Jo Daviess County Health Department IPLAN 2019-2024



Public Health Prevent. Promote. Protect.

Community Health Needs Assessment and Community Health Plan

TABLE OF CONTENTS

Jo Daviess Co	ounty Community Health Needs Assessment	4-32
I.	Board of Health Review	4
II.	County Profile	4
	a. Demographic Profile	4-7
	b. Economic Profile	
	c. Statement of Purpose	7-8
III.	Health Profile & Factors for Jo Daviess County	
	a. Health Rankings	
	b. Diagnosed Disease & Health Risk Factors	
	c. Deaths Caused By Disease	
	d. Infant Mortality Rate	
	e. NACCHO Jo Daviess County Community Health Engagement	
	Assessment Event Executive Summary	
	f. NACCHO Jo Daviess County Community Health Engagement	
	Assessment Event Table Discussions and Prioritization Exercise	
	g. Organizational Capacity Self-Assessment	
	h. Cardiovascular Health	
	i. Cancer	
	j. Obesity	
	k. Diabetes	
	l. Mental Health	
	m. Birth Rates	
	n. Motor Vehicle Accidents	
	o. Access to Healthcare	
	p. Communicable Diseases	
	i. Cryptosporidiosis	
	ii. Chicken Pox	
	iii. Chronic Hepatitis C	
	iv. Legionellosis	
	v. Lyme Disease	
	vi. Salmonellosis	
IV.	Process	
	a. Rational for Priority of Health Issues	
	i. Obesity	
	ii. Access to Dental Care	
T 7	iii. Access to Behavioral Health	
V.	Acknowledgement	
VI.	Jo Daviess County Community Health Plan	
VII.	Purpose	
VIII.	Process	
IX.	Obesity	
	a. Risk Factors	
	b. Contributing Factors	
	c. Resources Available	
	d. Outcome Objectives	33

	e.	Impact Objectives	33
	f.	Proven Intervention Strategies	33
	g.	Barriers	33
	_	Description	34
	i.	Corrective Action.	34
	j.	Coordinated Activities	34
	k.	Evaluation	34
	l.	Funding.	
X.	Acc	cess to Dental Care	
	a.	Risk Factors.	35
	b.	Contributing Factors	
	c.	Resources Available	
	d.	Outcome Objectives	
	e.	Impact Objectives	
	f.	Proven Intervention Strategies	
	g.	Barriers	
	0	Description	
	i.	Corrective Action.	
	j.	Coordinated Activities.	
	•	Evaluation	
	1.	Funding.	
XI.	Aco	cess to Behavioral Health Services	
	a.	Risk Factors	
	b.	Contributing Factors.	
	c.	Resources Available	
	d.	Outcome Objectives.	
	e.	Impact Objectives	
	f.	Proven Intervention Strategies.	
	g.	Barriers.	
	_	Description	
	i.	Corrective Action.	
		Coordinated Activities	
	•	Evaluation	
		Funding	
XII.		Daviess County Board of Health Approval	
1111	001	24,255 County Bourd of Health Approval	••••
Appe	ndice	es	
Appe	ndix .	A: Community Health Engagement and Assessment Event Participant	S
Appe	ndix 1	B: Organizational Capacity Self-Assessment and SWOT Analysis Sum	mary

Appendix C: Community Health Engagement and Assessment Event

Appendix D: Midwest Medical Center's 2019 Community Health Needs Assessment

Appendix E: Jo Daviess County Board of Health Meeting Minutes

Appendix F: Map of Jo Daviess County

Appendix G: References

COMMUNITY HEALTH NEEDS ASSESSMENT

BOARD OF HEALTH REVIEW

The Jo Daviess County Board of Health reviewed and approved the IPLAN on May 4, 2022.

COUNTY PROFILE

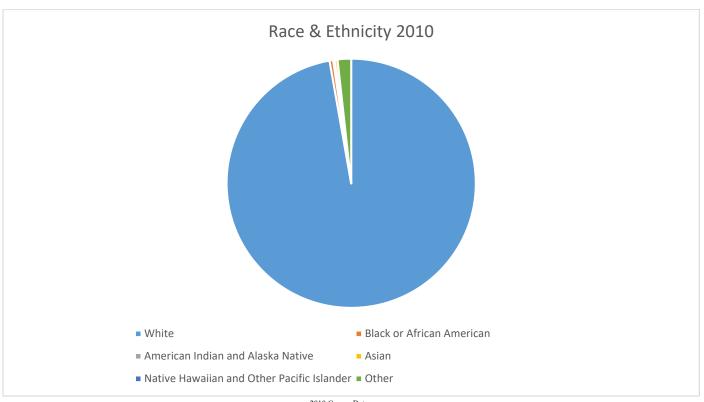
Jo Daviess County is located in the northwest corner of the State of Illinois. The county borders two other states: Iowa to the west and Wisconsin to the north. Carroll County, Illinois borders to the south and Stephenson County is to the east. The county is rural in nature with hilly topography and the Mississippi River on the western side of the county. The county is primarily agricultural, but does have some smaller manufacturing companies throughout. Midwest Medical Center (MMC), located in Galena, is the only hospital in the county.

The county is governed by a 17 member County Board and operates under the township form of government. There are 10 dentists, 18 mental health providers, and 10 primary care physicians that cover the entire county (2019 MMC Community Health Needs Assessment). There is a large need for specialized physicians in the areas of obstetrics, gynecology, pediatrics, psychiatry, oncology and infectious disease, in the county. County residents that require specialized medical care are overseen by physicians in neighboring states or counties.

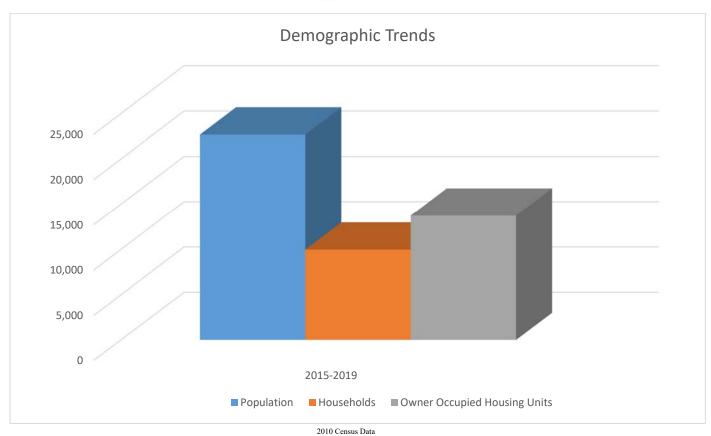
Jo Daviess County is very historic in nature and its primary source of revenue is tourism. The county has several state historic sites as well as 6 library districts and 9 park districts. Galena is the county seat; the other cities include East Dubuque, Stockton, and Warren along with the villages of Apple River, Elizabeth, Hanover, Menominee, Nora, Scales Mound, and Woodbine. The county has 7 school districts that each have a nurse. School nurses may consult with Jo Daviess County Health Department on communicable disease and immunization issues. The county has volunteer fire and emergency responders. Law enforcement is provided by Jo Daviess County Sheriff's Department or local village / city police officers. Jo Daviess County has limited public transportation options. Jo Daviess County Transit is a federal and state subsidized public transportation system that is a demand-response service available to community members throughout the county. The transit service provides scheduled transportation to and from various locations in the community and neighboring states, and other trips may be available upon request.

DEMOGRAPHIC PROFILE

According to the 2010 US Census, the population of the county is 22,678 and includes 610 square miles (See Appendix F). The chart below shows that white is the predominant race in the county. The race and ethnicity makeup of the county indicates the numbers are typical of many locations in rural Illinos. No significant change in the profile is projected over the next five years.

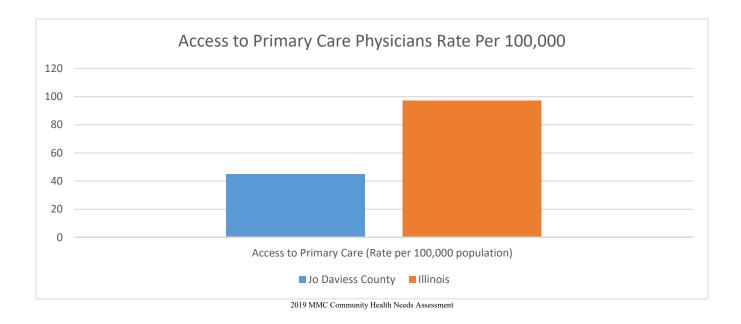


2010 Census Data

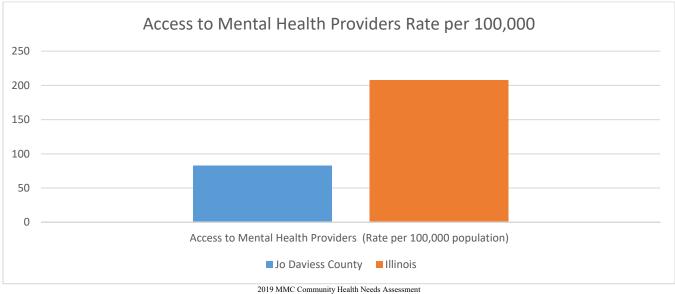


	2019	2017	2015
Median Age	49.9	49.4	48.2
Census D	ata		

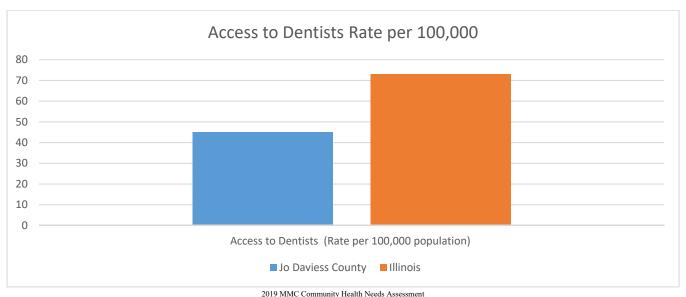
The chart below shows the residents in Jo Daviess County have less access to primary care physicians than Illinois per 100,000. There was only 10 primary care physicians in Jo Daviess County as of 2014 (2019 MMC Community Health Needs Assessment).



The chart below shows the residents in Jo Daviess County have significantly less access to mental health providers, which includes psychologists, clinical social workers, and counselors, than Illinois per 100,000. There was only 18 Mental Health Providers in Jo Daviess County as of 2017 (2019 MMC Community Health Needs Assessment).



The chart below shows the residents in Jo Daviess County have scarcer access to dentists than Illinois per 100,000. There was only 10 dentists in Jo Daviess County as of 2015 (2019 MMC Community Health Needs Assessment).



ECONOMIC PROFILE

County median household income for from 2013-17 from US Census Bureau was estimated at \$55,532. The median household income in Illinois was \$61,229. Jo Daviess County average household income was \$73,085. Illinois household income average is \$85,262 (2019 MMC Community Health Needs Assessment).

Median home value in the county from 2015-2019 is \$149,100 (2010 Census Data).

Throughout the county, there are diverse employment opportunities. According to the US Department of Labor, Bureau of Labor Statistics 2019 there were 10,779 county resident employed and 313 unemployed. (2019 MMC Community Health Needs Assessment).

Within the county, the US Census Bureau shows that from 2013-2017, 8.33% of persons aged 25 or over did not have a high school diploma, compared to 11.44% in Illinois. 23.50% had a bachelor's degree or higher, compared to 33.45% in Illinois overall (2019 MMC Community Health Needs Assessment).

Jo Daviess County children that are eligible for free/reduced lunch according to National Center for Education Statistics 2016-17 is 30.56% compared to the state at 50.20%. (2019 MMC Community Health Needs Assessment).

STATEMENT OF PURPOSE

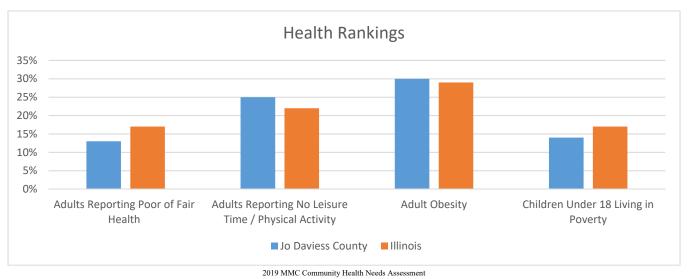
The mission of Jo Daviess County Health Department (JDCHD) is to prevent disease, promote a healthy environment and protect Jo Daviess County residents through an organized, comprehensive, countywide health effort. The vision of the JDCHD is to offer quality public health services through dedicated, professional staff who want to be leaders in public health issues in Illinois. Jo Daviess County Health Department will learn from the past, set the building blocks of the industry today and strive for the healthiest possible community outcome, for the future.

The Illinois Project for Local Assessment of Needs, also known as the IPLAN, was developed in 1992 by the Illinois Department of Public Health (IDPH) in collaboration with local health departments to meet the requirements set forth in the Illinois Administrative Code Section 600 – Certified Local Health Department Code. These requirements include: assess the health needs of the community, investigate the occurrence of adverse health effects, advocate for public health, develop plans and policies to address priority health needs, manage resources and develop organizational structure, implement programs and other arrangements, evaluate programs and provide quality assurance, and inform and educate the public on public health issues. There are three main components included in the IPLAN: an organizational capacity assessment, a community health needs assessment and a community health plan. The Illinois Project for Local Assessment of Needs (IPLAN) process is revisited every five years to bring together community members from different professional disciplines to assess health needs and determine health issues of the county. In order to achieve this, a Community Health Engagement and Assessment Event was completed with the assistance of the National Association of County and City Health Officials (NACCHO). About sixty Jo Daviess County residents participated in the Health Engagement and Assessment event in April 2017. When the participants arrived, they were given a brief survey to complete. NACCHO compiled and reviewed the data after the assessment was conducted. This data was used to establish the significant health issues, analyze and rank each issue so attainable goals and outcomes could be set while focusing on each health issue. The issues identified by the NACCHO team are evaluated to determine the relevance and the impact these health concerns have on the county as a whole. The Organizational Capacity Self-Assessment (See Appendix B) of the health department was completed in conjunction with the Community Health Engagement and Assessment Event (See Appendix C) as the two processes provided a consistent evaluation of the health department's ability to function and implement the community's ownership and partnerships. Both processes are integral to each other and the department has followed the APEX model as a guide to conducting both phases of the IPLAN. The IPLAN will serve as the health department's guide for planning and implementing health care initiatives that will allow the department and its partners to best serve the emerging health needs of the county. Another resource Jo Daviess County Health Department utilizes in this process is the 2019 Community Health Needs Assessment from Midwest Medical Center's, Illinois Critical Access Hospital Network (ICAHN). The three health issues as approved by the Jo Daviess County Board of Health (See Appendix E) that will be the focus of our 2019-2024 IPLAN are: Obesity, Access to Dental Care, and Access to Behavioral Health Services.

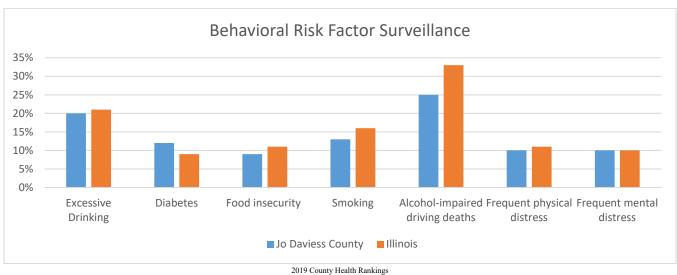
HEALTH PROFILE & FACTORS FOR JO DAVIESS COUNTY

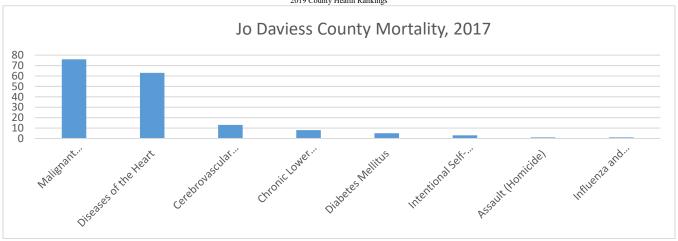
The County Health Rankings is a program published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation that helps counties understand what influences how healthy their residents are and how long they live. The rankings are able to measure the health of most counties in the United States and can show what influences there is on health outside of the doctor's office. This program is able to confirm the critical role that factors such as education, jobs, and income play in people's lives. The rankings take in many different data points that may affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income and rates of smoking, obesity, and teen births. The rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (2019 MMC Community Health Needs Assessment & County Health Rankings).

Jo Daviess County ranked 15 out of the 102 Illinois Counties in the rankings, released in April, 2019. (2019 MMC Community Health Needs Assessment & County Health Rankings).

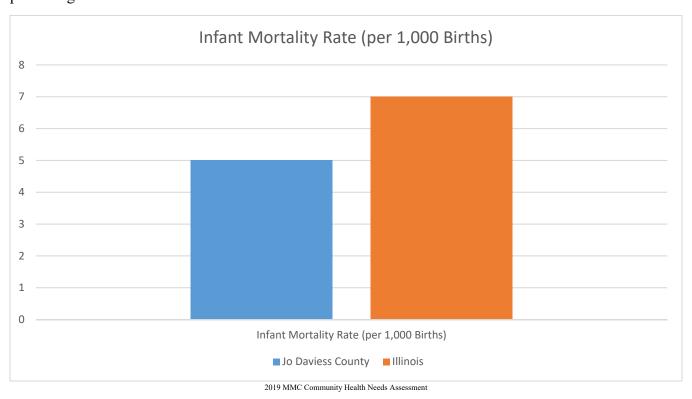


The Illinois Behavioral Risk Factor Surveillance System (IBRFSS) provides health data trends through the Illinois Department of Public Health, in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services. (ESRI 20134)





The Infant Mortality Rate reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



NACCHO JO DAVIESS COUNTY COMMUNITY HEALTH ENGAGEMENT & ASSESSMENT EVENT EXECUTIVE SUMMARY:

Approximately sixty community members from across Jo Daviess County participated in a Health Engagement and Assessment Event, hosted by the Jo Daviess County Health Department (JDCHD) on April 5th, 2017, at the Eagle Ridge Resort in Galena, Illinois. The purpose of the 3-hour event was twofold: 1) to communicate to county residents the services that Jo Daviess County Health Department offers, and 2) to gather community input to help identify health concerns and gaps in services in the county. See Appendix C for more detailed event information.

Participants included representatives from Midwest Medical Center, United Way, FHN, The Galena Clinic, JDC Sheriff's Department, Galena Territory, East Dubuque High School, Riverview, JDC 708 Board, Safe Haven Humane Society, JDC Emergency Management, Stephenson County WIC, and Veterinary Associates. Participants were given a brief survey to complete upon arrival to the event. A summary of responses from the 40 submitted surveys is found in Appendix C. The top reasons for attending the event were to learn about the county department, including services/resources and partnership opportunities, followed by interest in/concern for improving the county's health needs. Participants were also asked to identify services that they felt were most needed in the county, and mental health/substance abuse was the top category identified, with many suggestions also made for increasing medical, dental, social and environmental services.

In order to prepare participants for a discussion of community health concerns and service needs, staff from the Department presented an overview of county services. Consultants with the National

Association of County and City Health Officials (NACCHO) then presented a health profile of Jo Daviess County, compiled from national data sources. Participants, seated in groups, brainstormed health concerns and needed services, then voted in groups to select the highest priorities for the county. The greatest health needs identified through this process were mental health and substance abuse, child nutrition and social services, senior services, and oral health. Similarly, the health services of greatest interest shared were also in the areas of mental health and substance abuse, oral health and social services, along with clinical services and improving the county's high speed Internet and transportation infrastructure, particularly in terms of ease of access to receiving preventative services and clinical care (2017 NACCHO Community Health Engagement and Assessment Event).

NACCHO JO DAVIESS COUNTY COMMUNITY HEALTH ENGAGEMENT & ASSESSMENT TABLE DISCUSSIONS AND PRIORITIZATION EXERCISE:

Participants were seated in tables of six to eight participants. Each table was charged with brainstorming and prioritizing as a group the top health concerns and services most needed in Jo Daviess County. Each table was facilitated by a JDCHD employee or a NACCHO consultant who asked participants first to brainstorm health concerns that are important to them or other Jo Daviess County residents. Once a list of health concerns was generated, participants were asked to vote up to three times for the health concerns they believed were most important in Jo Daviess County. They repeated the same process of brainstorming and voting to generate a list of health services that were most needed in Jo Daviess County. The table facilitators submitted the list of health concerns and health services brainstormed, highlighting the top 3 services and top 3 health concerns. See Appendix C for full list of ideas generated for both health concerns.

Priority health concerns:

Five prioritized mental health and substance abuse concerns:

- Access to mental health services—in and out-patient
- Awareness of mental health services
- Child and adolescent mental health: anxiety, behavioral problems
- Substance abuse—drugs/opiates, alcohol (teens, grade school, and older adults)

Three prioritized child and adolescent health concerns:

- Kids and healthy meals-education needed and resources available
- WIC, child services
- Children with special needs

Three prioritized **senior health** concerns:

- Toenail care and foot care for elderly
- Transportation--to doctor, store, social needs, isolation
- Small group home for elderly

Two prioritized **oral health** suggestions:

• Dental care-state aid or uninsured--urgent evaluation

Additional prioritized health issues:

- Women's health services--referral resources
- Veteran health needs

- Water issues--unsealed wells, groundwater concerns, unmaintained septic systems
- Communication across non-English-speaking population
- Health department extension of hours

Priority Health Services:

Mental health and substance abuse:

- Inpatient mental health
- Affordable counseling

Clinical services:

- Pediatric outpatient services
- Preventive screening (mammograms, etc.)
- Mobile clinics--screening, mental health, dentistry

Oral health:

- Dental care clinics--kids
- Free/ low fee dental clinic

Infrastructure:

- Infrastructure (high-speed internet)
- Transportation; non-emergency transportation

Social services:

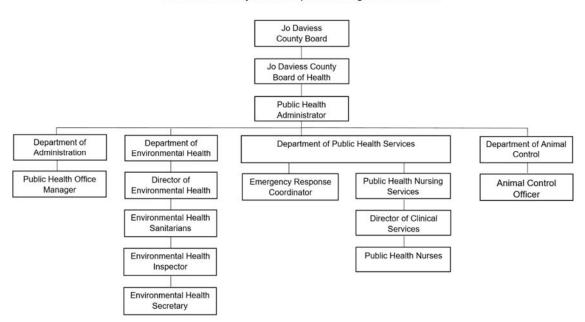
- Credible senior agencies
- WIC programs
- Veteran ombudsman (case manager)

Other services:

- Advertise Radon
- Paid EMS
- Emergency preparedness-countywide/coordinate

ORGANIZATIONAL CAPACITY SELF-ASSESSMENT

Jo Daviess County Health Department serves a population of 22,678. The below chart displays the organization of JDCHD.



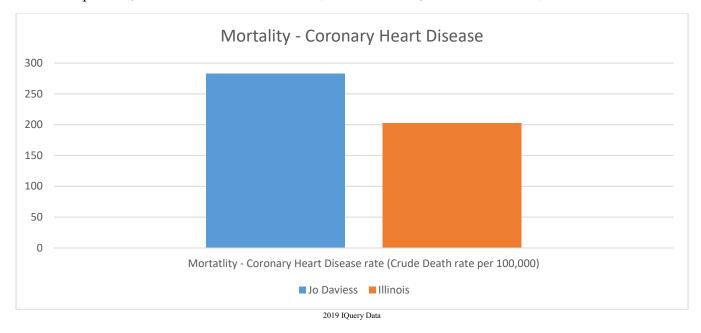
Jo Daviess County Health Department Organizational Chart

As part of the IPLAN process Jo Daviess County Health Department is required at least once every five years to complete an organizational capacity self-assessment that meets the Illinois Administrative Code. This organizational capacity self-assessment has questions based off the 10 Essential Public Health Services to protect and promote the health of all people in all communities. As part of the strategic planning process, in addition to the self-assessment staff also completed a strengths, weaknesses, opportunities, and threats (SWOT) Analysis. A copy of the letter sent to staff, the summary of the organizational capacity self-assessment, and the SWOT Analysis summary can be found in Appendix B.

CARDIOVASCULAR HEALTH

Heart Disease is the leading cause of death in the U.S. Stroke is the fifth leading cause of death (Healthy People 2020). The leading modifiable risk factors for heart disease and stroke are high blood pressure, high cholesterol, cigarette smoking, diabetes, unhealthy diet, physical inactivity, and overweight / obesity (Healthy People 2020). These risk factors can cause changes to heart and blood vessels over time that may lead to heart attacks, heart failure, and strokes (Healthy People 2020). It is important to change these risk factor habits to prevent these life-altering events or other potential chronic diseases. High blood pressure affects about 1 in every 3 adults. Only half of those have their blood pressure under control. 90% of U.S. adults exceed the daily-recommended sodium intake, which increases blood pressure and risk for heart disease or stroke (Healthy People 2020). Cardiovascular health has influences from physical, social and political environments such as access to educational opportunities, healthy food, and affordable / quality health care (Healthy People 2020).

According to the graph below, Jo Daviess County residents have a higher heart disease mortality crude death rate per 100,000 than the state of Illinois (2019 MMC Community Health Needs Assessment).

