CLINTON COUNTY
COMMUNITY HEALTH NEEDS ASSESSMENT
And
COMMUNITY HEALTH PLAN
2016-2021

Prepared by

Cheryl Lee, M.S.
Public Health Administrator
CLINTON COUNTY HEALTH DEPARTMENT

For

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
SPRINGFIELD, ILLINOIS

May 16, 2016

PRIORITIES
Prevention of Disease and Illness
Dental Health
Mental Health

TABLE OF CONTENTS

CLINTON COUNTY HEALTH DEPARTMENT
930 Fairfax
Carlyle, IL 62231
Phone: 618-594-2723
FAX: 618-594-5474
Email: health@clintonco.illinois.ov

May 16, 2016

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

RE: IPLAN Approval Letter

To Whom It May Concern:

The Clinton County Board of Health has reviewed and approved the Organizational Assessment, the Community Health Assessment, and the Community Health Plan being submitted to your agency on May 16, 2016.

Steven Stone, DDS
Health Board President

May 16, 2016

II. INTRODUCTION

Introduction and Description of Community

Clinton County was created on December 27, 1824 from Washington, Fayette and Bond counties. It was named after DeWitt Clinton, a distinguished lawyer, financier and statesman. He was a United States Senator and chief promoter of the Erie Canal. Clinton County is divided into fifteen municipal townships with four cities and 11 villages and covers 474.3 square miles. Agriculture, forestry, fishing, hunting and mining make up almost a third of industries providing employment. The current population is approximately 37,786.

On August 25, 1996, the Clinton County Board passed a resolution abolishing the T.B. Board, replacing it with the Board of Health and establishing the Clinton County Health Department. On May 6, 1996, the Illinois Department of Public Health certified the Clinton County Health Department.

The Clinton County Health Department (CCHD) has a staff of eight full-time and four part-time, employees and one seasonal employee. The CCHD provides environmental health services, WIC, Family Case Management, Health Works, Breast Feeding Peer Counseling, Lead case management, immunizations, laboratory services, emergency preparedness, and other public health services. It has a strong relationship with community partners and is a lead partner on the Clinton County Health Improvement Coalition (CCHIC).

This is the CCHD's fifth IPLAN. This IPLAN is different than previous IPLAN's in that the formation of a coalition was established not only to assist with the development of the IPLAN, but also to continue regular meetings to implement strategies to address gaps in services in the county. The coalition has further developed in that the leadership of the hospital, health department and coalition has aligned its goals to further address health issue in the county. The coalition applied for a health coach in March 2016 through a Robert Wood Johnson Foundation program at the University of Wisconsin. The CCHIC was accepted and will be receiving assistance to help the coalition grow, further refine goals, increase collaboration and ultimately work to improve the health outcomes of the county.

III. ORGANIZATIONAL CAPACITY

The Clinton County Health Department conducted an Organizational Assessment in January 2016. This was a two part assessment. One assessment focused on Organizational Capacity (adapted from the Marguerite Casey Foundation) and the second assessment (adapted from the National Public Health Performance Standards Local Assessment) was on the Ten Essentials of Public Health. Both assessments can be found in the appendices.

Organizational Capacity

An organizational assessment tool was given to staff (see appendices.) The point of this assessment was to determine leadership capacity, adaptive capacity, and operational capacity. The results will assist with identifying weaknesses to address and identify strengths to build upon. There were 41 capacities with 14 areas in leadership capacity, 14 in adaptive capacity, and 13 in operational capacity. Ranking was based on a five point scale. 1 – strongly agree; 2 – agree; 3- neutral; 4 – disagree; 5 – strongly disagree.

The assessment was broken down into capacities that were strengths, primary capacities to be addressed, and secondary capacities to be addressed as time and resources allow. Two capacities were identified as not to be addressed as it falls outside the scope of the health department. Any capacity that had three or more staff responded to disagree or strongly disagree were identified as primary capacities to be addressed. Any capacity that four or more staff responded to neutral, disagree, or strongly disagree were identified as secondary capacities to be addressed.

Primary Capacities

Adaptive Capacity

2.04: Use of Research Data to Support Program Planning & Advocacy - Respected by peers as both consumer and producer of data; dedicated research staff capable of working with complex data and making assessments about relevance and cultural appropriateness of findings for its community or clients; research regularly scanned for relevant data to support decisions, proposals, and advocacy; important organizational questions answered through research; ability to effectively present data using charts, tables, and graphics for a variety of audiences.

2.14: Organizing - Primary focus is on growing constituent capacity and social capital to tackle issues/problems; advocacy work is aligned with that focus; a carefully developed strategy for long-term change exists, with appropriate campaign targets and organizing tactics.

Operational Capacity

3.01: Staffing Levels - All positions within and peripheral to organization are adequately and appropriately staffed; attendance problems are extremely rare; turnover is limited; vacancies filled immediately.

3.05: Revenue Generation - Significant internal revenue generation; experienced and skilled in areas such as cause-related marketing, fee-for-services, and retailing; revenue generating activities support, but don't distract from, focus on creating social impact.

3.07: Communications & Outreach - Packet of marketing materials used consistently and easily updated on a regular basis; materials extremely professional in appearance and appeal to a variety of stakeholders; all materials consistently adhere to established standards for font, color, logo placement, etc.; all materials are provided in multiple languages as needed.

3.10: Website - Sophisticated, comprehensive, and interactive website, regularly maintained and kept up to date on latest area and organization developments; praised for its user-friendliness and depth of information; includes links to related organization and useful resources on topic addressed by organization.

3.11: Databases Management Reporting Systems - Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes, and financial information; widely used and essential in increasing information sharing and efficiency.

Secondary Capacities

Leadership Capacity

1.03: Overarching Goals - Vision translated into clear, bold set of (up to three) goals that organization aims to achieve, with specific time frames and concrete measures for each goal; goals are universally known within organization and consistently used to direct actions and set priorities.

1.04: Overarching Strategy - Clear, coherent medium-to-long-term strategy that is both actionable and linked to overall mission, vision, and overarching goals; strategy is universally known and consistently helps drive day-to-day behavior at all levels of the organization.

1.07: Board Governance - Legal board, advisory board, and management work well together from clear roles; board fully understands and fulfills fiduciary duties size of board set for maximum effectiveness with rigorous nomination process; board actively defines performance targets and holds Administration fully accountable; board empowered and prepared to hire or fire Administrator if necessary, board periodically evaluated.

Adaptive Capacity

2.01: Strategic Planning - Ability to develop and refine concrete, realistic, and detailed strategic plan; critical mass of internal expertise in strategic planning, or efficient use of external, sustainable, highly qualified resources; strategic planning exercise carried out regularly; strategic plan used extensively to guide management decisions.

2.02: Evaluation, Performance - Comprehensive, integrated system (e.g., balanced scorecard) used for measuring organization's performance and progress on continual basis; internal and external benchmarking part of the organizational cultural and used by staff in target-setting and daily operations; clear and meaningful outcomes-based performance indicators existing all areas; careful attention paid to cultural appropriateness of evaluation process/methods; measurement of social impact based on longitudinal studies with independent evaluation.

2.03: Evaluation & Organizational Learning - Systematic staff and board practices of making adjustments and improvements on basis of performance data; resources are devoted to thoroughly documenting organization's work capturing the complete story of its impact; evaluation processes fully integrated into information systems.

2.05: Program Relevance & Integration - All programs and services well-defined and fully aligned with mission, overarching goals, and constituency; program offerings are clearly linked to one another and to overall strategy; synergies across programs are captured.

2.06: Program Growth & Replication - Frequent assessments of possibility of scaling up existing programs, and when judged appropriate, action consistently taken; efficiently and effectively able to grow existing programs to meet needs in local area or other geographies.

2.08: Monitoring of Program Landscape: Extensive knowledge of other players as well as alternative and complementary models in program area, refined ability and systematic tendency to adapt behavior based on acquired understanding and cultural appropriateness.

2.10: Influencing of Policy-making - Proactively influences policy-making in a highly effective manner at the local, state, and/or national level (as relevant and appropriate); always ready for and often called on to participate in substantive policy discussions.

2.12: Community Presence & Standing - Widely known within the community, and perceived as actively engaged with and extremely responsive to it; many members of the larger community (including many highly respected members) actively engage with organization; community leaders always call on organization for its input on issues important to organization.

2.13: Constituent Involvement - Variety of systems in place to actively recruit and involve constituents; constituents take on a wide variety of roles in organization, including volunteer positions of leadership; paid staff work collaboratively with constituents to plan and lead much of the organization's work and defined desired outcomes; training is provided to constituents in all of the skill areas needed to affect change.

Operational Capacity

3.06: Communications Strategy - Communications plan and strategy in place and updated on a frequent basis; stakeholders and their values identified, and communications to each of those stakeholders customized; communications always carry a consistent and powerful message.

3.13: Management of Legal & Liability Matters - Well-developed, effective, and efficient internal legal infrastructure for day-to-day legal work; additional access to general and specialized external expertise to cover peaks and extraordinary cases; continuous legal risk management and regular adjustment of insurance.

Not Addressed Capacities

Operational Capacity

3.03 Fundraising - Highly developed internal fundraising skills and expertise in all funding source types to cover all needs; access to external fundraising expertise for additional extraordinary needs.

3.04: Board Involvement & Participation in Fundraising - All members embrace fundraising as one of the board's core roles and responsibilities; realistic and appropriate board fundraising goals and plans in place; board actively fundraises and has achieved measurable progress towards goals; all members make a personally significant annual financial contribution to organization based on their individual means, and some contribute more frequently.

Ten Essentials of Public Health

This assessment was given to staff, along with the organizational capacity assessment and can be found in the appendices. The point of this assessment was to determine staff's knowledge and perception on how well the health department addresses the Ten Essentials of Public Health. The results will assist with identifying weaknesses to address and identify strengths to build upon. Ranking was based on a six point scale. No Activity, Minimal, Moderate, Significant, Optimal, and I Don't Know.

There are ten essential of public health with 30 standards and 108 performance measures. Any standard that had three or more responses with no activity or minimal activity were identified as primary priorities. If there were four or more responses with no activity, minimal activity, or neutral, these were considered secondary priority areas. There were a total of 54 performance measures with 20 being primary priorities and 32 being secondary priorities to address.

Primary Priorities

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

Performance Measure for Model Standard 1.2

1.2.1 Use the best available technology and methods to display data on the public's health.

1.1.3 Promote the use of CHAs among community members and partners.

Model Standard 3.2: Health Communications

Performance Measure for Model Standard 3.2

3.2.2 Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with target audience.

3.2.3 Identify and train spokespersons on public health issues.

Model Standard 4.1: Constituency Development

Performance Measure for Model Standard 4.1

4.1.3 Encourage constituents to participate in activities to improve community health.

Model Standard 5.1: Governmental Presence at the Local Level

Performance Measure for Model Standard 5.1

5.1.1 Support the work of the local health department (or other governmental local public health entity) to make sure the 10 Essential Public Health services are provided.

5.1.3. Ensure that the local health department has enough resources to do its part in providing essential public health services.

Model Standard 5.2: Public Health Policy Development
Performance Measure for Model Standard 5.2
5.2.3 Review existing policies at least every three to five years.

Model Standard 6.2: Involvement in Improving Laws, Regulations, and Ordinances
Performance Measure for Model Standard 6.2
6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health.

Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances
Performance Measure for Model Standard 6.3
6.3.4 Educate individuals and organizations about relevant laws, regulations and ordinances.

Model Standard 8.3: Life-Long Learning through Continuing Education, Training and Mentoring
Performance Measure for Model Standard 8.3
8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services.
8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time of for attending class, and pay increases.
8.3.4 Create and support collaborations between organizations within the LPHS for training and education.

Model Standard 8.4: Public Health Leadership Development
Performance Measure for Model Standard 8.4
8.4.1 Provide access to form and informal leadership development opportunities for employee's at all organizational levels.
8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community.

Model Standard 9.2: Evaluating Personal Health Services
Performance Measure for Model Standard 9.2
9.2.4 Use technology, like the Internet or electronic health records, to improve quality of care.
9.2.5 Use evaluation findings to improve services and program delivery.

Model Standard 10.1: Fostering Information
Performance Measure for Model Standard 10.1
10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work.
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research.

Model Standard 10.3: Capacity to Initiate or Participate in Research

Performance Measure for Model Standard 10.3
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practices.

Secondary Priorities

Model Standard 1.1: Population-Based Community Health Assessment (CHA)
Performance Measure for Model Standard 1.1
1.1.1 Conduct regular CHAs.
1.1.2 Update the CHAs with current information continuously.
1.1.3 Promote the use of CHAs among community members and partners.

Model Standard 4.1: Constituency Development
Performance Measure for Model Standard 4.1
4.1.4 Create forums for communication of public health issues.

Model Standard 4.2: Community Partnerships
Performance Measure for Model Standard 4.2
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health.

Model Standard 5.1: Governmental Presence at the Local Level
Performance Measure for Model Standard 5.1
5.1.2 See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program.

Model Standard 5.2: Public Health Policy Development
Performance Measure for Model Standard 5.2
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development.
5.2.2 Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies.

Model Standard 5.3: Community Health Improvement Process and Strategic Planning
Performance Measure for Model Standard 5.3
5.3.1 Establish a CHIP, with broad-based diverse participation, that uses information from the CHS. Including the perceptions of community members.
5.3.3 Connect organizational strategic plans with the CHIP.

Model Standard 6.1: Reviewing and Evaluating Laws, Regulations, and Ordinances
Performance Measure for Model Standard 6.1
6.1.4. Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances.

Model Standard 6.2: Involvement in Improving Laws, Regulations, and Ordinances

Performance Measure for Model Standard 6.2

6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances.

6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances.

Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances

Performance Measure for Model Standard 6.3

6.3.5. Evaluate how well local organizations comply with public health laws.

Model Standard 7.1: Identifying Personal Health Service Needs of Populations

Performance Measure for Model Standard 7.1

7.1.3. Defines partner roles and responsibilities to respond to the unmet needs of the community.

Model Standard 8.1: Workforce Assessment, Planning, and Development

Performance Measure for Model Standard 8.1

8.1.1 Complete a workforce assessment, a process to track the numbers and types of LPHS jobs – both public and private sector – and the associated knowledge, skills, and abilities required of the jobs.

8.1.2 Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce.

8.1.3 Provide information from the workforce assessment to other community organization and groups, including governing bodies and public and private agencies, for use in their organizational planning.

Model Standard 8.2: Public Health Workforce Standards

Performance Measure for Model Standard 8.2

8.2.2. Develop and maintain job standards and position descriptions based in the core knowledge, skills and abilities needed to provide the 10 Essential Public Health Services.

Model Standard 9.1: Evaluating Population-Based Health Services

Performance Measure for Model Standard 9.1

9.1.1. Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved.

9.1.2. Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury.

9.1.3. Identify gaps in the provision of population-based health services.

9.1.4. Use evaluation findings to improve plans, processes, and services.

Model Standard 9.2: Evaluating Personal Health Services

Performance Measure for Model Standard 9.2

9.2.2. Compare the quality of personal health services to established guidelines.

9.2.3. Measure user satisfaction with personal health services.

Model Standard 9.3: Evaluating the Local Public Health System

Performance Measure for Model Standard 9.3

9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services.
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services.
9.3.4 Use results from the evaluation process to improve the LPHS.

Model Standard 10.1: Fostering Information
Performance Measure for Model Standard 10.1
10.1.4 Encourage community partnerships in research, including deciding what will be studies, conducting research, and sharing results.

Model Standard 10.2: Linking with Institutions of Higher Learning and/or Research
Performance Measure for Model Standard 10.2
10.2.2 Partner with colleges, universities or other research organizations to conduct public health research, including community-based participatory research.
10.2.3. Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education.

Model Standard 10.3: Capacity to Initiate or Participate in Research
Performance Measure for Model Standard 10.3
10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies.
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding and other resources.
10.3.3 Share findings with public health colleagues and the community broadly, through journals, Websites, community meetings, etc.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT

Purpose

The purpose of the community health needs assessment was to assess the health needs of the community, identify community resources, and identify key partners to work together toward a common goal to reduce risk factors, reduce gaps in service and increase health status.

Process

The CCHD and St. Joseph Hospital brought together stakeholders and formed the Clinton County Health Improvement Coalition (CCHIC) in the spring of 2014. The CCHIC has consistently met every two months since that time. St. Joseph Hospital contracted with Southern Illinois University School of Medicine to collect, review, and summarize existing data in partnership with the CCHIC. The CCHIC developed a community needs assessment and distributed that both online and online. Given the large Hispanic population, the CCHIC worked with a local parish that was able to translate the information to the Hispanic population to include their information. The University of Illinois in Springfield was contracted with to analyze the community needs assessment and do a comprehensive date review of available data sources. The results were presented to the CCHIC and they chose one priority to address as a coalition. The hospital chose three priorities to address as well as the CCHD selecting three priorities for its IPLAN.

Data Review

Demographics

Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the region rose from 35,535 to 37,762 between the year 2000 and 2010, a 6.21% increase.

Report Area	Total Population 2000 Census	Total Populati0n 2010 Census	Total Population Change 2000-2010	Percentage Population Change, 2000-2010
Clinton County	35,535	37,762	+2,227	+6.21%
Illinois	12,419,293	12,830,632	+411,339	+3.31%

Data Source: US Census Bureau, Decennial Census: 2000 to 2010. Source geography: County.

There were modest increases in the white and black populations in Clinton County between 2000 and 2010 (4.85% and 4.53% respectively). However, other groups saw much more substantial increases: Hispanics (85.61%), Asians (52.84%), and Native Hawaiians/Pacific Islanders (45.45%). However, those three groups combined still comprise less than 5% of the total county population.

Population by Age Groups

Population by gender was 51.7% Male and 48.3% Female and the region has the following population numbers by age groups.

Report area	Total Population	Age 0 to 17	Age 18 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 64	Age 65+
Clinton County	37,762	8,572 (22.7%)	3,248 (8.6%)	5,022 (13.4%)	5,060 (13.4%)	6,042 (16.0%)	4,343 (11.5%)	5,475 (14.5%)
Illinois	12,83,632	3,130,675 (24.4%)	1,244,571 (9.7%)	1,770,627 (13.8%)	1,732,135 (13.5%)	1,873,272 (14.5%)	1,475,523 (11.5%)	1,603,829 (12.5%)

Data Source: US Census Bureau, Decennial Census: 2010. Source geography: County

Population without a High School Diploma (age 25 and older)

Within the report area there are 3,633 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 14.17% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ with no HS Diploma	% Population Age 25+ with no HS Diploma
Clinton County	25,642	3,633	14.17%
Illinois	8,459,947	1,108,253	13.10%

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2008 to
2012. Source geography: County 10

Population in Poverty (100% FPL and 200% FPL)

Poverty is considered a key driver of health status. Within the report area 7.7% or 2,759 individuals are living in households with income below the Federal Poverty Level (FPL). This is lower than the statewide poverty levels (13.7%). This indicator is relevant because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status. Of note, the poverty rate among Hispanics in Clinton County was 9.8%.

Report Area	Total Population	Population Below 100% FPL	Population below 200% FPL
Clinton County	37,793	2,759 (7.7%)	7,917 (22.2%)
Illinois	12,823,860	1,710,465 (13.7%)	8,859,869 (30.8%)

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2008 to 2012. Source geography: County.

Veteran Status

A higher proportion of the population in Clinton County is veterans compared to the state as whole. Nearly 12.5% of residents are veterans.

Report Area	% of Population who are Veterans
Clinton	12.4%
Illinois	7.8%

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2008 to 2012. Source geography: County.

Disability Status

Clinton County has a higher proportion of the population who are disabled compared to the state as a whole.

Report Area	% of Population who are Disabled
Clinton County	11.2%
Illinois	10.3%

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2008 to 2012. Source geography: County.

Additional Social Determinants of Health

Health Insurance Status

According to the Census Bureau's American Community Survey, 6.9% of Clinton County residents are uninsured. This is lower than the statewide uninsured rate. Just over one in four are publicly insured.

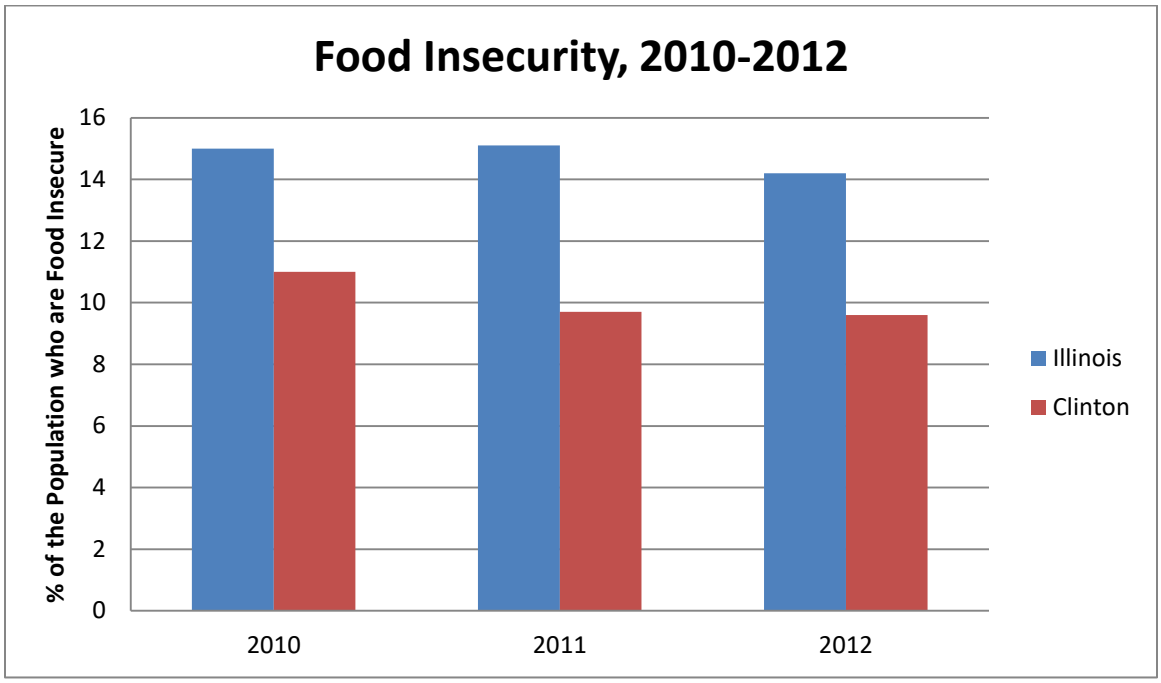
Report Area	% Uninsured (all)	% Uninsured (under 18)	% Uninured (18-64)	% privately insured (of those insured)*	% publicly insure (of those insured)*
Clinton County	6.9%	2.4%	10.3%	80.8%	27.9%
Illinois	12.9%	4.3%	18.6%	68.8%	28.9%

**Private and public insurance coverage is not mutually exclusive in the American Community Survey. Coverage type sums may exceed 100%. Private insurance is defined as insurance provided by an employer or union, purchased as an individual from a private company, and TRICARE and other military insurance plans. Public insurance is defined as insurance provided by Medicaid, Medicare, the VA or state programs.*

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2008 to 2012. Source geography: County.

Food Insecurity

The proportion of the population that is food insecure in Clinton County is lower than the state as a whole.



Note: This indicator is compared with the state average. Data Source: Feeding America. Source geography: County.

Households Receiving Supplemental Nutrition Assistance Program (SNAP) benefits

The proportion of the population who receive SNAP benefits is lower in Clinton County at 7.9% compared to the statewide rate is 10.8%.

Report Area	% Receiving SNAP Benefits
Clinton County	7.9%
Illinois	10.8%

Note: This indicator is compared with the state average. Data Source: US Census Bureau, American Community Survey: 2008 to 2012. Source geography: County.

Violent Crime Rate

The violent crime rate in Clinton County (153 per 100,000) was lower than the state rate (457 per 100,000). Violent crime is defined as offenses involving face-to-face confrontation (e.g. assault, rape, robbery, etc.).

Report Area	Violent Crime Rate per 100,000
Clinton County	153
Illinois	457

Note: This indicator is compared with the state average. Data Source: Uniform Crime Reporting-FBI, 2009-2011. Source geography: County.

Access to Care

Usual Source of Care

The most recent Illinois Behavioral Risk Factors Surveillance System county level data indicate that the proportion of residents in Clinton County who have a usual source of medical care is 90.7%, higher than the state rate of 84.4%.

Report Area	% Indicating a Usual Medical Provider
Clinton County	90.7%
Illinois	84.4%

Note: This indicator is compared with the state average. Data Source: Illinois Behavioral Risk Factors Surveillance System 2007-2009 series. Source geography: County.

Primary Care Physician Access

Residents in Clinton County have less access to primary care physicians compared to the state as a whole. There are no pediatricians or general internists in Clinton County.

Report Area	Ratio of Population to Primary Care Physicians	Ratio of Population to Pediatricians	Ratio of Population to General Internists
Clinton County	37,956:1	---	----
Illinois	1,270:1	5,296:1	2,274:1

Note: This indicator is compared with the state average. Data Source: Area Health Resource File, 2011 data. Source geography: County and Service Area.

Specialist Access

Residents in the Clinton County have less access to specialists like general surgeons, urologists (none in Clinton County), and obstetrician/gynecologists compared to the state as a whole.

Report Area	Ratio of Population to General Surgeons	Ratio of Population to Urologists	Ratio of Population to Obstetrician/Gynecologists
Clinton County	37,956:1	---	7,591:1
Illinois	9,305:1	29,315:1	7,552:1

Note: This indicator is compared with the state average. Data Source: Area Health Resource File, 2011 data. Source geography: County and Service Area.

Dentist Access

There is less access to dentists in Clinton County compared to the state as a whole.

Report Area	Ratio of Population to Dentists
Clinton County	3,806:1
Illinois	1,496:1

Note: This indicator is compared with the state average. Data Source: Area Health Resource File, 2012 data via the County Health Rankings. Source geography: County.

