

Illinois Project for Local Assessment of Needs

Douglas County Health Department
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Executive Summary

The Douglas County Health Department remains the local public health authority for cities and villages located in Douglas County. The DCHD, with assistance from Eastern Illinois graduate student Hannah Myers, utilized the Mobilizing for Action through Planning and Partnership (MAPP) framework, a community-driven strategic planning process, to assist in the Illinois Project for Local Assessment of Needs (IPLAN). Collectively, we assessed the current health status of the county, identified public health concerns and constructed a comprehensive plan to improve our county's overall health.

The purpose of the IPLAN is to identify community health problems and propose solutions through a comprehensive and ongoing planning process. It is unique in that the community directs the decision-making under the guidance and leadership of the local health department. The IPLAN is conducted at least every 5 years, and has a minimum of 3 health priorities, with time-referenced and measurable outcomes and objectives that have impactful intervention strategies. These health priorities are then used for community discussions and planning. Then the planning documentation can be used for funding proposals to ensure completion of the process.

The MAPP process presented here is composed of four assessments. Approximately 17 community leaders, known as our Local Health Committee, met to review current community health data and results of the Community Themes and Strengths Assessment. Our Local Health Committee also reviewed the previous 2015 IPLAN. With such information, new health priorities were established for the Douglas County Health Department.

The four MAPP Assessments:

1. The Community Health and Status Assessment utilized data accessed from County Health Rankings and Roadmaps, Douglas County Health Reports, Illinois State Police Reports, the Illinois Department of Public Health, U.S. Census Reports and the U.S. Department of Labor to construct a basic health assessment of the county. With such data, we were able to determine:
 - No major population change or shift in demographics.
 - Median income remains lower than state average.
 - Significantly higher rural population than the state which may change/alter approach to the delivery of goods and/or services.
 - No significant rate of violence.
 - Between 38%- 48% of students enrolled in the public school system are eligible for free or reduce priced lunches.
2. To perform the Community Themes and Strengths Assessment, we surveyed 266 community residents using the survey platform Qualtrics, to better assess health concerns and areas of improvement.

- Participants identified drug abuse, bullying, and poor mental health as public health concerns of residents 18 and under.
 - Participates identified stress, drug abuse, and obesity as public health concerns of residents 19 and up.
 - Participates identified Douglas County as a safe place to live, a great place to raise children, and great police and fire services when evaluating county assets.
 - However, participates identified job opportunities, childcare options, and access to mental health services as areas in need of greatest improvement.
3. Local Health Committee (LHC) included 17 community leaders representing various communities, groups, and organizations spanning throughout Douglas County. This group met twice, via Zoom, to identify public health concern. These individuals also
 - Developed objectives and strategies for the IPLAN process.
 - Mobilized partnerships for effective delivery of services.
 - Evaluated current services.
 4. Forces of Change Assessment helped community leaders identify forces, or other changes in society, that may affect the public health system. While this discussion was condensed to give greater attention to the community health assessment and local health committee, its findings are nonetheless worthy to document.

Health Priorities Identified

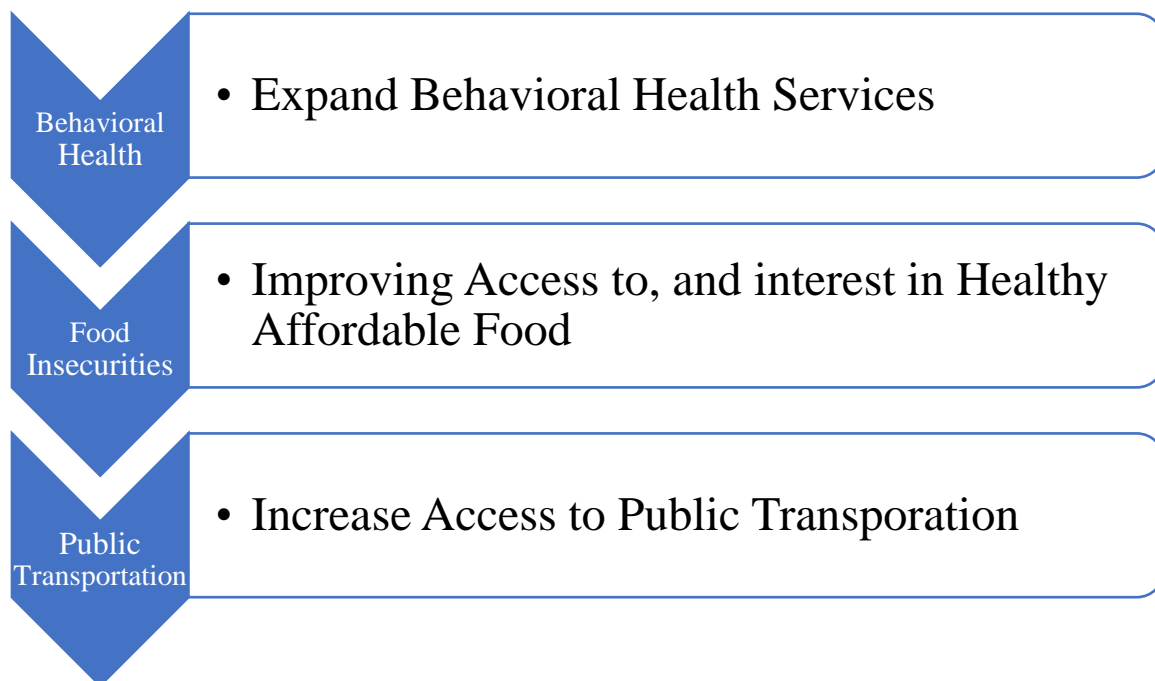
Based on the four MAPP assessments, community members identified three health priorities. Those three health priorities are listed below and will serve as a guide to the health departments planning and activities for the next five years.

All of our selected priorities align with the Healthy People 2030 priorities. The Healthy People 2030 priorities are split up into objectives. The heading of these objectives contain Health Conditions, Health Behaviors, Populations, Settings and Systems, and Social Determinants of Health. Within each of these headings different categories are also represented. Below will show how our priorities are aligned within these categories.

Behavioral health is DCHD's first priority. For the Healthy People 2030 it can be seen in all of the headings for objectives set for the populations. Within health conditions it is listed at Mental Health and Mental Disorders. Within this category, we can see it divided even more into community objectives. DCHD aligns more so with the general mental health well being as well as the adolescents and children objectives. It can also be seen in the health behaviors section within the drug and alcohol use and preventative care. Within the population section, it is shown that Douglas County encompasses all populations listed; yet, Children, Adolescents, and the LGBT communities are more influenced with behavioral health needs. For the last two sections;

settings and systems and social determinants of health, Behavioral Health is seen throughout all of their objectives.

The next health priority that was listed for Douglas County was access to healthy and accessible food. This only aligns with a few of the 2030 Health Priority sections. For instance, it is seen in health behaviors under nutrition and health eating under the objective labeled nutrition and healthy eating, and in the social determinants of health within the economic stability objective. The last health priority identified by the Douglas County Community was to increase the access to public transportation. Even though the lack of public transportation can effect everything from not being able to go to the grocery store and pharmacy to receive healthy food and medicine , to not being able to go to the doctor to receive adequate healthcare; transportation is shown under settings and systems as transportation.



Introduction and Framework

The Douglas County Needs Assessment provides a comprehensive evaluation of current public health needs of the residents in Douglas County. Illinois State Law requires that every health department participate and submit their findings in a process called the Illinois Project for Local Assessment of Needs (IPLAN). This process must be done every five years. Such assessment provides the basis for an evidenced-based health plan.

Elements of the IPLAN include:

1. Organizational capacity assessment
2. Community health needs assessment
3. Health plan that includes **at least** 3 health concerns

The assessment submitted here utilized the Mobilizing for Action Planned Partnerships (MAPP) model because of its strong emphasis on community participation. Both the Community Themes and Strengths Assessment (CTSA) as well as our Local Health Committee (LHC) unearthed findings not made available by traditional data methods. As such, the MAPP model develops objectives and strategies more likely to succeed in addressing public health concerns. The four components of this MAPP include:

Community Health Status Assessment

- Collects health data from a variety of sources

Community Themes and Strength Assessment

- Survey that utilized participants to assess public health issues and areas of concern

Local Health Committee

- Developed objectives/strategies based on ability to perform/deliver public health services

Forces of Change Assessment

- Identifies forces, or changes in society that affect public health system

Background

Douglas County, Illinois (IL)

Douglas County is located in east central Illinois and is 417 square miles with a population density of 47.35 people per square mile. Tuscola, Illinois occupies the county seat and remains the county's largest populated city with an estimated 4363 residents according to the U.S Census

Bureau. Other cities in Douglas County include Arcola, Villa Grove, and Newman. Douglas County also includes the following villages: Arthur (partial), Atwood (partial), Camargo, Garrett, and Hindsboro. Several unincorporated communities are also situated in Douglas County. These include: Bourbon, Chesterville, Chicken Bristle, Fairland, Ficklin, Fillmore, Filson, Galton, Hugo, Hayes, Hillcrest, Kemp, Meadowview, Murdock, North Prairie Acres, Northgate, Parkview, Patterson Springs, Southland Acres, West Ridge, and Yoder Addition. Townships include: Arcola, Bourbon, Bowdre, Camargo, Garrett, Murdock, Newman, Sargent, and Tuscola. Douglas County contains the following zip codes: 61910, 61911, 61913, 61919, 61930, 61941, 61942, 61953, and 61956.



Land Area: 417 sq. mi.

Water Area: 0.6 sq. mi.

Population Density: 47.35 people per sq. mile

County Population in 2019: 19,748 **-0.01%**

County Population in 2014: 19,889

I. MAPP Assessment

I. Community Health Status Assessment (CHSA)

The Community Health Status Assessment (CHSA) explores the current health status of county residents through utilization of data to present a more accurate picture of our county health. With such information, we are better able to target specific health status issues (e.g. teen pregnancy rates or low immunization rates). The definition of “health” understood in the context of this report refers to “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.” This definition comes directly from the World Health Organization and indicators used in this study embody such understanding.

Methodology

Interpretation of data through comparison overtime, or with data from surrounding counties, can help identify health issues that need to be focused on within Douglas County. We used aggregated data accessed from a variety of sources including County Health Ranking and Roadmaps, Douglas County Reports, Illinois State Police Reports, the Illinois Department of Public Health, U.S. Census Reports and the U.S. Department of Labor.

Demographics

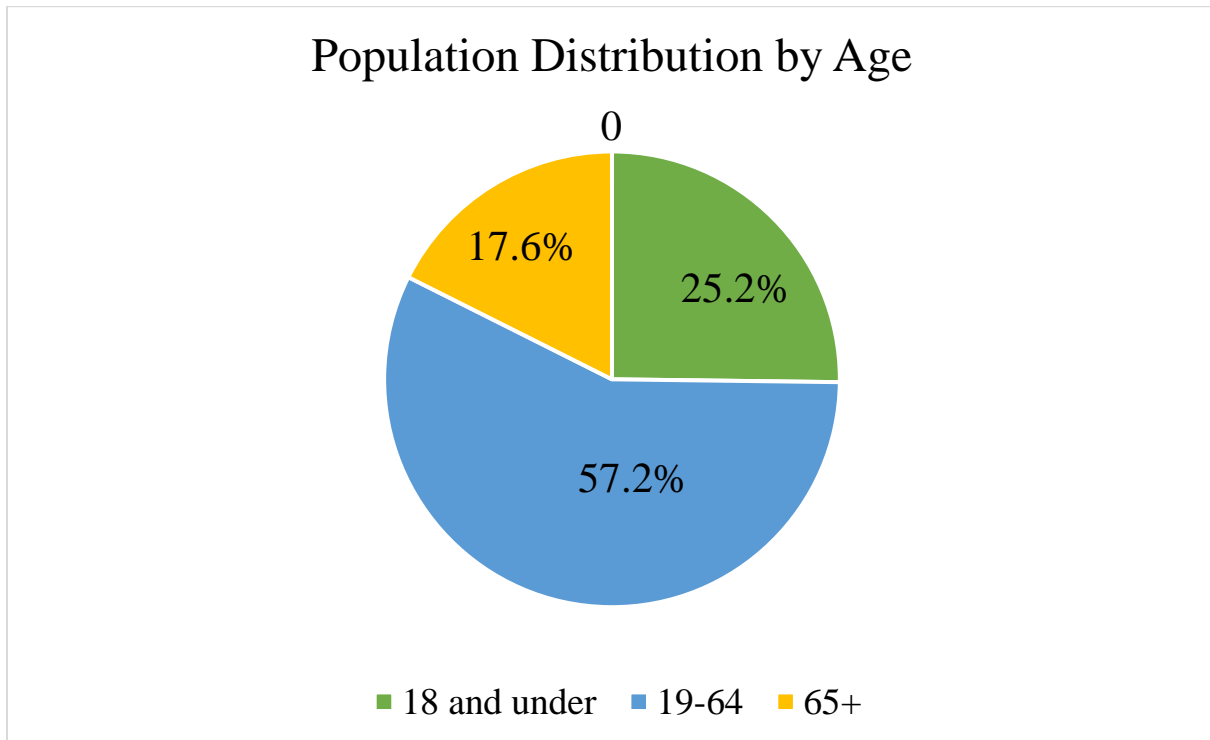


Figure1.1

Source: 2019 County Health Rankings Illinois Data

Data obtained from the 2019 Health Rankings and Roadmaps Database indicated a population in Douglas County of 19,748. This is approximately a 0.01% decrease from 2014 which was used in the previous 2016 Needs Assessment. This population can be broken down by age distribution to include 25.2% of the total population aged 18 and under, 57.2% aged 19 to 64, and 17.6% aged 65 and older (See Figure 1.1 above).

