

Macoupin County Public Health Department
Community Health Needs Assessment

2019-2024

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for

Illinois Department of Public Health

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Priorities

1. Substance Abuse
2. Mental Health
3. Cardiovascular Disease

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2019 IPLAN

Community Health Needs Assessment

Community Health Needs Assessment

Statement of Purpose

The Macoupin County Public Health Department (MCPHD) has the responsibility of assessing the health problems and health care needs of the County, developing public health policy to meet those needs, and assuring that health prevention and health care programs exist to meet those needs. These programs must be reviewed continuously to ensure that the health promotion and disease prevention programs are provided, maintained and continuously improved.

MCPHD needs community input and involvement in order to access the health problems and health care needs of the community adequately. The health department also needs to identify those problems that are of the highest priority and what must be provided by the local health care professionals to have the greatest impact on solving these problems.

MCPHD has successfully completed five prior Community Health needs assessment processes, once in 1994, 1999, 2004, 2009, and 2014. The following is a summary of the most recent process:

In 2014, 30 Macoupin County residents assisted the Macoupin County Health Department with the IPLAN process. The committee prioritized and listed the three major health problems for Macoupin County as

1. Colorectal Cancer
2. Mental Health
3. Obesity

This process guided the health department with:

Colorectal Cancer

- Continued participation in health fairs and community events focusing on cancer.
- Continued participation in the Macoupin County Relay of Life Event. Providing educational materials as well as screening opportunities.
- Special Health Screening Dates held at both Carlinville and Gillespie Public Health locations. These screenings include blood pressure, prostate cancer, cholesterol, hemoglobin A1c, and colon cancer. Medication management reviews are also offered for persons 60 and older at the Maple Street Clinic.
- Take home colon cancer kits are available to anyone free of charge.
- A Community Health Center expansion providing prevention, diagnosis, and treatment of cancer. The center offers a team of health care professionals to support and encourage patients to set healthcare goals and achieve them. Patients are educated on

colon cancer and provided appropriate screening options. The Health Center improved the screening of colorectal cancer for 50 to 75- year- old in 2018 to 33%.

- Continue offering self-management workshops Take Charge of Your Health.
- Health information packets have been mailed to physicians, dentists, and eye doctors with periodic face to face meetings to provide up to date information regarding health education campaigns including availability of colon cancer screenings.
- A Social Media campaign has been used to encourage colon cancer screening as well as healthy lifestyles (increased activity, healthy diet, and not smoking).

Depression

- Increase psychiatric care and counseling. All health center medical patients are screened for depression at a minimum annually. Warm handoffs are provided to psychiatric and therapy staff for care when needed. The behavioral health team provides Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT) and Eye Movement Desensitization and Reprocessing (EMDR) to patients when needed. In addition, Maple and Morgan Street Clinic medical staff routinely have patients complete the PHQ9 (covers last 2 weeks), ACE and CAGE screenings and the Bright Futures screenings according to the appropriate age category. These screenings assess for depression, emotional and mental health conditions, and alcohol and/or drug abuse.
- Staff at all six school linked school districts were trained by certified SAMHSA trainers in Trauma Informed Awareness. The entire MCPHD staff was trained as well. Three counselors work in all six school-linked school districts to provide counseling for students affected by trauma and any emotional or mental health conditions.
- Two Health Educators were trained to teach Mental Health First Aid Course which was offered throughout the county.
- Healthy Families Program staff were trained to provide Edinburgh Post-natal Depression Screening to all program participants, refer elevated screens and provide follow up support including standardized curriculum. Staff were trained regarding ACES and use of appropriate curriculum. Healthy Families Program staff provide educational materials to day cares, libraries, churches during April Child Abuse Awareness Month promoting emotional health and wellness.
- WIC staff have been trained to discuss post-partum depression and provide appropriate referrals. At every WIC appointment, all WIC staff discuss with participant any history of anxiety and depression. All WIC participants are asked if they feel sadder than normal at time of visit. Appropriate referrals are made to counselors.
- Implement or maintain healthy lifestyle programs including Eagle Crest Youth Development Event, 5K Runs, Pledge to Be Tobacco Free campaign, Annual Heart Contest, Kick Butts Day, Big Latch On (supporting breastfeeding), Hosted Healthy Foods Distribution, MEND Program.
- Continue collaborations for healthy lifestyle programs sponsored by other agencies/organizations.
- Community Health Center Staff provide counseling 2 days a week at Blackburn College and on a set schedule at the six School Linked School Districts.

- Conduct a social media campaign to increase awareness of depression and help dispel the stigma involved with mental health topics, to empower people to action (helping someone with depression, talking to your teen, recognizing signs, maintaining a healthy lifestyle, etc.), to encourage healthy relationships, to increase awareness of bullying and domestic violence.

Obesity

- Offer self-management programs that encourage healthy nutrition.
- Sponsored 5K walks throughout the county.
- Offered MEND program for children ages 7 to 13 years of age. MEND provides children and their families training on behavioral change, nutrition and an exercise program.
- Continue to offer school-based nutrition programs.
- Continued to offer one on one nutrition counseling by a licensed dietitian and a registered nurse.
- Maintain a School Linked Health Center. Every child, adolescent and adult receives a BMI measurement. When the BMI indicates they are overweight or obese, they are educated on nutrition, exercise and behavioral health.
- Conduct a social media campaign that encourages increased activity and healthy food choices.

Community Health Needs Assessment

Community Participation Process

The Public Health Department IPLAN Team developed a list of community agencies, groups, and individuals with county-wide geographic representation. Committee members were chosen because of their position(s) or background(s), knowledge, and interest in Macoupin County to participate in the Public Health Needs Assessment process. Each community member received a phone call or email personally inviting them to participate in the IPLAN process. Upon agreement, each received a letter from the 2019 IPLAN team.

Community Health Needs Assessment

Community Planning Committee Members

- 1.) Teri Archibald, Chief Deputy Clerk, Macoupin County Probation, 215 S. East Street Carlinville, IL 62626
- 2.) Peg Barkley, CEO, Mac. Co. Housing Authority, 760 Anderson St P.O. Box 226 Carlinville, IL. 62626
- 3.) Julie Boente, Director of Marketing, J.F. Boente Sons, INC, 511 West Main Street Carlinville, IL 62626
- 4.) Kali Boente, DMD, Kravanya & Boente Dentistry, 204 Oakland Ave. Carlinville, IL 62626
- 5.) Paula Campbell, Co-Chair, MMABHC, 15669 Rt 4 Carlinville IL 62626
- 6.) Amber Childress, School Nurse, Southwestern School District

- 7.) Sue Campbell, CEO, Community Hospital of Staunton, 400 N. Caldwell, Staunton IL 62088
- 8.) Becky Conrady, Co-Owner, Backwoods Berry Farm, 27244 Hettick Scottville Rd, Hettick, IL 62649
- 9.) Michelle Dyer, Owner, Michelle's Pharmacy, 274 N. Broad, Carlinville, IL 62626
- 10.) Rhonda Harms, ANP-C, Girard Family Health Care
- 11.) Amy Hess, Head Start Director, Illinois Valley Economic Development Corp., 223 S. Macoupin Street, Carlinville, IL 62626
- 12.) Shawn Kahl, Sheriff, Macoupin County Sheriff's Dept., 215 S. Locust Street, Carlinville, IL 62626
- 13.) Doug Kilberg, Administrator, Locust Street Resource Center, 320 S. Locust Street, Carlinville, IL 62626
- 14.) Tracy Koster, Director of Human Resources, Carlinville Area Hospital, 20733 N. Broad Street Carlinville, IL 62626
- 15.) Alice Kulenkamp, Retired Teacher, Southwestern CUSD#9, 705 S. Madison, Gillespie, IL 62033
- 16.) Connie LeVora, Account Executive, Residential Healthcare, 4215 IL-159, Glen Carbon, IL 62034
- 17.) Jennie Nichelson, Therapist, Child and Family Connections
- 18.) Sarah Stover, Director of Career Services & Experiential Learning, Blackburn College, 700 College Ave. Carlinville, IL 62626
- 19.) Jennifer Swan, Director of Wellness, Macoupin Family Practice Centers, LLC, 715 W. Broadway, Gillespie IL 62033
- 20.) Lisa Peterson, Nutrition & Wellness Educator, University of Illinois Extension, #60 Carlinville Plaza, Carlinville, IL 62626
- 21.) Ailee Taylor, Coordinator, Staunton Helping Hands, PO Box 5 Staunton, IL 62088
- 22.) Lacey Wieseman, District Office Asst., Office of Senator Andy Manar, 115 N. Washington, PO Box 636 Bunker Hill, IL 62014
- 23.) Jo Wilson, LOA, Illinois Department of Human Services, 340 East Wilson Carlinville, IL 62626
- 24.) Parkeoka Huddleston, Royal Lakes Mayor

Three meetings were scheduled to complete the process with 24 individuals asked to participate.

A nominal group process was used to set priorities. A nominal group process is a structured problem-solving or idea generating strategy in which individuals' ideas are gathered and combined in a face to face, non-threatening group situation. The process is used in a variety of fields, as well as industry and government, to maximize creative participation in group problem-solving. It assesses a balanced input from all participants and takes full advantage of each person's knowledge and experience. In a needs assessment, it is useful for generating and clarifying ideas, reaching consensus, prioritizing, and making decisions on proposed alternative actions.

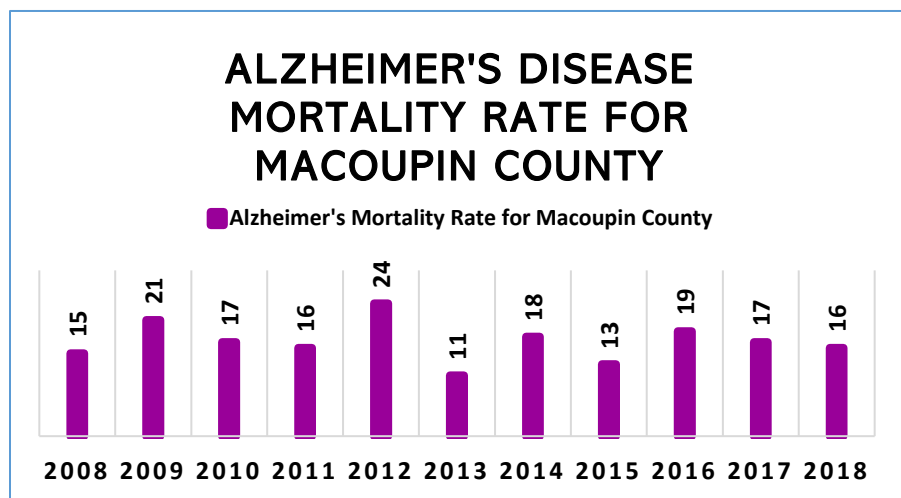
In the plan process, the community advisory committee used the nominal group process to determine what the community problems are of greatest immediate concern and to determine direct and indirect risk factors. The four-man IPLAN team then began creating a needs assessment strategy for dealing with the identified problems and designing improved community services or programs.