Mid-Level Provider Access

Residents in Clinton County have less access to mid-level providers compared to the state as a whole.

Report Area	Ratio of Population to Physician's Assistants	Ratio of Population to Advance Practice Nurses
Clinton County	9,489:1	4,217:1
Illinois	5,538:1	2,282:1

Note: This indicator is compared with the state average. Data Source: Area Health Resource File, 2012 data via the County Health Rankings. Source geography: County.

Mental Health Providers Access

People in Clinton County have less access to mental health providers compared to the state as a whole.

Report Area	Ratio of Population to Mental Health Providers
Clinton County	9,515:1
Illinois	844:1

Mental Health Providers include psychiatrists, psychologists, licensed clinical social workers and counselors, and advanced practice nurses specializing in mental health.

Note: This indicator is compared with the state average. Data Source: Center for Medicare and Medicaid Services, National Provider Identification, 2013, via the County Health Rankings. Source geography: County.

Sentinel Events/ Clinical Care

Sentinel health events reflect unnecessary disease, disability, and death that could have been prevented had a better healthcare system been in place. The follow data is reflective of a system in need of a improvement. Clinton County has one hospital, lacks in adequate number of primary care providers to accommodate the population, lack of mental health providers, lack of dental providers, and a lack of prevention.

Preventable Hospital Stays

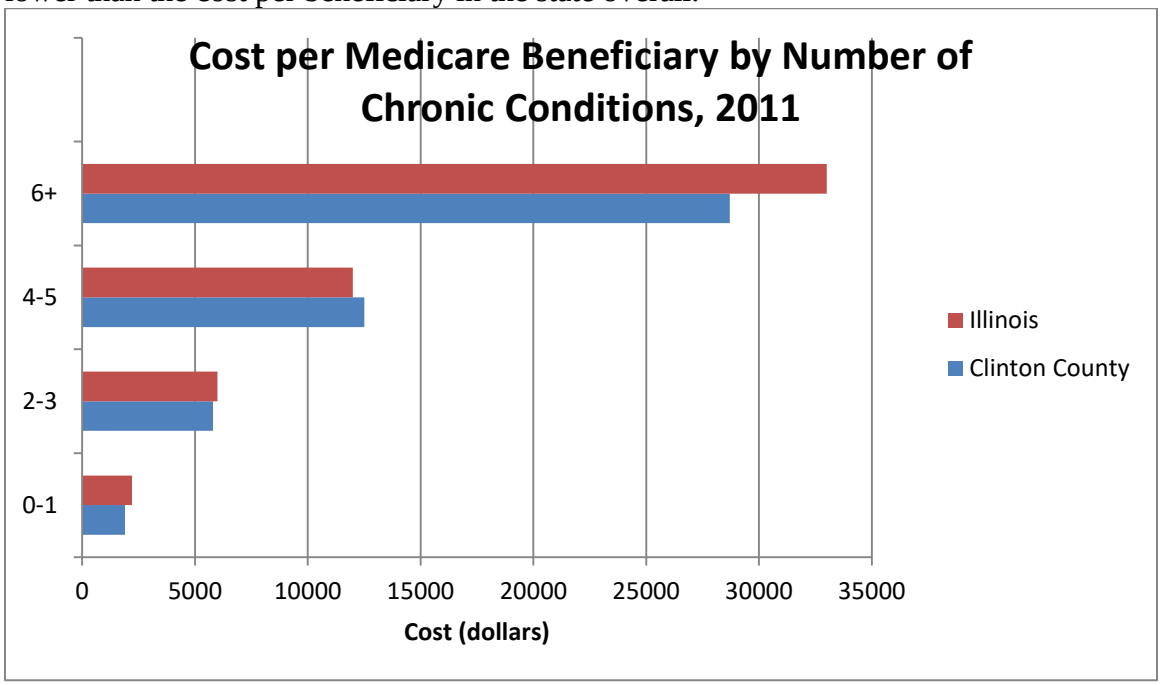
Dartmouth Atlas of Health Care data presented by the County Health Rankings indicates that the number of preventable hospital stays per 1,000 in Clinton County 54, compared to 73 per 1,000 statewide.

Report Area	Preventable Hospital Stays per 1,000
Clinton County	54
Illinois	73

Note: This indicator is compared with the state average. Data Source: Dartmouth Atlas of Health Care per the County Health Rankings. Source geography: County.

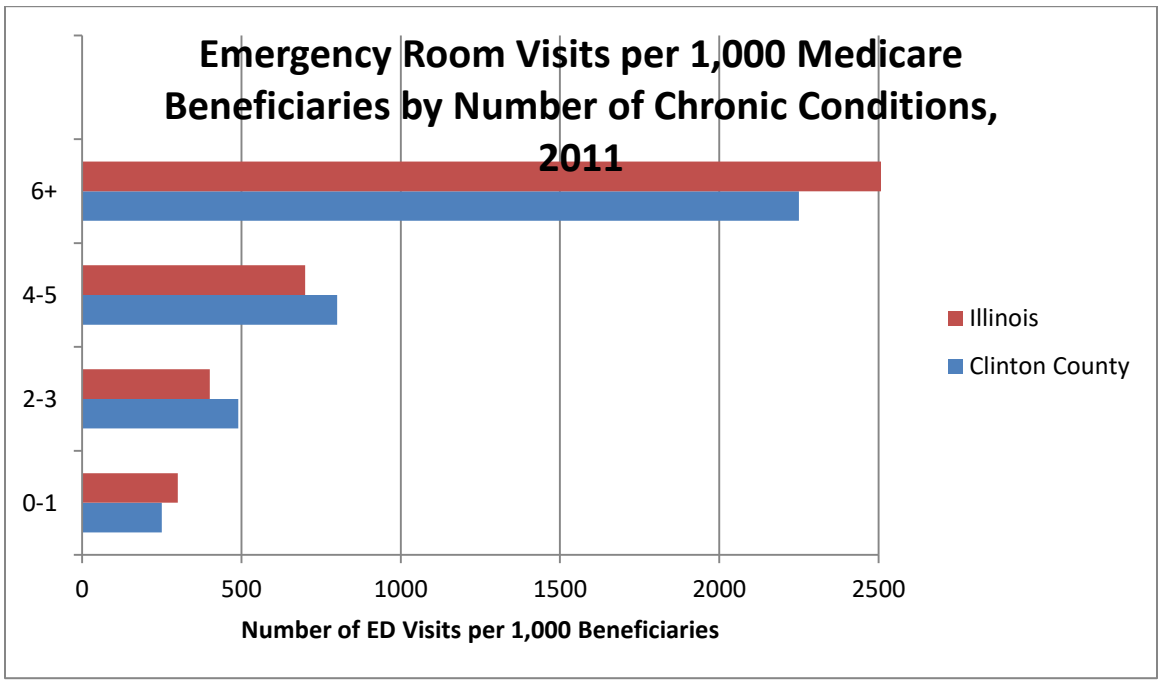
Per Beneficiary Cost by # of Chronic Conditions

In general, the cost per Medicare beneficiary by number of chronic conditions in Clinton County is lower than the cost per beneficiary in the state overall.



Note: This indicator is compared with the state average. Data Source: Center for Medicare and Medicaid Services. Source geography: County.

Emergency Department Visits by Number of Chronic Conditions
The rate of ER visits per 1,000 Medicare beneficiaries by number of chronic conditions is generally higher in Clinton County than the state rate.



Note: This indicator is compared with the state average. Data Source: Center for Medicare and Medicaid Services. Source geography: County.

Proportions of Hospitalizations due to Acute Conditions
Pneumonia was the most common cause of hospitalizations due to an acute condition in Clinton County.

Acute Condition	Clinton County	Illinois
Abdominal Pain	1.5%	1.8%
Acute Renal Failure	12.5%	4.3%
Adult Respiratory Failure	5.1%	2.2%
Appendicitis	9.2%	2.2%
Biliary Tract Disease	8.0%	3.7%
Chest Pain	8.2%	5.0%
Gastrointestinal Hemorrhage	6.4%	2.1%
Intestinal Infection	4.2%	2.0%
Intestinal Obstruction	7.5%	3.2%
Pancreatic Disorders	5.1%	2.6%
Pneumonia	17.2%	9.1%
Skin Infections	8.3%	5.9%
Urinary Tract Infection	6.7%	5.9%

Note: This indicator is compared with the state average. Not all acute conditions are shown; percentages may not equal 100%. Data Source: Illinois Department of Public Health's IQUERY, 2011-2012 data. Source geography: County.

Hospitalizations due to Chronic Disease
In Clinton County, irregular heartbeat, congestive heart failure and arthritis were the three most common reasons for hospitalizations. By comparison, cancer, congestive heart failure and arthritis were the most common reasons in the state as a whole.

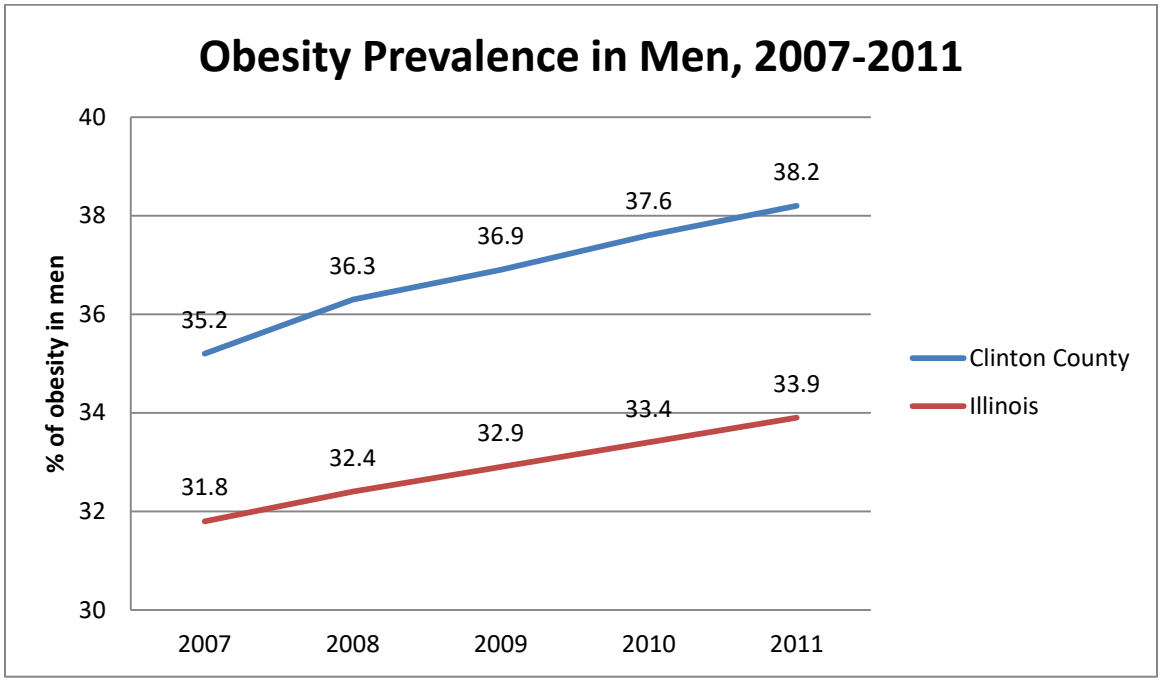
Chronic condition	Clinton County	Illinois
Acute Myocardial Infarction	7.5%	6.0%
Arthritis	11.0%	10.5%
Asthma	1.9%	5.7%
Cancer	10.0%	13.4%
Cerebrovascular Disease	7.2%	8.5%
Congestive Heart Failure	13.1%	12.2%
Chronic Obstructive Pulmonary Disease	7.9%	7.6%
Coronary Artery Disease	9.2%	8.1%
Diabetes with complications	6.6%	6.6%
Diverticulosis	4.5%	3.7%
Hypertension	**	1.4%
Irregular Heart Beat	13.7%	9.0%
Mental Degeneration	1.0%	1.7%
Obesity	**	.8%
Vertebral and Disc Disorders	5.6%	4.8%

Note: This indicator is compared with the state average. Not all acute conditions are shown; percentages may not equal 100%. Data Source: Illinois Department of Public Health's IQUERY, 2009-2010 data. Source geography: County.

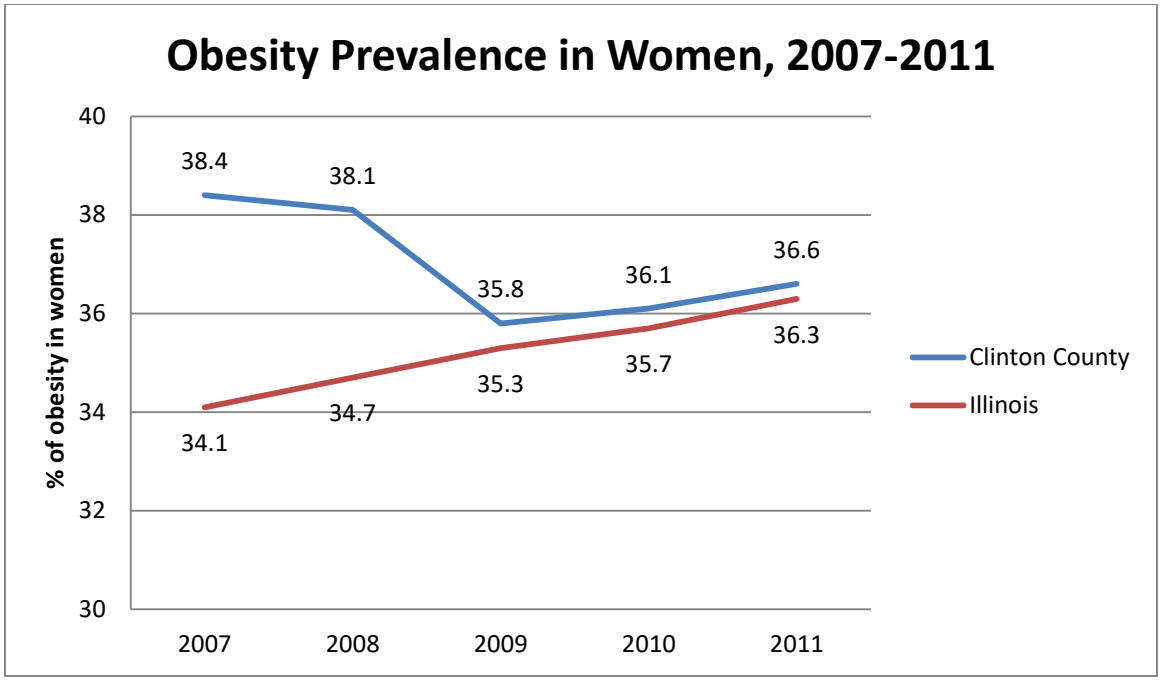
Behavioral Factors

Adult Obesity

The prevalence of obesity in men in Clinton County was consistently higher than the state rate between 2007 and 2011. The most recently prevalence was 38.2% compared to the state rate of 33.9%. The prevalence of obesity in Clinton County women has varied, but most recent prevalence (36.6%) has nearly converged with the state rate (36.3%).



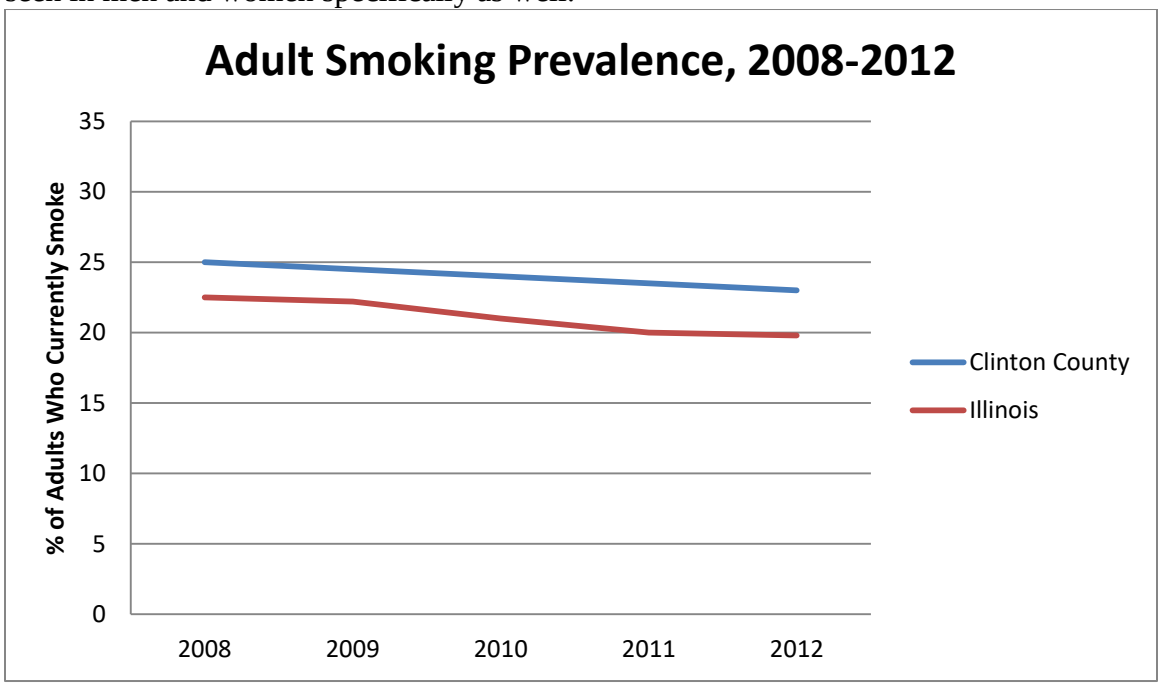
Note: This indicator is compared with the state average. Data Source: Institute for Health Metrics and Evaluation. Source geography: County.



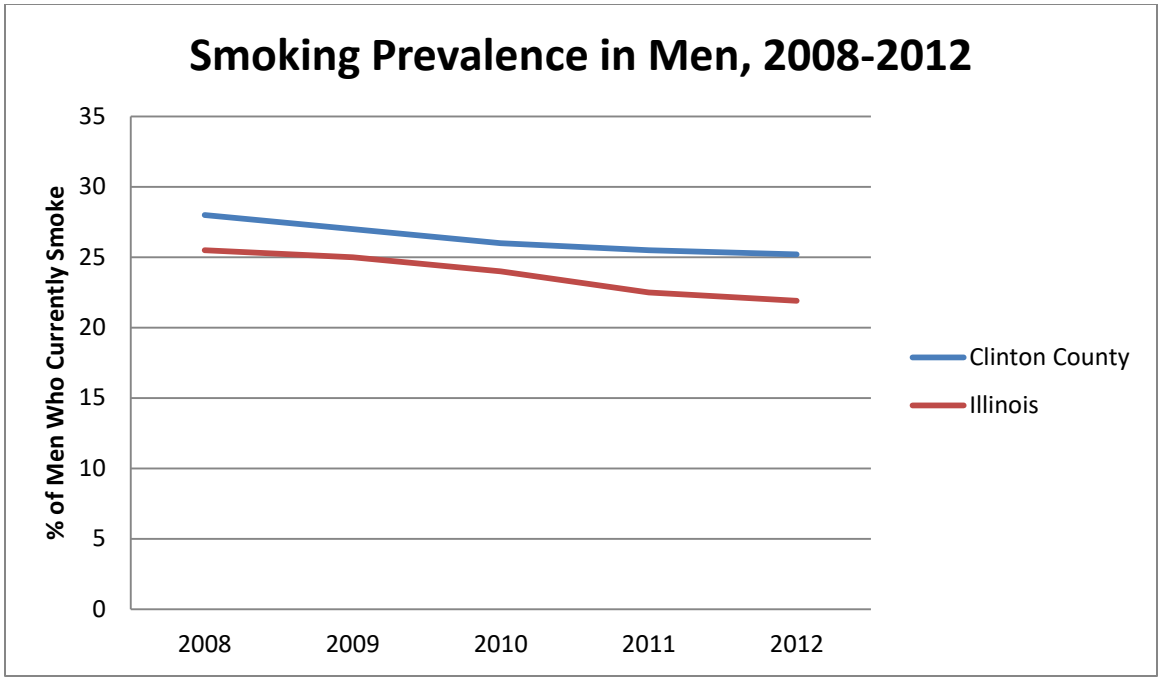
Note: This indicator is compared with the state average. Data Source: Institute for Health Metrics and Evaluation. Source geography: County.

Smoking

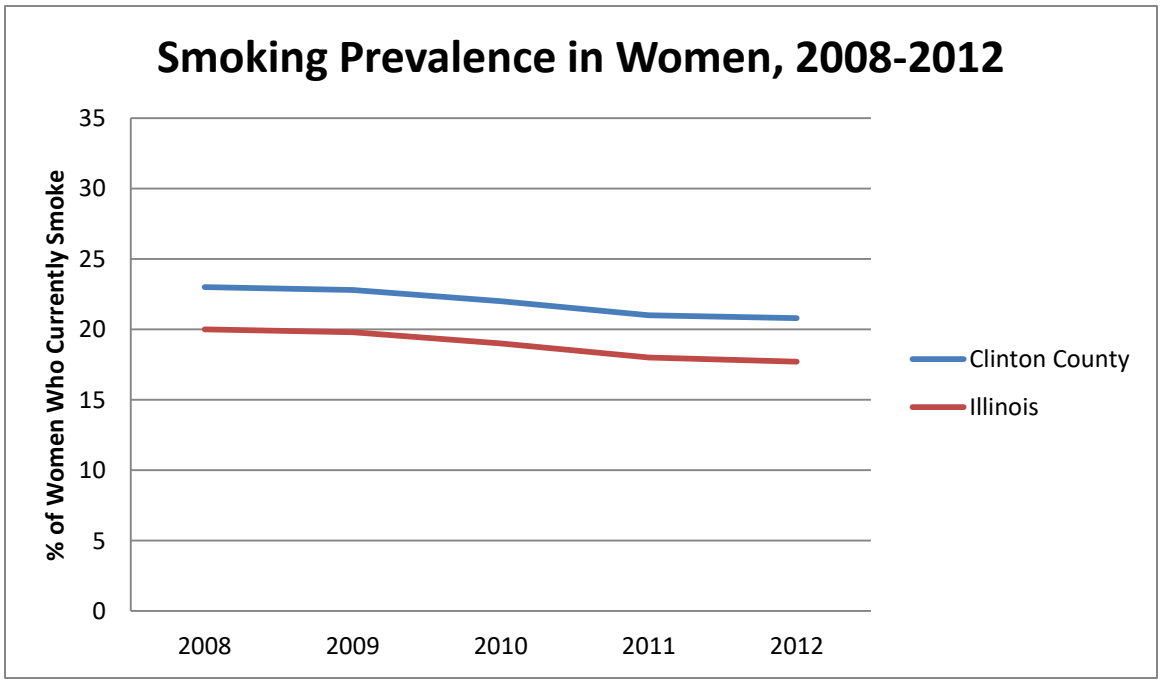
For Clinton County, adult smoking rates were elevated compared to the state rate. A similar trend was seen in men and women specifically as well.



Note: This indicator is compared with the state average. Data Source: Institute for Health Metrics and Evaluation. Source geography: County.



Note: This indicator is compared with the state average. Data Source: Institute for Health Metrics and Evaluation. Source geography: County.



Note: This indicator is compared with the state average. Data Source: Institute for Health Metrics and Evaluation. Source geography: County.

Fruit and Veggie Intake

A smaller proportion of adults in Clinton County consume five or more fruits and vegetables a day than the state as a whole.

	5+ Fruits and Vegetables per Day (Men)	5+ Fruits and Vegetables per Day (Women)	5+ Fruits and Vegetables per Day (All Adults)
Clinton County	8.5%	17.4%	12.8%
Illinois	18.8%	26.2%	22.6%

Note: This indicator is compared with the state average. Data Source: Illinois Behavioral Risk Factors Surveillance System 2007-2009 series. Source geography: County.

Physical Inactivity

A higher proportion of men, women and all adults in Clinton County met or exceeded physical activity standards than in Illinois as a whole.

	Met/Exceeds Physical Activity Standards (Men)	Met/Exceeds Physical Activity Standards (Women)	Met/Exceeds Physical Activity Standards (All Adults)
Clinton County	67.4%	51.8%	59.8%
Illinois	37.3%	32.5%	34.9%

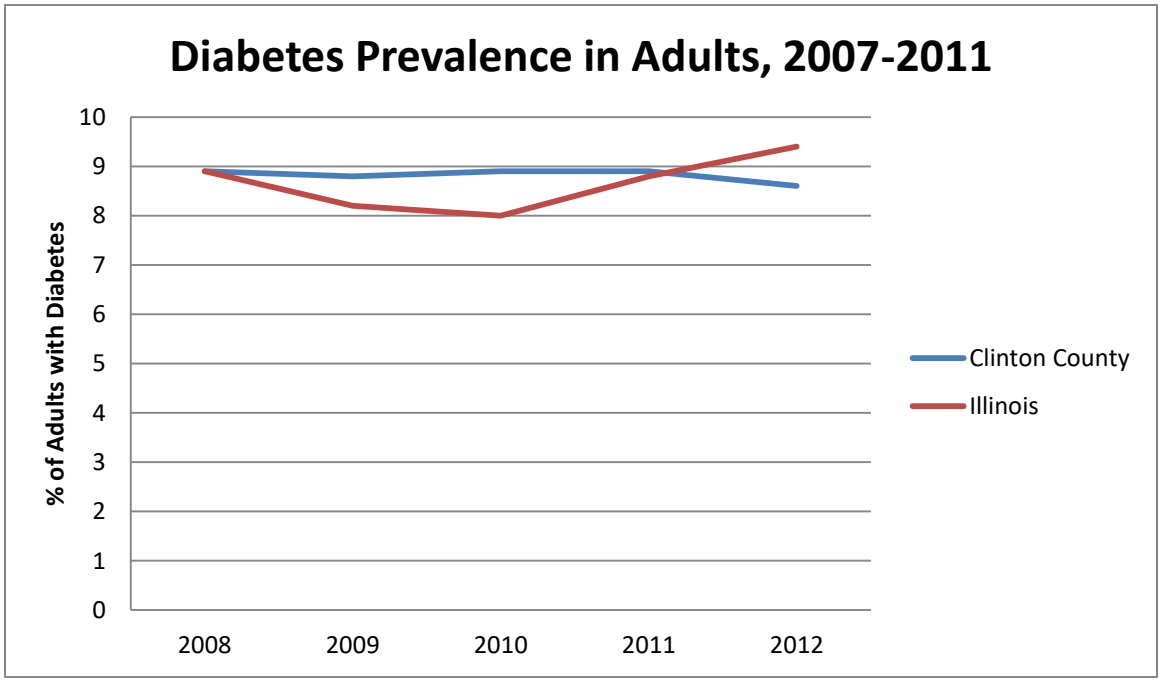
Note: This indicator is compared with the state average. Data Source: Illinois Behavioral Risk Factors Surveillance System 2007-2009 series. Source geography: County.