Demographic Breakdown: Douglas County 2019

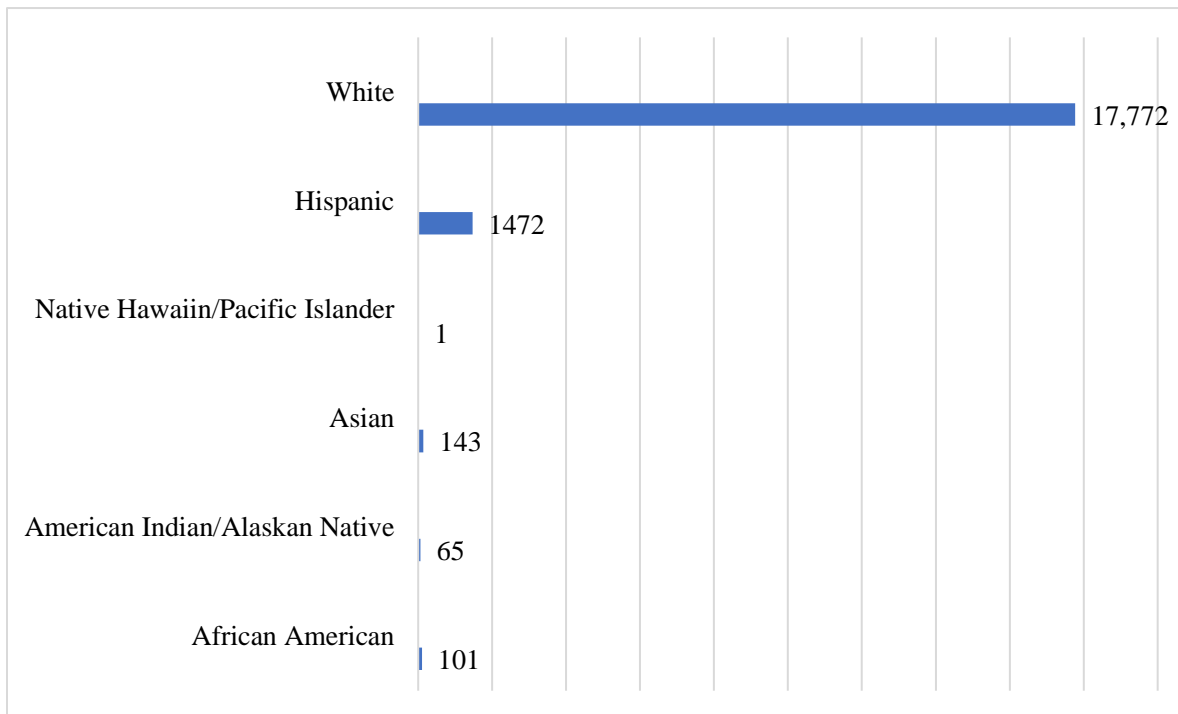


Figure 1.2

Source: 2019 County Health Rankings Illinois Data

2019 Health Rankings and Roadmaps Database was also used to determine population breakdown by race. In 2019, 90.0% of county residents were reported White (See Figure 1.4). This is a 0.8% decrease from the 2016 Needs Assessment. Albeit small, African Americans, American Indians, and Asian populations saw a 0.1% population increase over a five-year span (See Figure 1.3). Collectively, these groups represent 1.5% of the total population in Douglas County. The Hispanic population also continues to grow with a 0.4% increase reported from 2015 to 2019. The Hispanic population contributes to approximately 7.5% of the total Douglas County population reported in 2019. (See Figure 1.4).

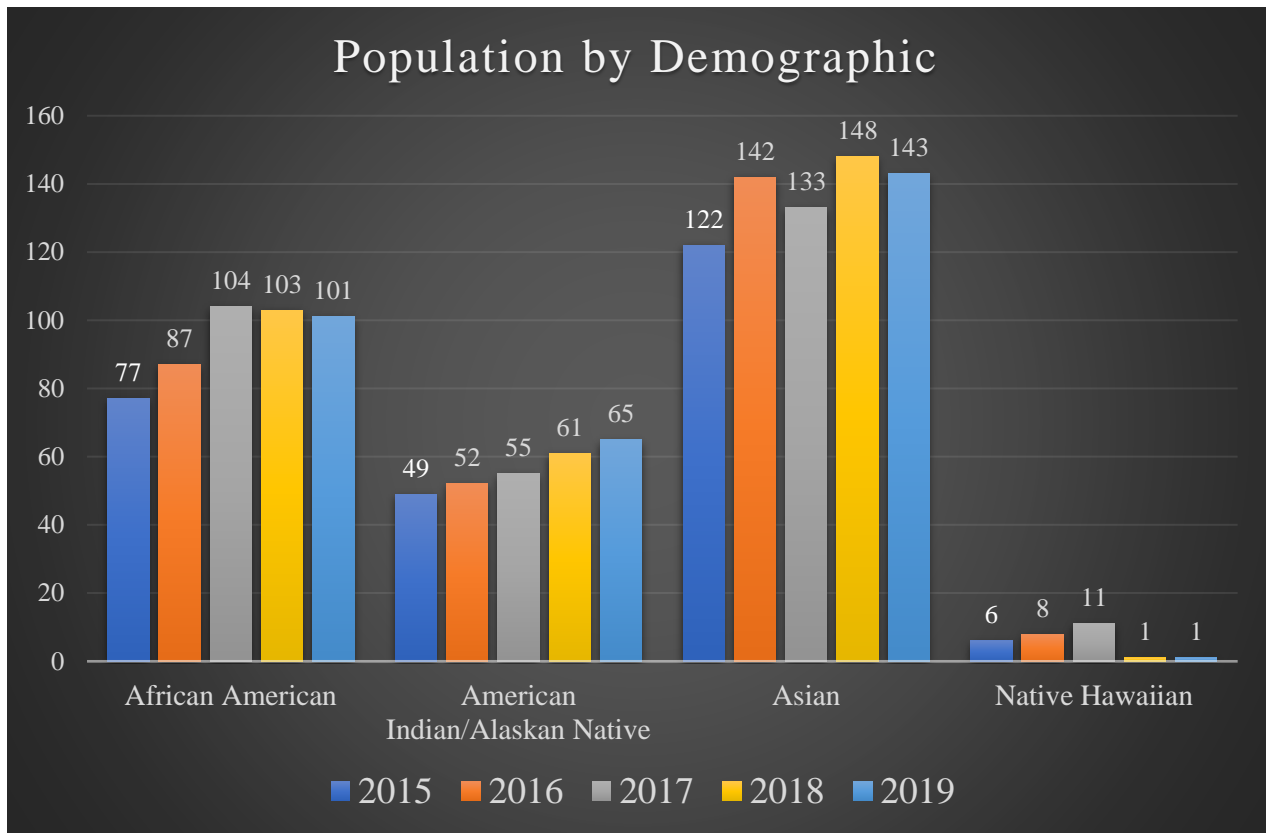


Figure 1.3

Source: 2019 County Health Rankings Illinois Data
 (Hispanic population not included in chart above)

2019 Total Population

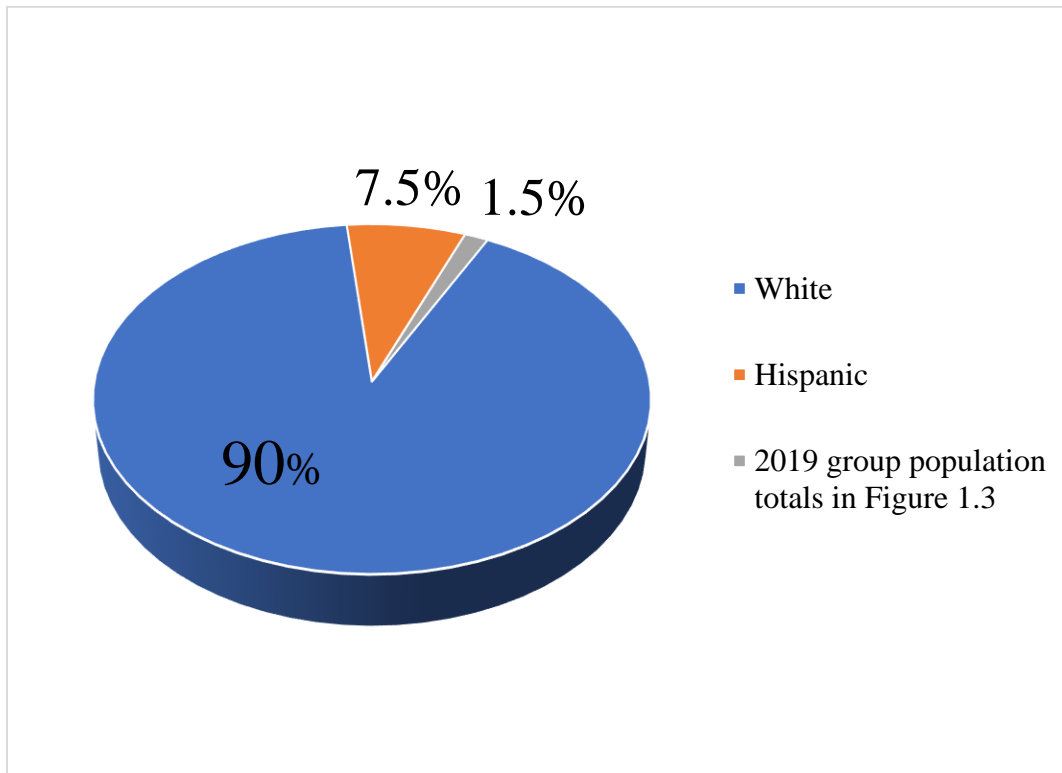


Figure 1.4

Source: 2019 County Health Rankings and Roadmaps

Socioeconomic and Priority Populations

The table below illustrates the social and economic factors for Douglas County according to the 2019 Health Rankings and Roadmaps database. Douglas County has a lower median household income than the state of Illinois and only 53% of Douglas County residents report some college as compared to the 69% state average. 61.6% of Douglas County residents are considered rural, which is significantly higher than the state.

<u>Social and Economic Factors</u>	<u>Douglas County</u>	<u>Illinois</u>
Median household income	\$54,538	63,044
Children eligible free lunch	37%	50%
Rural population	61.6%	11.5%
Homicide rate (per 100,00 residents)	N/A	7
High school graduation	91%	87%
Some college	53%	69%
Unemployment	4.0%	5.0%
Children in poverty	14%	17%
Single parent households	25%	32%

Table 1.1

Source: 2019 County Health Rankings and Roadmaps

The table below indicates the number of persons enrolled in Medicaid in Douglas County.

“Number of persons enrolled as of the last day of the State Fiscal Year. State Fiscal Year runs from July 1 through June 30. Enrollment data is available 90 days after the end of the State Fiscal Year. Children are defined as persons less than the age of 19. Adults are defined as persons older than 19 and younger than 65. Seniors are defined as persons age 65 and older. Comprehensive Benefit enrollees are clients who are eligible for all services provided under the State’s Medical Assistance Program. Partial Benefit enrollees are clients who are not covered under the Medical Program but are enrolled in certain programs that offer a limited service package.” (www.illinois.gov/hfs/info/factsandfigures/ProgramEnrollment/Pages/douglas.aspx)

Comprehensive Benefit Enrollees	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Children	2115	1960	1974	2054	1997
Adults with Disabilities	310	266	245	315	297
ACA	619	594	600	672	656
Other Adults	970	894	878	845	729
Seniors	206	188	177	208	208

Partial Benefit Enrollees	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
	24	22	18	45	68

Total Enrollees	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
	4244	3924	3892	4139	3955

Table 1.2

Source: IDHF 2015-2019

The graph below illustrates unemployment rates for Douglas County and the state Illinois from 2015 to 2019. Over the last five years, Douglas County has consistently had a lower unemployment rate as compared to the state average.

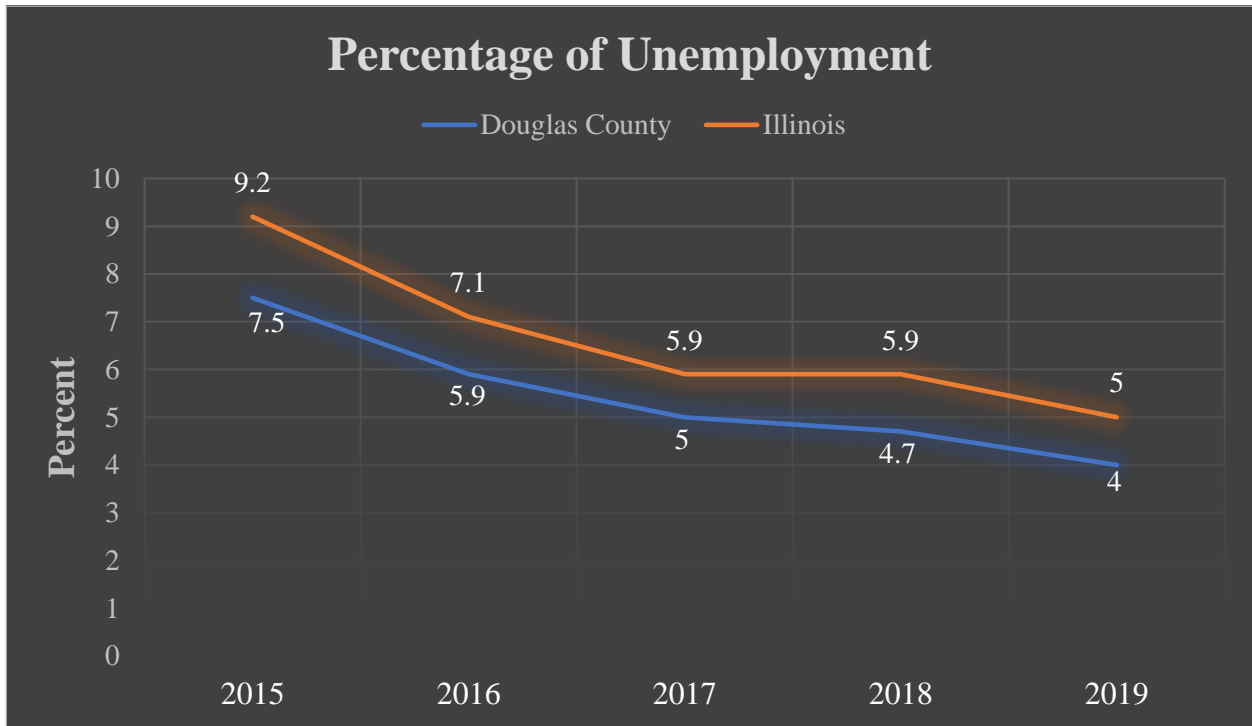


Figure 1.5

Source: County Health Rankings 2015-2019

The rates of insurance and health resources in 2019 are shown in the table below.

2019 Health Resources and Indicators	Douglas County	Illinois
Uninsured	9%	7%
Uninsured Adults	11%	9%
Uninsured Children	5%	3%
Primary Care Physicians	3272:1	1234:1
Dentists	1646:1	1307:1

Mental Health Providers	9874:1	483:1
Other Primary Care Providers	1646:1	1382:1
Preventable Hospital Stay Rate	6054	4980
Mammography Screening	43%	42%

Table 1.3

Source: 2019 County Health Rankings

According to County Health Rankings, the percentage of Douglas County residents who are uninsured has dropped from 16% in 2015 to 9% in 2019. While this is an improvement, the total percentage of uninsured residents in Douglas County remains higher than the state. Both uninsured adults and uninsured children remain higher than the state percentage.

<u>Year</u>	<u>Total Number Uninsured</u>	<u>Douglas Co. Uninsured %</u>	<u>Illinois Uninsured %</u>
2015	2620	16%	15%
2016	2687	16%	15%
2017	2058	12%	11%
2018	1487	9%	10%
2019	1471	9%	7%

Table 1.4

Source: County Health Rankings 2015-2019

The graph below shows the percent of people of all ages living in poverty in Douglas County and the United States from 1997 to 2018. Douglas County has had a consistently lower poverty rate compared to the state and overall national average. In 2018, the percent of people living in poverty in Douglas County was 9.2%. Please note, the break between years 2004 and 2005 signifies a change from Small Area Income and Poverty Estimates (SAIPE) utilization of Current Population Survey's Annual Social and Economic Supplement to the American Community Survey (ACS).

