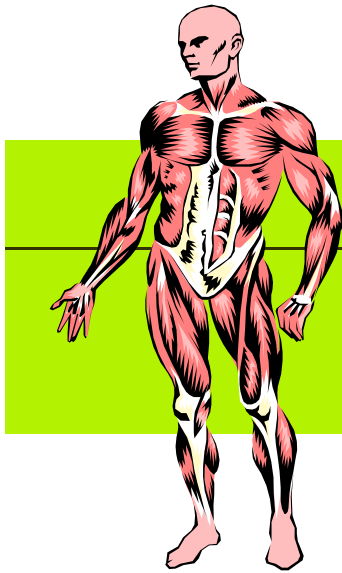


PRIORITY HEALTH CONCERN

**LACK OF ACCESS TO
PRIMARY & PREVENTATIVE HEALTH CARE**



PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

Ideally, all Knox County residents should enjoy access to quality, affordable medical and dental care. Lack of adequate health care is a major contributing factor to many health concerns; including, perinatal conditions, chronic diseases, mental illness, and substance abuse.

According to the U.S. Census Bureau, almost 45 million U.S. residents (15.7%) are without health insurance; one in nine children are.

Low-income individuals and families and the working poor may lack access to health care because they cannot afford care and are uninsured or underinsured, and/or not eligible for government health insurance programs. Other individuals simply cannot afford care due to deductibles or co-payments required by their health insurance plans. Increasing medical costs have exacerbated all of these concerns.

Other access to health care concerns result from patient apathy or a lack of knowledge regarding the importance of care, individuals or families who have no primary care provider and/or no clinic or hospital as a regular source of care, and even concerns related to being able to afford the cost of medications prescribed to treat chronic disease conditions, mental illness, and substance abuse.

Many chronically ill patients take less of their medication than has been prescribed due to costs. The consequences of cost-related medication under use include increased

emergency department visits, psychiatric admissions, and nursing home admissions, as well as decreased health status.

Healthy People 2010 sets standards for successfully reaching the goal of "improving access to comprehensive, high-quality health care services."

The Healthy People 2010 objectives for access to quality health services include:

- Increase the proportion of persons who have a specific source of ongoing care (Baseline: All ages: 87%, children and youth aged 17 years and under: 93%, adults aged 18 years and older: 85%).
- Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members (Baseline: 12%);
- Increase the proportion of persons with a usual primary care provider. Target: 85%; Baseline: 77% of the population had a usual primary care provider in 1996; and
- Increase the proportion of persons appropriately counseled about health behaviors: i.e.: physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, unintended pregnancy, sexually transmitted disease, and menopause.

RISK FACTORS

The lack of access to primary and preventative health care stems primarily results from risk factors associated with limited financial resources and/or lack of a health care insurance plan.

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

According to 2004 Knox County Behavioral Risk Factor Survey data, 15.1% of respondents do not have health care coverage; 9.6% were not able to see a health care provider during the past twelve months due to cost of care. Illinois does not fair much better with 15.2% reporting that they have no health care coverage, and 11.1% stating that they could not see a health care provider in the past twelve months due to cost. Additionally, 11.3% of Knox County residents, and 11.6% of Illinoisans, could not fill a prescription in the past twelve months due to cost.

Approximately 73% of older adults who use prescription medications use more than one; 29% use 4 or more.

Other concerns include the inability of patients to access care due to factors such as knowledge, apathy, or denial regarding the importance of routine or primary health care services, transportation concerns, the primary care practices of physicians, and the actual lack of access to a physical facility due to the absence of an indigent care facility or provider unwillingness to provide care to individuals.

Access to Health Care concerns cohesively encompass three major quandaries:

- ✓ **Physical Access to Services**, which includes accessing a facility for care, as well as financial concerns;
- ✓ **Knowledge of Available Services**; and
- ✓ **Preconceived Notions** regarding both primary and preventative health care.

DIRECT & INDIRECT CONTRIBUTING FACTORS

Other factors that contribute to a lack of access to primary and preventative health care

for Knox County residents consist of other aspect which indirectly impact health care costs; such as, high malpractice insurance costs, program availability, a limited availability of health care specialists, laws and legislation related to reimbursement rates for government subsidized health insurance programs.

Other concerns stem from socioeconomic status or cultural beliefs about health care, especially preventative care practices, a lack of exposure to a comprehensive general health education program, or fears related to what an individual may discover about their health should they visit their doctor, either for routine health screening, or in response to a health care concern. All of these concerns are very real, and contribute in part, either directly or indirectly, to the growing access to health care concerns for Knox County residents.

COMMUNITY HEALTH IMPROVEMENT GOALS

In an effort to reduce barriers to care and increase access to primary and preventative health care for all Knox County residents, the Citizens Workgroup established the following community health improvement goals:

-
- **By the year 2016, reduce by 50%, the prevalence of inadequate use of primary and preventative health care by children and adults in Knox County.**
-

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)
Percentage of Knox County adults who self-reported in 2004 IBRFS that they have saw a health professional for care during the past twelve months was 71.7%. Nationally, during

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

2002-2003, 17% of adults aged 18-64 years had no usual source of health care. Also in 2002-2003, 12 % of children aged 18 years and under had no health care visit to a doctor or clinic within the past twelve months; and 6% six percent of those children had no usual source of health care. Additionally, 27% of children under the age of six years had an Emergency Department visit within the past twelve months in 2003.

Healthy People 2010: Increase the proportion of persons appropriately counseled about health behaviors: i.e.: physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, unintended pregnancy, sexually transmitted disease, and menopause.

- **By the year 2011, reduce by 75%, barriers to primary and preventative health care that are access to health care provider related, for Knox County children and adults.**

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

Over one in seven (13.7%) of Knox County adults reported in the household survey that during the past year at least one person in their home had needed health care but was unable to receive it. Most cited were financial reasons/ cost of care, 82.2%; followed by lack of health insurance coverage, 54.8%; and could not afford deductible, 29.6%. 11.7% of Knox County residents cited that they had lost, or couldn't afford medical insurance; while 10.9% stated that they couldn't afford prescription medicines.

