



Coles County Health Department

**IPLAN 2015 - 2020**

Illinois Project for Local Assessment of Needs

**COMMUNITY HEALTH PLAN**

## 2015 Illinois Project for Local Assessment of Needs

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## 2015 Illinois Project for Local Assessment of Needs

### Purpose Statement

Comprehensive planning is essential to promoting a healthy community through assessment of data, determining needs, and identifying trends. A community approach to addressing health needs is essential so services are distributed among those responsible partners for implementation. The Health Department serves in a leadership role to bring key stakeholders, from both the public and private sector, together to identify the approach needed and assure the opportunity for a healthier community. The outcomes of the plan will be made available to the medical and social service community, as well as, the community at large. The Community Health Plan will be utilized to direct the future toward improved health status of the residents of Coles County.

IPLAN was developed by the Illinois Department of Public Health (IDPH) to meet the requirements set forth in 77 Illinois Administrative Code 600. This administrative code mandates all certified health departments in Illinois conduct an IPLAN process every five years for recertification.

### Review of the 2010 - 2015 IPLAN

To begin the Coles County IPLAN process, senior staff met to discuss the Organizational Capacity Self-Assessment review. Health concerns, objectives and outcome measures were analyzed from the previous five year plan to determine the impact on the community, continued relevancy, and ideas for strengthening the plan.

As a result of the previous IPLAN the following Goals, Objectives and Interventions were identified:

**Outcome Objective #1** - By 2015 reduce the number of patients aged 0-21 who present to Sarah Bush Lincoln Health Center for alcohol and drug related illness by 10%. (Baseline: 99 patients aged 0-21 presenting to the Emergency Room at Sarah Bush Lincoln Health Center)

**Result 1.0.1** - In 2009, 229 patients presented to the Emergency Room for alcohol related illness, and 32 presented for drug related illness bringing the total to 261. We did not meet this objective.

**Impact Objective 1.1** By the release of 2012 I Sing the Body Electric Survey, reduce the number of youth who report participating in episodic heavy drinking by 3% (Baseline: The 2010 I Sing the Body Electric Survey reported that 30.9% of males and 24.7% of females surveyed reported episodic heavy drinking.)

**Result 1.1.1** – 2012 I Sing the body Electric Survey indicates that 12% of 9th graders, 17% of 10th graders, 22% of 11th graders, and 27% of 12th grade students indicate that they had participated in binge drinking over the last two weeks of the survey period. The data was not provided by sex, but by grade level.

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**Outcome Objective 2** – Decrease the level of cardiovascular deaths in Coles County. By 2015 reduce the number of cardiovascular deaths in Coles County to less than 211 per 100,000 residents. (Baseline: 21.1% of deaths in 2006 caused by heart disease)

Result 2.0.1 – The most recent statistics from the Illinois Department of Public Health indicates that 136 of the 514 deaths of Coles County residents, or 26% are attributed to diseases of the heart.

**Impact Objective 2.1** – By round 5 of the Illinois Behavioral Risk Factor Surveillance System (2010-2012) decrease the level of cardiovascular related deaths in Coles County to less than 261.8 per 100,000 residents.

### Result 2.1.1

**Outcome Objective 3** – Increase the utilization of services currently provided within Coles County. By 2015 increase the number of referrals to Coles County service agencies providing direct case management by 10%. (Baseline: Family Planning baseline 927; Children’s Advocates Center baseline 69; WIC 1231)

**Result 3.0.1** - The data provided in the previous IPLAN identified case loads of the respective agencies as opposed to the number of referrals. Family planning had a case load of 353, Children's Advocates Center had a caseload of 77, and WIC had a caseload of 815. Objectives for this outcome were not met as caseloads were reduced in family planning and WIC. The reduction of caseloads have been a reoccurring theme among these programs.

**Impact Objective 3.1.1** – By 2012 increase the number of referrals to Coles County service agencies providing direct case management by 3%. (Baseline: Family Planning baseline 927; Children’s Advocates Center baseline 69; WIC 1231)

**Result 3.1.1** - The data provided in the previous IPLAN identified case loads of the respective agencies as opposed to the number of referrals. Family planning had a case load of 372, Children's Advocates Center had a caseload of 77, and WIC had a caseload of 1050. Objectives for this impact objective were not met as the caseloads continue to decrease. This is likely due to the Affordable Care Act which allows everyone to have insurance.

**Outcome Objective 4** – Reduce the incidence of Lung Cancer in Coles County residents. By 2015, decrease the incidence of Lung Cancer by 10%. (Illinois Department of Public Health, Illinois State Cancer Registry Data identified a Lung and Bronchus Cancer Incident rate as 229 per 100,000 in Coles County)

**Result 4.0.1** The Illinois Department of Public Health, Illinois State Cancer Registry Data identified Lung and Bronchus Cancer Incident rate as 238 per 100,000 in Coles County for the period 2008-2012. County specific statistics found on Cancer in Illinois, published by the Illinois

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Department of Public Health identifies a 3% increase in lung and bronchus cancers for Illinois residents.

**Impact objective 4.1** – By 2013, decrease the number of women who smoke during pregnancy to no more than 125 per 100,000 in Coles County. (Baseline: In 2006, IPLAN identified expectant mothers in Coles County smoked at a rate of 240 per 100,000.)

**Result 4.1.1** – In 2008, the most current data available in iquery, the number of women who smoked was a count of 121, or 223 per 100,000 women who smoke during pregnancy. This number is below the baseline, but not at our expected goal.

**Impact Objective 4.2** – By 2013, increase the number of homes tested for Radon to greater than 100.

**Result 4.2.1** – Using the Illinois Emergency Management Agency website, 172 sites were tested in Coles County. This meets the impact objective 4.2. Ove those tested, 39% (67) total were above 4pCi/L. (Agency, 2014)

## Community Involvement and the Community Health Planning Process

IPLAN is a community health planning process for identifying priority health issues, building local partnerships and addressing identified issues. Community involvement in the IPLAN is vital to ensure community ownership and buy-in.

Both groups and individuals were identified to receive a community assessment plan. It was requested that the assessment be completed and returned to our department. Those who submitted a completed assessment were invited to become part of the IPLAN committee. Once participants were identified, a meeting was held March 20, 2015 to explain what IPLAN is and the process by which health priorities and interventions would be determined. An overview of the identified concerns from the previous IPLAN, as well as, accomplishment was given. The committee members gave additional time outside of the meetings to prepare for each session. A total of seven meetings were held between March 2015 and October 2015 to discuss and prioritize the issues.

The issues that were identified as priorities were those that had data to support their impact on the residents of the county.

A full list of committee members is included as Appendix A of this document.

## **Organizational Capacity Assessment**

The Organizational Capacity Assessment is designed to identify strengths and weaknesses of the Coles County Health Department. Staff members were instructed on the rating system used on the forms and the completed forms were returned to the Assessment Coordinator, Gloria Spear.

## **The APEXPH Process**

APEXPH began in July 1987 as a cooperative project of the American Public Health Association (APHA), the Association of Schools of Public Health (ASPH), the Association of State and Territorial Health Officials (ASTHO), the Centers for Disease Control (CDC), the National Association of County Health Officials (NACHO), and the United States Conference of Local Health Officers (ESCLHO).

APEXPH is a voluntary process for organizational and community self-assessment, planned improvements and continuing evaluation and reassessment. Flexibility is one of the primary features of the APEXPH process. For example, it can involve a large number of staff in a highly structured process or very few people in a less formal approach; either can lead to greater teamwork and improved strategic planning.

## **Healthy People 2020**

Healthy People provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention activity. Currently, Healthy People 2020 is leading the way to achieve increased quality and years of healthy life and the elimination of health disparities.

Each health priority identified in this health plan includes references to the proposed HP2020 national objectives.

## **Demographics**

Coles County is less diverse than Illinois as a whole. Ninety-three percent of the population is Caucasian as opposed to 77.5% for the State. There are 1.9% of the community that is foreign born while the state has 13.8% foreign born. Our population is homogenous with 22% below the poverty level and a density of 106 people per square mile. The issues facing the residents of Coles County are expected to be similar to issues facing other non-urban areas without a diverse population. The statistic that stood out is that our community has a higher rate of cancer than the state or federal rate.

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### Health Issues Identified

The IPLAN Committee met on March 20, 2015 to discuss and identify the top health issues in Coles County. Measuring the health status of a community is a complex process. In order for a true picture of the health of the community to be constructed, a variety of sources were utilized which looked at health indicators, demographic census data, environmental and geographic data, disease statistics, death rates, and self reported behavioral surveys. By utilizing these data sources, the committee was able to examine not only the biologic, behavioral and environmental factors, but also the social, economic and cultural factors as well.

Data from the following sources was examined:

- *Gratitude Sarah Bush Lincoln Health System 2014 Annual Report*
- *Cancer in Illinois 2014* Illinois Department of Public Health
- *Global Competition and Changing Demographics* Eastern Illinois University [www.eiu.edu/strategicplanning/theme\\_competition.php](http://www.eiu.edu/strategicplanning/theme_competition.php)
- *Coles County Facts* Coles County, Illinois Facts, Genealogy, Records and Links. [www.stateofus.com/illinois/coles-county/](http://www.stateofus.com/illinois/coles-county/)
- *Community Improvement Plan*, Champaign County, Illinois 2014-2016
- *Annual Report Fiscal Year 2014*, CCAR Industries
- *Coles County Health Department 2005-2010 IPLAN*
- *Health Outcomes – Overall Rank*, Coles County, Illinois. [www.countyhealthrankings.org/app/](http://www.countyhealthrankings.org/app/)
- *How Healthy is Your County? County Health Rankings 2013*. Robert Wood Johnson Foundation [www.rwjf.org/en/blogs/new-public-health/2013/03/how\\_healthy\\_is\\_your.html](http://www.rwjf.org/en/blogs/new-public-health/2013/03/how_healthy_is_your.html)
- *Getting Your 2013 Rankings Message Out*. University of Wisconsin Population Health Institute.
- *Coles County, Illinois Quick Facts from the US Census Bureau*. <http://quickfacts.census.gov/qfd/states/17/17029.html>
- *Trends in Heroin Use in the United States: 2002 to 2013*. The CBHQS Report, April 23, 2015. National Survey on Drug Use and Health.
- *HOPE 2014 Statistics*. HOPE of East Central Illinois FY 14
- *Today's Heroin Epidemic*. CDC Vital signs July 2015. [www.cdc.gov/vitalsigns/heroin/index.html](http://www.cdc.gov/vitalsigns/heroin/index.html)
- *Prescription Painkiller Overdoses*. CDC Vital signs July 2013. [www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/index.html](http://www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/index.html)
- *Prescription Painkiller Overdoses in the US*. CDC Vital signs November 2011. [www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html](http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html)
- *Vital Signs: Demographic and Substance Abuse Trends Among Heroin Users – United States, 2002-2013*. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report July 7, 2015.
- *Opioid Painkiller Prescribing*. CDC Vital signs July 2014. [www.cdc.gov/vitalsigns/opioid-prescribing/](http://www.cdc.gov/vitalsigns/opioid-prescribing/)
- *List of 113 selected causes of death and Enterocolitis due to Clostridium difficile*. National Vital Statistics Report, Vol. 64, No. 7, July 27, 2015.

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- 2012 PRC Community Health Needs Assessment Report, Total Service Area. Sponsored by Sarah Bush Lincoln Health Center.
- *National Drug Threat Assessment Summary 2014*. U.S. Department of Justice Drug Enforcement Administration
- *Backgrounder: The Hidden Health Costs of Transportation*. A report prepared for the American Public Health Association by Urban Design 4 Health, Inc. March 2010.
- *Illinois Rural Health Workshop. The Health Care Industry in Coles County, Illinois*. [www.ace.uiuc.edu/ruralhealth/](http://www.ace.uiuc.edu/ruralhealth/) February 2002.
- *Coles County Snapshot*.  
[www.countyhealthrankings.org/app/illinois/2015/rankings/coles/county/outcomes/overall/snapshot](http://www.countyhealthrankings.org/app/illinois/2015/rankings/coles/county/outcomes/overall/snapshot)
- Hope of East Central Illinois FY 14 Report

### Noted Survey Concerns

The committee considered the issues facing the community as identified through the local needs assessment that community agencies completed and returned. The following issues were identified and considered:

#### Access to care

- Lack of dental care for individuals on the medical card
- Financial assistance with dental services including the acquisition of dentures
- Dental care for low-income individuals

#### Cancer

#### Transportation

#### Mental health

- Serving Clients with Mental Health Issues
- Clients with multiple and severe needs
- Long wait periods for mental health appointments

#### Poverty

- Financial assistance to address emergency client needs
- Providing legal assistance
- Ability to pay for services

#### Housing

- Lack of low-income housing
- Lack of employment Opportunities
- Not enough transitional Housing
- Inexpensive housing for those with legal issues that prevent them from obtaining HUD
- Rent assistance
- Minor home repairs
- Utility assistance
- Providing assistance in the home with unique tasks.
- Handy-man services
- More housing opportunities

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- Homelessness that exceeds PADS capacity
- Health and wellness
  - Need for individuals or organizations to build wheel chair ramps
  - Sexual health
  - Disability
  - More group services for children
  - Inadequate state and local funding for supplemental services
  - Finding meaningful employment for those with disabilities
  - Financial assistance with pharmaceuticals
- Insurance
  - Health insurance concerns
  - Increased cost of medical care
  - Complex navigation of the medical and insurance system
  - Underinsured or lack of insurance
  - Assistance in complex medical and insurance issues
  - Poly-pharmaceutical trends
  - Securing insurance
  - Long term care options
- Lack of services to those with disabilities that have aged out of the school system
- Food security
  - Hunger
- Obesity
- Substance abuse
  - Delayed access for treatment
  - Increase in substance abuse
  - Illegal drug use
  - Alcohol abuse

### Strategic Health Issues

**Environmental Health:** Coles County has a twice the rate of motor vehicle mortality rates than the state. The country rate is 16.76 per 100,000 in 2013 while the state rate was 7.12.

**Infectious Disease:** Chlamydia has a higher incident rate than any other infectious disease with a count of 365.

**Maternal and Child Health:** Coles County has a high rate of women who smoke while pregnant. The age-adjusted rate is 223.1 for the county with a state rate of 89.8 . This data, however, is from 2008 and significant measures have been taken to decrease this number. More current data would be helpful to determine if the measures were effective.

