



Randolph County Health Department

Community Health Needs Assessment and Plan 2017-2022

**Randolph County Health Department
Community Health Needs Assessment and Plan 2017-2022
Executive Summary**

The priority health problems were identified through a review of health outcome data, a collection of the concerns of the community and input from the Randolph County Community Group. There was considerable overlap and agreement among each of these sources on what are the priority health concerns in Randolph County. The Randolph County Community Group also provided the input that is the basis for this plan which outlines the steps and strategies to be taken by the community in the next few years to address these priorities.

Substance abuse including impact on motor vehicle crashes

The initiatives planned include:

- Develop a comprehensive list of community resources for the early intervention and treatment of substance abuse and promote on websites and social media to health providers, community agencies and the public.
- Work with the Regional Superintendent and county schools to provide education for teachers, students and parents to increase awareness of substance abuse issues in the county, to promote the use of effective alcohol and substance abuse prevention curricula, and to increase awareness of existing community resources.
- Hold SISAA meetings at local schools to solicit youth leader input on vaping and marijuana use and risks.
- Build an “In Plain Sight” trailer for local use with a focus on vaping and substance use.
- Provide education for elected officials on substance abuse issues in the county, the impact of newly enacted state legislation legalizing marijuana, and increase awareness of community resources.
- Provide education to employers on the signs of substance abuse and misuse and the availability of community resources.

Mental Illness including impact on suicide

The initiatives planned include:

- Work with the National Alliance for Mental Health (NAMI) to form support groups in Randolph County.
- Develop and promote a web-based mental health services directory.
- Conduct a social media campaign to educate about mental issues and availability of local services.
- Work with the Regional Superintendent and county schools to provide education for teachers to increase awareness of mental health issues and to increase awareness of existing community resources. Hold Mental Health First Aid classes for school staff and youth leaders.
- Explore the expansion of Telehealth or online services to expand intervention opportunities.

Lung/bronchus/oral/pharynx cancers

- Work with the Regional Superintendent and county schools to provide education for teachers, parents and youth on the risks of vaping and exposure to nicotine no matter the form.
- Provide information at health and resource fairs and through social media on the risks of vaping and exposure to nicotine no matter the form, the signs and symptom of cancer, the Illinois Quitline and new regulations on purchasing tobacco products and smoking in cars with children .
- Educate employers on the benefits of wellness exams and utilizing insurance plans and premiums as leverage to increase smoking cessation and the wellness of their employees. Share information on the Illinois Quitline with employers.

Randolph County IPLAN

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Randolph County's Community Health Needs Assessment

Statement of Purpose

The purpose of Randolph County's Community Health Needs Assessment is to identify priority health needs for this community. The Community Health Needs Assessment and Community Health Plan are developed every five years and fulfill a requirement for being a Certified Local Health Department. This assessment was accomplished through the analysis of health indicator data, a survey of community concerns and the involvement of key stakeholders in the community to identify the top health priorities in Randolph County.

Community Participation

The Randolph County Community Group acted as the planning group for this plan. The RCCG has over 40 members representing various health and social service agencies in Randolph County. Meetings were held in August of 2019 to review the community health assessment process and health outcome data for Randolph County. A discussion of the priorities took place at the August meeting and a consensus was reached. The group met again in September to finalize the selected priorities and share information of local contributing factors and community resources. Group members were also provided a draft plan and the opportunity to provide feedback. The agencies with representatives at one or both of these meetings included Randolph County Health Department, Chester Memorial Hospital, Sparta Hospital, Randolph Care Center, Human Service Center, Randolph County Emergency Management, Chester Mental Health Center, and Medstar Ambulance, Coulterville Care and Rehab Center, and Birth to Three Program.

A survey was distributed throughout the community in August to collect responses on two questions: what are the three most important health problems in our community (which problems have the greatest impact on overall community health) and what are the three most important risky behaviors in our community (which behaviors have the greatest impact on overall community health). This survey was completed by 133 people, across all age ranges and from zip codes throughout the county.

Methods

The Randolph County Community Health Needs Assessment was developed using the first three steps of the APEX-PH process. This process includes the following steps:

1. Convene Community Health Committee
2. Analysis of Health Priorities and Health Data
3. Prioritize Community Health Problems
4. Conduct Detailed Analysis of Community Health Problems
5. Inventory Community Health Resources
6. Develop a Community Health Plan

The first step is to convene community health committee. For this step an existing health coalition was used but agreement to be a part of this process was obtained.

The analysis of health priorities and data was the next step. The previous IPLAN priorities were reviewed. Data was reviewed from the following categories: demographic and socioeconomic

characteristics, general health and access to care, maternal and child health, chronic diseases, infectious diseases, environmental, occupational and injury control and sentinel events. Data was reviewed from IQUERY, [census.gov](https://www.census.gov), County Health Rankings, USA Data, and mortality and cancer incidence data from Illinois Department of Public Health. Data was reviewed and compared with both Illinois and national data and a list was developed of the health conditions in Randolph County which met the North Carolina rule of being at least 1.2 times less favorable than the Illinois indicators. Health issues from the community were also solicited by survey and planning group discussion. It is from this combined list that the priorities were selected.

Results

Following is a description of demographics and socioeconomic characteristics, general health and access to care, maternal and child health, chronic diseases, infectious diseases, environmental, occupational and injury control data and community perceptions available for Randolph County.

Demographics and Socioeconomic Characteristics—

Randolph County is located along the Mississippi River in Southern Illinois and 43% of the county is considered rural. According to the 2018 census estimate, 32,016 people live in Randolph County. When compared with Illinois as a whole, Randolph County residents are more likely to be male (55% male vs 45% female), there are fewer children under 18 (20% in Randolph County compared to 24% in Illinois) and more people in the 65 and older age category (17% in Randolph County compared to 13% in Illinois). In Randolph County 88% of residents are White, 10% Black, and 2% from a variety of other racial backgrounds. About 900 people of Hispanic ethnicity live in Randolph County, which is close to 3% of the population. The percent of people living with a disability in Randolph County is higher than in Illinois (15% compared to 11%).