Community Health Needs Assessment
Health Status & Health Problems

Prior to the first meeting, the MCPHD IPLAN team collected the most recent data from sources such as the US Census Bureau, IPLAN Surveillance System, and Hospital discharge data base. What follows is an overview of the data which the Community Committee reviewed at the second meeting.

Alzheimer’s Disease

In 2010, 210,000 people in Illinois had been diagnosed with Alzheimer’s disease. By 2025, it’s projected that 240,000 people in Illinois will be diagnosed with Alzheimer’s disease (14% increase.)



Per Illinois Department of Public Health from NCHS Vital Statistics System

Parkinson’s Disease

According to the Parkinson Foundation, nearly 930,000 people are estimated to live with Parkinson’s Disease in the United States and 30,000 people in Illinois. The risk increases with age, therefore, states with large populations and/ or large numbers of elderly will have higher estimated numbers of people with Parkinson’s Disease. (US Census Data: Macoupin County 19.9 % persons aged 65 years and older verses 15.6% in Illinois). The Parkinson Foundation states that men are 1.5 times more likely to have Parkinson’s than women and 10 to 15% of cases are linked to genetics. Parkinson Disease can also be linked to environmental factors (chemicals, toxins, head trauma). There is no treatment to reverse the effects of Parkinson’s Disease and medications for treatment are costly.

Asthma

According to IDPH EMS data for Macoupin County, hospital discharges related to asthma have varied. (2011:29, 2012:42, and 2013:34). In 2018, 38 MCPHD patients were diagnosed with asthma as a primary diagnosis. The 2011 Behavioral Risk Factor Surveillance System (self-reported via survey), reported 14% of Macoupin county residents had been told they have asthma compared to the state rate of 8.4%.

Cardiovascular Disease and Hypertension

In Macoupin County, 62.5% of people with Hypertension are Medicare beneficiaries compared to 56.4% in Illinois. In Macoupin County 48.2% of people with High Cholesterol are Medicare beneficiaries compared to 46.2% in Illinois. According to Illinois BRFFS, the prevalence of high cholesterol is higher than the state rate (40.2% verse 38%). This is also true for high blood pressure, where the rate of residents in Macoupin County with high blood pressure is slightly over the state rate (36.9% verses 28.2%). According to IDPH and national data from the NCHS Vital Statistics System, Cardiovascular disease is the leading cause of death in Macoupin County. ICBRFS data 2015 data showed 60.1% of county residents had not been told they have high blood pressure, 21.45 of county residents had never had their cholesterol checked and 6.2% of county residents have been told they have coronary heart disease.

Diabetes

The prevalence of diabetes according to Behavioral Risk factor surveillance system (self-reported via survey) for the following years: 2006: 9.5%, 2009: 11.1%, and 2014: 17.3%. Comparison was made for 2014 between Macoupin County at 17.3% and Illinois at 10.2%. EMS data for Macoupin County (hospital discharges) for the following years: 2011:70, 2012:81, 2013:47, 2014:64, and 2015: 34-partial year show no clear pattern. According to the County Health Rankings and Roadmaps report Macoupin County (prevalence) has remained constant and has been higher than the State prevalence for the past five years. 2014:10.4% for Macoupin vs. 9% for Illinois; 2015:11.5 vs. 9%; 2016:10% vs 10%; 2017:10.5% vs. 9%; and 2018:9.9% vs. 10%.

Cancer

According to cancer.gov the top three cancer types in males are prostate, lung & bronchus, and colon. The top three cancer types in women are breast, lung & bronchus, and colon. Overall hospital discharge for cancer diagnoses for Macoupin County; 2011: 182, 2012: 145, 2013: 150, and 2014: 124.

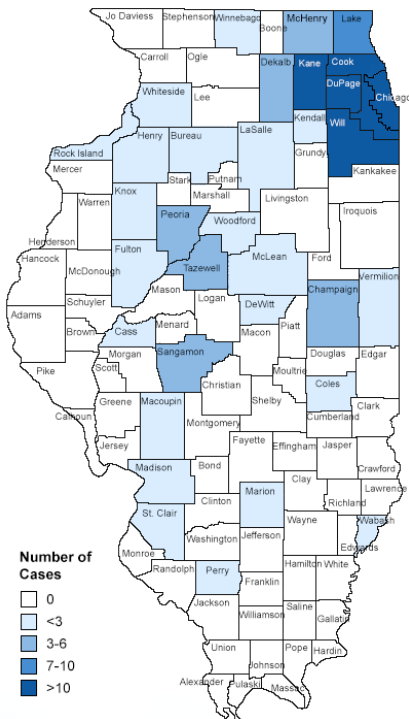
For 2012 to 2016, **breast cancer** incidence rates for Illinois were 131.9, and for Macoupin County 121.7. Death rate trends for breast cancer in Macoupin County is stable with seven average deaths for 2006-2010 and six average deaths for 2012-2016. For 2008-2010,

55.9% of Macoupin County women (ages 40 plus) reported they had a mammogram within the last two years.

For 2012 through 2016 incidence rates for males who had **colon cancer** in Illinois were 50.4, and for Macoupin County they were 61.2. For 2012 through 2016 incidence rates for females in Illinois were 37.2, and for Macoupin County they were 47.9. The count in 2006-2010 of males that had cancer were 103, and the count of females were 64. The count in 2012-2016 of males that had cancer were 86, and the females were 79.

The incidence rate for **lung cancer and bronchus** for 2012 through 2016 for both sexes in Illinois was 64.7, and in Macoupin County was 89.2. From 2012 through 2016 for males in Illinois it was 75.3, and for Macoupin County it was 118.5. From 2012 through 2016 for females in Illinois it was 57, and in Macoupin County it was 67.1. The average annual death in Macoupin County from 2006 to 2010 was 38, and from 2012 to 2016 was 39.

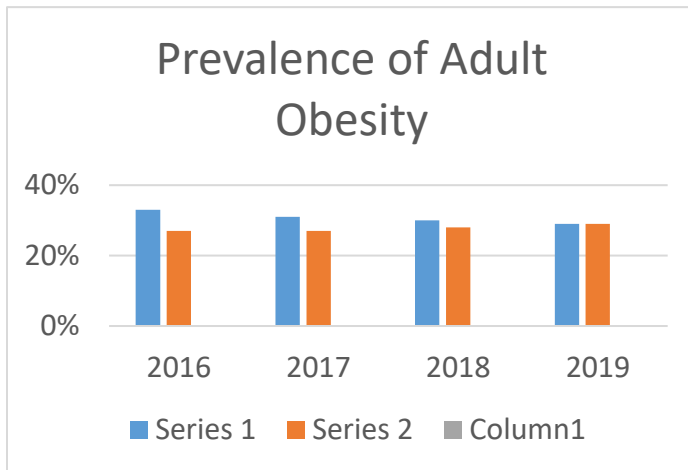
Average deaths per year from prostate cancer from 2006-2010 was 5, and from 2012-2016 it was 5. The incidence rate for 2012-2016 of males for Illinois was 109.5, and for Macoupin County it was 106.2. According to the 2009 BRFSS, 74.5% of Macoupin County men said yes when asked if they ever had a Prostate Specific Antigen test. 80.7% of Macoupin County men said yes when asked if they had a digital rectal exam.



E-cigarettes and Vapes

According to the CDC, E-cigarettes recently surpassed conventional cigarettes as the most used tobacco product among youth. **In Illinois for 2019 there were 166 cases of lung injury, 42 individuals that need more investigation, and 3 deaths.** The ages using these products range from 13 to 75 years of age with the median age being 22-year-old.

Data received following community group work: ICBRS data states that 4.9% of Macoupin County population currently uses e-cigarettes and 19.6% report having used but are not currently using e cigarettes.



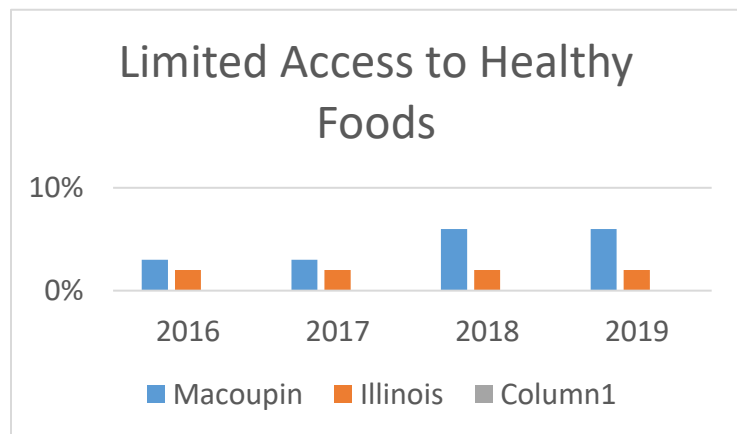
Obesity

According to the County Health Rankings report in Macoupin County the prevalence of adult obesity is for the years of; 2016:33%, 2017:33.1%, 2018:30%, and 2019:29%.

Additionally, the 2015 ICBRFS survey states that 40% of the Macoupin County population is obese.

Fitness and Nutrition

According to the County Health Rankings Report in Macoupin County the percentage of adults 20 and over reported no leisure-time/physical activity in the past month for the years; 2016:31%, 2017:24%, 2018:23%, and 2019:23%. In Macoupin County the percentage of people who reside in a rural census



block that is within three miles of a recreational facility for the years; 2016:61%, 2017:61%, 2018:61%, and 2019:57%. In Macoupin County the percentage of the population who did not have access to a reliable source of food during the past year for the years; 2016:13%, 2017:12%, 2018:12%, and 2019:11%. In Macoupin County the percentage of the population that is low income and does not have live close to a grocery store for the years; 2016:3%, 2017:3%, 2018:6%, and 2019:6%.

Autism Spectrum Disorder (ASD)

One in 68 children have been identified with autism spectrum disorder (ASD) according to the CDC. All racial, ethnic, and socioeconomic groups are affected. Boys are 5x more likely than girls. Likely many causes for multiple types of ASD. There may be many different factors that make a child more likely to have an ASD, including environmental, biological, and genetic factors. ASD continues to be an important public health concern. CDC wants to find out what causes the disorder. Understanding the factors that make a person more likely to develop ASD will help us learn more about the causes.

Sensory Processing Disorder

At least one in twenty people in the general population may be affected by SPD. Exact causes not yet identified. Preliminary studies and research suggest that SPD is often inherited. Prenatal birth complications, and environmental factors have been implicated as casual in SPD. Not recognized as a diagnosis. Secondary problems: behavior and attention issues, emotional challenges, difficulty with social relationships, limitations participating in school and community activities, poor self-regulation of moods and anger, poor self-esteem and/or self-confidence.

