

Perry County

2012 - 2017 IPLAN



Prepared by:
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Board of Health Letter



Public Health
Prevent. Promote. Protect.

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September 10, 2013

Tom Szpyrka
Division of Health Policy
Illinois Department of Public Health
525 W. Jefferson Street
Springfield, IL 62761

Dear Mr. Szpyrka:

Enclosed is the Illinois Project for Local Assessment of Needs. The Perry County Board of Health has reviewed and approved the assessment and health plan to reduce the number of adverse health outcomes associated with cardiovascular disease, cancer(colorectal, prostate, and lung), and obesity in Perry County.

The Perry County Health Department will work diligently to take actions to improve the health of this community and collaborate with other groups or agencies to improve our efforts. We will make building networks and seeking new and innovative programs and these three health concerns.

Sincerely,

Brice Harsy
Board President
Perry County Board of Health

II. Executive Summary

Introduction and History of Community Planning in Perry County

Perry County Health Department has worked with the community to identify and address priority health problems. Working with our community partners, an assessment was conducted, priority health problems were identified, and a five-year plan was developed. This planning process has changed the programming in Perry County. The efforts made toward the completion and implementation of this process will greatly impact the vision of the Health Department. The IPLAN process has been effective at increasing partnerships, establishing collaborative programming, and focusing community resources on priority health problems. During this five-year plan, programming initiative will be channeled toward funding and utilization of community resources to make strides to improve Perry County.

The Perry County Healthy Community Coalition (PCHCC) became the foundation from which the health priorities were set (Appendix A Roster). Prevention and health promotion activities were focused on by the PCHCC and Perry County Health Department. Implementation of the plan will be carried out through this collaboration. Priorities that were chosen are Cardiovascular Disease, Cancer (prostate, lung, and colorectal), and Obesity. Members will continue to network with the Healthy Southern Illinois Delta Network that was formed to include representatives from the lower 16 counties in Illinois.

III. Community Health Assessment Process

A. Purpose

The community health assessment process is designed to identify the major health problems on which to focus community resources in Perry County. The basis for developing plans to improve the health of Perry County was developed from the priority health problems identified.

The information will be used to facilitate the development of a comprehensive public health plan to target the needs of the community. The Perry County Health Department will work to develop programs and activities to address the priorities identified from the research.

Identifying community health needs of Perry County will influence the planning activities and priorities of the health department, and influence necessary policy changes that will reduce the effects of the identified health issues.

B. Description of Community

Perry County is a county located in southern portion of Illinois. Evaluation of the profile of the community is essential to understand the needs of the community and develop a plan to address the needs.

Cities within Perry County are Pinckneyville, DuQuoin, Tamaroa, St. John's, Cutler, and Willisville. Pinckneyville is the county seat. The city with the largest population is DuQuoin. Perry County is 44% urban and 56% rural. The nearest metropolitan area is over 70 miles away. There are two hospitals, one located in Pinckneyville and one in DuQuoin both with limited services.

According to the 2010 census, it has a population of 22,350, which is a decrease of 3.2% from 23,094 in 2000. Races in Perry County, Illinois; White Non-Hispanic Alone (87.1%), Black Non-Hispanic Alone

(8.3%), Hispanic or Latino (2.7%), Two or more races (1.2%). The Median age of residents is 39 years old comparable to Illinois at 36. Male population is 54.8% with the female population being 45.2%.

The types of workers are broken down as follows; Private wage or salary: 77%, Government: 15%, and Self-employed, not incorporated: 7%. Industries providing employment include Manufacturing (22.7%), Educational, health and social services (20.3%), Retail trade (11.6%). The estimated household income is \$38, 549 in comparison the Illinois being \$53, 966. Resident with income below the poverty level in Perry County is 13.2% with the state as a whole 10.7%. Unemployment rate as of June 2013 is at 12%

The high school graduation rate is 83%. Citizens with a bachelor's degree or higher is 13.9%.

C. Community Participation

The Perry County Healthy Community Coalition (PCHCC) was formed in 2010 (Roster list included in appendix A). The focus of the coalition is to assist in making the citizens of Perry County healthier and make changes as a collaborative group. The members of the coalition represent Perry County Health Department, Marshal Browning Hospital, Pinckneyville Hospital, Perry County Counseling Center, Child Advocacy Center, Local School Districts, Southern Illinois Healthcare, American Cancer Society, American Heart Association, and Health Fitness Centers. This group, health department staff and the Board of Health was utilized to assist in the IPLAN process. It was decided to use this population of participants and not reach out further due to the time constraint to finish this round of the IPLAN.

The process included both a review of existing health data regarding community and health statistics by including survey, health department staff, and community partners. Health problems were prioritized through a group process during staff and coalition meetings. Community partners utilized their experience and perceptions of health problem to determine the priorities and the focus of the community.

D. Data Summary and Findings

After the initial review of common indicators, more in-depth research of all of the indicators in the seven IPLAN domains was conducted in June 2013. The Illinois Public Health Institute provided technical assistance with this process. In the first stage, the information included in the IPLAN database and IQuery was assessed. Unfortunately, due to the age of much of this data, additional data sources were sought out. The sources listed in the IPLAN database and IQuery were used first, and if they did not include the necessary data, other sources were found. In addition to the IPLAN database, information on indicators was collected from the following sources:

- Behavior Risk Factor Surveillance Survey
- IDPH Vital Statistics

- Center for Disease Control and Prevention
- The National Cancer Institute
- The Institute of Health Metrics and Evaluation
- CHNA.org (A project of Community Commons)

For a more robust assessment, additional indicators were found, including the number of children in poverty, the population below 200% of the poverty line, cancer mortality, diabetes prevalence, and rates of excess drinking.

Because of the size of Perry County, some data was unavailable. For example, the CDC Wonder system withholds statistics about deaths below a certain threshold. Therefore CDC Wonder would not release any information about suicides in Perry County. These gaps are noted throughout the Community Health Assessment.

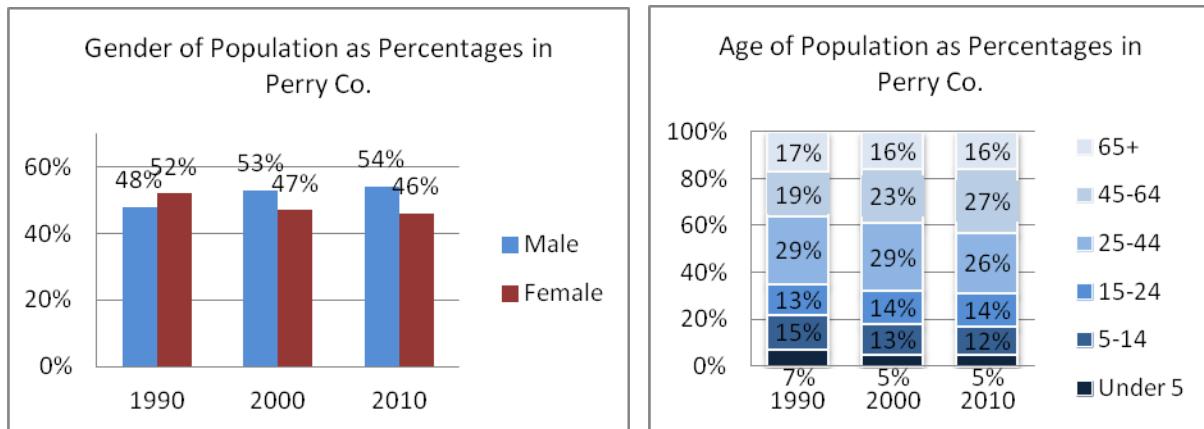
IPLAN Category 1: Demographic and Socioeconomic Indicators

Demographic Indicators:

Using data collected in the Census in 1990, 2000, and 2010, the changes in the composition of Perry County can be easily tracked. The total population has fluctuated from 21,412 in 1990, to 23,094 in 2000, to 22,350 in 2010. In the last twenty years the population of Perry County has increased from 48% male to 54% male, whereas the gender breakdown of Illinois and the United States have remained consistent at 51% women and 49% men (Figure 1).

Figure 1

Figure 2



Source: US Census Bureau

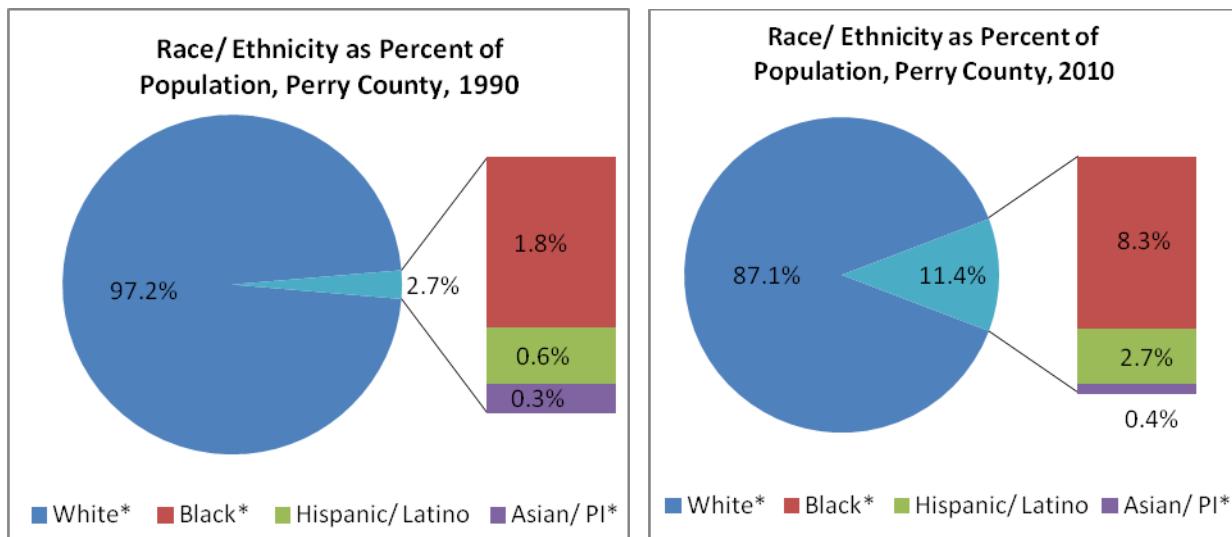
Source: US Census Bureau

Figure 2 shows the breakdown of the population by age group. The population has been aging over time. Most notably the 45-64 year old age group has grown by eight percentage points since 1990.

Perry County has been growing more racially and ethnically diverse over time. Since 1990 the percentage of people of color has risen by almost ten percentage points from 2.7% to 11.4%. The population of black individuals grew from 1.8% in 1990 to 8% in 2000, and that proportion remained steady from 2000 to 2010. The population of Hispanic/Latino individuals increased from 0.6% of the total population in 1990 to 2.7% in 2010. Figures 3 and 4 (on the following page) shows the race and ethnicity for Perry County by percentage of population, and the table in Figure 5 includes data for Illinois.

Figure 3

Figure 4



Source: US Census Bureau

Source: US Census Bureau

Figure 5

Race/ Ethnicity as a Percentage of Population						
	1990		2000		2010	
	Perry Co.	IL	Perry Co.	IL	Perry Co.	IL
White*	97.2%	74.8%	89.0%	67.8%	87.1%	63.7%
Black*	1.8%	14.7%	8.0%	15.0%	8.3%	14.3%
Hispanic/ Latino	0.6%	7.9%	1.8%	12.3%	2.7%	15.8%
Asian/ PI*	0.3%	2.4%	0.3%	3.4%	0.4%	4.5%
Native American*	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%
Two or More Races*	N/A	N/A	0.7%	1.3%	1.3%	1.5%

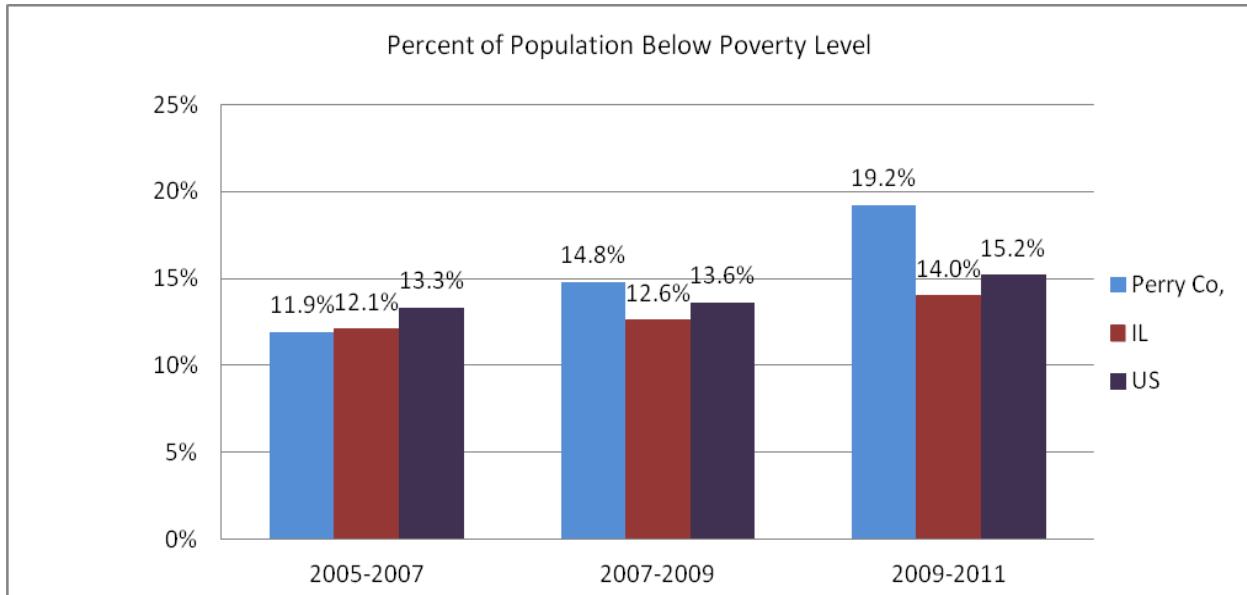
Source: US Census Bureau

* non-Hispanic

Socioeconomic Indicators:

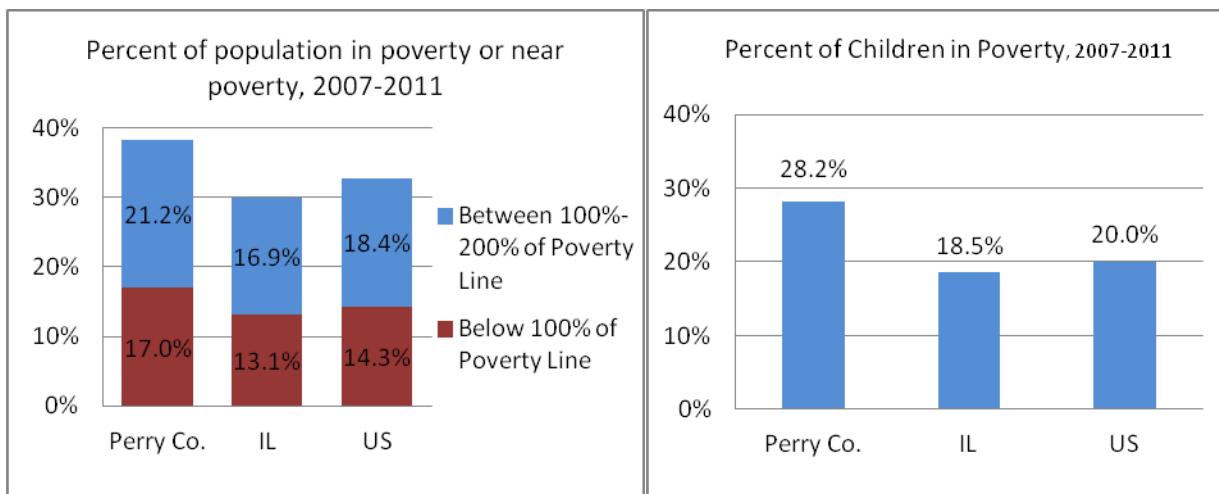
Nineteen percent of Perry County residents live below the federal poverty level according to the Census' most recent estimates from the American Communities Survey 2009-2011, and children were even more susceptible to living in poverty with 28% of children under 18 living in poverty. For 2011, the Federal Poverty Level was set at \$11,484 for an individual and \$23,021 for a family of four. Because the poverty line is so low, it is also useful to look at the population living under 200% of poverty in order to have a more complete understanding of low-income population; in Perry County, 38% of residents live below 200% of poverty in 2007-2011 (\$22,968 for an individual and \$46,042 for a family of four).

Figure 6



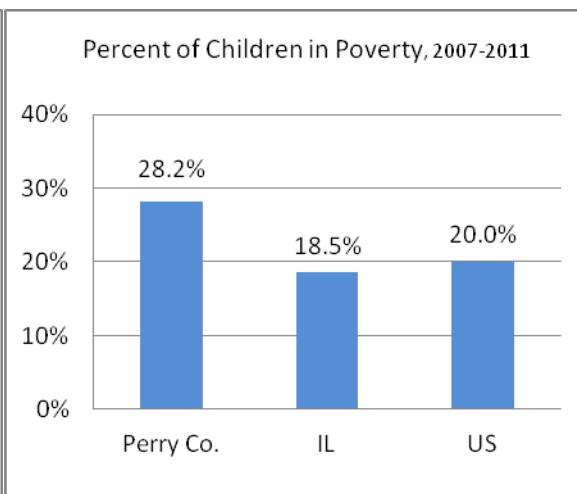
Source: US Census Bureau

Figure 7



Source: CHNA.org, reporting US Census data

Figure 8

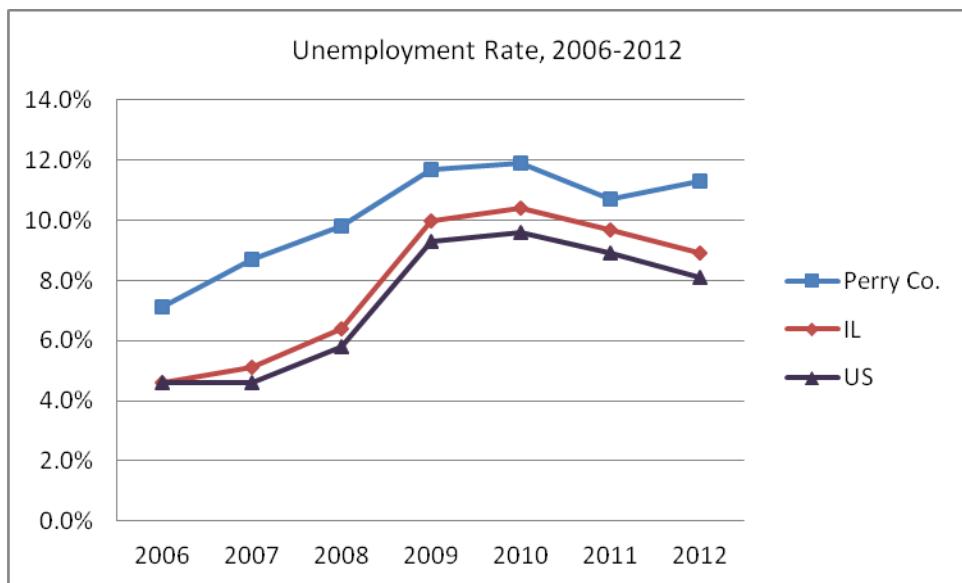


Source: CHNA.org, reporting US Census data

The unemployment rate in Perry County has been higher than the average for the state and nation for several years (Figure 9). As with the rest of the United States, there was an increase in unemployment due to the 2008 recession. In 2012, Perry County had an unemployment rate of 11.3% (Illinois 8.9%, US 8.1%).

Over the last two decades, Perry County has experienced a substantial shift in educational attainment. Between 1990 and 2010, the percentage of the population in Perry County who are not high school graduates declined by 15 percentage points (Figure 10). While this is still above the average in Illinois and the United States, Perry County has been closing this gap. There was almost a nine percentage point gap with Illinois in 1990, and it was reduced to a four percentage point gap in 2010. In the 2012-2013 school year, Pinckneyville Community High School had a graduation rate of 81.7%¹ and a dropout rate of 0.7%. DuQuoin High School had a graduation rate of 86.1% and a dropout rate of 2.3%.

Figure 9



Source: Illinois Department of Employment Security

Figure 10

¹ The graduation rate only includes students who graduate with a regular high school diploma in four years or less as a high school graduate in the original cohort—that is, the cohort with which he or she started 9th grade. A student with a disability who does not graduate with a regular high school diploma, but instead receives an alternative diploma, certificate of completion, or any other degree or certificate that is not fully aligned with a state's academic content standards may not be counted as graduating in calculating the graduation rate. (Illinois Interactive Report Card)

² High school dropout rate is the number of dropouts, divided by the fall enrollment (not including postgraduates), multiplied by 100. Dropouts include students in grades 9-12 whose names have been removed from the district-housed roster for any reason (such as, moved not known to be continuing, transfer to GED program, and age out) other than death, extended illness, graduation/completion of a program of studies, transfer to another public/private school, or expulsion. (Illinois Interactive Report Card)

Percent of Population Over 25 Who Are Not High School Graduates

	Perry Co.	IL	US
1990	32.2%	23.9%	24.8%
2000	27.6%	18.6%	19.6%
2007-2011	17.0%	13.4%	14.6%

Source: US Census Bureau

IPLAN Category 2: General Health and Access to Care

Mortality Indicators:

The Crude Mortality Rate per 1000 people in Perry County in 2010 was 1.12 compared to 7.78 in Illinois. The leading causes of deaths (with the percentage of deaths) in 2009 were:

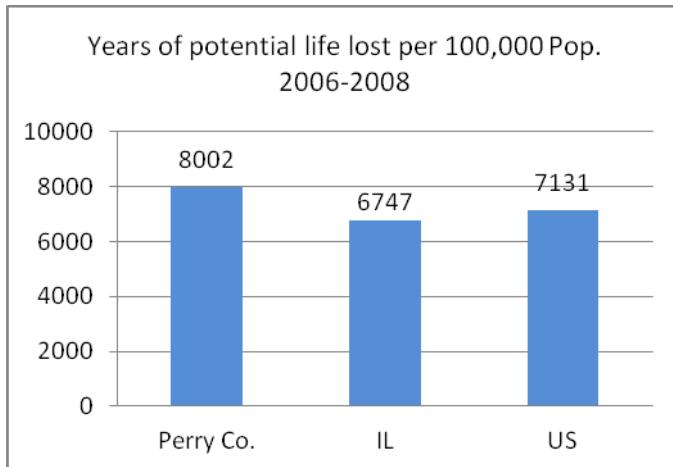
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|---|-------|
| 1) Disease of the Heart | 27.9% |
| 2) Malignant Neoplasms | 21.7% |
| 3) Chronic Lower Respiratory Diseases | 7.1% |
| 4) Cerebrovascular Diseases | 5.3% |
| 5) Nephritis/ Nephrotic Syndrome/ Nephrosis | 4.9% |

* All other causes of death accounted for 33.1% of deaths.

In 2005 and 2006, malignant neoplasm and accidents combined accounted for more years of potential life lost (YPLL)³ than any other cause. When presented as a rate, YPLL indicates the severity of premature death in a population. Figure 11 shows years of potential life lost per 100,000.

Figure 11

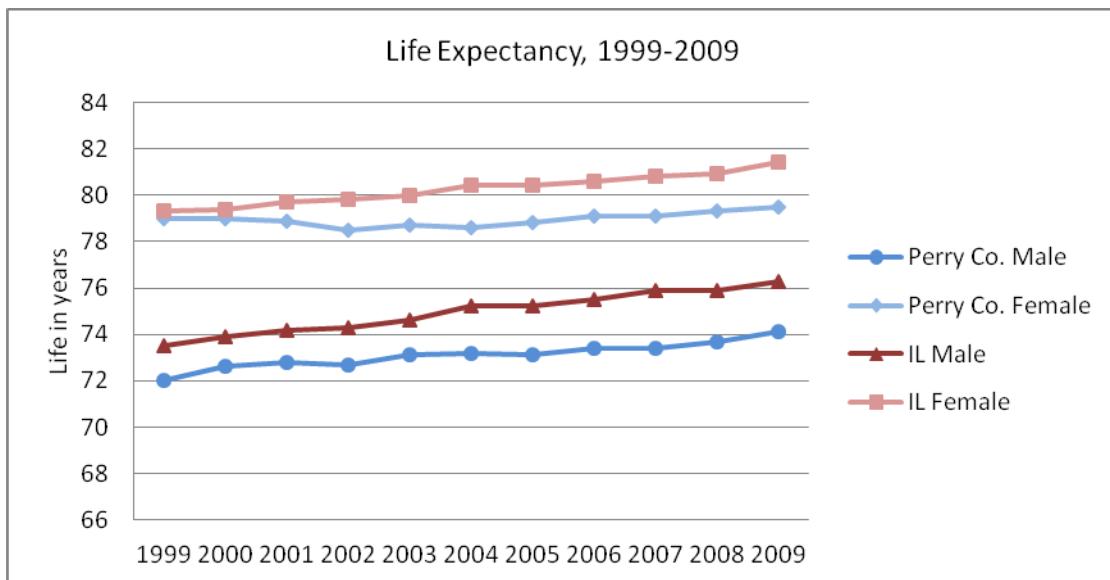
³ Years of potential life lost (YPLL) measures the number of years between a person's death and their 75th birthday, if they died before their 75th birthday.



Source: CHNA.org, reporting National Vital Statistics System data

Life expectancy for men in Perry County in 2009 was 74.1 years and for women it was 79.5 years, which is two years below the national average for men and three years below the national average for women. The 10-year trends for the state and county are in Figure 12 and show that Perry County's life expectancy has similar increasing trends to Illinois over time, but average life expectancy in the county remains lower than Illinois for both men and women.

Figure 12



Source: Institute of Health Metrics and Evaluation, University of Washington

Access to Care

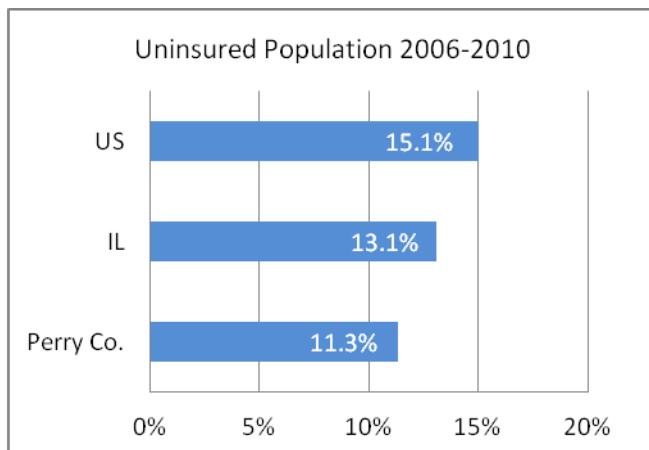
Thirty-five percent of the total population of Perry County lives in a designated Health Professional Shortage Area (HPSA) - areas with limited access to primary care, dental or mental health care⁴. This compares to 25% of Illinois and 20% of the United States. The primary care provider rate is also low in Perry County - 53.69 providers per 100,000 people in Perry County compared to 94.5 for Illinois and 84.7 for the US.

