Perry County

2017 – 2022 IPLAN



Prepared by:

**Perry County Health Department**

<http://www.perryhealth.net/>

**Pinckneyville Office**

907 N. Main Street, P.O. Box 49

Pinckneyville, IL 62274

**Table of Contents**

1. Board of Health Letter
2. Executive Summary
3. Community Health Assessment
   1. Purpose Statement
   2. Description of Community
   3. Community Participation
   4. Data Summary and Findings
4. Community Health Improvement Plan
5. Purpose Statement
6. Description of Community Participation with Development of Plan
7. Community Health Plan Process
8. Description of IPLAN Health Priorities
9. Health Priorities, Analysis, and Plan
10. Appendix

**Board of Health Letter**



February 2, 2018

Heidi Clark, MPH

Division Chief, Health Data and Policy

Office of Policy, Planning and Statistics

Illinois Department of Public Health

525 West Jefferson Street

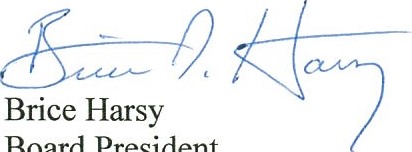
Springfield, IL 62761

Dear Ms. Clark:

The Perry County Board of Health has reviewed and approved the Organizational Needs Assessment, the Community Health Assessment, and the Community Health Plan to reduce the number of adverse health outcomes associated with Diabetes, Mental Health, and Heart Disease 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,



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, we completed assessments, identified priority health problems, and developed a five-year plan. This planning process has changed the programming in Perry County. The efforts made toward the completion and implementation of this process will greatly influence 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, the Perry County Health Department performed initiatives toward funding and utilization of community resources to make strides to improve the health of Perry County residents.

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

**III. Community Health Assessment Process**

1. **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 developed from the priority health problems identified.

The information was utilized 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.

1. **Description of Community**

Perry County is 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 56% urban and 44% 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 2016 census, it has a population of 21,357, which is a decrease of 4.4% from 21,543 in 2010. The races in Perry County, Illinois include: White Non-Hispanic Alone (86.3%), Black Non-Hispanic Alone (8.6%), Hispanic or Latino (3%), and Two or more races (1.7%). The Median age of residents is 40.8 years old, comparable to Illinois at 37.3. Male population is 53.06% with the female population being 46.94%.

The types of workers are broken down as follows; Private wage or salary: 42%, Government: 4%, and Self-employed, not incorporated: 54%. Industries providing employment include Manufacturing (22.7%), Educational, health and social services (20.3%), Retail trade (11.6%). The estimated household income is $58,788, compared to Illinois with $71,546. The percentage of residents with income below the federal poverty level in Perry County is 17.2%, with the state as a whole at 10.7%. The 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%.

1. **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 to 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, Southern Illinois Healthcare, American Cancer Society, American Heart Association, Alzheimer’s Association, Perry County Sherriff’s office and Health Fitness Centers. This group, along with health department staff, Perry County citizens and the Board of Health, was utilized to assist in the IPLAN process.

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 November 2016. In the first stage, the information included in the IPLAN database, IQuery, and CHNA assisted in the determination of county statistics. 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 came from the following sources:

* Behavioral Risk Factor Surveillance System
* 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. Gaps noted throughout the Community Health Assessment due to information that is not current or unavailable for Perry County.

**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 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.

Figure 2

Source: US Census Bureau Source: US Census Bureau

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, 35.55% of residents live below 200% of the poverty level in 2011-2015.

|  |  |
| --- | --- |
| **Percent Population with Income at or Below 200% FPL**  https://assessment.communitycommons.org/temp/_cc_dial636479950704439068.png  https://assessment.communitycommons.org/images/squareFF0000.pngPerry County, IL (35.55%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (31.59%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (34.26%) | **Percent Population Under Age 18 at or Below 200% FPL**  https://assessment.communitycommons.org/temp/_cc_dial636479947352347150.png  https://assessment.communitycommons.org/images/squareFF0000.pngPerry County, IL (47.38%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (40.95%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (43.96%) |

Source: CHNA.org

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 7.3% (Illinois 5.9%, US 5.2 %).

**Figure 9**

Source: Illinois Department of Employment Security

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 reduced to a four-percentage point gap in 2010. In the 2012-2013 school year, Pinckneyville Community High School had a graduation rate of 92.5%[[1]](#footnote-1) and a dropout rate of 0.5%[[2]](#footnote-2). DuQuoin High School had a graduation rate of 92.4% and a dropout rate of 1.2%.

**Figure 10**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 11 compared to 7.78 in Illinois. The leading causes of deaths (with the percentage of deaths) in 2009 were:

1) Disease of the Heart 24.2%

2) Malignant Neoplasms 18.7%

3) Chronic Lower Respiratory Diseases 5.6%

4) Cerebrovascular Diseases 5.2%

5) Nephritis/ Nephrotic Syndrome/ Nephrosis 4%

6) Diabetes Mellitus 3.6%

\* All other causes of death accounted for 38.7% of deaths (Alzheimer’s, Accidents, Influenza, pneumonia and septicemia).

When presented as a rate, years of potential life lost (YPLL) indicates the severity of premature death in a population. Figure 11 shows years of potential life lost per 100,000.

**Figure 11**

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

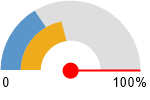
Life expectancy for men in Perry County in 2014 was 75.4 years and for women was 79.9 years, which is a year and half below the national average for men and three years below the national average for women.

***Access to Care***

One hundred percent of the total population of Perry County lives in a designated Health Professional Shortage Area (HPSA). This indicator reports the percentage of the population that is living in a geographic area designated as a HPSA, defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues (3).

This compares to 44.67% of Illinois and 33.13% of the United States.

**Percentage of Population Living in a HPSA**



https://assessment.communitycommons.org/images/squareFF0000.pngPerry County, IL (100%)

https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (44.67%)

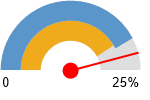
https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (33.13%)

Individuals seeking primary care with an obstetrician 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.

