CLARK COUNTY HEALTH DEPARTMENT

Illinois Project for the Local Assessment of Needs
2022-2027

Gregg Baker
gbaker@clarkhd.org

Table of Contents

Executive Summary

The Clark County Health Department

Comprehensive planning is essential to promoting a healthy community. Data needs to be assessed to determine immediate needs as well as identify trends. A community approach to addressing the needs is also essential so that ownership is distributed among those responsible for implementation. The Clark County Health Department serves in a leadership role to bring key stakeholders from both the public and private sector together to identify the approach needed to see results and assure the opportunity for a healthier community. The resulting plan will be made available to the medical and social service community as well as the community at large. It will be used to direct the vision toward improving the health status of the residents of Clark County.

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

If as a local public health department we are to improve the conditions that affect the health of all of us, we must begin in local communities, dealing with local conditions. It is with that focus on the residents of Clark County that the following health issues have been identified:

1. Mental Health
2. Access to Care
3. COVID-19

The IPLAN process produces recommendations for change in services and for improvements in functioning. But the implementation of these recommendations requires cooperation with other organizations. This provides an opportunity to improve communications and to collaborate on activities of mutual interest.

Approach

Through the years, increasing attention has been drawn to the fact that we, as a nation, have not applied all that we know to prevent disease, disability, environmental health risks, and premature death. A wide array of research identifies a wide range of problems for which strategies and interventions exist to significantly improve community health status. This recognizes the need for public and private collaboration and emphasizes the importance of community participation, local leadership, and strong intergovernmental relations, and shows the need to plan and evaluate public health efforts on the basis of objective statistical data.

The Illinois Project for the Local Assessment of Needs (IPLAN) is a community health planning process for identifying priority health issues, building local partnerships and addressing identified issues. Community involvement in the IPLAN is vital to ensure community ownership and buy-in.

Due to ongoing concerns over the COVID-19 pandemic in person meetings were not practical for community engagement. However surveys and individual engagement with appropriate stakeholders were used to develop feedback, ensure community ownership and receive buy-in from members of the public.

The APEXPH Process

Assessment Protocol for Excellence in Public Health (APEXPH) began in July 1987 as a cooperative project of the American Public Health Association (APHA), the Association of Schools of Public Health (ASPH), the Association of State and Territorial Health Officials (ASTHO), the Centers for Disease Control (CDC), the National Association of County Health Officials (NACHO) and the United States Conference of Local Health Officers (ESCLHO).

APEXPH is a voluntary process for organizational and community self-assessment, planned improvements and continuing evaluation and reassessment. Flexibility is one of the primary features of the APEXPH process. For example, it can involve a large number of staff in a highly structured process or very few people in a less formal approach; either can lead to greater teamwork and improved strategic planning.

The essential elements of the IPLAN through the APEXPH process are:

1. An organizational capacity assessment – It provides for an assessment of a health department's basic administrative capacity and of its capacity to undertake Part II.

2. A community health needs assessment – Is intended to be a more public endeavor, involving key members of the community as well as department staff in assessing the health of the community and identifying the role of the health department in relation to community strengths and health problems. It provides for the use of both objective health data and the community's perceptions of community health problems.

3. A community health plan, focusing on a minimum of three priority health problems.

The IPLAN Data System

IPLAN Data System provides access to essential public health data for assessment and planning purposes. The available data are collected from many different sources. Data are generally provided at the county level and, in some cases, at the community level. The system further identifies associated populations by age, race, ethnicity and gender for selected indicators.

Uses of the IPLAN Data System

The IPLAN Data System was designed initially to provide local health departments (LHDs) in Illinois with quick and easy access to data needed for community assessment and program planning. It may be used to support a variety of other activities as well, including--

Program development. The IPLAN Data System helps to identify public health problems and, therefore, provides a basis from which to design and structure public health programs in the community. For example, if a community experiences an increase in infant mortality, IPLAN data may help to determine how best to target a public health program.

Grant writing and funding acquisition. The system facilitates responding to funding opportunities by making data readily available. By eliminating the need to consult a multitude of different sources, the IPLAN Data System streamlines data gathering requirements for grant applications.

Consultation and technical assistance. The IPLAN Data System strengthens the user's ability to respond quickly to requests for information and technical assistance on a variety of health issues. System-generated summary reports provide a snapshot of a community's health status to interested parties, while the easy-to-use screens enable the user to review available details for particular health indicators. The IPLAN Data System can support the LHDs role as a clearinghouse for public health information in the community.

Source for public health information. The IPLAN Data System contains pertinent information for use by the public, health professionals, researchers, and media interested in the health of their community.

OVERVIEW OF THE IPLAN DATA SYSTEM

The IPLAN Data System provides easy access to selected public health indicators. Design features include

County and community data. The user may view most data at county or community levels. Not all indicators have data available at each level.

Grouping of counties, communities or years. If indicators for one county or community do not have a sufficient number of events for study, the IPLAN Data System allows the selection of a group of counties, communities or years for calculation.

Classification by race or ethnicity. When available, the IPLAN Data System presents information by race or ethnicity.

Data calculations. The IPLAN Data System performs calculations of percentages or rates when appropriate.

U.S. and Healthy People 2000 Objectives. Along with information for selected areas of study and Illinois, the IPLAN Data System displays comparative U.S. data and Healthy People 2000 objectives, when available. "N/A" appears if this information is not available.

Because detailed population estimates at sub-county level are not available for years after 1990, age-adjusted and age-specific rates are not available for many indicators. Crude events and events for ages 0-64 years are available.

Limitations of the IPLAN Data System

Lack of updated information in key areas is a limiting factor of the IPLAN Data System. IQuery results are many times missing or contain outdated information making it difficult, especially for small health departments with limited resources for data collection, to receive timely situational awareness to local health issues.

Strategic Health Issues

In order for a true picture of the health of the community to be constructed, a variety of sources were utilized which looked at health indicators, demographic census data, environmental and geographic data, disease statistics, death rates, and self-reported behavioral surveys. By utilizing these data sources, the Clark County Health Department was able to examine not only the biologic, behavioral and environmental factors, but also the social, economic and cultural factors as well.

The strategic health issues selected by the Clark County Health Department IPLAN Steering Committee are listed below.

Mental Health

Access to Care

COVID-19

Community Served by the Clark County Health Department

Service Area of the Clark County Health Department

For the purpose of the IPLAN the area that the Clark County Health Department serves is defined as the area of Clark County, which includes the communities of Marshall, Casey, Westfield, and West Union. Clark County has a total area of 505 square miles and borders the Illinois counties of Edgar, Crawford, Jasper, Cumberland and Coles as well as the Indiana counties of Vigo and Sullivan.

Demographic Profile

The Clark County Health Department serves all of Clark County including the communities of Marshall, Casey, Westfield and West Union. With a total area of 501.4 square miles Clark County is the 53rd largest county by total area. Clark County borders the Illinois counties of Edgar, Crawford, Jasper, Cumberland and Coles counties, as well as the Indiana counties of Vigo and Sullivan.

7 Major Categories of IPLAN Indicators

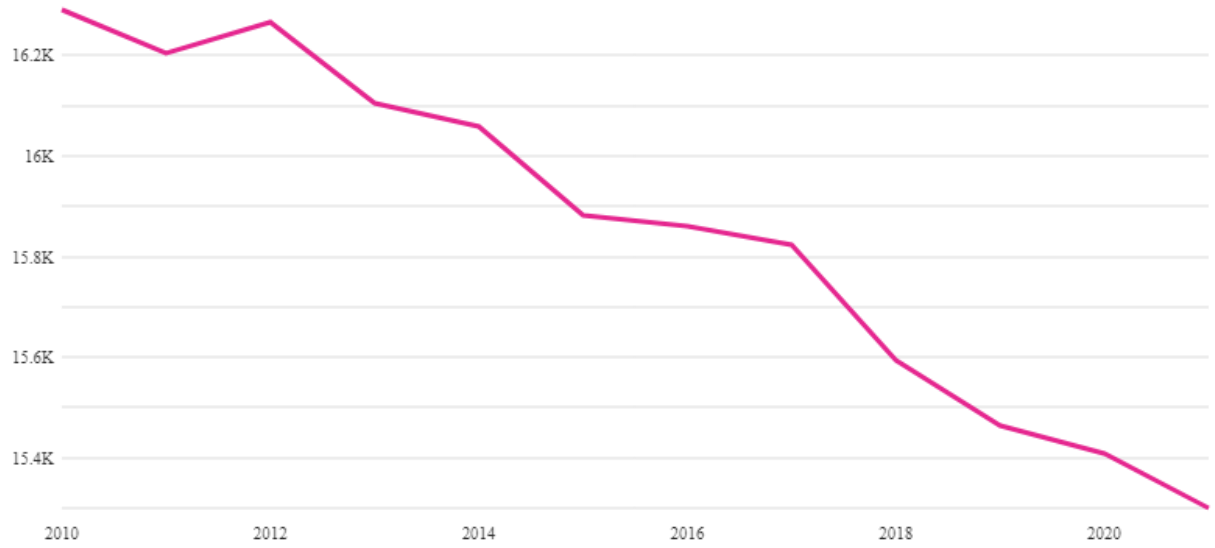
1.0 Demographic and Socioeconomic Characteristics

Understanding a population's age distribution, race and ethnic composition, and income characteristics is essential to identifying health needs and planning health programs. The demographic and socioeconomic indicators represent important population characteristics that can have related health attributes.

1.01 Population by age and gender

Clark County's population shrank 6.1% from the 16,291 people who lived there in 2010. For comparison, the population in the US grew 7.3% and the population in Illinois grew 1.3% during that period.

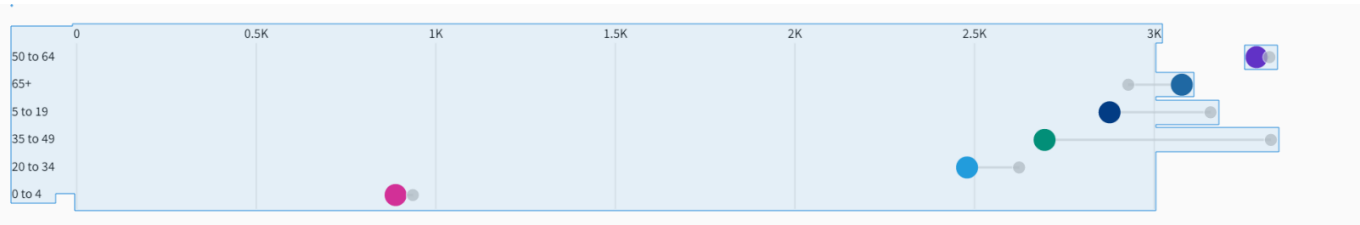
Clark County Population 2010-2020



https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/illinois/county/clark-county

Among six age groups — 0 to 4, 5 to 19, 20 to 34, 35 to 49, 50 to 64, and 65 and older — the 65+ group was the fastest growing between 2010 and 2021 with its population increasing 5.1%. The 35 to 49 age group declined the most dropping 18.9% between 2010 and 2021.

Clark County Population By Age

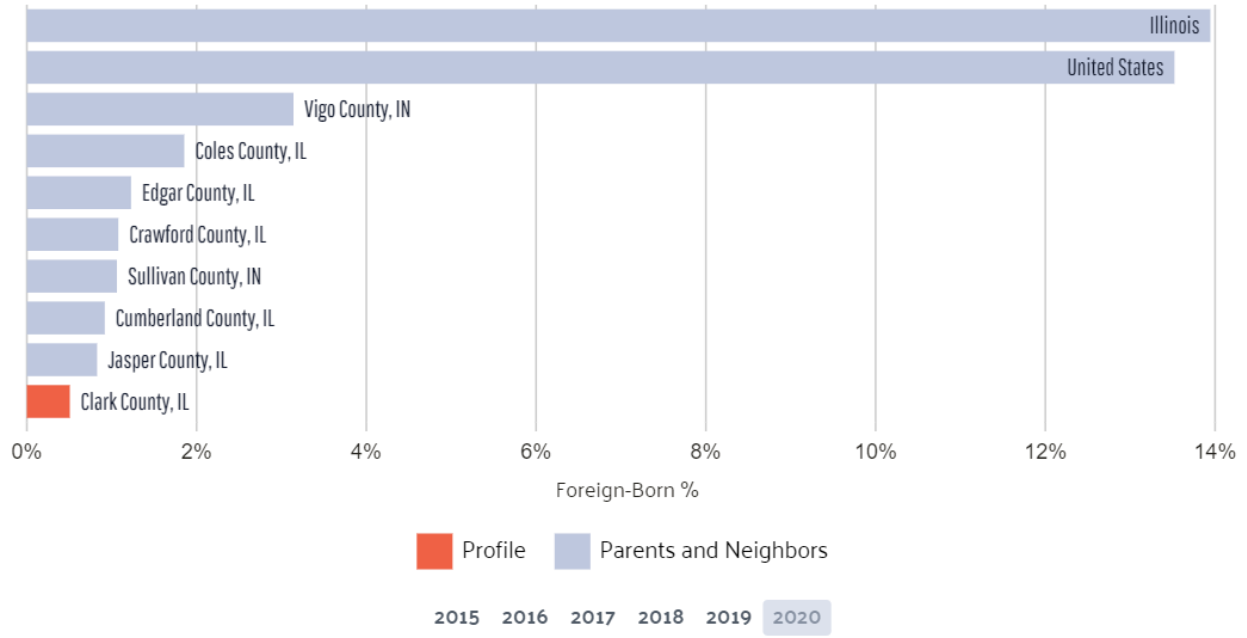


https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/illinois/county/clark-county

Information provided by the United States Census Bureau indicates that 50.2% of the population of Clark County is female.
https://www.census.gov/quickfacts/fact/table/clarkcountyillinois/SEX255221#SEX255221

As of 2020, 0.506% of Clark County, IL residents (79 people) were born outside of the United States, which is lower than the national average of 13.5%. In 2019, the percentage of foreign-born citizens in Clark County, IL was 1.21%, meaning that the rate has been decreasing.

The following chart shows the percentage of foreign-born residents in Clark County, IL compared to that of it's neighboring and parent geographies.



https://datausa.io/profile/geo/clark-county-il/#:~:text=Median%20household%20income%20in%20Clark%20County%2C%20IL%20is,602%2C%20with%20respective%20values%20of%20%2460%2C536%20and%20%2452%2C604.

1.02 Dependency Indicators

The United States Department of Agriculture administers the Supplemental Nutrition Assistance Program (SNAP). This program, previously known as food stamps, is designed to help guarantee low-income households and individuals access to a basic level of nutrition.

In Clark County and throughout the country, SNAP households are a major focus of the American Community Survey (ACS), conducted each year by the U.S. Census Bureau. A household in Clark County is a group of people living in a house, apartment, or other housing unit. Households may be family households or non-family households.

Unlike the Census, which is an exact count of people and households every ten years, ACS statistics are estimated based on a representative survey sample. For locations with populations under 60,000, the ACS is only available in 5-year estimates, rather than single-year periods. The 5-year estimates provide greater geographical granularity but a less granular time period. Note that the data in this article is presented as counts of households, not of individuals.

https://www.livestories.com/statistics/illinois/clark-county-snap-food-stamp-households

Median household income in Clark County, IL is $59,481. In 2020, the tract with the highest Median Household Income in Clark County, IL was Census Tract 601 with a value of $77,331, followed by Census Tract 604 and Census Tract 602, with respective values of $60,536 and $52,604.

https://datausa.io/profile/geo/clark-county-il/#:~:text=Median%20household%20income%20in%20Clark%20County%2C%20IL%20is,602%2C%20with%20respective%20values%20of%20%2460%2C536%20and%20%2452%2C604.

Between 2019 and 2020, the percent of uninsured citizens in Clark County, IL declined by 21.1% from 4.66% to 3.68%.

The Illinois Economic Policy Institute has identified significant economic consequences to having a large uninsured population. The uninsured – who are disproportionately poor and young – often go long periods of time without illnesses or injuries before seeking medical treatment due to the high cost of out-of-pocket costs.

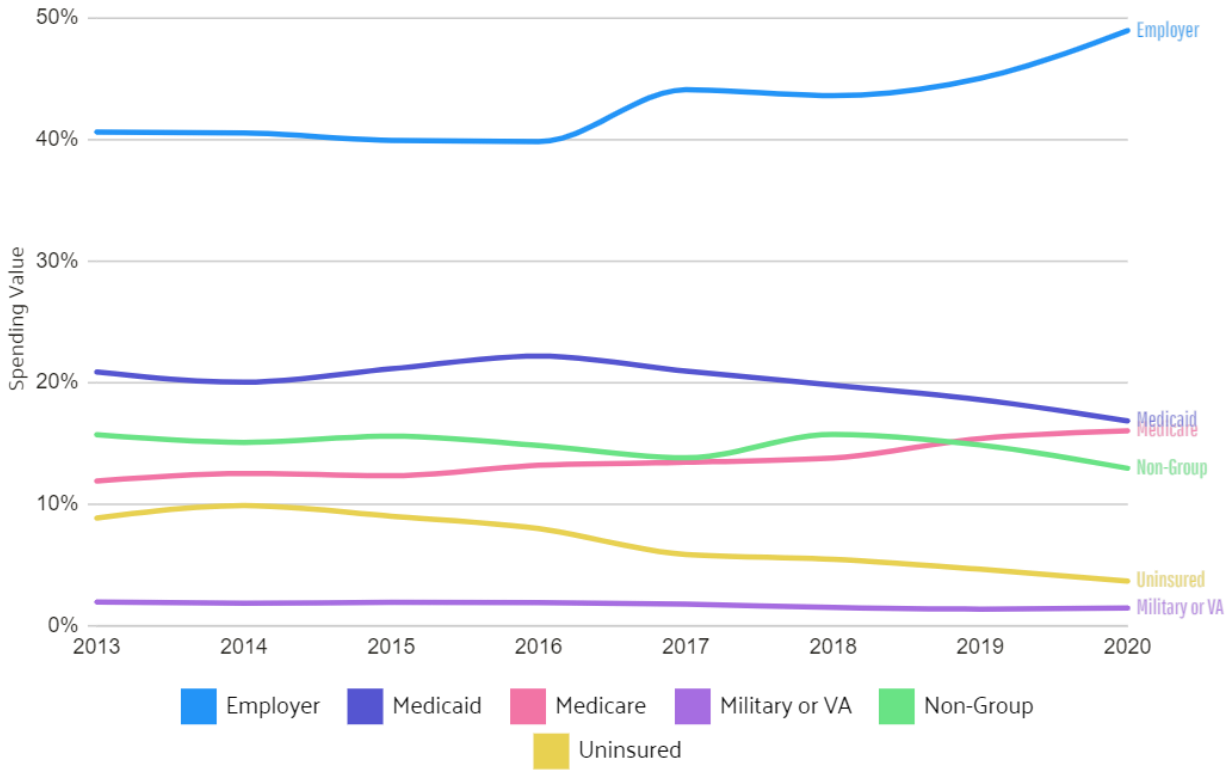
The Affordable Care Act (ACA) was fully implemented in Illinois in 2014 after the Supreme Court upheld the constitutionality of the law in 2012. The law was directed primarily at those who could not afford coverage through the workplace, did not have a health insurance plan offered at their workplace, were self-employed, or were unemployed. The Act expanded health care coverage opportunities for most Illinoisans by creating a “marketplace” of easily-accessibly insurance plans. In 2013 17% of Clark County residents were uninsured. By 2015 that number was down to 8%. To further put that in to perspective, annual reports show that in 2012 Paris Community Hospital claimed $3.0 million dollars in the amount of financial assistance to self-pay patients. By 2015 that amount was down to $661, 868.

Health Care Coverage & Utilization

ICBRFS - Clark County		Estimated Population	Weighted Percent	95% Confidence Interval	Nu Res
HAVE HEALTH CARE COVERAGE	No	740	6.0%	2.8%-12.5%	
	Yes	11,607	94.0%	87.5%-97.2%	
HAVE MEDICARE	No	8,882	72.0%	65.8%-77.4%	
	Yes	3,462	28.0%	22.6%-34.2%	
HAVE PERSONAL DOCTOR	No	976	7.9%	4.8%-12.7%	
	Yes	11,361	92.1%	87.3%-95.2%	
UNABLE TO VISIT DOCTOR DUE TO COST	No	11,208	90.9%	86.4%-94.0%	
	Yes	1,122	9.1%	6.0%-13.6%	
LAST ROUTINE CHECKUP	Past Year	8,428	68.4%	60.4%-75.5%	
	Past 2 Years (>1yr, <2yrs)	1,757	14.3%	9.0%-21.9%	
	More than 2 Years	2,134	17.3%	12.5%-23.5%	
COULD NOT FILL PRESCRIPTION DUE TO COST	No	10,776	87.3%	81.1%-91.6%	
	Yes	1,571	12.7%	8.4%-18.9%	

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.

The following chart shows how the percent of uninsured individuals in Clark County, IL changed over time compared with the percent of individuals enrolled in various types of health insurance.



https://datausa.io/profile/geo/clark-county-il/#:~:text=Median%20household%20income%20in%20Clark%20County%2C%20IL%20is,602%2C%20with%20respective%20values%20of%20%2460%2C536%20and%20%2452%2C604.

Health Care Coverage & Utilization

ICBRFS - Clark County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAVE HEALTH CARE COVERAGE	No	740	6.0%	2.8%-12.5%	23
	Yes	11,607	94.0%	87.5%-97.2%	404
HAVE MEDICARE	No	8,882	72.0%	65.8%-77.4%	221
	Yes	3,462	28.0%	22.6%-34.2%	205
HAVE PERSONAL DOCTOR	No	976	7.9%	4.8%-12.7%	32
	Yes	11,361	92.1%	87.3%-95.2%	394
UNABLE TO VISIT DOCTOR DUE TO COST	No	11,208	90.9%	86.4%-94.0%	382
	Yes	1,122	9.1%	6.0%-13.6%	44
LAST ROUTINE CHECKUP	Past Year	8,428	68.4%	60.4%-75.5%	300
	Past 2 Years (>1yr, <2yrs)	1,757	14.3%	9.0%-21.9%	53
	More than 2 Years	2,134	17.3%	12.5%-23.5%	73
COULD NOT FILL PRESCRIPTION DUE TO COST	No	10,776	87.3%	81.1%-91.6%	374
	Yes	1,571	12.7%	8.4%-18.9%	53

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.

1.03 Race/Ethnicity Distribution

The 5 largest ethnic groups in Clark County, IL are White (Non-Hispanic) (96.6%), Two+ (Non-Hispanic) (1.2%), Black or African American (Non-Hispanic) (0.532%), Two+ (Hispanic) (0.461%), and White (Hispanic) (0.41%).

None of the households in Clark County, IL reported speaking a non-English language at home as their primary shared language. This does not consider the potential multi-lingual nature of households, but only the primary self-reported language spoken by all members of the household.

99.6% of the residents in Clark County, IL are U.S. citizens.

https://sapphire.datausa.io/profile/geo/clark-county-il#:~:text=The%205%20largest%20ethnic%20groups%20in%20Clark%20County%2C,language%20at%20home%20as%20their%20primary%20shared%20language.

1.04 Median Age

In 2020, the median age of all people in Clark County, IL was 41.9. Native-born citizens, with a median age of 42, were generally older than foreign-born citizens, with a median age of 30. But people in Clark County, IL are getting getting younger. In 2019, the average age of all Clark County, IL residents was 42.

https://topaz.datausa.io/profile/geo/clark-county-il#:~:text=In%202020%2C%20the%20median%20age%20of%20all%20people,in%20Clark%20County%2C%20IL%20are%20getting%20getting%20younger.

1.05 Non-High School Graduates
1.06 High School Dropouts

1.07. Poverty

In 2018, the federal poverty income threshold was $25,465 for a family of four with two children, and $17,308 for a single parent of one child. If a family's total income is less than the corresponding threshold, then that family and every individual in it is considered in poverty. An individual is considered in poverty if their income within the last 12 months was below poverty level.

