

Carroll County Health Department

2024-2029 IPLAN

Prepared by:
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Public Health Administrator

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CARROLL COUNTY HEALTH DEPARTMENT

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October 24, 2024

Joann Bardwell, IPLAN Administrator
Division of Health Policy
Illinois Department of Public Health 2nd Floor
525 West Jefferson Street
Springfield, IL 62761-0001

Dear Ms. Bardwell,

It is with great pleasure that I present the Carroll County Health Department's Plan for Local Assessment of Needs. The Carroll County Board of Health has reviewed and approved the IPLAN Community Health Assessment Plan, which was developed with the participation of health department staff and community residents. The Board of Health is pleased that the employees of the Carroll County Health Department were able to work cooperatively with other community agencies and residents in the development of the plan and assessment.

The IPLAN Community Assessment and Health Plan were approved at our October 24, 2024 Board of Health meeting.

The Carroll County Board of Health will continue to support our staff members in their efforts to provide programs that are responsive to the needs of our community.

Sincerely,

David Reese, MD
President
Carroll County Board of Health

**CARROLL COUNTY BOARD OF HEALTH
2024**

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Public Health Assistant Administrator**

COMMUNITY HEALTH PLANNING COMMITTEE

Name & Affiliation

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Dr. Dan Woods, MD
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Bart Ottens
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Farmer's National Bank

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William Iske
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Community Member/Business Owner

Amy Barnes
Realtor

Mark Maidak
Community Member

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Executive Summary

The Carroll County 2024-2029 Community Needs Assessment and Community Health Plan is a community health approach to improving the quality of life for the citizens of Carroll County. The Community Health Plan represents an attempt to address the three priority areas identified in the Needs Assessment process. The content of the plan includes a description of each priority area. The description includes an analysis of each problem or priority, and how the priority relates to state and national statistics, as well as the Year 2029 objectives. Objectives have been established for each priority, with intervention strategies listed to address each problem.

Quantitative survey data from community residents was collected from February 7, 2024 to March 11, 2024. The survey website address and QR code were distributed on flyers by Carroll County Health Department staff at locations throughout Carroll County. Analysis showed that all surveys were accessed via the QR code. Additional statistical data were obtained from a variety of sources, with the primary sources being the Illinois Department of Public Health (IDPH) and US Census.

A virtual process based on the Nominal Group Process model was used to determine priority areas based on qualitative data from Carroll County residents. The virtual process included four rounds of emails with five community members and business owners participating.

Data collection for this process focused on the Social Determinants of Health and how they affect the community's health. Therefore, the top priorities may not reflect a specific health concern but rather how these priorities affect all health concerns. The connection to health issues will be reflected in the risk factors and strategies.

The top 2 priorities identified in the needs assessment and to be addressed in the health plan are as follows:

1. Crumbling roads and empty store fronts
2. Lack of access to 'other' health care such as mental health and substance abuse

When determining the 3rd priority area, several issues had the same amount of 'votes.' These include access to healthy foods, cancer, access to emergency care, and lack of good jobs or job security. Health department staff chose to address cancer as its 3rd priority. The strategies to address this topic will be in conjunction with the other issues identified.

The staff of the Carroll County Health Department will continue to work toward the reduction of morbidity and mortality associated with the priority health areas, and intervention strategies will continue to be implemented. Evaluation of our progress will be conducted in Year 4 of the project.

Statement of Purpose:

The goal of a health needs assessment is to create a “Health Plan” that incorporates the input of the community with statistical data so that we can target efforts to improve the health of the county. As indicated by the APEX manual, the Community Process strengthens the partnership between a local health department and its community by addressing major public health problems and building a healthy community. The results of our health needs assessment provide an avenue to communicate with the public about the county they live in. The following describes the health plan for Carroll County that includes goals, objectives, and strategies for our 3 priority areas. This plan will be used to implement those strategies over the next 5 years.

Methods:

The Carroll County Health Department (CCHD) and University of Illinois College of Medicine Rockford’s (UICOMR) Division of Health Research and Evaluation (HRE) partnered to conduct Carroll County’s Illinois Project for Local Assessment of Needs (IPLAN) in 2024. Carroll County residents were surveyed on current health needs as well as issues and barriers to achieving optimal health in Carroll County.

Quantitative survey data from community residents was collected from February 7, 2024, to March 11, 2024. The survey website address and QR code were distributed on flyers by the Carroll County Health Department staff at locations throughout Carroll County. Analysis showed that all surveys were accessed via the QR code.

The survey included more than 120 questions that were based on the Social Determinants of Health. The Social Determinants of Health are those non-medical factors or conditions that influence health and well-being and include the following components: Education Access and Quality, Economic Stability, Health Care Access and Quality, the Neighborhood and Built Environment, and Social and Community Context. Specifically, our survey questions assessed social and demographic characteristics of respondents, including household size and employment, community strengths and needs, overall health, including general, behavioral, and mental health, health literacy, youth, environment, and recommendations from the respondents.

The survey tool was developed collaboratively by local health department staff and HRE staff and programmed into the online statistical platform, Qualtrics. Basic demographic information was collected from respondents, but no identifying information was collected making the survey anonymous.

The survey was programmed into the Qualtrics platform and administered electronically. The survey allowed us to track: (i) the number of respondents who clicked into the survey and completed no questions, (ii) the number who completed part of the survey and (iii) the number who completed all of the survey. A total of 70 respondents clicked into the survey of which 13 completed 0 or 1 question. These 13 surveys were removed from the data set which left us with 57 surveys of which 49

respondents (86%) completed all questions. Fifty-seven respondents completed at least 19 questions of the survey and constituted the final sample size used for analysis. The average time taken to complete the survey was 23 minutes.

Once quantitative survey data analysis was completed, 9 of the top issues identified as factors and issues affecting health, were emailed to 5 community leaders who agreed to participate in a virtual nominal group process. The community leaders were asked to identify their top 5 of those 9 issues. Once the top 5 were identified, they were asked to choose their top 3 from those top 5. These 3 became our 3 priority areas.

Description of the Process:

As a result of changes in Administration for the Carroll County Health Department, Kerry Whipple, Public Health Administrator, first came on board in June of 2023. As a result of a busy first year of learning the process, it was decided that the Carroll County Board of Health would serve as the IPLAN committee once data was collected in addition to a virtual nominal group process of community leaders. The Board of Health was kept updated of the data collection process throughout the duration of the open survey. The final data report was emailed to the Board of Health during the week of October 21, 2024. The local health department certification process and the IPLAN community process were explained.

At the October 24th, 2024 Board of Health meeting, the committee reviewed data collected both from census data and from the results of quantitative survey administered to Carroll County residents for a 6 week period. Data tables were explained and discussed. In addition, the results from the virtual nominal group process were presented along with proposed goals, objectives, and strategies to address the top 3 health concerns. The Board of Health reviewed and approved the final IPLAN report.

Analysis:

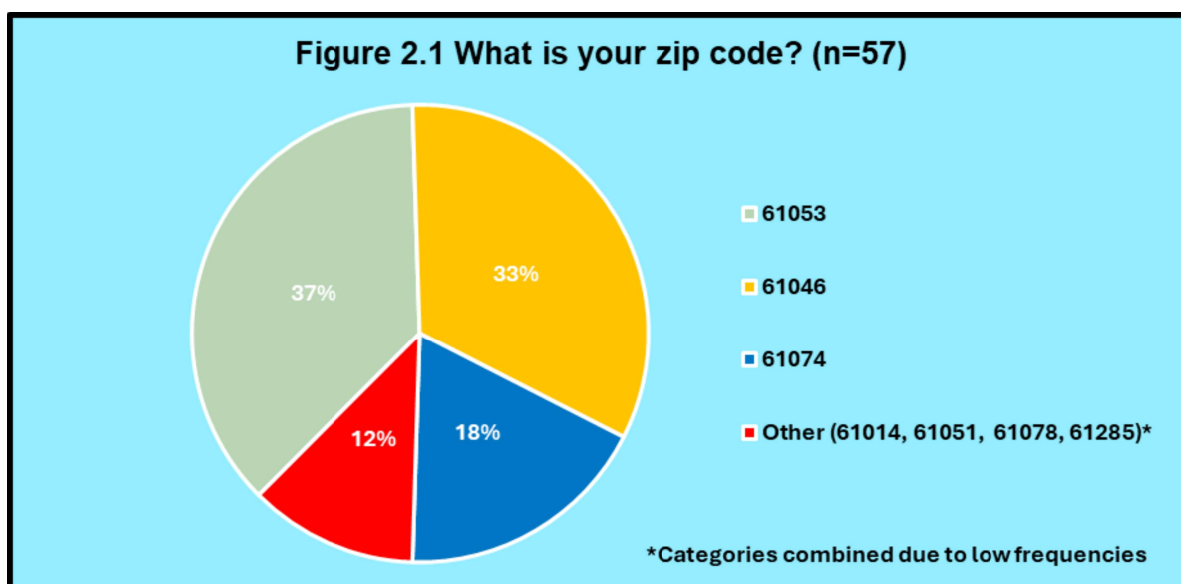
The analysis and report of survey data from UIC can be found in Appendix 1. The following data tables show general population data from available Census data and IQuery data. A comparison of the Census tables, IQuery data, and the demographics of our survey participants is included. The biggest limitation of our data collection from residents is that we only had 57 usable surveys. Of those, the majority completing the surveys were seniors. Therefore, the survey respondents do not accurately represent Carroll County. However, we feel the data is still valuable in beginning efforts to address the community's needs.

