



SOUTHERN SEVEN HEALTH DEPARTMENT

**COMMUNITY NEEDS ASSESSMENT
& IMPROVEMENT PLAN
2025-2030**

JUNE 5, 2025

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Executive Summary

Southern Seven Health Department is pleased to announce the completion of the recertification application for the Illinois Project for Local Assessment of Needs (IPLAN). This five-year plan, 2025 through 2030, includes the remittance of the Community Health Needs Assessment and Community Health Plan. This includes submitting supporting documents to the Illinois Department of Public Health for review and approval.

A signed letter of approval from the Board of Health is required stating that an Organizational Capacity Self-Assessment or Organizational Strategic Plan was conducted, reviewed, and the Community Health Plan was adopted. Southern Seven developed an organizational strategic plan in lieu of the organizational capacity self-assessment.

Southern Seven Health Department has a history of community planning, partnering, and collaborating with all seven counties. In 2009, when our 2010 IPLAN process was completed, a commitment was made to meet quarterly with partners from the region over the next five years. This objective continues to remain in place and continues to be met every quarter. Through the Healthy Southern 7 Region Coalition (HS7RC) we have addressed many areas of health as a region while remaining attentive to the diverse population within the seven counties.

The Community Health Committee was established through the Healthy Southern Seven Region initiative, led by the Southern Seven Health Department, as part of the development of the 2025–2030 Illinois Project for Local Assessment of Needs (IPLAN). This project involved conducting a comprehensive community needs assessment and developing a community health plan. As a result, the region’s top three health priorities were identified, and an action plan was created to address and reduce the risk factors associated with those health concerns.

1. Cancer

- a. Promote healthier nutrition
- b. Reduce use of tobacco products
- c. Increase physical activity
- d. Advocate for policies to influence environmental changes
- e. Promote access to care

2. Cardiovascular Disease

- a. Promote healthier nutrition
- b. Increase physical activity
- c. Reduce blood cholesterol levels
- d. Reduce hypertension
- e. Reduce the use of tobacco products
- f. Promote access to care

3. Behavioral Health

- a. Reduce stigma and discrimination
- b. Increase screenings
- c. Improve referral process
- d. Promote access to care

As we implement our community health improvement plan over the next five years, we will address our top public health concerns through collaboration with local schools, hospitals, health departments, and numerous other stakeholders.

The health education team contributed to the success of this project. For more information regarding the 2025-2030 IPLAN, please contact Health Education Director, Natalie L. Sawyer at 618-634-2297 ext. 971136 or visit <http://www.southern7.org>.

Community Health Needs Assessment

1. Purpose Statement

The purpose of this assessment is to identify prevalent health conditions affecting the residents of the seven southernmost counties of Illinois. It is designed to identify strengths and resources available in each community. This specific assessment process consisted of community surveys, analysis of individual and county-level health data, and community stakeholder participation. Stakeholders utilized the data obtained from the assessment process to prioritize the top health conditions in our counties. This led to the development of an action plan with interventions aimed at improving individual and community health outcomes. By utilizing this process, we can identify key health concerns, allocate resources efficiently, and seek targeted programs based on collected data and community needs.

2. Community Participation

As part of our ongoing efforts to assess and address community health needs, we distributed two community surveys, one in 2024 and another in 2025. These surveys gathered feedback from individuals aged 18 and older who live and/or work in the seven-county area. The goal was to understand the most serious health challenges facing our community and identify barriers to health equity.

The first survey, the Community Health Survey, was launched on August 19, 2024. This survey aimed to evaluate the perceived health needs of the community. We administered both paper copies and an online version via Survey Monkey to ensure broad participation. In total, we received 240 responses from

individuals across various racial, socioeconomic, educational, and age groups. The survey was promoted via social media and through email to partner agencies and coalitions. The template and additional results from the community survey can be found in **Appendix C**.

Key findings from the Community Health Survey include:

- **Healthy Community Factors** Respondents identified the most important factors for a healthy community as good jobs/healthy economy, access to healthcare, and low crime/safe neighborhoods. See **Figure 1**.
- **Health Problems** The most commonly cited health problems in the community were mental health conditions, cancers, and obesity. See **Figure 2**.

Q1 From the following list, what do you think are the three most important factors for a "Healthy Community"?

