



# Community Health Improvement Plan

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**2020 – 2025 IPLAN**

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Jersey County Health Department  
1307 State Highway 109  
Jerseyville, IL 62052



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## **For more information about 2020 – 2025 IPLAN**

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The Jersey County Health Department would like to thank the following community partners and participants for contributing their time and effort to the development of this plan.

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**Jersey County Health Department is committed to enhancing the quality of life for Jersey County Residents by reducing morbidity and mortality through the prevention and/or control of disease, provision of public and professional education, and coordination and/or provision of care.**

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## Statement of Purpose

The purpose of the 2020 – 2025 Jersey County Community Health Plan is to improve the health of Jersey County residents by developing and leveraging community partnerships to collaborate on the interventions identified in the Community Health Plan. By working together, the partners can encourage actions by residents to improve health and awareness about healthcare issues. The partners shall seek to facilitate systemic and community approaches that will improve the health and well-being of county residents and the community.

The Community Health Plan was completed with substantial support from the partner organizations and community members. This plan builds upon the efforts of the Jersey County Health Department IPLAN Community Health Needs Assessment and Community Health Plan for 2015 – 2020. In accordance with requirements established by the Illinois Department of Public Health rules, Public Health Practice Standards (77 Ill. Admin. Code 600.400) the Jersey County Health Department submits the 2020 – 2025 Jersey County Community Health Plan. This plan was designed in to align with the guidance provided by the Illinois Project for Local Assessment of Needs (IPLAN). The plan is the result of a comprehensive, community-based public health needs assessment including the collection and review of relevant data, and dialogue about the overall health of Jersey County through engagement with residents.

## Executive Summary

The Jersey County Community Health Plan represents an opportunity for collaboration for a healthier future for Jersey County. Jersey County consistently ranks in the middle tier among Illinois' 102 counties according to the Robert Wood Johnson Foundation's [County Health Rankings](#). Improving community health takes partnerships, time, and dedicated effort. It requires sustainable changes to policies and health system. In today's environment, scarce funding for health improvement requires problem-solving and innovative strategies.

Jersey County Health Department, a certified local health department, is charged with enhancing the quality of life for Jersey County residents through the reduction of morbidity and mortality. For the development of the 2020 – 2025 Community Health Plan, the health department convened the Community Health Care Committee (CHCC), which met regularly beginning in December 2019 through April 2020. Doug King, Local Health Administrator, led the planning process by directing the CHCC to:

- Review Jersey County health data to identify the top health issues facing Jersey County
- Conduct a county health survey to obtain community input into the selection of top health priorities



- 
- Identify and develop health priorities, objectives, and intervention strategies for the community health plan

The CHCC used both the Health Problems Analysis and Health Priority Discussion worksheet approaches for analyzing the health data and as consideration for the decision-making process. Additionally, the following factors were used when analyzing the data:

- Size of the health issue
- Comparison with other Illinois counties
- Disparities by race/ethnicity, age, gender, or Zip Code
- Alignment with Healthy People 2020 targets

Through a consultant-led process, the CHCC engaged in discussions about what constitutes a critical health problem in Jersey County and conducted a health problem analysis by identifying perceived health problems. The health problems were further analyzed using the factors described above. There were 11 health issues deemed significant or critical and determined by the CHCC to require additional analysis. These were presented to the CHCC for review and prioritization at meetings held in February and March 2020. The critical health problems, in alphabetical order, were:

- Access to Quality Health Care
- Alcohol/Tobacco and Other Drugs
- Aging Issues
- Child Abuse/Neglect
- Chronic Disease
- Diabetes
- Mental Health
- Motor Vehicle Crashes
- Obesity
- Opioid Abuse/Misuse
- Sexually Transmitted Diseases

Between formal monthly committee meetings, CHCC members were tasked with identifying linkages between the critical health problems by communicating with their organizations internal and external stakeholders. During the February meeting, the linkages were discussed. Using a modified prioritization method, the Jersey County Community Health Care Committee selected the three significant or critical health priorities for the Jersey County 2020 – 2025 Community Health Plan.

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Substance Abuse  
including Opioid  
Use/Misuse

Chronic  
Disease,  
including  
Diabetes

Mental Health  
Issues

These health priorities are reflected in the top health priorities identified by Jersey County residents who responded to the County Health Survey (Appendix D). All three of the selected health priorities in this plan are aligned with the 'Health Priority Areas and Action Plans' described in the Illinois Department of Public Health [State Health Improvement Plan – Healthy Illinois 2021](#). This 5-year plan outlines an approach to improve health in Jersey County through better coordination of clinical linkages, expanded health services, and improved health outcomes.

## Community Health Care Committee (Jersey County)

**Lindsey Jensen, LCSW**

Jersey Community Hospital Health  
Care

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**Becky Shipley, MS, RN**

Jersey County Health Department

**Doug King, MPA, LEHP**

Jersey County Health Department

The Jersey County Health Department and the Community Health Care Committee extends its sincere appreciation to the hundreds of community members who willingly shared their time, community knowledge, and perspectives with the committee to ensure the IPLAN was successfully completed. Although their names are not listed here, their input was invaluable and helped shape this plan.



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## The Process

The Jersey County Health Department served as the lead agency guiding the community health planning/IPLAN collaborative process. The Community Health Care Committee (CCHC) served as the steering committee and met each month from December 2019 through April 2020. The committee's shared agenda and vision provided a strong framework for the health prioritization process and allowed for the alignment with other health improvement initiatives being implemented across Jersey County, such as the Jersey County Community Hospital RCORP-Planning Grant.

In December 2019, the CHCC voted to use a hybrid community health assessment approach to develop the Community Health Improvement Plan. Instrumental to the planning process was the use of the Problem Analysis and Community Health Plan Worksheets. CHCC members were asked to prepare both worksheets for each critical health priority individually and then the data from the individual worksheets was incorporated into a comprehensive worksheet for each priority. These efforts by the CHSS were layered with the County Health Survey to ensure community member voices were heard.

The assessment process included a community health survey where demographics, perception of area health services, perceived top health-related problems, and the county's strengths and weaknesses related to health were asked (Appendix D). The survey had 258 responses over the two-month period it was available. Responses were tabulated and categorized. Following the survey, the CHCC convened to review the data along with other county health information. The county's 2015 health priorities were reviewed, along with the most recent county-specific data that included health behaviors, clinical data, leading causes of death, and social determinants of health indicators. Following the data review all committee members participated in ranking their top three health priorities using a nominal group process technique based on the provided information, and any additional community knowledge they had. Once the top three health priorities were identified the remainder of the planning process implemented. This process included identifying objectives, intervention strategies, determining resources needed and available; and finally, specifying evaluation methods. CHCC members also relied on subject matter experts in their organizations to provide data and information to inform this process.



## Organizational Capacity

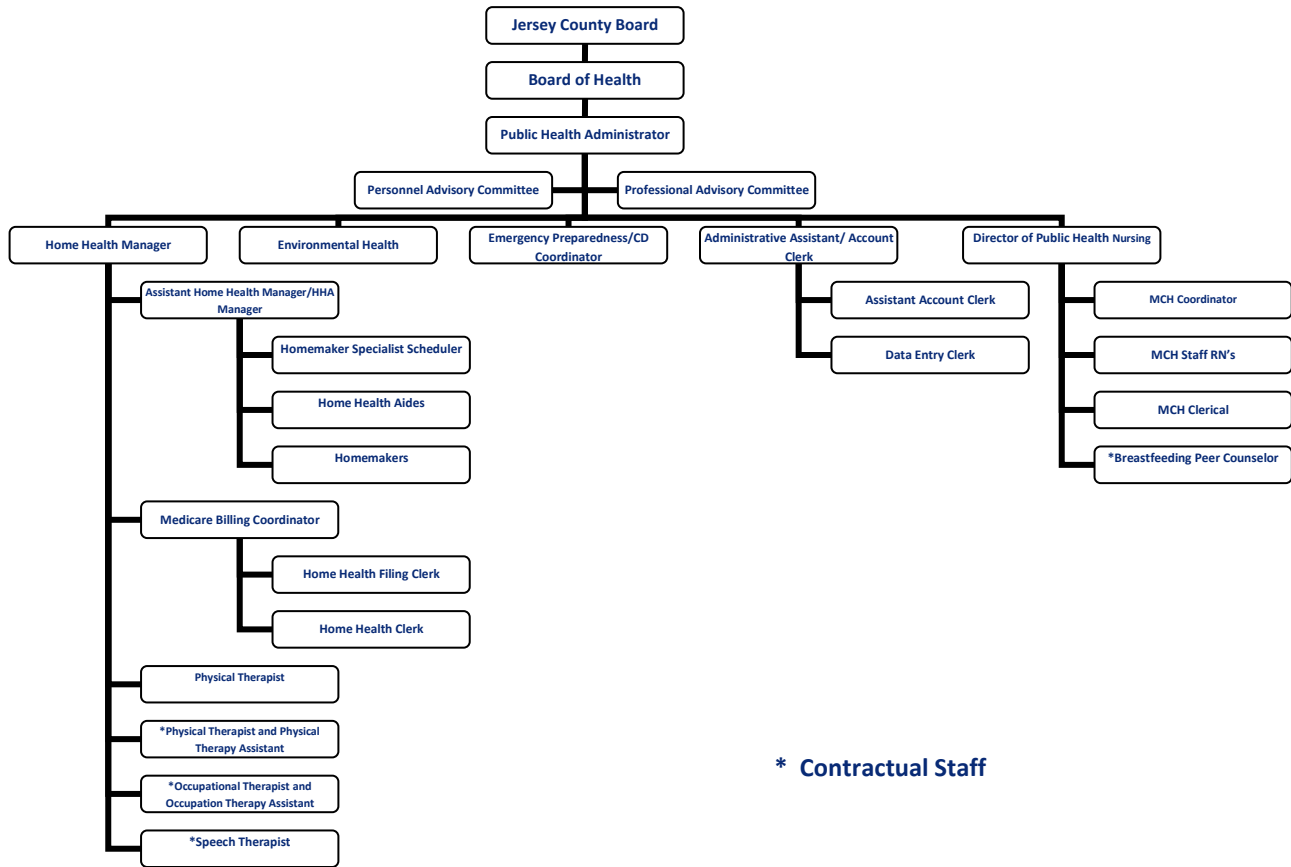
The Jersey County Health Department (JCHD) was formed by resolution on February 7, 1966 by the Jersey County Board of Supervisors. The Board of Health hired Nola Kramer, RN as the first Administrator and the Health Department opened for business on July 1, 1966 in the basement of the Jersey County Courthouse. The first services offered were home health under the Medicare Act, tuberculosis nursing, health referral and counseling for the armed forces and the premature visit program for premature babies. Jersey County Health Department has been a licensed Home Health Agency since 1966. By 1969, grant funding allowed for home health services to increase significantly. Home Health Aide services were added in 1970 and physical therapy services were started

in 1973. Speech and occupational therapy services were added in 1980. In 1976, the Immunization Program was started for infants and school age children. In 1980, the Woman, Infants, and Children (WIC) Program was started which provides food supplements and nutrition education to those who are eligible. Environmental services were added in 1981. By 1982, the Health Department obtained certification as a Local Health Department by providing all required public health programs. The agency was instrumental in forming the Tri-County AIDS Task Force for Jersey, Calhoun and Greene Counties in 1990. In 2002 the Jersey County Health Department added the Emergency Preparedness section to its programs through funding awarded by the Illinois Department of Public Health. JCHD became licensed to provide Home Nursing and Home Services in 2008.

Today, the health department programs are conducted in the following areas: Chronic Disease, Home Health Services, Maternal Health and Family Planning, Child Health, Communicable Disease Prevention, Private Sewage Disposal, Food Inspections, Private Water Supplies, and Nuisances. Additionally, the JCHD collaborates with other health care organizations and partners to address community issues related to opioids, mental health issues, and emergency response. A total of 24

full-time and six (6) part-time staff are employed by the health department. The largest job category is registered nurses, with 10 full-time and four (4) part-time nurses on staff. Jersey County Health Department receives an estimated \$2.018 million in funding annually, with 49 percent of the funds from federal sources and 51 percent from state and local revenues.

### Jersey County Health Department Organizational Chart



Data source: Jersey County Health Department, August 2020.

An organizational capacity self-assessment was completed in accordance with the requirements of the state Certified Local Health Department Code. The capacity self-assessment is part of the annual strategic planning assessment conducted by JCHD in collaboration with health department staff and leadership. A SWOT analysis is completed to identify the Strengths, Weaknesses, Opportunities, and Threats. The planning process results in the identification of priorities, and the JCHD subsequently identified objectives for each priority area along with action steps, leadership, resources, and timelines for achievement. The strategic plan is approved by the Board of Health and annual updates are completed and provided to the board.

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## Purpose of the Assessment

The purpose of the Community Health Data Assessment was to examine the health status indicators for the population served by the Jersey County Health Department and to identify key areas of concerns and assets within the community. The goal was to develop strategies to address the most critical health issues and needs.

## Assessment Process

Data collection for the Community Health Data Assessment began in 2019 by JCHD staff and members of the Community Health Care Committee. The committee first reviewed prior community health survey data from prior attempts to collect community health information. The Community Health Care Committee members reviewed data from the Illinois County Behavioral Risk Factor Surveys; the Community Health Rankings; hospital data; and other sources. The CHCC collaborated on the design of a community health survey to obtain community input about the perceptions on important health issues affecting Jersey County residents. The survey was developed both in hard copy and using an online survey tool, Responster. The CHCC worked with community partners, including, the school district, law enforcement, the hospital and health system, Jersey County maternal and child health program; seniors services and other organizations to ensure the survey sample represented all of the communities within the county. The survey period was open from January 2 through February 21, 2020. More than 250 respondents completed the survey through the online survey tool or using a paper survey. Although the survey was well received, one of the comments recommended that future surveys “are designed to ensure persons with visual impairments received accommodations to improve the ease of survey completion.” This suggestion was endorsed by the Community Health Care Committee.

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# Community Health Assessment Data Collection

## Section One: Demographic & Socioeconomic Characteristics



Jersey County is located in West central Illinois. It was founded on February 28, 1839. It was formed out of Greene County. According to the 2010 U.S. census, it has a population of 22,985. The county has a total area of 377 square miles, of which 369 square miles are land and 7.9 square miles are water. The county seat is Jerseyville and it is included in the St. Louis, MO-IL Metropolitan Statistical Area. The county is divided into eleven townships. It is served by four (4) unified school districts:

- Alton Community Unit School District 11 – serves a very small portion of southern Jersey County (east of Elsah), along with northwestern Madison County
- Greenfield Community Unit School District 10 – serves a very small portion of northeastern Jersey County (west of Kemper), along with eastern Greene County
- Jersey Community Unit School District 100 – serves most of Jersey County, and a small portion of southern Greene County
- Southwestern Community Unit School District 9 – serves the northeastern and southeastern portions of Jersey County, along with southwestern Macoupin County

Jersey Community High School is located in Jerseyville. It has an enrollment of approximately 1,100 students. There is one college located in Jersey College. Principia College, located near Elsah, is a private, liberal arts undergraduate college associated with the Christian Scientists.

The county has long maintained an agricultural base, but it's location within community distance of St. Louis, Missouri, has made it a popular community for individuals and families who work outside of Jersey County, but benefit from the "small town and rural" aspects of its towns and communities. Bordered by three (3) bodies of water: the Mississippi River to the south, the Illinois River to the west, and Macoupin Creek to the northwest, Jersey County supports agricultural producers and agribusiness, and has established a strong tourist market. Education, manufacturing, and retail are also among the county's largest industries.

As of the 2010 United States Census, there were 22,985 people, 8,828 households, and 6,228 families residing in Jersey County. The population density was 62.2 inhabitants per square mile (24.0/km<sup>2</sup>). There were 9,848 housing units at an average density of 26.7 per square mile (10.3/km<sup>2</sup>). The racial makeup of the county was 97.6% white, 0.4% black or African American, 0.3% Asian, 0.3% American

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Indian, 0.2% from other races, and 1.2% from two or more races. Those of Hispanic or Latino origin made up 1.0% of the population. In terms of ancestry, 42.8% were German, 14.7% were Irish, 10.6% were English, and 8.6% were American.

Of the 8,828 households, 31.9% had children under the age of 18 living with them, 56.4% were married couples living together, 9.7% had a female householder with no husband present, 29.5% were non-families, and 25.0% of all households were made up of individuals. The average household size was 2.51 and the average family size was 2.98. The median age was 40.5 years.

The median income for a household in the county was \$53,470 and the median income for a family was \$64,773. Males had a median income of \$48,750 versus \$31,789 for females. The per capita income for the county was \$24,368. About 5.6% of families and 8.5% of the population were below the poverty line, including 8.4% of those under age 18 and 7.1% of those age 65 or over.