Healthy People 2010: Increase the proportion of persons who have a specific source of

ongoing care. Target: All ages: 96%, children and youth aged 17 years and under: 97%, adults aged 18 years and older: 96%; Baseline: All ages: 87%, children and youth aged 17 years and under: 93%, adults aged 18 years and older: 85%.

COMMUNITY HEALTH IMPROVEMENT OBJECTIVES

The accomplishment of these community health improvement objectives is intended to directly influence the successful completion of community health improvement goals to increase access to primary and preventative health care. Healthy Communities Project partners have selected the following objectives as measures for successfully reducing barriers to care and increasing opportunities for all Knox County residents to have appropriate and timely access to health care.

- **By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical care due to cost, to no more than 5%.**

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they have a usual person as a health care provider was 84.4%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they think of one person as their personal doctor was 81.8%.

Healthy People 2010: Increase the proportion of persons with a usual primary care provider. Target: 85%; Baseline: 77% of the population had a usual primary care provider in 1996.

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

- By the year 2011, increase the proportion of Knox County adults who have a primary care provider for themselves and their families to at least 95%.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)
Percentage of Knox County adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 9.6%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 11.1%. The percentage of Knox County adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.3%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.6%.

Healthy People 2010: Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members. Target: 7%; Baseline: 12% of families experienced difficulties or delays in obtaining health care or did not receive needed care in 1996.

- By the year 2011, decrease the proportion of Emergency Department visits attributed to Knox County children six years of age and under, that are in lieu of primary care, to no more than 15% of total ED visits.

Baseline: (Health United States, 2005; U.S. Department of Health and Human Services)
During 2003, 27% of children under six years of age had an Emergency Department visit within the past twelve months in 2003.

Healthy People 2010: Increase the proportion of persons appropriately counseled about appropriate health behaviors and care, physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, primary health care etc.

- By the year 2011, decrease the proportion of Knox County children, aged 18 years and under, who have not had a health care visit to their primary care doctor or clinic within the past twelve months to no more than 10%.

Baseline: (Health United States, 2005; U.S. Department of Health and Human Services)
During 2002-2003, 12 % of children aged 18 years and under had no health care visit to a doctor or clinic within the past twelve months; and 6% six percent of those children had no usual source of health care.

Healthy People 2010: Increase the proportion of persons appropriately counseled about appropriate health behaviors and care, physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, primary health care etc.

COMMUNITY HEALTH IMPROVEMENT STRATEGIES

Individuals require access to health care services for both preventative care and for prompt treatment of disease and injury. Having a usual source of health care and having recent contact with a primary care provider aid in receiving effective health care services. During Workgroup discussions, these and other access to primary and preventative health care concerns

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

for Knox County residents were revealed as a multifaceted health care concern. Strategies developed to aid in addressing these concerns are as follows:

- ▶ *Community Health Clinic to ensure access to the provision of health care services for Medicaid, low-income, uninsured or under-insured individuals and families.*
- ▶ *Focused overview of available chronic disease resources within Knox County and ensure that linkages are provided for continuing care.*
- ▶ *Collaborate with Knox County physicians to promote a culture of accessing health care for routine and preventative health services.*
- ▶ *Community programming regarding the health and cost benefits of treatment prior to emergency care.*
- ▶ *Marketing campaign to address public apathy concerning the importance of routine and preventative health services, and health care literacy.*
- ▶ *Program which provides access to prescription drugs and medical supplies for Knox County residents.*
- ▶ *Public policy efforts to address fiscal issues inherent in government subsidized programs.*

IMPLEMENTATION & CORRECTIVE ACTIONS

As is the case with any access to care concern, corrective actions taken to aid in management of access to primary and preventative health care as a priority health concern must cohesively address the three components which comprise “access to care”; namely: physical access to services, knowledge of available services, and preconceived notions

regarding both primary and preventative health care. Corrective actions and programs proposed by the Citizens Workgroup include the following:

- ▶ *Investigate models for the provision of health care services to Medicaid, low-income, uninsured or under-insured individuals and families.*
- ▶ *Form steering committee of local public health system partners to establish and coordinate operation of community health clinic.*
- ▶ *Establish fiscal resources, community partnerships, and accepted policies and procedures to cooperatively ensure the provision of advanced health care services to community health clinic patients within the local health care system.*
- ▶ *Establish an available chronic disease resource listing for Knox County residents diagnosed with chronic disease; ensure that linkages are provided for access to continuing care.*
- ▶ *Provide comprehensive programs and tools for Knox County residents which educate and encourage individuals to adopt a preventative approach to health care and improve the health care literacy of individuals.*
- ▶ *Establish programs to allow access to prescription drugs and medical supplies for Knox County residents; either through use of the community health clinic or in-kind provision of health care and/or supplies from medical community.*

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

- ▶ *Provide comprehensive programs which educate and support individuals seeking primary health care services prior to emergency or acute care becoming necessary; include the improper use of Emergency Departments.*
- ▶ *Establish a resource which provides Knox County physicians support in stressing the importance of, and recommending to their patients that they seek health care for routine and preventative health services.*
- ▶ *Coordinate a community marketing campaign which addresses public apathy with regard to the importance of routine and preventative health services, and encourages proper use of a primary health care provider.*
- ▶ *Initiate community group to address legislative public policy efforts related to inadequate fee schedules and delayed payment of claims in government subsidized programs.*
- ▶ *Track physician caseloads of patients with healthcare covered by government subsidized programs in order to monitor for a possible decrease in the number of physicians accepting these programs due to increasing caseloads, low fee schedules and delayed payment of claims.*

These corrective actions will provide a multi-faceted approach to addressing access to primary and preventative health care concerns for Knox County residents. Of primary importance is the establishment of some form of indigent care program, or community health clinic for the low-income, uninsured, or underinsured individuals in Knox County. A Steering Committee of key stakeholders will be established to investigate multiple aspects of this

concern; including, the investigation of models for providing health care services to underserved populations, the establishment and coordination, and operation of community health clinic. Also investigation into programs which allow access to prescription drugs and medical supplies, as well as establishing policies and procedures for ensuring the provision of advanced health care services to community health clinic patients within the local community.