Individuals seeking primary care for obstetric have one doctor that practices within the county. Local hospitals have begun to outreach to have healthcare providers from adjacent counties provide clinics for convenience. Hospitals in Pinckneyville and DuQuoin are networking with surrounding area to provide specialty clinics for residents.

In BRFSS survey data from 2006-2010, only 9.6% of respondents in Perry County reported that they do not have a personal doctor or health care provider. This is substantially lower than Illinois (16.4%) and the US (19.3)⁵, suggesting that a greater proportion of the population does have access to a primary care doctor, in contrast with the HPSA analysis.

Perry County has a smaller proportion of uninsured individuals compared to the US and Illinois, as shown in Figure 13. With implementation of the Affordable Care Act, it will be important to be aware of which populations continue to be uninsured and underinsured.

Figure 13



Source: CHNA.org, reporting Census Bureau Data

⁴ HPSAs are determined by the US Health Resources and Services Administration. They designate areas with a shortage of, or populations with limited access to, primary medical care, dental care, or mental health care.

⁵ This data was collected through the Center for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS)

The number of Medicaid enrollees in Perry County has risen over time, but showed a small decline in 2011, as shown in Figure 14. In any given year, approximately half of enrollees are children.

Figure 14

Medicaid Enrollees, 2006-2009						
Year	2006	2007	2008	2009	2010	2011
Enrollee s	3,878	4,234	4,523	4,617	4,914	4,745

Source: IL Department of Healthcare and Family Services

IPLAN Category 3: Maternal and Child Health

In each year between 2005 and 2009, there were slightly over 200 live births each year. Over that period, there were between 0 and 3 infant deaths each year. The Illinois Department of Public Health has not calculated an infant mortality rate because of the low count.

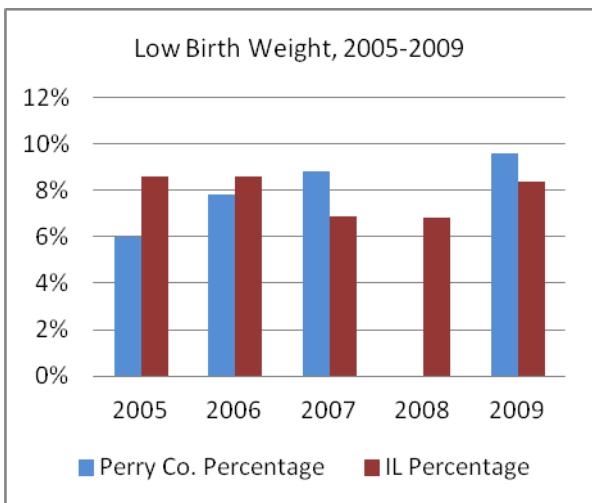
The number of low birth weight⁶ infants has been increasing over time. Figure 15 shows a comparison of the percentage of low-weight births in Perry County and Illinois⁷

Figure 15

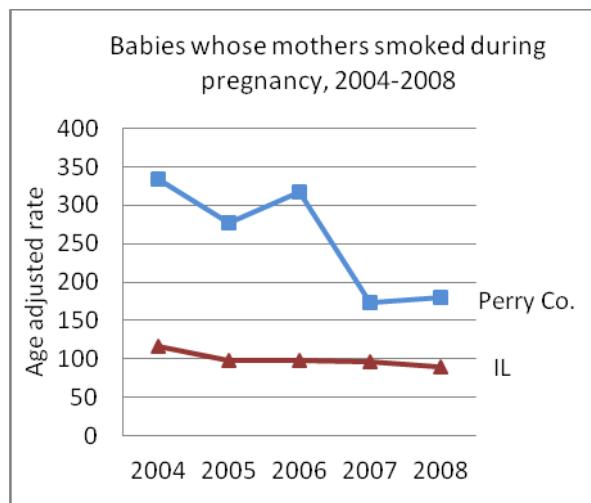
Figure 16

⁶ Low birth weight is defined as less than 2,500 grams.

⁷ 2008 data was not available for Perry County.



Source: IQQuery



Source: IQQuery

Multiple indicators of prenatal care were assessed as part of this IPLAN, and they present a complex situation. Figure 16 show the age-adjusted rates for babies whose mothers smoked during pregnancy. While the rate is substantially higher than in Illinois, the rate has declined sharply over time. The number of mothers who received prenatal care in the first trimester increased between 2003 and 2006, the year of most recent data (Figure 17). At the same time, there was a decline in the rate of women who fell in the adequate rating of both the Kessner Index⁸ and the Kotelchuck Index of Prenatal Care⁹. The rates of adequate ratings for the Kessner Index are shown in Figure 18.

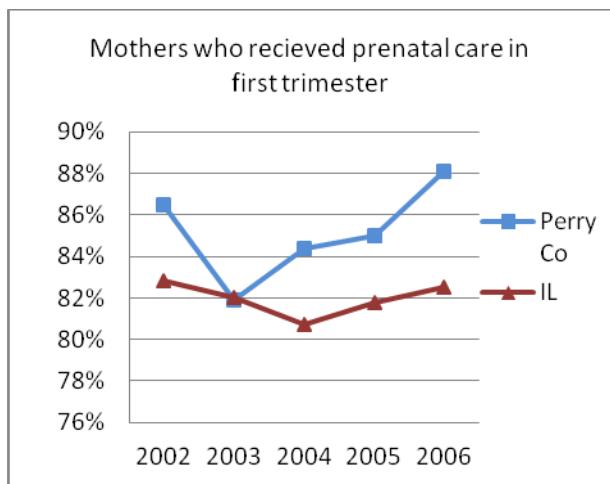
The percent of births to teenage mothers¹⁰ in Perry County were slightly higher than Illinois in 2004 through 2009 (Figure 19). In 2009, 11.9% of babies in Perry County were born to teenage mothers compared to 9.6% in the state overall.

⁸ The Kessner Index is based on estimated (reported on birth certificate) gestational age, trimester prenatal care began and the number of prenatal visits. (IDPH)

⁹ The Kotelchuck Index characterizes prenatal care (PNC) utilization on two dimensions- adequacy of initiation of PNC and adequacy of received services. (IDPH)

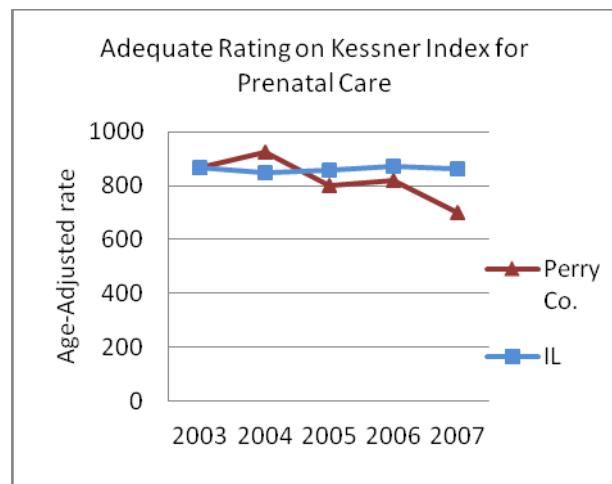
¹⁰ The definition of Teenager mother used by IDPH includes all births to women 19 years old or younger.

Figure 17



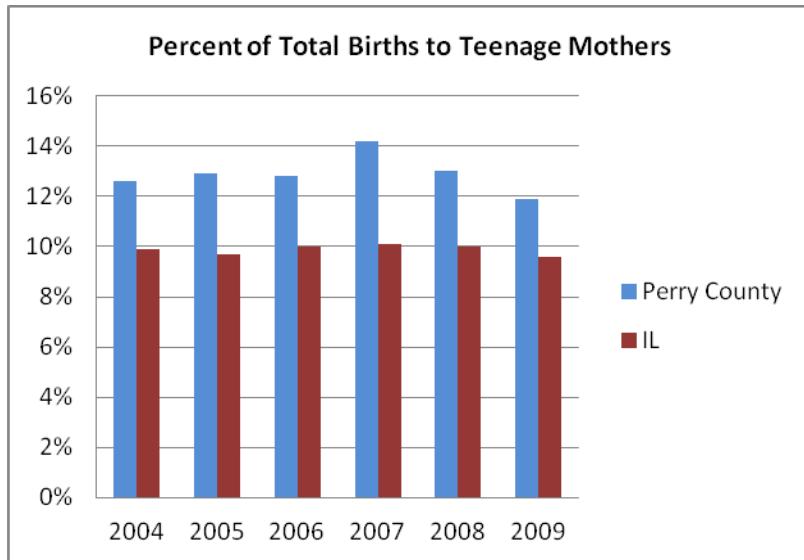
Source: IQQuery

Figure 18



Source IQQuery

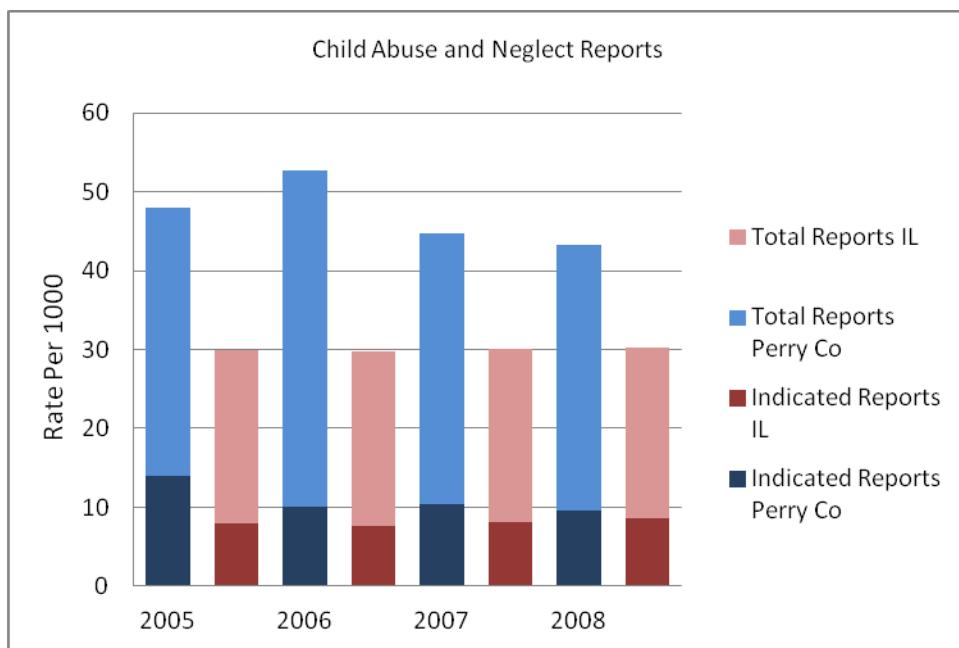
Figure 19



Source: IDPH

Perry County has a higher rate of child abuse and neglect reports than Illinois. This is true for both total reports and indicated reports¹¹. Figure 20 compares the rate of total reports between Illinois and Perry County and includes indicated reports as a subset of the total.

