

**Passavant Area Hospital
Jacksonville, IL
Community Health Needs Assessment of Morgan County, Illinois
2013 - 2015**

Passavant Area Hospital's community health needs assessment and implementation strategy are available online at www.passavanthospital.com

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Introduction to our Hospital and Morgan County

Passavant Area Hospital

As an independent, nonprofit hospital, Passavant has been providing healthcare services to the residents of Morgan, Cass, Scott, and parts of Brown, Greene, Macoupin, and Pike counties in West Central Illinois since 1875. The mission of Passavant Area Hospital is to provide excellent care with compassion and commitment. The oversight and direction of our community hospital is led by the Board of Governors made up of delegates from our local churches, and the Board of Directors made up of volunteers who live and work in our community, and who understand the importance of a strong, vibrant hospital. This responsibility for caring extends to every employee, every physician and every volunteer. Our primary focus is our patients, their families and our community.

Passavant, a 108 patient bed hospital, is staffed by over 900 full and part-time employees, and an active medical staff of nearly 75 physicians. Not only is Passavant the largest employer in Morgan County providing jobs and dollars that directly impact our local economy, it also provides additional community benefits through capital improvement projects and support of other local nonprofit organizations, all working together for the good of the community.

Passavant Area Hospital is a Magnet® Hospital as recognized by the American Nurses Credentialing Center. The Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and is a member of the American Hospital Association (AHA), the Illinois Hospital Association (IHA), and the VHA.

Morgan County, Illinois

Morgan County is located in west-central Illinois, roughly 90 miles north of St. Louis, Missouri, 230 miles southwest of Chicago and 30 miles west of Springfield, Illinois. Morgan County has a population of approximately 36,000 people. In every part of Morgan County, agriculture plays a major role in the area's economic stability. The county seat is Jacksonville, with a population of nearly 20,000. Jacksonville is the home of Illinois College, MacMurray College, LincolnLand Community College, the Illinois School for the Deaf and the Illinois School for the Visually Impaired.

Table 1: Demographic and Socioeconomic Characteristics

Indicator	Year	Morgan County	Illinois
Total Population	2010	35,547	12,830,632
Total Population Estimate	2011		
Dependency:			
White population % <18	2009	20.7	26.1
White population % >64	2009	17.7	12.1
Black population % <18	2009	24.5	28.0
Black population % >64	2009	5.2	9.6
Median age	2010	39.0	36.6
Population Distribution:			
White	2010	90.9	71.5
Black	2010	6.0	14.5
Asian/PI	2010	0.5	4.6

Native American	2010	0.2	0.3
Percent Distribution by Ethnicity:			
Hispanic	2010	2.0	15.8
Non-Hispanic	2010	98.0	84.2
Percent Rural Population			
Total	2000	36.0	12.4
Percent of Population below Poverty Level			
	2010	14.1	19
Percent Population of Food Stamps			
	2010	12.0	7.7
Percent Unemployed:			
Total	2011	10.1	9.9
White	2011	8.5	9.1
Black	2011	29.4	17.8
Other	2011	20.4	12.5
Percent Medicaid Enrollees:			
Total	2010	20.1	21.3
Population <18	2010	44	54.2
Percent Single Parent Households			
	2010	32.0	12.3
Percent of Population 25 or older who are not high school graduates			
	2010	13.5	13.8
Percent high school dropouts			
	2010	14.2	25.1
Per capita personal income			
	2010	23,244	28,782

**Table 2: General Health and Access to Care
Leading Causes of Mortality in 2006**

MORGAN			ILLINOIS	
Race	Cause	Number (%)	Cause	Number (%)
All Races	Total	406	Total	102,122
	Diseases of heart	112 (28%)	Diseases of heart	27,002 (26%)
	Malignant neoplasms	89 (22%)	Malignant neoplasms	24,052 (24%)
	Coronary heart disease	89 (22%)	Coronary heart disease	19,120 (19%)
	Cerebrovascular diseases	36 (9%)	Lung Cancer	6,663 (7%)
	Lung Cancer	29 (7%)	Cerebrovascular diseases	5,974 (6%)
	Chronic lower resp. disease	27 (7%)	Chronic lower resp. disease	4,725 (5%)
	Accidents	20 (5%)	Accidents	4,401 (4%)
	Influenza and Pneumonia	14 (3%)	Diabetes Mellitus	2,794 (3%)
	Colo-rectal cancer	9 (2%)	Influenza and Pneumonia	2,671 (3%)
	Diabetes Mellitus	8 (2%)	Colo-rectal cancer	2,507 (2%)
Asian/PI	Total	2	Total	1,239
	Malignant neoplasms	1 (50%)	Malignant neoplasms	336 (27%)
	Cerebrovascular diseases	1 (50%)	Diseases of heart	281 (23%)
			Coronary heart disease	221 (18%)
			Lung cancer	91 (7%)
			Cerebrovascular diseases	89 (7%)
			Diabetes Mellitus	58 (5%)
			Colo-rectal cancer	51 (4%)
			Accidents	43 (3%)
			Nephritis, etc.	41 (3%)
			Septicemia	35 (3%)