**Sentinel Events:** There were no significant sentinel events provided by the data for infants, children or adults as found in Iquery.

#### Transportation

#### Lack of Insurance

#### Alcohol Abuse

#### Depression

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### Obesity

#### **Priority Health Issues**

After reviewing the issues identified through the community needs assessment, the committee used available data to determine those health issues that would be the focus of the IPLAN. The priority health issues for Coles County were determined to be the following:

1. Access to Care
2. Mental Health to include substance abuse
3. Cancer

# Access to Care

## Description

Despite a number of advances in Coles County and nationally regarding the basic ability to access a healthcare provider, the members of the IPLAN Committee still consistently ranks this as the largest barrier to community health. The barriers identified by the committee included transportation, the uninsured, and adult dental services for those who are uninsured or underinsured. Data collected for the area indicate that 31.7% of the Sarah Bush Lincoln's total service area have experienced difficulties or delays in receiving needed healthcare in the past year. (Professional Research Consultants, Inc, 2012). The topics addressed in "access to care" were identified by multiple agencies as a barrier.

## Data and Information

### TRANSPORTATION

Dial-A-Ride rural public transportation program provides public transportation in Coles County for individuals of all ages and abilities. Services provided include the Zipline, a fixed route transportation between Mattoon and Charleston, and Dial-A-Ride, a demand response with more extended service. Through March 2015, the Zipline served a total of 2470 passengers with a total of 2,684 trips. Of this number, 699 were for medical appointments (Sanders, 2015).

Fares vary from \$.50 to \$7.00 each way depending on the passenger's origin and destination; persons over the age of sixty are encouraged to make a suggested donation of \$1.00 each way if they are travelling within the City of Charleston, Mattoon and Lafayette Townships; those under sixty, when travelling within the city limits, pay a fare of \$3.00 each one-way trip; all ages pay \$4.00 each way when travelling outside a city's limit. All ages pay \$7.00 each way when travelling outside Coles County. Dial-A-Ride travels to Champaign/Urbana, Tuscola, and Effingham.

In October 2012, the ZIP LINE was introduced for passengers travelling within/between Charleston and Mattoon – 6,238 units of service were provided with this new form of transportation where bus stops have been designated and no reservations are required.

In 2013 census numbers estimated that 220 people rode public transit (excluding taxicab) to work, double of the 2010 estimate of 106 (Commerce, n.d.). While Coles County is home to an Amtrak station as well as a Greyhound station, there are no public rail or bus systems that provide transportation within the Coles County area.

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One barrier that has been identified with Dial-A-Ride is the need for car seats for children under the age of eight years. This is an additional hurdle that a financially struggling parent must consider when using this transportation, especially if there are multiple children who require car seats.

### **INSURANCE/MEDICAID**

Despite advancement of the Affordable Care Act, the health un-insurance rate from 2008-2012 in Coles County was 11.1%. The number of Coles County residents receiving comprehensive benefits in the State's Medical Assistance Program for FY2014 is 12,495 (Services, 2015). The number was derived by combining the data of each zip code in Coles County as the cumulative number appears to be in error. This is a dramatic increase from FY2007 when only 8,408 were enrolled (Services, 2015).

In 2014 the Affordable Care Act provided Illinois with federal funding to expand their Medicaid program to cover adults under 65 with income up to 133% of the federal poverty level. This means that a family of 4 could earn \$33,465 a year and still likely qualify for Medicaid (Care, 2015).

The Illinois Hospital Uninsured Patient Discount Act (210 ILCS 89/1) (Assembly, n.d.) sets the following discounts for uninsured patients:

	<b>100% Discount</b>	<b>Sliding Discount</b>
Non-rural, non-Critical Access Hospital	Income less than 200% federal poverty income guidelines	Income less than 600% of the federal poverty income guidelines
Rural hospital, Critical Access Hospital	Income less than 125% of the federal poverty income guidelines	Incomes less than 300% of the federal poverty income guidelines

The 2012 PRC Community Health Survey commissioned by Sarah Bush Lincoln Health System identified 10.5% of the primary service area, which includes a large portion of Coles County, as lacking health insurance (Professional Research Consultants, Inc, 2012). This is below the Illinois rate of 15.3% and the US rate of 14.9% (Professional Research Consultants, Inc, 2012).

In the 2015 County Health Rankings 13% of adults in Coles County are uninsured (Roadmaps, 2015).

The Healthy People 2020 target is universal coverage (0% uninsured).

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### DENTAL

The committee identified the lack of dentists to serve those over the age of 18 who are not insured. The dental services of Sarah Bush Lincoln Health Care serves children age 10 months to 18 years who receive benefits through Allkids or Medicaid insurance. Mothers with dependent children who qualify for Medicaid or W.I.C. and have no other private dental insurance are also treated. According to the community assessment surveys returned, access to dental care continues to be a barrier. The clinics that will accept Medicaid for people without dependent children are located in Paris and Tuscola, neither of which are in Coles County. Furthermore, according to one of the surveys, “with the provision of dental services again removed from the Medicaid eligible services, this will be once again a huge challenge for individuals on Medicaid.” The 2012 PRC Community Health Survey commissioned by Sarah Bush Lincoln Health System identified that 67.9% of respondents in their primary service area which encompasses most of Coles County had visited a dentist or dental clinic within the past year (Professional Research Consultants, Inc, 2012). This satisfies the Healthy People 2020 target of 49% or higher.

The importance of oral health cannot be emphasized enough. The need for dental treatment can delay a number of medical treatments. Coles County has an abundance of providers for the dental care needs of children, but very little for adults without insurance. Furthermore, the few services that are available are preventative and not restorative.

In a 2011 press release, the National Academies Organization identifies the consequences of the lack of regular oral health care including “increased risk of respiratory disease, cardiovascular disease, diabetes, as well as inappropriate use of the hospital emergency departments for preventable dental diseases” (Academies, 2011). Those with diabetes are at a risk for periodontal disease that can cause painful chewing and even tooth loss. Often dry mouth can be a sign of undetected diabetes and cause tooth decay (Research, 2014). There has also been research promoted by the National Institute of Health of a link between oral bacteria contributing to a heart condition (Research, 2014).

Dental care is so important, that the World Health Organization Oral Health Program has identified areas of national concern including legislation and policy as well as monitoring and surveillance regarding oral care (Organization, 2015).

Still, we have a large population of citizens that do not have access to dental care. 59.8% of respondents in the primary service area report having insurance coverage that pays all or part of dental care costs (Professional Research Consultants, Inc, 2012).

The ratio of residents to dentists in Coles County is 2,148:1 (Professional Research Consultants, Inc, 2012). This number, however, does little to identify the number of dentists who accept Medicaid/Medicare. For the adult population who are unable to qualify for Medicare, there is little hope of receiving dental services. Nationally, only 26% of private practitioners provide care to Medicaid patients (Tryfon Beazoglou, Howard Bailit, & Margaret Drozdowski Maule, 2010).

List of Dental clinics in Coles County, Illinois (Floss, 2011)

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- Sarah Bush Lincoln Women and Children First Dental Program
- Lake Land College Dental Hygiene Clinic.

The National Health Service Corps through the US Department of Health and Human Services offers a loan repayment program where primary care medical, dental and mental/behavioral health clinicians can get up to \$50,000 to repay their health profession student loans in exchange for a two-year commitment. (Loan Repayment, n.d.)

To qualify as an approved location for a National Health Service Corps program, the graduate must work in an area that has an HPSA score of 14 or higher for the field of practice (primary care, dental, or mental health) (Services U. D., 2015). The current score for Coles County are Primary Care 9, Mental Health 15, and Dental Care 18 (Services U. D., n.d.).

The American Dental Education Association identified the costs and debt associated with a degree in dentistry. The figures were current up to the year 2010. The presentation, "Dental Student Cost and Debt" sheds light on the financial burden of dental school. In the 2011 National Academies Press release, "Improving Access to Oral Health Care for Vulnerable and Underserved Populations," it was estimated that in 2010 the average dental education debt was \$177,340 (Association, n.d.) with 78% of graduates having at least \$100,000 in debt upon graduation and 66% had \$150,000 (Association, n.d.)

How can we improve the opportunity for adult dental care? The World Health Organization identifies that a low dose of fluoride constantly on the oral cavity will help prevent cavities. All water systems in Coles County are fluoridated with the exception of Lakeview Ranch in the southwest portion of Coles County, serving 50 residences (Prevention, n.d.).

What can we do to improve the forecast of adult dentistry in Coles County?

Our vision is that we can work with our local partners to include adult dental services in current programs. Educating the community on the importance of dental health is an important step in this project. While adults can receive preventative treatment at Lake Land College, it is necessary that they seek the service before restorative services are required.

In concert with those efforts, we can encourage the employers of the county to consider allowing their employees to participate in private dental insurance plans. Dental insurance is not part of most medical plans. By presenting this option, we may be able to reduce the number of individuals who do not seek treatment in a timely manner.

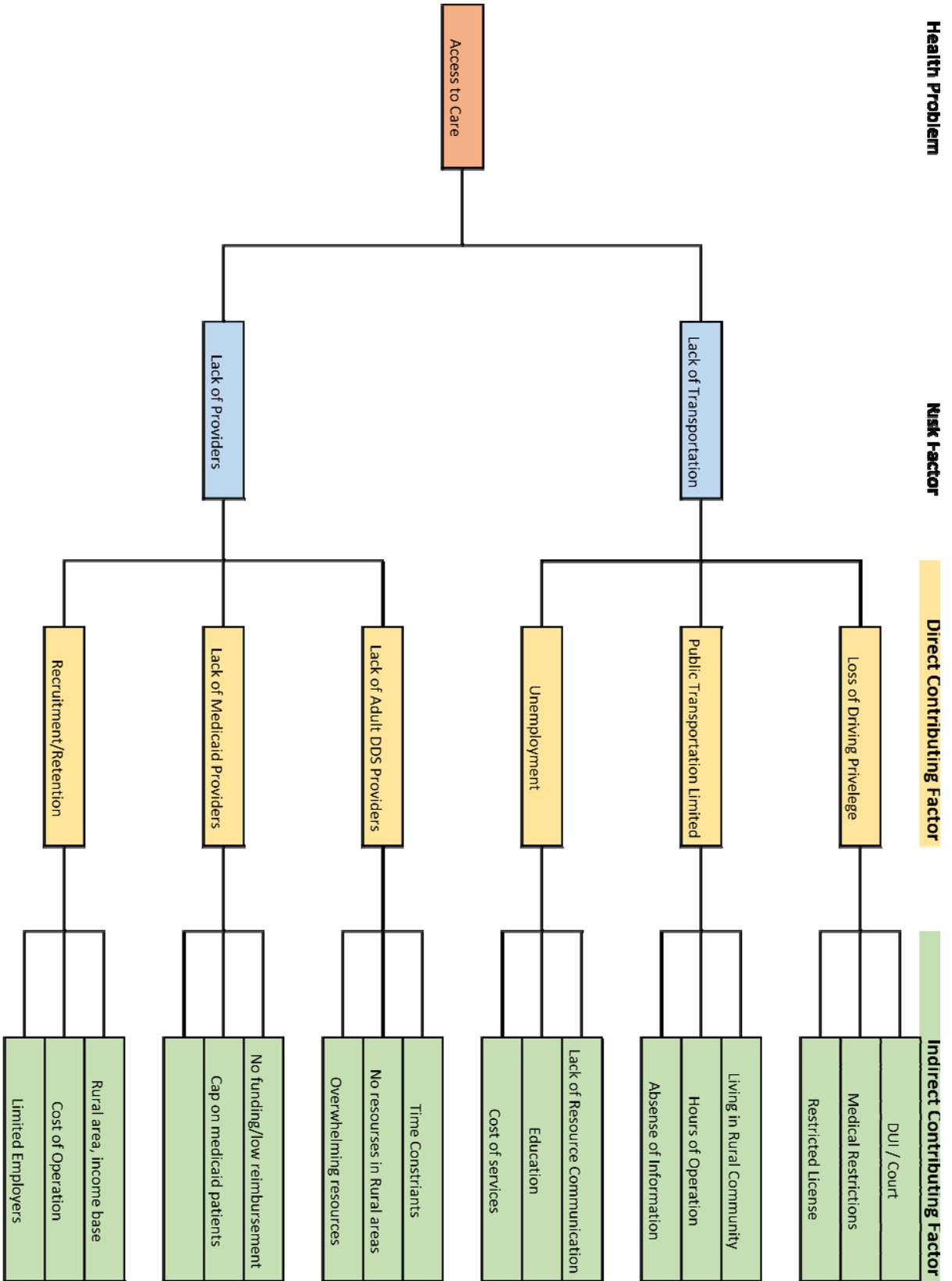
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### **How the finding of the Community Assessment resulted in the issue being identified**

Survey results received by the IPLAN Committee indicated that while there was assistance available for the dental needs of children and mothers, there was a large population that were not being served. The priority strategic health issue was identified as decreasing the rate of death caused by mental health issues of substance abuse and behavioral disorders in Coles County. The committee identified a need for providers that accept Medicare/Medicaid for the unemployed and the availability of dental insurance for the employed with low to moderate income.

**Target Population:** Low to medium income adults with Medicare, Medicaid, or no dental insurance.

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**Health People 2020 Objectives:** OH-3.1 Reduce the proportion of adults age 35-44 with untreated dental decay; AHS-1.2 Increase the number of adults with dental insurance

<b>Priority 1: Adult Dental Services</b>	
Outcome Objective 1	Increase the number of adults who have visited a dentist within the past year from 67.9 <sup>1</sup> % to 74.69%.
Impact Objective 1.2	Decrease the number of emergency room visits for dental issues from 950 <sup>2</sup> to 855 in 2018.
Interventions	Contact 25 employers to provide them with information on supplemental dental insurance companies by 2018.
	Participate in the Coles Health Coalition to bring clinics and dentists together to offer adult dental care. Work to facilitate partnerships to offer dental care to increase adult dental care by 2020.
	Consistently use Twitter and Facebook to promote free dental care days sponsored by My Charleston Dentist and any other providers who offer this service. Provide the same information to WIC clients by 2017.
	Utilize dental professionals who sign up for our future medical reserve corps to offer initial exams.
Community Resources	Sarah Bush Lincoln Health Services
	Coles Community Health Plan
	Lake Land College
	AFLAC
	AETNA
	Cigna
	Delta Dental
Estimated Funding	100.00
Anticipated Sources for Funding	Sarah Bush Lincoln Health Services AFLAC AETNA Cigna Delta Dental

<sup>1</sup> 2012 PRC Community Health Needs Assessment Report, Professional Research Consultants, p. 180.