Figure 20



Source: IL Department of Children and Family Services

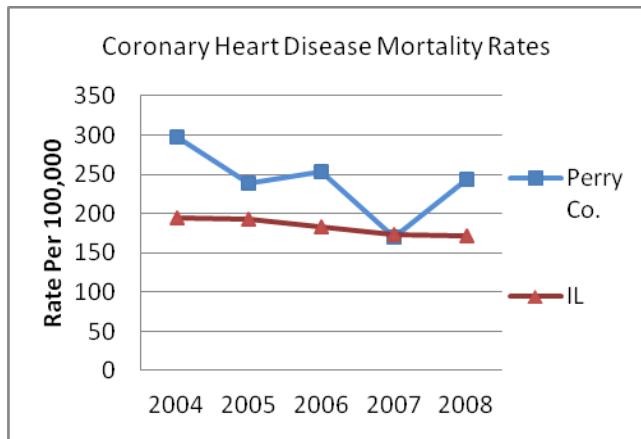
¹¹ A report is “indicated” when a child protective service worker determines that there is credible evidence that the child was abused or neglected. (DCFS)

IPLAN Category 4: Chronic Disease

Heart Disease

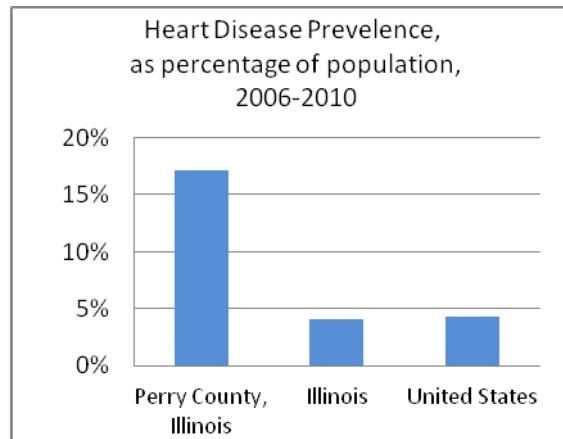
Heart disease is the leading cause of death in Perry County. Figure 21 shows the coronary heart disease mortality rate for Perry County and Illinois from 2004 to 2008. While Perry County's overall trend is downward, it still remains higher than the state. The self-reported prevalence of heart disease in Perry County is also much higher than Illinois and the US. (Figure 22)¹²

[Figure 21](#)



Source: IQUERY

[Figure 22](#)



Source: CHNA.org, reporting from BRFSS

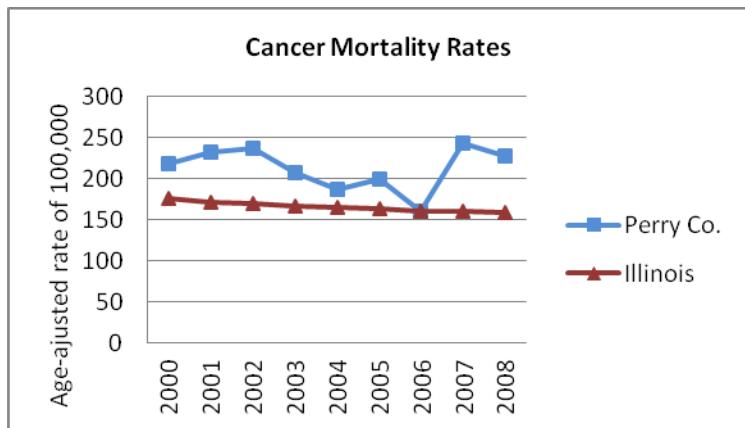
Cancer

The second leading cause of death in Perry County is cancer ("malignant neoplasms"). Figure 23 shows the cancer mortality rate for Perry County and Illinois. Due to low incidence levels,

¹² Heart disease prevalence was calculated from self-report data collected by the CDC BRFSS. Source: CHNA.org

age-adjusted mortality rates for different types of cancers could not be calculated. However, Figure 24 provides cancer incidence rates by site. Incidence rates are very similar between Perry County and IL; incidence rates of colorectal cancer and lung cancer in men were slightly higher in Perry County than Illinois in 2006-2010.

Figure 23



Source: IDPH

	Age-Adjusted Cancer Incidence Rates by Site, 2006-2010			
	Perry Co		IL	
	Male	Female	Male	Female
Breast, Invasive	0	115.8	1.2	125.4
Colorectal	73.4	46.4	61.3	44.8
Cervix	0	5.3	0	8.8
Lung and Bronchus	98.1	57.1	88.9	60.6
Prostate	160.1	0	157.9	0

Figure 24 Source: IDP

Diabetes

The prevalence of diabetes in Perry County in 2009 is very similar to the prevalence in Illinois and the United States (8.3%, 8.2% and 8.7% respectively) based on self-report data collected through the BRFSS.

Obesity

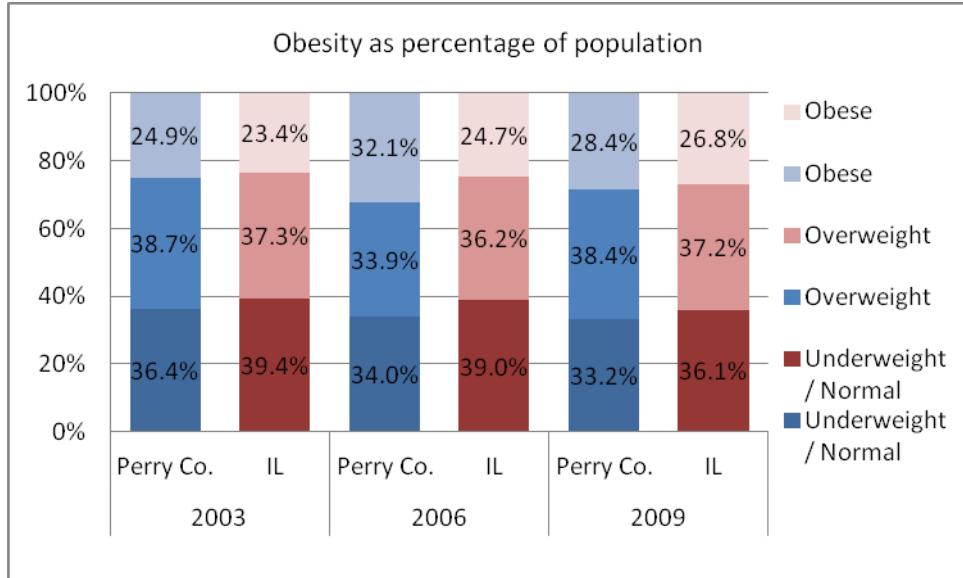
Looking at self-report data from the BRFSS, the percentage of the population that is overweight or obese increased in Perry County between 2003 and 2009 (Figure 25). Perry County's percentage was higher than that of Illinois in each of those years. In the same survey, a greater proportion of respondents in Perry County report meeting or exceeding guidelines for regular and sustained physical activity compared to the state (Figure 26)¹³. It is important to note that the self-reported data on physical activity has varied over the years, and 2009 is an outlier from the other data from the 2000s.

Behavioral Factors

Perry County exhibited a lower rate of both inpatient alcohol abuse admissions (305 per 100,000 compared to 488 in IL) and inpatient alcohol psychosis (31.4 per 100,000 compared to 104 in IL). In self-reports, residents of Perry County rated themselves at higher risk of acute/binge drinking than residents of Illinois in 2009 (Figure 277). This percentage has also been increasing over time in Perry County.

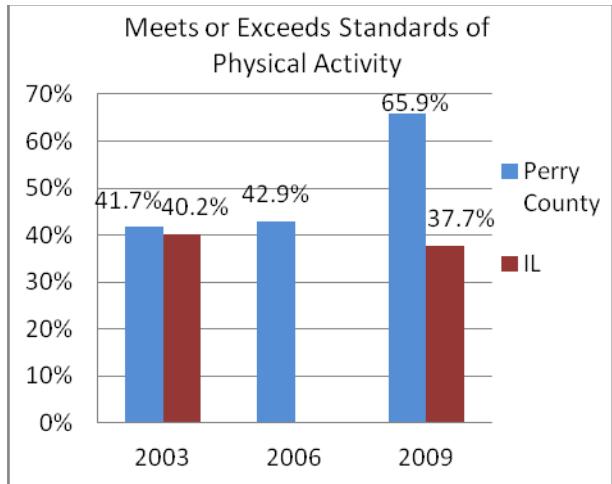
¹³ 2006 Data not available for Illinois

Figure 25



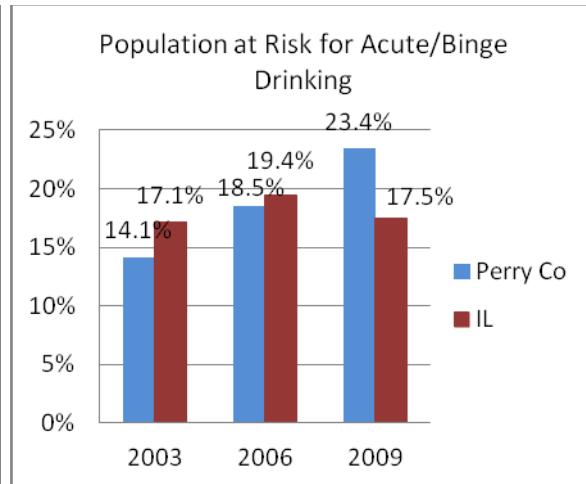
Source: BRFSS

Figure 26



Source: BRFSS

Figure 27



Source: BRFSS

Smoking has remained relatively stable since 2001. Twenty-three percent of Perry County residents reported smoking between 2001 and 2003; 21% in 2004-2006; and 24% in 2007-2009. While the rates are similar to Illinois (24% in 2003; 21% in 2006; and 19% in 2009), Illinois is displaying a slight downward trend over time but Perry County's rates for 2007-2009 did not follow that same downward trend. Particularly in light of the small sample for BRFSS, it will be important to continue tracking this data over time to get a clear sense for the trend.

IPLAN Category 5: Infectious Disease

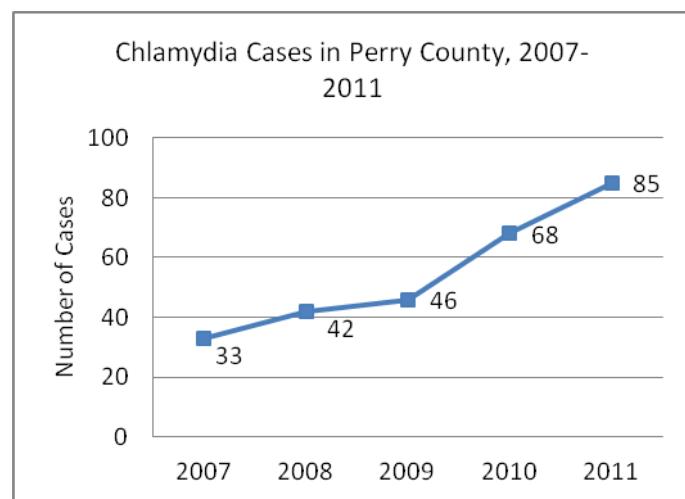
Syphilis, Gonorrhea, and Chlamydia

The number of early syphilis cases in Perry County in 2007 and 2008 was zero. In 2009-2010, there was between 1 and 5 of cases each year (the exact number was redacted by IDPH in the IQuery data system due to the small number of cases).

In 2007-2011, there were less than 20 cases of gonorrhea each year. It was unclear whether any trend was present, or whether changes were due to yearly fluctuations.

There was a substantial increase in Chlamydia cases in Perry County between 2007 and 2011. Figure 28 shows this change from 33 cases in 2007 to 85 cases in 2011. Even with this increase, the rate of Chlamydia cases is lower than in Illinois. In 2009¹⁴, the rate in Perry County was 199.2 per 100,000, and in Illinois the rate was 487.5 (354.4 if Chicago is excluded).

[Figure 28](#)



Source: IQuery

¹⁴ Rates have not been calculated for 2010 and 2011.

HIV and AIDS

There were no diagnoses of HIV or AIDS in 2011 (The year of most recent data). The cumulative diagnosis for HIV between 2005 and 2011 was less than 20 cases.

Other infectious diseases

While Perry County had almost no cases of pertussis (whooping cough) between 2007 and 2010, there was a sharp increase in cases in Illinois. The number of cases in Illinois rose from 199 cases in 2007 to 1057 cases in 2010.

IPLAN Category 6: Environmental/Occupational/ Injury Control

Environmental Factors In 2012 the New York Times partnered with the Environmental Working Group to publish data on contamination of drinking water in the years from 2004 to 2009. Their results were reported by company. Seven of the companies serve Perry County, covering 19,145 residents altogether. Figure 29 shows the results of the companies serving Perry County. It indicates when at least one test in a given year was above the legal limit or health guidelines. It only becomes a violation when multiple tests are above the legal limit. The only instance where there were even two consecutive tests above the legal limit was Combined Radium in the Cutler System. In 2005 it had two tests above the legal limit. Not all tests were performed for every water system annually.

Contaminants in Perry County Water Systems, 2004-2009		
Water System	Above Legal Limit (Year)	Below Legal Limit, but Above Health Guidelines (Year)
DuQuoin	None	Lead (2008)
Pinckneyville	Chloroform (2008) Total trihalomethanes (2005, 2006, 2007, 2008)	Chloroform (2007)
Tamaroa	None	None
Willisville	Total haloacetic acids (2005, 2006)	Lead (2006) Trichloroacetic acid (2004, 2005, 2006, 2007, 2008)

Consolidated Pwd	Total trihalomethanes (2005, 2006)	
Old DuQuoin Pwd	None	None
Cutler	Combined Radium [-226 & -228] (2004, 2005, 2009)	Combined Radium [-226 & -228] (2004, 2005, 2008) Alpha particle activity (2004, 2005, 2008, 2009)

Figure 29Source: New York Times/ Environmental Working Group

Lead exposure in children is a major concern in Illinois, which has one of the highest rates of elevated blood lead levels in the country. Perry County has a much lower rate of children with elevated blood lead levels compared to the state. While any lead in the blood is undesirable, greater than 10 micrograms/deciliter is considered to be the intervention point. The Healthy People 2020 goal is to eliminate all cases of children's blood lead levels above 10 µg/dL. Figure 30 shows the percentage of children tested who had elevated blood lead levels in Perry County and Illinois.

Figure 30

Blood Lead Levels in Children				
	Perry Co		IL	
	5-9 µg/dL	>10 µg/dL	5-9 µg/dL	>10 µg/dL
2007	n/a	0.01%	n/a	1.8%
2008	7.0%	0.01%	14.6%	1.7%
2009	7.1%	0.02%	13.8%	1.2%
2010	7.3%	0.01%	13.0%	1.1%

Source: IDPH

Injury Control

Due to low counts of homicides, suicides, and fatal motor vehicle accidents in Perry County, the data is redacted and not reported by the Illinois Department of Public Health.

IPLAN Category 7: Sentinel Events

Description: Sentinel health events are those indicators that serve as a warning signal that the quality of care may need to be improved. They assume that unnecessary disease, unnecessary disability and unnecessary untimely death would have been prevented or managed if the health care system had functioned satisfactorily. The hospital s within the county does not have pediatric designated areas. They are hospitals that have a single floor medical unit with 25 beds each. The emergency department is a 4 to 6 bed unit. The information for sentinel events was provided by Marshal Browning Hospital and Pinckneyville Community Hospital; it is based on diagnosis codes upon hospitalization.

