

CLINTON COUNTY
COMMUNITY HEALTH NEEDS ASSESSMENT
and
COMMUNITY HEALTH PLAN
2011 - 2016

Prepared by

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for

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
SPRINGFIELD, ILLINOIS

August 19, 2011

PRIORITIES

HEART DISEASE
CANCER
OBESITY
ALZHEIMER'S DISEASE

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August 19, 2011

Illinois Department of Public Health
525 West Jefferson Street
Springfield, Il. 62761

RE: IPLAN Approval Letter

Dear Sirs:

The Clinton County Board of Health has reviewed and approved the Organizational Needs Assessment, the Community Health Assessment, and the Community Health Plan being submitted to your agency on August 19, 2011.

Dr. Clinton M. Smith, D.C.
Health Board President

Date

ORGANIZATIONAL CAPACITY

The Health Department conducted an Organizational Capacity Assessment in March 2011. Many staff felt a better organization assessment could be found that was not as ambiguous and perhaps more suited to small health departments. Because of the time frame, we continued the IPLAN capacity assessment. A review of strengths and weaknesses was conducted. Since several new staff have been added it appears that some past assessment weaknesses are still weaknesses and need to be corrected. The Health Department staff decided on following 10 weaknesses we wanted to correct or improve over the next several years. A guidance document will be developed which includes goals, objectives, responsibilities and methods to accomplish these tasks.

The 2011 review found 50 strengths and 16 weaknesses. This is our list of the top 10 weaknesses we would like to be corrected or improved over the next couple of years:

I. Indicators for Authority to Operate

Reference Number:

I-B-4 Units of government within the jurisdiction of the health department are represented on a committee, subcommittee or other body advisory to the local department of health.

I-C-5 The health department maintains current files documenting the legal status of all health-related organizations operating within its jurisdiction (departments of State and Local government, private nonprofit organizations, private unaffiliated groups, etc.)

II. Indicators for Community Relations

Reference Number:

II-B-7 The health department has a means of regular public communication, such as a regular newsletter or column in a community newspaper.

II-B-9 The health department has an established program for community volunteers and student interns in department programs.

III. Indicators for Community Health Assessment

Reference Number:

III-A-R The health department has and uses a prepared presentation for informing the community and community groups of its role and authority in relation to the community's health.

III-D-4 The health department has a published strategic plan that includes the current year.

VI. Indicators for Financial Management

Reference Number:

VI-B-4 The health department has a current description of state and federal funding sources available to it and to organizations within its jurisdiction.

VII. Indicators for Personnel Management

Reference Number:

VII-B-7 There are regularly scheduled meetings by work group, work site, division and department for all staff.

VII-C-2 The health department has a written plan or policy regarding staff recruitment, selection, development, and retention.

VII-D-3 There is a written, standard employee exit interview conducted with every employee leaving the health department, which includes identification for reasons for resignation.

VIII. Indicators for Program Management

Reference Number:

VIII-B-1 The health department collects and regularly analyzes information describing program administration and funding, program activities, workload. Client characteristics, and service costs needed to evaluate the process of program activities

VIII-B-2 The health department collects and regularly analyzes information that is needed to evaluate impact and outcome of program activities on risk factors and health status.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

A. PURPOSE STATEMENT AND BACKGROUND

The purpose of the community health needs assessment is to assess the health status within the community. To identify community resources and bring those resources together to work toward a common goal for the total well-being of the community.

Background Information:

Local Health Departments have a responsibility to take a key role in the total well being of their communities. The local health departments should lead its community in an examination of local health problems and in the development of plans to overcome the problems. A community committee was developed with a representative of each community within the county. The committee members work along with the health department in identifying and assessing health problems of the county.

Background:

Clinton County was created December 27, 1824, from Washington, Fayette and Bound Counties. Clinton County was named for DeWitt Clinton, a distinguished lawyer, financier and statesman. A United States Senator and chief promoter of the Erie Canal. Clinton County is divided into fifteen municipal townships and covers 474.3 square miles. In the past agriculture was the leading industry, with its rich soil, plenty of timber, and water. Located in Clinton County is Carlyle Lake, the largest man-made lake in Illinois, covering 26,000 acres.

Transportation Features:

Interstate highways serving the community are I-57, I-70 and I-64. The distance to the nearest interstate is about 14 miles. Highways serving the community are State route 127, U.S. Rt. 50 and Rt. 160. There are no public forms of transportation. Railroads; The main lines of Burlington Northern and CSX follow Old Rt. 50 and Rt. 161. Airports; There are no public airports in Clinton County. The nearest commercial airport with national and international flights are at Mid-America, O'Fallon and Lambert Airport in St. Louis, which are within a 30 to 60 minute drive. Scott Air Force Base is 10 miles from Clinton County.

Service Facilities

The percent of Clinton County citizens who are 25 years old and older, who are not high school graduates are higher than the State's rate. There are 24 schools in Clinton County, with approximately 6,500 students in attendance. Kaskaskia College, in Centralia has an enrollment of 2,900. There are two private colleges located within a short distance, Greenville College and McKendree College. Southern Illinois University Carbondale is about 65 miles and SIU. Edwardsville is about 25 miles from Clinton County.

Clinton County is actually served by two hospitals on in Breese - St. Joseph in Breese and one in Centralia - St. Mary's Good Samaritan Hospital. There are fifteen physicians: Family Practice, OB/GYN, Internal Medicine, Pediatrics, and General Surgery. There are several medical specialists from the St. Louis area providing out patient clinics at the hospital. While, Clinton County continues to be defined as a medical care health professional shortage area, proximity to St. Louis and Metro East area has long been overlooked as a source of medical professionals. There are nine Dentists and four Optometrists providing services in Clinton County.

There are five nursing homes and eight pharmacies in Clinton County. There are numerous churches representing most religious denominations. The County Sheriff's office is responsible for many of the smaller towns and employs eleven deputies. Most towns have their own fire protection and rural areas covered by fire protection districts. The county has five ambulance service agencies, which are equipped with EMT's.

Overall, Clinton County is located in a very good location, close to St. Louis and Metro East, which provides jobs, medical services, shopping, entertainment, sports, etc. but, within a small city atmosphere - close net communities and little crime.

B. COMMUNITY PARTICIPATION PROCESS

Prior to the re-certification process past members were contacted. Several members were no longer available. A new committee of twenty members was formed from existing members and new members for the re-certification process. There were previously twenty members on the community committee. The IPLAN members also make up the Tobacco Free Communities Coalition. Other members were solicited because of their involvement within the community. The members were instrumental in the community process.

Members of the Committee and Organization Represented

Janice Albers	WIC/FCM Nurse
Susie Batchlor	Kaskaskia College- School of Nursing
Denise Daum	Community Resource Center
Paulette Evans	DON - St. Joseph Hospital
Connie Frankovich	Resident Breese
Randy Gebke	Kohnen Concrete Products
Joan Goebel	Clinton County Health Department
Lisa Hellmann	Clinton County Senior Servives
Mike Kreke	Clinton County Sheriff
Karen LaCaze	Trenton Village Retirement Center
Kyle Michaels	Pastor Methodist Church
Phil Moss	Clinton County Coroner
Karen Muench	RN - Instructor McKendree College
Mary Nieman	Retired RN
Jan Rittenhouse	Central High School - RN
LaDean Scheurer	Clinton County COOP Extension Office
Donna Thole	Visiting Nurses Association
Janice Wiegmann	RN - Instructor McKendree College

C. METHOD

The Suggested Guidelines for IPLAN Re-certification was used to conduct the Community Health Needs assessment: IPLAN was the main method used in the community health needs assessment. The community and Board of Health, via the health department administrator and the media were informed the Health Department was conducting an assessment to identify health problems within the county.

On November 17, 2010 the Community Health Committee met to discuss the re-certification process as outlined in STEP 2. The previous 2006 IPLAN was discussed. The health problems identified by the previous committee and the four health problems identified were reviewed.

On January 26, 2011, the Community Health Committee met to discuss the Analysis of Health Priorities as outlined in Step 3 and Prioritize Community Health Problems as outlined in Step 4. Based on this information the Community Health Committee began to look at Heart Disease, Obesity, Lung Cancer and Alzheimer's as possible health priorities.

On March 31, 2011 the Community Health Committee met to discuss the Analysis the Community Health Problems (as outlined in Step 5), reviewed the Inventory of Community Health Resources (as in Step 6), and the Development of the Community Health Plan (as in Step 7).

On July 20, 2011, Reviewed 2011 IPLAN Objectives report Goals Objectives

The Community Health Advisory Committee reviewed the top ten Causes of Death and the top ten Causes of Years of Life Lost from the years 1993, 1998, 2001 and 2006. Graphs of the top ten causes of death were also presented showing of these numbers have fluctuated over the past 16 years. Information from the Health Care Report Card - Illinois Public Health Community Maps were also reviewed. These included health conditions with hypertension, Angina, Congestive Heart Failure, COPD and Diabetes Annual Clinton County Coroner information was reviewed. At the January meeting members felt a survey of Physicians and Nursing Home might get a perspective of what types of diseases are being treated and who is be admitted.

Based upon the 1996 Health Needs Assessment, the committee felt Heart Disease was still a major concern. The committee felt that Lung Cancer, while still important, could be expanded to include all cancers. Greater awareness of cancer screening tests could save more lives. The current public awareness of the obesity crisis, in the United States, the committee felt that obesity needed to be included. The Physician's survey also showed a large percent of children that were obese. Obesity also fit well with Heart Disease and Cancers, a healthier lifestyle could help in prevention. At the very start, the committee voiced concerns about Alzheimer's Disease. Nursing Home admissions also showed that dementia was one of their top admissions. Alzheimer's was not showing up as a major cause of death, even though it might have been an underlying condition. While the committee had the three health concerns, Alzheimer's was included.

D. Community Health Plan

The purpose of the Community Health Plan is to improve the health status of Clinton County residents. To enhance the awareness and cooperation among community resources through implementation of programs to decrease the health problems identified and prioritized through the health needs assessment.

Background:

Ten essential elements are important to a community health system. Local health departments provide some of these elements directly and assure that all services are provided, whether alone or by other health providers.

Local health departments have a unique oversight role regarding all of the essential elements. This sets them apart from other entities in the health system. The ten essential elements are:

1. Conduct Community Diagnosis:

Factors change over time, therefore, health departments must be ever aware of changes in the population, county resources, scientific advances, and health problems in the county, in order to identify assets, uncover problems and address needs.

2. Preventing and Controlling Epidemics:

Investigating and containing diseases and injuries, warning individuals of risks, provide screening and treatment, and taking preventive measures.

3. Providing a Safe and Health Environment:

Maintaining a clean and safe air, water, food and facilities to minimize the public's exposure to hazards.

4. Measuring Performance, Effectiveness and Outcomes of Health Services

Monitoring health care providers and the health care system, assuring competency in addressing issues which affect the public's health, and strive to assure maximum healthy conditions in the community.

5. Promoting Health Lifestyles:

Providing health education to individuals and communities by effective use of communication techniques that promote accurate understanding of possible health threats to the community.

6. Laboratory Testing:

Identify disease agents which pose environmental threats and hazards to the public.

7. Providing Targeted Outreach and Forming Partnerships:

Assure access to services for all populations, in a manner which respects their individuality.

Partnerships between health care providers promote a continuous flow of ideas, influences and cooperation.

8. Providing Personal Health Care Services:

Having the capacity to screen and monitor health problems which may be experienced by each individual, and making the proper referrals as necessary for specialized health care services. Emphases must be on primary and preventive care to decrease more complicated and advanced medical conditions.

9. Research and Innovation:

Healthy communities must be engaged in ongoing activities to continually improve health services.

10. Mobilizing the Community for Action:

Leadership to guide the development of partnerships and policies which improve community health for all of the population served.

Community Priorities

The Three Health Priorities identified in 2011 are similar to the previous year Health Priorities. The committee was also concerned about Alzheimer/Dementia. This was based on the analysis of data describing the health of the population and on the judgement of the community concerning the seriousness of the health problems, needs, ability to implement programs, and availability of resources.

FOUR PRIORITY HEALTH PROBLEMS

Heart Disease
 Cancer
 Obesity
 Alzheimer's Disease

The leading Causes of Mortality in Clinton County:

2006	349	
Diseases of Heart	100	29%
Malignant Neoplasms	78	22%
Coronary Heart Disease@	73	21%
Cerebrovascular Disease	28	8%
Lung Cancer@	24	7%
Accidents	19	5%
Chronic Lower Resp Disease	16	5%
Influenza & Pneumonia	12	3%
Lymph & Hemato Cancer	11	3%
Motor Vehicle Accidents	8	2%

The leading causes of Mortality in Illinois

2006	102,122	
Diseases of Heart	27,002	26%
Malignant Neoplasms	24,052	24%
Coronary Heart Disease@	19,120	19%
Lung Cancer@	6,663	7%
Cerebrovascular Disease	5,974	6%
Chronic Lower Resp. Disease	4,725	5%
Accidents	4,401	4%
Diabetes Mellitus	2,794	3%
Influenza & Pneumonia	2,671	3%
Colo-rectal Cancer@	2,507	2%

@This is a subcategory of a preceding cause

The Leading Causes of Specific Years of Potential Life Lost:

Clinton County 2006

Accidents	330
Motor Vehicle Accidents@	208
Malignant Neoplasms	207
Diseases of Heart	162
Coronary Heart Disease@	120
Suicide	81
Congenital Malformations	64
Firearms	58
Lung Cancer@	44
Homicide	

Illinois 2006

Accidents	85,216
Malignant Neoplasms	73,388
Diseases of Heart	54,579
Perinatal Conditions	45,158
Coronary Heart Disease@	36,136
Motor Vehicle Accidents@	31,128
Homicide	27,677
Firearms	27,275
Congenital Malformations	19,618
Suicide	17,193

@ This is a subcategory of a preceding cause.

