

KNOX COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

**A product of the Healthy
Communities Project: 2005-2006**



Adopted by the Knox County Board of Health September 14, 2006



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September 14, 2006


To the Citizens of Knox County:

The Knox County Board of Health is extremely pleased to present you with the revised Knox County Community Health Improvement Plan. As members of your community, the Board of Health strives to improve the quality of life and health status for all Knox County residents. As part of this effort, the Board, as well as Health Department staff, were excited to participate as one of the *Project* partners which guided completion of the most recent *Healthy Communities Project*, and which was charged with the challenge of identifying community health concerns requiring priority attention, as well as promoting community collaboration to strategically address those health priorities.

The *Healthy Communities Project* partners embrace the concept that what creates health and healthier communities is more than simply defining health as the absence of disease. Instead, the *Project* embraces the proactive pursuit of wellness and appreciation of broader, non-medical, quality of life factors. Additionally, the *Project* reinforces the belief that it is the burden of all members of the public health system to improve the health status of our community; because quite often, health problems are not directly attributable to a health concern; instead, they are linked to social or economical concerns, educational issues, or behaviors and lifestyle choices. Subsequently, *Project* partners realize that it will take a community effort to achieve a positive impact on the health status of the community. The *Healthy Communities Project* places this added emphasis on community collaboration, and encourages public health system partners to combine resources and bring a more concerted effort to addressing the identified priority health concerns.

This Knox County Community Health Improvement Plan represents the culmination of the Healthy Communities Project. It establishes the foundation for local application of national health objectives, as well as provides the basis for community-based program planning, resource allocation, and evaluation. Therefore, I am pleased to present the Knox County Community Health Improvement Plan as adopted by the Knox County Board of Health on September 14, 2006, to the citizens of Knox County.

Please be advised that the adoption of this Plan by the Knox County Board of Health in no way implies endorsement or commitment by any Project partner or sponsor.

Respectfully,

B. Lance Renfroe, D.D.S.
President
Knox County Board of Health



KNOX COUNTY HEALTHY COMMUNITIES PROJECT EXECUTIVE SUMMARY AND COMMUNITY HEALTH IMPROVEMENT PLANNING

EXECUTIVE SUMMARY

In communities, health is a product of many factors; and many segments of the community can contribute to and share responsibility for its protection and improvement. Changes in public policy, in public and private sector roles in the public health system, and in public expectations present opportunities and challenges for Knox County to address health issues.

Health is a dynamic state that embraces well-being as well as the absence of illness. The Knox County Healthy Communities Project defines health as "more than merely the absence of disease; a healthy community includes those elements that enable people to maintain a high quality of life and productivity.

For both individuals and populations, health depends not only on medical care but also on other factors; including, individual behavior, genetic makeup, and social and economic conditions for individuals and communities. This multidimensional perspective reinforces the value of public health's traditional emphasis on a population-based approach to community health issues. This array of influences on health also suggests that there are many public and private entities that have a stake in or can affect the Knox County community's health.

These stakeholders can include health care providers, public health agencies, and community organizations explicitly concerned with health. They can also include various other government agencies, community organizations, private industry, and other entities that may not see themselves as having any explicit health-related role such as schools, employers, social service

and housing agencies, transportation and justice agencies, and faith communities.

The Knox County Community Health Plan represents a local initiative to identify priority health concerns that these interdependent sectors must address. A Steering Committee of Project Partners, made up of key health care providers in the community, was the fundamental force driving the completion of the Healthy Communities Project. These Project Partners served as both the vehicle providing momentum for the community health planning effort, as well as providing resources necessary to achieve project goals.

The partners included:

- ▶ Galesburg Community & Health Foundation;
- ▶ Galesburg Cottage Hospital;
- ▶ Knox County Health Department;
- ▶ OSF St. Mary Medical Center; and
- ▶ The United Way of Knox County.

KNOX COUNTY COMMUNITY HEALTH IMPROVEMENT PLANNING

The community health planning process was a collaborative community-wide effort to improve the health status of residents in the Knox County community. The project began in October 2004, the Knox County Community Analysis was completed in November 2005, and the final Community Health Improvement Plan was completed in September 2006.

The purpose of community health improvement planning is to improve the capabilities of local public health system to

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conduct community health assessments, complete strategic action plans, and apply results for improved health outcomes and public health policy. This community health improvement plan updates and improves the previous community health plan completed in 1997/98. The planning document, is intended to assist the community in better addressing the priority health needs of Knox County.

THE HEALTHY COMMUNITIES PROJECT

The Healthy Communities Project is based on the belief that a healthy community is one that embraces the opinion that health is more than merely the absence of disease; a healthy community includes those elements that enable people to maintain a high quality of life and productivity.

The Healthy Communities Project was conceived by Galesburg Community and Health Foundation, Galesburg Cottage Hospital, OSF St. Mary Medical Center, Knox County Health Department, and United Way of Knox County. These participating public health system partners recognize that it is to their mutual benefit, and to the benefit of the public, that they develop a collaborative relationship for the performance of a community health needs assessment and strategic planning process.

For this process, Project partners selected Joel Cowen, Assistant Dean at the University of Illinois, College of Medicine at Rockford, to facilitate the community health needs assessment portion of the Project. Mr. Cowen's office performed the previous community health assessment conducted in 1997. In order to assure local input, the Project facilitator worked with the Citizen Workgroup who provided

guidance on an ongoing basis throughout the community health needs assessment study.

PHASE 1: HEALTHY COMMUNITIES PROJECT COMMUNITY HEALTH NEEDS ASSESSMENT

Community health assessment is the first portion of the Healthy Communities Project and involves the practice of using data and community input to identify and educate the public about priority issues related to the health and quality of life in the community. Through community partnership building as well as collaboration, issues of importance to the citizenry become identified and prioritized. Then through consensus, intervention actions are implemented over a period of time. The result is improved community or population wellness.

HEALTHY COMMUNITIES PROJECT CITIZENS WORKGROUP

To assist in the community health improvement planning effort, a Citizens Workgroup comprised of representatives of business, health and human service providers, government units, and educational institutions was created.

This Workgroup represented various public and private organizations, all of which share a strong interest in the well-being of the Knox County community. This theme of community collaboration was critical in building community cooperation and initiative, and in bringing public health system partners into the development and implementation of strategies to improve the health of the Knox County community.

The performance of the needs assessment, various analysis components, and the identification of priority community health issues

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are guided by the Citizen Workgroup. Among the tasks in which the Workgroup provides input, include: identifying target populations to participate in the focus groups, key informants to be interviewed, identification of local data sources, development of the household survey questionnaire, and community outreach.

Being a member of the Healthy Communities Project Citizens Workgroup meant taking an active role in the community health improvement planning process and sharing the experience and many responsibilities with the other committee members. It involved a commitment of time, a willingness to set aside personal or professional agendas, and a sincere commitment to assist in making changes within the community.

HEALTHY COMMUNITIES PROJECT CITIZENS WORKGROUP MEMBERS

- » David Adcock
OSF St. Mary Medical Center
- » Margaret Bent
VNA Community Services
- » Rhonda Brady
Knox County Area Project (KCAP)
- » Roxanne Christianson
Bright Futures
- » Janet Collopy
Williamsfield Clinic
- » Rhonda Dalton
Gallatin River
- » Maureen Dickinson
Oneida Mapping Project
- » Diane Eager
Bridgeway Inc., InTouch

- » Tony Franklin
University of Illinois Extension
- » Laura Fullerton
Knox County Health Department
- » Catherine Holland
Stone Hayes Center for Independent Living
- » Eileen Inness
Galesburg Cottage Hospital
- » Karen Kistler
United Way of Knox County
- » Michael Lewis
Warren Achievement Center
- » Elaine Long
Carl Sandburg College
- » Andrew McFarlane
Knox County YMCA
- » Rhonda Nelson
Bridgeway, Inc.
- » Ruth Reed
City of Galesburg
- » Rachel Rose
Family Planning Services of Western Illinois
- » Terrie Saline
Knox College
- » Lynne Tyler
American Red Cross
- » Linda Wikoff
Knox County Farm Bureau

COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment portion of the Project describes the health of the community by presenting information on the health status, community health needs,

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resources, and health services infrastructure. It includes a socio-demographic profile of the county and seeks to identify target populations that may be at increased risk of poor health outcomes. The Needs Assessment also assesses the larger community environment and how it relates to the health of individuals. It is a vital portion of the Healthy Communities Project and an important component of community health planning. For the purposes of this project, the needs assessment portion was comprised of four individual assessments; they include: community analysis, a household survey, key informant studies, and focus group studies.

COMMUNITY ANALYSIS

The Community Analysis Data report provides a comprehensive overview of Knox County. It characterizes the population through the use of secondary health and demographic data sources, particularly 2000 U.S. Census data pertaining to population and housing, vital statistics collected by the Illinois Department of Public Health, and other social indicators primarily from state agencies. Topics covered by the analysis include: population, age, race, ethnicity, gender, family structure, income, poverty levels, education, employment, housing, birth data, death data, health status (including mental health), substance abuse, disabilities, crime, and violence.

In most sections, the analyses looks at changes occurring over time, and, whenever possible, compares local figures to state and nationwide numbers; some analyses attempt to look at differences among population groups. Data is as up-to-date as possible, with the most recent data available being used for each indicator. However, even within indicators data years will change because not all information

becomes available on the same schedule. Often, local, state, or U.S. data may be available while other geographic areas are not.

HOUSEHOLD SURVEY

The Household Survey Results report of the Community Health Needs Assessment was conducted in order to obtain a comprehensive overview of the perceptions of Knox County residents regarding health and human services in Knox County. The eight-page survey questionnaire was mailed to a random sample of 3,000 Knox County homes; approximately one out of every seven households received the survey. The randomized sample was created to be proportional to the population distribution in all zip code areas of Knox County.

By surveying a random sample of households, this portion of the study sought to determine the following information about Knox County:

- » Perceptions of community problems and needs which should be given priority attention by the community, and health and human services system;
- » Perceptions of the availability of health and human services;
- » Utilization of health and human services by the population and experiences with them;
- » Health status of the population, prevalence of diseases and conditions;
- » Difficult situations affecting the household, health insurance coverage, etc.; and
- » Mental health conditions, stress, suicide, abuse, and drug abuse effects.

A final open-ended question allowed individuals to comment as they desired about any related topic. No identification number or other identifying mark was used so respondents could be assured that all answers would be

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anonymous. At the end of the response period, 985 useable surveys were returned yielding a response rate of 32.8%.

KEY INFORMANT STUDY

Key informants are considered to be experts in their field based upon professional experience, knowledge of the local health and human services system, or are in a position of influence within the community. Face-to-face interviews with key informants were conducted to obtain information and perceptions about health and human services in Knox County, specific to services or target groups with which the informant was familiar. The final key informant report portion of the Needs Assessment summarized information collected from 36 interviews with 39 key informants.

FOCUS GROUP STUDY

Focus groups are small panels of individuals called together to discuss a topic of common interest or health and human service need. Focus groups provide the opportunity to hear the views of specific populations, especially those considered at-risk, and who may not otherwise be heard from during completion of the Community Health Needs Assessment. These individuals tend to have shared concerns, or require similar services within the Knox County health and human services system.

For this study, fourteen focus groups were assembled from target populations in order to gain knowledge about their views and experiences with the health and human services system in Knox County specific to their area of need; there were 118 total participants. The groups included:

- ✓ African Americans;
- ✓ Dislocated workers;
- ✓ Farmers;

- ✓ Hispanics;
- ✓ Homeless persons;
- ✓ Mentally ill individuals;
- ✓ Public Aid recipients;
- ✓ Rural elderly;
- ✓ Single parents;
- ✓ Teen parents;
- ✓ Troubled youth;
- ✓ Working parents; and
- ✓ Young adults.

SELECTING PRIORITY HEALTH CONCERNS

Priority health concerns are the fundamental health challenges facing the community which must be given priority in order for the overall health of the Knox County Community to improve. These strategic health concerns have significant consequences and impact the overall health and well-being of the community if they are not addressed

In identifying the six significant health priorities, Healthy Communities Project Citizens Workgroup members reviewed collected data and reports, discussed all relevant issues, and then narrowed their focus to the ten most significant problem areas. After further assessment of the priority health concerns the Workgroup voted on which priorities to address within the Healthy Communities Project Strategic Plan by taking into account the following factors:

- ▶ **THE SIZE OF THE PROBLEM:** How many persons, and what proportion of the population is affected by this problem?
- ▶ **SERIOUSNESS OF THE PROBLEM:** Does this problem have a significant effect on people, their family, and the community? Is community intervention needed urgently? What is the potential impact if the problem is not dealt with now?

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- ▶ **CURRENT ACTIONS:** Are actions already underway to resolve this issue or is greater initiative needed? Will the problem take care of itself without new actions? Are others already on the right track and devoting sufficient resources?
- ▶ **INTERVENTION POTENTIAL:** Can anything be done for the problem? Do we know enough to plan what to do? Are known interventions effective? Is it realistic to believe that actions can be put in place? Will political, social, legal, or economic factors likely keep any action from happening?

As a result of these deliberations, The Citizens Workgroup chose to identify six priority health issues to be addressed in the Health Communities Project Knox County Community Health Plan.

The identified priorities included:

- ▶ Incidence of cardiovascular disease;
- ▶ Prevalence of respiratory disease;
- ▶ Prevalence of poor dental and oral health;
- ▶ Lack of primary and preventative health care;
- ▶ Prevalence of poor mental health; and
- ▶ Prevalence of substance abuse.

PHASE 2: HEALTHY COMMUNITIES PROJECT STRATEGIC PLANNING

Once issues were identified by the Citizens Workgroup as a priority health concern, the Healthy Communities Project moved into a strategic planning phase wherein they completed a series of steps to analyze the priority health concerns, develop strategies to address those concerns, plan for implementation of corrective actions, and develop evaluation plans for

proposed programming and the outcome of efforts by accountable entities.

The Knox County Healthy Communities Project, through its public health system partners; including the health department, analyzed the six identified priority health concerns in order to understand the contributing factors and how they operate in the community. Additionally, the Workgroup took steps to assess the resources available for health improvement efforts, identified protective factors within the community that may mitigate the impact of adverse conditions; and assessed support available from public- and private-sector sources outside the community.

The developed community health improvement strategies are intended to apply available resources as effectively as possible. Priority will be given to actions for which evidence of effectiveness is available and for which costs are considered appropriate in relation to expected health benefits. For many health issues, however, evidence for effective interventions is limited. This does not mean that public health system partners should ignore those issues; but, instead, will have to consider carefully what actions will make the best use of its resources. Partners will also consider the implications of not acting on a health issue.

Implementation of health improvement strategies and interventions will require action by many partners within the community. The particular mix of activities and participants will depend on the health issue being addressed and on the community's organization and resources. In most instances, these activities will require the involvement of both public and private sector entities and often of entities that may not traditionally be seen as part of the public health system.

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The Community Health Improvement Plan is intended to function as a working document that establishes an up-to-date picture of the community. It identifies the strengths and changing needs of Knox County and encourages an atmosphere for collaborative community efforts, produces strategies for addressing foreseeable community needs; and creates a foundation for carrying out a community health action plan.

The completed Knox County Community Health Plan provides a way for the community to accept collective responsibility and resources of specific, accountable entities to improve the health of its members. Healthy Communities Project Steering Committee members encourage the active participation of the Knox County public health system partners in enacting this Plan, and propose its use for multiple purposes; including:

- ▶ Planning and evaluation regarding the progress of community and Health Department programs;
- ▶ Documenting Health Department fulfillment of legal and regulatory requirements;
- ▶ Cataloguing multiple health-related activities in the community, helping to meet a broad community-wide assurance role;
- ▶ Justifying budget appropriations and program development;
- ▶ Reporting for important health outcome measures;
- ▶ Providing technical assistance to other agencies in Knox County;
- ▶ Needs assessment data for categorical grants; and
- ▶ Source of information for researchers and policymakers.

PROGRAM EVALUATION

Once the Knox County Community Health Improvement Plan is under way, evaluation becomes an essential guide. Effective program evaluation plays an essential role in public health programming. It includes the development of clear plans, inclusive partnerships, and systematic feedback that allows learning and ongoing improvement to occur. Each program, as part of the Knox County Community Health Improvement Plan, must conduct routine, practical evaluations that provide information for management and stakeholders, and improve program effectiveness. Program evaluation data will be reviewed every six months by Health Department staff monitoring programs, and annually by key stakeholder groups.