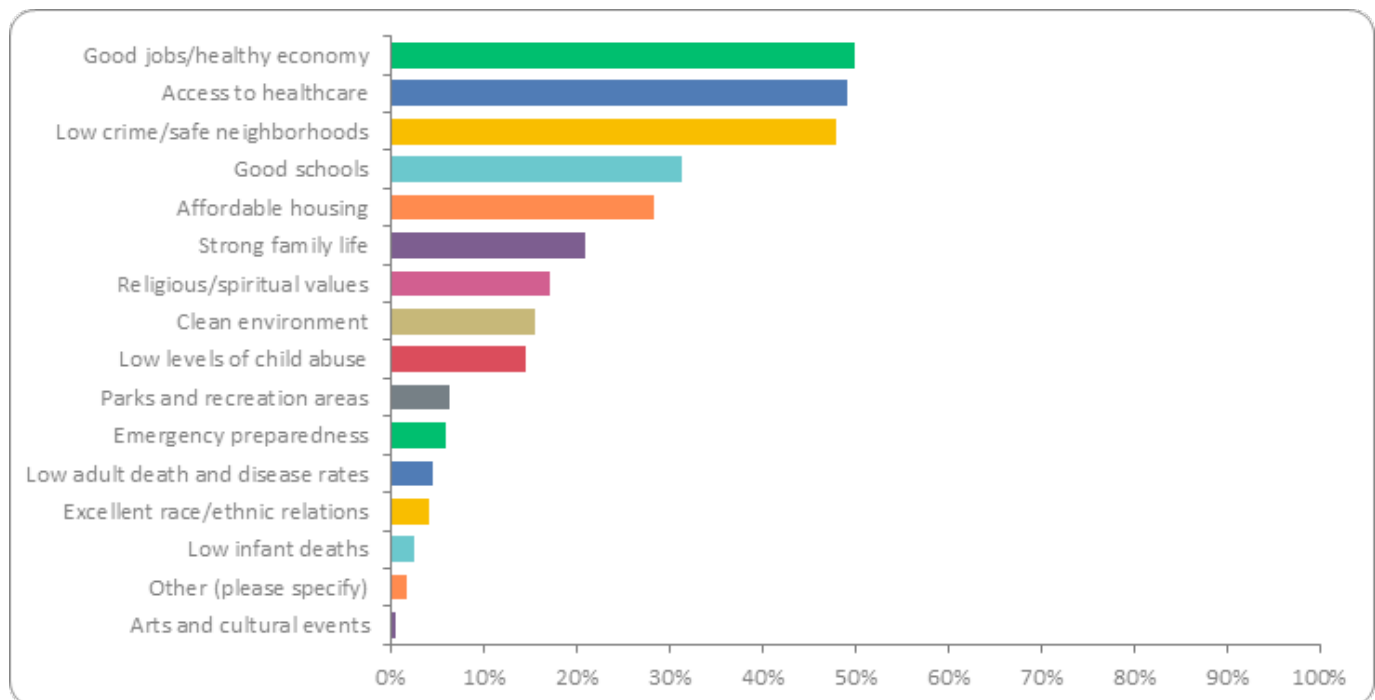


Figure 1 Source: Survey Results, Southern Seven, 2024

Q2 From the following list, what do you think are the three most important "Health Problems" in your community? For this survey, a "Health Problem" is defined as a situation or condition that is considered undesirable, is likely to exist in the future, and is measured in terms of disease, disability, and/or death.

