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**GRUNDY COUNTY  
HEALTH DEPARTMENT**

**COMMUNITY HEALTH  
NEEDS ASSESSMENT  
AND  
PLAN**

**2011-2016**

**SUPPORTED BY**

**MORRIS HOSPITAL**

**PREPARED BY**

**Health Systems Research  
Department of Family and Community Medicine  
University of Illinois College of Medicine at Rockford  
Kay Lynn Shoemaker R.N., B.S.N., Health Department Administrator  
Tania Barreno MPH, Doctoral Student at Loma Linda University**

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## **ACKNOWLEDGEMENTS**

The Grundy County Health Department wishes to thank our community partners in this assessment and planning process. These partners include Morris Hospital and U of I Extension. Each member of the Steering Committee represented unique perspectives which were of great benefit to the overall assessment process. Members brought their many diverse community roles as parents, grandparents, employees, and business leaders in creating the Community Needs Assessment and Plan.

### **STEERING COMMITTEE MEMBERS**

Sue Szumski- Morris Hospital  
Julie Buck- Morris Community Foundation  
Pat Cravens- Morris Hospital  
Kay Lynn Shoemaker- Grundy County Health Department  
Susan Hudson- Grundy County Health Department  
Chris Donley- Grundy County Health Department  
Barb Thetard- Grundy County Health Department  
Karen Nall- United Way of Grundy County  
Caroline Portlock- Grundy County Chamber  
Suzanne Day- Morris Health Care and Rehabilitation  
John Davis- U of I Extension  
Brent Newman- Grundy County Housing Authority  
Kandis Cassetto- Illinois Valley Industries

September, 2011

On behalf of the Grundy County Health Department and Morris Hospital, we are pleased to present the results of the Community Needs Assessment and Plan. This comprehensive needs assessment will give direction for strategies to enhance the health of Grundy County residents for the next five years. It will also assist the Health Department in aligning programs to accomplish the overall mission of preserving, protecting and promoting the health of residents.

The Steering Committee was comprised of health professionals, business leaders and community members that were able to share their knowledge about the health of the community. It is the intention of this committee to continue to meet on an annual basis to review the Plan's progress. Each individual member serves as a stakeholder and while most are employed in Grundy County in various capacities, the members also live in the County. Further, it is our hope that this document will serve to provide statistical information and health priorities that will allow other community organizations to plan for their programs and services.

Please let us know if you have any questions about the material in this Community Needs Assessment and Plan, or wish to participate in reaching the goals discussed in the document. The Board of Health believes that this document represents the top health priorities in Grundy County.

Sincerely,

J.F. Wright  
The Grundy County Board of Health

## **EXECUTIVE SUMMARY**

The Grundy County Community Needs Assessment and Plan was created through a unique blend of employers and other stakeholders. The Steering Committee was established through collaboration between the Grundy County Health Department, Grundy County Housing Authority, Community Foundation of Grundy County, Grundy County Chamber of Commerce, Morris Hospital and U of I Extension. The desire of the Steering Committee was to have a broad base of community perspectives and then establish focus groups that represent the various divisions within the Grundy County Health Department. The data utilized through the process was collected from various local, state, and national sources.

After the Steering Committee met and was familiar with the county data a power point presentation was created and presented to the community. At the community meeting focus groups were formed to address health topics and create a list of top health priorities. This included:

- 1) Mental Health and Substance Abuse
- 2) Metabolic Syndrome and Cardiovascular Risk Factors
- 3) Childhood Obesity

The Steering Committee will be responsible for implementing the plan with the Health Department. Evaluation and progress towards goals identified in the Plan will be monitored by the Steering Committee with assistance from each focus group.

While the existing Needs Assessment and Plan was used as a framework, it is interesting to note that the main health priorities have not changed.

The Grundy County Board of Health, as the governing body will exercise authority to ensure the accomplishment of intervention strategies.

# **COMMUNITY HEALTH NEEDS ASSESSMENT**

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## **Statement of Purpose**

There are ten essential services in public health, as well as three core functions. These include assessment, policy development and assurance. A Community Needs Assessment is a necessary and vital activity for the development and enhancement of these essential services and core functions. The development of a Community Needs Assessment for Grundy County is the primary means to define and implement local level programs and plans that will address the specific health problems in the community. The assessment will be used as a catalyst to prioritize the health needs and problems within Grundy County. The community assessment model is data driven, but also acts to preserve the perception of this data within the community.

The Grundy County Community Needs Assessment and Plan is not a plan to be used solely by the Health Department or the local community hospital. It is a comprehensive community plan in which the County's unique needs are identified, analyzed and prioritized. Plans for implementation include various community organizations, utilizing a model of community assets rather than just acknowledging service gaps.

While the Grundy County Health Department and Morris Hospital have been identified as community health leaders, both are committed to serving and financially supporting the initiatives identified in the Plan.

In summary, the purpose of the Community Needs Assessment and Plan is to:

- 1) Identify community health problems using data and community perception
- 2) Prioritize health problems
- 3) Create a plan to address the priority health problems using measurable objectives
- 4) Identify community stakeholders who should participate in the implementation of the plan
- 5) Define a workable strategy to evaluate, implement and monitor outcomes
- 6) Improve the health and quality of life of Grundy County

## **Community Participation Process**

It was determined that not only did the Grundy County Health Department need information from a community health assessment and plan, but that the local hospital and other stakeholders were in need of this as well. The health department, as a component of the re-certification process, needed to complete a thorough needs assessment and plan as part of the Illinois Project for Local Assessment of Need (IPLAN). The formed collaboration between Morris Hospital and the Grundy County Health Department served as the catalyst to create the Steering Committee and focus groups.

