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May 9, 2022

Director, Illinois
Department of Public Health
535 West Jefferson Street
Springfield, IL 62761

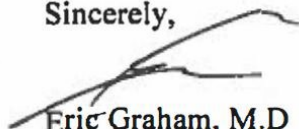
Dear Director:

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 9, 2022.

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

2022-2027

Community Needs Assessment & Community Health Plan

August 12, 2022

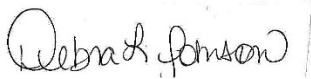
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This report was prepared by Debi Johnson, Director of Health Education at Franklin-Williamson Bi-County Health Department. It is prepared for the health department to meet their compliance requirement for Certification as a Local Health Department 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.



Debra Johnson
Director of Health Education

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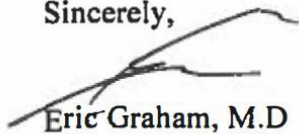
February 28, 2022

IPLAN Administrator
Illinois Department of Public Health Division
Of Health Policy
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Springfield, IL 62761

To IPLAN Administrator:

This letter is written to inform you that the administrator of Franklin-Williamson Bi-County Health Department, Kevin Kaytor, has informed the Health Department Board of Health that the Organizational Capacity Assessment for Bi-County has been completed. Mr. Kaytor summarized the results of the health department's Organizational Capacity Assessment and the identified strengths and weaknesses, along with the plan to address the weaknesses to the Board at the February 28, 2022, Board of Health meeting.

Sincerely,



Eric Graham, M.D
President, Board of Health

Executive Summary

This is the sixth 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, 2012, 2017 and 2022.

The Illinois Project for Local Assessment of Needs (IPLAN) process is accomplished through a community wide effort to look at general indicators of healthstatus 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 areas are 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, is declining in recent years. Williamson County's population continues to rise, as the state population is declining.
2. The poverty rate estimates for each county are higher than the state and Franklin County is higher than the nation. The estimate for children under 18 living in poverty is 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 is higher than state and Franklin is lower than state.
6. The median household income for both counties is well below the state and national median.
7. Unemployment rates for Williamson County is lower than state and Franklin County rate is higher than state.

General Health, Access to Care and Sentinel Events

1. Crude mortality rates for Franklin County are higher than the state rate and Williamson County is lower than the state rate.
2. The leading causes of death for the two counties are comparable to Illinois for years of 2018-2020 and 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 Franklin County.
4. Both crude and premature motor vehicle accidents mortality rates are higher than the state for both counties.
5. Malignant neoplasms and heart disease is leading contributor to years of potential life lost for Franklin and Williamson Counties. Chronic lower respiratory disease, accidents, and cerebrovascular disease are also among the five leading contributors for both counties.
6. There are significantly fewer primary care providers in Franklin County compared to the state. Williamson County there are more primary care providers compared to the state.
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 Franklin County than Williamson County due to influenza and pneumonia.
9. Franklin and Williamson Counties far surpass the state and the US rate for all cancers.
10. The 2022 County Health Rankings report indicates the health of Franklin County residents ranks poorly and Williamson County is average compared to residents of all other Illinois counties.



Maternal and Child Health

1. The percentage of pregnant women with adequate prenatal care is higher in both counties than the state and passes the Healthy People (HP) 2030 goal. Percent of women with adequate prenatal care in Franklin County is 81% Williamson Co is 82%, both higher than state 76 percent. Healthy People 2030 target is 80.5%.
2. The infant mortality rate in Williamson and Franklin County is higher than the state. However, both counties and the state are higher than the HP 2030 goal.
3. The percentage of low-birth-weight babies born to mothers in the two counties comparable to the state. Franklin County's percentage of very low birth weight babies is lower than those for Williamson County and the HP 2030 goal.
4. A significantly higher percentage of pregnant women smoke in the two counties than in the state. Franklin & Williamson County combined were at 38 percent while State was at 13 percent Franklin and Williamson County is significantly higher than the 2030 goal of 4.3 percent.
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. No new data currently due to program switch to IWIC.

Chronic Disease

1. Malignant neoplasms and heart disease are the leading cause of death in Williamson and Franklin County and are the leading cause of hospitalizations.
2. Heart disease mortality rates for Williamson County are higher than Franklin County and the state and is a leading cause of hospitalizations and death for both counties.
3. The crude cerebrovascular disease mortality rates are higher for Williamson County than Franklin County, and the state. Cerebrovascular disease is also a leading cause of hospitalization and death for both counties.
4. Of the county residents who responded to the BRFS, the percentage reporting having high blood pressure and high cholesterol are higher than for Illinois and considerably higher than the HP 2030 goals
5. Diabetes percentage for both Franklin and Williamson County are equal to the state percent. It has also been one of the causes 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. The crude mortality rate due to lung cancer for Franklin County has risen above that of Williams County and Illinois.
7. 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.
8. Franklin County has a higher breast cancer death rate for women than Williamson County, the state, the US and the HP 2030 goal.
9. 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 round 5, 2010-2014 report as ever having a mammogram, and more than half of those surveyed reported having a mammogram during the past year.
10. 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 are lower than the state of Illinois. 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 round 5, 2010-2014 indicates that more than half (63.7%) of men surveyed had undergone a PSA test.

11. 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.
12. The death rates for colorectal cancer are higher in Franklin and Williamson Counties than the state, and HP 2030 goals.
13. 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).
14. Mental disorders remain a leading concern for Franklin and Williamson County and most importantly there is a shortage of mental health professionals.

Infectious Disease

1. Chlamydia and gonorrhea infections continue to steadily rise in both Franklin and Williamson Counties. This reflects a national trend. Encourage screening and testing with community partners. Continued education in the community and outreach for rates to plateau with goal of a reversal of trend.
2. Although cases appear low, continued surveillance of TB infection is a necessity to contain the disease. 4 active TB cases for FY21 in Williamson County. Continued surveillance for TB disease.
3. HIV/AIDS - encourage testing. Make high risk populations aware of Prep and risk reductions through immunizations. Refer for services for those who do have the virus. 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 round 6, 2015-2019 results indicate 43.7% of both counties residents report having a flu vaccination and 33.9% having a pneumonia vaccine.

Environmental/ Occupational Health and Injury Control

1. Motor vehicle mortality rates are 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 115 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:

- mental/behavioral health
- obesity
- diabetes
- heart disease/stroke
- cancer

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. Mental/Behavioral Health:
Depression and Drug Abuse
Focus



2. Obesity Focus



3. Chronic Disease: Diabetes,
Heart Disease, Stroke, Cancers,
and Respiratory Disease Focus

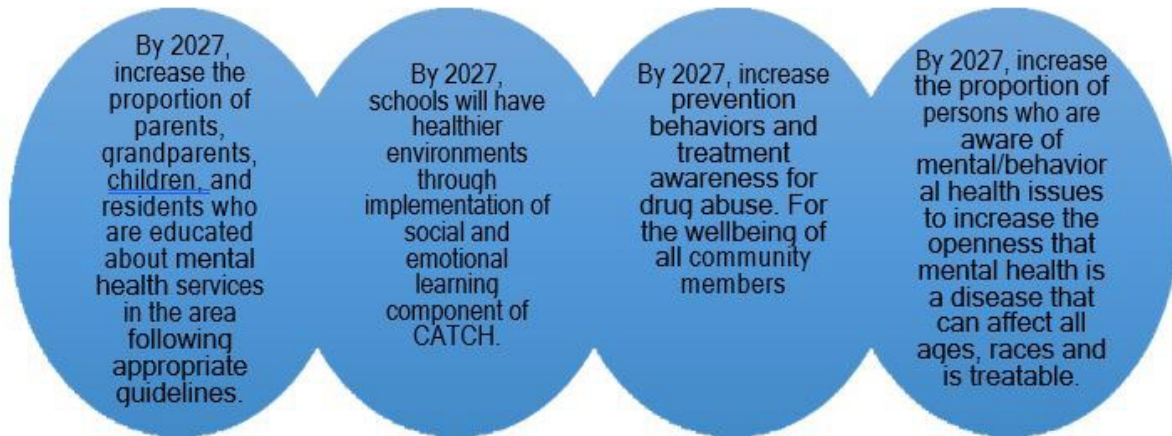
Objectives and Intervention Strategies:

As Defined in the Community Health Plan

Priority Health Problem One:

Mental/ Behavioral Health- Depression & Drug Abuse Focus

Outcome Objectives Adults, Children and Adolescents



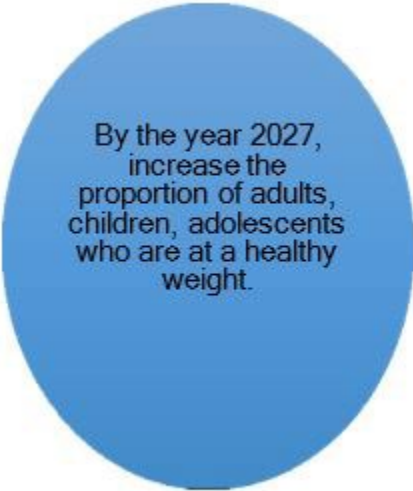
Intervention Strategies

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

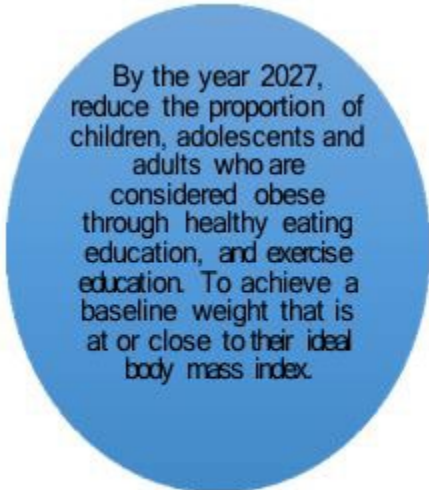
- Staff will work with SIU Center for Rural Health and Social Service Development to contact CATCH schools offering technical assistance in the development of school wellness policies that address emotional health and trauma.
- Actively participate and support the mental/behavioral health work conducted by Franklin - Williamson, and Jackson County Access to Care Team.
- Support efforts of local primary care practices, FQHC and local mental/behavioral health providers in the collaboration of services to provide appropriate care for individuals and families needing mental health intervention and treatment.
- Work with Centerstone, who is one of the leaders in drug abuse and mental/behavioral health in our counties, and other community partners to enhance awareness, prevention, and treatment. Including but not limited to support groups, non-medication and medication assisted treatments and health fairs, conferences/educational events.

Priority Health Problem Two: Obesity Focus

Outcome Objectives Adults, Children and Adolescents



By the year 2027,
increase the
proportion of adults,
children, adolescents
who are at a healthy
weight.



By the year 2027,
reduce the proportion of
children, adolescents and
adults who are
considered obese
through healthy eating
education, and exercise
education. To achieve a
baseline weight that is
at or close to their ideal
body mass index.

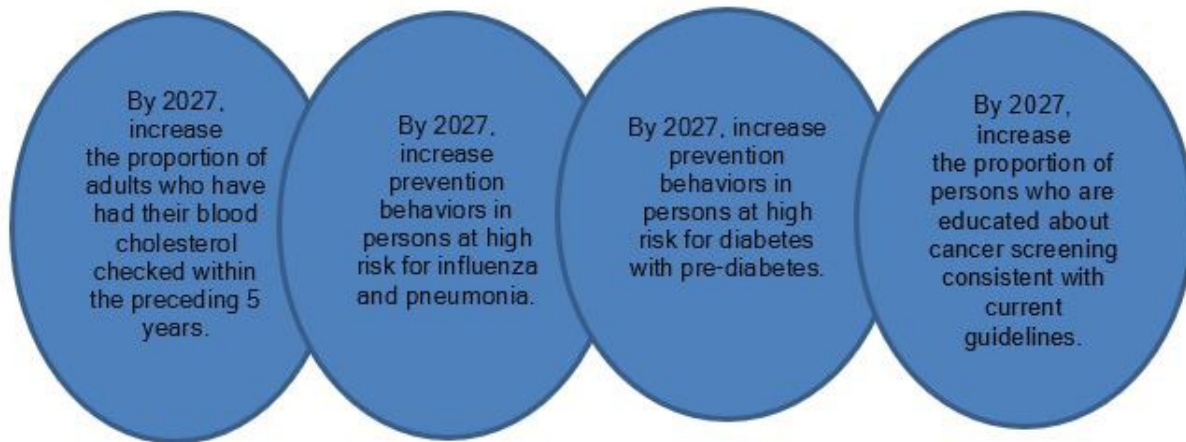
Intervention Strategies

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

- Promote the local Farmer's Markets, Food Banks, Summer Camps, WIC, and School CATCH program.
- Work with community partners to educate on what the Body Mass Index is and how it is calculated to promote healthy eating and exercise in our counties.
- 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.
- Work with local restaurants, grocery stores and farmers to buy and sell fresh healthy locally grown produce.
- Help schools establish school wellness policies that address coordinated school health, including nutrition and daily physical education.
Train schools to become CATCH schools.

Priority Health Problem Three: Chronic Disease- Diabetes, Heart Disease, Stoke & Cancer Focus

Outcome Objectives Adults, 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:

- 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.
- Promote the COVID-19 vaccine, booster doses and treatment through local, state, and federal partners. Utilizing social media and other platforms to educate community members.
- Work closely with local healthcare and community partners to develop support groups and education opportunities for selfcare and support for the family and/or caregiver.
- Promote through community partners and social media outreach over-the-counter technology and other technology that can be used by community members at home to monitor their daily vital signs.

Background & 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 2030 objectives and other state and local objectives. Healthy People 2030 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. The fifth IPLAN was completed in 2017. This sixth 2022 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, County Health Rankings, the National Cancer Institute and various other state and local data resources. The Community Health Plan used, in addition to this data, Healthy People 2030 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 fourteen members Community Health Committee. 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.

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Methods

The COVID-19 public health emergency pandemic has put great strain on community members, Bi-County and its community partners. The management staff of Bi-County began work on this IPLAN process in October 2021. 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 and the effects of the COVID-19 pandemic, it was decided that a total of two meetings would be held to complete the process. Each meeting would be conducted remotely 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 Debi Johnson, 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. Johnson initiated the process in a well-organized manner.