Social Emotional Learning

An estimated 5% to 26% of children demonstrate serious emotional and behavioral learning challenges ([Brauner & Stephens, 2006](#)). In addition, preschool children are suspended and expelled for demonstrating problem behaviors at three times the rate of K–12 students ([Gilliam, 2005](#)). The short- and long-term outcomes associated with problem behavior are poor. Early childhood problem behavior contributes to negative relationships with teachers and peers (Bulotsky-Shearer, Bell, & Dominguez, 2012; Bulotsky-Shearer, Dominguez, & Bell, 2012; Carter et al., 2010), learning and academic achievement difficulties (Hamre & Pianta, 2001), and later identification of emotional/behavioral disorders (EBD; Fanti & Henrich, 2010). According to research, problem behaviors develop early, and if they are not addressed when they are initially displayed, they worsen over time, require more services and resources, and increase the likelihood for long-term negative outcomes (Dunlap et al., 2006). The prevalence and outcomes of problem behaviors are even more concerning among young children who experience a range of child, family, and environmental risk factors. For example, rates of externalizing problem behavior are especially elevated for children living in poverty (Barbarin, 2007; Feil et al., 2005; Qi & Kaiser, 2003). In addition, negative child temperament, child adjustment problems, poor family functioning, and maternal depression are predictive of problem behaviors (Nelson, Stage, Duppong-Hurley, Synhorst, & Epstein, 2007). Young children who experience adverse relationships with their teachers and a negative classroom climate are also at a higher risk for problem behavior (Curby, Rimm-Kaufman, & Ponitz, 2009; Myers & Pianta, 2008; Pianta & Stuhlman, 2004; Pianta et al., 2005). When young children are exposed to a greater number and combination of these risk factors, their likelihood for future development of EBD, such as conduct disorder and oppositional defiant disorder, increases (Qi & Kaiser, 2003; Webster-Stratton, 1997). Research indicating the origins and risk factors associated with problem behavior highlights the need to examine early intervention, aimed at preventing these deleterious behaviors and lessening the impact of risk factors on children's school success.

Adverse Childhood Experiences

The ACE study is one of the largest studies ever to look into the long-term effects of negative childhood experiences on behavior and health. The study explored the following categories: emotional and/or physical abuse by parent, emotional or physical neglect, sexual abuse by anyone, domestic violence, growing up with an alcohol and/or drug abuser in household, living with a person experiencing a mental illness, experiencing the incarceration of household member, or loss of a parent. According to the study, having one ACE can have a lasting impact, but the more types of adverse experiences a person has had the greater his or her risk for certain challenges in adulthood. These challenges include: smoking, obesity, depression, substance abuse, STD, and having chronic health conditions.

Related to ACES

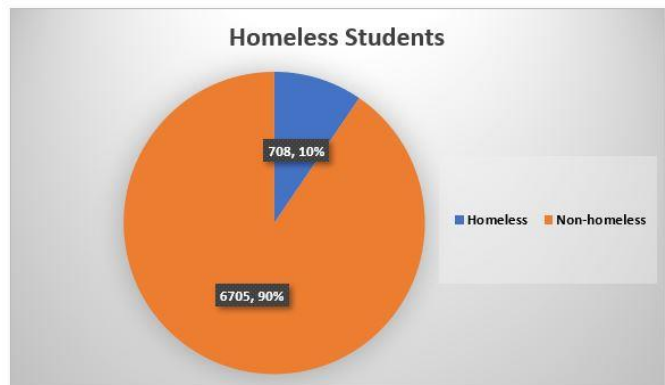
Persons in poverty within Macoupin County 13.8%. 12.1% of persons in Illinois are in Poverty. Number of divorces in Macoupin County in the years; 2016: 53, 2015: 44, 2014: 48, 2013:33. No specific Family Law attorneys or Family Mediator Professionals in Macoupin County. Limited parenting classes (including on-line classes). Children of Macoupin County living with a single parent between 2010 and 2014 was at 21.6%. Children of Macoupin County living with a single parent between 2013 and 2017 was at 24.8%.

School Age Children: Mobility and Homelessness

The student mobility rate for schools in Macoupin County ranges from 7 to 10% with the state rate at 7%, according to the State Board of Education.

According to UDS data for Maple Street Clinic (Gillespie) and the Morgan Street Clinic (Carlinville), 708 out of 7,413 patients reported as being 'homeless' in the year 2018.

The percent of homeless students for Bunker Hill in 2014 was 1%, 2015 was 2%, 2016 was 1%, 2017 was 1%, and 2018 was 1.9%. In Carlinville, the percentage of homeless students in 2014 was 3%, 2015 was 3%, 2016 was 1%, 2017 was 4%, and 2018 was 1.7%. In Gillespie, the percentage of homeless students in 2014 was 6%, 2015 was 5%, 2016 was 6%, 2017 was 5%, and 2018 was 4.9%. In Mt. Olive the percentage of homeless students in 2014 and 2015 there was no data, 2016 was 2%, 2017 was 3%, and 2018 was .8%. In North Mac, the percentage of homeless students in 2014 was 4%, 2015 was 3%, 2016 was 5%, 2017 was 5%, and 2018 was 5.7%. In Northwestern, the percentage of homeless students in 2014 was 4%, 2015 was 6%, 2016 was 9%, 2017 was 7%, and 2018 was 9.8%. In Southwestern the percentage was homeless students in 2014, 2015, 2016, and 2017 was 1%, but for 2018 it 2.1%. In Staunton, the percentage of homeless students in 2014, 2015, and 2016 was 1%, but in 2017 it was 2% and 2018 was 1.8%.



Social Media (any site that allows social interaction)

Social media does have benefits including, socialization, enhanced learning opportunities, and accessing to health information. Also, it has risks such as, cyberbullying/online harassment, sexting, Facebook depression, privacy concerns, influence of advertisements, and mixed messages.

Leisure Activities

According to the US Health and Human Services Department, adolescents spend about 4½ hours every weekday on leisure activities and about 6½ hours on weekend days. Leisure activities include socializing face to face, playing sports or exercising, and screen time. High school students spend almost two hours each weekday on screens and three hours weekend days on screens. It is expected that these estimates are underestimates.

Mental Health

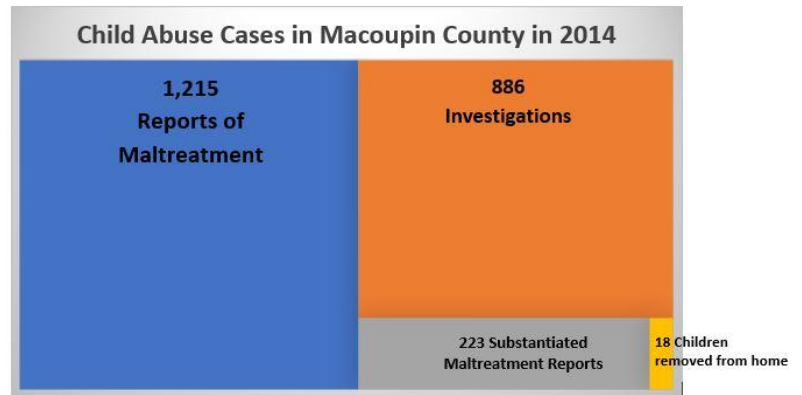
The proportion of Medicare beneficiaries in Macoupin County treated for depression was 18.5%. The proportion of Medicare beneficiaries in Illinois treated for depression was 15.1%. Illinois rates are among the lowest in the country. For serious mental illness Illinois was at 3.74% whereas Arkansas was at 5.45%. Macoupin County mental health providers see 2295 patients per year. According to BRFSS, the percentage of Macoupin county residents reporting in 2009 that their mental health was not good for 1 to 7 days was 29% and in 2011 was 14.7%. The percentage of Macoupin County residents reporting in 2009 that their mental health was not good from 8 to 30 days mental health not good was 12.0% and in 2011 was 16.1%. The rate of inpatient drug abuse related suicide attempts in 2013 for Macoupin County was 33.7 and for Illinois it was 21.8. The rate of inpatient drug abuse related suicide attempts in 2014 for Macoupin county was 29.1 and for Illinois it was 22.3.

Bullying

In Macoupin County the percentage of students per grade that reported at least one type of bullying for 8th grade it was 54 %, for 10th grade it was 45%, and for 12th grade it was 34%. In Macoupin County the percentage of students per grade that reported they had been intensely bullied for 8th grade it was 7%, for 10th grade it was 6%, and for 12th grade it was 7%. The data source is the Illinois Youth Survey, 2018.

Child Abuse

In 2014 there were 1215 reports of maltreatment, 886 investigations, 223 substantiated maltreatment reports, and 18 children removed from home (83% removed for neglect). The number of substantiated reports of child abuse and neglect for the following years:



2010-189, 2011-220, 2012-208, 2013-200, and 2014-223. 61 children were served in foster care in Macoupin county from October 2014 to September 2015. The data source is the Illinois Department of Children and Family Services.

Domestic Violence

According to the Macoupin County Safe Families Program, in 2016, 99 domestic violence offense reports were made, and in 2017 it was 138. Between July 2017 and June 2018, the number of new adult clients were 120, the number of new children were 0, the total service hours were 976.7, and the number of emergency orders of protection were 209. Between July 2018 and June 2019, the number of new adult clients were 156, the number of new children were 0, the total direct service hours were 1,103.5, and the number of emergency orders of protection were 260.

Sexual Violence

The state rate for rape was at 36.7% in 2017. For Macoupin County the rates of rape in 2014 was 8.6%, 2015 was 8.5%, 2016 was 21.5%, and 2017 was 29.5%. The number of violent crimes in 2016 for Macoupin County was 169.3, and for Illinois was 420.2. Data source is the Illinois State Police.

Youth Sexual Violence

4% of 8th graders, who report dating, stated they had been slapped, kicked, hit, or threatened versus 9% of 10th graders and 11% of 12th graders. The rate of Illinois high school students who ever physically forced to have sexual intercourse in 2017 was 10.6 and 2015 was 8.9. Illinois high school students who experienced sexual dating violence decreased from 2015 at 11.1 to 2017 at 7.8. The rate for experiencing physical dating violence decreased from 11.3 in 2015 to 10.7 in 2017. Data source is the Illinois Youth Survey, 2018.

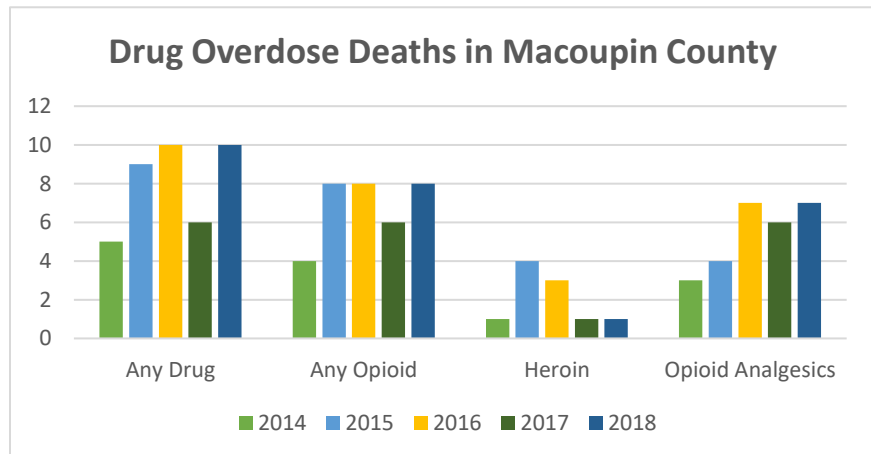
Sexually Transmitted Disease

According to data from the Illinois Department of Public Health, there was no significant change from 2012 to 2016 for chlamydia or early syphilis. For Gonorrhea there has remained around 14 to 18 cases per year in Macoupin County.