In 2016 the median household income in Randolph County is \$49,717 compared to the Illinois level of \$62,992. The percent of the population living in poverty in Randolph County is 15.8% as compared to the Illinois level of 13%. In 2016 there were 4101 school age children in Randolph County and 49% were eligible for free or reduced lunches.

Access to Care, Sentinel Events and Environmental Factors—

Access to care is an issue in a number of areas. In Randolph County there is one primary care provider for every 2330 residents as compared to one for every 1230 residents in Illinois. Access to dental care is even more disparate with one provider for every 3240 residents as compared with one for every 1310 residents in Illinois. There is also less access to mental health providers in Randolph County than in Illinois with a provider per every 1010 residents in Randolph County versus a provider per every 480 residents in Illinois. Randolph County also have more preventable hospital stays than in Illinois with 5517 preventable stays in Randolph County versus 4980 in Illinois. Environmental factors included in the County Health Ranking data set were reviewed. Air pollution as measured by particulate matter is about the same for Randolph County as in the rest of the state. Randolph County is significantly better than Illinois is terms of severe housing problems with a rate of 10% as compared with 18% in the state. There are more residents in Randolph County driving to work alone and experiencing long commutes.

General Health, Chronic Disease and Injury Control Data—

In 2017 there were 371 deaths recorded in Randolph County. For that year the ten leading causes of death were diseases of heart (91 deaths), malignant neoplasms (69 deaths), cerebrovascular diseases (31 deaths), chronic lower respiratory diseases (26 deaths), accidents (22 deaths), diabetes mellitus (11 deaths), nephritis, nephrotic syndrome, and nephrosis (10 deaths), influenza and pneumonia (7 deaths), septicemia (7 deaths) and suicide (6 deaths). Eight-five deaths occurred to individuals under 65 years of age resulting in 7998 years of potential life lost which is higher than the Illinois level of 6309 years of potential life lost.

The following chronic disease outcome data was reviewed and found similar or better than Illinois data for the same indicator: asthma prevalence; cancer incidence for breast, cervical, colorectal, and prostate; diabetes mellitus; heart disease; high cholesterol; obesity and overweight; and poor dental health. Maternal and child health data including infant mortality rates and percent of low birth weight infants were at rates similar or better than Illinois levels. Infectious disease rates were also reviewed including sexually transmitted infections and were also at or below Illinois levels.

The following chronic disease and injury control indicators were found to be at least 1.2 times less favorable than the Illinois levels:

<u>Disease Incidence (2011-2015 rate/100,000)</u>	RC	IL
Oral Cavity and Pharynx Cancer	15.9	12.1
Colon and Rectum Cancer	51.0	43.9
Lung and Bronchus	77.3	66
Hypertension (percent ever told-2011)	35.7	28.2
<u>Disease Mortality (2014 age-adjusted rate/100,000)</u>		
Lung Disease	55.5	39.2
male	57.4	44.7
female	55.4	35.8
Motor Vehicle Crash	32.8	7.8
male	28.9	11.2
female	26.2	4.7
Stroke—female	48.4	36.7
Suicide	14.8	9.7
male	21.1	16
Unintentional injury (accidents)	77.5	32.7
male	96.6	45.7
female	59.8	20.9
Mental health/substance abuse disorders-female	9.3	6.4

Community Survey Results—

The community survey was completed by 133 people across all age ranges, asking for their top three health problems and top three health behaviors. The top four health problems identified were: drug use/misuse (selected 100 times), cancer (95), mental health issues (68) and diabetes (59). The top four health behaviors of concern were drug abuse (selected 199 times), alcohol abuse (156), tobacco use (79) and obesity (59).

Priorities

The health problems of concern in the community survey and the health indicators of concern from the data were shared with the planning group. The planning group discussed the data and survey results, reflected on the severity of the impact, number of people impacted by the various health issues in the county and current health initiatives. This discussion led to a consensus among the planning group regarding what issues to prioritize. Deciding the priorities based on consensus enhances the acceptance and commitment of all groups members. The following health problems will be the focus of community health initiatives over the next five years:

- Substance abuse including impact on motor vehicle crashes
- Mental Illness including impact on suicide
- Lung/bronchus/oral/pharynx cancers

Community Health Plan

Statement of Purpose

This plan has been developed to address the identified priorities for Randolph County and to describe the strategies that will be used by Randolph County Health Department and their community partners to improve these outcomes and the overall health of the community. This plan was developed with input from the Randolph County Community Group and was approved by the Randolph County Board of Health on October 22, 2019.

Community Participation and Community Health Plan Process

The community health planning process continued the steps in the APEX-PH process completing the final three steps: conduct detailed analysis of community health problems, identify community health resources and develop a community health plan. The analysis of the community health problems and the identification of community resources took place at the September 17, 2019 meeting of the Randolph County Community Group. Each priority was discussed including a presentation of the risk factors and input from the group on the specific factors/barriers in Randolph County contributing to this problem. Existing community resources were also discussed along with what programming is needed in Randolph County. This community input became the basis for this plan and once a draft of the plan was available it was sent to community partners for further input. Changes were made in the draft to reflect this feedback.

