



Public Health

Prevent. Promote. Protect.

Jackson County Health Department

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.

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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BACKGROUND AND INTRODUCTION

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 its '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

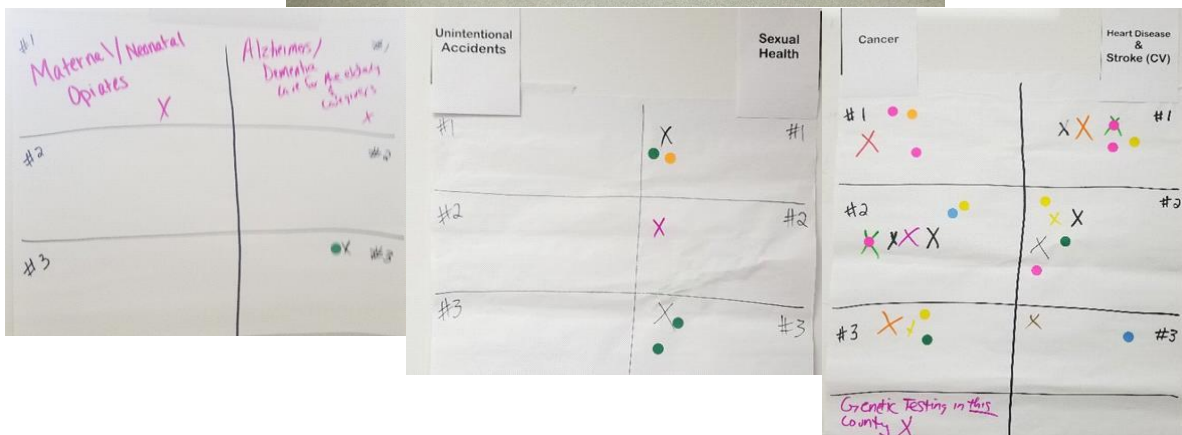
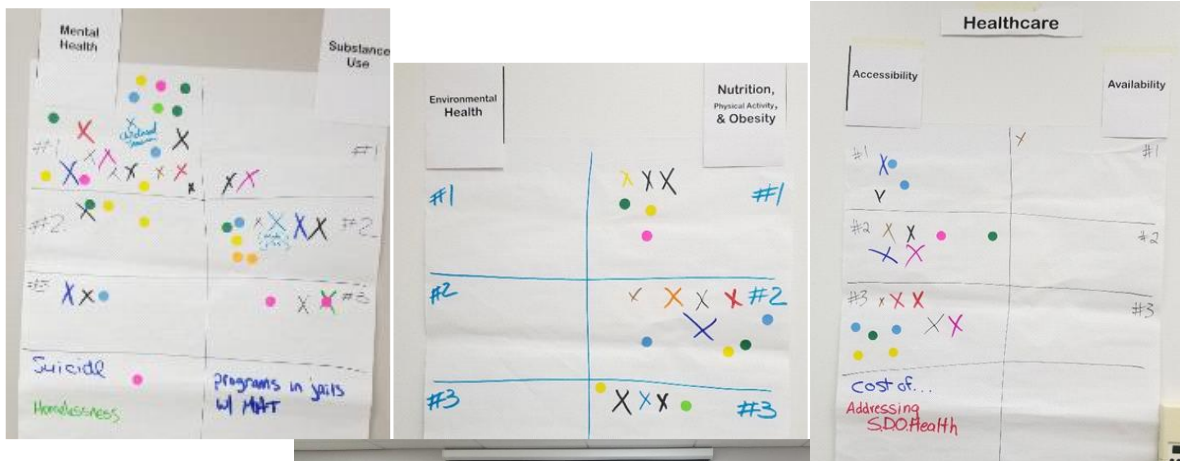
The community health assessment helped identify adequacy of services, leading health related problems, and the rating of strengths and weaknesses in Jackson County. Additionally, health outcomes and data helped community partners (See Appendix E) provide input and prioritize key health problems to be 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 [famer'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 Ontario 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 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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Peter J. Neumann ScD, Megan Farquhar BA, Colby L. Wilkinson BA, Mackenzie Lowry BA, and Marthe Gold MD, MPH

Author affiliations, information, and correspondence details

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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:

May 2019

Steps to Process:

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
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
4. Notify IDPH of priority 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
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 approve.
8. Implement, evaluate, reassess

July/August 2019

August, Sept., Oct. 2019

November 2019-August 2020

October 2020-January 2024

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 Leverage
 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

Name	Agency / Affiliation
Ackermann, Stephan	Hospice of Southern Illinois
Allen, Sierra	IlliniCare
Allen, Tiffany	Gateway Foundation
Abou-Jabal, Lulu	SIU-Carbondale
Alstat, Jean	Centerstone
Anderson, Amber	Egyptian Area Agency on Aging, Inc.
Andrews-Ray, Rhonda	Southern Seven Health Department
Angelis, Jane	SIUC Center for Health Law & Policy
Angley, Kathryn	Shawnee Alliance
Aronson, Carol	Shawnee Alliance for Seniors
Bahr, Leah	American Heart Association
Bailey, Angie	Southern Illinois Healthcare
Baker, Linda Renee	SIU-Carbondale
Banz, Melissa	Region 5 WIC Nutrition Consultant
Basanta, W. Eugene	SIUC Center for Health Law & Policy
Bathon, Kristen	The Landings at Reed Station Crossing
Beebe, Sandie	Retired
Behr, Davanna	Shawnee Health Services
Bell, Marcus	Lead Trainer Warehouse Ultimate Gym
Ben Avi, Dalus	Centerstone
Bennett, Ashley	RN at Centerstone
Bentulan, Brigitte	Synergy Therapeutic Group
Bik, Tom	SIU-Center for Rural Health and Social Service Development
Bogges, Brittni	Liberty Village of Carbondale
Bond, Alexa	The Women's Center
Boyer, Gaylyn	SIU-E Nursing Program
Brace, Stephanie	Prairie Heart Cardiovascular
Brantley, Stacy	Southern Illinois Healthcare
Brenningmeyer, Mary	MHC RN
Brooks, Amileth	Southern Illinois Healthcare
Brown, Anita	Midwest Medical Thermography
Brummer, Lori	Jackson County Health Department
Bryant, Darrell	Southern Illinois Healthcare
Bullman, Lindsey	Preschool Director at JALC
Bullock, Bradley	Marion VA Medical Center
Bundy, Sharon	Carbondale Township Office

Burch, Eddie	Individual/Personal Interest
Burnett, Andrea	Patient Innovation Center
Buschschulte, Cindi	Carbondale Township Office
Byrn, Kyla	Shawnee Alliance
Carpenter, Tina	Boys & Girls Club of Carbondale
Cataldo, Jessica	SIU Healthcare Management Program
Chambers, Heather	Southern Illinois Healthcare Employee Wellness
Childs, Carla	The Women's Center
Choinsk, Diane	Egyptian Area Agency on Aging
Clark, Paula	Jackson County Health Department
Coates, Alicia	Shawnee Health Services
Conley-Holt, Jaime B	SIU-Carbondale Career Development Center
Connelly, Shawn	Southern Illinois Healthcare
Cook, Garrett	Center for Comprehensive Services
Cook, Moya	NP - Type 1 Diabetic
Corizine, Kendra	Shawnee Alliance
Cripps, Charity	Elkville First Baptist Church
Cripps, Karen	The Insurance House
Cunetto, Donna	Joyner Therapy Services
Curry-Witzman, Jance	University of Illinois Extension
Daniell, Hope	Southern Illinois Healthcare-Bariatric Program Coordinator
Daniels, Yvonne	Shawnee Health Services
DeGraff, Krista	Shawnee Health Services
DeUnamuno, Ana	RMTD
Dickson, Erin	Carbondale Park District
Dierks, Lari	ConnectSI / LeadSI
Doiron, Becky	Alzheimer's association
Donney, Virginia	Shawnee Health Services
Downs, Josh	Office of the Comptroller
Drake, Jeffrey	RIDES Transportation
Draviczki, Jake	Southern Illinois Healthcare-Community Benefits
Duckworth, Laura	SIU-Carbondale Head Start
Dul, Magdalena	Centerstone
Dusch, Justin	Centerstone
Edmond, Jessica	Individual/Personal Interest
Ellis, Angela	SIU-Edwardsville Nursing Program
Engelbart, Valerie	St. Anthony's Memorial Hospital
Erbes, John	SIU School of Law
Fakhoury, Kate	Illinois Partners for Human Service
Farmer, Jan	SIU School of Medicine
Fear, Kevin	Air Evac Lifeteam
Finch, Mickey	The Fellowship House
Flanagan, Maggie	Southern Illinois Community Foundation
Flora, John	Create A Smile Dental Foundation
Forristal, Sheila	Southern II Survivor Outreach Services
Franklin, Jeff	SIU-Center for Rural Health and Social Service Development
Gale, Erin	Epilepsy Foundation
Gill, Lynn	SIU-Carbondale Student Health Center
Girtman, Ramona	Centerstone/ Big Brothers and Big Sisters
Goffinet, Diane	Land of Lincoln Legal Services
Goldman, Sam	Congregation Beth Jacob
Gossman-Eisenhauer, Barb	Centerstone

Grace, Ted	SIU-Carbondale Student Health Center
Graff, Cheryl	Regional Office of Education 30
Grajewski, Niki	Centerstone
Grammer, Daisy	Southern Illinois Healthcare Medical Group
Grammer, Jessica	Jackson County Health Department
Graul, Brad	HH EMS Coordinator
Gray, Robert	Our Savior Lutheran
Greathouse, Missy	Dispute Resolution Institute, Inc.
Green, Shannon	Shawnee Health Service
Greer, Andy	Gateway Foundation
Guy, Joyce	SIU Headstart
Hager, Melanie	St. Louis Food Bank
Hagston, Bart	Jackson County Health Department
Hale, Brittany	Prevent Child Abuse Illinois
Halstead, Marilyn	The Southern Illinoian
Hamilton, Christy	SIU-Carbondale Student Health Center
Haqq, Abdul	Attucks Community
Harrison, Tony	Water Operations Manager
Harth, Tina	Blue cross Blue Shield
Head, Kathryn	Southern Illinois Healthcare Wellness
Head, Martha	Community Prevention Resources
Heimbach, Dorian	Southern Illinois Coalition for the Homeless
Heimbach, Mathew	Southern Illinois Coalition for the Homeless
Herrmann, Airen	SIH Regional Hospital Coordinating Center
Hertter, Jennifer	Southern Illinois Healthcare
Hillesheim, Chip	Marion VA Medical Center
Hogg, Deborah	Hospice of Southern Illinois
Holt, David	DHS-Community Health & Prevention
Horta, Greg	Meridian Health
Hughes, Lee	SIU School of Medicine
Hutchcraft, Katlynn	SIU School of Health Sciences
Isbell, Jeffrey	Illinicare
Jarvis, Mary	Southern Illinois Healthcare
Jenkins, Wiley	SIU School of Medicine
Jensen, Patsy	Shawnee Health Services
Johnson, Tracy	RMTD
Johnson, Vickie II	SIU-Center for Rural Health and Social Service Development
Johnston, Gail	Egyptian Area Agency on Aging
Jones, Amy	U of I at Chicago / DSCC
Julian-Fralish, Christopher	SIU-Carbondale Counseling Center
Jurkowski, Elaine	SIU-Carbondale School of Social Work
Juul, Kitty	SIU-Center for Rural Health and Social Service Development
Kamil, Susan	Dayemi Health Center
Keener, Jeff	Murphysboro Middle School
Kelley, Emma	Shawnee Health Services
Kniepmann, Kelsey	STL Dairy Council
Knutson, Douglas	SIU-Department of Psychology
Knutt, Heather	Shawnee Alliance
Koch, Victor	Caring Counseling Ministries
Kuehl, Angie	Jackson County Health Department
Lemish, Peter	SIU College of Mass Comm
Leversee, Matt	Jackson County Health Department