Poverty is an extreme condition. The National Center for Children in Poverty reports that the level of income families typically require to make ends meet is nearly twice the federal poverty thresholds. While the poverty thresholds are adjusted each year based on inflation, they do not reflect regional differences in cost of living: the poverty thresholds are the same everywhere in the United States. The Census states: "Although the thresholds in some sense reflect a family's needs, they are intended for use as a statistical yardstick, not as a complete description of what people and families need to live."

https://stories.livestories.com/statistics/healthcare-insurance-coverage/illinois/clark-county-uninsured-rate-and-poverty

Poverty by Age in Clark County

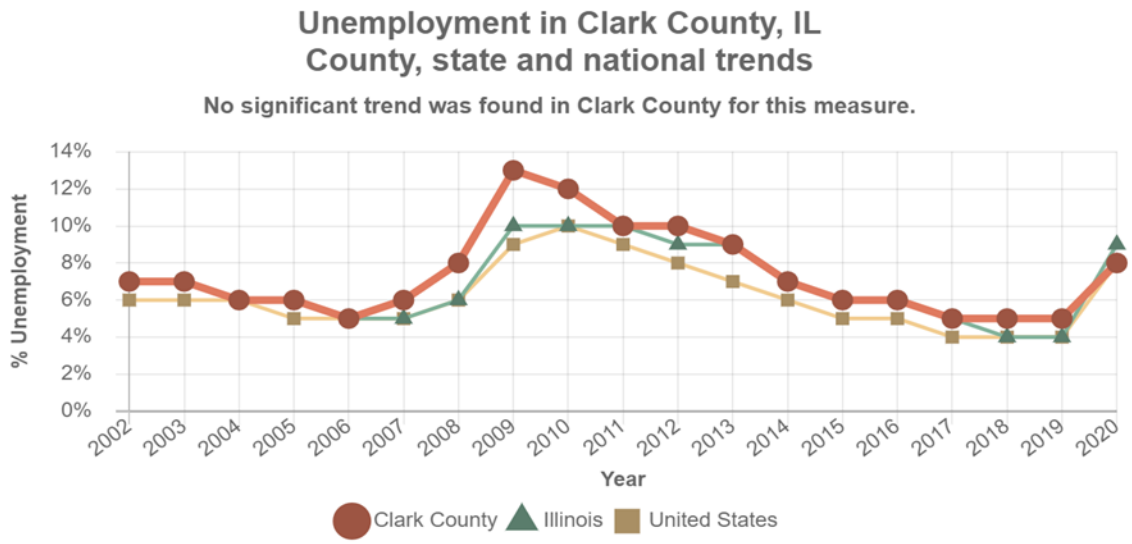
Under 18 years	18 – 64 years	65 years and over
10.6%	9.5%	4.0%

1.09 Rural Population

County population in 2019: 15,594 (40% urban, 60% rural)

https://www.city-data.com/county/Clark_County-IL.html

1.10 Unemployed



1.11 Medicaid Enrollment

Comprehensive Benefits

Comprehensive Benefit Enrollees	FY2017	FY2018	FY2019	FY2020	FY2021
Children	1,778	1,894	1,789	1,795	1,872
Adults with Disabilities	317	398	406	413	426
ACA	648	709	695	740	871
Other Adults	942	891	783	782	909
Seniors	189	215	234	264	278

Partial Benefits

Partial Benefit Enrollees	FY2017	FY2018	FY2019	FY2020	FY2021
Partial	42	80	101	86	87

Total Enrollees

Total Enrollees	FY2017	FY2018	FY2019	FY2020	FY2021
Total	3,916	4,187	4,008	4,080	4,443

https://www2.illinois.gov/hfs/info/factsfigures/Program%20Enrollment/Pages/clark.aspx

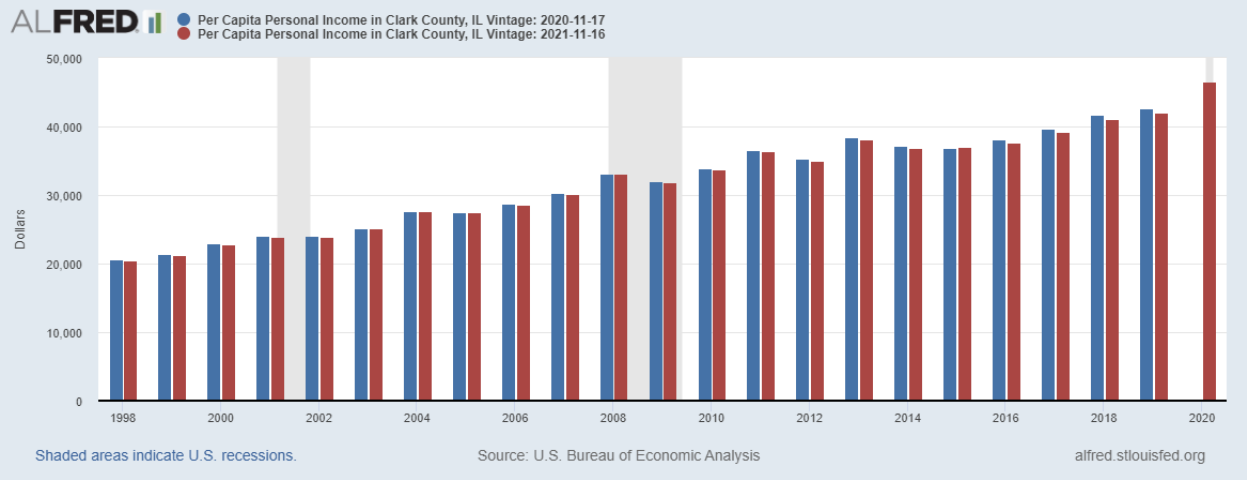
1.12 Single-Parent Households

According to countyhealthrankings.org adults and children in single-parent households are at risk for adverse health outcomes, including mental illness (e.g. substance abuse, depression, suicide) and unhealthy behaviors (e.g. smoking, excessive alcohol use, food insecurity). Self-reported health has been

shown to be worse among lone mothers than for mothers living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents. Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in two-parent households.

According to countyhealthrankings.org 19% of Clark County children live in a single-parent household.

1.13 Per Capita Personal Income



https://alfred.stlouisfed.org/series?seid=PCPI17023#

2.01 Mortality Rates

FINDINGS: ALL-CAUSE MORTALITY

Sex	Clark County	Illinois	National	National rank	% change 1980-2014
Female	753.1	666.1	667.8	1797	-5.7
Male	1120.7	930.6	930.1	2214	-21.4

rate per 100,000 population, age-standardized, 2014

https://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Clark_County_Illinois.pdf#:~:text=Sex%20Clark%20County%20Illinois%20National%20National%20rank%20%25,2014%20http%3A%2F%2Fwww.healthdata.org%20Clark%20County%2C%20Illinois%20%7C%20page%202

2.02 Leading Causes of Death

In the first year of the COVID-19 the pandemic became the third leading cause of death in Clark County. Without a hospital in the county the Clark County Health Department was the primary provider of COVID-19 vaccine distribution and administration creating a unique series of issues covered later in this document. Despite a widely available and safe vaccine future and continued phases of the pandemic will be a top priority for the local health department

Leading Causes of Death in Clark County (IDPH)

	Total Deaths	Diseases of heart	Cancer	COVID-19	Accidents	Stroke	Lower Respiratory Disease	Alzheimer	Diabetes	Kidney	Influenza and Pneumonia
2020	228	53	37	18	9	11	15	6	8	3	2
2019	204	52	32		9	13	12	6	8	3	2
2018	205	43	50		13	14	15	7	6	3	5
2017	185	53	40		7	13	7	8	4	4	2
2016	178	35	36		10	13	13	10	8	10	7
2015	209	54	40		7	10	18	2	3	11	5
2014	223	49	50		9	18	17	11	7	3	4
2013	205	62	40		9	12	12	7	3	6	7
2012	187	45	46		10	11	11	12	9	1	4
2011	198	39	45		7	18	12	5	4	2	5
2010	204	56	39		13	9	16	15	7	5	7

2.03 Life Expectancy at Birth

FINDINGS: LIFE EXPECTANCY

Sex	Clark County	Illinois	National	National rank	% change 1980-2014
Female	80.2	81.3	81.5	1650	+2.1
Male	74.6	76.7	76.7	2019	+5.8

life expectancy at birth (years), 2014

Fig. 1: Female life expectancy, 2014

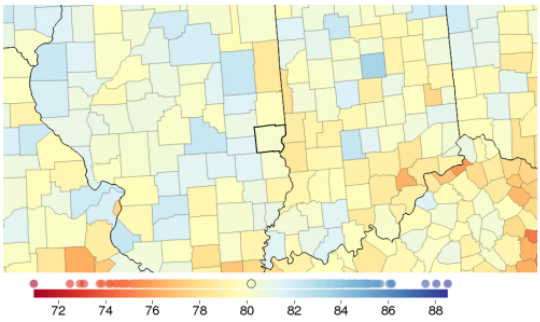
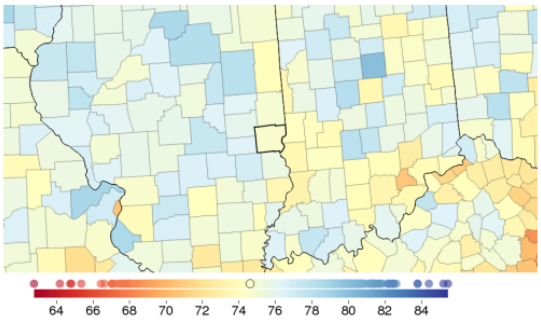


Fig. 2: Male life expectancy, 2014



https://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Clark_County_Illinois.pdf#:~:text=Female%2080.2%2081.3%2081.5%201650%20%2B2.1%20Male%2074.6,County%20Illinois%20National%20National%20rank%20%25%20change%201980-2014

2.04 Excess Non-white Deaths

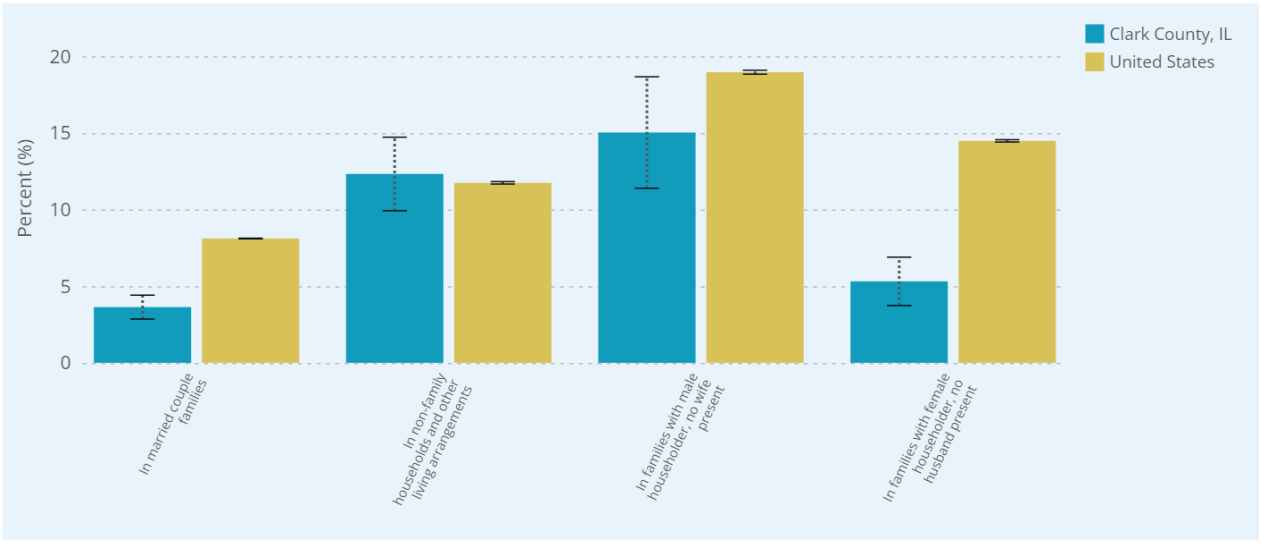
Data not available.

2.05 Population Uninsured

Households are the primary living arrangement for the American population. Families are a type of household, in which residents who are related to one another. Nonfamily households include roommates living together and single-person households.

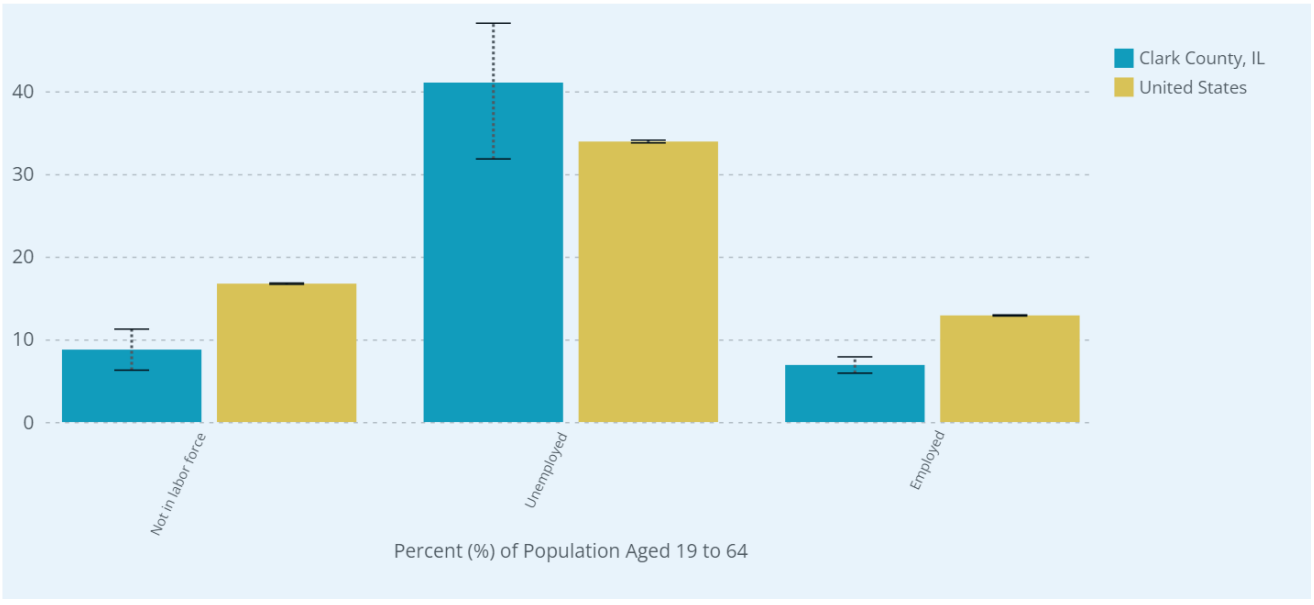
A small number of people live in group quarters, which are not households. Military and institutional group quarters residents are not included in this data. Other types of group quarters residents, such as students living in dormitories, are included in the "nonfamily households and other living arrangements" value.

Uninsured Rate: by Living Arrangement (2013-2017)



https://www.livestories.com/statistics/healthcare-insurance-coverage/illinois/clark-county-uninsured-rate-and-living-arrangement

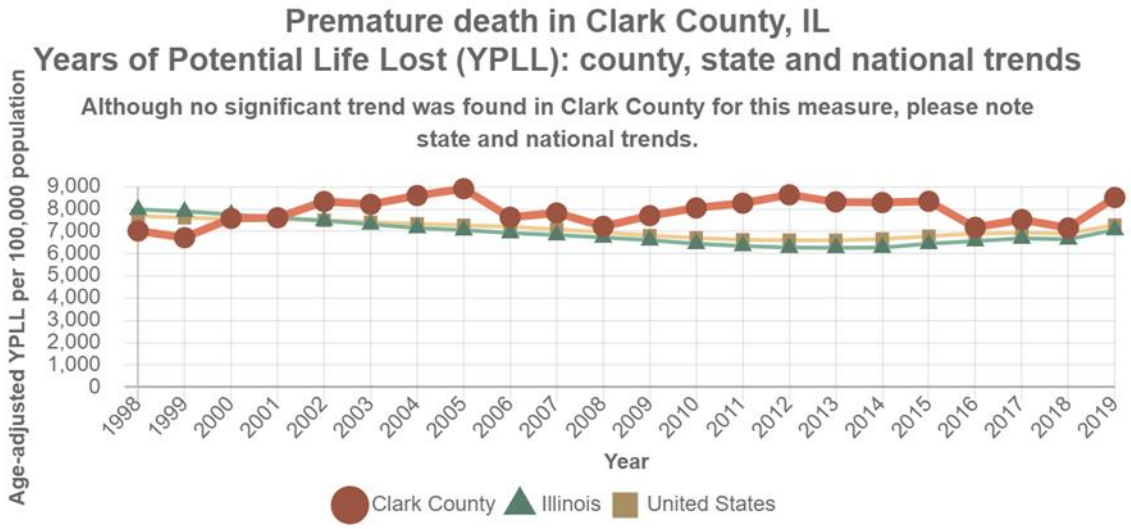
Uninsured Rate: by Employment Status (2013-2017)



https://stories.livestories.com/statistics/healthcare-insurance-coverage/illinois/clark-county-uninsured-rate-and-employment

2.06 Cause Specific Years of Potential Life Lost

Premature death is defined by the County Health Rankings as the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost. The measure is then presented as a rate per 100,000 population and is age-adjusted to the 2000 US Census population numbers.



Notes:
Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).

2.07 Percent of Population no physical in the last two years

Health Care Coverage & Utilization

ICBRFS - Clark County		Estimated Population	Weighted Percent	95% Confidence Interval	Nu Res
HAVE HEALTH CARE COVERAGE	No	740	6.0%	2.8%-12.5%	
	Yes	11,607	94.0%	87.5%-97.2%	
HAVE MEDICARE	No	8,882	72.0%	65.8%-77.4%	
	Yes	3,462	28.0%	22.6%-34.2%	
HAVE PERSONAL DOCTOR	No	976	7.9%	4.8%-12.7%	
	Yes	11,361	92.1%	87.3%-95.2%	
UNABLE TO VISIT DOCTOR DUE TO COST	No	11,208	90.9%	86.4%-94.0%	
	Yes	1,122	9.1%	6.0%-13.6%	
LAST ROUTINE CHECKUP	Past Year	8,428	68.4%	60.4%-75.5%	
	Past 2 Years (>1yr, <2yrs)	1,757	14.3%	9.0%-21.9%	
	More than 2 Years	2,134	17.3%	12.5%-23.5%	
COULD NOT FILL PRESCRIPTION DUE TO COST	No	10,776	87.3%	81.1%-91.6%	
	Yes	1,571	12.7%	8.4%-18.9%	

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.

2.08 Medicaid Enrollment to Medicaid Physician Vendor Ratio

Information not available.

2.09 Advanced Life Support Emergency Care Vehicles

Information not available.

2.10 Population Residing in Primary Care Health Professional Shortage Area.

Information not available.

2.11 Population with Optimally Floridated Water

As part of an overall strategy to use public health interventions to reduce or prevent disease among individuals and communities, the US Department of Health and Human Services has set a national health objective for community water fluoridation.

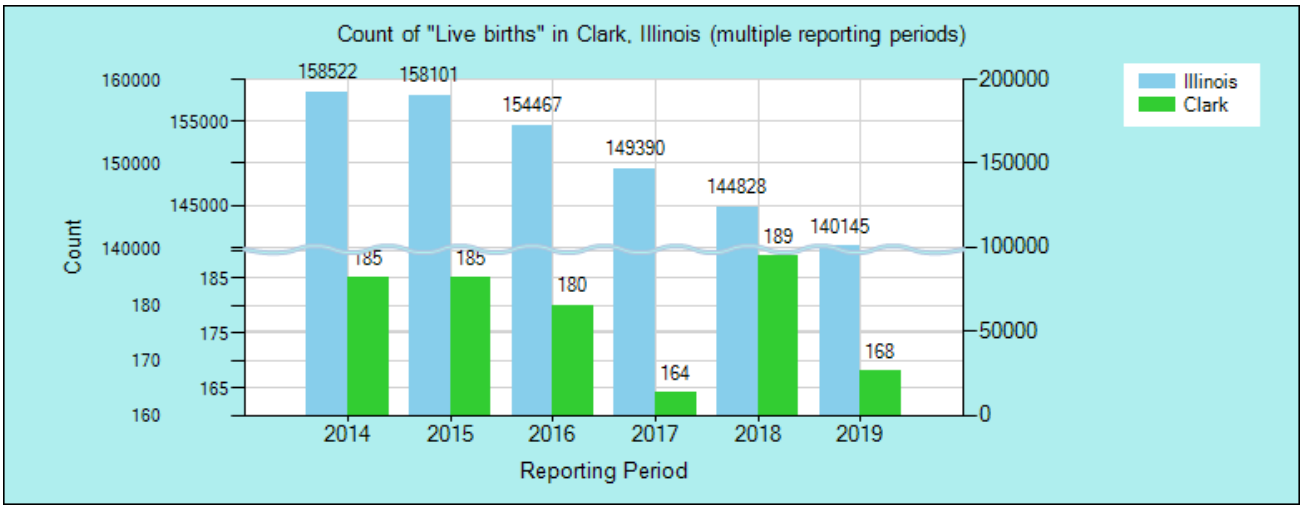
CDC monitors the progress of the nation and individual states toward meeting the Healthy People 2020 objective on community water fluoridation—that 79.6% of people served by community water systems will receive water that has the optimum level of fluoride recommended for preventing tooth decay.

In 2018, 73.0% of the US population on community water systems, or 207,426,535 people, had access to fluoridated water.

3.0 Maternal and Child Health Indicators

The purpose of the maternal and child health indicators category is to provide an overview of the key components of maternal, infant and child health and the risk factors that contribute to ill health and poor outcomes. In addition to the infant mortality rate, these indicators include important measures of increased risk of death and disability, such as incidence of low birth weight, receipt of prenatal care, and genetic, metabolic and other disorders that contribute significantly to infant deaths and morbidity.

3.01 Live births



Source: IDPH Vital Statistics

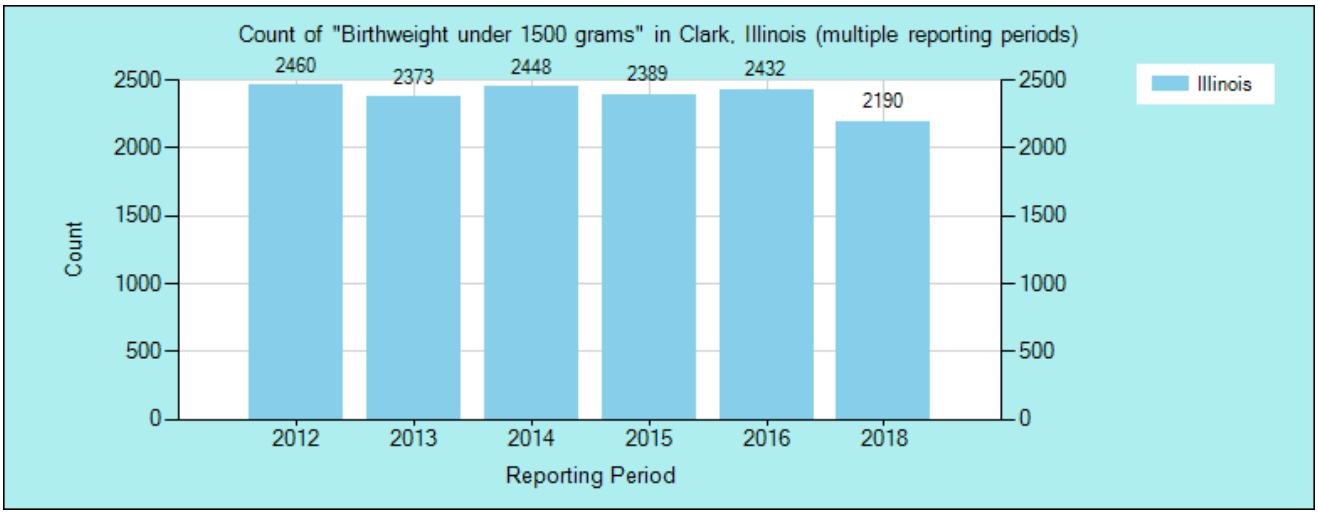
3.02 Infant mortality

Infants who die before their first birthday are considered infant deaths. Those that die during days 0-27 are neonatal deaths, while those who die during days 28-364 are post-neonatal deaths. The mortality rates were calculated as the number of deaths per 1,000 live births. The infant, neonatal, and post-neonatal mortality rates have remained approximately the same over the last five years.