Priority #1: Substance Abuse and Misuse

Description of Problem—

Substance abuse and misuse was chosen as the one of the top health priorities by nearly half of all community survey respondents. The health data supports this priority with mental health/substance abuse disorders deaths in Randolph County at 9.3 deaths/100,000 as compared to 6.4 deaths/100,000 for Illinois. In addition, deaths from motor vehicle crashes were significantly higher for both males and females in Randolph County as compared with Illinois data (male deaths at 28.9/100,000 in Randolph vs 11.2 deaths/100,000 in Illinois and female deaths at 26.2 deaths/100,000 in Randolph County vs 4.7 deaths/100,000 in Illinois). The age-adjusted death rate for drug overdose for Randolph County is 22.4 deaths per 100,000 versus 14.11 deaths/100,000 in Illinois. In 2018 the Illinois Department of Public Health reported 5 opioid related drug overdose deaths for Randolph County.

Of 133 respondents on the community survey choosing their top three issues, alcohol abuse and drug abuse are the highest chosen risky behaviors in Randolph County. Behavioral Risk Factor Surveillance data indicated more adults in Randolph County drank alcohol excessively when compared to Illinois and national levels, age-adjusted percentages were 29.2% vs 20.14% vs 16.9% respectively.

The 2018 Youth Risk Survey was completed by 4 of the 5 middle schools and by all five high schools in the Randolph County. According to survey responses alcohol use among youth in Randolph County is significantly higher among all ages (8th, 10th, and 12th grades) as compared to 2016 Illinois levels of use.

Alcohol Use	RC-2018	IL-2016
8th Grade	43%	23%
10th Grade	51%	42%
12th Grade	70%	58%

The 2018 Youth Risk Survey indicated the 30% of 12 graders had driven after drinking in the past year; for Illinois this percent was only 12% in 2016. In addition, a larger percent of Randolph County students reported that their parents supplied them with alcohol in comparison to Illinois, 46% vs 38%.

There are a number of substance abuse services available in Randolph County including substance use treatment and DUI services provided by the Human Service Center. They also provide a parenting program for divorced parents, Children First, that focuses on raising healthy children. The Southern Illinois Substance Abuse Alliance is a community coalition focused on increasing awareness, prevention and treatment of substance use in Randolph and Washington Counties. The Alliance was formed in March of 2016 and has been active in providing education for the community. The Randolph County Sheriff’s Office sponsors a drug disposal program. There are alcohol and substance abuse support groups available in the county.

Analysis of risk factors, direct contributing factors and indirect contributing factors—

The risk factors for substance abuse include: early exposure to alcohol and drugs, trauma and abuse, depression, and poverty. Each of these risk factors are present in Randolph County with early exposure to alcohol and drugs, depression and poverty at elevated levels when compared with Illinois. There are a number of contributing factors in Randolph County which further increase risk of substance abuse including: former users are stigmatized, youth role models are substance abusers and in many cases supplying the substances to youth, there is a perception of normalcy about use and misuse of substances. In addition there has been a lack of education or understanding of the risks involved in substance abuse, this is particularly true for alcohol and vaping. There is also a lack of needed re-entry services, especially half-way houses or step down programs and a lack of funding for extended treatment.

The related 2020 Healthy People Objectives are:

- Reduce drug-induced deaths.
- Reduce the rate of alcohol impaired driving fatalities.

Outcome Objective

By 2022 reduce the percent of motor vehicle crash death related to alcohol by 10%.

Impact Objectives

By 2022 reduce by 10% the number of adults who drive while impaired.

By 2022 reduce by 10 % the number of high school seniors who report riding with someone who has been drinking.

Intervention Strategies

The Southern Illinois Substance Abuse Alliance (SISAA) will be the coalition to plan and implement community wide substance abuse awareness and prevention education and programming. Randolph County Health Department, hospital leaders, law enforcement, K-12 educational leaders, Human Service Center, community activists and community leaders will be actively involved.

SISAA initiatives will be funded through the collaborative resources of Alliance members. It is estimated that the initiatives will cost approximately \$40,000 annually. Funds used to support this work include Randolph County Health Department's Prescription Monitoring Program Grant (\$15K) from Illinois Department of Human Services and Human Service Center grant for Drug Free Communities (\$125K) which is focused on preventing teen misuse of marijuana and alcohol primarily. In addition to this grant money, students will be recruited from Southern Illinois University—Carbondale to provide assistance in the development of the community resource list.

The initiatives planned include:

- Develop a comprehensive list of community resources for the early intervention and treatment of substance abuse and promote on websites and social media to health providers, community agencies and the public.
- Work with the Regional Superintendent and county schools to provide education for teachers, students and parents to increase awareness of substance abuse issues in the county, to promote the use of effective alcohol and substance abuse prevention curricula, and to increase awareness of existing community resources.
- Hold SISAA meetings at local schools to solicit youth leader input on vaping and marijuana use and risks.
- Build an "In Plain Sight" trailer for local use with a focus on vaping and substance use.
- Provide education for elected officials on substance abuse issues in the county, the impact of newly enacted state legislation legalizing marijuana, and increase awareness of community resources.
- Provide education to employers on the signs of substance abuse and misuse and the availability of community resources.

Priority #2 Mental Illness

Description of health problem

Mortality rates for mental and substance use disorders for Randolph County residents has increased nine times for women and nearly six times for males from 1980 to 2014. Mortality rates for women is higher in Randolph County than in Illinois or at the national level (9.3/100,00 compared to 6.4 and 8.2 respectively). In 2017 suicide was the tenth leading cause of death in Randolph County with six deaths that year. In addition the percent of the Medicare population being

treated for depression was higher in Randolph County than in the state as a whole (16.6% vs 15.1%). In the 2018 Illinois Youth Survey for Randolph County 25% of 10th graders and 17% of the 12 graders indicated that they had seriously considered attempting suicide. In addition 41% of 8th graders, 38% in 10 graders and 35% of 12th graders reported having felt sad or hopeless almost every day for two weeks or more to the extent that they stopped regular activities.

