

**Jo Daviess County Health Department
IPLAN 2015-2020**



Public Health
Prevent. Promote. Protect.

**Community Health Needs Assessment
and Community Health Plan**

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COMMUNITY HEALTH NEEDS ASSESSMENT

PURPOSE

The mission of the Jo Daviess County Health Department (JDCHD) is to prevent disease, promote a safe and healthy environment and protect Jo Daviess County residents through an organized, comprehensive health effort. The vision of the JDCHD is to offer quality public health services through dedicated, professional staff who want to be leaders in public health issues in Illinois; learn from the past, set the building blocks of the industry today & strive for the healthiest possible community outcome, for the future. The Illinois Project for Local Assessment of Needs (IPLAN) process is revisited every five years to bring together community members from different professional disciplines to assess health needs and determine health issues of the county. In order to achieve this, a Community Needs Assessment Committee (See Appendix A) that was a collaboration not only for IPLAN, but for Midwest Medical Center's Illinois Critical Access Hospital Network (ICAHN) development was created. The committee systematically reviewed the most current data available at the time the assessment was conducted. This data was used to establish the significant health issues, analyze and rank each issue so attainable goals and outcomes could be set while focusing on each health issue. The issues identified by the assessment team are evaluated to determine the relevance and the impact these health concerns have on the county as a whole. The Organizational Capacity Self-Assessment (See Appendix B) of the health department was done in conjunction with the Community Health Needs Assessment (See Appendix C) as the two processes provided a consistent evaluation of the health department's ability to function and implement the community's ownership and partnerships. Both processes are integral to each other and the department has followed the APEX model as a guide to conducting both phases of the IPLAN. The IPLAN will serve as the health department's guide for planning and implementing health care initiatives that will allow the department and its partners to best serve the emerging health needs of the county. The three health issues as approved by the Jo Daviess County Board of Health (See Appendix D) that will be the focus of our 2015-2020 IPLAN are: Obesity, Cardiovascular Disease and Diabetes.

COUNTY PROFILE

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

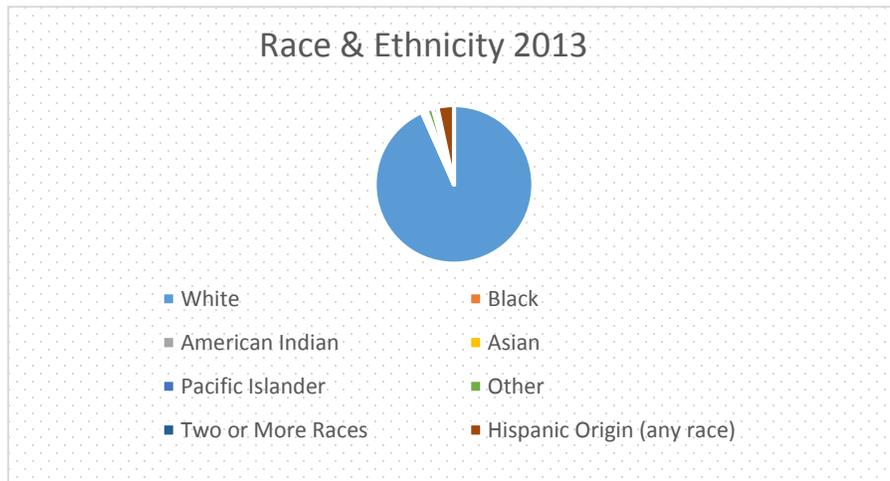
The county is governed by a 17 member County Board and operates under the township form of government. There are 9 dentists and 10 family practice physicians that cover the entire county. There is a large need for specialized physicians in the areas of obstetrics, gynecology, pediatrics, oncology and infectious disease, in the county. Patients that need medical care are overseen by physicians in neighboring states or counties.

Jo Daviess County is very historic in nature and its primary source of revenue is tourism. The county has several state historic sites as well as 6 library districts and 9 park districts. Galena is the county seat; the other cities include Warren, Stockton and East Dubuque along with the villages of Hanover, Elizabeth, Scales Mound, Woodbine, Nora and Apple River. The county has 7 schools districts of which three have school nurses. Districts without nurses consult with JDCHD on communicable disease

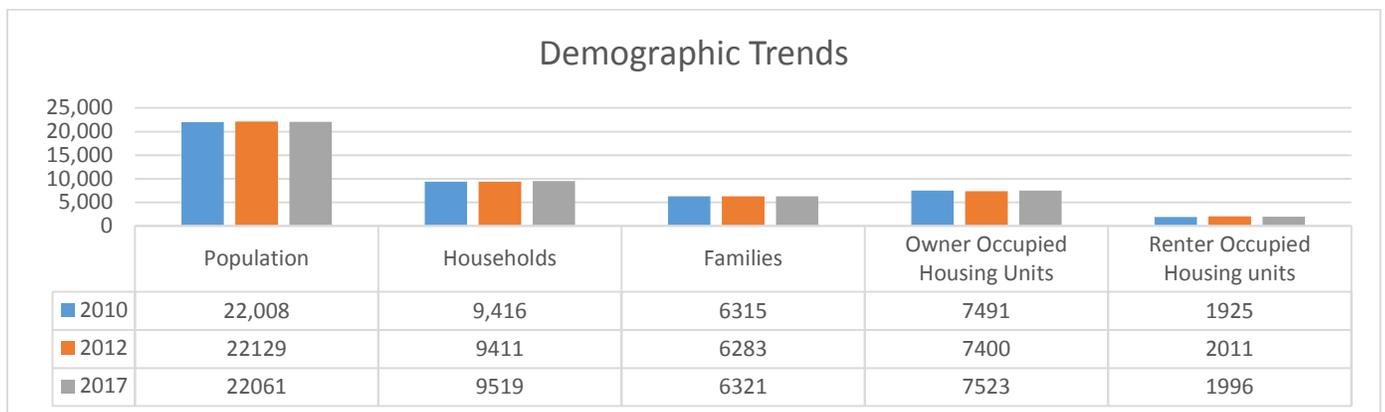
and immunization issues. The county has all volunteer fire and emergency responders and law enforcement is provided by either the Jo Daviess County Sheriff’s Department or local village and city police officers. Jo Daviess County has limited public transportation. The Jo Daviess County Transit Authority provides limited transportation upon request for medical appointment or other social service or court related appointments.

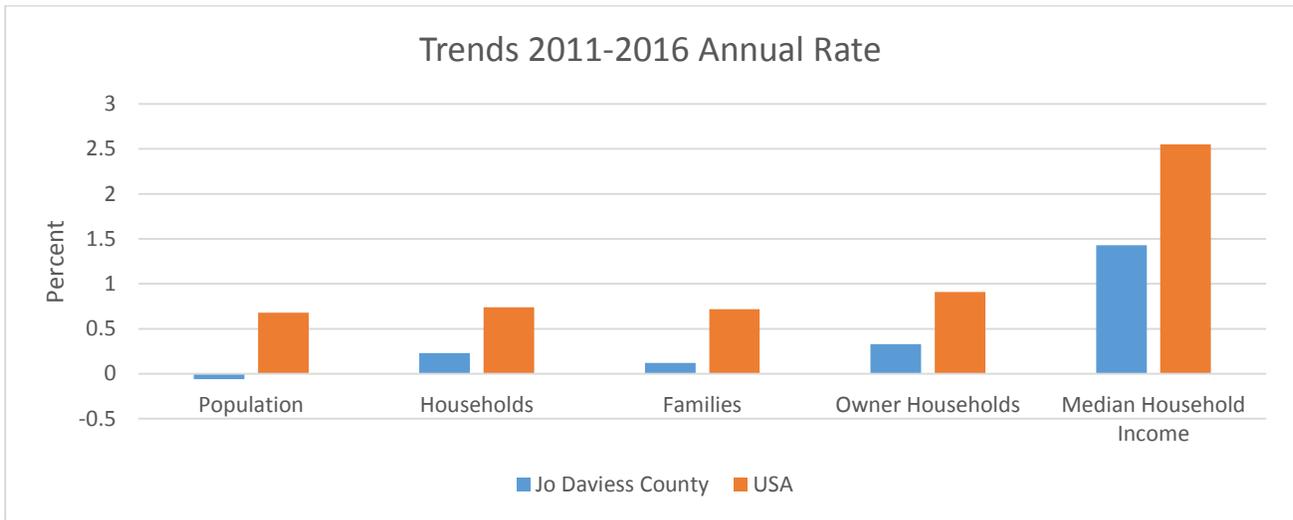
Demographic Profile

According to the 2010 US Census, the population of the county is 22,289 and includes 610 square miles (See Appendix E). The chart below shows that white is the predominant race in the county. The race and ethnicity makeup of the county indicates the numbers are typical of many locations in rural Illinois. No significant change in the profile is projected over the next five years. It should be noted that anecdotal information collected from the focus groups for ICHAN and IPLAN suggests that the population of Hispanic origin residents may be higher than census data reports for both the service area and for the Galena zip code alone. The percentage of Hispanic students in the Galena Unit School District #120 has risen from 2.6% in 2000 to 10.5% Hispanic students in 2012. (ESRI 20134)



Through the ICHAN and IPLAN assessment process, data from Midwest Medical Center and the JDCHD service area, Census Bureau and the Environmental Systems Research Institute indicate a small decline in the population of the service area as shown in the chart below. Related categories are expected to modestly increase. (ESRI 20134)





The median age in the County is 42 with 18% of the population between 55-64 years of age. The median age is projected to continue to increase over the next five years to 49 years of age. This is slightly higher than many rural areas in Illinois. (ESRI 20134)

	2010	2012	2017
Median Age	46.8	47.5	49

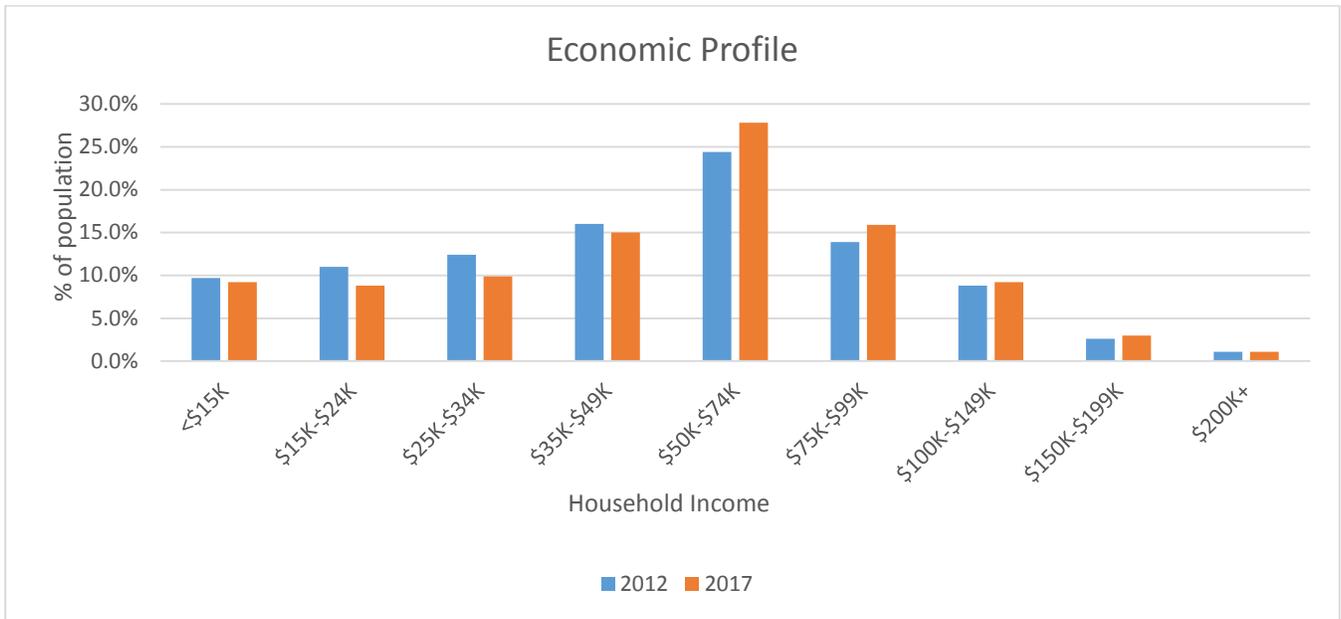
The health service area for Midwest Medical Center and the JDCHD is projected to gain population distribution in all groupings over age 55, and experience declines in most other age groups. This pattern is not unusual when compared to much of rural Illinois. (ESRI 20134)

Economic Profile

County median household income for 2012 was estimated at \$50,495 compared to \$50,502 in 2011 for all U.S. households. The median household income in Illinois was \$53,234 for 2011. Median household income in the county is projected to be \$54,217 in 2017. The median household income is higher than many rural Illinois communities.

Median home value in the county is \$112,170 compared to a median home value of \$167,749 for the U.S., in five years median value is projected to increase to \$123,471 for the county. (ESRI 20134)

	2012	2017
Within the County in 2012, 89% of persons age 25 or over had Median Household Income	\$50,495.00	\$54,217.00
Average Household Income	\$58,900.00	\$63,152.00
Per Capita Income	\$25,130.00	\$27,333.00
Average Household Size	2.33	2.3



Throughout the county there are diverse employment opportunities. The economic picture is influenced by the fact that 73% of the land area in the county consists of farms, according to 2007 data from the USDA. Thirty-nine percent of farm operators in the county work off-farm. Most of the county is marked by small communities relying primarily on small businesses and industries, tourism and niche retail, agriculture, and other service providers for its local employment. (ESRI 20134)

Category	Employed	% of Working Population
Manufacturing	1,759	15.2%
Accommodations and food services	1,392	12.0%
Retail trade	1,247	10.8%
Health care and social assistance	1,113	9.6%
Construction	935	8.1%
Educational services	800	6.9%
Other services, except public administration	635	5.5%
Agriculture, forestry, fishing, and hunting	610	5.3%
Finance and insurance	508	4.4%
Professional, scientific, and technical services	460	4.0%
Transportation and warehousing	406	3.5%
Arts, entertainment, and recreation	342	2.9%
Administrative and support and waste management	328	2.8%
Public Administration	308	2.7%
Wholesale trade	256	2.2%
Information	222	1.9%
Real estate, rental, and leasing	191	1.6%
Utilities	50	0.4%
Management of companies and enterprises	18	0.2%
Mining, quarrying and oil and gas extraction	14	0.1%

As the above chart shows, the second largest employment group is accommodations and food services. This category is indicative of the part-time seasonal tourist industry employment. Many individuals working in this area have more than one job to provide year-round income. The fourth largest area is healthcare and social assistance for which Midwest Medical Center & JDCHD play an important role in the economic vitality of the area as well as its health. The average unemployment rate for Jo Daviess County was 7.4% for 2012, compared to 8.9% for Illinois and 8.1% for the U.S. (ESRI 20134)

Within the county in 2012, 89% of persons aged 25 or over had a high school diploma, compared to 87% statewide in 2011. Twenty-two percent had a bachelor’s degree or higher, compared to 31% in the state overall.

Low income students at county schools as shown in the table below, are well below the state average. The population of low income students for the State of Illinois went from 37.7% in 2000 to 49% in 2012. Low income students are pupils ages 3-17, inclusive from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds, or eligible to receive free or reduced-priced lunches.

District	% Low income Students	
	2000	2012
Galena CUSD 120	14.0	31.4
East Dubuque CUSD 119	22.9	31.6
River Ridge CUSD 210	22.3	34.4
Scales Mound CUSD 211	12.1	23.5
Warren CUSD 205	21.5	33.1

These numbers reflect an increase in the number of students eligible for free or reduced priced lunches but they are lower overall when compared to numbers found in other rural areas and the state percentage.

SUMMARY: DEMOGRAPHIC / ECONOMIC PROFILE

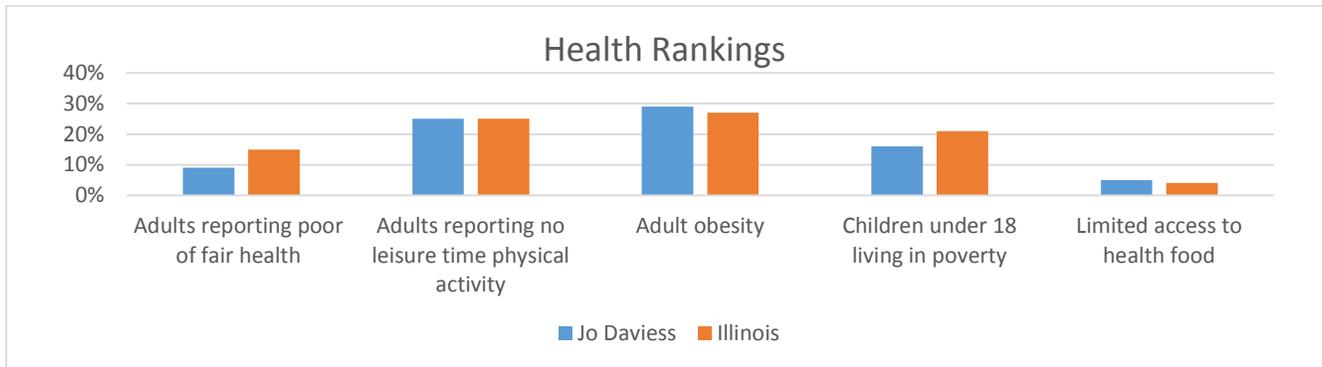
The demographic/economic profile of the county is better than many rural Illinois communities. In the near future, the profile is expected to remain substantially similar in most categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.