IDPH Edwardsville Regional Data:

The top three Causes of Death, Heart Disease, Malignant Neoplasms and Coronary Heart disease, were the same in 15 of 16 counties

The top four Causes of Death, which included Lung Cancer, were the same in 9 of 16 counties

The top seven Causes of Death, , which included Accidents, Chronic Lower Respiratory Disease and Cerebrovascular Disease, except order changed, in 12 of 16 counties.

(IPLAN Data System 2006)

F. Results

The Community Health Advisory Committee, using the nominal group process, identified four priority health problems. The nominal group process involved in committee members identifying health problems, listing those problems, collating and prioritizing the health problems in an orderly fashion. The four

Health problems identified, in order by the community committee are: Heart Disease, Lung Cancer, Obesity and Alzheimer's Disease. In the following text are some reasons why the health problems were identified as a concern in Clinton County.

G. Summary

The Community Health Plan is an initiative to improve the health status of Clinton County residents. To improve the ability of the Clinton County Health Department to provide leadership in articulating the county's major health needs. Because improvements in public health require active community ownership and commitment, the Clinton County Health Department must work in partnership with community agencies, community leaders, interest groups and representatives of high risk population groups.

The Community Health Advisory Committee completed the re-certification of the Clinton County Community Health Plan in July 2011. Health Advisory Committee reviewed the 2011 Clinton County Community Health Plan. I PLAN Summary Data and other Clinton County information. Upon review of this information the advisory committee decided that the health priorities would be Heart Disease, Lung Cancer and Obesity and Alzheimer's Disease in 2011.

Heart Disease is the leading cause of mortality in Clinton County. It is estimated that 12 million people in the United States have Heart Disease. Many factors of Heart Disease can be controlled by changes in life style. Our goal is to provide health screening and education to residents on risk factors of Heart Disease and to promote healthy life styles, thus reducing Heart Disease mortality.

Cancers are the leading cause of death around the world. The major cause of cancers is smoking which can be addressed to reduce the incidence rate and death. Promoting early detection, smoking cessation programs and healthier lifestyles can contribute to reducing cancer deaths. Nearly 12 million Americans are alive after being told they have cancer and about two-thirds of them are expected to live at least five years after diagnosis. Individuals with low-income and have little or no insurance, are more likely to be diagnosed with cancer at later stages, when survival times are shorter. Cancer survivors are at greater risk for recurrence and for developing second cancers due to: effects of treatment, unhealthy behaviors such as smoking, obesity and lack of physical activity, genetics and those factors that contributed to the first cancer.

The Illinois Tobacco Free Communities Grants allows us to continue our Smoking Cessation program and to enforce the Illinois smoke-free Act - control of second hand smoke.

Approximately 17 percent of the annual revenue generated from State excise taxes and settlement payments would fund the Illinois tobacco control program. Unfortunately in 2007, Illinois funding for tobacco control was 6.3 percent of the recommended level. Illinois ranks 40th among the states in tobacco control efforts. (CDC Tobacco Data July 2011)

Obesity

Obesity as a health problem is becoming more apparent and has increased from 13 percent to 27 percent of the adult population in the last 40 years. In 2009, 9 States had obesity rates of 30 percent or more compared to no States in 2000. This trend is expected to increase unless something is done. Obesity is associated with increased risk for heart disease, hypertension, diabetes, various cancers, and depression. Controlling obesity will improve numerous other diseases and conditions.

Alzheimer Disease

Alzheimer's disease is the 6th leading cause of death among adults 18 and older. Experts estimate that up to 5.1 million Americans aged 65 and over have Alzheimer's disease. These numbers are expected to double by 2050 unless some more effective ways to treat and prevent the disease is found.

Early diagnosis is key to early treatment and care. The problems are in determining what is natural aging and what could be an early sign of Alzheimer's. Memory loss that disrupts daily life is not a part of aging. (Alzheimer Association). Diabetes and Cerebrovascular Disease are also associated with Alzheimer.

Disparities are often used to mean racial or ethnic disparities. Many dimensions of disparities exist in the United States. If a health outcome is seen in a greater or lesser extent between populations, there is a disparity. Consider the following information regarding the U.S. population in 2008:

- * Approximately 33 percent, or more than 100 million people, identified themselves as belonging to a racial or ethnic minority population.
- * Fifty one percent, 154 million were women.
- * Twelve percent, 36 million had a disability but, did not live in a nursing home or other residential care facility.
- * Estimated 70.5 million lived in rural areas (23 percent), while roughly 233.5 million lived in urban areas.
- * In 2002 an estimated 4 percent of the US population, aged 18 to 44 years, identified themselves as lesbian, gay, bisexual or transgender.

Healthy People 2020 will assess health disparities by tracking rates of illness, death, chronic conditions, behaviors and other outcomes in relationship to demographic factors including: race and ethnicity, Gender, Sexual identity and orientation, Disability status or special health care needs, and Geographic location.

CLINTON COUNTY
COMMUNITY HEALTH PLAN

2011 - 2016

Priorities:

HEART DISEASE

CANCER

OBESITY

ALZHEIMER

PREPARED BY

MICHAEL MCMILLAN, MPA/CPHA/LEHP
PUBLIC HEALTH ADMINISTRATOR
CLINTON COUNTY HEALTH DEPARTMENT

A. Priority ONE - HEART DISEASE

Rationale:

Heart Disease continues as the leading cause of mortality in Clinton County over the past fifteen years. Heart Disease is the leading cause of death in the United States. Strokes are the third leading cause of death in the United States. Heart disease and stroke are among the most widespread and costly health problems and account for more than \$500 billion in health care costs in 2010. Fortunately, they are also the most preventable. The controllable risk factors for heart disease and stroke are: high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet, physical activity, overweight, and obesity. (Health People 2020 - Heart Disease and Stroke)

Controlling risk factors remains a challenge. High blood pressure and cholesterol are still major contributors to the epidemic of cardiovascular disease. High blood pressure affects one in three adults and more than half of those who have high blood pressure do not have it under control. A high sodium intake is a known risk factor for high blood pressure and heart disease yet about 90 percent exceed their recommendation for a sodium intake. (Healthy People 2020)

Of the 50 million adults who have high blood pressure only about 73 percent are aware that they have high blood pressure. High blood pressure is known as the “**Silent Killer**” and remains a major risk factor for CHD, Stroke and Heart Failure. A recent report indicates that one in four women will die of Heart Disease. More women than men have died of heart disease since 1984. Yet only 55 percent of women realize heart disease is their number one killer and less than half know what is considered healthy blood pressure and cholesterol levels (IDPH 2/2011). Clinton County has seen a slight decrease in Heart Disease deaths but, the death rate continues to fluctuates around 30 percent. (IDPH - Heart Disease - Number one Killer of American Women Feb. 2011)

Percent of Clinton County Deaths due to Heart Disease

2000	2001	2002	2003	2004	2005	2006
33%	31%	29%	30%	27%	30%	29%

IDPH IPLAN Data System

3 Years Combined Average Clinton County 1992 through 2006
Causes of Death

	93	96	99	02	05
Heart Disease	115	92	115	97	91
Coronary	94	80	94	75	70

IDPH IPLAN Data System

To reduce Heart Disease, residents need to work toward a healthier life style: increase physical activity, eliminate excess weight, quit smoking, proper nutrition, and receive regular physical examinations. Only about 45 percent of residents reported regular physical activity in 2009

Physical Activity	1999	2002	2005	2009
Regular Exercise 6 + Months	41.7%	38.9%	37.4%	45%
Regular Exercise < 6 Months	31.6%	45.7%	5.8%	8.4%
Some to No Exercise	26.7%	25.4%	51.8%	46.6%

Clinton County BRFSS Data

Clinton County Physician Survey	Age	12-15	16-24	24-45	46-65	>65
Obesity		5-10%	10-25%	20-30%	25-30%	15-30%
Heart Disease		0	0	5%	10-40%	10-40%

Clinton County Survey 2011

Residents should take advantage of screening opportunities for factors that cause Heart Disease, monitoring blood pressure and cholesterol levels.

		99	02	05	09
Diabetes	Yes	19.3%	6%	9.4%	8.1%
	No	80.7%	94%	90.6%	91.9%
High Blood Pressure	Yes	26.2%	25.6%	30.3%	32.8%
	No	73.8%	74.4%	69.7%	67.2%
High Cholesterol	Yes	34%	25.5%	29.1%	32.9%
	No	66%	74.5%	70.9%	67.1%
Cholesterol Tested	<1 Year	85.5	85.3	73.3	64.8
	>1 Year	14.5	14.7	16.1	21.8
	Never			10.6	13.4

Clinton County BRFSS Data

Data indicates that more than 90 percent of residents have a health care plan but, only 75 percent have seen a doctor within the last year. Regular annual physical checkup and family health knowledge could increase health outcomes. Behavioral Risk Factor Survey data indicates that a higher percent of 25 to 44 year olds need a healthier lifestyle. People age 25 to 50 need to be aware of the causes of heart disease, does heart disease run in their family, and have a yearly physical checkup with their physician.

	1999	2002	2004	2009
Had a Health Plan	94.5%	94%	90%	90%
Last Seen a Doctor				
Less than 1 Year	73%		75%	
More than 2 Years	16.5%		11%	

Clinton County, BRFSS Data

Clinton County residents reported only about 36 percent were under weight or normal in 2009. While in 2009, county residents reporting about 26.3 percent being overweight or obese.

Obesity	1999	2002	2005	2009
Under/normal Weight	66.9%	36.2%	41.5%	31.3%
Overweight		42.1%	32.5%	42.5%
Obese	37.5%	21.6%	25.7%	26.3%
<hr/>				
Advised About Weight				
Yes	6.8	11.1	17.7	12.3
No	93.2	88.9	82.3	87.7

Clinton County Behavior Risk Factor Survey

Sentinel indicators are presented for health conditions considered preventable or controllable with regular primary care. The occurrence of sentinel events can be interpreted to indicate inadequate access to primary care.

Sentinel indicators are presented for health conditions considered preventable or controllable with regular primary care. The occurrence of sentinel events can be interpreted to indicate inadequate access to primary care. This could also be lack of money or failure to take their medications or their medication is no longer effective in controlling their hypertension.

Hospitalizations for:

	1990	1995	1998	1999
Uncontrolled Hypertension	18	23	21	17

(Illinois IPLAN Data System)

The Clinton County Community Health Advisory Committee wants to provide education to residents of Clinton County, especially in the age group from 25 to 50, on risk factors of Heart Disease, promoting a healthy life style, and reducing mortality rates for Heart Disease. Provide screening opportunities for residents on cholesterol and hypertension.

HEALTH PROBLEM ANALYSIS WORKSHEET

	Direct Contributing Factor	Indirect Contributing Factors
	Age	Image Advertising Peer Pressure
_____	Risk Factor	Indirect Contributing Factors
_____	Smoking	Levels of Nicotine in Tobacco Social Pressure to Smoke Frequency of Use
_____	Physical Addiction	Indirect Contributing Factors
_____	Direct Contributing Factor	Second Hand Smoke
_____	Environmental	Indirect Contributing Factor
_____	Direct Contributing Factor	Lack of Knowledge Limited Resources Finances Fast Foods
_____	Poor Food Choices	Indirect Contributing Factors
_____	Risk Factor	Fast Pace Life Style Deadlines
_____	Diet	Indirect Contributing Factors
_____	Direct Contributing Factor	Poor Self Control Advertising Easy Access
_____	Stress	Indirect Contributing Factors
_____	Direct Contributing Factor	Occupation Age Lack of Motivation Disability
_____	Over Consumption	Indirect Contributing Factors
_____	Risk Factor	Inactivity
_____	Direct Contributing Factor	Sedentary Life Style

Health Problem**Outcome Objective/Indicators****HEART DISEASE**

By 2016, reduce the number of Heart Disease Deaths by 20 percent.

Baseline: Clinton County had 100 deaths in 2006.

By 2016, increase the number of people who have had their cholesterol level checked in the past year to 90 percent.

Baseline:64.8% BRFSS 2009

By 2016 increase to 75 percent the number of people who know what their blood pressure measured in the preceding year and could state whether it was normal or high.

Baseline 32.8 % BRFSS 2009.

Risk Factor**Impact Objectives**

Obesity
Exercise
Proper Nutrition

By 2014 Increase percent of healthy weight adults to to 50 percent .

(Baseline 31.3%, BRFSS Data, 2009)

By 2014 increase the number of people who exercise on a regular basis to 60 percent.

(Baseline 45%, BRFSS Data 2009)

Contributing Factors**Suggested Interventions Strategies**

Education
Lack of Financial means

Health Fairs
“Let’s Move” campaign program
Increase screening activities regarding blood pressure and cholesterol.
Increase healthy life style education.

