

MONTGOMERY COUNTY

A community health plan is a tool that is utilized to encourage the development of community partnerships. These partnerships allow for an increase in quality and years of healthy life and the elimination of health disparities. The plan allows for collaboration of different entities for a common goal.

Montgomery County Health Department's vision is that of most health departments- Healthy People in Healthy Communities. Our mission is to promote physical and mental health and prevent disease. We are parts of a puzzle that work together for the big picture- healthy people.

Essential Public Health Services include:

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

Statistics are available in a variety of different places. We have done our own statistics through review of medical records and birth and death certificates. We get information from our various programs, through the IDPH website, as well as other internet sources.

According to the Community Health Status report 2008, Montgomery County had a population of 30,398, with 43 people per square mile. Sixty (60) percent of the people are age 19-40, with 95.3% white and 3.9% black. At that time, 9.5% were uninsured. We are not considered a health professional shortage area and the average life expectancy in Montgomery County is 76, compared to the national average of 76.5 years.

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management. In Montgomery County, our most vulnerable populations include people who do not have a high school diploma (4,819), have major depression (1,699), or are recent drug users (1,820).

National Air Quality Standards for carbon monoxide, nitrogen dioxide, ozone, and lead are met by the County.

Relative Health Status (2008) shows that Montgomery County had several unfavorable health issues, compared to the US rates. These include:

- Very low birth rate (< 1500g)
- Premature births (< 37 weeks)
- Births to women under 18 yrs. of age
- Colon cancer
- Lung cancer
- Motor vehicle injuries
- Stroke
- Suicide

Leading causes of death by age include:

- Under age 1- complications of pregnancy/birth and birth defects
- Ages 1-14 - injuries, followed by cancer
- Ages 15-24 - injuries (55%), suicide (14%) cancer (14%)
- Ages 25-44 - Suicide (18%), Heart Disease (18%), injuries (17%), cancer (15%)
- Ages 45-64 - Cancer (33%), Heart Disease (29%)
- Ages 65+- Heart Disease (28%), Cancer (24%)

“Where we live matters to our health”. In reviewing information from the Illinois County Health Rankings 2010, we see that our health depends on many different factors, including quality of health care, individual behavior, what education is available and the jobs we do, as well as the environment. The Illinois County Health ranking is information developed by the Robert Wood Johnson Foundation and reflects the overall health of the counties. Montgomery County is ranked 82nd out of the 101 counties for health outcomes and 78th for health factors. Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Montgomery County is ranked 87th for mortality (representing length of life, based on potential years of life lost prior to age 76) and ranked 65th for morbidity (health-related quality of life and birth outcomes, including fair or poor health, poor physical days, poor mental days). Other health rankings for Montgomery County include: 35th for health behaviors (measures of smoking, diet and exercise, alcohol use, and risky sex behavior); 63rd for clinical care (access to care and quality of care); 90th for social and economic factors (education, employment, income, family and social support, and community safety); and 52nd for physical environment (environmental quality and the built environment).

Demographic and Socioeconomic Indicators

A. Census

1. According to the 2000 census, the total population of Montgomery County decreased from 1990 by 76 persons. In 2000, the population was listed as 30,522. Estimated population of Montgomery County on July 1, 2009, was 29,500. (U.S. Census Fact finder website)
2. There will be little change in the make-up of the population.

2000 census	2010 projected census
White 94.9%	White 95.4%
Black 3.7%	Black 4.1%
Other 1.2%	Other .4%
Men 51.5%	Men 51.4%
Women 48.5 %	Women 48.6

3. According to projected population figures, in 2010, at least 17.3% will be over the age of 65, compared to census reports of 17% in 2000. Both figures show that women will be 60% of the population in that age range.

B. Economic:

1. Home ownership rate in 2000 was 78.4.
2. Average number of persons living in a home for 2000 was 2.44, which is comparable to state figures.
3. Montgomery County is primarily rural. Population per square mile in 2000 was 44 people, while in 2009 estimated population per square mile was 42.
4. Unemployment jumped in 2008 to 9.1 % from 5.7% in 2000, in Montgomery County. Illinois rate of unemployment in 2008 was 4.5%. Montgomery County's rate was 16.5% in January 2010 compared to the Illinois rate of 11.4%. %.
5. According to 2000 census, 13.4% of the population is below the poverty level compared to 14.4% in 1990.
6. In 2008, 9.5 % of the county population received food stamps compared to 8.9 in 2002.