With implementation of the Affordable Care Act, it will be important to be aware of which populations continue to be uninsured and underinsured.

|  |  |  |
| --- | --- | --- |
| **Percent Uninsured Population**  https://assessment.communitycommons.org/temp/_cc_dial636482333246436693.png  https://assessment.communitycommons.org/images/square7FB641.pngPerry County, IL (9.29%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (11.02%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (12.98%) | **Percent Population Under Age 19 Without Medical Insurance**  https://assessment.communitycommons.org/temp/_cc_dial636482333740889498.png  https://assessment.communitycommons.org/images/square7FB641.pngPerry County, IL (2.62%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (2.89%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (5.05 | **Percent Population Age 18-64 Without Medical Insurance**  https://assessment.communitycommons.org/temp/_cc_dial636482334199051163.png  https://assessment.communitycommons.org/images/square7FB641.pngPerry County, IL (6.86%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (10.24%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (13.21%) |

**Percent of Insured Population Receiving Medicaid**



https://assessment.communitycommons.org/images/squareFF0000.pngPerry County, IL (22.95%)

https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (20.87%)

* United States (21.23%)

Source: CHNA.org, reporting Census Bureau Data

The number of Medicaid enrollees in Perry County has fluctuated over time, but showed a small decline in 2017, as shown in Figure 14. In any given year, approximately half of enrollees are children.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | **Comprehensive Benefit Enrollees** | **FY2012** | **FY2013** | **FY2014** | **​FY2015** | **FY2016​** | **FY2017** | | --- | --- | --- | --- | --- | --- | --- | | **Children** | 2,122 | 2,042 | 1,887 | 2,432​ | 1,998​ | 1,815​ | | **Adults with Disabilities** | 467 | 457 | 418 | 566​​ | 49​2 | 464​ | | **ACA** | NA | NA | 729 | 1,269​ | 934​​ | 792​ | | **Other Adults** | 1,169 | 1,170 | 1,153 | 1,353​​ | 1,111​ | 970​​ | | **Seniors** | 273 | 255 | 264 | 328​ | 281​​ | 281​ | | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Figure 14**

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 weight[[3]](#footnote-3) infants has been increasing over time. Figure 15 shows a comparison of the percentage of low-weight births in Perry County and Illinois.[[4]](#footnote-4)

**Figure 15 Figure16**

Source: IQuery Source: IQuery

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 Index[[5]](#footnote-5) and the Kotelchuck Index of Prenatal Care[[6]](#footnote-6). The rates of adequate ratings for the Kessner Index are shown in Figure 18.

The percent of births to teenage mothers[[7]](#footnote-7) 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.

**Figure 17**   **Figure 18**

Source: IQuery Source IQuery

**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 reports[[8]](#footnote-8). 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

**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 remains higher than the state. The self-reported prevalence of heart disease in Perry County is also much higher than Illinois and the US. As shown by the data provided by CHNA.org, the Perry County mortality rate associated with Coronary Heart Disease is much higher than the state average and United States. It is also higher than the Healthy People Target rate of 103.4.

|  |  |
| --- | --- |
|  | **Coronary Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)** https://assessment.communitycommons.org/temp/_cc_dial636482397560380471.png  https://assessment.communitycommons.org/images/squareFF0000.pngPerry County, IL (111.9)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (102.3)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (105.7) |

IQUERY Source: CHNA.org, reporting from BRFSS

Heart Disease (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with ischemic heart disease.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with Heart Disease | Percent with Heart Disease | | --- | --- | --- | --- | | Perry County, IL | 3,452 | 1,104 | **31.98%** | | Illinois | 1,451,929 | 389,168 | 26.8% | | United States | 34,118,227 | 9,028,604 | 26.46% | | (26.46% |

*Note: This indicator is compared with the state average.*

*Data Source:* [*Centers for Medicare and Medicaid Services*](http://www.cms.gov/)*. 2015. Source geography: County*

**Cancer**

The second leading cause of death in Perry County is cancer (“malignant neoplasms”). Figure 23-1 shows the cancer mortality rate for Perry County and Illinois. Figure 23-2 shows data from 2010-2014. Due to low incidence levels, 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.

|  |  |
| --- | --- |
| Source: IDPH  **Figure 23-1** | **Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)**  https://assessment.communitycommons.org/temp/_cc_dial636482463833281349.png  https://assessment.communitycommons.org/images/squareFF0000.pngPerry County, IL (188.7)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (173.9)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (166.  *Data Source: Centers for Disease Control and Prevention,* [*National Vital Statistics System*](http://www.cdc.gov/nchs/nvss.htm/)*. Accessed via* [*CDC WONDER*](http://wonder.cdc.gov/)*. 2010-14. Source geography: County*  **Figure 23-2** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 is higher than the State and United States. The percentage of adults aged 20 and older and Medicare beneficiaries who have ever been told by a doctor that they have diabetes is shown.

|  |  |
| --- | --- |
| **Percent Adults with Diagnosed Diabetes (Age-Adjusted)**  https://assessment.communitycommons.org/temp/_cc_dial636482470468080877.png  https://assessment.communitycommons.org/images/squareFF0000.pngPerry County, IL (9.4%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (8.47%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (9.19%)  *Data Source: Centers for Disease Control and Prevention,* [*National Center for Chronic Disease Prevention and Health Promotion*](http://www.cdc.gov/nccdphp/dnpao/index.html)*. 2013. Source geography: County* | **Percentage of Medicare Beneficiaries with Heart Disease**  https://assessment.communitycommons.org/temp/_cc_dial636482472717192529.png  https://assessment.communitycommons.org/images/squareFF0000.pngPerry County, IL (31.98%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (26.8%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (26.46%)  *Data Source:* [*Centers for Medicare and Medicaid Services*](http://www.cms.gov/)*. 2015. Source geography: County* |

***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 and the United States.

**Figure 25**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Report Area | Total Population Age 20+ | Adults with BMI > 30.0 (Obese) | Percent Adults with BMI > 30.0 (Obese) | | --- | --- | --- | --- | | Perry County, IL | 16,997 | 4,946 | **28.7%** | | Illinois | 9,511,847 | 2,600,939 | 27% | | United States | 234,188,203 | 64,884,915 | 27.5% | | | Report Area | Survey Population (Adults Age 18+) | Total Adults Overweight | Percent Adults Overweight | | --- | --- | --- | --- | | Perry County, IL | 11,881 | 8,640 | **72.7%** | | Illinois | 9,476,490 | 3,448,247 | 36.4% | | United States | 224,991,207 | 80,499,532 | 35.8% | |

*Data Source: Centers for Disease Control and Prevention,* [*National Center for Chronic Disease Prevention and Health Promotion*](http://www.cdc.gov/nccdphp/dnpao/index.html)*. 2013.* [*Behavioral Risk Factor Surveillance System*](http://www.cdc.gov/brfss/)*. Additional data analysis by* [*CARES*](http://cares.missouri.edu/)*. 2011-12.*

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)[[9]](#footnote-9). 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.

