The Mission of the Ford County Public Health Department is to fulfill society's interest in assuring conditions in which people can reach their maximum health potential.

Ford County, Illinois
Community Health Plan

2014 – 2019

"If we, as a society, are to improve the conditions that affect the health of all of us, we must begin in local communities, dealing with local conditions."
Future of Public Health; Institute of Medicine (IOM) 1988

Community Health Assessment and Community Health Plan

Ford County, Illinois

2014 – 2019

Submitted to the
Illinois Department of Public Health

Presented by the
Ford County Public Health Department
and
Ford County Board of Health

Prepared by:
Community Advisory Committee and
Public Health Department Staff:

Lana Sample, MS-Interim Administrator-FCPHD
Danielle Walls, BS-IPLAN Coordinator-FCPHD
Dee Ann Schippert, RN, BSN-Community Disease Coordinator-FIPHD
Ellen McCullough, MSW-MCH and HFI Coordinator-FIPHD
Terry Eimen, BS, LEHP, CPHA-Environmental Health Coordinator-FIPHD
LuAnn Armantrout, RN-Senior Services Coordinator-FIPHD
Steven Williams, MPH, Interim Administrator-FIPHD
Sheila A. Lawson, BS, PCMH CCE, IPLAN Consultant

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April 29, 2014

Tom Szpyrka
Division of Health Policy
Illinois Department of Public Health
525 W. Jefferson St.
Springfield, IL 62761

Dear Mr. Szpyrka:

Please accept this letter as official confirmation that the IPLAN for Ford County has been completed along with the organizational capacity assessment and preliminary strategic planning process required for the initial certification of the Ford County Public Health Department. The Ford County Board of Health has reviewed and approved the IPLAN on April 29, 2014.

The document was submitted to each BOH member by email for their review and comments, prior to the formal presentation by Sheila Lawson, IPLAN Consultant and Steven Williams, MPH; Ford-Iroquois Public Health Department, Interim Administrator on April 29, 2014.

Please feel free to contact Danielle Walls, IPLAN Coordinator, Ford County Public Health Department if you have questions regarding the organizational capacity assessment or other aspects of the IPLAN.

Best Regards,

Mike Short, President
Ford County Board of Health

Ford County Public Health Department

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April 29, 2014

Tom Szpyrka
Division of Health Policy
Illinois Department of Public Health
525 W. Jefferson St.
Springfield, IL 62761

Dear Mr. Szpyrka:

Please accept this letter as documentation of the adoption of the Ford County Community Health Plan for 2014-2019. The Ford County Board of Health voted unanimously to adopt the Ford County Community Health Plan for 2014-2019 at the April 29, 2014 meeting.

Please feel free to contact Danielle Walls, IPLAN Coordinator, Ford County Public Health Department if you have questions regarding the organizational capacity assessment or other aspects of the IPLAN.

Best Regards,

Mike Short, President
Ford County Board of Health

Statement of Purpose

In accordance with requirements set by the Illinois Department of Public Health rules, Title 77: Part 600.400: Public Health Practice Standards, we submit the 2014-2019 Ford County Community Health Plan. This document was designed under the guidance structure provided by the Illinois Project for Local Assessment of Needs (IPLAN). The plan is a result of a comprehensive, community-based public health needs assessment, including reviews of relevant data, collective perceptions of the community participants, and dialogue about the overall health of Ford County. This document is presented as a guidance structure to improve the overall health and well being of Ford County residents over the next five years, by setting attainable goals with measurable outcomes and enhancing community resource partnerships. Additionally, an *IPLAN Coordinator* position has been newly created within the health department. The *IPLAN Coordinator* will work with community partners and organizations, primary care and other healthcare providers, public, private and voluntary entities, schools, public interest groups, and other resources to facilitate, coordinate, implement and monitor the activities required to successfully meet the goals of the IPLAN. Much like the legislation introduced and passed by the Illinois General Assembly that created an *Implementation Coordination Council (HB5565)* to be appointed by the Governor, to carry forward the Illinois State Health Improvement Plan (SHIP). The Ford County *IPLAN* Coordinator will promote the IPLAN's "common agenda" for health improvement of Ford County residents.

Executive Summary

Ford County has had numerous long-standing challenges facing the communities. These challenges are deep-rooted and many have become cultural norms. These problems continue to influence health behaviors throughout the county. The Robert Woods Johnson Foundation's County Health Rankings and Roadmaps are an indication of these problems with Ford County's overall *Health Outcomes* ranking 11th in both 2011 and 2012, then moving to 34th in 2013 and 48th in 2014. This overall ranking is out of 102 Illinois counties. The continual decline since 2012 demonstrates the need to more closely address certain health indicators within the county. One of the leading indicators utilized in the ranking system gauges Ford County residents' potential for premature death (years of potential life lost before age 75). Ford County's ranking for "Mortality" (changed to "Length of Life" in 2014) moved from 24th in 2012 to 59th in 2014. The downward trend in ranking is disturbing and may have numerous causes. The percentages for adult obesity (31%) and physical inactivity (31%) are both higher in Ford County than Illinois' percentage of 28% and 24% respectively. Furthermore, Illinois' percentage is worse than the "Top U.S. Performers" at adult obesity (25%) and physical inactivity (21%). These health indicators may be contributing factors to the premature death rating. Additionally, according to Illinois Behavioral Risk Factor Surveillance System 2007-2009 data, Ford County's percentage of people that smoke is higher than Illinois and Illinois is higher than the U.S.; Ford County is 23%, Illinois is 18.8%, and the U.S. is 17.9%. This unhealthy behavior may also be a contributing factor to the ranking change.

Other possible causes for the changes in ranking include the increased number of county-wide Medicaid recipients and School Lunch Program eligible children. Ford County continues to fight overall unemployment, unaddressed poverty and economic revitalization efforts. These Ford County specific issues have been well documented even before the recent U.S. and State economic recession. However, Ford County is a resilient community that has dedicated community partners that continue to make efforts to address the many challenges.

The 2014-2019 Ford County Community Health Plan has been completed with much contribution from many individuals representing agencies and organizations (See Advisory Committee Members List) from across the county. Development of this IPLAN has been a collaborative effort working with community partners, local primary health care and mental health care providers, local hospital, local and state government representatives, volunteer organizations, community stakeholders representing a variety of assistance and service organizations, and input from county residents.

As the public health department was charged with facilitating the IPLAN process for Ford County, it began with an Internal Organizational Capacity Assessment to determine the health and well being of the to be formed Ford County Public Health Department. To quote the *Illinois State Health Improvement Plan 2010,* we clearly understand the role of public health as, "…the science and art of preventing disease, prolonging life, and promoting health through organized community efforts, and the public health system is

the collection of public, private and voluntary entities as well as individuals and informal associations that contribute to the public's health within a jurisdiction." Furthermore, the goals and objectives will only be accomplished by decreasing fragmentation in the current healthcare system and promoting collaboration among all public, private and voluntary stakeholders.

The Organizational Capacity Assessment was especially critical as the proposed Ford County Public Health Department experienced dramatic restructuring in 2014 due to the Ford-Iroquois Public Health Department (FIPHD) dissolving and reforming into the proposed Ford County Public Health Department and proposed Iroquois County Public Health Department. The Ford County and Iroquois County Commissions voted to dissolve FIPHD and create two separate health departments in the fall of 2013. During this period the FIPHD's administrator resigned and the home health agency was closed. The FIPHD also lost a number of employees and was basically maintaining core services during this interim period. The challenge of dissolving the existing bi-county health department; applying for certification for the two new health departments, while at the same time trying to maintain existing services at a high level for both counties has been a formidable task for both the staff and the FIPHD BOH.

In September, 2013 FIPHD hired BE Smith to recruit a replacement Interim Administrator for the purpose of facilitating the dissolution of the bi-county health department and assist with the formation of the two new health departments. In November, 2013; Steven Williams, MPH through BE Smith was appointed as the Interim Administrator for FIPHD. Mr. Williams has worked with the FIPHD BOH, both new BOHs, and state representatives in order to assure that the new health departments are certified in a timely manner. It is anticipated that both counties new health departments will be certified not later than June 1, 2014.

The Organizational Capacity Assessment determines the overall health of the department in terms of the following: financial health and staffing; structure and effectiveness of current and future programs and services offered to the community; and overall effectiveness of communication with staff, the Board of Health, local government and the public. At the same time, the internal assessment provides administration with an opportunity to set goals, strategies and outcomes for the department as a whole during the coming five years. While the Organizational Capacity Assessment provided the overall structure for implementation; it is anticipated that FCPHD will complete a formal strategic planning process, utilizing the Vision, Mission, Objectives, Strategies, Action Plans (VMOSA) during the month of July, 2014. The purpose of the additional strategic planning process will be to allow the BOH and senior staff the opportunity to develop specific strategies in order to further implement the Community Health Plan.

The Community Advisory Committee invested a great deal of thought, effort and time in identifying three (3) community health indicators (health problems). The committee members demonstrated a genuine concern to weigh and balance all of the information provided including the data presented by FIPHD staff, as well as committee members' beliefs,

experiences and perceptions as community stakeholders. The committee expressed considerable concern about how the community, can address many of the health issues as the state fiscal crisis continues and funding sources diminish. There was extensive discussion regarding combating community "cultural" issues such as obesity, use of preventive health services and tobacco use. Tobacco use among the youth was an especially concerning issue and discussed at-length. The committee desired specific focus on, striving to influence youth to not "take the first puff" as well as education on the long term effects of tobacco use. Some health issues and how the community, can educate, provide access to, inspire and give confidence to its citizens, especially the youth, so they might make better life choices were given serious consideration by the committee. There was much discussion about being proactive and positive in our approaches and strategies for the health concerns listed. The committee expressed the desire to address prevention efforts that include education, mentoring and the desire to strive for effective strategies that effect change and transformation verses simply a "band-aid" approach.

During the discussions, access to care and lack of knowledge and awareness were common themes for many of the health concerns identified. Several in the group expressed a desire to make these issues two of the top identified health concerns. After continued discussion, group consensus was reached that access to care and education combined with providing information are critical components of planning a healthier community and building healthier lives. These critical components will be addressed as part of the intervention strategies to be developed for the identified health priorities. It was also decided that in order to fully implement the IPLAN strategies, the health department should hire a full-time employee dedicated to facilitating services for the community between non-traditional and historically fragmented community resources. This person will serve as the conduit between all community resources and the individuals needing services. This employee will also assure that the goals and strategies of the IPLAN are being met. As one committee person stated, "this document needs to be a living, ever evolving plan, and not a paperweight that no one reads for five years."

As planning progressed, the committee discussed at length numerous topics that could have been chosen as health priorities; including mental health issues for seniors; reduction of teen pregnancies; chronic diseases related to obesity and drug and alcohol abuse among teens. Ultimately, reaching a consensus on the three priorities identified below:

1. Reduction of Mucocutaneous Cancers by Increasing HPV Vaccinations
2. Reduction of Chronic Health Conditions Age 65 and Older
3. Reduce Chronic Health Conditions related to Tobacco Use-Target Group 18 and Under

The proposed Ford County Public Health Department staff members, along with the community partners on the Community Advisory Committee, join the Ford County Public Health Department Board of Health in submitting for approval this 2014 – 2019 five (5)-year plan to improve the health of Ford County residents.

Ford County Board of Health Members

Mike Short, President

Katherine Austman, MD

Tina Biggs

Randy Berger

Kevin Brucker, DDS

Valerie Cox

Lauralyn Cropek, LCSW

Mark Spangler, MD

Community Advisory Committee List

The Ford County Public Health Department extends sincere appreciation and gratitude to the community representatives who willingly gave of their time, talents and perspectives to ensure the IPLAN was successfully completed. The following is a list of members and organizations represented:

Ford-Iroquois Public Health Department
*Lana Sample, MS-FCPHD
Interim Administrator
*Dee Ann Schippert RN, BSN
Marcia Peznowski, APSCW
Terry Eimen BS, LEHP, CPHA
Ellen McCullough, MSW
*Sandra Sikma
*Danielle Walls, BS
Karry Hines RN, BSN
LuAnn Armantrout, RN
*Steven Williams, MPH
Interim Administrator

Ford County Probation Department
*Kasi Schwarz
Cassy Taylor

University of Illinois Extension Office
*Chelsey Byers, MA
Family Life Educator

Paxton-Buckley-Loda School District
*Debra Meents, RN, School Nurse
Lisa Adwell, RN, School Nurse

Eastern Illinois Food Bank
Jessica Simpson

Gibson Area Hospital and Health Services
*Eileen Woolums, RN, BSN, CDE
Kenna Johnson, MSW, LCSW

Ford County PHD Board of Health
*Mike Short, President
*Randy Berger
Valerie Cox
Laurelyn Cropek, LCSW

Ford County Sheriff's Department
Mark Doran

Community Resources & Counseling Center
Laurelyn Cropek, LCSW
Jeff Reynolds, LCPC, PHD

Eastern Illinois University
Amelia Kerber, Intern

University of Illinois Chicago
Elizabeth Holumb, Intern

IPLAN Consultant
*Sheila A. Lawson, BS, PCMH CCE

We would like to express special appreciation to Mr. Tom Szpyrka, IPLAN Administrator, Illinois Department of Public Health. Mr. Szpyrka attended several IPLAN meetings and provided invaluable guidance, suggestions, resources and direction for completion of the Ford County Community Health Assessment and Community Health Plan.

***Executive Committee Members**

IPLAN Process

This document was designed under the guidance structure provided by the Illinois Project for Local Assessment of Needs (IPLAN). The proposed Ford County Public Health Department IPLAN team chose to follow the Certified Local Health Department Code standards for completion of the Community Health Needs Assessment; and, the IPLAN version of APEXPH to complete the Community Health Plan.

An initial planning meeting for the IPLAN process began on January 8, 2014**.** At this meeting, Steven Williams, MPH FIPHD Interim Administrator, appointed the internal IPLAN team. Mr. Williams requested that Dee Schippert lead the process for both Iroquois and Ford Counties. Ms. Schippert is a tenured, experienced Communicable Disease and School Health Coordinator with extensive community awareness and networks developed over the years. Based on this experience and knowledge of the communities, Ms. Schippert could engage those in the community that would serve on the committees. With time and resources at premium value, this 12 month process must be accomplished in less than 14 weeks. While the process has been challenging considering that the bi-county health department was also being dissolved, all of the senior staff at FIPHD have provided excellent input and served on both county committees.

An IPLAN consultant, Sheila A. Lawson, BS, PCMH CCE, was added to the team in February 2014 to provide assistance with the following: gathering and compiling data; scribing the actual IPLAN; and facilitation as needed. Mrs. Lawson has many years experience as a medical management consultant including facility and service assessments, strategic planning and feasibility studies. Mrs. Lawson is also a recognized NCQA Patient Centered Medical Home Certified Content Expert with extensive experience in primary care medical homes.

The IPLAN team made several other key decisions at the January meeting including the decision to utilize the APEXPH model and the IPLAN variation for plan development. The team initiated discussions regarding which community stakeholders should be invited to be part of the Community Advisory Committee and how the individuals might best be engaged and thus elicit input. A list of stakeholders was compiled and a tentative schedule for community meetings was developed.

Organizational Capacity

As discussed in the Executive Summary, the organizational capacity for the proposed Ford County Public Health Department (FCPHD) utilizing the APEXPH Organizational Capacity. The Administrator held several meetings from with the administrative staff discussing strategy, resources, strengths and weaknesses. Results were compiled to identify findings including an analysis of strengths, weaknesses, opportunities and threats. The findings were compared to the organizational assessment completed for the previous IPLAN (2009-2014). The Organizational Capacity was finalized and reviewed by the Board of Health in April, 2014.

The Community Process

Ford-Iroquois Public Health Department (FIPHD) began the Community Process necessary for the IPLAN process prior to the decision to dissolve FIPHD. When the decision was final to dissolve FIPHD and create Iroquois County Public Health Department and Ford County Public Health Department then two (2) Advisory Committees were formed for the purposes of IPLAN completion. The accomplishments and information from the original committee were shared with the new committee and new work began on a new IPLAN.

January 27, 2014

- Ford-Iroquois Public Health Department employees discussed priorities and planning phase to community partners, breaking into two groups by county (Ford) (Iroquois).
- Ms. Shelia Lawson was introduced and hired as the IPLAN consultant, for both counties.

January 29, 2014

- Discussed was the data researched by Ms. Lawson that would be presented to the partner coalition meeting scheduled for February 3, 2014.

February 3, 2014

- Dee Schippert shared with the both county subgroups committee members the broad statistical data compiled, providing the groups with the health issues and concerns for county jurisdiction.

- With the development of two separate Health Departments, two separate IPLANS will be necessary in order for each county to receive certification.

- Separate IPLAN planning meetings will be conducted for each county.

February 10, 2014

- Presented to the general committee was priority and ranking clarification.

- Volunteers were requested and an Executive committee was formed.

February 13, 2014

- Priorities were set by the executive committee, using the Hanlon Method. Ranked as follows:
  (1) Prevention of Mucocutaneous Cancer
  (2) Exacerbation of Chronic Health Conditions Age 65 & Older
  (3) Chronic Health Conditions Related to the Unhealthy Behavior of Tobacco Use.

February 19, 2014

- Committee members used the health analysis worksheets provided to them and in a joint effort, each priority was discussed and factors assigned accordingly.

February 25, 2014 & March 4, 2014

- The Executive committee identified the impact and outcome objectives for the ranked priorities and determined the risk factors, contributing factors, barriers, and resources available.

March 25, 2014

- IPLAN consultant, Shelia Lawson, presented a rough draft of the IPLAN to the committee.

- Special guest, Tom Szpyrka, IDPH, IPLAN Administrator was introduced to the committee.

- Mr. Szpyrka, reiterated to the group that IDPH was aware of the dissolution situation, and would do all they could to expedite their review, returning the draft with their recommendations.

- A completed draft will be submitted to IDPH by April 15, 2014.

April 29, 2014

- BOH presented with Organizational Capacity Assessment and Community Health Plan for final approval.

Community Health Assessment

Community Health Assessment

Determinants of Health

A number of health indicators were analyzed to create a community health profile. The purpose of this analysis was to determine the status of the health of the residents of Ford County. Selected indicators are described in this section as chosen by the Health Department and IPLAN required data groupings.

Ford County Public Health Department (FCPHD) initiated development of the Community Profile by first examining the definition of a "health problem." According to the Assessment Protocol for Excellence in Public Health (APEXPH), a health problem is defined as: "a situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured as death, disease or disability". Next, data from a variety of sources and categories was gathered and analyzed including, but not limited to the following: demographics, social data, health status, risk factors and resource data. Finally, the "health problems" were identified by health department staff and the Community Advisory Committee.

Demographic-Socioeconomic Characteristics

Data on the basic demographic characteristics is important for understanding current or potential health concerns. Economic conditions of persons including housing and employment can strongly influence health status.

Social Determinants of Health

The health care and public health systems need to understand health is affected by social and economic conditions, including income, education, and race/ethnicity. Institutional racism has an impact on health outcomes. Health care and public health should be integrated with human services, education systems, environmental health, and economic development. Research has shown that disparities in health care and outcomes due to social and racial inequalities are drastically reduced in areas where there is a high supply/proportion of primary care physicians relative to the overall physician workforce in the area. (Source: ILLINOIS STATE HEALTH IMPROVEMENT PLAN 2010, Public Health System Priority: Improve Access to Health Services, page 10)

The table below is a demographic "snapshot" that demonstrates changes in Ford County from 2000 to 2010 and some information is compared to the Illinois state demographics.

Ford County Quick Facts					
Subject	**2000 Census**		**2010 Census**		
Demographics	**Number**	**Percent**	**Number**	**Percent**	
Total Population	14,241	100.0	14,081	100.0	Since 2000, there has been a decrease in population by approximately 1.1%.
Male	6,819	47.9	6,854	48.7	
Female	7,422	52.1	7,227	51.3	
Median Age Both Sexes	39.4	X	42.4	X	Since 2000, the median age of residents has increased 3.0 years.
Median Age Male	X	X	40.1	X	
Median Age Female	X	X	44.5	X	
Total Age 65+	2,764	19.4	2,633	18.7	
Age 65+ Male	1,074	7.5	1,030	7.3	
Age 65+ Female	1,690	11.9	1,603	11.4	
RACE – One Race					
Race – White	13,982	98.2	13,677	97.1	As demonstrated by this data, there has been little change in Ford county resident ethnicity since 2000.
Race – Black or African American	35	0.2	85	0.6	
American Indian and Alaska Native	14	0.1	33	0.2	
Asian	46	0.3	37	0.3	
HISPANIC OR LATINO AND RACE					
Hispanic or Latino (of any race)	176	1.2	294	2.1	However, there has been a slight increase in the Hispanic population.
Not Hispanic or Latino	14,065	98.8	13,787	97.9	
Total Households	5,639	100.0	5,676	100.0	There was an increase in renter occupied housing and vacant housing units increased by 2.7%.
Total Housing Units	6,060	100.0	6,282	100.0	
Occupied housing Units	5,639	100.00	5,676	100.00	
Vacant housing units	421	6.9	606	9.6	
Owner-occupied Units	4,297 of 5,639	76.2	4,293 of 5,676	75.6	
Renter-occupied Units	1,342 of 5,639	23.8	1,383 of 5,676	24.4	

Subject	2000 Census	2008-2012 5-Year Estimate	Illinois 2010-2012	Median household income and median family income have both increased since 2000. However, household income still falls below the state average.
Median household income	$38,073	$50,203	$56,853	
Median family income	$44,947	$63,671	X	
Per capital income	$18,860	$26,042	$29,519	

Sources:

- Table DP-1. Profile of General Demographic Characteristics: 2000; U.S. Census Bureau, Census 2000.
- Table DP-1. Profile of General Population and Housing Characteristics: 2010, U.S. Census Bureau, 2010 Census. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1
- U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing Unit Estimates, County Business Patterns, Non-employer Statistics.

Subject **Education**	2000 Census		2008-2012 5-Year Estimate		Since 2000, there has been a 2% increase in individuals graduating from high school bringing the total percent to 88% of students finishing. Ford County exceeds the state rate by 1%. (Illinois is 87.0%) However, Illinois' rate for residents with a bachelor's degree or higher is 31.1% and Ford is 13.1%.
	Number	Percent	Number	Percent (Estimated)	
Educational Attainment Population 25 years and older	9,557	100.0	9,750	100.0	
Less than 9th grade	438	4.6	406	4.2	
9th to 12th grade, no diploma	896	9.4	761	7.8	
High school graduate (includes equivalency)	4,016	42	3,535	37.9	
Some college, no degree	2,070	21.7	2,330	23.9	
Associate degree	809	8.5	897	9.2	
Bachelor's degree	890	9.3	1,277	13.1	
Graduate or professional degree	438	4.6	380	3.9	
Percent high school graduate or higher	X	86.0	X	88.0	
Percent bachelor degree or higher	X	13.9	X	17.0	

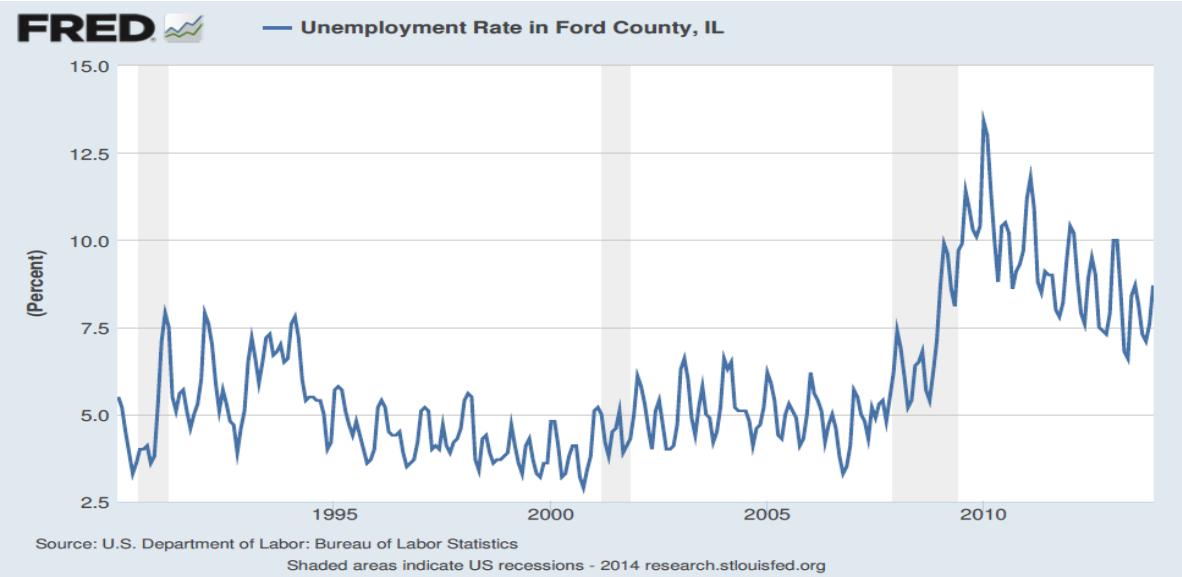
Unemployment in Ford County

Unemployment in Ford County has remained higher than the unemployment rate for the State of Illinois. Health is driven by social determinants and achieving health improvement requires addressing the social circumstances that affect people's ability to be healthy. Lower socio-economic status, including education, income, and community assets, significantly contributes to health disparities. Specifically, unemployment affects many areas of an individual's life and the lives of the family members, especially children.

According to the Illinois Department of Employment Security (IDES), Local Employment Dynamics data in Ford County, 168 new jobs were created in Ford County during the first quarter of 2012. The average over Q1-2012 and the prior three quarters was 22 jobs created. This is the most current data available. The average net job flow for the same period was 44 jobs created. (Source: *IDES – May 2012)*

Ford County and Illinois Unemployment Rate 2004 - 2014		
Month and Year	Ford County Unemployment Rate	Illinois Unemployment Rate
January 2004	6.6%	6.4%
January 2006	6.2%	5.2%
January 2008	7.4%	5.5%
January 2009	8.7%	8.0%
January 2010	13.4%	11.4%
January 2011	11.2%	9.4%
January 2012	10.4%	9.1%
January 2013	10.0%	9.2%
January 2014	9.4%	8.7%

The Ford County data above is depicted on chart below:



Updated: March 23, 2014

http://research.stlouisfed.org/fred2/series/ILIROQ5URN

Poverty

The numbers and what specifically is documented for poverty vary from source to source. Poverty is a problem for many in Ford. Even though, as of 2012, Ford County's poverty rate (9.9%) is better than the state's poverty rate (13.7%), Poverty is still a prevailing disparity that permeates all areas of an individual's life as well as that of the family. There is concern for the health of adults and particularly children affected by poverty. The following is an excerpt from the Illinois State Health Improvement Plan that clearly describes the role of poverty related to health care:

"Health Disparities and Changing Demographics: Disparities in health outcomes for racial, ethnic and other minority groups drive deteriorating health trends and overall high rates of illness and death; similarly, changing demographics, including proportionately higher numbers of immigrants and elderly, are going to continue to impact health order to improve health outcomes, special attention must be paid to these factors. Furthermore, poorer health outcomes for racial, ethnic and other special populations are social justice issues antithetical to America's values of equity and fairness. The 2009/10 SHIP team defined health disparities as disparities related to: race, ethnicity, gender, geography, age, socio- economic status (education, income, and community assets), sexual orientation and disability status." (Source: Illinois State Health Improvement Plan (SHIP) 2010, Pg. 6.)

