

Illinois Administrative Code Title 77, Chapter 1, Subchapter h, Part 600, Section 400 states that: Local Public Health Departments shall "Assess the health needs of the community by establishing a systematic needs assessment process that periodically provides information on the health status and health needs of the community."

Christian County

Community Health Assessment and Plan

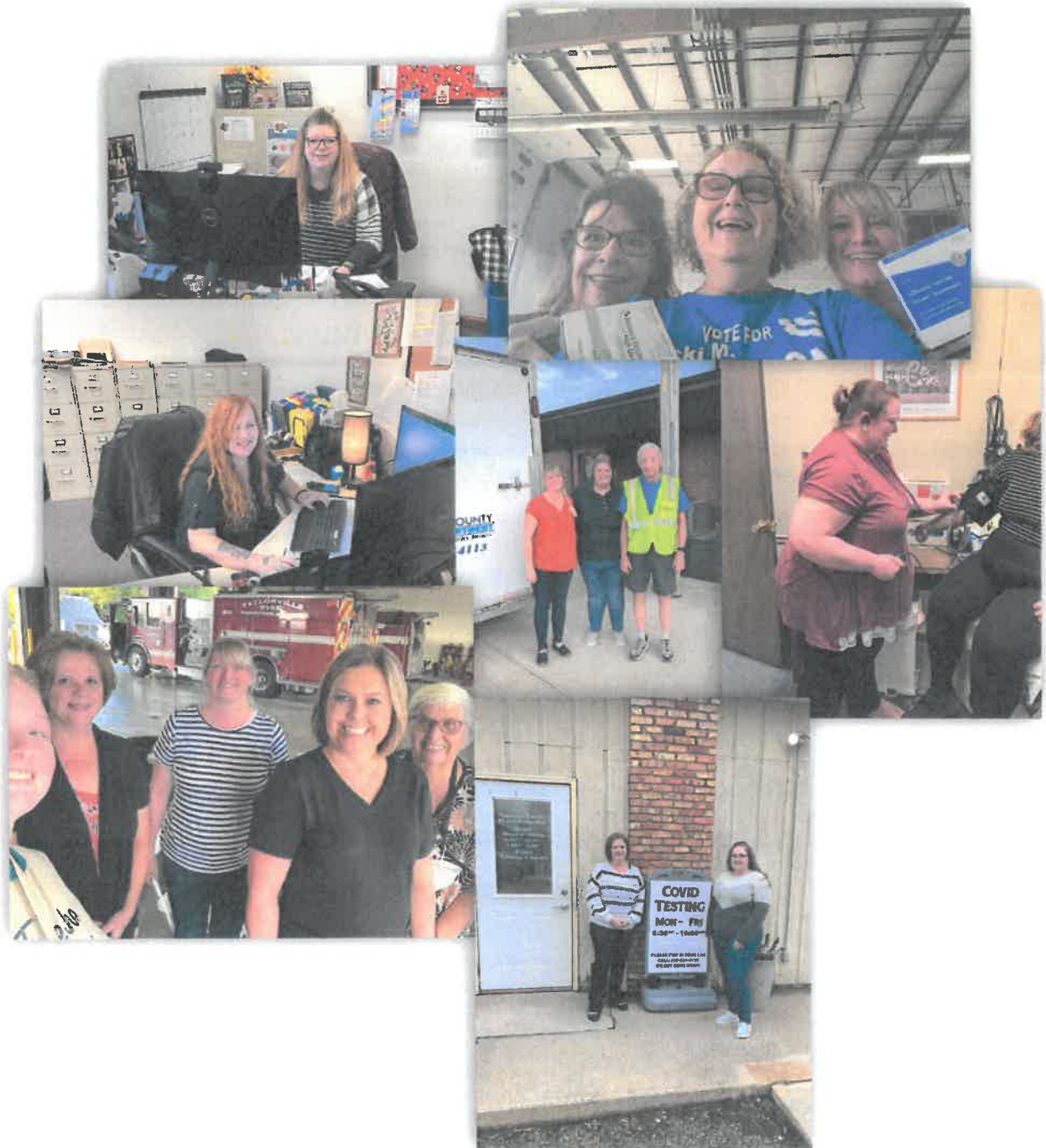
2023



Christian County *Health Department*

Our Priorities (in no particular order): Mental Health, Cardiovascular Disease and Related Risk Factors, Maternal and Child Health, Unintentional Injury, Access to Dental Health Services

Christian County Health Department



PUBLIC HEALTH WORKS...FOR YOU!



Christian County *Health* Department

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March 1, 2023

Joanne Bardwell
Illinois Department of Public Health
525 W. Jefferson
Springfield, IL 62761

Dear Ms. Bardwell:

I am pleased to submit the enclosed Community Health Assessment and Plan to fulfill obligations pursuant to Illinois Administrative Code Section 600.410, including the required Organizational Capacity Assessment.

Through this needs assessment process, our agency has identified key health priorities of our jurisdiction and has established the beginnings of a plan to address these important concerns. Our agency and our Board of Health acknowledge our support and approval of this plan and stand firm in our commitment to work in partnership with our community to improving the conditions in which our residents can be healthy.

Sincerely,

Dr. Leslie DeVore, PhD

President

Christian County Board of Health

**Christian County Health Department
Christian County Community Health Assessment and Plan**

2022 – 2026

**Mobilizing for Action through Planning and Partnerships:
A Strategic Approach to Community Health**

**For
Illinois Department of Public Health
Springfield, Illinois**

March 2023

Prepared By

**David M. Remmert, M.P.H., Ph.D
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Acknowledgements

Deciding to engage in a community assessment process is not a frivolous undertaking. Many individuals and organizations have played an integral role in this endeavor in multiple communities and through many different vehicles. Several of the central themes of this report came through assessment processes led by other organizations for other purposes, but are intricately related to a shared responsibility for public health and the overall health, well-being, and quality of life of all of our residents. For that reason, the Christian County Health Department would like to acknowledge the staff that played an important role in the formulation and development of this document:

Christian County Board of Health

Tricia Harkins, B.S.N., Director of Nursing

Chad Anderson, M.P.H., Ph.D, Administrator

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Community Health Needs Assessment and Plan

Summary of Process

Statement of Purpose

Public health departments throughout the United States currently focus on 10 core Essential Services. These Essential Services were expanded upon from three original core functions: Assessment, Policy Development, and Assurance. Originally identified by the Institute of Medicine, they became the foundation for every public health department in the country (Institute of Medicine, 1988). Throughout this paper, the concentration will center on the assessment function of public health in regards to the health of the populations within Christian County.

As per the Illinois Administrative Code, every health department within the state must “assess the health needs of the community by establishing a systematic needs assessment process that periodically provides information on the health status and health needs of the community” (Illinois Department of Public Health, 2017). Community assessment is a crucial function for a public health department, as it aids in its responsibilities to monitor the local health status, but it also provides the opportunity to analyze and address health problems and hazards within the community. The Christian County Health Department is then able to target these identified community health problems through the implementation of policies and plans and advocate for them within the larger public health system. Through this assessment function, the public health system is provided with guidelines as to how to more efficiently address health problems within each jurisdiction.

The objective of our department has been to construct an assessment process that would include as much participation as possible, as we desired community-wide contributions in regard to the health issues most affecting the community as a whole. Our department aimed to use the most comprehensive perspective of health as possible, as to include a large range of contributions from both area residents and also local service providers. Various factors influence health, shifting from individual behaviors and genetics, to larger scale environmental factors like physical and social environments which a community may find themselves in.

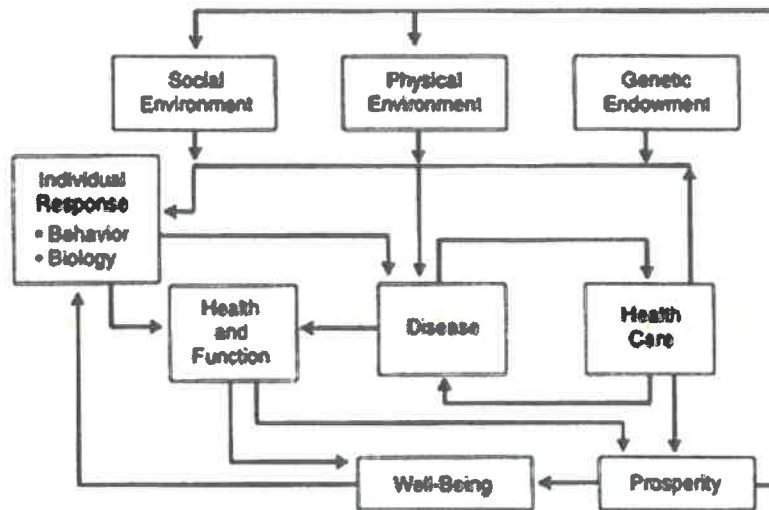
Health is a concept that encompasses both an individual’s well-being and also their being devoid of illness. The Institute of Medicine recognized this fact in regard to health being a dynamic state, discussing how there is a wider recognition of this idea in many different settings (Institute of Health, 1997). Because of this idea, health is viewed as a combination of social and personal resources along with physical capabilities.

Additionally, this definition stresses the key contributions that affect health and come from areas outside of formal medical care and public health systems. Health is not solely dependent on medical care, but rather it is also determined by other factors and could include

individual behavior, genetic makeup, and social and economic conditions. This is true for both individuals as well as populations.

The Health Field Model depicts the multiple determinants of health and the dynamic relationship of each one on another (Evans and Stoddart, 1994). The model links social

Figure 1 The Health Field Model



Reference: Evans, R.G. & Stoddart, G.L. (1990). Producing health, consuming health care. *Social Science & Medicine* (1982), 31(12), 1347-1363.

environment, physical environment, genetic endowment, health care, disease, health and function, well-being, prosperity, and individual response (both behavioral and biological). This model provides a multidimensional perspective, which emphasizes the importance of a population-based approach to community health issues. It also indicates the potential influences that both public

and private entities, such as health care providers, public health agencies, and community organizations, can have on the health of a community. Additional stakeholders could include other government agencies, community organizations, and organizations and individuals in private industry. Other entities that may not be solely health centered such as schools, employers, social service and housing agencies, transportation and justice agencies, and faith communities which can all influence the health of a community. Because of these interactions and influences that all affect health, the Christian County Health Department elected to engage with a diverse audience throughout this assessment process, and build upon assessments conducted locally.

Community Participation Process

The key elements of this community assessment were supported by local community-based coalitions. These representatives came from local governments, churches, businesses, civic organizations, and health care providers. This diverse representation, working in collaboration with one another during multiple assessment processes, aided in the overall completion of the community assessment for our service area. We relied heavily on assessment processes fulfilled by our local hospitals, the Taylorville Memorial Hospital and the Pana Community Hospital, in integrating our results within the larger community context.