<sup>2</sup> Sarah Bush Lincoln Health Center Emergency Room Diagnosis report 475 from July 1 2014- February 2, 2015. Number was doubled to represent one year.

# Mental Health

A person's condition with regard to their psychological and emotional well-being  
– Oxford Dictionaries

## INTRODUCTION

Second only to Access to Care, the topic of Mental Health runs a wide array both in the depth and breadth. Issues such as illicit drug use, schizophrenia, post-traumatic stress disorder and alcohol abuse, allowed for a constructive conversation by a variety of agencies. The secondary effects of these issues, such as HIV in IV drug users and rates of domestic violence further complicate the situation.

Our committee identified mental health as our second priority.

## Data and Information

### SUBSTANCE ABUSE

The problems faced by Coles County Mental Health providers are not new. They are the same problems that have been identified in previous public health strategic planning documents. Illicit drug use in Coles County has been a well documented problem in East Central Illinois and while the drugs are changing, the effect on public health is the same if not worse.

The most prevalent mental health issues identified are substance abuse and behavioral disorders. Substance abuse identifies the risk to the health of the public with the apparent epidemic of opioids. Behavioral disorders identified in this plan focuses on the two mental health issues: depression and suicide. While they are each public health issues independently, it should be noted that substance abuse and behavioral disorders often co-exist according to the Drug Enforcement Administration. The presence of both can be common, and in that case it is suggested both behavioral disorders and substance abuse be addressed jointly.

“Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues,” (2020, 2015) according to Healthy People 2020. One important development gained through research identifies “substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.”

### ALCOHOL ABUSE

For SFY 2014 Central East Alcoholism and Drug Council (CEAD) reported that 925 patients identified alcohol as a substance of abuse in 2014 (Irwin, SFY 2014 Central East Alcoholism and Drug Council, 2014). This is an increase from the 2008 number of 725 (Irwin, SFY 2014 Central East Alcoholism and Drug Council, 2014). As of October 19,

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2015, there have been 170 DUI arrests in Coles County (Judici, 2015). The total for 2014 was 241, and the 2013 number was 288.

In 2009, the latest year that information is available on the Illinois Department of Public Health's IQuery system, 229 Coles County residents had an ER visit that was alcohol related. The Crude rate of .4 was slightly higher than the state rate of .3 (IQuery, 2015). Additionally, the I Sing the Body Electric program in 2012 identified Alcohol as the #1 concern across grade levels of 9th -12th graders surveyed. (Electric, 2012)

### **Opioid Analgesic Prescription Drugs**

The *2014 National Drug Threat Assessment Summary* published by the U.S. Department of Justice Drug Enforcement Administration identifies the economic cost of nonmedical use of prescription opioids in the United States at \$53 billion dollars in 2011 alone. (Justice, 2015) The number of drug overdose deaths from Controlled Prescription Drugs (CPD) has surpassed motor vehicle crashes as the leading cause of death in the United States. These drugs are increasingly becoming the first drug that many abuse due to their availability, second only to marijuana.

In Coles County, the prescription pill arrests have increased. In 2011 there were 4 prescription pill arrests, followed by 2 in 2012, 5 in 2013 and 8 in 2014. It appears that the numbers will be increasing as there have also been 8 arrests to date in 2015.

Opioid analgesics are the most common type of CPD abused. (Justice, 2015) These include the oxycodone (OxyContin, Roxicodone, Percocet), hydrocodone (Vicodin, Lorcet, Lortab), oxymorphone (Opana), and hydromorphone (Dilaudid) (Justice, 2015). The National Seizure System indicated that "1.2 million dosage units of oxycodone were seized by law enforcement in 2013, up 535 percent from 2012." (Justice, 2015) The increased rate of seizure indicates that there is more CPD available for illicit drug use, or non-prescribed use, than in the past. The data for drug treatment echoes the seizure statistics for this epidemic. The Drug Use Warning Network estimates that there was an 81% increase in emergency department visits for nonmedical use of pharmaceuticals involving prescription opiates/opioids between 2007 and 2011. (Justice, 2015) Furthermore, admissions to publicly funded treatment facilities increased 89% from 2007 to 2011 (Justice, 2015).

"Adolescent abuse of prescription drugs has continued to rise over the past 5 years." (2020, 2015) Many states have implemented drug monitoring programs to reduce the amount of opioids available for abuse. The formulation of OxyContin has been altered to make it "more difficult to abuse." (2020, 2015) Despite the numbers, there is no county wide prescription drug disposal program.

Coles County Deaths include

- There were two 2013 deaths attributed to prescription medications.

Research indicates that prescription drug abuse is a gateway for heroin use. The Substance Abuse and Mental Health Services Administration found about 80 percent of heroin users previously used prescription drugs (SAMASA).

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Unfortunately, the increased regulation of CPD's, specifically opioids does not diminish the addiction for the abuser. The difficulty in obtaining the opioid as well as the expense has caused some to use heroin as an alternative that is easier to obtain, cheaper to purchase, and even more deadly.

### The Rise of Heroin

In Illinois, heroin is usually sold in powder form, but it can also be tar-like or hard. Heroin can be smoked or snorted (inhaled through the nose), or injected. The product is often "cut" with household products such as sugars, starch, or powdered milk or more dangerous products such as phentanol. (Rachel N. Lipari, 2015) Users who inject the drug usually feel its effects within seven to eight seconds, while it takes those who snort or smoke it between 10 and 15 minutes.

Once administered, heroin enters the brain, converts to morphine and binds with opioid receptors. Continued heroin use requires increased amounts of the same drug, resulting in tolerance and addiction. Once physically dependent on heroin, users going without it for any length of time experience symptoms of withdrawal, which come in the form of intense cravings, agitation, bone pain, muscle pain, sleeplessness, diarrhea, vomiting, cold flashes and spontaneous leg movements. These symptoms usually peak anywhere between 24 and 72 hours after the last dose and go on for about a week, though they can last as long as a month. (2)

There is information indicating that those who abuse pain relievers are "switching to heroin because of decreased access to pain relievers (Dooley, 2014) and the relative cost of heroin. (Rachel N. Lipari, 2015) One of the dangers in heroin use is the inconsistency. Overdoses can occur due to the availability of "high purity heroin" causing users who had become addicted to a lower quality product to use too much of the drug. Users who have become addicted to prescription opioids and self-medicate with heroin no longer have a consistent quality. Heroin purities vary as does dosage amounts and the unknown adulterants used to cut costs and increase potency. (Justice, 2015)

Coles County has seen a rise of heroin in the community since 2011. There were 4.92 grams of heroin seized in 2011 and four arrests made. In 2014 there were 16 heroin arrests with 68.66 grams seized.

The results are pending for 2015 as there have been 35.6 grams seized with 11 arrests as of October 6, 2015 (Starrick, 2015).

Heroin was responsible for 2000 deaths in 2007 (Resource, 2015) according to the CDC. That number increased to over 8200 deaths in 2013. Heroin was responsible for 633 deaths in Illinois alone in 2014 according to the Chicago Tribune. Coles County has suffered three deaths in 2014 that were attributed to heroin, and two death in 2015. Narcan has been part of the first responder's arsenal for several years. In 2015, it has been used on 18 occasions.

#### PROBLEM:

**HEROIN USE IS INCREASING,  
AND SO ARE HEROIN-  
RELATED OVERDOSE  
DEATHS.**

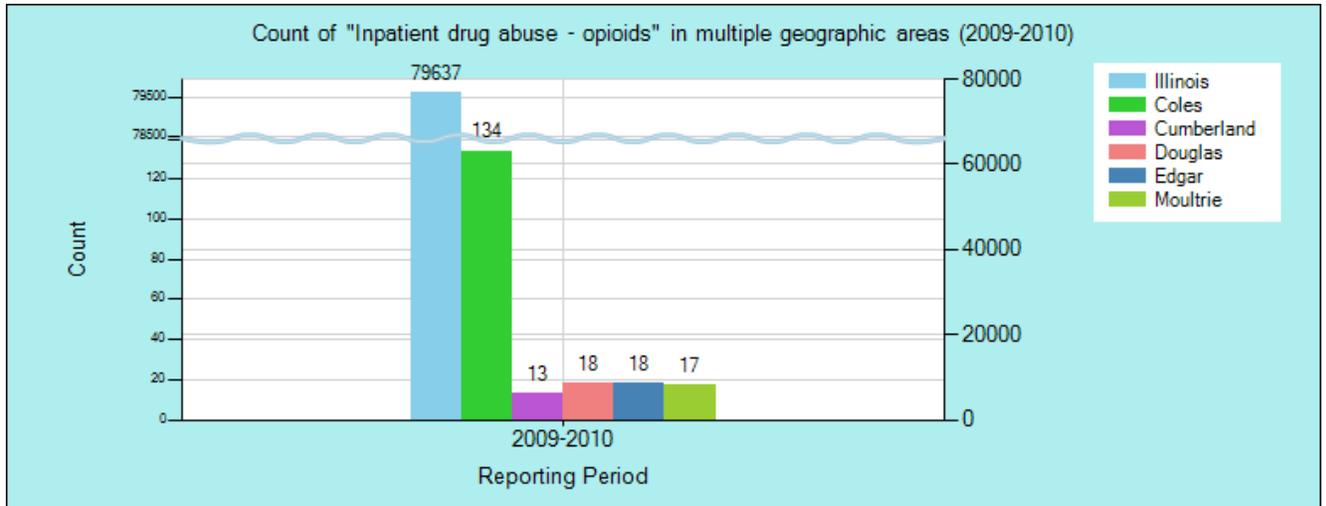
- CENTERS FOR DISEASE CONTROL

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A poll taken by the local newspaper, the Mattoon Journal Gazette, identified that 49.4% of the community identified heroin as the worst threat to people in our area with methamphetamine earning 50.6% of the votes.

A report from 2014 developed by CEAD Council identified that 203 admitted patients reported heroin as a primary substance and another 33 reported heroin as a secondary substance (Irwin, SFY 2014 Central East Alcoholism and Drug Council, 2014).

From 2007 to 2012 Illinois ranked first in the US for the decline in treatment capacity. This 52% decrease over the five year period puts Illinois as 3<sup>rd</sup> worst in the nation with only Tennessee and Texas ranking lower. Currently Illinois does not cover methadone under Medicaid and coverage for buprenorphine treatment is only covered for one year under Medicaid.



Source: IDPH discharge data

### PRESCRIPTION DRUGS

#### Behavioral Disorders

##### DEPRESSION

Major depressive disorder is one of the most common mental disorders in the United States. Each year about 6.7% of adults experience major depressive disorder. Women are 70% more likely than men to experience depression during their lifetime. The average age of onset is 32 years old. Additionally, 3.3% of 13 to 18 year olds have experienced a seriously debilitating depressive disorder (Health, n.d.). Thirty percent of students in grades 8, 10, and 12 said they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Alcohol and other substance abuse or dependency may co-exist with depression. Research shows that mood disorders and substance abuse commonly occur together. It may also occur with other serious medical illnesses such as heart disease, stroke, cancer,

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HIV/AIDS, diabetes, and Parkinson's disease. People who have depression along with another medical illness tend to have more severe symptoms of both depression and the medical illness, more difficulty adapting to their medical condition, and more medical cost than those who do not have co-existing depression. Treating the depression can also help improve the outcome of treating the co-occurring illness.

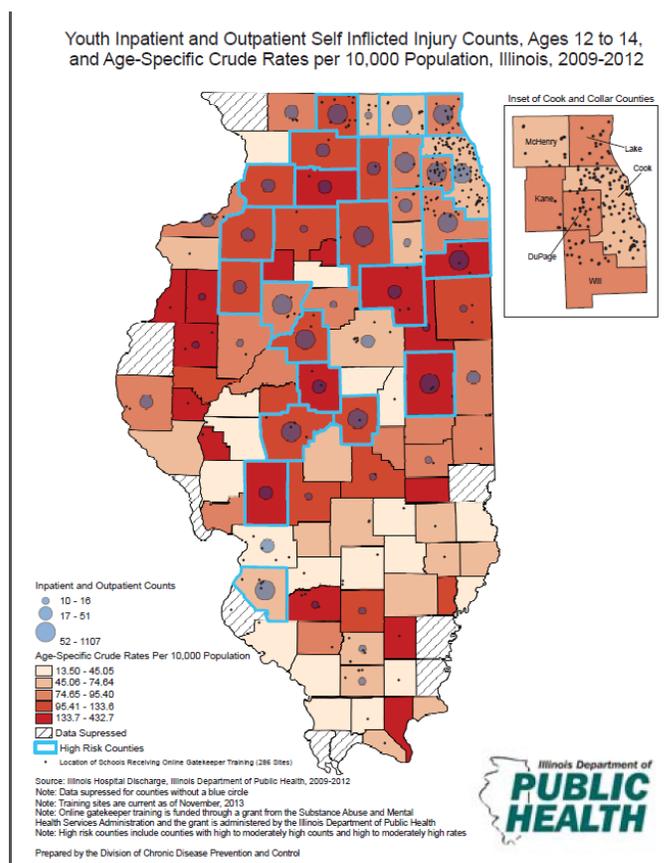
“Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems” including suicide (2020, 2015). Equally as disturbing is that while depression is an illness, it is often exacerbated and can be associated with other destructive behaviors such as smoking, alcohol, physical

inactivity and sleep disturbance. Research has shown that mental and substance abuse disorders are risk factors for suicide. Therefore, a successful program addresses on each disorder.

### SUICIDE

In 2010 the Illinois Department of Public Health reported 6 suicides by Coles County residents (IDPH Suicide). This is just slightly down from 9 suicides in 2008 (IDPH 2008). While there are local resources, they are not easily identified. No assistance could be found using the local telephone book to locate a suicide hotline.

Data obtained from the Suicide Prevention Resource Center indicates that Coles County has a crude rate of 74.65-95.40 youth per 10,000 population. Of those, 10-16



have been either in inpatient or outpatient treatment. There is one school receiving Online Gatekeeper Training.