HEALTH PROFILE & FACTORS FOR JO DAVIESS COUNTY

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the County Health Rankings help counties understand what influences how healthy residents are and how long they will live. The rankings look at every county in the nation and show that much of what affects health occurs outside the doctor’s office. The County Health Rankings confirm the critical role that factors such as education, jobs, income play in people’s lives. The rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income and rates of smoking, obesity and teen births. The rankings, based on the latest data publicly available for each county, are unique in their

ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (ESRI 20134)

Jo Daviess County is ranked 2 out of the 102 Illinois Counties in the rankings, released 4/2013. (BRFSS – 2012)



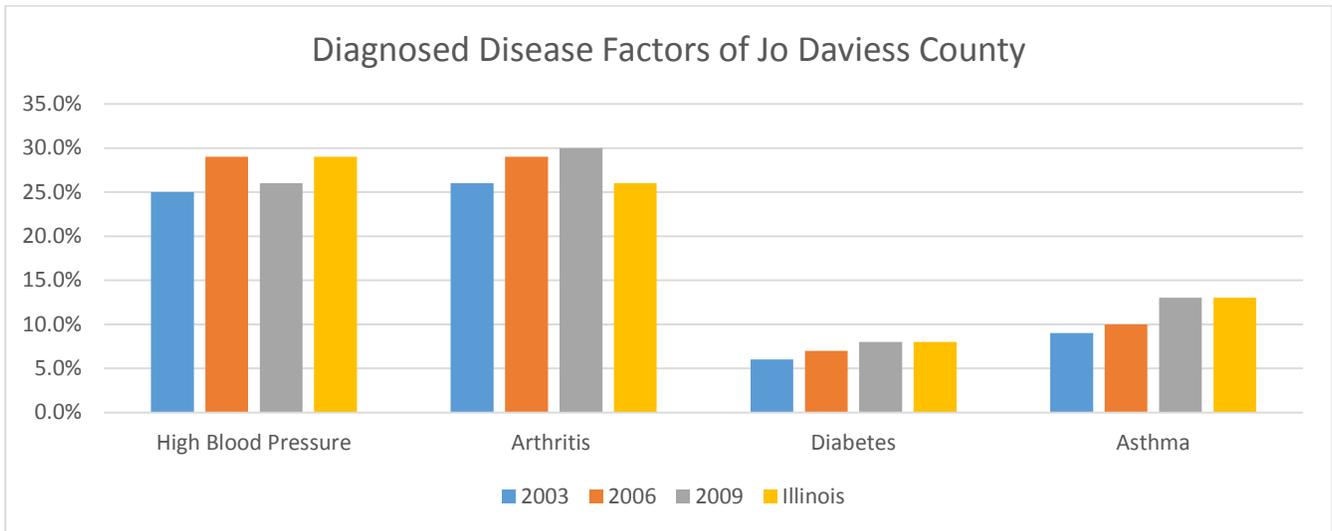
The Illinois Behavioral Risk Factor Surveillance System (IBRFSS) provides health data trends through the Illinois Department of Public Health, in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services. (ESRI 20134)

Sentinel events such as suicide, homicide & accidental deaths (such as occupational, agricultural or circumstantial) are not common in Jo Daviess County. However, Jo Daviess County suicide death rate is ranked 14th out of 102 counties in Illinois & has a higher than average occurrence than other counties in Illinois.

According to a 1999-2011 Centers for Disease Control (CDC) study on Illinois Life Expectancy, suicide rate for Jo Daviess County is at 13.96 per 100,000 people or roughly 3 deaths per year in that time period. Two suicides were reported by Midwest Medical Center for 2013. Homicide rate is 3.35 per 100,000 people or approximately 1 death every two years, ranking the county 30th and well below the state average per county. Accidental death rate is at 32.52 per 100,000 people or 6 deaths per year in which Jo Daviess County is towards the bottom at 86 out of 102 counties. Six accidental deaths were reported by Midwest Medical Center for 2013. This too is well below the state average per county. (www.worldlifeexpectancy.com/usa/illinois)

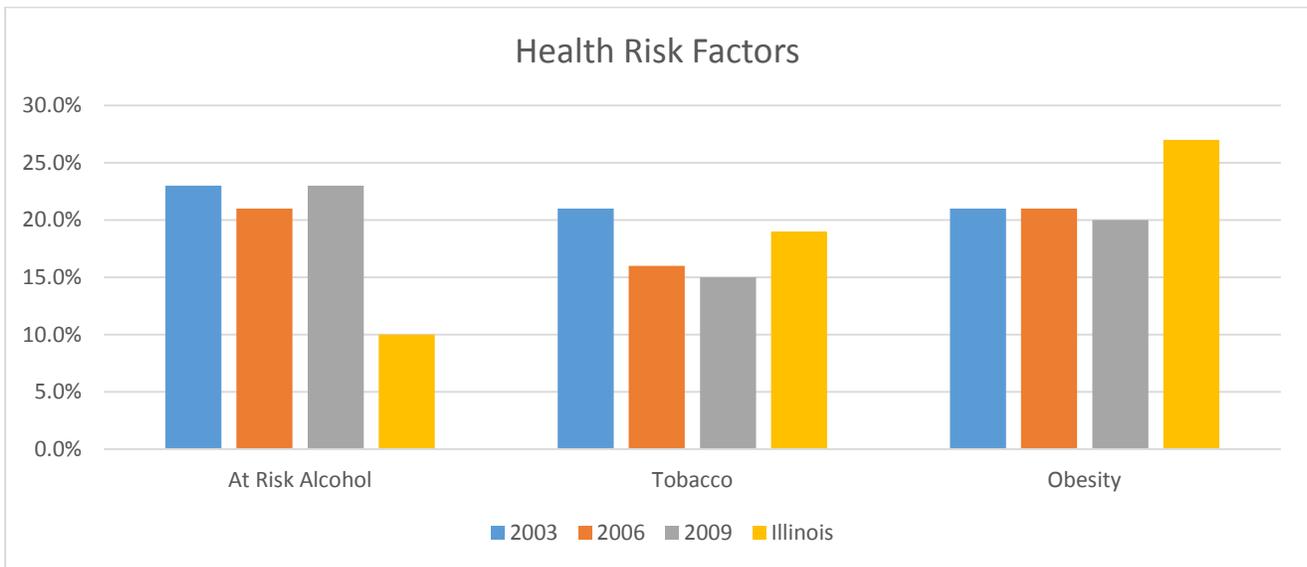
The following table reflects information from the IBRFSS that indicate areas of likely health care needs.

Diagnosis of arthritis exceeded the state level in recent years, and reports of diagnosis of diabetes and asthma have risen over recent years to reach statewide levels. (BRFSS – 2012)

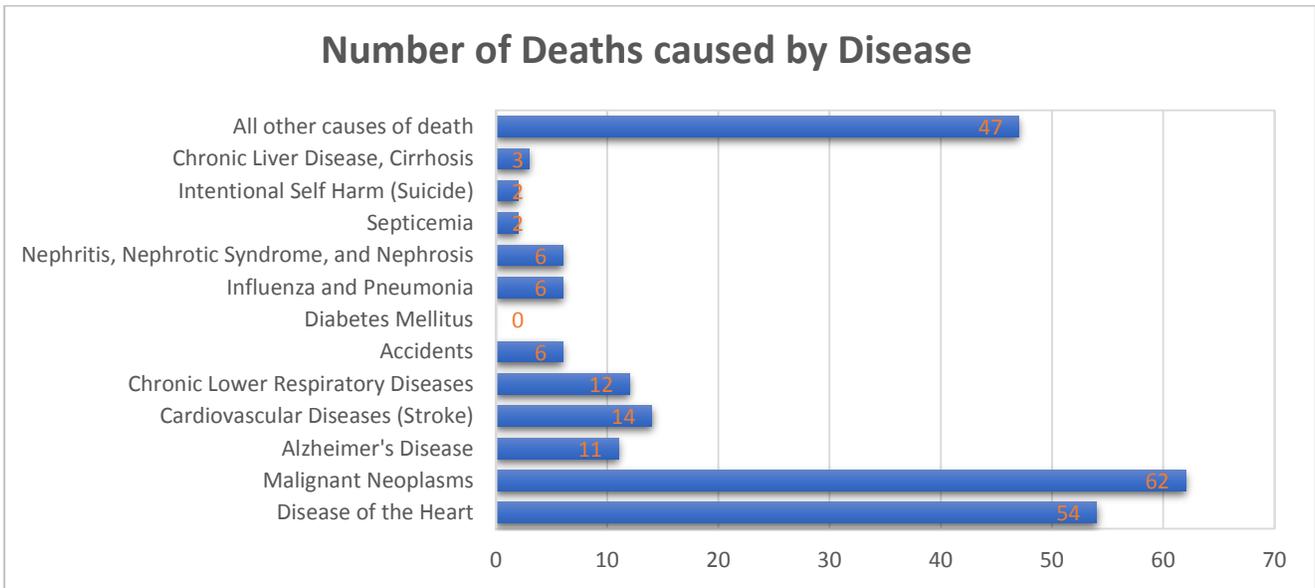


From the ICHAN at Midwest Medical Center, its service area reported a higher percentage of the population diagnosed with arthritis than state percentages. Also, a trending increase in reports of diagnosis of diabetes and asthma that reached state levels in 2009. (ESRI 20134)

The following table reflects information from the IBRFSS that indicate areas of likely health care needs. (BRFSS – 2012)



This illustration compares Jo Daviess County over a number of years and the state of Illinois' health risk factors. Jo Daviess County has a higher percentage of alcohol at risk residents for all captured years as compared to the rest of Illinois. Jo Daviess County is above or comparatively the same at risk for tobacco during those same captured years as the rest of Illinois (BRFSS – 2012)



The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent available table for Jo Daviess County, showing the causes of death within the county is illustrated above. The most prevalent causes of death are cancer and heart disease. In Jo Daviess County most of the residents that died from cancer were in the age range of 45-64 years old. When reviewing the deaths of residents in the age range of 65 and older the most common causes of death were cirrhosis, lower respiratory disease, heart disease and cancer. The death rate for Jo Daviess County is 158.6 per 100,000 people or 57 deaths a year. (BRFSS – 2012)

CARDIOVASCULAR HEALTH

Heart Disease is the leading cause of death in the U.S. Stroke is the third leading cause of death. Together, heart disease and stroke are among the most widespread and costly health problems according to Healthy People 2020. In 2007 there were 126.0 deaths per 100,000 population and 42.2 stroke deaths per 100,000 population in the U.S. In 2010 alone, more than \$500 billion was spent in health care expenditures for both heart disease and strokes in the U.S.

The leading modifiable/controllable risk factors for heart disease and stroke are: high blood pressure; high cholesterol; cigarette smoking; diabetes; poor diet and physical inactivity and overweight and obesity. Over time these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure, and strokes.

Cardiovascular disease is related to the prevalence of risk factors, access to treatment, appropriate and timely treatment; treatment outcomes and mortality. The chart below shows Jo Daviess County residents and their risk factors for heart disease.

From the ICHAN at Midwest Medical Center diseases of the heart was the leading cause of death throughout their service area.

CARDIOVASCULAR			
2007 Jo Daviess County Adults - 4th Round Illinois County BRFS		Count	Col %
TOLD BLOOD PRESSURE HIGH	Yes	4,599	26.4%
	No	12,831	73.6%
Total		17,430	100.0%
MEDICATION PRESCRIBED FOR BLOOD PRESSURE	Yes	3,720	80.9%
	No	879	19.1%
Total		4,599	100.0%
NOW TAKING BLOOD PRESSURE MEDICATION	Yes	3,720	80.9%
	No	879	19.1%
Total		4,599	100.0%
LAST TIME CHOLESTEROL CHECKED	1 year or less	11,416	68.4%
	> 1 year	3,492	20.9%
	never	1,779	10.7%
Total		16,687	100.0%
EVER: TOLD BLOOD CHOLESTEROL HIGH	Yes	5,676	36.3%
	No	9,955	63.7%
Total		15,632	100.0%
TO LOWER RISK: EATING MORE FRUIT/VEGES	Yes	12,514	72.0%
	No	4,872	28.0%
Total		17,386	100.0%
TO LOWER RISK: EXERCISING MORE	Yes	10,624	61.3%
	No	6,704	38.7%
Total		17,328	100.0%
IDPH, ICHS, 4th Round County BRFS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.			

CANCER

Cancer was identified as a health issue from the 2010-2015 IPLAN, and the following charts show the incident rate and death rate from cancer. This information is being assessed for the 2015-2020 IPLAN also. The State Cancer Profiles compiled by the National Cancer Institute list Jo Daviess County at Level 8 for all cancers, which means that the death by cancer rate overall is similar to the U.S. rate and is falling over the recent past.

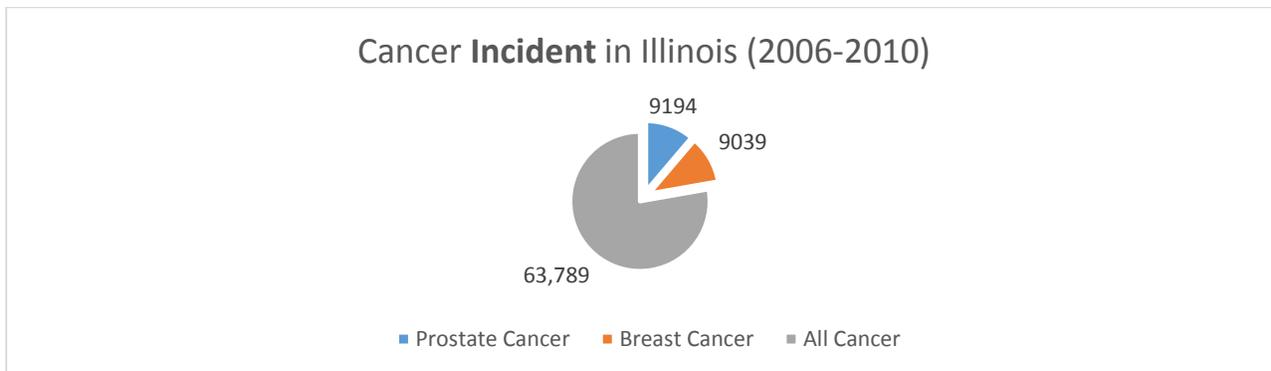
According to “Healthy People 2020”, there has been an overall decrease in incidence and death rates for all types of cancer. The following charts show that the death rate and incidence rates for prostate and breast cancer in Jo Daviess County are high. But, because of advances in treatment and detection, more than one half of the people diagnosed with cancer will be alive 5 years after their diagnosis even though cancer still remains a leading cause of death in the U.S.

Many cancers are preventable by reducing risk factors such as; use of tobacco products; physical inactivity and poor nutrition; obesity; ultraviolet light exposure. Some cancers can be prevented through vaccinations.

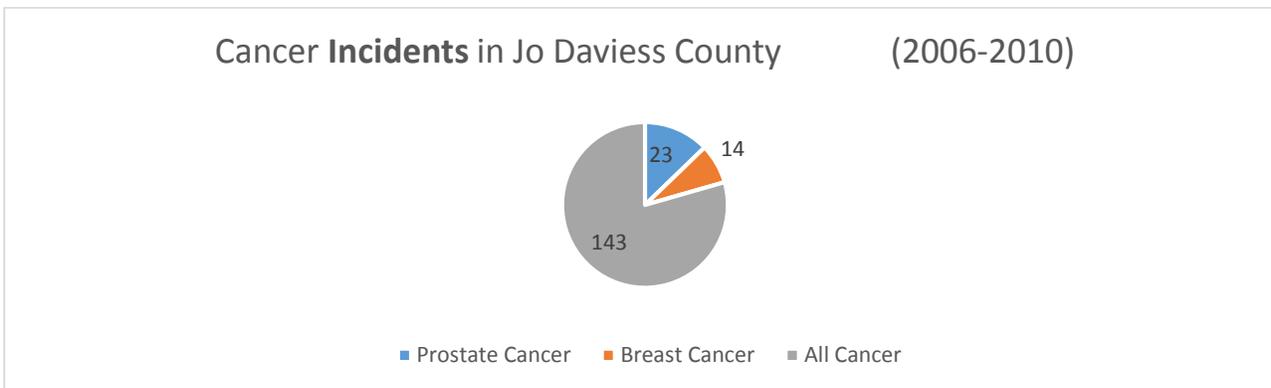
In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers such as colorectal, breast, uterine and kidney.

From the ICHAN at Midwest Medical Center cancer was the second leading cause of death throughout their service area.