Black	Total	11	Total	15,786
	Disease of heart	4 (36%)	Disease of heart	3,960 (25%)
	Coronary heart disease	4 (36%)	Malignant neoplasms	3,651 (23%)
	Malignant neoplasms	2 (18%)	Coronary heart disease	2,927 (19%)
	Cerebrovascular diseases	1 (9%)	Lung cancer	1,004 (6%)
	Influenza and Pneumonia	1 (9%)	Accidents	849 (6%)
	Diabetes Mellitus	1 (9%)	Cerebrovascular diseases	848 (5%)
	Septicemia	1 (9%)	Homicide	577 (4%)
	Lung cancer	1 (9%)	Diabetes Mellitus	572 (4%)
	Cervical cancer	1 (9%)	Nephritis, etc.	530 (3%)
			Firearms	518 (3%)
White	Total	4,393	Total	85,013
	Diseases of heart	108 (27%)	Diseases of heart	22,744 (27%)
	Malignant neoplasms	86 (22%)	Malignant neoplasms	20,043 (24%)
	Coronary heart disease	85 (22%)	Coronary heart disease	15,957 (19%)
	Cerebrovascular diseases	34 (9%)	Lung Cancer	5,560 (7%)
	Lung Cancer	28 (7%)	Cerebrovascular diseases	5,036 (6%)
	Chronic lower resp. disease	27 (7%)	Chronic lower resp. disease	4,251 (5%)
	Accidents	20 (5%)	Accidents	3,505 (4%)
	Influenza and Pneumonia	13 (3%)	Influenza and Pneumonia	2,318 (3%)
	Colo-rectal cancer	9 (2%)	Diabetes Mellitus	2,164 (3%)
	Diabetes Mellitus	7 (2%)	Lymph & Hemato, cancer	2,072 (2%)
Other	Total	0	Total	84
			Malignant neoplasms	22 (26%)
			Diseases of heart	17 (20%)
			Coronary heart disease	15 (18%)
			Lung cancer	8 (10%)
			Nephritis, etc.	5 (6%)
			Accidents	4 (5%)
			Motor vehicle accidents	3 (4%)
			Septicemia	3 (4%)
			Perinatal conditions	3 (4%)
		Chronic lower resp. diseases	2 (2%)	

Cause-specific years of potential life lost (YPPL) in 2006 ALL RACES

MORGAN COUNTY		ILLINOIS	
Cause	Number	Cause	Number
Accidents	310	Accidents	85,216
Malignant neoplasms	251	Malignant neoplasms	73,388
Diseases of heart	196	Diseases of heart	54,579
Coronary heart disease	162	Perinatal conditions	45,158
Motor vehicle accidents	150	Coronary heart disease	36,136
Lung Cancer	95	Motor vehicle accidents	31,128
Congenital malformations	82	Homicide	27,677
Perinatal conditions	64	Firearms	27,275
Chronic lower resp. conditions	58	Congenital malformations	19,618
Suicide	50	Suicide	17,193

Percent of population uninsured ages between 18 and 64 in 2009

	Morgan County	Illinois
Total	13.1	20
Male	*	18
Female	*	17
Black	22.1	23
White	10.9	12

Percent of populations no medical physical in past 2 years in 2006

Morgan County	Illinois
61.7	44.3

Behavioral Risk Factors in

	Morgan County	Illinois
Obesity	29%	26.3%
Sedentary Lifestyle	28.6%	25%
Smoking	30.1%	16.9%

Table 3: Maternal and Child Health General Indicators:

Indicator	Year	Morgan County	Illinois
Distribution of live births:			
Total	2006	380 (100%)	180,503 (100%)
Asian/PI	2006	4 (1.1%)	9,427 (5.2%)
Black	2006	21 (5.5%)	31,469 (17.4%)
White	2006	354 (93.2%)	138,936 (77.0%)
Other	2006	1 (0.3%)	671 (0.4%)
Infant Mortality rate per 1,000 live births:			
Total	2006	2 **.	1,343 (7.4)
Asian/PI	2006	0 **.	33 (3.5)
Black	2006	1 **.	453 (14.4)
White	2006	1 **.	850 (6.1)
Neonatal Mortality			
Total	2006	1 **.	921 (5.1)
Asian/PI	2006	0 **.	26 (2.8)
Black	2006	0 **.	266 (8.5)
White	2006	1 **.	624 (4.5)
Post-neonatal Mortality			
Total	2006	1 **.	422 (2.3)
Asian/PI	2006	0 **.	7 **.
Black	2006	0 **.	186 (5.9)
White	2006	1 **.	226 (1.6)
Low birth weight infants (<2500 grams)			
Total	2006	29 (7.6%)	15,607 (8.6%)
Black	2006	3 (14.3%)	4,525 (14.4%)
White	2006	26 (7.3%)	10,176 (7.3%)
Very low birth weight infants (<1500 grams)			
Total			

Black	2006	3 (0.8%)	2,964 (1.6%)
White	2006	0 **. *	1,031 (3.3%)
	2006	3 (0.8%)	1,806 (1.3%)