The Steering Committee was comprised of 13 individuals from Grundy County, two of which were men and 11 were women. Individuals represented a wide variety of roles and perspectives from the community. This included:

- 1) Morris Hospital
- 2) Current educators
- 3) Mental Health practitioners
- 4) Health Care professionals
- 5) Community concerns
- 6) Senior citizen issues
- 7) Economic development
- 8) Maternal-Child professional
- 9) No Tolerance Task Force Representative

A consultant was hired to complete the written portion of the project. The Administrator of the Health Department served as the overall coordinator and facilitator of the Community Needs Assessment and Plan.

## **Method to Establish Priorities**

In July of 2010, the administrator of the Health Department began recruiting members for the steering committee. This committee would meet five times over a year period. The administrator and the steering committee reviewed the community analysis and power point presentation prepared by Health Systems Research. The public was invited to view the power point presentation of the community's analysis for 2011. Forty individuals were present for the presentation. The forty individuals formed six focus groups and initiated the process to determine the main health priorities based on the data provided in the presentation. The top three scoring areas became the health priorities. These six focus groups divided into three groups. The remaining three groups met during the summer months of 2011. Risk factors, barriers, corrective action, outcome objectives, impact objectives, intervention strategies and resources were discussed and formulated.

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

Overall, indicators demonstrated a health status much better than average in Grundy County as compared to state and/or national data.

### **Demographic and Socioeconomic Characteristics**

#### **Population**

As of the year 2010, the Census Bureau estimated the population of Grundy County at 50,063. This indicates an increase of 33.4% over the 2000 population. Between 2000 and 2010 eight out of 12 Grundy County communities gained population. Using 2009 estimates Grundy County gained twice as many people between 2000 and 2009 as 1990 to 1999. In both periods, migration accounted for more of the growth than natural increase, defined as births compared to deaths.

#### **Race/Ethnicity**

The racial make-up is predominantly white, non-Hispanic at approximately 88.9%. However, Hispanics represent at least 8.2% of the population, and this continues to grow. The majority of Hispanics are of Mexican ancestry. Most residents are English speaking, however as the Hispanic population has grown, the use of Spanish is increasing.

#### **Age and Gender**

The median age is 35.8, with a slightly younger age structure than the nation, Grundy County's 2009 median age of 35.8 years fall below the US at 36.8. Population increases between 2000 and 2009 occurred in all six Grundy County age groups with 0-4 and 45 to 64 year olds witnessing gains over 40%. The remaining age groups increased their size by 18.2% to 25.1%. On average, Grundy County females are older than males. The county's 2009 female median age was 36.6 years compared to 35.0 for males. This gender difference in median age has remained fairly similar since 1990. Among race/ethnic groups, whites are much older on average than Hispanics or blacks. The 2009 median age of Grundy County whites at 37.5 years is more than 13 years above Hispanics at 23.8 years and blacks at 22.9. Showing a 2009 ratio of 101.2, males outnumber females in Grundy County. This correlates with overall life expectancy higher for females.

#### **Household Characteristics**

Families account for 72.4% of Grundy households, more than Illinois (66.1%) and U.S. (66.7%). More households in the county are made up of married couples with children at home (26.2%) than Illinois (23.4%) or U.S. (22.7%). Single parent household's account for one in ten (9.8%). Many more female headed (7.1%) than male headed (2.7%). At an average household size of 2.78 persons and family size 3.30, Grundy County's sizes are slightly larger than the state or nation.

#### **Education and Employment**

Among Grundy County adults ages 25 years and older, nine and ten (90.5%) have completed high school, exceeding the state (85.7%) and nation (86.4%). For the 2009-

2010 school year, all four school districts in the county reported higher graduation rates in the state. The proportion, however, who has obtained a 4 year college degree at 17.5%, is much lower than Illinois (29.8%) and U.S. (27.5%). Adults with a graduate/professional degree are far less common in Grundy, account for 5.3% of ages 25+, half the state (11.2%) and national (10.1%) levels. At 70%, Grundy County labor force participation in 2005-2009 surpassed the state (66.7%) and nation (65%). During the last two decades, male participation in the Grundy County labor force has remained relatively stable, whereas female participation has increased. In 1990, 77.4% of males 16+ were in the labor force compared to 76.5% in 2005-2009. Half (54.6%) of the county's females 16+ participated in the labor force in 1990, rising by nine percentage points to 63.6% in 2005-2009. Two occupational categories dominate the Grundy County workforce. Management/professional occupations top the list, accounting for 27.7% of employed workers, followed by sales/office occupations (26.5%) and service (15.6%). Of the six occupational groups, production/transportation and construction capture a greater proportion of workers than exists nationally. In March 2011, Grundy County unemployment stood at 12.8%, a record high and twice the 2001 level of 6%. The county's unemployment rate has consistently exceeded stat and national levels. Grundy County labor force participants, (both employed and unemployed) numbered 27,048 as of March 2011. Employed persons comprised 23,583, dropping below 2008 and 2007 levels which reported more than 24,000 workers.