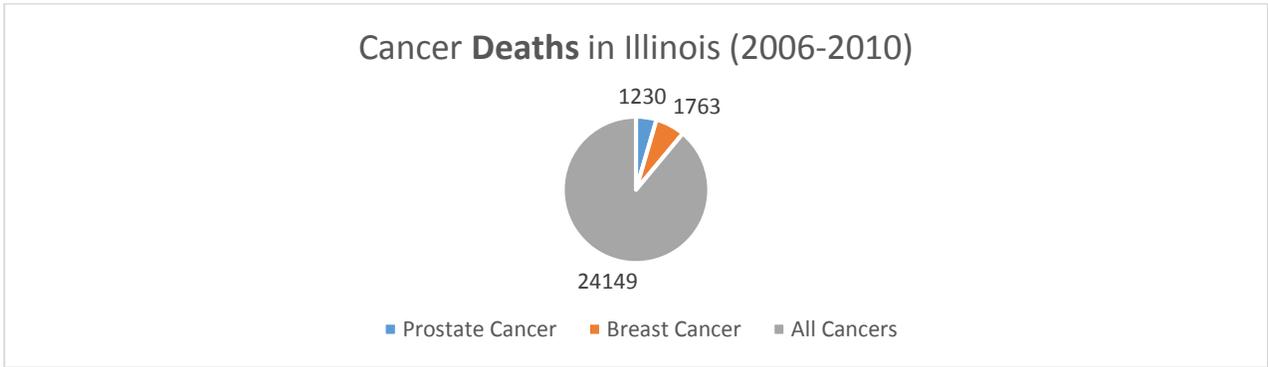
Cancer Statistics:



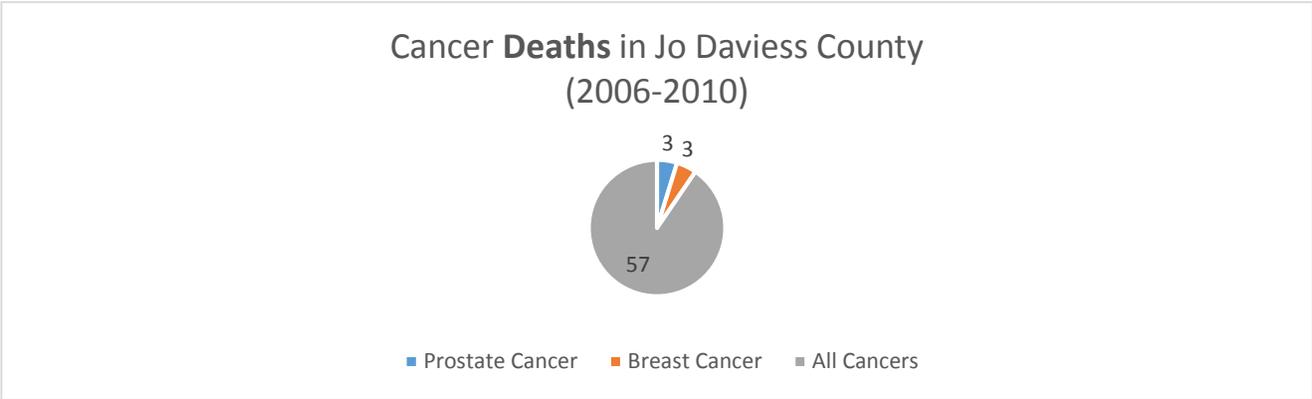
This illustration shows the number of incidents of breast and prostate cancer in comparison to all cancers for the state of Illinois. It appears that both prostate and breast cancers have a similar high incident rate. (Data from www.statecancerprofiles.gov)



This illustration shows the number of incidents for breast and prostate cancer compared to all other cancers in Jo Daviess County. It appears that prostate cancer is slightly more prevalent than breast cancer. (Data from www.statecancerprofiles.gov)



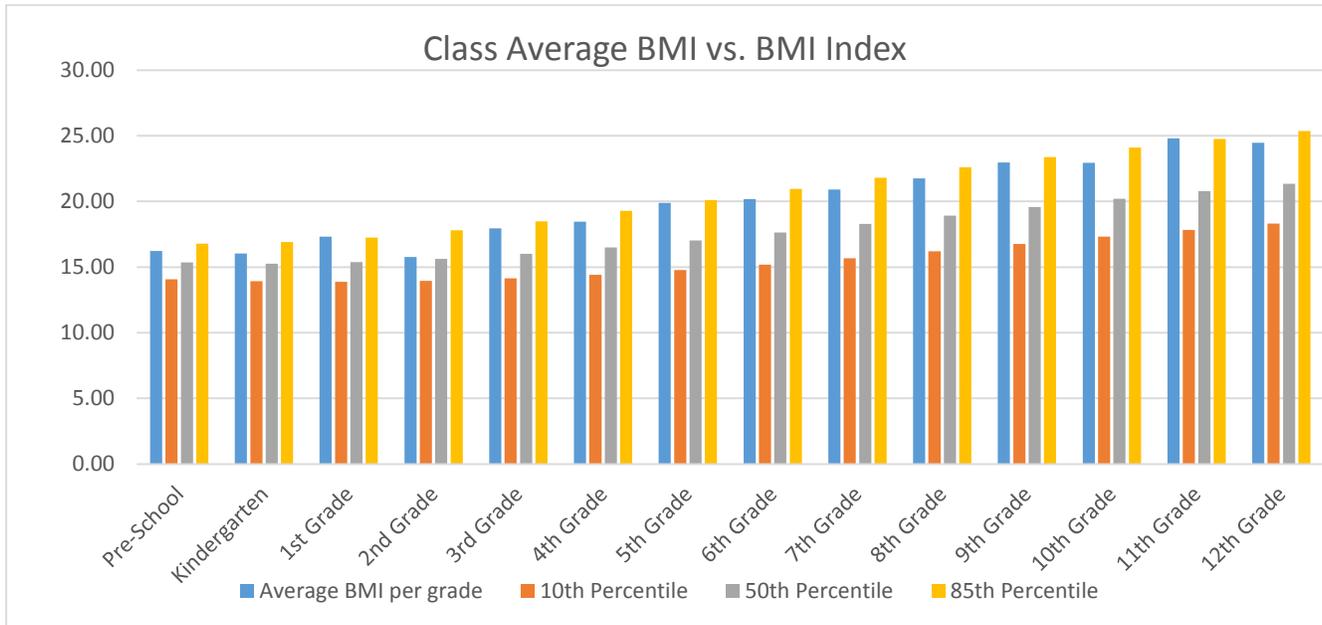
This illustration shows the number of deaths caused by breast and prostate cancer compared to all other types of cancer in the state of Illinois. It appears that both prostate and breast cancer are a large cause of cancerous deaths. (Data from www.statecancerprofiles.com)



In the Jo Daviess County IPLAN Health Assessment for 2010-2015 the data assessed also identified cancer, specifically breast and prostate cancers as health issues along with obesity and intimate partner interpersonal violence.

OBESITY

Obesity was identified as a health issue from the 2010-2015 IPLAN, and the following charts show the statistics regarding obesity in Jo Daviess County.



This illustration is an average of Body Mass Index (BMI) values for each school and class level in Jo Daviess County. 10th percentile is considered under weight, 50th percentile is considered normal and BMI value that is in the 85th percentile or above is considered at risk for overweight or obesity. The majority of average BMI values are approaching the 85th percentile or above which leads to the belief that obesity is becoming problematic in children. (Data from the Jo Daviess County Obesity Prevention Coalition)

Obesity has been officially classified as a disease by the American Medical Association (AMA).

According to the CDC, “more than one-third of U.S. adults (over 72 million people) and 17% of U.S. children are obese. During 1980–2008, obesity rates doubled for adults and tripled for children. During the past several decades, obesity rates for all population groups—regardless of age, sex, race, ethnicity, socioeconomic status, education level, or geographic region—have increased markedly. In 2008, overall medical care costs related to obesity for U.S. adults were estimated to be as high as \$147 billion. People who were obese had medical costs that were \$1,429 higher than the cost for people of normal body weight. Obesity also has been linked with reduced worker productivity and chronic absence from work”.

CDC tracks obesity trends among children and adults, as well as policy, environmental, and behavioral factors related to obesity and overweight. For example, in 2010, CDC's new Vital Signs program used 2009 data from the Behavioral Risk Factor Surveillance System to describe the prevalence of obesity at the state level. The data showed that no state had met the national goal of reducing the adult obesity rate to less than 15% and that, in 9 states, at least 30% of adults were obese. Obesity increases the risk of many health conditions, including the following:

- Coronary heart disease, stroke, and high blood pressure.
- Type 2 diabetes.
- Cancers, such as endometrial, breast, and colon cancer.

- High total cholesterol or high levels of triglycerides.
- Liver and gallbladder disease.
- Sleep apnea and respiratory problems.
- Degeneration of cartilage and underlying bone within a joint (osteoarthritis).
- Reproductive health complications such as infertility.
- Mental health conditions.

WEIGHT CONTROL					
2007 Jo Daviess County Adults - 4th Round Illinois County BRFS		Count	Col %	95% Confidence Interval	Unweighted Count
OBESITY	underweight/normal	6,367	38.6%	+/- 6.1%	144
	overweight	6,772	41.1%	+/- 6.2%	146
	obese	3,355	20.3%	+/- 4.5%	94
Total		16,494	100.0%		384
ADVISED ABOUT WEIGHT	Yes	3,006	17.2%	+/- 4.0%	83
	No	14,424	82.8%	+/- 4.0%	325
Total		17,430	100.0%		408
ARE YOU NOW TRYING TO LOSE WEIGHT	Yes	8,026	46.0%	+/- 5.9%	195
	No	9,404	54.0%	+/- 5.9%	213
Total		17,430	100.0%		408
NOW TRYING TO MAINTAIN CURRENT WEIGHT	Yes	6,722	71.5%	+/- 7.9%	157
	No	2,682	28.5%	+/- 7.9%	56
Total		9,404	100.0%		213
CONTROL WEIGHT: LESS CALORIES/FAT	Yes	10,689	72.7%	+/- 6.3%	271
	No	4,015	27.3%	+/- 6.3%	80
Total		14,704	100.0%		351
CONTROL WEIGHT: EXERCISE	Yes	9,993	67.8%	+/- 6.1%	232
	No	4,755	32.2%	+/- 6.1%	120
Total		14,748	100.0%		352

IDPH, ICHS, 4th Round County BRFS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

This illustration shows that a majority of individuals are either overweight or obese and most were not advised about weight.

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

The ICHAN indicates that obesity levels in the county are above state levels. A contributing factor to obesity is no leisure time physical activity.

DIABETES

Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb glucose (sugar) as fuel for the body’s cells. Without a controlling internal system, blood glucose levels become elevated leading to the development of serious complications. There are 3 main types of diabetes: Type 1 which results when the body loses its ability to produce insulin. Type 2 is a result of a combination of resistances to the action of insulin and insufficient insulin production. Gestational diabetes is a common complication of pregnancy and is also a risk factor for subsequent development of Type 2 diabetes after pregnancy.

According to Health People 2020, almost 25% of Americans with diabetes are undiagnosed and another 57 million Americans have blood glucose levels that increase their risk of developing diabetes. Diabetes affects an estimated 23.6 million people in the U.S. and is the 7th leading cause of death.

DIABETES					
2007 Jo Daviess County Adults - 4th Round Illinois County BRFSS		Count	Col %	95% Confidence Interval	Unweighted Count
TOLD HAVE DIABETES	Yes	1,453	8.3%	+/- 2.9%	42
	No	15,977	91.7%	+/- 2.9%	366
	Total	17,430	100.0%		408
12 MO: HAD BLOOD GLUCOSE TEST	Yes	9,777	57.4%	+/- 6.2%	255
	No	7,253	42.6%	+/- 6.2%	143
	Total	17,030	100.0%		398

IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

The importance of diabetes in relation to other health issues continues to increase. People with diabetes have a higher risk for eye, foot, circulation, heart, dental and blood pressure problems. New diabetes quality of care indicators such as foot exams, eye exams and measurement of HbA1c are encouraged and are constantly under development and may help determine whether timely, evidence-based care is linked to risk factor reduction. If various behaviors such as dietary choices and exercise frequency are changed for the better, the risk of diabetes may decrease. Prevention programs community-wide can impact the number of individuals with undiagnosed diabetes and facilitate the introduction of diabetes prevention at a public health level.

MENTAL HEALTH

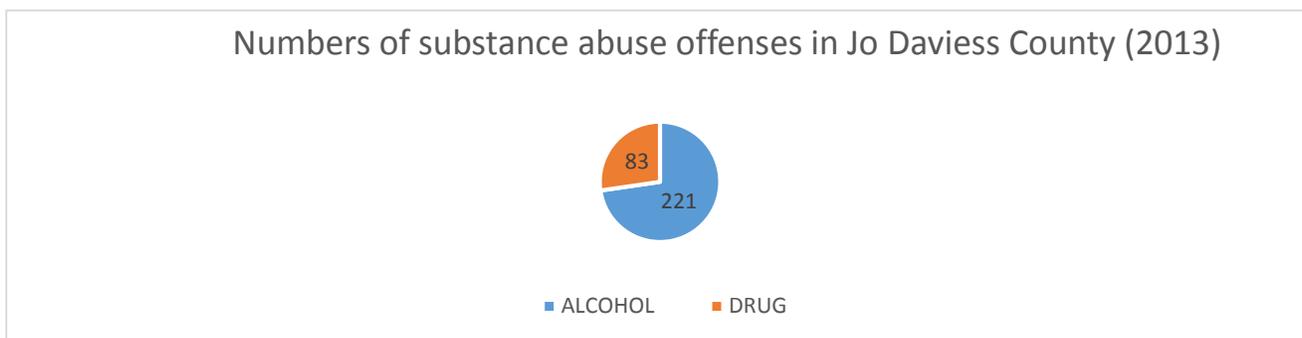
Intimate Partner Personal Violence was identified as a health issue from the 2010-2015 IPLAN, and the following charts show the incident rates for substance abuse & sexual/domestic violence in Jo Daviess County.

“Healthy People 2020”, define mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and

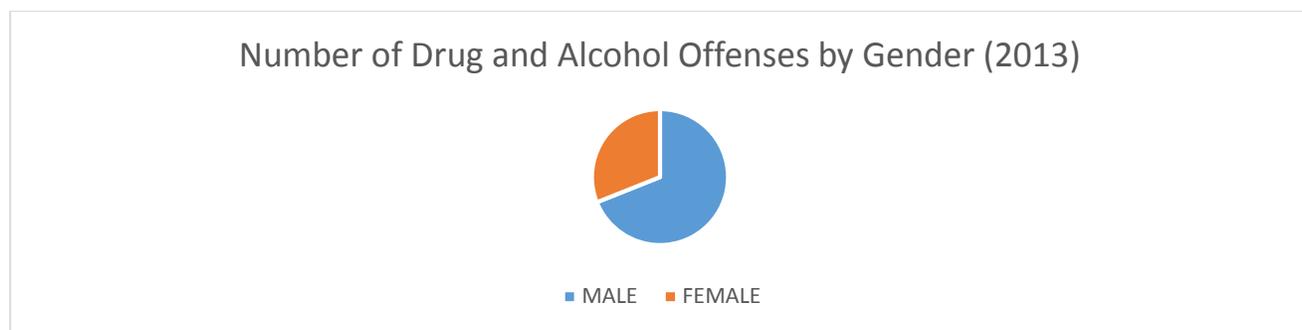
interpersonal relationships, and the ability to contribute to community or society”. With this in mind, when an individual’s thinking, mood and behavior is impaired, a host of problems can arise which may include disability, pain and even death. According to the National Institute of Mental Health, in any given year, an estimated 13 million American adults (approximately 1 in 17) have a serious debilitating mental illness. Mental health disorders are the leading cause of disability in the US and suicide is the 11th leading cause of death at approximately 30,000 Americans each year.

An individual’s physical health is closely connected to his/her mental health. A mental illness will affect healthy decision making including the decision to seek help and treatment. Within the mental health field there are many subcategories such as: access to mental health care and services; post-hospital placement; substance abuse; housing alternatives and there are many age divisions. For the IPLAN process the Community Health Committee groups identified two areas that are significant and all three groups identified the two as health issues for this geographic area: substance abuse and post-hospital placement. The JDCHD as well as the Community Needs Assessment Committee identified drug & substance abuse as an area of concern that need further evaluation for the IPLAN.

Substance Abuse Statistics:

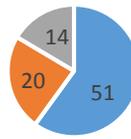


This illustration shows the number of drug and alcohol offenses in Jo Daviess County for the year of 2013. It is apparent that alcohol is a large part of the offenses. (Data from the Jo Daviess County Sheriffs Department)



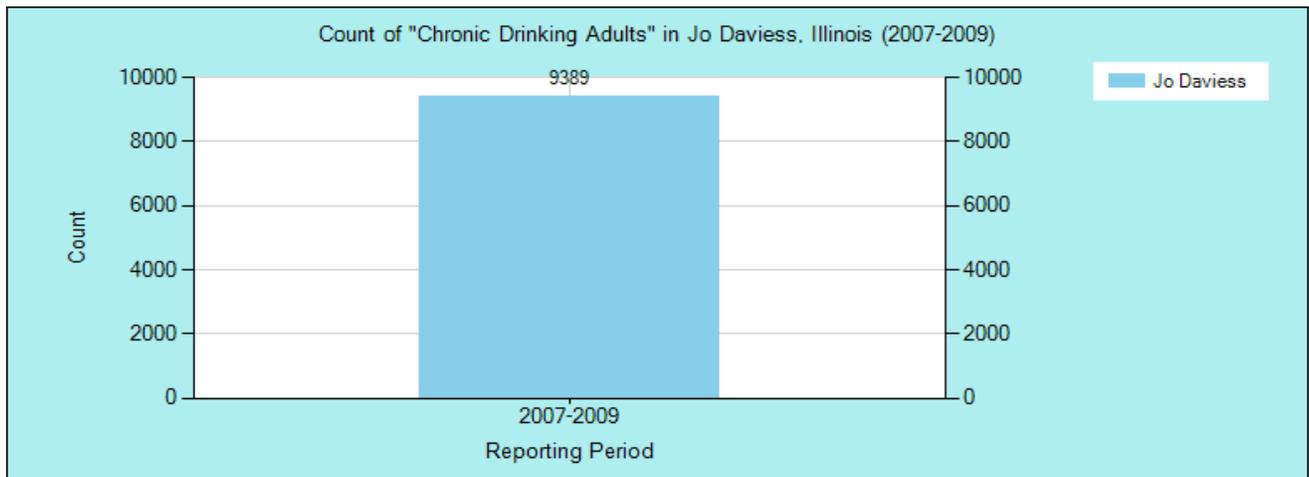
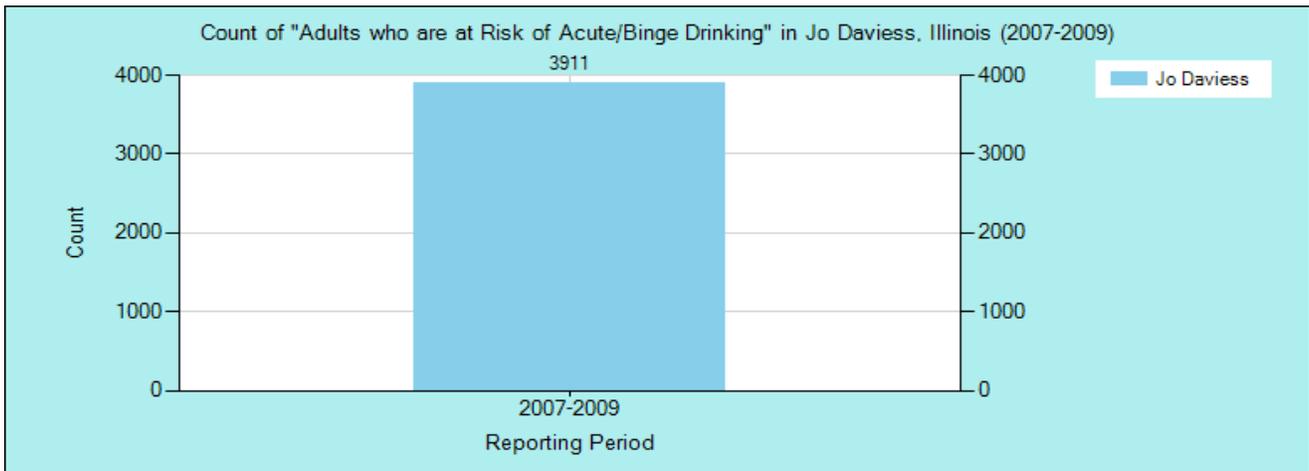
This illustration shows the gender split between the drug and alcohol offenses in 2013. It appears most of the perpetrators were male. (Data from the Jo Daviess County Sheriffs Department)