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

General Indicators Maternal Health, continued

Indicator	Year	Morgan County	Illinois
Mothers beginning prenatal care in first trimester			
Total	2006	84.7 (322)	82.5 (148,860)
Asian/PI	2006	75.0 (3)	82.2 (7,748)
Black	2006	76.2 (16)	73.5 (23,115)
White	2006	85.3 (302)	84.5 (117,461)
Other	2006	100 (1)	79.9 (536)
Kessner Index of prenatal care			
Adequate	2006	78.2 (297)	74.7 (134,827)
Intermediate	2006	17.9 (68)	15.7 (28,721)
Inadequate	2006	3.9 (15)	8.4 (16,928)
Kotelchuck Index of prenatal care utilization			
Adequate plus	2006	32.9 (125)	31.4 (56,724)
Adequate	2006	51.6 (196)	43.8 (79,042)
Intermediate	2006	7.1 (27)	10.9 (19,708)
Inadequate	2006	8.2 (31)	8.1 (14,544)
Unknown	2006	0.3 (1)	5.8 (10,485)
Number of teen births			
Total	2006	16	395
Ages 10 to 14	2006	0	275
Ages 15 to 17	2006	16	6,120
Percent teen births (<18 years)			
Total	2006	4.2 (16)	3.5 (6,395)
Asian/PI	2006	0	0.3 (29)
Black	2006	14.3 (3)	8.5 (2,688)
White	2006	3.7 (15)	2.6 (3,647)
Percent of mothers who smoked during pregnancy:			
Total	2006	24.2 (92)	8.6 (15,456)
Black	2006	28.6 (6)	10.1 (3,167)
White	2006	24.3 (86)	8.7 (12,136)
Other	2006	**. * (0)	1.5 (153)
Percent of mothers who drink during pregnancy:			
Total	2006	0.3 (1)	0.3 (639)
Black	2006	4.8 (1)	0.6 (174)
White	2006	0	0.3 (446)
Other	2006	0	0.1 (9)
Method of Delivery – Total live births			
Vaginal	2006	100 (380)	100 (180,503)
VBAC	2006	83.5 (273)	79.9 (124,268)
Primary Cesarean	2006	6.5 *	7.4 (1,732)
Repeat Cesarean	2006	16.5 (54)	20.1 (31,342)
Unknown	2006	93.5	92.6 (21,730)
	2006	**. *(7)	**. * (1,431)
Vaginal			
Ages 10-19	2006	9.5*	11.5 (14,260)
Ages 20-29	2006	65.2 (178)	52.5 (65,224)

Ages 30-39	2006	24.5 (67)	34.0 (42,219)
Ages 40+	2006	*	2.1 (60)
Unknown	2006	0	**.* (5)
Primary Cesarean			
Ages 10-19	2006	16.7*	10.0 (3,134)
Ages 20-29	2006	63.0 (34)	47.7 (14,949)
Ages 30-39	2006	18.5 (10)	38.5 (12,063)
Ages 40+	2006	1.9*	3.8 (1,195)
Unknown	2006	0	**.* (1)
Repeat Cesarean			
Ages 10-19	2006	4.7*	2.3 (492)
Ages 20-29	2006	46.5*	41.7 (9,066)\
Ages 30-39	2006	48.8 (21)	51.1 (11,110)
Ages 40+	2006	**.* (*)	4.9 (1,062)
Unknown	2006	0	0

If <10, numbers are suppressed

Table 4: Chronic Diseases

A. Mortality indicators

Indicator	Year	Morgan County	Illinois
Coronary heart disease mortality rates			
Age adjusted	2006	*	145.0 (*)
Crude	2006	249.2 (89)	149.0 (19,120)
Black			
Age adjusted	2006	**.* 0	**.*
Crude	2006	**.* (4)	**.* (2,927)
White			
Age adjusted	2006	**.*	139.2 (*)
Crude	2006	**.* (85)	155.8 (15,957)
Cerebrovascular disease mortality rates			
Age adjusted	2006	*	45.2 (*)
Crude	2006	100.8 (36)	46.6 (5,974)
Black			
Age adjusted	2006	**.*	**.*
Crude	2006	**.* (1)	**.* (848)
White			
Age adjusted	2006	**.*	**.*
Crude	2006	**.* (34)	**.* (5,036)
Cirrhosis of liver mortality rates			
Age adjusted	2006	*	8.2 (*)
Crude	2006	* (3)	8.3 (1,070)
Black			
Age adjusted	2006	**.*	**.*
Crude	2006	**.* (0)	**.* (138)
White			
Age adjusted	2006	**.*	8.5 (*)
Crude	2006	**.* (3)	9.0 (920)
Lung cancer mortality rates			
Age Adjusted	2006	*	52.4 (*)
Crude	2006	81.2 (29)	51.9 (6,663)
Black			

Age adjusted	2006	**.*	**.*
Crude	2006	**.* (1)	**.* (1,004)
White			
Age adjusted	2006	**.*	51.5 (*)
Crude	2006	**.* (28)	54.3 (5,560)
Breast cancer mortality rates			
Age Adjusted	2006	*	24.1 (*)
Crude	2006	* (7)	27.1 (1,766)
Black			
Age adjusted	2006	**.*	**.*
Crude	2006	**.* (0)	**.* (313)
White			
Age adjusted	2006	**.*	23.1 (*)
Crude	2006	**.* (6)	27.7 (1,430)
Colorectal cancer mortality rates			
Age adjusted	2006	*	19.3 (*)
Crude	2006	* (9)	19.5 (2,507)
Black			
Age adjusted	2006	**.*	**.*
Crude	2006	**.* (0)	**.* (242)
White			
Age adjusted	2006	**.*	18.2
Crude	2006	**.* (9)	19.8 (2,034)
Cervical cancer mortality rates			
Age adjusted	2006	*	2.5 (*)
Crude	2006	* (1)	2.6 (172)
Black			
Age adjusted	2006	**.*	**.*
Crude	2006	**.* (1)	**.* (50)
White			
Age adjusted	2006	**.*	2.1 (*)
Crude	2006	**.* (0)	2.3 (119)
Prostate cancer mortality rates			
Age adjusted	2006	**.*	25.1 (*)
Crude	2006	**.* (8)	19.3 (1,220)
Black			
Age adjusted	2006	**.*	**.*
Crude	2006	**.* (0)	**.* (282)
White			
Age adjusted	2006	**.*	22.0 (*)
Crude	2006	**.* (8)	18.3 (932)