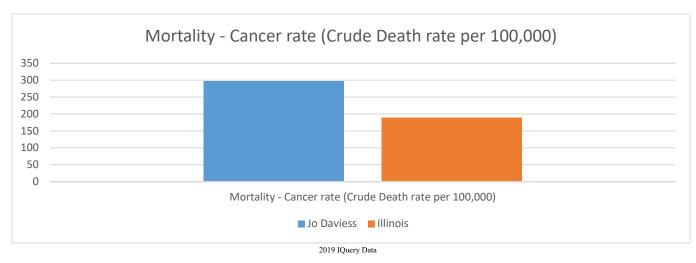


CANCER

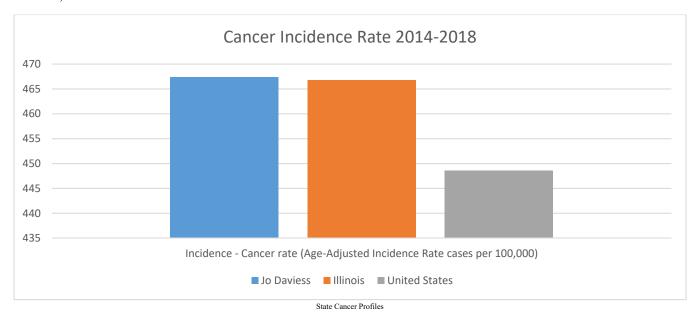
In the United States, cancer is the second leading cause of death. However, due to research, detection, and treatments there has been a decline in overall occurrence and deaths for cancer (Healthy People 2020). By reducing risk factors such as use of tobacco products, physical inactivity, poor nutrition, obesity, and ultraviolet light exposure many cancers can be prevented. Another method of prevention is being vaccinated against human papillomavirus (HPV) and hepatitis B virus (Healthy People 2020). Cancer screenings can be an effective way of finding certain types of cancer in early (usually highly treatable) stages. Socioeconomic status can also play a part in the risk of developing and surviving cancer.

The 2019 Community Health Needs Assessment from Midwest Medical Center shows that in 2017, cancer was the leading cause of death in their service area.

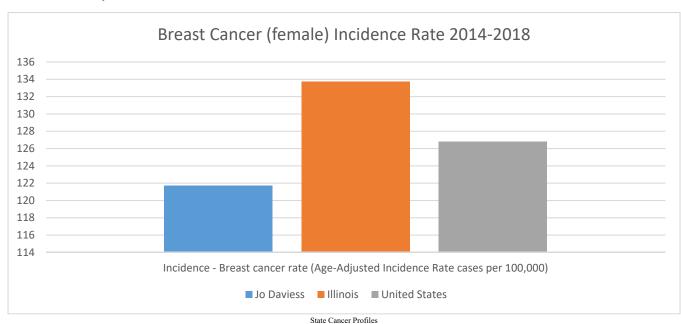
The following graph shows that the mortality rate for cancer in Jo Daviess County is significantly higher than the state of Illinois.



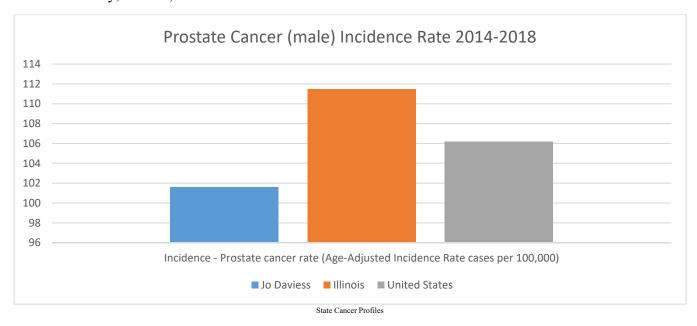
The graph below shows the overall cancer incidence rate from 2014 to 2018 in Jo Daviess County, Illinois, and the United States.



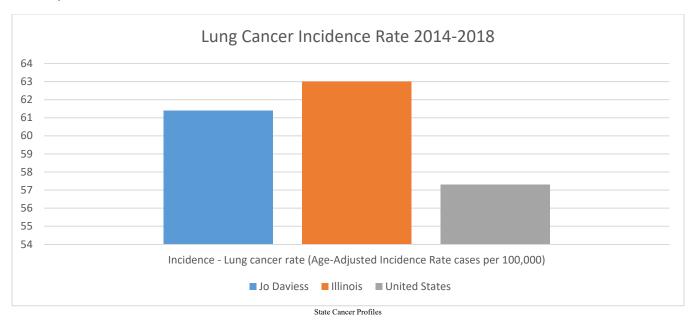
The graph below shows the overall Breast cancer in females incidence rate from 2014 to 2018 in Jo Daviess County, Illinois, and the United States.



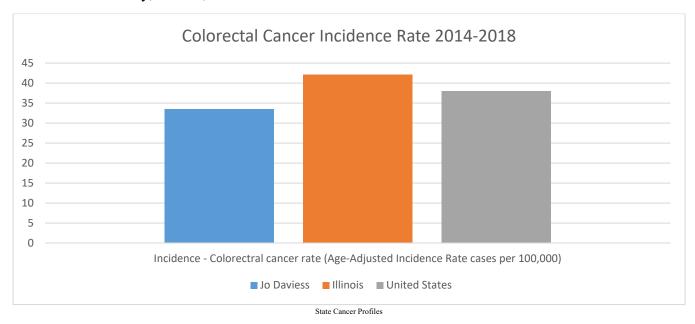
The graph below shows the overall Prostate cancer in males incidence rate from 2014 to 2018 in Jo Daviess County, Illinois, and the United States.



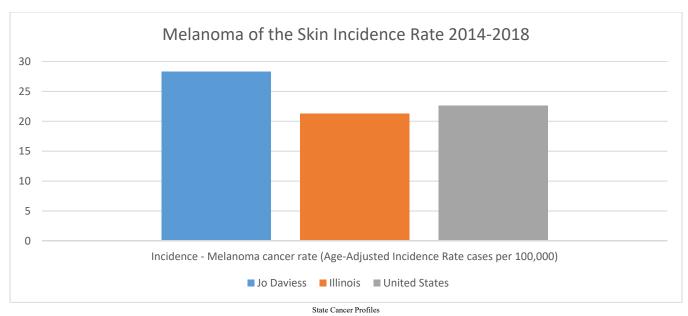
The graph below shows the overall Lung cancer incidence rate from 2014 to 2018 in Jo Daviess County, Illinois, and the United States.



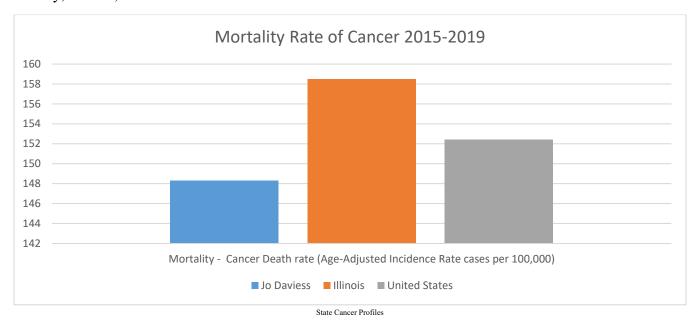
The graph below shows the overall Colorectal (Colon/Rectum) cancer incidence rate from 2014 to 2018 in Jo Daviess County, Illinois, and the United States.



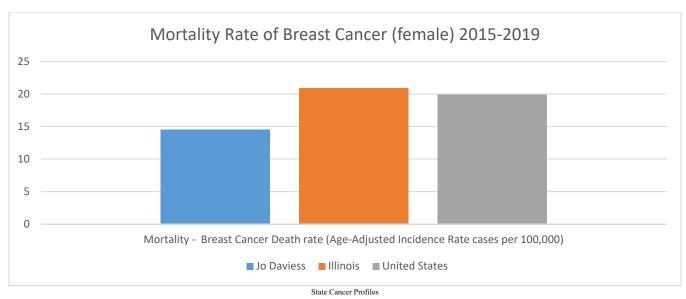
The graph below shows the overall Melanoma (Skin) cancer incidence rate from 2014 to 2018 in Jo Daviess County, Illinois, and the United States.



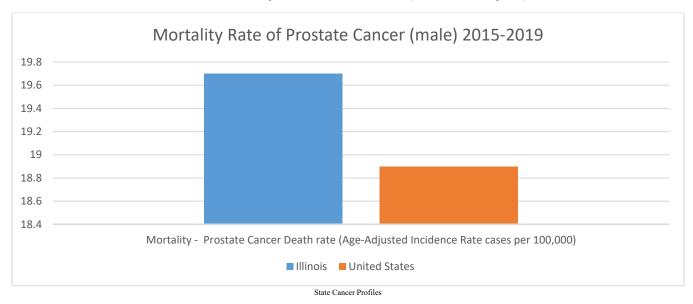
The graph below shows the overall death rate for all types of cancers from 2015 to 2019 in Jo Daviess County, Illinois, and the United States.



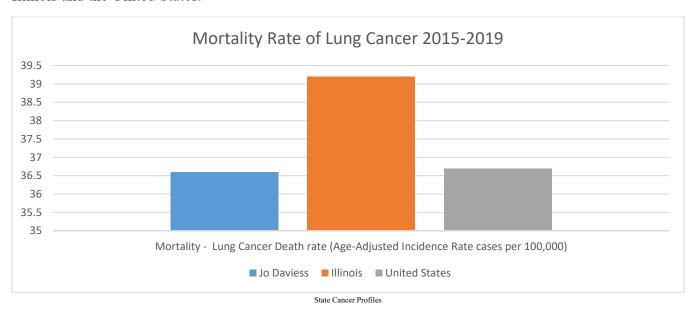
The graph below shows the overall death rate for breast cancer in females from 2015 to 2019 in Jo Daviess County, Illinois, and the United States.



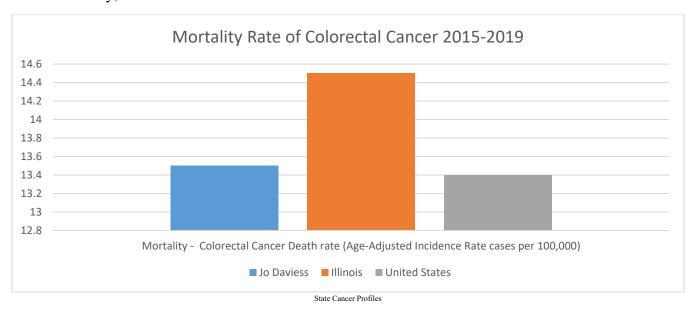
The graph below shows the overall death rate for prostate cancer in males from 2015 to 2019 in Illinois and the United States. Jo Daviess County had to few to count (less than 3 a year).



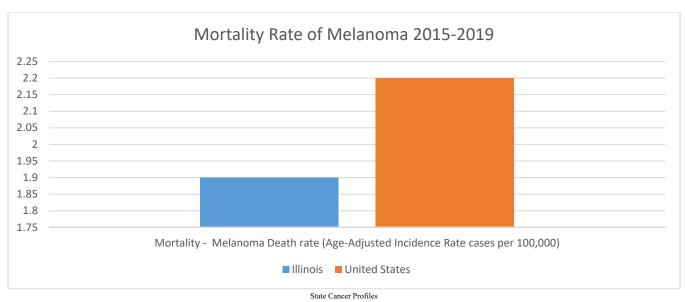
The graph below shows the overall death rate for lung cancer from 2015 to 2019 in Jo Daviess County, Illinois and the United States.



The graph below shows the overall death rate for Colorectal (Colon / Rectum) from 2015 to 2019 in Jo Daviess County, Illinois and the United States.



The graph below shows the overall death rate for Melanoma Skin cancer from 2015 to 2019 in Illinois and the United States. Jo Daviess County had too few to count (less than 3 a year).



OBESITY

Obesity is weight that is higher than what is considered healthy for a specific height and is a severe chronic disease (CDC). Obesity was identified as a health issue from the last two IPLAN's and continues to be a problem identified. There is strong scientific evidence supporting eating a healthy diet and

having a healthy body weight (Healthy People 2020). A healthy diet would entail eating a variety of nutrient-dense foods across the food groups, limiting consumption of saturated and trans fats, cholesterol, added sugars, sodium, and alcohol (Healthy People 2020). The food groups include fruits, grains, vegetables, protein, and dairy (My Plate). Maintaining a healthy weight and diet can also reduce the risks many health conditions such as heart disease, high blood pressure, type two diabetes, oral disease, malnutrition, and some cancers (Healthy People 2020). With a healthy diet and weight, the chances of developing chronic diseases or premature death is less likely.

When individuals have a better understanding of how diet can affect lifestyle, they have the knowledge to make healthier decisions. There are social factors that can influence diet choices such as social/cultural norms, food/agricultural policies, food assistance programs, and cost (Healthy People 2020). If someone has access to a healthier option then they are more likely to make that choice. However, the healthier options may not be as available in low income or rural communities (Healthy People 2020).

According to the CDC, from 2017-2018 the age-adjusted prevalence of obesity in adults was 42.4% and for children 2-19 years old the prevalence was 19.3%. From 1999-2000 through 2017-2018 US adult obesity prevalence increased from 30.5% to 42.2%. This is roughly 1 in 3 adults and 1 in 5 children struggling with obesity in the United States. Severe obesity increased from 4.7% to 9.2% (CDC). For children and adolescents ages 2-19 from 2017 to 2018 the obesity prevalence was 13.4% for 2-5 year olds, 20.3% 6-11 year olds, and 21.2% for 12-19 year olds (CDC). During the past several decades, obesity rates for all population groups—regardless of age, sex, race, ethnicity, socioeconomic status, education level, or geographic region—have increased markedly. In 2008, overall medical care costs related to obesity for U.S. adults were estimated to be as high as \$147 billion. People who were obese had medical costs that were \$1,429 higher than the cost for people of normal body weight (CDC).

It has been proven that diet and body weight are related to overall health status. Good nutrition is important to the growth and development of children. A healthy diet helps individuals reduce their risks for many health conditions including diabetes and heart disease. Healthy People 2020 states that obesity is a problem throughout the population and that the prevalence is highest for middle-aged people and for non-Hispanic women and Mexican-American children. The association of income with obesity varies by age, gender and race/ethnicity.

DIABETES

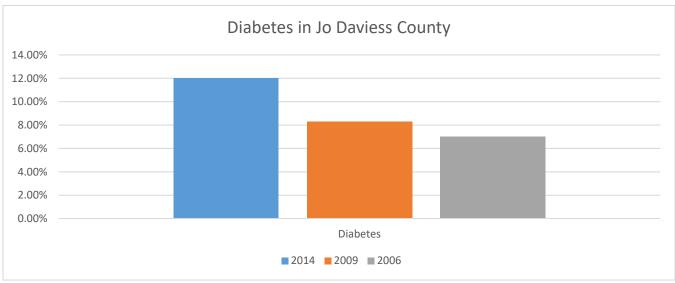
Diabetes is a chronic disease that affects how the body turns food into energy (CDC). Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb glucose (sugar) as fuel for the body's cells. If the body does not have a properly functioning insulin signaling system, the blood glucose levels will elevate and other metabolic abnormalities occur leading to complications. There are 3 common types of diabetes. Type 1 is when the body loses its ability to produce insulin. Type 2 is a result of a combination of resistances to the action of insulin and insufficient insulin production. Finally, there is gestational diabetes, which is a common complication of pregnancy and can lead to subsequent development of Type 2 diabetes post pregnancy (Healthy People 2020).

According to Health People 2020, nearly 28% of Americans with diabetes are undiagnosed and another 86 million Americans have blood glucose levels that increase their risk of developing type 2 diabetes.

Diabetes affects an estimated 29.1 million people in the U.S. and is the 7^{th} leading cause of death (Healthy People 2020).

The importance of diabetes in relation to other health issues continues to increase. Diabetes is the leading cause of kidney failure, lower limb amputation, and adult-onset blindness. The financial cost in the United States of diabetes is around \$245 billion (Healthy People 2020). The medical cost is double for people with diabetes (CDC).

The chart below shows that over time in Jo Daviess County the number of people with diabetes continues to increase.



2019 MMC Community Health Needs Assessment

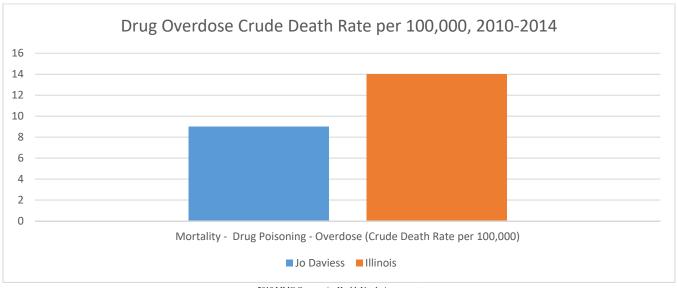
MENTAL HEALTH

"Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges" (Healthy People 2020). Mental health is an important part of our overall health and includes our emotional, psychological and social well-being (CDC). Mental health can determine how someone handles stress, relates to other, and makes healthy choices (CDC). Contributing factors to mental health problems may include biological factors, life experience, or family history of mental health problems (Mentalhealth.gov). However, there is no one cause for mental illness; it is usually a number of factors that contribute to mental illness (CDC). People may experience multiple mental illnesses or disorders at the same time, which could be ongoing (CDC).

Mental and physical health are both important components to determine the status of overall health. One example is that depression can increase the risk for a number of physical health problems such as diabetes, heart disease, or stroke (CDC). Over 50% of people will receive a mental illness diagnosis at some point in their life. 1 in 5 Americans will experience a mental illness in a given year. 1 in 5 children will have a seriously debilitating mental illness at some point in their life. 1 in 25 Americans live with a serious mental illness (CDC).

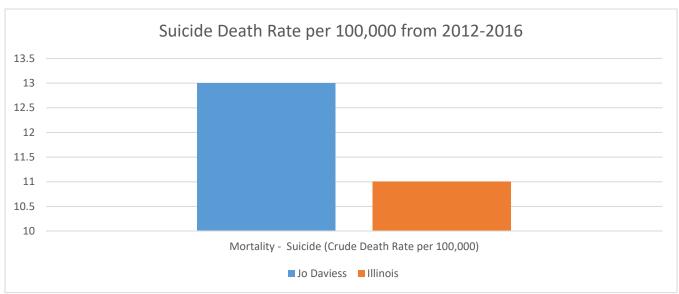
As part of the 2017 Jo Daviess County Community Health Engagement and Assessment Event, it was identified that there is a lack of access to mental health services and awareness in Jo Daviess County. Access to behavioral health services is listed as a health issue on the 2019-2024 IPLAN.

The chart below shows the death rates from drug overdoses per 100,000 in Jo Daviess County and Illinois. Jo Daviess County does have a lower death rate than Illinois.



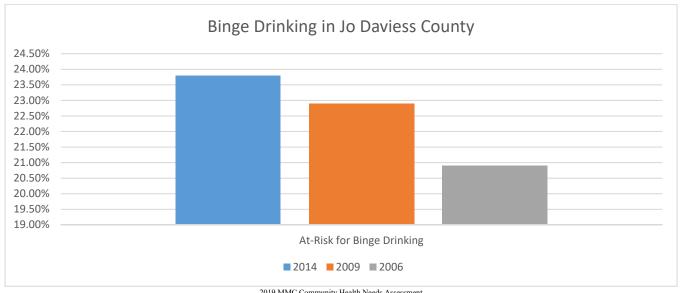
2019 MMC Community Health Needs Assessment

The chart below shows the death rate due to suicide in Jo Daviess County and Illinois from 2012 to 2016. Suicide is intentional self-harm and can be an indicator of poor mental health (2019 MMC Community Health Needs Assessment).



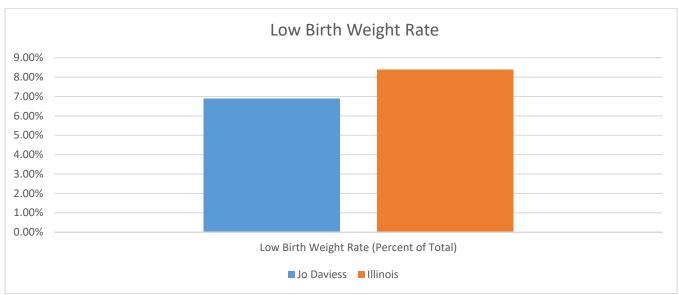
2019 MMC Community Health Needs Assessment

Below is a chart that shows the risk for Binge Drinking in Jo Daviess County from 2006 to 2014.



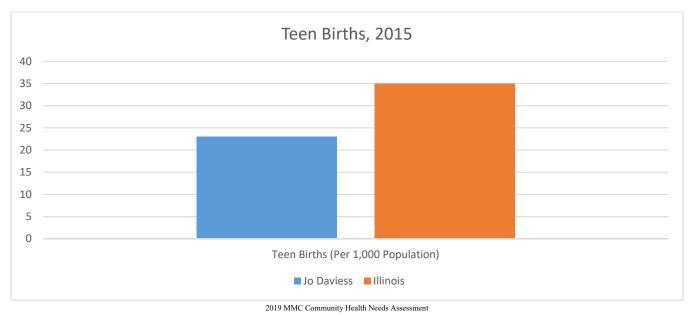
2019 MMC Community Health Needs Assessment

Below is a chart that shows percentage of low birth weight rates (under 5.15 pounds) in Jo Daviess County and Illinois from 2006-2012 (2019 MMC Community Health Needs Assessment).

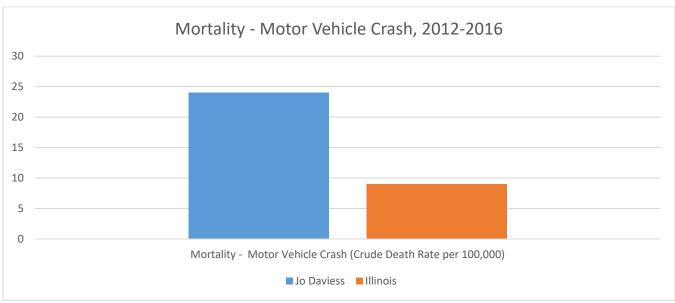


2019 MMC Community Health Needs Assessment

Below is a chart showing teen births (ages 15-19) per 1,000 population in Jo Daviess County and Illinois in 2015. This information could indicate the prevalence of unsafe practices (2019 MMC Community Health Needs Assessment).

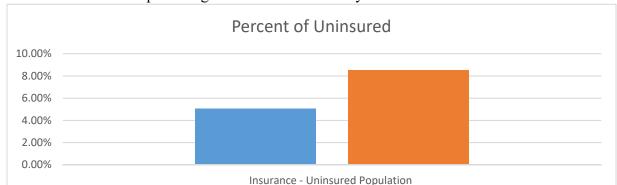


The chart below demonstrates the data that Jo Daviess County has a higher death rate due to motor vehicle crashes than the state of Illinois.



ACCESS TO HEALTHCARE

Access to comprehensive, quality health care is important for the quality of life. This issue focuses on four areas related to access to care: entry into the healthcare system, coverage, services, timeliness and workforce. Entry into the system means healthcare location and where services are geographically located and finding a provider that is available every day during normal office hours, extended hours for those in the workforce, and specialized healthcare. Access to healthcare impacts not only the physical, but also the mental health status of individuals, prevention of disease, detection and treatment, quality of life, preventable death and premature death, and life expectancy. Individuals who have limited access to healthcare usually state a lack of availability, high costs, and lack of insurance coverage as the reasons for their limitations.



■ Jo Daviess ■ Illinois

2019 MMC Community Health Needs Assessment

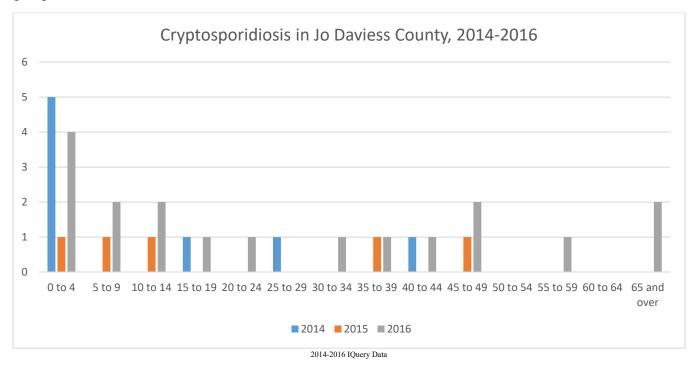
The chart below is the percentages of Jo Daviess County and Illinois residents that are uninsured.

COMMUNICABLE DISEASES

CRYPTOSPORIDIOSIS:

Cryptosporidiosis is a disease caused by an intestinal parasite. Major symptoms include watery diarrhea and abdominal cramping. Other symptoms may include nausea, vomiting, fatigue, weight loss, and low-grade fever. The parasite causing the disease is found in the feces of infected animals and people, which is why it is so important to wash hands after being in contact with pets and after using the bathroom or changing a diaper (Illinois Department of Public Health).

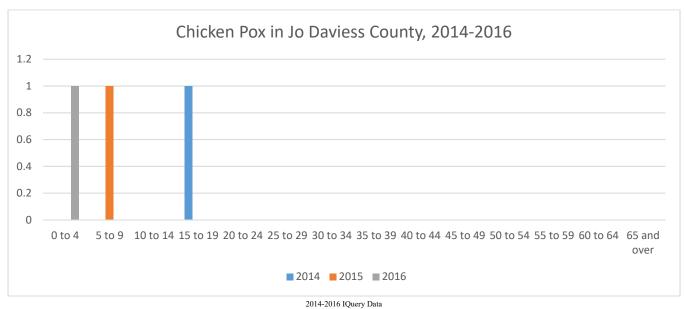
Below is a graph displaying Jo Daviess County cases on Cryptosporidiosis from 2014-2016 and age groups of infected.



