

Goals Surrounding Poor Physical Health Maintenance:

Goal 1: To improve weight management and quality of life for Hancock County residents through encouragement of regular physical activity.

Impact Objectives (2-3 years):

1. By 2023, there will be a 2% increase in Hancock County Adults who meet physical activity guidelines (150 min per week).
 - a. Can be measured using the Illinois County Behavioral Risk Factor Surveillance Survey. The next round of the survey (Round 7) will be completed in early 2023.
 - b. The previous survey (Round 6) collected in the years 2017-2018 found that 43.8% of Hancock County adults met the physical activity guidelines.

Outcome Objectives (5+ years):

1. By 2027, there will be a 5% decrease in the number of adults who are considered overweight or obese based on Body Mass Index screening tool.
 - a. Could be measured using the Behavioral Risk Factor Surveillance Survey. The current level of obesity from Round 6 was 69.6% of adults. However, would have to wait until a Round 8 survey was performed (which has not been announced).
 - b. Could also be measured by looking at hospital records (number of patients currently in our system who would be classified as overweight or obese compared to the number of patients with the same classification in 2027) and other county records.

Success Indicator Measurement:

1. Illinois Behavioral Risk Factor Surveillance Survey Round 7 (Released in 2023)
2. Hospital records of BMI from patient physicals.
- 3.

Interventions:

- Work with community leaders to establish grassroots community-led fitness groups in each of the major Hancock County communities.
 - MH, HCHD, PHIT
- Work with community park districts to establish recreational programming geared towards adults.

- E.g. Golf leagues, Frisbee golf, volleyball, basketball, walking groups, group dancing, water aerobics, community 5k runs
 - MH, HCHD, FOCUS Fitness, City Park Districts
- Collaborate with WIU Department of Kinesiology to provide new adult fitness sessions led by WIU undergraduate/graduate students for the local community.
 - MH, HCHD, FOCUS Fitness
- Develop a process to train local community members to teach fitness classes (Zumba, Pound, AMPD, yoga, etc.).
 - Could utilize local high school or college students to lead sessions (they gain experience in leadership and earn money, while the community has access to additional fitness leaders).
 - Investigation into the logistics of doing this (costs, credentialing, scheduling).
 - MH, HCHD, FOCUS Fitness
- Monthly marketing of county recreational resources and programming from both MH and HCHD social media.
- Work with local schools to establish community “open gyms” to allow community members to utilize school recreational facilities during non-school hours.
 - MH, HCHD, School Districts
 -

Goal 2: To reduce food insecurity and poor nutrition in Hancock County through educational campaigns and increased awareness of current resources.

Impact Objectives (2-3 years):

1. By 2024, 5% of Hancock County residents will be educated on proper nutrition, food preparation, food shopping on a budget, and cooking under limited food options through participation in community nutrition education programs and social media.
 - a. Would be measured by the number of interactions with nutrition education events and social media posts. Each interaction could translate to 1 additional person receiving some form of nutrition/food education.
 - b. 5% of Hancock County would equate to 890 people.

2. By 2024, 5 restaurants in Hancock County will offer identified healthy food options to customers.

Outcome Objectives (5+ years):

1. By 2027, 10% of Hancock County residents will be educated on proper nutrition, food preparation, food shopping on a budget, and food shopping under limited resources through participation in community nutrition education programs and social media.
 - a. Would be measured by the number of interactions with nutrition education events and social media posts. Each interaction could translate to 1 additional person receiving some form of nutrition/food education.
 - b. 10% of Hancock County would equate to 1,780 people.

2. By 2027, 10 restaurants in Hancock County will offer identified healthy food options to customers.

Success Indicator Measurement:

- Measured participation at county nutrition education events through event sign-ins, and counts of interaction from the
-
- public on online educational content
- Pre-Survey/Post-Survey of county restaurants for identification of healthy food options

Interventions:

- Develop educational video series on food preparation, food shopping on a budget, food shopping with limited food options, and proper nutritional guidelines (variety, quality, quantity)
 - Could be produced through collaborative work of dietician, Health and Wellness Center, and HCHD health educators.
- Monthly social media posts on nutrition, healthy eating, and food resources.
 - MH and HCHD
- Create a healthy-cooking educational cookbook with healthy food recipes and additional information on nutrition and sources of food access in Hancock County (food pantries, grocery stores, Hancock County Food for Thought).
 - It looks like a cookbook is already in development by Ashlyn Housewright as an employee wellness activity. Could probably piggy-back off of this one.
 - MH and HCHD
- Identify existing county food sources (pantries and food stores) and collect information on how to access/utilize them and what types of foods they offer.

- HCHD
- Meet with county restaurant owners to discuss development and promotion of healthy food options.
 - PHIT team is already planning on doing this.
 - Goal was for 5 restaurants to offer healthy food options by 2024 and 10 restaurants to offer it by 2027.
 - MH, HCHD, PHIT
- Work with Food For Thoughts in Hancock County to identify methods to increase the awareness and use of their services for students in need in Hancock County.
-

Goal 3: To improve the self-management of chronic diseases for Hancock County residents.

Impact Objectives (2-3 years):

1. By 2024, 3% of adults in Hancock County would receive a screening for diabetes/prediabetes.
 - a. This would have to be measured using hospital records (screenings performed in-house) and records from community screening clinics.
 - b. This would equate to screening an additional ~550 people for diabetes.

2. By 2024, 5% of adults in Hancock County would receive a screening for hypertension (high blood pressure).
 - a. This would have to be measured using hospital and health department records (screenings performed in-house) and records from community screening clinics.
 - b. This would equate to screening an additional ~ 890 people for hypertension.

3. By 2024, the number of people diagnosed with diabetes or prediabetes who receive local diabetes self-management education would increase by 10% from the current 2021 utilization.
 - a. Have to collect baseline data of diabetes self-management education course usage from Pam Hartzell/Ashlyn Housewright and compare it to the number of county residents identified as diabetic or prediabetes.

Outcome Objectives (5+ years):

1. By 2027, the number of people diagnosed with diabetes who have their blood sugars under control would increase by 5%.

a. This would have to be measured using hospital records. Would have to look at the number who currently have blood sugars under control and then compare that to the number that have blood sugars under control in 2027.

b. Might also be able to use ACO data?

2. By 2027, the number of people diagnosed with hypertension who have their blood pressure under control would increase by 5%.

a. This would have to be measured using hospital records. Would have to look at the number who currently have blood pressure under control and then compare that to the number that have blood pressure under control in 2027.

b.

c. Might also be able to use ACO data?

Success Indicator Measurement:

- Hospital records
- Records on diabetes and hypertension screenings performed.
- Records from Diabetes Health and Wellness Center

Interventions:

- Hold four Free A1C screening clinics per year at various community events in Hancock County.
 - Materials and solutions have already been purchased using the Clinically Integrated Grant.
 - MH, HCHD
- Collaborate with other community groups (Emergency Medical Services, Carl Sandburg College, Medical Reserve Corp) to hold four free blood pressure screenings per year at various community events in Hancock County.
 - MH, HCHD
- Provide a follow up call/email to all individuals screening positive for prediabetes to suggest they follow up with the Diabetes Self-Management Education Program.
 - MH
- Provide a follow-up call/email to all individuals screening positive for hypertension to follow up with their provider regarding blood pressure management.
 - MH, HCHD
- Develop diabetes management education packets to be given to clinic patients who screen positive for prediabetes in the clinics or for general distribution to Hancock County Health Department patients.
 - MH

- Develop hypertension management education packets to be given to clinic/health department patients who screen positive for hypertension in the clinics or health department
 - MH, HCHD
 -