Chronic Disease Prevalence and Mortality

Chronic Disease Prevalence in All Adults

Clinton County has a lower prevalence of diabetes in adults compared to the state rate. Roughly one in three of all adults in Clinton County had high cholesterol and/or high blood pressure. Asthma rates were lower than the state rate in Clinton County.

Diabetes



Note: This indicator is compared with the state average. Data Source: CDC Diabetes Interactive Atlas. Source geography: County.

NOTE: The following indicators are self-reported from a representative sample of Illinois residents. They were asked whether or not a doctor had ever told them they had a specific chronic disease.

High Cholesterol

	Men	Women	All Adults
Clinton County	30.2%	35.6%	32.9%
Illinois	38.2%	36.5%	37.3%

Note: This indicator is compared with the state average. Data Source: Illinois Behavioral Risk Factors Surveillance System 2007-2009 series. Source geography: County.

High Blood Pressure

	Men	Women	All Adults
Clinton County	38.7%	26.5%	32.8%
Illinois	29.9%	28.2%	29.0%

Note: This indicator is compared with the state average. Data Source: Illinois Behavioral Risk Factors Surveillance System 2007-2009 series. Source geography: County.

Asthma

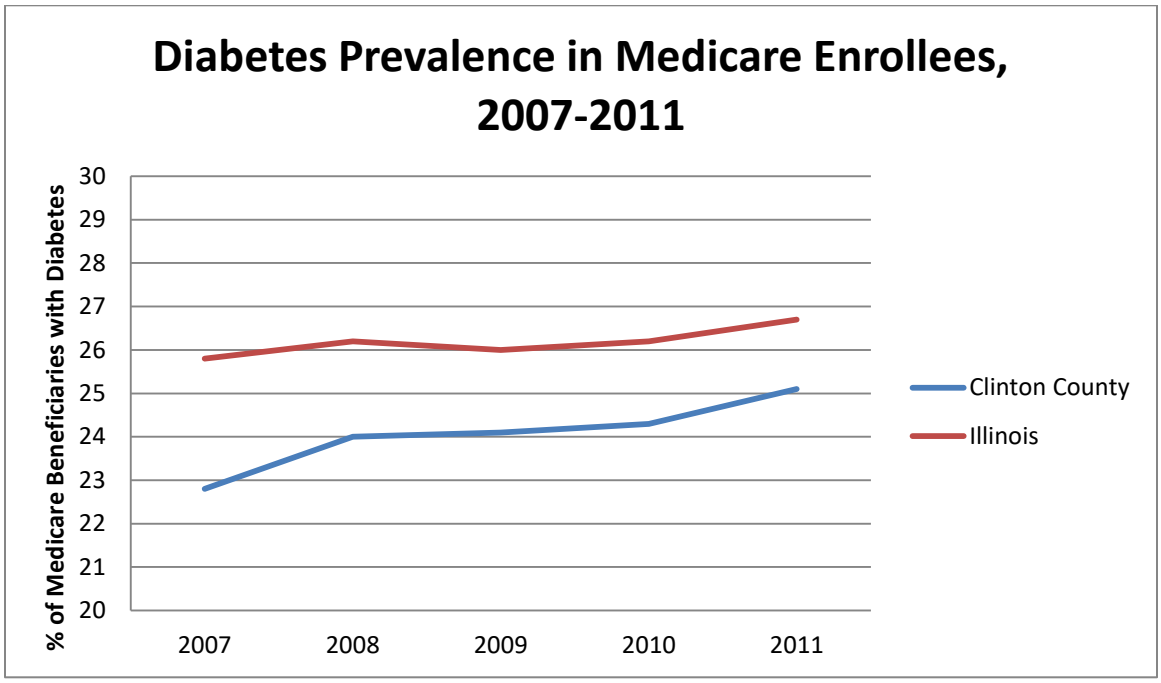
	Men	Women	All Adults
Clinton County	7.1%	5.9%	6.5%
Illinois	10.4%	16.0%	13.2%

Note: This indicator is compared with the state average. Data Source: Illinois Behavioral Risk Factors Surveillance System 2007-2009 series. Source geography: County.

Chronic Disease Prevalence in Medicare Beneficiaries
The prevalence of chronic disease is defined as the percentage of beneficiaries in a given county who had a claim for service and/or treatment for a specific chronic condition in a given year.

Diabetes

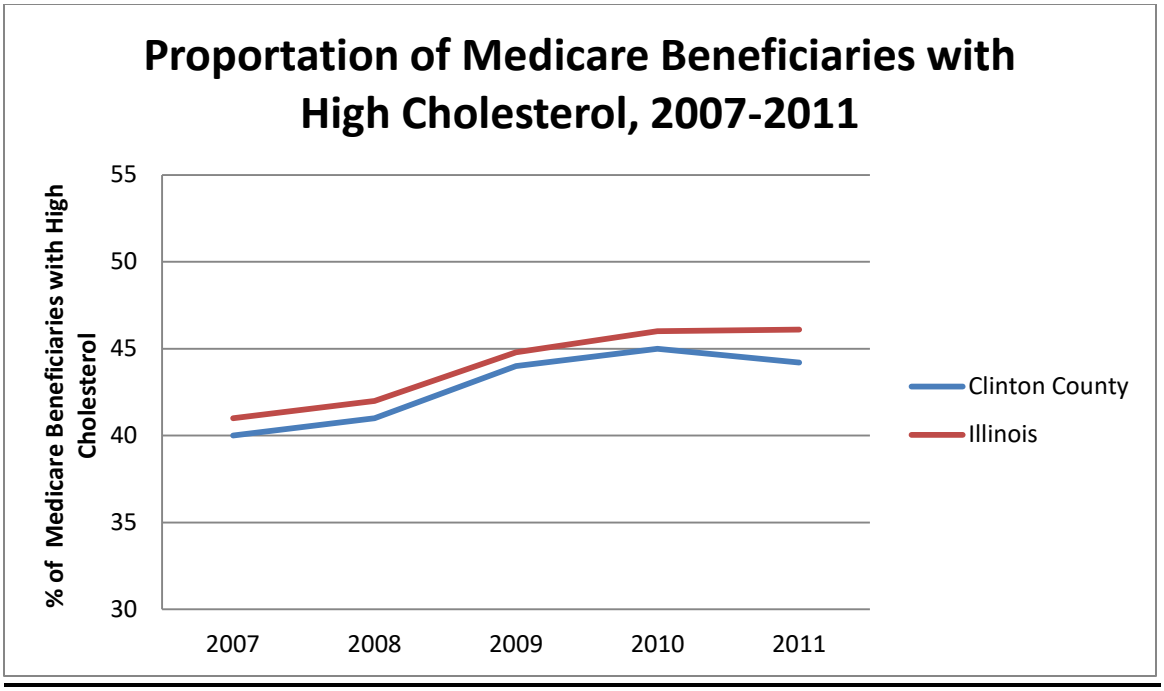
In Clinton County the rates were consistently lower than the statewide rate. Roughly one in four Medicare beneficiaries had diabetes.



Note: This indicator is compared with the state average. Data Source: Medicare Geographic Variation Public Use Files. Source geography: County.

High Cholesterol

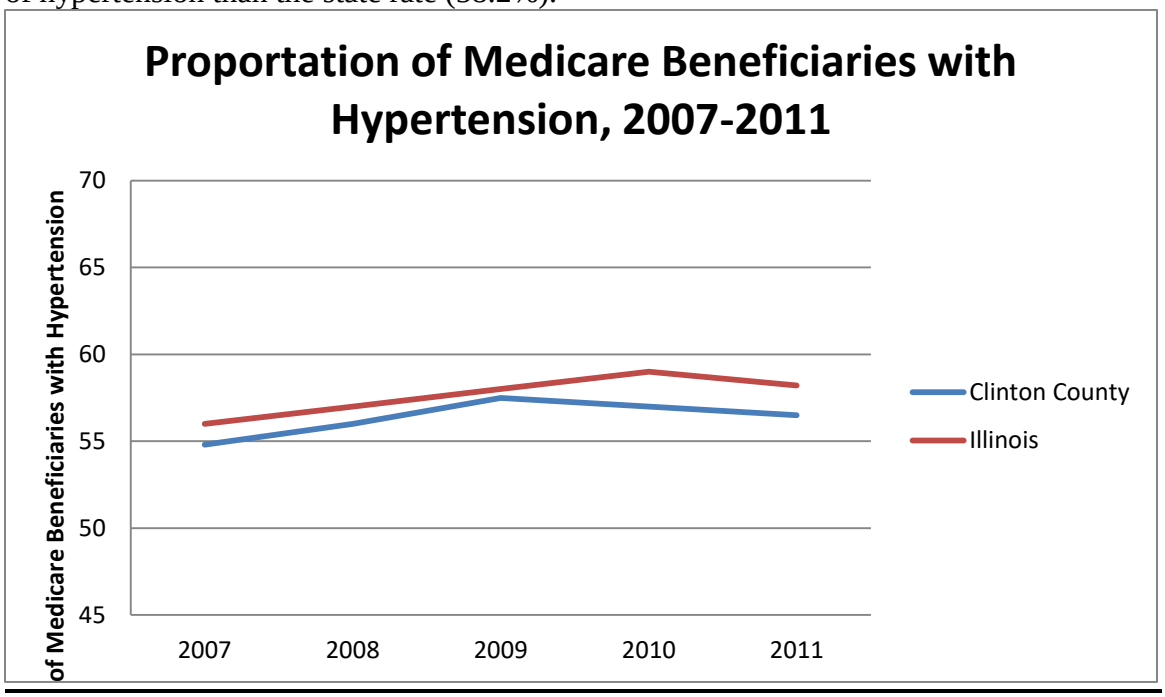
The proportion of Medicare beneficiaries in Clinton County who have high cholesterol was slightly lower than the statewide rate between 2007 and 2011. In 2011, the rate in Clinton County was 44.2%.



Note: This indicator is compared with the state average. Data Source: Medicare Geographic Variation Public Use Files. Source geography: County.

Hypertension

The proportion of Medicare beneficiaries with hypertension in Clinton County (56.5%) had lower rates of hypertension than the state rate (58.2%).



Note: This indicator is compared with the state average. Data Source: Medicare Geographic Variation Public Use Files. Source geography: County.

Prevalence of Other Chronic Diseases among Medicare Beneficiaries

The prevalence of other chronic diseases in Clinton County roughly mimic the state rates, although asthma rates are slightly lower.

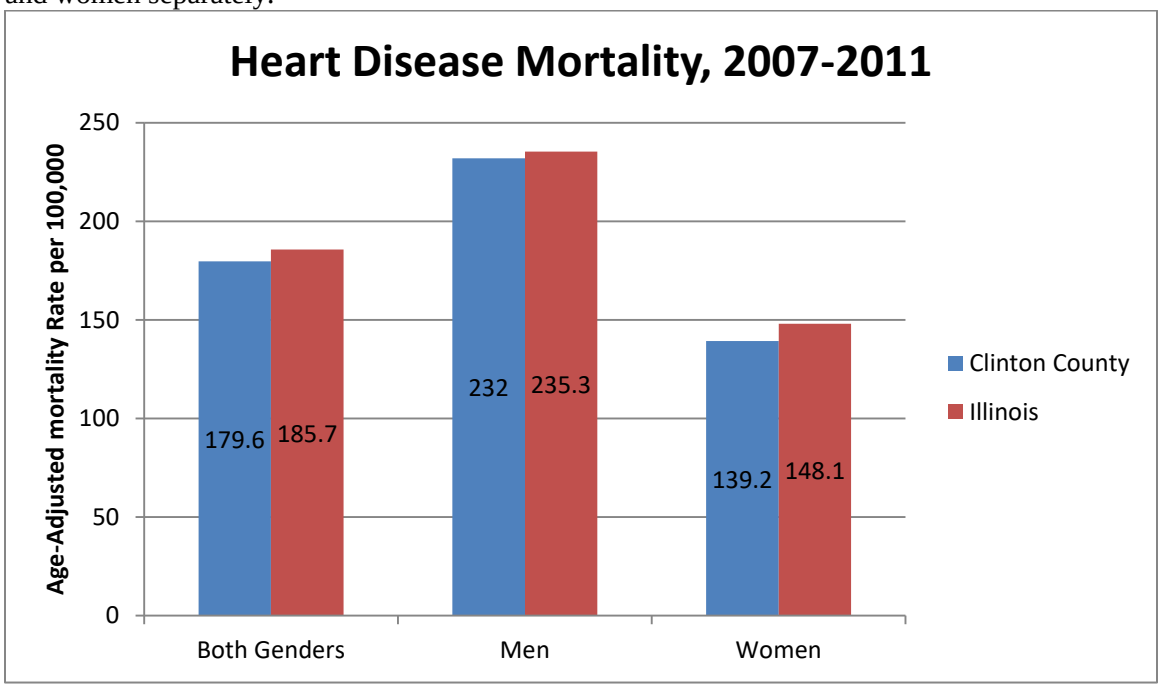
	Alzheimer's Disease	Arthritis	Asthma	Chronic Obstructive Pulmonary Disease	Heart failure	Ischemic Heart Disease
Clinton County	10.6%	28.3%	3.0%	10.8%	12.8%	31.1%
Illinois	10.9%	31.5%	4.9%	11.4%	16.7%	30.6%

Note: This indicator is compared with the state average. Data Source: Medicare Geographic Variation Public Use Files, 2011 data. Source geography: County.

Mortality Due to Chronic Disease

Heart Disease Mortality

Heart disease mortality in Clinton County does not significantly differ for both genders combined and for men and women separately.

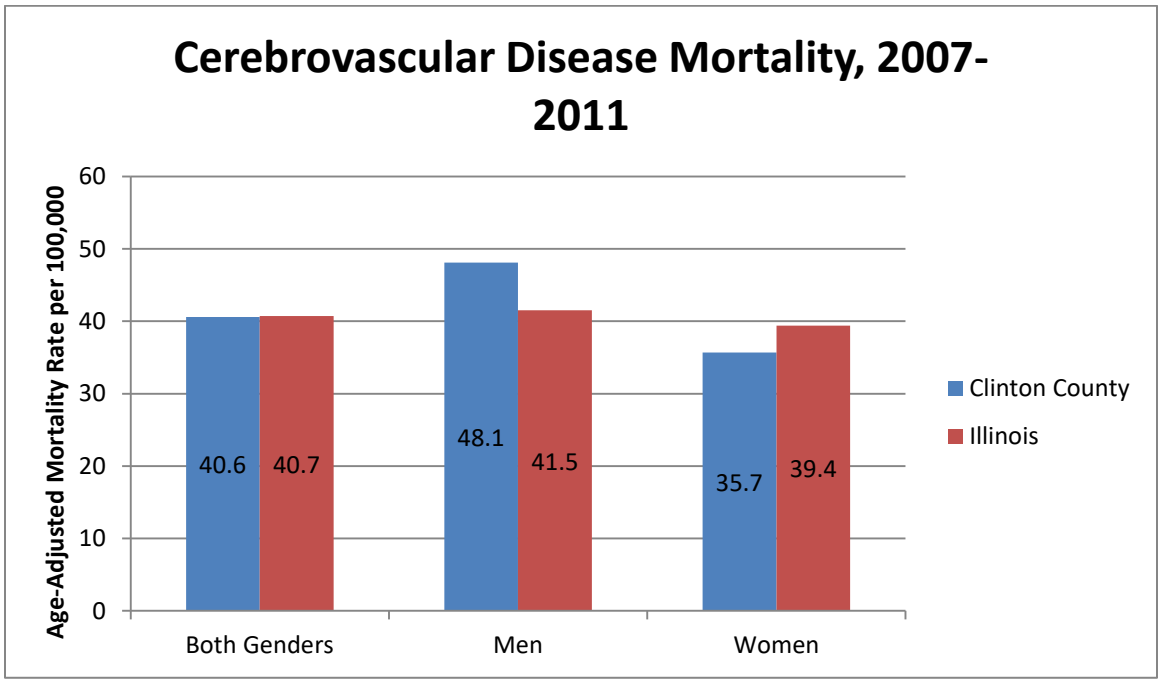


Rate statistically significantly higher than the state rate.

Note: This indicator is compared with the state average. Data Source: National Center for Health Statistics-computed from SEER*Stat. Source geography: County.

Cerebrovascular Disease Mortality

Cerebrovascular disease mortality was varied in all groups in Clinton County, with both genders being about equal. No groups were statistically significantly different than the state rate. The Healthy People 2020 goal for cerebrovascular disease mortality is 34.8 per 100,000, which has yet to be reached by any geographic or gender group within Clinton County.

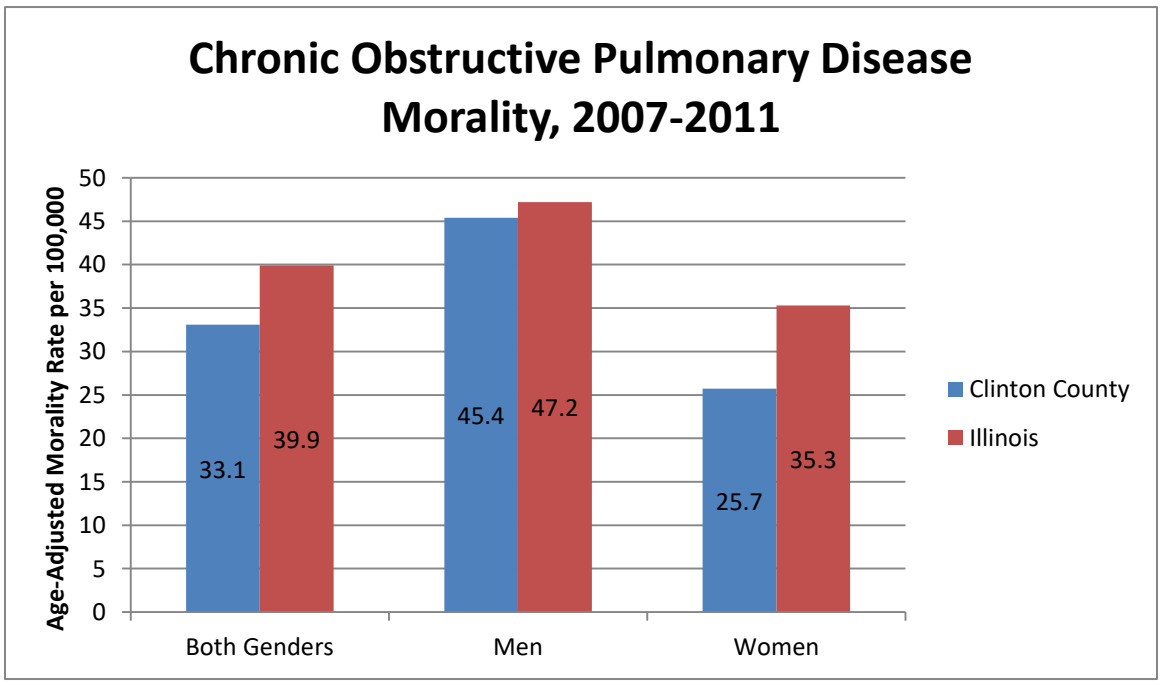


**Rate statistically significantly higher than the state rate.*

Note: This indicator is compared with the state average. Data Source: National Center for Health Statistics-computed from SEER*Stat. Source geography: County.

Chronic Obstructive Pulmonary Disease (COPD) Mortality

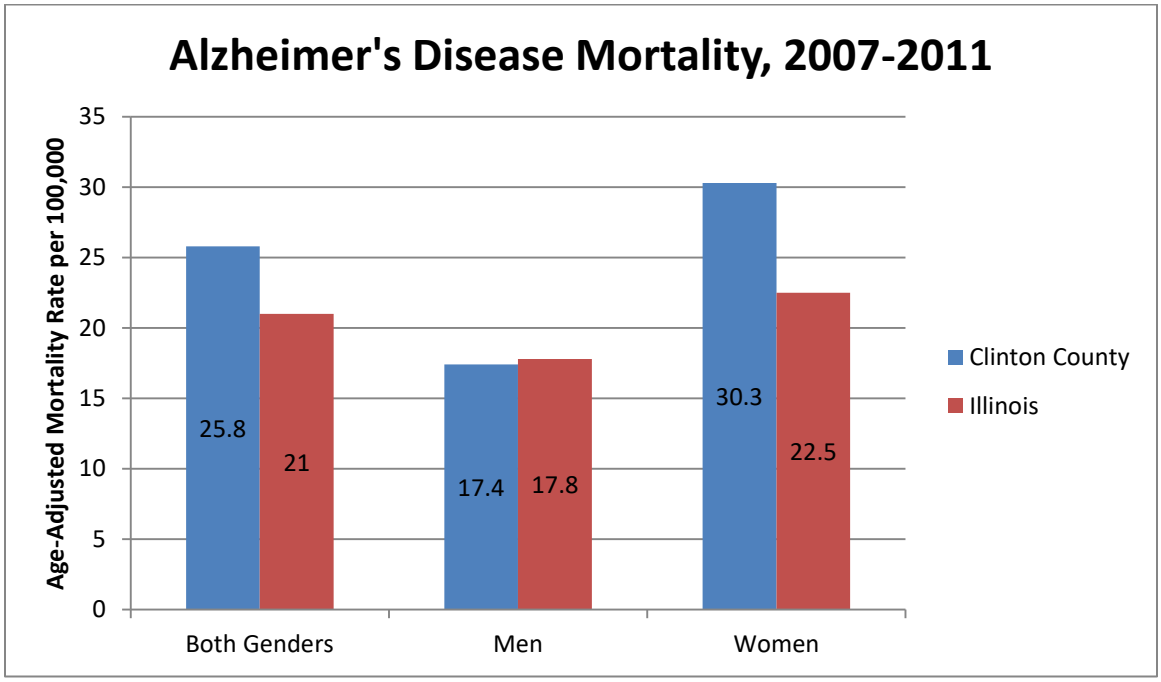
The rates of COPD mortality in Clinton County do not statistically significantly differ from the state rate.



**Rate statistically significantly higher than the state rate.*
Note: This indicator is compared with the state average. Data Source: National Center for Health Statistics-computed from SEER*Stat. Source geography: County.

Alzheimer's Disease Mortality

Alzheimer's disease mortality in Clinton County does not significantly differ from the state rate, although it approaches significant excess of the state rate in women.



**Rate statistically significantly higher than the state rate.*
Note: This indicator is compared with the state average. Data Source: National Center for Health Statistics-computed from SEER*Stat. Source geography: County.

Cancer Screening Adherence, Incidence, and Mortality
Screening Adherence

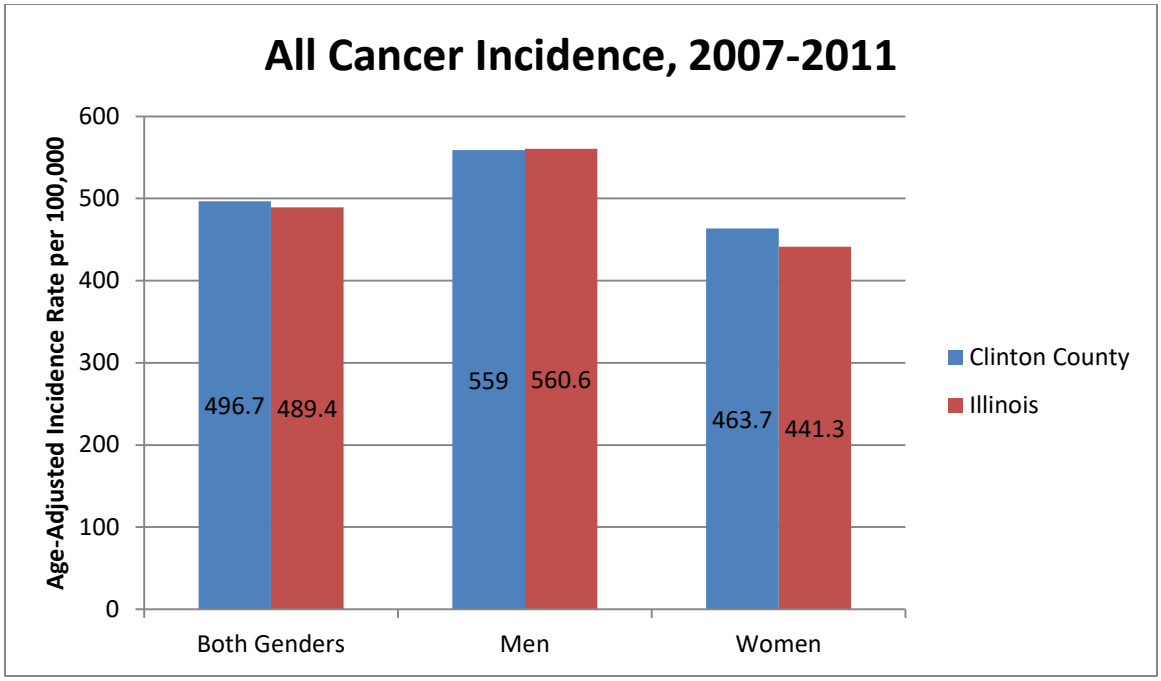
In Clinton County, adherence to cancer screening was somewhat similar to the state rates with the exception of PSA testing which was a bit higher. Roughly two-thirds of women over the age of 40 within Clinton County had mammography within the past year. Roughly two-thirds of residents over the age of 50 in Clinton County had ever had a colonoscopy. The Healthy People 2020 objectives for cancer screening rates were not met for any screening type.