Facts related to poverty in Ford County (reflected in the charts, graphs and tables below):

- poverty rate has increased 2.9% from 7.0% in 1999 (2000 Census) to 9.9% in 2012 (estimate)
- there are racially inequalities related to poverty levels, e.g. for 2012, white – 9.4%; black – 58.3%; Hispanic – 6.8%
- there is a higher percentage of children in poverty than adults, under 18 years – 12.6% and 18 – 64 years – 9.6%
- there is also a distinct correlation between educational attainment and poverty status as demonstrated by the following:
    - POVERTY RATE FOR THE POPULATION 25 YEARS AND OVER FOR WHOM POVERTY STATUS IS DETERMINED BY EDUCATION ATTAINMENT
        - Less than high school graduate 20.4%
        - High school graduate (includes equivalency) 8.7%
        - Some college or associate's degree 7.6%
        - Bachelor's degree or higher 1.8%

Source: Table S1501. EDUCATIONAL ATTAINMENT; 2008-2012 American Community Survey 5-Year Estimates; U.S. Census Bureau; American FactFinder

Population by Poverty Status in 1999 for Counties: 2000			
Population for whom poverty status is determined	Total Population	Number	Percent
	14,241	956	7.0%

POVERTY STATUS - 2008-2012 American Community Survey 5-Year Estimates					
Subject **Poverty Status**	**Total**		**Below poverty level**		**Percent below poverty level**
	Estimate	**Margin of Error**	**Estimate**	**Margin of Error**	**Estimate**
Population for whom poverty status is determined	13,546	+/-139	1,347	+/-260	9.9%
AGE					
Under 18 years	3,255	+/-63	411	+/-129	12.6%
18 to 64 years	7,941	+/-92	759	+/-151	9.6%
65 years and over	2,350	+/-108	177	+/-57	7.5%
SEX					
Male	6,610	+/-98	634	+/-156	9.6%
Female	6,936	+/-134	713	+/-145	10.3%
RACE AND HISPANIC OR LATINO ORIGIN					
White	13,233	+/-129	1,241	+/-248	9.4%
Black or African American	48	+/-48	28	+/-39	58.3%
American Indian and Alaska Native	25	+/-30	6	+/-13	24.0%
Asian	28	+/-33	3	+/-7	10.7%
Some other race	57	+/-49	0	+/-18	0.0%
Two or more races	155	+/-68	69	+/-52	44.5%
Hispanic or Latina origin	294	+/-22	20	+/-23	6.8%

Source: Table S1701. POVERTY STATUS IN THE PAST 12 MONTHS, 2008-2012 American Community Survey 5-Year Estimates, U.S. Census Bureau, American FactFinder

Enrollment of Children in Medical Assistance Programs by County, 2005 To 2011

Year(s): 5 selected | Data Type: Number

Data Provided by:

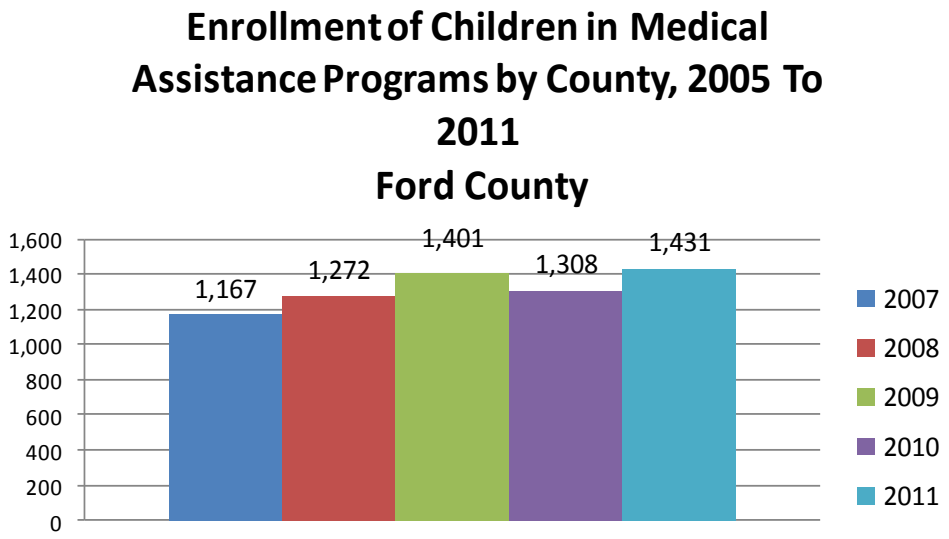
Voices for Illinois Children

Location	Data Type	2007	2008	2009	2010	2011
Illinois	Number	1,363,789	1,455,172	1,553,255	1,630,495	1,677,575
Ford	Number	1,167	1,272	1,401	1,308	1,431

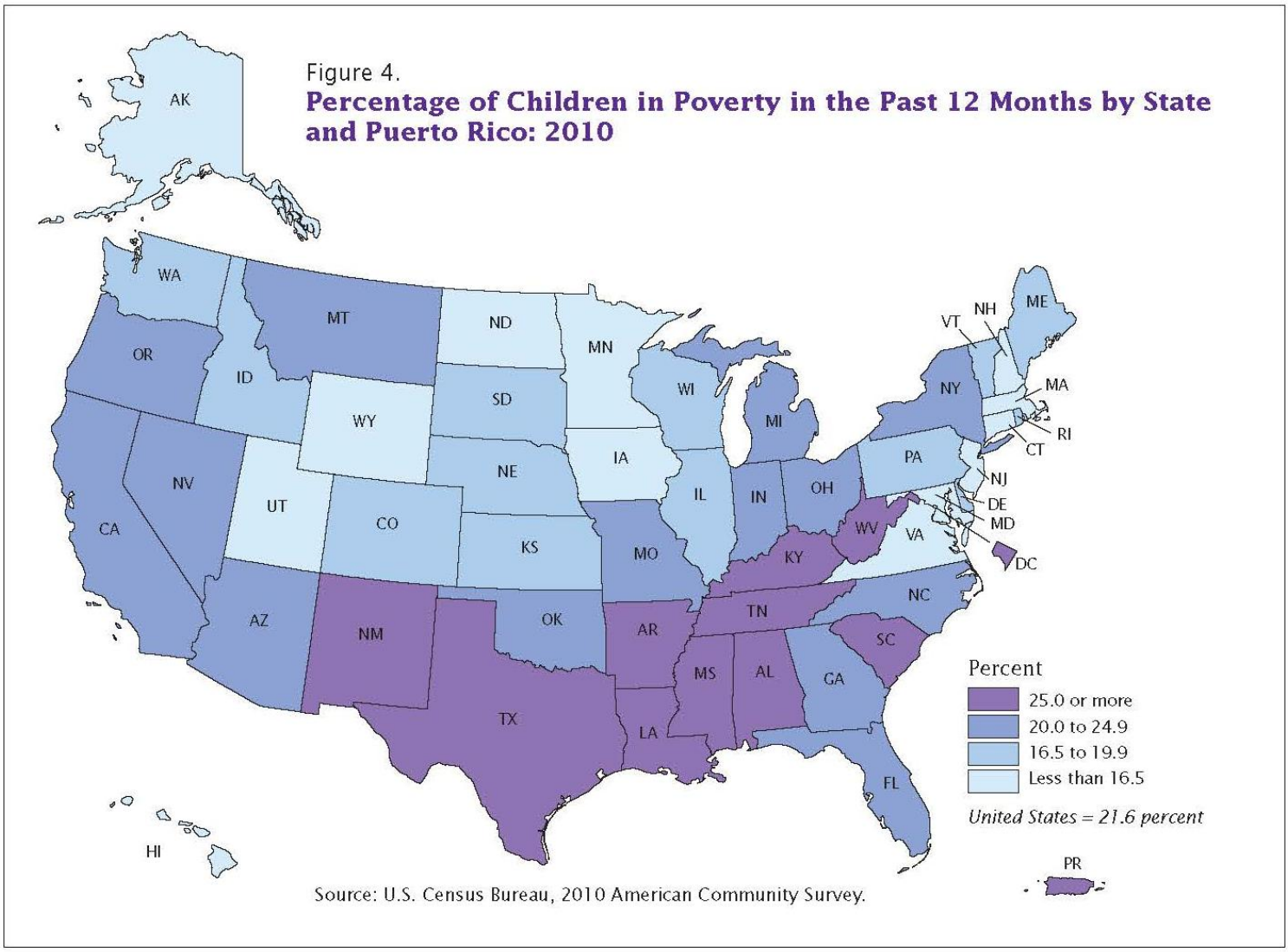
DEFINITIONS & SOURCES

Definitions: Medicaid and the Children's Health Insurance Program (CHIP) are funded jointly by the federal government and state governments. **"All Kids expansion"** in Illinois, which is supported by state funding only, offers health care coverage to uninsured children who are not eligible for Medicaid or CHIP.

Data Source: Illinois Department of Healthcare and Family Services.



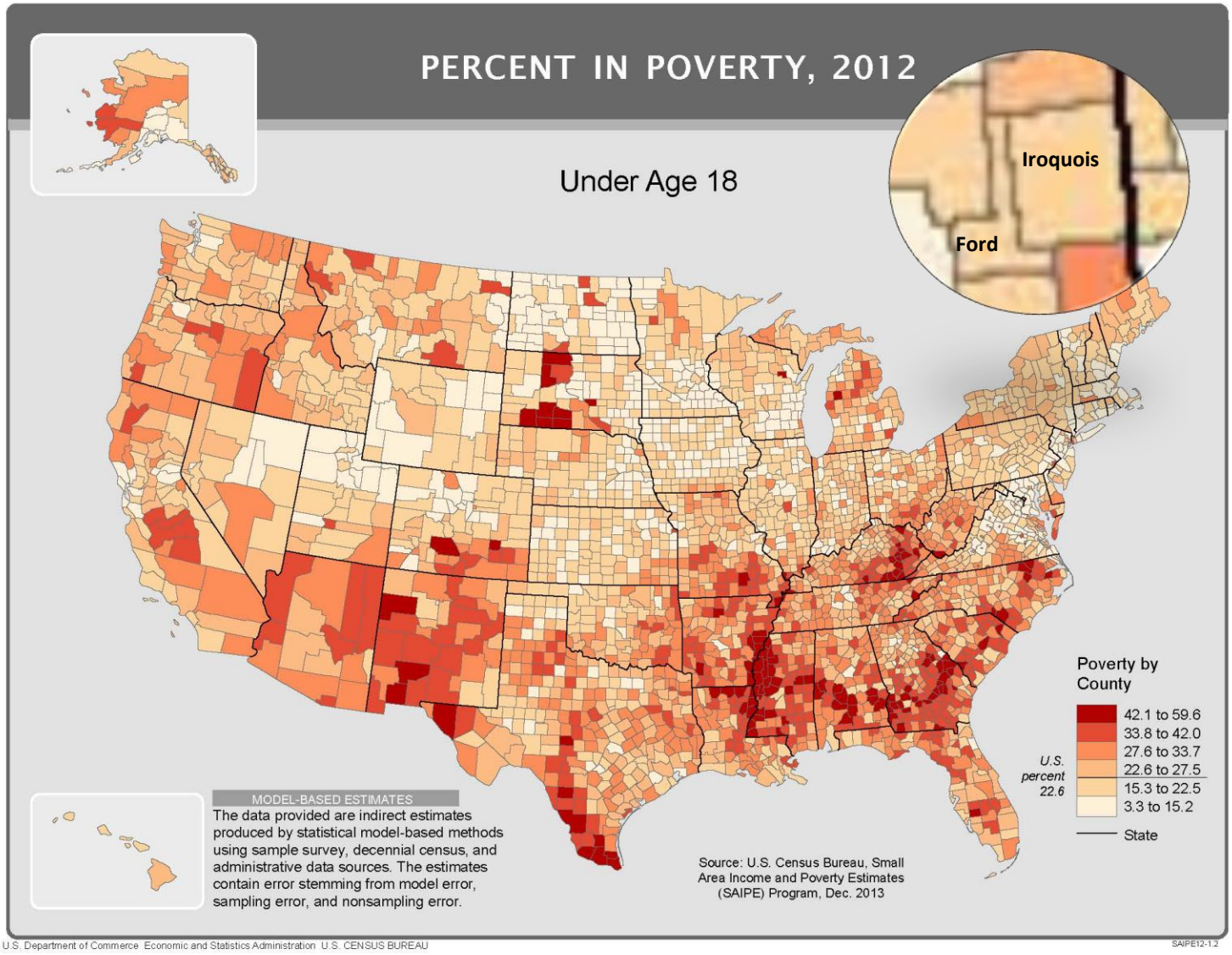
According to the graph below Illinois' percentage of children in poverty is 16.5% - 19.9% which is better than the United States at 21.6.



Source: Child Poverty in the United States 2009 and 2010: Selected Race Groups and Hispanic Origin, *American Community Survey Briefs,* Issued November 2011.

According to Robert Wood Johnson Foundation *County Health Rankings & Roadmaps*, Ford County's Children in Poverty percent is as follows: 2011 – 15%; 2012 – 17%; 2013 – 17%; and 2014 – 18%. The disturbing analysis is that the percentage increased three (3) times within a four year period. The encouraging information is that we remain at or below the state percentage. From this same data, there is data that causes some concern. The percent of children eligible for free lunch was 24% in 2011 and stayed the same in 2012; however, in 2013, the percentage increased to 29%. However, Ford remains below the state percentage of 39% in 2013.

The pictograph below depicts Ford County children (under age 18) that are in poverty as of 2012 in comparison to every county in the United States. Fords' percent is 15.3 to 22.5 % which is lower than the U.S. at 22.6%.



General Health and Access to Care

The 2010 Illinois State Health Improvement Plan (SHIP) lists the first "Public Health System Priorities" as **Improve Access to Health Services**. As a county, state and nation, "poor access to public health services and medical care are major determinants of poor health outcomes and high health care costs. The public health system should:

- Ensure that health services meet the needs of racially and ethnically diverse groups;
- Optimize integration of prevention and primary care through reform of payment and delivery systems, such as the development of pervasive network of patient-centered medical homes.
- Assure universal health care access and coverage."
  (Source: Illinois State Health Improvement Plan 2010, pg. 1)

The SHIP adds that the strategic issue is how Illinois residents' can effectively gain access and use quality affordable health care and public health services, including many of the services discussed in this Community Assessment. The services include prevention programs, oral health, vision care and mental health, medical and long-term care.

The Robert Wood Johnson Foundation (RWJF) reflects many of the struggles Ford County confronts regarding general health and access to care. The following is an excerpt by the RWJF explaining "County Health Rankings and Roadmaps A Healthier Nation, County by County." 'Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk."

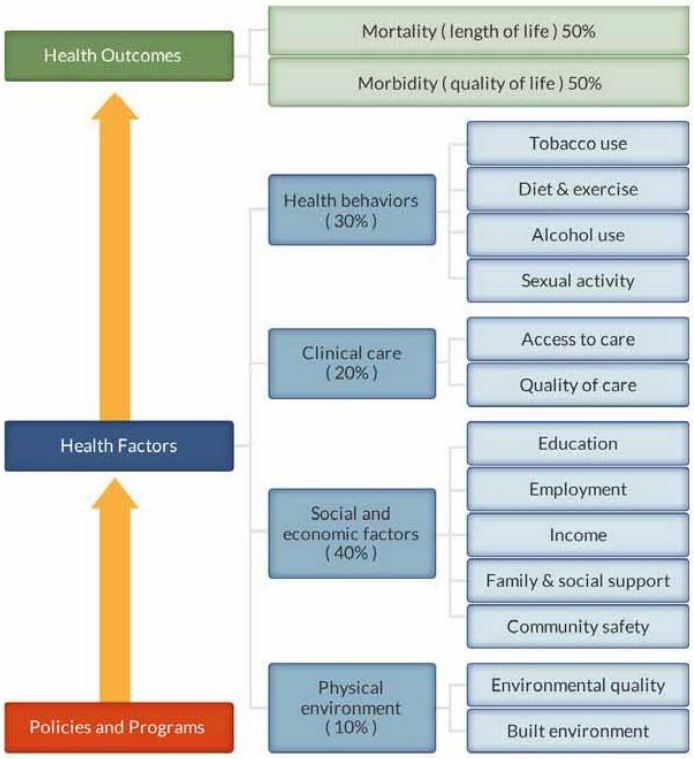
> However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.
>
> We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:

In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings & Roadmaps* serve as both a call to action and a needed tool in this effort. "(Source: County Health Ranking & Roadmaps A Healthier Nation, County by County; 2013 Rankings Illinois; www.countyhealthrankings.org/Illinois)

The following graph depicts how RWJF ranks health outcomes and health factors. The summary rankings are 50%/50% of mortality and morbidity. The summary for health factor rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



The following is in regard to Ford County and some of the information was mentioned in the Executive Summary. The data discussed is in the table below this text. The dramatic drop in ranking among compared to other counties in Illinois from 2011 to 2013 caused a degree of alarm; however, with the recent release of 2014 rankings showed an increase of 12, moving Ford county to 56th. That ranking indicated there is definitely much room for improvement. Even more alarming, is the dramatic increase in "Mortality" from 48 to 85 of 102. Access to primary care is a recurring problem for most rural counties and Ford is no exception. The ratio of primary care providers to residents had improved since 2011, however the ratio is nearly double that of the State's. Fords' number of uninsured is slightly higher than the state level at 13% compared to Illinois' at 11%. There is a tremendous state-wide effort to enroll individuals for insurance coverage through the marketplace and the Affordable Care Act. This should be beneficial for any qualified Ford County residents. Based on RWJF rankings additional areas of concern will be addressed in other sections of the IPLAN. Below is a comparison of 2011, 2012, 2013 and 2014 for several Health Indicators:

Below is a comparison of 2011, 2012, 2013 and 2014 for several Health Indicators:

Robert Wood Johnson Foundation County Health Rankings for Ford County Information								
Health Outcomes and Health Factors	**YEAR**							
	2011		**2012**		**2013**		**2014**	
	Ford	**Illinois**	**Ford**	**Illinois**	**Ford**	**Illinois**	**Ford**	**Illinois**
Health Outcomes (Overall Ranking of 102 counties)	11		11		34		48	
Mortality (Premature death)	29		24		59		59	
Clinical Care	8		7		27		6	
Uninsured adults	16%	17%	12%	15%	13%	16%	11%	11%
Uninsured children					4%	5%		
Could not see a doctor due to cost					5%	12%		
Primary care physicians	1,394:1	976:1	1,394:1	976:1	1,407:1	1,292:1	1,398:1	1,270:1
Preventable hospital stays	75	83	69	77	84	75	72	73
Mental health providers	13,943:1	2,372:1	13,943:1	2,372:1	14,074:1	2,340:1	451:1	864:1
Dentists			2,369:1	1,978:1	2,897:1	1,630:1		
Diabetic screening	91%	80%	90%	82%	90%	84%	90%	84%
Mammography screening	65%	63%	67%	66%	64%	65%	69%	64%
Health care costs	X	X	$7,709	$9,798	$10,281	$9,950		

The following table graphically demonstrates that 8.2% of Ford County residents are uninsured. The 19 to 25 year olds are by far the largest percentage group at 25.7%, with adults 18 to 64 next at 13.2%. There are approximately 76 children under 18 years of age that are uninsured (2.38%). It is not a surprising that 65 and over population are insured due to Medicare at 100%.
Source: Table S2701. HEALTH INSURANCE COVERAGE STATUS, 2010-2012 American Community Survey 3-Year Estimates, U.S. Census Bureau, American FactFinder.

The Illinois Behavioral Risk Factor Surveillance System (BRFSS) provides data that complements

HEALTH INSURANCE COVERAGE STATUS 2010-2012 American Community Survey 3-Year Estimates					
Subject	Ford County, Illinois				
	Total		Number Uninsured		Percent Uninsured
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Total civilian non-institutionalized population	13,621	+/-122	1,121	+/-216	8.2%
AGE					
Under 18 years	3,330	+/-21	76	+/-50	2.3%
18 to 64 years	7,941	+/-92	1,045	+/-203	13.2%
65 years and older	2,350	+/-108	0	+/-18	0.0%
19 to 25 years	838	+/-73	215	+/-85	25.7%
SEX					
Male	6,639	+/-93	646	+/-126	9.7%
Female	6,982	+/-120	475	+/-125	6.8%
RACE AND HISPANIC OR LATINO ORIGIN					
One Race	N	N	N	N	N
White alone	13,305	+/-113	1,068	+/-214	8.0%
Black or African American alone	N	N	N	N	N
American Indian and Alaska Native alone	N	N	N	N	N
Asian alone	N	N	N	N	N
Native Hawaiian and Other Pacific Islander alone	N	N	N	N	N
Some other race alone	57	+/-49	0	+/-18	0%
Two or more races	155	+/-68	33	+/-26	21.3%
White alone, not Hispanic or Latino	13,071	+/-114	1,053	+/-213	8.1%
Hispanic or Latino (of any race)	301	+/-20	20	+/-26	6.6%

According to the U.S. Census data 8.3% of Ford residents are without health care coverage. Interestingly, 91.7% of residents “have same person as health care provider” which aligns with patient-centered primary care.

HEALTH CARE UTILIZATION					
4th Round BRFS Ford County Adults		Count	Col %	Confidence Interval %	Unweighted Count
DO YOU HAVE HEALTH CARE COVERAGE	Yes	9,649	91.7%	± 4.3%	384
	No	875	8.3%	± 4.3%	25
	Total	10,524	100.0%		409
HAVE USUAL PERSON AS HEALTH CARE PROVIDER	Yes	9,710	91.7%	± 3.0%	384
	No	876	8.3%	± 3.0%	26
	Total	10,586	100.0%		410
DO YOU HAVE MEDICARE	Yes	3,066	31.9%	± 5.2%	153
	No	6,547	68.1%	± 5.2%	230
	Total	9,613	100.0%		383
LAST ROUTINE CHECKUP	1 year or less	7,574	71.5%	± 5.8%	312
	More than 1 year/Never	3,012	28.5%	± 5.8%	98
	Total	10,586	100.0%		410
12 MOS: NO DOCTOR VISIT DUE TO COST	Yes	834	7.9%	± 4.0%	26
	No	9,724	92.1%	± 4.0%	383
	Total	10,558	100.0%		409
12 MOS: DIDN'T GET MEDS DUE TO COST	Yes	1,190	11.2%	± 4.8%	33
	No	9,396	88.8%	± 4.8%	377
	Total	10,586	100.0%		410
12 MO: COULD NOT AFFORD DENTIST	Yes	1,965	18.6%	± 5.3%	60
	No	8,621	81.4%	± 5.3%	350
	Total	10,586	100.0%		410
12 MO: TIME YOU HAD NO COVERAGE	Yes	509	5.3%	± 4.1%	12
	No	9,104	94.7%	± 4.1%	371
	Total	9,613	100.0%		383

IDPH, ICHS, 4th Round County BRFS

Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

Access to Dental Care

According to the Robert Wood Johnson Foundation 2013 and 2014 Health Rankings, Ford County is well below the state's ratio of dentists to residents. The rates are as follows: 2013: 2,897:1 and 2014: 2,884:1 opposed to Illinois' ratio of 1,531:1. Affordability also appears to be an issue as demonstrated below in the BRFSS information regarding *Health Care Utilization*.

HEALTH CARE UTILIZATION 2007-2009						
4th Round BRFS Ford County Adults	**Count**	**Col %**	**Confidence Interval %**		**Unweighted Count**	
12 MO: COULD NOT AFFORD DENTIST	**Yes**		1,965	18.6%	± 5.3%	60
	No		8,621	81.4%	± 5.3%	350
		Total	10,586	100.0%		410

IDPH, ICHS, 4th Round County BRFS

Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

Children's Dental Care

Ford County Public Health Department is the recipient of a Dental Sealant Grant to provide services for children ages Kindergarten through Eighth Grade (K – 8) that are eligible for the free or reduced school meals program. However, through a contract with "Miles for Smiles" *all* school age children receive these services.

The program is designed to provide data collection; educational components; client referral; infection control and quality assurance (long and short-term retention rates and sealant application procedures). Specific services provided includes; examinations, cleaning, dental sealant application and fluoride treatments. This program was previously administered under the direction of the Ford Iroquois Public Health Department.

One of the State's priority health concerns is "Oral Health." The following is taken from the Illinois SHIP (pg. 3), "good oral health is important to overall health." Poor oral health is a risk factor for chronic diseases such as heart disease and diabetes. The public health system should ensure: Access to preventive oral health services; (and) Screening and treatment for oral cancers and other oral health related conditions.

Access to Mental Health

According to the *National Alliance on Mental Illness Facts and Numbers released March 2013*,

- One (1) in four (4) adults – approximately 6.1 million – experience mental illness in a given year;
- one (1) in 17 – about 13.6 million – live with a serious mental illness such as schizophrenia, major depression or bipolar disorder;
- Approximately 20 percent of youth ages 13 to 18 experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13 %;
- Approximately 6.7% of American adults – about 14.8 million people – live with major depression;
- Approximately 18.1% of American adults – about 42 million people – live with anxiety disorders, such as panic disorder, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), generalized anxiety disorder and phobias.
- One half of all chronic mental illness begins by the age of 14, three-fourths by age 24. Despite effective treatment there may be decades between the first appearance of symptoms and when people get help.

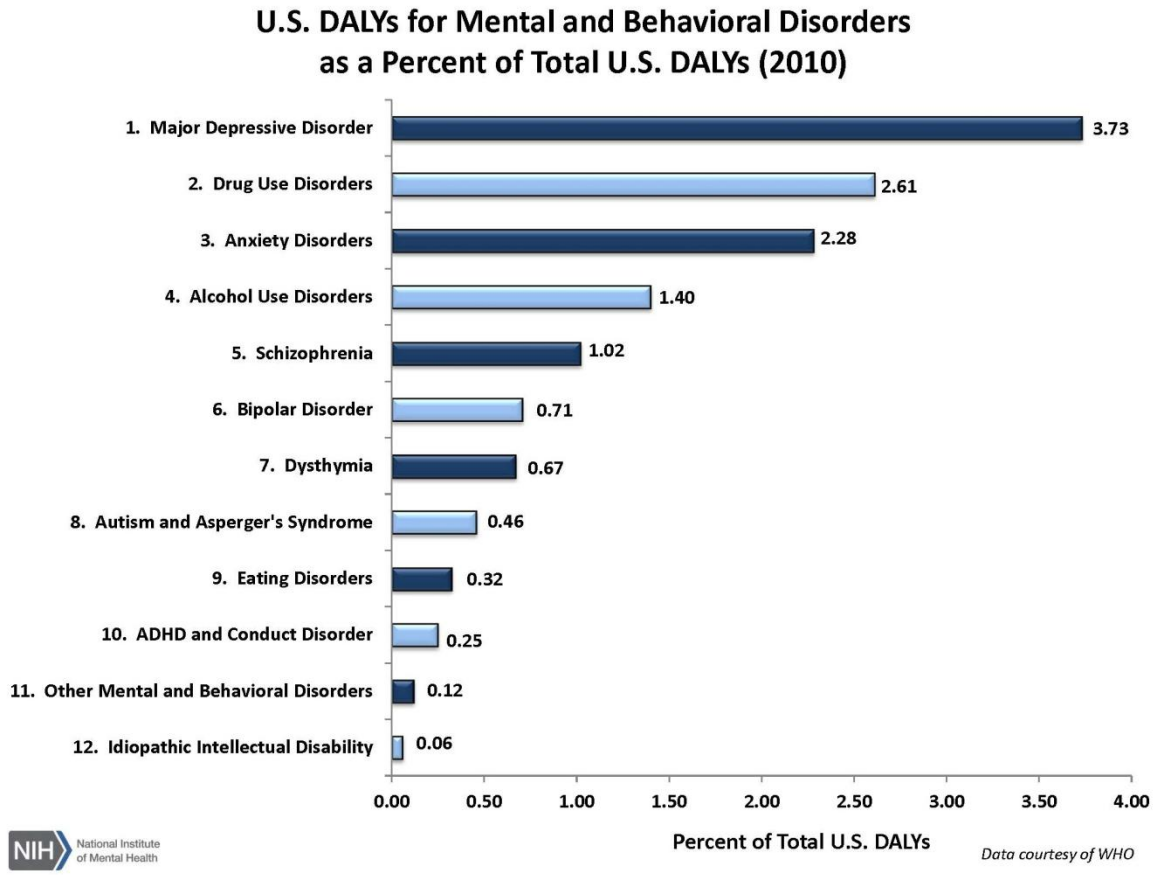
The following is based on the *Illinois Mental Health 2013 – 2018 Strategic Plan*:

- The term "serious mental illness" is used to describe the unique needs of individuals who are age 18 and older who have been diagnosed with a mental illness resulting in impairment of emotional or behavioral functioning that interferes with their ability to live in the community without supportive treatment.
- Utilizing the federal definition and methodology for determining the prevalence rate of serious mental illness, it is estimated that more than 526,000 adults in Illinois — 5.4 percent of the adult population had a serious mental illness in 2012.
- The term "serious emotional disorder" is used to describe the unique needs of children and adolescents under age 18 who have, in the past year, been diagnosed with a mental, emotional, or behavioral disorder resulting in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Using the federal definition and methodology for determining the prevalence rate of serious emotional disorder, it is estimated that nearly 175,000 children and adolescents in Illinois —7% of the population under age 18 — had a serious emotional disorder in 2012. DMH supported community-based services for 35,670 children and their families, approximately 20 percent of those diagnosed with serious emotional disorder. The *National Institute for Mental Health* describes "DALYs" as the burden of disability associated with a disease or disorder can be measured in units called disability-adjusted life years (DALYs). DALYs represent the total number of years lost to illness, disability, or premature death within a given population. DALYs are calculated by adding the number of years of life lost to the number of years lived with disability for a certain disease or disorder. The follow chart demonstrates the devastating effect of mental and behavioral disorders, over all other leading diseases, from a young age throughout a lifetime.

Source: National Institute for Mental Health; Data courtesy of World Health Organization (WHO) http://www.nimh.nih.gov/statistics/4TOT_MC9606.shtml

The following shows the percent of disability-adjusted life years (DALYs) by disorder:

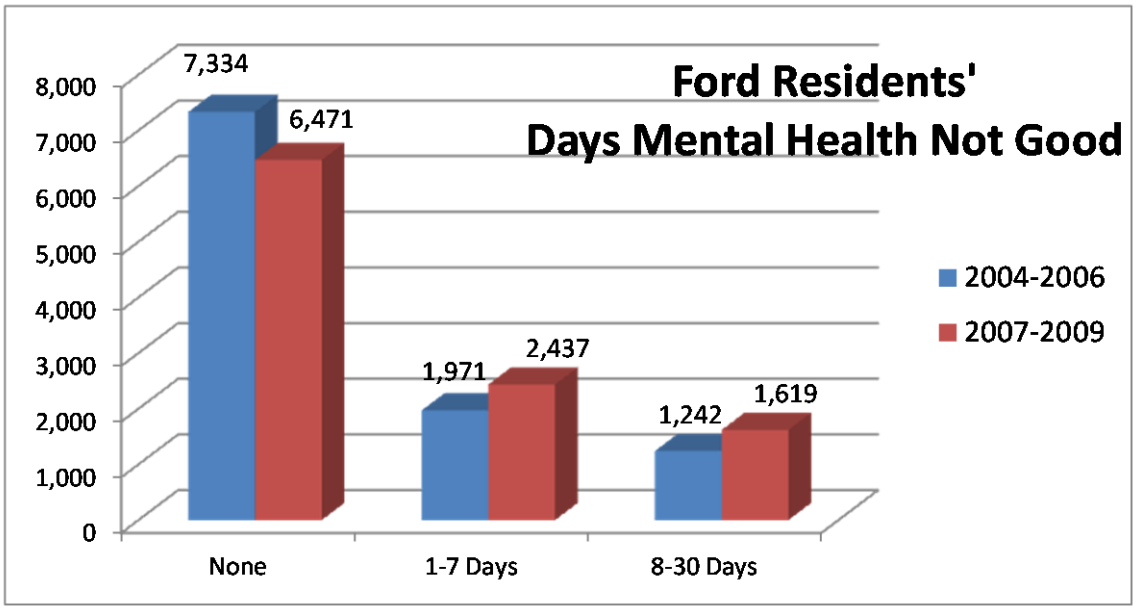


Source: National Institute for Mental Health; Data courtesy of World Health Organization (WHO) http://www.nimh.nih.gov/statistics/4TOT_MC9606.shtml

Community Resource and Counseling Center, Inc. (CRCC) located in Paxton had been serving Ford County and area residents since the mid-70s. Ford County continues to have a shortage of mental health providers. In 2013, according to RWJF the ratio was 14,074:1 compared to Illinois's ratio of 2,340:1. The mental health center provides many valuable services for many individuals. Some of the services include:

- Anger Management Treatment Program
- Batterers Intervention and Treatment Program (BIT)
- Children's Group
- Psychiatric Services
- Employee Assistance Programs
- Mental Health Case Management for Adults with Severe Mental Illnesses
- Child and Adolescent Services
- Outpatient Clinical Services
- Alcohol and Substance Abuse Services
- Sex Offender Treatment Services
- Parenting Skills Groups
- Family Therapy

The following demonstrates the number of Ford County residents that report having days that their mental health is not good. There was an increase in the number reporting days that were "not good." The overall percentage increase was 8.1%. The numbers for both categories (1-7 days and 8-30 days) reflected as a percent was 30.5% in 2004-2006 and increased to 38.6% in 2007-2009. (Source: IDPH, ICHS 3rd Round County BRFS; 4th Round County BRFS)



The following detail data based on the chart above. This data indicates that mental health issues cross age, sex and income boundaries. The reporting methodology changed from 3rd round to 4th round making it difficult to actually compare years to years. The data demonstrates the need for mental health services.