The U.S. infant mortality rate has substantially declined over the last century, but persistent racial/ethnic disparities remain. Infant mortality continues to be a complex health issue with many medical, social, and economic determinants. Neonatal mortality is associated with gestational age, low birth weight, congenital malformations, and health problems originating in the perinatal period. Post-neonatal mortality is generally related to Sudden Infant Death Syndrome (SIDS), unintentional injury, and congenital malformations. https://dph.illinois.gov/topics-services/life-stages-populations/infant-mortality.html

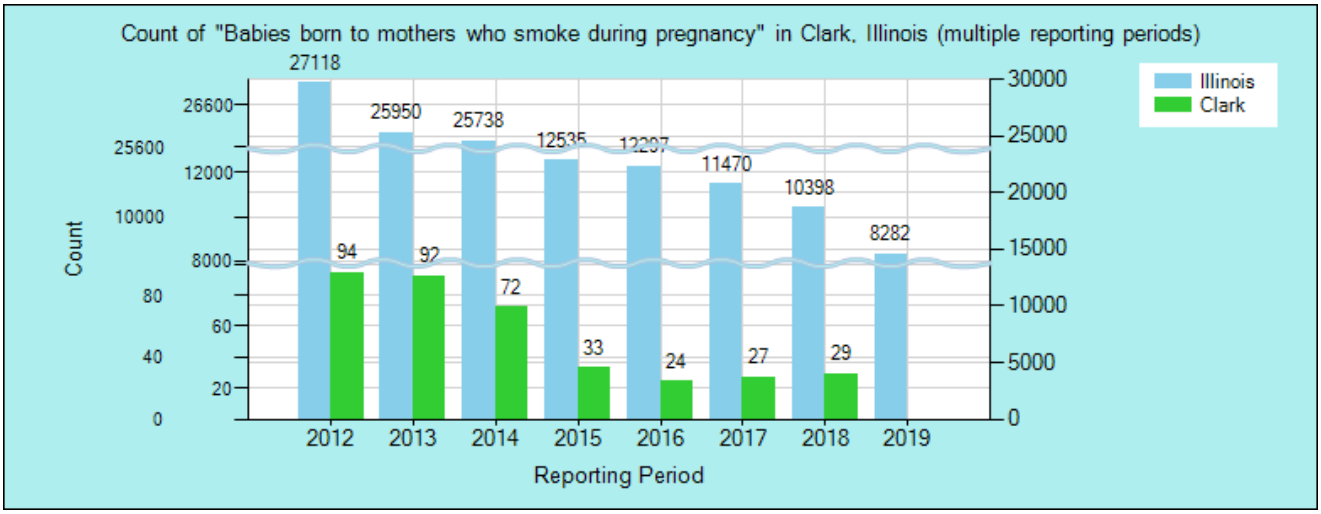
3.03 Low birth weight

County level data not available in IQuery



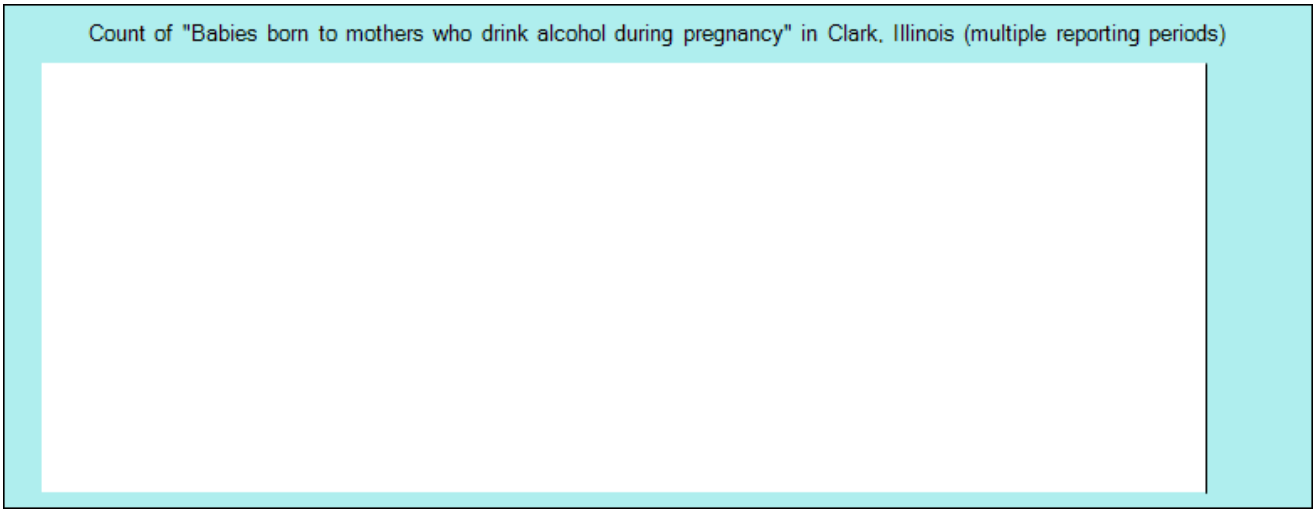
Source: IDPH Vital Statistics

3.04 Mothers who smoke



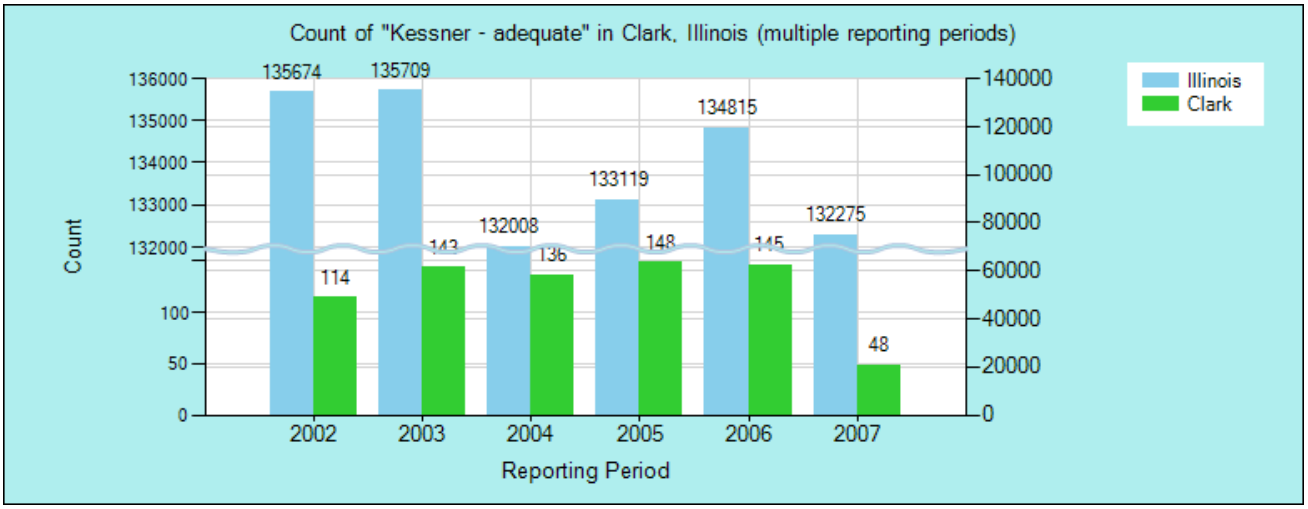
Source: IDPH Vital Statistics

3.05 Mothers who drink



Source: IDPH Vital Statistics

3.06 Kessner index



Source: IDPH Vital Statistics

3.07 Mothers begin prenatal in first trimester

Information not available.

3.08 Infants positive for cocaine

Information not available.

3.09.02 Leading causes of mortality (children 1-4), ICD-10

Information not available.

3.10 WIC: low weight for height

Information not available

3.11 Teen birth rate

Information not available.

3.12 Percent births to teens

Information not available

3.13 Child abuse/neglect

Information not available.

3.14 Congenital anomalies

Information not available.

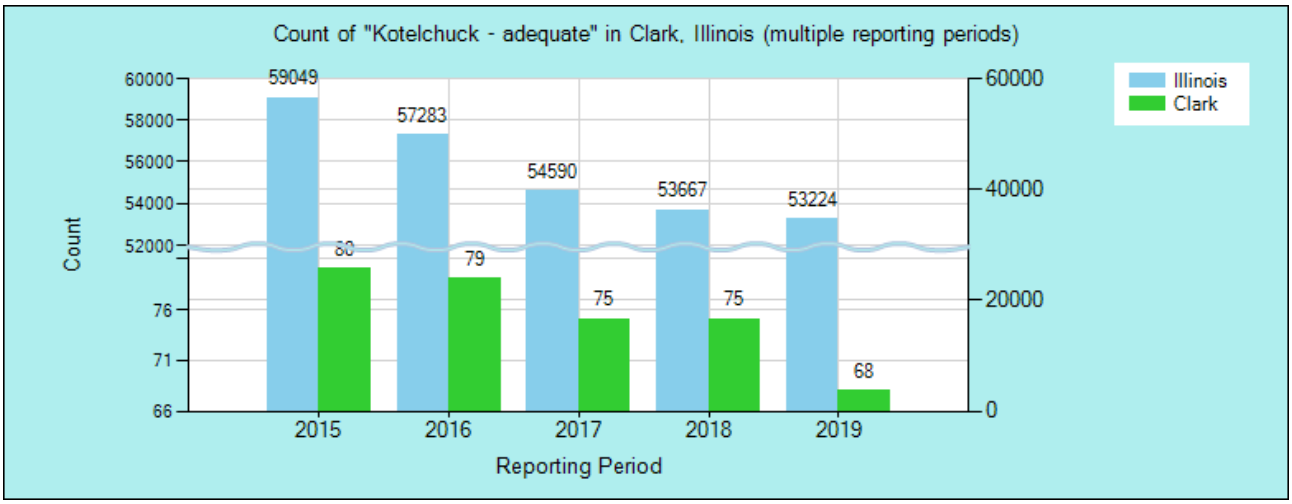
3.15 Medicaid deliveries

Information not available.

3.16 Eligible children receiving early periodic screening diagnosis and treatment

Information not available.

3.17 Kotelchuck Index of Prenatal Care Utilization

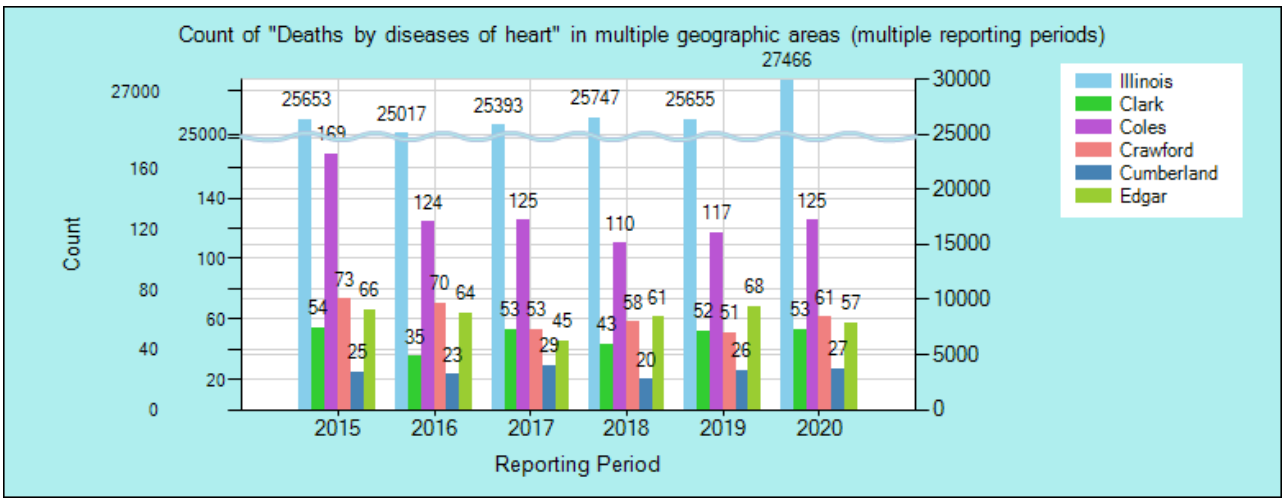


Source: IDPH Vital Statistics

4.0 Chronic Disease Indicators

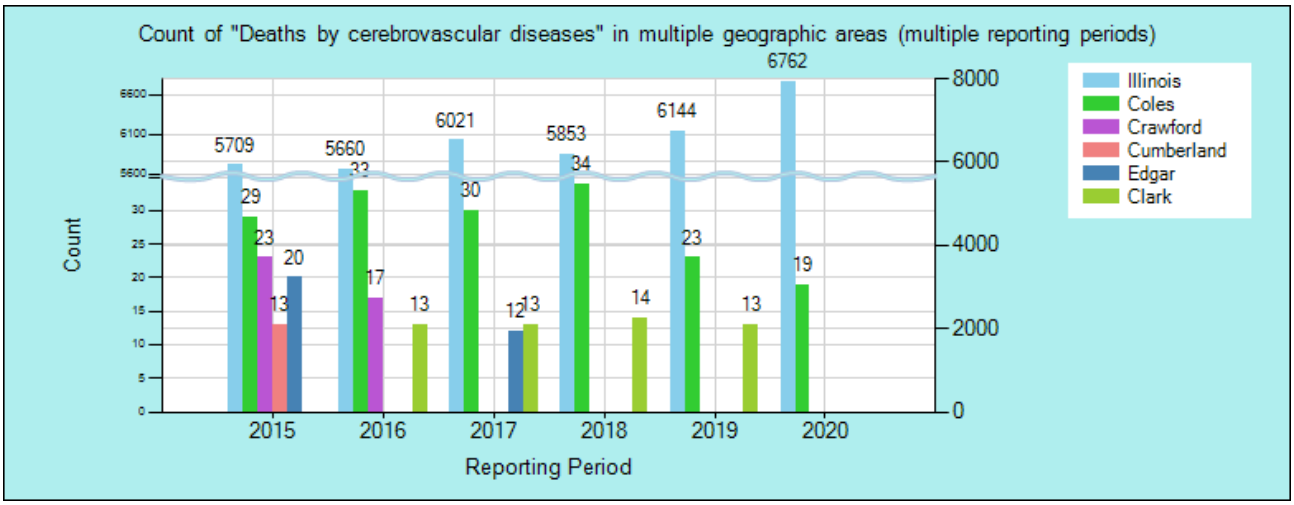
This section provides an overview of mortality, incidence and hospitalization rates for selected chronic diseases that reflect the influence of lifestyle-related risks. The chronic disease indicators also illustrate the prevalence of several risk factors that play an important role in the prevention and management of cardiovascular diseases, cancers, stroke, diabetes and mental health problems.

4.01.02 Coronary heart disease mortality



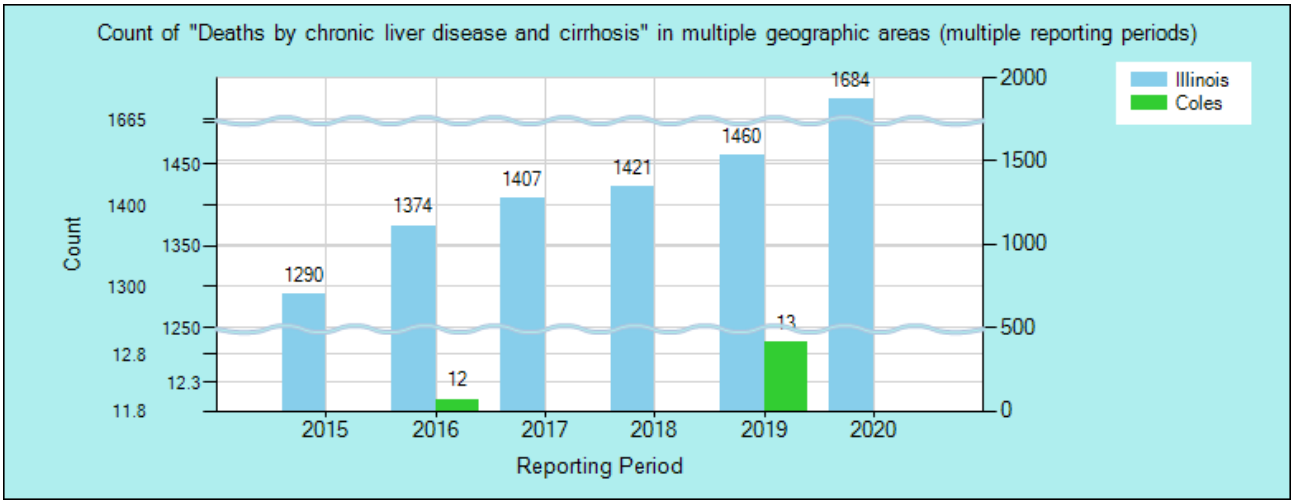
Source: IDPH Vital Statistics

4.02.02 Cerebrovascular diseases mortality



Source: IDPH Vital Statistics

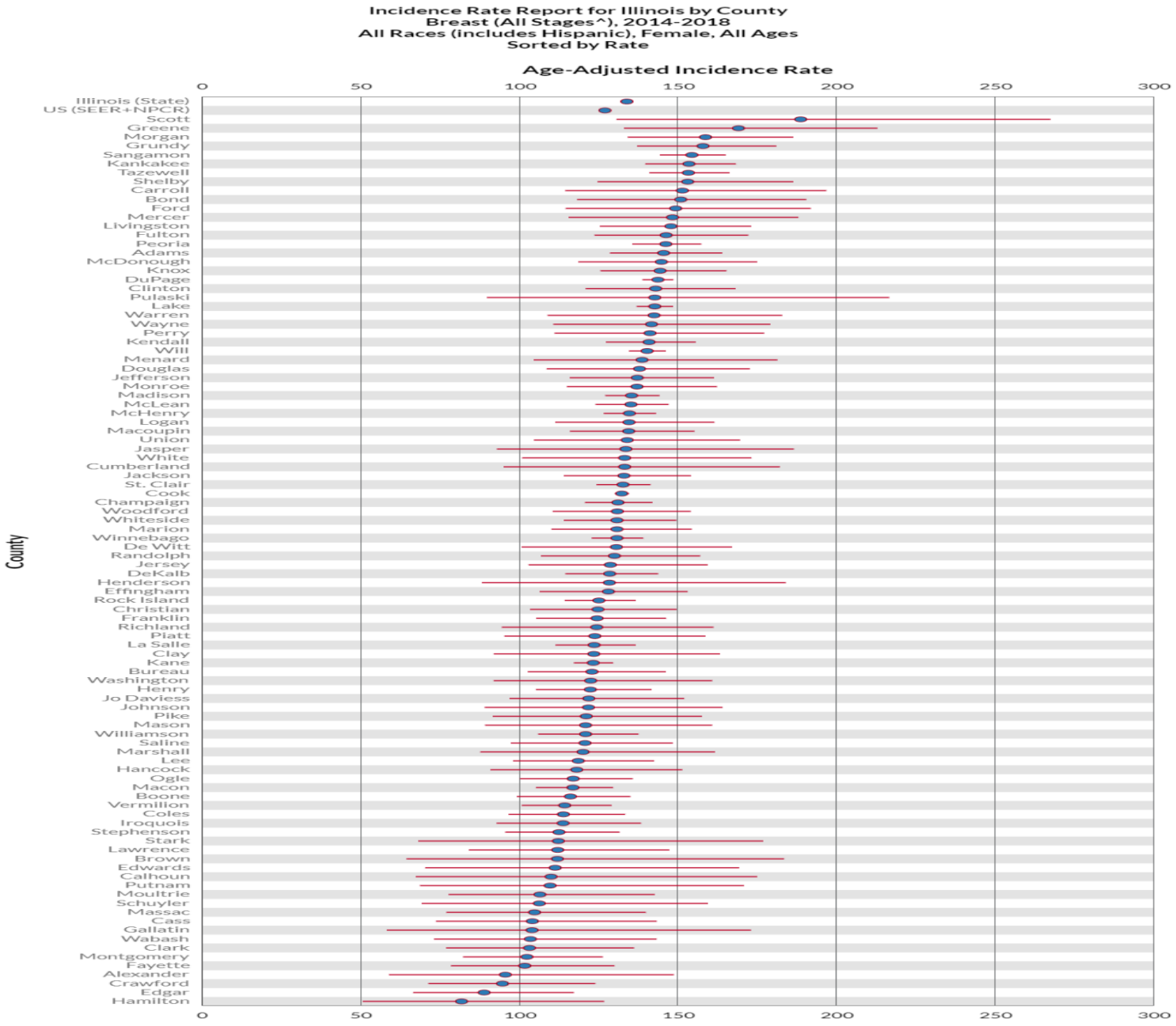
4.03.02 Chronic liver disease and cirrhosis mortality



Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.

Description: The number of deaths by chronic liver disease and cirrohsis.

4.04.02 Breast cancer (female) mortality, ICD-10



Created by statecancerprofiles.cancer.gov on 10/10/2022 10:59 pm.

State Cancer Registries may provide more current or more local data.

Data cannot be shown for the following areas. For more information on what areas are suppressed or not available, please refer to the table.
Hardin, Pope

- Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
Rates and trends are computed using different standards for malignancy. For more information see malignant.html.

^ All Stages refers to any stage in the Surveillance, Epidemiology, and End Results (SEER) summary stage.
* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

Source: SEER and NPCR data. For more specific information please see the table.

Interpret Rankings provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

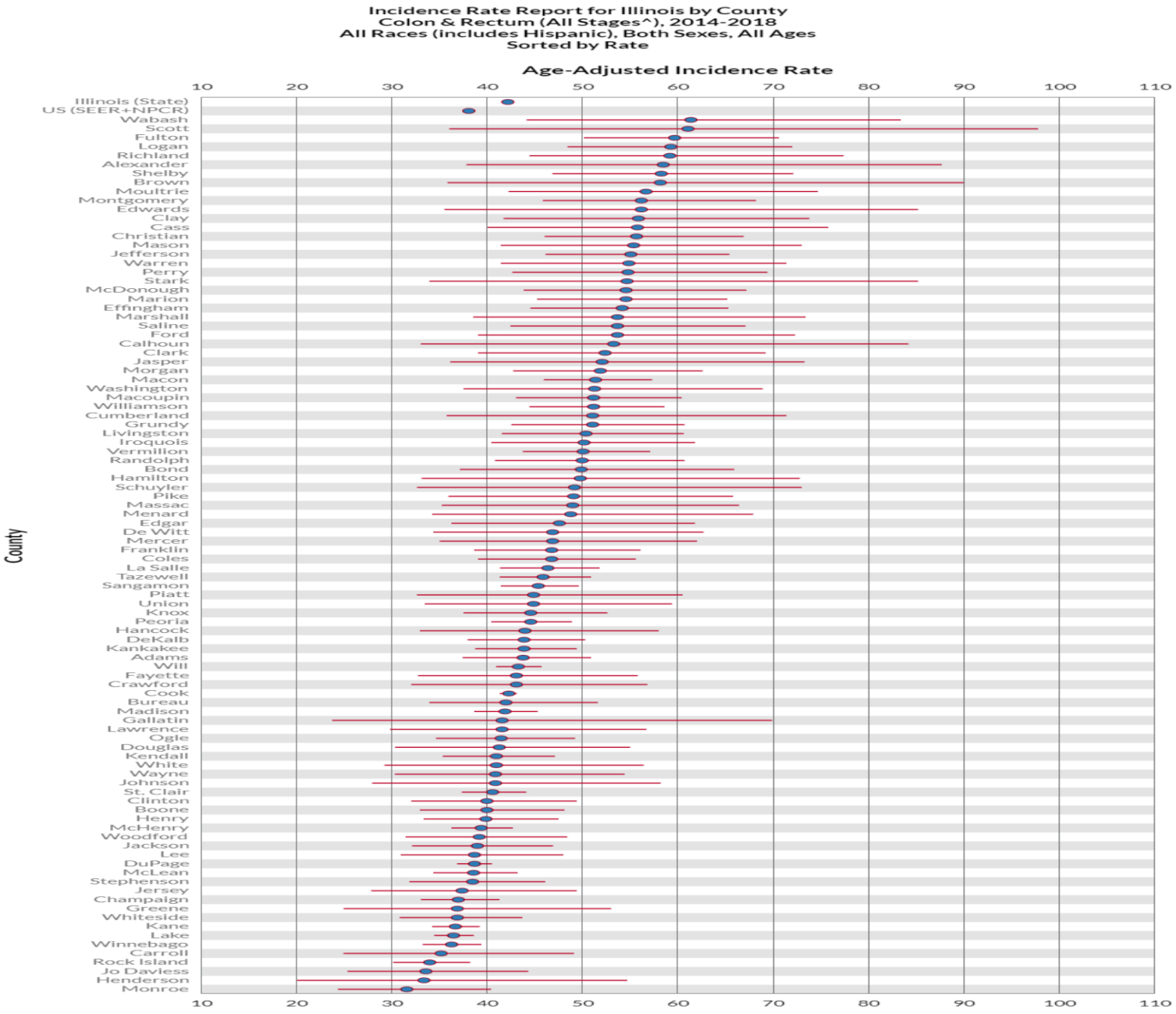
Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

4.05.02 Lung cancer mortality, ICD-10

Information not available.

4.06.02 Colorectal cancer mortality, ICD-10



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:07 pm.

State Cancer Registries may provide more current or more local data.

Data cannot be shown for the following areas. For more information on what areas are suppressed or not available, please refer to the table.
Hardin, Pope, Pulaski, Putnam

- Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
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Source: SEER and NPCR data. For more specific information please see the table.

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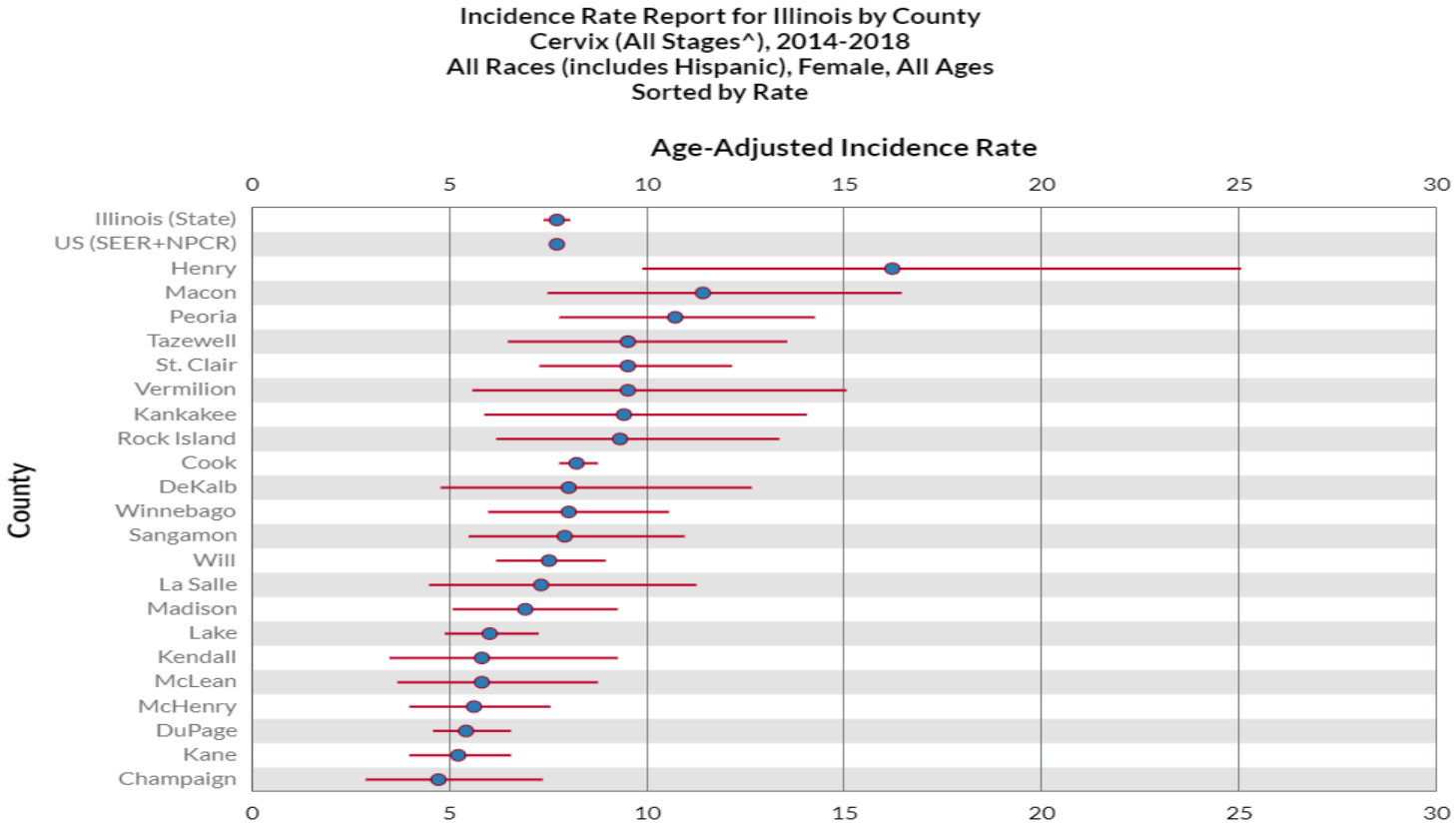
Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

4.07.02 Cervical cancer (female) mortality, ICD-10



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:13 pm.

State Cancer Registries may provide more current or more local data.