Different approaches and models are utilized in the establishment of a "safety-net clinic;" they include:

- ✓ **Federally Qualified Health Centers;**
- ✓ **Rural Health Clinics;**
- ✓ **Community Health Clinics;**
- ✓ **Private Clinics; and**
- ✓ **Free Clinics.**

Another concern is continuing care for residents diagnosed with chronic disease. A resource will be established cooperatively with local physician offices to provide linkages for chronic disease care in support of the positive effects of maintaining a proper course of treatment; proper medication when required, and disease management via healthy lifestyle choices. In some instances linkages to care may involve indigent care programs or community health clinic care. These program measures are to propagate chronic disease care in an appropriate setting and discourage patients not receiving care until it becomes emergent and the patient must then receive care in a hospital Emergency Department setting, possibly being admitted.

Additionally suggested, a "watch-group" of key stakeholders to monitor and take action regarding legislative health care concerns may be formed. Concerns monitored would include

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

issues including inadequate fee schedules, delayed payment of claims in government subsidized programs, physician caseloads of patients in government subsidized programs, and any possible decrease in the number of physicians accepting government subsidized programs.

Finally, a critical component to any successful public health programming, a community health education and social marketing endeavor to promote routine preventative and primary health care, will be developed. This program will be comprehensive in nature will be offered by area public health system agencies as part of existing health education and screening activities via on-site and outreach clinics, health fairs, worksites, as well as other venues. Education will include the importance of routine and preventative health care, proper use of a primary care provider, early screening for chronic diseases and other health indicators, what screening results mean, the management of disease through healthy lifestyle choices and changes in behaviors, and how individuals can take control of their overall health and well-being.

Another component of this would be a social marketing campaign which focuses on reducing public apathy concerning the importance of routine and preventative health care, and encourages proper use of a primary health care provider. Promotion efforts may also include prevention and early screening for chronic diseases and other health indicators, what screening results mean, the positive effects of a proper course of treatment, and chronic disease management with healthy lifestyle changes, diet and exercise.

BARRIERS

Barriers play a significant role in contributing to individuals experiencing a lack of primary and preventative health care. Concerns such as the inability to afford health insurance or the cost of health care services, including deductibles and co-pays, are primary reasons for individuals not accessing needed health care services. Increasing medical costs have exacerbated these concerns, as well as transportation issues experienced by some individuals.

Other Knox County residents experience barriers due to a lack of having a primary care provider or regular source of health care. Individuals and their families classified as low-income, or the working poor, and experience all of these problems in addition to not being eligible for government subsidized programs, and subsequently fall between the cracks in the absence of an indigent health care system in Knox County.

Lack of access for preventative care services is influenced by these barriers in addition to cultural, or lack of knowledge based barriers which hinder individuals from realizing the long-term benefits of having a primary care provider, obtaining routine primary health care services for themselves and their family, and competing early and timely health care screenings.

All of these different barriers must be taken into consideration when developing activities and programs to reduce access to primary and preventative health care concerns in Knox County.

COMMUNITY RESOURCES

In order to succeed in promoting healthy people in healthy communities, who are actively involved in their health care, as well as in their

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

overall health and well-being, all members of the public health system must actively participate and cooperate in organized concerted efforts.

The following agencies and organizations are proposed as participants in the coordination and implementation of programs and activities to improve access to primary and preventative health care for all members of the Knox County community:

- » Health Care Providers
- » Physician Offices
- » Knox County Health Department
- » Schools and Colleges
- » Faith Community
- » YMCA
- » American Heart Association
- » Illinois Department of Public Health
- » University of Illinois Extension
- » Civic and Business Groups
- » Labor Unions
- » Human Service Organizations
- » Clubs and Organizations
- » Galesburg Area Chamber of Commerce
- » Local Media Outlets
- » Pharmacies

FUNDING

Initially and on an ongoing basis, funding for vital local health department staff, community health clinic staff, health educators, and public health nurses, as well as other expenditures such as travel reimbursement, health education materials, screening services and supplies, data collection, and advertising costs will be required. Possible sources of funding include grants to local agencies from the State of Illinois, the Federal Government, and other public or private entities.

However, as is the case in access to health care concerns, Knox County public health system partners will need to work collaboratively in providing care and completing the identified strategies in order to assure that needed resources are provided. The Citizens Workgroup recognizes that only through collaboration are public health system partners able to assure access to primary and preventative health care services for a greater number of Knox County residents while avoiding duplication of services.

EVALUATION

Effective program evaluation plays an essential role in public health programming. It includes the development of clear plans, inclusive partnerships, and systematic feedback that allows learning and ongoing improvement to occur. Each program, as part of the Knox County Community Health Improvement Plan, must conduct routine, practical evaluations that provide information for management and stakeholders, and improve program effectiveness. Program evaluation data will be reviewed every six months by Health Department staff monitoring programs, and annually by key stakeholder groups.

A program is simplistic terminology used to describe the object of the evaluation, and can be any organized public health action. Within this Community Health Improvement Plan, evaluation will be routinely tied to all identified corrective actions which address priority health concerns. Emphasis will be placed on the evaluation processes being practical, ongoing, and involving key community stakeholders. It will be utilized to justify the value of a program; answering questions related to program "merit" or quality,

PRIORITY HEALTH CONCERN

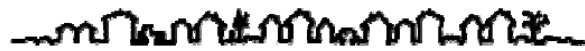
ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

“worth” or cost-effectiveness, and “significance” or importance.