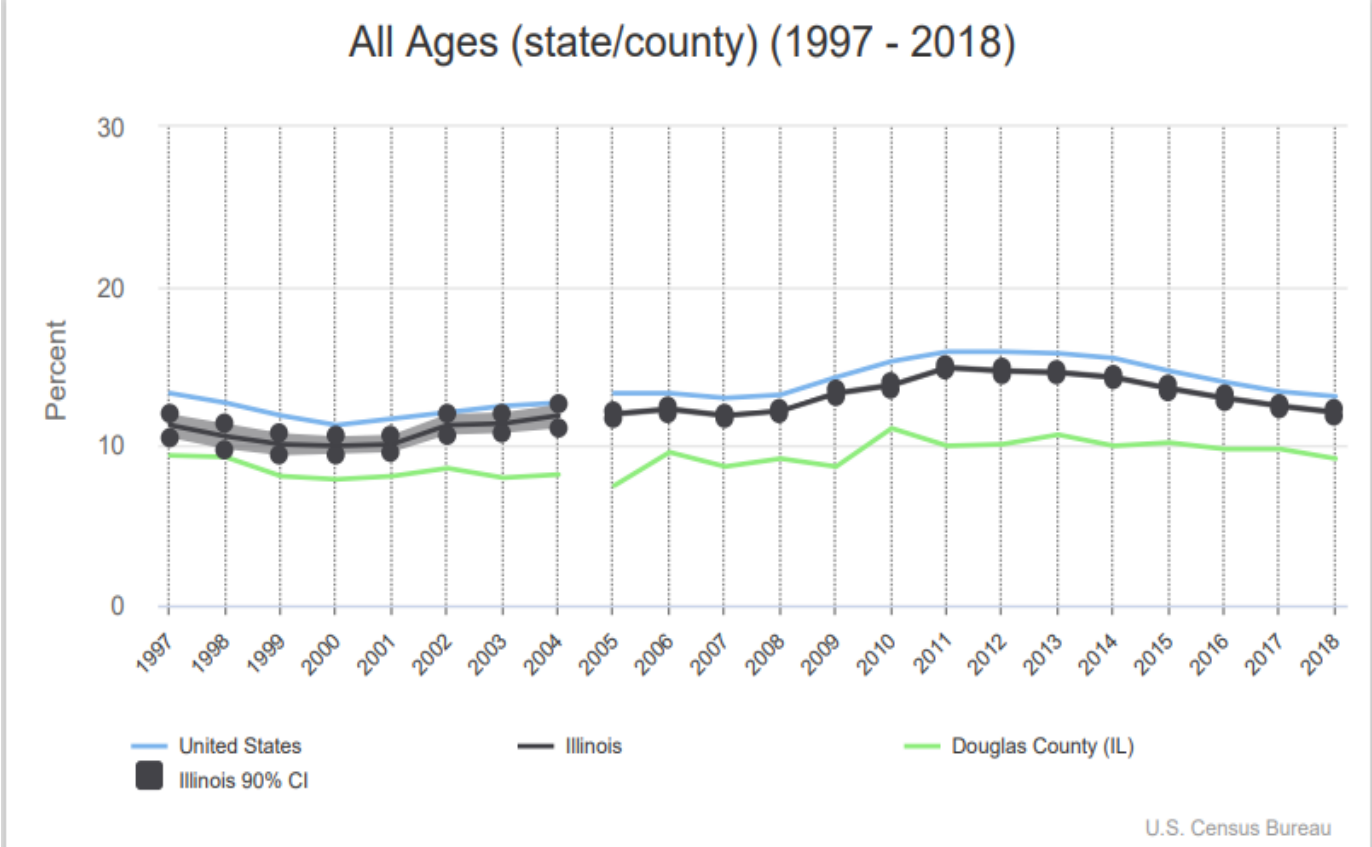


Figure 1.6

A closer examination of poverty rates amongst children in Douglas County is illustrated in the table below. Douglas County has remained lower than U.S. averages when it comes to the percentage of children living in poverty.

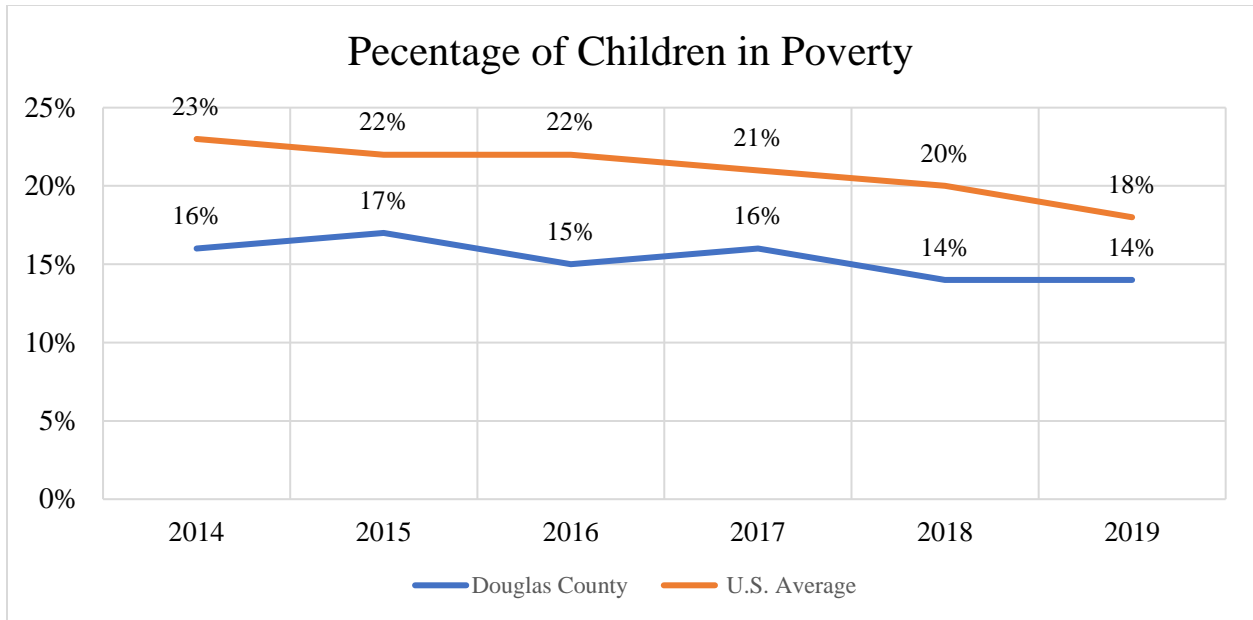


Figure 1.7

Source: County Health Ranking

In 2017, County Health Ranking began to report the race of children living in poverty. The table below reflects such data for Douglas County. As you can see, the number of Hispanic children living in poverty has been equal to or more than the number of White children living in Douglas County.

<u>Year</u>	<u>Black</u>	<u>Hispanic</u>	<u>White</u>
2017	-	15%	15%
2018	-	38%	16%
2019	75%	30%	17%

Table 1. 5

Source: County Health Rankings 2015-2019

Four public school systems are located in Douglas County: Tuscola #301, Villa Grove #302, Arthur #305, and Arcola #306. The table below illustrates the number and percentage of low-income students in each district along with the number of students declared homeless. Low income refers to students who receive or live in households that receive SNAP or TANF; are classified as homeless, migrant, runaway, Head Start or foster children; or live in a household where the household income meets the USDA income guidelines to receive free or reduced-price meal. Homeless refers to students who do not have permanent or adequate homes. Data came from each districts' respective 2019 report card.

<u>School</u>	<u>Low-Income Students</u>	<u>Enrollment</u>	<u>Percentage</u>	<u>Homeless</u>
Arcola # 306	348	726	47.9%	12
Arthur # 305	527	1203	43.8%	44
Tuscola # 301	366	954	38.4%	3
Villa Grove # 302	314	668	47%	13

Table 1.6

Source: Illinois State Report Card, 2019

In 2016, County Health Ranking began to report the percentage of disconnected youth. This data comes from the Measure of America of the Social Science Research Council. According to their research, “disconnected youth is defined as teenagers and young adults between the ages of 16 and 24 who are neither working nor in school. These vulnerable young people are cut off from the people, institutions, and experiences that would have otherwise help them develop knowledge, skills, maturity, and sense of purpose required to live rewarding lives as adults. The negative effects of youth disconnection can impact the economy, social sector, criminal justice system and political landscape.” (Measure of America).

The table below reflects the percentage of disconnected youth in Douglas County, which as you can see, has declined since its initial findings in 2017.

<u>Year</u>	<u>Percentage of Disconnected Youth</u>
2017	17%
2018	17%
2019	12%

Table 1. 7

Source: County Health Rankings, 2017-2019

According to County Health Rankings, the 2019 ratio of dentists in Douglas County is 1 dentist to every 1646 residents living in Douglas County. This is significantly less than the state ratio of 1 dentist to every 1307 citizens. Although, there is considerable room for improvement, the Douglas County rating has improved since the 2013 ratio of 2518 citizens to every 1 available dentist. The Douglas County Health Department’s Dental Clinic continues to serve residents from Douglas, Moultrie, Coles, and surrounding counties. Services are available to income qualified residents and service fees are based on Medicaid rates.

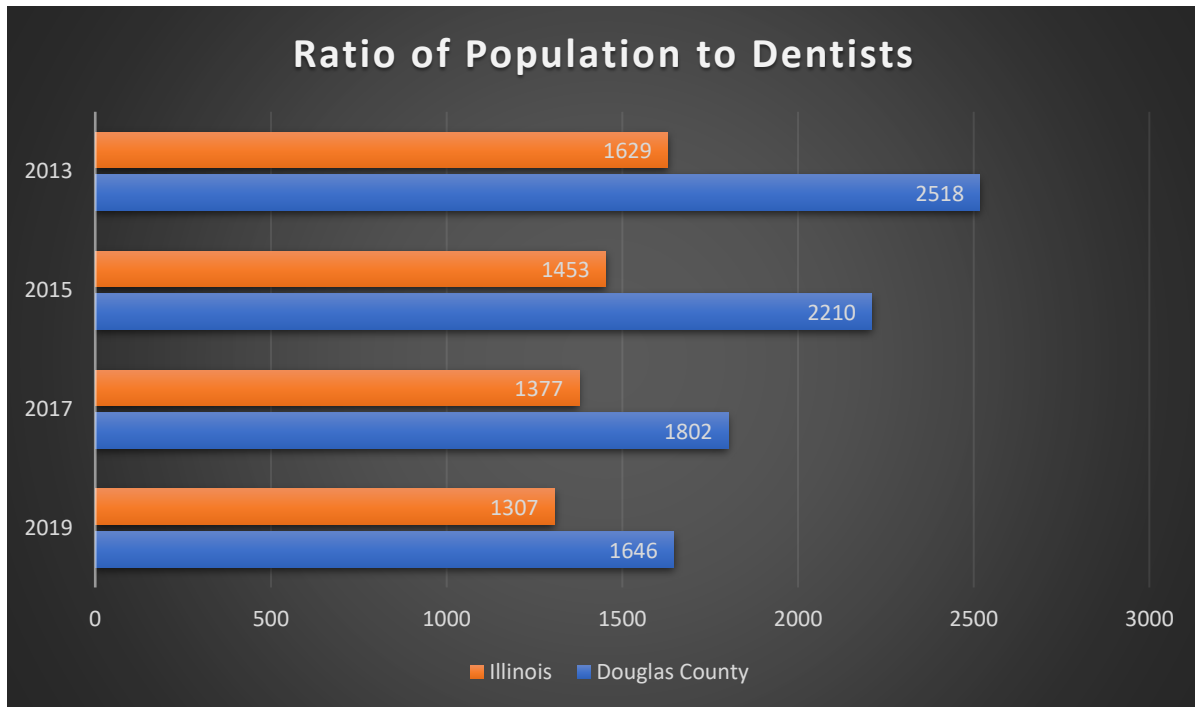


Figure 1.8

Source: County Health Rankings

“Mental health providers offer essential care to adults and children who have mental or behavioral disorders by offering services such as assessment, diagnosis, treatment, medication, and therapeutic interventions. The mental health workforce includes a broad array of professionals including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, professionals treating alcohol and other drug abuse and advanced practice nurses specializing in mental health” (America’s Health Rankings)

According to County Health Ranking, Douglas County reported only 2 mental health providers. The table below illustrates the ratio of residents to mental health providers in Douglas and surrounding counties.

<u>County</u>	<u>Number of Providers</u>	<u>Ratio of Population to Providers</u>
Douglas	2	9874:1
Coles	133	391:1
Champaign	504	415:1
Edgar	17	1019:1
Moultrie	7	2098:1

Table 1.8

Source: 2019 County Health Ranking

Quality of Life

According to 2020 County Health Rankings data, 15% of Douglas County residents report poor or fair health. This is 2% lower than the state average of 17%. The number of both poor physical and mental health days resemble that of state averages. Findings come from the Behavioral Risk Factor Surveillance System.

<u>Quality of Life</u>	<u>Douglas County</u>	<u>Illinois</u>
Poor or fair health	15%	17%
Poor physical health days	3.7	3.8
Poor mental health days	4.0	3.7

Table 1.9

Source: 2020 County Health Rankings

Health Behaviors

<u>Health Behaviors</u>	<u>Douglas County</u>	<u>Illinois</u>	<u>U.S.</u>
Adult smoking	16%	16%	17%
Adult obesity	30%	29%	29%
Physical inactivity	25%	22%	22%
Access to exercise opportunity	72%	91%	84%
Excessive drinking	21%	21%	18%
Drug overdose deaths	0	7024	N/A

Table 1.10

Source: 2019 County Health Ranking

Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks (local, state, and national) or recreational facilities which include gyms, community centers, YMCA’s, dance studios and pools. According to County Health Rankings, only 72% of Douglas County residents have adequate access to exercise opportunities. This is significantly lower than the state percentage of 91%.

Having adequate access to exercise opportunities is defined as individuals who:

- Reside in a census block within a half mile of a park or
- In urban census tracks: resides within one mile of a recreational facility
- In rural census tracks: resides within three miles of a recreational facility

25% of Douglas County residents also reported physical inactivity. The percentage of Douglas County adults who are defined as obese is also slightly higher than the state average.

According to America’s Health Rankings, regular physical activity is a vital element of a healthy lifestyle. Being physically active and reducing sedentary behavior can benefit overall health. Regular physically exercise, defined as at least 150 minutes per week, is associated with reduced risk of:

- Cardiovascular disease, such as heart disease and stroke
- Hypertension
- Type 2 diabetes
- Cancers including bladder, breast and colon
- Dementia
- Anxiety and Depression

According to America’s Health Rankings, obesity is one of the leading causes of preventable life-years lost among Americans. Adults who have obesity compared with adults at a healthy weight are more likely to have a decreased quality of life and have an increased risk of developing serious health conditions including:

- Hypertension
- Type 2 diabetes
- Heart disease and stroke
- Sleep apnea
- Cancers
- Mental illness

In 2019, Douglas County reported 0 HIV cases. In fact, Douglas County has had 0 known HIV cases dating as far back as 2013. This gives Douglas County an HIV prevalence rate of 0 which is significantly less than the state of Illinois.