A program is simplistic terminology used to describe the object of the evaluation, and can be any organized public health action. Within this Community Health Improvement Plan, evaluation will be routinely tied to all identified corrective actions which address priority health concerns. Emphasis will be placed on the evaluation processes being practical, ongoing, and involving key community stakeholders. It will be utilized to justify the value of a program; answering questions related to program “merit” or quality, “worth” or cost-effectiveness, and “significance” or importance.

Additionally, Citizens Workgroup members acknowledge that stakeholders will be involved in the Community Health Improvement Plan evaluations. When key stakeholders are not engaged in the evaluation process, an evaluation may not address important elements of a program’s goals, objectives, and strategies. Therefore, evaluation findings might be criticized or ignored. Program evaluation will include

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stakeholders who are involved in program operations, those served or affected by the program, and the primary users of the evaluation.

Each program evaluation outlined as part of this Plan will include a brief program description; including what the program is intended to accomplish. Key program stakeholders will be identified, as well as how and when data will be gathered and the program evaluated. Finally, each evaluation description will identify how often and with whom program evaluation results will be shared, as well as the means for distribution.

Program evaluation data and results will be maintained by Knox County Health Department staff and kept on file for public use. Any substantial changes to Programs identified by the Knox County Community Health Improvement Plan will be noted therein.

Information provided by periodic evaluations will be reviewed regularly and used to initiate further action. In assessing progress, developed Workgroups consider whether accountable entities are taking appropriate actions and whether appropriate strategies and interventions have been adopted. The quantitative data provided by performance indicators should be interpreted in combination with qualitative information from the community.

As the analysis and strategic planning in this report demonstrate, a wide array of factors influence the Knox County community's health, and many entities in the community share the responsibility of maintaining and improving its health. By working together, Knox County public health system partners can create an environment where healthy people live and work in a healthy Knox County.

PRIORITY HEALTH CONCERNS

A compilation of the assessment and planning efforts, the Knox County Community Healthy Plan addresses the priority health concerns identified by the Healthy Communities Project Citizens Workgroup during completion of the Knox County Community Health Needs Assessment. The six priority health concerns included in this Health Improvement Plan are not prioritized nor are they listed in any particular order. They influence both health and illness and each have behavioral, environmental, and societal dimensions. The priority health concerns identified are interwoven, complementary, and overlapping; they include: the Incidence of Cardiovascular Disease, the Prevalence of Respiratory Disease, the Prevalence of Poor Dental and Oral Health, a Lack of Primary and Preventative Health Care, the Prevalence of Poor Mental Health, and the Prevalence of Substance Abuse.

INCIDENCE OF CARDIOVASCULAR DISEASE

Heart disease and stroke are the principle components of cardiovascular disease. They are also the first and third leading causes of death in the United States. One quarter of all Americans, have some form of heart disease. They are responsible for more than 6 million hospitalizations each year. Heart disease is a major cause of disability and contributes significantly to the rising cost of health care in the U.S.

During 2002, cardiovascular disease was the leading cause of death for Knox County residents. It was linked to 198 of 798 deaths. This number is significantly higher than State of

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Illinois or U.S. rates. In fact, the Knox County crude death rate for heart disease was 360.5 per 100,000 population; the Illinois and U.S. rates were 244.9 and 241.3 per 100,000 population consecutively.

Much of the burden related to heart disease is preventable through the reduction of major risk factors such as controlling high blood pressure and high blood cholesterol, and eliminating tobacco use. Public health system partners will work collaboratively to promote heart-healthy behaviors and implement strategies to reduce the prevalence of cardiovascular disease in Knox County.

Community health improvement strategies will include education and marketing which focuses on early screening, interpreting screening results, and the prevention of chronic disease through healthy lifestyle choices. Additionally, chronic disease management programs will be offered collaboratively with local physician offices, and will include screening efforts provided by multiple public health system partners. In addition, organized efforts to reduce tobacco use and exposure to second-hand smoke in Knox County will be utilized to reduce the incidence of cardiovascular disease in Knox County residents.

PREVALENCE OF RESPIRATORY DISEASE

Asthma and chronic obstructive pulmonary disease (COPD) are two leading chronic respiratory conditions. These respiratory diseases, as well as others, result in a significant public health burden for the United States, and have increased to the point where they are now the third most common cause of death.

In Knox County, respiratory disease accounts for over 10% of all resident deaths. They are one of the most frequent reasons for hospitalization, and the primary diagnosis for 6.4% of Knox County long-term care facility residents. Additionally, breathing difficulty emergencies are responsible for 9% of all ambulance calls within the County.

Chronic obstructive pulmonary disease (COPD) refers to a group of slowly progressive diseases characterized by airflow blockage and the gradual loss of lung function. In the United States, the term COPD includes emphysema, chronic bronchitis, in some cases asthma and/or a combination of these conditions.

For Knox County residents the most frequent, non-birth related, reason for hospitalization is COPD. The age-adjusted death rate for chronic obstructive pulmonary disease during 2002 was 50.2 per 100,000 population; the 2002 State of Illinois age-adjusted death rate for chronic obstructive pulmonary disease was 39.2 per 100,000; lower than the Knox County rate.

Asthma is defined as an inflammatory disorder of the body's airways. In predisposed individuals, the inflammation causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough, particularly at night and early morning.

In 2003, the Centers for Disease Control and Prevention estimated that 19.8 million people are currently diagnosed with asthma; and that 11.0 million experienced an asthma attack during the previous year. The Illinois Department of Public Health reports that the asthma rate is rising more rapidly in pre-school aged children than in any other age group; it is the leading cause for pediatric ED visits and school absenteeism.

An estimated 3,017; or one of every ten Knox County adults suffers from asthma. Additionally, 15.2% of all households with children aged 5-17

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years report at least one child in the home with asthma. Along with bronchitis, it is the second leading cause of hospitalization among residents of that age group. During 2004, asthma and bronchitis accounted for 935 Emergency Department visits by Knox County residents; in 2005 that number grew to 1,063.

Of the risk factors effecting respiratory disease, tobacco use is by far the key factor in the development and progression of asthma and COPD in Knox County. However, for asthma, exposure to air pollutants in the home and workplace, including environmental tobacco smoke and respiratory infections are additional significant factors.

Community health improvement strategies will include education and marketing focusing on screening, interpreting screening results, as well as the prevention and management of chronic lung diseases through healthy lifestyle choices and appropriate use of prescription medication. Additionally, asthma case management programs will be offered collaboratively with local physician offices, as well as area schools and colleges. Also, efforts to reduce tobacco use and exposure to second-hand smoke in Knox County will be utilized to reduce the prevalence of respiratory disease in Knox County residents.

PREVALENCE OF POOR DENTAL/ORAL HEALTH

According to the Centers for Disease Control and Prevention (CDC), tooth decay is a major health concern for both children and adults. Though it is largely preventable, tooth decay affects a staggering 95% of all adults in the U.S. It is the most common chronic disease of children 5 to 17 years of age and affects more than one-fifth of children in the United States aged 2 to 4

years, one-half of 6 to 8 year olds, and nearly 60% of adolescents 15 years of age.

Knox County has been designated by the Department of Health and Human Services as a Dental Health Professional Shortage Area (HPSA). During the Healthy Communities Project Needs Assessment, 15.9% of individuals reported needing to see a dentist, but were unable to afford care. Additionally, as of January 2004, 8,545 Knox County residents were Medicaid recipients; however, currently there are no dentists operating in Knox County who accept Medicaid.

Data obtained during completion of the 2004/2005 Knox County Oral Health Needs Assessment indicates that only 66% of children under 21 years of age are considered active dental patients and just 71% of Knox County adults are. The most recent data available indicates that 50.5% of residents have no insurance to cover dental health care.

Many of the risks associated with poor dental and oral health stem from a lack of access to dental care. Other concerns, such as inappropriate lifestyle choices, poor dental hygiene practices, and other factors linked to an individual's physical environment, such as a fluoridated water supply, also affect the dental health status of an individual; as do substance abuse and tobacco use.

Community health improvement strategies will include education and marketing focusing on establishing good dental and oral health habits; including: preventative care, restorative care, and healthy lifestyle choices. Additionally, safety-net dental clinic programs will be established, and will include the collaboration of multiple public health system partners to investigate dental health professional recruitment concerns and options, partnerships with local

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dental colleges and universities, and dental screening programs. In addition, organized efforts to reduce tobacco use in Knox County will be utilized to reduce poor dental and oral health in Knox County residents.

LACK OF PRIMARY AND PREVENTATIVE HEALTH CARE

Ideally, all Knox County residents should enjoy access to quality, affordable medical and dental care. Lack of adequate health care is a major contributing factor to many health concerns; including, perinatal conditions, chronic diseases, mental illness, and substance abuse.

According to 2004 Knox County Behavioral Risk Factor Survey data, 15.1% of respondents do not have health care coverage; 9.6% were not able to see a health care provider during the past twelve months due to cost of care. Illinois does not fair much better with 15.2% reporting that they have no health care coverage, and 11.1% stating that they could not see a health care provider in the past twelve months due to cost.

Also, 11.3% of Knox County residents, and 11.6% of Illinoisans, could not fill a prescription in the past twelve months due to cost. The consequences of cost-related medication under use include increased emergency department visits, psychiatric admissions, and nursing home admissions, as well as decreased health status.

The lack of access to primary and preventative health care stems primarily results from risk factors associated with limited financial resources and/or lack of a health care insurance plan. Other access to health care concerns result from patient apathy or a lack of knowledge regarding the importance of care, individuals or families who have no primary care provider and/or no clinic or hospital as a regular source of care, and

even concerns related to being able to afford the cost of medications prescribed to treat chronic disease conditions.

Community health improvement strategies will include education and marketing focusing on routine and preventative health care services, cost benefits of appropriate and timely health care, health care literacy, and the proper course of treatment for chronic disease. Additionally, a task force will be established with multiple public health system partners participating to investigate models for the provision of health care services to Medicaid, low-income, uninsured, or underinsured individuals and families. This task force will additionally look into health care concerns related to access to prescription drugs and medical supplies, community health clinic policies and procedures, and proper referral of patients within the health care community. These organized efforts will be utilized to reduce access to primary and preventative care for Knox County residents.

PREVALENCE OF POOR MENTAL HEALTH

The Surgeon General reports that good mental health is fundamental to the overall health and well-being of an individual. Mental disorders are very real conditions that have an immense impact on individuals and families in the United States. They do not discriminate; they can affect anyone and do affect almost every family in America.

Most Knox County adults enjoyed good mental health during all days of the past month in 2004, however, 13.7% reported poor mental health for more than one week during the past month; and 21% reported poor mental health for 1 to 7 days. In 2004, psychoses was the ninth leading

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hospitalization reason for Knox County residents overall and the leading reason for hospitalization of children 5 to 17 years of age; it is the leading reason for referral outside Knox County with 166 cases during that same year.

Major depression is highly correlated with chronic diseases such as diabetes, coronary disease, arthritis, and stroke. Despite the effectiveness of treatment, the majority of individuals with mental disorders do not receive mental health services. Currently only one-fourth of persons with a mental disorder obtain help for their illness within the health care system, while about 70% of individuals with heart disease seek and receive care.

According to the Healthy Communities Project Community Health Needs Assessment completed in 2005, over one in twenty household survey respondents reported that someone in their household suffered from mental or emotional problems; 18% of all respondents had thought about seeking professional help for personal or emotional problems. Of the 177 respondents who thought about seeking care, only about half, 51.4% followed through and actually sought professional mental health care.

Many of the primary risk factors for poor mental health in Knox County are linked to access to care concerns such as: physical access to mental health treatment, knowledge of available services, and preconceived notions regarding mental health. Other risk factors include life and environmental stressors, heredity and chemical imbalances, as well as social stigmas which lead to thousands of individuals across the Nation failing to access the mental health services that are available.

Community health improvement strategies will include education and marketing focusing on mental health and mental health treatment

services, cost benefits of appropriate and timely mental health care, as well as social stigmas related to mental health disorders. Additionally, the task force established by public health system partners to investigate models for the provision of health care services to Medicaid, low-income, uninsured, or underinsured individuals and families, will additionally investigate the availability of mental health services in Knox County. This task force will also look into mental health care concerns related to access to prescription drugs, as well as primary care physicians concerns related to prescribing psychotropic drugs. Additionally, other community collaborations and recruitment efforts will address resources and referrals for care. These organized efforts will be utilized to reduce poor mental health in Knox County residents.

PREVALENCE OF SUBSTANCE ABUSE

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance abuse is a local, community-based issue. And in order to make a meaningful impact to combat our Nation's issues with drug and alcohol abuse, Knox County must provide community-based solutions.

2004 Knox County Behavioral Risk Factor Survey data indicates that about one of every seven Knox County adults report binge drinking within the past month; and 3.4% consumed in excess of 60 alcoholic beverages within the same time period. This excessive drinking has consequences for virtually every part of the body. Long-term heavy drinking increases risk for high blood pressure, heart rhythm irregularities, heart

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muscle disorders and stroke. Long-term alcohol use also increases the risk of developing certain forms of cancer, especially of the esophagus, mouth, throat, and larynx.

Despite some success in reducing tobacco use among adolescents, underage drinking remains a serious, persistent, and stubborn problem, as does drug abuse; including both illicit and prescription drug use. 1999-2001 Communities Can Knox County Youth Survey data indicate that 31.7% of 8th graders and 41.7% of 10th graders used alcohol during the past month. Additionally, 14.6% of 8th graders and 22.2% of 10th graders used marijuana during that same time period. Additionally, drug related arrests have accelerated rapidly in Knox County since 1990, increasing an overwhelming 608.1% from just 74 arrests in 1990 to 524 in 2003.

In Knox County, several causes of death are linked to alcohol and drug use. For example, during 2002, four Knox County individuals died from chronic liver disease or cirrhosis, a rate of 7.3 per 100,000 population; liver disease accounted for 110 years of life lost. Additionally, during 2004, alcohol and drug abuse accounted for 63 hospital admissions of Knox County residents totaling almost a half million dollars in charges. Also, during 2002, three of eight, or 37.5%, fatal vehicle crashes in Knox County involved alcohol.

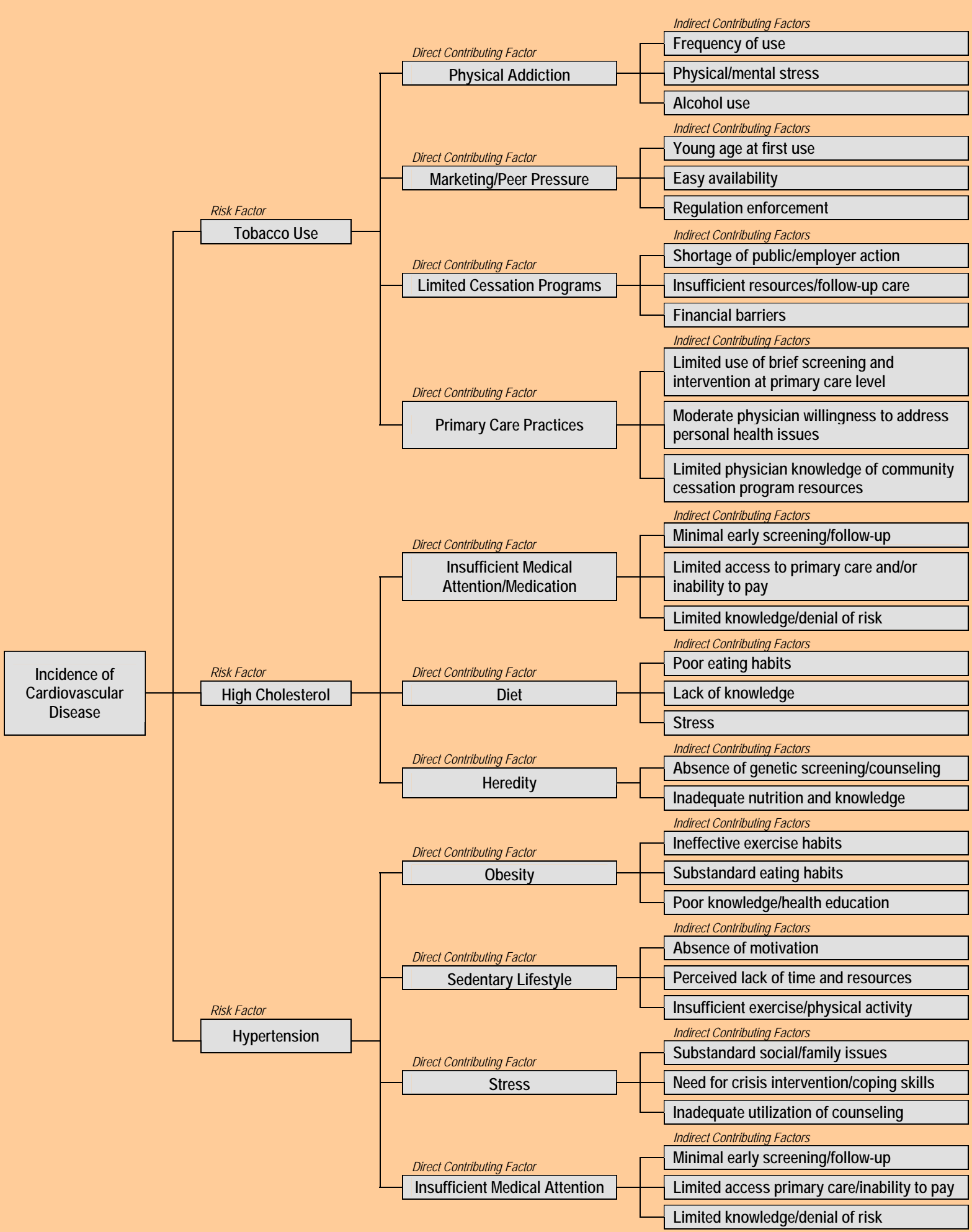
Alcohol and drug dependence and addiction, known as substance abuse disorders, are complex problems, and the risk factors which contribute to the development of a substance abuse disorders are just as complex and depend partly on genetics, or biological traits passed down through families, partly on environmental or psychological traits, as well as stress level of the individual. Other factors impacting development

of substance abuse disorders are social in nature, and include concerns such as; easy access to drugs and alcohol, as well as community and family attitudes about alcohol and drug use among children and teens.