Additionally, Citizens Workgroup members acknowledge that stakeholders will be involved in the Community Health Improvement Plan evaluations. When key stakeholders are not engaged in the evaluation process, an evaluation may not address important elements of a program’s goals, objectives, and strategies. Therefore, evaluation findings might be criticized or ignored. Program evaluation will include stakeholders who are involved in program operations, those served or affected by the program, and the primary users of the evaluation.

Each program evaluation outlined as part of this Plan will include a brief program description; including what the program is intended to accomplish. Key program stakeholders will be identified, as well as how and when data will be gathered and the program evaluated. Finally, each evaluation description will identify how often and with whom program evaluation results will be shared, as well as the means for distribution.

Program evaluation data and results will be maintained by Knox County Health Department staff and kept on file for public use. Any substantial changes to Programs identified by the Knox County Community Health Improvement Plan will be noted therein.



PROGRAM #1: Access to Health Care Services Steering Committee charged with monitoring, investigating, and supporting implementation of solutions for access to health care concerns in Knox County; including establishment of a community health clinic.

PURPOSE

The purpose of the program is to form a “watch-group” of key stakeholders to monitor and address concerns vital to access to primary and preventative health care for Knox County residents. The Access to Health Care Services Steering Committee would be formed collaboratively with local health care partners, the Knox County Health Department and other public health system partners.

The watch-group would be charged with investigating models for providing health care services to Medicaid, low-income, uninsured or under-insured individuals and families, and aiding in the formation of a committee of local public health system partners to establish and coordinate operation of community health clinic.

Additionally, the steering committee would work to cooperatively to investigate programs which allow access to prescription drugs and medical supplies either through the community health clinic, indigent care plans, or community philanthropy. Finally, the Steering Committee would ensure the provision of advanced health care services to community health clinic patients within the local health care system by establishing fiscal resource systems, community partnerships, and accepted policies and procedures for referral.

KEY PROGRAM STAKEHOLDERS

Local health care providers, County hospitals, local medical association members, members of the Access to Health Care Services Steering Committee, program recipients and their families, community health clinic staff, Knox County Health Department staff, and individuals and entities to whom the evaluation results will be provided.

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

DATA

Access to Health Care Services Steering Committee will inherently, as part of its purpose, maintain demographic data relevant to the status of the health care system in Knox County. This data will be relevant to the watch-group performing the task for which it was created. Additionally, process evaluation data will be collected which reflects the activities and actions of the Steering Committee.

Health Care Services Steering Committee activities will be monitored and amended if necessary during annual Program evaluation.

PROGRAM EVALUATION

The Health Care Services Steering Committee would be evaluated as a successful effort if resulting data indicates that the partnership has successfully accomplished assigned actions, and that completion of those actions has positively influenced the health care system in Knox County.

Specifically, was the Steering Committee able to appropriately investigate models for providing health care services to Medicaid, low-income, uninsured or under-insured individuals and families? Did they aid in the formation of a committee of local public health system partners to establish and coordinate operation of community health clinic? Was a community health clinic successfully established? Are there programs available which allow access to prescription drugs and medical supplies either through the community health clinic, indigent care plans, or community philanthropy for Knox County residents? Did the Committee work cooperatively and successfully ensure the provision of advanced health care services to community health clinic patients within the local health care system? These are the type of

questions that evaluators will be charged with in the evaluation of this program.

Additionally, Program accomplishments will also be measured against the successfulness of the collaborative relationships amongst participating Knox County Public Health System partners. This secondary purpose of the Program will foster and expand communication and working relationships between entities, specifically those which build relationships between dental health and health care.

Collected statistics will also be utilized to justify the value of the program to the community, health care providers, and the overall public health system, as well as its contribution to reducing access to primary and preventative health care concerns in Knox County. Process evaluation questions related to the quality of the program, its cost-effectiveness, and importance to the community will additionally be examined during evaluation by key stakeholders.

RESULTS

Program evaluation results will be reviewed and provided annually via written reports made by the Health Care Services Steering Committee to key stakeholders within the local health care community.



PROGRAM #2: Healthy Choices and Lifestyles Health Education and Promotion Program to increase public health knowledge and reduce apathy related to healthy lifestyle choices and routine health care.

PURPOSE

The purpose of this program is to expose individuals and their families to health education information concerning the importance of

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

developing habitual healthy lifestyle choices. These include routine preventative health care measures which promote better overall health and may prevent or delay the onset of chronic disease. Health education will be provided regarding the importance of routine and preventative health care, proper use of a primary care provider, early screening for chronic diseases and other health indicators, what screening results mean, the management of disease through healthy lifestyle choices and changes in behaviors, and how individuals can take control of their overall health and well-being.

Another component of the Healthy Choices and Lifestyles Health Education and Promotion Program will be a social marketing campaign which focuses on reducing public apathy concerning the importance of routine and preventative health care, and encourages proper use of a primary health care provider. Promotion efforts may also include prevention and early screening for chronic diseases and other health indicators, what screening results mean, the positive effects of a proper course of treatment, and chronic disease management with healthy lifestyle changes, diet and exercise.

These health promotion efforts will be accomplished through use of the media and marketing resources. Suggestions were made by Citizens Workgroup members to use members of the public health system and health care community, such as physicians, as public proponents of these measures.

Secondarily, the Healthy Choices and Lifestyles Health Education and Promotion Program encourages collaboration between community public health system members to ensure that a greater number and scope of individuals are being reached and that non-duplication of services is accomplished.

KEY PROGRAM STAKEHOLDERS

Program providers and their staff who are involved in the Healthy Choices and Lifestyles Health Education and Promotion Program, program recipients, health care partners, community members and their families, Knox County Health Department staff, community health clinic staff, and individuals and entities to whom the evaluation results will be provided.

DATA

Health education data will be collected through a confidential log of the number of Program recipients. All data collection will be completed in compliance with HIPAA Privacy Standard Rules and Regulations. Additionally, data may include program evaluations completed by recipients, pre- and post-test results, program inputs and outcomes, as well as community feedback which may be received from the local health care community.

