



*Illinois Project for the Local Assessment of Needs (IPLAN)*

*2021*

## Table of Contents

<b>Introduction</b> .....	<b>1</b>
<b>Purpose Statement</b> .....	<b>1</b>
<b>Needs Assessment and Community Health Plan Process</b> .....	<b>1</b>
Strengths.....	2
Challenges.....	4
Community Participation Process.....	5
<b>Methods</b> .....	<b>7</b>
<b>Description of Health Status and Health Problems</b> .....	<b>7</b>
Demographics and Socioeconomic Characteristics.....	7
General Health and Access to Care.....	11
Maternal and Child Health.....	14
Chronic Diseases.....	16
Infectious Diseases.....	23
Environmental, Occupational, and Injury Control.....	25
Sentinel Events.....	26
<b>Health Priorities</b> .....	<b>27</b>
Substance Use and Abuse.....	30
Mental Health and Mental Disorders.....	36
Overweight and Obesity.....	40
Outcome Review.....	48
<b>Attachments</b> .....	
A. Southeastern Illinois Community Health Coalition (SICHC) Membership.....	49
B. Community Stakeholders Survey.....	51
C. Employee Satisfaction Annual Survey.....	52
D. SICHC Community Health (IPLAN) Survey.....	54

E. Approval Letter of IPLAN and Organizational Capacity..... 67

F. SICHC General Membership Meeting Minutes – 5/25/2002..... 68

## **I. Introduction**

The Egyptian Health Department (EHD) was founded in 1952 via referendum as a Public Health Department serving Saline, Gallatin and White Counties. A full complement of Mental Health services was added in 1972 changing the name to the Egyptian Public and Mental Health Department. EHD is governed by a Board of Health with 15 members appointed by their respective county board chairmen. The mission statement of the agency is “Egyptian Public and Mental Health Department is dedicated to providing health and human services that enrich communities in Saline, Gallatin and White Counties”. EHD has offices located in Eldorado and Harrisburg (Saline County), Carmi (White County), Shawneetown (Gallatin County), and Fairfield - Behavioral Health Services only (Wayne County). A wide variety of community services are provided in both the Public Health Division and Behavioral Health Division. EHD also operates the Gallatin County Wellness Center, a school-based health center and rural health clinic.

## **II. Purpose Statement**

The purpose of the IPLAN is to be a mechanism through which Local Health Departments and their communities can jointly identify and prioritize health problems. This current IPLAN will serve as a tool to better address the identified needs in our communities and assist EHD and our community partners to continually expand our programs to implement sustainable changes.

## **III. Needs Assessment and Community Health Plan Process**

The original agency organizational capacity assessment was completed in 1994 and was conducted by staff representing each of the programs within the Health Department. The group included both management staff and front-line employees. In this internal assessment several strengths and weaknesses were identified: in this cycle of the IPLAN process the findings from the 1999, 2006, 2011, and 2016 surveys were reviewed and updated using staff and community partner surveys and integrating newly implemented policies and procedures. The following include the results of the latest review, along with findings from the 2019 Council on Accreditation (COA) reaccreditation review:

## **Strengths (as noted by staff and the Strategic Planning Team)**

1. The agency is a certified Health Department.
2. The agency has been represented in numerous community and provider groups throughout the state.
3. The agency has high visibility due to the public relations appearances by its staff members.
4. The agency practices sound fiscal management and publishes an annual report each fiscal year.
5. The agency has received a four-year accreditation from the Council on Accreditation through June 30, 2023.
6. The Egyptian Health Department, through the Illinois Delta Network Project, started community health councils in White and Gallatin counties since the 1999 IPLAN. These health councils, along with other local health networks, were consolidated into the Southeastern Illinois Community Health Coalition (SICHC). The SICHC was formed in February 2008 by combining existing health councils and networks into an action-oriented coalition. This coalition has “Action Teams” that address each health priority.
7. The SICHC absorbed the Alliance Against Drug Abuse (AADA) Coalition into our Healthy Choices Action Team in January 2017. This Action Team has now transformed into the Southeastern Illinois Substance Use, Prevention, Recovery, and Treatment (SI SUPRT) Council.
8. The Egyptian Health Department has an All-Hazards Emergency Preparedness Plan and uses the Comprehensive Emergency Management Planning (CEMP) website to manage and store our plan. EHD is compliant with the National Incident Management System (NIMS).
9. The Board of Health is very engaged; however, it observes boundaries between the duties of the CEO and staff and their role in the community. They exercise advocacy and policy-making roles.

10. The organization employs innovative measures to engage clients to become more integrated into the community. There is active interest in getting clients into productive and satisfying community jobs.
11. EHD is also a leader among local health departments and serves as the regional lead for a variety of grants such as the Illinois Tobacco Free Communities Grant (ITFC), Drug Overdose Prevention Program (DOPP), and the Coordinated Approach to Child Health Program (CATCH).
12. Substance Use Disorder (SUD) clients feel they have input into their recovery planning. High marks go to the program director that is highly respected by clients and staff alike. Program received high marks from state stakeholders in the stakeholder meeting.
13. The organization goes beyond providing direct services by investing in and partnering with the community to create sustainable partnerships to extend its capacity.
14. The organization promotes and supports a culturally diverse environment.
15. More Evidence-Based Practice (EBP) and Clinical Excellence Services
16. The organization promotes staff well-being through Worksite Wellness initiatives.
17. EHD offers an excellent employee benefit package.
18. EHD has adopted a Continuous Quality Improvement (CQI) program and hired a Director of Quality Improvement.
19. The agency supports and encourages staff development through a variety of trainings.

**Strengths (as noted by the Council on Accreditation COA)**

1. The administration of the Egyptian Public and Mental Health Department ensures that the agency's mission, vision, and strategic goals are achieved and that the resources entrusted to the agency are used for the public good. The agency is viewed as an asset to the many communities being served. The Director is knowledgeable, accessible, and regarded as a leader by the community at large.
2. The agency conducts business in an ethical manner and is seen as a vital, trustworthy, and professional agency within the community.

3. The agency's staff maintain fiscal responsibilities. Internal controls and accountability are the foundation of the agency's success. The board maintains oversight responsibilities for the agency's handling of the financial matters and services.
4. The agency's human resources practices ensure that the agency's workforce supports its mission and strategic goals. Personnel files are well maintained, and employee performance evaluations are conducted. This agency has done a remarkable job of retaining staff and creating a supportive environment.
5. All staff are engaged in the performance and quality improvement process throughout the agency. The agency fosters an environment that is focused on providing clients the best possible services. Outcomes are tracked and aligned with the strategic and programmatic goals.
6. The agency has a strong focus on prevention. The agency's risk management, oversight, and quality assurance to ensure safety are efficient.
7. The Personnel Development and Supervision Program enhances staff competence, fosters a continuous learning environment, and enhances staff retention and satisfaction. The Succeed Training Model has helped to ensure the availability of core training for all new hires. The staff attest to the vast array of training available to them.

**Challenges (as noted by staff and the Strategic Plan Team)**

1. The adoption of CQI principles.
2. Workforce Shortage in behavioral health clinical staff and registered nurses.
3. Burnout due to COVID and mental health crisis response.
4. Turnover rates
5. Adjust salaries/fairness
6. Office space/storage
7. "Syncing" Policies/Handbook
8. Cross Department Communication
9. Diversity and growth of our staff.

10. Syncing actual services to budget/adapting to changing fiscal rules by the state of Illinois
11. Managers review monthly budget numbers
12. Inventory tracking of equipment and furniture.
13. Availability of reliable transportation of clients to and from services. RIDES Mass Transit is available in all counties, but ride schedules are limited.

### **Weaknesses (as noted by COA)**

1. No weaknesses were noted during the last COA visit, however, some areas for opportunities were noted.

### **Community Participation Process**

The Egyptian Health Department serves a population residing in three Southern Illinois counties: Saline, Gallatin, and White. Involving the community in the plan for the community health problem priorities allowed the Health Department access to local resources, leaders, and technical skilled people. This process also stimulated coordination among agencies and organizations. Hopefully, the process has built acceptance of new programs and ideas for the community, building community views into program organization and delivery of services, and establishing a basis for local ownership and long-term program maintenance (APEX).

The Southeastern Illinois Community Health Coalition (SICHHC) was formed in February 2008 and represents more than 30 agencies and has 60+ members including at-large community members. The IPLAN Action Team was appointed to work on the 2021 IPLAN. A list of the SICHHC membership has been included as Appendix A.

The IPLAN Health Plan Action Team has met weekly since March of 2022. Numerous other phone calls and emails have also transpired over the last 10+ months. The Action Team used the following three methods to develop our plan with regular progress reports given to the full coalition:

1. A review of the existing community health plan, which included identification of health problems with risk factors and direct and indirect contributing factors.
2. The development of a community health survey that 466 people completed. The survey (results included in attachment D) collected demographic information and asked respondents to identify the top



health problems (defined in the survey) and associated risk factors. It was created using the Survey Monkey website and marketed using social media, email, and community outreach. Hard copies were also distributed and collected at events throughout the counties including the Heaven's Kitchen community dinner and local food pantries.

3. The Action Team compiled data from numerous sources and compared survey results with hard data.

The Action Team narrowed down the list of health priorities to six during their May 20, 2022, meeting and the SICHC general membership selected and approved the top three health priorities at our May 25, 2022 meeting (SICHC Minutes located as Attachment H). It was decided after reviewing the most updated statistics available that one of the problems listed in the 2016 plan was still a priority problem and that two new priorities would comprise the 2021 plan. The group did decide to add some comments and set new goals for the next 5-year period.