Methodology

The Christian County Health Department elected to use MAPP (Mobilizing for Action through Planning and Partnerships), an assessment model developed by the National Association of County and City Health Officials and the Centers for Disease Control and Prevention, to conduct the assessment. MAPP is a strategic planning tool that focuses on improving health throughout the community (National Association of County and City Health Officials, 2001). It is promoted by public health leadership and aids communities in prioritizing their community health issues and also in analyzing resources available to address them. There are four different assessment processes that are included in the MAPP Model. These processes each provide important understanding about challenges and opportunities throughout the community. These processes include:

1. **Community Themes and Strengths Assessment**, which aids in identifying issues of interest for the community, community perceptions about quality of life, and also community assets.
2. **Local Public Health System Assessment**, which measures the capacity and performance of the local public health system—all the organizations and entities that contribute to the public's health.
3. **Community Health Status Assessment**, which analyzes data available about health status, quality of life, and risk factors that exist in the community.
4. **Forces of Change Assessment**, which identifies present or forthcoming forces affecting the community or local public health system.

Through the use of this assessment, local participants are able to determine strategic health issues within the community and then create goals and strategies to address these issues. The information collected is vital for the action cycle, because it is during this cycle that participants

Figure 2 MAPP Model



Reference: National Association of County and City Health Officials. (2001). *Mobilizing for action through planning and partnerships*. Washington, D.C.: National Association of County and City Health Officials.

plan for action, implement, and evaluate. Successfully conducting a MAPP assessment should create a sustainable community initiative that will conclusively end with overall community health improvement.

The Community Health Status Assessment included an extensive review and analysis of community specific data associated with demographic and socioeconomic characteristics, general health and access to care indicators, maternal and child health indicators, chronic disease indicators, infectious disease indicators, and environmental/occupational/injury data. This data was collected and reviewed from multiple sources such as the IPLAN Data System, the Behavioral Risk Factor Surveillance System (BRFSS), County Health Rankings, and other assessment results. After reviewing and analyzing community-specific data from these various sources, opinions were gathered from diverse audiences throughout the service area to complement the data collection.

Data that was reviewed and analyzed at this stage of the assessment process will be discussed throughout this report in more depth. A portion of the analysis included a compilation of data over time from the County Health Rankings and is located in the Appendix. Other assessments and reports published recently by the Taylorville Memorial Hospital and the Pana Community Hospital were also reviewed and analyzed to ascertain if common themes existed throughout.

The assessment relied on quantitative data from secondary data sources, and also on qualitative data provided in multiple focus groups that our agency participated in across the county, and numerous online surveys. These focus groups included participants representing:

Pana Community Hospital

City of Pana

Economic Development, City of Pana

Police Department, City of Pana

Fire Department, City of Pana

Pana CUSD #8 Public Schools

Kennedy & Sons Funeral Directors PC

Taylorville Community Credit Union, Pana

First United Methodist Church

United in Faith Church

Pana Lions Club

Pana News Palladium

Save-A-Lot Grocery Stores

Pana Mission Center

Delta Theta Tau Service Fraternity

Fraternal Order of Eagles

CEFS Economic Opportunity Corporation

Central Counties Health Centers, FQHC

Christian County Health Department

Christian County Mental Health Association

Christian County Probation Office

Christian County YMCA

Taylorville Memorial Hospital

Pana Community Hospital



Public Health Works..... For You! Christian County Health Department staff and board members provide an outreach Flu/COVID vaccination clinic at the Taylorville Fire Department

Complete Results

I. Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment is crucial to understanding opinions and concerns about quality of life within a community. Thoughts are collected from the community along with community assets to determine community health concerns and available assets to address them. The information collected from this assessment helps to provide an account of the community through the perspective of the community members themselves. Responses from this portion of the assessment were obtained primarily through an online assessment that was coordinated by Christian County Health Department. The assessment here included open-ended questions, but also asked residents to rate their community on a 5-point Likert scale. While not every comment received from respondents has been provided, those provided below summarize the general perspective of each county in our service jurisdiction:

Christian County

1. What do you feel is important in your community?

“Economic opportunity, good housing, good schools.”

“Scientific based public health decisions.”

“Overall health.”

“Sports.”

“Economic stability.”

“Mental health.”

“Quality healthcare for those residents who demonstrate a need for those services.”

“Our hospitals, urgent cares, schools and local businesses.”

“The rising cost of necessities, education and healthcare.”

“A decent Health Department.”

“Access to quality healthcare.”

“Safety. Welfare of children, helping those in need.”

“Safety, growth, school.”

“Seems like sports is the main focus.”

“Access to caregiver support.”

“Healthcare education and assistance: Easier access to help and understand healthcare options for our low-educated, high poverty communities. Need more daycare and after school programs for working parents. Economic development is a very high priority.”

“Being a safe and welcoming place to live.”

“Sports.”

“To be able to afford to live independently, have affordable healthcare and providers.”

“Quality of life – employment opportunities, housing, educational opportunities, retail services, and health care. We have an important, but small, percentage of our population who have missed the boat on all of these – un(under)-employed, homeless, not educated, or with dependency and other mental health issues -who need more help.”

“safety, services to students and families (mental health, food access, health care, dental).”

“Mental health and substance abuse.”

“Continue providing medical needs – shots, info, etc. which you currently do.”

“More ways to be active and healthy (sidewalks, bike trails, more youth sports for older kids.”

“Nutritional needs being met and access to healthcare, particular for those who are dependents.”

“The health of our children as well as our elderly. Good education at schools our children feel safe.”

2. How do you perceive quality of life in your community?

“Good.”

“Valuable.”

“Not real sure.”

“Decent.”

“Fair.”

“In Pana, getting better, but a bedroom community with very limited employment opportunities. Too many poverty level or slightly above residents.”

“I think like everywhere inflation has hurt the average person’s ability to provide for their family.”

“Economically suppressed.”

“Always a work in progress, because it is what we make of it.”

“Average.”

“Average small town living.”

“I think quality of life is perceived based on job (do you have one) and what job you have. I think accessibility to health options, schools, leisure activities, and food/shelter also determine someone’s quality of life in Christian County. Are your needs being met? Or do you need food pantry, mission center, free lunches, etc services.”

“We do have wonderful facilities for the elderly.”

“High.... Quality>quantity.”

“Our communities are considered high poverty with very little economic development. This affects our opportunities and how people perceive the ‘quality of life’ as grim in our community.”

“Straight white Christian people find it great. People that are members of minority groups face close-minded and hurtful stereotypes.”

“For people with money – positive, without money – negative outlooks.”

“Quality of life should be first in every family, unfortunately it seems to be taking a back seat to the almighty dollar!”

“Very good – for 95% it is excellent, for the remaining small segment, it should be better.”

“This is an amazing community that is always willing to reach out and surround those in need.”

“I would say slightly above average for most. I feel we should do more for sheltering our homeless.”

“Poor.”

“Getting better.”

“Not good.”

“Fairly good.”

3. What assets do we have in this community that could help improve community health?

“We are close to Springfield and Decatur that allow more access to jobs.”

“Education, billboards.”

“Country living.”

“Health Dept., Hospitals.”

“CC Health Department.”

“Compassion, willingness to assist, numerous unoccupied buildings.”

“Availability.”

“More and better marketing, promoting health services in this area. Especially the Breast and Cervical Cancer program. More marketing for wellness.”

“We have the Health Department, urgent cares and food banks.”

“Not sure currently.”

“Many physicians, both local and specialty doctors to cut down on traveling for care.”

“Excellent hospital and medical providers.”

“Wellness center, health/nutrition personnel.”

“Pana Community Hospital, gyms Anderson Prairie, Parks, Bike Trail, Pana Pride Events.”

“We need to focus on homeless and mentally unstable individuals.”

“Need increased support for elderly and special needs.”

“Hospitals, emergency rooms, urgent care facilities, and physician clinics right here in our communities. We also bring in specialists from bigger cities/hospitals for local surgeries. Transportation is available for patients. Local health department in our community.”

“Great hospitals and healthcare infrastructure. An Early Childhood education program.”

“Real dental and mental health care for the less than fortunate.”

“Maybe a dietary class and checking on our elderly to make sure they have what they need.”

“Networks of churches, not for profit organizations, attentive and proactive law enforcement community, and, most importantly, two financially strong and stable critical access hospitals.”

“Continued drug involvement is an issue effecting kids as well as families. Parents need to be removed and put into rehab and the kids need to be taken care of so that they can focus on learning and so they feel safe.”

“We have the start, but more mental health professionals could be impactful.”

“Providing (as you have) up to date, factual health information.”

“Beautiful parks.”

“Access to vaccines, educating the community on services you offer, providing up to date information about current health needs.”

“We have churches and gymnasiums at the school. We have a nice new hospital where no one seems to be at night. Maybe we could open our doors to those in need. We spent a large amount of money for our industrial roadway that leads to nothing. Maybe we could give to those less fortunate instead of paving roads for those which much has been given.”

Table 1 below provides resident ratings on a 5-point scale of statements pertaining to their community with 5 = “Yes”.

Table 1: Resident ratings of life in Christian County

ITEM	Average Score
Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)	3.74
Are you satisfied with the health care system in the community? (Consider school quality, day care, after school programs, recreation, etc.)	3.37
Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.52
Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.48
Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/high education opportunities, affordable housing, reasonable commute, etc.)	2.93
Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.78
Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	3.44
Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.41
Do all residents perceive that they- individually and collectively- can make the community a better place to live?	3.07
13. Are community assets broad-based and multi-sectoral?	3.00
14. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.19
15. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	3.22

II. Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) focuses on the components, activities, competencies, and capacities of our local public health system. It also includes information about how the Essential Public Health Services are being provided to our community. This assessment concentrates on the entire local public health system, including all community organizations and entities that support and affect the community's health overall. The Essential Public Health Services Model has been used extensively during this assessment process.

In 1994, the Core Public Health Functions Steering Committee formed this fundamental framework (Core Public Health Functions Steering Committee, 1994). This steering committee was comprised of U.S. Public Health Service Agency members, including those from National Association of County and City Health Officials (NACCHO) and also other important public health organizations. It was determined that the list of Essential Services should be included in every community's public health activities.

The 10 Essential Public Health Services include the following:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate the effectiveness, accessibility and quality of personal and population-based health services.
10. Research new insights and innovative solutions to health problems.

Various assessment mechanisms were used during this assessment procedure. The assessment mechanisms aimed to accomplish four goals. These goals included:

- A. Compare local residents importance of the Essential Services of Public Health with staff members' ratings;
- B. Assess our system's capacity to provide these Essential Services analyzing both the Local

Health Department capacity and the Local Public Health System overall and what strengths and weaknesses exist within local stakeholder organizations.

- C. Identify core concepts of our local health department's organizational capacity, along with an analysis of potential future challenges for the department; and
- D. Provide a Health Department specific strategic assessment of strengths, weaknesses, opportunities, and threats or SWOT analysis.

Each of these assessment mechanisms and their results are crucial to the completion of this assessment and are described as follows. These assessments included extensive review of qualitative data from focus groups and online surveys to arrive at a fundamental understanding of the functioning of our public health system in Christian County overall.

A. Essential Public Health Services Ranked by Importance

We asked community members to rank the Essential Services of Public Health to determine which services they believed to be most important. The results are provided in Table 2 below. These rankings were then averaged and compared to the Christian County Health Department staffs' ratings of how well the public health system accomplishes each of these services for the community.