According to the [2020 County Health Rankings](#), Jersey County compares to the rest of Illinois in the areas of:

- Percent population below age 18 years of age (20.4% versus 22.4%)
- Percent of population 65 and older (20.4% versus 22.4%)
- Percent female (51.1% versus 30.9%)
- Percent American Indian & Alaska Native (0.4% versus 0.6%)

Jersey County has significantly smaller populations of non-Hispanic Black (0.7% versus 14.1%), Hispanic (1.5% versus 17.4%); and Asian (0.8% versus 5.9%) than the state, as a whole. The county has a higher percentage of the population living in a rural area (60.6%) compared to Illinois (11.5%).

Illinois' population decreased in 2019 by an estimated 51,250 people, or 0.4%, marking the sixth consecutive year the state has lost residents, according to new data from the U.S. Census Bureau. Since the turn of the decade, Illinois has lost more residents than any other state, with a drop of about 159,700 people, or 1.2% of its population. Only three other states have shrunk since 2010: Connecticut, Vermont and West Virginia — with West Virginia losing the largest share of its residents, a 3.3% decline. Similar to Illinois, Jersey County has seen a population decline from 22,985 (US Census 2010) to 21,773 (US Census, July 1, 2019 estimate).

Demographics are classifiable characteristics of a given population, including but not limited to, age, gender, race, ethnicity, etc. Social determinants of health, according to [HealthyPeople.gov](#), are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Healthy People identifies five key determinant areas: neighborhood and built environment; economic stability; education; social and community context; and health and health care. Social determinant



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indicators include: disability status; educational level; employment status; income level/poverty status; natality (native- or foreign-born); veteran status, and refugee information.

Analysis of public health data by demographic characteristics is essential to the reduction and elimination of health disparities. The [Minority Health and Health Disparities Research and Education Act of 2000](#) describes health disparities as differences in "the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population." The definition can be applied to any demographic group, not just racial/ethnic minorities. Analysis by demographic characteristics also shows at what age certain diseases and conditions typically appear.

Health equity is the principle to pursue the highest possible standard of health for all while focusing on those with the greatest obstacles. Social determinants have a large impact on disparities and health equity. In order to improve health outcomes for those with disparities, social determinants often need to be targeted for intervention and prevention efforts. Analysis of what social determinants affect which populations in what areas helps inform programs where to focus efforts. [County Health Rankings](#) estimates that social, economic, and physical environment factors account for 50% of health factors.

Interventions with the largest impacts on health outcomes are population-based and focus on social determinants. CDC currently has an effort to target community approaches that focus on "social determinants of health" and "changing the context to make the healthy choice the easy choice."

### Age Distribution

Population distribution in Jersey County is very similar to Illinois as a whole. Females in Jersey County make up 51.3% of the population, which is very slightly higher than Illinois at 50.9%.

	Persons under 5 years (Percent)	Persons under 18 years (Percent)	Persons 65 and older (Percent)
Jersey County	5.2%	20.4%	19.8%
Illinois	5.9%	22.2%	16.1%

Data source: US Census Bureau, Quick Facts: Jersey County, Illinois.

## Race and Hispanic Origin

	Black or African American	American Indian or Alaska Native	Asian	Hispanic or Latino	White
Jersey County	0.8%	0.4%	1.0%	1.4%	96.5%
Illinois	14.6%	0.6%	5.9%	17.5%	76.8%

Data source: US Census Bureau, Quick Facts: Jersey County, Illinois.

## Education

Within the Jersey Community Hospital service area, 85.6% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Jersey County	255	228	89.4%
Illinois	91,892	75,974	82.7%

Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV)

## Housing and Family

In Jersey County, the median value of owner-occupied housing units (2014 – 2018) was \$144,800 compared to Illinois, \$187,200. There are 8,665 (2014 – 2018) households in Jersey County, with 2.43 persons per household (Illinois, 2.59). Jersey County residents primarily speak English in the home. Only 2.5% of persons age five and over (2014 – 2018) speak a language other than English in the home compared to 23.0% for Illinois.

Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV)

## Median Household Income

This indicator reports the median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one-person, average household income is usually less than the average family income. Approximately 61.5% of Jersey County residents, age 16 and older, are in the civilian labor force (percent of population age 16 years+, 2014 – 2018) compared to Illinois, 65.1%.

	Total Households	Average Household Income	Median Household Income
Jersey County	8,760	\$65,060	\$52,738
Illinois	4,802,124	\$81,865	\$59,196

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-2016.  
Source Geography: Tract)

### Unemployment Rate

Total unemployment in the Jersey Community Hospital service area for the month of August 2018 was 2,022 or 4.5% of the civilian non-institutionalized population age 16 and older (seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Jersey County	10,986	10,494	492	4.5%
Illinois	6,460,016	6,190,961	269,055	4.2%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-2016.  
Source Geography: Tract)

### Poverty

Population Below 100% FPL Poverty is considered a key driver of health status. In the hospital service area, 15.88% or 14,141 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

	Total Population	Population in Poverty	Percent Population in Poverty
Jersey County	21,472	1,954	9.10%
Illinois	12,548,538	1,753,731	13.98%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-2016.  
Source Geography: Tract)

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## Section Two: General Health and Access to Health Services

The [County Health Rankings](#) State Report rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor’s office. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the County Health Rankings help counties understand what influences how healthy residents are and how long they will live. The County Health Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The County Health Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (County Health Rankings and Roadmaps, 2012). Jersey County is ranked 50 out of the 102 Illinois counties in the Rankings released in 2020.

### Life Expectancy by Gender

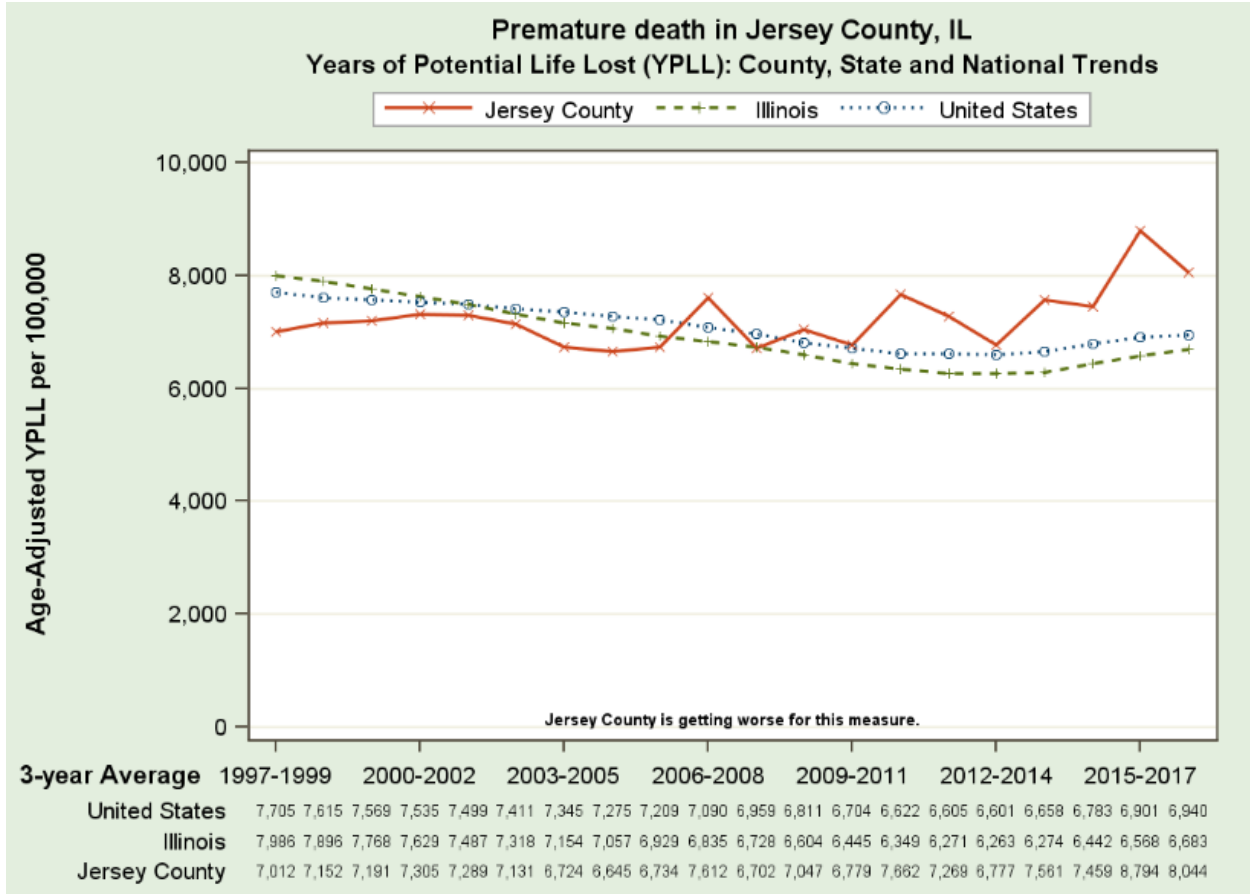
The average life expectancy of Jersey County residents is 76.6 (75.6 – 77.7) compared to 79.3 overall in Illinois and 81.1 for the US. According to the Institute for Health Metrics (IHME), University of Washington, the life expectancy at birth (years), based on 2014 data shows that females in Jersey County have a higher life expectancy than males.

Sex	Jersey County	Illinois	United States
Female	80.0	81.3	81.5
Male	76.6	76.7	76.7

Data Source: Institute for Health Metrics, University of Washington, 2014

### Life Expectancy in Jersey County, County Health Rankings

Premature death is the years of potential life lost (YPLL) before age 75. Every death occurring before age 75 years contributes to the total number of years of potential life lost. Jersey County has a YPLL of 8,000 compared to 6,700 for Illinois. The table shown below uses a three-year average to compare the YPLL of Jersey County to Illinois and the US between 1997 through 2017. Jersey County ranks 68 out of 102 Illinois counties.



Source: County Health Rankings, Premature Death YPLL, 1997 – 2017

### Quality of Life

Overall Jersey County ranks 38 out of 102 counties in Illinois for quality of life indicators. Fourteen percent of Jersey County adults indicated poor or fair health with 3.5 poor physical health and 3.8 poor mental health days per month compared to 3.8 days per month for Illinois respondents. An estimated 10 percent of Jersey County residents indicate frequent physical distress while 11 percent have frequent mental distress.

### Number of deaths, Jersey County Residents, 2018

Total Deaths	Sex		Race/Ethnicity			
	Male	Female	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other	Hispanic
275	128	147	273	1	0	1

Source: Illinois Department of Public Health

<https://www.dph.illinois.gov/sites/default/files/Death%20demographics%202018.pdf>

### Number of Deaths, by Age, Jersey County Residents, 2019

Total Deaths	Infants	1 – 17 Years	18 – 24 Years	25 – 44 Years	45 – 64 Years	65 – 84 Years	85+ Years
275	0	0	0	15	34	129	97

Source: Illinois Department of Public Health,

<https://www.dph.illinois.gov/sites/default/files/Death%20demographics%202018.pdf>

### Leading Causes of Death, Jersey County Residents, 2018

Cause of Mortality	Total Deaths
Diseases of the heart (heart disease)	64
Malignant neoplasms (cancer)	54
Alzheimer's disease	24
Accidents (Unintentional injuries)	23
Chronic lower respiratory diseases	18
Cerebrovascular diseases (stroke)	16
Diabetes mellitus (diabetes)	9
Influenza and pneumonia	8
Septicemia	5
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	3

Illinois Department of Public Health, Detailed Death Statistics, 2018

<https://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics/more-statistics>

### Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. Persons without health insurance, under age 65 in Jersey County are reported at 5.2% (Illinois 8.1%). The percent uninsured population is 7.9%.



	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Jersey County	22,091	1,746	7.90%
Illinois	12,671,738	1,233,486	9.73%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-2016. Source Geography: Tract)

### Access to Dental Care

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists – qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

	Total Population 2015	Dentists 2015	Dentists (Rate per 100,000 population)
Jersey County	22,372	10	45
Illinois	12,859,995	9,336	73

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015. Source Geography: County)

### Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental healthcare.

	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 provider per # of persons)	Mental Healthcare Provider Rate (Per 100,000 Population)
Jersey County	22,570	14	1,612	62
Illinois	12,806,917	23,090	555	180

Data Source: Community Commons (University of Wisconsin Population Health Institute, County Health Rankings, 2018. Source Geography: County)

### Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the American Medical Association include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs.

	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Population
Jersey County	22,571	7	31
Illinois	12,880,580	12,477	97

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015. Source Geography: County)

### Population With Any Disability

Within Jersey County, 13.2% or 2,915 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

	Total Population (For whom disability status is determined)	Total Population with a Disability	Percent Population with a Disability
Jersey County	22,091	2,915	13.20%
Illinois	12,671,738	1,376,858	10.87%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-2016. Source Geography: Tract)

### Section Three: Maternal and Child Health

The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential (Healthy People 2020). This category focuses on birth data and outcomes as well as mortality data for infants and children.

#### Teen Births

This indicator reports the rate of total births to women ages 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

	Female Population, Ages 15 – 19	Birth to Mothers, Ages 15 - 19	Births (per 1,000 population)
Jersey County	863	22	26
Illinois	448,356	15,692	35

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2006-2012. Source Geography: County)

#### Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

	Total Live Births	Low Birth Weights (2,500g)	Low Birth Weights Percent of Total
Jersey County	1,729	112	6.5%
Illinois	1,251,656	105,139	8.4%

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2006-2012. Source Geography: County)

### Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Jersey County has a higher infant mortality rate than that of the state.

	Total Births	Total Infant Deaths	Infant Mortality (per 1,000 births)
Jersey County	1,235	10	8
Illinois	879,035	6,065	7

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2006-2010. Source Geography: County)

### Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Jersey County	22,372	3,042	13.6%
Illinois	12,859,995	1,935,887	15.1%

Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015. Source Geography: County)

### Poverty - Children

Children in Households with Income Below 100% FPL Poverty is considered a key driver of health status. In Jersey County, 10.7% or 505 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access, including health services, healthy food, and other necessities that contribute to poor health status.

	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Jersey County	21,472	4,719	505	10.70%
Illinois	12,548,538	2,947,192	576,159	19.55%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-2016.  
Source Geography: Tract)

### Children Eligible for Free/Reduced Lunch

Within Jersey County, 1,196 public school students (46.7%) are eligible for free/ reduced price lunches out of 2,561 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.9%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

	Total Students	Number Free/Reduced Lunch Eligible	Percent Free/Reduced Lunch Eligible
Jersey County	2,561	1,196	46.70%
Illinois	2,018,739	1,006,936	49.88%

Date Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data. 2015-2016.  
Source Geography: Address)

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## Section Four: Infectious Diseases

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly, from one person to another (World Health Organization). Infectious diseases are a major cause of illness, disability, and death. For example, the Centers for Disease Control and Prevention (CDC) estimates that each year roughly 1 in 6 Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. Infectious diseases are also associated with substantial healthcare costs. Healthcare-associated infections alone account for billions of dollars of health care costs in the United States each year.

Infectious diseases are a major cause of illness, disability, and death. For example, the Centers for Disease Control and Prevention (CDC) estimates that each year roughly 1 in 6 Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. Infectious diseases are also associated with substantial healthcare costs. Healthcare-associated infections alone account for billions of dollars of health care costs in the United States each year.

Many infectious disease illnesses and deaths are preventable. By monitoring disease incidence and studying how and why infectious diseases spread, public health aims to stop illness from spreading and prevent diseases from occurring in the future.

Although not discussed in this IPLAN, the latest Illinois updates for COVID-19 can be found at <http://dph.illinois.gov/covid19>, a website launched by the Illinois Department of Public Health. The site includes case counts, the number of deaths due to COVID-19, the number of Illinoisans tested and hospitalized for the disease, as well as the latest information about statewide public health measures to limit the spread of COVID-19 in Illinois. In Jersey County, more than 5,470 persons have been tested for COVID-19, there have been 361 confirmed cases and 13 deaths (IDPH COVID-19 Statistics, September 2020).

### **Immunization (Flu and Pneumonia)**

Influenza, or flu, is an acute viral infection involving the respiratory tract that can occur in epidemics or pandemics. Influenza can cause a person, especially older persons, to be more susceptible to bacterial pneumonia. It was estimated that in the 2017-2018 flu season, 49 million flu illnesses occurred in the U.S. resulting in 960,000 hospitalizations and 79,000 deaths. This indicator reports the percentage of adults, age 18 and over, who reported having an influenza vaccination, within the past 12 months or ever had a pneumonia vaccination. This indicator is relevant because engaging behaviors decreases the likelihood of developing or transmitting a communicable disease. This indicator can also highlight a lack of access to preventive care, lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.



	Had Influenza Vaccination During Past 12 Months	Ever Had Pneumonia Vaccination
Jersey County	39.5%	43.6%
Illinois	32.2%	30.2%

Data Source: Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015 – 2019).  
2018 Illinois Behavioral Risk Factor Surveillance System; Accessed July 2020.