Community health improvement strategies will include education and marketing focusing on substance abuse and substance abuse treatment services, cost benefits of appropriate and timely treatment, as well as confidentiality concerns and social stigmas related to substance abuse disorders and treatment. Additionally, the task force established by public health system partners to investigate models for the provision of health care services to Medicaid, low-income, uninsured, or underinsured individuals and families, will additionally investigate the availability of substance abuse services in Knox County. Additionally, other community collaborations and recruitment efforts will address resources and referrals for substance abuse treatment, as well as co-occurring disorders. These organized efforts will be utilized to effectively reduce substance in Knox County.

WORKSHEETS

INCIDENCE OF CARDIOVASCULAR DISEASE



Incidence of Cardiovascular Disease

Risk Factor
Tobacco Use

Direct Contributing Factor
Physical Addiction

- Frequency of use
- Physical/mental stress
- Alcohol use

Direct Contributing Factor
Marketing/Peer Pressure

- Young age at first use
- Easy availability
- Regulation enforcement

Direct Contributing Factor
Limited Cessation Programs

- Shortage of public/employer action
- Insufficient resources/follow-up care
- Financial barriers

Direct Contributing Factor
Primary Care Practices

- Limited use of brief screening and intervention at primary care level
- Moderate physician willingness to address personal health issues
- Limited physician knowledge of community cessation program resources

Direct Contributing Factor
Insufficient Medical Attention/Medication

- Minimal early screening/follow-up
- Limited access to primary care and/or inability to pay
- Limited knowledge/denial of risk

Risk Factor
High Cholesterol

Direct Contributing Factor
Diet

- Poor eating habits
- Lack of knowledge
- Stress

Direct Contributing Factor
Heredity

- Absence of genetic screening/counseling
- Inadequate nutrition and knowledge

Risk Factor
Hypertension

Direct Contributing Factor
Obesity

- Ineffective exercise habits
- Substandard eating habits
- Poor knowledge/health education

Direct Contributing Factor
Sedentary Lifestyle

- Absence of motivation
- Perceived lack of time and resources
- Insufficient exercise/physical activity

Direct Contributing Factor
Stress

- Substandard social/family issues
- Need for crisis intervention/coping skills
- Inadequate utilization of counseling

Direct Contributing Factor
Insufficient Medical Attention

- Minimal early screening/follow-up
- Limited access primary care/inability to pay
- Limited knowledge/denial of risk

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<p>HEALTH PROBLEM: Incidence of Cardiovascular Disease</p>	<p>COMMUNITY HEALTH IMPROVEMENT GOAL(S):</p> <ul style="list-style-type: none"> • By the year 2020, reduce the rate of deaths from cardiovascular disease in Knox County adults to no more than 245 per 100,000 population. • By the year 2016, reduce the prevalence of cardiovascular disease in Knox County adults to no more than 360 per 100,000 population.
<p>RISK FACTOR(S): Tobacco Use High Cholesterol Hypertension</p>	
<p>CONTRIBUTING FACTORS (direct & indirect): Primary Care Practices – Brief Screenings Poor Eating Habits and Obesity Heredity Sedentary Lifestyle Physical Addiction to Tobacco Tobacco Related Marketing and Peer Pressure Limited Availability of Tobacco Cessation Programs Limited Support for Tobacco Cessation Programs Insufficient Medical Attention/Medication Inadequate Financial Resources Stress</p>	<p>COMMUNITY HEALTH IMPROVEMENT OBJECTIVE(S):</p> <ul style="list-style-type: none"> • Reduce the proportion Knox County of adults with high total blood cholesterol levels to 25% or less by the year 2016. • Reduce the proportion of Knox County adults with high blood pressure to 15% or less by the year 2016. • Reduce tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016. • Reduce the proportion of Knox County nonsmokers who are exposed to environmental tobacco smoke in public places in Knox County 80% by the year 2011, and 100% by the year 2016; as is consistent with County and municipal regulations.
<p>RESOURCES FOR PROGRAMMING: Health care providers Physician offices Local health department Schools and Colleges Faith community YMCA American Heart Association Illinois Department of Public Health, University of Illinois Extension Civic and business groups Labor unions Human service organizations Clubs and organizations Chamber of Commerce Local media outlets Pharmacies Meal sites</p>	<p>COMMUNITY HEALTH IMPROVEMENT STRATEGIES:</p> <ul style="list-style-type: none"> • Chronic disease case management programs in collaboration with the physician offices to promote proper course of treatment. • Community education and marketing plan which focuses chronic disease screening, management, and prevention. • Maintain a collaborative community screening effort for Knox County residents to increase the number of Knox County adults who have their blood pressure and cholesterol checked as medically recommended. • Provide healthy lifestyle choices education for Knox County adults and children that focuses on prevention and early screening of chronic disease. • Collaborate with Knox County physicians to recommend and provide support in tobacco cessation for their patients. • Provide community programming regarding the effects of tobacco use and second-hand smoke. • Marketing programs to change public attitudes about tobacco use, and promote smoking cessation through the immediate and long-term benefits of cessation.
<p>BARRIERS: Patient Apathy/Procrastination/Denial of Risks Financial Resources Lack of Motivation and/or Willingness Lack of Understanding of Long-Term Benefits Lack of Transportation Lack of Knowledge Lack of Time/Resources Public Perceptions about Risks/Benefits Access to Primary and Preventative Health Care Accepted Social Norms Community Support of Clean Air Legislation Lack of Enforcement of Regulations</p>	<ul style="list-style-type: none"> • Assure availability of tobacco cessation programs to Knox County residents. • Work with appropriate local governments to establish a ban which prohibits smoking in indoor public places for incorporated and unincorporated areas of Knox County

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DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

- Heart disease was the leading cause of death for Knox County residents during 2002; accounting for 198 of the total 798 deaths.
- The 2002 rate of heart disease for Knox County was 360.5; compared with 2002 State of Illinois rate 244.9; and U.S. rate 241.3.
- Based on BRFSS results, almost one-fourth (23.4%) of Knox County adults suffer from high blood pressure.
- One in three Knox County adults (29.6%) has high cholesterol.
- Cardiovascular problems accounted for 1,036 (17.2%) of the 6,018 ambulance calls responded to in Knox County in 2001.
- Based on BRFSS data, 22.6% of Knox County residents are smoke cigarettes; 8.1% use smokeless tobacco.
- 56.7% of Knox County tobacco users began smoking prior to 18 years of age.
- Hypertension is the second leading chronic condition among Knox County residents, affecting an estimated 7,450 persons.
- Other leading chronic conditions among Knox County residents include heart disease (5,283) and diabetes (2,016).
- One in six household members is reported to have high cholesterol; one in eleven members is reported to be obese.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

- Through the collaborative community screening effort, increase the number of Knox County adults who have had their blood pressure checked within the preceding two years, by a minimum of 10% by screening a minimum of 1000 adults, aged 30-65 years, a year for each of the next five years (2006 – 2011).
- Through the collaborative community screening effort, increase the number of Knox County adults who have had their blood cholesterol checked within the preceding five years, by a minimum of 10% by screening a minimum of 1000 adults, aged 30-65 years, a year for each of the next five years (2006 – 2011).
- Develop community comprehensive healthy lifestyle choices education for Knox County adults and children, which focused on prevention of chronic disease and early screening for chronic disease.
- Provide the comprehensive healthy lifestyle choices education to a minimum of 1000 individuals a year for each of the next five years (2006 – 2011).
- Initiate a chronic disease management programs in collaboration with the physicians' offices in order to keep patients diagnosed with diabetes, hypertension, and high cholesterol on a course of treatment.
- Provide chronic disease education which concentrates on screening result interpretation, the positive effects of a proper course of treatment, and management of chronic disease with healthy lifestyle changes, diet and exercise.
- Institute a chronic disease prevention marketing campaign which focuses on the positive effects of a proper course of treatment and management with healthy lifestyle changes, diet and exercise.
- Ensure availability of tobacco cessation programs, implementing a rural outreach tobacco cessation campaign for Knox County.
- Implement a "Successful Quitters" testimonial marketing campaign addressing individual concerns related to tobacco cessation.
- Establish a resource which provides support to Knox County physicians in recommending tobacco cessation to their patients.
- Comprehensive community programming providing education concerning the effects of tobacco use and second-hand smoke.
- Implement marketing efforts to alter public "acceptability" of tobacco use, and encourages smoking cessation through education of the immediate and long-term benefits of quitting smoking.
- Investigate via the Tobacco Task Force of the Knox County Substance Abuse Prevention Coalition. The feasibility of adding a program that prepares youth to quit smoking, such as Alternative to Suspension, offered by the Health Department, as an option for Teen Court's mandatory programming which may be required of youths who have been identified during preliminary interviews as tobacco users.
- Investigate the expansion of programming that prepares youth to quit smoking, such as Alternative to Suspension, offered by the Health Department, to include youth who are caught in schools smoking or who are identified as smokers through other evaluations/screenings, such as those done by Bridgeway during a drug assessment.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Health care	American Heart Association	Ill Department of Public Health	Meal sites	Civic and business groups
Physician offices	Local media outlets	University of Illinois Extension	YMCA	Labor unions
Colleges	Local health department	Faith community	Schools	Human service org.
Pharmacies	Chamber of Commerce	Clubs and organizations		

2006 Knox County Community Health Plan

Evaluation Plan

Programs

1. Collaborative Community Chronic Disease County-wide Screening Program
2. Healthy Choices and Lifestyles Health Education and Promotion Program
3. Chronic Disease Management Program
4. Knox County Rural Tobacco Cessation Campaign
5. Tobacco Cessation: Successful Quitters Testimonial Marketing Campaign
6. Tobacco Cessation Proponent Program
7. Tobacco Cessation Health Education and Promotion

Purpose

The purpose of the proposed programming is to promote and provide support for heart healthy lifestyle choices and the adoption of preventative health care behaviors; including the early and timely screening for chronic disease.

Key Stakeholders

Program providers and their staff, Knox County Health Department staff, program recipients, participants, and their families, individuals who will utilize the evaluation information, Board of Health, task force members, and members of the public health system.

Data

Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

Program Evaluation

The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution in reducing the prevalence of cardiovascular disease in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern of cardiovascular disease.

Information Distribution

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

Community Health Improvement Goals

By the year 2020, reduce the rate of deaths from cardiovascular disease to no more than 245 per 100,000 population.

Baseline: (Knox County Community Analysis 2005: Centers for Disease Control and Preventions, National Center for Health Statistics)

Knox County cardiovascular disease crude death rate for 2002: 360.5 per 100,000 population. State of Illinois cardiovascular disease crude death rate for 2002: 244.9 per 100,000 population. United States cardiovascular disease crude death rate for 2002: 241.3 per 100,000 population.

Healthy People 2010: Reduce coronary heart disease deaths. Target: 166 deaths per 100,000 population; Baseline: 208 coronary heart disease deaths per 100,000 population in 1998.

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By the year 2016, reduce the prevalence of cardiovascular disease in Knox County adults to no more than 360 per 100,000 population.

Baseline: (Knox County Community Analysis 2005: Illinois Hospital Association)

The number of Knox County hospitalizations for heart failure and shock during 2004 was 517 per 100,000 population.

The number of State of Illinois hospitalizations for heart failure and shock during 2004 was 366 per 100,000 population.

Healthy People 2010: Reduce hospitalizations of older adults with congestive heart failure as the principle diagnosis.

Target: Adults aged 65 to 74 years 6.5 per 100,000 population, adults aged 75-84 years 13.5 per 100,000 population, adults aged 85 years and older 26.5 per 100,000 population; Baseline: Adults aged 65 to 74 years 13.2 per 100,000 population, adults aged 75-84 years 26.7 per 100,000 population, adults aged 85 years and older 52.7 per 100,000 population.

Community Health Improvement Objectives

Reduce the proportion Knox County of adults with high total blood cholesterol levels to 25% or less by the year 2016.

Baseline: (Knox County Healthy Communities Project 2005, Executive Summary and Report of Findings: Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they have been told that they have high blood cholesterol 29.6%. Percentage of Illinois adults who self-reported in 2004 IBRFS that they have been told that they have high blood cholesterol 34.1%.

Healthy People 2010: Reduce the proportion of adults with high total blood cholesterol levels. Target: 17%; Baseline: 21% of adults aged 20 years and older had total blood cholesterol levels of 240 mg/dL or greater in 1988-1994.

Reduce the proportion of Knox County adults with high blood pressure to 15% or less by the year 2016.

Baseline: (Knox County Healthy Communities Project 2005, Executive Summary and Report of Findings: Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they have been told that they have high blood pressure 23.4%. Percentage of Illinois adults who self-reported in 2004 IBRFS that they have been told that they have high blood pressure 25.9%.

Healthy People 2010: Reduce the proportion of adults with high blood pressure. Target: 16%; Baseline: 28% of adults aged 20 years and older had high blood pressure in 1988-1994.

Reduce tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they are a smoker 22.67%. Percentage of Knox County smokers and former smokers who self-reported in 2004 IBRFS that they smoke every day 35.1%; smoke some days 11.6%. Percentage of Illinois adults who self-reported in 2004 IBRFS that they are a smoker 23.6%.

Healthy People 2010: Reduce tobacco use by adults aged 18 years and older. Target: 12% - Cigarette Smoking; Baseline: 24% of adults aged 18 years and older reported that they smoked cigarettes in 1998.

Reduce the proportion of Knox County nonsmokers who are exposed to environmental tobacco smoke in public places in Knox County 80% by the year 2011, and 100% by the year 2016; as is consistent with County and municipal regulations.

Baseline: (Healthy People 2010)

65% of nonsmokers aged 4 years and older had a serum cotinine level above 0.10 ng/mL in 1988-94.

Healthy People 2010: Reduce the proportion of nonsmokers exposed to environmental tobacco smoke. Target: 45%; Baseline: 65% of nonsmokers aged 4 years and older had a serum cotinine level above 0.10 ng/mL in 1988-94.