#### Income and Poverty

The median household income in Grundy County is 64,455 exceeding Illinois (55,222) and U.S. (51,425). From 1999 to 2005/2009, the county's median household income rose by 24.6%, more than the state increase of 18.5% and U.S. 22.5%. The county's 2005-2009 per capita income was 27,450. The counties per capita and median income surpass Illinois and the nation. Three in ten (30%) school aged children in Grundy County are eligible to receive free and reduced lunch, a program for students who live in homes where the incomes fall at or below 185% poverty. This level is far lower than the state as a whole at 51.5%. Medicaid recipients made up 7.2% of the county's population in 2005, the last year in which Grundy's numbers were available. In subsequent years, Grundy and La Salle County Medicaid enrollment data were combined.

## **General Health and Access to Care**

The leading cause of death in Grundy County has been heart disease, related heart illness, and cancer for the past several years. The following table outlines the statistics for the year 2007 (local data only-not IDPH):

| <b>CAUSE</b>                              | <b>RANK</b> | <b>NUMBER</b> | <b>PERCENT</b> |
|---|-------------|---------------|----------------|
| <b>Cancer (malignant neoplasms)</b>       | <b>1</b>    | <b>93</b>     | <b>26</b>      |
| <b>Heart Disease</b>                      | <b>2</b>    | <b>78</b>     | <b>22</b>      |
| <b>Stroke (cerebrovascular disease)</b>   | <b>3</b>    | <b>21</b>     | <b>6</b>       |
| <b>Accidents (unintentional injuries)</b> | <b>4</b>    | <b>19</b>     | <b>5</b>       |
| <b>Chronic lower respiratory diseases</b> | <b>5</b>    | <b>18</b>     | <b>5</b>       |

In 2005, the leading causes of death were as follows:

| <b>CAUSE</b>              | <b>RANK</b> | <b>NUMBER</b> | <b>PERCENT</b> |
|---------------------------|-------------|---------------|----------------|
| <b>Cardiovascular</b>     | <b>1</b>    | <b>65</b>     | <b>27</b>      |
| <b>All Cancers</b>        | <b>2</b>    | <b>57</b>     | <b>23</b>      |
| <b>Myocardial Infarct</b> | <b>3</b>    | <b>19</b>     | <b>8</b>       |
| <b>Lung Cancer</b>        | <b>4</b>    | <b>18</b>     | <b>7</b>       |
| <b>Pneumonia</b>          | <b>5</b>    | <b>15</b>     | <b>6</b>       |

Grundy County recorded 355 deaths in 2007, producing a rate of 7.5 deaths per 1,000 population, lower than Illinois at 7.8. Over the past 25 years, the county's death rate has remained remarkable stable. One in four (23.7%) Grundy County 2005-2007 deaths occurred to persons under age 65, better than the state's premature mortality at 26.1%. Two causes claim a disproportionate share of early death: suicide (91.7% of deaths to persons under age 65) and accidents (85.5%). Also, more cancer deaths occur under age 65 (24.6%) than heart disease (16.1%). Among Grundy County's youngest age group, ages 0-14, perinatal conditions and congenital malformations led as death causes for years 2005-2007. Motor vehicle accidents ranked first for ages 15-24, followed by poisoning accidents. It was disclosed that ages 25-44, accidental poisoning was the number one death cause, followed by suicide. The data disclosed from the community

analysis was instrumental in prioritizing support for mental health and substance abuse as a health priority.

Survey results found nine in ten (91.5%) Grundy County adults ages 18+ reported having health coverage in 2008, more than all Illinois adults at 85.4%, and above the county's 2004 level at 90.4%. Fewer adults had a regular health care provider in 2008 (86%) as had health coverage. One in twelve (7.9%) Grundy adults avoided the doctor due to cost in 2008, similar to 8.1% in 2004, and below the statewide figure of 12.4%. Medicare enrollment totaled 5,138 among ages 65+ and 829 disables in 2007, representing 12% of the total population.

According to the Census figures, 86.6% of the Grundy County population under 65 has health insurance, leaving 13.4% without coverage. A greater portion of 18-64 year olds lack insurance (16%) as 18 and under (8.9%). Among those at 200% of poverty or below, more than one-third of ages less than 65 (37%) are not insured, considerably higher than the state at 29.3%.

Addressing the issue of access to healthcare during a public health emergency, the Grundy County Health Department under the direction of the Illinois Department of Public Health and working with community partners and volunteers will provide Mass Prophylactic Medication to the population (or selected population) of Grundy County without cost to the citizens of the county. In order to ensure that all exposed or potentially exposed citizens can receive medication in a timely manner. The Grundy County Health Department's Incident Command Staff will operate a Point of Dispensing (POD) that will be open 24 hours each day with the goal of dispensing medication to the entire population within 48 hours of the governor's declaration of an emergency. Citizens will not be asked for proof of residency but will be asked not to come to a Point of Dispensing (POD) location if they are showing symptoms that may be associated with the Agent. Symptomatic individuals will not benefit from Prophylactic Medication and will be asked to seek treatment from their Physician or the Morris Hospital.

## **Maternal and Child Health**

Grundy County reported 695 births in 2008, a rate of 14.5 births per 1,000 population. In 2007, a record number of 760 babies were born to Grundy County women, 16.1 births per 1,000 population. Ever since 2003, the county's birth rate has exceeded the nation, while the reverse is true for prior years. The median age of mother in Grundy at 28.3 years old matches mothers statewide (28.3) and is a little older than mothers nationally (27.6).