Lewis, Megan	Southern Illinois Healthcare MHC ICU RN
Li, Ruopu	Asst. Prof. Geo. & Envir. Resources
Long, Mary Beth	Memorial Hospital of Carbondale
Longueville, Lori	Childcare Resources & Referral
Loos, Amber	Friends of Shawnee National Forest
Mann, Lisa	Hospice of Southern Illinois
Marbes, Sarah	SIUC Center for Service-Learning and Volunteerism
Marcum, Amber	IL ARNG
Massie, John	SIU Student Health
Mathes, Amy	Southern Illinois Healthcare
Matthews, Kristen	Jackson County Health Department
Maxwell, Molly	City of Carbondale, City Planner
Maxwell, Nancy	The Women's Center
McClanahan, Cathy	The Women's Center
McDermott, Robert	SIU Dept Public Health Rec Prof
McDowell, Edrica	Centerstone
McFadden, Angie	Southern Illinois Healthcare
McGahan, Sean	Brehm Prep Academy
McMillan, Jim	Southern Illinois Healthcare--Sleep Educator
McNamara-Stafford, Erin	Molina Healthcare of Illinois
McSherry, Terri	SIU-Carbondale Community Dental Center
Merrett, Claudia	Southern Illinois Wellness
Migone, Ana	Southern Illinois Healthcare
Miller, Mona	Centerstone
Miller, Rachel	SIU Family Medicine
Miller, Robin	Concerned Citizen
Miller, Sarah	Shawnee Health Services
Miller, Theresa	Jackson County State's Attorney's Office
Miller, Vicki	Southern Illinois Healthcare-Cardiovascular Services
Milton, Cole	SIU Student-Department of Psychology
Mitchell, Debbie	Community Member
Mitchell, Steve	City of Carbondale, Economic Development Director
Moake, Mikayla	Egyptian Area Agency on Aging
Monson, Anna	SIU-Carbondale Alpha Gamma Delta
Morgan, Susan	Southern Illinois Healthcare-Community Affairs Dept.
Morrison, Beth	SIU-Student Center
Morrison, Dustin	Il State Treasurers Office
Mosby, Peggy	RIDES Transportation
Moss, Ashley	SIU-Carbondale
Motsinger, Natausha	Shawnee Health Black Lung
Nance, Jennifer	Department of Human Services
Nardini, Patricia	Specialized Equine Services
Nation, Lisa	Southern Illinois Healthcare--Diabetes Coordinator
Nehring, Caleb	American Cancer Society
Nelson, Marsha	Shawnee Alliance for Seniors
Nelson, Melanie	RN Health Educator
Newcomb, Crystal	Centerstone
Nichols, Jane	SIU-Carbondale Rehabilitation Institute
O'Dell, Sarah	Southern Illinois Healthcare-Community Benefits
Olmsted, Skylar	Member Experience Manager/Special Events
Olsen, Derek	Shawnee Health Service
Overton, Tina	Egyptian Area Agency on Aging

Owens, Julie	Centerstone
Panchamukhi, Sridevi	American Association of Physicians of Indian Origin
Parker, Molly	The Southern Illinoisan
Partridge, Philip	Rainbow Café
Pasquino, Terri	Prairie Living at Chautauqua
Paulson, Jennifer	Food Works
Peek, Michelle	Center for Justice and Empowerment
Person, Sarah	The Women's Center
Peterson, Erika	Shawnee Health Service
Pho, Mai	University of Chicago
Popit, Jocelyn	Centerstone
Povolish, Kyle	Carbondale Community High School
Pritchett, Annette	Egyptian Area Agency on Aging
Queriapa-Valdes, Gloria	Shawnee Health Black Lung
Redinger, Stacy	Shawnee Health Service
Redmond, Tom	Previous-Jackson County Board Member
Renfro, Kathy	Carbondale Park District
Renth, Jamie	UIC DSCC Home Care Region 3
Rheinecker, Lynn B	Solarize Southern Illinois
Ritzel, Dale	SIU-Carbondale
Rivas-Shetter, Karla	Shawnee Health Service-Murphysboro Health Center
Robinson, Becky	U.S. Census Bureau
Robinson, Brad	MHC EMS Coordinator
Rogers, Ronee	Integrity Healthcare
Romani, Kim	Christopher Rural Health Planning Corp (Rea Clinic)
Rosene, Jeremy	NeuroRestorative
Saidou, Fanta	Southern Illinois Healthcare
Salazar, Becky	Egyptian Area Agency on Aging
Sanders, Jo	Southern Illinois Healthcare--Community Benefits
Schoenborn, Jill	Century Assisted Living
Schumacher, Zach	Centerstone
Schutt, Mikilyn	River to River Residential Community
Schwartz, Sandra	Southern Illinois Healthcare-Community Benefits
Scott, Michael	DCFS, Mental Health
Seals, Nathan	Shawnee Health Services
Sedlacek, Shelly	NeuroRestorative
Settles, Sarah	The Women's Center
Shaw, Emily	Joyner Therapy Services
Shea, Clair	Illinois Dept on Aging
Shires, Jessica	Centerstone
Sievers, Brittany	SIU-Carbondale Workforce Education and Development
Simon, Janna	Illinois Public Health Institute
Smith, Calli	RMTD
Smith, Greg	SIH Telehealth & Virtual Care
Smith, Isaac	The Southern Illinoisan
Snyder, Caleb	Warehouse Ultimate Gym/Garden Grove
Snyder, Michelle	Southern Illinois Wellness
Spezia, Beth	WSIU Public Broadcasting
Stettler, Greg	John A. Logan College
Stevens, Mark	IDPH Regional Health Officer
Stevens, Mark	Jefferson County Health Department
Sussman, Diana	Carbondale Public Library

Sutphin, Allison	SIU School of Medicine
Sveda, Alechia	Residential Home Health, Palliative, Hospice Care
Tally, Becca	Center for Justice and Empowerment
Tanner, JD	Touch of Nature
Taylor, Lisa	Shawnee Health Service-Murphysboro
Thorne, Woody	Southern Illinois Healthcare-Community Affairs Dept.
Tiberend, Melissa	Southern Illinois Healthcare
Titsworth, Jill	SIU-Carbondale Head Start
Toedte, Brooke	Southern Illinois Healthcare-Cancer Center
Tolcou, Lindsay	Illinicare Health
Toliver, Susie	Carbondale Police Dept.
Tragoudas, Ulli	Unity Point School
Trentacosti, Lori	SIU Student Health Center
Van Ham, Brent	SIU School of Medicine
Van Horn, Lori	DCFS Licensing Representative
Vatcoskay, Dani	SIU Department Public Health
Vaughn, Julia	MHC Hospitalist RN
Vaughn, Todd	Novacare Rehabilitation
Vine, Carrie	Jackson County Health Department
Vohra, Sameer	SIU School of Medicine
Walden, Cassie	Pregnancy Matters
Wallace, Chris	City of Carbondale
Wallace, Juliane	SIU-Carbondale Department of Kinesiology
Watson, Candice	Southern Illinois Healthcare
Wedemeyer, Cristy	Jackson County Health Department
Weshinsky, Nick	SIU-Center for Rural Health
Westrick, Heather	SIU Medicine Office of Population Science and Policy
Whetsell, Heather	SIU Medicine Office of Population Science and Policy
Whipple, A. Maren	Licensed Clinical Professional Counselor
Wiedenman, Eric	SIU-Center for Rural Health
Wilkerson, Ryan	SIU Headstart
Williams, Gary	City Manager, City of Carbondale
Wright, Cherie	Southern Illinois Healthcare-Community Benefits Dept.
Wright, Toni Kay	U of I Extension
Yahaya, Musa	SIU Grad Assistant

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.



**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

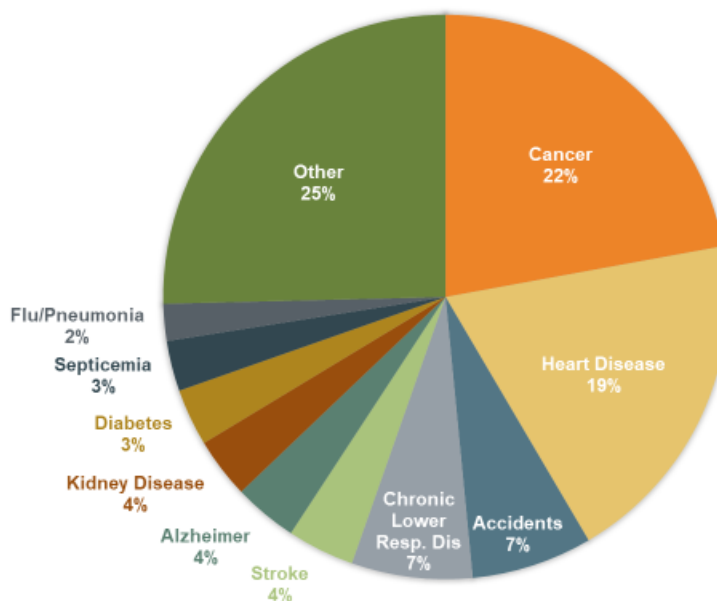
Improve Access to Behavioral Health Services

- 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



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%, Elkhville 1.5%, Makanda 1.5%

COMMUNITY HEALTH SURVEY 2019 ADEQUACY OF SERVICES



	Inadequate or Worse		Adequate	Don't Know
1	78%	Mental Health Services	15%	7%
2	73%	Access to Dental Care	22%	5%
3	73%	Affordability of Medical Care	24%	3%
4	69%	Services for Low-Income Persons	21%	10%
5	68%	Substance Abuse Treatment Services	18%	14%
6	68%	Funding for After-School Programs	15%	17%
7	68%	Affordable Childcare	14%	18%
8	67%	Opportunities for Youth	23%	9%
9	67%	Employment/Job Opportunities	29%	5%
10	63%	Funding for Schools	26%	10%
11	62%	Access to Health Care	37%	1%
12	61%	Family Support Services	21%	17%
13	60%	Affordable Housing	36%	5%
14	58%	Senior Services	21%	21%
15	58%	Crime Prevention	34%	8%
16	58%	Public Transportation	36%	5%
17	57%	Ability to Pay for Basic Services	36%	7%
18	51%	Personal Violence Prevention	27%	22%
19	43%	Recreational Opportunities	43%	3%
20	41%	Emergency Preparedness	44%	15%

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

STRENGTH: Availability of Services

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

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

	Population	High School Graduation Rate	Students Eligible for Free Lunch Program	Live Below Poverty	Median Income
Franklin Co.	39,156	87.7%	60.9%	21.5%	\$39,507
Jackson Co.	58,870	92.3%	66.3%	23.4%	\$33,845
Johnson Co.	12,902	83.4%	51.7%	14.4%	\$44,179
Perry Co.	21,357	84.9%	52.2%	15.6%	\$43,308
Saline Co.	24,307	86.1%	62.4%	20.4%	\$40,290
Union Co.	17,212	85.6%	62.3%	17.4%	\$45,464
Williamson Co.	67,560	90.2%	54.9%	15.9%	\$45,902

Sources: Data (Public Law 94-171) Summary File Table P1 & H1, 2016 Census Redistricting, US Census Bureau State and County QuickFacts 2016, National Center for Education Statistics, NCES- Common Core of Data, 2014- 15, US Census Population Estimate.

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.

