

# **CLAY COUNTY HEALTH DEPARTMENT**

## **IPLAN 2012 – 2017**

**July 2012**



**Clay County Health Department  
IPLAN 2012 – 2017**

**Table of Contents**

Board of Health Review / Approval ..... pg. 7

Introduction ..... pg. 9

Statement of Purpose ..... pg. 9

Organize for Success ..... pg. 11

Visioning ..... pg. 15

**Community Health Assessment**

    Local Public Health System Assessment ..... pg.17

    Community Themes and Strengths Assessment ..... pg. 19

    Forces of Change Assessment ..... pg. 21

    Community Health Status Assessment ..... pg. 22

        Community Health Profile ..... pg. 23

    Identify Strategic Issues ..... pg. 43

**Community Health Improvement Plan**

    Develop Goals and Strategies ..... pg. 45

    Strategic Issue #1: Obesity / Healthy Living ..... pg. 49

    Strategic Issue #2: Cancer ..... pg. 55

    Strategic Issue #3: Access to Healthcare ..... pg. 63

Action Cycle ..... pg. 71

Appendix 1 – Gantt Chart ..... pg. 73

Appendix 2 – Community Themes and Strengths Assessment Brainstorming Chart ..... pg. 75

Appendix 3 – Community Health Survey Results ..... pg. 77

Appendix 4 – Forces of Change Assessment Brainstorming Chart ..... pg. 87



# *Clay County* *Health Department*

BETTER CARE BETTER HEALTH BETTER LIVING

---

July 6, 2012

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

Dear Mr. Szpyrka:

We respectfully request consideration for recertification of the Clay County Health Department with submission of the enclosed IPLAN document.

The Clay County IPLAN is a comprehensive document consisting of five sections:

- I. Board of Health Review/ Approval of Organizational Strategic Plan and IPLAN Document
- II. Community Health Assessment
- III. Community Health Profile Report
- IV. Community Health Improvement Plan
- V. Appendix

The Clay County IPLAN Committee has embraced the concepts and objectives found herein and are working diligently toward the improved health of the Clay County Community.

Sincerely,



Jeff Workman  
Administrator

Enclosure



# *Clay County* **Health Department**

**BETTER CARE, BETTER HEALTH, BETTER LIVING**

---

June 25, 2012

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

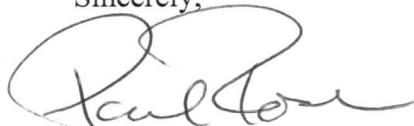
Dear Mr. Szyrka:

The Clay County Board of Health reviewed the Clay County Health Department Strategic Plan at its April 23, 2012 meeting. The Strategic Plan and its objectives were approved and implemented shortly thereafter, resulting in an improved outlook for the continued viability and success of the health department.

Furthermore, the Board of Health reviewed the Clay County Community Health Plan at its meeting on June 25, 2012 and adopted the Plan as part of the Illinois Project for the Local Assessment of Needs (IPLAN) submitted to you today.

The Board applauds the efforts of the IPLAN Committee toward improving the health of Clay County and its residents. We look forward to seeing the results of their community health improvement efforts over the next 5 years.

Sincerely,



Paul Rose, President  
Clay County Board of Health





# Introduction

## Statement of Purpose

In August 2011, the Clay County Health Department began preparations to engage in a community health planning process known as the Illinois Project for the Local Assessment of Needs (IPLAN).

IPLAN was developed by the Illinois Department of Public Health (IDPH) to meet the requirements set forth in 77 Illinois Administrative Code 600. This administrative code mandates that all certified local health departments in Illinois conduct an IPLAN process every five years for recertification.

IPLAN requires local health departments to create an organizational strategic plan, conduct a community health needs assessment, and develop a community health plan.

The administrative code allows local health departments to use an equivalent planning process for completing IPLAN. The Clay County Health Department utilized Mobilizing for Action through Planning and Partnerships (MAPP) framework to conduct IPLAN 2012-2017.

## Mobilizing for Action through Planning and Partnerships (MAPP)

Mobilizing for Action through Planning and Partnerships is a strategic approach to community health improvement. The MAPP tool is a community health improvement planning process developed by the National Association of County and City Health Officials (NACCHO) in collaboration with the Centers for Disease Control and Prevention (CDC) and is designed to emphasize a community-drive and community-owned approach.

The Clay County Health Department elected to utilize MAPP for its IPLAN process because of MAPP's emphasis on creating truly community-driven health improvement plan.

The MAPP process includes six phases:

Phase 1: Organize for Success

Phase 2: Visioning

Phase 3: The Four Assessments

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

Phase 4: Identify Strategic Issues

Phase 5: Formulate Goals and Strategies

Phase 6: Action Cycle



## Phase 1: Organize for Success

### Purpose

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

### The Process

#### Planning Process

In July 2011, a small number of CCHD staff was assembled to serve as the core IPLAN planning team. The core planning team was responsible for planning the MAPP process and recruiting participants. The planning team determined that the health department would utilize Mobilizing Action for Planning and Partnerships (MAPP) to conduct IPLAN 2012-2017. In previous iterations of IPLAN, CCHD utilized the APEX-PH model. MAPP is a community-driven strategic planning process for improving community health. The MAPP tool was developed by the National Association for County and City Health Officials (NACCHO) in cooperation with the Centers for Disease Control and Prevention (CDC) and is considered a best practice for community health improvement planning. The core planning team decided to utilize the MAPP framework for IPLAN 2012-2017 because the MAPP process focused on the local public health *system* rather than just one agency. The NACCHO MAPP Field Guide and the Florida MAPP Field Guide were utilized as reference materials for the planning process. A Gantt chart was created in order to develop a projected timeline in which to complete the MAPP process.

#### Partnership Development

Between August and September 2011, the core IPLAN planning team began active partnership development. In August 2011, senior leadership from the Clay County Health Department and Clay County Hospital convened to discuss the undertaking of IPLAN. It was decided that CCHD would be the lead organization throughout the community health improvement planning process. Hospital leadership voiced their support and agreed to actively participate in the process as a key partner.

To identify potential participants, senior leadership from CCHD compiled a list of various community leaders and stakeholders who would be invited to be part of the IPLAN Committee. Our goal was to recruit broad community representation and select key stakeholders that would be active participants throughout the MAPP process. Potential committee members received an invitation to the first IPLAN meeting and a brief overview of IPLAN via email. In addition, the email was followed by a telephone call to confirm RSVP's and to field any questions that potential participants had.

On September 28, 2011, CCHD hosted the first IPLAN Committee meeting. There were 17 community members present at this meeting. Committee members were given a presentation on IPLAN, successes and challenges of IPLAN 2007-2012, and an overview of the MAPP process.

Supporting Documents:

IPLAN Committee Roster

Gantt Chart (Appendix 1)

## IPLAN Committee 2012-2017

### Acknowledgments

The IPLAN Committee played an integral role in the development of Clay County IPLAN 2012-2017. The Clay County Health Department would like to thank the Committee members for generously volunteering their time and providing their insightful input. We hope to continue this partnership as we work together to improve the health of all who live, work, and play in Clay County.

Name	Organization
Alex Haglund	Advocate-Press
Angela Wenthe	American Cancer Society
Ariane Souder	Clay County Health Department
Brenda Streif	Clay County Hospital
Bridget Schnautz	Sherwin-Williams, Inc.
Dan Sulsberger	City of Flora
Deena Mosbarger	Clay County Health Department
Gifty Smith	First United Methodist
Gretchen Paule	Clay County Health Department
Jeff Workman	Clay County Health Department
Lisa Cash	Country Financial
Marie Headlee	Clay County Hospital
Mason Spitzner	Clay City High School
Randy Bukas	City of Flora
Robert Sellers	Clay County Hospital
Sharon Byrd	C.E.F.S. Economic Opportunity Corporation
Tammy Beccue	C.E.F.S. Economic Opportunity Corporation
Tammy Byers	Clay County Health Department
Vickie Simpson	Clay County Healthy Hearts



## Phase 2: Visioning

### Purpose

The purpose of visioning is to engage community members in a creative process that leads to a shared community vision and common values. From this creative process, participants collectively develop vision and mission statements that provide focus, purpose, and direction to the MAPP process.

### Process

In November 2011, the IPLAN Committee convened to participate in the visioning process. Laurie Call, Director of the Center for Community Capacity Development, Illinois Public Health Institute, facilitated the meeting and led the Committee through the visioning exercise. First, the facilitator presented a brief overview of the IPLAN and MAPP processes. Each individual was given sticky notes and a pen, asked to write a value on a sticky note, and post it on the wall. The facilitator emphasized that these values should guide the MAPP process and reflect what is important to the Committee. Collaboratively, the Committee grouped common values together and then combined similar groups into categories. Committee members worked in pairs to select a category and created a value statement. The value statements were revised and condensed together to create comprehensive value statements as well as a mission statement.

From this meeting, the IPLAN Committee created a mission statement that identifies what the Committee should strive to achieve throughout the MAPP process. The vision statement provides a compelling and inspirational image of what the community will look like in the future. Due to time constraints, the Committee decided to revisit the development of the vision statement after completion of the four MAPP assessments.

In February 2012, the IPLAN Committee completed the MAPP assessments and returned to the visioning process. The Committee utilized the results of the MAPP assessments and reviewed sample vision statements from other MAPP communities to create its own vision statement. The mission and vision statements were then formally approved and adopted during the March meeting.

### Mission Statement

Our mission is to develop an actionable, realistic health plan based on valid information that results in positive health outcomes for Clay County.

### Vision Statement

To improve the health and quality of life of all who live, work, and play in Clay County through community partnerships and involvement.





## Phase 3: Local Public Health System Assessment

### Purpose

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

### Process

The core IPLAN planning team decided to utilize the Local Public Health System Performance Assessment Tool to conduct the LPHSA. The tool was developed by NACCHO and CDC as part of the National Public Health Performance Standards Program (NPHPSP). The NPHPSP is a valuable tool in identifying areas for system improvement, strengthening partnerships, and assuring that a strong system is in place for effective response to day-to-day public health issues as well as public health emergencies.

CCHD senior leadership met on March 29, 2012 to conduct the LPHSA utilizing the NPHPSP tools.

### Data Analysis

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

### Results

#### Highest Scores:

- EPHS #6: Enforce Laws and Regulations that Protect Health and Ensure Safety
- EPHS #3: Inform, Educate, and Empower People about Health Issues
- EPHS #1: Monitor Health Status to Identify Community Health Problems

#### Lowest Scores:

- EPHS #4: Mobilize Community Partnerships to Identify and Solve Health Problems
- EPHS# 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
- EPHS#10: Research for New Insights and Innovative Solutions to Health Problems

#### Supporting Documents:

Local Public Health System Performance Assessment Report of Results (available upon request)



## **Phase 3: The Assessments**

### **Community Themes and Strengths Assessment**

#### **Purpose**

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

#### **The Process**

##### **Survey Methodology**

In order to obtain broad community input on health priorities and quality of life in Clay County, the core IPLAN planning team developed the Clay County Community Health Survey. The survey was developed based on the example community health survey provided in the MAPP Field Guide Handbook. Some modifications were made to better reflect the Clay County community. Prior to launching data collection efforts, subject matter experts at the Illinois Public Health Institute and Illinois Department of Public Health reviewed the survey and the plan for its distribution to ensure proper survey methodology.

Eligible participants had to be at least 18 years of age or older and live in Clay County (determined by self-reported city of residence) at the time the survey was taken. Survey participants answered a total of 28 questions on community health, demographics, and quality of life. Data collection began in September 2011 and continued through December 2011.

According to Census 2010 data, Clay County has a total population of 13,815. The total number of Clay County residents eligible to take the survey is 10,651. Approximately 371 completed surveys were needed to obtain a sample with a 95% confidence level and confidence interval of 5 based on the number of eligible residents.

Health department staff distributed the survey at a variety of community events (e.g., fall festivals, health fairs, flu clinics, sporting events, and outside of retail stores) to obtain a representative sample. A small monetary incentive was given to solicit community participation during community events. The IPLAN Committee also assisted with the dissemination and collection of the survey. An electronic version of the survey was made available via SurveyMonkey, a web-based platform that allows users to create, distribute, and collect surveys.

## **Survey Results**

Between September 2011 and December 2011, a total of 409 surveys were collected. Survey participants who did not meet the age and residency requirements were not calculated in the survey results. There were 26 surveys that did not meet the eligibility requirements. Thus, 383 of the 409 collected surveys were included in the final data analysis.

## **Demographics**

The largest proportion of respondents (38.6%) were between 45 and 64 years old, followed by those ages 35 to 44 years (25.8%), ages 65+ (17.0%), and ages 25-34 (11.7%). The majority of respondents were white (95.0%). Also, the majority of respondents were married (71.0%) and female (69.0%). Compared to 2010 US Census data, respondents were slightly more educated and had slightly higher incomes than the average.

## **Community Assets**

On January 25, 2012, the results of the Clay County Community Health Survey were presented to the IPLAN Committee. Following the presentation, the Committee members were engaged in brainstorming activities to identify the community strengths and challenges facing Clay County. The Committee formed two groups and each group answered the following questions: “What makes you most proud of our community?” “What are examples of people or groups working together to improve health and quality of life?” and “What are barriers that prevent our community from improving its health and quality of life?” The exercise was followed by larger group discussion of the community strengths and themes in Clay County.

### Supporting Documents:

CTSA Brainstorming Chart (Appendix 2)

Survey Results (Appendix 3)

## **Phase 3: The Assessments**

### **Forces of Change Assessment**

#### **Purpose**

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

#### **Process**

On January 25, 2012, the IPLAN Committee conducted the Forces of Change Assessment. Committee members were emailed the Forces of Change Brainstorming Worksheet and asked to complete the worksheet prior to the meeting. This allowed the Committee members to prepare for the FOCA brainstorming activities. During the meeting, the Committee was divided into two groups and instructed to discuss and identify various trends, factors, and events that could influence the health and quality of life of the community. The two groups came back together to identify potential threats and opportunities for each force of change. This activity generated a discussion on how to mitigate potential threats that may inhibit community health and how to capitalize on potential opportunities as we develop our community health improvement plan.

#### **Results**

The IPLAN Committee identified factors such as an aging/diminishing population, budget deficits/cuts, the Affordable Care Act, and other factors as having the potential to impact the health and quality of life of the community. Please refer to the FOCA Brainstorming Chart to view the complete list.

#### **Supporting Documents:**

FOCA Brainstorming Chart (Appendix 4)

## **Phase 3: The Assessments**

### **Community Health Status Assessment**

#### **Purpose**

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

#### **Data Sources**

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

#### **Healthy People 2020**

Healthy People 2020 (HP 2020) is a nationwide agenda created by the US Department of Health and Human Services that provides 10-year national objectives for improving the health of all Americans. HP 2020 provides national benchmarks and goals that are applicable at the national, state, and local levels. Objectives with target measures are available for 39 health topic areas (e.g. Cancer, Environmental Health, Tobacco Use, etc.). Clay County health data was compared to HP 2020 target measures whenever possible.