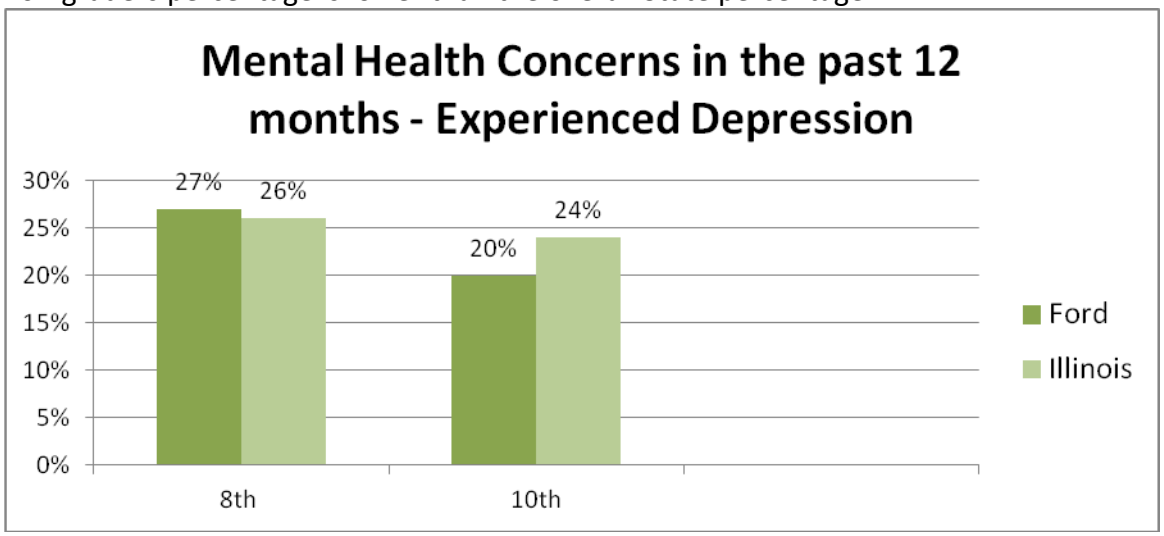
Now thinking about your mental health, includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?													
Ford County		Days Mental Health Not Good											
		None				1-7 Days				8-30 Days			
		2004-2006		2007-2009		2004-2006		2007-2009		2004-2006		2007-2009	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Age of Respondent	18-24	*	*	*	*	*	*	*	*	*	*	*	*
	25-44	2,127	60.4	*	*	834	23.7			558	15.9		
	45-64	2,405	73.2	*	*	573	17.4	673	54.1	307	9.4	573	45.9
	65+	2,060	75.5	*	*	364	13.3			304	11.1		
Sex of Respondent	Male	8.000	72.2	*	*	1,942	17.5			1,139	10.3		
	Female	8,441	71.8	*	*	2,116	18.0	1,530	65.0	1,202	10.2	825	35.0
Income Level	<$15,000	*	*	*	*	*	*	*	*	*	*	*	*
	$15-35,000	5,086	76.2	*	*	930	*	*	*	*	*	*	*
	$35-50,000	3,312	74.1	*	*	780	*	*	*	*	*	*	*
	>$50,000	5,358	69.1	*	*	1,658	*	*	*	*	*	*	*

The following has been extrapolated from the Illinois Youth Survey 2012. This survey is administered county-wide, involved two (2) elementary and middle schools, and two (2) high schools. There were 461 students surveyed from 562 total students with a percentage surveyed of 82%. This is invaluable information for education, intervention and planning for anyone working with Ford County's youth.

During the past 12 months did you ever:	8th		10th	
	%	N	%	N
Seriously consider attempting suicide	N/A	N/A	10%	12
Feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities	27%	46	20%	25

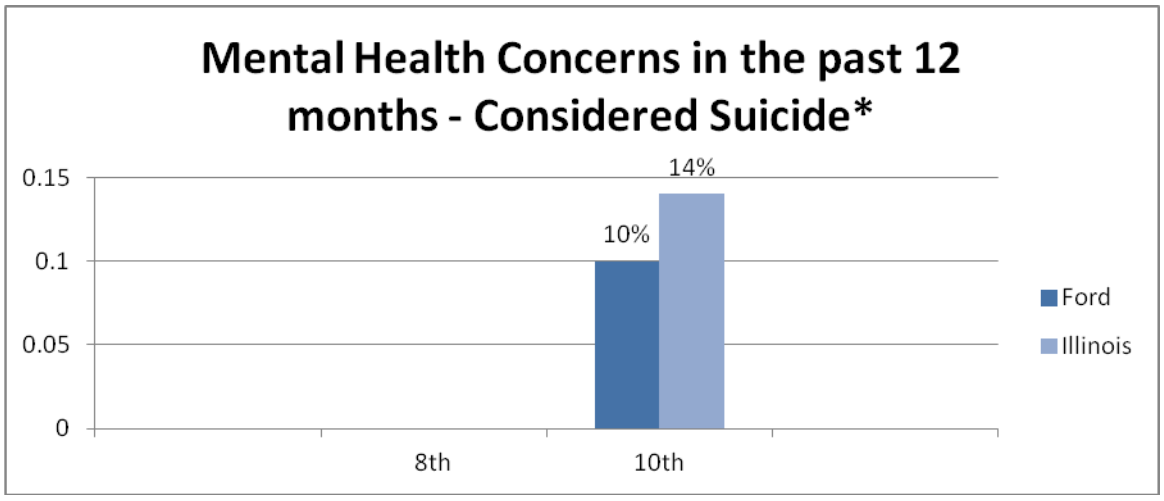
The following graphs compare Ford County Youth to other youth in the State.

Regarding depression, there is a slightly higher percentage of Ford County 8th grade students that reported experiencing depression than the overall State's percentage. However, the 10th graders percentage is lower than the overall State percentage.



12 Grade Students not surveyed for this information.
Ford School Data – 2012 Illinois Data - 2010

Regarding "Considered Suicide", Ford County 8th and 12th grader students are not surveyed regarding thoughts of suicide. A positive for Ford County is that the percentage of Ford County students in the 10th grade that considered suicide of 10% is lower than the State's average of 14%. However, this also indicates there are students in Ford County with mental health needs.



* 8th Grade Students are not surveyed regarding thoughts of suicide; 12 Grade Students not surveyed for this information.
Ford School Data – 2012 Illinois Data - 2010

Maternal and Child Health

The Maternal Child Health (MCH) Programs provide services for low-income families below 200% of the federal poverty level. The focus is on the pregnant women and ways to impact birth outcomes and to decrease the infant morbidity and mortality rates, to decrease prematurity and low birth rates. The program also provides referrals and follow-up services to dental, medical and mental health services as needed by the family. The programs also focus on the growth and developmental milestones of infants and children providing for services to be implemented early to insure that the child's development is on target with his peers.

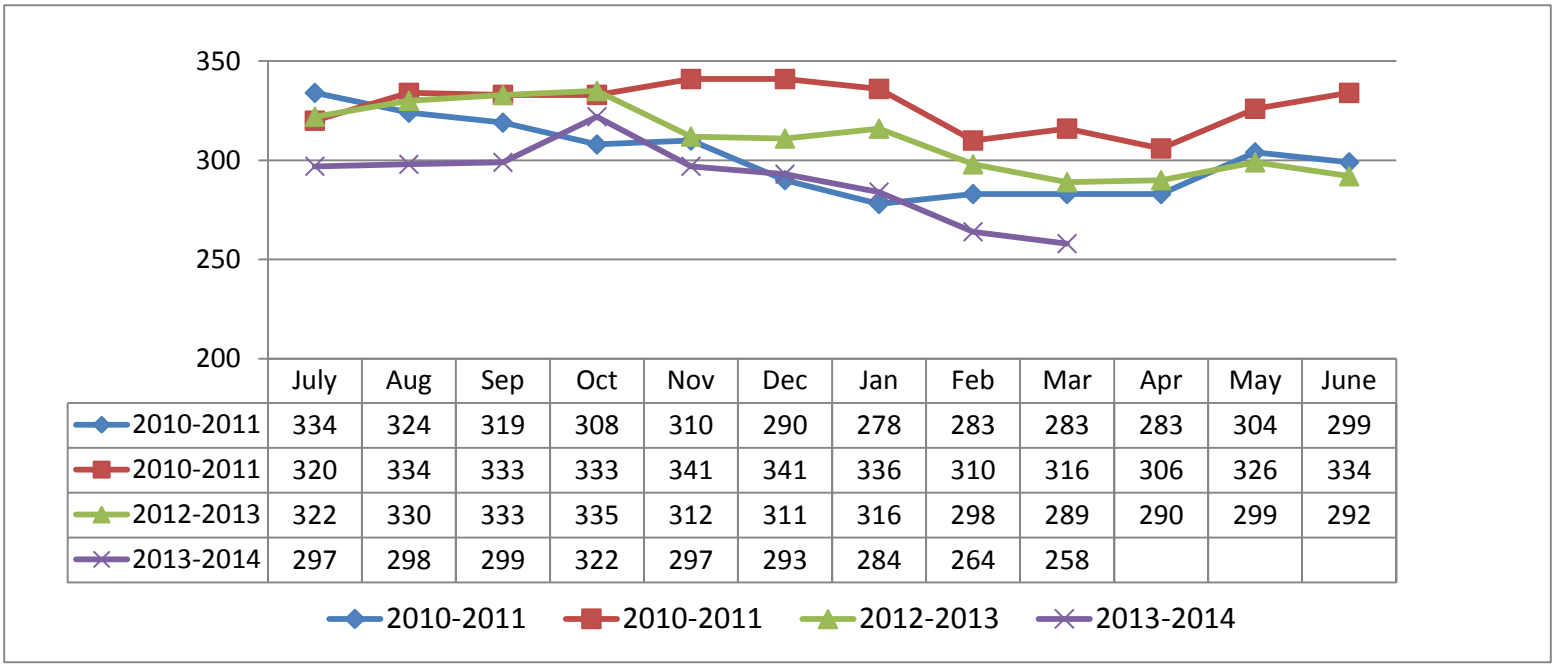
To quote *Healthy People 2020 Maternal, Infant and Child Health* (Source: Healthy People 2020; healthypeople.gov): "The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system. Moreover, 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. Despite major advances in medical care, critical threats to maternal, infant, and child health exist in the United States among the Nation's most pressing challenges are reducing the rate of preterm births, which has risen by more than 20% from 1990 to 2006 (Source: Martin JA, Hamilton BE, Sutton PD, et al. Births: Final Data for 2006. Natl Vital Stat Rep. 2009;57(7). Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention. Available from http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf), and reducing the infant death rate, which in 2011 remained higher than the infant death rate in 46 other countries. (Source: Central Intelligence Agency. Country comparisons: infant mortality rate. *The World* Factbook: Available from the following website: https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html.)

High Risk Infant Follow-up (HRIF)/Adverse Pregnancy Outcomes Reporting System (APORS) targets infants and children up to two years of age who meet eligible medical criteria/diagnoses. "The goals of HRIF services are: promotion of optimal growth and development; teach the family care of the high-risk infant; prevent complications; decrease morbidity and mortality; decrease stress and the potential for abuse; and ensure early identification and referral for further treatment and evaluation." (Source: *DHS Illinois Department of Human Services Bureau of Maternal and Child Health Program Manual, http://www.dhs.state.il.us/page.aspx?item=65730).*

The Healthworks (HWIL) Program provides services to all DCFS Wards in legal care and custody. The program provides medically and socially-related services to the wards to promote health and well-being. Services are provided to the wards through age five years of age. Services also continue with wards that are pregnant and continue with the children of those wards as well.

The Women, Infants and Children (WIC) Program is a special supplemental nutrition program for women, infants and children. It provides nutritional services to low-income pregnant, breastfeeding and postpartum women, infants and children to the age of 5 years that are at risk nutritionally, at no cost. The mission of the program is to "improve the health status of women, infants, and children to reduce the incidence of infant mortality, premature births and low birth weight; and to aid in the developmental of children." *DHS Scope of Services for WIC.* Based on assessment results, the participant is counseled in breastfeeding, nutrition education, environmental and family information and other health information. Participants receive nutrition and dietary counseling and education on a quarterly basis. Cash value food vouchers are received by participants to supplement diets with the appropriate fruits, vegetables and dairy products and with formula for infants. Only foods allowed by the WIC program are purchasable which allows for the education of participants to buy appropriate nutritional foods for their families. The WIC program can also be utilized in conjunction with the SNAP Program (food stamps). The graph below provides numbers of WIC program participants by month by year from July 2011 through March 2014.

Ford County Women, Infants and Children (WIC) Program Participants



	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
2010-2011	334	324	319	308	310	290	278	283	283	283	304	299
2010-2011	320	334	333	333	341	341	336	310	316	306	326	334
2012-2013	322	330	333	335	312	311	316	298	289	290	299	292
2013-2014	297	298	299	322	297	293	284	264	258			

Source: Ford-Iroquois Public Health Department

The Lead Program provides screenings for children to the age of 5 years of age. With the number of older houses in the Ford County area, lead based paint chips provide for a dangerous and unsafe environment for small children. Blood lead percentages are checked regularly to insure that a child's exposure is minimal and that development – both physically and mentally – occur within milestone parameters. (See – Environmental, Occupational & Injury Control for additional Lead Poisoning Information)

Based on 2012 data, in the United States each year, 11.5% of infants are born preterm and 8.0% of infants are born with low birth weight. (Source: National Center for Health Statistics, Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/births.htm.) In addition to increasing the infant's risk of death in its first few days of life, preterm birth and low birth weight can lead to devastating and lifelong disabilities for the child. Primary among these are visual and hearing impairments, developmental delays, and behavioral and emotional problems that range from mild to severe. Preconception (before pregnancy) and interconception (between pregnancies) care provide an opportunity to identify existing health risks and to prevent future health problems for women and their children. These problems include heart disease, diabetes, genetic conditions, sexually transmitted diseases, and unhealthy weight."

A wide range of conditions and health behaviors affect the health, wellness, and quality of life of women, children, and families. Important indicators to monitor for maternal and child health include: birth data and outcomes, adequate prenatal care, and risk factors including smoking, alcohol use during pregnancy, and teen birth rates.

The Public Health Department's Family Case Management (FCM) Program provides services to income-eligible prenatal and postpartum women, infants and children to two (2) years of age. During this period of time, the pregnant and postpartum women are screened for perinatal depression during their first office visit and immediately following delivery. By monitoring the risk for perinatal depression, the woman's primary care provider is able to follow up immediately with services needed to insure that the psychological and mental health of each woman is targeted early and prevents any negative outcomes that perinatal depression may have affecting the bonding of mother and child. "The mission of the case management programs is to improve the health status of women via appropriate pre-conception, inter-conception, prenatal and postpartum care; thereby, improving the incidence of infant morbidity and mortality, premature births and low birth weight and to aid in the medical care, and growth and development of infants and children." (Source: *DHS Illinois Department of Human Services Bureau of Maternal and Child Health Program Manual, http://www.dhs.state.il.us/page.aspx?item=65730).*

The table below demonstrates that Ford County's infant mortality rate has remained exceptionally low, almost nonexistent, compared to the state's rate. There are many factors that can affect this indicator including poverty, teen pregnancy, education levels, or the increase in the number of low-birth weight infants.

Infant Mortality Rate

Year	Ford Infant Mortality Number	Ford Infant Mortality Rate	Illinois Rate Infant Mortality Rate
2004	3	**	7.3
2005	2	**	7.2
2006	0	0	7.4
2007	-	0	6.6
2008	1	**	7.2
2009	1	**	6.9

** - If < 10 deaths/events or no population data, no rates are calculated.
Source: Illinois Project for Local Assessment of Needs Data System Report 3.02

This indicator reports the number and rate per 1,000 live births of infant deaths. Description: The infant mortality rate is the number of deaths under one year of age divided by the number of live births, usually expressed as deaths per 1000 live births (Bland, 1987). An infant death is the death of a live-born child before his or her first birthday. Deaths in the first year of life may be further classified according to age as neonatal and postneonatal. Neonatal deaths are those that occur during the first 27 days of life; postneonatal deaths are those that occur between 28 days and 1 year of age *(Source: Health, United States, 1993).*

Source: March of Dimes Peristats: National Center for Health Statistics, final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present.

Healthy People 2020 Objective for Infant Mortality is "Infant deaths: reduce to no more than 6 per 1,000 live births."

Leading Causes of Mortality (Ages 1-4)

Year	Ford County Child Mortality Number
2002	0
2003	1 Motor Vehicle Accident
2004	1 Motor Vehicle Accident
2005	0
2006	0

** - If < 10 deaths/events or no population data, no rates are calculated.

Source: Illinois Project for Local Assessment of Needs Data System Report 3.09.02

This indicator reports the number of total deaths for leading causes of death for children, ages 1-4 years. The total number of deaths by race includes deaths due to all causes of death, without double-counting of subcategory causes.

According to *March of Dimes* data released February 2014, in an average week in Illinois, there are 377 babies born preterm; 68 babies born very preterm; 254 babies born low birth weight; and 48 babies born very low birth weight. (Source: National Center for Health Statistics, final natality data.)
The following is utilized for definition purposes: preterm is less than 37 completed weeks of pregnancy. Late preterm is between 34 and 36 weeks gestation. Very preterm is less than 32 completed weeks; Low birthweight is less than 2500 grams (5 1/2 pounds); very low birth weight is less than 1500 grams (3 1/3 pounds).

Preterm and Low Birthweight Births in Illinois

	2001	2011	2020 US Objective
Preterm(1)	**12.5%**	**12.1%**	**11.4%**
Low Birthweight(1)	**8.0%**	**8.2%**	**7.8%**

While Ford County has several low birth weight babies each year the overall rate stays below the state's rate. However, the Illinois' state average is above the objective for improvement set by Healthy People 2020 which is "Low birth weight: reduce to no more than 7.8% of live births."

Birth Characteristics by Resident County2009

Resident County	Total Births	Low Birth Weight (<2,500 grams)		Very Low Birth Weight (<1,500 grams)		Preterm (<37 weeks)		Adequate Prenatal Care (Kotelchuck) **		Cesarean Section **		Mother Unmarried		Not H.S. Graduate, Age 20+ **	
		Births	Percent	Births	Percent	Births	Percent	Births	Percent	Births	Percent	Births	Percent	Births	Percent
ILLINOIS	**171,077**	**14,372**	**8.4**	**2,655**	**1.6**	**17,109**	**10.0**	**125,932**	**80.2**	**53,296**	**31.5**	**69,728**	**40.8**	**21,313**	**14.0**
Ford	157	13	8.3	2	*	18	11.5	122	85.3	55	36.2	59	37.6	10	7.2

Low Birth Weight (1,500 – 2,499 grams) and Very Low Birth Weight (under 1,500 grams)

Year	Ford Low Birth Weight Number	Ford Low Birth Weight Rate	Illinois Low Birth Weight Rate	Ford Very Low Birth Weight Number	Ford Very Low Birth Weight Rate	Illinois Very Low Birth Weight Rate
2004	1 to 11	-	6.8	1 to 11	**	1.7
2005	12	6.5	6.9	1 to 11	**	1.6
2006	1 to 11	-	7.0	1 to 11	**	1.6
2007	1 to 11	-	6.9	1 to 11	**	1.6
2008	12	7.6	6.8	1 to 11	**	1.6

** - If < 10 deaths/events or no population data, no rates are calculated.
(Source: Illinois Project for Local Assessment of Needs Data System Report 3.03 Rate is Cases Per 100,000 Live Births)

This indicator reports the number and percent of infants of moderately low birth weight (less than 2,500 grams) and very low birth weight (less than 1,500 grams). Description: Birth weight is defined as the first weight of the newborn obtained after birth. Low birth weight is defined as less than 2,500 grams or 5 pounds 8 ounces. Before 1979, low birth weight was defined as 2,500 grams or less. Very low birth weight is defined as less than 1,500 grams or 3 pounds 4 ounces *(Source: Health, United States, 1993).*

Mothers who drank during pregnancy

Year	Ford Percent	Ford Number	Illinois Percent	Illinois Rate
2003	-	1 to 11	0.4%	660
2005	-	1 to 11	0.3%	573
2006	-	1 to 11	0.3%	629

Source: Source: Illinois Project for Local Assessment of Needs Data System Report 3.05 Rate is Cases Per 100,000

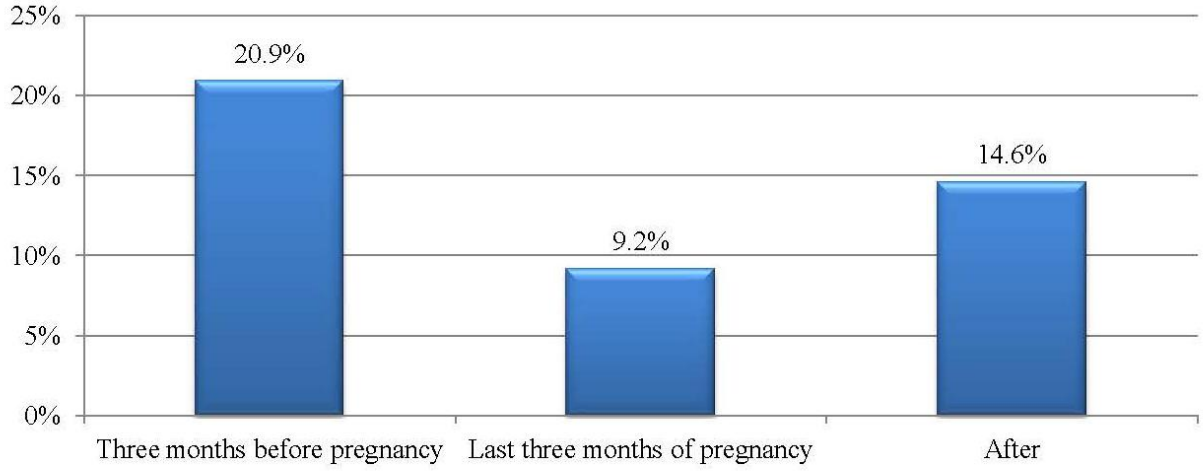
This indicator reports the number and percent of mothers who drink during pregnancy. Description: The exact role of alcohol in producing specific impairment in the developing fetus has not been conclusively proved. However, the information available to date favors either a direct or an indirect role of alcohol in problems in fetal development. There is ample evidence that alcohol is capable of causing bodily damage in almost all systems. The developing baby does not have efficient alcohol metabolizing systems, and the result is these substances are likely to stay with the baby over an extended period of time. The possible harm to the newborn baby from transfer of alcohol in breast milk also argues against the use of alcohol while breast-feeding (Schuckit, 1995).

According to IDPH Vital Statistics, the number of mothers who drank during pregnancy in Ford County between 2003 and 2006 was so low (1 to 11 each year) there is no percentage listed.

According to the *March of Dimes peristats, s*moking is an important determinant of health and a significant factor contributing to preterm and low birth weight births. In 2012, 18.2% of women of childbearing age reported smoking in Illinois. (Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.) Maternal cigarette smoking during pregnancy increases the risk for pregnancy complications, such as placental previa, placental abruption, and premature rupture of the membrane; and poor pregnancy outcomes, such as preterm delivery, restricted fetal growth, and sudden infant death syndrome (SIDS). Smoking during pregnancy resulted in an estimated 776 infant deaths in the United States annually during 2000—2004. (Source: United States. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.)

According to the 2009 Illinois Pregnancy Risk Assessment Monitoring System (PRAMS) report, 20.9 percent of women smoked three months prior to their pregnancy, 9.2 percent of women smoked during the last three months of their pregnancy, and 14.6 percent of women smoked after their pregnancy.

Figure 12. Prevalence of Smoking Before, During and After Pregnancy, Illinois, 2009



Source: Illinois Pregnancy Risk Assessment Monitoring System

Ford County has significantly high numbers of women who smoke during pregnancy compared to the state's percent and rate. In addition, the state has made progress in reducing the number of women who smoke during pregnancy and Ford continues to increase.

Mothers who Smoked during Pregnancy

Year	Ford Number	Ford Percentage	Illinois Percent	Illinois Rate
2003	29	17.3%	9.6%	17,508
2004	23	13.7%	10.2%	18,352
2005	41	22.2%	8.6%	15,317
2006	18	13.2%	8.6%	15,456

Source: Source: Illinois Project for Local Assessment of Needs Data System IPLAN DATA SYSTEM Report 3.04 Rate is Cases Per 100,000 Live Births

Description: the number of live births among mothers who smoked during pregnancy.

This indicator reports the number of live births among mothers who smoked during pregnancy. The number of live births among mothers who smoked during pregnancy is defined as those who indicated this status on the birth certificate.

The rate of mothers receiving adequate care in Ford County remained slightly better than the State of Illinois.

Prenatal Care (Kessner) Ford County Resident

Year	Adequate	Intermediate	Inadequate
2004	160	23	1 to 11
2005	160	16	1 to 11
2006	114	16	1 to 11
2007	131	15	13

Source: IQUERY http://query.illinois.gov Rate is cases per 100,000 population.

This indicator reports the number of live births among mothers who received adequate care during pregnancy. The adequacy of care for each live birth determined by the Modified Kessner Index uses the estimated gestational age of the infant at time of delivery, the trimester the prenatal care began and the number of prenatal visits. The adequacy of care is divided into three categories: adequate, intermediate and inadequate (Source IDPH, Illinois Center for Health Statistics, 2001)

Teen Births

"Births to teen mothers" is a critical indicator of increased risk for both mother and child. Ford County's teen birth rate exceeded the state average three years during the period of 2004 to 2009, yet consecutively remained 1-2% lower in the remaining three years of this period. While teen pregnancy in our community is not the most prevalent health problem, for the 11 –26 families teen pregnancy affects each year – it is most definitely a real-life problem. There are community resources and assistance available for these families and specifically for the teen mother and baby.

The Illinois Department of Public Health statistics indicate that births to mothers in the State of Illinois under 20 years of age from 2008-2009 have decreased in number and continue to fall according to the *Facts About Teen Pregnancy* article written by Robin Elise Weiss, LCCE in August 23, 2013. However, the rate of teen pregnancy is still "the highest in industrialized countries." Since many of teen pregnancies are unplanned and unexpected, teen mothers do not receive prenatal care as needed. This might be due to the fear of telling parents, denial or delayed testing. Because the teen is still growing and developing, delaying prenatal care not only puts her at risk but also the unborn child as well. Many teen births are delivered early or have complications, increasing the likelihood of a low birth weight and increased chance of infant mortality.

Teen Births in Ford County by Year

Year	Live Births	Mother < 20	% of births to teens Ford	% of births to teens Illinois	Infant Mortality cases	Infant Mortality rate
2004	168	19	11.3%	9.9%	3	**
2005	185	13	7.0%	9.7%	2	**
2006	136	11	8.1%	10.0%	-	0
2007	162	16	9.9%	10.1%	-	0
2008	158	26	16.5%	10.0%	1	**
2009	157	16	10.2%	9.6%	1	**

** - If < 10 deaths/events or no population data, no rates are calculated.

Healthy Families Illinois

The Healthy Families Illinois (HFI) Program helps encourage and support new families and is offered during pregnancy or within the first two weeks of delivery. The program is voluntarily accepted by families and encourages and supports families through home visitation services. Once the program is accepted by the family, goals are set, resources are implemented and encouragement given to build on the parenting skills that the parent(s) already possesses thus will strengthen the bonds of the family and parent/child dyad. Child developmental milestones are monitored through the use of developmental and social/emotional screenings, with referrals given as needed, to insure that the child has the best possible start in school. Children also are monitored for child well visits and immunizations needed per CDC guidelines. Education and supportive persuasion help to decrease the risk factors and concerns that the family first presents with when services are initiated. Subsequent pregnancies are fewer of those families involved with the HFI program than with families without the services. The program is currently in its 14th year of operation and has been a supportive part of over 204 familial lives since its inception into the Ford County area in the year 2000.

The program has been accredited and reaccredited through the Prevent Child Abuse America/Prevent Child Abuse Illinois programs and continues to provide the quality home visitation services to the families set forth by the strict Healthy Families America (HFA) Standards and Model. The Ford County HFI Program is one of 44 programs providing services to families throughout the State of Illinois and one of 600 sites throughout the United States.

The risk of child abuse and neglect becomes more of a concern if very young teens choose to be parents before becoming acclimated to the maturity of parenting and the employment world. *The Child Abuse and Neglect Statistics Fiscal Year 2011 and the Child Abuse and Neglect Statistics Fiscal Year 2012* depict the rate of child abuse and neglect data per 1,000 children by county and also the number for the same years by the State of Illinois rate. The numbers are more than shocking and reflect the need of services in the Ford county area to educate young parents, as well as mature parents, in appropriate child rearing skills.

The Child Abuse and Neglect report rate, as taken by the Illinois Central Registry, has increased in the last two years 2011-2012 and is far above the State measures of 27.4 and 28.3 for the same years. The Sexual Abuse reports have surpassed the State Reports by almost two times the rate, increasing from 2011 by .9 per 1,000 children. With the move of the DCFS office from Ford County to Danville, due to budget cuts, camaraderie of the Department of Children and Family Services (DCFS) investigator with direct service providers is no longer present. With the distance between the two services, it is nearly impossible to combine the prevention/intervention measures that many families could benefit from.

Home visitation programs have found to be instrumental in decreasing the risk factors that may cause a family to be placed into DCFS services very early in the parenting career. As depicted in the chart below, the indicated reports for child abuse and sexual abuse have also risen from 2011-2012.

Year	Ford County Indicated Abuse Reports per 1,000 Children	Illinois Indicated Reports per 1,000 Children	Ford County Indicated Sexual Abuse Reports per 1,000	Illinois Sexual Abuse Reports per 1,000 Children
2011	12.8	8.0	1.4	0.6
2012	14.0	8.2	0.8	0.67

Source: Child Abuse and Neglect Statistics: Fiscal Year 2011 and Fiscal Year 2012

With the rise in Ford County's indicated sexual abuse reports, so also are the Sex Offender Registry statistical rates. As of March 2014, there are 56 registered sex offenders in the Ford County. *Homefacts.com* reflects that Ford County has a ratio of 19.01 offenders per 10,000 residents. This is higher than the national average of 0.00 offenders per 10,000 residents." For the vast Ford County area, these numbers are staggering. Ford Sexual Assault Services advocates on behalf of the victims of Ford County both in the legal and medical realms and insures that victims are provided the best possible legal, medical and counseling services that are available. The following is number of child abuse and neglect cases in Ford County compared to the State for 2007 – 2011:

Substantiated Cases of Child Abuse and Neglect by County, FY 2007 To FY 2011

Location	Data Type	2007	2008	2009	2010	2011
Illinois	Number	26,399	27,947	27,610	27,032	26,054
Ford	Number	42	59	58	42	46

DEFINITIONS & SOURCES

Definitions: Substantiated cases of child abuse and neglect are those in which an investigation by the Illinois Department of Children and Family Services produced sufficient evidence to confirm that child abuse and neglect did occur.
Data Source: Illinois Department of Children and Family Services.

Data Provided by: Voices for Illinois Children

Chronic Disease

According to the Centers for Disease Control and Prevention (CDC), "As a nation, 75% of our health care dollars goes to treatment of chronic diseases. These persistent conditions—the nation's leading causes of death and disability—leave in their wake deaths that could have been prevented, lifelong disability, compromised quality of life, and burgeoning health care costs."