Demographics and Socioeconomic Characteristics

Location

While census data shows the highest populated zip code in Carroll County to be Thompson (Table 1), Thompson also houses a federal prison. Prisoners are captured on census data, but our survey was not available to them so in this case, the survey population appears skewed. Most survey respondents came from the other three of Carroll County's most populous zip codes 61053 (Mt. Carroll, 37%), 61046 (Lanark, 33%), and 61074 (Savanna, 18%). The remaining 12% of respondents reside in zip codes 61014 (Chadwick), 61051 (Milledgeville), 61078 (Shannon), and 61285 (Thompson) (Figure 2.1).

Table 1. Annual Population Estimates: Carroll County, 2014-2024		
	Carroll	
Year	Population	% Change
2014	15,509	0.21%
2015	15,540	0.21%
2016	15,571	0.21%
2017	15,602	0.21%
2018	15,633	0.20%
2019	15,664	0.20%
2020	15,702	0.24%
2021	15,733	0.20%
2022	15,764	0.20%
2023	15,796	0.20%
2024	15,828	0.20%
Sources: U.S. Census Bureau, Population Division		
World Population Review Tables: PEPANNRES Annual Estimate and Population		
P1: RACE - Census Bureau Table		



Race

The demographics of our survey respondents more closely resembled census data but still minorities were not represented. Most respondents (80%) were White, and no one indicated that they were of Hispanic, Latino or Spanish origin.

Sex

2020 Census data for Carroll County indicates an even split among males (50.2%) and females (49.8%) (Figure 2.1.2). However, of survey respondents, there were twice as many women (56%) as men (28%) (Figure 2.2).

Age

According to the 2020 Census, only about 15% of residents are between the ages of 60 and 69, however, 60–69-year-olds represented 35% of respondents in this survey (Figure 2.3). Just over 1 in 5 (23%) of respondents were between 40 and 49 years old and 18% of respondents were between 70 and 79 years old. Of the remaining respondents 11% were 30-39 years old, and 9% were 50-59 years old.

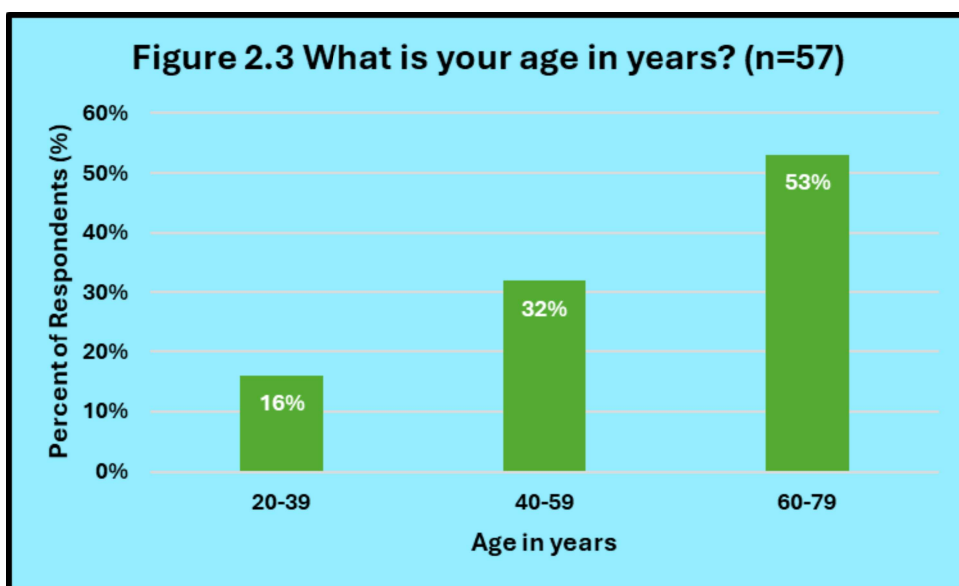
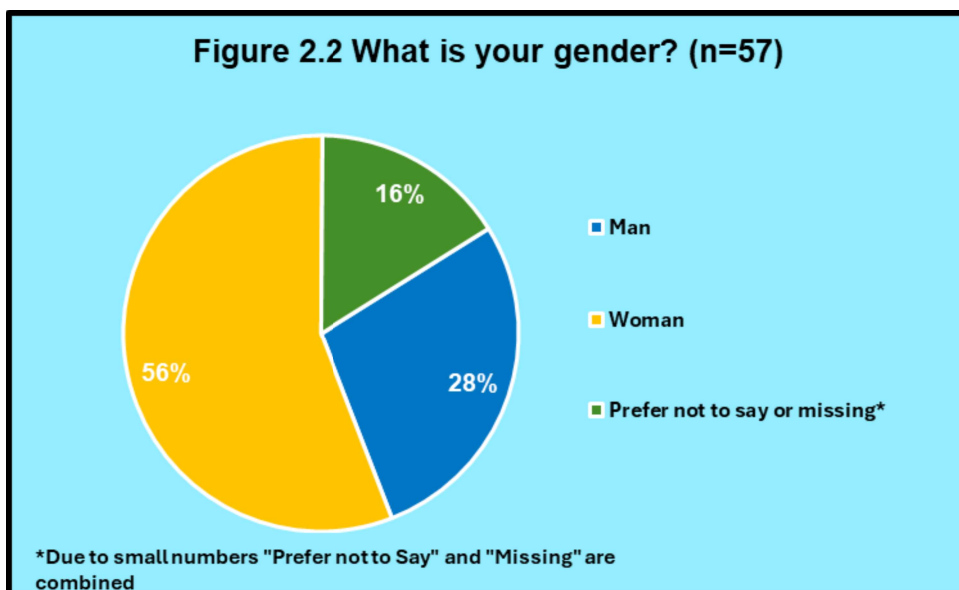
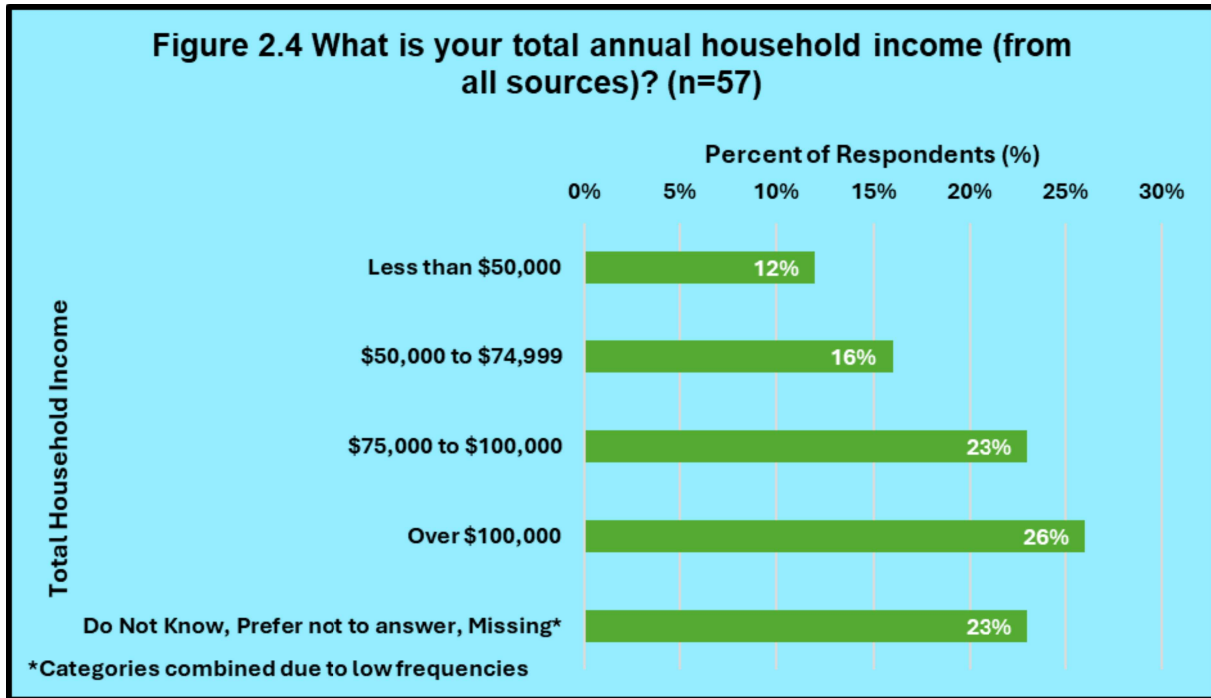