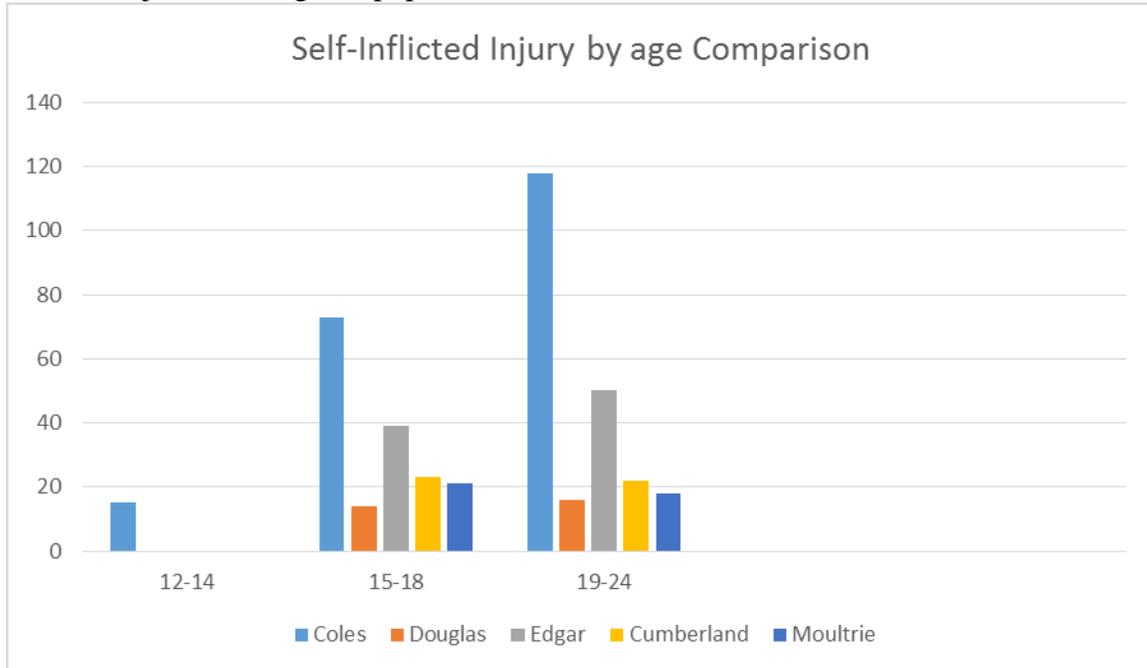
Gatekeeper training is a free course provided to “influence individual characteristics that may result intervention behaviors.” (Center, 20105) The goal is helping youth at risk of suicide.

Self-inflicted injuries by youth include poisoning (solids, liquids, gases, and vapors), hanging, strangulation, suffocation, drowning, firearms, cutting, and jumping from a high place.

In 2013, Suicide was the third leading cause of death for those 10-14; the second leading cause of death for those 15-34, and the fourth leading cause of death for those 35-44. The rate of suicide has sharply increased for those 45-64 years of age.

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Young adult inpatient and outpatient self inflicted injuries for those age 12 through 14 for the years 2009-2012 are 15 for Coles County. Surrounding counties including Edgar, Douglas, Moultrie, and Cumberland each had less than 10. (Center S. P.) For the population of 15-18, Coles County is considered a high risk area with 26-125 self-inflicted injuries among that population.



It was indicated that there may be a deficit of psychiatrists. LifeLinks has one full time psychiatrist, one part time contractual psychiatrist who works 4 hours per month, and one child/adolescent psychiatrist via telemedicine. The wait list for psychiatry fluctuates between 60 and 80 and a wait time for 6 months or more is not uncommon.

The focus in the area is how do we decrease the suicide rate for Coles County?

- Educate the public for the warning signs of suicide
- Understand the risk factors for suicide
- Educate the public of the suicide prevention resources available
- Encourage Gatekeeper Training Programs to all adults work closely with children (Teachers, Coaches, clergy, city recreation department, YMCA, scout leaders, 4h leaders, youth, Teen Reach, Big Brothers, Big Sisters)
- Host the Veterans Administration Mental Health
- Make suicide hotline publicly available

Additional Resources:

- National Suicide Prevention Lifeline
- Veterans Crisis Line
- National Strategy for Suicide Prevention

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- NIMH Multimedia on Suicide Prevention
- NIMH Statistics on Suicide
- National Library of Medicine – Suicide
- Take 5 To Save Lives
- Stopbullying.org
- Veterans Administration Mobile Bus
- Local Mental Health First Aid Training

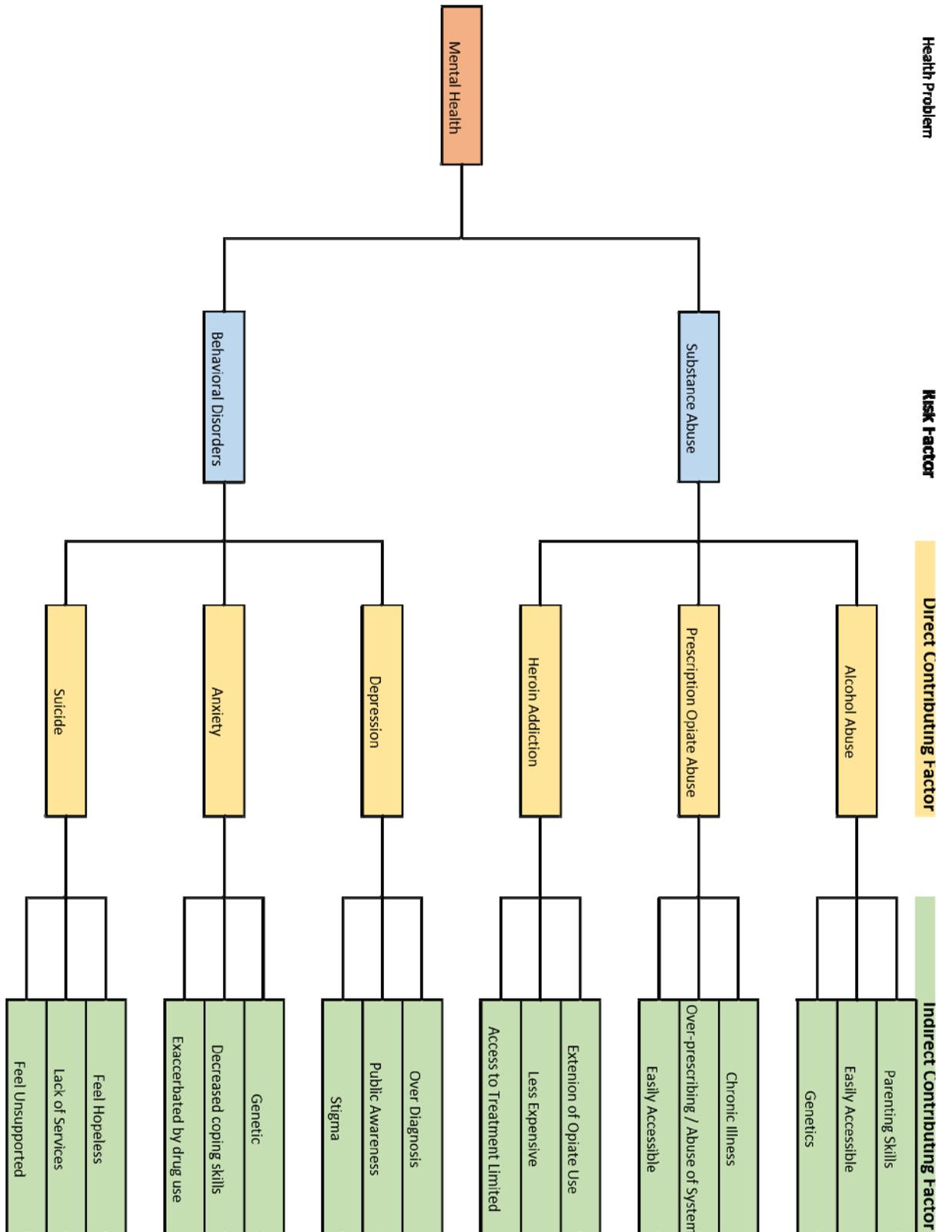
### **How the finding of the Community Assessment resulted in the issue being identified**

Data obtained by the Coles County IPLAN Committee clearly shows that mental health issues are a severe problem. The priority strategic health issue was identified as decreasing the rate of death caused by mental health issues of substance abuse and behavioral disorders in Coles County. The committee identified an increased need for services and a decrease in funding for those services. LifeLinks identified the patients getting younger in age with increased severity of issues.

**Target Population** – adolescents, veterans

# 2015 Illinois Project for Local Assessment of Needs

## Mental Health Problem Worksheet



## 2015 Illinois Project for Local Assessment of Needs

### Introduction to Objectives and Strategies

The objectives and strategies in this section are designed to address the risk factors and contributing factors listed in the Health Problem Analysis Worksheet that are within the scope of the IPLAN to address. The major “outcome objective” focuses on reducing the prevalence of mental health issues and is supported by “Impact objectives” (interim objectives that must be achieved on the way to achieving the outcomes) and “intervention strategies” (actions that will be taken to achieve both impact and outcome objectives).

**Healthy People 2020 Objectives:** MHMD-1 Reduce the suicide rate SA-12 Reduce drug-induced deaths.

<b>Priority 2: Reduce the deaths caused by overdose and/or suicide.</b>	
<b>Outcome Objective 2</b>	Reduce the number of people who identify having 1-30 days where their mental health is not good from 41.1% to 37 <sup>3</sup> %.
Impact Objective 2.1	Increase the number of public high schools and middle schools in Coles County GateKeeper trained by 2018 from 1 <sup>4</sup> to 8.
Impact Objective 2.2	Offer 3 Mental Health First Aid training to the general public, service providers, law enforcement, etc. to recognize the signs of suicide by 2018.
<b>Outcome Objective 3</b>	Reduce the number of hospitalizations from non-medical drug use from 1022 <sup>5</sup> to 920.
Impact Objective 3.1	Create a site(s) for the public to dispose of unused, unwanted or expired prescription medication.
Impact Objective 3.2	Participate on the newly developed heroin coalition to get information to the public via townhall meetings, facebook, twitter, and posting information on the website by 2018.
Interventions	Participate with the Heroin coalition and local schools to get educational materials in the hands of parents and students by taking the information to the schools and offering information at the Health Department by 2018.
	Publicize the resources for suicide prevention on twitter, facebook, our website and within the building by 2018.
	Develop a program that places Narcan in the hands of those close to heroin addicts by 2020.
	Publicize the warning signs of suicide by 2018.

<sup>3</sup> Added results of 1-7 days to 8-30 days as identified on the BRFSS

<sup>4</sup> Suicide Prevention Resource Center

<sup>5</sup> Iquery Inpatient drug abuse discharge data

## 2015 Illinois Project for Local Assessment of Needs

Community Resources	Coles County Health Department Coles County Mental Health Board Coles County Probation Life Links Sarah Bush Lincoln Health Center CEAD Carle Foundation Hospital School Counselors Eastern Illinois University Faith Based Organizations AA Groups NA Groups
Estimated Funding	5000.00
Anticipated Sources for Funding	Suicide Prevention and Resource Center Lumpkin Foundation Parent / Teacher Organizations Faith Based Organizations

# Cancer

The incident rate of cancer was one of the factors identified by the medical professionals in attendance at the IPLAN meetings. Sarah Bush Lincoln Health Care is building a new cancer clinic, as the current facility is no longer adequate for the number of patients that are treated. According to Cancer statistics from Illinois Department of Health, three cancers continue to show high incident rates: breast, prostate, and lung cancers. It was determined that in the best interest of our community, we would focus on all three of these cancers.



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Every day in Illinois, **26** women  
are diagnosed with breast cancer.

Illinois Department of Public Health

## **Breast Cancer**

Excluding skin cancer, breast cancer is the most common form of cancer in American women, and the second major cause of death after lung cancer. One out of eight women will develop breast cancer over the course of a lifetime. The risk factors for developing breast cancer include being female, increasing age, having a family history of breast cancer, being older at the birth of your first child or never having a child, having a personal history of breast cancer or some non-cancerous breast diseases, having radiation therapy to the breast/chest, and beginning menstruation before age 12 or completing menopause after age 55. These factors are outside of an individual's control.

However, there are a number of factors that the individual has control that will increase the risk of breast cancer. These variable actions that increase the risk of breast cancer include not breastfeeding; drinking alcohol (more than one drink a day), not getting regular exercise, being overweight, using hormone replacement therapy for a long time, and using birth control pills.

However, many breast cancer cases occur in women without any risk factors, so everyone should be checked regularly. It is also important to note that breast cancer can occur in men, although it is not common. The best intervention for early detection of breast cancer is to have a mammogram.

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The breast cancer incident rate for Coles County between 2008-2012, for all races, was 131.6 (Health I. D., 2015). The rate for the state of Illinois is 127.7, so Coles County has a greater incident rate of breast cancer per capita.

### Prostate

Prostate cancer is the most common cancer among men. The factors that increase the risk of prostate cancer are not easily controlled or eliminated. Age, family history, and race are the three predominant factors that increase one's risk of developing prostate cancer. As men age, their risk becomes greater, and it is more common in some racial and ethnic groups than in others. Likewise, certain inherited genes may affect your risk of prostate cancer. Having a close relative who has had it will increase the risk.

EVERY DAY IN ILLINOIS, 23 MEN ARE  
DIAGNOSED WITH PROSTATE CANCER.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Researchers cannot agree on factors that will reduce the risk of prostate cancer in men. However, they do agree that the current test used to detect prostate cancer, the

prostate-specific antigen test (PSA) has a high rate of false-positive results. While the PSA is discouraged by the U.S. Prevention Services Task Force, there are alternative detection methods such as digital rectal examination or ultrasonography (Services U. P., 2012).

The prostate cancer incident rate for Coles County for the period of 2008-2012 was 102.1 (Health I. D., Illinois Specific Statistics, n.d.). The rate for the state of Illinois is 138.9. While we are doing better than the state as a whole, it is still a great concern for the male population.

### Lung Cancer

“25 people are diagnosed with lung cancer every day in Illinois. (Health I. D., Cancer in Illinois, 2015)”

The lung and bronchus cancer incident in Coles County for 2008-2012 was 102.9 for men, and 64.8 for women (Health I. D., Illinois Specific Statistics, n.d.). This is greater than the rates for the state of 81.8 for men and 59.9 for women. Cigarette smoking is the

## 2015 Illinois Project for Local Assessment of Needs

still the most direct cause of about 85 percent of all lung cancers. Other causes are exposure to secondhand smoke, radon, and certain industrial substances such as asbestos and occupational radiation. Additionally, medical and environmental sources, air pollution, and tuberculosis or other lung diseases can also cause lung cancer. However, about 20 percent of people who die from lung cancer have never smoked. People who quit smoking may still get lung cancer.

