Jackson County, Illinois-Community Health Improvement Plan

2020-2024

Submitted August 2020
ACKNOWLEDGEMENTS

A special thank you to the members of the Jackson County Healthy Communities Coalition, a collaborative entity supported by the Healthy Southern Illinois Delta Network. Additionally, a very special thank you to the individual Action Teams, and community partners that helped to create this community health improvement plan. Sincerely, Matt Leversee-Jackson County Health Department Director of Health Education, and IPLAN Coordinator.

Jackson County Healthy Communities Coalition members discussing community health priorities on November 21, 2019.

Jackson County Healthy Communities Coalition members.
EXECUTIVE SUMMARY

Jackson County Community Health Improvement Plan (2020-2024)

Jackson County Healthy Communities Coalition (JCHCC) and the local community ‘Action Teams’ collaborated with Jackson County Health Department (JCHD) to develop this 5-year community health improvement plan. Through provided health data, needs assessment, community surveys, and stakeholder input three county-specific health priorities were identified and defined. Next ‘Action Teams’ helped to set objectives, risk factors, interventions, and resources to address each priority over the next five years. Each priority has been linked to several Healthy People 2020 objectives, as well as targeted objectives specific to Jackson County, IL. This health improvement plan will outline the three health problem(s), outcome and process objectives, intervention strategies, funding needed, and evaluation methods. Listed below are the three key health priorities and how the community will impact each.

I. Address Behavioral Health including mental health and substance abuse
Increase access to mental health services by:
- Reducing community stigma around mental health.
- Increase the network of trained professionals to screen, refer, and also provide direct care for mental health issues.
- Improving community recognition of at-risk individuals, and implement action response.

Decrease substance abuse in the community by:
- Improving access to mental health and substance abuse services through a coordinated network.
- Increasing the public awareness of available substance-use interventions, including how to access care for an individual needing intervention, or needing emergency medical response.
- Increasing general substance-use awareness, knowledge of storage and disposal of medication, and alternative problem-solving programs.

II. Impact Cardiovascular Health including heart disease, stroke, nutrition, physical activity and obesity
Improve community nutrition, physical activity, and wellness by:
- Promoting healthy eating through school, worksite and community programming.
- Promoting physical activity through school, worksite and community programming.
- Advocating for active transportation policies and improved built environment opportunities.
- Educating public about recommended National guidelines, and recommended screenings.

Decrease community cardiovascular health risks and stroke events by:
- Enforcing smoke-free environments, and referring tobacco users to cessation services.
- Educating about recommended cardiovascular health screenings and where to be screened.
- Educating about signs, symptoms, and emergency response for cardiovascular and stroke events.

III. Improve Access to Care including availability of services
Improve the community care network by:
- Increasing access to affordable quality services, improving equity, and removing barriers.
- Supporting coordination, prioritizing community needs, updating technology, and eliminating redundancy.
- Ensuring ongoing preventative care, quality health education, and community-wide awareness.

For more information about the community health improvement plan, contact Jackson County Health Department at 618-684-3143, ext. 134.
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INTRODUCTION AND HISTORY OF COMMUNITY PLANNING IN JACKSON COUNTY

Since 1994 Jackson County Health Department has been working with community partners to identify and address key health problems across southern Illinois. This community health improvement plan focuses on years 2020-2024, and was developed through assessment, stakeholder input, surveys, and planning meetings. Three key health priorities were identified and will be discussed in detail throughout this health improvement plan. In 1994, 1999, 2005, 2009, 2015 and now in 2020 the 5-year community health improvement plans have exceeded the requirements set by Illinois Project for Local Assessment of Needs (IPLAN). Over this 26-year period Jackson County Health Department continues to follow the Assessment Protocol for Excellence in Public Health (APEX-PH) Model. This ensures consistency over time, and allows the community to be at the core of the process. Below are the action steps of the protocol:

The APEX-PH model and the IPLAN process itself has been valuable in improving collaborative networks, creating additional partnerships, and allowing for regional impact on a variety of health problems. In fact, Jackson County Healthy Communities Coalition (JCHCC) was formed in May 2003 to prepare for an upcoming IPLAN cycle. This coalition and the community ‘Action Teams’ it oversees have since been part of all community health improvement planning by providing direction, resources, and input. Additionally, most of the public health prevention programming in the area comes directly from JCHCC or it’s ‘Action Teams’. This includes how grant funding filters through local partnering agencies, and how community health resources are allocated. Lastly, after seeing the success of JCHCC it was decided in 2008 to create an umbrella organization called the Healthy Southern Illinois Delta Network. This network coordinates JCHCC and five other county health departments that oversee 16 counties in southern Illinois. The main
mission of “transforming southern Illinois into a region that supports and enhances healthy living” helps to unify area neighbors, and sharing of best practices and resources.

Healthy Southern Illinois Delta Network exists as the umbrella organization; while the collaborative community coalitions, healthcare, and university systems make-up the on-the-ground framework.

ACCOMPLISHMENTS FROM THE 2015-2020
JACKSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Decrease Cardiovascular Disease
Accomplishments:
✓ Implemented Tobacco-Free Communities programming, along with the Little Egypt Tobacco-Free Coalition.
✓ Held numerous chronic disease self-management courses, created several health resource guides, and hosted on-going community health promotion awareness events.
✓ Sustained community Healthy Living Action Team, Built Environment Action Team, and Diabetes Today Resource Team.
✓ Created and expanded the Southern Illinois Food Pantry Network.
✓ Expanded the Illinois CATCH onto Health Consortium and the programming in the Delta Region (Coordinated Approach to Child Health).

Improve Access to Behavioral Health Services
Accomplishments:
✓ Expanded community Joint-Access to Care Team to a regional coalition.
✓ Supported area law enforcement for prescription collection events.
✓ Increased community ‘Mental Health First Aid’ training.
✓ Re-invigorated implementing Problem Solving ‘Drug Court’ alternative to incarceration.
✓ Maintained provider Mental Health Services Resources Guide.
Reduce Cancer Deaths

Accomplishments:
✓ Held numerous preventative cancer screening events in the community.
✓ Incorporated ‘sun safety’ into CATCH curriculum for youth.
✓ Cancer awareness grant ‘Communities of Color’ to highlight survivor stories.

I. COMMUNITY HEALTH ASSESSMENT

A. Purpose

The community health assessment helped identify adequacy of services, leading health related problems, and the rating of strengths and weaknesses in Jackson County. Additionally, health outcomes and data helped community partners (See Appendix E) provide input and prioritize key health problems to be addressed for the next several years.

B. Community Participation

The Jackson County Healthy Communities Coalition (JCHCC) served as the community vehicle to review health data and provide input on prioritizing health problems. JCHCC has eleven additional ‘Action Teams’ that meet throughout the year and focus on health sub-specialties. These teams are local members that filter on-the-ground information up through JCHCC. Action Team co-chairs and members along with JCHCC membership (See Appendix B) have significant expertise in their field, while at the same time working directly with community constituents. This offers streamlined communication and real-time feedback directly from the general public.