	Mammography (Medicare Beneficiaries) †	Mammography (Women 40+years) ‡	Pap Smear‡	Colonoscopy (50+ years) ‡	PSA Screening (Men 40+ years) ‡
Clinton County	67.9%	68.0%	76.3%	66.0%	71.9%
Illinois	64%	64.5%	77.5%	58.8%	62.4%

Note: This indicator is compared with the state average. Data Source: † Dartmouth Atlas of Health Care, 2011 data via the County Health Rankings ‡Illinois Behavioral Risk Factors Surveillance System 2007-2009 series. Data indicate the percentage of residents who were up-to-date with screening, with the exception of PSA screening which indicates if men had ever been screened. Source geography: County.

All Cancer Incidences

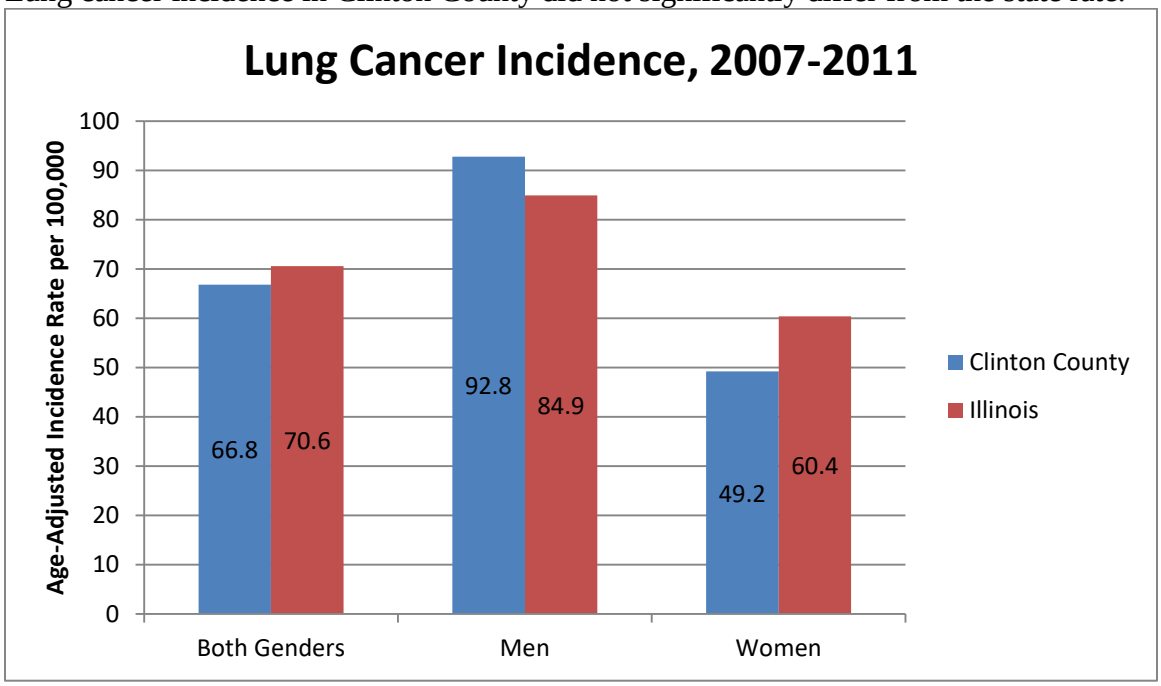
In Clinton County between 2007 and 2011, all cancer incidence rates for both genders combined, males and females were 496.7, 559.0, and 463.7 per 100,000 respectively. None of these rates were differed significantly from the state rate.



Note: This indicator is compared with the state average. Data Source: Illinois State Cancer Registry. Source geography: County.

Lung Cancer Incidence

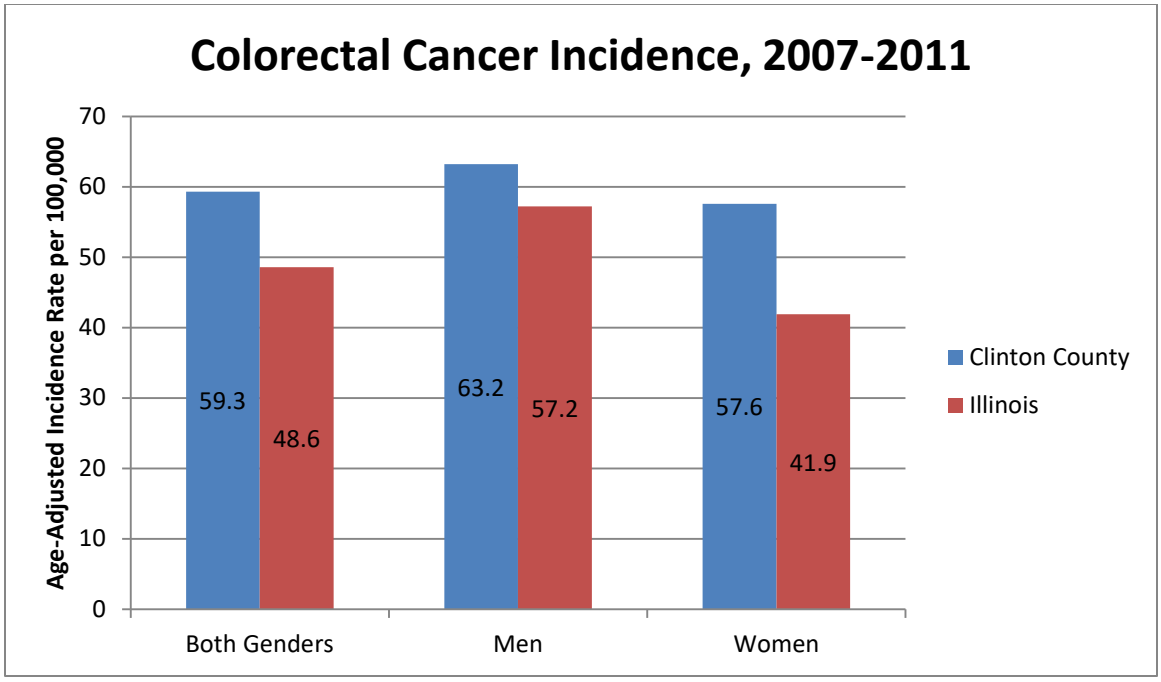
Lung cancer incidence in Clinton County did not significantly differ from the state rate.



Note: This indicator is compared with the state average. Data Source: Illinois State Cancer Registry. Source geography: County.

Colorectal Cancer Incidence

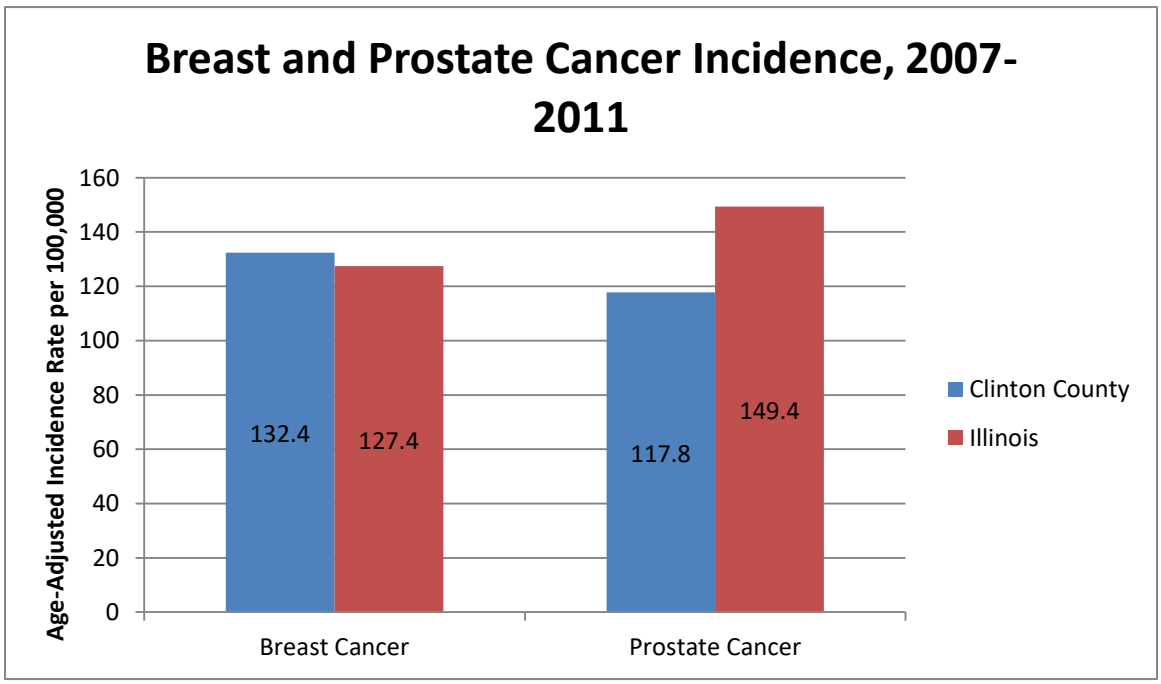
Colorectal cancer incidence is statistically significantly higher in Clinton County than the state as a whole assessing both genders and for females specifically.



Rate statistically significantly higher than the state rate.
Note: This indicator is compared with the state average. Data Source: Illinois State Cancer Registry. Source geography: County.

Breast and Prostate Cancer Incidence

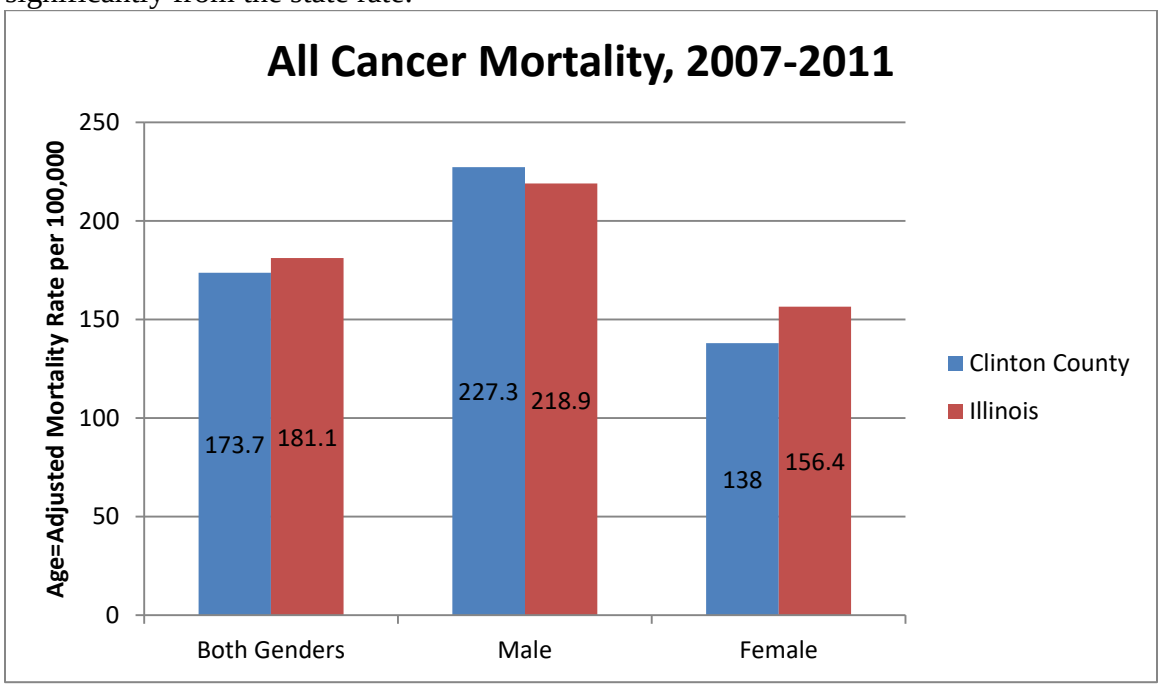
Breast cancer and prostate cancer incidence rates in Clinton County did not differ significantly from the state rate.



**Rate statistically significantly higher than the state rate.*
Note: This indicator is compared with the state average. Data Source: Illinois State Cancer Registry. Source geography: County.

All Cancer Mortality

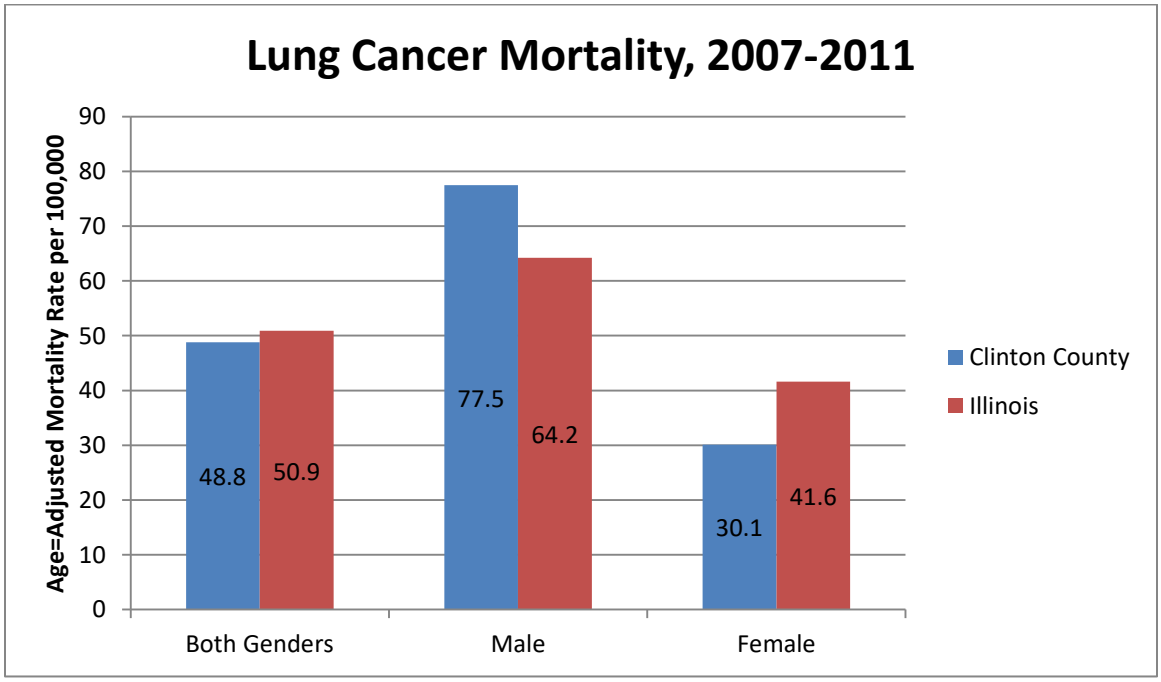
The all cancer mortality rate in Clinton County between 2007 and 2011 for genders combined, males and females was 173.7, 227.3 and 138.0 per 100,000 respectively. None of these rates were differed significantly from the state rate.



Note: This indicator is compared with the state average. Data Source: Illinois State Cancer Registry. Source geography: County.

Lung Cancer Mortality

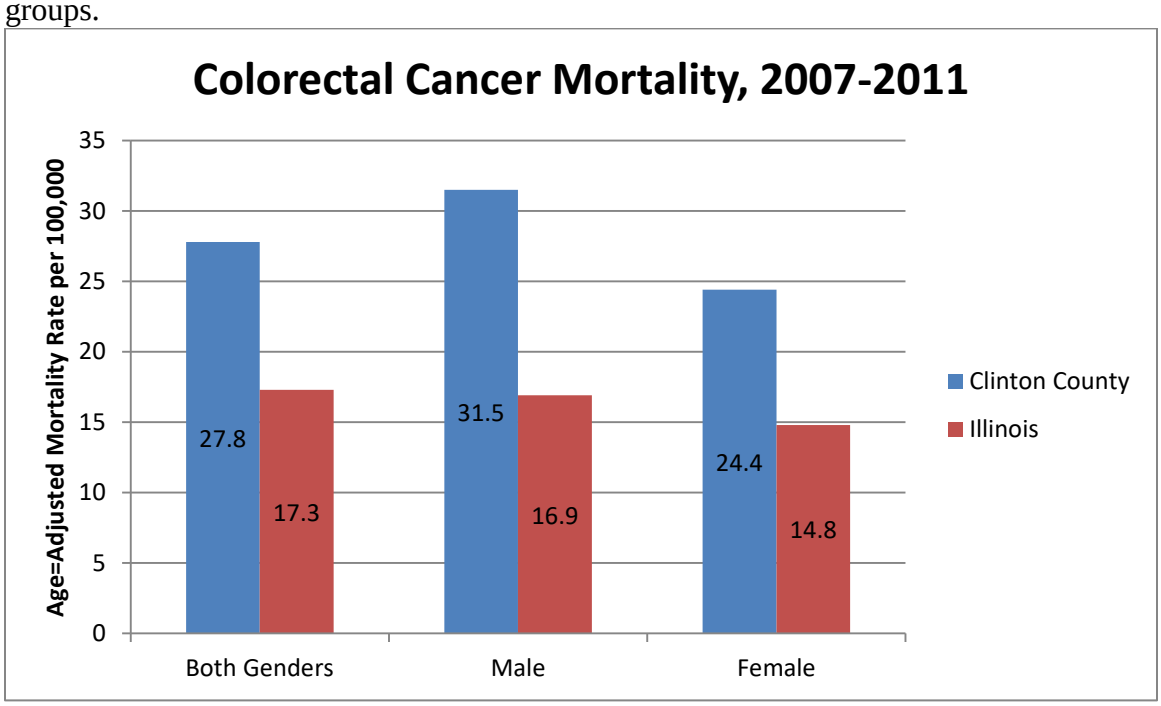
Lung cancer mortality rates in Clinton County did not differ significantly from the state rates.



Note: This indicator is compared with the state average. Data Source: Illinois State Cancer Registry. Source geography: County.

Colorectal Cancer Mortality

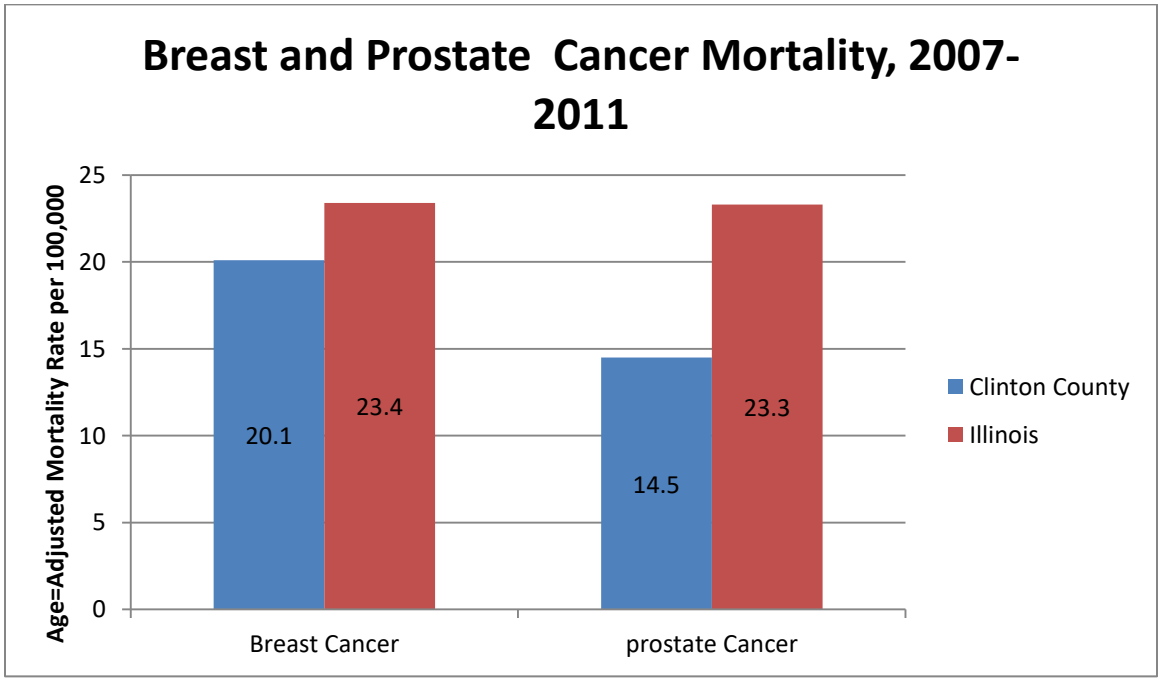
Colorectal cancer mortality is significantly elevated in Clinton County relative to the state rate for all groups.



Note: This indicator is compared with the state average. Data Source: Illinois State Cancer Registry. Source geography: County.

Breast and Prostate Cancer Mortality

The breast and prostate cancer mortality rates in Clinton County did not significantly differ from the state rate between 2007 and 2011.



Note: This indicator is compared with the state average. Data Source: Illinois State Cancer Registry. Source geography: County.

Environmental, Occupational and Injury Control

Seatbelt Use

Injury Control					
2011 Clinton County Round 5 Illinois BRFSS		Count	Col %	Confidence Interval %	Unweighted County
Risk for injury due to no seatbelt use	At risk	5,367	20.6%	13.2-30.6%	62
	Not at risk	20,744	79.4%	69.4-86.8%	421
Total		26,111	100%		483
2011 Clinton County Round 5 Illinois BRFSS. Unweighted counts of 5 or less do not meet standards of reliability.					

Accidents

	Number of Accidents	Rate per 100,000	Motor vehicle accidents	Rate per 100,000
Clinton County	18	49.2	10	28.0
Illinois	3,908	32.4	1,498	12.3

1999-2003 Illinois Department of Public Health Vital Statistics.

Suicide

	Number of Suicides	Rate per 100,000
Clinton County	4	12.9
Illinois	1,001	8.5

1999-2003 Illinois Department of Public Health Vital Statistics.

Suicide and Self-Inflicted Injury Mortality

The suicide and self-inflicted injury mortality rate in Clinton County did not significantly differ compared to the state rate.

	Age-Adjusted Rate per 100,000
Clinton County	8.2
Illinois	9.0

Note: This indicator is compared with the state average. Data Source: National Center for Health Statistics, 2007-2011 data. Source geography: County and Service Area.

Homicide

	Number of homicides	Rate per 100,000
Clinton County	1	*
Illinois	953	8.1

1999-2003 Illinois Department of Public Health Vital Statistics.

Environmental Factors

Population Exposed to Water Exceeding Limits

Zero percent of the population in Clinton County were potentially exposed to water that violated EPA limits.

	% of population potentially exposed to water exceeding a violation limit
Clinton County	0%
Illinois	3%

Note: This indicator is compared with the state average. Data Source: Safe Drinking Water Information System, FY2012-FY2013. Source geography: County.

Air Pollution-Particulate Matter

The average daily measure of fine particulate matter in Clinton County was in line with the state rate (12.5), 12.6 in Clinton County.

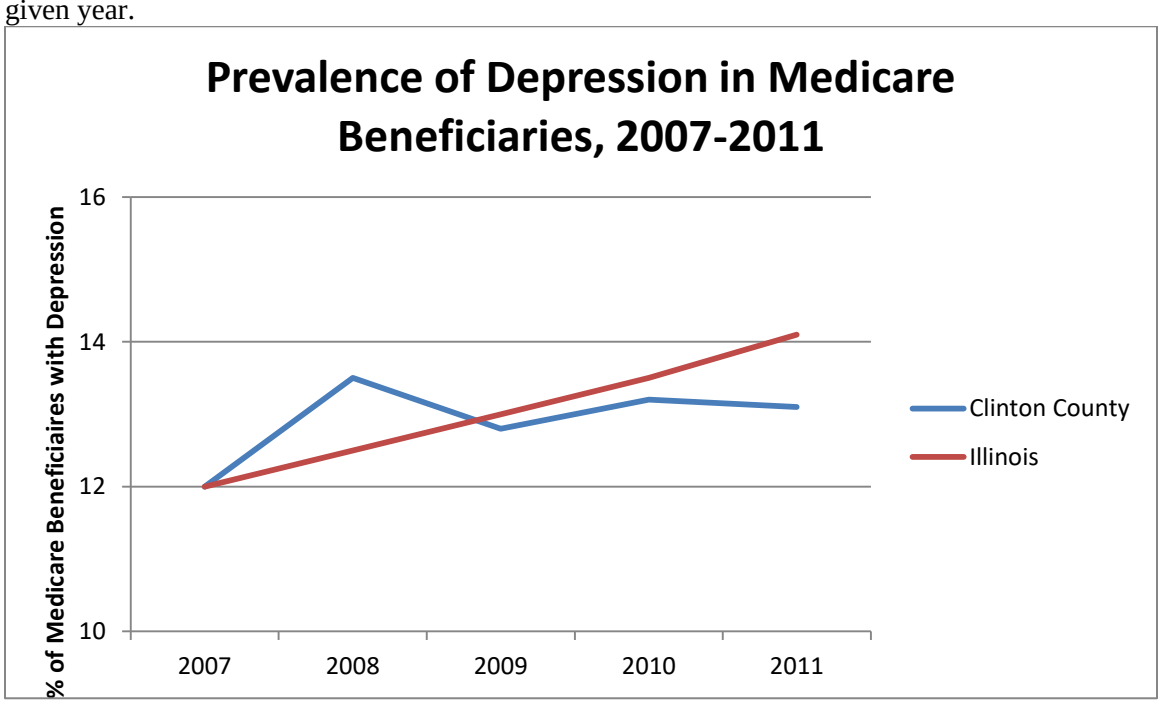
	Average Daily Measure of Fine Particulate Matter per Cubic Meter
Clinton County	12.6
Illinois	12.5

Note: This indicator is compared with the state average. Data Source: DC Wonder Environmental Data, 2011 data. Source geography: County.