Death Demographics

The mortality numbers for Ford are much as one would expect with diseases of the heart and cancer as two leading causes of death in the county. These numbers are consistent with the mortality reports from other Illinois counties. See table below:

Death Demographics 2010

Resident County	Total Deaths	Sex		Race			Hispanic Origin	Age Group (Years)						
		Male	Female	White	Black	Other		< 1	1 - 14	15 - 24	25 - 44	45 - 64	65 - 84	85 +
ILLINOIS	**99,624**	**48,744**	**50,880**	**82,759**	**15,068**	**1,797**	**3,905**	**1,116**	**400**	**1,191**	**4,266**	**19,068**	**41,263**	**32,320**
Ford County	198	86	112	198	0	0	0	1	1	1	3	29	83	80

The following depicts total deaths by year in Ford County:

Ford County Total Deaths by Year	
YEAR	TOTAL DEATHS
2008	210
2009	194
2010	198

Leading Causes of Death

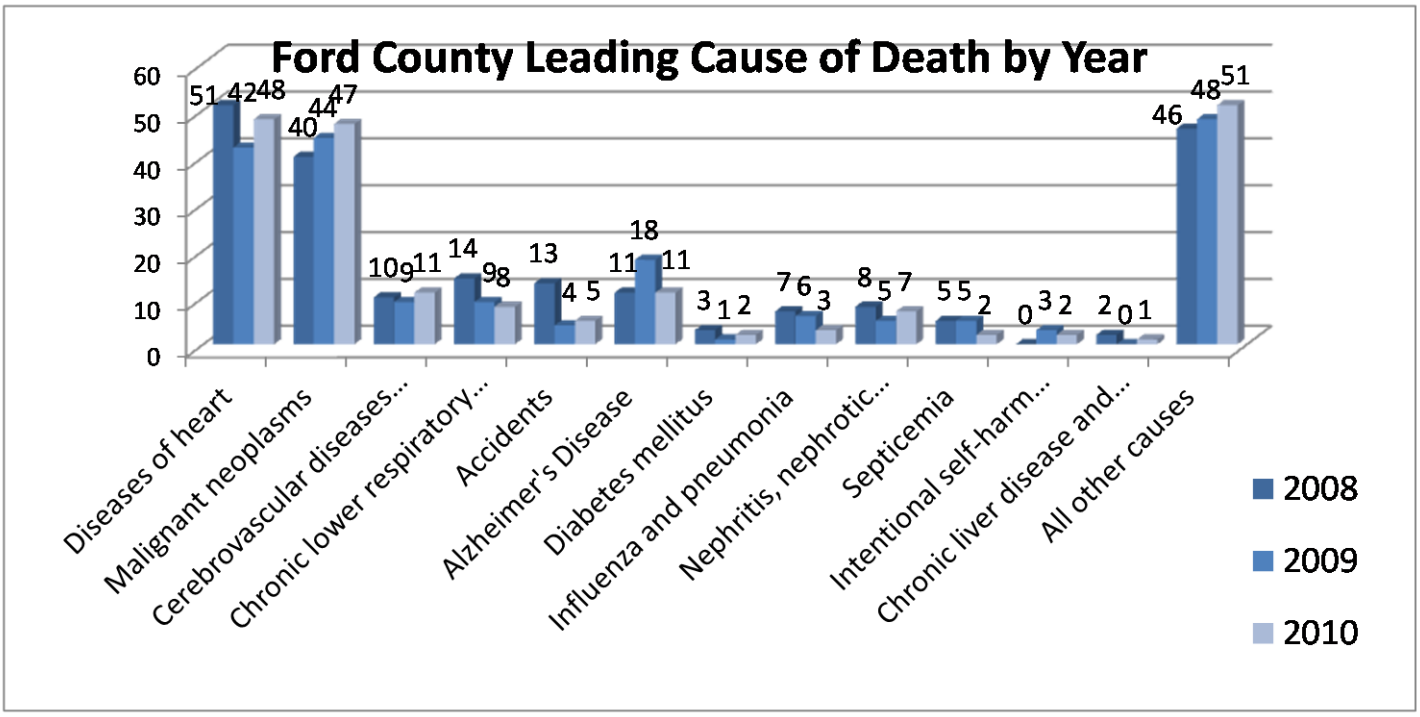
Chronic diseases – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly, and preventable of all health problems in every part of the U.S. including Ford County. The leading causes of death in Ford include heart disease and cancer.

While diabetes and arthritis are not leading causes of death, arthritis is the most common cause of disability, with nearly 19 million Americans reporting activity limitations (Source: Prevalence of doctor-diagnosed arthritis and arthritis-attributable activity limitation—United States, 2003–2005. MMWR 2006; 55:1089–1092); and diabetes continues to be the leading cause of kidney failure, non-traumatic lower-extremity amputations, and blindness among adults, aged 20-74. (Source: National diabetes fact sheet, 2007. U.S. Department of Health and Human Services; 2008)

The State Cancer Profiles compiled by the National Cancer Institute list Ford County Priority Level 4 for all cancers when compared to Illinois, which means that the cancer rate overall is stable however still above the State rate; and also, Priority Level 4 when compared to the United States with cancer rates above the U.S. rate. (Source: http://statecancerprofiles.cancer.gov/; Death Rate/Trend Comparison by Cancer, death years through 2010 Illinois Counties versus Illinois All Cancer Sites, All Races, Both Sexes 2010)

The following is a list of leading causes of death in Ford County for 2008, 2009, and 2010:

Leading Causes of Death in Ford County			
	2008	**2009**	**2010**
Diseases of heart	51	42	48
Malignant neoplasms	40	44	47
Cerebrovascular diseases (stroke)	10	9	11
Chronic lower respiratory diseases	14	9	8
Accidents	13	4	5
Alzheimer's Disease	11	18	11
Diabetes mellitus	3	1	2
Influenza and pneumonia	7	6	3
Nephritis, nephrotic syndrome and nephrosis	8	5	7
Septicemia	5	5	2
Intentional self-harm (suicide)	0	3	2
Chronic liver disease and cirrhosis	2	0	1
All other causes	46	48	51



Risk Factors

Heart disease is one of the leading causes of death in Ford County. There are some "risky" behaviors that are specifically associated with heart disease as well as other poor health outcomes and health problems. Some of these risk factors related to behaviors have increased in Ford County. The number of adult smokers has increased 2.3% and the number of obese adults has increased overall 3.5%. There are also changes in physical activity and nutrition some are healthy and others are not as healthy. The following "dashboard" demonstrates **positive** and **negative** changes in risky behaviors related to heart disease and other illnesses. The comparisons are for 2004-2006 to 2007-2009:

Behavior Risk Factor Surveillance System Comparison Data Ford County

Risk Factor	2004-2006	2007-2009	% changed
Smoker	20.7%	23%	2.3% ↑
Smoking is not allowed anywhere inside your home	65%	70.8%	5.8% ↑
Told (you have) high blood pressure	32%	30.5%	2.5% ↓
Taking blood pressure medicine	80.2%	84.2%	4.0% ↑
Told cholesterol high	35.4%	37.4%	2.0% ↑
Underweight/normal	35.8%	38.2%	2.4% ↑
Overweight	40.5%	34.6%	5.9% ↓
Obese	23.7%	27.2%	3.5% ↑
Meets orexceeds recommended physical activity standard	40.3%	48.4%	8.1% ↑
Does not meet activity standard	47.0%	40.0%	7.0% ↓
Inactive	12.7%	11.6%	1.1% ↓
<3 servings fruits and vegetables per day	54.5%	53.9%	0.6% ↓
3-4 servings fruits and vegetables per day	32.4%	34.0%	1.6% ↑
>5 servings fruits and vegetables per day	12.2%	13.1%	0.9% ↑

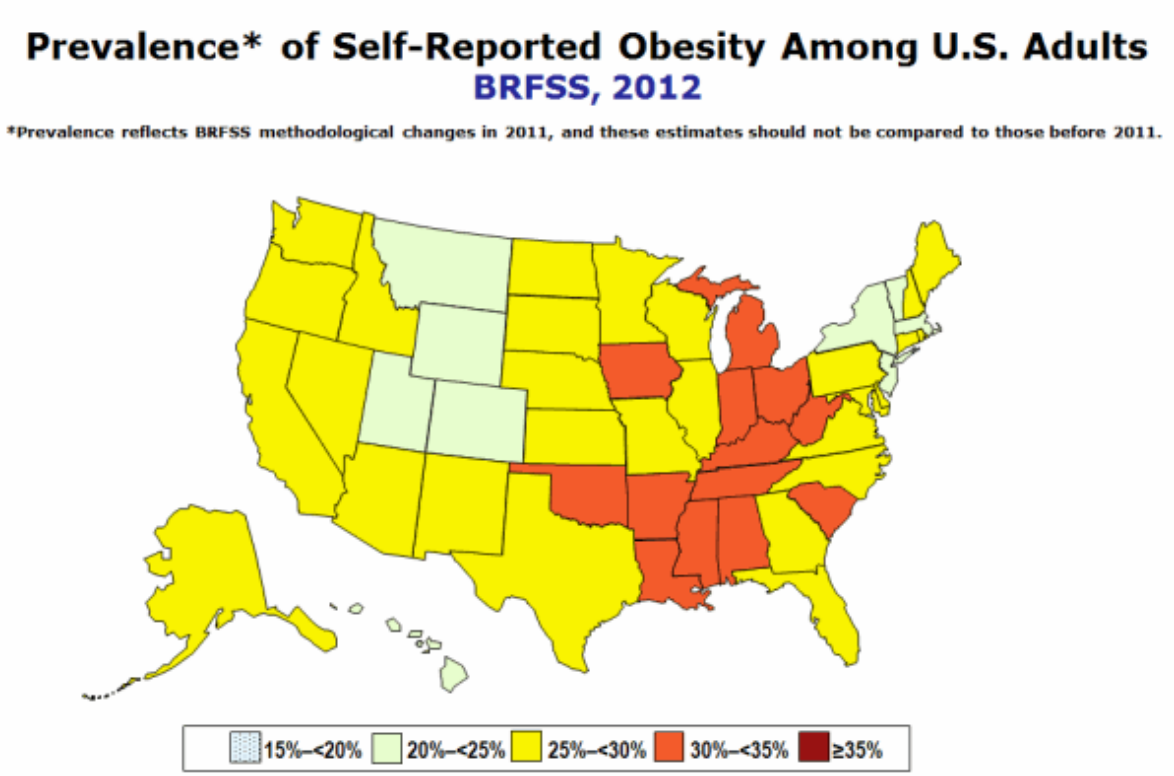
Obesity is a problem plaguing every community in our nation. The following examines Ford County changes in weight. The change in "overweight" is positive, the number of Ford County residents considered *"overweight"* decreased from 2004-2006 to 2007-2009. However, the number of *"obese"* individuals increased from 2004-2006 to 2007-2009 in all age groups. Obesity has an impact on an individual's overall health and specifically exacerbates the following chronic illnesses: diabetes, heart disease, and hypertension.

At risk for health problems related to being overweight (based on body mass index calculated from height and weight (BMI)) by Age			
Risk Factor: Overweight	**2004-2006**	**2007-2009**	**% changed**
18 – 24	*	*	*
25-44	39.8%	32.0%	**7.8% ↓**
45 – 64	41.3%	37.5%	**3.8% ↓**
65+	41.8%	41.2%	**0.6% ↓**

At risk for health problems related to being overweight (based on body mass index calculated from height and weight (BMI)) by Age			
Risk Factor: Obese	**2004-2006**	**2007-2009**	**% changed**
18 – 24	*	*	*
25-44	27.4%	30.7%	**3.3% ↑**
45 – 64	27.8%	28.7%	**0.9% ↑**
65+	23.0%	27.2%	**4.2% ↑**

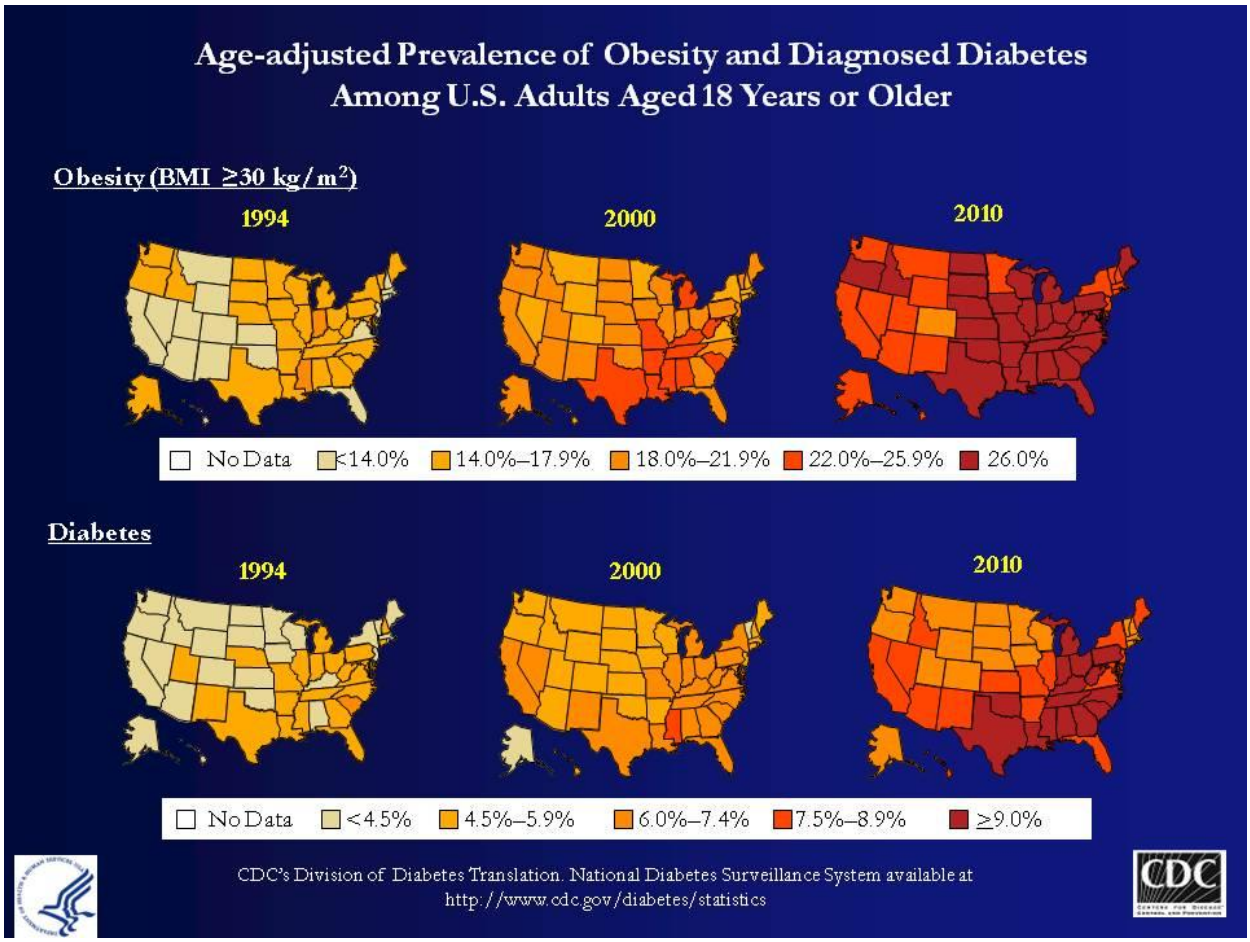
Source: Behavioral Risk Factor Surveillance System Data

The graph below demonstrates Illinois' Self-Reported Obesity Among Adults in 2012 at 28.2%. (Source: http://www.cdc.gov/obesity/data/adult.html#Socioeconomic)



During the past 20 years, there has been a dramatic increase in obesity in the United States and rates remain high. More than one-third of U.S. adults (35.7%) and approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese. (CDC) Based on BFRSS data 2007-2009, Ford County has 32% (7,060) overweight residents and 30.5% (6,731) obese residents. Obesity is associated with a number of serious health conditions including heart disease, diabetes, and some cancers.

The following information depicts the seriousness the Nation's obesity epidemic and the relationship to diabetes including Illinois.



To quote the Illinois SHIP (pg 3), "obesity, sedentary lifestyle, and poor nutrition are risk factors for numerous chronic diseases and they exacerbate others, including heart disease, diabetes, hypertension, asthma, and arthritis. Obesity has reached an alarming rate in Illinois, with 62 percent of adults overweight; 21 percent of children are obese, the fourth (4^{th}) worst rate in the nation. The Illinois public health system must act quickly to reverse this epidemic through: implementation of individual, family, environmental, and policy initiatives to increase physical activity (and) implementation of individual, family, environmental, and policy initiatives to improve nutrition."

Infectious Disease

Sexually transmitted diseases (STDs) affect individuals of all ages especially ages 15-24. CDC estimates that this age group accounts for approximately 25% of the sexually active population, but accounts for 50% of the 20 million new sexually transmitted infections that occur in the United States each year.(CDC) Each of these infections is a potential threat to an individual's immediate and long-term health and well-being. An STD not only increases a person's risk for HIV infection, it can lead to severe reproductive health complications, such as infertility and ectopic pregnancy. Both young men and young women are heavily affected by STDs — but young women face the most serious long-term health consequences. It is estimated that undiagnosed STDs cause 24,000 women to become infertile each year. Also, health care spending for STDs is estimated to be $16 billion annually.

Based on the United States Facts from CDC's annual report, *Sexually Transmitted Disease Surveillance, 2012,* state and local STD case reports from a variety of private and public sources indicate the majority of STD cases are reported in non- STD clinic settings, such as private physician offices and health maintenance organizations; and, many cases of Chlamydia, gonorrhea, and syphilis continue to go undiagnosed and unreported.

In addition, data on several additional STDs — such as human papillomavirus (HPV) virus, herpes simplex virus, and trichomoniasis — are not routinely reported to CDC. As a result, the annual surveillance report captures only a fraction of the true burden of STDs in America. This probably holds true for every local community in the State of Illinois including Ford County. However, it is important to review, analysis, seek insights and monitor trends related to STD diagnoses at the local level, state level and for the country.

The following is a "Snapshot: STDs in the United States, 2012"

Chlamydia

- Cases reported in 2012: 1,422,976
- Rate per 100,000 people: 456.7; overall stable (increase of 0.7%) since 2011

Gonorrhea

- Cases reported in 2012: 334,826
- Rate per 100,000 people: 107.5; 4.1% increase since 2011

Syphilis (primary and secondary)

- Cases reported in 2012: 15,667
- Rate per 100,000 people: 5.0; 11.1% increase since 2011
- The rate increase was solely among men, particularly gay and bisexual men

Syphilis (congenital)

- Cases reported in 2012: 322
- Rate per 100,000 live births: 7.8; 10% decrease since 2011

STD Information for the State of Illinois

Chlamydia and Gonorrhea – Chlamydia and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease, which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain. In 2008, Illinois:

- Ranked 9th among 50 states in Chlamydia infections (460.4 per 100,000 persons) and ranked 8th among 50 states in gonorrheal infections (160.9 per 100,000 persons).
- Reported rates of Chlamydia among women (661.3 cases per 100,000) were 2.6 times greater than those among men (253.4 cases per 100,000).

Syphilis – Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern United States and some urban areas.

- Illinois ranked 13th among 50 states, with 4.3 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases decreased from 54 in 1999 to 20 in 2008.

HIV/AIDS Epidemic

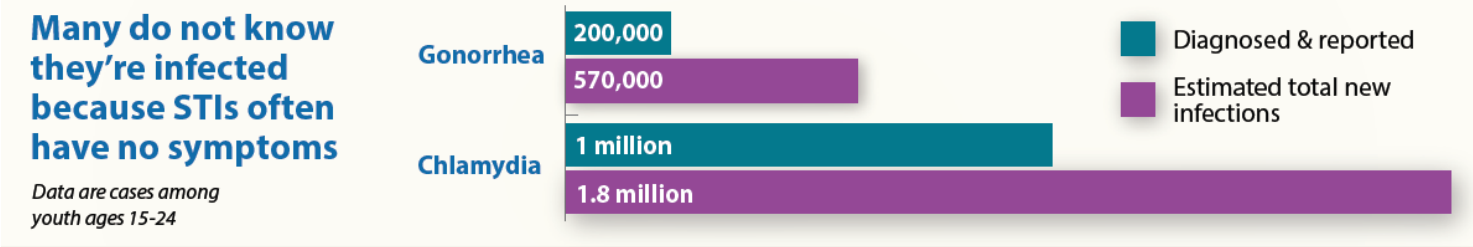
HIV/AIDS has claimed the lives of more than 550,000 Americans. Today, about 1.1 million Americans are living with HIV, the virus that causes AIDS, and one fifth of those infected are unaware of their infection. Illinois reported 37,880 AIDS cases to CDC, cumulatively, from the beginning of the epidemic through December 2008.

- Illinois ranked 8th highest among the 50 states in cumulative reported AIDS cases.

(**Source: IllinoisProfile2010:** http://www.idph.state.il.us/home.htm **CDC:** http://www.cdc.gov/nchhstp/)

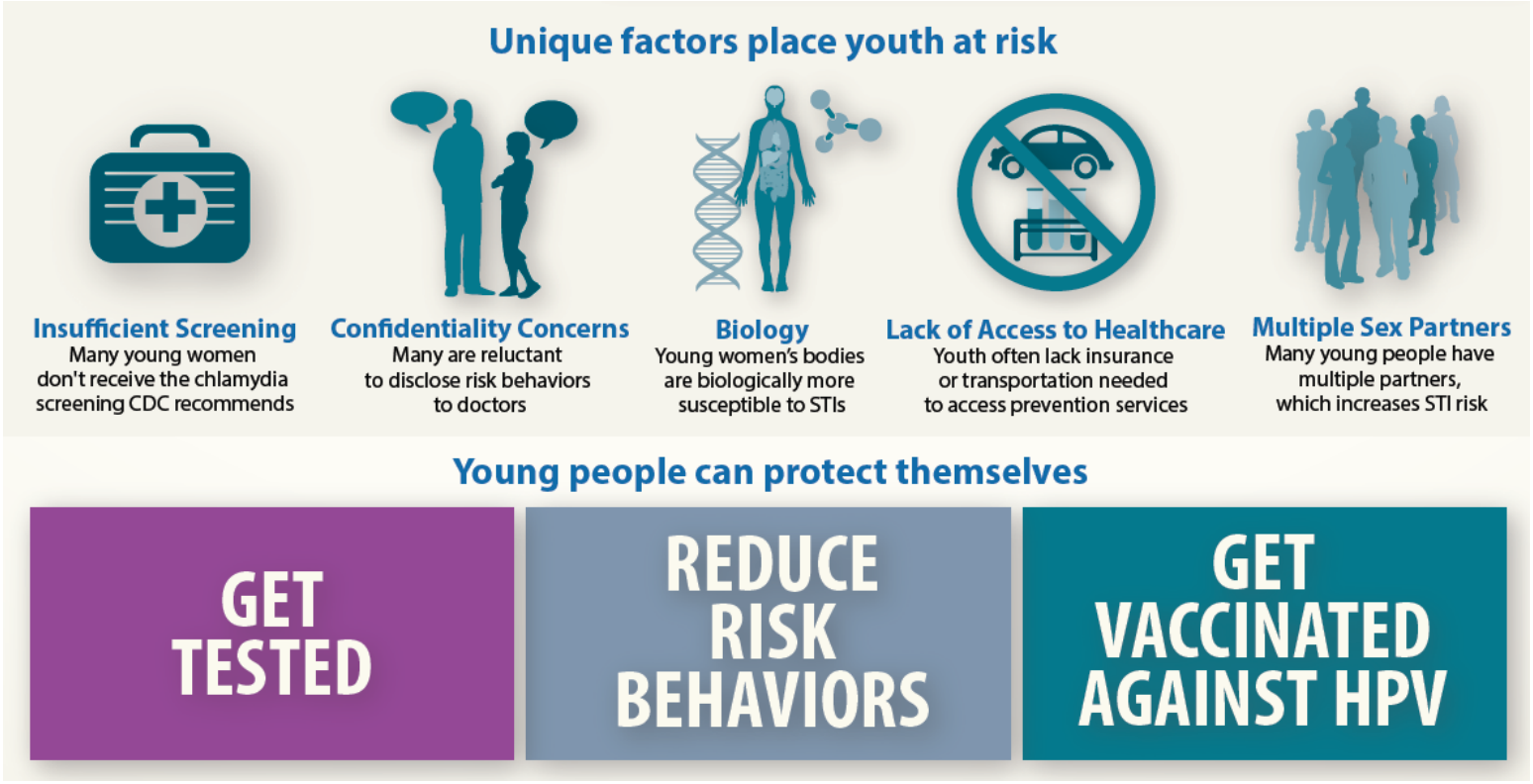
Ford County STD Information

Fortunately, Ford County has not seen significant increases in STD reported cases. However, based on national data, there are more than likely significant numbers of unreported cases particularly among youth ages 15-24. See graphic below for estimates:



Source: CDC

There are a number of unique factors that place the youth of Ford County at particularly high risk for harm from STDs. Undetected and unreported cases are only two (2). The info-graphic below has been provided by the CDC for use in STD education and prevention. The risk factors shown are significant and require action. Even though Ford County STD statistics have remained somewhat stable and low, the goal is to continue to have low rates of STDs and prevent future health problems caused by STDs and specially those associated with HPV. The info-graphic highlights some information that may or may not have been thought about by adults and young people regarding STDs and states in simple terms what they can do to protect themselves.



The following represents numbers of reported cases of Chlamydia, Early Syphilis, and Gonorrhea in Ford County from 2008 – 2012.

Sexually Transmitted Infections (STI) by Year										
STI	2008		2009		2010		2011		2012	
	Ford	Illinois	Ford	Illinois	Ford	Illinois	Ford	Illinois	Ford	Illinois
Chlamydia	27	59,169	31	60,542	26	60,672	32	64,939	36	67,701
Gonorrhea	4	20,674	1	19,962	8	15,777	4	17,037	6	18,149
Early Syphilis	*		*		*		*		*	

* No data available for the selected
(Data Source: Illinois Department of Public Health (IDPH) IQuery; STD Morbidity Case Report; IDPH Sexually Transmitted Diseases Section.)

Sexually Transmitted Infections (STI) by Year by Gender										
STI	2008		2009		2010		2011		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Chlamydia	4	23	7	24	7	19	8	24	9	27
Gonorrhea	1	3	1	0	3	5	0	4	0	6
Early Syphilis	1	*	*	*	*	*	*	*	*	*

* No data available for the selected
(Data Source: Illinois Department of Public Health (IDPH) IQuery; STD Morbidity Case Report; IDPH Sexually Transmitted Diseases Section.)

The following is numbers of HIV and AIDS cases in Ford County as of December 31, 2011 and cumulative cases since 2005:

County	**HIV Incident Cases**			**AIDS Cases**			**HIV**	**AIDS**
	Diagnosed as of 12/31/11	Cumulative Cases Diagnosed Since 2005	2005-2011 HIV Diagnosis Rate	Diagnosed as of 12/31/11	Cumulative Cases Diagnosed Since 2005	2005-2011 AIDS Diagnosis Rate	HIV (non-AIDS) Living as of 12/31/11	AIDS Living as of 12/31/11
Ford	0	0	0.0	1	2	2.1	0	2

(Source: Illinois HIV/AIDS/STD MONTHLY SURVEILLANCE UPDATE December 2011; Illinois Department of Public Health.)

The following are CDC screening recommendations for STDs

- Annual Chlamydia screening for all sexually active women age 25 and under, as well as older women with risk factors such as new or multiple sex partners.
- Yearly gonorrhea screening for at-risk sexually active women (e.g., those with new or multiple sex partners, and women who live in communities with a high burden of disease).
- Syphilis, HIV, Chlamydia, and hepatitis B screening for all pregnant women, and gonorrhea screening for at-risk pregnant women starting early in pregnancy, with repeat testing as needed, to protect the health of mothers and their infants.
- Screening at least once a year for syphilis, Chlamydia, gonorrhea, and HIV for all sexually active gay, bisexual, and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3-to-6 month intervals). In addition, MSM who have sex in conjunction with illicit drug use (particularly methamphetamine use) or whose sex partners participate in these activities should be screened more frequently.

Environmental, Occupational and Injury Control

In 2014, based on Robert Wood Johnson Foundation (RWJF) County Health Rankings the physical environment category for Ford County ranked 52 out of 102 counties. There was a dramatic decrease in ranking by 29 positions from 2013. Even more disturbing is that in 2011 Ford County ranked number 2 of 102. The Ranking Information below provides specifics regarding variations from year-to-year.

Overall, Ford County air pollution and access to healthy foods appear to have changed significantly. In 2011, there were zero (0) days of air pollution—particulate matter days and zero (0) days of air pollution—ozone days and in 2014 the number spiked to 13.2.

Robert Wood Johnson Foundation County Health Rankings for Ford County Information								
Health Outcomes and Health Factors	**YEAR**							
	2011		**2012**		**2013**		**2014**	
	Ford	**Illinois**	**Ford**	**Illinois**	**Ford**	**Illinois**	**Ford**	**Illinois**
Physical Environment (Overall Ranking of 102 counties)	2		20		23		52	
Air pollution-particulate matter days	0	3	0	3	12.3	12.3	13.2	12.5
Air pollution-ozone days	0	4	0	4				
Access to healthy foods	38%	53%						
Access to recreational facilities	36	10	22	10	14	10		
Limited access to health foods			12%	4%	5%	4%		
Fast food restaurants			48%	51%	44%	50%		
Drinking water safety					0%	3%	0%	3%
Severe housing problems							10%	18%
Driving alone to work							81%	73%
Long commute-driving alone							36%	39%

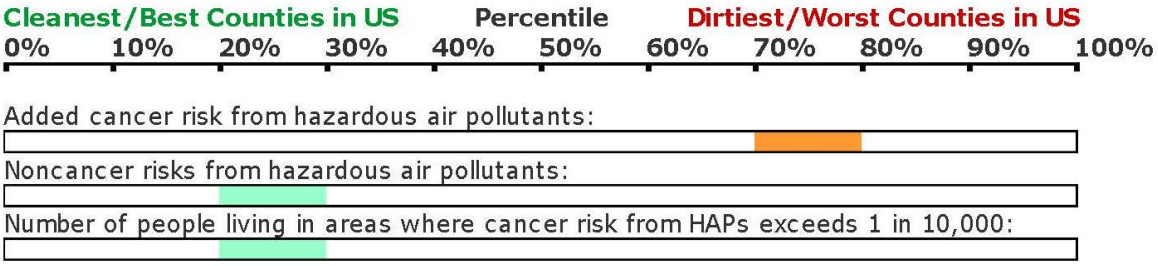
(Source: Robert Wood Johnson Foundation County Health Rankings & Roadmaps; 2011, 2012, 2013, 2014.)

Air Quality

Air Quality Rankings: Health Risks, Exposure, and Emissions

Regarding hazardous air pollutants, Ford County ranks 53; and, in regard to individual's added risk for cancer. Ford ranked 81. In the area of "cancer risk exceeds 1 in 10,000" and with a noncancer cumulative hazards index Ford is 98. The total environmental releases of 736243 pounds ranks Ford at 27. The noncancerous risk related to pounds of Toluene equivalents ranks Ford County at 71. From 1995 to 2002 the total noncancer risk scores have increased by 112%, with Hydrochloric Acid (23,000) and N-hexane (22,000) pounds of toluene-equivalent releases.

- Ranking Areas by Health Risk



Cancer Risks from Hazardous Air Pollutants:

Average individuals added cancer risk: 380 per 1,000,000

Population in areas where cancer risk exceeds 10^{-3}: 0

Population in areas where cancer risk exceeds 10^{-4}: 14,241

HAP with the highest contribution to cancer risk: DIESEL EMISSIONS

Noncancer Hazards from Hazardous Air Pollutants:

Average individual's cumulative hazard index: 10.52

Population in areas where hazard index exceeds 1: 0

HAP with the highest ccontribution to noncancer hazards: DIESEL EMISSIONS

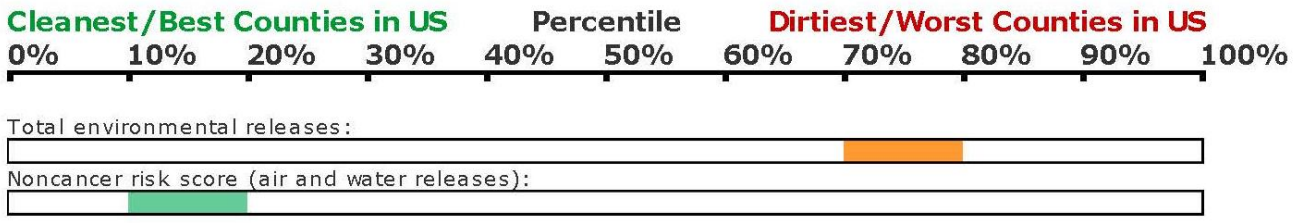
(Source: Scorecard Good Guide; The Pollution Information Site; http://scorecard.goodguide.com)

"Average Individual's Added Cancer Risk" (per 1,000,000) is the estimated individual risk of getting cancer due to a lifetime exposure to outdoor hazardous air pollutants. Because the Clean Air Act's goal is to reduce lifetime cancer risks from hazardous air pollutants (HAPs) to one in one million, Scorecard* expresses added cancer risk in these units: an added risk of 550 per 1,000,000, for example, is 550 times higher than the Clean Air Act goal" Ford County's level is 430 per 1,000,000.

