`



Illinois Project for the Local Assessment of Needs (IPLAN)

2026

Table of Contents

Introduction……... 1

Purpose Statement…… 1

Needs Assessment and Community Health Plan Process…… 1

Strengths…….. 2

Challenges……... 6

Weaknesses……. 7

Areas for Opportunities……... 7

Community Participation Process……... 7

Methods…….. 9

Description of Health Status and Health Problems……... 9

Demographics and Socioeconomic Characteristics……. 9

General Health and Access to Care……... 14

Maternal and Child Health…….18

Chronic Diseases……... 19

Infectious Diseases…… 28

Environmental, Occupational, and Injury Control…… 29

Sentinel Events…….. 31

Health Priorities…….. 32

Substance Use and Abuse…….. 35

Mental Health and Mental Disorders……. 46

Overweight and Obesity…… 54

Outcome Review……... 63

Attachments……

A. Southeastern Illinois Community Health Coalition (SICHC) Membership……. 65

B. Community Stakeholders Survey……. 69

C. Employee Satisfaction Annual Survey……. 70

D. SICHC Community Health (IPLAN) Survey and Results……... 72

E. Approval Letter of IPLAN and Organizational Capacity……. 87

F. SICHC General Membership Meeting Minutes – 7/8/2026……..... 88

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, 2016 and 2021 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 2023 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, 2027.
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 its 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. SI SUPRT meets monthly and supports numerous activities across Southeastern Illinois.
8. The Egyptian Health Department has an All-Hazards Emergency Preparedness Plan and uses the Comprehensive Emergency Management Planning (CEMP) website (transitioning to a Sharepoint) 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 Illinois CATCH Onto Health Consortium (ICHC).
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. The 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 has a Director of Quality Improvement.
19. The agency supports and encourages staff development through a variety of training.

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 CEO 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. 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 with the best possible services. Outcomes are tracked and aligned with strategic and programmatic goals.
4. Finance: The Agency continues to benefit from having long-term leadership and staff in its Finance Department. Good succession planning has led to the current situation where the current staff accountant is afforded time to help train and cross train their replacement assuring an orderly transition. There is appropriate separation of duties enhanced by staff cross training which results in extra protection from fraud and continuity of orderly service in the event of planned and unplanned staff absences. The Agency's membership in the "Illinois Health Practice Alliance" has accrued benefits to this agency with the guidance for value-based contracting. There is a healthy and timely amount of communication with the agency CEO, Leadership Team and Board, and its Finance Committee.
5. Human Resources: The competence and support of the HR Specialist and Director of Administration, theirs and all of management's commitment to recruitment, retention, fairness and transparency contribute to the positive work environment. This reviewer observed that staff feel heard, appreciated and cared for. Agency policies and procedures too, support this type of work environment. There is a very active Wellness committee which supports a wide range of health, wellness and self-care opportunities for staff. Innovation Day not only brings helpful innovation into the workplace, it motivates staff to want to do more to improve the workplace and client services. The 90 Day New Employee survey has yielded positive results and is a good example of how innovation is encouraged and supported. The planned addition of an electronic HR system will bring value added to the HR Department.

6. Risk Management: This Agency's Risk Management Plan is detailed, comprehensive, and far reaching. It centralizes reporting and records keeping with the Compliance Officer who is in close communication with the CEO and Director of Administrative Services all of whom work closely with the very active Risk Management Committee. The Agency brings value added to its Risk Management Program utilizing the services and programs of its insurance company as well as an external consultant. Paper and electronic record keeping and storage of records are worthy of emulation by other agencies. This Agency is so committed to I.T. security that it does not allow any records storage on the cloud while assuring redundant onsite and offsite records back-up.
7. Professional Development and Supervision Program: EHD values orientation and continuous education of all staff. Evidence of same includes an extensive and comprehensive orientation program that assures new hires are oriented to the Agency and their specific positions; the Succeed Training Model enhanced with the re-introduction of Annual Training Day which staff in interviews reported is great; incorporation of learning goals in supervision and the Annual Performance review and budgeting for same. Closing the AGENCY for a day for Annual Training is an indication of their commitment. EHD is as committed to supervision, and to supervisor training, reviewing and adjusting supervisory caseloads as warranted and providing supervisors ongoing training to maintain and grow their supervisory skills.
8. Counseling, Support and Education Services: EHD continues to offer multiple counseling, support and education services via a large cadre of dedicated staff with diverse backgrounds, training, and ongoing continuing education suited for coaching, mentoring, teaching and supporting clients. Screening and intake practices are prompt and respective of client needs. These services are not provided in a silo. There is timely and effective communication among these team members and other Agency staff assuring coordination and collaboration of service

delivery across the Agency's portfolio of services, especially among and and between clinical, support, coaching and educational, professional and peer support staff.

9. Program Administration: Having met with the management team collectively and individually, it is clear that this Agency cares for and about its clients and staff, respects them, and that they are driven to provide safe environments to come to work and come for help. Policies and protocols are in place to provide for confidentiality too. The budget affords staff the training, supplies and equipment needed to competently serve their clients. The management team is a role model for collaborative and participatory management that staff embrace in supporting each other and their clients. Technology is used for efficient and effective service delivery with a strong. I.T. department to guide and support staff and consumers and assure high levels of protecting sensitive and confidential information. Policies and procedures are in place, in-serviced and applied that assure consumers are actively and continuously involved in care planning and choosing among options for service delivery (overwhelmingly confirmed in our meeting the EHD "Consumer Advisory Group").

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. Adjust salaries/fairness
5. Office space/storage
6. "Syncing" Policies/Handbook
7. Cross Department Communication
8. Diversity and growth of our staff.
9. Syncing actual services to budget/adapting to changing fiscal rules by the state of Illinois
10. Managers review monthly budget numbers
11. 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.

Areas for Opportunities (as noted by COA)

1. Inputs, activities, and measurable client related outcomes are not clearly addressed within the framework. Many outputs are listed as outcomes. Some outcomes are identified, but they are not measurable.

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 (SICHC) was formed in February 2008 and represents more than 35 agencies and has 70+ members including at-large community members. The IPLAN Action Team was appointed to work on the 2026 IPLAN. A list of the SICHC membership has been included as Attachment A.

The IPLAN Health Plan Action Team has met regularly since November of 2025. 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 358 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 Heaven's Kitchen and other 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 February 6, 2026, meeting and the SICHC general membership selected and approved the top three health priorities at our February 18, 2026 meeting (SICHC Minutes located as Attachment H). It was decided after reviewing the most updated statistics available that the problems listed in the 2021 plan were still priority problems and that all three priorities would stay in the 2026 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. 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, SparkMap, IQuery, 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	41,952	1,197.91	35
Gallatin County, IL	4,857	322.94	15
Saline County, IL	23,387	379.99	62
White County, IL	13,708	494.98	28
Illinois	12,692,653	55,513.14	229
United States	332,387,540	3,533,298.58	94

Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

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 2023 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. It also shows a very sparsely populated, rural area with a density of 35 persons per square mile, far less than the national average population density of 94 persons per square mile. 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 2025 are shown in the table below.

General Demographics

Statistic	White Co.	Saline Co.	Gallatin Co.	Illinois	U.S.
Population Age 65+	21.2%	20.6%	18.8%	21.6%	17.7%
Female	50.57%	50.93%	49.99 %	50.6%	50.5%
Non-Hispanic White	95.5%	91.5%	94.9%	58.8%	58.4%
Med. Household Income	$56,800	$53,300	$56,900	$80,300	$77,700
*Population Receiving Medicaid	30.03%	38.02%	33.62%	26.01%	**23.7 %

Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

**Illinois HFS FY25 Medicaid Enrollees*

***United States Medicaid.gov*

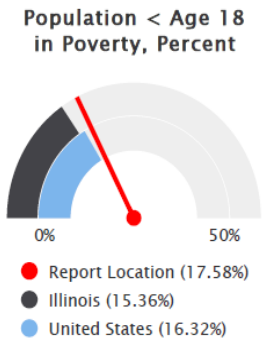
The General Demographics Table demonstrates some of the major characteristics of rural Southeastern Illinois. The area has a predominantly Caucasian, undereducated, and aging population. There is a relatively high percentage of children under age 18 living below the 100% Federal Poverty Level (see table 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

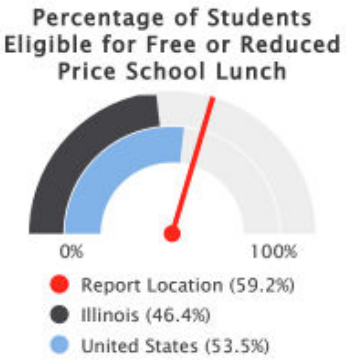
In the report area 17.58% or 1,499 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population < Age 18	Population < Age 18 in Poverty	Population < Age 18 in Poverty, Percent
Report Location	40,932	8,526	1,499	17.58%
Gallatin County, IL	4,823	945	149	15.77%
Saline County, IL	22,828	4,725	819	17.33%
White County, IL	13,281	2,856	531	18.59%
Illinois	12,410,718	2,767,087	425,068	15.36%
United States	324,567,147	72,472,636	11,829,878	16.32%



Note: This indicator is compared with the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23.

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 v federal levels.



Children Eligible for Free/Reduced Price Lunch

Within the report area 3,986 public school students or 59.2% are eligible for I lunch out of 6,729 total students enrolled. This is a 2.24% increase from 2019-2020 d relevant because it assesses vulnerable populations which are more likely to have mul 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	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
Report Area	6,729	3,986	59.2%
Gallatin County, IL	704	411	58.4%
Saline County, IL	3,714	2,374	63.7%
White County, IL	2,301	1,201	52.2%
Illinois	1,852,242	860,273	46.4%
United States	46,791,755	24,677,523	53.5%

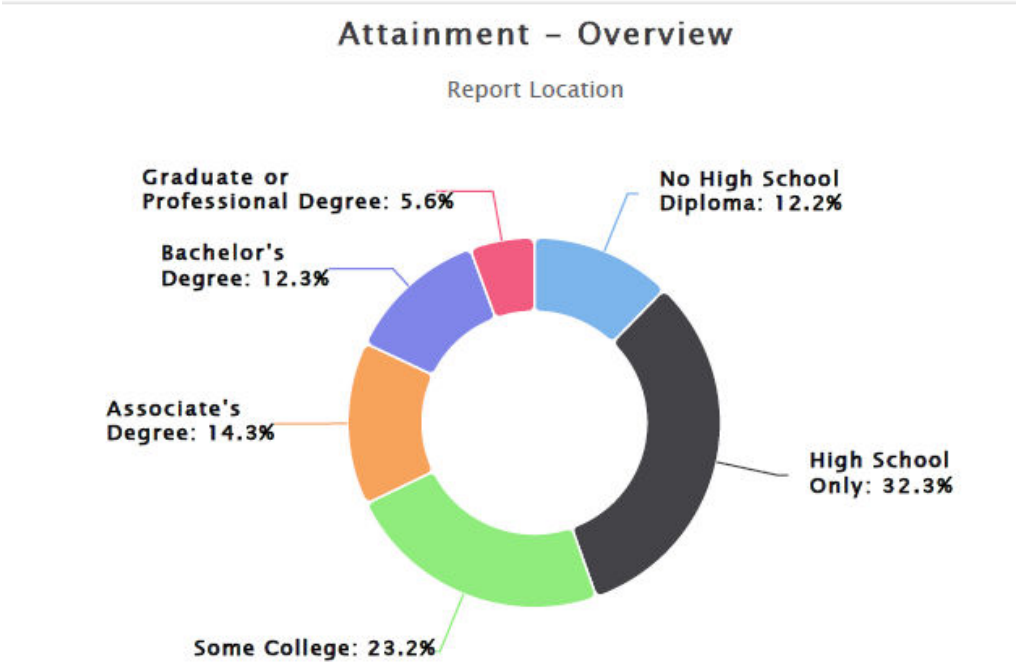
Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.

Educational Attainment - Overview

Educational Attainment shows the distribution of the highest level of education achieved in the report area, and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 years old, and is an estimated average for the period from 2019 to 2023. For the selected area, 12.35% have at least a college bachelor's degree, while 32.35% stopped their formal educational after high school.

Report Area	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Report Location	12.24%	32.35%	23.21%	14.27%	12.35%	5.59%
Gallatin	13.6%	35.3%	23.4%	12.4%	9.6%	5.7%
Saline	11.2%	30.6%	23.7%	14.3%	14.5%	5.8%
White	10.5%	34.4%	22.3%	14.9%	9.7%	5.2%
Illinois	9.7%	25.3%	19.5%	8.3%	22.3%	14.9%
United States	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2019-23.



