Franklin-Williamson IPLAN committee. The committee represented a variety of community representatives from both Franklin and Williamson Counties and I was privileged to be a part of this important process.

Having the opportunity to view the relevant socio-economic and health data of our counties and then to be able to openly discuss the needs of the community was an eye-opening and valuable experience. Also thought provoking and valuable was being a part of the selection of the leading health problems in the counties. Although difficult to narrow down, I believe those that were selected by our group are relevant and worthy of addressing over the coming years.

Thank you for the opportunity to serve on the IPLAN Committee. I look forward to seeing the plan implemented and anticipate positive outcomes.

Sincerely,

Greg Stettler
Director of Continuing Education

DIRECT EXTENSION ACCESS: (618) 985-2828 or 457-7676
OPERATOR: (618) 985-3741, 549-7335, 542-8612, 937-3438, TTY 985-2752
WEB SITE: <http://www.jalc.edu>

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