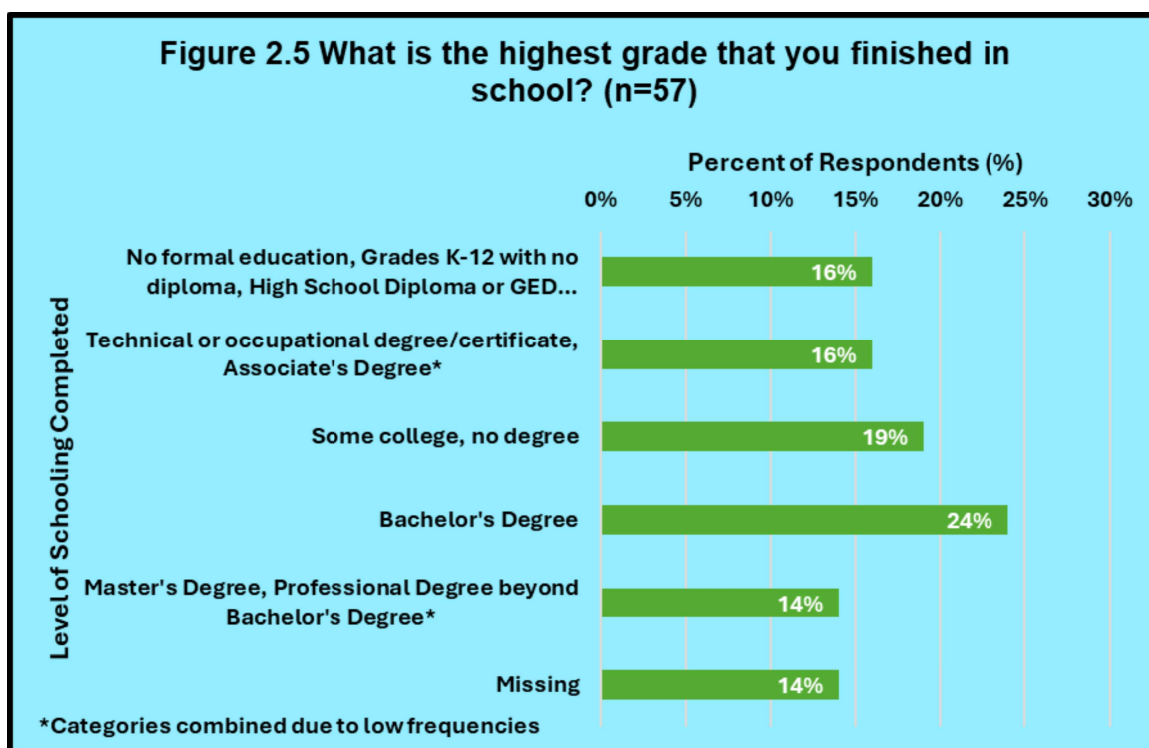
Table 2. Age Distribution of Population of Carroll County by Age, 2021

	n	%
Overall	15,594	100%
Sex		
Male	7,842	50.30%
Female	7,744	49.70%
Ratio (Males/100 Females)	116.3	
Age Range		
< 5	713	4.60%
5-9	808	5.20%
10-14	776	5.00%
15-19	858	5.50%
20-24	1,003	6.40%
25-29	863	5.50%
30-34	896	5.70%
35-39	972	6.20%
40-44	914	5.90%
45-49	899	5.80%
50-54	923	5.90%
55-59	1,083	6.90%
60-64	1,159	7.40%
65-69	1,189	7.60%
70-74	944	6.10%
75-79	691	4.40%
80-84	516	3.30%
> 85	387	2.50%
Median Age	47	
Selected Age Categories		
5 to 14 years	1,584	10.20%
15 to 17 years	521	3.30%
Under 18	2,818	18.10%
18 to 24 years	1,340	8.60%
15 to 44 years	5,506	35.30%
16 and over	13,184	84.50%
18 and over	12,776	81.90%
21 and over	12,283	78.80%
60 and over	4,886	31.30%
62 and over	4,318	27.70%
65 and over	3,727	23.90%
75 and over	1,594	10.20%
Source: US Census Bureau, 2021: ACS 1-Year Estimates Subject Tables		



Income

Carroll County's median household income is \$61,539, according to 2022 US Census Bureau American Community Survey 5-year estimates, and Illinois' median household income is \$78,433. Nearly half of respondents to this survey make more than Carroll County's and Illinois' median income, with 23% making \$75,000-\$100,000 per year and 26% making over \$100,000 per year (Figure 2.4). Sixteen percent of respondents made \$50,000-\$74,999 per year and 12% made less than \$50,000 per year. Twenty-three percent of respondents did not know their household income, preferred not to state, or were missing. These three categories were collapsed due to low frequencies.



Education

Nineteen percent of Carroll County residents, 25 or over, have a bachelor's degree according to the 2022 American Community Survey 5-year estimates. Nearly one in four respondents to this survey had a bachelor's degree (21%) and an additional 14% had a higher level of education such as a master's degree or professional degree beyond a bachelor's degree (Figure 2.5). Almost one in five respondents (19%) completed some college without getting a degree while 16% completed a technical or occupational degree or certificate or an associate's degree. Sixteen percent of respondents selected the individual categories of no formal education, did grades K-12 with no diploma, or received a high school diploma or GED equivalent, but these categories were combined for presentation purposes.

IQuery is a web based data system for collecting and disseminating public health data. IQuery's priority areas include: demographic and socioeconomic characteristics (described above), general health and access to care, maternal and child health, chronic disease, infectious disease, environmental issues, and sentinel events. IQuery data is included below.