Health promotion data will be qualitative data outlining activities completed and at times a running tally of recipient response. The Community Health Improvement Plan strategy does not identify a specific goal for this portion of the Program; however, these activities would be monitored and amended if necessary during regular Program evaluation.

PROGRAM EVALUATION

The program will be successful if comprehensive Healthy Choices and Lifestyles Health Education is successfully received by the Knox County Community.

The length of Community Health Improvement Plan goals allows for monitoring of indicators identified in the Community Health Improvement Plan; such as, inadequate use of primary and preventative health care, Emergency Department visits individuals who have a primary care

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

provider, and appropriate routine use of a primary care provider. Progress made toward achieving these identified objectives will reflect positively on measures taken to promote overall health and appropriate routine and preventative health care.

Data will also be utilized to justify the value of a program to the community, as well as its contribution to reducing cultural and knowledge-based access to health care concerns. Process evaluation questions which are related to the quality of the program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders of the Program.

RESULTS

Program evaluation results will be reviewed and provided annually to key stakeholders within the local health care community; tabulated programming results will be published in the Knox County Health Department Annual Report.



PROGRAM #3: Chronic Disease Management Resource Program provided in cooperation with local physician offices to keep patients diagnosed with chronic diseases on a prescribed course of treatment by ensuring linkages are provided for access to continuing care.

PURPOSE

The purpose of the program is to ensure that continuing care services and medication are available to individuals diagnosed with chronic disease. The Chronic Disease Management Resource Program will be offered cooperatively with local physician offices and will provide linkages for chronic disease care in support of the positive effects of maintaining a proper

course of treatment; proper medication when required, and disease management via healthy lifestyle choices.

In some instances linkages to care may involve indigent care programs or community health clinic care. These program measures are to propagate chronic disease care in an appropriate setting and discourage patients not receiving care until it becomes emergent and the patient must then receive care in a hospital Emergency Department setting, possibly being admitted.

Secondarily, the Program will involve active alliance between community public health system partners in order to ensure a greater number and broader scope of individuals are able to receive chronic disease care, avoiding unnecessary costly Emergency Department care and duplication of services.

KEY PROGRAM STAKEHOLDERS

Local health care providers, hospitals, program providers and their staff who are involved in the Chronic Disease Management Resource Program, patients and their families, Knox County Health Department staff, community health clinic staff, and individuals and entities to whom the evaluation results will be provided.

DATA

Chronic Disease Management Program data will be collected confidentially by keeping a running tally of Program participants. Data collection will be completed anonymously when applicable in accordance with HIPAA Privacy Standard provisions. The Community Health Improvement Plan identifies changes in behavior as positive outcomes to this program, as such, participants will be monitored for these positive outcomes, and results recorded.

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

Community Health Improvement Plan strategies do not identify specific goals for this Program; however, these case management program activities will be monitored and amended if necessary during Program evaluation.

PROGRAM EVALUATION

The Chronic Disease Management Resource Program will be deemed successful if program recipients receive continuing care services and medication. Additionally, the length of Community Health Improvement Plan goals allows for monitoring of indicators identified in the Community Health Improvement Plan; such as, inadequate use of primary and preventative health care and hospital Emergency Departments. Progress made toward achieving these identified objectives will reflect positively on measures taken to promote overall health and appropriate routine and preventative health care.

Program accomplishments will also be measured against the successfulness of the collaborative relationships amongst participating Knox County Public Health System partners. This secondary purpose of the Program will foster and expand communication and working relationships between System entities.

Collected statistics will also be utilized to justify the value of the program to recipients and the health care community, as well as its contribution to access to primary and preventative health care concerns in Knox County. Process evaluation questions related to the quality of the program, its cost-effectiveness, and importance to the community will additionally be examined during evaluation by key stakeholders.

RESULTS

Program evaluation results will be reviewed and provided annually to key community

stakeholders by distributing results of the Chronic Disease Management Resource Program in written format; tabulated results may be published in the Knox County Health Department Annual Report.



PROGRAM #4: A Preventative Health Care Proponent Program to support to Knox County physicians in recommending routine preventative health care, as well as early and timely medical screenings, to their patients.

PURPOSE

The purpose of this program is to provide support to local physicians in recommending routine preventative health to their patients, as well as early and timely health screenings. Assistance will be available in the form of up-to-date educational programs, written educational materials, and the availability of health screening services. The Preventative Health Care Proponent Program will be offered to local physicians and their staff and will promote and provide resources regarding the positive health effects of early and timely screenings and routine preventative health care.

Finally, the Proponent Program will encourage collaboration among public health system partners to ensure that a greater number and scope of individuals are being reached and that duplication of services is avoided.

KEY PROGRAM STAKEHOLDERS

Physician offices which are involved in the Preventative Health Care Proponent Program, screening program providers and their staff, health care clients and their families, Knox County Health Department staff, community

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

health clinic staff, and individuals and entities to whom the evaluation results will be provided.

DATA

Program data will be collected and a running tally of Program recipients and physician usage maintained. Information recorded will include physician use of the program, including referrals and use of educational resources, the number of individuals referred by their physician, and the number of individuals completing health care screenings. These positive outcomes and results will be recorded in a confidential manner according to the HIPAA Privacy Standards.

The Community Health Improvement Plan strategy does not identify a specific goal for this portion of the Program other than identifying objectives which call the proper use of primary care physicians, regular health care visits, a reduction in inappropriate Emergency Department use, and maintaining a primary care provider. As such, data will be collected and examined pertinent to these goals, in addition to Program evaluation information. All education and promotion activities will be monitored and amended if necessary during regular Program evaluation.

PROGRAM EVALUATION

The Preventative Health Care Proponent Program will be determined successful if the number of individuals utilizing health screening services increases, the number of referrals from physician offices increases, as do the numbers of individuals who maintain routine preventative health care practices for themselves and their families.