Data cannot be shown for the following areas. For more information on what areas are suppressed or not available, please refer to the table.
Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, De Witt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Knox, Lawrence, Lee, Livingston, Logan, Macoupin, Marion, Marshall, Mason, Massac, McDonough, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Saline, Schuyler, Scott, Shelby, Stark, Stephenson, Union, Wabash, Warren, Washington, Wayne, White, Whiteside, Williamson, Woodford

- Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
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Source: SEER and NPCR data. For more specific information please see the table.

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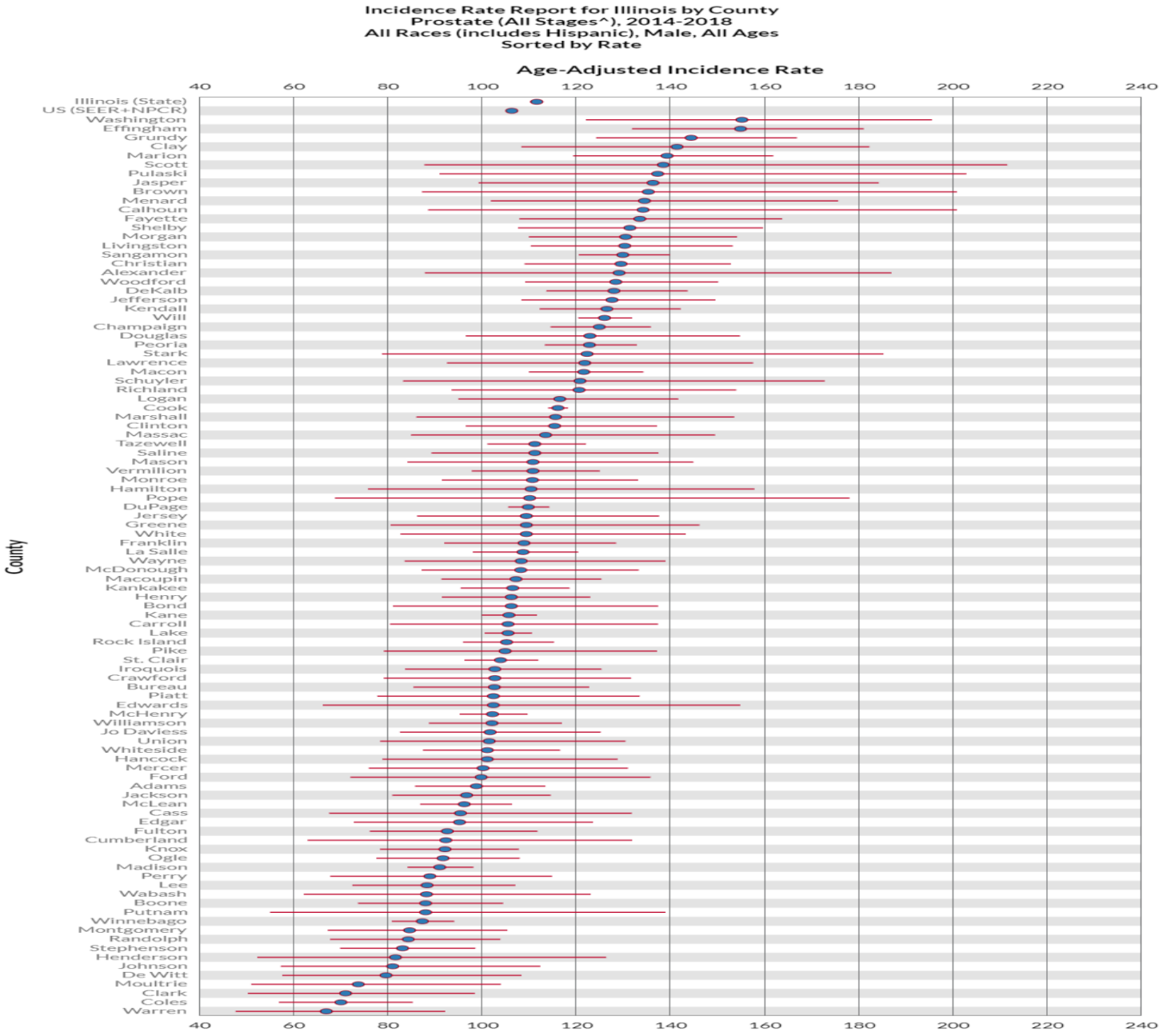
Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

4.08.02 Prostate cancer (male) mortality, ICD-10



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:16 pm.

State Cancer Registries may provide more current or more local data.

Data cannot be shown for the following areas. For more information on what areas are suppressed or not available, please refer to the table.
Gallatin, Hardin

- Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
Rates and trends are computed using different standards for malignancy. For more information see malignant.html.

^ All Stages refers to any stage in the Surveillance, Epidemiology, and End Results (SEER) summary stage.
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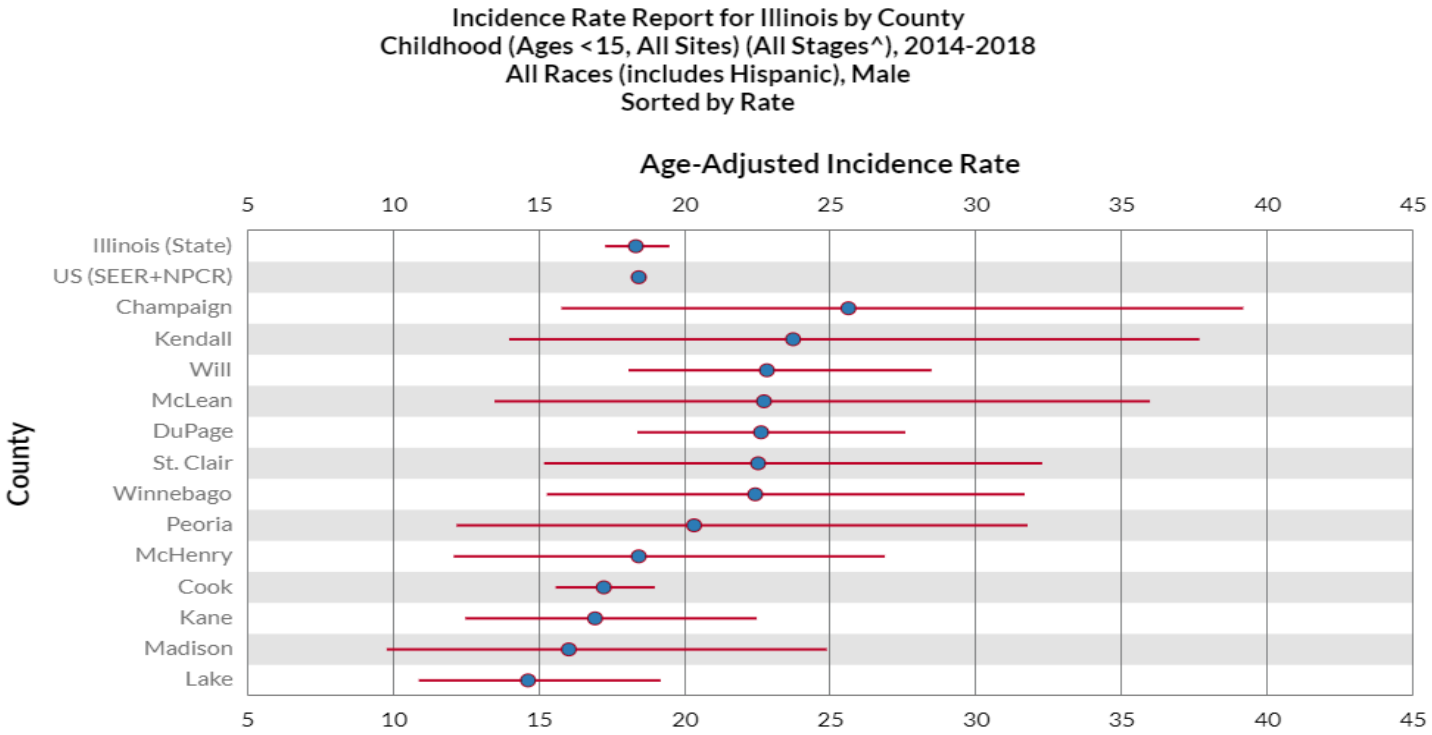
Source: SEER and NPCR data. For more specific information please see the table.

Interpret Rankings provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

4.09.02 Childhood cancer (under age 15) mortality, ICD-10



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:19 pm.

State Cancer Registries may provide more current or more local data.

Data cannot be shown for the following areas. For more information on what areas are suppressed or not available, please refer to the table.
Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, De Witt, DeKalb, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kankakee, Knox, La Salle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Marion, Marshall, Mason, Massac, McDonough, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Williamson, Woodford

- Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
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Source: SEER and NPCR data. For more specific information please see the table.

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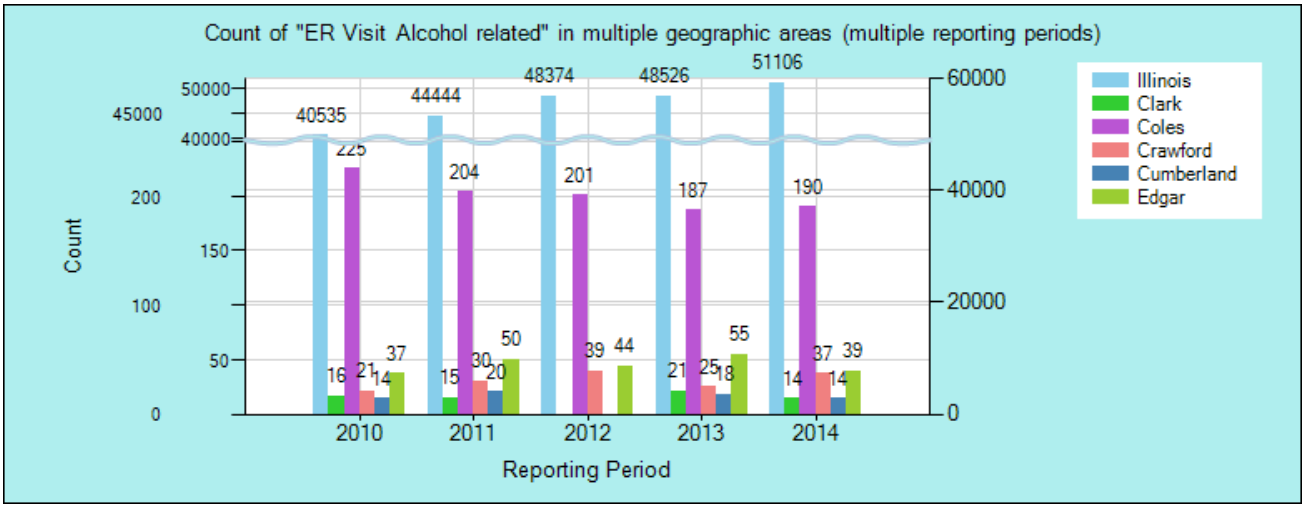
4.10 Hospitalization for alcohol dependence syndrome



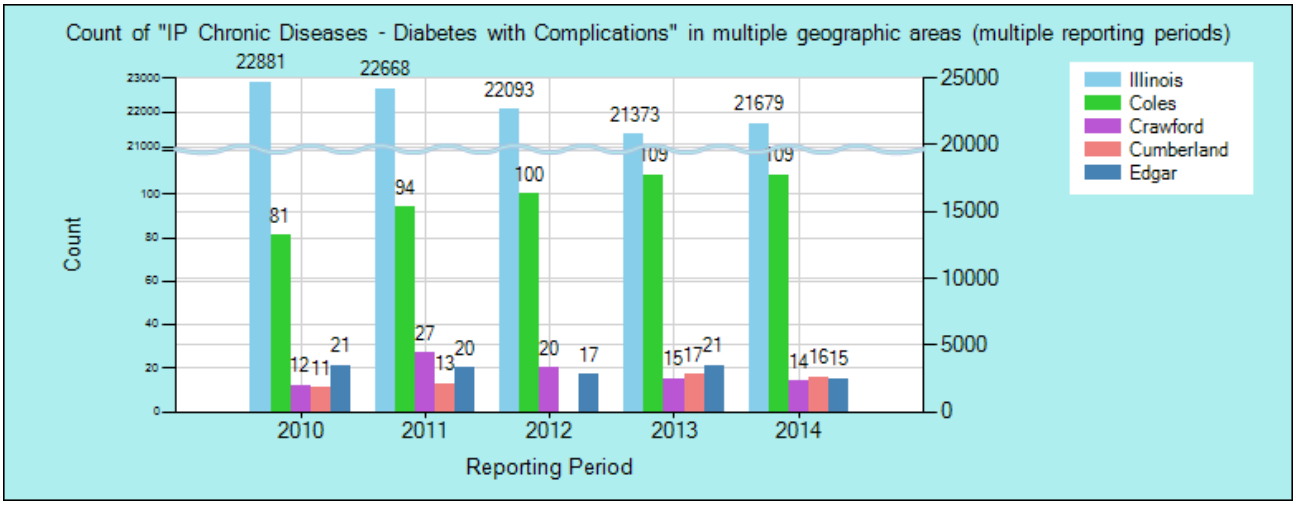
Source: IDPH Discharge Data

Description: Emergency room visits related to alcohol consumption.

4.11 Hospitalization for total psychoses

Information not available.

4.12 Hospitalization for diabetes



Source: IDPH discharge data

Description: The number of hospitalizations for chronic diabetes with complications as principal diagnosis.

4.13 Overweight, smokers, sedentary lifestyles

Obesity

ICBRFS - Clark County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
BODY MASS INDEX [1]	Normal or Underweight	3,365	28.4%	21.3%-36.8%	113
	Overweight	4,085	34.5%	27.4%-42.4%	143
	Obese	4,387	37.1%	29.2%-45.7%	150
OVERWEIGHT OR OBESE	No	3,365	28.4%	21.3%-36.8%	113
	Yes	8,471	71.6%	63.2%-78.7%	293

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.
1. BMI calculated from reported height and weight. BMI Categories: Underweight <18.5, Normal >=18.5 and <25, Overweight >=25 and <30, Obese >=30.

Tobacco & E-Cigarettes

ICBRFS - Clark County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
CALCULATED SMOKING STATUS [1]	Smoker	*	*	*	*
	Former Smoker	3,167	26.7%	20.3%-34.1%	129
	Never Smoked	6,088	51.3%	42.9%-59.6%	219
QUIT SMOKING (FORMER SMOKERS) [2]	Past Year	*	*	*	*
	More than 1 Year Ago	*	*	*	*
USE SMOKELESS TOBACCO [3]	No	10,836	91.3%	81.5%-96.2%	384
	Yes	1,033	8.7%	3.8%-18.5%	24
CALCULATED E-CIGARETTE STATUS [4]	Current User	457	3.9%	1.7%-8.3%	13
	Not Currently Using	2,372	20.0%	12.9%-29.7%	49
	Never Used	9,040	76.2%	66.7%-83.6%	346

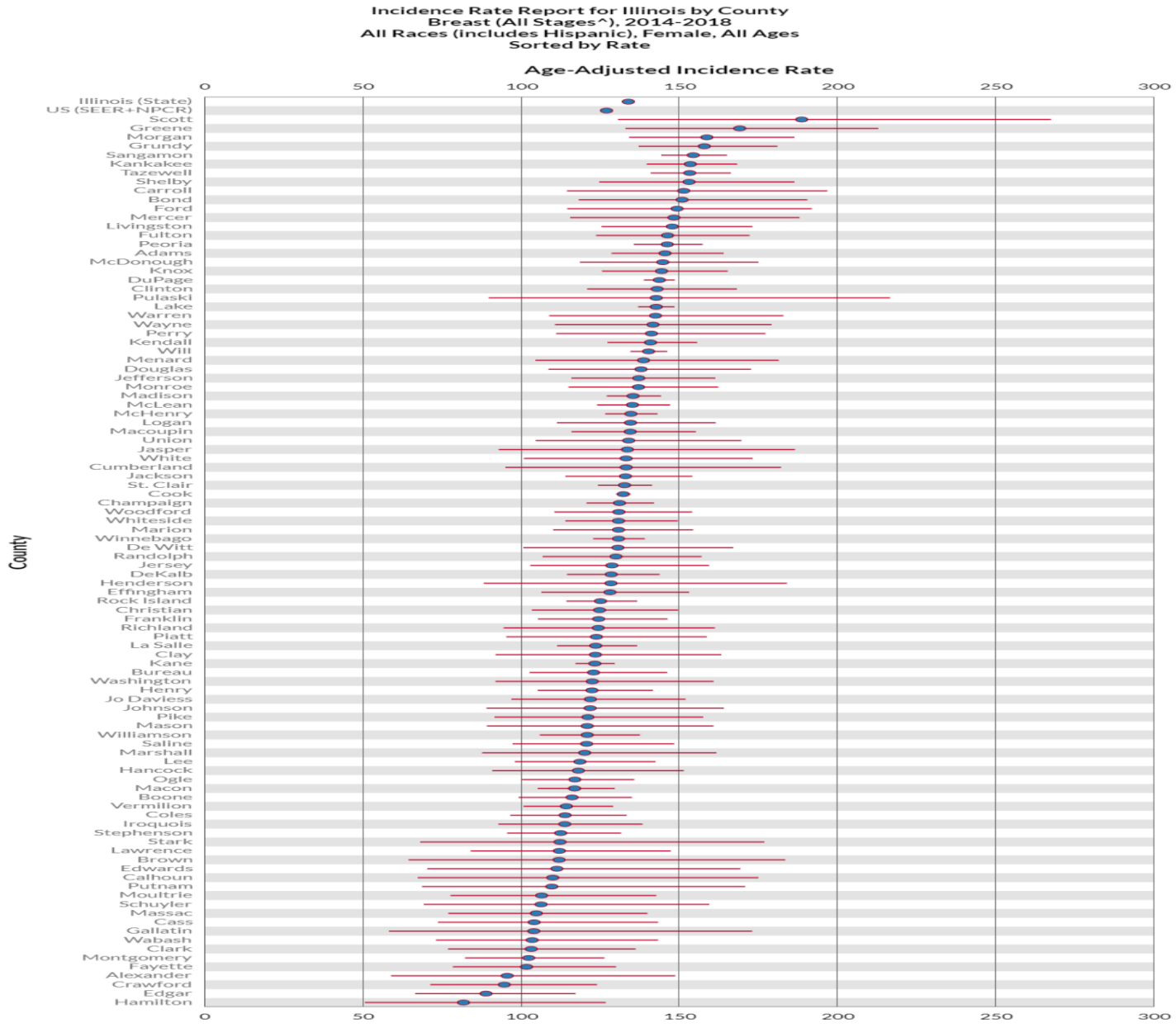
Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.
1. Calculated smoking status from tobacco questions.
2. Asked only if respondent reported smoking 100+ cigarettes and reported frequency is not at all.
3. Smokeless tobacco includes cigarettes, chewing tobacco, snuff, or snus.
4. Calculated e-cigarette status from e-cigarette questions.

Physical Activities

ICBRFS - Clark County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
ANY PHYSICAL ACTIVITY PAST 30 DAYS	Yes	6,843	58.1%	49.1%-66.6%	253
	No	4,931	41.9%	33.4%-50.9%	150
MEETS PHYSICAL ACTIVITY GUIDELINES	Yes	4,292	43.7%	35.1%-52.7%	166
	No	5,530	56.3%	47.3%-64.9%	165

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.

4.14.01 Breast cancer age-adjusted incidence rate



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:39 pm.

State Cancer Registries may provide more current or more local data.

Data cannot be shown for the following areas. For more information on what areas are suppressed or not available, please refer to the table.
Hardin, Pope

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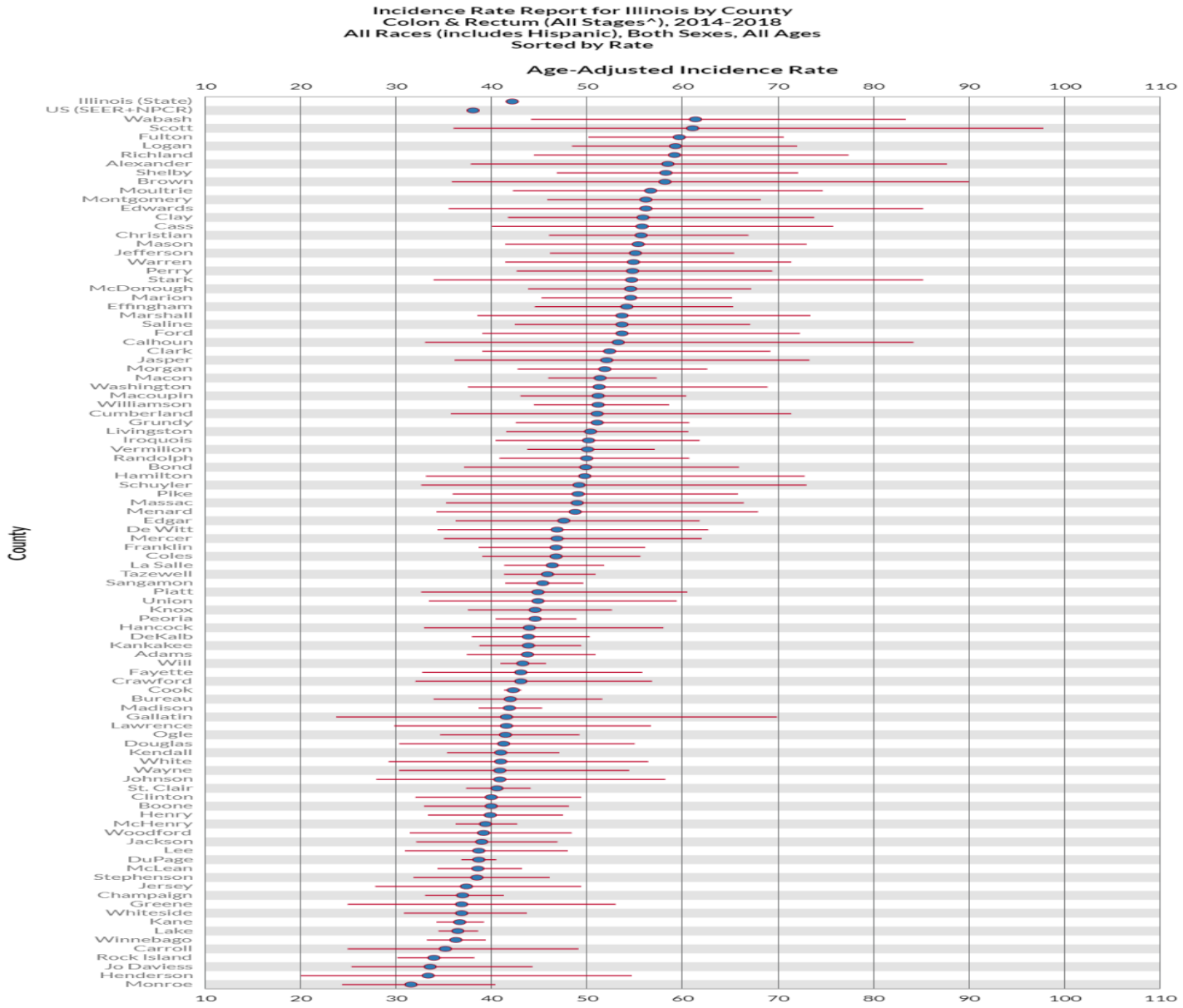
Source: SEER and NPCR data. For more specific information please see the table.

Interpret Rankings provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

4.14.02 Colorectal cancer age-adjusted incidence rate



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:42 pm.

State Cancer Registries may provide more current or more local data.

Data cannot be shown for the following areas. For more information on what areas are suppressed or not available, please refer to the table.
Hardin, Pope, Pulaski, Putnam

~ Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
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Source: SEER and NPCR data. For more specific information please see the table.

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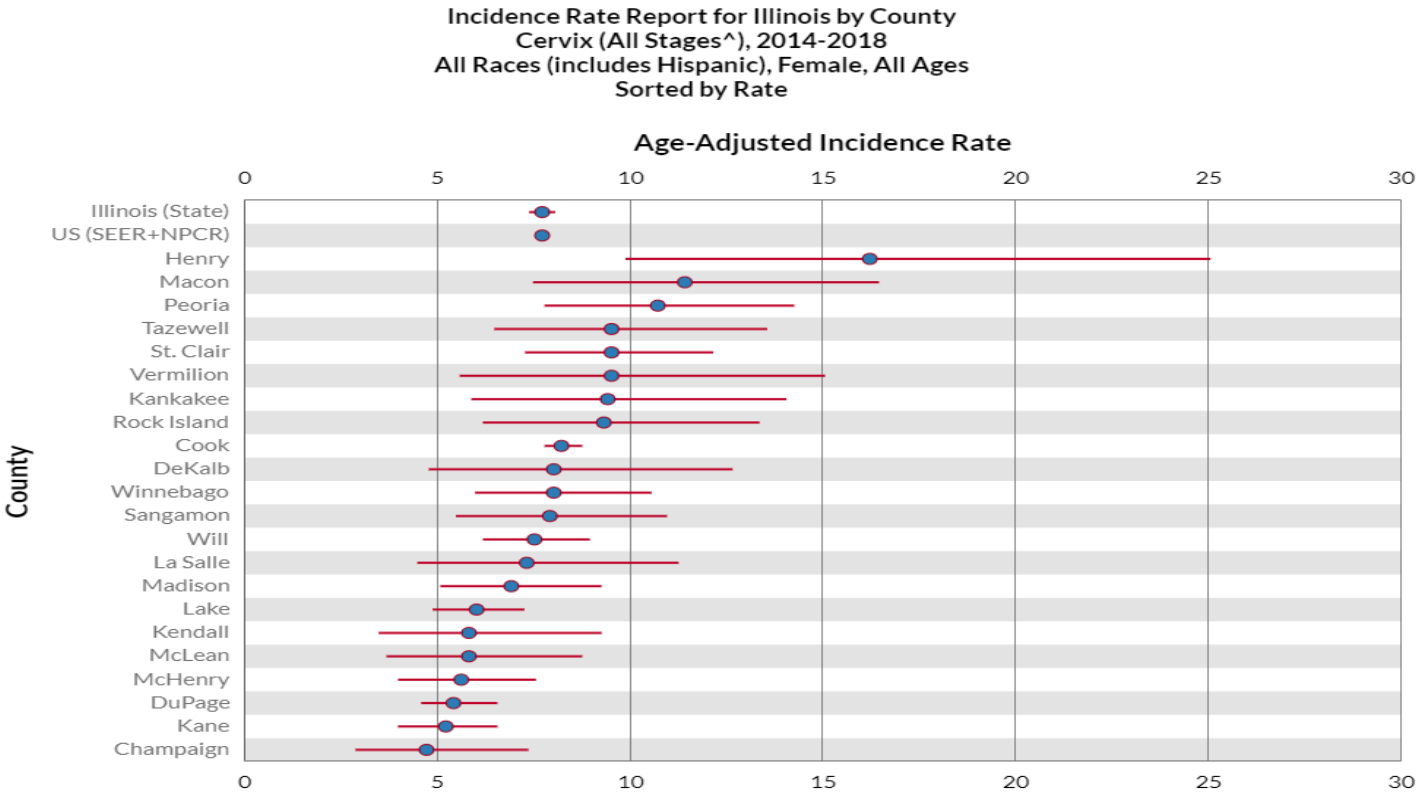
When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

4.14.03 Cervical cancer age-adjusted incidence rate



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State Cancer Registries may provide more current or more local data.