### HIV Infections

HIV is a blood-borne virus. Transmission occurs primarily through sexual contact with an infected person, sharing needles for the injection of drugs, or before, during, or after the birth of children to HIV-infected mothers. The Bureau of Epidemiology has the responsibility of tracking cases of HIV in order to monitor trends in the disease and, whenever possible, to interrupt the transmission of HIV. This is done by collecting pertinent demographic information on reported HIV-positive individuals and by conducting follow-up on newly diagnosed individuals and their partners. No treatment is available to cure HIV, although antiretroviral treatments are available to extend survival among those who are infected with human immunodeficiency virus (HIV).

	HIV Diagnosis (2012 – 2019) Rate per 100,000 Population	HIV Diagnosis (2012 – 2019) Rate per 100,000 population
Jersey County	2.3	1.2
Illinois	11.9	5.6

Data Source: Illinois Department of Public Health HIV Surveillance Unit. Data are provisional.  
Accessed July 2020.

	Ever Had HIV Test	Treated for Sexually Transmitted Disease in Past Year
Jersey County	26.6%	***
Illinois	32.2%	30.2%

\*\*\* Indicates data does not meet standards of reliability and has been suppressed.

Data Source: Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015 – 2019).  
2018 Illinois Behavioral Risk Factor Surveillance System; Accessed July 2020.

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### Select Communicable Diseases in Jersey County, IQUERY

The data table below (see end of this section) shows select communicable disease statistics for Jersey County between the years of 2012 and 2016. The data are reported to the Illinois Department of Public Health and can be accessed through the IQUERY data system.

*Cryptosporidiosis* - a microscopic parasite that causes the diarrheal disease cryptosporidiosis. Both the parasite and the disease are commonly known as “Crypto.” While this parasite can be spread in several different ways, water (drinking water and recreational water) is the most common way to spread the parasite. *Cryptosporidium* is a leading cause of waterborne disease among humans in the United States.

*Hepatitis B* - a serious disease caused by a virus that attacks the liver. Hepatitis B vaccine is available for all age groups to prevent HBV infection. In the United States in 2005, the highest incidence of acute hepatitis B was among adults aged 25–45 years. Approximately 79% of persons with newly acquired hepatitis B infection are known to engage in high-risk sexual activity or injection-drug use. Other known exposures (e.g., occupational, household, travel, and healthcare-related) together account for 5% of new infections. Approximately 16% of persons deny a specific risk factor for infection. Although HBV infection is uncommon among adults in the general population (the lifetime risk of infection is less than 20%), it is highly prevalent in certain groups. Risk for infection varies with occupation, lifestyle, or environment. Generally, the highest risk for HBV infection is associated with lifestyles, occupations, or environments in which contact with blood from infected persons is frequent. In addition, the prevalence of HBV markers for acute or chronic infection increases with increasing number of years of high-risk behavior. For instance, an estimated 40% of injection-drug users become infected with HBV after 1 year of drug use, while more than 80% are infected after 10 years.

*Hepatitis C* - a liver infection caused by the hepatitis C virus (HCV). Hepatitis C is spread through contact with blood from an infected person. Certain populations are at increased risk for hepatitis C. Most people become infected with the hepatitis C virus by sharing needles or other equipment used to prepare and inject drugs. In 2018, a total of 3,621 cases of acute hepatitis C were reported to CDC. After adjusting for under-ascertainment and under-reporting, an estimated 50,300 acute hepatitis C cases occurred in 2018. An estimated 2.4 million people in the United States were living with hepatitis C during 2013–2016.

*Influenza, or flu* - is an acute viral infection involving the respiratory tract that can occur in epidemics or pandemics. Influenza can cause a person, especially older persons, to be more susceptible to bacterial pneumonia. It was estimated that in the 2017-2018 flu season, 49 million flu illnesses occurred in the U.S. resulting in 960,000 hospitalizations and 79,000 deaths. The annual direct

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medical costs (hospitalizations, doctors office visits, medications, etc.) for influenza in adults are estimated at \$8.7 billion including \$4.5 billion for adult hospitalizations resulting from influenza-attributable illness. Influenza is also responsible for substantial indirect costs (\$6.2 billion annually), mainly from lost productivity.

*Legionellosis* – *Legionella* bacteria can cause a serious type of pneumonia (lung infection) called Legionnaires' disease. The bacteria can also cause a less serious illness called Pontiac fever. The number of cases reported to CDC has been on the rise since 2000. Health departments reported nearly 10,000 cases of Legionnaires' disease in the United States in 2018. However, because Legionnaires' disease is likely underdiagnosed, this number may underestimate the true incidence. More illness is usually found in the summer and early fall, but it can happen any time of year.

*Mumps* - a contagious disease that is caused by a virus. It typically starts with a few days of fever, headache, muscle aches, tiredness, and loss of appetite. Even though the vaccine has drastically reduced mumps cases, outbreaks still occur. Outbreaks have most commonly occurred among groups of people who have prolonged, close contact, such as sharing water bottles or cups, kissing, practicing sports together, or living in close quarters, with a person who has mumps. Some vaccinated people may still get mumps if they are exposed to the virus. However, disease symptoms are milder in vaccinated people.

*Pertussis* - a contagious, bacterial, respiratory disease. According to the Council for State and Territorial Epidemiologists, "*Bordetella pertussis* is the most poorly controlled bacterial vaccine-preventable disease in the U.S." Controlling pertussis is a difficult challenge addressed by increasing vaccination rates, prompt identification of cases, decreasing contact between infected and non-infected individuals, and treatment of ill individuals. Young infants are at highest risk for acquiring pertussis and pertussis-associated complications, such as pneumonia and inflammation of the brain. In 2005, the FDA approved Tdap, a pertussis vaccine for adolescents and adults. The rate of pertussis decreased in the years following approval of Tdap. However, there is evidence indicating that the highest level of protection from the Tdap booster lasts around two years then decreases over time. This has also been observed in individuals that have become infected with pertussis; these individuals are protected for a few years, but then their immunity becomes less effective over time. This decreasing immunity is called waning immunity.

*Salmonellosis* - CDC estimates *Salmonella* bacteria cause about 1.35 million infections, 26,500 hospitalizations, and 420 deaths in the United States every year. Food is the source for most of these illnesses. By tracking the burden of foodborne illness and attributing illnesses to specific food sources, CDC, state and local regulatory agencies, industry, consumer groups, and others can better target prevention measures and improve food safety in the United States.

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*Shiga toxin-producing E. coli (STEC)* - All age groups can be infected STEC, but young children, the elderly, and those with compromised immune systems are the most severely affected. STEC are very common bacteria that can cause diarrheal illness in humans. The illness can range from mild to severe, bloody diarrhea. These infections cause approximately 100,000 illnesses, 3,000 hospitalizations, and about 90 deaths annually in the United States. Severe manifestations of STEC infection (HUS or TTP) require a prolonged hospital stay and may result in renal failure and death. Effective prevention is the best treatment for STEC.

*Varicella (Chicken Pox)* - Chickenpox is a very contagious disease caused by the varicella-zoster virus (VZV). It causes a blister-like rash, itching, tiredness, and fever. Chickenpox used to be very common in the United States. Each year, chickenpox caused about 4 million cases, about 10,600 hospitalizations and 100 to 150 deaths. For the 2018-2019 school year, 43 states (including Illinois) and District of Columbia require children to receive two (2) doses of chickenpox vaccine or have other evidence of immunity against chickenpox before starting school. There are eight (8) states with a school-entry requirement of one (1) dose of chickenpox vaccine or other evidence of immunity against chickenpox.

*West Nile virus (WNV)* - is spread to humans primarily through the bite of infected mosquitoes. Mosquitoes become infected when they feed on infected birds that have high levels of WNV in their blood. WNV affects all age groups in humans and can potentially become a serious illness. The virus was found in the U.S. in 1999 and in Illinois in September 2001. The first human WNV case in Jersey County was recorded in 2016. Most people infected with WNV do not develop symptoms; however, some people develop mild to serious symptoms. Approximately 80% of people infected with WNV do not develop symptoms of the disease. About 20% of people infected with WNV develop mild symptoms, or West Nile fever.

**Select Communicable Disease Data from IQQUERY**

<b>Jersey County</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Cryptosporidiosis	No data	No data	No data	2	1
Hepatitis B, Chronic	2	1	2	1	2
Hepatitis C	16	10	21	11	15
Influenza with ICU Hospitalization	1	1	2	No data	No Data
Legionellosis	1	3	No data	No data	No data
Mumps	1	No data	4	No data	No data
Pertussis	1	No data	4	No data	1
Salmonellosis	1	3	No data	2	1
Shiga Toxin-producing E. Coli	1	No data	No data	No data	1
Varicella (Chicken Pox)	1	6	5	2	16
West Nile Virus (WNV)	1	No data	No data	No data	No data

Data Source: IQQUERY, Jersey County. Accessed September 2020.

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## Section Five: Chronic Disease

Chronic Diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are leading causes of mortality in the world, representing 60 percent of all deaths (World Health Organization).

### Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age adjusted to year 2000 standard. This indicator is relevant because cancer is a leading cause of death in the United States.

	Total Population	Average Annual Deaths, 2010 - 2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Jersey County	22,470	51	229	167
Illinois	12,859,901	24,531	191	169

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-2016. Source Geography: County)

### Coronary Heart Disease

More than 1,300 persons, or 7.5% of Jersey County adults aged 18 and older, have ever been told by a doctor they have coronary heart disease. This indicator reports the rate of death due to coronary heart disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the United States. Adults that ever were told they had a heart attack were 5.8% of the Jersey County adult population. Almost 14 percent of Jersey County adults have a history of cardiovascular disease.



	<b>Total Population</b>	<b>Average Annual Deaths, 2010 - 2014</b>	<b>Crude Death Rate (Per 100,000 Population)</b>	<b>Age-Adjusted Death Rate (Per 100,000 Population)</b>
Jersey County	22,470	46	205	146
Illinois	12,859,901	13,901	108	94

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-2016. Source Geography: County)

### Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because lung disease is a leading cause of death in the United States.

	<b>Total Population</b>	<b>Average Annual Deaths, 2010 - 2014</b>	<b>Crude Death Rate (Per 100,000 Population)</b>	<b>Age-Adjusted Death Rate (Per 100,000 Population)</b>
Jersey County	22,470	17	77	55
Illinois	12,859,901	5,330	43	39

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-2016. Source Geography: County)

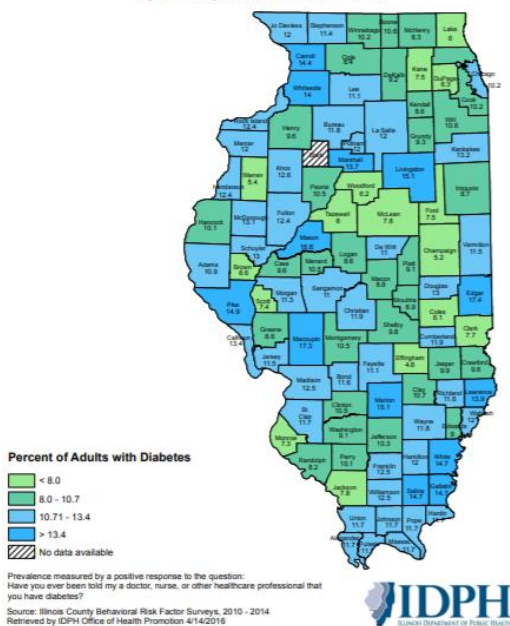
## Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States.

	Total Population	Average Annual Deaths, 2010 - 2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Jersey County	22,470	11	50	35
Illinois	12,859,901	5,497	43	38

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-2016. Source Geography: County)

Prevalence of Adult Diabetes by County, Illinois, 2010 - 2014



## Diabetes

Diabetes can be a serious, costly, and potentially fatal disease. People with diabetes have blood glucose (blood sugar) levels that are higher than normal. Diabetes develops when the body stops making insulin, or stops using it properly. Insulin is required to help blood glucose get into the body's cells. Without insulin, blood glucose levels build up in the blood. A blood test is used to diagnose diabetes.

In Illinois, the number of adults diagnosed with diabetes has more than doubled in the past 15 years, reaching approximately 1,002,134 in 2015 (9.9 % of the adult population) and it was the seventh leading cause of death in Illinois in 2014. Approximately 3.7 million adults in Illinois have prediabetes. Without intervention, 15% - 30% of people with prediabetes will develop Type 2 diabetes within

5 years. CDC and the Institute for Alternative Futures (IAF) estimated that nationally diabetes will rise by 64% from 2010 to 2025.

Diabetes places an enormous burden on healthcare resources, approximately \$245 billion is spent annually (in direct medical costs [\$176 billion] and in indirect costs [\$69 billion] such as disability, work loss, and premature death). According to the Chronic Disease Costs Calculator, a tool that estimates the financial burden of chronic disease, in 2010 the average cost of treating a person with

diabetes was \$6,490, or \$5 billion for all persons with diabetes in Illinois. The average employed person with diabetes in Illinois missed two days of work due to diabetes, totaling 753,000 days of work and \$183 million in lost productivity and wages annually. The Chronic Disease Cost Calculator estimates a 60.3% increase in medical costs, excluding absenteeism, from 2010 to 2020. Currently, about 84 million Americans aged 20 and older have pre-diabetes, a condition that puts them at high risk for developing diabetes. For many individuals, taking small steps, such as losing 5-7 percent of their weight or increasing physical activity, can help them delay or prevent developing diabetes.

The following indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the United States. It may indicate an unhealthy lifestyle and puts individuals at increased risk for heart disease, stroke, blindness, kidney failure, dental disease, and lower extremity amputations (not related to injuries). Diabetes and its complications occur among all age, racial, and ethnic groups. Persons diagnosed with Diabetes in Jersey County exceeds the percentage for Illinois for both males and females.

	<b>Percent Adults Age 20+ Diagnosed with Diabetes (Age-Adjusted)</b>	<b>Percent Males, Age 20+ Diagnosed with Diabetes (Age-Adjusted)</b>	<b>Percent Females, Age 20+ Diagnosed with Diabetes (Age-Adjusted)</b>
Jersey County	12.9%	14.3%	11.6%
Illinois	9.5%	9.5%	9.6%

Data Source: Centers for Disease Control and Prevention. US Diabetes Surveillance System. Interactive Diabetes Data. Accessed May 2020.

## Section Six: Environment, Occupation, Injury, and Violence

Motor vehicle crashes, homicide, domestic and school violence, child abuse and neglect, suicide, and unintentional drug overdoses are important public health concerns in the United States.

Unintentional injuries and violence-related injuries can be caused by a number of events, such as motor vehicle crashes and physical assault. ([Health People 2020](#))

### Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

	Total Population	Violent Crimes	Violent Crime (Rate per 100,000 population)
Jersey County	22,708	30	132
Illinois	12,519,201	49,706	397

Data Source: Community Commons (Federal Bureau of Investigation, FBI Uniform Crime Reports, 2012-2014. Source Geography: County)

### Index Crime Arrests 2013/2014

Many social factors related to crime and a community's population must be considered when reviewing crime statistics and making comparisons. A community may have a small residential population but a large transient population due to a substantial number of employers, motels, entertainment attractions, etc., within its jurisdictions. A large transient population is also prevalent in small communities located in metropolitan areas adjacent to Chicago and St. Louis. A large transient population may increase the potential for criminal behavior within a small jurisdiction.

Jersey County	Rape	Domestic Offenses	Drug Arrests	Aggravated Assault/Battery	Theft
2019	2	89	287	14	70
2018	1	78	309	15	72

Data Source: Crime in Illinois 2019: Annual Crime Report (Index Crime & Crime Rate Data) I-UCR Program website at <http://www.isp.state.il.us/crime/ucrhome.cfm>, March 31, 2020.

### Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

	Total Population	Number of Establishments	Establishments (Rate per 100,000 population)
Jersey County	22,985	1	4
Illinois	12,830,632	1,402	11

Data Source: Community Commons (US Census Bureau, County Business Partners, 2012-2016).  
Source Geography: ZCTA)

### Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retaining a general line of food, such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also sell food, such as supercenters and warehouse club stores are excluded.

	Total Population	Number of Establishments	Establishments (Rate per 100,000 population)
Jersey County	22,985	4	17
Illinois	12,830,632	2,770	22

Data Source: Community Commons (US Census Bureau, County Business Partners, 2012-2016).  
Source Geography: ZCTA)

### Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than one-half mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Jersey County	22,985	4,054	17.54%
Illinois	12,830,632	2,483,877	19.36%

Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015. Source Geography: Tract)

### Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because accidents are a leading cause of death in the U.S.