In Randolph County mental health services are available at the Human Service Center. These services include counseling, psychiatric services, and a 24/7 crisis intervention phone line. There is less access to mental health providers in Randolph County than in Illinois with a provider per every 1010 residents in Randolph County versus a provider per every 480 residents in Illinois.

Risk factors, direct contributing factors and indirect contributing factors

The risk factors for poor mental health and depression include: trauma and stressful events, substance abuse, chronic illness, and lack of support. The direct contributing factors include lack of mental health providers, lack of crisis support and support services to prevent relapse, reluctance to seek mental health services, anxiety, pain and physical illness, medications such as hypertension medications and sleeping pills. The indirect contributing factors include lack of awareness of treatment resources, stigma regarding mental illness, low self esteem, lack of funding, lack of transportation to services, and lack of recognition of mental illness.

The related proposed Healthy People 2020 objectives are:

- Decrease the number of youth (12-17) who have a major depressive episode in the past 12 months to 7.5%.
- Increase the proportion of adults (aged 18 years and older) with mental health disorders who receive treatment.

Outcome Objective

By 2022, increase the number of children and adults receiving treatment for depression and anxiety (baseline to be collected).

Impact Objective

By 2022, increase the awareness of the prevalence of depression and anxiety as well as the availability of effective treatment resources in the community.

Intervention Strategies

The Randolph County Health Department along with Human Service Center and local hospitals will increase collaboration with other agencies. The SISAA will act as the coordinating coalition for these efforts. These initiatives will be funded through the collaborative resources of Alliance members. It is estimated that the initiatives will cost approximately \$30,000 annually. The primary source of funding will be a Recovery Oriented Systems of Care (ROSC) grant (\$103K) received by the Human Service Center grant which can support mental health recovery. In addition to this grant money, students will be recruited from Southern Illinois University—Carbondale to provide assistance in the development of the community resource list. The focus of these efforts will be to increase the awareness of local resources, increasing understanding of mental health issues and reducing the stigma in seeking services. The following initiatives are planned:

- Work with the National Alliance for Mental Health (NAMI) to form support groups in Randolph County.
- Develop and promote a web-based mental health services directory.
- Conduct a social media campaign to educate about mental issues and availability of local services.
- Work with the Regional Superintendent and county schools to provide education for teachers to increase awareness of mental health issues and to increase awareness of existing community resources. Hold Mental Health First Aid classes for school staff and youth leaders.
- Explore the expansion of Telehealth or online services to expand intervention opportunities.

Priority #3 Lung/bronchus and oral/pharynx Cancers

Description of health problem

The incidence of oral cavity, pharynx, lung and bronchus cancers was higher in Randolph County than in the rest of the state. Randolph County had 15.9 cases/100,000 for oral cavity and pharynx vs. 12.1 cases/100,000 in Illinois. For lung and bronchus cancers the Randolph County rate was 77.3 cases/100,000 versus 66 cases/100,000 in Illinois. Cancer was also identified as one of the top health concerns of the county through the community survey.

Randolph County has adult smoking rates much higher than Illinois rates; in the most recent county specific Behavioral Risk Factor Surveillance Survey in 2012 24.9% of females and 28.8% of males in Randolph County reported smoking as compared to 17.7% of females and 21.9% of males in Illinois. In the 2018 Illinois Youth Survey youth in Randolph County reported smoking rates higher than youth in Illinois in 2016; 10% of eighth graders in Randolph County versus 4% statewide, 10% of 10th graders in Randolph County versus 6% statewide, and 25% of twelfth graders in Randolph County versus 13% statewide. Even more alarming are the high levels of students in Randolph County who are vaping or using e-cigarettes with 25% of eighth graders, 35% of 10th graders and 49% of 12 graders reporting use in the past year. In addition when asked if they risked harming themselves by using different substances, use of e-cigarettes or vaping products were perceived as the least risky by all age groups.

Several recent changes heightened the need to address tobacco or vaping use. In July of 2019 a new law banning the purchase of tobacco products under the age of 21 became effective. There is also a new law banning smoking if children are present in the car. Nationally in the past year, hundreds of people have been hospitalized and there have been an alarming number of deaths resulting from lung damage related to vaping. These consequences have increased the need to inform youth of the dangers of vaping.

Randolph County Health Department conducts surveillance of public establishments to determine compliance with the workplace no smoking law. In addition, the health department promotes the Illinois Quitline for cessation support. The schools in Randolph County have a no tolerance policy in relationship to all tobacco products including those used in vaping.

Risk factors, direct contributing factors and indirect contributing factors

The risk factors for lung cancer are using tobacco products, exposure to second-hand smoke, exposure to radon in your home and occupational exposures to coal and chemicals. The direct contributing factors for youth smoking are stress; low self-esteem; and parents, siblings or friends

who smoke. Contributing to the high levels of smoking and vaping is a sense that is socially acceptable and there is peer pressure to try it. In addition, many role models are smokers and supply tobacco products to youth. There is also a lack of understanding and awareness of the long term effects of vaping.

Healthy People 2020

- Reduce cigarette smoking by adults to 12.0%
- Reduce use of tobacco products adolescents in the last month to 21% .

Outcome Objective

By 2022 reduce overall lung cancer incidence in Randolph County from 77 cases/100,000 to 70 cases or less.

Impact Objective

By 2022 reduce adult smoking rates to 22% for females and 24% for males.

By 2022 reduce the percent of high school seniors who use e-cigarettes to 35%.