Twenty-nine babies were born to Grundy County teens in 2008, representing 4.2% of births, the *lowest* in three decades. The 2008 figure is a dramatic drop from the year before when 51 births were delivered by teens, 6.7% of all. The teen birth percent has remained in the single digits since 1997.

Consistently, the county's teen birth proportion has fallen below the state and nation, most dramatically in 2008 when county's 4.2% level was less than half the state (10%)

and nation (10.4%). Only twice (1995 and 1993) in the past 28 years has the county percent exceeded Illinois and U.S.

More than one-quarter (26.2%) of Grundy County 2008 births were born to unmarried mothers. While levels have remained about the same since 1993, they are about four times the 6.5% reported in 1980. The county’s percent of babies born to unmarried mothers has remained far lower than the state and nation, usually more than a ten percentage point difference.

Fifty-two Grundy County babies or one in 13 (7.5%) weighed less than 2,500 grams at births in 2008, a ten-year high. The proportion of low weight babies has inched upward since 1990 (at 4%), similar to state and national trends. Almost nine in ten (87.3%) Grundy County births received first trimester prenatal care in 2008, a level remaining similar during the current decade and 1990’s.

Area obstetricians reported that 34% of mothers deliver by C-section, surpassing the state at 30.6%. Using the Kotelchuck Index of Prenatal Care Utilization, the proportion of Grundy County births receiving adequate plus care has been fairly steady since 1990 at about 40%, consistently above the state.

**Chronic Disease**

A Risk Behavior Survey completed in 2008 reported that County residents suffered arthritis, asthma, diabetes, high blood pressure, and high cholesterol. These can be summarized as follows:

| <b>CATEGORY</b>            | <b>NUMBER</b> | <b>PERCENT OF SAMPLE</b> |
|----------------------------|---------------|--------------------------|
| <b>Arthritis</b>           | <b>7,696</b>  | <b>28.1</b>              |
| <b>Asthma</b>              | <b>2,371</b>  | <b>11.2</b>              |
| <b>Diabetes</b>            | <b>2,554</b>  | <b>7.6</b>               |
| <b>High blood pressure</b> | <b>7,885</b>  | <b>31.9</b>              |
| <b>High cholesterol</b>    | <b>4,041</b>  | <b>30.5</b>              |

In summary, high blood pressure presents as the leading chronic disease, followed by high cholesterol and arthritis.

In 2008, more than two in three (69.6%) Grundy County adults perceived their physical health to be good all days of the past month, while one in eight (12.2%) said their physical health was poor for more than seven of the past 30 days. The 2008 levels of physical health are similar to 2004 and 2002.

At 61.3%, fewer Grundy County adults enjoyed good mental health during all days of the past month in 2008 than in 2004 (65.6%), 2002 (69.1%), and 1997 (73.5%). One in six (16.2%) said they experienced poor mental health for more than one week of the past

month in 2008, increasing over the 14% reported in 2004, 10% in 2002, and 8.2% in 1997.

Cancer rates have been a serious concern in the County for many years. The following is data from the Illinois Department of Public Health (IDPH) for the years 2003-2007:

| <b>TYPE OF CANCER</b> | <b>COUNT FOR MALES</b> | <b>COUNT FOR FEMALES</b> |
|-----------------------|------------------------|--------------------------|
| <b>Colon/Rectum</b>   | <b>74</b>              | <b>60</b>                |
| <b>Lung/Bronchus</b>  | <b>88</b>              | <b>70</b>                |
| <b>Breast</b>         | <b>---</b>             | <b>147</b>               |
| <b>Cervix</b>         | <b>---</b>             | <b>16</b>                |
| <b>Prostate</b>       | <b>137</b>             | <b>---</b>               |

In summary, Grundy County’s 2003-2007 age-adjusted cancer incidence rate for males at 650.5 cases per 100,000 population exceeds Illinois at 576.7. Likewise, the county’s female age-adjusted cancer incidence rate at 472.2 tops Illinois at 430.3. Cancer occurs 22% more often in the county’s men than women. Colo-rectal cancer and leukemia occurs more often in Grundy County men than statewide, with statistically higher rates.

**Infectious Disease**

In 2010, hepatitis C led all other reportable communicable disease in the county, accounting for 21 cases. Lyme disease and salmonella each had nine reported cases. In the past two years, Grundy County has witnessed a steep rise in Chlamydia with 61 cases reported in 2009, almost double the number from two years prior and a 19-year high. Rates, however, remain far lower than the state at about half the Illinois-except- Chicago and one-third as high as all of Illinois. The county reports very few cases of gonorrhea, no more than six since 2003. Grundy’s rates are a fraction of the state rates.

With respect to HIV and AIDS, in Grundy County, one AIDS case was diagnosed in 2010 for a cumulative total of 9 living cases. Human immunodeficiency virus (HIV) disease had two reported cases and 8 living. The 2005-2020 rates for both AIDS and HIV, both below 2.0 per 100,000 population, are less than one-quarter of the state’s rates.

**Environmental Issues**

The majority of the homes in Grundy County are connected to a public water system, although about 25% have a well (IPLAN 1994). Continued concern are abandoned private wells since many areas are moving toward a public water supply. As of the end of calendar year 2010, there were 22 open well permits and 15 open septic permits.