Drug use in Jo Daviess County (2009-2010)



■ All Drugs ■ Cannabis ■ Other

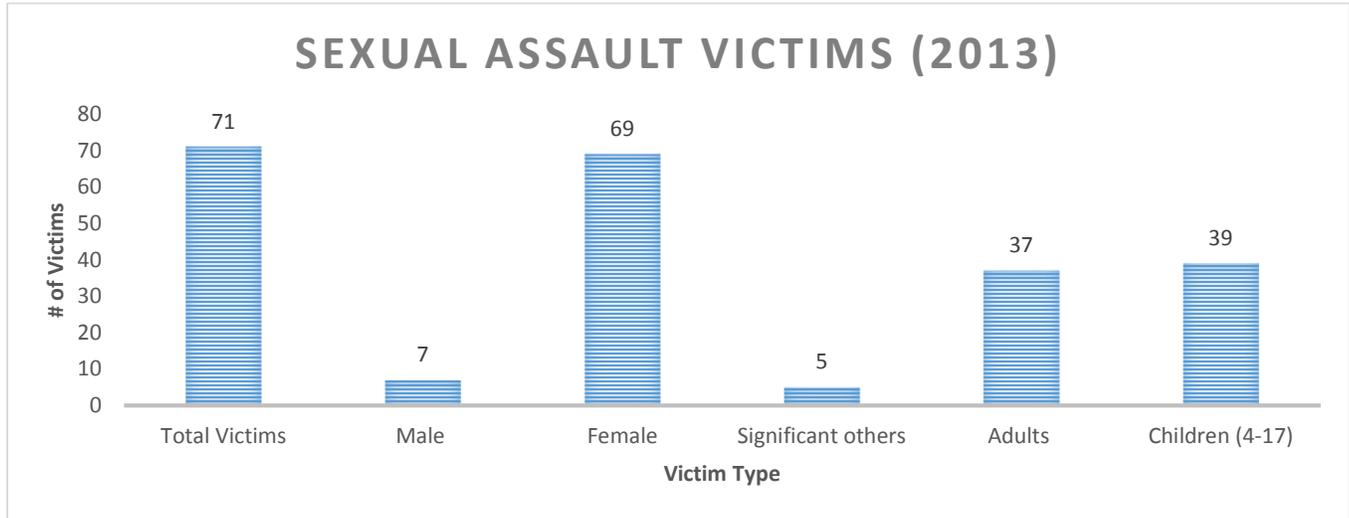
This illustration shows drug use in Jo Daviess County. It clearly shows that cannabis is the most common cause of drug related of hospitalizations in the county. (Data from www.IQuery.com)



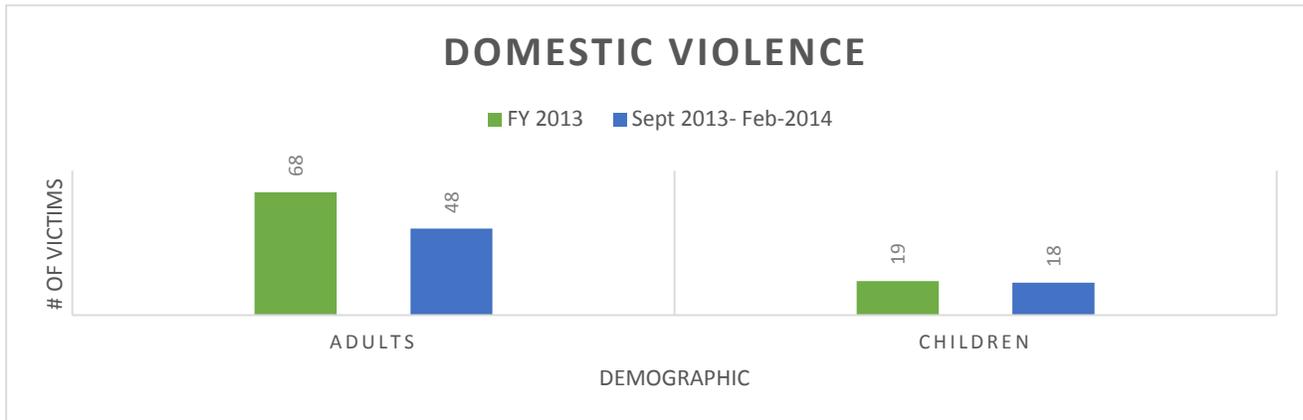
Source: Illinois Behavioral Risk Factor Surveillance System
 Contact: IDPH BRFSS : 535 W. Jefferson St. Springfield, IL 62761 217-524-5987 <http://app.idph.state.il.us/brfss/> IDPH BRFSS
 Description: Illinois Behavioral Risk Factor Surveillance System (BRFSS), Illinois Department of Public Health.

The ICHAN indicates persons at risk for alcohol abuse in Jo Daviess County are above state levels.

Assault Statistics:



This illustration shows the number of sexual assault victims that were provided services by the Riverview Center in Galena, IL in 2013. This graph breaks down the total number of victims into sex and age. It appears that most of the victims are female, but when it comes to age the victims are split closely between adults and children. (Data from the Riverview Center, Galena, IL)

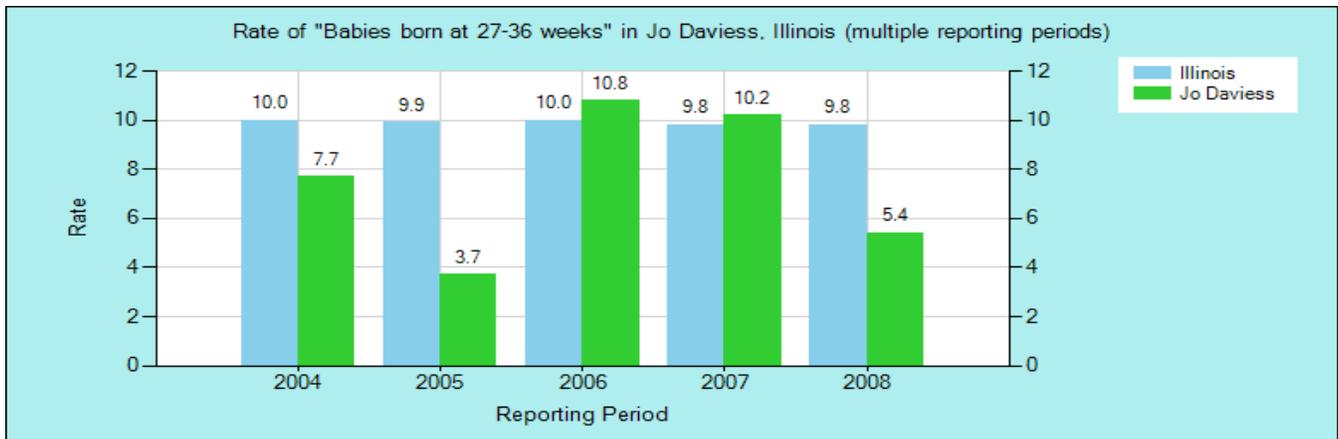


This illustration shows the number of domestic violence victims that the Riverview Center has provided services to in the following ranges: Fiscal Year (FY) of 2013 (FY 2013) and September 2013- February 2014. In the FY 2013 services were provided to 87 victims. It appears that in the last six months the Riverview Center has provided service to almost the same number of people. (Data from the Riverview Center, Galena, IL)

The IPLAN 2015-2020 community groups assessed past IPLAN data, data collected since then and additional data beginning with infants, comparing the rate at which premature babies are born to the State of Illinois.

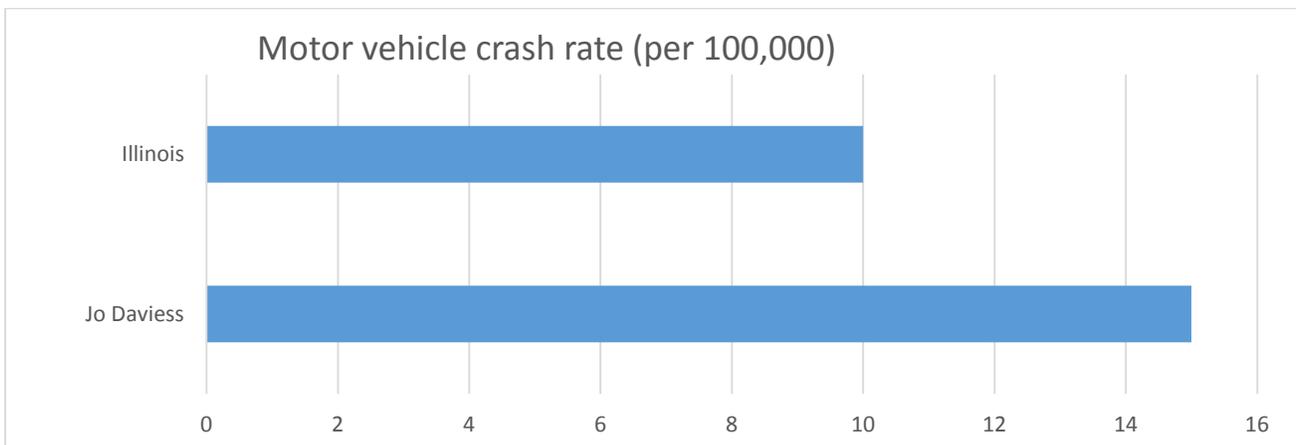
PREMATURE BIRTH RATE

In the most recent data year, Jo Daviess County's premature birth rate has decreased significantly compared to the state. (Data from www.IQuery.com)



Other areas of concern that were discussed in the community groups assessing data were: motor vehicle accidents, access to healthcare, and communicable diseases such as: chicken pox, shiga toxin-producing E. coli (STEC), salmonella, pertussis, Lyme disease, hepatitis, & cryptosporidium. The following charts show frequency data.

MOTOR VEHICLE ACCIDENTS



This illustration demonstrates the data that Jo Daviess County has a higher motor vehicle crash rate than the state of Illinois. This is another health rating that has a negative impact on Jo Daviess County. According to the National Highway Traffic Safety Administration (NHTSA) Traffic Safety Facts, there were 4 vehicle deaths in the county in 2009. Speed was the most common factor related to fatal crashes.

ACCESS TO HEALTHCARE

Access to comprehensive, quality health care is important for the quality of life. This issue focuses on four areas related to access to care: entry into the healthcare system; coverage; services timeliness and workforce. Entry into the system means healthcare location and where services are geographically

located and finding a provider that is available every day during normal office hours, extended hours for those in the workforce, and specialized healthcare. Access to healthcare impacts; not only the physical but also the mental health status of individuals; prevention of disease; detection and treatment; quality of life; preventable death and premature death; and life expectancy. Individuals who have limited access to healthcare usually state a lack of availability, high costs and lack of insurance coverage as the reasons for their limitations.

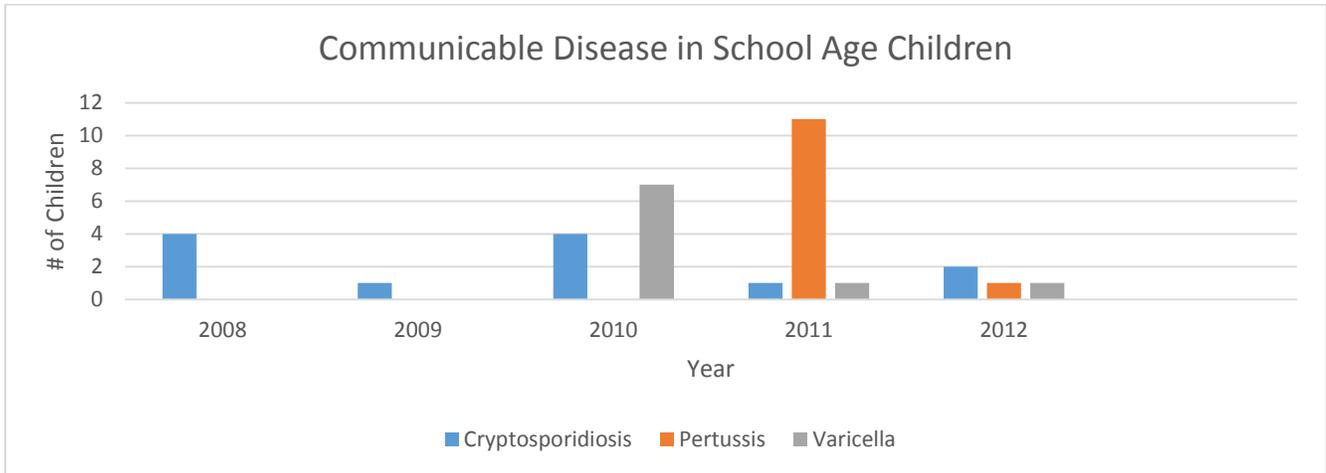
With the Affordable Care Act, all individuals will become insured which will have an impact on health outcomes as those who previously did not access care due to lack of insurance and high costs, will now have coverage.

The chart below relates to Jo Daviess County residents and their access to healthcare.

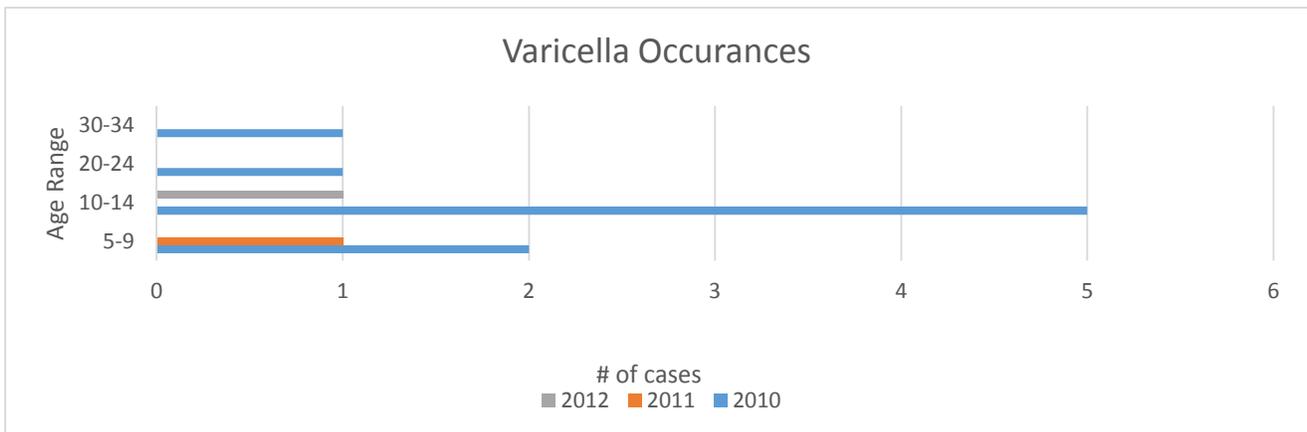
HEALTH CARE UTILIZATION					
4th Round BRFSS Jo Daviess County Adults			Count	Col %	
DO YOU HAVE HEALTH CARE COVERAGE	Yes		15,970	92.0%	
	No		1,396	8.0%	
Total			17,366	100.0%	
HAVE USUAL PERSON AS HEALTH CARE PROVIDER	Yes		14,334	82.2%	
	No		3,096	17.8%	
Total			17,430	100.0%	
DO YOU HAVE MEDICARE	Yes		4,207	26.3%	
	No		11,764	73.7%	
Total			15,970	100.0%	
LAST ROUTINE CHECKUP	1 year or less		12,894	74.2%	
	More than 2 years/Never		4,483	25.8%	
Total			17,377	100.0%	
12 MOS: NO DOCTOR VISIT DUE TO COST	Yes		741	4.3%	
	No		16,689	95.7%	
Total			17,430	100.0%	
12 MOS: DIDN'T GET MEDS DUE TO COST	Yes		943	5.4%	
	No		16,487	94.6%	
Total			17,430	100.0%	
12 MO: COULD NOT AFFORD DENTIST	Yes		1,865	10.7%	
	No		15,565	89.3%	
Total			17,430	100.0%	
IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.					

COMMUNICABLE DISEASES

The illustration on the next page shows the number of children in Jo Daviess County that have contracted communicable disease in the recent years. This graph shows Pertussis and Varicella (Chicken Pox) to be on the rise the state of Illinois as a whole shows the same trend for these diseases. (Data from www.IQuery.com).