Table 2: Christian County Resident Rankings for the 10 Essential Public Health Services

Christian County Rank*	10 Essential Public Health Services
6*	1. Monitor Health Status and understand health issues facing the community.
3	2. Protect people from health problems and health hazards.
5	3. Give people information they need to make healthy choices.
4	4. Engage the community to identify and solve health problems
6*	5. Develop public health policies and plans.
6*	6. Enforce public health laws and regulations.
2	7. Help people receive health services.
1	8. Maintain a competent public health workforce.
9	9. Evaluate and improve programs and interventions
10	10. Contribute to and apply the evidence base of public health

*Tie Scores

When combining the scores and creating averages, the most important services for the community members within our jurisdiction include the following:

- **Essential Service #8:** Maintain a competent public health workforce.
- **Essential Service #7:** Help people receive health services.
- **Essential Service #2:** Protect people from health problems and health hazards.
- **Essential Service #4:** Engage the community to identify and solve health problems.
- **Essential Service #3:** Give people the information they need to make healthy choices.

B. Local Public Health System Performance Assessment

For the section about the Essential Services, all Health Department staff members were asked to assess how well they felt the public health system was performing each service with: 1 being “Services Fully Met” and 10 being “Services Not Met At All”. Comparing these results with the local community members’ rankings provides very important information.

Table 3: Essential Service Ratings by Christian County Health Department Staff

Chief Concerns—Public Health System Assessment	
Health Department Staff Rating (average)	Essential Public Health Service
5.8	1. Monitor health status to identify community health problems.
7.4	2. Diagnose and investigate health problems and health hazards in the community.
5.2	3. Inform, educate and empower people about health issues.
5.8	4. Mobilize community partnerships to identify and solve health problems.
6.0	5. Develop policies and plans that support individual and community health efforts.
6.8	6. Enforce laws and regulations that protect health and ensure safety.
6.0	7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
5.6	8. Assure a competent public health and personal health care workforce.
6.0	9. Evaluate the effectiveness, accessibility and quality of personal and population-based health services.
5.4	10. Research new insights and innovative solutions to health problems.

Ratings from 1 “Services Fully Met” to 10 “Services Not Met At All”.

Areas of concern would include the Services that are approaching an average score of 10 (Services Not Met at All). None of the Essential Services were given ratings toward the positive end of the scale representing services being fully met. Clearly, the current staff believe that progress needs to be made in improving these services being met. The Essential Public Health Services that received the poorest scores included:

- Essential Service #2: Diagnose and investigate health problems and health hazards in the community.
- Essential Service #6: Enforce laws and regulations that protect health and ensure safety.
- Essential Service #5: Develop policies and plans that support individual and community health efforts.
- Essential Service #7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Essential Service #9: Evaluate the effectiveness, accessibility and quality of personal and population-based health services.

Of important note are those Essential Services that community members listed as MOST IMPORTANT but current staff rated as closest to Not Being Met At All:

- **Essential Service #7:** Help people receive health services.
- **Essential Service #2:** Protect people from health problems and health hazards.

Given that the residents of Christian County view these Essential Services as Most Important and the staff rated them closer to Not Being Met at All, these are the chief concerns most in need of improvement.

Additionally, analyses were provided of local area stakeholders in terms of strengths (assets) and weaknesses (needs remaining) existing within the system overall. These analyses were conducted through two different processes: 1) Focus Group discussions facilitated by our local hospitals during the assessment period that agency staff participated in, and 2) an online survey conducted of residents provided by our area hospitals and the Christian County Health Department. The results of these focus groups discussions and online survey results appear below and came in response to specific questions noted:

Focus Group/Survey Respondent Feedback:

Q: Are you aware of mental health resources where you could go for help or could refer a friend for a help?

40.24% No

59.76% Yes

Q: Why don't Christian County residents access healthcare when they need it?

	<u>% of respondents/(# of votes)</u>
Lack of health insurance coverage	69.33% (113)
Lack of transportation	41.10% (67)
Language/cultural barriers	1.23% (2)
Availability of providers/appointments	26.99% (44)
Lack of child care	15.95% (26)
Lack of access to a dentist	21.47% (35)
Inability to pay out-of-pocket expenses	77.30% (126)
Inability to pay for prescriptions	58.28% (95)
Basic needs not met (food/shelter)	21.47% (35)
Time limitations	9.82% (16)
Lack of trust	19.63% (32)
Lack of access to mental health providers	28.83% (47)
Lack of access to physicians/providers	18.40% (30)
Lack of concern or health is not a priority/valued	41.10% (67)

Q: Select any populations you feel are not receiving sufficient healthcare in Christian County:

Underinsured/uninsured	62.50% (100)
Black/African-American	2.50% (4)
Seniors/Aging/Elderly	36.88% (59)
Individuals with mental health challenges	50.00% (80)
Low-income	49.38% (79)
Hispanic/Latino	1.25% (2)
Individuals with disabilities	13.13% (21)
Homeless	30.00% (48)

Immigrant/Refugee	4.83% (7)
Children/Youth	10.63% (17)
LGBTQ community	2.50% (4)
Asian	0.63% (1)
Young adults	10.00% (16)
None of the above	13.75% (22)

Q: Please select any challenge you feel Christian County residents face when trying to maintain a healthy lifestyle:

Lack of Recreation Opportunities	33.75% (54)
Affordable Housing	19.38% (31)
Access to Healthy Foods	28.75% (46)
Lack of Motivation/Lack of Care	62.50% (100)
Time/Convenience	28.13% (45)
Lack of Education or Knowledge	47.50% (76)
Safety/Crime	5.63% (9)
Cultural Barriers	3.75% (9)
None of the above	10.00% (16)

From Pana Community Hospital convened focus group of Medical and other Service Providers:

Positive Developments in Health and Wellness in the Community:

- Three new orthopedic providers at Pana Community Hospital
- Pana Pride and the Pana Chamber of Commerce are working together toward positive economic development goals
- Urgent Care
- Drive-through COVID testing at Pana Community Hospital
- We survived COVID!
- Christian County Health Department provides access to eye glasses for eligible persons

- Growth at the hospital, both facilities and services, at Pana Community Hospital
- Growth in the community
- New services and providers at Pana Community Hospital
- Pana Community Hospital provides home-delivered meals in the community
- Pana Community Hospital has acquired a new clinic
- Pana Community Hospital has expanded surgical services
- New community ambulance service
- Improved access to mental health services, including emergency department utilization of telehealth for patients in crisis at Pana Community Hospital
- New family practitioner
- New electronic health records program
- Heritage Health has improved rating and added in-house CNA training
- Pana Community Hospital has entered into formal cooperation and information-sharing with other area hospitals
- Pana Community Hospital has added in-house 3T MRI and daily ultrasound services

From the Pana Community Hospital convened focus group of community leaders, local officials and law enforcement, and other business and community organization representation

Positive Developments in Health and Wellness in the Community:

- Food pantry is more accessible
- New ambulance service
- Improvements at Community Missions Center
- Population growth in Pana
- New memory care facility
- New youth sports opportunities in Pana
- Pana Pride is making improvements in the community
- Road and street improvements
- Law enforcement is collaborating with schools
- Safe Passages Program
- SavMor Pharmacy
- Expansion of surgical services at Pana Community Hospital
- Improved law enforcement and fire training
- Fiber infrastructure
- Improved access to specialists through Pana Community Hospital
- Planning for downtown Pana
- Cooperation within faith-based community
- Pana's commitment to job growth
- Proactive city governance in Pana
- Wellness Center at Pana Community Hospital

C. Organizational Capacity Assessment

The main responsibility of a local health department is to protect and enhance a community's health status. The capacity within an agency greatly determines its ability to provide these services. In an article by G.P. Mays, et al., it was reported that local health departments were responsible for an average 67% of total effort contributed towards the 20 public health activities (2004). Assurance activities saw 80% contribution by a local health department, 60% towards assessment activities, and 58% towards policy development tasks. All of these activities heavily relied upon the capacity of local health departments.

A local public health system assessment must include comprehensive assessments of the capacities, challenges, and strategic orientation of the local health department as well. For this assessment, the Christian County Health Department surveyed its staff to ascertain opinions about agency strengths and weaknesses and also to provide additional information for future strategic planning purposes. The design used for this survey was adapted from a model used by the state of Texas to conduct biennial assessments for their various forms of government. The model is discussed in "Reinventing Texas Government", a text written by Michael Lauderdale (1999). The role of this survey for our agency was to provide ongoing feedback for improvement of functions.

The instrument used to determine organizational capacity included 71 questions on a 5-point Likert scale, with 1 being "Strongly Disagree" and 5 being "Strongly Agree". These questions focused on topics surrounding agency services, employee benefits, and available resources, among others. The second part of the survey included 4 open-ended questions to provide suggestions for agency improvement. This provided staff members with the opportunity to include as many or as few suggestions as they saw fit. The third and last part of the survey, as discussed above, was the component with the 10 Essential Services. The staff members rated each essential service on a 10-point Likert scale from 1 being "Services Not Met At All" to 10 "Services Fully Met". All surveys were anonymous and were completed within a two-week window.

Results

Derived from the model used in Texas, any question that received a mean score of 3.0 or higher was indicative of more positive than negative perceptions by staff members (Lauderdale, 1999). Any question that received a mean score of 2.0 or lower is indicative of an area that may be of considerable concern for the agency and may require prompt attention. Comparatively, however, any question with a score of 4.0 or higher is indicative of an area that should be considered within the strengths of the agency. Note: There were only 5 employees at the time the survey was conducted and 100% of current employees responded.

Agency Strengths

There were several items in the survey that reflected favorable viewpoints of the staff, indicating that the staff felt the agency did an especially good job with these particular things. The items noted below were significantly higher than the neutral point of the 5-point Likert Scale.

Specific Items Receiving Highest Rating (Items receiving a score toward “Strongly Agree”). All items receiving a score of 3.6 or above included:

<u>Item</u>	<u>Score</u>
4. We produce high-quality work that has a low rate of error.	3.6
5. We know who our customers are.	4.4
6. We develop services to match our customer's needs.	3.6
11. Employees have adequate computer resources (hardware and software).	4.2
12. Computerized information is easily shared among divisions in this organization.	3.6
22. We work well with the public.	3.6
34. Employees have adequate resources to do their job.	3.8
37. Training is made available to employees in personal growth and development.	3.6
38. Training is made available to employees so that they can do their job better.	3.6
60. Sexual harassment is not tolerated in this organization.	3.8
66. I am satisfied with the retirement benefit offered by my employer.	3.8
69. I understand the essential public health services well enough to explain them to someone else.	4.0

Agency Weakness/Growth Areas

There were several questions that received a low score of 2.4 or lower. This is below neutral and indicative that on average, staff members view this specific issue more negatively than positively. Our agency is dedicated to improving itself and will continue to survey staff on a routine basis. This will aid in determining improvements and areas that may need further improvement.

Specific Items Receiving Poorest Rating:

The following items received a mean score of 2.4 or lower:

7. Average work is rewarded the same as excellent work.	*3.6
16. The work atmosphere encourages open and honest communication.	2.2
27. Employees seem to be working toward the same goals.	2.4
28. There is a basic trust among employees and management.	2.0
42. Employees feel that they work in pleasant surroundings.	2.4
43. There is a feeling of community within this organization.	2.0
50. Raises and promotions are designed to ensure that workers are rewarded solely for their performance.	1.8

*This item was reverse-scored.