In 2019, 37 chlamydia cases were reported in the county. The chlamydia rate, which represents the number of newly diagnosed cases in the county per 100,000 population remains considerably lower than the state.

	Douglas County	Illinois
Chlamydia rate	186.7	561.4
HIV prevalence rate	0	330

Table 1.11

Source: 2019 County Health Ranking

Infectious Disease

The table below presents a Communicable Disease Report of Douglas County for years 2016 – 2019.

	2016	2017	2018	2019
Hepatitis B	-	1	0	0
Hepatitis C	14	8	0	8
Influenza	-	4	-	2
Lyme	-	-	-	0

Salmonellosis	-	2	0	3
Shigellosis	-	1	0	0
Varicella	-	3	0	0
West Nile Virus	-	1	0	0

Table 1.12 Douglas County Health Department Annual Reports 2016-2019

Death, Injury, and Violence

The Illinois State Police Crime Report provides an indication of the extent serious crime occurs in the jurisdiction, region, or state. Three of the index crimes reported below are crimes against persons including homicide, rape, and aggravated battery and/or assault. Not included in the index crimes listed below is human trafficking commercial sex acts and human trafficking involuntary servitude, as Douglas County has reported no such incidents since the state added such categories in 2014. The remaining five Index crime categories are crimes against property including robbery, burglary, theft, motor vehicle theft and arson.

The crime rate indicates the prevalence of crime occurring across a given population. It is generally defined as the total number of Index Crimes per 100,000 inhabitants. In 2019, the Douglas County crime rate of 822.6 per 100,000 is significantly lower compared to the state of Illinois which sits at 2155.7 per 100,000. Take note, there are many biological and social factors that can contribute to crime in a community; poverty, substance abuse, fear, lack of education, mental health, and with many other factors that need be considered when analyzing such data below.

Index Crime:

Douglas County	<u>2018</u>	<u>2019</u>
Total Index Crime Offenses	171	159
Total Index Crime Rate per 100,000	871.0	822.6
Homicides	0	0
Rape	4	6
Domestic Violence Offenses	55	71
Robbery	4	0
Aggravated Assault/Battery	39	22

Burglary	33	48
Theft	84	70
Motor Vehicle Theft	6	11
Arson	1	2

Table 1. 13 Source: Illinois State Police Crime Reports

Drug Crimes:

Douglas County	<u>2018</u>	<u>2019</u>
Total Drug Arrests	208	166
Total Drug Crime Arrests per 100,000	1059.7	858.8
Cannabis Arrests	45	47
Controlled Substance Arrests	27	14
Hypodermic Syringe and Needle Arrests	10	7
Drug Paraphilia Arrests	91	49
Methamphetamine Arrests	35	49

Table 1.14 Source: Illinois State Police Crime Reports

The table below shows the number of deaths in Douglas County by cause in 2019. Please note some deaths, such as those relating to drug overdose or accidents, or not in the table below but indeed reflected in the total number of deaths.

2019 Douglas County Deaths:

Heart Disease	47
Cancer	42
Stroke	7
Chronic Lower Respiratory	13
Alzheimer's Disease	7
Accidents	13
Diabetes	6
Kidney Disease	3
Influenza and Pneumonia	4
Septicemia	4
Total Deaths	184

Table 1. 15 Source: 2019 Illinois Department of Health Causes of Death

According to County Health Ranking, the number of deaths due to injury per 100,000 population has exceeded the injury death rate of the state every year since 2017.

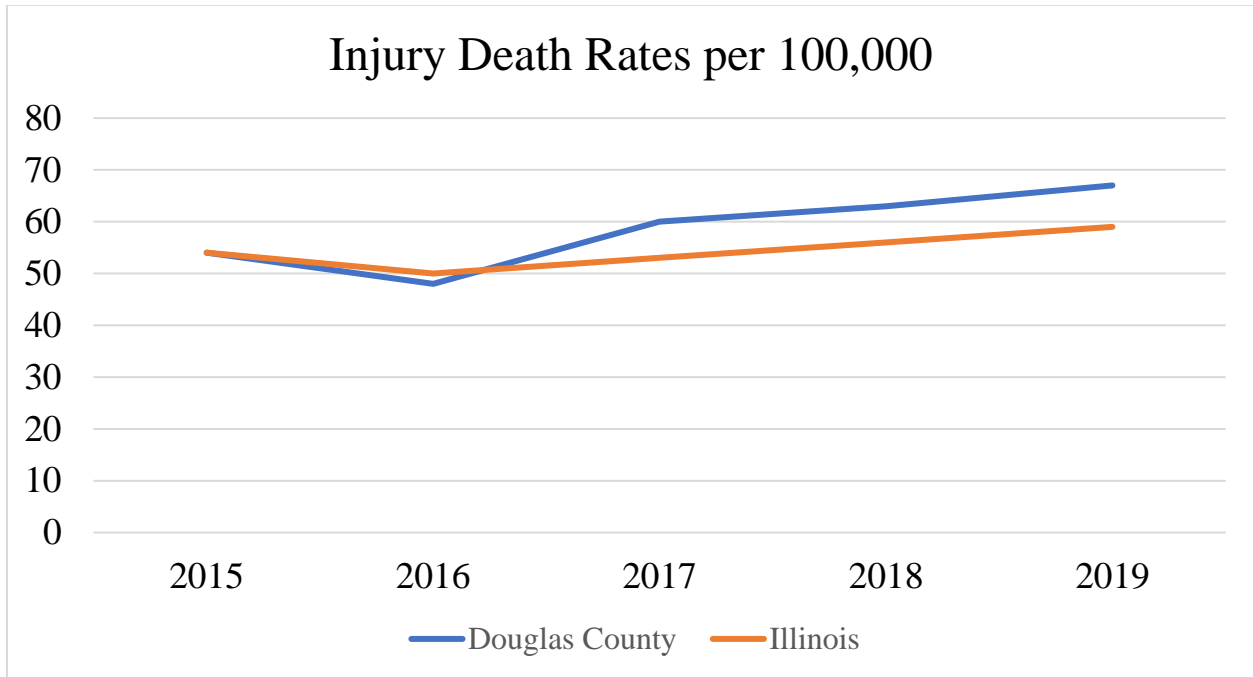


Figure 1.9

Source: County Health Ranking 2015-2019

Maternal and Child Health

The teen birth rate, which represents the number of births per 1,000 females aged 15-19, has been on a five-year decline in Douglas County. In 2019, the teen birth rate was 21 which is lower than the state teen birth rate of 23. The graph below illustrates the five-year decline of teen birth rates in Douglas County when compared to the state.

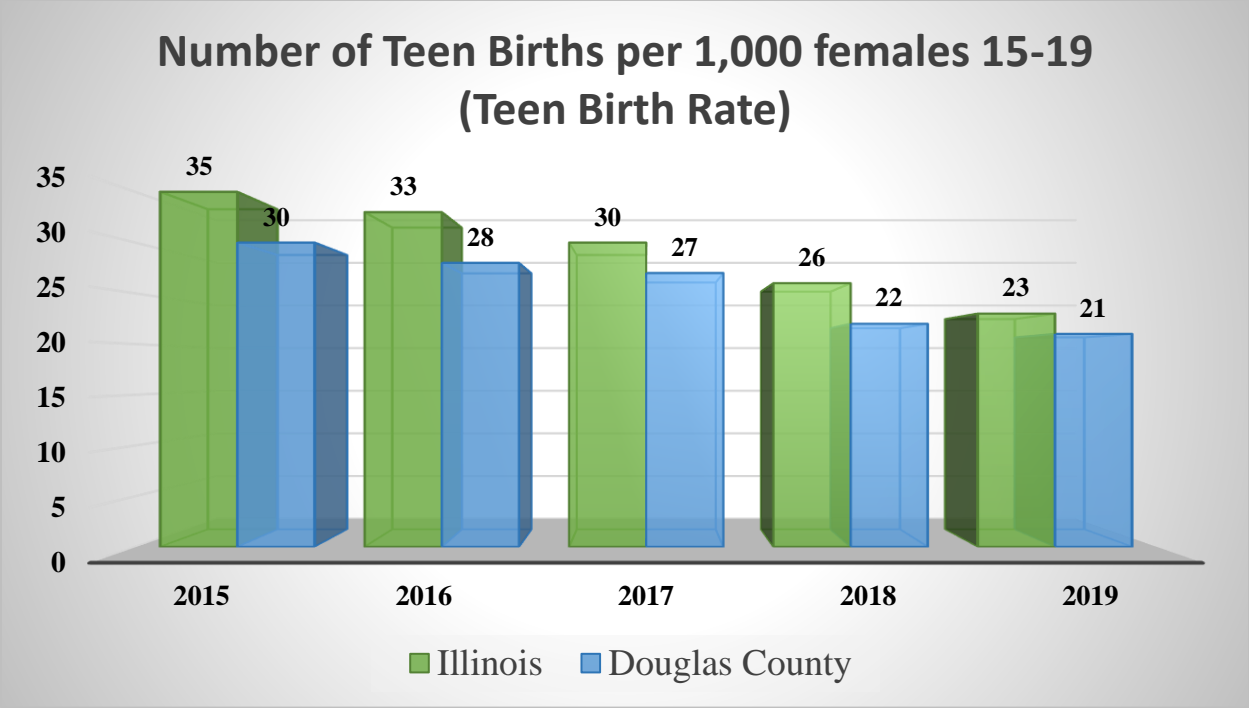


Figure 1.10

2015-2019 County Health Rankings

Starting with the 2018 County Health Ranking dataset, the National Center for Health Statistics began to separate teen birth rates by race. The table below illustrates the teen birth rate by race in Douglas County. Keep in mind, birth rate still refers to the number of births per 1,000 females.

<u>Teen Birth Rate</u>	<u>Black</u>	<u>White</u>	<u>Hispanic</u>
2018	0	20	47
2019	0	19	39

Table 1.16

Source: County Health Ranking, 2018-2019

- In 2019, the child mortality rate was higher in Douglas County than for the state.

<u>Child Health Indicators</u>	<u>Douglas County</u>	<u>Illinois</u>
Low birth weight	7%	8%
Infant mortality (within 1 year, per 1,000 live births)	0	6
Child mortality rate (among children under age 18 per 100,000)	55	52

Table 1. 17

Source: 2019 County Health Ranking

Environmental Health

Environmental health was defined in 1989 by the World Health Organization (WHO) as aspects of human health and diseases that are determined by factors in the environment. According to their website, “ clean air, stable climate, adequate water, sanitation and hygiene, safe use of chemicals, protection of radiation, healthy and safe workplaces, sound agricultural practices, health-supportive cities and built environments and a preserved nature are all key determinants in community health.

The graph below illustrates the county’s average daily density of particulate matter, or air pollution, in micrograms per cubic meter (PM2.5) compared to the state and top U.S. performers.

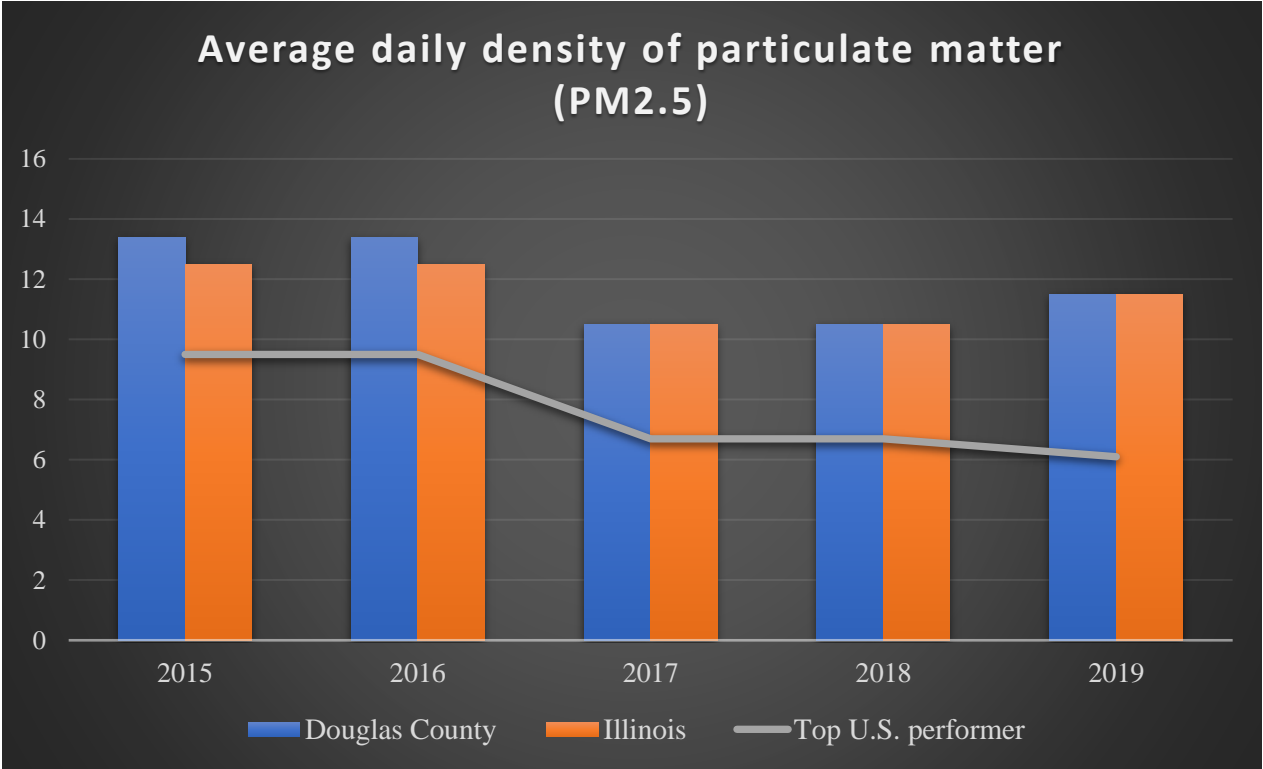


Figure 1.11

Source: County Health Ranking 2015-2019

- From 2015 to 2019 Douglas County has had no reports of drinking water violations.
- In 2019, there were approximately 148 food establishments in the county.
- 35% of Douglas County Residents report a “long commute” to work. A long commute is defined by the American Community Survey as a commute more than 30 minutes.

II. Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) evaluates how quality of life is currently perceived in our communities, examines the current health status of county residents, and identifies community assets which can be better utilized to improve overall community health. This assessment highlights what issues in our communities are particularly important or concerning.

Methodology

We conducted the Douglas County health survey by gathering feedback from 266 respondents. The survey was conducted exclusively online through the survey platform Qualtrics. 209 respondents accessed our survey via the anonymous link, 55 through shared social media platforms and 2 through use of QR codes. Residents were able to access the survey from September 3rd through October 3rd, 2020.