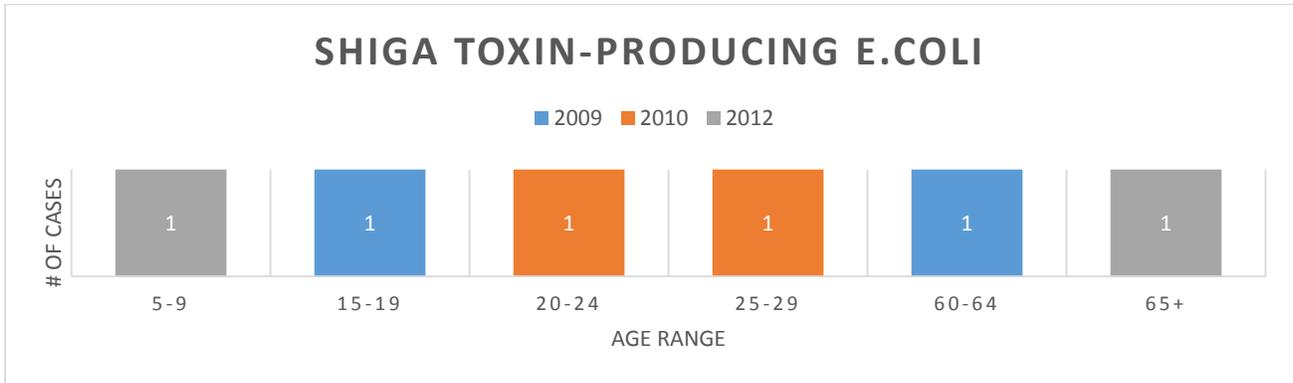
Chicken Pox:



This illustration shows the number of Varicella (chicken pox) cases over a five year span (2008-2012) and the ages of the people who were infected. The highest incidents of Varicella was in 2010 for children between the ages of 10 and 14. (Data from www.IQuery.com)

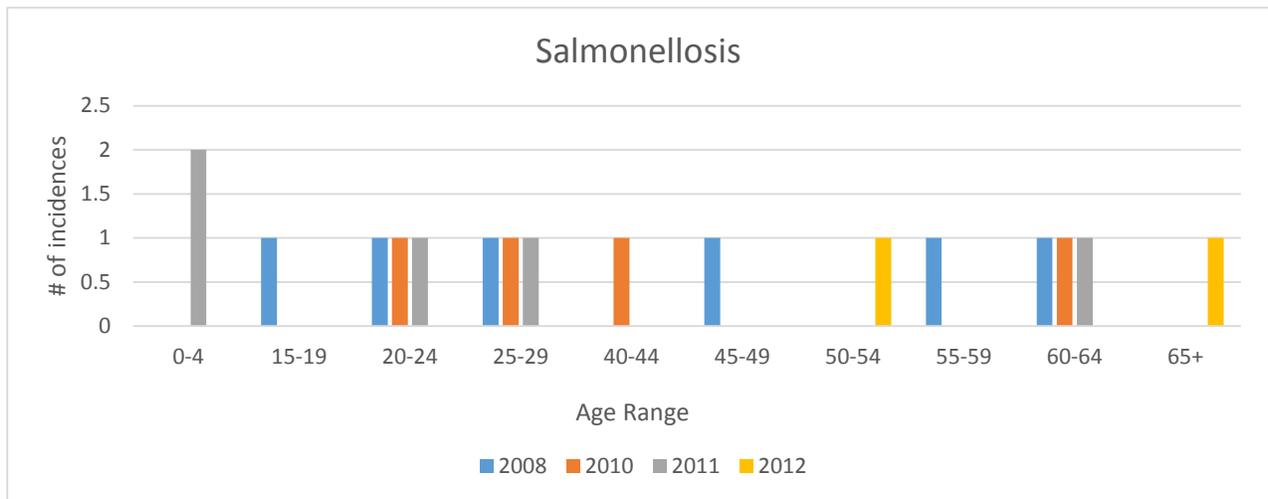
Illinois is the fifth most populous state in the nation with 12,901,563 inhabitants (based on 2008 U.S. Census estimates). Illinois had 180,530 births reported in 2007, of which 134,276 were attributed to the Illinois project area, which excludes Chicago. Of these births, 12,015 (9%) occurred to teenagers, aged 19 years of age and under. According to the most recent 2008 release of the National Immunization Survey of 19-35 month olds, Illinois ranked 15th in the nation on the 4:3:1:3:3:11 coverage. The reported varicella coverage level for 19-35 month olds in Illinois (excluding Chicago) was 90%; compared with the national average of 89%.

STEC:



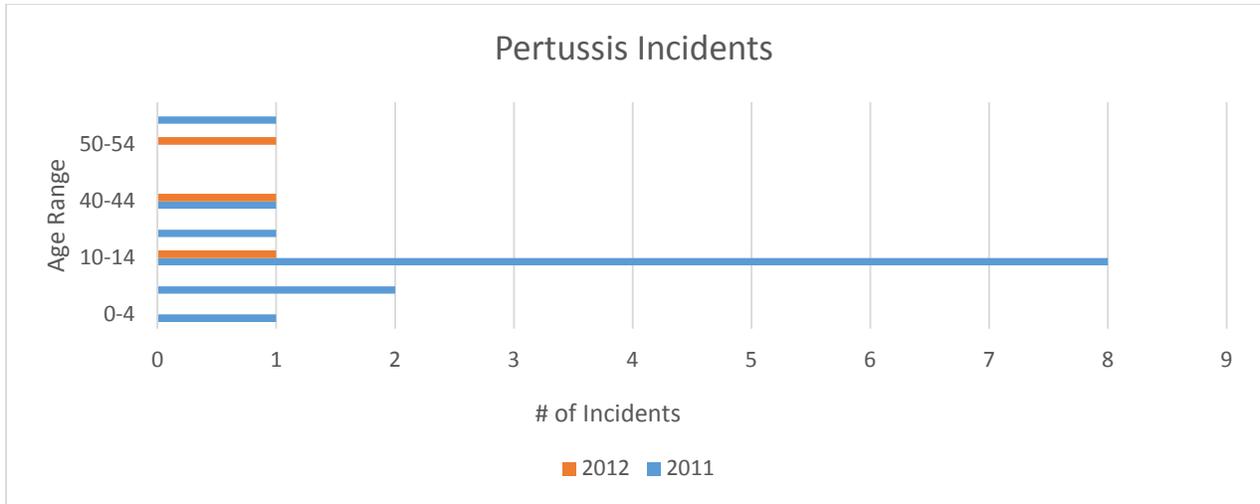
Shiga toxin-producing Escherichia coli (STEC) are bacteria that can cause bloody diarrhea in infected people. In rare cases, the same bacterium can also cause kidney disease. These bacteria are found in drinking water contaminated with human or animal feces containing the bacteria, eating undercooked contaminated ground beef or unpasteurized dairy products, drinking unpasteurized apple juice, cider, or dairy products, eating raw fruits and vegetables that have been contaminated with feces of infected animals, or person-to-person transmission. Infection occurs in all age groups, but tends to be diagnosed more in children five years old and younger. The previous illustration shows the number of Shiga Toxin-Producing E.coli infections and the ages of the people who were infected over a five year span (2008-2012). Over those five years, three of the years have had one confirmed case of Shiga Toxin-Producing E.coli. (Data from www.IQuery.com).

Salmonella:



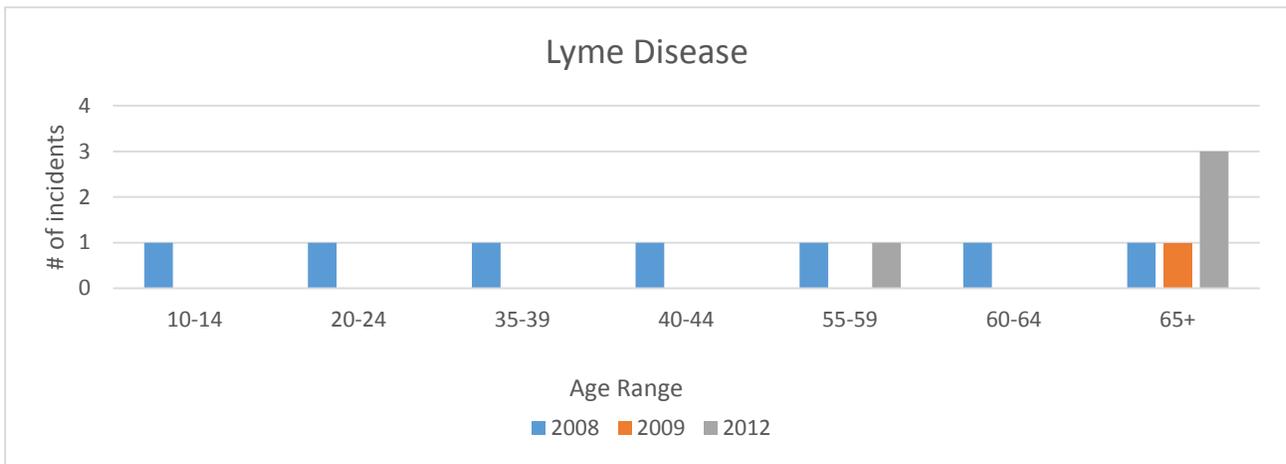
The pathogenic Salmonella is a life-threatening bacterium, and it is a leading cause of food-borne bacterial illnesses in humans. It is the second most predominant bacterial cause of food-borne gastroenteritis worldwide. This illustration shows the incidents of Salmonellosis, in Jo Daviess County, and at what age the people infected were. In the last five years four of them have had confirmed incidents of Salmonellosis. (Data from www.IQuery.com)

Whooping Cough:



This illustrationn shows the incidents of Pertussis (whooping cough), in Jo Daviess County, and what age the people infected were. In the five year span of 2008-2012 the incidents have started to rise in 2011 and 2012. (Data from www.IQuery.com). There was a surge of whooping cough across the United States in September 2012, and Illinois was one of 20 states that had even more cases than the national average. Whooping cough is a highly contagious respiratory infection that moves easily from person to person through coughs and sneezes. The disease is most dangerous in infants under 6 months of age, especially those who are preterm or unimmunized. Most of the increase in pertussis is being seen among children 7-10 years old and in early teens age’s 13-14.

Lyme Disease:

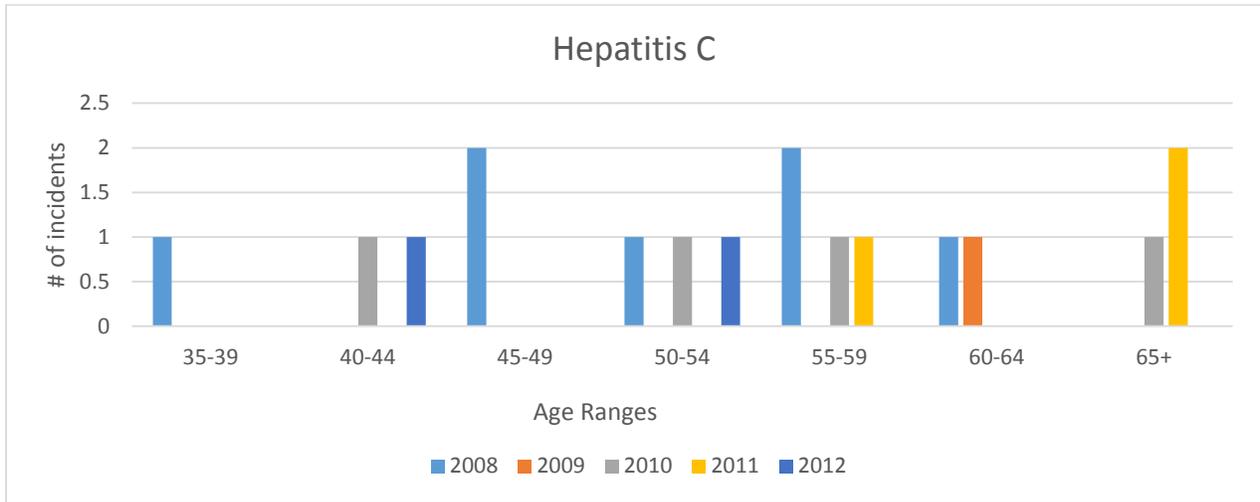


The U.S. Centers for Disease Control and Prevention (CDC) released the results of a six-year survey study of Lyme disease from 1992 to 1998. During this period, a total of 88,967 cases of Lyme disease were reported to CDC by 49 states. Between 1992 and 2007, there were significant increases in Lyme disease rates in 21 states, while 14 states showed a significant decrease, and 15 states showed no significant change, according to the study.

Most of the states that showed increases in the tick-borne disease were northern states, including most states in New England, along with Virginia, Ohio, and Pennsylvania, and states across the northern Midwest, including Michigan, Illinois, Wisconsin, Minnesota and North Dakota.

This illustration shows the incidents of Lyme Disease over a five year span, in Jo Daviess County, and the age of the people infected. Lyme disease is indicative of the number of deer ticks during the summer season. The more deer ticks the higher chance of Lyme Disease. (Data from www.IQuery.com)

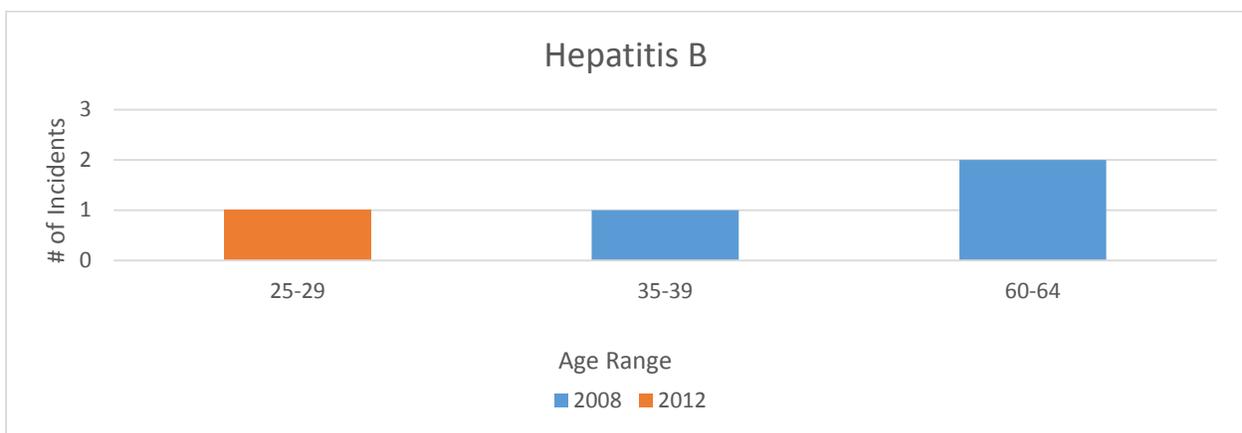
Hepatitis C:



This illustration shows the incidents of Hepatitis C over a five year span and the age of the people infected. People in the age range of 50-54 and 55-59 appear to have a higher incident rate of Hepatitis C. (Data from www.IQuery.com).

Chronic hepatitis C is one type of hepatitis virus. It is spread when a person is exposed to the blood of another person who has the virus. 75% to 85% of people who are exposed to the chronic Hepatitis C virus develop chronic (lasting a long time) Hepatitis C. Chronic Hepatitis C is a lifelong infection that may damage the liver. Three to four million people in the United States have chronic Hepatitis C. Many of them don't know they have it. That's because they don't necessarily look or feel sick.

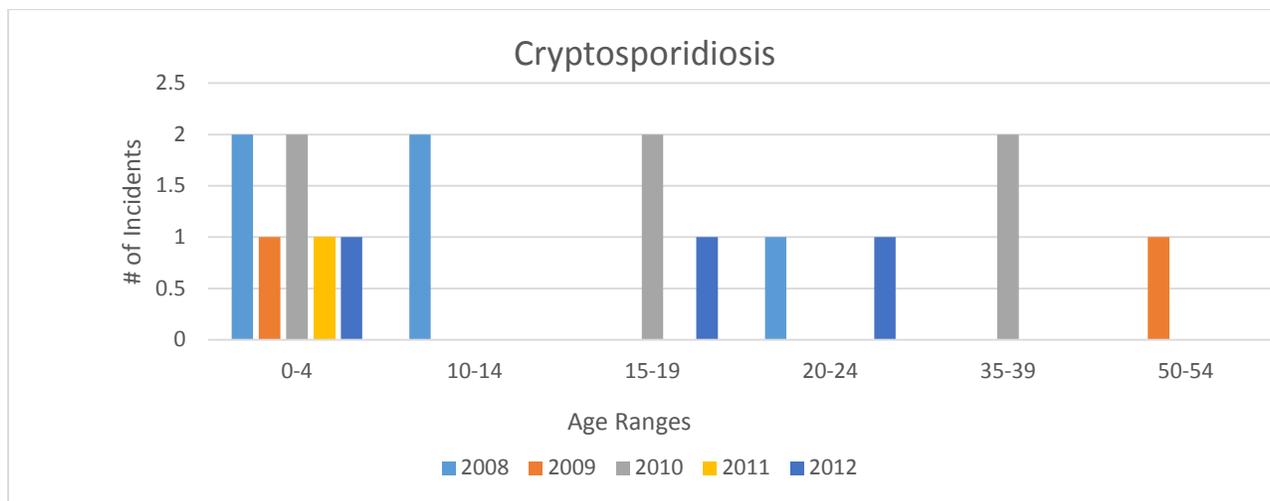
Hepatitis B:



This illustration shows incidents of Hepatitis B over a five year span and the age of the people infected. Cases of Hepatitis B have been confirmed in two out of the five years, in Jo Daviess County. The age range that appears to be most likely to get Hepatitis B is 60-65. (Data from www.IQuery.com).

In the United States, sexual contact is the most common means of transmission, followed by using contaminated needles for injecting illicit drugs, tattooing, body piercing, or acupuncture. Additionally, Hepatitis B can be transmitted through sharing toothbrushes and razors contaminated with infected fluids or blood.

Cryptosporidium:



This illustration shows the incidents of Cryptosporidiosis in Jo Daviess County over a five year span and the age of the people infected. Cryptosporidiosis appears to infect children in the age range of 0-4 most often. (Data from www.IQuery.com)

Cryptosporidium infections (cryptosporidiosis) have been reported in humans and a wide variety of animals such as cattle, dogs, and cats. Infected humans and animals shed the parasite in their feces (stool). As a result, *Cryptosporidium* can be found in environments contaminated by the feces of infected humans or animals. Lakes, rivers, reservoirs, and shallow wells may be affected. The parasite is highly resistant to chlorine, which is commonly used as a disinfectant in water treatment plants and recreational water venues, such as swimming pools and water parks. Due to the rural and agricultural nature of the County, *Cryptosporidium* can become a problem. The County has lakes, shallow wells, farm animals, swimming pools and generally if reported, it comes from shallow wells or swimming pools.