Summary of Comments Provided in Open-Ended Questions

The second component of this survey included 4 open-ended questions to provide staff members with the opportunity to share their opinions that may otherwise be constricted within a Likert-scale format. The exact questions and all responses have been included below verbatim:

72. What barriers exist today that prevent the Health Department from performing its core functions, if any?

"Additional employees, trust"

"Lack of staffing, not finding qualified people to hire, lack of direction, no current full time admin, UNION Labor greatly hindering hiring process."

"Cannot do what is best overall to fill the staffing needs of OUR health dept."

73. Considering how we deliver services, I think the Health Department should put more thought into....

"Advertising services."

"Hiring a cleaning person for this being the Health Department it has been a long time since this place has been thoroughly cleaned."

"We as employees take out our own garbage. And everywhere you look there are cob webs and I do not think that looks good to the public."

"Being customer accessible. Services are too limited for public access."

"Making serving the needs of the community with the money provided by grant funding the primary focus and making what revenue we can bring in to MAKE money a secondary focus. Extra revenue is important and nice but shouldn't take away from other critical services needed and provided by the health department."

74. What things about the Health Department are most in need of change?

"We need a better office layout."

"Nothing that I feel is necessary I feel the HD is running well however we could use some employees."

"Great leadership needed and Health Board/Admin relationship needs revamped. It seems Health Board has too much control over Admin. It seems a health board's role would be different depending on whether health department is referendum based or solely grant operated. Grants dictate how grant money CAN be spent so why can health board override Admin decisions. Eliminate barriers to job title changes with deserved extra compensation, and/or creating new job positions"

75. If I could change one thing about the way the Health Department conducts business it would be....

"Offer more services: shingles and pneumonia vaccines, dental."

"Nothing at this time."

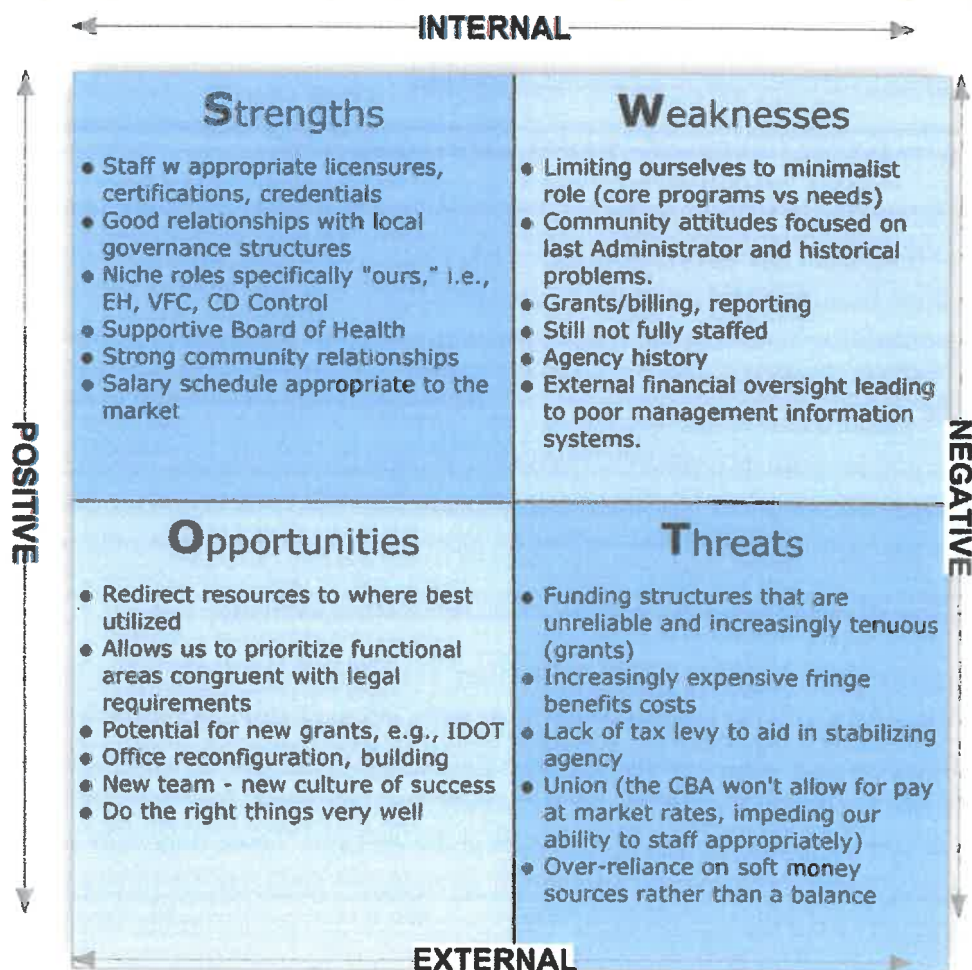
"Make permits accessible online and allow payment online."

"Less(not none) union/health board/county board/IMRF control over staffing---titles, pay, part time hours allowed, working from home decisions, etc. Let the Admin be the admin. After restaffing is complete, let the admin have more flexibility making decisions on personnel staffing issues and decide what works for OUR health dept. as far as work schedules, titles, changing roles, etc. HIRE/KEEP/Fairly compensate DEDICATED, HARDWORKING employees for the work they do. Do away with the "Employees need to work harder, take on more responsibility and get paid less" mentality. The Admin should deal with Slackers and not penalize hard workers because of the slackers. Don't encourage "Socialist" work environment. Happy, appreciated, well compensated employees go far in the overall "health" of the health department."

D. Christian County Health Department Strategic Assessment of Strengths/Weaknesses/Opportunities/Threats (SWOT)

SWOT Analysis

A SWOT Analysis is a structured planning method to evaluate the strengths, weaknesses, opportunities and threats involved in a project or venture. The analysis below pertains to the Christian County Health Department.



III. Community Health Status Assessment

The Community Health Status Assessment is critical for understanding the health concerns and needs of the community. Through this assessment, it is possible to understand the community's health status as a whole, with a strong portrayal provided from collected quantitative data. It is also an essential component of the MAPP process. Noted in the MAPP guidance, "this stage provides detailed information about specific health issues that the community is facing (e.g. high rates of heart disease or low numbers of community members with health insurance). These foundational data are collected from a number of different sources, and are subsequently analyzed to identify community health issues. These data are then compared with state data to determine differences in health status across the different levels. This activity is primarily lead by local health departments, as they have the core capacity to lead. The bulk of data collection is often completed by a few smaller organizations, but including community perspective is also crucial for this assessment, as it provides qualitative information about health status within the community."

The National Association of County and City Health Officials (NACCHO) split this assessment into six different steps. These steps include:

Step 1- Prepare for the Community Health Status Assessment

This assessment typically requires a subcommittee to oversee the tasks involved in this component of the MAPP process. The subcommittee would also be responsible for overseeing all related activities. Representation on such a subcommittee is not restricted to business leaders or heads of organizations, but rather various representatives from diverse backgrounds across the community. This diversity provides important perspective for the committee. The Christian County Health Department relied heavily on local hospital leadership to pull together this subcommittee and provide the resources needed to assist with this process. These resources included staffing, the computer hardware and software that was used to collect and analyze data, and resources for copying and printing materials used throughout the assessment process.

Step 2 – Collect data for the core indicators on the CHSA indicator list

Being often an arduous task, data collection was somewhat simplified at this step because the health department provided the subcommittee with any available data from IDPH and other government sources. It's crucial to analyze data trends and be able to compare time-varying data. This helps in determining if any trends have increased or decreased over time, and provides the opportunity to compare data across communities and over time. These data were also compared to state data over time. The Appendix includes a spreadsheet that includes the trending health status of our county over the last 10 years. This spreadsheet covers a number of core indicators and provide an overview of the community's health.

Step 3 – Identify locally-appropriate indicators and collect the data

Various other indicators are also crucial for understanding the health status of a community. For this portion of the assessment process, these additional datasets and assessments were reviewed and analyzed:

- IPLAN Data System
- Behavioral Risk Factor Surveillance System
- County Health Rankings
- Pana Community Hospital Community Health Needs Assessment
- Taylorville Memorial Hospital Community Health Needs Assessment
- Christian County Health Department Online Survey

Step 4 – Organize and analyze the data; develop a compilation of the findings; and disseminate the information

After collecting the various data and assessments, Dr. Remmert, project consultant, provided review of the qualitative and quantitative data collected and summarized the findings.

Comparisons were made with state data to highlight any issues or concerns within the community's health status. A specific spreadsheet located in the Appendix was created for the County Health Ranking data to understand health trends impacting Christian County over time.

Step 5 – Establish a system to monitor the indicators over time

This data has been continually collected and updated, and will continue to be monitored over time. This ongoing observation will help aid in following trending health concerns for years to come. The local health department, or one other comparative entity should take the lead in managing and reviewing the data for any consequential changes.

Step 6 – Identify challenges and opportunities related to health status

This phase in the assessment provides a list of important influencing factors for the community's health status overall. This data was critical for understanding the health concerns within our county jurisdiction. All data were examined and analyzed to identify any challenges to the community's health status. Opportunities to improve health status within the community were also derived from these data analyses. Health related risk and any contributing factors were also determined using this data. All data was updated and compared to previously collected data, spanning time and geographic location.

Significant Findings

The intent of this assessment is to present specific information that describes the health of the population of Christian County. This data comes in both qualitative (opinions and feedback of residents) and quantitative forms to help us determine specific health concerns facing our

community. Project staff reviewed the IPLAN data system, the Behavioral Risk Factor Surveillance System, the County Health Rankings Report, along with local survey/focus group results to better understand health issues of concern to Christian County. In order to get a clear snapshot of health in Christian County, some of the most important data is presented below:

From the Taylorville Memorial Health/Pana Community Hospital surveys of residents of Christian County:

Q: How would you rate your health?

15.06% Very healthy

53.01% Healthy

29.52% Somewhat healthy

2.41% Not very healthy

Q: How would you rate the health of Christian County?

0.00% Very healthy

27.27% Healthy

60.61% Somewhat healthy

12.12% Not very healthy

Q: Are you or someone in your household an older adult or someone with an underlying health condition?

