

Illinois Project for the
Local Assessment of Needs
(IPLAN)
2017 – 2022



**Clay County Health Department
IPLAN 2017 - 2022**

Table of Contents

Board of Health Review / Approval	pg. 3
Introduction	pg. 4
Statement of Purpose	pg. 4
Phase 1: Organize for Success.....	pg. 5
Phase 2: Visioning	pg. 6
Phase 3: Assessments	
Local Public Health System Assessment	pg. 9
Community Themes and Strengths Assessment	pg. 10
Forces of Change Assessment	pg. 12
Community Health Status Assessment	pg. 13
Phase 4: Identify Strategic Issues.....	pg. 14
Phase 5: Formulate Goals and Strategies.....	pg. 14
Phase 6: Action Cycle	pg. 15
Appendix A – Community Health Assessment	pg. 16
Appendix B – Community Health Improvement Plan.....	pg. 63

Clay County Health Department

Better Care, Better Health, Better Living

July 10, 2017

Tom Szyrka, IPLAN Administrator
Division of Health Policy
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761-0001

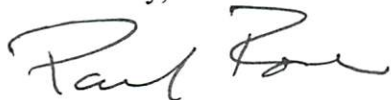
Dear Mr. Szyrka:

The Clay County Board of Health reviewed the five-year Clay County Health Department Strategic Plan at its June 2016 meeting. The Strategic Plan and its objectives were approved and implemented shortly thereafter, resulting in an improved outlook for the continued viability and success of the health department. The strategic plan, however, is a living document against which we measure progress and quality indicators on a routine basis.

Furthermore, the Board of Health reviewed the Clay County Community Health Plan at its meeting on May 23, 2017 and adopted the Plan as part of the Illinois Project for the Local Assessment of Needs (IPLAN) submitted to you today.

The Board applauds the efforts of the Health for Generations (H4G) community health coalition toward improving the health of Clay County and its residents. We look forward to seeing the results of their community health improvement efforts over the next 5 years.

Sincerely,



Paul Rose, President
Clay County Board of Health

Clay County Health Department

Better Care, Better Health, Better Living

February 16, 2017

Tom Szyrka
IPLAN Administrator
Division of Health Policy
Illinois Department of Public Health
525 West Jefferson
Springfield, IL 62761

Dear Mr. Szyrka:

The Clay County Health Department is requesting to utilize the Mobilizing for Action through Planning and Partnership (MAPP) process for our IPLAN recertification. MAPP has been recognized as an equivalent process for conducting IPLAN.

Please consider this as the Clay County Health Department's written request as required per the Certified Local Health Department 77 Ill. Adm. Code 600.410 (b).

If you have any further questions please contact me at (618) 508-2200.

Sincerely,



Jeff Workman
Administrator



IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH



COPY

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

February 22, 2017

Jeff Workman, B.S.
Public Health Administrator
Clay County Health Department
601 East 12th Street
Flora, Illinois 62839

RECEIVED

MAR 01 2017

Clay County Health Dept.

Dear Mr. Workman:

Regarding your proposal to use MAPP as a planning process equivalent to IPLAN, please be advised that the Illinois Department of Public Health approves your request. Your MAPP IPLAN submission will need to comply with the requirements of the Certified Local Health Department Code. I am enclosing "IPLAN Standards and MAPP Crosswalk," which provides a detailed outline of how MAPP components correlate to these requirements and what other items may be needed to meet substantial compliance. Note that the Department's approval of MAPP as an IPLAN equivalent is based on the expectation that the local health department and its community partners are committed to the planning process and will complete all four MAPP assessments, maintaining fidelity to the MAPP model.

If you have any questions regarding this communication, please feel free to contact me at 217-782-6235.

Sincerely,

Tom Szyrka
IPLAN Administrator

enclosure

cc: Allison Hasler
IPLAN File

Phase 1: Organize for Success

Purpose

The first phase of MAPP involves two key components: 1) organizing the planning process and 2) developing the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as active partners, uses participants' time well, and results in a plan that can be realistically implemented.

The Process

Planning Process

In October 2016, the Health for Generations (H4G) Coalition met to begin the MAPP planning process. This core planning team was responsible for identifying the purpose, goals and potential barriers for the MAPP process. Additionally, the team brainstormed organizations and coalitions that exist in our community who could participate in the process.

Partnership Development

After the October 2016 meeting, Clay County Health Department sent invitations to participate in MAPP via email and mail to approximately 80 individuals. Our goal was to recruit broad community representation and select key stakeholders that would be active participants throughout the MAPP process. Potential committee members received an invitation with information about MAPP and four meeting dates between November 2016 and April 2017. In total, 43 of the invited organizations participated including representatives from the medical and hospital community, mental health and social service organizations, the cooperative extension service, schools, voluntary organization, business community, and faith community.

Supporting Documents:

Appendix A, Community Health Assessment, IPLAN Committee Participation, p. 46

Phase 3: Local Public Health System Assessment

Purpose

The purpose of the Local Public Health System Assessment (LPHSA) is to assess local public health system's capacity to provide the 10 Essential Public Health Services (EPHS) to the community. The local public health system includes all public, private, and voluntary entities that contribute to the delivery of public health services.

Process

The local public health system assessment (LPHSA) was conducted over the course of a month by meeting with local stakeholders and asking them to rate performance for each of the essential services on a scale of "no activity" to "optimal activity." The tool was developed by NACCHO and CDC as part of the National Public Health Performance Standards Program (NPHPSP). The NPHPSP is a valuable tool in identifying areas for system improvement, strengthening partnerships, and assuring that a strong system is in place for effective response to day-to-day public health issues as well as public health emergencies.

Data Analysis

Scores from the NPHPSP assessments were entered into the CDC's National Public Health Performance Standards Program website, which produced the Local Public Health System Performance Assessment (LPHSPA) Report of Results.

Results

Highest Scores:

- ES #1: Monitor Health Status to Identify Community Health Problems
- ES #4: Mobilize Community Partnerships to Identify and Solve Health Problems
- ES #7: Link to Health Services
- EPHS #3: Inform, Educate, and Empower People about Health Issues

Lowest Scores:

- ES# 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
- ES #6: Enforce Laws
- ES #10: Research Innovations

Documentation:

Local Public Health System Performance Assessment Report of Results

http://www.healthdept.org/images/Community/Local_Public_Health_System_Assessment_-_Feb._2017.pdf

Phase 3: The Assessments

Forces of Change Assessment

Purpose

The Forces of Change Assessment (FOCA) is designed to answer the following questions: “what is occurring or might occur that affects the health of our community or the local public health system” and “What specific threats or opportunities are generated by these occurrences?” During this phase, participants engage in brainstorming sessions aimed at identifying forces such as trends, factors, or events that are or will be influencing the health and quality of life of the community.

Process

In February, 2017, the Health for Generations Committee conducted the Forces of Change Assessment. Committee members were provided a brief tutorial on the forces of change and collaboratively brainstormed local events, trends, and factors that could influence the health and quality of life of the community. This activity generated a discussion on how to mitigate potential threats that may inhibit community health and how to capitalize on potential opportunities as we develop our community health improvement plan.

Supporting Documents:

Appendix A, Community Health Assessment

- Forces of Change Brainstorming Chart, p. 43

Phase 3: The Assessments

Community Themes and Strengths Assessment

Purpose

The Community Themes and Strengths Assessment (CTSA) is designed answer the following questions: “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”

The Process

The Community Themes and Strengths Assessment (CTSA) was completed using three different strategies to try to obtain broad community input.

Strategy 1: Community Assessment for Public Health Emergency Response (CASPER) Survey

Strategy 2: Windshield Survey

Strategy 3: Focus Groups

The Health for Generations Coalition was involved in the design of each strategy, and the results of each strategy were shared with the Coalition.

Strategy 1: CASPER Survey Method

In May 2016, the Clay County Health Department deployed MRC volunteers to conduct a Community Assessment for Public Health Emergency Response (CASPER). CASPER, a CDC tool, interviews citizens in sampled households door-to-door about their public health needs. While CASPERS were developed to assess community needs after natural disasters or emergencies, the Clay County Health Department used this method to rapidly gain primary source public health data for use in the CTSA.

The survey tool was developed with input from the Health for Generations Coalition and consisted of six sections: basic household information, household emergency plans, home and neighborhood safety, nutrition and physical activity, access to healthcare services and Clay County’s overall health. No personally identifying information was collected.

The basic method for the CASPER is to use Geographic Information Systems to randomly select 30 census blocks with probability proportional to size. In each of these 30 “clusters”, seven houses are randomly selected to interview. Volunteer teams were trained on the household selection method to ensure that they were chosen randomly.

Residents of the selected households who were at least 18 years of age or older were considered eligible to participate. Teams were instructed to get verbal consent from the resident before proceeding with the interview.

For more detailed explanation of the CASPER data collection and analysis methodology, reference the “CASPER Final Report and Results” at <http://www.healthdept.org/images/Community/Report%20-%20Clay%20County%20Health%20Department%20Final%20Report.pdf>.

Over the weekend of May 20th and May 21st 2016, interview teams were able to conduct 149 interviews. 20 additional interviews were conducted the following week (May 23rd- May 25th), for a total of 169 interviews.

Strategy 2: Focus Groups

Four focus groups were conducted among Pre-K parents, High School Students, and Senior Citizens using the Yale University Program for Recovery and Community Health Report’s 2009 qualitative analysis methods.

Strategy 3: Windshield Assessment

A windshield assessment was used to get a sense of the community and its characteristics from the viewpoint of a new resident to Clay County. This method was adapted from the Community Tool Box, a public resource developed and maintained by the University of Kansas.

Supporting Documents:

Appendix A, Community Health Assessment

- CASPER Results, p. 6
- Focus Group Results, p. 6
- Windshield Assessment Results, p. 7

Phase 3: The Assessments

Community Health Status Assessment

Purpose

The Community Health Status Assessment (CHSA) answers the questions, “How healthy are our residents” and “What does the health status of our community look like?” The results of the CHSA provide the IPLAN Committee with an understanding of the community’s current health status and identify trends and emerging health issues affecting the community (e.g. high obesity rates or low immunization rates).

Method

The MAPP Community Health Status Assessment (CHSA) method was followed. This includes gathering core indicators for broad-based categories and comparing the data to trend information and to peers, state, and national data. Healthy People 2020 (HP2020) is a nationwide agenda created by the US Department of Health and Human Services that provides 10-year national objectives for improving the health of all Americans. HP2020 provides national benchmarks and goals that are applicable at the national, state, and local levels. Clay County health data was compared to HP2020 target measures whenever possible.

The broad-based categories analyzed in the assessment include:

- Demographic and Socioeconomic Characteristics
- General Health and Access to Care Indicators
- Maternal and Child Health Indicators
- Chronic Disease Indicators
- Environmental, Occupation, and Injury Control Indicators
- Sentinel Events

Data Sources

Health indicator data is compiled from a variety of primary and secondary data sources to create the Clay County Community Health Profile Report. These data sources include but are not limited to the IPLAN Data System, Illinois Behavioral Risk Factor Surveillance System (BRFSS), Illinois Department of Public Health (IDPH), Illinois Department of Transportation, US Census Bureau, Centers for Disease Control and Prevention, American Cancer Society, National Institutes of Health, and many more.

Supporting Documents:

Appendix A, Community Health Assessment, p. 9-40

Phase 4: Identify Strategic Issues

Purpose

During this phase of the MAPP process, participants developed a list of the most important issues facing the community. Strategic issues are identified by reviewing the results of the four MAPP Assessments and determining which issues will be specifically addressed in the community health improvement plan (CHIP).

Process

In February 2017, the IPLAN Committee completed the four MAPP assessments. The next step was to use the results of the four MAPP assessments to identify the top 3 strategic issues. Once the top 3 strategic issues were identified, the Committee could begin development of the CHIP.

Each Health for Generations Coalition (H4G) member was asked to select the top five strategic issues in our community. Responses were collected via SurveyMonkey, a web-based survey tool. In March 2017, the H4G members were emailed the link to the survey and given two weeks to submit responses.

The results were compiled and prioritized based on the nominal group technique. The results of the survey were shared with the Committee in March 2017.

Top 3 strategic issues:

- Tobacco and Substance Use
- Heart Disease and Obesity
- Access to Care and Cancer

Phase 5: Formulate Goals and Strategies

See Supporting Document:

Appendix B, Community Health Improvement Plan

Phase 6: The Action Cycle

Purpose

During this phase of the MAPP process, the community implements the community health improvement plan developed during the Formulate Goals and Strategies Phase.

Process

In May, 2017, the Clay County Board of Health formally adopts Clay County Community Health Improvement Plan 2017-2022.

COMMUNITY HEALTH ASSESSMENT

Clay County, IL



2017-

2022



Table of Contents

Acknowledgements.....	3
Introduction.....	4
Methods.....	5
Vision Statement.....	8
Demographics.....	9
Indicators Section.....	16
• General Health/Access to Health Care	
○ Leading Causes of Death.....	16
○ Access to Health Care Professionals.....	17
○ Health Care Utilization.....	18
• Maternal and Child Health	
○ Teen Births.....	20
○ Infant Mortality and Birth Characteristics.....	21
• Chronic Diseases	
○ Cancer.....	22
○ Respiratory Conditions.....	25
○ Heart Disease	26
○ Obesity.....	27
• Health Behaviors	
○ Physical Activity.....	28
○ Nutrition.....	30
○ Smoking.....	31
○ Substance Use.....	33
• Infectious Disease	
○ Sexually Transmitted Infections.....	34
○ Other Communicable Diseases.....	35
• Environmental	
○ Built Environment.....	36
○ Climate and Air Quality.....	38
• Injury.....	39
• Sentinel Events.....	40
Local Public Health System Assessment.....	41
Forces of Change Assessment.....	43
Community Participation.....	46
Supporting documents available on the Clay County Health Department Website:	
• Community Health Status Assessment	
• Community Strengths and Themes Assessment	
• Local Public Health Assessment	

Acknowledgments

This project could not have been possible without the support and contribution of many people and organizations across Clay County. A sincere thank you goes to the Health for Generations Coalition members for their time, dedication, expertise and contributions. Additional thanks to the participants in focus groups, surveys, and the staff from many agencies that helped us include the voices of diverse sectors across Clay County.

Support for this project was provided by:

- Clay County Counseling Services
- Coalition Against Drug Abuse
- Clay County Health Department Staff
- Clay County Medical Reserve Corps
- Clay County Hospital
- City of Flora
- Christopher Rural Health Planning Corps
- University of Illinois Extension
- Sherwin Williams
- Flora School District
- American Red Cross
- Clay County Food Pantry
- Country Financial
- Golden Circle Nutrition Program
- Clay County Farm Bureau
- Heritage Woods
- CEFS Public Transit
- Southern Illinois Counseling Center
- Clay Home Health and Hospice
- Clay County Board
- Richland Memorial Hospital

Introduction

Statement of Purpose: In October 2016, the Clay County Health Department began preparations to engage in a community health planning process known as the Illinois Project for the Local Assessment of Needs (IPLAN).

IPLAN was developed by the Illinois Department of Public Health (IDPH) to meet the requirements set forth in 77 Illinois Administrative Code 600. This administrative code mandates that all certified local health departments in Illinois conduct an IPLAN process every five years for recertification. IPLAN requires local health departments to create an organizational strategic plan, conduct a community health needs assessment, and develop a community health plan.

The administrative code allows local health departments to use an equivalent planning process for completing IPLAN. The Clay County Health Department utilized the Mobilizing for Action through Planning and Partnership (MAPP) framework to conduct IPLAN 2017-2022.

Mobilizing for Action through Planning and Partnerships (MAPP)

Mobilizing for Action through Planning and Partnerships is a strategic approach to community health improvement. The MAPP tool is a community health improvement planning process developed by the National Association of County and City Health Officials (NACCHO) in collaboration with the Centers for Disease Control and Prevention (CDC) and is designed to emphasize a community-driven and community-owned approach. The Clay County Health Department elected to utilize MAPP for its IPLAN process because of MAPP's emphasis on creating a truly community-driven health improvement plan. MAPP consists of 6 phases.

Phase 1: Organize for Success

Phase 2: Visioning

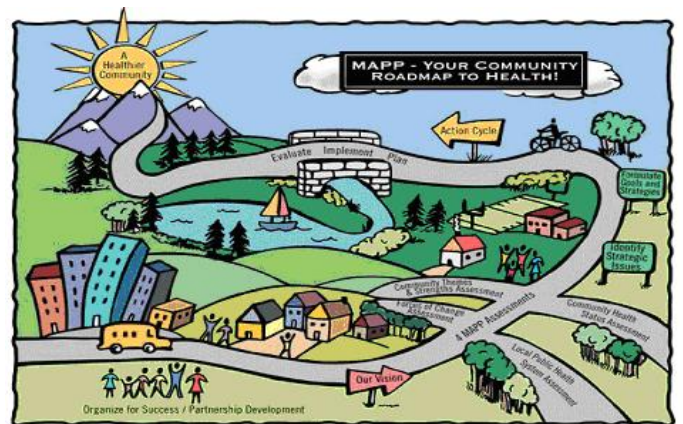
Phase 3: The Four Assessments

- Local Health System Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Community Health Status Assessment

Phase 4: Identify Strategic Issues

Phase 5: Formulate Goals and Strategies

Phase 6: Action Cycle



Methods

Partnership Development: The Health for Generations Coalition brainstormed organizations and coalitions that exist in our community who could participate in the process. The Clay County Health Department sent invitations to participate to approximately 80 individuals. Our goal was to recruit broad community representation and select key stakeholders that would be active participants throughout the MAPP process. In total, 43 of the invited individuals participated, including representatives from the medical and hospital community, mental health, and social service organizations, the cooperative extension services, schools, volunteer organizations, the business community and faith community (See IPLAN Committee Participation in supporting documents section).

Visioning: The Health for Generations Coalition convened in November, 2017 to create a vision for the community. Participants looked through images from magazines and chose ones that they thought answered the questions *“What does a healthy Clay County look like to you?”*, *“What is your vision for Clay County?”* The participants shared their images and a mission and vision statement was created as a group.

Community Health Status Assessment: Data indicators were chosen to answer the questions, *“How healthy are our residents?”* and *“What does the health status of our community look like?”* Core indicators for broad-based categories were chosen from secondary data sources and compared to peers, state, and national data. Additionally, the core indicators were compared with national Health People 2020 targets whenever possible. Healthy People 2020 (HP2020) is a nationwide agenda created by the US Department of Health and Human Services that provides 10-year national objectives for improving the health of all Americans. HP2020 provides national benchmarks and goals that are applicable at the national, state, and local level. Clay County Health data was compared to HP2020 target measures whenever possible.

Secondary Data Sources:

<ul style="list-style-type: none"> <input type="checkbox"/> I-PLAN Data System <input type="checkbox"/> Illinois Behavioral Risk Factor Surveillance System (BRFSS) <input type="checkbox"/> Illinois Department of Public Health, Vital Statistics <input type="checkbox"/> Illinois Department of Transportation <input type="checkbox"/> U.S. Census Bureau, American Community Survey <input type="checkbox"/> Small Area Income and Poverty Estimates <input type="checkbox"/> State Cancer Profiles <input type="checkbox"/> U.S. Environmental Protection Agency <input type="checkbox"/> CDC, National Vital Statistics System <input type="checkbox"/> Illinois Department of Public Health, Birth Characteristics <input type="checkbox"/> National Oceanic and Atmospheric Administration, North America Land Data Assimilation System <input type="checkbox"/> CDC, Division of Nutrition, Physical Activity and Obesity 	<ul style="list-style-type: none"> <input type="checkbox"/> Center for Disease Control and Prevention (via CDC WONDER) <input type="checkbox"/> U.S. Department of Health and Human Services, Health Resources and Service Administration, Area Health Resource File <input type="checkbox"/> University of Wisconsin, County Health Rankings. 2016 <input type="checkbox"/> Illinois Department of Children and Family Services <input type="checkbox"/> Illinois Youth Survey, Clay County 2016 <input type="checkbox"/> Dartmouth Collect Institute for Health Policy, Atlas of Health Care <input type="checkbox"/> Feeding America <input type="checkbox"/> National Diabetes Surveillance System; Diabetes Atlas <input type="checkbox"/> National Center for HIV/AIDs, Viral Hepatitis, STD, TB Prevention <input type="checkbox"/> Fatality Analysis Reporting System <input type="checkbox"/> Uniform Crime Reporting Program
--	---

Community Themes and Strengths Assessment: A variety of methods were used to get primary data to answer the questions: “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that we can use to improve community health?”

□ **Surveys:** In May 2016, the Clay County Health Department deployed MRC volunteers to conduct a Community Assessment for Public Health Emergency Response (CASPER). CASPER, a CDC tool, interviews citizens in sampled households door-to-door about their public health needs. The survey tool was developed with input from the Health for Generations Coalition and consisted of six sections: basic household information, household emergency plans, home and neighborhood safety, nutrition and physical activity, access to healthcare services and Clay County’s overall health. No personally identifying information was collected. The basic method is to use Geographic Information Systems to randomly select 30 census blocks with probability proportional to population size. In each of the 30 census blocks, seven houses are randomly selected to interview. Residents of the selected households who were at least 18 years of age or older were considered eligible to participate. Results were generalized to the entire county. More detailed information about the data collection and analysis methodology can be found in the “CASPER Final Report” document on the Clay County Health Department’s Website.



□ **Focus Groups:** In February 2017, the Clay County Health Department conducted focus groups with community members. Members of the focus groups represented broad interest in the community, including those members of medically underserved, low-income, and populations that are at higher health risk.