Additional Social/Environment

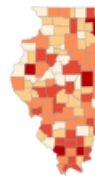
Income ratio

About This Measure

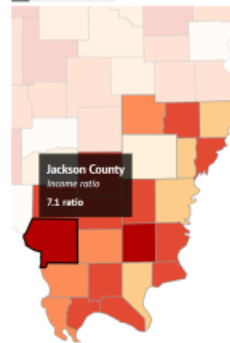
Ratio of household income at the 80th percentile to Income at the 20th percentile

Reporting date range: 2013-01-01 - 2017-12-31

Statewide:
5 ratio

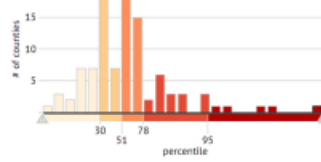


zoom out to state



Jackson County
Income ratio
7.1 ratio

Counties histogram



Nearly twice as many Jackson County children live in poverty than the children in Illinois.

- 18% White children
- 76% Black children
- 48% Hispanic children

Illinois Public Health Community Map, 2019

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.

Severe Housing Problems

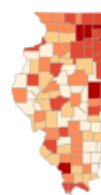
Percentage of households with severe housing problems

About This Measure

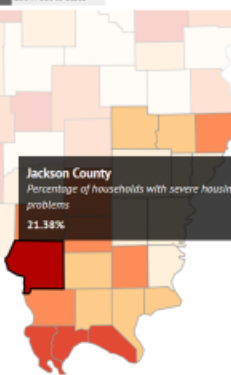
Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

Reporting date range: 2011-01-01 - 2015-12-31

Statewide:
17.85%

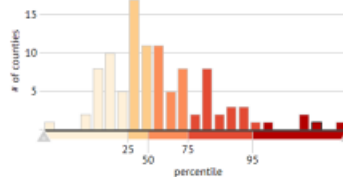


zoom out to state



Jackson County
Percentage of households with severe housing problems
21.38%

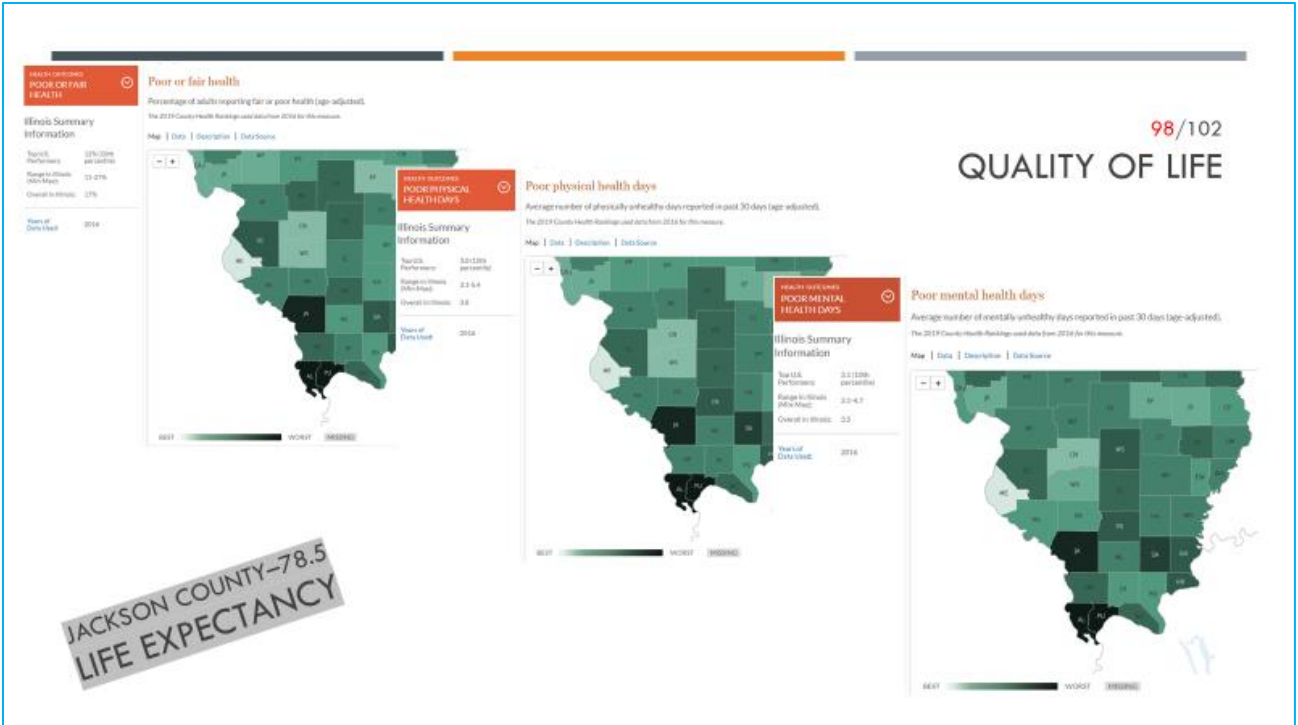
Counties histogram



Severe Housing Cost Burden

- Jackson County 20%
- Illinois 15%

Illinois Public Health Community Map, 2019



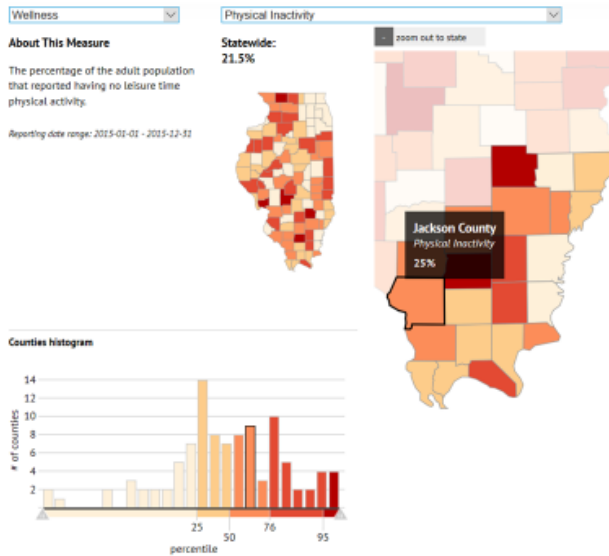
99/102

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)

	Jackson County	Top U.S. Performers	Illinois	Rank (of 102)
Health Factors				
				89
Health Behaviors				
				99
Adult smoking	20%	14%	16%	
Adult obesity	27%	26%	29%	
Food environment index	6.3	8.7	8.7	
Physical inactivity	25%	19%	22%	
Access to exercise opportunities	70%	91%	91%	
Excessive drinking	21%	13%	21%	
Alcohol-impaired driving deaths	27%	13%	33%	
Sexually transmitted infections	1,110.1	152.8	561.4	
Teen births	21	14	23	
Additional Health Behaviors (not included)				
Food insecurity	19%	9%	11%	
Limited access to healthy foods	11%	2%	4%	
Drug overdose deaths	19	10	18	
Motor vehicle crash deaths	15	9	8	
Insufficient sleep	35%	27%	32%	

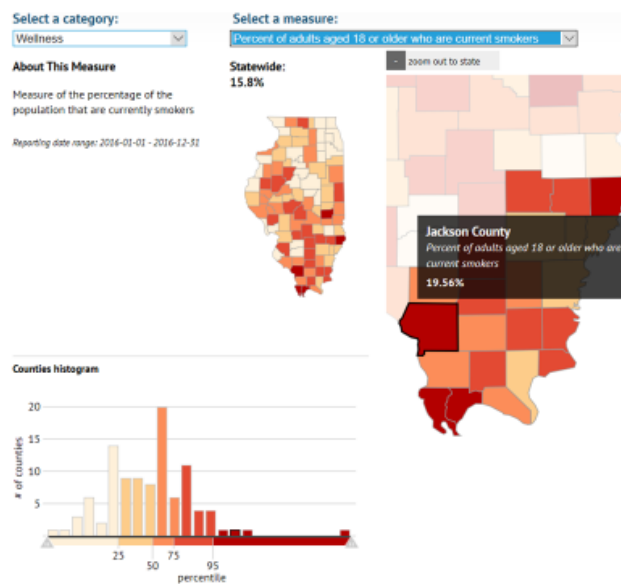
PHYSICAL INACTIVITY



Illinois Public Health Community Map, 2019

CURRENT SMOKERS

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



Illinois Public Health Community Map, 2019

SMOKING DURING PREGNANCY

- White – 13.5%
- Black – 8.9%

Select a category:

Smoking During Pregnancy

Select a measure:

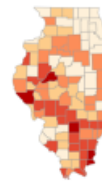
Percentage of live births where the mother smoked during pregnancy

About This Measure

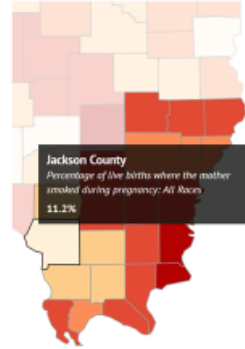
The three-year average percentage of live births where the mother smoked any cigarettes during pregnancy. Births that were missing smoking status on the birth certificate were excluded. Births occurring out-of-state to Illinois residents are included in the analysis. (All races)

Reporting date range: 2013-01-01 - 2017-12-31

Statewide:
6.4%

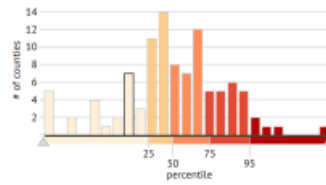


zoom out to state



Jackson County
Percentage of live births where the mother smoked during pregnancy: All Races
11.1%

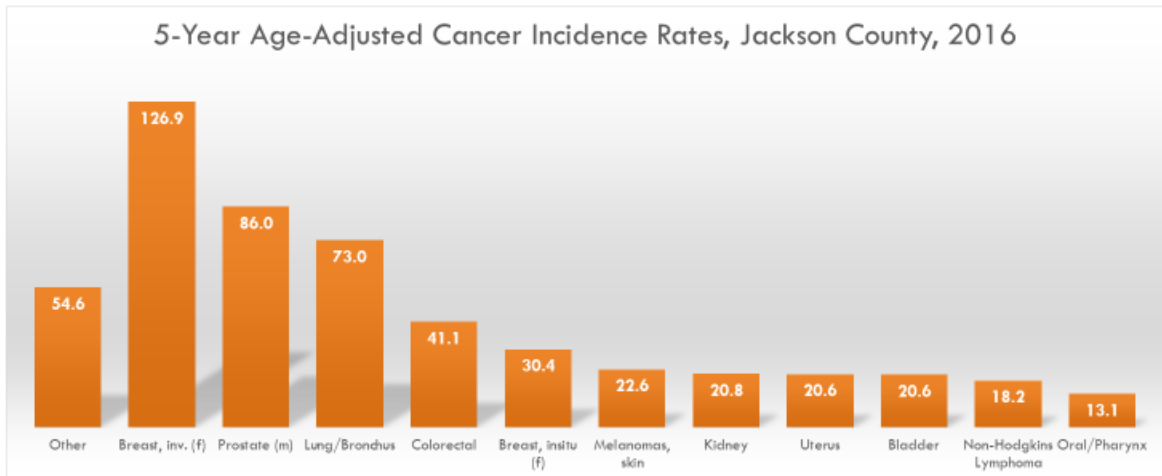
Counties histogram



Illinois Public Health Community Map, 2019

CANCER

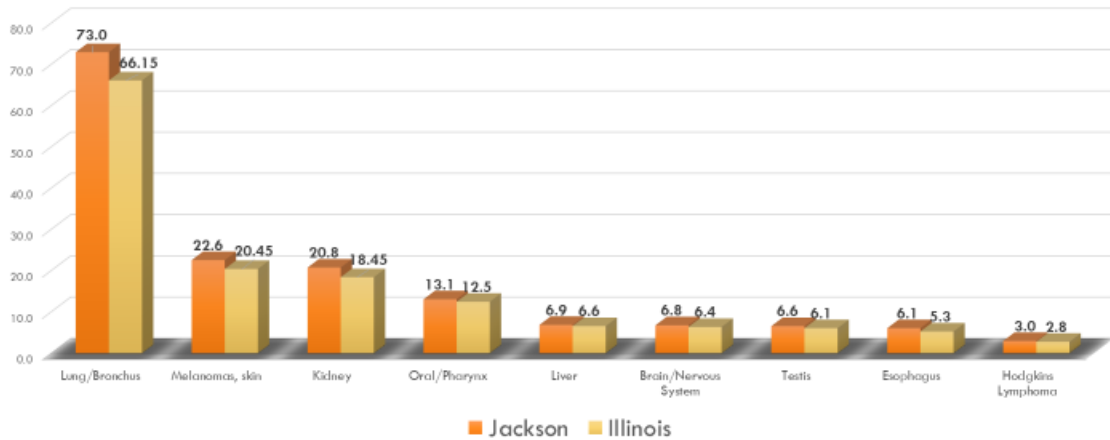
5-Year Age-Adjusted Cancer Incidence Rates, Jackson County, 2016