38.55% No

61.45% Yes

Q: Please SELECT THREE most important concerns to be addressed in Christian County:

Colorectal Cancer 1.20% (2)

Obesity 54.22% (90)

Diabetes 20.48% (34)

Drugs/Alcohol/Smoking 69.28% (115)

Youth mental health 40.36% (67)

Adult mental health 40.96% (68)

Lung Disease 9.04% (15)

Accidental Deaths 2.41% (4)

Heart Disease/Stroke	25.90% (43)
Vaping/Tobacco	15.66% (26)
Suicide	29.52% (49)

Q: Please identify health and wellness needs that remain in the service area of Pana Community Hospital (Medical and other Service Providers feedback):

- Address delay in transfers out of the Emergency Department
- Improve access to mental health counseling and psychiatric services
- Improve access to day care
- Provide opportunities for recreation, exercise, and activities for youth beyond sports
- Improve prevention and access to treatment and services for persons facing substance use disorders involving methamphetamine, alcohol, and drugs in general
- Provide life skills education for youth
- Improve access to specialists for uninsured and under-insured
- Improve access to services for seniors, including in-home care and provider visits
- Expand electronic medical record access to provide easy sharing of information beyond the local system
- Increase cooperation between mental healthcare providers and schools
- Reduce repeat visits (“frequent flyers”) to the Emergency Department
- Increase access to cheaper, more affordable lab work
- Local access to dental care (availability for under-insured and uninsured) and transportation
- Improve access to in-home care
- Address homelessness
- Educate youth about healthy lifestyles

Q: Please identify health and wellness needs that remain in the service area of Pana Community Hospital (Community leaders, local officials and law enforcement, and other business and community organization feedback):

- Improve mental health awareness
- Local support and services for substance use disorders and mental health issues – all types of services
- Community education about use of ambulances
- Community education about mental health/stigma
- Improve access to cancer care services
- Increase options for memory care
- Market former memory care facility
- Community education about dementia and Alzheimer’s
- Improve early childhood intervention and reduce stigma

- Better address domestic violence
- Address homelessness
- Local access to specialists in gerontology, dermatology, gastroenterology, and rheumatology
- Improve access to local and distant mental healthcare, especially for youth
- Substance use prevention education and programs
- Improve access to dental and vision care, especially for under-insured, uninsured, and youth
- Expand access to food for youth
- Create a community wellness consciousness
- Provide community education about access to insurance
- Address delay in Emergency Department transfers
- Recruit nurses
- Provide parenting and life skills' education in the community

From the Taylorville Memorial Hospital survey:

Participants were asked to select the three most important concerns to be addressed in Christian County. Priorities below were ranked in order of importance with number one being highest-ranked.

1. Drugs/Alcohol/Smoking
2. Obesity
3. Adult Mental Health
4. Youth Mental Health
5. Suicide
6. Heart Disease/Stroke
7. Diabetes
8. Vaping/Tobacco
9. Lung Disease
10. Accidental Deaths
11. Colorectal Cancer

From the Christian County Health Department survey:

Q: Given that there are many other issues that may not be reflected in such data sets as the one above, are there other local health concerns for your county that you are aware of that do not appear on the lists above? If so, please list these other concerns. (All responses to this question are noted below):

“Access to Dental Care”

“Mental Health in every way, shape, and form. Substance abuse rehab centers, Vaping at schools is MAJOR issue”

“Mental Health”

“There is a lack of mental health resources and providers.”

“Mental health-underserved for the really needy, repeat ER and police visits due to ineffective policies towards dealing with them”

“Transportation for the elderly to stores and medical attention also homeless people of our community”

“Lack of mental health care availability, including support for drug and alcohol abuse, and its related symptoms seem understated in the research above.”

“Access to healthcare for children by NOT using the emergency room.”

“Day care for parents who would like to work but have no place for kids (traps people in a cycle of poverty) funds available for this service as well.”

“Support for parents who are struggling with drug or alcohol addiction.”

“Reproductive services to women.”

“Youth obesity, lack of pediatric providers and specialists lack of mental health support for working families, parents who smoke marijuana around their kids”

“Oral health is the main one. It can affect your heart and that brings us right back to the heart attack rate. The more we learn about oral health the more important it seems to become to our overall health.”

Q: Now, reviewing this list and any other health issues of concern you’ve noted, in your opinion what do you feel are the Top 3 leading health priorities for your county? Please list.

“Lack of Options due to BCBS and Springfield Clinic disputing”

“Obesity, drug use, mental health”

“Mental health, communicable disease, and environmental health”

“Obesity, youth vaping, smoking”

“Mental health, substance use, and diabetes mellitus”

“Availability of services, drug abuse assistance, mental health assistance”

“Obesity, Compromised immunes systems and good overall health to prevent health issues”

“Diabetes, told cholesterol high, heart disease”

“Childhood cancer, Mental Health availability and effective health department that is capable of taking care of the people and not politics”

“Mental Health Smoking Cessation COPD”

“Colo-rectal cancer education, Diabetes Education, Lack of Primary Care Physicians”

“Substance abuse, Mental Health Crisis, Pregnant Mothers Health (engaging in unsafe habits/activities)”

“Cancer, Heart, Mental Health”

“Personal healthcare workers, resources for elderly or special needs population”

“Availability of physicians, routine healthcare, pregnancy assistance/education”

“Lack of access to healthcare (no insurance, provider shortage ect), substance abuse issues, maternal healthcare”

“Dental and oral health should be top priority in preventative medicine beginning at childhood as it has an overall effect on the entire body, I work in healthcare and the amount of folk including children that have terrible oral health because of lack of coverage and benefits, it is terrible. Cancer in the rural areas is too high, my 25 yr old daughter just went through Hodgkin's lymphoma, too many cases of cancer and it is impacting the young more and more.”

“Mental Health including drug and alcohol abuse in the mentally ill, no real resources.”

“No health coverage, Mental Health, High medial costs”

“Generally, health care initiatives are well met and the focus should be on my perceived weaknesses: Mental health, dependency, and generally healthy life styles with good primary care physician relationship”

“Job training and child care to help people break the cycle of poverty.”

“Access to dental and medical care without using the emergency room”

“Services to support families dealing with drug and alcohol issues.”

“Mental health, substance use, and meals programs”

“Reproductive services, urgent changing medical issues, vaccines”

“Childhood obesity, mental health, irresponsible marijuana use”

“Access to Primary Care, Sexual Assault issues, lung cancer”

“More available dentist and oral surgeons. Mental health of our children. And young adults. And lastly diabetes and how it effects us at an early age. Also preventive measures against it.

From the County Health Rankings report:

Health indicators of most concern: After review of the County Health Rankings for Christian County and a subsequent 10-year trend analysis (results found in the Appendix), the following indicators were identified as key indicators of interest:

Length of Life

Years of Potential Life Lost (Premature Death)

Quality of Life

Quality of Life: Poor Physical Health Days

Quality of Life: Poor Mental Health Days

Low Birthweight

Health Behaviors

Adult Smoking

Adult Obesity

Physical Inactivity

Alcohol-Impaired Driving Deaths

Teen Birth Rate

Clinical Care

Lack of Primary Care Physicians

Lack of Dentists

Preventable Hospital Stays

Social and Economic Factors

Unemployment

Children in Poverty

Children in Single Parent Households

Injury Deaths

Physical Environment

Air Pollution – Particulate Matter Days

Overall the data collected for our county jurisdiction provides a good summary of the health status of Christian County. This is best represented by the County Health Rankings summary found in the Appendix representing the last ten-years of local data. This way, we were able to identify trends that we see across this time period. Overall, 3 of the last 10 years, Christian County ranked in the bottom quartile of 102 Illinois Counties. In the other 7 of the last 10 years, Christian County ranked in the second to bottom quartile.

In the spreadsheets, areas of concern were those which had higher rates than that of the state of Illinois. They are indicated in **RED** text. These spreadsheets allow for trend analysis and will provide opportunity for future analysis to monitor health concerns over time. Any health outcomes that have persistently poor scores will greatly influence local health priorities.

These data are the main source of information used during this assessment process. Additional data provided by the IPLAN Data System, the Behavioral Risk Factor Surveillance System, the County Health Rankings, along with local resident feedback provided the ability to triangulate data to further confirm the priority concerns chosen that are noted at the conclusion of this document.

IV. Forces of Change Assessment

The Forces of Change Assessment provides insight into what is currently and also has the ability to affect the health of our community or the local public health system as a whole. It identifies any specific threats or opportunities for change. The product of this assessment will provide a specific, yet comprehensive, list of key forces of change along with their potential impact. This is especially important for taking into consideration the broader contextual environment surrounding communities and their local public health systems. Various aspects of the environment can directly and indirectly cause changes. These influencing factors can include, but are not limited to: state and federal legislation, new and fast-paced technological advances, organizational changes for health care services, any new shift in the economy or in employment status, and also changes within family structures and gender roles. They are extremely important as they affect the overall health and quality of life of community members, along with how effective the local public health system is at ensuring good health for the community.

This assessment included online feedback from local residents and provided insight into which forces and trends are impacting the general health of the community. Again, while not a full list of all comments received from respondents, the comments below provide a synopsis of certain themes inherent in the feedback provided:

1. What is occurring or might occur that affects the health of your community?

“Lack of access to local doctors”

“Mental health and Safety”

“Too many fast food restaurants”

“Covid 19 policies”

“Lack of funding and lack of tax levy from county”

“Affordability of drugs, aging population, lack of Human Resources to deliver services”

“Fast food over indulgence”

“Individuals reading articles online that might mislead them.”

“The cost of groceries and medicine causing individuals to choose. Health is affected either way. Whether it be nutrition or daily medication. No one should have to choose.”

“staff shortages”

“Inflation of the Cost of Healthcare”

“People being influenced strongly by social media/reports/news one way or another about what is healthy and what is necessary health wise. It is important to get factual information (evidence-based, researched, etc) out there to the public in our area.”

“Town water lines are extremely old”

“Increased covid spread/reoccurrence; public health system organization as a whole”

“People thinking COVID is over or fake”

“Parents that are absent due to addictions, children are made to suffer through, no real resources to remove children and maintain their safety. Shouldn't have to wait until something terrible happens for parents to be forced to seek help for their addictions.”

“Lack of doctors and nurses”

“As it relates to health care, there has been a trend toward development of real estate by local hospitals seeming to focus on ease of service for prompt care and better primary physician relations and an attempt to attract and retain market share of more surgical and other services locally. However, a greater share of these not for profit organizations' financial capacity should be directed to meeting more of their communities' less profitable, but needed, assistance in mental health and dependency.”

“Large transient population with access to drugs”

“Reoccurring COVID infection”

“Care is expensive for people with private insurance. Health and exercise are not prioritized and celebrated.”

“The Springfield Clinic and BCBS fiasco has harmed many. My family now has to go outside of town to get primary care. Some people aren't fortunate enough to have that luxury of a means of transportation. As hospitals get bigger and insurance companies fight to pay bills I see this being a major concern. I can't tell you how many times my insurance company has dictated to my doctor how much of what to prescribe me. It's ridiculous.”

2. Are there any trends you see occurring that will have an impact on your community?

“Yes - the elementary school kids are behind due to Covid restrictions.”

“Substance use”

“Too many gambling places”

“Increase in homelessness”

“Higher cost of living.”

“More and more people are obese and many have prescriptions to treat the symptoms not cure the issues.”

“I see a lot of people mistrusting what scientists/health care providers say since covid.”

“Non-organization of the health department”

“Staff shortages”

“Rising Costs of Healthcare / Health Insurance Companies / Provider Contracts”

“I believe there is a current (irrational) distrust in healthcare from some after COVID and the lockdowns.”

“Remember when COVID happened. Now, they want me to wear a mask for my heart scan. Not happening. Not going.” -- this kind of thing

“Not enough for youth to do”

“Our local community is taking an active role in trying to promote local business, create jobs, and clean up the abandoned buildings to present a cleaner/fresh/inviting community”

“Lack of respect for people who have to continue masking, nurse and doctor shortage”

“High cost of living for the basics”

“Medical expenses are too high for our community to get the medical attention and help that is needed”

“Consolidation among hospitals and health care providers tends to eliminate local control, local services and local community contributions that local, independent hospitals and medical organizations are more likely to provide.”