CHICKEN POX:

Chicken pox is usually mild, but is a highly contagious disease that is spread person to person from direct contact with fluid from the blisters or from secretions from the respiratory tract. Airborne transmission is also possible from coughing or sneezing. Symptoms can include a fever, fatigue, and a rash that may develop into hundreds of spots that turn into blisters. In 1995, a vaccine was approved for the Food and Drug Administration (Illinois Department of Public Health).

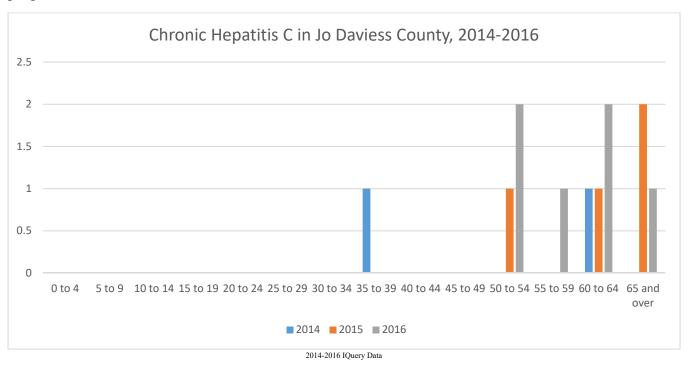
The graph below shows the number of Varicella (chicken pox) cases from 2014 to 2016 and the ages of the people who were infected.



CHRONIC HEPATITIS C:

Hepatitis C is a liver infection caused by the Hepatitis C virus and is spread through contact with blood from someone infected with Hepatitis C. Many people are infected with Hepatitis C from sharing needles or other equipment for drug use. For some people diagnosed with Hepatitis C it is a short-term illness, but it can become a long-term chronic infection. Many often have no symptoms so it is important to avoid behaviors that would spread the disease. Testing for the disease is important because with treatment for many it can be cured in 8 to 12 weeks (CDC).

The graph below shows the number of Chronic Hepatitis C cases from 2014 to 2016 and the ages of the people who were infected.

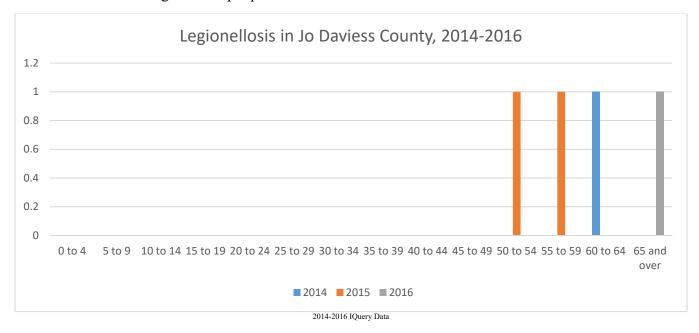


LEGIONELLOSIS:

Legionellosis is a bacterial disease of the lungs caused by Legionella pneumophila (Illinois Department of Public Health). The most common form is Legionnaires disease. Symptoms of Legionellosis may include a high fever, chills, muscle pain, headache, cough, shortness of breath, chest pain, or diarrhea. To receive a diagnosis lab testing is essential. There is no vaccine to prevent the disease, but most cases can be treated with antibiotics (Illinois Department of Public Health).

Legionellosis primarily affects those over the age of 50.

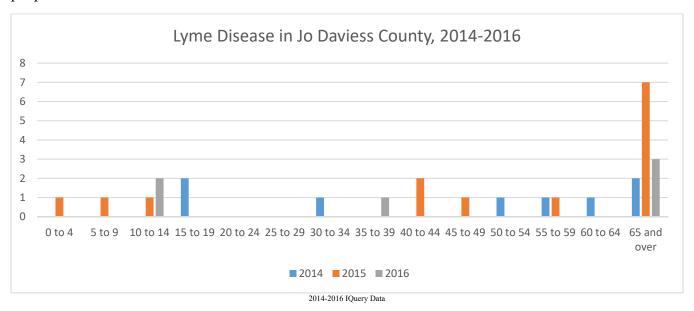
The graph below shows the number of cases of Legionnaires' Disease from Legionellosis bacteria from 2014 to 2016 and the ages of the people who were infected.



LYME DISEASE:

Lyme Disease is a bacterial disease that is transmitted by an infected deer tick, also known as a blacklegged tick. The signs and symptoms vary from person to person and depends on how long the person has been infected. In 70-80% of cases, a ring-like rash occurs 3-32 days after being bit by an infected tick. Other symptoms may include: fatigue, chills, fever, headache, swollen lymph nodes, and joint and muscle pain. In its early stages, Lyme Disease can be treated with antibiotics (Illinois Department of Public Health).

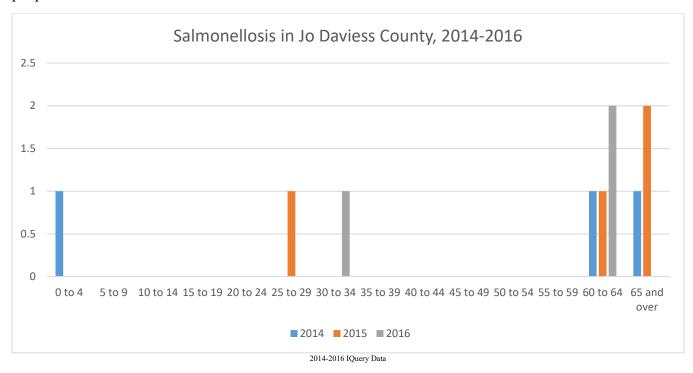
The graph below shows the number of cases of Lyme Disease from 2014 to 2016 and the ages of the people who were infected.



SALMONELLOSIS:

Salmonellosis is an infection caused by the Salmonella bacteria that causes most of the food poisoning cases in the United States. Salmonella live in the intestinal tracts of humans and other animals. Most cases are infected by eating foods contaminated with feces. Person to person transmission can happen when someone who is infected with salmonella does not wash their hands when preparing food or comes in direct contact with another person (Illinois Department of Public Health). Symptoms can include headache, muscle aches, diarrhea, vomiting, abdominal cramping, chills, fever, nausea and dehydration. Usually symptoms begin to appear 6 to 72 hours after ingestion. Salmonellosis is not usually treated with antibiotics, but just fluids to prevent dehydration (Illinois Department of Public Health).

The graph below shows the number of cases of Salmonellosis from 2014 to 2016 and the ages of the people who were infected.



PROCESS

Jo Daviess County Health Department conducted the Community Health Engagement and Needs Assessment in partnership with NACCHO in April 2017. JDCHD also collaborated with MMC for their Community Health Needs Assessment in 2019.

Data that was used for the IPLAN included: 2017 NACCHO Community Health Engagement and Assessment Event, 2019 MMC Community Health Needs Assessment, Centers for Disease Control & Prevention, County Health Rankings, Census Data, Economic and Social Research Institute, Health People 2020, Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, IQuery Data System, MentalHealth.gov, My Plate, State Cancer Profiles, Youth Survey, and United States Census Bureau.

Potential information gaps were discussed relative to the population of persons of Hispanic origin, and also of persons who are living in poverty in the county. This assessment has explored the insular needs of these identified groups by specifically seeking input from persons with knowledge of the specific

health concerns. Input was also sought from members of the professional community who are charged with advancing the health and education of the community and all its members. These gaps were avoided because of the individuals who were involved and their input.

The consultant and community groups reviewed secondary data from state, federal and professional sources and compared it to the primary data gathered. As with many rural areas, secondary data is often a year or more out-of-date, which highlights the importance of historic trends in that data in the county. Identified needs for JDCHD were prioritized through the process. JDCHD began further assessing the needs internally, as to how they impacted the department's mission and vision. Data was analyzed and compared in relation to the health department and its mission and vision. Through this process, the top three health issues for our county were identified. Jo Daviess County Board of Health adopted the top three health issues for the 2019-2024 period to align with the mission statement: to prevent disease, promote a safe and healthy environment and protect Jo Daviess County residents through an organized, comprehensive health effort.

RATIONAL FOR PRIORITY OF HEALTH ISSUES

In the 2015-2020 IPLAN, obesity, cardiovascular disease, and diabetes were identified as health problems in the county. JDCHD collaborated with area schools to collect Body Mass Index (BMI) data, which validated the obesity problem in the county. Jo Daviess County Obesity Prevention Coalition transitioned to Jo Daviess County Wellness Coalition in order to broaden the overall wellness initiatives. JDCHD Wellness Coalition met on a regular basis and established a website to include information on all potential health problems and ways to stay healthy. Jo Daviess County Health Department collaborated with Midwest Medical Center offering low cost hypertension and cholesterol screenings.

In discussing the IPLAN health concerns for 2019-2024, JDC Board of Health and JDCHD staff felt that cardiovascular disease and diabetes could be directly related to obesity. Further issues discussed were access to dental care and behavioral health. Jo Daviess County Wellness Coalition will continue to share information relating to health care. The three issues adopted for the 2019-2024 IPLAN are: obesity, access to dental care, and access to behavioral health services.

1. OBESITY: JDCHD staff and JDC BOH discussed the information presented from the April 2017 NACCHO Community Health Engagement and Assessment Event along with evidence from Midwest Medical Center's 2019 Community Needs Assessment. The consensus was that now that the data continues to show nutrition and obesity as a countywide health problem and additional follow up is required. Jo Daviess County Wellness Coalition and website will be reactivated to continue through the 2019-2024 IPLAN.

Since obesity has been listed as an actual disease, and with the state and Midwest Medical Center's focus on obesity, the BOH felt that it definitely was an area of concern and felt we needed to continue to utilize the data and change behaviors, lifestyles, and general knowledge of obesity and its complications.

2. ACCESS TO DENTAL CARE: Oral Health was identified as a priority health concern in the 2017 NACCHO Community Health Engagement and Assessment Event. Dental Health is an important factor affecting one's overall health. Lack of low cost dental care and the number of dentists accepting Medicaid is a barrier in the county. JDCHD staff and JDC BOH have initiated discussions and planning on this identified concern and are exploring the options for a health department dental clinic.

3. ACCESS TO BEHAVIORAL HEALTH SERVICES: The JDCHD staff and JDC BOH discussed the information presented from the April 2017 NACCHO Community Health Engagement and Assessment Event along with evidence from Midwest Medical Center's 2019 Community Needs Assessment. Behavioral Health was identified as a top priority health concern and is also important to overall health. Poor behavioral health impacts not only mentally, but physically and financially decreasing the quality of life.

ACKNOWLEDGEMENT:

The Jo Daviess County Health Department appreciates the time & effort put forth to review the data & information to identify the three health issues for the 2019-2024 IPLAN. The health department has been participating in the IPLAN process since 1992. The health department is pleased to recognize how the community is willing to collaborate with the health department & implement the IPLAN goals for the county. A special thank you to the ICAHN corporation for allowing us to share data that was developed for Midwest Medical Center's 2019 Community Health Needs Assessment.

COMMUNITY HEALTH PLAN TO ADDRESS THE 3 JO DAVIESS COUNTY HEALTH PRIORITIES 2019-2024

PURPOSE:

The purpose of the community health plan will serve as the health department's guide for planning and implementing health care initiatives that will allow the department and its partners to best serve the emerging health needs of the county. This health plan will help assist in developing a strategy targeting the identified needs of the residents in Jo Daviess County. The ultimate goal of the community health plan is to improve the health of Jo Daviess County residents and provide targeted services to the county.

PROCESS:

The recommended health issues that were brought forward from the Organization Capacity Self-Assessment & the Community Health Needs Assessment Committee were then sent to the Board of Health (BOH) for review. The BOH adopted the top three health issues (obesity, access to dental care, and access to behavioral health) for the 2019-2024 period to further its meeting the mission statement: to prevent disease, promote a safe and healthy environment and protect Jo Daviess County residents through an organized, comprehensive health effort.

COMMUNITY HEALTH OBESITY PLAN 2019-2024

Health Problem:	Outcome Objective:
	2019-2024 Goals:
Obesity	- By 2024, decrease the percentage of adults 18 years and older who are obese from 30% to 25%
	(County Health Rankings and Roadmaps, 2019).
	- By 2024, increase the percentage of 8 th , 10 th and
	12 th grade children reporting a healthy weight from
	66%-74% to 71% to 79% (Youth survey 2018).
Risk Factor(s) (may be many):	Impact Objective(s):
D: 4	2019-2024 Goals:
Diet Inactivity	- By 2022- 2023 increase the percentage of children
Inactivity	in the 8 th , 10 th and 12 th grade who consume fruits and vegetables 1-3 times per day from 22%-28% to
	27% to 33% (Youth survey 2018).
	- By 2022-2023 increase the percentage of children
	in 8 th , 10 th , and 12 th grade reporting to be physically
	active for a total of at least 60 minutes per day for 5
	days per week from 23%-25% to 28% to 30% (Youth survey 2018).
	- By 2022-2023 decrease the percentage of adults
	age 20 and over reporting no leisure-time physical
	activity from 25% to 20% (County Health Rankings and Roadmaps, 2019).
Contributing Factors	Proven Intervention Strategies:
(Direct/Indirect; may be many):	2019-2024 Goals:
	- Explore reactivating the Jo Daviess County
Nutrition	Wellness Coalition (The purpose of the coalition is
Rising Food Costs	to help educate the community about making
Attitudes/Habits	healthy living choices)
Lifestyle	- Increase promotion of the Jo Daviess County
Media Education	Wellness Coalition website
Poor exercise habits	- Provide healthy meal education
Limited funding for prevention programs	- Encourage eligible families to the Women, Infants and Children (WIC) program
Lack of affordable fitness centers	- Encourage eligible families to the Illinois
Food deserts	Department of Human Services for Cash, SNAP
	(Food Stamps) & Medical Assistance
Resources Available	Barriers:
(governmental & nongovernmental)	- Time
- School Wellness Committees	- Lack of state/local funding
- Local community recreation programs	- Willingness to participate
- Jo Daviess County Wellness Coalition website	- Willingness to change lifestyles & habits
- Fitness Centers located within the county	- Lack of healthy, affordable food options
- County food pantries	
- Illinois Department of Human Services	
- WIC Program	

COMMUNITY HEALTH OBESITY PLAN 2019-2024

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

In order to reduce obesity rates, premature deaths and medical problems associated with obesity in all age groups, a countywide approach is needed. This effort needs to collaborate with groups, agencies, schools, employers, daycare providers and county residents in general to change habits, lifestyles and to increase knowledge level of obesity and its devastating link to health problems and premature deaths.

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

- 1. Educate county residents on the media and peer's relationship to healthy food choices.
- 2. Provide periodic articles to county residents related to healthy living to local newspapers, websites and social media.
- 3. Promote the Jo Daviess County Wellness Coalition and the coalition's website

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

- Jo Daviess County Health Department
- Jo Daviess County Wellness Coalition
- Jo Daviess County WIC and Family Case Management
- Jo Daviess County fitness facilities
- Illinois Department of Human Services
- Illinois Department of Public Health
- County schools wellness committees
- Midwest Medical Center
- FHN
- Medical Associates

Evaluation plan to measure progress towards reaching objectives:

- Check with county Information Technology Administrator about the number of visits to the Jo Daviess County Wellness Coalition coalition's website
- Review the objective data with in the County Health Rankings and Roadmaps and Youth Survey
- Documentation of communication with local doctors' offices / fitness facilities
- Social Media posting
- Local newspaper articles

FUNDING

There currently is no state or local funding resources to help work towards the strategic goals mentioned in the plan to combat obesity. The health department will explore funding options during the entire time period observed in this plan.

COMMUNITY HEALTH ACCESS TO DENTAL CARE PLAN 2019-2024

Health Problem:	Outcome Objective:
Access to dental care	2019-2024 Goals:
	- By 2024 develop a community proposal to increase
	access to affordable dental care services
Risk Factor(s) (may be many):	Impact Objective(s):
Tubil I necot (s) (may be many).	2019-2024 Goals:
Lack of oral hygiene	- By 2022-2023 work with the county schools for
	regular use of the Smile Programs Mobile Dentists
	to provide dental care to students in comfortable
	surroundings.
	- By 2023 explore reactivating the Jo Daviess
	County Wellness Coalition (The purpose of the
	coalition is to help educate and provide referrals and
	resources to the community about making healthy
	living choices including encouraging good dental
	habits).
	- By 2022-2023 collaborate with county dentists on
	dental service options.Explore providing dental services at the Jo Daviess
	County Health Department by 2022-2023.
Contributing Factors	Proven Intervention Strategies:
(Direct/Indirect; may be many):	2019-2024 Goals:
(Brice marce) may be many).	- Increase use of mobile dental clinics within the
Lack of dental providers	schools as well as sites throughout the county.
Lack of knowledge on good oral hygiene practices	- Increase promotion of Jo Daviess County Wellness
Diet	Coalition website that will provide updated
Rural area	resources on affordable dental care options and
Lifestyle	lifestyle choices affecting dental health.
Lack of funding	- Refer uninsured Jo Daviess County residents to
Lack of education	local application agencies to assist in applying for
Transportation	Medicaid
Stigma	- Provide dental insurance resources for purchasing
	dental insurance outside of employer options
	- Promote engagement of Jo Daviess County dentists to encourage practicing good oral hygiene including
	exploring low cost dental options
	- Work together with Jo Daviess County Transit to
	provide transportation options
	provide dansportation options

Resources Available (governmental & nongovernmental) Jo Daviess County Health Department Jo Daviess County Wellness Coalition Jo Daviess County Transit Smile Illinois Mobile Dentist Jo Daviess County Board of Health Jo Daviess County Dental Providers Jo Daviess County Senior Center

Illinois Department of Public Health

American Dental Association

Barriers:

- Rural county and lack of public transportation
- Lack of state/local funding/Medicaid providers
- Lack of professional staff
- Cost of oral health care services
- Lack of knowledge of nutritious food options
- Lack of nutrition
- Lack of education around dental health

COMMUNITY HEALTH ACCESS TO DENTAL CARE PLAN 2019-2024

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

In order to increase access to dental health, a countywide approach is necessary. Dental health is often neglected due to lack of access to dentists. Jo Daviess County has 10 dentists with limited Medicaid options. Cost is a barrier to receiving quality dental care. Lower socioeconomic residents of the county are more impacted. This effort needs to be collaborated with public health, schools, transportation, dental professionals, and county residents to increase knowledge of the importance of dental health and creating more opportunities to access dental care.

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

- 1. Promote engagement of Jo Daviess County dentists to encourage practicing good oral hygiene including exploring low cost dental options.
- 2. Increase promotion of Jo Daviess County Wellness Coalition website that will provide updated resources on affordable dental care options and awareness of chronic health conditions relating to oral health.
- 3. Promote good oral hygiene and health care reducing the stigma around dental care.
- 4. A dental clinic at Jo Daviess County Health Department will be proposed and pursued.

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

- Jo Daviess County Health Department
- Jo Daviess County Wellness Coalition
- Jo Daviess County Transit
- Jo Daviess County WIC / Family Case Management Program
- Dental Providers
- Illinois Department of Public Health
- Midwest Medical Center
- Medical Associates
- FHN
- Local newspaper articles

Evaluation plan to measure progress towards reaching objectives:

- Check with county Information Technology Administrator about the number of visits to the Jo Daviess County Wellness Coalition coalition's website
- Documentation of communication with county dental offices
- Documentation from BOH meetings
- Documentation of outreach

FUNDING

There currently is no state or local funding resources to help work towards the strategic goals mentioned in the plan to combat access to dental care. The health department will explore funding options during the entire time period observed in this plan.

COMMUNITY HEALTH ACCESS TO BEHAVIORAL HEALTH SERVICES PLAN 2019-2024

Health Problem:	Outcome Objective:	
Tieattii I Tobleiii.	2019-2024 Goals:	
Access to Behavior Health Services	- By 2024, increase overall access to behavioral	
Access to Beliavior Health Services	health services in Jo Daviess County.	
	- By 2024, increase awareness of mental health.	
	- By 2024, increase awareness of impact of substance abuse.	
	substance abuse.	
Risk Factor(s) (may be many):	Impact Objective(s):	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2019-2024 Goals:	
Low socioeconomic factors	- By 2022-2023, explore reactivating the Jo Daviess	
Poor access to services	County Wellness Coalition (The purpose of the	
Lack of mental health providers	coalition is to help educate and provide referral and	
•	resources to the community about making healthy	
	living choices).	
	- By 2022-2023, pursue collaboration with the 708	
	Jo Daviess County Mental Health Board to address	
	the capacity of facilities to provide services.	
	- By 2024, explore collaboration with county	
	behavioral health providers.	
Contributing Factors	Proven Intervention Strategies:	
(Direct/Indirect; may be many):	2019-2024 Goals:	
	- Increase marketing of the Jo Daviess County	
Access to care	Wellness Coalition website that will provide	
Rural area	updated resources on behavioral health service	
Transportation	Options.	
Stigma	- Address transportation issues and collaborate with	
Lifestyle	Jo Daviess County Transit.	
Illicit Drugs	- Ability to refer county residents to affordable	
	behavioral health services in the surrounding area.	
Resources Available	Barriers:	
(governmental & nongovernmental)	- Rural county and lack of public transportation	
	- Access to care	
Jo Daviess County Health Department	- Cost	
Jo Daviess County Board of Health	- Stigma	
Jo Daviess County 708 Mental Health Board	- Substance abuse	
Jo Daviess County Transit	- Lack of state/local funding	
Galena Clinic	- Willingness to change lifestyles and habits	
Midwest Medical Center		
FHN		
Medical Associates		
Additional local Behavioral Health providers		
Illinois Department of Public Health		

COMMUNITY HEALTH ACCESS TO BEHAVIORAL HEALTH SERVICES PLAN 2019-2024

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

In order to increase access to behavioral health services, a countywide approach is needed. Behavioral health is essential to a person's well-being, healthy family, interpersonal relationships, and the ability to live a full and productive life. People, including children and adolescents, with untreated behavioral health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide (Health People 2020). This effort needs to involve the collaboration of public health, local behavioral health providers, transportation, medical providers, and county residents.

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

- 1. Promote the Jo Daviess County Wellness Coalition and the Coalition's website
- 2. Collaborate with Jo Daviess County 708 Board for Behavioral Health service options
- 3. Educate county residents on behavioral health.

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

- Jo Daviess County Health Department
- Jo Daviess County Wellness Coalition
- Jo Daviess County 708 Mental Health Board
- Jo Daviess County Transit
- Midwest Medical Center
- FHN
- Medical Associates
- Local Behavioral Health providers
- Illinois Department of Public Health

Evaluation plan to measure progress towards reaching objectives:

- Check with county Information Technology Administrator about the number of visits to the Jo Daviess County Wellness Coalition coalition's website
- Documentation of communication with local behavioral health providers
- Documentation from meetings including BOH and 708 Mental Health Board
- Documentation on outreach

FUNDING

There currently is no state or local funding resources to help work towards the strategic goals mentioned in the plan. The health department will explore funding options during the entire time period observed in this plan.

APPROVAL

The IPLAN Community Health Plan was approved by the Jo Daviess County Board of Health on May 4, 2022.

(See Appendix E).

APPENDIX A: COMMUNITY HEALTH ENGAGEMENT AND ASSESSMENT EVENT PARTICIPANTS

Guest List		
Last Name	First Name	
Altfillisch	Megan	
Bauer	Tracy	
Bielenberg	Juanita	
Burke	Dan	
Calvert	Jenny	
Calvert	Matt	
Caron	Bill	
Christ	Steve	
Christ	Marcia	
Cocagne	Stephanie	
Cox	Bonnie	
Dittmar	Peg	
Duc	Pham	
Flanagan	McKinzie	
Freeman	June	
Gabbert	Gail	
Gable	Kathy	
Hesselbacher	Nate	
Hilgendorf	Terri	
Hill	Bernice	
Holland	Gary	
Johnson	Walter	
Kaiser	Megan	
Kane	Paisley	
Lange	Cheryl	
Lenstra	Karen	
Lenstra	Mr.	
Lubcke	Ron	
Marcure	Dan	
Marcure	Beth	
McMinimum	Paul	
McMinimum	Nancy	
McSwain	Kelly	
Meusel	Katie	
Michaelson	Dave	
Montgomery	Jeff	
Moore	Julie	
Murphy	Peggy	

Nicholini	Sue	
Nieman	~	
Nolan	Tiffany Billy	
Nowatski	†	
Paulsen	Hesper Rick	
Pederson	Chuck	
Pham	Nicki	
Raaz	Nicki	
Raisbeck	Wayne	
Randall	Sharon	
Reinhold	Diane	
Rosenthal	Fran	
Schafer	Walter	
Schafer	Cal	
Schafer	Linda	
Schleicher	Sandra	
Schlicting	Kay	
Silberman	Stephen	
Simpson	Ken	
Slichting	Elaine	
Solomon	Jay	
Stangl	Steve	
Stangl	Natalie	
Stangl	Lori	
Stuart	Rose	
Tetford	Shirley	
Townsend	Steve	
White	Lynn	
White	Nancy	
Wienan	Matt	
Williams	Chuck	
Williams	Mrs. Chuck	
Winkelhake	R.J.	
Winkelhake	Mrs. R.J.	
Zolgen	Beverly	
Zueger	Laurie	

APPENDIX B: ORGANIZATIONAL CAPACITY SELF-ASSESSMENT & SWOT ANALYSIS SUMMARY

JO DAVIESS COUNTY HEALTH DEPARTMENT

Organizational Capacity Self-Assessment for 2019-2024

As part of the IPLAN process an Internal Needs Assessment was conducted with the JDCHD staff in December 2021. This was the first assessment for over half of the staff members so a letter along with relevant learning materials was distributed. The staff was informed of the purpose of the assessment being to identify areas from within that need addressing, correcting, and/or expanding. A copy of the letter and the materials is below. The organizational capacity self-assessment was based off of the 10 Essential Public Health Services to protect and promote the health of all people in all communities as well as complete a SWOT analysis. The staff were asked to rank each essential public health service with the following options: No Activity, Minimal, Moderate, Significant or Optimal. They could also provide any comments. For the SWOT Analysis, staff were provided with a set of prompt questions and a table. The organizational capacity self-assessment separated questions by groups within the 10 Essential Public Health Services:

- I. Assess and monitor population health status, factors that influence health, and community needs and assets
- II. Investigate, diagnose, and address health problems and hazards affecting the population
- III. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- IV. Strengthen, support, and mobilize, communities and partnerships to improve health
- V. Create, champion, and implement policies, plans, and laws that impact health
- VI. Utilize legal and regulatory actions designed to improve and protect the public's health
- VII. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- VIII. Build and support a diverse and skilled public health workforce
- IX. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- X. Build and maintain a strong organizational infrastructure for public health

In December 2021, seven staff were employed at Jo Daviess County Health Department. 6 of the 7, or 86%, returned the completed assessment and SWOT Analysis. From the returned surveys, there are two summaries: the Organizational Capacity Self-Assessment and the SWOT Analysis. The reports will identify the areas that should be addressed and presented to the Board of Health in order for them to be aware of the issues and to have input from them on addressing issues.