Mental Health and Substance Use

Depression

The trend of depression among Medicare beneficiaries in Clinton County has varied over time. In 2011, Clinton County (13.1%) had a rate that was lower than the state rate (14.1%). The prevalence of depression is defined as the percentage of beneficiaries in a given county who had a claim for service and/or treatment for depression in a given year.



Note: This indicator is compared with the state average. Data Source: Medicare Geographic Variation Public Use Files. Source geography: County.

Mentally Unhealthy Days

The average number of mentally unhealthy days in the past month was lower in Clinton County compared to the state rate.

	Average Number of Mentally Unhealthy Days in the Past Month
Clinton County	2.1
Illinois	3.3

Note: This indicator is compared with the state average. Data Source: Behavioral Risk Factors Surveillance System, 2006-2012 data from the County Health Rankings. Source geography: County.

Excessive Drinking

The rate of excessive drinking in Clinton County is 23%, which is higher than the state rate of 20%. Excessive drinking was defined as “percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average”.

	% Excessive Drinking
Clinton County	23%
Illinois	20%

Note: This indicator is compared with the state average. Data Source: Behavioral Risk Factors Surveillance System, 2006-2012 data from the County Health Rankings. Source geography: County.

Maternal and Infant Health

Infant Mortality

There were too few deaths in Clinton County to calculate a stable rate. The state rate was 7.0 per 1,000 live births during this same time period. The state did not meet the Healthy People 2020 objective of an infant mortality rate of 6.0 per 1,000. Infant mortality is defined as the deaths prior to one year of age.

	Infant Mortality per 1,000 Live Births
Clinton County	**
Illinois	7.0

Note: This indicator is compared with the state average. Data Source: Health Indicators Warehouse, 2006-2010 data. Source geography: County.

Low Birthweight

The percentage of low birthweight births was 6.6% for Clinton County. The percentage statewide was 8.4%. With respect to the Healthy People 2020 objective of 7.8% of births having low birthweight, Clinton County had better rates.

	% of Live Births with Low Birthweight (<2,500 grams)
Clinton County	6.6%
Illinois	8.4%

Note: This indicator is compared with the state average. Data Source: National Center for Health Statistics, 2005-2011 data via the County Health Rankings. Source geography: County.

Births by Gestation Age

The proportion of babies born at full term in Clinton County was similar to the state rate.

	% of births <27 weeks	% of births 27-36 weeks	% of births >36 weeks
Clinton County	.7%	8.7%	90.5%
Illinois	.7%	9.8%	89.2%

Note: This indicator is compared with the state average. Data Source: Illinois Department of Public Health IQUERY system, 2008 data. Source geography: County.

Adverse Pregnancy Outcomes

The rate per 10,000 of babies born with adverse outcomes was 541.0 in Clinton County. The statewide rate was 554.2 per 10,000. Adverse outcomes include birth defects, very low birthweight, prenatal exposure to controlled substance, etc.

	Babies Born with Adverse Outcomes (per 10,000 births)
Clinton County	541.0
Illinois	554.2

Note: This indicator is compared with the state average. Data Source: Illinois Department of Public Health IQUERY System, 1999-2003 data. Source geography: County.

Infants Born to Mothers Who Smoke

A higher rate of infants was born to mothers who smoke in Clinton County compared to the state rate.

	Infants Born to Mothers who Smoke (Age-adjusted rate per 100,000)
Clinton County	227.4
Illinois	89.9

Note: This indicator is compared with the state average. Data Source: Illinois Department of Public Health IQUERY System, 2008 data. Source geography: County.

Prenatal Care

Clinton County had lower rates of mothers who received inadequate prenatal care compared to the state rate (106.4 per 100,000). Inadequate prenatal care was determined using a modified Kessner scale, which factors gestational age, trimester of prenatal care initiation and number of prenatal visits.

	Mothers Who Received Inadequate Prenatal Care (Age-Adjusted rate per 100,000)
Clinton County	43.8
Illinois	106.4

Note: This indicator is compared with the state average. Data Source: Illinois Department of Public Health IQUERY system, 2007 data. Source geography: County.

Teen Births

The teen birth rate per 1,000 females aged 15-19 was 28 in Clinton County. The statewide rate was 36 per 1,000.

	Births per 1,000 female population (15-19 years old)
Clinton County	28
Illinois	36

Note: This indicator is compared with the state average. Data Source: National Center for Health Statistics, 2005-2011 data via the County Health Rankings. Source geography: County.

Sexually Transmitted Diseases and Other Infectious Diseases

Sexually Transmitted Disease (STDs)

The sexually transmitted disease prevalence in Clinton County was lower than the state rate for all categories.

	HIV † (per 100,000)	Chlamydia ǂ (per 100,000)	Gonorrhea ǂ (per 100,000)	Primary/Secondary Syphilis ǂ (per 100,000)
Clinton County	217	197.6	26.3	2.6
Illinois	300	526.1	141.0	6.2

Note: This indicator is compared with the state average. Data Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. † 2010 data ‡ 2012 data**.** Source geography: County.

Tuberculosis

Of the 705 cases of tuberculosis identified in Illinois in 2011 and 2012, 0 cases were in Clinton County.

	Tuberculosis Cases
Clinton County	--
Illinois	705

Note: This indicator is compared with the state average. Data Source: Illinois Department of Public Health IQUERY system, 2011-2012 data. Source geography: County.

Built Environment

Food Environment Index

The food environment index in Clinton County was in line with the state level. This index weighs two indicators related to access to healthy food and food insecurity (access to a reliable source of food). This index is on a scale of 0 to 10 (best).

	Food Environment
Clinton County	9
Illinois	8

Note: This indicator is compared with the state average. Data Source: USDA Food Environment Atlas, 2010 data Source geography: County.

Access to Exercise Opportunities

Clinton County had notably less access to exercise opportunities than the state as a whole.

	% of Population with Adequate Access to Location for Physical Activities
Clinton County	47%
Illinois	86%

Note: This indicator is compared with the state average. Data Source: Source geography: C OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files, 2010 and 2012 data via the County Health Rankings. Source geography: County.

Establishments that Sell Liquor

Compared to the statewide density, there is a higher ratio of bars and drinking establishments per 100,000 people in Clinton County (68.9) than the state a whole (20.6). There was a smaller ratio of liquor stores, however, in Clinton County compared to the state.

Bars and Drinking

	Bars and Drinking Establishments per 100,000	Beer, Wine and Liquor Stores per 100,000
Clinton County	68.9	5.3
Illinois	20.6	10.3

Note: This indicator is compared with the state average. Data Source: 2012 County Business Patterns from the US Census Bureau. Source geography: County.

Establishments that Provide Accommodations or Food Service

There is a higher density of establishments that provide accommodations or food service per 100,000 people in Clinton County compared to the statewide density. This may be a proxy measure of burden on public health workers responsible for inspecting these establishments on adherence to health codes.

	Establishments per 100,000
Clinton County	254.2
Illinois	211.1

Note: This indicator is compared with the state average. Data Source: 2012 County Business Patterns from the US Census Bureau. Source geography: County.

Establishments with Video Poker

There is a higher density of video poker machines in Clinton County (84.7 per 100,000) compared to the state as a whole. There are 32 establishments that have video gaming in Clinton County.

	Establishments per 100,000
Clinton County	84.7
Illinois	36.1

Note: This indicator is compared with the state average. Data Source: Illinois Gaming Board, January to November 2014 data. Source geography: County.

Child and Adolescent Health Supplement

Demographics and Social Determinants of Health

Child and Family Population

In Clinton County, the proportion of the population under the age of 18 and the proportion of the households with their own children is similar to the state as a whole. However, the percentage of single parent households is smaller at 22% than the state rate (32%).

	Population Aged 0-17 (% of Total Population) †	Households with Own Children (% of Total households) ‡	Single Parents Households (% of Family Households) ‡
Clinton County	8,572 (22.7%)	4,302 (30.6%)	1,831 (22%)
Illinois	3,130,674 (24.4%)	1,447,856 (30.3%)	N/A (32%)

Note: This indicator is compared with the state average. Data Source: †US Census Bureau, Decennial Census 2010; ‡ American Community Survey, 2008-2012 data. Source geography: County.

Child Population by Race/Ethnicity

Children in Clinton County are racially/ethnically homogeneous compared to the state as a whole.

	White	African American	Asian	Other	Multi-Racial	Hispanic
Clinton County	94.7%	0.4%	0.1%	0.9%	3.9%	3.9%
Illinois	65.9%	16.6%	4.2%	8.8%	4.3%	23.1%
Rows will not be equal to 100% as Hispanic is considered an ethnicity while other categories are considered races.						

Therefore, individuals may be both white and Hispanic. Note: This indicator is compared with the state average. Data Source: †US Census Bureau, Decennial Census 2010; ‡ American Community Survey, 2008-2012 data. Source geography: County.

Children in Poverty

Clinton County had lower levels than the state of children below the poverty level, children who were food insecure and children eligible for free lunch than the state.

	% of Children Below 100% FPL †	% of Children Who Are Food Insecure ǂ	% of Children Eligible for Free Lunch¥
Clinton County	10.5%	17.8%	24%
Illinois	21%	21.6%	39%

Note: This indicator is compared with the state average. Data Source: † American Community Survey, 2008-2012 data; ‡ Feeding America, 2012 data; ¥ National Center for Education Statistics, 2011 data. Source geography: County.

Drug Use in Adolescents

Only eighth grade students completed the Illinois Youth Survey in 2014 in Clinton County.

Any Substance Use in the Past Year

Nearly one in three eighth grade students (31%) used any substance within the past year, lower than the state wide rate of 37.9%.

	6th Grade	8th Grade	10th Grade	12th Grade
Clinton County	13%	31%	N/A	N/A
Illinois	N/A	37.9%	56.8%	67.9%

Substances include alcohol, cigarettes, marijuana and inhalants. Note: This indicator is compared with the state average. Data Source: Illinois Youth Survey† 2014 data; ‡ 2012 data. Source geography: County.

Alcohol Use in Past Year

Nearly one in three eighth grade students (29%) used alcohol within the past year, lower than the state wide rate of 34.5%.

	6th Grade	8th Grade	10th Grade	12th Grade
Clinton County	11%	29%	N/A	N/A
Illinois	N/A	34.5%	51.9%	64.8%

Note: This indicator is compared with the state average. Data Source: Illinois Youth Survey† 2014 data; ‡ 2012 data. Source geography: County.

Cigarette Use in Past Year

Cigarette use in 8th grade students in Clinton County was slightly lower than the rate of usage statewide.

	6th Grade	8th Grade	10th Grade	12th Grade
Clinton County	1%	3%	N/A	N/A
Illinois	N/A	8.2%	14.3%	22.7%

Note: This indicator is compared with the state average. Data Source: Illinois Youth Survey† 2014 data; ‡ 2012 data. Source geography: County.

Inhalant Use in Past Year

Inhalant use in 8th grade students in Clinton County (3%) was slightly lower than the statewide rate (4.8%).

	6th Grade	8th Grade	10th Grade	12th Grade
Clinton County	1%	3%	N/A	N/A
Illinois	N/A	4.8%	2.7%	3.2%

Note: This indicator is compared with the state average. Data Source: Illinois Youth Survey† 2014 data; ‡ 2012 data. Source geography: County.

Marijuana Use in Past Year

The rate of marijuana use in Clinton County eighth grade students (6%) was notably lower than the state rate (13.4%).

	6th Grade	8th Grade	10th Grade	12th Grade
Clinton County	0%	6%	N/A	N/A
Illinois	N/A	13.4%	28.8%	38.5%

Note: This indicator is compared with the state average. Data Source: Illinois Youth Survey† 2014 data; ‡ 2012 data. Source geography: County.

Mental Health

Felt so Sad or Hopeless Almost Daily for 2+Weeks to the Extent that You Stopped Doing Some Usual Activities

Nearly one in three (31%) of Clinton County eighth grade students had sustained sadness or hopeless that affected their usual activities.

	8th Grade	10th Grade	12th Grade
Clinton County	31%	N/A	N/A
Illinois	28%	29%	25%

Note: This indicator is compared with the state average. Data Source: Illinois Youth Survey† 2014 data; ‡ 2012 data. Source geography: County.

Nutrition and Physical Activity

Overweight and Obesity in Young Children

The proportion of low income children in Clinton County who were obese was less than the state as a whole.

	Low Income Children Aged 2-4 (Overweight)	Low Income Children Aged 2-4 (Obese)
Clinton County	15.3%	11.5%
Illinois	15.6%	14.8%

Note: This indicator is compared with the state average. Data Source: 2011 Pediatric Nutrition Surveillance System. Source geography: County.

Overweight and Obesity in Adolescents

Of the grades measured in Clinton County, the proportion of children that were obese was less than the state rates.

	8th Grade Overweight	8th Grade Obesity	10th Grade Overweight	10th Grade Obesity	12th Grade Overweight	12th Grade Obesity
Clinton County	14%	7%	N/A	N/A	N/A	N/a
Illinois	15%	10%	17%	10%	14%	9%

Note: This indicator is compared with the state average. Data Source: Illinois Youth Survey† 2014 data; ‡ 2012 data. Source geography: County.

Fruit and Vegetable Consumption

The proportion of children who ate 4+ servings of fruits and veggies per day in the grades measured was less than the state rate.

	8TH Grade (4+ servings of fruit/day)	8th Grade (4+ services of veggies/day)	10th Grade (4+ servings of fruit/day)	10th Grade (4+ servings of veggies/day)	12th Grade (4+ servings of fruit/day)	12th Grade (4+ servings of veggies/day)
Clinton County	10%	8%	N/A	N/A	N/A	N/a
Illinois	15%	10%	11%	8%	10%	7%

Note: This indicator is compared with the state average. Data Source: Illinois Youth Survey† 2014 data; ‡ 2012 data. Source geography: County.

Abuse and Neglect

The rates of children abused and neglected or sexually abused were similar to the state rate.

	Abuse and Neglect per 1,000	Sexual Abuse per 1,000
Clinton County	29.9	2.7
Illinois	28.3	2.4

Note: This indicator is compared with the state average. Data Source: Illinois Department of Child and Family Services FY2012 Statistical Report. Source geography: County.

Growth and Anemic Factors

The rate of breastfeeding in Clinton County mimics the state rate. Clinton County has lower rates of anemia and short stature than the state.

	Ever Breastfed	Short Stature	Anemia
Clinton County	68.2%	4.7%	3.0%
Illinois	67.0%	7.0%	11.2%

Note: This indicator is compared with the state average. Data Source: 2011 Pediatric Nutrition Surveillance System. Source geography: County.

Physical and Social Household Exposures

Children in Clinton County had lower rates of TV viewing per day as compared to the state. Nearly half of children in Clinton County were exposed to smoking in the household, notably higher than the state rate.

	≤ hours of TV viewing a day	Smoking in Household
Clinton County	69.6%	49.3%
Illinois	73.9%	9.7%

Note: This indicator is compared with the state average. Data Source: 2011 Pediatric Nutrition Surveillance System. Source geography: County.

Demographics:

 The population in the service area increased 6.21% between 2000 and 2010.

 Clinton County is slightly older than the state as a whole. Forty-two percent of the population is over the age of 45. By comparison, 38.5% of the state's population as a whole is over the age of 45.

 A smaller proportion of Clinton County residents live in poverty (7.7%) than the state rate of 13.7%. Over one in five (22.2%) live below 200% of the poverty level compared to 30.8% statewide.

Additional Social Determinants of Health:

 A smaller percentage of residents in Clinton County (6.9%) are uninsured compared to the state rate (12.9%). More than a fourth of all St. Joseph's service area residents are publicly insured.

 The proportion of residents who are food insecure in Clinton County (9.8%) is lower than the state as a whole (14.2%).

 The violent crime rate in Clinton County (153 per 100,000) was lower than the state as a whole (457 per 100,000)

Access to Care:

 More than ninety percent of resident in Clinton County indicated they had a usual source of care, compared to 84.4% of residents statewide.

 Residents in Clinton County have less access to most types of medical providers, including primary care physicians, most specialists, mid-level providers, mental health professionals and dentists compared to the state as a whole. However, access to obstetricians/gynecologists mimicked the state rate.

Clinical Care:

 The rate of preventable hospital stays per 1,000 in Clinton County was 54 per 1,000, compared to the state rate of 73 per 1,000.

 Pneumonia was the most common reason for hospitalization due to acute conditions in Clinton County.

 Irregular heartbeat, congestive heart failure and arthritis were the top three reasons for hospitalization due to chronic conditions.

4

Behavioral Factors:

 Nearly 39 % of men in Clinton County were obese, notably higher than the state rate. The rate in women, 36.6%, was slightly above the state rate of 36.3%.

 The smoking rate in Macon County was 23.0% in 2012, higher than the state rate of 19.8%.

 The proportion of adults who ate 5 or more fruits and vegetables daily in Clinton County (12.8%) was lower than the state rate (22.6%).

 The proportion of adults who met or exceeded physical activity standards was higher than the state rate (34.9%) in Clinton County (59.8%).

Chronic Disease Prevalence and Mortality:

 In general, the prevalence of chronic disease in Clinton County closely followed the statewide rates. Over forty-four percent of Medicare beneficiaries had high cholesterol and 56.5% had hypertension.

 Chronic disease mortality rates did not significantly differ from the state rates.

Cancer Screening Adherence, Incidence, and Mortality:

 Cancer screening adherence in Clinton County was similar to the state rates for female-specific cancer screenings, but was higher compared to the state for colonoscopies and PSA screening.

 Colorectal cancer incidence was significantly higher than the state rate in Clinton County for both genders combined and for women specifically.

 Colorectal cancer mortality rates were elevated in men, women and both genders combined relative to the state rate.

Mental Health and Substance Use:

 The proportion of Medicare beneficiaries treated was 13.1% compared to the statewide rate of 14.1%.

 The mortality rate from suicide and self-inflicted injury in the area did not significantly differ from the state rate.

 The rate of excessive drinking was 23% compared to a state rate of 20%.

Maternal and Infant Health:

 Over 90% of babies were born at 36 weeks or greater of gestation.

 The rate of infants born to mothers who smoke was 227.4 per 100,000 compared to the statewide rate of 89.9 per 100,000.

 The rate of teen births in Clinton County was 28 per 1,000 compared to 36 per 1,000 in the state as a whole.

Sexually Transmitted Diseases and Other Infectious Diseases:

 The rates if HIV, chlamydia, gonorrhea and syphilis in Clinton County are notably lower than the state rate.

Environmental Factors:

 The percentage of the Clinton County population (0%) exposed to water exceeding the EPA violation limit was lower than the state percentage (3%).

5

Built Environment:

- Less than half of Clinton County residents (47%) had access to exercise opportunities, compared to 86% of residents statewide.
- There is a much higher density of bars and drinking establishments in Clinton County (68.9 per 100,000) than the state density (20.6 per 100,000).
- There are 254.2 establishments that provide accommodations or food service per 100,000 in Clinton County compared to 211.1 per 100,000 in the state as a whole.

Child and Adolescent Health Supplement:

- A lower percentage of family households were single parent households in Clinton County (22%) compared to the state rate (32%).
- Just over ten percent of children in Clinton County live in poverty, and nearly one in four (24%) are eligible for the free lunch program.
- Nearly a third (31%) of Clinton County eighth graders had used alcohol, cigarettes, inhalants or marijuana in the past year, compared to the state rate of 37.9%.
- More than one in four (26.8%) low income children aged 2 to 5 years of age were overweight or obese.
- The rates of abuse and neglect and sexual abuse in Clinton County (29.9 and 2.7 per 1,000, respectively) mimicked the state rates (28.3 and 2.4 per 1,000 respectively).
- Nearly half (49.3%) of children were exposed to smoking in the home.

Community Assessment

Purpose

The purpose of the community assessment was to assess the health needs of the community, identify community resources, and identify key partners to work together toward a common goal to reduce risk factors, reduce gaps in service and increase health status.

Process

The CCHD and St. Joseph Hospital brought together stakeholders and formed the Clinton County Health Improvement Coalition (CCHIC) in the spring of 2014. The CCHIC has consistently met every two months since that time. The CCHIC developed a community needs assessment and distributed that both online and online. Given the large Hispanic population, the CCHIC worked with a local parish that was able to translate the information to the Hispanic population to include their information. The University of Illinois in Springfield was contracted with to analyze the community needs assessment and do a comprehensive date review of available data sources. The results were presented to the CCHIC and they chose one priority to address as a coalition. The hospital chose three priorities to address as well as the CCHD selecting three priorities for its IPLAN.

A community needs assessment was conducted to determine the health needs of the community. This was conducted in collaboration with HSHS St. Joseph Hospital and the Clinton County Health Improvement Coalition (CCHIC). The survey was available in both paper and online format starting on January 22, 2015. The survey closed on February 14, 2015. Overall, 282 individuals completed the survey.

The majority of the respondents were female (76.8 percent) while 21.8 percent identified as male, which is consistent with online survey and opt-in survey methodologies in which females are more likely to participate. Less than five percent of survey respondents were 25 or younger, 34.3 percent were between the ages of 26 and 40, 23.9 percent were between the ages of 41 and 55. 23.9 percent were between the ages of 56 and 70, and 14.6 percent were 71 years old or older. Interestingly, 25.8 percent of the respondents identified as Hispanic/Latino. However, the CCHIC worked with the Catholic Church in a local community with a heavy Hispanic migrant population, a translator worked with Hispanic families to complete the survey. Below are the questions of the survey.

1. What is the one thing that you would do to improve the health of local residents?

2. Do any of the following prevent you from living a healthy lifestyle?
   - o Unsafe Neighborhoods
   - o Limited access to fresh fruits & vegetables
   - o Unavailable transportation
   - o Health insurance coverage
   - o Lack of motivation
   - o Lack of knowledge
   - o Limited access to exercise opportunities
   - o Limited access to services
   - o Unhealthy personal habits
   - o Unhealthy family customs and traditions
   - o Other, please specify: _____

3. Through demographic and health characteristic analysis, the following have been identified as possible priorities for the area. Please select 3 areas that you feel are the top priorities for Clinton County. In writing 1, 2, and 3 next to the selected areas, please only use each number once.

Item	Select Top 3 – Placing 1, 2, 3 Next to the Area
Addictive behaviors (alcohol, drugs, smoking, gambling, food)	
Affordability/Insurance Coverage (Dental/Medical)	
Cancer	
Cardiovascular Health (Heart disease, stroke, high blood pressure)	
Dementia (Alzheimer's, Parkinson's)	
Diabetes	
Health & Nutrition Education	
Improved access to Dental Health	
Improved access to Medical Care	
Improved access to Mental Health	
Overweight/Obesity	
Preventative Care (Screenings, primary care providers, immunizations)	
Medical Transportation (non-emergency)	
Women & Infant Health (Prenatal care, breastfeeding support, well-women care)	

4. Where would be the best place for you to receive health and wellness information & communications?

	Least Desired Place 1	2	3	4	Most Desired Place 5
Community Programs	○	○	○	○	○
Computer Programs & Video Learning Self-Paced	○	○	○	○	○
Employer Health Programs	○	○	○	○	○
Faith-Based Organization (Church)	○	○	○	○	○
Local radio station	○	○	○	○	○
Newspaper	○	○	○	○	○
Organization where you volunteer	○	○	○	○	○
Social Networks (i.e. Facebook, etc.)	○	○	○	○	○
Through Civic Organizations or Clubs	○	○	○	○	○

Please list other methods:

5. The following questions relate to transportation associated with non-emergency medical care.

A. Do you currently have a reliable source of transportation to access medical care?
    - Yes – Please skip to question 6
    - No – Please continue answering questions 5.B. through 5.G.

B. Have you or a member of your family ever missed a medical appointment in the past 12 months due to lack of transportation?
    - Yes
    - No

C. Are you familiar with public transportation services available in Clinton County?
    - Yes
    - No

D. In the past 12 months, have you or a member of your family used public transportation services to go to a medical appointment?
    - Yes
    - No

    If yes, number of times
    - 1 – 3 times
    - 4 – 7 times
    - 8 or more times

E. Have you or a member of your household not obtained medical services due to the lack of transportation?
    - Yes
    - No

F. If yes, please indicate the reasons that transportation was not available. Check all that apply.
    - Do not have my own personal vehicle
    - Family & Friends not available
    - Not familiar with public transportation schedules and rates
    - Public transportation not available in my area
    - Public transportation was not available at the time of my appointment
    - Cost of transportation
    - Other _____

G. Thinking about the health of yourself and those that live in your household, how much of an effect does the lack of transportation have on your access to medical care?
    - None
    - Some
    - Quite a Bit
    - An Extreme Amount
    - All

6. Are there any other health needs that we should consider as a priority in the region?

○ Yes ○ No

If yes, please describe

7. Do all residents perceive that they – individually and collectively – can make the community a better place to live?
   - Yes
   - No

8. Is there anything else you would like to share with us about the community health needs?

General Information – For Analysis Purposes Only

This information will not be used to identify you as a participant. The information is important to ensure that we have data that represents all members of the community.