Resources Available

Carlyle Park District
Hospital
Health Department
Community Organizations
MRC Volunteers
Local Media

Barriers

Lack of Transportation
Lack of Funding
Lack of Time

Community Health Plan Worksheet: Heart Disease

Description of Health problem, risk factors and contributing factors:

Heart disease is the number one cause of death in Clinton County. Cardiovascular health can be improved through prevention, detection and treatment of risk factors for heart attack and stroke, early identification and treatment of heart attacks and strokes, and prevention of repeat cardiovascular events. Heart disease and stroke are among the most widespread health problems but they are also the most preventable. CDC has presented the following evidence-based information and recommendations related to heart disease and stroke. These include the Clinical recommendations; Aspirin for the Prevention of Cardiovascular Disease, Behavior Counseling to promote a health Diet, Screening for High Blood Pressure and Community interventions; Behavioral and Social approaches to increase Physical Activity, Campaigns and informational approaches to increase physical activity (and other cardiovascular disease risks), Obesity preventions and control, and work site health promotion to assess health risk and lifestyle change. (CDC - Healthy People, Heart Disease and Stroke 2020)

Corrective actions to reduce the level of the indirect contributing factors:

1. Increase education regarding cardiovascular health and the prevention of risk factors of heart disease. The Clinton County Health Department, St. Joseph Hospital and other health agencies are working on a Health and Wellness column in local newspapers. Articles from CDC, IDPH, NACCHO, APHA, etc. that focus on heart disease will be utilized. We feel that this will increase public awareness of Heart Disease and screening opportunities within our community. Sharing a "Health and Wellness" column will allow articles to be in the newspapers every week - something that a single agency might not be able to accomplish. Clinton County has three weekly newspapers: Union Banner - Carlyle, Breese Journal - Breese, and the Trenton Sun.
2. Increase number of opportunities for screening for heart disease by targeting middle age group. The Clinton County Health Department, TIP-Visiting Nurses Association, and St. Joseph Hospital will continue to work together to provide heart disease screening opportunities to the residents of Clinton County. Screening events will be held at Community Health Fairs, Senior Citizen Centers, at health department office. Efforts will be made to reach out to various businesses across the county to offer health presentations
3. Increase media awareness of healthy life styles - nutrition, physical activity, and health weight. The Clinton County CARES is a new initiative sponsored by the Health Department to support Michelle Obama's "Let's Move Campaign" C.A.R.E.S., is an acronym that stands for Healthy Community, Health Activities, Healthy Rest and Relaxation, Healthy Eating and Healthy Social Connections. This is a combined effort of the Clinton County Medical Reserve Corp volunteers, community members, and local businesses interested in creating a healthier environment. Activities are being planned across Clinton County in keeping with the National Prevention Strategy: America's Plan for Better Health and Wellness. The leading modifiable risk factors for heart disease and stroke include high blood pressure, high cholesterol, cigarette smoking, diet, lack of physical activity, and weight control.

Related Healthy People 2020 objectives:

- HDS-2 Reduce coronary heart disease deaths
Goal: 20 percent improvement
 - HDS-6 Increase the proportion of adults who have had their cholesterol checked
Goal: 10 percent improvement
 - HDS-7 Reduce proportion of adults with high total blood cholesterol levels
Goal: 10 percent improvement
-

Proposed community organizations to provide and coordinate the activities:

- Clinton County Health Department
 - St. Joseph Hospital
 - Clinton County Cooperative Extension Center
 - Business/Organizations
 - Nursing Homes - Carlyle, Centralia, Breese, New Baden, Trenton
 - Assisted Living Centers - Breese, Carlyle, Trenton
 - TIP -Visiting Nurses Association
 - Physician Offices
 - Media - Union Banner, Breese Journal, Trenton Sun
-

Evaluation plan to measure progress towards reaching objectives:

The Community Health Advisory Committee will review activities being conducted to improve heart disease interventions. The group will evaluate current activities and make sure improvements are made toward Healthy People 2020 objectives.

1. Collect information regarding the number of screening opportunities at health fairs, clinics, physician offices regarding cholesterol and blood pressure. Information about screening opportunities is publicized at community agencies. Collect newspaper articles from the Health and Wellness column on screening programs being offered to residents..
 2. Collect number of activities involved with the “Let’s Move Campaign” in Clinton County.
 3. Review BRFSS Data
-

Anticipated sources of funding:

- Federal, State and Local Grants
- Local Hospital
- Local Health Department
- Community Organizations

B. PRIORITY TWO - CANCER

Rationale:

Cancers are the leading cause of death around the world. The major cause of cancers is smoking which can be addressed to reduce the incidence rate and death. Promoting early detection, smoking cessation programs and healthier lifestyles can contribute to reducing cancer deaths. Nearly 12 million Americans are alive after being told they have cancer and about two-thirds of them are expected to live at least five years after diagnosis. Individuals with low-income and have little or no insurance, are more likely to be diagnosed with cancer at later stages, when survival times are shorter. Cancer survivors are at greater risk for recurrence and for developing second cancers due to: effects of treatment, unhealthy behaviors such as smoking, obesity and lack of physical activity, genetics and those factors that contributed to the first cancer. (CDC - Healthy People - Cancer 2020)

Deaths: 3 Year Average	1993	1996	1999	2002	2005
Malignant Neoplasms	75.7	68.3	83.6	73.3	71
Lung Cancer	25.3	20.3	24	19.3	18
Breast Cancer	5.3	4.6	5	5.7	4.3
Prostate Cancer	.7	3.3	3	5	4
Colorectal Cancer	10.7	7.7	9	9.3	5.3

Years Life Lost 3 Year Average	1993	1996	1999	2002	2005
Malignant Neoplasms	243	196	244	209	205
Lung Cancer	68	29	63	64	34
Breast Cancer	14	0	0	5	0
Colorectal Cancer	8	0	0	12	5
Lymph/Hemato	0	0	32	5	19
Congenital	60	49	0	86	43

IPLAN Data System Clinton County

Research shows that screening for many cancers are recommended because precancerous lesions can be treated before they become cancerous. Screening for cervical, colorectal, and breast cancers helps find these cancers at an early and highly preventable stage. Vaccines, such as human papillomavirus (HPV) help prevent most cervical cancers and hepatitis B vaccine can help reduce liver cancer risks. Information and referral services regarding cancer screening to all residents can reduce cancer incident and deaths. (CDC - Cancer Screening Tests 6/24/2011)

Clinton County		99	02	05	09
Had Mammogram (40 & older)	Yes	89.4%	85.2%	90.4%	86%
	No	10.6%	14.8%	9.6%	14%
Prostate					
	Had PSA test	Yes	51.7%	71.9%	
	No		48.3%	28.1%	
Rectal exam (40+)	Yes	67%	67.6%	67.5%	
	No	33%	32.4%	32.5%	

IDPH BRFS Data

Cancer risks can also be reduced by receiving regular medical care, avoiding tobacco, limiting alcohol use, excessive exposure to ultraviolet rays from the sun, eating a proper diet rich in fruits and vegetables, maintaining a healthy weight and being physically active.

The major risk factor for lung cancer is cigarette smoking. An estimated 87 percent of Lung Cancer deaths could be prevented by eliminating tobacco use. (Illinois American Cancer Society 2006) Environmental exposure to second hand smoke causes an estimated 3,000 nonsmokers lungs cancer's deaths. Primary prevention through smoking reduction has tremendous potential to reduce Lung Cancer deaths. Smoking cessation drastically reduces the risk of lung cancer. Seventy seven percent of all Lung Cancer Cases reside in less than twenty percent of all U.S. Zip Codes. (www.maplungcancer.com)

Clinton County Smoking Cessation - "Break the Habit"

	2007	2008	2009	2010
Clients Enrolled	49	43	28	18
Clients Dropped	29	18	15	
Clients Smoke Free (after 6 months)	20 (41%)	25 (59%)	13 (47%)	11 (62%)

Smoking among adults has declined steadily from the mid 1960's through the 1980's. However, smoking among adults appears to have leveled off in the 1990's. The national rate of smoking among adults in 2003 was 21.6 percent, 24.1 percent men and 19.2 percent women. In 2009 the Clinton County smoking rate was 24.6 percent with 18.5 percent of adult males and 24.7 of adult females.

Percent of Clinton County Adults Who Smoke:

	1999	2001-2003	2004	2007-2009
Smoker	22.6%	20.8%	21.4%	20.4%
Former Smoker	22.3%	25.0%	20.4%	25.9%
Non-Smoker	55.1%	54.2%	58.2%	52.6%

Illinois BRFSS Data

In 2006, Clinton County, 15.8 percent of pregnant women smoked compared to 18.9 percent who smoked in 1993.

Percent of Mothers who Smoke During Pregnancy

	Clinton County				Illinois			
	1993	1998	2001	2006	1993	1998	2001	2006
Total	18.9%	15.8%	14.91%	15.8%	14.5%	12.0%	10.5%	8.6%
Black	66.7%	00.0	50%	00.0	16.4%	14.2%	13.2%	10.1%
White	18.8%	16.2%	14.6%	15.9%	14.5%	12.1%	10.3%	8.7%
Other	00.0%	00.0	00.0	00.0	2.1%	2.2%	1.9%	1.5%

(IPLAN Data System Summary Report)

One major concern is the number of teenage smokers. In 2009, nearly one in five high school students still smokes. The majority of adult smokers, about 80%, began smoking before the age of 18. (CDC - Tobacco Data 2011). Prevention of tobacco use among youth is critical to the overall goal of the reduction in smoking. Tobacco use among adolescents increased in the 1990's but, has declined steadily since then. The 2010 Health People goal was 16 percent or less.

Teenage Smoking Rate	1991	1997	2003	2009
National	27.5%	36.4%	21.9%	19.5%
Illinois				10.2%

CDC July 2011

The more Second Hand Smoke (ETS) you are around the greater your health problems. Each year ETS causes approximately 3000 Lung Cancer deaths and 35,000 - 62,000 Heart Disease deaths in adult non-smokers each year. (American Lung Association) Second hand smoke is especially harmful to young children. ETS is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children less than 18 months of age. This results in between 7500 and 15,000 hospitalizations and 1900 to 2700 Sudden Infant Death Syndrome deaths in the United States. (American Lung Association).

Clinton County Health Advisory Committee wants to increase cancer screening opportunities for Clinton County residents. There is convincing scientific evidence that cancer screening improves health outcomes. Clinton County Health Department will continue the "Break the Habit" smoking cessation program and enforcement of the Illinois smoke-free Act to reduce second hand smoke. The Health Department, St. Joseph Hospital and others would like to establish a health and wellness column in local newspapers to increase media awareness of various health topics, screening opportunities at health fairs, and lifestyle changes that residents can do to improve their health.

HEALTH PROBLEM ANALYSIS WORKSHEET

Indirect Contributing Factor

Advertising

Image

Peer Pressure

Nicotine

Pleasure

Second Hand Smoke

Family

Work Place

Public Places

Risk Factor

Environment

Direct Contributing Factor

Exposure to Pollutants

Second Hand Smoke

Pesticides/Herbicides

Burning/Smoke

Auto Emissions

Health Problem

Cancer

Ultraviolet Radiation

Tanning Beds

Work Place

Excess exposure to Sunlight

Risk Factor

Physical Inactivity

Direct Contributing Factors

Physical Limitations

Lack of time

Disability

Education

Injury Prevention

Lack of Education

SES

Financial means

Family Income

Fitness Centers Expensive

Risk Factor

Nutrition

Direct Contributing Factors

Lack of cooking Knowledge

Lack of time

Eating Habits

Poor Food Choices

Foods costs

Fast food available

Lack of prep Time

Health Problem: Cancer	Outcome Objective/Indicators: BY 2016, reduce the overall cancer death rate by 10 percent. Target 160.6 Deaths per 100,000 Baseline: 178.4 cancer deaths per 100,000 population Occurred in 2007. (Age adjusted to the year 2000 standard population)
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Risk factors: Smoking	Impact Objectives: By June 2014 increase smoking cessation program success rate to 60 percent of those in BtH program. (Baseline: 47%, Clinton County BTH program 2009) By June 2014 reduce the deaths due to lung cancer to no more than 5 percent of total deaths. (Baseline: 7%, IDPH IPLAN Data 2006) By June 2014 continue to increase number of calls to the Illinois Quitline by 25 percent. (Baseline: 403, IDPH Quitline Data 2010).
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Contributing factors Age Addiction Environment Second Hand Smoke	Suggested Intervention Strategies “Break the Habit” Smoking Cessation Program Increase Illinois Smoke Free Act Enforcement Increase awareness of smoking cessation program
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Resources Available: Health Department WIC/FCM Community Organizations Hospital County and City Law Enforcement Local Media Cooperative Extension Office	Barriers: Social/Cultural Habit Historical Bias Lack of Community Interest Lack of Knowledge
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Health Problem:

Cancer

Outcome Objective/Indicators:

By 2016, reduce the colorectal cancer death rate to 14.5 deaths per 100,00.

Baseline: 17.0 colorectal deaths per 100,000 population occurred in 2007. (Age adjusted to the year 2000 standard population)

By 2016, reduce the female breast cancer death rate to 20.6 deaths per 100,000

Baseline 22.9 female breast cancer deaths per 100,000 females occurred in 2007 (age adjusted to the years 2000 standard population).

