



COMMUNITY STRENGTHS AND THEMES ASSESSMENT

March 2017

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?”* This information was combined with secondary data in the Community Health Assessment.

- **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 identified through reading notes and recording transcriptions and noting the frequency that themes were mentioned. Finally, 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.

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Clay County Health Department 2016 Community Assessment for Public Health Emergency Response (CASPER)

Background: The Clay County Medical Reserve Corps (MRC) received a “Challenge Award” from NACCHO in April 2016. The project was designed to use MRC volunteers to conduct a CASPER to identify health perceptions in our community and assess resilience and emergency preparedness. CASPER is a CDC designed tool that involves interviewing citizens door-to-door in sampled households about their public health needs. While CASPER was originally developed to assess community needs after natural disasters or emergencies, recently, they have been used in non-emergency settings as a way to collect accurate and timely data about a community. Local Health Departments are required to complete a Community Health Assessment (CHA) once every five years. The CASPER meets several CHA requirements including: convening a community health committee, developing a community health plan, soliciting input from the public on perceptions of community health problems, and defining the most meaningful community health problems. The idea behind this project was to simultaneously meet four goals:

1. Gain valid, representative data on community preparedness, health behaviors and community health perceptions to use in our community health assessment. Use the survey results to identify public health needs in our community.
2. Build the capacity of our MRC unit, and expand into using volunteers in non-emergency public health initiatives.
3. Exercise our emergency preparedness capabilities including: volunteer management, public information and warning, operational coordination and volunteer health and safety. The CASPER

was used as a functional exercise for Clay County Health Department incident command staff and allowed MRC volunteers and incident command to exercise together.

4. Disseminate health information and prevention messages to the community. Educational information on a variety of health services in Clay County was distributed to every household where an interview was attempted.

Clay County is a rural community located in southern central Illinois. The total population of Clay County is approximately 13,766. In the Robert Wood's Johnson County Health Rankings, Clay County is ranked 80 out of 102 for health outcomes, and 92 out of 102 for length of life. One of the purposes of the CASPER was to gain more county-level health information to try to understand why.

Materials and Methods: Clay County Health Department (CCHD) conducted a CASPER that covered all of Clay County May 20th-May 25th.

The survey tool was developed with input from many local stakeholders including hospital administration, health care providers, long-term care facility administration, law enforcement, emergency management officials, school district administration, community members and more. Two survey development meetings took place, one with the Health for Generations Coalition and one with the Local Emergency Planning Committee. A question bank was provided to attendees with questions from CDCs CASPER toolkit, Oakland County's CASPER Questionnaire, 2011 and 2007 Clay County Community Health Survey and the 2015 Illinois Behavior Risk Factor Surveillance Survey. An affinity brainstorming activity was used to narrow down to 30 questions that represented most interests. All questions were worded to the household level, and vetted through CDC Health Studies Branch, Disaster Epidemiology team. The survey consisted of 6 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 standard CASPER methodology as explained in the CASPER toolkit (version 2.0) was used to select clusters and households. CDC used Geographic Information Systems software to randomly select 30 clusters (census blocks) with probability proportional to the number of housing units. In our case, 29 clusters were selected because one cluster was selected twice. Since Clay County is very rural, census blocks had to be combined because there were so few households in each census block. Still, one of the clusters had less than seven households, making the total possible number of interviews for our CASPER 204.

Interview teams randomly selected seven household from each of their assigned clusters once they arrived at a random starting point within the cluster. In the cluster that was selected twice, the interview team randomly selected 14 households. Interview teams were provided detailed maps of their clusters. Teams assigned to rural clusters were also given google maps directions and a county 911 map to make it easier to find their cluster. Teams were instructed to select households by systematically selecting houses every 'nth' household (where 'n' is the total number of households divided by seven).

A one hour training session on selecting households, interview techniques, safety precautions, and tracking methods was given on Friday, May 20th to the 11 two/three person interview teams, and on Saturday, May 21st to the 10 two/three person interview teams. Teams consisted primarily of Clay County Medical Reserve Corps volunteers and Clay County Health Department staff and family members.

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. Teams distributed bags with information about public health and health services to all households, regardless of whether or not they participated in the survey. Teams were instructed to complete confidential referral forms if they encountered urgent needs, and forward them to CCHD for immediate follow up.

Epi Info 7 was used for the data entry and analysis. A weighted cluster analysis was used to generate projected number of households, weighted percentages and 95% confidence intervals. To account for the probability that the responding household was selected, we created sampling weights based on the total number of occupied houses according to the 2010 Census, the number of clusters selected, and the number of interviews completed in each cluster. This weight was used to calculate all weighted frequencies and percentages presented in this report. The contact rate was calculated by dividing the completed interviews by the total number of household where contact was attempted. The cooperation rate was calculated by dividing completed interviews by the total number of households where contact was made. The completion rate was calculated by dividing the number of completed interviews by 204 (the goal for completed interviews in this CASPER).

The CASPER on Friday, May 20th and Saturday, May 21st was used as a functional exercise for the Clay County Health Department incident command staff. It tested four core capabilities:

1. Responder Safety and Health (PHEP #14): safety officer checking pre and post deployment health safety assessments, and conducting safety presentation
2. Volunteer Management (PHEP #15): setting up a volunteer reception center, and assigning roles based on incident command, properly setting up volunteer demobilization desk
3. Emergency Operations Coordination (PHEP #3): incident commander performs duties of volunteer center director, safety officer performs duties of safety trainer
4. Emergency Public Information and Warning (PHEP #4): proper promotion and media management before and during event

Results: Over the weekend of May 20th and 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, yielding a completion rate of 83% (Table 1). The 169 interviewed households were a sample of the 6,404 total households in Clay County. Unweighted frequencies, and projected population estimates based on weighted analyses can be found in (Table 2-11).

On Friday, May 20th, 2016, 24 people conducted surveys in 11 teams. On Saturday, May 21st, 2016, 20 people in 10 teams conducted surveys. In total, 21 MRC volunteers participated, which is 51% of our entire MRC unit. Six new volunteers signed up for MRC to participate in the CASPER. Over the weekend, our MRC unit contributed approximately 105 volunteer hours.

Clay County Health Department bags with educational information were distributed to approximately 300 households across the county. The bags included information on a variety of topics including: mosquito prevention, hepatitis risk, recommended immunizations, allergies, diabetes, mental health, WIC, tobacco Quit Line, P.L.A.Y. program, breastfeeding, and CCHD home health and hospice.

Teams completed interviews at 44% of households approached, and 80% of households where the door was answered (Table 1). The majority of households were single family homes (79%). Over half of households interviewed had one or two occupants (62%). About one quarter of households had five or more occupants (26%), with eight occupants being the highest.

Emergency Preparedness (Table 2-4):

Nearly all households have a working smoke detector (97.1%), with less having a working Carbon Monoxide detector (76.9%). In general, most households have basic emergency supplies. For every emergency item, more than half of all households reported having adequate supplies, including: non-

perishable foods for three days (95.0%), drinking water (besides tap) for three days (69.0%), a seven day supply of medication for each person who takes prescriptions meds (71.1%), and a first aid kit (70.1%). More than half of households with pets responded that they have adequate food and water for their pets for three days (63.9%).

The most frequently reported sources of information that people rely on to stay up to date on emergencies were radio, TV, text message, word of mouth, and social media. If a large scale disaster happened in our community, more than half of Clay County households reported that they would try to evacuate to a friend/family/or 2nd home outside of the area (65.8%). 9.0% (projected 556 households) reported that they would go to an American Red Cross, church or community shelter. A similar number (7.4 %, projected 457 households) did not know where they would go.

While most households would evacuate 5.8% (358 projected households) said that they would not evacuate. The most common reasons reported that might prevent someone from evacuating were concerns about pets/livestock, and concerns about leaving property.

Health Issues and Functional Needs (Table 5-6):

The most common reported health conditions in Clay County were hypertension/heart disease (59.19%), asthma/COPD/emphysema (28.68%), and diabetes (22.46%). The majority of households have at least one member taking daily medication (71.7%), and several reported that at least one member uses a wheelchair/cane/walker (13.1%).

Home and Neighborhood Safety (Table 7):

Just over half of households think that there is adequate road space or sidewalks to walk or bike safely in their neighborhood (57.4%). Few households know that their home has been tested for Radon (13.37%). Most responded that their house had not been tested (67.7%) or that they did not know if it had ever been tested (18.9%).

The majority of households use protective measures protect themselves from mosquitos (73.9%), mainly using repellent (61.4%).

Nutrition and Physical Activity (Table 8-9):

On average, households reported that they ate a meal from a restaurant or food vendor two times in the last seven days (Figure 1). 6.3% of households reported eating out all seven of the last seven days.