Substance Abuse

According to the Illinois State Police last conviction for meth manufacturing in Macoupin County was in July 2016. Yet according to the Macoupin County Sheriff Department 70 to 80% of county jail inmates have been charged with meth possession. According to the Illinois State Police, Macoupin County Drug arrests in 2017 were 199 and in 2016 were 266. According to IDPH the number of overdose deaths of any drug was 5 in 2014, 9 in 2015, 10 in 2016, 6 in 2017, and 10 in 2018. The number of overdose deaths for any opioid was 4 in 2014, 8 in 2015, 8 in 2016, 6 in 2017, and 8 in 2018. The number of overdose deaths of heroin was 1 in 2014, 4 in 2015, 3 in 2016, 1 in 2017, and 1 in 2018. The number of overdose deaths of opioid analgesics was 3 in 2014, 4 in 2015, 7 in 2016, 6 in 2017, and 7 in 2018. According to data reported by

Voices for Illinois Children, the Drug Overdose Death Rate for Macoupin County was 1.3 versus the rate for Illinois at 2.2. According to UDS data: 133 patients have received Substance Disorder Services, which includes Health & Wellness Recovery services received at both Morgan and Maple



Street Clinics. Macoupin County hospital admissions for drug abuse rates remain stable from 2013 to 2014 and are substantially lower than Illinois rates. 0% of 8th graders reported Illicit Drug use (excluding marijuana) 37% of 8th graders reported using any substance including alcohol, cigarettes, inhalants or marijuana. 16% of 8th graders, 37% of 10th graders, and 45% of 12th graders reported tobacco or vaping usage. 36% of 8th graders, 61% of 10th graders and 64% of 12th graders reported alcohol usage.

Alcohol Usage

Excessive drinking was 20% in 2015, 20.6% in 2016, 19% in 2017, and 20.5% in 2018. The highest rate in Illinois was 24%. Alcohol impaired driving deaths was 55.6% in 2015, 45.5% in 2016, 36.8% in 2017, and 36% in 2018. The highest rate in Illinois was 75%. Data source: DataUSA.

Community Health Needs Assessment

Macoupin County Community Programs and Resources

Community programs and resources were identified as potential partners to implement the IPLAN goals. These resources included Carlinville Area Hospital, Community Hospital of Staunton, Gillespie/Benld Ambulance Service, Locust Street Resource Center, Chestnut Health Systems, Macoupin County Recovery Center, Macoupin County Sheriff Office, Macoupin County State's Attorney Office, Macoupin County Probation Office, Macoupin/Montgomery Addiction & Behavioral Health Coalition, Opioid Action Response Consortium, Children and Family Services, Macoupin County Housing Authority, U of I Extension Service, Blackburn College, Illinois Quitline, nine school districts, eight food pantries, area churches and faith based organizations.

Community Health Needs Assessment

Setting Priorities

Meeting #1 was held on Tuesday, October 8, 2019

An overview of the IPLAN process; input on the most outstanding health care problems in the community/ county today; and an introduction to the most current public health statistics available including recap of the 2014 IPLAN goals and outcomes. The entire Community Committee brainstormed ideas regarding health and health care needs.

Below is the list of ideas that the Community Health Committee came up with at Meeting #1:

Asthma, Alzheimer's Disease/Dementia, Parkinson's Disease, Autism / Sensory Issues
Hypertension, Cardiovascular disease, COPD – early detection, Tobacco usage (lung cancer)
Vaping/Juuling, Diabetes, Cancer (Lack of preventive screening and Health literacy)
Mental Health (Stigma, Shortage of services, Suicide (prevention for all ages),
Access to medications (lack of prescribing health care providers)
Behavioral problems in early childhood/Detachment issues and in older children (Non –
effective parenting, Increased DCFS referrals, lack of foster parents, Unhealthy exposure to
inappropriate social media) Bullying, Teen crisis situations, Childhood Trauma, PTSD (late
diagnosis/misunderstood), Medication (Non-compliance, Cost, Literacy of pharmacy benefits)
Substance use among youth and/or among adults, Dental (Pediatric and Medicaid eligible),

Sexual Violence, Sexual Education/ Prevention, Access to water, Homelessness (lack of shelters and services for mental health, substance abuse, unemployment & education), Access to healthy food, Physical inactivity, Transportation (lack of outside of Macoupin county), Lack of tele health, Insurance illiteracy, Lack of adulting, Lack of workforce development skills, Lack of life skills, Lack of money management education / lack of personal financing knowledge, Felons can't access public housing, Lack of opportunities to explore first hand career options, Lack of community engagement opportunities, Burden of social media, Social media literacy

Meeting #2 was held on Tuesday, November 5, 2019

Review of statistics distributed at meeting #1 along with an additional relevant data. Data was provided by several community members. Ideas from meeting #1 were categorized, discussed and voted upon.

Brainstorming ideas were categorized using the Definition of a Health Problem. Remember the definition is: A situation or condition of people which is (1) considered undesirable, (2) is likely to exist in the future and (3) is measured as death, disease, or disability. Members were asked to select the three health problems they believe should be a priority for the Macoupin County Health Department Community Health Plan. In voting #1 should be represent the top health priority, #2 the second priority and #3 the third priority. The results were weighted as #1 was 3 points, #2 was 2 points, #3 was one point.

Results:

Mental Health	36
Cardiovascular	22
Substance Abuse	14
Cancer	7
Obesity	6
Alzheimer/Dementia	3
Diabetes	2

Meeting #3 was held on Tuesday, December 3, 2019

A review of the most serious health problems identified during meeting #2 and a discussion of the methods or steps needed to deal with, reduce or solve the problems including assessing current resources available. The community group broke into three groups and completed worksheets for cardiovascular disease, mental health, and substance abuse.

These problems and proposed solutions were then presented to the Macoupin County Board of Health for their review and consideration for policy adoption and program development and implementation.

The media will be presented with this information developed by the committee. A comprehensive approach will also be conducted to provide all the citizens in Macoupin County, as well as private and public agencies with this information. Communication will be given to the people who served on the Community Planning Committee.

Community Health Plan

Community Health Plan

Statement of Purpose

The Macoupin County Public Health Department (MCPHD) first made a commitment to complete the Illinois Project for the Local Assessment of Needs (IPLAN) and the Community Health Plan to the Illinois Department of Public Health in 1994.

The IPLAN process maintains MCPHD's own commitment to a positive, proactive and coordinated planning system. The process provides a systematic approach to assessing, analyzing, and prioritizing the areas of disease prevention and health promotion at the County level. It is supported by the community leaders in particular the Board of Health, the Macoupin County Board and the Macoupin County Interagency Council and includes a Community Planning Committee representing different socio-economic, geographic, and professional status throughout the county.

Goals were established for the IPLAN Process.

- To involve all the community's organizations and agencies related to health care and access to health care as well as some citizens at large.
- To collect and organize data including mortality, morbidity, community member opinions, and any other community data appropriate to identify the community's health needs.
- To identify the leading high-risk behaviors in the community and set priority health needs.
- To create and implement a community plan which contains specific intervention programs to address the needs of the targeted population groups of each priority health need.
- To evaluate program outcomes on a regular basis.
- To review Macoupin County's Community Health Plan of intervention and evaluation strategies which will be used to address four priority areas. The Community Health Plan is based upon the data reviewed analyzed and prioritized by the Macoupin County Needs Assessment Process

The Community Health Plan Process

The sixth round of the IPLAN Process began in fall of 2019, when the MCPHD Administrator selected health department employees to serve as an IPLAN Team. This team was instructed by the administrator on the IPLAN process. They reviewed the 2014 Community Health Plan and began collecting new data. They developed a list of 24 community agencies, group, and individuals to serve on the Community Planning Committee. This list was presented to the Board of Health for comprehensive prior to the proposed community members being solicited to their participation. Each community member received a phone call or email personally from an IPLAN Team member inviting them to participate in the IPLAN process. Upon agreement, each member received a confirmation letter for their participation in the 2019 IPLAN process.

Three meetings were held. During the first meeting, the team presented an overview of the IPLAN process, gave an introduction to the most current public health statistics available including the recap of the 2009 IPLAN's goals and outcomes and received input on the most outstanding health problems in the community/county today. The entire Community Committee brainstormed ideas regarding health and health care needs. During the second meeting, a nominal process was used to select three priorities. At the final meeting, health problem analysis worksheets were developed to help guide the IPLAN team in writing the Community Health Plan.

The Community Health Plan includes a measurable outcome objective for each priority and several measurable impact objectives. Proven interventions and an evaluation plan are also formalized by the IPLAN Team. The Community Health Plan was presented to the MCPHD Board of Health for their adoption on February 19, 2020.

After adoption of the Community Health Plan, a forum will be conducted in individual communities throughout the county to explain the plan thoroughly. The plan will also be presented to the Macoupin County Board, the Macoupin County Interagency Council, The Macoupin/Montgomery County Medical Society, the local Dental Society, and local community groups. The plan will also be presented to the community through local media (9 county newspapers and one local radio station). The plan will also be given to the 24 people who serve on the Community Planning Committee for their ongoing monitoring of the plan's progress.

Three Priorities

Three major health problems were prioritized by the Macoupin County Community Committee. They are:

- Substance Abuse
- Mental Health
- Cardiovascular Disease

In an attempt to develop solutions to the identified problems and, continue to use IPLAN statistical health indicators for evaluation and monitoring the progress of Macoupin County toward meeting the Healthy People 2020 objectives particularly in those high priority health promotion/disease prevention areas identified, the following three health program plans were developed.

1. Substance Abuse

Macoupin County Health Status

According to data reported by Voices for Illinois Children, the Drug Overdose Death Rate for Macoupin County was 1.3 versus the rate for Illinois at 2.2. From 2014 to 2018, 85% of drug overdose deaths have been a result of opioids. Twenty-five percent of the drug overdose deaths were attributed to heroin usage which helps prove that heroin usage in Macoupin County may be decreasing. Yet, deaths due to drug overdose in Macoupin County have increased from 2014 to 2018. Macoupin County hospital admissions for drug abuse rates have remained stable from 2013 to 2014 and are substantially lower than Illinois rates. According to the Illinois State Police drug arrests were down substantially from 2016 to 2017 and the last conviction for meth manufacturing in Macoupin County was in July of 2016. Yet, according to the Macoupin County Sheriff's office 70 to 80% of county jail inmates have been charged with meth possession. Purchasing meth has become easier and more economical than manufacturing the drug.