Children (1-17) that have been seen/hospitalized for asthma. Codes 493.00-493.92

2010: 21
2011: 7
2012: 1

Infants admitted for dehydration (0-1). Codes 276.51

2010: 0
2011: 0
2012: 0

Adults hospitalized for uncontrolled hypertension. Codes 401.0-405.99

2010: 15
2011: 19
2012: 13

Adults TB cases seen. Codes 011.00-011.96

2010: 0
2011: 0
2012: 1 (note: this was a secondary diagnosis but an "active" code).

Adult Admits for dehydration. Codes 276.51

2010: 26
2011: 18
2012: 17

Occupational Injuries: Codes E849.3

2010: 28
2011: 39
2012: 39

Non-fatal head injuries: Codes 959.01.

2010: 61
2011: 67
2012: 27

Non-fatal hip fractures. Codes 820.00-820.9

2010: 27
2011: 17
2012: 17

Deaths from MV accidents. E codes.

2010: 1
2011: 1
2012: 2

Suicides. E codes.

2010: 6
2011: 2
2012: 8

(One hospital has deaths from local prison)

Sentinel Events- Cancer

The two sentinel events related to cancer are the rates of cervical cancer diagnosed at a late stage and breast cancer diagnosed *in situ*. Figure 31 show the rates of breast cancer and the percentage diagnosed at specific stages. Figure 32 shows this data for cervical cancer.

[Figure 31](#)

Breast Cancer Rates and Stage Diagnosed, 2006-2010							
	Count	Rate	<i>in situ</i>	Localized	Regional	Distant	Unknown
Illinois	45196	126.4	20.5%	48.6%	24.6%	4.8%	1.6%
Perry County	81	123.5	17.4%	48.0%	27.6%	4.1%	3.1%

Source: IDPH

[Figure 32](#)

Cervical Cancer Rates and Stage Diagnosed, 2006-2010						
	Count	Rate	Localized	Regional	Distant	Unknown
Illinois	2873	8.6	44.3%	38.6%	12.8%	4.3%
Perry County	4	6.8	50.0%	50.0%	0.0%	0.0%

Source: IDPH

The following results were accumulated from the survey utilized by the health department with collaboration from the PCHCC and health department staff.

IPLAN PERRY COUNTY HEALTH DEPARTMENT COMMUNITY ASSESSMENT OF HEALTH NEEDS-RESULTS

Health Problem	1	2	3	4
Heart Disease	8	9	1	1
Cancer	7	3	6	3
Stroke	0	0	2	2
Diabetes	1	1	3	4
Suicide	0	0	0	2
Accidents	0	0	1	2
Obesity	3	6	2	0
Depression	0	1	4	5
Other	1	0	1	1

1. Please select from below what you believe are Perry County's four most significant health problems and rank them from 1-4 (1 being the most significant).

2. What do you think Perry County Health Department could do to reduce or improve the above issues?

- Education, awareness
- Have more options available for mental health

- More prevention efforts involving family violence & abuse which are directly related to all options above in 1 form or another.
- Have classes and support groups
- Continue to educate the general population on healthy living. Bringing in the community up-grades to push exercise.
- Informative workshops at school/work programs
- Continue to go to health fairs
- More prevention
- Have screenings available – training more
- Assisting residents with easily accessible, reliable resources (places to exercise, promoting farmer's markets)
- Education – newspaper articles, screenings
- Education
- Health screenings. Education
- Outreach education
- Team up with hospitals

3. How would you rank mental health concerns for Perry County?

High	Medium	Low
14	5	1

Why?

- I know many people that are having difficulties, plus most of those are on antidepressants, especially young people.
- I have seen firsthand the need for mental health services if people are not mentally well other issues can stem from it.
- No enough convenient, trauma focused research based treatment options.
- I didn't realize how many people had mental health issues before then.
- Perry County has been hit hard by the economical down-turn, this affects people, stability, and ability to cope with daily activites.
- Low # of employment options
- A lot of self medicating
- Lack of resources
- Difficult to get help for mental issues due to high numbers.
- Low economy, job loss in area, poverty
- Increase depression in our teens. Increase need for availability for counseling – educating.
- High unemployment rate
- A lot of people are on medication

4. How would you rank the level of importance for Home Health Care?

High	Medium	Low
17	2	0

5. How important do you consider each of the following Environmental Health Issues in regard to Public Health and Public Safety?

	High	Medium	Low
Available public water	19	1	0
Sewer	17	3	0
Abandoned buildings	3	13	4
Abandoned wells	6	13	1
Food inspection	18	2	0

6. Do you feel that the reduced exposure to second-hand smoke is an important health concern?

Yes	No
19	1

Do you feel that strict enforcement is still needed for smoke-free places?

Yes	No
16	4

7. Rate the following for their importance:

	High	Medium	Low
Domestic violence	16	4	0

Child abuse	18	2	0
Depression	15	5	0
Suicide	11	7	2
Preventive test	12	7	1
Preventive screening	12	7	1
Lead	6	9	5
Smoking	13	7	0
Tobacco use	14	6	0
Alcohol use	14	6	0
Drug use	18	2	0
Prescription drug use	15	5	0
Counseling	16	3	1
Healthy food choices	9	9	2
Exercise	10	8	2
Access to health care	19	0	1

8. Are there any other Public Health issues not mentioned that you believe is of concern?

- Developmental screening for children 0-3
- Names of illegal drugs and uses -think it would be helpful to parents if we knew the names of new drugs at our schools or ways they are being used.
- Emergency preparedness and making sure people know where to go in an emergency and how they can become self sufficient.
- Family planning / Education
- Worker safety (factories, farmers, coal mines)
- STD's / HIV
- Nutrition Education
- Teen Pregnancy

9. What barriers or limitations do you believe prevent people from having access to proper health care?

- Long distance cost

- Funding
- Public transportation – limited income – poor insurance coverage
- Transportation / Money
- Transportation – limited money/resources
- Cost of travel – time to get away to access
- Lack of transportation
- No insurance, lack of employment
- Transportation & money
- Many of the resources are not here in this area. People don't have the funding to search and seek it out.
- Education
- Job loss

10. What changes or improvements in the community or in local policy would have a benefit on health issues?

- More compassion for those with less. More gardening.
- Cholesterol checking. Providing more services for elderly free of charge. Providing blood screenings. Women & men health. Mammograms & PSAS. Grants.
- More education
- More transportation
- Increase resources to public
- Ability for people to get reasonable health care, health insurance. Working with local governments to improve community streets and sidewalks to allow people an option to get out more.
- More free clinics not just for people with the medical card
- No tolerance for child abuse & stricter punishment for everyone working together on all issues
- Getting more awareness to the community more free things for low income or people who don't fit in guidelines for state insurance or assistance, more awareness to local agencies (better communication)
- Teen entertainment or hangouts for constructive activities.
- Free workout places
- Education on ER Dept and not using them for non-urgent visits
- Educate Individuals to MOTIVATE and take responsibility for their own wellness.

Community Health Improvement Plan

A. Purpose Statement

The purpose of the Community Health Needs Plan is for the Perry County Health Department to prioritize and address the health priorities. The department and coalition use this assessment to determine relevant health concerns to better serve the residents of Perry County. This plan will be utilized to improve the health of our rural community through collaborative efforts to maximize healthier outcomes. This process provides both support and knowledge from our community to increase prevention and manage health problems.

Identifying community health needs of Perry County will influence the planning activities and priorities of the health department, and influence necessary policy changes that will reduce the effects of the identified health issues. The Perry county health Department will work to develop programs and activities to address the priorities identified from the research. The collaboration of the Coalition, Board of Health, community members, and Health Departments will assist in the implementation of this plan.

B. Description of Community Participation in Development of the Plan

Community involvement in the IPLAN is vital to the assessment and planning process. For this round of the IPLAN we chose to work with the Perry County Health Department, Board of Health, and Perry County Healthy Community Coalition (PCHCC member list included in appendix A). The members of the coalition represent from Perry County Health Department, Marshal Browning Hospital, Pinckneyville Hospital, Perry County Counseling Center, Child Advocacy Center, Local School Districts, Southern Illinois Healthcare, American Cancer Society, American Heart Association, U of I Extension Office, Shawnee Alliance, and Health Fitness Centers.

Initial meetings were conducted in November of 2010 with the discussion of the IPLAN. The past IPLAN was explained as well as a description of the priorities that the Perry County Health Department had been addressing. Setting up steering committees and the goals of committee members were discussed. March of 2011 initial data was shared with the coalition members. The top five areas of concern were discussed at this meeting. During May and June of 2011 the coalitions focus was on the top 5 areas of concern which included cardiovascular disease, obesity, nutrition, mental health, and child health. The coalition identified contributing factors and causes of cancer, respiratory disease, heart disease, addictive habits, obesity, cardiovascular disease, substance abuse, self inflicted, Alzheimer, diabetes, tobacco use, access to care, and mental health during the September and October 2012 coalition meetings.

In November of 2012 the Administrator of Perry County Health Department resigned. In December 2012 a new Administrator was hired and took over the IPLAN process and coalition meetings. March of 2013 a survey (Appendix B) was conducted with coalition member, partners, and health department members after statistics of all seven data systems areas were shared. Survey results were shared with member through e-mail and in the next coalition and staff meetings. In the next meetings April through August of 2013 discussion on narrowing priorities took place. Priorities of Cardiovascular Disease, Cancer (Colorectal, Prostate, and Lung), and Obesity were chosen. The Health Problem Analysis Worksheet and Community Health Plan Worksheet were completed during group discussion at the coalition meetings.

C. Community Health Plan Process

Members of the Perry County Healthy Communities Coalition (Appendix A) and the staff at the Perry County Health Department participated in completing the IPLAN Community Assessment of Health Needs (Appendix). It included both a review of existing health data regarding community and health statistics that included survey, health department staff, and community partners. Health problems were prioritized through a group process during staff and coalition meetings. Community partners utilized their experience and perceptions of health problem to determine the priorities and the focus of the community.

Beginning in November of 2010 discussion of IPLAN pas and setting up a steering committee with the help of the PCHCC. In March 2011 initial data was shared and the top five health topics that were discussed was obesity, cardiovascular disease, nutrition, mental health, and childhood health. During the coalition meeting in May and June of 2011 the members placed the top five topics in order according to the areas that need a focus. This was voted on with the following results 1 Cardiovascular Disease, 2.Obesity, 3.Nutrition, 4.Mental Health, and 5.Child Health. In September 2012 the group identified influencing factors of cancer, respiratory disease, heart disease, addictive habits, obesity, cardiovascular disease, substance abuse, self inflicted, Alzheimer, diabetes, tobacco use, access to care, mental health and causes. In November of 2012 the administrator that had worked on the collaboration of the coalition for the IPLAN resigned. Starting in March of 2012 a survey was sent out to the PCHCC members and Perry County Health Department employees. The results were shared with the coalition and staff along with data that covered the areas of the IPLAN. The results of the survey were shared among both affiliations and along with statistic were used to determine the priorities of the IPLAN.

D. IPLAN Priorities

Results from the survey and statistics were discussed the PCHCC prioritize the priorities as followed:

- Cardiovascular Disease
- Cancer with the emphasis on Prostate, Colorectal, and Lung
- Obesity

The coalition as a group decided the focus they had on child health was more linked to the concern of obesity. Their concern of nutrition was to combat the disease process that takes place with poor nutrition. So the focus became on areas that have a great impact on changing nutrition behaviors. Cancer was chosen due to the statistics that were provided and the impact of cancer on the community. The group wanted to focus on the three cancers that had the greatest impact on our community.

During the August meeting the members completed the Health Problem Analysis Worksheet (Appendix C) and Community Health Plan (Appendix D). This process was completed as a group with an open discussion. There was still a concern from the mental health representatives of the need for increased awareness of mental health issues and changes in services. Discussion took place during the completion of the worksheets on how we could incorporate mental health in the mental side of the disease process to combat depression associated with the priorities.

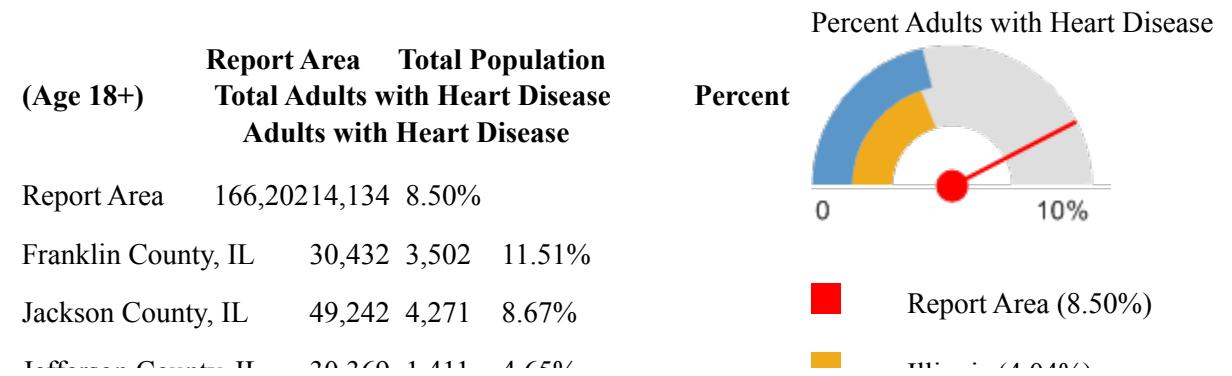
E. HEALTH PRIORITIES, ANALYSIS, AND PLAN

Cardiovascular Disease

Description: Cardiovascular issues were identified as a major topic for the IPLAN and ranked as a high priority by the Perry County Healthy Community Coalition and Perry County Health Department.