C. General Health and Access to Care:

Montgomery County has two (2) hospitals, nine (9) physician offices, and ten (10) pharmacies. Both hospitals are listed as critical access hospitals. Hillsboro Area Hospital has thirty-four (34) physicians on staff. St. Francis Hospital in Litchfield has fifty-two (52) physicians on staff. Some of the physicians are consultants with their primary offices in Springfield, Granite City/Alton area or Macoupin County. Presently none of the pharmacies have urgent care services.

1. In 2002, 18.4% of the population was enrolled in Medicaid. For 2008, in Montgomery County, this number was listed as 13.7%.
2. According to BRFSS 2007:
 - a. 18.7% of Montgomery County residents have no health plan, compared to 12.4 in Illinois. This is an increase for Montgomery County residents from the 18.4% from 2004 BRFSS.
 - b. 76.0 % of residents had a physical in the past year, compared to 64.4% for Illinois.

- c. 97% of the women surveyed have had a pap test in 2007, compared to 77.5% in Illinois.
- d. 90.6% of the women surveyed have had a mammogram, with 69.5% in the past year, compared to 64.5% in Illinois .
- e. 68.5% of the people surveyed consider themselves overweight or obese, compared to 62.7% in Illinois.
- f. 39% of Montgomery County residents surveyed received flu shots in the past year, compared to 32.3% for Illinois. (In 2009-2010, only about eighteen percent (18%) of the population got the H1N1 shots, most were under the age of eighteen (18), in school clinics)
- g. 54.4% of residents have dental coverage insurance, while 21.1% of residents report they cannot afford to see a dentist.

D. Mortality:

1. In reviewing local death certificate data for the past five (5) years, the leading cause of mortality in Montgomery County remains cardiovascular disease (34 %, including CVA, MI, CHF), with cancer being second (21.8 %). In 2008/2009, there has been an increase in the number of death certificates with Alzheimer's as primary cause.
2. Accidents, including motor vehicle accidents (MVA) are the leading cause of potential years of life lost, followed by malignant neoplasm and diseases of the heart. This is similar to state statistics. (IPLAN 2004-2006)
3. Cancer deaths have caused 21.8% of the deaths in Montgomery County in the past five (5) years (local death certificates). Of these cancer deaths, 55% were males, and 45% female.
 - a. Lung cancer- 34.6%
 - b. Colorectal- 14%
 - c. Breast- 5.7%
 - d. Pancreatic- 5.1%
 - e. Non-specific site metastatic- 4.8%

From 2002 to 2006, the Illinois Cancer registry shows that the most diagnosed cancer in Montgomery County is lung and bronchus, followed by colorectal, breast cancer and prostate. There was a very slight drop in cancer reported in 2002/2006 (932 cases) from 1997/2001 (936 cases).

4. Mental Health Issues:
 - a. In the past five (5) years, there have been twenty (20) suicides in Montgomery County. (Montgomery County Death Certificate data)
 - b. Crisis calls have increased each year, but face-to-face staff involvement has decreased. In 2009, 19.1% of the staff involvement calls were for persons ages 21-30, with 18.3% for those 41-50 yrs of age, and 52.1% of the FTF for persons aged 21 to 50 years of age. (MCHD MH stats)

- c. Twenty-two percent (22%) of residents feel they are at risk of acute or binge drinking. (BRFSS 2007-09)

E. Maternal Child Health: (IPLAN 2004-2006 averages)

1. Montgomery County had a higher percent of women who smoked during pregnancy (24.4%) compared to state average (9.1%).
2. In Montgomery County, 3.7 % of the births were to mothers 18 years of age or less compared to 3.5% for Illinois. There was a gradual decrease in the number of teen births, from 4.8% in 2004 to 2.6% in 2006 for Montgomery County.
3. Eight (8%) percent of births in Montgomery County were considered low birth weight, compared to 8.5% for Illinois.
4. Using MCHD stats, we show that the percentage of mothers who received adequate prenatal care, according to Kessner Index, was 87.3% in Montgomery County, compared to Illinois average of 74%. Montgomery County had 90.1% of mothers begin prenatal care in the first trimester compared to the 82.6% state average. This is an increase of 1.5% for Montgomery County.
5. There were 1,008 infants born in Montgomery County from 2005-2007, with 11 infant deaths. (IDPH stats)