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Community Health Improvement Strategies

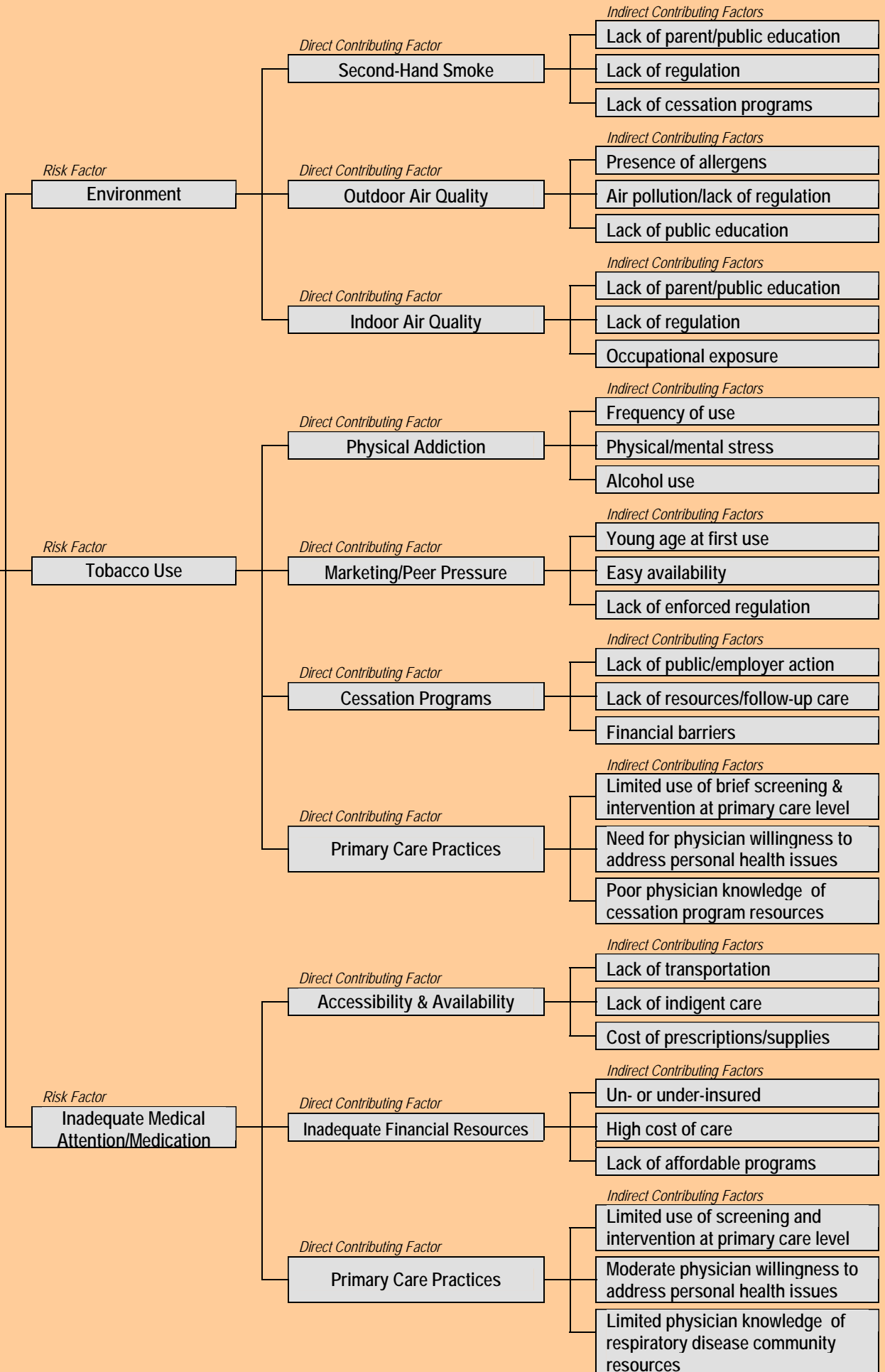
- Chronic disease case management programs in collaboration with the physician offices to promote proper course of treatment.
- Community education and marketing plan which focuses chronic disease screening, management, and prevention.
- Maintain a collaborative community screening effort for Knox County residents to increase the number of Knox County adults who have their blood pressure and cholesterol checked as medically recommended.
- Provide healthy lifestyle choices education for Knox County adults and children that focuses on prevention and early screening of chronic disease.
- Collaborate with Knox County physicians to recommend and provide support in tobacco cessation for their patients.
- Provide community programming regarding the effects of tobacco use and second-hand smoke.
- Marketing programs to change public attitudes about tobacco use, and promote smoking cessation through the immediate and long-term benefits of cessation.
- Assure availability of tobacco cessation programs to Knox County residents.
- Work with appropriate local governments to establish a ban which prohibits smoking in indoor public places for incorporated and unincorporated areas of Knox County.

WORKSHEETS

PREVALENCE OF RESPIRATORY DISEASE

Incidence & Prevalence of Respiratory Disease

- Asthma
- COPD
- Pneumonia
- Emphysema
- Bronchitis



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<p>HEALTH PROBLEM: Prevalence of Respiratory Disease</p>	<p>COMMUNITY HEALTH IMPROVEMENT GOAL(S):</p> <ul style="list-style-type: none"> • By the year 2020, reduce the rate of deaths from respiratory disease in Knox County adults to no more than 35 per 100,000 population.
<p>RISK FACTOR(S): Tobacco Use Environment Inadequate Medical Attention and/or Medication</p>	<p>COMMUNITY HEALTH IMPROVEMENT OBJECTIVE(S):</p> <ul style="list-style-type: none"> • By the year 2016 reduce the rate of bronchitis and asthma related hospitalizations of children aged 0-17 to no more than 8 per 10,000 population. • By the year 2016 reduce the rate of bronchitis and asthma related Emergency Department visits to no more than 100 per 10,000 population. • By the year 2016, increase the number of Knox County adults reporting that they have not had asthma symptoms in the last thirty days by 5%. • By the year 2016 reduce the rate hospitalizations for COPD to no more than 45.4 per 10,000 population. • Reduce tobacco use, in any form, by Knox County adults 2% by the year 2011; and 5% by the year 2016. • Reduce the proportion of Knox County nonsmokers who are exposed to environmental tobacco smoke in public places in Knox County 80% by the year 2011, and 100% by the year 2016; as is consistent with County and municipal regulations.
<p>CONTRIBUTING FACTORS (direct & indirect): Physical Addiction to Tobacco Tobacco Related Marketing and Peer Pressure Limited Availability of Tobacco Cessation Programs Limited Support for Tobacco Cessation Programs Primary Care Practices – Brief Screenings Second-Hand Smoke Exposure Outdoor Air Quality Indoor Air Quality Asthma Triggers Accessibility and Availability to Medical Care Inadequate Financial Resources</p>	<p>COMMUNITY HEALTH IMPROVEMENT STRATEGIES(S):</p> <ul style="list-style-type: none"> • Comprehensive indoor air quality public education and marketing campaign that includes environmental triggers and indoor air quality testing. • Intensive asthma education and proactive case management services for Knox County asthmatics. • Support to Knox County physicians in recommending patient participation in asthma case management initiatives. • Transition campaign in collaboration with County schools and local colleges, to provide education and case management to students with asthma. • Collaborate with Knox County physicians to recommend and provide support in tobacco cessation for their patients. • Provide community programming regarding the effects of tobacco use and second-hand smoke. • Marketing programs to change public attitudes about tobacco use, and promotes smoking cessation through the immediate and long-term benefits of cessation. • Assure availability of tobacco cessation programs to Knox County residents. • Work with appropriate local governments to establish a ban which prohibits smoking in indoor public places for incorporated and unincorporated areas of Knox County.
<p>RESOURCES FOR PROGRAMMING: Health care providers Physician offices Local health department Schools Faith community YMCA American Heart Association Illinois Department of Public Health University of Illinois Extension Colleges Civic and business groups Labor unions Human service organizations Clubs and organizations Chamber of Commerce Local media outlets Pharmacies Meal sites</p>	
<p>BARRIERS: Patient and/or Parent Apathy Limited Financial Resources Lack of Motivation and/or Willingness Absent Case Management Education/Skills Lack of Community Support of Clean Air Legislation Limited Understanding of Long-Term Benefits Lack of Enforcement of Regulations Limited Transportation Resources Lack of Knowledge</p>	

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DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

- Respiratory diseases accounted for over 10% of Knox County resident deaths during 2002; they include pneumonia, COPD, emphysema, bronchitis, and asthma. Deaths due to respiratory disease have been increasing and are the third most common cause of death in the U.S.
- The proportion of Knox County adults who smoke is just over one in five (22.6%); this matched the State of Illinois level.
- Knox County age-adjusted 2002 death rate for COPD was 50.2/100,000 population (1992 rate 30.1/100,000 population) (State of Illinois rate 39.2/100,000 population). COPD is the most common, non birth-related, cause of hospitalization, followed by pneumonia.
- Knox County crude rate for pneumonia and influenza, 58.3, is double the 1992 level of 26.6.
- One in ten Knox County adults suffers from asthma; it affects 8.1% of household members. It, along with bronchitis, is the second leading cause of hospitalization among Knox County 5-17 year olds.
- An estimated 3,043 Knox County residents have chronic bronchitis, with an additional 3,017 suffering from asthma.
- Of Knox County deaths during 1999-2001, COPD and pneumonia/flu each accounted for 145 lost years of life.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

- Provide comprehensive asthma education and case management for Knox County asthmatics, focusing on controlling asthma and reversing its effects; how allergies and environmental triggers affect an asthmatic and proper prescription drug usage.
- Initiate an education and marketing campaign which focuses on indoor air quality, as well as allergies and environmental triggers; and includes an indoor air quality testing component.
- Partner with Knox College, and Carl Sandburg College to offer a "transition campaign" to provide education and case management support to students entering college with asthma; particularly the effects of lifestyle choices and proper prescription drug use.
- Partner with Knox County school districts to offer an "Asthma at School" campaign which provides education and case management support to students who have asthma and their parents; particularly use of an "Asthma Action Plan" at school and proper prescription drug use.
- Establish a resource which provides support to Knox County physicians in recommending asthma case management and education for their patients with asthma.
- Institute a collaborative relationship with Knox County physicians for the provision of asthma case management and education to patients with asthma; particularly Emergency Department referral.
- Ensure availability of tobacco cessation programs, implementing a rural outreach tobacco cessation campaign for Knox County.
- Implement a "Successful Quitters" testimonial marketing campaign addressing individual concerns related to tobacco cessation.
- Establish a resource which provides support to Knox County physicians in recommending tobacco cessation to their patients.
- Comprehensive community programming providing education concerning the effects of tobacco use and second-hand smoke.
- Implement marketing efforts to alter public "acceptability" of tobacco use, and encourages smoking cessation through education of the immediate and long-term benefits of quitting smoking.
- Investigate via the Tobacco Task Force of the Knox County Substance Abuse Prevention Coalition. The feasibility of adding a program that prepares youth to quit smoking, such as Alternative to Suspension, offered by the Health Department, as an option for Teen Court's mandatory programming which may be required of youths who have been identified during preliminary interviews as tobacco users.
- Investigate the expansion of programming that prepares youth to quit smoking, such as Alternative to Suspension, offered by the Health Department, to include youth who are caught in schools smoking or who are identified as smokers through other evaluations/screenings, such as those done by Bridgeway during a drug assessment.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Health care providers	Schools/Colleges	Meal sites	Illinois Department of Public Health	Civic and business groups
Local media outlets	Pharmacies	YMCA	University of Illinois Extension	Human service orgs
Local health dept	Faith community	Labor unions	American Lung Association	Clubs and organizations

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Evaluation Plan

Programs

1. Asthma Education and Screening Community Health Education and Promotion Program
2. Indoor Air Quality for Knox County
3. Students With Asthma Lifestyle Transitions Program
4. Asthma At School
5. Collaborative Health Care Community Asthma Management Program
6. Knox County Rural Tobacco Cessation Campaign
7. Tobacco Cessation: Successful Quitters Testimonial Marketing Campaign
8. Tobacco Cessation Proponent Program
9. Tobacco Cessation Health Education and Promotion

Purpose

The purpose of the proposed programming is to promote and provide support for healthy lifestyle choices related to respiratory diseases, the adoption of preventative health care behaviors, as well as active measures to control and reduce the effects of asthma.

Key Stakeholders

Program providers and their staff, Knox County Health Department staff, program recipients, participants, and their families, individuals who will utilize the evaluation information, Board of Health, task force members, and members of the public health system.

Data

Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

Program Evaluation

The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution in reducing the prevalence of respiratory disease in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern of respiratory disease.

Information Distribution

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

Community Health Improvement Goal

By the year 2020, reduce the rate of deaths from respiratory diseases in Knox County adults to no more than 35 per 100,000 population.

Baseline: (Knox County Community Analysis 2005: Centers for Disease Control and Preventions, National Center for Health Statistics)

Knox County death rate for chronic obstructive pulmonary diseases during 2002: 71.0 per 100,000 population. State of Illinois death rate for chronic obstructive pulmonary diseases during 2002: 38.4 per 100,000 population. United States death rate for chronic obstructive pulmonary diseases during 2002: 43.5 per 100,000 population.

Healthy People 2010: Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults. Target: 60 deaths per 100,000 population; Baseline: 119 deaths from COPD per 100,000 population in 1998.

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Healthy People 2010: Reduce asthma deaths. Target: 1 per 1,000,000 children under the age of five years, 1 per 1,000,000 children aged five to 14 years, 2 per 1,000,000 adolescents and adults aged 15 to 34 years, 9 per 1,000,000 adults aged 35 to 64 years, 60 per 1,000,000 adults aged 65 years and older; Baseline: 2.1 per 1,000,000 children under the age of five years, 3.3 per 1,000,000 children aged five to 14 years, 5 per 1,000,000 adolescents and adults aged 15 to 34 years, 17.8 per 1,000,000 adults aged 35 to 64 years, 86.3 per 1,000,000 adults aged 65 years and older.

Community Health Improvement Objectives

By the year 2016 reduce the rate of bronchitis and asthma related hospitalizations of children aged 0-17 to no more than 8 per 10,000 population.

Baseline: (Knox County Community Analysis 2005: Illinois Hospital Association)

Knox County number of bronchitis and asthma related hospitalizations of children aged 0-17 for 2004: 13.9 per 10,000 population. State of Illinois number of bronchitis and asthma related hospitalizations of children aged 0-17 for 2004: 8.4 per 10,000 population.

Healthy People 2010: Reduce hospitalizations for asthma. Target: 25 per 10,000 children under the age of five years, 7.7 per 10,000 children and adults aged 5 to 64 years of age, 11 per 10,000 adults aged 65 years and older; Baseline: 45.6 per 10,000 children under the age of five years, 12.5 per 10,000 children and adults aged 5 to 64 years of age, 17.7 per 10,000 adults aged 65 years and older.

By the year 2016 reduce the rate of bronchitis and asthma related Emergency Department visits to no more than 100 per 10,000 population.

Baseline: (Knox County Hospital Data 2004, 2005; Galesburg Cottage Hospital, OSF St. Mary Medical Center)

Knox County number of bronchitis and asthma related Emergency Department visits by diagnosis for 2005: 199.4 per 10,000 population; for 2004: 173.8 per 10,000 population.

Healthy People 2010: Reduce hospital Emergency Department visits for asthma. Target: 80 per 10,000 children under the age of five years, 50 per 10,000 children and adults aged 5 to 64 years of age, 15 per 10,000 adults aged 65 years and older; Baseline: 150 per 10,000 children under the age of five years, 71.1 per 10,000 children and adults aged 5 to 64 years of age, 29.5 per 10,000 adults aged 65 years and older.

By the year 2016, increase the number of Knox County adults reporting that they have not had asthma symptoms in the last thirty days by 5%.

Baseline: (Knox County Healthy Communities Project 2005, Executive Summary and Report of Findings: Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they have not had asthma symptoms in the past 30 days: 87.7%. Percentage of Illinois adults who self-reported in 2004 IBRFS that they have not had asthma symptoms in the past 30 days: 87.9%.

Healthy People 2010: Reduce hospitalizations for asthma. Target: 25 per 10,000 children under the age of five years, 7.7 per 10,000 children and adults aged 5 to 64 years of age; Baseline: 45.6 per 10,000 children under the age of five years, 12.5 per 10,000 children and adults aged 5 to 64 years of age.

By the year 2016 reduce the rate hospitalizations for COPD to no more than 45.4 per 10,000 population.

Baseline: (Knox County Community Analysis 2005: Illinois Hospital Association)

Knox County number of hospitalizations for Chronic Obstructive Pulmonary Disease (COPD) during 2004: 61.4 per 10,000 population. State of Illinois number of hospitalizations for Chronic Obstructive Pulmonary Disease (COPD) during 2004: 19.8 per 10,000 population.