By 2016, Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines in 2008 to 93 percent .

Baseline: 84.5 percent of women age 21 to 65 years received a cervical cancer screening in 2008 (age adjusted to the year 2000 standard population)

By 2016, reduce the prostate cancer death rate to 21.2 deaths per 100,000 males.

Baseline 23.5 prostate cancer deaths per 100,000 males occurred in 2007 (age adjusted to the year 2000 standard population)

Risk factors:

Education

Impact Objectives:

By June 2014 increase by 10 percent the proportion of women over 40 who have had a Mammogram .
(Baseline: 86 %, BRFSS 2009)

By June 2014 increase by 20 percent the proportion of county residents over 50 who have had a Colorectal screening.
(Baseline: 67.5%, BRFSS 2009)

By June 2014 increase by 2 percent the proportion of women 21 to 65 who have had a cervical cancer screening
(Baseline: 92.5 %, BRFSS 2009)

By June 2014 increase by 20 percent the proportion of men over 50 who have had a prostate screening.
(Baseline 71.9%, BRFSS 2009)

Contributing factors'

Age
Smoking Addiction
Poor Nutrition
Financial
Education
Physical Activity

Suggested Intervention Strategies

Increase awareness of screening programs
Education about screenings and importance of early detection of cancer.
Nutrition education programs
Involve media to promote public health awareness
Provide community opportunities for physical activity programs

Resources Available:

Health Department
Community Organizations
Hospital
Visiting Nurses Assoc.
Cooperative Extension Center

Barriers:

Social/Cultural Habit
Historical Bias
Lack of Knowledge
Lack of Community Interest

Community Health Plan Worksheet: Cancer

Description of the health problem, risk factors and contributing factors:

In Clinton County, cancer deaths ranked fourth in total deaths in 1993, 1998 and 2001 and 5th in 2006. Evidence indicates that many cancer deaths can be prevented by regular physical checkups and cancer screening tests. In 2007 only 67 percent of Illinois residents had visited their doctor within the last year even though 85 percent indicated they have health insurance. (BRFSS 2007) Clinton County residents reported 91 percent had health insurance but, only 70 percent had seen their doctor within the last year.

The U.S. Preventive services Task Force recommendations reflect the importance of promoting evidence-based screening for Cervical, Colorectal and Breast cancer. CDC has presented the following evidence-based information and recommendations related for cancer: (1) Clinical recommendations: Genetic risk assessment and BRCA mutation testing for Breast and Ovarian Cancer, Screening for Breast cancer, Screening for Cervical cancer, Screening for Colorectal cancer, and, (2) Community interventions: Cancer Prevention and Control; Client reminders that it is time for their cancer screening, One-on-One education to encourage individuals to be screened for cancers, Client reminders with small media (brochures, newsletters, video), Reducing out-of-pocket costs, Reduce structural barriers (increasing hours of operation, child care, language).

It appears that from the BRFSS data many people do not visit their doctor for regular checkups. Interventions with regular cancer screening, smoking cessation, and lifestyle changes can lead to a greater quality of life.

Corrective actions to reduce the level of the indirect contributing factors:

1. Clinton County Health Department will continue the "Break the Habit" smoking cessation program. The Smoking Cessation Program is conducted by the Illinois Department of Public Health, who provides counseling. Clinton County Health Department provides the nicotine replacement therapy medicine and keeps track of the counseling sessions. Clinton County Health Department will continue enforcement of the "Illinois Smoke Free Act", reducing exposure to second hand smoke in all public area. Both of these activities are under the Illinois Tobacco Free Communities program.

2. Increase education regarding the benefits of cancer screening. The Clinton County Health Department, St. Joseph Hospital and other health agencies are working on a Health and Wellness column in local newspapers. We feel that this will increase public awareness of Cancer prevention and screening opportunities within our community. Articles from IDPH, CDC, American Cancer Society, American Lung Association, etc. will be our source of information for the articles. Sharing a "Health and Wellness" column will allow articles to be in the newspapers every week - something that a single agency might not be able to accomplish. Clinton County has three weekly newspapers: Union Banner - Carlyle, Breese Journal - Breese, and the Trenton Sun. Brochures and

other information regarding cancer screening will be provided to health agencies and physicians for their clients.

3. Increase number of opportunities for cancer screening. The Clinton County Health Department and St. Joseph Hospital will continue to work together to provide information on cancer screening opportunities to the residents of Clinton County. Clinton County residents will be referred to the Little Egypt Breast and Cervical Cancer program. Screening events will be held at Community Health Fairs, health department and at other places around the county.

Related Healthy People 2020 objectives:

- TU-1.1 Reduce tobacco use by adults.
Baseline: 20.6 percent in 2008
Target: 12 percent

- TU-4.1 Increase smoking cessation attempts by adults smokers in 2008
Baseline: 48.3 percent.
Target: 80 percent

- C-1 Reduce overall cancer death rates
Baseline: 178.4 cancer deaths per 100,000 population in 2007
Target: 160.6 deaths per 100,000 or a 10 percent improvement

- C-2 Reduce lung cancer death rate
Baseline: 50.6 lung cancer deaths per 100,000 population in 2007
Target: 45.5 deaths per 100,000 or a 10 percent improvement

- C-3 Reduce the female breast cancer death rate
Baseline: 22.9 female breast cancer deaths per 100,000 females in 2007
Target: 20.6 deaths per 100,000 or 10 percent improvement

- C-4 Reduce the Colorectal cancer death rate
Baseline: 17 Colorectal cancer deaths per 100,000 population in 2007
Target: 14.5 deaths per 100,000

- C-7 Reduce the prostate cancer death rate
Baseline: 23.5 prostate cancer deaths per 100,000 males in 2007
Target: 21.2 deaths per 100,000 or a 10 percent improvement

Proposed community organizations to provide and coordinate activities:

Clinton County Health Department
St. Joseph Hospital
Media - Union Banner, Breese Journal, Trenton Sun
Work Sites
Illinois Department of Public Health
Physicians
TIP - VNA
Clinton Cooperative Extension Center
Community Organizations

Evaluation plan to measure progress toward reaching objectives

The Community Health Advisory Committee will review activities being conducted to improve heart disease interventions. The group will evaluate current activities and make sure improvements are made toward Healthy People 2020 objectives.

1. Track number of clients enrolled in “Break the Habit” program. Track clients at one month, three months, six months and one year intervals. Submit quarterly reports to the Illinois Tobacco Free Communities Grant program. Track number of county residents to call the Illinois Quitline.
2. The Community Health Advisory Committee will establish a reporting system to track the number of cancer screening and establish a cancer screening referral program in Clinton County. A baseline of yearly cancer screenings will be compiled.
3. Clinton County Health Department will obtain data from Illinois Breast and Cervical Cancer program regarding Clinton County residents. Clinton County Health agencies will track the number of referrals to the IBCC program.

Anticipated sources of funding:

Federal, state and local grants
Local Hospitals
Local Health Department
Physicians
Community Organizations

Priority Three - Obesity:

Obesity as a health problem is becoming more apparent and has increased from 13 percent to 27 percent of the adult population in the last 40 years. In 2009, 9 States had obesity rates of 30 percent or more compared to no States in 2000. This trend is expected to increase unless something is done. Obesity is associated with increased risk for heart disease, hypertension, diabetes, various cancers, premature death, stroke, Dyslipidemia, liver - gall bladder disease, respiratory - osteoarthritis - gynecological problems and depression. Controlling obesity will improve numerous other diseases and conditions. (CDC - Healthy People 2020 - Obesity)

Obesity is associated with decrease in the quality of a life, decreased mobility and social stigmatism. There is no single cause of being overweight or obesity, there is no single way to prevent or treat overweight or obesity. Treatment includes a combination of proper nutrition, physical activity, behavior modification and sometimes weight loss drugs. Currently, there are programs and plans to address obesity such as LEAN - Leading Employees to Activity and Nutrition. (CDC - State Based Programs to Prevent Obesity 2020)

Nutrition and Weight objectives for 2020 reflect the science supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. A healthful diet includes limiting the intake of saturated and trans. fats, cholesterol, sodium and sugar. Overweight occurs because the body takes in more calories than the body can use. The excess calories result in weight gain. A healthy diet helps reduce many health conditions, including: heart disease, high blood pressure, diabetes, osteoporosis, and some cancers. Societal and community changes have resulted in the rise in obesity rates. Foods high in sugar, fat and salt are highly advertised and marketed. It is often easier and cheaper to get less healthy foods and beverages. Many people are confused about proper food proportion or calories per meal. (CDC - Health People 2020 - Nutrition and Weight)

Daily Nutrition

Number of servings of Fruits and Vegetables

	1999	2002	2005	2009
< 3 Servings	60%	40.2%	41.4%	53.2%
3-4 servings	29.8%	44.1%	40.5%	34%
5 or More Servings	10.1%	15.7%	18.1%	12.8%

Illinois BRFSS Clinton County Data

Increase the proportion of adults who are at a healthy weight with a Body Mass Index of 18.5 to 25. The 2020 Baseline is 30.8 percent of persons aged 20 and older were at a health weight in 2005 - 08 (age adjusted to the year 2000) Target is 33.9 percent or a 10 percent improvement. The Behavior Risk Factor Survey for Clinton County fluctuated greatly over the past years. The rate has gone from 66.9 to 31.3 percent.

Obesity	1999	2002	2005	2009
Under/normal Weight	66.9%	36.2%	41.5%	31.3%
Overweight	--	42.1%	32.5%	42.5%
Obese	37.5%	21.6%	25.7%	26.3%
<hr/>				
Advised About Weight				
Yes	6.8%	11.1%	17.7%	12.3%
No	93.2%	88.9%	82.3%	87.7%
<hr/>				

Clinton County Physician Survey 2011

	Age	12-15	16-24	24-45	46-65	>65
Obesity		5-10%	10-25%	20-30%	25-30%	15-30%

Clinton County Survey 2011

Physical Activity in the 2008 “Physical Activity Guidelines for Americans “ (PAG) is the first ever publication of national guidelines for physical activity. Regular physical activity includes, moderate to vigorous physical activity and muscle strengthening activities. More than 80 percent of adults do not meet the guidelines for both aerobic and muscle strengthening activities. Similarly more than 80 percent of adolescents do not get enough aerobic physical activity to meet the guidelines for youth. Regular physical activity can improve the health and quality of life of all ages, regardless of the presence of a chronic disease or disability. Physical activity can lower the risk of: heart disease, stroke, high blood pressure, diabetes, breast and colon cancer, falls and depression. (CDC - Health People 2020 Physical Fitness Guidelines)

Physical Activity

	1999	2002	2005	2009
Regular Exercise 6 + Months	41.7%	38.9%	37.4%	45%
Regular Exercise < 6 Months	31.6%	45.7%	5.8%	8.4%
Some to No Exercise	26.7%	25.4%	51.8%	46.6%

Illinois BRFSS Data Clinton County

Reduce the proportion of adults who engage in no leisure-time physical activity. Baseline is 36.2 percent of adults engaged in no leisure-time physical activity in 2008. Target is 32.6 percent or a 10 percent improvement. The Behavior Risk Factor Survey for Clinton County fluctuated greatly over the past years. The rate has gone from 26.7 to 46.6 percent.