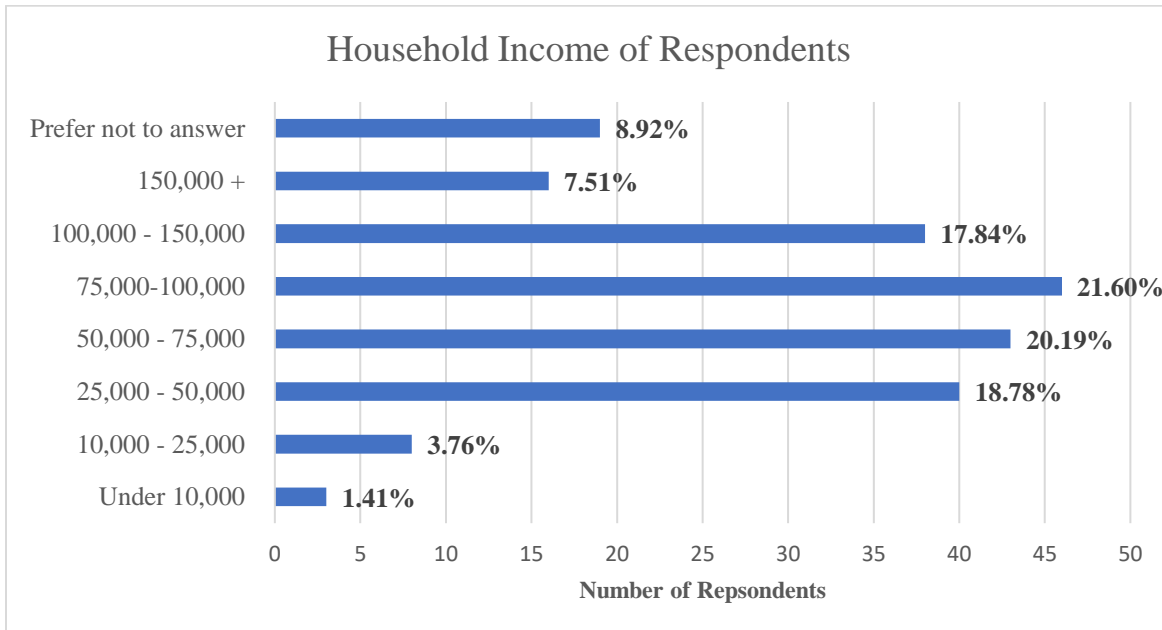
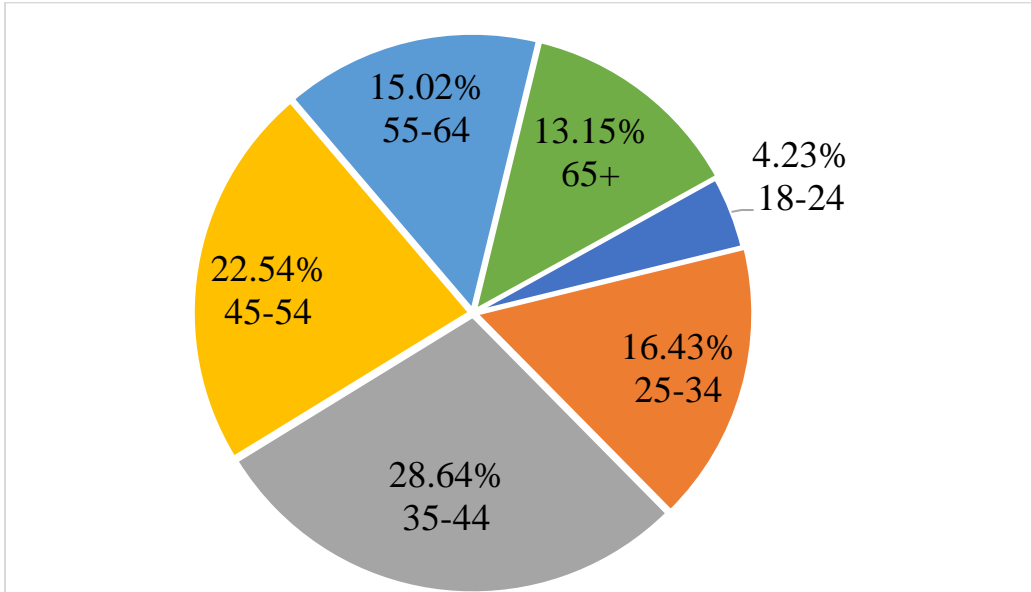
It should be noted, however, that this number does reflect partial survey responses. Therefore, percentages indicated in the findings below represent the percentage of question respondents not the total number of survey respondents.

Demographics of Survey Respondents

- 12 zip codes were represented
- 81.19% were Female, 16.06% Male, 2.29% Chose not to answer, and 0.46% Other.
- Ethnic breakdown: 96.28% were white, 2.33% were Other, 0.93% were Native American and 0.47% Hispanic.
- 79.72% had completed at least some college, with 35.48% indicating at least a bachelors degree (B.A or B.S.).

Survey Respondents:

Ages Represented

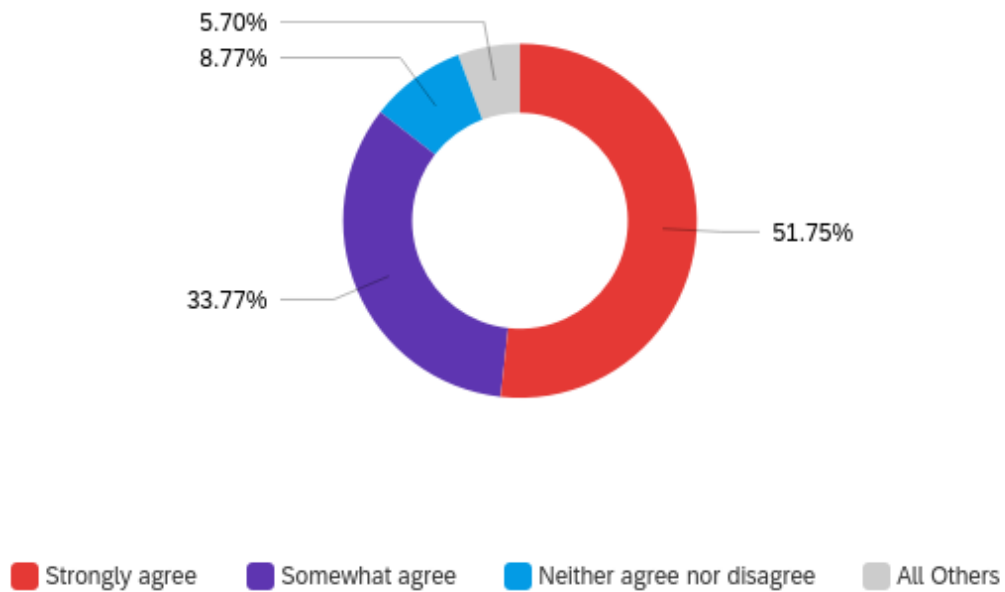


Quality of Life

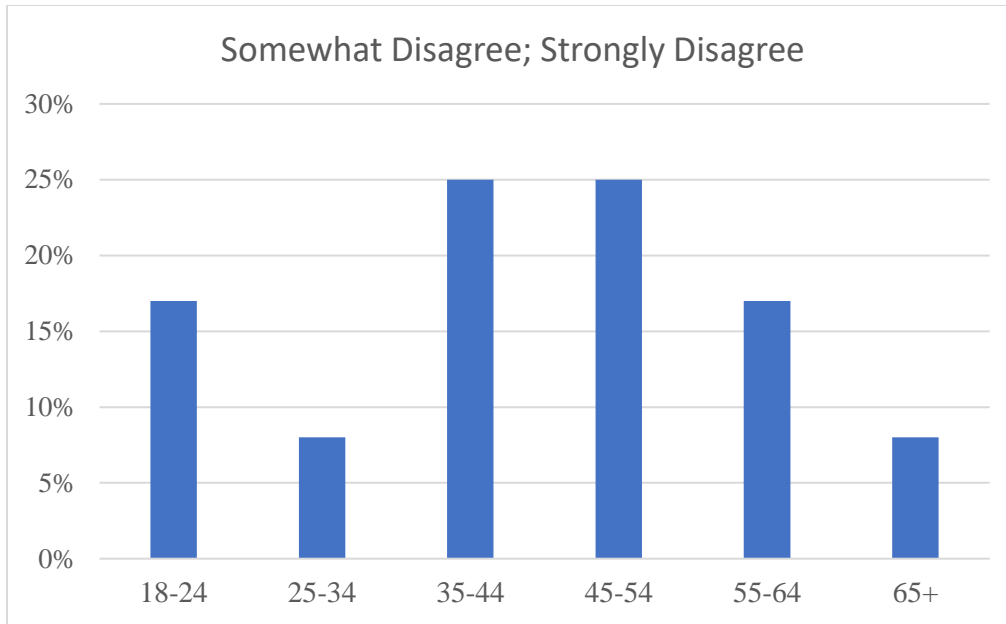
The first portion of the survey was designed to assess how quality of life is perceived in Douglas county.

When asked if Douglas County is a good place to raise a family:

- 51.75% of respondents Strongly Agreed and 33.77% Somewhat Agreed
- 8.77% Neither agreed nor disagreed
- However, 5.7% Somewhat Disagreed or Strongly Disagreed



When stratified by age, the demographic who exhibited the highest percentage of disagreement came from those aged 35-44 and 45-54. A breakdown of each demographic is provided below.

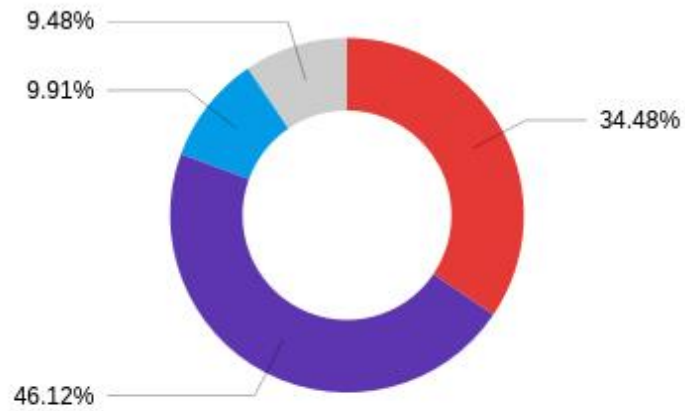


When stratified by zip code those who identified somewhat or strongly disagree, the greatest percentages came from zip codes:

- 61910 – 15%
- 61956 – 15%
- 61953 – 46%

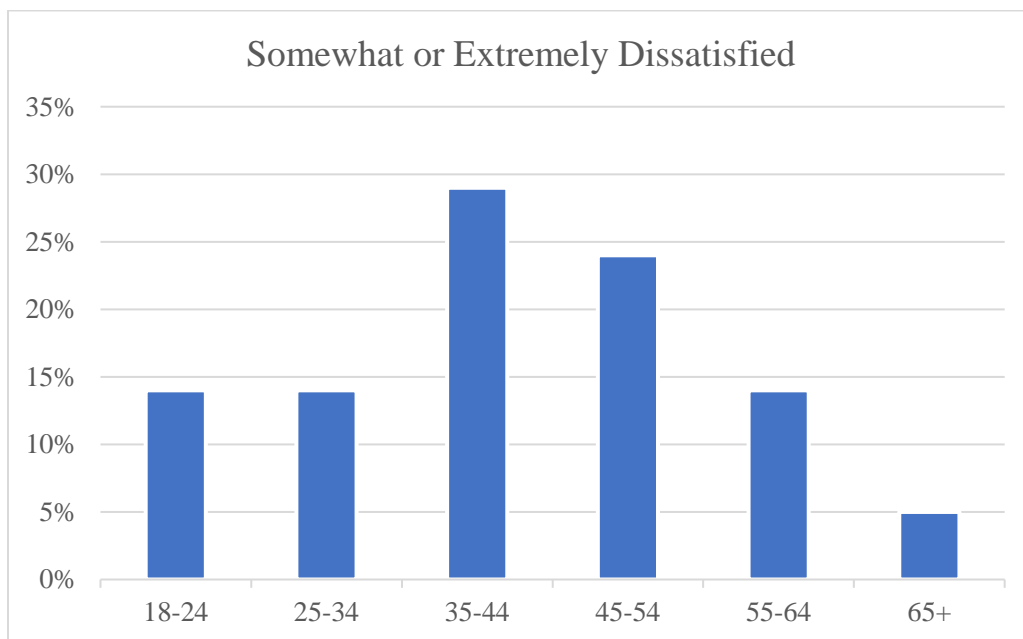
When asked if respondents were satisfied with the quality of life in Douglas County:

- 34.48% were Extremely Satisfied and 46.12% were Somewhat Satisfied
- 9.91% were Neither satisfied nor dissatisfied
- However, 9.48% of respondents identified either somewhat dissatisfied or extremely dissatisfied



■ Extremely satisfied
 ■ Somewhat satisfied
 ■ Neither satisfied nor dissatisfied
 ■ All Others

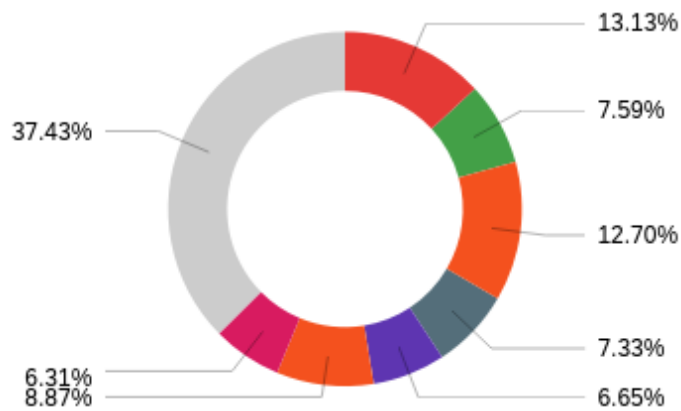
When stratified by age the 35-44 age demographic exhibited the highest percentage of dissatisfaction at 29%, followed by the 45-54 age demographic with 24%. A breakdown of each age demographic is provided below.