Healthy People 2010: Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults. Target: 60 deaths per 100,000 population; Baseline: 119 deaths from COPD per 100,000 population in 1998.

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Reduce tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they are a smoker 22.67%. Percentage of Knox County smokers and former smokers who self-reported in 2004 IBRFS that they smoke every day 35.1%; smoke some days 11.6%. Percentage of Illinois adults who self-reported in 2004 IBRFS that they are a smoker 23.6%.

Healthy People 2010: Reduce tobacco use by adults aged 18 years and older. Target: 12% - Cigarette Smoking;
Baseline: 24% of adults aged 18 years and older reported that they smoked cigarettes in 1998.

Reduce the proportion of Knox County nonsmokers who are exposed to environmental tobacco smoke in public places in Knox County 80% by the year 2011, and 100% by the year 2016; as is consistent with County and municipal regulations.

Baseline: (Healthy People 2010)

65% of nonsmokers aged 4 years and older had a serum cotinine level above 0.10 ng/mL in 1988-94.

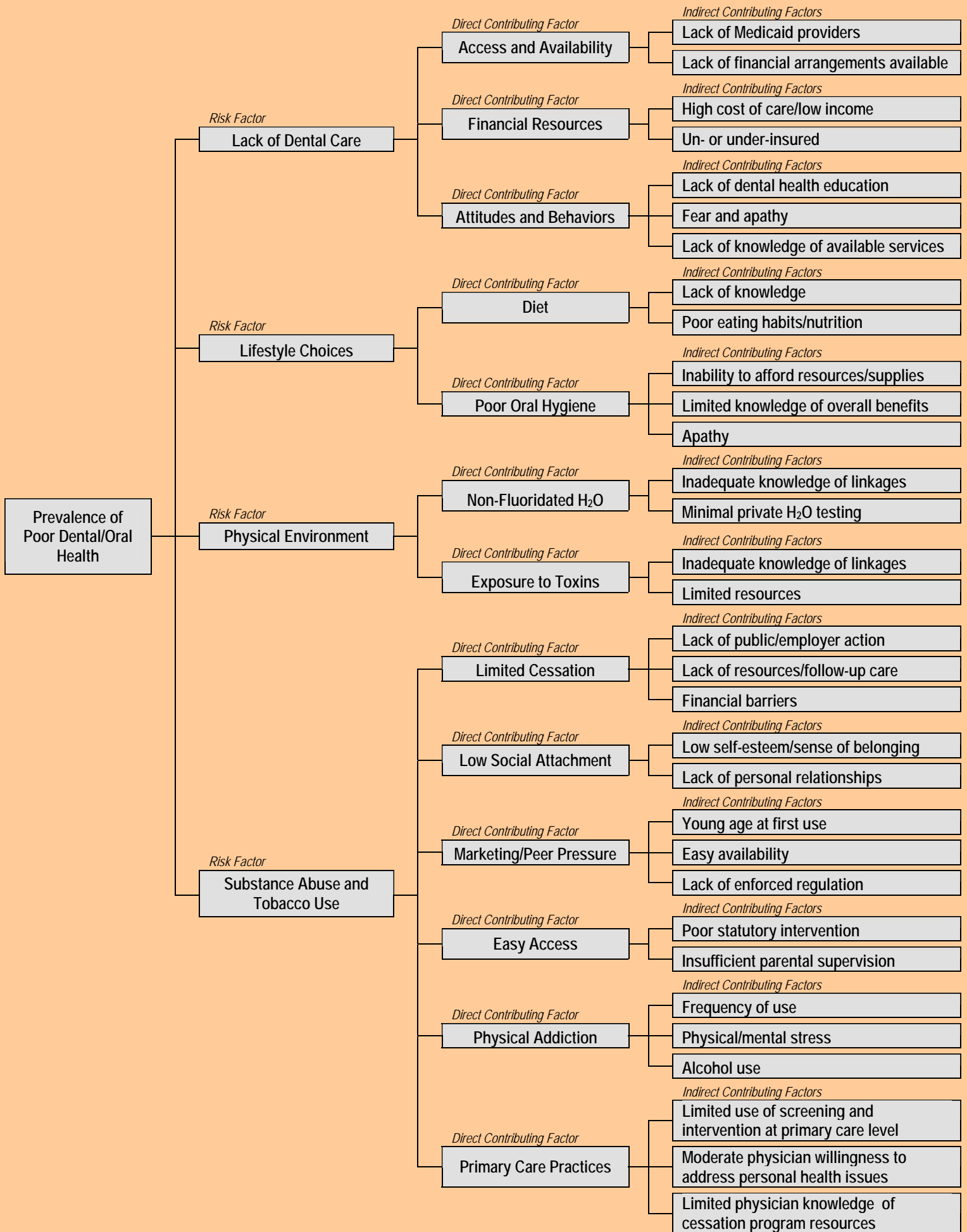
Healthy People 2010: Reduce the proportion of nonsmokers exposed to environmental tobacco smoke. Target: 45%;
Baseline: 65% of nonsmokers aged 4 years and older had a serum cotinine level above 0.10 ng/mL in 1988-94.

Community Health Improvement Strategies:

- Comprehensive indoor air quality public education and marketing campaign that includes environmental triggers and indoor air quality testing.
- Intensive asthma education and proactive case management services for Knox County asthmatics.
- Support to Knox County physicians in recommending patient participation in asthma case management initiatives.
- Transition campaign in collaboration with County schools and local colleges, to provide education and case management to students with asthma.
- Collaborate with Knox County physicians to recommend and provide support in tobacco cessation for their patients.
- Provide community programming regarding the effects of tobacco use and second-hand smoke.
- Marketing programs to change public attitudes about tobacco use, and promotes smoking cessation through the immediate and long-term benefits of cessation.
- Assure availability of tobacco cessation programs to Knox County residents.
- Work with appropriate local governments to establish a ban which prohibits smoking in indoor public places for incorporated and unincorporated areas of Knox County.

WORKSHEETS

PREVALENCE OF POOR DENTAL AND ORAL HEALTH



2006 Knox County Community Health Plan

<p>HEALTH PROBLEM: Prevalence of Poor Dental and Oral Health</p>	<p>COMMUNITY HEALTH IMPROVEMENT GOAL(S):</p> <ul style="list-style-type: none"> • By the year 2016, reduce by 50%, the prevalence of poor dental/oral health in children and adults in Knox County. • By the year 2010, reduce by 95%, barriers to dental/oral health care that are access to dental care provider related, for Knox County children and adults.
<p>RISK FACTORS: Lack of Access to Dental Care Inappropriate Lifestyle Choices Physical Environment Substance Abuse Tobacco Use</p>	
<p>CONTRIBUTING FACTORS (direct & indirect): Poor Oral Hygiene Diet; Lack of Knowledge Financial Resources; Cost of Care Access and Availability Attitudes and Behaviors; Fear and Apathy Non-Fluoridated Water Exposure to Toxins Physical Addiction to Tobacco Tobacco Related Marketing and Peer Pressure Limited Availability of Tobacco Cessation Programs Limited Support for Tobacco Cessation Programs Primary Care Practices – Brief Screenings Second-Hand Smoke Exposure Low Social Attachment Easy Access to Drugs, Alcohol, Tobacco Physical Addictions</p>	
<p>RESOURCES FOR PROGRAMMING: Health care providers Physician offices Knox County Health Department Schools and Colleges Faith community YMCA Illinois Department of Public Health University of Illinois Extension Civic and business groups Labor unions Human service organizations Clubs and organizations Chamber of Commerce Local media outlets Pharmacies Meal sites</p>	
<p>BARRIERS: Cost, inability to afford care Lack of dental insurance Lack of dentists accepting public aid Limited Transportation Resources Fear of dental visits Lack of knowledge Attitudes about dental care Lack of Understanding of Long-Term Benefits Public Perceptions about Risks/Benefits</p>	<p>COMMUNITY HEALTH IMPROVEMENT OBJECTIVE(S):</p> <ul style="list-style-type: none"> • By the year 2016, increase the percentage of Knox County children with one or more protective sealants on permanent molar teeth by 25%. • By the year 2016, increase the proportion of Knox County children at or below 200% poverty level who receive preventative dental services by 40%. • By the year 2011, reduce the proportion of children with dental caries experience by 25%. • Increase the percentage of Knox County children and adults who use the oral health care system by 15% by the year 2016. • Reduce tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016. • Reduce the percentage of Knox County adolescents, young adults, and adults using smokeless tobacco 5% by the year 2016. <p>COMMUNITY HEALTH IMPROVEMENT STRATEGIES:</p> <ul style="list-style-type: none"> • Collaborate with the local Dental Society in the formation of a community oral health taskforce to monitor community dental health issues. • Investigate models for the provision of dental care services to Medicaid, low-income, uninsured or under-insured individuals and families. • Foster collaborative partnerships with the University of Illinois Chicago and Southern Illinois University Schools of Dentistry, as well as other regional dental schools. • Increase the number of Knox County residents who have received a dental/oral health screening and who receive treatment for identified decay. • Provide comprehensive community programming promoting dental/oral hygiene practices and encouraging preventative dental practices. • Ensure focused overview of all available dental resources within Knox County and ensure that linkages are provided. • Collaborate with Knox County physicians to recommend and provide support in tobacco cessation for their patients. • Provide community programming regarding the effects of tobacco use and second-hand smoke. • Marketing programs to change public attitudes about tobacco use, and promotes smoking cessation through the immediate and long-term benefits of cessation. • Assure availability of tobacco cessation programs to Knox County residents. • Work with appropriate local governments to establish a ban which prohibits smoking in indoor public places for incorporated and unincorporated areas of Knox County.

2006 Knox County Community Health Plan

DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

- Knox County is designated as a designated Health Professional (dental) Shortage Area [HPSA].
- 15.9% of Knox County residents report needing dental care but are unable to afford care; 50.5% have no dental insurance.
- In January 2004, 8,545 individuals (15.9%) were Medicaid recipients; no dentists operating in the County accept Medicaid.
- 44% of Knox County children have untreated decay; 57% of children seen by a dentist had caries experience.
- Only 66%, or 11,849 Knox County children under the age of 21, have seen the dentist during the past twelve months.
- Of all Knox County senior citizens, 42% report having had all of their natural teeth extracted.
- 7.7% of Knox County 10th graders surveyed in 2001 used smokeless tobacco; 7.4% of 8th graders and 2.1% of 6th graders did.
- Only 18% of children under the age of 19, who are at or below 200% poverty level, receive dental services.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

- Utilize the community oral health task force to monitor the decreasing number of dentists in the Knox County and coordinate community recruitment and marketing.
- In collaboration with the community oral health task force, investigate the establishment of a "Grow Your Own" program and/or last year dental school payoff to recruit for public health dentistry.
- Investigate opportunities to work with the University of Illinois Chicago and Southern Illinois University Schools of Dentistry in establishing Knox County as a site for students and dental staff to complete a rotation utilizing the Carl Sandburg College facility.
- Partner with the UIC and SIU Schools of Dentistry, as well as other regional dental schools, to recruit dentists for Knox County.
- Establish a program to provide dental care services to Medicaid, low-income, uninsured or under-insured individuals and families.
- Coordinate and implement a collaborative community dental screening program in correlation with other health screening programs which promotes the link between oral health and overall health and well-being, and increases the number of Knox County residents screened by a minimum of 10% through screening a minimum of 1000 individuals a year for each of the next five years (2006 – 2011).
- Establish policies which provide linkages for treatment of dental health concerns identified through oral health screenings.
- Comprehensive community programming that promotes good dental/oral hygiene practices and their relation to overall health, and encourages preventative dental practices will be provided to a minimum of 1000 individuals a year for each of the next five years (2006 – 2011).
- Ensure availability of tobacco cessation programs, implementing a rural outreach tobacco cessation campaign for Knox County.
- Implement a "Successful Quitters" testimonial marketing campaign addressing individual concerns related to tobacco cessation.
- Establish a resource which provides support to Knox County physicians in recommending tobacco cessation to their patients.
- Comprehensive community programming providing education concerning the effects of tobacco use and second-hand smoke.
- Implement marketing efforts to alter public "acceptability" of tobacco use, and encourages smoking cessation through education of the immediate and long-term benefits of quitting smoking.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Health care providers Local media outlets KCHD	Schools/Colleges Pharmacies Faith community	Meal sites YMCA Labor unions	Illinois Department of Public Health University of Illinois Extension State and Local Dental Associations	Civic and business groups Human service organizations Clubs and organizations
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Evaluation Plan

Programs

1. Safety-Net Dental Clinic
2. Collaborative Community Oral Health Screening and Referral Program
3. Healthy Teeth for Healthy Bodies Health Education and Promotion Program
4. Knox County Community Oral Health Task Force
5. Knox County Rural Tobacco Cessation Campaign
6. Tobacco Cessation: Successful Quitters Testimonial Marketing Campaign
7. Tobacco Cessation Proponent Program
8. Tobacco Cessation Health Education and Promotion

Purpose

The purpose of the proposed programming is to promote, provide support and infrastructure for good dental and oral health choices; including, the adoption of preventative dental and oral health care behaviors and timely restorative care.

2006 Knox County Community Health Plan

Key Stakeholders

Program providers and their staff, Knox County Health Department staff, program recipients, participants, and their families, individuals who will utilize the evaluation information, Board of Health, task force members, local dental society members, and members of the public health system.

Data

Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

Program Evaluation

The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution to the reduction of poor dental and oral health in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern of poor dental and oral health.

Information Distribution

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

Community Health Improvement Goals

By the year 2016, reduce by 50%, the prevalence of poor dental/oral health in children and adults in Knox County.

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

Percentage of Knox County children seen by a dental provider who have untreated decay: 57%. Of those Knox County children seen by a dental provider, 10.4% were ranked as having high treatment urgency, 33.3% were ranked at medium treatment urgency, and only 56% had no treatment urgency. 82% of Knox County older adults have had one or more teeth extracted due to dental carries or periodontal disease; 42% of surveyed seniors have had all teeth extracted. According to the CDC, in the United States in 2005, 21% of children aged 2-11 years, 7% of children aged 6-11 years, 16% of adolescents aged 12-15 years, and 22% of adolescents aged 16-19 years had untreated decay, and 25% of adults over the age of 60 years have had all teeth extracted

Healthy People 2010 Goal: Prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services.

By the year 2010, reduce by 95%, barriers to dental/oral health care, which are access to dental care provider related, for Knox County children and adults.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

One in six (15.9%) Knox County adults reported in the household survey that during the past year at least one person in their home had needed dental care but was unable to afford accessing it. Additionally, 31.6% of survey respondents cited affordable dental care as being a major community concern. IDPH reported in a 2004 Oral Health report, 14% of Illinois adults needed to see a dentist during the past year and could not afford to go; more than 33% of Illinois adults do not have any form of dental insurance.

Healthy People 2010: Increase the number of Tribal, State, and local health agencies that have in place an effective public dental health program directed by a dental professional with public health training.

2006 Knox County Community Health Plan

Community Health Improvement Objectives:

By the year 2016, increase the percentage of Knox County children, who are seen by a dentist, with one or more protective sealants on permanent molar teeth by 25%.

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

Percentage of Knox County children seen by a dental provider over the past twelve months who have at least one sealant on their permanent molar teeth: 55.6%; however, only 66% (11,849) of children less than 21 years of age are considered active dental patients and have seen a dental care provider in the past year. According to the CDC, in the United States in 2002, 32% all of children had at least one dental sealant on one or more permanent molar, premolar, or upper lateral incisor.

Healthy People 2010: Increase the proportion of children who have received dental sealants on their molar teeth. Target: 50%; Baseline: 23% of children aged 8 years and 15% of children aged 14 years had dental sealants on permanent molar teeth in 1999.

By the year 2016, increase the proportion of Knox County children at or below 200% poverty level who receive preventative dental services by 40%.

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

Percentage of Knox County children under age 19 years at or below 200% poverty level who received preventative dental services: 18%, or approximately 750 children. In Illinois, only 33% of children enrolled in Medicaid utilize oral health care during the year. According to the CDC, in the United States in 2005, less than 20% of Medicaid eligible children received at least one preventative dental service in a recent year.

Healthy People 2010: Increase the proportion of low-income children and adolescents who received any preventative dental services during the past year. Target: 57%; Baseline: 20% children and adolescents under age 19 years at or below 200% poverty level received any preventative dental service in 1996.