#### **Supporting Documents:**

Community Health Profile Report

**Community Health Profile Report**  
**Clay County Health Department**

## Table of Contents

Section 1.	Demographic and Socioeconomic Characteristics .....	pg. 25
Section 2.	General Health and Access to Care Indicators .....	pg. 29
Section 3.	Maternal and Child Health Indicators .....	pg. 31
Section 4.	Chronic Disease Indicators .....	pg. 34
Section 5.	Infectious Disease Indicators .....	pg. 37
Section 6.	Environmental, Occupational, and Injury Control Indicators .....	pg. 39
Section 7.	Sentinel Events .....	pg. 42



## Section 1. Demographic and Socioeconomic Characteristics

Clay County is a rural community located in the Southeastern portion of Illinois. The county has a total population of 13,815 residents. This is a 5.1% decrease in population since 2000. Despite the decrease in total population, there was an increase in the population of 45 to 64 years old between the 2000 Census and 2010 Census.

The county has an aging population. Since 2000, the median age has risen from 39.7 years to 42.2 years in 2010.

**Table 1.1: Population by Age and Gender**

Population	Clay 1990	Clay 2000	Clay % 2000	Clay 2010	Clay % 2010	IL % 2010	percent change
<b>Total population</b>	<b>14,460</b>	<b>14,560</b>	<b>100.0</b>	<b>13,815</b>	<b>100.0</b>	<b>100.0</b>	<b>-5.1%</b>
Male	6,838	6,987	48.0	6,781	49.1	49.0	-2.9%
Female	7,622	7,573	52.0	7,034	50.9	51.0	-7.1%
<b>Age</b>							
Under 5	904	859	5.9	852	6.2	6.5	-0.8%
5 to 9	1108	992	6.8	903	6.5	6.7	-9.0%
10 to 14	1,059	1,009	6.9	853	6.2	6.9	-15.5%
15 to 19	934	996	6.8	926	6.7	7.2	-7.0%
20 to 24	808	789	5.4	708	5.1	6.9	-10.3%
25 to 34	2,064	1,684	11.6	1552	11.2	13.8	-7.8%
35 to 44	1,923	2,084	14.3	1602	11.6	13.5	-23.1%
45 to 54	1,475	1,896	13.0	2083	15.1	14.6	9.9%
55 to 59	669	757	5.2	990	7.2	6.3	30.8%
60 to 64	716	702	4.8	878	6.4	5.2	25.1%
65 to 74	1,443	1,273	8.7	1224	8.9	6.4	-3.8%
75 to 84	986	1,044	7.2	853	6.2	4.1	-18.3%
85 +	371	475	3.3	391	2.8	1.8	-17.7%
Median age (years)		39.7	(X)	42.2	(X)	36.6	

Source: U.S. Census Bureau 2010

Clay County has a predominantly white population, accounting for 97.7% of the county's total population. The racial makeup of the remaining 2.3% are 0.3% Black or African American, 0.2% American Indian or Alaskan Native, 0.5% Asian, 0.8% two or more races, and 0.5% of other race. People of Hispanic or Latino origin of any race accounted for 1.1% of the population.

## Section 1. Demographic and Socioeconomic Characteristics

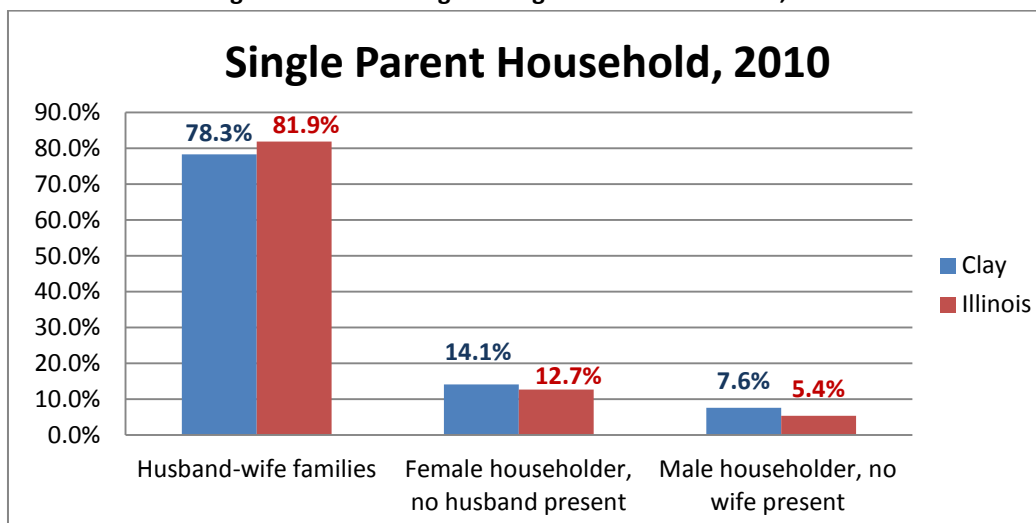
**Table 1.2: Race/Ethnicity Distribution**

Race Distribution					
Race	2000	Percent	2010	Percent	% Change
Total Population	14560	100.0%	13,815	100.0%	-5.1%
One Race	14502	99.6%	13704	99.2%	-5.5%
White	14345	98.5%	13,499	97.7%	-5.9%
Black or African American	16	0.1%	47	0.3%	193.8%
American Indian and Alaska Native	33	0.2%	32	0.2%	-3.0%
Asian	76	0.5%	63	0.5%	-17.1%
Native Hawaiian/Pacific Islander	2	0.0%	0	0.0%	-100.0%
Other Race	30	0.2%	63	0.5%	110.0%
Two or More Races	58	0.4%	111	0.8%	91.4%
Hispanic or Latino*	88	0.6%	151	1.1%	71.6%

Source: U.S. Census Bureau 2010

There are 3,790 family households in the county, 78.3% of which are husband-wife families. Single-parent households, female or male householder alone, account for 21.7% of family households.

**Figure 1.1: Percentage of Single Parent Households, 2010**



Source: US Census Bureau

## Section 1. Demographic and Socioeconomic Characteristics

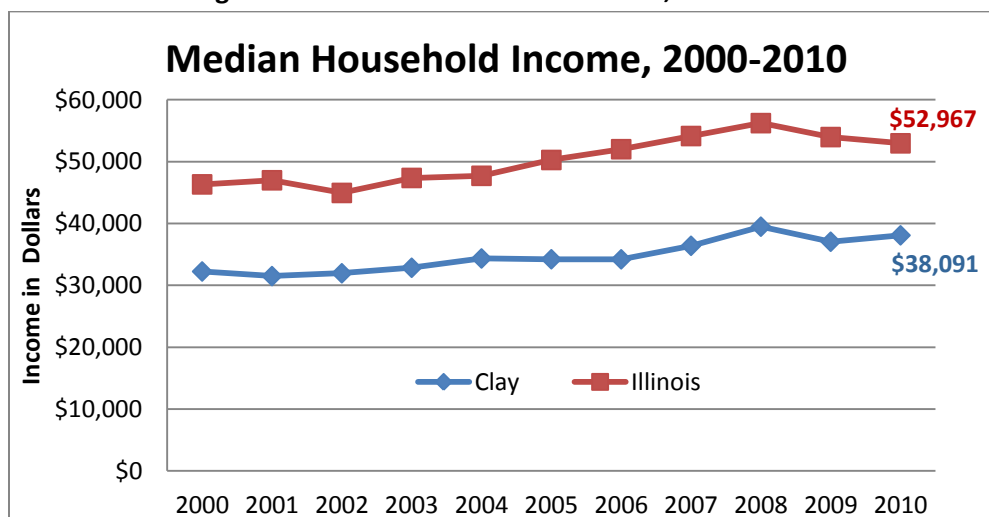
**Table: 1.3: Educational Attainment by Percent of Population Age 25+**

Level of Education	2000		2009	
	Clay	IL	Clay	IL
Less than High School	24.0%	18.6%	14.6%	15.4%
High School grad or higher	76.0%	81.4%	85.4%	84.6%
Bachelor's or higher	9.7%	26.0%	15.6%	27.5%

Source: US Census Bureau

Since 2000, the percentage of Clay County residents age 25+ with a high school degree or higher has risen from 76.0% to an estimated 85.4% in 2009. Clay County has also seen an increase in residents who have attained a bachelor's degree or higher from 9.7% to 15.6%. Despite these increases, the percentage of residents with at least a bachelor's degree is still much lower compared to the state at 27.5%.

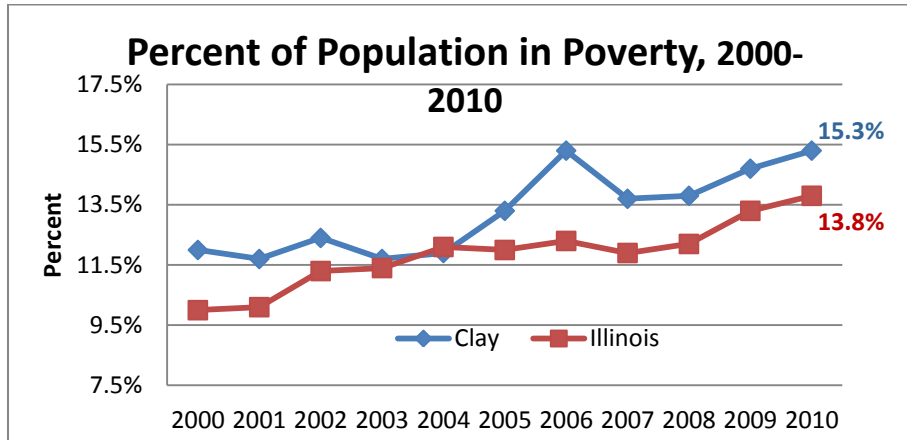
**Figure 1.2: Median Household Income, 2000 - 2010**



Source: "Small Area Income and Poverty Estimates," US Census Bureau

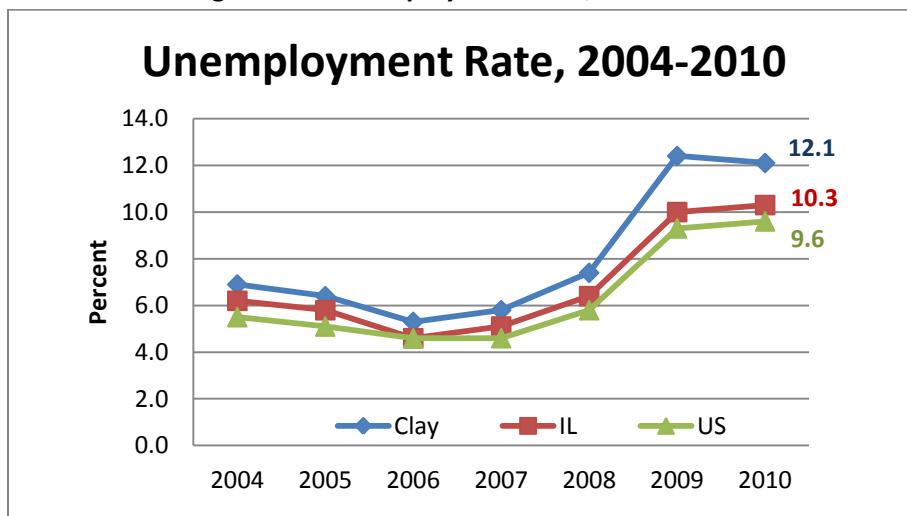
## Section 1. Demographic and Socioeconomic Characteristics

Figure 1.3: Percent of Population in Poverty, 2000 - 2010



Source: "Small Area Income and Poverty Estimates," US Census Bureau

Figure 1.4: Unemployment Rate, 2004 - 2010



Source: Illinois Department of Employment Security

The median household income in Clay County was \$38,091 compared to the state median household income of \$52,967. Clay County also had a higher percentage of the population living in poverty. An estimated 15.3% of Clay County residents were living in poverty compared to 13.8% of the state. Approximately 809 households, or 13% of the population, in the county received food stamps in February 2010 (Heartland Alliance).

Another factor that may contribute to the poverty level is the county's high unemployment rate. Clay County has an unemployment rate of 12.1%, higher than the state and national averages of 10.3% and 9.6% respectively.

## Section 2. General Health and Access to Care Indicators

**Table 2.1: Leading Causes of Death**

Top Ten Leading Causes of Death in Clay County, 2008					
Rank	Cause of Death	Clay		Illinois	
		Number of Deaths	Percent of Deaths	Number of Deaths	Percent of Deaths
	All Causes	182	100.0%	103,069	100.0%
1	Cancer	44	24.2%	24,210	23.5%
2	Diseases of the Heart	43	23.6%	25,979	25.2%
3	Chronic Lower Respiratory Disease	15	8.2%	5,584	5.4%
4	Cerebrovascular Disease	13	7.1%	5,765	5.6%
5	Accidents	10	5.5%	4,173	4.0%
6	Septicemia	6	3.3%	1,956	1.9%
7	Suicide	5	2.7%	1,188	1.2%
8	Alzheimer's Disease	4	2.2%	3,188	3.1%
8	Diabetes Mellitus	4	2.2%	2,839	2.8%
10	Influenza and Pneumonia	3	1.6%	2,663	2.6%

Source: Illinois Department of Public Health

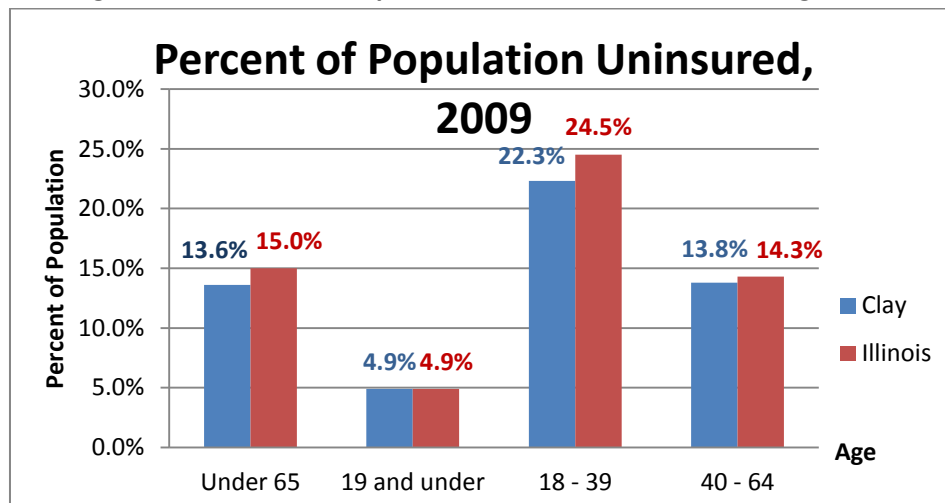
In 2008, the leading cause of death in Clay County was cancer with heart disease falling in a very close second. Similarly, heart disease and cancer were the top two leading causes of death in the state of Illinois.

The crude mortality rate for the county was approximately 1317.4 per 100,000 versus 803.3 per 100,000 for the state. While the crude mortality rate for Clay County is higher than the state's rate, it is important to remember that this is not an age-adjusted figure. Since Clay County has an aging population, it is expected that the crude mortality rate would be higher compared to a younger population.

The Illinois Department of Human Services estimates that life expectancies at birth for males to be 71.8 years and 78.79 years for females. Life expectancies at the county-level were not available.

Section 2. General Health and Access to Care Indicators

Figure 2.1: Percent of Population without Insurance Coverage, 2009



Source: US Census Bureau, Small Area Health Insurance Estimates

In 2009, an estimated 13.6% of Clay County residents under the age of 65 did not have insurance coverage compared to 15.0% in Illinois. Residents between the ages of 18 to 39 years are most likely to be uninsured with an estimated 22.3% of 18-39 year olds uninsured.