The leading air pollutants are sulfur dioxide, nitrogen dioxide and carbon monoxide. This appears to be a result of emissions from chemical plants in the County as well as car exhaust from Interstate 80. Grundy County has been placed on a watch list by the EPA for high levels of air pollution (IPLAN 1994).

## **Behavior Risk Factor Survey**

The Behavioral Risk Factor Surveillance System (BRFSS), a state-based program completed round four of the statewide telephone survey in 2008 for the Illinois Department of Public Health. Each phone interview consisted of a list of 80+ questions; the Illinois BRFSS program used a random sample of telephone numbers selected each month for telephone interviews. A dual questionnaire procedure to collect data on a variety of health related subjects was used. Survey questions were geared toward lifestyle choices, access to care, and prevention activities. Some of the highlights of the study for Grundy County include:

- 1) 60.3% of respondents reported that they engage in regular or sustained physical activity.
- 2) 33.2% of respondents reported that they have had a regular exercise routine for longer than 6 months.
- 3) 35.9% of respondents reported meeting moderate activity criteria of 20 minutes of exercise three times per week.
- 4) 52.3% of respondents reported meeting vigorous activity criteria of 30 minutes of exercise five times per week.
- 5) 46.7% of respondents reported that their level of activity at work is considered sedentary (mostly sitting or standing).
- 6) 71.9% of respondents reported they visited a dentist at least once a year.
- 7) 23.3% of respondents reported that they smoked; 23.3% were former smokers.
- 8) 29.7% of respondents reported they had a flu shot in the past twelve months.
- 9) 28.2% of respondents reported that they have been advised by a health care worker that they are obese.

## **Focus Group Information**

As part of the Community Assessment of Needs, the goal was to incorporate the broadest perspective possible for each focus group. Six focus groups were created, each containing 8-10 people from a variety of community representatives. These groups reviewed the following questions:

- 1) Is lack of good nutrition a problem for the County?
  - a. Lack of transportation to available grocers
  - b. Not enough time to purchase food
  - c. Food stamps run out before the end of the month
  - d. Don't use resources available
  - e. Not eligible for food stamps
  - f. Lack of education in nutrition
  - g. Alternate food sources not available (pantries)
  - h. Lack of food
  - i. Lack of reduced fee/free school lunch program in the schools
  - j. Other
  
- 2) Is healthcare a problem for the County?
  - a. Doctors will not accept Medicaid
  - b. No clinic or doctors' offices in the same town
  - c. Waiting list for dental services
  - d. No dental services
  - e. Hospital/emergency room not available in same town
  - f. Lack of transportation
  - g. Lack of insurance
  - h. Existing Health conditions
  - i. Lack of income to pay for prescriptions
  - j. Lack of income for medical emergencies
  - k. Lack of resources for alcohol or drug treatment
  - l. Lack of resources for mental health treatment
  - m. Other
  
- 3) What are the unmet medical needs of the County?
  - a. In-home healthcare worker
  - b. A home chore worker
  - c. Hospice services
  - d. Immunization services
  - e. Medical services
  - f. Smoking cessation
  - g. Dental services
  - h. Vision services
  - i. Drug/alcohol abuse services
  - j. Counseling services
  - k. Mental health services

- l. Prescription medications
  - m. Family planning
  - n. Prenatal care
  - o. Other
- 4) What are the barriers the County faces with receiving health care?
- a. Long waiting lists
  - b. No outreach for the homeless
  - c. Lack of insurance
  - d. Refusal of providers to accept clients with Medicaid/Medicare because the reimbursement rate is too low
  - e. People needing services do not have a permanent address
  - f. Language/cultural/sexual orientation barriers
  - g. Restrictive medication policies
  - h. People needing services cannot afford co-pays
  - i. Refusal by providers to accept privately paid insurance
  - j. Lack of child services
  - k. Limited hours of operation
  - l. Lack of transportation
  - m. Stigma, discrimination and prejudice
  - n. No outreach to people in the criminal justice system
  - o. Individual does not meet behavioral criteria for program (criteria set too high or too low)
  - p. Lack of appropriately trained staff, including cross training in substance abuse/addiction issues.
  - q. Other
- 5) What do you think are the top health problems for the County?
- a. Heart Disease
  - b. Stroke
  - c. Cancer
  - d. Arthritis
  - e. Behavioral Health (mental health and substance abuse)
  - f. STDs
  - g. Osteoporosis
  - h. Asthma; breathing disorders
  - i. Childhood Obesity
  - j. Metabolic Syndrome and Cardiovascular Risk Factors

Three common themes emerged from the focus groups discussion after viewing the power point of the community health needs assessment. Data was collected by a consultant from Health Systems Research University of Illinois College of Medicine at Rockford. Sources included more than 30 local, state and national reports. A unanimous decision was made to prioritize the following three health problems:

1. Mental Health Substance Abuse
2. Metabolic Syndrome and Cardiovascular Risk Factors
3. Childhood Obesity

### **Description of Process**

The Steering Committee was introduced to the APEX-PH process (detailed in Appendix). The committee reviewed the completed Community Health Needs Assessment and Plan for the years 2011-2016. The first step was then taken to create focus groups that would serve the purpose of reviewing health issues.