Committee members were contacted and first, and second, meetings were held in May 2022. The Community Health Needs Assessment and the Community Health Plan were completed and submitted to IDPH in August 2022. The first meeting consisted of an overview of the IPLAN process and a description of the community health committee's role. 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 second meeting consisted of presentation of the health problems survey results and selection of the three leading health problems. Also, during this meeting, further analysis of each health problem was completed. 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. 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 community assessments team 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 & 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 2020, while Williamson County has continued to fluctuate during those years. Franklin County 2020 population, 38,060 which is a decrease from 2015 of a population of 39,485. Williamson County 2020 population, 66,415 which is a decrease from 2015 of a population of 67,466. State 2020 population 12,587,530. Source: 2022 County Health Rankings, U.S. Census

Population 65 and Over

The 2020 percentages of the over 65 population in both counties is higher than the state and the nation. Source: 2022 County Health Rankings

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. Source: 2022 County Health Rankings

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. Percentage of the population under age 18 that is living below the poverty level Franklin County 21% and Williamson County 18%. Both are considerably higher than Illinois at 14%. Source: 2022 County Health Rankings, U.S. Census

Medicaid Enrollees and Supplemental Nutrition Assistance Program (SNAP)

The percent of people enrolled in Medicaid, Franklin County 39%, Williamson County 33%, State 27%. The percent who are Medicaid enrollees is higher in both counties than that of Illinois. Percent of households with children receiving SNAP benefits, Franklin County 33.8% Williamson County 21.1%, and state 38.3%. Franklin County is significantly higher than Williamson County. Both counties are lower than the state. Source IL Dept. of Healthcare and Family Services, 2022 County Health Rankings



High School Graduates

The Williamson County percentage of persons age 25+ who are high school graduates is 92% slightly higher than Franklin County at 89% and Williamson County is higher than Illinois at 90%. Source: 2022 County Health Rankings

Median Household Income

Based on the County Health Rankings 2022, 2020 data shows the *average* median household income for families in Franklin County \$49,800 and Williamson \$59,200 which is still well below the state at \$71,200. Source: 2022 County Health Rankings

Unemployment

The rate of unemployment has dramatically fluctuated in Franklin and Williamson Counties since 2012. Williamson County at 8.7 percent is lower than Franklin County at 10.5 percent and lower than the state at 9.5 percent. Franklin County is higher than Williamson County and the state. Source: 2022 County Health Rankings

General Health, Access to Care and Sentinel Events

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 2021 was 76.60 years a decrease of

2.26 years since 2019. Source DPH Illinois.gov

Total deaths for year 2020 for Franklin County is 614, Williamson County is 872 and the state total deaths was 132,701. Source DPH Illinois.gov

The top 10 leading causes of death in Illinois for 2020 were:

- Diseases of the heart
- Malignant Neoplasms
- COVID-19
- Accidents
- Cerebrovascular Disease
- Flu & Pneumonia
- Chronic lower respiratory disease
- Alzheimer's Disease
- Diabetes Mellitus
- Nephritis, nephrotic syndrome, and nephrosis

Source DPH Illinois.gov



The leading causes of death in **Franklin County** for 2013, 2014, 2016, 2020 were:

Source DPH Illinois.gov

	2013	2014	2016	2020
1.	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms	Diseases of the Heart
2.	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart	Malignant Neoplasms
3.	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	COVID-19
4.	Alzheimer's Disease	Diabetes	Accidents	Chronic Lower Respiratory Diseases
5.	Accidents	Cerebrovascular Disease (Stroke)	Cerebrovascular Disease	Accidents
6.	Septicemia	Alzheimer's Disease	Alzheimer's	Alzheimer Disease
7.	Cerebrovascular Disease (Stroke)	Accidents	Nephritis, Nephrotic Syndrome, & Nephrosis	Cerebrovascular Disease
8.	Diabetes	septicemia	Diabetes	Diabetes
9.	Nephritis, Nephrotic Syndrome, & Nephrosis	Nephritis, Nephrotic Syndrome, & Nephrosis	Septicemia	Influenza & Pneumonia

The leading causes of death in **Williamson County** for 2013, 2014, 2016, 2020 were:

Source DPH Illinois.gov

	2013	2014	2016	2020
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.	Chronic Lower Respiratory Diseases	Accidents	Chronic Lower Respiratory Diseases	COVID-19
4.	Accidents	Chronic Lower Respiratory Diseases	Cerebrovascular Diseases (Stroke)	Chronic Lower Respiratory Diseases
5.	Septicemia	Cerebrovascular Diseases (Stroke)	Accidents	Accidents
6.	Nephritis, Nephrotic Syndrome, & Nephrosis	Influenza & Pneumonia	Alzheimer's Disease	Cerebrovascular Diseases (Stroke)
7.	Cerebrovascular Diseases (Stroke)	Alzheimer's Disease	Nephritis, Nephrotic Syndrome, & Nephrosis	Nephritis, Nephrotic Syndrome, & Nephrosis
8.	Influenza & Pneumonia	Nephritis, Nephrotic Syndrome, & Nephrosis	Septicemia	Influenza & Pneumonia
9.	Alzheimer's Disease	Suicide	Diabetes	Alzheimer's Disease
10.	Diabetes	Septicemia	Influenza & Pneumonia	Diabetes

Suicides

The suicide rate per 100,000, for Franklin County for 2016-2020 is 22 and is higher than the rate of 14 for Williamson County or Illinois rate of 11. Source: 2022 County Health Rankings

Motor vehicle accidents Mortality

Mortality rates per 100,000, Franklin County 22, Williamson 16, and the state 9. Mortality rates are higher for the two-county area than the state. Source: 2022 County Health Rankings

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. Premature age adjusted mortality per 100,000, Franklin County 10,000, Williamson County 7,400, and the state 7,100. Both Franklin and Williamson County are higher than the state. Source: 2022 County Health Rankings

2020 Contributors to Years of Potential Life Lost

<u>Franklin</u>	<u>Williamson</u>	<u>Illinois</u>
Accidents	Accidents	Accidents
Motor Vehicle Accidents	Malignant Neoplasms	Assault
Malignant Neoplasms	Motor Vehicle Accidents	Diseases of heart
Diseases of the Heart	Respiratory Disease	Malignant neoplasms
Suicide	COVID-19	Suicide
Cirrhosis of the Liver	Suicide	COVID-19
COVID-19	Cerebrovascular Disease	Cirrhosis of the Liver
Respiratory Disease	Disease of the Heart	Diabetes
Diabetes	Diabetes	Cerebrovascular Disease
Cerebrovascular Disease	Cirrhosis of the Liver	Congenital Malformations

Source: 2022 County Health Rankings, DPH.illinois.gov

Access to Care: Healthcare Coverage

Healthcare Provider

The 2015-2019 round 6 BRFSS indicates that for Franklin and Williamson County combined, 85% of those surveyed have a usual person as a Health Care Provider (HCP) compared to 79.7% in Illinois. Both Franklin and Williamson County combined have surpassed the Healthy People 2030 goal of 84%. Source: idph.state.il, BRFSS

Uninsured

The number of uninsured persons within Franklin 8% and Williamson County 7% in 2019. Both counties had a smaller number of uninsured persons compared to the state of Illinois which had 9%. Source: 2022 County Health Rankings

Primary Care Physicians

The ratio of primary care physicians to patients. Franklin County ratio 2,750:1, Williamson County 1,130:1 ratio and the state of Illinois 1,230:1 ratio. Source: 2022 County Health Rankings

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. The ratio of mental health providers to patients. Franklin County's ratio 140:1. Patient to mental health provider ratio is better than Williamson County at 340:1 and Illinois at 370:1. Source: 2022 County Health Rankings