Focus Group	Date of Meeting	# of Participants
Clay City Pre-K Parents	2/7/2017	22
North Clay Pre-K Parents	2/9/2017	10
Flora and North Clay High School Students	2/16/2017	17
Senior Citizen Group	2/21/2017	10

To perform the analysis on the focus group data there were three main steps. The Yale University Program for Recovery and Community Health Report’s (2009) qualitative analysis methods were followed. First, notes were taken at each focus group and a recording made. Common themes were created based on the number of times each theme was mentioned and evidence from each focus group was used to support the chosen themes. A full report with results is available by request from the Clay County Health Department. The results of the focus groups are integrated throughout the report. Specific quotes are included in “voices of the community” speech bubbles.

- **Windshield Survey:** A new resident to Clay County provided outside perspective to the strengths and themes of the community by performing a systematic assessment through observations made from a moving vehicle. The methodology for the windshield survey was adapted from the Community Tool Box, a public resource developed and maintained by the University of Kansas. The general guidelines for conducting a windshield survey were used to develop and direct the survey for Clay County, Illinois. The survey was conducted between October 2016 and February 2017. Throughout this time period, over 200 road miles were observed at various times and days of the week. A full report with the results is available by request from the Clay County Health Department. Pictures and comments are integrated throughout this report.

Local Public Health System Assessment: This assessment is intended to answer the questions, *“What are the components, activities, competencies, and capacities of our local public health system?”* and *“How are the Essential Services of Public Health being provided in our community?”* To complete this assessment, several small group meetings with stakeholders were held during the month of February, 2017. Within each of the 10 Essential Services, model standards that describe the key aspects of an optimally performing public health system, were rated by on a scale of “no activity” to “optimal activity.” Notes from the discussion were recorded as well as scores. A full copy of the report is available on Clay County Health Department’s website.

Force of Change Assessment: This assessment is intended to answer the questions, *“What is occurring or might occur that affects the health of our community?”* and *“What specific threats or opportunities are generated by these occurrences?”* The Health for Generations Coalition was provided a brainstorming worksheet one week before the February 2017 meeting. During the meeting, the committee discussed various trends, factors, and events that could influence the health and quality of life in our community.

Vision Statement

The Clay County Health for Generations Coalitions envisions an environment that supports a healthy lifestyle and health prevention activities that start early. We envision a public health system that is diverse and collaborative that encourages broad participation and effectively reaches the whole population, including the most vulnerable members of our community.



Voices of the Community

“Everyone knows everyone”

“Everyone is friendly”

“We are supportive of each other”

“It’s home to me!”

“Low crime rates”

“I love the nature and Charley Brown Park”

“I can work near where my children go to school”

Why do you like living in Clay County?

Demographics

Clay County is a rural community located in the Southeastern portion of Illinois. The county has a total population of 13,675 residents. This is a 1.8% decrease in population since 2010. Despite the decrease in total population, there was an increase in the population of 20-24 year olds, and 60-64 year olds between the 2010 Census and 2014 American Community Survey.

The county has an aging population. Since 2010, the median age has risen from 41.6 years to 42.7 years in 2010.

Table 1.1: Population Characteristics

Population	2010	2012	2014	Clay % of population 2014	IL % of population 2014	percent change since 2010
Total population	13,927	13,828	13,675	100.0	100.0	-1.8%
Male	6,749	6,753	6,745	49.3 %	49.1 %	-0.1%
Female	7,178	7,075	6,930	50.7 %	50.9 %	-3.5%
Age						
Under 5	909	880	840	6.1 %	6.3 %	-7.6%
5 to 9	847	925	832	6.1 %	6.6 %	-1.8%
10 to 14	942	848	967	7.1 %	6.7 %	2.7%
15 to 19	910	903	838	6.1 %	6.9 %	-7.9%
20 to 24	693	712	832	6.1 %	6.9 %	20.1%
25 to 34	1,498	1,478	1,446	10.6 %	13.8 %	-3.5%
35 to 44	1,781	1,651	1,516	11.1 %	13.2 %	-14.9%
45 to 54	2,091	2,038	1,939	14.2 %	14.2 %	-7.3%
55 to 59	913	988	934	6.8 %	6.6 %	2.3%
60 to 64	851	919	1,047	7.7 %	5.6 %	23.0%
65 to 74	1,206	1,233	1,280	9.4 %	7.2 %	6.1%
75 to 84	925	924	881	6.4 %	4.1 %	-4.8%
85 +	361	329	323	2.4 %	1.9 %	-10.5%
Median age (years)	41.6	42.5	42.7	(X)	37.0	(X)

*U.S. Census Bureau, 2010-2014
American Community Survey*

Table 1.2: Race/Ethnicity Distribution

Race Distribution					
Race	2010	Percent	2014	Percent	% Change
Total Population	13,927	100.0%	13,675	100.0%	-1.8%
One Race	13,813	99.2%	13,531	98.9%	-2.0%
White	13,675	98.2%	13,365	97.7%	-2.3%
Black or African American	44	0.3%	55	0.4%	25.0%
American Indian and Alaska Native	4	0.0%	58	0.4%	1350.0%
Asian	7	0.1%	17	0.1%	142.9%
Native Hawaiian/Pacific Islander	0	0.0%	0	0.0%	0.0%
Other Race	19	0.1%	36	0.3%	89.5%
Two or More Races	114	0.8%	144	1.1%	26.3%
Hispanic or Latino*	129	0.9%	179	1.3%	38.8%

Source: U.S. Census Bureau, 2010-2014 American Community Survey

Clay County has a predominantly white population, accounting for 97.7% of the county’s total population. The racial makeup of the remaining 2.3% are 0.4% Black or African American, 0.4% American Indian or Alaskan Native, 0.1% Asian, 1.1% two or more races, and 0.3% of other race. People of Hispanic or Latino origin of any race accounted for 1.3% of the population. Only 3.2% of Clay County speaks a language other than English, with the predominant minority language being Spanish (2.6%).

Table 1.3 Languages Spoken

Languages	
Speak only English	96.80%
Speak a language other than English	3.20%
Spanish	2.60%
Other Indo-European language	0.40%
Asian and Pacific Island language	0.10%

Source: U.S. Census Bureau, 2010- 2014 American Community Survey

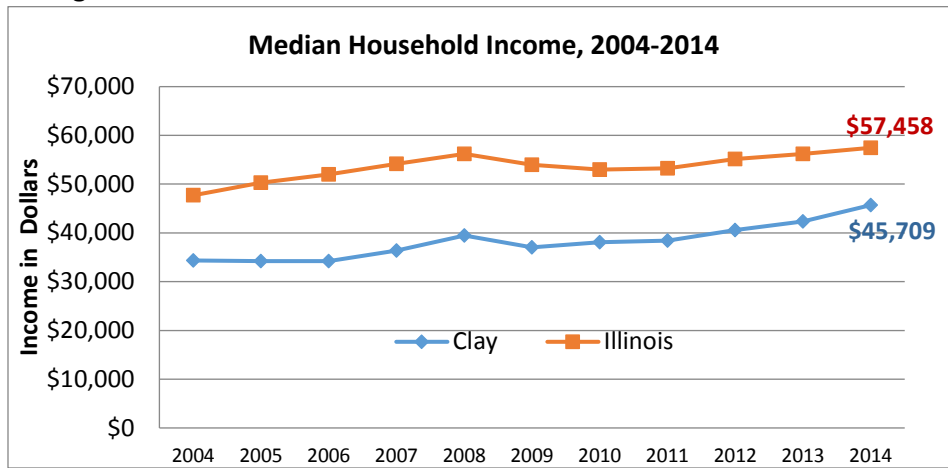
Since 2010, the percentage of Clay County residents age 25+ with a high school degree or higher remains consistent with State levels. In Clay County the percentage of residents (13.4%) with at least a bachelor’s degree is still much lower compared to the state at 31.9%.

Table: 1.4: Educational Attainment by Percent of Population Age 25+

Level of Education	2010		2014	
	Clay	IL	Clay	IL
Less than High School	13.8%	13.1%	12.6%	12.4%
High School grad or higher	86.2%	86.0%	87.3%	87.5%
Bachelors or higher	13.8%	30.7%	13.4%	31.9%

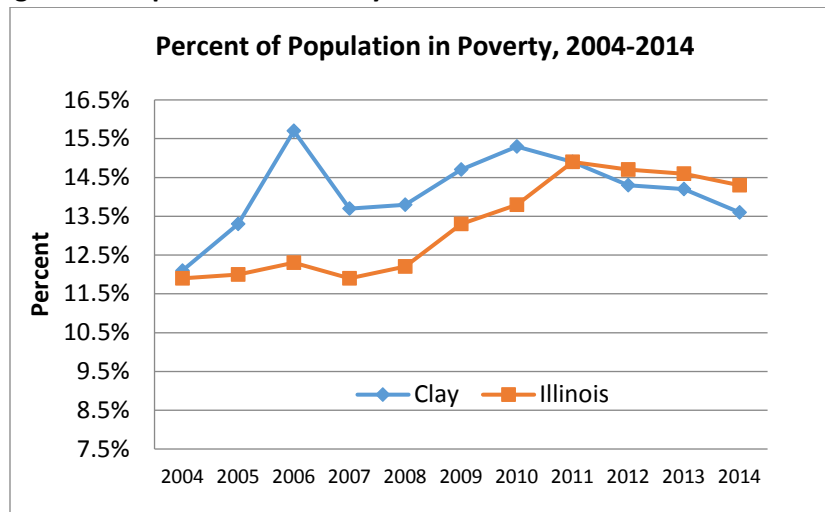
Source: U.S. Census Bureau, 2010- 2014 American Community Survey

Figure 1.1 Median Household Income



Data Source: "Small Area Income and Poverty Estimates," US Census Bureau. 2004-2014

Figure 1.3 Population in Poverty



Data Source: "Small Area Income and Poverty Estimates," US Census Bureau. 2004-2014

In 2014 (latest available data), the median household income in Clay County was \$45,709 compared to the State median household income of \$57,458. The Flora area has the lowest median household income. The percentage of the population living in poverty in Clay County has decreased slightly below the state average. An estimated 13.6% of Clay County residents were living in poverty compared to 14.3% of the State.

The County's unemployment rate, as of 2014 (5.8%) has decreased since its peak in 2009 (12.4%), and is currently comparable to the State (5.5%) and National averages (5.6%). Clay County has more than the State and National averages of residents receiving public assistance income, SNAP, and Medicaid (*Data source: U.S. Census Bureau, American Community Survey, 2010-2014*). In 2016, 42% of children lived in single-parent households, compared to 32% in Illinois. (*Source: U.S. Census Bureau, American Community Survey, 2010-2014*).

Demographics

Identifying Vulnerable Populations

The Institute of Medicine defines vulnerable populations as a group of people with certain characteristics that cause them to be at greater risk of having poor health outcomes than the general populations. These characteristics include, but are not limited to age, culture, disability, education, ethnicity, health insurance, housing status, income, mental health and race.

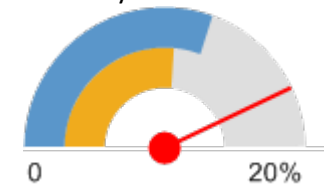
Population with a disability: This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Table 1.5 Population with a disability

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Clay County, IL	13,484	2,318	17.19%
Illinois	12,690,056	1,347,468	10.62%
United States	309,082,272	37,874,568	12.25%

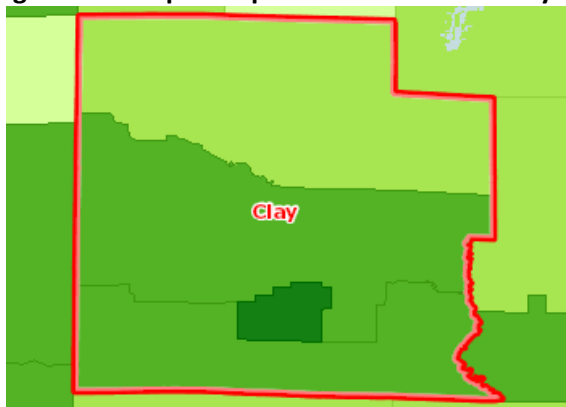
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percent Population with a Disability



- Clay County, IL (17.19%)
- Illinois (10.62%)
- United States (12.25%)

Figure 1. 3 Map of Population with a disability



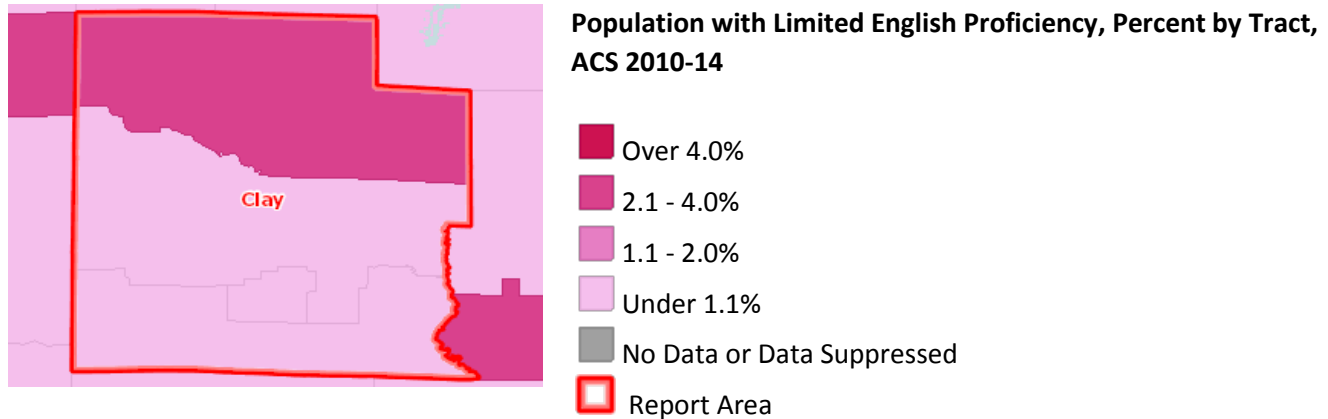
Disabled Population, Percent by Tract, ACS 2010-14

- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- No Data or Data Suppressed
- Report Area

Population with Limited English Proficiency: This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.

Clay County has a total of 133 residents who reported understanding English less than “very well”.

Figure 1.4 Map of Population with Limited English



Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Veteran Population: This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.

Table 1.6 Veteran Population

Report Area	Total Population Age 18	Total Veterans	Veterans, Percent of Total Population
Clay County, IL	10,482	911	8.69%
Illinois	9,796,516	699,522	7.14%
United States	239,305,216	20,700,712	8.65%

Data Source: US Census Bureau, American Community Survey. 2010-14.

Children with Food Insecurity: This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

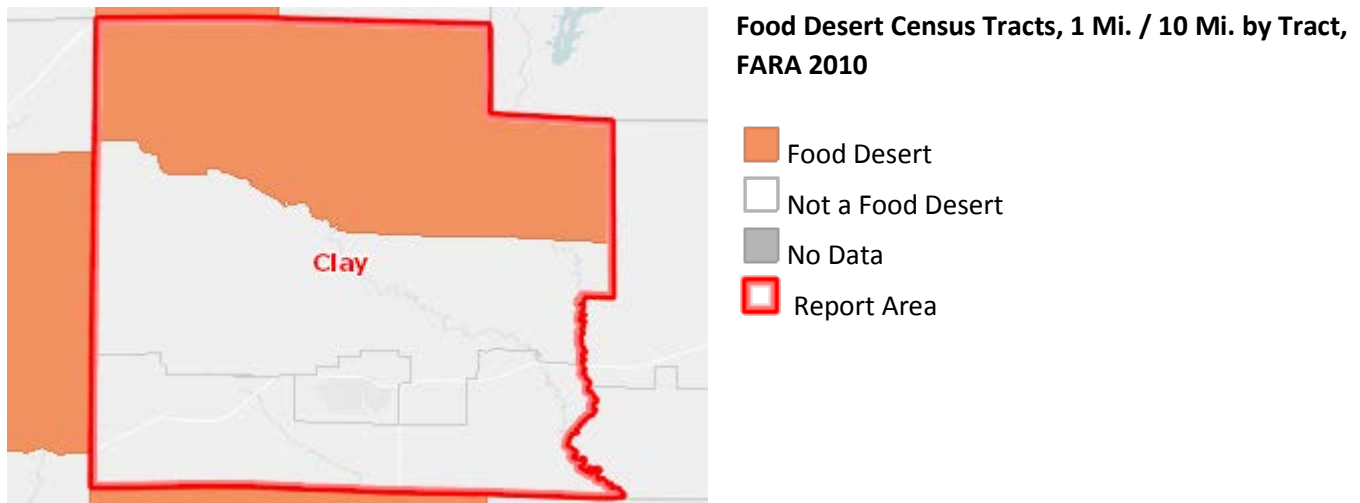
Table 1.7 Child Food Insecurity

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Clay County, IL	3,167	840	26.52%
Illinois	3,022,155	643,040	21.28%
United States	73,580,326	17,284,530	23.49%

Data Source: Feeding America

Food Desert: A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity. Approximately 2,517 Clay County residents live in a “food desert”.

Figure 1.4 Map of Food Deserts

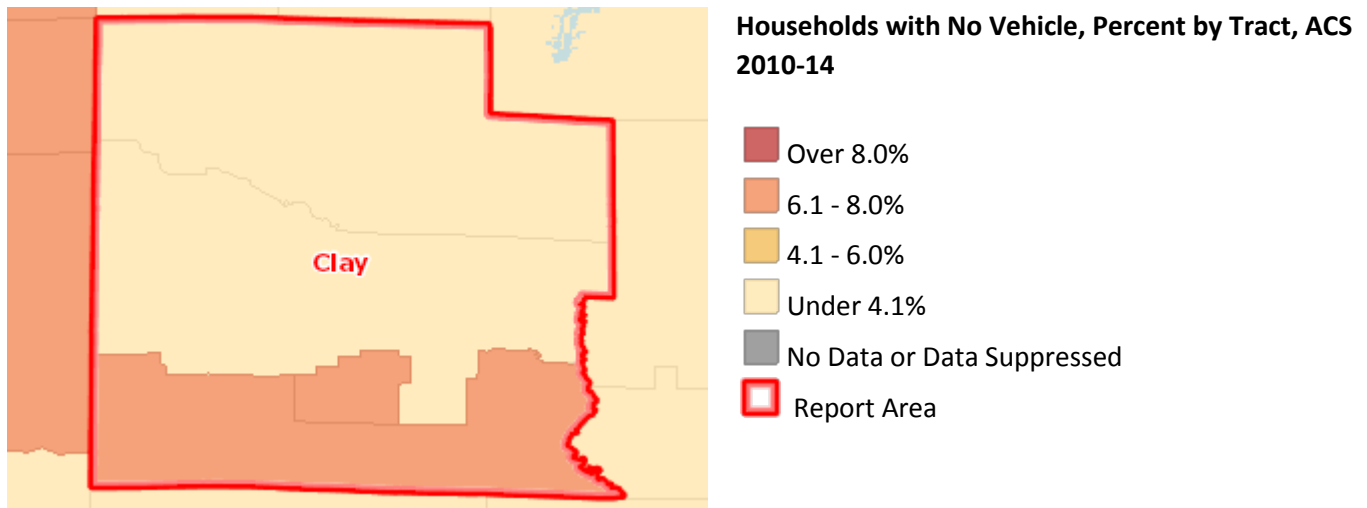


Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2014. Source geography: County

Households with No Motor Vehicle: This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

A total of 247 households in Clay County are estimated to have no motor vehicle (4.57% of population).

Figure 1.5 Map of Households with No Motor Vehicle Access



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

General Health and Access to Health Care

Leading Causes of Death

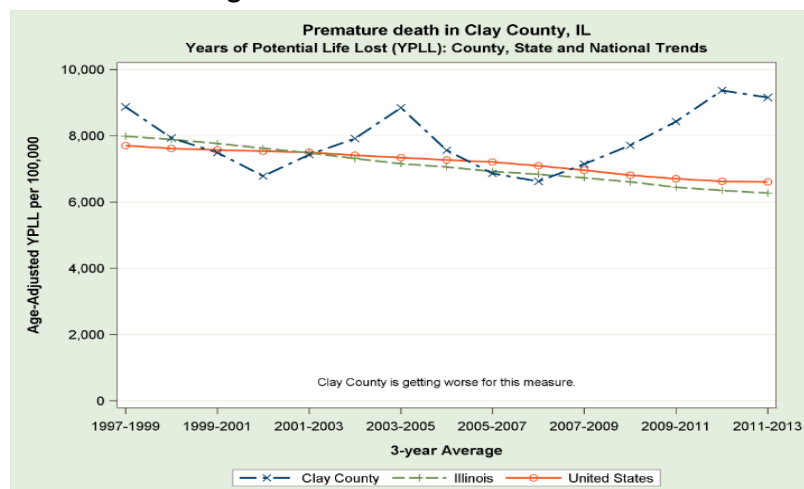
In 2014, the leading cause of death in Clay County was heart disease with cancer as the second leading cause. Similarly, heart disease and cancer were the top two leading causes of death in the state of Illinois. Kidney Disease including nephritis, nephrotic syndrome, and nephrosis has risen to the top three in Clay County. Nearly 50% of deaths in Clay County (47.5%) can be attributed to these three causes: heart disease, cancer, and kidney disease. Clay County is ranked 92 out of 102 counties in Illinois for length of life. Premature death is calculated by counting the years of potential life lost before age 75 per 100,000 population. Clay County is getting worse for this measure. The CASPER Surveys found that the top three health issues were: heart disease/hypertension (59.2% of households with at least one membe), Asthma/COPD/Emphysema (28.7% of households), and Diabetes (22.5% of households).