Heart Disease Prevalence

This indicator reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks. Included in this report is surrounding county percentages for comparison of Perry County.



Heart Disease Mortality

This indicator reports the rate of death due to coronary heart disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Download Data

Report Area	Total Population 2006-2010	Average Annual Deaths, Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Heart Disease Mortality (Per 100,000 Pop.)
-------------	-------------------------------	--	---

Perry County, Illinois 22,489 41 181.42 138.10

Illinois 12,742,854 17,915 140.59 134.18

United States 303,844,430 432,552 142.36 134.65

[HP 2020 Target](#) <= 100.8

Note: This indicator is compared with the Healthy People 2020 Target.

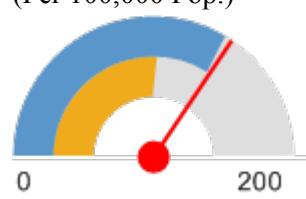
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010..](#)

Accessed through [CDC WONDER](#). Source geography: County.

The Center for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010 reported the rate of Cardiovascular crude death rate is Perry County is 181.42 per 100,000. The Centers of Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010 reported the number of adults with heart disease is 3080.

The American Heart Association identifies high cholesterol is one of the major risk factors leading to heart disease, heart attack and stroke. The AHA also recognizes that as your blood cholesterol rises, so does your risk of coronary heart disease. An individual's risk increases more when other risk factors such as high blood pressure and tobacco smoke are present. The AHA also identifies blood cholesterol levels can be affected by your age, gender, family health history and diet.

Age-Adjusted Death Rate,
Heart Disease Mortality
(Per 100,000 Pop.)

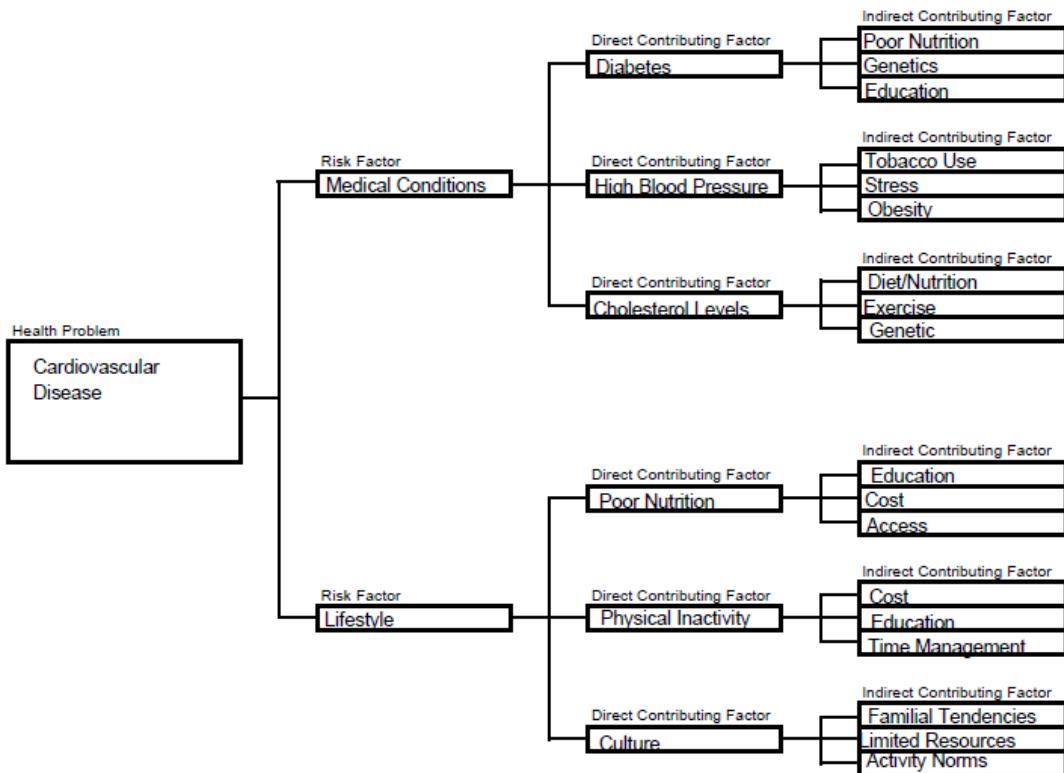


█ Perry County, Illinois
(138.10)

█ HP 2020 Target
(100.80)

█ United States (134.65)

HEALTH PROBLEM ANALYSIS WORKSHEET



COMMUNITY HEALTH PLAN CARDIOVASCULAR DISEASE

<p>Impact objectives:</p> <p>The outcome of the chosen objective will focus on the reduction of prevalence of heart disease and decreasing the mortality of heart disease.</p> <ul style="list-style-type: none"> • The PCHD will reduce coronary heart disease crude death rate in Perry County to less than 120 per 100,000 by 2017. • The PCHD will increase the total number of adults that have their blood cholesterol checked by 20 each year until 2017 through the health departments program. • The PCHD will increase the total number of healthcare facilities utilizing the OutLine Fax Referral System to 10 by 2017 	<p>Resources Available:</p> <ul style="list-style-type: none"> • Perry County Health Department (PCHD) reduced cholesterol screenings • Perry County Healthy Community Coalition • Pinckneyville Community Hospital Marshal Browning Hospital-health fairs • Farmer's Market • Start Walking Paths • Quitline • Health Fitness Centers • School systems-facility to use for exercise
<p>Intervention Strategies:</p> <ul style="list-style-type: none"> • HDS -7 Reduce the proportion of adults with high total blood cholesterol levels. • HDS -4 Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high. • HDS-1 Reduce coronary heart disease deaths • HDS -6 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years. • Recommendations for health behavior changes to discuss with patients such as quitting smoking, increasing physical activity, and reducing excessive salt intake • Assessments of patients' risk for developing CVD based on their history, symptoms, and clinical test results • Through the Worksite Wellness Programming offer total cholesterol screening clinics held at PCHD and onsite. Will monitor the number of people that reduce their total cholesterol. 	<p>Barriers:</p> <ul style="list-style-type: none"> • Cultural Norm • Limited access to health care options • Not taking advantage of resources • Education • Cost • Getting the word out to all social economic groups/Social Media
<p>Corrective Actions to reduce the level of the indirect contributing factors:</p> <ul style="list-style-type: none"> • Increase education to Perry County Residents on risk factors that contribute to directly and indirectly to heart disease. • Increase wellness and prevention clinics and offer more preventative services to residents. • Coordinate and expand initiatives that focus on heart disease. 	

Proposed community organization to provide and coordinate the activities:

The Perry County Health Department will continue to work through the Community Transformation Grant to bring worksite well to employers and employees of Perry County. Through this program policies will begin to be established for worksites. For programming the health department will begin programming for worksites. The process has begun to set up more walking path for worksites to use with the help of the PCHD. Collaboration will be expanded to provide more education centered on Farmer's Market. PCHD has recently begun to provide low cost cholesterol testing and will work to educate and provide services to individuals in need. Free Blood Pressure clinics will be offered and extend into the public for convenience and education efforts. Funding from the Tobacco program will be used to increase education of tobacco use. Networking strategies will be utilized to collaborate with healthcare facilities. Education will be extended to increase the Fax referral system for the Quit Line.

The PCHD will continue to expand the Perry County Healthy Community Coalition. The Coalition will assist in the media release of events that will be taking place. During regular meetings members will be encouraged to share information and flyers during round table updates. The coalition will work on establishing a link for social media to share events. This group will also work on inviting members of the American Heart Association.

Local Hospitals will continue to have health fairs that provide free to reduce cost services. When events are taking place the networking efforts of the coalition will be used for advertisement to diverse groups.

Evaluation plan to measure progress towards reaching objectives:

- Reduce the number of cardiovascular crude death rate in Perry County to less than 120 per 100,000.
- Reduce the number of adults with heart disease prevalence by at least 8% by 2017.
- Increase marked walking paths by 2 2017.
- Increase the number of educational campaign for Farmer's Market by 2 each year until 2017.
- Through Worksite Wellness Programming offer total Cholesterol Screenings and monitor outcomes of follow up testing for reduced overall cholesterol every year.
- Measure the number of participants attending cholesterol screening clinics held at PCHD.
- Will work with the Chamber of Commerce to highlight businesses that provide worksite wellness efforts.
- Monitor the number of healthcare providers that begin to utilize fax referral system for the Quit Line.

CANCER: COLORECTAL, PROSTATE, AND LUNG

Description: Cancer is an issue that is also identified as a priority for the IPLAN and ranked as a high priority by the Perry County Healthy Community Coalition and Perry County Health Department. The plan to include colorectal, prostate, and lung was made due to the interventions and strategies that are so closely related and to narrow the focus on more specific cancers.

Cancer Mortality

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 populations. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

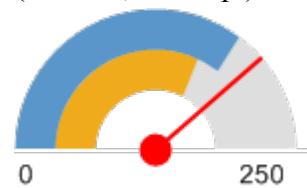
Download Data

Report Area	Total Population 2006-2010	Average Annual Deaths, Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Cancer Mortality (Per 100,000 Pop.)
Perry County, Illinois	22,489	54	238.34 192.72
Illinois	12,742,854	24,151	189.52 184.08
United States	303,844,430	566,121	186.32 176.66
<u>HP 2020 Target</u>		<= 160.6	

Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010..](#)
Accessed through [CDC WONDER](#). Source geography: County

Age-Adjusted Death Rate,
Cancer Mortality
(Per 100,000 Pop.)



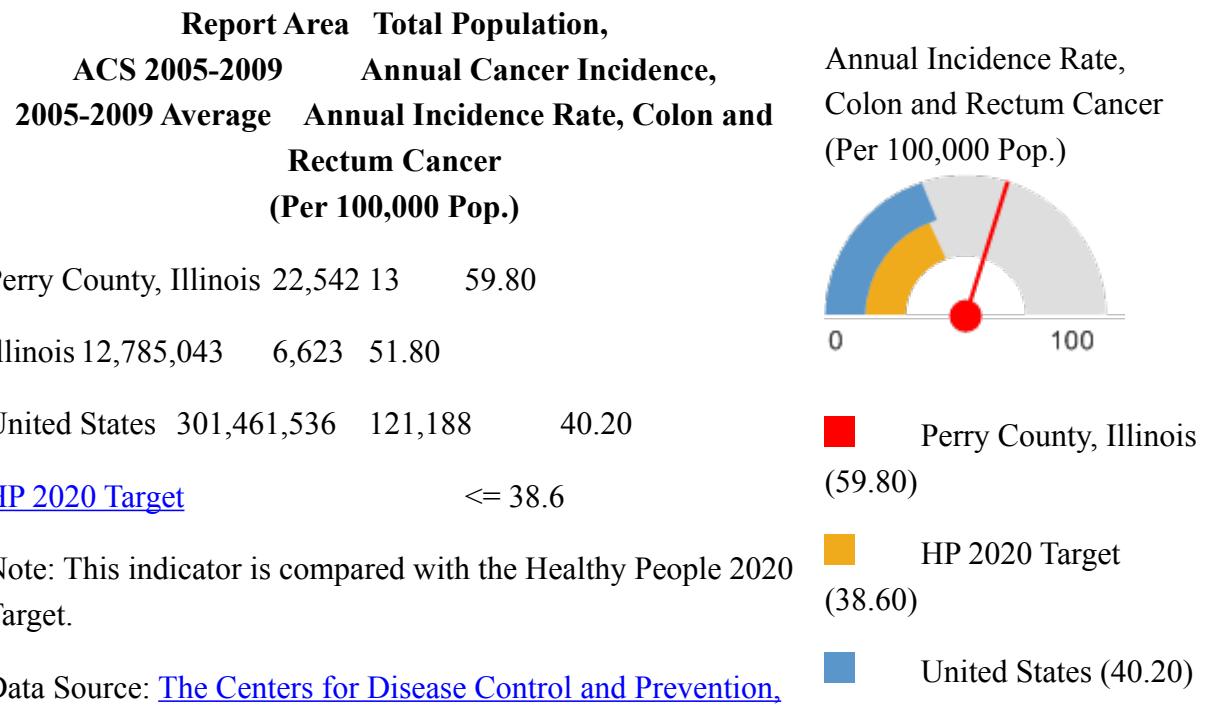
█ Perry County, Illinois
(192.72)

█ HP 2020 Target
(160.60)

█ United States
(176.66)

Colon and Rectum Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.



Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#). Source geography: County.

Of cancers that affect both men and women, colorectal cancer, cancer of the colon or rectum, is the second leading cause of cancer-related deaths in the United States. Colorectal cancer also is one of the most commonly diagnosed cancers in the United States. Screening for colorectal cancer helps prevent this disease. Screening can find precancerous polyps (abnormal growths), so they can be removed before they turn into cancer. Screening also finds colorectal cancer early, when treatment works best. While screening rates have increased in the U.S., not enough people are getting screened for colorectal cancer: As of 2008, 62.9% of adults aged 50–75 years were screened as recommended. In 2002, only 51.9% of Americans were screened as recommended. While screening rates continue to rise in the U.S., 22 million people are still not up-to-date with colorectal cancer screening.