**Scorecard is a website resource for information about pollution problems and toxic chemicals. Scorcard combines exposure data from the U.S. EPA's National Scale Air Toxics Assessment and toxicity data to estimate the health risks posed by chemical pollutants in ambient air.*

"Cumulative hazard index" is the total hazard index, summing over all HAPs with noncancer effects in an area. Each HAP contributes its single chemical hazard index to the total. Scorecard calculates a cumulative index across all health effects and also effect-specific hazard indices (for neurotoxicity, reproductive toxicity, etc.)" "To attain the Clean Act's goal of "an ample margin of safety to protect public health," a chemical's hazard index should be substantially below one. A hazard index of 55, for example, is 55 times higher than the Clean Air Act goal." Ford County's level is 0.52.

- **2002 Rankings: Major Chemical Releases or Waste Generation in FORD County***

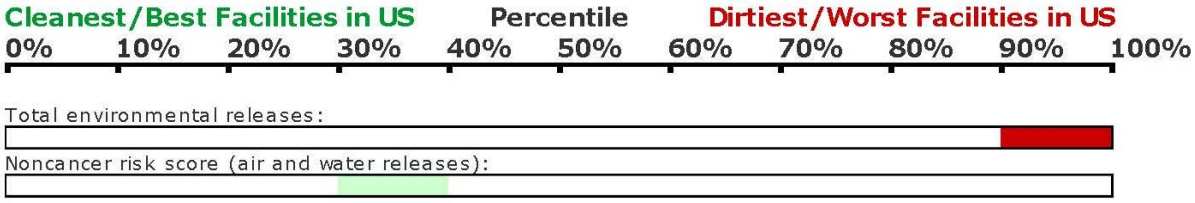


- **2002 TRI Pollution Releases Sorted by Health Effect***

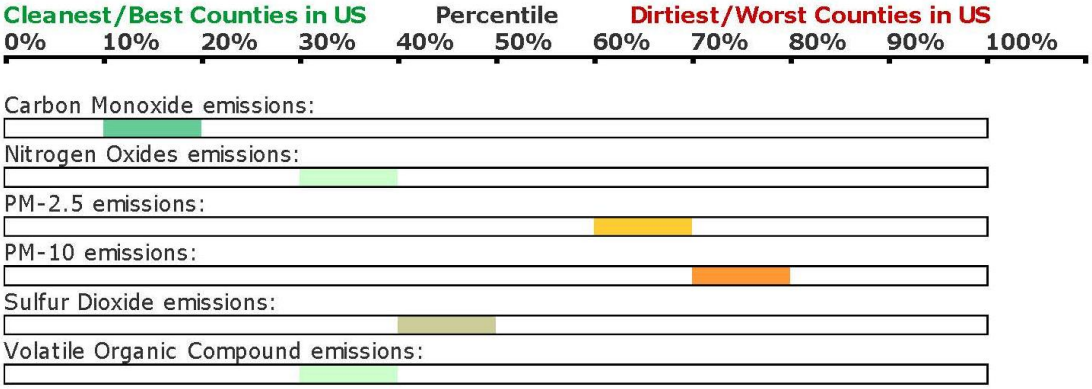
	Air Releases (Pounds from TRI sources)	Water Releases (Pounds from TRI sources)
Suspected Developmental Toxicants	734,343	
Suspected Immunotoxicants	1,900	
Suspected Gastrointestinal or Liver Toxicants	1,900	
Suspected Musculoskeletal Toxicants	1,900	
Suspected Neurotoxicants	734,343	
Suspected Reproductive Toxicants	734,343	
Suspected Respiratory Toxicants	736,243	
Suspected Skin or Sense Organ Toxicants	1,900	

There is concern for the future health of Ford's residents due to high concentration releases of an environmental toxin called N-Hexan. The quality of Ford County's air is being affected by a local factory strategically located in the path of the prevailing west winds. The factory in Gibson City is responsible for "Total Environmental Releases" of 734,343 N-Hexan. See graph below:

2002 Rankings: Major Chemical Releases or Waste Generation at This Facility*



- **Air Quality Rankings: Health Risks, Exposure, and Emissions**



1999 Emissions Summary of Criteria Air Pollutants (Expressed in tons of pollutant emitted)

	Carbon monoxide	Nitrogen oxides	PM-2.5	PM-10	Sulfur dioxide	Volatile organic compounds
Mobile Sources	3,847	1,571	249	1,133	196	459
Area Sources	173	196	1,226	5,927	80	601
Point Sources	17	39	445	940	3	706
All Sources	4,037	1,806	1,919	8,000	279	1,766

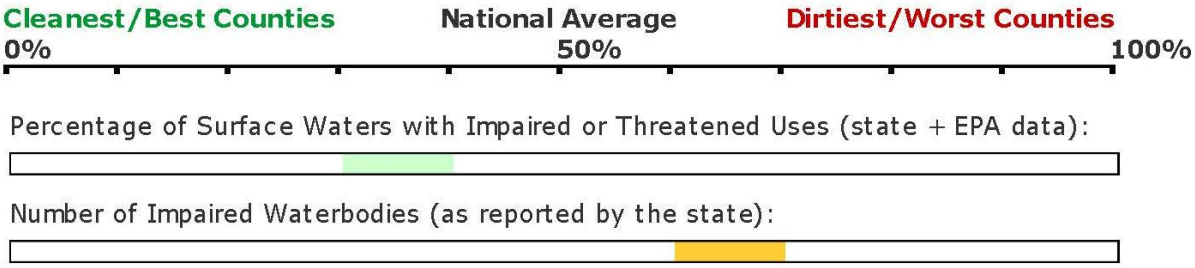
Water Quality

Ford County contains portions of five (5) watersheds. These watersheds are the Iroquois, Mackinaw, Upper Sangamon, and two (2) sections of the Vermilion. The percentage of surface waters with impaired or threatened uses are ranked with the Upper Sangamon at 14, both sections of the Vermilion at 36, the Iroquois at 37, and the Mackinaw at 47.

There are 34 waterbodies within the five (5) watersheds that have reported percentage of surface water problems with the state and the EPA data (4%) and as a result are ranked Upper Sangamon 14th, Vermilion 19th, Iroquois and Mackinaw both at 26th for impaired waterbodies. Of the 34 waterbodies, nine (9) are ranked as high priority for regulations.

Waterbodies are divided into Total Daily Maxim Load (TDML) development categories. The TDML is a calculated quality standard developed to determine the maximum amount of a pollutant that a waterbody can receive and still meet water quality standards. There nine (9) water bodies targeted by the EPA "high" to bring into regulation. The top three leading sources of water quality problems that impair the rivers, streams and creeks within Ford County are agriculture runoff, Municipal Point Source Discharge, and hydromodification/ habit modification.

- Clean Water Act Comparative Ranking



NOTE: Data limitations affect the accuracy of these rankings.
(Source: *Scorecard.goodguid.com)*

Beneficial Use Most Frequently Impaired	**Percent of All Impairments**
Overall Use	94%
Aquatic life Support	71%
Primary contact recreation (Swimming)	74%
Fish Consumption	74%
Secondary Contact Recreation (Boating)	29%
Drinking Water Supply	6%

Leading Pollutants/Stressors	**Percent Water Bodies Affected**
Sediments	83%
Nutrients	83%
Low Dissolved Oxygen/Organic Enrichment	21%
Ammonia	12%
Salinity/TDS/Chlorides	8%

Scorecard.goodguid.com

Priority for Regulation	Number of Waterbodies
Targeted	0
High	9
Medium	14
Low	11
Not Assessed for TMDL Priority	0
Not Reported to US EPA for TMDL Priority	0

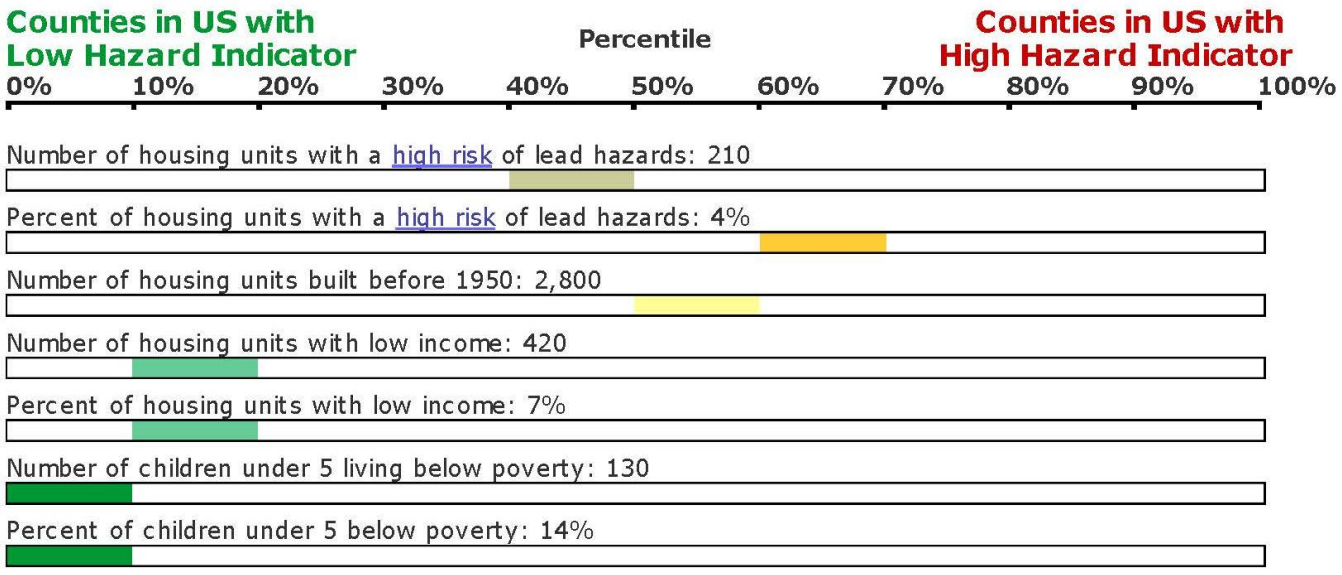
Lead Poisoning Hazard

Lead poisoning is one of the foremost environmental health threats to children in the U.S. Almost a half million children - 2.2% of all pre-schoolers - have enough lead in their blood to reduce intelligence and attention span, cause learning disabilities, and damage permanently a child's brain and nervous system. Most children are poisoned by lead in and around their home when they are exposed to harmful levels of lead-contaminated dust, deteriorated lead-based paint, and lead-contaminated soil. Scorecard identifies the communities with the worst lead hazards. Lead risk for Ford's children is a concern because of the high number of older homes and apartments. There is a percentage of children living in per-1980 housing and those children are at risk. The public health department tests and reports any elevated blood levels in accordance with the Lead Poisoning Prevention Act. The following is information regarding lead hazards in Ford.

Ford County compared to other counties in Illinois:

County: FORD

- Lead Hazard Indicators and Comparative Rankings

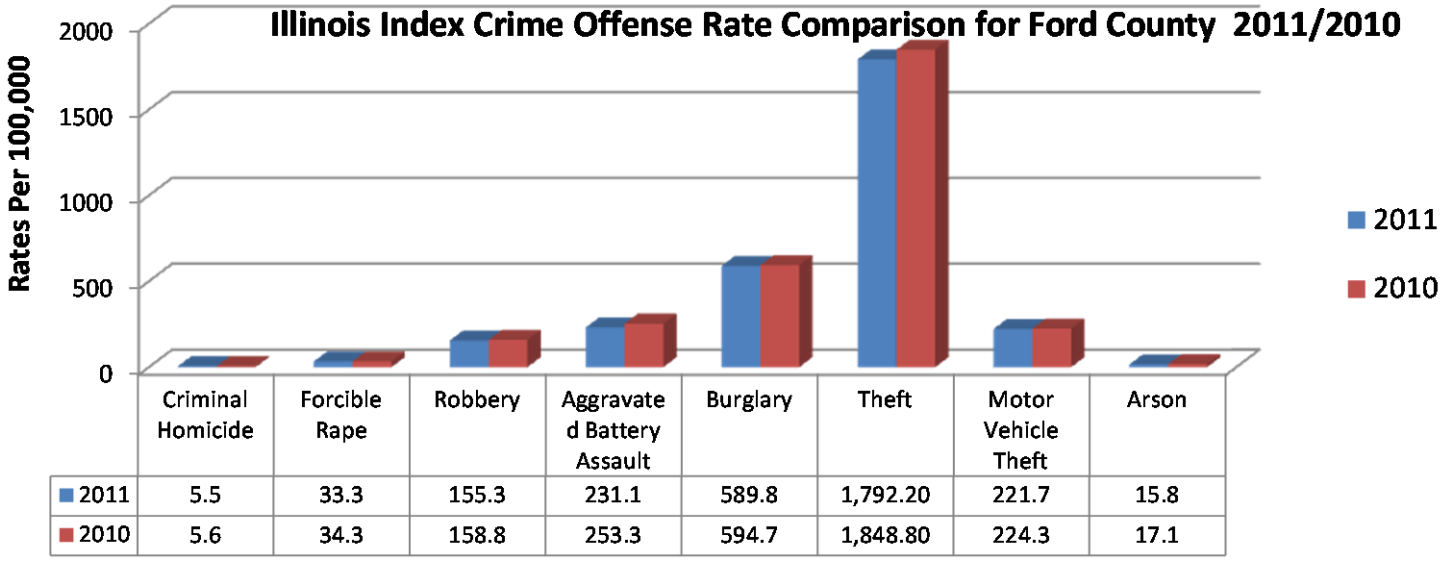


Violence

Violence is a serious public health problem. From infants to the elderly, it affects people in all stages of life. In 2010, the United States had over 16,250 homicides and over 38,360 took their own life. Nearly 180,000 people die from violence and injuries each year–nearly 1 person every 3 minutes. (Source: http://www.cdc.gov/injury/wisqars/.) The number of violent deaths is tragic for every victim and unfortunately just the beginning. Many survive violence and are left with permanent physical and emotional scars. They, their families, and friends are faced with life-long mental, physical, and even financial problems. Violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services.

Violence and injuries affect EVERYONE, regardless of age, race, or economic status. In the first half of life, more Americans die from violence and injuries — such as motor vehicle crashes, falls, or homicides — than from any other cause, including cancer, HIV, or the flu. (Source: CDC)

In 2011, the State of Illinois had 395,484 total criminal offenses in the following categories: criminal murder, rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson. For Ford County totals see the graph below:



	Criminal Homicide	Forcible Rape	Robbery	Aggravated Battery Assault	Burglary	Theft	Motor Vehicle Theft	Arson
2011	5.5	33.3	155.3	231.1	589.8	1,792.20	221.7	15.8
2010	5.6	34.3	158.8	253.3	594.7	1,848.80	224.3	17.1

(Source: Crime Trends Illinois State Police, 2009)

The following depicts numbers of cases filed and arrests for crimes in Ford County from 2005 – 2011. Any crime is too much crime; however, overall, Ford County does not have a high rate of documented violent crimes. Additionally, since 2005, the number of "Misdemeanor Cases Filed" has decreased overall; however, "Total Felony Arrests" has changed from one year to another every year. Some years the arrests have increased and some have decreased. The rate has remained relatively consistent until 2011; and, there was a significant increase. There is additional information below this table demonstrating

Illinois Uniform Crime Reports (I-UCR) Index and Drug Arrests
Ford County 2005 - 2011

CRIME	2005	2006	2007	2008	2009	2010	2011
Misdemeanor Cases Filed	244	253	253	259	224	219	189
Total Felony Arrests	155	163	179	136	142	95	201
Violent Index Arrests	41	28	31	27	25	10	17
Murder Arrests	1	0	0	0	0	0	0
Criminal Sexual Assault Arrests	2	1	1	1	2	0	1
Robbery Arrests	2	2	0	1	0	0	1
Aggravated Assault	36	25	30	25	23	10	15
Total Property Index Arrests	33	48	58	52	39	25	60
Burglary	8	12	17	21	8	14	21
Theft	23	34	37	31	27	11	35
Motor Vehicle Theft	2	2	4	0	2	0	2
Arson	0	0	0	0	2	0	2
Total Drug Arrests	81	87	90	57	78	60	124

Note: Index arrests include Violent Index offenses (murder, criminal sexual assault, robbery, aggravated assault) and Property Index arrests (burglary, theft, motor vehicle theft, arson).

Source: Illinois State Police

Crime Rates a comparison of in 2011 and 2010 for Ford County.

Illinois Criminal Justice Information Authority (ICJIA) uses the latest data published in Crime in Illinois by the Illinois by the Illinois State Police and the latest population estimates provided by the National Center for Health Statistics. Counties may not add up to the state total if the state total was updated in a later edition of Crime in Illinois.

2011 Population: 13,976
2010 Population: 14,081

Ford County

Index Crime Offenses/Crime Rate Comparison 2011/2010

Year	Total Index Crime Offenses	Criminal Homicide	Forcible Rape	Robbery	Aggravated Battery/ Assault	Burglary	Theft	Motor Vehicle Theft	Arson
2011	299	0	6	1	40	83	159	8	2
2010	231	0	0	1	37	63	123	5	2
% Chg	29.4%	N/C	N/C	0.0%	8.1%	31.7%	29.3%	60.0%	0.0%
2011	(2,139.4)	(0.0)	(42.9)	(7.2)	(286.2)	(593.9)	(1,137.7)	(57.2)	(14.3)
2010	(1,640.5)	(0.0)	(0.0)	(7.1)	(262.8)	(447.4)	(873.5)	(35.5)	(14.2)
% Chg	(30.4%)	(N/C)	(N/C)	(1.4%)	(8.9%)	(32.7%)	(30.2%)	(61.1%)	(0.7%)

Rate per 100,000 is in parentheses.

Index Crime Arrest Rate Comparison 2011/2010

Year	Total Index Crime Offenses	Criminal Homicide	Forcible Rape	Robbery	Aggravated Battery/ Assault	Burglary	Theft	Motor Vehicle Theft	Arson
2011	77	0	1	1	15	21	35	2	2
2010	35	0	0	0	10	14	11	0	0
% Chg	120.0%	N/C	N/C	N/C	50.0%	50.0%	218.2%	N/C	N/C
2011	(550.9)	(0.0)	(7.2)	(7.2)	(107.3)	(150.3)	(250.4)	(14.3)	(14.3)
2010	(248.6)	(0.0)	(0.0)	(0.0)	(71.0)	(99.4)	(78.1)	(0.0)	(0.0)
% Chg	(121.6%)	(N/C)	(N/C)	(N/C)	(51.1%)	(51.2%)	(220.6%)	(N/C)	(N/C)

Rate per 100,000 is in parentheses.

Drug Crime Arrest Comparison 2011/2010

Year	Rate per 100,000	Total Drug Arrests	Cannabis Control Act	Controlled Substances Act	Hypodermic Syringes/ Needle Act	Drug Paraphernalia Act	Methamphetamine Act
2011	894.4	125	44	34	1	45	1
2010	426.1	60	33	5	0	22	0
% Chg	109.9%	108.3%	33.3%	580.0%	N/C	104.5%	N/C

Supplemental Data and Hate Crime Total Offenses Reported 2011/2010

Year	Domestic Related Offenses	Crimes Against Children	Attacks Against School Personnel	Hate Crime
2011	59	6	0	0
2010	43	6	0	0
% Chg	37.2%	0.0%	N/C	N/C

UCR Reporting Agencies' Index Crime Offenses
(Excludes State Agencies)

Agency	V *	Year	Population	Rate per 100,000	Total Index Crime	Criminal Homicide	Forcible Rape	Robbery	Aggravated Assault/ Battery	Burglary	Theft	Motor Vehicle Theft	Arson
FORD CO SO	N	2011	5,392	2,856.1	154	0	3	0	22	42	84	3	0
		2010	5,395	3,021.3	163	0	0	1	30	42	84	4	2
		% Chg	-0.1%	-5.5%	-5.5%	N/C	N/C	-100.0%	-26.7%	0.0%	0.0%	-25.0%	-100.0%
GIBSON CITY PD	N	2011	3,417	1,638.9	56	0	2	0	10	20	22	2	0
		2010	3,221	2,111.1	68	0	0	0	7	21	39	1	0
		% Chg	6.1%	-22.4%	-17.6%	N/C	N/C	N/C	42.9%	-4.8%	-43.6%	100.0%	N/C
PAXTON PD	N	2011	4,486	1,984.0	89	0	1	1	8	21	53	3	2
		2010 (1)	4,406	N/C	--	--	--	--	--	--	--	--	--
		% Chg	1.8%	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

The following is regarding the information above:
"County totals reflect crime data reported by police departments and the sheriffs' office located within the county; however, data reported from state agencies is excluded. Below each county primary page is a listing of agencies within the county that submitted data for the 2011 and/or 2010 reporting years. The Sheriff's Department is listed first, followed by an alphabetical listing of the remaining agencies. The index crime rate, as well as index crime offense category totals, is provided for each agency.

Caution should be exercised when reviewing and using this information. Many social factors related to crime and a community's population must be considered when making statistical 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 jurisdiction. A large transient population increases the potential for criminal behavior within a small jurisdiction. The resulting higher population-based crime rate does not compensate for a transient population. The final statistics can lend to the impression that crime is more prevalent due to the exclusion of the transient population in calculation processes."

Sentinel Events

Definition of Sentinel Event:

Sentinel events are those events that are unanticipated or outside the norm. The Joint Commission on Accreditation of HealthCare Organizations defines a sentinel event as: A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response. (Source: Joint Commission on Accreditation of Healthcare Organizations Jan 2011) http://www.jointcommission.org/assets/1/6/2011_CAMBHC_SE.pdf.

Data from the IPLAN Data System for sentinel events is quite old with 2001 and 2004 being the most recent data available for listed events.

Sentinel Events listed from the IPLAN Data System for 2001 include:

Year	Ford County Sentinel Events by Number and Year				
	Infants (0-1) Hospitalization for Dehydration	Children (1-17) Hospitalization for Rheumatic Fever	Children (1-14) Hospitalization for Asthma	Adults (>=18) Tuberculosis	Adults (>=18) Hospitalized for Hypertension
2001	1	0	3	0	10
2000	1	0	6	0	16
1999	2	0	4	1	8
1998	3	0	4	0	5

Source: Illinois Department of Public Health, Illinois State Cancer Registry-November, 2013

Data from the IPLAN Data System (2004) shows that the rate of breast cancer in Ford County is not measurable and therefore much lower than the State's rate (29.8). There were no cases of cervical cancer reported for 2000-2004 for Ford County. Therefore, Ford County numbers were too low in 2004 to determine a rate.

Ford County Sentinel Events – Cancer (Adjusted rate and 5 year number)			
Year	**Cancers**	**Ford County Rate**	**Ford County Number**
2000-2004	In situ Breast Cancer	**	14
	Late Stage Cervix	**	0

**Not measurable

Community Health Plan
2014 – 2019

Reduction of Mucocutaneous Cancers by Increasing HPV Vaccinations

Supportive Data

Reduction of Mucocutaneous Cancers by Increasing HPV Vaccination

With the health problems associated with sexually transmitted infections, the increasing number of cancers in both adults and young adults, and the prevalence of adolescents participating in sexual activity at younger ages, receiving the HPV vaccinations is the most effective preventive method for many health problems, short of abstinence. The Committee's desire is to protect the County's younger population through vaccination not just for the immediate future, but for many years. The utilization of HPV vaccines could potentially prevent cervical cancer cases from vaccinated girls who are now 12 years old or younger over the course of their lifetimes. (Source: Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Caner; A Report to the President of the United States from The President's Cancer Panel 2012-2013) The goal in selecting this health priority is to protect future generations of Ford County residents of many potential health problems through a series of HPV vaccinations.

This uptake effort certainly extends beyond Ford County. There is a tremendous effort to increase the uptake of HPV vaccines for both girls and boys. The efforts extend to the State of Illinois, the United States and around the world. To quote the *President's Cancer Panel Annual Report 2012-2013,* "By supporting HPV vaccination as an urgent national and global health priority, the U.S. National Cancer Program has an unprecedented opportunity to contribute to prevention millions of avoidable cancers and other conditions in men and women worldwide."

In 2012, the estimated vaccination rates for girls ages 13 – 17 completing the HPV series in Illinois was 21.1 percent. (See pictograph below.) Immunization rates for U.S. boys are even lower than girls. Less than 7 percent of boys ages 13 – 17 completed the series in 2012. *Healthy People 2020* goal is for 80 percent of 13 – 15 year-old girls to be fully vaccinated against HPV. The Ford County goal is by 2019, that 50 percent of eligible candidates will be vaccinated with the complete HPV vaccine regimen.

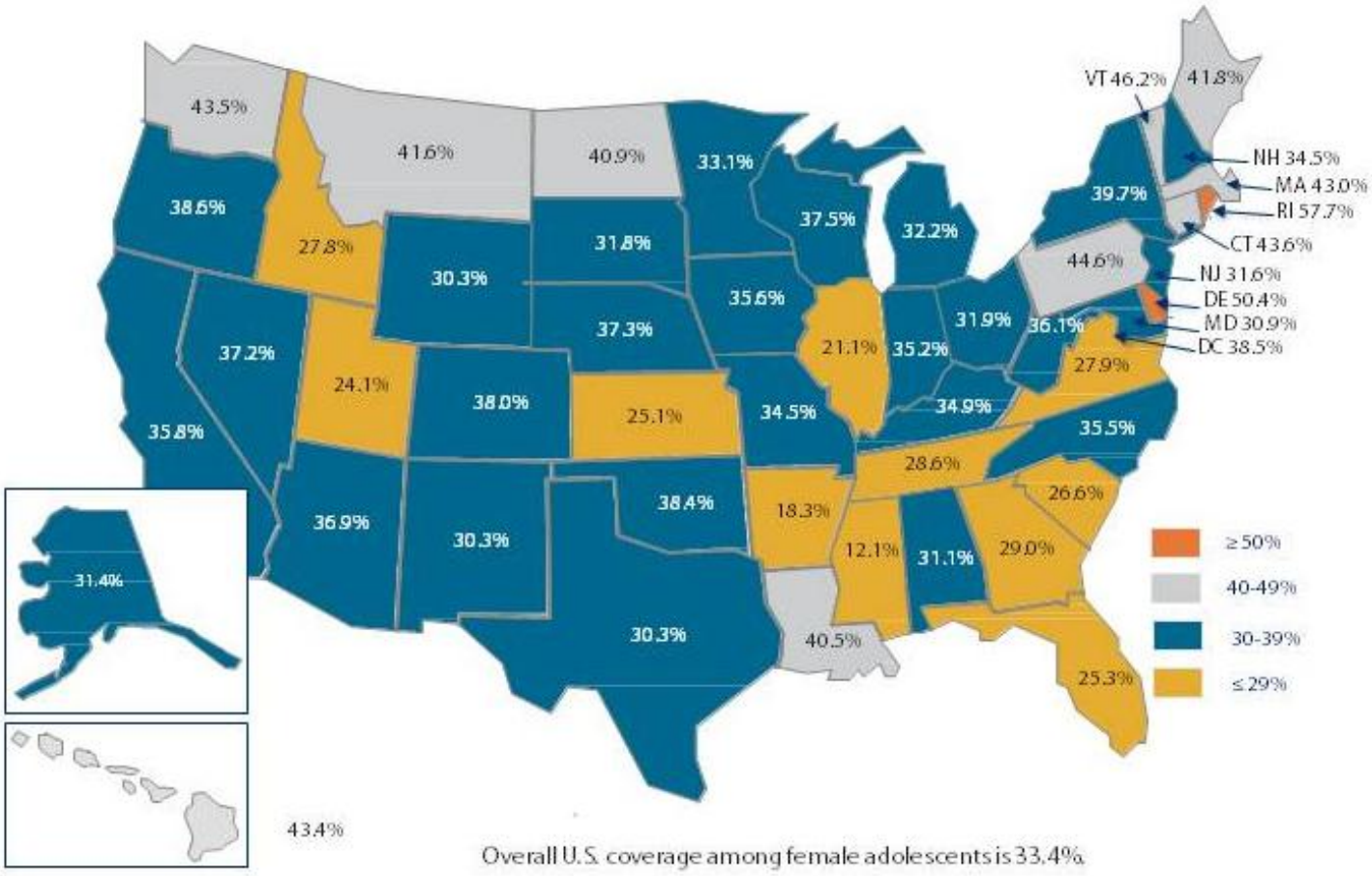
The following table demonstrates the number of 11 – 18 year olds in Ford County:

Age	Both	Male	Female
11 Years	186	89	97
12 Years	202	111	91
13 Years	173	85	88
14 Years	202	114	88
15 Years	201	107	94
16 Years	204	105	99
17 Years	204	107	97
18 Years	191	96	95
TOTAL	1,563	814	749

Source: U.S. Census Bureau, 2010; QT-P2 Single Years of Age and Sex: 2010Census.

Summary File 1, Table PCT12.

Figure 5
Percentage of 13- to 17-Year-Old Girls Completing HPV Vaccine Series, U.S., 2012



Source: Centers for Disease Control and Prevention. National and state vaccination coverage among adolescents aged 13-17 years—United States, 2012. MMWR. 2013 Aug 30;62(34):685-93. Data from National Immunization Survey-Teen (NIS-Teen) among female adolescents (N = 9,058) born between January 6, 1994, and February 18, 2000. Gardasil® or Cervarix® may have been received; more than the recommended three doses may have been received.

Human Papillomavirus (HPV) Is a Real Disease

HPV is a common infection and cause of many health maladies including malignant and non-malignant diseases. The President's Cancer Panel Annual Report 2012-2013 states that "nearly 80 million people in the United States-1 in 4 are infected with at least one strain of over 100 HPV agents." There are approximately 26,000 HPV-attributable cancers annually in the United States. Many of these diseases are assumed to be vaccine preventable. According to a recent U.S. Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC) report more than 21,000 of these diseases are vaccine preventable. While the vast majority of the cancers are cervical in nature, there is an increasing number of anal and oropharngeal in both females and males. This same report states that there are substantial racial and ethnic disparities involved.

While the malignant-HPV diseases are the most alarming, there are many non-malignant diseases that are associated with HPV. Some of the most prominent health-related problems are genital HPV infections. These diseases are the most common sexually transmitted infections (STI). There are more than 40 types of HPV that can infect the genital areas of males and females. These HPV types also infect the mouth and throat.

While in many cases HPV clears by itself before it causes any health problems, and many people who are infected with HPV do not know they have it. There is no certain way to tell who will develop health problems from HPV and how serious those problems may become.

Who is at Risk

Anyone who is having or has ever had sexual contact can get HPV. HPV is so common that nearly all sexually-active men and women will get HPV at some point in their lives; according to a recent article published by the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of STD Prevention, CDC, DHHS.