Since 2016, the Macoupin County Public Health Department has implemented full opioid use disorder treatment and therapy services, including individual and group therapy, case management and Medication Assisted Treatment (MAT). In March 2019, the agency was licensed as an Illinois Department of Human Services Level 1 Adult Treatment and Recovery Center. In August 2019, the agency expanded services and began providing MAT services at the Health & Wellness Recovery Center, Maple Street Clinic and Morgan Street Clinic. For calendar year 2018, 133 patients have received Substance Disorder Services, which includes medication assisted treatment services received at both Morgan and Maple Street Clinics. The Macoupin

County Public Health Department estimates that as many as 1,130 people in the rural parts of Macoupin County currently have Opioid Use Disorder negatively impacting the county.

About 1 in 10 marijuana users will develop a substance abuse disorder. For people who begin using before the age of 18 that number rises to 1 in 6. There is also evidence that adolescents who use marijuana are more likely to partake in other risky behaviors, including use of alcohol and cocaine as well as mental health problems. Data from the 2018 Illinois Youth Risk Survey shows that 8% of Macoupin County eighth graders report using marijuana, 16% use tobacco or vaping products and 36% use alcohol. These stats increase for Macoupin County 10th graders: 27% use marijuana, 37% use tobacco or vaping products and 61% use alcohol.

Vaping is an emerging public health threat in the United States. In Illinois teens do not recognize the dangers associated with vaping. Forty percent of the 10th and 12th graders said there was low or no risk of people harming themselves if they use e-cigarettes. When in fact vaping devices contain and release a number of potentially toxic substances including metals and volatile organic compounds, some of which have been linked to cell and DNA damage. Some vape devices might explode, resulting in burns and other injuries. Additionally, according to the 2015 Illinois County Behavior Risk Factor Survey (ICBRFS) data, 4.9% of Macoupin adult residents report e-cigarette status and 20% state they smoke tobacco products.

According to the 2015 ICBRFS 19% of Macoupin County Residents state they are at risk for binge drinking. Risky drinking may be a sign of a medical condition called alcohol use disorder. It's a chronic disease that affects your brain. An estimated 16 million people -- adults and adolescents -- in the U.S. have it. Sometimes genes passed down to you from your parents can put you at risk. Your environment or psychological makeup also play a role.

Direct and Indirect Risk Factors

The committee identified addiction to alcohol and tobacco products as well as addiction to schedule 2 drugs as the risk factors for Substance Abuse in Macoupin County. Direct contributing factors include lack of education, lack of coping skills, culture, availability of alcohol, tobacco products, and drugs, and the lack of preventive and treatment services. Indirect factors identified were the lack of school based and community education programs, lack of access to treatment, peer pressure, social media influence, stigma and stereotyping regarding substance abuse, family acceptance of underage alcohol and tobacco usage, and lack of enforcement for underage consumption laws.

The MCPHD IPLAN will focus on the following **Healthy People 2020 Objectives** to plan and implement activities:

SA-2.1 Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using alcohol for the first time

SA-2.2 Increase the proportion of at-risk adolescents aged 12 to 17 years who, in the past year, refrained from using marijuana for the first time

SA-4 Increase the proportion of adolescents who perceive great risk associated with substance abuse

SA-8.1 Increase the proportion of persons who need illicit drug treatment and received specialty treatment for abuse or dependence in the past year

SA-8.2 Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year

SA-8.3 Increase the proportion of persons who need alcohol abuse or dependence treatment and received specialty treatment for abuse or dependence in the past year

SA-9 (Developmental) Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED)

SA-10 Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)

SA-12 Reduce drug-induced deaths

TU-6 Increase smoking cessation during pregnancy

TU-9 Increase tobacco screening in health care settings

TU-9.3 Increase tobacco screening in dental care settings

TU-10 Increase tobacco cessation counseling in health care settings

TU-10.3 Increase tobacco cessation counseling in dental care settings Revised

TU-10.4 Increase tobacco cessation counseling in substance abuse care settings

TU-10.5 Increase tobacco cessation counseling in mental health care settings

ECBP-2.5 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in tobacco use and addiction

ECBP-2.6 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in alcohol and other drug use

ECBP-7.5 Increase the proportion of college and university students who receive information from their institution on tobacco use and addiction

ECBP-7.6 Increase the proportion of college and university students who receive information from their institution on alcohol or other drug use

<p>Risk Factor -- Addiction for Alcohol, Tobacco, Marijuana</p>
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1.1 Direct Contributing Factor – Lack of Education

Objective 1.1 - Reduce by 2% the number of Macoupin County eighth, 10th and 12 graders who report using any substance including alcohol, cigarettes, inhalants or marijuana. (*Baseline from 2018 Illinois Youth Survey Macoupin County data. Percentage of youth who report using any substance including alcohol, cigarettes, inhalants or marijuana. 37% of 8th graders, 63% of 10th graders and 66% of 12th graders.*)

Interventions for Objective 1.1

- 1.1.1) MCPHD will provide classroom prevention education for students grades 6 through 12.
Potential Resources: Macoupin County ROE, Macoupin County School Districts
Potential Funding: Illinois Department of Public Health, Illinois Department of Human Services, Other funding will be identified.
- 1.1.2) MCPHD will work cooperatively to support efforts of the Macoupin Montgomery Addiction & Behavior Health Coalition.
Potential Resources: Macoupin County Public Health Department Health Education Staff, Community Partners including hospitals, schools, businesses, organizations.
Potential Funding: Macoupin Montgomery Addiction & Behavior Health Coalition, Contributions from Community Organizations, Grant opportunities will be identified.

1.2 Direct Contributing Factor – Lack of Coping Skills

Objective 1.2 - To increase by 2% the number of Macoupin County students who receive counseling services for mental health conditions including substance usage. *(Baseline: 219 school age children. Source: Macoupin County Public Health)*

Interventions for Objective 1.2:

- 1.2.1) MCPHD will maintain the existing counselors available in six school districts.
Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, Chestnut Health Systems, Macoupin County School Districts
Potential Funding: Illinois Department of Human Services, Illinois Department of Public Health, HRSA, Illinois State Board of Education, Other funding to be identified.
- 1.2.2) Increase the number of counselors to include all Macoupin County School Districts.
Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, Chestnut Health Systems, Macoupin County School Districts
Potential Funding: Illinois Department of Human Services, HRSA, Illinois State Board of Education, Other funding to be identified.
- 1.2.3) Increase the number of Maple and Morgan Street patients completing the CAGE and PHQ9 assessments to 80% or more and successfully refer 50% or more to mental health services when identified as appropriate.
Potential Resources: Maple Street Clinic, Morgan Street Clinic
Potential Funding: HRSA

1.3 Direct Contributing Factor – Culture

Objective 1.3A – Increase by 2% the number of Macoupin County 8th, 10th and 12 grade Students who report that their parents would find it wrong for them to drink alcoholic beverages, use tobacco or marijuana, and use prescription drugs not prescribed to you.

(Baseline from 2018 Illinois Youth Survey Macoupin County Data for parents who feel it is very wrong for their child to drink beer, wine, hard liquor regularly is 76% for 8th graders, 52% for 10th graders and 42% for 12th graders; feel it is very wrong for their child to have one or two drinks of an alcoholic beverage nearly every day is 76% for 8th graders, 78% for 10th graders, and 67% for 12th graders; feel it is very wrong for their child to smoke cigarettes is 91% for 8th graders, 88% for 10th graders, 78% for 12th graders; feel it is very wrong for their child to smoke marijuana is 87% for 8th graders, 74% for 10th graders, and 62% for 12th graders; feel it is very wrong for their child to use prescription drugs not prescribed to you is 91% for 8th graders, 91% for 10th graders and 86% for 12th graders.)

Objective 1.3B – Increase by 2% the number of parents who talk to their children about drugs (alcohol, tobacco and marijuana). *(Baseline from the 2018 Illinois Youth Survey Macoupin County Data for Parents who have communicated about drugs in the past year is for not using alcohol for 8th graders is 52%, 10th graders is 60%, and 12th graders is 42%; for not using tobacco for 8th graders is 54%, for 10th graders is 55% and 12th graders is 44%; for not using marijuana for 8th graders is 51%, for 10th graders is 58% and for 12th graders is 47%.)*

Interventions for Objective 1.3:

1.3.1) MCPHD will create monthly social media posts regarding underage substance use and abuse.

Potential Resources: Macoupin County Public Health Department, Macoupin County Health & Wellness Center, Locust Street Resource Center, Chestnut Health Systems, Macoupin/Montgomery Addiction & Behavioral Health Coalition, Standing Against Addiction & Drugs, MADD

Potential Funding: Community Grants such as Rotary Club, Lion’s Club, Partnerships with Community Organizations, Blackburn College Internship Program, Other funding will be identified.

1.3.2) MCPHD will support all Macoupin County School districts in providing preventive education regarding substance abuse to parents.

Potential Resources: Macoupin County Public Health Department, Macoupin County Health & Wellness Center, Locust Street Resource Center, Chestnut Health Systems, Macoupin County ROE, Macoupin County School Districts, Law Enforcement

Potential Funding: SAMHSA, National Institute on Drug Abuse, Prevention First, Grant Funding will be identified.

1.4 Direct contributing factor -- Availability

Objective 1.4 - Reduce by 2% the number of underage Macoupin County Youth who obtain alcohol and/or tobacco products. *(Baseline from 2018 Illinois Youth Survey Macoupin County data. Percentage of youth who report using any substance including alcohol, cigarettes, inhalants or marijuana are 37% of 8th graders, 63% of 10th graders and 66% of 12th graders. The number of underage tobacco users who purchased products from a gas station are 16% 10th graders and 27% 12th graders.)*

Interventions for Objective 1.4:

1.4.1) To determine where Macoupin County Youth are obtaining alcohol and/or tobacco products. MCPHD will provide data to support law enforcement efforts to enforce existing laws for underage tobacco and substance usage. MCPHD will also provide data to all county school districts to support or strengthen existing school policy regarding alcohol and tobacco usage on campus.

Potential Resources: Macoupin County School Districts, Law Enforcement, Macoupin County Probation Office, Macoupin/Montgomery Addiction & Behavioral Health Coalition

Potential Funding: Illinois State Police, Illinois Department of Transportation, SAMHSA, Funding will be identified.

Risk Factor - Addiction for schedule 1 & 2 drugs excluding marijuana

1.5 Direct Contributing Factor - Lack of Services

Objective 1.5 – To eliminate gaps in Substance Use Disorder/Opioid Use Disorder prevention, treatment and recovery in Macoupin County. (Baseline: One comprehensive recovery program (Macoupin County Health and Wellness Center) located within Macoupin County. By 2024, to expand prevention, treatment, and recovery services by one site.)