HEALTH PROBLEM ANALYSIS WORKSHEET

Health Problem Obesity	Direct Contributing Factor Physical Limitations Direct Contributing Factor Education Direct Contributing Factor Financial Means	Indirect Contributing Factors Lack of Time Lack of Motivation Indirect Contributing Factors Injury Prevention Lack of Health Education Indirect Contributing Factors Health/Fitness Centers expensive Family Income Lack of Time
Risk Factor Poor Nutrition	Direct Contributing Factor Lack of cooking knowledge Direct Contributing Factor Marketing of Poor Food Choices	Indirect Contributing Factors Poor Food Choices Indirect Contributing Factors Calory Intake Family Eating Habits Portion Size Indirect Contributing Factor Unhealthy Foods are cheaper Fast Foods readily available Lack of preparation time

Health Problem	Outcome Objective/Indicators
Obesity	<p>By 2016, increase the proportion of adults who report meeting or exceeding the CDC guidelines for physical activity by 5 percent Baseline: 45% in 2009</p> <p>By 2016, decrease the proportion of adults who report being over weight and obese by 10 percent. Baseline: 68.8% in 2009</p>

Risk Factors	Impact Objectives
Physical Inactivity	<p>By 2014, ensure that the “Let’s Move Campaign” is being implemented in at least 35 percent of the communities in Clinton County. Baseline: To be determined.</p>

Contributing Factors	Suggested Intervention Strategies
Physical limitations which prevent exercise Education Lack of financial means	<p>“Let’s Move Campaign” Media awareness regarding a health lifestyle - Proper Nutrition and Physical Activity</p>

Resources Available	Barriers
<p>Community Park Districts Fitness centers Walking or Biking to work MRC Volunteers Health Department Schools Media Community Organizations</p>	<p>Lack of time to exercise Financial Already prepared frozen foods No nutrition education</p>

Health Problem	Outcome Objective/Indicators
Obesity	By 2016 Increase proportion of adults who report being at a healthy weight or BMI by 5 percent Baseline: 31.3 % in 2009

Risk factors	Impact Objective
Poor nutrition	By 2014 increase number of Farmers Markets in Clinton County to two communities. Baseline: 1
Education	By 2014 establish a Health & Wellness column in At least two newspapers serving Clinton County. Baseline: To be determined

Contributing Factors	Suggested Intervention Strategies
Lack of food knowledge Family eating behavior Fast Food availability	Weight Watchers “Let’s Move Campaign” Stress reduction

Resources Available	Barriers
Farmers Markets Community Park Districts Fruit/Vegetables markets Media	Foods prices Lack of preparation time Transportation

Community Health Plan Worksheet: Obesity

Description of the health problem, risk factors, and contributing factors:

Obesity as a health problem is becoming more apparent and has increased from 13 percent to 27 percent of the adult population in the last 40 years. In 2009, 9 States had obesity rates of 30 percent or more compared to no States in 2000. About two-thirds of U.S. adults and one fifth of U.S. Children are obese or overweight. Obesity is associated with increased risk for heart disease, hypertension, diabetes, various cancers, and depression. Controlling obesity will improve numerous other diseases and conditions. CDC published "Recommended Community Strategies and Measurements to Prevent Obesity in the United States - July 24, 2009". The recommendations were broken down into six categories: 1) promote availability of affordable healthy food and beverages, 2) support health food and beverage choices, 3) encourage breastfeeding, 4) encourage physical activity or limit sedentary activity among children and youth, 5) create safe communities that support physical activity, and 6) encourage communities to organize for change. Clinton County's Obesity strategies will follow these recommendations. (CDC - MMWR - Community Strategies and Measures to Prevent Obesity 7/2009)

Corrective actions to reduce the level of the indirect contributing factors:

1. The Clinton County CARES is a new initiative sponsored by the Health Department to support Michelle Obama's "Let's Move Campaign" C.A.R.E.S., is an acronym that stands for Healthy Community, Health Activities, Healthy Rest and Relaxation, Healthy Eating and Healthy Social Connections. The Healthy Partners Committee is being formed and will begin setting goals of creating a healthier and stronger community over the next year. Current ideas include a public relations and marketing program to improve health awareness, create a resource guide and recipe book, sponsoring a Walk for Life at Lake Carlyle which will highlight the healthy options offered in each community, increasing workplace health and fitness programs, addressing the activity needs of senior, educating our youth on smart choices to mention a few. This is a combined effort of the Clinton County Medical Reserve Corp volunteers, community members, and local businesses interested in creating a healthier environment. Establish Farmer Markets' in other communities in Clinton County. Evaluate school physical activities and school lunch programs. Encourage physical activity in all schools and reduce unhealthy foods available to students. Activities are being planned across Clinton County in keeping with the National Prevention Strategy: America's Plan for Better Health and Wellness.

2. Increase education regarding benefits of a healthy Lifestyle. The Clinton County Health Department, St. Joseph Hospital and other health agencies are working on a Health and Wellness column in local newspapers. Articles from IDPH, CDC, NACCHO, etc. will be our source of information for the Health Lifestyle articles. Sharing a "Health and Wellness" column will allow articles to be in the newspapers every week - something that a single agency might not be able to accomplish. Clinton County has three weekly newspapers: Union Banner - Carlyle, Breese Journal -

Breese, and the Trenton Sun. Lifestyle brochures and information regarding nutrition, healthy weight, and benefits of physical activity will be available to health agencies in Clinton County.

3. The Clinton County WIC Department will continue the Breastfeeding Peer Counselor program. Which encourages breastfeeding to all WIC clients.

Related Health People 2020 objectives:

NSW-8 Increase the proportion of adults who are at a healthy weight

Goal: over 33.9%

NWS-9 Reduce the proportion of adults who are obese.

Goal : under 30.6%

Proposed community organizations to provide and coordinate the activities:

Clinton County Health Department - MRC Volunteers

Media - Union Banner, Breese Journal, Trenton Sun

Breese/New Baden/Trenton to establish Farmer's Markets

Park Districts

Army Corp of Engineers - Lake Carlyle

Health and Fitness Clubs

Evaluation plan to measure progress toward reaching objectives:

The Community Health Advisory Committee will review activities being conducted to improve heart disease interventions. The group will evaluate current activities and make sure improvements are made toward Healthy People 2020 objectives.

1. Determine number of events offered and number of people participating in such events during "Let's Move Campaign" activities. Conduct a community survey of the number of adult residents walking or bicycling in communities in Clinton County.
2. Determine number of school physical educational programs in Clinton County schools. Establish a baseline of schools providing physical activity.
3. Determine number of school food programs that are offering sale of unhealthy foods. Establish a baseline of schools providing unhealthy foods and snacks.
4. Determine number of cities that have established a Farmer's Markets in their community.

Anticipated sources of funding:

- * Federal, state and local grants.
- * Local hospital
- * Local health department
- * Cooperative Extension service
- * Health and Fitness Clubs

Priority 4 Alzheimer's Disease

Dementia is the loss of cognitive functioning- thinking, remembering, and reasoning, to the extent that it interferes with a person's daily life. Dementia affects an individual's health, quality of life and ability to live independently. Dementia is not a disease, but rather a set of symptoms. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases. Early diagnosis is key to early treatment and care. The problem is determining what is natural aging and what could be early sign of Alzheimer's. Memory loss that disrupts daily life is not a part of aging. (Alzheimer Association)

Alzheimer Disease gradually leads to behavior and personality changes, a decline in cognitive abilities such as decision making and language skills and problems remembering family and friends. Alzheimer Disease ultimately leads to a server loss of mental function. These losses are related to the worsening breakdown of the connections between certain neurons in the brain and their eventual death. (National Institute of Neurological Disorders and Stroke)

Alzheimer's disease is the 6th. leading cause of death among adults 18 and older in the United States. Experts estimate that up to 5.1 million Americans aged 65 and over have Alzheimer's disease. These numbers are expected to double by 2050 unless some more effective ways to treat and prevent the disease is found.

Currently there are no medications that can slow the progression of AD. Very few people develop AD in their 30s, 40s, and 50s, this is known as "early onset" AD. These people have a mutation in one of three different genes that causes the disease. More than 90 percent of AD develops in people older than 65. The course of the disease varies from person to person, as does the rate of decline. While late-onset AD is not completely understood, the causes are probably genetic, environmental and lifestyle factors. AD and Dementia are not a part of normal aging. (CDC - Healthy People 2020 Dementia)

Top four Nursing Home Admissions from 3 Facilities in Clinton County

1.	Cancer	Alzheimer	Fractures
2.	Dementia	Therapy	CVD
3.	Therapy	COPD	CHF
4.	Infections	CHF	Dementia

Clinton County Survey 2011

Several factors determine the risk for Alzheimer's disease:

Age - Among adults aged 65 years and over, the prevalence of Alzheimer's disease doubles every 5 years.

Family History - People with a family history of Alzheimer’s disease are generally considered at greater risk of developing the disease. Researchers have identified 3 genes that are linked to early-onset and 3 genes linked to late onset of Alzheimer’s disease.

Chronic Disease - Individuals with AD often suffer from other disorders such as cerebrovascular disease. Plaques and tangles are usually the most obvious disease features seen in brain tissue from deceased AD patients. Lewy bodies in the cortex are abnormal clumps of protein often found in brains of older people that differ from plaques and tangles. Lewy bodies are associated with dementia and also with Parkinson’s disease. A key finding was that people whose brains showed “mixed” disease, were more cognitive impaired when they died than those whose brain contained only comparable levels of plaques and tangles. Diabetes is another disease that often coexists with AD in older adults. This finding is not surprising, given that diabetes is a risk factor for cerebral atherosclerosis. These diseases result in the blockage of blood vessels within the brain.
(National Institute on Aging)

Prevalence of Dementia - Many people with Alzheimer’s disease and other dementia’s are often undiagnosed. Dementia’s can greatly complicate the medical management of these conditions. Active medical management, information and support, and coordination of medical and community services have been shown to improve quality and outcomes of care for people with dementia.

Mental Health	1999	2002	2004	2009
Not Good for 8 - 30 Days	10%	8.2%	8.6%	7.5%
1 - 7 Days	21.9%	18.4%	17.0%	25.2%

IDPH BRFSS Data Clinton County

As the average age increases reliable estimates of the current and future prevalence of AD is needed. Knowing how many people, who are likely to develop AD can help manage private and public health resources in the coming years. Many people stay mentally alert to age 90 and longer. Increasing research has focused on why. Researchers at the University of California, San Francisco, have identified several factors associated with cognition. These were at least a high school education, not smoking and engaging in moderate to vigorous exercise on a weekly basis. A number of other studies have found that social interaction, whether through work, volunteering or living with somebody, is associated with maintaining cognitive health. Aerobic exercise may help prevent age-associated cognitive decline, a study in animals suggests that exercise strengthens the hippocampus, the part of the brain that is critical for learning and memory. The hippocampus is one of the first parts of the brain to deteriorate during both normal aging and in AD. (National Institute on Aging)

Our goals are to improve media awareness of Alzheimer’s Disease through Health and Wellness column in local newspapers. Survey the community to determine the extent of AD and Diabetes in the community. Continue to monitor advances in the treatment and causes of AD.

	Direct Contributing factor	Indirect Contributing Factors
Risk Factor	Education	Financial Mental Stimulation
Age	Smoking	Addiction Social Norm
	Exercise	Lack of Time Physical Ability
	Social Interaction	Lack of Family Support Lack of Adult Day Care
Health Problem	Chronic Disease	No Health Insurance Lack of Early Detection
Alzheimer's Disease	Genetics	Financial Available Testing Labs Lack of Insurance
Risk factor Family History	Known Family History	Unknown Family History Lack of Early Detection

Health Problem	Outcome Objective/Indicators
Alzheimer's Disease	Health People 2020 Objective is in Developmental Stage. Increase proportion of individuals diagnosed with early onset of Alzheimer's disease Baseline: To be determined.

Risk Factor:	Impact Objectives:
Age	By 2012, determine extent Alzheimer's clients in Clinton County. Baseline: To be determined
Family Medical History	By 2013, determine extent of diabetic clients in Clinton county Baseline: To be determined By 2014, those persons with diabetes are aware of AD risks and early detection screening by 25 percent. Baseline:

Contributing Factors:	Suggested Intervention Strategies
Lack of Education	Utilize the Alzheimer's Early Detection Alliance program.
Smoking	Referrals to Alzheimer's Association - St. Louis
Lack of Exercise	Education CVD and Diabetes clients on AD
Lack of Social Interaction	Provide information on Genetics testing programs
Chronic Disease	

Resources Available:	Barriers:
Alzheimer's Association	Financial
Nursing Home	Family Medical History
Health Department	Funding
Community Organizations	Genetics Testing Locations
Cooperative Extension Service	
Senior Services Centers	
Diabetes Support Groups	
Department on Aging	

Community Health Plan Worksheet: Alzheimer's Disease

Description of the health problem, risk factors and contributing factors:

CDC recommend that early diagnosis is key to early treatment and care. The problem is in determining what is natural aging or early signs of Alzheimer's disease. Alzheimer's disease is the 6th. leading cause of death among adults in the United states. Current there are 5.1 million people age 65 and over, in the United States, who have Alzheimer's disease. This number is expected to double by 2050 unless a treatment is found. Memory loss that disrupts daily life is not a part of aging. Current risk factors are Age and Family History. Smoking, lack of exercise, education, lack of social interactions, lack of mental stimulation, other chronic diseases and family history (genetics) are contributing factors. Alzheimer's Early Detection Alliance (AEDA) is an educational campaign designed to educate the public about AD. AEDA is: reliable source of AD information for those who need help, a vehicle to increase awareness of the 10 warning signs of AD, a positive force to improve the health of your community, and part of a nationwide network of organizations that are addressing the AD crisis. (Alzheimer's Association)

Corrective actions to reduce the level of the indirect contributing factors:

1. Clinton County Health Department or other community agency will become a member of the Alzheimer's Early Detection Alliance program. Clinton County will work with the Alzheimer's Association of St. Louis in providing information to the residents of Clinton County. Health Department will act as a referral agency to provide information to those who need help. Information will be provided to area organizations, senior citizen centers, nursing homes, physician offices, Clinton County's Website, etc. Information will also be provided at health fairs and other events.
2. Increase education regarding Alzheimer's Disease. The Clinton County Health Department, St. Joseph Hospital and other health agencies are working on a Health and Wellness column in local newspapers. We feel that this will increase public awareness of not only our Community Health Needs Priorities but, other public health information. Articles from IDPH, CDC, Alzheimer's Association, and other resources will be our source of information for the articles. Sharing a "Health and Wellness" column will allow articles to be in the newspapers every week - something that a single agency might not be able to accomplish. Clinton County has three weekly newspapers: Union Banner - Carlyle, Breese Journal - Breese, and the Trenton Sun. Brochures and other information regarding Alzheimer's will be provided to health agencies.