Each focus group was formed taking into consideration complete representation and knowledge base about the group and data to be reviewed. A chairperson was assigned to assemble their group for a minimum of six meetings to review top health priorities based upon data presented. Data was compiled from a variety of sources, including but not limited to IDPH, local physicians, other health care providers, and consulting groups studying the County's growth needs.

The chairperson of each Focus Group had to review the data that was pertinent to each health issue and then direct the group toward prioritizing issues and creating a framework of goals and objectives surrounding the top health priorities. The Focus Groups concluded their work and made recommendations to the Steering Committee.

During their meetings, the Steering Committee took the recommendations from each Focus Group and began to formulate a list of top health priorities. The nominal group process was used to prioritize the health issues (note: some issues were grouped due to similarity).

While seeming somewhat ambitious, the Steering Committee identified the top three health priorities:

- 1) Mental Health and Substance Abuse
- 2) Metabolic Syndrome and Cardiovascular Risk Factors
- 3) Childhood Obesity

# **COMMUNITY HEALTH PLAN**

## **Statement of Purpose**

To reiterate the purpose of the Community Assessment portion of this document, there are ten essential services within the framework of public health. In addition, there are three core functions that have been identified which include: Assessment, Policy Development and Assurance. Therefore, the true purpose of the Community Health Needs Assessment and Plan is to:

- 1) Identify community health problems using appropriate data and incorporating overall community perception
- 2) Prioritize health problems and issues as identified in Focus Groups
- 3) Create a health plan to address the priority health issues using measurable goals and objectives
- 4) Identify those within the community that can assist with the implementation of the health plan
- 5) Define a strategy that will prove workable to assure implementation and outcomes of the health plan
- 6) Improve the health and general quality of life among residents of Grundy County

## **Health Problem #1** **Mental Health and Substance Abuse**

In 2010, Psychoses was ranked number three in the top 25 hospitalization reasons within Grundy County. Psychoses led among diagnoses with 282 discharges, 1,875 patient days, an average stay of 6.6, a total charge of \$3,514,062 which averaged the cost at \$7, 687 in 2010. The overall perception in the community is that there are not enough resources and services to support the care of people with mental illness.

### **Risk Factors:**

1. Hereditary predisposition
2. Social stigma
3. Lack of access to affordable mental health and substance abuse treatment medications
4. Socio-economic stressors including loss of employment, insurance, and family support
5. Accidental deaths due to drug overdose (prescription, non-prescription, alcohol)

### **Barriers:**

Limited resources (financial, personnel)  
Socio-economic stressors  
Lack of education and awareness

Per the Behavior Risk Factor Survey, it is estimated that over a period of 30 days, 16.2% of the respondents reported that they had more than 8 days per month where their mental health was not good. In the same survey, 23.3% of respondents reported that they were at risk for binge drinking. The primary barrier to impacting the level of reported mental health and substance abuse is improved resources, addressing stressors, as well as the lack of education and awareness. Substance abuse is an addictive behavior, thus making a behavior change extremely difficult.

### **Corrective Action:**

In order to impact the outcome and objectives regarding mental health and substance abuse, the risk factors of access to care, lack of support, and lack of knowledge will be addressed. To best address this major health crisis, a community-wide effort is required by providers, consumers, advocacy groups, and interested invested stakeholders to improve access to needed services. Lack of access to care will be addressed by seeking funding opportunities to acquire more psychiatric professionals as well as counselors for the health department. Strengthening family cohesiveness will be addressed through programs at the GCHD, and providing programming to local faith-based organizations and schools. Knowledge over mental health and substance abuse will be addressed by continuing to promote education services to area schools, churches, and employers, as well as participating in health fairs and other wellness programs.

### **Outcome Objectives:**

By the year 2016, 20% of community employers will be educated on promoting health and wellness and identify the benefits and overall cost savings as a result of providing comprehensive mental health coverage.

By the year 2016, 25% of local faith-based organizations and schools will be educated on the importance of effective treatment for mental health and substance abuse.

### **Impact Objectives:**

- 1) Reduce the number of days which Grundy County residents report that their mental health was not good for more than 8 days a month to the Illinois Behavioral Risk Factor Survey from 16.2% to 11.2% by 2016.
- 2) Reduce the number of Grundy County residents who reported that they engage in binge drinking from 23.3% in 2011 to 20% by 2016.

### **Intervention Strategies and Resources:**

- 1) Mental Illness
  - a. Promote existing efforts to educate youth. Utilize health educator services and GCHD to present information at faith-based organizations, schools, and work facilities to limit stigma and point out resources for help.
  - b. Promote the importance of comprehensive mental health services to the larger employers in the County.
  - c. Health Educator/Mental Health staff to complete educational seminars to local school personnel during teacher in-service days.
  - d. Work within the faith community and the local National Alliance on Mental Illness (NAMI) chapter to establish support groups for those with a diagnosis of mental illness.
  - e. Continue to offer appropriate parenting strategies to clients and families within the GCHD's WIC program, and Child and Adolescent Counseling program.
  - f. Continue to monitor post-partum depression with use of the Edinburg Screening tool for all WIC mothers. Refer to GCHD mental health division for care when needed.
  - g. Update funding sources of the GCHD on a bi-annual basis the amount of service utilization versus existing funding. Regular communication with local legislators will be developed to increase their awareness of how state legislation and funding impacts constituents with mental illness.
  - h. Continue to work with law enforcement on how to work with domestic violence victims, sexual assault victims, suicidal individuals etc.
  - i. Recruit qualified physicians to cover psychiatric services and develop a long-term action plan to cover local psychiatric needs
  - j. Work with pharmaceutical companies to provide samples, patient assistance, coupons and vouchers for medications; educate clients regarding specific drug store prescription programs (Walgreens)