C. Methods

The assessment process started in August 2019 with a community health survey where demographics, perception of area health services, perceived top health-related problems, and the county’s strengths and weaknesses related to health were asked. This survey had 269 responses over the month it was available. Next responses were tabulated and categorized into one of twenty distinct service domains (Appendix C). Following the survey, an in-person planning retreat occurred in November 2019 with the JCHCC members. Current 2015 health priorities were reviewed, along with the most recent county-specific data that included health behaviors, clinical data, leading causes of death, and social determinants of health indicators (Appendix C). Lastly, following the data summary all individuals were asked to rank their top three health priorities using nominal group process technique based on the provided information, and any additional community knowledge they had. Once the top 3 health priorities were identified (see photos on next page) the remainder of the planning process was discussed. This process included future work directly with the three JCHCC Action Teams that were best suited to identify objectives, intervention strategies, resources needed and available; and finally, evaluation methods.
D. Results and Priorities

The top three key health problems ranked are: 1) Behavioral Health, including mental health and substance abuse; 2) Cardiovascular Health, including heart disease and stroke, nutrition, physical activity, and obesity; and 3) Access to Care, including availability of services. Two of the three key health priorities identified were also included in the 2015 Jackson County health improvement plan. However, it was decided to more broadly define behavioral health and cardiovascular health topics for the 2020-2024 plan. The newly added health priority for this plan cycle is ‘Access to Care’, including availability of services.
II. COMMUNITY HEALTH PLANNING PROCESS

A. Purpose

The Community Health Improvement Plan (CHIP) was developed by identifying local resources and interventions to impact the identified key health problems. This effort was a collaborative process to eliminate redundancy, and increase efficiency. This CHIP has been developed to focus community resources on the selected priority health problems. An effort has been made to identify, and work collaboratively with a wide range of community partners. The intervention strategies recommended in this plan are based on strategies proven to be effective. There is also a focus on enhancing existing efforts, and filling gaps in services. This plan was developed to make the best use of resources to improve the health of Jackson County residents.

B. Community Participation

This plan was developed through community survey input, community coalition discussions, and ‘Action Team’ guidance. A lead county health department staff person worked with each of the three identified action teams and co-chairs. This process was utilized to gain feedback and direction when developing objectives, prioritizing resources, and creating an evaluation process. All three teams were already operating and part of the JCHCC network (See Appendix E for the membership of each planning/action team group). Additional feedback surveys were also used following in-person meetings to help elicit the most thorough responses during the planning process. These JCHCC action teams will continue to work together on implementation of the community health improvement plan using available time and resources, and will look to secure grant funding to support local efforts.

C. Community Health Plan Process

In preparation for the action team meetings, background information was collected to identify risk factors, and intervention strategies for each health priority area. Each of the three JCHCC action teams had in-person discussions to help formalize direct and indirect contributing factors to address identified risk factors (See Appendix F). Each team then helped identify what community resources were available (Appendix G), and what the evaluation process would be. Next each planning group assigned Healthy People 2020 objectives that were most consistent with addressing each of the local health problems. Lastly intervention strategies were selected to best impact the priority areas through multiple community domains. The information was then reviewed, and revisions were made where necessary. The final community health improvement plan was reviewed and approved by the Jackson County Board of Health August 5, 2020. Once the plan is formally approved by IDPH, media will be contacted to share the information county-wide. Also, the plan will be available on the Jackson County Health Department website and the Jackson County Healthy Communities Coalition website.
III. PRIORITY HEALTH PLANS

All three of the top identified health priorities in this plan are either directly or indirectly addressing the 2021 ‘Health Priority Action Team Goals’ described in the Illinois Department of Public Health State Health Improvement Plan. Specifically, this plan addresses better behavioral health coordination, improved health literacy, and reducing stigma. Additionally, Jackson County will also be focusing on tobacco-free living, increasing healthy eating and active living, and reducing chronic disease rates. Finally, this 5-year plan also outlines a future with better coordination of clinical linkages, improved health outcomes, and ensuring a better health network for all people in southern Illinois.

A. BEHAVIORAL HEALTH AND ITS RISK FACTORS INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE

Description of the Problem
Behavioral Health was identified as a key health problem in Jackson County due to the prevalence of substance use, and the need for a stronger mental health support network. In the most recent county-specific risk surveillance survey data; 21.6% reported their mental health as ‘not good’ for a period of at least 8-30 days, and another 24.2% reported the same response for at least 1-7 days. Additionally, 19 deaths between 2015-2017 were attributed to drug overdoses in the county, and 716 individuals were hospitalized for drug abuse between 2013-2014. Many risk factors are directly related to overall mental health and substance abuse. Most commonly social isolation, depression, poverty, bullying, and unhealthy coping negatively impact mental health. Also, not independent of each other, substance abuse is impacted by the same risk factors. In many cases both conditions are directly correlated and exacerbate each other. Several direct contributing factors influence the risk factors themselves such as: lack of social network, chronic illness and/or stress, anxiety, economic hardship, and quality and access of available support services. Behavioral Health was also identified as a priority health problem in the last Jackson County Community Health Improvement Plan (CHIP) in 2015. However, in preparation for the current CHIP both the JCHCC membership, and the Behavioral Health Action Team recognized that continued efforts were needed over the next several years specifically focusing on access to mental health, and reducing substance abuse. The ‘Action Team’ determined over three meetings direct and indirect contributing factors for each risk factor (See Appendix F for the Health Problem Analysis Worksheets), and set interventions with supporting community resources for each of the targeted components. (See Appendix G for Community Resources).

The group agreed to address the following:

Healthy People 2020 Objectives:

Mental Health and Mental Disorders
- Reduce the suicide rate.
- Increase the proportion of adults who self-report good or better mental health.
- Increase depression screening by primary care providers.
- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

Substance Abuse
- Reduce drug-induced deaths.
Educational and Community-Based Programs

- Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and state agencies) providing population-based primary prevention services in the following areas: mental illness, and substance abuse.

Overall Goal:
Increase access to mental health services and decrease substance abuse in Jackson County.

Outcome Objectives

- By November 2024, Jackson County will reduce individuals reporting mental health as ‘not good’ for an 8-30 day period by 5% (Baseline: 21.6%, estimated population 10,452 between 2015-2019 in Jackson County-Behavioral Risk Survey).
- By November 2024 Jackson County will reduce overdose deaths by 10% (Baseline: 19 between 2015-2017 in Jackson County-Health Rankings).

Impact Objectives

Mental Health and Mental Disorders

- By August 2023, Jackson County will reduce the reporting of ‘poor mental health days’ by 15% (Baseline: 4.2 days, data collected 2016 in Jackson County-Health Rankings).
- By August 2023, Jackson County will reduce reported ‘frequent mental distress’ by 5% (Baseline: 13%, data collected 2016 in Jackson County-Health Rankings).
- By August 2023, Jackson County will increase the ratio of Mental Health Providers by 2% (Baseline: 430:1, data collected 2018 in Jackson County-Health Rankings).

Substance Abuse

- By August 2023, Jackson County will increase the ratio of ‘other primary care providers’ by 2% (Baseline: 583:1, data collected 2018 in Jackson County-Health Rankings).
- By August 2023, Jackson County will reduce emergency room visits for opioid abuse by 10% (Baseline: 48, data collected FFY2016 in Jackson County-IQuery).
- By August 2023, Jackson County will reduce hospitalization for opioid dependence by 10% (Baseline: 34, data collected FFY2017 in Jackson County-IQuery).

Educational and Community-Based Programs

- By August 2023, Jackson County will implement 1 problem-solving court (Baseline: 0, no problem-solving court currently exists in Jackson County).

PROVEN INTERVENTION STRATEGIES

Overall Strategies

- Hold at least six meetings each year of the Jackson County Healthy Communities Coalition-Behavioral Health Action team.
- Collaborate with the Healthy Southern Illinois Delta Network to support community mental health promotion, and substance abuse reduction efforts.
- Promote the Jackson County Healthy Communities Coalition-Behavioral Health Action Team in order to gain additional participation and support.