Social & Economic Factors

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

	Gallatin	Saline	White	Illinois
Social & Economic Factors				
High School completion	86%	89%	87%	90%
Some College	61%	70%	60%	71%
Children in Poverty	24%	24%	19%	15%
Median household income	$56,900	$53,300	$56,800	$80,300
Income Inequality (Ratio of income 80%-20%)	5.5	4.8	5.1	4.9
Children in single-parent households	24%	27%	30%	25%

County Health Rankings, 2025

2. General Health and Access to Care

The 2025 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, Population Health and Well-being and Community Conditions.

Population Health and Well-being factored in the mortality (how long people live) and morbidity (how healthy people feel) rates of the respective counties. It is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being. Saline and Gallatin

counties are all faring worse than the average county in Illinois for Population Health and Well-being, and slightly worse than the average county in the nation. White County is faring slightly worse than the average county in Illinois and about the same as the average county in the nation. (County Health Rankings, 2025).

Community Conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health. Saline and White counties are faring slightly worse than the average county in Illinois for Community Conditions, and slightly worse than the average county in the nation. Gallatin county is faring worse than the average county in Illinois and in the nation. (County Health Rankings, 2025).

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 (2025) 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 (SparkMap). Life expectancy at birth for the state of Illinois is 79, while our tri-county ranges from 72.1 to 75.4 (IQuery, 2023). White County lost 9,900 years of potential life per 100,000 while Saline lost 12,400 and Gallatin 13,600 compared to 7,600 statewide. See charts and tables below for further comparisons, vital statistics, and rates.

County Health Rankings Comparison				
	Gallatin	**Saline**	**White**	**Illinois**
HEALTH OUTCOMES				

Life Expectancy	71.8	72.4	74.3	78.1
Premature Death (per 100,000)	13,600	12,400	9,900	7,600
Premature Age-Adjusted Mortality	670	600	550	370

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 (Round 7, 2020-2023) had some interesting data about morbidity. When asked how many poor physical and mental health days people 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.

Days Physical Health Not Good			**Days Mental Health Not Good**	
	Saline, White & Gallatin	State of Illinois	Saline, White & Gallatin	State of Illinois
None	57.2%	60.7%	57.7%	54%
1-7 days	21.5%	23.9%	20.8%	25.8%
8-30 days	21.3%	14.4%	21.5%	20.2%

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, Round 7).

General Health					
	Excellent	Very Good	Good	Fair	Poor
Saline, White, & Gallatin	13.4%	31.6%	33.8%	13.6%	7.6%
Illinois	15.2%	28.8%	36.1%	15.5%	4.3%

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, 44.8% of adults had been told they had high blood pressure compared to 33.5% statewide (BRFSS, round 7, 2020-23).
2. The BRFSS study also noted that 64.0% of the adult population had their cholesterol checked within the last year (BRFSS, round 7, 2020-23); about the same from the BRFSS Round 5. The population with high cholesterol levels was 38.3% (BRFSS, Round 7, 2020-23), showing a positive change of almost 5% from the BRFSS Round 5.
3. The BRFSS (2020-23) found that 72.7% of adults in our tri-county reported they were overweight or obese, an increase of almost 7% from the BRFSS Round 5.
4. The rate of primary care physicians per patient ranges from 1,550:1 (Saline), 3,450:1 (White) and (Gallatin). They are all higher than the state average of 1,260 physicians per patient. We are a designated Healthcare Provider Shortage Area (HPSA).

	Gallatin	**Saline**	**White**	**Illinois**
Clinical Care				
Uninsured	6%	6%	6%	8%
Uninsured children	3%	4%	4%	3%

Primary Care Physicians	4,690:1	1,360:1	3,400:1	1,220:1
Dentists	0	2,860:1	2,230:1	1,170:1
Mental Health Providers	2,350:1	220:1	500:1	280:1
Preventable Hospital stays (per 100,000 Medicare Enrollees)	2,886	3,098	3,421	3,239
Mammography Screening	37%	37%	44%	45%

County Health Rankings, 2025

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 2022. There were few infants born with low or very low birth weight in 2022. This may be attributable to the high number of women who had access to adequate prenatal care, ranging from 80.5% to 93.6%

Birth Characteristics	Saline	White	Gallatin
Adequate Prenatal Care	198	114	44
Cesarean	55	49	11
Low Birth Weight	29	12	5
Mother Unmarried	125	62	16
Non HS Graduate Age 20+	23	16	4
Pre-term	26	18	9
Very Low Birth Weight	3	2	1
Total Births	246	135	47

IDPH Birth Statistics 2022

From 2019 to 2023, infant mortality numbers remained low for our tri-county area. Saline County, which has the largest population, had an increase in infant mortality in 2021 and again in 2023. As of 2023, four infant deaths were reported across all three of the counties

that the Egyptian Health Department provides services to.

Infant Deaths per Year	Saline	White	Gallatin
2019	2	0	0
2020	2	0	0
2021	4	0	1
2022	1	0	0
2023	3	1	0

IDPH Death Statistics 2019-2023

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 $4.9 trillion in annual health care costs (CDC, 2023/2024). 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 20% (County Health Rankings, 2025) compared to 13% for the State of Illinois.

	Gallatin	Saline	White	Illinois
Health Behaviors				
Adult Smoking*	20%	20%	21%	13%
Adult Obesity	38%	40%	38%	33%
Limited access to Healthy Foods	30%	6%	2%	5%
Physical Inactivity	27%	26%	27%	22%
Access to Exercise Opp	37%	66%	36%	91%
Excessive Drinking	21%	21%	21%	19%
Sexually Transmitted Infections (per 100,000)	123.6	450.5	95.5	568.8
Teen Births (per 1,000)	26	30	29	13
Drug Overdoses deaths		35		29
Suicides (per 100,000)	Not Available	30	30	11

County Health Rankings, 2025

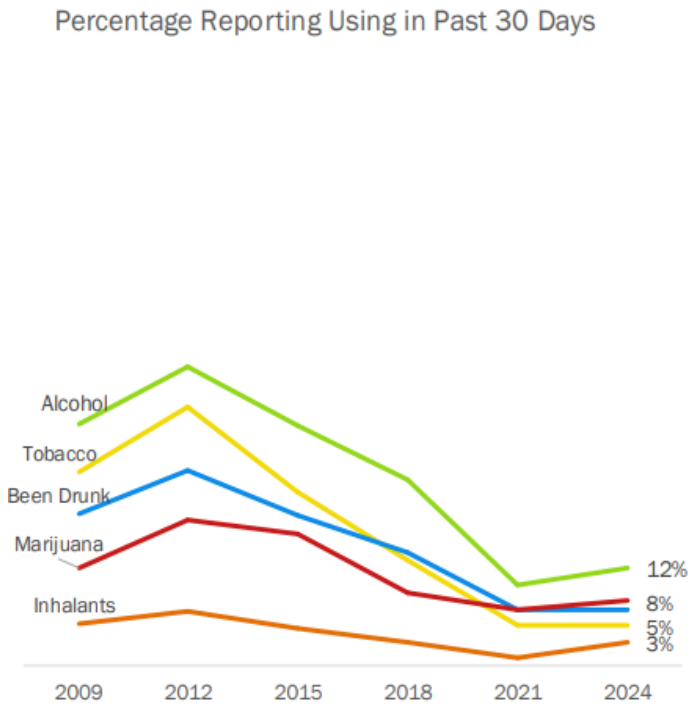
Substance misuse data for the general population has been very hard to find and, subsequently, substantiate the problems within our local communities. However, youth data is more available. Surveys of students were conducted in grades 6, 9, and 12 in Saline, Gallatin, and White Counties at six points in time: in 2009, at the end of the Southeastern Illinois Safe Schools/Healthy Students project, in 2012, 2015, 2018, 2021, and 2024 as a part of the evaluation of a SAMHSA System of Care grant, known as Project Connect. Overall results from the most recent 2024 survey are shown below.

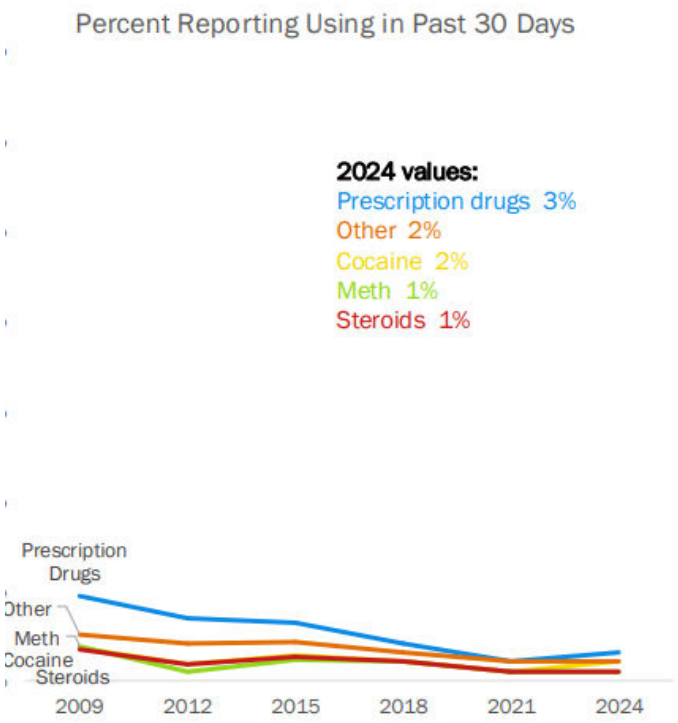
Percent of Youth Using Substances, 2024		
Drugs/Alcohol Use, Ever	**9th graders**	**12th graders**
Tobacco	7%	16%
Alcohol	18%	33%
Been Drunk	11%	22%
Marijuana	11%	17%
Inhalants	5%	1%
Cocaine	2%	0%
Methamphetamine	2%	0%
Prescription Drugs	4%	1%
Steroids	2%	3%
Drugs/Alcohol Use, Past 30 days	**9th graders**	**12th graders**
Tobacco	5%	6%
Alcohol	12%	15%
Been Drunk	7%	13%
Marijuana	8%	11%
Inhalants	3%	1%
Cocaine	2%	0%

Methamphetamine	1%	0%
Prescription Drugs	3%	1%
Steroids	1%	1%

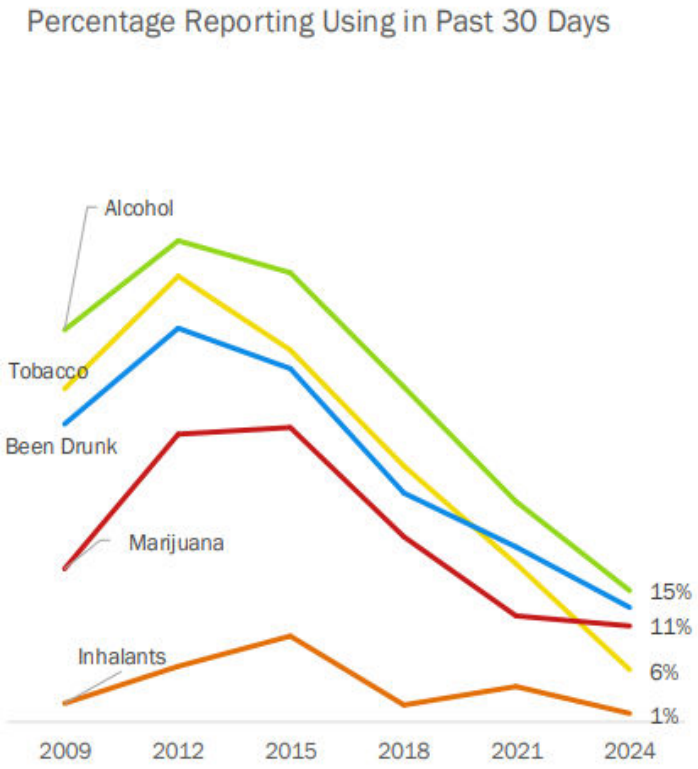
Findings from these surveys and others have helped to focus on the substance use prevention efforts of the council. The surveys have shown a decrease in substance misuse over the 15 years that they have been administered. As seen in the below graphs, the percent of students reporting use of most substances listed has continued to decrease for 12th grade students, but prescription drugs used in the past 30 days are on the rise for 9th grade students.). This information will allow EHD staff and coalition members to specifically address these issues with the schools and provide students with the education needed and support to prevent further increase in use.