The majority of households (79%) said that nothing prevents them from eating nutritious foods. For households that ate at a restaurant or other food vendor four or more days in the last seven, the majority say that nothing prevents them from eating nutritious foods (Figure 2). The next most commonly reported barrier was “don’t want to” (15.0%). Other barriers were not reported often enough to make conclusions, but include: local selection quality, expensive and time for preparing.

On average, households reported that members of their household performed at least 30 minutes of physical activity on three of the last seven days. A large group in the population exercised all seven of the last seven days (34.6%), and the next highest group did not exercise any of the last seven days (24.07%), (Figure 3).

Just over half of households said that nothing prevented them from exercising (59%). Of households where members exercised three days or less, 38% said nothing prevented them from exercising, 18% said that they don’t want to exercise. Other barriers included physical disability, health concerns; don’t have time, and expensive (Figure 4).

Access to Health Care (Table 10):

Most Clay County households use a doctor’s clinic for their primary and ongoing medical care (86.0%). 6.4% use the hospital emergency room for all of their care, and a few use other facilities such as urgent care/walk-in clinic and military. The majority of households do not have any problems with getting medical attention (82%). The most common reported barriers to seeking medical attention were: cost/lack of or insufficient coverage (33%), inconvenient provider office hours (17%), and unable to get an appointment (17%), (Figure 5).

Over half of households reported that a health care provider has not discussed early detection cancer screenings or cancer risk with any member of their household (61.7%).

16.3% of Clay County households have at least one member who has tried to quit smoking cigarettes within the last 12 months.

A little more than half of Clay County households have at least one member who is not covered by dental insurance (54.5%).

Clay County Overall Health (Table 11).

As a whole, most residents think that Clay County is on the healthy side of the spectrum (Figure 6). When asked an open ended question about the most important health problems in Clay County, cancer was reported more than twice as many times as anything else (n=89). The other top reported concerns were obesity/physical activity and nutrition (n=41), heart disease/hypertension (n=40), illegal drug use (n=19), environmental concerns (n = 19) and diabetes (n=18). Many other concerns were brought up in this open ended question including access to health care, alcohol use, infrastructure for health, financial stress, teen risky behavior, and mental illness. Examples of the responses categories are listed in table 11.

Discussion: The CASPER met the stated goals by providing a rapid assessment of public health needs in Clay County. The information can be used to generate recommendations for emergency management and public health decision makers. It can be incorporated into Clay County's Illinois Project for Local Assessment of Needs (I-PLAN) to help determine health priorities for the next five years.

In addition to the valuable data collected, the CASPER provided an excellent 'real life' volunteer management and incident command activity. It tested our volunteer management plan, so that if an emergency happened in our community that required setting up a volunteer reception center to handle a much larger number of volunteers, CCHD incident command staff would already have some experience. It also built disaster epidemiology capacity for CCHD staff and for our Medical Reserve Corps (MRC) unit.

Data analysis:

To create sampling weights, information from the 2010 Census was used to determine the household probability of being selected. Some areas may have experienced population changes since 2010, and thus, Census data may not be representative of the current population in those areas. Changes in population since the previous census may result in less reliable generalizations of weight analyses to the sampling frame. The discrepancy between 2010 Census and the current status would not, however, affect the unweighted frequencies presented in this report. The contact rate, 44%, indicates that the field interview teams had to sample more households within the cluster to complete the necessary number of interviews, and this additional sampling might affect the representativeness of the results. In other words, interview teams completed, on average, one interview for every two- to-three houses

selected. Additionally, there is no available information from a baseline or comparison group that can be used to interpret the household level percentages reported.

Feedback on survey:

Interview teams provided feedback on the survey. Several interviewers reported that they felt uncomfortable asking the question about mental illness, especially in a small community where they often knew the person they were interviewing. This data is most likely an underestimate, and not useable.

Interviews reported different experiences asking people about evacuating. Many people asked follow up questions, for example: “does the disaster take out the power? Because if I have power, I would get my information from Facebook, but if I don’t have power I would get my information from a weather radio”. There was no way to record these discrepancies on the survey tool, and interviewers were not provided any additional information on the hypothetical evacuation scenario, so they all answered these kinds of questions differently.

The question related to walking/biking safely question was answered and interpreted differently by people who live in town and people who live in the rural areas. In the rural areas where there are no sidewalks, several interviewers reported that people were confused about how to answer the question.

Feedback on process:

CCHD staff made significant efforts to inform the community about the CASPER beforehand on the radio, on social media, in the newspaper and through employers and community groups. Many interviewers reported that residents had heard of the survey and were expecting people to knock on their door. There seemed to be a gap in our public information because many people in Flora had heard about the survey, but most people in the rural areas had not. This was not formally recorded in any way, but would have been an excellent evaluation of our public information capacity.

Recruiting volunteers was difficult. Almost all volunteers were either already affiliated with the Clay County MRC or were CCHD staff and family members. We decided to allow high school students to be able to participate as long as they were in a team with their parent or guardian, or if they were in a team with two adults. In general, volunteers had a positive experience. The most commonly reported volunteer feedback from evaluation forms were that it was hard to navigate the rural clusters, better maps were needed, and some rural roads were in very poor condition. Another common suggestion was

having less paperwork, and conducting the survey at different times- possibly weeknights when more people would be home. More often comments were positive about the experience, with many volunteers reporting things such as “I learned that people are friendly”, “It was fun. People are fun to talk to! and “Very eye opening experience”.

An after action report and improvement plan was written for the functional exercise component, with suggestions for improving CCHD’s spontaneous and affiliated volunteer management plan.

Overall health of Clay County:

While Clay County is ranked poorly in comparison to other counties in Illinois for health outcomes and length of life, Clay County residents think that Clay County is fairly healthy. The last open-ended question asking “What do you think are the top three health problems in Clay County?” yielded many interesting and insightful comments. Asking an open ended question does not fit into the traditional CASPER method, designed to provide generalizable estimates and statistics. By using the CASPER methodology to randomly select households, this question offered a unique opportunity for citizens who might not typically participate in the community or the health department to provide anonymous feedback to decision makers on public health in the community.

Many of the responses did not list specific health outcomes, but instead described things that could be classified more as “social determinants” as the most important health problems in Clay County. Examples include “lack of afterschool activities”, “lack of opportunity for employment with health benefits”, “ too many fast food restaurants”, and “availability of specialized medical physicians and equipment”. Many Clay County residents seem to be aware that improving the health of a community requires working to improve these types of social factors that impact health outcomes.

RECOMMENDATIONS on the basis of the results of the CASPER, the following actions are recommended:

For Emergency Management:

1. Continue promoting community and individual household disaster preparedness.

The Federal Emergency Management Association (FEMA) 2012 National Study estimated that 52% of respondents had disaster supplies in their home. Clay County is beating the average; emergency preparedness supply estimates are higher than 52% in every category! 95.0% of households have adequate non-perishable food for the next 3 days, 69.0% of households have adequate drinking water (besides tap) for the next 3 days, 63.9% of households with pets have adequate food and water for their pets for the next 3 days. 71.1% of households have a 7 day supply of medication for each person who takes prescription medicine, and 70.1% of households have a first aid kit that they could take with them if they had to leave quickly. Especially in a rural location, where it may take several days to get assistance in a large scale disaster, it is important that residents have their own emergency supplies. Continue promoting community and individual household disaster preparedness using these positive social norms messages.

2. Utilize radio and text message alert systems during a disaster.

The majority of households (64.2%) report that radio would be one of their main sources of information to keep their household up to date on an emergency event in our community. Using text message was also commonly reported (36.9%). Consider building stronger relationship with WNOI and using them as a key emergency partner. Their text alert system may be especially useful during a disaster if the power was out. Consider exploring other text alerting systems or methods for emergency communication.

3. Plan according to sheltering needs.

The results estimate that approximately 555 households would go to a shelter if they had to evacuate. The average household has 2.5 occupants, so shelters should be prepared to accommodate approximately 1,387 individuals if a disaster affected the entire county. An additional 457 households do not know where they would go, so there is a high chance that they would end up at a shelter. Shelters should be set up for medical care and other functional needs of the community. The results estimate that 35 households who plan to go to a shelter use home health care, another 35 households have a member who uses an oxygen supply, and 35 households have a member who uses a wheelchair, cane or walker. 69 households who plan to go to a shelter use transportation services.

4. Make pet-friendly shelter options.

75% of households who plan to go to a shelter if a large scale disaster or emergency required them to evacuate, have pets (approximately 416 households). Concerns for pets/livestock were the most reported reasons that might prevent people from evacuating.

5. Plan for the chance that several households will not evacuate.

About 5.8% of surveyed households (projected 358 households) said that they would not evacuate. A variety of reasons were given such as concern about pets/livestock, concern about leaving property, concern about personal safety, health problems, lack of transportation, and lack of trust in public officials.

For Health for Generations Coalition:

6. Heart Disease/Hypertension

Almost 60% of households in Clay County have a member with heart disease or hypertension (59.2%). It is listed as one of the top three health problems that Clay County citizens are most concerned with. Heart disease is the leading cause of death in the United States. As Clay County is ranked 92 out of 102 counties in Illinois for length of life, heart health education should become a priority.