Related Health People 2020 objectives

- DIA-1 (Developmental) Increase the proportion of persons with diagnosed Alzheimer's disease and other dementia, or their care givers, who are aware of the diagnosis.
-

Proposed community organizations to provide and coordinate the activities:

Alzheimer's Association of Southwestern Illinois
Genetics programs in surrounding areas (Bond and Fayette Counties)
Diabetes support groups
Nursing Homes
Senior Citizen Centers - Carlyle, Breese, Trenton
Assisted Living Centers
Clinton County Health Department - MRC Volunteers
Area Agency on Aging

Evaluation plan to measure progress towards reaching objectives:

The Community Health Advisory Committee will review activities being conducted to improve heart disease interventions. The group will evaluate current activities and make sure improvements are made toward Healthy People 2020 objectives.

1. Track number of referrals from Clinton County Health Department to the Alzheimer's Association.
 2. Track number of Diabetic and CVD patients given information about the risk of Alzheimers Disease.
 3. Track number of referrals for genetic testing and consultations.
-

Anticipated sources of funding:

Federal, State and local grants
Local hospitals
Local health department
Physicians
Senior Citizen Service Agencies
Department on Aging
708 Mental Health Board

Community Health Status Assessment:

Summary

Demographic and Socioeconomic Characteristics

Demographics characteristics include measures of the population, including age, gender, race and ethnicity.

Data on basis demographics of a community is an important tool to understand health issues. An older population can result in more deaths, higher chronic diseases and different health issues.

Sex and Age	Clinton County					State Percent
	Estimate					
Total Population	36,368					
	Male	Female	Total	Percent		
Total	18,830	17,538				
Under 5 years	1159	1049	2208	6.1%	6.9%	
5 to 9 years	1033	1064	2097	5.8%	6.6%	
10 to 14 years	1245	1150	2395	6.6%	6.9%	
15 to 19 years	1291	1185	2476	6.5%	7.2%	
20 to 24 years	1451	1002	2453	6.8%	7.0%	
25 to 29 years	1534	1081	2615	7.2%	7.2%	
30 to 34 years	1201	841	2042	5.7%	6.6%	
35 to 39 years	1313	1034	2347	6.5%	6.8%	
40 to 44 years	1431	1256	2687	7.4%	6.8%	
45 to 49 years	1517	1456	2973	8.2%	7.5%	
50 to 54 years	1404	1275	2679	7.4%	7.1%	
55 to 59 years	1134	1069	2203	6.1%	6.0%	
60 to 64 years	831	878	1709	4.7%	5.0%	
65 to 69 years	678	769	1447	4.0%	3.7%	
70 to 74 years	572	664	1236	3.4%	2.8%	
75 to 79 years	456	638	1094	3.0%	2.2%	
80 to 84 Years	332	543	875	2.4%	1.8%	
85 years and over	248	584	832	2.3%	1.8%	
Median age	39.1	37.0	41.6			
American Community Survey						

Median Age

Year	Clinton County		Illinois	US
1990	32.8	32.8	32.9	
1997	34.4	34.4	34.9	
2000	36.6	34.7		
2009	39.2	36.5		

(U.S. Census 2009)

Ethnic Distribution

<u>Total Populations</u>	<u>Clinton County</u>	<u>Illinois</u>	<u>U.S.</u>
Males	51.8%	49.3%	49.3%
Females	48.2%	50.7%	50.7%
White	94.4%	79%	75.1%
Black	4.2%	14.9%	12.3%
Hispanic	2.4%	15.2%	12.2%
Asian	.4%	4.4%	

(U.S. Census 2009)

Population

<u>Year</u>	<u>Clinton County</u>	<u>Illinois</u>
1993	34,800	11,697,000
1998	35,800	12,045,000
2001	35,600	12,482,000
2006	36,490	12,831,900
2009	36,368	12,910,409

(US Census Data, 2009)

Percent of Population Rural

<u>Year</u>	<u>Clinton County</u>	<u>Illinois</u>
1993	63.6	15.4

(IPLAN Data System Summary Report, 1993)

<u>Year</u>	<u>Population</u> <u>Clinton County</u>	<u>Illinois</u>
1960	24,029	10,081,158
1970	28,315	11,113,976
1980	32,617	11,426,518
1990	33,944	11,430,602
1998	35,800	12,045,000
2000	35,535	12,419,293
2009	36,368	12,910,409

(U.S. 2009 Census Data)

Percent of Change Population

<u>Year</u>	<u>Clinton County</u>	<u>Illinois</u>
1960-1990	+ 41.3	+13.4
1980-1990	+ 4.1	+ 0.4
1990-2000	+ 5.0	+ 9.0
2000-2009	+ 2.4	+ 4.0

(U.S. Census Data 2009)

Percent of Population Living in a Primary Care Health Professional Shortage Area

	<u>Clinton County</u>	<u>Illinois</u>
	100.0%	15.4%

(Center for Rural Health, IDPH, 2005)

Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, employment and the proportion of the populations represented by these variables.

Unemployment is defined as the workforce over the age of 16 who are unemployed. Unemployment reduces household income, access to health insurance, and mental stress. The unemployed places an increase demand on social services. The unemployment rate fluctuates considerably from month to month.

Percent below Poverty Level

	<u>Clinton County</u>		
	2000	2005	2010
Unemployment			
Employed	12,000	12,000	12,000
Unemployed	3.4%	4.9%	8.5%
Illinois	4.5%	5.8%	10.6% (2009)

American Community Survey 2011

The Federal Poverty level varies depending on family size. A four family unit would have a gross income of \$22, 050. The percent below this income are in poverty.

The effects of poverty persist throughout life. Children who live in households who's income are below the poverty level are more likely to experience other risk factors, such as poor nutrition, poor housing, education opportunities and access to health care. Other childhood health problems include low birth weight, infant mortality, and child abuse. The rates for children living in poverty can be two or three times greater when compared to children in households with greater affluence. The possibility of having a high number of dependent citizens may have a greater liability for the county. Clinton County's Poverty rate is below the State or National rate. The percent of Clinton County Families living in poverty in 2009 was 5.7 percent compared to the state's 9.1 percent

Percent of population in Poverty	2009	Clinton County	Illinois	US
Individual below Poverty		8.4%	12.4%	13.5%
Families below Poverty		5.7%	9.1%	9.9%

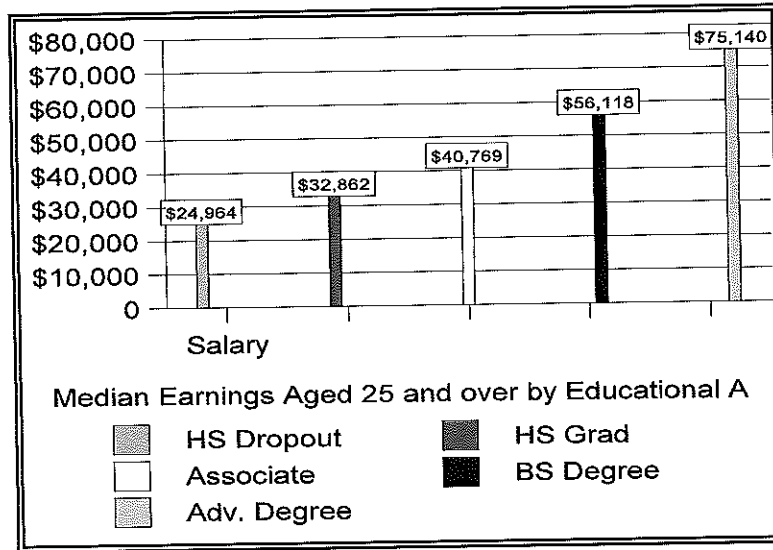
(Fact Finder Census 2009)

Family Income	2005 - 2009 Average
Median Family Income	\$65,045
Mean Family Income	\$74,536

Educational Attainment. The level of education is highly correlated to a wide range of social and behavioral risk factors and health outcomes. Education is related to income and employment opportunities. Research shows that 60 percent of the jobs in the U.S. will require post-secondary

Per capita Personal Income			
	Clinton County	Illinois	US
2009	55,683	56,230	52,029

(US Census 2009)



(Word Press - Education Pays - Income by Education Level 2009)

College graduates are employed at a much higher rate than are non-college graduates. Currently, while overall unemployment rates are hovering around 10 percent, only 4.5 percent of college graduates are unemployed. It is well known that college graduates make more than high school graduates, who in turn make more than high school drop-outs. There is emerging relationship between higher education attainment and economy. It appears that increasing education can actually drive economic growth - and job creation. (Lumina Foundation for Education)

Levels of Education for Illinois Residents - aged 25 to 64 - 2008

Less than 9 th . Grade	5.0%
9 th to 12 Grade no diploma	6.8%
High School Graduate	25.1%
Some College	22.2%
Associate degree	8.2%
Bachelor's degree	20.7%
Graduate degree	12%

Percent of Clinton County adults (25-64) with a two or four year degree 34.1%

American Community Survey 2008

General Health and Access to Care:

Percentage of the population that is currently without any form of health insurance. The need for health insurance creates social structural and personal barriers to the receipt of health care services.

Failure for the population to receive clinical preventative services increases illnesses, chronic health conditions and increases health care costs.

Ratio of Medicaid Enrollees to Medicaid Physician Vendors

Total	Clinton County (195) 8:1	Illinois (74) 3:1
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(IPLAN Data Summary Report, 2006)

Clinton County				
Residents had a Health Plan	1999	2002	2004	2009
	94.5%	94%	90%	90%
Last Seen a Doctor				
Less than 1 year	73%		75%	
More than 2 years	16.5%		11%	

Illinois BRFSS Data - Clinton County

Healthy People 2020 Objective:

AHS-1.1 Medical Insurance

National Baseline: 83.2 percent of persons had a medical insurance in 2008

Target: 100 %

Healthy People 2020 Objective:

AHS-3 Increase the proportion of persons with a usual primary care provider.

National Baseline: 76.3% had a usual primary care provider in 2007.

Target: 83.9%

According to the Center for Rural Health, Clinton County residents continue to live in a primary care health professional shortage area (Majority of Illinois Residents). There are fifteen physicians, one full service hospital, county health department three rural health clinics and five nursing homes in Clinton County. Eighteen percent of Clinton County residents have received no medical physical in the past two years.

Social and Mental Health

Social and mental health factors directly and indirectly influence overall health status of the individual in community quality of life. Mental health conditions and overall psychological; well-being and safety may be influence by substance abuse and violence within the home and community.

Clinton County	2000	2001	2002	2003	2004	2005	2006	2007
Homicide Deaths	5	5	3	3	2	2	2	2
Suicide Death	0	1	1	1	0	0	0	0

(Clinton County Coroner Yearly Reports)

Behavioral Risk Factors in this category include behaviors which are believed to cause or contribute to injuries, disease and death.

Tobacco use has been identified as a leading cause of death in the United States and effects on lung cancer, heart disease, hypertension, emphysema and other health concerns.

Percent of Adults Who Smoke:

	1999	2001-2003	2004	2007-2009
Smoker	22.6%	20.8%	21.4%	20.4%
Former Smoker	22.3%	25.0%	20.4%	25.9%
Non-Smoker	55.1%	54.2%	58.2%	52.6%

Illinois BRFSS Data

Healthy People 2020 Objective

TU 1.1 Cigarette Smoking

Baseline 20.6 percent of adults 18 and older were current cigarette smokers in 2008.

Target 12.0%.

Nutrition - Obesity

	1999	2002	2005	2009
Obesity				
Under/Normal Weight	66.9%	36.2%	51.5%	31.3%
Overweight	42.1%	32.5%	42.5%	
Obese	37.5%	231.6%	25.7%	26.3%

Illinois BRFSS Data

Daily Nutrition

Number of servings of Fruits and Vegetables

	1999	2002	2005	2009
< 3 Servings	60%	40.2%	41.4%	53.2%
3-4 servings	29.8%	44.1%	40.5%	34%
5 or More Servings	10.1%	15.7%	18.1%	12.8%

Illinois BRFSS Data

Health People 2020 Objective

NWS - 14 Increase the contribution of fruits to the diets of the population age 2 years and older. Baseline: 0.5 cup equivalent of fruit per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001 - 04.

Target 0.9 cup equivalent per 1,000 calories

Regular physical activity is important to maintaining a healthy weight, decreases this risk of death from heart disease, lowers the risk of developing diabetes, and helps reduce blood pressure in persons with hypertension. Health people 2020 Objective: Reduce the proportion of adults who engage in no leisure-time activity. Baseline: 36.2 percent of adults engaged in no leisure time activity in 2008. Target is 32.6 percent

Physical Activity

	1999	2002	2005	2009
Regular Exercise 6 + Months	41.7%	38.9%	37.4%	45%
Regular Exercise < 6 Months	31.6%	45.7%	5.8%	8.4%
Some to No Exercise	26.7%	25.4%	51.8%	46.6%

Illinois BRFSS Data

Health People 2020 Objective

PA - 2.1 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes /week of vigorous intensity, or an equivalent combination.

Baseline: 43.5 percent of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes, or 75 minutes/week of vigorous intensity, or a equivalent combination in 2008.

Target: 47.9 percent.

Seatbelt Use	1999	2004
25 - 44 Years of Age	79.4%	73.1%
45 - 64 Year of Age	96.3%	85.7%
65 + Years of Age	90.8%	81.6%

Illinois BRFSS Data

Seatbelt use in motor vehicles is the simplest and least expensive method of reducing injuries by motor vehicle accidents. The NHTSA indicated that seat belts can reduce fatal injuries by 45 percent. Teaching seatbelt use at an early age can promote safer practice throughout their adult life.