The role of the Action Team was to carefully examine the existing health problems using available data. They were to determine if the health problem was still prevalent, note any accomplishments towards previous goals and set goals for the future. The definition (APEX) of a health problem, risk factor, and indirect and direct factors were explained:

- *Health Problem*: A situation or condition of people that is considered undesirable, is likely to exist in the future, and is measured as death, disease, or disability.
- *Risk Factor*: Scientifically established factors that relate directly to the level of a health problem. A health problem may have many different identified risk factors.
- *Direct Contributing Factors*: Scientifically established factors that directly affect the level of a risk factor.
- *Indirect Contributing Factors*: Community-specific factors that directly affect the level of the direct contributing factors.

## **IV. Methods**

### **Certification Rule**

The assessment shall, at a minimum, include an analysis of data contained in the IPLAN Data System provided by the Department (IDPH) for assessment purposes. Useful data has not been updated in the IPLAN Data System. Data for this IPLAN was accumulated using the State of Illinois Health Improvement Plan (SHIP), Behavioral Risk Factor Surveillance Survey (BRFSS), Centers for Disease Control and Prevention (CDC), County Health Rankings, Illinois Vital Records, Illinois Cancer Registry, Community Commons, the United States Census and more. The Team also studied the State of Illinois Health Improvement Plan (SHIP) and Healthy People 2030 to align goals, outcome, and impact objectives with our local plan. It is noted with each goal, outcome objective and impact objective which they align.

## **V. Description of Health Status and Health Problems**

### **1. Demographic and Socioeconomic Characteristics**

“Understanding a population’s age distribution, race and ethnic composition, and income characteristics is essential to identifying health needs and planning health programs. The identification of groups at high risk for certain health problems is a necessary ingredient of any health needs assessment, and a demographic and socioeconomic analysis is a vehicle for that identification. Of all the socioeconomic factors related to health, income level may have the greatest effect on the health status of a population” (Statewide Health Needs Assessment, 1993).

### **Demographics**

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Report Area	41,339	1,197.66	36
Gallatin County, IL	4,793	322.99	16
Saline County, IL	23,182	379.72	63
White County, IL	13,364	494.79	28
Illinois	12,587,530	55,517.13	230
United States	331,449,281	3,532,068.58	92

The population of the three counties shows a high percentage of persons ages 65 and older. As the most current breakdown of these statistics in 2019 the following numbers show a highly uneducated and poverty-stricken area with younger people leaving due to its depressed economic condition and lack of opportunity. A great number of new residents have either come home to retire or find that this area is attractive for retired life. The statistics as of 2019 are shown in the table below.

### General Demographics

Statistic	White Co.	Saline Co.	Gallatin Co.	Illinois	U.S.
Population Age 65+	21.58%	19.94%	23.52%	15.21%	15.64%
Female	51.07%	50.79%	51.36%	50.89%	50.76%
Caucasian	97.54%	92.66%	96.52%	71.53%	72.49%
Population 25+ with Bachelor's Degree or Higher	15.51%	19.21%	10.85%	34.65%	32.15%
Med. Household Income	\$49,290	\$44,090	\$44,076	\$65,886	\$62,843
*Population Receiving Medicaid	34.13%	40.66%	43.13%	27.33%	**24.25%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

\*Illinois HFS FY21 Medicaid Enrollees

\*\*United States Medicaid.gov

The General Demographics Table demonstrates some of the major characteristics of rural Southeastern Illinois. The area has a predominantly Caucasian, undereducated, and aging population. There is a relatively high percentage of children under age 18 living below the 100% Federal Poverty Level (see table below) and the median household income is considerably lower than the state average. Also, unlike Illinois as a whole, the area is losing population at an alarming rate. The area lost around 5% of its total population since our last IPLAN was completed while the state lost less than 1% of its total population.

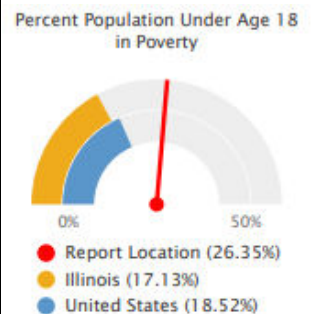
The major industries in the three counties are farming, oil, and coal mining. Each of these industries are in a decline in the area. The lower cost of natural gas has curtailed coal and oil production in the area. Coupling this with stringent environmental laws and a lower demand for high sulfur coal from foreign countries has led to

a dramatic reduction in the number of miners since 2010. The unemployment rates significantly increased when the COVID-19 Pandemic hit in 2020 (U.S. Department Bureau of Labor). Many businesses and families are still trying to recover from the impacts of COVID-19 and this is evident in higher rates of poverty and children living in poverty (see table below).

**Poverty - Children Below 100% FPL**

In the report area 26.35% or 2,377 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 %	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Report Area	42,926	9,228	21.50%	2,377	26.35%
Gallatin County, IL	5,064	1,038	20.50%	320	31.68%
Saline County, IL	23,994	5,196	21.66%	1,483	29.23%
White County, IL	13,868	2,994	21.59%	574	19.54%
Illinois	12,770,631	2,891,526	22.64%	488,516	18.52%
United States	324,697,795	73,429,392	22.61%	13,377,778	18.52%



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2015-2019. Source geography: Tract

This has also resulted in an increase in the number of children in the free or reduced lunch program in area schools. As seen in the table below these rates have climbed well above state and federal levels.

**Children Eligible for Free/Reduced Price Lunch**

Within the report area 4,094 public school students or 56.96% are eligible for Free/Reduced Price lunch out of 7,187 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	7,187	4,094	56.96%
Gallatin County, IL	707	398	56.29%
Saline County, IL	3,985	2,300	57.72%
White County, IL	2,495	1,396	55.95%
Illinois	1,942,839	945,552	48.67%
United States	50,829,148	25,226,683	49.63%

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2019-20.. Source geography: Address

### Social & Economic Factors

Social and Economic Factors included education, employment, income, family and social support, and community safety. This table shows our area to have a high percentage of children in poverty and a much lower median household income than the state.

	Gallatin	Saline	White	Illinois
<b>Social &amp; Economic Factors</b>	95	92	34	
High School graduation	89%	88%	93%	87%
Some College	53%	67%	62%	70%
Children in Poverty	26%	25%	21%	16%
Median household income	\$46,515	\$48,547	\$51,388	\$69,212
Income Inequality (Ratio of income 80%-20%)	5.6	5.7	4.3	5.0
Children in single-parent households	34%	28%	20%	25%

County Health Rankings, 2021

## 2. General Health and Access to Care

The 2021 release of the County Health Rankings by the Robert Wood Johnson Foundation showed the overall health of Saline, Gallatin and White Counties continue to decline. There were 102 counties in Illinois ranked in two major categories, health outcomes and health factors.

Health outcomes factored in the mortality (how long people live) and morbidity (how healthy people feel) rates of the respective counties relative to the rest of the state (County Health Rankings, 2021). They were weighed equally at 50% for the total health outcome, however, as can be seen in Table 1 below they were also ranked as individual subsets.

Health Factors were divided into four separate studies with each weighing differently on the overall score. Health Behaviors (30%) included tobacco use, diet and exercise, alcohol and drug use, and sexual activity. Clinical Care (20%) included access to care and quality of care. Social and Economic Factors (40%) included education, employment, income, family and social support, and community safety. Physical Environment (10%) included air and water quality and housing and transit.

County Health Rankings	White County	Saline County	Gallatin County
<b>I. Health Outcomes</b>	<b>85</b>	<b>98</b>	<b>97</b>
A) MORTALITY (Length of Life) 50%	75	99	101
B) MORBIDITY (Quality of Life) 50%	82	99	89
<b>II. Health Factors</b>	<b>63</b>	<b>99</b>	<b>95</b>
A) Health Behaviors 30%	65	100	89
B) Clinical Care 20%	88	99	92
C) Social & Economic Factors 40%	34	92	95
D) Physical Environment 10%	53	61	28

While this study may be limited due to the variables studied, available data and model of ranking, it should still serve as a warning to the entire region about our overall health. The Southeastern Illinois

Community Health Coalition discussed the study in detail and data collected in the survey was analyzed and used where applicable.

Information collected from the County Health Rankings (2021) continues to show poor health outcomes and mortality rankings for the region. Premature deaths/years potential life lost before age 75 is considerably higher for all three counties than the state rate (Community Commons). White County lost 8,500 years of potential life per 100,000 while Saline lost 11,000 and Gallatin 11,700 compared to 6,600 statewide. See charts and tables below for further comparisons, vital statistics, and rates.

<b>County Health Rankings Comparison</b>				
	<b>Gallatin</b>	<b>Saline</b>	<b>White</b>	<b>Illinois</b>
<b>HEALTH OUTCOMES (out of 102)</b>	97	98	85	
MORTALITY - Length of Life	101	99	75	
Premature Death (per 100,000)	11,700	11,000	8,500	6,600
Premature age-adjusted mortality (<75 per 100,000)	550	550	470	330

Morbidity for the purposes of our study uses the definition from the County Health Rankings website of “how healthy people feel”. It can also be defined as the “rate of incidence of disease” (American Heritage® Dictionary of the English Language, Fifth Edition. Copyright © 2016 by Houghton Mifflin Harcourt Publishing Company). The\_BRFSS (2015-2019) had some interesting data about morbidity. When asked how many poor physical health days people had experienced in the last 30 days our three-county region again reported more than the state percentages when you look at longer periods of time.

<b><u>Days Physical Health Not Good</u></b>		
	<u>Saline, White &amp; Gallatin</u>	<u>State of Illinois</u>
None	53.5	63
1-7 days	25.2	23
8-30 days	<b>21.3</b>	<b>14</b>

Citizens of Southeastern Illinois also consider their general health to be poorer than the state average. The “General Health” table below shows the results of the three counties compared to the entire state. The number of people in the tri-county area that feel they are in poor general health is more than the state average (BRFSS, 2015-2019).