Table 2.1 Top Ten Leading Causes of Death in Clay County, 2014

Rank	Cause of Death	Clay		Illinois	
		Number of Deaths	Percent of Deaths	Number	%
	All Causes	146	100.0%	105,296	100.0%
1	Diseases of the Heart	37	20.3%	25,020	24.3%
2	Cancer	26	14.3%	24,504	23.8%
3	Kidney Disease	24	13.2%	2,517	2.4%
4	Chronic lower respiratory diseases	8	4.4%	5,633	5.5%
5	Diabetes Mellitus	6	3.3%	2,712	2.6%
6	Stroke	6	3.3%	5,490	5.3%
7	Accidents	4	2.2%	4,642	4.5%
8	Septicemia	4	2.2%	1,804	1.8%
8	Alzheimer's disease	2	1.1%	3,267	3.2%
10	Influenza and Pneumonia	2	1.1%	2,483	2.4%

Source: Illinois Department of Public Health, Vital Statistics, 2014

Figure 2.1 Premature Death Trend



Data source: University of Wisconsin, County Health Rankings; National Center for Health Statistics, National Vital Statistics System, Mortality Files.

General Health and Access to Health Care

Access to Health Care Professionals and Services

The entirety of Clay County is designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental, or mental health professionals. The access to primary care physicians is especially low.

- In 2014, there were 14.79 primary care physicians per 100,000 population
- In 2015, there were 67 dentists per 100,000 population
- In 2014, there were 96.1 mental health providers per 100,000 population

Data source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.

During focus groups, access to health care came up in many forms and in all age groups. It was the #1 most common theme of all focus groups.

Voices of the Community

“We had to drive 4 hours today, back and forth to St. Louis to see a specialist” – North Clay Parent

“I wish there were more eye doctors. I go to Mt. Vernon” –Elderly Citizen

“We need a walk-in clinic!” – Clay City Parent

Local Stakeholder Input:

There are several groups in the community with unmet needs who are difficult to connect with personal health services, including people with developmental disabilities and people with high insurance deductibles. We lost the only Medicaid dental provider this year.

Local community stakeholders also mentioned access to healthcare professionals during group meetings.

In the CASPER survey, access to health care was one of the top 10 health issues important to Clay County residents. Households reported examples of issues such as: mental health service availability, specialized physicians, and cancer care out of the area.

General Health and Access to Health Care

Health Care Utilization

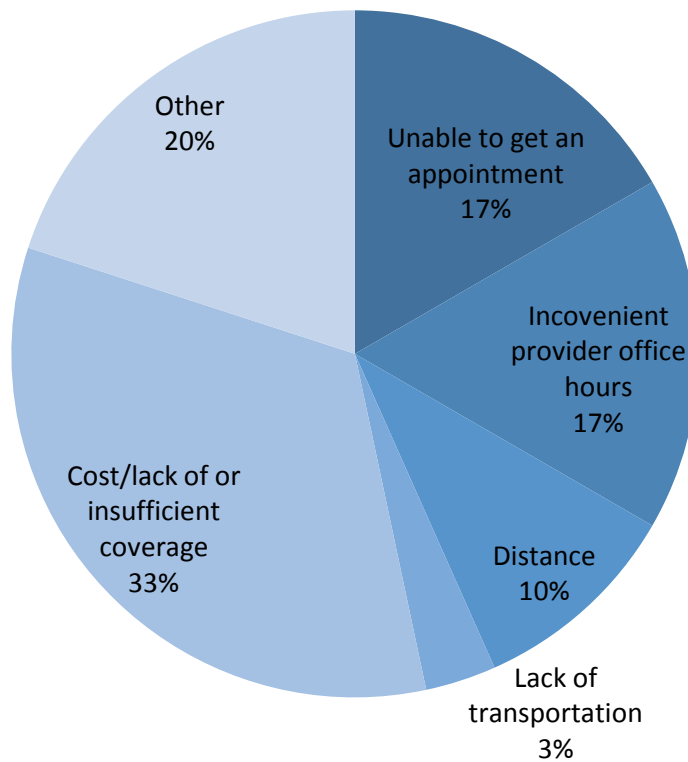
The CASPER household survey shows that 6.4% of Clay County’s population utilizes the Hospital Emergency Room for their primary and ongoing medical care. 18% of the surveyed households reported experiencing a “barrier to seeking medical care”, broken down by reason in the Figure below.

Table.2.2 Primary Medical Care Provider in Clay County

	Frequency (n=169)	Projected households	Projected %	95% CI
Who does your household use for primary and ongoing medical care?				
Doctor's Clinic	145	5325	86.0%	78.6 - 93.4
Hospital ER	11	399	6.4%	1.2 - 11.7
Military	5	165	2.7%	0.4 - 5.0
Other	4	139	2.3%	0 - 4.5
Urgent Care/ Walk-in	3	91	1.5%	0 - 3.2
Don't Know	1	71	1.2%	0- 3.5

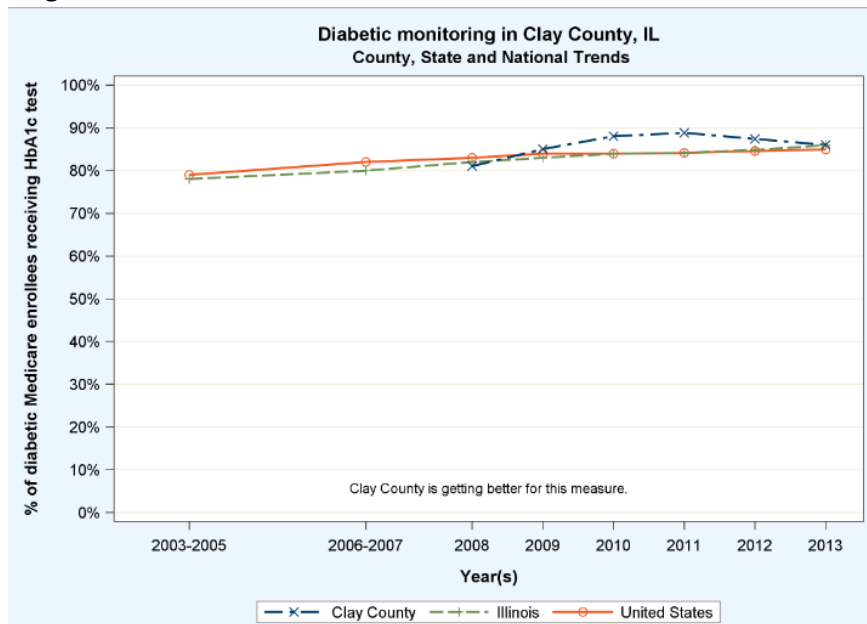
Data Source: Clay County Health Department CASPER Survey. May 2016.

Figure 2.2. For households that indicate a barrier to seeking medical care, what prevents your household from seeking medical attention?



Data Source: Clay County Health Department CASPER Survey. May 2016

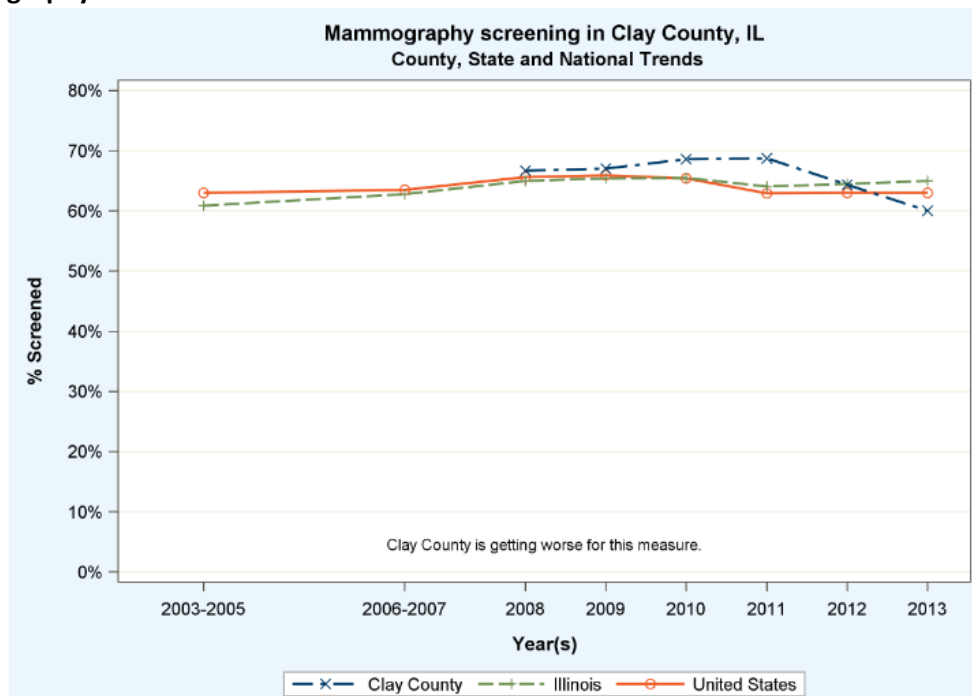
Figure 2.3 Diabetic Monitoring Trend



Source: County Health Rankings, Dartmouth Atlas of Health Care

This shows the percentage of diabetic Medicare patients ages 65-75 whose blood sugar control was monitored in the past year using an A1C test. Clay County has shown improvement in this indicator since 2006. Clay County is getting better for this measure.

Figure 2.4 Mammography Trend



Source: County Health Rankings, Dartmouth Atlas of Health Care

This shows the percentage of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period. Clay County's percentage is decreasing below the State and National averages. Clay County is getting worse for this measure.

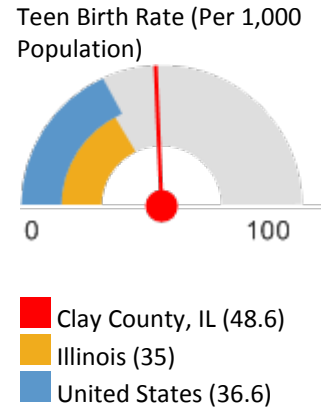
Maternal and Child Health

Teen Birth Rate

Clay County's teen birth rate is higher than Illinois and the United States, and it has been rising since 2002. The distribution of mother's age in Clay County is younger than average. The Healthy People 2020 target is to reduce pregnancies among adolescent females aged 15-17 to 40.2 per 1,000.

Table 3.1 Teen Birth Rate (2012)

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Clay County, IL	448	22	48.6
Illinois	448,356	15,692	35
United States	10,736,677	392,962	36.6



Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

Figure 3.1 Teen Birth Rate Trend

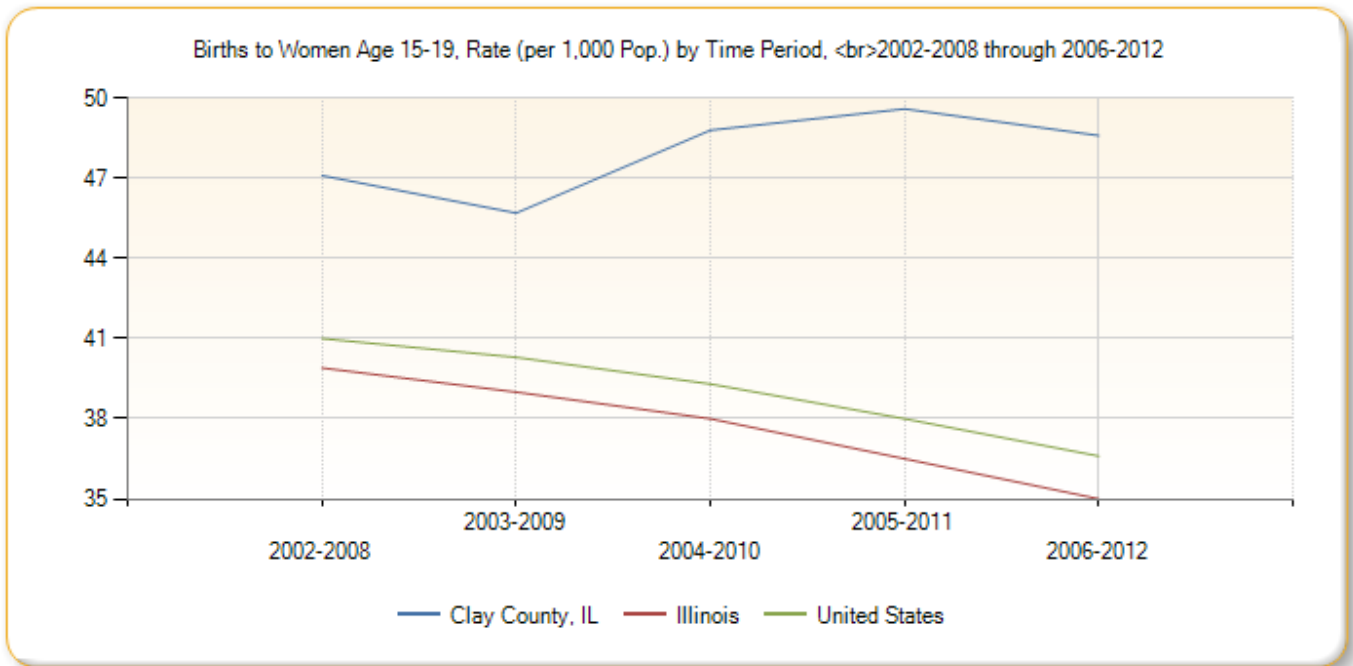


Table 3.2 Mother's Age 2014

Resident County	Total Births	Mother's Age Group (Years)					
		< 20	20 - 24	25 - 29	30 - 34	35 - 39	40 +
ILLINOIS	158,522	6%	20%	27%	30%	14%	3%
Clay	163	9%	35%	32%	21%	3%	1%

ata Source: Birth Demographics by Resident County 2014, IDPH

Maternal and Child Health

Infant Mortality and Birth Characteristics

There were 163 births in Clay County in 2014. The infant mortality rate and percentage of low birth weights are not higher than the Illinois or National rates. Clay County is below the HP2020 target for infant mortality.

Table 3.3 Birth by Characteristics

Resident County	Total Births	Low Birth Weight (<2,500 grams)		Very Low Birth Weight (<1,500 grams)		Preterm (<37 weeks)	
		Births	Percent	Births	Percent	Births	Percent
Clay	163	11	6.7	0	0	17	10.4

Data Source: Birth Characteristics by Resident County 2014, IDPH

Table 3.4 Birth by Additional Characteristics

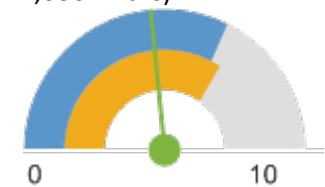
Resident County	Total Births	Cesarean Births		Mother Unmarried		Not H.S. Graduate Age 20+	
		Births	Percent	Births	Percent	Births	Percent
Clay	163	48	29.4	70	42.9	14	9.4

Data Source: Birth Characteristics by Resident County 2014, IDPH

Table 3.5 Infant Mortality Rate (2006-2010 Aggregate)

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Clay County, IL	865	4	4.7
Illinois	879,035	6,065	6.9
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

Infant Mortality Rate (Per 1,000 Births)



- Clay County, IL (4.7)
- Illinois (6.9)
- United States (6.5)

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County

Table 3.6 Infant Deaths (2010-2014)

Infant Deaths	2010	2011	2012	2013	2014
Clay County	1	2	3	1	0

Data Source: IDPH Vital Statistics

Chronic Diseases

Cancer

Cancer was the #1 most commonly reported important health issue to residents in Clay County from the CASPER survey. In fact, it was reported twice as many times as any other health issue.

During focus groups, several people mentioned that they were concerned about Clay County’s cancer rate. There is a wide-spread perception in the community that cancer rates in Clay County are especially high.

Clay County’s cancer mortality rate is slightly higher than the Illinois and National Rate, all of which are higher than the Healthy People 2020 Target (160.6). Additionally, Clay County’s cancer incident rate is slightly higher than the National rate for breast cancer, colon cancer, and prostate cancer. With a rate of 79.5 per 100,000 population, Clay County’s lung cancer incidence is much higher than the rest of the nation(62.62).

Voices of the Community

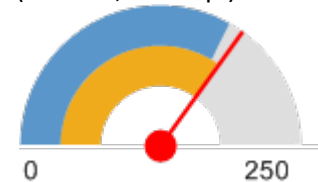
“There is a lot of cancer in the community and I don’t know why”

“Why does Clay County have such a high cancer rate?”

Table 4.1 Cancer Mortality Rate

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,679	33	244.18	174.5
Illinois	12,867,528	24,326	189.05	173.9
United States	313,836,267	581,919	185.42	166.3
HP 2020 Target				<= 160.6

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



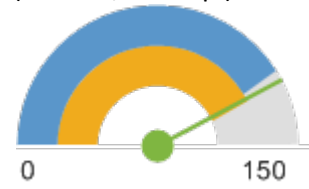
- Clay County, IL (174.5)
- Illinois (173.9)
- United States (166.3)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Table 4.2 Breast Cancer Incidence Rate

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	1,027	13	126.5
Illinois	741,089	9,523	128.5
United States	18,056,679	222,845	123.41

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

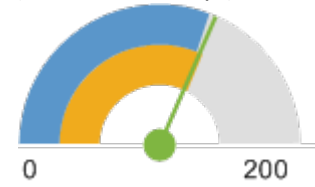


- Clay County, IL (126.5)
- Illinois (128.5)
- United States (123.41)

Table 4.3 Prostate Cancer Incidence

Report Area	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	873	11	126
Illinois	650,000	8,372	128.8
United States	16,301,685	201,179	123.41

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

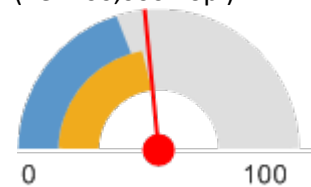


- Clay County, IL (126)
- Illinois (128.8)
- United States (123.41)

Table 4.4 Colon and Rectum Cancer Incidence

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	1,931	9	46.6
Illinois	1,382,781	6,264	45.3
United States	33,989,067	137,973	40.59
HP 2020 Target			<= 38.7

Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)



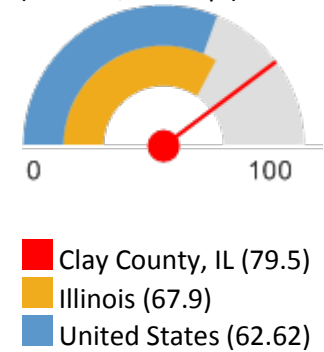
- Clay County, IL (46.6)
- Illinois (45.3)
- United States (40.59)

Data Source: State Cancer Profiles. 2009-13. Source geography: County
 * the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups

Table 4.5 Lung Cancer Incidence

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	1,886	15	79.5
Illinois	1,370,544	9,306	67.9
United States	33,999,704	212,905	62.62

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



Data Source: State Cancer Profiles. 2009-13. Source geography: County* the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups

Table 4.6. Home and Neighborhood Safety

	Frequency (n=169)	Projected households	Projected %	95% CI
Has your household been tested for radon?				
Yes	21	828	13.4%	5.9 - 20.9
No	115	4188	67.7%	57.0 - 78.3
Don't Know	33	1175	19.0%	10.0 - 28.0

Data source: Clay County Health Department CASPER Survey. May 2016

According to the U.S. EPA, Radon is the second leading cause of lung cancer, and the number one leading cause of lung cancer in non-smokers. During the CASPER survey, households were asked if they have tested their home for Radon. Only 13.4% of households knew that their house had been tested for Radon.

Chronic Diseases

Respiratory Illness

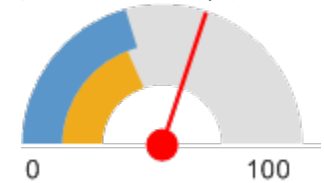
The rate of death due to lung disease (Chronic Lower Respiratory Disease) per 100,000 population is significantly higher in Clay County (60.4) than in Illinois (39.2) or nationally (41.7). For another respiratory condition, asthma, the prevalence is lower in Clay County than it is in Illinois or Nationally. Chronic Lower Respiratory Disease was the 4th leading cause of death in Clay County (IDPH Vital Statistics). During the CASPER survey, asthma/COPD/emphysema was the second most commonly reported health issue, with 28% of households reporting that at least one member of the household had one of these conditions. The CASPER survey also found that approximately 6.7% of households have at least one member using an oxygen supply. Concern about respiratory conditions was not brought up in focus groups, stakeholder meetings, or open ended survey questions often.

Table 4.7 Lung Disease Mortality Rate

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,679	12	89.19	60.4
Illinois	12,867,528	5,419	42.12	39.2
United States	313,836,267	144,125	45.92	41.7

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County * the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard

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



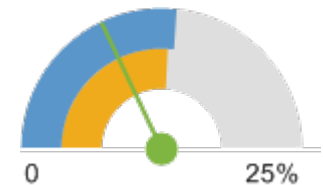
■ Clay County, IL (60.4)
■ Illinois (39.2)
■ United States (41.7)

Table 4.6 Asthma Prevalence

Report Area	Survey Population (Adults Age 18)	Total Adults with Asthma	Percent Adults with Asthma
Clay County, IL	26,959	2,427	9%
Illinois	9,701,927	1,265,744	13%
United States	237,197,465	31,697,608	13.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Percent Adults with Asthma



■ Clay County, IL (9%)
■ Illinois (13%)
■ United States (13.4%)

Chronic Diseases

Heart Disease

The percentage of adults with heart disease in Clay County (11.3%) is significantly higher than the state (3.8%) and national averages (4.4%). Diseases of the heart is the leading cause of death in Clay County (IDPH Vital Statistics). In Clay County, there are an estimated 50.3 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. The CASPER household survey found that more than half of households (59.2%) had at least one member with hypertension or heart disease. Additionally, heart disease was the third most commonly identified health concern by the community during the CASPER survey.