By the year 2011, reduce the proportion of children with dental caries experience by 25%.

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

Percentage of Knox County children seen by a dental provider who have dental caries experience: 57%. IDPH reported in a 2004 Oral Health report, 54% of children have dental caries experience. According to the CDC, in the United States in 2005, dental caries affected greater than 20% of children aged 2-4 years, 50% of children aged 6-8 years, and almost 60% of children 15 years of age.

Healthy People 2010: Reduce the proportion of children and adolescents who have dental carries experience in their primary or permanent teeth. Target: 11%; Baseline: 18% of children aged 2-4 years had dental caries experience in 1994.

Increase the percentage of Knox County children and adults who use the oral health care system by 15% by the year 2016.

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005)

Percentage of Knox County children and adults who use the oral health care system each year: 66% (11,849) children under 21 years are considered active dental patients (seen a dental care provider in the past year), 71% (27,109) adults are considered active dental patients. IDPH reported in its 2004 Oral Health report that 69% of Illinois adults had their teeth cleaned by a dentist or dental hygienist within the past year.

Healthy People 2010: Increase the proportion of children and adults who use the oral health care system each year. Target: 56%; Baseline: 44% of persons aged 2 years and older in 1996 visited a dentist during the previous year.

Reduce tobacco use by Knox County adults 2% by the year 2011; and 5% by the year 2016.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they are a smoker 22.67%. Percentage of Knox County smokers and former smokers who self-reported in 2004 IBRFS that they smoke every day 35.1%; smoke some days 11.6%. Percentage of Illinois adults who self-reported in 2004 IBRFS that they are a smoker 23.6%.

Healthy People 2010: Reduce tobacco use by adults aged 18 years and older. Target: 12% - Cigarette Smoking; Baseline: 24% of adults aged 18 years and older reported that they smoked cigarettes in 1998.

2006 Knox County Community Health Plan

Reduce the percentage of Knox County adolescents, young adults, and adults using smokeless tobacco 5% by the year 2016.

Baseline: (Knox County Oral Health Needs Assessment, 2004-2005: Together We Can Survey)

Percentage of Knox County 10th graders, surveyed in 2001, using smokeless tobacco: 7.7%, 8th graders: 7.4%, 6th graders: 2.1%. According to the American Lung Association, in 2002, 6.1 % of U.S. high school students, and 3.7% of U.S. middle school students used smokeless tobacco.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they have ever used smokeless tobacco 17.7%. According to American Lung Association data, 18.7% of adults nationally use Chewing tobacco.

Healthy People 2010: Reduce tobacco use by students in grades 9-12. Target: 1% - Spit Tobacco; Baseline: 8% of students in grades 9-12 used spit tobacco one or more days during the past month.

Healthy People 2010: Reduce tobacco use by adults aged 18 years and older. Target: 0.4% - Spit Tobacco; Baseline: 2.6% of adults aged 18 years and older reported that they used spit tobacco in 1998.

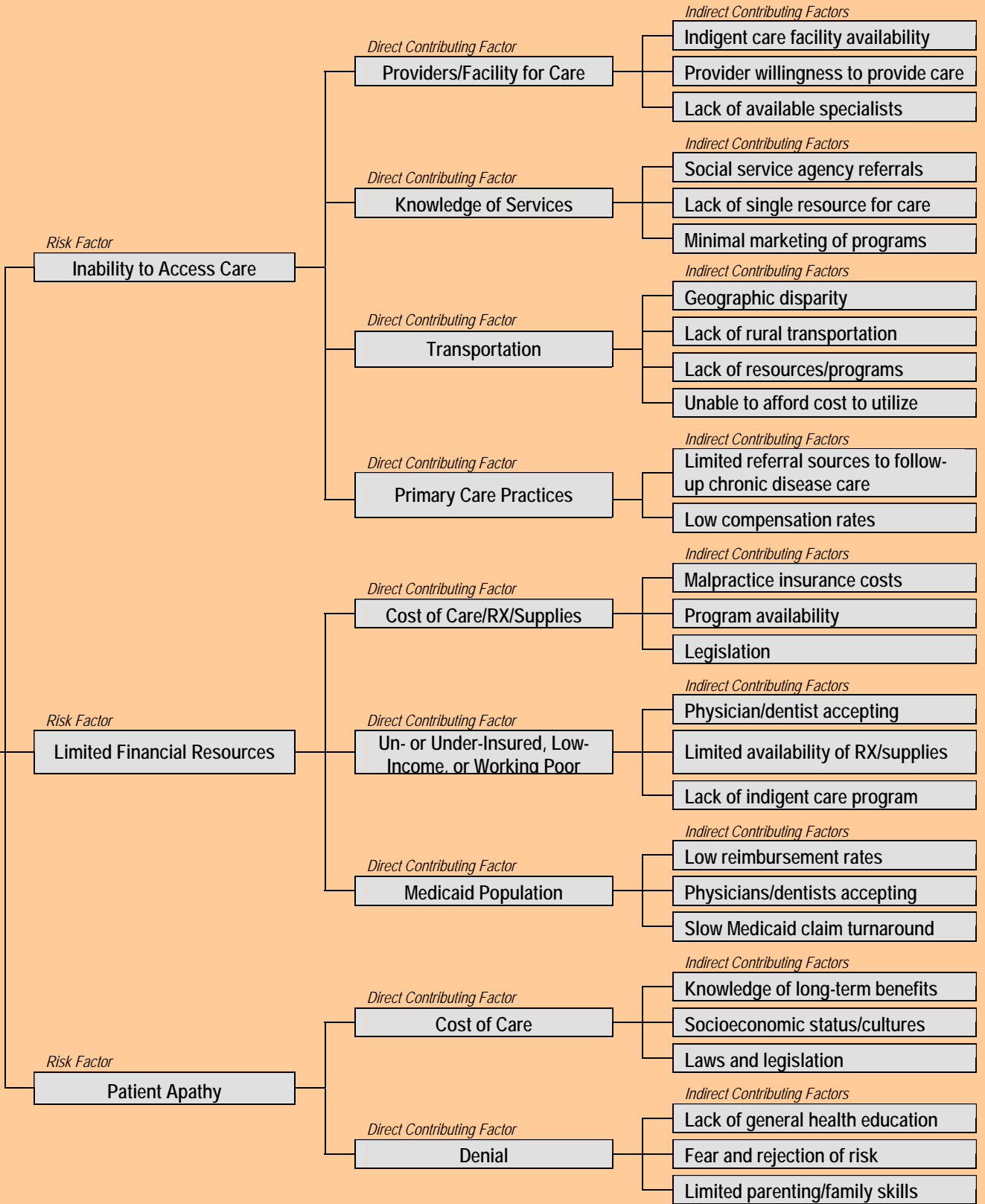
Community Health Improvement Strategies:

- Collaborate with the local Dental Society in the formation of a community oral health taskforce to monitor community dental health issues.
- Investigate models for the provision of dental care services to Medicaid, low-income, uninsured or under-insured individuals and families.
- Foster collaborative partnerships with the University of Illinois Chicago and Southern Illinois University Schools of Dentistry, as well as other regional dental schools.
- Increase the number of Knox County residents who have received a dental/oral health screening and who receive treatment for identified decay.
- Provide comprehensive community programming promoting dental/oral hygiene practices and encouraging preventative dental practices.
- Ensure focused overview of all available dental resources within Knox County and ensure that linkages are provided.
- Collaborate with Knox County physicians to recommend and provide support in tobacco cessation for their patients.
- Provide community programming regarding the effects of tobacco use and second-hand smoke.
- Marketing programs to change public attitudes about tobacco use, and promotes smoking cessation through the immediate and long-term benefits of cessation.
- Assure availability of tobacco cessation programs to Knox County residents.
- Work with appropriate local governments to establish a ban which prohibits smoking in indoor public places for incorporated and unincorporated areas of Knox County.

WORKSHEETS

LACK OF ACCESS TO PRIMARY & PREVENTATIVE HEALTH CARE

Lack of Primary and Preventative Health Care



2006 Knox County Community Health Plan

<p>HEALTH PROBLEM: Lack of Primary and Preventative Health Care</p>	<p>COMMUNITY HEALTH IMPROVEMENT GOAL(S):</p> <ul style="list-style-type: none"> • By the year 2016, reduce by 50%, the prevalence of inadequate use of primary and preventative health care by children and adults in Knox County. • By the year 2011, reduce by 75%, barriers to primary and preventative health care that are access to health care provider related, for Knox County children and adults.
<p>RISK FACTORS: Inability to Access Care Limited Financial Resources Patient Apathy</p>	
<p>CONTRIBUTING FACTORS (direct & indirect): Lack of Providers/Facilities for Care Indigent Care Facility Availability Lack of Available Specialists Transportation – Lack of Resources, Cost Primary Care Practices – Low Compensation Rates Geographic Disparities Medicaid Population; Slow Claims Reimbursement Cost of Care Denial, Lack of General Health Education Socioeconomic Status and Cultural Differences Malpractice Insurance Costs Cost of Prescriptions and Medical Supplies Primary Care Practices – Limited Referral Resources Lack of Single Resource for Care Uninsured or Underinsured Low-Income and Working Poor Rural Transportation Concerns</p>	<p>COMMUNITY HEALTH IMPROVEMENT OBJECTIVE(S):</p> <ul style="list-style-type: none"> • By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical care due to cost, to no more than 5%. • By the year 2011, increase the proportion of Knox County adults who have a primary care provider for themselves and their families to at least 95%. • By the year 2011, decrease the proportion of Emergency Department visits attributed to Knox County children six years of age and under, that are in lieu of primary care, to no more than 15% of total ED visits. • By the year 2011, decrease the proportion of Knox County children aged 18 years and under who have not had a health care visit to their primary care doctor or clinic within the past twelve months to no more than 10%.
<p>RESOURCES FOR PROGRAMMING: Health care providers Physician offices Knox County Health Department Schools and Colleges Faith community YMCA Illinois Department of Public Health University of Illinois Extension Civic and business groups Labor unions Human service organizations Clubs and organizations Chamber of Commerce Local media outlets Pharmacies Meal sites</p>	<p>COMMUNITY HEALTH IMPROVEMENT STRATEGIE(S):</p> <ul style="list-style-type: none"> • Community Health Clinic to ensure access to the provision of health care services for Medicaid, low-income, uninsured or under-insured individuals and families. • Focused overview of available chronic disease resources within Knox County and ensure that linkages are provided for continuing care. • Collaborate with Knox County physicians to promote a culture of accessing health care for routine and preventative health services. • Community programming regarding the health and cost benefits of treatment prior to emergency care. • Marketing campaign to address public apathy concerning the importance of routine and preventative health services, and health care literacy. • Program which provides access to prescription drugs and medical supplies for Knox County residents. • Public policy efforts to address fiscal issues inherent in government subsidized programs.
<p>BARRIERS: Inability to afford care, prescription medication, or supplies Cost, Lack of health insurance Minimal providers accepting public aid Lack of transportation Resources Fear of health care visits Lack of knowledge of resources Attitudes, Beliefs about health care Limited understanding of long-term benefits Public perceptions about risks/benefits Increasing medical costs</p>	

2006 Knox County Community Health Plan

DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

- U.S. Census estimates that, in 2002, 13.1 % of Knox County residents were in poverty; 17.7% of children aged 0-17 years were.
- In January 2004, 25.7% of Knox County residents were receiving Medicaid; a 25.7% increase from ten years earlier.
- Over one in seven, or 13.7% of Knox County residents were unable to receive needed health care for themselves or their family due to cost; this is twice the 1998 survey rate of 7.8%.
- Financial reasons are cited most often for not receiving care and include: of those not receiving care, 82.2% cite financial reason and high cost of care; 54.8% state lack of insurance as the primary reason; and 29.6% are unable to afford their deductible cost.
- In 2004, only 84.9% of County residents self-reported report having a health insurance plan; much lower than the 1997 rate of 90.1%.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

- Investigate models for the provision of health care services to Medicaid, low-income, uninsured or under-insured individuals and families.
- Form steering committee of local public health system partners to establish and coordinate operation of community health clinic.
- Establish fiscal resources, community partnerships, and accepted policies and procedures to cooperatively ensure the provision of advanced health care services to community health clinic patients within the local health care system.
- Establish an available chronic disease resource listing for Knox County residents diagnosed with chronic disease; ensure that linkages are provided for access to continuing care.
- Provide comprehensive programs and tools for Knox County residents which educate and encourage individuals to adopt a preventative approach to health care and improve the health care literacy of individuals.
- Establish programs to allow access to prescription drugs and medical supplies for Knox County residents; either through use of the community health clinic or in-kind provision of health care and/or supplies from medical community.
- Provide comprehensive programs which educate and support individuals seeking primary health care services prior to emergency or acute care becoming necessary; include the improper use of Emergency Departments.
- Establish a resource which provides Knox County physicians support in stressing the importance of, and recommending to their patients that they seek health care for routine and preventative health services.
- Coordinate a community marketing campaign which addresses public apathy with regard to the importance of routine and preventative health services, and encourages proper use of a primary health care provider.
- Initiate community group to address legislative public policy efforts related to inadequate fee schedules and delayed payment of claims in government subsidized programs.
- Track physician caseloads of patients with healthcare covered by government subsidized programs in order to monitor for a possible decrease in the number of physicians accepting these programs due to increasing caseloads, low fee schedules and delayed payment of claims.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Health care providers Local media outlets KCHD	Schools/Colleges Pharmacies Faith community	Meal sites YMCA Labor unions	Illinois Department of Public Health University of Illinois Extension State and Local Dental Associations	Civic and business groups Human service organizations Clubs and organizations
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Evaluation Plan:

Programs

1. Access to Health Care Services Steering Committee
2. Healthy Choices and Lifestyles Education and Promotion Program
3. Chronic Disease Management Resource Program
4. Preventative Health Care Proponent Program
5. Monitoring the Health Care System Public Policy Task Force

Purpose

The purpose of the proposed programming is to promote, and provide support and infrastructure to effectively address cultural, knowledge-based, and physical community health concerns related to access to health care services for primary and preventative care.

2006 Knox County Community Health Plan

Key Stakeholders

Health care providers and their staff, community health clinic staff, Knox County Health Department staff, program recipients, participants, and their families, individuals who will utilize the evaluation information, Board of Health, steering committee members, and members of the public health system.

Data

Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

Program Evaluation

The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution in reducing access to health care concerns in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern of a lack of access to health care for primary and preventative health care.

Information Distribution

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

Community Health Improvement Goals:

By the year 2016, reduce by 50%, the prevalence of inadequate use of primary and preventative health care by children and adults in Knox County.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they seen a health professional for care during the past twelve months was 71.7%. Nationally, during 2002-2003, 17% of adults aged 18-64 years had no usual source of health care. Also in 2002-2003, 12 % of children aged 18 years and under had no health care visit to a doctor or clinic within the past twelve months; and 6% six percent of those children had no usual source of health care. Additionally, 27% of children under six years of age had an Emergency Department visit within the past twelve months in 2003.

Healthy People 2010: Increase the proportion of persons appropriately counseled about health behaviors: i.e.: physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, unintended pregnancy, sexually transmitted disease, and menopause.

By the year 2011, reduce by 95%, barriers to primary and preventative health care that are access to health care provider related, for Knox County children and adults.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

Over one in seven (13.7%) of Knox County adults reported in the household survey that during the past year at least one person in their home had needed health care but was unable to receive it. Most cited were financial reasons/ cost of care, 82.2%; followed by lack of health insurance coverage, 54.8%; and could not afford deductible, 29.6%. 11.7% of Knox County residents cited that they had lost, or couldn't afford medical insurance; while 10.9% stated that they couldn't afford prescription medicines.

Healthy People 2010: Increase the proportion of persons who have a specific source of ongoing care. Target: All ages: 96%, children and youth aged 17 years and under: 97%, adults aged 18 years and older: 96%; Baseline: All ages: 87%, children and youth aged 17 years and under: 93%, adults aged 18 years and older: 85%.

2006 Knox County Community Health Plan

Community Health Improvement Objectives:

By the year 2011, increase the proportion of Knox County adults who have a primary care provider for themselves and their families to at least 95%.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they have a usual person as a health care provider was 84.4%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they think of one person as their personal doctor was 81.8%.