“Poverty and children in poverty is a cycle that needs to be broken”

“Lack of citizen understanding regarding health concerns”

“Too much social media”

“Drug usage”

3. What forces are occurring locally, regionally, nationally, globally that you believe are impacting your community?

“People not taking ownership of health”

“Covid”

“Poor economy”

“Regional hospitals and specialized services are long distances for some”.

“Government control of insurances to control health decisions between the provider and the patient”

“Rising costs, not being able to afford healthcare even with insurance.”

“Retirement of healthcare nursing staff”

“Inflation”

“Social Media wave. Uncertainty of what to believe/trust.”

“Drug issues that sometimes leads to mental instability and homelessness”

“lack of employment”

“Rising costs for insurance, medical attention and mental help needed with lack of doctors and nurses.”

“There is a lot of talk about healthcare and education, but not enough people and resources.”

“National ignorance, willingness to disbelieve SCIENCE”

“Too much focus on the wrong things like COVID. We need to move on and recover from the trauma.”

4. What specific threats or opportunities are generated by these occurrences?

“Not getting preventative care”

“Safety of all in community”

“Lack of opportunity for residents”

“Lack of ability to manufacture in country”

“Not being able to provide for oneself and family”

“The opportunity was there and taken away”

“A sense of the unknown”

“Lack of available services due to reduced or no staff”

“Health Insurance Companies and Providers Disputing over Pay for Services”

“A strong county social media presence with interviews and facts and recommendations from health care providers, hospitals, professionals, etc.”

“Opportunities for individuals to turn around their life. “

“A website, app, SOMEWHERE that people can go to when they are in need to rehab or wanting to get out of a situation. There is no good ONE place. People might really be trying, but fail due to frustration of finding resources for meetings, etc. ”

“Theft and home invasions”

“Lack of resources”

“Homelessness and increased drug and alcohol use, also gambling is too big in the area.”

“Illegal street drugs, elderly not getting proper medical attention and the mentally ill not getting help”

“Parents need training and daycare to break out of poverty. Resources like clothing and food are available, but you can't go to work if there is no place to leave your kids”

“Fast moving, critical pandemics”

“It damages our mental health, immune system and over runs the medical community.”

“Less affordable prescriptions. Less affordable health care.”

Findings:

The received feedback was organized into several categories of forces and trends that are considered important contributing forces of change both now and into the future for Christian County. These categories include:

- Economic trends and related challenges
- Changes in the Health Care System
- Mental/Behavioral Health Issues
- Trusted Information/Resources

V. Community Health Plan and Strategies

Our two local hospitals are also required to undergo similar community health needs assessments. The results of their most recent findings are noted as:

<i>PANA COMMUNITY HOSPITAL PRIORITIES</i>	<i>TAYLORVILLE MEMORIAL HOSPITAL PRIORITIES</i>
<i>1. Expand access to local mental health services including counseling, psychiatry, and professional consultation, especially for uninsured and underinsured.</i>	<i>1. Mental Health</i>
<i>2. Address homelessness</i>	<i>2. Obesity</i>
<i>3. Improve access to day care, especially for healthcare workforce.</i>	<i>3. Lung Health</i>
<i>4. Expand local prevention efforts and services for substance abuse and substance abuse disorders.</i>	
<i>5. Expand local availability of in-home care.</i>	

Our Results and Findings

As a result of the four assessment processes, our agency has identified the following priorities (in no particular order). The State Health Improvement Plan was consulted for each of these health priorities.

- **Mental Health**
- **Cardiovascular Disease**
- **Maternal and Child Health**
- **Injury**
- **Access to Dental Care**

(Note: The objectives contained here are not meant to be comprehensive in approach, but to satisfy requirements that at least one outcome, one impact and one intervention strategy be included in this document. Additional objectives may be developed as part of a larger community-wide response to each of these priority areas.)

1. Mental Health

Mental health is an important health concern throughout the state of Illinois as well as within our community. The State Health Improvement Plan (SHIP) noted the importance of this health concern partially due to the fact that in 2016-18, “nearly one out of every six Illinoisans reported experiencing poor mental health for more than one week in a month,” (2021). Behavioral health problems, relating to mental health, alcohol, and substance abuse problems, have also been reported to contribute to a large number of emergency department visits.

In the discussions from our focus groups throughout our service area, concern was raised around the topic of access to mental/behavioral health services, especially among youth. According to the CDC, in any given year 1 in 5 Americans will experience a mental illness (Centers for Disease Control and Prevention, 2018). Mental health and physical health are often directly related and can influence one another. Mental illnesses, like anxiety and depression, can greatly affect an individual’s ability to maintain good physical health. Comparatively, chronic diseases and other physical health issues can have an equally as detrimental affect on a person’s mental health. These influences can also act as a cycle, feeding negatively off of each other.

Currently the model for understanding mental health and mental disorders focuses on the interaction between social, environmental, and genetic factors of individuals throughout their lives. Behavioral health researchers focus on risk factors and protective factors; the factors that predispose individuals to mental illness and those that protect individuals against developing them. The successful prevention of mental, emotional, and behavioral (MEB) disorders relies heavily on interdisciplinary strategies and approaches due to these diverse influencing factors. Some risk factors for Mental Illness include: Genetic predisposition, homelessness/unemployment, alcohol and other drug use, discrimination and racial injustice, family conflict or family disorganization, and stressful life events. These risk factors will be taken into consideration as we develop a community-wide plan for addressing this issue.

There has been a lot of research and increased understanding surrounding mental/behavioral health and MEB. Some of the developments have included understanding the commonality of MEB, identifying the greatest opportunities for prevention, and the importance of implementing interventions that are relevant to the target audiences. All of this progress supported the significance of understanding protective factors. Healthy People 2030 lists several applicable health objectives, including

- MHMD-1: Reduce the suicide rate.
- MHMD-2: Reduce suicide attempts by adolescents.
- MHMD-3: Increase the proportion of children with mental health problems who get treatment.
- MHMD-4: Increase the proportion of adults with serious mental illness who get treatment.

- MHMD-5: Increase the proportion of adults with depression who get treatment.
- MHMD-6: Increase the proportion of adolescents with depression who get treatment.
- MHMD-7: Increase the proportion of people with substance use and mental health disorders who get treatment for both.
- MHMD-8: Increase the proportion of primary care visits where adolescents and adults are screened for depression.

From our assessments, it was very evident that there was a concern in regards to access to mental/behavioral health services. Additional need for better access to care for depression and anxiety were identified as health concerns for our community, with further focus for education centered on young people and the issues that they face.

These objectives bring our agency a unique opportunity to work in collaboration with local partners to improve access to services, enhance our delivery system, and create better referral systems that will overall better serve our community.

Outcome Objective:

1. **Increase the proportion of adults with mental health disorders who receive treatment by 2028.**

Impact Objective:

- 1.1 **Increase depression screening by primary care providers by 2026.**

Intervention Strategy:

- 1.1.1. **The Christian County Health Department will screen clients for depression and develop a referral system with local mental health providers beginning in 2024.**

Many of our clients are considered underserved populations. It is imperative that we work in collaboration with our local mental/behavioral health providers to increase screening measures. By increasing screening measures and linking clients with local resources when needed, our agency can aid in ensuring the provision of adequate treatment for those suffering from mental health issues.

The identified issues surrounding mental health included access to identification and diagnosis of mental health concerns, particularly among youth. There was also significant need identified for better access to care for depression and anxiety. This need included further urgency for education focused on youth and the situations that they are being confronted with.

Improved substance abuse prevention was also identified, along with the need for community involvement and support for this issue. Additionally, increased availability for

addicts to seek local support for recovery and overall education were also determined important. The group members also brought up the concern of creating increased awareness about the implications of further legalization and heightened availability of marijuana.

Actions intended to be taken in order to address the health need:

- Develop a screening tool with assistance from mental health providers for use with our MCH clients.
- Explore a collaboration with local mental health providers to address local needs for services in mental health, substance abuse, and other areas.
- Explore community coalition involvement with schools to develop a community plan to identify mental health, substance abuse, and other issues faced by youth and to provide education around those issues and activities for youth that will promote mental health and substance abuse avoidance.
- Monitor progress of the actions above by observing changes in numbers screened and referred.
- Advocate for funding of expanded local mental/behavioral health resources.

Anticipated impact of these actions:

- Creation of a collaborative effort among healthcare providers and the community to address these issues.
- Identify, coordinate, and promote available local services.
- Expand access to mental/behavioral health services throughout the community.

Planned collaboration between our agency and other facilities or organizations:

- Christian County Board
- Local Mental/Behavioral Health Providers
- Schools

2. Cardiovascular Disease and Related Risk Factors:

Cardiovascular disease is a health priority for our community, and is also recognized as a in the State Health Improvement Plan (SHIP) because Heart Disease is the leading cause of death in the state of Illinois. Chronic Disease is a priority in the SHIP (2021).



This priority was chosen due to the triangulation of data from residents, the two area hospitals, and the quantitative data consulted throughout this process. Most specifically, the four major risk factors of greatest concern to Cardiovascular Disease include 1) obesity (multiple focus groups identified obesity of concern in Christian County as well as quantitative data), 2) smoking (the percentage of the population smoking in Christian County ranked higher than state averages in 9 of 10 years in the County Health Rankings Report), 3) high blood pressure (the percentage of the population ever told they had hypertension in Christian County is 40.5% compared to 32.2% of the population of the state of Illinois), and 4) high blood cholesterol (the percentage of the population ever told they had high blood cholesterol in Christian County is 43.4%

compared to 31.5% of the population of the state of Illinois). In addition, other risk factors for Cardiovascular Disease, in particular the percentage of the population with sedentary lifestyle also rank especially poor in Christian County with the percentage of the population with no exercise in the past 30 days at 29.6% vs. 25.6% in the State of Illinois. The percentage of the population NOT meeting physical activity guidelines in Christian County is 43.9%.

This priority area aligns with the Healthy People 2030 Objectives noted below:

- HDS-01: Improve cardiovascular health in adults.
- HDS-02: Reduce coronary heart disease deaths.
- HDS-03: Reduce stroke deaths.
- HDS-04: Reduce the proportion of adults with high blood pressure.
- HDS-05: Increase control of high blood pressure in adults.
- HDS-06: Reduce cholesterol in adults.
- HDS-07: Increase cholesterol treatment in adults.
- HDS-08: Increase aspirin use for secondary prevention of atherosclerotic cardiovascular disease.
- HDS-09: Reduce heart failure hospitalization in adults.

Outcome Objective:**2. Reduce coronary heart disease deaths in Christian County by 2028.****Impact Objective:****2.1 Increase cholesterol treatment in adults in Christian County by 2026.****Intervention Strategy:****2.1.1 The Christian County Health Department will assist with or implement cholesterol outreach screenings of local residents by 2024.**

This intervention will support many older community members by assisting them to better manage their chronic conditions. Cholesterol meters can be purchased at a relatively low-cost and provide accurate screening results within minutes. Outreach clinics could be provided throughout Christian County either by Health Department staff or area clinic providers. Those identified with high cholesterol will then be referred to their private medical providers for follow-up care and potential medication recommendations.