<b>General Health</b>					
	Excellent	Very Good	Good	Fair	Poor
Saline, White, & Gallatin	13.6%	30.2%	30.6%	19%	6.6%
Illinois	16.5%	32.5%	33.3%	13.7%	3.9%

### Clinical Care

Clinical Care included access to care and quality of care. Some local data regarding clinical care (with chronic disease risk factors) is as follows:

1. During a Behavioral Risk Factor Surveillance System (BRFSS) study, it was determined that in the tri-county area, 46.1% of adults had been told they had high blood pressure compared to 32.2% statewide (BRFSS, round 6, 2015-19).
2. The BRFSS study also noted that 63.8% of the adult population had their cholesterol checked within the last year (BRFSS, round 6, 20105-19); about the same from the BRFSS Round 5. The population with high cholesterol levels was 43.1% (BRFSS, 2015-19), showing no change from the BRFSS Round 5.
3. The BRFSS (2015-19) found that 65.8% of adults in our tri-county reported they were overweight or obese, an increase from the BRFSS Round 5.



4. The rate of primary care physicians per patient ranges from 1,594:1 (Saline), 3,416:1 (White) and 5,058:1 (Gallatin). They are all higher than the state average of 1,241 physicians per patient. We are a designated Healthcare Provider Shortage Area (HPSA).

	Gallatin	Saline	White	Illinois
<b>Clinical Care</b>	92	99	88	
Uninsured	7%	8%	8%	10%
Uninsured children	3%	3%	3%	3%
Primary Care Physicians	5,058:1	1,594:1	3,416:1	1,241:1
Dentists	0	2,936:1	2,256:1	1,242:1
Mental Health Providers		452:1	846:1	408:1
Preventable Hospital stays (per 100,000 Medicare Enrollees)	6,373	6,452	5,915	4,913
Mammography Screening	41%	36%	38%	43%

County Health Rankings, 2021

### 3. Maternal and Child Health

#### Birth Statistics

Throughout our tri-county area, there were a low number of preterm births compared to total births in 2020. There were few infants born with low or very low birth weight in 2020. This may be attributable to the high number of women who had access to adequate prenatal care.

Birth Characteristics	Saline	White	Gallatin
Adequate Prenatal Care	166	94	37
Cesarean	48	44	20
Low Birth Weight	19	12	5

Mother Unmarried	127	44	26
Non HS Graduate Age 20+	39	15	4
Pre-term	18	17	6
Very Low Birth Weight	4	0	1
Total Births	241	116	49

IDPH Birth Statistics 2020

From 2016 to 2019, infant mortality numbers have either decreased or remained the same for our tri-county area. As of 2019, only 2 infant deaths were reported across all three of the counties that Egyptian Health Department provides services to.

Infant Mortality per Year	Saline	White	Gallatin
2016	1	2	0
2017	4	0	1
2018	2	0	2
2019	2	0	0

IDPH Birth Statistics 2020

### Child Abuse

A startling statistic is that of children involved in abuse cases. In 2021, the percentage of children with reports of abuse was twice as high in our three counties as it is in Illinois as a whole (see table below). In fact, for the past few years, this region of the state has experienced disproportionately high rates of abuse, with steady or increased rates from year to year. This trauma and toxic stress should greatly be considered as a determinant of the poor physical and mental health of our population.

	Illinois	Saline	Gallatin	White
Population (2020)	12,671,469	23,320	4,903	13,784
Children	2,813,066	4,990	976	3,060
Abuse Cases 2021	141323	581	102	302
Percentage of children with reports	5%	12%	10%	10%
Abuse Substantiated 2021	42598	155	29	77
Percentage of cases Substantiated	30%	27%	28%	25%
Percentage of population with substantiated cases	2%	3%	3%	3%
Abuse Cases 2020	130373	487	92	247
Percentage of children with reports	5%	10%	9%	8%
Abuse Substantiated 2020	40075	163	26	79
Percentage of cases Substantiated	31%	33%	28%	32%
Percentage of population with substantiated cases	1%	3%	3%	3%
Abuse Cases 2019	138499	450	120	323
Percentage of children with reports	5%	9%	12%	11%
Abuse Substantiated 2019	37482	135	22	128
Percentage of cases Substantiated	27%	30%	18%	40%
Percentage of population with substantiated cases	1%	3%	2%	4%

The data used to compute this measure come from the Statewide Automated Child Welfare Information System (SACWIS). They were extracted on March 31, 2022. They were calculated based on the state fiscal year, which spans the 12-month period from July 1 to June 30. Data are limited to closed investigations. Data may include records with missing geographic or demographic information. The Children and Family Research Center at the School of Social Work, The University of Illinois Urbana-Champaign

#### 4. Chronic Diseases

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation’s \$4.1 trillion in annual health care costs (CDC, 2022). According to the Illinois Department of Public Health (IDPH), we know that six common chronic diseases, such as cancer, diabetes, heart disease, stroke, Alzheimer’s disease, and pulmonary conditions, account for the majority of the 10 leading causes of death in Illinois. Many chronic diseases are caused by a relatively short list of health behaviors (CDC, 2022).

#### Health Behaviors

Health Behaviors include tobacco use, diet and exercise, alcohol and drug use, and sexual activity. These risk factors contribute to the development of chronic diseases. Regular physical activity can help to prevent and manage coronary heart disease, hypertension, osteoporosis, obesity, and mental health problems. Substantial scientific research indicates diet can play an important role in the

prevention of cardiovascular diseases, cancers, stroke, and diabetes. Good nutrition is important to sustain and improve health of all ages. Tobacco use is responsible for more than one of every six deaths in the U.S. and one in five in Illinois and is the single most important preventable cause of death and disease in our society. The average rate for smoking in our area is 24% (County Health Rankings, 2021) compared to 16% for the State of Illinois.

	<b>Gallatin</b>	<b>Saline</b>	<b>White</b>	<b>Illinois</b>
<b>Health Behaviors</b>	89	100	65	
Adult Smoking*	25%	24%	23%	16%
Adult Obesity	26%	27%	29%	30%
Limited access to Healthy Foods	<b>29%</b>	<b>20%</b>	<b>14%</b>	4%
Physical Inactivity	23%	35%	20%	22%
Access to Exercise Opp	37%	66%	36%	91%
Excessive Drinking	21%	20%	21%	22%
Sexually Transmitted Infections (per 100,000)	137.8	460.5	150.7	604.0
Teen Births (per 1,000)	35	45	43	19
Drug Overdoses deaths		31		22
Suicides (per 100,000)		22	18	11

County Health Rankings, 2021

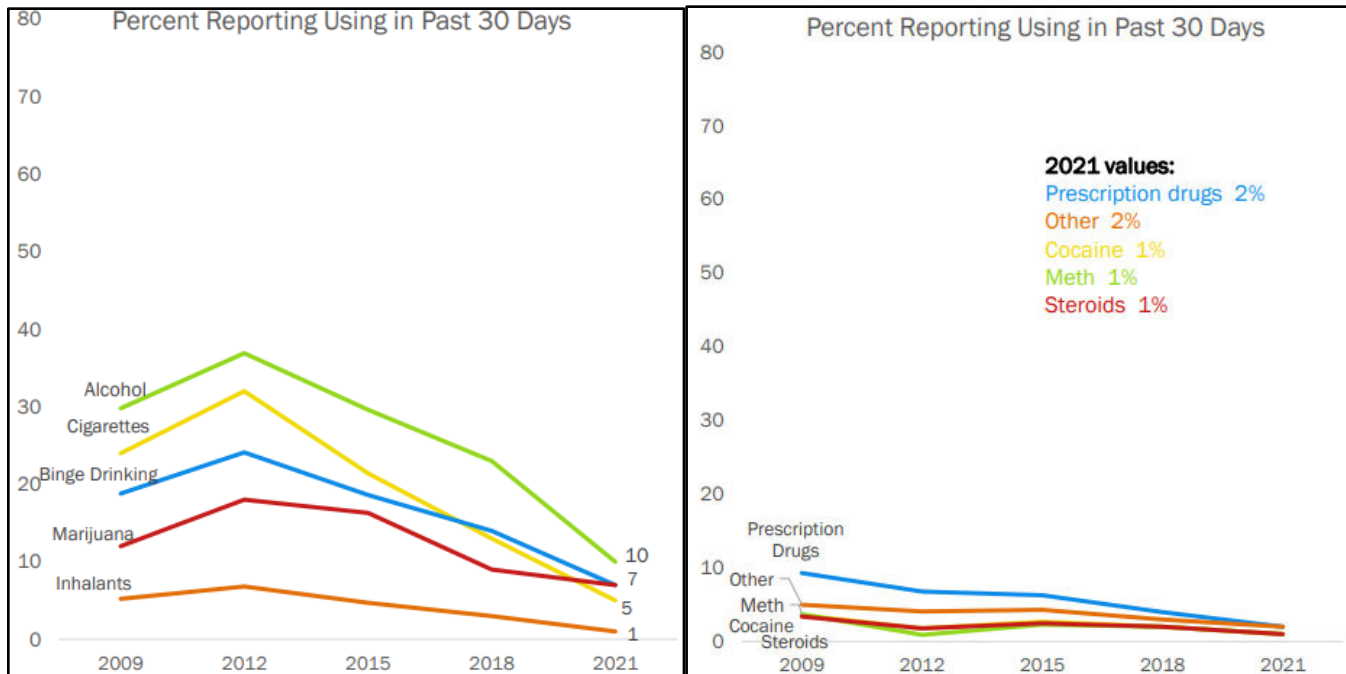
Substance misuse data for the general population has been very hard to find and, subsequently, substantiate the problems within our local communities. However, youth data is more available. Surveys of students were conducted in grades 6, 9, and 12 in Saline, Gallatin, and White Counties at five points in time: in 2009, at the end of the Southeastern Illinois Safe Schools/Healthy Students project, in 2012, 2015, 2018, and 2021 as a part of the evaluation of a SAMHSA System of Care grant, known as Project Connect. Overall results from the most recent 2021 survey are shown below.