The following is a copy of the staff letter regarding the organizational capacity self-assessment and SWOT Analysis assessment followed by summaries of the results following the assessment.



JO DAVIESS COUNTY HEALTH DEPARTMENT

9483 US RT. 20 WEST • P. O. BOX 318 • GALENA, ILLINOIS 61036 • (815) 777-0263

December 17, 2021

Dear Jo Daviess County Health Department Staff,

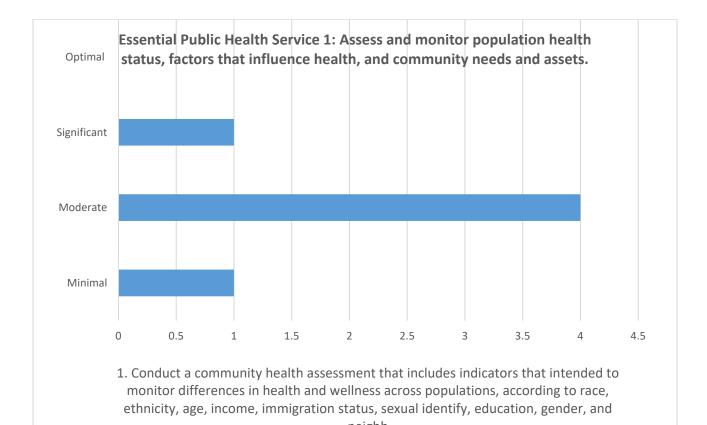
The Illinois Project for Local Assessment of Needs also known as the IPLAN was developed in 1992 by the Illinois Department of Public Health (IDPH) in collaboration with local health departments to meet the requirements set forth in the Illinois Administrative Code Section 600 – Certified Local Health Department Code. These requirements include: assess the health needs of the community, investigate the occurrence of adverse health effects, advocate for public health, develop plans and policies to address priority health needs, manage resources and develop organizational structure, implement programs and other arrangements, evaluate programs and provide quality assurance, and inform and educate the public on public health issues. There are three main components included in the IPLAN: an organizational capacity assessment, a community health needs assessment and a community health plan.

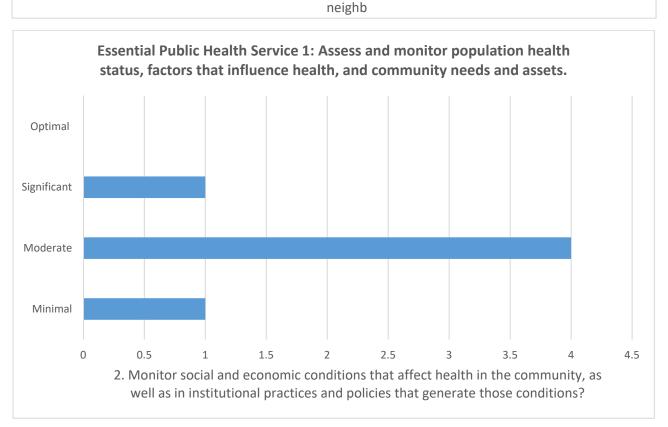
The last completed IPLAN for Jo Daviess County was from 2015 to 2019, but due to staffing issues and the COVID-19, response the completion of the 2019 to 2024 IPLAN was delayed. In 2017, the National Association of County and City Health Officials (NACCHO) completed a community health engagement and assessment event in Jo Daviess County. The summary report is available for review; however, please note the greatest health needs that were identified are as follows: mental health and substance abuse, child nutrition and social services, senior services and oral health.

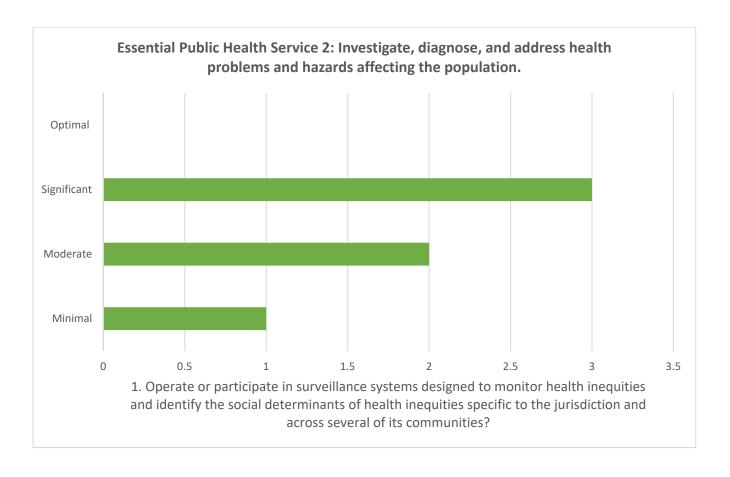
Jo Daviess County Health Department is required at least once every five years to complete an organizational capacity self-assessment that meets the Illinois Administrative Code. This organizational capacity self-assessment has questions based off the 10 Essential Public Health Services to protect and promote the health of all people in all communities. As part of the strategic planning process, in addition to the self-assessment, please also complete the SWOT Analysis. The acronym stands for strengths, weaknesses, opportunities and threats.

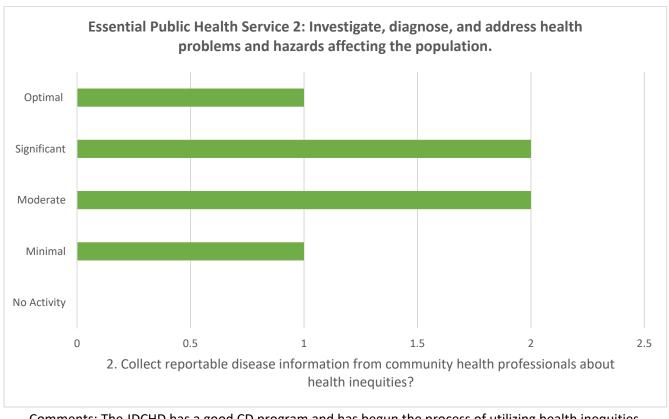
Please complete and return the Organizational Capacity Self-Assessment and SWOT Analysis by Thursday, December 23, 2021.

Thank you for your participation.

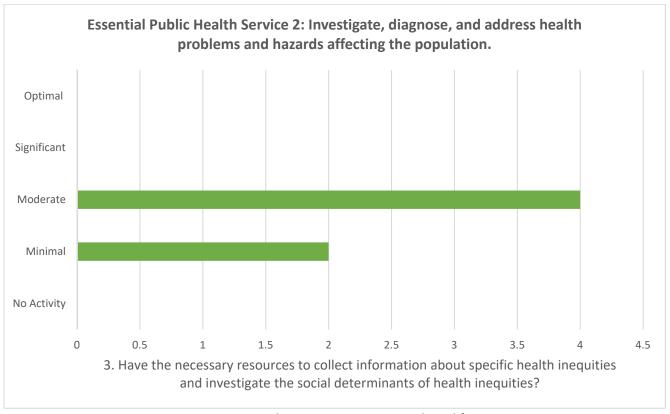




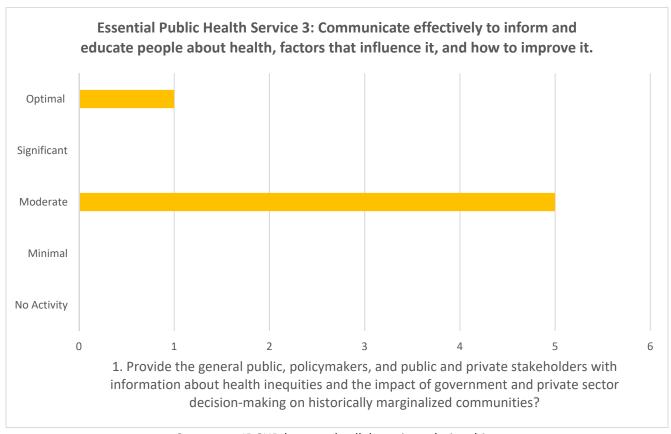




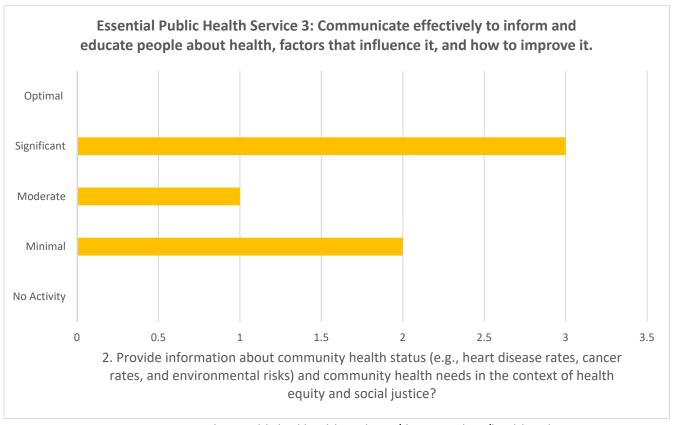
Comments: The JDCHD has a good CD program and has begun the process of utilizing health inequities.



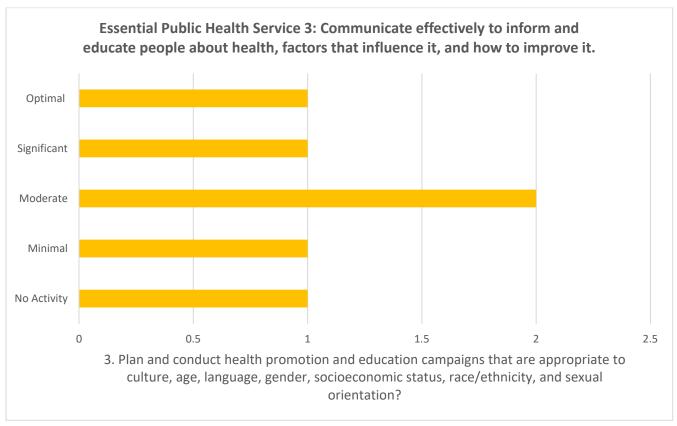
Comments: JDCHD is beginning to process with tool from IDPH



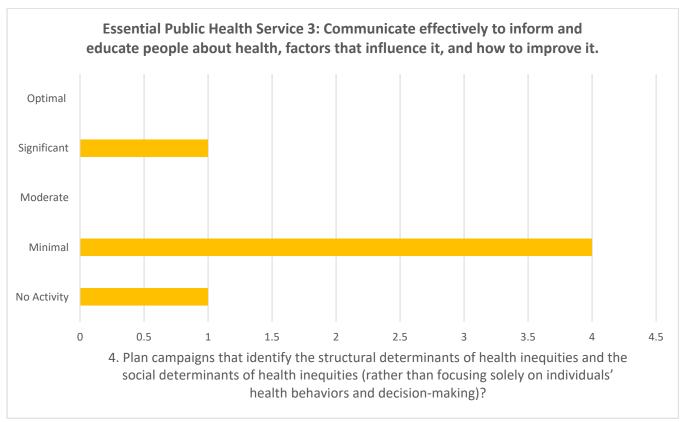
Comment: JDCHD has good collaborative relationships



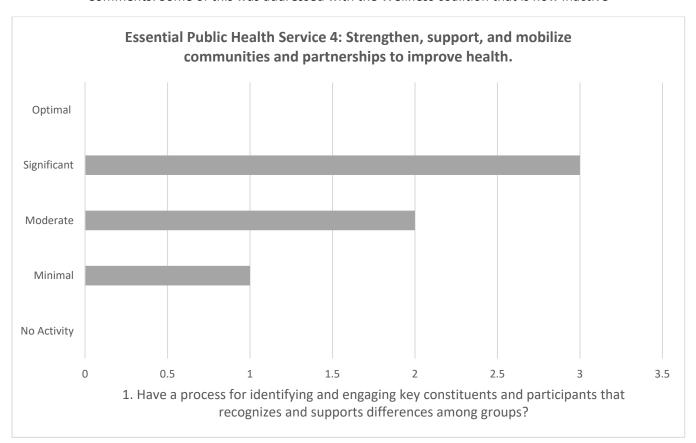
Comments: JDCHD utilizes published health rankings/demographics/health indicators

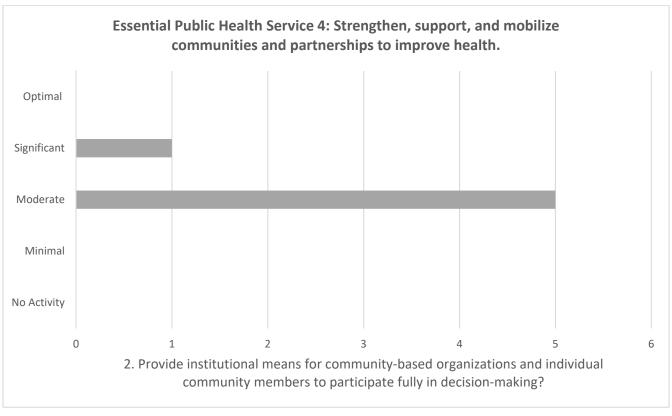


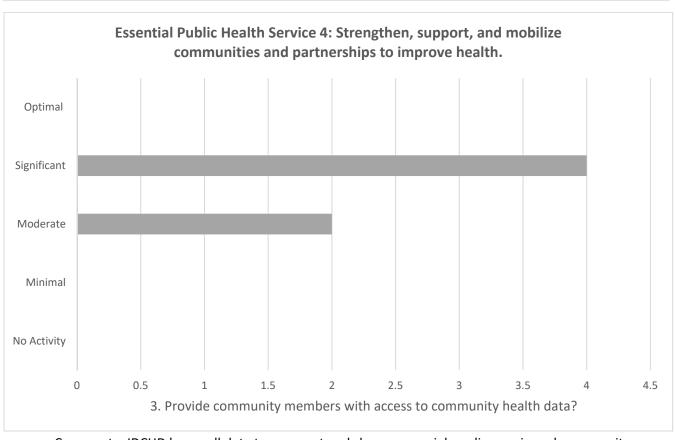
Comments: JDCHD did have the Wellness Coalition but it has been inactive



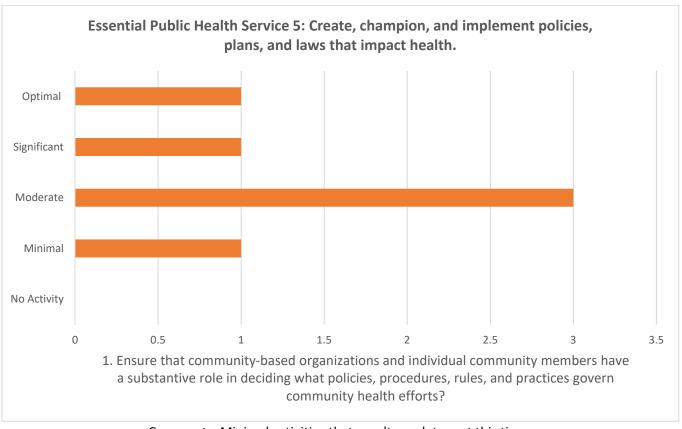
Comments: Some of this was addressed with the Wellness coalition that is now inactive



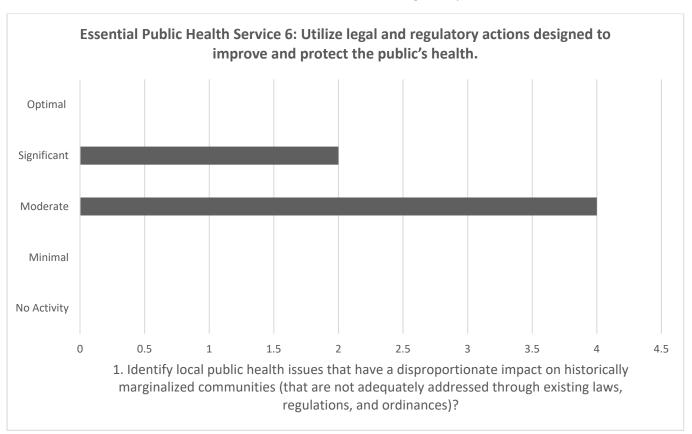


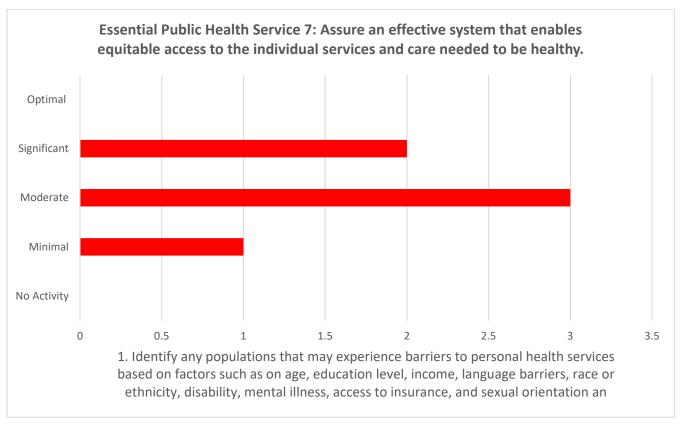


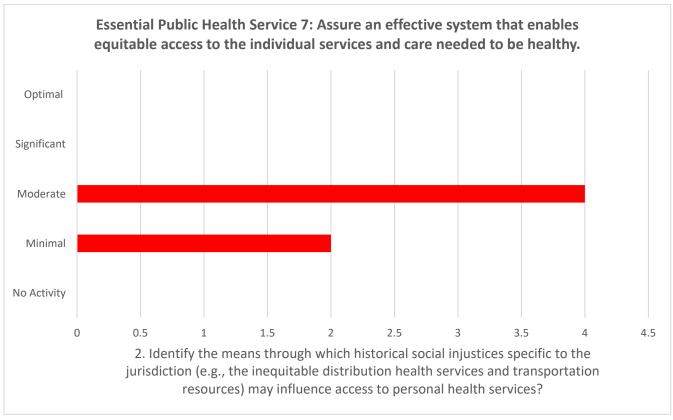
Comments: JDCHD keeps all data transparent and shares on social media as privacy laws permit

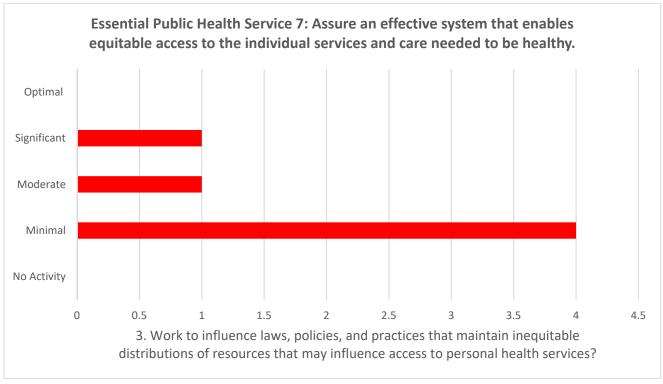


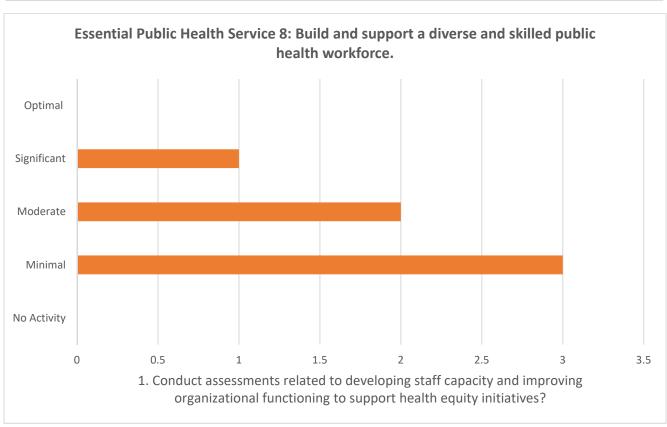
Comments: Minimal activities that aren't regulatory at this time



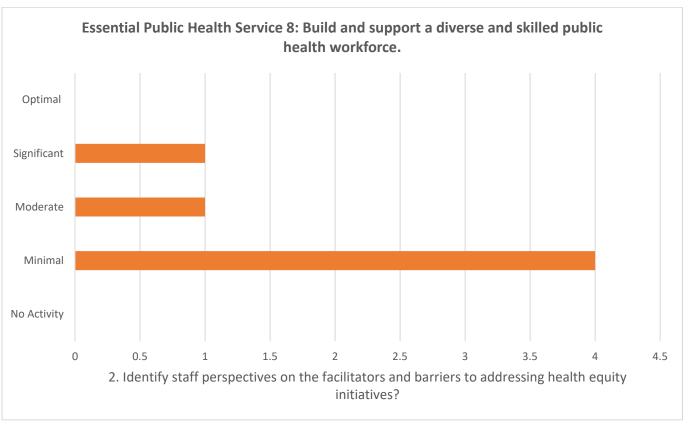


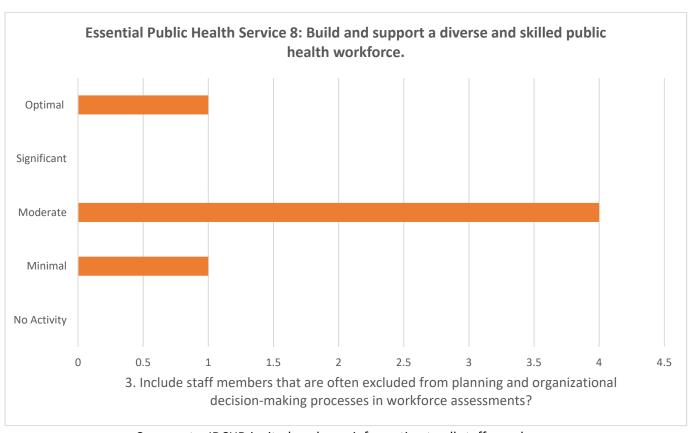




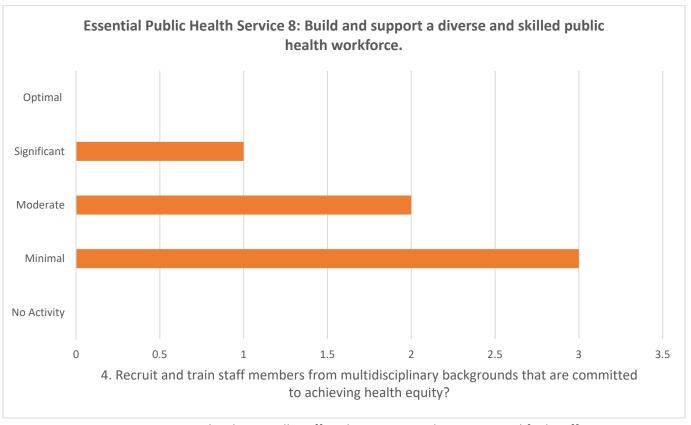


Comment: JDCHD has historically suffered recruiting and retaining qualified staff

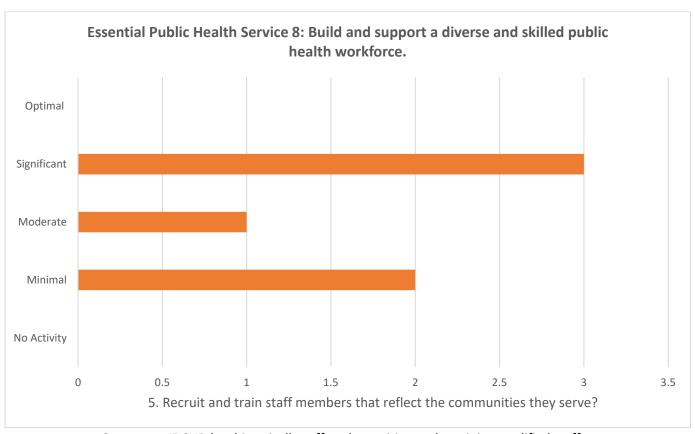




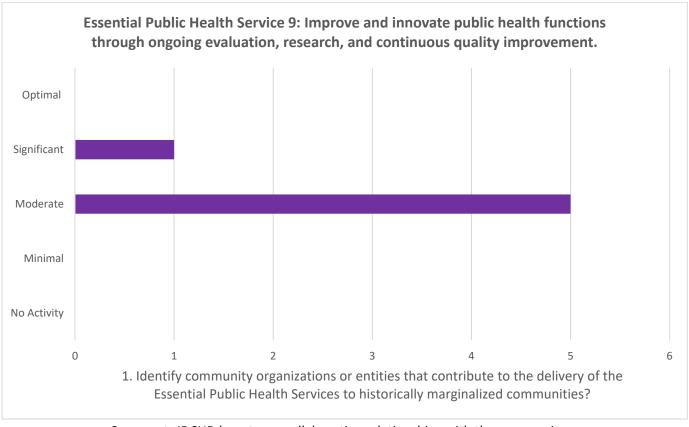
Comments: JDCHD invited or shares information to all staff members