Rates per 100,000

* Rate numerator does not meet standards for reliability or precision

**Table 4: Chronic Disease
B. Prevalance**

Cancer detection, 2004-2008 (5 year average rate and number)

Indicator	Race	Morgan County		Illinois	
		%	Number	%	Number
Percent diagnosed in situ breast cancer	All races	22.9	27	20.1	9,090
	Black	*	0	20.5	557
	White	21.6	27	19.9	8,353
Percent diagnosed at local stage colorectal cancer	All races	40.8	35	41.5	12,086
	Black	*	*	33.6	998
	White	38.7	29	42.9	10,436
Percent diagnosed at local stage cervical cancer	All races	72.0	6	42.9	1,020
	Black	*	*	35.7	63
	White	*	*	44.1	851
Percent diagnosed at local stage prostate cancer	All races	81.8	33	81.2	8,955
	Black	*	*	78.8	1,520
	White	*	32	81.7	6,961

Rates per 100,000

*Rate numerator does not meet standards for reliability or precision

Cancer diagnoses indicating lack of access to primary care, 2000-2004 (5 year average rate and number)

Cancer diagnosis	Morgan County		Illinois	
	Rate	Number	Rate	Number
In situ breast cancer	27.8	25	29.8	9,831
Black	0	0	24.3	1,096
White	27.8	25	30.4	8,298
Late cervical cancer	0	3	4.3	1,405
Black	0	0	7.3	339
White	0	3	3.8	1,013

B. Prevalence (con't.)

	Morgan County	Illinois
Asthma (2010 IBRFSS) Ever diagnosed with asthma	13.8%	9.3%
Cardiovascular: (2010 IBRFSS) High Blood Pressure	31.1%	26.8%
Told cholesterol is High	37.5%	38.2%
Heart Attack	5.1%	3.9%
Stroke	3.2%	2.6%
Diabetes (2010 IBSSS) Told have diabetes	8.5%	4.8%
Diabetic screening (NACCHO Rankings 2012)	84%	82%

Table 5: Sexually Transmitted Diseases, 2010

Disease	Race, age, gender or mode of transmission	Morgan County		Illinois	
		Rate	Number	Rate	Number
Syphilis	Total	*	1	3.4	431
	Asian/PI	*	0	0.6	3
	Black	*	0	58.6	315
	White	*	0	12.6	68
	Other	*	0	24.3	131
Gonorrhea	Total	156.8	56	157.3	20,186
	Asian/PI	*	0	*	47
	Black	*	24	*	14,405
	White	*	32	26.9	2,758
	Other	*	N/A	*	2,976
	Ages 15 to 19	*	10	*	5,844
	Women: ages 15 to 44	*	34	*	10,571
Chlamydia	Total	369.3	132	417.6	53,586
	Asian/PI	*	0	*	348
	Black	*	25	*	29,152
	White	*	93	132.4	13,555
	Other	*	13	*	10,531
AIDS	Total Cases	4.2	10	8.6	7,563
	By mode of transmission				
	Men who have sex with men	*	*	*	187
	Injection drug use	*	*	*	95
	MSM/IDU	*	*	*	22
	Hemophilia	*	*	*	0
	Blood transfusion	*	*	*	7
	Heterosexual contact	*	*	*	71
	Perinatal	*	*	*	0
	Other/Not reported	*	*	*	160
HIV Infection	Total cases	6.7	3	9.3	1,176
	Child-bearing women	*	*	*	*
	By mode of transmission				
	Men who have sex with men	*	*	*	*
	Injection drug use	*	*	*	*
	Hemophilia	*	*	*	*
	Heterosexual contact	*	*	*	*
	Perinatal	*	*	*	*
	Other/Not reported	*	*	*	*

Rates per 100,000

*Rate numerator does not meet standards for reliability or precision

B. Other infectious disease indicators

Indicator	Year	Morgan County	Illinois
Vaccine preventable disease:			
Total	2011	14	1591
Diphtheria	2011	0	0
Pertussis	2011	12	1509
Tetanus	2011	0	1

Measles	2011	0	3
Mumps	2011	2	78
Rubella	2011	0	0
Polio	2011	0	0
Tuberculosis incidence rate:			
Total	2011	3	359
Asian	2011	0	
Black	2011	0	
White	2011	3	
Other	2011	0	
Reported infections caused by Foodborne pathogens:			
Salmonella	2011	8	1694
Giardiasis	2011	1	407
Listeria monocytogenes	2011	0	34
Reported incidence of Hepatitis B	2011	0	85
Reported incidence of Haemophilus meningitis:		0	35
Ages 0 to 2	2011	0	*
Ages 0 to 4	2011	0	*