	Total Population	Average Annual Deaths 2010 - 2014	Crude Death Rate (per 100,000 population)	Age-Adjusted Death Rate (per 100,000 population)
Jersey County	22,470	14	61	58
Illinois	12,859,901	4,800	37	36

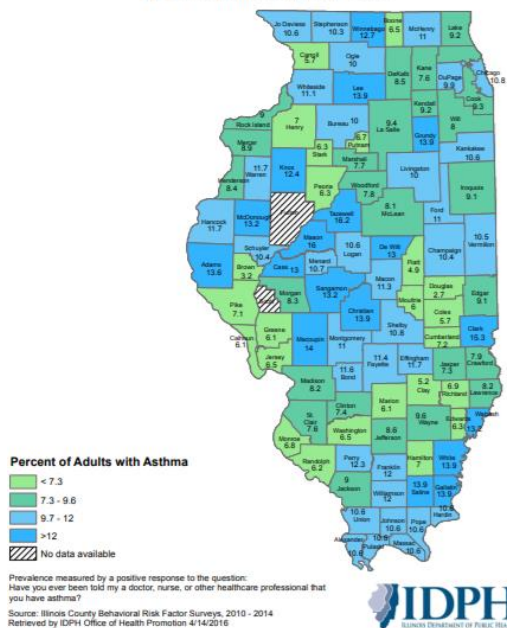
Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2001-2015. Source Geography: Tract)

## Section Seven: Sentinel Events

Sentinel indicators are presented for health conditions considered preventable or controllable with regular primary care. The occurrence of sentinel events can be interpreted to indicate inadequate access to primary care. These indicators may include hospital admission rates for childhood asthma, infant hospitalization rates for dehydration, active tuberculosis (TB) infection in adults, and the rates of in situ breast cancer (also known as pre-cancer) and late cervical cancer. The rate of hospitalizations for children with asthma is higher than the Illinois rate.

### Asthma

Prevalence of Adult Asthma by County, Illinois, 2010 - 2014



The CDC National Asthma Control Program reports that 1 in 12 children and adults have asthma. Based on the most recent data available, there were 2.0 million emergency department visits and 3,615 deaths due to asthma across the U.S. in 2014.

Since there is no cure for asthma, it is a health burden that stays with people for their whole lives. This translates into lifelong costs for medication and treatment, as there are many direct and indirect economic costs associated with asthma. The CDC reports asthma costs Americans about \$56 billion per year. In Illinois, the past few years have shown some promising trends—asthma prevalence has remained stable since 2000, asthma hospitalization has declined almost 20 percent, and asthma mortality has declined around 30 percent. Despite these gains, asthma

continues to affect about 1.3 million people, or 13 percent of the Illinois population (BRFSS, 2011). In Jersey County, 6.5% of adults have ever been told they have asthma (Illinois County Behavior Risk Factor Surveys, 2010-2014).

### Drug Overdose Deaths

This indicator reports the rate of death due to drug overdose per 100,000 population. This indicator is relevant because drug overdose is a leading cause of death in the United States. In Jersey County, the rate of fatal overdoses for all opioids has increased almost annually since 2013.

Any Drug						
	2013	2014	2015	2016	2017	2018
Jersey County	3	4	7	4	15	10
Illinois	1,579	1,700	1,836	2,410	2,779	2,722

Deaths in which drug overdose (poisoning) was reported as the underlying cause of death (ICD-10 codes X40-X44, X60-X64, X85, Y10-Y14).

Data Source: Drug Overdose Deaths by Sex, Age Group, Race/Ethnicity and County, Illinois Residents, 2013 – 2018.

Illinois Department of Public Health. Accessed May 2020.

Any Opioid						
	2013	2014	2015	2016	2017	2018
Jersey County	2	3	5	4	12	9
Illinois	1,072	1,203	1,382	1,946	2,202	2,167

Drug overdose deaths in which any opioid drug was reported as a contributing cause of death (ICD-10 codes T40.0, T40.1, T40.2, T40.3, T40.4, T40.6). This category is a subset of the “Any Drug” category.

Drug Overdose Deaths by Sex, Age Group, Race/Ethnicity and County, Illinois Residents, 2013 – 2018.

Illinois Department of Public Health. Accessed May 2020

Heroin						
	2013	2014	2015	2016	2017	2018
Jersey County	1	0	0	1	3	1
Illinois	583	711	844	1,040	1,187	1,050

Drug overdose deaths in which heroin was reported as a contributing cause of death (ICD-10 code T40.1). This category is a subset of the “Any Opioid” category. Due to limitations with laboratory testing for heroin, some deaths reported as overdoses involving “morphine” or the generic term “opiates” may be heroin overdoses. Therefore, overdose deaths involving heroin may be higher than reported.

Drug Overdose Deaths by Sex, Age Group, Race/Ethnicity and County, Illinois Residents, 2013 – 2018.

Illinois Department of Public Health. Accessed May 2020



Opioid Analgesics						
	2013	2014	2015	2016	2017	2018
Jersey County	2	2	5	4	12	9
Illinois	344	441	589	1,266	1,655	1,872

Drug overdose deaths in which any opioid analgesic was reported as a contributing cause of death (ICD-10 codes T40.2, T40.3, T40.4). This category is a subset of the “Any Opioid” category. Opioid analgesics include natural (e.g., morphine, codeine) and semi-synthetic (e.g., oxycodone, hydrocodone, hydromorphone, oxymorphone) opioid analgesics, methadone, and synthetic opioid analgesics other than methadone (e.g., fentanyl, tramadol).

Drug Overdose Deaths by Sex, Age Group, Race/Ethnicity and County, Illinois Residents, 2013 – 2018. Illinois Department of Public Health. Accessed May 2020

### Heavy Drinking

This indicator reports the percent of the population, by gender, which reports heavy drinking. Figures are reported as percent prevalence, rates age-adjusted to year 2012 standard. The CDC defines heavy drinking as 8 or more alcoholic beverages per week for women, or 15 or more alcoholic beverages per week for men. However, because this is a calculated variable and there is the need to incorporate a continuous range or responses, the definition used in the calculation is, "more than 14 drinks for men" and "more than 7 drinks for women". This indicator is relevant because heavy drinking is a type of excessive alcohol use. It exceeds the Dietary Guidelines for Americans definition of moderate drinking which is up to 1 drink per day for women, and up to 2 drinks per day for men. Most heavy drinkers are also binge drinkers.

	Female (% prevalence)	% Change 2005 – 2012	Male (% prevalence)	% Change 2005 - 2012
Jersey County	7.2%	+29.0%	14.0%	+6.5%
Illinois	8.5%	---	11.2%	---

Data source: Institute for Health Metrics and Evaluation (IHME). US County Profile: Jersey County, Illinois. Accessed June 2020.

### Binge Drinking

This indicator reports the percent of the population, by gender, which reports heavy drinking. Figures are reported as percent prevalence, rates age-adjusted to year 2012 standard. The CDC defines *Binge drinking* as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or above. This typically happens when men consume 5 or more drinks, and when women consume 4 or more drinks, in about 2 hours. It is listed as the percentage of survey respondents who

reported binge drinking during the 30 days prior to the survey. This indicator is relevant because binge drinking is the most common pattern of excessive alcohol use in the United States and those who binge drink tend to do so frequently and with high intensity.

	Female (Rate per 100,000 Population)	% Change 2002 – 2012	Male (Rate per 100,000 Population)	% Change 2002 - 2012
Jersey County	17.3	+27.8%	32.8	+7.7%
Illinois	15.9	---	28.8	---

Data source: Institute for Health Metrics and Evaluation (IHME). US County Profile: Jersey County, Illinois. Accessed June 2020.

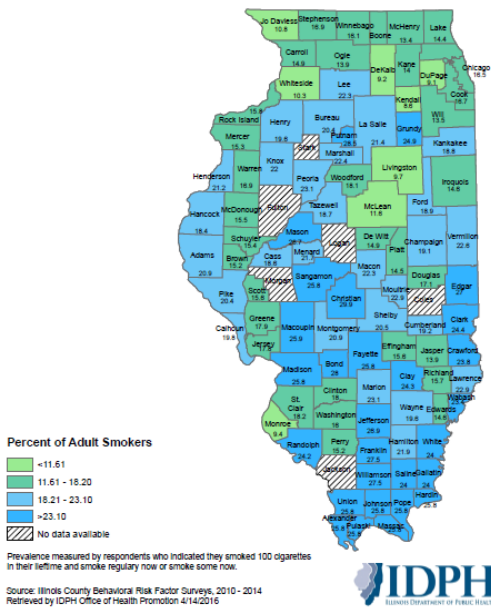
### Smoking

This indicator reports the percent of the population, by gender, of adults age 18 years and older, who smoke cigarettes every day or most days. Figures are reported as percent prevalence, rates age-adjusted to year 2012 standard. Tobacco use remains the leading preventable cause of death and disease in the United States. In Illinois, smoking claims more than 18,300 lives each year. It causes or worsens nearly every chronic condition and contributes to the primary causes of death in Illinois including heart disease, respiratory disease, and cancer. Smoking increases the risk for cancer of the lungs, larynx, esophagus, mouth, and bladder and contributes to cancer of the cervix, pancreas, and kidneys. Exposure to secondhand smoke increases the risk for heart disease and lung cancer among nonsmokers.

	Female (% prevalence)	% Change 1996 – 2012	Male (% prevalence)	% Change 1996 - 2012
Jersey County	23.2%	-8.9%	23.9%	-19.6%
Illinois	17.7%		21.9%	

Data source: Institute for Health Metrics and Evaluation (IHME). US County Profile: Jersey County, Illinois. Accessed June 2020.

Prevalence of Adults Who Smoke by County, Illinois, 2010 - 2014



## Adults Who Smoke

In Jersey County, 17.8 percent of adult respondents to the Behavioral Risk Factor Survey 2010 – 2014 indicate they smoked 100 cigarettes in their lifetime and smoke regularly now or smoke some now. Everyone is susceptible to the negative consequences of tobacco use. However, some disparities exist. Tobacco use is more prevalent among: men; persons aged 45 – 64 years; non-Hispanics; persons with low household income; persons with lower education level; and lesbian, gay, bisexual, transgender (LGBT) persons. The most effective way to reduce the risk of tobacco-related illness and death is to avoid using tobacco products. However, secondhand smoke still increases the risk of disease. Illinois’ policies that ban smoking indoors, in public locations, and local ordinances which ban smoking in other areas, i.e., public parks, golf courses and in outside eating areas can help reduce the risk for everyone.

## Breast Cancer

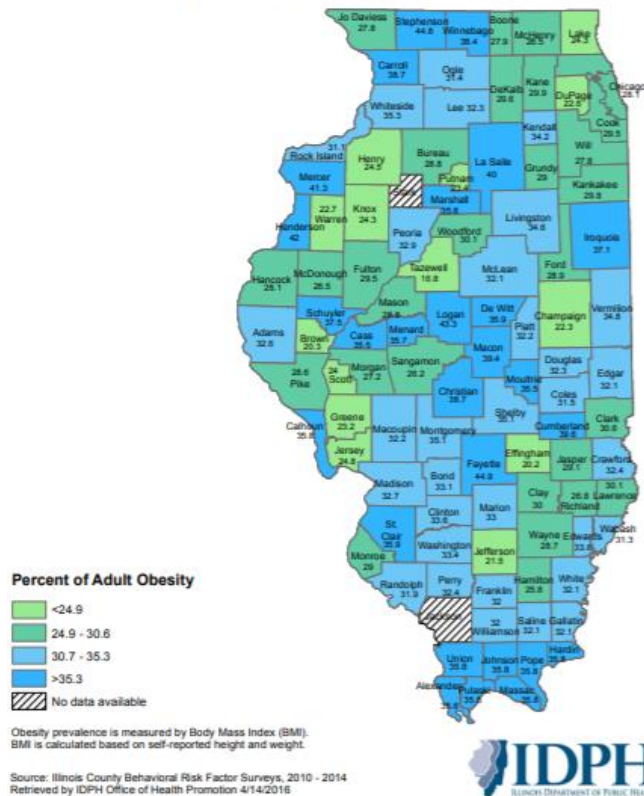
Breast cancer is the most commonly occurring cancer in U.S. women (excluding basal and squamous cell skin cancers) and a leading cause of female cancer deaths in both Illinois and the U.S. Nationally, deaths from lung cancer surpass deaths from breast cancer; however, breast cancer is the second leading cause of death among Illinois women. Deaths from breast cancer can be substantially reduced if the tumor is discovered at an early stage. Mammography is currently the best method for detecting cancer early. Clinical trials and observational studies have demonstrated that routine screening with mammography can reduce breast cancer mortality by about 20% for women of average risk. This indicator can be used to gauge access to primary care and preventive health services by women.

	Female (Rate per 100,000 Population)	% Change 1980 – 2014	Male (Rate per 100,000 Population)	% Change 1980 – 2014
Jersey County	23.2	-25.4%	0.3	-21.6%
Illinois	26.7		0.4	

Data source: Institute for Health Metrics and Evaluation (IHME). US County Profile: Jersey County, Illinois. Accessed June 2020.

## Obesity

**Prevalence of Obesity Among Adults  
by County, Illinois, 2010 - 2014**



Achieving and sustaining appropriate body weight across the lifespan is vital to maintaining good health and quality of life. Many behavioral, environmental, and genetic factors have been shown to affect a person's body weight. Calorie balance over time is the key to weight management. Calorie balance refers to the relationship between calories consumed from foods and beverages and calories expended in normal body functions and through physical activity. People cannot control the calories expended in metabolic processes, but they can control what they eat and drink, as well as how many calories they use in physical activity.

The prevalence of overweight and obesity in the United States is dramatically higher now than it was a few decades ago. This is true for all age groups. One of the largest changes has been an increase in the number of Americans in the

obese category. In the 1970s, the prevalence of obesity was 5% for children ages 2 to 5 years, 4% for children ages 6 to 11 years, 6% for adolescents ages 12 to 19 years, and 15% for adults. As of 2008, the prevalence of obesity has reached 10% for children 2 to 5 years, 20% for children 6 to 11 years, 18% for adolescents 12 to 19 years, and 34% for adults. In the early 1990s, no state had an adult obesity prevalence rate of more than 25%. Since 2008, 32 states have an adult obesity rate more than 25%.

Obesity can be costly and serious. Adults who are obese have an increased risk of hypertension, high LDL cholesterol, type 2 diabetes, coronary heart disease, stroke, and osteoarthritis.

Obesity is one of the leading causes of preventable life-years lost among Americans. Adults who have obesity compared with adults at a healthy weight are more likely to have a decreased quality of life and have an increased risk of developing serious health conditions including:

- Hypertension
- Type 2 diabetes
- Heart disease and stroke
- Sleep apnea and breathing problems

- 
- Some cancers
  - Mental illness such as depression and anxiety

Weight stigma, or discrimination and stereotyping based on an individual's weight, may also negatively influence psychological and physical health.

The costs associated with obesity and obesity-related health problems are staggering. One study estimated the medical costs of obesity to be \$342.2 billion (in 2013 dollars). Beyond direct medical costs, the indirect costs of decreased productivity tied to obesity are estimated at \$8.65 billion per year (<https://rdcu.be/b7ttg>).

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## Community Health Plan

### County Health Survey

A County Health Survey was designed by the Jersey County Health Department and approved by the Community Health Care Committee in January 2020. The survey was developed to obtain input from Jersey County community members about their health and wellness concerns and to seek consensus on the most important health issues affecting the county. A copy of the Jersey County Health Survey 2020 is included in *Appendix D*.

The survey contained questions about Jersey County's greatest strengths, important health concerns, risky behaviors, community and personal health, and where the community should focus its attention to make things better in Jersey County. The survey collected respondent demographic information including zip code, age, sex, marital status, household income, level of education, race, ethnicity, where health care is obtained when needed and how respondents pay for health care.

The Jersey County Health Survey was available for response between January 2 through February 21, 2020. Surveys were collected either online through Responster or through a hard copy of the survey. All hard copy surveys were entered into Responster for data retrieval and analytics purposes. Surveys were collected throughout the county from adults age 18 and older. There were 258 unique surveys were collected. Surveys were collected primarily from communities within Jersey County zip codes including: Dow, Elsay, Fieldon, Grafton, Jerseyville, and Medora.

Less than one (1) percent of surveys were collected from outside Jersey County, due to community members who worked in Jersey County, but reside outside of the county. Paper surveys were collected at WIC clinics; from participants in meetings organized by Jersey Community Hospital; health department outreach activities; West Central Child Care Connection; and at senior services activities. The online survey link was promoted on the Jersey County Health Department website and Facebook Page; the Jersey County Government website; in newsletters distributed by Jersey Community Hospital; and by Jersey Community Unit School District 100 through emails to staff and student families.

## County Health Survey Data Results

### Gender of Survey Respondents

25. What is your gender?

This question is for demographic purposes only. You will NOT be identified in anyway with your answers.



Option	Percentage	Respondents
Female	84%	218
Male	16%	40

Satisfactory average: 15.5%

Total unique respondents: 258

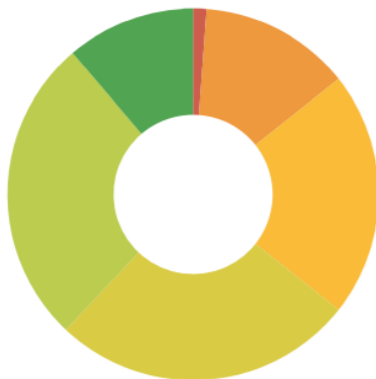
The majority of Jersey County Health Surveys collected were from women. According to the US Census (July 1, 2019 v2019) 51.3% of Jersey County residents are female.

### Age of Survey Respondents

Most survey respondents were between 26 and 64 years of age. Only 3 persons over 80 years responded to the survey.