F. Chronic Disease:

1. Diagnosis of diabetes has increased to present 7.3% (BRFSS 2007-09), compared to 10.2% for Illinois.
2. Behavioral risk factors for health issues in Montgomery County (BRFSS 2007):
 - a. 68.5 % consider themselves overweight or obese, compared to 62.7% Illinois.
 - b. 29.7% of those surveyed smoke presently, compared to 24.3% surveyed in 2004. State rate of smokers is 21.3%. In Montgomery County, 27% were former smokers, while 43.5% had never smoked. For Illinois, 23.4% were former smokers while 55.3% have never smoked.
 - c. 33.4% of residents surveyed have been told they have high blood pressure, in comparison with 27.4 % of Illinois residents (IPLAN 2007).
 - d. 31.5% of the residents surveyed have been told they have high cholesterol.

G. Infectious Disease Indicator:

1. Montgomery County has had 77 HIV cases reported. Of those, 88.3% were statistics from Graham Correctional Center. There have been 130 AIDS cases reported in the county, with most having some connection with Graham Correctional Center.
2. Chlamydia rates have increased slightly with an average of fifty-one (51) cases per year for the past 5 years, with most cases between the ages of 18-26.
3. Vaccine preventable disease cases are very low.

4. Hepatitis C case reports have been increasing each year. Most cases reported to us are chronic, not acute cases.

H. Environmental, Occupational, and Injury Control Indicators:

1. Montgomery County has twelve (12) zip codes listed in the pediatric lead poisoning high-risk areas. In the past year, we have had only 1 report of elevated lead in a child that needed investigation.
2. Radon testing has been done in Montgomery County for the past two years. Montgomery County is listed as a moderate radon risk area; however, our testing show almost 40% of results above the 4 pCi/L action level, with many results in the 10-14 pCi/L range.
3. Montgomery County is listed as a “suspect” county for the deer/blacklegged tick.

I. Sentinel Events – Cancer:

1. In Montgomery County, the five year average of women with Breast Cancer, in situ, increased. The average for 1999-2003 was 20.2 women/100,000. This increased in 2000-2004 to 26/100,000.

J. Priority Selection:

After gathering and compiling the information from the Community Health Needs Assessment and the IPLAN Self-Assessment, the information was presented to the Board of Health. Our Board is composed of eight individuals that represent different public sectors within our community. The medical field, education, governmental, agricultural and retired populations are all represented here. After discussion, the members recommended focusing on cardiovascular disease, cancer, and mental health. These recommendations were then presented to the administrative staff of the Health Department at a monthly staff meeting. The supervisors of each health department division and the Administrator then voted to accept the priorities chosen by the Board of Health.

COMMUNITY HEALTH NEEDS ASSESSMENT

The purpose for a Community Health Needs Assessment is to allow community stakeholders the opportunity to provide the Health Department with information concerning what they see as the needs of the public. These needs are based upon their experiences while working in the community. By collaborating, these partners may be able to make a dramatic impact on the lives of people within our community.

Montgomery County Health Department held a series of community meetings on June 3rd and June 8th. Members of the community partners, including business, county and local officials, medical office, nursing homes and hospital partners, and emergency responders (law enforcement, ambulance) were invited. Four discussion questions were sent that would be used at the discussions. They could also send in their response in the event they were not able to attend any of the meetings.

Questions:

1. As a stakeholder in the communities of Montgomery County, is there a need that is not currently being addressed by some health facility?
2. Addressing these deficiencies, what role do you feel that Montgomery County Health Department would play in these situations?
3. What is your experience in working with the Health Department for the past 3 years?
4. Was your experience positive?

Some of the programs that were mentioned as lacking in the county include:

- a. Prompt care services
- b. Pediatric services
- c. More OB/GYN services
- d. Dental services for ages 20-30 year old person with no insurance
- e. Family planning services
- f. More wellness fairs
- g. More education on prevention
- h. Abuse of prescription medication taken by others
- i. Transportation
- j. Mental health education

In reviewing the St Francis Hospital Community Health Needs Assessment from 2009, one of the recommendations was that there is a need to reduce medical costs through wellness and preventative health programs. Networking and coordinating services with other healthcare and social services providers was also suggested. MCHD has been working with St. Francis on various projects, including colorectal cancer awareness and providing free food for WIC families through a farmers' market program.

