

**McDonough County
Illinois Project Local Assessment of Needs
(IPLAN)
2005-2010**

McDonough County Health Department

For
Illinois Department of Public Health
Springfield, Illinois

August 28, 2005

Priorities:

- 1. Heart Disease**
- 2. Obesity**
- 3. Unintentional Injuries-
Hip Fractures**

Focus Area:

- 4. Access to Care**

Acknowledgements

The McDonough County Health Department sincerely thanks the members of the Community Health Committee. They dedicated many hours to the community assessment process.

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I. STATEMENT OF PURPOSE

The purpose of the Community Health Needs Assessment is to identify health problems requiring attention. Analysis of current health problems, measuring objectives and the monitoring and evaluation of the new and existing programs will improve the health of McDonough County residents.

No one agency can address or resolve all the issues that face the County. The assessment will show where further cooperation between agencies could be useful to improve the health status of McDonough County residents.

II. COMMUNITY PARTICIPATION PROCESS

The community participation process involved several activities:

A. Behavioral Risk Assessment Telephone Survey

Illinois Department of Public Health (IDPH) conducted a random telephone survey to compile the ROUND 3 ICBRFS Data. This survey was used to identify current behaviors of McDonough County residents over 18 years of age.

B. Community Health Committee

The IPLAN Community Health Committee included prior IPLAN members (from IPLAN 1994 and 1999) as well as new volunteers. The previous by-laws remain in effect.

Eighty agencies/employers and business owners were invited to send representatives to the IPLAN meetings. Invitees included representatives from mental health organizations, University of Illinois Extension, social service organizations, medical community, law enforcement, Chamber of Commerce, media, Department of Human Services, local government, NAACP, faith community, economic development agencies, senior citizens, and other community groups.

McDonough County Health Department staff were also encouraged to attend the meetings. The general public was invited via press releases to the local newspapers and radio stations.

Eleven agencies sent representatives to the meetings. These agencies included: PACT Headstart, Early Beginnings, American Red Cross, Beu Health Center, McDonough District Hospital, Department of Community Health and Health Services Management (Western Illinois University),

University of Illinois Extension, McDonough County Health Department, New Parent Program, Mosaic, and Illinois Institute for Rural Affairs.

The meetings began April 11, 2005 and occurred every week. To date there have been seven meetings with the Community Health Committee (CHC). The group evaluated the previous IPLAN, current data, and community perceptions of health needs in the county. The Committee utilized the Nominal Group Process to select the health priorities.

Once the health priorities had been selected, the Committee worked on the risk factors, direct contributing factors, and the indirect contributing factors for each health priority. The Health Problem Analysis Worksheets, as found in APEX, were used for this step. The Community Health Plan Worksheets were then used to determine available resources and barriers.

The Community Health Committee will continue to meet monthly. The next meeting will be August 17, 2005 at 8:00 a.m. The Board of Health will be informed and consulted after each meeting.

III. METHODS

A. IPLAN Data

The IPLAN Data System Summary Report was used as a foundation for the data collection and analysis.

Limitations of IPLAN Data

- Small county population results in many statistics “under 10” and therefore rates are not calculated and are considered unreliable.
- Current data was not always available.
- A breakdown of detailed cause of death would have been helpful, particularly in the area of unintentional injuries.
- Indicator data is needed for some diseases.
- Areas covered by EPA and Department of Nuclear Safety were not included in the data bank. The indicator data should include data from other state and federal agencies.

Continued improvement in data gathering and presentation of trend data will substantially improve the IPLAN process and the system as a whole.

B. Additional Data Collection Activities

The following sources also proved useful for data collection and clarification:

- IDPH
- County Health Department Program Data
- Illinois County Behavioral Risk Factor Surveys for McDonough County Rounds 2 & 3
- Illinois Department of Transportation
- Illinois State Police
- McDonough County Sheriff's Office, Narcotics Division
- U.S. Census
- U.S. Environmental Protection Agency
- American Drug & Alcohol Survey

C. Priority Setting Methods

The Nominal Group Process was used to establish the community priorities. This method allowed for positive group participation and stimulation of creative thinking. It also permitted input and assessment from all participants regardless of background or experience. The committee worked in three smaller groups throughout this process.