**Figure 26**

***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 27). This percentage has also been increasing over time in Perry County.

**Figure 27**

Source: BRFSS

Smoking has remained relatively stable since 2001 until the 2010-2014 round of the Illinois BRFSS. Twenty-three percent of Perry County residents reported smoking between 2001 and 2003; 21% in 2004-2006; 24% in 2007-2009 and a decline to 15.2% in 2010-2014. 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. The biggest decline occurred in the 2010-2014 round. 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 fewer 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 84 cases in 2011. Even with this increase, the rate of chlamydia cases is lower than in Illinois. In 2009[[10]](#footnote-10), 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

***HIV and AIDS***

There were no diagnoses of HIV or AIDS in 2011. The cumulative diagnosis for HIV between 2005 and 2011 was less than 20 cases. Perry County had one HIV diagnosis and two AIDS diagnoses in 2016.

***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 collaborated with the Environmental Working Group to publish data on contamination of drinking water in the years from 2004 to 2009. Companies reported their results. 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) | Chloroform (2007) |
|  | Total trihalomethanes (2005, 2006, 2007, 2008) |  |
| 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 29**Source: 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. In 2015, the Perry County Health Department completed 214 of the 338 tests for the county. While any lead in the blood in undesirable, greater than 10 micrograms/deciliter is considered 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 premature death would have been prevented or managed if the health care system had functioned satisfactorily. The hospitals within the county do 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 provided by Pinckneyville Community Hospital; it is based on diagnosis codes upon hospitalization. Marshal Browning Hospital had not submitted their results.

**Children (1-17) that have been seen/hospitalized for asthma.  Codes 493.00-493.92**   
2014:  14  
2015:  14  
2016:  12  
**Infants admitted for dehydration (0-1).  Codes 276.51**   
2014:  4  
2015:  3   
2016:  0   
**Adults hospitalized for uncontrolled hypertension.  Codes 401.0-405.99** (This included patients that were inpatient, swing bed, observation, and Emergency Department.)  
2014:  682   
2015:  716  
2015:  653  
  
**Adults TB cases seen.  Codes 011.00-011.96**   
2014:  0   
2015:  0   
2016:  0

**Adult Admits for dehydration.  Codes 276.51** (This included patients that were inpatient, swing bed, observation, and Emergency Department.)  
2014:  138   
2015:  131  
2016:  119  
**Non-fatal head injuries:  Codes 959.01.**   
2014:  27   
2015:  28   
2016:  28   
**Non-fatal hip fractures.  Codes 820.00-820.9**   
2014:  13   
2015:  5   
2016:  5   
**Deaths from MV accidents.  E codes.**   
2014:  unknown   
2015:  1   
2016:  0

**Suicides.  E codes.**   
2014:  8   
2015:  0   
2016:  0

(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 | *in situ* | Localized | Regional | Distant | Unknown |
| Illinois | 45196 | 126.4 | 20.5% | 48.6% | 24.6% | 4.8% | 1.6% |
| Perry Co. | 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 accumulated from the survey utilized by the health department with collaboration from the PCHCC, the community via Survey Monkey, and health department staff. This IPLAN round, the Perry County Health Department created a Survey Monkey for the Perry County Community Assessment of Health Needs to obtain a broad view for the citizens of Perry County. This survey supplied the Health Department with a sampling of 63 responses.

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

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).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Problem** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **Total** |
| Heart Disease | 10 | 12 | 13 | 9 | 0 | 0 | 0 | 0 | 0 | 44 |
| Cancer | 25 | 12 | 7 | 8 | 0 | 0 | 0 | 0 | 0 | 52 |
| Stroke | 1 | 3 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 9 |
| Diabetes | 5 | 13 | 11 | 11 | 0 | 0 | 0 | 0 | 0 | 40 |
| Suicide | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 1 | 4 |
| Accidents | 2 | 3 | 6 | 1 | 0 | 0 | 1 | 1 | 0 | 14 |
| Obesity | 5 | 10 | 10 | 16 | 1 | 0 | 0 | 1 | 0 | 43 |
| Mental Health | 11 | 6 | 9 | 10 | 1 | 1 | 0 | 0 | 0 | 38 |
| Other | 3 | 2 | 1 | 2 | 1 | 0 | 0 | 0 | 1 | 10 |

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

* Education, awareness
* Public nutrition classes
* Good example
* More prevention efforts involving family violence & abuse, which are directly related to all options above in one 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
* Outreach
* Have screenings available – training more
* Assisting residents with easily accessible, reliable resources (places to exercise, promoting farmer’s markets)
* Education – newspaper articles, screenings
* Education-on disease.
* Health screenings. Education
* Continue to do child safety seat checks for accidents.
* Team up with hospitals

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

|  |  |  |
| --- | --- | --- |
| **High** | **Medium** | **Low** |
| 48 | 10 | 2 |

Why?

* I know many people that are having difficulties, and 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.
* Not enough convenient, trauma focused research based treatment options.
* I did not realize how many people had mental health issues before then.
* Perry County has been hit hard by the economic downturn; this affects people, stability, and ability to cope with daily activities.
* 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** |
| 48 | 10 | 2 |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **High** | **Medium** | **Low** |
| Available public water | 52 | 8 | 0 |
| Sewer | 46 | 14 | 2 |
| Abandoned buildings | 21 | 30 | 11 |
| Abandoned wells | 22 | 28 | 12 |
| Food inspection | 48 | 10 | 3 |

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

|  |  |
| --- | --- |
| Yes | No |
| 53 | 10 |

Do you feel that enforcement is needed to reduce exposure to vapor or electronic cigarettes?

|  |  |
| --- | --- |
| Yes | No |
| 39 | 21 |

Is enforcement still needed for smoke free public places?

|  |  |
| --- | --- |
| Yes | No |
| 43 | 20 |

Do you feel exposure to vapor devices or electronic cigarettes is an important health concern?