The risk of lung cancer is greatest in those who have smoked cigarettes. Still, those who smoke pipes or cigars have a much greater risk than those who have never smoked. The number of years a person smokes, the amount smoked per day and how deeply the person inhales all affect risk of developing lung cancer. Others at risk include those exposed to secondhand smoke, individuals who have had tuberculosis or other lung diseases such as emphysema, and people exposed to substances such as asbestos, chromium, radon and other industrial or environmental chemicals.

A cancer incidence rate is the number of new cancers of a specific site/type occurring in a specified population during a year. This number is generally expressed as the number of cancers per 100,000 population at risk. The cancer mortality rate is the number of deaths, with cancer as the underlying cause of death, occurring in a specified population during a year. Again, this number is expressed as the number of deaths due to cancer per 100,000 population (Health N. I., 2015).

### **How the finding of the Community Assessment resulted in the issue being identified:**

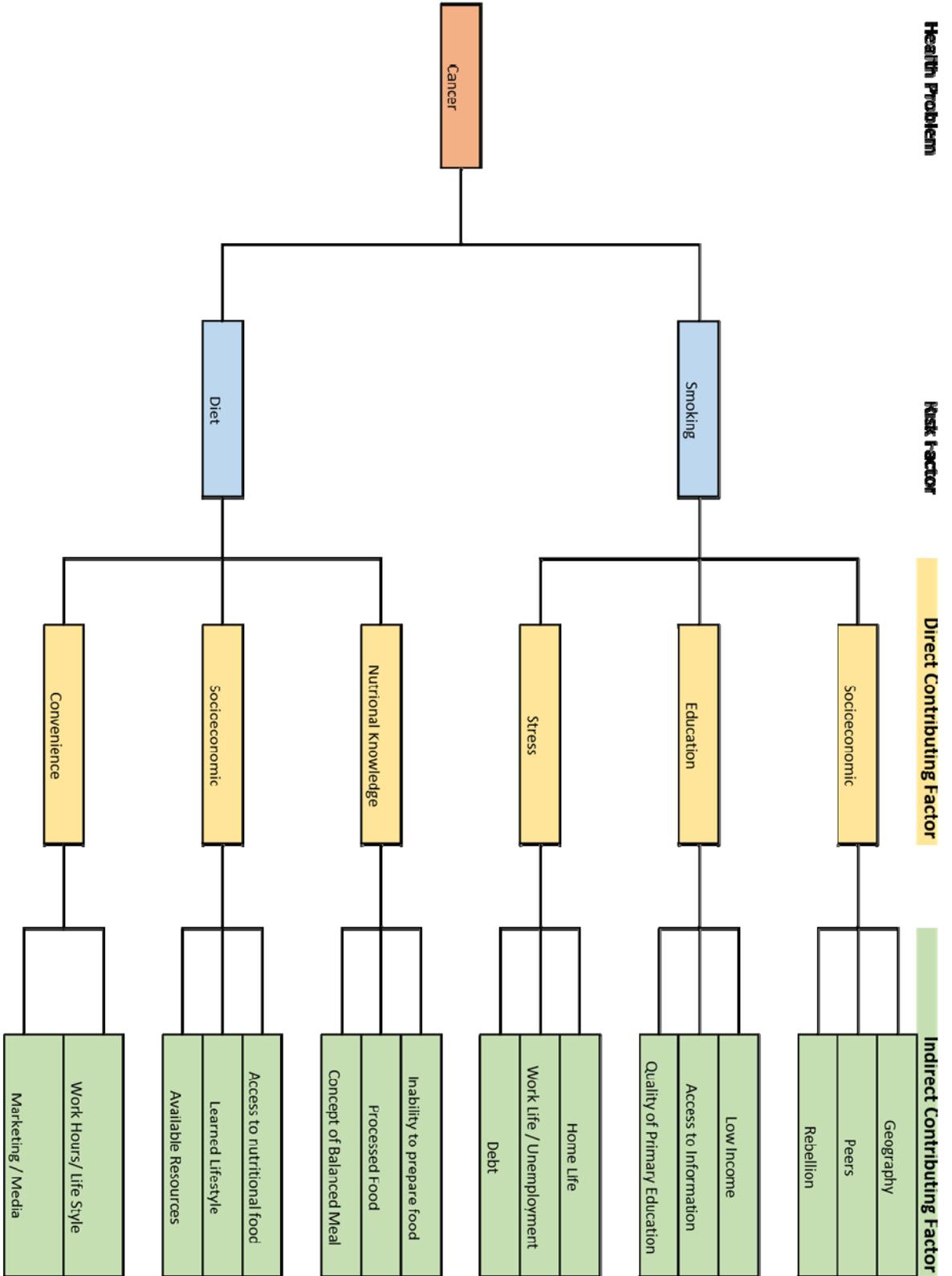
Coles County has a higher rate of cancer than our neighboring communities, the state, or the national rate. The addition of a cancer center in heart of Coles County further indicates the number of people who require treatment are increasing. Data obtained by the Coles County IPLAN Committee identifies lung cancer presenting more frequently than any other. Breast cancer and prostate cancer were also identified as having a high rate of incident in Coles County affecting women and men respectively. The priority strategic health issue was identified as decreasing the rate of death caused cancer in Coles County. The committee identified an increased need for education and prevention measures to assist in our goal.

**Target Population:** Men over the age of 50; women over the age of 45; Youth between the ages of 11-17.

**2015 Illinois Project for Local Assessment of Needs**

Cancer Analysis Worksheet

# 2015 Illinois Project for Local Assessment of Needs



## 2015 Illinois Project for Local Assessment of Needs

**Healthy People 2020 Objectives:** C-2 Reduce death from lung cancer; C-3 reduce death from breast cancer; C-7 Reduce death from prostate cancer.

<b>PRIORITY 3 - C-2, C-3, C-7 Reduce death from lung, breast, and prostate cancer.</b>	
Outcome Objective 4	Reduce death from lung, breast, and prostate cancer. Goal is for the reduction of lung cancer from 57.2 deaths per 100,000 <sup>6</sup> to 51 deaths per 100,000; reduction of breast cancer from 24.9 deaths per 100,000 to 20 deaths per 100,000 <sup>7</sup> , and reduction of prostate cancer deaths from 20.6 to 17 per 100,000 <sup>8</sup> .
Impact Objective 4.1	Increase the number of women who have regular mammograms by 2018 from 80.5 <sup>9</sup> % to 88.5%.
Impact Objective 4.2	By 2018, decrease the number of students who identify using cigarettes in the past year from 838 to 754.
Interventions	Host a county employee health fair by 2018.
	Host a public health fair by 2018.
	Provide our medical providers with information that enables them to reduce risk factors by 2020.
	Provide self-exam information to medical providers to share with their patients by 2018.
	Use twitter and facebook to remind the public to do self-exams by 2018.
	Provide educational information on the prevention of smoking to children and mothers by 2018.
Community Resources	Sarah Bush Lincoln Health Care Services
	Sarah Bush Cancer Center
	Coles County Health Department
	Carle Foundation Hospital
	Charleston Medical Center
	Mattoon Medical Center
Estimated Funding	100.00
Anticipated Sources for Funding	Sarah Bush Lincoln Health Care Services Carle Foundation Hospital

<sup>6</sup> This number is for the total service area of Sarah Bush Lincoln Health Center as per their 2012 Community Needs Assessment.

<sup>7</sup> Sarah Bush Lincoln Health Center Total Service Area

<sup>8</sup> Sarah Bush Lincoln Health Center Total Service Area

<sup>9</sup> 2012 PRC Community Health Needs Assessment Report sponsored by Sarah Bush Lincoln Health Center, p. 16

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### APPENDIX B - BIBLIOGRAPHY

- (n.d.). Retrieved from <http://www.familycareillinois.com/income.html>
- 2020, H. P. (2015, October 19). *Substance Abuse*. Retrieved from Healthy People 2020: <http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/>
- Academies, T. N. (2011, July 13). *News from the National Academies, Millions of Americans Lack Access to Essential Oral Health Care*. Retrieved from The National Academies of Sciences Engineering Medicine: <http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=13116>
- Agency, I. E. (2014). *Radon in Illinois*. Retrieved August 28, 2015, from Illinois Emergency Management Agency: <http://www.illinois.gov/iema/NRS/Radon/Pages/RadonIllinois.aspx>
- Assembly, I. G. (n.d.). *Health Facilities and Regulation*. Retrieved from Illinois Compiled Statues: <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3001&ChapterID=21>
- Association, A. D. (n.d.). *Dental Student Cost and Debt*. Retrieved from American Dental Education Association: [www.adea.org/deansbriefing2012.pdf](http://www.adea.org/deansbriefing2012.pdf)
- Care, S. o. (2015). *FamilyCare Monthly Income Standards*. Retrieved from State of Illinois FamilyCare: <http://www.familycareillinois.com/income.html>
- Center, S. P. (20105). *SPRC Library and Resources*. Retrieved from Suicide Prevention and Resource Center: [http://www.sprc.org/library\\_resources/items/gatekeeper-training-suicide-prevention-theoretical-model-and-review-empirica](http://www.sprc.org/library_resources/items/gatekeeper-training-suicide-prevention-theoretical-model-and-review-empirica)
- Center, S. P. (n.d.). *Youth Inpatient and Outpatient Self Inflicted Injury Counts, Ages 12 to 14.*. Retrieved from Suicide Prevention Resource Center: <http://www.sprc.org/sites/sprc.org/files/Youth%20%26Young%20Adult%20Suicide%20Attempt%20Maps%20%26Tables%20by%20County%20-%202009-2012.pdf>
- Commerce, U. D. (n.d.). *American FactFinder*. Retrieved from United States Census Bureau: <http://factfinder.census.gov/>
- Dooley, D. P. (2014). *Boston Patterns and Trends in Drug Abuse: 2013*.
- Electric, B. (2012). *Illinois Youth Survey 2012 Additional Questions*. Illinois Department of Human Services.
- Floss, I. (2011, August 23). *2011 Illionis Clinic List*. Retrieved from I Floss: [http://ifloss.org/pdf/clinicslist\\_2011.pdf](http://ifloss.org/pdf/clinicslist_2011.pdf)
- Health, I. D. (2015). *Cancer in Illinois*. Springfield, IL : State of Illinois.
- Health, I. D. (2015, October 16). *Illinois Specific Statistics*. Retrieved from Cancer in Illinois: <http://app.idph.state.il.us/EpiStudies/public/genericdb/code/GenericList.asp?ORDER=12>
- Health, I. D. (n.d.). *Illinois Specific Statistics*. Retrieved from Cancer in Illinoisz: <http://app.idph.state.il.us/EpiStudies/public/genericdb/code/GenericList.asp>
- Health, N. I. (2015). *National Cancer Institute*. Retrieved from National Institute of Health: <http://www.cancer.gov/>
- Health, N. I. (n.d.). *What is Depression*. Retrieved from National Institute of Mental Health: <http://www.nimh.nih.gov/health/topics/depression/index.shtml>
- IQuery. (2015, September 15). *IQuery*. Retrieved from Illinois Department of Public Health: <http://iquery.illinois.gov/iquery/>
- Irwin, D. P. (2013). *SFY 2013 CEAD Report*.

## 2015 Illinois Project for Local Assessment of Needs

- Judici. (2015, October 19). *Coles County, IL*. Retrieved from Judici:  
[http://www.judici.com/courts/cases/case\\_search.jsp?court=IL015025J&sort=full\\_name&order=ASC&case\\_number=2015dt170&litigant\\_name=&charge\\_text=](http://www.judici.com/courts/cases/case_search.jsp?court=IL015025J&sort=full_name&order=ASC&case_number=2015dt170&litigant_name=&charge_text=)
- Justice, U. D. (2015). *National Drug Thread Assessment Summary 2014*.
- Loan Repayment. (n.d.). Retrieved from National Health Service Corps, U.S. Department of Health & Human Services: <http://nhsc.hrsa.gov/loanrepayment/>
- Organization, W. H. (2015). *Risks to oral health and intervention*. Retrieved from World Health Organization: [http://www.who.int/oral\\_health/action/risks/en/](http://www.who.int/oral_health/action/risks/en/)
- Prevention, C. f. (n.d.). *My Water's Fluoride, Oral Health*. Retrieved from Centers for Disease Control and Prevention:  
[https://nccd.cdc.gov/DOH\\_MWF/Default/Default.aspx](https://nccd.cdc.gov/DOH_MWF/Default/Default.aspx)
- Professional Research Consultants, Inc. (2012). *2012 PRC Community Health Needs Assessment Report*. Omaha: Professional Research Consultants, Inc.
- Rachel N. Lipari, P. a. (2015, April 23). *Trends in Heroin Use in the United States 2002 to 2013*. Retrieved from SAMHSA Substance Abuse & Mental Health Services Administration:  
[http://www.samhsa.gov/data/sites/default/files/report\\_1943/ShortReport-1943.pdf](http://www.samhsa.gov/data/sites/default/files/report_1943/ShortReport-1943.pdf)
- Research, N. I. (2014, October 8). *Diabetes and Oral Health*. Retrieved from National Institute of Health: <http://www.nidcr.nih.gov/OralHealth/Topics/Diabetes/>
- Resource, M. A. (2015). *Heroin Death Statistics*. Retrieved from MyAddiction Addiction & Recovery Resource: <http://www.myaddiction.com/articles/drug-addiction/heroin-death-statistics>
- Roadmaps, C. H. (2015). *Coles County Snapshot*. Retrieved from County Health Rankings & Roadmaps:  
<http://www.countyhealthrankings.org/app/illinois/2015/rankings/coles/county/outcomes/overall/snapshot>
- Sanders, K. (2015, April 17). *IPLAN Presentation*.
- Services, I. D. (2015). *Number of Persons Enrolled in Coles County*. Retrieved from Illinois Department of Healthcare and Family Services:  
<http://www2.illinois.gov/hfs/agency/Program%20Enrollment/Pages/coles.aspx>
- Services, U. D. (2015, January). *National Health Service Corps Loan Repayment Program*. Retrieved from National Health Service Corps, U.S. Department of Health & Human Services:  
<http://nhsc.hrsa.gov/loanrepayment/lrpapplicationguidance.pdf>
- Services, U. D. (n.d.). *HPSA Find*. Retrieved from Health Resources and Services Administration Data Warehouse:  
<http://datawarehouse.hrsa.gov/tools/analyzers/HpsaFind.aspx>
- Services, U. P. (2012, May). *Final Recommendation Statement Prostate Cancer: Screening*. Retrieved from U.S. Preventive Services Task Force:  
<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening>
- Starrick, R. (2015, October 7). Master Sergeant, Commander East Central Illinois Task Force. (G. Spear, Interviewer)
- Tryfon Beazoglou, P., Howard Bailit, D. P., & Margaret Drozdowski Maule, D. (2010, Nov-Dec). *Federally Qualified Health Center Dental Program Finances: A Case Study*. Retrieved from US National Library of Medicine National Institutes of Health: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2966670/>

## 2015 Illinois Project for Local Assessment of Needs

### **APPENDIX C - Meeting Minutes**

**Date: January 14, 2015**

Location: CCHD

Present

Gloria Spear, EH Director

Diana Stenger, Administrator

Mara Hildebrand, DON

Jeff Lahr, Mental Health 708 Board

Julie Cutright, Health Educator

Gregg Baker, ERC

Shan Brown, Nurse Practitioner

1:00 pm to 3:00 pm

Met at CCHD conference room 2 to review 2010 – 2015 IPLAN. Strategize for our 2015 – 2020 IPLAN process.