Actual cases – IDPH Health Statistic, INEDDS

Table 6: Sentinel Events

Indicator	Year	Morgan Co	Illinois	US
Infants hospitalized for Dehydration	2001	2	958	N/A
Children hospitalized for Rheumatic fever	2001	0	29	N/A
Children hospitalized for Asthma	2001	5	6,599	N/A
Adults (>18 years of age) hospitalized for tuberculosis	2001	1	647	N/A
Adults hospitalized for uncontrolled hypertension	2001	34	13,469	N/A

Community Health Needs Assessment Process

In 2012, Passavant Area Hospital worked in partnership with the Morgan County Health Department, and other members of local organizations to prioritize the health care needs of Morgan County residents. As the Community Health Needs Assessment was a new process for Passavant Hospital, and the Morgan County Health Department (MCHD) was developing its required submission of the IPLAN (Illinois Project for Local Assessment of Needs), Passavant Hospital was able to utilize the same resources available to the MCHD for data analysis. Solicitation of committee members was based upon geographic, racial/ethnic, professional, income, age, gender, and institutional factors that best represented our community as a whole. Committee members were encouraged to openly discuss community issues, attitudes and barriers regarding how the priorities impacted the overall health and well being of the community.

Data was collected, presented and analyzed within six characteristics of the county: Demographic and Socioeconomic, General Health and Access to Care, Maternal and Child Health, Chronic Disease, Teen Pregnancy and Sexually Transmitted Disease, and Sentinel Events to determine justification for the established health needs. A majority vote of committee members was utilized to establish priorities.

The committee was comprised of:

- Judy Tonry, RN, Nurse Practitioner and Director of Health Services, Illinois College
- Gina Hamilton, RN, Coordinator of Health Services, MacMurray College
- Mary Gray, Director of Nursing, Morgan County Health Department
- Carol Hungerford, Office Manager, Morgan County Health Department
- Kathy Rider, Chamber of Commerce
- Megan Michaels, Teen Parent
- Tammy Middleton, Director of Accounting, Passavant Hospital
- Monica Eoff, Director of Community Relations, Passavant Hospital
- Julie Garner-Teno, RN, Educational Services Instructor at Passavant Hospital
- Bruce Richards, Wells Center
- Anthony Grootens, Jacksonville Police Chief
- Gina Reno, Wells Center
- Randy Duvendack, Morgan County Sheriff
- Todd Dillard, Director, Morgan County Probation
- Jessie Ross, Teen Parent
- Tatiana Trumbo, Teen Representative
- Trez Courtney, Teen Representative
- Marshika Lomelino, Teen Representative
- Sierra Trumbo, Teen Representative
- Erica Beard, Teen Representative
- Breanna Frick, Teen Representative
- Javier Herron, Teen Representative
- Pat Simmons, Social Worker, Morgan County Health Department
- Alex Hrynewych, MD, Obstetrician/Gynecologist, Passavant Hospital
- Debra Rust, Waverly Superintendent of Schools
- Leah Bergschneider, RN, Passavant Hospital
- Dr. Dora Ramos, Central Counties Health Centers
- Monica Campbell, RN, Meredosia School Nurse
- Cindy Weger, RN, District 117 School Nurse
- Jacqueline Barringer, RN, Morgan Co. Health Department Communicable Disease Nurse
- Wendy Smith, Community Program Coordinator, Passavant Hospital
- Steve Lee, Chief Physician Services Officer, Passavant Hospital
- Karen Siebert, Nutritionist, Passavant Hospital
- Orlanda Speckhart, Director of Ethics and Psychiatric Health, Passavant Hospital
- Patty Bryant, RN, Clinical Director, Passavant Hospital
- Carol Kilver, Assistant Superintendent, Jacksonville School District 117

The committee, after analyzing the data and engaging in discussions on community issues and barriers, determined the four priority health needs to be:

1. Metabolic Syndrome
2. Early Sexual Activity: Teenage Pregnancy & Sexually Transmitted Disease
3. Access to Medical, Dental and Mental Health Care
4. Adolescent Substance Abuse

The determination of the four priority health needs was made because the statistics regarding the health status of Morgan County citizens indicated many levels which are higher than the state average. For example, both coronary heart disease and cerebrovascular disease is above the State of Illinois rate/average.

1. Coronary heart disease: 22% for Morgan County to 19% for Illinois
 - Age adjusted crude rate: 249.2 for Morgan County to 149 for Illinois
 - Heart attack rate: 5.1 for Morgan County to 3.7 for Illinois
2. Cerebrovascular: 9% for Morgan County to 6% for Illinois
 - Age adjusted crude rate: 100.8 for Morgan County to 46.6 for Illinois
 - Stroke: 3.2 for Morgan County to 2.6 for Illinois
3. Diseases of the heart, coronary heart disease and cerebrovascular disease accounted for 54% of the 2007 deaths in Morgan County. Life expectancy is 77.05 in Morgan County versus 78.76 in Illinois.