Maternal and Child Health data

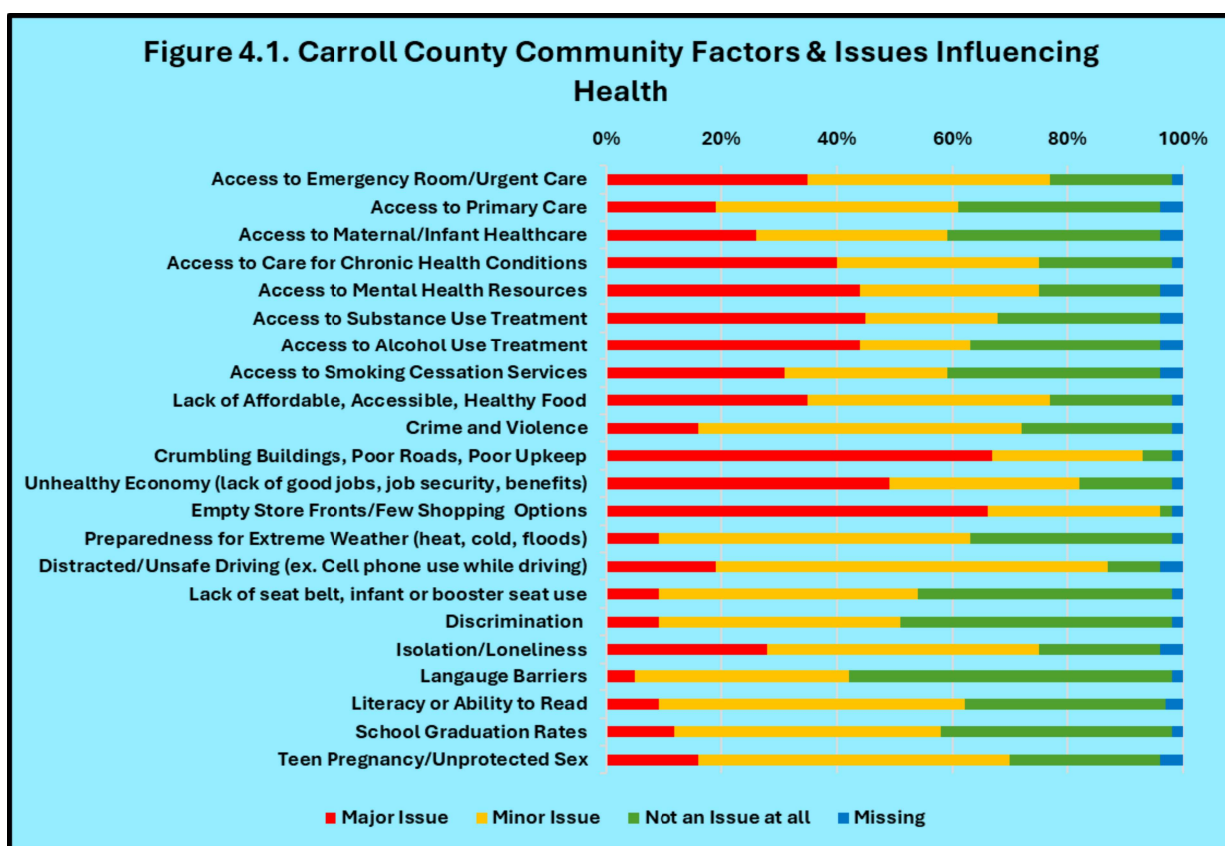
Compared to other rural counties and the State of Illinois, Carroll County fares well in maternal and child health. Adverse pregnancy conditions were better than other rural counties and the State and is about the same with regard to low birthweight. However, there is work to be done with pregnant mothers who smoke in Carroll County as our rates are much higher than our peer counties and the State. As a result, decreasing

smoking among pregnant mothers has been added to our work plan. Interestingly, 37% of our survey respondents did not believe access to smoking cessation services was an issue in the County.

General Health and Access to Care

The leading cause of death in Carroll County is heart disease (347.3) followed by cancer (265.2). Carroll County's rates are worse than the State rate (165.9 and 155.1 respectively) and about equal with peer counties (although the cancer rate is slightly higher).

While 88% of survey respondents have a primary care provider, access to all types of care was of concern to residents of Carroll County. Carroll County does not have a hospital in the county. Neither are there specialists causing residents to travel outside the county for care. Services for mental health and substance abuse treatment are all but non-existent in Carroll County. As shown in Figure 4.1, these are major concerns to Carroll County residents.

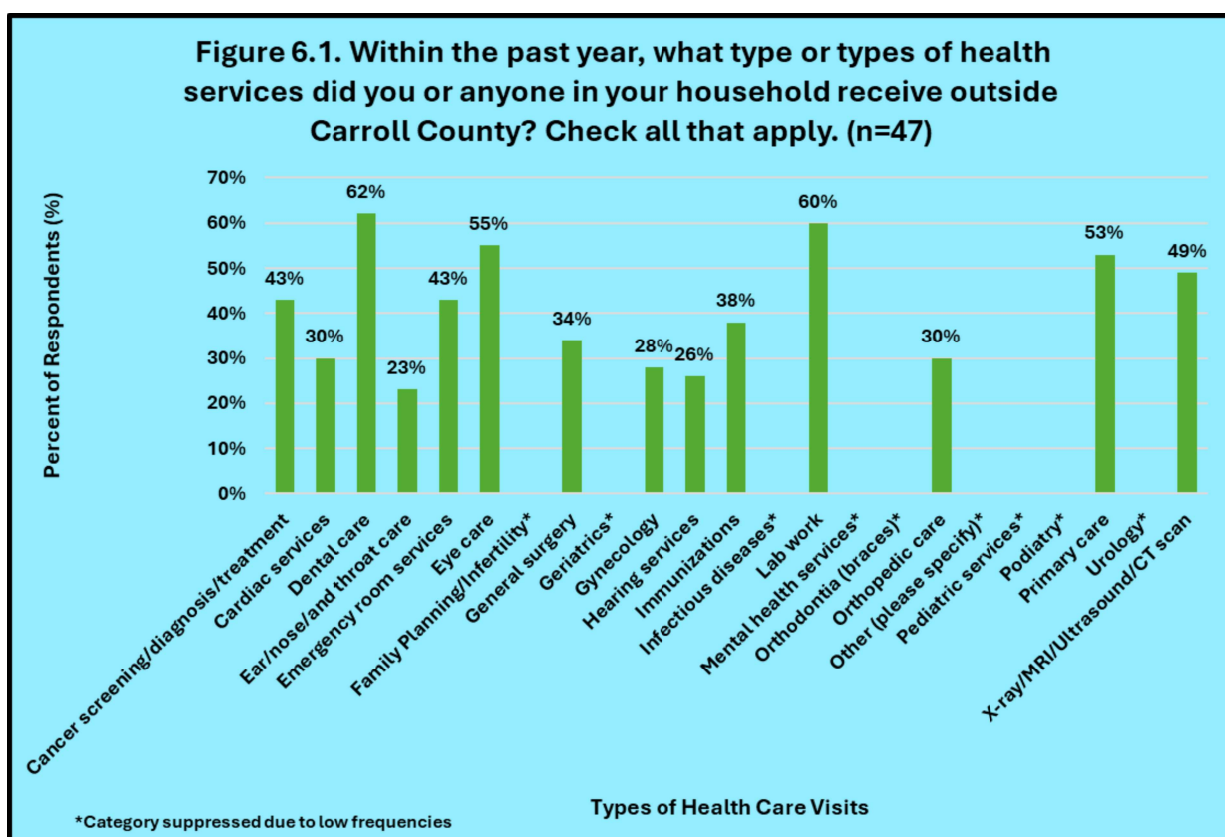


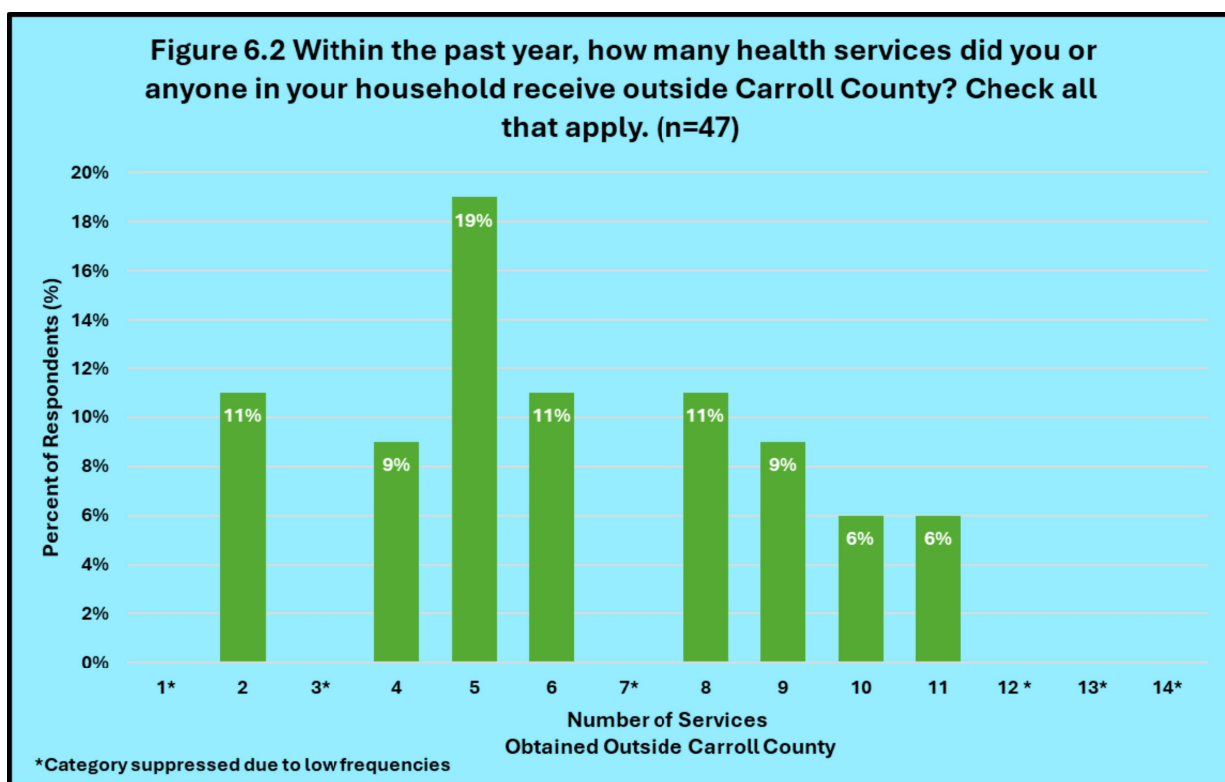
More than one in three respondents (35%) see “access to emergency room/urgent” care as a major issue and 42% see this as a minor issue. “Access to primary care” is seen as a major issue by 19% of respondents and as a minor issue by 42% of respondents. Thirty-five percent of respondents do not see access to primary care as an issue at all. “Access to maternal and infant healthcare” is “not an issue at all” to