|  |  |
| --- | --- |
| Yes | No |
| 47 | 14 |

Do you feel that enforcement is needed to reduce exposure to vapor or electronic cigarettes?

|  |  |
| --- | --- |
| Yes | No |
| 39 | 21 |

7. Rate the following for their importance:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **High** | **Medium** | **Low** |
| Domestic violence | 35 | 23 | 4 |
| Child abuse | 50 | 8 | 3 |
| Elder Abuse | 40 | 19 | 3 |
| Self-Harm | 25 | 27 | 10 |
| Suicide | 19 | 30 | 13 |
| HIV/STD | 24 | 30 | 7 |
| Preventive Health Screenings | 47 | 15 | 1 |
| Lead | 9 | 34 | 20 |
| Smoking | 34 | 22 | 6 |
| Tobacco use | 37 | 20 | 6 |
| Alcohol use | 44 | 14 | 4 |
| Drug use | 57 | 3 | 2 |
| Prescription drug misuse | 46 | 14 | 3 |
| Counseling | 34 | 22 | 5 |
| Healthy food choices | 37 | 21 | 5 |
| Physical Activity | 34 | 27 | 2 |
| Access to health care | 41 | 18 | 3 |
| Prenatal Care | 36 | 24 | 2 |
| Teen Pregnancy Prevention | 35 | 22 | 3 |

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

* Prostate screenings
* Childhood obesity.
* Drug problem in the county street drugs and prescription
* 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
* 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
* Lack of behavioral health
* 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 do not 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?

Better health screenings, prevention methods

* More physical activity.
* Cholesterol checking. Providing more services for elderly free of charge. Providing blood screenings. Women & men health. Mammograms & PSAS. Grants.
* More education
* More transportation
* High deductibles
* 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**

1. **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 for better service to the residents of Perry County. This plan will 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.

1. **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 conducted in August of 2016 with the discussion of the IPLAN. The past IPLAN explained as well as a description of the priorities that the Perry County Health Department had been addressing. Setting up steering committees and the discussion of goals of committee members took place. In September of 2016, initial data was shared with the coalition members. The top five areas of concern were discussed at this meeting. During January and February of 2017, the coalition’s focus was on the top six areas of concern, which included heart disease, cancer, obesity, mental health, stroke, and child health. The coalition identified contributing factors and causes of cancer, respiratory, stroke, disease, heart disease, addictive habits, obesity, cardiovascular disease, substance abuse, self-inflicted harm, Alzheimer, diabetes, tobacco use, access to care, and mental health during the February and March 2017 coalition meetings.

In September of 2016, a survey (Appendix B) conducted with coalition member, partners, and health department members after statistics of all seven data systems areas were shared. Survey results were shared with members through e-mail and in the next coalition and staff meetings. In the next meetings, April through August of 2017, discussion on narrowing priorities took place. Priorities of heart disease, mental health, cancer and diabetes were selected. The Health Problem Analysis Worksheet and Community Health Plan Worksheets were completed during group discussion at the coalition meetings.

1. **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 responses, health department staff, and community partners. Prioritization of health problems through a group process occurred 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.

In August of 2016, discussion of IPLAN and setting up a steering committee began with the help of the PCHCC. In August and September 2016 initial data was shared including the top 6 areas of concern, which included heart disease, cancer, obesity, mental health, stroke, and child health. During the coalition, meeting, Board of Health, staff meetings in June and July of 2017, the members narrowed down and placed the top four topics in order according to the areas that need a focus. Then members voted on health concerns with the following results: 1. Diabetes, 2. Mental Health, 3.Heart Disease, and 4.Cancer. Starting in September of 2016, a survey was sent out to the PCHCC members, residents of Perry County 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 between both affiliations and along with statistics were used to determine the priorities of the IPLAN.

1. **IPLAN Priorities**

Discussion of results from the survey and statistics happened with the PCHCC prioritization of the priorities as followed:

* Diabetes
* Mental Health
* Heart Disease

The coalition as a group decided the focus they had on child health was more linked to the concern of mental health. The concern of nutrition was to combat the disease process that takes place with poor nutrition and the link to increased Type 2 Diabetes. So the focus became on areas that are have a great impact on changing nutrition behaviors. Heart Disease was chosen due to the statistics that were provided and the impact of Heart Disease on the community. The group wanted to focus on the three priorities that had the greatest impact on our community.

During the September through November meetings, the members completed the Health Problem Analysis Worksheet (Appendix C) and Community Health Plan (Appendix D). Perry County completed this process as a group with an open discussion. There was still a concern from the Cancer representatives of the need for increased awareness of cancer issues and changes in services. Discussion took place during the completion of the worksheets on how we could incorporate cancer prevention screenings in the prevention side of the disease process to combat high cancer rates associated with the priorities. Due to the increase in mental health concerns and increase in drug use, mental health increased as a concern area even if the focus was prevention and education.

**E. HEALTH PRIORITIES, ANALYSIS, AND PLAN**

**Diabetes**

Description: The top priority identified for the IPLAN in the 2017-2022 cycle is Diabetes. In the previous cycle, this priority did not make the list for priority. Diabetes is the seventh leading cause of death in the United States according to the Health People 2020.