<b>Percent of youth using substances 2021</b>	<b>9th graders</b>	<b>12th graders</b>
<b>Drugs/Alcohol Use, Ever</b>		
Cigarettes	12%	28%
Alcohol	22%	43%
Binge Drinking	13%	36%
Marijuana	13%	25%
Inhalants	3%	6%
Cocaine	2%	5%
Methamphetamine	2%	5%
Prescription Drugs	5%	7%
Steroids	1%	5%
<b>Drugs/Alcohol Use, Past 30 days</b>		
Cigarettes	5%	18%
Alcohol	10%	25%
Binge Drinking	7%	20%
Marijuana	7%	12%
Inhalants	1%	4%
Cocaine	1%	4%
Methamphetamine	1%	4%

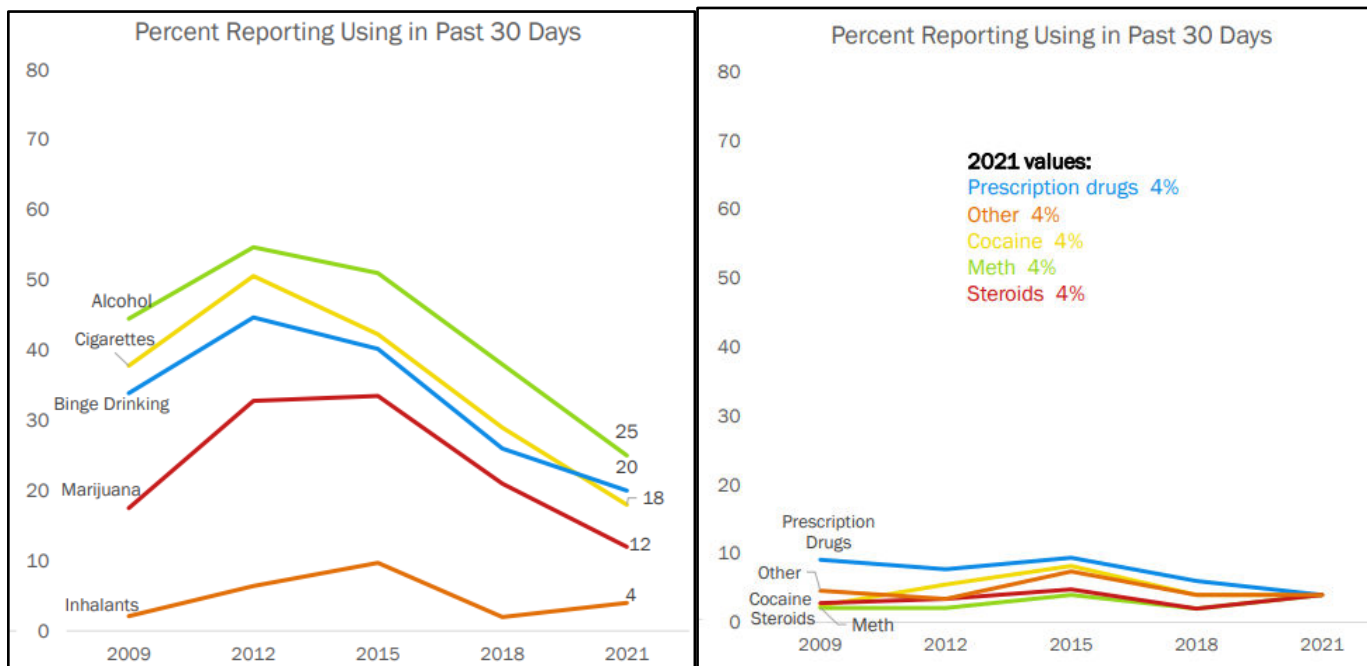
Prescription Drugs	2%	4%
Steroids	1%	4%

Findings from these surveys and others have helped to focus the substance use prevention efforts of the council. As seen in the below graphs, the percent of students reporting use of most substances listed has continued to decrease for 9th grade students, but a number substances used in the past 30 days in on the rise for 12th grade students (i.e. cocaine, steroids, and methamphetamines to name a few). This information will allow EHD staff and coalition members to specifically address these issues with the schools and provide students the needed education and support to prevent further increase in use.

### Substance Use - 9th Grade



## Substance Use - 12th Grade



According to the IDPH Opioid Overdose Semiannual Report from August of 2021, there were over 2,900 fatalities due to opioid overdose in 2020, a 37% increase from the year prior. Illinois Prescription Monitoring Program (IL PMP) data shows that in 2018 our counties had a high number of individuals per 100,000 population taking on average greater than 90 MME per day (**198.6 - 281.5**) compared to the state average of 207.78. Our counties also saw many opioid prescriptions written for a small number of the population. Saline county had 22,937 opioid prescriptions written for only 7,328 patients, Gallatin County had 4,137 opioid prescriptions written for only 1,377 patients, and White County had 8,631 opioid prescriptions written for 3,280 patients (IL PMP Opioid Data Dashboard, 2018).

## Mortality Rates

The following table shows the mortality rates for chronic disease in the tri-county area and overall in the State of Illinois. Chronic Lower Respiratory Diseases and Kidney related diseases are the two that has significantly higher rates than the state.

<b>Mortality – Total Deaths IDPH 2020 Mortal Statistics</b>				
<b>Deaths</b>	<b>White</b>	<b>Saline</b>	<b>Gallatin</b>	<b>IL Value</b>
Diseases of the Heart	44 (17.3%)	74 (18.2%)	20 (24%)	20.6%
Malignant Neoplasms	40 (15.7%)	75 (18.5%)	13 (15.6%)	18.1%
COVID-19	30 (11.8%)	41 (10.1%)	8 (9.6%)	11.8%
Accidents	13 (5.1%)	16 (3.9%)	0	5.3%
Cerebrovascular Diseases	9 (3.5%)	16 (3.9%)	6 (7.2%)	5%
Chronic Lower Respiratory Diseases	18 (7%)	42 (10.3%)	6 (7.2%)	4%
Alzheimer Disease	7 (2.7%)	12 (2.9%)	3 (3.6%)	3.4%
Diabetes Mellitus	5 (1.9%)	15 (3.7%)	2 (2.4%)	2.6%
Nephritis, Nephrotic Syndrome and Nephrosis	10 (3.9%)	14 (3.4%)	4 (4.8%)	1.9%
Influenza and Pneumonia	3 (1.1%)	6 (1.4%)	2 (2.4%)	1.8%
Total	254	405	83	132,701

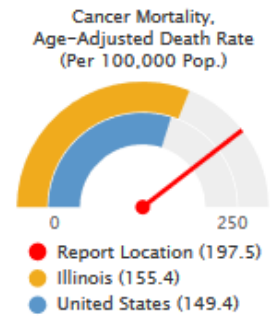
## Cancer Mortality

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



Report Area	Total Population	Average Annual Deaths, 2016-2020	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	42,551	647	304.1	197.5
Gallatin County, IL	4,994	84	336.4	217.6
Saline County, IL	23,798	360	302.6	204.4
White County, IL	13,759	203	295.1	178.3
Illinois	12,720,799	120,341	189.2	155.4
United States	326,747,554	2,998,371	183.5	149.4
<a href="#">HP 2030 Target</a>				122.7

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County



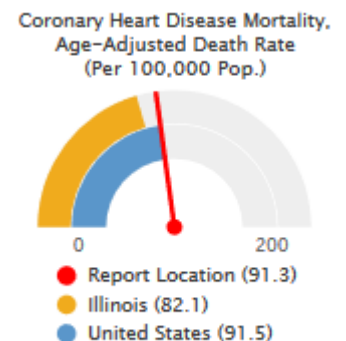
## Heart Disease Mortality

Within the report area the rate of death due to coronary heart disease per 100,000 population is 91.3.

This rate is greater than the Healthy People 2030 target of 71.1. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2016-2020	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	42,551	300	141.0	91.3
Gallatin County, IL	4,994	58	232.3	143.5
Saline County, IL	23,798	156	131.1	88.0
White County, IL	13,759	86	125.0	78.0
Illinois	12,720,799	64,237	101.0	82.1
United States	326,747,554	1,838,830	112.5	91.5
<a href="#">HP 2030 Target</a>				71.1

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County



## **Diabetes**

According to the CDC, diabetes now affects more than 122 million Americans (more than 37% of the entire U.S. Population. Diabetes diagnoses have more than doubled over the last 20 years as Americans have gotten older and become more obese (CDC, 2021). Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness among adults in the U.S. (CDC). Diabetes is also a major cause of heart disease and stroke and is the seventh leading cause of death in the United States. Round 6 of the BRFSS (2015-2019) showed that 15.2% of the population in Saline, White and Gallatin Counties were told they have Diabetes. These rates are among the highest in the State and are significantly higher than the state average of 11.3% (BRFSS, 2019).

As noted in the table below, frequent mental distress is higher in our tri-county area than on average in Illinois. Mental distress has the potential to lead to substance use and abuse, mental health issues, and communities that are at a higher risk for obesity.

<b>County Health Rankings Comparison</b>				
	<b>Gallatin</b>	<b>Saline</b>	<b>White</b>	<b>Illinois</b>
Diabetes Prevalence (BRFSS, 2015-2019)	15.2%			11.3%
Frequent mental distress	17%	16%	15%	12%

## **5. Infectious Diseases**

Infectious Diseases are reported through the Illinois National Electronic Disease Surveillance System (I-NEDSS). While there were a variety of infectious diseases reported from 2017 to 2020, COVID-19 became the priority infectious disease for our counties in 2020. Many other infectious diseases may be underreported for 2020 due to lack of medical care during the beginning stages of the COVID-19 Pandemic.

<b>Mortality – Total Deaths IDPH 2020 Mortal Statistics</b>				
<b>Deaths</b>	<b>White</b>	<b>Saline</b>	<b>Gallatin</b>	<b>IL Value</b>
COVID-19	30 (11.8%)	41 (10.1%)	8 (9.6%)	11.8%
Influenza and Pneumonia	3 (1.1%)	6 (1.4%)	2 (2.4%)	1.8%
Total Deaths	254	405	83	132,701

The table below indicates the all infectious diseases (not including sexually transmitted diseases or COVID-19) present in our tri-county area from 2017 to 2020. The numbers include confirmed and probable cases.