26. What is your age?

This question is for demographic purposes only. You will NOT be identified in anyway with your answers.



Over 80 years	1%
65 to 79 years	13%
55 to 64 years	21%
40 to 54 years	26%
26 to 39 years	27%
18 to 25 years	11%

## Marital Status of Survey Respondents

### 27. What is your marital status?

This question is for demographic purposes only. You will NOT be identified in anyway with your answers.

More than half of the individuals who completed the survey were married.



●	Widowed	5%
●	Separated	0%
●	Never married	15%
●	Divorced	10%
●	Married/Cohabiting	69%

## Household Income of Survey Respondents

### 30. What is your household income?

This question is for demographic purposes only. You will NOT be identified in anyway with your answers.

More than 50 percent of the individuals who completed a Jersey County Health Survey have household incomes of \$50,000 annually or greater.



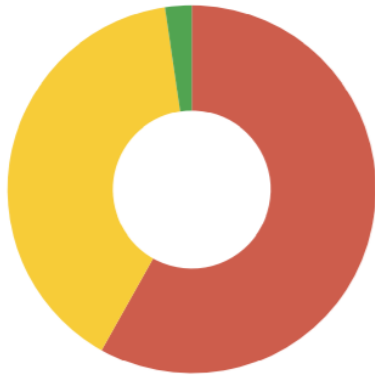
●	Over \$100,000 annually	26%
●	\$75,000 to \$99,999	17%
●	\$50,000 to \$74,999	18%
●	\$30,000 to \$49,999	17%
●	\$20,000 to \$29,999	3%
●	Less than \$20,000	19%



## Education Level of Survey Respondents

### 31. What is your highest education level completed?

This question is for demographic purposes only. You will NOT be identified in anyway with your answers.



More than 50 percent of survey respondents have a college degree or have attained education beyond a Bachelor's degree.

●	College degree or higher	58%
●	High School Diploma	40%
●	Less than high school graduate	2%

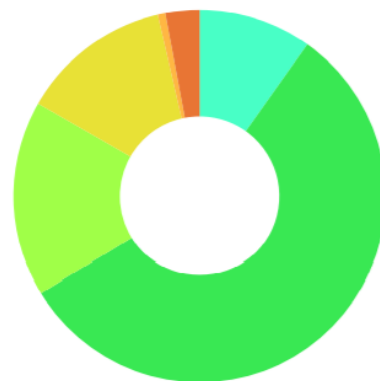
## Health Care Coverage of Survey Respondents

Most of the survey respondents indicated they had some type of health insurance.

Respondents were able to check as many categories as applied, therefore, some individuals indicated they pay for health care with a combination of Medicaid or Medicare and cash.

### 32. How do you pay for your health care?

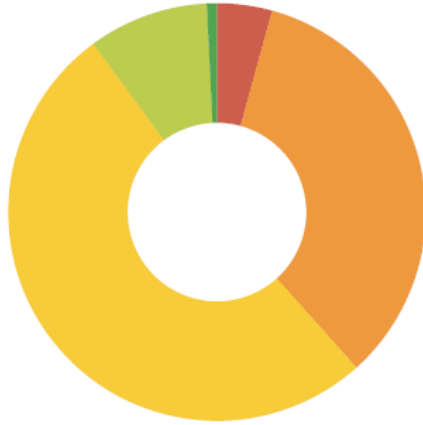
This question is for demographic purposes only. You will NOT be identified in anyway with your answers.



●	Other
●	Veteran's Administration
●	Indian Health Services
●	Medicare
●	Medicaid
●	Health Insurance (i.e., private insurance, Blue Cross/Blue Shield, HMO)
●	Cash

## Health of Jersey County

1. How would you rate the health of Jersey County?



More than 50 percent of survey respondents rated the health of Jersey County as “somewhat healthy.” Almost 40 percent rated it as “healthy” or “very healthy.” Only 10 percent of individuals who responded to the survey rated Jersey County’s health as “unhealthy” or “very unhealthy”.

●	Very Healthy	4%
●	Healthy	34%
●	Somewhat Healthy	52%
●	Unhealthy	9%
●	Very Unhealthy	1%

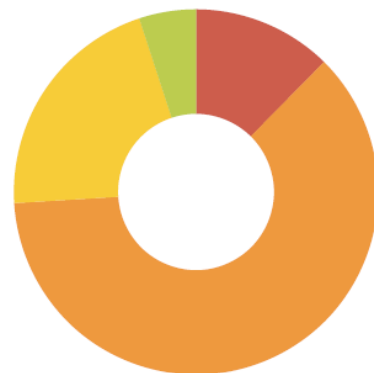
## Quality of Life in Jersey County

Survey respondents were asked to rate their satisfaction with the quality of life in Jersey County. Almost three-quarters of individuals surveyed indicated they are satisfied with the quality of life in Jersey County, considering safety and overall well-being. Only five percent of those surveyed disagreed.

2. I am satisfied with the quality of life in Jersey County (considering my sense of safety and well-being)

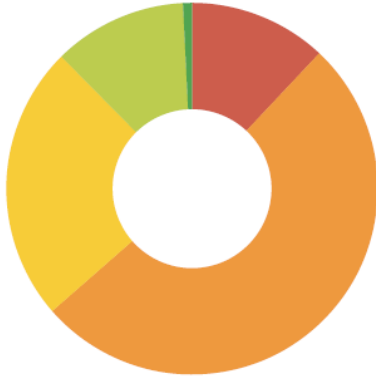
Please indicate your level of agreement with this statement.

●	Strongly Agree	12%
●	Agree	62%
●	Neutral	21%
●	Disagree	5%
●	Strongly Disagree	0%



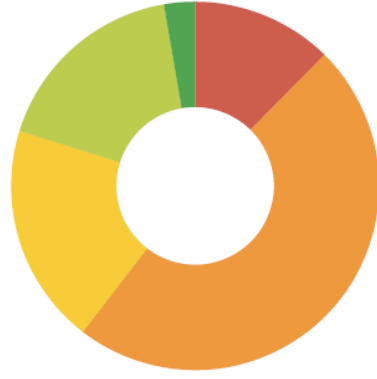
## Health and Wellness and Access to Medical Specialties

3. Jersey County has adequate health and wellness activities  
Please indicate your level of agreement with this statement.



●	Strongly Agree	12%
●	Agree	52%
●	Neutral	24%
●	Disagree	12%
●	Strongly Disagree	1%

5. I have easy access to the doctors and medical specialists I need  
Please indicate your level of agreement with this statement.



●	Strongly Agree	12%
●	Agree	48%
●	Neutral	19%
●	Disagree	17%
●	Strongly Disagree	3%

Respondents to the Jersey County Health Survey were asked whether Jersey County has adequate health and wellness activities and whether the individual had easy access to doctors and medical specialists. More than 60 percent of respondents agreed that Jersey County had adequate health and

wellness activities for its residents. Seventy percent of individuals responding to the survey indicated they believe they have access to the doctors and medical specialists they need.



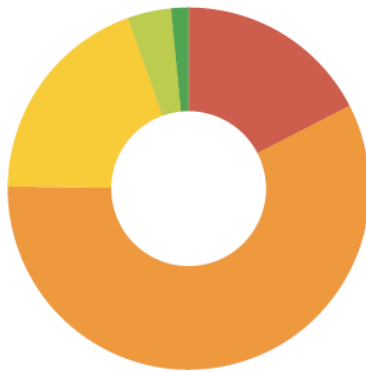
A subsequent question in the survey asked, “what health services would [you] like to see that are not available in Jersey County”? This question allowed for a free text response. The most common responses identifying other needed medical services were: pediatricians, dermatologists, and dental services.

Some respondents indicated that health-support services were needed in Jersey County. Individual responses included: exercise programs for persons who cannot afford a health club membership; diabetes support groups that work with the schedules of persons who work out of the county; substance abuse services and in-patient counseling; senior services such as transportation to doctors with out-of-town offices; healthy eating and exercise classes through the health department; holistic medicine; and services for youth dealing with trauma.

### Safety of Jersey County

16. Jersey County is a safe place to live (considering resident's safety in their homes, workplace, schools, parks, shopping areas, places of worship)

Please indicate your level of agreement with this statement.



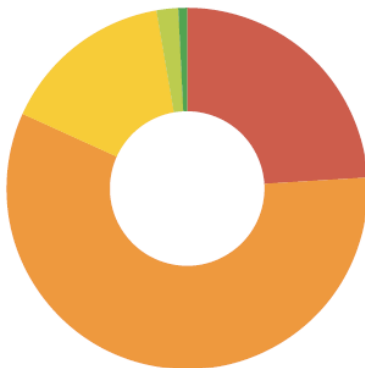
Seventy-five percent of the individuals who responded to the Jersey County Health Survey believe their county is a safe place to live, considering safety in their homes, work place, schools, parks, shopping areas, and places of worship.

●	Strongly Agree	17%
●	Agree	58%
●	Neutral	19%
●	Disagree	4%
●	Strongly Disagree	2%

### Raising Children in Jersey County

10. Jersey County is a good place to raise children

Please indicate your level of agreement with this statement.



More than 80 percent of survey respondents believe Jersey County is a good place to raise children. Almost one-quarter of individuals who took the survey strongly agree.

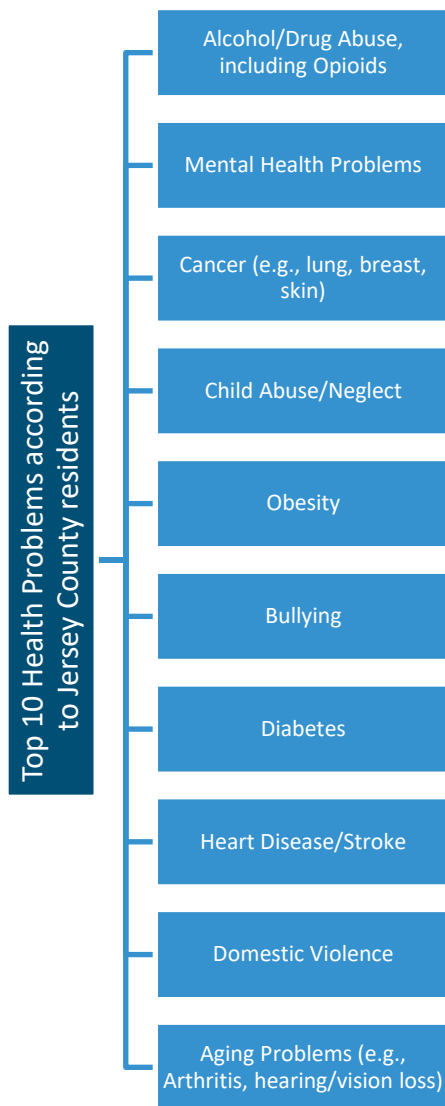
●	Strongly Agree	24%
●	Agree	58%
●	Neutral	16%
●	Disagree	2%
●	Strongly Disagree	1%

Question 20 of the Jersey County Health Survey asked respondents to list the three (3) most important “health problems” facing Jersey County. The list of responses was developed by the Community Health Care Committee after a literature review of community health surveys from other public health jurisdictions around the country. A total of 23 issues were available for selection.



Data source: Jersey County Health Survey, 2020.

The top 10 health problems selected by individuals who responded to the Jersey County Health Survey were (in order of prevalence):



Survey respondents were also asked about what other health problems, not on the list, were important in Jersey County. This question allowed those surveyed to provide a free text response. Several of the individuals surveyed indicated that “all health problems listed are important.”

Other responses included (in no particular order):

- Motor vehicle crashes
- Suicide
- Tobacco use by adults and youth
- Access to health care, such as dental services
- Lack of healthy food choices in local restaurants
- Education on food allergies and intolerances
- Obesity
- Alzheimer’s Disease
- Air pollution
- Transportation issues for persons with special needs
- Water safety

- Data source: Jersey County Health Survey, 2020.

When asked to name the three (3) most important “risky behaviors in Jersey County (those behaviors that have the greatest impact on overall community health problems, individuals surveyed named: drug abuse; alcohol abuse; and testing/cell phone use while driving as most significant. In the free form text response section, respondents indicated that Jersey County residents are also affected by: lack of vision and purpose for life; unsafe sexual practices; poor eating habits; parents not taking care of their children; tattoo parlors with unsanitary conditions; methamphetamines; lack of accountability; farming as a dangerous occupation; and lack of childhood vaccinations as problems affecting the county.

The Community Health Care Committee met monthly between December 2019 and April 2020 to identify and prioritize the health priorities for Jersey County. At each meeting, the committee members reviewed data from the Jersey County Health Survey, summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute and other resources. Following the review, the group identified and then prioritized the following as being the significant health priorities facing the county:

- Substance Abuse, including Opioid Use/Misuse
- Mental Health Issues
- Chronic Disease including Diabetes

The Jersey County Health Care Committee’s selection of health priorities is aligned with the results of the county health survey responses from Jersey County residents.

## Jersey County Health Priorities

<p><b>Priorities identified by the Community Health Care Committee:</b></p> <ul style="list-style-type: none"> <li>▶ Alcohol/Tobacco/Other Drugs including Opioid Use/Misuse</li> <li>▶ Chronic Disease including Diabetes</li> <li>▶ Mental Health</li> </ul>	<p><b>Important “health problems” identified by community survey respondents:</b></p> <ul style="list-style-type: none"> <li>▶ Alcohol/drug abuse and opioids</li> <li>▶ Mental health problems</li> <li>▶ Cancer (lung, breast, skin, etc)</li> </ul> <p><b>Additionally, write ins –</b></p> <ul style="list-style-type: none"> <li>▶ Child abuse/neglect</li> <li>▶ Obesity</li> <li>▶ Suicide</li> </ul>
<p><b>Community Health Care Committee Priorities</b></p>	<p><b>Community Survey Priorities</b></p>
<p><small>Presentation to Jersey County Community Health Care Committee, March 10, 2020</small></p>	

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## Priority One: Substance Use/Opioid Use Disorders

### Description

According to the 2015 National Survey on Drug Use and Health (NSDYH), an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), 27.1 million people aged 12 or older used an illicit drug in the past 30 days which corresponds to about 1 in 10 Americans. Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives (NSDUH 2015). The most frequently misused illicit drug was marijuana followed by the misuse of prescription pain relievers with 22.2 million current marijuana users aged 12 or older and 3.8 million people aged 12 or older who reported current misuse of prescription pain relievers (NSDUH 2015).

Substance abuse has a wide range of short- and long-term effects as well as many direct and indirect effects. These effects differ based on the drug used, how they are taken, the individual's overall health and other factors. Short-term effects can include wakefulness, increased heart rate, high blood pressure, heart attack, psychosis, overdose, and death. These health effects can occur after just one use. Long-term effects of substance abuse can include heart or lung disease, mental illness, HIC/AIDS, hepatitis, cancer, and others. Drug addiction is categorized as a brain disorder (National Institute on Drug Abuse).

According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH) an estimated 20.2 million adults had a substance use disorder. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. It is estimated that 7.9 million adults had both a mental disorder as well as substance use disorder. These co-current disorders carry a high burden of disease, resulting in significant costs to individuals, families, employers and health systems such as loss of economic productivity, and increased rates of crime, disability, and death. According to the Centers for Disease Control and Prevention (CDC), excessive alcohol use causes 88,000 deaths each year. In 2015, there were more than 67,000 drug overdose deaths in the United States. Almost 47,000 involved opioid use (69.5% of all overdose deaths).

The opioid epidemic has occurred in three waves. First, the deaths involving opioids beginning in 1990's following the increase of prescribing of opioid for pain treatment. Second, starting in 2010, the increase in deaths from heroin abuse. Third, beginning in 2013, deaths related to synthetic opioids like fentanyl were taking place at a rapid increase. In 2017, more than 47,000 Americans died as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured



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fentanyl. (Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/epidemic/index.html>)

Opioid Use Disorder (OUD) has reached a critical level in the United States, driven by over-prescription and diversion of opioid painkillers, as well as the low cost and increased potency of heroin. The societal impact is substantial in terms of costs related to treatment, lost work productivity, criminal activity, and social welfare costs. (Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>)

Those who suffer from opioid addiction are from all age groups, races, and financial backgrounds, and the reasons that they become involved or addicted to opioids vary widely. The problem is a complex one that involves many elements including how and when opioids are prescribed, the availability of opioids on the street, and the intense challenges of addiction specific to opioids.

OUD has hit the rural areas of Jersey County especially hard, and the numbers seem to be increasing due to lack of services in the area to provide prevention, treatment or recovery services. The Illinois Department of Public Health has started collecting and sharing county-based OUD data on an [Opioid Data Dashboard](#). With this most current mortality data, the rates for Jersey County are above the state averages for non-fatal overdose rates and fatal overdose rates. Jersey County's rate for fatal overdose for 2017 was the highest in the state of Illinois.