Table 2.2: Years of Potential Life Lost, 2006

Years of Potential Life Lost (YPLL), 2006			
Clay		Illinois	
Total for All Races			
Malignant Neoplasms	58	Accidents	85,216
Motor Vehicle Accidents@	30	Malignant Neoplasms	73,388
Accidents	30	Diseases of Heart	54,578
Lung Cancer @	29	Perinatal Conditions	45,158
Diseases of Heart	21	Coronary Heart Disease @	36,136
Coronary Heart Disease @	21	Motor Vehicle Accidents @	31,128
Fires and Burns @	10	Homicide	27,677
Suicide	10	Firearms	27,275
Cerebrovascular Diseases	7	Congenital Malformations	19,618
Diabetes Mellitus	7	Suicide	17,193

@ This is a subcategory of a preceding cause.

Source: IPLAN Data System

In 2006, cancers account for the highest number of years of potential life lost (YPLL) in the county at 58 years of life lost. Accidents, specifically motor vehicle accidents, are second in the county for YPLL. For the state of Illinois, accidents are first on the list of highest number of YPLL.

### Section 3. Maternal and Child Health Indicators

**Table 3.1 Birth by Characteristics, 2009**

Resident County	Total Births	Low Birth Weight (<2,500 grams)		Very Low Birth Weight (<1,500 grams)		Preterm (<37 weeks)	
		Births	Percent	Births	Percent	Births	Percent
<b>ILLINOIS</b>	<b>171,077</b>	<b>14,372</b>	<b>8.4</b>	<b>2,655</b>	<b>1.6</b>	<b>17,109</b>	<b>10</b>
Clay	178	17	9.6	1	*	20	11.2

\*does not meet standards of reliability, numerator <10 or denominator <100

Source: Birth Characteristics by Resident County 2009, IDPH

**Table 3.2: Birth by Characteristics Continued, 2009**

Resident County	Total Births	Adequate Prenatal Care (Kotelchuck) **		Cesarean Section **		Mother Unmarried		Not H.S. Graduate, Age 20+ **	
		Births	Percent	Births	Percent	Births	Percent	Births	Percent
<b>ILLINOIS</b>	<b>171,077</b>	<b>125,932</b>	<b>80.2</b>	<b>53,296</b>	<b>31.5</b>	<b>69,728</b>	<b>40.8</b>	<b>21,313</b>	<b>14</b>
Clay	178	157	92.4	49	28	75	42.1	13	8.3

Source: Birth Characteristics by Resident County 2009, IDPH

In 2009, there were 178 births in Clay County. Infants born to Clay County mothers were slightly more likely to be low birth weight or preterm babies. However, Clay County mothers were significantly more likely to have adequate prenatal care at 92.4% compared to the state at 80.2%.

**Table 3.3: Birth by Demographics, 2009**

Resident County	Total Births	Sex		Race			Hispanic Origin
		Male	Female	White	Black	Other	
<b>ILLINOIS</b>	<b>171,077</b>	<b>87,706</b>	<b>83,371</b>	<b>130,629</b>	<b>30,186</b>	<b>10,262</b>	<b>40,369</b>
Clay	178	80	98	176	0	2	2

Source: Birth Demographics by Resident County 2009, IDPH

### Section 3. Maternal and Child Health Indicators

**Table 3.4: Birth by Demographics Continued, 2009**

Resident County	Total Births	Mother's Age Group (Years)					
		< 20	20 - 24	25 - 29	30 - 34	35 - 39	40 +
<b>ILLINOIS</b>	<b>171,077</b>	<b>16,376</b>	<b>36,342</b>	<b>47,462</b>	<b>44,169</b>	<b>21,649</b>	<b>5,067</b>
Clay	178	21	55	59	32	7	4

Source: Birth Demographics by Resident County 2009, IDPH

Approximately 11.8% of births in Clay County were to teen mothers less than 20 years of age. This is higher than the state teen birth rate of 9.6% in 2009.

**Table 3.5: Infant Mortality**

Year	2006			2007			2008		
County	Births	Infant Deaths	IM Rate	Births	Infant Deaths	IM Rate	Births	Infant Deaths	IM Rate
<b>ILLINOIS</b>	<b>180,503</b>	<b>1,343</b>	<b>7.4</b>	<b>180,530</b>	<b>1,196</b>	<b>6.6</b>	<b>176,634</b>	<b>1,263</b>	<b>7.2</b>
CLAY	167	--	-0-	170	2	**	164	1	**

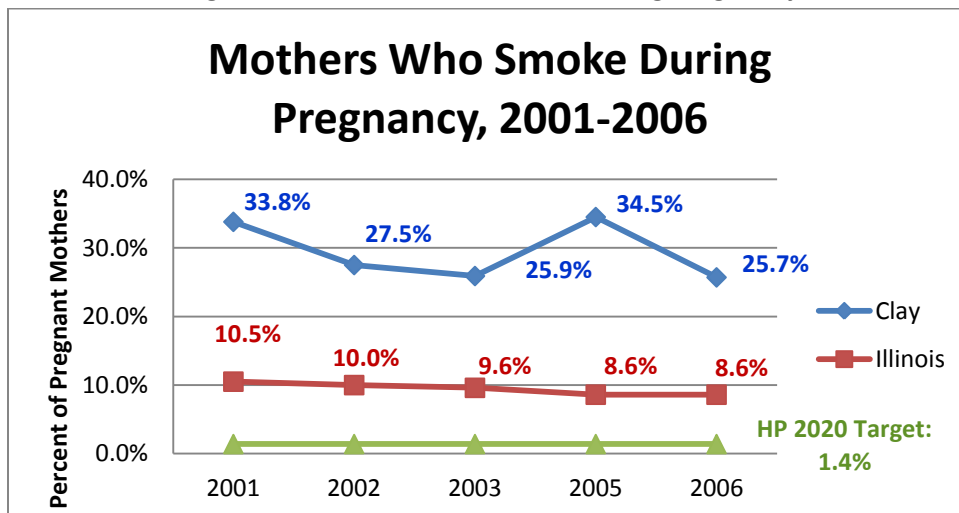
\*does not meet standards of reliability, numerator <10 or denominator <100

Source: Infant Mortality Number by County 2006-2008, IDPH

The infant mortality rate for Clay County could not be calculated due to the low number of occurrences between the years 2006 – 2008.



Figure 3.1: Mothers Who Smoke During Pregnancy



Source: IPLAN Data System

Clay County has a significantly higher percentage, 25.7%, of expecting mothers who smoke during pregnancy compared to the state’s rate of 8.6%. This rate is much higher than HP 2020’s target to reduce the percentage of mothers who smoke during pregnancy to 1.4%.

Figure 3.2: Mothers Who Drink During Pregnancy



Source: IPLAN Data System

Although Clay County rates of mothers who drink during pregnancy are higher compared to the state, both Clay County and Illinois are well below the HP 2020 target of 1.7%.

## Section 4. Chronic Disease Indicators

**Table 4.1: Crude Mortality Rates**

Crude Mortality Rates, 2008		
	Clay	IL
All Deaths	1317.4	803.3
Cancer	318.5	188.7
Coronary Heart Disease	311.3	202.5
Cerebrovascular	94.1	44.9
Chronic Liver Disease	*	8.9
* If < 10 events, no rate calculated		

Source: Illinois Department of Public Health

**Table 4.2: Age-Adjusted Cancer Incidence and Mortality Rates, 2004 – 2008**

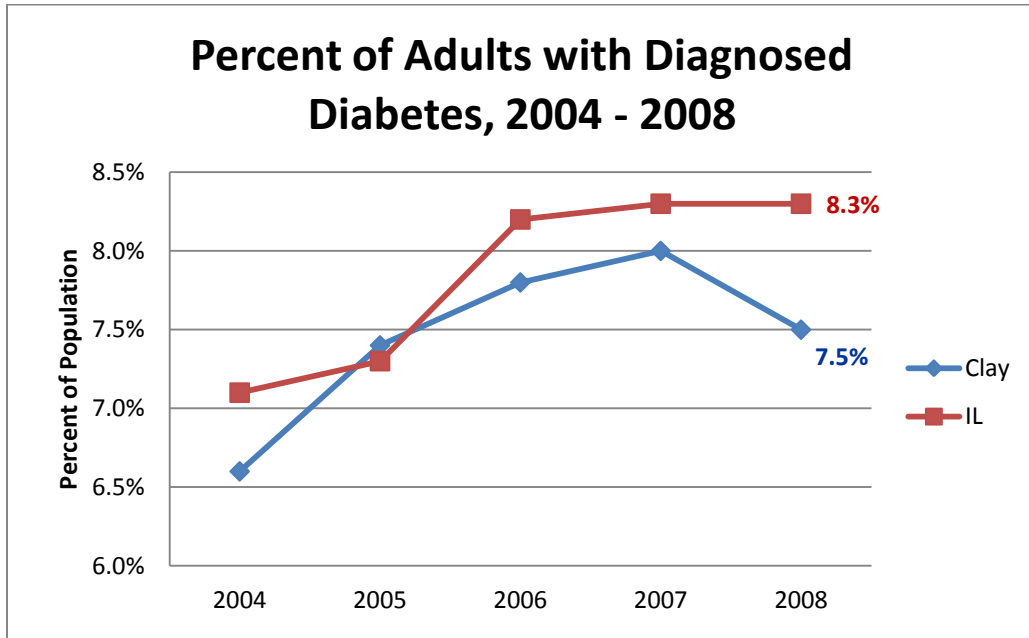
Type of Cancer	Clay County				Illinois			
	Incidence		Mortality		Incidence		Mortality	
	Male	Female	Male	Female	Male	Female	Male	Female
<b>All Sites</b>	<b>706.9</b>	<b>430.8</b>	<b>237.7</b>	<b>156.2</b>	<b>577.0</b>	<b>433.8</b>	<b>235.4</b>	<b>163.4</b>
Colorectal	82.6	51.8	31.9	17.7	63.9	46.5	23.9	16.5
Lung & Bronchus	117.1	64.8	69.1	46.0	89.9	59.8	71.1	42.2
Breast	--	106.6	--	21.0	--	123.9	--	25.2
Prostate	208.2	--	26.7	--	157.7	--	26.2	--
Cervix	--	4.8	--		--	8.8	--	

Overall cancer death rate, HP 2020 target: 160.6 deaths per 100,000

Source: American Cancer Society, Illinois Cancer Registry

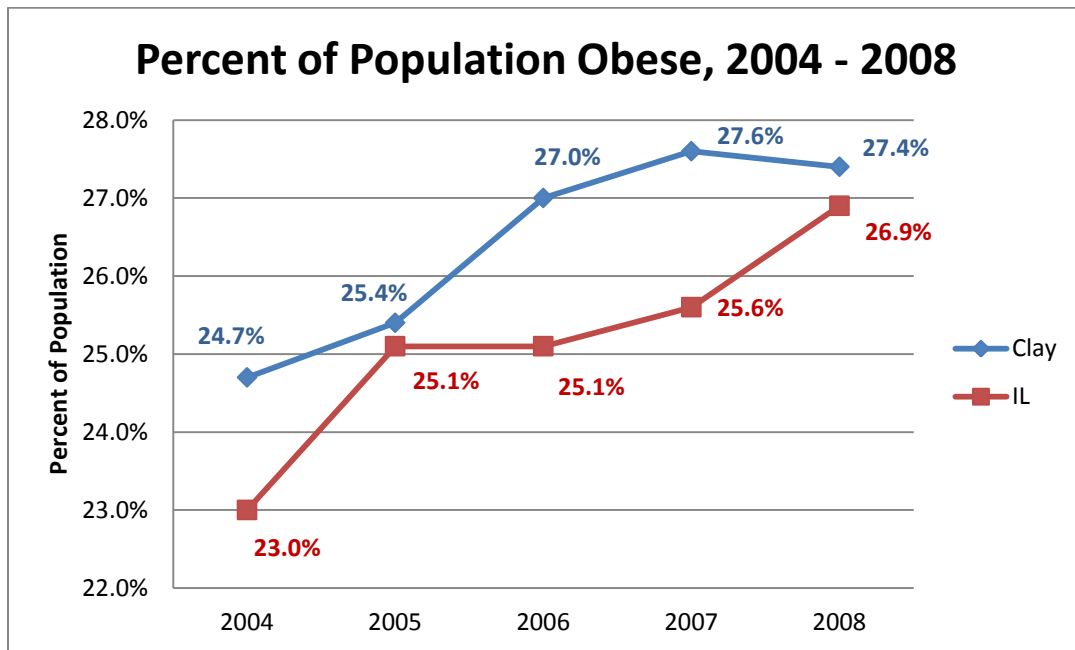
Although the incidence rates of cancer in Clay County is higher than the state average, mortality rates are approximately the same as Illinois cancer mortality rates. The higher incidence rates can be due to successful cancer detection programs in which a larger proportion of the county participates in routine cancer screenings.

Figure 4.1: Percent of Adults with Diagnosed with Diabetes



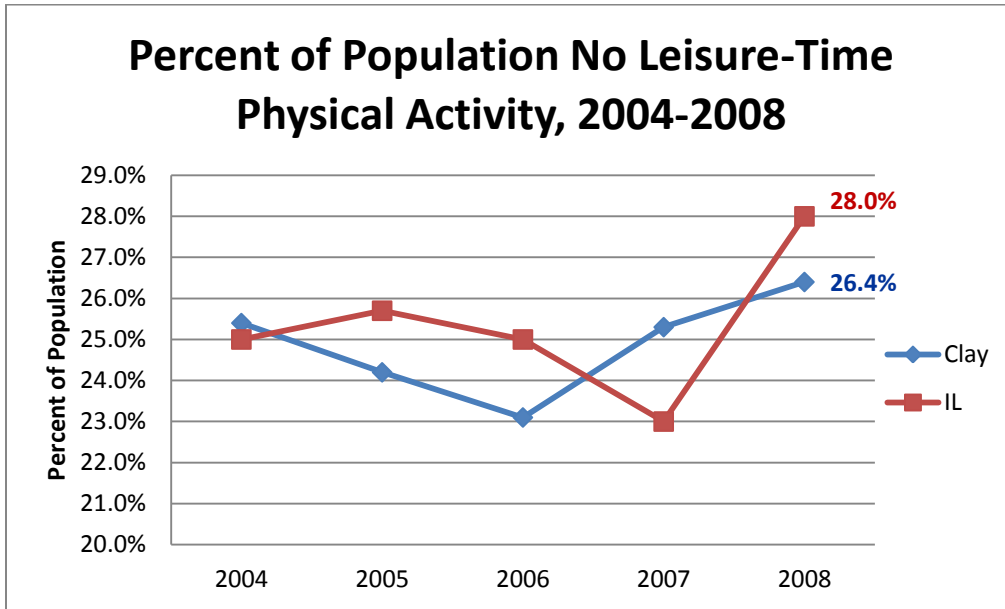
Source: National Diabetes Surveillance System, CDC