Intervention Strategies

The Randolph County Health Department along with Human Service Center and local hospitals will reach out to the schools in Randolph County to provide education and support. The SISAA will act as the coordinating coalition for these efforts. These initiatives will be funded through the collaborative resources of Alliance members. It is estimated that the initiatives will cost approximately \$25,000 annually. Randolph County Health Department currently receives funding for Smoke Free Enforcement and will apply for Illinois Tobacco Free Communities funding (\$10K) for FY2021 which is being expanded to cover vaping. In addition to this grant funding, students from McKendree University will be recruited to identify evidence based resources and develop a community toolkit on vaping. The focus of these efforts will be to increase the awareness of the consequences of vaping and tobacco use and of the new laws in effect. The following initiatives are planned:

- Work with the Regional Superintendent and county schools to provide education for teachers, parents and youth on the risks of vaping and exposure to nicotine no matter the form.
- Provide information at health and resource fairs and through social media on the risks of vaping and exposure to nicotine no matter the form, the signs and symptom of cancer, the Illinois Quitline and new regulations on purchasing tobacco products and smoking in cars with children.
- Educate employers on the benefits of wellness exams and utilizing insurance plans and premiums as leverage to increase smoking cessation and the wellness of their employees. Share information on the Illinois Quitline with employers.

References

Randolph County Quick Facts, [census.gov](https://www.census.gov), 2016

Common Core of Data, National Center for Education Statistics, 2016-2017

Illinois Cancer Age-adjusted Cancer Incidence, Illinois Department of Public Health, 2011-2015

2019 County Health Ranking, Randolph County, Illinois

Institute for Health Metrics and Evaluation (IHME), US County Profile: Randolph County, Illinois, 2016.

IQUERY, Leading Causes of Death Randolph County, 2017

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2012

2010-2014 BRFSS data for Randolph County, IL

Centers for Disease Control and Prevention, National Vital Statistics System, 2012-2016

Randolph County Illinois Youth Survey, 2018

Centers for Medicaid and Medicare Services, 2015

Healthy People 2020 and Healthy People 2030, www.healthpeople.gov

Appendices

Community Planning Group

Data Handout for planning group

Board of Approval Letter—regarding IPLAN and Organizational Assessment

Problem Analysis Worksheets

Randolph County Community Group – Health and Medical Division

August 20, 2019 IPLAN Committee Meeting Attendees:

Angela Oathout, Randolph County Health Department - Administrator

Michelle Cato, Randolph County Care Center - Administrator

Martha Roth, Chester Memorial Hospital – Director of Risk and Quality Improvement

Georgia Allen, Chester Memorial Hospital – Director of Ancillary Services/Emergency Preparedness

Peter Hertzling, Sparta Community Hospital – Director of Physician Services

Joann Emge, Sparta Community Hospital -Administrator

Mark Bollman, Human Service Center – Director of Plan Ops

Shea Haury, Human Service Center- Executive Director

Laurie Irose, Chester Mental Health – Director of Emergency Preparedness

Joni Fisher, Chester Mental Health – Administrative Assistant

September 17, 2019 IPLAN Committee Meeting Attendees:

Angela Oathout, Randolph County Health Department - Administrator

Michelle Cato, Randolph County Care Center - Administrator

Martha Roth, Chester Memorial Hospital – Director of Risk and Quality Improvement

Carol Mulholland, Sparta Community Hospital – Director of Marketing and Community Services

Peter Hertzling, Sparta Community Hospital – Director of Physician Services

Joann Emge, Sparta Community Hospital -Administrator

Charles Kelly, II – President of Medstar Ambulance Service

Shea Haury, Human Service Center- Executive Director

Whitney Oberlink, Coulterville Care and Rehab Center - Administrator

Laurie Irose, Chester Mental Health – Director of Emergency Preparedness

Lindsey Hargis – Birth to Three Program Coordinator

Randolph County Data Sheet

Randolph County

Population (2018 census estimate)	32,016
Median Household Income (2013-2017 survey)	\$49,717
Population living in poverty (2017)	15.8%
Adult population with H.S diploma or more	84%

Randolph County Health Department IPLAN 2012-2017

Priorities:	Mental and Behavioral Health
	Access to Care
	Health-Related Quality of Life/Well-Being

Leading Causes of Death in 2017:

1. Diseases of heart (91 deaths)
2. Malignant neoplasms (69)
3. Cerebrovascular diseases (31)
4. Chronic lower respiratory diseases (26)
5. Accidents (22)
6. Diabetes mellitus (11)
7. Nephritis, nephrotic syndrome, and nephrosis (10)
8. Influenza and pneumonia (7)
9. Septicemia (7)
10. Suicide (6)
11. Alzheimer's disease (6)

Years Potential Life Lost

RC	IL
7998	6309

Age of Deaths in 2017

Infant	1
1-17	2
18-24	0
25-44	20
45-64	62
65-84	153
85+	133

Access to Health Care (County Health Rankings)RC

Primary Care Physicians	2330:1	IL	1230:1
Dentists	3240:1		1310:1
Mental Health Providers	1010:1		480:1
Flu vaccinations	28%		45%

Health Outcome Data (Reviewed and Found Similar or Better than Illinois):

Asthma Prevalence
 Depression
 Heart Disease
 High Cholesterol
 Obesity and Over Weight
 Sexually Transmitted Infections

Cancer Incidence: Breast, Cervical, Colorectal, Lung, Prostate
 Diabetes (Adult and Medicare)
 High Blood Pressure
 Infant Mortality and Low Birth Weight
 Poor Dental and Poor Health

Mortality: Cancer, Heart Disease, Homicide, Coronary Heart Disease, Lung Disease, Motor Vehicle Crash, Pedestrian Motor Vehicle Crash, Premature Death, Stroke, Suicide, Unintentional Injury

Health Outcome Data of Concern (Rate in Randolph Co. are 1.2+ times Illinois rate):