Jersey County has experienced a general increasing trend in the rate of non-fatal overdoses and higher than the average for Illinois incidence rates for the five-year period of 2013 – 2018). The rate for non-fatal overdose rate for all opioid increased from 3.99% in 2013 to 14.74% in 2018 (rate per 10,000). The rate of fatal overdoses has also increased steadily over this five-year period. In 2013, the rate was 1.33%, increasing to 4.6% in 2018. Jersey County is faced with an alarming rate of opioid overdoses with many of them fatal. The impact of substance abuse, especially opioid misuse, can find its causes linked to minimal local resources for prevention and treatment, lack of education on the problem of opioid misuse, and insufficient protocols in place to connect individuals to available treatment services.

In the 2020 County Health Rankings for Jersey County, data show:

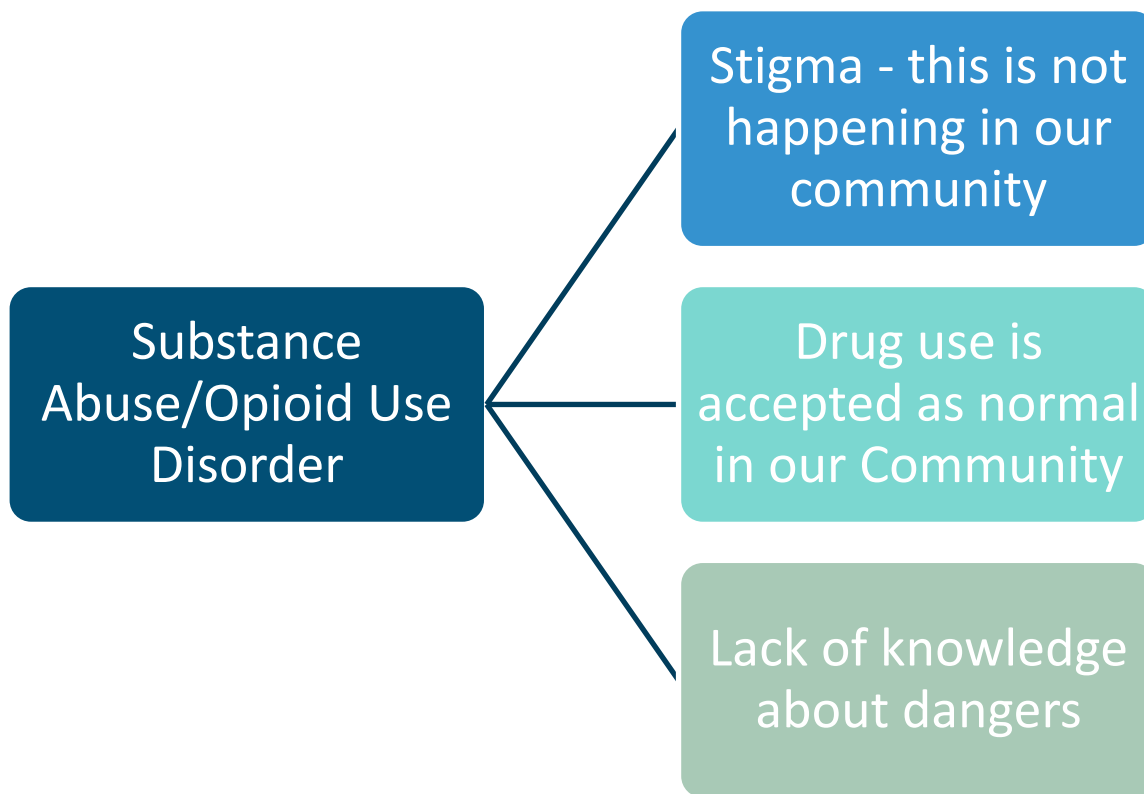
- There were 44 drug overdose deaths per 100,000 population compared to 21 for Illinois
- The adult smoking rate is 15%, which is the same as the state of Illinois average of 15%
- The adult excessing alcohol use rate was 21% which matches the Illinois state average of 21%
- Jersey County alcohol impaired driving deaths, which is defined as the percentage of driving death with alcohol involvement, is 47% compared to the 32% statewide average for Illinois

- Jersey County had 14 motor vehicle crash deaths per 100,000 population compared to Illinois' rate of 9 per 100,000

Individuals who completed the Jersey County Health Survey indicated that opioid use/misuse and substance abuse was a significant health problem in the county. They mentioned a lack of substance abuse treatment services as a concern.

The Community Health Care Committee completed a Health Priority Discussion Worksheet and a Health Problem Analysis Worksheet for this priority. The complete worksheets can be found in *Appendix B* and *Appendix C*.

### Health Priority and Associated Risk Factors



Jersey County Health Problem Analysis Worksheet: Health Priority and Risk Factors, 2020.

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## Outcome and Impact Objectives – Substance Abuse, including Opioid Use/Misuse

**Overall Goal** - Decrease substance abuse, including opioid use/misuse in Jersey County through increased access to substance/opioid use treatment services by addressing the capacity of health care providers and facilities to provide services and coordinate referrals.

### Outcome Objective

- By 2025, Jersey County will reduce overdose deaths by 5% (Baseline: [39](#) between 2015 – 2017, Jersey County Health Rankings)

### Impact Objectives

- By 2025, increase by 3% the number of admissions to substance abuse treatment for drug use (Baseline: To Be Determined)
- By 2025, decrease overprescribing of opioids and pain management alternatives by Jersey County prescribers. (Baseline: To Be Determined)
- By 2025, increase by 2, the number of sustainable Medication-Assisted Treatment (MAT) and counseling services programs in Jersey County. (Baseline: 2, 2019, Jersey Community Hospital, Chestnut Health Systems)
- By 2025, reduce emergency room visits for opioid abuse by 10% (Baseline: 16, data source: FFY2017 Jersey County-IQuery)
- By 2025, Jersey County will reduce hospitalizations for opioid dependence by 5% (Baseline: 50, data source: FFY2016 in Jersey County-IQuery)
- By 2025, explore opportunities for the Community Addiction Recovery and Education Services Consortium (CARES) to collaborate with the Jersey County Adult Drug Court to promote referrals to MAT and counseling services.

### Intervention Strategies

1. The Community Addiction Recovery and Education Services (CARES) Consortium began as a group of individuals coming together to address the opioid epidemic severely impacting their communities. Several members of CARES have worked together on projects since 2016. They began meeting formally in February 2016 as an information gathering of health care providers in Jersey and Green Counties. The purpose was to share information, build relationships, and improve care coordination across the continuum of shared patients and communities. CARES seeks to align programs and services; educate on health care reform; improve quality of services; increase access to health care services; and reduce costs.
2. Convene, at minimum, quarterly meetings, of CARES.

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3. Sponsorship of an evidence-based media campaign. SAMSHA has multiple campaigns to target specific groups or entire communities. These campaigns are designed to educate and raise awareness about substance use and opioid misuse.
  4. SAMSHA funds continuing medical education (CME) courses on prescribing opioids for chronic pain developed by local and state health organizations across the United States. Most of these courses also include resources that address practice management, legal and regulatory issues, opioid pharmacology, and strategies for managing challenging patient situations.
  5. NARCAN training for the community. When individuals overdose on opioids or painkillers, NARCAN, an opioid antagonist can be used to save lives during heroin or other opiate overdoses. Strategic training and use of NARCAN by community members can effectively save lives.
  6. Support educational programs and media campaigns aimed at reducing the use of opioids for pain management and relief.
  7. Drug Court is an evidence-based intervention which can be effective in helping offenders obtain treatment services for substance use and opioid use disorders and reduce overall criminal activity and recidivism.

### **Collaborative Partners**

- Jersey County Health Department
- Jersey Community Hospital
- Chestnut Health Systems
- Jersey County States Attorney
- Jersey County Probation Department
- Jersey Community School District #100
- Jersey County Sheriff's Department
- Health care providers
- Wellspring Resources
- Jersey County Against Drugs (JCAD)
- Locust Street Resource Center
- DHS Family Community Resource Center – Jersey County

### **Alignment with State Health Improvement Plan (SHIP) 2021**

- Build upon and improve local system integration
- Improve opportunity for people to be treated in the community rather than in institutions
- Increase behavioral health literacy and decrease stigma

### **Healthy People 2020**

SA-12: Reduce drug-induced deaths. Target: 11.3 deaths per 100,000 population.

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SA-13.3: Reduce the proportion of adults reporting use of any illicit drug during the past 30 days  
Target 9.2 percent

SA-19.1: Reduce the past-year nonmedical use of pain relievers. Baseline 4.7 percent of persons over age 12 years.

## **Evaluation**

The evaluation of this priority health problem has been incorporated into the impact and outcome objectives. All of the objectives selected as part of the community health assessment process stem from data sources such as the County Health Rankings or Illinois Department of Public Health. This approach was intentional to ensure county-specific data will be available over the 5-year period of this health plan to determine whether the proposed intervention strategies are having a direct impact on health outcomes in Jersey County. The Community Health Care Committee will engage in a series of secondary evaluation sources, such as updates to the community health survey conducted in 2020 and other reviews of other state and federal data sets to define the amount of progress over the next five-year period.

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## Priority Two: Mental Health Issues

### Description

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental Health was identified as a key health problem in Jersey County due to the prevalence of substance abuse and the need for an improved mental health support network.

According to Healthy People 2020, “Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.” In any given year, about 18.1% of adults in the United States ages 18 years or older suffer from a mental illness and about 4.2% suffer from a seriously debilitating mental illness (Center for Behavioral Health Statistics and Quality). In Illinois, between 2013-2014, about 363,000 adults aged 18 or older had a serious mental illness within the year prior to being surveyed (SAMHSA). Only 44.6% of all adults with any mental illness in Illinois received mental health treatment/counseling within the year prior to being surveyed (SAMHSA). According to the 2020 County Health Rankings, the average number of days Jersey County adult respondents reported that their mental health was not good was 3.8 days. This is above national averages and equal to the state average. This value has increased from 3.5 since the last time participants were surveyed. Among adults served in Illinois’ public mental health system in 2014, 45.0% were not in the labor force and 28.9% were unemployed (SAMHSA).

The prevalence of any mental illness (AMI) among adults ages 18 and over increased slightly from 18.19 percent in 2012 to 18.57 percent in 2017. Suicidal ideation among adults increased from 3.77 percent in 2012 to 4.19 percent in 2017. These findings are consistent with SAMHSA’s report on the NSDUH data in 2015, which found that the suicide rate had statistically significantly increased between 2011 and 2015 (when the rate reached four percent). The highest increases in rates of suicidal ideation were found in young adults, ages 18-25. Based on findings about the worsening of mental health conditions, including those with severe functional impairment among youth, it is not surprising that the data is showing an increase in suicidal ideation in adults, particularly young adults. Investment in understanding and addressing worsening youth mental health, as explained above, is crucial to suicide prevention in adults. Without upstream prevention, early identification and treatment, youth experiencing mental health conditions become adults experiencing suicidal ideation and reach a point of crisis.

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Further, studies have shown evidence for sociocultural and socioeconomic determinants for depression and suicide. A 2018 meta-analysis found that exposure to childhood maltreatment and job strain were risk factors for depression, among others. An ecological cross-country study found that unemployment had a strong association with suicide at the population level, and the presence of family members seemed to be a protective factor. To make meaningful change in rates of adult suicidal ideation, states must not only identify and address mental health conditions early, but must also invest in inclusive social and economic development that affect the key determinants of depression and suicidal ideation, such as increasing access to meaningful work and social support within communities.

In Jersey County, 11% of the population reported frequent mental distress (County Health Rankings) defined as the percentage of adults reporting 14 or more days of poor mental health per month. Frequent mental distress is a corollary measure to poor mental health days. It provides a slightly different picture that emphasizes those who are experiencing more chronic, and likely severe, mental health issues. Data for Jersey County adults (2003 – 2012 aggregated) indicate a suicide rate of 8.0 per 100,000 population. This is slightly below the Illinois rate.

The mental health workforce shortage is improving throughout the United States, however, there is still a significant unmet need for mental health care. Youth with severe MDE who receive some consistent treatment increased from 21.7 percent in 2012 to 28.2 percent in 2017, but still leaves over 70 percent of youth with severe MDE in need of treatment. Adults with any mental illness who did not receive any mental health treatment has remained about the same, despite increases in insurance coverage: 57.2 percent of adults with AMI did not receive any mental health treatment in 2012-2013 and in 2016-2017. There was also a slight increase in adults reporting unmet need, from 20.1 percent in 2012-2013 to 22.3 percent in 2016-2017. The most commonly reported reason for adults with AMI who did not receive treatment and reported an unmet need was that they could not afford the cost of care (44.6 percent in 2017). This suggests that, while more Americans are covered by some form of health insurance, the coverage is not sufficient to ensure access to necessary mental health treatment.

Access to treatment services is related directly to the availability of mental health service providers. The term “mental health provider” includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care. The rate of mental health providers has improved in nearly every state since last year’s report. However, projections from the Health Resources and Services Administration (HRSA) still indicate an immense shortage of mental health and substance use treatment providers to meet the demand in 2030. Mental health provider shortages result in little access to care, high burnout rates among providers, and long waits for necessary treatment. Additionally, there is a

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maldistribution of behavioral health providers. In 2016, more than half the counties throughout the U.S. had 0 psychiatrists. While integrating primary care and behavioral health care is a necessary first step in reducing the impact of the shortage, primary care providers cannot solely fill the void created by a lack of psychiatrists. Further efforts must be made to improve access to necessary mental health care throughout the country, such as expanding the use of telepsychiatry and employing peer support specialists and other paraprofessionals as providers of care. In Illinois, the ratio of mental health providers to the population is 440:1, while in Jersey County, that proportion increases to 1,460:1. Jersey County is designated as a Health Professional Shortage Area for Mental Health (Rural Health Information Hub, 2019).

Physicians are not the only providers of primary health care. Other professionals can serve as sources of routine, preventive care, including nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists. The Health Services Research Administration projects that the primary care NP and PA workforces will grow far more rapidly than the physician supply in the next 10 years and could help alleviate shortages as demand increases. The ratio of the population to primary care providers other than physicians in Jersey County is 1,986:1 compared to 1,214:1 for Illinois.

In the 2020 County Health Rankings for Jersey County, data show:

- The proportion of mental health providers to the county population is 1,460:1.
- 11 percent of Jersey County adults report 14 or more days of poor mental health per month.
- Jersey County residents report an average of 3.8 mentally unhealthy days in the past 30 days (age-adjusted).
- 21 percent of adults report binge or heavy drinking.
- Jersey County residents report 30 percent of adult get less than 7 hours of sleep on average.

The Illinois County Behavioral Risk Factor Surveys (2015-2019) data show:

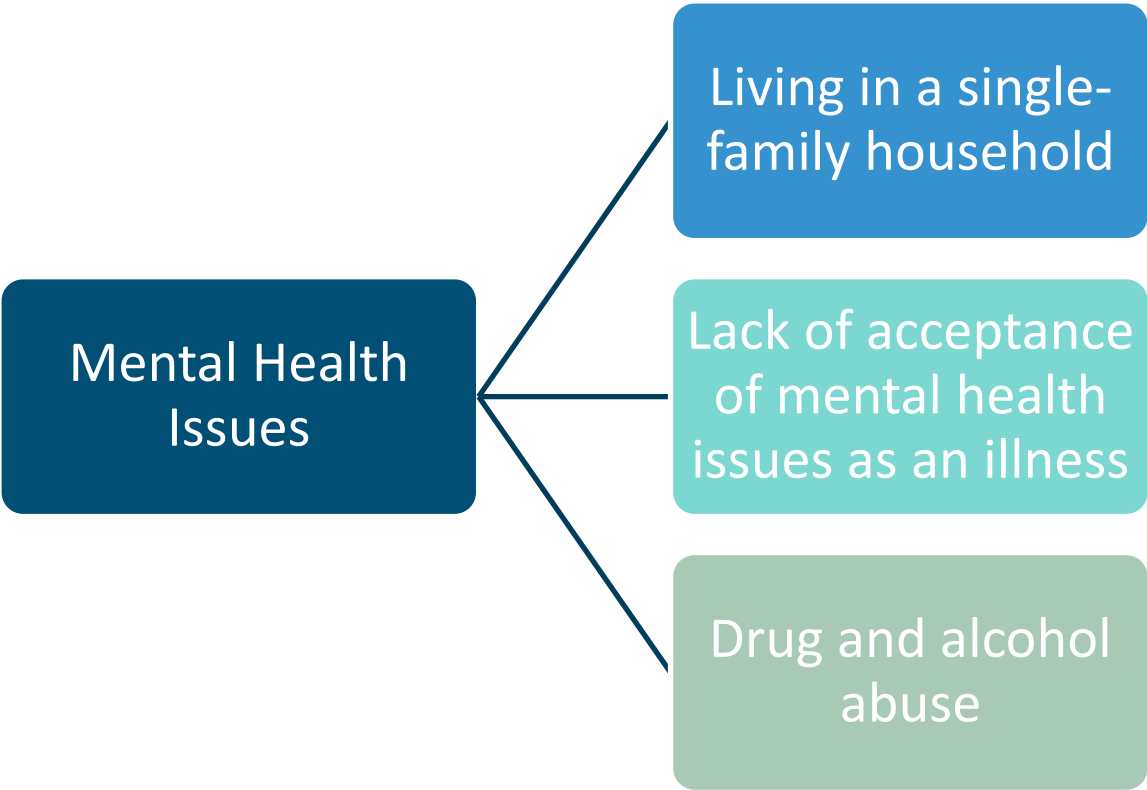
- Almost 9 percent of adults surveyed indicated between 8 and 30 days are affected by physical and mental health problems.
- 21.9 percent of residents surveyed reported being told they have a depressive disorder.