37% of survey respondents. Twenty-six percent of respondents do see access to maternal and infant healthcare as a major issue and one in three (33%) respondents see it as a minor issue.

When respondents were asked about “access to care for chronic health conditions (obesity, heart disease, diabetes, cancer, etc.)”, 40% of respondents see this as a major issue and 35% see it as a minor issue in the county.

Access to mental health resources, substance use treatment and alcohol use treatment, were all seen by respondents as major issues with between 44% and 46% of respondents rating each of these as major issues. Access to mental health resources is seen as a minor issue by an additional 32% of respondents. Access to substance use treatment is seen as minor issue by 23% and access to alcohol use treatment is seen as a minor issue by 19% of respondents.





The number of services received outside of Carroll County by any one respondent varied from a low of 1 to a high of 14 services. Nineteen percent of respondents received 9 services outside of the county in the past year and 11% each received 2, 6 or 8 services outside of the county. Data for all number of visits not suppressed is presented in figure 6.2.

Forty-seven respondents indicated that they obtained some type of health care service outside of Carroll County. The most frequently mentioned health care service obtained outside of Carroll County was dental care mentioned by 61% of respondents and lab work identified by 60% of respondents. Fifty-five percent of respondents obtained vision care outside of the county, 53% obtained primary care outside of the county and 49% of respondents received X-ray, MRI, ultrasound, or CT scans outside of the county. Equal percentages of respondents at 43% obtained emergency care services and cancer screening, diagnosis and/or treatment outside of Carroll County. Gynecology and immunization services were obtained outside of the county by 38% of respondents in each category and 34% of respondents had general surgery outside of the county. Thirty percent of respondents leave the county for cardiac care and 30% leave the county for orthopedic care. Hearing services are obtained outside Carroll County by 26% of respondents and 23% obtain ear, nose, and throat services outside the county.

The top reasons for receiving services outside of Carroll County included choosing a health care provider in another city (55%), and lack of availability of health care providers (53%) in Carroll County for the services needed.

Maternal and Child Health

Table 3 Outcome	Carroll County Crude Rate	Rural County Crude Rate	IL Crude Rate
Babies born at 27-36 weeks with an adverse pregnancy outcome	13.4	19.4	24.2
Babies born at 37+ weeks with an adverse pregnancy outcome	17	24.5	29.5
Babies born at less than 27 weeks with an adverse pregnancy outcome	8.5	6.4	10.9
Babies born at less than 27 weeks with birth defects	2.4	2.5	2.8
Babies born at 37+ weeks with birth defects	12.1	17.8	18.2
Babies born at 27-26 weeks with birth defects	8.5	10.2	9.9
All babies born with an adverse pregnancy outcome	38.8	49.7	65.9
All babies born with birth defects	23.1	29.4	31.7
Birthweight under 1500 grams	NA	19.4	18
Birthweight 2500 grams or greater	869	1051.5	1039.4
Birthweight 1500-2499 grams	NA	76.8	77.4
Babies born to mothers who smoke during pregnancy*	171.3	235	89.9
Babies born to mothers who drink alcohol during pregnancy	NA	20.3	4.1
*Addressed in health priority objectives			

Chronic Disease

Table 4 Outcome		Carroll County	Rural Counties	IL
Deaths by diseases of the heart		347.3	293.8	165.9
Deaths by malignant neoplasms*		265.2	265.8	155.1
*Addressed in health priority objectives				

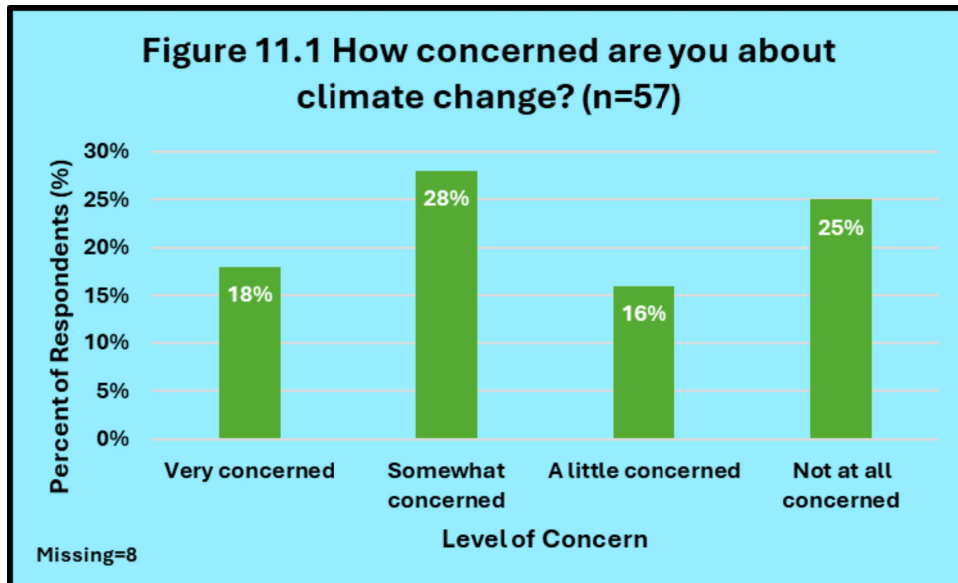
Infectious Disease

Table 5 Infectious Disease (2016 data available in IQery)	Carroll County Number of cases	IL Number of cases
Hepatitis C, chronic	8	9,066
Pertussis	2	1,034
Salmonellosis	3	1,808

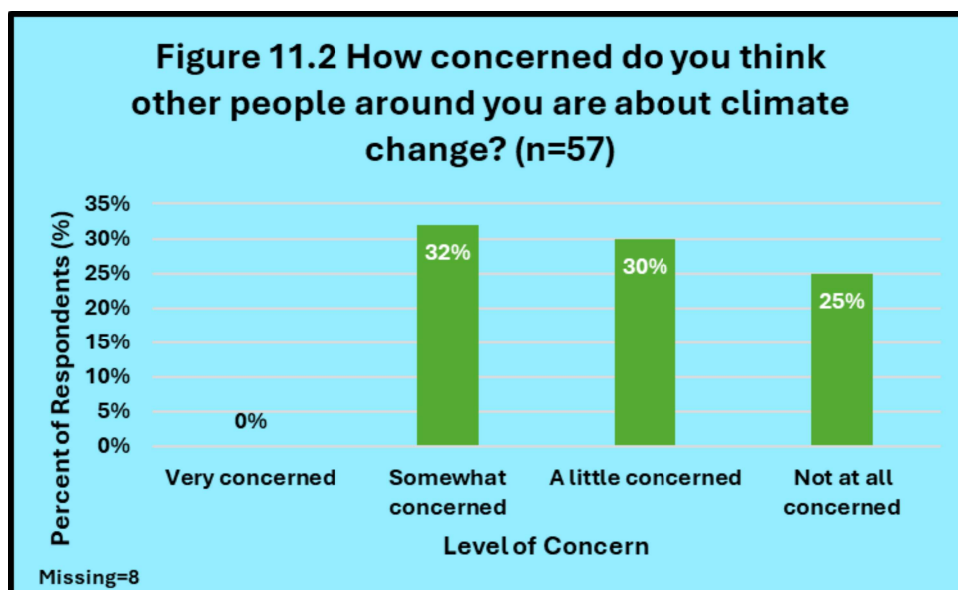
Environmental/Occupational/Injury Control

There was no data for Carroll County regarding environmental factors in IQery. However, when asked, our respondents demonstrated concerns about climate change.