Oral Health

The ratio of oral health providers to patients. Franklin County 2,540:1 and Williamson County 1,660:1 oral health provider to patient ratio is well above the state of Illinois 1,220:1. Source: 2022 County Health Rankings

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. For 2020 influenza and pneumonia combined deaths for Franklin County is 14, Williamson County 22 and the state 2,430 there is a slightly higher rate of deaths due to influenza and pneumonia in Williamson County than the Franklin County. Source: IDPH

2015-2019 BRFS data 43.7% of the residents surveyed in Franklin and Williamson County received their influenza shot compared to 61.1% of Illinois residents. Of the Franklin and Williamson County residents who were surveyed, 39.3% reported ever receiving a pneumonia vaccination and state 69%. Source: IBRFS

Cancer

Cancer is the second leading cause of death in the United States. There were 24,020 cancer deaths in 2020 in the state. In the U.S for 2020, there were 602,350 cancer deaths; 284,619 were among females and 317,731 among males. For 2022, an estimated 1.9 million new cases of cancer will be diagnosed in the United States and estimated 609,360 people dying from the disease. For Franklin-Williamson County residents responding to the 2015-2019 round 6 BRFS Franklin and Williamson County that have been told have cancer was 12.6%, and state percent was 11.5%. Source: CDC.gov, Cancer.org, IBRFS Round 6

Breast Cancer

In the US for year 2022 an estimated 287,850 new cases of breast cancer and an estimated 43,250 deaths from breast cancer. Five-year survival rate of 90.6% between years 2012-2018. 2014-2018, Franklin County incidence rate per 100,000, Situ breast cancer rate is 20.2 and Williamson County 16.1 and the state rate 32.2. Franklin County breast cancer age-adjusted incidence rate per 100,000 is 124.3 and Williamson County 120.7. Franklin County's breast cancer age-adjusted incidence rate has exceeded Williamson County. The States breast cancer age-adjusted incidence rate per 100,000 is 133.7. Sources: National Cancer Institute, IDPH Cancer in Illinois

Prostate Cancer

2014-2018 Incidence age-adjusted Rates per 100,000 Franklin County 108.8, Williamson County 102, and state 111.5. There are a higher number of men in Franklin County being diagnosed with prostate cancer than in Williamson County. Cases are lower in both counties than state. Sources: National Cancer Institute, IDPH Cancer in Illinois

Lung /Bronchus Cancer

Incidence Age-adjusted Rates per 100,000, 2014-2018, Franklin County 123.1, Williamson County 98.1 and state 71.8, Both Franklin and Williamson Counties' incidence rates of lung/bronchus cancer were greater than the state of Illinois. Source: National Cancer Institute, IDPH Cancer in Illinois

Colon/Rectum Cancer

Incidence Age-adjusted Rates per 100,000, 2014-2018, Franklin County male 58.4, female 36.3, Williamson County male 60.5, female 41.8 and state male 48.7, female 36.6. Williamson County incidence rates for both male and female are higher than state.

Source: National Cancer Institute, IDPH Cancer in Illinois

Leading Causes of Hospitalization; DataQ4 of 2014 and Q1,2,3 of 2015

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

Source: idhp.illinois.gov

Franklin
Heart Disease
Newborn
Delivery
Mental Disorders
Pneumonia/Influenza
Infection - Septicemia
Stroke
Injury
Urinary Dis. - Other
Cancer

Williamson
Heart Disease
Newborn
Delivery
Infection - Septicemia
Mental Disorders
Pneumonia/Influenza
Injury
Urinary Dis. - Other
Stroke
Rehabilitation

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 2022. 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.

County Health Rankings 2022: Illinois		
	Franklin	Williamson
Health Outcomes:	94	50
Health Factors:	98	58

County Health Ranking 2022: Outcomes		
	Franklin	Williamson
Length of Life	92	39
Quality of Life	92	66

County Health Ranking 2022: Health factors		
	Franklin	Williamson
Health Behaviors:	95	52
Clinical Care:	96	55
Social & Eco Factors:	96	63
Physical Environment	53	44

** The County Health Rankings 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.

Maternal & Child Health

Maternal Health

Live Births

The number of live births for Franklin County from 2019 was 436 and the number for Williamson County was 719 (IDPH 2019 Birth Statistics). These figures have slightly decreased from the previous year data figures for both counties. The number of live births in 2018, Franklin County 477 and Williamson County 739 (IDPH 2018).

Prenatal Care

The percentage of pregnant women who begin prenatal care in the first trimester in Franklin County is 80.5%, and Williamson County 82%. Percentage is higher in both counties than the state at 76% (IDPH 2019 Birth Statistics) and is right on target for the HP 2030 goal of 80.5%. Adequate prenatal care in both counties surpasses the state percentage level. Source: IDPH Birth Statistics 2019

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 estimated Franklin County rate is 6.7% and Williamson County rate is 6.5% and the state rate is 6.3%. Both counties are higher than the state rate. Source: Voices for Illinois Children

The percentage of low birth weight babies born in Franklin County is 6.9% and Williamson County is 8.8% and state is 8.4%. The percentage of very low birth weight babies born in Franklin County is 1.3%, Williamson County is 0.8%, and the state is 1.4%. Source: IDPH Birth Statistics 2019

Percent of Births to Teens/Teen Birth Rate

1.6 percent of all 2019 births in Franklin County and Williamson County 0.8 % were to teens less than 18 years old. Franklin County is higher than the percent of birth to teens in Williamson County and that of the state's 4.2%. The average teen birth rate for Williamson County and Franklin County is lower than the state. Source: IDPH Birth Statistics 2019

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 5 ug/dl is an elevated blood lead level by the federal government. For all children tested at greater or equal to 5 ug/dl Williamson County is at 0.5% and Franklin County is 1%. State is at 1.9% Source: Illinois Lead Program 2019 Annual Surveillance Report

Child Abuse

Kids Count 2012-2014 data how many children were abused and neglected rate per 1000, for Franklin County is 17.3, and Williamson County is 17.7. One child abused is to many. Source: Kids Count Data Center 2012-2014

Childhood Obesity

WIC data shows a decline, from 15.9 percent to 14.4 percent in obesity rates for children ages 2 to 4 enrolled in the WIC program between 2010 and 2018. During the COVID-19 pandemic, the national rate of obesity among kids ages 2 to 19 increased to 22.4% in 2020, up from 19.3% in 2019. In the U.S., childhood obesity alone is estimated to cost \$14 billion annually in direct health expenses. Source: state of childhood obesity

	% 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 SurveillanceSystem, 2003-2004 (Illinois Kids Count, 2007 Data Book)						

Chronic Disease

6 in 10 people in the US live with one chronic disease and 4 in 10 live with 2 or more chronic diseases. The Leading causes of death and disability and leading drivers of the nation's \$3.8 trillion in annual health care costs. These diseases affect the quality of life. 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, excessive alcohol use 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. Source: CDC

Mortality and Morbidity

All heart disease deaths for year 2019 death rate per 100,000, Franklin County 122.6, Williamson County 115.40, and Illinois 171.4. Franklin County's rate is higher than that of Williamson County. Both the county rates are lower than the state. A considerable percentage of deaths are to people under age 65 and both counties premature death rates are higher than the Illinois rate. Source: CDC

Cerebrovascular disease ranks fifth among the leading causes of death in the U.S. and the state. A proximately 160,264 people will die from a 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. Stroke death rate per 100,000 for Williamson County is 15.9, Franklin County 18.4 and the state 42.3. Franklin County has a higher death rate due to stroke/cerebrovascular disease than Williamson County. The majority of these deaths are also attributed to those over age 65. Source CDC

Diabetes

The percentage of county residents responding to the BRFSS, round 6 data, who report everbeing told they have diabetes, is 12.7% for Franklin and Williamson Counties combined, compared to 11.3% of Illinois residents who responded to the survey. Diabetes is one of the leading causes of death for Franklin County and Williamson County. Source IBRFS

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 dividewithout control and are able to invade other tissues. There are over 100 types of cancer. 2020 crude mortality data Franklin County had 101 cancer deaths, Williamson County had 164 cancer deaths and the state 24,020 cancer deaths. Source IDPH.