Data cannot be shown for the following areas. For more information on what areas are suppressed or not available, please refer to the table.
Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, De Witt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Knox, Lawrence, Lee, Livingston, Logan, Macoupin, Marion, Marshall, Mason, Massac, McDonough, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Saline, Schuyler, Scott, Shelby, Stark, Stephenson, Union, Wabash, Warren, Washington, Wayne, White, Whiteside, Williamson, Woodford

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Source: SEER and NPCR data. For more specific information please see the table.

Interpret Rankings provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

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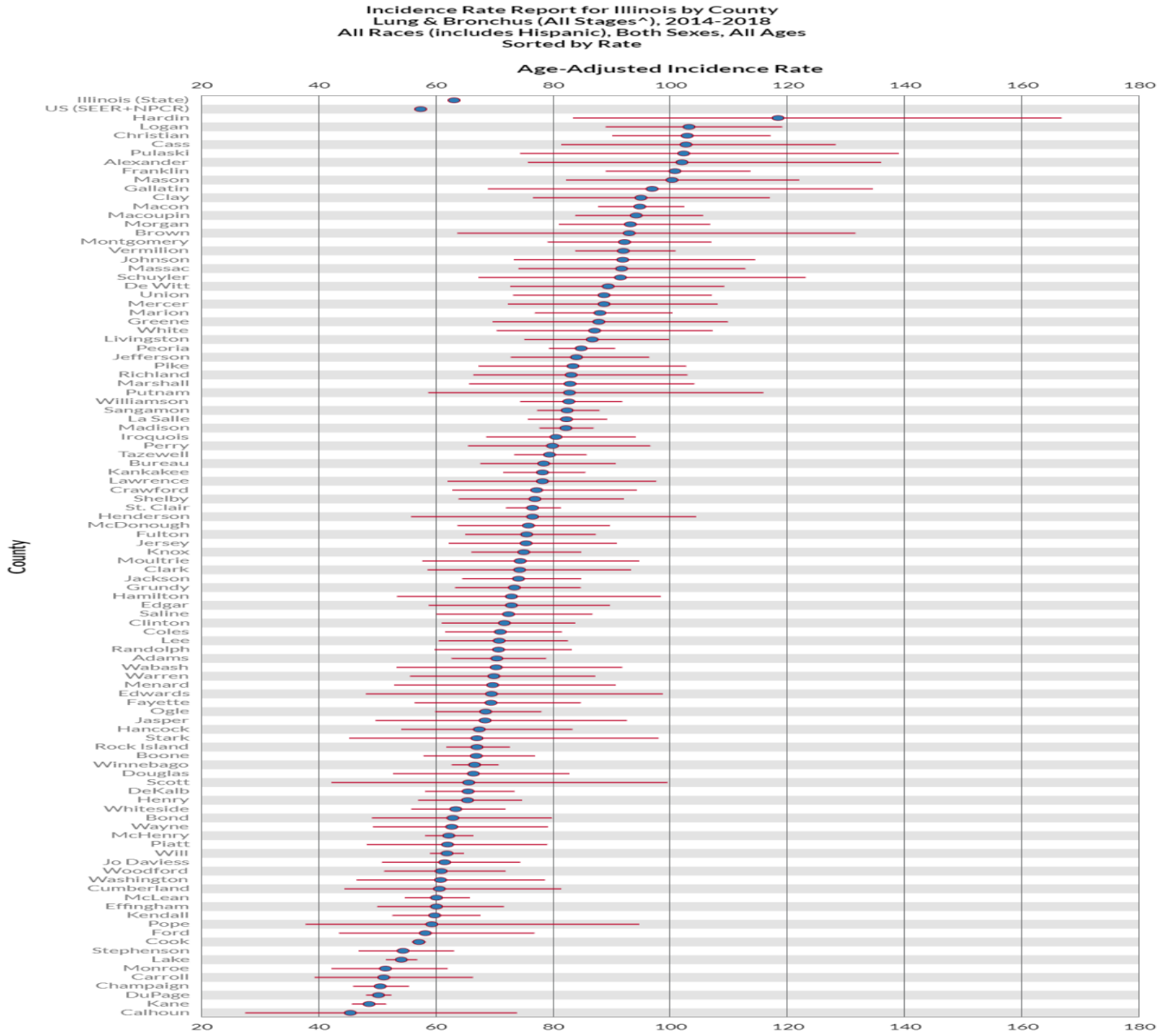
4.14.04 Lung cancer age-adjusted incidence rate



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:45 pm.

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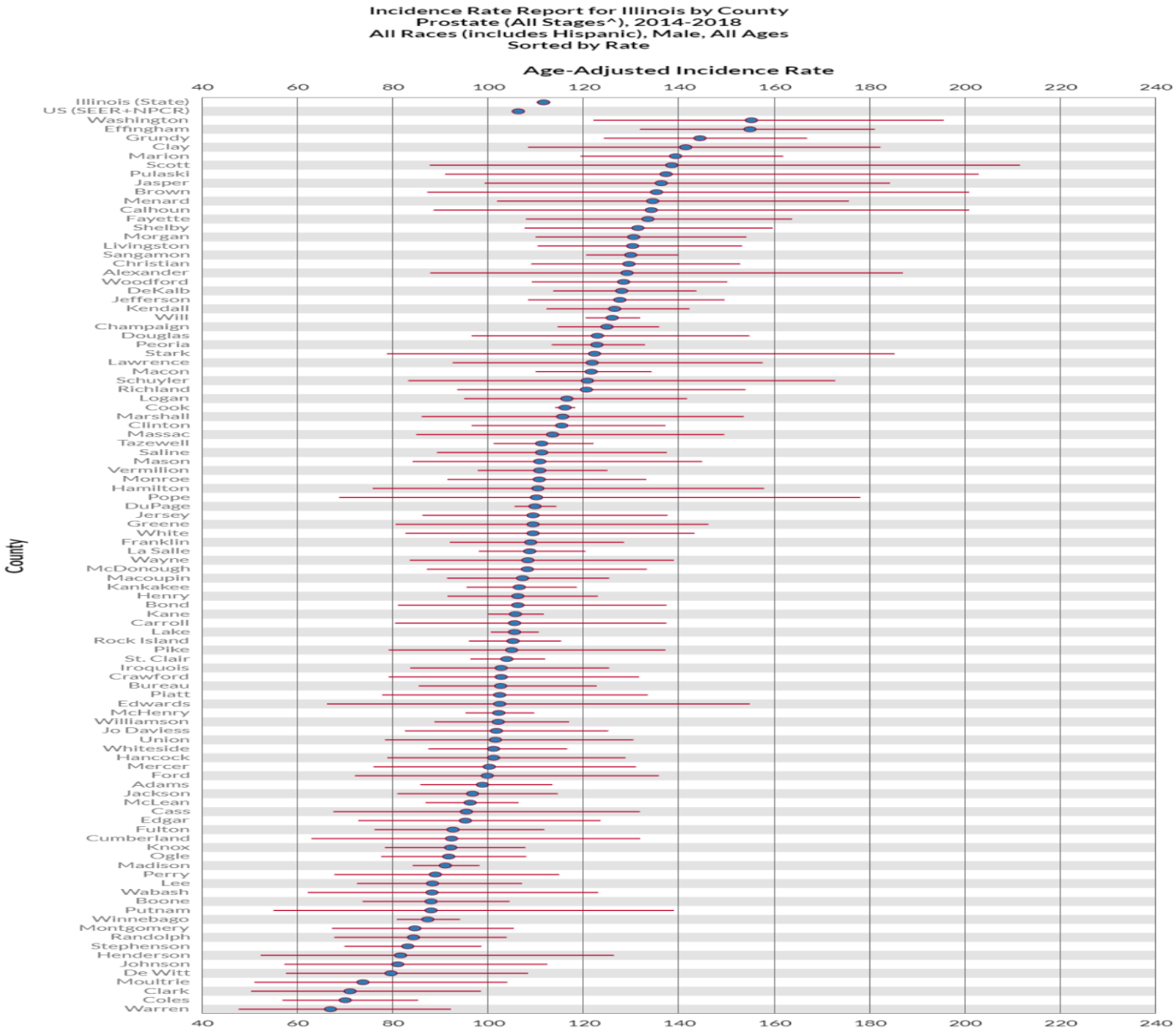
4.14.05 Prostate cancer age-adjusted incidence rate



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:47 pm.

State Cancer Registries may provide more current or more local data.

Data cannot be shown for the following areas. For more information on what areas are suppressed or not available, please refer to the table.
Gallatin, Hardin

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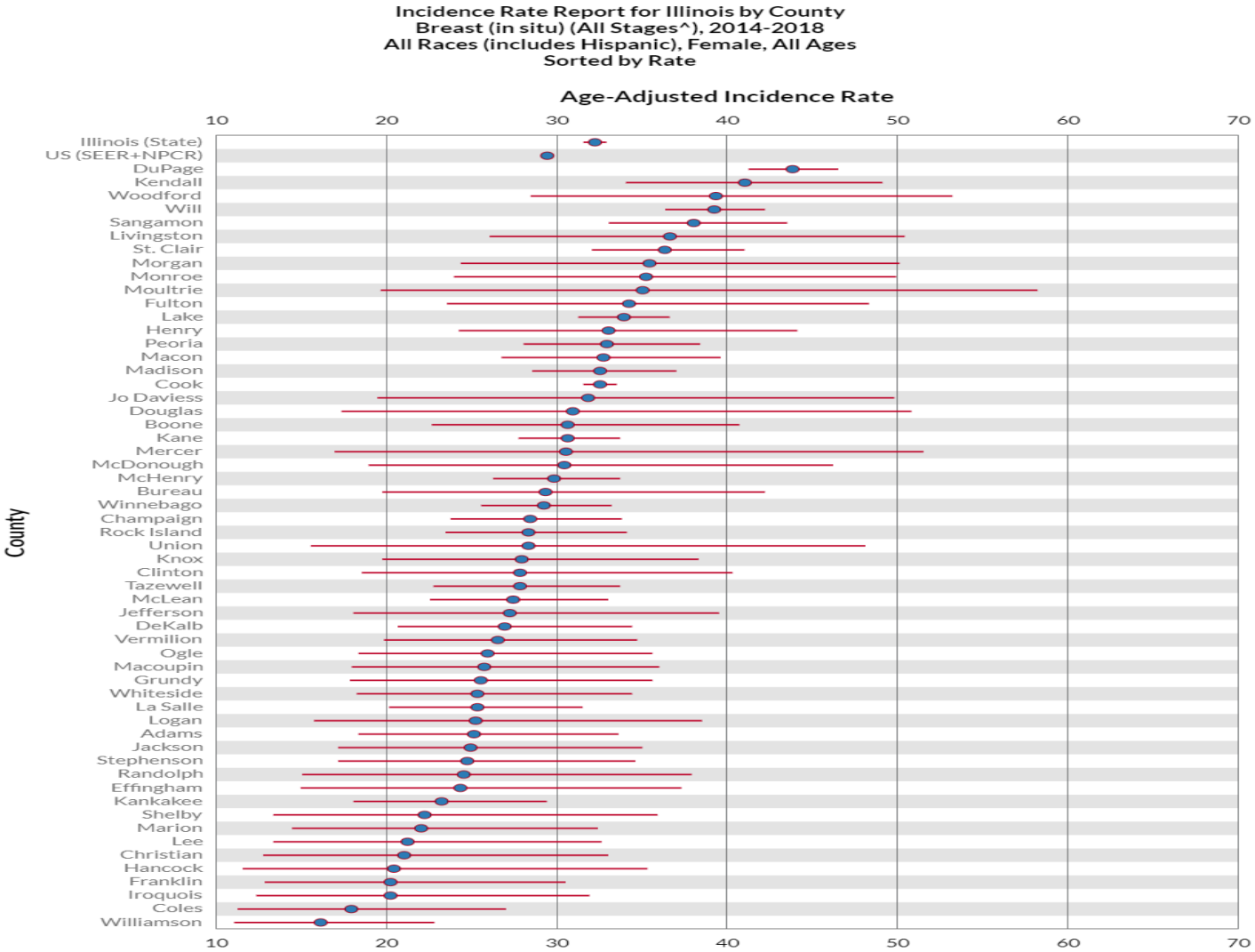
4.14.06 Percent diagnosed in situ breast cancer (female)



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:49 pm.

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4.14.07 Percent diagnosed at local stage colorectal cancer

No information available.

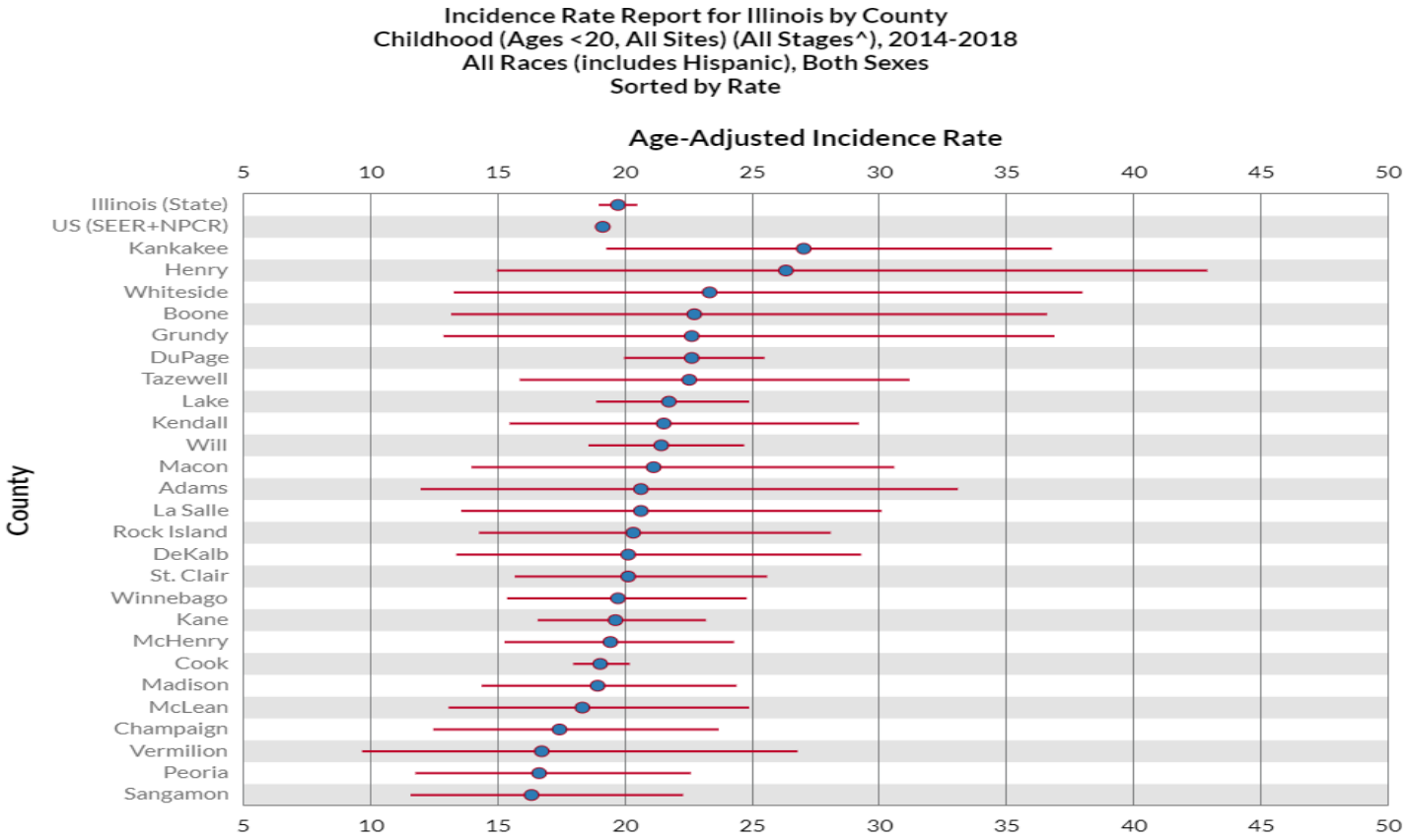
4.14.08 Percent diagnosed at local stage prostate cancer

No information available.

4.14.09 Percent diagnosed at late stage cervical cancer

No information available.

4.14.10 Childhood cancer age-adjusted incidence rate



Created by statecancerprofiles.cancer.gov on 10/10/2022 11:54 pm.

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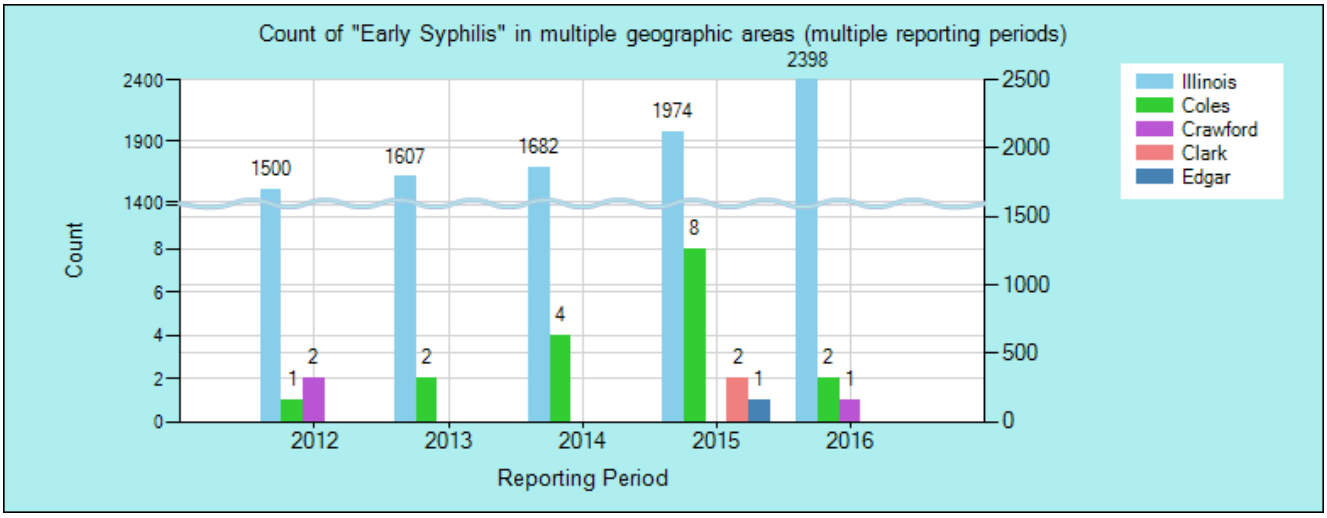
5.0 Infectious Disease Indicators

The purpose of the infectious disease indicators is to present an overview of available information on the incidence of reportable infectious diseases in Illinois and to report the immunization status of Illinois children. Reportable infectious diseases have various causative agents, distribution patterns, modes of transmission, treatments and methods of control. According to the U.S. Centers for Disease Control and Prevention, the number of infectious disease cases is tremendously under-reported. Nonetheless, surveillance systems are important in detecting both the causative agents and the diseases; these systems are essential components of modern prevention and control strategies.

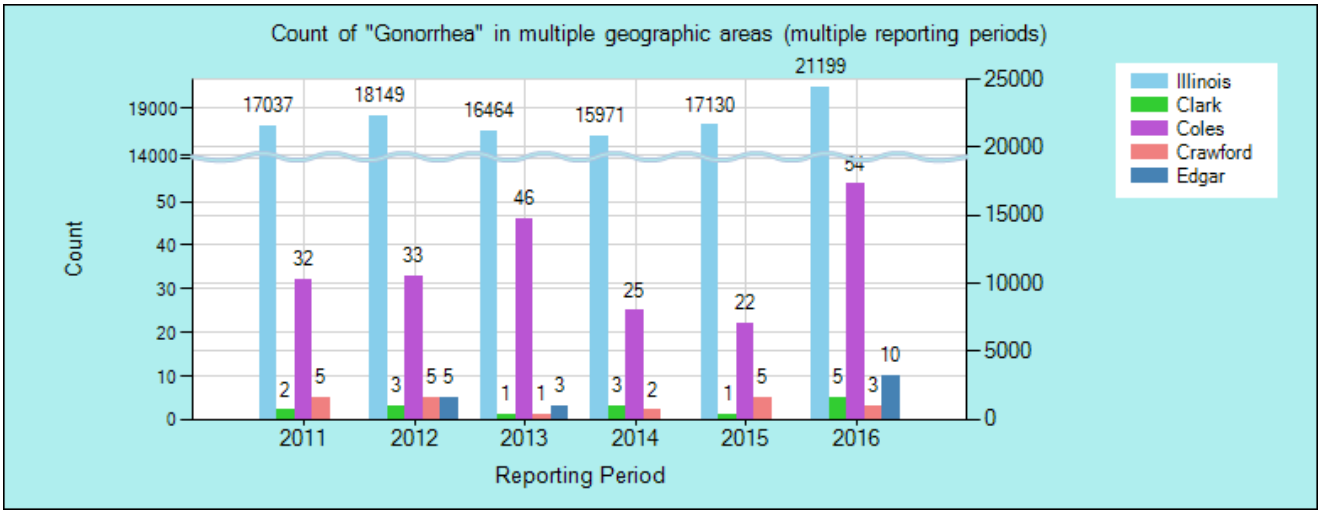
5.01 Syphilis



Source: STD Morbidity Case Report

Description: Reported Early Syphilis (Primary, Secondary and Early Latent Syphilis) incident cases in Illinois

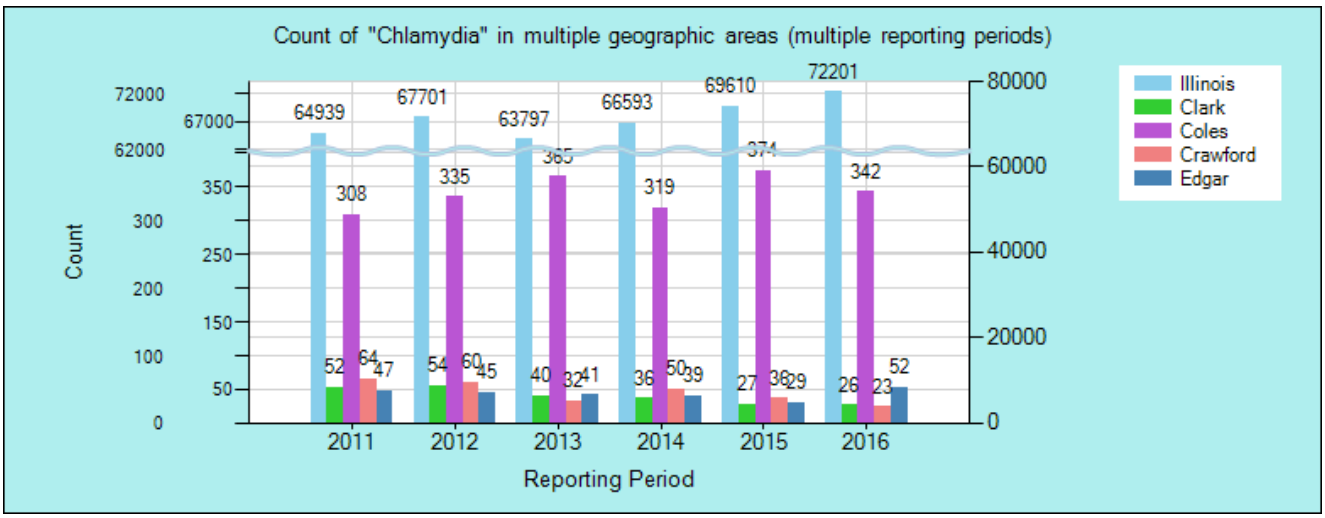
5.02 Gonorrhea



Source: STD Morbidity Case Report

Description: Reported gonorrhea incident cases in Illinois.

5.03 Chlamydia



Source: STD Morbidity Case Report

Description: Reported Chlamydia incident cases for Illinois by County/State

5.04 AIDS incidence

Information not available.

5.05 HIV infection

Information not available.

5.06 Basic series vaccinations

Immunization (Flu and Pneumonia)

ICBRFS - Clark County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAD INFLUENZA VACCINATION PAST 12 MONTHS	Yes	4,856	41.3%	33.5%-49.6%	185
	No	6,898	58.7%	50.4%-66.5%	216
EVER HAD PNEUMONIA VACCINATION	Yes	4,864	43.9%	36.0%-52.1%	195
	No	6,208	56.1%	47.9%-64.0%	193

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.

5.07 Haemophilus meningitis (Ages 0-2 and 0-4)

Information not available.