Disease	2017	2018	2019	2020
Anaplasma phagocytophi	0	1	0	0
Campylobacteriosis	5	7	15	10
Creutzfeldt-Jakob Disease	1	0	0	0
Cryptosporidiosis	0	4	0	1
Cyclosporiasis	0	1	0	0
Ehrlichia	0	2	4	0
Hepatitis A	0	0	0	1
Hepatitis B	2	7	1	3
Hepatitis C	47	45	27	21
Histoplasmosis	1	0	2	0
Lyme Disease	0	2	0	0
Pertussis	0	0	1	0
Mumps	0	2	0	0
Rabies	0	3	1	3
Salmonella	6	5	17	11
Shigatoxin	0	2	0	1

Shigellosis	0	0	1	0
Spotted Fever Rickettsioses	12	22	16	1
Streptococcal Disease	2	0	1	0
Tularemia	1	1	0	0
Varicella	1	1	0	0
Vibriosis	0	0	2	0

Data taken from Infectious Diseases reported through the Illinois National Electronic Disease Surveillance System (I-NEDSS)

## **6. Environmental, Occupational and Injury Control**

### Physical Environment

Physical Environment included air and water quality and housing and transit. “Environmental factors play a central role in the process of human development, health, and disease. Similarly, human factors play a central role in the nature and effects of environmental change. The most difficult challenges for environmental health today come from uncertainties about the toxic and ecological effects of the use of natural and synthetic chemicals, fossil fuels, and physical agents in modern society. An estimated 82 percent of major industrial chemicals have not been tested for their toxic properties and links to specific diseases, and only a small proportion of chemicals have been adequately tested for their ability to cause or promote cancer. Environmental indicators are presented here as general measures of exposures to potential toxins affecting our water, air, and soil.” (Statewide Needs Assessment, 1993). Environmental factors do not appear to be problematic in Southeastern Illinois at this time. The County Health Rankings 2021 reported no water violations and air pollution as a minor factor. We had a much lower average of severe housing problems than the state as a whole. Violent crime rates are well below the state average with injury deaths slightly higher, though the small population density does not make this significant.

	Gallatin	Saline	White	Illinois
Air Pollution - particulate matter	8.7	8.9	8.9	8.7
Drinking Water Violations	No	No	No	
Severe Housing Problems	7%	13%	10%	17%
Social Associations (per 10,000) (ie., civic org., bowling, golf, fitness centers, sports org., religious org., etc.)	19.8	19.2	26.3	10.0
Violent Crime (per 100,000)	180	346	278	403
Injury Deaths (per 100,000)	86	104	86	65

County Health Rankings, 2021

## 7. Sentinel Events

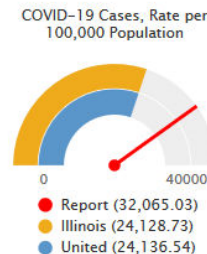
The largest sentinel event during the last five years has been the COVID-19 Pandemic. Egyptian Health Department led the COVID-19 response for our tri-county area. Many resources were provided by the health department in order to keep the community safe. Egyptian Health Department staff coordinated with other community organizations to effectively reach community members through contact tracing, resource coordination, education, and vaccination. The data listed below gives insight to the number of COVID-19 cases our tri-county area faced as well as the mortality rate compared to the state of Illinois and the United States. Our tri-county area had a higher rate of COVID-19 cases and deaths compared to the state of Illinois and the United States.

### COVID-19 - Confirmed Cases

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. In the report area, there have been 13,669 total confirmed cases of COVID-19. The rate of confirmed cases is 32,065.03 per

100,000 population, which is greater than the state average of 24,128.73. Data are current as of 04/06/2022.

Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Report Location	42,629	13,669	<b>32,065.03</b>	04/06/2022
Gallatin County, IL	5,058	1,406	27,797.55	04/06/2022
Saline County, IL	23,906	7,858	32,870.41	04/06/2022
White County, IL	13,665	4,405	32,235.64	04/06/2022
Illinois	12,741,080	3,074,261	24,128.73	04/06/2022
United States	326,262,499	78,748,487	24,136.54	04/06/2022

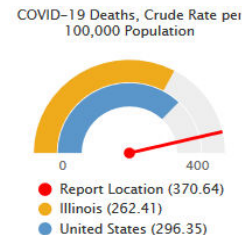


Note: This indicator is compared to the state average.  
 Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Source geography: County

## COVID-19 - Mortality

In the report area, there have been 158 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 370.64 per 100,000 population, which is greater than the state average of 262.41. Data are current as of 04/06/2022.

Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Report Location	42,629	158	<b>370.64</b>	04/06/2022
Gallatin County, IL	5,058	17	336.10	04/06/2022
Saline County, IL	23,906	93	389.02	04/06/2022
White County, IL	13,665	48	351.26	04/06/2022
Illinois	12,741,080	33,434	262.41	04/06/2022
United States	326,262,499	966,881	296.35	04/06/2022



Note: This indicator is compared to the state average.  
 Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Source geography: County

## VI. Health Priorities

The community process gives justification to creation of new programs and the continuation of old programs by allowing the health program to be developed within the community affected and not by outsiders. This process creates a sense of ownership in the outcome that is developed. As previously described, the Nominal group planning method was utilized. The difference between a health problem, risk factors, direct contributing factors, and indirect contributing factors must be understood to enable the committee to function appropriately.

The 2021 IPLAN Action Team was formed through the Southeastern Illinois Community Health Coalition in January 2022 (See Appendix A) following a detailed presentation about the 2016 IPLAN and upcoming effort for the 2021 plan. Team members were all given copies of the 2016 IPLAN report and asked to read it before meeting.

The first team meeting was held in March 2022 and formulated a “milestone timeline” to ensure deadlines were met. The group worked together to create a community survey (Appendix D) based on data, historical information, the Illinois State Health Improvement Plan (SHIP) and Healthy People 2030 Health Priorities. The survey was then distributed via Survey Monkey. The team ended up with 466 completed health surveys with results shown in Appendix D. Priorities listed on the most surveys were:

- ❖ Substance Use and Abuse
- ❖ Overweight and Obesity
- ❖ Cancer
- ❖ Heart Disease and Stroke
- ❖ Diabetes
- ❖ Mental Health and Mental Disorders

The team used the Winter of 2021 and Spring of 2022 to accumulate data using a variety of sources including the websites for Community Commons, County Health Rankings, BRFSS, Illinois Cancer Registry, US Census Bureau, US Department of Labor, National Vital Statistics System (CDC), the EHD Project Connect 3.0, the Illinois State Health Improvement Plan (SHIP), and Healthy People 2030 Health Priorities. The accumulated data was then sorted into sections and studied for significance from state and national percentages or incidence rates. Once data was compacted to include areas of concern it was discussed

The data, along with the survey results, was presented to the full coalition at the May 2022 SICHC meeting. The coalition absorbed all the data and survey statistics before agreeing to adopt three priorities for the 2021 Community Health Plan. The three priorities chosen in order were:

- 1. Substance Use and Abuse**
- 2. Mental Health and Mental Disorders**
- 3. Overweight and Obesity**

Only one of the four health priorities from 2016 were retained for the 2021 plan. It was agreed that all six priorities identified by the survey were ongoing issues for the area, however, the team decided to focus on three priorities for this IPLAN. One area discussed that has potential to become a health priority in the future is oral health. There are very few dental clinics in the tri-county area and less that serve Medicaid clients.

### **Objectives**

The certification rule states that an agency will “develop plans and policies to address priority health needs by establishing goals and objectives to be achieved through a systematic course of action that focuses on local community needs and equitable distribution of resources and involves the participation of constituents and other related governmental agencies”. Develop a community health plan that addresses at least three priority health needs, identified pursuant to Section 600.400, during each certification period.”

The IPLAN Team met in the months of March-July 2022 to finalize goals, outcome and impact objectives, and intervention strategies for the plan. The Illinois SHIP and its updated Healthy Illinois 2021 Plan were both reviewed by the team and used, along with the Healthy People 2030 website, to address the priorities with goals and objectives. This plan is designed to create collaboration between various community organizations and stakeholders. The Southeastern Illinois Community Health Coalition (SICHC) will continue to have input into the objectives and intervention strategies developed in the plan. The plan is a dynamic process and the continued input from community stakeholders is essential for Saline, White and Gallatin Counties to reach their goals.

The SICHC general membership meets quarterly to discuss many diverse health related topics. Each meeting has a featured speaker for the meeting. The meetings are also utilized to coordinate intervention strategies related to the IPLAN. We have created the following “Action Teams” that address each Health Priority:

- Southeastern Illinois Substance Use Prevention, Recovery and Treatment Council (SI SUPRT) - (Substance Use)
- Healthy Lifestyles - (Overweight and Obesity)



- Diabetes Today Resource Team (DTRT)
- Early Detection and Treatment - Southern Illinois Cancer Action Network (SI CAN)
- Healthy Minds, Health Lives (Mental Health and Mental Disorders). Teams meet independently of the Coalition and bring intervention strategy ideas to the meetings.