Diabetes Management - Hemoglobin A1c Test

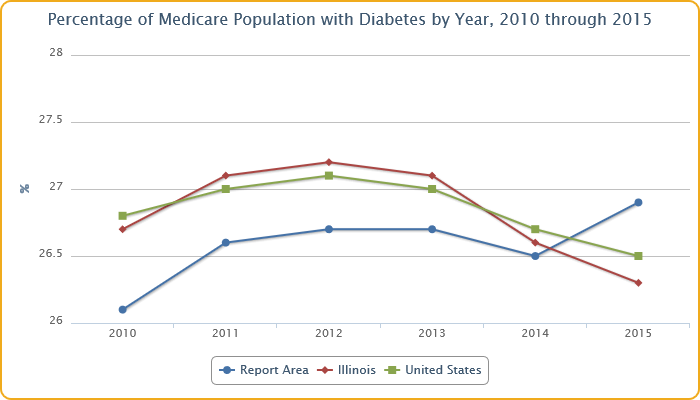
This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test that measures blood sugar levels, administered by a health care professional in the past year. In the report area, 1,505 Medicare enrollees with diabetes have had an annual exam out of 1,782 Medicare enrollees in the report area with diabetes, or 84.5%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Download Data   | Report Area | Total Medicare Enrollees | Medicare Enrollees with Diabetes | Medicare Enrollees with Diabetes with Annual Exam | Percent Medicare Enrollees with Diabetes with Annual Exam | | --- | --- | --- | --- | --- | | Report Area | 13,570 | 1,782 | 1,505 | **84.5%** | | Jackson County, IL | 4,766 | 628 | 535 | **85.4%** | | Perry County, IL | 2,834 | 397 | 323 | **81.4%** | | Randolph County, IL | 4,006 | 527 | 452 | **86%** | | Washington County, IL | 1,964 | 230 | 193 | **84.3%** | | Illinois | 1,229,443 | 149,658 | 128,554 | 85.9% | | United States | 26,753,396 | 3,314,834 | 2,822,996 | 85.2% |   *Note: This indicator is compared with the state average.*  *Data Source: Dartmouth College Institute for Health Policy & Clinical Practice,* [*Dartmouth Atlas of Health Care*](http://www.dartmouthatlas.org/)*. 2014. Source geography: County* | **Percent Medicare Enrollees with Diabetes with Annual Exam**  **https://assessment.communitycommons.org/temp/_cc_dial636491875616347827.png**  https://assessment.communitycommons.org/images/squareFF0000.pngReport Area (84.5%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (85.9%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (85.2%) |

Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Report Area | Total Population Age 20+ | Population with Diagnosed Diabetes | Population with Diagnosed Diabetes, Crude Rate | Population with Diagnosed Diabetes, Age-Adjusted Rate | | --- | --- | --- | --- | --- | | Report Area | 99,824 | 9,706 | 9.72 | **9.18%** | | Jackson County, IL | 45,944 | 4,135 | 9 | **9.5%** | | Perry County, IL | 16,991 | 1,801 | 10.6 | **9.4%** | | Randolph County, IL | 25,822 | 2,608 | 10.1 | **8.8%** | | Washington County, IL | 11,067 | 1,162 | 10.5 | **8.7%** | | Illinois | 9,507,158 | 864,658 | 9.09 | 8.47% | | United States | 236,919,508 | 23,685,417 | 10 | 9.19% |   *Note: This indicator is compared with the state average.*  *Data Source: Centers for Disease Control and Prevention,* [*National Center for Chronic Disease Prevention and Health Promotion*](http://www.cdc.gov/nccdphp/dnpao/index.html)*. 2013. Source geography: County* | **Percent Adults with Diagnosed Diabetes (Age-Adjusted)**  **https://assessment.communitycommons.org/temp/_cc_dial636491878030035145.png**  https://assessment.communitycommons.org/images/squareFF0000.pngReport Area (9.18%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (8.47%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (9.19%) |



Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Download Data   | Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with Diabetes | Percent with Diabetes | | --- | --- | --- | --- | | Report Area | 18,813 | 5,052 | **26.9%** | | Jackson County, IL | 7,636 | 1,999 | **26.18%** | | Perry County, IL | 3,452 | 972 | **28.16%** | | Randolph County, IL | 5,400 | 1,479 | **27.39%** | | Washington County, IL | 2,325 | 602 | **25.89%** | | Illinois | 1,451,929 | 381,457 | 26.27% | | United States | 34,118,227 | 9,057,809 | 26.55% |   *Note: This indicator is compared with the state average.*  *Data Source:* [*Centers for Medicare and Medicaid Services*](http://www.cms.gov/)*. 2015. Source geography: County* | **Percentage of Medicare Beneficiaries with Diabetes**  **https://assessment.communitycommons.org/temp/_cc_dial636491933929074246.png**  https://assessment.communitycommons.org/images/squareFF0000.pngReport Area (26.9%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (26.27%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (26.55%) |

**Health Problem Analysis Worksheet**

Indirect Contributing Factor

Culture

Education

Follow up care

Direct Contributing Factor

Genetics

Indirect Contributing Factor

Lack of Education

Poor Nutrition

Lack of access

Risk Factor

Obesity

Direct Contributing Factor

Diet

Indirect Contributing Factor

Busy lifestyle

Physical Inactivity

Lack of follow-up

Direct Contributing Factor

Education

Health Problem

Diabetes

Indirect Contributing Factor

Cost Perception

Norms

Poor cooking skill

Direct Contributing Factor

Social Economic

Indirect Contributing Factor

Social economic status

Relying on medication

Non-compliance

Direct Contributing Factor

Medication Management

Risk Factor

Lifestyle Choices

Indirect Contributing Factor

Technology/lack of play

Access to facilities

Lack of education

Direct Contributing Factor

Physical Inactivity

|  |  |
| --- | --- |
| Impact objectives:  The outcome of the chosen objective will focus on the reduction of prevalence of Diabetes type I and II and decreasing the mortality of diabetes.   * The PCHD will reduce diabetes rate amount the Medicare population in Perry County to less than 26.5% by 2022. * The PCHD will reduce diabetes crude rate amount the adult population in Perry County to less than 9 by 2022. * The PCHD will increase the total number of adults that have their hemoglobin A1c checked by 20 each year until 2022 through the health departments program. | Resources Available:   * Perry County Health Department (PCHD) Lab services onsite and off site * Perry County Healthy Community Coalition * Pinckneyville Community Hospital * Marshal Browning Hospital-health fairs * Farmer’s Market * Start Walking Paths * Diabetes Self-Management Program * Health Fitness Centers * Chronic Care coordinators * Kidney Mobile (Annual Screenings) |
| Intervention Strategies: Healthy People 2020  D-1 Reduce the annual number of new cases of diagnosed diabetes in the population  D-11 Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year their blood  D-14 Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education  D-16 Increase prevention behaviors in persons at high risk for diabetes with prediabetes  D-16.1 Increase the proportion of persons at high risk for diabetes with prediabetes who report increasing their levels of physical activity  D-16.3 Increase the proportion of persons at high risk for diabetes with prediabetes who report reducing the amount of fat or calories in their diet. | Barriers:   * Cultural Norms * Individual Priority * Limited access to health care options * Not taking advantage of resources * Education * Physician support of referral to services * Transportation * Financial * Getting the word out to all social economic groups/Social Media |
| Corrective Actions to reduce the level of the indirect contributing factors:   * Increase education to Perry County Residents on risk factors that contribute to directly and indirectly to diabetes. * Increase wellness and prevention clinics and offer more preventative services to residents. * Coordinate and expand initiatives that focus on diabetes. * CDSMP/DSMP classes * Increase awareness of Health Fairs and reduced cost testing. | |
| Proposed community organization to provide and coordinate the activities:  The Perry County Health Department will continue to work to bring worksite wellness to employers and employees of Perry County. PCHD has recently begun to provide low cost lab work and will work to educate and provide services to individuals in need. Free testing through the Kidney Mobile will be offered and extend into the public for convenience and education efforts on prevention and early diagnosis. Networking strategies will be utilized to collaborate with healthcare facilities.  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 or reduced cost services. When events are taking place, the networking efforts of the coalition will advertise to diverse groups. | |
| Evaluation plan to measure progress towards reaching objectives:   * The PCHD will reduce diabetes rate among the Medicare population in Perry County to less than 26.5% by 2022. * The PCHD will reduce diabetes crude rate among the adult population in Perry County to less than 9 by 2022. * Increase the number of educational campaigns for Farmer’s Market by 3 each year until 2022. * Through Worksite Wellness Programming, offer hemoglobin A1c 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 by 5% by 2022. * Work with the Chamber of Commerce to highlight businesses that provide worksite wellness efforts. | |