Interventions for Objective 1.5:

1.5.1 Increase number of “No Wrong Door: Safe Passage Programs”.

Potential Resources: Carlinville Area Hospital, Community Memorial Hospital of Staunton, Hospital Emergency Departments, Ambulance Services, Fire and Police Departments, Chestnut Health Systems, Primary Care Providers, Probation Officers, Clergy & Pastors, Macoupin County Probation Office

Potential Funding: HRSA’s Bureau of Primary Health Care Health Center Funding, Federal Office of Rural Health Policy: Rural Communities Opioid Response Implementation Program, SAMHSA Prevention and Intervention Grants.

1.5.2) Increase MAT (Medication Assisted Treatment) providers in Macoupin County
Potential Resources: Maple Street Clinic, Morgan Street Clinic, Primary Care Providers, Locust Street Resource Center, RCORP Consortium, Macoupin/Montgomery Addiction & Behavioral Health Coalition, and Macoupin County Health and Wellness Center.
Potential Funding: HRSA’s Bureau of Primary Health Care Health Center Funding, Federal Office of Rural Health Policy: Rural Communities Opioid Response Implementation Program, SAMHSA Prevention and Intervention Grants

1.5.3) Increase the number of peer recovery coaches/community health workers to support, transport, educate, train, coordinate services and advocate for patients to assure the provision of recovery services.

Potential Resources: Carlinville Area Hospital, Chestnut Health Systems, Gateway Foundation, Primary Care Providers, Probation Officers, Clergy & Pastors,
Potential Funding: HRSA’s Bureau of Primary Health Care Health Center Funding, Federal Office of Rural Health Policy: Rural Communities Opioid Response Implementation Program, SAMHSA Prevention and Intervention Grants

1.5.4) Increase access to and coordination of local treatment and recovery efforts with more intensive IOP (intensive outpatient treatment), PHP (partial hospitalization program) and residential treatment and recovery services.

Potential Resources: Chestnut Health Systems, Hospitals, Primary Care Providers, Locust Street Resource Center, Maple Street Clinic, Morgan Street Clinic, Macoupin County Recovery Center
Potential Funding: HRSA’s Bureau of Primary Health Care Health Center Funding, Federal Office of Rural Health Policy: Rural Communities Opioid Response Implementation Program, SAMHSA Prevention and Intervention Grants

Direct Contributing Factor – Lack of Education

Objective 1.6A – Increase by 100% the number of training opportunities for first responders, faith-based community, school personnel, students and families living with addiction, and the community at large. *Baseline: Less than six trainings annually have been offered within Macoupin County during the past five years.*

Intervention for Objective 1.6:

1.6A.1) Secure qualified trainers and accessible facilities to offer training opportunities to the identified target groups.

Potential Resources: Project Support Opioid Action Response Consortium, Macoupin/Montgomery Addiction & Behavioral Health Coalition, Law Enforcement, Macoupin County Probation Office, Hospitals, Emergency Management Systems/Ambulances, School Districts, Churches

Potential Funding: HRSA’s Bureau of Primary Health Care Health Center Funding, Federal Office of Rural Health Policy: Rural Communities Opioid Response Implementation Program, SAMHSA Prevention and Intervention Grants

Objective 1.6B – To increase by 2% the number of people who access prevention, treatment, and recovery systems. *Baseline for calendar year 2018, 133 patients have received Substance Disorder Services, which includes Health & Wellness Recovery services received at both Morgan and Maple Street Clinics.*

Interventions for Objective 1.6:

1.6B.2) Increase marketing of prevention, treatment, and recovery services. (including social media campaigns).

Potential Resources:

Support Opioid Action Response Consortium, Macoupin/Montgomery Addiction & Behavioral Health Coalition, Law Enforcement, Hospitals, Emergency Management Systems/Ambulances, Churches

Potential Funding: HRSA’s Bureau of Primary Health Care Health Center Funding, Federal Office of Rural Health Policy: Rural Communities Opioid Response Implementation Program, SAMHSA Prevention and Intervention Grants

Evaluations:

Document completion of activities
Review Illinois Youth Survey Data
Review data from the Illinois Department of Public Health

2. Mental Health

Macoupin County Health Status

According to the National Alliance on Mental Illness Mental Illness is common and as many as one in five adults have a mental health condition in any given year. According to the 2015 ICBRFS, 24.3% of Macoupin County adults have been diagnosed with a depressive disorder and 38.4% of adults reported have more than one day where mental health was not good. Sixteen percent reported having 8 or more days of not good mental health. 24.7% of Macoupin County adults reported having one to 30 days where physical or mental health affected their activities.

Also, according to NAMI, youth mental health is worsening. Rates for youth depression have increased and many youth are left with no or insufficient treatment.

There is a serious mental health workforce shortage. Macoupin County mental health providers see 2295 patients per year. In 2005, Macoupin County was designated as a Mental Health Professional Shortage Area, with a current shortage of five mental health professionals needed to serve Macoupin County's population. That means Macoupin has been a Health Professional Shortage Area for fifteen years. This includes psychiatrists, psychologists, social workers, counselors, and psychiatric nurses combined.

These factors can increase the risk of developing a mental illness:

- (1) History of mental illness in a blood relative, such as a parent or sibling,
- (2) Stressful life situations, such as financial problems, a loved one's death or a divorce. The poverty rate for Macoupin County is at 13.8% which is higher than the rate for Illinois. The median household income for Macoupin County is \$53,778. The rate of divorces has increased slightly over the past ten years. There are no specific Family Law attorneys or Family Mediator Professionals in Macoupin County and there are limited parenting classes. There are approximately 24.8% of children living with a single parent. Only 19.4% of Macoupin County residents ages 25 and older have a college degree.
- (3) An ongoing (chronic) medical condition, such as diabetes. Also, according to the 2015 IBRFSS, 56.7% of Macoupin County adults live with one or more chronic health conditions such as diabetes (10.3%), COPD (6.3%), Cancer (12.5%) and arthritis (33.9%).
- (4) Brain damage as a result of a serious injury (traumatic brain injury), such as a violent blow to the head
- (5) Traumatic experiences, such as military combat or assault. Trauma is an individual experience. Trauma is defined more by a person's reaction to an event than by the event itself. When the person's ability to cope is challenged during or after a single event or long-term distressing experiences, the individual may be experiencing a trauma response. When

individuals experience a threat to their life, well-being, or that of a caregiver or family member, this may be experienced as a trauma. The threat may be an actual threat or what the person believes is a threat. As with mental health recovery, trauma recovery will look different for everyone. These traumas may be domestic violence, sexual violence or other violent crimes. According to the Macoupin County Safe Families program, in 2017 there were 138 domestic violence offenses reported in Macoupin County. From July 2018 to June 2019 156 adults were served through the Macoupin County Safe Families Program with 260 Orders of Protection served. According to Illinois State Police data the number of rapes reported from Macoupin County has increased from 4 in 2014 to 14 in 2017 while violent crime has decreased. According to the Illinois Youth Survey 2018 4% of 8th graders (who reported dating), 9% of 10th graders and 11% of 12th graders stated they had been slapped, kicked, punched, hit or threatened.

(6) Use of alcohol or recreational drugs, (see priority #1)

(7) A childhood history of abuse or neglect. FY 2014, there were 1215 reports of maltreatment with 886 investigations, 223 substantiated maltreatment reports and 18 children removed from the home. From October 2014 to September 2015 there were 61 children served in foster care in Macoupin County. Adverse childhood experiences often carry over into adulthood and increase the risk of developing a mental illness, such as depression, anxiety or an eating disorder as well as abuse of alcohol and other drugs.

(8) Few friends or few healthy relationships. According to the 2018 Illinois Youth Survey for Macoupin County youth: 54% of 8th graders, 45% of 10th graders, and 34% of 12th graders reported they had experienced at least one type of bullying. Additionally, 7% of 8th graders, 6% of 10th graders and 7% of 12th graders reported they had been intensely bullied.

The committee noted that there is no one way to prevent mental illness but you can take steps to manage stress, increase resilience and boost low self-esteem to manage symptoms. Individuals can learn the symptoms of mental health disorders, determine the triggers and create a plan to manage the symptoms as well as recognize that mental health conditions can be chronic health conditions. To manage chronic health conditions, people can get routine medical care, eat right, exercise, and get plenty of sleep. Maintain a regular schedule.

Senior adults (18.7% of Macoupin County residents are age 65 plus) have higher rates of depression and anxiety. The proportion of Medicare beneficiaries in Macoupin County treated for depression was 18.5%. The proportion of Medicare beneficiaries in Illinois treated for depression was 15.1%. Illinois rates are among the lowest in the country. The percentage of Macoupin county residents reporting 1 to 7 days mental health not good in 2009 was 29% and in 2011 was 14.7%. Anxiety and depression are linked to social isolation. According to the US Department of Health and Human Services, 28% of older adults live alone. According to a 2019 AARP study, 1 in 3 adults over the age of 50 lack regular companionship and 1 in 4 says they feel isolated from people at least some of the time.

Direct and Indirect Risk Factors

The committee identified domestic violence, child abuse and sexual abuse as well as stressful situations as the direct contributing factors to the risk factor of Trauma. Some indirect contributing factors include poverty, divorce, death of a loved one, isolation, history of abuse, risky behaviors and unstable conditions. The committee further identified Chronic Health Conditions, Culture, and Genetics as direct contributing factors to the risk factor Family History. Indirect factors identified were the lack of understanding of mental health, stigma associated with mental health conditions, poor nutrition and lifestyle habits, as well as the culture associated with mental health diseases.

The MCPHD IPLAN will focus on the following **Healthy People 2020 Objectives** to plan and implement activities:

MHMD-4 Reduce the proportion of persons who experience major depressive episodes (MDEs)

MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral

MHMD-6 Increase the proportion of children with mental health problems who receive treatment

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

MHMD-11 Increase depression screening by primary care providers

Risk Factor -- Trauma

Direct Contributing Factor -- Domestic Violence, Child Abuse, Sexual Violence

Objective 2.1 By year 2021, establish a team approach to increase awareness and support of domestic violence.

Interventions for Objective 2.1:

2.1.1) MCPHD will research funding opportunities to develop resources to assist DV victims.

Potential Resources: Macoupin County Public Health Department, Macoupin County State's Attorney's Office and Court System, Local and County Law Enforcement, Macoupin County Probation Department, Macoupin County DCFS.

Potential Funding: Each organization can potentially contribute to the efforts to acquire additional funding.

2.1.2) Provide health care providers, law enforcement, clergy, social service agencies and school district staff with continuing education opportunities related to Trauma Informed Care.

Potential Resources: Macoupin County Safe Families Program, Macoupin County Court System, Illinois 7th Judicial Circuit Court System, Illinois Coalition Against Domestic Violence, Illinois Attorney General, Illinois Futures without Violence.

Potential Funding: Illinois Coalition Against Domestic Violence, IDHS, Illinois Attorney General, VAWA, HHS, SAMHSA,

2.1.3) MCPHD will train staff to administer screening tools including but not limited to ACE survey, Relationship Assessments, Edinburgh Post-Partum Depression Screening.