Table 4.9 Heart Disease Prevalence

Report Area	Survey Population (Adults Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Clay County, IL	26,959	3,048	11.3%
Illinois	9,681,141	369,926	3.8%
United States	236,406,904	10,407,185	4.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Percent Adults with Heart Disease

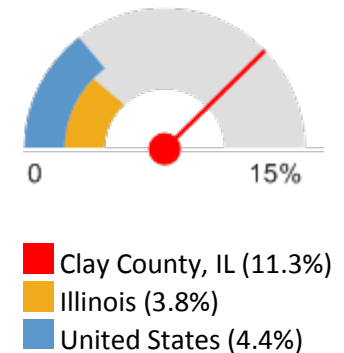
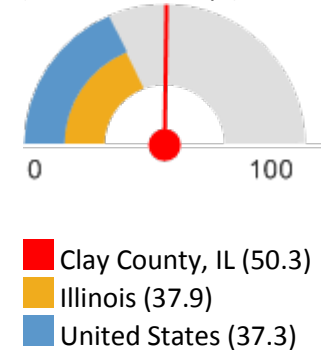


Table 4.9 Stroke Mortality Rate

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,679	10	76.03	50.3
Illinois	12,867,528	5,368	41.72	37.9
United States	313,836,267	129,754	41.34	37.3
HP 2020 Target				<= 33.8

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

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

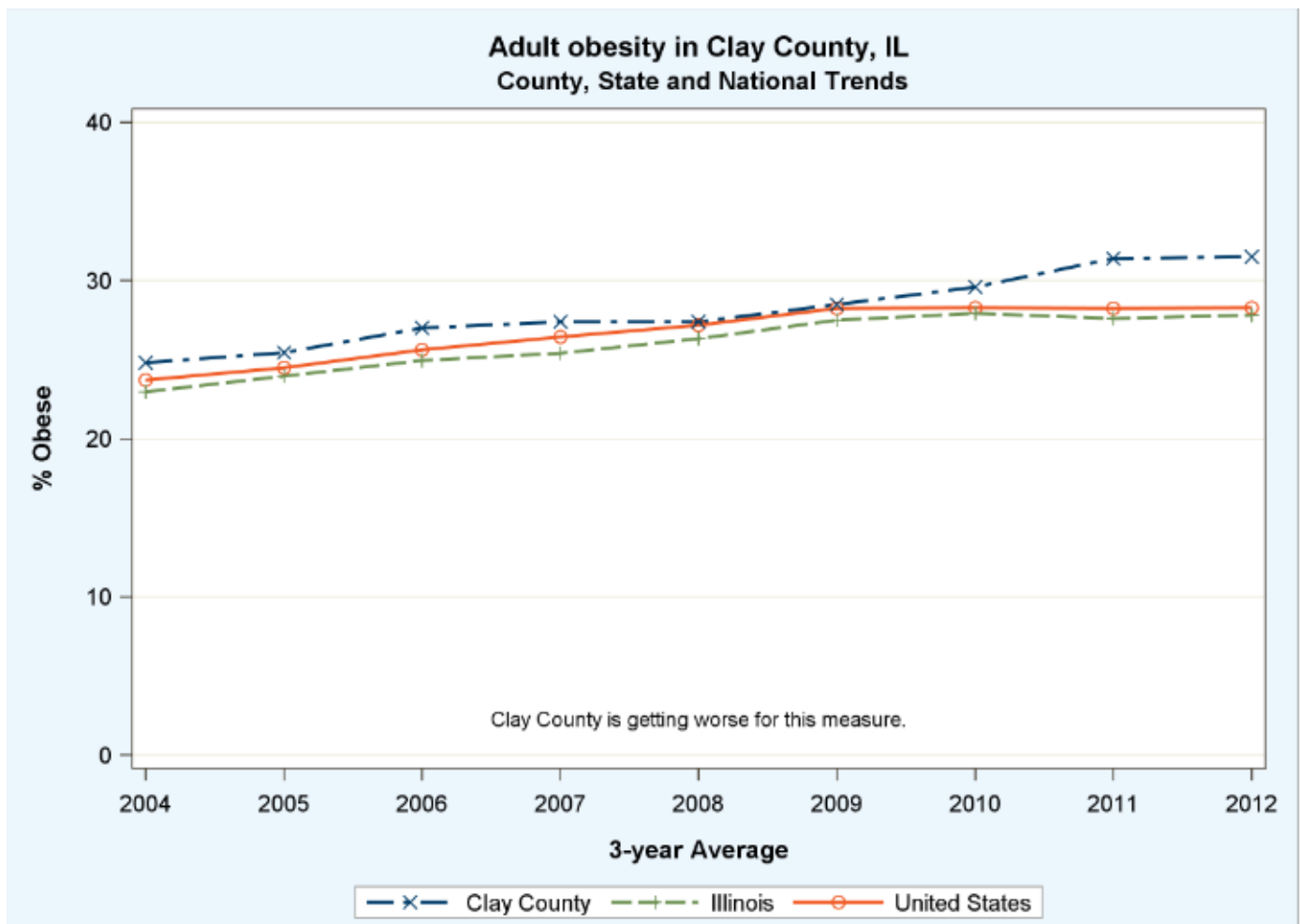


Chronic Diseases

Obesity and Diabetes

Clay County's obesity rate has increased to 32% since 2004. The Illinois and National rate seem to be decreasing slightly, while Clay County's obesity trend is increasing. The Healthy People 2020 adult obesity target is 30.5%. The adult diabetes rate in Clay County (8.8%) is not very different than what is observed in Illinois (8.4%) and the United States (9.2%) (*Source: CDC National Center for Chronic Disease Prevention and Health Promotion*). Obesity was the second most commonly reported important health issues from Clay County citizens through the CASPER survey. Diabetes was the third most commonly reported health condition during the CASPER survey, with 22.5% of homes reporting that at least one household member had diabetes.

Figure 4.1 Adult Obesity



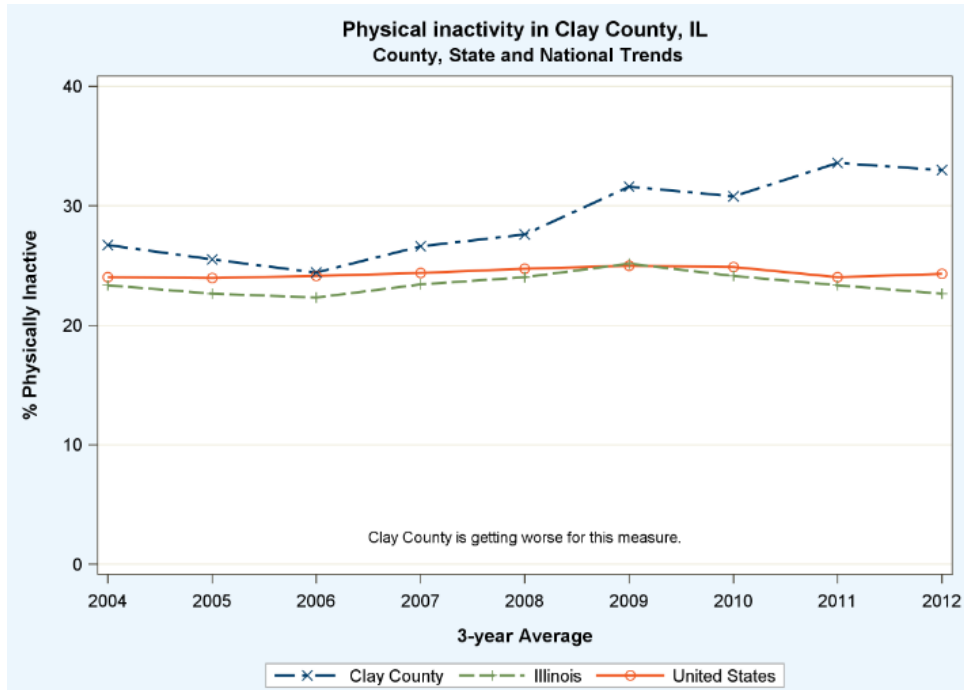
Data Source: County Health Rankings; National Diabetes Surveillance System; Diabetes Interactive Atlas

Health Behaviors

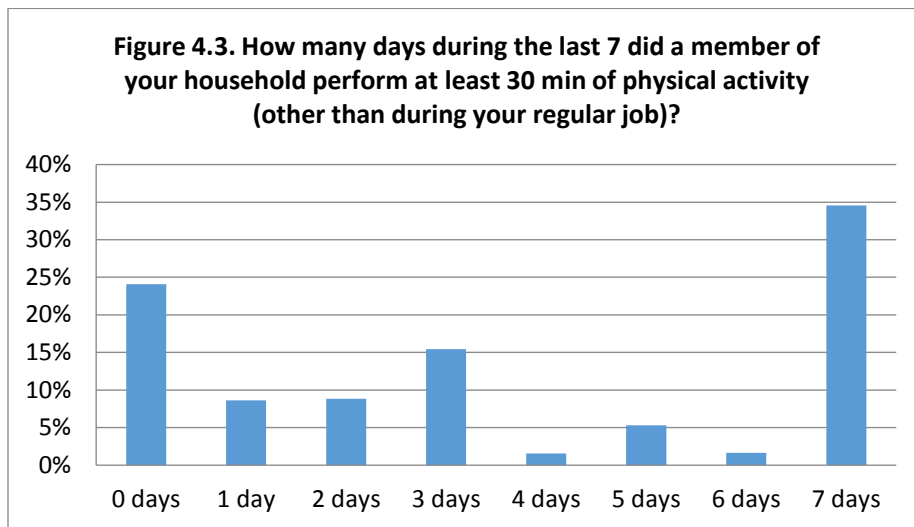
Physical Activity

The percentage of adults in Clay County who report no leisure time physical activity has grown over the last ten years to 33%. The CASPER survey showed that residents of the average Clay County household exercised 3 days in a week. 35% of Clay County households had residents that exercised every day! But, in 25% of Clay County households, no one exercised in the last 7 days.

Figure 4.2 Physical Inactivity



Data Source: County Health Rankings; CDC National Diabetes Surveillance System, Behavioral Risk Factor Surveillance System

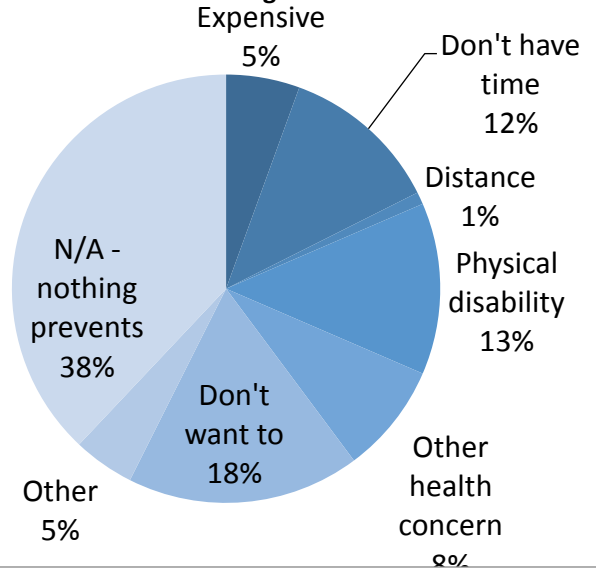


Data Source: Clay County Health Department CASPER Survey. May 2016

The CASPER survey asked households what prevented them from exercising. For households where members exercised less than 3 days per week, the main barriers reported were: don't want to, don't have time, and physical disability.

During focus groups, many residents wanted more infrastructure to be able to be physically active more. Local stakeholders also expressed interest in developing programs or improvements to encourage residents to be more physically active.

Figure 4.4. For households where members exercised 3 days or less in the last 7 days, what prevents your household from exercising?



Data Source: Clay County Health Department CASPER Survey. May 2016.

Voices of the Community

“We don't have a great place to walk... if we had a walking path in town that would be awesome”

“I wish I could go to yoga class, but I am working the only times it is offered”

“We need an indoor swimming pool!”

“I love Charley Brown Park!”



Charley Brown Park offers physical activity options



Walking outside with no sidewalks

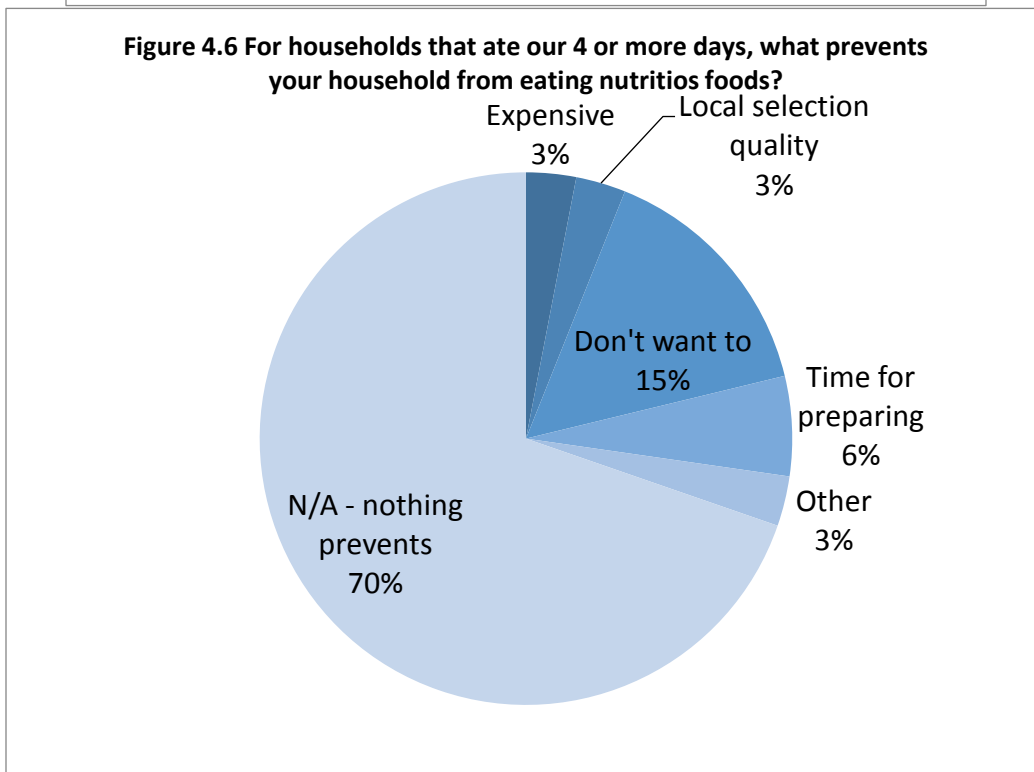
Local Stakeholder Input:

We need to figure out how to motivate people to choose physical activity. There are lots of opportunities for “everyday exercise” like walking around the field at your child’s sports practice instead of sitting on the bleachers. The gyms and wellness programs at work places are not utilized nearly as much as they could be.

Health Behaviors

Nutrition

The CASPER household survey found that the average Clay County household ate at a restaurant or other food vendor 2 times per week. The survey asked households what prevented them from eating nutritious foods. For households that ate out 4 or more times per week, the majority reported that “nothing prevented” them from eating nutritious foods. For those that did report a barrier, the most common were: don’t want to, and time for preparing.



Data Source: Clay County Health Department CASPER Survey. May 2016.

Health Behaviors

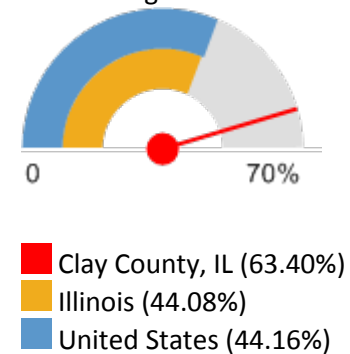
Tobacco Use

The prevalence of tobacco smokers is much higher in Clay County (40.2%) than in Illinois (18.4%) and nationally (18.1%) (CDC, BRFSS). This is a leading cause of Clay County’s poor health outcomes in lung cancer and heart disease. More than half of Clay County residents have been smokers at some time in their life (63.4%) making them at risk for lung cancer and heart disease. Data from the Center for Disease Control and Prevention estimates that more than 7,000 Clay County adult smokers tried to quit smoking in 2011-2012. The CASPER survey found that 16.8% of households had at least one household member who tried to quit smoking in the past 12 months. The Healthy People 2020 target is to reduce the percentage of adults currently smoking to 12.0%.

Table 4.12 Former Tobacco Smokers Prevalence- Adults

Report Area	Survey Population (Adults Age 18)	Total Adults Ever Smoking 100 or More Cigarettes	Percent Adults Ever Smoking 100 or More Cigarettes
Clay County, IL	26,959	17,092	63.40%
Illinois	9,659,812	4,258,470	44.08%
United States	235,151,778	103,842,020	44.16%

Percent Adults Ever Smoking 100 or More Cigarettes



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Voices of the Community

“My son still smokes no matter how much they cost” – Elderly Citizen

“These young kids can get anybody to get them some cigarettes”- Elderly Citizen

“Lots of vaping. People don’t think they are using tobacco”- High School Student

“Junior high kids are getting into drinking and smoking”- High School Student

During focus groups, community members of all age groups brought up tobacco use as a health problem in Clay County. The open ended CASPER survey question also found that tobacco use is one of the top 10 perceived important health issues to Clay County citizens.

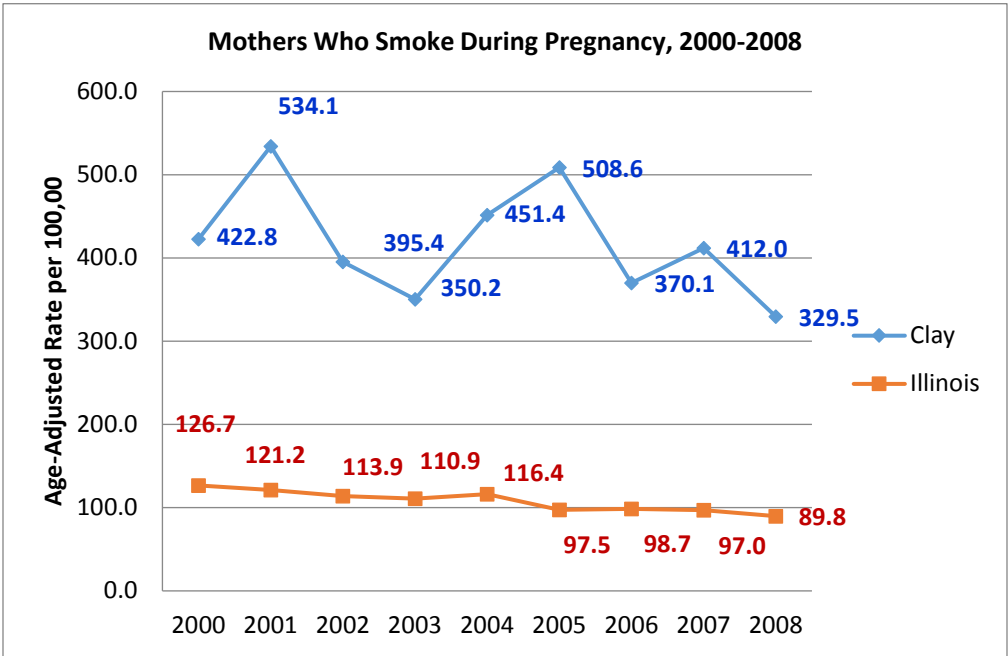


Cigarette butt litter

The 2016 Illinois Youth Survey of 8th, 10th, and 12th graders in Clay County found that 13% of 8th graders had tried cigarettes, 15% of 10th graders and 35% of 12th graders. The most common sources of cigarettes for all grades was from a friend of sibling. Other common sources included taking them from home without parents knowing and in 12th grade buying them from a gas station. Of 12th grade tobacco users, 25% reported that their parents gave them cigarettes. (Data Source: Illinois Youth Survey. Clay County 2016).

The Clay County Health Department conducted a survey in 2016 in all junior high and high school classroom in Clay and Richland Counties. The survey found that approximately 20.6% of students in Clay and Richland Counties reported using cigarettes in the past 30 days, and 10.2% of those students reported being current frequent users (Data Source: Clay County Health Department Youth Tobacco Survey). The Healthy People 2020 target is to reduce the percentage of adolescents who use cigarettes to 16%.

Figure 4.7 Maternal Smoking (2000-2008)



Source: I-QUERY, IDPH Vital Statistics

The latest available data (2008) shows that maternal smoking rate is higher in Clay County than in Illinois, but is on a decreasing trend. More current data is not available.

Health Behaviors

Substance Use

Illegal drug use was the 4th most commonly reported “important health issue” on the CASPER survey. Alcohol use was the 9th most important. The 2016 Illinois Youth Survey finds that by 12th grade, more than half of students (55%) had tried some type of substance including alcohol and drug.