Illinois State Cancer Registry, 2019

CANCER

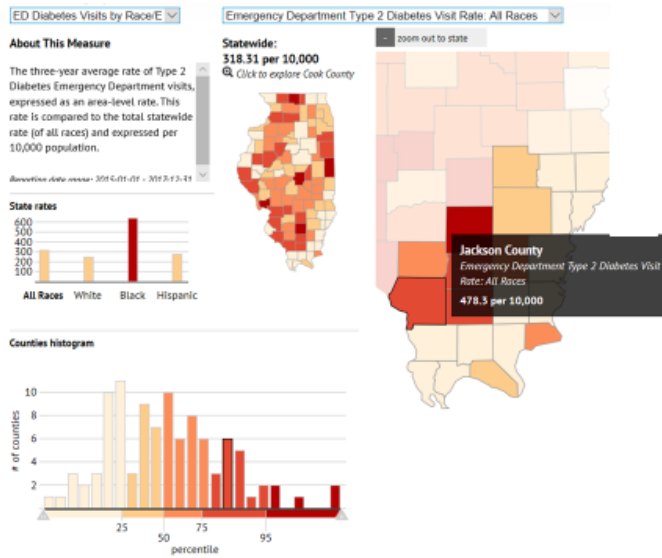
Age Adjusted Cancer Incident Rates, Jackson vs. Illinois, 2016



Illinois State Cancer Registry, 2019

DIABETES

- 13% of Jackson County residents have been told they have prediabetes
- Blacks are almost 3x as likely to have visited ED for Type2 Diabetes than other groups



Illinois Public Health Community Map, 2019

HEART DISEASE

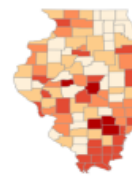
- Heart disease continues to be a leading cause of mortality in Jackson County.
- While the percentage of Jackson County residents who have experienced a heart attack is lower compared to the surrounding region, the percentage is still higher than the state average.

About This Measure

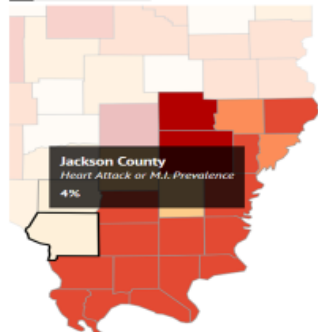
The percentage of the adult population that reported being told they have had a Heart Attack.

Reporting date ranges: 2010-01-01 - 2014-12-31

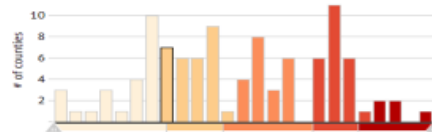
Statewide:
3.8%



zoom out to state



Counties histogram

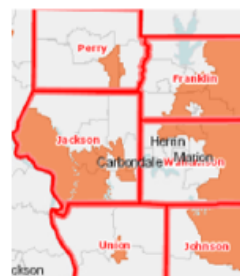
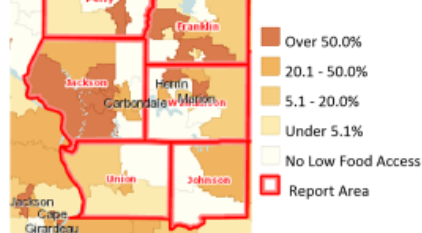


NUTRITION

Approximately half of Jackson County residents:

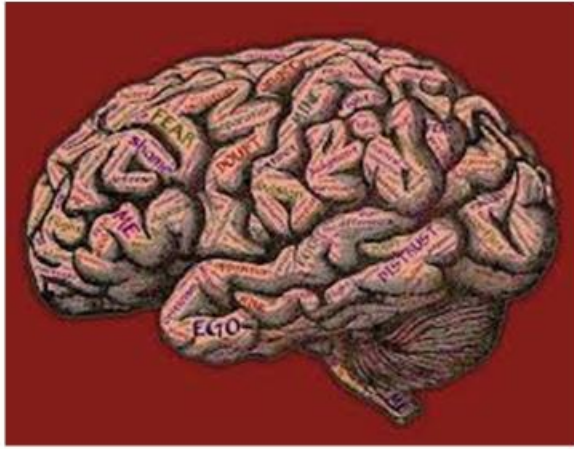
- Have limited food access
- Live in a food desert

Population with Limited Food Access, Percent by Tract, FARA 2015



Food Desert Census Tracts, 1 Mi. / 10 Mi. by Tract, FARA 2015

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

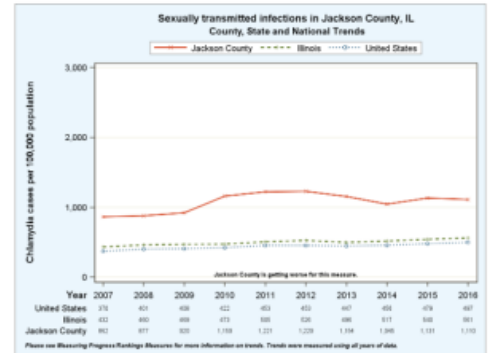
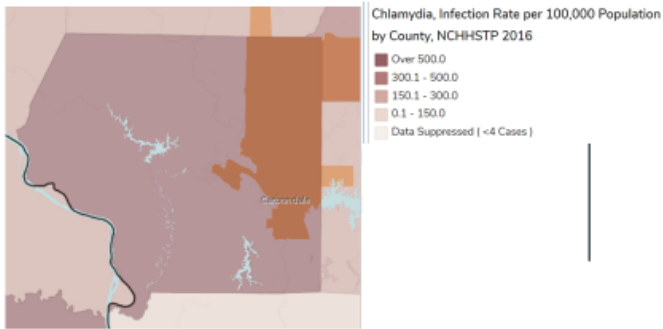


MENTAL HEALTH

Jackson County

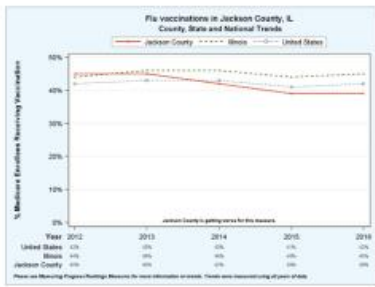
- Youth Sad/Hopeless – 35% (IL 28%)
- Depression – 23.3% (IL 15.3%)
- Lack of Social/Emotional Support – 23% (IL 20.4%)
- Suicide Rate – 12.4 (IL 9.7)

Southern Illinois Healthcare, CHNA, 2018



SEXUAL HEALTH

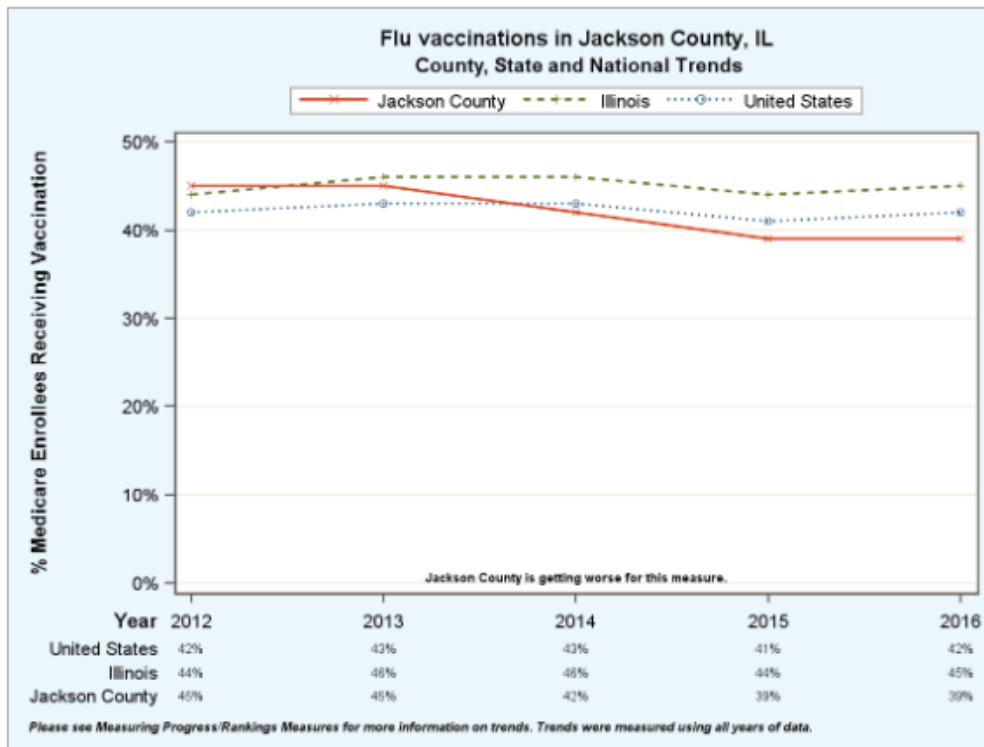
Teen Birth Rate	21
Teen Birth Rate (White)	20
Teen Birth Rate (Black)	28
Teen Birth Rate (Hispanic)	12











	Jackson County	Trend	Error Margin	Top U.S. Performers	Illinois	Rank (of 102)
Clinical Care						
31						
Uninsured	8%	↔	6-9%	6%	7%	
Primary care physicians	780:1	↔		1,050:1	1,230:1	
Dentists	1,390:1	↔		1,260:1	1,310:1	
Mental health providers	430:1	↔		310:1	480:1	
Preventable hospital stays	4,352	↔		2,765	4,990	
Mammography screening	44%	↔		49%	42%	
Flu vaccinations	39%	↔		52%	45%	
Additional Clinical Care (not included in overall ranking) *						
Uninsured adults	9%	↔	7-10%	6%	9%	
Uninsured children	4%	↔	2-5%	3%	3%	
Other primary care providers	560:1	↔		726:1	1,362:1	

% Vaccinated	39%
% Vaccinated (White)	40%
% Vaccinated (Black)	28%
% Vaccinated (Hispanic)	48%

CLINICAL CARE



	Jackson County	Trend ⓘ	Error Margin	Top U.S. Performers ⓘ	Illinois	Rank (of 102)
Clinical Care						31
Uninsured	8%		6-9%	6%	7%	
Primary care physicians	780:1			1,050:1	1,230:1	
Dentists	1,390:1			1,260:1	1,310:1	
Mental health providers	430:1			310:1	480:1	
Preventable hospital stays	<u>4,357</u>			2,765	4,980	
Mammography screening	<u>44%</u>			49%	42%	
Flu vaccinations	<u>39%</u>			52%	45%	
Additional Clinical Care (not included in overall ranking) -						
Uninsured adults	9%		7-10%	6%	9%	
Uninsured children	4%		2-5%	3%	3%	
Other primary care providers	583:1			726:1	1,382:1	

Data Sources

[Community Commons](#)

[County Health Rankings](#)

[Illinois Public Health Community Map](#)

[Illinois State Cancer Registry](#)