Next meeting will be January 23, 2015.

**Date: January 23, 2015**

Location: SBLHC Wellness Center

Present

Gloria Spear, EH Director

Mara Hildebrand, DON

Diana Stenger, Administrator

Julie Cutright, Health Educator

Dr. Rancho

Jeff Lahr, Mental Health 708 Board

12:00 pm – 1:30 pm

Held initial meeting at SBLHC Wellness Center with the above listed participants to discuss what an IPLAN involves. Coles County Health Department staff discussed the certification requirements of a local health department. Discussed needs assessment format.

Next meeting February 3, 2015

**Date: February 3, 2015**

## 2015 Illinois Project for Local Assessment of Needs

Location: CCHD

Present

Gloria Spear, EH Director

Gregg Baker, ERC

Mara Hildebrand, DON

Jeff Lahr, Mental Health 708

Shan Brown, Nurse Practitioner

Julie Cutright, Health Educator

Diana Stenger, Administrator

10:00 am – 12:00 pm

At today's meeting (February 3, 2015), we discussed the needs assessment. We made a few minor changes, please see attached. Also, I have sent Dr. Rancho a copy of the needs assessment to get his feedback. I will be writing a cover letter to attach to each needs assessment when we send them to potential stakeholders, if you have further ideas to put in the cover letter please let me know. Each cover letter will be address to an individual person, so if anyone has names and emails please give those to me because we plan to send these out February 9, 2015.

Also, we planned another meeting for February 20, 2015 at 10am (this is the morning of the meeting with Dr. Rancho at 12:30pm).

Next meeting February 20, 2015

**Date: February 20, 2015**

Location: SBLHC Wellness Center

Present

Gloria Spear, EH Director

Mara Hildebrand, DON

Diana Stenger, Administrator

Julie Cutright, Health Educator

Dr. Rancho

Jeff Lahr, Mental Health 708 Board

12:30 pm to 2:30 pm

Discussed needs assessment and Julie Cutright reviewed the partner needs assessment list. The committee brainstormed and updated the needs assessment list. Needs discussed were transportation, domestic violence, abuse, dental care for adults/disabled, homeless shelters, housing, prostate cancer, obesity. Discussed Healthy People 2020. CCHD staff have been working on gathering partner's contact information.

## 2015 Illinois Project for Local Assessment of Needs

Next meeting March 5, 2015

**Date: March 5, 2015**

Location: CCHD

Present

Gloria Spear, EH Director

Gregg Baker, ERC

Mara Hildebrand, DON

Jeff Lahr, Mental Health 708

Shan Brown, Nurse Practitioner

Julie Cutright, Health Educator

Diana Stenger, Administrator

10:00 am – 11:45 am

Julie will email SBLHC for their community assessment plan. We will also need Amanda Minor's numbers of Coles County residents served by Douglas County. Several topics were discussed that the IPLAN might want to consider including:

Transportation

Cancer

Violence

Nutrition

Child obesity

Dental care

Affordable housing

Homelessness

Mental health

The committee discussed inviting those members of the community who might be able to provide statistics on these areas.

Sheriff Jimmy Rankin (violence)

Dee Braden (transportation)

Tracy Peterson (transportation)

Dr. Baker

Dr. Rancho (nutrition/CA/transportation)

Kathy Phillips

EIU TV Lori

Eric Davidson (HERC)

Amanda Harvey Health Educational Resource Center

Diane Ratliff

School nurses

Principals (Todd Vilaro)

Sharon Uphoff

Check on Mattoon

## 2015 Illinois Project for Local Assessment of Needs

Scott Sims  
U of I Extension  
Dr. Pam Irwin  
Gaye Harrison  
Shirley Sherwood  
Dr. Lystila – Carle Foundation Physicians  
SBLHC Healthy Kids Sarah Betts  
Director of PADS  
Board Members

Community involvement is a required component of the IPLAN. Who was involved in the past? We will need to prioritize our main issues.

Discussed who to send surveys to:

1. HOPE
2. ICCS
3. Public Aid
4. Dan Ensign, ESDA
5. Oakland Community
6. Sheriff
7. Brian Baker, Chief of Charleston Police
8. Jeff Branson
9. SBLHC, Dr. Rancho
10. Carle, Dr. Good
11. Life Span, Dee Braden (Coles County Council on Aging)
12. EIU, Dr. Baker
13. Lake Land (Rieck, VP)
14. Littleford, school superintendent
15. FQHC
16. SBLHC – Behavior Health – Phillips
17. Lake Land, Sharon Uphoff
18. Community member from the east, community member from the west
19. Diane Ratliff
20. Mike Murray
21. Mattoon HS Health Teacher
22. CEAD
23. LifeLinks
24. CCAR
25. CTF
26. BBBS
27. SACAS
28. Director of heat start
29. Cumberland & Associates
30. Jason Taylor
31. Sean Junge
32. Tony Nichols
33. Nursing Homes
34. Heritage Woods

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35. Dunn Ambulance Service
36. Mitchell Jerdan Ambulance Service
37. Ministerial Association
38. Faith Base – Krista Price
39. Townships
40. Pan Hellenic Council
41. Food Pantry

Next meeting March 19, 2015

**Date: March 19, 2015**

Location: CCHD

Present

Gloria Spear, EH Director  
Gregg Baker, ERC  
Mara Hildebrand, DON  
Jeff Lahr, Mental Health 708  
Julie Cutright, Health Educator  
Diana Stenger, Administrator

2:00 pm – 3:00 pm

Reviewed and prepared for IPLAN committee meeting at SBLHC on March 20, 2015

Next meeting March 20, 2015

**Date: March 20, 2015**

Location: SBLHC Wellness Center

Present

Gloria Spear, EH Director  
Mara Hildebrand, DON  
Diana Stenger, Administrator  
Julie Cutright, Health Educator  
Gregg Baker, ERC  
Dr. Rancho  
Jeff Lahr, Mental Health 708 Board  
Larry Rennels, Charleston Mayor  
Sharon Uphoff, LLC  
Marcia Hernbaugh, CCCoA  
Dr. Pam Irwin, CEAD Council  
Shirley Sherwood, SBLHC

## 2015 Illinois Project for Local Assessment of Needs

Lynette Ashmore, LifeLinks  
Bobbie Easton, CCAR

12:30 pm – 2:30 pm

March 20, 2015: IPLAN Meeting #1

We have circulated a survey, which most of you have taken, and ask for what a need in our community, barriers, is and what should be done about it. From the surveys, talking with Dr. Ranchero, and researching available data we have compiled a list of what we believe are needs; however, we ask for more input from you all.

The topics we have determined are as follows:

1. Transportation
2. Cancer
3. Oral Health
4. Obesity
5. Housing
  - a. Transitional
  - b. Affordable
6. Mental Health
  - a. Suicide prevention
  - b. Depression
7. Violence
  - a. Child abuse
  - b. Elder abuse
  - c. Domestic Violence

Details regarding the topics:

### *Transportation:*

Description: Dial-A-Ride Rural Public Transportation Program provided public transportation in Coles County for individuals over 60, the disabled and the general public of all ages. Cost \$.50 to \$7.00.

Data: During FY2014, Dial-A-Ride served 3,344 passenger served and 3,543 on the Zip-Line

From Survey's: "Increased demand for transportation services (evening hours have been added to Dial-A-Ride Zip Lines)..." Dee Braden, Coles County Council on Aging Inc.

"Transportation access has improved, but remains a barrier for many individuals - especially those in outlying communities (Oakland, Ashmore, etc.). Public transportation is available, but does not consistently offer services that allow individuals to obtain and maintain competitive employment at local employers that schedule outside of the typical

## 2015 Illinois Project for Local Assessment of Needs

9am to 5pm day. Transportation also serves as a limiting factor in attending local community and social/recreational options” Bobbie Eastin, CCAR Industries

“I believe transportation is a need for this community. The ZIPLINE has been a great asset, but with the limit hours and route, it limits the ability for residents to get to the places they need to be. A transportation system to the large factory jobs in Mattoon and during the times of shift changes would be a major assistance, I believe.

Transportation is a major issue. I am very thankful for the ZIPLINE, but some of my clients do not even have 50 cents to use it. Also, the hours of operations and the route does not always fit client needs. Sometimes appointments are set for morning times, like 9 AM in Charleston, and that does not allow for the amount of time needed for a client to get there on the ZIPLINE. Also, they do not run out to the factories in Mattoon. Many of my clients work at these facilities, or want to work at them, but lack transportation to get there.” Kayla Spencer, Mattoon Area PADS

“Our transportation needs exceed the available options.” Becky Robeson, ICCS

“Transportation is an issue for both our families and our volunteers. Families need to have a way to get to our office to fill out paperwork. They can fill it out online, if they have access to a computer. We can do most of the paperwork over the phone, if they family has a working phone. Transportation is also an issue for our volunteers. They need to have a way to get to and from their visits with their mentee. Most of our volunteers are college students and don’t have cars with them.” Jill Schafer, Mid-Illinois Big Brothers Big Sisters

“Accessible public transportation that is available in the evenings” Mike Brown, CTF Illinois

“Although Dial-A-Ride provides great service and the transportation options have increased over the years, there still seems to be transportation problems for the individuals we serve.” LifeLinks Mental Health, Lynette Ashmore

“Transportation needs. Our campers come from all over, not just Coles County and transportation is very difficult.” Camp New Hope, Susan Love

“Transportation is a big issue. Although we provide transportation, sometimes it’s not safe to go to a client’s house. We have a number of children who would like to participate in our after school and summer program but lack of funds limits the number of children we can serve.” Athena Pentergast, HOPE

As you can see, 9 out of the 11 survey’s we receive back cited transportation to be a problem.

The next problem noted was cancer.

Cancer:

Rates: All Ages

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Prostate: 74.0 to 121.7 per 100,000  
Breast: 122.2 to 128.2 per 100,000  
Lung and Bronchus: 59.9 to 65.4 per 100,000

50+  
Breast: 353.8 to 375.5 per 100,000  
Prostate: 267.6 to 42.3 per 100,000  
Lung and Bronchus: 263.5 to 278.6 per 100,000

<65  
Lung and Bronchus: 24.1 to 26.9 per 100,000  
Breast: 81.1 to 85.2 per 100,000  
Prostate: 48.3 to 54.4 per 100,000

Source: <http://statecancerprofiles.cancer.gov/>

However, cancer was not noted as a problem on the surveys. This was brought to our attention by Dr. Ranchero because Sarah Bush is building a new cancer center.

### *Oral Health:*

Little to no access to adult dental care for adults in Coles County

SBL Dental Services <http://www.sarahbush.org/dental/>:

Children age 10 months to 18 years who receive benefits through AllKids or Medicaid insurance

Mothers with dependent children who qualify for Medicaid or W.I.C. and have no other private dental insurance

From Survey's: "Access to dental care continues to be a barrier. For individuals that have Medicaid - the nearest clinics taking Medicaid are located in Paris and Tuscola." Bobbie Eastin, CCAR Industries

"There is a lack of dental care for individuals on the medical card in this area. They must go out of county to get services... Dental: I have called various dental offices in Coles County and none except the medical card. The majority have told me that there are not in Coles County." Mattoon Area PADS, Kayla Spencer

"With the provision of dental services again removed from the Medicaid eligible services, this will be once again a huge challenge for individuals on Medicaid." Lynette Ashmore, LifeLinks Mental Health

This shows there is little to no access for dental care for adults, however for children there are a few options.

After Oral Health we have, Obesity:

### *Obesity:*

## 2015 Illinois Project for Local Assessment of Needs

Adult: 29% of the population is obese. However, there has been an upward trend.  
Childhood: 26.9% (in Sarah Bush Lincoln service area)

Although, obesity was not mentioned in the survey's it has proven to be a significant problem in the United States as a whole.

Mental Health is the next topic,

### *Mental Health*

30% of students in grades 8, 10, and 12 said they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.  
16% of high school teens said they had seriously considered attempting suicide.

“Need more psychiatrists. LifeLinks has one full time psychiatrist, one part time contractual psychiatrist (4 hours/month) and one child/adolescent psychiatrist via telemedicine. Wait list for psychiatry fluctuates between 60 and 80 and a wait time for 6 months or more is not uncommon.” Lynette Ashmore, LifeLinks

“Behavioral health - access to crisis services for individuals diagnosed with autism and significant mental health/behavioral health issues. We are starting to receive referrals from local families that have adolescents who are manifesting significant aggressive behaviors and also report a diagnosis of autism. Access to inpatient treatment for children is limited within the State and not available at the local level.” Bobbie Eastin, CCAR Industries.

The data above is from the ISING body electric survey, this details the need for mental health service for children. Whether this be lower the stigma, increasing access, or inability to pay. Mental Health was noted on a couple of surveys, seen above.

Following Mental Health we have, violence:

We broke down violence in a few categories: (1) child abuse, (2) elder abuse, and (3) domestic violence.