9. What is your household zip code? _____

10. Please identify your gender:
    - Male
    - Female
    - Other, please specify: _____
    - Prefer not to say

11. What year were you born? (4-digit year) _____

12. Are you Hispanic/Latino(a)?
    - Yes
    - No

13. What is your race?
    - White
    - African-American/Black
    - Asian/Pacific-Islander
    - Native American
    - Other, specify: _____

14. Highest level of education you have completed;

- Less than high school
- High school diploma or equivalent
- Trade or technical school beyond high school
- Some college
- 4-year college degree
- More than 4-year degree

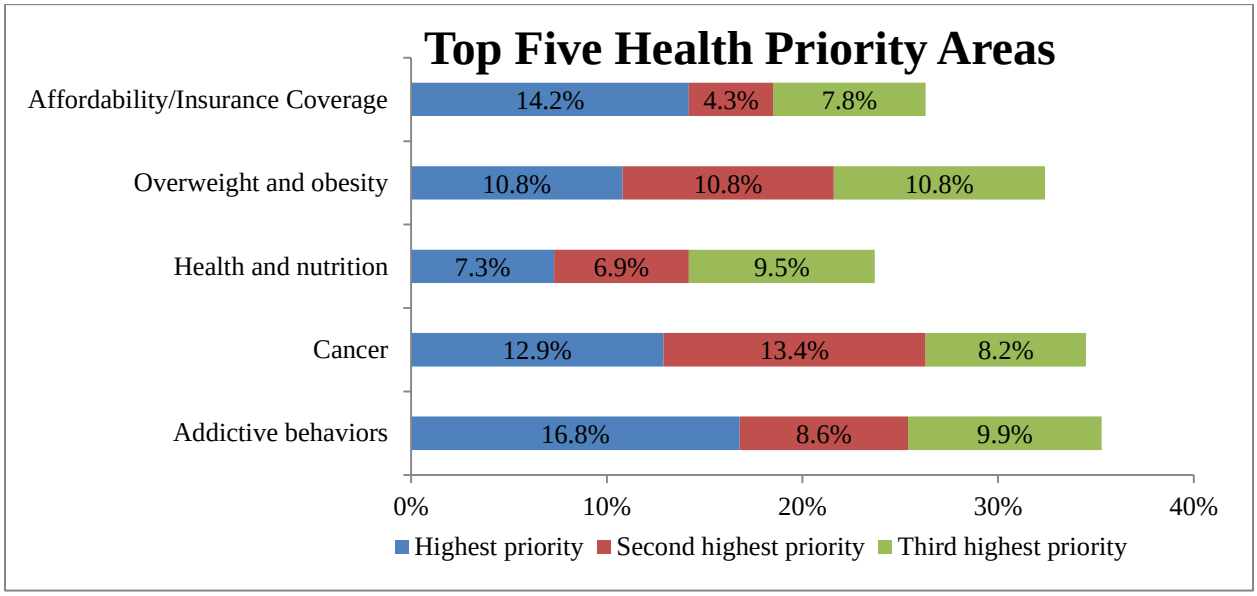
15. What is your disability status
    - Do not have a disability
    - Have a disability
16. What is your approximate household annual earned income before taxes:
    - Less than $20,000
    - $20,000 - $40,000
    - $40,001 - $60,000
    - $60,000-$80,000
    - $80,001 - $100,000
    - More than $100,000
    - Retired
    - Prefer not to say

17. Do you have access to the Internet at your home or at work?
    - Yes
    - No
18. How many children under the age of 18 are currently living in your household?
    - None
    - 1
    - 2
    - 3
    - 4
    - More than 4

Results

One of the key findings of the 2015 Community Health Needs Assessment survey was the emphasis that community members placed on personal lifestyle choices and the role that they play in community health. When asked about the items that prevent individuals from living a healthy lifestyle nearly one-fourth of respondents reported that it was a "lack of motivation." In addition, 20.2 percent report that "unhealthy personal habits" are what prevent them from living a healthy lifestyle.

This is further emphasized when respondents were asked to rank a list of health priority areas in terms of the "highest priority," the "second highest priority," the "third highest priority," or "not a top three priority." The items that received the largest number of respondents reporting that it was a top three priority area were addictive behaviors, cancer, overweight and obesity, and health and nutrition, and affordability/insurance coverage. As seen in the figure below, three of the top five health priority areas deal with personal lifestyle choices: overweight/obesity, health and nutrition, and addictive behaviors.



What is the one thing you would do to improve the health of local residents?

a smoking cessation program

Access to affordable, healthy food
Access to better pricing in medical care.(Labs & X-ray)
Access to completive prices for X-ray & lab work
Access to transportation and health and dental services according to my income of $1000.00 monthly
addictions
address the culture of binge drinking
Ask neighbors to go with you - we all need to get out of the house. We need places to go to.
Ban all outside burning
ban smoking
Be more clean
Better exercise facilities (less expensive)
Break the stigma of mental health--not even mental ILLNESS--just good mental health.
bring more choice of specialists to the Specialty Clinic
build a heated swimming pool next to the HealthPlex to accommodate seniors conveniently
Build an indoor swimming pool at the HealthPlex/YMCA for year-round exercise.
Cancer-Dental health
Close schools and public places when influenza breakouts occur
culture of tolerance of alcohol abuse
Decrease alcohol intake
Decrease alcohol intake.
Decrease the cost of healthcare. People should not have to decide between health care and going bankrupt.
decrease the prevalence of alcohol/culture of acceptance
Dental
DESIGNATED WALKING TRAIL AROUND THE CITY OF BREESE!
diabetes
diabetes
Diet Learning Sessions
Disability options--
Drinking too much; must be looked into. Drunks cause many problems.
early cancer detection
Early detection and screenings for cancer.
Easier access to fit and healthy choices counseling.
eat a healthy diet
Eat Healthy
eating healthier
educate
educate on importance of exercise
Educate them on means of prevention

education
Education on the importance of eating healthy and exercising
Encourage adults to exercise more, eat healthier foods, and drink less.
Encourage friends to exercise more with friends. More fun with a partner
Encourage people to eat healthier foods.
Examine alcohol and drug use
Exercise
Exercise Program
Find a cure for all cancers
fitness centers in the area
Focus on healthy diet
Free dental care, and vision coverage
Free health and wellness educational classes and activities.
free mental health care for children
Free seminars and work out sessions
Get new president
Get rid of alcohol
Get rid of Obama Care
Give them accurate health related information
Have a community center that has numerous options, is costs conscious, and accessible for all individuals to engage in fun and healthy physical activity. I know that the Healthplex is now a Y, but it does not feel like a Y in the fact that it does not eel are and inviting and have things for people of all ages to do every day--think swimming, basketball and racquetball courts, indoor track, activities and events for kids and adults all days of the week, etc. This must be affordable. Costs are very expensive currently. If costs were low, then there would be more people using the facilities. In addition, there needs to be facilities accessible to all areas of the county.
have a doctor that can make house calls to the elderly when they are unable to leave their homes
have a town biggest loser
have doctors who listen and talk WITH the patient instead of simply talking with the computer
have more clean environment
Have more places like the health plea is different towns I would like to have one in My home town Carlyle.
Have the Farmer's Market in Carlyle open more Spring & Fall not Just SUMMER
Have workout classes at convenient times and accessible to walk-ins
healthier food options
healthy
Healthy eating
healthy eating and exercise

Healthy eating options
Healthy food options at super markets and restaurants
Help for cancer and mammograms
I believe the county needs a Community Recreation/Health Education Center. Such a facility could offer a variety of indoor exercise activities, organized sports leagues, exercise classes, indoor swimming, youth programs, nutrition classes and much more.
I don't know, feed them
Improve nutrition and access to physical activity
Increase exercise
Increase nutrition education and facility availability for all regardless of income to participate in exercise and increase physical activity.
Information on who takes state insurance program and pediatrician
limit the number of prescription medications a person can take
lower cost
Lower cost
make exercising free
Make sure they get checkups and do not put off treatment
Making it easier to have access to healthier foods and gyms that are open 24/7
monitor meds more closely a lot of people are on to many meds
more educational workshops/seminars
More exercise places and free seminars
More Medical Information
More places to exercise with reasonable rates
more specialty doctors
more trainings/awareness of health risks
more wellness programs
morning walks, same time every day, same meeting place
New park where residents can exercise
Obesity
Offer cooking classes that focus on healthy cooking
Offer daycare at the HealthPlex to allow for more residents to use the facility.
Place to work
Proactive medicine, instead of prescribing medication.
Promote fresh vegetables, fruits, and salmon. Less grains which cause inflammation, arthritis, etc. We have too much fried food including all the benefits of fried chicken. How do we start to change that thought pattern?
Promote nutrition
Provide free educational opportunities
Provide less expensive opportunities for exercise programs.
Provide more early education in the schools regarding health sense.

Provide more information to them on how to live a healthy life.
Provide more sidewalks and walking trails
Provide or partner with some other organization for days out for seniors and others
provide wellness care through counselors, coaches, nutritionists, etc. to collected groups of citizens with similar propensities directing them to the community resources
Put more stress on weight loss. More reminders may make people more conscious of it.
Reduce alcohol consumption
Reduce Obesity
Require that each new subdivision being built provide park space with walking track and equipment for children to play on and adults to use for exercise (like our walking track next to the hospital)
STAYING ACTICE
Stroke awareness
Transportation
Teach children in every grade every year about nutrition and exercise, etc. and provide healthy lunches that taste good.
teach the young how to cook
That they exercise more
The cost of medication for older and low income people.
The picture of our area and other places is that the economy has a lot to do with a person's health, a decent income, contribute to a better life, better health, a better home and a better community. Our health care is pretty well available to all but not always affordable, keeping body maintenance to a minimum. Our area is lacking the need for mental health care, young, middle age, and elderly seem to have nowhere to turn when they feel stressed, worthless even suicidal. But there again economy plays a role in that.
too many overweight people - young and old
transportation
Transportation
transportation, pre-natal, cancer, diabetes, & blood pressure
Try to emphasis the importance of a healthy lifestyle....Exercise, healthy meals. Childhood obesity needs to be addressed as well.
Vaccination clinics!!!
Weight at healthy levels
weight loss, drink less

Do any of the following prevent you from living a healthy lifestyle?

	Valid percent(*n*)
Lack of motivation	22.3% (63)
Unhealthy personal habits	20.2% (57)
Limited access to exercise opportunities	19.5% (55)
Health insurance coverage	17.7% (50)
Limited access to fresh fruits and vegetables	12.1% (34)
Unhealthy family customs and traditions	11.3% (32)
Unavailable transportation	8.9% (25)
Lack of knowledge	8.2% (23)
Limited access to services	7.4% (21)
Unsafe neighborhood	7.0% (2)
Other	7.4% (21)

Through demographic and health characteristics analysis, the following have been identified as possible priorities for the area. Please identify whether you think the following are the highest priority, second highest priority, or third highest priority.

Addictive behaviors (alcohol, drugs, smoking, gambling, food)

	Valid percent(*n*)
Highest priority (1)	16.8% (39)
Second highest priority (2)	8.6% (20)
Third highest priority (3)	9.9% (23)
Not a top three priority	64.7% (150)

Affordability/Insurance Coverage (Dental/Medical)

	Valid percent(*n*)
Highest priority (1)	14.2% (33)
Second highest priority (2)	4.3% (10)
Third highest priority (3)	7.8% (18)
Not a top three priority	73.7% (171)

Cancer

	Valid percent(*n*)
Highest priority (1)	12.9% (3)
Second highest priority (2)	13.4% (31)
Third highest priority (3)	8.2% (19)
Not a top three priority	65.5% (152)

Cardiovascular Health (Heart disease, stroke, high blood pressure)

	Valid percent(*n*)
Highest priority (1)	5.2% (12)
Second highest priority (2)	9.1% (21)
Third highest priority (3)	9.1% (21)
Not a top three priority	76.7% (178)

Dementia (Alzheimer's, Parkinson's)

	Valid percent(*n*)
Highest priority (1)	2.2% (5)
Second highest priority (2)	3.4% (8)
Third highest priority (3)	3.0% (7)
Not a top three priority	91.4% (212)

Diabetes

	Valid percent(*n*)
Highest priority (1)	2.6% (6)
Second highest priority (2)	6.9% (16)
Third highest priority (3)	4.3% (10)
Not a top three priority	86.2% (200)

Health & Nutrition Education

	Valid percent(*n*)
Highest priority (1)	7.3% (17)
Second highest priority (2)	6.9% (16)
Third highest priority (3)	4.3% (10)
Not a top three priority	86.2% (200)

Improved access to Dental Health

	Valid percent(*n*)
Highest priority (1)	1.3% (3)
Second highest priority (2)	4.3% (10)
Third highest priority (3)	3.4% (8)
Not a top three priority	90.9% (211)

Improved access to Medical Care

	Valid percent(*n*)
Highest priority (1)	0.9% (2)
Second highest priority (2)	3.9% (9)
Third highest priority (3)	0.9% (2)
Not a top three priority	94.4% (219)

Improved access to Mental Health

	Valid percent(*n*)
Highest priority (1)	3.4% (8)
Second highest priority (2)	3.4% (8)
Third highest priority (3)	1.7% (4)
Not a top three priority	91.4% (212)

Overweight/Obesity

	Valid percent(*n*)
Highest priority (1)	10.8% (25)
Second highest priority (2)	10.8% (25)
Third highest priority (3)	10.8% (25)
Not a top three priority	67.7% (157)

Preventive Care (Screenings, primary care providers, immunizations)

	Valid percent(*n*)
Highest priority (1)	3.4% (8)
Second highest priority (2)	3.9% (9)
Third highest priority (3)	6.5% (15)
Not a top three priority	86.2% (200)

Medical Transportation (non-emergency)

	Valid percent(*n*)
Highest priority (1)	3.0% (7)
Second highest priority (2)	3.4% (8)
Third highest priority (3)	6.0% (14)
Not a top three priority	87.% (203)

Women & Infant Health (Prenatal care, breastfeeding support, well-women care)

	Valid percent(*n*)
Highest priority (1)	1.7% (4)
Second highest priority (2)	1.3% (3)
Third highest priority (3)	0.9% (2)

Not a top three priority	96.1% (223)

Where would be the best place for you to receive health and wellness information and communications? Please identify on a scale from 1 to 5 where 1 indicates Least Desired Place and 5 indicates Most Desired Place.

Community programs

	Valid percent(*n*)
Least desired place	10.1% (19)
2	8.0% (15)
3	23.9% (45)
4	28.2% (53)
Most desired place	29.8% (56)

Computer Programs & Video Learning Self-Paced

	Valid percent(*n*)
Least desired place	17.0% (31)
2	15.4% (28)
3	16.5% (30)
4	26.9% (49)
Most desired place	24.2% (44)

Employer Health Programs

	Valid percent(*n*)
Least desired place	22.0% (39)
2	7.9% (14)
3	19.8% (35)
4	24.9% (44)
Most desired place	25.4% (45)

Faith-Based Organization (Church)

	Valid percent(*n*)
Least desired place	19.7% (36)
2	13.7% (25)
3	26.2% (48)
4	21.3% (39)
Most desired place	19.1% (35)

Local radio station

	Valid percent(*n*)

Least desired place	35.6% (67)
2	18.6% (35)
3	19.1% (36)
4	14.4% (27)
Most desired place	12.2% (23)

Newspaper

	Valid percent(*n*)
Least desired place	21.8% (42)
2	12.4% (24)
3	24.4% (47)
4	20.7% (40)
Most desired place	20.7% (40)

Organization where you volunteer

	Valid percent(*n*)
Least desired place	32.8% (59)
2	11.1% (20)
3	27.2% (49)
4	18.3% (33)
Most desired place	10.6% (19)

Social Networks (i.e. Facebook, etc.)

	Valid percent(*n*)
Least desired place	27.0% (50)
2	9.7% (18)
3	15.1% (28)
4	22.2% (41)
Most desired place	25.9% (48)

Through Civic Organizations or Clubs

	Valid percent(*n*)
Least desired place	26.9% (49)
2	10.4% (19)
3	24.7% (45)
4	25.3% (46)
Most desired place	12.6% (23)

Please list other methods:

	Valid percent(*n*)

Least desired place	27.3% (4)
2	0% (0)
3	18.2% (2)
4	9.1% (1)
Most desired place	45.5% (5)

The following questions deal with transportation associated with non-emergency medical care.

Do you currently have a reliable source of personal transportation to access medical care?

	Valid percent(*n)*
Yes	88.8% (207)
No	11.2% (26)

Have you or a member of your family missed a medical appointment in past 12 months due to lack of transportation?

	Valid percent(*n)*
Yes	48.0% (12)
No	52.0% (13)

Are you familiar with public transportation services available in Clinton County?

	Valid percent(*n)*
Yes	40.9% (9)
No	59.1% (13)

In the past 12 months, have you or a member of your family used public transportation services to go to medical appointment?

	Valid percent(*n*)
Yes	23.1% (6)
No	76.9% (20)

If Yes, How many times?

	Valid percent(*n*)
1-3 times	25.0% (1)
4-7 times	0% (3)
9 or more times	75.0% (4)

Have you or a member of your household not obtained medical services due to the lack of transportation?

	Valid percent(*n*)
Yes	44.0% (11)

No	56.0% (14)

If yes, please indicate the reasons that transportation was not available?

	Number of responses
Do not have my own personal vehicle	4
Family & Friends are not available	5
Not familiar with public transportation schedules and rates	2
Public transportation not available in my area	4
Public transportation was not available at the time of my appointment	1
Cost of transportation	1
Other, please specify:	2

Other: Issues with Molina and not sorted out transportation; Want my family

Thinking about the health of yourself and those that live in your household, how much of an effect does the lack of transportation have on your access to medical care?

	Valid percent(*n*)
No effect	21.7% (5)
Not much of an effect	4.3% (1)
A small effect	39.1% (9)
A significant effect	34.8% (8)

Are there any other health needs that you believe we should consider as a priority in the region?

	Valid percent(*n*)
Yes	33.0% (63)
No	67.0% (128)

If yes, please provide a brief description.

affordable insurance that will cover dental and vision
Addiction counseling/drug rehab services.
Affordable counseling sessions for individuals and families
An endocrinologist that comes to the specialty clinic.
Attention to autism; Alcohol, drugs are main addictive behaviors
back disc
Because are really urgent
better run as programs
cardiovascular, diabetes, drug abuse including alcohol abuse
choice of specialists e.g. one Gastroenterology group who makes you go to St. Louis for some surgery

Clean food access
clear water
competitive pricing-local do not like to travel in large cities
Dental Care for kids
Dental care for low income people
Dental insurance is very expensive, almost impossible to afford, or how can I take care
Diabetes
full body scans at age 60
Have classes on keeping your blood pressure down
healthy eating
Horse therapy for special need children (Autism and Down Syndrome)
In my case my wife doesn't have health coverage-that's why she is limited to have health care.
Lack of access to care
Lose Weight
Lots of diabetes! perhaps talks to younger students by those who have diabetes and tell them what it is like and what they should lookout for in drinks and food--too much sugars--ready labels on products and what it means for your life health weight
Mental Health Awareness and access to Mental Health Professionals and Services
Mental health for adults with disabilities
Mental Health is a huge need-- there are not enough providers or access to providers. Since we are such a rural area, it would be a great opportunity for those who have mental health needs and who cannot reach services due to transportation to be services y a provider who can do home based services. In addition, there needs to be lots more education on mental health to all individuals within the community, from youngest to the oldest. Currently the community has the perception that you are weak if you have mental illness or if you seek help with mental illness or the remembers brush aside the mental health issues as dustbin sad, just being a kid/teenager, just going through a life crisis, just seeking attention, etc. Personally, I have had multiple friends who have harmed themselves, attempted suicide, or have talked about it, however whenever approach school counselors, community member, parents, etc. they are brushed aside. Whenever I started looking into getting help for myself with mental health, there are almost no options and the stigma I received from asking a family member for help in accessing mental health services was that there is nothing wrong with me and I don’t need help. In the local community agency I work for, I see so many families that could benefit from access to mental health professionals.
mental health issues
Mental health supports for persons with intellectual disabilities.
Mental healthcare

More Doctors. Obamacare causing money crisis to many; unless you don't work it is costing much more.
more education at hospital, health dept. and schools about our high rate of STDs and HIV
more interpretations
more interpreters
more things for older adults to do in each town
MRSA , VRE prevention and transmission
Nutrition for the elderly. Programs to be sure they can pay for medication, heating, essentials.
Obesity - I used to be overweight
Preventative Care
Pricing on Labs & X-rays are ridiculous! Billing department is for the BIRDS!
proactive care, taking care of the bodies we have thru diet and exercise rather than prescribe a pill to "fix" a problem
Senior exercise programs for free in Carlyle
Sense of community
Since we live in an agricultural community, I am concerned about pesticides which may be in our water supply from farmers spraying their fields. An at-home test kit would be helpful.
Stress, Sleep Hygiene
that not everybody has the same opportunity that other people has, that's why they have health problems
The connection between Ski soda and cancer.
The high rate of cancer in our area
transportation besides ems for returns from er back to home

Transportation for elderly population for medical appointments

Vision Care
walking trails at the parks. adult soccer league at the new park.

we need a little help with the payment for appointments
We need access to healthier food options and a LARGER DIVERSITY IN PRODUCE OPTIONS. A local health food store, like Trader Joes or Whole Foods would be highly desirable!
We need more interpreters in the area, for doctors or dentist appointments

Do all residents perceive that they- individual and collectively- can make the community a better place to live?

	Valid percent(*n*)
Yes	69.7% (145)

No	30.3% (63)

Is there anything else you would like to share with us today about community health needs?

I think doctors should show more evidence of hand sanitation between patients. It is probably out of your control but very seldom seen.

look at the charges for tests . they are not affordable for many elderly or those with high deductibles on insurance. Need to look elsewhere and price compare. change procedure for Out Patient surgery. At standalone clinics such as Dr. Ahmerin Fairview Hts., scheduled for surgery - go directly to surgery. less cost to the patient.

A lot of therapy for needy people or the ones to require it the most.

Drugs-drinking those recovered from addictions could or should talk to kids at a young age-on meth, opium ,etc.

education on preventative things like, health, screenings, information. More elderly exercise classes, places, or projects for them to do - well-being things.

Elderly population have needs for assistance which are met in larger urban areas. Effects of consuming alcohol is still being ignored.

Hard to answer last question. how dk I know what others are thinking.

Have more activities for grown up and kids to show us and them the best of being as a family and groups.

I believe the ladies at SOGA are the best around. They have done amazing job gaining not only my trust and support but that of my friends as well.

I have found it extremely difficult to locate information and help when dealing with a mental health emergency. I feel that the stigma of mental health needs to be addressed at the school level and perhaps through community sources. We need a center tht is closer than Centralia to see a Psychiatrist and counselors... The office in Carlyle is wonderful, however, you have lost some extremely good employees there in the last year.

I think Clinton Co has lots to offer, including the programs at S. Joe and the HealthPlex. Perhaps teaming with the Corps of Engineers and Public Health and the City of Carlyle to enhance participation in activities at the Lake would provide additional opportunities for healthy living. And, a pool in Breese to accommodate seniors with the effects of aging a more convenient opportunity for gentler exercise, especially in winter months would be greatly appreciated. Centralia Rec Center and Apex in Highland both require a lot of road time. Thank you for asking.

I would like to see local government officials take the lead and lend their voice to creating healthy options for the community.

If the government would get out of our lives and quit trying to tell us what we need and quit passing legislation to tell us how to live, we would all be better off.

If we could promote healthy eating and exercise habits, there wouldn't be as much as a need for heart surgery, diabetes issues, depression, pharmaceuticals, etc. The food we eat is so important and most of what is offered in restaurants in our county is not good food for us; too much sugar, corn, wheat causing inflammation in our bodies causing stress, arthritis, heart attacks, strokes, etc.

In working with children, I'm excited to see all the opportunities that have opened up to our children in the community. However, they are only "available" to those that can afford them, and many children who can't are the ones that can benefit greatly. I would be nice to see a scholarship program, or sliding scale fees for those.

It would be helpful if local restaurants and fast food establishments would offer healthier food choices. They have a few healthy options but don't seem to offer new, trendy items using more vegetables and meatless sandwiches and dishes.

Lack of information about medical insurance available

Many people do not know how to cook healthy or will not try it as they think it will not taste good.

Mental health again, just reiterating from above that there is a huge need for it, however due to lack of education and stigma as well as due to lack of resources here almost everyone I know personally or through work who would benefit from services do not have access (there are a handful who do have access, but it is grossly outnumbered by those who need and have not received services. Dental care for children and adults on the medical card is (almost?) nonexistent. Due to costs, families cannot go to local dentists, thus many have to drive far to receive services. Due to transportation issues, some families are not able to receive any services.

More awareness of Alzheimer's, its disease process, and how to be a more friendly community when it comes to dealing with those with Alzheimer's.

My understanding is that most ambulance services are not covered by insurance. I think we need to do something to change this. This is a huge expense for people that have to use an ambulance to be moved from one hospital to another.

Need mental health professionals-psychiatrists, psychologists, counselors, & social workers.

Need to reach 'high risk' individuals

No

NO

No. I am interested in the survey results. Will you please post it in the future?

Nothing

perhaps more effort to get people to see the benefit of change effected by diet and exercise and to make it easier for them to do and provide incentives for accomplishing certain goals. I also note that occasionally I have thought hospital personnel are not necessarily good examples of preventive medicine obesity/smoking by staff.

Seems like high rates of cancer here, has studies been done on the farm grounds, fertilization, etc.
Seniors need to get out more to interact with others. some organization or agency needs to use these seniors for volunteering or very low pay positions. Maybe $2 or $3 per day. Just something to get them off the couch and get them active. Lots of problems due to inactivity.
severe lack of resources for mental health patients.
Since your billing has changed over in the last year I have heard complaint after complaint in the community. HSHS desperately needs to change for the better on billing and prices on lab & X-rays in a rural area or on this community needs to bring in a competition.
Medical Services, Doctors, & Nursing are Fabulous!!
Some don't go to the hospital, because they think that will be very expensive the consolation
Some restaurants could include healthy food choices and smaller portions. Some restaurants are good but some only have fatty meats and fried foods and some in portions larger than I can eat.
Teaching the children about healthy living. Start them young and they will have a habit for life.
Thanks for thinking on the Hispanic Community
The Health Fairs sponsored by St. Joseph's Hospital- Breese in the surrounding towns is a great way to encourage citizens to be aware of their health.
The Hospital in Breese is very competent and has all the technology
The local ER is ran very well. Excellent experience recently.
The overall acceptance of alcohol abuse and underage drinking with in the county is pretty sad.
The programs are available. There are lots of opportunities for people to improve their health. Motivation is the problem! How do you get people off their couch? Encourage good health from the time the infant is in the womb. Then follow up with them in the schools. If good habits can be developed from young on, then we have a chance!
The state of Illinois lacks in offering services for adults with disabilities and addressing the mental health issues. Lack of resources available(hospitals, doctors, emergency placement when an individual is in crisis, behavior management)

The youth (primarily teenagers) of the county do not have enough recreational options outside of organized sports. Again, I would love to have access to an affordable community Rec Center that offered weekend events for teenagers such as dance parties, swimming party, obstacle course competition, etc. The Rec Center could have a rock climbing wall, gymnastics equipment, a kitchen for cooking classes, expansive outdoor or indoor playground equipment, community garden for gardening and nutrition s and a dance studio for swing dance, Zumba or yoga classes in addition to exercise equipment room. I have small children, so children's activities/day care for them while I work out would be wonderful, otherwise I probably would not go very often. Perhaps the Recreation/Health Center could have a Health Food Store, Juice Bar or Vitamin Store incorporated into the building design. Perhaps the County Health Dept. could be adjoined to the building also? Perhaps the building could be located near Carlyle Lake for additional access to the Lake's hiking and biking trails.