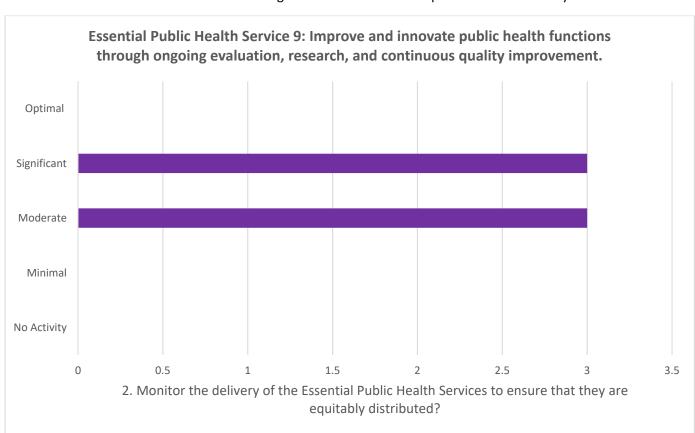
Comment: JDCHD has historically suffered recruiting and retaining qualified staff

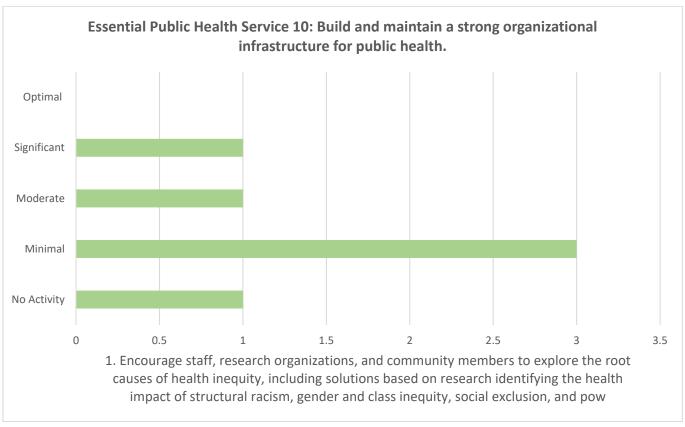


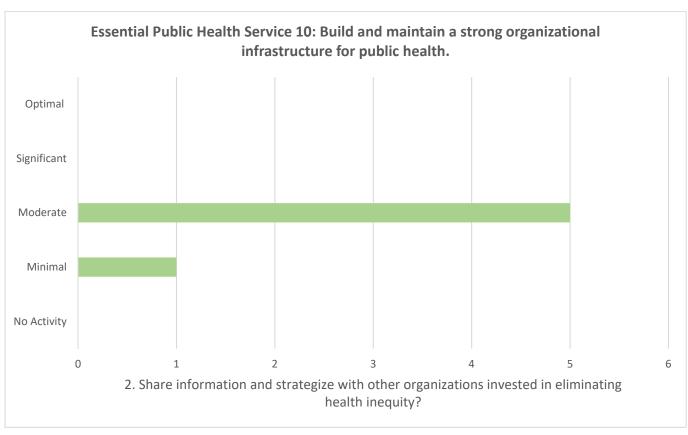
Comment: JDCHD has historically suffered recruiting and retaining qualified staff

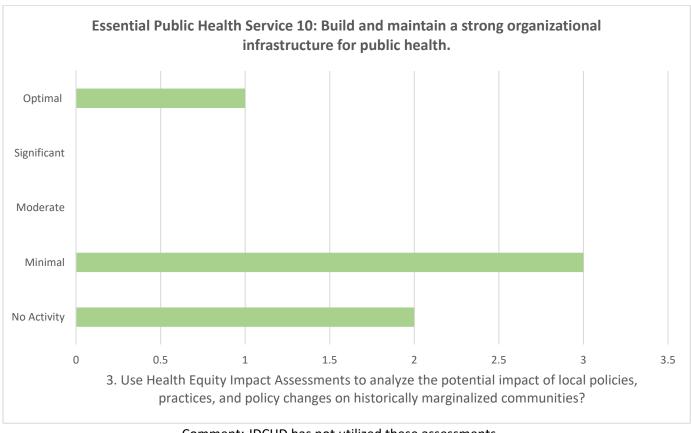


Comment: JDCHD has strong collaborative relationships with the community

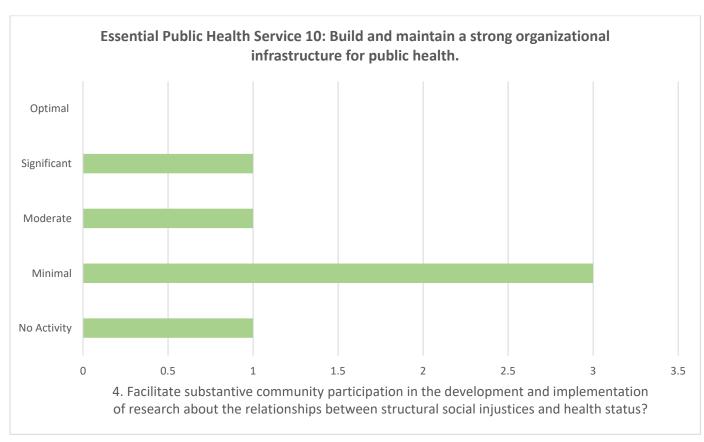








Comment: JDCHD has not utilized these assessments



SWOT Analysis Summary:

Strengths:

- Great collaborative relationship with community partners
- Engaged board of health
- A building with space to expand
- Provides great services
- Childhood immunizations
- Exposure during pandemic
- Hard working employees
- Motivated staff
- Friendly staff that are willing to help the community
- Staff teamwork
- Thorough
- Staff works well together as a team
- Small community atmosphere
- Hard working
- Knowledgeable
- Passionate

Weaknesses:

- Lack of staff with strong public health experience
- Adequate funding in expanding service
- Lack of Services
- Lack of proper systems / equipment
- Offer for more services
- Lack of staff needed to expand
- Adult immunizations lack of
- COVID testing, want more of it vs. going to the hospital
- Limited staff
- Limited services
- Perception during pandemic
- Understaffed
- Not offering as many programs as previously ex. WIC, Home Health, lab draw...
- Not enough staff

Opportunities:

- Recently increased wages may assist in recruitment/retention that can enable expanded services
- Mental health
- Dental
- Women's wellness

- Lab draw program plan to reinstate
- Expand offerings / services
- Add staff as growing
- Growth
- Looking into new health programs
- Looking into new grants
- Expanding services

Threats:

- Funding challenges
- Difficulties in recruiting experienced public health staff
- Lack of staff
- COVID pandemic and stress of all healthcare workers and people employed in various other non-healthcare fields due to lack of people returning to workforce
- Funding / revenue
- Staff workload more with less
- COVID-19
- Funding lack
- Funding in public health is always a challenge

APPENDIX C: COMMUNITY HEALTH ENGAGEMENT AND ASSESSMENT EVENT

January 11, 2017

To Whom It May Concern,

You are cordially invited to attend the Jo Daviess County Health Department's **Community Health Engagement & Assessment Dinner Event**, hosted by the Jo Daviess County Health Department Staff and the National Association of County & City Health Officials. This event will be held *on Wednesday*, *April 5th*, 2017 at 4:30PM at Eagle Ridge Resort & Spa, located at 444 Eagle Ridge Drive Galena, Illinois.

As an event participant, you will:

- learn about the role and services of the Jo Daviess County Health Department and other providers
- share information about the health of county residents
- learn more about the health needs of local residents
- exchange ideas on what health services the county needs
- learn about opportunities on how you can support your community's health

Dinner will be served and childcare services will be available throughout the evening.

Please **R.S.V.P** to Elizabeth Townsend, Public Health Administrator by calling (815)777-0263 ext.222 or by emailing <u>etownsend@jodaviess.org</u> no later than January 31st, 2017. If you are unable to attend the event please feel free to send another representative on your behalf.

Thank you, and we look forward to hearing from you!

Sincerely,

Elizabeth Townsend, MPA
Public Health Administrator
Jo Daviess County Health Department



9483 US Rt. 20 West • P. O. Box 318 • Galena, Illinois 61036 • (815)777-0263

PRESS RELEASE

Community Health Engagement & Assessment Dinner Event

The Jo Daviess County Health Department will host a FREE Community Health Engagement & Assessment Dinner Event, on Wednesday, April 5th, 2017 at 4:30PM at Eagle Ridge Resort & Spalocated, 444 Eagle Ridge Drive Galena, Illinois.

Event participants will:

- learn about the role and services of the Jo Daviess County Health Department and other providers
- share information about the health of county residents
- learn more about the health needs of local residents
- exchange ideas on what health services the county needs
- learn about opportunities on how you can support your community's health

ALL WELCOME: Jo Daviess County Residents are invited to attend the event for FREE! *FREE Dinner and Childcare during the event.

Anyone who would like to attend, please R.S.V.P to Elizabeth Townsend, Public Health Administrator by emailing etownsend@jodaviess.org no later than January 31st, 2017.

Elizabeth Townsend, MPA
Public Health Administrator
Jo Daviess County Health Department



Community Health Engagement & Assessment Dinner

WEDNESDAY, APRIL 05, 2017

AGENDA

Registration 4:30PM-5:00PM

Welcome 5:00PM-5:15PM

Our County's Health 5:15PM-5:30PM

Q&A 5:30PM-5:54PM

Dinner 5:45PM-6:30PM

Building a Healthier County 6:30PM-7:15PM

Dessert 7:15PM-7:40PM

Next Steps 7:40PM-7:50PM

Raffle 7:50PM-8:00PM

1. Brainstorm. What are the health needs that are important to you or others in the county?

Record the responses on the provided tally sheet. Emphasize with the group that there are no wrong answers during this process. Write down every suggestion that is given, clarifying ideas as needed. The aim is to get 10-15 suggestions and make sure everyone has the chance to share an idea.

If they are not mentioned, propose adding health needs from the attached list.

To help people brainstorm, you may use one or more of the following questions:

- What is one issue that is important for senior citizens in Jo Daviess County? (children and adolescents?)
- What is one environmental health issue that is important?
- What is one issue that may be worse in Jo Daviess County than in other parts of Illinois?

2. Prioritize. Which three health concerns do we consider to be the highest priority?

Group chooses top 3 health priorities using hand raising. Instructions: "Please take a moment to review this list and jot down your top 3 health concerns. Raise your hand to vote as I walk through the list of health concerns. You may vote 3 times." The facilitator tallies up all votes and placed a check-mark next to the top 3 issues.

3. Brainstorm. What health, mental health, environmental health or social services need to be added or increased in the county?

Record the responses on the provided tally sheet. Remind with the group that there are no wrong answers during this process. Write down every suggestion that is given, clarifying ideas as needed. The aim is to get 10-15 suggestions and make sure everyone has the chance to share an idea. If they are not mentioned, propose adding services from the attached list of common LHD services.

To help people brainstorm, refer to the list of currently offered services as well as the list of others found at other health departments. You can use one or more of the following questions:

- What is one service that needs to be more available to senior citizens in Jo Daviess County?
- What is one mental health service that is needed? Medical? Environmental health? Here are some examples of services commonly offered by local health departments...

4. Prioritize. If we had to recommend the county add or expand three of these services, what would they be?

Group chooses top 3 health priorities using hand raising	. Instructions: "Please take a moment to review
this list and jot down the top 3 services you think are ne	eded. Raise your hand to vote as I walk through
the list of health concerns. You may vote 3 times." The f	acilitator reads the list and tallies up the number
of votes for each, placing a check-mark next to the top 3	3 issues selected by the group.
Facilitator:N	lumber of participants:

Record responses here. Place a checkmark next to the top 3 priorities from each list.

Health concerns:

1.	
2.	
3.	
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Services needed:

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11.	
12.	
13.	
14.	
15.	



Jo Daviess County Health Department • 9483 US Rt. 20 West • P. O. Box 318 • Galena, Illinois 61036

May 11, 2017

To: Jo Daviess County, Illinois Area Local Newspapers

Subject: Results from the April 5th, 2017 Jo Daviess County Health Department Community Engagement & Assessment Event

The Jo Daviess County Health Department is pleased to share the results from their April 5th Community Engagement & Assessment Event. Approximately 60 Residents of Jo Daviess County attended the event to learn more about the Health Department's services that are offered and also to provide input to help identify what services County Residents would like to see offered and what the health concerns are in the County. During the event each of the participants completed a survey. Results from that survey identified services that were felt to be most needed in the county. Mental health/substance abuse was the top category identified, with many suggestions also made for increasing medical, dental, social and environmental services.

Participants were later broken down into groups of 8-10 to discuss health concerns and needed services in the County and then voted among the groups to identify what services were considered to be the most important. The greatest health needs identified through this process were mental health and substance abuse, child nutrition and social services, senior services, and oral health. Similarly, the health services of greatest interest shared were also in the areas of mental health and substance abuse, oral health and social services, along with clinical services and improving the county's high speed Internet and transportation infrastructure, particularly in terms of ease of access to receiving preventative services and clinical care.

Based in the findings, the Health Department assumed three focus areas to work on including **dental services**, **mental health/substance abuse and clinical services**. On May 3rd, 2017, the Board of Health approved to begin the process of perusing the development of a County Dental Program. Also, Clinical services will likely expand in the area of adult immunizations, and in addition, the Health Department will begin to meet with local mental health providers and community partners to form a plan for addressing mental health/substance abuse issues in the County.

The full Summary Report for the Community Engagement & Assessment Event is available on the Jo Daviess County website or by visiting http://www.jodaviess.org/vertical/sites/%7B7C77C92D-D4A3-4866-8D3D-FE560FE5CFC8%7D/uploads/Jo Daviess County CHA Report 050517.pdf.

Sincerely,

Elizabeth Townsend, BHS, MPA Public Health Administrator Jo Daviess County



Jo Daviess County Community Health Engagement and Assessment Event

Galena, Illinois April 5, 2017

SUMMARY REPORT

Prepared by the National Association of County and City Health Officials



Table of Contents

Contents

Executive Summary	2
Table discussions and prioritization exercise	
Table 1. Roundtable Feedback: Health Concerns in Jo Daviess County	5
Table 2. Roundtable feedback: Services needed in Jo Daviess County	7
Appendices	
Appendix 1: Jo Daviess County Community Health Engagement and Assessment Event Agenda	<u>S</u>
Appendix 2: Jo Daviess County Health Department Community Health Pre-event Survey	10
Appendix 3: Participant Survey Results	12
Appendix 4: Jo Daviess County Health Profile	19
Annendix 5: In Daviess County Health Denartment Presentation	21

Executive Summary

Approximately sixty community members from across Jo Daviess County participated in a Health Engagement and Assessment Event, hosted by the Jo Daviess County Health Department (JDCHD) on April 5th, 2017, at the Eagle Ridge Resort in Galena, Illinois. The purpose of the 3-hour event was twofold: 1) to communicate to county residents the services that Jo Daviess County Health Department offers, and 2) to gather community input to help identify health concerns and gaps in services in the county. See Appendix 1 for the event agenda.

Participants were given a brief survey (Appendix 2) to complete upon arrival to the event. A summary of responses from the 40 submitted surveys is found in Appendix 3. The top reasons for attending the event were to learn about the county department, including services/resources and partnership opportunities, followed by interest in/concern for improving the county's health needs. Participants were also asked to identify services that they felt were most needed in the county, and mental health/substance abuse was the top category identified, with many suggestions also made for increasing medical, dental, social and environmental services.

In order to prepare participants for a discussion of community health concerns and service needs, staff from the Department presented an overview of county services (Appendix 4). Consultants with the National Association of County and City Health Officials (NACCHO) then presented a health profile of Jo Daviess County, compiled from national data sources (Appendix 5). Participants, seated in groups, brainstormed health concerns and needed services, then voted in groups to select the highest priorities for the county. The greatest health needs identified through this process were mental health and substance abuse, child nutrition and social services, senior services, and oral health. Similarly, the health services of greatest interest shared were also in the areas of mental health and substance abuse, oral health and social services, along with clinical services and improving the county's high speed Internet and transportation infrastructure, particularly in terms of ease of access to receiving preventative services and clinical care.

Findings from the community event will be shared with key stakeholders, including health department staff, Jo Daviess County Board of Health, and Jo Davies County Board of Directors. A summary of findings will be distributed through local media and available on the health department website. The Board of Health and Public Health Administrator for Jo Daviess County Health Department will determine what program(s) to offer based on funding resources, sustainability and need. Some of these program changes may be reflected in the proposed FY2018 Health Department Budgets.

Table discussions and prioritization exercise

Participants were seated in tables of six to eight participants. Each table was charged with brainstorming and prioritizing as a group the top health concerns and services most needed in Jo Daviess County. Each table was facilitated by a JDCHD employee or a NACCHO consultant who asked participants first to brainstorm health concerns that are important to them or other Jo Daviess County residents. Once a list of health concerns was generated, participants were asked to vote up to three times for the health concerns they believed were most important in Jo Daviess County. They repeated the same process of brainstorming and voting to generate a list of health services that were most needed in Jo Daviess County. The table facilitators submitted the list of health concerns and health services brainstormed, highlighting the top 3 services and top 3 health concerns. Attached is a full list of ideas generated for both health concerns (Table 1) and services (Table 2).

Priority health concerns

Five prioritized mental health and substance abuse concerns:

- Access to mental health services—in and out-patient
- Awareness of mental health services
- Child and adolescent mental health: anxiety, behavioral problems
- Substance abuse—drugs/opiates, alcohol (teens, grade school, and older adults)

Three prioritized **child and adolescent health** concerns:

- Kids and healthy meals-education needed and resources available
- WIC, child services
- Children with special needs

Three prioritized senior health concerns:

- Toenail care and foot care for elderly
- Transportation--to doctor, store, social needs, isolation
- Small group home for elderly

Two prioritized **oral health** suggestions:

• Dental care-state aid or uninsured--urgent evaluation

Additional prioritized health issues:

- Women's health services--referral resources
- Veteran health needs
- Water issues--unsealed wells, groundwater concerns, unmaintained septic systems
- Communication across non-English-speaking population
- Health department extension of hours

Priority Health Services:

Mental health and substance abuse

- Inpatient mental health
- Affordable counseling

Clinical services

- Pediatric outpatient services
- Preventive screening (mammograms, etc.)
- Mobile clinics--screening, mental health, dentistry

Oral health

- Dental care clinics--kids
- Free/ low fee dental clinic

Infrastructure

- Infrastructure (high-speed internet)
- Transportation; non-emergency transportation

Social services

- Credible senior agencies
- WIC programs
- Veteran ombudsman (case manager)

Other services

- Advertise Radon
- Paid EMS
- Emergency preparedness-countywide/coordinate

Table 1. Roundtable Feedback: Health Concerns in Jo Daviess County

Prioritized concerns in bold.

Topic area	General	Maternal and child health (including adolescents)	Seniors
Wellness/ prevention	Obesity	Childhood obesityphysical activity, families not good role models	
	Fitness education	Kids and healthy meals-education needed and resources available	
	Smoking		
	Nutrition		
	Cleanliness of individualseducation		
Mental health and substance	Access to mental health servicesin and outpatient, distance	Child and adolescent mental health: anxiety, behavioral problems	
abuse	Awareness of mental health services	Underage drinking	
	Increase mental health services (2)		
	Substance abuse-drugs and alcohol (2)		
	Substance abuse-opiates, alcohol (teens, grade school, and older adults)		
	AA groups, Al-Anonlack of funding		
	Opiate abuse-prescription abuse (2)		
Chronic	High cholesterol		Toenail care and foot care for elderly
disease	Chronic health education		
	Diabetes (2)		
	Foot care		
Oral health	Oral health -too few providers, few accept Medicaid, too expensive (out of pocket costs), State aid or uninsured (4)		
	Dental care-state aid or uninsuredurgent evaluation		
Social services	Dental care		
	Adult dental services-lack of providers		

Topic area	General	Maternal and child health (including adolescents)	Seniors
Clinical services	Communication across non-English speaking population	OB care lack of availability	Dementia
	STD testing	Women's health servicesreferral resources	Senior services-medical services
	Short staffing in health department	Breast cancer	Elder abuse
	Health department extension of hours		Home health services (2)
	Lack of specialists in area		
Infrastructure	Affordable housing	Schools	
	Transportationto Doctor, store, social needs, isolation		
	Transportationfood and healthcare access, to services (3)		
	Separation of population-east to west of county		
	Attracting young people to county		
	Economic development		
Social services	Food insecurity (food pantries w/ high caloric foods)	Children with special needs	Small group home for elderly
	Public aid	WIC, child services	Meals on wheelssenior meals
	Hoarding		Adult day care
	Veteran health needs		Residential care for seniors
Environmental	Climate change		
health	Lead testing		
	Radon		
	Abandoned homes clean-up		
	West Nile Virus		
	Food inspectionspoor conditions in some establishments		
	Water issuesunsealed wells, groundwater concerns, unmaintained septic systems		
	Sharps/old medication disposal		
Animal control	Feral catsneed to spay and neuter but too expensive		

Table 2. Roundtable feedback: Services needed in Jo Daviess County.

Prioritized concerns in bold.

Topic area	General	Maternal and child health (including adolescents)	Seniors
Wellness/ prevention	Fitness centers	Obesity-more attention to teens	
	Community gardens	School-based education classes; hygiene, sex education	
	Extension program food classes		
	Evening classes-dental, mental, substance abuse		
Mental health	AA groupslack of funding		
and substance use	Mental health services; inpatient mental health; affordable counseling (3)		
	Substance abuse treatment-counseling, education, e.g. In Plain Site program		
Chronic	Chronic disease self-management		
disease	Diabetes education, incl. dieticians		
Oral health	More specialists	Dental care clinicskids	
	Free/ low fee dental clinic (3)		
Clinical services	Mobile clinicsscreening, mental health, dentistry	Pediatric outpatient services	Home visits-falls, screening @ clinics, PCPs, medication reviews, transitional care management
	Adult immunization	Women's health services	Home health care
	Preventive screening (mammograms, etc.)	Planned parenthoodmaternal parenting classes	
	Confidential STD testing		
Infrastructure	Economic development Infrastructure (high-speed internet)		
	Transportation; non-emergency transportation (2)		

Topic area	General	Maternal and child health (including adolescents)	Seniors
Social services	Social services	Childcare, esp. w/ special needsscreening	Senior nutrition services (2)
	Advanced directives education	Affordable childcare	Meals on Wheels
	Delivering medications	Child advocacy	Credible senior agencies
	Low cost medications office	WIC programs (2)	Trained caregivers
	Veteran ombudsman (case manager)		
	Health insurance and Medicaid navigation		
	Bridging local food supplies w/ food shelters		
Environmental	Vector servicestick education		
health	More environmental health promotion		
	Advertise Radon		
Emergency/	Pay EMS		
preparedness	Emergency preparedness- countywide/coordinated		
	EMS serviceshome health needed		
Animal	Animal adoption		
control	Feral cat problem		
	Animal controlafter hours needed and more than dogs		
Other	Countywide resource for all agesone location		
	Bilingual services		
	Coalition building across borders		
	Explore other states programs		
	Get into community more		



WEDNESDAY, APRIL 05, 2017

AGENDA

Registration 4:30PM-5:00PM

Welcome 5:00PM-5:15PM

Our County's Health 5:15PM-5:30PM

Q&A 5:30PM-5:54PM

Dinner 5:45PM-6:30PM

Building a Healthier County 6:30PM-7:15PM

Dessert 7:15PM-7:40PM

Next Steps 7:40PM-7:50PM

Raffle 7:50PM-8:00PM

Appendix 2: Jo Daviess County Health Department Community Health Pre-event Survey

Thank you for coming! We appreciate your taking a few minutes to fill out this short survey before this evening's event begins.

1. F	How did you hear about thi Health department Word-of-mouth Newspaper Flyer Other (specify):		k all that apply)				
2. V	What motivated you to atte	end today's eve	ent? What are y	ou hoping to	learn?		
F	How satisfied have you bee Please place a check in the please check "not applicabl	applicable box.	_				
·		Very	Dissatisfied	Neutral	Satisfied	Very	Not
	Animal Cantual	dissatisfied				satisfied	applicable
	Animal Control Services						
	Clinical Services						
	Environmental Health						
	services						
	Wellness Coalition						
	Emergency						
	preparedness						
4.	Please provide a brief ex "dissatisfied."	xplanation for a	ny services wit	h which you	are "very dissa	atisfied" or	
5.	Where do you receive yo	our services for	: (check all that	apply)			
	a) Primary care: □ Doctor's office □ Hospital □ Community Hea □ Other:	alth Center					

	b)	Dental care: □ Dentist office □ Mobile Dental Provider □ Community Dental Center □ Other:
	c)	Where else do you go for your health needs (name of organization and for what services)?
6.	In you	r opinion, what other health-related services does Jo Daviess County need more of? (check all pply) Mental Health Services Substance Abuse Services Increased access to healthcare Increased access to dental care Senior Services Nutrition Services Environmental Health Services Other:
7.	Please	e briefly explain why you feel the county needs more of the services you selected above.
8.	What 6	else would you like Jo Daviess County Health Department to know?