7. Cancer

Cancer is the number one health problem that Clay County residents are concerned with. It was reported more than twice as many times as any other health problem. 34.1% of households reported that a healthcare provider has never discusses cancer risk or early detection cancer screenings. And, 4.2% of household did not know. Even though significant work has been done to promote cancer screenings, there still appears to be a knowledge gap. Education on early detection cancer screening recommendations and available services should be continued for citizens and medical providers.

8. Respiratory Illnesses

The County Health Ranking data estimates that 17% of Clay County adults smoke. Our results estimate that 16.3% of Clay County households have members who have tried to quit smoking in the last 12 months. It could be concluded that the majority of Clay County smokers are trying to quit, so tobacco cessation services should be promoted. Tobacco also adds to the cancer risk in our community. 28.7% of households have a member with asthma, COPD or emphysema, making respiratory illness the second most common self-reported illness in Clay County. Additionally, about 86.7% of household either have not or don't know if they have been tested for Radon. Radon is the second (after smoking) leading cause of lung cancer. One survey respondent even said that one of

the top 3 most important health problems in Clay County is “not enough education to community on how to live with respiratory problems”.

9. Access to Care

About 398 projected households use the hospital emergency room for their primary and ongoing medical care. While most households say that nothing prevents them from seeking medical attention, about 18% of households did report a barrier. The most common things preventing households from seeking medical attention were cost or lack of or insufficient coverage, inconvenient provider hours and unable to get an appointment. In the open ended question, many households listed things related to access to health care services as one the most important health problem in Clay County, including: mental health services availability, lack of specialized physicians and equipment, cancer care out of area, and not enough dental services for children and adults.

10. Physical Activity

79% of households say that nothing prevents them from eating nutritious foods. Of the households that ate a meal from a restaurant or food vendor 4 or more times in the last 7 days, 70% said that nothing prevented them from eating nutritious foods, and 15% said that their barrier for eating nutritious foods was just that they don't want to.

More emphasis should be directed towards promoting physical activity. No one exercised in the last 7 days in 24.1% of households. For households that exercised 3 or less days in the last 7 days, most said that nothing prevents them from exercising (38%) or because they don't want to (18%) (Total= 56%). The other people said their main barriers were not having enough time, or a physical disability or health concern. A few households indicated that they did not exercise because there were no options for people who live in the country other than walking or biking on the roads and they felt that it was not safe. In total, 35.8% of surveyed households did not think that their neighborhood had adequate road space to walk and bike safely.

Table 1. Response Rates

	Percentage	Definition
Completion Rate	83%	<i>Number of completed interviews / number of interviews goal</i>
Cooperation Rate	80%	<i>Number of completed interviews / all houses where contact was made (including completed interviews, incomplete interviews, and refusals)</i>
Contact Rate	44%	<i>Number of completed interviews / number of houses where contact was attempted (including completed interviews, incomplete interviews, refusals, and non-respondents)</i>

Table 2. Emergency Supplies

		Frequency (n=169)	Projected households	Projected %	95% CI
<i>Does your household currently have....</i>					
A working smoke detector					
	Yes	164	6009	97.1%	94.5 - 99.6
	No	1	30	0.5%	0.5 - 1.5
	Don't Know	3	109	1.8%	0 - 2.1
A working Carbon Monoxide detector					
	Yes	129	4759	76.9%	69.8 - 84.0
	No	31	1130	18.3%	11.3 - 25.2
	Don't Know	8	259	4.2%	0.8 - 7.5
Adequate drinking water (besides tap) for the next 3 days					
	Yes	109	4248	69.0%	59.9 - 78.1
	No	58	1882	30.5%	21.3 - 39.8
	Don't Know	1	30	0.5%	0 - 1.5
Adequate non-perishable foods for the next 3 days					
	Yes	160	5853	95.0%	91.5 - 98.6
	No	6	223	3.6%	0.8 - 6.5
	Don't Know	2	84	1.4%	0 - 3.4
Adequate food and water for your pets for the next 3 days (for households with pets)					
	Yes	100	3937	63.9%	54.0 - 73.8
	No	20	711	11.5%	5.7 - 17.3
	Don't Know	1	53	0.9%	0 - 2.6
A 7 day supply of medication for each person who takes prescription meds					
	Yes	121	4380	71.1%	62.7 - 79.5
	No	14	726	11.8%	3.7 - 19.8
	Don't Know	2	84	1.4%	0 - 3.4
A first aid kit that you could take with you if you had to leave quickly					
	Yes	114	4317	70.1%	61.5 - 78.6
	No	48	1568	25.5%	17.7 - 33.3
	Don't Know	6	274	4.5%	0 - 8.9

Table 3. Emergency Plans

	Frequency (n=169)	Projected households	Projected %	95% CI
<i>If an emergency or large scale disaster happened in our community...</i>				
What would be your household's main source of information to keep up to date on the event				
Radio	107	3974	64.2%	53.1 - 75.3
Tv	83	3101	50.1%	37.8 - 62.5
Text Message	70	2286	36.9%	26.1 - 47.8
Word of Mouth	54	2111	34.1%	23.2 - 45.0
Social Media	42	1714	27.7%	18.4 - 37.0
Internet Site	35	1102	17.8%	9.4 - 26.2
Automated Call	19	572	9.2%	2.4 - 16.1
Local Newspaper	14	502	8.1%	3.2 - 13.0
Other	11	353	5.7%	2.5 - 8.9
Church	8	241	3.9%	1.1 - 6.7
Where would your household evacuate?				
Friends/family/2nd home outside of area	107	4051	65.8%	57.0 - 74.5
American red cross, church or community shelter	16	556	9.0%	4.3 - 13.7
don't know	15	457	7.4%	1.5 - 13.4
hotel or motel	11	388	6.3%	2.3 - 10.3
would not evacuate	11	358	5.8%	2.1 - 9.5
other	8	350	5.7%	0.7 - 10.6
What might prevent your household from evacuating?				
N/A - would evacuate	110	3848	62.5%	50.7 - 74.3
Concern about pets/livestock	16	686	11.1%	0 - 17.4
Concern about leaving property	11	539	8.8%	1.2 - 16.3
Other	6	259	4.2%	0 - 8.2
Don't Know	5	170	2.8%	0 - 5.2
Concern about personal safety	4	168	2.7%	0 - 5.6
Health problems	4	129	2.1%	0 - 4.3
Lack of transportation	4	112	1.8%	0 - 3.7
Lack of trust in public officials	4	91	1.5%	0 - 3.7
Nowhere to go	3	127	2.1%	0 - 4.5
inconvenient/expensive	1	30	0.5%	0 - 1.5

Table 4. Shelter Considerations

	Frequency (n=16)	Projected households
For households who intend to go to an American red cross, church or community shelter in an emergency....		
Use home health care	1	35
Use an oxygen supply	1	35
Use a wheelchair/cane/walker	1	35
Use transportation services	2	69
Have pets	12	416

Table 5. Health Issues

	Frequency (n=169)	Projected households	Projected %	95% CI
<i>Have you or a member of your household ever been told by a healthcare professional that he/she has...</i>				
Asthma/COPD/Emphysema				
Yes	51	1767	28.7%	21.5 -35.9
No	116	4358	70.7%	63.2 - 78.3
Don't Know	1	36	0.6%	0 - 1.7
Diabetes				
Yes	33	1391	22.5%	14.0 - 30.9
No	136	4800	77.5%	69.1 - 86.0
Developmental Disability				
Yes	9	294	4.8%	1.5 - 8.0
No	160	5896	95.3%	92.0 - 98.5
Hypertension/heart disease				
Yes	76	3664	59.2%	49.2 - 69.2
No	93	2527	40.8%	30.8 - 50.8
Immunosuppressed				
Yes	9	327	5.3%	1.1 - 9.5
No	159	5833	94.2%	90.0 - 98.4
Physical Disabilities				
Yes	26	935	15.1%	8.1 - 77.9
No	143	5256	84.9%	22.1 - 91.9
Psychosocial/mental illness				
Yes	11	395	6.4%	2.2 - 10.6
No	158	5795	93.6%	89.4 - 97.8