## **Health Priorities**

### **1. Substance Use and Abuse**

- I. Risk factors: genetics, mental health, environmental, access and availability
- II. Direct contributing factor: peer pressure, culture, dysfunctional family, genetics, generational drinking, stress, coping skills
- III. Indirect factors: predisposition for illness, lack of education, social norms, family acceptance, lack of family values, ethnic background, lifestyle, lack of positive role model, low self-esteem, advertising, social acceptance, socio-economic status
- IV. Critical Data: Surveys conducted in 2021 as a part of the evaluation of a SAMHSA System of Care grant, known as Project Connect 3.0, showed that 2% of 9th graders and 4% of 12th graders had used prescription drugs within the last 30 days. This percentage has remained relatively steady over the last couple of years. Our counties also saw many opioid prescriptions written for a small number of the population. Saline county had 22,937 opioid prescriptions written for only 7,328 patients, Gallatin County had 4,137 opioid prescriptions written for only 1,377 patients, and White County had 8,631 opioid prescriptions written for 3,280 patients (IL PMP Opioid Data Dashboard, 2018).
- V. Goal # 1: Reduce substance use and abuse to protect the health, safety, and quality of life for all, especially children.
  1. Outcome Objective: Increase the proportion of people with a substance use disorder who got treatment in the past year (HP2030)

- a) Impact Objective: Increase the percentage of persons aged 12+ identified who need and receive substance use treatment in the past 12 months to 14.0%.  
(HP2030 - 11.1% baseline 2018)

(1) Intervention Strategies:

- (a) Increase the Utilization of the Substance Use Screening Brief Intervention Referral to Treatment (SBIRT) tool to all eight districts in our tri-county area.
- (b) Increase the Utilization of the Substance Use Screening Brief Intervention Referral to Treatment (SBIRT) tool for adults 18+ who inquire or initiate services at EHD.
- (c) Collaborate with the White County Court System to initiate a drug court and refer individuals to EHD for appropriate services.
- (d) The Integrated Care for Kids (InCK) and Integrated Care for Adults (InCA) programs will be screening all Medicaid beneficiaries and their guardians for substance use needs and making closed loop referrals.

2. Outcome Objective: Reduce the proportion of people who had opioid use disorder in the past year

- a) Impact Objective: Decrease the percent of persons 12+ who reported an opioid use disorder (heroin or prescription pain reliever) in the past 12 months to 0.5%  
(Healthy People 2030 baseline 0.7% - 2018)

(1) Intervention Strategies:

- (a) Increase the Utilization of the Substance Use Screening Brief Intervention Referral to Treatment (SBIRT) tool to all eight districts in our tri-county area.

- (b) Increase the Utilization of the Substance Use Screening Brief Intervention Referral to Treatment (SBIRT) tool for adults 18+ who inquire or initiate services at EHD.
- (c) Collaborate with the White County Court System to initiate a drug court and refer individuals to EHD for appropriate services.
- (d) The Integrated Care for Kids (InCK) and Integrated Care for Adults (InCA) programs will be screening all Medicaid beneficiaries and their guardians for substance use needs and making closed loop referrals.
- (e) In addition to making closed loop referrals, the hospital-based staff for InCA will be providing care coordination and follow-up for “hospitalization due to alcohol, tobacco or other drugs” (ATOD).

VI. Goal #2: Increase opportunities for tobacco-free living (Healthy Illinois 2021)

1. Outcome Objective: Reduce the proportion of adults who used tobacco products in the past month

a) Impact Objective: Reduce the percent of adults that smoke to 20%. Current rates are 23-25 % in the three counties (County Health Rankings).

(1) Intervention Strategies:

- (a) Increase referrals to the Illinois Tobacco Quitline (ITQL)
- (b) Increase the utilization of the ‘courage to quit’ program.
- (c) Encourage enforcement of the Smoke-Free Illinois Act (SFIA)
- (d) Enhance participation in the Youth Tobacco Survey.

**Accomplishments towards 2016 IPLAN objectives in the area of Substance Use and Abuse:**

- Crisis Intervention – A 24-hour, 365 days per year program where counselors are ready to assist with mental and emotional crisis, alcohol or substance abuse crisis, family crisis, child/youth runaway, or elderly crisis (Egyptian Health Department).
- The SICHC Health Choices Action Team transformed into the Southeastern Illinois Substance Use, Prevention, Recovery, and Treatment (SI SUPRT) Council. This group continues to address substance misuse and has helped form a Recovery Oriented System of Care (ROSC) in Southeastern Illinois.
- EHD formed a Recovery Oriented System of Care (ROSC) in 2018. ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strength and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. ROSC’s objectives are to build a culture that nurtures recovery and builds infrastructure to support and sustain recovery.
- The EHD ROSC sponsored a “National Night Out” celebration to promote positive relationships with law enforcement.
- The EHD ROSC collaborated with the Southeastern Illinois Substance Use Prevention Recovery and Treatment (SI SUPRT) council to develop a Stigma Reduction Campaign to promote that recovery is possible.
- EHD provided Youth Mental Health First Aid Training to school personnel and the community at-large.
- EHD promoted and supported permanent drug disposal locations in our tri-county area. We also promoted the Annual DEA “Drug Take Back Day”.
- EHD continues to promote and educate the community on the Smoke-Free Illinois Act.
- CATCH – curriculum addressed substance misuse through CATCH My Breath Curriculum—educating children on the unhealthy aspects of tobacco and vaping use.

- EHD has provided substance use prevention programs, using Generation RX and Project Alert (includes lesson plans, educational toolkits, media campaigns with anti-vaping and alcohol use prevention messaging on posters targeting preteens/teens).
- EHD Health Education staff have presented the Hidden in Plain Sight display to community members, school staff and parents to educate them on potential signs of drug misuse.
- Gallatin County has adopted a drug court with the Egyptian Health Dept. as the treatment provider.
- Gallatin County is a pilot site for Pretrial services for the new crime reform bill.
- Our tri-county area has access to a variety of recovery meetings including Celebrate Recovery, Narcotics Anonymous, Alcoholics Anonymous, AL-ANON, and Smart Recovery.
- The Drug Overdose Prevention Program (DOPP) was expanded in 2017 to include 30 counties in Southern Illinois. Our DOPP provides opioid overdose prevention education and naloxone distribution.
  - In 2020, EHD implemented a rapid deployment team to further expand our DOPP reach in areas that are at a higher risk for opioid overdose.
- EHD hosts an “Overdose Awareness Day” event in August annually. August is Overdose Awareness month.
- The EHD provides suicide prevention education to schools and the community.
- EHD has partnered with Christopher Rural Health Clinic (CRHPC) to offer Suboxone treatment to persons with opiate addictions. Suboxone is a narcotic medication indicated for the treatment of opioid dependence, available only by prescription, and must be taken under a doctor's care as prescribed. EHD also refers to other medical providers with the Southern Illinois Healthcare (SIH) system for medication assisted treatment.
- EHD participated in promoting the use of the Illinois Prescription Monitoring Program (PMP) to health organizations, providers, and pharmacies.

- EHD helps provide education on safe prescribing practices for opioids to health organizations, providers, and pharmacies.
- Prevent Child Abuse Illinois provides Drug Endangered Children trainings
- The Recovery Resource Center (RRC) opened in 2019. The RRC is a central point of information to help individuals and families navigate substance use disorder treatment and recovery services. Staff are equipped to answer questions, initiate the treatment process, make referrals as needed, provide links to additional services, and provide information regarding recovery support services in our communities.
- EHD expanded Peer Recovery services through hiring more persons with lived experiences (PLEs).
- EHD expanded medication assisted recovery (MAR) services.
- EHD implemented Problem Gambling education, intervention, and treatment.
- EHD partners with The Community Action Place (TCAP) to provide their needle exchange program to community members.

### **Funding Needs:**

Egyptian Health Department would like to have funding for health education, prevention, treatment, and recovery support. Funding is also needed for the evaluation of current programming, campaigns, and youth surveys.

### **Current and Future Resources:**

- The State Opioid Response Grant helps provide opioid overdose education and naloxone distribution.
- Substance Use Prevention Services (SUPS) grant provides education to youth surrounding substance use prevention.

- The Prescription Monitoring Program (PMP) grant helps to increase the utilization of the Illinois Prescription Monitoring Program among healthcare providers and pharmacies. It also has a focus on providing education to healthcare providers on proper prescribing guidelines for opioids.
- Recovery Oriented System of Care (ROSC) is working to build sustainable recovery support for community members that are in recovery from a substance use disorder or those seeking treatment for a substance use disorder.
- The CMHC (Community Mental Health Centers) grant program is expanding the capacity of substance use programming for the schools as one of several projects. The CCBHC (Certified Community Behavioral Health Centers) grant is focusing on those with co-morbidity, mental illness and substance use and increasing access to Medically Assisted Treatment. This project will potentially be funded with state dollars next year and we have applied for a federal project to enhance our CCBHC

## **2. Mental Health and Mental Disorders**

- I. Risk factors: homelessness and unemployment, discrimination, family conflict, substance use and abuse, environmental, poverty, trauma
- II. Direct contributing factor: childhood abuse, trauma or neglect, social isolation, bullying, discrimination and stigma, culture, dysfunctional family, poverty, genetic predisposition,
- III. poor nutrition, lack of sleep, stress, lack of coping skills, chronic health condition
- IV. Indirect factors: predisposition for illness, lack of education, social norms, family acceptance, lack of family values, ethnic background, lifestyle, lack of positive role model, low self-esteem, advertising, social acceptance, socio-economic status, stigma
- V. Critical Data: The ratio of mental health providers to the population is 370:1 in the State of Illinois with the top performing counties in the US at 250:1 or better. The current range for our counties is 450:1 for Saline County and 840:1 for White County. Gallatin County is unreported (County Health Rankings, sourced from NPI). The County Health Rankings indicate the rate of

suicide per 100,000 is a range of 18 to 22 in our counties, which is higher than the state at 11 (2021). Frequent mental distress is higher in our tri-county area than on average in Illinois, 15%-17% vs. 12% (County Health Rankings, 2021).

VI. Goal #1: Increase screening and access to treatment for mental health disorders.

A. Outcome Objective: Increase the proportion of people with substance use and mental health disorders who get treatment for both (HP2030)

1. Impact Objective: Increase the percentage of adults aged 18+ with co-occurring substance use disorders and mental health disorders that received both mental health care and specialty substance use treatment to 8.2%. (Baseline - 3.4 %-2018)

B. Outcome Objective: Increase the proportion of primary care visits where adolescents and adults are screened for depression

1. Impact Objective: Increase to 13.5% the number of persons 12+ that are screened for depression during primary care office visits (baseline - 8.5% in 2016)

a) Intervention Strategies(s):

(1) InCK will be partnering with physicians to ensure screening is done on all youth ages 12-17 that are Medicaid beneficiaries.