Appendix 3: Participant Survey Results

n=40

Q1 - How did you hear about this event? Check all that apply.

Resp	oonse	%
Heal	th department invitation	63%
Wor	d-of-mouth	8%
New	rspaper	25%
Flye	Flyer	
Othe	Other:	
•	Board of Health member	
•	East Dubuque Schools	
•	Guest of a friend	
•	Husband of employee	

Q2 - What motivated you to attend today's event? What are you hoping to learn?

Themes

- 1. Learn about the county department, including services/resources and partnership opportunities (15)
 - a. Mental health (2)
 - b. Animal control/welfare (2)
 - c. Medicaid
- 2. Learn about/concern about/interest in improving county's health needs (8)
 - a. Data sources
 - b. Public perceptions
- 3. Free dinner/food (3)
- 4. Social engagement: networking, live in the community, joining a friend (3)
- 5. Looking for ways to enhance students' lifelong health habits
- 6. Work: love of the health department

All Responses

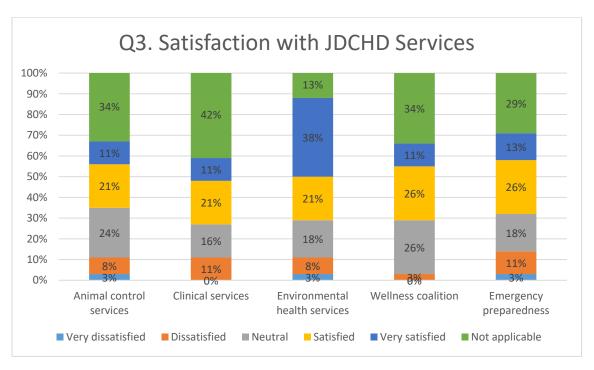
- 1. A friend brought me who thought I would be interested
- 2. About the health profile of the county
- 3. Always looking for ways to enhance students' lifelong health habits.
- 4. Concern for public wellness in Jo Daviess County. Hope to learn concerns and priorities of county residents.
- 5. Curiosity? What is available?
- 6. Currently partner with JDCHD on programs. Hope to learn more about the dept. and collaborations.
- 7. Free dinner and learn about good health
- 8. Free dinner and learn more about what the health dept. does.
- 9. Good stuff--very important to our community.
- 10. Health professional shortage and mental health. Services possibly being discontinued.
- 11. How we can partner with you to reach more individuals (to promote) nutrition and wellness programs within the county and provide because from a financial standpoint group nutrition education programs are successful when provided by qualified healthcare providers.
- 12. I am a board member of Safe Haven and we hope to work with animal control for the benefit of Jo Daviess homeless dogs and cats.

- 13. I feel the health department provides great value for our county. I am hoping to learn about potential services the health department can provide.
- 14. I live in the community
- 15. I want to learn what services may benefit me as a senior citizen on Medicare.
- 16. Information and to listen to other problems and concerns
- 17. Interest in improving county
- 18. Interest in the needs identified and how I might work with others (people and organizations)
- 19. Learn more about Jo Daviess County's animal control and any plans for dealing with the feral cat population
- 20. Learn more about the services of the county and health department. Share information and exchange ideas.
- 21. More regarding health needs in Jo Daviess Co. Data sources to support need for services.
- 22. Possible networking
- 23. The food. Update on programs.
- 24. The health needs of the county
- 25. The public's perception of our community needs
- 26. The work on water issues we've (The League of Women Voters) shared with the health dept. Interest in mental health.
- 27. To learn about our county health department
- 28. To learn more about the resources that are available.
- 29. Wanted to learn more about our health department
- 30. Wanted to see what's available
- 31. What services we need in the county
- 32. Work: love of the health department

Q3 - How satisfied have you been with the following services offered by Jo Daviess County Health Department? Please place a check in the appropriate box. If you do not have experience with that particular service, please check "not applicable" (n=38)

	Very				Very	Not
Service	dissatisfied	Dissatisfied	Neutral	Satisfied	satisfied	applicable
Animal control services	3%	8%	24%	21%	11%	34%
Clinical services	0%	11%	16%	21%	11%	42%
Environmental health						
services	3%	8%	18%	21%	38%	13%
Wellness coalition	0%	3%	26%	26%	11%	34%
Emergency preparedness	3%	11%	18%	26%	13%	29%

Note: Some total percentages may sum to over 100% due to rounding.



Q4 - Please provide a brief explanation for any services with which you are "very dissatisfied" or "dissatisfied."

- 1. Charge people at farmer's markets for selling honey and nuts when I don't think by law they should be; Charge churches to have meals in church when by law I don't think they should.
- 2. Interpretation of sanitation laws seems to be overdone, with charging a fee for things such as vendors at the farmers' market and Red Cross blood drive.
- 3. I think more needs to be done in emergency preparedness.
- 4. I just do not know what the department does. This is why I am here tonight.
- 5. Working families do not have the ability to access services from 8a-4:30p. I would like to see extended hours and possibly coordinate with other "like services."
- 6. Had a crazy raccoon on my porch, called animal control and they told me they didn't take care of that kind of stuff:(
- 7. I would like the health dept. to offer more clinical services.
- 8. Clinic services are very limited. Share services with other counties.
- 9. Do not feel enough attention is given to inspections. Transportation for food, medical, etc.
- 10. I have heard Dubuque Regional Humane Society euthanizes JDC dogs immediately upon arrival. I would like to see animal control working with Safe Haven or other dog rescue groups in placing dogs which would be adoptable. Not all adoptable dogs are claimed at Dubuque. My own experience in finding owners of stray dogs through animal control has been good.
- 11. No continuity between the other groups in the county.
- 12. I feel the county can benefit from centralized emergency preparedness. However, we have had a silo approach. We need to do it together. I am also dissatisfied with the clinical services as we have lost so much. We need to bring these back to the health department.
- 13. I am currently servicing on a(n) ad hoc committee for JDC regarding lack of EMS services/volunteers decreasing.
- 14. I think the county has a need for more health promotion and services for under-insured and uninsured.

Q5a - Where do you receive your primary care services? (n=38)

Response	%
Doctor's office	94.7%
Hospital	23.7%
Community health center	2.6%
Other	5.3%
 Health Dept. for TB test 	
 CHC in the past 	

Q5b- Where do you receive your dental services? (n=38)

Response	%
Dentist office	94.7%
Mobile dental provider	0.00%
Community dental center	2.6%
Other	5.3%

Q5c - Where else do you go for your health needs (name of organization and what services)

By Location

- 1. Illinois
 - a. Chicago (2)
 - i. Cardiology, urology, sleep apnea and dental needs
 - ii. Specialty services
 - b. Freeport (2)
 - i. Monroe Clinic
 - ii. Stephenson County Health Department kids dental
 - c. Galena (8)
 - i. Primary care
 - ii. Jo Daviess County Health Department (2)
 - 1. Preventative care
 - iii. Medical Associates (3)
 - 1. Preventive care
 - iv. Midwest Medical Center (2)
 - 1. Screenings, yearly physical and blood tests, mammogram, and 5 year colon exam, eye exam
 - d. Stockton dental care
- 2. Iowa
 - a. Dubuque (6)
 - i. Medical (3)
 - 1. Medical Associates
 - 2. Throat and esophageal matters
 - ii. Mercy hospital care and presentations (2)

- iii. Finley Hospital specialty services
- 3. Location not specified (6)
 - a. Eye doctor (2)
 - i. Vision for Less
 - b. Physical therapy
 - c. "Holistic" various private and NGO sources
 - d. Stroke detection
 - e. VA

Q6 - In your opinion, what other health-related services does Jo Daviess County need more of? (check all that apply) (n=35)

Response	%
Mental health services	71%
Substance abuse services	63%
Senior services	49%
Increased access to dental care	43%
Nutrition services	43%
Increased access to healthcare	37%
Environmental health services	29%
Other	
Emergency preparedness	
Parenting	
Childcare, speech therapy/occupational therapy for pediatrics	
Animal welfare	11%

Q7 – Please briefly explain why you feel the county needs more of the services you selected above.

Themes

- 1. Mental health and substance abuse services
 - a. Shortage of providers
 - b. Lack of inpatient services
 - c. Stigma reduction and awareness of mental health diagnoses
 - d. Prevention
 - e. Alcohol use among adolescents; community and family norms
 - f. Substance use among adolescents (closest treatment center in Rockford)
 - g. AA and al-anon groups
- 2. Medical services needed
 - a. Lack of options for uninsured and underinsured
 - b. Lack of providers, specialists
 - c. OB care and ED
 - d. Affordable dental care for uninsured/Medicaid population
- 3. Environmental health
 - a. Property maintenance
 - b. West Nile
 - c. Water quality concerns

- d. Toxic waste disposal (computers, hypodermic needles, paint)
- 4. Social services
 - a. Senior services (transportation, toenail care)
 - b. WIC; Child care; All pediatric services are referred to Dubuque, IA or Freeport/Rockford, IL
 - c. Economic assistance
 - d. Food insecurity
- 5. Emergency preparedness/services

All comments

- 1. I am very concerned funding will decrease in all areas indicated above-mental health/food insecurity (lack of resources) for concerning citizens. What will happen to area resources for our population?
- 2. We are understaffed in these services.
- 3. There is a general lack of access to most
- 4. Cost effective for seniors and others. Increased access with better services for less wealthy groups.
- 5. There are people in this county both identified and not identified, who need a variety of services.
- 6. Uninsured, less educated, transportation barriers, physical fitness activities are limited
- 7. Healthcare-Mainly for OB care in Galena and ED. Adult dental is needed for those uninsured or have Medicaid
- 8. The need exists without enough providers.
- 9. Our community needs so many services not available for the uninsured and the underinsured. Specialized clinics made available monthly and PRN for the Jo Daviess population
- 10. We have minimal of all.
- 11. Aging population
- 12. Seniors have a very difficult time with nail care (toenails). Mental health is not taken care of! Low income people can't afford dental care-very expensive!
- 13. I have a family member who cannot drive, on a limited income, who would be interested in many services. I am a senior on limited income and also have an interest in senior services.
- 14. Property maintenance, West Nile
- 15. As indicated in the JDC health profile, there is a growing need. Water quality concerns and the need for environmental health services.
- 16. Would like to have a place to dispose of computers, paint and other dangerous materials, including hypodermic needles.
- 17. Minimal child care resources. All pediatric services are referred to Dubuque, IA or Freeport/Rockford, IL
- 18. Dental care is very expensive and out of reach of lower income families; Emergency preparedness needs more involvement throughout the community; WIC
- 19. In general, I think there is poor access to dental care especially for uninsured. Mental health services could be more available for outpatient and inpatient does not exist
- 20. Although I've been retired as a mental health therapist for almost 10 years, I'm pretty sure that mental health services in rural IL are lacking
- 21. Having worked with other health departments in other counties, mental health and substance abuse services have always been in high demand with minimal services.
- 22. Served on mental health board. Aware of the need and lack of funds even with the levy. Much related to state budget woes.
- 23. Working with 2016 IYS data 50% (approximate) of 12th graders report having drank alcohol in past 30 days. Community and family norms enable this, as well as social and parental access.
- 24. Starting al-anon family groups would be beneficial and an AA group

- 25. I think in rural areas there is less of an awareness related to the need for and the availability of mental health and substance abuse services. There is also additional barriers facing a rural community such as transportation.
- 26. I think mental health awareness is very important. Defining mental illness so that with education people know that mental illness does not equal crazy and more people would get preventative care. Substance abuse services for adolescents b/c the closest treatment center is Rockford.
- 27. Population getting older-more options needed. Services available closer than Freeport/Rockford for economically disadvantaged. Numbers of different mental diagnoses is increasing-where to get help.
- 28. Too many mental walking the streets
- 29. There is a nationwide need for substance and mental health issues, often related. One need only read the Galena Gazette to verify this.
- 30. mental health, emergency services assistance

Q8 - What else would you like Jo Daviess County Health Department to know?

- 1. That the league of Women Voters continues to be interested in working with health dept. to educate on and advocate for adequate funding for our public services.
- 2. It would be interesting if you were to aggregate the data and separate the demographics from Galena territory and Apple Canyon to see what the demographics would be without the more affluent, second-home owners compared to the rest of the county.
- 3. Navigation services to health services in and around Jo Daviess County. Transportation services and contact info for county residents. Emergency preparedness needs sign up.
- 4. Oppose NRA.
- 5. Public aid office
- 6. Maybe have a couple nights open on Saturdays? And provide transportation for those who have none.
- 7. Thanks for the event!
- 8. We want them to succeed.
- 9. The county needs to see the benefits the health department can and will provide. The value has been lost.
- 10. Elizabeth Townsend does a great job!

Appendix 4: Jo Daviess County Health Profile

General demographics

- Population of 22,427¹
- 23% aged 65 and older, compared with 14% of Illinois and 14% of the US population.¹



- The median household income was \$53,221. Nine percent of the population was living in poverty, including 11% of children under 18 and 6% of people 65 and over, lower than the corresponding national and state poverty rates.¹
- 10% of Jo Daviess residents are food insecure, or lack access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate food, compared to the 12.9% food insecurity reported across Illinois.⁶
- 12% of the population has a disability, compared to the Illinois rate of 11% the U.S. rate of 12%.1
- 6% of households do not have an automobile, compared to 11% of Illinois households.¹

Health rankings

- Ranks 5th in all Illinois counties on overall health²
- Comparatively low rates of uninsurance (13%) vs. Illinois (15%)²
- Jo Daviess County is a designated medically underserved area and a health professional shortage area for primary care and mental health providers³

Resident to provider ratio	Jo Daviess County	Illinois
Primary care physicians	2,490:1	1,240:1
Dentists	2,230:1	1,410:1
Mental health providers	2,230:1	560:1

Health indicators

- Jo Daviess County has a higher rate of obesity at 29% compared to the state's 27%, and this rate has trended upward from 2004 to 2012.²
- 81% of adults ages 18-70 report never having been tested for HIV, as compared to 68.86% of Illinois adults and 63% of U.S. adults.⁷
- 10% have diabetes, as compared to 9% of Illinois adults and 9% of U.S. adults.⁷
- 41% of Jo Daviess residents over the age of 45 reported a fall in the past 12 months, compared with the state rate of 27%.8
- 24% of adults self-reported that they receive insufficient social and emotional support all or most of the time, as compared to 20% of Illinois adults and 21% of U.S. adults.⁷

Health Behaviors

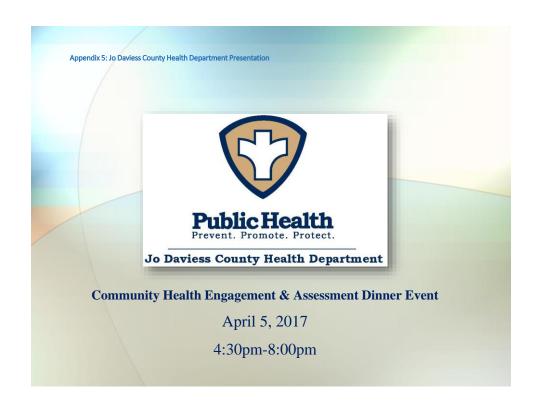
- Jo Daviess residents report physical inactivity at a rate of 28%, higher than the state rate of 22%. Only 56% of residents have access to exercise opportunities, as compared to the Illinois rate of 89%. In rural areas, access to exercise opportunities is measured by proximity of less than half a mile to a park or less than 3 miles to a recreational facility.
- The rate of excessive drinking is 20% in Jo Daviess County, comparable to 21% in Illinois. This is the percentage of adults that report either binge drinking, or consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. 36% of traffic fatalities involve alcohol, which is equal to the Illinois state rate.²
- The percentage of adults ever smoking 100 or more cigarettes was higher in Jo Daviess County (46%) compared to Illinois (44%) and the U.S. (44%). The percentage of smokers with a quit attempt in past 12 Months was lower in Jo Daviess County (47%), compared to Illinois (61%) and the U.S. (60%). ⁷

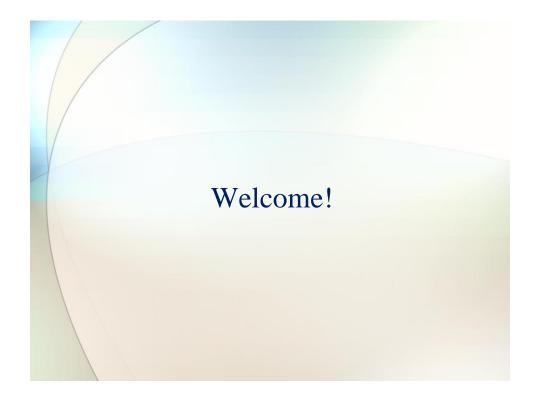
Oral Health

- 15% report that that six or more permanent teeth have been removed due to tooth decay, gum disease, or infection, as compared to 15% of Illinois adults and 16% of US adults.
- Poor dental health is one indicator of poor access to preventive dental services, and is also relevant as a predictor of greater cardiac risk.

References

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- 7. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County. Report prepared by Community Commons, December 14, 2016.
- 8. Illinois Behavioral Risk Factor Surveillance System. http://app.idph.state.il.us/brfss/default.asp
- 9. Jo Daviess County Health Department IPLAN 2015-2020: Community Health Needs Assessment and Community Health Plan





Housekeeping

Purpose of this Event

- Health Department wants to do more for County Residents and is in search of public health related programs and services to provide in Jo Daviess County.
- Health Department began working with National Association of County and City Health Officials in November 2016 to hold a County-wide community event to share information and to explore ideas for possible programs and services through feedback from County Residents.
- Input from Jo Daviess County Residents combined with data for Jo
 Daviess County will help the Board of Health and the Public Health
 Administrator determine if additional programs and services are needed
 and what those programs/services might be.

Mission

The mission of the Jo Daviess County Health Department is to prevent disease, promote a healthy environment & protect the citizens of Jo Daviess County through an organized, comprehensive, county-wide health effort.

Vision

The Jo Daviess County Health Department will offer quality public health services through dedicated, professional staff who want to be leaders in public health issues in Illinois. The agency will learn from the past, set the building blocks of the industry today & strive for the healthiest possible community outcome, for the future.

Health Department History

- Established in November 1948 under referendum by 69% of the registered voters
- Started with only 4 staff members
- First public health issues that were faced in the County included Tuberculosis, Diphtheria, Polio and Rat Control.

66 Years of Services Provided

Communicable Disease Surveillance Public Health Emergency Preparedness • Solid Waste Removal Prevention and Wellness Medicaid Presumptive Tests Nuisance Control Immunizations Teen Parent Services Vital Statistics Healthworks Sewage Disposal Food Sanitation/Protection Potable Water Supplies Adverse Pregnancy Outcome Reporting System (APORS) Infectious Disease Education Foot Care Clinics Maternal Health Tuberculosis Testing Cholesterol/Hypertension Screening Family Planning Medical Services • International Travel Family Planning Counseling Services • Private Sewage Disposal Chronic Health Environmental Health Services Home Health Care Tanning Inspections WIC (Women, Infants and Children) . Vector Control Animal Control Tobacco Affordable Care Act Open Enrollment • Quality Assurance Occupant Safety Family Case Management

Many of these programs have come and gone over the years based on the needs of the County Residents, recommendations from the Illinois Department of Public Health, and funding resource availability.

Required Programs

The Health Department is charged with implementing the health protection programs that are required for certification by the Illinois Department of Public Health. Those programs are water quality, food sanitation, private sewage disposal, and communicable disease.

IPLAN

(Illinois Project for Local Assessment of Needs)

- Needs Assessments are conducted every 5 years.
- · Review of the priority health issues in the County
- Identify and document current health issues
- Jo Daviess County Needs Assessment committee are then evaluate to determine the relevance and the impact that these health concerns have on the County as a whole
- Priorities are then adopted and a 5 year IPLAN is set in place
- The Health Department is accountable to ensure the needs of the priorities are met

The three health priorities adopted for 2015-2020 are: Obesity, Cardiovascular, and Diabetes.

Our Programs

- Animal Control
- Clinical Services
- Environmental Health
- Wellness Coalition and Wellness Coalition
 Website
- Medical Reserve Corps (MRC)
- Public Health Emergency Preparedness (PHEP)

Animal Control

- A mandated County enforcement agency
- Protects the County from rabies
- Enforces leash laws, vaccinations and dog tag requirements
- Patrols and controls dangerous and vicious dogs or dogs running at large
- Protects the community from biting dogs through education, fines and impoundments

Animal Control Statistics 2016

- Estimated 7,000 dogs in Jo Daviess County
 - Estimated 1,450 not sterilized
 - Estimated 5,600 sterilized
- Animal Control registers an average of 4,500 dogs per year
- No current data for the number of cats in Jo Daviess County
- Average of 70 animal bites/exposures <u>reported</u> per year in the County
- IDPH confirmed 3 positive Rabies cases since 2012 in the County
- IDPH reported a cat in an adjoining county tested positive for Rabies last year. This was the first cat to test positive for Rabies in the State of Illinois since 1996.

Clinical Services

- <u>Communicable Disease Program</u> investigates all infectious diseases that are identified in the Communicable Disease Codes of the Illinois Department of Public Health (IDPH).
- Immunization Program offers the Vaccine for Children (VFC) to provide immunization to children 0-18 that meet eligibility guidelines. In addition to the program, adult seasonal influenza vaccines are also available.

Jo Daviess County Wellness Coalition

- The mission of the coalition is to advocate for healthy initiatives and enhanced quality of life in Jo Daviess County though research, education, and public engagement with individuals and organizations.
- Currently over 13 active members
- The Wellness Coalition hosts a wellness resources website for County Residents and visitors

http://www.jodaviesscountywellnesscoalition.com/

Medical Reserve Corps (MRC)

- The MRC is a program to create local volunteers to provide assistance to the health department during a public health emergency or disaster. Volunteers come from medical or non-medical backgrounds.
- There are currently over 15 active members

Public Health Emergency Preparedness (PHEP)

The Public Health Emergency Preparedness Program (PHEP) works in collaboration with other agencies to provided public health planning and response for all hazard disasters within Jo Daviess County. These disasters include natural or man-made.

Environmental Health

- The Environmental Health Division is responsible for the implementation of a comprehensive program covering private sewage disposal, private water wells, food sanitation, bed & breakfast establishments, vector control, radon testing and test kits, tanning and nuisance investigations.
- Issues permits and licenses; performs plan reviews and compliance inspections; provides education services and consultations; and oversees code enforcement.

~Thank You~

Results

- Results from this evening will be available on the County Website at www.jodaviess.org/health on/after June 1st, 2017.
- Press releases will be sent to the Galena Gazette, The Scoop, and the Telegraph Herald on/after June 1st, 2017.
- Results will be shared with the Board of Health and the County Board in May 2017 at their regularly scheduled meetings.
- Contact the Jo Daviess County Administrator's Office at 815-777-0263
 or by emailing <u>publichealth@jodaviess.org</u> with any questions or
 feedback.







2019 COMMUNITY HEALTH NEEDS ASSESSMENT

A collaborative approach to impacting population health in Galena and surrounding areas





Midwest Medical Center

2019 Community Health Needs Assessment

TABLE OF CONTENTS

I.	Introduction	3-4
	- Background	5-6
	- Executive Summary	
	- Service Area Demographics	
II.	Establishing the CHNA Infrastructure and Partnerships	13-14
III.	Data Collection and Analysis	15
	- Description of Process and Methods Used	
	- Description of Data Sources	
	- Secondary Data Social Determinants of Health	
	- Additional Relevant Data	
	- Primary Data	
	- I fillary Data	
IV.	Identification and Prioritization of Needs	54
	- Description of the Community Needs Identified	
V.	Resources Available to Meet Priority Health Needs	57-60
	•	
VI.	Implementation Strategy	61
	- Planning Process and Implementation Strategy	
VII	. Documenting and Communicating Results	70-71
VII	I. References and Appendix.	(2-(5

1. INTRODUCTION

2019 Community Health Needs Assessment



2019 Community Health Needs Assessment

Insight into Midwest Medical Center's population

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs.

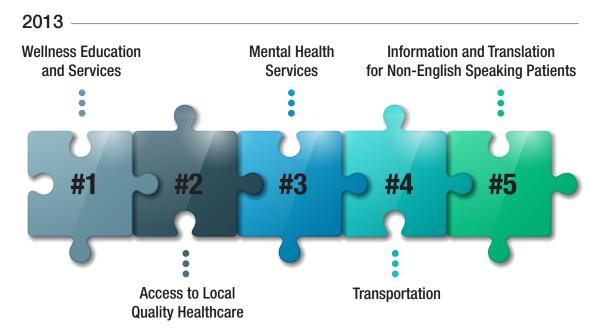
This assessment process results in a CHNA report that assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 56 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Galena and the surrounding area.



Introduction / Background

Midwest Medical Center completed two Community Health Needs Assessments prior to 2019. Since 2013, Midwest Medical Center has taken the following steps to address the identified community health needs identified in that first CHNA:



1. Wellness Education and Services

Midwest Medical Center started a balance class for seniors, offered both at MMC and at the Senior Care Campus. MMC also brought in outside speakers, such as a HyVee dietitian, to provide a free education session to the hospital's service community. The fitness center also expanded hours and classes to accommodate the need for additional services.