Attendees at Community Meetings:

Vicki Fuller- St. Francis Hospital
David Harrison- Hillsboro Area Hospital
Lynn Hutchison- Hillsboro Medical, Division of Springfield Clinic
Ron Gazda- Taylor Spring FD
Tanya Flannery- Litchfield City
Roger McFarlin, MD- BOH
Philip Johnson, MD- BOH
George Blankenship- Farmer, County Board and BOH
Kathy Shafer- Dentist, BOH
Kate Poriot, RN- School nurse, BOH
Harold Jurgena- Retired, BOH
Jerry Wesley- Retired School Administration, BOH Chairman
Pam Lentz, MCHD- Mental Health
Linda Zimmer, MCHD- Prevention
Dolores Wheelhouse, MCHD- Emergency Preparedness
Cyndy Howard, MCHD- Environmental Health
Hugh Satterlee, MCHD Administrator

Surveys returned from:

Barbara Schmedeke, Hillsboro Ambulance Service
Dale Ogden, County Board Member
Connie Wernsing- Roger Jennings, Inc (business)
Terry Bone- Coffeen FD, County Board Member

IPLAN Self-Assessment - February 19, 2010

MCHD staff met to discuss the past five years and the future five years for the Montgomery County Health Department. They were divided into 4 groups. Discussion time allowed was 40 minutes. Then all were brought together again and main points discussed.

It was discussed that the public image of the Health Department has changed. We have been in the news more, in regards to H1N1. But we need to get more information about other programs and services offered. It would be great to be able to offer some of the services lost due to funding cuts, including family planning.

The Litchfield office has been a good asset. The building is being fully utilized by various departments. While it would be great to have a bigger building, they are making do with what they have.

We are doing great in cooperating with the schools. We are providing several programs in the schools and have worked more this year due to H1N1. It would be nice to have more mental health programs in the schools.

The smoking ban was discussed. In the future, it will be tied to the food permits.

If anyone sees any grants that we could apply for to help in the county, please let Hugh know.

We need to improve the handicap accessibility on the mental health side. The doors do not allow for easy access. It was noted that the building is ADA compliant.

We need to work with the physicians on the family planning issue. Since we do not have it available at present, we refer clients to their physician for these services.

Negative Issues:

- Failed to be as proactive regarding energy-efficiency as we could be
- Declined public image in the past
- Loss of community-based services
- Mental Health patio and back door not accessible
- Family planning taken away (not a health department provided service)
- We are not a smoke free campus
- The Litchfield building and parking lot not large enough at times
- Snowplow piles snow in last 8 parking spaces
- Poor utilization of space in the garage
- Loss of Family planning/ TPP education

Positive Issues:

Litchfield satellite office
Flu clinics for school and community sites, improvement mass distribution clinics
Debt-free on building
More publicity and awareness, improvement in MCHD image
Increased working collaboration with doctors/professionals
Increased cross-training among MCHD staff
CCU expanded to 3 counties
New computer system in Mental Health
Expanded vehicle fleet
Added AEDs on site
Secure jobs and raises
Support groups have grown (Breast, Diabetes)
MCHD teamwork increased
Fiscally sound - addition of vehicles and paying off building
Improvement of in-house communications via improved technology
Technology advancement
Shredder
Trailer with emergency supplies
IBCCP outreach
CCU billing person
Increased hours of service

Suggestions for next 5 years

Continue to keep up with advancing technology, go paperless
Recover, maintain and add community-based services
Increase programs and space in Litchfield
Maintain professional image
Increase public education regarding available programs, through advertising
Parenting programs through schools and hotline
Transportation
Men's health program
Services for sexual abuse programs for kids and adults
Dental services for adults
Enforcing county ordinances- smoking ban
More adult vaccine/education
Better training for staff - for those without licenses
Mental Health to perform PAS screenings for CCU
Cell phones for on-call and home visits
Expand Elder Abuse services to Christian and Macoupin counties
Preventing obesity programs
Family planning services
Annual safety updates
Handicap accessibility on MH side
Funding for TPP and STD education
Offer more PH services