Individuals who completed the Jersey County Health Survey indicated that mental health issues are a significant health problem in the county. They mentioned a lack of access to mental health services for adults and youth as a concern.

The Community Health Care Committee completed a Health Priority Discussion Worksheet and a Health Problem Analysis Worksheet for this priority. The complete worksheets can be found in *Appendix B* and *Appendix C*.



**Health Priority and Associated Risk Factors**



Jersey County Health Problem Analysis Worksheet: Health Priority and Risk Factors, 2020.

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## Outcome and Impact Objectives – Mental Health Issues

**Overall Goal** – Increase access to mental health services and providers including referrals for outpatient services in Jersey County.

### Outcome Objective

- By 2025, Jersey County will reduce the number of individuals reporting mental health as “not good” for an 8 – 30-day period by 5% (Baseline: 8.9%, between 2015 – 2019, Jersey County Behavioral Risk Survey)

### Impact Objectives

- By 2025, Jersey County will reduce the number of days in the past 30 days that adults reported their mental health was not good by 10% (Baseline: 3.8, Jersey County Health Rankings, 2017)
- By 2025, Jersey County will reduce the percent of persons who reported “frequent mental distress” by 5% (Baseline:11%, Jersey County Health Rankings, 2017)
- By 2025, Jersey County will increase the ratio of mental health providers by 2% (Baseline: 1460:1, Jersey County Health Rankings, 2019)
- By 2025, promote mental health services and resources available in Jersey County utilizing a minimum of a website, listserv, and resource guide to increase awareness about community linkages.

### Intervention Strategies

- Explore the availability and possible use of [Mental Health First Aid training](#) and promote the creation of a Mental Health Resource Guide for Jersey County to direct individuals to available resources.
- Expand access and availability of substance and opioid abuse resources.
- Encourage community organizations and work places to promote mental health awareness and reduce the stigma of mental health and substance abuse issues.
- Promote primary care screening for mental health issues such as depression and suicide ideation.
- Support continued dialogue among community health care providers about improved coordination of care and referrals.
- Advocate schools place a high value on [School Connectedness](#) as an important protective factor.
- Collaborate with Jersey Community Hospital and Jersey County Against Drugs (JCAD) to address self-medicating with illegal drugs with middle and high school youth.

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- Work with community-based organizations to educate young parents on coping, responsibility, and physical as well as mental health wellness.
  - Partner with NAMI Southwestern Illinois to promote education and support programs for persons with mental illnesses and their families.

### **Collaborative Partners**

- Jersey County Health Department
- Jersey Community Hospital – JCH Psychiatry Clinic
- Chestnut Health Systems
- Jersey County States Attorney
- Jersey County Probation Department
- Jersey Community School District #100
- Jersey County Sheriff's Department
- Health care providers – Behavioral Health
- Wellspring Resources
- Locust Street Resource Center
- Jersey County Against Drugs (JCAD)
- NAMI Southwestern Illinois
- DHS Family Community Resource Center – Jersey County

### **Alignment with State Health Improvement Plan (SHIP) 2021**

- Build upon and improve local system integration
- Expand evidence-based community education/capacity-building efforts
- Improve opportunity for people to be treated in the community rather than institutional settings

### **Healthy People 2020**

MHMD–6: Increase the proportion of children with mental health problems who receive treatment. Target: 75.8 percent.

MHMD–9: Increase the proportion of adults with mental disorders who receive treatment. Target: serious mental disorders to 72.3% and major depressive episodes to 75.9%.

### **Evaluation**

The evaluation of this priority health problem has been incorporated into the impact and outcome objectives. All of the objectives selected as part of the community health assessment process stem from data sources such as the County Health Rankings or Illinois Department of Public Health. This approach was intentional to ensure county-specific data will be available over the 5-year period of this health plan to determine whether the proposed intervention strategies are having a direct

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impact on health outcomes in Jersey County. The Community Health Care Committee will engage in a series of secondary evaluation sources, such as updates to the community health survey conducted in 2020 and other reviews of other state and federal data sets to define the amount of progress over the next five-year period.

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## Priority Three: Chronic Disease including Diabetes

### Description

Chronic diseases continue to be a leading cause of morbidity, disability, and mortality in Jersey County. Chronic diseases – such as heart disease, stroke, cancer, and diabetes – are among the most prevalent, costly, and preventable of all health problems. Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person’s risk for developing chronic disease. Access to high-quality and affordable prevention measures (including screening and appropriate follow-up) are essential steps in saving lives, reducing disability and lowering costs for medical care.

Chronic disease is a long-lasting condition that can be controlled but not cured. Chronic disease affects the population worldwide and, as described by the Centers for Disease Control and Prevention (CDC), is the leading cause of death and disability in the United States. At a national level, chronic diseases are responsible for 7 of 10 deaths each year, equaling 1.7 million deaths. Additionally, treating people with chronic diseases accounts for 86% of US health care costs. The CDC includes heart disease, stroke, cancer, diabetes, obesity, and arthritis as some of the most common and costly chronic disease conditions.

Physical activity is recognized as an approach for preventing chronic disease and disability. Around a quarter of adults in Illinois reported engaging in no physical activity, in Jersey County, 35% of adults report physical inactivity (County Health Rankings). Among children, the percentages are lower, but every child should be engaging in at least some vigorous physical exercise. Smoking is perhaps the most well-established risk factor for a wide array of health outcomes. Overall, 1 in 6 adults in Illinois reported being current smokers in 2014, and 1 in 4 non-Hispanic black adults reported smoking. The adult smoking rate in Jersey County is 15% (2017 County Health Rankings). Among pregnant women, smoking rates are lower as might be expected, but still approximately 10% of pregnant women report smoking. Obesity is both a risk factor for chronic disease and an outcome in and of itself, and it occurs across the lifespan. In adulthood, almost 1 in 3 Illinoisans were obese, with obesity defined according to the consensus cut point on the Body Mass Index (30 or greater BMI) while in Jersey County, 34% of adults were reported as obese. Approximately 2 of 5 non-Hispanic black adults were in this category. There were only slight differences in obesity by gender and age. Approximately 1 in 5 children in Illinois were obese, with closer to 1 in 3 non-Hispanic black children in Illinois being in this category. (Obesity in children is affected by a series of factors including physical education opportunities, quality of meals served within schools, recess policies, etc.)

Similar to national data, the two leading causes of death in Illinois are heart disease and cancer. Heart disease and cancer each account for approximately 24,000 deaths in Illinois each year. The subset of

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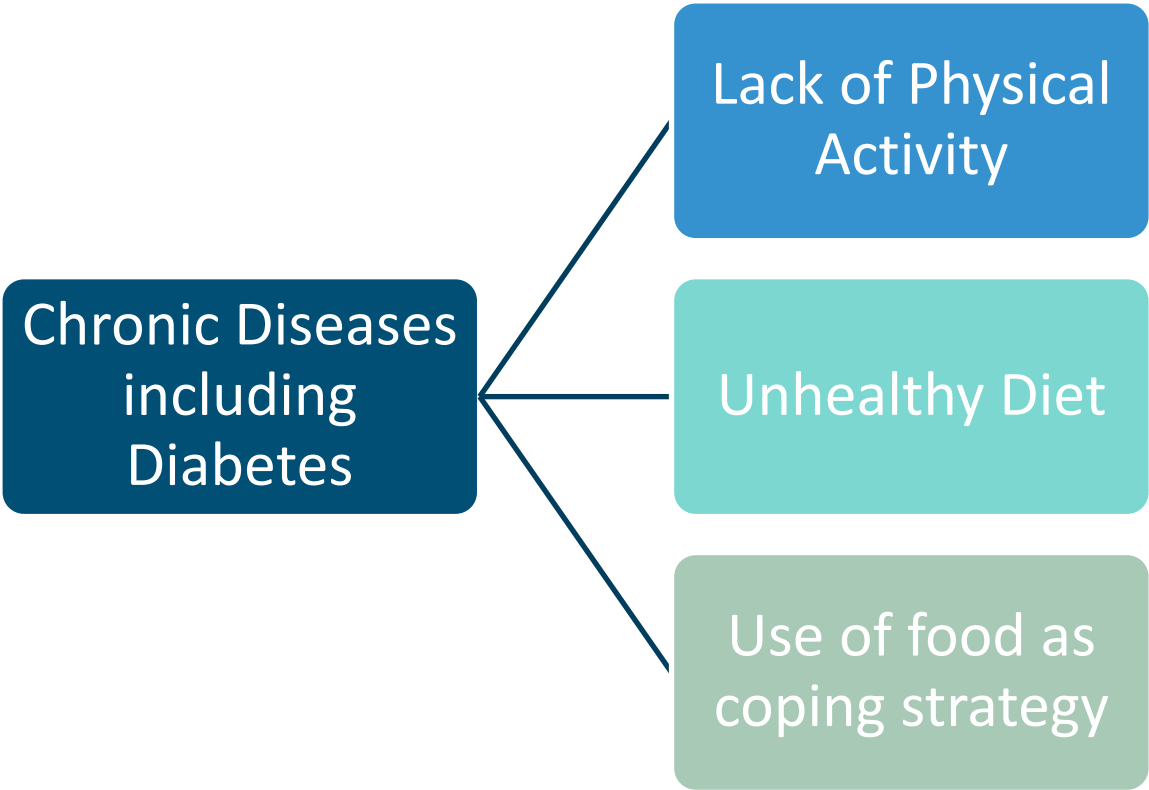
deaths due to ischemic heart disease accounts for approximately 13,000 deaths in Illinois annually. After adjusting for age, the mortality rates for ischemic heart disease and for cancer were each close to the corresponding Healthy People 2020 objectives. Non-Hispanic blacks in Illinois, however, had rates that are worse than the benchmark for each cause of death. Hispanics had lower mortality rates for both heart disease and cancer compared to either non-Hispanic blacks or non-Hispanic whites. As would be expected, there is a strong age gradient with both heart disease and cancer. In addition, men have higher age-adjusted rates than do women for both causes of death. From a prevention perspective, monitoring the mortality rates for these causes among persons in early and middle adulthood may be important. In 2014, 2,755 Illinois residents or approximately 20% of those dying from ischemic heart disease were ages 20-64, while close to 7,000 Illinois residents or almost 30% of those dying from cancer were in this age group. The age-adjusted trend data for both heart disease and cancer mortality show a persistent racial/ethnic disparity over time. For heart disease mortality, rates appear to be improving over time, with non-Hispanic whites reaching the benchmark by 2014 and non-Hispanic blacks getting close. For cancer mortality, while rates also appear to be slightly improving over time, both non-Hispanic blacks and non-Hispanic whites have rates higher than the benchmark.

The percentage of Illinois adults who reported having diabetes is similar to the percentage of adults who report diabetes nationally, at 10.2% and 9.7% respectively. A higher percentage of both non-Hispanic blacks (14.0%) and Hispanics (12.7%) report having diabetes, compared to non-Hispanic whites (9.1%). The diabetes prevalence (percentage of adults aged 20 and above with diagnosed diabetes) in Jersey County is 14% compared to 10% for Illinois. Adult obesity for Jersey County residents is 34% and adult smoking is 15%, both are risk factors for diabetes.

Individuals who completed the Jersey County Health Survey indicated that chronic disease, including diabetes was a significant health problem in the county. They mentioned a lack of exercise/physical activity, poor eating habits, and lack of understanding on how to prepare healthy meals; lack of child care; long commuting times; and no place to safely exercise as risk factors for this priority.

The Community Health Care Committee completed a Health Priority Discussion Worksheet and a Health Problem Analysis Worksheet for this priority. The complete worksheets can be found in *Appendix B* and *Appendix C*.

**Health Priority and Associated Risk Factors**



Jersey County Health Problem Analysis Worksheet: Health Priority and Risk Factors, 2020.

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## Outcome and Impact Objectives – Chronic Disease including Diabetes

**Overall Goal** – Improve overall physical health and wellness for Jersey County residents with an emphasis on diabetes and its risk factors.

### Outcome Objective

- By 2025, reduce prevalence of diabetes among the adult population of Jersey County by 5% (Baseline [14%](#), Jersey County Health Rankings).

### Impact Objectives

- By 2025, increase the number of Jersey County residents who had a high blood sugar/diabetes test in the past three years by 2% (Baseline 54.0%, estimated population 8,069 between 2015-2019, Jersey County Behavioral Risk Survey).
- By 2025, reduce the number of Jersey County residents who reported they were overweight or obese by 2% (Baseline 69.3%, estimated population 11,736 between 2015-2019, Jersey County Behavioral Risk Survey).
- By 2025, increase the number of Jersey County residents who indicate they are former smokers by 3% (Baseline 26.8%, estimated population 4,576 between 2015-2019, Jersey County Behavioral Risk Survey).
- By 2025, increase the number of adults in Jersey County who report any physical activity within the past 30 days by 5% (Baseline 62.9.0%, estimated population 10,734 between 2015-2019, Jersey County Behavioral Risk Survey).
- By 2025, increase physician and mid-level provider knowledge of diabetes prevention and self-management programs to encourage clinical-community linkages (Baseline to be determined).

### Intervention Strategies

- Promote Medicaid and other insurance reimbursement for evidence-based community preventive services such as cessation services; National Diabetes Prevention Program; and Chronic Disease Self-Management/Diabetes Self-Management Programs.
- Implement formalized identification and referral systems in community health care settings that link patients to evidence-based community resources (e.g., Illinois Tobacco Quitline; National Diabetes Prevention Program; WIC/SNAP and other food resources; asthma management programs)
- Promote best practices and training opportunities to improve physical activity and screen time practices in early childhood care and education settings.
- Promote 60 minutes of moderate- to vigorous physical activity per day for children.



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- Support elimination of physical education (P.E.) waivers and the protection and implementation of Illinois' elementary and secondary school P.E. daily requirements (IDPH, 2016)
  - Promote trainings and use of Nutrition and Physical Activity Self-Assessment for Child Care Program (NAP SACC) to develop and implement improvements that embed nutrition and physical activity best practices in early childhood care and education programs.
  - Encourage new grocery stores or other healthy retail developments (e.g., non-fast food establishments) in long-term economic development of local communities.
  - Increase adoption and implementation of comprehensive workplace wellness policies and practices in organizational or institutional settings that improve access to healthy foods and beverages.
  - Explore opportunities to create safe places for county residents to exercise which are not cost-prohibitive for individuals and families.
  - Employ public education campaigns related to risk factors associated with chronic disease (e.g., nutrition/healthy eating; physical activity/active living; tobacco cessation and exposure).

#### **Collaborative Partners**

- Jersey County Health Department (Diabetes Educator)
- Jersey Community Hospital (Wellness Center)
- Jersey Community School District #100
- Health care providers
- Rotary Club and other civic organizations
- Meals on Wheels
- University of Illinois Extension Service
- Faith-based organizations
- City of Jerseyville (Jerseyville Public Library)
- Area Agency on Aging for Lincoln Land
- Jersey County Farm Bureau
- West Central Childcare Connection

#### **Alignment with State Health Improvement Plan (SHIP) 2021**

- Build upon and improve local system integration
- Increase opportunities for healthy eating
- Increase opportunities for active living
- Increase opportunities for tobacco-free living
- Increase community-clinical linkages to reduce chronic diseases

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## Healthy People 2020

NWS–8: Increase the proportion of adults who are at a healthy weight. Target: 33.9 percent.

NWS–9: Reduce the proportion of adults who are obese. Target: 30.6 percent.

NWS–10 Reduce the proportion of children and adolescents who are considered obese.

NWS-10.4 Reduce the proportion of children and adolescents aged 2-19 who are considered obese.

NWS-11: Prevent inappropriate weight gain in youth and adults.

NWS–14: Increase the contribution of fruits to the diets of the population aged 2 years and older.

Target: 0.9 cup equivalents per 1,000 calories.

NWS–15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.

NWS–15.1: Increase the contribution of total vegetables to the diets of the population aged 2 years and older. Target: 1.1 cup equivalents per 1,000 calories.

PA–1: Reduce the proportion of adults who engage in no leisure-time physical activity. Target: 32.6 percent.

PA–2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

PA–3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

## Evaluation

The evaluation of this priority health problem has been incorporated into the impact and outcome objectives. All of the objectives selected as part of the community health assessment process stem from data sources such as the County Health Rankings or Illinois Department of Public Health. This approach was intentional to ensure county-specific data will be available over the 5-year period of this health plan to determine whether the proposed intervention strategies are having a direct impact on health outcomes in Jersey County. The Community Health Care Committee will engage in a series of secondary evaluation sources, such as updates to the community health survey conducted in 2020 and other reviews of other state and federal data sets to define the amount of progress over the next five-year period.