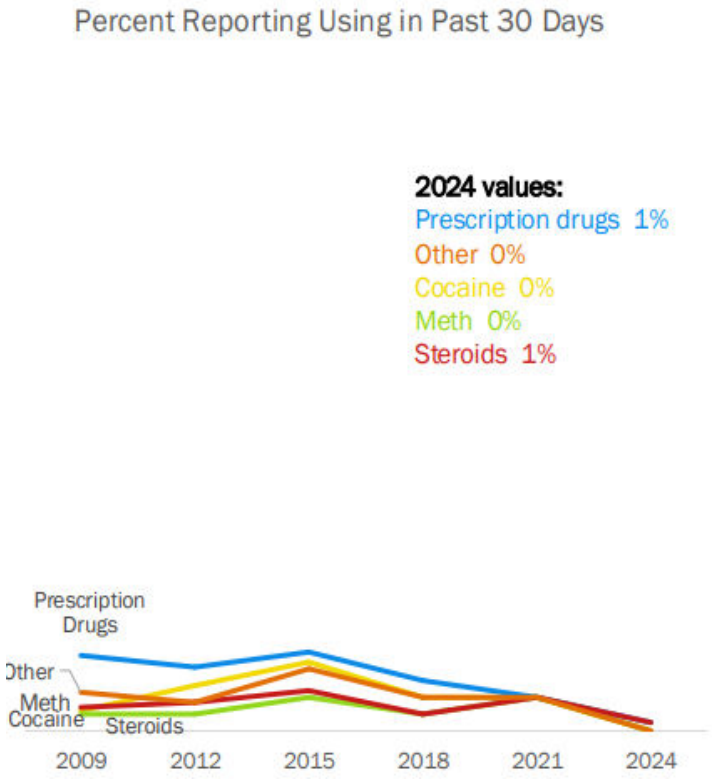
Substance Use - 9th Grade





Substance Use - 12th Grade





According to the IDPH Opioid Overdose Semiannual Report from January of 2025, there were 3,160 fatalities due to opioid overdose in 2022 and 2,855 fatalities in 2023, a 9.7% decrease. Overdose rates for our tri-county area are often difficult to find as much of the information is suppressed. County Health Rankings shows Saline County with the number of drug overdose deaths per 100,000 population is 30, compared to Illinois at 29. IQuery lists deaths by other overdose for Gallatin County at 64.2 as a crude rate per 100,000 (2023). This is significantly higher than the state of Illinois rate of 5.2 per 100,000. No data is currently available for White County. Illinois Prescription Monitoring Program (IL PMP) data shows that in 2021 our counties had a high number of individuals per 100,000 population taking on average greater than 90 MME per day (117.9 - 146.9) compared to the state average of 96.99. These numbers are improving compared to data

from 2018 where the number of individuals per 100,000 population taking on average greater than 90 MME per day was 198.6 - 281.5 and the state average was 207.78.

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 have significantly higher rates than the state.

Mortality – Total Deaths IDPH 2022 Mortal Statistics

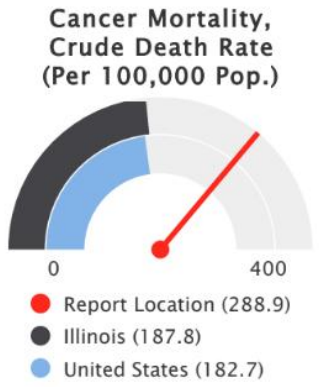
Deaths	White	Saline	Gallatin	IL Value
Diseases of the Heart	44 (18.1%)	81 (22%)	19 (20%)	20.6%
Malignant Neoplasms	42 (17.3%)	61 (16.5%)	16 (16.7%)	18.1%
COVID-19	21 (8.6%)	29 (7.9%)	9 (9.4%)	11.8%
Accidents	10 (4.1%)	17 (4.6%)	3 (3.1)	5.3%
Cerebrovascular Diseases	7 (2.8%)	12 (3.2%)	3 (3.1%)	5%
Chronic Lower Respiratory Diseases	25 (10.3%)	25 (6.8%)	6 (7.2%)	4%
Alzheimer Disease	9 (3.7%)	7 (1.9%)	1 (1%)	3.4%
Diabetes Mellitus	5 (2.1%)	18 (4.9%)	0	2.6%
Nephritis, Nephrotic Syndrome and Nephrosis	9 (3.7%)	8 (2.2%)	5 (5.2%)	1.9%
Influenza and Pneumonia	3 (1.2%)	11 (3%)	3 (3.1%)	1.8%
Total	243	369	96	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, 2019-2023 Average	Five year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Pop.)
Report Location	41,540	600	288.9
Gallatin County, IL	4,810	73	303.6
Saline County, IL	23,191	334	288.1
White County, IL	13,540	193	285.1
Illinois	12,612,508	118,455	187.8
United States	331,563,969	3,028,887	182.7

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

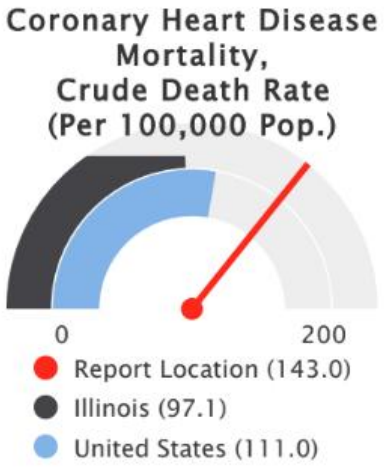


Heart Disease Mortality

Within the report area the crude rate of death due to coronary heart disease per 100,000 population is143. This rate is significantly greater than the state of Illinois (97.1) and the United States as whole (111). 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. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population, 2019-2023 Average	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Pop.)
Report Area	41,540	297	143.0
Gallatin County, IL	4,810	55	228.7
Saline County, IL	23,191	169	145.8
White County, IL	13,540	73	107.8
Illinois	12,612,508	61,229	97.1
United States	331,563,969	1,840,172	111.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.



Diabetes

According to the CDC (2021), it is estimated that 38.1 million adults aged 18 or older are affected by diabetes, diagnosed or undiagnosed. 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 7 of the BRFSS (2020-23) showed that 16.3% 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 12.2 % (BRFSS, Round 7, 2020-23).

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.

County Health Rankings Comparison				
	Gallatin	**Saline**	**White**	**Illinois**
Diabetes Prevalence (BRFSS, 2020-2023)	16.3%			12.2%
Frequent mental distress	20%	20%	20%	14%

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 2022 to 2025, COVID-19 became the priority infectious disease for our counties in 2020 and continued its prominence for the last 5 years. COVID-19 mortality in our tri-county area (7.9% - 9.4%) was higher than the Illinois value of 5.9% in 2022. Many other infectious diseases may be underreported for 2022 and 2023 due continued lack of medical care during spikes of the COVID-19 disease.

Mortality – Total Deaths IDPH Mortal Statistics				
Deaths	**White**	**Saline**	**Gallatin**	**IL Value**
*COVID-19	21 (8.6%)	29 (7.9%)	9 (9.4%)	5.9%
*Influenza and Pneumonia	3 (1.2%)	11 (3.0%)	3 (3.1%)	(1.6%)
*Total Deaths	243	369	96	122,924
**Influenza and Pneumonia	4 (1.8%)	7 (1.9%)	1 (1.25%)	1.6%
**Total Deaths	220	374	80	113,776

*IDPH Death Statistics - 2022
**IDPH Death Statistics - 2023

The table below indicates all infectious diseases (not including sexually transmitted diseases or COVID-19) present in our tri-county area from 2022-2025. The numbers include confirmed and probable cases.

Disease	2022	2023	2024	2025
Anaplasma phagocytophi	0	0	1	0
Campylobacteriosis	10	10	6	13
Creutzfeldt-Jakob Disease				
Cryptosporidiosis	5	4	2	2
Cyclosporiasis	0	0	0	0
Ehrlichia	5	7	8	18
Hepatitis A	0	0	1	2
Hepatitis B Acute	0	1	1	1
Hepatitis B Chronic	15	9	7	14
Hepatitis C	40	21	50	37
Histoplasmosis	1	3	2	2
Lyme Disease	4	9	17	6
Pertussis	3	2	3	2
Mumps	1	1	0	3
Rabies	0	0	0	0
Salmonella	5	8	7	6
Shigatoxin	4	0	1	2
Shigellosis	0	1	0	0
Spotted Fever Rickettsioses	17	18	13	15
Streptococcal Disease	1	7	3	2
Tularemia	7	8	6	1
Varicella	0	0	1	3
Vibriosis	0	0	0	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 2025 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	8.5	8.8	8.7	8.7
Drinking Water Violations	No	No	No	
Severe Housing Problems	6%	13%	11%	16%
Broadband Access	76%	76%	77%	89%
Firearm Fatalities (per 100,000)	Not Available	21	24	14
Injury Deaths (per 100,000)	112	116	117	80

County Health Rankings, 2025

7. Sentinel Events

The largest sentinel event during the last five years has continued to be the COVID-19 Pandemic. The 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 continues to have 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 17,656 total confirmed cases of COVID-19. The rate of confirmed cases is 41,417.81 per 100,000 population, which is greater than the state average of 32,047.70. Data is current as of 03/10/2023.

Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Report Location	42,629	17,656	41,417.81	03/10/2023
Gallatin County, IL	5,058	1,850	36,575.72	03/10/2023
Saline County, IL	23,906	10,361	43,340.58	03/10/2023
White County, IL	13,665	5,445	39,846.32	03/10/2023
Illinois	12,741,080	4,083,223	32,047.70	03/10/2023
United States	326,262,499	101,470,604	31,100.91	03/10/2023

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

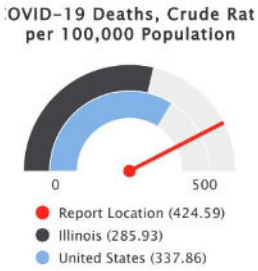


COVID-19 - Mortality

In the report area, there have been 181 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 424.59 per 100,000 population, which is greater than the state average of 285.93. Data is current as of 03/10/2023..

Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Report Location	42,629	181	424.59	03/10/2023
Gallatin County, IL	5,058	20	395.41	03/10/2023
Saline County, IL	23,906	106	443.40	03/10/2023
White County, IL	13,665	55	402.49	03/10/2023
Illinois	12,741,080	36,431	285.93	03/10/2023
United States	326,262,499	1,102,319	337.86	03/10/2023

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



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 2026 IPLAN Action Team was formed through the Southeastern Illinois Community Health Coalition in June 2025 (See Attachment A) following a detailed presentation about the 2021 IPLAN and upcoming effort for the 2026 plan. Team members were all given copies of the 2021 IPLAN report and asked to read it before meeting.

The first team meeting was held in July 2025 and formulated a “milestone timeline” to ensure deadlines were met. The group worked together to create a community survey (Attachment 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 survey link was shared with all SICHC members via email and on the SICHC and Egyptian Health Department Facebook pages. Paper copies of the survey were made available at local libraries, free community laundry events, assisted living facilities, local food pantries/kitchens, and in the lobbies at multiple Egyptian Health Department locations. The team ended up with 358 completed health surveys with results shown in Attachment D. Priorities listed on most surveys were:

- Substance Use and Abuse
- Overweight and Obesity
- Cancer
- Access to Medical Care
- Diabetes
- Mental Health and Mental Disorders

The team used the Fall and Winter of 2025 accumulate data using a variety of sources including the websites for SPARKMAP, County Health Rankings, IQuery, BRFSS Round 7, Illinois Cancer Registry, US Census Bureau, US Department of Labor, National Vital Statistics System (CDC), the EHD Project Connect 4.0, Healthy Illinois 2028, the Illinois State Health Improvement Plan (SHIP), Integrated Care for Adults and Integrated Care for Kids Screenings, 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 February 2026 SICHC meeting. The coalition absorbed all the data and survey statistics before agreeing to adopt three priorities for the 2026 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

All three health priorities from 2021 were retained for the 2026 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. The survey also had a large number of respondents indicate Access to Medical Care was an additional top health priority, which could include access to dental, medical, and mental health care. Upcoming Medicaid redeterminations and the effects of H.R. 1 may increase the need for funding for access to medical care. There are also 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 January-March 2026 to finalize goals, outcome and impact objectives, and intervention strategies for the plan. The Illinois SHIP and its updated Healthy Illinois 2028 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)
    - Southeastern Illinois Tobacco-Free Alliance (SITFA)
- Healthy Lifestyles - (Overweight and Obesity)
    - Diabetes Today Resource Team (DTRT)
    - Early Detection and Treatment - Southern Illinois Cancer Action Network (SI CAN)
- Healthy Minds, Healthy Lives (Mental Health and Mental Disorders).
    - Southeastern Illinois Suicide Prevention Taskforce

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 substance misuse, 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 2024 as a part of the evaluation of a SAMHSA System of Care grant, known as Project Connect 4.0, show the percent

of students reporting use of most substances listed has continued to decrease for 12th grade students, but prescription drugs used in the past 30 days are on the rise for 9th grade students (2% in 2021 vs. 3% in 2024) Illinois Prescription Monitoring Program (IL PMP) data shows that in 2021 our counties had a high number of individuals per 100,000 population taking on average greater than 90 MME per day (**117.9 - 146.9**) compared to the state average of 96.99.