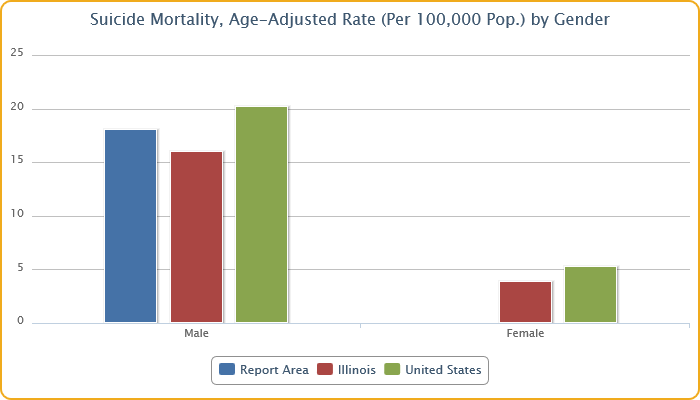
**Mental Health**

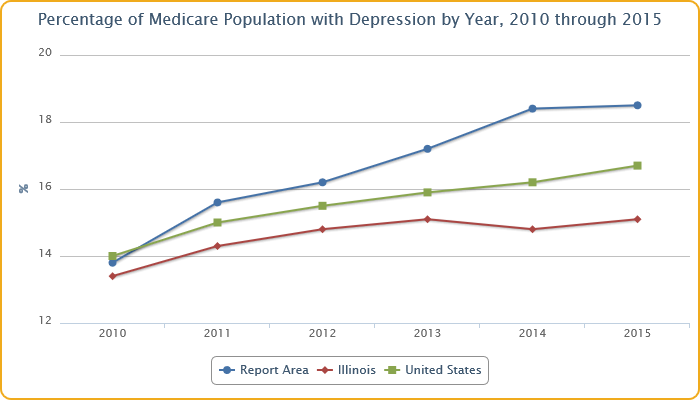
Description: The second priority identified for the IPLAN in the 2017-2022 cycle is Mental Health. In the previous cycle, this did not make the list for priority. This cycle, mental health issues and disorders came in a close priority to Diabetes. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery. (According to Healthypeople.gov, https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders)

A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct causes.

**Risk Factors**

* Family history of suicide
* Family history of child maltreatment
* Previous suicide attempt(s)
* History of mental disorders, particularly clinical depression
* History of alcohol and substance abuse
* Feelings of hopelessness
* Impulsive or aggressive tendencies
* Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
* Local epidemics of suicide
* Isolation, a feeling of being cut off from other people
* Barriers to accessing mental health treatment
* Loss (relational, social, work, or financial)
* Physical illness
* Easy access to lethal methods
* Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts





Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Download Data   | Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with Depression | Percent with Depression | | --- | --- | --- | --- | | Report Area | 18,813 | 3,473 | **18.5%** | | Jackson County, IL | 7,636 | 1,576 | **20.6%** | | Perry County, IL | 3,452 | 596 | **17.3%** | | Randolph County, IL | 5,400 | 898 | **16.6%** | | Washington County, IL | 2,325 | 403 | **17.3%** | | Illinois | 1,451,929 | 219,143 | 15.1% | | United States | 34,118,227 | 5,695,629 | 16.7% |   *Note: This indicator is compared with the state average.*  *Data Source:* [*Centers for Medicare and Medicaid Services*](http://www.cms.gov/)*. 2015. Source geography: County* | **Percentage of Medicare Beneficiaries with Depression**  **https://assessment.communitycommons.org/temp/_cc_dial636491945746681904.png**  https://assessment.communitycommons.org/images/squareFF0000.pngReport Area (18.5%)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (15.1%)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (16.7%) |

Unemployment Rate

Total unemployment in the report area for the current month was 3,338 or 5.4% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Download Data   | Report Area | Labor Force | Number Employed | Number Unemployed | Unemployment Rate | | --- | --- | --- | --- | --- | | Report Area | 61,792 | 58,454 | 3,338 | **5.4** | | Jackson County, IL | 28,699 | 27,104 | 1,595 | **5.6** | | Perry County, IL | 8,690 | 8,054 | 636 | **7.3** | | Randolph County, IL | 14,605 | 13,867 | 738 | **5.1** | | Washington County, IL | 9,798 | 9,429 | 369 | **3.8** | | Illinois | 6,607,396 | 6,220,568 | 386,828 | 5.9 | | United States | 161,376,737 | 152,992,568 | 8,384,169 | 5.2 |   *Note: This indicator is compared with the state average.*  *Data Source: US Department of Labor,* [*Bureau of Labor Statistics*](http://www.bls.gov/)*. 2017 - July. Source geography: County* |