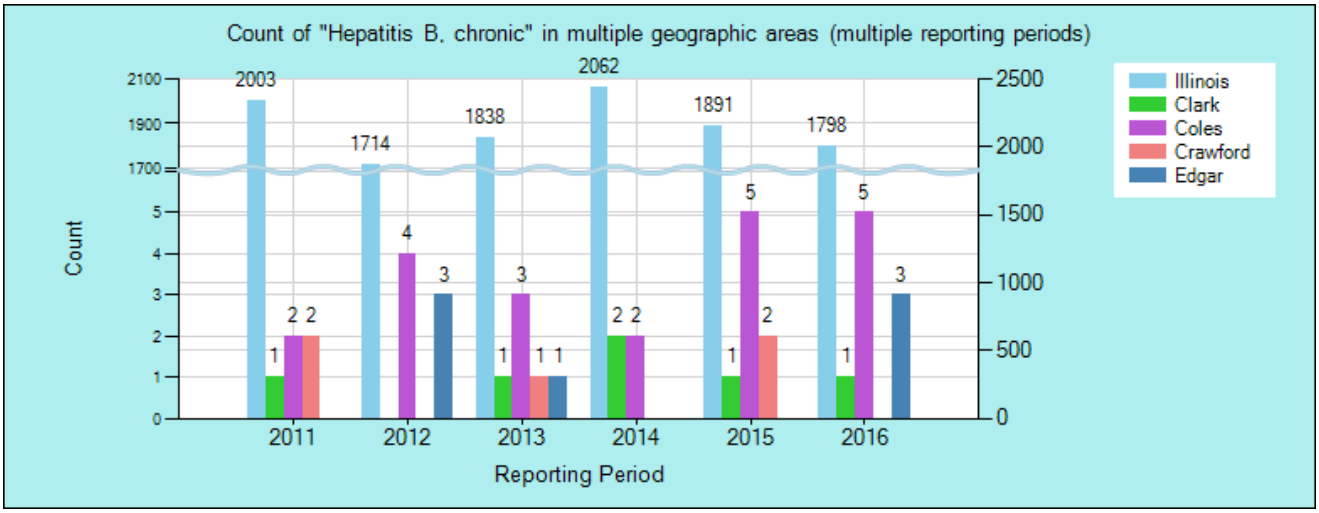
5.08 Infections by key foodborne pathogens

Information not available.

5.09 Vaccine preventable diseases

Information not available.

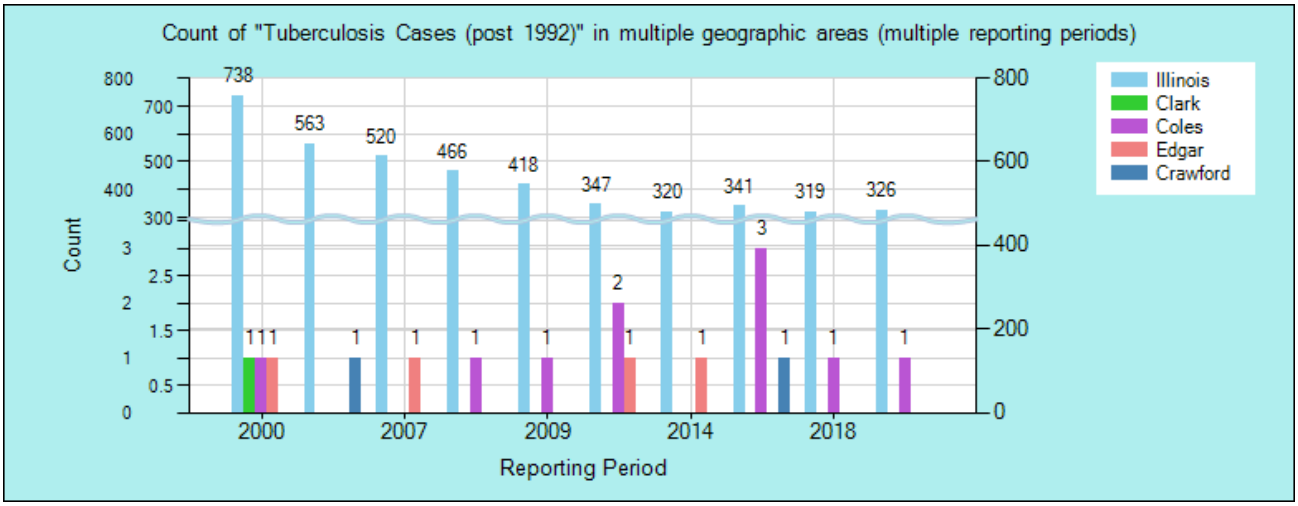
5.10 Hepatitis B



Source: Demographic, clinical, and exposure data are managed in the Illinois National Electronic Disease Surveillance System (I-NEDSS) from local health departments, health care providers, and laboratories.

Description: The reported number of chronic illnesses caused by the Hepatitis B virus.

5.11 Tuberculosis



Source: Illinois Electronic Disease Surveillance System (I-NEDSS)

Description: Confirmed cases of Tuberculosis in Illinois.

6.0 Environmental, Occupational and Injury Control Indicators

This category spans a diverse set of indicators related to health factors in the areas of environmental health, occupational safety and health, and injury control.

Environmental health. The most difficult challenges for environmental health today come from uncertainties about the toxic and ecological effects of the use of natural and synthetic chemicals, fossil fuels and physical agents in modern society. Environmental indicators are presented in this category as general measures of exposure to potential toxins affecting water, air and soil.

Occupational safety and health. Approximately 5.5 million people are employed in Illinois, spending major portions of their days in work environments. Occupational diseases and injuries are presented in this category as general indicators of the need to implement or improve prevention strategies in the workplace.

Injury control. Injuries are a leading cause of years of potential life lost in Illinois. Injury control indicators displayed in this category are intended to bring into sharper focus the major causes of intentional and unintentional injury.

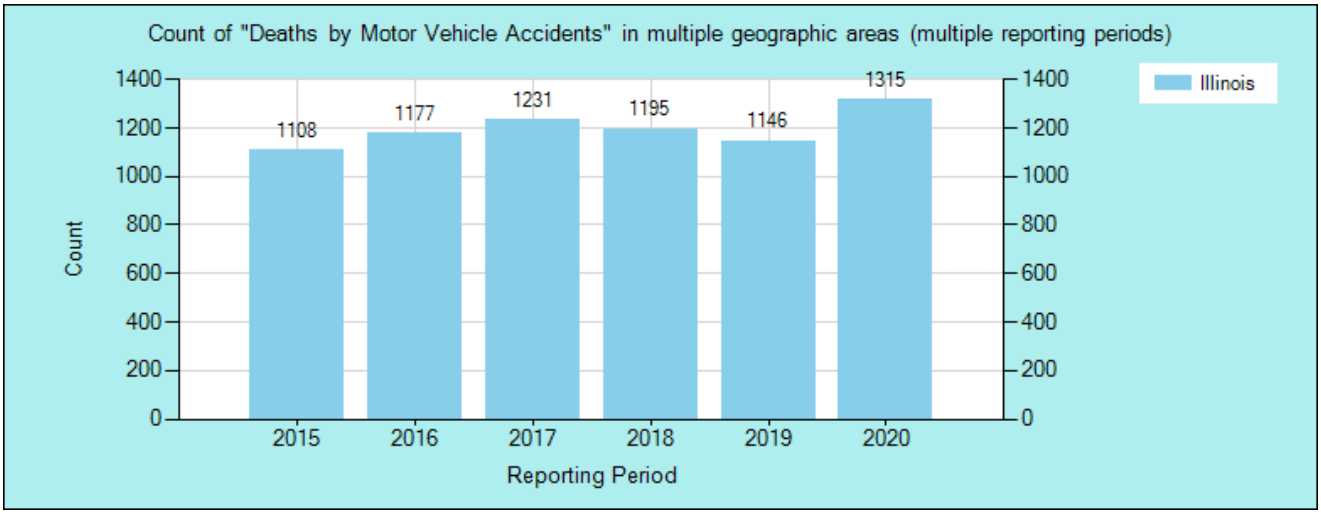
6.01 Environmental indicators

No information available.

6.02 Toxic agents released into air, water, soil

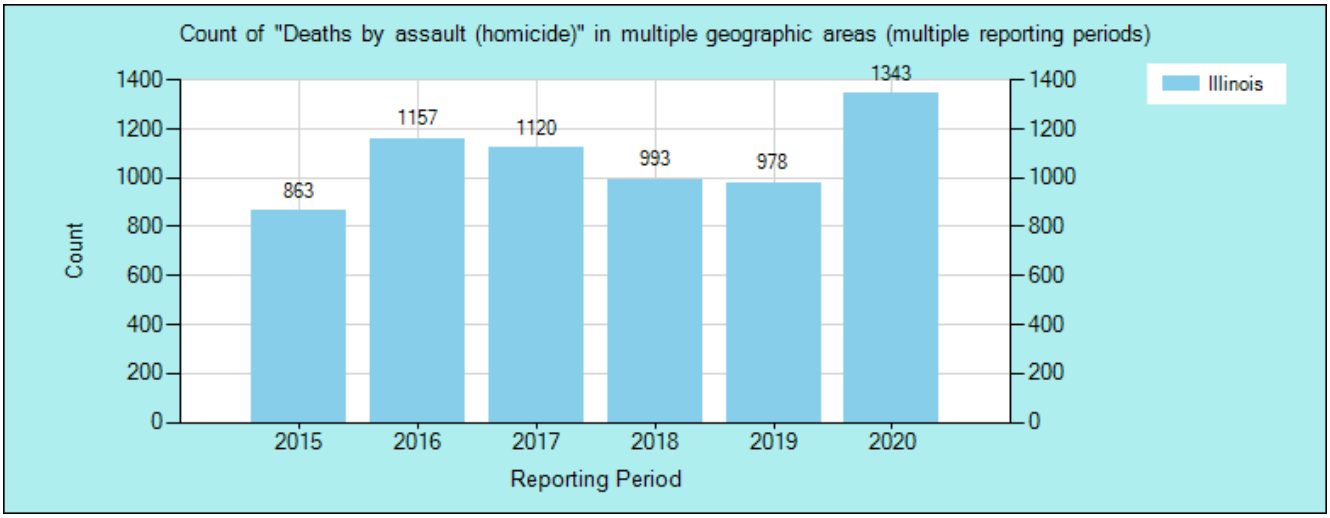
No information available.

6.03.02 Mortality due to motor vehicle accidents, ICD-10



Description: The number of Deaths by Motor Vehicle Accidents (these deaths are included in the Deaths by Accidents (unintentional injuries) Indicator)

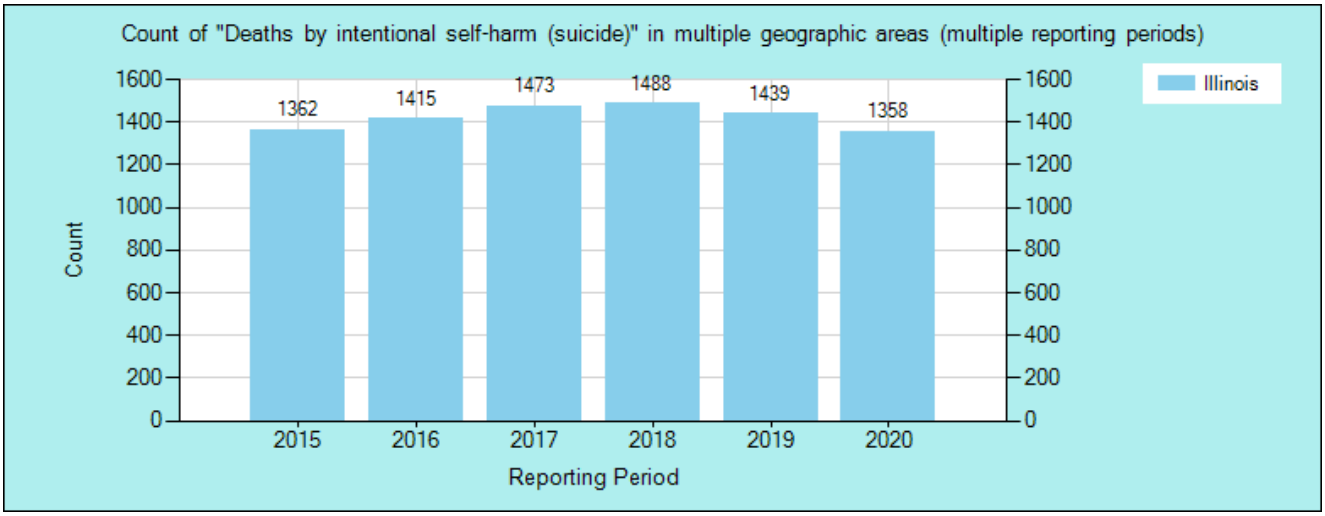
6.04.02 Homicide, ICD-10



Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.

Description: The number of deaths by assault (homicide).

6.05.02 Suicide, ICD-10



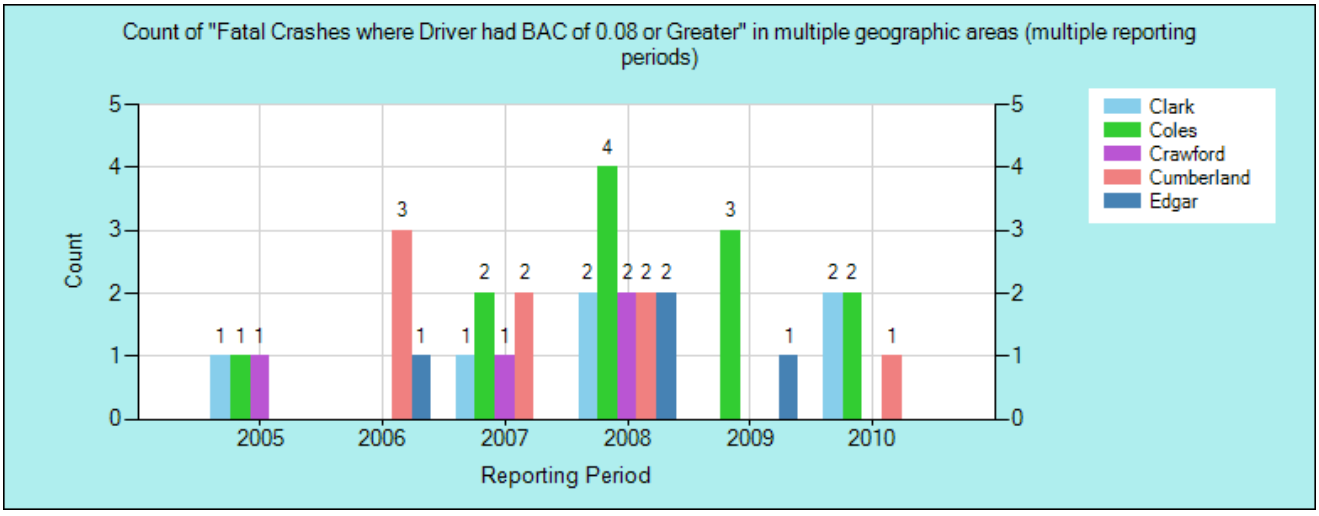
Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.

Description: The number of deaths by Intentional self-harm (suicide)

6.06 Hospitalization for non-fatal head/spinal cord injuries and hip fractures

Information not available.

6.07 Alcohol-related motor vehicle deaths



Source: Illinois Department of Transportation

Description: Data are Illinois Department of Transportation (IDOT) - Division of Traffic Safety Data.

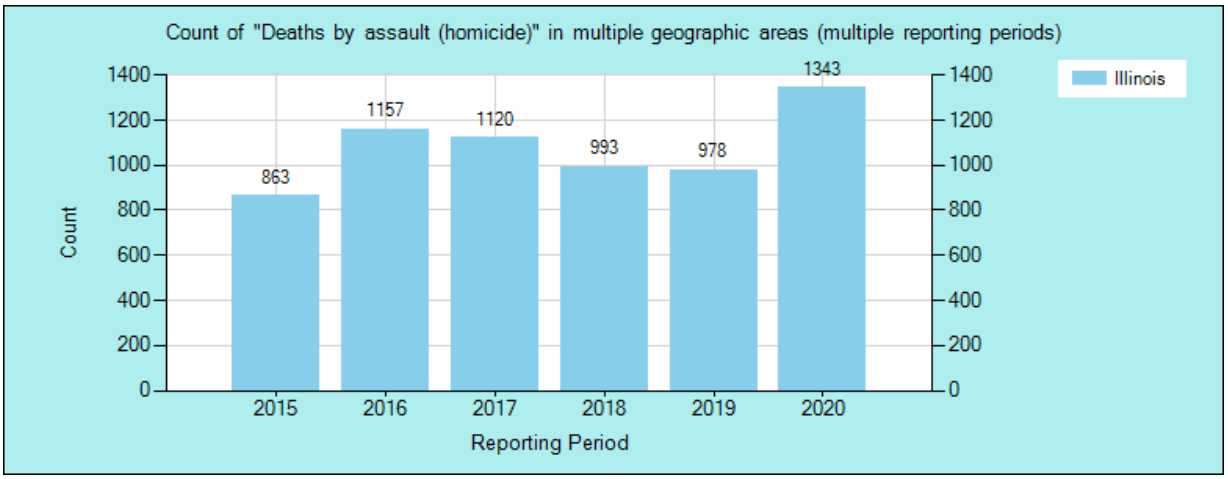
6.08 Occupational diseases/injuries

Information not available.

6.09 Blood lead levels in children

Information not available.

6.10 Assaults



Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.

Description: The number of deaths by assault (homicide)

7.0 Sentinel Events

Sentinel indicators are presented for health conditions considered preventable or controllable with regular primary care. The occurrence of sentinel events can be interpreted to indicate inadequate access to primary care. In this category, the indicators are not selected separately, but instead are presented in two reports:

7.01 Sentinel Events

Infants (0-1), Hospitalization for dehydration

Information not available.

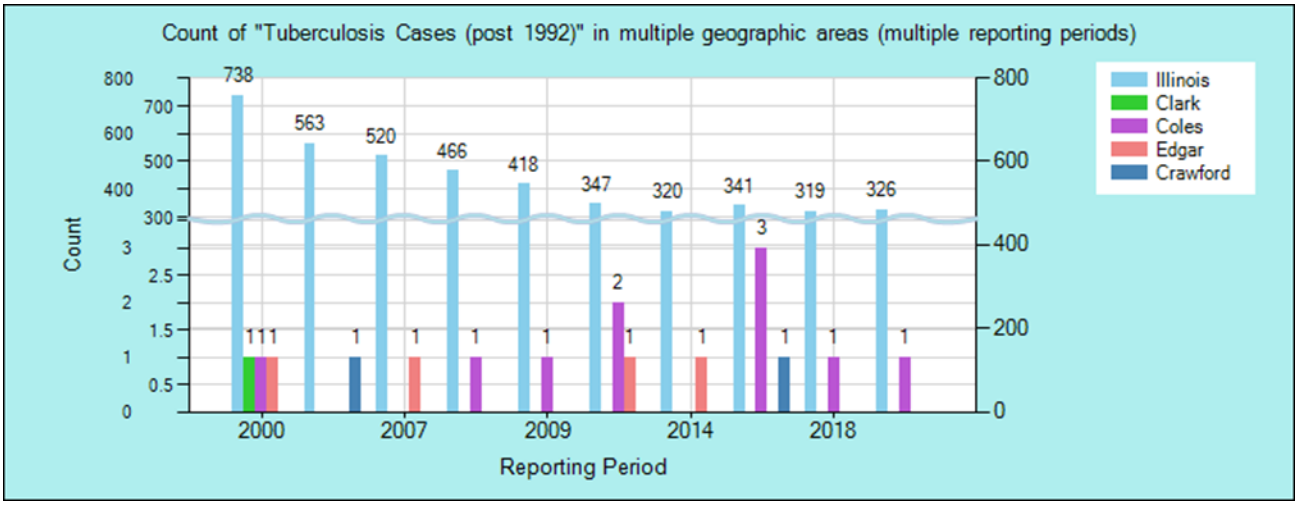
Children (0-17), Hospitalization for rheumatic fever

Information not available.

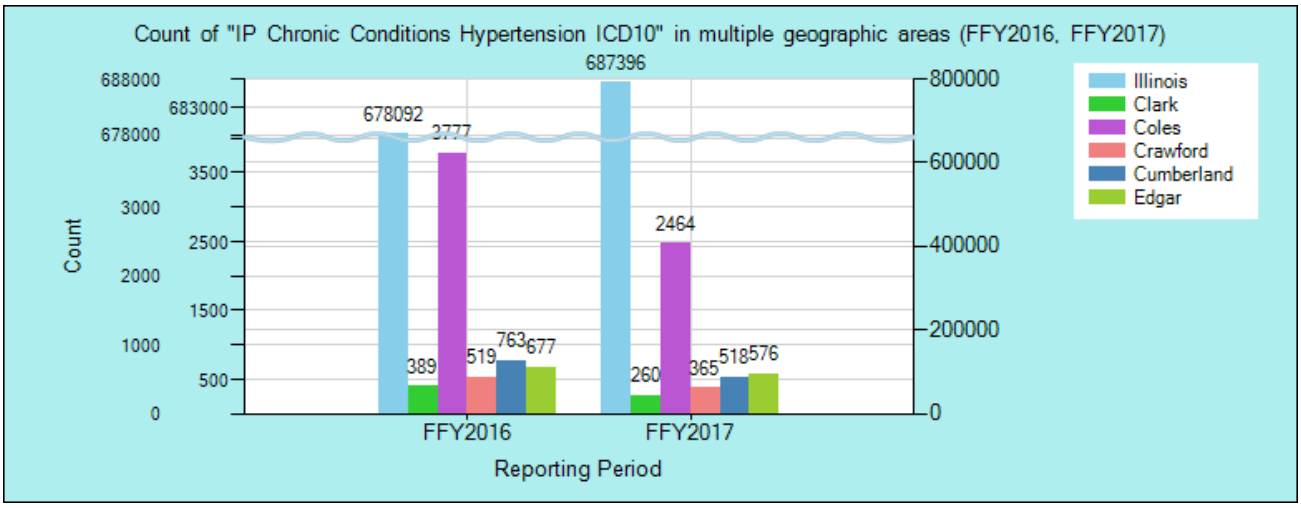
Children (0-14), Hospitalization for asthma

Information not available

Adults (>=18), Tuberculosis



Adults (>=18), Hospitalization for uncontrolled hypertension

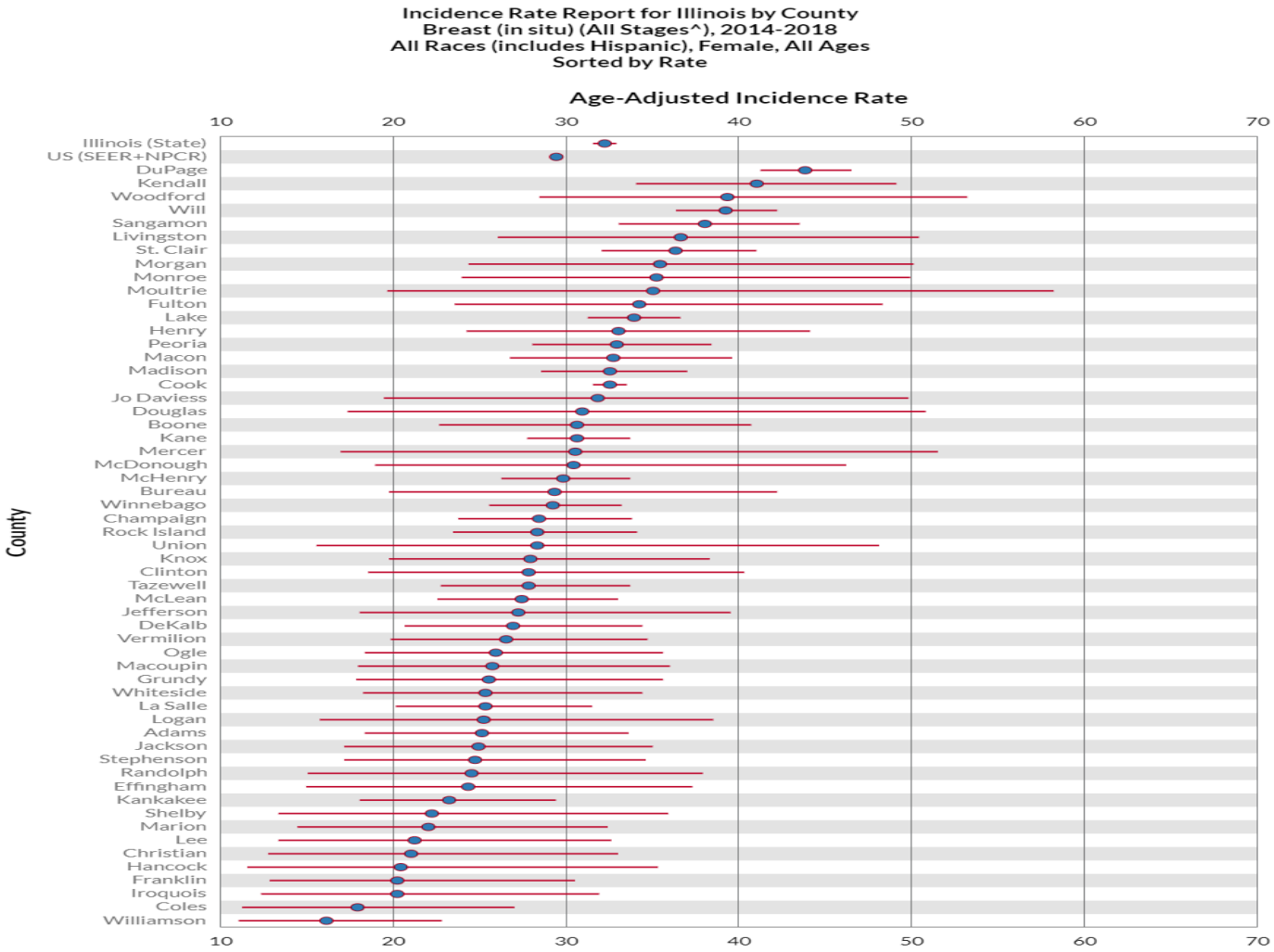


Source: IDPH Discharge Data

Description: ICD-10-CM diagnosis code groups I10-I16.