MCHD employees- attended IPLAN meeting

Lori Beeler, RN- Mental Health
Kim Bertino- PSR, Mental Health
Mary Bone- Administration
Kimber Deming- Mental Health
Carolyn Dewerff, RN- WIC/MCH
Karyl Dressen, RN- Services for Elderly
Becky Durbin, RN- Mental Health
Mickie Fellers- Administration
Laurie Gansner- Mental Health
Sue Gray- Administration
Veronica Green- Services for Elderly
Christy Guinn- Public Health
Shelley Halleman- Administration
Mary Harrison- Mental Health
Christine Jarmen, RN- WIC/MCH
Pam Johnson- Public Health, BCCP program
Sheila Keller, RN- WIC/MCH
Mark King- Environmental
Peggy King- WIC/MCH
Tammy King- WIC/MCH
Pam Lentz- Mental Health
Bobbi Lowe, RN- WIC/MCH
Julie Marcolini- Administration
Sandy Martincic- Services for Elderly
David McCracken, RN- Mental Health
Tina McDice, LPN- Services for Elderly
Mark Moranville- Mental Health
Jessica Moxey- Services for Elderly
Irma Murray, RN- Services for Elderly
Lorie Patkus- Mental Health
Jodi Perkins- Administration
Sarah Powell- Services for Elderly
Kurt Simons- Mental Health
Jessica Tatham- Services for Elderly
Randy Thompson- Mental Health
Deb Traylor- Mental Health
Janette Triplett- PSR, Mental Health
Paul White- Environmental
Dolores Wheelhouse, RN- PH Nursing
Robin Wiggins- Services for Elderly
Jill Wright- Mental Health
Jeanice Yancik- Services for Elderly
Linda Zimmer, RN- Public Health Prevention

CARDIOVASCULAR DISEASE

Key Facts from WHO:

- Cardiovascular diseases are the number one cause of death globally; more people die annually from CVDs than from any other causes.
- An estimated 17.1 million people died from CVDs in 2004, representing 29% of all deaths. Of these deaths, an estimated 7.2 million were due to coronary heart disease and 5.7 million were due to stroke
- It is predicted that by 2030, almost 23.6 million people will die from CVDs, mainly from heart disease and stroke annually.

Key Facts from Montgomery County:

- Cardiovascular Disease remains the leading cause of death in our county.
- In reviewing death certificates, we found other health issues listed as contributing factors. These include diabetes and smoking.
- In reviewing local death certificates from 2008/09, we found that 52% of deaths related to cardiovascular disease were female. The average age at death for females was 84 years, while males passed away at the average age of 77. The youngest female to die of some type of heart disease was 54 while the youngest male was 36 years of age.

The most important behavioral risk factors of heart disease and stroke are unhealthy diet, physical inactivity and tobacco use. Behavioral risk factors are responsible for about 80% of coronary heart disease and cerebrovascular disease.

The effects of unhealthy diet and physical inactivity may show up in individuals as raised blood pressure, raised blood glucose, raised blood lipids, or obesity. These are called 'intermediate risk factors'.

There are also a number of underlying determinants of CVDs, or, if you like, "the causes of the causes". These are a reflection of the major forces driving social, economic and cultural change – globalization, urbanization, and population ageing. Other determinants of CVDs are poverty and stress.

Many factors influence whether a person will develop heart disease and how fast it will progress. Certain health habits, including smoking, elevated cholesterol, elevated blood pressure, body weight and physical activity, are important.

Heart disease and diabetes share some health issues. Keeping their ABC's in check is one way people can help lower their risk for heart disease. MCHD will work with these ABC's to help residents lower that risk. These include A1C, blood pressure and cholesterol.

Montgomery County Health Department will be working with different work places to do their own BRFS. This information will help us in providing education, screening and other information.

OUTCOME, IMPACT, AND PROCESS OBJECTIVES

Healthy People 2020 Objective: HDS HP2020-1 Reduce Coronary Heart disease deaths

- 1.0 By 2015, Reduce rate of coronary heart disease deaths to 320/1000 (Baseline 339/1000 death, Montgomery County Death certificate review 2004-2009)
 - 1.1 By 2014, increase to 62% the number of persons who have cholesterol checked within last year. (Baseline 58.4% BRFSS 2007)
 - a. Provide opportunities at the health department for lipid screenings.
 - b. Increase the number of opportunities for education - work with both hospitals and workplaces.
 - c. Increase educational media outlets, including newspaper, health department website.
 - 1.2 By 2014, decrease the number of persons who have been told they have elevated blood pressure. (Baseline 33.4%- BRFSS 2007)
 - a. Provide blood screening and follow-up at health department, work sites, business and health fairs.
 - b. Provide educational material at work site, business and health fairs.
 - 1.3. By 2014, increase to at least 75% the proportion of people with high blood pressure whose blood pressure is under control. (Baseline 33.4% told had elevated B/P, BRFSS 2007)
 - a. Continue to provide opportunities for blood pressure screenings at senior centers, worksites and walk-in clinics.
 - b. Provide nutrition education for high risk groups at health fairs, screening programs and work with the Extension Office to offer nutrition classes
 - 1.4.1 By 2014, increase to 80%, the proportion of persons with diabetes who receive diabetes education at least annually. (Baseline 65%, Cornerstone IDCP FY 2009)
 - a. Exhibit diabetes awareness materials at local health fairs.
 - b. Provide monthly support group and bi-monthly newsletter.
 - c. Promote programs through IDPH Diabetes Prevention and Control program.
 - 1.4.2 By 2014, increase to 80% the number of diabetics who have their HA1C checked at least twice annually. (Baseline 72%, Cornerstone IDCP FY2009)
 - a. Provide screening opportunities, in cooperation with local hospitals and physician offices.