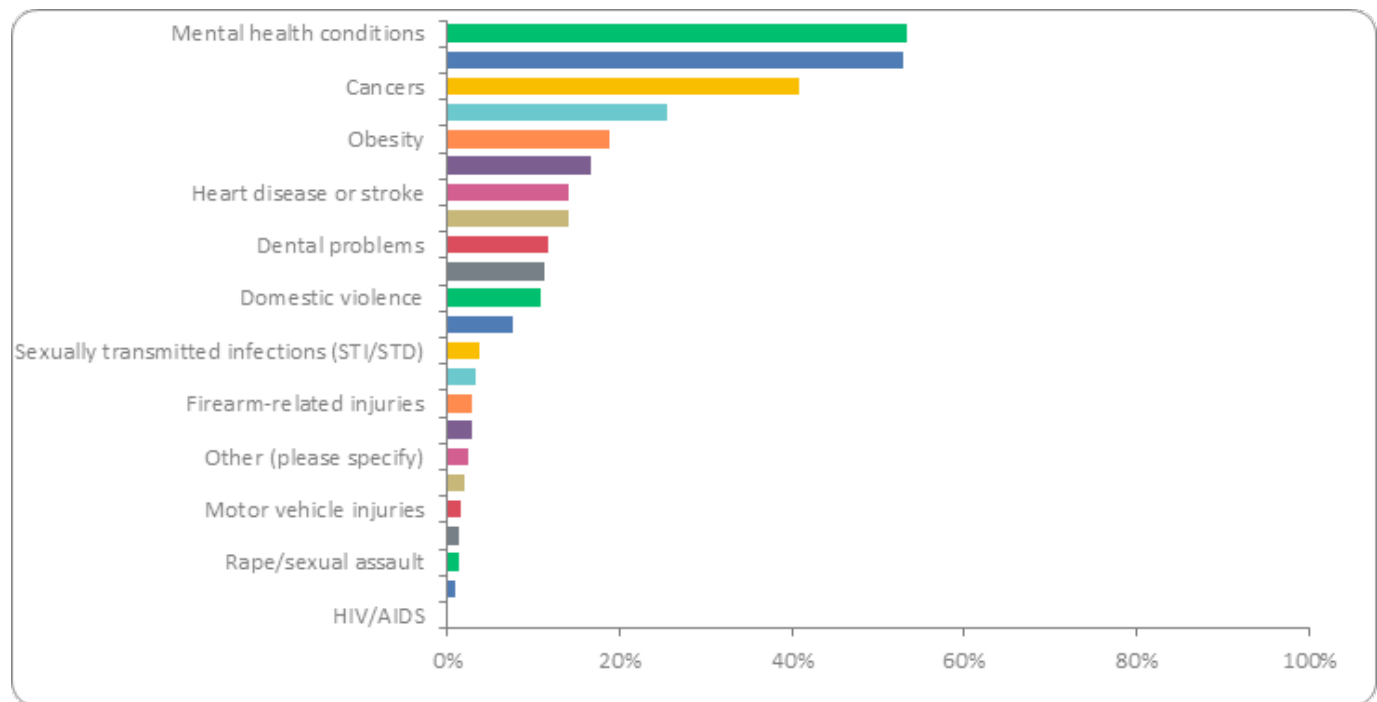


Figure 2 Source: Survey Results, Southern Seven 2024

The second survey, the Health Equity - Community Survey, was launched on January 28, 2025, and focused on understanding the equity of healthcare access in the community. This survey asked a single question regarding ways to improve equitable and fair access to healthcare services. As all of the data from this survey is fully presented in **Figure 3**, a separate copy is not included in the Appendix.

The responses indicated that the top priorities for improving health equity include:

- Bringing more dentists to the area,
- Increasing the number of healthcare providers in the area, and
- Addressing transportation barriers that hinder access to healthcare services.

Q1 Think of healthcare like a big umbrella meant to cover everyone during a storm. Right now, some people are still getting wet because they can't reach the umbrella, don't know how to use it, don't know how to ask for help with the umbrella, or don't even know there is an umbrella. What are some ways to improve equitable or fair access to preventative healthcare services for underserved populations within our community, particularly those facing language barriers or socioeconomic disadvantages? Select all that apply.