Table 6. Functional Needs

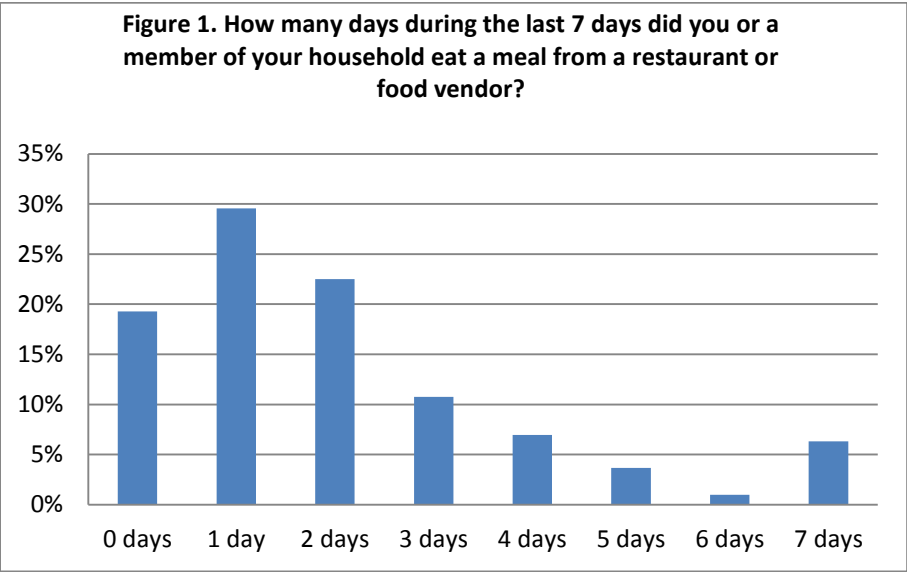
	Frequency (n=169)	Projected households	Projected %	95% CI
<i>Do you or does any member of your household use...</i>				
Daily Medication (other than birth control or vitamins)				
Yes	121	4380	71.0%	61.6 - 80.0
No	47	1780	28.8%	19.4 - 38.1
Don't Know	1	30	0.5%	0 - 1.5
Dialysis				
Yes	1	30	0.5%	0 - 1.5
No	168	6160	99.5%	98.5 - 100.5
Home Health Care				
Yes	5	202	3.3%	0.2 - 6.4
No	164	5988	96.7%	93.6 - 99.8
Oxygen Supply				
Yes	11	431	6.7%	2.9 - 11.1
No	158	5760	93.0%	88.9 - 97.1
Wheelchair/cane/walker				
Yes	22	811	13.1%	6.4 - 19.8
No	147	5380	86.9%	80.2 - 93.6
Transportation services				
Yes	4	146	2.4%	0 - 5.5
No	165	6044	97.6%	94.5 - 100.7
Other type of special care				
Yes	3	155	2.5%	0 - 5.5
No	163	5962	96.3%	92.9 - 99.6

Table 7. 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
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
Does your household do anything to protect yourselves from mosquitos?				
Yes	127	4576	73.9%	64.3 - 83.6
No	41	1544	24.9%	15.1 - 34.7
Don't Know	1	71	1.2%	0 - 3.5
if YES, what type of protective measures?				
Wearing repellent	108	3804	61.4%	50.9 - 72.0
Eliminating standing water	38	1227	19.8%	11.0 - 28.7
Wearing protective clothing	17	498	8.1%	0.2 - 15.9
Other	22	876	14.2%	5.2 - 23.0

Table 8. Nutrition

	Frequency (n=169)	Projected households	Projected %	95% CI
How many days during the last 7 days did you or a member of your household eat a meal from a restaurant or food vendor?				
0 days	27	1193	19.3%	9.9 - 28.7
1 day	52	1831	29.6%	22.6 - 36.5
2 days	37	1392	22.5%	14.2 - 30.8
3 days	19	665	10.8%	5.3 - 16.2
4 days	12	430	7.0%	2.8 - 11.1
5 days	7	226	3.7%	1.0 - 6.3
6 days	2	61	1.0%	0 - 2.4
7 days	13	391	6.3%	2.5 - 10.2



MEAN= 2.1834 days
MEDIAN= 2 days

What prevents your household from eating nutritious foods?

(n=169)
134

N/A - nothing prevents

For households that ate at a restaurant or other food vendor 4 or more day in the last 7 days...

(N=34)

What prevents your household from eating nutritious foods?

Expensive	1
Local selection quality	1
Don't want to	5
Time for preparing	2
Other	1
N/A - nothing prevents	23

Figure 2. For households that ate our 4 or more days, what prevents your household from eating nutritious foods?

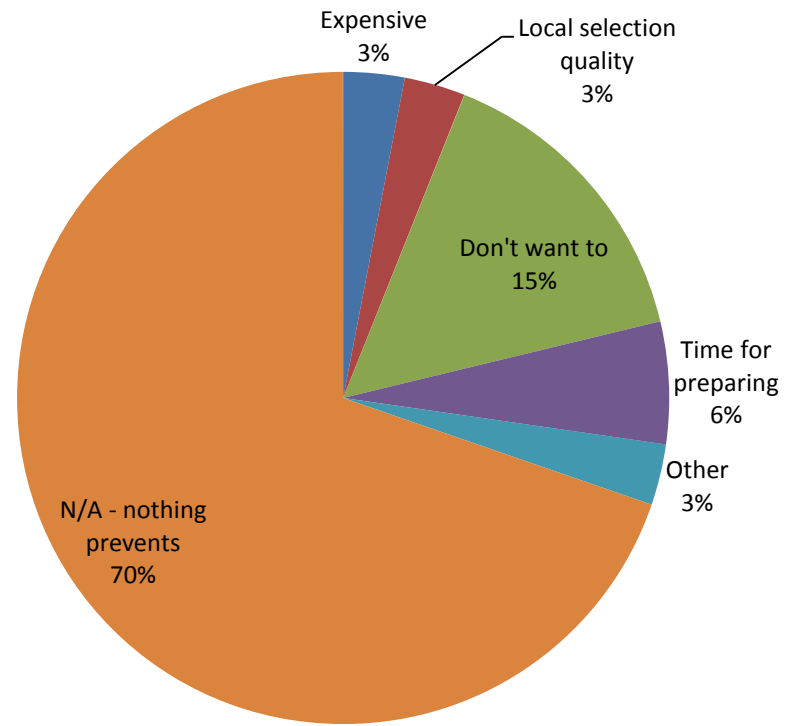
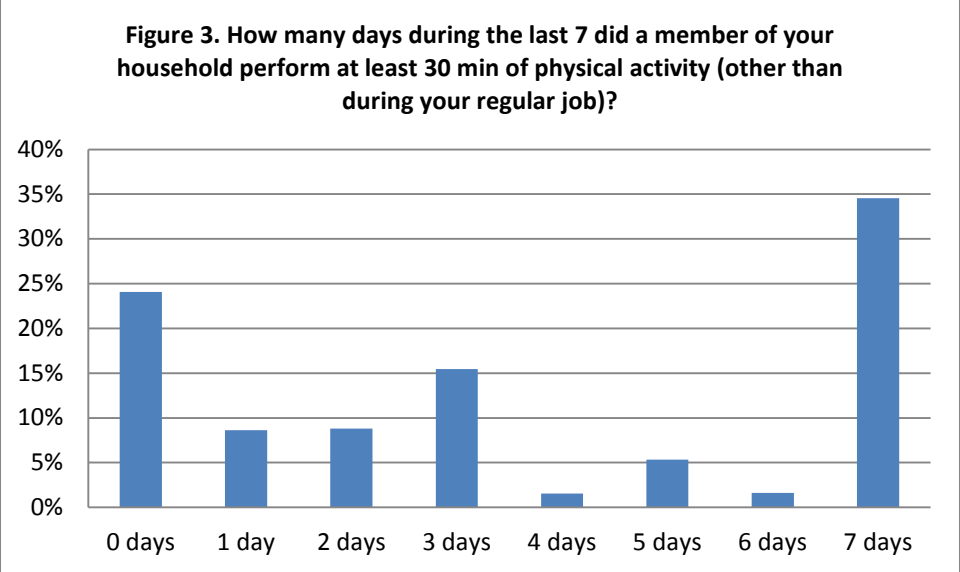


Table 9. Physical Activity

	Frequency (n=169)	Projected households	Projected %	95% CI
How many days during the last 7 did a member of your household perform at least 30 min of physical activity (other than during your regular job)?				
0 days	42	1425	24.1%	16.5 - 31.7
1 day	15	510	8.6%	4.2 - 13.0
2 days	14	522	8.8%	4.3 - 13.4
3 days	26	914	15.4%	8.4 - 22.5
4 days	3	91	1.6%	0 - 3.9
5 days	10	315	5.3%	1.2 - 9.5
6 days	3	97	1.6%	0 - 3.5
7 days	50	2045	34.6%	23.3 - 45.8



MEAN=3.38 days
MEDIAN=3 days

What prevents your household from exercising?

(N=169)

N/A - nothing prevents

99

For households where members exercise 3 days or less in the last 7 days...

(N=97)

What prevents your household from exercising?

Expensive	6
Don't have time	13
Distance	1
Physical disability	14
Other health concern	9
Don't want to	19
Other	5
N/A - nothing prevents	41

Figure 4. For households where members exercised 3 days or less in the last 7 days, what prevents your household from exercising?