2. Access to Local Quality Healthcare

Midwest Medical Center opened a rural health clinic in Elizabeth that is operating five days per week. The hospital has added an ENT physician and ophthalmologist as well as one additional podiatrist to MMC's specialty clinic services. The hospital also continues to improve its operations.

Background

3. Mental Health Services

Midwest Medical Center continues to collaborate with the Freeport Health Network (FHN) to provide services to emergency room patients and assist with placement options when needed. MMC also allows meeting space for Alcoholics Anonymous on a weekly basis. MMC served as a pilot program for telepsychiatry services in its emergency room. However, the volume did not support the need to continue the program following the pilot.

4. Transportation

Midwest Medical Center has established funds to be available in the admitting department for those who need transportation.

5. Information and Translation for Non-English-Speaking Patients

Midwest Medical Center hired an Hispanic-speaking nurse in the clinic to help with translation for the Hispanic population. The hospital also converted to a new electronic health record which allows discharge instructions to be printed in Spanish.



In 2016, the CHNA identified issues involving:

- 1. Mental Health
- 2. Wellness
- 3. Substance Abuse
- Maintaining Volunteers and Family Involvement in Health Improvement
- 5. Transportation

To address these issues, Midwest Medical Center continued to develop related initiatives from the 2013 plan that were previously discussed. In addition:

- Midwest Medical Center began working with public transportation to encourage the development of more accommodating schedules and routes.
- Midwest Medical Center developed new opportunities for physical education and wellness.
- Midwest Medical Center worked to expand volunteerism among employees and local community organizations.
- Midwest Medical Center supported efforts by public health and community groups to expand substance use prevention.
- Midwest Medical Center supported a local resource center for persons facing opioid use disorder.
- Midwest Medical Center has expanded services provided through its clinics.

Executive Summary

The 2019 Midwest Medical Center Community Health Needs Assessment was conducted in April 2019. The Implementation Strategy was also developed in April 2019. The CHNA is influenced by the large rural service area of Midwest Medical Center.

The health profile of the Midwest Medical Center service area is influenced by the following indicators of social determinants of health:

- Education Persons with Bachelor's Degrees or higher
- Education Reading proficiency, 4th grade level
- Access to primary care
- Access to mental healthcare
- Access to dental care

The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

- 1. Mental health services, including:
 - a. Improving access to care and counseling for all ages
 - b. Reducing the stigma surrounding mental health
 - c. Encouraging continuity among mental health providers and mental health support services at all levels
- 2. Emergency Medical Services, including:
 - a. Community education about local EMS services and needs
 - b. Addressing staffing
- 3. The third prioritized need was senior resources, including:
 - a. Education about utilizing web-based services and information
 - b. Education and programs for seniors and families about life need, including changes in laws and new or changing local services
 - c. Educate health providers about local services for seniors
- 4. The group next identified the need to expand availability and flexibility of public transportation, both local and distant, by increasing drivers and other resources.
- 5. The group's fifth identified need was access to affordable health insurance for small employers and the self-employed.
- 6. The group next identified the need for patient education to impact readmission and chronic care management.
- 7. The group's final identified need was access to dental care for underinsured and uninsured patients.

The Implementation Strategy developed by the senior staff at Midwest Medical Center is specific and thorough. The plan, set out in this report, includes these highlights:

- Midwest Medical Center will explore expanding the telehealth program to include adult psychiatric care.
- Midwest Medical Center will explore expanding the telehealth program to include psychiatric care for youth.
- Midwest Medical Center will explore retaining a full time Licensed Clinical Social Worker for the hospital/clinic.
- Midwest Medical Center will explore developing a community marketing program around "Brain Health."
- Midwest Medical Center will explore grant opportunities to provide community mental health education and information.
- Midwest Medical Center will explore offering Mental Health First Aid.
- Midwest Medical Center will educate healthcare providers about available local mental health services.
- Midwest Medical Center will continue participation in the countywide ad hoc committee to address EMS issues.
- Midwest Medical Center will explore hospital involvement as a volunteer sponsor or employer of EMS personnel.
- Midwest Medical Center will explore collaboration with the Chamber of Commerce and large employers to provide staff for ambulances.
- Midwest Medical Center will expand "Welcome to Medicare" programs to include additional topics.
- Midwest Medical Center will educate local healthcare providers about local services for seniors.
- Midwest Medical Center will support the continued expansion of Jo Daviess Transit.
- Midwest Medical Center will continue to explore in-house, non-emergency transportation options.
- Midwest Medical Center will expland chronic care management.
- Midwest Medical Center will continue participation in the Illinois Rural Community Care Organization (IRCCO).
- Midwest Medical Center will expand wellness education.
- Midwest Medical Center will expand nutrition education.
- Midwest Medical Center will expand reduced fee lab work and free blood pressure check programs to provide more opportunities for information and access to services.

Service Area Demographics

For the purpose of this CHNA, Midwest Medical Center defined its primary service area and populations as the general population within the geographic area in and surrounding the city of Galena, defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Midwest Medical Center's service area is comprised of approximately 575 square miles, with a population of approximately 23,365 people and a population density of 91 people per square mile. The service area consists of the following rural communities:

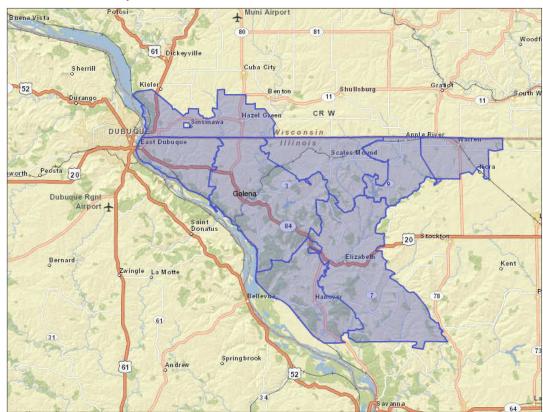
Cities

- Galena, IL
- East Dubuque, IL

Villages and Unincorporated Communities

- Elizabeth, IL
- Scales Mound, IL Stockton, IL
- Apple River, IL
- Hanover, IL
- Hazel Green, WI

Service Area Map



Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the Midwest Medical Center region grew from 23,433 to 23,955 between the year 2000 and 2010, a 2.23% increase.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	23,433	23,955	522	2.23%
Jo Daviess County, IL	22,289	22,678	389	1.75%
Grant County, WI	49,597	51,208	1,611	3.25%
Lafayette County, WI	16,137	16,836	699	4.33%
Total Area (Counties)	88,023	90,722	2,699	3.07%
Illinois	12,416,145	12,830,632	414,487	3.34%
Wisconsin	5,363,669	5,686,986	323,317	6.03%

Data Source: Community Commons (US Census Bureau, Decennial Census. 2000-2010. Source Geography: Tract)

The Hispanic population increased in Jo Daviess County, IL by 267 (78.07%), increased in Grant County, WI by 369 (131.79%), and increased in Lafayette County, WI by 430 (467.39%).

In Jo Daviess County, IL, additional population changes were as follows: White 0.25%, Black 143.18%, American Indian/Alaska Native 95.65%, Asian 100%, and Native Hawaiian/Pacific Islander 1,000%.

In Grant County, WI, additional population changes were as follows: White 1.92%, Black 127.03%, American Indian/Alaska Native 60.94%, Asian 35.65%, and Native Hawaiian/Pacific Islander 25%.

In Lafayette County, WI, additional population changes were as follows: White 1.95%, Black 129.41%, American Indian/Alaska Native 166.67%, Asian 61.11%, and Native Hawaiian/Pacific Islander -100%.

Service Area Demographics

Population by Age Groups

Population by gender in the service area is 49% male and 51% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	23,365	1,004	3,559	1,597	2,058
Jo Daviess County, IL	22,046	923	3,356	1,455	1,917
Grant County, WI	51,742	2,698	7,898	9,417	5,529
Lafayette County, WI	16,755	1,093	3,069	1,240	1,896
Illinois	12,854,526	785,560	2,173,437	1,229,450	1,782,100
Wisconsin	5,763,217	337,472	956,478	561,451	728,204

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	2,485	2,923	3,734	6,005
Jo Daviess County, IL	2,327	2,829	3,595	5,644
Grant County, WI	5,026	6,049	6,700	8,423
Lafayette County, WI	1,752	2,283	2,555	2,868
Illinois	1,661,674	1,739,014	1,635,359	1,847,932
Wisconsin	692,455	797,083	793,350	896,724



II. ESTABLISHING THE CHNA **INFRASTRUCTURE AND PARTNERSHIPS**

2019 Community Health Needs Assessment



Establishing the CHNA Infrastructure and Partnerships

Midwest Medical Center led the planning, implementation, and completion of the Community Health Needs Assessment through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, and former educator and community development specialist, conferenced with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Internal

Midwest Medical Center undertook a two-month planning and implementation effort to develop the CHNA, identify, and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was overseen at the operational level by the Director of Employee and Community Events, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate two focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Midwest Medical Center.
- The Director of Employee and Community Events worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Midwest Medical Center also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These steps include:

- The Director of Employee and Community Education secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out in the quantitative data list.
- Participation included representatives of county health departments serving the area served by the hospital.

III. DATA COLLECTION AND ANALYSIS

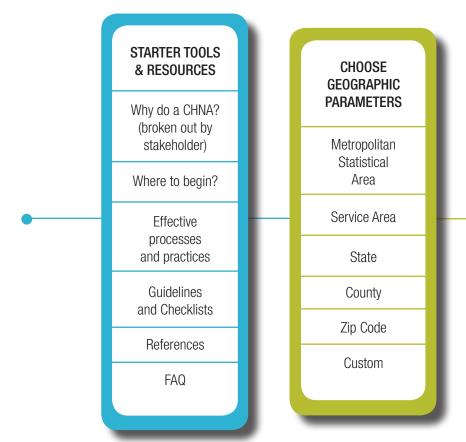
2019 Community Health Needs Assessment

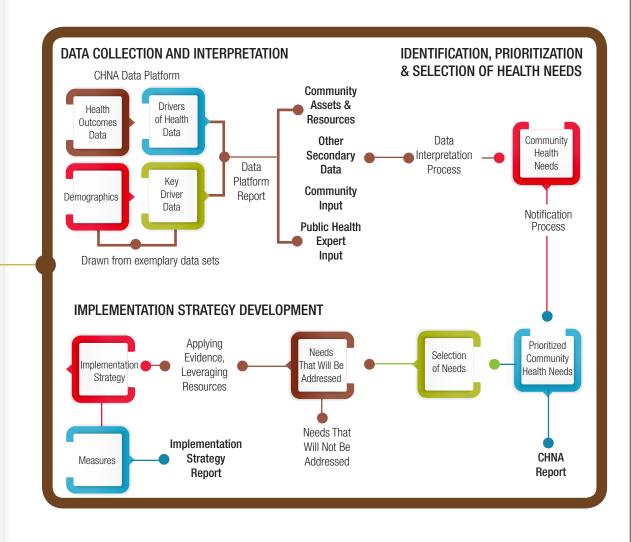


Description of Process and Methods Used

Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.





Description of Data Sources

Quantitative Process

Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years.
Community Commons	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
Illinois Department of Employment Security	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
National Cancer Institute	The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.
Illinois Department of Public Health	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
HRSA	The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.

County Health Rankings Centers for	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Through the CDC's National Vital Statistics
Disease Control	System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined levels.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

Social Determinants of Health

Education – High School Graduation Rate

Within the Midwest Medical Center service area, 91.4% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	245	224	91.4%
Jo Daviess County, IL	219	202	92.2%
Grant County, WI	489	451	92.2%
Lafayette County, WI	219	205	93.6%
Illinois	88,525	75,853	85.7%
Wisconsin	62,584	55,163	88.1%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES 2016-17. Source District)

Education - No High School Diploma

Within the Midwest Medical Center service area, there are 1,287 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 7.48% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	17,205	1,287	7.48%
Jo Daviess County, IL	31,727	2,644	8.33%
Grant County, WI	11,354	1,147	10.10%
Lafayette County, WI	16,312	1,303	7.99%
Illinois	8,666,079	991,424	11.44%
Wisconsin	3,907,816	323,799	8.29%

Data Source: Community Commons (US Census Bureau, American Community Survey 2013-2017. Source Geography: Tract)



Social Determinants of Health

Education - Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in Grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Service Area Estimates	208	34.83%	65.17%
Jo Daviess County, IL	230	34.76%	65.24%
Grant County, WI	498	53.38%	46.62%
Lafayette County, WI	199	47.59%	52.41%
Illinois	144,944	39.33%	60.67%
Wisconsin	58,659	51.96%	48.05%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Source Geography: School District)

Education - Bachelor's Degree or Higher

Of the population aged 25 and older, 24.8% or 4,267 adult students have obtained a Bachelor's level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Popula- tion Age 25+	Population Age 25+ With Bachelor's Degree or Higher	Population Age 25+ With Bachelor's Degree or Higher
Service Area Estimates	17,205	4,267	24.80%
Jo Daviess County, IL	16,312	3,833	23.50%
Grant County, WI	31,727	6,827	21.52%
Lafayette County, WI	11,354	2,034	17.91%
Illinois	8,666,079	2,898,584	33.45%
Wisconsin	3,907,816	1,134,481	29.03%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)



Economic Stability

Poverty - Children Eligible for Free/Reduced Lunch

Within the service area, 3,422 public school students (32.34%) are eligible for free/ reduced price lunches out of 10,580 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	10,580	3,422	32.34%
Jo Daviess County, IL	3,344	1,022	30.56%
Grant County, WI	7,037	2,772	39.39%
Lafayette County, WI	2,727	943	34.58%
Illinois	2,009,567	1,008,830	50.20%
Wisconsin	864,222	323,368	37.42%

Data Source: Community Commons (National Center for Education Statistics, NCES - Common Core of Data. 2016-17. Source Geography: Address)

Income - Median Household Income

This indicator reports the median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	10,177	\$73,497	No data
Jo Daviess County, IL	9,795	\$73,085	\$55,532
Grant County, WI	19,444	\$60,989	\$50,522
Lafayette County, WI	6,714	\$67,069	\$55,859
Illinois	4,818,452	\$85,262	\$61,229
Wisconsin	2,328,754	\$74,372	\$57,652

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Economic Stability

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	23,484	1,732	7.4%
Jo Daviess County, IL	22,086	1,589	7.2%
Grant County, WI	52,250	4,379	8.4%
Lafayette County, WI	16,829	1,659	9.9%
Illinois	12,859,995	1,935,887	15.1%
Wisconsin	5,771,337	743,225	12.9%

Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015. Source Geography: County)

Poverty - Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Midwest Medical Center service area, 8.43% or 382 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	23,112	4,529	382	8.43%
Jo Daviess County, IL	21,844	4,231	380	8.98%
Grant County, WI	47,928	10,440	1,655	15.85%
Lafayette County, WI	16,593	4,095	597	14.58%
Illinois	12,551,822	2,915,860	549,508	18.85%
Wisconsin	5,612	1,270,239	211,958	16.69%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)



Economic Stability

Poverty - Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 7.79% or 1,801 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	23,112	1,801	7.79%
Jo Daviess County, IL	21,844	1,658	7.59%
Grant County, WI	47,928	7,323	15.28%
Lafayette County, WI	16,593	1,730	10.43%
Illinois	12,551,822	1,698,613	13.53%
Wisconsin	5,612,611	692,719	12.34%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)

Unemployment Rate

Total unemployment in the Midwest Medical Center service area for the month of April 2019 was 334 or 2.8% of the civilian non-institutionalized population age 16 and older (seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	11,921	11,586	334	2.8%
Jo Daviess County, IL	11,092	10,779	313	2.8%
Grant County, WI	28,069	27,304	765	2.7%
Lafayette County, WI	9,997	9,779	218	2.2%
Illinois	6,463,139	6,229,526	233,613	3.6%
Wisconsin	3,086,614	3,002,659	83,995	2.7%

Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics. 2019 - March. Source Geography: County)

Economic Stability

Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	23,142	1,103	4.77%
Jo Daviess County, IL	21,888	1,110	5.07%
Grant County, WI	50,611	3,681	7.27%
Lafayette County, WI	16,667	1,548	9.29%
Illinois	12,674,162	1,079,822	8.52%
Wisconsin	5,691,138	369,522	6.49%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)

Young People Not in School and Not Working

This indicator reports the percentage of youth aged 16-19 who are not currently enrolled in school and who are not employed.

Service Area	Population Age 16-19	Percentage of Population Age 16-19 Not in School and Not Employed
Service Area Estimates	1,110	4.50%
Jo Daviess County, IL	1,025	5.46%
Grant County, WI	4,233	3.33%
Lafayette County, WI	887	5.07%
Illinois	683,326	6.67%
Wisconsin	306,502	5.22%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2012-16. Source Geography: Tract)

Neighborhood and Physical Environment

Food Environment - Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retaining a general line of food, such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also sell food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	23,955	3	13
Jo Daviess County, IL	22,648	4	18
Grant County, WI	51,208	14	27
Lafayette County, WI	16,836	6	36
Illinois	12,830,632	2,770	22
Wisconsin	5,686,986	1,028	18

Data Source: Community Commons (US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source Geography: ZCTA)

Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	23,955	4,087	17.06%
Jo Daviess County, IL	22,678	4,378	19.31%
Grant County, WI	51,208	8,477	16.55%
Lafayette County, WI	16,836	2,589	15.38%
Illinois	12,830,632	2,483,877	19.36%
Wisconsin	5,686,986	1,203,963	21.17%

Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source Geography: Tract)



Access to Care

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians Rate Per 100,000 Population
Service Area Estimates	23,609	10	46
Jo Daviess County, IL	22,254	10	45
Grant County, WI	51,829	27	52
Lafayette County, WI	16,853	4	24
Illinois	12,880,580	12,477	97
Wisconsin	5,757,564	5,217	91

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)

Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental healthcare.

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate Per 100,000 Population
Service Area Estimates	No Data	No Data	No Data	No Data
Jo Daviess County, IL	21,594	18	1,200	83
Grant County, WI	51,999	51	1,020	98
Lafayette County, WI	16,710	30	558	179
Illinois	12,742,849	26,484	481	208
Wisconsin	5,783,858	10,957	528	189

Data Source: Community Commons (University of Wisconsin Population Health Institute, County Health Rankings. 2017. Source geography: County)

Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists – qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Service Area	Total Population 2015	Dentists 2015	Dentists Rate Per 100,000 Population
Service Area Estimates	23,483	10	44
Jo Daviess County, IL	22,086	10	45
Grant County, WI	52,250	19	36
Lafayette County, WI	16,829	4	24
Illinois	12,859,995	9,336	73
Wisconsin	5,771,337	3,692	64

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)

Medical Conditions and Circumstances

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (County Health Rankings and Roadmaps, 2019).

Jo Daviess County is ranked 15 out of the 102 Illinois counties in the Rankings, released in April 2019. Grant County is ranked 14 out of the 72 Wisconsin counties in the Rankings, released in April 2019.

Health Condition	Jo Daviess County, IL	Grant County, WI	Illinois	Wisconsin
Adults Reporting Poor or Fair Health	13%	15%	17%	15%
Adults Reporting No Leisure Time/ Physical Activity	25%	19%	22%	20%
Adult Obesity	30%	35%	29%	31%
Children Under 18 Living in Poverty	14%	15%	17%	15%
Alcohol Impaired Driving Deaths	25%	30%	33%	36%
Teen Births	17/1,000	8/1,000	23/1,000	18/1,000
Uninsured	6%	7%	7%	6%
Unemployment	4%	3%	5%	3%

Behavioral Risk Factor Surveillance System

Jo Daviess County, IL	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	23.8%	22.9%	20.9%
Asthma	9.1%	10.6%	13.2%	10.4%
Diabetes	10.2%	12.0%	8.3%	7.0%
Obesity	29.5%	27.8%	20.3%	21.5%
Smoking	16.7%	10.8%	14.8%	16.0%

Health Indicators

Population With Any Disability

Within the service area, 13.03% or 3,106 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.96%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	23,142	3,016	13.03%
Jo Daviess County, IL	21,888	2,865	13.09%
Grant County, WI	50,611	58,930	11.64%
Lafayette County, WI	16,667	1,995	11.97%
Illinois	12,674,162	1,388,827	10.96%
Wisconsin	5,691,138	675,224	11.86%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Teen Births

This indicator reports the rate of total births to women ages 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	592	13	23
Grant County, WI	2,055	31	15
Lafayette County, WI	567	10	18
Illinois	448,356	15,692	35
Wisconsin	194,406	5,346	28

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)



Health Indicators

Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	1,547	107	6.9%
Grant County, WI	4,095	233	5.7%
Lafayette County, WI	1,435	85	5.9%
Illinois	1,251,656	105,139	8.4%
Wisconsin	499,401	34,958	7.0%

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)

Diabetes Management - Hemoglobin A1c Test for Medicare Enrollees

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a healthcare professional in the past year. In the service area, 283 Medicare enrollees with diabetes have had an annual exam out of 318 Medicare enrollees in the report area with diabetes or 88.9%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Service Area	Total Medicare Enrollees	Medicare Enrollees With Diabetes	Medicare Enrollees With Diabetes With Annual Exam	Percent Medicare Enrollees With Diabetes With Annual Exam
Service Area Estimates	3,206	318	283	88.9%
Jo Daviess County, IL	2,978	295	261	88.5%
Grant County, WI	4,968	505	460	91.1%
Lafayette County, WI	1,702	153	143	94.1%
Illinois	1,210,320	129,125	111,696	86.5%
Wisconsin	474,364	46,596	42,386	91.0%

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source Geography: County)

Health Indicators

30-Day Hospital Readmissions

This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization.

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Jo Daviess County, IL	264	20.1
Grant County, WI	470	11.8
Lafayette County, WI	152	No data
Illinois	143,569	15.2
Wisconsin	49,490	13.9

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care)

Preventable Hospitalizations - Medicare Population

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return of investment' from interventions that reduce admissions through better access to primary care resources.

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	3,861	197	51
Jo Daviess County, IL	3,543	182	52
Grant County, WI	6,456	314	49
Lafayette County, WI	1,759	85	49
Illinois	985,698	53,973	55
Wisconsin	418,646	18,839	45

Data Source: Community Commons (Centers for Medicare & Medicaid Services. 2015. Source Geography: County)

Mortality Tables

Jo Daviess County Mortality, 2017

Cause of Mortality	Total Deaths
Malignant Neoplasms	76
Diseases of the Heart	63
Cerebrovascular Diseases	13
Chronic Lower Respiratory Diseases	8
Diabetes Mellitus	5
Intentional Self-Harm (Suicide)	3
Assault (Homicide)	1
Influenza and Pneumonia	1

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	1,085	5	5
Grant County, WI	2,920	12	4
Lafayette County, WI	1,050	6	6
Illinois	879,035	6,065	7
Wisconsin	357,880	2,290	6

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source geography: County)

Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,213	64	287	164
Grant County, WI	51,690	105	202	156
Lafayette County, WI	16,811	38	227	172
Illinois	12,859,901	24,531	191	169
Wisconsin	5,755,344	11,398	199	162

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County)

Secondary Data

Mortality Tables

Mortality - Coronary Heart Disease

This indicator reports the rate of death due to coronary heart disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,213	30	137	78
Grant County, WI	51,690	69	133	97
Lafayette County, WI	16,811	20	120	86
Illinois	12,859,901	13,901	108	94
Wisconsin	5,755,344	6,585	114	91

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Mortality - Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,213	2	9	Suppressed
Grant County, WI	51,690	4	8	9
Lafayette County, WI	16,811	No data	Suppressed	Suppressed
Illinois	12,859,901	1,832	14	14
Wisconsin	5,755,344	871	15	15

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

Mortality - Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,213	10	43	24
Grant County, WI	51,690	30	57	41
Lafayette County, WI	16,811	10	58	44
Illinois	12,859,901	5,530	43	39
Wisconsin	5,755,344	2,741	48	39

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

Mortality - Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian motor vehicle crash deaths are preventable and they are a cause of premature death.

Service Area	Total Population 2010	Total Pedestrian Deaths 2011-2015	Average Annual Deaths (Rate Per 100,000 Population)
Service Area Estimates	No data	3	No data
Jo Daviess County, IL	22,678	2	3
Grant County, WI	51,208	2	1
Lafayette County, WI	16,836	1	2
Illinois	12,830,632	827	2
Wisconsin	5,686,986	298	2

Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County)

Secondary Data

Mortality Tables

Mortality - Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,213	5	24	24
Grant County, WI	51,690	6	11	10
Lafayette County, WI	16,811	4	25	24
Illinois	12,859,901	1,116	9	8
Wisconsin	5,755,344	617	11	10

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)

Mortality - Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. This indicator is relevant because accidents are a leading cause of death in the U.S.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,213	14	63	51
Grant County, WI	51,690	24	46	41
Lafayette County, WI	16,811	9	54	51
Illinois	12,859,901	4,800	37	36
Wisconsin	5,755,344	3,118	54	49

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)

Mortality - Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,213	17	77	43
Grant County, WI	51,690	28	54	38
Lafayette County, WI	16,811	5	31	22
Illinois	12,859,901	5,497	43	38
Wisconsin	5,755,344	2,533	44	36

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)

Mortality - Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because suicide is an indicator of poor mental health.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,213	3	13	Suppressed
Grant County, WI	51,690	5	10	11
Lafayette County, WI	16,811	3	19	Suppressed
Illinois	12,859,901	1,358	11	10
Wisconsin	5,755,344	817	14	14

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)

Primary Data

Qualitative Data

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 and the subsequent final rules reported at 79 FR 78953, the qualitative/primary data received and reviewed included primary input from (1) at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community and, (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations. The organizations and persons that participated are detailed in the appendix.