The Nominal Group Process consisted of five steps: silent generation, round robin, group clarification, voting and ranking, and discussion of results. During the "silent generation" phase each group member ranked what they felt were the top five major health problems in the county. Then each group stated their top five choices. These were written on a flip chart in the room. This was done for each group in "round robin" fashion until all the ideas had been written on the board. There was no discussion or debate during this second phase. Next the group "clarified" their priorities, some categories were combined, modified, deleted, or other areas added. "Voting and ranking" was the next step. The group members listed the five most important health problems in the county in any order. Then each health problem was ranked by importance. The facilitator tallied the votes. The final step was "discussion" of the results. The committee agreed on the priorities that had been selected and ranked.

IV. RESULTS

The Community Health Committee (CHC) finalized the priorities on May 9, 2005. Meetings on May 16 and 23, 2005 were held for the committee to discuss risk factors, direct contributing factors, indirect contributing factors and intervention strategies for each health priority.

The 2005-2010 IPLAN was presented to the Community Health Committee on June 1st, the Board of Health on August 3rd, sent to the media on August 5th. It was sent to evaluators in Springfield on August 8th, 2005.

V. PRIORITIES

Objectives were primarily derived from *Healthy People 2010*. However, in some instances the Committee believed the *Healthy People 2010* objectives were not realistic and therefore set objectives that are attainable for McDonough County.

The CHC determined the following to be areas of priority: Heart Disease, Obesity, and Unintentional Injury- Hip Fractures. Access to Care arose time and time again in the meeting discussions. The issue of available services affects every area of health care in McDonough County. The Community Health Committee desired to identify baseline data for available health care opportunities. For this reason, Access to Care is not defined as a priority, but rather as a focus area.

McDonough County Health Department Community Health Plan 2005-2010

Heart Disease

Heart disease killed 696,000 Americans in 2002. It is the leading cause of death and morbidity in the United States. Information from the IPLAN Data System Report indicates that heart disease is the leading cause of death for McDonough County as well as the fifth leading cause of potential years of life lost. Heart Disease is chronic and is expected to continue to plague the residents of McDonough County in the future. Studies show that prevention is key to alleviating the social and financial costs of heart disease.

The heart disease crude mortality rate of 253.8/100,000 in 2001 was higher than both the rate for Illinois (186.1/100,000) and the *Healthy People 2010 Objective* (166/100,000). Heart disease was a priority for both 1994 and 1999 IPLANs. The McDonough County Community Health Committee (CHC) believes strides have been made but much remains to be done, as evidenced by the high rate of heart disease mortality. The previous goals and objectives for heart disease have been rewritten and revised to better reflect the current status of McDonough County.

Major risk factors identified by the Committee include: high blood pressure, high cholesterol, obesity, heredity, and tobacco use. Contributing factors include: stress, exercise/diet, utilization of medications, peer pressures, motivation/time, associated costs, lack of insurance, and availability of services. According to the Round 3 BRFSS Data (2003), McDonough County has relatively high rates of high blood pressure (24.2%), obesity (23.2%), and tobacco use (23.9%). The outcome objectives, impact objectives and process objectives were designed to address the problem of heart disease and the risk factors of smoking and high blood pressure. High cholesterol is also a prominent factor in heart disease, however the Committee did not feel that the community has the resources or personnel to address high cholesterol at this time. The CHC recognized that obesity plays a large role in heart disease. However, the issue of obesity will be addressed as its own priority area.

Outcome Objective

- 1.1 By 2010, reduce the crude death rate of heart disease to 166/100,000 population.
(Baseline: 2001: 253.8/100,000, IPLAN Data System Report, May 20, 2005).