Prostate Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading

cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Cancer Incidence, 2005-2009 Average	Annual Incidence Rate, Prostate Cancer (Per 100,000 Pop.)
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Perry County, Illinois 22,542 36 160.10

Illinois 12,785,043 20,187 157.80

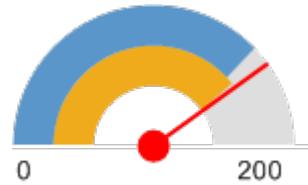
United States 301,461,536 456,412 151.40

Note: This indicator is compared with the state average.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009.](#)

Source geography: County.

Annual Incidence Rate,
Prostate Cancer
(Per 100,000 Pop.)



■ Perry County, Illinois
(160.10)

■ Illinois (157.80)

■ United States
(151.40)

Prostate cancer is the most common non-skin cancer in America, affecting 1 in 6 men. It is also one of the leading causes of cancer death among men of all races and Hispanic origin populations. The risk of getting prostate cancer increases with age. Men are more likely to be diagnosed with prostate cancer the older you are. Although only 1 in 10,000 men under age 40 will be diagnosed, the rate increases up to 1 in 38 for ages 40 to 59, and 1 in 14 for ages 60 to 69. African American men are more likely to die from the disease compared with Caucasian men that develop prostate cancer. Men that are age 50 or over, age 40 or over and African-American or have a family history of prostate cancer, a yearly rectal examination and PSA test should be considered. It is important to discuss the risks and benefits of these screening procedures with your doctor.

Lung Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

[Download Data](#)

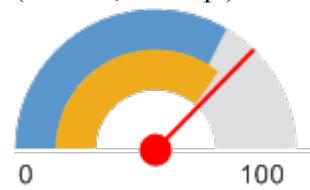
Report Area ACS 2005-2009 2005-2009 Average	Total Population, Annual Cancer Incidence, Annual Incidence Rate, Lung Cancer (Per 100,000 Pop.)
Perry County, Illinois	22,542 17 74.50
Illinois	12,785,043 9,218 72
United States	301,461,536 202,582 67.20

Note: This indicator is compared with the state average.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#).

Source geography: County.

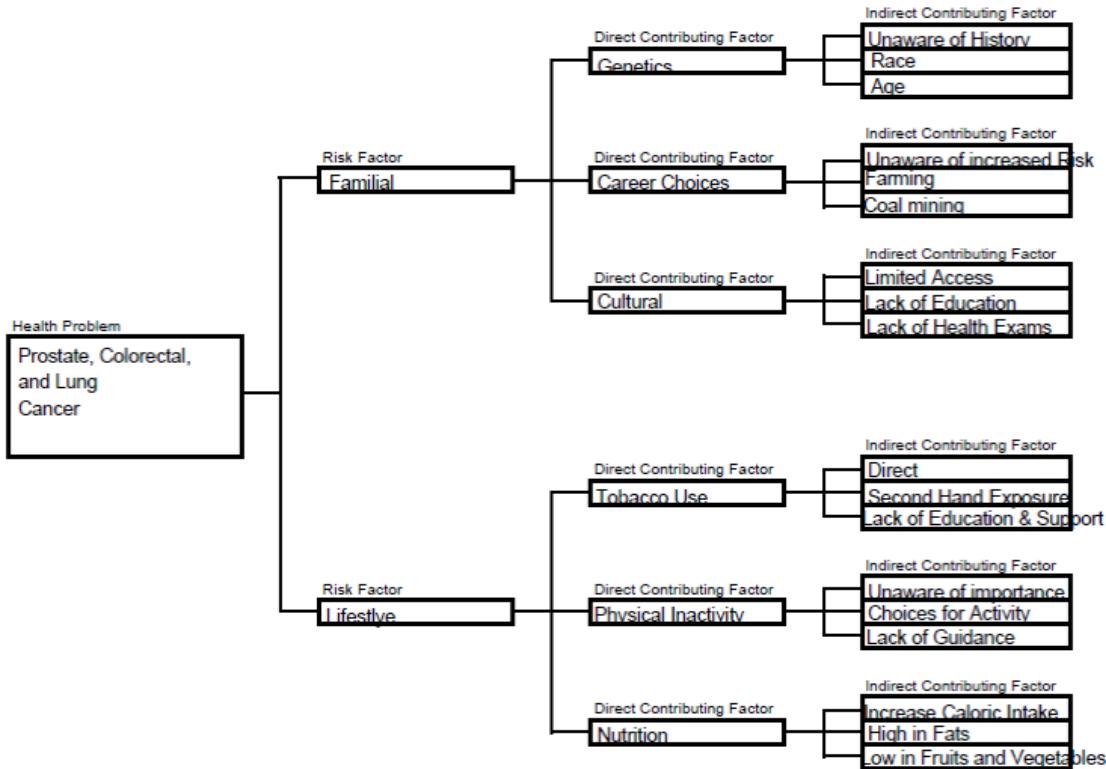
Annual Incidence Rate, Lung Cancer
(Per 100,000 Pop.)



- Perry County, Illinois (74.50)
- Illinois (72)
- United States (67.20)

About 90% of lung cancer deaths in men and almost 80% of lung cancer deaths in women in this country are due to smoking. Tobacco use is the major cause of lung cancer in the United States. The most important thing a person can do to prevent lung cancer is not to start smoking, or to quit if currently a smoker. No matter the age quitting smoking will lower risk of lung cancer compared to not quitting. Support is available by telephone to smokers anywhere in the United States, with the CDC support, through the network of quit lines.

HEALTH PROBLEM ANALYSIS WORKSHEET



COMMUNITY HEALTH PLAN Cancer

<p>Impact objectives:</p> <p>Healthy People 2020 Objectives:</p> <ul style="list-style-type: none">• Reduce the colorectal cancer death rate from 59.8 per 100,000 to 51 by 2017.• Reduce Prostate cancer death rates from 160.1 per 100,000 to 155 by 2017.• Reduce Lung Cancer rates from 74.5 per 100,000 to 72 by 2017.• Increase education sessions to children, adolescents, and young adults about tobacco use and effects from none to 4 by 2017.• Increase smoking cessation classes to adults from none to 2 per year by 2017.• Increase education efforts for lifestyle changes to reduce risk factors for cancer by 2017.	<p>Resources Available:</p> <ul style="list-style-type: none">• Perry County Health Department (PCHD)• Perry County Healthy Community Coalition• Marshal Browning Hospital• Pinckneyville Community Hospital• American Cancer Society• Health Fitness Centers
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<p>Intervention Strategies:</p> <ul style="list-style-type: none"> • C-5 Reduce the colorectal cancer death rate • C-7 Reduce Prostate cancer death rates • C-2 Reduce Lung Cancer rates • TU-1 Reduce tobacco use by adults • TU-3 Reduce the initiation of tobacco use among children, adolescents, and young adults • TU-4 Increase smoking cessation attempts by adult smokers • TU-5 Increase recent smoking cessation success by adult smokers • Education on inexpensive alternatives for physical fitness. • Contact Health Fitness Centers for reduced fee for low income individuals • Education on Farmer's Markets • Education on healthy meal choices for time management 	<ul style="list-style-type: none"> • Barriers: • Money • Environment • Limited access • Lack of education of risk • Perception of individuals risk • Education of Resources • Culture • Lack of healthy Food Choices • Time management perception
<p>Corrective Actions to reduce the level of the indirect contributing factors:</p> <ul style="list-style-type: none"> • Reduce use of tobacco products • Increase physical activity • Reduce poor nutrition • Reduce Obesity • Increase Colorectal cancer screenings • Avoid second hand smoke, make your home and car smoke-free • Increase education 	

Proposed community organization to provide and coordinate the activities:

The Perry County Health Department will continue to seek out funding to expand efforts to reduce cancer incidence and increase education. Work through the Community Transformation Grant to bring more smoke free signs to community schools and parks. Worksite wellness to employers and employees of Perry County efforts will continue. For programming on education efforts the PCHD will use alternate funds to worksite wellness.

Funding from the Tobacco program will be used to increase education within the school systems of the risk of tobacco use. Networking strategies will be utilized to collaborate with healthcare facilities. Education will be extended to increase the Fax referral system for the Quit Line. Collaboration will be expanded to provide more education centered on Farmer's Market through the Extension Center and local farmers. Encourage and education will be provided to farmers to market products that are high in nutritional value.

The PCHD will continue to expand the Perry County Healthy Community Coalition. The Coalition will assist in the media release of events that will be taking place. During regular meetings members will be encouraged to share information and flyers during round table updates. The coalition will work on establishing a link for social media to share events. Local Hospitals will continue to have health fairs that provide free to reduce services. Agencies that make up the coalition will work together to bring more education during health fairs.

Evaluation plan to measure progress towards reaching objectives:

- Increase marked walking paths by 2 by 2017.
- Increase the number of educational campaign for Farmer's Market by 2017.
- Will work with the Chamber of Commerce to highlight businesses that provide worksite wellness efforts.
- By 2017 show an increase in the number of healthcare providers that begin to utilize fax referral system for the Quit Line.

OBESITY

Description: Obesity is an issue that is also identified as a priority for the IPLAN and ranked as a high priority by the Perry County Healthy Community Coalition and Perry County Health Department.

Obesity (Adult)

This indicator reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

[Download Data](#)

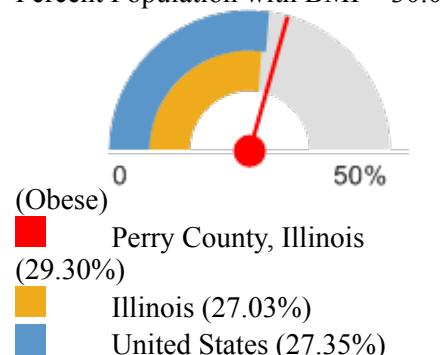
Report Area	Total Population Age 20+	Population with BMI > 30.0 (Obese)	Percent Population with BMI > 30.0 (Obese)
Perry County, Illinois	17,129	5,036	29.30%
Illinois	9,344,701	2,552,640	27.03%
United States	223,576,989	61,460,308	27.35%

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention](#),

[National Diabetes Surveillance System, 2009](#). Source geography: County.

Percent Population with BMI > 30.0



Overweight (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

[Download Data](#)

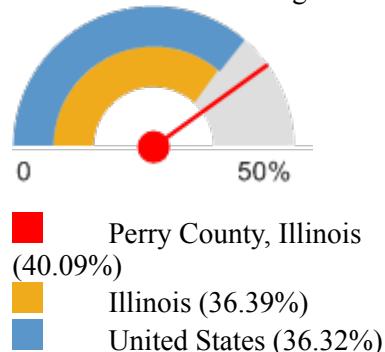
Report Area	Total Population (Age 18+)	Total Adults Overweight	Percent Adults Overweight
Perry County, Illinois	17,960	7,201	40.09%
Illinois	9,654,603	3,513,349	36.39%
United States	235,375,690	85,495,735	36.32%

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention](#), [Behavioral Risk Factor Surveillance System, 2006-2010](#).

Source geography: County.

Percent Adults Overweight



Physical Inactivity (Adult)

This indicator reports the percentage of adults aged 20 and older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

[Download Data](#)

Report Area	Total Population	Number of Establishments	Establishment Rate per 100,000 Population
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Perry County, Illinois 22,350 1 4.47

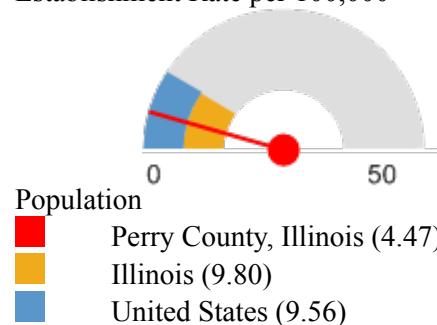
Illinois 12,830,632 1,258 9.80

United States 308,745,538 29,506 9.56

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, County Business Patterns, 2011](#). Source geography: County.

Establishment Rate per 100,000



Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Park Access

This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

[Download Data](#)

Report Area	Total Population	Total Population Within 1/2 Mile of a Park	Percent Population Within 1/2 Mile of a Park
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Perry County, Illinois 22,350 4,023 18%

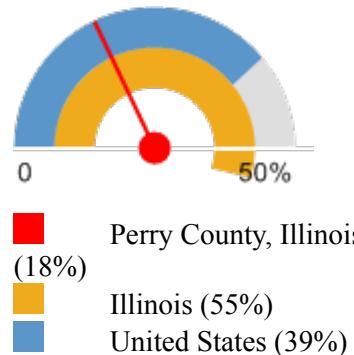
Illinois 12,830,632 7,055,599 55%

United States 312,732,537 120,503,664 39%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2010](#). Source geography: County.

Percent Population Within 1/2 Mile of a Park



There has been a dramatic increase in obesity in the United States over the past 20 years according to the CDC. There has been some leveling off in recent years but the rates remain at historically high levels.