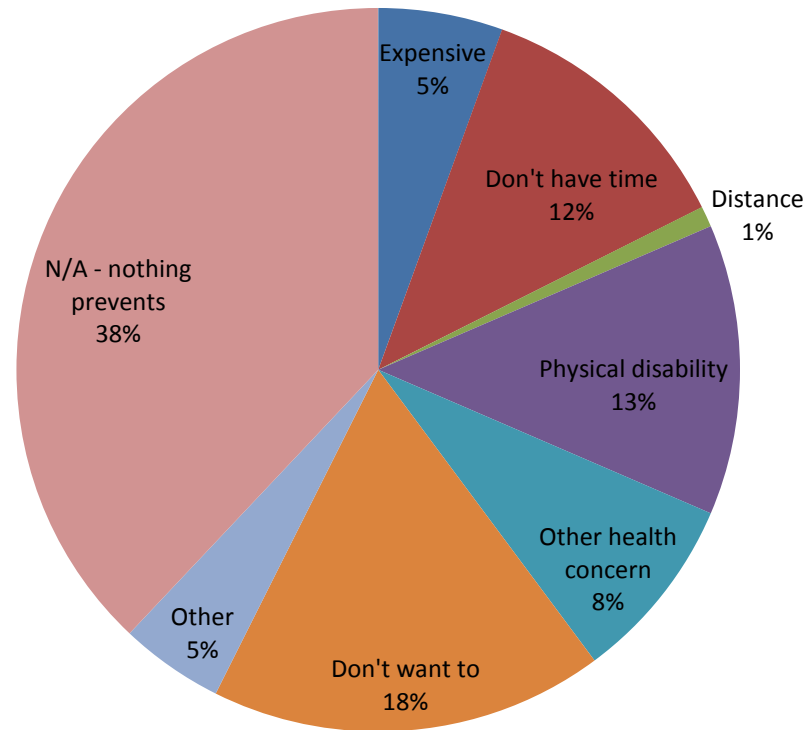


Table 10. Access to Health Care Services

	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
Has a healthcare provider ever discussed cancer risk or early detection screenings?				
Yes	98	3823	61.7%	51.6 - 71.9
No	65	2111	34.1%	24.0 - 44.2
Don't Know	6	257	4.2%	0.5 - 7.8
Have any members of your household tried to quit smoking cigarettes within the last 12 months?				
Yes	29	1011	16.3%	9.5 - 23.2
No	138	5119	82.7%	75.9 - 89.5
Are there any members of your household not covered by dental insurance?				
Yes	75	2616	42.3%	33.3 - 51.3
No	88	3374	54.5%	45.3 - 63.7
Don't Know	3	104	1.7%	0 - 4.1

What prevents your household from seeking medical attention?

Unable to get an appointment	5
Inconvenient provider office hours	5
Distance	3
Lack of transportation	1
Cost/lack of or insufficient coverage	10
Other	6
N/A-nothing prevents	138

Figure 5. For households that indicate a barrier to seeking medical care, what prevents your household from seeking medical attention?

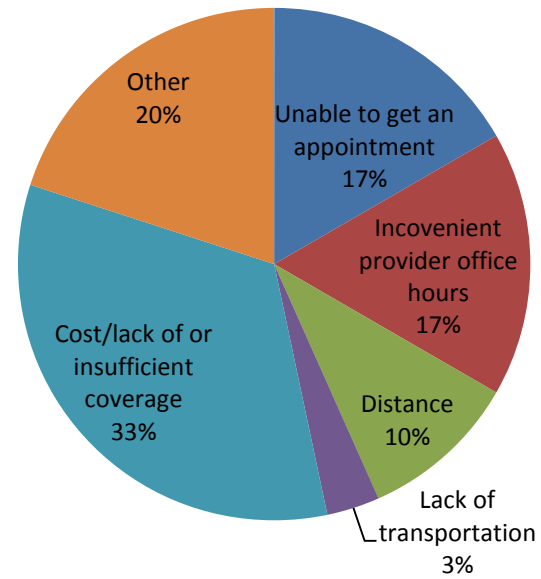


Figure 6. Would you say Clay County is...

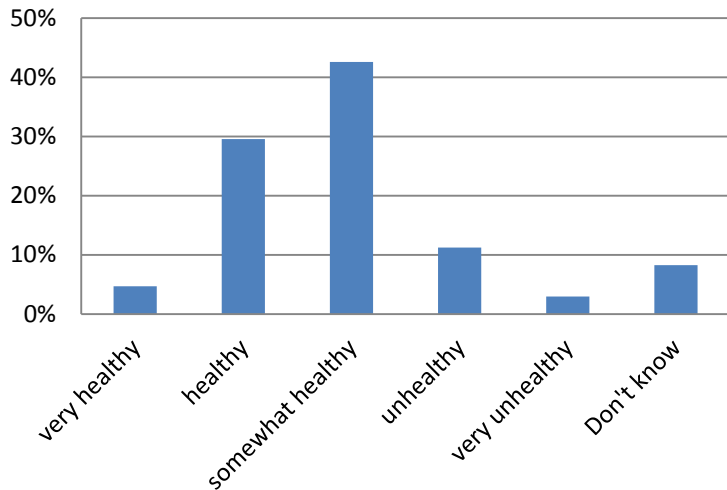


Table 11. What do you think are the 3 most important health problems in Clay County?

	Frequency	Examples:
Cancer	89	
Obesity / Physical Activity and Nutrition	41	Not working out, lack of good diet, overweight, too much soda, obesity
Heart Disease/Hypertension	40	
Illegal Drug Use	19	meth, marijuana
Environmental	19	chemicals and pesticides in water supply, air quality, environmental toxins, mercury, mold, chemical waste, mosquitoes, factory contamination, sanitation, restaurants, pesticides, flood waters, farm chemicals
Diabetes	18	
Tobacco / Smoking	17	
Access to Health Care	11	mental health services availability, physicians, specialized physicians and equipment (i.e. MRI), cancer care out of area,
Alcohol Use	9	
Infrastructure	7	Roads not wide enough, transportation, not enough daycare facilities, lack of gyms, too many fast food restaurants, lack of infrastructure for exercise
Respiratory Illnesses	6	COPD, emphysema
Financial Stress	6	cost of insurance, lack of work, low income
Mental Illness	5	
Flu/viruses	4	
Elder Care	4	aging population, elder care needs
Allergies	4	
Teen Risks	4	teenage pregnancy, lack of activities after school, teen nutrition, lack of after school food options
Lack of Education	3	lack of education, lack of knowledge on preventative measures
Dental Care	2	
Strokes	2	
Crime	1	theft
Blood clots	1	
Stress	1	

Clay County Health Department CASPER Survey

To be completed by team BEFORE the interview	
Q1: Date (MM/DD/YY):	Q2: Cluster Number:
Q3: Survey Number:	Q4: Interviewer Initials:
First, we are going to ask about basic household information	
Q5: Type of structure: <input type="checkbox"/> Single Family <input type="checkbox"/> Multiple Unit <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____	Q11: Have you or a member of your household ever been told by a healthcare professional that he/she has Asthma/COPD/Emphysema <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Developmental disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Hypertension/heart disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Immunosuppressed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Physical disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Psychosocial/mental illness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R
Q6: How many people currently live in your household? _____	Q12: Do you or does any member of your household use Daily medication (<i>other than birth control or vitamins</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Dialysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Home health care <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Oxygen supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Wheelchair/cane/walker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Transportation services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Other type of special care <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R
Q7: How many people living in your household are (<i>list number</i>) Less than 2 years old? _____ <input type="checkbox"/> Don't Know (DK) 2-17 years old? _____ <input type="checkbox"/> Refused (R) 18-65 years old? _____ More than 65 years old? _____	Q8: Is there an adult in your household who does not understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R
Q9: Does your household have a working smoke detector? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R	Q10: Does your household have a working Carbon Monoxide detector? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R

Now we would like to ask you about your households emergency plans

Q13: Does your household currently have... Adequate drinking water (besides tap) for the next 3 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R (<i>1 gallon/person/day</i>) Adequate non-perishable food for the next 3 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R Adequate food and water for your pets for the next 3 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> NA <input type="checkbox"/> R A 7 day supply of medication for each person who takes prescription meds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> NA <input type="checkbox"/> R A first aid kit that you could take with you if you had to leave quickly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R	Q15: If your household had to evacuate due to a large scale disaster or emergency, where would you go? <i>Read all options (Check only one)</i> <input type="checkbox"/> Friends/family/2 nd home outside of area <input type="checkbox"/> Would not evacuate <input type="checkbox"/> Hotel or motel <input type="checkbox"/> Other _____ <input type="checkbox"/> American Red Cross, church or community shelter <input type="checkbox"/> DK <input type="checkbox"/> R
Q14: If an emergency happened in our community, what would be the main source of information for your household to keep up-to-date on the event? <i>Read all options (Check up to 3)</i> <input type="checkbox"/> TV <input type="checkbox"/> Poster/flyer <input type="checkbox"/> Radio <input type="checkbox"/> Church <input type="checkbox"/> Text message <input type="checkbox"/> Social media <input type="checkbox"/> Automated call <input type="checkbox"/> Other internet site <input type="checkbox"/> Local newspaper <input type="checkbox"/> Other, _____ <input type="checkbox"/> Word of mouth (family, friend, neighbor) <input type="checkbox"/> DK <input type="checkbox"/> R	Q16: What would be the main reason that might prevent you from evacuating? <i>Read all options (Check only one)</i> <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Concerns about traffic <input type="checkbox"/> Lack of trust in public officials <input type="checkbox"/> Inconvenient/expensive <input type="checkbox"/> Concern about leaving property <input type="checkbox"/> Health problems <input type="checkbox"/> Nowhere to go <input type="checkbox"/> Other _____ <input type="checkbox"/> Concern about personal safety <input type="checkbox"/> N/A – Would evacuate <input type="checkbox"/> Concern about pets/livestock <input type="checkbox"/> DK <input type="checkbox"/> R