Impact Objective

- 1.1.1 By 2007, decrease the percentage of population with high blood pressure to 16%.
(Baseline: 24.2%, BRFSS Round 3).

Process Objectives

- a. The Community Health Committee (CHC) will develop a work group of agencies with similar missions to plan, implement, and evaluate measures to increase the number of sites offering blood pressure screening, education and control activities. Agencies involved may include McDonough County Health Department, McDonough District Hospital, American Red Cross, Mosaic, Western Illinois University, faith community and senior citizen centers.

Resources Available: American Heart Association, University of Illinois-Rockford Rural Medical Education Program, Western Illinois University, Mosaic, Illinois Rural Health Association, CDC, service organizations, local media, Spoon River College

Estimated Funding Needed: \$5,000 annually

Potential Funding Sources: IDPH Women's Health Initiative, University of Illinois-Rockford Rural Medical Education Program, existing McDonough County Health Department funding, McDonough County Health Department user fees, and WISE Woman Program.

In-Kind Funding Sources (labor, supplies, space, etc.): Volunteers, service organizations, local businesses, nursing students, senior sites

Impact Objective

- 1.1.2 By 2007, reduce to 12% the proportion of adults (18 and older) who smoke.
(Baseline: In 2003, 13.2% of McDonough County residents reported smoking according to the BRFSS Round 3 Data).

Process Objective

- a. The CHC will work with the existing Tobacco Coalition to plan, implement and evaluate measures to increase the number of available smoking cessation programs. Agencies involved may include McDonough County Health Department, McDonough District Hospital, Regional Office of Education, Beu Health Center, and McDonough County Sheriff's Office/DARE.

Resources Available: American Lung Association, American Heart Association, American Cancer Society, CDC, physicians, faith community, IL Tobacco Quit Line, local media

Estimated Funding Needed: \$20,000 annually

Potential Funding Sources: IDPH Health and Wellness Initiatives Grant, McDonough County Health Department user fees, existing McDonough County Health Department funding, cessation class fees, Live Free Tobacco Free (WIU)

In-Kind Funding (labor, supplies, space): volunteers, service organizations, youth organizations,

Obesity

Obesity is becoming an increasingly important health issue facing millions of Americans. 60 million Americans are obese and, indeed, obesity is the second leading cause of preventable death in the U.S. According to the American Obesity Association, over thirty other medical conditions have been associated with obesity, including heart disease, Type 2 Diabetes, and osteoarthritis.

The IPLAN Data System Report indicates that 25.6% of McDonough County's population was obese in 1990. The most recent data in 2003 (Behavioral Risk Factor Surveillance Survey, Round 3) indicates that the current level of obesity has dropped only slightly to 23.2% of the adult population. This is not significantly different from the Illinois rate (23.4%) but McDonough County's rate is still much higher than the *Healthy People 2010 Objective* of 15%. With nearly a quarter of the county's population identified as obese, the Community Health Committee (CHC) decided that obesity needed to be a priority area in and of itself, rather than simply a risk factor for another disease.

The risk factors for obesity, as identified by the CHC are: sedentary lifestyle, diet, and heredity. Contributing factors include: Service and retail oriented occupations, sedentary hobbies, convenience/fast foods, isolation, emotional eating, socioeconomic status, lack of consistent nutrition education, motivation, time management, other disease, and poor food choices. According to the Round 3 BRFSS Data, only 17.9% of the McDonough County adult population eats the recommended Five-A-Day servings of fruits and vegetables. The CHC recognizes that the population of McDonough County meets the *Healthy People 2010 Objectives* for sedentary lifestyle (13.8%) and moderate physical activity (42.2%). However, the Committee felt that this portion could not be neglected when addressing obesity and these healthy behaviors should be maintained and increased if possible. The outcome objectives, impact objectives, and process strategies were created with *Healthy People 2010 Objectives* in mind to address the problem of obesity and the risk factors of sedentary lifestyle and diet.