Table 4.12 Clay County Youth Substance Use

Substance Used	8th Grade	10th Grade	12th Grade
Used Past Year			
Any Substance (including alcohol, cigarettes, inhalants or marijuana)	36%	39%	55%
Alcohol	36%	38%	49%
Any Tobacco Product (excluding e-cigarettes)	8%	12%	17%
Cigarettes	13%	15%	35%
Inhalants	3%	1%	0%
Marijuana	8%	10%	20%
Any Illicit Drugs (excluding marijuana)	4%	2%	3%
Crack/Cocaine	4%	1%	3%
Hallucinogens/LSD	2%	1%	0%
Ecstasy/MDMA	2%	1%	0%
Methamphetamine	2%	1%	0%
Heroin	2%	1%	0%
Any Prescription Drugs to get high	3%	2%	7%
Steroids	1%	0%	3%
Prescription Painkillers	3%	2%	4%
Other Prescription Drugs	3%	0%	3%
Prescription drugs not prescribed to you	8%	7%	7%
Over-the-Counter Drugs	4%	0%	1%

Illinois Youth Survey, Clay County 2016

Drug use was one of the main themes that was brought up repeatedly by different age groups during focus groups. The community seems to be especially concerned with youth drug use.

Voices of the Community

“I have seen so many kids in high school doing drugs.”- Elderly Citizen

“The parents do it, so the kids think it is okay.” – Elderly Citizen

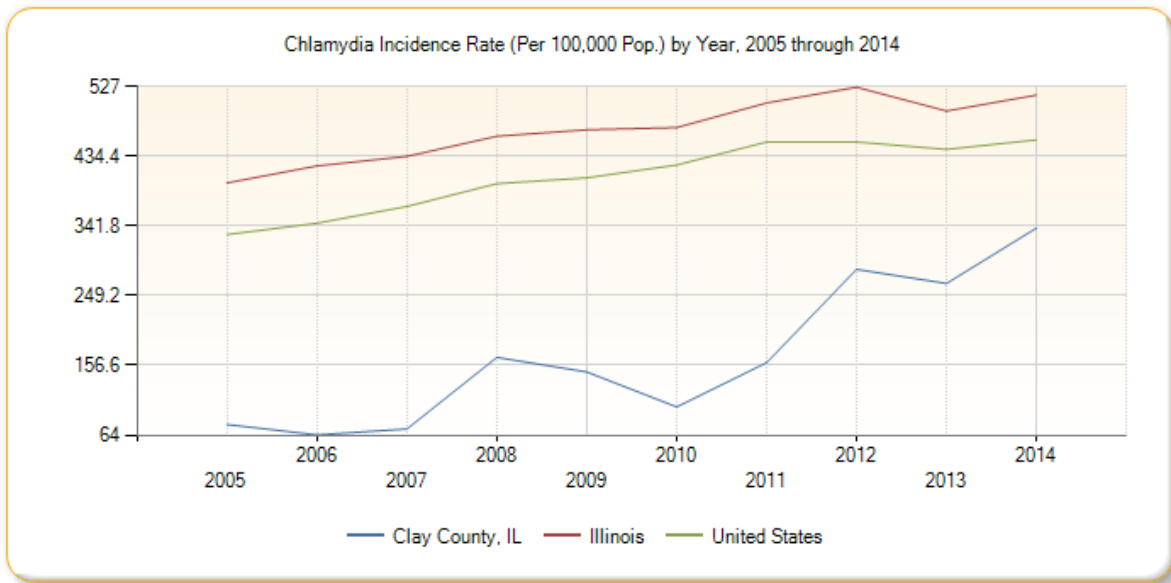
“Teens are selling drugs to other teens.”- High School Student

Infectious Diseases

Sexually Transmitted Diseases

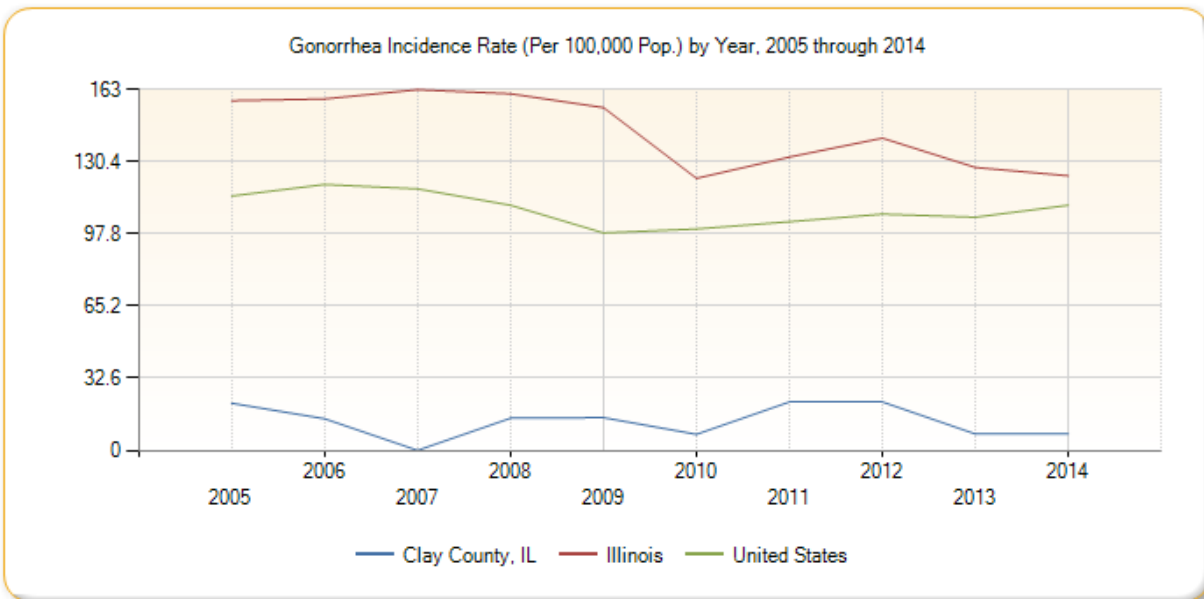
Chlamydia rates in Clay County are quickly climbing to meet the state and national rates. Gonorrhea rates have remained low, far below the state and national rates. HIV/AIDs rates are suppressed for Clay County because there are too few counts. In 2010, 93.8% of Clay County adults reported having never been tested for HIV/AIDs (*Data Source: Illinois Behavioral Risk Factor Surveillance System*). There was 1 case of early syphilis between 2010 and 2015. (*Data Source: Illinois Department of Public Health STD Program*)

Figure 5.1 STI Rate- Chlamydia Trend



Data Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Figure 5.2 STI Rate – Gonorrhea Trend



Data Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Infectious Diseases

Other Communicable Diseases

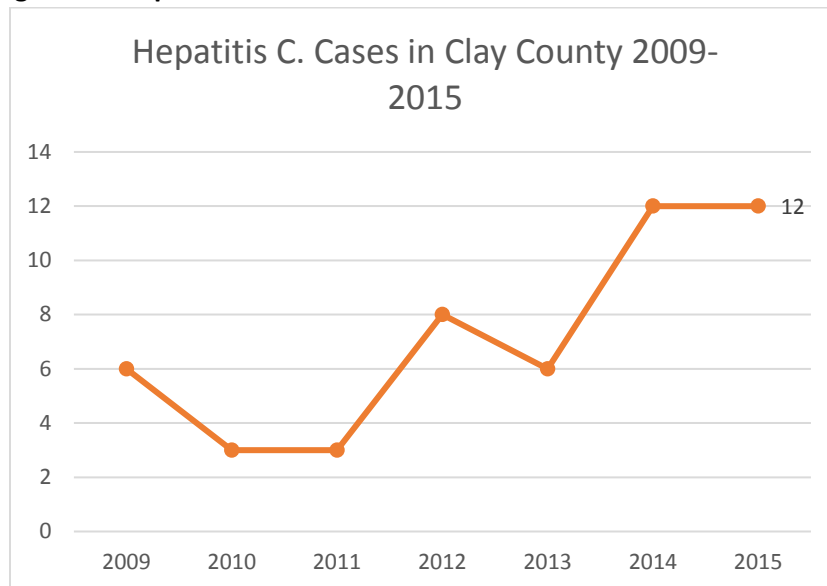
In Clay County and adjacent counties, tuberculosis (TB) incidence rates are very low due to the low number of reported tuberculosis cases. Clay County had no reports of TB between 2010 and 2015. The number of Hepatitis C. cases in Clay County has increased in the last 5 years.

Table 5.1 Tuberculosis Cases per County

County	2010	2013	2014	2015
Clay	0	0	0	0
Effingham	0	0	0	1
Marion	0	0	0	0
Richland	0	0	0	0

Source: IDPH, Tuberculosis Cases by Illinois County of Residence, 2006-2010

Figure 5.3 Hepatitis C Cases



Source: I-QUERY, Illinois Department of Public Health

In the Illinois Behavioral Risk Factor Surveillance System Survey conducted in 2010, 40.8% of participants in Clay County had a flu vaccine in the past year, and 30.1% had a pneumonia vaccine. The Healthy People 2020 goal is to have 70% of adults vaccinated annually against seasonal influenza.

Environmental

Built Environment

The Center for Disease Control and Prevention defines the built environment as “including all of the physical parts of where we live and work (e.g. homes, buildings, streets, open spaces, and infrastructure.” The built environment influences a person’s level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes.

Many comments made during focus groups were about built environment and infrastructure issues. Additionally, in the CASPER survey, infrastructure was reported several times as a top health issue in Clay County. Comments from the open ended CASPER question included: roads not wide enough, lack of gyms, too many fast food restaurants. The CASPER survey found that approximately half of citizens (57%) think there is adequate road space for walking and biking safely in their neighborhood.

Voices of the Community

- “We don’t even have a block, I can’t walk outside!”
- “Some of the roads are in bad condition.”
- “I don’t really like all of the fast food restaurants.”
- “I wish we had a swimming pool and a dog park!”

Local Stakeholder Input:

Several local stakeholders have expressed interest in developing a community garden and increasing walking/biking path options. An effort like this would take partnerships and dedication.



Walking outside with no sidewalks

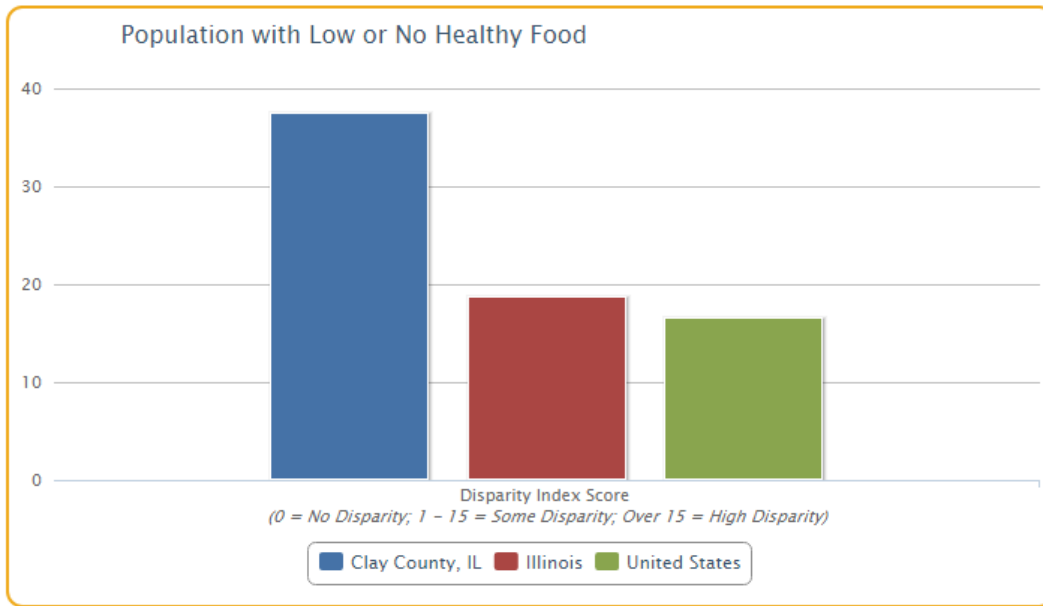
Table 6.1 Home and Neighborhood Safety

	Frequency (n=169)	Projected households	Projected %	95% CI
Does your household think there is adequate road space or sidewalks to walk or bike safely in your neighborhood?				
Yes	102	3551	57.4%	46.4 - 68.4
No	62	2213	35.8%	25.8 - 45.7
Don’t Know	2	427	6.9%	0 - 16.7

Data source: Clay County Health Department CASPER Survey, May 2017

The CDC Modified Retail Food Environment Index reports the percentage of the population living in a census tract without retail food stores where healthy food can be purchased. Approximately 37% of Clay County residents have low to no access to healthy foods.

Figure 6.1 Food Access



Data Source: Centers for Disease Control and Prevention, [Division of Nutrition, Physical Activity, and Obesity](#). 2011. Source geography: Tract

Inventory:

- Clay County has 8 fast food restaurants
- Clay County has 2 grocery stores
- Clay County has 3 liquor stores
- Clay County has 2 fitness facilities

Data source: US Census Bureau, *County Business Patterns*. 2014

Approximately 19% of Clay County citizens live within ½ mile of a park, compared to 59% of people living in Illinois (Data source: CDC-Environmental Health Tracking).



Photos of Clay County parks

Observations from windshield survey: There are some homes that are very nicely maintained, but there are also several buildings that need attention/repair. There are vacant storefronts and pockets of the community with litter in the roads, fields, and houses that are not very well maintained.



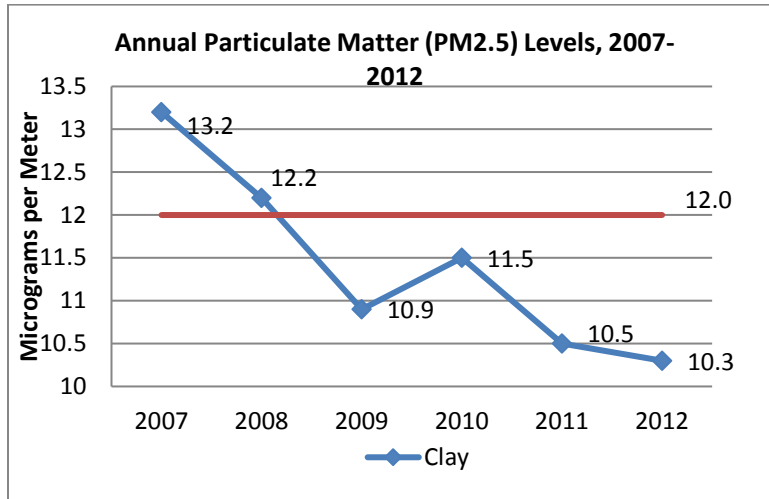
Photo showing empty storefronts

Environmental

Climate and Air Quality

Ozone and airborne particulate matter levels are two indicators used to determine an area's Air Quality Index. In 2013, the US Environmental Protection Standard was lowered from 15 parts per meter, to 12ppm. This graph shows that in 2007 and 2008 Clay County's air quality would have been worse than the 12ppm standard, but below the 15ppm standard. Since 2008, particulate matter in the air in Clay County has remained low.

Figure 6.2: Annual Particulate Matter (PM2.5) Levels

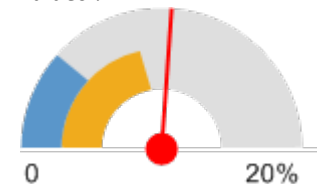


Source: US Environmental Protection Agency

Table 6.2 High Heat Index Days

Report Area	Total Weather Observations	Average Heat Index Value	Observations with High Heat Index Values	Observations with High Heat Index Values, Percentage
Clay County, IL	2,920	96.82	304	10.41%
Illinois	362,810	95.8	31,697	8.7%
United States	19,094,610	91.82	897,155	4.7%

Percentage of Weather Observations with High Heat Index Values: %



■ Clay County, IL (10.41%)
■ Illinois (8.7%)
■ United States (4.7%)

Data Source: National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS) 1974-2011 Accessed via CDC WONDER.



Photo of farm land

High heat index events are considered when temperature exceeds 103°F with humidity. The higher the heat index, the hotter the weather feels, since sweat does not readily evaporate and cool the skin. This is an important measure for estimating the risk to outside workers for heat exhaustion. Clay County has had 304 days of high heat index from 1974 to 2011. This is higher than State and National percentages. Since Clay County has a large agriculture industry, there are lots of outdoor workers at risk for heat exhaustion and heat stroke.

Environmental

Injury

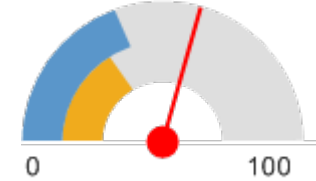
Unintentional injury death is a leading cause of death in the United States. In Clay County there are an estimated 58.9 deaths from unintentional injury per 100,000 population, compared to the Healthy People 2020 rate of 36 per 100,000.

Violent crime in Clay County is significantly lower than the State and National averages. From 2010-2012, there were only 8 reported violent crimes, making our rate per 100,000 population 56, compared to the state rate of 430 (*Data Source: Uniform Crime Reporting Program*). From 2010-2014, 45% of driving deaths in Clay County were alcohol-related, compared to the Illinois average of 36% alcohol-impaired driving deaths (*Data Source: Fatality Analysis Reporting System*).

Table 7.1 Accidental Death Rate

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,679	9	68.72	58.9
Illinois	12,867,528	4,361	33.89	32.7
United States	313,836,267	128,295	40.88	39.2
HP 2020 Target				<= 36.0

Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



- Clay County, IL (58.9)
- Illinois (32.7)
- United States (39.2)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Table 7.2 Suicides 2010-2014

Clay County Number of Suicides, 2010-2014					
	2010	2011	2012	2013	2014
Number of Suicides	2	2	4	3	2

Source: IDPH Vital Statistics

In focus groups, the crime rate was brought up many times as a positive aspect of our community.

Voices of the Community

“I feel safe here”

“We look out for each other”

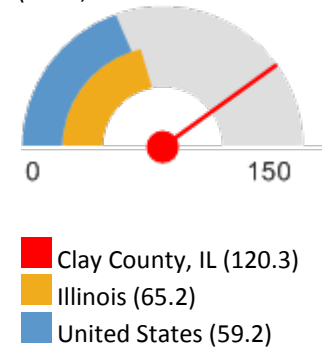
Preventable Hospitalizations

Sentinel indicators are for health conditions considered preventable or controllable with regular primary care. This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Table 8.1 Preventable Hospital Events

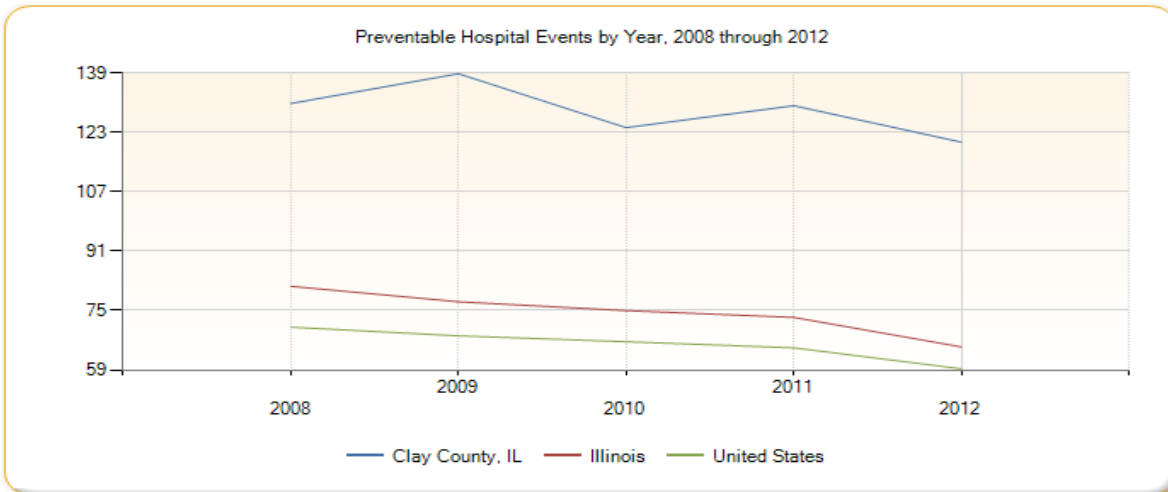
Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Clay County, IL	2,476	297	120.3
Illinois	1,420,984	92,604	65.2
United States	58,209,898	3,448,111	59.2

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Figure 8.1 Preventable Hospital Events Trend



Local Public Health System Assessment

Overview

Purpose: The primary purpose of the Local Public Health System Assessment is to promote improvement that will result in positive outcome for system performance. It is a way to better understand current system functioning and performance and prioritize strengths, weaknesses, and opportunities for improvement. The assessment is based on the 10 Essential Services of Public Health.