(2) Further provider education on completing depression screening for all youth.

C. Outcome Objective: Increase the proportion of adolescents with mental health diagnosis who get treatment

1. Impact Objective: Increase the percentage of adolescents aged 12 to 17 years with mental health diagnosis that received treatment in the past 12 months to 20% (baseline 16.8% national average per CDC in 2019)

a) Intervention Strategies:



(1) InCK staff provide further healthcare provider education on mental health screening on all youth.

(2) EHD Family Resource Developers and Peer Support Specialists provide further education on stigma reduction in schools.

D. Outcome Objective: Increase the proportion of adults with serious mental illness (SMI) who get treatment (HP2030 and SHIP)

1. Impact Objective: Increase the percentage of adults ages 18+ diagnosed with a SMI that received treatment from 64.1% (2018) to 68.8%.

a) Intervention Strategies:

(1) EHD has implemented the first episode of psychosis (FEP) FIRSTIL program for adults 18+.

(2) EHD will expand Assertive Community Treatment Program (ACT).

(3) EHD will collaborate with Southern Illinois Healthcare (SIH) to plan and develop the “Crisis Stabilization Unit” or “Partial Hospitalization Program”.

(4) The EHD Integrated Care for Adults (InCA) program will ensure that screenings are conducted on all adult Medicaid enrollees.

(5) Adult Medicaid enrollees will be referred for appropriate level of care.

VII. Goal #2: Improve the collection, utilization, and sharing of behavioral health-related data (Healthy Illinois 2021)

A. Outcome Objective: Increase the availability of data related to mental health and mental issues in Southeastern Illinois.

1. Impact Objective: Make the NOWPOW social determinant of health referral platform available and utilized by providers across all fields - physical and mental health for care planning and social determinants of health for referrals and resources.

a) Intervention Strategies:

- (1) Determine which data currently exists on critical behavioral health problems, resources, and assets
- (2) Collect data through the Integrated Care for Kids (InCK) program
- (3) Collect data through the Integrated Care for Adults (InCA) program
- (4) Collect and Process annual review of data
- (5) How do we improve data collected over the next 5 years

### **Funding Needs:**

Egyptian Health Department would like to have funding for crisis staffing, health education, prevention, and treatment. Funding is also needed for the evaluation of current programming, campaigns, and youth surveys.

### **Current and Future Resources:**

- The Coordinated Approach to Child Health (CATCH) model has a Social Emotional Learning (SEL) Specialist who provides age-differentiated lessons aligned to the CASEL Framework for Systemic Social and Emotional Learning. This K-12 program uses literature, movement, fine motor activities, gross motor activities, and cultural learning to teach and reinforce social emotional learning concepts. CATCH SEL Specialist also provides Signs of Suicide (SOS) and Youth Mental Health First Aid (YMHFA) trainings.

- Currently, the CMHC (Community Mental Health Centers) grant program is expanding the capacity of substance use programming for the schools as one of several projects. The CMHC grant dollars will extend another 3 years, and in addition to expanding SUD services into schools these funds will allow the FEP program and have expanded our telehealth services to increase capacity and address some of the workforce shortage issues.
- The CCBHC (Certified Community Behavioral Health Centers) grant is focusing on those with co-morbid mental illness and substance use and also increasing access to Medically Assisted Treatment. This project will potentially be funded with state dollars next year and we have applied for a federal project to enhance our CCBHC.
- CCBHC-IA funding has been sought to increase the efficacy and quality of the CCBHC services that are already in place.

### **3. Overweight and Obesity**

- I. Risk Factors: Type 2 diabetes, heart disease and stroke, sleep apnea, liver disease, cancer, high blood pressure, low-density lipoprotein (LDL) cholesterol, triglycerides, blood sugar, and inflammation.
- II. Direct Contributing Factors: Diet, heredity, sedentary lifestyle, health problems, stress, lack of exercise, lack of access to healthy foods, easy access to high carb-high cholesterol diets, lack of sleep.
- III. Indirect Contributing Factors: Eating disorders, lifestyle, lack of access to medical care, culture, lack of education/knowledge, peer pressure.
- IV. Critical Data: In our tri-county area, the percentage of people who stated that they feel they were in poor health was almost double the state average, 6.6% vs. 3.9% (BRFSS, 2015-2019).  
Information from the County Health Rankings (2021) continues to show poor health outcomes and mortality rankings for the region. Out of 102 counties, Gallatin County ranks 97, Saline

County ranks 98, and White County ranks 85 in regard to Health Outcomes, including morbidity and mortality (2021).

V. **Goal #1:** Reduce overweight and obesity by helping people eat healthy and get physical activity

A. Reduce the proportion of children with Obesity (Healthy Illinois 2021)

1. Impact Objective: Reduce the percentage of Obesity among children ages 10-17 from 17% to 15% in SE Illinois (State of Childhood Obesity, 2019-20).

a) Intervention Strategies:

(1) Children and Adolescents with BMI  $\geq$  95th percentile on CDC

BMI for growth charts will be referred to the Integrated Care for Kids (InCK) program and assigned a Wellness Coach.

(2) Implement CATCH Initiatives in schools and throughout the community.

(3) Implement U of I Extension Initiatives in schools and throughout the community.

(4) Educate local communities about the benefits of community gardens.

B. Outcome Objective: Reduce the proportion of adults with obesity (Healthy Illinois 2021)

1. Impact Objective: Reduce the percentage of adults with obesity ages 20+ from 38.6% (2013-16) to 36.0%.

a) Intervention Strategies:

(1) Expand U of I Extension Nutrition classes at local libraries.

(2) Provide U of I Extension toolkit to food pantries and community members for healthy eating.

(3) Encourage local municipalities to continue to create and improve access to biking and walking paths.

(4) EHD will implement in 2022 an internal worksite wellness initiative in partnership with the University of Colorado.

(5) Utilize We Choose Health Toolkits for worksite wellness initiatives.

(6) Educate local communities about the benefits of community gardens.

C. Outcome Objective: Reduce the proportion of adults who don't know they have prediabetes

1. Impact Objective: Reduce the proportion of adults 18+ who have undiagnosed prediabetes from 38% (2013-16) to 33.2%.

a) Intervention Strategies:

(1) Provide education around the indicators of prediabetes through screening events.

(2) Promote the Diabetes Prevention Program (DPP).

(3) Promote early detection of prediabetes to local providers.

VI. **Goal #2:** Increase opportunities for healthy eating (Healthy Illinois 2021)

A. Outcome Objective: Increase the proportion of eligible students participating in the Summer Food Service Program

1. Impact Objective: No baseline data available - Make Summer Food Programs available to students of at least 50% of school districts in the tri-county area.

a) Intervention Strategies:

(1) Improving access to the Summer food program by offering multiple pick-up locations or home delivery.

(2) Develop a community garden to utilize for the Summer Food Service Program.

B. Outcome Objective: Increase the proportion of adults who have access to healthy foods

1. Impact Objective: No baseline data available - Increase the percentage of adults 18+ that have access to health foods to 80% in Gallatin County and 85% in Saline County and 90% in White County.

a) Intervention Strategies:

(1) EHD and U of I Extension will provide education to the community on composting.

(2) Educate local communities about the benefits of community gardens.

**Accomplishments since 2016 IPLAN Objectives related to Overweight and Obesity (including Cancer, Diabetes, and Heart Disease and Stroke):**

Heart Disease and Stroke

- Healthy Southern Illinois Delta Network (HSIDN) – The network brings together public health, community health centers, hospitals and others interested in improving the health of their communities. The HSIDN covers the Southern 16 counties in Illinois.
- Southeastern Illinois Community Health Coalition (SICHC) – The SICHC mission is to have an active interest in and commitment to improving the health of the communities in Southeastern Illinois. SICHC has taken an active role in promoting healthy eating habits, tobacco cessation and physical activity through social media and hosting events such as the annual “Rails to Trails” ¼ Marathon and Youth track events.
- Coordinated Approach to Child Health (CATCH) curriculum - Evidence-based program that addresses healthy nutrition and physical activity components that are targeted not only at children, but the rest of their families as well.

- EHD has facilitated Chronic Disease Self-Management Program (CDSMP) classes since 2016.
- SICHC hosted screening events to provide blood pressure and cholesterol screenings to community members.
- SICHC partnered with the Kidney Mobile to bring additional chronic disease screening to our communities. We did an event in Saline County in 2016 and 2018 and one in White County in 2017. It offers free health screenings for hypertension, diabetes, and kidney disease.
- Egyptian Health Department participated in Innovative Readiness Training (IRT) events for the Military in 2016 and in 2018. Innovative Readiness Training (IRT) produces military readiness while simultaneously providing quality services to communities throughout the United States. The Military Services have always brought to bear their resources to help meet some of the country's civil needs. With IRT, the Department of Defense (DoD) realizes simultaneous benefits for military training and readiness. They provided primary healthcare, dental and optometry services for the community at no cost to the patient.

### Diabetes

- Diabetes Health Fairs
- EHD has facilitated Diabetes Self-Management Program (DSMP) classes since 2016.
- The Southern Illinois Diabetes Awareness Group is a support group of community members that has met monthly since 2017.
- SICHC's Diabetes Today Resource Team (DTRT) has expanded since it formed in 2016 with representation from over 25 community organizations and more than 50 members who all promote, support, and provide diabetes resources.
- The DTRT promoted Diabetes Alert Day and Diabetes Awareness Month each year.
- The DTRT hosted regular diabetes screening events and promoted World Diabetes Day each year.