DK= DON'T KNOW R=REFUSED

Now we would like to ask you a few questions about safety in your home and neighborhood

Q17: Does your household think there is adequate road space or sidewalks to walk or bike safely in your neighborhood?
 Yes No DK R

Q19: Does your household do anything to protect yourselves from mosquitoes?
 Yes No DK R

Q18: Has your household ever been tested for Radon?
 Yes No DK R

IF YES, What type of protective measures are you using?
 Wearing repellent Wearing protective clothing
 Eliminating standing water Other

Now we would like to ask a few questions related to nutrition and physical activity

Q20: How many days during the last 7 days did you or a member of your household eat a meal from a restaurant or other food vendor? _____

Q22: How many days during the last 7 days did you or a member of your household perform at least 30 minutes of physical activity (other than during your regular job)? _____

Q21: Is there anything that prevents your household from eating nutritious food? *Read all options (check all that apply)*
 Local availability Time for preparing
 Expensive Other____
 Local selection quality N/A- nothing prevents DK
 Don't want to R

Q23: Is there anything that prevents your household from exercising? *Read all options (check all that apply)*
 Expensive Distance Other____
 Don't have time Physical Disability N/A- nothing prevents
 Limited gym options Other health concern DK
 Don't want to R

Now we would like to ask a few questions about access to healthcare services

Q24: Who does your household use for primary or ongoing medical care? *Read all options (check only one)*
 Hospital ER Doctor's clinic Other____
 Urgent Care/walk-in clinic Military DK Refused

Q26: Has a health care provider ever discussed cancer risk or early detection cancer screenings with you or a member of your household?
 Yes No DK R

Q25: What prevents your household from seeking medical attention? *Read all options (check all that apply)*
 Unable to get an appointment Lack of transportation
 Inconvenient provider office hours Cost/lack of or insufficient coverage Other____
 Distance N/A – nothing prevents DK R

Q27: In the past 12 months, how many members of your household have tried to quit smoking cigarettes (or using a tobacco product)? _____

Q28: Are there any members of your household not covered by dental insurance?
 Yes No DK R

Finally, we have 2 questions about Clay County's health overall

Q29: How would you rate Clay County as a "healthy community"?
 Would you say Clay County is... *(Read all options)*
 Very healthy DK
 Healthy R
 Somewhat healthy
 Unhealthy
 Very unhealthy

Q30: What do you think are the 3 most important health problems in Clay County? *(open ended. List only 3)*



Focus Group Summary:

Executive Summary:

This focus group summary document details data collected at four focus groups: Clay City Pre-K Music Group Parents, North Clay Pre-K Music Group Parents, Flora and North Clay High School Students in a Health Occupations Class at Washington School, and Flora Golden Circle Nutrition Program – Senior Citizens Group. This summary document details of what participant’s said about what they like about living in Clay County, collected themes, and other concerns specific to population.

Participants said they like living in Clay County because it is a safe county. More details below.

The themes that presented in the focus groups were:

- Lack of Access to Healthcare
- Infrastructure Improvements
- Substance Abuse/Use (Illicit and legal)

Other concerns mentioned by participants were cancer, access to healthier food choices, other chronic diseases, better nutrition for children, and hygiene issues among high school students.

Focus Groups:

Focus Group Location	Date of Meeting	Time of Meeting	# of Participants
Clay City Pre-K Music Group Parents	2/7/2017	6:00pm	22
North Clay Pre-K Music Group Parents	2/9/2017	6:00pm	10
Washington School	2/16/2017	7:30am	17
Golden Circle	2/21/2017	10:30am	10

Methods:

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. Second, common themes were identified through reading notes and recording transcriptions and noting the frequency that themes were mentioned. Finally, 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.

Reason's participants like living in Clay County

- "Everyone knows everyone" – High School Student
- "Supportive of each other" – High School Student
- "Like the small town feel" – High School Student
- "Small, country like, trucks, four wheel riding" – High School Student
- "Friends and family, safe, low crime rates, I love that we have nature and Charley Brown Park, I can work near where my children go to school" – Clay City Parent
- "Well, I was born and raised here, so it's home to me! And I think we have a really good community to live in" – Elderly citizen
- "Everybody is friendly!" – Elderly citizen

Themes:

Theme #1: Lack of Access to Healthcare

- During the focus groups the theme of access to health care came up in many forms and across different age groups.
- Evidence:
 - "We had to drive 4 hours today back and forth to St. Louis to see a specialist" – North Clay Parent
 - "Have to drive a long way to see any specialist" – Teacher at Washington School Focus Group
 - "I've had to go to St. Louis a lot for colon surgery and liver surgery, kidney stones" – Elderly citizen
 - "Not every form of chemo can be done here, you have to go to Effingham" - Elderly citizen
 - "I wish there were more eye doctors. Especially specialists who know what they are doing. You have to go to Mt. Vernon" – Elderly citizen
 - "Since we are in a lower socio-economic area, people don't do their cancer screenings because they are expensive and not everyone has insurance." – Employee at Senior Citizen Group
 - "More specialist. More surgical options. I don't know where people have to for chemo." – Elderly citizen
 - "We need a walk in clinic" – Clay City Parent

Theme #2: Infrastructure Improvements

- These infrastructure improvements include sidewalks (fixing and constructing new ones) and roads.
- Evidence
 - “We don’t have a great place to walk...If we had a walking path in town that would be awesome.” – Elderly citizen
 - We don’t even have a block and the roads are crappy, I can’t walk outside.” – Elderly citizen
 - “Better sidewalks.” – High School Student
 - “A dog park.” – High School Student
 - “The roads are in bad condition” – Elderly citizen
 - “Better roads.” – High School Students
 - “Swimming pool.” – Clay City Parent
 - “We need an indoor swimming pool!” – Elderly citizen
 - “It would be nice to have a health club or a YMCA. We have two nice gyms, but options are limited.” – Elderly citizen

Theme #3: Substance Abuse/Use (Illicit and legal)

- These substances included tobacco and alcohol.
- Evidence
 - “My son still smokes no matter how much they cost.” – Elderly citizen
 - “There is a lot of drinking beer” – Elderly citizen
 - “...I’ve seen so many kids in high school doing drugs. I think it’s generational. The parents do it, so they do it because they think it’s okay.” – Elderly citizen
 - “They set the age on smoking but it don’t do no good. Kids sill smoke. These young kids can get anybody to get them some cigarettes.” – Elderly citizen
 - “I’m only twenty and I know I can get alcohol. I could ask anybody. Maybe there should be more restrictions.” – Kitchen aid at Flora Golden Circle
 - “Lots of bars.” – High School Student
 - “Smoking/chewing tobacco...vaping-they don’t think they are smoking when they are using tobacco.” – Teacher at Washington School
 - “As soon as they turn 18, they start to vape.” – High School Student
 - “Smokers alley” (at the high school) – High School Student
 - “Younger kids are getting into drugs (weed, heroin, pain pills, and Adderall). Junior high kids are drinking and smoking.” – High School Student
 - “Teens selling drugs to other teens.” – High School Student
 - “Louisville Park drug deals at night.” –High School Student

Other concerns from focus groups:

Elderly Population: Flora Golden Circle

- Cancer
 - “There is a lot of cancer in Clay County and I don’t know why.”

- “I’ve had cancer twice”
- “Clay County does have extra high cancer rate”
- “Lung cancer if you don’t smoke and drink”
- Access to healthy food choices
 - “I don’t like all the fast food restaurants. We need more sit down restaurants that are open on weekends!”
- Other Chronic Diseases
 - “High blood pressure and heart disease”
 - “Diabetes”

North Clay Pre-K Music Group Parents:

- “We need more things that are convenient for families, working parents”
- Better Nutrition for Children
 - “I work at a school and I see a lot of kids who just don’t eat right. It’s an issue”

Washington School

- Hygiene issues – Students mentioned several times about kids need to shower more

Conclusion:

Clay County citizens said they value living in their community because of safety, friendliness, and the support the community brings. However, there are issues that residents of Clay County wish to be improved upon. These issues were compiled into three themes: lack of access to health care, infrastructure improvements, and substance abuse and use, as detailed above.