Smoking

There were 25.8% of Franklin and Williamson County residents, combined, who responded to the BRFs, Round 6 data, who reported being a current smoker and 23.6% who reported being a former smoker. 14.5% 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. Source: BRFs round 6 2015-2019

Lung/Bronchus Cancer Mortality Rates

The greatest risk for lung cancer is duration and quantity of smoking. The lung and bronchus cancer age adjusted death rate per 100,000 to lung cancer for Franklin County 57.4 is higher than Williamson County death rate of 47.6, Illinois 39.2 and the U.S. at 36.7. Source: statecancerprofiles.cancer.gov

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. 2015-2019, death rate per 100,000, Franklin County 17.5, Williamson 19.6, Illinois 18.9, for the US 18.9. Williamson County death rate is higher than Franklin, state, and U.S.. Source: statecancerprofiles.cancer.gov, seer.cancer.gov

As indicated in the round 5 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 for Franklin and Williamson County combined. Source round 5 BRFs

Breast Cancer Mortality Rates

With breast cancer being the second leading cause of death and the leading 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. Death rate per 100,000, Franklin County 18.3, Williamson County 23.2, Illinois 20.9, and U.S. 19.9. Williamson County rate is higher than Franklin County, Illinois, U.S., and all are above the Healthy People 2030 goal of 15.3. Source: statecancerprofiles.cancer.gov, Healthy People 2030

The percentage of women age 40 and over who responded to the round 5 BRFs 201-2014 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%. Source: IBRF Round 6

Colo-rectal Cancer Death Rate

With colorectal cancer being one of the leading causes of cancer-related deaths in the United States, 2020, 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 per 100,000 for Franklin County 14.1, Williamson County 17.7, Illinois 17.3, and the U.S. 16. Williamson County is higher than Franklin, state, and the U.S. Source: statecancerprofiles.cancer.gov

Additional Health Data

Residents of both Counties reported that their physical was not good during designated periods of time 1-7 days, 23.7% or 8-30 days, 24.8%, and state 1-7 days, 23% or 8-30 days, 14%. Source: round 6 BRFS

Residents of both Counties reported that their mental health was not good during designated periods of time 1-7 days, 17.5% or 8-30 days, 17.7%, and state 1-7 days, 23% or 8-30 days, 17%. Source: round 6 BRFS

For any physical activity reported in past 30 days for both counties were 61.1% and Illinois was at 74.4%. Indicating both counties are below Illinois for physical activity. Source: round 5 BRFS

2022 County health Rankings, food insecurity Franklin County is at 16%, Williamson County 13% and state is at 10%. Both counties are higher than state. Source: 2022 County Health Rankings

Being Obese (or even just overweight) is a 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. Franklin County obesity is reported to be 37%, Williamson County 36% and the state 10%. Both counties are higher than state. Source 2022 County

Infectious Disease

In the United States it is estimated there were: Nearly 68 million STIs on any given day in 2018 (prevalent STIs). 26 million newly acquired STIs in 2018 (incident STIs). Nearly one in two incident STIs were acquired by people aged 15 to 24 years old. Nearly \$16 billion in direct lifetime medical costs resulting from STIs acquired in 2018. Source: CDC

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. Source: CDC

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. Source: IDPH

Sexually Transmitted Infections (STIs)

The average incidence rates per 100,000 for chlamydia, Franklin County 97.4, Williamson County 104.4, and state 324.3. Both counties are lower than state. Gonorrhea Franklin County 20.5, Williamson County 22.8, and state 199.4 Both counties are lower than state rates. Williamson County had higher rates of gonorrhea and chlamydia within the respective years. Source: Data.Illinois.gov

HIV/AIDS

County health rankings 2022, 2019 HIV data Franklin County is 29 cases or 89 per 100,000. The number for Williamson County is 54 cases or 96 per 100,000. For Illinois, the rate is 336 cases per 100,000. Both counties' rates are lower than the state rate. Continued surveillance. Source: Data.Illinois.gov

Tuberculosis (TB)

4 active TB cases for Williamson County over the past year. Continued surveillance for TB disease. Source: Bi-County

Influenza and Pneumonia

Influenza and pneumonia appear as leading causes of hospitalizations and deaths for both counties. Respondents to the round 6 BRFS both counties combined who report receiving a flu vaccination is 43.7% in past 12 months and ever receiving pneumonia vaccination 39.3% and state flu vaccination 61.1% in past 12 months and ever receiving a pneumonia vaccination 69%. Indicating the need to increase the number of residents of both counties that receive the flu and pneumonia vaccination. Source IBRFS round 6

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 – Behavioral Health: Depression/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/Mental 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/mental 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/mental health among children, youth, and adults.

A more detailed description of the community health plan for combating depression and 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. 	<ul style="list-style-type: none"> ▪ By 2027, 100 new students will be educated about behavior/mental health services in Franklin and Williamson County. <p>Baseline: TBD</p> <p>MHMD-03 Increase the proportion of children with mental health problems who get treatment.</p> <ul style="list-style-type: none"> ▪ By 2027, 10 new K-8 schools will have healthier environments through implementation of social and emotional learning component of CATCH <p>Baseline: TBD</p> <p>MHMD-01 Reduce the suicide rate.</p> <ul style="list-style-type: none"> ▪ By 2027, Increase the proportion of adults with serious mental illness who get treatment. <p>Baseline: TBD</p> <ul style="list-style-type: none"> ▪ MHMD-04 Increase the proportion of adults with serious mental illness who get treatment.

<u>Risk Factor(s):</u>	<u>Impact Objective(s):</u>
<ul style="list-style-type: none"> ▪ Environmental components ▪ Biological ▪ Low socioeconomic status 	<ul style="list-style-type: none"> ▪ By 2024, 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 2024, 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 2024, increase the number of primary care practices that utilize a Prescription Monitoring Program. <p>Baseline: To be determined</p> <ul style="list-style-type: none"> ▪ By 2024, increase the number of adults that receive mental health treatment. <p>Baseline: To be determined</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 ▪ 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 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ▪ Low public awareness of existing services ▪ 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 BRFs and County Health Ranking data for reports on mental health data.