Actions intended to be taken to address the health need:

- Discussion with area medical providers about expanding access to screening services, developing a program for coordinated case management of those with cardiovascular disease.
- Educate the public about cardiovascular disease and the importance of regular cholesterol screening.
- Monitor progress of the actions above by observing numbers served.

Anticipated impact of these actions:

- Expanded care coordination
- Improved communication between Health Department staff, patients and providers.
- Increased wellness education and activities for area residents.

Planned collaboration between our agency and other facilities or organizations:

- Taylorville Memorial Hospital
- Pana Community Hospital
- Area medical clinics
- Outreach sites

- Senior services

3. Maternal and Child Health

Although clearly not a high-profile area that would garner much public comment in any sort of qualitative process, the quantitative data in this priority area were especially noticeable. Without comprehensive review of local socioeconomic, health behavior, and pregnancy outcome data, this priority area would go completely unnoticed. The following trend data reflects why this issue remains an important concern for this Health Department and Christian County residents overall:

- Percentage of Low Birthweight births has ranked higher than state averages in each of the last ten years.
- The Teen Birth Rate has ranked higher than state averages in each of the ten last years.
- Children in Poverty has ranked higher than state averages in 9 of the last ten years.
- Children raised in single-parent households has ranked higher than state averages in 8 of the last ten years.



The importance of this particular priority area lies in ensuring the health outcomes for the youngest of our population. Research has indicated that ensuring healthy pregnancy outcomes secures a more healthy outcome across the lifespan of these children. Maternal and Child Health was recognized in the SHIP as a priority statewide, as well. Risk factors for infant mortality include such things as birth defects, preterm birth and low birthweight, sudden infant death syndrome (SIDS), pregnancy complications, and accidents. We will ensure these risk factors are taken into consideration as we develop a community-wide plan for addressing this issue.

This priority area aligns with the following Healthy People 2030 objectives:

- MICH-01: Reduce the rate of fetal deaths at 20 or more weeks of gestation.
- MICH-02: Reduce the rate of infant deaths.
- MICH-03: Reduce the rate of deaths in children and adolescents aged 1-19 years.
- MICH-04: Reduce maternal deaths.
- MICH-05: Reduce severe maternal complications identified during delivery hospitalizations.
- MICH-06: Reduce cesarean births among low-risk women with no prior births.

- MICH-07: Reduce pre-term births.
- MICH-08: Increase the proportion of pregnant women who receive early and adequate prenatal care.
- MICH-09: Increase abstinence from alcohol among pregnant women.
- MICH-10: Increase abstinence from cigarette smoking among pregnant women.
- MICH-11: Increase abstinence from illicit drugs among pregnant women.
- MICH-12: Increase the proportion of women of childbearing age who get enough folic acid.
- MICH-13: Increase the proportion of women who had a healthy weight before pregnancy.
- MICH-14: Increase the proportion of infants who are put to sleep on their backs.
- MICH-15: Increase the proportion of infants who are breastfed exclusively through age 6 months.
- MICH-16: Increase the proportion of infants who are breastfed at 1-year.
- MICH-17: Increase the proportion of children who receive a developmental screening.
- MICH-18: Increase the proportion of children with autism spectrum disorder who receive special services by age 4 years.
- MICH-19: Increase the proportion of children and adolescents who receive care in a medical home.
- MICH-20: Increase the proportion of children and adolescents with special health care needs who have a system of care.

Outcome Objective:

3. Reduce the rate of infant deaths by 2028.

Impact Objective:

- 3.1 Increase the proportion of infants who are exclusively breastfed through age 6 months by 2026.**

Intervention Strategy:

- 3.1.1 The Christian County Health Department will increase promotion of breastfeeding to those Christian County residents enrolled in WIC by 2024.**

Actions intended to be taken to address the health need:

- Train WIC staff to become lactation consultants.
- Purchase breastfeeding materials.
- Develop/engage in social marketing campaigns to target populations both community-wide and within WIC.
- Develop better relationships with area clinicians focused around Maternal/Child Health issues.

Anticipated impact of these actions:

- Increase opportunities for health promotion of MCH issues.
- Increase healthcare contacts focused around MCH issues.
- Shared knowledge/resources.

Planned collaboration between our agency and other facilities or organizations:

- Area hospitals and clinics.
- Media consultants

4. Unintentional Injury

As noted earlier, it isn't always readily apparent what the priorities should be if we were to review only the qualitative data provided through online assessments and focus groups. This issue in particular is another one that may otherwise go unnoticed if it weren't for the access we had to quantitative data. In support of this issue, consider the following:

- Alcohol-Impaired driving deaths ranked higher in Christian County than state averages over 6 of the last ten years.
- Similarly, the rate of injury deaths ranked higher than state averages in 9 of the last ten years.
- The population deemed at-risk of binge drinking in Christian County was 21.8 percent compared to 19.9% in Illinois.

The CDC has noted that 40% of unintentional injury deaths are preventable. Risk factors associated with this priority include: alcohol and drug use (including prescription drug misuse), lack of safety belt and motorcycle helmet use, exposure to occupational hazards, and unsafe homes and communities. This priority area is not in alignment with the SHIP priorities but was identified as a key health concern locally. We will ensure these factors are taken into

consideration as we develop community-wide strategies to address this priority concern.

This priority area is aligned with the following Healthy People 2030 Objectives:

- IVP-01: Reduce fatal injuries
- IVP-02: Reduce emergency department visits for non-fatal injuries.
- IVP-03: Reduce unintentional injury deaths.
- IVP-04: Reduce emergency department visits for non-fatal unintentional injuries.
- IVP-05: Reduce fatal traumatic brain injuries.
- IVP-06: Reduce deaths due from motor vehicle crashes.
- IVP-07: Reduce the proportion of deaths of car passengers who weren't buckled in.
- IVP-08: Reduce fall related deaths among older adults.

Outcome Objective:

- 4. Reduce fatal injuries by 2028.**

Impact Objective:

- 4.1 Increase the proportion of the population wearing seatbelts by 2026.**

Intervention Strategy:

- 4.1.1 The Christian County Health Department will work in collaboration with local partners to promote seatbelt usage amongst area residents.**

Actions intended to be taken to address the health need:

- Secure funding from the Illinois Department of Transportation concerning impaired driving and occupant protection.
- Work with local law enforcement and other area partners to develop a comprehensive injury prevention program.
- Develop an appropriate social marketing campaign focused on area youth.
- With grant funding, hire a health education specialist to focus on this priority area.

Anticipated impact of these actions:

- Improved local partnerships focused around injury prevention.
- Funding to local communities to assist with injury prevention efforts.
- Reduction in risks associated with unintentional injury.

Planned collaboration between our agency and other facilities or organizations:

- Local law enforcement
- Area schools
- EMS

5. Access to Dental Care

The last priority for our health department addresses the concern of Access to Dental Care. Cited as a concern in the Pana Community Hospital Needs Assessment as well, the ratio of Dentists per 100,000 population is less than half that of the State of Illinois. In addition, Dental Care Utilization in Christian County is significantly poorer with just 61.4% of the population age 18 and over who report having been to the dentist or dental clinic in the previous year compared to 65.7% of the State of Illinois. Within Christian County, 16.3% of adults age 18 and older reported having lost all of their natural teeth because of tooth decay or gum disease compared to 11.8% of the population of the State of Illinois. Access to care has been identified as a priority in the SHIP (2021).



People are more likely to have poor oral health if they are low-income, uninsured, and/or members of racial/ethnic minority, immigrant, or rural populations who have suboptimal access to quality oral health care. We will take these risk factors into consideration as we develop a community-wide response to this priority health concern.

This priority aligns with the following Healthy People 2030 objectives:

- OH-01: Reduce the proportion of children and adolescents with lifetime tooth decay.
- OH-02: Reduce the proportion of children and adolescents with active and untreated tooth decay.
- OH-03: Reduce the proportion of adults with active or untreated tooth decay.
- OH-04: Reduce the proportion of older adults with untreated root surface decay.

- OH-05: Reduce the proportion of adults aged 45 years and over who have lost all their teeth.
- OH-06: Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis.
- OH-07: Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.
- OH-08: Increase the use of the oral health care system.
- OH-09: Increase the proportion of low-income youth who have a preventive dental visit.
- OH-10: Increase the proportion of children and adolescents who have dental sealants on 1 or more molars.
- OH-11: Increase the proportion of people whose water systems have the recommended amount of fluoride.

Outcome Objective:

- 5. Reduce the proportion of children and adolescents with lifetime tooth decay by 2028.**

Impact Objective:

- 5.1 Increase the proportion of low-income youth who have a preventive dental visit by 2026.**

Intervention Strategy:

- 5.1.1 The Christian County Health Department will work in collaboration to ensure school-based dental exams are provided in area elementary schools by 2024.**

Actions intended to be taken to address the health need:

- Identify existing dental resources currently provided to low-income children within our population.
- Develop collaborative partnerships with existing dental resources to assist and advocate for this service within our population.
- Explore opportunities available to provide local school-based dental exams and sealant programs within area elementary schools.

- Explore grant opportunities available within the Illinois Department of Public Health Division of Oral Health to aid the development of this service within Christian County.

Anticipated impact of these actions:

- Improved communication among providers resulting in better coordination of services for patients and others.
- Improved communication with area schools with regard to community health initiatives.
- Improved access to local health and community services

Planned collaboration between our agency and other facilities or organizations:

- Local area dentists
- Local elementary schools

Included in the Appendices are recommended best practices to improve the priority health concerns identified. These approaches come from www.thecommunityguide.org and are offered as best practices after extensive review of existing evidence.

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Appendices

I. Christian County Health Rankings Trend Report

II. The Community Guide – Selected Recommended Community Health Improvement Strategies

Christian County: County Health Rankings & Roadmaps

Christian County Rates and Favorability Factor* Ratios, 2013-2022

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
OVERALL RANK (of 102 IL Counties)		81	80	84	75	64	68	54	52	58	68
Health Outcomes											
Length of Life											
Premature Death		7,628	7,628	8,258	8,200	7400	7600	7400	7300	7200	7900
Favorability Factor*		1.155	1.155	1.301	1.302	1.175	1.206	1.122	1.089	1.091	1.113
Morbidity											
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Quality of Life											
Poor or Fair Health		18%	NA	NA	14%	13%	15%	15%	14%	18%	18%
Favorability Factor*		1.2			0.824	0.813	0.882	0.882	0.823	1.125	1.059
Poor Physical Health Days		4.3	3.7	3.7	3.5	3.6	3.9	3.9	3.6	4.4	4.1
Favorability Factor*		1.26	1.088	1.088	0.921	1.0	1.026	1.026	.947	1.222	1.139
Poor Mental Health Days		2.5	NA	NA	3.5	3.6	3.6	3.6	4	4.6	4.9
Favorability Factor*		0.757			0.972	1.059	1.029	1.029	1.053	1.211	1.167
Low Birthweight		9.30%	9.60%	9.30%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%
Favorability Factor*		1.107	1.143	1.107	1.125	1.125	1.125	1.125	1.125	1.125	1.125
Health Behaviors											
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Adult Smoking		21%	22%	22%	16%	16%	17%	17%	16%	22%	21%
Favorability Factor*		1.105	1.222	1.222	0.9412	1.067	1.063	1.063	1.067	1.375	1.4
Adult Obesity		29%	32%	33%	33%	32%	30%	30%	29%	36%	36%
Favorability Factor*		1.074	1.143	1.222	1.222	1.185	1.071	1.035	0.967	1.2	1.125
Physical Inactivity		27%	28%	31%	32%	26%	27%	26%	29%	32%	29%
Favorability Factor*		1.08	1.166	1.347	1.455	1.238	1.227	1.182	1.318	1.45	1.16

[illegible]

CPSTF Findings for Mental Health

Following is an alphabetical list of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence and access supporting materials.