[Southern Illinois Healthcare 2018 Community Health Needs Assessment](#)

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

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

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 Weshinsky-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

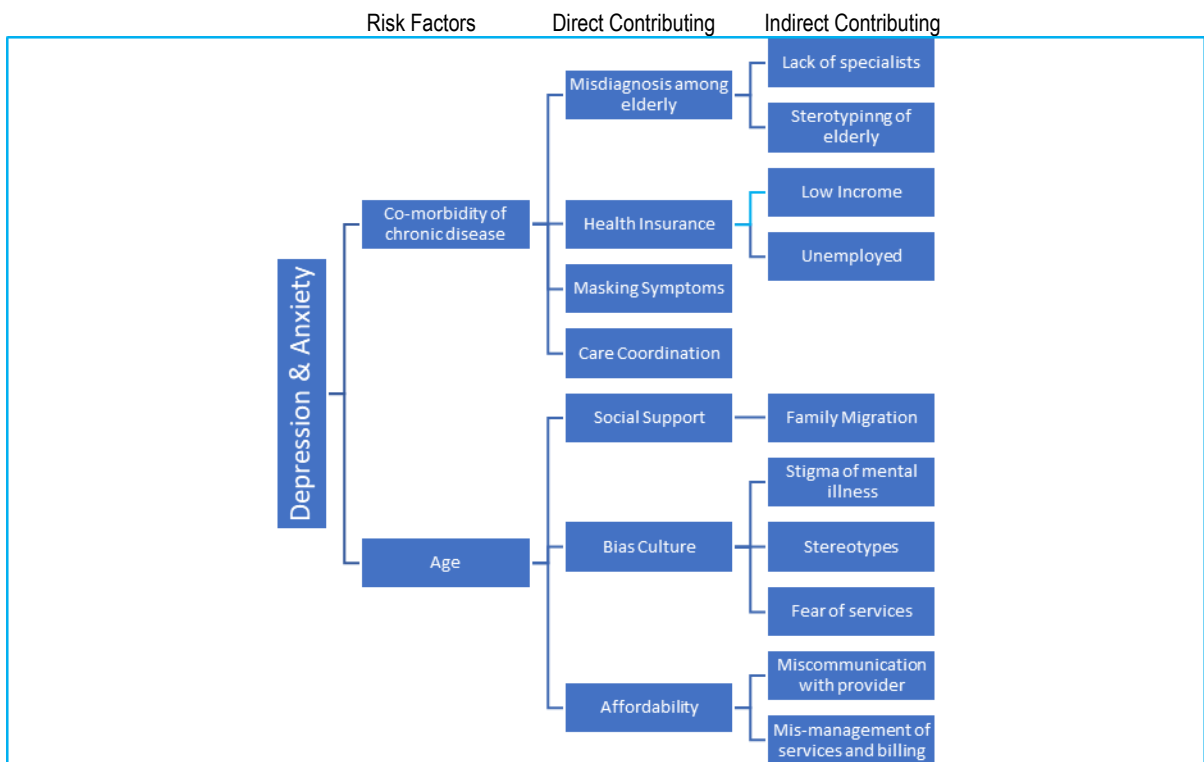
Greg Smith-SIH
 Greg Stettler-John A. Logan College
 Jean Alstat-Centerstone
 Kaari Lacy-SIU School of Medicine
 Kim Romani-Christopher Rural Health Planning Corp.
 Kristen Matthews-JCHD
 Matt Lerversee-JCHD
 Richard Hartke-Franklin-Williamson Bi-County Health Department
 Ronda Koch-Franklin-Williamson Bi-County Health Department
 Sandra Schwartz-SIH
 Sarah Miller-Shawnee Health

APPENDIX F: Health Problem Analysis Worksheets

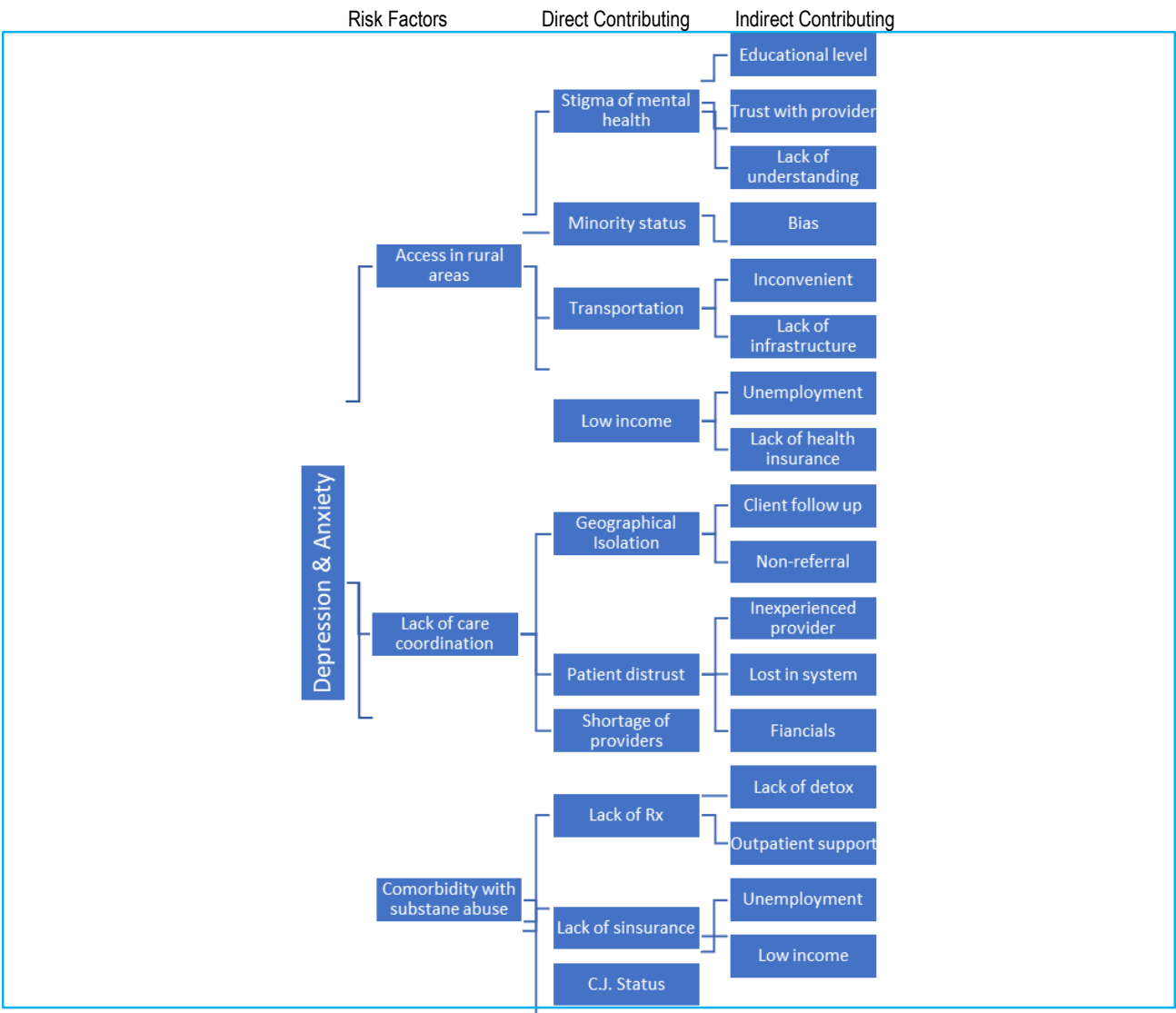
Priority Health Problems for Jackson County, Illinois (2020-2024)

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.

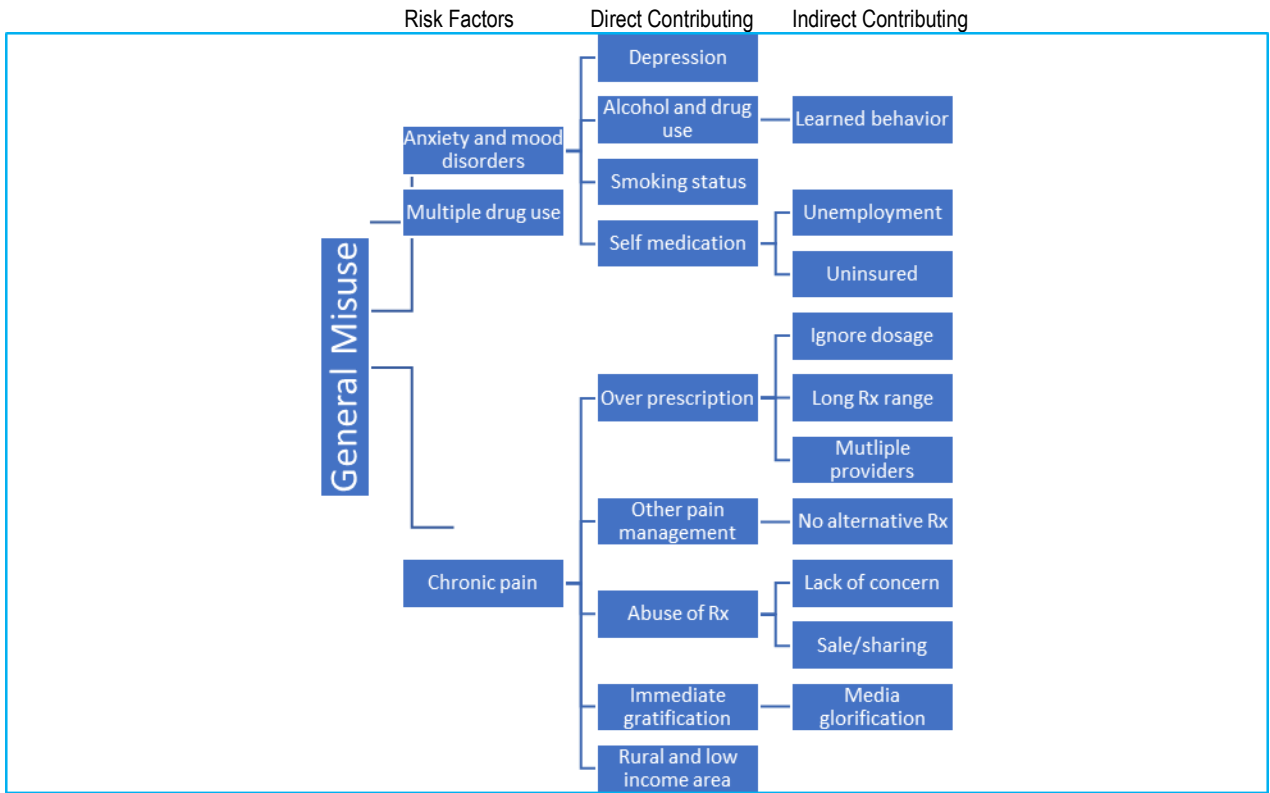
A. BEHAVIORAL HEALTH (APPENDIX F)