No written comments were received concerning the hospital facility's most recently conducted CHNA nor on the most recently adopted implementation strategy. A method for retaining written public comments and responses exists, but none were received.

Data was also gathered representing the broad interests of the community. The hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers.

Members of the CHNA steering committee, those who both participated in focus groups and the needs identification and prioritization process, were chosen based on their unique expertise and experience, informed perspectives, and involvement with the community.

Focus Group 1 - Community Leaders and Officials

The first focus group consisted of community leaders and officials. The group included representatives of mental healthcare providers, senior care providers, local employers, the Chamber of Commerce, the Galena mayor, representatives of local ambulance services, a district school nurse, and others. The group met at 9:30 a.m. on April 11, 2019 at Midwest Medical Center. Positive developments in the service area in recent years were identified as:

- Midwest Medical Center has begun providing athletic training services and physicals to schools.
- Home health services partner with Midwest Medical Center for home medical services and outpatient care.
- The Health Department is exploring a dental clinic.
- A substance use disorder treatment clinic has opened.
- Midwest Medical Center is offering new local services in:
 - o Ophthalmology
 - Wound clinic
 - o Cardiac rehabilitation
 - o Orthopedic surgery
 - Cardiology
- Jo Daviess Transport has expanded services significantly.
- Midwest Medical Center is deemed a pleasant experience for patients.
- Memory care services
- Adult day care
- Midwest Medical Center Emergency Room services are extraordinary.
- There are epi pens available in the schools.
- Jo Daviess Transport provides free local and distant transportation to veterans.
- Midwest Medical Center has stabilized business operations and expanded services.
- There is a food pantry for the kids at the high school.
- Midwest Medical Center has a bilingual doctor and nurse.
- There is a buddy bags program at the schools.
- Midwest Medical Center works with all managed care programs in order to provide better access to services.

Primary Data

Qualitative Data

Needs and health issues were identified as:

- Midwest Medical Center needs to improve self-marketing
- Address emergency medical services access across the county
- Access to dental services for underinsured and uninsured residents
- Address mental health issues facing adults and youth
 - o Overdoses
 - o Substance abuse
 - Suicide attempts
 - o Replace services lost when Family Counselling Center closed
 - o Transfer beds for behavioral health and substance use care
 - o Access to local Behavioral Health Services and in-patient care for youth
- Local support for high functioning autistic youth and others after graduation from high school
- Expanded substance abuse prevention and education, especially for alcohol
- Address domestic violence in the community
- Access to affordable healthcare for local employers
- Access to additional memory care
- Access to resources to help navigate Medicare
- Educate residents about the importance of health issues in the community
- Education about insurance and different types of coverage and how they work
- Educate parents and teachers about bullying, including cyberbullying and its impact
- Sustain the local healthcare workforce
- Expand use of local services for therapy and post-care
- Improve communication with schools to better understand their health services needs
- Safe neighborhoods and alternatives to local recovery for substance use
- Identify and address behavioral health services needs for school children

Focus Group 2 - Medical Professionals and Partners

The second focus group consisted of medical professionals and partners including physicians, a dentist, a local health department representative, and others familiar with the needs of potentially underserved members of the community. The group met at noon on April 11, 2019 at Midwest Medical Center. Positive developments in the service area in recent years were identified as:

- New specialty services at Midwest Medical Center
- Midwest Medical Center accepts all managed care plans
- Midwest Medical Center provides cardiac rehab
- Midwest Medical Center provides orthopedic surgery
- Elizabeth Health Clinic
- Midwest Medical Center has added internal medicine to family medicine
- There are better county-wide conversations about healthcare and other important community issues
- Prairie Ridge Memory Care
- Jo Daviess County transportation has improved

Needs and health issues were identified as:

- Access to dental services for underinsured and uninsured residents
- Access to mental healthcare, especially for underinsured and uninsured, including local psychiatric and counseling services
- Address unfunded public health needs
- · Resources to taper patients from anxiety and pain medications and offer alternate care choices
- Continue to expand reach and flexibility of public transportation
- Community education about accessing services without insurance
- Community education about differences in insurance and how it works
- Community education to provide general health literacy
- Community education about local health services and how to access them.
- EMS volunteers
- Promote preventative dental care



IV. IDENTIFICATION & PRIORITIZATION **OF NEEDS**

2019 Community Health Needs Assessment

Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The steering group, comprised primarily of representatives from both focus groups, met on April 29, 2019, to identify and prioritize significant needs, including members serving persons likely to be unserved or underserved. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute, and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Midwest Medical Center service area.



- 1. The group first identified and prioritized mental health services, including:
 - a. Improving access to care and counseling for all ages
 - b. Reducing the stigma surrounding mental health
 - c. Encouraging continuity among mental health providers and mental health support services at all levels
- 2. The group's next prioritized need was emergency medical services, including:
 - a. Community education about local EMS services and needs
 - b. Address staffing
- 3. The third prioritized need was senior resources.
 - a. Education about utilizing web-based services and information
 - b. Education and programs for seniors and families about life need, including changes in laws and new or changing local services
 - c. Educate health providers about local services for seniors

Identification and Prioritization of Needs

- 4. The group next identified the need to expand availability and flexibility of public transportation – both local and distant – by increasing drivers and other resources.
- 5. The group's fifth identified need was access to affordable health insurance for small employers and the self-employed.
- 6. The group next identified the need for patient education to impact readmission and chronic care management
- 7. The group final identified need was access to dental care for underinsured and uninsured patients

V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2019 Community Health Needs Assessment



Resources Available to Meet Priority Health Needs

Midwest Medical Center Resources

Hospital Resources

- Emergency care
- Convenient care
- Imaging department
 - o Bone densitometry
 - o Computed Tomography (CT or CAT Scan)
 - o Digital mammography
 - o Echocardiology
 - o MRI
 - o Ultrasound
 - o X-ray
- Laboratory
 - o Blood bank
 - o Blood gases
 - o Chemistry
 - o Coagulation
 - o Hematology
 - o Microbiology
 - o Special chemistry
- Rehabilitation services
 - o Physical therapy
 - o Occupational therapy
 - o Speech therapy
 - o Athletic training
 - o Home health
 - o Inpatient/hospital skilled care
 - o Lymphedema program
 - o Nursing home orthopedic rehabilitation
 - o Sports medicine
 - o Vestibular/vertigo treatments
 - o Specialized Treatment
 - Custom shoe orthotics
 - Graston technique
 - Incontinence program
 - Kinesio taping

- Surgery
 - o Colonoscopy
 - EDG (Esophagogastroduodenoscopy)
 - o Facial plastic surgery
 - Facial reconstructive surgery
 - Nasal septoplasty and turbinate reduction surgery
 - Rhinoplasty
 - Head and neck skin cancer removal and reconstruction
 - Rhytidectomy (facelift)
 - Blepharoplasty (eyelid lift)
 - Otoplasty (ear pinning)
 - Brow lift
 - Botox injections
 - o General surgery
 - Laparoscopic cholecystectomy (gall bladder removal)
 - Hernia repair
 - o Ophthalmology
 - Cataract surgery
 - o Orthopedic Surgery
 - Knee arthroscopy
 - Carpal tunnel release
 - o Otolaryngology (ear, nose, and throat)
 - Adult and pediatric ear tubes
 - Adult and pediatric tonsillectomy and adenoidectomy
 - o Podiatry surgery
 - Bunions
 - Hammer toe repair
- Fitness center
 - o Fitness assessment and evaluation
 - o Individualized fitness program design
 - o Indoor cycling
 - Sports training
 - o Group fitness classes
 - o Yoga and pilates classes
 - o In-depth individual and group involvement
 - o Cardiopulmonary rehabilitation

Resources Available to Meet Priority Health Needs

Midwest Medical Center Resources

Community Resources

- 24 Hour Care, LLC
- Surrounding partners
- Nursing homes
- Chamber of Commerce
- Small businesses
- Gundersen
- Jo Daviess County Transit
- Prairie Ridge
- Senior Resource Center
- County ambulance services
- County board
- Employers
- Freeport Health Network
- Regroup
- Grant partners
- Community

VI. IMPLEMENTATION STRATEGY

2019 Community Health Needs Assessment



Implementation Strategy

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Midwest Medical Center on April 4, 2019. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs. The group then considered each of the prioritized needs. For each of the seven categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Implementation Strategy – Priority #1



The following process by which needs will be addressed was developed:

The group first identified and prioritized mental health services, including:

- a. Improving access to care and counseling for all ages
- b. Reducing the stigma surrounding mental health
- c. Encouraging continuity among mental health providers and mental health support services at all levels

Actions the hospital intends to take to address the health need:

- Midwest Medical Center will explore expanding the telehealth program to include adult psychiatric care.
- Midwest Medical Center will explore expanding the telehealth program to include psychiatric care for youth.
- Midwest Medical Center will explore retaining a full-time Licensed Clinical Social Worker for the hospital/clinic.
- Midwest Medical Center will explore developing a community marketing program around brain health.
- Midwest Medical Center will explore grant opportunities to provide community mental health education and information.
- Midwest Medical Center will explore offering Mental Health First Aid.
- Midwest Medical Center will educate healthcare providers about available local mental health services.

Anticipated impacts of these actions:

• Midwest Medical Center anticipates that the steps above will improve continuity of mental healthcare providers and services, reduce the stigma around mental health in the community, and improve access to care and counseling for all ages.

<u>Programs/resources the hospital plans to commit to address the need:</u>

- Administration
- Clinic director
- Providers

- Freeport Health Network
- Regoup
- Grant partners
- Community

Implementation Strategy

Planning Process

Implementation Strategy - Priority #2



The group's next prioritized need was emergency medical services, including:

- a. Community education about local EMS services and needs
- b. Address staffing

Actions the hospital intends to take to address the health need:

- Midwest Medical Center will continue participation in the county-wide ad hoc committee to address EMS issues.
- Midwest Medical Center will explore horizontal involvement as a volunteer sponsor or employer of EMS personnel.
- Midwest Medical Center will explore collaboration with the Chamber of Commerce and large employers to provide staff for the ambulances.

Anticipated impacts of these actions:

 Midwest Medical Center anticipates that the above steps will result in better community awareness of the county-wide EMS staffing issues and will directly provide additional personnel to help reduce the strain on local services resulting from staff shortages.

Programs/resources the hospital plans to commit to address the need:

Administration

- County ambulance services
- County Board
- Employers

Implementation Strategy - Priority #3



The third prioritized need was senior resources.

- a. Education about utilizing web-based services and information
- b. Education and programs for seniors and families about life need, including changes in laws and new or changing local services
- c. Educate health providers about local services for seniors

Actions the hospital intends to take to address the health need:

- Midwest Medical Center will expand "Welcome to Medicare" programs to include additional topics.
- Midwest Medical Center will educate local healthcare providers about local services for seniors.

Anticipated impacts of these actions:

 Midwest Medical Center anticipates that the steps above will provide seniors with education about web services and web information, provide seniors and their families about local services and other topics of current interest, and educate local providers about local senior services for healthcare and life needs.

Programs/resources the hospital plans to commit to address the need:

- Clinic director
- Care coordinator
- Care manager
- Adult day care nurse

Implementation Strategy

Planning Process

Planned collaboration between the hospital and other organizations:

- Prairie Ridge
- Senior Resource Center
- 24 Hour Care, LLC

Implementation Strategy - Priority #4



The group next identified the need to expand availability and flexibility of public transportation – both local and distant – by increasing drivers and other resources.

Actions the hospital intends to take to address the health need:

- Midwest Medical Center will support the continued expansion of Jo Daviess Transit.
- Midwest Medical Center will continue to explore in-house, non-emergency transportation options.

Anticipated impacts of these actions:

Midwest Medical Center anticipates that the steps above will improve the flexibility and availability of transportation to and from health services and life needs.

Programs and resources the hospital plans to commit to address the need:

Administration

- Jo Daviess Transit
- Prairie Ridge

Implementation Strategy - Priority #5



The group's fifth identified need was access to affordable health insurance for small employers and the self-employed.

Actions the hospital intends to take to address the health need:

• Midwest Medical Center will continue to explore a competitive health plan that could be offered to local employers

Anticipated impacts of these actions:

Midwest Medical Center anticipates that this step will lead to access to affordable healthcare for many employers and employee residents of the community.

Programs and resources the hospital plans to commit to address the need:

Administration

- Chamber of Commerce
- Small business
- Gundersen

Implementation Strategy

Planning Process

Implementation Strategy - Priority #6



The group next identified the need for patient education to impact readmission and chronic care management.

Actions the hospital intends to take to address the health need:

- Midwest Medical Center will expand chronic care management.
- Midwest Medical Center will continue participation in the Illinois Rural Community Care Organization (IRCCO).
- Midwest Medical Center will expand wellness education.
- Midwest Medical Center will expand nutrition education.
- Midwest Medical Center will expand reduced fee lab work and free blood pressure check programs to provide more opportunities for information and access to services.

Anticipated impacts of these actions:

Midwest Medical Center anticipates that the above steps will improve chronic care management and access to care and information that will reduce the rate of readmission.

Programs and resources the hospital plans to commit to address the need:

- Chronic Care Coordinator
- Case Manager
- Providers
- Clinic Manager

- 24 Hour Care, LLC
- Surrounding providers
- Nursing homes

Implementation Strategy – Priority #7



The group final identified need was access to dental care for underinsured and uninsured patients.

Actions the hospital intends to take to address the health need:

Midwest Medical Center has reviewed this need in view of its mission and available programs and resources and has concluded that general dental care is beyond the scope and capabilities of the hospital at this time and in the foreseeable future. Midwest Medical Center is aware that this is an issue that is sometimes addressed by Public Health in Illinois and that Jo Daviess County Health Department is exploring dental services. Midwest Medical Center stands ready to partner or otherwise participate, as appropriate, with Jo Daviess County Public Health or any other dental healthcare provider that comes forward with a reasonable and practical plan to address this issue.

Anticipated impacts of these actions:

Midwest Medical Center is uncertain of the potential impact of actions others may propose but anticipates that a plan to address this issue from an appropriate party will meet with community support and the reasonable support from Midwest Medical Center.

Programs and resources the hospital plans to commit to address the need:

Administration

Planned collaboration between the hospital and other organizations:

While no collaboration is planned at his time, Midwest Medical Center will continue to explore proposals from appropriate parties to address this issue.



VII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment

Documenting and Communicating Results

Approval

This CHNA Report will be available to the community on the hospital's public website: http://www.midwestmedicalcenter.org. A hard copy may be viewed at the hospital by inquiring at the information desk at the main entrance.

This Community Health Needs Assessment and Implementation Plan of Midwest Medical Center was approved by the Midwest Medical Center Board of Directors on the 1st day of October, 2019.



VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment

References

References

- County Health Rankings, 2019 County Health Rankings
- Community Commons, 2019 Community Commons
- Illinois Department of Employment Security, 2019
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2019
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2019
- ESRI, 2019
- Illinois State Board of Education, Illinois Report Card, 2017 2018
- Atlas of Rural and Small Town America, USDA, 2018
- Behavioral Risk Factor Surveillance Survey Illinois Counties 2018
- Illinois Youth Survey, 2018
- Courtesy: Community Commons, <www.communitycommons.org>, December, 2018

(Support documentation on file and available upon request)

Appendix

Appendix

Focus Group 1 - Community Leaders and Officials

Melissa Niemann 24 Hour Care, LLC

Dan Schleicher **EMS**

Gail Gabbert Galena Clinic

MMC Physical Therapy Jen Berning

The Galena Territory Association Joe Mattingly

John Cooke Prairie Ridge

Kerry Shelke Galena Chamber of Commerce

Kristen Patterson Midwest Medical Center

Libby Miller Illinois Bank and Trust

Debbie Boden NW Illinois Economic

Development

Brian Spillane The Workshop

The Workshop Kathy Gable

Megan Neis Galena School District

Terry Renner City of Galena

Focus Group 2 - Medical Professionals and Partners

Dr. Brian Schoenrock DDS

Dr. Keith Shaw Dubuque Podiatry

Sandra Schleicher Jo Daviess County

Health Department

Jen Trebian Nursing Home

Deb Hoppman Midwest Medical Center Marie Wamsley Midwest Medical Center Katie Meusel Midwest Medical Center Kathy Wienen Midwest Medical Center

Lori Stangl Nursing Home

Implementation Strategy Team

Melissa Niemann 24 Hour Care, LLC

Kerry Shelke Galena Chamber

of Commerce

Debbie Boden NW Illinois

Economic Development

Brian Spillane The Workshop

Kathy Gable Jo Daviess County

Health Department

Sandra Schleicher Jo Daviess County

Health Department

Dr. Richard Farrell Midwest Health Clinic

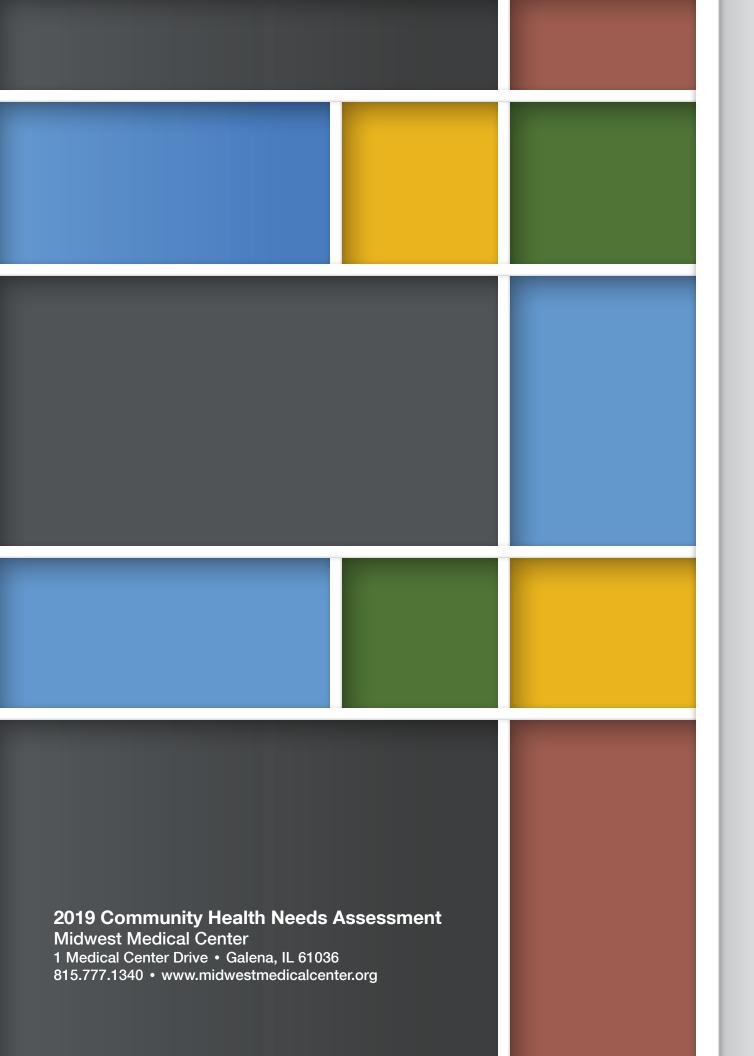
Deb Hoppman Midwest Medical Center

Midwest Medical Center Marie Wamsley Katie Meusel Midwest Medical Center

Kristen Patterson Midwest Medical Center

Tracy Bauer Midwest Medical Center

Notes



APPENDIX E: JO DAVIESS COUNTY BOARD OF HEALTH MEETING MINUTES



Jo Daviess County Health Department • 9483 US Rt. 20 West • P. O. Box 318 • Galena, Illinois 61036

Jo Daviess County Board of Health

Wednesday, September 4, 2019 at 7:00 p.m. Jo Daviess County Health Department Conference Room

MEETING MINUTES

- 1. Call to Order: Merri Berlage, Board of Health President, called the Meeting to order at 7:00 p.m.
- 2. Introduction of New Members: no new members present at this time
- 3. Roll Call:

Members Present: Liz Blair, Don Hill, Nikki Chamberlain Pham, Peg Dittmar, and Merri Berlage. Hesper Nowatzki arrived at 7:07 p.m. All members were present; a quorum was established.

Staff Present: Sandra Schleicher and Marcia Christ

Others Present: Brandon Behlke, Galena Gazette Reporter and John Hay, State's Attorney.

- 11. Administrator's Comments: Sandra Schleicher stated that the IPLAN was due in October; that the health assessment was done in 2017 and she was working on getting an extension approved.
- 15. Don Hill made a motion to adjourn the meeting, seconded by Peg Dittmar. All were in favor, the meeting adjourned at 8:15 p.m.



JO DAVIESS COUNTY HEALTH DEPARTMENT

9483 US RT. 20 WEST • P. O. BOX 318 • GALENA, ILLINOIS 61036 • (815) 777-0263

BOARD OF HEALTH MEETING

Thursday, November 7, 2019 at 7:00 pm Jo Daviess County Health Department Conference Room

MINUTES

- **1. CALL TO ORDER:** Merri Berlage, Board of Health President, called the meeting to order at 7:08 pm.
- 2. ROLL CALL A voice roll call was taken;

<u>Members Present</u>: Merri Berlage, G. Allen Crist, Peg Dittmar, Don Hill, and Tracy Bauer <u>Members Not Present</u>: Liz Blair and Hesper Nowatzki

<u>Staff Present</u>: Sandra Schleicher, Marcia Christ, Juanita Bielenberg, and Chad Olson <u>Others Present</u>: Nicole Ruchotzke, John Hay, States Attorney, and Brandon Behlke with the Galena Gazette.

10. ADMINISTRATOR'S COMMENTS

Sandra Schleicher, Interim Administrator, stated that an extension was approved for our IPLAN renewal which will now be due in April.

15. ADJOURN: Tracy Bauer made a motion to adjourn the meeting; seconded by G. Allen Crist. All were in favor, the meeting adjourned at 8:26 pm.



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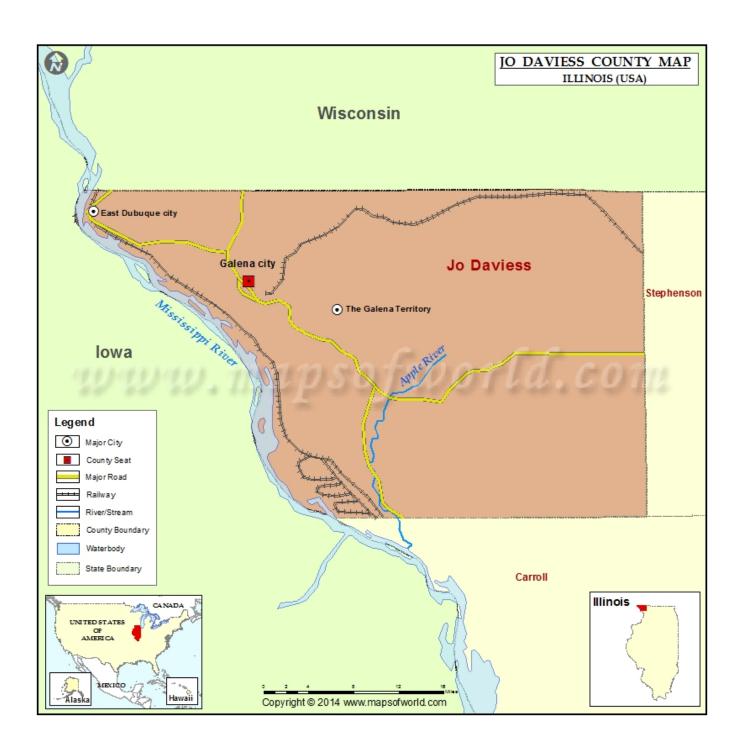
Board of Health Meeting Jo Daviess County Health Department Conference Room Wednesday, May 4, 2022 @ 7:00 pm

- 1. Call to Order Board President Peg Dittmar called the meeting to order at 7:00pm.
- 2. Roll Call Voice roll call was taken members present: Peg Dittmar, Merri Berlage, Don Hill, Dr. Barbara Kepner, Tracy Bauer, Tara Redfearn. Not present-Lisa Haas. Staff present: Sandra Schleicher, Lori Stangl, Mary Jo Schoenberger.
- **3. Approval of Minutes** A motion to approve the minutes from the March 2, 2022, Board of Health Meeting was made by Merri Berlage and second by Don Hill. All were in favor, motion passed.

7. New Business

- b. 2019-2024 IPLAN the three priorities of the IPLAN are obesity, access to dental services, and access to behavior health services. After review and discussion, Tara Redfearn motioned to approve the 2019-2024 IPLAN as presented and Don Hill seconded. All were in favor, motion passed.
- 12. Next Scheduled Meeting Date: July 6, 2022
- **13. Adjourn** Tracy Bauer made a motion to adjourn, second by Don Hill. All were in favor, meeting adjourned at 8:13 pm.

APPENDIX F: MAP OF JO DAVIESS COUNTY



APPENDIX G: REFERENCES

2017 Jo Daviess County Community Health Engagement and Assessment Event

2019 Midwest Medical Center Community Health Needs Assessment

Centers for Disease Control and Prevention

County Health Rankings. Jo Daviess County, 2019

Economic and Social Research Institute. (ESRI, 2013)

Healthy People 2020

Illinois Department of Public Health

Illinois Behavioral Risk Factor Surveillance System (BRFSS, 2012/2013)

IQuery Data System

MentalHealth.gov

My Plate

State Cancer Profiles

Youth Survey, 2018

United States Census Bureau