**Health Problem Analysis Worksheet**

Indirect Contributing Factor

Family Environment

Health Issues

Family maltreatment

Direct Contributing Factor

Genetics

Indirect Contributing Factor

Poverty

Unemployment

Health issues

Risk Factor

Depression

Direct Contributing Factor

Stress

Indirect Contributing Factor

Social Isolation

Relying on medication

Non-compliance

Direct Contributing Factor

Coping Mechanisms

Health Problem

Mental Health

Indirect Contributing Factor

Unhealthy escape

Peer Pressure

Poverty

Direct Contributing Factor

Coping Mechanisms

Indirect Contributing Factor

Over prescribed

Relying on medication

Non-compliance

Direct Contributing Factor

Medical Condition

Risk Factor

Substance Abuse

Indirect Contributing Factor

Abuse

Family hx of use

Lack of education

Direct Contributing Factor

Family History

COMMUNITY HEALTH PLAN MENTAL HEALTH

|  |  |
| --- | --- |
| Impact objectives:  The outcome of the chosen objective will focus on the reduction of Suicides, increased awareness of mental health issues and substance abuse.  The PCHD will increase the education to Perry County about the warning signs of suicide by 2022.  The PCHD will hold CDSM classes to assist in self-coping mechanisms and hold 2 classes a year through 2022.  The PCHD will increase the total number of adults that receive education on stress reduction by30 by 2022 through the health departments program.  Education will be provided by social media campaigns, classroom, and worksites about substance abuse and will be tracked to determine the number by 2022. | Resources Available:   * Perry County Counseling Center * Perry/Jackson County Advocacy Center * Perry County Health Department (PCHD) Lab services onsite and off site * Perry County Healthy Community Coalition * Pinckneyville Community Hospital * Marshal Browning Hospital * Chronic Disease Self-Management * Health Fitness Centers * Chronic Care coordinators * School and Counselors |
| Intervention Strategies: Healthy People 2020  SA-19 Reduce the past-year nonmedical use of prescription drugs  MHMD-4 Reduce the proportion of persons who experience major depressive episodes (MDEs)  MHMD-1 Reduce the suicide rate  ECBP-3.5 Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address practicing health-enhancing behaviors and reducing health risks (skills)  ECBP-8 (Developmental) Increase the proportion of worksites that offer an employee health promotion program to their employees | Barriers:   * Cultural Norms * Individual Priority * Limited access to treatment centers * Limited access to health care options * Not taking advantage of resources * Education * Over prescribing of medication * Physician support of referral to services * Transportation * Financial |
| Corrective Actions to reduce the level of the indirect contributing factors:   * Increase education to Perry County Residents on risk factors that contribute to directly and indirectly to depression and substance abuse. * Coordinate and expand initiatives that focus depression and substance abuse. * CDSMP classes * Increase awareness during health fairs, physician offices, student classrooms and worksites. | |
| Proposed community organization to provide and coordinate the activities:  Networking strategies will be utilized to collaborate with healthcare facilities. Continue efforts to work in the school districts to provide education to reduce depression and misuse of substances. The PCHD will continue to expand the Perry County Healthy Community Coalition to directly include service areas. 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 education about depression and substance abuse and reduction of these areas. When events are taking place, the networking efforts of the coalition will be utilized to advertise to diverse groups. | |
| Evaluation plan to measure progress towards reaching objectives:   * The PCHD will bring awareness of suicide and warning sign to the community during 2017-2022. Increase information being shared to community in 2 additional places in each year. * The PCHD will distribute information on depression awareness and coping mechanisms among the Medicare population from 0 to 5 by 2022. * Increase the number of educational campaigns for suicide awareness by 4 until 2022. * Through Worksite Wellness Programming offer stress reduction measures to worksites on an annual basis to 75% of worksites by 2022. * Measure the number of participants attending Chronic Disease Self-Management classes held by PCHD by 2 by 2022. | |

# **Heart Disease**

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

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 related to high blood pressure, high cholesterol, and heart attacks. Included in this report are surrounding county percentages for comparison to Perry County.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This indicator reports the percentage of the Medicare fee-for-service population with ischemic heart disease.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | | Report Area | Total Medicare Fee-for-Service Beneficiaries | Beneficiaries with Heart Disease | Percent with Heart Disease | | --- | --- | --- | --- | | Report Area | 18,813 | 5,550 | **29.5%** | | Jackson County, IL | 7,636 | 2,099 | **27.49%** | | Perry County, IL | 3,452 | 1,104 | **31.98%** | | Randolph County, IL | 5,400 | 1,674 | **31%** | | Washington County, IL | 2,325 | 673 | **28.95%** | | Illinois | 1,451,929 | 389,168 | 26.8% | | United States | 34,118,227 | 9,028,604 | 26.46% |   *Data Source:* [*Centers for Medicare and Medicaid Services*](http://www.cms.gov/)*. 2015. Source geography: 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 summarized 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.

The Center for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, and 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 3,080.

The American Heart Association identifies high cholesterol as 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Report Area | Total Population | Average Annual Deaths,  2010-2014 | Crude Death Rate  (Per 100,000 Pop.) | Age-Adjusted Death Rate (Per 100,000 Pop.) | | --- | --- | --- | --- | --- | | Report Area | 129,713 | 287 | 221.6 | **180.8** | | Jackson County, IL | 60,028 | 113 | 187.91 | **184.1** | | Perry County, IL | 22,047 | 52 | 235.86 | **179.1** | | Randolph County, IL | 33,111 | 82 | 246.44 | **173.7** | | Washington County, IL | 14,527 | 41 | 282.23 | **185.8** | | Illinois | 12,867,528 | 24,895 | 193.47 | 174.5 | | United States | 313,836,267 | 603,698 | 192.36 | 171.8 |   *Note: This indicator is compared with the state average.*  *Data Source: Centers for Disease Control and Prevention,* [*National Vital Statistics System*](http://www.cdc.gov/nchs/nvss.htm/)*. Accessed via* [*CDC WONDER*](http://wonder.cdc.gov/)*. 2010-14. Source geography: County* | **Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)**  **https://assessment.communitycommons.org/temp/_cc_dial636486931785641334.png**  https://assessment.communitycommons.org/images/squareFF0000.pngReport Area (180.8)  https://assessment.communitycommons.org/images/squareF0AB1D.pngIllinois (174.5)  https://assessment.communitycommons.org/images/square5A96CA.pngUnited States (171.8) |