Figure 4.2: Percent of Population Considered Obese



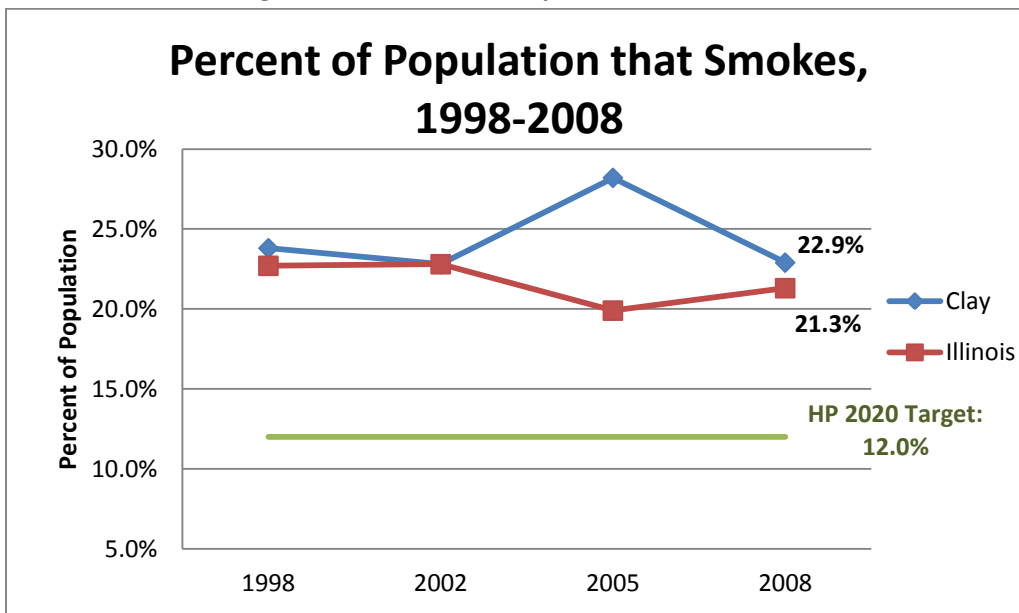
Source: National Diabetes Surveillance System, CDC

Figure 4.3: Percent of Population No Leisure-Time Physical Activity



Source: National Diabetes Surveillance System, CDC

Figure 4.4: Percent of Population that Smokes



Source: Illinois Behavioral Risk Factor and Surveillance System

## Section 5. Infectious Disease Indicators

**Table 5.1: Cases & Rates of Chlamydia, Gonorrhea, and Syphilis, 2005-2009**

	Cases					Rates				
						Rates are per 100,000 population				
	Chlamydia					Chlamydia				
COUNTY	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
CLAY	11	9	10	23	20	75.5	61.8	68.7	158.0	137.4
TOTAL ILLINOIS	50,559	53,586	55,470	59,169	60,542	407.1	431.5	446.6	476.4	487.5
Total Ill. Excluding Chicago	27,705	29,937	33,289	33,704	33,750	290.9	314.4	349.6	353.9	354.4
Gonorrhea										
COUNTY	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
CLAY	3	2	0	2	2	20.6	13.7	0	13.7	13.7
TOTAL ILLINOIS	20,019	20,186	20,813	20,674	19,962	161.2	162.5	167.6	166.5	160.7
Total Ill. Excluding Chicago	10,130	10,292	11,425	10,165	8,955	106.4	108.1	120	106.7	94
Early Syphilis										
COUNTY	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
CLAY	0	1	0	0	0	0	6.9	0	0	0
TOTAL ILLINOIS	922	698	688	825	1,094	7.4	5.6	5.5	6.6	8.8
Total Ill. Excluding Chicago	177	216	195	207	320	1.9	2.3	2	2.2	3.4
Primary and Secondary Syphilis										
COUNTY	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
CLAY	0	1	0	0	0	0	6.9	0	0	0
TOTAL ILLINOIS	525	431	464	554	750	4.2	3.5	3.7	4.5	6
Total Ill. Excluding Chicago	107	136	133	129	189	1.1	1.4	1.4	1.4	2

Source: Illinois Department of Public Health

The rates of infection for chlamydia and gonorrhea in Clay County are significantly lower compared to the rates of infection across the state-level and Illinois counties excluding Chicago. Generally, rates of syphilis in the county are also well below syphilis rates across the states. Only one case of syphilis was reported between the years 2005 – 2009.

## Section 5. Infectious Disease Indicators

**Table 5.2: Incidence Rates of HIV/AIDS, 2010**

County	2010 HIV (non-AIDS) Cases				2010 AIDS Cases			
	Diagnosed as of 12/31/10	Living as of 12/31/10	Cumulative Cases Diagnosed since 2005	2005-2010 HIV Diagnosis Rate	Diagnosed as of 12/31/10	Living as of 12/31/10	Cumulative Cases Diagnosed since 2005	2005-2010 AIDS Diagnosis Rate
Clay	0	4	0	0.0	0	3	4	4.9
Totals	871	15785	7178	9.3	445	17820	5942	7.7
Downstate Counties*	163	2478	1099	4.1	84	2786	1003	3.8

\*Downstate counties are all Illinois counties excluding Cook and collar counties

Source: IDPH, [http://www.idph.state.il.us/aids/Surv\\_Report\\_1210.pdf](http://www.idph.state.il.us/aids/Surv_Report_1210.pdf)

No new cases of HIV (non-AIDS) were reported between the years 2005 - 2010. Since 2005, four cases of AIDS have been diagnosed.

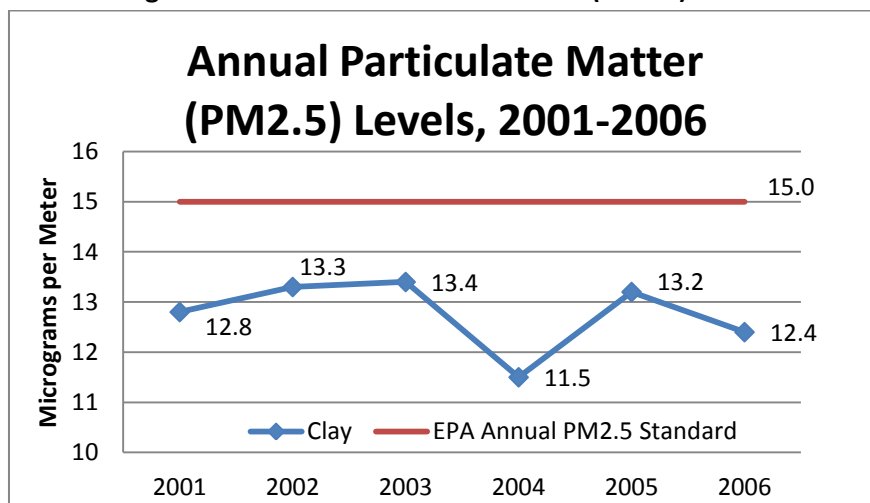
**Table 5.3: Clay County Tuberculosis Cases, 2006 - 2010**

County	2006	2007	2008	2009	2010
Clay	0	0	0	1	0
Effingham	0	0	0	0	0
Marion	1	0	1	2	0
Richland	0	0	0	0	0

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

In Clay County and our adjacent counties, tuberculosis (TB) incidence rates are very low due to the low number of reported tuberculosis cases. Between 2006 and 2010, Clay County had only one reported case of TB.

Figure 6.1: Annual Particulate Matter (PM2.5) Levels



Source: US Environmental Protection Agency

Ozone and airborne particulate matter levels are two indicators used to determine an area’s Air Quality Index. Between 2001 and 2006, Clay County’s annual particulate matter levels were well below the US Environmental Agency’s standard, indicating that few pollutants are present in the county’s outdoor air. Data on Clay County ozone levels (ppm) were not available.

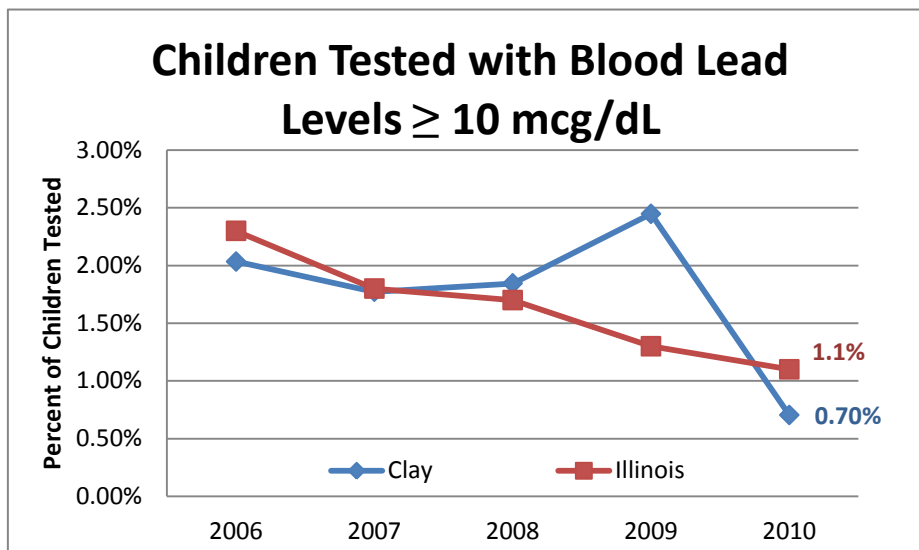
Table 6.1: Clay County Water Sample Testing, 2008 - 2011

	2008	2009	2010	2011
Total # Samples	14	15	22	11
# Positive for Coliform	8	9	15	8
Percent Positive for Coliform	57.1%	60.0%	68.2%	72.7%

Source: Clay County Health Department, Environmental Health

A majority of Clay County residents have access to municipal water sources, which are required by the state to conduct routine water sample testing to ensure that these public water sources are safe for use. For county residents that do not have access to municipal water or those that chose to utilize private water sources, water sample testing is offered through the Clay County Health Department’s Environmental Health Program. Between 2008 and 2011, over 50% of private water samples tested positive for coliform bacteria. The presence of coliform bacteria renders the water source unsafe to drink.

Figure 6.2: Children Tested with Blood Lead Levels  $\geq 10$  mcg/dL



Source: IDPH, Illinois Lead Poisoning Surveillance Report, 2006-2010

Since 2006, there is an overall downward trend in Clay County and Illinois in the percent of children tested with blood lead levels  $\geq 10$  mcg/dL. The HP 2020 goal is to have zero percent of children tested with blood lead levels  $\geq 10$  mcg/dL.

	2005	2006	2007	2008	2009
Total	392	403	413	380	292
Fatal Crash	*	*	*	*	*
Injury Crash	69	57	75	60	53

\*no data shown if less than 5 occurrences

Source: IDPH EMS Reporting System

Clay County motor vehicle accidents (MVA) rates could not be calculated due to the low number of recorded MVA fatalities. Between 2005 and 2009, there were less than 5 occurrences of fatal crashes in Clay County each year. Alcohol-related MVA mortality rates also cannot be calculated due to low number of occurrences.



## Section 6. Environmental, Occupational, and Injury Control Indicators

---

**Table 6.3: Clay County Number of Homicides and Suicides, 2002-2006**

	2002	2003	2004	2005	2006
Number of Homicides	0	1	0	0	0
Number of Suicides	2	2	1	1	1

\*no rate calculated if < 10 events

Source: IPLAN Data System

Homicide and suicide rates could not be calculated for Clay County due to low number of occurrences. No rates are calculated if less than 10 events occur in one year.

## Section 7. Sentinel Events

---

**Table 7.1: Sentinel Events**

	2000 - 2004	2005 - 2009
Children hospitalized for asthma (1 - 14 years)	15	12
Adults with TB	2	1
Adults hospitalized for uncontrolled hypertension	43	53

Source: IDPH, EMS Reporting System

**Table 7.2: Sentinel Events - Cancer**

	1995 - 1999	2000 - 2004
Breast Cancer in situ	9	12
Late Cervical Cancer	0	7

Source: IPLAN Data System

## **Phase 4: Identify Strategic Issues**

### **Purpose**

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

### **Process**

In January 2012, the IPLAN Committee completed the four MAPP assessments. The next step was to use the results of the four MAPP assessments to identify the top 3 strategic issues. Once the top 3 strategic issues were identified, the Committee could begin development of the CHIP.

Each individual Committee member was given the task of selecting the top 5 strategic issues and listing them in order of highest priority. Responses were collected via SurveyMonkey, a web-based survey tool. In February 2012, Committee members were emailed the link to SurveyMonkey and the results of the four MAPP assessments. Committee members were given two weeks to submit their responses.

The Committee responses were compiled and prioritized using the nominal group technique. The results of the survey were shared with the Committee on February 29, 2012. During this meeting, the Committee reviewed and discussed the results of the survey. The Committee commented that there were cross-cutting themes among the top 7 strategic issues. A discussion ensued on how we could strategically consolidate these 7 issues into just 3 strategic issues. This led to the selection of obesity/healthy living, cancer, and access to healthcare as the top 3 strategic issues that would allow us to have the greatest impact on community health.

### **Top 3 Strategic Issues**

- Obesity / Healthy Living
- Cancer
- Access to Healthcare



## Phase 5: Formulate Goals and Strategies

### **Purpose**

The purpose of Formulate Goals and Strategies phase of the MAPP process is to identify and develop goals and intervention strategies that relate to the selected strategic issues and the community's vision. The goals and objectives developed in this phase will form the basis of the community health improvement plan.

### **Process**

In February 29, 2012, the IPLAN Committee formed into subcommittees after finalizing the top three strategic issues. Each subcommittee elected a group leader to facilitate and direct meetings and a recorder to take meeting minutes.

Each subcommittee would be responsible for developing a health improvement plan related to its respective strategic issue. Logic model worksheets and instructions on how to develop goals and interventions were emailed to each subcommittee member. During the months of March and April, each subcommittee convened to brainstorm possible interventions and invited additional stakeholders as necessary.

On May 4, 2012, each subcommittee gave a presentation on its respective community health improvement plan to the entire IPLAN Committee. The purpose of the subcommittee presentations was to identify cross-cutting themes across the three strategic issues and consolidate duplicate interventions.

The results of this phase are detailed in the Community Health Improvement Plan.

### **Supporting Documents:**

Community Health Improvement Plan



**Community Health Improvement Plan**  
**Clay County Health Department**





## Strategic Issue #1: Obesity / Healthy Living

### Description

Chronic diseases, such as heart disease, cancer, and diabetes, were cited as high priority health issues among Clay County residents (Clay Co. Community Health Survey 2011). Obesity, lack of physical activity, and improper nutrition are risk factors related to over 20 chronic diseases. Currently, 70.5% of Clay Co. adults are overweight or obese and it is estimated that 34.9% of Clay Co. youth are overweight or obese<sup>1</sup>. The IPLAN Committee selected obesity and healthy living as a strategic issue in order to promote healthy eating and physical activity to prevent and control obesity, which in turn will impact a multitude of obesity-related diseases.

### Relation to Healthy People 2020

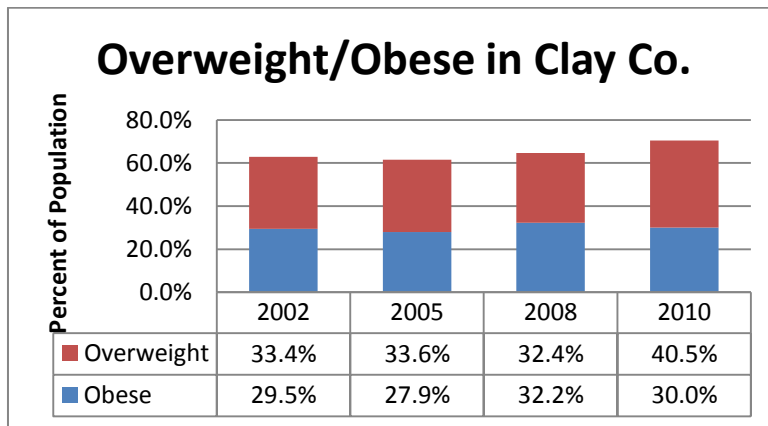
Healthy People 2020 objectives related to nutrition, physical activity, and obesity were reviewed by the IPLAN Committee. Special consideration was given to HP 2020's set of leading health indicators. Where applicable, additional HP 2020 target goals were compared to Clay County baseline data and considered when setting long-term objectives.