Figure 11.1 shows that Carroll County residents are concerned about climate change. This survey found that overall, 62% of respondents were concerned at some level about climate change with 18% very concerned, 28% somewhat concerned and 16% a little concerned about climate change. Approximately one in four (25%) respondents were not at all concerned about climate change and 14% were missing.



When asked, “How concerned do you think people around you are about climate change?”, 32% of respondents feel those around them are somewhat concerned about climate change and 30% thought others are a little concerned about climate change as shown in Figure 11.2. One in four (25%) respondents think those around them are “not at all concerned” about climate change.

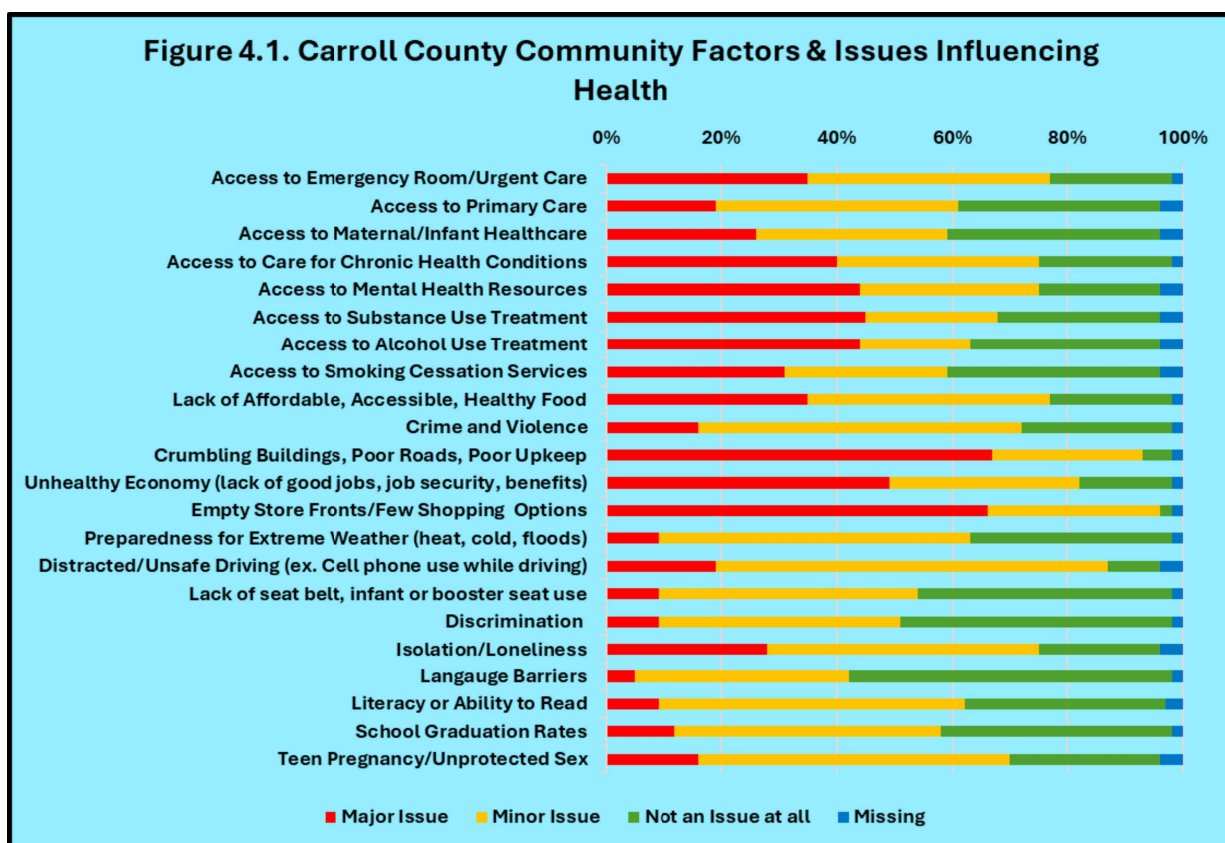


More than half of respondents (54%) say their concern about climate change has stayed the same in the past year. One in four respondents (25%) report being more concerned about climate change in the past year.

Sixty-eight percent of respondents report being neither satisfied nor dissatisfied with the actions their local community is taking to address climate change. Approximately 12% of respondents are either satisfied or very satisfied with the actions their local community is taking to address climate change. Thirty-five percent of respondents believe climate change or changes in temperature and weather patterns will affect their health, housing, safety, or work in the next five years. Eighteen percent of respondents are not sure if climate change will affect their health. One in three respondents said no to this question while 14% were missing a response.

Sentinel Events

Sentinel Events (2022 data available in IQery)	Carroll County Number of cases	IL Number of cases
Deaths by COVID-19	16	7,149



Also included in Figure 4.1, major issues in the county identified by more than half of respondents included crumbling buildings, poor roads, poor upkeep of neighborhoods, and empty store fronts/few shopping options. Minor issues in the county identified by more than half of respondents included crime and violence; preparedness for extreme weather (heat, cold, floods, etc.); distracted/unsafe driving (example: cell phone use while driving); literacy or ability to read; and teen pregnancy/unprotected sex.

Using the Nominal Group process via email, of all of the issues outlined in Figure 4.1, the following issues were identified as the most important:

- Crumbling roads and store fronts
- Access to other health care (substance abuse, mental health, etc.)
- Cancer
- Heart Disease
- Access to healthy foods
- Access to emergency care
- Lack of good jobs or job security
- Activities for teens
- Discrimination
- Unhealthy economy

The top 2 priorities identified in the needs assessment and to be addressed in the health plan are as follows:

1. The Built Environment (specifically, crumbling roads and empty store fronts)
2. Lack of access to 'other' health care such as mental health and substance abuse

When determining the 3rd priority area, several things had the same amount of 'votes' from our nominal group members. These included access to healthy foods, cancer, access to emergency care, and lack of good jobs or job security (also part of the Built Environment). Health department staff chose to address cancer as its 3rd priority. The strategies to address this topic will be determined within the structure of the social determinants of health.

The October 24, 2024 meeting of the Board of Health was devoted to completing the Health Problem Analysis Worksheets and the Community Health Plan Worksheets. The Healthy People 2030 objectives were used as a guideline. The group then discussed proven intervention strategies that could be implemented, as well as possible programs, resources available, and possible barriers.

Healthy People 2030

As part of developing the objectives for each of the health problems, we used Healthy People 2030 as a guide. These HP 2030 objectives are included in our plan:

HP 2030 Objective: Explore the impact of community health assessment and improvement planning efforts.

HP 2030 Objective: Reduce new cases of cancer and cancer-related illness, disability, and death.

HP 2030 Objective: Increase the proportion of people with a substance use disorder who got treatment in the past year.

HP 2030 Objective: Increase the proportion of adults with serious mental illness who get treatment.

State Health Improvement Plan Concurrence

Carroll County concurs and aligns with the long-term outcome and intermediate outcomes listed in the State Plan (*SHIP 2028 Priorities*).

Health Priority: Prioritizing the Built Environment

While none of the SHIP goals specifically match this health priority, the SHIP does mention the importance of the physical and built environment.

Health Priority: Cancer: Concurrence with State Health and Improvement Plan.

1. Increase opportunities for tobacco-free living.

Health Priority: Access to Care: Concurrence with State Health and Improvement Plan.

1. Improve the mental health and SUD system's infrastructure to support and strengthen prevention and treatment.
2. Reduce mortality due to mental health conditions and SUD through harm reduction and preventative care strategies.