According to the CDC, five target areas identified by CDC for preventing and reducing obesity, which are:

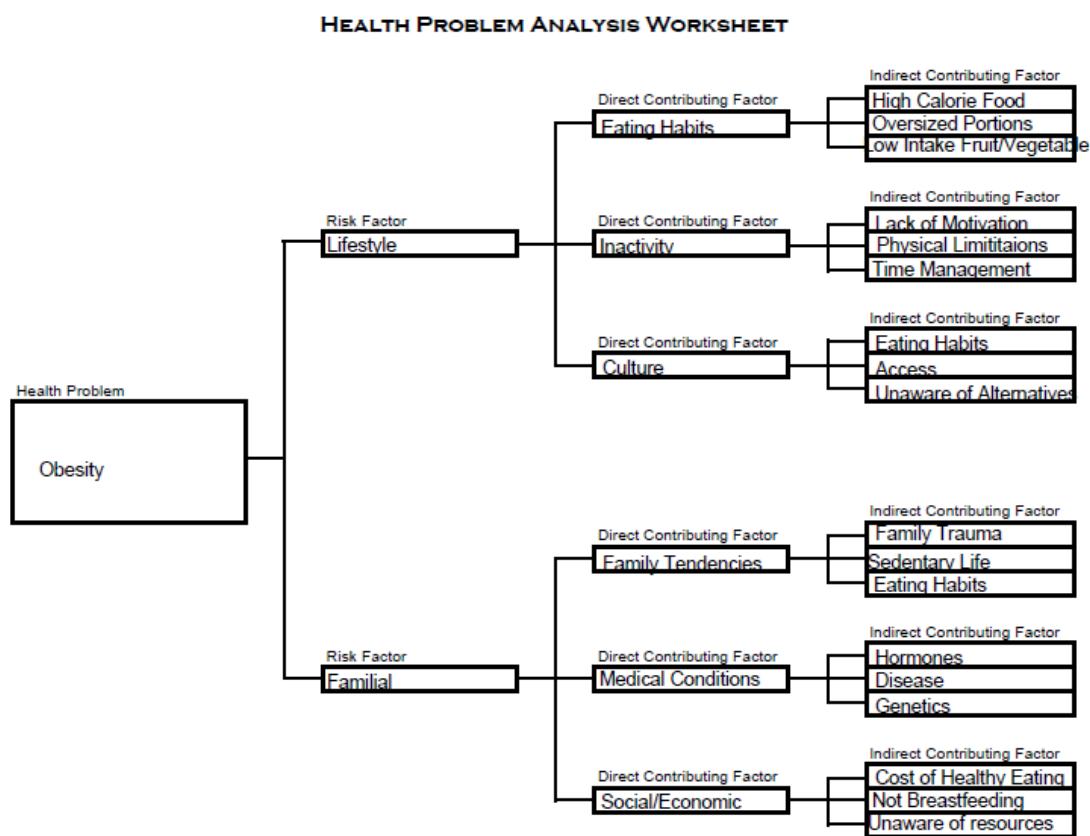
- Increase consumption of fruits and vegetables.
- Increase physical activity.

- Increase breastfeeding initiation, duration, and exclusivity.
- Decrease consumption of sugar drinks.
- Decrease consumption of high-energy-dense foods, which are high in calories.

Health Consequences of Obesity

Obesity increases the risk of many health conditions, including the following:

- Coronary heart disease, stroke, and high blood pressure.
- Type 2 diabetes.
- Cancers, such as endometrial, breast, and colon cancer.
- High total cholesterol or high levels of triglycerides.
- Sleep apnea and respiratory problems.
- Mental health conditions.
- Death at an early age.



COMMUNITY HEALTH PLAN OBESITY

Impact objectives:	Resources Available:
<p>Healthy People 2020 Objectives:</p> <ul style="list-style-type: none">• Decrease the number of adults with perceived no leisure time for physical activity from 29.8% to 25% by 2017.• Reduce the proportion of adults with a BMI over 30 from 29.3% to 25% by 2017.• Increase the variety and contribution of vegetables to the diets by increasing the number of vendors at the farmers markets by 2017.	<ul style="list-style-type: none">• Perry County Health Department (PCHD)• Perry County Healthy Community Coalition• Marshal Browning Hospital• Pinckneyville Community Hospital• Farmer's Market• WIC and Breastfeeding programs(PCHD)• Extension Center• Health Fitness Centers• Clubs and Athletic Organizations• School systems

<p>Intervention Strategies:</p> <ul style="list-style-type: none"> • PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity • PA-13 (Developmental) Increase the proportion of trips made by walking • NWS-10 Reduce the proportion of children and adolescents who are considered obese • NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older • MICH-21 Increase the proportion of infants who are breastfed • Education on inexpensive alternatives for physical fitness. • Contact Health Fitness Centers for reduced fee for low income individuals • Education on Farmer's Markets • Education on healthy meal choices for time management • Worksite Wellness 	<p>Barriers:</p> <ul style="list-style-type: none"> • Money • Transportation • Limited access • Education • Cultural Norm • Cultural Acceptance • Lack of healthy Food Choices at Food Pantries • Time management perception
<p>Corrective Actions to reduce the level of the indirect contributing factors:</p> <ul style="list-style-type: none"> • Increase physical activity • Reduce poor nutrition • Reduce Obesity • Increase education on nutrition • Increase education on physical activity 	

Proposed community organization to provide and coordinate the activities:

The Perry County Health Department will continue to work through the Community Transformation Grant to bring worksite well to employers and employees of Perry County. PCHD will also begin working with a local school district to bring coordinated school health initiatives. The process has begun to set up more walking path for worksites to use with the help of the PCHD. Collaboration will be expanded to provide more education centered on Farmer's Market. Breastfeeding Peer Counselors will expand programming to all citizens of Perry County regardless of income. PCHD has recently purchased a second medical grade breast pump to rent out.

PCHD has completed Office of Women's Health grants in the past. The health department will continue to seek out these opportunities. The plan is to establish walking programs for citizens of Perry County to use.

The PCHD will continue to expand the Perry County Healthy Community Coalition. The Coalition will assist in the media release of events that will be taking place. During regular meetings members will be encouraged to share information and flyers during round table updates. The coalition will work on establishing a link for social media to share events.

Local Hospitals will continue to have health fairs that provide free to reduce services.

Evaluation plan to measure progress towards reaching objectives:

- Increase marked walking paths by 2 2017.
- Increase the number of educational campaign for Farmer's Market.
- Through Worksite Wellness Programming educate on physical activity and assist in establishing healthy food choices and increased activity levels.
- Will work with the Chamber of Commerce to highlight businesses that provide worksite wellness efforts.
- Increase number of schools with the CATCH programming by one and educate one school on programming.
- Evaluate and increase the number of mother WIC and non WIC that receive services through PCHD breastfeeding programs.

Appendix

Appendix A: Coalition Roster

Appendix B: Survey Tool

Appendix C: Health Problem Analysis Worksheet

Appendix D: Community Health Plan Worksheet

APPENDIX A

PERRY COUNTY HEALTHY COMMUNITY COALITION ROSTER

JODI SCHOEN	PERRY COUNTY HEALTH DEPARTMENT
BARBARA TAYLOR	PERRY COUNTY HEALTH DEPARTMENT
NICOLE MARLOW	PERRY COUNTY HEALTH DEPARTMENT
SANDY PHILLIPS	PERRY COUNTY HEALTH DEPARTMENT
CALEB NEHRING	AMERICAN CANCER SOCIETY
BRENDA GREEN	DHS – WIC
PAM LOGAN	MARSHALL BROWNING HOSPITAL
M. BROWN	MARSHALL BROWNING HOSPITAL
ELIZABETH WHEELER	MARSHALL BROWNING HOSPITAL
DANY KIRK	MARSHALL BROWNING HOSPITAL
DEBBIE HILL	MARSHALL BROWNING HOSPITAL
AMBER GREGORY	PERRY COUNTY COUNSELING CENTER
JEANENE EDMISON	PERRY COUNTY COUNSELING CENTER
BRENDA HILL	PERRY COUNSELING CENTER
CAROL BASTIEN	FOR THE HEALTH OF IT
CHARLOTTE BROWN	LINCARE
COREY MAYNOR	NEURO-RESTORATIVE
MILES PRIEBE	PINCKNEYVILLE COMMUNITY HOSPITAL
ANGELA BOYETT	PINCKNEYVILLE COMMUNITY HOSPITAL
THERESA LUTZ	ILLINOIS NUTRITION EDUCATION PROGRAM
CHRISTY EMERY	REGIONAL OFFICE OF EDUCATION #300
BETTI MUCHA	PERRY/JACKSON COUNTY CHILD ADVOCACY
MARTI RIDER	ZIMMERMANN CHIRO/DOC Z'S
CHRISTINA HARSY	DUQUOIN SCHOOL NURSE

SARA TANNER	UNIVERSITY OF ILLINOIS EXTENSION
BETH WALKER	AMERICAN HEART ASSOCIATION
JILL FOX	PINCKNEYVILLE CHAMBER OF COMMERCE
SAM ROBB	PERRY COUNTY COMMISIONER
MARLA SILBE	PINCKNEYVILLE POLICE DEPARTMENT
JIM GIELOW	PINCKNEYVILLE FIRE DEPARTMENT
TIBRETTA REIMON	CHAMBER OF COMMERCE
PENNI QUITSCHE	AMERICAN CANCER SOCIETY
CRAIG WILLIAMS	CRAIG WILLIAMS CREATIVE
AMY PHILLIPS	REGIONAL OFFICE OF EDUCATION (HOMELESS LIAISON)

APPENDIX B (pg 1 of 3)

IPLAN
Perry County Health Department

Community Assessment of Health Needs

Questions:

1. Please select from below what you believe are Perry County's **four** most significant health problems and rank them from 1-4 (1 being the most significant).

Heart Disease Cancer Stroke Diabetes Suicide
 Accidents Obesity Depression Other

2. What do you think Perry County Health Department could do to reduce or improve the above issues?

3. How would you rank mental health concerns for Perry County?

High Medium Low

Why?

4. How would you rank the level of importance for Home Health Care?

High Medium Low

5. How important do you consider each of the following Environmental Health Issues in regard to Public Health and Public Safety?

	High	Medium	Low
Available public water			
Sewer			
Abandoned buildings			
Abandoned wells			
Food inspections			

APPENDIX B (pg 2 of 3)

6. Do you feel that the reduced exposure to second-hand smoke is an important health concern?
Yes or No?

Do you feel that strict enforcement is still needed for smoke-free places? Yes or No?

7. Rate the following for their importance.

	High	Medium	Low
Domestic violence			
Child Abuse			
Depression			
Suicide			
Preventive test			

Preventive screening			
Lead			
Smoking			
Tobacco use			
Alcohol use			
Drug use			
Prescription drug use			
Counseling			
Healthy food choices			
Exercise			
Access to health care			

APPENDIX B (pg 3 of 3)

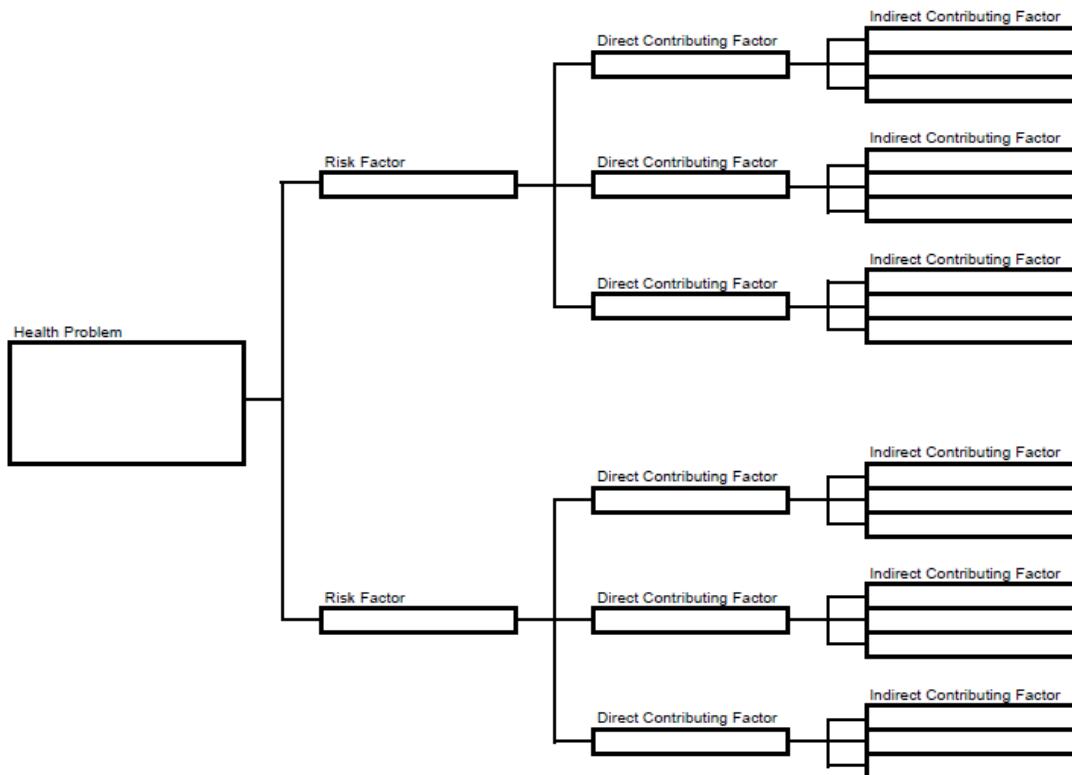
8. Are there any other Public Health issues not mentioned that you believe is of concern?

9. What barriers or limitations do you believe prevent people from having access to proper health care?

10. What changes or improvements in the community or in local policy would have a benefit on health issues?

APPENDIX C

HEALTH PROBLEM ANALYSIS WORKSHEET



APPENDIX D

COMMUNITY HEALTH PLAN WORKSHEET

Impact objectives:	Resources Available:
Intervention Strategies:	Barriers:
Corrective Actions to reduce the level of the indirect contributing factors:	
Proposed community organization to provide and coordinate the activities:	
Evaluation plan to measure progress towards reaching objectives:	