### *Violence:*

- Child Abuse:
  - Reported child abuse: In 2012, 639 cases of reported child abuse and neglect and 6529.7 per 100,000
  - Reported Child sexual abuse: In 2012, 64 cases and 645 per 100,000
- Elder Abuse: In 2012, 615.1 per 100,000
- Domestic Violence: (Data is still being compiled for this)

Source: Illinois State Police

## 2015 Illinois Project for Local Assessment of Needs

At this point we would like to hear from you. What are your thoughts? What you would like to see in the IPLAN? What do you see as a need in Coles County?

Gregg provided an overview and history of the I-PLAN, Julie discussed survey and results (topics/issues Handout)

Pam- substance abuse issues, State budget / funding cuts and impact on our community equates to increased violence.....Drug court consideration. Waiting list of patients outstrips available services

Bobbi-also poverty & increased unemployment

*\* have a special narrative addressing the fiscal issue and state budget reductions*

Dr. Ranchero - the services for the community do not seem to be well publicized ...need to increase education to public such as CORD

CORD - community Online Resource Directory

Lynette - 211 info numbers (Douglas Co.) Nat'l initiative across country some years ago.

"Awareness / Dissemination of Resources already available"

Pam- Interagency Council clinical staff...improve use and marketing of this resource...meets every third Friday at Charleston Country Club

GRANTS - grants from SAMHSA (Substance Abuse and Mental Health Services Administration) 3 yr. grants time to apply is now.

Lynette - HSTP (Human Services Transportation Providers) Committee meets monthly (?)

"Rides for Wellness" Contact Dial-A-Ride and invite

DAR rep to attend next mtg.

Larry - Southern Illinois Health Foundation operates a small medical clinic in Mattoon (?)

Lynette - SIHF is a FQHC Coles Comm. Health Program - group of Coles Co. health professionals

Dental services for adults (males)

Next meeting for CCHD is March 30, 2015

Next committee meeting April 17, 2015 @ SBLHC

**Date: March 30, 2015**

Location: CCHD

Present

Gloria Spear, EH Director

Gregg Baker, ERC

Mara Hildebrand, DON

Jeff Lahr, Mental Health 708

Julie Cutright, Health Educator

Diana Stenger, Administrator

2:00 pm – 3:30 pm

## 2015 Illinois Project for Local Assessment of Needs

Good afternoon,

I wanted to send a “thank you” for giving of your time in developing our 2015 IPLAN. The committee met today and developed our target focus health problems.

1. Transportation 2. Oral Health 3. Obesity 4. Mental Health.

There will be sub-topics that are incorporated to each of our main health problems. We focused on transportation today.

The plan is for our core group to meet every Monday at 2:00 pm.

Jeff – Can you check on conference room 2 for the Monday meetings? Thank you in advance.

We will update each of you if you cannot make it to all Monday meetings.

Next meeting April 6, 2015 at CCHD

**Date: April 6, 2015**

Location: CCHD

Present

Gloria spear, EH Director

Gregg Baker, ERC

Mara Hildebrand, DON

Jeff Lahr, Mental Health 708

Julie Cutright, Health Educator

Diana Stenger, Administrator

2:00 pm – 3:30 pm

CCHD committee met and continued to collect data and review IPLAN guidelines for our designated needs.

**Date: April 13, 2015**

Location: CCHD

Present

Gloria spear, EH Director

Gregg Baker, ERC

## 2015 Illinois Project for Local Assessment of Needs

Mara Hildebrand, DON  
Jeff Lahr, Mental Health 708  
Julie Cutright, Health Educator  
Diana Stenger, Administrator

2:00 pm – 3:30 pm.

CCHD committee met and continued to collect data and review IPLAN guidelines for our designated needs.

**Date: April 17, 2015**

Location: SBLHC Wellness Center

Attendance

1. Diana Stenger, Coles County Health Department
2. Jeff Lahr, Coles County Mental Health
3. Larry Rennels, City of Charleston
4. Gregg Baker, Coles County Health Department
5. Sharon Uphoff, Lake Land College
6. Dr. Rancho
7. Marcia Hernbaugh, Coles County Council on Aging
8. Dr. Pam Irwin, CEAD Council
9. Shirley Sherwood, SBLHC
10. Lynette Ashmore, LifeLinks
11. Bobbie Easten, CCAR Industries
12. Denise Titus, Mattoon CUSD #2
13. Brian Peterlich
14. Dr. Baker, EIU
15. Kaycie Sanders, Dial-A-Ride

12:30 pm – 2:30 pm

### Transportation per Dial-A-Ride representatives reported

Number of individuals using public transportation to & from work has doubled from 2010-2013

Discussed WIC client's transportation needs

Coles Co.: 31% of auto fatalities involve alcohol

Medical loss of driving privileges

DAR - M-F 6:30am to 6:00pm Sat. 8:00am to 4:30pm Sun. 11:00am to 6:00pm ZIP Line  
- 8:30am to 4:00pm daily Charleston and Mattoon & LifeSpan Center

DAR March ridership data: 208 clients mostly over 60 yrs. 345 medical trips

ZIP March data: 2470 passengers & 2684 trips (699 for medical)

DAR out of Town Services scheduled days of week...Champaign (M), Effingham (W).

First Transit coordination for medical trips

## 2015 Illinois Project for Local Assessment of Needs

Rides for Wellness - allows Dr. Offices to arrange transp. for client follow-up appt's. \$40 for current month flat rate...\$20 for veterans

Barriers to ridership - longer wait...not like a taxi and stigma

Increase awareness - - Wellness fair at public school registration days

Discuss partnering with Dial-A-Ride as a resource center – one page hand out of CCHD services

Group discussed need for access to care – transportation enhancements

### Mental Health

Substance abuse - alcohol, pot, heroin (30% in FY14), meth. ... Binge drinking still an issue

SBLHC - EMS increase of transports for heroin overdose

Funding - CEAD likely to lose \$400k if current state budget is passed as is.

CEAD Council serves approx. 1600 clients per year and to date 23,000 have been seen for treatment ... (# of re-treatment?)

SBLHC just expanded ER and next year to open a 10 bed observation wing to ease burden on ER use.

SBLHC and CEAD actively recruiting nurses and counselors

SBLHC - 270k out-patient visits last year

Next meeting at CCHD on April 20<sup>th</sup> & 27<sup>th</sup> @ 2:00 pm.

**Date: April 20 and 27<sup>th</sup>, 2015**

Location: CCHD

Present

Gloria spear, EH Director

Gregg Baker, ERC

Mara Hildebrand, DON

Jeff Lahr, Mental Health 708

Julie Cutright, Health Educator

Diana Stenger, Administrator

Brent Todd, Assistant Director – SIU School of Medicine Regional Medical Programs and Rural Health (Attended April 27<sup>th</sup> )

2:00 pm – 3:30 pm.

CCHD committee met and continued to collect data, process data, and apply data to the IPLAN for 2015 – 2020. CCHD committee looking at Healthy People 2020 objectives. Worked on health problem analysis worksheet. Discussed dental fluoride and guidelines for receiving dental services at Douglas County Health Department, Lakeland, SBLHC, and Southern Illinois Rural Healthcare Clinic. Diana Stenger, CCHD Administrator reported received an invitation to attend SIU School of Medicine Regional Office of Community Health and Services open house that will be housed at SBLHC. Diana invited the committee to attend and discussed opportunities to review with Mr. Brent Todd need for adult dental care.

## 2015 Illinois Project for Local Assessment of Needs

Next meeting at CCHD on May 4, 2015.

**Date: May 4 2015**

Location: CCHD

Present

Gloria spear, EH Director

Gregg Baker, ERC

Mara Hildebrand, DON

Jeff Lahr, Mental Health 708

Julie Cutright, Health Educator

Diana Stenger, Administrator (not present at April 11<sup>th</sup> meeting)

Brent Todd, Assistant Director – SIU Rural Health

Amanda Minor, Douglas County Health Department

Laura Bollan, Director Healthy Communities SBLHC

Michael Murray, Cole County Health Plan

2:00 pm – 3:30 pm.

CCHD committee met and reviewed objectives, access to care, dental, and health problem analysis worksheets. Committee discussed the progress of the IPLAN process. Invited dental partners of the community – Amanda Minor –DCHD, Laura Bollan, SBLHC, Michael Murray, CCHP, and Brent Todd, SIU Rural Health. A sharing of information regarding each partner's dental services in Coles County. Discussion revealed that coverage of children's preventative and restorative dental services were being met through present organizations. Michael Murray reported the CCHP was willing to work with partners to reach adult care dentistry. Laura Bollan noted that SBLHC was working on a facility for adult dentistry. Discussion among the present committee reported that SIHF, Connie Horn director and Jane Slaughter, Lakeland Dental Hygiene school was also working with DCHD for ages 18 – 24. The committee agreed to meet in the future to discuss adult dental services for Coles County residents.

May 8, 2015 Diana Stenger telephoned Connie Horn and Jane Slaughter to update on committee meeting. Sent email to May 4 committee partners reporting on phone conversation of Connie Horn, SIHF dental work.

Next meeting May 18<sup>th</sup>, 2015 at CCHD

**Date: May 18, 2015**

Location: CCHD

Present

Gregg Baker, ERC CCHD

## 2015 Illinois Project for Local Assessment of Needs

Mara Hildebrand, DON CCHD  
Gloria Spear, EH Director CCHD  
Julie Cutright, Health Educator CCHD  
Jeff Lahr, CCMH

Gregg presented a rough draft of Access to Care. The committee reviewed, assessed, revised data.

Next meeting May 22, 2015 @ SBLHC to review

**Date: May 22, 2015**

Location: SBLHC Wellness Center

Present

Marilyn Ridgeway – CAC  
Larry Rennels – Charleston Mayor  
Becky Robeson, ICCS  
Gloria Spear, EH Director CCHD  
Mara Hildebrand, DON CCHD  
Julie Cutright, Health Educator CCHD  
Jeff Lahr, CCMH  
Maria Moran – Probation  
Amy Reynolds – Probation  
Althea Pentergast, HOPE  
Lynette Ashmore, LifeLinks  
Alice Shonk  
Dr. Pam Irwin, CEAD  
Blake Fairchild, YMCA  
Dr. Rancho, SBLHC  
Gregg Baker, ERC CCHD  
Diana Stenger, Admin CCHD  
Eric Davidson, PH.D Eastern Illinois University

12:30 – 2:30 pm

### CEAD

Stats for Coles Co. changed from 2008-2014 (handout)

Funding from state down from 2005; same time we see increase in heroin and increase in younger users

Managed Care = trend to go with large Nat'l treatment firms and they are buying out local / regional treatment centers...CEAD trying to avoid this and keep "local touch"

Meth use is up...easy to produce, heroin use is up...starts with Rx drugs leads to heroin use...cheaper

Accessible supply route along I-57

## 2015 Illinois Project for Local Assessment of Needs

Probation Office staff- "chicken or egg" Mental Health issues who use heroin / drugs to cope??? or other way around? Pam - treat for substance abuse as illness

Cost of CEAD treatment programs: 6-12 month outpatient = Approx. \$5000; while one month of inpatient = around \$10,000

\* Alcohol is still a major (#1..?) abuse problem...education / collaboration w/ SBLHC Drug Court as alternative to imprisonment (Coles has this) five phases over 2.5 to 3 years Committee for Drug Court - judge, prosecuting attorney, CEAD, Probation officer, defense attorney task force officer ...need a Mental Health counselor.

Meth/Heroin Coalition = public educ. for adults...thru guest speakers...CEAD, sheriff (taskforce), probation, drug court graduate, etc.

Difficult to make this work...

CEAD got grant to start State-wide Family Resource Center ...started April 1st ADDICTION and BEHAVIORAL HEALTH

DARE program...effective or not. Split opinions

Barriers = funding

CEAD needs help with developing and promoting Family Resource Center

ICCS - intervention based services...mainly in alternate schools ...lockout / homeless teens increased over years...shelter

ICCS has funding for education \$56k for 2016...? (Still????)

\* SBLHC grant to possibly start /seed collaboration efforts???

HOPE of East Central IL. (Handout sheet and flyer)

Transitional facility Program....after school for kids of adult clients

Funding is down as well for them

26 kids enrolled in summer program

Children's Advocacy Center

Cooperation services with LifeLinks and HOPE and ICCS

Sometimes offender is in the home...sibling (half / step)...unfortunately only victim is eligible for services NOT the offending youth (14/15/16 years old)

Mental Health: Educate the community to remove prescription drugs of out of the house. If it's unused, discard. How does the general public discard prescription drugs? Those using drugs are getting younger. The question is which came first, mental health or drug use? The usage of 18-24 year olds is very high. Addiction is a disease.

What could help the community? Prevention Services, drug court, and a community coalition were all discussed. The coalition focuses on education and WEIU was a large part of the last coalition formed, the Meth Coalition.

CEAD indicated that they are marketing. Information and awareness are important as are family factors and family night?

Maria Moran suggested a Heroin Coalition. EIU Health Services. Heroin has become the front-runner, surpassing meth use. Sheriff Strategic Planning Model

Funding Agencies

Specific meetings for different members of the community to market it.

Next meeting June 1 at CCHD to continue mental health partners sharing.

**Date: June 1, 2015**

## 2015 Illinois Project for Local Assessment of Needs

Location: CCHD

Present

Jeff Lahr, CCMH

Gloria Spear, EH Director CCHD

Gregg Baker, ERC CCHD

Julie Cutright, Health Educator CCHD

Mara Hildebrand, DON CCHD

Becky Robeson, ICCS

Althea Pentergast, HOPE

Lynette Ashmore, LifeLinks

2:00 pm – 3:30 pm

Committee met to resume discussion of the needs in Coles County regarding mental health. ICCS - gatekeepers between DCFS and community...try to build stable family environment

4 contract services w/ State - 1) CCBYS (MH counseling), 2) Lockout / homeless youth, 3) open door, 4) TEEN Reach - 30 enrolled, 15 wait list

Trend = younger and more violent offenses. Acute personality disorders (wait list for diagnosis and treatment)

HOPE - 35 years of service to community - economic asst., educ. asst., adult/child group counseling,

Legal advocate services, 5 units for transitional housing, emergency shelter (64 A / 63 children), medical asst. counseling, life skills training

Barriers - Rx for clients can't afford, goals- expand child care services, transportation (vehicle) for summer program, access to low income housing for clients, more transitional housing.