When stratified by zip code those who identified somewhat or extremely dissatisfied, the greatest percentages came from zip codes:

- 61910 - 11%
- 61956 - 26%
- 61953 - 58%

When respondents were asked about the top five most important factors needed for a healthy community, the top 5 factors were identified as: **Low crime rates (13.13%), Good schools (12.70%), Good place to raise kids (8.87%), Clean environment (7.59%) and Access to healthcare (7.33%)**

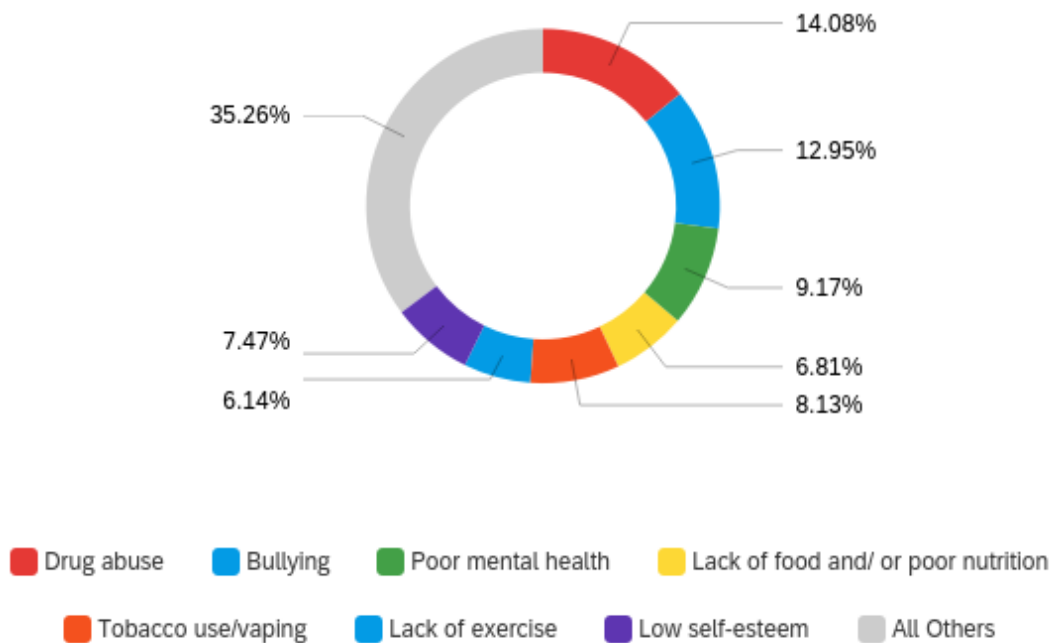


Public Health Concerns

The second portion of the survey was designed to better understand current public health issues of Douglas County residents.

Participants were asked to identify 5 public health concerns of residents 18 and under. The top five were identified as:

- Drug Abuse (14.08%)
- Bullying (12.95%)
- Poor mental health (9.17%)
- Tobacco use/vaping (8.13%)
- Low self-esteem (7.47%)



Lowest ranked concerns of residents 18 and under were homelessness, bulimia and/or anorexia, and teen pregnancy.

When Stratified by Age:

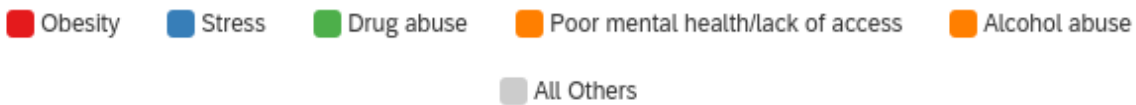
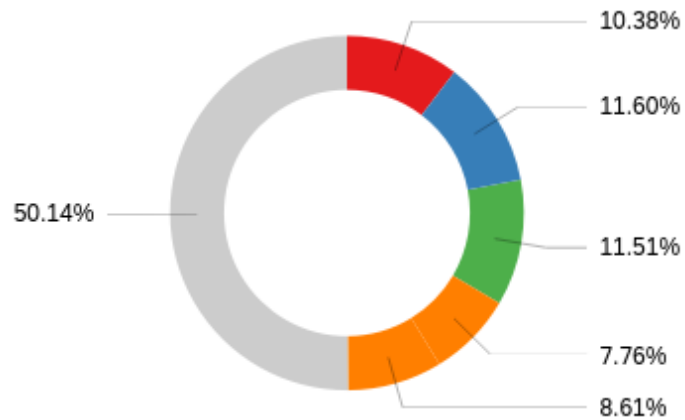
- Every age category identified drug abuse and bullying as the top two public health concern of residents 18 and under except for the age group 18-24, who identified poor mental health as the top health concern followed by low self-esteem.
- The 18-24 age group was the only group to have identified racism and discrimination as a concern.
- Tobacco use and vaping was identified as a public health concern in every age category except those aged 35-44.
- Poor mental health was identified as a health concern in every age category except (55-64) and (65+)

When Stratified by the following Zip Codes: (61953), (61942), (61910), (61956) and (61911)

- Drug Abuse was identified as the #1 public health concern by every zip code listed above
- Bullying was identified as a top 5 health concern in every zip code except Arthur (61911)
- Tobacco use/vaping was identified as a top 5 health concern in every zip except Arthur (61911)
- Lack of food/poor nutrition was identified as the second public health concern in 61910 and tied as the top health concern in 61911.
- Poor mental health was not identified as a top three public health concern in residents 18 and under except in zip code 61953.

Participants were then asked to identify 5 public health concerns of residents 19 and up. The top five were identified as:

- Stress (11.60%)
- Drug Abuse (11.51%)
- Obesity (10.38%)
- Alcohol Abuse (8.61%)
- Poor mental health/lack of access (7.76%)



Lowest ranked concerns of residents 19 and up were homelessness, not using a seatbelt, and other.

When stratified by Age:

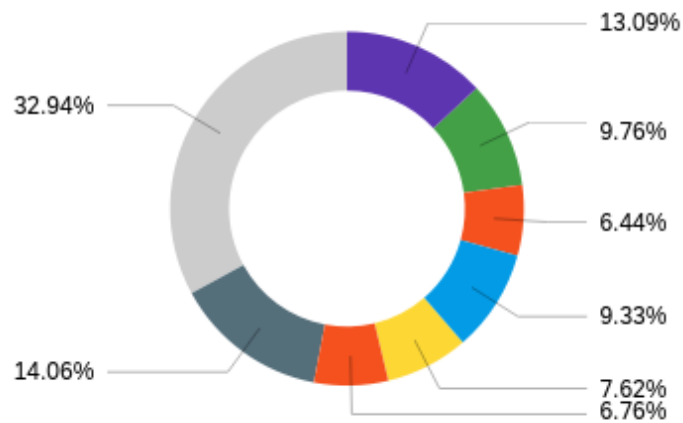
- Stress, obesity, and alcohol abuse were identified as a top 5 health concern by every age category
- Drug abuse was a top two concern of every age category except respondents aged 65+
- The age group 55-64 was the only group to have identified cancers as a health concern

When stratified by Zip Code:

- Every zip code had a combination of drug abuse/obesity/alcohol abuse as their top 3 health concerns except 61911.
- 61911 had stress as the top health concern followed by poor mental health and poor nutrition
- Zip codes 61942 and 61956 were the only zip codes to have identified domestic/family violence as a top 5 health concern

Participants were then asked about overall health concerns of Douglas County residents. The top five overall health concerns were identified as:

- Drug Use (14.06%)
- Mental Health (13.09%)
- Alcohol Abuse (9.76%)
- Lack of healthy/active living (9.33%)
- Divorced/Separated families (7.62%)



Lowest ranked health concerns were; suicides, lack of immunizations, and sexual abuse.

When Stratified by Age:

- Drug use and mental health were identified as the top 2 health concerns from every age category except those aged 55-64 and 65+
- Domestic violence was identified as a top 5 health concern only from the age categories 18-24 and 25-34.

- Unemployment was a top 5 public health concern from age categories 35-44, 45-54, 55-64.

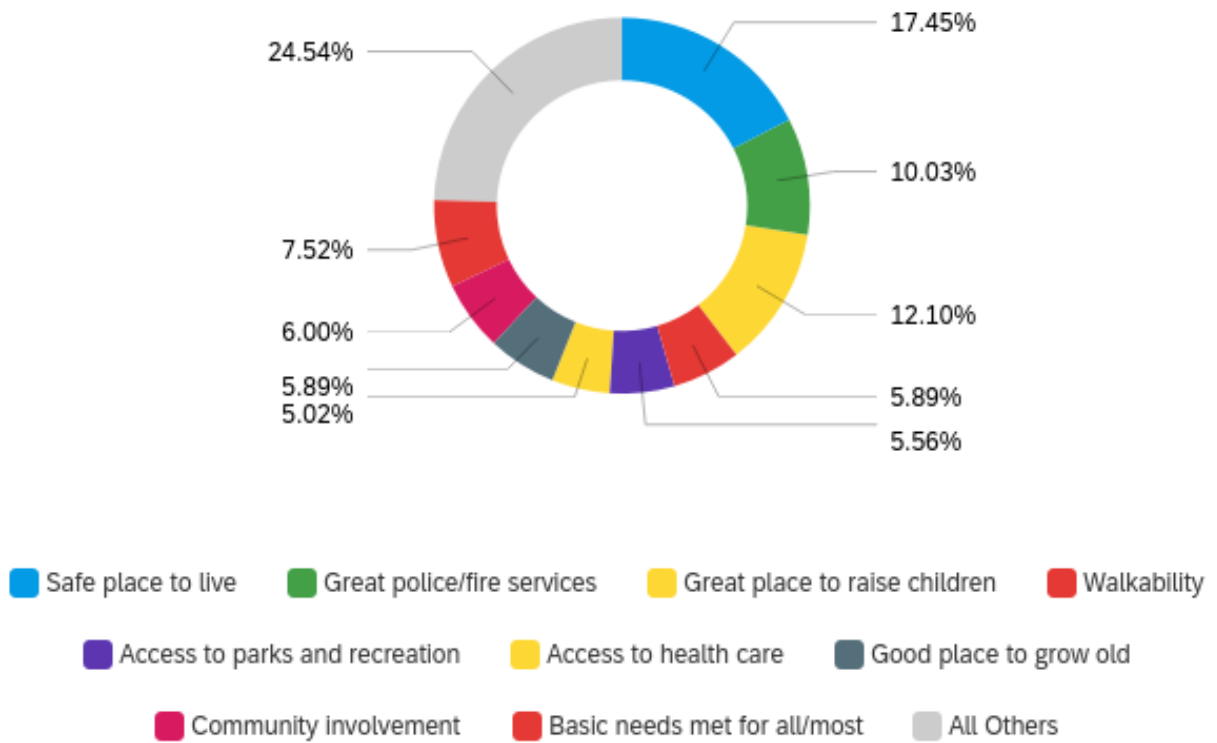
When Stratified by Zip Code:

- Drug use and mental health were identified as the top 2 health concerns from every zip code
- Mental health was identified by every zip code as a top 5 health concern
- Divorced/separated families was also identified as a top 5 health concern by every zip code

The third part of the survey was designed to evaluate the current strengths of Douglas County as well as to identify county assets to better utilize to improve overall public health.

When asked about the greatest strengths of Douglas County, the top 5 strengths were identified as:

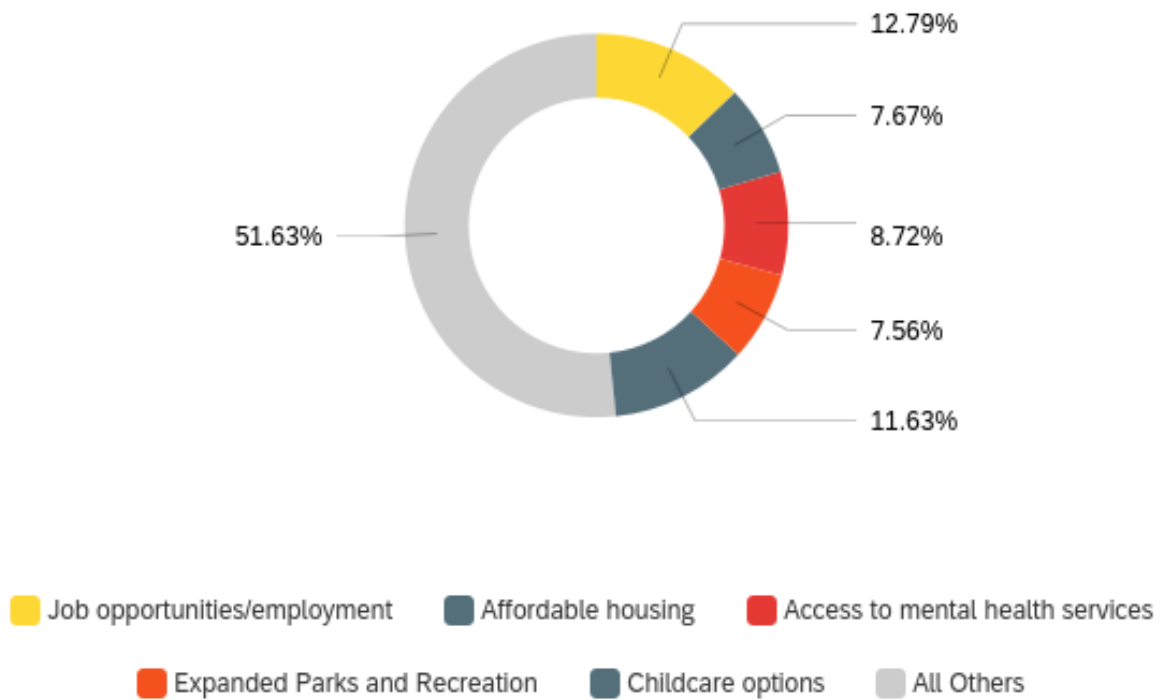
- Safe place to live (17.45%)
- Great place to raise children (12.10%)
- Great police and fire services (10.03%)
- Basic needs met for all/most
- Community involvement (6.0%)



However, the lowest ranked included; public transportation, Other, and internet access.

When participants were asked to identify areas in need of the greatest improvement, the top 5 areas were identified as:

- Job opportunities (12.79%)
- Childcare options (11.63%)
- Access to mental health services (8.72%)
- Affordable Housing (7.67%)
- Expanded Parks and Recreation (7.56%)



Lowest ranked areas included: Access to dental care, Other, and water quality.

When Stratified by Age:

- Job opportunities and childcare was the first and second choice of participants aged 25-64
- Arts and cultural events were only identified by age groups 18-24 and 55-64
- Mental health was in the top 3 of every demographic except 55-64 and 65+
- Aging services was only identified in groups 55-64 and 65+
- Internet access was identified only in groups 35-44 and 45-54

When Stratified by Zip Code:

- Every zip code identified childcare options and job opportunities as the top two areas in the greatest need of improvement except 61911, who identified access to mental health and childcare options.
- Water quality was only identified in zip code 61956, who ranked it as their top 3 concern.
- Internet access was only identified in zip codes 61956 and 61942

III. Local Health Committee

Our Local Health Committee included 17 individuals who represent various communities, businesses, and organizations throughout Douglas County. The individuals listed below participated in at least one of our scheduled Zoom meetings on 2/9/21 and 4/5/21 to establish health priorities for the IPLAN process.