Disease Incidence (rate/100,000)	RC	IL
Oral Cavity and Pharynx Cancer*	15.9	12.1
Colon and Rectum Cancer*	51.0	43.9
Lung and Bronchus*	77.3	66
Hypertension (ever told-2011)	35.7	28.2
IDPH Cancer Age-adjusted Cancer Incidence 2011-2015		

Age-Adjusted Disease Mortality

(2014 rate/100,000)	RC	IL
Lung Disease	55.5	39.2
male	57.4	44.7
female	55.4	35.8
Motor Vehicle Crash	32.8	7.8
male	28.9	11.2
female	26.2	4.7
Stroke—female	48.4	36.7
Suicide	14.8	9.7
male	21.1	16
Unintentional injury (accidents)	77.5	32.7
male	96.6	45.7
female	59.8	20.9

Chlamydia Cases

2018 84 cases
 January-June 2019 74 cases

Overdose Deaths in Randolph County

Year	Any Drug	Any Opioid	
2013	6	4	
2014	7	5	
2015	7	6	
2016	8	4	
2017	2	0	
2018*	7	5	*preliminary data

Health Concerns from Community Survey completed by 133 community members

Top five health problems

- Drug Abuse/Misuse
- Cancer
- Mental Health Issues
- Diabetes
- Heart Disease and Stroke

Top five health behaviors of concern

- Drug Abuse
- Alcohol Abuse
- Tobacco Use
- Obesity
- Poor Eating Habits



October 25, 2019

Nelson Agbodo, MS, MPH
IPLAN Administrator
Illinois Department of Public Health
525 West Jefferson Street
Springfield, IL 62761

Dear Mr. Agbodo,

This letter is verification that the Randolph County Board of Health approved and adopted the IPLAN and the Community Health Plan, reviewed and approved the Organization Capacity Assessment and Strategic plan for the health department on October 22, 2019.

The Community Health Needs Assessment was conducted in collaboration with the community partners of Randolph County which included healthcare leaders and leaders within the county. We feel this collaboration is important to improve the health and wellness of the residents of Randolph County.

On behalf of the Board of Health, we appreciate your patience and expertise in assisting the health department staff to complete this process.