Community-Wide Strategies

Mental Health and Mental Disorders

- Expand Mental Health First Aid training opportunities.
- Promote Mental Health Resource Guide.
Substance Abuse
- Support drug disposal educational resources, and support drug take-back events/locations.
- Expand training for life-saving techniques.

Educational and Community-Based Programs
- Reduce community stigma by highlighting the importance of mental health and substance abuse dialogue with local individuals.

Worksite Strategies
- Continue to support worksite wellness to encourage mental health awareness, providing time-off policies, and access to care.

Healthcare Providers
  Mental Health and Mental Disorders
- Promote primary care screening of mental health issues such as depression.
- Encourage more participation from local health services to be engaged in a better coordinated care and referral network.
- Utilize primary care Mental Health Resource Guide to direct patients to resources.

Substance Abuse
- Expand access and availability of substance abuse services.

Educational and Community-Based Programs
- Implement Community Health Worker (CHWs) to support access to mental health support and provide substance abuse education.
- Physician continuing education events and sharing of best outcome practices.

School/Youth Related Strategies
  Mental Health and Mental Disorders
- Expand Mental Health First Aid training for school staff.
- Increase use of ‘Signs of Suicide’ school curriculum.

Substance Abuse
- Encourage school participation in risk survey(s) to help identify future needs.

Educational and Community-Based Programs
- Engage youth in policy and programming development.

Community Resources
Jackson County has numerous community-based partners working on a number of health priorities throughout the year. Many of these partners also sit on the Behavioral Health Action Team. The following organizations will help support and implement strategies: Centerstone Mental Health and Substance Abuse services (community efforts and provide access to clinical services), Gateway Foundation (rehabilitation), Healthy Southern Illinois Delta Network (coordinate Delta region resources and communication), Jackson County Healthy Communities Coalition (monitor priority area progress and needs), Jackson County Health Department (implementation and evaluation), Health Resources in Action coordinating the Illinois Helpline (intervention resources), Shawnee Health Services (clinical care and network), Southern Illinois Healthcare (clinical care, community efforts, and network), and Southern Illinois University (community efforts,
implementation, and network). Other key partners: municipalities, local non-profits, youth, parents, schools, and businesses.

**Estimated amount of funding needed (Approximately $300,000 to $350,000)**

Estimated funding needs cover the 5-year period and will be utilized to implement strategies. Most of the costs will cover expansion of education classes, community health worker network, events, curriculum, and supplies. Additionally, funding will be utilized to support marketing, and evaluation of interventions to determine the direct health impact in the community.

**Anticipated sources of funding**

Most funding allocated to the health department comes from state government, state non-government organizations (NGO), Southern Illinois Healthcare, and federally through Southern Illinois University School of Medicine-Center for Rural Health and Social Service Development. That funding will continue to be utilized on community health activities as it becomes available. Also, with the development of this 2020-2024 community health improvement plan allows for private foundations to be targeted for supplemental funding. Additionally, other local partners already engaged with community health activities can help support with their own funding requests to additional local, state, NGOs, and foundations. Specifically, sources could include: Illinois Department of Transportation, Illinois Department of Natural Resources, National Institutes of Health, Centers for Disease Control and Prevention, University of Illinois – Chicago, Robert Wood Johnson Foundation, General Mills, American Heart Association, American Diabetes Association, American Cancer Society and various other agencies.

**Evaluation**

The evaluation of this priority health problem has been primarily incorporated into the impact and outcome objectives. All of the objectives are from Behavioral Risk Factor Surveillance System, County Health Rankings, or Illinois Department of Public Health. This was intentionally done to ensure the county-specific data will be available to determine if programming is having any direct impact on health outcomes. Additionally, secondary evaluation sources like community event surveys, and other state and federal surveys along with data sets will help define the level of progress over a 5-year period.

**B. CARDIOVASCULAR HEALTH AND ITS RISK FACTORS INCLUDING HEART DISEASE AND STROKE, NUTRITION, PHYSICAL ACTIVITY, AND OBESITY**

**Description of the Problem**

Cardiovascular Health was identified as a key health problem in Jackson County due to the prevalence of elevated weight status, stroke and cardiovascular disease incidence. In the most recent county-specific risk surveillance survey data; 61.3% reported overweight or obesity. Additionally, deaths attributed to cardiovascular disease in the most recently reported years (2014-2016) was 429.3 per 100,000 adults, and stroke attributed to 70.3 per 100,000 adults. Unfortunately, many risk factors that impact cardiovascular health are linked to lifestyle choices. These choices such as food options, physical activity level, and tobacco use are direct contributing factors to cardiovascular health outcomes. Cardiovascular Disease specifically was identified as a priority health problem in the last Jackson County Community Health Improvement Plan (CHIP) in 2015. However, in preparation for the current CHIP both JCHCC membership, and the Healthy Living Action Team recognized that continued efforts were needed over the next several years specifically focusing on a broader cardiovascular domain that includes nutrition, physical activity and obesity. The ‘Action Team’ determined over two meetings direct and indirect contributing factors for each
risk factor (See Appendix F for the Health Problem Analysis Worksheets), and set interventions with supporting community resources for each of the targeted components. (See Appendix G for Community Resources).

The group agreed to address the following:

**Healthy People 2020 Objectives:**

**Heart Disease and Stroke**
- Reduce the proportion of persons in the population with hypertension.
- Reduce the proportion of adults with high total blood cholesterol levels.

**Nutrition and Weight Status**
- Increase the proportion of adults who are at a healthy weight.
- Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines.

**Physical Activity**
- Increase the proportion of adolescents and adults who meet current National physical activity guidelines for aerobic, physical activity, and for muscle-strengthening activity.

**Diabetes**
- Reduce the annual number of newly diagnosed cases of diabetes in the population.

**Health Communication and Health Information Technology**
- Improve the health literacy of the population.

**Tobacco Use**
- Reduce tobacco use by adolescents and adults.

**Overall Goal:**
Improve cardiovascular health and associated wellness outcomes in Jackson County.

**Outcome Objectives**
- By November 2024, Jackson County will reduce mortality rate attributed to cardiovascular disease by 5% (Baseline: 429.3 per 100,000, between 2014-2016 in Jackson County-CDC reporting).
- By November 2024, Jackson County will reduce mortality rate attributed to stroke by 10% (Baseline: 70.3 per 100,000, between 2014-2016 in Jackson County-CDC reporting).
- By November 2024, Jackson County will reduce individuals reporting ‘weight as overweight or obese’ by 2% (Baseline: 61.3%, estimated population 29,212 between 2015-2019 in Jackson County-Behavioral Risk Survey).

**Impact Objectives**

**Heart Disease and Stroke**
- By August 2023, Jackson County will increase the number of individuals reporting ‘they had ever had cholesterol checked’ by 2% (Baseline: 72.1%, estimated population 34,915 between 2015-2019 in Jackson County Behavioral Risk Survey).
- By November 2024, Jackson County will reduce individuals reporting ‘have been told they have high blood pressure’ by 2% (Baseline: 31.6%, estimated population 15,330 between 2015-2019 in Jackson County-Behavioral Risk Survey).
• By November 2024, Jackson County will increase individuals reporting ‘having quit smoking greater than 1 year ago’ by 2% (Baseline: 80.6%, estimated population 7,784 between 2015-2019 in Jackson County Behavioral Risk Survey).
• By August 2023, Jackson County will increase the number of individuals referred and ultimately contact the Illinois Tobacco Quitline (Baseline: unknown, state database not yet complete).