Outcome Objective

2.1 By 2010, reduce the percent of the McDonough County adult population who is obese to 15%. (Baseline: 23.2% were obese according to BRFSS Round 3 Data 2001-2003).

Impact Objective

2.1.1 By 2007, maintain the proportion of adults who engage in moderate physical activity 5 times a week for 30 minutes on each occasion to 42.2% and increase the proportion of adults who engage in vigorous physical activity 3 or more days per

Process Objective

- a. The CHC will work with other agencies, businesses, and organizations with similar missions to plan, implement, and evaluate community physical activity programs as well as to identify locations which may be used by residents for that purpose. Agencies involved may include McDonough County Health Department, fitness clubs, WIU Campus Recreation, U of I Extension, McDonough County Schools, McDonough District Hospital, McDonough County Park Districts, and the YMCA.

Resources Available: local governments, American Obesity Association, American Heart Association, Beu Health Center, Illinois Rural Health Association, CDC, local media

Estimated Funding Needed: \$10,000

Potential Funding Sources: Illinois Health and Wellness Initiative, University of Illinois-Rockford Rural Medical Education Program, existing McDonough County Health Department funding

In-kind Funding (labor, supplies, space): volunteers, service organizations, faith community, fraternities, and sororities

Impact Objective

- 2.1.2 By 2007, increase the proportion of persons aged 2 years and older who consume the recommended servings of fruits or vegetables per day to 30%. (Baseline: 17.9% reported eating Five A Day, BRFSS Round 3 Data)

Process Objective

- a. The CHC will work with other agencies to plan, implement, and evaluate additional community nutrition education classes and information. Agencies involved may include McDonough County Health Department, McDonough District Hospital, grocery stores, University of Illinois Extension, McDonough County Schools, senior centers, and Western Illinois University.

Resources Available: American Heart Association, WIC, WIU (Dietetics Department), USDA, CDC, local media, Spoon River College

Estimated Funding Needed: \$5,000 annually

Potential Funding Sources: Illinois Health and Wellness Initiative, McDonough County Health Department user fees, University of Illinois Extension user fees

In-Kind Funding Sources (labor, supplies, space): volunteers, service organizations, youth organizations, faith community, fraternities, and sororities

- b. The CHC will work in coordination with other agencies to plan, implement and evaluate a Get Healthy Family Initiative. This will focus on education of families in both realms of physical activity and nutrition. Agencies involved may include University of Illinois Extension, fitness clubs, Campus Recreation, McDonough County Park Districts, McDonough County Health Department, YMCA, Western Illinois University, and McDonough County Schools/Day Cares.

Resources Available: McDonough County Park Districts, Campus Recreation, McDonough County YMCA, WIU, American Heart Association, CDC, local media, Illinois Institute of Rural Affairs

Estimated Funding Need: \$4,500 annually

Potential Funding Sources: Illinois Health and Wellness Initiatives, University of Illinois-Rockford Medical Education Program, University of Illinois Extension user fees, existing McDonough County Health Department funding

In-Kind Funding (labor, supplies, space, etc.): volunteers, service organizations, local businesses, faith community, fraternities and sororities

- c. The CHC will collaborate with other like-minded agencies and organizations to plan, implement and evaluate a health education campaign, focusing on physical activity and nutrition information, ideas, recipes, etc. The information will be distributed to the public on a monthly basis via local media, school and organization newsletters. Agencies involved may include McDonough County Health Department, McDonough District Hospital, University of Illinois Extension, New Parent Program, Early Beginnings, McDonough Schools, day cares, fitness clubs, Western Illinois University, senior centers, and Beu Health Center.