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 engaged in 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 26% (HP2030 - 24% baseline 2022)
        (1) Intervention Strategies:
            (a) Increase the Utilization of the Substance Use Screening Brief Intervention Referral to Treatment (SBIRT) tool to all potential substance use clients 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) Recovery Support Services collaborate with the Gallatin, Saline, and White County Court Systems to

initiate 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 appropriate referrals. InCK screening identified 52 youth that misused substances in 2024 and 36 youth that misused substances in 2025. InCA screening in 2025 indicated that 5.8% (41 out of 703 screenings) of participants have used illegal drugs at any time in the past 12 months.

(e) The mobile crisis program will initiate referrals to substance use programs for all crises involving Substances. In 2025, 19.7% of crisis calls involved substance use.

(f) Clients in the Illinois Health Practice Association attribution will be engaged in services after visits to the emergency room for alcohol or other substance use (Hedis measure AOD) and for initiation and engagement in treatment after substance use related hospitalizations (IET).

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 1.7% (Healthy People 2030 baseline 2% - 2021)

(1) Intervention Strategies:

(a) Increase the Utilization of the Substance Use Screening Brief Intervention Referral to Treatment (SBIRT) tool to all potential substance use clients 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) Recovery Support Services collaborate with the Gallatin, Saline, and White County Court Systems to initiate 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 referrals. InCK screening identified 52 youth that misused substances in 2024 and 36 youth that misused substances in 2025.

(e) In addition to making 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 2028)

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 20-21% in the three counties (County Health Rankings, 2025).

(1) Intervention Strategies:

(a) Increase referrals to the Illinois Tobacco Quitline (ITQL)

(b) Increase the utilization of the 'Courage to Quit' program.

(c) Encourage compliance of the Smoke-Free Illinois Act (SFIA)

(d) Enhance participation in the Illinois Youth Survey.

(e) Integrated Care for Adults (InCA) program will be screening all Medicaid beneficiaries on "How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?". In 2025, 337 of the 704 respondents (48%) responded daily or nearly daily.

Accomplishments towards 2021 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 misuse 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 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 promoted and supported permanent drug disposal locations in our tri-county area. We also promoted the Annual DEA "Drug Take Back Day" and provided Deterra Drug Deactivation packages throughout the tri-county area.
- CATCH – curriculum addressed substance misuse through CATCH My Breath Curriculum– educating children on the unhealthy aspects of tobacco and vaping use.
- EHD partnered with CATCH (SIU) to facilitate CATCH My Breath training for school staff.

- EHD participated in Engaging Youth for Positive Change (EYPC) training offered by a partnership between SITDP/SIH/IDPH/UofI.
- EHD participated in educational radio PSA on the harms of tobacco/vape use, and did tv commercials (2) to promote tobacco cessation in the region through a partnership with SITDP.
- Southeastern Illinois Tobacco-Free Alliance (SITFA) was formed in July 2018 to work with 20+ regional healthcare, state, and national organization representatives to reduce tobacco use in the region. (ACS, AHA, ALA, Ferrell, IDPH, ITQL, RHA, SIH, SITDP, etc.)
- Partnership between EHD, Jackson County Health Department (JCHD), Southern Illinois Healthcare (SIH), and Southern 7 Health Department (S7HD) to form Southern Illinois Tobacco Disparities Partnership (SITDP) funded by CDC grant to work on additional tobacco use prevention and cessation not addressed by ITFC grant, especially policy work, marketing, data collection (including environmental scans), and mini-grants for EYPC and Courage to Quit programs.
- SITFA annually promoted Lung Cancer Awareness Month by sharing resources to promote tobacco prevention, tobacco cessation, lung cancer testing sites, referrals to the Illinois Tobacco Quitline, Great American Smokeout Day, Great American Spit Out, and World No Tobacco Day, and National Lung Cancer Screening Day.
- EHD provided resources to organizations to write tobacco/vape-free policies for their organizations.
- SITFA and SITDP distributed metal Smoke-Free/Vape-Free metal signs to various parks and school campuses with tobacco-free policies.

- EHD, SIH, and IDPH presented at the National Conference on Tobacco or Health (NCOTH) regarding the collaborative efforts between organizations in the region for tobacco work.
- EHD staff trained in EYPC, CATCH My Breath, and Courage to Quit, and offered Courage to Quit classes to community members.
- EHD staff worked together with SITDP members to plan the regional Tobacco Conference in April 2024.
- EHD participated in multiple Red Ribbon week events to offer vaping prevention educational programs.
- 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.
- EHD was awarded the B.A.S.E. grant from IL RCCA to reach high school age youth through an innovative substance misuse prevention program.
- 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.
    - Our DOPP attended the DuQuoin State Fair to provide overdose education and naloxone distribution in 2022, 2023, 2024, and 2025

- EHD hosts an “Overdose Awareness Day” event in August annually. August is Overdose Awareness month.
- 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.

- EHD's Integrated Care for Kids (InCK) provides screening for Medicaid beneficiaries (ages 0 - 20) and those indicating need for SUD treatment are connected with counseling and peer support services if they agree to it. They are provided the resource information. Additionally, if the caregiver/parent expresses need, they are connected with resources, as well.
- Sisters Rise Women's Ministry provided Recovery Aftercare Mentoring.
- Button Chiropractic Natural Health Center, PC provides acupuncture, nutritional counseling, and referrals to additional services.
- Wabash Area Development, Inc. (WADI) provides substance use and misuse prevention education to enrolled families from resources such as the Illinois Tobacco Quitline. WADI makes referrals to Egyptian Health Department for follow-up, as needed.
- Aetna Better Health of Illinois (Medicaid) covers the following services: Residential treatment, Intensive outpatient care, Individual counseling, Medication-assisted recovery.
- EHD held a White County Anti-Stigma Event in July 2022.
- EHD and SI SUPRT hold yearly recovery focused events (walks, picnics, and outreaches) to celebrate Recovery Month in September
- EHD received a Recovery Community Organization (RCO) grant in 2023.
- EHD staff and SICHC members have coordinated multiple health fairs for middle school and high school age students, community members, and community organizations with topics focused on substance misuse prevention, mental health, nutrition, and physical activity.

- EHD hosted community forums in Gallatin County and White County focused on stigma reduction and educating the community about substance misuse prevention and recovery.
- EHD worked with other agencies to start an Overdose Fatality Review Team (OFRT) for Gallatin, Saline, and White Counties in 2023.
- EHD participated in the planning for the LEAP Deflection Initiative focused on helping community members access needed services versus incarceration.
- EHD hosted multiple recreational recovery group activities.
- SI SUPRT nominated for Saline County Chamber of Commerce's 2024 Community Service Award
- EHD staff helped to coordinate and facilitate the Southern Illinois Recovery Network (SIRN) Conference.
- Southern Illinois Healthcare (SIH) Medical Groups offer treatment for behavioral health, including Opioid Use Disorder.
- Ferrell Hospital offers programs for substance use disorders, including offering medication assisted recovery (MAR).
- Eldorado High School created an Engaging Youth for Positive Change (EYPC) group to look at policy changes surrounding tobacco and nicotine use.
- EHD partnered with Elastec and local law enforcement to host a Drug Disposal Event using Elastec's Drug Incinerators.

Funding Needs:

The 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. Funds from the Rural Health Transformation Program would also allow for additional resources to be dedicated to our tri-county area.

Current and Future Resources:

- The State Opioid Response Grant helps provide opioid overdose education and naloxone distribution.
- Substance Use Prevention Services (SUPS) and B.A.S.E. grant provides education to youth surrounding substance use prevention.
- 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.
- Continued funding for the Illinois Tobacco Free Communities (ITFC) grant
- The agency intends to apply for further funding for CCBHC (Certified Community Behavioral Health Centers) to focus on those with co-morbidity, mental illness and substance use and increasing access to Medically Assisted Recovery.

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 280:1 in the State of Illinois with the top performing counties in the US at 250:1 or better. The current ratio for our counties is 220:1 for Saline County, 500:1 for White County, and 2,350:1 for Gallatin County (County Health Rankings, 2025). County Health Rankings indicates the rate of suicide per 100,000 population is 30 in Saline and White Counties which is higher than the state at 11 (2025). Gallatin County data on suicides per 100,000 population is not currently available. Frequent mental distress is higher in our tri-county area than on average in Illinois, 20% vs. 14% (County Health Rankings, 2025).

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 19.7%. (Baseline - 17 %- 2022, Current data - 18.6% - 2023)

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, Current data - 9.1% in 2019)
    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 will be distributed to physician offices and to parents.

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 71.3% (Current HP20230 Target). (Baseline - 66.7% in 2022, Current data - 71.1% in 2023)

    a) Intervention Strategies:

        (1) EHD continues implementation of the First Episode of Psychosis (FEP) FIRSTIL program for adults 18+.

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

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

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

VII. Goal #2: Improve the mental health and substance use disorder (SUD) system's infrastructure to support and strengthen prevention and treatment (Healthy Illinois 2028)

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

1. Impact Objective: Make the Find Help Southern Illinois 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
(6) Integrate SDOH platforms (iHub Health) into Behavioral Health EHR (myEvolv) to compile data.

Accomplishments towards 2021 IPLAN objectives in the area of Mental Health and Mental Disorders:

- EHD's Integrated Care for Kids (InCK) provides screening for Medicaid beneficiaries (ages 0 - 20) and if beneficiaries/clients indicate a concern or have a diagnosis of a mental health disorder, they are connected with counseling services and given a list of supportive resources. Additionally, InCK has provided transportation to mental health appointments and provides support.
    - In 2024, 507 unduplicated youth (age 20 or under on Medicaid/CHIP) were provided with mental health counseling resources.
    - In 2025, 655 unduplicated youth (age 20 or under on Medicaid/CHIP) were provided with mental health counseling resources.
- Sisters Rise Womens Ministry has a Spiritual Council for community members.
- EHD provides suicide prevention education to schools and the community.

- EHD provided Youth Mental Health First Aid Training to school personnel and the community at-large.
- Button Chiropractic Natural Health Center, PC provides BrainTap, functional medicine, and referrals to additional services.
- Wabash Area Development, Inc. (WADI) completes the ASQ:SE-2 with the parent/guardian for each child and refers them to additional services if needed.
- WADI completes the EPPDS Questionnaire with pregnant and postpartum mothers and refers them to additional services if needed.
- WADI contracts with a mental health consultant from the Stress and Trauma Treatment Center for regular observations of their center classrooms.
- WADI uses the Conscious Discipline parent and classroom curriculum to help families and teachers implement effective behavioral supports. They are also adding the "Little Spot of Feelings" curriculum to their toolbox of behavioral supports.
- Lincoln Prairie Behavioral Health Center provides inpatient psychiatric stabilization services for youth experiencing mental health crises.
- Aetna Better Health of Illinois (Medicaid) covers the following: Counseling , Inpatient mental health care, Intensive outpatient treatment, Medication treatment for behavioral health disorders, and Substance use disorder treatment.
- SIU Center for Rural Health along with EHD and other health departments received additional 3-year funding cycle for Delta States Rural Development Network Grant i.e. Illinois CATCH Onto Health Consortium (ICHC) to provide increased access to resources related to physical activity, nutrition, and social emotional learning.
- EHD's Project AWARE staff developed and implemented a universal mental health screener that provides insight into areas where students might need additional support (hyperactivity, peer interactions, conduct, etc.) and implementation of groups

to provide that additional support or refer the student to the school-based mental health counselor to talk to the youth and parent or guardian regarding the student's needs and what services and resources could be offered.

- EHD's Project AWARE increased access to mental health services by collaborating with three school districts to house mental health professionals.
- EHD implemented the Parent Guidance platform, an app that is free for parents and guardians of the students within 9 local school districts. This platform offers 1:1 parent coaching, webinars, ask-a-therapist live sessions, and a wealth of knowledgeable articles.
- EHD Project Aware staff implemented a Youth Advisory Group to give the youth a voice and increase youth involvement.
- EHD staff provided training and learning collaborations to enhance awareness and understanding of mental health and trauma.
- EHD, in connection with Project Connect 4.0, initiated an Intensive Outpatient Program (IOP) for youth ages 12-17 experiencing a mental health crisis
- EHD staff and SICHC members have coordinated multiple health fairs for middle school and high school age students, community members, and community organizations with topics focused on substance misuse prevention, mental health, nutrition, and physical activity.
- The Southeastern Illinois Suicide Prevention Taskforce was formed in 2023.
- The Southeastern Illinois Suicide Prevention Taskforce held multiple events (including a community paint night and vigil) focused on promoting suicide prevention and mental health resources.
- EHD hosts quarterly Parents and Caregivers Empowered (PACE) events.