Healthy People 2010: Increase the proportion of persons with a usual primary care provider. Target: 85%; Baseline: 77% of the population had a usual primary care provider in 1996.

By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical care due to cost, to no more than 5%.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 9.6%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 11.1%.

The percentage of Knox County adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.3%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.6%.

Healthy People 2010: Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members. Target: 7%; Baseline: 12% of families experienced difficulties or delays in obtaining health care or did not receive needed care in 1996.

By the year 2011, decrease the proportion of Emergency Department visits attributed to Knox County children six years of age and under, that are in lieu of primary care, to no more than 15% of total ED visits.

Baseline: (Health United States, 2005; U.S. Department of Health and Human Services)

During 2003, 27% of children under six years of age had an Emergency Department visit within the past twelve months in 2003.

Healthy People 2010: Increase the proportion of persons appropriately counseled about appropriate health behaviors and care, physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, primary health care etc.

By the year 2011, decrease the proportion of Knox County children aged 18 years and under who have not had a health care visit to their primary care doctor or clinic within the past twelve months to no more than 10%.

Baseline: (Health United States, 2005; U.S. Department of Health and Human Services)

During 2002-2003, 12 % of children aged 18 years and under had no health care visit to a doctor or clinic within the past twelve months; and 6% six percent of those children had no usual source of health care.

Healthy People 2010: Increase the proportion of persons appropriately counseled about appropriate health behaviors and care, physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, primary health care etc.

Community Health Improvement Strategies:

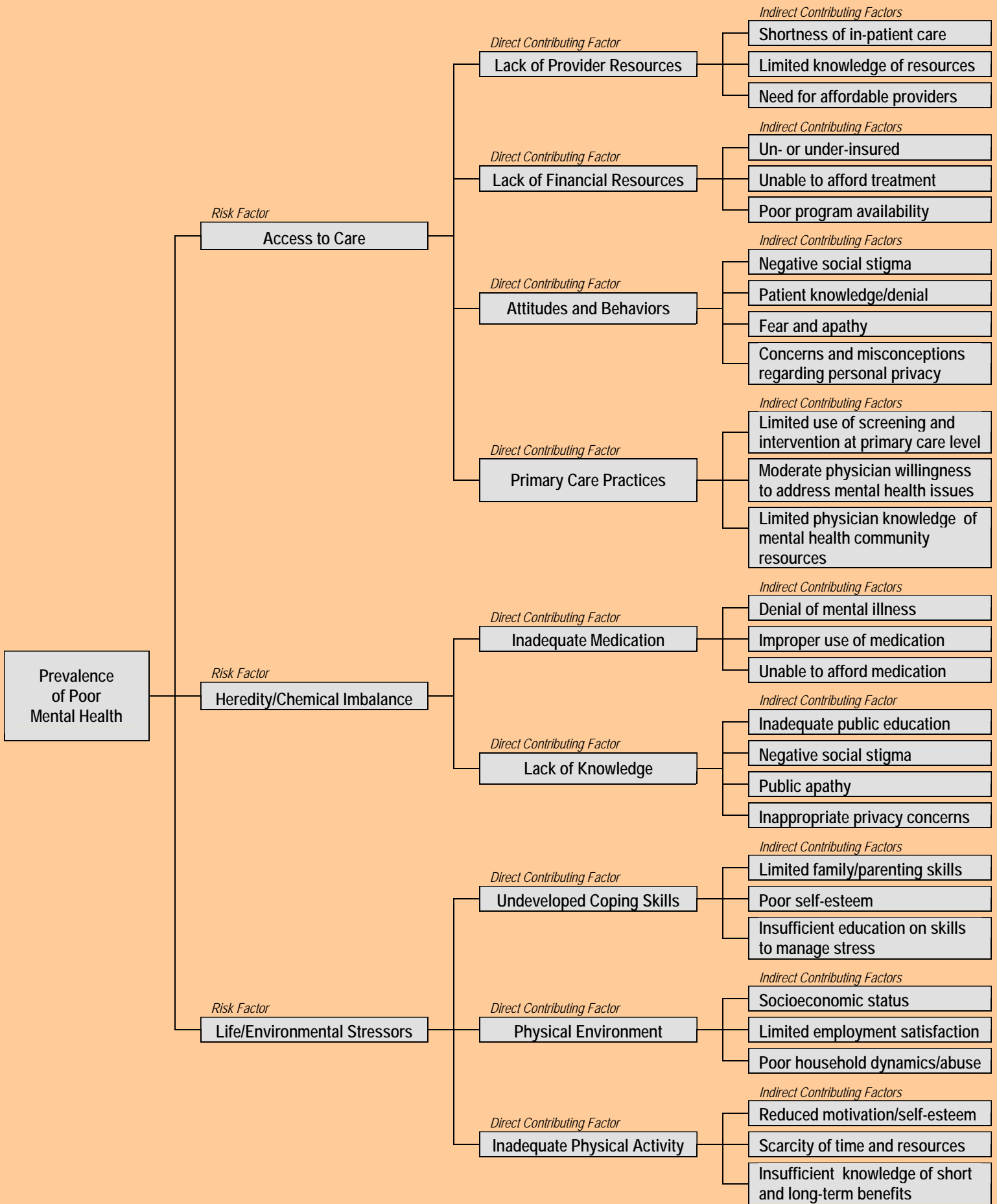
- Community Health Clinic to ensure access to the provision of health care services for Medicaid, low-income, uninsured or under-insured individuals and families.
- Focused overview of available chronic disease resources within Knox County and ensure that linkages are provided for continuing care.

2006 Knox County Community Health Plan

- Collaborate with Knox County physicians to promote a culture of accessing health care for routine and preventative health services.
- Community programming regarding the health and cost benefits of treatment prior to emergency care.
- Marketing campaign to address public apathy concerning the importance of routine and preventative health services, and health care literacy.
- Program which provides access to prescription drugs and medical supplies for Knox County residents.
- Public policy efforts to address fiscal issues inherent in government subsidized programs.

WORKSHEETS

PREVALENCE OF POOR MENTAL HEALTH



2006 Knox County Community Health Plan

<p>HEALTH PROBLEM: Prevalence of Poor Mental Health</p>	<p>COMMUNITY HEALTH IMPROVEMENT GOAL(S):</p> <ul style="list-style-type: none"> • By the year 2016, decrease the prevalence of poor mental health status in Knox County adults by 5%. • By the year 2011, reduce the rate of Knox County resident deaths from suicide to no more than 7 per 100,000 population.
<p>RISK FACTORS: Access to Care Heredity and Chemical Imbalance Life and Environmental Stressors</p>	
<p>CONTRIBUTING FACTORS (direct & indirect): Lack of Providers/Facilities for Care Shortness of Inpatient Care Facilities Indigent Care Facility Availability Inadequate Medication Improper Use of Medication Lack of Available Specialists/Psychiatrists Primary Care Practices Physician Knowledge of Mental Health Resources Moderate Willingness to Address Mental Health Issues Cost of Care and Prescription Medication Inadequate Physical Activity Undeveloped Coping Skills Denial of Mental Illness Socioeconomic Status and Cultural Differences Negative Social Stigmas Uninsured or Underinsured Low-Income and Working Poor Rural Transportation Concerns</p>	<p>COMMUNITY HEALTH IMPROVEMENT OBJECTIVE(S):</p> <ul style="list-style-type: none"> • By the year 2011, increase the number of Knox County residents diagnosed with mental disorders who receive treatment by 10%. • By the year 2011, reduce number of Knox County residents hospitalized for psychoses to no more than 25 per 10,000 population. • By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical and/or mental health care due to cost, to no more than 5%.
<p>RESOURCES FOR PROGRAMMING: Health care providers Physician offices Knox County Health Department Schools and Colleges Faith community YMCA Bridgeway Illinois Department of Public Health Civic and business groups Labor unions Human service organizations Clubs and organizations Chamber of Commerce Local media outlets Pharmacies Meal sites</p>	<p>COMMUNITY HEALTH IMPROVEMENT STRATEGIE(S):</p> <ul style="list-style-type: none"> • Provision of mental health services within a Community Health Clinic setting to ensure access to the provision of mental health care for Medicaid, low-income, uninsured or under-insured individuals and families. • Focused overview of available mental health care resources within Knox County and assurance that linkages are provided for proper treatment. • Collaborate with Knox County physicians to promote a culture of joint care for individuals diagnosed with mental health disorders or illness. • Comprehensive community health education campaign related to mental health warning signs and symptoms, treatment, and social stigmas. • Marketing campaign to address mental health and related social stigmas.
<p>BARRIERS: Cost, inability to afford care or medication Lack of health insurance Lack of a usual source of primary care Transportation Fear of mental health care visits Limited of knowledge of resources Attitudes, Beliefs about mental health care Lack of understanding of long-term benefits Public stigmas and perceptions Skepticism about the effectiveness of treatment</p>	

2006 Knox County Community Health Plan

DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

- Major depression is believed to be the leading cause of disability among adults in the United States.
- About 6.5% of women and 3.3% of men will experience major depression in any year; only ¼ of those who suffer will seek treatment.
- In 2004, psychoses was the 9th leading reason for hospitalizations for Knox County residents; it was the leading reason for children aged 5-17.
- At least 6,481 Knox County residents can be estimated to have been affected during the past month by a mental disorder.
- Leading mental disorders are simple phobia (2,651), dysthymia (1,401), alcohol abuse/dependence (1,128), major depressive episode (902), and severe cognitive impairment (733).
- Over 1 in 20 Knox County residents reported someone in their household suffered from emotional or mental health problems; 1 in 7 experienced severe anxiety or tension; 13.2% trouble remembering, concentrating, or understanding.
- Encompassing most psychiatric cases, psychoses is the leading reason for referral for services outside of Knox County.
- Financial reasons are cited most often for not receiving care; in 2004, only 84.9% of County residents report having a health insurance plan; much lower than the 1997 rate of 90.1%.
- Twelve clinical psychologists are located in Knox County, or 21.6 per 100,000 population; lower than the Illinois rate of 25.0 per 100,000.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

- Investigate models for the provision of mental health care services to Medicaid, low-income, uninsured or under-insured individuals and families; including: 708 tax, community health clinic services, or local health department services.
- Utilize community stakeholders to monitor the number of mental health professionals in the Knox County and coordinate community recruitment and marketing.
- In collaboration with community stakeholders investigate the establishment of a "Grow Your Own" program and/or last year medical school payoff to recruit mental health professionals.
- Collaborate with Knox County physicians to promote a culture of brief screening for mental health status during routine and primary health care and support in education and referral for treatment.
- Investigate suicide prevention methods, to include a hotline and intervention training.
- Partner mental health care providers with local physician offices in order to expand physician comfort levels when working with mental health care medication management and treatment within physician scope of practice.
- Investigate programs which would encourage the use of "mental health nurses" in physician offices; specifically general practitioners and OB/GYN.
- Establish a mental health care resource and referral listing for Knox County physicians identifying available services and linkages to care; including secondary medical visits when seen by a counselor initially and the individual needs prescription drugs.
- Provide comprehensive health education programming which educates the general public about mental health, the warning signs of mental health disorders and illness, and supports individuals seeking treatment.
- Coordinate a community marketing campaign to alleviate public social stigmas and cultural barriers associated with mental illness and individuals who are diagnosed seeking treatment.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Health care providers Local media outlets KCHD	Schools/Colleges Pharmacies Faith community	Meal sites YMCA Bridgeway	Illinois Department of Public Health University of Illinois Extension State and local medical Associations	Civic and business groups Human service organizations Clubs and organizations
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Evaluation Plan:

Programs

1. Access to Health Care Services Steering Committee
2. Better Understanding Mental Health Education and Promotion Program
3. Mental Health Treatment Mentoring and Practices Programming
4. Mental Health Care Resource and Referral Program

2006 Knox County Community Health Plan

Purpose

The purpose of the proposed programming is to promote, and provide support and infrastructure to effectively address social stigmas, as well as cultural, knowledge-based, and physical community health concerns related to access to mental health treatment services.

Key Stakeholders

Health care providers and their staff, community health clinic staff, Knox County Health Department staff, program recipients, participants, and their families, individuals who will utilize the evaluation information, Board of Health, steering committee members, and members of the public health system.

Data

Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

Program Evaluation

The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution in reducing access to health care concerns in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern of poor mental health.

Information Distribution

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

Community Health Improvement Goals:

By the year 2016, decrease the prevalence of poor mental health status in Knox County adults by 5%.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they have experienced days where mental health was not good for 1-7 days was 21.0%; for 8-30 days was 13.7%. State of Illinois data indicated 20.9% and 11.1%. Additionally, 11.8% reported feeling depressed, sad, or blue for one or two days over the past month; 25.4% reported feeling depressed, sad, or blue for more than two days over the past month; State of Illinois numbers indicate 35.1% reported feeling depressed, sad, or blue for one to seven days over the past month; 5.3% reported feeling depressed, sad, or blue for 8-14 days over the past month; 8.5% reported feeling depressed, sad, or blue for more than 15 days in the past month

Healthy People 2010: Increase the proportion of adults with mental disorders who receive treatment; Baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%; Target: Adults aged 18-54 years with serious mental illness, 55%; adults aged 18 years and older with recognized depression, 50%.

Healthy People 2010: Increase the number of persons seen in primary health care who receive mental health screening and assessment; (Developmental).

By the year 2011, reduce the rate of Knox County resident deaths from suicide to no more than 7 per 100,000 population.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

The rate of Knox County deaths contributed to suicide during 2002 was 14.6 per 100,000 population; the State of Illinois and U.S. rates during that same period were 9.1 and 10.6 per 100,000 population.

Healthy People 2010: Reduce the suicide rate. Target: 5.0 suicides per 100,000 population; Baseline: 11.3 suicides per 100,000 population occurred in 1998.

2006 Knox County Community Health Plan

Community Health Improvement Objectives:

By the year 2011, increase the number of Knox County residents diagnosed with mental disorders who receive treatment by 10%.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

According to household survey data, 18% of respondents indicated that they had thought about seeking professional help for any personal or emotional problems; of those 18% only half, 51.4% followed through and sought professional help.

Healthy People 2010: Increase the proportion of adults with mental disorders who receive treatment; Baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%; Target: Adults aged 18-54 years with serious mental illness, 55%; adults aged 18 years and older with recognized depression, 50%.

Healthy People 2010: Increase the proportion of children diagnosed with mental health problems who receive treatment; (Developmental).

By the year 2011, reduce number of Knox County residents hospitalized for psychoses to no more than 25 per 10,000 population.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

Psychoses was the 9th leading reason for hospitalization in Knox County residents during 2004. The Knox County rate of hospitalization for psychoses in 2004 was 32.8 per 10,000 population. State of Illinois rate for 2004 was 58.7 per 10,000 population.

Healthy People 2010: Increase the proportion of adults with mental disorders who receive treatment; Baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%; Target: Adults aged 18-54 years with serious mental illness, 55%; adults aged 18 years and older with recognized depression, 50%.

Healthy People 2010: Increase the proportion of children diagnosed with mental health problems who receive treatment; (Developmental).

By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical and/or mental health care due to cost, to no more than 5%.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 9.6%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 11.1%.

The percentage of Knox County adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.3%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.6%.