7.02 Sentinel Events - Cancer

In situ Breast cancer



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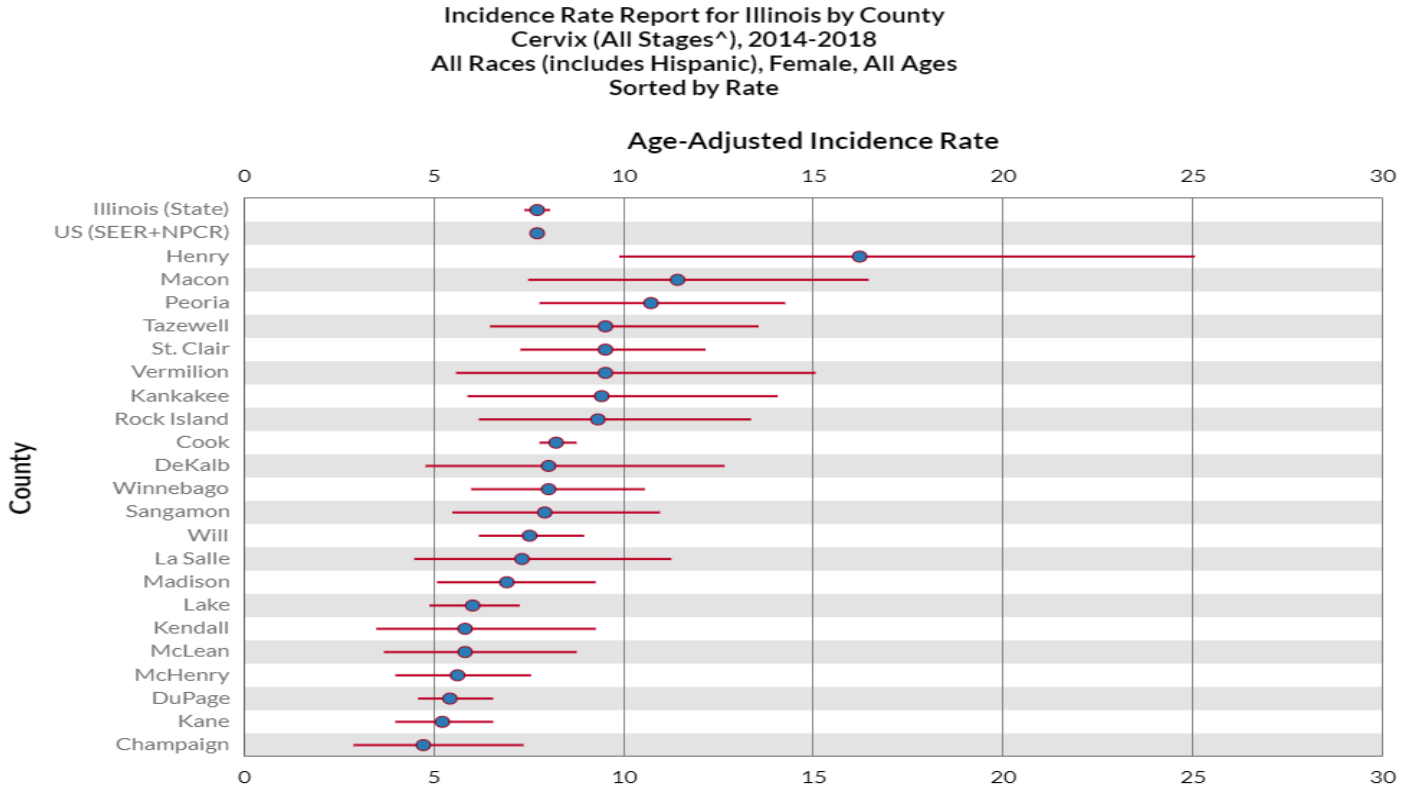
Late cervical cancer



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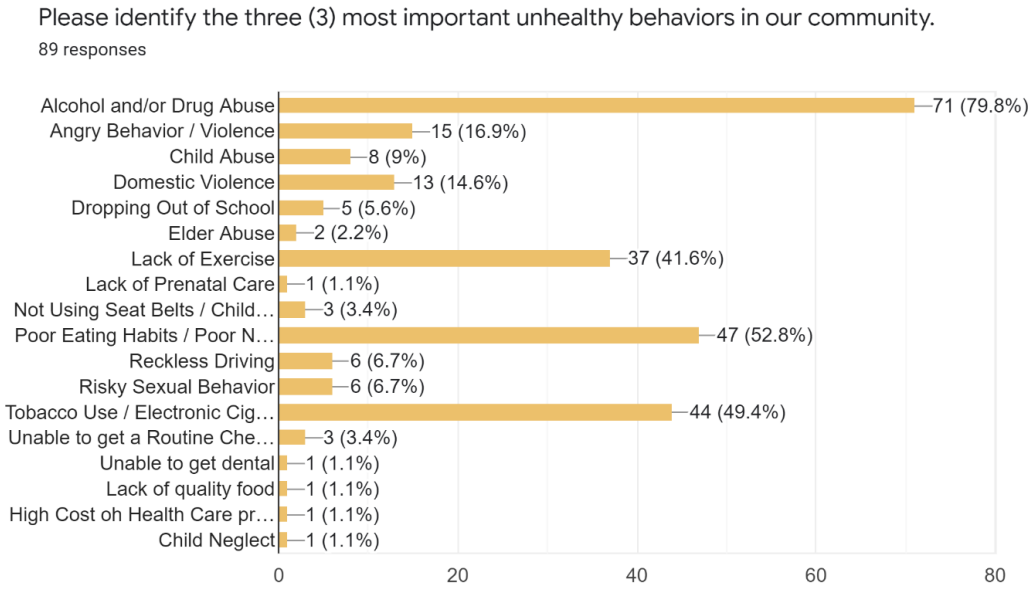
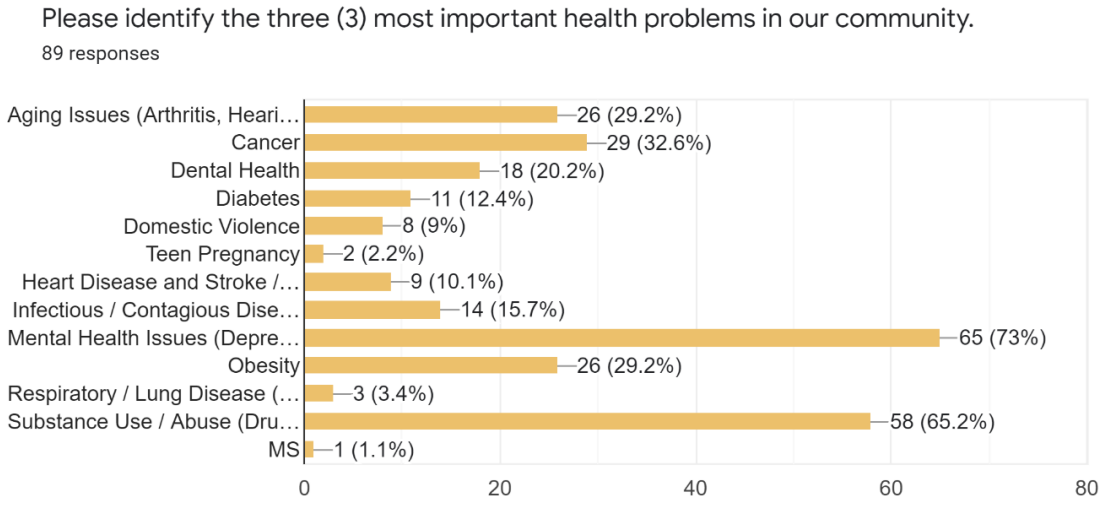
Clark County Health Department Community Survey Key Results

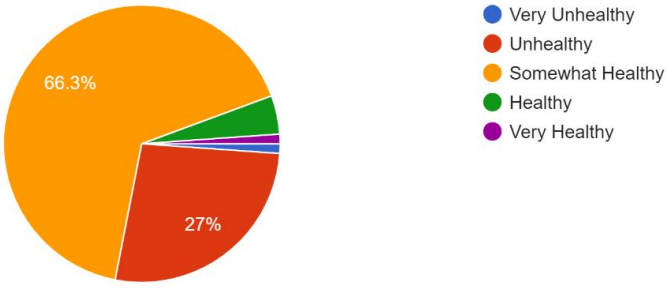
As part of the community engagement portion of the IPLAN process, the Clark County Health Department utilized social media to release a community assessment survey. 89 responses were obtained with key information graphed below:





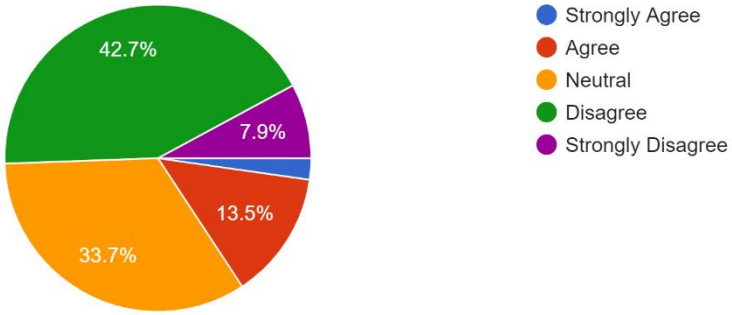
How would you rate the overall health of our community?

89 responses



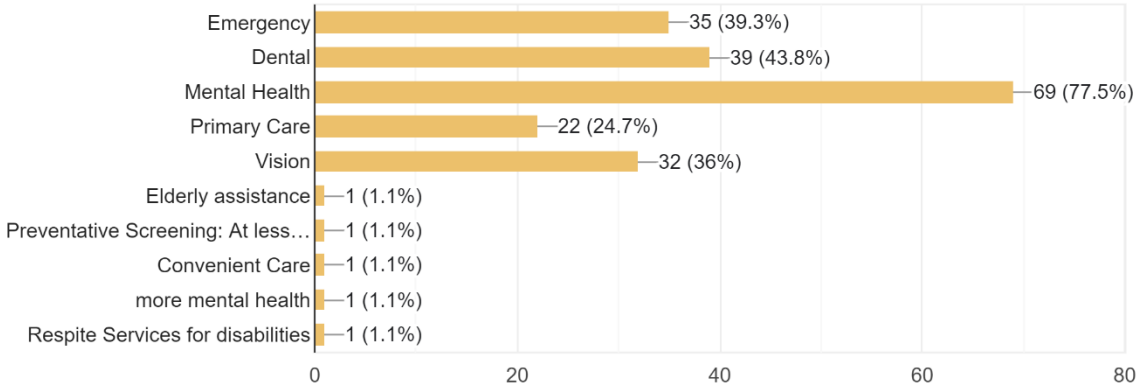
The community has adequate health and wellness activities.

89 responses



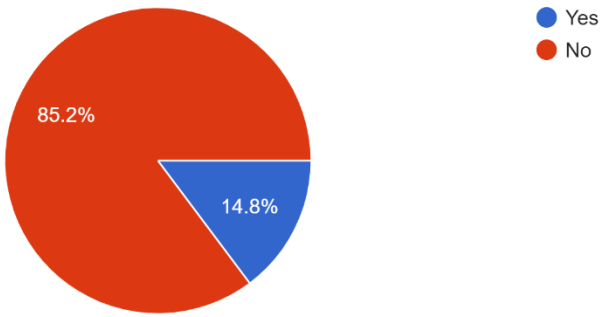
What additional health care resources would you like to see in the community? (choose all that apply)

89 responses



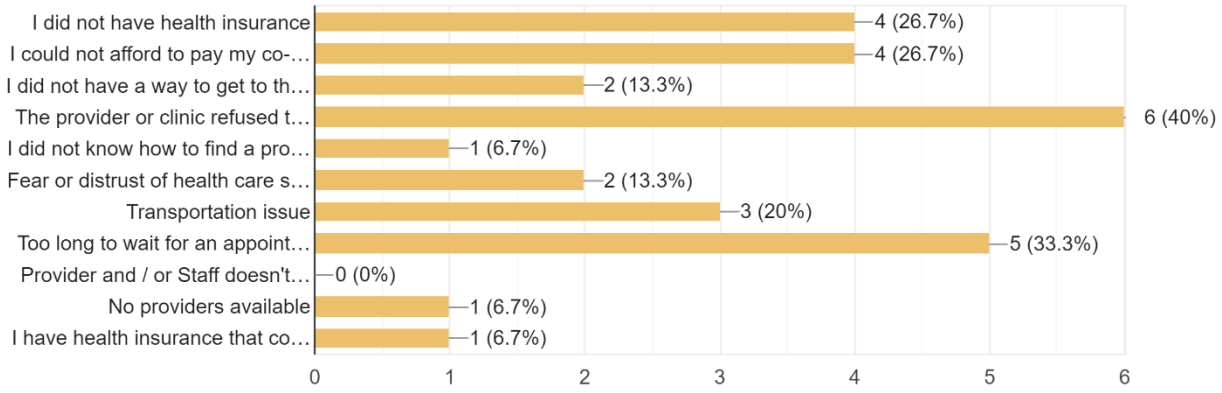
Were you unable to receive health care in the last year? (Health, Dental, Mental, Prescription Medication, Vision)

88 responses



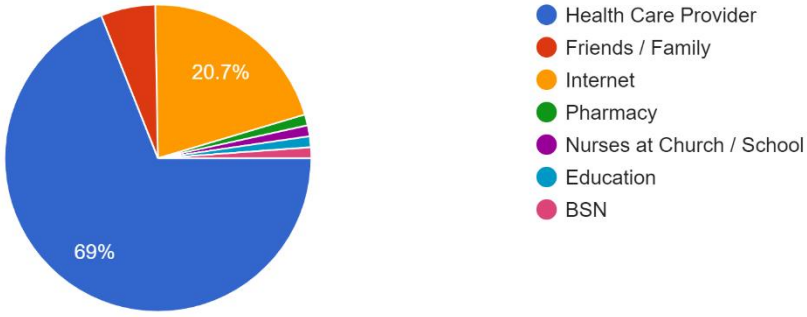
If you answered YES to the previous question, please tell us why. (choose all that apply)

15 responses



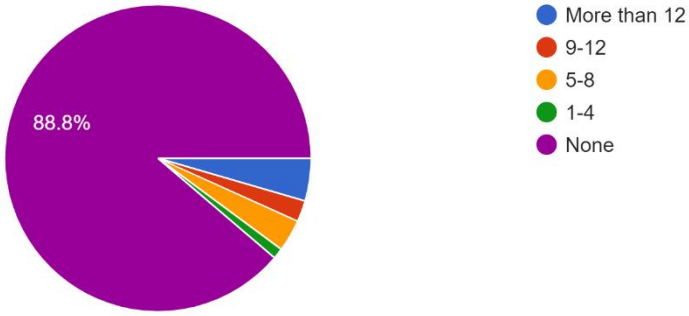
Where do you get most of your health care information? (choose one)

87 responses



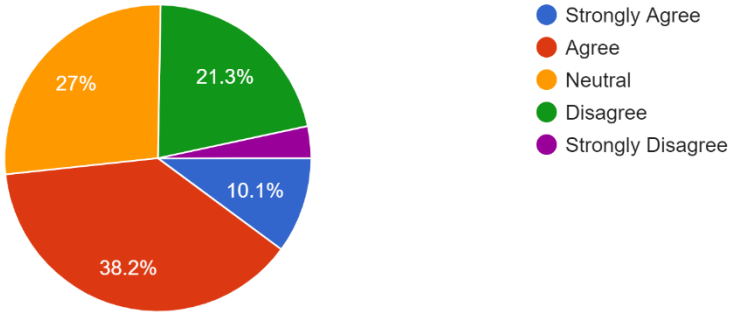
On a typical day, how many times do you use tobacco products, electronic cigarettes, or vape?

89 responses



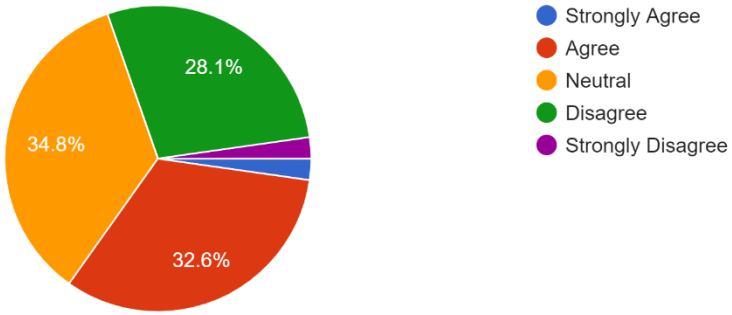
This community is a good place to grow old. (considering the elder-friendly housing, transportation, medical services, shopping, elder da...or the elderly living alone, meals on wheels, etc.)

89 responses



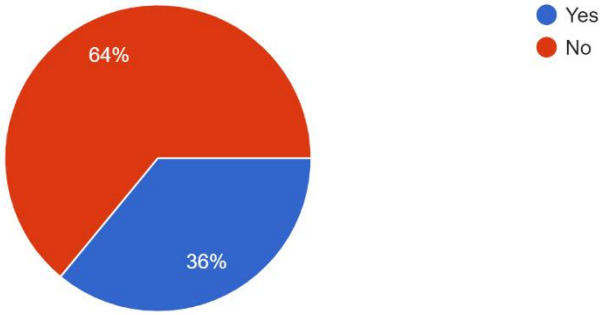
There are support networks for individuals and families during times of stress and need. (neighbors, support groups, faith community, outreach, agencies, and organizations)

89 responses



Do you believe the Covid-19 pandemic is over?

89 responses



Overall Findings and Community Need Priority Ranking

There were several common themes identified from the community perception data and the publically reported statistical data. This indicates that the community is knowledgeable about both the health issues of the community population and the health care provided in the county. Data draws attention to issues common to many small rural communities including:

- The need for coordination among local providers of services for at-risk populations
- The need for increased mental health services
- The need for low income transportation services
- Significant absence of leisure time physical activity

Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to society.

According to Healthy People 2020 mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. In any given year, an estimated 18.1% (43.6 million) of U.S. adults ages 18 years or older suffered from any mental illness and 4.2% (9.8 million) suffered from a seriously debilitating mental illness.[1] Neuropsychiatric disorders are the leading cause of disability in the United States, accounting for 18.7% of all years of life lost to disability and premature mortality.[2] Moreover, suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 43,000 Americans in 2014.

Injury Deaths – Suicide (IDPH)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Clark	2	5	2	5	4	4	4	3	1	7	4
Coles	6	2	4	10	5	3	1	4	9	7	4
Crawford	3	1	3	3	0	2	3	3	3	2	0
Cumberland	0	3	1	1	1	1	1	1	2	1	0
Edgar	4	1	5	9	1	5	5	2	6	2	3
Jasper	2	2	0	2	1	1	3	0	0	2	0

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The 2011 Clark County Round 5 of the BRFS identified 16.2% of respondents answering with 8-30 mental health days judged as not good. Round 6 of the BRFS shows an improvement of 14.1%.

Health Status

ICBRFS - Clark County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
GENERAL HEALTH STATUS	Excellent	1,322	10.7%	7.7%-14.6%	58
	Very Good	4,577	37.1%	29.2%-45.8%	128
	Good	3,273	26.5%	20.4%-33.8%	115
	Fair	2,058	16.7%	12.1%-22.6%	87
	Poor	1,105	9.0%	4.8%-16.1%	38
GENERAL HEALTH	Good/Very Good/Excellent	9,171	74.4%	66.8%-80.7%	301
	Fair/Poor	3,164	25.6%	19.3%-33.2%	125
NUMBER OF DAYS PHYSICAL HEALTH NOT GOOD	None	8,072	66.2%	58.6%-73.0%	253
	1-7 Days	1,685	13.8%	10.1%-18.6%	71
	8-30 Days	2,441	20.0%	14.4%-27.1%	97
NUMBER OF DAYS MENTAL HEALTH NOT GOOD	None	8,817	71.7%	64.5%-77.9%	290
	1-7 Days	1,752	14.2%	9.7%-20.4%	70
	8-30 Days	1,731	14.1%	10.0%-19.5%	65
NUMBER OF DAYS PHYSICAL/MENTAL HEALTH AFFECTED ACTIVITIES [1]	None	9,594	77.9%	70.4%-84.0%	334
	1-7 Days	896	7.3%	4.6%-11.3%	34
	8-30 Days	1,823	14.8%	9.5%-22.4%	57

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.
1. Respondents reporting 0 days with mental and physical health problems in the past month were not asked this question, but are included as 0 days.

According to the Centers for Disease Control and Prevention (CDC) more than 932,000 people have died since 1999 from a drug overdose. In 2020, 91,799 drug overdose deaths occurred in the United States. The age-adjusted rate of overdose deaths increased by 31% from 2019 (21.6 per 100,000) to 2020 (28.3 per 100,000).

- Opioids—mainly synthetic opioids (other than methadone)—are currently the main driver of drug overdose deaths. 82.3% of opioid-involved overdose deaths involved synthetic opioids.
- Opioids were involved in 68,630 overdose deaths in 2020 (74.8% of all drug overdose deaths).

- Drug overdose deaths involving psychostimulants such as methamphetamine are increasing with and without synthetic opioid involvement.

Drug Overdose Deaths, Any Drug (IDPH)

Clark		Coles		Crawford		Cumberland		Edgar		Jasper	
2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
1	3	7	10	2	3	1	2	0	4	2	1

Health Problem: Mental Health

Mental health issues are far more common than most people realize. According to the U.S. Department of Health and Human Services, 1 in 5 American adults have experienced a mental health issue, and 1 in 25 Americans live with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression. Local resources available include:

1. Human Resources Center of Edgar and Clark Counties
2. School Counselors
3. Clergy
4. Sarah Bush Lincoln Health Center
5. Clark County Ambulance Service
6. Marshall Fire Protection District Ambulance Service
7. Clark County Law Enforcement Agencies
8. Clark County Health Department

Cost of services is often cited or lack of insurance as reasons for not receiving mental health care. In the National Comorbidity Study, for example, 47 percent of respondents with a mood, anxiety, or substance-use disorder who said they thought they needed mental health care cited cost or not having health insurance as the reason that they did not receive care.

Other barriers identified as part of the IPLAN process include:

1. Social stigma
2. Cost of services
3. Noncompliance with treatment
4. Lack of Mental Health Professionals, especially for children
5. Low health literacy for mental health education and awareness
6. Substance abuse
7. Lack of common screening tools

Mental Health Goals and Action Initiatives

GOAL – Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Outcome Objective

By 2025 reduce the number of Clark County residents who report 8-30 days of mental health not being good. (Baseline 14.1% 2020 Clark County Round 6 Illinois County BRFS)

Impact Objectives

Increase the proportion of adults with serious mental illness who get treatment — MHMD-04 Healthy People 2030. (Baseline unknown)

Increase the proportion of adults with depression who get treatment — MHMD-05 Healthy People 2030. (Baseline unknown)

Outcome Objective

By 2020 reduce the suicide rate in Clark County. MHMD-01 Healthy People 2030 (Baseline 10.8 per 100,000 residents)

Impact Objective

Increase the number of Clark County First Responders who have completed mental health first aid training. (Baseline unknown)

Interventions

These goals will be reached by implementing the following interventions:

1. Increase the number of people who have received mental health first responder training
2. Increase awareness of local available services through media, publications and social media
3. Establish a tracking system for mental health referrals.
4. Continue collaboration with schools and local law enforcement
5. Utilize tele-med opportunities to maximize availability of mental health services

Anticipated Results

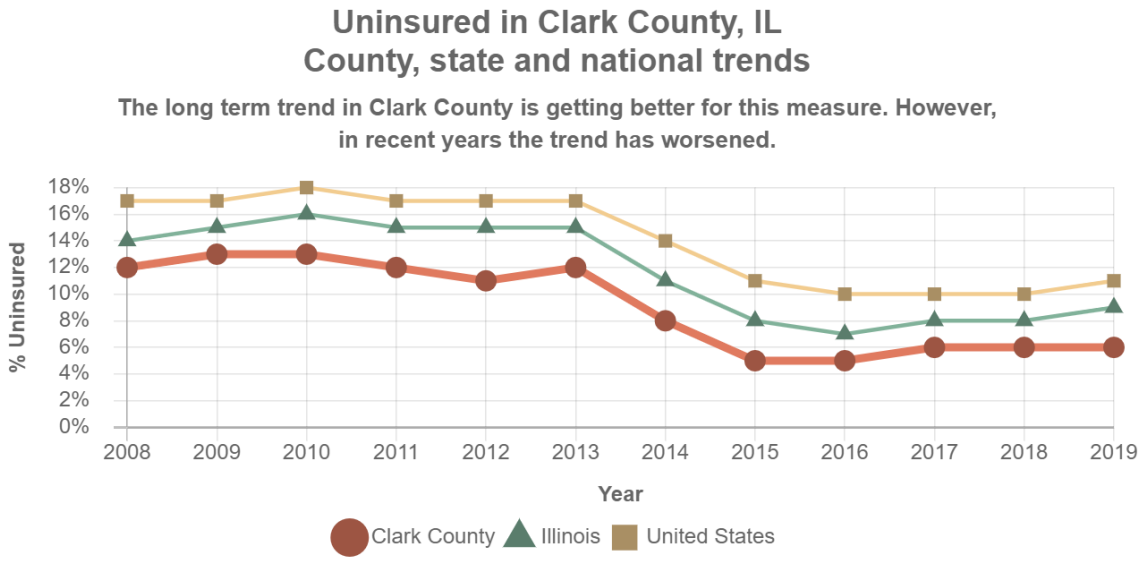
1. Providers report more efficient referral process.
2. Residents will report knowledge of availability of services
3. Emergency Medical Responders report better training in working with patients in mental health crisis.
4. Increased number of mental health professionals available to community residents.

Funding Sources

1. Illinois Department of Public Health grants
2. Local foundations
3. Partnering efforts with established providers

Access to Care

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. Identified as a key part of the Healthy People 2020 project, this topic area focuses on four components: coverage, services, timeliness, and workforce. The committee also looked at how poverty and public misconception over poverty create a barrier in the efficiency to provide services.