Lack of access to healthcare was the most common theme throughout the focus groups. The lack of access to healthcare that was most concerned about were access to endocrinologists, to treat diabetes, and oncologists. The final theme is the use and abuse of substances. This was a major concern for the high school students. They were worried about tobacco, alcohol, and other illegal substances such as heroin. The students were also concerned about the selling of illegal drugs at the Louisville Park and at the high school. The elderly citizens were also concerned about the use of tobacco and its link to cancer in the community.

The presented information was collected from four different focus groups.

Reference:

DMHAS Office of Multicultural Affairs in collaboration with Yale University Program for Recovery and Community Health. (2009). Culture and Behavioral Health Service Delivery: An Analysis of Focus Group Findings. Retrieved from: <http://www.ct.gov/dmhas/lib/dmhas/publications/Disparitiesreport.pdf>



February 27, 2017

Windshield Assessment
Andrea Skewes, MPH, CPH

Background

Community health assessments give organizations the process to utilize qualitative and quantitative methods to collect and analyze data to understand health within a specific community. The data from a community health assessment can be used to inform community decision-making, the prioritization of health problems, and leads the way to develop, implement and evaluate community health improvement plans. One method used to understand the health needs of a community is through a windshield survey assessment, a form of qualitative data. The purpose of a windshield survey is to learn about a community by performing a systematic assessment through observations made from a moving vehicle. A windshield survey can be used to assess the physical and built environment of a community, the health obstacles and health resources. A windshield survey is subjective and the individual completing the survey may be influenced by biases.

The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois; it is based on the Mobilizing for Action through Planning and Partnerships (MAPP) model. The completion of IPLAN fulfills most of the requirements for Local Health Department certification as required by Illinois Administrative Code. This windshield survey is to assess Clay County, Illinois and to use this information as part of the MAPP Community Strengths and Themes Assessment.

Methods

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. The different areas of assessment include:

- Health and Morbidity
- Signs of Decay
- Faith Communities
- Culture and Entertainment
- Media
- Industry
- Transportation and Traffic
- Street Use and Streetscape
- Housing and Other Buildings
- Infrastructure
- Political Activity
- Commercial Activity
- Environmental Quality
- Public Spaces and Parks
- Education
- Community Organization
- Health Services
- Community and Public Services

Results

Demographics

The majority of people I observed in this community are Caucasian and older. The population is equally split between men and women.

Boundaries

Clay County is approximately 470 square miles and is square shaped. The county is surrounded by Jasper (northeast), Richland (east), Wayne (south), Marion (east), Fayette (northeast), and Effingham (north) counties.

Health & Morbidity

I have seen many elderly individuals in the community. There appears to be many resources available to them in terms of healthcare services. I have noticed high tobacco use both smoking and/or vaping and with chewing tobacco. Other noted health behaviors include lack of access to nutritious meals (fried options) and the consumption of sweetened beverages (sweet tea, Coke, etc.).

Signs of Decay

There are no significant signs of decay in the community. Most roads and public areas are well maintained. Not all houses are in good condition. I would say on each block there is at least one house that is in need of attention/repair. In downtown Flora, I noticed vacant storefronts and vacant units above these storefronts.

Faith Communities

This community has many churches. In Flora, many of the churches are located in close vicinity to each other. All churches are of Christian faith. In each of the townships, there are a handful of churches.

Culture & Entertainment

There are a few places for entertainment in Clay County. There is the Flora Depot and the Clay County Museum and Historical Society in Louisville (in the old jail). In addition, there are signs indicating places of interest including the Little Toots Railroad and the Country Lamb. Along Highway 45/50 near Floyd Henson Junior High School there is a Historical Marker. Other places of culture and entertainment include the Flora Public Library and Johnny and June's. You can see there used to be a movie theater and bowling lanes in Flora but those places are no longer operating. The Route 45 Raceway is no longer operating as well.

Media

Print media includes the Clay County Advocate (and Shopper) and the Clay County Republican. In addition, there is a local radio station (WNOI) that broadcasts local events and updates. There is widespread use of social media, particularly Facebook, to reach various audiences.

Industry

The main industry I have seen in Clay County is agriculture, specifically corn and soybeans. There is also manufacturing and industrial jobs in Flora and surrounding counties.

Transportation & Traffic

Many people in the county use personal vehicles to get around. I have seen people riding bicycles and walking, but it is unknown whether it was out of necessity or for exercise. I did not see any taxi cabs. I have not seen public transportation, but have heard of Central Illinois Public Transit (CIPT) serving the community. Traffic is non-existent unless you get behind farm equipment on the roads. These cause slowdowns, but you are able to pass when safe/legal. Other traffic related items I have noticed is that there are only 4 traffic lights in the county and they are all in Flora. This makes it difficult to make a left turn onto Highway 50 and Main St. Flora in certain areas when the traffic is heavy.

Street Use & Streetscape

The main streets are used 24/7. I can hear noise from cars at all times of day from where I live. Whether an individual is in a car or out walking, they are friendly and typically wave. There is a lack of sidewalks around Flora. This leads to people walking in the street. I've noticed most of the sidewalks are concentrated around North St. and Main St. as well as around the schools. The sidewalks throughout the county are only about 2 ft. wide and are not in good repair.

Housing & Other Buildings

The housing in this county varies in size and age. There are houses on the market, but many have been on the market for a long time. Places to rent are more difficult to find, it is mostly word of mouth. Some homes are nicely maintained, while other homes are not kept up (junk in yard, overgrown bushes/trees). There are assisted living facilities in Louisville and Flora for those unable to live independently. Some commercial buildings are empty and in disrepair. Not all buildings are accessible to people with disabilities.

Infrastructure

For the most part, roads and bridges are in good condition. I have driven on some roads through some of the townships that are in some disrepair. The sidewalks are limited. Some areas of the community are unable to connect to public sewer and water and still rely on private wells and sewage disposal. Waste disposal is negotiated through the municipalities and not all towns have access to garbage disposal. I have seen many satellite dishes on houses. There are a few competitors for phone and internet options in the community.

Political Activity

In the fall, there was a lot of political activity for local, state and national elections. Since then, much of the political activity has died down. I have seen information about the State Representative holding office hours in Louisville.

Commercial Activity

Many of the businesses in Clay County are locally owned; however, there are a few stores that are part of larger corporations. In Flora and Louisville, I've noticed some vacant storefronts in the main areas of these towns. Flora has a Priceless and Wal-Mart for grocery options. There are multiple places for pharmacies. There are stores in the two most populated towns that provide the necessities without having to drive to a neighboring county.

Environmental Quality

Since the community is rural, it feels like there is a lot of open space. I have not noticed smog or haze related to traffic and pollution. I can smell smoke in the air when it is cool outside and when people burn trash, leaves, or brush. The Little Wabash River is a different color than I would have expected. Like a brownish green – this could be from agricultural run-off or this can just be the color of the river. You can sometimes smell the oil from the drills in the field.

Public Spaces & Parks

There are public spaces and parks throughout Clay County. Flora has Charley Brown park which has a variety of activities and features. In addition there is the Kiwanis Park with tennis and basketball courts and the Rotary Skate Park. There is also a gazebo next to the public library that has seating and can encourage people to gather. Louisville has a park with a baseball field and tennis courts. The park equipment in a few of these parks looked dated with signs of rusting and paint chipping from the equipment.

Education

There are three school districts within Clay County. Each one has an elementary school, junior high school, and high school. Flora has separate buildings for elementary, middle, and high school. Louisville has a combined elementary and junior high and a separate high school. Clay City has K through 12 in one building. Louisville also has a private Christian school (K-12). There are no community colleges or four year colleges in Clay County. I was surprised to learn there are three different school districts within the county. The elementary school in Flora is unexpected and looks very nice.

Community Organizations

There are many organizations throughout this county that are recognizable including but not limited to, Boy Scouts, Girl Scouts, 4H, VFW, Lions, Elks, Masons, Kiwanis, Clay County Animal Rescue and Shelter, Fur a Good Paws, Rotary Club, Clay County Farm Bureau, and many more. The Clay County Shopper runs scheduled events and regular meetings in the paper. Specific events typically have signs outside the building front or on social media.

Health Services

There is Clay County Hospital which has some doctors and many nurse practitioners and physician assistants. There are medical clinics in Flora, Louisville, and Clay City. Clay County Health Department provides many public services to the community including immunizations, WIC, and environmental health. The health department also offers home health and hospice care. In addition, there are dental and vision practices throughout Flora.