Nutrition and Weight Status
• By August 2023, Jackson County will decrease the percentage of people with 'limited access to healthy foods' by 2% (Baseline: 11% data collected 2015 in Jackson County-Health Rankings).

Physical Activity
• By August 2023, Jackson County will increase the number of individuals reporting ‘they meet physical activity guidelines’ by 5% (Baseline: 74.2%, estimated population 35,378 between 2015-2019 in Jackson County Behavioral Risk Survey).

Diabetes
• By August 2023, Jackson County will increase the number of individuals reporting ‘they had high blood sugar/diabetes test in the past 3 years’ by 2% (Baseline: 45.8%, estimated population 20,626 between 2015-2019 in Jackson County Behavioral Risk Survey).

PROVEN INTERVENTION STRATEGIES

Overall Strategies
• Hold at least six meetings each year of the Jackson County Healthy Communities Coalition-Healthy Living Action team.
• Collaborate with the Healthy Southern Illinois Delta Network to support community cardiovascular, nutrition, physical activity, and obesity efforts.
• Promote the Jackson County Healthy Communities Coalition-Healthy Living Action Team in order to gain additional participation and support.

Community-Wide Strategies
Heart Disease and Stroke
• Promote heart health education, screening recommendations, and where to be screened.
• Promote awareness of symptoms and action steps for heart attack and stroke.
• Promote Chronic Disease Self-Management Programming.

Nutrition and Weight Status
• Support healthy farmer’s markets and food pantries.

Physical Activity
• Promote 60 minutes of activity for every person every day.
• Encourage active transportation.

Diabetes
• Promote diabetes education, screening recommendations, and where to be screened.
• Support Diabetes Prevention Programming, and Diabetes Self-Management Classes.
• Support Diabetes Today Resource Team and associated activities.
• Promote Diabetes Resource Guide.
Health Communication and Health Information Technology
- Support use of telehealth and mobile services where available.

Tobacco Use
- Promote tobacco education and cessation services.

Worksite Strategies
Heart Disease and Stroke
- Encourage sites to have automated external defibrillators.
- Promote awareness of symptoms and action steps for heart attack and stroke.

Nutrition and Weight Status
- Support healthy food service guidelines, along with healthy food/drink options.

Physical Activity
- Offer physically active ‘breaks’ throughout the day.

Diabetes
- Promote diabetes education, screening recommendations, and where to be screened.

Tobacco Use
- Promote tobacco education and cessation services.

Healthcare Providers
Heart Disease and Stroke
- Encourage medication compliance.

Nutrition and Weight Status
- Refer at-risk patients to dietician community.

Physical Activity
- Encourage daily elevated heart rate activity.

Diabetes
- Refer at-risk patients to dietician community.

Health Communication and Health Information Technology
- Support use of telehealth and mobile services where available.

Tobacco Use
- Promote tobacco cessation services.

School/ Youth Related Strategies
Nutrition and Weight Status
- Promote healthy classroom, and out-of-school time nutrition policies.

Physical Activity
- Support ‘CATCH Onto Health’ Consortium school health programming.
- Promote physically-active breaks throughout the day.
Tobacco Use

• Update policies to include banning of vaping and nicotine delivery systems on grounds.

Community Resources

Jackson County has numerous community-based partners working on a number of health priorities throughout the year. Many of these partners also sit on the Healthy Living Action Team. The following organizations will help support and implement strategies: Healthy Southern Illinois Delta Network (coordinate Delta region resources and communication), Jackson County Healthy Communities Coalition (monitor priority area progress and needs), Jackson County Health Department (implementation and evaluation), Shawnee Health Service (clinical care and network), Southern Illinois Healthcare (clinical care, community efforts, and network), and Southern Illinois University (community efforts, implementation, and network). Other key partners: municipalities, local non-profits, youth, parents, schools, and area businesses.

Estimated amount of funding needed (Approximately $200,000 to $250,000)

Estimated funding needs cover the 5-year period and will be utilized to implement strategies. Most of the costs will cover expanded screening and disease management events, marketing and promotion of community resources, and events, active transportation/built environment efforts, expanded telehealth network, and consistent school health programming. Additionally, funding will be utilized as incentives for worksite wellness activities, physical activity equipment for schools, and associated staff time monitoring the direct health impact in the community.

Anticipated sources of funding

Most funding allocated to the health department comes from state government, state non-government organizations (NGO), Southern Illinois Healthcare, and federally through Southern Illinois University School of Medicine-Center for Rural Health and Social Service Development. That funding will continue to be utilized on community health activities as it becomes available. Also, with the development of this 2020-2024 community health improvement plan allows for private foundations to be targeted for supplemental funding. Additionally, other local partners already engaged with community health activities can help support with their own funding requests to additional local, state, NGOs, and foundations. Specifically, sources could include: Illinois Department of Transportation, Illinois Department of Natural Resources, National Institutes of Health, Centers for Disease Control and Prevention, University of Illinois – Chicago, Robert Wood Johnson Foundation, General Mills, American Heart Association, American Diabetes Association, American Cancer Society and various other agencies.

Evaluation

The evaluation of this priority health problem has been primarily incorporated into the impact and outcome objectives. All of the objectives are from Behavioral Risk Factor Surveillance System, or County Health Rankings. This was intentionally done to ensure the county-specific data will be available to determine if programming is having any direct impact on health outcomes. Additionally, secondary evaluation sources like the newly revised Illinois Tobacco Quitline database, post-event evaluations, implemented policies, systems, and/or environmental changes, and other state and federal surveys along with data sets will help define the level of progress over a 5-year period.
C. ACCESS AND AVAILABILITY OF CARE

Description of the Problem
Access to care and the availability of services was identified as a key health problem in Jackson County due to the rates of routine care, and reported general health status. In the most recent county-specific risk surveillance survey data; 25.1% reported not having a routine check-up in more than two years, and 14.3% reported their general health as fair to poor. Additionally, an incidence rate of 4,357 per 100,000 Medicare enrollees contributed to preventable hospital stays in 2016 alone. Naturally being uninsured or underinsured are both risk factors that negatively impact access to care. When care is neglected it can lead to exacerbated preventable health conditions, or even the need for hospitalization. One of the most impactful contributing factors that effects access to care is whether or not a person has a primary care physician. If an individual is under current care, they are more likely to participate in regular preventative screenings, schedule check-up appointments when not feeling well or need medication adjusted, and more apt to understand associated care costs. In 2015 the last Jackson County Community Health Improvement Plan (CHIP) identified Cancer as a key priority health problem. However, in preparation for the current CHIP the Jackson County Healthy Communities Coalition membership, along with the ‘Joint Access to Care Team’ recognized that a broader focus on availability and access to care was a better community focus. The ‘Action Team’ determined over one meeting direct and indirect contributing factors for each risk factor (See Appendix F for the Health Problem Analysis Worksheets), and set interventions with supporting community resources for each of the targeted components. (See Appendix G for Community Resources).

The group agreed to address the following:

Healthy People 2020 Objectives:

Access to Health Services
- Increase the proportion of person with health insurance.
- Increase the proportion of persons with a usual primary care provider.
- Increase the proportion of persons who have a specific source of ongoing care.
- Reduce the proportion of person who are unable to obtain or delay in obtaining necessary medical or dental care, or prescription medicines.

Health Communication and Health Information Technology
- Increase social marketing in health promotion and disease prevention.
- Increase the proportion of persons who use electronic personal health management tools.

Overall Goal:
Improve the care network in Jackson County.