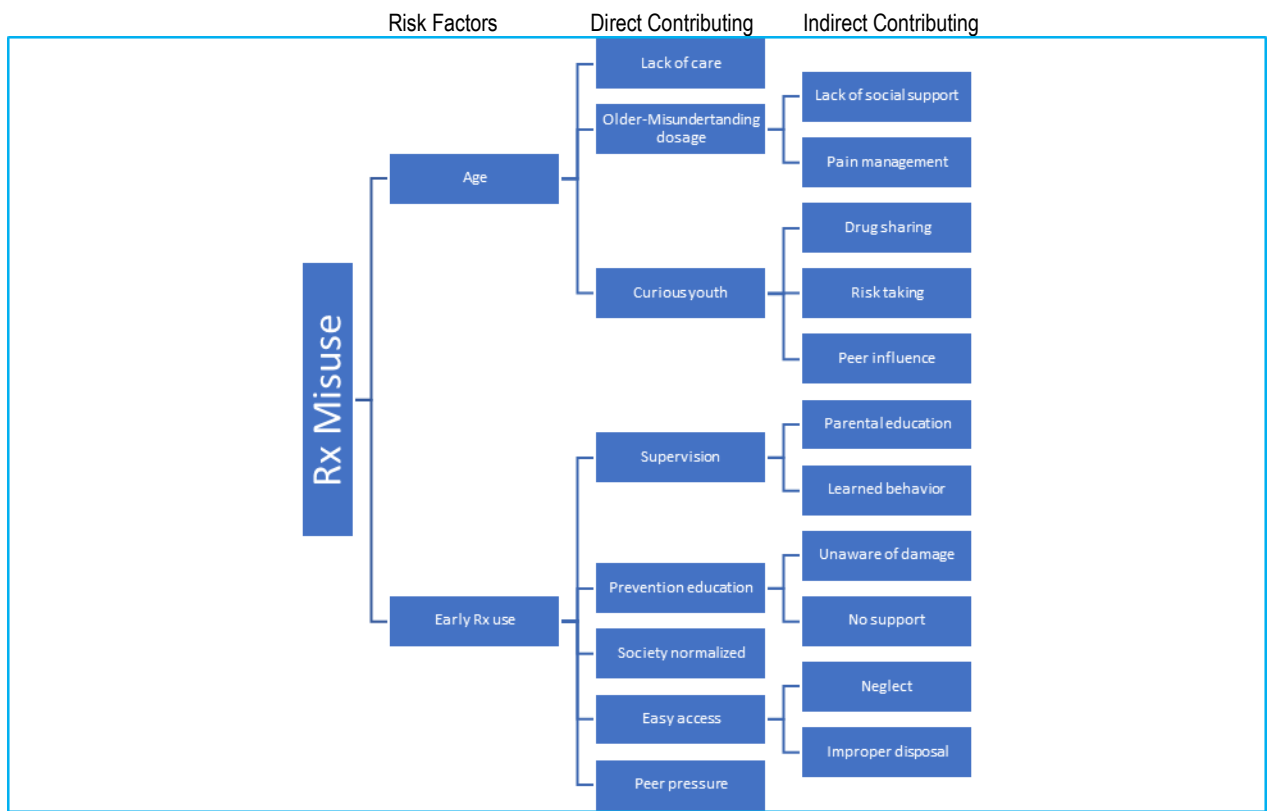
Behavioral Health: Depression and Anxiety Risk Factors #1



Behavioral Health: Depression and Anxiety Risk Factors #2

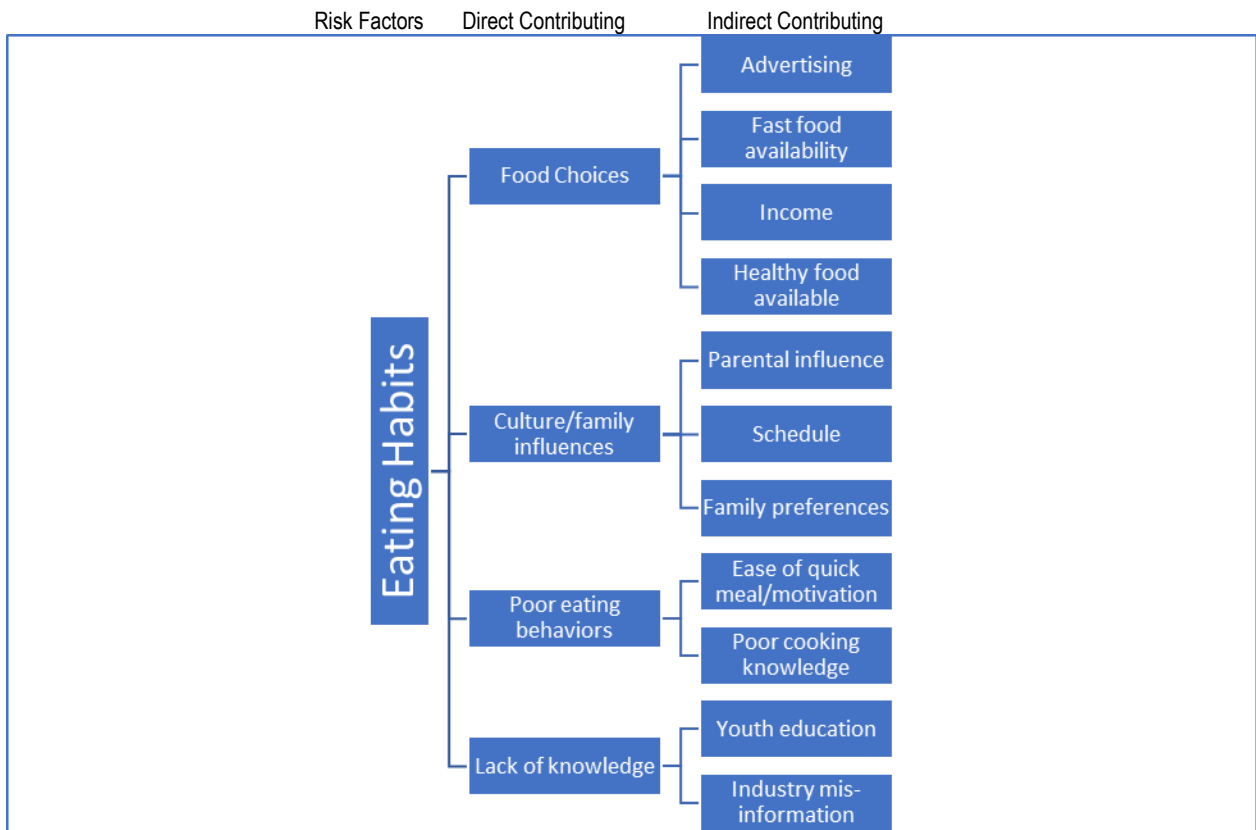


Behavioral Health: General Substance Misuse Risk Factors

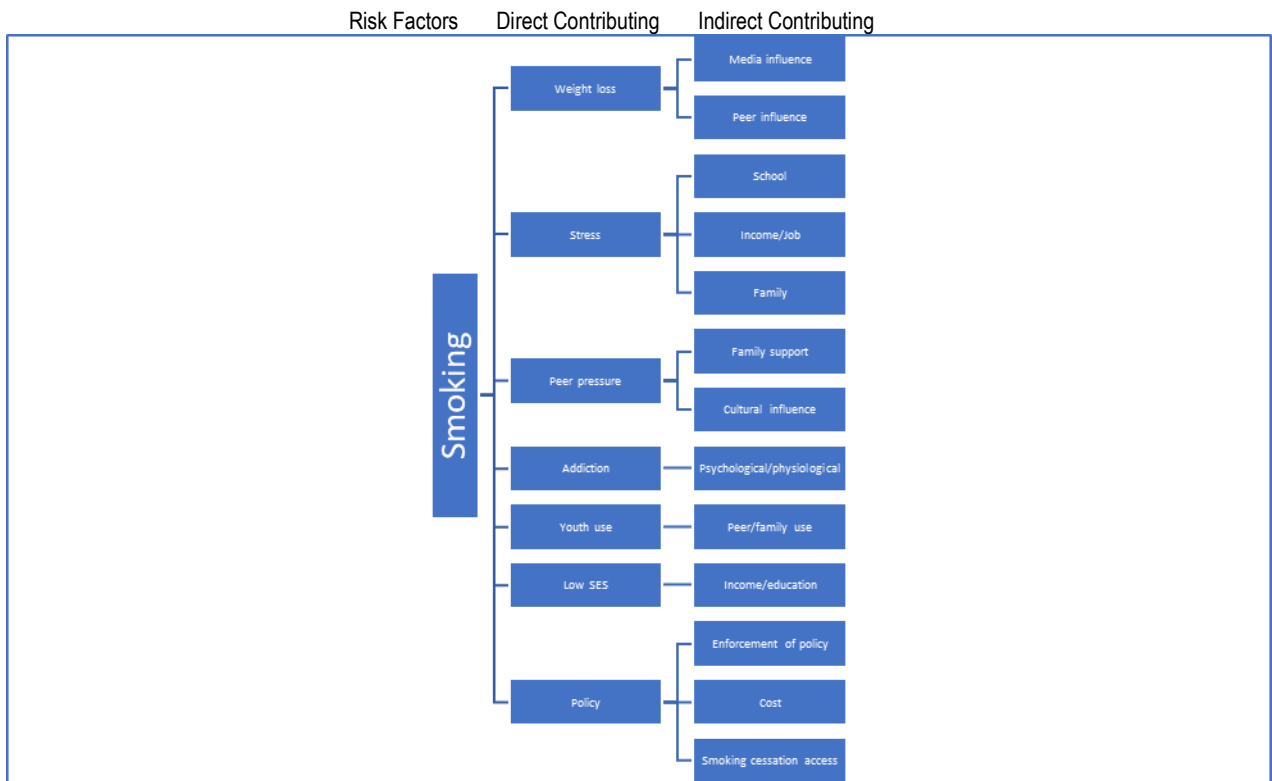


Behavioral Health: Prescription Misuse Risk Factors

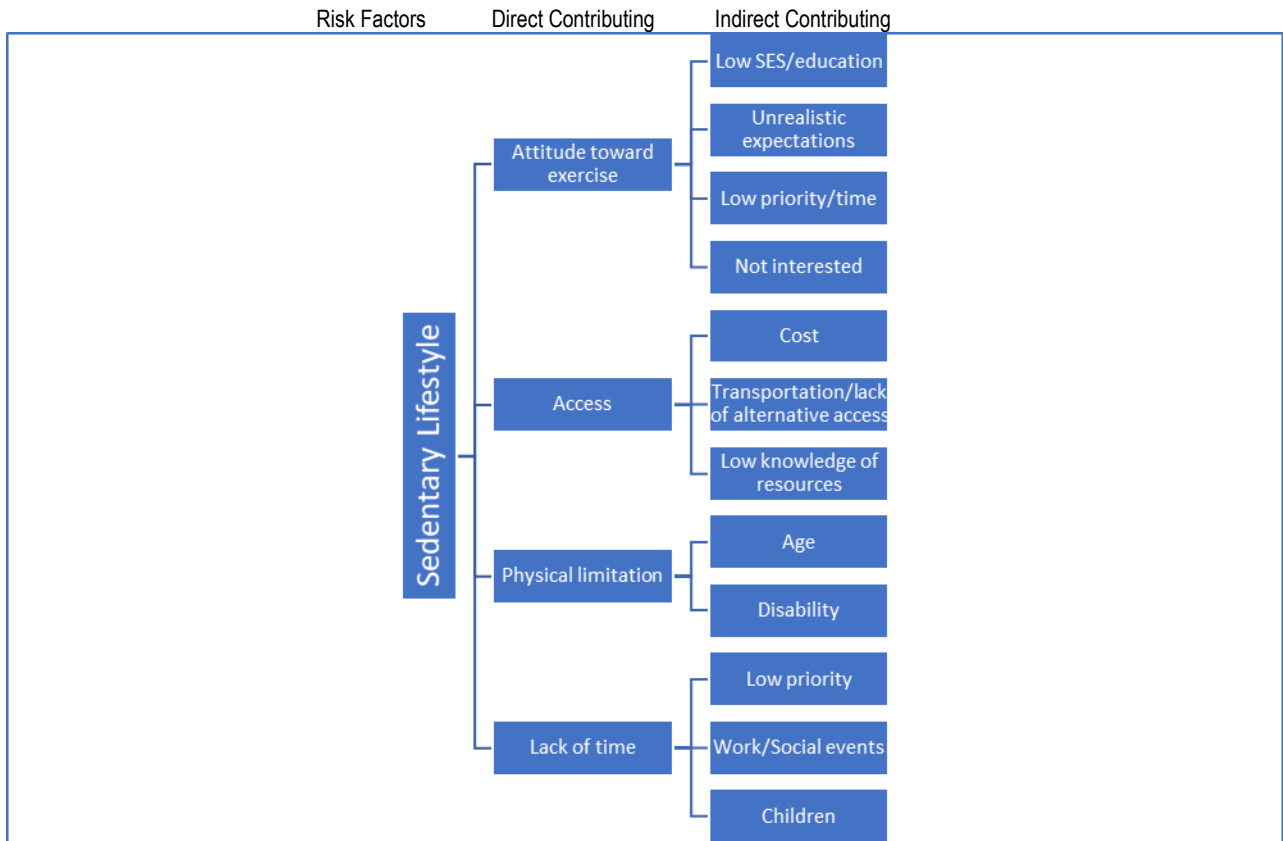
B. CARDIOVASCULAR HEALTH (APPENDIX F)