COMMUNITY HEALTH PLAN PRIORITIES

Priority 1 Health Problem - Prioritizing the built environment

Justification: Priority 1

The Built Environment can seem unrelated to health as these typically relate to infrastructure. However, “the neighborhoods where people live in have a major impact on their health and well-being. Healthy People 2030 focuses on improving health and safety in places where people are born, live, learn, work, play, worship, and age” (Healthy People 2030, para 1). Built environments are frequently included as part of a strategy to address other health priorities. For example, efforts to address chronic disease, obesity, nutrition, and access to care are often accompanied by strategies to improve the built environment (Hatton et al., 2024).

Respondents of the survey specifically mention crumbling roads and empty storefronts in the built environment. These things can be signs of poverty, lack of businesses and economic growth, and high crime and violence. Low-income neighborhoods tend to lack community participation and sometimes need the assistance of community leaders and stakeholders. All of these have a negative impact on community and individual health.

When addressing the built environment, communities tend to lack the capacity to do so thus reducing our ability to address health issues as mentioned above. According to Hatton et al., 2024 risk factors include:

- Lack of data and cost sharing
- Institutional silos
- Limited formation of the partnerships and collaborations needed to address such complex public health issues
- Lack of understanding as to how the built environment connects to health status.
- Limited funds
- Lack of staff expertise

HP 2030 Objective: Explore the impact of community health assessment and improvement planning efforts.

Outcome objective: Increase intersectoral planning and coordinated action in which public health departments and community and business leaders work with partners to strategize and address the built environment in the county.

Impact objectives:

1. By the end of year one, a committee will be comprised of individuals and entities to discuss solutions to crumbling roads and empty store fronts and the health issues that are consequences of them. (This committee will include a variety of expertise including: builders, engineers, transportation, and social service providers.)
2. By the end of year 2, with identified solutions, funding sources (new funding and cost sharing) will be identified.
3. By the end of year 3, a formal plan based on the above activities will be shared with Carroll County residents.
4. By the end of year 4, an evaluation of our progress will be conducted.
5. By the end of year 5, at least one major project will be identified and implemented by the committee.

Proven Intervention Strategies:

1. Improve collaboration and break down barriers with community experts and citizens.
2. Creation, implementation, and enforcement of county policies that deal with abandoned store fronts and buildings.
3. Promote services of the health department that aid families who fall below the poverty level.

Resources Available:

The Carroll County Board of Health is supportive and involved in the health department's initiatives.

As mentioned, poverty can directly affect the built environment. The health department has funding for services such as WIC, free immunization clinics, and free limited dental services to assist families in poverty with household expenses.

Barriers:

Possible barriers to meeting this goal include:

- lack of interest or understanding from county leaders to address such issues in conjunction with the health department
- economic factors
- geographic (very rural area, difficult to enforce existing laws and provide transportation to health department for services)

Program Evaluation:

Evaluating the effects of improving the built environment will include both infrastructure and the creation of a community committee that will work on these issues. As mentioned, poverty can be at the heart of such issues. Evaluation efforts will focus on measuring the achievements of the outcome and impact objectives. This will include measuring:

- the creation of a community committee
- the number of meetings of the committee
- the number of people participating in the meetings
- the creation of a plan to address the built environment
- the number of policies created, implemented, and enforced
- programs and presentations offered and the number of attendees
- the number of participants in health department programs

ANTICIPATED SOURCES OF FUNDING: Funding is limited.

Fees for service

DHS funding for WIC and immunizations

Outside dental office that comes regularly to conduct prevention screenings for children

COMMUNITY HEALTH PLAN PRIORITIES

Priority 2. Health Problem - Cancer

Justification (Priority 2)

Research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers (Healthy People 2030). These advances show that more than half of people who contract cancer will be alive in 5 years. Even with new advances, cancer remains a leading cause of death in the United States, second only to heart disease. In Carroll County cancer is the second leading cause of death. Rates for cancer in Carroll County have only minimally improved since 2001. Healthy People 2030 objectives reflect the importance of promoting screening for cervical, colorectal, and breast cancer. They also highlight the importance of monitoring the incidence of invasive cancer (cervical and colorectal) and late-stage breast cancer, which are intermediate markers of cancer screening success.

Many factors contribute to cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES). An individual's status would include other factors such as educational levels and geographic location (where the person lives). Rural areas with access to care issues and no hospitals contribute to higher incidences of cancer. All of these factors are associated with the risk of developing and surviving cancer (Healthy People 2030).

As with most diseases, prevention has the utmost importance. Cancer is preventable by reducing risk factors such as: use of tobacco products, physical inactivity, poor nutrition, Ultraviolet light exposure and obesity. Many studies show that early detection through screening greatly increases survival rates of specific cancers including breast, cervical, and colorectal. Other cancers can be prevented by getting vaccinated against human papillomavirus (HPV) and hepatitis B virus. Screening is effective in identifying some types of cancers early and often highly treatable including: Breast cancer (using mammography), Cervical cancer (using Pap test alone or combined Pap test and HPV test) and Colorectal cancer (using stool-based testing, sigmoidoscopy, or colonoscopy) For cancers with evidence-based screening tools, early detection must address the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment.

Risk factors such as being overweight and obesity have also been linked to developing certain cancers, including but not limited to colorectal, breast, uterine corpus (endometrial), pancreas, and kidney cancers. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases. (Healthy People 2030).

Cigarette smoking (and possibly vaping) is directly related to cancer. Smoking is the single most preventable cause of disease and death in the United States. Smoking

results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined (Healthy People 2030).

HP 2030 Objective: Reduce new cases of cancer and cancer-related illness, disability, and death.

SHIP Priority Area Goals: Increase opportunities for tobacco free living.
Increase community-clinical linkages to reduce the incidence and burden of chronic disease.

Outcome Objective:

By 2029, decrease the age-adjusted cancer death rate by 5%.

Risk Factor:
Tobacco Use

Impact Objective:

By 2029, decrease the proportion of adults ages 18 and over who use tobacco products from 19% to 9% (County Health Rankings, 2024)

Decrease the smoking rate among pregnant mothers by 10% by 2029.

Early detection

By 2029, increase the proportion of adults aged 25 and older who are being screened for colorectal cancer at the health department from <1% to 10%. (No baseline data for Carroll County. IL baseline: 84% of adults have never had a blood stool test).

By the end of 2024, increase the number of participants who use the health department for genetic cancer testing by 75 people.

Contributing Factors (Indirect/Direct):

The contributing factors to cancer that were identified include:

- local social influence
- low perception of risk or harm
- family structure
- social/community norms
- physical dependency
- availability, acceptability, and peer pressure
- addiction
- genetics

- social influences
- environment
- lack of support systems
- access to screenings
- poor diet and inactivity
- obesity

Proven Intervention Strategies:

1. Enforcement of the Family Smoking Act.
2. Provide health education about health department services to the public, pregnant women, and WIC clients.
3. Increase the number of pregnant mothers participating in tobacco cessation classes.
4. Support enforcement of tobacco and vaping policy changes within schools, communities, and retailers.
5. Promote and recruit adults for the Carroll County genetic cancer screenings.
6. Provide community education of early detection.
7. Increase the number of individuals using home colorectal screening tests.
8. Increase tobacco policies (including vaping) in schools.

Resources Available:

The health department participates in the IL Tobacco Free Communities program that focuses on enforcing the Family Tobacco Act and policy implementation in schools. The health department has initiated genetic screening for most cancers. The health department has initiated a home colorectal cancer test kit program via a private foundation donation.

Barriers

Possible barriers to meeting this goal include:

1. cultural traditions
2. addiction to nicotine
3. lack of funding
4. demographics – lots of rural areas, difficult to enforce existing laws, transportation
5. lack of insurance
6. demographics – lots of rural areas, difficult to reach early detection/prevention
7. stigma attached to cancer
8. apathy to early detection.

Further potential barriers include limited funding for prevention programs, social norms/ environments, negative peer pressure, resistance to change, cultural traditions, rural demographics, and denial of having cancer and tobacco-related issues.

Program Evaluation

Evaluating the effects of cancer prevention programs will focus on measuring the achievements of the outcome and impact objectives. This will include measuring:

- the number of individuals participating in the cancer genetic screening program
- the number of people who quit smoking, including pregnant women
- the number of individuals who use home colorectal kits.
- the number of respondents to the *IL BRFSS Report* who identify themselves as having used tobacco
- policy changes.