LifeLinks' - community support adults, operate 2x group homes plus supportive housing complex, out-patient counseling, 24/7/365 1-800 crisis hotline, SASS (screening assessment support services), children 1st program.

barriers- utilities of clients, growing # of Mental Health issues in pop'n and no diagnosis or treatment, lack of employment opportunity., no suicide prevention services, low reimbursement rate from state for services.

New grant - mobile therapy services for children and families

Trends- patients are younger. Impulse control and anger issues on rise, increase number of co-substance abuse disorders

# 2015 Illinois Project for Local Assessment of Needs

## ***Coles County Health Department IPLAN Meeting Agenda***

June 1, 2015  
2:00 PM – 3:00 PM

Diana Stenger, Julie Cutright, Mara Hildebrand, Gloria Spear, Jeff Lahr, Becky Robeson, Althea Pentegast, Lynette Ashmore, Gregg Baker, Brent Todd

I. Becky Robeson, ICCS

- a) Overview of Agency
- b) Trends Witnessed
- c) Barriers
- d) Goals

II. Althea Pentegast, HOPE

- a) Overview of Agency
- b) Trends Witnessed
- c) Barriers
- d) Goals

III. Lynette Ashmore, LifeLinks

- a) Overview of Agency
- b) Trends Witnessed
- c) Barriers
- d) Goals

IV. Open Discussion

## 2015 Illinois Project for Local Assessment of Needs

From 6/1/15  
I-PLAN n7.

### HOPE OF EAST CENTRAL ILLINOIS FY 14

**Answered 1546 Hotline Calls**  
**Served 491 adults and 145 children**

**Provided:**

Emergency shelter to 64 adults and 68 children  
4377 nights of emergency shelter  
Transitional housing to 10 adults and 13 children  
5242 nights of transitional housing  
Legal advocacy to 466 adults (over 150 hours of service)  
Adult Group Counseling to 61 adults (1069 hours)  
Child Care to 36 families (47 hours)  
Conflict Resolution to 47 adults (72 hours)  
Economic Assistance to 122 adults (343 hours) and 57 children (219 hours)  
Educational Assistance to 61 adults (75 hours) and 53 children (545 hours)  
Family Counseling to 29 adults (248 hours) and 35 children (364 hours)  
Children's Group Counseling to 84 children (3109 hours)  
Housing Advocacy to 91 adults (333 hours)  
Individual Children's Counseling to 82 children (303 hours)  
In-person counseling to 163 adults (1675 hours)  
Life Skills to 82 adults (706 hours) and 26 children (52 hours)  
Medical Assistance to 46 adults (101 hours) and 11 children (4 hours)  
Parental Services to 74 adults (over 340 hours)  
Substance Abuse Services to 11 adults (15 hours)  
Telephone Counseling to 198 adults (583 hours) and 22 children (32 hours)  
Transportation to 218 adults 532 hours) and 102 children (1171 hours)

**Biggest Challenges**

Transportation  
Serving Clients with Mental Health Issues  
Lack of Low-Income Housing  
Lack of Employment Opportunities  
Not Enough Transitional Housing  
Clients With Multiple and Severe Needs  
Poverty

Hope United has been in business for 35 years. Hope is a transitional housing program. It has served 64 adults and 63 children in 2014. Hope offers childcare and educational assistance. They strive to get adults in to school if they do not have adequate education. From Monday through Thursday, they have an after school program for children and currently have 53 children in that program. Other programs they offer include Child Advocate who works along with the child's teacher; Family Counseling for domestic violence and preparing for a positive future as well as learning good communication skills; Children's Group Counseling which consist of a summer program that has over 3000 hours of counseling. Life skills are emphasized such as teaching how to write a check, cook, and about credit cards. They also offer Medical Assistance. Currently there are 46 adults and 11 children. When they leave in an emergency, they sometimes leave medications and do not have the money to get more. Hope has two vans and serves 218 adults and 102 children. Their services extend to telephone counseling where HOPE serves 198 adults and 22 children with transportation for 218 adults and 102 children. They are seeing more and more clients with mental health issues. They also provide access to housing. There is a lack of employment opportunities for the unskilled as college students take most of the jobs.

ICCS is a comprehensive youth program. Homeless youth are served at 825 18<sup>th</sup> street. They have had 80 kids in that program in 2015. The shelter is available for 48 hours to teens. They also sponsor Open Door, a service that provides to people in emergencies.

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They will provide medications, food, clothes, toiletries, and prescriptions. They often use Wal-Mart cards and gas cards, but this service is only offered to community members. Teen reach is located at 845 18<sup>th</sup> Street in Charleston, Illinois. It is offered to all students in the school district. Currently, they have 30 kids for the after school program. They teach life skills and counsel the teens. This program gives kids somewhere to go afterschool besides home and 200 students were served in 2014. The clientele has a 90% poverty rate, with drug use and/or violence in the family dynamic. They have 6 weeks to help each client.

Next meeting June 8, 2015 at CCHD

**Date: June 8, 2015**

Location: CCHD

Present

Jeff Lahr, CCMH

Gloria Spear, EH Director CCHD

Gregg Baker, ERC CCHD

Julie Cutright, Health Educator CCHD

Mara Hildebrand, DON CCHD

Diana Stenger, Administrator CCHD

Kaycie Sanders Administrative Director Dial-A-Ride

Brent Todd, Assistant Director SIU Rural Health

2:00 pm – 3:30 pm

Committee invited Dial-A-Ride to share and discuss partnerships for access to care. Kaycie set the date to come speak, about Dial-A-Ride services, to CCHD nursing staff meeting on August 19<sup>th</sup> at 3:00 pm.

Dial-a-Ride provided a one page informational hand out. Seat belts are mandatory. The traditional and ZIPLINE Dial-A-Ride service require child restraints for children five years of age and younger. The child restraint must be provided by the parent. Those who use the ZIPLINE are mostly low income or college students. There are less senior citizens and less handicap using it. Kaycie will do an in-service for nursing on August 19. She will be getting more brochures. It was discussed that we should put the dial-a-ride link on our website on the WIC page.

June 9, 2015 follow-up email from Kaycie's presentation to committee from June 8, 2015  
Good Morning,

I have looked into a few of the items we discussed yesterday. If you'd like, feel free to share this with the other gentlemen as well. Regarding the ZIPLINE and car seats: I was incorrect in stating that the ZIPLINE does not require child seats. Child seats are actually

## 2015 Illinois Project for Local Assessment of Needs

required on both the traditional and ZIPLINE service for any child five years of age and younger. The child seat must be provided by the parent or guardian of the child.

Regarding our older buses: We do go through a process for retiring those. The vehicles go to the Coles County Council on Aging and then a sealed bid process takes place. At this time, we are not looking to retire any vehicles. If we do, it will be made public knowledge.

In addition, the fare from Charleston and Mattoon to the lifespan center is a donation (clients 60 and over). Those that live in Ashmore and Oakland still have to pay the \$4.00 fare.

If you would like to add our link on your website or the WIC office's website our address is: [www.dialaridetranst.org](http://www.dialaridetranst.org). If you would, please send your info and I will try to set up a link on our site as soon as I can.

Regarding the information disbursement, at this time we are going to stick to the one page handout. We feel that this is the least cost efficient and time efficient method.

Next meeting June 15, 2015 at CCHD

### **Date: June 15, 2015**

Present

Jeff Lahr, CCMH

Gloria Spear, EH Director CCHD

Gregg Baker, ERC CCHD

Julie Cutright, Health Educator CCHD

Mara Hildebrand, DON CCHD

Diana Stenger, Administrator CCHD

10:00 am – 12:00 pm

Committee met to review and secure agenda for June 19<sup>th</sup> dental meeting at SBLHC Wellness Center. The June 19<sup>th</sup> meeting has expanded invitation to include many dentists and dental providers that deliver services to Coles County residents. Childhood Obesity will be discussed, as well.

Next meeting June 19, 2015 at SBLHC Wellness Center

### **Date: June 19, 2015**

Present

Kim Uphoff – SBLHC

Ashley Pryor – SBLHC Dental Services

Laura Bollan – Director Healthy Communities

Phillip Kepp DDS

Blake Westra DDS

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Dr. Stan Huffman  
Denis Pluard – SBLHC  
Debbie Kirts Thomason  
Sharon Uphoff – LLC  
Alice Shonk  
Kim Esker – SIHF  
Connie Horn – SIHF  
Lynette Ashmore – LifeLinks  
Larry Rennels – Mayor of Charleston  
Julie Cutright – Health Educator CCHD  
Jeff Lahr – CCMH  
Shirley Sherwood – SBLHC  
Brent Todd – Assistant Director SIU Rural Health  
Gregg Baker – ERC CCHD  
Diana Stenger – Administrator CCHD  
Mara Hildebrand – DON CCHD  
Gloria Spear – EH Director CCHD  
Dr. Bernie Ranchero – SBLHC  
Amanda Minor – Administrator DCHD  
Michael Murray – CCHP

12:30 pm – 2:30 pm

A power point presentation and handouts were provided by Laura Bollan covering SBLHC services for healthy communities. Laura talked about Healthy kids initiative – 5 - 2 -1 – almost none student actively participate in lessons that help promote healthier lifestyles to include their families. The presentation provided information on the programs that SBLHC provide to children and students of all ages to include; nutrition, activity, math skills, exercise, cooking classes, and healthy eating. Laura shared the interactive vehicle, known as KickStart that they take around to schools to help get the kids active and involved in school curriculum.

Kim Uphoff discussed the new cancer center.

Laura also presented SBLHC services for dental preventative and restorative dentistry to children. SBLHC is currently looking for a full time dentist to serve on the mobile clinic. SBLHC has a mobile dental clinic that travels to 9 counties. Laura noted that there are 8 volunteer dentists that work and partner with SBLHC. SBLHC takes the mobile bus clinic to 15 schools in Coles County. The serve over 950 student's providing dental preventative and restorative care. Laura discussed future plans of SBLHC focusing on adult dental services in a fixed location that would serve underinsured adults.

Representatives from the dental community of Coles County spoke about their efforts to serve the need of adult dental care. The consciences was that lack of funding for adult dentistry was a need.

## 2015 Illinois Project for Local Assessment of Needs

Diana Stenger, Administrator CCHD noted that 2015 – 2020 IPLAN goal was to partner and collaborate with CCHP, LakeLand Dental Service, DCHD, SBLHC, SIHF and any future partners or established foundations to assist the need of offering and servicing adult's in need of dental care. Poor oral conditions can lead to many other health risks. Those health risks not only effect the person but the family.

Diana Stenger, Administrator CCHD attended CCHP's annual meeting following June 19<sup>th</sup> IPLAN meeting at 2:30 – 5:00 pm.

Present

Laura Bollan – SBLHC

Lynette Ashmore – LifeLinks

Stephen Corn

Lynette Drake - Director of EIU Health Services

Dr. Robert Good – Carle Foundation Physicians

Dr. Stan Huffman

Phillip Kepp DDS

Michael Murray

Dennis Pluard - SBLHC

Susan Taylor – DCFS

Carl Walworth

Connie Horn – SIHF

Diana Stenger – CCHD

Continued discussion about establishing a sustainable adult dental service for Coles County residents lead to a subcommittee of CCHP. The subcommittee is to meet and bring the dental partners together in the future to work toward a goal of seeking adult dental services.

Diana Stenger offered conference room meeting space for all partners wanting to meet in the future to discuss adult dentistry needs and goals.

Dr. Good, Stephen Corn and Carl Walworth volunteered to sit on a subcommittee of CCHP to discuss and set up a meeting for all dental partners of Coles County.

Next meeting at CCHD June 22, 2015

### **June 22, 2015**

Present

Jeff Lahr, CCMH

Gloria Spear, EH Director CCHD

Gregg Baker, ERC CCHD

Julie Cutright, Health Educator CCHD

Diana Stenger, Administrator CCHD

10:00 am – 11:00 am

## 2015 Illinois Project for Local Assessment of Needs

Reviewed outcome from the June 19<sup>th</sup> meeting at SBLHC. CCHD committee was pleased with the interest in the community partners to work toward a goal in getting adult dental services in Coles County.

### **July 6, 13, 20, & 27, 2015**

Present

Gloria Spear, EH Director CCHD

Diana Stenger, Admin CCHD

Mara Hildebrand, DON CCHD

Julie Cutright, Health Educator CCHD

Gregg Baker, ERC CCHD

Jeff Lahr, CCMH (Jeff was absent at the July 13<sup>th</sup> and 20<sup>th</sup> committee meetings)

10:00 am – 11:30 am

The committee continued to meet on Monday's in July. The IPLAN data analysis, data collection, health problem analysis worksheets, and guidelines were worked on. Continued discussion of IPLAN objectives, goals, risks, and barriers were reviewed.

Issues reviewed included mental health vs substance abuse. Data was reviewed for suicide in Coles County. VA services, 211 call director, Heroin coalition, needle exchange program, were all topics that were discussed and how to best meet the needs of Coles County residents

Met with Laura Bollan on July 9, 2015 at 1:00 pm to continue to discuss partnership and referral to service the needs of our Coles County residents in need of dental care.

### **August 3, 10, 17, 24, 2015**

### **September 2015**

The month of August and September meetings involved typing of the IPLAN, evaluating, reviewing, and revising. Gloria Spear was the staff member that typed and collated the IPLAN to the final draft.

Diana Stenger participated in SBLHC's community needs assessment on August 10<sup>th</sup> at 1:00 pm. SBLHC noted that they would share the outcome of the needs assessment. Discussion on working in the future to collaborate the IPLAN with SBLHC with Erica Stollard.

Next meeting to present draft of IPLAN set for October 23, 2015 at SBLHC Wellness Center

**Date: October 23, 2015**

## 2015 Illinois Project for Local Assessment of Needs

Present

Denise Titis – Assistant Principal Mattoon Williams Elementary School

Mara Hildebrand, DON CCHD

Diana Stenger, Admin CCHD

Jeff Lahr, CCMH

Gloria Spear, EH Director CCHD

Dr. Rancho, SBLHC Wellness Director

Marcia Hernbaugh – Coles Council on Aging

Dr. Pam Irwin – CEAD

Lynette Ashmore, LifeLinks

Sharon Uphoff, LLC

Brent Todd, Assistant Director SIU Rural Health

12:30 pm – 2:30 pm

The Coles County Staff presented the draft form of the IPLAN to the community partners that have participated in the IPLAN process. The committee agreed to meet every 6 months to review IPLAN goals and objectives.