#### Healthy People 2020 Nutrition, Physical Activity, and Obesity Leading Health Indicators:

- Adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. (Target: 20.1%)
- Adults who are obese. (Target: 30.6%)
- Children and adolescents who are considered obese. (Target: 14.6%)
- Total vegetable intake for persons aged 2 years and older. (Target: 1.1 cups per 1,000 calories)

### Supporting Data

#### Obesity

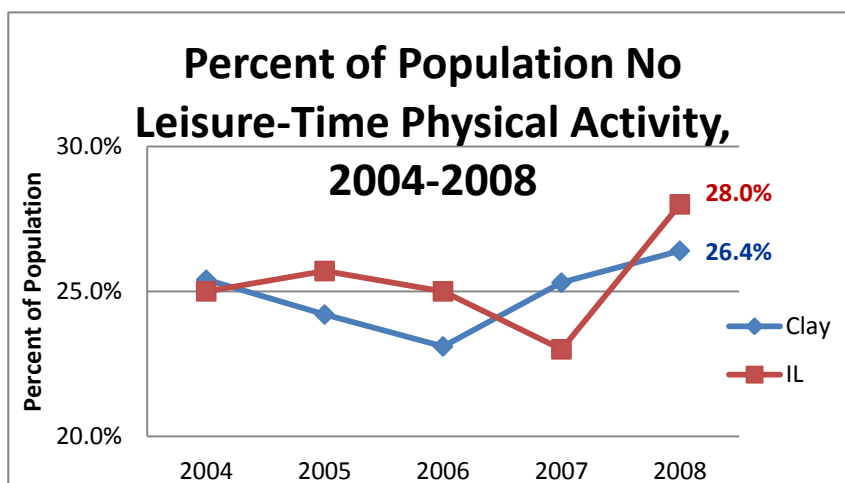


Source: Illinois BRFSS

<sup>1</sup>Childhood Obesity Action Network. State Obesity Profiles, 2009. National Initiative for Children's Healthcare Quality, Child Policy Research Center, and Child and Adolescent Health Measurement Initiative.

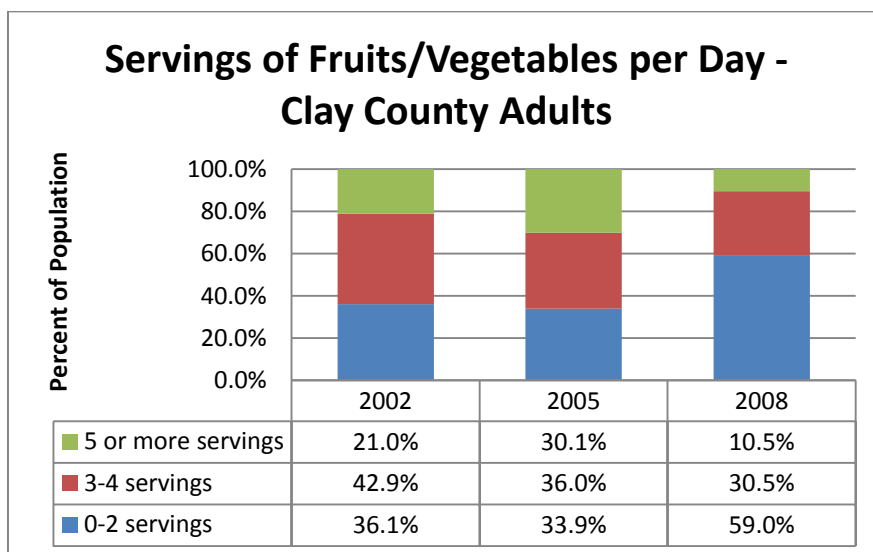
In 2010, 70.5% of Clay County residents were considered overweight or obese. This means that only 29.5% of Clay County residents were at a healthy weight in 2010. One of Healthy People 2020's objectives is to increase the proportion of adults who are at a healthy weight to 33.9%. For the state of Illinois, approximately 61.5% of residents were considered overweight (33.9%) or obese (27.6%) in 2010.

### Physical Activity



Source: National Diabetes Surveillance System, CDC

### Nutrition



Source: Illinois BRFS

### **Risk Factors**

- Physical Inactivity
- Unhealthy diets
- Smoking (addressed in Strategic Issue #2 – Cancer)

### **Direct/Indirect Contributing Factors**

Too much screen time, inadequate access to recreational facilities, lack of motivation, time conflicts, illness, inadequate education, unemployment.

### **Outcome Objective 1: By 2017, decrease Clay County adult and childhood overweight/obesity rates by 10%.**

- Clay County adult baseline: Overweight – 40.5% in 2011; Obese – 30.0% in 2011
- Clay County childhood obesity baseline: estimated 34.9%\* overweight or obese in 2009

#### **Impact Objective 1.1**

- By August 2012, establish a Clay County childhood BMI surveillance system.

##### Interventions:

- Coordinate with Clay County school districts to collect BMI data from students in K-5<sup>th</sup>, 6<sup>th</sup>, and 9<sup>th</sup> grades.
- Partner with school nurses to create annual childhood BMI reports utilizing the CDC's Children's BMI Tools for Schools.

#### **Impact Objective 1.2**

- By December 2015, increase the proportion of Clay County youth who meet the recommended daily physical activity and dietary standards by 10%.

##### Interventions:

- Establish a baseline for the number of Clay Co. youth who meet the recommended physical activity and dietary standards through a survey administered to all Clay Co. youth in grades 9 – 12.
- Extend University of Illinois Extension Office programming (nutrition and physical activity education) into all county elementary schools.
- Develop and implement a physical activity and nutrition curriculum into the Teen REACH Program schedule beginning summer 2012.
- Research and determine feasibility of starting a community garden for Teen REACH.
- Local chapter of Girl Scouts will develop and implement a healthy living event that targets girls in the community. This will be a one-day event held in the summer that provides nutrition and physical activity education for girls age 5 – 17 years.

### **Impact Objective 1.3**

- By December 2015, increase the proportion of Clay County adults who meet the recommended daily physical activity and Consume 5 or more servings of fruits/vegetables per day by 10%.

#### Interventions:

- Create and implement a poster campaign to promote better nutrition and increased physical activity to the community-at-large.
- Post 3 banners promoting local farmers markets during the summer months.

### **Impact Objective 1.4**

- Increase the number of WIC mothers who initiate breastfeeding to 67% by December 2015.

#### Interventions:

- Clay County Health Department will promote Breastfeeding Peer Counselor (BFPC) Program to all WIC mothers.

### **Community Resources**

- Clay County Health Department, Clay County School Districts, Teen REACH Program, Girl Scouts, Local governments, Chamber of Commerce, Farmer's Market, SIU Edwardsville, Breastfeeding Peer Counselor Program, University of Illinois Extension Office

### **Estimated Funding**

Enhance current programs using existing funding.

### **Anticipated Funding Sources /In-Kind Support**

- Grants from federal, state, and local entities
- Interns from local universities

### **Supporting Documents:**

Community Health Worksheet – Obesity / Healthy Living

## Strategic Issue #1: Obesity / Healthy Living

Health Problem:	Outcome Objectives:
<p>Chronic diseases, such as heart disease, cancer, and diabetes, were cited as high priority health issues among Clay County residents (Clay Co. Community Health Survey 2011). Obesity, lack of physical activity, and improper nutrition are risk factors related to over 20 chronic diseases. Currently, 70.5% of Clay Co. adults are overweight or obese and it is estimated that 34.9% of Clay Co. youth are overweight or obese. The IPLAN Committee selected obesity and healthy living as a strategic issue to promote healthy eating and physical activity to prevent and control obesity, which in turn will impact a multitude of obesity-related diseases.</p>	<ul style="list-style-type: none"> <li>• Decrease Clay County adult overweight/obesity rates by 10% by 2017. (Baseline: Overweight – 40.5% in 2011; Obese – 30.0% in 2011)</li> <li>• Decrease Clay Co. childhood obesity rates by 10% by 2017 (Baseline: 34.9% overweight or obese in 2009).</li> </ul>
Risk Factors:	Impact Objectives:
<ul style="list-style-type: none"> <li>• Physical inactivity</li> <li>• Unhealthy diets</li> <li>• Smoking</li> </ul>	<ul style="list-style-type: none"> <li>• Increase by 10% the number of Clay Co. youth who meet the recommended daily physical activity standards by 2015.</li> <li>• Increase by 10% the number of Clay Co. adults who meet the recommended physical activity standards by 2015 (Baseline: 49.7% in 2008).</li> <li>• Increase the number of WIC mothers who initiate breastfeeding to 67% by 2014.</li> <li>• Increase the proportion of Clay Co. adults who consume 5 or more servings of fruits/veg. per day to 15% by 2015. (Baseline: 10.5% in 2011)</li> </ul>
Direct/Indirect Contributing Factors:	Intervention Strategies:
<ul style="list-style-type: none"> <li>• Too much screen time</li> <li>• Inadequate access to recreational facilities</li> <li>• Lack of motivation</li> <li>• Time conflicts</li> <li>• Illness</li> <li>• Educational Attainment</li> <li>• Unemployment</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate with Clay County school districts to collect BMI data from students in K-5<sup>th</sup>, 6<sup>th</sup>, and 9<sup>th</sup> grades to obtain baseline data and monitor obesity rates.</li> <li>• Partner with school nurses to create annual childhood BMI reports utilizing the CDC's Children's BMI Tools for Schools.</li> <li>• Establish a baseline for the number of Clay Co. youth who meet the recommended physical activity and dietary standards through a survey administered to all Clay Co. youth in grades 9–12.</li> <li>• Extend University of Illinois Extension Office programming (nutrition and physical activity education) into all county elementary schools.</li> <li>• Develop and implement a physical activity and nutrition curriculum into the Teen REACH Program schedule beginning summer 2012.</li> <li>• Research and determine feasibility of starting a community garden for Teen REACH.</li> </ul>

	<ul style="list-style-type: none"> <li>• Local chapter of Girl Scouts will develop and implement a healthy living event that targets girls in the community. This will be a one-day event held in the summer that provides nutrition and physical activity education for girls age 5 – 17 years.</li> <li>• Create and implement a poster campaign to promote better nutrition and increased physical activity to the community-at-large.</li> <li>• Post 3 banners promoting local farmers markets during the summer months.</li> <li>• Clay County Health Department will promote Breastfeeding Peer Counselor (BFPC) Program to all WIC mothers.</li> </ul>
<b>Community Resources:</b>	<b>Barriers:</b>
<ul style="list-style-type: none"> <li>• Clay County Health Department</li> <li>• Clay County school districts</li> <li>• Teen REACH</li> <li>• Girl Scouts</li> <li>• Local governments</li> <li>• Chamber of Commerce</li> <li>• Farmer’s market</li> <li>• SIU Edwardsville</li> <li>• Breastfeeding Peer Counselor Program</li> <li>• University of Illinois Extension Office</li> </ul>	<ul style="list-style-type: none"> <li>• Limited options for fresh produce</li> <li>• Funding</li> </ul>

## Strategic Issue #2: Cancer

### Description

Clay Co. residents (313 out of 381) overwhelmingly voted cancer as the most important health problem in our community (Clay Co. Healthy Survey 2011). Cancer is one of the leading causes of mortality in the county, surpassing heart disease as the leading cause of death in 2008. Specific cancers where Clay County has mortality rates higher than the state include colorectal cancer and lung/bronchus cancer among females. Cancer mortality for breast and prostate cancer are also higher than the Healthy People 2020 goal.

### Relation to Healthy People 2020

Healthy People 2020 objectives related to cancer were reviewed by the IPLAN Committee. Special consideration was given to HP 2020's set of leading health indicators. Where applicable, additional HP 2020 target goals were compared to Clay County baseline data and considered when setting long-term objectives.

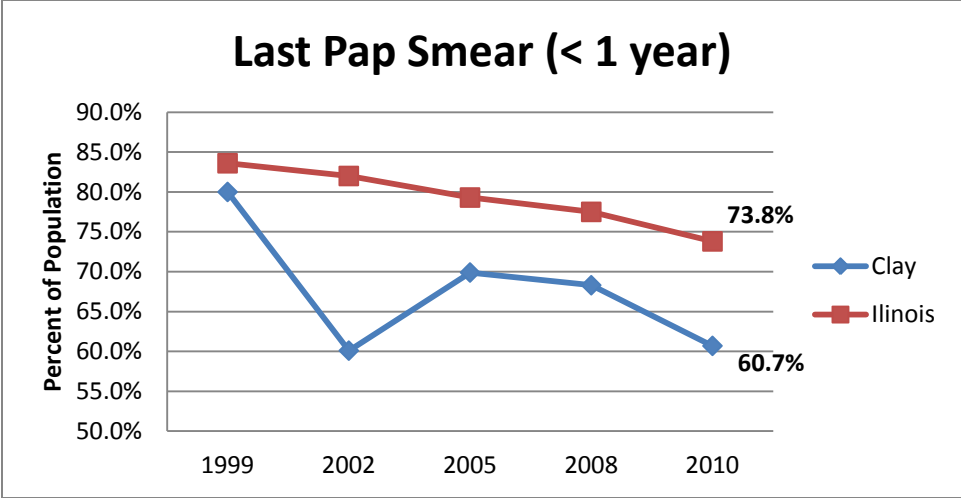
### Supporting Data

Table 4.2: Cancer Incidence and Mortality Rates, 2004 - 2008

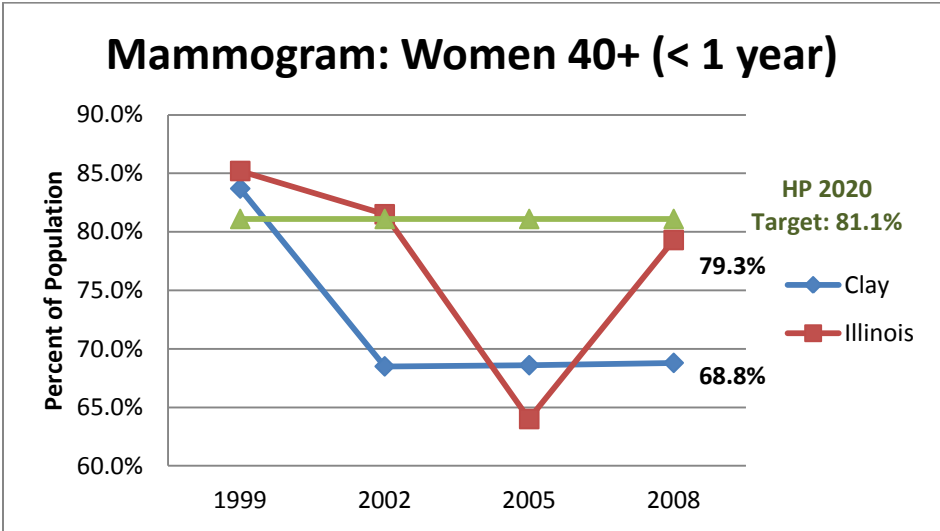
Type of Cancer	Clay County				Illinois				Mortality HP 2020
	Incidence		Mortality		Incidence		Mortality		
	Male	Female	Male	Female	Male	Female	Male	Female	
<b>All Sites</b>	<b>706.9</b>	<b>430.8</b>	<b>237.7</b>	<b>156.2</b>	<b>577.0</b>	<b>433.8</b>	<b>235.4</b>	<b>163.4</b>	<b>178.4</b>
Colorectal	82.6	51.8	31.9	17.7	63.9	46.5	23.9	16.5	14.5
Lung & Bronchus	117.1	64.8	69.1	46.0	89.9	59.8	71.1	42.2	45.5
Breast	--	106.6	--	21.0	--	123.9	--	25.2	20.6
Prostate	208.2	--	26.7	--	157.7	--	26.2	--	21.2
Cervix	--	4.8	--	--	--	8.8	--	--	2.2