- b. Provide education through newsletters, health fairs and talks.

RESOURCES

Montgomery County Health Department - Works with job sites to offer screening programs, including blood pressure and lipid screenings. They also provide blood pressure clinics at senior centers and schools. They offer educational programs for the community.

Hillsboro Area Hospital (Hillsboro) - The hospital holds an annual Health Fair screening for the general public in May and shares statistics with Montgomery County Health Department (MCHD).

St. Francis Hospital (Litchfield) - Partners with St. John's Hospital to offer promote wellness and healthy living programs to the community. They offer community health fairs and disease screenings.

Montgomery County Cooperative Extension - This agency offers many educational programs, including nutrition and youth programs.

Local Schools - All schools in the county work with the Health Department to provide health education at various grade levels.

Southern Illinois University- Edwardsville School of Nursing - Works with various job sites to offer screenings and health education as part of their Community Nursing Projects.

BARRIERS

A lack of awareness of the importance of preventive screenings is the main barrier. Many people feel that since they feel fine that everything is fine with their health. Some types of insurance will pay for screenings but people do not want to take the time to do the screening. Once the screening is done, they often do not follow-up with physician.

The inability to access these screenings with current schedules can also be a barrier for many people.

FUNDING

The Health Department currently provides health fairs and presentations to the public and private businesses at no cost. To continue with the program, a funding source could be utilized to obtain new educational tools including displays and pamphlets. The Agency currently supplements this program with local property tax money.

CANCER

The second leading cause of death in the United States is cancer. This is also true for Montgomery County, Illinois. The disease that strikes the most fear in the minds of people is not heart disease, infection, or high blood pressure. It is cancer.

In 2005, we reported that nineteen (19%) percent of the deaths for the five (5) years prior were due to cancer. For 2005-2009, Montgomery County had a total of 1,694 deaths of which 372 were due to cancer, or twenty-two (22%) percent.

Using information from Illinois Cancer Registry (ICR), Montgomery County had 932 cancer diagnoses from 2002-2006. This is a decrease of six (6) from 1997-2002. During 2002-2006, lung and bronchus were the highest diagnosed cases (145), with colon and rectum a close second (133). Other high-incidence types in Montgomery County include Breast, invasive (119), Prostate (116) and Bladder (48). Liver cancer and bladder cancer have been diagnosed more in men than women.

As in the past, lung cancer is the leading type of cancer diagnosis in our county. The number of people diagnosed with lung/bronchus cancer has dropped slightly over the past fourteen (14) years. According to ICR, from 1992-1996, there were one hundred sixty three (163) people diagnosed with lung/bronchus cancer, sixty-five (65%) male. From 2002-2006, there were one hundred forty five (145) people diagnosed, with sixty (60%) percent being male. The number of lung cancer deaths has dropped slightly in the past 5 years.

Colorectal is the second highest diagnosed type of cancer in Montgomery County. The Illinois Cancer Registry shows that approximately 14% of the cancer diagnosed in Montgomery County is colorectal. According to the latest BRFSS for Montgomery County, only 38.2% have done a home blood stool test and only 44.5% of those over the age of 50 have had a colonoscopy.

While the exact cause of colorectal cancer is not known, we need to educate the residents on ways to reduce their risk. This includes screenings, diet and exercise.