Maternal Child Health:

By monitoring the health status of infants and children and focusing on birth data and outcomes along with mortality data

Infant mortality is a critical indicator of the health of a population. It reflects the overall status of maternal health as well as the quality and accessibility of primary health care available to women and infants. Neonatal mortality is death within the first 28 days of life. The infant mortality rate for Clinton County has been lower than the State wide average for the past several years. In 2006, there were 1 infant and 1 neonatal death unlike in 1998 when there were 6 infant deaths, and 5 neonatal deaths.

Infant Mortality: Rates per 1,000 Live Births

	Clinton County				Illinois			
	1993	1998	2001	2006	1993	1998	2001	2006
Infant Mortality	6	1	3	1	1834	1505	1379	1343
Neonatal Mortality	5	1	3	1	1166	988	919	921
Post Neonatal Mortality	1	0	0	0	668	517	460	422

(IPLAN Data System Summary Report)

Tobacco use during pregnancy can lead to serious health issues for the mother and will as the newborn. Babies who are born are more likely to have low birth weight, increase risk of death resulting from SIDS. Promoting smoking cessation, during pregnancy may help reduce those risks associated with tobacco. Clinton County rates of smoking during pregnancy are above the State rate. Black rates are high because the Black population is about 4.2 % of the total population.

Percent of Mothers who Smoke During Pregnancy

	Clinton County				Illinois			
	1993	1998	2001	2006	1993	1998	2001	2006
Total	18.9%	15.8%	14.91%	15.8%	14.5%	12.0%	10.5%	8.6%
Black	66.7%	00.0	50%	00.0	16.4%	14.2%	13.2%	10.1%
White	18.8%	16.2%	14.6%	15.9%	14.5%	12.1%	10.3%	8.7%
Other	00.0%	00.0	00.0	00.0	2.1%	2.2%	1.9%	1.5%

(IPLAN Data System Summary Report)

Health People 2020 Objective

TU-6 Increase smoking cessation during pregnancy

Baseline: 11.3 percent of women aged 18 to 49 years (who reported having alive birth in the past 5 years and smoked at any time during their pregnancy with their last child, stopped smoking during the first trimester of their pregnancy and stayed off cigarettes for the rest of their pregnancy in 2005.

Target 30.0 percent

Prenatal Care in this 1st. Trimester - Mothers who receive early prenatal care are more likely to have full term and health babies. Since 1998 the number of pregnant women seeking prenatal care has been very close to 90 percent. The year 2010 objective was for 90 percent of pregnant women to receive prenatal care in their first trimester. The WIC and Family Case Management programs address the importance of prenatal care and effects of smoking.

Mothers who begin prenatal care in the 1st trimester

	Clinton County				Illinois			
	1993	1998	2001	2006	1993	1998	2001	2006
Total	87.7%	88%	89.3%	90.6%	78.3%	81.2%	81.9%	82.2%
Asian/PI	66.7%	100%	50%	0	18.5%	83.8%	81.4%	82.2%
Black	66.8%	57.1%	75%	100%	63.4%	68.5%	71.1%	73.5%
White	87.9%	88.6%	89.7%	90.6%	82.8%	84.3%	84.4%	84.5%
Other	100.0%	0.0%	0%	0	63.2%	71.9%	81.2%	79.9%

(IPLAN Data System Summary Report)

Teen Births - Half of all pregnancies in the U.S. are unintended. Unintended pregnancies have declined but still remain highest among teenagers, women over 40 and low-income African Americans. Many unintended pregnancies end in abortion.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Teen Births	439	375	361	401	438	402	437	435	412	414
All Births	43	312	28	32	33	29	45	40	38	29
Teen Births %	11.4%	10.9%	10.3%	9.7%	9.9%	9.7%	10%	10.1%	10%	9.6%
Clinton Teen Births %	9.8%	8.3%	7.8%	8%	7.5%	7.2%	10.3%	9.2%	9.2%	7%
Pregnancies										
Under 15 years	0	0	0	1	0	0	1	0	0	0
15 -17	17	8	7	5	9	8	10	14	14	7
18 - 19	26	23	21	26	24	21	34	26	24	22
Total	43	31	28	32	33	29	45	40	38	29

(IPLAN Data System Summary Report)

Healthy People 2020 Objectives

FP-8.1 Reduce the pregnancy rate among adolescent females aged 15 to 17 years

Baseline: 40.2 pregnancies per 1,000 females aged 15 to 17 years in 2005.

Target: 36.2 pregnancies per 1,000

FP-8.2 Reduce the pregnancy rate among adolescent females aged 18 to 19 years

Baseline 117.7 pregnancies per 1,000 females aged 18 to 18 years in 2005

Target: 105.9 pregnancies per 1,000

Low Birth Weight - Defined as a birth weight less than 2,499 grams (53 to 88 ounces). Very low birth weight is a birth weight less than 1,499 grams (35 - 53 ounces). Low birth weight may be caused by premature delivery or multiple births. Smoking during pregnancy slows fetal growth and may cause premature labor. Chronic health conditions such as hypertension and diabetes may also be associated with low birth weight. Inadequate prenatal care as well as other socioeconomic factors (low income - education level) can be attributed to low weight babies. Clinton County low birth weights are all below State rates.

Low Birth Weight					
Clinton County	2002	2003	2004	2005	2006
Very Low (%)	2 (0.6)	3 (0.7)	6 (1.4)	2 (0.5)	3 (0.7)
Low (%)	23 (6.4)	24 (6.0)	19 (4.3)	2	5 (5.2)
State					
Very Low	1.3%	1.6%	1.7%	1.6%	1.6%
Low	8.2%	8.3%	8.4%	8.6%	8.6%

(IPLAN Data System Summary Report)

Alcohol use During Pregnancy - Alcohol use during pregnancy causes Fetal Alcohol Syndrome. FAS causes a range of physical and mental issues for the child such as abnormal facial features, low birth weight, poor coordination, learning disability, heart and kidney problems.

Females Who Drink During Pregnancy				
	1990	1996	2000	2006
Clinton (%)	21(5.0)	1 (0.1%)	3 (0.7)	2 (0.5)
State %	1.9%	1.1%	0.5%	0.3%

(IPLAN Data System Summary Report)

Chronic Disease: Health status is measured in terms of mortality (rates of death within a population) and morbidity (rate of the incidence and prevalence of disease). Mortality may be presented by crude or age adjusted rates, by degree of premature death (Years of Productive Life Lost - death before the age of 65) or by cause (disease - cancer, non-cancer or injury) Morbidity may be represented by age-adjusted incidence of cancer and chronic disease.

Leading Causes of Mortality

<u>Clinton County</u>			<u>Illinois</u>		
	1993			1993	
Total Deaths	298		Total Deaths	106,875	
Heart Disease	107	36%	Heart Disease	35,624	33%
Coronary Heart Disease	93	31%	Coronary Heart Disease	28,531	27%
Malignant Neoplasms	80	27%	Malignant Neoplasms	25,263	24%
Lung Cancer	26	9%	Cerebrovascular Dis.	7,291	7%
Chronic Obst. Pulm. Dis.	15	5%	Lung Cancer	6,914	6%
Cerebrovascular Disease	13	4%	COPD	4,312	4%
Pneumonia/Influenza	12	4%	Pneumonia/Influenza	4,021	4%
Colo-Rectal Cancer	12	4%	Unintent. Injuries	3,717	3%
Lymph & Hemato Cancer	11	4%	Colo-Rectal Cancer	2,968	3%
Unintentional Injuries	8	3%	Diabetes Mellitus	2,474	2%
1998			1998		
Total Deaths	359		Total Deaths	104,070	
Heart Disease	117	33%	Heart Disease	32,722	31%
Coronary Heart Disease	100	28%	Coronary Heart Disease	25,517	25%
Malignant Neoplasms	92	26%	Malignant Neoplasms	24,592	24%
Lung Cancer	29	8%	Cerebrovascular Disease	7,247	7%
Pneumonia/Influenza	21	6%	Lung Cancer	6,846	7%
Chronic Obstr. Pulm Dis.	20	6%	COPD	4,542	4%
Cerebrovascular Disease	18	5%	Pneumonia/Influenza	3,944	4%
Unintentional Injuries	17	5%	Unintentional Injuries	3,803	4%
Motor Vehicle Injuries	10	3%	Colo-rectal Cancer	2,731	3%
Nephritis, etc.	10	3%	Diabetes Mellitus	2,724	3%
2001			2001		
Total Deaths	303		Total Deaths	104,858	
Diseases of Heart	94	31%	Diseases of Heart	30,827	29%
Malignant Neoplasms	81	27%	Malignant Neoplasms	24,674	24%
Coronary Heart Disease	77	25%	Coronary Heart Dis.	23,223	22%
Lung Cancer	24	8%	Cerebrovascular Dis.	7,195	7%
Cerebrovascular Disease	19	6%	Lung Cancer	6,760	6%
Chronic Lower Resp. Dis.	18	6%	Chronic Lower resp. Dis.	4,756	5%
Colo-rectal Cancer	16	5%	Accidents	4,027	4%
Septicemia	15	5%	Diabetes Mellitus	3,085	3%
Accidents	15	5%	Colo-rectal Cancer	2,723	3%
Influenza & Pneumonia	9	3%	Influenza & Pneumonia	2,648	3%

	2006			2006	
Total Deaths	349		Total Deaths	102,122	
Diseases of Heart	100	29%	Diseases of Heart	27,002	26%
Malignant Neoplasms	78	22%	Malignant Neoplasms	24,052	24%
Coronary Heart Disease	73	21%	Coronary Heart Disease	19,120	19%
Cerebrovascular Disease	28	7%	Lung Cancer	6,663	7%
Lung Cancer	24	7%	Cerebrovascular Disease	5,974	6%
Accidents	19	5%	Chronic Lower Resp. Dis.	4,725	5%
Chronic Lower Resp. Dis.	16	5%	Accidents	4,401	4%
Influenza/Pneumonia	12	3%	Diabetes Mellitus	2,794	3%
Lymp & Hemato Cancer	11	3%	Influenza/Pneumonia	2,671	3%
Motor Vehicle Accidents	8	2%	Colo-rectal Cancer	2,507	2%

(IPLAN Data System Summary Report, 1993, 1998, 2001, 2006)

Cardiovascular Disease - Heart Disease continues as the leading cause of mortality in Clinton County over the past fifteen year. Of the 50 million adults who have high blood pressure only about 73 percent are aware that they have high blood pressure. High blood pressure remains a major risk factor for CHD, Stroke and Heart Failure. A recent report indicates that one in 4 women will die from Heart Disease. More women than men have died from heart die since 1984. Yet only 55 percent of women realize heart disease is their number one killer and less than half know what are considered healthy blood pressure and cholesterol levels (IDPH 2/2011).

Health People 2020 Objective

Baseline: 126.0 coronary heart disease deaths per 100,000 population occurred in 2006 (age adjusted to the year 2000 standard population)

target: 100.8 deaths per 100,000 population

Clinton County mortality rates for Heart Disease, Coronary Heart Disease, Malignant Neoplasms, and Lung Cancer are higher than the state. Prevention through education of life style behavioral changes are necessary to bring Clinton County closer to the year 2010 objectives.

Health People 2020 Objective

C-1 Reduce the overall cancer death rate

Baseline: 178.4 cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard)

Target: 160.6 deaths per 100,000 population

Infectious Disease: Diseases that are transmitted from person to person through contact or shared use of contaminated items or materials. Many of these diseases can be prevented through vaccination or proper prevention.

Proper immunizations can prevent disability and death from infectious diseases and control the spread of infection throughout a community. Some diseases target certain age groups more than others. Chickenpox, Measles and Pertussis can still cause death in the young. Influenza and pneumonia are a concern for the elderly. With the H1N1 outbreak in 2009 the virus was of special concern for school age children and young adults. Immunization rates reflect the effectiveness of the public health system.

Influenza Vaccination in Past 12 months

	1999	2002	2004	2009
25 - 44 Year Olds	13.4	15.3		
45 - 64 Year Olds	27.6	32.5		
65 >	74.9	59.9		
Total Percent	30%	29.6%	30.5%	34.3%

Health People 2020 Objective

Immunization Rates

IID - 12.5 Increase the proportion of children and adults who are vaccinated annually against seasonal influenza.

Baseline: 25 % of noninstitutionalized adults aged 18 - 64 were vaccinated against seasonal influenza in 2008

Target: Consistency with national program

Sexually Transmitted Disease

Gonorrhea can become life threatening if it spread to the blood and joints. People with gonorrhea can more easily contract HIV. In men, gonorrhea can cause epididymitis, a painful condition that can lead to infertility. In women, gonorrhea is a common cause of pelvic inflammatory disease. PID can lead to internal abscesses, that are hard to cure, and long lasting pelvic pain. PID can damage their fallopian tubes and cause infertility or increase the risk of ectopic pregnancy. Ectopic pregnancy is a life threatening condition.

Gonorrhea	2002	2003	2004	2005	2006	2007	2008	2009
Clinton Co.	6	6	5	11	5	9	10	11

Syphilis	2002	2003	2004	2005	2006	2007	2008	2009
	1	0	0	0	0	0	0	0

(IDPH Sexually Transmitted Diseases 2002 - 2009)

Healthy People 2020 Objectives

Sexually Transmitted Diseases

STD - 6.1 Reduce Gonorrhea rates in females age 15 to 44 years.