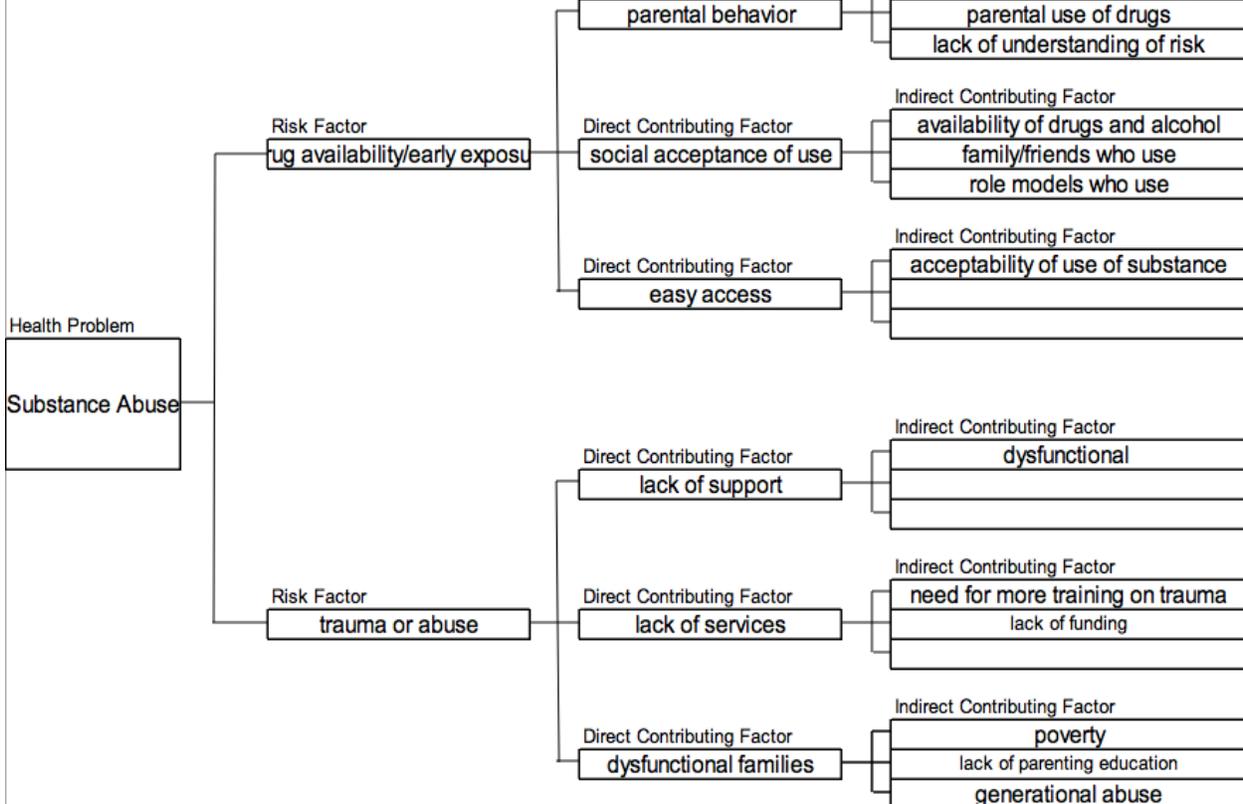
Sincerely,

David M. Holder, C.P.A., President
Randolph County Board of Health

2515 State Street · Chester, IL 62233 · telephone: (618) 826.5007 · facsimile (618) 826.5223

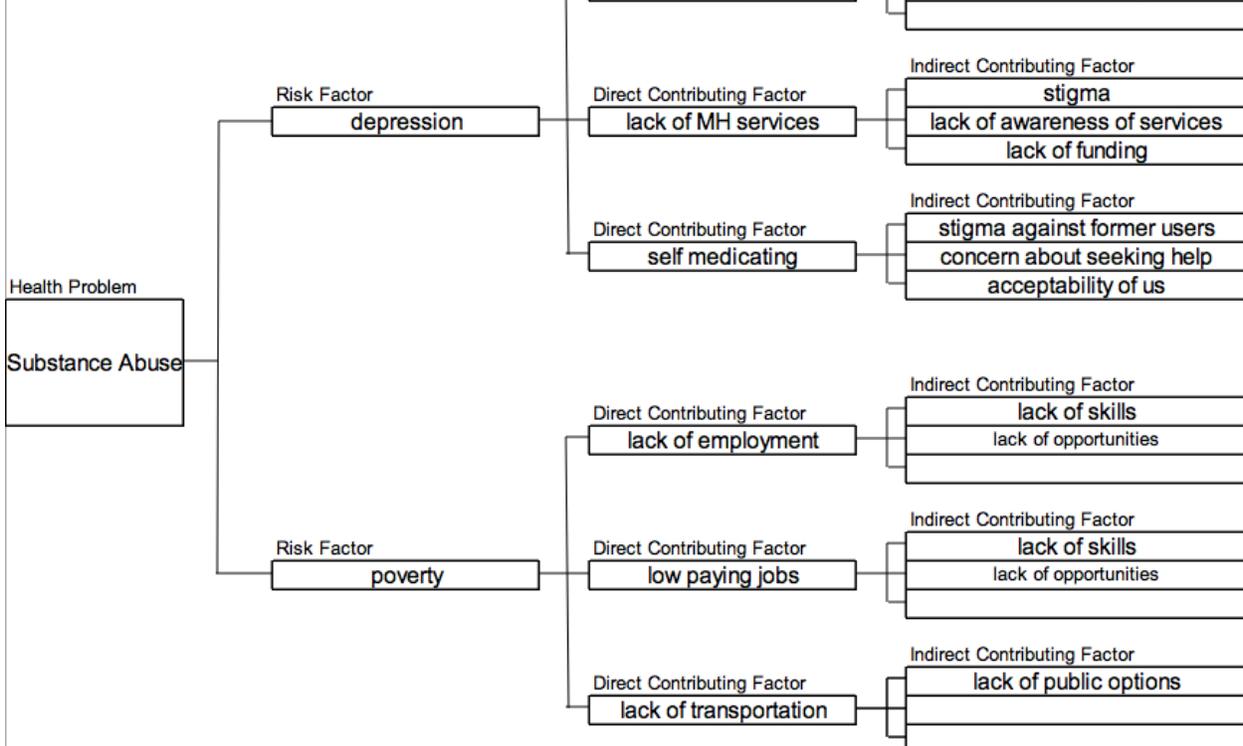
Health Problem Analysis Worksheet