Women's cancers, including breast, cervical, uterine and ovarian account for 19% of the cancer diagnosed in Montgomery County. Prostate cancer in men accounts for 12% of the cancer. It is important to provide education on importance of screenings

OUTCOME, IMPACT, AND PROCESS OBJECTIVES 2010

Healthy People 2020 Objective C HP2020-1 reduce the overall cancer death rate

- 2.0 By 2015, reduce overall cancer death rate to less than 20% or 200/1,000 deaths: (Baseline 22% or 220/1,000 deaths - Montgomery County Death certificates 2004-2009)
- 2.1. By 2014, reduce percent of smokers to 26%. (Baseline 29.7% BRFSS 2007)
 - a. Promote Tobacco Quitline through media, ads.
 - b. Provide educational opportunities for smokers on how to quit smoking.
 - c. Work with schools to provide education to students to help them decide not to start smoking.
- 2.2 By 2014, Increase to 48% the number of people who have had colorectal screenings based on most recent guidelines. (Baseline 44.5% colon/sigmoidoscopy, 38.2% stool blood test- BRFSS 2007)
 - a. Provide education through health fairs, news releases.
 - b. Work with area hospitals to provide screening opportunities.
 - c. Work with SIU School of Medicine Colorectal project.
- 2.3 By 2014, Increase the proportion of women age 18 and older who receive a cervical cancer screening based on most recent guidelines to 74%. (Baseline 69.3% within last year- BRFSS 2007)
 - a. Provide education through health fairs, talks, new releases.
 - b. Work with physicians to refer to IBCCP.
- 2.4 By 2014, Increase proportion of women aged 40 years and older who have received a breast cancer screening/mammogram based on most recent guidelines. (65.1% within last year- BRFSS 2007)
 - a. Provide education through health fairs, talks, new releases.
 - b. Work with physicians to refer to IBCCP.

COLLABORATION/ RESOURCES

American Cancer Society - This organization provides informational pamphlets and videos to the Health Department and any interested groups.

American Lung Association - This organization provides information, statistics and education videos to be shown at group meetings. Also, the Quitline is provided in collaboration with IDPH.

HPAI (HealthCare Providers of Illinois) - Group of medical service providers in a six (6) county area. These providers work together to provide health screenings and information

over a vast area at a reduced rate. They work together to apply for funding for similar programs, such as the IBCCP.

Hospitals - Provide special screening programs at a reduced fee during specific times of the year to assist the uninsured. St. Francis Hospital provides free occult blood kits for colorectal screening.

IDPH Office of Women's Health - Provides information on women's health issues. Also some screenings are paid for women who fit the guidelines.

Physicians - Local physicians provide information to patients on a wide array of available screenings. They also educate patients about the warning signs of cancer and importance of any recommended follow-up.

U of I Extension- Provides educational programs.

BARRIERS

Screening cost is a barrier for many individuals. While some insurance companies have added screenings to their coverage of services, they still do not cover all procedures. Also Montgomery County has a large population that does not have insurance due to low income or lack of income.

Another barrier would be the inability for people to have adequate time to take the recommended screenings. For those working, taking the time away from work is sometimes not accepted by their employers if it is for a screening process. This is especially true when the individual is not symptomatic.

The lack of patient follow-through is also a barrier. After the initial screening is completed many people fail to follow-up with their physician as recommended. This can be attributed to a lack of education concerning the importance of this vital step in preventative screenings.

FUNDING

The Montgomery County Health Department currently receives funding for the Tobacco Program and the Illinois Breast and Cervical Cancer Program. These sources are very beneficial however are not adequate to cover all people seeking services. We are able to supplement with Susan G. Komen when available for breast cancer. The Tobacco Program through the State of Illinois is very limited and does not appear to be extremely reliable for future awards. The colorectal issue currently has no funding. Education can be presented but educational materials are limited due to no funding.

MENTAL HEALTH

According to the National Institute of Mental Health (NIMH), an estimated 26.2% of Americans, 18 years and older- about one in four adults- suffer from a diagnosable mental disorder in a given year. In Montgomery County, this means approximately 5,000 residents could suffer from some type of mental illness sometime during the year. Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Many people suffer from more than one mental illness at any given time. Like many other common ailments, these problems are temporary or can be controlled with the proper treatment and/or medications.

Mental disorders are the leading cause of disability in the United States for ages 15-44 yrs of age. According to WHO, major depressive illness will be the leading cause of disability for women and children. At the Montgomery County Health Department, most clients seen by the mental health staff have the following diagnosis:

- Major depressive disorder
- Intermittent explosive disorder
- Bipolar disorder
- ADHD
- Schizophrenia

According to CDC, females are three times more likely to report attempting suicide. Males are four times more likely to actually die from suicide attempts. In reviewing death certificates from July 1, 2004 through June 30, 2009, there were twenty completed suicides. These completed suicides were **exclusively** male, using a firearm as the method of choice. The group with the highest rate of completed suicides was males between the ages of 50 and 75. In the past review, the most likely times of the year for suicide were during August, October, and December. This time there is no pattern.