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[http://www.icahn.org/files/Rural Health Clinic/Rural urban counties.pdf](http://www.icahn.org/files/Rural%20Health%20Clinic/Rural%20urban%20counties.pdf)

Illinois Behavioral Risk Factor Surveillance System - <http://www.idph.state.il.us/brfss/>

IDPH Birth Demographics - <http://www.dph.illinois.gov/sites/default/files/publications/Birth-DemographicsCounty-2016.pdf>

Illinois Department of Public Health - <http://www.dph.illinois.gov/>

2015 Illinois Maternal Child Needs Assessment -  
<http://www.dph.illinois.gov/sites/default/files/publications/publications-owh-il-title-vdatabook-042816.pdf>

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## Appendix A

### IPLAN Process - General Overview



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## **Appendix B**

### **Health Priority Discussion Worksheets**

**Health Problem Analysis Worksheet**  
**Jersey County Health Department**  
**Illinois Project for Local Assessment of Needs**

**Health Problem**

Substance Abuse Drugs and Opioid Abuse/Misuse

<b>Risk Factor</b> <b>Stigma (this is not happening in our community)</b>	<b>Risk Factor</b> <b>Drug use is accepted as normal in our community</b>	<b>Risk Factor</b> <b>Environmental Stressors</b>
<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Denial – there is no problem in our county</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Community Reputation</li> <li>It's someone else's problem</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Parents purchase alcohol or drugs for their teenagers</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Common belief it is ok/safer to allow teens to drink at home</li> <li>Teens can drink at a friend's house when parents are away or unaware</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Access to Care</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Lack of Services</li> <li>Lack of insurance coverage</li> <li>It won't hurt me until I am older, so why quit now</li> </ul>
<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Community members are uneducated about the health problem</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Data is not published about the extent of problem in our community</li> <li>The true health impact is not understood or discussed</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Adults have the attitude "it didn't kill me when I was their age"</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Today's drugs (i.e., marijuana) is much more potent than in years past</li> <li>Adults brag about using ATOD when they were young</li> <li>Abuse of ATOD in home is routine</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Financial uncertainty</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Lack of employment or need to work multiple jobs to make ends meet</li> <li>Lack of job satisfaction/Not able to improve job situation</li> <li>Poverty</li> </ul>
<p><i>Direct Contributing Factor</i></p> <p>ATOD are readily available in the community</p> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>ATOD are easily purchased illegally</li> <li>Opioids are not kept in a locked cabinet or safe storage place in the home</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Acceptance of ATOD use by peers</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>ATOD are readily available at parties</li> <li>Teens see ATOD as a way to fit in and have a good time</li> <li>Family detachment</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Physical or Emotional abuse</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Poor mental health</li> <li>Lack of willingness to access services or request help</li> <li>Stress related to life situation</li> </ul>



**Health Problem Analysis Worksheet**  
**Jersey County Health Department**  
**Illinois Project for Local Assessment of Needs**

**Health Problem**

Mental Health Issues

<b>Risk Factor</b> <b>Living in a single-family household</b>	<b>Risk Factor</b> <b>Lack of acceptance of mental health issues as illness</b>	<b>Risk Factor</b> <b>Drug and alcohol abuse</b>
<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Stress of being a single caregiver</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Lack of self-care</li> <li>• Responsibility of raising children</li> <li>• Lack of support network</li> </ul>	<p><i>Direct Contributing Factor</i></p> <p>No diagnosis by a health care professional</p> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Cost of accessing mental health services</li> <li>• Lack of access to mental health providers</li> <li>• Hide mental health issues from health care provider due to stigma</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Family history of mental illness</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Social acceptance of mental illness</li> <li>• Poverty</li> <li>• Lack of support to address mental health problems</li> <li>• PTSD due to abuse/sexual assault as a minor</li> </ul>
<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Single wage earner (low-income)</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Lack of higher education</li> <li>• Working multiple jobs</li> </ul>	<p><i>Direct Contributing Factor</i></p> <p>Lack of understanding about mental health issues</p> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Don't know where to obtain services</li> <li>• Lack of capacity among local mental health service providers</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Poverty</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Lack of education</li> <li>• Poor nutrition</li> <li>• Lack of coping skills</li> </ul>
<p><i>Direct Contributing Factor</i></p> <p>Social isolation</p> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Family abandonment</li> <li>• No time to socialize with peers</li> <li>• Lack of confidence or motivation to make lifestyle changes</li> </ul>	<p><i>Direct Contributing Factor</i></p> <p>Use of illegal substances to deal with issues</p> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Use ATOD to cover up problem</li> <li>• Use ATOD to forget problems</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Self-medication to deal with boredom</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>• Lack of coping skills</li> <li>• Nothing else to do during leisure time</li> </ul>

**Health Problem Analysis Worksheet**  
**Jersey County Health Department**  
**Illinois Project for Local Assessment of Needs**

**Health Problem**

Chronic Diseases including Diabetes

<b>Risk Factor</b> <b>Lack of physical activity</b>	<b>Risk Factor</b> <b>Unhealthy diet</b>	<b>Risk Factor</b> <b>Lack of knowledge about health risks of unhealthy diet</b>
<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Lack of access to safe and affordable places for physical activity</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Lack of indoor community facility</li> <li>Difficulty finding the time for physical activity</li> <li>Lack of child care to allow time for physical activity</li> <li>Belief that you need special clothing or equipment to exercise</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Lack of understanding about the risk factors resulting from a poor diet</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Food choices are based on traditions or family choices</li> <li>Easy and quick access to fast food</li> <li>Lack of knowledge about healthy eating</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Use food as a coping strategy</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Eat entire plate because “kids are starving somewhere”</li> <li>Coping with a stressful life situation</li> <li>Food is comforting</li> </ul>
<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Lack of motivation to make difficult health changes</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Physical activity is not a priority</li> <li>Peers have similar lifestyles</li> <li>Attitude and belief that being overweight/obese is ok</li> </ul>	<p><i>Direct Contributing Factor</i></p> <p>Poverty/Low income</p> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Healthy food options are cost prohibitive</li> <li>Fast food is the easy and quick choice</li> <li>Lack of access to healthy foods such as fresh fruits and vegetables</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Culture of eating out</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Buffets feed a lot, but cost relatively little</li> <li>Lack of time needed to prepare a healthy dinner</li> </ul>
<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Chronic health problems make it difficult to exercise</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Use of opioids to address health problems instead of lifestyle changes</li> <li>Lack of knowledge about how to start increasing physical activity</li> <li>Health care providers do not discuss</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Job-related issues</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Shift times conflict with times when facilities are open</li> <li>Too tired after work</li> <li>No time due to work and family issues</li> </ul>	<p><i>Direct Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Physician does not address healthy eating as a health goal</li> </ul> <p><i>Indirect Contributing Factor</i></p> <ul style="list-style-type: none"> <li>Family history of unhealthy diet</li> <li>Lack of healthy cooking skills</li> </ul>

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## **Appendix C**

### **Health Priority Discussion Worksheets**

**Jersey County Health Department  
IPLAN 2020 – 2025  
Health Priority Discussion Worksheet**

Identify the health priority. Substance abuse including Opioid Use/Misuse

**Why is this an issue? What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?**

- Drug overdose rates have risen in the last 5 years
- Alcohol abuse continues to be a problem in Jersey County
- Acceptance of use among youth (eCigarettes, vapes, marijuana, alcohol)
  - Parents view is “I used when I was young”
  - Youth do not believe there is any harm
- Ease of accessibility of illegal substances
- Lack of resources for treatment programs
- Stigma
- Overprescribing of Opioids/increase in opioid use
- Easily available to youth (in home, at friend’s homes, from parents/guardians)
- Acceptance of underage use; lack of community support to NOT USE
- Negative impact on families
- Increased chronic health issues among users

**What are the consequences of not addressing this issue?**

- Increased health care costs
- Increased dependence on alcohol and other drugs
- Negative effects on families
- Poor health outcomes for community (increases in STI/HIV/Hepatitis A & C rates)
- Increased deaths due to MVA/OD/etc
- Fractioning of families - Increased number of children in foster care and/or being raised by family member, e.g., grandparents rather than the biological parent(s)
- Increase in crime (robbery, theft, domestic abuse, child abuse)
- Difficulties obtaining and retaining employment
- Increased use by youth
- Increased school “drop out” rate
- Sexual abuse
- Problems at school and at home
- Loss of interest in school, extracurricular activities, family
- Increased crime rates

**Which organizations in the community should/could partner with the Jersey County Health Department to address this health priority?**

Jersey Community Hospital	Chestnut Health System
Jersey Community School District (Prevention Education Program)	Law Enforcement/Probation Officer
Drug Court	Prevention Outreach groups
Faith-based Organizations	Local businesses
Health care providers	State agencies (e.g., DCFS, DHS)

**Jersey County Health Department  
IPLAN 2021 – 2026  
Health Priority Discussion Worksheet**

Identify the health priority. Mental Health Issues

**Why is this an issue? What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?**

- Youth are exposed to more today than in the past
- Increased drug use (legal and illegal)
- Living with abusive family members
- Neglect from family
- Social media
- Peer pressure
- Living in a single parent home or living with grandparents or guardians
- Social stigma of mental health issues
- Lack of mental health treatment resources in the immediate area
- Lack of knowledge in the diagnosis of mental health issues
- Long waiting list for current mental health treatment and providers)
- Denial that individual has mental health problems or needs to seek treatment services
- Transportation issues due to rural area

**What are the consequences of not addressing this issue?**

- If mental health is not addressed, those going through mental health issues as a youth will be or may have disadvantages as they grow into adulthood (unable to handle day-to-day functions in life and jobs). They may become unable to be productive citizens of the community; possibly increase the possibility of self-harm, harming others or those around them).
- Increased drug use and abuse. Relying on drugs to deal with mental health issues.
- Increased health care costs
- Adverse behaviors
- Increased DCFS involvement in families
- Rising rates of unemployment
- Increased crime rates
- Increased rate of suicides
- Increased rates of drug overdose or death
- Increases in domestic violence and child abuse events
- Increased rates of depression among adults and youth
- Fractioning of families (family members, such as grandparents, raising children)

**Which organizations in the community should/could partner with the Jersey County Health Department to address this health priority?**

Chestnut Health Systems	Other community health resources
Jersey Community School District	Jersey Community Hospital
Physicians	Law Enforcement
Faith-based organizations	Department on Aging and Area Agencies on Aging
DCFS	

**Jersey County Health Department  
IPLAN 2021 – 2026  
Health Priority Discussion Worksheet**

Identify the health priority. Chronic Disease including Diabetes

**Why is this an issue? What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes makes this an issue?**

- Poor eating habits
- Lack of access to specialists/advanced health care
- Transportation barriers to see medical specialists
- According to the CDC, obesity affects 1 in 5 children and adolescents
- Increased rates of chronic disease:
  - Obesity rates are increasing
  - Increased rates of Type II diabetes
  - Increased rates of cardiovascular disease
- Chronic diseases have a negative impact on overall health for individuals and the community
- Fast food is available everywhere; it is easier to drive-through or get take out than it is to prepare food at home
- Less time is spent in outdoor activities or indoor workouts; more time is spent watching TV; playing video games; on a smart phone, etc.
- Increase in adults living with chronic disease
- Convergence of lack of access to specialty medical care/lack of motivation to exercise/culture of community/general acceptance of risk factors

**What are the consequences of not addressing this issue?**

- Missed work or school
- Poor health outcomes for community population
- Frequent hospitalizations
- More people on disability
- Children with sick parents/caregivers
- Obesity rates in youth have increased which in turn may cause other chronic health problems
- Lower self-esteem
- Overweight youth do not want to participate in physical education; in school or out-of-school activities
- Higher health care costs
- Premature death
- Reduced quality of life
- Reduced productivity of community residents
- Drain on community resources to deal with effects of chronic disease

**Which organizations in the community should/could partner with the Jersey County Health Department to address this health priority?**

Jersey Community School District	Jersey Community Hospital – Wellness Center
Health care providers	University of Illinois Extension Service
Community Recreation Department	Faith-based Organizations (Methodist Church has a gym and routinely hosts youth outreach events)
Rotary Club and other Civic Organizations	Library

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## **Appendix D**

### **Jersey County Health Survey 2021**

(Note – this survey was also distributed electronically through Responster.com)



## Jersey County Health Department County Health Survey 2020

Please take a moment to complete the survey below. The purpose of this survey is to get your input about community health topics in your county. The Jersey County Health Department and other community partners will use the results of this survey and other information to identify the most pressing health issues which can be addressed through community action. If you have previously completed this survey, please ignore this. Remember...your opinion is important! Thank you and if you have any questions, please contact us (see contact information on back).

	Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy
<b>1. How would you rate the health of our county?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of agreement with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>2. I am satisfied with the quality of life in our county (considering my sense of safety and well-being).</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>3. The county has adequate health and wellness activities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>a. I am satisfied with the health care system in our county.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b. I have easy access to the doctors and the medical specialists I need.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



c. I am very satisfied with the medical care I receive.

What health care services would you like to see that are not available in your county?

Comments:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
d.	Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	I am able to get medical care whenever I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Jersey County is a good place to raise children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5.	Jersey County is a good place to grow old (considering elder-friendly housing, transportation to medical services, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a.	There is a transportation service that takes older adults to medical facilities or to shopping centers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	There are enough programs that provide meals for older adults in our county.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	There are networks for support for the elderly living alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	There are jobs available in our county (considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7 Jersey County is a safe place to live (considering resident’s perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas). Neighbors know and trust one another and look out for one another.

8. There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of stress and need.

9. All residents believe that they, individually or collectively, can make Jersey County a better place to live.

10 In the following list, what do you think are the 3 most important “health problems” in our county? Check only 3.

- Aging problems (e.g., arthritis, hearing/vision loss)
- Alcohol/Drug abuse, including Opioids
- Bullying
- Cancers
- Child abuse/neglect
- Dental problems
- Diabetes
- Domestic Violence
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Lack of safe and affordable housing

- Homicide
- Infant death
- Infectious diseases (e.g., hepatitis, TB)
- Mental health problems
- Motor vehicle crash injuries
- Obesity
- Rape/sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases
- Suicide
- Teenage pregnancy
- Tobacco use by youth
- Other:

11. Of the problems that you marked, which one would you volunteer to help improve? Please describe.

12. In the following list, what do you think are the 3 most important “risky behaviors” in our county? (those behaviors that have the greatest impact on overall community health) Check only 3.

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol abuse                          | <input type="checkbox"/> Racism   |
| <input type="checkbox"/> Dropping out of school                 | <input type="checkbox"/> Texting/cell phone while driving               |
| <input type="checkbox"/> Drug abuse                             | <input type="checkbox"/> Tobacco use/ or electronic cigarette use       |
| <input type="checkbox"/> Lack of exercise                       | <input type="checkbox"/> Not using birth control                        |
| <input type="checkbox"/> Overeating                             | <input type="checkbox"/> Not using seat belts and/or child safety seats |
| <input type="checkbox"/> Poor eating habits                     | <input type="checkbox"/> Unsafe sex                                     |
| <input type="checkbox"/> Not getting “shots” to prevent disease | <input type="checkbox"/> Other:   |

Please provide the following information. It will be used for demographic purposes only. Keep in mind you will NOT be identified in any way with your answers.

13. Zip Code:

14. Your Gender:                      Male                      Female

- |  |   |  |
|--|---|--|
| 15. Age                                | 16. Marital Status                            | 17. Are you Hispanic or Latino?                          |
| <input type="checkbox"/> 18-25 years   | <input type="checkbox"/> Married/cohabitating | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 26-39 years   | <input type="checkbox"/> Divorced             |  |
| <input type="checkbox"/> 40-54 years   | <input type="checkbox"/> Never married        |  |
| <input type="checkbox"/> 55-64 years   | <input type="checkbox"/> Separated            |  |
| <input type="checkbox"/> 65-80 years   | <input type="checkbox"/> Widowed              |  |
| <input type="checkbox"/> Over 80 years | <input type="checkbox"/> Other:               |  |

18. Which one of these groups would you say best represents your race?

- |  |  |
|--|--|
| <input type="checkbox"/> White                             | <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other: [specify]                          |

19. Household Income

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$20,000   | <input type="checkbox"/> \$20,000 to \$29,000 |
| <input type="checkbox"/> \$30,000 to \$49,000 | <input type="checkbox"/> \$50,000 to \$74,000 |
| <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> Over \$100,000       |

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**20. Your highest education level**

- Less than high school graduate       High School Diploma  
 College degree or higher       Other:

**21. How do you pay for your health care? (Check all that apply)**

- Pay cash       Health Insurance (e.g., private insurance, Blue Shield, HMO)  
 Medicaid       Medicare  
 Veterans Administration       Indian Health Services  
 Other:

**Thank you very much for your response!**

**Please return completed surveys as directed. If you would like more information about this project, please contact us at Jersey County Health Department  
618-498-9565**