Overall cancer death rate, HP 2020 target: 160.6 deaths per 100,000

Source: American Cancer Society, Illinois Cancer Registry

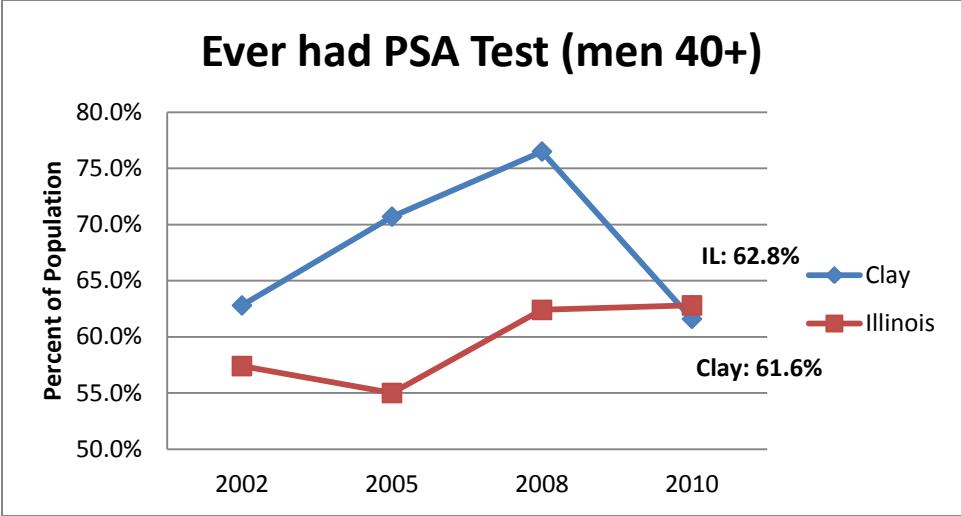


Source: Illinois BRFS

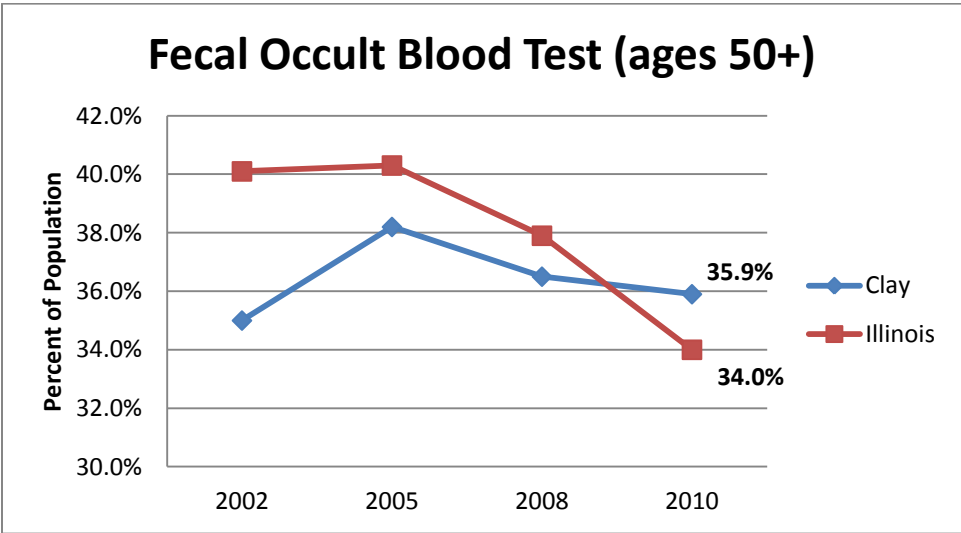


Source: Illinois BRFS



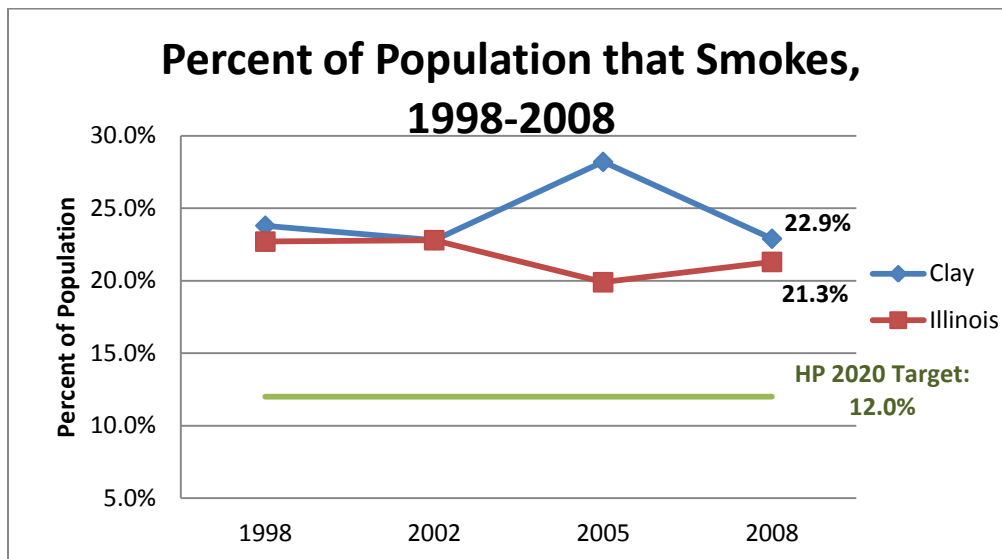


Source: Illinois BRSS



Source: Illinois BRSS

**Tobacco Use Among Clay County Residents**



Source: Illinois BRFSS

<b>Tobacco Use Among Clay City and Flora High School Youth</b>		
	Do you smoke?	Have you chewed tobacco in last 30 days?
Clay City High School	37.4%	31.9%
Flora High School	11.0%	18.6%

**Risk Factors:**

Lack of participation in early cancer detection activities, lack of awareness of prevention measures, obesity, lack of physical activity, poor diet, smoking

**Direct/Indirect Contributing Factors:**

Lack of insurance coverage, cost of screenings, time, fear, denial, embarrassment, lack of motivation, education attainment, lack of resources (money, counselors, transportation), access to healthcare, medical provider availability

**Outcome Objective 1: By 2017, improve the outcome for individuals diagnosed with cancer by decreasing cancer mortality by 5%**

(Baseline: 237.7 deaths per 100,000 for males in 2008; 156.2 deaths per 100,000 for females in 2008).

**Impact Objective 1.1**

- By 2015, increase the proportion of Clay County residents that obtain their recommended cancer screenings by 5%.

Baseline data:

- Number of Clay County residents age 50+ receiving a colonoscopy - 59.2%, BRFSS 2011
- Number of Clay Co. men age 40+ who have received a PSA test - 61.6%, BRFSS 2011
- Number of Clay Co. women age 40+ who have received a mammogram in the past 12 months - 80.4%, BRFSS 2011
- Number of Clay Co. females age 18+ who have had a PAP smear in the past 12 months - 60.7%, BRFSS 2011

Interventions:

- Develop an action plan to increase physician-patient dialogue on recommended cancer screenings.
- Create and promote special pricing/promotions for cancer screenings.
- Educate community on cancer risk and recommended screening guidelines using print, social, and broadcast media by submitting one educational item/public service announcement monthly beginning June 2012.
- Provide education on cancer risk reduction and women's health issues (self-breast exam, PAP smears, HPV immunizations) by being a guest speaker in Clay County high schools.

**Impact Objective 1.2**

- By 2015, decrease the number of Clay County adults who smoke to 23.1% (Baseline: 24.3%, BRFSS 2011).

Interventions:

- Create a media campaign that compares the cost of cigarettes to the cost of gas to raise community awareness on the cost of purchasing cigarettes.
- Increase community awareness of the Break the Habit program and the Illinois Tobacco Quitline by promoting the program and Quitline number in six new locations each month in 2012 and 2013.

### **Impact Objective 1.3**

- By 2015, decrease the percentage of Clay County youth who identify as “smokers” by 5%.

#### Interventions:

- Conduct an annual survey of Clay County youth grades 7 -12<sup>th</sup> on tobacco, drug, and alcohol use in October of each year.
- Create and implement a positive social norms campaign in Clay Co. schools through the Tobacco Reality Grant.

### **Impact Objective 1.4**

- Determine the extent of the burden of cancer on patients and their family in Clay County and develop an action plan to address this burden by December 2012.

#### Interventions:

- Conduct a literature review to examine the quality of life issues among cancer patients, effect on caregivers of cancer patients, possible methods of assessment, and evidence-based practices that address these issues.
- Identify person who will participate in one-on-one facilitator training in the American Cancer Society’s Reach to Recovery training by December 2012.

### **Community Resources**

- Clay County Health Department
- Clay County Hospital
- Clay County Crusaders
- American Cancer Society
- Local Businesses (Worksite Wellness Programs)
- Coalition Against Drug Abuse (CADA)
- Illinois QuitLine
- Illinois Breast and Cervical Cancer Program

### **Estimated Funding**

Enhance current programs with existing funding.

### **Anticipated Funding/In-Kind Support**

- Illinois Breast and Cervical Cancer Program
- Grants from federal, state, and local sources
- Tobacco Reality Grant

### **Supporting Documents:**

Community Health Worksheet – Cancer

## Strategic Issue #2: Cancer

<b>Health Problem:</b>	<b>Outcome Objectives:</b>
<p>Clay Co. residents (313 out of 381) overwhelmingly voted cancer as the most important health problem in our community (Clay Co. Healthy Survey 2011). Cancer is one of the leading causes of mortality in the county, surpassing heart disease as the leading cause of death in 2008. Specific cancers where Clay County has mortality rates higher than the state include colorectal cancer and lung/bronchus cancer among females. Cancer mortality for breast and prostate cancer are also higher than the Healthy People 2020 goal.</p>	<ul style="list-style-type: none"> <li>• By 2017, improve the outcome for individuals diagnosed with cancer by decreasing cancer mortality by 5% (Baseline: 237.7 deaths per 100,000 for males in 2008; 156.2 deaths per 100,000 for females in 2008).</li> </ul>
<b>Risk Factors:</b>	<b>Impact Objectives:</b>
<ul style="list-style-type: none"> <li>• Lack of participation in early cancer detection activities</li> <li>• Lack of awareness of prevention measures</li> <li>• Obesity</li> <li>• Lack of physical activity</li> <li>• Poor diet</li> </ul>	<ul style="list-style-type: none"> <li>• By 2017, increase the proportion of Clay County residents that obtain their recommended cancer screenings by 10%.</li> <li>• By 2017, decrease the number of Clay County adults who smoke to 21.9% (Baseline: 24.3%, BRFSS 2011).</li> <li>• By 2017, decrease the percentage of Clay County youth who identify as “smokers” by 10%.</li> <li>• Determine the extent of the burden of cancer on patients and their family in Clay County and develop an action plan to address this burden by December 2012.</li> </ul>
<b>Direct/Indirect Contributing Factors:</b>	<b>Intervention Strategies:</b>
<ul style="list-style-type: none"> <li>• Lack of insurance coverage</li> <li>• Cost of screenings</li> <li>• Time</li> <li>• Fear</li> <li>• Denial</li> <li>• Embarrassment</li> <li>• Lack of motivation</li> <li>• Educational Attainment</li> <li>• Lack of resources (money, counselors, transportation)</li> <li>• Access to healthcare</li> <li>• Medical provider availability</li> </ul>	<ul style="list-style-type: none"> <li>○ Develop an action plan to increase physician-patient dialogue on recommended cancer screenings.</li> <li>○ Create and promote special pricing/promotions for cancer screenings.</li> <li>○ Educate community on cancer risk and recommended screening guidelines using print, social, and broadcast media by submitting one educational item/public service announcement monthly beginning June 2012.</li> <li>○ Provide education on cancer risk reduction and women’s health issues (self-breast exam, PAP smears, HPV immunizations) by being a guest speaker in Clay County high schools.</li> <li>○ Create a media campaign that compares the cost of cigarettes to the cost of gas to raise community awareness on the cost of purchasing cigarettes.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Increase community awareness of the Break the Habit program and the Illinois Tobacco Quitline by promoting the program and Quitline number in six new locations each month in 2012 and 2013.</li> <li>○ Conduct an annual survey of Clay County youth grades 7 -12<sup>th</sup> on tobacco, drug, and alcohol use in October of each year.</li> <li>○ Create and implement a positive social norms campaign in Clay Co. schools through the Tobacco Reality Grant.</li> <li>○ Conduct a literature review to examine the quality of life issues among cancer patients, effect on caregivers of cancer patients, possible methods of assessment, and evidence-based practices that address these issues.</li> <li>○ Identify person who will participate in one-on-one facilitator training in the American Cancer Society's Reach to Recovery training by December 2012.</li> </ul>
<b>Community Resources:</b>	<b>Barriers:</b>
<ul style="list-style-type: none"> <li>● Clay County Health Department</li> <li>● Clay County Hospital</li> <li>● Clay County Crusaders</li> <li>● American Cancer Society</li> <li>● Local Businesses (Worksite Wellness Programs)</li> <li>● Coalition Against Drug Abuse (CADA)</li> <li>● Illinois Quitline</li> <li>● Illinois Breast and Cervical Cancer Program</li> </ul>	<ul style="list-style-type: none"> <li>● Cost of healthcare</li> <li>● Ability to reach target audience</li> <li>● Insufficient access to medical providers</li> </ul>

## Strategic Issue #3: Access to Healthcare

### Description

Clay County has a very high ratio of population to primary care physicians (1,708:1 in Clay vs. 778:1 state average, County Health Rankings 2012). This creates access to care issues for Clay County residents who must seek certain medical treatments outside of the county if it is not available locally.

While Clay County has an adequate number of Medicaid dental providers, there is a significant shortage in surrounding counties. This places an undue burden on Clay County providers and prevents Clay Co. residents from seeing a dental provider when appointment slots are taken by non-Clay Co. patients.

In an effort to better support Clay County residents for comprehensive disease prevention and management, the Clay County Hospital (CCH) proposes to obtain certification as a medical home from the Agency for Healthcare Research and Quality (AHRQ). The medical home model will allow CCH to build infrastructure to support chronic disease prevention and management.

### Relation to Healthy People 2020

Healthy People 2020 objectives related to access to healthcare were reviewed by the IPLAN Committee. Special consideration was given to HP 2020's set of leading health indicators. Where applicable, additional HP 2020 target goals were compared to Clay County baseline data and considered when setting long-term objectives.