Outcome Objectives
- By November 2024, Jackson County will reduce the number of people reporting ‘general health as fair or poor’ by 2% (Baseline: 14.3%, estimated population 6,979 between 2015-2019 in Jackson County-Behavioral Risk Survey).
- By November 2024, Jackson County will reduce the incidence of unnecessary emergency room visits of Medicare enrollees by 5% (Baseline: 4,357 per 100,000 adults, 2016 in Jackson County-CDC reporting).

Impact Objectives
Access to Health Services
• By August 2023, Jackson County will increase the number of individuals with healthcare coverage by 2% (Baseline: 89%, estimated population 43,247 between 2015-2019 in Jackson County Behavioral Risk Survey).
• By August 2023, Jackson County will increase the number of individuals with a personal doctor by 2% (Baseline: 76.8%, estimated population 37,365 between 2015-2019 in Jackson County Behavioral Risk Survey).
• By August 2023, Jackson County will increase the number of individuals with a routine physical in the past year by 2% (Baseline: 65.7%, estimated population 32,040 between 2015-2019 in Jackson County Behavioral Risk Survey).
• By August 2023, Jackson County will reduce the number of individuals unable to visit a doctor due to cost by 5% (Baseline: 14.3%, estimated population 6,992 between 2015-2019 in Jackson County Behavioral Risk Survey).
• By August 2023, Jackson County will reduce the number of individuals unable to fill a prescription due to cost by 5% (Baseline: 14.2%, estimated population 6,943 between 2015-2019 in Jackson County Behavioral Risk Survey).
• By August 2023, Jackson County will reduce the number of individuals unable to visit the dentist due to cost by 5% (Baseline: 19.1%, estimated population 9,279 between 2015-2019 in Jackson County Behavioral Risk Survey).

Health Communication and Health Information Technology
• By August 2023, Jackson County will increase the percent of office-based physicians using any electronic health record or electronic medical record system by 5% (Baseline: 90.7% data collected in 2017 in Illinois-CDC reporting).
• By August 2023, Jackson County will increase the percent of health services offered remotely via telehealth modality (Baseline: data does not currently exist, will require initial data collection).

PROVEN INTERVENTION STRATEGIES

Overall Strategies
• Hold at least six meetings each year of the Jackson County Healthy Communities Coalition-Joint Access to Care Team.
• Collaborate with the Healthy Southern Illinois Delta Network to support and improve the community health network.
• Promote the Jackson County Healthy Communities Coalition-Joint Access to Care Team in order to gain additional participation and support.

Community-Wide Strategies
Access to Health Services
• Promote awareness of primary care and dental care, including regular check-ups.
• Promote Dental Health Resource Guide.
• Support awareness of when emergency room services should be sought.
• Promote community health workers, non-clinical screening sites, worksite wellness programs, and remote care opportunities.

Health Communication and Health Information Technology
• Promote remote care opportunities.

Worksite Strategies
Access to Health Services
• Encourage sites to offer employee time-off for health appointments.
• Promote worksite wellness programming that includes employee health screenings.

*Health Communication and Health Information Technology*
• Encourage worksites to offer telehealth services on-location for employees.

**Healthcare Providers**

*Access to Health Services*
• Encourage transparency on healthcare costs.
• Support a more streamlined process for patients and families.

*Health Communication and Health Information Technology*
• Support adoption of more telehealth technology.

**School/Youth Related Strategies**

*Access to Health Services*
• Encourage schools to offer employee time-off for health appointments.
• Support a strong school nurse network in all K-12 districts.

*Health Communication and Health Information Technology*
• Engage schools and youth to help with development of new telehealth technology.

**Community Resources**

Jackson County has numerous community-based partners working on a number of health priorities throughout the year. Many of these partners also sit on the Joint Access to Care Team. The following organizations will help support and implement strategies: Centerstone Mental Health and Substance Abuse services (access to clinical services), Healthy Southern Illinois Delta Network (coordinate Delta region resources and communication), Jackson County Healthy Communities Coalition (monitor priority area progress and needs), Jackson County Health Department (implementation and evaluation), Health Resources in Action coordinating the Illinois Helpline (intervention resources), Shawnee Health Service (clinical care and network), Southern Illinois Healthcare (clinical care and network), and Southern Illinois University (network). Other key partners: municipalities, local non-profits, youth, parents, schools, and area businesses.

**Estimated amount of funding needed (Approximately $75,000 to $100,000)**

Estimated funding needs cover the 5-year period and will be utilized to implement strategies. Most of the costs will cover marketing of available resources in the community. Additionally, funding will be utilized to better survey current telehealth infrastructure and future public needs. Also, as the population changes specific targeting of most impacted groups should drive what and where modalities are implemented. Finally, funding will help support overall implementation and evaluation of the interventions focusing on the level of direct health impact in the community.

**Anticipated sources of funding**

Most funding allocated to the health department comes from state government, state non-government organizations (NGO), Southern Illinois Healthcare, and federally through Southern Illinois University School of Medicine-Center for Rural Health and Social Service Development. That funding will continue to be utilized on community health activities as it becomes available. Also, with the development of this 2020-
2024 community health improvement plan allows for private foundations to be targeted for supplemental funding. Additionally, other local partners already engaged with community health activities can help support with their own funding requests to additional local, state, NGOs, and foundations. Specifically, sources could include: Illinois Department of Transportation, Illinois Department of Natural Resources, National Institutes of Health, Centers for Disease Control and Prevention, University of Illinois – Chicago, Robert Wood Johnson Foundation, General Mills, American Heart Association, American Diabetes Association, American Cancer Society and various other agencies.

**Evaluation**

The evaluation of this priority health problem has been primarily incorporated into the impact and outcome objectives. All of the objectives are from Behavioral Risk Factor Surveillance System, County Health Rankings, or Centers for Disease Control and Prevention. This was intentionally done to ensure the county-specific data will be available to determine if programming is having any direct impact on health outcomes. Additionally, secondary evaluation sources like community surveys, and other state and federal surveys along with data sets will help define the level of progress over a 5-year period.

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APPENDICES

APPENDIX A: Jackson County IPLAN Timeline
APPENDIX B: Jackson County Healthy Communities Coalition Members
APPENDIX C: Jackson County Data
APPENDIX D: Brainstorming Potential Priority Health Problems for Jackson County
APPENDIX E: Community Health Plan Committee Members
APPENDIX F: Health Problem Analysis Worksheets
APPENDIX G: Community Resources/Related Programming
APPENDIX A: Jackson County IPLAN Timeline

JACKSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN-(IPLAN) (2020-2024)

PURPOSE: To identify 3 priority health problems for Jackson County then plan and implement collaborative programs to improve these priorities.

Time Frame: Steps to Process:

May 2019 1. Utilize Jackson County Healthy Communities Coalition (JCHCC) as a community group:
   a. Provide an overview of the planning process
   b. Share data re: Jackson County residents

July/August 2019 2. Identify health problems:
   a. Review previous priority health areas
   b. Review existing data
   c. Share community perception of problems

3. Prioritize identified community health problems


5. Collect preliminary information on each priority health problem, identify related HP2020 Objectives, and potential risk factors.

6. Utilize JCHCC ‘Action Teams’ as planning/working committees

November 2019-August 2020 7. Committees:
   a. Identify direct and indirect contributing factors
   b. Conduct or gather inventory of existing community resources
   c. Select HP 2020 Objectives to work to address
   d. Develop intervention strategies which outline resources to be used
   e. Develop a plan to evaluate achievement of objectives and effectiveness of the intervention strategy
   f. Draft, gather feedback and approve IPLAN through Board of Health
   g. Submit to IDPH and notify media upon final approval.