Program accomplishments will also be measured against the successfulness of the collaborative relationship among Knox County Public Health System partners. One of the

secondary purposes of Proponent Program is to foster communication and the efficient use of community resources.

Data will also be utilized to justify the value of a program to individuals and the health care community, as well as its contribution to reducing access to health care concerns in Knox County. Process evaluation questions which are related to the quality of the program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders of the Program.

RESULTS

Program evaluation results will be reviewed and provided annually to local physicians and other key community stakeholders by distributing results of the Preventative Health Proponent Program in written format.



PROGRAM #5: Monitoring the Health Care System Public Policy Task Force created to identify and monitor key health care legislative concerns which affect Knox County.

PURPOSE

The purpose of the program is to form a “watch-group” of key stakeholders to monitor and take action regarding legislative health care concerns. Concerns would include issues such as: inadequate fee schedules, delayed payment of claims in government subsidized programs, physician caseloads of patients in government subsidized programs, a decrease in the number of physicians accepting government subsidized programs, etc.

The Monitoring the Health Care System Public Policy Task Force would be formed

PRIORITY HEALTH CONCERN

ACCESS TO PRIMARY AND PREVENTATIVE HEALTH CARE

collaboratively with the Knox County Health Department and other public health system partners, and would be charged with initiating public policy action in instances where legislative issues would adversely affect the Knox County public health system.

KEY PROGRAM STAKEHOLDERS

Local health care and dental providers, local medical and dental association members, members of the Monitoring the Health Care System Public Policy Task Force, Knox County Health Department staff, community health clinic staff, and individuals and entities to whom the evaluation results will be provided.

DATA

Monitoring the Health Care System Public Policy Task Force will inherently, as part of its purpose, maintain demographic data relevant to the status of the health care system in Knox County. This data will be relevant to the watch-group performing the task for which it was created. Additionally, process evaluation data will be collected which reflects the activities and actions of the Task Force.

Additionally, the Community Health Improvement Plan identifies changes in public health behaviors as outcomes to programs. As such, any positive changes to identified health care concerns will be measured in order to reflect positive impact, which may result in part, from the concerted actions of this task force.

Monitoring the Health Care System Public Policy Task Force program activities will be monitored and amended if necessary during annual Program evaluation.

PROGRAM EVALUATION

The Monitoring the Health Care System Public Policy Task Force would be evaluated as a successful effort if resulting data indicates that the partnership has successfully accomplished assigned actions, and that completion of those actions has positively influenced the health care system in Knox County.

Collected statistics will also be utilized to justify the value of the program to the community, dental health care providers, and the overall public health system, as well as its contribution to reducing the lack of access to primary and preventative health care in Knox County. Process evaluation questions related to the quality of the program, its cost-effectiveness, and importance to the community will additionally be examined during evaluation by key stakeholders.