#### Healthy People 2020 Leading Health Indicators:

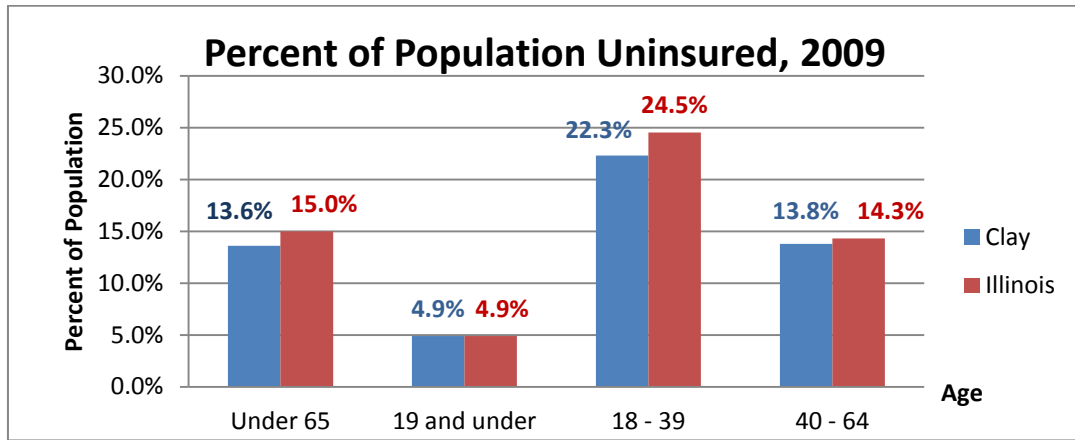
- Access to Health Services
  - Persons with medical insurance (Target: 100%)
  - Persons with a usual primary care provider (Target: 83.9%)
- Mental Health
  - Suicides (Target: 10.2 suicides per 100,000)
  - Adolescents who experience major depressive episodes (Target: 7.4%)
- Oral Health
  - Persons aged 2 years and older who used the oral health care system in the past 12 months (Target: 49.0%)
- Substance Abuse
  - Adolescents using alcohol or any illicit drugs during the past 30 days (Target: 16.5%)
  - Adults engaging in binge drinking during the past 30 days (Target: 24.3%)

**Access to Health Services**

- Physician Services
  - Since 1978, Clay County has been designated as a medically underserved area (MUA). (Data Source: HRSA, February 2012)
  - Physician Ratio (Data Source: County Health Rankings 2011)

County	Population	# Primary Care Providers	Provider Ratio
Clay	13,663	8	1708:1
Effingham	34,274	43	797:1
Richland	15,456	17	909:1
Marion	39,422	25	1577:1
Wayne	16,495	9	1833:1

- Health Insurance



Source: US Census Bureau, Small Area Health Insurance Estimates

**Mental Health**

- Clay County has been designated as a health provider shortage area in mental health providers. Currently, Clay County does not have any psychiatrists. The number of other mental health professionals – clinical psychologists, clinical social workers, marriage and family therapists, and psychiatric nurse specialists – was not reported. (Source: HRSA, February 2012)



**Substance Abuse**

- Substance abuse among Clay County youth (Source: Clay County Health Department Youth Survey 2011)

<b>Substance Abuse Among Clay City and Flora High School Youth</b>			
	Do you smoke?	Have you chewed tobacco in last 30 days?	Tried K2?
Clay City High School	37.4%	31.9%	14.3%
Flora High School	11.0%	18.6%	13.2%

- Clay County Junior High youth believe that cigarette smoking (1<sup>st</sup>) and alcohol (2<sup>nd</sup>) are the biggest substance abuse problems among Clay Co. youth (Source: CADA Youth Survey 2011)

**Oral Health Services**

- Clay County is a health provider shortage area in dental health providers for low-income populations. (Data Source: HRSA, February 2012)
- Last Dental Visit (Data Source: Illinois BRFSS 2011)

<b>Last Dental Visit – Less than one year</b>		
HP 2020 Target		49.0%
Clay County		57.7%
	Age 65 +	43.9%
	Income < \$15,000	46.8%
	Income \$15,000 - \$35,000	45.3%

**Risk Factors**

Medical provider shortage, number of individuals without a primary care provider, delay in seeking medical care

**Direct/Indirect Contributing Factors**

Poor medical management of chronic disease, insufficient time for physician to educate patient, high patient volume per physician, patient fear or discomfort with medical visits, long distance to travel to see a medical specialist

**Outcome Objective 1: By 2017, Clay County Hospital will implement the medical home model to manage and prevent 4 chronic diseases – diabetes, heart disease, cancer, and hypertension.**

**Impact Objective 1.1**

- By December 2014, Clay County Hospital will receive AHRQ – Medical Home Certification.

Interventions:

- Implement electronic health records to support tracking of diabetic patients within the primary care setting by December 2012.
- Reorganize to patient-centered care to focus and develop a system of managing chronic disease patients by September 2012.
- Clay County Hospital applies for medical home certification from AHRQ by December 2014.

**Impact Objective 1.2**

- By June 2015, add 3 additional chronic diseases to the management list.

Interventions:

- Increase current electronic health record capability and complete electronic registry to track an additional 3 chronic diseases by December 2014.

**Impact Objective 1.3**

- Create and disseminate a community resource manual by June 2013 - community education & resource for hospital to make referrals

Interventions:

- Lunch and Learn sessions on Affordable Care Act

**Outcome Objective 2: By 2017, recruit 2 additional primary care providers through the physician recruitment pipeline.**

**Impact Objective 2.1**

- Increase the number of potential Clay County young adults in the physician recruitment pipeline to seven by June 2013 (Baseline: 4 Clay Co. young adults, May 2012).

Interventions:

- Human Resources personnel from Clay County Health Department and Clay County Hospital will ascertain the number and status of students currently in the medical profession pipeline by March 2013.
- Create a “contact” schedule for all students in the pipeline to assist them with education success and incentivize them to return to Clay County to practice medicine by July 2013.

**Outcome Objective 3: By 2017, recruit two additional physician specialists and/or medical services that are not currently available in Clay County.**

**Impact Objective 3.1**

- Identify a potential provider for dialysis to serve Clay County residents by June 2012

Interventions:

- Obtain statistics on the number of Clay Co. residents that need dialysis and develop a plan to provide dialysis services in Clay Co. by June 2012.

**Impact Objective 3.2**

- Determine the need for additional physician specialists (possible specialties include dermatology, general surgery, and orthopedics) by June 2013.

Interventions:

- Clay County Hospital will conduct a physician-needs analysis to determine the need for additional specialists by December 2012.

**Outcome Objective 4: By 2017, increase access to dental care for Medicaid recipients by collaborating with an FQHC to open at least one additional clinic in a neighboring county.**

**Impact Objective 4.1**

- By December 2013, contact federally qualified health centers (FQHC) in each adjacent county to ascertain progress towards obtaining Medicaid dental services.

Interventions:

- Provide letters of support to neighboring FQHC's that are seeking grants for Medicaid dental services.

**Impact Objective 4.2**

- By January 2014, 75% of children ages 0-3 in WIC will receive dental varnish (Baseline: 0%)

Interventions:

- Clay County Health Department providers (RN's, dentists, physicians, and hygienists) will receive training for dental varnish program by September 2012.
- Launch dental varnish program in WIC and promote program to all WIC clients by January 2014

**Community Resources**

- Clay County Health Department
- Clay County Hospital / Medical Clinic
- Chamber of Commerce
- Martin Dental & Associates
- Community support groups
- Clay County Schools
- Federally Qualified Health Centers

**Existing Funding Sources**

Enhance current programs using existing funding.

**Anticipated Funding/In-Kind Support**

- Clay County Hospital
- Grants from federal, state, and local sources

**Supporting Documents:**

Community Health Worksheet – Access to Healthcare

### Strategic Issue #3: Access to Healthcare

Health Problem:	Outcome Objectives:
<p>Clay County has a very high ratio of population to primary care physicians (1,708:1 in Clay vs. 778:1 state average, County Health Rankings 2012). This creates access to care issues for Clay County residents who must seek certain medical treatments outside of the county if it is not available locally.</p> <p>While Clay County has an adequate number of Medicaid dental providers, there is a significant shortage in surrounding counties. This places an undue burden on Clay County providers and prevents Clay Co. residents from seeing a dental provider when appointment slots are taken by non-Clay Co. patients.</p> <p>In an effort to better support Clay County residents for comprehensive disease prevention and management, the Clay County Hospital proposes obtain certification as a medical home from AHRQ. The medical home model will allow CCH to build infrastructure to support disease prevention and management.</p>	<ul style="list-style-type: none"> <li>• By 2017, Clay County Hospital will implement the medical home model to manage and prevent 4 chronic diseases – diabetes, heart disease, cancer, and hypertension.</li> <li>• By 2017, recruit 2 additional primary care providers through the physician recruitment pipeline.</li> <li>• By 2017, recruit two additional physician specialists and/or medical services that are not currently available in Clay County.</li> <li>• By 2017, increase access to dental care for Medicaid recipients by collaborating with an FQHC to open at least one additional clinic in a neighboring county.</li> </ul>
Risk Factors:	Impact Objectives:
<ul style="list-style-type: none"> <li>• Medical provider shortage</li> <li>• Number of individuals without a primary care provider</li> <li>• Delay in seeking medical care</li> </ul>	<ul style="list-style-type: none"> <li>• By December 2014, Clay County Hospital will receive AHRQ – Medical Home Certification.</li> <li>• Create and disseminate a community resource manual by June 2013</li> <li>• Increase the number of potential Clay County young adults in the physician recruitment pipeline to seven by June 2013 (Baseline: 4 Clay Co. young adults, May 2012).</li> <li>• Identify a potential provider for dialysis to serve Clay County residents by June 2012</li> <li>• Determine the need for additional physician specialists (possible specialties include dermatology, general surgery, and orthopedics) by June 2013.</li> <li>• By January 2014, 75% of children ages 0-3 in WIC will receive dental varnish (Baseline: 0%)</li> </ul>

<p><b>Direct/Indirect Contributing Factors:</b></p> <ul style="list-style-type: none"> <li>• Poor medical management of chronic disease</li> <li>• Insufficient time for physician to educate patient</li> <li>• High patient volume per physician</li> <li>• Patient fear or discomfort with medical visits</li> <li>• Long distance to travel to see a medical specialist</li> </ul>	<p><b>Intervention Strategies:</b></p> <ul style="list-style-type: none"> <li>○ Implement electronic health records to support tracking of diabetic patients within the primary care setting by December 2012.</li> <li>○ Reorganize PCC to focus and develop a system of managing chronic disease patients by September 2012.</li> <li>○ Clay County Hospital applies for medical home certification from AHRQ by December 2014.</li> <li>○ Increase current electronic health record capability and complete electronic registry to track an additional 3 chronic diseases by December 2014.</li> <li>○ Lunch and Learn sessions on Affordable Care Act</li> <li>○ Ascertain number and status of students currently in the medical profession pipeline by March 2013.</li> <li>○ Create a “contact” schedule for all students in the pipeline to assist them with education success and incentivize them to return to Clay County to practice medicine by July 2013.</li> <li>○ Obtain statistics on the number of Clay Co. residents that need dialysis and develop a plan to provide dialysis services in Clay Co. by June 2012.</li> <li>○ Conduct a physician-needs analysis to determine the need for additional specialists by December 2012.</li> <li>○ Clay County Health Department providers (RN’s, dentists, physicians, and hygienists) will receive training for dental varnish program by September 2012.</li> <li>○ Launch dental varnish program in WIC and promote program to all WIC clients by January 2014</li> </ul>
<p><b>Community Resources:</b></p> <ul style="list-style-type: none"> <li>• Clay County Health Department</li> <li>• Clay County Hospital</li> <li>• Chamber of Commerce</li> <li>• Martin Dental &amp; Associates</li> <li>• Community support groups</li> <li>• Clay County Schools</li> </ul>	<p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>• Distance to metropolitan areas</li> <li>• Disproportionate share of Medicaid / Medicare clients</li> <li>• Limited financial opportunity for providers</li> </ul>

## **Phase 6: The Action Cycle**

### **Purpose**

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

### **Process**

In June 2012, the Clay County Board of Health formally adopted Clay County IPLAN 2012-2017. The IPLAN Committee will continue to implement the health improvement plan and convene Subcommittee meetings as needed. Throughout the duration of IPLAN 2012-2017, we will celebrate and share health improvement successes with the community.





## Clay County Health Department IPLAN 2012-2017: Gantt Chart

MAPP Phase / Description of Activity	2011					2012							
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
<b>Organize for Success / Partnership Development</b>													
Determine why the MAPP process is needed													
Identify, organize, and recruit participants													
Design the planning process													
Assess resource needs													
Conduct a readiness assessment													
Develop a work plan, timeline, and other tools													
<b>Visioning</b>													
Prepare for and design the visioning process													
Hold visioning sessions													
Celebrate successes and achievements to date													
<b>4 MAPP Assessments</b>													
<b>Community Themes and Strengths Assessment</b>													
Identify subcommittee, approaches, and resources													
Hold community dialogues and focus groups													
Develop/disseminate/collect a community survey													
Conduct interviews with residents / key leaders													
Compile results/identify challenges and opportunities													
<b>Local Public Health System Assessment</b>													
Prepare for the LPSHA/establish subcommittee													
Discuss the Essential Services/identify org. activities													
Respond to the performance measures instrument													
Discuss results/identify challenges and opportunities													
<b>Community Health Status Assessment</b>													
conduct data collection of core indicators													
Select and collect additional indicators													
Analyze the data/create a health profile													
Disseminate health profile													
Establish a system to monitor data over time													
Identify CHSA challenges and opportunities													
<b>Forces of Change Assessment</b>													
Prepare for the Forces of Change Assessment													

Hold brainstorming session with committee														
Simply list/identify threats and opportunities														
<b>Identify Strategic Issues</b>														
Celebrate successes and completion of assessments														
Identify potential strategic issues														
Discuss issues-why they are strategic and urgency														
Consolidate strategic issues														
Arrange issues in priority order														
<b>Formulate Goals and Strategies</b>														
Develop goal statements														
Develop strategy alternatives and barriers														
Explore implementation details														
Select and adopt strategies														
Draft the planning report														
Celebrate successes and recognize achievements														
<b>The Action Cycle</b>														
Organize for action														
Develop objectives and agree on accountability														
Develop action plans														
Coordinate action plans and implement														
Prepare for evaluation/determine the methodology														
Gather evidence and justify conclusions														
Share Results														

**Community Themes & Strengths Assessment  
Brainstorming Diagram**

**Clay County Health Department**

January 25, 2012





**Clay County Community Health Survey**  
**Highlights and Trends**  
**January 2012**

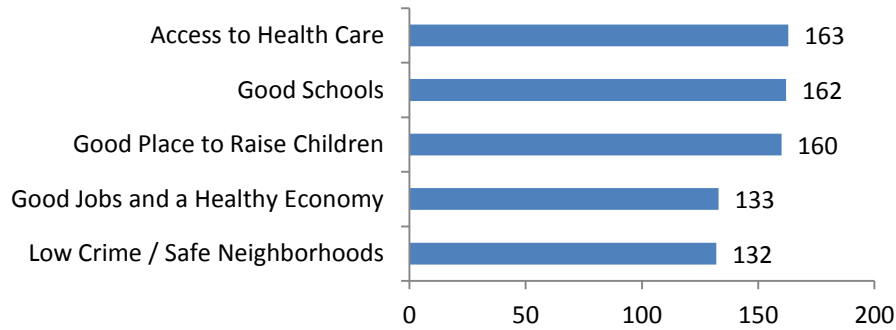
**Acknowledgements**

The purpose of the Clay County Community Health Survey is to identify quality of life and community health issues from the perspective of Clay County residents. We collected 409 surveys between September 2011 and December 2011. There were 26 surveys that did not meet the eligibility requirements. Thus, 383 of the 409 collected surveys were included in the final data analysis.