Related Cancers That May be Caused by HPV

Cervical Cancers
Vulvae Cancers
Vaginal Cancers
Penile Cancers
Oropharangeal Cancers
Anal Cancers in Men and Women

HPV Prevention

The American Academy of Family Practice (AAFP) strongly recommends that it is important to vaccinate against HPV. The AAFP urges primary care clinicians nationwide to talk with parents of young adolescents and encourage them of the efficacy and safety of the HPV vaccine. It is recommended that children, boys and girls, ages 11-18 be vaccinated with the three (3) dose HPV regimen. Yet, according to a July 26, 2013 article in Morbidity and Mortality Weekly Report, only about one-third of teenage girls ages 13-17 had received all three vaccine doses in 2012. The article goes on to state, "It's astonishing that despite a

remarkable effectiveness record, only around a third of U.S. adolescent girls complete HPV vaccination," according to AAFP President Reid Blackwelder, M.D., of Kingsport, TN. He goes on to say that "…countries like Rwanda are immunizing more than four out of five adolescent girls. We have to do better in the U.S."

The Vaccine is Safe.
HPV vaccine has been meticulously studied in both girls and boys. Since 2006, about 57 million doses have been distributed in the United States alone, and the vaccine has not been associated with any long-term side effects. As with other immunizations, most side effects are mild, consisting mainly of pain or redness in the arm in which the vaccine is given. These effects subside quickly.

The Vaccine is Effective.
Extensive clinical trials have shown HPV vaccine to be extremely effective in boys and girls. Studies in the United States and other countries where the vaccine is used demonstrate significant reductions in the incidence of infections caused by HPV types targeted by the vaccine.

The Vaccine is Important.
Simply put, HPV vaccine prevents cancer. In girls, it represents the single best defense against cervical cancer, and it is a key tool in preventing anal and oropharyngeal cancers in both men and women. To maximize the vaccine's benefits, it's essential to administer the complete three-dose series.

Statistics that Are Relevant to HPV Health-Related Issues

- Genital Warts. About 360,000 persons in the U.S. get genital warts each year
- Recurrent Respiratory Papillomatosis (RRP). A condition in which warts grow in the throat. RRP can occur in children (juvenile-onset) and adults (adults-onset). These growths can block the airway, causing a hoarse voice or trouble breathing
- Cervical Cancer. 99.7% of cervical cancer is caused by HPV
- Cancers of the vulva, vagina, penis, anus and oropharynx may be HPV related

Impact of HPV Vaccines

- 70% of cervical cancers are potentially preventable
- Increasing the 3-dose HPV vaccination coverage to 80% of those aged 12 and younger is estimated to prevent 53,000 cases of cervical cancer
- 90% of non-cervical HPV associated cancers are potentially preventable
- 30-70% of Cervical Pap test abnormalities are potentially preventable
- 90% of genital warts are preventable by quadrivalent vaccine

Reasons for Not Being Vaccinated

Parents Report:

- 19% "vaccine not needed"
- 14% "doctor did not recommend the vaccine"
- 13% "concerns about the safety of the vaccine"
- 13% "didn't know about the vaccine"
- 10% "daughter or son is not sexually active and therefore does not need the vaccine"

Providers Report:

- Hesitance to discuss the vaccine if parents express mixed or negative opinions about the vaccine
- More likely to strongly recommend the vaccine to older adolescents than to 11 and 12 year olds
- Financial barriers related to the vaccine's cost and reimbursement

The following information was taken from *Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Caner; A Report to the President of the United States from The President's Cancer Panel 2012-2013* regarding efforts to increase HPV vaccinations. Ford County supports these goals and will work in concert to achieve these recommendations to the fullest possible measure.

Goals Recommended by the President's Cancer Panel

Goal 1: Reduce Missed Clinical Opportunities to Recommend and Administer HPV Vaccines

- CDC should develop, test, disseminate, and evaluate the impact of integrated, comprehensive communications strategies for physicians and other relevant health professionals
- Providers should strongly encourage HPV vaccination of age-eligible males and females whenever other vaccines are administered
- Healthcare organizations and practices should use electronic health records (EHRs) and immunization information systems (IIS), to avoid missed opportunities for HPV vaccination
- Healthcare payers should reimburse providers adequately for HPV vaccines and for vaccine administration and services
- Existing HEDIS quality measure for HPV vaccination of adolescent females should be expanded to include males
- Create a Healthy People 2020 HPV vaccination goal for males

Goal 2: Increase Parents', Caregivers', and Adolescents' Acceptance of HPV Vaccines

- CDC should develop, test, and collaborate with partner organizations to deploy integrated, comprehensive communication strategies directed at parents and other caregivers, and also at adolescents

Goal 3: Maximize Access to HPV Vaccination Services

- Promote and facilitate HPV vaccination in venues outside the medical home
- States should enact laws and implement policies that allow properly trained pharmacists to administer vaccines to adolescents, including younger adolescents
- Overcome remaining barriers to paying for HPV vaccines, including payment for vaccines provided outside the medical home and by out-of-network or non-physician providers

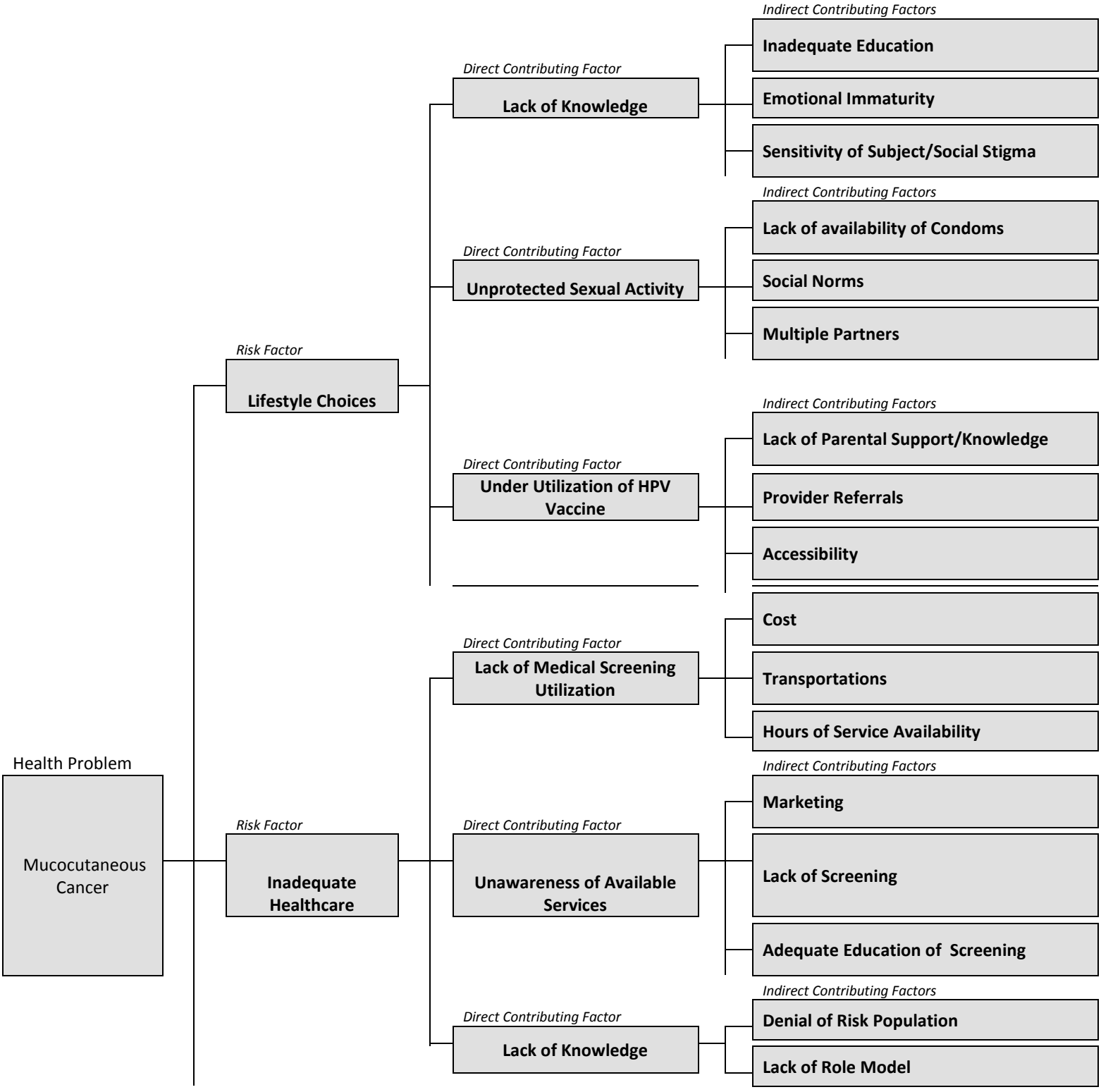
Health Worksheet

Reduction of Mucocutaneous Cancers by Increasing HPV Vaccination

Health Problem: Reduction of Mucocutaneous Cancers by Increasing HPV Vaccinations	**Outcome Objectives:** • By 2019, 50% of all county residents ages 11-18 will have received the full regimen of HPV vaccine.
Risk Factors: • Lifestyle Choices that include, but are not limited to, overall lack of knowledge and education; unprotected sexual activity; lack of preventive medical screening; lack of utilization of the HPV vaccine. • Inadequate Health Care including limited health care for lower income individuals; limited access to HPV vaccines; and cost for vaccines and medical care.	**Impact Objectives:** • By 2017, increase by 25% the eligible county participants receiving the HPV vaccine regimen. • By 2018, increase by 10% the participants receiving HPV screenings, provided by the Gibson Area Hospital Lab.
Contributing Factors (Direct/Indirect): • Lack of knowledge/education • Lack of utilization of HPV vaccine • Lack of utilization of medical screenings • Denial of at-risk population • Unprotected sexual activity • Tobacco use • Lack of convenience of services • Few local providers • Transportation/Cost • Lack of role models/parental support	**Proven Intervention Strategies:** • Increase HPV vaccine utilization by offering extended hours and multiple clinic locations • Implement & Provide Free Educational Presentations, for utilization in all the schools, within the county, in cooperation with community resources, regarding Mucocutaneous Cancer awareness and prevention. • HPV vaccine efficacy rates are 99% • Yearly PAP tests and mammogram screenings will decrease mortality rates. • Increased MD recommendations and referrals to increase client utilization of services
Resources Available: • Local Health Department • Local Physicians/Health Care Providers • Illinois Breast and Cervical Cancer Program • Local Hospital • American Cancer Society • Local School Systems • Mental Health • Social Media • Pharmacy	**Barriers:** • Limited access to medical care for low income adults • Limited knowledge of risk • Transportation • Convenient hours • Perceived threats to confidentiality • Community views/value in relation to HPV • Funding & economics

Health Problem Analysis Worksheet

Reduce Mucocutaneous Cancer by HPV Vaccines



Outcome and Impact Objectives – Reduction of Mucocutaneous Cancers by Increasing HPV Vaccinations

Outcome and Impact Objectives based on Healthy People 2020 Objectives (CDC, 2012)

Outcome Objective 1.1:

By 2019, 50% of all county residents ages 11-18 will have received the full regimen of HPV vaccine.

Healthy People 2020: IID-11.4

Target: Provide 893 HPV vaccines annually by 2019

Baseline: 1785 children ages 11-18

Target Setting Method: 50% of all children will be vaccinated annually

Data Source: Accelerating HPV Vaccine Uptake; U.S. Census Bureau, 2010; QT-P2 Single Years of Age and Sex: 2010Census

Impact Objective 1.1.1:

By 2018, increase by 10% the participants receiving HPV screenings, provided by the Gibson Area Hospital Lab.

Healthy People 2020: IID-11.4

Target: Increase the number of participants being screened for HPV and other STIs

Baseline: Currently no reports are required regarding HPV screening, or positive results

Target Setting Method: Statistics to be provided from Gibson Area Hospital Lab on the number of HPV lab tests

Data Source: Accelerating HPV Vaccine Uptake

Impact Objective 1.1:2:

By 2017, increase by 25% the eligible county participants receiving the HPV vaccine regimen.

Healthy People 2020: IID-11.4

Target: Utilizing each of the above mentioned strategies will increase participation in receiving the HPV vaccine regimen

Baseline: To Be Determined

Target Setting Method: Increase participants receiving HPV vaccine by 2017

Data Source: Accelerating HPV Vaccine Uptake

Intervention Strategies/Community Partnerships

The Ford County Public Health Department (FCPHD) will provide, at least six (6) Sexually Transmitted Disease/HPV educational presentations within the three (3) county school districts. There will be no charge for this service. The students and staff will be provided factual, measurable data from national, state and local resources. The presentations will include instruction and collateral material.

Educational information provided will include disease specific information that encompasses the following:

- Identification
- Infectious agents
- Diagnosis
- Occurrence
- Susceptibility
- Modes of transmission
- Communicability
- Preventative measures
- Methods of control
- Factors for consideration

A primary focus of education will be the encouragement of the HVP quadrivalent vaccination. Staff and students will be given vaccine information that includes:

- Vaccination efficacy
- Vaccine safety
- Dosage and route of administration
- Vaccine schedule
- Side effects
- Cost
- Availability

The Ford County Public Health Department will engage local primary care providers to partner with FCPHD in efforts to promote HPV vaccination for both girls and boys. With a goal of decreasing the incidence of HPV and HPV related conditions in Ford County residents through strong recommendation of the HPV quadrivalent vaccine to all eligible clients, as well as their parents or guardians.

FCPHD will contact at least ninety percent (90%) of all health care providers within the county to establish a specific method of education for the staff of the primary care physician or health care providers. This provider education may be made in the following formats:

- Face to face visits to the primary care facilities
- Presentations during Medical Staff meetings at the local hospital
- Telephone conference calls
- Emails
- Document mailings

FCPHD will host at least two (2) parent educational programs within Ford County during evening hours or on weekends to ensure that parents and community members have the appropriate information to make an informed decision regarding HPV vaccination. This open forum will allow parents and guardians to obtain factual and measurable data of HPV infection rates and complications; discuss vaccine protocol; and seek appropriate answers to questions. Parental support will increase vaccine utilization.

FCPHD outreach efforts will engage and educate community members through a variety of social media outlets including:

- Local newspapers, using Press Releases
- Local radio stations via interviews of FCPHD staff
- Ford County Website
- Facebook
- Flyers and Handouts

Utilization increase of HPV vaccine will be obtained by offering extended hours of vaccination to include evenings and weekends. Multiple clinic sites will also enable those who have transportation issues an opportunity for vaccinations in their residential areas by utilization of multiple county sites including schools and community centers.

Costs associated with HPV vaccine will be reduced or eliminated for individuals who are unable to afford vaccine administration costs. An important factor for consideration is that the county financial impact of future costs of medical care for those who develop cancer or other chronic health conditions related to HPV infection will be much greater than the county financial cost of vaccination.

Ford County Public Health Department will continue to provide services through the Illinois Breast and Cervical Cancer Prevention Program (IBCCP). IBCCP provides free breast screenings (mammograms) to eligible women 40 through 64 years of age and cervical cancer screenings (pap tests) to eligible women ages 35 through 64. The breast screening visit includes:

- Clinical office visit
- Breast Examination
- Instructions on self-breast exams
- Screening mammogram

If needed, other services such as diagnostic mammogram, ultrasound, breast biopsy and surgical consult are also provided free through the program.

The screening for cervical cancer includes:

- Clinical office visit
- Pelvic examination
- Pap smear

Other services such as colposcopy, surgical consult, and endocervical curettage are also provided at no charge if deemed necessary. To be eligible for the program, the Ford County resident must be without medical insurance or under-insured and cannot be on Medicare Part B or Medicaid. FCPHD will increase referrals to the IBCCP by increasing awareness of the program via multimedia resources and numerous community outreach efforts similar to those listed for HPV education.

Ford County Public Health Department will develop a collaborative partnership with Gibson Area Hospital (GAH) to promote mammogram screenings for all women of Ford County who are age 40 and over. The collaboration includes efforts to organize evening events for women who are encouraged to come with friends for an evening of social gathering and camaraderie, healthy foods and entertainment while waiting for breast mammography. FCPHD will focus efforts of increasing mammography by 5% in 2017 and 10% in 2019 in Ford County women by promoting an evening of fun with necessary health screenings.

Reduction of Chronic Health Conditions Age 65 and Older

Supportive Data

Reduction of Chronic Health Conditions Age 65 and Older

There was concern expressed for the 65 and over age group of Ford County residents. This population is a more vulnerable population due to many factors including chronic illness management, possible disability or disabilities, loss of quality of life, mental and emotional illnesses, loss of ability to keep safe and healthy, and many others. Also, unfortunately, many older adults, including Ford County residents, do not benefit from vaccinations, screenings, and other valuable preventive services often covered by Medicare.

An additional outcome discussed and decided upon for this Plan was a focus on the reduction of 30 day hospital inpatient readmissions for older adults. The goal will be to impact the 30-day readmissions for the local Ford County hospital, Gibson Area Hospital and Health Services.

A recent study in the New England Journal of Medicine found that nearly one in five Medicare recipients discharged from the hospital is readmitted within thirty days. This translates into approximately 2.4 million patients. It has been estimated that three quarters of these readmissions could have been prevented, and that the cost to Medicare was $17.4 billion dollars.

Readmissions are associated with a variety of factors including poor coordination of care from the inpatient to outpatient settings, poor communication and medication errors. Rates of readmission can give information about whether a hospital is doing its' best to prevent health complications, educate patients at discharge, and ensure patients make a smooth transition to their home or another setting such as a nursing home.

A key priority of the National Quality Strategy is to "promote effective communication and coordination of care". National efforts have been underway to reduce hospital readmission rates by 20% by the end of 2013. The information below shows Illinois readmission rates for three common disorders. These data come from the Centers for Medicare and Medicaid and are based on data from *2010*. This data provides a baseline to monitor for improvements over time. (Sources: IPHD, Illinois Hospital Report Card and Consumer Guide to Health Care; Gibson Area Hospital and Health Services; hospitalcompare.hhs.gov and Medicare.gov Hospital Compare; The Official U.S. Government Site for Medicare)

Readmission Rates by Diagnosis

- Pneumonia
  - US Rate: 17.6 (*07/01/2009 to 06/30/2012*)
  - Illinois Rate: 19.1% (2010)
  - **Ford County Rate:** **16.1%** (*07/01/2009 to 06/30/2012*)

- Heart Failure
  - US Rate: 23% (*07/01/2009 to 06/30/2012*)
  - Illinois Rate: 25.58% (2010)
  - **Ford County Rate:** **22.1%** (*07/01/2009 to 06/30/2012*)

The following table has been extrapolated from the "Readmissions, complications and death" section of the Summary Report provided for Gibson Community Hospital at Medicare.gov Hospital Compare.

	GIBSON COMMUNITY HOSPITAL	U.S. NATIONAL RATE
Rate of unplanned readmission for heart attack patients	Not Available[7]	18.3%
Death rate for heart attack patients	Number of Cases Too Small[1]	15.2%
Rate of unplanned readmission for heart failure patients	No Different than U.S. National Rate	23.0%
Death rate for heart failure patients	Number of Cases Too Small[1]	11.7%
Rate of unplanned readmission for pneumonia patients	No Different than U.S. National Rate	17.6%
Death rate for pneumonia patients	No Different than U.S. National Rate	11.9%
Rate of unplanned readmission after hip/knee surgery	No Different than U.S. National Rate	5.4%
Rate of unplanned readmission after discharge from hospital (hospital-wide)	No Different than U.S. National Rate	16.0%

Source: Medicare.gov Hospital Compare; The Official U.S. Government Site for Medicare

Health Across the Lifespan

Access to care initiatives should ensure that the particular needs of various age groups are met, especially those of children, women of childbearing age, and the elderly; including ensuring availability of services in locations convenient to the population, e.g., schools, child care, long-term care facilities, and adult day care. (Source ILLINOIS STATE HEALTH IMPROVEMENT PLAN 2010, Public Health System Priority: Improve Access to Health Services, page 10)

Below is a table indicating the actual number of 65 and over adults in Ford County

Years of Age and Sex: 2010 Ford County, Illinois	Number		
	Both Sexes	Male	Female
Total population (all ages)	14,081	6,854	7,227
65 to 69 years	654	296	358
70 to 74 years	540	228	312
75 to 79 years	499	230	269
80 to 84 years	423	143	280
85 to 89 years	298	81	217
90 to 94 years	158	41	117
100 to 104 years	6	1	5
105 to 109 years	0	0	0
110 years and over	0	0	0
65 and over TOTALS	**2,578**	**1,020**	**1,558**

Source: U.S. Census Bureau, 2010 Census. Summary File 1, Table PCT12.

The following is information regarding Ford County residents that are 65 years and over with some form of disability. These individuals are more vulnerable to disparities in health care. Different sources of data may reflect slightly different total numbers of adults.

Sex by Age by Disability Status 2008 – 2012 American Community Survey 5-Year Estimates Ford County, Illinois	Number			
	Total Both Sexes	Total Both Sexes With Disability	Male With Disability	Female With Disability
65 to 74 years	1,178	260	121	139
75 years and over	1,172	553	210	343
Totals	**2,350**	**813**	**331**	**482**

Source: U.S. Census Bureau, American FactFinder; B18101; Sex By Age by Disability Status; 2008-2012

The following is information regarding immunization in Ford County 2007 – 2009. Of the Ford County residents, only 38 percent reported to having a flu shot in the reporting period and only 34.4 percent had a pneumonia shot.

IMMUNIZATIONS					
4th Round BRFS Ford County Adults 2007-2009		Count	Col %	Confidence Interval %	Unweighted Count
12 MO: HAVE YOU HAD A FLU SHOT	Yes	4,003	38.0%	± 5.6%	181
	No	6,536	62.0%	± 5.6%	227
	Total	10,539	100.0%		408
EVER: HAVE YOU HAD A PNEUMONIA SHOT	Yes	3,444	34.4%	± 5.8%	152
	No	6,579	65.6%	± 5.8%	239
	Total	10,023	100.0%		391
10 YEARS: HAVE YOU HAD A TETANUS SHOT	Yes	7,650	75.0%	± 4.9%	284
	No	2,550	25.0%	± 4.9%	110
	Total	10,200	100.0%		394

IDPH, ICHS, 4th Round County BRFS

Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

As demonstrated below, for the age range 65+, 74.4 percent (2,032 individuals) reported having a flu shot during the past 12 months. This data reflects 2007 – 2009.

During the past 12 months, have you had a flu shot?							
2007 Ford County Adults - 4th Round Ford County BRFS		12 MO: HAVE YOU HAD A FLU SHOT					
		Yes			No		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*	4	*	*	10
	25-44	715	20.4%	23	2,791	79.6%	72
	45-64	948	28.9%	49	2,334	71.1%	109
	65+	2,032	74.4%	105	699	25.6%	36
	Total	4,003	38.0%	181	6,536	62.0%	227

IDPH, ICHS, 4th Round Ford County BRFS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

With heart disease as the leading cause of death in Ford County and with uncontrolled high blood pressure as one of the leading contributors to heart disease, the following data depicts cardiovascular information for Ford County residents. There are 3,229 (30.5%) Ford County residents that have been told – blood pressure high; and, of that number, 2,782 (86.1%) has been prescribed medication for blood pressure. Of that number, an alarming number of individuals, 509 (15.8%), are ***not*** taking blood pressure medication that has been prescribed.

CARDIOVASCULAR					
4th Round BRFS Ford County Adults		**Count**	**Col %**	**Confidence Interval %**	**Unweighted Count**
TOLD BLOOD PRESSURE HIGH	**Yes**	3,229	30.5%	± 5.2%	157
	No	7,357	69.5%	± 5.2%	253
	Total	10,586	100.0%		410
MEDICATION PRESCRIBED FOR BLOOD PRESSURE	**Yes**	2,782	86.1%	± 9.3%	143
	No	447	13.9%	± 9.3%	14
	Total	3,229	100.0%		157
NOW TAKING BLOOD PRESSURE MEDICATION	**Yes**	2,720	84.2%	± 9.4%	140
	No	509	15.8%	± 9.4%	17
	Total	3,229	100.0%		157
LAST TIME CHOLESTEROL CHECKED	**1 year or less**	7,016	68.2%	± 6.2%	303
	> 1 year	2,648	25.7%	± 6.0%	78
	never	631	6.1%	± 2.8%	23
	Total	10,294	100.0%		404
EVER: TOLD BLOOD CHOLESTEROL HIGH	**Yes**	3,715	37.4%	± 5.9%	162
	No	6,230	62.6%	± 5.9%	224
	Total	9,944	100.0%		386

IDPH, ICHS, 4th Round County BRFS

Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

The following expounds on the data above by exploring additional details regarding the respondents. Not surprising, of the individuals that have been told –blood pressure high, 1,742 (63.5%) are 65+.

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?							
2007 Ford County Adults - 4th Round Ford County BRFS		TOLD BLOOD PRESSURE HIGH					
		Yes			No		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*		*	*	15
	25-44	452	12.9%	10	3,054	87.1%	85
	45-64	1,035	31.5%	55	2,247	68.5%	103
	65+	1,742	63.5%	92	1,000	36.5%	50
Total		3,229	30.5%	157	7,357	69.5%	253
SEX OF RESPONDENT	Male	1,485	30.2%	50	3,439	69.8%	89
	Female	1,744	30.8%	107	3,918	69.2%	164
Total		3,229	30.5%	157	7,357	69.5%	253

IDPH, ICHS, 4th Round Ford County BRFS Unit counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Older adults are among the fastest growing age groups, and the first "baby boomers" (adults born between 1946 and 1964) have turned 65 in 2011. According to 2020 Topics and Objectives, Older Adults, more than 37 million people in this group will manage more than one (1) chronic condition by 2030. Older adults are at high risk for developing chronic illnesses and related disabilities. Some of the illnesses include:

- Diabetes mellitus
- Arthritis
- Congestive heart failure
- Dementia

Many of these individuals will experience hospitalizations, nursing home admissions and other long-term care. According to an article by Lubitz J. Kramarow, Trends in the Health of Older Americans, chronic conditions are the leading cause of death among older adults.

One author states that, "The burden of chronic diseases encompasses a much broader spectrum of negative health consequences than death alone." Seniors living with one or many chronic diseases experience diminished quality of life, generally occurring over a long period of decline. Chronic diseases affect the ability to function in normal daily activities such as managing money, shopping, preparing meals, taking medications as prescribed. Chronic diseases many times impair the physical and mental abilities of the adult. Activities of daily living (ADL) such as personal hygiene, feeding themselves, getting dressed and toileting are many times impacted as well.

Chronic health conditions are also a major contributor to the rising of health care costs. Two-thirds of all health care costs are for treating chronic diseases. During the past century, a major shift occurred in the leading causes of death for all age groups, including older adults, from infectious diseases and acute illnesses to chronic diseases and degenerative illnesses. More than a quarter of all Americans and two (2) out of every three (3) older Americans have multiple chronic conditions, and treatment for this population accounts for 66% of the country's health care budget.

Over 95% of total health care costs for older Americans are related to chronic diseases. The costs associated with providing health care services for those over the age of 65 is up to five (5) times higher than the cost of health care for those under the age of 65. The Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC) estimates that the cost of health care will increase by 25% by the year 2030 primarily due to the aging of the population. With the projection of health care costs continuing to rise it is imperative that private and public health care providers cooperate and coordinate services for the elderly. Also ensure that there is a coalescing of services in order to allow the individual to become more engaged and empowered for their health care and well-being.

In the report, "The State of Aging and Health in America, 2013 it identifies 15 indicators related to the health status of adults aged 65 years or older. Most of these indicators are being used to track the *Healthy People 2020* targets for older adult populations. Most of these indicators are related to chronic health diseases including those that are more prevalent to hospital readmissions.

The following chart provides information regarding the 15 indicators and the number of States meeting the *Healthy People 2020* targets. Additional explanation for each individual indicator is listed below the chart. There is an educational opportunity for Ford County residents age 65 and older in ensuring knowledge regarding each indicator.

Table 2. State-by-State Report Card on Healthy Aging

Indicator	Data Year*	*Healthy People 2020* Target	No. of States Meeting Target†	Range	
Health Status					
1. Physically unhealthy days (mean number of days in past month)	2010	‡	‡	4.0	6.9
2. Frequent mental distress (%)§	2010	‡	‡	3.9	10.5
3. Oral health: tooth retention (%)‖	2010	‡	‡	33.4	70.9
4. Disability (%)¶	2010	‡	‡	30.2	46.5
Health Behaviors					
5. No leisure-time physical activity in past month (%)	2010	32.6	25	23.2	39.8
6. Eating fruits and vegetables daily:		#	#		
Eating ≥2 fruits daily (%)	2010			25.8	51.3
Eating ≥3 vegetables daily (%)				21.2	39.1
7. Obesity (%)	2010	30.6	51	15.7	29.2
8. Current smoking (%)	2010	12.0	50	4.6	14.6
9. Medication for high blood pressure (%)**	2009	77.4	51	90.1	98.0
Preventive Care and Screening					
10. Flu vaccine in past year (%)	2010	90.0	0	59.3	73.4
11. Ever had pneumonia vaccine (%)	2010	90.0	0	61.9	74.0
12. Mammogram within past 2 years (%)	2010	70.0	51	71.8	89.8
13. Colorectal cancer screening (%)	2010	70.5	18	57.1	77.8
14. Up-to-date on select preventive services (%)††					
Men	2010	50.9	15	37.0	55.1
Women		52.7	12	37.9	56.1
Injuries					
15. Fall with injury within past year (%)	2010	‡	‡	22.8	42.2

Source: CDC, Behavioral Risk Factor Surveillance System, 2009–2010.

* Data for all indicators were collected for adults aged 65 years or older by CDC's Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is not the main data source for tracking *Healthy People 2020* targets, but it is the source for the state data used in this report. See Appendix for a full description of the BRFSS.

† Includes all 50 states and the District of Columbia. Some targets are for all adults aged 18 or older, not just those aged 65 or older. This table only reports data for older adults. See Appendix for a full description of *Healthy People 2020*.

‡ Indicators 1, 2, 4, and 15 do not have *Healthy People 2020* targets.

§ Frequent mental distress is defined as having had 14 or more mentally unhealthy days in the previous month.

‖ Tooth retention is defined as having lost 5 or fewer natural teeth.

¶ Disability is defined on the basis of an affirmative response to either of the following two questions on the 2010 BRFSS survey: "Are you limited in any way in any activities because of physical, mental, or emotional problems?" or "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?"

\# *Healthy People 2020* divides the nutrition target into multiple categories of fruits and vegetables. See Appendix for a full description.

** Indicator 9 describes the percentage of people with diagnosed high blood pressure who are taking prescribed medication.

†† For men, three services are included: influenza vaccine in past year, ever had a pneumonia vaccine, and colorectal cancer screening. For women, these same three services are included, plus a mammogram within past 2 years.

Indicator 1. Physically Unhealthy Days

- Older adults have the highest rates of poor physical health and activity limitation compared with other age groups (Source: Holtzman D, Anderson LA. Aging and health in America: a tale from two boomers. Am J Public Health. 2012; 102(3):392.)
- Annual Wellness Visit (AWV) is a Medicare covered service for all Medicare beneficiaries.

Indicator 2. Frequent Mental Distress

- Older adults tend to have lower rates of frequent mental distress compared with other age groups. (Source: CDC. Health Related Quality of Life Web Site. Behavioral Risk Factor Surveillance System, 2006–2010.)
- Many older adults suffer with mental distress associated with limitations in daily activities; physical impairments; grief-following the loss of loved ones; caregiving or challenging living situations (living alone), depression or substance abuse.
- About 25% of adults aged 65 years or older have some type of mental health problem, not associated with normal aging. (Source: McGuire LC, Strine TW, Okoro CA, Ahluwalia IB, Ford ES. Modifiable characteristics of a healthy lifestyle in U.S. older adults with or without frequent mental distress: 2003 Behavioral Risk Factor Surveillance System. Am J Geriatric Psychiatry. 2007; 15:754-761.)
- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse is a Medicare covered service at least annually or more often if screening is positive for all Medicare beneficiaries.
- Screening for depression is a Medicare covered service annually for all Medicare beneficiaries.