For Randolph County

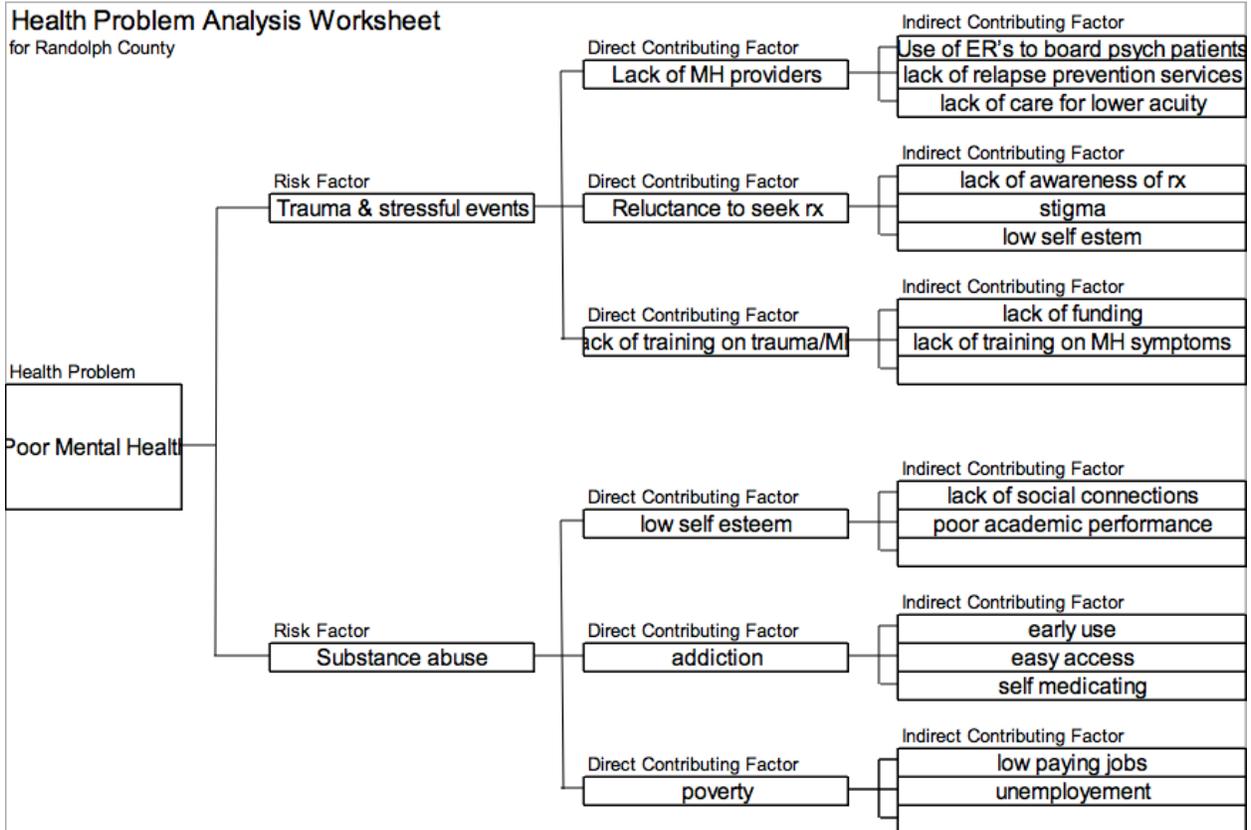


Health Problem Analysis Worksheet

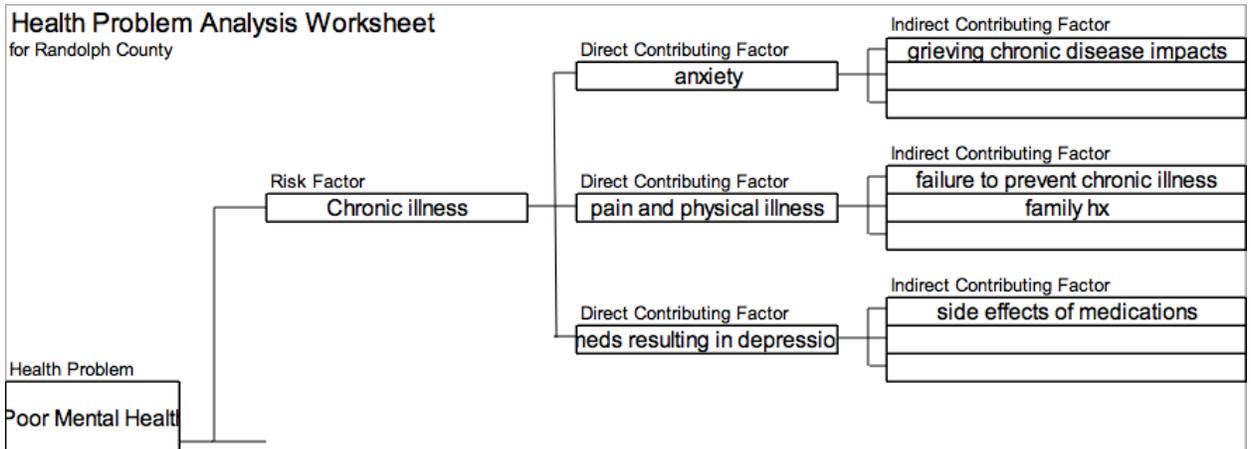
For Randolph County



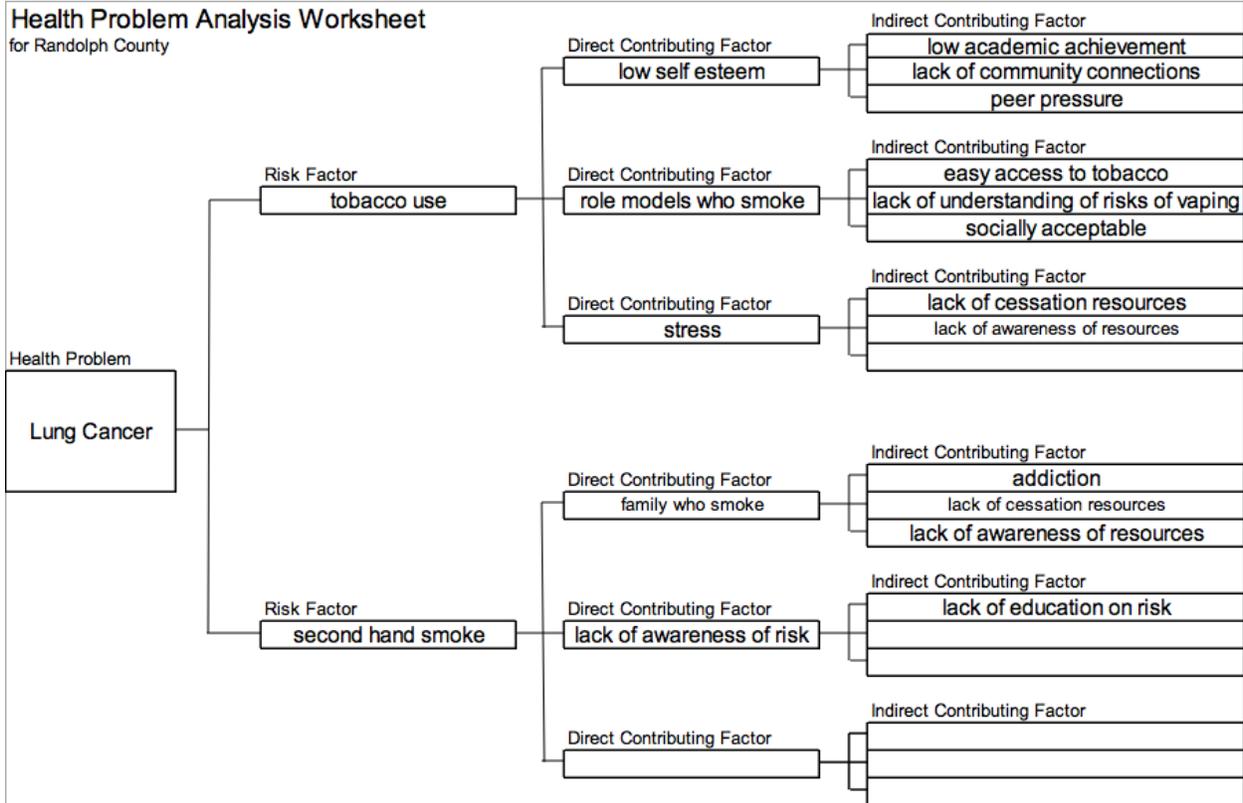
Health Problem Analysis Worksheet
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