PROCESS

The county hospital, Midwest Medical Center's (MMC) Community Health Needs Assessment is conducted every three years and was due at the same time the JDCHD's - IPLAN assessment was also due. Collaboration between the hospital and the health department allowed both agencies the opportunity to meet jointly with community stakeholders to assess county health needs through a review of available health data and discuss, identify and address the area's most pressing health needs. Partners in this process included local officials, community leaders, representatives of the various groups served by both entities, and health care partners. (See appendix A). This portion of the needs assessment was conducted by a consultant provided by the ICHAN in conjunction with administrative representatives from MMC and the JDCHD. The ICAHN consultant was Terry Madsen, who is also an attorney, former educator and community development specialist. The initial meetings identified geographic areas of service, scope of the project, the needs of the ICAHN and IPLAN, and any special considerations. Various avenues for gathering primary data were reviewed and it was determined to proceed with three focus groups of community partners.

Quantitative data was obtained from: U.S. Census Bureau data from the zip code level utilizing Economic & Social Research Institute (ESRI) Solutions' analysis providing categorical demographic and economic information and variables for multiple years of past and future data allowing for identification of trends over time and projections. Additional data was obtained from the Illinois Department of Labor, Illinois Department of Revenue & Illinois State Board of Education.

Other sources of data were: Kaiser State Health Facts, Kaiser Family Foundation, Illinois County Health Rankings, Illinois Department of Public Health's (IDPH) IQUERY, Robert Wood Johnson Foundation, US Department of Health & Human Services, Illinois Behavioral Risk Factor and Surveillance System (provides health and data trends through IDPH), and Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services.

Qualitative information from primary sources including focus groups was collected and analyzed for common themes concerning the county population in general and themes potentially impacting health concerns or delivery of health services for any person(s) who might be medically underserved, low income, minority, or suffering chronic disease needs. Data was also analyzed for confirmation of themes in order to identify needs.

Potential information gaps were discussed relative to the population of persons of Hispanic origin, and also of persons who are living in poverty in the county. This assessment has explored the insular needs of these identified groups by specifically seeking input from persons with knowledge of the specific health concerns. Input was also sought from members of the professional community who are charged with advancing the health and education of the community and all its members. Because of the individuals who were involved and their input, these gaps were avoided.

The consultant and community groups reviewed secondary data from state, federal and professional sources and compared it to the primary data gathered. As with many rural areas, secondary data is often a year or more out-of-date, which highlights the importance of historic trends in that data in the county. Identified needs for JDCHD were prioritized through the process. The JDCHD began further assessing the needs internally, as to how they impacted the department's mission and vision. Additional data was analyzed from IQUERY, and from this, a survey was developed and sent to all focus group participants, Board of Health, Home Health Advisory Boards, and JDCHD staff. This survey asked everyone to

further analyze the data presented with the survey in relation to the health department and its mission and vision, and to identify the top three health issues. JDCHD employees gathered survey results, and along with the results, in an all-employee meeting, identified and prioritized the overall top three health issues. These recommendations were then sent to the Board of Health (BOH) for review. The BOH adopted the top three health issues for the 2015-2020 period to further its meeting the mission statement: to prevent disease, promote a safe and healthy environment and protect Jo Daviess County residents through an organized, comprehensive health effort.

PRIMARY SOURCE INFORMATION: COMMUNITY GROUPS

The ICHAN and IPLAN coordinated community groups were divided into three groups.

Group 1

This first group consisted of healthcare professionals and partners. The group included physicians, pharmacist, the JDCHD, local nursing home representative, County EMS, Midwest Medical Center, Medical Associates representatives. The session opened with identification of positive factors in local healthcare. (See group list in appendix A)

The following were cited:

- Development of urgent care location and extended hour pharmacies in the area
- Access to physicians by agencies
- New general surgeons at MMC
- Emphasis at federal, state and local levels on collaboration in assessing community health needs
- Formation of JDCHD cancer, obesity, and anti-violence coalitions
- Physician quality and supply is good
- JDCHD infection control program
- Continual improvement in services to seniors
- Emergency room services are improved with addition of Board-certified physicians
- MRI and CT scan are available in-house at MMC
- Good communication among doctors and pharmacists concerning patients using multiple medical providers
- Jo Daviess County Transit for medical appointments
- Availability of physical therapy
- Access to a critical access hospital
- Fitness center at MMC

The group discussed a wide variety of health needs and health-related concerns in several categories including:

- Access to specialists for underinsured and uninsured
- Better access to transportation for appointments and out-of-town care
- More surgical opportunities
- Distance to primary care can be an issue
- Mental health:
 - No psychiatrists locally, except through tele-psychiatry

- Post MMC care is hard to find, and arranging transportation is difficult
- Inpatient consultants are difficult to access
- Access to residential mental health
- Funding for agencies
- It can take three weeks to coordinate out-of-town transportation for appointments
- Providers for speech therapy and occupational therapy
- Pharmacy services can require significant travel
- Resources for specialists
- Home-based services and home health care for post-surgical, well baby care, etc are diminishing because of funding loss
- Transportation to cancer treatment and dialysis
- Translation services for non-English speaking patients
- Access to durable medical equipment
- Access to care for Veterans
- Childhood obesity is being seen in school physicals and in health dept. studies
- Obesity and related issues at all ages
- Geriatric obesity
- Seniors are reactive rather than proactive with health and wellness
- Cancer rate seems high regarding colon cancer
- Difficulty sustaining some support groups
- Substance abuse, including alcohol, methamphetamines and prescription narcotics: theft, sale, patient abuse
- Diabetes
- Lack of personal responsibility and ownership of health

Group 2

This group consisted of community leader and included: Chamber of Commerce, business leaders, bankers and County Coroner. (See group list in appendix A). This session also opened with the identification of several positive factors in local healthcare.

- New home health care services
- Partnership between MMC and JDCHD & home health care
- Access to critical access hospital
- MMC facility and services and its partnerships with local services and agencies
- Affiliation with the University of Illinois emergency room physicians
- Spanish-speaking physician at MMC clinic
- Availability of monthly lab screenings throughout the County, run by MMC in conjunction with JDCHD
- Digital imaging equipment, including CT scan, MRI, and digital mammography
- Cooperation among emergency medical services, Med-flight and MMC
- Walk-in Monday program partnership with the Galena State Bank for women's health and cancer screenings

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses in the delivery of healthcare, including health issues with patients

- Pediatric speech therapy and occupational therapy
- Access to dental care for underinsured and uninsured
- Extended pharmacy hours
- Local availability of specialists
- Specialists referrals for under and uninsured are hard to find
- Expanded and promotion of availability of surgical services
- Planning for elder care for aging population
- Memory care for seniors and secure Alzheimer's' care
- Prenatal care for under or uninsured
- Local access to cardiologist
- Local access to dialysis
- Distance for physical therapy away from Galena
- Services for Medicaid patients
- Physician home visits to remote areas of the County or allowing nurse-practitioner to make home visits
- Mental health
- Limited availability of transfer beds for mental health patients from MMC and senior centers
- Limited access for transportation out of the area for mental health patients
- Home food services
- Lack of utilization of preventive care
- Diabetes
- Deaths from chronic illnesses related to alcohol
- Prescription abuse by patients
- Delay in treatment for underinsured
- Education about availability of services and also about responsible usage
- MRSA, VRE, and some other acquired diseases seem high

Group 3

This group consisted of officials and other leaders from the County Board, city police, EMS coordinators, school district, senior services and others (see appendix A for list). This session also opened with the identification of several positive factors in local healthcare.

- Collaboration between MMC, JDCHD and the community and county
- Cooperation between MMC and the police
- Staff at both places are friendly, competent and cooperative
- Board-certified emergency room physicians at MMC
- MMC is a state-of-the-art facility
- New imaging equipment at MMC
- Collaboration of MMC and JDCHD on this assessment
- Quality of care at MMC and JDCHD
- Ambulance service handles a large area
- Cooperation for emergency preparedness
- MMC as one of the economic engines for the county
- Community support for proposed long-term care center
- Therapy is available without regard for ability to pay

- Public perception of MMC has improved significantly
- High volunteerism in emergency services
- Local rehabilitative services continue to improve
- Swing bed program at MMC
- Fitness facility and others at MMC make it a community hub
- Continuity of care from MMC and JDCHD is very good

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses in the delivery of healthcare, including health issues with patients

- Funding for social services and transportation
- Obesity
- Security at MMC
- Orthopedic specialists
- Ophthalmologist
- Mental health
 - Finding post-hospital placement
 - Transportation to placement
 - No local psychiatrist
- Non-emergency transportation for large wheelchairs and large patients
- Appointments for local transportation are difficult
- There is insufficient funding for low income and assisted living, resulting in inefficiency and unnecessary costs for care
- Diabetes
- Planning for senior care
- Engage youth in their own health and wellness
- Nutrition education
- Dietitian or nutritionist
- Local physicians and specialists need to utilize MMC whenever appropriate
- Health dept. 5 year study indicates that BMI of 72% of school students is high
- Planning for sustainability of local health care resources
- Collaboration for wellness education to all portions of the county between MMC and JDCHD
- Recruiting and sustaining volunteer base for emergency medical services
- Provide for training for emergency services volunteers

NEED IDENTIFICATION & PRIORITIZATION

The reports of the three groups reflect issues and perceived needs mentioned by individuals and discussed in those sessions. Each discussion item listed was not an identified need. Through the qualitative process, items were excluded by further information and data presented, such as issues being addressed by MMC or JDCHD or another agency whose actions were unknown to the person initiating the subject, or items which were not supported by quantitative data.

At this point, MMC concluded its findings through the following: where evident, concerns which survived the discussion process and finding qualitative data were combined with similar issues to form commonalities along with the survey results, leading to the needs identified, cross-supported with the

secondary data again and then prioritized based on the emphasis placed on the needs by the groups and the strength of the data supporting them. In addition, issues raised by quantitative or qualitative sources not common to other issues but impacting medically underserved, low income, minority or chronic disease needs populations were either excluded because they are currently being addressed or they were identified as needs and are included in the categories prioritized.

IDENTIFYING PRIORITY HEALTH ISSUES

It was at this point in the collaborative process that the JDCHD branched off and conducted further analysis. After reviewing the groups lists, the JDCHD felt that a summarization of identified health issues along with health statistics should be further reviewed to identify the top health issues and needs for the next five years for the health department. Seven health issues related to the JDCHD were identified from commonalities discussed in all group meetings:

1. Access to specialized care; access to care for veterans; access to care for under and uninsured
2. Transportation difficulty; coordination between transportation services and out-of-town appointments transportation for mental health services, care and appointments
3. Obesity at all age levels
4. Cancer
5. Mental Health / Substance abuse, drugs and alcohol
6. Diabetes
7. Cardiac issues

This data was compiled into a letter, with an accompanying survey, along with data and charts, and sent to the Community Needs Assessment Committee, Home Health Care Advisory Board, the Medical Reserve Corps (MRC), the Board of Health, and JDCHD staff. (See Appendix B for the letter, data and charts). The results of the survey were compiled by internal JDCHD staff and suggested priorities were identified and presented to the groups' participants and related advisory and administrative boards and comments were solicited. These identified health issues priorities and goals were presented to the Board of Health who adopted them as the IPLAN 2015-2020 five year focus.

RATIONAL FOR PRIORITY OF HEALTH ISSUES

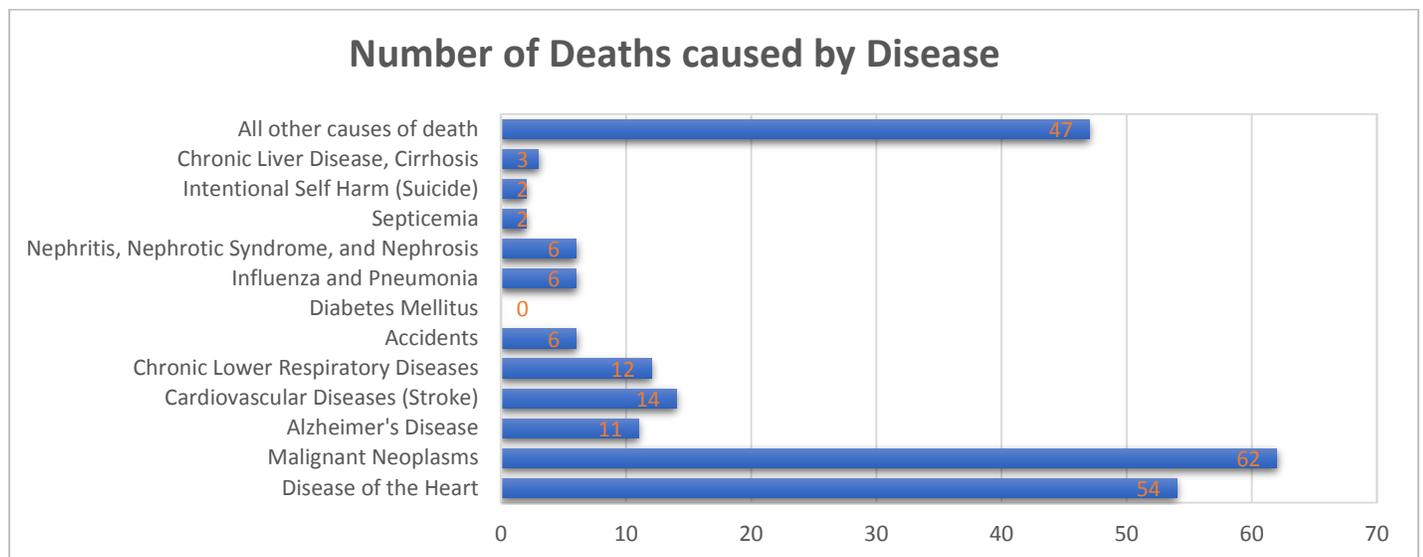
In the 2010-2015 IPLAN, obesity, interpersonal intimate violence, and cancer were identified as health concerns in the County. The health department collaborated with partners to address cancer and the interpersonal intimate violence issues. Riverview Center worked with the JDCHD on addressing the interpersonal intimate violence issue and for cancer, a Jo Daviess County Cancer Coalition was established. The coalition stressed various screenings, some free, to residents, encouraging them to utilize the screenings for early detection. In discussing the IPLAN health concerns for 2015-2020, the Board of Health and staff felt that the Riverview Center is doing a great job and will continue at addressing interpersonal intimate violence issues. The Jo Daviess County Cancer Coalition will continue to market screenings and will look at the data from the screenings for continued marketing direction. With the county having no specialists to address cancer, patients are usually sent to Iowa or Wisconsin to specialists who do not report on data. This makes cancer an issue that is hard to address. It was felt that outside of what has been done for the last IPLAN should and will continue but that other health issues exists where the department can also address. So with that, the areas of conversation and data summarization for the next IPLAN included: obesity, access to health care, mental health services, and cardiovascular disease. It was determined that with the Affordable Care Act, access to care will

drastically change over the course of the future and with transportation being identified as a barrier to access and care, there is very little the health department can do in this area. Jo Daviess County is rural, there are no medical specialists in the county and there is no public transportation. Most communities in the county do not have taxis and for the health department to address transportation issues with the current funding and staffing levels, would be impossible. Another concern is the mental health field which is in dire need of local services but again, being a very small rural health department, realistically, there is little the department can do. Recruitment, facilities and funding are all issues in this area. With Iowa and Wisconsin being 13 and 7 miles from the county, there are mental health services that are accessible to residents. That left the discussion with three issues which were adopted for the 2015-2020 IPLAN: obesity, cardiovascular disease and diabetes.

1. OBESITY: The JDCHD staff and BOH discussed the information presented to the respondents of the survey along with the outcomes from the BMI data gathering in county schools over the last five years. The consensus was that now that the data has been obtained, follow-up was needed to support its findings and to change unhealthy behaviors and eating habits. The Jo Daviess County Obesity Prevention Coalition is an active group that is being noticed throughout the County and they will continue through the 2015-2020 IPLAN.

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

2. CARDIOVASCULAR DISEASE: The most prevalent causes of death in Jo Daviess County are cancer and heart disease and heart disease is the leading cause of death in the U.S. Knowing that there is a direct link between heart disease, inactivity, obesity and weight, it was felt that obesity and cardiovascular disease go hand-in-hand. Education and outcomes overlap in these two areas making them a natural pairing. The chart below shows diseases of the heart as being second in number of deaths in Jo Daviess County.



3. DIABETES: In 2012, 29.1 million Americans, or 9.3% of the population, had diabetes. Of the 29.1 million, 21.0 million were diagnosed, and 8.1 million were undiagnosed. Diabetes was the seventh leading cause of death in the United States in 2010 based on the 69,071 death certificates in which diabetes was listed as the underlying cause of death. Diabetes may be underreported as a cause of death. Studies have found that only about 35% to 40% of people with diabetes who died had diabetes listed anywhere on the death certificate and about 10% to 15% had it listed as the underlying cause of death.

It is well known that obesity increases the risk of many health conditions, including coronary heart disease, stroke, high blood pressure and Type 2 diabetes. Looking at the results of the health assessment survey, the results of the collaborative community group sessions with Midwest Medical Center the Board of Health and staff felt that obesity, cardiovascular disease and diabetes go hand-in-hand and the most benefit derived from the IPLAN for 2015-2020 would be to address the three separately and collectively and to collaborate with Midwest Medical Center on addressing these issues.

ACKNOWLEDGEMENT

The Jo Daviess County Health Department appreciates the time & effort that the Community Needs Assessment Committee has spent to review the data & information to identify the three health issues for the 2015-2020 IPLAN. The health department has been participating in the IPLAN process since 1992. The health department is pleased to recognize how the community is willing to partner with the health department & implement the IPLAN goals for the county. A special thank you to the ICAHN corporation for allowing us to share data that was developed for Midwest Medical Center's 2013 Community Health Needs Assessment.