Potential Resources: Macoupin Healthy Families Program, WIC, Maple Street Clinic, Morgan Street Clinic, all Macoupin County Healthcare providers.

Potential Funding: HHS, IDHS, SAMHSA, NAMI, VAWA

Objective 2.2 By year 2024, decrease by 2% the number of 8th graders, 10th graders and 12th graders who report they have been slapped, kicked, punched, hit or threatened in a dating relationship by 2%. *(Baseline from 2018 Illinois Youth Survey Macoupin County Data for the % of students who state during the past 12 months, they have been slapped, kicked, punched, hit or threatened by someone in a dating relationship. 5% yes for 8th graders, 9% for 10th graders, and 11% for 12th graders.*

Interventions for Objective 2.2:

2.2.1) Implement evidence-based prevention programs for school age children.

Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, Hospitals, Local and County Law Enforcement

Potential Funding: HHS, ISBOE, IDPH, DHS, VAWA, Local Hospital Community Funds, other funding to be determined.

2.2.2) Establish a team approach to encourage positive opportunities for youth development (including extracurricular activities, educational opportunities, skill building activities).

Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, Catholic Charities, U of I Extension Service, Local Athletic Associations/Boosters, Church Youth Groups.

Potential Funding: HHS, ISBOE, IDPH, DHS, VAWA.

2.2.3) MCPHD will create and implement a marketing and social media campaign that will promote healthy relationships and help reduce the incidence of bullying among young adults.

Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, SAMHSA, loveisrespect.org, breakthecycle.org.

Potential Funding: ISBOE, IDPH, DHS, VAWA, Blackburn College, additional funding will need to be identified.

Objective 2.3 By year 2024, decrease by 2% the number of 8th graders, 10th graders, and 12 graders who report they have been bullied by 2%. (*Baseline from the 2018 Illinois Youth Survey Macoupin County Data for ever bullied among 8th graders 54%, among 10th graders 45%, among 12th graders 34%*)

Interventions for Objective 2.3:

2.3.1) Implement evidence-based prevention programs for school age children.

Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, Hospitals, Local and County Law Enforcement

Potential Funding: IDPH, DHS, VAWA, Local Hospital Community Funds, other funding to be determined.

2.3.2) Establish a team approach to encourage positive opportunities for youth development (including extracurricular activities, educational opportunities, skill building activities).

Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, Catholic Charities, Uofl Extension Service, Local Athletic Associations/Boosters, Church Youth Groups.

Potential Funding: IDPH, DHS, VAWA, Local Hospital Community Funds, other funding to be determined.

2.3.3) MCPHD will create and implement a marketing and social media campaign that will promote healthy relationships and help reduce the incidence of bullying among teenagers.

Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, SAMHSA, stopbullying.gov.

Potential Funding: IDPH, ISBOE, IDHS, VAWA, Funding will need to be identified.

2.4 Direct Contributing Factor: Stressful Situations including poverty

Objective 2.4, by 2024 increase by 2% social contact among people in isolation especially among adults age 60 and older. (baseline to be determined following Department of Aging survey on isolation for FY 20)

Intervention for Objective 2.4:

2.4.1) Work with community partners to increase measures to reduce isolation of adults age 60 and older including expanding access to transportation, volunteer opportunities, and job training.

Potential Resources: Macoupin County Transportation Service, Illinois Valley Economic Development, Area Agency on Aging, Macoupin County Housing Authority, Churches, Libraries

Potential Funding: Area Agency on Aging for Lincolnland.

2.4.2: Increase after school programs and summer programs for all ages including nutrition, job training, and school readiness/reading programs.

Potential Resources: Local School Districts, Macoupin County ROE, Lewis & Clark Community College, Hospitals, Libraries, U of I Extension Service.

Potential Funding: Funding will need to be identified.

2.4.3) Maintain and/or expand parenting services for young families such as WIC, Macoupin County Healthy Families.

Potential Resources: MCPHD, Birth to Three and Preschool Programs, school districts, Illinois Valley Economic Development Corp, Regional Office of Education, Catholic Charities,

Potential Funding: IDPH, IDHS, ISBOE.

Risk Factor: Family History

2.5 Direct Contributing Factor: Chronic Health Conditions, Culture, Genetics

Objective 2.5, By 2024, reduce by 2% the number of persons who report from 1 to 7 days of mental health “not good” during the past 30 days. (*baseline 2015, 21.6%, 2015 ICBRFS*)

Interventions for Objective 2.5:

2.5.1) Sponsor Chronic Disease Self-Management program for residents of Macoupin County.

Potential Resources: Health Department, Health Care Providers, Hospitals, persons living with chronic diseases

Potential Funding: Area Agency on Aging, Hospital Community Health Funds, Individual Fees

2.5.2) Build a network to develop and implement healthy lifestyle programs, events, etc. This will include opportunities for increased exercise, increased nutrient dense food intake, and smoking cessation.

Potential Resources: Community businesses, Social Service Agencies, Blackburn College, Carlinville Winning Communities, Area Chamber of Commerce, School Districts, Farmers Markets, Food Pantries, Grocery Store, Illinois Tobacco Quitline, Fitness Centers

Potential Funding: IDPH, Private Sector Contributions, Other funding sources will need to be identified.

2.5.3) Provide resources to county health care providers regarding prevention, screening and intervention of depression and chronic disease.

Potential Resources: Maple Street Clinic, Morgan Street Clinic, Public Health Department, Locust Street Resource Center, Healthcare organizations such as the National Alliance on Mental Health Illinois, the National Institute of Mental Health, American Diabetes Association, American Heart Association.

Potential Funding: HRSA Bureau of Primary Health. Healthcare organizations. Other funding resources will be identified.

2.5.4) work with MPCHD's Federally Qualified Health Center (FQHC) and all county providers to screen all patients for depression and where financially feasible integrate primary medical care and behavioral care in their clinic setting.

Potential Resources: Maple Street Clinic, Morgan Street Clinic, Health Care Providers, Health Care Organizations (NAMI, CDC, National Institute of Mental Health, etc.)

Potential Funding: HRSA Bureau of Primary Health, other funding sources will be identified.

2.5.5) Work with FQHC, and Community Mental Health Center (Locust Street Resource Center) to increase psychiatric care and counseling services within Macoupin County.

Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, Chestnut Health System,

Potential Funding: HRSA Bureau of Primary Health, Other Funding sources will be identified.

2.5.6) Increase access to mental health care counseling in individual and group settings.

Potential Resources: Macoupin County Public Health Department, Locust Street Resource Center, Chestnut Health System.

Potential Funding: HRSA Bureau of Primary Health, other funding sources will be identified.

2.5.7) Increase (SBIRT) screening, brief intervention, referral and treatment including individual and group therapy for adults age 60 and older.

Potential Resources: Maple Street Clinic, Morgan Street Clinic, Area Rural Health Clinics

Potential Funding: Area Agency on Aging, other funding to be identified.

2.5.8) Increase awareness and education of depression and anxiety including that depression and anxiety are easily treated and the community's role in decreasing episodes of depression and anxiety. Methods would include but not be limited to written materials, public service announcements and social media campaigns.

Potential Resources: Macoupin County Health Department, Locust Street Resource Center, Health Care Providers, Community Businesses, Hospitals, Ambulance Services, Area Chamber of Commerce, School Districts,

Potential Funding: Private Sector Contributions. Other funding sources will need to be identified.

2.5.9) Develop a Substance Use Disorder/Opioid Use Disorder mental health website providing credible, knowledgeable information and provider services as well as a resource guide.

Potential Resources: Blackburn College, Chestnut Health Systems, Macoupin County Public Health Department.

Potential Funding: Funding will be identified.

Evaluations:

Document completion of activities

Review Illinois Youth Survey Data

Meeting minutes, agendas, pre & Post evaluations and surveys for meetings, trainings, and educational programs.

Copies of media releases, social media posts, flyers, educational materials.

3. Cardiovascular Disease and Hypertension

Macoupin County Health Status

Heart disease remains the leading cause of death in Macoupin County. Heart disease and stroke are the major causes of disability in Illinois and most likely Macoupin County. Prevention efforts coupled with effective disease management can reduce the incidence of heart attacks and strokes, cut the number of deaths from these diseases, and relieve some of the disability suffered by heart attack and stroke survivors.

The committee recognized that the main risk factors for developing Cardiovascular Heart Disease are high blood pressure, high cholesterol and smoking. The committee felt that obesity was a risk factor that was affected by or affected other risk factors including poor diet, physical inactivity, and diabetes.

According to the 2015 ICBRFS, 6.2% of Macoupin County adults have been told they have coronary heart disease, while 39.9% have been told they have high blood pressure. According to the 2011 IBCRFS, 81% of those with high blood pressure have been advised to take blood pressure medicine. In 2015, 70.7% of Macoupin County adults reported they have an annual routine medical check-up. Thirty percent of Macoupin adults have been told they have high cholesterol and only 53.1% report receiving cholesterol screening within the last year. Over 10%

of residents report trouble paying for doctor office visits. Approximately 57% of Macoupin County adults have one or more chronic health condition. 10.3% have diabetes of which heart disease is the leading cause of death.

Adults over the age of 65 have 12 times more prevalence of heart disease compared with younger adults. (19.9% of Macoupin population is 65 or older) Adults with annual incomes less than \$25,000 have about 2.5 times prevalence of heart disease than adults with incomes more than \$75,000. (Medium household income for Macoupin County is \$53,778) Adults with less than a high school education have two times the prevalence of heart disease compared to college graduates. (only 19.4% of Macoupin County residents ages 25 and older have a college degree.)

Medicare data shows that a significantly higher rate of Macoupin County Medicare beneficiaries (62.5%) have been diagnosed with hypertension compared to the Illinois (56.4%). Likewise, the rate of Macoupin County Medicare beneficiaries (48.2%) diagnosed with high cholesterol is also higher than those statewide (46.2%).

According to the County Health Rankings & Roadmaps, 6% of Macoupin County residents have limited access to healthy foods. This past year another major grocery store closed its doors.

Macoupin County has limited resources for education of aspirin therapy, blood pressure control (sodium reduction), cholesterol management. Resources are available through the Illinois Tobacco Quitline for smoking cessation. Macoupin County does not have an active American Heart Association Chapter.

Direct and Indirect Risk Factors:

Direct Contributing factors for Obesity include nutrition, medication, and physical activity. Indirect contributing factors related to nutrition were identified as lack of resources including affordable foods, lack of education including for youth and for older adults, lack of stress management skills. Indirect contributing factors related to medication were identified as cost and lack of education/understanding. Indirect contributing factors related to physical activity were identified as lack of education, unhealthy work environments, and busy lifestyles. Direct contributing factors for Lifestyle choices included financial burden, lack of education, and isolation. Indirect contributing factors related to financial burden were identified as lack of financial management and lack of understanding for medical benefits. Indirect contributing factors related to isolation included lack of transportation, mental health status, and lack of socialization activities. Indirect contributing factors for lack of education were identified as limited self-management and nutrition counseling services, limited access to healthcare, and unhealthy family learning environments.