Indicator 3. Oral Health: Tooth Retention

- Poor oral health may limit food choices and diminish the pleasure of eating, impair chewing efficiency, limit social contacts and intimacy, affect speech, cause pain, and detract from physical appearance.
- Older adults may have more difficulty accessing effective interventions to prevent and control oral disease than younger adults. Barriers include lack of insurance, physical limitations that make brushing teeth difficult, and lack of perceived need for oral health care. (Source: Griffin SO, Jones JA, Brunson D, Griffin PM, Bailey WD. Burden of oral disease among older adults and implications for public health priorities. Am J Public Health. 2012; 102(3):411-418.)

Indicator 4. Disability

- The chance of having a disability goes up with age, from less than 10% for people aged 15 years or younger to almost 75% for people aged 80 and older.
- People with disabilities face many challenges related to mobility and accessibility. (Source: US Department of Health and Human Services. The 2005 Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities: Calling You to Action. US Dept of Health and Human Services, Office of the Surgeon General; 2005.)

Indicator 5. Physical activity

- Regular physical activity is one of the most important things older adults can do for their health. Physical activity can prevent many of the health problems that may come with age. According to the 2008 Physical Activity Guidelines for Americans, older adults need to do two types of physical activity each week to improve health—aerobic and muscle-strengthening. (Source: Centers for Disease Control and Prevention. 2008 Physical Activity Guidelines for Americans: fact sheet for health professionals on physical activity guidelines for Americans. Centers for Disease Control and Prevention Web Site.http://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA_Fact_Sheet_OlderAdults.pdf.)
- Strong evidence shows that regular physical activity is safe and reduces the risk of falls among older adults. Older adults at risk of falling should do exercises that maintain or improve their balance. For best results, they should do these exercises at least 3 days a week from a program shown to reduce falls.
- According to CDC, Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion, 2011; 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity (i.e., brisk walking) every week and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms) **or** 1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic activity (i.e., jogging or running) every week and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms) is sufficient exercise for older adults.
- Intensive behavioral therapy (IBT) for obesity is a covered Medicare service on as needed basis, for all Medicare beneficiaries.

Indicator 6. Eating fruits and vegetables daily

- Diets rich in fruits and vegetables may reduce the risk of some cancers and chronic diseases, such as diabetes and cardiovascular disease. Fruits and vegetables provide essential vitamins and minerals, fiber, and other substances that are important for good health.
- Medical nutrition therapy (MNT) is a covered service for all Medicare beneficiaries.

Indicator 7. Obesity

- Obesity is defined as having a body mass index (BMI) of 30 or higher. BMI is calculated by dividing a person's weight in kilograms by his or her height in meters squared (kg/m2).
- The BRFSS uses self-reported data about height and weight, which may lead to under estimating obesity in the United States. The National Health and Nutrition Examination Survey (NHANES), which takes body measurements, estimate the prevalence of obesity among older adults at 34.6%.
- Older adults can benefit from maintaining a healthy body weight. Obesity is a risk factor for many chronic conditions, including stroke, heart disease, cancer, and arthritis. (Source:National Heart, Lung, and Blood Institute. Calculate your body mass index National Heart, Lung, and Blood Institute Web site. http://www.nhlbisupport.com/bmi.)

The environment plays a role in helping to fight obesity. People may make decisions on the basis of their environment or community. For example, a person may choose not to walk to the store or to work because of a lack of sidewalks.

- Communities, homes, and workplaces can all influence people's health decisions. Because of this influence, it is important to create environments in these locations that make it easier to be physically active and eat a healthy diet.
- Medical nutrition therapy (MNT) is a covered service for all Medicare beneficiaries.

Indicator 8. Current smoking

- Although older adults who were once regular smokers have quit, about 8.4% of adults aged 65 or older were still smoking cigarettes in 2010.
- Counseling to prevent tobacco use for asymptomatic beneficiaries is a covered Medicare service up to 8 counseling sessions per year.

Indicator 9. Taking medications for high blood pressure

- High blood pressure is a major risk factor for cardiovascular disease, the leading cause of illness and death among older adults. Of the almost 67 million Americans with high blood pressure, more than half do not have it under control. (Source: Centers for Disease Control and Prevention. Getting blood pressure under control: high blood pressure is out of control for too many Americans. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/features/vitalsigns/hypertension.)

- About 90% of Americans eat more sodium than is recommended, which can increase a person's risk of high blood pressure. Places that produce, sell, or serve food can limit the amount of sodium in food products, provide information about sodium in foods, and stock lower sodium foods. People can choose to buy healthy food products, limit processed foods, and ask for lower sodium options.(Source: Centers for Disease Control and Prevention. Where's the sodium? There's too much sodium in many common foods. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/vitalsigns/Sodium/index.html.)

- A team-based approach (as in a Patient-Centered Medical Home- PCMH) to health care can also help address high blood pressure. Health care systems can use electronic health records, encourage the use of 90-day refills, and consider having low or no co-pays for services. Health care providers, such as doctors, nurses, and pharmacists, can track their patients' blood pressure, prescribe once-a-day medications, and give clear instructions on how to take blood pressure medications. Patients should take the initiative to monitor their blood pressure between medical visits, take medications as prescribed, tell their doctor about any side effects, and make lifestyle changes, such as eating a low-sodium diet, exercising, and stopping smoking. (Source: Centers for Disease Control and Prevention. National Vital Statistics System, 2007–2009. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/nchs/hdi.htm)

- Cardiovascular disease screening blood tests are a covered Medicare service for all beneficiaries every 5 years.
- Intensive behavioral therapy (IBT) for cardiovascular disease is a covered Medicare service for all beneficiaries annually.

Indicator 10. Flu vaccine in past year

- Influenza virus vaccine and administration is a Medicare covered service for all beneficiaries annually.

Indicator 11. Ever had pneumonia vaccine

- Although both are largely preventable through vaccination, flu and pneumonia represents the 7th leading cause of death among U.S. adults aged 65 years or older. (Source: Centers for Disease Control and Prevention. What you should do this flu season if you're 65 years and older. Http://www.cdc.gov/flu/about/disease/65over.htm.)
- About 90% of seasonal flu-related deaths and more than 60% of seasonal, flu-related hospitalizations in the United States each year occur among people aged 65 years or older. This is because human immune defenses become weaker with age. (Source: Zimmerman RK, Santibanez TA, Fine MJ, et al. Barriers and facilitators of pneumococcal vaccination among the elderly. Vaccine. 2003; 21:1510-1517).
- Previous experience is the best predictor of whether an older adult receives these vaccinations. People are more likely to get a flu shot if they have gotten it in previous years. Older adults are more likely to get the pneumonia vaccine if they have gotten a flu shot in the past. (Source: Zimmerman RK, Santibanez TA, Fine MJ, et al. Barriers and facilitators of pneumococcal vaccination among the elderly. Vaccine. 2003; 21:1510-1517.)
- Pneumococcal vaccine and administration is a Medicare covered service for all beneficiaries once in a lifetime unless a revaccination is warranted based on risk.

Indicator 12. Mammogram within past 2 years

- Almost half of all new cases and nearly two-thirds of deaths from breast cancer occur among women aged 65 years or older.[14](Mandelblatt J, Saha S, Teutsch S, et al. The cost-effectiveness of screening mammography beyond age 65 years: a systematic review for the U.S. Preventive Services Task Force. Ann Intern Med. 2003; 139(1):835-842.)
- Mammography is the best available method to detect breast cancer in its earliest, most treatable stage before it is big enough to feel or cause symptoms. Mammography screening every 2 years for women aged 65–74 has been shown to reduce deaths.(Source: Nelson HD, Tyne K, Naik A, et al. Screening for breast cancer: an update for the U.S. Preventive Services Task Force. Ann Intern Med. 2009; 151:727-737)
- Mammograms for women aged 65 or older are covered by Medicare, but BRFSS data show that many women are still not getting this preventive service.

Indicator 13. Colorectal cancer screening

- Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find precancerous polyps so that they can be removed before they turn into cancer. They can also detect colorectal cancer early, when treatment works best. (Source: Centers for Disease Control and Prevention. Colorectal cancer screening. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/cancer/colorectal/basic_info/screening).

- Two-thirds of all new cases of colorectal cancer are in people aged 65 or older. (Source: US Preventive Services Task Force. Screening for colorectal cancer: recommendation statement. US Preventive Services Task Force Web site. http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm)
- Colorectal cancer screening is a covered Medicare service for all beneficiaries over the age of 50 once every 4 years, unless the patient is considered high risk and then the service is covered annually.

Indicator 14. Up-to-date on select preventive services

- For men, three services are included: flu vaccine in past year; ever had pneumonia vaccine, and colorectal cancer screening. For women, these same three services are included, plus a mammogram within the past 2 years.
- Other covered preventive services covered by Medicare:
  - Bone mass measurements-every 2 years
  - Diabetes screening tests-annually
  - Diabetes self-management training (DSMT)-up to 10 hours training first year and 2 hours training thereafter annually.
  - Glaucoma screening-annually
  - Hepatitis B (HBV) vaccine and administration-scheduled dosages required
  - Human Immunodeficiency virus (HIV) screening-annually
  - Prostate cancer screening-annually (males over 50)
  - Screening pap test-annually (females)
  - Screening pelvic examinations-annually (females)
  - Ultrasound screening for abdominal aortic aneurysm (AAA)-once in a lifetime
  - Initial preventive physical examination (IPPE)-Once in a lifetime, must occur within first 12 months of becoming a Medicare beneficiary.

Indicator 15. Falls resulting in injury

- Each year, one of three adults aged 65 years or older falls. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and increase the risk of early death. (Source: Vellas BJ, Wayne SJ, Romero LJ, Baumgartner RN, Garry PJ. Fear of falling and restriction of mobility in elderly fallers. Age Ageing. 1997; 26:189-193.)
- Among older adults, falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions due to trauma.
- Many people, who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit their activities—leading to reduced mobility and loss of physical fitness, which in turn increases their actual risk of falling.

Health problem Worksheet

Reduction of Chronic Health Conditions Age 65 and Older

Health Problem:

Reduction of Chronic Health Conditions Age 65 and Older

Outcome Objectives:

- By 2019, assist Gibson Area Hospital in reducing the unplanned 30 day hospital readmission rate for patients with pneumonia age 65 and over by 2 percentage points. This will be accomplished by increasing core preventive services in adults 65 and over.
- By 2019, assist Gibson Area Hospital in reducing the unplanned 30 day hospital readmission rate for patients with heart failure age 65 and over by 2 percentage points. This will be accomplished by increasing core preventive services in adults 65 and over.

Risk Factors:

- Under Utilization of Healthcare Services due to lack of health literacy, lack of health care access, lack transportation to appointments, and/or concern for cost
- Inadequate Healthcare Management due to lack of care coordination, lack of medical compliance, lack of preventive screenings, and/or lack of support system

Impact Objectives:

- By 2018, increase by 5 percentage points adults 65 and older residing in Ford County receiving the flu vaccine

Contributing Factors (Direct/Indirect):

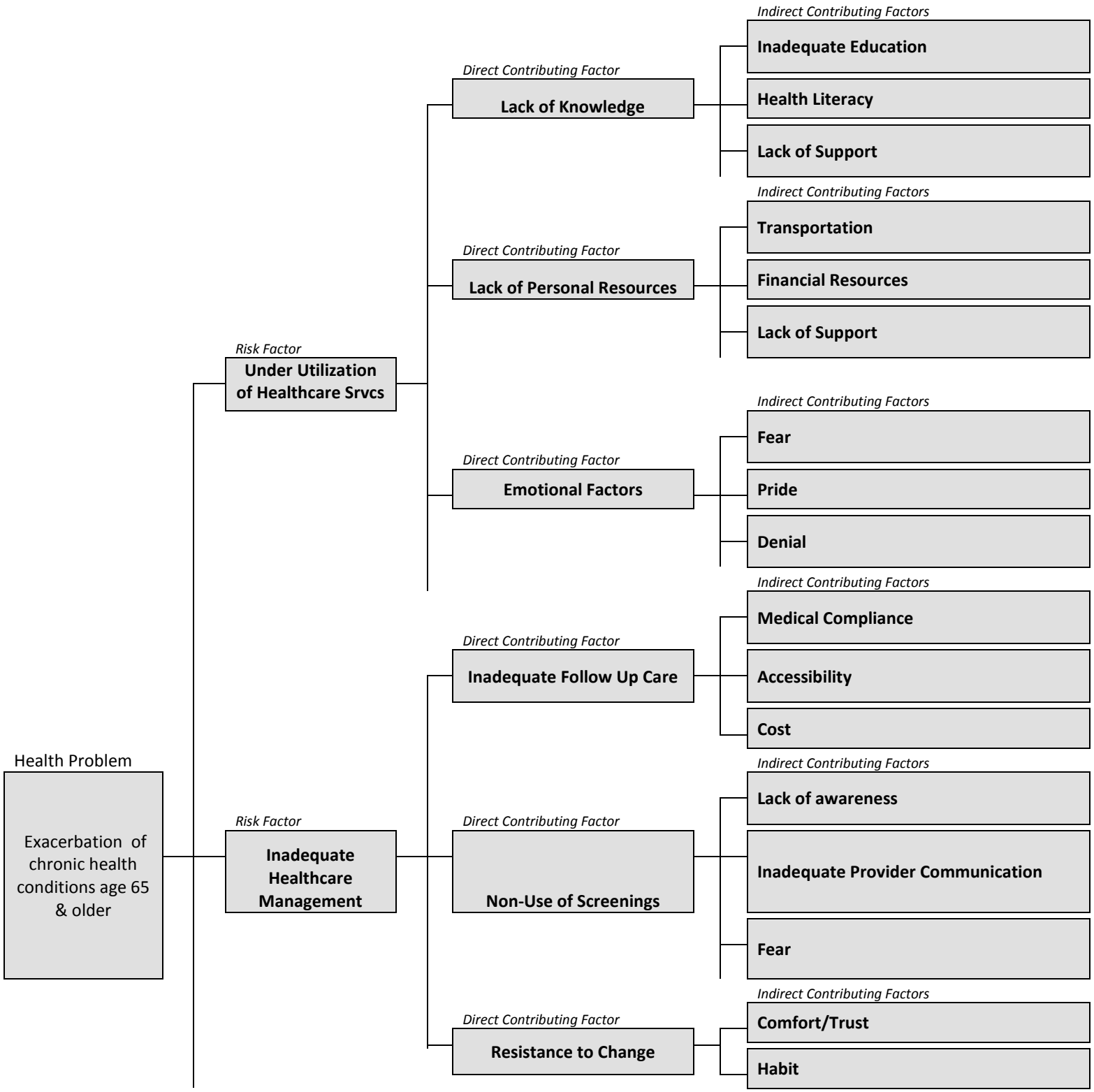
- Lack of Knowledge
- Rural Area
- Health Literacy
- Inadequate Education
- Lack of Personal Resources
- Transportation
- Lack of Support
- Emotional Factors
- Inadequate Follow Up Care
- Medical Compliance
- Accessibility
- Non-Use of Screenings
- Inadequate Provider Communication
- Resistance to Change
- Habit

Proven Intervention Strategies:

- Increase the number of Blood Pressure Screenings/clinics for adults 65 and over by offering extended hours at two locations
- For adults age 65 and older, increase awareness of preventive services, through education presentations and materials
- Provide additional access to certain screenings
- Social interventions in community settings
- Individually adapted health behavior change programs
- Improved access to places for physical activity
- Exercise programs for seniors
- Media plan

Resources Available:	Barriers:
• Local Health Department • Local Physicians/Health Care Providers • Local Hospital • Mental Health • U of I Extension • Showbus / Telecare • Meal Sites	• Lack of availability • High Cost • Lack of insurance coverage

Health Problem Analysis Worksheet



Outcome and Impact Objectives - Reduction of Chronic Health Conditions Age 65 and Older

Outcome and Impact Objectives based on Healthy People 2020 Objectives (CDC, 2012)

Outcome Objective 2.1:
By 2019, assist Gibson Area Hospital in reducing the unplanned 30 day hospital readmission rate for patients with pneumonia age 65 and over by 2 percentage points. This will be accomplished by increasing core preventive services in adults 65 and over.
Healthy People 2020: OA-2; OA-2.1; OA-2.2;

Target: 14.1%
Baseline: 16.1% (07/10/2009 to 06/30/2012)
Target Setting Method: 2% improvement
Data Source: Sources: IPHD, Illinois Hospital Report Card and Consumer Guide to Health Care; Gibson Area Hospital and Health Services; Medicare.gov: Hospital Compare, hospitalcompare.hhs.gov.; BRFS-2007-2009, US Census Bureau Fact Finder-2008-2012, US Census Bureau-2010,

Outcome Objective 2.2:
By 2019, assist Gibson Area Hospital in reducing the unplanned 30 day hospital readmission rate for patients with heart failure age 65 and over by 2 percentage points. This will be accomplished by increasing core preventive services in adults 65 and over.
Healthy People 2020: OA-2; OA-2.1; OA-2.2;

Target: 20.1%%
Baseline: 22.1% (07/10/2009 to 06/30/2012)
Target Setting Method: 2% improvement
Data Source: Sources: IPHD, Illinois Hospital Report Card and Consumer Guide to Health Care; Gibson Area Hospital and Health Services; Medicare.gov: Hospital Compare, hospitalcompare.hhs.gov.; BRFS-2007-2009, US Census Bureau Fact Finder-2008-2012, US Census Bureau-2010,

Impact Objective 2.1.1:
Increase by 5 percentage points - adults 65 and older residing in Ford County receiving the flu vaccine
Healthy People 2020: OA-2; OA-2.1; OA-2.2;

Target: 79.5%
Baseline: 74.4%
Target Setting Method: 5% improvement
Data Source: BRFS-2007-2009, US Census Bureau Fact Finder-2008-2012, US Census Bureau-2010,

Intervention Strategies/Community Partnerships – Reduction of Chronic Health Conditions Age 65 and Older

The proposed Ford County Public Health Department will continue to offer Flu Clinics to residents in Ford County. By collaborating with local churches, community centers, and medical providers, the public health department will offer flu vaccines throughout the County beginning the end of September each year. Flu clinics will be held in locations that are easily accessible to older adults. Educational materials will be provided regarding the vaccine. There will be publicity offered through the newspaper, radio, churches, medical providers, community centers, and other public entities. The previously mentioned venues will be utilized to promote the Flu Clinics. As part of the Flu Clinic, additional education and materials will be provided regarding payor sources.

Blood pressure screenings will be offered in the FCPHD office on a regular basis to any older adult. As an increased effort to monitor blood pressure, the public health department will work with entities throughout the County to conduct a minimum two (2) two blood pressure clinics throughout the year. These clinics will be available in locations that are easily accessible to older adults and at times that are convenient to seniors. Working with local medical providers, community centers, and other local entities, the public health department will bring increased awareness to the availability of blood pressure screenings offered.

By utilizing the educational materials Centers for Medicare and Medicaid Services (CMS) offers, the public health department will increase awareness of preventative services available to Medicare recipients. A presentation will be developed by a SHIP Counselor that will emphasize the preventive services covered by Medicare. Distribution of educational materials through senior groups, community centers, and medical providers will also assist with increasing the awareness and utilization of preventive services though the public health department Senior Services.

Reduce Chronic Conditions related to Tobacco Use – Target Group 18 & under

Supportive Data

Reduce Chronic Health Conditions related to Tobacco Use - Target Age 18 and Under

As discussed briefly in the Executive Summary, Ford County has a higher percentage of adults that smoke than Illinois and Illinois has a higher percentage than the U.S. Based on BRFS data dated 2007-2009, 23 percent (2,433) of Ford County residents smoke cigarettes. The ages of individuals are as follows: 18-24: not recorded; 25-44: 33.8% (1,184); 45-64: 24.2% (794); and 65+: 7.7% (211). The Committee decided to focus first on adolescents to prevent initiation of tobacco use. Then, focus on cessation opportunities for adults, reducing the number of locations exposed to environmental tobacco smoke (ETS), and education and counseling opportunities for current tobacco users.

The goal is that by keeping adolescents from initiating tobacco use, the chronic illnesses that are initiated or that are exacerbated by tobacco use will be significantly reduced, or perhaps be non-existent for the non-smokers and non-tobacco product users of tomorrow. The goal is to also assist and help current Ford County smokers become non-smokers and see a future with Ford County adult non-smokers that have never smoked or used any types of tobacco products.

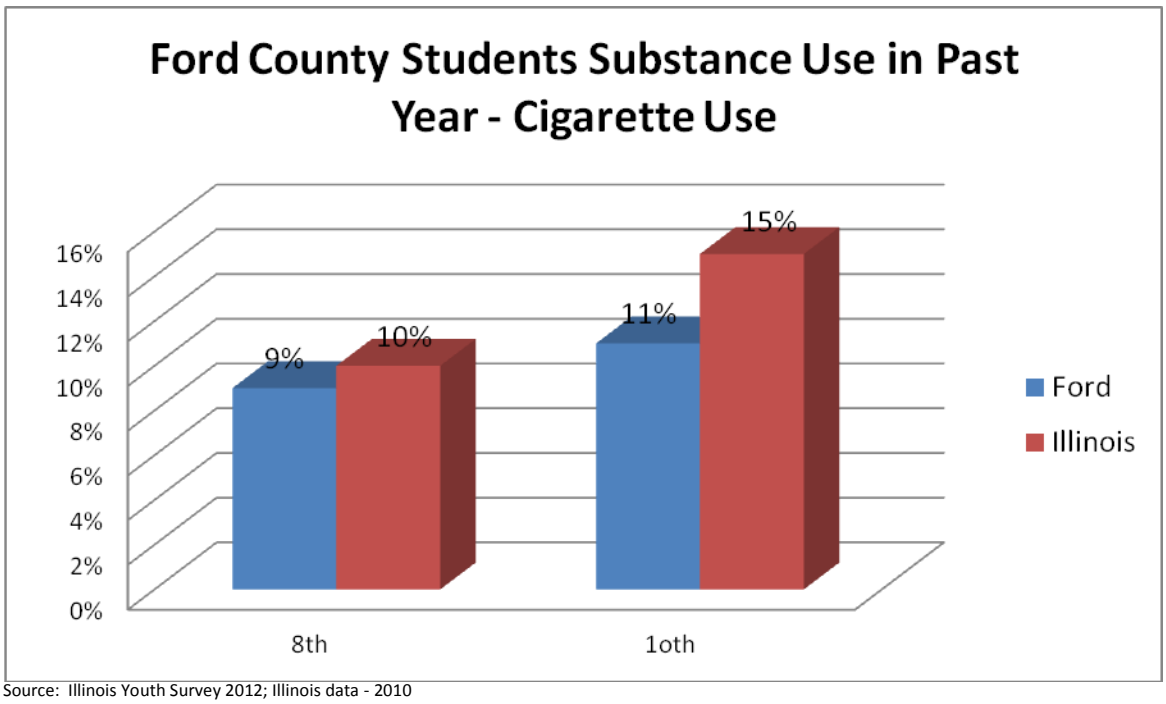
The following is data extrapalated from the Illinois Youth Survey 2012 regarding the age Ford County adolescents ever smoked a cigarette, even one puff. The Illinois Youth Survey conducted in Spring of 2012. There were two (2) middle schools and two (2) high schools surveyed. With students surveyed as follows:

Grade	Students	Enrolled	Percent
6th grade	161	180	89%
8th grade	174	199	87%
10 grade	126	183	69%
Total	461	562	82%

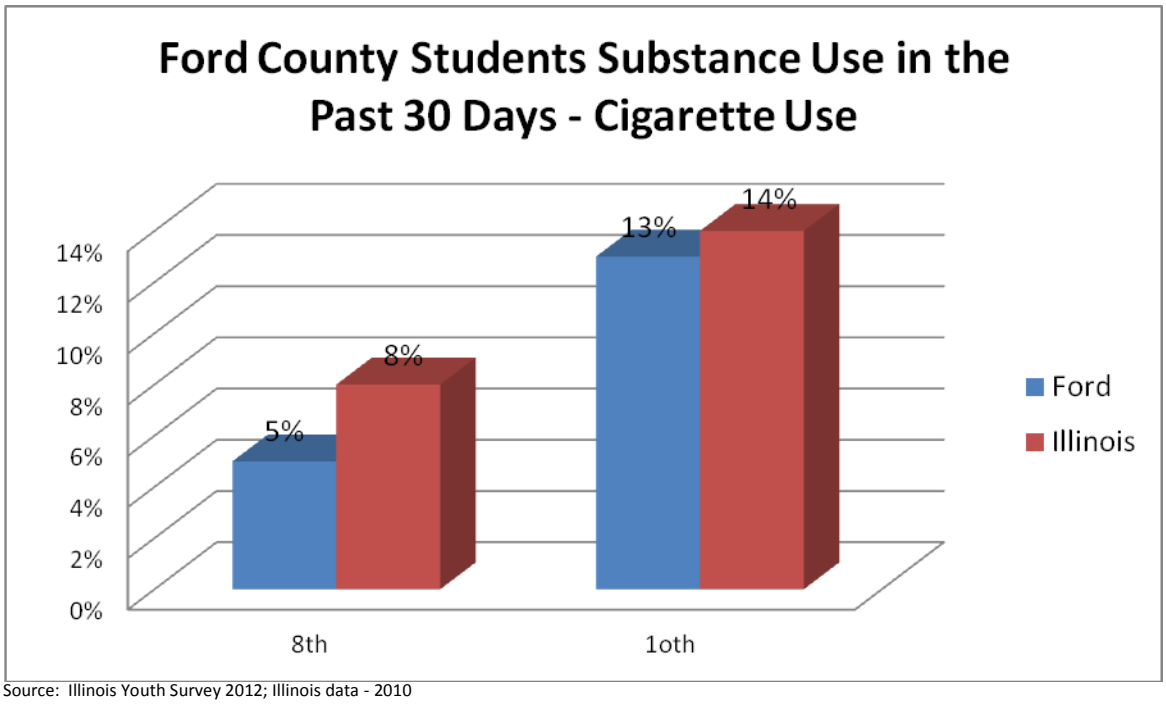
Survey Results:

How old were you when you first:											
Smoked a cigarette, even just a puff											
	Never have	10 or younger	11	12	13	14	15	16	17	18 or older	Total
8th	82%	4%	1%	3%	7%	2%	0%	0%	0%	0%	100%
10th	73%	6%	0%	2%	5%	4%	9%	2%	0%	0%	100%
Used any other tobacco product (e.g., chewing tobacco or cigars)											
8th	92%	1%	1%	1%	3%	2%	0%	0%	0%	0%	100%
10th	78%	3%	1%	1%	3%	4%	7%	2%	0%	0%	100%

The following charts compare Ford County students with students throughout the State of Illinois. This information indicates there are more Ford County students smoking than other students in the state, both in the past year and in the past 30 days.



Source: Illinois Youth Survey 2012; Illinois data - 2010



Source: Illinois Youth Survey 2012; Illinois data - 2010

The following table demonstrates the total number of 11 – 18 year olds in Ford County:

Age	Both	Male	Female
11 Years	186	89	97
12 Years	202	111	91
13 Years	173	85	88
14 Years	202	114	88
15 Years	201	107	94
16 Years	204	105	99
17 Years	204	107	97
18 Years	191	96	95
TOTAL	1,563	814	749

Source: U.S. Census Bureau, 2010; QT-P2 Single Years of Age and Sex: 2010Census.

Summary File 1, Table PCT12.

After the Surgeon General's 1964 report that concluded smoking did indeed cause cancer, nearly 50 years later, tobacco use is still the largest cause of preventable death, disease and disability in the United States.

According to the Illinois Department of Public Health in 2010, 19.3 percent of U.S. adults were current cigarette smokers and the highest smoking prevalence was in the Midwest (21.8%). (Source: CDC Vital Signs: Current Cigarette Smoking Among Adults Aged ≥ 18 Years United States, 2005--2010. Morbidity and Mortality Weekly Report 60. 35 (2011): 1207-12) According to this same report in the United States, tobacco use is responsible for the following: approximately 443,000 deaths per year; 30 percent of all cancer deaths; 33 percent of all deaths from cardiovascular disease; and 80 percent of deaths from chronic obstructive pulmonary disease (COPD).

There is obviously a serious health care dilemma related to tobacco use. Secondary but just as important health care issues are the problems related to secondhand smoke. Thousands of nonsmokers die each year because of lung cancer related to secondhand smoke. As the article goes on to state, "there is no risk-free level of exposure to smoke."

Since the prevalence of smoking among adults has continued to decrease over the past years the Healthy People 2020 goal of 12% is far from being reached. The gap between males and female smokers has narrowed with more women smoking than in the past. There is a higher prevalence of smokers that demonstrates disparities between socio-economic classes with lower income, minorities and lower education individuals that are now smoking.

While it has been determined that maternal cigarette smoking during pregnancy increases the risk for pregnancy complications, such as placental previa, placental abruption, and premature rupture of the membrane; and poor pregnancy outcomes, such as preterm delivery, restricted fetal growth, and sudden infant death syndrome (SIDS), moms continue to smoke. Smoking during pregnancy resulted in an estimated 776 infant deaths in the United States annually during 2000—2004. (Source: CDC Trends in Smoking Before, During, and After Pregnancy --- Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 31 Sites, 2000—2005. Morbidity and Mortality Weekly Report 58.SS-4 (2009) : 1-31.)

Another group of smokers that is very concerning and has met with challenges are young adults. Initiation of smoking for most smokers begins in youth or young adulthood. Nearly 90 percent of smokers started smoking by age 18 and 99 percent of smokers had started by age 26. Every day, 3,800 young people under the age of 18 smokes their first cigarette and 1,000 become daily smokers. For every tobacco related death, at least two youth or young adults become regular smokers.(Source: United States. Department of Health and Human Services. Preventing Tobacco Use among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.)

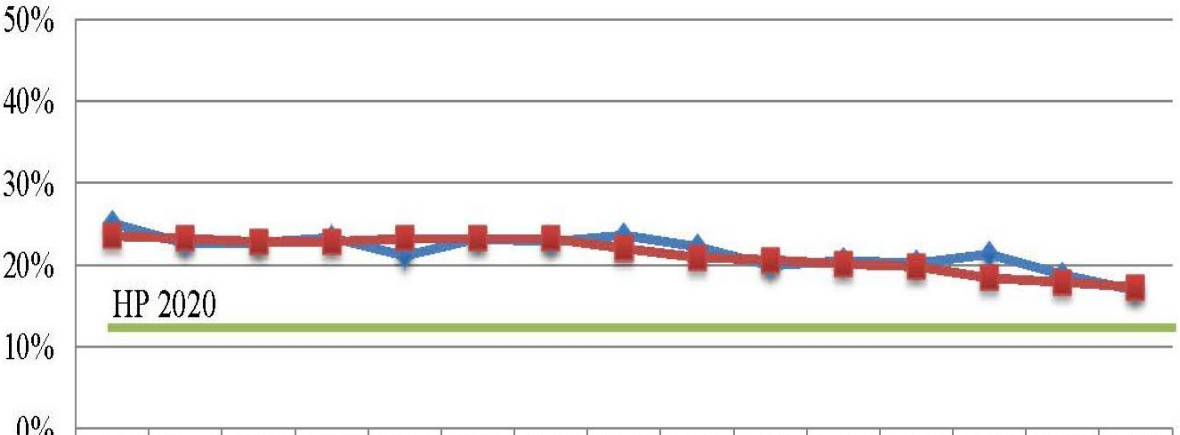
Even though there are well-publicized anti-smoking campaigns, there seem to be social, environmental and personal risk factors that may influence young adults to smoke. Some of those influences include the following:

- Low socio-economic status;
- Use and approval of peers and siblings;
- Exposure to smoking in movies;
- Lack of skills to resist influences to smoking;
- Smoking by parents or guardians and/or lack of parental support;
- Involvement; accessibility, availability, and price of tobacco products; a perception that tobacco use is the norm;
- Low levels of academic achievement;
- Low self-image or self-esteem;
- Exposure to tobacco advertising;
- Aggressive behavior

(Source: US. Department of Health and Human Services. Preventing Tobacco Use among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.)