Resources Available: American Heart Association, American Obesity Association, American Diabetes Association, physicians, local media, CDC, NIH, Illinois Rural Health Association

Estimated Funding Needed: \$2,500

Potential Funding Sources: IDPH Health and Wellness Initiatives Grant, existing McDonough County Health Department funding, local businesses

In-Kind Funding (labor, supplies, space): local media, volunteers, service organizations, fraternities and sororities, schools

Unintentional Injury Hip Fractures

According to the National Center for Injury Prevention and Control over one-third of adults age 65 years and older fall every year. Of those who experience falls, 20-30% will suffer from hip fractures. This severe injury can ultimately reduce mobility, take away independence, and even increase the risk of premature death. Women sustain about 30% of all hip fractures. Age is the most predominant factor associated with hip fractures; the chance of a fracture increases with age.

For counties such as McDonough County, where the population is aging, falls and hip fractures will become a larger problem in the coming years. This category was also featured on the 1999 IPLAN but it remains a priority as the crude rate for hip fracture hospitalizations (1,152.2/100,000; 2001 IPLAN Data System Report) remains higher than that of Illinois (734.8/100,000) and much higher than the *Healthy People 2010 Objective* of 416/100,000 for females and 474/100,000 for males.

Risk factors for hip fractures include age and falls. Contributing factors are: other diseases such as Parkinson's, MS, stroke, osteoporosis, or arthritis, vision limitations, environmental hazards, use of medication, nutrition, sex, tobacco and alcohol use. The outcome objectives, impact objectives, and process objectives have been designed with the *Healthy People 2010 Objectives* in mind. The CHC believed the *Healthy People 2010 objective* was not realistic for McDonough County in regards to hip fractures and therefore split the difference between current status and the *Healthy People Objective*. The following objectives address hip fractures, environmental hazards, and nutrition.

Outcome Objective

3.1 By 2010, reduce hospitalizations for hip fractures among adults 65 years and older to a crude rate of 834/100,000. (Baseline: 1152.2/100,00 hospitalizations for hip fractures in 2001, IPLAN Data System Report.)

Impact Objective

3.1.1 By 2008, increase the proportion of persons who meet dietary recommendations for calcium to 75%.

Process Objective

- a. The CHC will collaborate with other agencies to plan, implement, and evaluate a campaign targeted to senior citizens. The campaign will provide education on osteoporosis, the value of moderate physician approved exercise, and fall prevention. This campaign may utilize the media and be presented at various community events such as Senior Days or the Farmer's Market. Agencies involved may include McDonough County Health Department, McDonough County YMCA, and McDonough District Hospital.

Resources Available: University of Illinois Extension, Western Illinois University, Western Illinois Area Agency on Aging, AARP, Illinois Institute for Rural Affairs, Illinois Rural Health Association, National Osteoporosis League, IDPH Women's Health Initiative.

Estimated Funding Needed: \$3,000 annually

Potential Funding Sources: IDPH Health and Wellness Initiative, existing McDonough County Health Department funding, IDPH Office of Women's Health

In-Kind Funding (labor, supplies, space): Volunteers, service organizations, fraternities and sororities, local businesses

- b. The CHC will collaborate with other agencies and organizations to plan, implement, and evaluate educational initiatives aimed at teens and young adults. The education will encourage the importance of calcium in the diet as a means for preventing osteoporosis. It will also educate women on the value of breastfeeding as a means of prevention. Agencies may include McDonough County Health Department, McDonough District Hospital, Western Illinois University, McDonough County Schools and daycares, University of Illinois Extension, and Beu Health Center.

Resources Available: CDC, University of Illinois Extension, Illinois Rural Health Center, St. Louis District Dairy Council, faith community, Western Illinois University, Illinois Institute of Rural Affairs, Spoon River College

Estimated Funding Needed: \$4,000 annually

Potential Funding Sources: IDPH Health and Wellness Initiative, existing McDonough County Health Department funding, IDPH Office of Women's Health, University of Illinois-Rockford Medical Education Program

In-Kind Funding (labor, supplies, space): Volunteers, service organizations, fraternities and sororities, faith community

Focus Area: Access to Care

Access to health care services is an important issue for America, as well as McDonough County. Throughout the community assessment process, the Community Health Committee (CHC) repeatedly identified the Access Issue. The Committee believed that many of the health problems such as mental health, substance abuse, and chronic disease were further complicated by a lack of access to services by the general population.