COMMUNITY HEALTH PLAN TO ADDRESS THE THREE JO DAVIESS COUNTY HEALTH PRIORITIES 2015-2020

PURPOSE

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

PROCESS

The recommended health issues that were brought forward from the Organization Capacity Self-Assessment & the Community Health Needs Assessment Committee were then sent to the Board of Health (BOH) for review. The BOH adopted the top three health issues (obesity, cardiovascular disease & diabetes) for the 2015-2020 period to further its meeting the mission statement: to prevent disease, promote a safe and healthy environment and protect Jo Daviess County residents through an organized, comprehensive health effort.

COMMUNITY HEALTH OBESITY PLAN 2015-2020

<p>Health Problem: Obesity</p>	<p>Outcome Objective: 2015-2020 Goals: - Collaborate with citizens, schools, employers, restaurants, grocery stores and community leaders to work together on policies and/or education that will make the most impact towards health and well-being. -Collaborate with county schools to reduce Body Mass Index (BMI) in students by 10%. (For current obesity rates refer to chart on page 12). BMI levels at 85% on standardized growth charts is considered at risk of overweight. -The data collected by the Jo Daviess County Obesity Prevention Coalition in 2013 showed that pre-school age children at or above the 85% was 16% (lowest level) and 12th graders were at or above 85% was 25% (highest level).</p>
<p>Risk Factor(s) (may be many): Diet Inactivity</p>	<p>Impact Objective(s): 2015-2018 Goals: -Educate county residents on sugar sweetened beverages and their link to obesity. -Advocate for daily physical education instructional state requirement with county schools.</p>
<p>Contributing Factors (Direct/Indirect; may be many): Nutrition Rising Food Costs Attitudes/Habits Lifestyle Media Education</p>	<p>Proven Intervention Strategies: 2015-2016 Goals: -Develop Jo Daviess County Wellness Coalition with mission statement and logic model of goals. -Join county school districts' wellness committees. -Work with Jo Daviess County Obesity Prevention Coalition on their goals & accomplishments. -Continue to collect BMI data in county schools</p>
<p>Resources Available (governmental & nongovernmental) School Wellness Committees Galena Arts & Recreation Center, Greater Elizabeth Area Recreation Jo Daviess County Wellness Coalition Obesity Coalition MMC – Fitness Center</p>	<p>Barriers: Time Lack of state/local funding Willingness to participate Willingness to change lifestyles & habits</p>

COMMUNITY HEALTH OBESITY PLAN 2015-2020

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

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

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

1. Educate county residents on the media's & peer's relationship to healthy food choices.
2. Work with larger employers/schools in the county to offer healthy alternatives in vending machines & wellness committees.
3. Support and advocacy for reducing availability of sugar sweetened beverages and for passage of the Sugar Sweetened Beverages excise tax.
4. Connect with county school wellness committees to resources, activities and opportunities that support efforts to reduce BMI levels and rates of obesity by 10%. (See outcome objective on page 33).
5. Provide periodic articles to county residents related to healthy living to local newspapers, websites & social media.

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

- Jo Daviess County Health Department
- MMC – Fitness Center
- County schools wellness committees
- County daycare providers
- MMC – Health Screenings

Evaluation plan to measure progress towards reaching objectives:

- Collect BMI data from 2015-2020 in county schools – reduction rate of 10%
- Number of vending machine contents & location changes
- Number of participants in county-wide health screenings and yearly comparative results
- Jo Daviess County Obesity Prevention Coalition goal attainment set in logic model
- Check with county Information Technology Administrator about the number of visits to the coalition's website

FUNDING

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

COMMUNITY HEALTH CARDIOVASCULAR DISEASE PLAN 2015-2020

<p>Health Problem: Cardiovascular Disease</p>	<p>Outcome Objective: 2015-2020 Goals: -Increase awareness to county residents of disease & contributing factors; effects of disease & prevention strategies through collaborative screenings; community education through the Jo Daviess County Wellness Coalition. -Currently, Midwest Medical Center are providing Hypertension/Cholesterol screenings. This service is provided at a low cost at various locations throughout the county.</p>
<p>Risk Factor(s) (may be many): Lifestyle Lack of physical exercise Diet</p>	<p>Impact Objective(s): 2015-2018 Goals: -Establish a county wellness coalition whose efforts will focus on cardiovascular disease, obesity & diabetes. This will be a collaborative effort with Midwest Medical Center, Jo Daviess County Health Department, Jo Daviess County Obesity Prevention Coalition and other interested community stakeholders. The educational focus will be on healthy eating and an active living lifestyle. Community presentations, newspaper articles, social media and website postings will be used to disseminate information. -In 2014, the data collected from Midwest Medical Center indicated 46 men and 86 women with a total blood cholesterol level greater than 200 mg/dL. (200 mg/dL is the threshold for abnormal blood cholesterol). -Reduce proportions of adults with high total blood cholesterol levels from the collaborative screenings by 10% for those county residence that utilize these screenings. -In 2014, Midwest Medical Center served 156 males and 208 females, 45 years or older, for cholesterol screenings. -Increase participation of county residents utilizing, screenings by 10%.</p>
<p>Contributing Factors (Direct/Indirect; may be many): Genetic Diet Physical Activity Lifestyle Work Environment Proactive Medical View Obesity Diabetes</p>	<p>Proven Intervention Strategies: 2015-2016 Goals: -Collaborative health screenings through JDCHD & MMC -Changing lifestyles & habits of county residents through increased education, knowledge & legislative mandates -Changing break & lunch times of inactivity in work environment to include exercise in at least two large employers in the county</p>
<p>Resources Available (governmental & nongovernmental) MMC –Health Screenings Galena Arts & Recreation Center, Greater Elizabeth Area Recreation Jo Daviess County Wellness Coalition Jo Daviess Count Obesity Prevention Coalition MMC – Fitness Center</p>	<p>Barriers: Rural county & lacks public transportation Lack of state/local funding Lack of fitness centers Lack of specialized medical care enabling the collection of data</p>

COMMUNITY HEALTH CARDIOVASCULAR DISEASE PLAN 2015-2020

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

Cardiovascular disease is the leading cause of death in the U.S. Modifiable risk factors contributing to prevention strategies are obesity & diabetes. In Jo Daviess County, diseases of the heart & cardiovascular disease (stroke) are number 2 & 3 in terms of causes of death by disease. Addressing risk factors, in adults over age 45, can help to prevent the potentially devastating complications of chronic cardiovascular disease.

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

1. Educate county residents on the media's & peer's relationship to healthy food choices as it relates to achieving normal blood pressure & cholesterol levels.
2. Work with larger employers/schools in the county to offer healthy alternatives in vending machines & wellness committees.
3. Provide periodic articles to county residents related to healthy living to local newspapers, websites & social media.
4. Encourage participation of county residents in collaborative health screenings.

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

- Jo Daviess County Health Department
- MMC – Fitness Center
- MMC – Health Screenings
- American Heart Association
- Jo Daviess County Obesity Prevention Coalition
- Jo Daviess County Wellness Coalition

Evaluation plan to measure progress towards reaching objectives:

- Number of participants in county-wide health screenings and yearly comparative results.
- Check with county Information Technology Administrator about the number of visits to the county's website.

FUNDING

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

COMMUNITY HEALTH DIABETES PLAN 2015-2020

<p>Health Problem: Diabetes</p>	<p>Outcome Objective: 2015-2020 Goals: -Increase awareness to county residents of disease & contributing factors; effects of disease & prevention strategies through collaborative screenings; community education through the Jo Daviess County Wellness Coalition. -Currently, Midwest Medical Center are providing Blood Sugar (Hgb A1c) screenings. This service is provided at a low cost at various locations throughout the county.</p>
<p>Risk Factor(s) (may be many): Lifestyle Lack of physical exercise Diet Behavioral Views Genetics</p>	<p>Impact Objective(s): 2015-2018 Goals: -Establish a county wellness coalition whose efforts will focus on cardiovascular disease, obesity & diabetes -Increase awareness to county residents of disease & contributing factors; effects of disease & prevention strategies through collaborative screenings; community education through the Jo Daviess County Wellness Coalition. This will be a collaborative effort with Midwest Medical Center, Jo Daviess County Health Department, Jo Daviess County Obesity Prevention Coalition and other interested community stakeholders. The educational focus will be on healthy eating and active living lifestyle to county residents at risk or with diagnosed diabetes. Community presentations, newspaper articles, social media and website postings will be used to disseminate information. -In 2014, the data collected from Midwest Medical Center indicated 10 men and 10 women with a Hgb A1c level greater than 6. (6 is the threshold for abnormal Hgb A1c). -Reduce proportions of adults with high Hgb A1c levels from the collaborative screenings by 5% for those county residence that utilize these screenings. -In 2014, Midwest Medical Center served 22 males and 28 females, 45 years or older, for Hgb A1c screenings. -Increase participation of county residents utilizing, screenings by 5%.</p>
<p>Contributing Factors (Direct/Indirect; may be many): Genetic Diet Physical Activity Lifestyle Obesity Access to Care Existing Health Problems Age</p>	<p>Proven Intervention Strategies: 2015-2016 Goals: -Collaborative health screenings through JDCHD & MMC -Changing lifestyles & habits of county residents through increased education, knowledge & legislative mandates -Collaborative effort with community partners engaging in special events to promote healthy lifestyles (i.e. 5K run)</p>
<p>Resources Available (governmental & nongovernmental) MMC –Health Screenings Galena Arts & Recreation Center, Greater Elizabeth Area Recreation Jo Daviess County Wellness Coalition Jo Daviess Count Obesity Prevention Coalition MMC – Fitness Center</p>	<p>Barriers: Rural county & lacks public transportation Access to care Cost of medication and diabetes supplies Insurance status Lack of fitness centers</p>

COMMUNITY HEALTH DIABETES PLAN 2015-2020

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

Diabetes is a health concern within Jo Daviess County, and can be detected early with regular screenings. Lifestyle change has been proven to be effective in delaying the onset of Type 2 diabetes in high risk individuals. However, almost 25% of Americans are undiagnosed preventing effective preventative care.

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

1. Educate county residents on the media's & peer's relationship to healthy food choices.
2. Work with larger employers/schools in the county to offer healthy alternatives in vending machines & wellness committees.
3. Support and advocacy for reducing availability of sugar sweetened beverages and for passage of the Sugar Sweetened Beverages excise tax.
4. Provide periodic articles related to healthy living to local newspapers, websites & social media.
5. Encourage participation of county residents in collaborative health screenings.

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

- Jo Daviess County Health Department
- MMC – Fitness Center
- MMC – Health Screenings
- Jo Daviess County Obesity Prevention Coalition
- Jo Daviess County Wellness Coalition

Evaluation plan to measure progress towards reaching objectives:

- Number of vending machine contents & location changes
- Number of participants in county-wide health screenings and yearly comparative results specifically focusing on glucose & HC1 levels.
- Check with county Information Technology Administrator about the number of visits to the county's website

FUNDING

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

APPROVAL

The IPLAN Community Health Plan was approved by the Jo Daviess County Board of Health on December 10, 2014 (See Appendix F).

APPENDIX A: Community Needs Assessment Committee Members

Tracy Bauer, President and CEO

Midwest Medical Center, Galena

(In her capacity as local Rotary Foundation Treasurer, Ms. Bauer addresses many financial needs identified in the service area. She is also active in a leadership role with local youth sports.)

Michael Wells, MD, Family Practice Physician

Midwest Health Clinic, Galena

(Dr. Wells is a board member of the Galena Arts and Recreation Center, which provides services, education, and recreational opportunities for youth.)

Peg Dittmar, FNP-BC, Nurse Practitioner

Midwest Health Clinic, Galena

(Ms. Dittmar is a member of the Re-Energize Elizabeth Committee, which is currently mapping the community needs of the Elizabeth area.)

Matt Gullone, MD, Family Practice Physician

Midwest Health Clinic, Galena

(Dr. Gullone is involved with youth sports and health and serves as physician for Galena High School football.)

Beth Gullone, MD, Family Practice Physician

Midwest Health Clinic, Galena

(Dr. Gullone is a member of the board of Riverview Center, a regional sexual assault and domestic violence agency.)

Gary Bernard, MD, Family Practice Physician

Medical Associates, Galena

Ralph Losey, MD, Chief Medical Officer, Emergency Medicine Physician

Midwest Medical Center, Galena

(Dr. Losey is the Chief Medical Officer at Midwest Medical Center, the only hospital located in Jo Daviess County.)

Khris Moser, Pharmacist

Hartig Drug, Galena

Nancy Lewis, Administrator

Jo Daviess County Health Department, Galena

(Ms. Lewis oversees the agency responsible for public health of all the citizens of Jo Daviess County and is also past Executive Director of Project Concern, a not-for-profit social service agency serving unmet needs of seniors, youth, minorities, and persons in poverty of the Dubuque area.)

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Merri Berlage, Vice-Chair

Jo Daviess County Board, Galena

John Cooke, Development Chairperson, and active community member

Prairie Ridge, Galena

Jack Zane, Representative

Galena EMS

Carrie Temperly, Human Resources Director

Midwest Medical Center, Galena

Jen Berning, Physical Therapy Director

Midwest Medical Center, Galena

(Ms. Berning is active with youth and youth sports and serves as the volleyball coach at Southwest High School.)

Deb Hoppman, Chief Nursing Officer

Midwest Medical Center, Galena

Cheri Martensen, Imaging Director

Midwest Medical Center, Galena

(Ms. Martensen is active in youth services and activities and is the cheerleading coach at Galena Arts and Recreation Center.)

Marty Soat, Fitness Director

Midwest Medical Center, Galena

(Mr. Soat is a member of Jo Daviess County Obesity Coalition. He also serves as a member of Galena Vision 20/20, a communitywide visioning process devoted in part to meeting future needs of all families.)

Helen Kilgore, Midwest Medical Center Board Member and retired Mayor of Elizabeth

City of Elizabeth

Marilyn Reed, Director of Nursing

Galena Stauss Senior Care Community, Galena

Troy Miller, Representative

Hanover EMS

(Mr. Miller is a resident and EMS representative in Hanover, IL, which is a rural community in a hilly terrain more than 17 miles from services in Galena.)

Linda Nobis, Representative
Stephenson County Senior Center, Galena

Karen Wilson, DON, Administrator
Elizabeth Nursing Home, Elizabeth

Keri Connor, Manager
Midwest Health Clinic, Galena

Katie Murphy, Director
Chamber of Commerce, Galena

Joel Holland, President/CEO
First Community Bank, Galena

Robert Eby, President/CEO
Galena State Bank, Galena

Bill Laity, Coroner
Jo Daviess County Coroner, Galena
(As Coroner, Mr. Laity is familiar with health issues spanning the entire population of the county.)

Beth Kropp, Representative
24 Hour Care – Home Healthcare, Galena

Mindy Roberts, Representative
24 Hour Care – Home Healthcare, Galena

Kathy Wiene, Admitting Director
Midwest Medical Center, Galena

Hesper Nowatzki, Administrator
Galena Stauss Senior Care Community, Galena

Jennifer Steines, Controller
Midwest Medical Center, Galena

Lori Huntington, Chief of Police
City of Galena

Dr. Sharon Olds, Superintendent of Schools
Galena Schools
(As Superintendent of Schools, Dr. Olds identifies and addresses needs of at-risk, low income, and minority students.)

APPENDIX B: Organizational Capacity Self-Assessment

JO DAVIESS COUNTY HEALTH DEPARTMENT

Organizational Capacity Self-Assessment for 2015-2020

As part of the IPLAN process an Internal Needs Assessment was conducted with the JDCHD staff in 2013-2014. The staff, having conducted an assessment for the prior IPLAN, was familiar with the process. The staff were reminded of the purpose of the assessment being to identify areas from within that need addressing, correction and/or expanding. The ranking options were reintroduced and all staff were provided with a copy of the needs assessment form and were given a month to complete. The staff were asked to rank each indicator with the following options: Fully Met, Partially Met, Not Met at All, Not Relevant, or Status Unknown. The Internal Needs Assessment Form divided capabilities into indicators for:

- I. Authority to Operate
- II. Community Relations
- III. Community Health Assessment
- IV. Public Policy Development
- V. Assurance of Public Health Services
- VI. Indicators for Financial Management
- VII. Indicators for Personnel Management
- VIII. Indicators of Program Management

Of the staff who were provided the Assessment Form, 99% returned completed the Assessment. One was not completed as the Administrator for the Department was new and did not feel qualified or knowledgeable enough to complete regarding internal issues. From the returned surveys, there will be two summaries: administrative and employee summaries. The attached reports will identify the areas that should be addressed and presented to the Board of Health in order for them to be aware of the issues and to have input from them on addressing issues.

The following is an administrative summary of the 2013-14 employee Internal Health Assessment.

- 1) The health department possess a legal authority that allows it to develop local regulations, delegate, and act as a law enforcement office for public health duties. The health department has sufficient legal counsel to provide support and advice when needed. Every two years the health department reviews the agreements it has with the state public health authority, and units of government in its jurisdiction. During this review reaffirms its relationships with local officials, schools and other important organizations.
- 2) The Jo Daviess County Health Department (JDCHD) has a system that actively involves key individuals and organizations that are affected by its planning of services. Examples of these key individuals and organizations are: units of government, the general public, interest groups, representatives, and educational institutes. The health department employees agree that it is highly important for these organizations and individuals be involved in planning the future of local public health. From the perspective of the employees the positions of these key individuals and organizations are fully met.