Despite a number of advances in Clark County and nationally regarding the basic ability to access a healthcare provider, the members of the IPLAN Committee still consistently ranks this as the largest barrier to community health. The 2020 Clark County Round 6 of the BRFS reveal that 6.0% of county residents do not have health coverage. 9.1% report being unable to go to a doctor due to the cost and 68.4% have not had a routine checkup within the last year or have never had a checkup.

It is worth noting that for 2020 COVID-19 may have had an impact on the ability to access routine doctor visits due to staffing shortages and postponements of elective procedures.

Data from the Centers for Medicare and Medicaid Services show 21% of Illinois' long-term care facilities are experiencing a shortage of nursing staff, ABC7 Chicago reported. Matt Pickering, executive director for Health Care Council of Illinois, said the industry is facing a perfect storm of problems and COVID-19 is at the top.

Looking toward the future it is bleak for the healthcare workforce. Based on the 2020 RN workforce report prepared by the Illinois Nursing Workforce Center, Illinois will face a shortage of nearly 15,000 RNs by 2025. Plus, while 52% of the almost 195,000 RNs in Illinois are over the age of 55—with 27% planning to retire in the next 5 years—less than 8,000 nurses

graduate each year. Shortages are also a problem in Emergency Medical Services where nationwide shortages for Emergency Medical Technicians and Paramedics have caused some services to close or find ways to increase wages.

Health Care Coverage & Utilization

ICBRFS - Clark County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAVE HEALTH CARE COVERAGE	No	740	6.0%	2.8%-12.5%	23
	Yes	11,607	94.0%	87.5%-97.2%	404
HAVE MEDICARE	No	8,882	72.0%	65.8%-77.4%	221
	Yes	3,462	28.0%	22.6%-34.2%	205
HAVE PERSONAL DOCTOR	No	976	7.9%	4.8%-12.7%	32
	Yes	11,361	92.1%	87.3%-95.2%	394
UNABLE TO VISIT DOCTOR DUE TO COST	No	11,208	90.9%	86.4%-94.0%	382
	Yes	1,122	9.1%	6.0%-13.6%	44
LAST ROUTINE CHECKUP	Past Year	8,428	68.4%	60.4%-75.5%	300
	Past 2 Years (>1yr, <2yrs)	1,757	14.3%	9.0%-21.9%	53
	More than 2 Years	2,134	17.3%	12.5%-23.5%	73
COULD NOT FILL PRESCRIPTION DUE TO COST	No	10,776	87.3%	81.1%-91.6%	374
	Yes	1,571	12.7%	8.4%-18.9%	53

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.

Health Problem : Access to Care

Facilitating access to care is the focus of helping people to command appropriate health care resources in order to preserve or improve their health. Access is a complex concept with the following organizations identified during the IPLAN process as local resources:

1. RIDES Mass Transit
2. Clark County Health Department
3. School Counselors
4. Catholic Charities
5. Choices Pregnancy and Health
6. Sarah Bush Lincoln Health Center
7. U of I Extension Office

Rural communities experience a higher rate of chronic conditions than their urban counterparts. Examples of chronic conditions include heart disease, cancer, chronic respiratory disease, stroke, and diabetes. Rural communities also experience higher rates of mortality and disability than urban communities. Limited access to health promotion and disease prevention programs and healthcare services contribute to these health challenges. Other barriers identified as part of the IPLAN process include:

1. Cost of services and medications
2. Noncompliance with treatment
3. Lack of knowledge of local services
4. Reluctance to comply with age appropriate screenings
5. Busy with work or other commitments
6. Doctor or hospital wouldn't accept health insurance
7. Fear that health insurance won't pay for treatment
8. Transportation problems
9. Knowledge of where to go to get services
10. Limited office hours of operations
11. Lack of health literacy

(Appendix B - Health Problem Analysis Worksheet – Access to Care)

Access to Health Goals and Action Initiatives

GOAL - Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

Outcome Objective

By 2025 reduce the number of Clark County residents who report not seeking medical care due to cost (Baseline 9.1% 2020 Illinois County BRFS).

Impact Objectives

1.) Reduce the out-of-pocket costs to clients for vaccinations.
2.) Increase the availability of routine medical screening for common health issues.

Outcome Objective

By 2025 reduce the percentage of Clark County residents who report no having a routine checkup within the last year. (Baseline 68.4% 2020 Illinois County BRFS).

Interventions

This goal will be reached by implementing the following interventions:

1. The creation of a common website that allows for an easy search of health related services available in Clark County.
2. Partner with area health care organizations and management groups to facilitate mobile testing for common disease process and prevention.
3. Continue collaboration with public transportation agencies to help meet the changing needs of the ridership in Clark County.

Anticipated Results

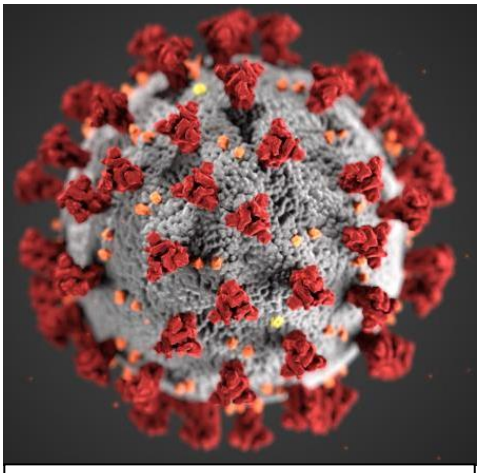
1. Create a single website that contains the information for health services available in Clark County, thus increasing the utilization of services.
2. Increase ridership for local mass transit district.
3. Maximize the use of partner agencies to convey common messages
4. Residents will report knowledge of availability of services.
5. Increase health literacy of Clark County residents.

Funding Sources

1. Illinois Department of Public Health grants
2. Local Foundation grants
3. Partnership with existing agencies to facilitate services

COVID-19

On December 12, 2019 a cluster of patients in Wuhan, China began to experience shortness of breath and fever. By December 31, 2019 the World Health Organization would be informed of a number of cases of pneumonia of unknown cause but all connected to the Hunan Seafood Market in Wuhan. On January 20, 2020 the CDC would confirm the first U.S. laboratory confirmed case in Washington State. On February 26, 2020, just 76 days after the presentation of the first cluster of sick people, Dr. Nancy Messonnier, Incident Commander for the COVID-19 response for the CDC held a telebriefing. It was during that telebriefing that she braced the U.S. for eventual community spread and warned that the disruption to everyday life would be severe.



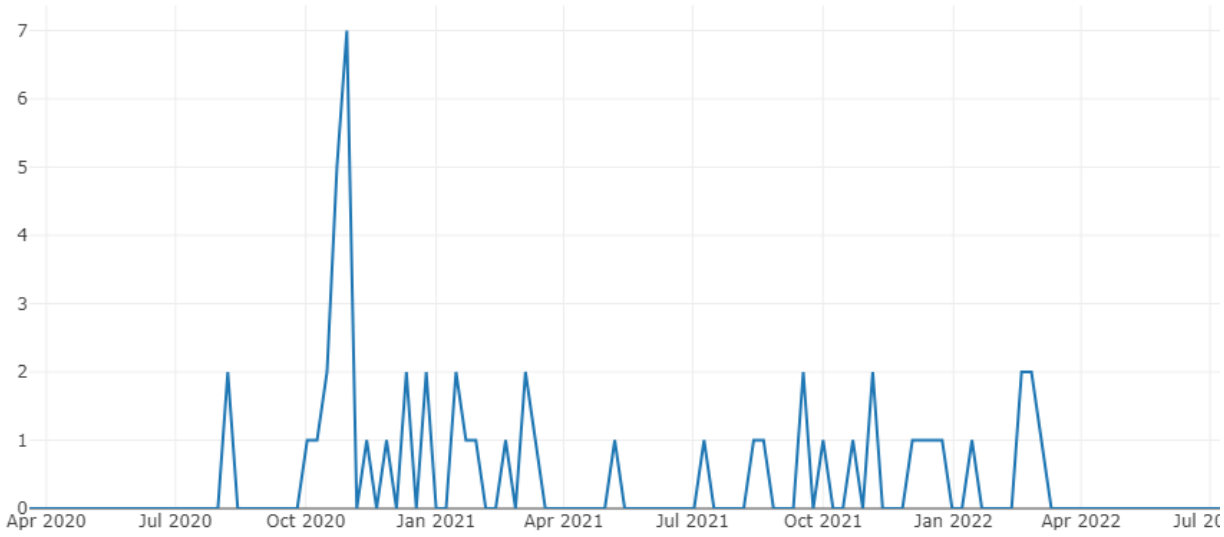
On January 21, 2020 CDC artists Alissa Eckert an Dan Higgins created an "identity" for COVID-19 by designing this virus image

She was correct.

At the time of the publishing of this document COVID-19 is about to turn three years old. It's toll on the human race has been as shocking as well as it's ability to spread around the world. According to the World Health Organization as of July 3, 2022 over 546 million cases have been confirmed with 6.2 million deaths globally. In the United States the CDC reports that over a million Americans have lost their lives to COVID-19. In comparison the 1918 "Spanish Flu" from January 1918 to December 1920 is estimated to have killed around 675,000 Americans.

Clark County has not been spared. To date 5,103 cases have been confirmed with 52 deaths.

The U.S. Food and Drug Administration granted emergency use authorization to the Pfizer-BioNTech vaccine on December 10, 2020 and the Clark County Health Department began a local vaccination campaign that continued today. According to a June 2022 study published in The Lancet, COVID-19 vaccination in the United States prevented an additional 1.9 million deaths from December 8, 2020 to December 8, 2021.



Weekly Deaths, Clark County (IDPH)

Vaccine Safety

According to the CDC more than 596 million doses of COVID-19 vaccine had been given in the United States from December 14, 2020, through June 29, 2022. COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the Food and Drug Administration's (FDA's) rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization (EUA). The Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen COVID-19 vaccines will continue to undergo the most intensive safety monitoring in US history. This monitoring includes using both established and new safety monitoring systems to make sure that COVID-19 vaccines are safe.

Vaccinations in Clark County, Illinois

People Vaccinated

	At Least One Dose	Fully Vaccinated
Total	8,912	7,769
% of Total Population	57.7%	50.3%
Population ≥ 5 Years of Age	8,906	7,769
% of Population ≥ 5 Years of Age	61.1%	53.3%
Population ≥ 12 Years of Age	8,664	7,593
% of Population ≥ 12 Years of Age	65.7%	57.5%
Population ≥ 18 Years of Age	8,220	7,223
% of Population ≥ 18 Years of Age	68.5%	60.2%
Population ≥ 65 Years of Age	2,950	2,652
% of Population ≥ 65 Years of Age	94.7%	85.1%

Health Problem : COVID-19

Over 5,000 cases of COVID-19 have been identified in Clark County since the beginning of the pandemic. Local resources available to help control the spread of COVID-19 include:

1. Local School Districts
2. Local Ambulance Services
3. Area Hospitals
4. Local Churches
5. Clark County Health Department

Barriers identified as part of the IPLAN process include:

1. Misinformation
2. Lack of apathy
3. Noncompliance with treatment
4. Vaccine hesitancy

COVID-19 Goals and Action Initiatives

GOAL – Mitigate the effects of COVID-19 by utilizing health literacy, pharmaceutical as well as non-pharmaceutical interventions, and preparing for future pandemic strains.

Outcome Objective – Increase the proportion of adults who get recommended evidence-based preventive health care. (Health People 2030 AHS-08)

Impact Objectives

Increase the proportion of adults who engage in preparedness activities for a widespread outbreak of a contagious disease after recently receiving preparedness information on outbreaks. (Healthy People 2030 PREP-D02) (Baseline unknown)

Increase the proportion of adults age 19 years or older who receive recommended age-appropriate vaccines. (Healthy People 2030 IID-D03)

Outcome Objective - Increase the health literacy of the population. (Healthy People 2030 HC/HIT-R01)

Impact Objectives

Increase the proportion of crisis and emergency risk messages embedded in print and broadcast news stories that promote steps the reader or viewer can take to reduce their personal health threat. (Healthy People 2030 HC/HIT-D03)

Increase the proportion of crisis and emergency risk messages embedded in print and broadcast news stories that demonstrate engagement (i.e., express empathy, accountability, and commitment) (Healthy People 2030 HC/HIT-D04)

Interventions

These goals will be reached by implementing the following interventions:

1. Enhanced Risk Communication Training
2. Increased production and engagement with local media and social media
3. Increasing vaccine availability
4. Continued collaboration with local partner agencies

Anticipated Results

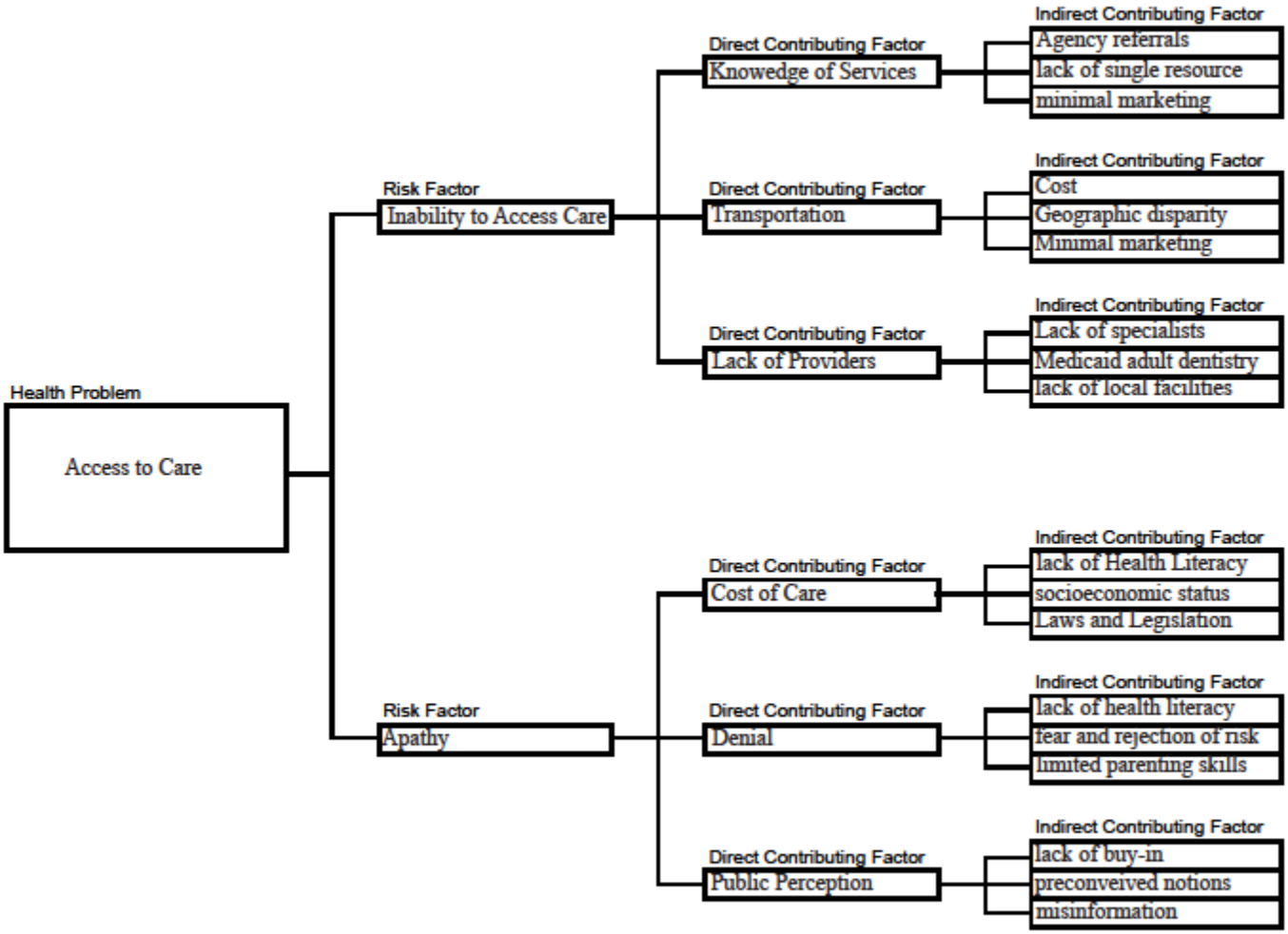
1. Increase the health literacy of Clark County residents
2. Increased preparedness activities for Clark County residents
3. Lower COVID-19 transmission risk

Funding Sources

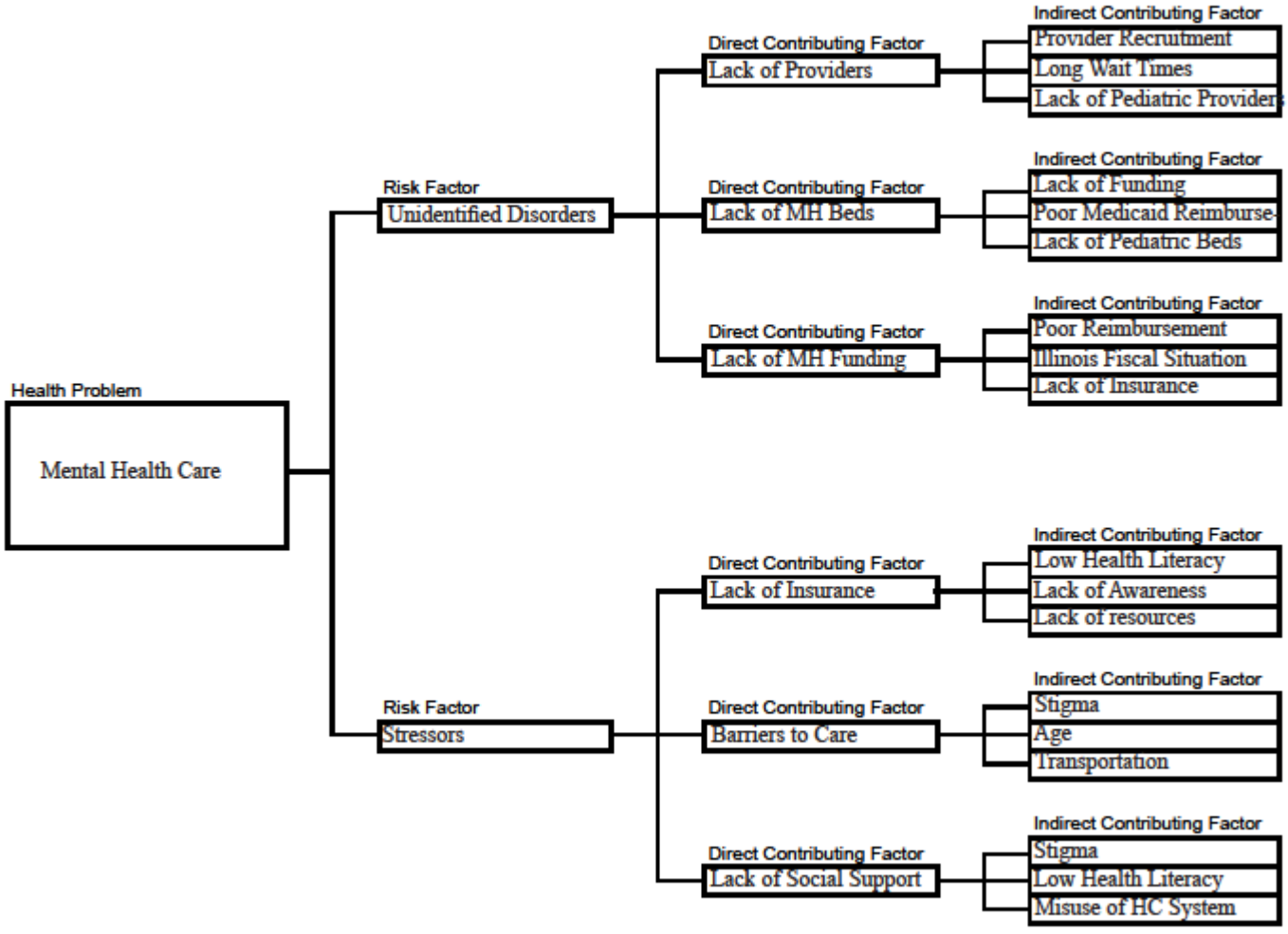
1. Illinois Department of Public Health COVID crisis grant

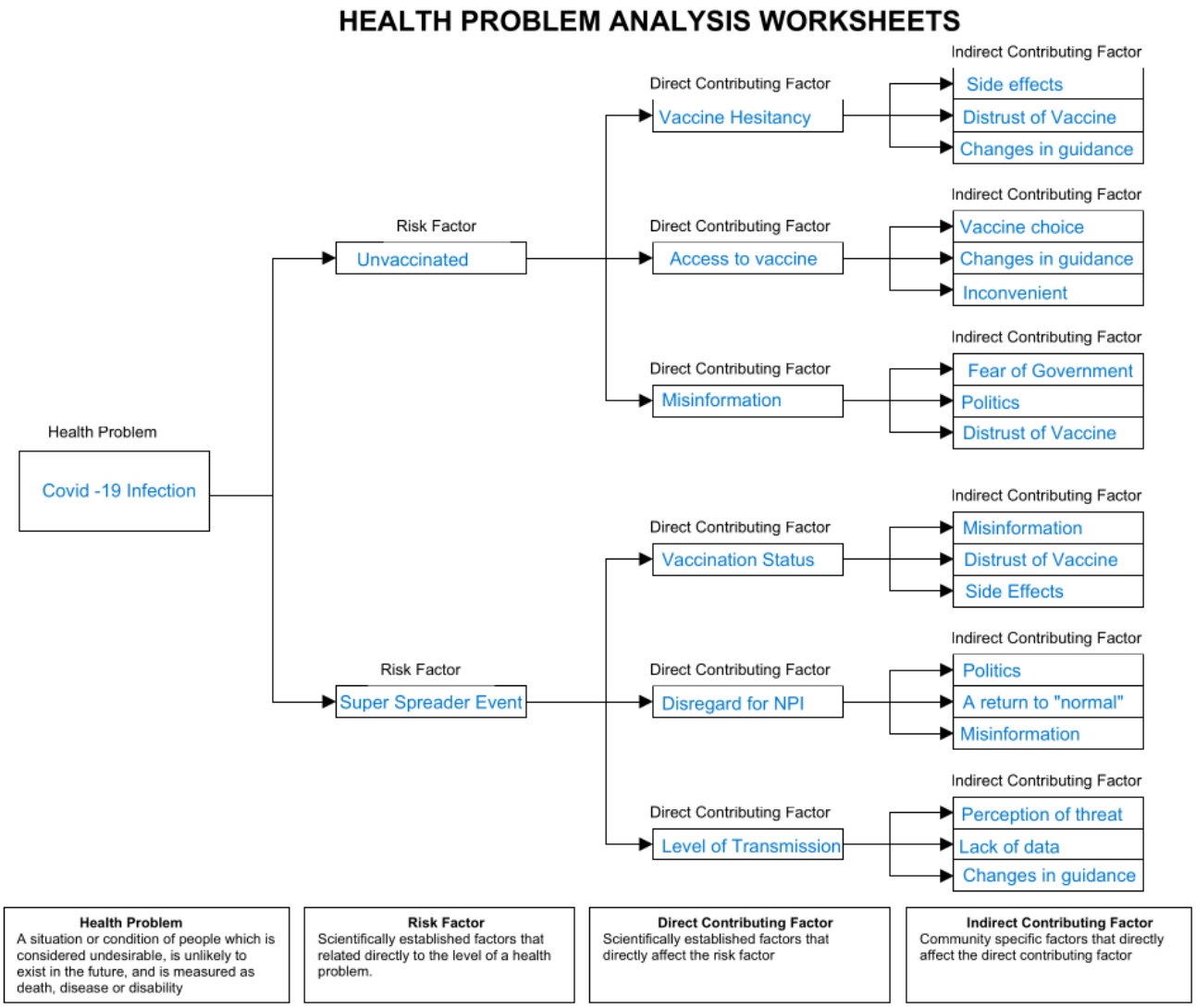
2. Local funding sources.

HEALTH PROBLEM ANALYSIS WORKSHEET



HEALTH PROBLEM ANALYSIS WORKSHEET




HEALTH PROBLEM ANALYSIS WORKSHEETS
Health Problem
Covid -19 Infection
Risk Factor
Unvaccinated
Risk Factor
Super Spreader Event
Direct Contributing Factor
Vaccine Hesitancy
Direct Contributing Factor
Access to vaccine
Direct Contributing Factor
Misinformation
Direct Contributing Factor
Vaccination Status
Direct Contributing Factor
Disregard for NPI
Direct Contributing Factor
Level of Transmission
Indirect Contributing Factor
Side effects
Distrust of Vaccine
Changes in guidance
Indirect Contributing Factor
Vaccine choice
Changes in guidance
Inconvenient
Indirect Contributing Factor
Fear of Government
Politics
Distrust of Vaccine
Indirect Contributing Factor
Misinformation
Distrust of Vaccine
Side Effects
Indirect Contributing Factor
Politics
A return to "normal"
Misinformation
Indirect Contributing Factor
Perception of threat
Lack of data
Changes in guidance
Health Problem
A situation or condition of people which is considered undesirable, is unlikely to exist in the future, and is measured as death, disease or disability
Risk Factor
Scientifically established factors that related directly to the level of a health problem.
Direct Contributing Factor
Scientifically established factors that directly affect the risk factor
Indirect Contributing Factor
Community specific factors that directly affect the direct contributing factor

IPLAN Committee Members

Gregg Baker – Clark County Health Department
Eddie McFarland – Clark County Health Department
Kari Cook – Clark County Health Department
Angie Britt
Blake Westa
Jonathan Burns – Human Resources
Tammy Evans – Sarah Bush Lincoln Health System
Tiffany Macke – University of Illinois Extension
Tina Grooms – Marshall Schools
Dana Miller – Marshall Schools
Megan Parcel – Casey Schools
Amanda Mumford – Casey Schools
Bill Brown – Clark County Sheriff's Department