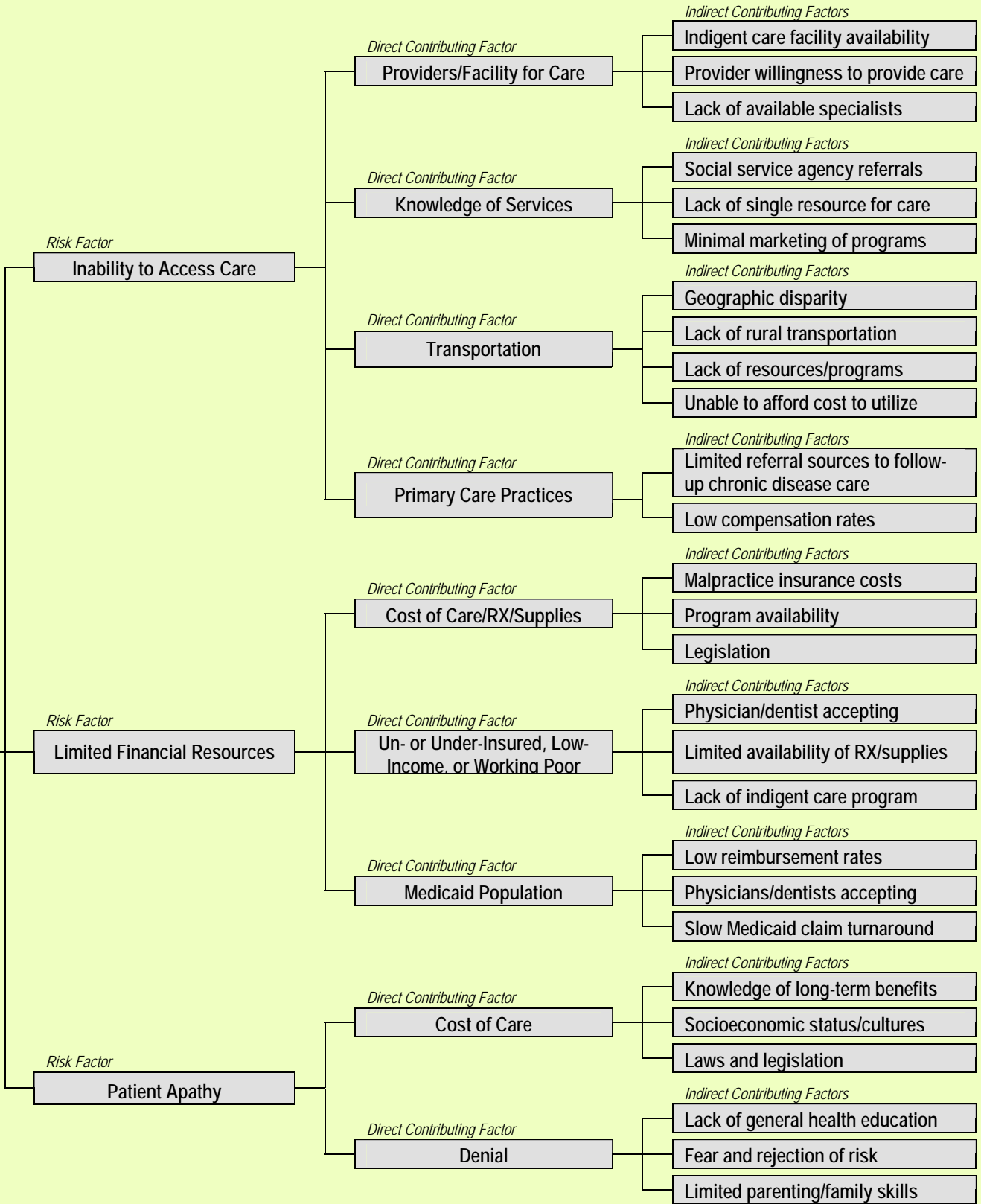
RESULTS

Program evaluation results will be reviewed and provided annually via written reports made by the Monitoring the Health Care System Public Policy Task Force to key community stakeholders.

WORKSHEETS

LACK OF ACCESS TO
PRIMARY & PREVENTATIVE HEALTH CARE

**Lack of
Primary and
Preventative
Health Care**



2006 Knox County Community Health Plan

HEALTH PROBLEM: Lack of Primary and Preventative Health Care	COMMUNITY HEALTH IMPROVEMENT GOAL(S): <ul style="list-style-type: none"> • By the year 2016, reduce by 50%, the prevalence of inadequate use of primary and preventative health care by children and adults in Knox County. • By the year 2011, reduce by 75%, barriers to primary and preventative health care that are access to health care provider related, for Knox County children and adults.
RISK FACTORS: Inability to Access Care Limited Financial Resources Patient Apathy	
CONTRIBUTING FACTORS (direct & indirect): Lack of Providers/Facilities for Care Indigent Care Facility Availability Lack of Available Specialists Transportation – Lack of Resources, Cost Primary Care Practices – Low Compensation Rates Geographic Disparities Medicaid Population; Slow Claims Reimbursement Cost of Care Denial, Lack of General Health Education Socioeconomic Status and Cultural Differences Malpractice Insurance Costs Cost of Prescriptions and Medical Supplies Primary Care Practices – Limited Referral Resources Lack of Single Resource for Care Uninsured or Underinsured Low-Income and Working Poor Rural Transportation Concerns	COMMUNITY HEALTH IMPROVEMENT OBJECTIVE(S): <ul style="list-style-type: none"> • By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical care due to cost, to no more than 5%. • By the year 2011, increase the proportion of Knox County adults who have a primary care provider for themselves and their families to at least 95%. • By the year 2011, decrease the proportion of Emergency Department visits attributed to Knox County children six years of age and under, that are in lieu of primary care, to no more than 15% of total ED visits. • By the year 2011, decrease the proportion of Knox County children aged 18 years and under who have not had a health care visit to their primary care doctor or clinic within the past twelve months to no more than 10%.
RESOURCES FOR PROGRAMMING: Health care providers Physician offices Knox County Health Department Schools and Colleges Faith community YMCA Illinois Department of Public Health University of Illinois Extension Civic and business groups Labor unions Human service organizations Clubs and organizations Chamber of Commerce Local media outlets Pharmacies Meal sites	COMMUNITY HEALTH IMPROVEMENT STRATEGIE(S): <ul style="list-style-type: none"> • Community Health Clinic to ensure access to the provision of health care services for Medicaid, low-income, uninsured or under-insured individuals and families. • Focused overview of available chronic disease resources within Knox County and ensure that linkages are provided for continuing care. • Collaborate with Knox County physicians to promote a culture of accessing health care for routine and preventative health services. • Community programming regarding the health and cost benefits of treatment prior to emergency care. • Marketing campaign to address public apathy concerning the importance of routine and preventative health services, and health care literacy. • Program which provides access to prescription drugs and medical supplies for Knox County residents. • Public policy efforts to address fiscal issues inherent in government subsidized programs.
BARRIERS: Inability to afford care, prescription medication, or supplies Cost, Lack of health insurance Minimal providers accepting public aid Lack of transportation Resources Fear of health care visits Lack of knowledge of resources Attitudes, Beliefs about health care Limited understanding of long-term benefits Public perceptions about risks/benefits Increasing medical costs	

2006 Knox County Community Health Plan

DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

- U.S. Census estimates that, in 2002, 13.1 % of Knox County residents were in poverty; 17.7% of children aged 0-17 years were.
- In January 2004, 25.7% of Knox County residents were receiving Medicaid; a 25.7% increase from ten years earlier.
- Over one in seven, or 13.7% of Knox County residents were unable to receive needed health care for themselves or their family due to cost; this is twice the 1998 survey rate of 7.8%.
- Financial reasons are cited most often for not receiving care and include: of those not receiving care, 82.2% cite financial reason and high cost of care; 54.8% state lack of insurance as the primary reason; and 29.6% are unable to afford their deductible cost.
- In 2004, only 84.9% of County residents self-reported report having a health insurance plan; much lower than the 1997 rate of 90.1%.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

- Investigate models for the provision of health care services to Medicaid, low-income, uninsured or under-insured individuals and families.
- Form steering committee of local public health system partners to establish and coordinate operation of community health clinic.
- Establish fiscal resources, community partnerships, and accepted policies and procedures to cooperatively ensure the provision of advanced health care services to community health clinic patients within the local health care system.
- Establish an available chronic disease resource listing for Knox County residents diagnosed with chronic disease; ensure that linkages are provided for access to continuing care.
- Provide comprehensive programs and tools for Knox County residents which educate and encourage individuals to adopt a preventative approach to health care and improve the health care literacy of individuals.
- Establish programs to allow access to prescription drugs and medical supplies for Knox County residents; either through use of the community health clinic or in-kind provision of health care and/or supplies from medical community.
- Provide comprehensive programs which educate and support individuals seeking primary health care services prior to emergency or acute care becoming necessary; include the improper use of Emergency Departments.
- Establish a resource which provides Knox County physicians support in stressing the importance of, and recommending to their patients that they seek health care for routine and preventative health services.
- Coordinate a community marketing campaign which addresses public apathy with regard to the importance of routine and preventative health services, and encourages proper use of a primary health care provider.
- Initiate community group to address legislative public policy efforts related to inadequate fee schedules and delayed payment of claims in government subsidized programs.
- Track physician caseloads of patients with healthcare covered by government subsidized programs in order to monitor for a possible decrease in the number of physicians accepting these programs due to increasing caseloads, low fee schedules and delayed payment of claims.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