PRIORITY TWO 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 County residents ranks poorly compared to residents of all other Illinois counties. Williamson County ranks in the middle. 	<p><u>Outcome Objective(s):</u></p> <p><u>Adults</u></p> <ul style="list-style-type: none"> ▪ After the year 2027, 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 2027, reduce the proportion of adults in Franklin and Williamson counties who are obese to 50% ▪ Baseline: Franklin and Williamson Counties 66.5% Source: ICHS, IDPH 6th Round BRFS 2015-2019 <p>NWS-03 Reduce the proportion of adults with obesity</p> <p><u>Children and Adolescents</u></p> <ul style="list-style-type: none"> ▪ After the year 2027, reduce the proportion of children in Franklin and Williamson County who are considered obese to no more than 15%. Baseline: TBD <p>NWS-04 Reduce the proportion of children and adolescents with obesity.</p>
<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 2024, 2 additional health department staff will receive diabetes self-management program training. Baseline: 1 staff trained By 2024, 2 additional health department staff will receive chronic disease self-management program training. Baseline: 1 staff trained ▪ By 2024, 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 64.4%</p> <p>Source: ICHS IDPH 6th Round BRFSS 2015-2019</p> <p><u>Children</u></p> <ul style="list-style-type: none"> ▪ By 2024, 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.</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 70 by 2024. <p>Baseline: Franklin and Williamson County 61.1%</p> <p>Source: ICHS IL 6th round counties Behavioral RiskFactor Survey, 2015-2019</p> <ul style="list-style-type: none"> ▪ The percentage of worksites offering employee sponsored physical activity and fitness programs will increase to 50%. ▪ Baseline: to be determined by survey
<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 BRFS and County Health Ranking data for reports on physical health data.

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

The chronic diseases that will be the focus of this IPLAN program period are heart disease, respiratory disease, stroke, 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) and 2022 County Health Rankings 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 and 2022 County Health Rankings, a significant proportion of Franklin and Williamson County residents report smoking on a regular basis. 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:

<u>Health Problem(s):</u>	<u>Outcome Objective(s):</u>
<p>Heart disease is the leading cause of death in Franklin County and Malignant neoplasms the leading cause of death in Williamson County. Both are leading cause of hospitalizations in both counties.</p> <p>The crude cerebrovascular disease mortality rates are higher for Williamson County than Franklin County, the state and HP 2030. Cerebrovascular disease is also a leading cause of hospitalization and death for both counties.</p> <p>Of the county residents who responded to the BRFSS, the percentage reporting having high blood pressure 40.1% and high cholesterol 39.8% are higher than for Illinois 32.2% and 31.8% and considerably higher than the HP 2030 goals.</p> <p>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</p> <p>The death rates for lung cancer are higher in Franklin County and Williamson County than the state, U.S., and HP 2030 goals.</p>	<ul style="list-style-type: none"> ▪ By 2027, increase the proportion of adults in Franklin and Williamson County who have had their blood cholesterol checked within the preceding 5 years. Baseline: TBD <p>HDS-6 Reduce cholesterol in adults</p> <ul style="list-style-type: none"> ▪ By 2027, increase prevention behaviors in persons of Franklin and Williamson County at high risk for influenza and pneumonia. <p>IID-09 Increase the proportion of people who get the flu vaccine every year</p> <p>Increase the percentage of adults in Franklin and Williamson County who are vaccinated against pneumococcal disease Baseline: TBD</p> <ul style="list-style-type: none"> ▪ By 2027, increase prevention behaviors in persons at high risk in Franklin and Williamson County for diabetes with pre-diabetes. Baseline: TBD ▪ D-02 Reduce the proportion of adults who don't know they have prediabetes ▪ By 2027, reduce the overall cancer death rate. Increase the proportion of persons in Franklin and Williamson County who are educated about strategies to help quit smoking, eat healthy, get more physical activity, vaccines, screening procedures, and new treatments. Baseline: TBD <p>C-01 Reduce the overall cancer death rate.</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 2024, the percentage of adults in Franklin and Williamson County who get their cholesterol checked within the last 5 years will increase to 24%. Baseline: Franklin and Williamson combined: 18.5% Source: ICHS IDPH 6th Round County BRFs 2015-2019 <p>Flu and Pneumonia</p> <ul style="list-style-type: none"> ▪ The percentage of people in Franklin and Williamson County who receives an influenza shot will increase to 50%. Baseline: Franklin and Williamson County 43.7% ▪ The percentage of adults in Franklin and Williamson County who receives a pneumonia shot will increase to 44%. Baseline: Franklin and Williamson County 39.3% Source: ICHS IDPH 6th Round County BRFs 2015-2019
<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, food insecurity ▪ 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. • The number of physicians who receive tobacco cessation toolkits with training will be tracked.

References

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UDA Food and Nutrition <https://www.fns.usda.gov/>

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Kids Count Data Center <https://datacenter.kidscount.org/>

Nutrition, Physical Activity, and Obesity: Data, Trends and Maps <https://nccd.cdc.gov/>
CDC Healthy Schools <https://www.cdc.gov/>

IDPH Illinois Behavioral Risk Factors <http://www.idph.state.il.us/>

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<http://iys.cprd.illinois.edu/results/county-reports>,.

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What are Developmental Assets?, Search Institute, <http://www.search-institute.org/assets/>

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Appendices

A – Nominal Group Process for Selecting Priority Health Problems

B – Health Problem Analysis Worksheets

C – Community Survey

D – Terminology

E – Letters of Support

APPENDIX A

NOMINAL GROUP PROCESS FOR SELECTING PRIORITY HEALTH PROBLEMS

FOUR STAGES OF NOMINAL GROUP PROCESS

Bi-County Community Health Committee meetings were held remotely due to COVID-19. Nominal group process was followed as closely as possible.

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.

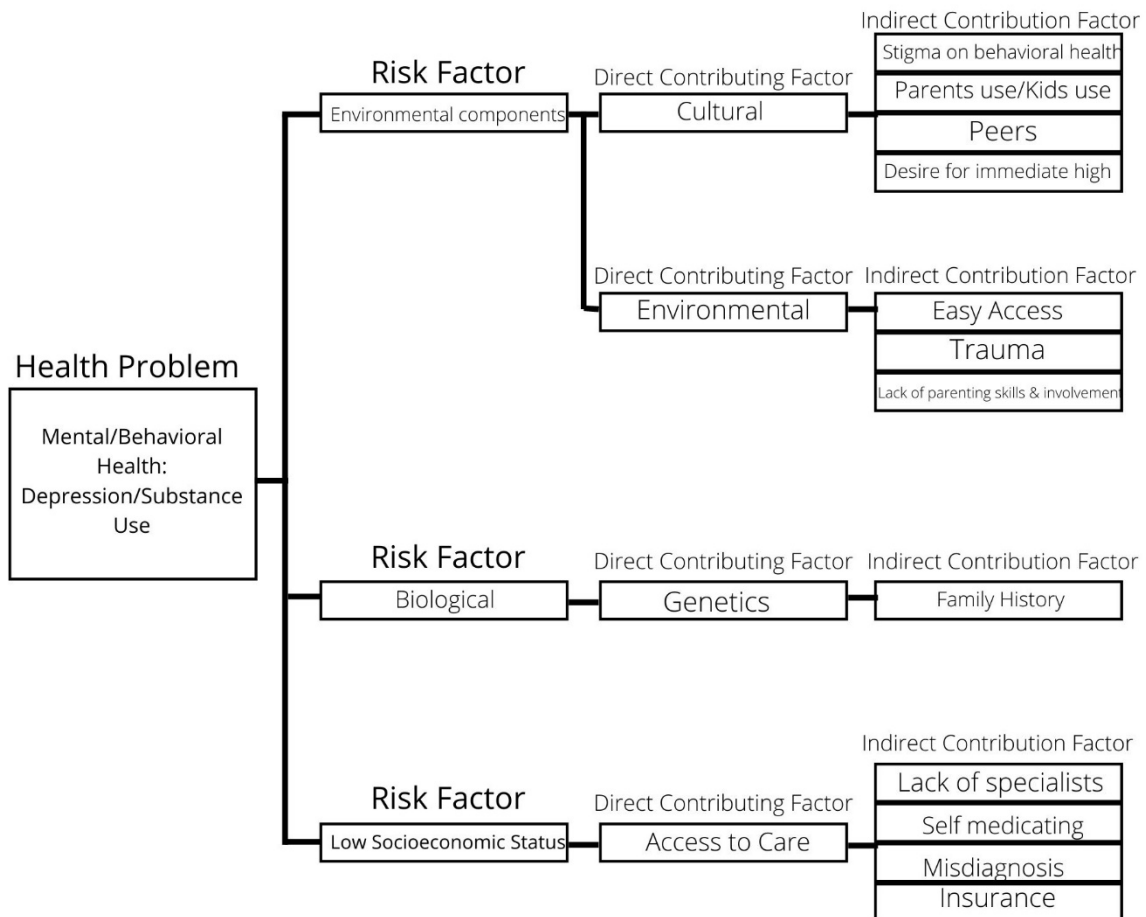
FYI: Supplies needed to complete the Nominal Group Process include water-based, felt-tip pens, a flip-chart, and masking tape. An appropriate table arrangement would be an open "U" with the flip-chart located at the open end.