The Behavioral Risk Factor Surveillance Survey (BRFSS) Round 3 data indicates that the uninsured population is increasing statewide as well as locally. In 2003, 16.4% of the Illinois population had no health care plan. McDonough County is slightly below the state average at 14.0%, an increase from 12.2% in 2000. The lack of a health care plan is of major concern, but it is not the only challenge facing McDonough County. The poverty rate in 2001 was 19.8% (IPLAN Data System Report) while the poverty rate of Illinois was 10.7%. Transportation to the location of services is also an issue. The majority of health care services are located in the county seat of Macomb with very few services provided to the surrounding areas. Poverty, age, and dependency can all severely limit transportation options for certain individuals. McDonough County is not currently identified as a Healthcare Primary Shortage Area (HPSA), however no dentists in McDonough County accept Medicaid and mental health services are limited.

Poverty and the uninsurance rate are both risk factors for Lack of Access to Care. Contributing factors include: unemployment rate, rural area, percent of population that is underserved (particularly low-income), percent of population employed in small businesses, availability of Medicaid vendors, and knowledge of available services. The CHC recognized that Access to Care is a very large and broad topic with many factors involved. The outcome, impact, and process objectives were created with *Healthy People 2010* Objectives in view but they also are very specific to McDonough County and its needs. Therefore, the objectives address the lack of a health plan and the general population's lack of knowledge of available programs and services. Funding needs and sources are not anticipated at this time as the objectives mainly address the establishment of a baseline. The Community Health Committee will work with other county agencies and organizations to determine specific Access to Care Issues that may be more effectively addressed in the future.

Outcome Objective

- 4.1 By 2010, increase the percent of the population who have a health care plan to 90%.
(Baseline: 86.0% reported having a health care plan, BRFSS 2003.)

Impact Objective

- 4.1.1 By 2007, establish a task force of like-minded organizations and agencies, medical service providers, businesses, and citizens to address and recommend strategies in resolving the disparities of access to care.

Process Objective

- a. The CHC will cooperate with similar organizations and agencies to identify and evaluate current health care services, transportation options, and funding options. Agencies involved may include McDonough County Health Department, McDonough District Hospital, physicians, Illinois Institute of Rural Affairs, Colchester Community Connections, Go West, Western Illinois University, and American Red Cross.

Resources Available: Illinois Rural Health Association, Illinois Primary Health Care Association, Illinois Institute of Rural Affairs, University of Illinois Extension, University of Illinois-Rockford Medical Education Program

- b. The CHC will work with like-minded agencies and organizations to distribute medical service information to the public. Information may be related to available Medicaid vendors, transportation options, and funding sources. This information will also be provided to other agencies and organizations through Interagency Council meetings and via local media sources, including the Internet. Agencies involved may include McDonough County Health Department, Volunteer Now, Mosaic, American Red Cross, McDonough County YMCA, New Parent Program, Western Illinois University, and Beu Health Center.

Resources Available: Illinois Rural Health Association, Illinois Primary Health Care Association, Illinois Institute of Rural Affairs, University of Illinois Extension, University of Illinois-Rockford Medical Education Program, local media

Evaluation

The IPLAN document is a plan of action for McDonough County. However, the process must not stop there and the objectives must be monitored and evaluated on a regular basis. Follow-up and documentation is essential to the success of the initiatives set forth by the objectives. The Community Health Committee will meet on a monthly basis and regularly monitor state and county indicators and programs in order to gauge McDonough County's progress towards a healthier community.