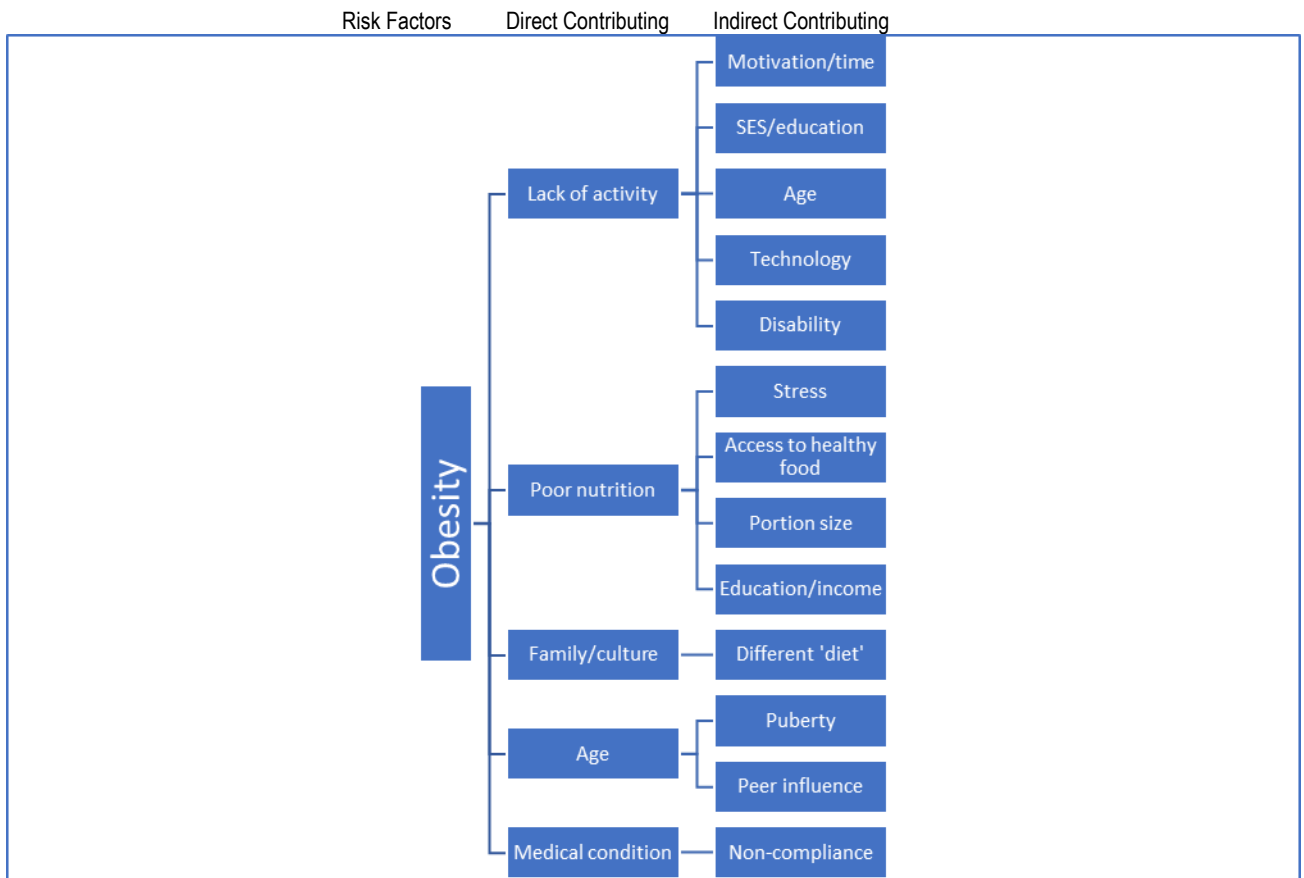
Cardiovascular Health: Eating Habits Risk Factors



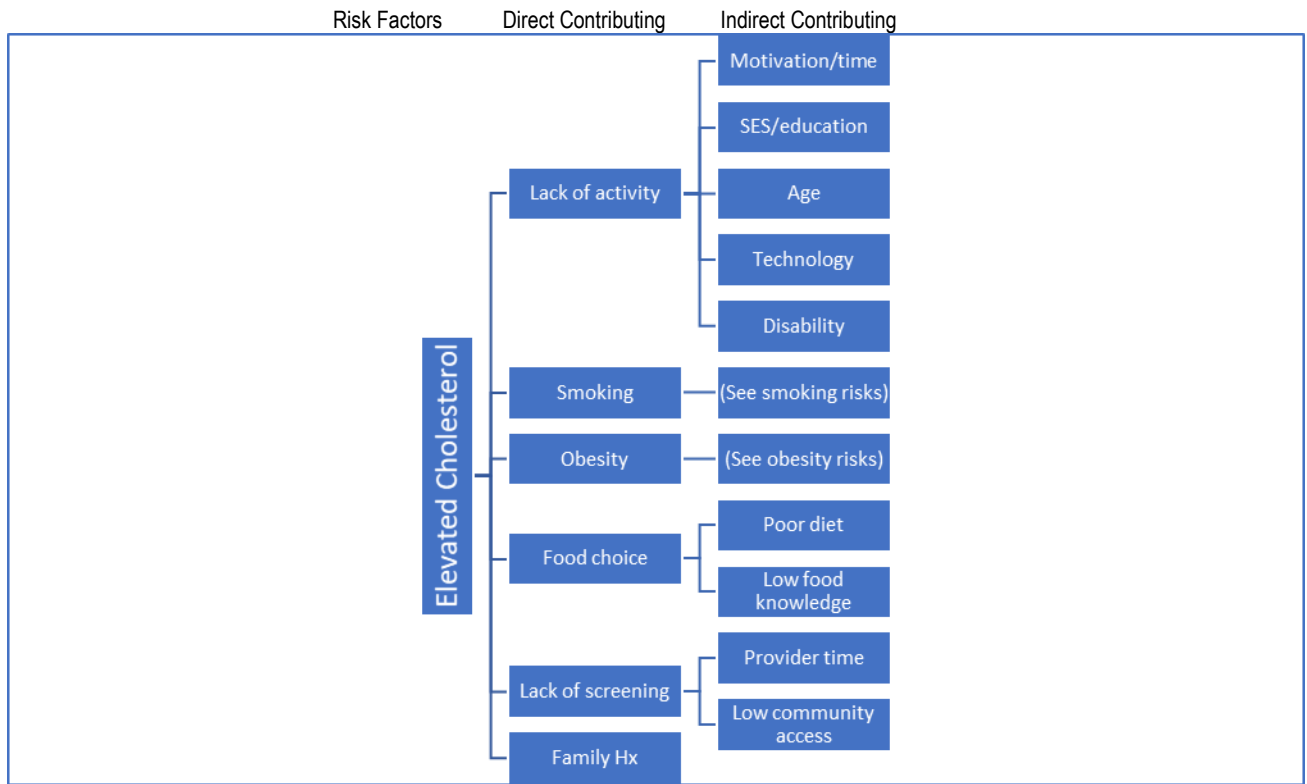
Cardiovascular Health: Smoking Risk Factors



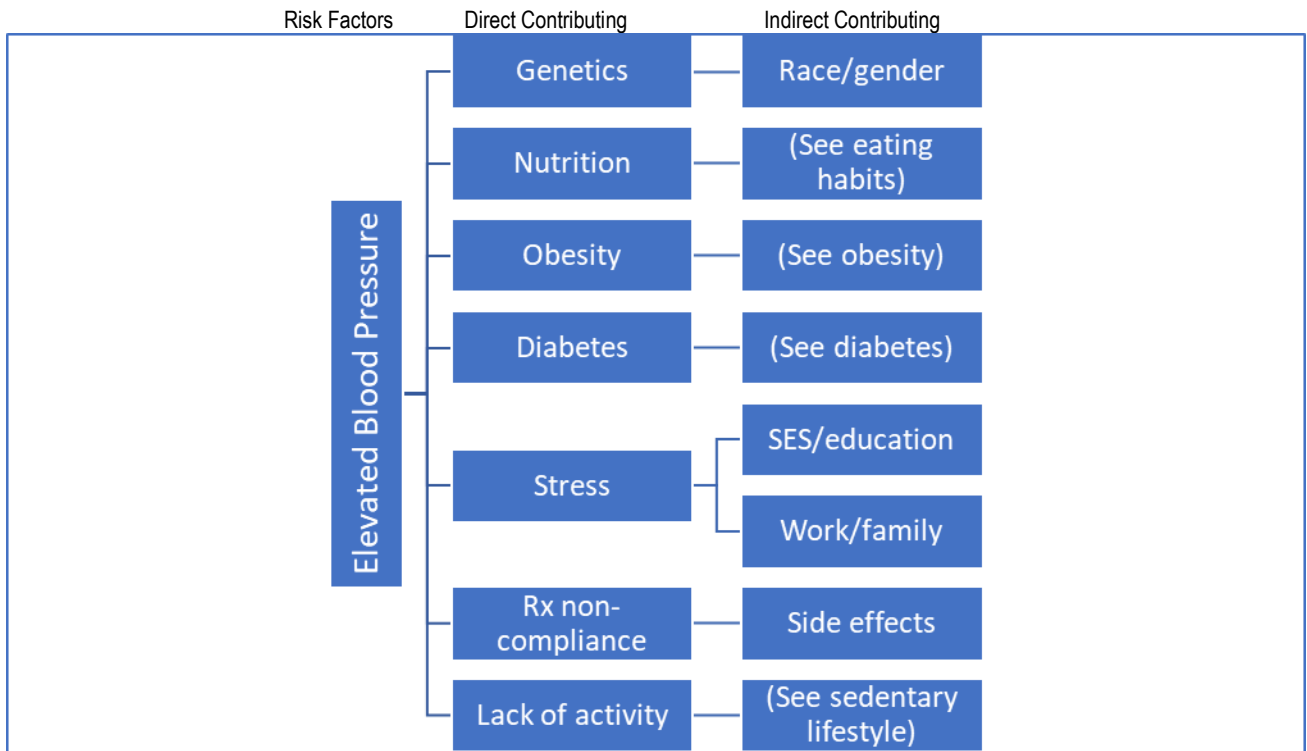
Cardiovascular Health: Sedentary Lifestyle Risk Factors