Health care providers	Schools/Colleges	Meal sites	Illinois Department of Public Health	Civic and business groups
Local media outlets	Pharmacies	YMCA	University of Illinois Extension	Human service organizations
KCHD	Faith community	Labor unions	State and Local Dental Associations	Clubs and organizations

Evaluation Plan:

Programs

1. Access to Health Care Services Steering Committee
2. Healthy Choices and Lifestyles Education and Promotion Program
3. Chronic Disease Management Resource Program
4. Preventative Health Care Proponent Program
5. Monitoring the Health Care System Public Policy Task Force

Purpose

The purpose of the proposed programming is to promote, and provide support and infrastructure to effectively address cultural, knowledge-based, and physical community health concerns related to access to health care services for primary and preventative care.

2006 Knox County Community Health Plan

Key Stakeholders

Health care providers and their staff, community health clinic staff, Knox County Health Department staff, program recipients, participants, and their families, individuals who will utilize the evaluation information, Board of Health, steering committee members, and members of the public health system.

Data

Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

Program Evaluation

The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution in reducing access to health care concerns in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern of a lack of access to health care for primary and preventative health care.

Information Distribution

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

Community Health Improvement Goals:

By the year 2016, reduce by 50%, the prevalence of inadequate use of primary and preventative health care by children and adults in Knox County.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they seen a health professional for care during the past twelve months was 71.7%. Nationally, during 2002-2003, 17% of adults aged 18-64 years had no usual source of health care. Also in 2002-2003, 12 % of children aged 18 years and under had no health care visit to a doctor or clinic within the past twelve months; and 6% six percent of those children had no usual source of health care. Additionally, 27% of children under six years of age had an Emergency Department visit within the past twelve months in 2003.

Healthy People 2010: Increase the proportion of persons appropriately counseled about health behaviors: i.e.: physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, unintended pregnancy, sexually transmitted disease, and menopause.

By the year 2011, reduce by 95%, barriers to primary and preventative health care that are access to health care provider related, for Knox County children and adults.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

Over one in seven (13.7%) of Knox County adults reported in the household survey that during the past year at least one person in their home had needed health care but was unable to receive it. Most cited were financial reasons/ cost of care, 82.2%; followed by lack of health insurance coverage, 54.8%; and could not afford deductible, 29.6%. 11.7% of Knox County residents cited that they had lost, or couldn't afford medical insurance; while 10.9% stated that they couldn't afford prescription medicines.

Healthy People 2010: Increase the proportion of persons who have a specific source of ongoing care. Target: All ages: 96%, children and youth aged 17 years and under: 97%, adults aged 18 years and older: 96%; Baseline: All ages: 87%, children and youth aged 17 years and under: 93%, adults aged 18 years and older: 85%.

2006 Knox County Community Health Plan

Community Health Improvement Objectives:

By the year 2011, increase the proportion of Knox County adults who have a primary care provider for themselves and their families to at least 95%.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they have a usual person as a health care provider was 84.4%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they think of one person as their personal doctor was 81.8%.

Healthy People 2010: Increase the proportion of persons with a usual primary care provider. Target: 85%; Baseline: 77% of the population had a usual primary care provider in 1996.

By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical care due to cost, to no more than 5%.

Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004)

Percentage of Knox County adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 9.6%%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 11.1%.

The percentage of Knox County adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.3%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.6%.

Healthy People 2010: Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members. Target: 7%; Baseline: 12% of families experienced difficulties or delays in obtaining health care or did not receive needed care in 1996.

By the year 2011, decrease the proportion of Emergency Department visits attributed to Knox County children six years of age and under, that are in lieu of primary care, to no more than 15% of total ED visits.

Baseline: (Health United States, 2005; U.S. Department of Health and Human Services)

During 2003, 27% of children under six years of age had an Emergency Department visit within the past twelve months in 2003.

Healthy People 2010: Increase the proportion of persons appropriately counseled about appropriate health behaviors and care, physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, primary health care etc.

By the year 2011, decrease the proportion of Knox County children aged 18 years and under who have not had a health care visit to their primary care doctor or clinic within the past twelve months to no more than 10%.

Baseline: (Health United States, 2005; U.S. Department of Health and Human Services)

During 2002-2003, 12 % of children aged 18 years and under had no health care visit to a doctor or clinic within the past twelve months; and 6% six percent of those children had no usual source of health care.

Healthy People 2010: Increase the proportion of persons appropriately counseled about appropriate health behaviors and care, physical activity and exercise, diet and nutrition, smoking cessation, alcohol consumption, childhood injury prevention, primary health care etc.

Community Health Improvement Strategies:

- Community Health Clinic to ensure access to the provision of health care services for Medicaid, low-income, uninsured or under-insured individuals and families.
- Focused overview of available chronic disease resources within Knox County and ensure that linkages are provided for continuing care.

2006 Knox County Community Health Plan

- Collaborate with Knox County physicians to promote a culture of accessing health care for routine and preventative health services.
- Community programming regarding the health and cost benefits of treatment prior to emergency care.
- Marketing campaign to address public apathy concerning the importance of routine and preventative health services, and health care literacy.
- Program which provides access to prescription drugs and medical supplies for Knox County residents.
- Public policy efforts to address fiscal issues inherent in government subsidized programs.