## 2) Substance Abuse

- a. Promote existing efforts to educate youth. Utilize the health educator (including the No Tolerance Task Force <NTTF>) and the GCHD to present information at schools and churches to emphasize the importance of staying sober.
- b. Work with local schools to present information to educators on how to recognize substance abuse and what intervention strategies can be used.
- c. Continue to work with law enforcement on presenting pre-Prom warnings for the consequence of drinking and driving.
- d. Continue to offer group interventions at the County jail for education on substance abuse.
- e. Offer educational seminars at schools for parents to understand issues of substance abuse. Utilize health education and GCHD staff as experts on the topic.

## 3) Resources

Existing coalitions and alliances: collaboration with Morris Hospital, community providers through the Behavioral Health Alliance, Interagency Council, NAMI, Local Area Networks (LAN's). Most financial resources for educational services and materials will be provided by the GCHD. Many programs have already been initiated but more community effort is necessary to meet the Outcome Objectives.

## **Evaluation Plan**

The objectives of this plan will be reviewed quarterly by involved participants to determine progress and identify additional barriers. This coalition will develop a specific measurement tool. This measurement tool will make use of surveys initially collected from interested stakeholders to rate the size, and seriousness of the problem, followed semi-annually with a survey rating the effectiveness of available interventions and satisfaction of progress towards goals.

The Mental Health Division of the GCHD reports quarterly on utilization of services and client reports of access to care. In addition, a Mental Health Advisory Board exists to oversee community efforts in the areas of access to care, stigma reduction and programmatic concerns. The County also has a local NAMI chapter (National Alliance on Mental Illness) that works to educate the community on mental illness and promote support groups.

The Illinois Department of Public Health is expected to continue the Behavior Risk Factor Survey during the next three-five years to address the issues of mental health and binge drinking. A LAN group for Will/Grundy Counties exists to monitor mental illness and substance abuse services. This group has influence on major funding sources. The GCHD will continue to report service utilization to this group in an effort to advocate for additional funding.

**Health Problem #2**  
**Metabolic Syndrome and Cardiovascular Risk Factors**

In the past 14 years in Grundy County, heart disease and related illness has been ranked as the number one or number two cause of death.

**Risk Factors:**

Smoking  
High blood pressure  
Elevated serum cholesterol  
Obesity  
Glucose intolerance  
Hypertension  
High cholesterol  
Poor diet and limited exercise  
Behavioral factors (stress)

**Barriers:**

Per the Behavior Risk Factor Survey, it is estimated that 23.3% of respondents were smokers and 22.3% former smokers. The primary barrier to impacting a reduction in metabolic syndrome and cardiovascular risk factor related death is the changing of lifestyle behaviors. Smoking is an addictive behavior, making a change extremely difficult. For teens, it is an issue of peer pressure. In relation to hypertension, diet changes are also difficult to reduce sodium and caloric intake. Further, since it is known that many of the occupations people hold in the County are sedentary, lack of physical activity is an issue.

**Corrective Action:**

In order to effectively impact the outcome and objectives regarding metabolic syndrome and cardiovascular risk factor related death, the three risk factors of smoking, hypertension and limited exercise will be addressed. Smoking will be addressed by continuing to promote smoking cessation, smoke free environments in adherence to the Smoke Free Illinois Act that was recently passed and preventing initiation of smoking among youth. Hypertension activities will focus on screening and detection. Lack of appropriate physical activity and obesity will be addressed through wellness programs.

**Outcome Objective:**

By the year 2016, 20% of community members will be educated on promoting health and wellness, participants will be able to identify the benefits of being smoke-free, exercising, as well as the overall cost savings as a result of hypertension screening.

### **Impact Objectives:**

- 1) Reduce the number of Grundy County residents who smoke from 23.3% to 18% by 2016.
- 2) Reduce the number of Grundy County residents who have been told their blood pressure was high from 31.9% to 25% by 2016.
- 3) Reduce the number of Grundy County residents who have been told they are obese by a health care professional from 28.2% to 20% by 2016.

### **Intervention Strategies and Resources:**

- 1) Smoking Specific
  - a. Promote smoking cessation classes at the Grundy County Health Department (GCHD). Classes made available three times per year.
  - b. Promote education to youth regarding smoking prevention. Promote health educator activities which the GCHD assists with.
  - c. Continue to work with law enforcement in all municipalities to enforce laws regarding minors. Work with law enforcement in all municipalities to enforce smoke free Illinois Act.
- 2) Hypertension Specific
  - a. Provide screening opportunities and educational sessions at a variety of GCHD and Morris Hospital sponsored Health Fairs.
  - b. Provide community education and diet screenings regarding the nutritional components of controlling hypertension. This can be completed through the health educator and staff at GCHD and Morris Hospital employees.
  - c. Coordinate programs and educational opportunities regarding heart health at local fitness centers, gyms and the U of I Extension 4-H programs.
  - d. Work within the faith community and established Parish Nurse programs to promote once a month blood pressure screenings at faith-based organizations.
- 3) Obesity Specific
  - a. Create and organize community exercise programs such as aerobics and walking programs. This can be completed through staff at GCHD.
  - b. Initiate promotion of the former program “Health Initiatives” at the GCHD. Market this strategy to other large businesses in the County through an educational program created by the Health Educator at the GCHD.
  - c. Provide health education on the importance of establishing good eating and exercise habits. This can be accomplished with the assistance of the U of I Extension and the various programs offered via 4-H.