October 2020-January 2024 8. Implement, evaluate, reassess
**APPENDIX B: Jackson County Healthy Communities Coalition Members**

**Jackson County Healthy Communities Coalition Steering Committee**
- Boys and Girls Club of Southern Illinois-Tina Carpenter
- Centerstone-Jean Alstat
- Carbondale Park District-Kathy Renfro
- Jackson County Health Department-Bart Hagston and Matt Leversee
- Shawnee Health Service-Ginny Donney
- Southern Illinois Healthcare- Angie Bailey and Sandra Schwartz
- Southern Illinois University-Center for Rural Health and Social Service Development-Jeff Franklin
- University of Illinois Extension-Toni Kay Wright

**Jackson County Healthy Communities Coalition Membership Committee and Other Supporting Partners**

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APPENDIX C: Jackson County Data

JACKSON COUNTY HEALTH DEPARTMENT

PROMOTING HEALTH, PREVENTING ILLNESS, PROTECTING OUR ENVIRONMENT, AND PREPARING FOR EMERGENCIES

IN NOVEMBER 1948, citizens of Jackson County voted to establish a local health department, the 15th in Illinois. The next year, the first Board of Health was appointed. In January 1950, the first administrator was hired to lead the health department. The county’s population was 38,124. The first CHIP was developed in 1995 by the JCHD.

Today, we are working on the health department’s 6th five-year plan using the IPLAN process! Led by the 10th Administrator and guided by this plan, and in collaboration with numerous partners, the health department will strive to improve the health of the 58,000 residents in Jackson County.

Our Community. Our Well-Being.

WORKING TOGETHER

- The Jackson County Healthy Communities Coalition (JCHCC) and the Jackson County Health Department (JCHD) work together to conduct a needs assessment and develop a five-year plan for improving the health of Jackson County residents.
  1. Health data is reviewed
  2. Stakeholder opinions are collected
  3. Three priority health problems are chosen
- Action teams then work to develop plans related to the three problems.
2015 PRIORITY HEALTH PROBLEMS

Decrease Cardiovascular Disease
- Increase fruit and vegetable consumption
- Increase number of people who exercise
- Reduce non-smokers exposure to environmental tobacco smoke
- Reduce number of smokers
- Reduce number of people who are unaware of cardiovascular risk factors
- Increase number of people able to manage chronic disease

Improve Access to Behavioral Health Services
- Decrease misuse of prescription drugs
- Increase number of children and adults receiving treatment for depression and anxiety

Reduce Cancer Deaths
- Increase screening rates for colon, prostate, breast and cervical cancer

LEADING CAUSES OF DEATH
JACKSON COUNTY, 2018

- Other 25%
- Cancer 22%
- Heart Disease 19%
- Chronic Lower Resp. Dis 7%
- Accidents 7%
- Alzheimer 4%
- Stroke 4%
- Kidney Disease 4%
- Diabetes 3%
- Septicemia 3%
- Flu/Pneumonia 2%
COMMUNITY HEALTH SURVEY

- August 15 – October 14, 2019
- 269 Respondents
- Questions included demographics, as well as perceptions of:
  - adequacy of services
  - top health-related problems
  - county’s strengths related to health
  - county’s weaknesses related to health

Demographics
- Average age: 50
- Race – 77.3% White, 19.6% Black,
  - Ethnicity – 3.3% Hispanic
- Education – 13% HS, 87% college
- Household Income
  - 11% <$20k
  - 60% $20 - $100k
  - 10% preferred not to answer
- Place of residence
  - Carbondale 50%
  - Murphysboro 28%
  - Ava 3.8%
  - Desoto 1.9%, Elkville 1.5%, Makanda 1.5%

COMMUNITY HEALTH SURVEY 2019
Adequacy of Services

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<td>22%</td>
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<td>Affordability of Medical Care</td>
<td>24%</td>
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<td>Services for Low-Income Persons</td>
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<td>Substance Abuse Treatment Services</td>
<td>18%</td>
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<td>Affordable Childcare</td>
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COMMUNITY HEALTH SURVEY 2019
TOP HEALTH-RELATED PROBLEMS

HEALTH
1. Substance Use/Misuse  555
2. Cardiovascular Health  429
3. Mental Health  232
4. Environmental  161
5. Nutrition  144
6. Sexual Health  75

SOCIAL DETERMINANTS
1. Poverty/Lack of Jobs  349
2. Healthcare Costs  155
3. Transportation  98
4. Homelessness  82
5. Access to Services  77
6. Crime  72

STRENGTH: Availability of Services  WEAKNESS: Affordability & Access

REGIONAL COMPARISON

According to the SIH Community Health Needs Assessment (2018), some residents in the area face high rates of poverty, low education attainment and other social determinants of health.

Despite higher education levels, Jackson County ranked lowest in indicators relative to:
- eligibility for free school lunch
- poverty levels
- median income

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<th>Population</th>
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<td>Jackson Co.</td>
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<td>66.3%</td>
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<td>Johnson Co.</td>
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<td>Perry Co.</td>
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<td>62.3%</td>
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<td>Williamson Co.</td>
<td>67,660</td>
<td>90.2%</td>
<td>54.0%</td>
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INCOME RATIO

The 20/20 ratio compares how much richer the top 20% is to the bottom 20% of a given population. This helps reveal the actual impact of inequality in a population, as it reduces the effect on the statistics of outliers at the top and bottom and prevents the middle 60% from statistically obscuring inequality that is otherwise obvious.

Nearly twice as many Jackson County children live in poverty than the children in Illinois.
- 18% White children
- 76% Black children
- 48% Hispanic children

SEVERE HOUSING PROBLEMS

Good health depends on having homes that are safe and free from physical hazards. Poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development.

Data Source: Comprehensive Housing Affordability Strategy (CHAS), used to determine how to spend HUD funds.
### HEALTH BEHAVIORS

- Adult Smoking
- Physical Inactivity
- STDs (Chlamydia cases)
- Food Insecurity (lack access)
- Limited Access to Healthy Food
- Financial barriers
- Geographical barriers
- MV Crash Deaths (per 100K)
- Insufficient Sleep (>7 hours)

### QUALITY OF LIFE

#### JACKSON COUNTY

**Life Expectancy**

- **78.3 years**

#### HEALTH FACTORS

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<td>Access to exercise opportunities</td>
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<td>91%</td>
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<td>Excessive drinking</td>
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<td>13%</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>1.150.1</td>
<td>152.0</td>
<td>561.4</td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>21</td>
<td>14</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

| Additional Health Behaviors (not included) | |
|---------------------------------------------||
| Food insecurity | 19% | 0% | 11% | |
| Limited access to healthcare foods | 11% | 2% | 4% | |
| Drug overdose deaths | 19 | 10 | 18 | |
| Motor vehicle crash deaths | 15 | 0 | 0 | |
| Insufficient sleep | 35% | 27% | 32% | |
PHYSICAL INACTIVITY

About This Measure
The percentage of the adult population that reported having no adequate time physical activity.