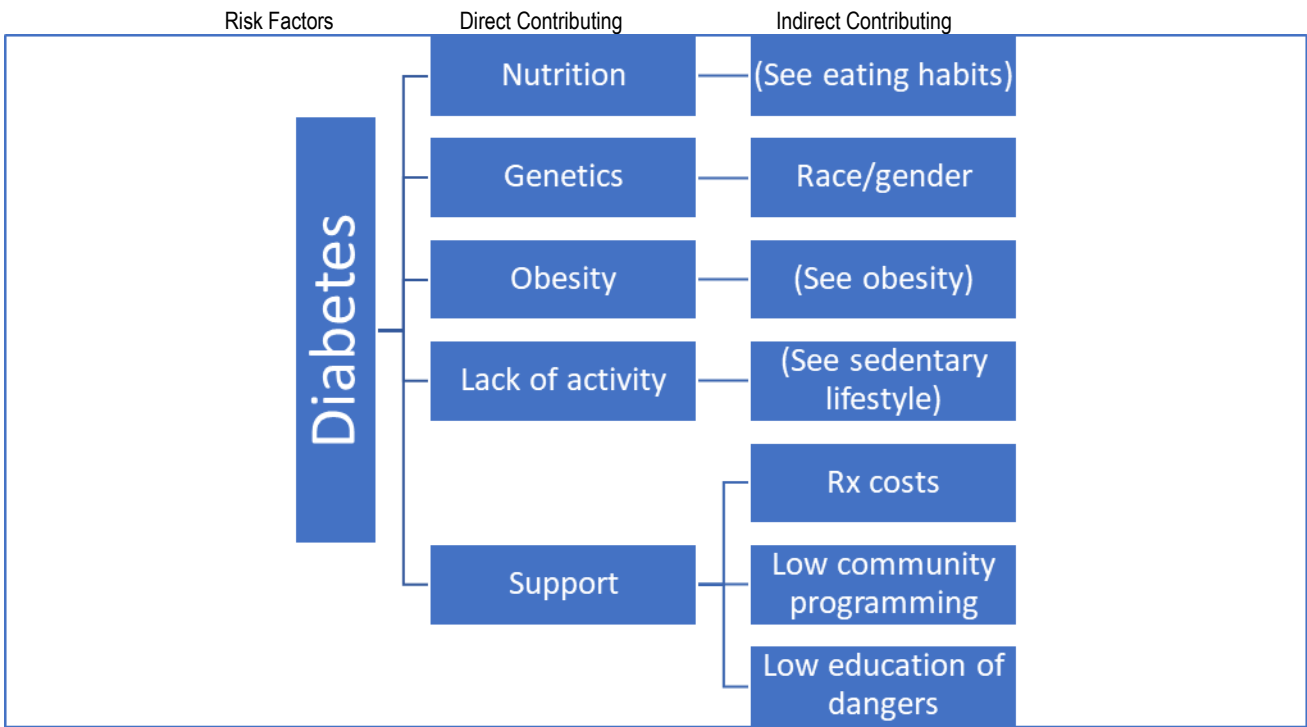
Cardiovascular Health: Obesity Risk Factors



Cardiovascular Health: Elevated Cholesterol Risk Factors

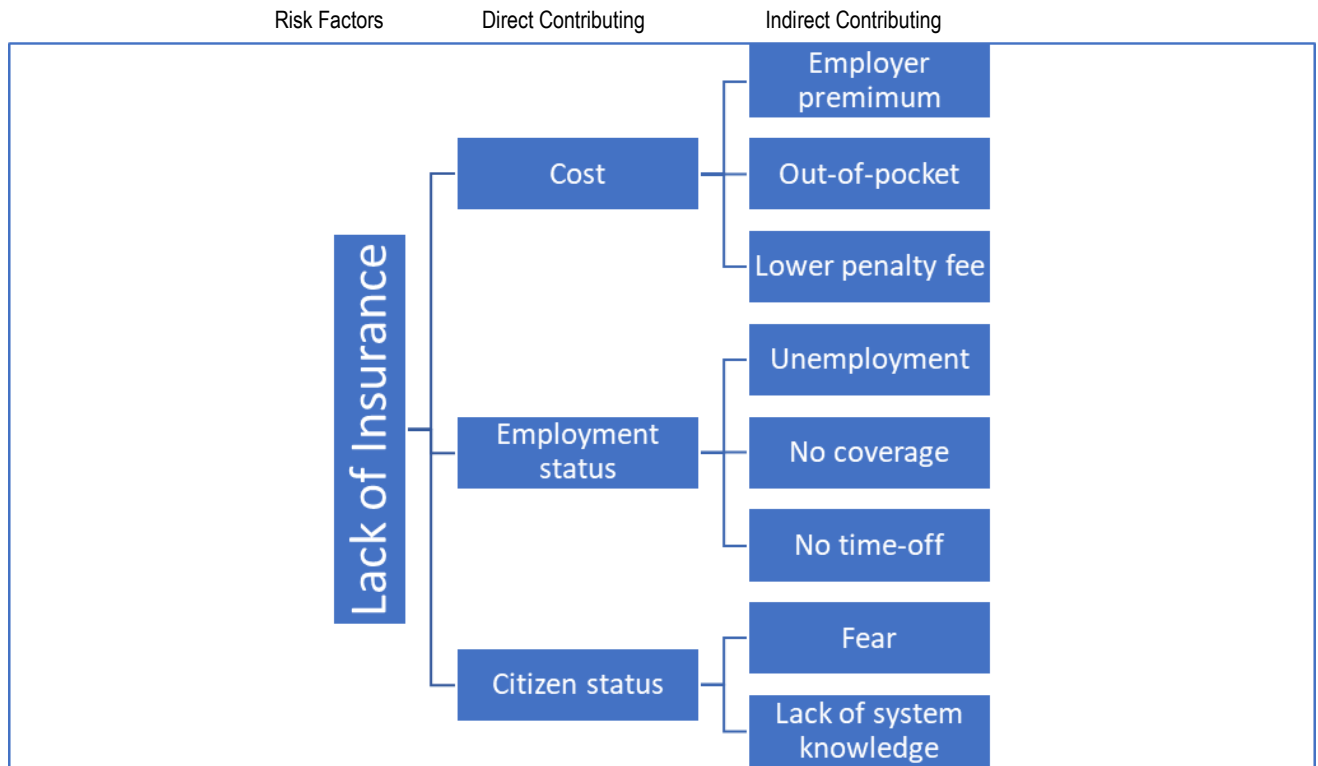


Cardiovascular Health: Elevated Blood Pressure Risk Factors

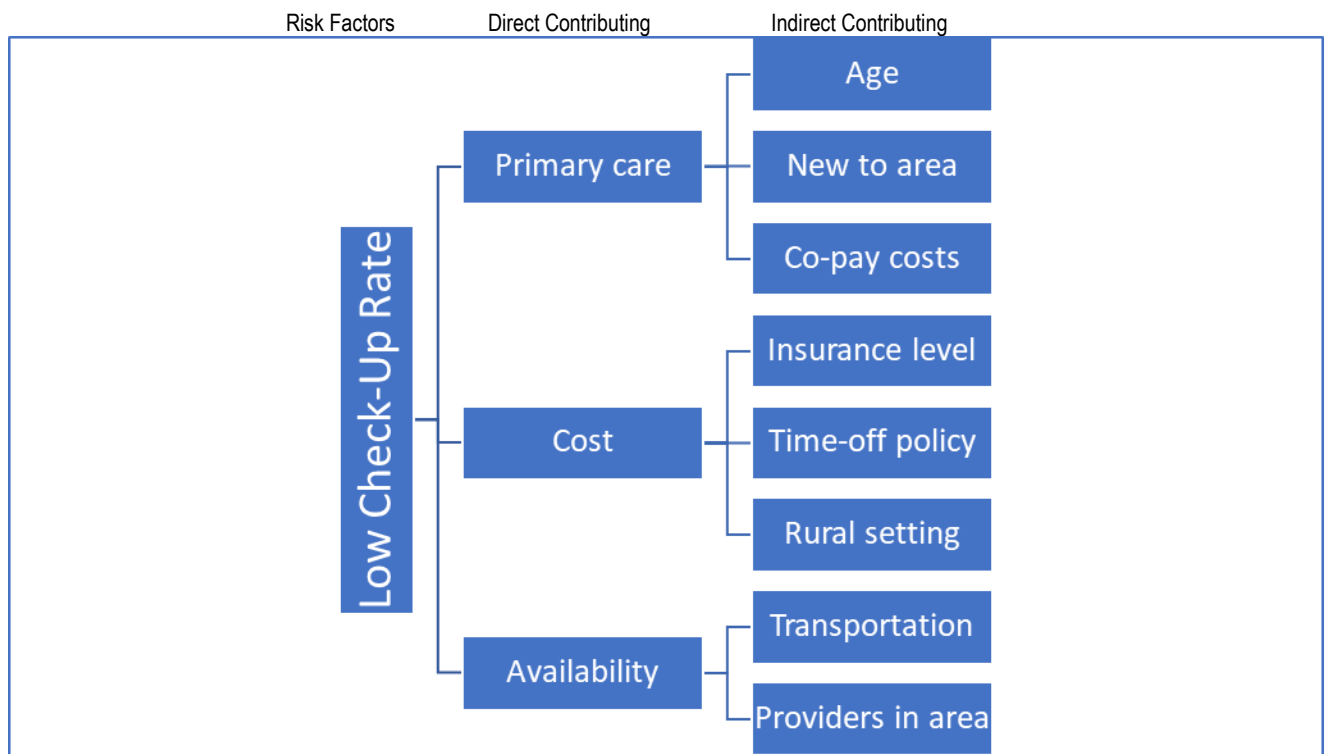


Cardiovascular Health: Diabetes Risk Factors

C. ACCESS TO CARE (APPENDIX F)



Access to Care: Lack of Insurance Risk Factors



Access to Care: Low Check-Up Rate Risk Factors

APPENDIX G: Community Resources/ Related Programming

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

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](#)

[Diabetes in Illinois Statistics Info-Graphics](#)
[Diabetes Information and Resources](#)
[EMMI Online Smoking Cessation Education](#)
[Food Resources in Southern Illinois](#)
[Food Works](#)
[Free Diabetes Self-Management Program Workshops](#)
[Free EMMI Online Cardiac/Heart Attack Education](#)
[Free EMMI Online Diabetes Education](#)
[Free EMMI Online Stroke Education](#)
[Healthy Convenience Store Toolkit](#)
[IL Map of Farmers Markets](#)
[Illinois Tobacco Quitline](#)
[Live Your Life! Control Your Diabetes](#)
["Lose to Gain" Healthy Weight Program](#)
[Making Healthier Choices on a Budget](#)
[MEND Evidence Based Healthy Lifestyle Program](#)
[National Stroke Association](#)
[New Life Weight Loss Center](#)
[Nutrition Education for Individuals, Families, Educators, and Health Professionals](#)
[Prediabetes Information and Resources](#)
[School Garden Toolkit](#)
[SI Medical Weight Loss](#)
[SIH Heart and Vascular Association](#)
[SIH Neuroscience and Stroke Information](#)
[Smoking Cessation Flyer](#)
[Smoke Free Multi-Use Housing Toolkit](#)
[Type 1 Diabetes Inflammation and Resources](#)
[Vascular Surgery/Cardiac Care at Heartland Regional Medical Center](#)
[Walking Paths](#)
[Weight Watchers](#)
[Worksite Wellness Resources and Toolkit](#)

III. Improve Access to Care including availability of service

[Dental Health Resource Guide](#)
[Non-Emergency Transportation Resource Guide](#)
[Vision and Hearing Resource Guide](#)
[Walk-In Clinic and School Health Center Resource Guide](#)
[Aging Resource Center Bridge Program](#)
[All Kids Illinois Insurance Program](#)
[Birthing Center-SIH](#)
[Child care Resource and Referral](#)
[Community Resource Center](#)
[Dental Offices in S. IL Accepting IL Medical Care/or Sliding Fee](#)
[EMMI Online Prenatal, Childbirth, and Neonatal Education](#)
[Everythrive Illinois](#)
[Find a Doctor](#)

[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*



Public Health

Prevent. Promote. Protect.

Jackson County Health Department

Jackson County, Illinois-Community Health Improvement Plan

2020-2024