Gary Alexander	Superintendent/Tuscola CUSD # 301
Jason Pantier	Director of Probation
Brian Moody	Fire Chief/Executive Director Economic Development
Bill Wagoner	City Administrator/Arcola
Summer Phillips	Director of Outreach/Douglas County Health Department
Amanda Minor	Administrator/Douglas County Health Department
Hannah Myers	Local Resident/Arcola
Gary Kidwell	General Manager
Chana Ray	Douglas County EMA Director
Rod Randall	Mayor/Arthur
Tammy Bennett	Plant Environmental Manager/Cabot
Josh Taylor Johnson	CCRPC/Workforce Development Champaign/Douglas County
Heather Skinner	County Coroner
Don Munson	County Board Chairman
Mathew Hales	Newman Regional Library Director
Jackie Athey	City Administrator/Villa Grove
Bibby Appleby	County Board Chairman

Individuals in our Local Health Committee were provided with findings from both the MAPP Assessment and results from the Community Themes and Strengths Assessment (CTSA). Individuals also reviewed the 2015 IPLAN. Findings from the 2015 IPLAN are below.

Review of the 2015-2020 IPLAN

Health priorities, objectives, and outcomes of the 2015-2020 Douglas County IPLAN were also analyzed by those in the Local Health Committee and made an integral component of the current IPLAN process. Overall, such review allowed for better assessment of community impact, issue relevancy and improvement of intervention strategies.

The 2015-2020 IPLAN identified the following Goals, Objectives, and Interventions.

1-Behavioral Health

(Goal) Outcome Objective– Reduce Bullying and Depression by 5% and work to reduce rates of substance abuse.

Impact Objectives –Decrease the rate of suicides by 10% before 2021.

- The number of reported suicides in Douglas County from 2014-2018 was 17. In 2019, however, 17 suicides were reported according to CountyHealthRankings.

Impact Objectives- Reduce substance abuse rates.

- According to MAPP data, the total number of drug arrests have gone down between 2018 and 2019. This includes drug paraphilia, controlled substances, and hypodermic needle arrests. Douglas County also reported 0 drug overdoses in 2019.
- In 2020, DCHD provided more than 62 drug overdose training sessions to First Responders and local law officials and distributed more than 100 doses of Narcan in Douglas County. DCHD had 5 reported Overdose reversals in 2020.

Impact Objectives -Decrease the rate that individuals feel depressed more than 3 days by 5%.

- Unfortunately, the number of days that individuals report feeling depressed has increased from 1.8 days in 2015 to 4.0 days in 2020. However, efforts to reduce mental health stigma along with antibullying campaigns have been a major focus of each school district for the last several years in Douglas County. Additional events such as Farm Safety Days, hosted by the Douglas County Farm Bureau, have proved

beneficial in increasing overall awareness by making mental health a topic at every event. This event is for 5th graders in Douglas and Moultrie County

- As of 2020, the number of mental health providers in the county has also increased to three. The addition of a 211 line at the health department in 2020 has directed approximately 460 calls to R.I.S.E, a behavioral health facility located in Douglas County. In addition, R.I.S.E is working to expand telehealth services as well as establish behavioral health specialists in designated locations throughout the county.

2- Food Insecurities

(Goal) Outcome Objective- Increase awareness of food insecurities and available programs and decrease the overall rate of food insecure children in Douglas County.

Impact Objectives – Implement two new food programs.

-Since its debut in 2016, the Summer Meals Program has expanded to include more sites, improved modes of transportation, and increased program awareness which has helped provide more meals to children in need. The number of children utilizing the Summer Meals program has seen a dramatic increase, serving just 3,709 meals in the programs first summer to over 50,000 in 2020. In June of 2020, the health department expanded the number of meal sites from 5 to 7. The number of children expected to participate in this year’s Summer Meal program is believed to increase, as many families are still struggling with the ongoing pandemic. The collaboration of local school districts have helped to spread awareness about the program.

Impact Objectives - Increase the number of food pantries in the county by two.

-Since 2015, the DCHD was worked hard to encourage the formation of food pantries in towns where grocers are non-existent. Every school district in Douglas County now has a food pantry and the number of “little red pantries,” scattered throughout the county has increased to six.

3-Obesity

(Goal) Reduce the rate of obesity in adults in Douglas County.

Impact Objectives – Reduce number of deaths linked to heart disease.

- The number of deaths relating to heart disease have decreased since 2015. 52 deaths were reported in 2015 and 47 reported in 2019.

Impact Objectives – Reduce the number of deaths relating to diabetes.

- The number of deaths relating to diabetes have fluctuated. In 2015, just 4 cases were reported. However, 2017 and 2018 saw a reduction with just 2 cases being reported each year followed by an increase of 6 reported deaths in 2019.

Impact Objectives – Increase the rate of individuals participating in regular physical exercise.

- The number of individuals who reported “poor physical” health days have decreased as well as the percentage of individuals who have access to exercise opportunities. A new recreation center is set to open in Villa Grove in 2022, which should increase accessibility to those in the general area. Open gym hours, reduced fees and greater transit modes should allow for greater use to those with limited accessibility such as economic and transit barriers.

After reviewing MAPP data, findings from the CTSA, along with the 2015 IPLAN, individuals from our Local Health Committee were asked to identify their top health concerns as well as justify their choices by explaining short and long-term implications for not addressing such priorities. The top three local health priorities which resulted from our meetings are identified below.

Priority	Areas to be Addressed
Behavioral Health	Access, Prevention/Education
Food Insecurity/Healthy Foods	Access, Nutrition, Education
Public Transportation	Access

Following is a description of each priority area, risk factors, direct and indirect contributing factors, and barriers for each of the identified health priorities. These health plans were also developed from meetings with our Local Health Committee.

“GOALS,” in the context of this report, refers to identified public health concerns and is thus supported by measurable “objectives” (interim objectives that must be achieved on the way to achieving the GOAL) and “intervention strategies” (actions that will be taken to achieve both impact and outcome objectives).

Priority # 1: Behavioral Health

Behavioral Health issues continue to be public health issues of both national and local concern. When used in the context of this document, behavioral health refers to the traditional understanding of mental health and substance use disorders, as well as an individual’s overall psychological well-being” (Evans and Bufka, 2020). Maintaining behavioral health and wellbeing require constant personal assessment however, it is also important to note that factors that contribute to behavioral health and wellbeing vary overtime. For example, socioeconomic status, physical health, location, along with many determinants, change over the course of an individual’s life. As such, supporting behavioral health often means addressing social determinants of health through an array of social and community factors (CDC, 2021).

According to the CDC, more than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime and 1 in 5 Americans will experience a mental illness in any given year (CDC, 2020). For the Douglas County Health Department, Behavioral Health has remained a top health priority for the last twenty years. According to County Health Rankings, the ratio of mental health providers per 100,000 in 2019 was just 9874:1. While this is a considerable improvement from the ratio of 19,887:1 reported in 2015, when compared to surrounding counties, there is still considerable room for improvement.

According to our Community Themes and Strengths Assessment, both drug abuse and bullying were indicated as public health concerns in individuals 18 and younger and 19 and up. Coupled with the upward trend seen in the number of reported “poor mental health days,” behavioral health will remain a goal of the current IPLAN.

<u>Behavioral Health</u>		
<u>Risks:</u>	<u>Contributing Factors</u>	<u>Barriers</u>
Unidentified Disorders	Family History	Lack of Providers
Environmental Stressors	Drug/Alcohol Abuse	Financial Burden
	Stigma	Language Barriers
	Trauma/PTSD	Availability/Accessibility to programs
	Sexual/Domestic/Verbal Abuse	Lack of support
	Lack of Awareness	
	Low-self esteem	
	Bullying	

Goal: To expand behavioral health services for Douglas County residents by increasing the number of both programs and providers designed to prevent, maintain, educate, and treat factors which may contribute to poor mental health.

Outcome: To decrease the ratio of mental health providers per 100,000 residents, reduce the rate of both substance and alcohol abuse, and decrease the number of reported “poor health” days in county residents.

Objective #1: Increase the number of Behavioral Health providers in Douglas County.

-Strategy 1.1 Employ a behavioral health provider at the Douglas County Health Department which will increase accessibility to those who already receive dental and/or health services from the health department.

-Strategy 1.2 Encourage community leaders to actively seek behavioral health professionals in their communities by working with area hospitals, businesses, and organizations to secure certified clinicians in their respective locations.

-Strategy 1.3 Work to improve retention and recruitment of mental health providers/services

Objective # 2 Expand behavioral health services to residents in Douglas County.

-Strategy 2.1 Promote current programs and existing health services through public service announcements and other educational campaigns.

-Strategy 2.2 Encourage the expansion of existing programs and services to include virtual meetings, expanded after care and weekend hours and hotlines particularly in locations in which behavioral health providers do not exist.

Strategy 2.2.1 Work with community leaders in securing locations for behavioral health clinicians (churches, schools, offices)

Strategy 2.2.2. Continue to promote 211 services to better connect individuals to support and services.

-Strategy 2.3 Work with local school systems to encourage greater role of school counselors.

Strategy 2.3.1 Develop plans for early intervention.

Objective #3 Increase access to behavioral health services

- Strategy 3.1 Increase access to behavioral health services by increasing the number of individuals with health care coverage.
- Strategy 3.2 Offer, promote and encourage financial assistance to those with existing insurance plans with higher deductibles.
- Strategy 3.3 Work with area transportation services to provide discounted travel rates to those going to/from behavioral health service providers.
- Strategy 3.4 Work with community leaders to offer “hot-spot” locations throughout communities where individuals can access internet for telehealth services.

Objective #4 Reduce stigma associated with mental health.

- Strategy 3.1 Increase awareness by utilizing national “holidays” to highlight mental health issues.
- Strategy 3.2 Encourage community support groups through social media platforms and face-to-face interactions.
- Strategy 3.3 Advocate for those in crisis situations

Objective #5 Educate current behavioral health specialists.

- Strategy 5.1 Provide educational materials on medicating and prescribing potentially addictive drugs.
 - Strategy 5.1.1 Develop plans for early intervention.
 - Strategy 5.1.2 Encourage non-prescription forms of therapy.
- Strategy 5.2 Continue needle exchange program and encourage yearly drug disposal programs.

Priority #2: Food Insecurity/Access to Healthy Food

With nearly 37 million Americans experiencing food insecurity, which includes an estimate of over 11 million children, food insecurity stands to be a national public health concern. Defined by the USDA, food insecurity refers to a lack of consistent access to enough food for an active, healthy life (USDA, 2020). For children, not having enough healthy food can have serious implications on a child’s physical and mental health, academic achievement, and future economic prosperity (Feeding America, 2019). For non-seniors and those aged 65 plus, food insecurity is closely associated with increased rates of poor mental health and depression,

hypertension, inadequate sleep, decreased physical activity, and many other health related concerns (Gundersen and Ziliak, 2015).

It is important to note, however, that food insecurity results from a lack of financial resources and is not merely the absence of hunger. While there are several reasons that may cause an individual, or family, to become food insecure, it is important to understand the complexity surrounding food insecurity. For instance, recent events such as the COVID-19 pandemic, along with additional factors such as employment status, transportation, and rising medical, housing, and food costs, results in an individual’s constant state of trade-offs; deciding between what foods and/or services to purchase and what do without.

For Douglas County, the number of those faced with food insecurity has remained consistently lower than the state since 2015. In 2019, 9% of Douglas County residents reported being food insecure as compared to the state average of 11%. That same year, only 3% of Douglas County residents reported having limited access to healthy foods compared to the state average of 4%.

However, additional data such as increased obesity rates, the expansion of food programs such as free or reduced school meals and the “Summer Meals” program, along with the risk of those who may underreport, it became increasingly clear that food insecurity along with healthy food access be made a health priority in the Douglas County IPLAN.

Food Insecurity and Healthy Food Access		
<u>Risks:</u>	<u>Contributing Factors</u>	<u>Barriers</u>
Obesity	Income/ Employment status	Limited Transportation
Developmental problems in children such as; anemia, poor oral health, anxiety	Built environment	Availability; hours/locations
Chronic disease	Race/Ethnicity	Time
Increased crime	Education level	WIC/SNAP acceptance
Drug/Alcohol use	Employment status	Lack of education
Depression	Disabilities	Land Use
	Lifestyle	Cost

Goal: To decrease the number of residents living with food insecurities in Douglas County by improving access to, and interest in, healthy, affordable food.

Outcome: Decrease the number of resident living with food insecurities by increasing the number of sites/programs that distribute healthy food, decrease the percentage of those with limited access to healthy food, and decrease overall obesity rates.

Objective # 1 Increase the number locations in the county where residents have access to food/healthy food choices.

-Strategy 1.1 Work with local community leaders to attract and establish grocers in areas labeled “food deserts”.

Strategy 1.1.1 Develop survey to identify “food deserts”

-Strategy 1.2 Continue to increase the number of food pantries and “little red pantries” in the county.

Strategy 1.2.2 Encourage produce donations from private individuals (such as from personal gardens) as well as grocers with “close to” expired produce.

-Strategy 1.3 Promote Community Gardens and/or farmers markets during summer months.

Strategy 1.3.1 Encourage those participating in farmers market to accept EBT/SNAP transactions.

Objective # 2 Expand and increase accessibility to healthy foods.

- Strategy 2.1 Work with existing grocers and/pantries to expand hours and encourage acceptance of WIC/SNAP benefits.

Strategy 2.1.2 This includes providing residents with accurate, up to date information regarding prices, dates, times, and services through diversified media outlets.

-Strategy 2.2 Work with IDPH in decreasing the threshold of “low-income” families and/or to provide more funding allocated for fresh produce purchases.

-Strategy 2.3 Work with transportation services to readily provide transit to grocery stores as well as make grocers designated stops on transit routes.

Strategy 2.3.1 This includes working with current transit services to increase the number of bags one can carry onto public transit.

-Strategy 2.4 Work with area schools, businesses, and organizations to encourage delivery services to those with limited or no access to transportation.

Objective # 3 Educate public about proper nutrition and dietary habits.

-Strategy 3.1 Continue to provide nutritional information to those who receive EBT/SNAP benefits

-Strategy 3.2 Educate public on dietary information especially with regards to food labels such as fat-free, reduced fat, low sodium, etc...

- Strategy 3.3 Encourage classes geared towards preservation and cooking with garden produce

Strategy 3.3.1 Share recipes on social media

Priority #3: Public Transportation

According to the CDC, public transportation systems include a variety of transit options such as buses, light rail and subways (CDC, 2020). These systems are utilized by the public and most often require a fee for use and travel along predetermined and scheduled routes. Mass transit is typically seen in more densely populated areas, as it helps users easily travel from one location to the next which greatly reduces traffic congestion associated with major roadways.

According to the CDC, transportation systems are a public health issue as they help ensure that people reach everyday destinations such as jobs, schools, healthy food outlets and healthcare facilities (CDC, 2020). However, for smaller communities, such as those situated in Douglas County, this lifeline is and can be entirely nonexistent. As a result, several residents are cut off from larger communities where greater employment, services, and food outlets exist.

According to American Public Transportation Association (APTA) approximately 45% of Americans have no access to public transportation (APTA, 2020). Since 62% of Douglas County is considered rural, the number of residents who live within a “transit dessert” is considerably high. Transit desserts refer to geographical locations where the number of requests/demands exceeds the level of available transit services.