Interventions to Improve Mental Health or Address Mental Illness

Intervention	CPSTF Finding
Collaborative Care for the Management of Depressive Disorders	 Recommended (strong evidence) June 2010
Mental Health Benefits Legislation	 Recommended (sufficient evidence) August 2012
School-Based Cognitive Behavioral Therapy Programs to Reduce Depression and Anxiety Symptoms	
Targeted	 Recommended (strong evidence) February 2019
Universal	 Recommended (strong evidence) February 2019
Interventions to Reduce Depression Among Older Adults	
Clinic-Based Depression Care Management	 Recommended (sufficient evidence) February 2008
Community-Based Exercise Interventions	 Insufficient Evidence February 2008
Home-Based Depression Care Management	 Recommended (strong evidence) February 2008

CPSTF Findings for Heart Disease and Stroke Prevention


Following is an alphabetical list of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence and access supporting materials.

Interventions to Prevent Heart Disease and Strokes


Intervention

CPSTF Finding


[Clinical Decision-Support Systems \(CDSS\)](#)

 Recommended (sufficient evidence)
April 2013

[Interactive Digital Interventions for Blood Pressure Self-Management](#)

 Recommended (sufficient evidence)
August 2017

[Interventions Engaging Community Health Workers](#)

 Recommended (strong evidence)
March 2015


[Mobile Health \(mHealth\) Interventions for Treatment Adherence among Newly Diagnosed Patients](#)

 Recommended (sufficient evidence)
December 2017


[Reducing Out-of-Pocket Costs for Cardiovascular Disease Preventive Services for Patients with High Blood Pressure and High Cholesterol](#)

 Recommended (strong evidence)
November 2012

[Tailored Pharmacy-based Interventions to Improve Medication Adherence](#)


 Recommended (strong evidence)
April 2019

[Team-Based Care to Improve Blood Pressure Control](#)


 Recommended (strong evidence)
December 2020

Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control

[When Used Alone](#)

 Recommended (sufficient evidence)
June 2015

[When Combined with Additional Support](#)

 Recommended (strong evidence)
June 2015

CPSTF Findings for Obesity

The following is an alphabetical list of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence and access supporting materials. This table does not include [inactive](#) or [archived](#) reviews. Findings are divided into the following categories:

- [Interventions in Community Settings](#)
- [Interventions in Schools](#)
- [Provider-Oriented Interventions](#)

Interventions in Community Settings

Intervention

[Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children](#)

[Digital Health Interventions for Adolescents with Overweight or Obesity](#)

[Worksite Programs](#)

Technology-Supported Multicomponent Coaching or Counseling Interventions

[To Reduce Weight](#)

[To Maintain Weight Loss](#)

CPSTF Finding



Recommended (strong evidence)
August 2014



Recommended (sufficient evidence)
July 2019



Recommended (sufficient evidence)
February 2007



Recommended (sufficient evidence)
June 2009



Recommended (sufficient evidence)
June 2009

Interventions in Schools

Intervention

Read a separate [summary of CPSTF findings for school-based interventions](#).

Healthy Eating Interventions in Schools

[Multicomponent Interventions to Increase Availability of Healthier Foods and Beverages in Schools](#)



Recommended (sufficient evidence)
December 2016

Meal or Fruit and Vegetable Snack Interventions to Increase Healthier Foods and Beverages Provided by Schools



Recommended (sufficient evidence)
December 2016

Supporting Healthier Snack Foods and Beverages Sold or Offered as Rewards in Schools



Insufficient Evidence
December 2016

Increasing Water Access in Schools



Insufficient Evidence
December 2016

Healthy Eating Interventions Combined with Physical Activity Interventions in Schools

Meal or Fruit and Vegetable Snack Interventions Combined with Physical Activity Interventions in Schools



Recommended (sufficient evidence)
April 2018

Multicomponent Interventions (Meal or Fruit and Vegetable Snack Interventions + Healthier Snack Foods and Beverages) Combined with a Physical Activity Intervention in Schools



Insufficient Evidence
October 2018

Supporting Healthier Snack Foods and Beverages Sold or Offered Combined with Physical Activity Interventions in Schools



Insufficient Evidence
October 2018

Increasing Water Access Combined with Physical Activity Interventions in Schools



Insufficient Evidence
April 2018

Provider-Oriented Interventions

Intervention

CPSTF Finding

Provider Education



Insufficient Evidence
October 2007

Provider Education with a Patient Intervention



Insufficient Evidence
February 2008

Provider Feedback



Insufficient Evidence
October 2007

Provider Reminders



Insufficient Evidence
October 2007

Multicomponent Provider Interventions



Insufficient Evidence
February 2008

Multicomponent Provider Interventions with Patient Interventions











Insufficient Evidence
February 2008


CPSTF Findings for Tobacco

The following table includes alphabetized lists of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence and access supporting materials, and where available, link to [Research-tested Intervention Programs \(RTIPs\)](#). This table does not include [inactive](#) or [archived](#) reviews.

Interventions to Reduce Tobacco Use and Secondhand Smoke Exposure

Comprehensive Tobacco Control Programs	Cessation Initiation Secondhand Smoke Exposure	 Recommended (strong evidence) August 2014
Internet-based Cessation Interventions	Cessation	 Recommended (sufficient evidence) December 2019
Interventions to Increase the Unit Price for Tobacco Products	Cessation Health Disparities Initiation	 Recommended (strong evidence) November 2012
Mass-Reach Health Communication Interventions	Cessation Initiation	 Recommended (strong evidence) April 2013
Mobile Phone Text Messaging Cessation Interventions	Cessation	 Recommended (strong evidence) July 2020
Quitline Interventions	Cessation	 Recommended (strong evidence) August 2012
Reducing Out-of-Pocket Costs for Evidence-Based Cessation Treatments	Cessation	 Recommended (strong evidence) August 2012
Smoke-Free Policies	Cessation Initiation Secondhand Smoke Exposure	 Recommended (strong evidence) November 2012




Incentives and Competitions to Increase Smoking Cessation Among Workers




When Combined with Additional Interventions	Cessation	 Recommended (strong evidence) June 2005
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Restricting Minors' Access to Tobacco Products

CPSTF FINDINGS ON PREGNANCY HEALTH




The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to promote pregnancy health. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.

Legend for CPSTF Findings:  Recommended  Insufficient Evidence  Recommended Against (See detailed description on the next page.)

INTERVENTION	CPSTF FINDING
Exercise programs to prevent gestational hypertension	
Lifestyle interventions to reduce the risk of gestational diabetes	
Community-wide campaigns to promote the use of folic acid supplements	

UNDERSTANDING THE FINDINGS

CPSTF bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from CPSTF, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

Category	Description	Icon
Recommended	There is strong or sufficient evidence that the intervention strategy is effective . This finding is based on the number of studies, how well the studies were designed and carried out, and the consistency and strength of the results.	
Insufficient Evidence	There is not enough evidence to determine whether the intervention strategy is effective. This does not mean the intervention does not work. There is not enough research available or the results are too inconsistent to make a firm conclusion about the intervention strategy's effectiveness. CPSTF encourages those who use interventions with insufficient evidence to evaluate their efforts.	
Recommended Against	There is strong or sufficient evidence that the intervention strategy is harmful or not effective .	

Visit the [Community Guide Methodology](#) page on The Community Guide website for more information about the methods used to conduct the systematic reviews and the criteria CPSTF uses to make findings and recommendations.

For more information, visit the [pregnancy health](#) topic page.

CPSTF Findings for Motor Vehicle Injury

The following table includes alphabetized lists of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence and access supporting materials. This table does not include [inactive](#) or [archived](#) reviews. Findings are divided into the following categories:

[Reducing Alcohol-Impaired Driving](#)

[Use of Child Safety Seats](#)

[Use of Motorcycle Helmets](#)


[Use of Safety Belts](#)

Reducing Alcohol-Impaired Driving

Intervention

[0.08% Blood Alcohol Concentration \(BAC\) Laws](#)


CPSTF Finding

 Recommended (strong evidence)
August 2000


[Ignition Interlocks](#)

 Recommended (strong evidence)
April 2006


[Lower BAC Laws for Young or Inexperienced Drivers](#)

 Recommended (sufficient evidence)
June 2000


[Maintaining Current Minimum Legal Drinking Age \(MLDA\) Laws](#)

 Recommended (strong evidence)
August 2000

[Mass Media Campaigns](#)

 Recommended (strong evidence)
June 2002

[Multicomponent Interventions with Community Mobilization](#)


 Recommended (strong evidence)
June 2005

[Publicized Sobriety Checkpoint Programs](#)

 Recommended (strong evidence)
August 2012

School-Based Programs

[Instructional Programs](#)


 Recommended (sufficient evidence)
October 2003

Use of Child Safety Seats


Intervention

CPSTF Finding


Community-Wide Information and Enhanced Enforcement Campaigns

 Recommended (sufficient evidence)
June 1998


Distribution and Education Programs

 Recommended (strong evidence)
June 1998

Incentive and Education Programs

 Recommended (sufficient evidence)
June 1998

Laws Mandating Use


 Recommended (strong evidence)
June 1998

Use of Motorcycle Helmets

Intervention

CPSTF Finding

Universal Helmet Laws


 Recommended (strong evidence)
August 2013

Use of Safety Belts


Intervention

CPSTF Finding


Enhanced Enforcement Programs

 Recommended (strong evidence)
October 2000

Laws Mandating Use

 Recommended (strong evidence)
October 2000



Primary (vs. Secondary) Enforcement Laws

 Recommended (strong evidence)
October 2000

CPSTF Findings for Oral Health

The following is an alphabetical list of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence and access supporting materials. This table does not include [inactive](#) or [archived](#) reviews.

Interventions to Increase Oral Health

Intervention	CPSTF Finding
Dental Caries (Cavities)	
Community Water Fluoridation	 Recommended (strong evidence) April 2013
Community-Based Initiatives to Promote the Use of Dental Sealants	 Insufficient Evidence April 2013
School-Based Dental Sealant Delivery Programs	 Recommended (strong evidence) April 2013
Craniofacial Injuries	
Community-Based Interventions to Encourage Use of Helmets, Facemasks, and Mouthguards in Contact Sports	 Insufficient Evidence October 2013
Oral Cancers and Potentially Malignant Disorders	
Population-Based Interventions for Early Detection	 Insufficient Evidence October 2013