- The Local Area Network (LAN) hosts Mental Health Block Parties to promote mental health and reduce stigma.
- EHD promotes Mental Health Awareness Month each May.
- EHD's CEO participated in a PBS documentary focused on mental healthcare in America.
- EHD supports parents and caregivers across all school districts in the tri-county area by offering regular webinars related to mental health topics through Parent Guidance.
- SIH Medical Groups offer services for mental health.
- Ferrell Hospital provides mental health services to the community
- Ferrell Hospital has a wellness coordinator who provides outreach to the community to support healthy lifestyles and promote mental health awareness.
- EHD oversees the Gallatin County Wellness Center, which is housed within the Gallatin County School. The Wellness Center provides medical and behavioral health care services to both youth and adults and is staffed by a Nurse Practitioner and a Psychiatric-Mental Health Nurse Practitioner.

Funding Needs:

The Egyptian Health Department would like to have funding for crisis staffing, health education, prevention, and treatment. Funding is needed for the evaluation of current programming, campaigns, and surveys. Continued funding is also needed for the School Health Center Grant for the Gallatin County Wellness Center. Funds from the Rural Health Transformation Program would allow for additional resources to be dedicated to our tri-county area.

Current and Future Resources:

- The Illinois CATCH Onto Health Consortium (ICHC) provides provides Signs of Suicide (SOS) and Youth Mental Health First Aid (YMHFA) trainings. ICHC also promotes the social emotional learning curriculum, Character Strong, within its school districts.
- CCBHC funding will be sought to increase the efficacy and quality of the CCBHC services that are already in place and to further integrate First Episode Psychosis Services.

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, 7.6% vs. 4.3% (BRFSS, 2020-2023). That number also increased 1% from previous BRFSS data of 6.6%, while the state only climbed 0.4% in the same time frame. (2015-2019). Information from County Health Rankings (2025) continues to show poor health outcomes and mortality rankings for the region. Adult obesity across all three counties ranges from 38% to 40%, higher than the state of Illinois at 33% (County

Health Rankings, 2025). Our tri-county area also has limited access to healthy food, with Gallatin County being at a six times higher rate than the state of Illinois, 30% vs. 5% (County Health Rankings, 2025).

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

A. Decrease preventable chronic diseases through nutrition (Healthy Illinois 2028)

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) Implement CATCH Initiatives in schools and throughout the community.

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

(3) Coordinate with WADI (Wabash Area Development Inc) regarding nutrition referrals for preschool families.

B. Outcome Objective: Decrease preventable chronic diseases through nutrition (Healthy Illinois 2028)

1. Impact Objective: Reduce the percentage of adults with obesity ages 20+ from 41.8% (2017-2020) to 36.0% (HP 2030).

a) Intervention Strategies:

(1) Work with U of I Extension on food and health systems changes within the tri-county area.

(2) Provide education from U of I Extension toolkits 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.

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 41.3% (2017-2020) to 33.2% (HP 2030).

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 active living (Healthy Illinois 2028)

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.

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 healthy foods to 75% in Gallatin County and 95% in Saline County and main access to healthy foods in White County at 95% or above.

a) Intervention Strategies:

(1) Work with U of I Extension on food and health systems changes within the tri-county area.

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

(3) Provide education from U of I Extension toolkits to food pantries and community members for healthy eating.

Accomplishments since 2021 IPLAN Objectives related to Overweight and Obesity:

- The Egyptian Health Department is the lead agency in the Marion Region for the ISBE sponsored Summer Food Program. During the Summer of 2025 there was twelve approved sites in our tri-county area: Harrisburg East Side Elementary and High School, Southeastern Illinois College, Eldorado Elementary, Middle and High Schools, Saline County Housing Authority, First Baptist Church of Harrisburg, Ohio Valley General Baptist Church, Equality Fire Department, New Haven Village Community Center and St. Joseph's ballpark.
- We Love White County offered a Summer Food Program for White County Students.

- 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 and promoted Chronic Disease and Diabetes Self-Management Program (CDSMP) classes since 2016.
- SICHC hosted screening events to provide blood pressure and cholesterol screenings to community members.
- EHD and SICHC/DTRT hosted and promoted Diabetes Health Fairs with other members (Ferrell, HMC, CRPHC, Marion Eye Centers, Button Chiropractic, etc.)
- The Southern Illinois Diabetes Awareness Group is a support group of community members that has met monthly since January 2018 for educational opportunities from healthcare professionals, healthy meal planning opportunities, peer support, and community educational/screening events such as Diabetes Expo.

- Walmart hosts Wellness Days events for diabetes screenings and offers educational resources (also invites SICHC members to provide Narcan, diabetes resources, tobacco cessation, etc.)
- The DTRT promoted Diabetes Alert Day, World Diabetes Day, and Diabetes Awareness Month each year.
- EHD staff have helped plan and coordinate Camp BETA, a camp focused on youth with Type 1 Diabetes, since 2017.
- EHD's Integrated Care for Kids (InCK) provides supportive information about nutrition and activity, as needed, for children and youth, ages 0 - 20, and their caregivers/parents. CHWs work with families on creating goals and steps to achieve those goals (care plans).
- EHD implemented an internal worksite wellness initiative in partnership with the University of Colorado.
- Button Chiropractic Natural Health Center, PC provides nutritional counseling, functional medicine, labwork, and natural medicine.
- University of Illinois Extension provides nutrition and physical activity programming for youth and adults using evidence-based curriculum in Saline, Gallatin and White Counties.
- University of Illinois Extension provided Policy, Systems, and Environmental change interventions with community partners and settings to improve diet quality, increase physical activity opportunities, and increase access to healthy foods for SNAP eligible families.
- University of Illinois Extension provided professional development for community partners working with SNAP eligible populations (i.e. teachers, food service staff, pantry managers/staff, community health workers).

- Healthy Lifestyles Action Team implemented donation gardens, walking challenges, community walking guide, healthy food drives, and bookwalk events.
- University of Illinois Extension worked collaboratively with partners in coalitions, consortiums, networks, and councils to promote programming, initiatives, workshops, and summits to support healthy food access and nutrition security.
- University of Illinois Extension worked with various food distribution efforts, including launching a mobile food pantry with Tri-State Food Bank.
- University of Illinois Extension worked with local food retail stores for food donations and healthy food messaging and recipes, including an emergency food pantry designed specifically for EHD clients.
- University of Illinois Extension worked with local donation gardens and donation sites to educate upon storage and preparing fresh, local produce.
- University of Illinois Extension promotes Eat. Move. Save and Find Food IL.
- University of Illinois Extension implemented food waste projects with local schools (share tables, tray waste study).
- University of Illinois Extension provided nutrition education with local food pantries.
- University of Illinois Extension offered cooking classes, camps, and demonstrations.
- WADI implemented the 5-2-1-0 Curriculum with homebase and center families and staff and focuses on connecting children and families to the food they eat.
- WADI has incorporated small garden areas at their center playgrounds.
- WADI works with families on how to create container gardens.

- Aetna Better Health of Illinois (Medicaid) provides nutrition counseling services (Diabetes, kidney, and heart disease), a voucher for free gym membership, grocery delivery app fee waiver, and a weight management app membership fee waiver.
- SIU Center for Rural Health along with EHD and other health departments received additional 3-year funding cycle for Delta States Rural Development Network Grant i.e. Illinois CATCH Onto Health Consortium (ICHC) to provide increased access to resources related to physical activity, nutrition, and social emotional learning.
- EHD and U of I Extension staff attended a Leadership for Change Institute to work on a community PSE change related to community gardens.
- EHD promoted the Diabetes Prevention Programs (DPP) offered by Walmart and Harrisburg Medical Center (EHD).
- EHD staff and SICHC members have coordinated multiple health fairs for middle school and high school age students, community members, and community organizations with topics focused on substance misuse prevention, mental health, nutrition, and physical activity.
- Ferrell Hospital offered nutrition services free of charge to community members.
- Hunters Feeding Illinois through the Southern Illinois Food Pantry Network provided venison to local food pantries to increase access to additional sources of protein for community members.
- SIH in coordination with University of Illinois Extension established a mobile kitchen project to provide nutrition education and healthy cooking demonstrations.
- Ferrell Hospital has a wellness coordinator who provides outreach to the community to support healthy lifestyles.

- Dollar General store in Shawneetown expanded services to offer fresh fruits and vegetables to Gallatin County residents.

Funding Needs:

The Egyptian Health Department would like to have increased funding for health education focused on prevention, chronic disease and diabetes self-management classes and continued funding for the CATCH program. Funding is needed for the evaluation of current programming, campaigns, and surveys. Funds from the Rural Health Transformation Program would also allow for additional resources to be dedicated to our tri-county area.

Current and Future Resources:

- EHD promotes 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.
- The InCK and InCA programs have an emergency food pantry, which allows participants enough food for a weekend and includes healthy recipes with the

appropriate ingredients. Partnerships have been established with local grocery stores for discounts on products.

- The housing program is providing backpacks with easy to open, non-perishable foods that can be prepared without kitchen access.

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. The agency's strategic plan is in the process of being updated for 2026-2028. The Plan runs on a 3-year cycle according to our accrediting body, COA.

The Egyptian Health Department also gathers data from community stakeholders (Attachment B) and EHD staff (Attachment 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 though 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 A

Southeastern Illinois Community Health Coalition

Name	Title	Organization
Aaron Seibert	Marketing Outreach Liaison	Centerstone
Alex Edwards	Pharmacist	Walmart
Allan Ninness	Vice-President	Saline County EMA
Allie Mack	InCKa Coordinator	Egyptian Health Department
Alyson Glaser	Office Assistant	Button Chiropractic Natural Health Center, P.A.
Amanda DePew	SO IL Reg. Ed., Outreach, & Community Engagement Specialist	Illinois Joining Forces
Ana DeUnamuno	Marketing Director	Rides Mass Transit
Angela Thomas	Project Manager, InCK	Egyptian Health Department
Angie Bailey	Director of Community Benefits	Southern Illinois Healthcare (SIH)
Angie Hampton	CEO	Egyptian Health Department
Angie Messmer	County Exe. Dir & Dir of DSAC	University of Illinois-Cooperative
Arla Murphy	Business Development Specialist	Southeastern Illinois College
Ashley Forcum	Branch Manager	Legence Bank
Becky Dorion	Manager/Education/Outreach	Alzheimer's Association, Greater Illinois Chapter
Brianna M. Wade		AETNA Better Health of Illinois
Brigitte Browning	Behavioral Health Director	CRHPC - Eldorado Rural Health
Britt Kirk		Southern Illinois Healthcare (SIH)
Brittany Long		Southern Illinois Healthcare (SIH)
Bushra Saqib	Office Manager	The Doctors Clinic

Caleb Nehring	Analyst, Outreach Coordinator	AETNA
Caleigh Bruce	Administration	Ferrell Hospital
Carrie Wiggins	Market Health & Wellness Director	Walmart
Charlotte Brown	Wellness Coach	Egyptian Health Department
Chris Dennis	ROSC and Prevention Program Coordinator	Egyptian Health Department
Chris Poole	Coordinator	Gallatin Co. Golden Circle
Cindy Johnson	Tobacco Disparities Grant Coordinator, Comm. Benefits	Southern Illinois Healthcare (SIH)
Courtney Mace	Facility Administrator	Fresenius Medical Care
Dale Fowler	Director/Senator District 59	Fowler-Bonan Foundation/State of IL
Danielle Camp	Health Ed Administrative Asst.	Egyptian Health Department
Debbie Short	HS/EHS Family Health and Nutrition Coordinator	Wabash Area Development Inc.
Deborah Reynolds Hogg	Community Education Mgr.	Hospice of Southern Illinois
Diane Choinsla	RSVP	Egyptian Area Agency on Aging
Drew Donelson	Health Educator	Egyptian Health Department
Elizabeth Cook	CQI Director	Egyptian Health Department
Erin Frey	Rape Crisis Advocate	The Womens Center
Fanta Saidou	Community Health Coordinator	Southern Illinois Healthcare (SIH)
Felicia Murray	Librarian	Eldorado Library
Gail Johnston	Program Manager	Egyptian Area on Aging
Holly Kotner	Social Marketing/CLC Coordinator	Egyptian Health Department
SPC Jade Chew	[redacted]	Illinois State Police