It became apparent in our LHC meetings, that the ongoing pandemic has forced many families to eliminate a family car, reducing the number of vehicles to just one and existing services such as those provided by Dial-A-Ride, are being underutilized or simply not being supported by those with need. With 35% of Douglas County residents reporting a “long commute” to work, this means that by the time one family members gets home from work, most services such as dentists and doctors, along with retail business, may be unavailable to family members. s

There also remains a large portion of Douglas County residents, aged 65 and up, that do not drive, either my choice or medical reason and their ability to get necessary products and services are severely strained by technological barriers and insufficient communications with existing services.

Priority # 3 Public Transportation	
<u>Contributing Factors</u>	<u>Barriers</u>
Local/Regional laws	Technology (inability to access services)
Inadequate funding	Time
Cost of Living/One car families	Costs/Fees
Not enough interest	Undesirable Destinations
Lack of personnel	Frequency
	Handicap accessibility
	Stigma
	Lack of communication between services/user

Goal: To expand access to public transportation by improving and increasing the number of options for residents to utilize transit services.

Outcome: Increase the number of available transit services, decrease the percentage of residents who have limited access to healthy food, decrease the number of food insecure families, decrease the rate of unemployment,

Objective # 1 Increase the number of public transit options available to those in Douglas County.

-Strategy 1.1 Work with regional planning to eliminate regulations that keep transit services such as Lyft and Uber from operating within the county.

Strategy 1.1.1 Promote and encourage residents via diversified media outlets, to become “drivers,” thus providing additional sources of income for residents in areas with minimal economic opportunity

-Strategy 1.2 Secure funding for health department to initiate ride program for residents of Douglas County

Strategy 1.2.1 May involve additional hiring of staff.

Strategy 1.2.2 Securing/finding grants for electric vehicles or otherwise.

Strategy 1.2.3 Updating website to reflect new program.

Strategy 1.2.4 Establish new line for service

Strategy 1.2.5 This may also include establishing satellite locations and drivers, where a designated driver would be available to pick-up/drop off residents in certain locations, driver be reimbursed according to miles driven

Objective # 2 Work to expand existing services.

-Strategy 2.1 Work with Dial-A-Ride to:

Strategy 2.1.1 Expand hours beyond 5 p.m. and include weekend hours.

Strategy 2.1.2 Increase number of pick-up/drop off locations.

Strategy 2.1.2 Reduce notices to allow for day-of pick-ups

-Strategy 2.2 Work with Coles County to extend Zipline services to Douglas County

-Strategy 2.3 Secure funding to provide monthly passes to existing services to those with limited financial means

-Strategy 2.4 Conduct surveys to identify greater areas of transit need.

Strategy 2.4.1 Develop routes utilizing such information.

Objective #3 Work to encourage greater ridesharing/carpooling in Douglas County.

-Strategy 3.1 Develop and promote ridesharing and carpooling groups via social media

-Strategy 3.2 Promote public transit as more ecologically friendly and safer option of travel

IV. Forces of Change Assessment

Douglas County is a community that is overflowing with volunteer resources and agency partnerships. Funding is very limited if not used for specified allotments. There may be funds available; however, they are very restrictive due to grant limitations regarding to determined deliverables.

Some of our volunteer resources revolve around our Medical Reserve Corps. We house this agency and this agency also incorporates the Jr. MRC as well. Some other volunteer resources partner with this agency in many trainings as well as drills and clinics. These agencies are Emergency Management Agency (EMA), Search and Rescue, and our Local Emergency Planning Committee (LEPC).

Many agencies are partners with the DCHD in many facets through the differing structure of the health department. Some of these partners include, but are not limited to: schools, churches,

businesses, mental health agencies, transportation organizations, city and county officials, and many others.

Our Forces of Change Assessment sought to identify factors and/or opportunities that exist in our county which affect the operation of our health system and health of county residents. While we were unable to give this portion of our assessment significant focus, its findings, which were discussed in our Local Health Committee meetings, are nonetheless important to note when considering future goals and objectives put forth by the health department. The tables below highlight potential threats discussed by our LHC.

<u>Economic</u>	<u>Social</u>
<ul style="list-style-type: none"> ● Lack of job opportunities ● High taxes ● More family’s dependent on social services ● 1 income families ● Inflation/increased cost of living 	<ul style="list-style-type: none"> ● Lack of social groups, clubs ● Increased media use ● Bullying ● Disinformation ● Hate/Discrimination

<u>Political</u>	<u>Technological</u>
<ul style="list-style-type: none"> ● Budgets, state and local ● Lack of trust in government ● Effects on personal relationships 	<ul style="list-style-type: none"> ● Limited access ● Too expensive ● Scams that target older demographic ● Outdated systems ● Creating “unsocial” environment

<u>Environmental</u>	<u>Scientific</u>
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<ul style="list-style-type: none"> • Going green initiatives too costly • Large rural population • Farming/chemicals • Large chemical companies in county • Water quality/contamination • Lack of recycling 	<ul style="list-style-type: none"> • On-going research that continually change • Increasing costs of medical/prescriptions
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<u>Legal</u>	<u>Ethical</u>
<ul style="list-style-type: none"> • Immigration • Marijuana laws • Smoke-free areas • Costly court fines • Minor crime convictions/effects on getting job 	<ul style="list-style-type: none"> • Lack of empathy

Community Themes and Strengths Assessment

You are invited to participate in a survey to benefit the Douglas County Health Department. I, Amanda Minor, MPH, LEHP, am authorized by the health department and ensure that all information will be anonymized and presented only at the aggregated level. This research is being conducted by Hannah K. Myers, graduate student, and Dr. Jeff Ashley from the Political Science Department at Eastern Illinois University.

PURPOSE/PROCEDURE

The purpose of this study is to gather opinions and perceptions of adults living in Douglas County regarding the quality of life and health of communities. If you volunteer to participate in this study, you will be asked a series of questions regarding the current health of residents and county assets which can be used to improve community health. The survey should take approximately 5-10 minutes to complete.

POTENTIAL RISKS AND DISCOMFORTS

This survey presents no foreseeable risks or discomforts to individual participants.

BENEFITS

There are no direct benefits associated with the participation of this research study. However, your responses will assist the Douglas County Health Department in their efforts to identify the county's top public health concerns per the Illinois Project for Local Assessment of Needs (IPLAN).

CONFIDENTIALITY

Any information that is obtained in connection with this study that can be identified with you will remain confidential will only be used to assist the Douglas County Health Department in the IPLAN process. Data will be stored using a secured platform and destroyed immediately following the conclusion of the study.

PARTICIPATION AND WITHDRAWAL

Your participation in this survey is completely voluntary and not a requirement or a condition for being the recipient of benefits or services from Eastern Illinois University nor affect your right to services provided by the Douglas County Health Department. If you volunteer to be in this study, you may withdraw at any time without consequences or loss of benefits or services to which you are otherwise entitled. There is no penalty if you withdraw from this study and you will not lose any benefits to which you are otherwise entitled. You may also refuse to answer questions you do not wish to answer.

RIGHTS OF RESEARCH SUBJECTS

If you have any questions or concerns about the treatment of human participants in this study, you may call or write:

Institutional Review Board

Eastern Illinois University

600 Lincoln Ave.

Charleston, Illinois 61920

Telephone: (217) 584-8576

E-mail: eiuirb@www.eiu.edu

You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with EIU. The IRB has reviewed and approved this study.

If you agree with these conditions, please proceed to the survey on the following page.

1. Douglas County is a good place to raise a family. (MARK WITH AN X)

Strongly agree Somewhat agree
 Neither agree nor disagree Somewhat disagree
 Strongly disagree

2. I am satisfied with the quality of life in Douglas County. (MARK WITH AN X)

Extremely satisfied Somewhat satisfied
 Neither satisfied nor dissatisfied Somewhat dissatisfied
 Extremely dissatisfied

3. What do you believe to be the 5 most important factors for a healthy community? (factors which improve the quality of life in a community) CHOOSE UP TO 5 BY MARKING WITH AN X.

Low crime rates Healthy behaviors/lifestyles
 Access to healthy, affordable foods Art and cultural events
 Low infant mortality rates Parks and recreation
 Clean environment Good place to raise children
 Low disease/death rates Religious/spiritual values

- Good schools
- Access to healthcare
- Good race relations
- Affordable housing
- Employment opportunities
- Water quality
- Good fire/police services
- Community involvement
- Access to mental health services
- Public transportation

4. What do you believe to be the top 5 public health issues of those aged 18 and under in Douglas County? (CHOOSE UP TO 5)

- Drug abuse
- Obesity
- Bullying
- Poor mental health
- Lack of food/poor nutrition
- Tobacco use/vaping
- Dental problems/lack of dental care
- Homelessness
- Suicide
- Racism/discrimination
- Lack of exercise
- Anorexia/bulimia
- Teen pregnancies
- Alcohol abuse
- Not using a seatbelt
- Stress
- Single parent households
- Low self-esteem
- Lack of school resources
- Other

5. What do you believe to be the top 5 public health issues for adults aged 19 and older in Douglas County? CHOOSE UP TO 5 BY MARKING WITH AN X

- Obesity
- Stress
- Drug abuse
- Domestic/family violence
- Poor mental health/lack of access
- Dental problems/lack of access
- High blood pressure
- Alcohol abuse
- Not using a seatbelt
- Heart disease/stroke

- | | |
|---|--|
| <input type="checkbox"/> Tobacco use/vaping | <input type="checkbox"/> Senior fall/falling at home |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Poor nutrition/food access |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Domestic violence/abuse |
| <input type="checkbox"/> Suicides | <input type="checkbox"/> Other |

6. What do you believe to be the greatest public health issues facing Douglas County? CHOOSE UP TO 5 BY MARKING WITH AN X.

- | | |
|---|--|
| <input type="checkbox"/> Chronic disease | <input type="checkbox"/> Lack of immunizations |
| <input type="checkbox"/> Poor mental health | <input type="checkbox"/> Lack of healthy/active living |
| <input type="checkbox"/> Aging/lack of elderly care | <input type="checkbox"/> Suicides |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Divorced/separated families |
| <input type="checkbox"/> Tobacco use/vaping | <input type="checkbox"/> Unemployment/lack of jobs |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Food accessibility |
| <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Health care access |
| <input type="checkbox"/> Disability services | <input type="checkbox"/> Others |

7. What do you believe to be the greatest strengths of Douglas County? CHOOSE 5 BY MARKING WITH AN X.

- | | |
|--|--|
| <input type="checkbox"/> Welcomes social, economic, and cultural diversity | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Internet access | <input type="checkbox"/> Healthy environment |
| <input type="checkbox"/> Safe place to live | <input type="checkbox"/> Access to health care |

- | | |
|--|---|
| <input type="checkbox"/> Great police/fire services | <input type="checkbox"/> Access to dental services |
| <input type="checkbox"/> Great place to raise children | <input type="checkbox"/> Good place to grow old |
| <input type="checkbox"/> Access to healthy/affordable food | <input type="checkbox"/> Community involvement |
| <input type="checkbox"/> Educational opportunities | <input type="checkbox"/> Basic needs met for most/all |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Access to mental health services |
| <input type="checkbox"/> Walkability | <input type="checkbox"/> Access to parks and recreation |
| <input type="checkbox"/> Other | |

8. What areas are in the greatest need of improvement? CHOOSE UP TO 5 BY MARKING WITH AN X.

- | | |
|---|---|
| <input type="checkbox"/> Access to healthcare | <input type="checkbox"/> Access to mental health services |
| <input type="checkbox"/> Aging services | <input type="checkbox"/> Educational opportunities |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Greater community involvement |
| <input type="checkbox"/> Access to dental services | <input type="checkbox"/> Internet accessibility |
| <input type="checkbox"/> Job opportunities/employment | <input type="checkbox"/> Arts/cultural events |
| <input type="checkbox"/> Access to healthy foods | <input type="checkbox"/> Expanded parks and recreation |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Water quality |
| <input type="checkbox"/> Childcare options | <input type="checkbox"/> Other |

9. Do you live in Douglas County?

- Yes - No

10. What is your zip code? (PLEASE FILL IN)

11. What is your gender? (PLEASE MARK WITH AN X)

Male Female Other Choose not to answer

12. What is your age? (PLEASE MARK WITH AN X)

18-24 25-34 35- 44

45-54 55-64 65

13. What is your highest level of education? (PLEASE MARK WITH AN X)

Less than high school High school

Associates Degree (A.A. or A.S) Bachelor's degree (B.A. or B.S.)

Master's degree Doctorate/Ph.D/J.D.

Some college Professional/license

14. What is your ethnicity? (PLEASE MARK WITH AN X)

White African American/Black

Hispanic/Latino Asian/Pacific Islander

Native American/American Indian Other

15. What is your household income? (PLEASE MARK WITH AN X)

Under \$ 10,000 \$10,000 – \$25,000

\$25,000 - \$50,000 \$50,000 - \$75,000

\$75,000 - \$100,00 \$100,000 - \$150,000

\$150,000 + Prefer not to answer

We thank you for your time spent taking this survey. Your responses will be collected, recorded, and used by the Douglas County Health Department. Have a great day.

Works Cited

Centers for Medicare and Medicaid Services. Behavioral health; 2020.
<https://www.cms.gov/behavioral-health>.

America's Health Rankings. "Explore Mental Health Providers in the United States | 2020 Annual Report." Accessed, 2021.
<https://www.americashealthrankings.org/explore/annual/measure/MHP>

"Youth Disconnection — Measure of America: A Program of the Social Science Research Council." Accessed, 2021. <https://measureofamerica.org/disconnected-youth/>.

Mental Health America. "Types of Mental Health Professionals." Accessed, 2021.
<https://mhanational.org/types-mental-health-professionals>.

Evans, A. C., & Bufka, L. F. (2020). The Critical Need for a Population Health Approach: Addressing The Nation's Behavioral Health During the Covid-19 Pandemic and Beyond. *Preventing Chronic Disease, 17*.

Alegría, M., NeMoyer, A., Falgàs Bagué, I., Wang, Y., & Alvarez, K. (2018). Social Determinants of Mental Health: Where We Are and Where We Need to Go. *Current Psychiatry Reports, 20*(11). doi:10.1007/s11920-018-0969

Gundersen, C., & Ziliak, J. P. (2015). Food Insecurity and Health Outcomes. *Health Affairs, 34*(11), 1830-1839.

"Hunger & Food Insecurity in America | Feeding America." Accessed, 2021.
<https://www.feedingamerica.org/hunger-in-america/impact-of-hunger>.

"USDA ERS - Food Security in the U.S." Accessed, 2021.
<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>.

“Public Transportation System: Introduction or Expansion | Health Impact in 5 Years | Health System Transformation | AD for Policy | CDC,” January 10, 2020.
<https://www.cdc.gov/policy/hst/hi5/publictransportation/index.html>.

“Transit Statistics - American Public Transportation Association.” Accessed, 2021.
<https://www.apta.com/research-technical-resources/transit-statistics/>.