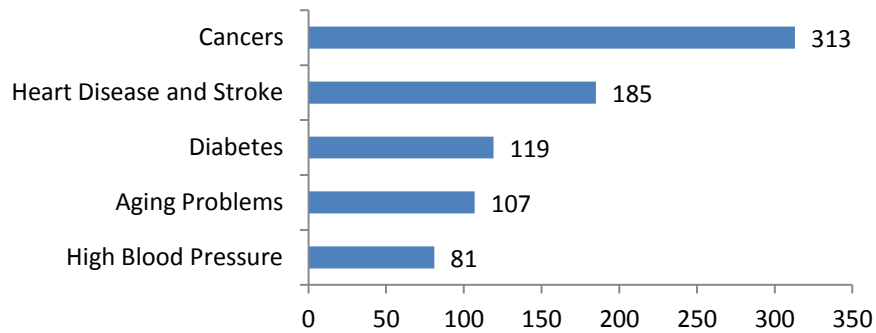
Thank you to the following community partners for their participation and hospitality in distributing the survey: Clay County Health Department, Flora Academic Foundation, Appleknocker Festival, Louisville Fall Festival, Louisville Chamber of Commerce, Sherwin-Williams, GSI Group, North Clay High School, Heritage Woods, the Community Health Committee, and the Clay County residents that generously gave their time and input to complete the survey. Thank you.

## Part I: Community Health

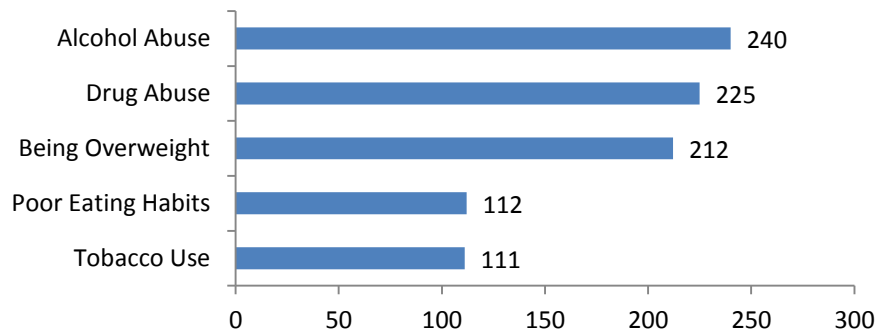
### Most Important Factors for a Healthy Community - Top 5



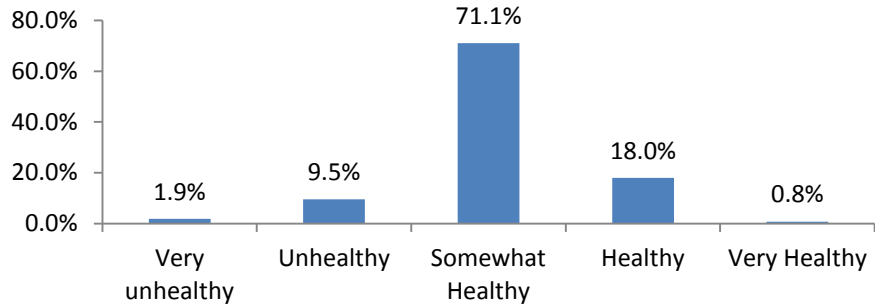
### Most Important Health Problems in Our Community - Top 5



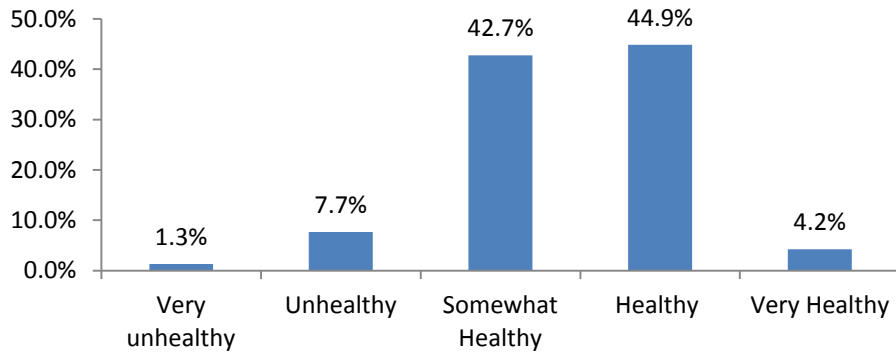
### Most Important Risky Behaviors in Our Community - Top 5



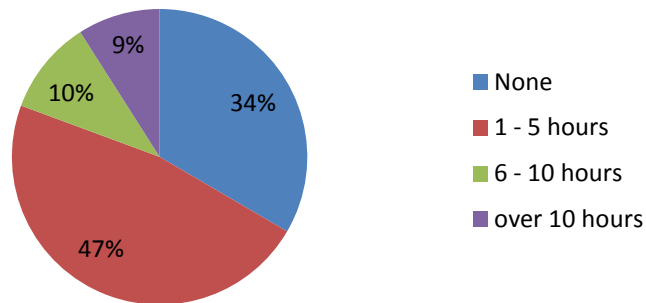
### How would you rate our community as a "Healthy Community?"



### How would you rate your own personal health?



### Hours per month volunteering to community service



## Part II: Demographics

### City where you live:

Answer Choice	Response Count	Percent of Responses
Xenia	30	7.8%
Flora	176	45.7%
Ingraham	7	1.8%
Clay City	44	11.4%
Louisville	101	26.2%
Other - Clay County	25	6.5%
Total Responses		383
Unanswered		0

### Age:

Answer Choice	Response Count	Percent of Responses
18 - 24	26	6.8%
25 - 34	45	11.7%
35 - 44	99	25.8%
45 - 64	148	38.6%
65+	65	17.0%
Total Responses		383
Unanswered		0

### Sex:

Answer Choice	Response Count	Percent of Responses
Male	103	30.7%
Female	231	69.0%
Total Responses		334
Unanswered		49

### Marital Status:

Answer Choice	Response Count	Percent of Responses
Married/Co-habiting	272	71.0%
Widowed	30	7.8%
Divorced/Separated	49	12.8%
Single/Never Married	30	7.8%
Total Responses		381
Unanswered		2



**Ethnic group you most identify with:**

Answer Choice	Response Count	Percent of Responses
African American/Black	1	0.3%
Asian/Pacific Islander	2	0.5%
Hispanic/Latino	4	1.1%
Native American	4	1.1%
White/Caucasian	360	95.0%
Two or more	5	1.3%
Other	1	0.3%
Total Responses		377
Unanswered		6

**Education:**

Answer Choice	Response Count	Percent of Responses
Less than high school	11	3.0%
High school diploma or GED	113	30.5%
Some college	109	29.4%
Associate's degree	61	16.4%
Bachelor's degree or higher	76	20.5%
Total Responses		370
Unanswered		13

**Household Income:**

Answer Choice	Responses Count	Percent of Responses
Less than \$15,000	48	13.2%
\$15,000 to \$35,000	80	22.0%
\$35,000 to \$50,000	90	24.7%
Over \$50,000	144	39.6%
Total Responses		362
Unanswered		21

**Health Insurance Coverage:  
(check all that apply)**

Answer Choice	Response Count	Percent of Responses
Pay cash (no insurance)	33	8.8%
Health insurance	270	72.4%
Medicaid	43	11.5%
Medicare	44	11.8%
Veterans Administration	5	1.3%
Other	8	2.1%
Total Responses		373
Unanswered		10

**Part III: Quality of Life**

Responses to questions in Part III: Quality of Life were given based on the following scale:

- 5 --- Strongly yes
- 4 --- Yes
- 3 --- Neutral
- 2 --- No
- 1 --- Strongly No

**Are you satisfied with the quality of life in our community?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	4	1.1%			
No	22	5.9%			
Neutral	100	26.7%	64.3%	7.0%	3.66
Yes	218	58.3%			
Strongly Yes	30	8.0%			
Total Responses		374			
Unanswered		9			

**Are you satisfied with the health care system in the community?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	9	2.4%			
No	71	19.0%			
Neutral	129	34.5%	44.1%	21.4%	3.25
Yes	148	39.6%			
Strongly Yes	17	4.5%			
Total Responses		374			
Unanswered		9			

**Is this community a good place to raise children?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	0	0.0%			
No	11	2.9%			
Neutral	85	22.7%	74.3%	2.9%	3.85
Yes	226	60.4%			
Strongly Yes	52	13.9%			
Total Responses	374				
Unanswered	9				

**Is this community a good place to grow old?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	2	0.5%			
No	17	4.6%			
Neutral	84	22.5%	72.4%	5.1%	3.79
Yes	226	60.6%			
Strongly Yes	44	11.8%			
Total Responses	373				
Unanswered	10				

**Is there economic opportunity in the community?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	24	6.5%			
No	115	30.9%			
Neutral	139	37.4%	25.2%	37.4%	2.83
Yes	89	23.9%			
Strongly Yes	5	1.3%			
Total Responses	372				
Unanswered	11				

**Is the community a safe place to live?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	0	0.0%			
No	6	1.6%			
Neutral	64	17.3%	81.2%	1.6%	3.91
Yes	260	70.1%			
Strongly Yes	41	11.1%			
Total Responses	371				
Unanswered	12				

**Are there networks for individuals and families during times of stress and need?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	2	0.5%			
No	22	5.9%			
Neutral	100	26.7%	66.9%	6.4%	3.68
Yes	218	58.3%			
Strongly Yes	32	8.6%			
Total Responses	374				
Unanswered	9				

**Do most individuals have the opportunity to contribute to and participate in the community's quality of life?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	1	0.3%			
No	22	5.9%			
Neutral	110	29.5%	63.3%	6.2%	3.64
Yes	219	58.7%			
Strongly Yes	21	5.6%			
Total Responses	373				
Unanswered	10				

**Do all residents perceive that they – individually and collectively – can make the community a better place to live?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	4	1.1%			
No	80	21.6%			
Neutral	164	44.3%	33.0%	22.7%	3.12
Yes	112	30.3%			
Strongly Yes	0	2.7%			
Total Responses	370				
Unanswered	13				

**Are there a broad enough variety of health services in the community?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	8	2.1%			
No	80	21.4%			
Neutral	134	35.9%	40.5%	23.5%	3.17
Yes	142	38.1%			
Strongly Yes	9	2.4%			
Total Responses	373				
Unanswered	10				

**Is there a sufficient number of health and social services in the community?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	8	2.2%			
No	74	19.9%			
Neutral	141	37.9%	40.1%	22.1%	3.19
Yes	138	37.1%			
Strongly Yes	11	3.0%			
Total Responses	372				
Unanswered	11				

**Are levels of trust and respect increasing among community organization as they participate in collaborative activities to achieve shared community goals?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	3	0.8%			
No	27	7.2%			
Neutral	187	49.9%	42.2%	8.0%	3.36
Yes	148	39.5%			
Strongly Yes	10	2.7%			
Total Responses	375				
Unanswered	8				

**Is there a sense of civic responsibility and engagement, and of civic pride in shared accomplishments?**

Answer Choice	Response Count	Percent of Responses	Percent Positive	Percent Negative	Average Rating
Strongly No	3	0.8%			
No	39	10.4%			
Neutral	158	42.1%	46.7%	11.2%	3.38
Yes	163	43.5%			
Strongly Yes	1	3.2%			
Total Responses	375				
Unanswered	8				



## Forces of Change Brainstorming Worksheet Clay County Health Department January 2012

**Forces of Change** are trends, events, and factors that affect the local public health system or community.

Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.

Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.

Events are one-time occurrences, such as a hospital closure, a natural disaster or the passage of legislation.

Consider the following questions - What is occurring or might occur that affects the health of our community or the local public health system? What specific threats or opportunities are generated by these occurrences? Be sure to consider any and all types of forces, including:

- Social
- Technological
- Legal
- Economic
- Environmental
- Ethical
- Political
- Scientific

Forces (trends, events, factors)	Threats	Opportunities
High percentage of population uninsured	<ul style="list-style-type: none"> <li>• More people not getting / delaying medical treatment due to cost</li> </ul>	<ul style="list-style-type: none"> <li>• Community education and outreach on available resources</li> </ul>
<b>Social</b>		
Aging / diminishing population	<ul style="list-style-type: none"> <li>• Younger people leaving and not returning to locale</li> <li>• Diminishing population is threat to local business and industry opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Small community willing to help each other and support local efforts</li> </ul>
Substance abuse	<ul style="list-style-type: none"> <li>• Drain on public financial assistance</li> <li>• High school dropout rate and teenage pregnancy higher among people who abuse drugs and alcohol</li> </ul>	<ul style="list-style-type: none"> <li>• Provide outreach and education in schools</li> </ul>

**Forces of Change Brainstorming Worksheet Clay County  
Health Department January 2012**

Nutrition, increasing obesity	<ul style="list-style-type: none"> <li>Poor nutrition and physical inactivity leading to increased incidence of heart disease, diabetes, and childhood obesity</li> </ul>	<ul style="list-style-type: none"> <li>Increase availability of wellness/exercise programs, especially in schools</li> </ul>
<b>Economic</b>		
Budget deficits/cuts	<ul style="list-style-type: none"> <li>Delay in reimbursements from state</li> <li>Programs may get cut if funding is not available</li> </ul>	<ul style="list-style-type: none"> <li>Forces organizations to rethink the way they do business</li> <li>Sparks innovation</li> </ul>
High unemployment rate	<ul style="list-style-type: none"> <li>People on public assistance and lack insurance</li> <li>People relocate to other locations in search of job opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Increase access to vocational and technical schools</li> <li>Start career exploration in schools as early as junior high</li> </ul>
<b>Political</b>		
Healthcare Reform	<ul style="list-style-type: none"> <li>Decreased funding</li> <li>Quality of healthcare</li> <li>Reduced incentive to recruit health care workers</li> </ul>	<ul style="list-style-type: none"> <li>Provide more preventive health services</li> </ul>
Occupy Wall Street Movement	<ul style="list-style-type: none"> <li>Pressures lawmakers towards socialist policies that will increase tax burden on work force</li> </ul>	<ul style="list-style-type: none"> <li>May provide more resources for the public</li> </ul>
<b>Environmental</b>		
The overall community culture does not exercise environmental awareness and implement protective processes	<ul style="list-style-type: none"> <li>Environmental concerns can have negative impact on health of people living in the community</li> </ul>	<ul style="list-style-type: none"> <li>Create environmental awareness and improve environmental sustainability</li> <li>Communicate and leverage best practices of those groups or individuals that are proactive about environmental concerns</li> <li>Educate and encourage the public on the importance and benefit of keeping the community clean.</li> </ul>



**Forces of Change Brainstorming Worksheet Clay County  
Health Department January 2012**

<b>Technological</b>		
Technology changes rapidly and requires ongoing modifications and updates	<ul style="list-style-type: none"> <li>• High cost to keep state of the art tech available in local area,</li> <li>• Current tech in place quickly becomes outdated</li> </ul>	<ul style="list-style-type: none"> <li>• Proficiency in technological innovations and its practical application in health care can result in greater efficiency</li> </ul>
Electronic Health Records	<ul style="list-style-type: none"> <li>• Money spent to maintain/obtain EHR takes money away from patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Better communication of health information leads to better healthcare</li> </ul>
<b>Ethical</b>		
There is a perception among local constituents that local health care service providers share private information other than need-to-know basis.	<ul style="list-style-type: none"> <li>• Some seek treatment out of area to protect privacy</li> </ul>	<ul style="list-style-type: none"> <li>• Devise ways to change perception and reassure local residents about their right to patient privacy (HIPAA)</li> </ul>