Other statistics show that obesity levels are higher than the state average: 29% for Morgan County vs. 26.3% for Illinois, sedentary lifestyle: 28.6% for Morgan County vs. 25% for Illinois, high blood pressure: 31.1% for Morgan County vs. 26.8% for Illinois, diabetes: 8.5% for Morgan County vs. 4.8% for Illinois, smokers: 30.1% for Morgan County vs. 16.9% for Illinois and no medical physical for a 2 year period or longer: 61.7% for Morgan County vs. 44.3% for Illinois.

Another concern of our community is our teenage population (<18) and the alarming rate of substance abuse, dropouts, teenage pregnancy/births, and poverty in this age group. All these concerns have higher rates than the State of Illinois. The Morgan County Youth Survey 2010 shows attitude and behavior among alcohol and drug use is submissive. Drug and alcohol arrests are on the increase. Alcohol and marijuana are drugs of choice, with prescription and over-the-counter drugs increasing rapidly.

Access to healthcare is lacking for the increased Medicaid, underinsured and unemployed population in Morgan County. Our rate of unemployment is 10.1%, 21% of our children are in poverty, 33% of our households are lead by single parents, 15% uninsured and 21% eligible for Medicaid. Our rate of primary care physicians is 1406:1, dentists 2396:11 and mental health providers 8787:1. This is a substantial health problem for the disadvantaged citizens of our county with numerous health risk consequences developing because of the lack of accessible, affordable health care.

After determining these prioritized health needs, the committee at large was divided into sub-committees. The members of the sub-committees were selected for their knowledge and expertise in a specific priority area. The function of each group was to:

1. Establish health problems within the priorities
2. Determine risk factors
3. Identify contributing factors related to the problem
4. Develop objectives for each problem
5. Develop an intervention strategy to achieve and evaluate objectives

Identified Priority Health Needs

Metabolic Syndrome

Metabolic Syndrome is a cluster of metabolic risk factors such as increased blood pressure, high blood sugar level, excess body fat around the waist, and abnormal cholesterol levels that when, occurring together, increase the risk of heart disease, stroke or diabetes. Morgan County resident death rates for cardiovascular disease exceed statewide rates (28% vs. 26%) and remains just below rates for diabetes mellitus (2% vs. 3%). Diseases of the heart rank first as the leading cause of mortality in Morgan County.

Of the risk factors associated with metabolic syndrome, Morgan County had a larger population of smokers than state rates (19.7% vs. 16.9%) and a larger percentage of adult obesity according to the 2007-09 and 2010 Behavior Risk Factor Survey (BRFS) Data (29% vs. 27%). Physical inactivity was also higher than state average with Morgan County at 30% vs. the state rate of 25%. Those residents reporting eating 0-2 servings of fruits/vegetables per day jumped to 54.1%, according to 2007-09 BRFS, from 50.1% from the 2004 data.

In reference to heart disease and stroke, Healthy People 2020 (U.S. Department of Health and Human Services science-based, 10-year national objectives for improving the health of all Americans) sets the goal to “improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke, early identification and treatment of heart attacks and strokes, and prevention of repeat cardiovascular events”. Two objectives list a reduction of coronary heart disease deaths to 100.8 deaths per 100,000 population (baseline: 126.0 deaths per 100,000 occurred in 2007) and stroke deaths to 33.8 deaths per 100,000 (baseline: 42.2 deaths per 100,000 occurred in 2007). [Baseline numbers are from the 4th round BRFS statistic].

Healthy People 2020’s goal for diabetes is to “reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.” Two of the objectives listed for diabetes are to reduce the annual number of new cases of diagnosed diabetes in the population to 7.2 new cases per 1,000 population aged 18-84 (baseline: 8.0 new cases reported in 2006-2008), and to reduce the diabetes death rate to 65.8% per 100,000, population (baseline: 73.1 deaths were related to Diabetes in 2007). [Baseline numbers are from the 4th round BRFS statistics].

The sub-committee which met to discuss metabolic syndrome placed the focus on adult obesity as the main area of concern, as this risk factor was also a contributing risk factor in those conditions identified as indicators for this syndrome.

References for Metabolic Syndrome

National Association of County and City Health Officials (NACCHO) (2011), County Health Ranking and other Statistics – www.Countyhealthrankings.org

Morgan County Health Department IPLAN, 2012

American Heart Association, Topic Brochures/ About Metabolic Syndrome; Understanding your risk for high blood pressure; Understanding your risk for Diabetes, 2010

Centers for Disease Control: Understanding your Risk for High Cholesterol

Health People 2020; Goals and Objectives for Heart Disease and Stroke, Diabetes, Nutrition and Weight Status

Early Sexual Activity: Sexually Transmitted Disease

In Morgan County, not unlike the State of Illinois, the majority of cases of STD's, especially chlamydia and gonorrhea, fall between the ages of 15-24 years. In 2010, 77.8%* of all chlamydia cases and 81.9%* of gonorrhea cases in Morgan County fell within that age group. In 2011, the trend continued with 72.2%* of all chlamydia cases and 50% of all gonorrhea cases in Morgan County, falling within the 14-24 age groups. In the State of Illinois for 2011, 73.2% of all chlamydia cases and 68.4% of all gonorrhea cases, were between the ages of 15-24 years. Combine this with our teenage pregnancy and birth rate, it is easy to see why Early Sexual Activity was one of the priorities established by the committee at large.