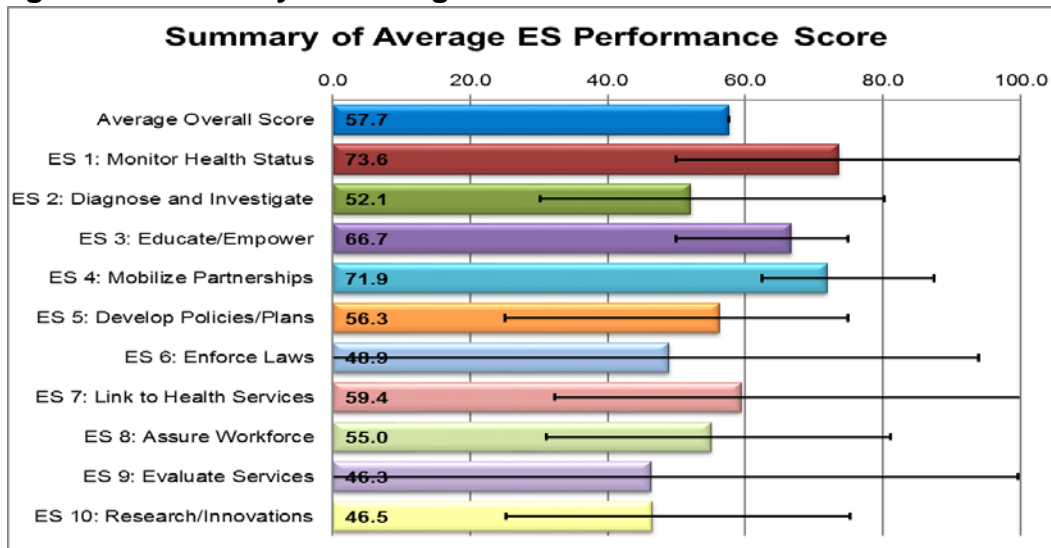


1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate, and empower people
4. Mobilize community partnerships
5. Develop policies and plans
6. Enforce public health laws
7. Link people with needed personal health services
8. Assure competent health care workforce.
9. Evaluate effectiveness, accessibility, and quality
10. Research for new insights and innovative solutions

During meetings with local stakeholders, performance on each essential service was rated on a scale of “no activity” to “optimal activity” based on the table below.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Figure 2. Summary of Average Essential Public Health Service Performance Scores



The primary areas of strength for Clay County’s Local Public Health System include:

- **Monitoring Health Status:** The Health for Generations Coalition engages in the Illinois Plan for Local Assessment of Needs every five years. Significant effort has gone into getting broad, accurate, and informative data about the community.
- **Mobilizing Partnerships:** The Health for Generations Coalition meets regularly and encourages participation from a variety of sectors in the community health assessment and improvement process. The coalition tried to engage non-traditional public health partners.
- **Link to Health Services:** There are lots of services in our community, and agencies are knowledgeable and good at making referrals to one another. However, there is not a central resources manual that makes this information easily available to the public.
- **Educate/Empower:** There are many organizations in the community who partner with local schools, the legal community, health providers and public aid organizations. The education efforts are not always coordinated, but partners support each other’s programs and work together.

The main areas of weakness and opportunity for Clay County’s Local Public Health System include:

- **Evaluate Services:** Individual agencies have quality measures and customer satisfaction efforts, but there have not been formal efforts to evaluate progress on community health improvement. Community members have not been surveyed to assess if they are satisfied with community health improvement approaches.
- **Enforce Laws:** There are several County ordinances that have not been updated in a while. The local public health system works to prevent selling tobacco to minors and advocates for smoke free parks.
- **Research Innovations:** While partnerships with colleges and universities are abundant for developing the public health workforce, the local public health system participates only minimally in public health research.

(The full report is available at www.healthdept.org)

Forces of Change Assessment

Forces are broad all-encompassing categories that include trends, events, and factors. The Health for Generations coalition brainstormed forces of change outside of our control that affect the local public health system and community.

Forces (Trends, Events, & Factors)	Threats Posed	Opportunities Created
Social		
<i>Nutrition, increasing obesity</i>	<ul style="list-style-type: none"> Poor nutrition, physical inactivity, & lack of healthy restaurant choices. This can lead to increased rates of chronic diseases; such as heart disease and diabetes. 	<ul style="list-style-type: none"> Infrastructure development, increase wellness and/or exercise programs. KidFit – addressing childhood obesity. Evidence based. Improving brain activity
<i>Poverty</i>	<ul style="list-style-type: none"> Inability to feed children in summer months Changes in definition regarding eligibility for free and reduced lunch in the school system Transportation to services Unaware of available services 	<ul style="list-style-type: none"> Oil Belt Camp offers free lunch to anyone this summer Churches and Teen REACH/Beyond the Bell may offer Summer Food Program to help address childhood hunger.
<i>Aging Population</i>	<ul style="list-style-type: none"> Younger population leaving area Decrease in younger population means less demand for business and industry 	<ul style="list-style-type: none"> Small community willing to help each other and support local businesses
<i>Substance Abuse</i>	<ul style="list-style-type: none"> Lack of access to rehabilitation services Easy access to alcohol and other drugs 	<ul style="list-style-type: none"> Implement community education interventions COPE & Early intervention program.
Economic		
<i>Unemployment (Closing of Southwire Factory)</i>	<ul style="list-style-type: none"> People lose their employer sponsored healthcare Relocating due to lack of job opportunities More need for public assistance programs 	<ul style="list-style-type: none"> Increase access to vocational and technical schools Increase career exploration in schools

<i>Lack of Funding for Programs</i>	<ul style="list-style-type: none"> • Inability to meet health needs of the community • Loss of social services • Increased unemployment 	<ul style="list-style-type: none"> • Finding alternative funding sources outside of State funding.
<i>High Insurance Deductibles</i>	<ul style="list-style-type: none"> • Less likely to seek health care • Inability to access necessary healthcare services 	<ul style="list-style-type: none"> • Offer low deductibles at reasonable prices to employees • Education on free preventative health care services offered through most health insurance plans
Political		
<i>Repeal of Affordable Care Act without replacement</i>	<ul style="list-style-type: none"> • Many people in Clay County could lose their health insurance coverage 	<ul style="list-style-type: none"> • Stay informed • State and national advocacy.
<i>Budget impasse</i>	<ul style="list-style-type: none"> • Program funding could potentially decrease and/or be cut • Could lose important services to our community • Delay in Medicaid reimbursement 	<ul style="list-style-type: none"> • Find alternative funding sources outside state government
Environmental		
<i>Tobacco Littering & Exposure to Secondhand Smoke</i>	<ul style="list-style-type: none"> • Leads to high incidence of lung cancer • Peer pressure among junior high and high school students 	<ul style="list-style-type: none"> • Smoking cessation assistance • Smoke Free Parks • Education in schools at younger age • More enforcement activities to prevent access in adolescents
<i>Lack of awareness of community resources</i>	<ul style="list-style-type: none"> • No updated central resource manual 	<ul style="list-style-type: none"> • Opening conversation among community organizations • All-encompassing document of community resources
Technological		
<i>Unreliable internet and cell phone access</i>	<ul style="list-style-type: none"> • Technology infrastructure in rural areas is still under developed. • Lack of choice of internet providers 	<ul style="list-style-type: none"> • More cell phone towers, more internet access.
<i>Technology advantages quickly</i>	<ul style="list-style-type: none"> • High expense for implementing new technologies • Needed time to teach staff new technologies 	<ul style="list-style-type: none"> • Learning new technology, especially Health IT

Scientific

Hospital Re-admissions

- Readmissions are considered preventable
- Increased financial burden on hospital
- Chronic Care Management Program – To reduce readmissions

Organizations and individuals represented and nature of contributions:

Organization	Name	Representing Medically Underserve, low income, or minorities	Health 4 Generation Coalition Member	CASPER Survey development	Visioning	Local Public Health System Assessment	Forces of Change Assessment
Clay County Counseling Service	Cara Rinehart	X	X		X	X	
Clay County Medical Reserve Corp	Katelyn Brown		X				
Clay County Health Department: Environmental Health	Andrea Skewes		X		X	X	X
Clay County Hospital	Carrie Miller	X	X				X
Clay County Hospital	Brenda Conrad	X	X	X	X	X	X
Clay County Health Department	Deena Mosbarger		X	X	X	X	X
City of Flora	Randy Bukas		X	X			
Christopher Rural Health Planning Corps.	Michelle McGee	X	X	X		X	
University of IL Extension	Carl Baker		X		X	X	X
Southwire/Sherwin Williams	Kari Warren		X			X	
Flora School District	Joel Hackney	X	X	X		X	X
Food Pantry and American Red Cross	Berenice Brown	X	X		X	X	
University of IL Extension: SNAP Education	Michelle Fombelle	X	X		X	X	X
Country Financial and Coalition Against Drug Abuse	Lisa Cash		X				
Golden Circle Nutrition Program, Flora	Nancy Dehart	X	X		X		
Clay County Farm Bureau	Sydney Lay		X		X	X	X
Heritage Woods	Lucas Sigrist	X	X	X	X		
Clay County Health Department: Public Health Nursing	Lyn Waller	X	X	X	X	X	

CEFS Public Transit	Jennifer Moore	X	X				
Healthy Families Illinois	Doris Lusk	X	X	X	X	X	X
CCH Medical Clinic	Ariane Souder	X	X	X	x	x	
Southern Illinois Counseling Center	Louie Lusk	X	X		X	X	

COMMUNITY HEALTH IMPROVEMENT PLAN

Clay County, IL

2017-2022



Prepared by the Clay County Health Department in April 2017

Table of Contents

Introduction and Methods.....	3
Tobacco and Substance Use	4
o Community Health Plan Worksheet.....	7
o Outcomes and Objectives.....	8
o Participating Organizations and Community Resources.....	11
Heart Disease and Obesity	12
o Community Health Plan Worksheet.....	15
o Outcomes and Objectives.....	16
o Participating Organizations and Community Resources.....	19
Access to Care and Cancer	20
o Community Health Plan Worksheet.....	23
o Outcomes and Objectives.....	24
o Participating Organizations and Community Resources.....	26

Introduction and Method

Statement of Purpose: In March 2016, the Clay County Health Department completed the four MAPP assessments and led the Health for Generations Coalition through a process to identify the most important issues facing the community and write a plan on how to address these issues. The Health for Generation Coalition will use the Community Health Improvement Plan to direct efforts to improvement the health for all those who live, work, and play in Clay County.

Process: Each individual member of the Health for Generations Coalition was given the task of selecting the top 5 strategic issues. Responses were collected via Survey Monkey, a web-based survey tool. In March 2017, coalition members were emailed the link to the survey and the results of the 4 MAPP assessments. Coalition members were given two weeks to submit their responses.

The coalition responses were compiled and prioritized using the nominal group technique. The health issues were grouped into three strategic priorities. The results of the survey were shared with the Coalition at the end of March 2017.

Top 3 Strategic Issues:

- Tobacco and Substance Use
- Heart Disease and Obesity
- Access to Care and Cancer

Subcommittees were formed from each of the strategic priorities. Each subcommittee elected a group leader to facilitate and direct meetings. The subcommittees were responsible for developing a health improvement plan related to its respective strategic issues. Instructions on how to develop goals and interventions were emailed to each member. During the month of April the subcommittees convened to write their portion of the health improvement plan.

Strategic Issue #1: Tobacco & Substance Use

Goal: Reduce illnesses and deaths related to tobacco and substance use, including lung cancer, premature death, alcohol-impaired driving deaths, drug overdose deaths.

Rationale: The community CASPER survey and focus groups found that community members are very concerned about cancer. The type of cancer in Clay County with the highest incidence is lung cancer, with a rate of 79.5 per 100,000 population, compared to the state rate of 67.9 per 100,000 (Data source: State cancer profile 2009-2013). In 2015, approximately 16% of Clay County adults identified as current smokers compared to 15% in Illinois (Data source: County Health Rankings data). This is a leading cause of Clay County’s poor health outcomes in lung cancer and heart disease. More than half of Clay County residents have been smokers at some time in their life (63.4%) making them at risk for lung cancer and heart disease (Data source: BRFSS 2011). Surveys in Clay County schools found higher incidence of youth who smoke than in Illinois. Additionally, maternal smoking rates were higher in Clay County than in Illinois.

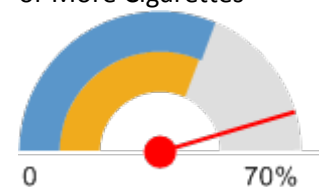
Illegal drug use was the 4th most commonly reported “important health issue” on the CASPER survey. Alcohol use was the 9th most important. The 2016 Illinois Youth Survey finds that by 12th grade, more than half of students (55%) had tried some type of substance including alcohol and drug (Data source: Illinois Youth Survey, 2016). 45% of driving deaths in Clay County were alcohol related, compared to 36% in Illinois (Data source: Fatality analysis data reporting system).

Supporting Data:

Former Tobacco Smokers Prevalence- Adults

Report Area	Survey Population (Adults Age 18)	Total Adults Ever Smoking 100 or More Cigarettes	Percent Adults Ever Smoking 100 or More Cigarettes
Clay County, IL	26,959	17,092	63.40%
Illinois	9,659,812	4,258,470	44.08%
United States	235,151,778	103,842,020	44.16%

Percent Adults Ever Smoking 100 or More Cigarettes



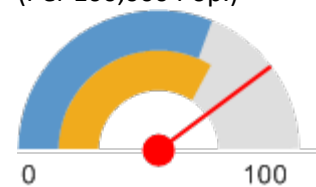
- Clay County, IL (63.40%)
- Illinois (44.08%)
- United States (44.16%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Lung Cancer Incidence

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	1,886	15	79.5
Illinois	1,370,544	9,306	67.9
United States	33,999,704	212,905	62.62

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



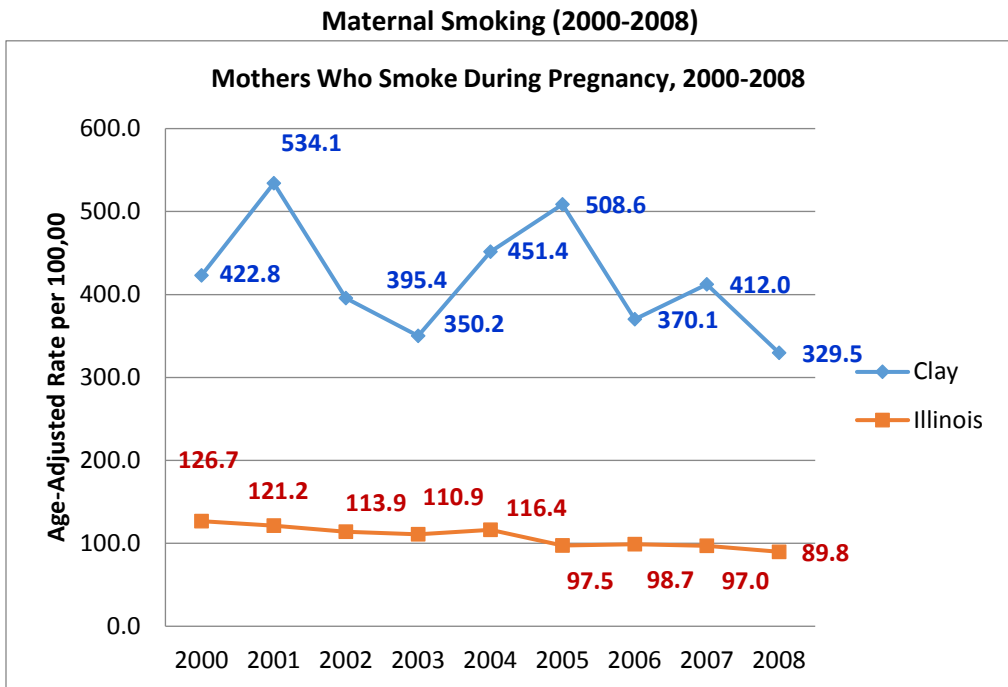
- Clay County, IL (79.5)
- Illinois (67.9)
- United States (62.62)

Data Source: State Cancer Profiles. 2009-13. Source geography: County* the age adjusted incidence rate (cases per 100,000 population per year)

The 2016 Illinois Youth Survey of 8th, 10th, and 12th graders in Clay County found that 13% of 8th graders had tried cigarettes, 15% of 10th graders and 35% of 12th graders. The most common sources of cigarettes for all

grades was from a friend of sibling. Other common sources included taking them from home without parents knowing and in 12th grade buying them from a gas station. Of 12th grade tobacco users, 25% reported that their parents gave them cigarettes. (Data Source: *Illinois Youth Survey. Clay County 2016*).

The Clay County Health Department conducted a survey in 2016 in all junior high and high school classroom in Clay and Richland Counties. The survey found that approximately 20.6% of students in Clay and Richland Counties reported using cigarettes in the past 30 days, and 10.2% of those students reported being current frequent users (Data Source: *Clay County Health Department Youth Tobacco Survey*).



Source: I-QUERY, IDPH Vital Statistics

The latest available data (2008) shows that maternal smoking rate is higher in Clay County than in Illinois, but is on a decreasing trend. More current data is not available.

From 2010-2014, 45% of driving deaths in Clay County were alcohol-related, compared to the Illinois average of 36% alcohol-impaired driving deaths (Data Source: *Fatality Analysis Reporting System*).

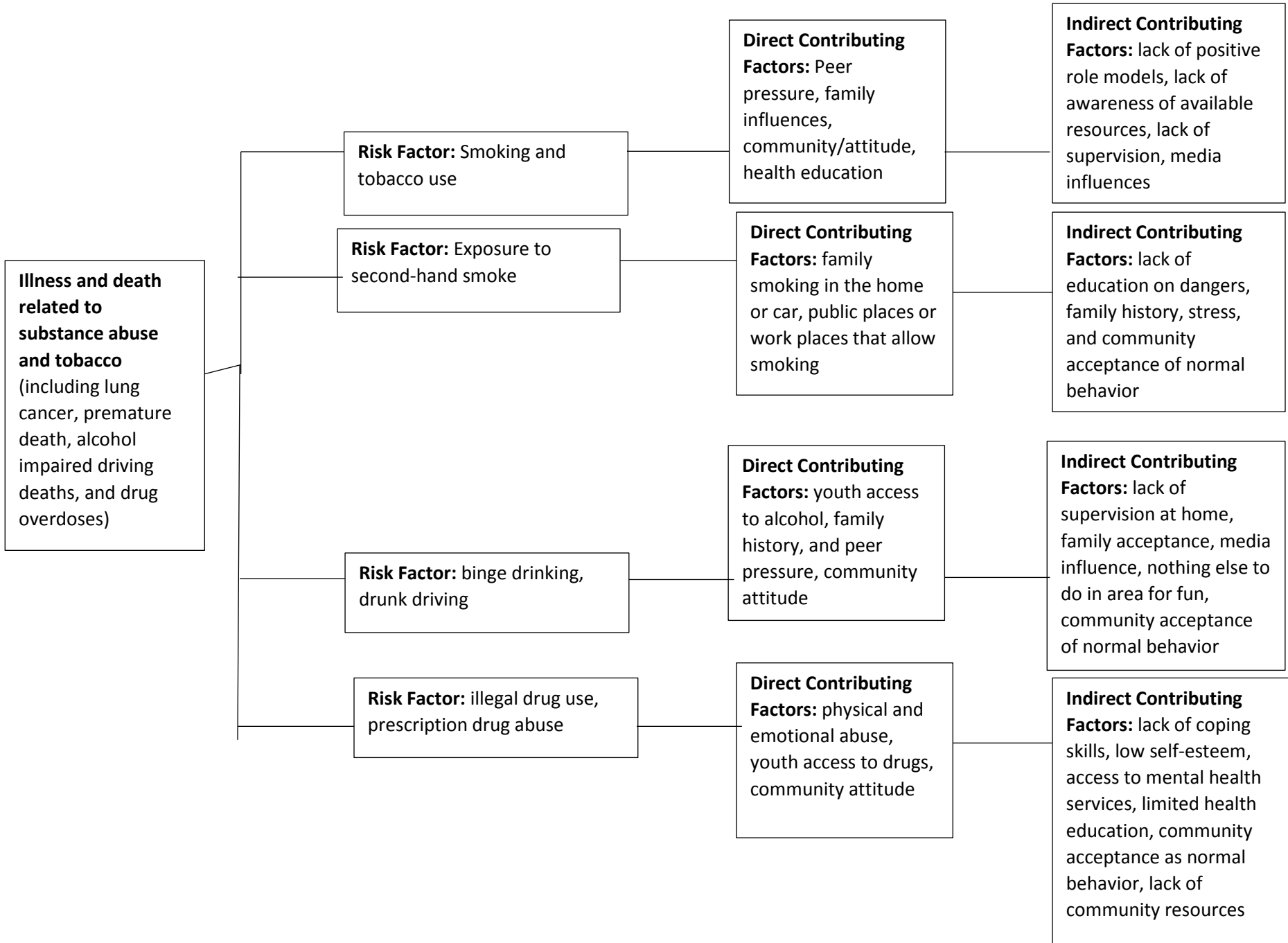
Clay County Youth Substance Use

Substance Used	8th Grade	10th Grade	12th Grade
Used Past Year			
Any Substance (including alcohol, cigarettes, inhalants or marijuana)	36%	39%	55%
Alcohol	36%	38%	49%
Any Tobacco Product (excluding e-cigarettes)	8%	12%	17%
Cigarettes	13%	15%	35%
Inhalants	3%	1%	0%
Marijuana	8%	10%	20%
Any Illicit Drugs (excluding marijuana)	4%	2%	3%
Crack/Cocaine	4%	1%	3%
Hallucinogens/LSD	2%	1%	0%
Ecstasy/MDMA	2%	1%	0%
Methamphetamine	2%	1%	0%
Heroin	2%	1%	0%
Any Prescription Drugs to get high	3%	2%	7%
Steroids	1%	0%	3%
Prescription Painkillers	3%	2%	4%
Other Prescription Drugs	3%	0%	3%
Prescription drugs not prescribed to you	8%	7%	7%
Over-the-Counter Drugs	4%	0%	1%

Illinois Youth Survey, Clay County 2016

Relation to Health People 2020: The following Healthy People 2020 targets were referenced to set objectives.

- Reduce the percentage of adults currently smoking to 12.0%.
- Increase the percentage of smokers who attempt to quit smoking within the past year to 80%
- Reduce the percentage of adolescents 8 – 12 who have used cigarettes within the past 30 days to 16%.
- Increase the percent of students who perceive great risk of harm associated with alcohol use to 44%.