Community & Public Services

I have not observed community service providers and organizations in the community. It is difficult to find out the location of resources without knowing the community. Through the H4G meetings I learned of the food pantry. I was told there is a sheltered care provider in Louisville. Other than WIC, I am unsure of where one would go to receive assistance with signing up for housing, healthcare, or SNAP. Clay County Industries provides vocation training and employment for those with disabilities.

Discussion

It is important to acknowledge biases from the windshield assessment. The observer is new to the county and the region; offering a fresh perspective to the community. In addition, the observer resides within Clay County in the city of Flora. This may be reflected throughout the windshield survey with an emphasis on things seen in and around Flora. Other biases include the public health background which is an approach that is used to view the community. Below are the observer's impressions of the community.

What are the community's outstanding assets?

- The Health Department offers vital resources to the community. Some of these resources include Woman, Infants and Children (WIC), child and adult immunizations, including the Vaccines for Children (VFC), and home health and hospice care. In my experience, most health departments are very resource limited and non-profit organizations typically offer similar services in the community. In Clay County the health department has been providing many of these community services for 50 years.
- Engagement in community service organizations. There is a robust number of these organizations that do well in capturing all age groups. They include youth development, social organizations, volunteer based organizations, religious based groups, and other non-profit coalitions.

What seem to be the community's biggest challenges?

- Lack of community investment in health through infrastructure (sidewalks) and planning (community center/senior center). There is a lack of engagement from local businesses in offering healthier options or incentives.
- Environmental barriers to making healthy decisions. There are a limited number of group classes and no exercise courses for those with limited mobility – such as water aerobics, because there is a lack of facilities to offer these types of classes.

What is the most striking thing about the community?

- From my perspective the most striking thing about the community is the friendliness of the residents. For instance, waving while you're driving or out on a walk. After moving here, people were helpful with suggestions on places to go, etc. One establishment allowed me to eat dinner without paying because they were cash only.

What is the most unexpected?

- One of the most unexpected things about Clay County is Charley Brown Park. I had no idea it had a pool, pond for fishing, train ride for the kids, picnic tables, fairgrounds, and camping. I feel like this park has lots of activities for all ages and interests. I can see it being utilized more during the warmer months of the year to host events for residents.

Are you struck by the aesthetic quality of the community, either positively or negatively – i.e., is it particularly beautiful or particularly ugly?

- I have seen some of the most spectacular sunsets while here and this is saying a lot from someone who is use to desert sunsets. I will say I have enjoyed exploring the community and driving through the country because there is a sense of beauty and calmness about the country.
- I have also seen pockets of the community where there is litter in the streets, roads and fields, houses are not well maintained, and buildings are abandoned.

What is your overall impression of the community? The “feel” of the community

- Clay County is a typical agriculture-oriented, rural community. Flora and Louisville have the “feel” of a small town. Like many small communities in the United States, the young people are leaving without coming back to their roots to continue building up the community. Clay County has the feeling of being older and less up to speed with technology. It feels as if the county is being left behind in the 20th century. However, there is enough support among the community and various organizations to revitalize Clay County. It is just a matter of mobilizing various partners to ensure the community makes health a priority.

Conclusion

Clay County has potential to improve the health of the community through various aspects identified in this windshield assessment. This includes bridging partnerships between the public, private, and non-profit sectors of the community. As well as making the investment in infrastructure and community planning a priority that residents would be willing to agree with. Overall, Clay County feels like many small towns across the United States, but there is an opportunity to continue the growth in community health from all sectors.

Appendix A: Supporting Visuals



Clay County Line



Signs of Decay: Home that appears to be abandoned with overgrowth



Signs of Decay: Farm structures along Highway 50 that are in disrepair.



Signs of Decay: Home that appears to be abandoned with overgrowth



Signs of Decay: Abandoned building that has broken window panes and is boarded up.



Faith Communities: Small church along Xenia-Iola Road.



Culture and Entertainment: Mural depicting the history of Clay County and Flora.



Culture and Entertainment: Trains played an important role in the history of Clay County and Flora.



Culture and Entertainment: The Flora Depot is now a museum and event center.



Culture and Entertainment: The Flora Public Library is well-stocked and offers a variety of activities for children through adults



Culture and Entertainment: There are many cemeteries in Clay County indicating there is more history and family ties to the community.



Industry: Quintessential fall day after the corn was harvested representing Clay County in one picture.



Industry: Agriculture plays a large role in the community.



Industry: There is a grain system in every town.



Industry: Clay County Grain in Iola.



Industry: Flora has an industrial park that offers manufacturing jobs.



Industry: Among the corn fields, you can see the oil pumps working. Families rely on agriculture and oil.



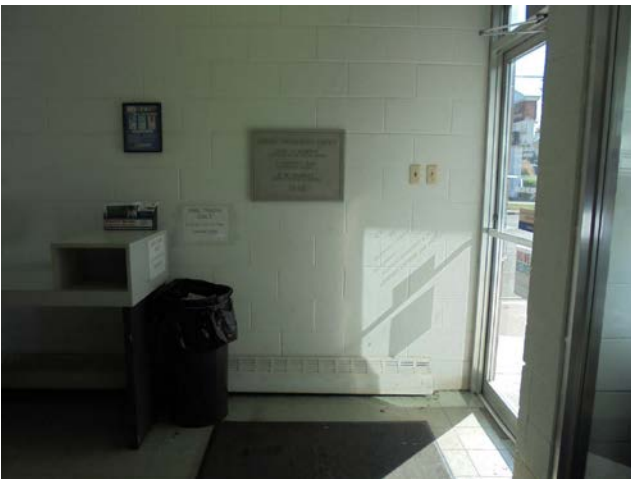
Transportation and Traffic: During peak lunch rush, the parking in Downtown Flora is limited. It is difficult to get around in this community without a vehi



Transportation and Traffic: A sign indicating this is a dangerous intersection when I was the only vehicle on the road. It is possible at other times of the year, it is more dangerous.



Street Use and Streetscape: There is a lack of sidewalks in Clay County. Other than sidewalks along main roads, pedestrians are stuck walking in the road and vehicles try to move over, but that is not possible all the time.



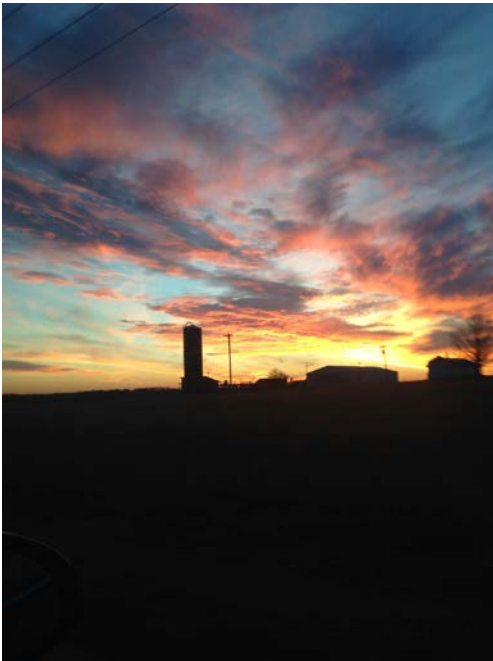
Infrastructure: Many of the buildings are old and do not accommodate for those with impaired mobility. This post office in Clay City does not have automatic doors. I saw a woman in a wheelchair use her legs to maneuver into the building. As she was leaving, I noticed the sidewalks in Clay City had a large curb and was unsure how she crossed the street with the curb.



Commercial Activity: Farm and Home stores are common in South Central Illinois. This store just emphasizes the agricultural presence in the community.



Commercial Activity: Vacant storefronts in Downtown Flora. The upstairs has boarded up windows while the buildings are in disrepair.



Environmental Quality: One of many beautiful sunsets in Clay County



Public Spaces and Parks: North Clay Park District in Louisville.



Public Spaces and Parks: North Clay Park District in Louisville has baseball fields, basketball courts, tennis courts, and much more. The playground equipment looks dated and the paint is fading.



Public Spaces and Parks: Kiwanis Park in Flora. The playground equipment looks dated. The park has beautiful tennis courts and a basketball court. On a nice day, you can see a lot of kids playing at this park.



Public Spaces and Parks: Rotary Skate Park next to the Kiwanis Park allows for those who skateboard to practice their skill



Public Spaces and Parks: A few miles west of Downtown Flora on Old Highway 50 you will find Charley Brown Park.



Public Spaces and Parks: Charley Brown Park has a pond that allows for individuals to go fishing.



Public Spaces and Parks: There are a lot of activities to do at Charley Brown Park including camping and the playground.



Public Spaces and Parks: Charley Brown Park allows for individuals to go for walks among the grounds.



Education: Flora Elementary School was built and combined three small elementary schools. It is an unexpected surprise in Flora and the facility is nice.



Education: Flora High School is the biggest high school in Clay County. There is a lot of community pride in the sports teams around Flora.



Community Organizations: The sign driving towards Downtown Flora indicate how many diverse community organizations are in Flora. It ranges from youth activities to organizations for war veterans.