Baseline: 285 new cases of gonorrhea per 100,000 females 15 to 44 were reported in 2008

Target: 257 new cases per 100,000

STD 6.2 Reduce Gonorrhea rates in males 15 to 44 years

Baseline: 220 new cases of gonorrhea per 100,000 males were reported in 2008

Target: 198 new cases per 100,000

Chlamydia is frequently reported bacterial sexually transmitted disease in the United states. Chlamydia is possibly under reported because most people with Chlamydia are not aware of their infection and do not seek testing. Upto 70 percent of women can be asymptomatic. Complications can result in infertility, ectopic pregnancy and chronic pelvic pain.

Chlamydia in men, 1to 25 percent maybe asymptomatic, may result in epididymitis, infertility and Reiter syndrome.

	2002	2003	2004	2005	2006	2007	2008	2009
Chlamydia	27	15	29	36	34	36	47	48

(IDPH Sexually Transmitted Diseases 2002 - 2009)

1. There were no reported cases of syphilis or tuberculosis in Clinton County. Sexually transmitted diseases continue to increase in 2006 there were 5 cases of Gonorrhea and 34 cases of Chlamydia and the numbers have not changed much in 2010 with 8 Gonorrhea and 34 Chlamydia.
 2. There were five reported cases of salmonella in 2010.
 3. There was only four reported case of vaccine preventable disease (Chicken Pox) in 2010.
- Infectious Diseases is an area where under reporting or no reporting of cases occurs.

Environmental/Occupational Health and Injury Control:

1. Clinton County was above the 2001 state mortality rate for unintentional injuries and motor vehicle injuries. Unintentional injury and motor vehicle accidents are the leading causes of years of potential life lost to age 65 (Appendix D).
2. In 2010 the majority of households in Clinton County with drinking water from regulated public supplies rather than private wells. Public water supplies continue to be expanded across Clinton County.
3. Clinton County Coroner reported that alcohol and non seat belt continues as a major cause of Motor Vehicle Accident deaths. Driving Under the Influence Arrests and enforcement of seat belts laws have, Nationally decreased MVA deaths but, locally the numbers have remained steady. (Appendix E).

Unintentional Injuries - Covers a variety of deaths classified as unintentional. It is important to be aware of risks and the seriousness of injuries to decrease the likelihood that an injury could be life threatening.

Health People 2020 Objective:

IVP-11 Reduce unintentional injury death rate.

Baseline: 40 deaths per 100,000 population were caused by unintentional injuries in 2007 (age adjusted to the year 2000 standard population)

Target: 36 deaths per 100,000 population.

IVP - 13.1 Motor vehicle deaths per 100,000

Baseline: 13.8 deaths per 100,000 population were caused by motor vehicle crashes in 2007 (age adjusted to the year 2000 standard population)

Target: 12.4 deaths per 100,000 population

Cause Specific Years of Potential Life Lost At Age 65

Cause	Clinton County		Illinois
	1993		1993
Malignant Neoplasms	316	Unintentional Injuries	86,868
Perinatal Conditions	259	Malignant Neoplasms	84,657
Unintentional Injuries	170	Heart Disease	66,871
Heart Disease	164	Perinatal Conditions	54,177
Motor Vehicle Accidents	150	Firearms	49,259
Suicide	150	Homicide	48,060
Congenital Anomalies	136	Coronary Heart Disease	43,300
Coronary Heart Disease	95	Motor Vehicle Injuries	40,119
Lung Cancer	71	HIV Infection	32,552
Firearms	44	Congenital Anomalies	28,604

	1998		1998
Unintentional Injuries	444	Unintentional Injuries	80,541
Motor Vehicle Accidents	239	Malignant Neoplasms	77,770
Malignant Neoplasms	237	Heart Disease	64,303
Heart Disease	199	Perinatal Conditions	49,440
Coronary Heart Disease	132	Coronary Heart Disease	42,124
Fires and Burns	85	Firearms	39,524
Lung Cancer	58	Homicide	38,765
Lymph & Hemato Cancer	54	Motor Vehicle Accidents	37,045
Nephritis, etc	41	Congenital Anomalies	22,709
Drowning	30	Suicide	20,491
<hr/>		<hr/>	
	2001		2001
Malignant Neoplasms	220	Accidents	80,731
Accidents	197	Malignant Neoplasms	75,999
Motor Vehicle Accidents	167	Diseases of Heart	61,568
Firearms	133	Perinatal Conditions	47,689
Suicide	133	Coronary Heart Disease	39,679
Perinatal Conditions	129	Motor Vehicle Accidents	36,679
Lung Cancer	98	Homicide	35,179
Diseases of Heart	80	Firearms	34,289
Influenza & Pneumonia	71	Suicide	21,079
Congenital Malformations	64	Congenital Malformations	18,311
<hr/>		<hr/>	
	2006		2006
Accidents	330	Accidents	85,216
Motor Vehicle Accidents	208	Malignant Neoplasms	73,388
Malignant Neoplasms	207	Diseases of Heart	54,579
Diseases of Heart	162	Coronary Heart Disease	36,136
Coronary Heart Disease	120	Motor Vehicle Accidents	31,128
Suicide	81	Homicide	27,677
Congenital Malformations	64	Firearms	27,275
Lung Cancer	58	Congenital Malformations	19,618
Homicide	44	Suicide	17,193

(IPLAN Data System Summary Report, 1993 , 1998, 2001, 2006)

Years of Productive Life Lost lost indicates the causes of premature death of the young and middle age group. The calculation is from anybody who died before the age of 65. Many of these causes are from accidents (motor vehicle and unintentional injuries) suicide, homicide and cancer.

G. SENTINEL EVENTS

Sentinel indicators are presented for health conditions considered preventable or controllable with regular primary care. The occurrence of sentinel events can be interpreted to indicate inadequate access to primary care.

Hospitalizations for:	1990	1995	1998	1999
Infant Dehydration	10	11		
Asthma	14	11		
Uncontrolled Hypertension	18	23		

Cancer	1996 - 2000	2000 - 2004
Breast Cancer	17	14
Cervical Cancer	2	2

V. APPENDICES

Appendix A

Crude Mortality Rates (Rates per 100,000).

	Clinton County	Illinois
	2006	2006
Crude	956.4 (349)	795.8 (102,122)
Asian/Pac. Is	(0)	(1239)
Black	(1)	(15,786)
White	(348)	(85,013)

(IPLAN Data System Summary Report, 2006)

Appendix B

Clinton County

Behavior Risk Factor Survey

		99	02	05	09
Asthma	Yes		9.7%	9.7%	6.5 %
	No		90.3%	90.3%	93.5%
Diabetes	Yes	19.3%	6%	9.4%	8.1%
	No	80.7%	94%	90.6%	91.9%
High Blood Pressure	Yes	26.2%	25.6%	30.3%	32.8%
	No	73.8%	74.4%	69.7%	67.2%
High Cholesterol	Yes	34%	25.5%	29.1%	32.9%
	No	66%	74.5%	70.9%	67.1%
Cholesterol Tested					
	<1Year	85.5	85.3	73.3	64.8
	>1 Year	14.5	14.7	16.1	21.8
	Never			10.6	13.4
Had Mammogram (40 & older)	Yes	89.4%	85.2%	90.4%	86%
	No	10.6%	14.8%	9.6%	14%
Prostate Had PSA test	Yes		51.7%		71.9%
	No		48.3%		28.1%
Rectal exam (40+)	Yes	67%	67.6%		67.5%
	No	33%	32.4%		32.5%

Appendix C

Table 1 3 Years Average Combined for 1992 through 2006 Causes of Death

	93	96	99	02	05
Heart Disease	345	276	346	291	273
Coronary	282	240	282	226	211
Cerebrovascular Disease	49	39	50	56	66
Malignant Neoplasms	227	205	251	220	213
Colorectal	32	23	27	28	16
Lung	76	61	72	58	54
Breast	16	14	15	17	13
Prostate	2	10	9	15	12
Unintentional Injuries	29	39	54	51	47
Motor Vehicles	20	21	31	29	34
Suicide	13	10	14	12	2
Homicide	4	0	1	2	1
Other	6	11	21	22	10
Chronic Lower Respiratory	0	41	57	50	47
Pneumonia & Influenza	41	54	45	37	32
Emphysema	0	0	5	6	0
Asthma	0	0	1	0	0

(IPLAN Data System 1990 - 2006 Clinton County)

Table 2

IDPH Edwardsville Regional Data

Heart Disease - Malignant Neoplasms - Coronary Heart Disease
The top 3 Causes of Death were the same in 15 of 16 counties

+ Lung Cancer
The top 4 Causes of Death were the same in 9 of 16 counties

+ Accidents - Chronic Lower Respiratory Disease - Cerebrovascular
The top 7 Causes of Death, except order changed, in 12 of 16 counties

(IPLAN Data System 2006)

Appendix D

3 Years Combined for 1992 through 2006
Years of Life Lost

	93	96	99	02	05
Accidents	238	246	457	263	315
Motor Vehicle	209	180	296	202	231
Suicide	97	55	92	86	52
Firearms	50	91	103	69	30
Heart Disease	209	120	180	127	154
Coronary Heart Disease	164	83	148	76	93
Malignant Neoplasms	243	196	244	209	205
Lung	68	29	63	54	34
Breast	14	0	0	5	0
Colorectal	8	0	0	12	5
Lymph/Hemato	0	0	32	5	19
Congenital	60	49	0	86	43
Pneumonia & Influenza	20	46	0	37	0
Diabetes Mellitus	16	20	0	0	19
Perinatal Condition	130	21	43	31	0

(IPLAN Data System 1991 - 2006)

Appendix E

CLINTON COUNTY CORONER REPORTS

	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Illinois Reported Total Deaths	274	235	260	249	215	287	229	226	245		359
St. Joseph Hospital Fetal Deaths		42 2	50 2	50 2	29 3	56 1	45 2	48 2	47 3		
Coroner Notification											
Emergency Room		10	11	17	14	30	22	19	17		
Residence		70	59	49	48	63	53	50	53		
Nursing Home			83	102	100	94	102	92	84	89	
At Scene of Incident				28	26	30	15	18			
Natural			14	21	14	17	23	3	13	12	1715
Heart		12	18	11	13	21	3	11	11	12	15
Cancer			1	0	3	3	1	0	0	0	00
Diabetes		0	0	0	1	1	0			0	5
Accidental Deaths											
MVA		7	8	9	7	5	7	6	6	10	13
Alcohol			2	5	5	4	2	6	5	1	55
No Seat Belt		6	5	8	5	4	7	4	4	-	7
Drowning		0	3	2	1	2	1	0	0	2	6
Drugs		0	1	0	1		0	0	0		
Work Related		0	0	1	0	0	0	0	2		
Suicide			2	2	2	2	3	3	5	5	43
Guns		0	2	2	0	2	1	5	3		
Homicide		0	0	0	0	1	1	1	0	1	0

(Clinton County Coroner's Yearly Reports)

Appendix F

COUNTY RESOURCES

Abuse and Neglect

Community Resource Center
Department of Children and Family Services

Adult adolescent Counseling

Community Resource Center

Adoption Services

Department of Children and Family Services

Alcohol and Substance Abuse

Community Resource Center

Child Welfare and Foster Care

Children and Family Services

Child Safety Car Seat Rental

Clinton County Rehab

Clothing

BCMW

Hospice

St. Joseph's Hospital

Public Housing

Clinton County Housing Authority

Job Services

Illinois Department of Labor

Lamaze

St. Joseph's Hospital

Medical Equipment

American Legion Hall

Mental Health

Community Resource Center

Public Aid

Illinois Department of Public Aid

Reading

Reading Link-Kaskaskia College

Crisis Intervention

Community Resource Center

Early Childhood Development

Head Start

Birth - to - three

Education and GED

Kaskaskia College

Energy Assistance

BCMW

Senior Center

Illinois Power Customer Relations

Sexual Assault and Family Emergencies

Crisis Center - Vandalia

Senior Services

Clinton County Senior Citizens Center - Carlyle, Breese & Trenton

Sexually Transmitted/Infectious Diseases

Clinton County Health Department

Substance Abuse

Community Resource Center

Transportation

Senior Citizens Center

Immunizations

Clinton County Health Department

Environmental

Clinton County Health Department

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VII. GLOSSARY

IPLAN: Illinois Project Local Assessment of Needs. A strategic planning process carried out by local health departments.

APEXPH: Assessment Protocol for Excellence in Public Health. Designed process to identify community health problems and propose solutions. Adopted by IPLAN.

Healthy People 2010 and Healthy People 2020: A national promotion and disease prevention objectives. Presenting a national strategy for improving the health of the American people.

Risk Factors: Scientifically established factor (determinant) that relates directly to the level of a health problem.

Direct Contributing Factor: Scientifically established factor that directly affects the level of a risk factor.

Indirect Contributing Factor: Community specific factor that directly affects the level of the direct contributing factors.

Outcome Objective: Goal for reducing level to which a health problem should be reduced, long term and measurable (5 years).

Impact Objective: Goal for reducing level of a direct or indirect contributing factor or goal for the level at which a corrective action should occur, short term (1 - 2 years) and measurable.