- The DTRT hosted annual continuing education workshops for local health care providers that focused on topics related to diabetes.
- The DTRT helped create and maintain a Diabetes Resource Guide to assist health care providers and persons (or family members) with Diabetes in locating area resources.
- EHD staff helped plan and coordinate Camp BETA, a camp focused on youth with Type 1 Diabetes.
- Ferrell Hospital began the accreditation process to become an Association of Diabetes Care and Education Specialist (ADCES) organization.

### Cancer (Lung & Colorectal)

- EHD is the regional lead in the Illinois Tobacco Free Communities Grant.
  - Recruit local healthcare, behavioral health and other providers to refer clients/patients that use tobacco products to the Illinois Tobacco Quitline (ITQL)
- The Southeastern Illinois Tobacco Free Alliance (SITFA) team, led by EHD, was formed in 2018.
- The SITFA has recruited 15 organizations to serve as referral partners for the Illinois Tobacco Quitline (ITQL).
- The SITFA developed ads and used the CDC's Media Campaign Resource Center (MCRC) for billboard and mass transit ad campaigns annually.
- SITFA organizations have posted multiple media messages on organizational and personal social media pages and organizational websites, created multiple brochures and flyers for various organizations and events.
- SITFA organizations have presented to multiple school assemblies, teachers' in-service trainings, back to school events, parent-teacher conferences, special meetings for parents and school staff (ex: address vape overdoses in schools), civic organization and interagency council meetings.
- EHD has sponsored Great American Smoke-Out and Kick Butts Day events.



- The SITFA worked with two other regional coalitions to co-host a tobacco education/cessation workshop (2020)
- EHD and Harrisburg Medical Center (HMC) have been trained to teach the “Courage to Quit” program.
- Ferrell Hospital has staff trained to facilitate “Freedom from Smoking” classes
- EHD completed over 450 Smoke Free Illinois Act (SFIA) enforcement inspections.
- EHD worked with a Gallatin County High School to create a PSA video to promote tobacco use prevention in teens
- Multiple SITFA organizations have participated in Motivational Training classes for tobacco cessation.
- EHD facilitated new referral partner to ITQL training monthly
- The EHD ITFC program collaborated with CATCH to assist schools in getting vape detectors.
- EHD also provides additional tobacco prevention and education programs to select schools.
- The American Cancer Society (ACS) promoted colorectal cancer screening and provided educational materials surrounding colorectal cancer screening, diagnosis, and treatment.
- The ACS promoted lung cancer screening and provided educational materials surrounding lung cancer screening, diagnosis, and treatment.
- The ACS promoted the Great American Smoke out, an event held each November that encourages smoking cessation and provides resources to help those in the process of quitting smoking.
- The ACS provided resources to assist community members who wanted to quit smoking/using tobacco.
- The SIH Cancer Center provides oncology services for many community members in our tri-county area.

- Ferrell Hospital was in the planning stages of expanding Oncology Services to our tri-county area.
- Cancer awareness and education is routinely promoted through social media by the Egyptian Health Department and the Southeastern Illinois Community Health Coalition (SICHC).

### **Funding Needs:**

Egyptian Health Department would like to have continued funding for the ITFC grant in addition to increased funding for health education focused on prevention, chronic disease and diabetes self-management classes and continued funding for the CATCH program. Funding is also needed for the evaluation of current programming, campaigns, and youth surveys.

### **Current and Future Resources:**

- The Egyptian Health Department is the regional lead agency for the Coordinated Approach to Child Health (CATCH).
- EHD provides Chronic Disease Self-Management and Diabetes Self-Management classes to community members.
- EHD helps and supports health fairs and screening events with other agencies, including the National Kidney Foundation's Kidney Mobile, Walmart, and local healthcare providers.
- EHD will work with the University of Illinois Extension to provide nutrition education to both youth and adults.
- The Integrated Care for Adults (InCA) and Integrated Care for Kids (InCK) programs will be linking families with food insecurity to food resources and will be screening all Medicaid beneficiaries for these needs.

## **Outcome Review**

The Egyptian Health Department has a Strategic Planning Committee that meets quarterly. As part of the Strategic Planning process this committee discusses all short and long-term planning. This includes specific goals and objectives for each program within the health department. The IPLAN is a part of the ongoing planning process and is included within this committee. Our current Strategic Plan (2020-2022) is due to be updated in the Fall of 2022 for the years 2023-2025. The Plan runs on a 3-year cycle according to our accrediting body, COA.

Egyptian Health Department also gathers data from community stakeholders (Appendix B) and EHD staff (Appendix C) through surveys each year. These surveys help us identify our strengths and weaknesses. It enables our Strategic Planning Committee to plan for improvements in these areas.

EHD will continue to be an integral part of the Southeastern Illinois Community Health Coalition (SICHC) that meets on a quarterly basis. EHD has a permanent seat on the Executive Committee of the SICHC per its bylaws. It is important for the stakeholders to have input into the Intervention Strategies developed and implemented through the SICHC and in the future Action Teams. The community process gives justification to creation of new programs and the continuation of old programs by allowing the health program to be developed within the community affected and not by outsiders. This process creates a sense of ownership in the outcome that is developed.

Any plans approved by the Strategic Planning Committee must then be forwarded to the Continuous Quality Improvement (CQI) Committee for approval. This committee contains members of each department within EHD and a Board of Health member. Any changes implemented through the CQI program must then be approved by the full Egyptian Health Department Board of Health.





Attachment B

COMMUNITY STAKEHOLDERS  
SATISFACTION SURVEY

The Egyptian Health Department is invested in your community and wants some feedback about the services we offer. Please complete the following survey and return it in the enclosed envelope. Feel free to make any additional comments.

**Rating Scale:**

- 1-I strongly disagree
- 2-I disagree
- 3-I neither agree nor disagree
- 4-I agree
- 5-I strongly agree

1. Were the services provided to you during the year conducted in a professional manner?

1      2      3      4      5

2. Did the Egyptian Health Department meet your expectations?

1      2      3      4      5

3. Were you satisfied with the outcomes of our services (response time, referrals, follow-up, etc.)?

1      2      3      4      5

4. In your opinion, have there been any specific groups of people from your community who have not been served?

1      2      3      4      5

5. Are you familiar with all of the services that are provided?

1      2      3      4      5

Please list any comments:

---

---

---

---

Please return at your earliest convenience in the enclosed envelope.

## Attachment C

### Employee Satisfaction Annual Survey

Employee Satisfaction Survey – Likert Scale 1 to 5 (Strongly Disagree to Strongly Agree)

**Q1**

My job gives me a strong sense of personal satisfaction.

**Q2**

I am proud to tell people I work for this organization.

**Q3**

Morale at this agency is generally high.

**Q4**

I often promote the agency in the community.

**Q5**

In this organization, we maintain very high standards of quality in everything we do.

**Q6**

My supervisor values my talents and the contributions I make.

**Q7**

When I do a good job, I receive the praise and recognition I deserve.

**Q8**

My ideas and suggestions for improvement are recognized by others.

**Q9**

I get the support I need from my supervisor.

**Q10**

My supervisor treats me fairly and with respect.

**Q11**

I respect my supervisor as a competent professional.

**Q12**

I can disagree with my supervisor without fear of getting in trouble.

**Q13**

My supervisor gives clearly defined performance goals and objectives.

**Q14**

My last performance evaluation was helpful to me.

**Q15**

I could report unethical activities without fear of reprisal.

**Q16**

Administration will take action based on the results of this survey.

**Q17**

Administration seems genuinely interested in employees.

**Q18**

Administration responds promptly to most problems.

**Q19**

My supervisor makes sure I am informed about decisions or changes that will affect me.

**Q20**

Information and knowledge are shared openly within the organization.

**Q21**

The agency communicates changes to employees in a timely manner.

**Q22**

Communication between the supervisor and employees in my department is good.

**Q23**

Employees are empowered and encouraged to solve problems on their own.

**Q24**

I am happy with my current workload.

**Q25**

I consider myself a satisfied employee.

**Q26**

The benefits I receive are comparable to those offered by other organizations.

**Q27**

I am satisfied with the benefits I receive.

**Q28**

What program do you work for in this organization? We ask this question only to be helpful with how you rate management competence. If you choose to leave this question blank, we cannot retrieve the data needed to improve satisfaction.

**Q29**

What do you like most about working for this agency?

**Q30**

If you could change one thing about your job, what would it be?

**Q31**

Any additional comments not addressed in this survey.



## Attachment D



























Attachment E

Approval Letter of IPLAN and Organizational Capacity

Egyptian Public & Mental Health Department

Serving  
Gallatin • Saline • White Counties  
[www.egyptian.org](http://www.egyptian.org)

Angie Hampton, MS, LCPC, LSW  
Chief Executive Officer



July 18, 2022

Illinois Dept. of Public Health  
JoAnne Bardwell, IPLAN Administrator  
525-235 West Jefferson Street  
Springfield, IL 62761-0001

Ms. Bardwell:

This letter is to inform you that the Egyptian Health Department, in accordance with Section 600.410, has approved an assessment of organizational capacity of the agency and adopted the EHD 2021 IPLAN as presented. Egyptian Health Department has a Strategic Planning Team comprised of Senior Leadership of the organization and an EHD Board of Health Representative.

This committee meets quarterly and formulates short-term plans annually and the Agency Strategic Plan every three years. As a part of the overall planning process EHD has assessed the strengths, weaknesses, opportunities, and threats in our jurisdiction.

The Strategic Planning Team has also studied the capabilities of the Egyptian Health Department staff to conduct effective public health functions. Some of these functions are community relations, information systems and program management. A copy of this letter will also be added to the IPLAN as Attachment E.

Sincerely,

Rona Bramlet, President  
EHD Board of Health

A handwritten signature in black ink that reads 'Rona Bramlet'. The signature is written in a cursive, flowing style.

Attachment F

SICHC General Membership Meeting Minutes – 5/25/2002