Jamie Byrd	Public Health Administrator	Egyptian Health Department
Jeffrey Drake	Operations Manager	Rides Mass Transit District (RMTD)
Jessica Palazzolo	Southern Territory Mgr.; Business Development	Lincoln Prairie Behavioral Health Ctr.
Kappy Scates	Staff Assistant	Senator Richard Durbin's Office
Karen Frier	Coordinator	Harrisburg Golden Circle
Kathleen Riggs	Fiscal Manager, InCK Program	Egyptian Health Department
Katie Duvall	Wellness Coordinator	Ferrell Hospital
Katie Unthank	Health Education Director	Egyptian Health Department
Keith Van Dyke	Safety Chairperson	Ferrell Hospital
Kim Romani	Director of Corp. Development	CRHPC
Kimberly Scott-Pilkington	Health Educator	Egyptian Health Department
Lacey Barnhill	Extension Program Coordinator	U of I Extension
Lacey Harms	Executive Community Representative	White County
Larry Harrelson	Employment Service Rep	Illinois Dept of Employment
Laura Huaracha	Senior Manager, Lung Health Navigator	American Lung Association
Lizz Cooley-Questelle	Extension Educator, SNAP Education	U of I Extension
Lynda Wright	Founding/Executive Director	Sisters Rise Women's Ministry
Mark Stevens	Regional Health Officer	IDPH
Megan Ragan	Founder/Executive Director	SI Services
Melise Oakley	Community Education Coordinator	Hospice of Southern Illinois
Michael Stewart	Owner	Michael Stewart and Associates Financial Services

Mikayla Pittman	Nationwide Health Promotions Manager (Manager, Nationwide Lung Cancer Screening)	American Lung Assocation
Misty Eftink	InCK Comm. Engagement Specialist/Resource Coord.	Egyptian Health Department
Phyllis Wood	Executive Community Representative	Gallatin County
Rachel (Brenningmeyer) Chruszczyk	Southern Region Prevention Specialist	Prevent Child Abuse IL
Rhonda Button, Dr.	Owner	Button Chiropractic Natural Health Center, P.A.
Rick Wilson		Coleman Tri-County
Sam Stearns	Community Development Rep	Centerstone
Shannon Wilson		VA
Stacy Moore	Director of Auxillary Service	SIC
Tara Keen	Administration	Ferrell Hospital
Tim Nikolai	Sr. Rural Health Director, Midwest	American Heart Association
Tina Overton	Program Coordinator	Egyptian Area Agency of Aging
Tina Porter	[redacted]	Centerstone
Tonya Potts	InCKa Coordinator	Egyptian Health Department
TSgt Vincent Falzone	Counter Drug Analyst	Illinois State Police

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



Community Health Survey

The Southeastern Illinois Community Health Coalition (SICHC) and Egyptian Health Department (EHD) would like your assistance in developing our 2026 Community Health Plan. Please answer the following questions using your knowledge as a community member or collaborating partner. The results of this survey, along with health data and SICHC member input, will be used to formulate a five-year plan to address the main health problems within our communities. Thank you for your assistance!

1. What is your age group?

- ◯ Under 18
- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65 and over

2. What is your ethnicity? (Please select all that apply.)

- [ ] American Indian or Alaskan Native
- [ ] Asian or Pacific Islander
- [ ] Black or African American
- [ ] Hispanic, Latino/a, or of Spanish origin
- [ ] White / Caucasian
- [ ] Prefer not to answer
- [ ] Other (please specify)

3. What County Do You Reside?

- [ ] Gallatin
- [ ] White
- [ ] Saline
- [ ] Other (If you don't reside in one of the three counties listed above, please indicate which county you work in)

4. What is your highest level of education?

- ◯ Less than high school
- ◯ High school diploma or GED
- ◯ Some college
- ◯ Associate degree
- ◯ Bachelor's degree
- ◯ Graduate or professional degree

5. Which of the following categories best describes your employment status?

- ◯ Employed, working full-time
- ◯ Employed, working part-time
- ◯ Not employed, looking for work
- ◯ Not employed, NOT looking for work
- ◯ Retired

- ◯ Disabled, not able to work
- ◯ Full-time Student

6. What is your gender?

- ◯ Male
- ◯ Female
- ◯ Non-binary
- ◯ Prefer not to say

7. How would you rate the overall health of your community?

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor

8. In your opinion what are the top three health problems in our communities? A "health problem" is a situation or condition of people that is considered undesirable, is likely to exist in the future, and is measured in death, disease or disability. (Select 3)

- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Substance Use and Abuse (alcohol, drug or tobacco)
- ☐ Arthritis
- ☐ Foodborne Illness
- ☐ Suicide
- ☐ Access to Medical Care
- ☐ Overweight and Obesity
- ☐ Blood Disorders
- ☐ Cancer
- ☐ Sexually Transmitted Diseases
- ☐ Heart Disease and Stroke
- ☐ Oral Conditions
- ☐ Nutrition
- ☐ Mental Health and Mental Disorders
- ☐ Dementia
- ☐ Diabetes

- [ ] Chronic Kidney Disease
- [ ] Infectious Disease
- [ ] Other

9. What do you believe are the primary risk factors contributing to health problems in your community? Select all that apply.

- [ ] Lack of Exercise
- [ ] Smoking/Vaping (Nicotine Use)
- [ ] Alcohol Use
- [ ] Drug Use
- [ ] Environmental Pollution
- [ ] Lack of Access to Healthcare/Transportation
- [ ] Stress
- [ ] Genetic Factors
- [ ] Child and Adolescent Development
- [ ] Emergency Preparedness
- [ ] Family Planning
- [ ] Health Communication
- [ ] High Risk Sexual Activity
- [ ] Social Determinants (Education, Unemployment, Family and Social Support)
- [ ] Access to Healthy Food
- [ ] Vaccination Status
- [ ] Violence Prevention
- [ ] Other (please specify)

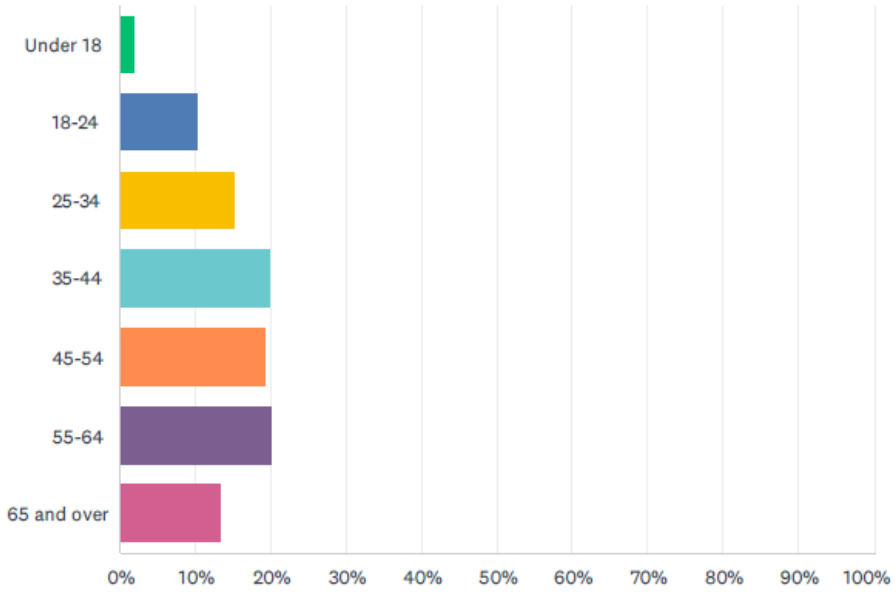
10. What additional health concerns do you have about your community?

11. What do you think would improve the health of your community?

Thank you for completing the survey. Your input is greatly appreciated!

Q1 What is your age group?

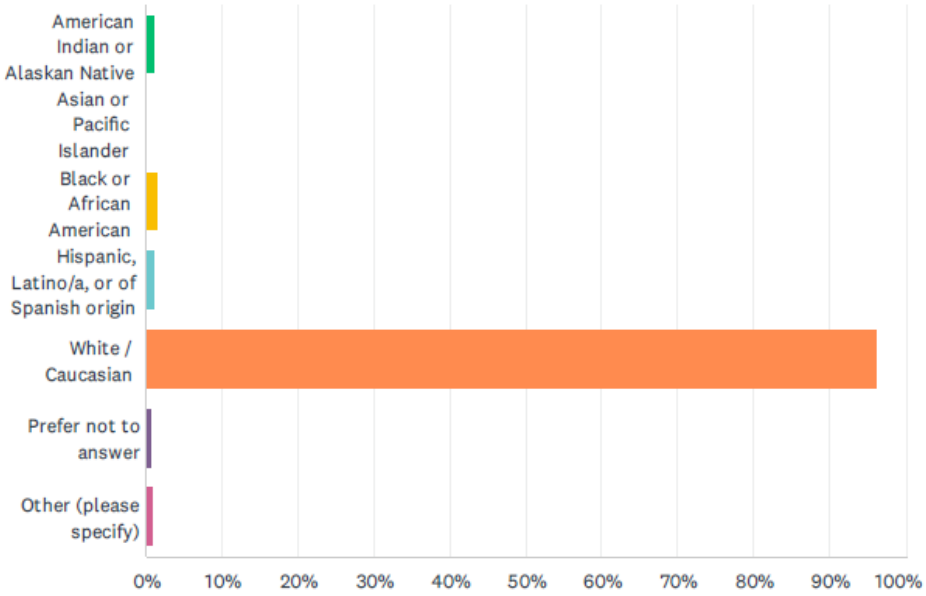
Answered: 358 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under 18	1.96%	7
18-24	10.34%	37
25-34	15.08%	54
35-44	19.83%	71
45-54	19.27%	69
55-64	20.11%	72
65 and over	13.41%	48
TOTAL		358

Q2 What is your ethnicity? (Please select all that apply.)

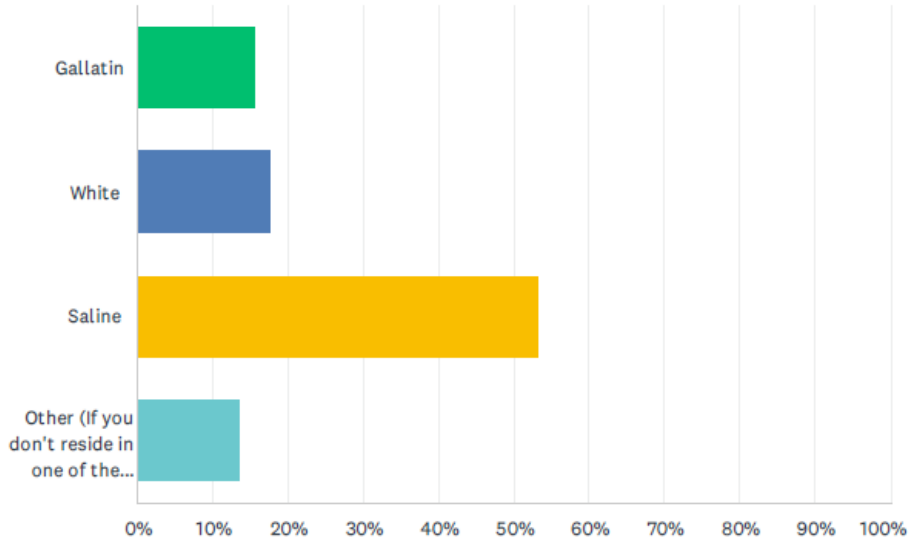
Answered: 355 Skipped: 4



ANSWER CHOICES	RESPONSES	
American Indian or Alaskan Native	1.13%	4
Asian or Pacific Islander	0.00%	0
Black or African American	1.41%	5
Hispanic, Latino/a, or of Spanish origin	1.13%	4
White / Caucasian	96.06%	341
Prefer not to answer	0.56%	2
Other (please specify)	0.85%	3
Total Respondents: 355		

Q3 What County Do You Reside?