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.

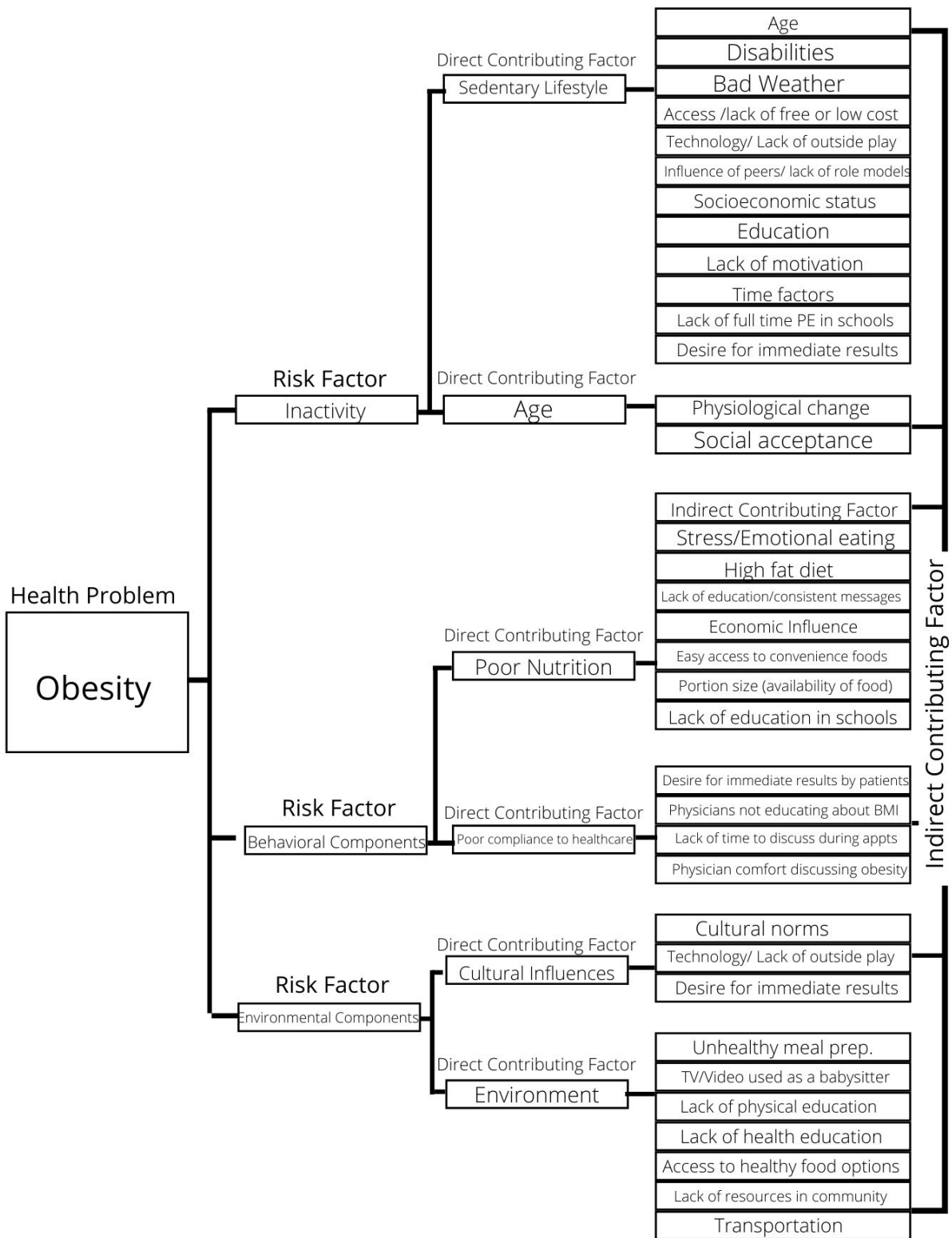
APENDIX B

Health Problem Analysis Worksheets

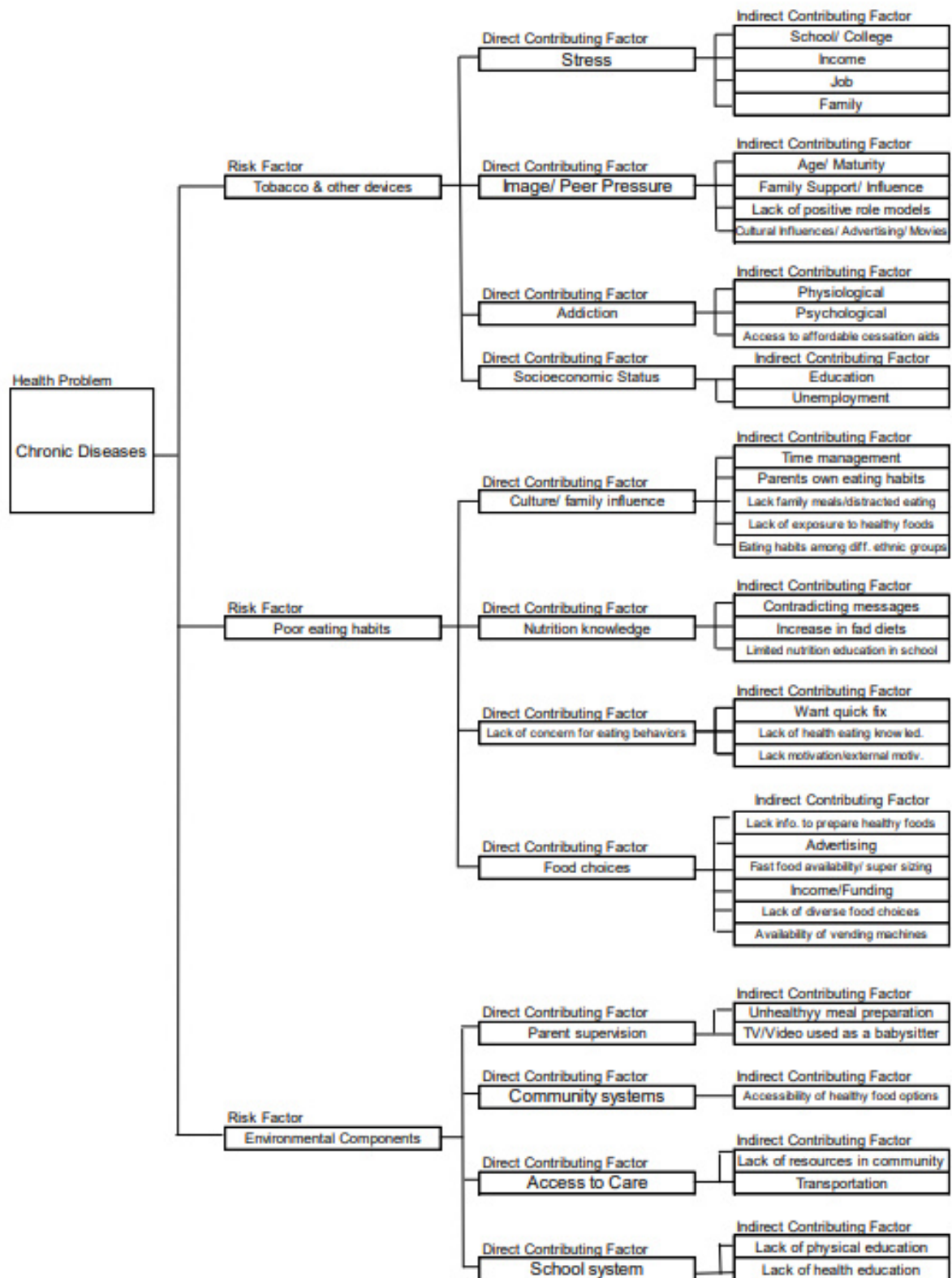
-Behavioral/ Mental Health: Depression/ Substance Use



-Obesity



-Chronic Diseases



APPENDIX C

Leading Health Problems: Community Survey

1. Please select the top 5 health issues in your community that should be addressed.

- | | |
|--|---|
| <input type="checkbox"/> access to health services | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> aging problems(e.g. , arthritis, hearing/vision | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Housing that is adequate, safe and affordable |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Infectious diseases (e.g., hepatitis, TB |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Lyme disease |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Mental health problems (depression, hopelessness, anger |
| <input type="checkbox"/> Covid | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Overweight/obesity |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Prescription drug abuse |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Rape/Sexual assault |
| <input type="checkbox"/> Gun- related injuries | <input type="checkbox"/> Respiratory/lung disease |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Tobacco use/E-cigarettes/vaping |

2. Please read the list of risk behaviors listed below. Which 3 do you believe are the most harmful to overall health of our community?

- | | |
|---|--|
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Tobacco use/E-cigarettes/vaping |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Unsafe sex (no form of protection/birth control) |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Distracted driving (texting, eating, talking on the phone) |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Not locking up guns |
| <input type="checkbox"/> Not receiving vaccinations to prevent disease | <input type="checkbox"/> Not going to regular health check -ups (dental, Primary care, etc.) |
| <input type="checkbox"/> Not using seatbelts/not using child safety seats | <input type="checkbox"/> Not seeing a doctor while you are pregnant |

3. What are the top 3 HEALTH issues impacting members of your household? Please list form 1 to 3 "1" being the most important.

- | | |
|----|----------------------|
| 1. | <input type="text"/> |
| 2. | <input type="text"/> |
| 3. | <input type="text"/> |

APPENDIX D- Terminology

APEX-PH- Assessment Protocol for Excellence in Public Health.

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)

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.

BRFS- Behavioral Risk Factor Survey. Survey conducted periodically by the Illinois Center for Health Statistics via telephone interviews with county residents 18 and over.

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.

CDC- Centers for Disease Control and Prevention. Based in Atlanta, Georgia.

Cardiovascular Disease- Disease affecting the heart or blood vessels.

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)

Community Health Committee- A committee created to work with a health department for community health assessment and the generation of a community health plan.

Crude Death Rate- Number of deaths during the year divided by the average (midyear) population (deaths per 1,000 population).

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.

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.

Diseases of the Heart- Diseases that affect the heart.

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

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

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.

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.

Healthy People 2030- U.S. Department of Health and Human Services (HHS), Science-based, 10-year national objectives for improving the health of all Americans.

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

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

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.