Outcome Objective #1: By 2022, reduce the percent of adults who smoke to 14%.

- Baseline (2015): Clay County 16%, Illinois Benchmark 15% currently identify as smokers, Healthy People 2020 Target 12%
 - Data Source: County Health Rankings

Impact Objective 1.1: Increase the percent of smokers who attempt to quit smoking to 80% by 2019.

- Baseline (2011): Clay County 74.27%, Illinois Benchmark 61.21%, Healthy People 2020 Target 80%
 - Data Source: Behavioral Risk Factor Surveillance System (BRFSS), accessed through Community Commons. Additionally, can monitor the number of calls to the Illinois Tobacco QuitLine from Clay County residents on a monthly and yearly basis.
 - Interventions:
 - Educate health care providers on the Illinois Tobacco QuitLine and brief intervention method. (Baseline in 2017: 14 health care referral partners. Goal of increasing to at least 25)
 - Educate facilities that provide services to low-income populations on the Illinois Tobacco QuitLine.
 - Participate in factory health fairs and educate employees on the Illinois Tobacco QuitLine.
 - Explore partnerships with employers in Clay County to promote work-site based incentives and competitions to support individual cessation efforts.
 - Partner with WIC program at the Clay County Health Department to offer maternal smoking cessation tools to all mothers who smoke during pregnancy.
 - Develop partnerships with cancer prevention groups in Clay County to collaborate on efforts to reduce smoking and prevent lung cancer in the community.
 - Evidence-Base:
 - Incentives and competitions to increase smoking cessation among workers: <https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-incentives-and-competitions-increase-smoking-1>
 - QuitLine interventions: <https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-quitline-interventions>

Impact Objective 1.2: Prevent the initiation of smoking among adolescents and teens. By 2020, reduce the percent of youth in grades 8 – 12 who have smoked cigarettes in the past 30 days to 16%.

- Baseline (2016): Clay & Richland County youth 20.6%, Healthy People 2020 Target 16%
 - Data Source: Clay County Health Department Social Norms Survey, and Illinois Youth Survey
 - Interventions:
 - Utilize the power of peer pressure to promote social norms through a marketing campaign against smoking in Clay County schools.
 - Work with Clay County schools to start smoking education younger, based on survey results that show when most youth first start smoking.

- Through the Coalition against Drug Abuse (CADA), work with law enforcement to restrict sales of tobacco to minors.
 - Evidence-Base:
 - Social Marketing: <https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-quitline-interventions>
 - Community Mobilization to Restrict Sales to Minors: <https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-community-mobilization-additional-interventions>

Outcome Objective #2: By 2022, reduce the proportion of nonsmokers exposed to second hand smoke, by increasing the number of smoke-free public places & places of employment to 100%.

- Baseline (2016): All of Flora public parks are smoke-free, not all of Louisville or Clay City yet. The Smoke Free Illinois Act requires all indoor public places and places of employment to be smoke-free.
 - Data Source: Need to inventory number of public places and generate data to show percentage that are smoke-free. The Clay County Health Department tobacco coordinator tracks the number of Smoke Free Illinois Act violations and complaints. The Clay County Health Department tobacco coordinator tracks the number of establishments that have been inspected for compliance with the Smoke Free Illinois Act.

Impact Objective 2.1: Develop smoke-free policies at 100% of parks in Clay County by 2020.

- Baseline (2016): All of Flora public places are smoke-free, not all of Louisville or Clay City yet.
 - Data Source: Need to inventory number of public places and generate data to show percentage that are smoke-free.
 - Interventions:
 - Inventory parks in Clay County and generate data to show the percentage that are smoke-free.
 - Collaborate with North Clay School and North Clay Park Board to establish a smoke-free policy in Louisville Park.
 - Promote smoke-free events, such as school sporting events, by collaborating with local community groups and schools.
 - Evidence-Base:
 - Smoke-free policies for outdoor areas: <http://www.countyhealthrankings.org/policies/smoke-free-policies-outdoor-areas>

Impact Objective 2.2: Ensure that all indoor public places & places of employment comply with the Smoke Free Illinois Act by 2019

- Baseline (2016): The Clay County Health Department conducted 55 smoke-free Illinois Act compliance checks, and received one complaint.
 - Data Source: Clay County Health Department tobacco program coordinator.
 - Interventions:

- Conduct at least 120 Smoke Free Illinois compliance checks per year.
 - Evidence-Base:
 - Smoke-free policies:
 - <https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-smoke-free-policies>

Outcome Objective #3: By 2022, decrease the percentage of Clay County youth reporting alcohol use in the past year by 10% to 32% of 8th graders, 34% of 10th graders, and 44% of 12th graders.

- Baseline (2016): Clay County: 36% of 8th grade students, 38% of 10th grade students, and 49% of 12th grade students report alcohol use in the past year.
 - Data Source: Illinois Youth Survey

Impact Objective 3.1: By 2020, increase the percent of 8th and 10th grade parents/guardians in Clay County who have talked to their students about not using alcohol in the past year to 52% in 8th grade and 58% in 10th grade.

- Baseline (2016): 48% of 8th grade and 53% of 10th grade students in Clay County report in the last year parents/guardians talked to the about not using alcohol.
 - Data Source: Illinois Youth Survey
 - Interventions:
 - Send prevention post cards to all parents of 8th and 10th grade students three times per year encouraging them to talk to their children about alcohol.
 - Develop and promote three radio ads during high traffic time slots about talking to your children about alcohol.
 - Evidence-Base:
 - Using mass media against underage drinking:
 - <http://www.countyhealthrankings.org/policies/mass-media-campaigns-against-underage-binge-drinking>

Impact Objective 3.2: By 2020, increase the percent of Clay County 8th grade students who perceive great risk of harm associated with alcohol use to 44%.

- Baseline (2016): 38% of 8th grade students perceive great risk of harm associated with having five or more alcoholic drinks on a single occasion once or twice a week. Healthy People 2020 target of 44%.
 - Data Source: Illinois Youth Survey
 - Interventions:
 - Publish stall talk messages three times per year to display in all school bathroom stalls capturing the majority of target audience and emphasizing message of the danger of binge drinking.
 - Display posters in school high traffic areas and entrances on the dangers of binge drinking.
 - Evidence-Base:

- Media campaigns against binge drinking:
<http://www.countyhealthrankings.org/policies/mass-media-campaigns-against-underage-binge-drinking>

Other goals related to this strategic issue: (These goals either do not currently have adequate data sources, funding or partnerships to fully develop the objective, but are areas to further explore in the next five years)

- Create a mentorship program to connect at risk youth to positive role models
- Measure the impact of drug use in Clay County:
 - Work with the Coroner to quantify the number/rate of drug overdose deaths in Clay County
 - Work with Sherriff to monitor the number of drug related crimes in Clay County
 - Conduct community survey to quantify prescription drug and illicit drug abuse concerns
- Increase admissions to substance abuse treatment programs
- Reduce access to prescription drugs by holding drug take back events, and educating parents/guardians/grandparents on restricting access to minors.
- Develop performance measures and evaluate drug court program in Clay County

Community Resources Available for this Priority:

- Clay County Health Department
- Illinois Tobacco Quit Line
- Clay County Hospital Behavioral Health and COPE program
- Coalition against Drug Abuse
- Southeastern Illinois Counseling
- Clay County Cancer Crusaders
- Clay County Schools
- Clay County Sherriff
- Clay County Probation Assistant
- City of Flora Police Department

Estimated funding:

Enhance current programs using existing funding

Potential New Funding Sources/In-Kind Support

Explore new grants from federal or state sources to support Coalition against Drug Abuse (CADA) initiatives

Strategic Issue #2: Heart Disease & Obesity

Goal: Improve heart health and quality of life through promotion of healthful diets and active lifestyles to ultimately prevent heart attacks, strokes and premature death.

Rationale: The percentage of adults with heart disease in Clay County (11.3%) is significantly higher than the state (3.8%) and national averages (4.4%). Diseases of the heart is the leading cause of death in Clay County (IDPH Vital Statistics). The CASPER household survey found that more than half of households (59.2%) had at least one member with hypertension or heart disease. Additionally, heart disease was the third most commonly identified health concern by the community during the CASPER survey. Clay County's obesity rate has increased to 32% since 2004. Obesity was the second most commonly reported important health issues from Clay County citizens through the CASPER survey. The percentage of adults in Clay County who report no leisure time physical activity has grown over the last ten years to 33%. The CASPER survey showed that residents of the average Clay County household exercised 3 days in a week. 35% of Clay County households had residents that exercised every day! But, in 25% of Clay County households, no one exercised in the last 7 days.

Supporting Data:

Table 4.9 Heart Disease Prevalence

Report Area	Survey Population (Adults Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Clay County, IL	26,959	3,048	11.3%
Illinois	9,681,141	369,926	3.8%
United States	236,406,904	10,407,185	4.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Percent Adults with Heart Disease

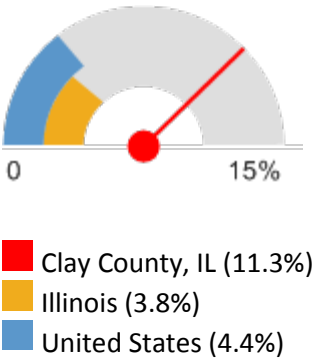
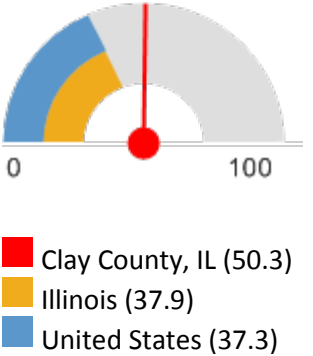


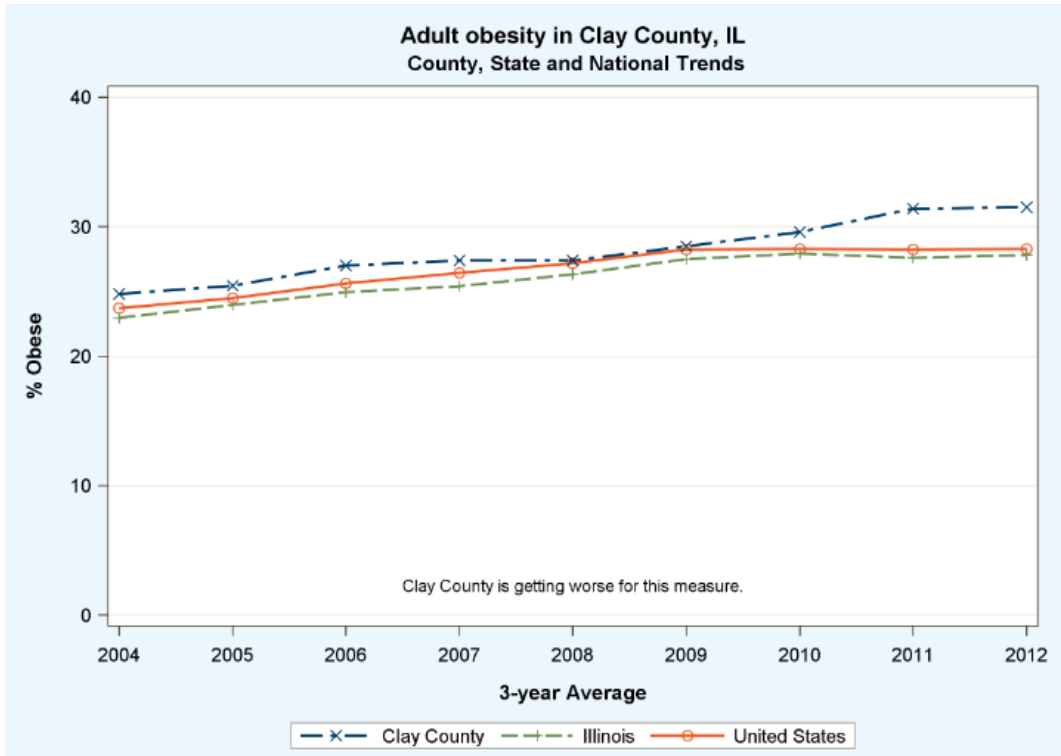
Table 4.9 Stroke Mortality Rate

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,679	10	76.03	50.3
Illinois	12,867,528	5,368	41.72	37.9
United States	313,836,267	129,754	41.34	37.3
HP 2020 Target				<= 33.8

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

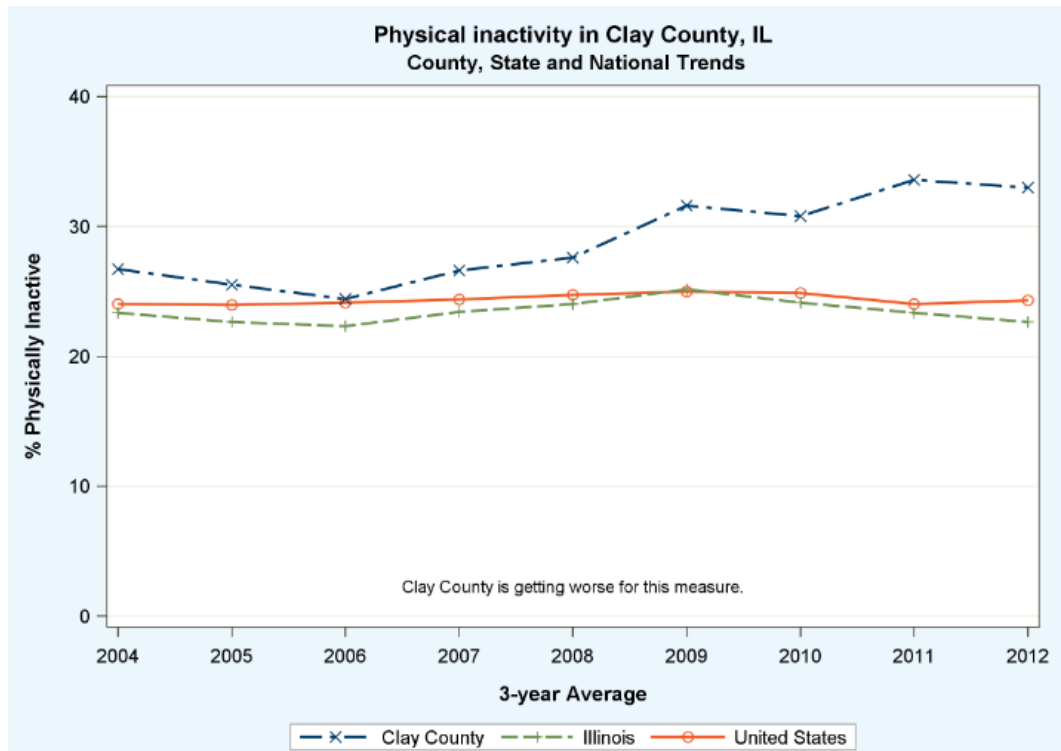
Stroke Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



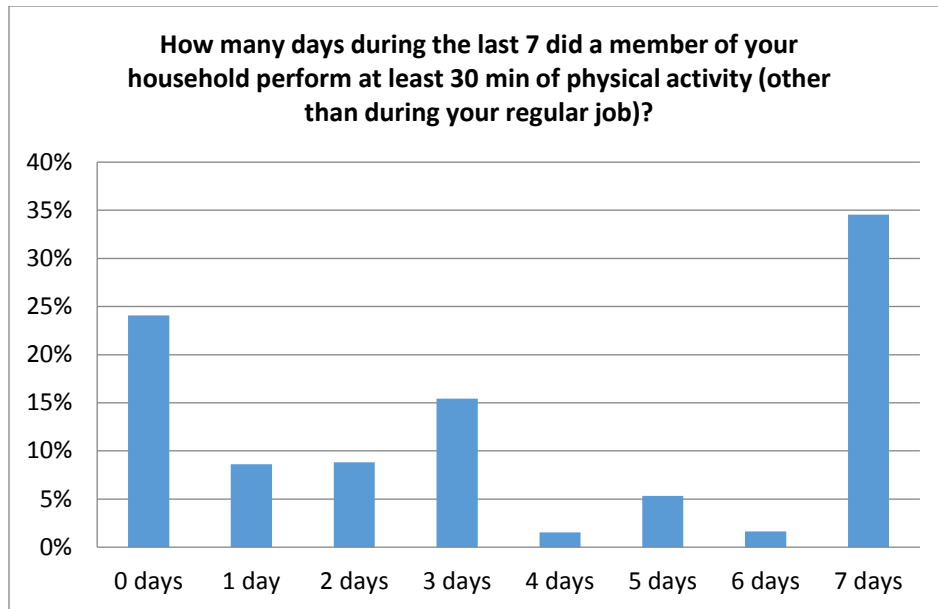


Data Source: County Health Rankings; National Diabetes Surveillance System; Diabetes Interactive Atlas

Physical Inactivity



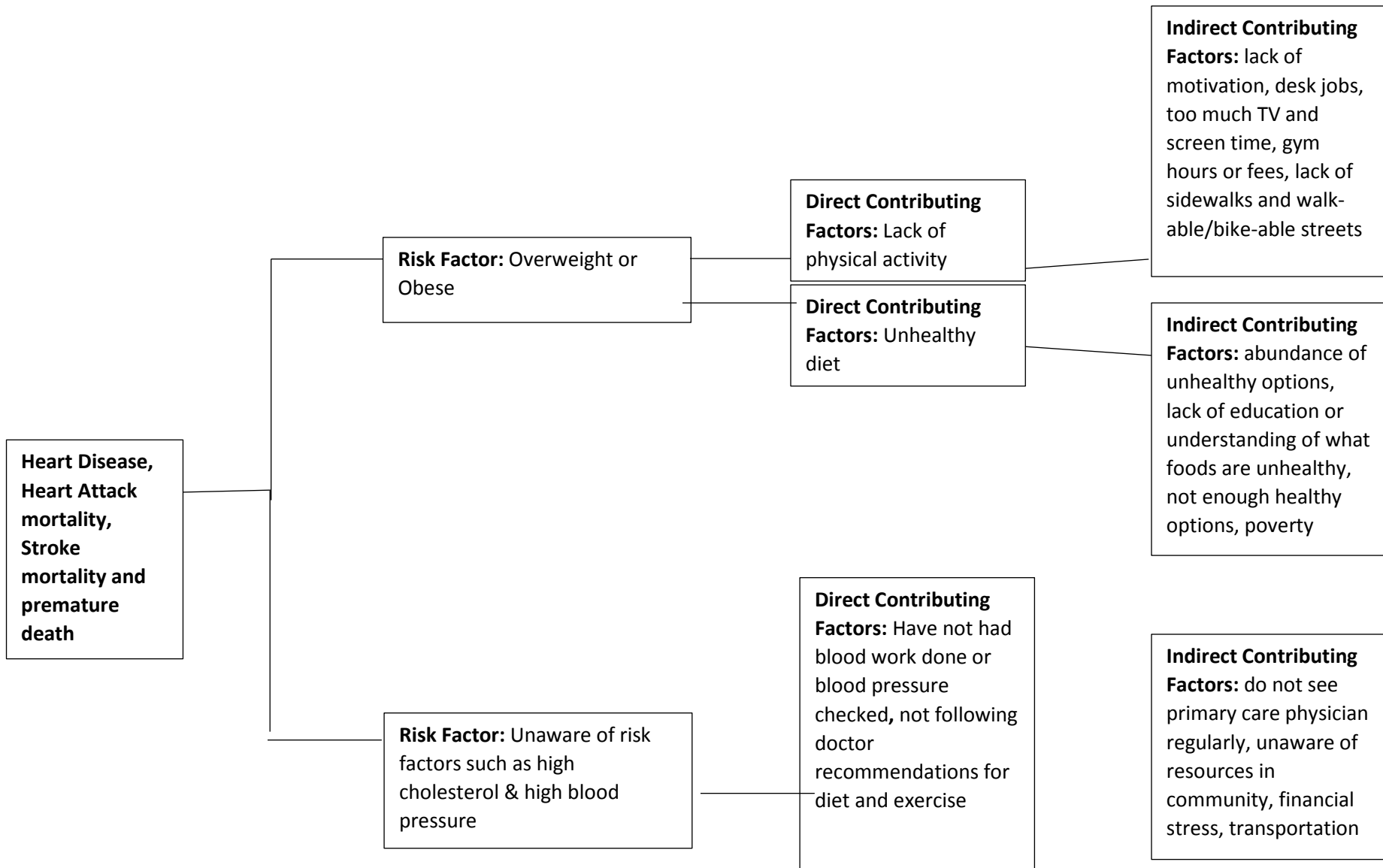
Data Source: County Health Rankings; CDC National Diabetes Surveillance System, Behavioral Risk Factor Surveillance System



Data Source: Clay County Health Department CASPER Survey. May 2016

Relation to Health People 2020: The following Healthy People 2020 targets were referenced to set objectives.

- Increase the proportion of adults at a healthy weight to 33.9%.
- Reduce the proportion of adults who get no leisure time physical activity to 32.6%.
- Reduce stroke mortality to 37.3 per 100,000.



Outcome Objective #1: By 2022, reduce the percent of adults with heart disease to 10%.

- Baseline (2011): Clay County 11.3%, Illinois Benchmark 3.0% currently has heart disease. No healthy people 2020 goal.
 - Data Source: Behavioral Risk Factor Surveillance System (BRFSS), accessed through Community Commons.

Impact Objective 1.1: By 2022, increase the proportion of adults who are at a healthy weight to 33.9%.