There are a lot of wonderful documentaries available about health and wellness. It might be nice to have movie nights with a speaker available after, and healthy snacks and water for guests to mingle and discuss afterward. Might also be good to do health and wellness classes at nursing homes and assisted living centers.

There is a general sense of community and it is important to build on this strength of the community to make change

Think St Joe's does a great community outreach program with health fairs etc. Look forward to better health options closer to home when facilities in New Baden are completed.

To more access to health insurance "AFFORDABLE"

Too many people in the community are too worried about what other people are doing, maybe some community education on respecting your neighbor.

Ultimately the high cost of health care is what keeps people from maintaining their health. All people should have the right to health care.

We have plenty of work out places, a great hospital, good doctors and now even off site medical places for people in need of a medical problem to be resolved by early morning, late hrs and weekends, with the opening of the urgent care sites. Our area could be a place for people of all ages to go when they are depressed, at their wits end with life, and suicidal.

We need information about places to get help like Alcoholic Anonymous, help for the young people with depression for the young ones that are by themselves with no family in the area.

Would like to see more information shared, on the blood composite drawn at the local health fairs.

yes we need health care in our community

The last set of questions is for analysis purposes only. This information will not be used to identify you as a participant. The information is important to ensure that we have data that represents all members of the community.

What is your household zip code?

	Valid percent(*n*)
62215	8.6% (20)
62216	6.5% (15)
62218	5.6% (13)
62219	3.9% (9)
62220	0.4% (1)
62230	26.75 (62)
62231	12.9% (30)
62245	6.9% (16)
62246	0.4% (1)
62249	1.3% (3)
62255	0.4% (1)
62258	1.7% (4)
62262	0.4% (1)
62265	3.4% (8)
62266	0.9% (2)
62272	0.4% (1)
62274	0.4% (1)
62293	8.2% (19)
62801	2.2% (5)
62849	0.4% (1)
62881	0.9% (2)

Please identify your gender:

	Valid percent(*n*)
Male	21.8% (48)
Female	76.8% (169)
Other, please specify	0.5% (1)
Prefer not to say	0.9% (2)

Age of respondent

	Valid percent(*n*)

25 or younger	3.3% (7)
26-40 years old	34.3% (73)
41-55 years old	23.9% (51)
56-70 years old	23.9% (51)
71 or older	14.6% (31)

Are you Hispanic/Latino(a)?

	Valid percent(*n*)
Yes	25.8% (56)
No	74.2% (161)

What is your race?

	Valid percent(*n*)
White	95.3% (203)
African-American/Black	0% (0)
Asian/Pacific-Islander	0.9% (2)
Native American	0% (0)
Other, specify:	3.8% (8)

Others: Hispanic; Latin; Mexican

Highest level of education you have completed:

	Valid percent(*n*)
Less than high school	20.5% (45)
High school diploma or equivalent	19.2% (42)
Trade or technical school beyond high school	4.6% (10)
Some college	25.1% (55)
4 year college degree	15.1% (33)
More than 4 year degree	15.5% (34)

What is your disability status?

	Valid percent(*n*)
Do not have a disability	88.0% (183)
Have a disability	12.0% (25)

What is your approximate annual earned income before taxes?

	Valid percent(*n*)
Less than $20,000	15.0% (31)
$20,000-$40,000	28.5% (59)
$40,001-$60,000	11.1% (23)
$60,001-$80,000	12.6% (26)
$80,001-$100,000	43.% (9)

More than $100,000	11.1% (23)
Retired	2.4% (5)
Prefer not to say	15.0% (31)

Do you have access to the Internet at your home or at work?

	Valid percent(*n*)
Yes	78.6% (173)
No	21.4% (47)

How many children under the age of 18 are currently living in your household?

	Valid percent(*n*)
0	55.0% (121)
1	12.3% (27)
2	18.6% (41)
3	8.6% (19)
4	4.1% (9)
More than 4	1.4% (3)

Summary

As a result of the data review, identifying gaps in services and the community health needs assessment, the Clinton County Health Department has chosen to identify its priorities for 2016-2021 as:
1. Prevention of illness and Disease (Exercise, Nutrition, Health Screenings)
2. Dental Care (Improved Access)
3 Mental Health (Improved Access)

Community Health Plan - Purpose

The purpose of the community health plan was to develop priorities based off the community needs assessment to address key health issues and improve health outcomes.

Community Health Plan - Process

The CCHD and St. Joseph Hospital brought together stakeholders and formed the Clinton County Health Improvement Coalition (CCHIC) in the spring of 2014. The CCHIC developed a community needs assessment and distributed that both online and online. The results were presented to the CCHIC and prioritized based on survey results. The CCHIC chose one priority to address as a coalition. The hospital chose three priorities to address as well as the CCHD selecting three priorities for its IPLAN.

COMMUNITY HEALTH PLAN

Priority One - Prevention of Illness and Disease (Exercise, Nutrition, and Health Screening)
Preventing illness and *disease* is crucial to addressing the healthcare crisis. Many diseases share common risk factors and by addressing those risk factors, disease and illness will be reduced. Risk factors specifically to be addressed are exercise, nutrition and health screening. By engaging community members to be more active, increase fruit and vegetable consumption and provide increased health screenings will greatly impact disease rates.

Goal 1: Increase consumption of fruits and vegetables.

Baseline: 12.8% consume five servings of fruits and vegetables daily.

Source: Illinois Behavioral Risk Factor Surveillance System 2007-2009 series.

Target Population: Clinton County residents.

Outcome Objective: Increase the consumption of fruits and vegetables from 12.8% to 15% by 2021.

Impact Objectives:

1. Increase the number of community gardens from zero to three by 2019.
2. Increase the number of farmer market vendors from four to eight by 2019.

Intervention Strategies:

1. Work within municipalities and with key partners to identify ground to put in community gardens.
2. Engage community members to take ownership of community gardens.
3. Provide information, education and cookbook to community members on nutrition.
4. Work with local farmers market to increase participation of vendors and to engage community members to visit farmers market.

Data:
The proportion of the population that is food insecure in Clinton County is slightly lower than the state average as a whole, but still a barrier for Clinton County residents.
2010 - Clinton County – 11% food insecure compared to 15% of Illinois residents
2011 – Clinton County – 9.7% food insecure compared to 15.1% of Illinois residents
2012 – Clinton County – 9.6% food insecure compared to 14.2% of Illinois residents

Obesity prevalence in Clinton County was higher in men than state rats and the rates for women varied.
Obesity Prevalence in Men was higher in Clinton County than the state of Illinois
2007 – Clinton County rates for men 35.2% compared to Illinois men 31.8%.
2008 – Clinton County rates for men 36.3% compared to Illinois men 32.4%.
2009 – Clinton County rates for men 36.9% compared to Illinois men 32.9%.
2010 – Clinton County rates for men 37.6% compared to Illinois men 33.4%.

2011 – Clinton County rates for men 38.2% compared to Illinois men 33.5%.

Obesity Prevalence in Women was higher in Clinton County than the state of Illinois
2007- Clinton County rates for women 38.4% compared to Illinois women 34.1%.
2008 – Clinton County rates for women 38.1% compared to Illinois women 34.7%.
2009 – Clinton County rates for women 35.8% compared to Illinois women 35.3%
2010 – Clinton County rates for women 36.1% compared to Illinois women 35.7%
2011 – Clinton County rates for women 36.6% compared to Illinois women 36.3%.

Fruit and Veggie Intake
A smaller proportion of adults in Clinton County consume five or more fruits and vegetables a day than the state as a whole.
5+ Fruits and Vegetables per day for men – Clinton County was 8.5% compared to Illinois men of 18%.
5+ Fruits and Vegetables per day for women – Clinton County was 17.4% compared to Illinois women of 26.2%.
5+ Fruits and Vegetables per day for all adults – Clinton County was 12.8% compared to 22.6% of Illinois adults.

The proportion of children in Clinton County who ate 4+ servings of fruits and veggies per day in the grades measured was less than the state rate.
8th grade 4+ servings of fruits - Clinton County rate of 10% as compared to state rate of 15%.
8th grade 4+ servings of vegetables – Clinton County rate of 8% compared to state rate of 10%

Overweight and Obesity in Adolescents in Clinton County while needing to be addressed, were lower than state rate.
8th grade overweight – Clinton County rate was 14% compared to state rate of 15%.
8th grade obesity – Clinton County rate was 7% compared to state rate of 10%.

HP 2020 Related Goals
HP 2020 NWS 8 – Increase the proportion of adults who are at a healthy weight.
HP 2020 NWS 9 – Reduce the proportion of adults who are obese.
HP 2020 NWS 10 – Reduce the proportion of children and adolescents who are considered obese.
HP 2020 NWS 11 – Prevent in appropriate weight gain in youth and adults.
HP 2020 NWS 12 – Eliminate very low food security among children.
HP 2020 NWS 13 – Reduce household food insecurity and in doing so reduce hunger.
HP 2020 NWS 14 – Increase the contribution of fruits to the diets in the population aged 2 years and older.
HP 2020 NWS 15 – Increase the variety and contribution of vegetables to the diets in the population aged 2 years and older.

Risk Factors
1 - Low consumption of fruits.
2 – Low consumption of vegetables.

Direct Contributing Factors:
1 – Lack of knowledge on nutrition
2 - Access to fresh fruits and vegetables
3 – Price of fresh fruits and vegetables

Indirect Contributing Factors:
1 – Resistance to change
2 – Rural community that requires driving to access
3 – Lack of food budgeting

Barriers:

1. Buy in to participate in farmers market. Historically participation of vendors and visitors has been low.
2. Engage community members to actively volunteer to man gardens.

Funds:
Funding is needed for community education, grocery store tours, building and sustaining community gardens. Possible

Sources: Possible funding sources could be grants, local business and organizational support and fund raising through the coalition.

Resources:
St. Joseph Hospital
Community Link
Clinton County Health Improvement Coalition
Local business who donate supplies and services

Goal 2: Provide opportunities to increase physical activity.

Baseline: 47% access exercise opportunities.

Source: Illinois Behavioral Risk Factor Surveillance System 2007-2009 series.

Target Population: Clinton County residents.

Outcome Objective: Increase access to exercise opportunities from 47% to 50% by 2021. 2010 and 2012 Data Health Rankings.

Impact Objectives:

1. Engage communities to adopt community exercise programs from zero to two by 2019.
2. Work with are businesses to adopt employee wellness programs from zero to three by 2019.

Intervention Strategies:

1. Work with the Clinton County Health Improvement Coalition and its Physical Activity committee to engage municipalities to implement community exercise programs that are accessible, affordable and achievable.
2. Work with area business to develop and implement employee wellness program, maintain programs and evaluate programs.

Data:
Obesity prevalence in Clinton County was higher in men than state rats and the rates for women varied.
Obesity Prevalence in Men was higher in Clinton County than the state of Illinois
2007 – Clinton County rates for men 35.2% compared to Illinois men 31.8%.
2008 – Clinton County rates for men 36.3% compared to Illinois men 32.4%.
2009 – Clinton County rates for men 36.9% compared to Illinois men 32.9%.
2010 – Clinton County rates for men 37.6% compared to Illinois men 33.4%.
2011 – Clinton County rates for men 38.2% compared to Illinois men 33.5%.

Obesity Prevalence in Women was higher in Clinton County than the state of Illinois
2007- Clinton County rates for women 38.4% compared to Illinois women 34.1%.
2008 – Clinton County rates for women 38.1% compared to Illinois women 34.7%.
2009 – Clinton County rates for women 35.8% compared to Illinois women 35.3%
2010 – Clinton County rates for women 36.1% compared to Illinois women 35.7%
2011 – Clinton County rates for women 36.6% compared to Illinois women 36.3%.

Overweight and Obesity in Adolescents in Clinton County while needing to be addressed, were lower than state rate.
8th grade overweight – Clinton County rate was 14% compared to state rate of 15%.
8th grade obesity – Clinton County rate was 7% compared to state rate of 10%.

A higher proportion of men, women, and all adults in Clinton County met or exceeded physical activity standards than in Illinois as a whole.
Met/Exceeds Physical Activity Standards (Men) – Clinton County rate is 67.4% compared to state rate of 37.3%.
Met/Exceeds Physical Activity Standards (Women) – Clinton County rate is 51.8% compared to state rate of 32.5%.
Met/Exceeds Physical Activity Standards (All Adults) – Clinton County rate is 59.8% compared to state rate of 34.9%.

Clinton County had notably less access to exercise opportunities than the state as a whole.
Percent of population with Adequate access to location for physical activities – Clinton County rate was 47% compared to the state rate of 86%.

HP 2020 Related Goals
HP 2020 PA 1 – Reduce the proportion of adults who engage in no leisure-time physical activity.
HP 2020 PA 2 – Increase the proportion of adults who meet current Federal physical activity guidelines to aerobic physical activity and for muscle-strengthening activity.
HP 2020 PA 3 – Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

Risk Factors
1 – Lack of physical activity

Direct Contributing Factors:
1 – Lack or perceived lack of access to exercise facilities and/or opportunities
2 – Lack of motivation

Indirect Contributing Factors:
1 – Knowledge on getting started and knowing how to exercise
2 – Risk and benefits of exercising

Funds:
Funding is needed to educate the public, create physical activity opportunities, increase access to opportunities.

Sources: Possible funding sources could be grants, local business and organizational support and fund raising through the coalition.

Barriers:

1. Motivating individuals to engage in physical activity. Move individuals to action phase along the five stages of change.
2. Childcare issues to prevent engaging in activities.
3. Buy in from individuals and assisting to understand the benefits of exercise.
4. Buy in from business.

Resources:

St. Joseph Hospital
Clinton County Health Improvement Coalition and the Physical Activity Committee
Local business who donate supplies and services
Community organizations
Faith-based organizations

Goal 3: Develop and implement new health screening opportunities.

Baseline: Zero health screenings

Target Population: Clinton County residents.

Source: Clinton County Health Department records.

Outcome Objective: Increase the number of health screenings conducted from zero to three by 2021.

Impact Objective:

1. Implement three annual health screenings through the Clinton County Health Department by 2018.

Interventions:

1. Implement health screenings to coordinate with health observance calendar to increase screening opportunities and increase awareness of multiple diseases.
2. Work with St. Joseph Hospital to increase screenings at community health screenings.

Data: Data presented are reflective of health screenings that can be offered to determine risk and disease.
Diabetes prevalence in adults was slightly higher than that compared to the state.
2008 – Clinton County rate was 8.9% compared to the state rate of 8.9%.
2009 – Clinton County rate was 8.8% compared to the state rate of 8.2%.
2010 – Clinton County rate was 8.9% compared to the state rate of 8%.
2011 – Clinton County rate was 8.9% compared to the state rate of 8.8%.
2012 – Clinton County rate was 8.6% compared to the state rate of 9.4%.

Clinton county residents had lower rates of high cholesterol from 2007-2009.
Cholesterol rates for men – Clinton County men had a rate of 30.2% compared to the state rate of 38.2%
Cholesterol rates for women – Clinton County women had a rate of 35.6% compared to the state rate of 36.5%.
Cholesterol rates for all adults – Clinton County adults had a rate of 32.9% compared to the state rate of 37.3%.

Cancer screening rates in Clinton County were similar to the state rates.
Mammography for women 40+ - Clinton County rates were 68% compared to state rate of 64.5%.
Pap Smear – Clinton County rates were 76.3% compared to state rate of 77.5%.
Colonoscopy – Clinton County rates were 66% compared to state rate of 58.8%.
PSA – Clinton County rates were 71.9% compared to state rate of 62.4%.

HP 2020 Related Goals
HP 2020 C-16 - Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.
HP 2020 C-18 - Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines.
HP 2020 C-19 - Increase the proportion of men who have discussed the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their health care provider.
HP 2020 C-20 - Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn.
HP 2020 HDS-4 - Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.

HP 2020 HDS-9 - Increase the proportion of adults with prehypertension who meet the recommended guidelines.
HP 2020 HDS-10 - Increase the proportion of adults with hypertension who meet the recommended guidelines.
HP 2020 HDS-13 - (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering management, including lifestyle changes and, if indicated, medication.

Risk Factors
1 - Lack of screening and secondary prevention

Direct Contributing Factors:
1 – Lack of resources to do screenings
2 – Lack of knowledge of guidelines

Indirect Contributing Factors:
1 – Motivation
2 – Knowing where to look for information
3 – Attitude of it won't happen to me

Funds:
Funding is needed to do public education and outreach to increase screening and secondary prevention. Funding is needed to provide free and reduce cost screenings.

Sources: Possible funding sources could be grants, local business and organizational support and fund raising through the coalition.

Barriers:
Recruitment of participants
Staffing to accommodate various screening events
Funding

Resources:
Clinton County Health Department laboratory services
St. Joseph Hospital
Media outlets
Churches to advertise and promote screenings

Priority Two - Dental Health
Dental health is an important and often neglected part of a person's health. The inability of community members to have access to a dentist due to no dental insurance or having Medicaid as the payer is a barrier that prevents many from having access to good dental health. The Clinton County Health Department receives many calls from the public desperate to find somewhere that they can go to get dental services. There is often a long wait at a dental school in addition to the

distance. Most dentists do not accept Medicaid, and cost to pay out of pocket is not feasible for many people. The Clinton County Health Department recognizes this gap in services.

Goal: Create a dental clinic.

Source: Clinton County Health Department records. Clinton County resource directory.

Target Population: Clinton County residents.

Baseline: Zero public health dental clinic.

Outcome Objective: Develop a community dental clinic to serve those not being served by current dental system by 2021.

Impact Objective:

1. Develop a dental health task force to develop a dental health plan by 2018.
2. Identify funding and resources to create a dental health clinic by 2018.
3. Obtain funding and resources needed to implement a dental health clinic by 2019.

Intervention Strategies:

1. Develop dental health task force
2. Develop goals and objects with task force
3. Review gaps in services, available funding, and resources needed
4. Develop plans for a dental health clinic

Data:
There is less access to dentist in Clinton County compared to the state.
Ratio of population to dentists – Clinton county rate is 3,806:1 compared to Illinois rate of 1,496:1.

HP 2020 Related Goals

HP 2020 OH-1 - Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.

HP 2020 OH-2 - Reduce the proportion of children and adolescents with untreated dental decay.

HP 2020 OH-3 - Reduce the proportion of adults with untreated dental decay.

HP 2020 OH-4 - Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.

HP 2020 OH-7 - Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.

HP 2020 OH-8 - Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

HP 2020 OH-12 - Increase the proportion of children and adolescents who have received dental sealants on their molar teeth.

HP 2020 OH-14 - Increase the proportion of adults who receive preventive interventions in dental offices.
HP 2020 OH-17 - Increase health agencies that have a dental public health program directed by a dental professional with public health training.

Risk Factors
1 - Lack of oral hygiene

Direct Contributing Factors:
1 – Lack of providers
2 – Lack of knowledge on maintaining good oral hygiene

Indirect Contributing Factors:
1 – Rural area
2 – Lack of oral hygiene education
3 – Lack of preventative services

Funds:
Funding is needed to conduct oral hygiene education and to establish a community-based dental clinic.

Sources: Possible funding sources could be grants, local business and organizational support and fund raising through the coalition. Billing is also a source of funding once established.

Barriers:

1. Funding
2. Identifying dentist
3. Logistics

Resources:
St. Joseph Hospital
Clinton County Health Improvement Coalition
Clinton County Board of Health

Priority Three - Mental Health
There is a social stigma for people to seek mental health services and add the limited number of providers in the area it creates a gap in services. Mental health is important to overall health. It not only affects people emotionally and mentally, but impacts them physically and financially along with decreasing the quality of life. The Clinton County Health Department regularly

receives calls looking for mental health providers. There is a strong interest from St. Joseph Hospital to identify resources to fill that gap. The Medical Reserve Corp is also interested in having mental health emergency preparedness resources available. The health department recognizes that there is a gap in services that needs to be filled.

Goal: Goal: Create a mental health clinic.

Baseline: Zero public health mental health clinics.

Source: Clinton County Health Department records. Clinton County resource directory.

Target Population: Clinton County residents.

Outcome Objective: Develop a community mental clinic to serve those not being served by current mental health system by 2021.

Impact Objective:

1. Develop a mental health task force to develop a mental health plan by 2018.
2. Identify funding and resources to create a mental health clinic by 2018.
3. Obtain funding and resources needed to implement a mental health clinic by 2019.

Intervention Strategies:

1. Develop mental health task force
2. Develop goals and objects with task force
3. Review gaps in services, available funding, and resources needed
4. Develop plans for a mental health clinic
5. Work with the Medical Reserve Corp on inclusion of mental health disaster preparedness

Data:
People in Clinton County have less access to mental health providers compared to the state.
Ratio of population to mental health providers – Clinton County – 9,515:1 compared to the state rate of 844:1.

The average number of mentally unhealthy days in the past month was lower in Clinton County compared to the state rate.
Average number of mentally unhealthy days – Clinton County was 2.1 per month compared to 3.3 state average.

The suicide and self-inflected injury mortality rate in Clinton County was similar to the state rate.

Age-adjusted rate per 100,000 – Clinton County was 8.2 compared to the state rate of 9.0.
Excessive drinking was higher in Clinton County compared to the state rate.
Excessive Drinking – Clinton County was 23% compared to the state rate of 20%.

In adolescents, Clinton County had a higher rate of students with sustained sadness or hopelessness.
8th Grade students who felt so sad or hopeless almost daily for 2+ weeks – Clinton County 31% compared to the state rate of 28%.

HP 2020 Related Goals
HP 2020 MHMD-6 - Increase the proportion of children with mental health problems who receive treatment.

HP 2020 MHMD-9 - Increase the proportion of adults with mental health disorders who receive treatment.

HP 2020 MHMD-10Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

Risk Factors
1 – Access to care

Direct Contributing Factors:
1 – Social stigma
2 – Lack of providers

Indirect Contributing Factors:
1 – Rural area
2 – Limited number of mental health specialists
3 – Lack of recognition of mental health issues

Funds:
Funding is needed for public education and the creation of a mental clinic.

Barriers:

1. Funding
2. Identifying mental health providers
3. Logistics
4. Overcoming social stigma

Sources: Possible funding sources could be grants, local business and organizational support and fund raising through the coalition. Billing is also a source of funding once established.

Resources:
St. Joseph Hospital
Clinton County Health Improvement Coalition
Clinton County Board of Health

APPENDICES

Organizational Capacity Assessment

LEADERSHIP CAPACITY

1= Strongly Agree 2= Agree 3= Neutral 4=Disagree 5=Strongly Disagree

Capacity Elements		**Statement**	**1**	**2**	**3**	**4**	**5**
1.01	Mission	Clear expression of organization's reason for existence which describes an enduring reality that reflects its values and purpose; universally held within organization and frequently referenced.					
1.02	Vision	Clear, specific, and compelling understanding of what organization aspires to become or achieve, universally held within organization and consistently used to direct actions and set priorities.					
1.03	Overarching Goals	Vision translated into clear, bold set of (up to three) goals that organization aims to achieve, with specific time frames and concrete measures for each goal; goals are universally known within organization and consistently used to direct actions and set priorities.					
1.04	Overarching Strategy	Clear, coherent medium-to-long-term strategy that is both actionable and linked to overall mission, vision, and overarching goals; strategy is universally known and consistently helps drive day-to-day behavior at all levels of the organization.					
1.05	Shared Beliefs & Values	Common set of basic beliefs and values exists and is widely shared within organization; helps provide a sense of connection to organization and a clear direction for behavior; beliefs and values embodied by leader but are also timeless and stable across leadership changes; beliefs and values clearly support organizational purpose, are in line with constituents' norms, and are consistently harnessed to produce impact.					
1.06	Board Composition & Commitment	Membership with broad variety in fields of practice and expertise, and drawn from the full spectrum of constituencies relevant to the organization' includes functional and issue area expertise; proven track record of learning about the organization and addressing its issues; consistently demonstrated commitment to the organization's success, mission, and vision; regular, purposeful meetings are well planned and attendance is consistently strong; regular meetings of focused subcommittees.					
1.07	Board Governance	Legal board, advisory board, and management work well together from clear roles; board fully understands and fulfills fiduciary duties size of board set for maximum effectiveness with rigorous nomination process; board actively defines performance targets and holds Administration fully accountable; board empowered and prepared to hire or fire Administrator if necessary, board periodically evaluated.					
1.08	Board Involvement & Support	Provide strong direction, support, and accountability to leadership and engaged as a strategic resource; communication between board and leadership reflects mutual respect, appreciation for roles and responsibilities, shared commitment, and valuing of collective wisdom.					