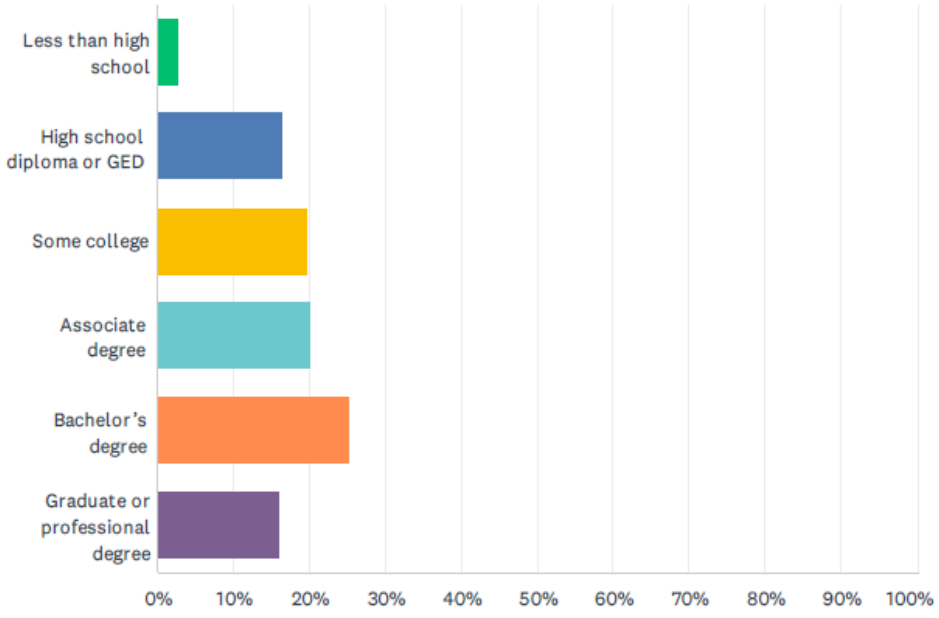
Answered: 352 Skipped: 7



ANSWER CHOICES	RESPONSES	
Gallatin	15.63%	55
White	17.61%	62
Saline	53.41%	188
Other (If you don't reside in one of the three counties listed above, please indicate which county you work in)	13.64%	48
Total Respondents: 352		

Q4 What is your highest level of education?

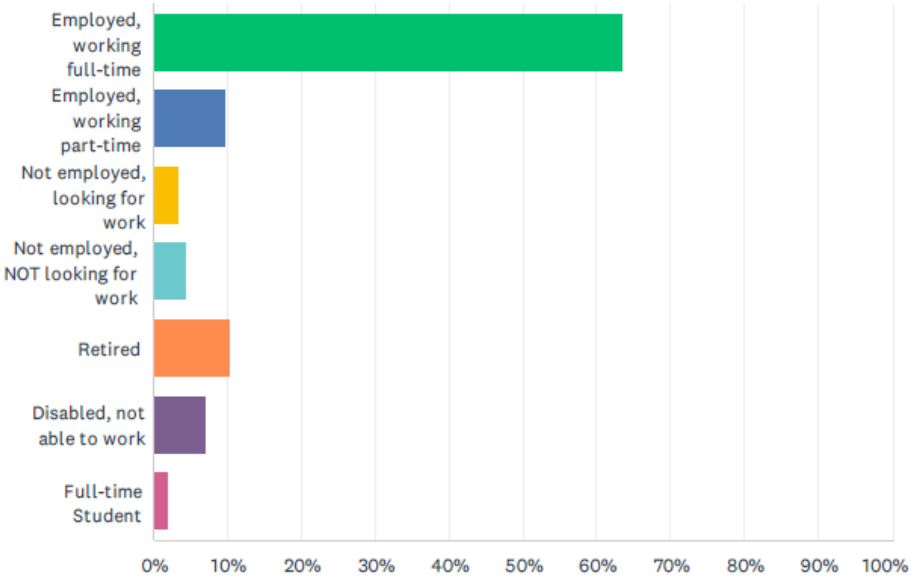
Answered: 355 Skipped: 4



ANSWER CHOICES	RESPONSES	
Less than high school	2.82%	10
High school diploma or GED	16.34%	58
Some college	19.72%	70
Associate degree	20.00%	71
Bachelor's degree	25.07%	89
Graduate or professional degree	16.06%	57
TOTAL		355

Q5 Which of the following categories best describes your employment status?

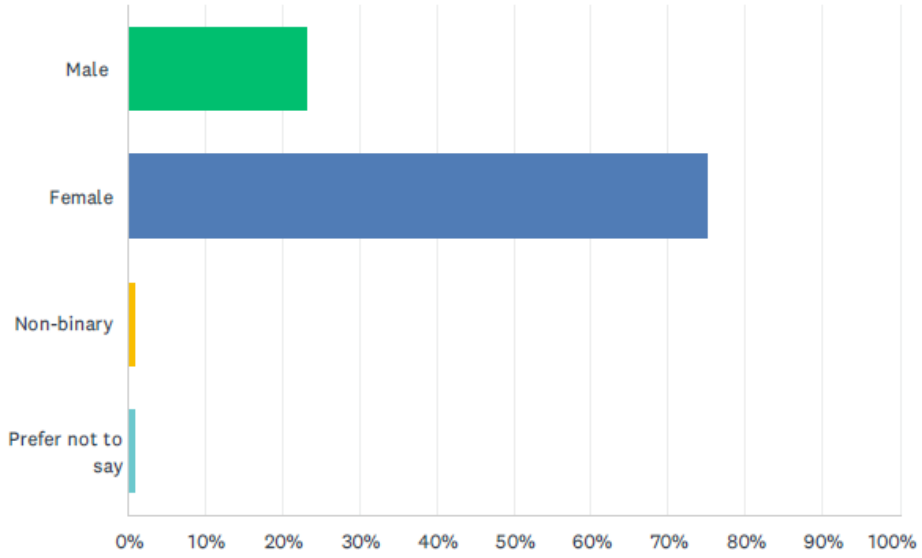
Answered: 353 Skipped: 6



ANSWER CHOICES	RESPONSES	
Employed, working full-time	63.46%	224
Employed, working part-time	9.63%	34
Not employed, looking for work	3.40%	12
Not employed, NOT looking for work	4.25%	15
Retired	10.20%	36
Disabled, not able to work	7.08%	25
Full-time Student	1.98%	7
TOTAL		353

Q6 What is your gender?

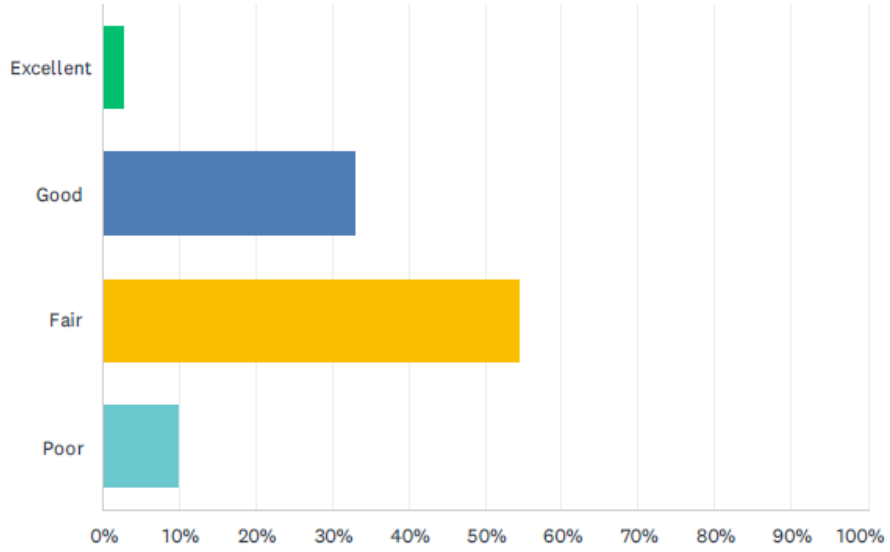
Answered: 358 Skipped: 1



ANSWER CHOICES	RESPONSES	
Male	23.18%	83
Female	75.14%	269
Non-binary	0.84%	3
Prefer not to say	0.84%	3
TOTAL		358

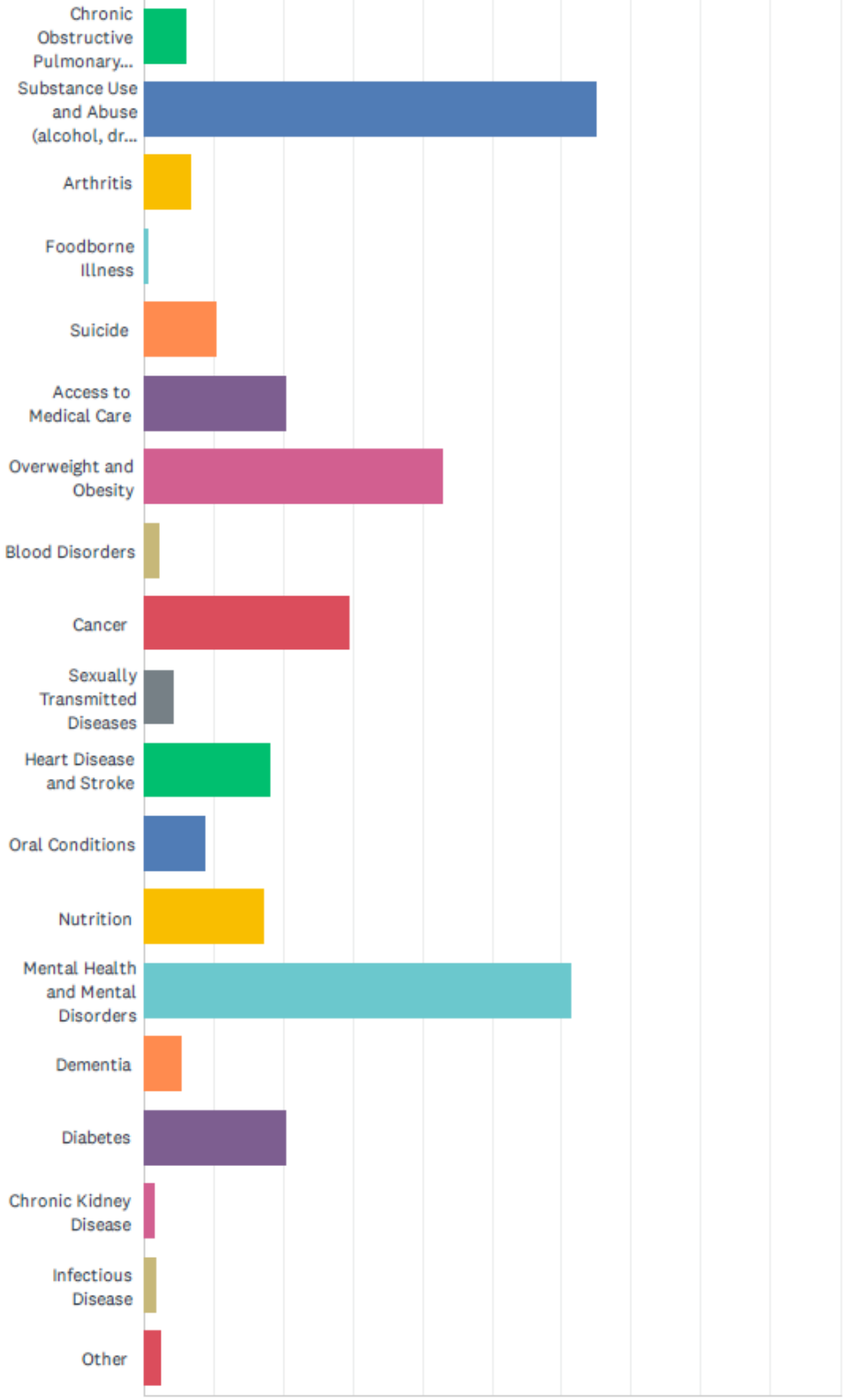
Q7 How would you rate the overall health of your community?