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.

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.

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

IPLAN- Illinois Project for Local Assessment of Needs.

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)

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.

Malignant Neoplasm- Cancerous disease.

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.

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.

Nephritis- Inflammation of the kidney.

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.

Premature Death Rate- Death rate that reflects deaths that occur before age

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 shortterm (usually 1 to 2 years) and measurable.

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

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.

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

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

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



CENTERSTONE

May 26, 2022

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

Dear Ms. Johnson:

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. Reviewing this current data is helpful to Centerstone. Additionally, the local needs assessment allows specific and unique planning for this region.

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 challenges 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 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 actions 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
Clinical Director
Centerstone

Delivering care that changes people's lives.

Alton • Anna • Carbondale • Carterville • Marion • West Frankfort • 1-877-HOPE123 (877-467-3123)
www.centerstone.org



June 7, 2022

Debi Johnson
Franklin-Williamson Bi-County Health Department
8160 Express Drive
Marion, IL 62959

Dear Ms. Johnson,

I was pleased to aid in 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 2021. The final written plan will be shared with key staff at SIH in the Community Benefits Department. 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 participate in this year's IPLAN process and I look forward to the future work to be accomplished.

Sincerely,

A handwritten signature in black ink that reads "Angie Bailey". The script is fluid and cursive.

Angie Bailey, MPH, MEd, CHES
System Director for Community Health

1239 East Main Street | PO Box 3988 Carbondale, IL 62902-3988

sih.net

Herrin Elementary School

Bobbi Heuring
Principal

5200 West Herrin Road
Herrin, Illinois 62948

Bryant Hale
Assistant Principal

May 30, 2022

Mrs. Debi Johnson,

It is my pleasure to serve on the Community Health Committee for Bi-County Health Department's planning process this year. I have been a school social worker at the Herrin Elementary School for 25 years and know the significance of the overall mental health of our children and families in the Southern Illinois Community.

Many of our children and families are on waiting lists for mental health services in Southern Illinois. We have seen a significant increase in the need for additional services over this past year. The lack of transportation, education and resources have been a consistent barrier to our community over the years. The current IPLAN is acknowledging this barrier and developing an action plan to break those barriers that are hindering our local families from receiving the mental health support they desire and need. I support the IPLAN's efforts in providing additional education and services in the area of mental health, obesity, and chronic disease as they are all three relative in the overall physical and mental health of each and every individual in our community.

Thank you again for the opportunity to serve on this year's Community Health Committee. I look forward to contributing my expertise to this committee in the area of providing appropriate mental health support systems to children and families within our Southern Illinois Community.

Sincerely,

Michelle D. Connell-Coriasco, MSW, MSED
Herrin Elementary School Social Worker
SIUC Graduate School Instructor