4) Resources

Most financial resources will be provided by the GCHD and Morris Hospital. Many programs have been initiated but a more thorough community effort is necessary to meet the Outcome Objective.

**Evaluation Plan**

The leading causes of death are evaluated and reported by the GCHD annually. The Illinois Department of Public Health is expected to continue with the Behavior Risk Factor Survey (BRFS) during the next 5 years. The Health Educator will complete a smoking survey in schools and address the issue through intervention activities.

Morris Hospital and GCHD employees are expected to continue meeting and establishing programs toward the prevention of metabolic syndrome and cardiovascular risk factors. The Grundy County Health Department will be expected to review all activities annually and re-align programs based on participation and need. The Steering Committee is expected to reconvene on a yearly basis to review outcome objectives and strategies.

### **Health Problem #3** **Childhood Obesity**

Children in Illinois have a higher prevalence of obesity (35%) than US children (31%) of the same age. Illinois has the 10<sup>th</sup> highest percent of obese and overweight children in the U.S.

#### **Risk Factors:**

Diet  
Lack of exercise  
Family history  
Psychological factors  
Family factors  
Socioeconomic factors

#### **Barriers:**

The primary barrier to impacting a reduction in childhood obesity is correlated to lifestyle change, such as healthier eating habits and increasing physical activities. Address lack of health education to family members, socioeconomic stressors, as well as family cohesiveness in promoting healthy habits.

#### **Corrective Action:**

Improve the health and well-being of all children by preventing childhood obesity and addressing the importance of healthy habits. Promote collaboration within the community, faith based organizations, and schools to sponsor healthy children programs geared towards health issues. Strengthening family cohesiveness will be addressed through programs at the GCHD, and providing programming to local faith-based organizations and schools. Knowledge over childhood obesity will be addressed by continuing to promote education services to area schools, and churches, as well as participating in health fairs and other wellness programs.

#### **Outcome Objectives:**

By the year 2016, reduce the number of children who are categorized as obese.

#### **Impact Objectives:**

- 1) Increase daily physical activity by 10 minutes (after school hours) among Grundy County children by 2016.
- 2) Increase the consumption of fruits and vegetables by 1 serving a day, by 2016.

### **Intervention Strategies and Resources:**

- a. Actively involved all members of the community to help promote healthy eating habits.
- b. Promote education to youth regarding the importance of healthy eating habits and physical activity.
- c. With assistance from health educator and GCHD staff, survey youth in grades 6-8 to measure baseline of childhood obesity.
- d. Create educational material with assistance from the health educator and GCHD.
- e. Strengthening family cohesiveness will be addressed through programs at the GCHD, and providing programming to local faith-based organizations and schools. Knowledge over child obesity will be addressed by continuing to promote education services to area schools, and churches, as well as participating in health fairs and other wellness programs.
- f. Provide community education and BMI screenings. This can be completed through the health educator, staff at GCHD, and Morris Hospital employees.
- g. Promote annual walk to school day throughout the county; continue to collaborate with Morris Hospital in finding innovative strategies to promote a healthier lifestyle among county residents.

#### **2) Resources**

Most financial resources will be provided by the GCHD and Morris Hospital. Many programs have been initiated but a more thorough community effort is necessary to meet the Outcome Objective.

### **Evaluation Plan**

The Health Educator will complete a childhood obesity survey in schools and address the issue through intervention activities. The Illinois Behavioral Risk Factor Surveillance System survey did not provide data over childhood obesity, the health department wishes to provide such information to community members who have continually inquired over such facts. Morris Hospital and GCHD employees are expected to continue meeting and establishing programs toward healthy eating habits as well as increasing physical activity. The Grundy County Health Department will be expected to review all activities annually and re-align programs based on participation and need. The Steering Committee is expected to reconvene on a yearly basis to review outcome objectives and strategies.

## **Appendices**

- 1) Community Focus Group Questions
- 2) The Apex Community Process

## **Focus Group Questions**

- 1) Is lack of good nutrition a problem for the County?
- 2) Is healthcare a problem for the County?
- 3) What are the unmet medical needs of the County?
- 4) What are the barriers you're the County faces with receiving health care?
- 5) What do you think are the top health problems for the County?

## **The APEX-PH Community Process**

- 1) Prepare: Create Focus Groups
- 2) Collect and Analyze Data: Utilize CDC, IDPH, etc.
- 3) Identify Community Problems: Focus Groups use data to identify health issues
- 4) Prioritize Health Problems: Focus Groups list them and give feedback to Steering Committee
- 5) Analyze Community Health Problems: Steering Committee reviews the work of the Focus Groups
- 6) Inventory Community Health Resources: Steering Committee determines resources available to address the health problems
- 7) Develop Community Health Plan: steering Committee creates overall plan that outlines goals and objectives, timeframes for performance and evaluation