- Baseline (2011): Clay County 29.5% (70.5% are obese or overweight), Healthy People 2020 target to achieve 33.9% at healthy weight.
 - Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
 - Interventions:
 - Launch a “Health for Generations” Facebook page and website. Utilize social media to share messaging campaigns about choosing healthy options (i.e. Rethink your drink, Swap it to Drop it).
 - Create a cookbook with heart healthy recipes and distribute throughout the community.
 - Promote breastfeeding through peer counselor program and community breastfeeding support initiatives.
 - Collaborate with schools, churches, and community groups to offer healthy options at community events (like school sporting event concession stands). Provide healthy ideas for snacks, such as water instead of soda, fresh fruit and vegetables, popcorn (without butter and salt), and promote healthy options at events using social media.
 - Explore restaurant health improvement initiatives. Work with restaurant owners to develop menu items that are low calorie, heart healthy, and contain fruits and vegetables. Promote healthy menu options using social media, and point of decision prompts in restaurant menus or signage on tables.
 - Promote local farmers market as a way to increase fruit and vegetable consumption.
 - Highlight success stories of local citizens who have lost weight and developed a healthier life style using social media.
 - Launch a community based weight loss challenge competition with local employers.
 - Evidence-Base:
 - Breastfeeding promotion program:
<http://www.countyhealthrankings.org/policies/breastfeeding-promotion-programs>
 - Community weight loss challenge:
<http://www.countyhealthrankings.org/policies/community-weight-loss-challenges>
 - Point of Purchase Marketing for healthy foods:
<http://www.countyhealthrankings.org/policies/point-purchase-prompts-healthy-foods>
 - SWAP it to DROP it campaign, restaurant program, marketing health, farmers market promotion : <http://heartsbeatback.org/about-us/fact-sheets>

Impact Objective 1.2: By 2020, reduce the proportion of adults who have no leisure time physical activity to 29%

- Baseline (2011): Clay County 33% report no leisure time physical activity, Illinois benchmark 25%, Healthy People 2020 target 32.6%.
 - Data Source: Behavioral Risk Factor Surveillance System (BRFSS), accessed through County Health Rankings
 - Interventions:
 - Launch a “Health for Generations” Facebook page and website. Utilize social media to promote physical activity opportunities in Clay County.
 - Offer free community exercise classes to try different types of exercise available in the community (yoga, Cross fit, Zumba, etc.)
 - Promote free senior aerobics exercise classes.
 - Start a community based support system to encourage walking and biking by scheduling regular times and locations for a group to meet to walk or bike together.
 - Invite gym owners and school gym teachers to participate in the coalition and design physical activity challenges among members/students.
 - Distribute point of decision prompts around the community and to worksite to encourage people to be active (i.e. take the stairs)
 - Evidence-Base:
 - Physical activity programs for older adults:
 - <http://www.countyhealthrankings.org/policies/activity-programs-older-adults>
 - Community fitness programs:
 - <http://www.countyhealthrankings.org/policies/community-fitness-programs>
 - Community-based social support for physical activity:
 - <http://www.countyhealthrankings.org/policies/community-based-social-support-physical-activity>
 - Community-wide physical activity campaigns:
 - <http://www.countyhealthrankings.org/policies/community-wide-physical-activity-campaigns>
 - Point of decision prompts for physical activity:
 - <http://www.countyhealthrankings.org/policies/point-decision-prompts-physical-activity>

Outcome Objective #2: By 2022, reduce stroke mortality to 45.2 per 100,000.

- Baseline (2014): Clay County 50.3 per 100,000, Illinois Benchmark 37.9 per 100,000. Healthy People 2020 goal of 37.3 per 100,000.
 - Data Source: CDC National Vital Statistics System, accessed via Community Commons.

Impact Objective 2.1: By 2019, increase the number of people who get annual blood work done by 10%.

- Baseline: Clay County Hospital and Health Department estimate number of blood work vouchers sold at community events, and number of blood tests done on an annual basis.
 - Data Source: Clay County Health Department and Clay County Hospital
 - Interventions:

- Offer low cost blood work, cholesterol checks and free blood pressure checks at community events.
 - Evidence base:
 - Reduce out-of pocket costs of cardiovascular disease preventative services: <https://www.thecommunityguide.org/findings/cardiovascular-disease-reducing-out-pocket-costs-cardiovascular-disease-preventive-services>

Impact Objective 2.1: By 2020, increase the number of people who are aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 9-1-1 by 10%.

- Baseline: Needs to be generated by estimating the number of children educated through school programs, and adults through trainings, events, and media reach.
 - Data Source: Health for Generations subcommittee will track the number of people reached through school education programs, trainings, events and media.
 - Interventions:
 - Launch community based campaign through Health for Generations coalition to issue shared message on early warning signs of a stroke.
 - Participate in community events to educate the public on the early warning signs of strokes.
 - Evidence base:
 - Recognizing signs and symptoms of a Stroke: https://www.cdc.gov/dhds/docs/ss_coverdell_arkansas.pdf

Other goals related to this strategic issue: (These goals either do not currently have adequate data sources, funding or partnerships to fully develop the objective, but are areas to further explore in the next five years)

- Offer grocery store tours with a dietitian to identify healthy and budget-friendly options that can be purchased locally.
- Support local employers to offer work site wellness programs by providing work site wellness checklists. The Health for Generations coalition could host a worksite wellness symposium for local HR representatives to offer ideas and strategies to improve worksite wellness programs.
- Create a community garden or offer trainings through University of Illinois Extension Master Gardeners to promote growing your own fruit and vegetables.
- Develop more walk-able/bike-able communities through Complete Streets program.

Community Resources Available for this Priority:

- University of Illinois Extension
- Chamber of Commerce
- Clay County Health Department
- Local gyms

- Clay County Hospital
- Local worksite HR and work site wellness coordinators
- City of Flora
- Clay County Farm Bureau
- Clay County Master Gardeners
- Clay County School Districts
- American Red Cross
- Clay County Food Pantry
- Golden Circle Nutrition Program

Estimated funding:

Enhance current programs using existing funding.

Potential New Funding Sources/In-Kind Support

Explore new grants from federal or state sources to support Health for Generations Coalition initiatives

Strategic Issue #3: Access to Care & Cancer

Goal: Improve access to quality care and improve utilization of preventative services.

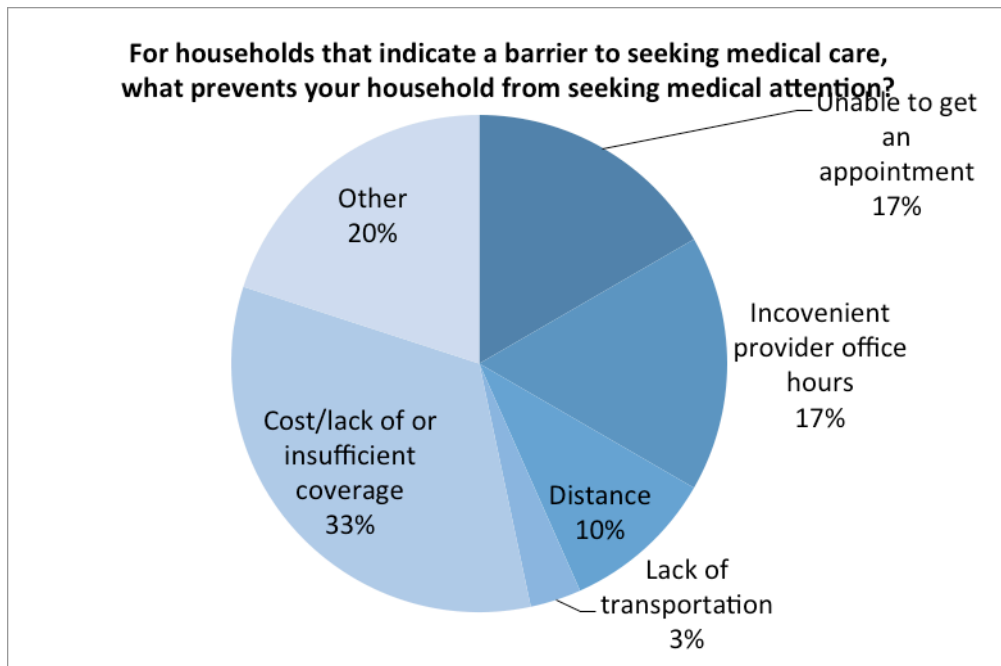
Rationale: The entirety of Clay County is designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental, or mental health professionals. The access to primary care physicians is especially low. Clay County lost the only Medicaid dental provider in the County this year. During focus groups, access to health care came up in many forms and in all age groups. It was the #1 most common theme of all focus groups. In the CASPER survey, access to health care was one of the top 10 health issues important to Clay County residents. Households reported examples of issues such as: mental health service availability, specialized physicians, and cancer care out of the area. Cancer was the #1 most commonly reported important health issue to residents in Clay County from the CASPER survey. In fact, it was reported twice as many times as any other health issue. During focus groups, several people mentioned that they were concerned about Clay County’s cancer rate. There is a wide-spread perception in the community that cancer rates in Clay County are especially high. This is being included in the ‘Access to Health Care’ priority, to create objectives focused on encouraging the population to utilize cancer screening options available in Clay County. Clay County’s percentage of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period is decreasing below the State and National averages. Clay County’s cancer mortality rate is slightly higher than the Illinois and National Rate, all of which are higher than the Healthy People 2020 Target (160.6).

Supporting Data:

Primary Medical Care Provider in Clay County

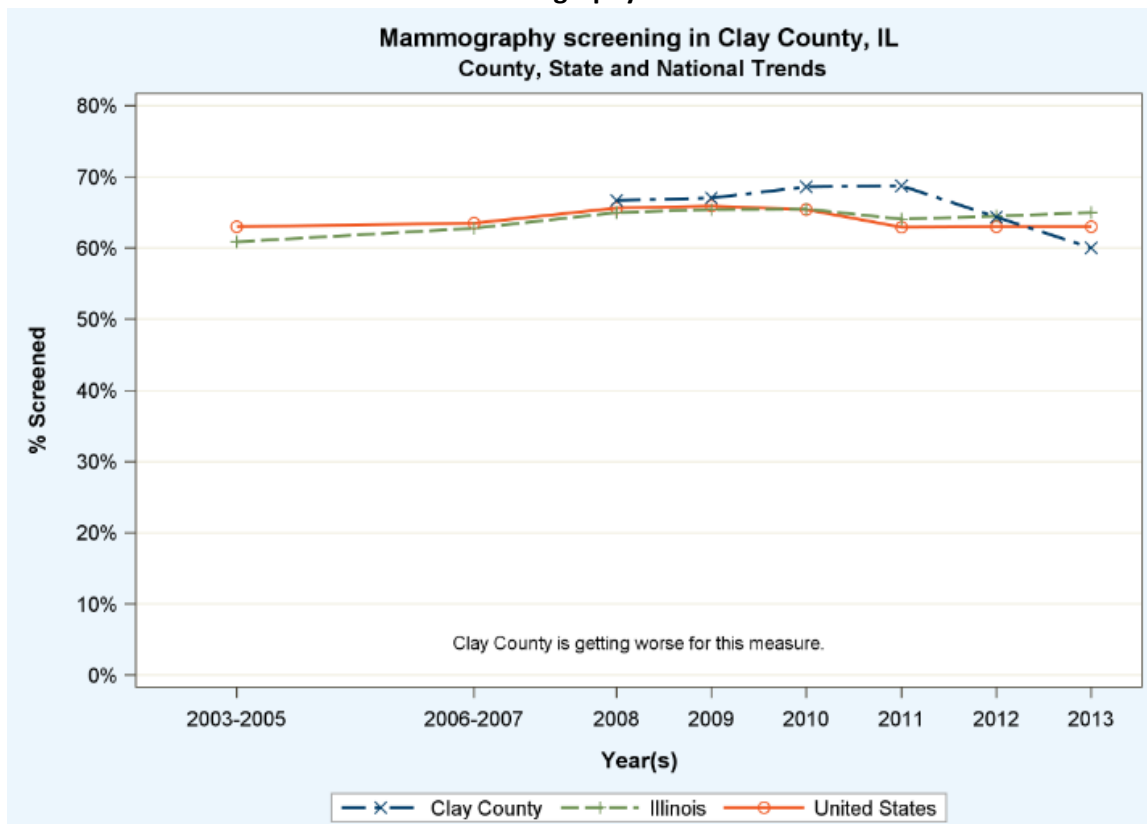
	Frequency (n=169)	Projected households	Projected %	95% CI
Who does your household use for primary and ongoing medical care?				
Doctor's Clinic	145	5325	86.0%	78.6 - 93.4
Hospital ER	11	399	6.4%	1.2 - 11.7
Military	5	165	2.7%	0.4 - 5.0
Other	4	139	2.3%	0 - 4.5
Urgent Care/ Walk-in	3	91	1.5%	0 - 3.2
Don't Know	1	71	1.2%	0- 3.5

Data Source: Clay County Health Department CASPER Survey. May 2016.



Data Source: Clay County Health Department CASPER Survey. May 2016

Mammography Trend

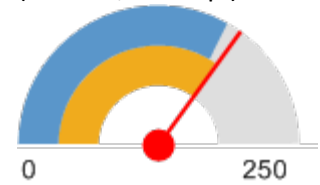


Source: County Health Rankings, Dartmouth Atlas of Health Care

Cancer Mortality Rate

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,679	33	244.18	174.5
Illinois	12,867,528	24,326	189.05	173.9
United States	313,836,267	581,919	185.42	166.3
HP 2020 Target				<= 160.6

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

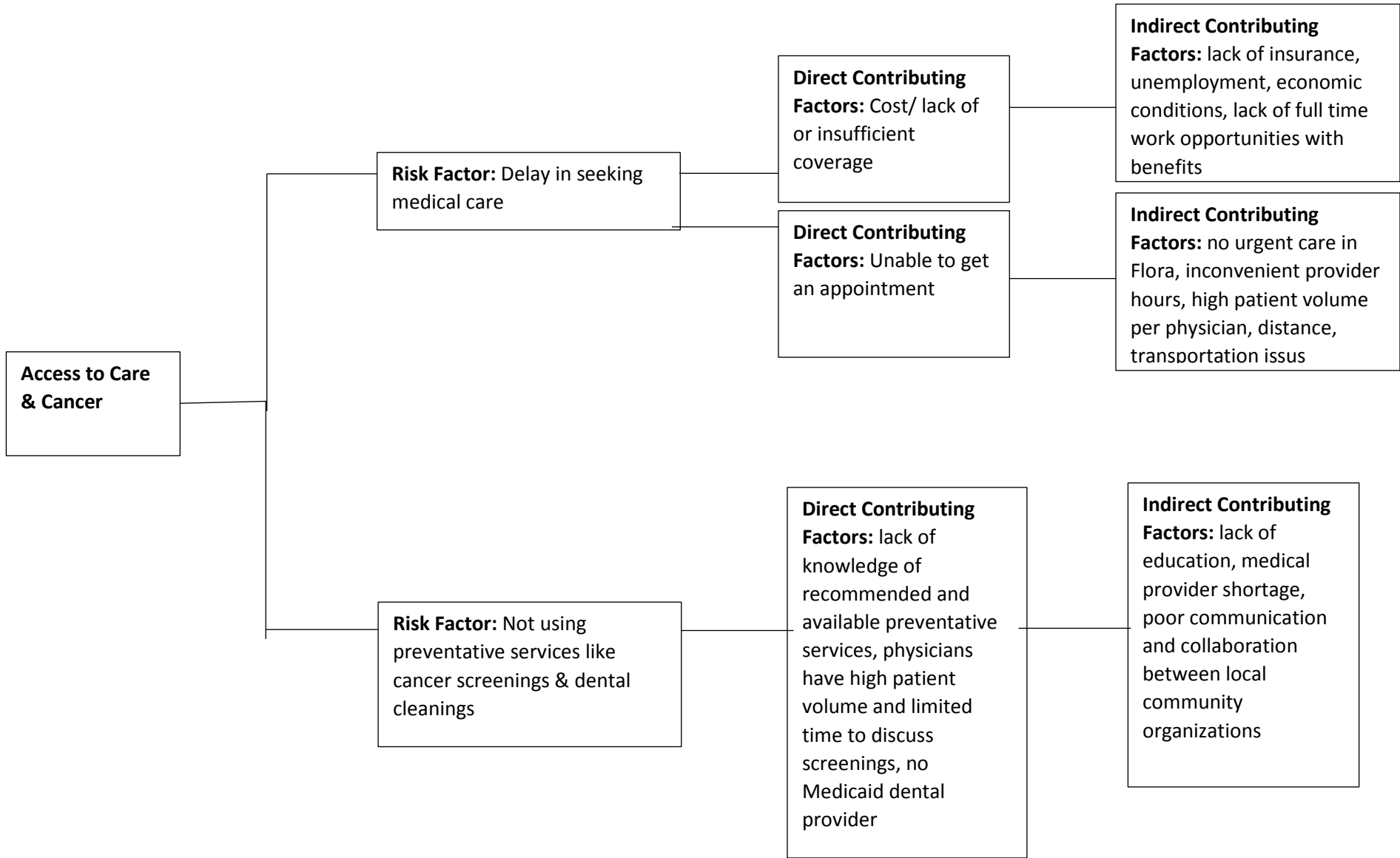


■ Clay County, IL (174.5)
■ Illinois (173.9)
■ United States (166.3)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Relation to Health People 2020: The following Healthy People 2020 targets were referenced to set objectives.

- Increase the proportion of persons who have a specific source of ongoing care to 95%
- Decrease the proportion of persons who are unable to or delay ongoing medical care to 9%.
- Increase the percent of women who get breast cancer screenings to 81.1%



Outcome Objective #1: Increase the proportion of persons who have a specific source of ongoing care to 95% by 2022.

- Baseline (2016): Clay County 88.7% of households utilize doctor clinic of military for ongoing medical care, the other 11.3% use the ER, walk-in clinic, or don't have a doctor. The Healthy People 2020 goal is to increase the proportion of persons who have a specific source of ongoing care to 95%.
 - Data Source: Clay County Health Department CASPER Survey

Impact Objective 1.1: Reduce the proportion of persons who are unable to or delay obtaining medical care to 16% by 2020.

- Baseline (2016): Clay County 18% report a barrier to seeking medical care, including unable to get appointment, inconvenient hours, cost, and distance. The Healthy People 2020 goal is the decrease the proportion of persons who are unable to or delay ongoing medical care to 9%.
 - Data Source: Clay County Health Department CASPER Survey
 - Interventions:
 - Expand provider office hours and offer more walk-in clinic opportunities
 - Offer educational sessions to help people sign up for health insurance
 - Partner with CEFS transportation and FQHC to reduce barriers to medical care due to distance and transportation.
 - Distribute education through local industries on preventative services covered through insurance plans.
 - Evidence base:
 - Health insurance enrollment support:
<http://www.countyhealthrankings.org/policies/health-insurance-enrollment-outreach-support>
 - Health literacy interventions:
<http://www.countyhealthrankings.org/policies/health-literacy-interventions>

Outcome Objective #2: By 2022, increase the proportion of women who received breast cancer screenings to 81.1%

- Baseline (2011): 73% of women in Clay County had a mammogram in last year. The Healthy People 2020 target is to increase to 81.1%.
 - Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Impact Objective 2.1: Increase the percent of female Medicare enrollee's aged 67-69 that receive mammography screenings to 60.5% by 2020.

- Baseline (2014): Clay County 55%.
 - Data Source: Dartmouth Atlas of Health Care, accessed via County Health Rankings
 - Interventions:
 - Education through women's wellness events and messaging through Health for Generations Coalition social media
 - Education to local providers on cancer screening utilization data

Outcome Objective #3: By 2022, recruit 2 additional primary care physicians, and 1 additional dental provider.

- Baseline (2014): Clay County had 14.79 primary care physicians per 100,000 population and 67 dentists per 100,000 population.
 - Data Source: US Health and Human Services, Health Resources and Services Administration, Area Health Resource File, accessed via County Health Rankings.

Impact Objective 2.1: By 2022, recruit a dental provider to meet the needs of Medicaid population.

- Baseline (2017): Clay County 0 Medicaid dental providers.
 - Data Source: Health for Generations Coalition
 - Interventions:
 - Work as a coalition to identify methods to recruit dental providers or otherwise meet the dental needs of Medicaid population.

Impact Objective 2.1: By 2022, increase the percent of the population aged 25+ with a bachelor's degree or higher to 15%.

- Baseline (2014): 13.4% of Clay County's population age 25+ had a bachelor's degree or higher, compared to 31.9% in Illinois.
 - Data Source: U.S. Census Bureau
 - Interventions:
 - Recruit Clay County residents who are currently in Medical School or in medical careers to return and serve in Clay County.
 - Support health care career mentoring opportunities, and support the health occupations class.
 - Offer internship opportunities in public health or other health care field to help Clay County residents currently seeking bachelor's degrees.
 - Participate in career fairs to encourage high school students to enter medical careers.

Other goals related to this strategic issue: (These goals either do not currently have adequate data sources, funding or partnerships to fully develop the objective, but are areas to further explore in the next five years)

- Offer classes, training, or support groups for caregivers and residents with Alzheimer's and Dementia.
- Create a central resource manual that can be used to increase collaboration and communication about available resources in the community.

Community Resources Available for this Priority:

- Clay County Health Department
- Clay County Hospital
- Christopher Rural Health Planning Corps.
- Clay County Food Pantry
- Heritage Woods
- CEFS Public Transit
- Clay Home Health and Hospice
- Clay County Farm Bureau

Estimated funding:

Enhance current programs using existing funding

Potential New Funding Sources/In-Kind Support

Explore new grants from federal or state sources to support Health for Generations Coalition initiatives.