1.09	Administrator Experience & Standing	Extraordinarily diverse background and experiences; extensive and varied experience in nonprofit management; exceptional evidence of innovative thinking and approaches; comprehensive and deep understanding of the sector; regularly recognized as a leader/shaper among peer organizations.					
1.10	Administrator organizational leadership/Effectiveness	Constantly establishing successful win-win relationships with others, both within and outside the organization; delivers consistent, positive, and reinforcing messages to motivate people, finds or creates special opportunities to promote people's development; lives the organization's vision; compellingly articulates path to achieving vision that enables others to see where they are going.					
1.11	Administrator Analytical & Strategic Thinking	Possesses keen and exceptional ability to synthesize complexity, makes informed decision in ambiguous, uncertain situations, develops strategic alternatives and identifies associated rewards, risks, and actions.					
1.12	Administrator Financial Judgement	Exceptional financial judgement; deep understanding of complex financial concepts; has keen, almost innate sense for financial impact of all decision.					
1.13	Board & Administrator Appreciation of Power Issues	Power issues regularly acknowledged and discussed; well-established policies and procedures exist to address these issues, and are routinely reviewed and revised.					
1.14	Ability to Motivate & Mobile Constituents	Those with potential to be most affected by organization's work see organization as inspiring and motivating; they are excited to be involved; meetings held regularly and are routinely well-attended; organization has ability to motivate a broad range of community members into action.					

ADAPTIVE CAPACITY

1= Strongly Agree 2= Agree 3= Neutral 4=Disagree 5=Strongly Disagree

Capacity Elements		**Statement**	**1**	**2**	**3**	**4**	**5**
2.01	Strategic Planning	Ability to develop and refine concrete, realistic, and detailed strategic plan; critical mass of internal expertise in strategic planning, or efficient use of external, sustainable, highly qualified resources; strategic planning exercise carried out regularly; strategic plan used extensively to guide management decisions.					
2.02	Evaluation, Performance Measurement	Comprehensive, integrated system (e.g., balanced scorecard) used for measuring organization's performance and progress on continual basis; internal and external benchmarking part of the organizational cultural and used by staff in target-setting and daily operations; clear and meaningful outcomes-based performance indicators existing all areas; careful attention paid to cultural appropriateness of evaluation process/methods; measurement					

		of social impact based on longitudinal studies with independent evaluation.					
2.03	Evaluation & Organizational Learning	Systematic staff and board practices of making adjustments and improvements on basis of performance data; resources are devoted to thoroughly documenting organization's work capturing the complete story of its impact; evaluation processes fully integrated into information systems.					
2.04	Use of Research Data to Support Program Planning & Advocacy	Respected by peers as both consumer and producer of data; dedicated research staff capable of working with complex data and making assessments about relevance and cultural appropriateness of findings for its community or clients; research regularly scanned for relevant data to support decisions, proposals, and advocacy; important organizational questions answered through research; ability to effectively present data using charts, tables, and graphics for a variety of audiences.					
2.05	Program Relevance & Integration	All programs and services well-defined and fully aligned with mission, overarching goals, and constituency; program offerings are clearly linked to one another and to overall strategy; synergies across programs are captured.					
2.06	Program Growth & Replication	Frequent assessments of possibility of scaling up existing programs, and when judged appropriate, action consistently taken; efficiently and effectively able to grow existing programs to meet needs in local area or other geographies.					
2.07	New Program Development	Continual assessment of gaps in ability of existing programs to meet recipient needs, with adjustments regularly made; ability and tendency to efficiently able to grow existing programs to meet needs in local area or other geographies.					
2.08	Monitoring of Program Landscape	Extensive knowledge of other players as well as alternative and complementary models in program area, refined ability and systematic tendency to adapt behavior based on acquired understanding and cultural appropriateness.					
2.09	Assessment of External Environment & community Needs	Clear, established systems regularly used to assess community needs and external opportunities and threats; information systematically collected and used to support and improves planning efforts; organization has numerous connections to community members and opinion leaders with whom they regularly communicate about evolving community needs.					
2.10	Influencing of Policy-making	Proactively influences policy-making in a highly effective manner at the local, state, and/or national level (as relevant and appropriate); always ready for and often called on to participate in substantive policy discussions.					
2.11	Partnership & Alliances	Strong, high-impact, relationship with variety of relevant entities (local, state, and federal government as well as for-profit, other nonprofit, and community agencies) have been built, leveraged, and maintained; relationships anchored in stable, long-term mutually beneficial collaboration.					
2.12	Community Presence & Standing	Widely known within the community, and perceived as actively engaged with and extremely responsive to it; many members of the larger community (including many highly respected members) actively engage with organization; community leaders always call on organization					

		for its input on issues important to organization.					
2.13	Constituent Involvement	Variety of systems in place to actively recruit and involve constituents; constituents take on a wide variety of roles in organization, including volunteer positions of leadership; paid staff work collaboratively with constituents to plan and lead much of the organization's work and defined desired outcomes; training is provided to constituents in all of the skill areas needed to affect change.					
2.14	Organizing	Primary focus is on growing constituent capacity and social capital to tackle issues/problems; advocacy work is aligned with that focus; a carefully developed strategy for long-term change exists, with appropriate campaign targets and organizing tactics.					

OPERATIONAL CAPACITY

1= Strongly Agree 2= Agree 3= Neutral 4=Disagree 5=Strongly Disagree

Capacity Elements		Statement	1	2	3	4	5
3.01	Staffing Levels	All positions within and peripheral to organization are adequately and appropriately staffed; attendance problems are extremely rare; turnover is limited; vacancies filled immediately.					
3.02	Skills, Abilities, & Commitment of Volunteers	Extremely capable set of individuals that ring complementary skills to organization; culturally competent, reliable, loyal, highly committed to organization's success and to "making things happen"; often go beyond call of duty; able to work easily with wide range of staff and play core roles without special supervision.					
3.03	Fundraising	Highly developed internal fundraising skills and expertise in all funding source types to cover all needs; access to external fundraising expertise for additional extraordinary needs.					
3.04	Board Involvement & Participation in Fundraising	All members embrace fundraising as one of the board's core roles and responsibilities; realistic and appropriate board fundraising goals and plans in place; board actively fundraises and has achieved measurable progress towards goals; all members make a personally significant annual financial contribution to organization based on their individual means, and some contribute more frequently.					
3.05	Revenue Generation	Significant internal revenue generation; experienced and skilled in areas such as cause-related marketing, fee-for-services, and retailing; revenue generating activities support, but don't distract from, focus on creating social impact.					
3.06	Communications Strategy	Communications plan and strategy in place and updated on a frequent basis; stakeholders and their values identified, and communications to each of those stakeholders customized; communications always carry a consistent and powerful message.					
3.07	Communications & Outreach	Packet of marketing materials used consistently and easily updated on a regular basis; materials extremely professional in appearance and appeal to a variety of stakeholders; all materials consistently adhere to established standards for font, color, logo placement, etc.; all materials are provided in multiple languages as needed.					
3.08	Telephone & Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and out in the field), includes around-the-clock, individual voice-mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff/ effective and essential in					

		increasing staff effectiveness and efficiently; all staff receive training on phone system features.					
3.09	Computers, Applications, Network, & Email	State-of-the-art, fully networked computing hardware with comprehensive range of up-to-date software applications; greatly enhances efficiency; all staff have individual computer access and e-mail; high usage level of IT infrastructure by staff; regular training provided to all staff members.					
3.10	Website	Sophisticated, comprehensive, and interactive website, regularly maintained and kept up to date on latest area and organization developments; praised for its user-friendliness and depth of information; includes links to related organization and useful resources on topic addressed by organization.					
3.11	Databases Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes, and financial information; widely used and essential in increasing information sharing and efficiency.					
3.12	Buildings & Office Space	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed to enhance organization's effectiveness and efficiency; favorable locations for clients and employees; plentiful space encourages teamwork; layout increases critical interactions among staff; decor clearly reflects and affirms cultural traditions of constituents.					
3.13	Management of Legal & Liability Matters	Well-developed, effective, and efficient internal legal infrastructure for day-to-day legal work; additional access to general and specialized external expertise to cover peaks and extraordinary cases; continuous legal risk management and regular adjustment of insurance.					

- *Adapted from Marguerite Casey Foundation*

Ten Essential of Public Health
Local Public Health System Assessment Instrument

Essential Service 1: Monitory Health Status to Identify Community Health Problems

Model Standard 1.1: Population-Based Community Health Assessment (CHA)
Performance Measure for Model Standard 1.1

1.1.1 Conduct regular CHAs?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

1.1.2 Update the CHAs with current information continuously?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

1.1.3 Promote the use of CHAs among community members and partners?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data
Performance Measure for Model Standard 1.2

1.2.1 Use the best available technology and methods to display data on the public's health?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

1.2.2 Analyze health data, including geographic information, to see where health problems exist?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 1.3: Maintaining Population Health Registries
Performance Measure for Model Standard 1.3

1.3.1 Collect timely data consistent with current standards on specific concerns in order to provide the data to population health registries?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

1.3.2 Use information from population health registries in CHSs or other analyses?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

Model Standard 2.1: Identifying and Monitoring Health Threats
Performance Measure for Model Standard 2.1

2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

O	O	O	O	O	O

2.1.3 Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 2.2: Investigating and Responding to Public Health Threats and Emergencies

Performance Measure for Model Standard 2.2

2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and identification and containment?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

2.2.3 Designate a jurisdictional Emergency Response Coordinator?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

O	O	O	O	O	O

2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 2.3: Laboratory Support for Investigating Health Threats

Performance Measure for Model Standard 2.3

2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

2.3.3 Use only licensed or credentialed laboratories?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

2.3.4 Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Essential Service 3: Inform, Educating, and Empower People about Health Issues

Model Standard 3.1: Health Education and Promotion

Performance Measure for Model Standard 3.1

3.1.1. Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 3.2: Health Communications

Performance Measure for Model Standard 3.2

3.2.1 Develop health communication plans for media and public relations and for sharing information among LPHS organizations?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

3.2.2 Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

3.2.3 Identify and train spokespersons on public health issues?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

O	O	O	O	O	O

Model Standard 3.3: Risk Communication
Performance Measure for Model Standard 3.3

3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

3.3.2 Make sure resources are available for a rapid emergency communication response?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

3.3.3 Provide risk communication training for employees and volunteers?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Model Standard 4.1: Constituency Development
Performance Measure for Model Standard 4.1

4.1.1 Maintain a complete and current directory of community organizations?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

4.1.3 Encourage constituents to participate in activities to improve community health?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

4.1.4 Crate forums for communication of public health issues?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 4.2: Community Partnerships
Performance Measure for Model Standard 4.2

4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

4.2.2 Establish a broad-based community health improvement committee?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Essential Service 5: Develop Policies and Plans That Support Individual and Community Health Efforts

Model Standard 5.1: Governmental Presence at the Local Level
Performance Measure for Model Standard 5.1

5.1.1 Support the work of the local health department (or other governmental local public health entity) to make sure the 10 Essential Public Health services are provided?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

O	O	O	O	O	O

5.1.2 See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

5.1.3 Ensure that the local health department has enough resources to do its part in providing essential public health services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 5.2: Public Health Policy Development

Performance Measure for Model Standard 5.2

5.2.1 Contribute to public health policies by engaging in activities that inform the policy development.

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

5.2.2 Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

5.2.3 Review existing policies at least every three to five years.

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 5.3: Community Health Improvement Process and Strategic Planning

Performance Measure for Model Standard 5.3

5.3.1 Establish a CHIP, with broad-based diverse participation, that uses information from the CHS. Including the perceptions of community members?

No Activity Minimal Moderate Significant Optimal Don't Know

O	O	O	O	O	O

5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

5.3.3 Connect organizational strategic plans with the CHIP?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 5.4: Planning for Public Health Emergencies

Performance Measure for Model Standard 5.4

5.4.1 Support a workgroup to develop and maintain emerging preparedness and response plans?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

5.4.2`Developan emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evaluation protocols would be followed.

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

5.4.2 Test the plan through regular drills and revise the plan as needed, at least every two years?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Essential Service 6: Enforce Laws and Regulations That Protect Health and Ensure Safety

Model Standard 6.1: Reviewing and Evaluating Laws, Regulations, and Ordinances
Performance Measure for Model Standard 6.1

6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

6.1.3 Review existing public health laws, regulations, and ordinances at least once every three to five years?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 6.2: Involvement in Improving Laws, Regulations, and Ordinances
Performance Measure for Model Standard 6.2

6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

O	O	O	O	O	O

6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances

Performance Measure for Model Standard 6.3

6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

6.3.2 Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

6.3.3 Ensure that all enforcement activities related to public health codes are done within the law?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

6.3.4 Educate individuals and organizations about relevant laws, regulations and ordinances?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

6.3.5 Evaluate how well local organizations comply with public health laws?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

Model Standard 7.1: Identifying Personal Health Service Needs of Populations
Performance Measure for Model Standard 7.1

7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

7.1.2 Identify all personal health services needs and unmet needs throughout the community?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

7.1.4 Understand the reasons that people do not get the care they need?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 7.2: Ensuring People Are Linked to Personal Health Services
Performance Measure for Model Standard 7.2

7.1.1 Connect or link people to organization that can provide the personal health services they may need?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

O	O	O	O	O	O

7.2.3 Help people sign up for public benefits that are available to them (e.g. Medicaid or medical and prescription assistance programs)?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

Model Standard 8.1: Workforce Assessment, Planning, and Development
Performance Measure for Model Standard 8.1

8.1.1 Complete a workforce assessment, a process to track the numbers and types of LPHS jobs – both public and private sector – and the associated knowledge, skills, and abilities required of the jobs?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

8.1.2 Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

8.1.3 Provide information from the workforce assessment to other community organization and groups, including governing bodies and public and private agencies, for use in their organizational planning?

No Activity Minimal Moderate Significant Optimal Don't Know

O	O	O	O	O	O

Model Standard 8.2: Public Health Workforce Standards
Performance Measure for Model Standard 8.2

8.2.1 Ensure that all members of the local public health workforce have the required certificates, licenses and education needed to fulfill their job duties and comply with legal requirements.

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills and abilities needed to provide the 10 Essential Public Health Services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 8.3: Life-Long Learning through Continuing Education, Training and Mentoring
Performance Measure for Model Standard 8.3

8.3.1 Identify education and training needs and encourage the public health workforce to participate in available education and training?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

O	O	O	O	O	O

8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

8.3.4 Create and support collaborations between organizations within the LPHS for training and education?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health:

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 8.4: Public Health Leadership Development

Performance Measure for Model Standard 8.4

8.4.1 Provide access to formal and informal leadership development opportunities for employee's at all organizational levels?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

8.4.2 Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills or access to resources?

No Activity Minimal Moderate Significant Optimal Don't Know

O	O	O	O	O	O

8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Model Standard 9.1: Evaluating Population-Based Health Services
Performance Measure for Model Standard 9.1

9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

9.1.2 Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

9.1.3 Identify gaps in the provision of population-based health services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

9.1.4 Use evaluation findings to improve plans, processes, and services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 9.2: Evaluating Personal Health Services
Performance Measure for Model Standard 9.2

9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

9.2.2 Compare the quality of personal health services to established guidelines?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

9.2.3 Measure user satisfaction with personal health services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

9.2.4 Use technology, like the Internet or electronic health records, to improve quality of care?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

9.2.5 Use evaluation findings to improve services and program deliver?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

Model Standard 9.3: Evaluating the Local Public Health System

Performance Measure for Model Standard 9.3

9.3.1 Identify all public, private and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

O	O	O	O	O	O

9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

9.3.4 Use results from the evaluation process to improve the LPHS?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

Model Standard 10.1: Fostering Information

Performance Measure for Model Standard 10.1

10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

10.1.2 Suggest ideas about what currently needs to be studies in public health to organizations that conduct research?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

10.1.3 Keep up with information from other agencies and organization at the local, state and national levels about current best practices in public health?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

10.1.4 Encourage community partnerships in research, including deciding what will be studies, conducting research, and sharing results?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know

O	O	O	O	O	O

Model Standard 10.2: Linking with Institutions of Higher Learning and/or Research
Performance Measure for Model Standard 10.2

10.2.1 Develop relationships with colleges, universities or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

10.2.2 Partner with colleges, universities or other research organizations to conduct public health research, including community-based participatory research?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

Model Standard 10.3: Capacity to Initiate or Participate in Research
Performance Measure for Model Standard 10.3

10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding and other resources?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

10.3.3 Share findings with public health colleagues and the community broadly, through journals, Websites, community meetings, etc.?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practices?

No Activity	Minimal	Moderate	Significant	Optimal	Don't Know
O	O	O	O	O	O

- Adapted form the National Public Health Performance Standards Local Assessment Instrument version 3.0

Clinton County Health Improvement Coalition Members

First Name	Last Name	Organization	Address
Janice	Albers	McKendree University	Lebanon, IL
Susan	Batchelor	Kaskaskia College	Centralia, IL
Pam	Bird	SAFE	Vandalia, IL
Georgianne	Broughton	Community Resource Center	Centralia, IL
Caitlyn	Carroll	YMCA	Breese, IL
Heather	Chavez	PAVE	Centralia, IL
Ron	Daniels	Regional Office of Education	Clinton, Jefferson, Marion, Washington counties
Paulette	Evans	St. Joseph Hospital	Breese, IL
Randy	Gebke	Kohnen Concrete Products	Germantown, IL
Lisa	Gent	Clinton County Senior Services	Carlyle, IL
John	Huelskamp	Community Link	Breese, IL
Jennifer	Knopp	Communities That Care/Hoyleton Ministries	Hoyleton, IL
Deb	Kohnen	BCMW Community Services	Breese, IL
Jean	Kreke	Western Clinton County Senior Services Center	Trenton, IL
Kris	Krohn	Clinton County Sheriff's Department	Carlyle, IL
Cheryl	Lee	Clinton County Health Department	Carlyle, IL
Helen	Leonhardt	U of I Extension	Breese, IL
Lisa	Wait	U of I Extension	Breese, IL
Ann	Linze	Celtic Hospice/Home Health	Breese, IL
September	McAdoo	Clinton County Health Department	Carlyle, IL
Joy	Paeth	Age Smart	Belleville, IL
Stephanie	Pitt	Aetna	Breese, IL
Amber	Poettker	Clinton County Rural Health	Breese, IL
Robert	Rapp	Hispanic Ministry Clinton County Roman Catholic Church	Damiansville, IL
Jan	Rittenhouse	Central Community High School	Breese, IL
Barb	Strieker	HSHS St. Joseph Hospital	Breese, IL
Donna	Thole	HSHS Home Care Southern Illinois	Belleville, IL
Ethan	Beck	HSHS Home Care Southern Illinois	Belleville, IL
Brent	Todd	SIU School of Medicine Office of Community Health & Services	Mattoon, IL
Sarah	Ward	Christian Home Care Services	Lebanon, IL
Janice	Wiegmann	McKendree University	Lebanon, IL

Clinton County Health Improvement Coalition Assessment

Community Health Needs Assessment

Organization Name:

1. What do you feel your organization's strengths are to contribute to the Coalition and its goals?

2. What do you feel the Coalition can provide to your organization to assist with meeting your organization's mission?

3. Out of the identified six health priorities, which fit in with your organization's mission?

4. Besides the priorities identified by the Coalition, what health initiatives has your organization identified as priorities?

5. How do you feel your organization can support the priority areas identified by the Coalition?

References

Summary of Data Sources

Source	Description
US Census	National census data is collected by the US Census Bureau every 10 years. Additional subsets of census bureau data include the American Community Survey and the Small Area Health Insurance Estimates. These subsets are collected continuously and may be aggregated over multiple years to provide data at the county level (e.g. American Community Survey data is from 2008-2012).
Behavioral Risk Factor Surveillance System (BRFSS)	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
Feeding America	The Feeding America "Mapping the Meal Gap" provides a food insecurity measure that incorporates lack of access to enough food for an active, healthy life for all family members and limited/unavailability of foods with adequate nutrition.
Area Health Resource File	The Area Health Resource File draws from 50+ sources of county-level data related to demographics, healthcare professions, and hospital and healthcare facilities.
Center for Medicare and Medicaid Services	CMS (Medicare) administrative claims data includes measures on chronic condition prevalence, spending, and health care utilization from 2007-2011 at the county level.
Dartmouth Atlas of Health Care	The Dartmouth Atlas Project examines patterns of health care delivery and practice, namely utilizing Medicare data. Data from the Dartmouth Atlas Project are generally presented at the hospital referral region level, but the County Health Rankings were able to obtain a small subset of health indicators at the county level.
Illinois Department of Public Health IQUERY	This community health database facilitates queries of a variety of health behavior, substance use, and clinical care indicators.
USDA Food Environment Atlas	The Food Environment Atlas incorporates food environment factors, such as proximity to stores, food prices and assistance programs, and community characteristics that influence food choices and quality.
Uniform Crime Reporting-FBI	The Uniform Crime Reporting data from the FBI is a primary source of violent crime data (homicide, rape, robbery, and aggravated assault). For the purposes of this report, this data is extracted from County Health Rankings, where it is a socioeconomic indicator incorporated into the rankings.
Diabetes Interactive Atlas	This CDC data source graphically displays, at a county level, prevalence and trends of obesity, diabetes, and other related factors.
National Center for Health Statistics (NCHS)	SEER*stat is a cancer incidence and mortality statistical software program that has National Vital Statistics mortality data (from the National Center for Health Statistics) embedded within it, including cancer and other causes of mortality.

	Additionally, the NCHS provides vital statistic data related to births (e.g. teen births, low birthweights).
CDC Wonder	CDC Wonder is a query system that includes a variety of public 8 health measures, including environmental, chronic disease, prevention, mortality, and population indicators.
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	This CDC organization provides data on incidence/prevalence of infectious disease.
Safe Drinking Water Information System (EPA)	The EPA is the primary source of data on the safety of drinking water. For the purposes of this report, this data is extracted from the County Health Rankings where it is noted as an environmental factor.
Illinois Youth Survey	The University of Illinois Center for Prevention Research and Development conducts continuous surveying of Illinois youth on social and health indicators.
Illinois DCFS	The Illinois Department of Child and Family Services have county level data on the prevalence of child abuse and neglect.
Pediatric Nutrition Surveillance (county level data provided by the Illinois Department of Public Health)	Data from the CDC on pediatric nutrition, health, and family behaviors among children under the age of 5 years old.
Health Indicators Warehouse	The Health Indicators Warehouse is a collaboration of multiple federal agencies and offices within the federal Department of Health and Human Services and provides national, state and community health indicators.
OneSource Global Business Browser (County Health Rankings)	The County Health Rankings used the One Source Global Business Browser and map files from ESRI, the US Census Bureau and other sources combined in ARCGIS software to determine the percent of a county's population that has access to locations for physical activity.
The National Center for Educational Statistics (NCES)	The NCES collects data and analyzes statistics related to American education, including the proportion of students who are eligible for the free lunch program.
Institute for Health Metrics and Evaluation (IHME)	The IHME created a county-based map displaying county-level prevalence of health behaviors (e.g. smoking) and outcomes (e.g. hypertension).
Illinois Gaming Board	Per St. Joseph's request, data on video gaming presence were extracted. The number of establishments identified between January and November of 2014 were used to create a density of video gaming establishments per 100,000 population, These were compared to the state density.

References

U.S. Census Bureau; generated by Whitney Zahnd; using American FactFinder; <http://factfinder2.census.gov>; Accessed on 27 October 2014.

Illinois Department of Public Health Behavioral Risk Factor Surveillance System (BRFSS) (2013) BRFSS Stratification for Data Analysis Accessed from http://app.idph.state.il.us/brfss/stratamap.asp. Updated August 2013. Accessed 27 October 2014.

Gundersen, C., E. Engelhard, A. Satoh, & E. Waxman. Map the Meal Gap 2014: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2014.

Area Health Resources Files (AHRF*)*. 2013-2014. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Rockville, MD.

Centers for Medicare & Medicaid Services. Medicare Geographic Variation Public Use File. Accessed from http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF.html Updated June 2013. Accessed on 25 April 2014.

Illinois Department of Public Health. IQUERY. Accessed from http://iquery.illinois.gov/iquery/.on 27 October 2014.

United States Department of Agriculture. Food Environment Atlas. Accessed from http://www.ers.usda.gov/data-products/food-environment-atlas.aspx#.VCXa3RAXM4c Updated 14 May 2014. Accessed on 27 October 2014.

Center for Disease Control and Prevention. Diabetes Interactive Atlas. Accessed from http://www.cdc.gov/diabetes/atlas/countydata/atlas.html. Accessed 27 October 2014.

Garner K, Shen T. Illinois State Cancer Incidence Review and Update,1986-2011. Epidemiologic Report Series 14:05. Springfield, Ill.: Illinois Department of Public Health, April 2014.

Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Mortality - All COD, Aggregated With State, Total U.S. (1969-2011) <Katrina/Rita Population Adjustment>, National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2014. Underlying mortality data provided by NCHS (www.cdc.gov/nchs).

Center for Disease Control and Prevention. CDC Wonder. Accessed from http://wonder.cdc.gov/. on 27 October 2014. Updated 4 November 2014.

Center for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Accessed from http://www.cdc.gov/NCHHSTP/Atlas/. Accessed on 27 October 2014.

University of Illinois Center for Prevention Research and Development. Illinois Youth Survey County Reports. Accessed from http://iys.cprd.illinois.edu/home/results/county. Accessed on 27 October 2014.

Illinois Department of Child and Family Services. Child Abuse and Neglect Statistics Fiscal Year 2012. Accessed from http://www.state.il.us/dcfs/docs/DCFS_Annual_Statistical_Report_FY2012.pdf.

National Center for Health Statistics. Health Indicators Warehouse. Accessed from http://www.healthindicators.gov/. Accessed on 27 October 2014.

National Center for Education Statistics. Common Core of Data. Accessed from http://nces.ed.gov/ccd/bat/. Accessed on 27 October 2014.

Institute of Health Metrics and Evaluation. US Health Map. Accessed from http://vizhub.healthdata.org/ushealth-map/. Accessed on 27 October 2014.

University of Wisconsin Population Health Institute. *County Health Rankings* 2014. Accessible at www.countyhealthrankings.org.

Illinois Gaming Board. Video Gaming Revenue Reports. Accessible at http://www.igb.illinois.gov/VideoReports.aspx Accessed on 19 December 2014.