Data source: State Health & Human Services

CURRENT SMOKERS

- 27% Tried E-Cigarettes
- 8.3% Use E-Cigarettes daily
- 9.8% Use E-Cigarettes some days
SMOKING DURING PREGNANCY

- White – 13.5%
- Black – 8.9%

CANCER

5-Year Age-Adjusted Cancer Incidence Rates, Jackson County, 2016

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>54.6</td>
</tr>
<tr>
<td>Breast, Incl.</td>
<td>126.9</td>
</tr>
<tr>
<td>Prostate (m)</td>
<td>86.0</td>
</tr>
<tr>
<td>Lung/Brain</td>
<td>73.0</td>
</tr>
<tr>
<td>Colorectal</td>
<td>41.1</td>
</tr>
<tr>
<td>Breast, Incl. (F)</td>
<td>30.4</td>
</tr>
<tr>
<td>Melanoma, skin</td>
<td>22.6</td>
</tr>
<tr>
<td>Kidney</td>
<td>20.8</td>
</tr>
<tr>
<td>Uterus</td>
<td>20.6</td>
</tr>
<tr>
<td>Bladder</td>
<td>20.6</td>
</tr>
<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>18.2</td>
</tr>
<tr>
<td>Oral/Pharynx</td>
<td>13.1</td>
</tr>
</tbody>
</table>
CANCER

Age Adjusted Cancer Incident Rates, Jackson vs. Illinois, 2016

- Lung, Bronchus
- Breast
- Colon/Rectum
- Kidney
- Ovary, Uterus
- Stomach
- Bladder, Nerves, Ovary
- Liver
- Non-Hodgkins Lymphoma
- Prostate
- Hodgkin's Lymphoma

Jackson
Illinois

13% of Jackson County residents have been told they have prediabetes
Blacks are almost 3x as likely to have visited ED for Type 2 Diabetes than other groups

ED Diabetes Visits by Race
Emergency Department Type 2 Diabetes Visit Rate: All Races

Illinois State Cancer Registry, 2019

Illinois Public Health Community Areas, 2019
HEART DISEASE

- Heart disease continues to be a leading cause of mortality in Jackson County.
- While the percentage of Jackson County residents who have experienced a heart attack is lower compared to the surrounding region, the percentage is still higher than the state average.

NUTRITION

Approximately half of Jackson County residents:
- Have limited food access
- Live in a food desert

MENTAL HEALTH

Jackson County
- Youth Sad/Hopeless – 35% (IL 28%)
- Depression – 23.3% (IL 15.3%)
- Lack of Social/Emotional Support – 23% (IL 20.4%)
- Suicide Rate – 12.4 (IL 9.7)

SEXUAL HEALTH

<table>
<thead>
<tr>
<th>Teen Birth Rate</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Birth Rate (White)</td>
<td>20</td>
</tr>
<tr>
<td>Teen Birth Rate (Black)</td>
<td>28</td>
</tr>
<tr>
<td>Teen Birth Rate (Hispanic)</td>
<td>12</td>
</tr>
</tbody>
</table>
% Vaccinated 39%
% Vaccinated (White) 40%
% Vaccinated (Black) 23%
% Vaccinated (Hispanic) 40%

CLINICAL CARE

Flu vaccinations in Jackson County, IL
County, State and National Trends

Jackson County is getting worse for this measure.
APPENDIX D: Brainstorming Potential Priority Health Problems for Jackson County

Brainstorming Potential Priority Health Problems for 2020-2025
JCHCC Meeting
November 21, 2019

2015-2020 Priority Health Problems in Jackson County, Illinois

Decrease Cardiovascular Disease

Improve Access to Behavioral Health Services

Reduce Cancer Deaths
Results from August-Community Health Survey

<table>
<thead>
<tr>
<th>PUBLIC HEALTH INDICATOR</th>
<th>First Ranking</th>
<th>Second Ranking</th>
<th>Combined Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>42</td>
<td>41</td>
<td>41.5</td>
</tr>
<tr>
<td>Nutrition, Physical Activity, Obesity</td>
<td>29</td>
<td>21</td>
<td>25</td>
</tr>
<tr>
<td>Access to Services</td>
<td>23</td>
<td>16</td>
<td>19.5</td>
</tr>
<tr>
<td>Substance Use</td>
<td>19</td>
<td>16</td>
<td>17.5</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>18</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Cancer</td>
<td>13</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Availability of Services</td>
<td>3</td>
<td>0</td>
<td>1.5</td>
</tr>
<tr>
<td>Other – Maternal/ Neonatal Opiates</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Other – Alzheimer’s/Dementia/ Care for Elderly &amp; CG</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unintentional Accidents</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Top public health priorities identified by stakeholders for Jackson County were:
1. Behavioral Health (combined Mental Health with Substance Abuse) – 59
2. Cardiovascular Health (combined Heart Disease & Stroke with Nutrition, Physical Activity, and Obesity) – 42
3. Access to Services – 19.5
4. Cancer – 14
5. Sexual Health – 6

APPENDIX E: Community Health Plan Committee Members

**Priority Health Problem #1-Behavioral Health Action Team**
Angie Bailey-SIH
Beth Morrison-SIU
Bill McCreery-IL Helpline for Opioids and Other Substances
Candice Watson-Synergy Therapeutic
Cherie Wright-SIH
Dalus Ben Avi-Centerstone
Elaine Jurkowski-SIU
Eric Wiedenman-SIU
Erin McNamara-Molina Health
Ginny Donney-Shawnee Health
Heather Goelz-SIU
Jeffrey Franklin-SIU
Jessica Palazzolo
Jessica Shires-Centerstone
June Caraway
Kate Poulos
Kitty Juul-SIU
Kristin Francis-SIH
Laura Chamness-City of Carbondale
Lee Hughes-SIU
Mary Gray-SIU
Matt Leversee-JCHD
Michelle McLernon-JCHD
Nick Weshinskey-SIU
Robert Cook-SIU

Priority Health Problem #2- Healthy Living Action Team
Angie Bailey-SIH
Beth Spezia-WSIU
Caleb Nehring-American Cancer Society
Cherie Wright-SIH
Christine Anderson-SIU
Cristy Wedemeyer-JCHD
Eric Wiedenman-SIU
Ginny Donney-Shawnee Health
Greg Stettler-John A. Logan College
Jean Alstat-Centerstone
Jeff Becque-SIU
Jeff Franklin-SIU
Jennifer Nance
Jennifer Paulson
Jo Sanders-SIH
Kathryn Head-SIH
Kathy Renfro-Carbondale Park District
Laura Duckworth-SIU
Leah Bahr-American Heart Association
Lisa Nation-SIH
Matt Leversee-JCHD
Molly Johnson-SIU
Sandra Schwartz-SIU
Sri Kannan
Stacy Jefferson-SIH

Priority Health Problem #3- Joint Access to Care Team
Amber Anderson-Egyptian Area Agency on Aging
Ana Deunamuno-Rides Mass Transit
Angie Bailey-SIH
Ashley Moss-SIU
Barb Gossman-Centerstone
Candice Watson-SIH
Carrie Vine-JCHD
Emma Kelley-Shawnee Health
Erin McNamara-Stafford-Molina Healthcare
APPENDIX F: Health Problem Analysis Worksheets

Priority Health Problems for Jackson County, Illinois (2020-2024)

1. Behavioral Health including mental health and substance abuse.
2. Cardiovascular Health including heart disease, stroke, nutrition, physical activity and obesity.
3. Access to Care including availability of services.