**Health Problem Analysis Worksheet**

Indirect Contributing Factor

Genetics

Education

Food Choices

Direct Contributing Factor

Hypertension

Indirect Contributing Factor

Weight Management

Obesity

Education

Risk Factor

Medical Conditions

Direct Contributing Factor

Diabetes

Indirect Contributing Factor

Obesity

Physical Inactivity

Lack of follow-up

Direct Contributing Factor

High cholesterol

Health Problem

Heart

Disease

Indirect Contributing Factor

Fat intake

Culture

High sodium diets

Direct Contributing Factor

Poor Nutrition

Indirect Contributing Factor

Social economic status

Lack of Insurance

Non-compliance

Direct Contributing Factor

Medication Management

Risk Factor

Lifestyle

Indirect Contributing Factor

Technology/lack of play

Access to facilities

Lack of education

Direct Contributing Factor

Physical Inactivity

COMMUNITY HEALTH PLAN CARDIOVASCULAR DISEASE

|  |  |
| --- | --- |
| Impact objectives:  The outcome of the chosen objective will focus on the reduction of prevalence of heart disease and decreasing the mortality of heart disease.   * 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 | Resources Available:   * 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 * Quit line * Health Fitness Centers * School systems-facility to use for exercise |
| Intervention Strategies: Healthy People 2020   * HDS -7 Reduce the proportion of adults with high total blood cholesterol levels. * HDS -4 Increase the proportion of adults who have has 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 * Offer total cholesterol screening clinics held at PCHD and offsite. Will monitor the number of people that reduce their total cholesterol. | Barriers:   * Cultural Norms * Limited access to health care options * Not taking advantage of resources * Education * Cost * Getting the word out to all social economic groups/Social Media |
| Corrective Actions to reduce the level of the indirect contributing factors:   * 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. * CDSMP/DSMP classes | |
| Proposed community organization to provide and coordinate the activities:  The Perry County Health Department will continue to work to bring worksite wellness to employers and employees of Perry County. PCHD has recently begun to provide low cost lab work, 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 cessation and continue to work with community partners to expand smoke-free policies for outdoor spaces. Networking strategies will be utilized to collaborate with healthcare facilities.  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 utilized to advertise 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 174 per 100,000 by 2022. * Reduce the number of adults with heart disease prevalence by at least 3% by 2022. * Increase the number of educational campaigns for Farmer’s Market by 3 each year until 2022. * 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 by 5% by 2022. * Will work with the Chamber of Commerce to highlight businesses that provide worksite wellness efforts. | |

**Appendix**

Appendix A: Coalition Roster

Appendix B: Survey Tool

Appendix C: Health Problem Analysis Worksheet

Appendix D: Community Health Plan Worksheet

**APPENDIX A**

**APPENDIX**

PERRY COUNTY HEALTHY COMMUNITY COALITION ROSTER

BARBARA STEVENSON PERRY COUNTY HEALTH DEPARTMENT

NICOLE MARLOW PERRY COUNTY HEALTH DEPARTMENT

BRITTANY NUMI PERRY COUNTY HEALTH DEPARTMENT

PAM LOGAN MARSHALL BROWNING HOSPITAL

ASHLEY WAREN PERRY COUNTY COUNSELING CENTER

SUSAN ENGELHART PERRY COUNTY COUNSELING CENTER

JENNIFER BARBOUR PINCKNEYVILLE COMMUNITY HOSPITAL

EVA HOPP PINCKNEYVILLE COMMUNITY HOSPITAL

JANET MORRISON PINCKNEYVILLE COMMUNITY HOSPITAL

TONI KAY WRIGHT PERRY COUNTY EXTENSION

BROOKE FOX MANOR AT MASON WOODS

ANGIE HEIMAN MANOR AT MASON WOODS

BETTI MUCHA PERRY/JACKSON COUNTY CHILD ADVOCACY

BETH CASITY PERRY COUNTY PROBATION

STEVE BAREIS PERRY COUNTY SHERIFF

# **APPENDIX B**

# 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 \_\_\_Mental Health \_\_\_Other

1. What do you think Perry County Health Department could do to reduce or improve the above issues?
2. How would you rank the level of importance for Home Health Care?

\_\_\_High \_\_\_Medium \_\_\_Low

1. 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 |  |  |  |

1. Do you feel that the reduced exposure to second-hand smoke is an important health concern? Yes or No?
2. Do you feel that strict enforcement is still needed for smoke-free places? Yes or No?
3. Do you feel exposure to vapor devices or electronic cigarettes is an important health concern? Yes or No?
4. Do you feel that enforcement is needed to reduce exposure to vapor or electronic cigarettes? Yes or No?
5. Rate the following for their importance.

|  |  |  |  |
| --- | --- | --- | --- |
|  | High | Medium | Low |
| Domestic violence |  |  |  |
| Child Abuse |  |  |  |
| Elder Abuse |  |  |  |
| Depression |  |  |  |
| Self-harm |  |  |  |
| Suicide |  |  |  |
| HIV/STD Testing |  |  |  |
| Preventive Health screening |  |  |  |
| Lead |  |  |  |
| Smoking |  |  |  |
| Tobacco use |  |  |  |
| Alcohol use |  |  |  |
| Drug use |  |  |  |
| Prescription drug misuse |  |  |  |
| Counseling |  |  |  |
| Healthy food choices |  |  |  |
| Physical Activity |  |  |  |
| Prenatal Care |  |  |  |
| Teen Pregnancy Prevention |  |  |  |

1. Are there any other Public Health issues not mentioned that you believe is of concern?
2. What barriers or limitations do you believe prevent people from having access to proper health care?
3. What changes or improvements in the community or in local policy would have a benefit on health issues?

APPENDIX C



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: | |

1. The graduation rateonly 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) [↑](#footnote-ref-1)
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) [↑](#footnote-ref-2)
3. Low birth weight is defines as less than 2,500 grams. [↑](#footnote-ref-3)
4. 2008 data was not available for Perry County. [↑](#footnote-ref-4)
5. The Kessner Index is based on estimated (reported on birth certificate) gestational age, trimester prenatal care began and the number of prenatal visits. (IDPH) [↑](#footnote-ref-5)
6. The Kotelchuck Index characterizes prenatal care (PNC) utilization on two dimensions- adequacy of initiation of PNC and adequacy of received services. (IDPH) [↑](#footnote-ref-6)
7. The definition of Teenager mother used by IDPH includes all births to women 19 years old or younger. [↑](#footnote-ref-7)
8. A report is “indicated” when a child protective service worker determines that there is credible evidence that the child was abused or neglected. (DCFS) [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)
10. Rates have not been calculated for 2010 and 2011. [↑](#footnote-ref-10)