The following is data related to adult smoking prevalence in Illinois including the Healthy People 2020 goal; and Illinois smokers compared to other states:

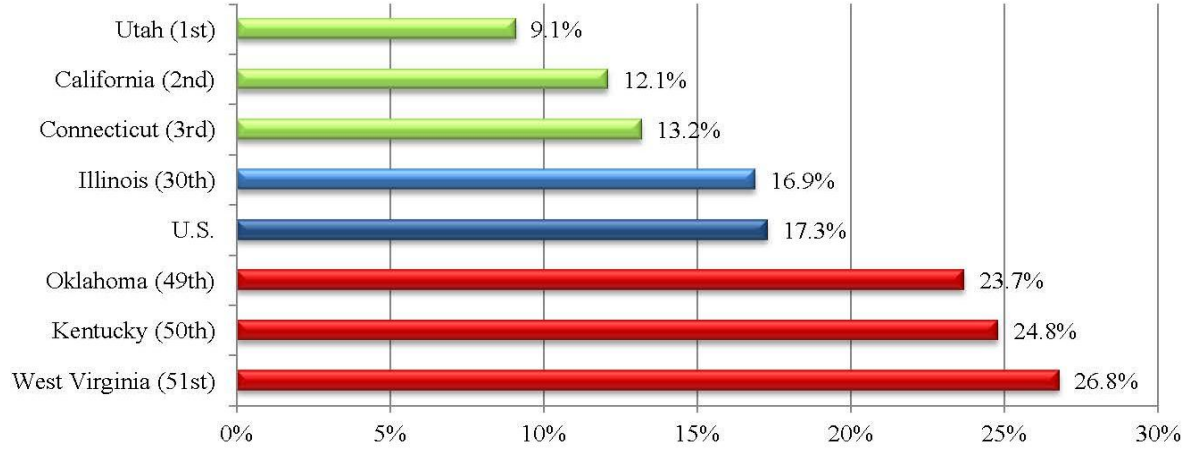
Figure 1. Adult Smoking Prevalence in Illinois, 1996-2010



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Illinois	25.1%	22.6%	22.7%	23.3%	21.1%	23.2%	22.8%	23.6%	22.2%	19.9%	20.5%	20.2%	21.3%	18.8%	16.9%
U.S.	23.5%	23.2%	22.8%	22.8%	23.2%	23.2%	23.2%	22.0%	20.9%	20.6%	20.1%	19.8%	18.4%	17.9%	17.3%

Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC

Figure 2. Adult Smoking Prevalence Rates of Selected States, 2010



Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC

The following table provides information regarding the number of cigarettes smoked daily by Illinois smokers:

Table 1. Number of Cigarettes Smoked Per Day by Adult Smokers, Illinois, 2011

Number of Cigarettes Smoked Per Day	%
< 15 cigarettes	46.6%
15-25 cigarettes	44.1%
> 25 cigarettes	9.3%
Mean number of cigarettes smoked per day	16

Source: Illinois Adult Tobacco Survey (ATS)

According to a 2010 report; "A Report of the Surgeon General: *How Tobacco Smoke Causes Disease,"* tobacco smoke is a toxic mix of more than 7,000 chemicals. Many of these chemicals are poison and cause body tissue damage when inhaled. Over time the damage caused by smoking leads to disease. As previously noted, smoking impairs the lungs, but not only the lungs but smoking can cause cancer almost anywhere in the body. See below the areas of the body that researchers have identified that develop cancers due to smoking:

- Mouth, nose and throat, esophagus
- Larynx
- Trachea
- Lungs (Primary and Secondary, due to secondhand smoke)
- Stomach
- Pancreas
- Kidneys and Ureters
- Cervix
- Bone Marrow and Blood

There is promising news related to smokers that quit.

- Within 5 years of quitting smoking, the chances of mouth, nose and throat, esophagus, bladder cancers are cut in half
- Ten years after quitting smoking the risk for dying from lung cancer is cut in half (50%)
- And, If everyone in the United States chose to be a smoke-free, non-smokers, then, cancer deaths in the United States would be cut by one-third (33.3%).

Other diseases related to smoking include:

- Aneurysms
- Stroke
- Heart attack
- Emphysema
- Chronic bronchitis
- Pneumonia
- Other COPD diseases
- Interference with the functioning of fallopian tubes
- Damage to DNA in the sperm
- Infections for children
- Type 2 diabetes

Regarding diabetes, smokers with diabetes have a higher risk for serious complications, including heart and kidney disease; amputation; retinopathy (eye disease causing blindness); and peripheral neuropathy (nerve damage).

Diabetics who quit smoking have better control over their blood sugar levels

Smokeless Tobacco

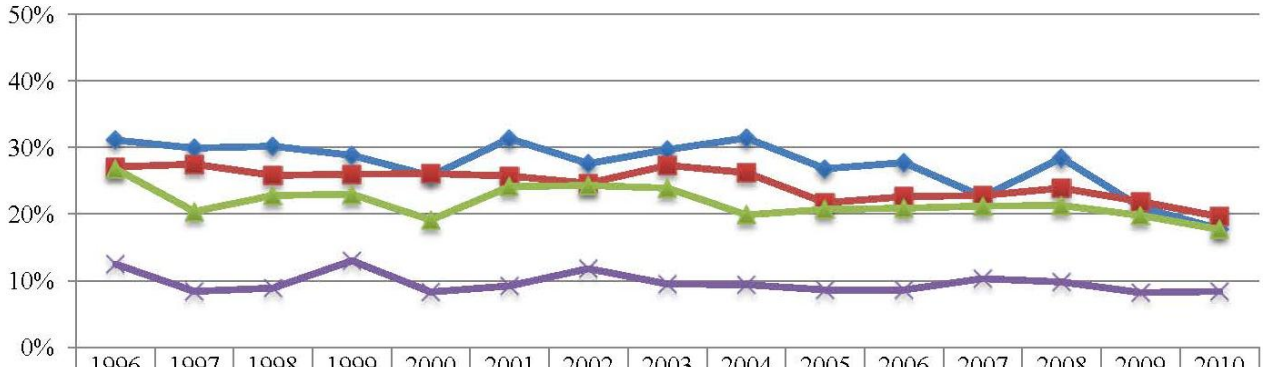
Smokeless tobacco is not a safe alternative to smoking cigarettes. Smokeless tobacco contains 28 cancer-causing agents (carcinogens) and is a known cause of human cancer. Smokeless tobacco use increases the risk of developing oral cavity cancer, esophageal cancer and pancreatic cancer. Smokeless tobacco use also may cause other diseases, such as heart disease, gum disease, and oral lesions. Smokeless tobacco use during pregnancy increases the risks for preeclampsia (i.e., a condition that may include high blood pressure, fluid retention, and swelling), premature birth, and low birth weight. Smokeless tobacco use by men causes reduced sperm count and abnormal sperm cells. (Source: National Cancer Institute. Smokeless Tobacco and Cancer. National Cancer Institute, 2010.)

Addiction to Tobacco

Nicotine is a highly addictive drug that is present in all tobacco products. Breaking the "nicotine habit" is much more difficult to quit, than most understand. Many times even when a tobacco user wants to quit, it takes them more than one try to quit. While nicotine is not a regulated drug, the addictive effects are similar to heroin or cocaine, in that the brain causes the user to crave more and more nicotine. Tobacco use addiction can be both mental and physical. While the tobacco companies have long known that their products are addictive, because of the nicotine concentration they are producing products that deliver more nicotine and deliver it quicker to the brain. There are also additives and other chemicals added to tobacco that makes them more addictive. Teens are also more sensitive to nicotine and do not know how powerful nicotine is and how easy it is to become addicted.

The following chart shows adult smokers by age and for the purposes of our health indicator, the 18-24 year old smokers are of most interest. The data is encouraging in that since 2006 there were two (2) years of decline, then an increase in 2008, then two (2) more years of decrease.

Figure 6. Adult Smoking Prevalence in Illinois by Age, 1996 - 2010

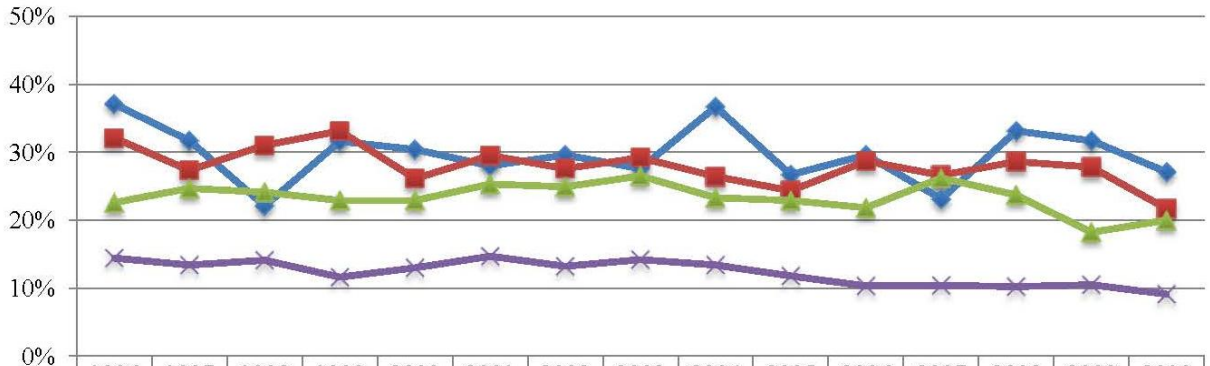


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
18-24	31.1%	29.9%	30.2%	28.8%	25.7%	31.3%	27.6%	29.7%	31.4%	26.8%	27.7%	22.6%	28.4%	21.0%	17.8%
25-44	27.1%	27.5%	25.8%	26.0%	26.1%	25.7%	24.6%	27.3%	26.2%	21.7%	22.6%	22.8%	23.9%	21.9%	19.6%
45-64	26.8%	20.4%	22.8%	23.0%	19.1%	24.1%	24.3%	23.9%	19.9%	20.7%	20.9%	21.2%	21.3%	19.8%	17.7%
65+	12.5%	8.4%	8.9%	13.0%	8.3%	9.2%	11.8%	9.5%	9.4%	8.6%	8.6%	10.3%	9.8%	8.2%	8.4%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)

As previously stated, there is a higher prevalence of smokers that demonstrates disparities between socio-economic classes with lower income, minorities and lower education individuals that are now smoking. The following two (2) graphs demonstrate that disparity in education level and income:

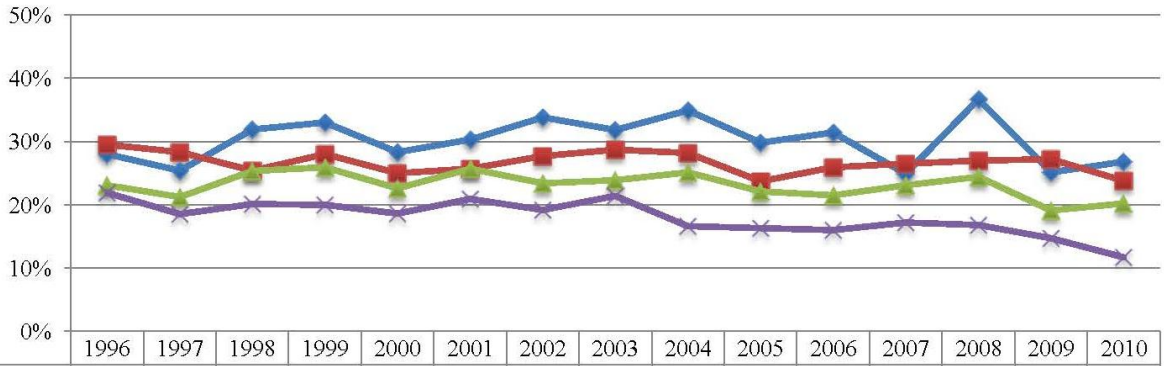
Figure 9. Adult Smoking Prevalence in Illinois by Education Level, 1996 – 2010



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
< H.S.	37.1%	31.7%	22.1%	31.6%	30.4%	28.0%	29.6%	27.6%	36.7%	26.7%	29.6%	23.1%	33.1%	31.7%	27.1%
H.S. Grad	32.1%	27.3%	31.0%	33.1%	26.1%	29.5%	27.6%	29.2%	26.4%	24.3%	28.7%	26.6%	28.6%	27.8%	21.7%
Some College	22.6%	24.7%	24.1%	22.9%	22.9%	25.3%	24.9%	26.5%	23.3%	22.9%	21.8%	26.2%	23.7%	18.2%	20.0%
College Grad	14.4%	13.4%	14.1%	11.6%	13.0%	14.7%	13.2%	14.2%	13.4%	11.8%	10.3%	10.4%	10.2%	10.5%	9.1%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)

Figure 10. Adult Smoking Prevalence in Illinois by Income Level, 1996 - 2010



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
<$15,000	28.0%	25.4%	31.9%	33.0%	28.3%	30.3%	33.8%	31.8%	34.9%	29.8%	31.4%	24.9%	36.7%	25.1%	26.8%
$15-$34,999	29.5%	28.3%	25.4%	28.0%	25.0%	25.7%	27.7%	28.7%	28.2%	23.7%	25.9%	26.5%	27.0%	27.2%	23.8%
$35-$49,999	23.1%	21.2%	25.4%	25.9%	22.6%	25.7%	23.4%	23.9%	25.1%	22.1%	21.5%	23.1%	24.4%	19.1%	20.2%
>$50,000	21.9%	18.5%	20.1%	20.0%	18.6%	20.9%	19.2%	21.4%	16.6%	16.3%	16.0%	17.2%	16.8%	14.7%	11.7%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)

The following data has been extrapolated from the Illinois Quitline in 2012 and 2013. A note of interest is that this "help-aid" will not be effective for 18 year olds and under and virtually ineffective for young adults under age 25. The additional data is fairly aligned with other data sources.

Illinois Tobacco Quitline Data 2012 – 2013 for Ford County											
Data Subject	1st QTR 2012	2nd QTR 2012	3rd QTR 2012	4th QTR 2012	TOTAL 2012	1st QTR 2013	2nd QTR r 2013	3rd QTR 2013	4th QTR 2013	TOTAL 2013	TOTAL 2012-2013
Total Callers	32	32	43	21	128	40	42	34	39	155	283
New Callers	11	8	14	10	43	20	17	8	11	56	99
Total Calls	*	*	80	45	125	89	82	83	140	394	519
Currently Pregnant	1	0	0	0	1	0	0	0	0	0	1
WIC Participant	2	1	6	0	9	1	0	0	1	2	11
Children in home- under 5 years (ETS)	5	2	5	3	15	3	7	0	8	18	33
Age of Caller											
18 and under	0	0	0	0	0	2	0	0	1	3	3
19-24	0	1	2	2	5	1	2	0	1	4	9
25-44	11	15	14	9	49	5	10	5	17	37	86
45-65	17	12	20	7	56	23	21	21	16	81	137
65 and over	4	8	5	3	20	9	7	7	3	26	46
Unknown	0	0	1	0	1	0	0	1	1	2	3
Type of Tobacco Used											
Cigarettes	26	28	39	19	112	34	36	30	37	137	249
Other	0	0	0	0	0	1	1	1	0	3	3
Education of Caller											
Less than high school	1	3	13	3	20	9	6	7	8	30	50
High school graduate	13	11	17	11	52	15	20	7	14	56	108
Some college	6	8	5	3	22	8	3	10	11	32	54
College graduate	6	6	0	2	14	3	8	7	4	22	36
Unknown	6	9	12	0	27	0	0	0	0	0	27
Disease Status of Caller											
Asthma	1	0	2	3	6	2	3	3	3	11	17
Cancer (other than lung)	0	0	5	2	7	0	1	0	1	2	9
Lung Cancer	1	0	0	0	1	0	1	0	1	2	3
Diabetes	4	0	5	3	12	5	4	1	5	15	27
Heart Disease & Stroke	1	3	11	8	23	11	5	5	3	24	47
High Blood Pressure	*	*	9	2	11	10	4	7	7	28	39
COPD	3	1	4	3	11	4	7	3	5	19	30
Multiple Diseases	1	5	8	5	19	8	5	5	5	23	42
Source: Illinois Department of Public Health/Illinois Tobacco Quitline											

Excerpt from a newly released FDA marketing campaign aimed at youth:
Excerpt: FDA NEWS RELEASE Feb. 4, 2014
(http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm384049.htm)

FDA launches its first national public education campaign to prevent, reduce youth tobacco use

The U.S. Food and Drug Administration today announced the launch of a national public education campaign to prevent youth tobacco use and reduce the number of kids ages 12 to 17 who become regular smokers. "The Real Cost" campaign is the FDA's first of several planned tobacco education campaigns using the new authority granted under the Family Smoking Prevention and Tobacco Control Act, signed into law by President Obama in 2009. Tobacco use remains the leading preventable cause of disease, disability and death in the United States, causing more than 480,000 deaths each year. Each day, more than 3,200 youth under age 18 in the United States try their first cigarette and more than 700 kids under age 18 become daily smokers.

As part of Department of Health and Human Services Secretary Kathleen Sebelius' call to make the next generation tobacco free, "The Real Cost" campaign targets the 10 million young people ages 12-17 that have never smoked a cigarette but are open to it and youth who are already experimenting with cigarettes and are at risk of becoming regular smokers.

"We know that early intervention is critical, with almost nine out of every ten regular adult smokers picking up their first cigarette by age 18," said FDA Commissioner Margaret A. Hamburg, M.D. "Today marks a historic moment as we launch the FDA's first-ever national education campaign to prevent tobacco use among our nation's youth, and we bring to life the real costs that are of the most concern to young people."

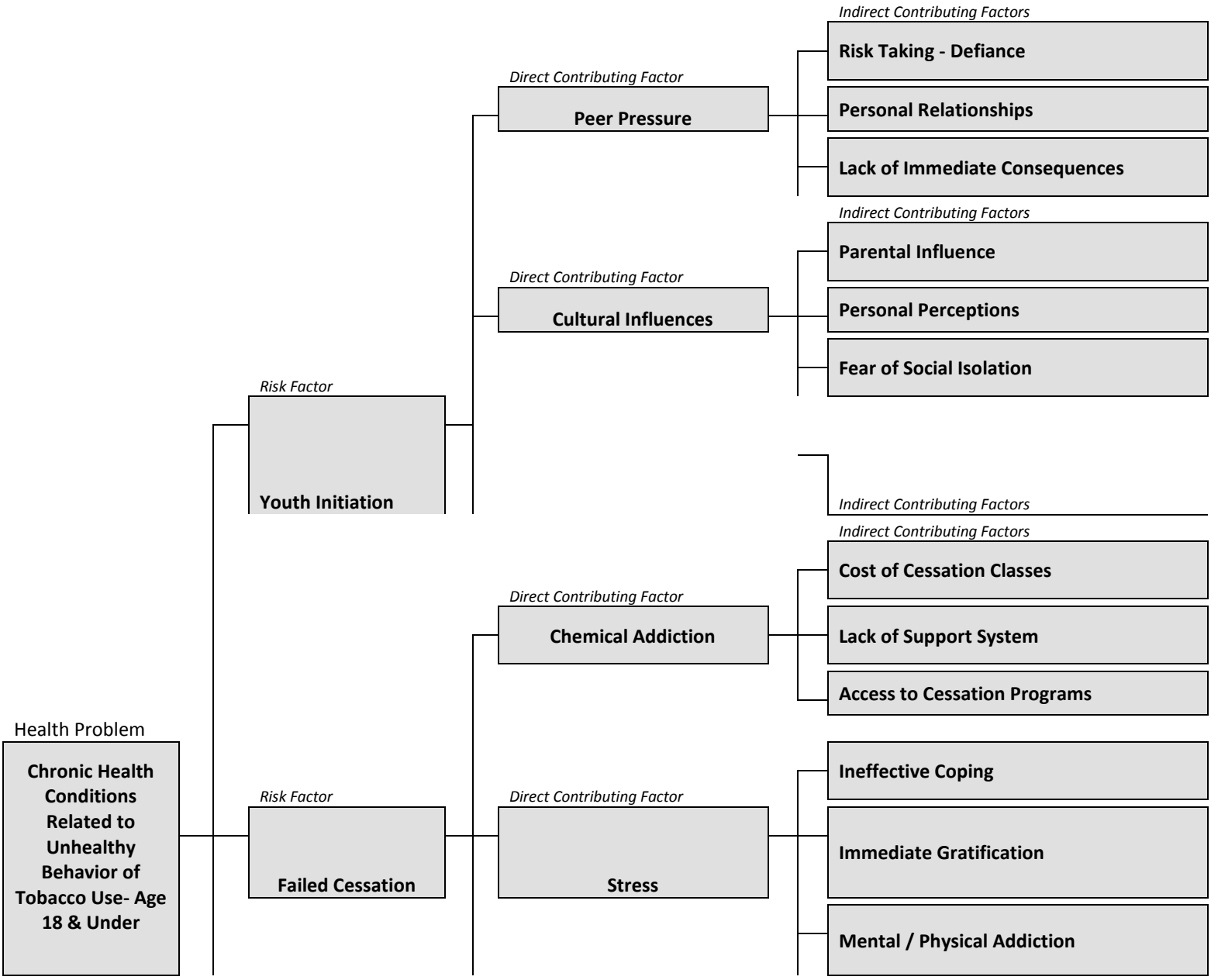
Health Problem Worksheet

Reduce Chronic Health Conditions related to Tobacco Use – Target Group 18 and under

Health Problem:	**Outcome Objectives:**
Reduce chronic health conditions related to unhealthy behavior of tobacco use – target group 18 and Under	By 2019, reduce the initiation of tobacco use in adolescents ages 18 and under by 2 percentage points.
Risk Factors: • Youth yielding to peer pressure and other cultural influences • Failed Cessation – adults that have attempted cessation and need education, access to program, access to assistance and encouragement to stop tobacco use • Environmental Exposure or Environmental Tobacco Smoke (ETS) exposure awareness and	**Impact Objectives:** • By 2015, increase adult cessation by partnering with Gibson Area Hospital to conduct two (2) intervention programs per year in order to reduce the number of adolescents exposed to Environmental Tobacco Smoke (ETS) (secondhand smoke).
Contributing Factors (Direct/Indirect): • Peer pressure • Cultural influences • Chemical addiction • Stress • Chew affiliated with sports • Immediate gratification • Inability to access cessation programs • Inadequate knowledge/cessation resources • Easy access to tobacco products	**Proven Intervention Strategies:** • Identify and develop support resources to assist youth in tobacco use cessation • Increase tobacco free environments (Parks) • Engage local law enforcement and judicial system in supporting efforts • Increase tobacco cessation counseling in health care settings • Develop a campaign for policy in communities, parks, and schools • Provide education on public and private resources for cessation • Engage medical community in promotion of cessation programs • Provide education in public and private settings regarding negative health effects of tobacco use
Resources Available: • Local Health Department • Local Mental Health Department • Local School Systems • Media • Local Physicians/Health Care Providers • Local Hospital • Illinois Tobacco Quit-line • American Cancer Society • 4-H/Boy & Girl Scouts • Local Law Enforcement	**Barriers:** • Financial barriers for participants • Available time for education • Transportation for cessation services • Cost of outreach • Emotional immaturity • Lack of community support

Health Problem Analysis Worksheet

Reduce Chronic Health Conditions related to Tobacco Use – Target Group 18 and under



Outcome and Impact Objectives – Reduce Chronic Health Conditions Related to Tobacco Use – Target Group 18 and Under

Outcome and Impact Objectives based on Healthy People 2020 Objectives (CDC, 2012)

Outcome Objective 3.1:

Reduce the initiation of tobacco use in adolescents ages 18 and under by 2 percentage points.

Healthy People 2020: TU-3 Reduce the initiation of tobacco use among children, adolescents, and young adults

Target: Reduce to 16% of adolescents ages 11 – 18 initiation to tobacco

Baseline: 18% of tobacco users begin before the age of 14

Target Setting Method: reduction by 2 percentage points

Data Source: Illinois Youth Survey-2012 and U.S. Census Bureau-2010

Impact Objective 3.1.1:

By 2015, increase adult cessation by partnering with Gibson Area Hospital to conduct two (2) intervention programs per year in order to reduce the number of adolescents exposed to Environmental Tobacco Smoke (ETS) (secondhand smoke).

Healthy People 2020: TU 4 Increase smoking cessation attempts by adult smokers; TU-11 Reduce the proportion of nonsmokers exposed to secondhand smoke

Target: Provide cessation counseling to all adult smokers with children

Baseline: Partner to provide intervention programs

Target Setting Method: Provide support and resources to assist in cessation

Data Source: Gibson Area Hospital; American Cancer Society

Intervention Strategies/Community Partnerships

The Ford County Public Health Department (FCPHD) will continue to support the Smoke-Free Illinois Act. Enacted on January 1, 2008, the Smoke-Free Illinois Act (SFIA) prohibits smoking in enclosed public places of employment and within 15 feet of entrances, exits, windows that open and ventilation intakes. Illinois was the 13th state to have a comprehensive smoke-free law prohibiting smoking in workplaces, restaurants, bars, theaters, museums, schools and other public places. Complaint investigations will be assessed by the Ford County Public Health Department's Environmental Health Division.

The Ford County Public Health Department will engage local primary care providers to partner with FCPHD in efforts to decrease the incidence of tobacco-related disparities in Ford County residents through promotion of the Illinois Tobacco Quitline: 1-866-QUIT-YES. The Illinois Tobacco Quitline, in coordination with the Illinois Department of Public Health and the American Lung Association of Illinois, assists individuals with counseling, smoking cessation and replacement therapies. The Quitline is staffed by registered nurses, respiratory therapists and tobacco addiction specialists. Almost sixty percent (60%) of Quitline callers quit smoking. FCPHD will contact at least seventy percent (70%) of all health care providers within the county to establish a specific method of education for the promotion of the Illinois Tobacco Quitline for the staff of the primary care physician or health care providers. Provider education will assist in increasing referrals to clients who smoke. This provider education may be made in the following formats:

- Face to face visits to the primary care facilities
- Presentations during Medical Staff meetings at the local hospital
- Telephone conference calls
- Emails
- Document mailings

FCPHD outreach efforts for promotion of the Illinois Tobacco Quitline will engage and educate community members through a variety of social media outlets including:

- Local newspapers, using Press Releases
- Local radio stations via interviews of FCPHD staff
- Ford County Website
- Facebook
- Billboards
- Flyers, handouts and brochures

The proposed Ford County Public Health Department is committed to reducing the incidence of youth tobacco use. ICPHD recognizes that 99% of all tobacco users began before the age of 26; therefore tobacco prevention efforts need to begin with school age children. ICPHD, in coordination with the American Cancer Society, will provide at minimum three (3) tobacco prevention education programs per year to Ford County youth within the Ford County schools. Tobacco prevention education programs will include, but are not limited to:

- Tobacco national, state and local statistical information
- Peer pressure
- Addiction
- Glamorization in the media
- Consequences of tobacco use
- Financial impact
- Cessation

The proposed Ford County Public Health Department will partner with Gibson Area Hospital to provide two (2) intervention programs per year in order to reduce the number of tobacco users; and, therefore, reduce the number of adolescents exposed to Environmental Tobacco Smoke (ETS) (secondhand smoke).

SOURCES

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Table DP-1. Profile of General Demographic Characteristics: 2000; U.S. Census Bureau, Census 2000.

Table DP-1. Profile of General Population and Housing Characteristics: 2010, U.S. Census Bureau, 2010 Census. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1

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Table S1501. EDUCATIONAL ATTAINMENT, 2008-2012 American Community Survey 5-Year Estimates, U.S. Census Bureau, American FactFinder.

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Appendix A – IPLAN Community Coordinator Job Description

Ford County Public Health Department **JOB DESCRIPTIONS**

TITLE: Illinois Project for Local Assessment of Needs (IPLAN) Community Coordinator

REPORTS TO: Public Health Administrator

QUALIFICATIONS

1. Has a bachelor's degree in Public Health Administration, Nursing, Social Work, or Family-Consumer Sciences.

2. Requires at least two (2) years in public health, child-family services or related experience.

3. Must be adept at public speaking and have excellent writing skills.

4. Must have ability to communicate effectively with consumers, governmental entities, health care providers and other community partners/resources.

5. Must have good working knowledge of Word, Excel, PowerPoint, and Publisher.

6. Must have some knowledge or previous experience in marketing.

7. Must be able to work extended hours, whenever required.

8. Possesses and maintains good physical stamina and mental health

9. Must be a licensed driver with automobile that is insured and is in good working order.

SUMMARY OF JOB DESCRIPTION

The IPLAN Community Coordinator (IPCC) is primarily responsible for coordinating community health services for the purpose of meeting the goals as outlined and defined in the county IPLAN as filed with the Illinois Department of Public Health. The IPCC will meet with individuals and/or organizations that have an interest in furthering the cause of community health issues as delineated in the IPLAN. The IPCC will facilitate media dissemination of information necessary to inform the consumer and general public as to plans, accomplishments and strategies to implement the IPLAN's goals. The IPCC will work closely with governmental entities regarding budgeting, funding resources; including but not limited to governmental grants, private grants, contracts and other funding sources. The IPCC will write or cause to be written strategic plans, grant applications, and other documents necessary to fulfill the goals outlined in the IPLAN. Supervises the communication patterns and marketing of health information thru data channels such as but not limited to social and professional medical media. Monitors and designs social media efforts to allow for co-branding the messages with other IPLAN partners.

RESPONSIBILITIES AND DUTIES

1. Processes routine lists, reports and forms related to program specific requirements.

2. Enters data in the different computer social marketing formats accurately and in a timely manner.

3. Responsible for scheduling and recording of all social marketing for the IPLAN information and for its partners.

4. Assists in the preparation of monthly, quarterly, and annual reports as needed.

5. Organizes and maintains complete and accurate communication utilization records to assess target market penetration and impact objectives.

6. Communicates with public health administrator regarding assignments.

7. Performs other duties as required or assigned.

The above statements are only meant to be a representative summary of the major duties and responsibilities performed by the IPCC. The IPCC may be requested to perform job related tasks other than those stated in this description.

WORKING CONDITIONS

1. General office environment.

2. Possible exposure to infectious diseases.

3. In and out of automobile.

CONTINUING EDUCATION REQUIREMENTS

Agency personnel are expected to participate in appropriate continuing education as may be requested and/or required by their immediate supervisor. All agency personnel must attend mandatory educational programs.