Actual cases have fluctuated since 2005. Chlamydia cases have been as high as 158 in 2008 and as low as 98* in 2010. Between 2005 and 2008, Morgan County averaged 144 annually. From 2009 to 2011 we averaged 112 cases annually*. Gonorrhea shows the same trend; from 2005 to 2008 Morgan County averaged 55 cases annually and from 2009 to 2011 we averaged 14 cases annually*. Actual cases in the entire State of Illinois show a steady increase in both chlamydia and gonorrhea until 2011, then a slight decrease for both in 2011. Actual number of cases for Morgan County have slightly increased for 2011. [*Data received from IDPH Vital Records Statistics 2005/2011]

The committee determined the unusual decrease in cases of STD was due to the closing of the Morgan County Health Department STD Clinic in October of 2008. The committee felt the drastic statistical decrease in cases in Morgan County in the last three years was not a true reflection of the actual cases, but rather a substantial decrease in the number of individuals being tested in the county, especially in the youth populations between 15-24 years of age.

Healthy People 2020’s goal for sexually transmitted diseases is to “promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.”

References for Sexually Transmitted Disease

US Department of Health and Human Services, Healthy People 2020 (2010)

Illinois Department of Public Health, Vital Records 2005-2011 STD Cases and Rates for Gonorrhea and Chlamydia

National Association of County and City Health Officials, 2012 county Health Rankings and Roadmap, A Healthier Nation County by County (2012)

Centers for Disease Control and Prevention, Program Operations: Guideline for STD Prevention, Community and Individual Behavior Changes Interventions

Center for Disease Control and Prevention, Youth Behavior Risk Survey, (2011)

Illinois Department of Public, STD INEDSS, STD Demographics for closed/confirmed Chlamydia and Gonorrhea by Jurisdiction, Morgan County 2010-2011

Early Sexual Activity: Teenage Pregnancy

Teen birth rates for Morgan County and Illinois over a eight year period, ending in the last year for which data are available, are presented in the table below.

	Morgan County	Illinois
Year	Teen Birth Rate	Teen Birth Rate
2002	13.0	10.3
2003	13.9	9.7
2004	14.1	9.9
2005	11.9	9.7
2006	9.7	10.3
2007	10.3	10.1
2008	11.1	10.0
2009	12.4	9.6

*Rates are from IDPH Birth Statistics 2009

Morgan County’s teen birth rate consistently exceeds the statewide trend, with an upward trend in percentage in the years 2006 to 2009. Although the rate saw a significant drop in 2006, but with the upward trend, including the 2009 Morgan County birth rate of 12.4, exceeds that of Cook County (10.2), Sangamon County (10.3), and Illinois statewide (9.6). Continued efforts to reduce teenage pregnancies are essential to the health and well-being of that specific population of young women as well as to their offspring. Teenage pregnancies have a great potential for adverse outcomes. These outcomes have many public health consequences, which include inadequate prenatal care; higher maternal mortality rates from complications of pregnancy;

higher infant mortality rates; higher incidence of low birth weight; increased likelihood of subsequent teen pregnancy; restraints to the mother's future education and employment opportunities; and increased risk for child abuse, neglect and poverty.

References for Teenage Pregnancy

Illinois Department of Public Health (2010) web site, Birth Statistics, Total Number of infants born to Illinois teenagers by state and county for 2000 to 2009

Illinois Pregnancy Risk Assessment Monitoring System Data (2009) – PRAMS

National Association of County and City Health Officials (NACCHO) (2011) County Health Ranking and other Statistics - www.Countyhealthrankings.org

Access to Medical, Dental, and Mental Health Care

A goal of Health People 2020 is to improve access to comprehensive, quality health care services. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires giving entry into the health care system, accessing a health care location when needed services are provided and funding a health care provider with whom the patient can communicate and trust. Access to health care can impact overall physical, social and mental status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death and life expectancy.

Disparities in access to health care services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life.

The Illinois Department of Public Health's Behavior Risk Factor Surveillance System (2011 revision) and other data source indicates that Morgan County lacks some of the essential components of access to healthcare services. The four components are coverage, services, timeliness and workforce.

Morgan County has an inadequate number of medical, dental and mental healthcare providers to give quality, healthcare services to the increased Medicaid population of the county. The limited number of providers is a result of the following factors: little or no insurance, recruiting and retention difficulties, rural area, discrimination and cultural barriers. The ratio of primary care physicians is 1406:1. The vulnerable populations are the unemployed (10.1%), teen mothers (16%), uninsured (13.1%), and Medicaid recipients (20.1%).