In 2007, Montgomery County Helpline calls totaled 792 with 122 face-to face contacts. In 2009, the number of calls increased to 915. Most of these crisis calls with face-to face contact, 52%, were with people between the ages of 21 and 50 years old. Hospitalization was needed for around 38% of these contacts. The average caseload for the Health Department's Mental Health division in 2007 was 766 per month. This has increased to 898 per month in FY 2009.

Stress is a factor in many health issues. In small doses, stress may be good for a person as the body can give the individual a burst of energy. Excessive stress or prolonged exposure to stress can take its toll. This can lead to a feeling of being overwhelmed, unable to cope, or unexplained aches and pains. This could be the first signs of depression or anxiety. There are many other possible warning signs, increase in blood pressure, headaches, etc., that should not be ignored. It is important to work on all aspects of health with mental health near the top of the list.

Job related stress is large problem in Montgomery County. As the economy has declined over the years, the fear of losing one's job has added a great deal of stress to individuals, as well as their families. MCHD will work with the work places in the county to offer stress workshops as needed. The Mental Health staff is trained in stress management and will work with the other divisions of the Health Department to offer programs tailor-made for entities seeking our assistance.

OUTCOME, IMPACT AND PROCESS OBJECTIVES

Healthy People 2020 Objective MHMD HP2020-1: Reduce suicide rate.

3.0 By 2015, reduce the number of suicides deaths to less than 8/1000 deaths.
(Baseline: 12/1000 deaths, MCHD Death Statistics 2004-2009)

- 3.1 By 2014, reduce percent of people who report more than 8 days poor mental health days per month to more than 8%. (Baseline 10.1%, BRFSS 2007)
- a. Increase availability of depression screenings to resident through health fairs, working with both hospitals.
 - b. Offer screenings through workplace.
 - c. Provide public awareness education on signs and symptoms of mental health issues.
 - d. Increase ability of the general public to identify existing services and means of access, so as to lessen social, educational, and cultural barriers to services, including updated websites.

RESOURCES

Montgomery County Health Department Division of Mental Health - This division of the Health Department offers outpatient services, case management services, crisis intervention, parent programs, domestic violence abuse counseling, DUI services, group/family counseling, substance abuse awareness programs and Psychosocial Rehab (PSR).

Montgomery County Health Department Services for the Elderly - This division of Montgomery County Health Department works with persons over the age of 60, offering services and referral so the senior can stay in the home rather than being placed in a nursing home. They are available to provide services in all senior programs, including elder abuse.

Health Fairs – The Montgomery County Health Department cooperated with various work sites to provide health fairs to their employees. Montgomery County Health Department also works with the senior centers, providing informational pamphlets on all issues, including stress, depression and mental health issues.

Healthcare Providers Alliance of Illinois - HPAI is a six (6) county group which works together to provide various screening programs and information. Partners in this group include County Mental Health Centers and the Wells Center in Jacksonville. Pamphlets for stress, depression and violence prevention have been developed to use at health fairs and throughout the schools.

Physicians - Provides medical expertise for mental health issues.

CEFS - This agency has several programs to assist with problems related to social services, as well as emergency assistance, financial counseling and housing.

Area Agency on Aging for LincolnLand/Illinois Department of Aging - These agencies work to protect the rights and interests of vulnerable older persons. These agencies work with the Community Care Program, Elder Abuse, and Case Management programs.

Land of Lincoln Legal Assistance Foundation, Inc.- Provide free civil, legal services to qualifying individuals in certain types of cases

BARRIERS

A barrier is the stereotype of being labeled “mentally ill.” Many people are reluctant to seek help for problems with treatable conditions trying to avoid this label.

Another barrier for those attempting to receive help is the lack of transportation available to get them to their appointments.

The economic situation for many Montgomery County residents does not always allow them the opportunity to obtain services and remain vested in their mental health needs.

FUNDING

The Montgomery County Health Department is a provider of mental health services which receives funding through the Illinois Department of Human Services, Division of Mental Health. This funding source has changed its reimbursement policies in the last years especially for FY2011. Limitations have been set as to the number of service hours an individual can be seen and the State provide financial assistance. The Health Department does utilize a sliding fee scale for those in need of financial assistance. A severe deficit in funding is apparent in this program especially when considering the cost of a psychiatrist once a week.