The MCPHD IPLAN will focus on the following **Healthy People 2020 Objectives** to plan and implement activities:

HDS-4 Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high

HDS-5.1 Reduce the proportion of adults with hypertension

HDS-6 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years

HDS-9.1 Increase the proportion of adults with prehypertension who meet the recommended guidelines for body mass index (BMI)

HDS-10.1 Increase the proportion of adults with hypertension who meet the recommended guidelines for body mass index (BMI)

HDS-11 Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure

PA-11.2 Increase the proportion of physician visits made by all child and adult patients that include counseling about exercise

PA-12 (Developmental) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs

NWS-9 Reduce the proportion of adults who are obese

NWS-10 Reduce the proportion of children and adolescents who are considered obese

NWS-10.1 Reduce the proportion of children aged 2 to 5 years who are considered obese

NWS-10.2 Reduce the proportion of children aged 6 to 11 years who are considered obese

NWS-10.3 Reduce the proportion of adolescents aged 12 to 19 years who are considered obese

NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese

HDS-16 Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a heart attack

HDS-17 Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a stroke

Risk Factor: Obesity

Direct Contributing factors: Nutrition, Physical Inactivity, and Medication Management

Objectives 3.1 Reduce by 2% the number of adults in Macoupin County who are obese.
(Baseline from 2015 ICBRFS, 77.3% of Macoupin County residents report they are overweight or obese.)

Interventions for Objective 3.1:

3.1.1) Work with local businesses, schools, churches, and health care providers to increase the knowledge of obesity.

Potential Resources: Health Care Professionals, Public Health Professionals, churches, schools, businesses, individuals

Potential Funding: IDPH, DHS, Contributions by businesses, schools, churches, and health care providers. Additional funding will be identified.

Objective 3.2 By year 2024, reduce by 2% the physical inactivity rate in Macoupin County (*Baseline Data from the 2015 ICBRFS Macoupin County Health Rankings 27.5% of residents report no physical activity in past 30 days.*)

Interventions for Objective 3.2:

3.2.1) Implement fitness education programs targeting persons living with chronic conditions in Macoupin County.

Potential Resources: Public Health Professionals, Health Care Professionals, Fitness Facilities, Local Churches.

Potential Funding: Arthritis Foundation, Department of Aging. Other funding will be identified.

3.2.2) Implement or expand fitness education programs in the eight school districts in Macoupin County.

Potential Resources: Regional office of Education, Macoupin County School Districts, Macoupin County U of I Extension, Fitness Clubs, and organizations.

Potential Funding: IDPH, ISBOE, Department of Aging. Additional funding sources will need to be identified.

3.2.3) Implement social media campaign promoting local physical activity opportunities.

Potential Resources: Fitness Facilities, Public Health Department, Macoupin County UofI Extension Service, School Districts, Churches.

Potential Funding: IDPH, Blackburn College, Department of Aging. Additional funding will be identified.

3.2.4) Work with schools, churches, fitness facilities and businesses within the county to encourage the use of available and to develop other potential resources for physical fitness.

Potential Resources: Public Health Professionals, Fitness Facilities, Churches, school districts, businesses, city government, community organizations and public recreational facilities.

Potential Funding: Community Grants, IDPH. Additional funding will need to be identified.

Objective 3.3 By the year 2024, increase by 2% the number of Macoupin County Adults and adolescents who get 2 or more servings of fruits and vegetables per day. (*baseline: 43%, from 2011 BRFS*)

Interventions for Objective 3.3:

3.3.1) Implement nutrition education programs targeting persons living with chronic conditions in Macoupin County.

Potential Resources: Public Health Professionals, Health care Professionals, Fitness Facilities, Local Churches, Hospitals

Potential Funding: IDPH, Private Organizations, additional funding will need to be identified

3.3.2) Implement nutrition education programming in the eight school districts in Macoupin County.

Potential Resources: Regional Office of Education, Macoupin County School Districts, U of I Extension Service

Potential Funding: ISBOE, IDPH, additional funding will need to be identified.

3.3.3) Provide nutrition counseling/education through public health clinics and MCPHD FQHC.

Potential Resources: Nurse Practitioners/Physician Assistants, Health Educators, Registered Dietitians

Potential Funding: Medicare, Medicaid, Private Insurance

3.3.4 Encourage and promote school and/or community gardens in communities throughout Macoupin County.

Potential Resources: Farmers, Greenhouse/nurseries, orchards, schools, churches, nursing homes, restaurants.

Potential Funding: Community supporters, other funding will need to be identified.

3.3.5 Encourage and support farmers' markets throughout Macoupin County.

Potential Resources: farmers, gardeners, orchards, food pantries, assisted living facilities, churches,

Potential Funding: Community Supporters, other funding will need to be identified.

3.3.6) Implement a social media campaign promoting healthy eating habits.

Potential Resources: fitness facilities, Public Health Department, Macoupin County UOfI Extension, School Districts, Churches, Grocery Stores, Restaurants, Chamber of Commerce.

Potential Funding: Funding will need to be identified.

Objective 3.4: Increase by 2% the proportion of adults who are taking the prescribed medication to lower their blood pressure. *(A baseline will be established within six months)*

Interventions for Objective 3.4:

3.4.1) Work with MCPHD's Federally Qualified Health Center (FQHC), all county health care providers and pharmacists to increase the number of persons receiving medication

management and or counseling regarding the benefits of medication for controlling high blood pressure.

Potential Resources: Maple Street Clinic, Morgan Street Clinic, Macoupin Physician Practices, Macoupin County Pharmacists.

Potential Funding: HRSA, IDPH, Funding will need to be identified.

3.4.2) Work with MCPHD’s Federally Qualified Health Center (FQHC) and all county health care providers to increase follow up care for uncontrolled blood pressure.

Potential Resources: Maple Street Clinic, Morgan Street Clinic, All Macoupin County Healthcare Providers.

Potential Funding: Medicaid, Medicare, Private Insurance.

3.4.3) Expand the knowledge and access of the 340B Federal Pharmacy Assistance Program provided by the Maple Street Clinic and Morgan Street Clinic.

Potential Resources: Maple Street Clinic, Morgan Street Clinic

Potential Funding: 340B Federal Pharmacy Assistance Program. Other funding will be identified.

3.4.4) Expand the knowledge, access and use of the Pharmacy Assistance Program provided through the Maple Street Clinic and the Morgan Street Clinic.

Potential Resources: Pharmacy Manufacturer’s Indigent Patient Pharmacy Assistance Programs

Potential Funding: HRSA, Funding will be identified.

Risk Factor: Lifestyle Choices

Direct contributing Factors: Isolation, Lack of Education, Financial burden

Objectives 3.5 Increase by 2% the number of public transportation rides provided to complete medical appointments. (Baseline: 20,708 rides for medical appointments source: Macoupin County Public Transportation Program.)

Interventions for Objective 3.5:

3.5.1) Implement a marketing campaign targeting Healthcare Professionals regarding Macoupin County Public Transportation Services.

Potential Resources: Healthcare Professionals.

Potential Funding: Area Agency on Aging for Lincolnland, Blackburn College Internship Program, other funding sources will be identified.

3.5.2) Implement a marketing campaign targeting persons at risk for isolation.

Potential Resources: Illinois Valley Economic Developmental Agency, Area Agency on Aging for Lincolnland, Department of Human Services, Local Food Pantries and resale stores.

Potential Funding: Area Agency on Aging for Lincolnland, Blackburn College Internship program, HRSA, other funding sources will be identified.

3.5.3) Plan, develop and implement a volunteer transportation program to supplement the public transportation program and meet immediate needs for people who can't wait to schedule an appointment into the future.

Potential Resources: Retired transportation workers (bus drivers, etc.), Churches, Community Organizations.

Potential Funding: Area Agency on Aging for Lincolnland, Community Grants, Organizational contributions and other funding will be identified.

Objective 3.6 Increase by 2% the number of people who have been told they have high blood pressure. (Baseline 2015 ICBRFS Number of adults in Macoupin County who have been told they have high blood pressure. 39.9%)

Interventions for Objective 3.6:

3.6.1) Work with MCPHD's Federally Qualified Health Center (FQHC) and all county providers to screen all patients for high blood pressure during medical, dental and behavioral health visits.

Potential Resources: Maple Street Clinic, Morgan Street Clinic,)

Potential Funding: HRSA, Area Agency on Aging for Lincolnland, IDPH, other funding will be identified.

3.6.2) Work to establish blood pressure screening sites throughout Macoupin County.

Potential Resources: Work sites, Senior Nutrition Centers, Walk in Clinics, Pharmacies, Volunteers.

Potential Funding: HRSA, IDPH, Area Agency on Aging for Lincolnland Funding will need to be identified.

3.6.3) Create an educational campaign regarding high blood pressure that includes a variety of communication modes such as social media, written materials.

Potential Resources: Health Organizations such as the American Heart Association, Hospitals, Physician offices, Public Health, Blackburn College.

Potential Funding Sources: HRSA, IDPH, Area Agency on Aging for Lincolnland, other funding will need to be identified.

Objective 3.7 Increase by 2% the number of persons who have been educated on the ABCs of Cardiovascular Disease (aspirin therapy, blood pressure control, cholesterol control, and smoking cessation). *(a baseline will be established within six months)*

Interventions for Objective 3:7:

3.7.1) Establish and maintain a comprehensive cardiovascular patient education program through the Maple Street and Morgan Street Clinic.

Potential Resources: American Heart Association, CDC, American Medical Association

Potential Funding: HRSA, IDPH, Area Agency on Aging for Lincolnland, other potential funding will need to be identified.

3.7.2) Establish a speaker's bureau to provide community presentations regarding the ABCs of Cardiovascular Disease.

Potential Resources: Local Hospitals, Retired nurses, Parish Nurses, Healthcare Providers

Potential Funding: Community Contributions, Volunteer services, funding will need to be identified.

Objective 3.8 Decrease by 2% the number of people who report financial hardship as a barrier to obtaining health care services. *(Baseline 2015 ICBRFS, 8.5% of Macoupin County residents report they were unable to visit doctor due to cost.)*

Interventions for Objective 3.8:

3.8.1) Provide counseling resources to Macoupin County residents regarding health insurance enrollment, benefits, and premium payments.

Potential Resources: Department of Aging, DHS, Catholic Charities, Illinois Valley Economic Development Center, Public Health Department.

Potential Funding: HRSA, other funding will be identified

3.8.2) Market access and utilization of the FQHC services for low income, indigent patients.

Potential Resources: Macoupin County Public Health Department

Potential Funding: HRSA, other funding will be identified.

Evaluations:

Review and monitor Illinois County Behavioral Risk Factor Survey results.

Copies of media releases, social media posts, flyers, and educational materials.