ANTICIPATED SOURCES OF FUNDING

IDPH: Illinois Tobacco Free Communities funds

Southern Seven County grant for genetic testing

Allan & Letha Rahn Foundation (tsmJ)

COMMUNITY HEALTH PLAN PRIORITIES

Priority 3. Health Problem – Lack of access to ‘other’ health care such as mental health and substance abuse

Justification

About half of people in the United States will be diagnosed with a mental health disorder at some point in their lifetime (Healthy People 2030). In 2022, over 48 million people aged 12 or older had substance use disorder in the past year. This number includes alcohol and drug use (SAMHSA, 2022). Only 65% of adults with serious mental illness received treatment last year and only 12% of people with substance abuse disorders received treatment last year (Healthy People 2030). In Carroll County, between 2010 and 2015, there was a 300% increase in opioid deaths compared to 83% increase in IL between 2013 and 2016 (IDPH, 2024). There is a severe lack of mental health providers and treatment centers in Carroll County. There are 740 people to every 1 mental health provider in Carroll County and zero substance treatment facilities in the county.

HP 2030 Objective: Increase the proportion of people with a substance use disorder who got treatment in the past year.

HP 2030 Objective: Increase the proportion of adults with serious mental illness who get treatment.

SHIP Priority Area Goals: Improve the mental health and substance abuse disorder (SUD) system’s infrastructure to support and strengthen prevention and treatment.

Outcome Objectives

By 2029, increase access to mental health providers by 5% (Baseline: 740:1).

By 2029, increase access to substance abuse treatment facilities by 5% (Baseline: 0 treatment facilities in Carroll County).

Risk Factors

Lack of access

Impact Objective:

By 2029, increase the number of mental health providers and substance abuse treatment facilities that offer telehealth services by 5% to Carroll County residents.

Increase the number of mental health providers that accept Medicaid by 2 by 2029.

Increase transportation to mental health providers and substance abuse treatment facilities in nearby counties by 5% by 2029.

Contributing Factors (Indirect/Direct):

The contributing factors for mental health include:

- limited funding
- genetics
- traumatic events
- unhealthy habits
- drugs and alcohol
- no providers in NW IL that have openings and/or take Medicaid
- lack of equitable pay for MH providers compared to the rest of the state

The contributing factors for substance abuse includes:

- Genetic predisposition
- Histories of early substance use
- Trauma
- Co-occurring mental health conditions
- Norms and laws favorable to substance use
- Racism and lack of economic opportunity

Proven Intervention Strategies:

1. Educate and motivate the public concerning mental health and substance use disorders to decrease stigma.
2. Collaboration with community partners to leverage resources to recruit mental health and substance abuse treatment providers.
3. Increase and improve screening services for mental health and substance abuse among adolescents for early detection.

Resources Available:

Sinnissippi Centers has one location in Carroll County and a couple of other sites in nearby counties.

Barriers

Potential barriers include:

- limited funding
- no attraction for new mental health providers or substance abuse treatment providers
- social stigma
- rural area and lack of transportation to nearby counties

Evaluating the effects of the lack of access to mental health and substance abuse treatment providers focus on measuring the achievements of the outcome and impact objectives. This will include measuring:

- the number of providers that provide telehealth services to Carroll County residents
- the number of referrals from PCPs for substance use or mental health disorders
- the number of presentations to community groups regarding the lack of services and lack of access to those services
- development of a task force to coordinate resources

ANTICIPATED SOURCES OF FUNDING: Funding is limited.

IDPH Tobacco Free Communities grant

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HEALTH PLAN WORKSHEETS 2024

Carroll County Community Health Plan Worksheet

Health Problem: Prioritizing the built environment	<u>Outcome Objective (5-year goal for change in the health problem):</u> By 2029, increase intersectoral planning and coordinated action in which public health departments and community and business leaders work with partners to strategize and address the built environment.
Risk Factors: <ul style="list-style-type: none"> • Lack of data and cost sharing • Institutional silos • Limited funds • Lack of staff expertise 	<u>Impact Objectives</u> <ul style="list-style-type: none"> • By the end of year 1, a committee will be established comprised of individuals and entities to discuss solutions to crumbling roads and empty store fronts and the health issues that are the consequences of them. • By the end of year 2, with identified solutions, funding sources will be identified. • By the end of year 3, a formal plan based on the above activities will be shared with Carroll County residents. • By the end of year 4, an evaluation of progress will be conducted. • By the end of year 5, at least one major project will be identified and implemented by the committee.
Contributing Factors: <ul style="list-style-type: none"> • Limited formation of the partnerships and collaborations needed to address such complex public health issues • Lack of understanding as to how the built environment connects to health status 	<u>Proven Intervention Strategies:</u> <ul style="list-style-type: none"> • Improve collaboration and break down barriers with community experts and citizens. • Creation, implementation, and enforcement of county policies that deal with abandoned store fronts and buildings. • Promote services of the health department that aid families who fall below the poverty level.
<u>Resources Available:</u> <ul style="list-style-type: none"> ○ Carroll County Board of Health ○ Health department services for those living below the poverty level. 	<u>Barriers:</u> <ul style="list-style-type: none"> ○ Lack of interest or understanding from county leaders to address such issues in conjunction with the health department ○ Economic factors ○ Geographic area

HEALTH PLAN WORKSHEETS 2024

Health Problem: Cancer Rates	<u>Outcome Objective</u> By 2029, decrease the age-adjusted cancer death rate by 5%.
Risk Factors: <ul style="list-style-type: none"> ○ Tobacco use ○ Early detection 	<u>Impact Objectives</u> <ul style="list-style-type: none"> • By 2029, decrease the proportion of adults ages 18 and over who use tobacco products from 19% to 9% (County Health Rankings, 2024) • By 2029 increase the proportion of adults aged 25 and older being screened for colorectal cancer from <1% to 10%. • By the end of 2024, increase the number of participants who use the health department for genetic cancer testing by 75 people.
Contributing Factors: <ul style="list-style-type: none"> ○ Low perception of risk or harm ○ Social/community norms ○ Addiction ○ Availability and accessibility to tobacco products. ○ Genetics ○ Access to screenings ○ Obesity 	<u>Proven Intervention Strategies</u> <ul style="list-style-type: none"> ○ Enforcement of the Family Smoking Act ○ Health education about health department services ○ Pregnant mothers participating in tobacco cessation classes ○ Creation of school vaping policies ○ Consistent enforcement of tobacco/vaping policies ○ Promotion and recruitment for genetic cancer screenings ○
<u>Resources Available:</u> <ul style="list-style-type: none"> ○ Support groups ○ Dept of Human Services ○ Local churches ○ Schools ○ Family interventions/support ○ FHN ○ Carroll County Board of Health ○ Carroll County Substance Education Coalition ○ Rahn Foundation (tsmJ) ○ Local government agencies 	<u>Barriers:</u> <ul style="list-style-type: none"> ○ Cultural traditions ○ Addictions (pre-existing) ○ Lack of funding ○ Demographics – lots of rural areas, difficult to enforce existing laws ○ Stigma attached to addiction ○ Denial by community and individuals about dietary-related issues ○ Reluctant to do colorectal testing ○ Apathy to early detection

HEALTH PLAN WORKSHEETS 2024

<p>Health Problem:</p> <p>Lack of Access to ‘other’ health care such as mental health and substance abuse.</p>	<p><u>Outcome Objective</u></p> <p>By 2029, increase the number of mental health providers by 5% (Baseline: 740:1). By 2029, increase the number of mental health providers that accept Medicaid by 2 by 2029.</p>
<p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Lack of access 	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u> By 2021, increase the proportion of women ages 40 and older who have received a mammogram within the last year from 93.4% to 95%. [Baseline 93.4% vs 57.23% IL BRFSS, 2014)</p>
<p>Contributing Factors:</p> <ul style="list-style-type: none"> ○ Limited funding ○ No providers in NW IL have openings and/or take Medicaid ○ Lack of equitable pay for providers compared to the rest of the state 	<p><u>Proven Intervention Strategies</u></p> <ul style="list-style-type: none"> ○ Educate and motivate the public concerning mental health and substance abuse disorders to decrease stigma. ○ Collaboration with community partners to leverage resources to recruit mental health and substance abuse treatment providers. ○ Increase and improve screening services for MH and SA among adolescents for early detection.
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ○ Sinnissippi Centers 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ○ Limited funding ○ No attraction for providers to come to Carroll County ○ Social stigma ○ Rural area and lack of transportation

Appendix

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(Attached in a separate file)