Answered: 358 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	2.79%	10
Good	32.96%	118
Fair	54.47%	195
Poor	9.78%	35
TOTAL		358

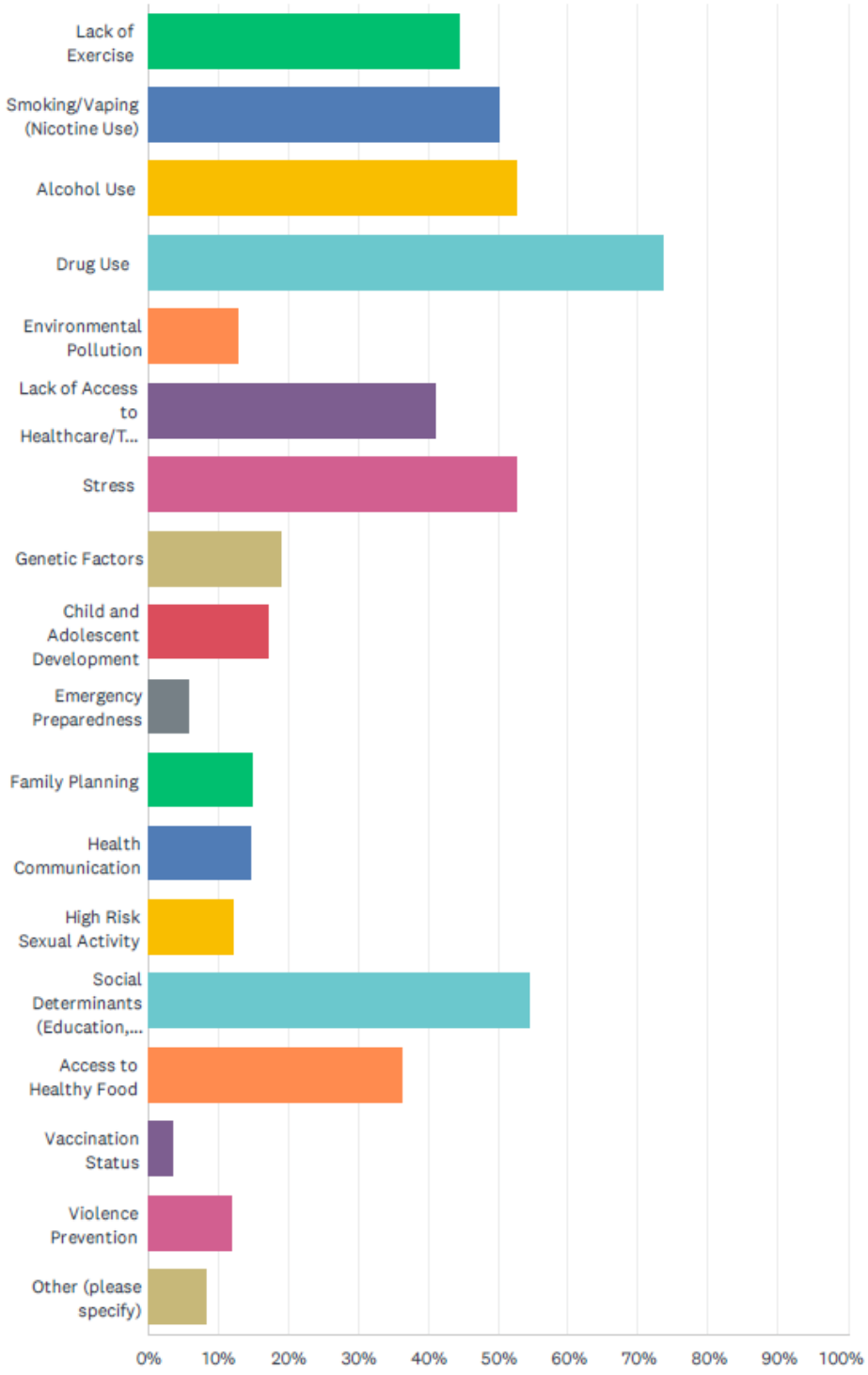
Q8 In your opinion what are the top three health problems in our communities? A "health problem" is a situation or condition of people that is considered undesirable, is likely to exist in the future, and is measured in



ANSWER CHOICES	RESPONSES	
Chronic Obstructive Pulmonary Disease (COPD)	6.20%	22
Substance Use and Abuse (alcohol, drug or tobacco)	65.07%	231
Arthritis	6.76%	24
Foodborne Illness	0.56%	2
Suicide	10.42%	37
Access to Medical Care	20.56%	73
Overweight and Obesity	42.82%	152
Blood Disorders	2.25%	8
Cancer	29.58%	105
Sexually Transmitted Diseases	4.23%	15
Heart Disease and Stroke	18.03%	64
Oral Conditions	8.73%	31
Nutrition	17.18%	61
Mental Health and Mental Disorders	61.41%	218
Dementia	5.63%	20
Diabetes	20.56%	73
Chronic Kidney Disease	1.41%	5
Infectious Disease	1.69%	6
Other	2.54%	9
Total Respondents: 355		

Q9 What do you believe are the primary risk factors contributing to health problems in your community? Select all that apply.

Answered: 353 Skipped: 6



ANSWER CHOICES	RESPONSES	
Lack of Exercise	44.48%	157
Smoking/Vaping (Nicotine Use)	50.42%	178
Alcohol Use	52.69%	186
Drug Use	73.65%	260
Environmental Pollution	13.03%	46
Lack of Access to Healthcare/Transportation	41.08%	145
Stress	52.69%	186
Genetic Factors	18.98%	67
Child and Adolescent Development	17.28%	61
Emergency Preparedness	5.95%	21
Family Planning	15.01%	53
Health Communication	14.73%	52
High Risk Sexual Activity	12.46%	44
Social Determinants (Education, Unemployment, Family and Social Support)	54.67%	193
Access to Healthy Food	36.26%	128
Vaccination Status	3.68%	13
Violence Prevention	11.90%	42
Other (please specify)	8.22%	29
Total Respondents: 353		

Q10 What additional health concerns do you have about your community?

Answered: 177 Skipped: 182

Q11 What do you think would improve the health of your community?

Answered: 206 Skipped: 153

Egyptian Health Department
Healthy People...Healthy Communities
Serving Saline, White, Gallatin, Hamilton, and Wayne Counties
www.egyptian.org

Angie Hampton, MS, LCPC, LSW
Chief Executive Officer

Attachment E

September 21, 2026

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 2026 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,

Erin Krikie, FNP, President
EHD Board of Health

Main Office
1412 US 45 North
Eldorado, IL 62930
Phone: (618) 273-3326
Fax: (618) 273-2808
(Send all mail here.)

iHUB
1418 US 45 North
Eldorado, IL 62930
Phone: (618) 518-4482
Fax: (618) 297-9399

Recovery Resource Center
715 E Church Street
Harrisburg, IL 62946
Phone: (618) 294-8322
Fax: (618) 294-8354

Wellness Center
5155 HWY 13
Junction, IL 62954
Phone: (618) 272-7132
Fax: (618) 272-7064

White County
1705 College Avenue
Carmi, IL 62821
Phone: (618) 382-7311
Fax: (618) 382-7552

Egyptian Behavioral Health Department:
Wayne County
407 N Basin Road
Fairfield, IL 62837
Phone: (618) 516-5326
Fax: (618) 516-5325

Attachment F

Southeastern Illinois Community Health Coalition

Growing Healthy Together!

Minutes– SICHC 7/8/2026
Virtual – Microsoft Teams

OFFICERS

President – Katie Unthank

Past President – Jamie Byrd

President-Elect - Chris Dennis

Secretary - Kimberly Scott-Pilkington

Treasurer - Drew Donelson

EXECUTIVE COMMITTEE

Gallatin County -

Saline County – Kristin Parks

White County – Lacey Harms

HSIDN - Katie Unthank

1. Welcome/Introductions
    a. Angela Thomas- Egyptian Health Department
    b. Brittany Hale- Centerstone
    c. Chris Dennis- Egyptian Health Department
    d. Danielle Camp- Egyptian Health Department
    e. Drew Donelson- Egyptian Health Department EHD
    f. Elizabeth Cook- Egyptian Health Department
    g. Holly Kotner- Egyptian Health Department
    h. Jamie Byrd- Egyptian Health Department
    i. Jennifer Lee- Ameren
    j. Katie Unthank- Egyptian Health Department
    k. Kimberly Scott-Pilkington- Egyptian Health Department
    l. Lacey Harms- White Co. Rep.
    m. Misty Eftink- Egyptian Health Department
    n. Tina Overton- Egyptian Area on Aging
    o. Tonya Potts- Egyptian Health Department
2. Approval of 2/18/2026 Minutes-Drew made motion to pass the Minutes. Chris seconded; all in favor; no one opposed. Motion passed.
3. Treasurer's Report
    a. FY25 Financial Audit-Drew shared that the audit was completed (Wed., Mar. 25.).
    b. FY26 Fiscal Report-Drew reviewed the FY26 end of the year budget report with members. Jamie made motion to approve; Holly seconded; all in favor; no one opposed. Motion passed.
    c. *FY27 Fiscal Report-Drew reviewed the proposed FY27 budget. Lacey made motion to approve; Tonya seconded. No one opposed; motion carried.
        i. Discussion regarding Walmart grants. Jamie asked about any grant money that might be available for the year. Chris asked about applying for an upcoming event. Cycle 2 is thru July 15, and Cycle 3 will be Aug. 1-Nov. 30. If any action team needs to apply for money to cover costs of any upcoming events, please let Katie/Kimberly know.
        ii. Jamie said he had completed the annual 990 and given to Drew.
4. Old Business
    a. SICHC Promotion Updates (marketing materials/events)
        i. Send information you would like to share to Kimberly (kscott-pilkington@egyptian.org) or Katie (kunthank@egyptian.org)
    b. SICHC FB Page-(Currently at 642 members.)
    c. Executive Committee Members
        i. New Gallatin County Representative will be needed. If anyone has a recommendation, please let Katie know.
        ii. New Saline County Representative is Kristin Parks.
5. New Business

a. IPLAN 2026 update-Jamie shared review of the IPLAN 2026-2031. (See attached PPT slides). Tonya made motion to approve proposed IPLAN; Chris seconded. No one opposed; motion was passed.
b. 2026 Community Champion Award – Nominations Needed-Chris nominated First Presbyterian Church (FPC) of Harrisburg and shared they were very supportive of the laundry events and helping with additional endeavors throughout the year. He also mentioned the Harrisburg Library as they are always a great help to community members. Jamie mentioned First Baptist of Eldorado as they host the annual health fair, weekly feed homeless and other community members in addition to other community events. Katie asked if anyone had suggestions for other nominees to send them to her with details for the recommendation. If no others are nominated, FPC of Harrisburg will be selected. Asked Chris to see if the pastor/church members could attend the next meeting for the plaque to be awarded at the in-person meeting. Lacey suggested for the future to invite additional church representatives to attend the meetings.
    i. 2025 Recipient – We Love White County
    ii. 2024 Recipient – Heaven's Kitchen
    iii. 2023 Recipient - Walmart
c. Action Teams Reports
    i. Emergency Preparedness/SPARC-Jamie gave update. Said the area had avoided bad weather so far, which is a good thing. Next quarterly mtg. is July 14, at the Pavilion in Marion, starting at 9a. Weathering the Storm, Thursday, Oct. 8. For more information, contact Jamie at jbyrd@egyptian.org.
    ii. Healthy Lifestyle Action Team-Katie reported that the meetings are the 4th Wed. of the month, 1:30p, via Zoom; sometimes in-person. If anyone is interested in joining reach out to Lizz Cooley-Questelle at lcq21@illinois.edu. The main focus now is more events with mobile book walk; interchangeable books; related to healthy eating, moving, etc. Elizabeth got team connected with the Action Team for a Better Saline County for some upcoming events. The walking guide created for the area can be viewed here: https://drive.google.com/file/d/1W8lpS6eyBBrnTgujBhidX5ppgXJv_D2H/view
        1. Southern IL Cancer Action Network-The next mtg. for SICAN is Tuesday, July 21, 2p via Microsoft Teams. Contact Angie Bailey at angie.bailey@sih.net for more info.
        2. Diabetes Today Resource Team-next mtg. is Thursday,
    iii. Healthy Minds, Healthy Lives
        1. Southeastern Illinois Suicide Prevention Taskforce-Sept. 10-World Suicide Awareness Day. Holly shared that a Memorials request was shared on social media and will share similar a call to action for this year. A Harrisburg walk will probably take place and maybe share bracelets; different colors available to represent relationship of loss. Next mtg. will be Aug. Contact Holly at hkotner@egyptian.org for additional information.
    iv. SI SUPRT-Chris completed several laundry events, reached 1000s through events & outreach. Annual walk for recovery Sept. 26; in Carmi. SI SUPRT meetings are monthly: Saline/Gallatin-1st Wed., 12-1p via Zoom and Hamilton/White-3rd Wed., 12-1p also via Zoom. Chris shared that the homelessness population has a higher than average rate of suicide. Anyone interested in being involved in the project to help with this target population or be involved with either group meetings, please let Chris know at cdennis@egyptian.org. The Overdose Awareness Event will be Aug. 22. Vendors are welcome; contact Chris or Holly for additional info.
        1. Southeastern Illinois Tobacco-Free Alliance-Kimberly shared that the FY2027 ITFC grant is currently being worked on to select enhancement projects for the year. The next meeting is tentatively scheduled for Thurs., Aug. 20, 10-11a via Teams. Contact Kimberly for additional information.
        2. Southern Illinois Tobacco Disparities Partnership-The next SITDP meeting is scheduled for Wed., Aug. 26, 11a-12:30p via Teams. The contact person for this partnership is Cindy Johnson, and she may be reached at cindy.johnson@sih.net.
    v. HSIDN-Katie shared that individuals could visit www.FindHelpSI.org for access to various resources in the area.

6. Upcoming Meeting Dates and Locations
    a. Executive Committee (4th Wed. OTM/1-1:30pm) via Zoom
        - **July 22. 2026**
        - October 28, 2026
    b. General Membership (3d Wed. OTM/12-1:30p) via Zoom except *annual mtg. is hybrid
        - **August 19, 2026* - Annual Meeting (headcount needed for food)**

- November 18, 2026

7. Round Table-No additional information was shared.
8. Adjournment- Holly made the motion to adjourn at 12:58p; Drew seconded the motion. No one opposed; meeting adjourned.