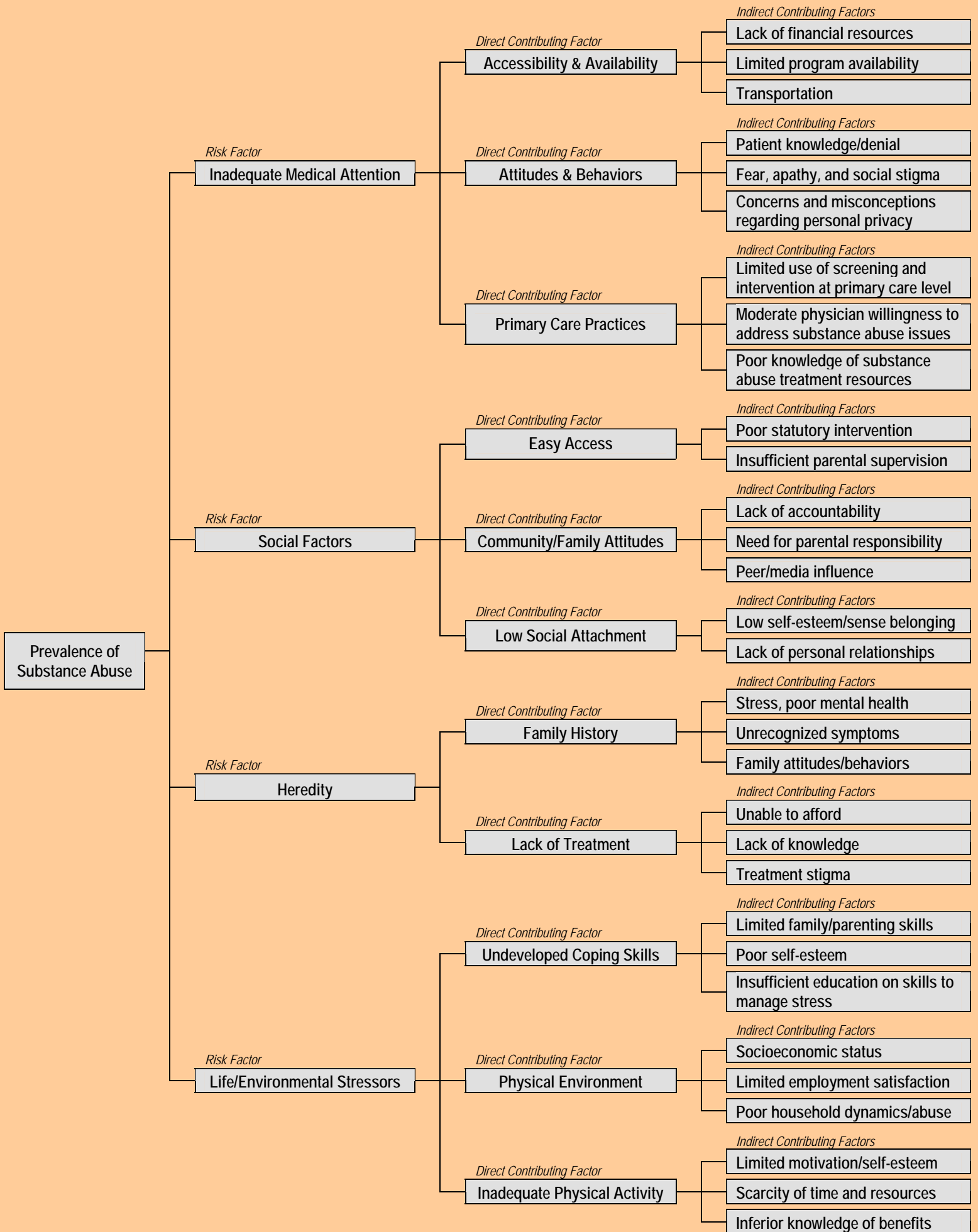
Healthy People 2010: Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members. Target: 7%; Baseline: 12% of families experienced difficulties or delays in obtaining health care or did not receive needed care in 1996.

Community Health Improvement Strategies:

- Provision of mental health services within a Community Health Clinic setting to ensure access to the provision of mental health care for Medicaid, low-income, uninsured or under-insured individuals and families.
- Focused overview of available mental health care resources within Knox County and assurance that linkages are provided for proper treatment.
- Collaborate with Knox County physicians to promote a culture of joint care for individuals diagnosed with mental health disorders or illness.
- Comprehensive community health education campaign related to mental health warning signs and symptoms, treatment, and social stigmas.
- Marketing campaign to address mental health and related social stigmas.

WORKSHEETS

PREVALENCE OF SUBSTANCE ABUSE



2006 Knox County Community Health Plan

<p>HEALTH PROBLEM: Prevalence of Substance Abuse</p>	<p>COMMUNITY HEALTH IMPROVEMENT GOALS:</p> <ul style="list-style-type: none"> • By the year 2016, reduce the prevalence of substance abuse in Knox County residents by 25%. • By the year 2016, reduce the rate of Knox County deaths related to substance abuse by 15%.
<p>RISK FACTORS: Inadequate Medical Attention Social Factors Heredity Life/Environmental Stressors</p>	
<p>CONTRIBUTING FACTORS (direct & indirect): Lack of Providers and/or Facilities for Care Indigent Care Facility Availability Lack of Available Programs Primary Care Practices – Brief Screening Practices Physician Willingness to Address Substance Abuse Issues Resource and Referral Knowledge Poor Statutory Intervention Parental Supervision/Accountability Cost of Treatment Denial Lack of Local Treatment Providers Specializing Lack of General Health Education Socioeconomic Status and Cultural Differences Limited Motivation and Self-Esteem Poor Mental Health Uninsured or Underinsured Low-Income and Working Poor Peer and Media Influences</p>	<p>COMMUNITY HEALTH IMPROVEMENT OBJECTIVES:</p> <ul style="list-style-type: none"> • Reduce the percentage of Knox County adults at risk for acute or binge drinking by a minimum of 15% by the year 2016. • By the year 2016, reduce the proportion of Knox County adults using illicit drugs, or abusing prescription medications, by a minimum of 25%. • Reduce the proportion of Knox County youth using alcohol by a minimum of 25%, by the year 2011. • By the year 2011, reduce the percentage of Knox County youth using marijuana by a minimum of 25%.
<p>RESOURCES FOR PROGRAMMING: Health care providers and physician offices Knox County Health Department Schools and Colleges Faith community YMCA Bridgeway, Inc. Illinois Department of Public Health University of Illinois Extension Civic and business groups Labor unions Human service organizations Clubs and organizations Chamber of Commerce Local media outlets Pharmacies</p>	<p>COMMUNITY HEALTH IMPROVEMENT STRATEGIES:</p> <ul style="list-style-type: none"> • Provision of substance abuse treatment within a Clinic setting to ensure access to the provision of services for Medicaid, low-income, uninsured or under-insured individuals and families in Knox County. • Focused overview of available substance abuse treatment resources for Knox County residents and assurance that linkages are provided for proper treatment. • Comprehensive community health education campaign related to substance abuse warning signs and symptoms, treatment, and social stigmas. • Marketing campaign to address substance abuse, social acceptability, and related social stigmas. • Collaborate with Knox County physicians to promote a culture of brief screenings for substance abuse and referral and education resources for primary care physicians. • Partner with the Knox County Bar Association to provide a resource for referrals and education.
<p>BARRIERS: Inability to afford care, prescription medication, or supplies Cost, lack of insurance coverage Social stigma associated with addiction and treatment Limited transportation Resources Fear of confidentiality or legal recourse Lack of knowledge of resources for treatment Attitudes, denial, or personal beliefs about addiction Limited understanding of long-term effects of addiction Provider resources Increasing medical costs</p>	

2006 Knox County Community Health Plan

DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

- In the United States, it is estimated that the economic cost of alcohol and drug abuse is nearly \$280 billion annually for health care costs; that is \$1,000 for every man, woman, and child in the U.S.
- According to Knox County Behavioral Risk Factor Survey data, one in seven, or 15.1% of Knox County adults report binge drinking during the past month; 3.4% consumed 60 or more alcoholic beverages during that time period.
- Drug related arrests in Knox County have accelerated rapidly, increasing 608.1% from 74 in 1990 to 524 in 2003.
- During 2004, alcohol and drug abuse accounted for 63 hospital admissions, resulting in nearly one-half million dollars in hospital charges.
- About 10% of current drinkers meet the diagnostic criteria for alcohol dependence.
- In 2003, about 24 of the 126 cases, or 19%, of the cases heard in teen court involved drug or alcohol abuse violations.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

- Investigate models for the provision of substance abuse treatment services to Medicaid, low-income, uninsured or under-insured individuals and families.
- Utilize community stakeholders to monitor the number of mental health/substance abuse professionals in the Knox County and coordinate community recruitment and marketing.
- In collaboration with community stakeholders investigate the establishment of a "Grow Your Own" program and/or last year medical school payoff to recruit mental health/substance abuse professionals.
- Partner with Knox County physicians to promote completing brief screenings for substance abuse indicators during routine and primary health care visits and provide support through educational programs and referral resources for treatment.
- Establish a substance abuse treatment resource and referral listing for Knox County residents identifying all available services and linkages for treatment.
- Provide comprehensive health education programming which educates the general public about substance abuse; including: alcohol, prescription drugs and illicit drugs, the warning signs of substance abuse, and supports individuals seeking treatment.
- Investigate utilizing existing resources for the provision of substance abuse education and prevention programming, such as some local college fraternities.
- Coordinate a community marketing campaign to alleviate public social stigmas and cultural barriers associated with substance abuse and individuals who seek treatment.
- Partner mental health/substance abuse care providers with local physician offices in order to expand physician comfort levels when working with mental health care medication management and treatment within physician scope of practice.
- Investigate programs which would encourage the use of "mental health nurses" in physician offices; specifically general practitioners and OB/GYN.
- Partner with the Knox County Bar Association to provide a resource for referrals and education for individuals within the legal system.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Health care providers Local media outlets KCHD	Schools/Colleges Pharmacies Faith community	Meal sites YMCA Bridgeway	Illinois Department of Public Health University of Illinois Extension State and Local Medical Associations	Civic and business groups Human service organizations Clubs and organizations
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Evaluation Plan:

Programs

1. Access to Health Care Services Steering Committee
2. Better Understanding Substance Abuse Education and Promotion Program
3. Substance Abuse Screening, Referral, and Educational Resources Programming
4. Mental Health Care Resource and Referral Program

Purpose

The purpose of the proposed programming is to promote, and provide support and infrastructure to effectively address social stigmas, as well as cultural, knowledge-based, and physical community health concerns related to access to mental health treatment services.

2006 Knox County Community Health Plan

Key Stakeholders

Health care providers and their staff, community health clinic staff, Knox County Health Department staff, program recipients, participants, and their families, individuals who will utilize the evaluation information, Board of Health, steering committee members, and members of the public health system.

Data

Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

Program Evaluation

The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution in reducing access to health care concerns in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern prevalence of substance abuse in Knox County.

Information Distribution

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

Community Health Improvement Goal(s):

By the year 2016, reduce the prevalence of substance abuse in Knox County residents by 25%.

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

The estimated percentage of substance abuse by Knox County residents during the past month in 2002 were 9.1% for 12-17 year old; 21.7% for 18-25 year olds; and 6.9 % for individuals aged 26 and older. National estimates for 2002 were 11.6% for 12-17 year old; 20.2% for 18-25 year olds; and 5.8% for individuals aged 26 and older.

Healthy People 2010: Reduce past month use of illicit substances. Target: 2%; Baseline: 5.8% of adults 18 years and older used any illicit drug during the past 30 days in 1998.

Healthy People 2010: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. Target: 6% of adults aged 18 years and older; 2% of adolescents aged 12-17 years; Baseline: 16.6% of adults aged 18 years and older; 7.7% of adolescents aged 12-17 years engaged in binge drinking during the past month.

By the year 2016, reduce the rate of Knox County deaths related to substance abuse by 15%.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

During 2002 the rate of death from chronic liver disease, or cirrhosis was 7.3 per 100,000 population. State of Illinois rate was 9.1 per 100,000 population while the U.S. rate was 10.6. During 2002 there were 3 alcohol related automobile crashes and all 3 resulted in fatalities. Driving under the influence rates for Knox County during 2002 were 688.5 per 100,000 licensed drivers, up from 625.5 in 2001.

Healthy People 2010: Reduce deaths and injuries caused by alcohol and drug related motor vehicle crashes. Target: 4 per 100,000 population alcohol related deaths; 65 per 100,000 alcohol related injuries; Baseline: 5.9 per 100,000 population alcohol related deaths; 113 per 100,000 alcohol related injuries.

Healthy People 2010: Reduce cirrhosis deaths. Target: 3 per 100,000 population; Baseline: 9.5 per 100,000 population occurred in 1998.

Healthy People 2010: Reduce drug-induced deaths. Target: 1 per 100,000 population; Baseline: 6.3 per 100,000 population occurred in 1998.

2006 Knox County Community Health Plan

Community Health Improvement Objectives:

Reduce the percentage of Knox County adults at risk for acute or binge drinking by a minimum of 15%, by the year 2016.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they are at risk for acute or binge drinking was 15.1%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they are at risk for acute or binge drinking was 17.1%.

Healthy People 2010: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. Target: 6% of adults aged 18 years and older; 2% of adolescents aged 12-17 years; Baseline: 16.6% of adults aged 18 years and older; 7.7% of adolescents aged 12-17 years engaged in binge drinking during the past month.

By the year 2016, reduce the proportion of Knox County adults using illicit drugs, or abusing prescription medications, by a minimum of 25%.

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

The estimated percentage of substance abuse by Knox County adults during the past month in 2002 were 21.7% for 18-25 year olds; and 6.9 % for individuals aged 26 and older. National estimates for 2002 were 20.2% for 18-25 year olds; and 5.8% for individuals aged 26 and older.

Healthy People 2010: Reduce past month use of illicit substances. Target: 2%; Baseline: 5.8% of adults 18 years and older used any illicit drug during the past 30 days in 1998.

Reduce the proportion of Knox County Youth using alcohol by a minimum of 25% by the year 2011.

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

From 1999-2001 Communities Can Youth Survey results indicated that 31.7% of 8th graders and 41.7% of 10th graders used alcohol. The estimated percentage of alcohol use by Knox County 12-17 years olds in the past month in 2002 was 13.8% for 12-17 year old; National estimates for 2002 were 17.6% for 12-17 year olds.

Healthy People 2010: Increase the age and proportion of adolescents who remain alcohol and drug free. Target: average age in years – Alcohol 16.1; Marijuana 17.4; Baseline: average age in years – Alcohol 13.1; Marijuana 13.7.

Healthy People 2010: Increase in high school seniors never using substances. Target: Alcohol 19%; Illicit Drugs 46%; Baseline: Alcohol 29%; Illicit Drugs 56%.

Healthy People 2010: Reduce past month use of illicit substances. Target: 89%; Baseline: 79% of adolescents aged 12 to 17 years reported no alcohol or illicit drug use in the past 30 days.

By the year 2011, reduce the percentage of Knox County youth using marijuana by a minimum of 25%.

Baseline: (Knox County Healthy Communities Project 2005: Community Analysis)

From 1999-2001 Communities Can Youth Survey results indicated that 14.6% of 8th graders and 22.2% of 10th graders used marijuana. The estimated percentage of marijuana use by Knox County 12-17 years olds in the past month in 2002 was 6.4% for 12-17 year old; National estimates for 2002 were 8.2% for 12-17 year olds.

Healthy People 2010: Increase the age and proportion of adolescents who remain alcohol and drug free. Target: average age in years – Alcohol 16.1; Marijuana 17.4; Baseline: average age in years – Alcohol 13.1; Marijuana 13.7.

Healthy People 2010: Increase in high school seniors never using substances. Target: Alcohol 19%; Illicit Drugs 46%; Baseline: Alcohol 29%; Illicit Drugs 56%.

Healthy People 2010: Reduce past month use of illicit substances. Target: 89%; Baseline: 79% of adolescents aged 12 to 17 years reported no alcohol or illicit drug use in the past 30 days.

Healthy People 2010: Increase the proportion of adolescents who disapprove of substance abuse. Target: 83% of 8th graders; 83% of 10th graders; 83% of 12th graders; Baseline: 77% of 8th graders; 75% of 10th graders; 69% of 12th graders.

2006 Knox County Community Health Plan

Community Health Improvement Strategies:

- Provision of substance abuse treatment within a Clinic setting to ensure access to the provision of services for Medicaid, low-income, uninsured or under-insured individuals and families in Knox County.
- Focused overview of available substance abuse treatment resources for Knox County residents and assurance that linkages are provided for proper treatment.
- Comprehensive community health education campaign related to substance abuse warning signs and symptoms, treatment, and social stigmas.
- Marketing campaign to address substance abuse, social acceptability, and related social stigmas.
- Collaborate with Knox County physicians to promote a culture of brief screenings for substance abuse and referral and education resources for primary care physicians.
- Partner with the Knox County Bar Association to provide a resource for referrals and education.

APPENDICES

PRIORITY HEALTH CONCERNS

Incidence of Cardiovascular Disease

Prevalence of Respiratory Disease

Prevalence of Poor Dental and Oral Health

Lack of Access to Primary and Preventative Health Care

Prevalence of Poor Mental Health

Prevalence of Substance Abuse



Healthy Communities Project Partners

Galesburg Community and Health Foundation

Galesburg Cottage Hospital

Knox County Health Department

OSF St. Mary Medical Center

United Way of Knox County

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