A. BEHAVIORAL HEALTH (APPENDIX F)

Behavioral Health: Depression and Anxiety Risk Factors #1
Behavioral Health: Depression and Anxiety Risk Factors #2

- Depression & Anxiety
  - Lack of care coordination
  - Geographical Isolation
    - Client follow up
    - Non-referral
    - Inexperienced provider
    - Lost in system
    - Financials
    - Lack of detox
    - Outpatient support
  - Comorbidity with substance abuse
  - Lack of insurance
  - C.J. Status
- Low income
- Access in rural areas
- Minority status
- Transportation
- Stigma of mental health
- Trust with provider
- Lack of understanding
- Bias
- Inconvenient
- Lack of infrastructure
- Unemployment
- Lack of health insurance
- Educational level
- Non-referral
- Inexperienced provider
- Lost in system
- Financials
- Lack of detox
- Outpatient support
- Unemployment
- Low income
Risk Factors

Direct Contributing
- Depression
- Alcohol and drug use
- Smoking status
- Self medication

Indirect Contributing
- Learned behavior
- Unemployment
- Uninsured
- Ignore dosage
- Long Rx range
- Multiple providers
- No alternative Rx
- Lack of concern
- Sale/sharing
- Media glorification

Behavioral Health: General Substance Misuse Risk Factors
Behavioral Health: Prescription Misuse Risk Factors

Risk Factors
- Age
- Early Rx use

Direct Contributing
- Lack of care
- Older, Misunderstanding dosage
- Curious youth
- Supervision
- Prevention education
- Society normalized
- Easy access
- Peer pressure

Indirect Contributing
- Lack of social support
- Pain management
- Drug sharing
- Risk taking
- Peer influence
- Parented education
- Learned behavior
- Unaware of dosage
- No support
- Neglect
- Improper disposal
B. CARDIOVASCULAR HEALTH (APPENDIX F)

Cardiovascular Health: Eating Habits Risk Factors

- Food Choices
  - Advertising
  - Fast food availability
  - Income
  - Healthy food available
- Culture/family influences
  - Parental influence
  - Schedule
  - Family preferences
- Poor eating behaviors
  - Ease of quick meal/motivation
  - Poor cooking knowledge
- Lack of knowledge
  - Youth education
  - Industry misinformation
Cardiovascular Health: Smoking Risk Factors
Cardiovascular Health: Sedentary Lifestyle Risk Factors

Risk Factors
- Direct Contributing
  - Attitude toward exercise
    - Low SES/education
    - Unrealistic expectations
    - Low priority/time
    - Not interested
    - Cost
    - Transportation/lack of alternative access
    - Low knowledge of resources
  - Access
    - Age
    - Disability
    - Low priority
  - Physical limitation
    - Work/Social events
    - Children
  - Lack of time

Indirect Contributing
- Low SES/education
- Unrealistic expectations
- Low priority/time
- Not interested
- Cost
- Transportation/lack of alternative access
- Low knowledge of resources
- Age
- Disability
- Low priority
- Work/Social events
- Children
Cardiovascular Health: Obesity Risk Factors

Risk Factors: Direct Contributing: Lack of activity, Poor nutrition, Family/culture, Age, Medical condition

Indirect Contributing: Motivation/time, SES/education, Age, Technology, Disability, Stress, Access to healthy food, Portion size, Education/income, Different 'diet', Puberty, Peer influence, Non-compliance
Cardiovascular Health: Elevated Cholesterol Risk Factors

- Lack of activity
- Smoking
- Obesity
- Food choice
- Lack of screening
- Family Hx

**Direct Contributing Factors**
- Motivation/time
- SES/education
- Age
- Technology
- Disability
- Poor diet
- Low food knowledge
- Provider time
- Low community access

**Indirect Contributing Factors**
- Lack of activity
- Smoking
- Obesity
- Food choice
- Low food knowledge
- Low community access
Cardiovascular Health: Elevated Blood Pressure Risk Factors

Risk Factors
- Genetics
- Nutrition
- Obesity
- Diabetes
- Stress
- Rx non-compliance
- Lack of activity

Direct Contributing
- Genetics
- Nutrition
- Obesity
- Diabetes
- Stress
- Rx non-compliance
- Lack of activity

Indirect Contributing
- Race/gender
- (See eating habits)
- (See obesity)
- (See diabetes)
- SES/education
- Work/family
- Side effects
- (See sedentary lifestyle)
Cardiovascular Health: Diabetes Risk Factors
C. ACCESS TO CARE (APPENDIX F)

Access to Care: Lack of Insurance Risk Factors

- **Cost**: Employer premium, Out-of-pocket, Lower penalty fee
- **Employment status**: Unemployment, No coverage, No time-off, Fear
- **Citizen status**: Lack of system knowledge
Access to Care: Low Check-Up Rate Risk Factors

Risk Factors

Direct Contributing

Indirect Contributing

- Primary care
- Cost
- Availability
- Age
- New to area
- Co-pay costs
- Insurance level
- Time-off policy
- Rural setting
- Transportation
- Providers in area

Low Check-Up Rate
I. Address **Behavioral Health** including mental health and substance abuse

- Mental Health Resource Guide
- Substance Misuse Resource Guide
- Centerstone
- Centerstone Behavioral Health Services for Adults
- Centerstone Behavioral Health Services for Children and Families
- Centerstone Open Access-Mental Health/Substance Misuse Service
- Centerstone Postpartum Depression and Anxiety
- Division of Alcoholism and Substance Abuse (DASA)
- EMMI Online Mental Health Education
- End Opioid Misuse Campaign Materials
- First Episode Psychosis Program
- Gateway Foundation-Carbondale
- Illinois Helpline for Opioids and Other Substances
- Information Card-If You Are Prescribed Opioids
- Medication Disposal Resources
- Medication Disposal Units at SIH Locations
- Non-Opioid Options for Chronic Pain Management
- Opioid Abuse in the Midwest
- Prescription Drug Misuse Resources
- Resources for Prescription Drug Misuse/Opioid Epidemic
- RXTakeback Kiosks at Shawnee Health Care Locations
- The Partnership Center: The Opioid Epidemic Practical Toolkit
- Treatment Finder

II. Impact **Cardiovascular Health** including heart disease, stroke, nutrition, physical activity and obesity

- Diabetes Resource Guide
- Jackson County Outdoor Physical Activity Guide
- ACLS Heart Healthy Guide to Preventing Obesity
- American Diabetes Association
- American Heart Association
- American Stroke Association
- Area Food Pantries
- Be Fast-Stroke Symptoms
- Benton Farmers Market
- Carbondale Indoor Farmers Market
- Carbondale Outdoor Farmers Market
- Courage to Quit
- Diabetes Food Hub
- Diabetes Home
Health Insurance, Medicare and Medicaid Information
Healthy Families Illinois-Shawnee Health Program
Illinois Department of Healthcare and Family Services
Illinois HIV Care
Jackson County Health Department
Jackson County Mass Transit District
Marion IL VA Medical Center
Medicaid and CHIP Insurance for Kids and Teens
Medical Card/MCO Non-Emergency Medical Transportation Information
Non-Emergency Medical Transportation
Patient Reference Guide for Services (Assisted Living, Home Health, Medical Equipment and More)
Rainbow Cafe LGBTQIA+ Center
Rides Mass Transit District
Saluki Express
Shawnee MTD Public Transportation
SIU LGBTQ Resource Center
South Central Illinois Mass Transit District
Specialized Care for Children with Chronic Medical Conditions
The Women's Center
What's Your Cue for Care
WIC Program

Healthcare and Hospital Systems-By City
Anna, Benton, Carbondale, Chester, Du Quoin, Eldorado, Harrisburg, Herrin, Marion, McLeansboro, Metropolis
Murphysboro, Pinckneyville, Red Bud, Sparta

Federally Qualified Health Care Providers (FQHC)
Carbondale Family Medicine/SIU School of Medicine
Community Health & Emergency Services
Christopher Rural Health Planning Corp
Rural Health INC.
Shawnee Health Service
“Together, we are a formidable force working on community health.”

Bart Hagston, MA, IPEM
Administrator-Jackson County Health Department