- 3) There are many different agencies and organizations in the community and County that have overlapping missions, with the Health Department. Due to this overlap the health department cooperates and collaborates with these community agencies. These functions hold a moderate importance rating for the health department. The Assessment Form results showed a majority of the employees agreed that it is important for the health department to collaborate with other agencies and organizations but that this goal is only partially met.
- 4) Similar to working with agencies and organizations in the community that have overlapping missions. The Health Department also cooperates and collaborates with other agencies that have similar programs in the same service area and in particular, Midwest Medical Center. Program sharing is moderately important to the Health Department. The employees agreed that this program sharing is beneficial to the health department and the majority of them said this goal is either fully or partially met.
- 5) The Health Department has joined with Midwest Medical Center who is in the process of renewing their ICHAN and formed a number of community/County focus groups that will assist with the identification of community health problems. These focus groups are a moderately important piece of the health department's IPLAN process. The employees agree that it is important for the County to have a voice when creating the plan. The survey showed the majority of employees concur that the goal of collaborating with MMC for focus groups to identify health issues.
- 6) Once the community and County committee has identified health issues, the JDCHD will establish mechanisms to guide and ensure active relationships with various County and other professional groups. The active relationships between the health department and these groups is moderately important to ensure a comprehensive health plan is completed. The health department employees agree that these guiding mechanisms have fully met their purpose in ensuring these active relationships.
- 7) The Health Department also finds it highly important to have a physician health officer, medical adviser, or consultants to assist in maintaining relationships with the private medical community. With this strong relationship the health department can ensure the sharing of public health information to and from the private medical community.
- 8) There is a process that the Health Department has established for community/County health assessment and the development of a Community Health Plan. Part of this process is that every four years, the Health Department conducts a public review and discussion of its mission and role, its public health goals, its accomplishments, past activities, and plans in relation to community health. This review is highly important for the Health Department to maintain and improve public health. The Assessment Form illustrated that the employees believe the four year review process goal has been met.
- 9) At least every two years, the Health Department formally requests all units of government within its jurisdiction to comment on the Department's programs, plan and budget. These

comments are moderately important for the Health Department's future plans. The Health department Employees are currently unsure of what the status is for this input.

- 10) The Health Department receives reports of communicable disease in the County on a daily basis, and maintains a database of existing health resources and community health status' for future health assessments. This information is considered highly important to the Health Department and a high majority of the employees agree that these actions fully meet their purpose.
- 11) When it comes to morbidity and mortality, the Health Department has qualified professionals to review and analyze the reported data. Analysis of morbidity and mortality data is highly important to the Health Department because it can help determine health challenges within the County. These results are then shared with the Board of Health, staff and community. The Assessment Forms showed the majority of employees agree that the qualified professionals fully meet their responsibility of analyzing and reporting this data.
- 12) Along with the results from the morbidity and mortality review, the Health Department conducts a periodic risk factor survey to identify community risk factors, and their prevalence. These risk factor surveys are highly important to the Health Department because they can help narrow down the health challenges and issues within the County. The employees agree that these surveys are currently helping the Health Department, but they have only partially met the goal for which they were made.
- 13) The Health Department will also utilize IDPH and IQuery when it is looking for locally specific health data. This data is then considered when assessing the health needs of the County. The Health Department employees were unaware if the Department asks for the information from IDPH.
- 14) The Health Department maintains a current roster of qualified health professionals employed by units of government within its jurisdiction for reference in the development of technical study groups. These study groups are considered moderately important to the Department because they can help to identify local public health challenges. The Assessment results show the employees believe the purpose of this roster is only partially met.
- 15) The Health Department annually compiles or updates a listing of health-related information systems and data bases maintained by various County organizations that operate within its jurisdiction. This data base system is moderately important to the Department because of its use to assess the community's public health. The current status of these databases are unknown to the Health Department employees.
- 16) The Health Department uses health data, including vital records, in its community health planning process. Using actual health data and vital records for the planning process is highly important for examining internal and external trends to make forecasts and systematically develop long term plans. The majority of employees were split equally about whether the purpose of the health data

was being fully met or partially met, but they agree that the process of long term planning is partially met.

17) The Health Department has community health objectives that are time limited and measurable. It is highly important to the Health Department that objectives are time limited and measurable in order to report if current programs are effectively covering the public health concerns. The majority of employees agree that these objectives are partially met and they are receiving some public health feedback from these programs.

18) The health department runs on a budget that is set by the policy board. This budget allows the health department to fund public health programs for the community. Even with a budget in place the health department has a contingency fund if a public health emergency were to occur. The health department has a diverse funding base which helps maintain consistent services if a funding disruption were to occur. With such a funding base it is important to have skilled staff that can write grant applications. These funding applications and awards are shared with the public, board members, and staff.

To maintain a current status on the health department's finances a review is performed routinely. This review is then shared with board members, health department staff members and the public. Annually the health department also has an outside financial and performance audit. This audit helps support the routine finance reviews. Departmental employees are knowledgeable on the budget itself but are unsure how it relates to county funding, and overall administration in emergency situations

19) The health department provides written job descriptions, personnel policies and procedures for each staff member at the health department. The health department has a structured salary plan that is designed to attract and retain staff. The health department is continuously developing their staff by offering training and other resources for career development. By offering employee development the health department retains staff and more effectively serves the community. The employees are reviewed yearly. This review helps the health department maintain an efficient work crew to continue on its mission. Nurses in the department turned down an opportunity to join a union and feel that they are well represented during budget & personnel discussions. Staff feel that they are knowledgeable about personnel administration in general: hiring process, job descriptions, and evaluation systems. They are somewhat unsure how the department plans for workforce development but they know there is a Workforce Development Plan being developed.

In conclusion of the Assessment Forms, the Health Department has many crucial roles in the local community and they maintain many different data bases and media types to improve public health. The staff of the Jo Daviess County Health Department agree that most of the highly important subjects the Health Department is involved in are fully met, but they will continue to strive for increased knowledge and communication in areas identified in the Assessment of uncertainty.

APPENDIX C: Community Needs Assessment Survey

March 20, 2014

Dear MMC ICHAN / IPLAN Participant,

Awhile back you attended a group meeting for the 2010-2015 IPLAN or recently at Midwest Medical Center asking for your participation in a group discussion concerning medical care in our area along with identification of health issues. From that meeting, Midwest's ICAHN plan outlining the next three years of health concentration was outlined. These meetings were a collaborative effort of the Jo Daviess County Health Department and MMC. The Health Dept. utilized the results of the three meetings for the beginning of its IPLAN process, similar to MMC's. Although the identified issues for MMC are finalized, the Health Dept. felt additional information, data and feedback were needed to satisfy the requirements for its IPLAN.

Eight health issues related to the JDCHD were identified from commonalities discussed in all group meetings:

1. Access to specialized care; access to care for veterans; access to care for under and uninsured
2. Transportation difficulty; coordination between transportation services and out of town appointments transportation for mental health services, care and appointments
3. Obesity at all age levels
4. Cancer
5. Mental Health / Substance abuse, drugs and alcohol
6. Diabetes
7. Cardiac issues

Enclosed you will find some statistical data and charts concerning specific health issues identified in the group meetings. Please look at this information then complete the enclosed survey. From this survey the Health Department will further identify its top health priorities for the 2015-2020 IPLAN period. The results will be sent to you and if you have any questions at any point in this endeavor, please give me a call at your convenience.

Thank you for supporting the Health Department and its mission: to prevent disease, promote a healthy environment & protect the citizens of Jo Daviess County through an organized, comprehensive, community, health effort.

Sincerely,

Nancy Lewis
Administrator

IPLAN SURVEY & RESULTS (0514)

Please return to: Jo Daviess County Health Dept. – PO Box 318 – Galena, IL 61036. An addressed envelope is included for your convenience.

1. Based on Chart #1, do you feel Jo Daviess County residents are overall healthy? **17 yes 9 no**
2. What do you feel are the three most important factors that define a “Healthy Community”?
 - 6** Community Involvement
 - 7** Low Crime, safe neighborhoods
 - 4** Good schools
 - 30** Access to health care
 - 12** Clean environment
 - 3** Affordable housing
 - 10** Good jobs and healthy economy
 - 31** Healthy behaviors and lifestyles
 - 9** Low death & disease rates
 - 0** Arts & cultural events
3. Based on charts # 2, 3 and 4, what do you feel are the three most prominent health problems in Jo Daviess County?
Heart Disease = 19 Obesity = 29 Cancer = 24 High Blood Pressure = 19 Substance Abuse = 20
4. Do you or any of your friends and/or relatives suffer from heart disease? **23 yes 15 no**
5. If yes, are there other factors involved such as obesity, high blood pressure, diabetes? **13 yes 7 no**
If yes, what are they? **High Blood Pressure = 7 Obesity = 7 Smoking = 3 Diabetes = 8**
6. Based on chart #5 and #18, do you feel heart disease or diabetes is a problem in Jo Daviess County? **31 yes 3 no**
7. Which of the two do you feel is more prevalent? **31 heart disease 6 diabetes**
8. Do you know of anyone who has registered for the Affordable Care Act? **22 yes 21 no**
9. Do you know of anyone who still does not have health insurance? **25 yes 15 no**
10. Do you know anyone who is not getting necessary medical care due to access problems (i.e. transportation, lack of insurance, financial costs, etc)? **7 yes 21 no**

If yes, please specify reason: **Transportation = 6 Financial = 9**

11. Have you or anyone in your family been diagnosed with cancer? **23 yes 13 no**

If yes, please specify type: **Lung = 6 Prostate = 5 Colon = 6 Breast = 4 Skin = 4**

12. Based on charts # 7,8,9 & 10, do you feel cancer is a health problem of Jo Daviess County residents?

35 yes 2 no

13. Do you feel there are adequate services for mentally ill individuals in the County? **5 yes 33 no**

14. Do you feel, based on charts # 11, 12, 13, 14 & 15, there is a drug or substance abuse problem in the County? **37 yes 23 no**

15. Do you feel there are adequate services within the County to assist residents who have an alcohol or substance abuse problem? **10 yes 27 no**

16. Based on Chart # 16, do you feel obesity is a problem of school-aged individuals? **37 yes 3 no**

17. Are you or do you know of anyone who is obese? **37 yes 3 no**

18. Do you feel obesity is a major health problem? **38 yes 2 no**

Please rank the following health problems in order from **1 being the most important** and prevalent to **5 being the least**:

93 Obesity

88 Heart Disease

135 Substance Abuse

149 Diabetes

112 Cancer

Summarization: Based on the last question rankings and the most important factors defining a community the following are the top issues and factors: Access to Care; Healthy Behaviors & Lifestyles; Obesity; Heart Disease; Cancer.

APPENDIX D: Jo Daviess County Board of Health June Meeting Minutes

J O D A V I E S S C O U N T Y H E A L T H D E P A R T M E N T

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

JO DAVIESS COUNTY BOARD OF HEALTH MEETING MINUTES

Wednesday, June 4, 2014 at 7:00 PM

The Jo Daviess County Board of Health held a meeting on Wednesday, June 4, 2014 at 7:00 PM, in the Health Department Conference Room.

Board of Health members present: Jim Lander, Ron Lubcke, Jim Vormezelee, Dr. Stephen Petras, Elizabeth Blair and Marge Montelius, County Board Representative
Board of Health members absent: Dr. G. Allen Crist, Laura Duerr, Karen Scheele.

Staff Members Present: Nancy Lewis, Evelyn Folks, Matt Calvert, Katie Meusel and Lori Stangl

Others present: Kate Hansen, BEST Career Advisor, Dan Austin, AmeriCorps Intern and Jamie Petras

Jim Lander, President of the Board of Health, called the meeting to order at 6:58 p.m.

UNFINISHED BUSINESS

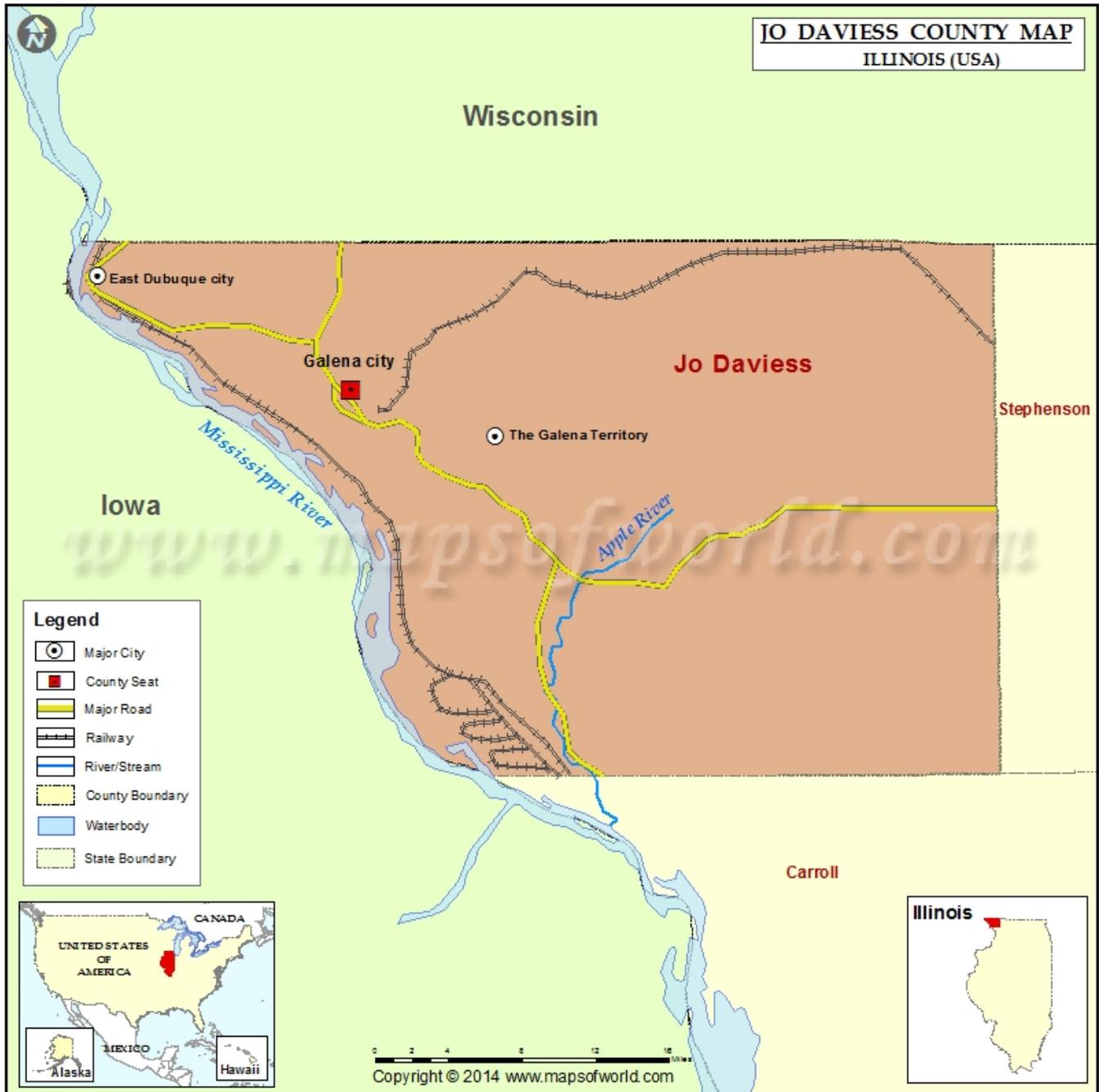
Nancy reported that IPLAN surveys were completed by staff and mailed to community partners. The Agency had an 82% return rate. The top three health issues chosen through the surveys were: Heart Disease, Obesity and Diabetes. The goal was to choose health issues that would have measurable goals. After discussion by the Board, Dr. Stephen Petras motioned to use the same goals chosen by staff and the surveys, second by Liz Blair. All in favor, motion passed.

With no other business to discuss, Liz Blair motioned to adjourn the meeting, second by Ron Lubcke. All in favor, motion passed.

Jim Lander adjourned the meeting at 9:32 PM.

Ron Lubcke, BOH Secretary Date

APPENDIX E: Map of Jo Daviess County



APPENDIX F: Jo Daviess County Board of Health December Meeting Minutes



JO DAVIESS COUNTY HEALTH DEPARTMENT

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

healthadmin@jodaviess.org or publichealth@jodaviess.org

JO DAVIESS COUNTY HEALTH DEPARTMENT

BOARD OF HEALTH

Wednesday, December 10, 2014 at 7:00 PM

Jo Daviess County Health Department Conference Room

Call to Order:

Jim Lander, President of the Board of Health, called the meeting to order at 7 PM.

Roll Call:

Present: Jim Lander, Ron Lubcke, Greg Stauder, Jim Vormezeele, Liz Blair, Dr. G. Allen Crist, Dr. Stephen Petras, Bill Bingham, County Board Representative

Absent: Karen Scheele

Others Present: Matt Calvert, Lori Stangl, Evelyn Folks and Dan Gilbert, Deputy State's Attorney

1. **Discussion and possible action on the approval of the Jo Daviess County Health**

Department IPLAN 2015-2020/Community Health Needs Assessment and Community Health Plans, as presented. The IPLAN 2015-2020 document had been sent to all Board

members to review. Ron Lubcke asked for clarification on some of the graphs and noted a few typographical errors. Other than that, the Board was pleased with the content. Ron Lubcke motioned to approve and forward the IPLAN document, with corrections, to the Illinois Department of Public Health for their approval. Second by Dr. Stephen Petras. Voice vote was taken. All in favor, motion passed.

APPENDIX G: References

Assessment Protocol for Excellence in Public Health (APEX-PH) Model
Centers for Disease Control and Prevention. National Vital Statistics System
Centers for Disease Control and Prevention. Prevention Status Report (2013- Illinois)
County Health Rankings. Jo Daviess County, 2013
Economic and Social Research Institute. (ESRI, 2013)
Illinois Behavioral Risk Factor Surveillance System (BRFSS, 2012/2013)
Illinois Critical Access Network (ICAHN) Community Health Needs Assessment publication for
Midwest Medical Center. 2013
Illinois Department of Public Health IPLAN Data System
I Query Data System. 2012
Jo Daviess County Obesity Prevention Coalition. BMI data 2010-2013
Jo Daviess County Sherriff's Department
Riverview Center statistics. 2013/2014
State Cancer Profiles
United States Census Bureau. 2010 Summary Profile.