The BRFSS statistical data are as follows:

Health Care Utilization	MC%	IL%
- Do not have health care coverage	19.5	13.6
- Do not have a primary health care provider	14.4	15.6
- More than 1 year/never since last routine check-up	24.3	36.4
- No doctor visit in last 12 months due to cost	14.2	13.3
- No medical coverage for 12 months	4.1	n/a
- Didn't get medicine for 12 months because of cost	5.6	n/a
- Could not afford a dentist in last 12 months	18.9	n/a
Oral Health	MC%	IL%
Adults		
- Last dental visit over 1 year	32.1	33.5
- No dental insurance	45.6	n/a
- Over 1 year since teeth cleaned	36.8	34.2
Mental Health	MC%	IL%
Adults		
- Dissatisfied with life	11.7	4.1
- Not good mental health day	36.4	39.1
- Days past month depressed or sad (2 day >)	35.3	n/a
- Last 12 months stopped activities due to sadness	14.9	n/a
- Frequency of social/emotional support (always/usually)	73.8	81.9
Other	MC%	IL%
Adults		
- Flu shot received past 12 months	52.2	38.3
- Pneumonia shot ever	33.8	26.2
- Had mammogram (women 40+)	90.8	92.1
- Had pap test	92.3	92.6
- Last pap smear over 1 year ago	26.9	26.2
- Tobacco-Smoker	19.7	16.9
- Physical Activity – no exercise	20.5	25.4
- Obesity – obese	29.3	27.6

References for Access to Medical, Dental and Mental Health Care

U.S. Department of Health and Human Services Community Health Status Report (2009)

U.S. Department of Health and Human Services Healthy People 2020 (2010),
www.healthypeople.gov

Illinois Department of Public Health Behavioral Risk Factor Surveillance Survey 2007-2009
(Revised 2011) Topics: Health Status, Quality of Life, Physical Activity, Healthcare Utilization,
Tobacco, Oral Health, and Immunizations – State and County

National Association of County and City Health Officials, County Health Ranking and
Roadmap (2012), www.countyhealthrankings.org

Morgan County Health Department, 2007 IPLAN

Adolescent Substance Abuse

Substance abuse remains a complex and growing problem for Morgan County. Not only are cigarettes, alcohol, marijuana, cocaine and amphetamine prevalent in our county, but greater concern comes from attitudes, misuse and prevalence of prescription drugs and/or over-the-counter drugs among our adolescents.

The Illinois Department of Human Services (IDHS) has funded the administration of the Illinois Youth Survey (IYS) biennially since 1990. The IYS is a self-report survey administered in school settings and is designed to gather information about a variety of health and social indicators, including substance use patterns and attitudes of Illinois youth. The survey report presents key findings based on a representation sample of 6th, 8th, 10th and 12th grade youth in 2010, regarding alcohol and other drug use behaviors and the factors (in the peer, family and community environments) that can increase or decrease the likelihood that an adolescent will become involved with drugs.

In the surveys, significant evidence was presented in the disparity between the state average of 10th and 12th grades admitting to using over-the-counter drugs for non-medical purposes during the past 12 months, compared to Morgan County students of the same grades. Statistics indicate the use of over-the-counter drugs for non-medical purposes during the last 12 months for adolescents in 10th and 12th grades is dramatically higher than the state average: Morgan County is at 21.5% versus Illinois at 15.4%. Over-the-counter, performance-enhancing, or body building, supplements (creatine, fat burners, etc.) were only slightly higher at 5.9% for the state average and 7.0% for Morgan County.

In Morgan County, an influx of crime associated with the use of over-the-counter drugs for non-medical purposes has become a major concern for law enforcement, school districts, probation, substance abuse treatment and abuse centers and the local public health department.

Local municipal law enforcement and the sheriff's department expressed an ongoing concern from the enforcement aspect of the drugs. In addition to the fact that crime associated with the misuse of over-the-counter drugs has shown a rise in the last two years, law enforcement also expressed that our legal system has not adequately adjusted to effectively deter the use of these drugs.

References for Adolescent Substance Abuse

Illinois Department of Human Services (2010), Illinois Youth Survey 2011 Statewide Report CPRD, Institute of Government and Public Affairs, University of Illinois

Illinois Department of Human Services (2010), Illinois Youth Survey 2010 Morgan County Report CPRD, Institute of Government and Public Affairs, University of Illinois

2000, 2007 Morgan County Health Department IPLAN

APPENDIX

References

Centers for Disease Control and Prevention, Program Operations: Guidelines for STD Prevention – Community and Individual Behavior Changes Interventions (2010)

Centers for Disease Control and Prevention, Youth Behavior Risk Survey (2011)

Illinois Department of Human Services, Illinois Youth Survey 2010 Morgan County Report CPRD. Institute of Government and Public Affairs, University of Illinois (2010)

Illinois Department of Human Services, Illinois Youth Survey 2010 Statewide Report (CPRD), Institute of Government and Public Affairs, University of Illinois (2010)

Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007-2009 Topics – Health Status, Quality of Life, Physical Activity, Healthcare Utilization, Tobacco, Oral Health and Immunization for State and County (Revised 2011)

Illinois Department of Public Health (2010) Birth Statistics – Total number of infants born to Illinois teenagers by State and County (2000 to 2009)

Illinois Department of Public Health, IPLAN Data System (2012)

Illinois Department of Public Health, STD INEDDS, STD Demographics for closed/confirmed Chlamydia and Gonorrhea by jurisdiction 2010-2011 (Morgan County)

Illinois Department of Public Health, Vital Records 2005-2011, STD Cases and rates for Gonorrhea and Chlamydia

Illinois Pregnancy Risk Assessment Monitoring Data (PRAMS) (2009)

Morgan County Health Department, IPLAN 1999, 2007

National Association of County and City Health Officials, 2012 County Health Rankings; A Healthier Nation County by County (2011), Website: www.countyhealthrankings.org

U.S. Department of Health and Human Services Healthy People 2020 (2010)

United States Department of Health and Human Services Community Health Status Report (2009)