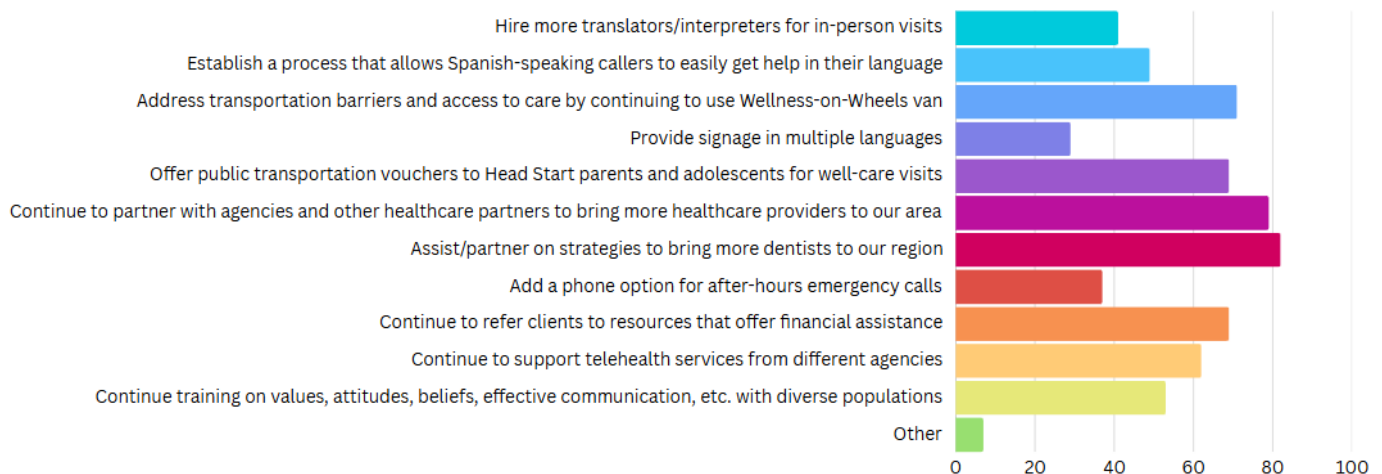


Figure 3 Source: Survey Results, Southern Seven, 2025

Responses given in “Other” are listed below. Duplicate answers have been condensed.

- “Use technology like AI to assist with many of the options listed.”
- “Family planning”
- “More funding for free services to middle-class individuals. I know that there is Medicaid for the poor. But your biggest clientele in our area is middle-class citizens. They are paying for medical insurance and everything else that they have to, and there is just not much left over. Medical Insurance leaves a very big outstanding balance for having simple things done, along with prescription costs. Funding to help middle class of people, I feel, would be

very beneficial to not only the population in our area that need it but would also help area health care and businesses.”

- “Make the call system easier for technology challenge persons. Less or no computer-generated operators.”
- “Hire staff who are familiar with diverse cultures. Language isn’t the only concern (though important), understanding cultural context matters.”

Southern Seven Health Department (S7HD) also heavily relied on the assistance of the Healthy Southern 7 Region Coalition (HS7RC) for community participation to help assess the seven-county region's health status and establish the top three health priorities. The HS7RC has met quarterly over the last 15 years to address public health needs throughout the region. This diverse set of stakeholders provided valuable insight into regional dynamics affecting the community’s health. Under the direction of S7HD, some members of the HS7RC formed a subcommittee and agreed to participate in a needs assessment and community health planning process. This served as our Community Health Committee for this assessment. We held virtual meetings with the Community Health Committee and in-person meetings with internal staff, who played a direct role in gathering data and designing this project. **Appendix A** lists the Community Health Committee, while **Appendix B** provides a list of the S7HD internal team members who played a direct role in contributing to this assessment.

Method

Southern Seven Health Department's internal team developed a method for completing the community health needs assessment for the 2025-2030 IPLAN. As a guide, the team utilized the IPLAN's modified version of the APEXPH Part II. In May 2024, the Health Education Director joined an IPLAN Advisory Committee with the ultimate goal of addressing challenges and sharing successes related to IPLAN development and implementation through training, technical assistance, and other support resources. The committee was led by Illinois Public Health Institute and the Illinois Department of Public Health.

The Health Education Director continued to participate in these meetings and trainings, as the webinar series continued into 2025. In June 2024, the Health Education Director set a timetable for completing the needs assessment process. On July 11, 2024, she presented a Canva slideshow to clarify the IPLAN process to the HS7RC members and opened the floor for discussion and feedback. Subsequently, the Community Health Committee was formed through this group. The committee had a virtual meeting on October 28, 2024.

There were additional meetings with S7HD's Leadership Team on December 11, 2024, and January 22, 2025. At these meetings, both groups reviewed a variety of information on the seven southernmost counties of Illinois: community survey responses, a health equity survey, demographics, community surveys, socioeconomic status (educational attainment, employment status, median household income, family and social support, and community safety), disease incidence, mortality, and morbidity rates, as

well as county health rankings. This review and analysis utilized secondary data from a variety of sources. These included the United States Census Bureau, National Center for Health Statistics, Illinois Center for Health Statistics, a division of the Illinois Department of Public Health; Illinois Department of Employment Security, County Health Rankings, the Illinois Behavioral Risk Factor Surveillance System (ICBRFS), the IPLAN data system, and more.

Using the Hanlon Method, the Community Health Committee assessed health concerns in our seven counties based on their magnitude, urgency, and feasibility. After ranking each issue according to these criteria, we applied the PEARL test. The PEARL test stands for political acceptability, economic feasibility, acceptability to the community, resources available, and legality. The PEARL test ensures that selected priorities go beyond urgency and are both realistic and actionable, allowing us to focus on the most pressing health challenges in our area.

Analysis of the secondary data and the community survey contributed to the committee's estimation of the health status of the seven counties. Committee members reviewed data per seven (7) required IPLAN categories: demographic and socioeconomic characteristics, general health and access to care, maternal and child health, chronic disease, infectious disease, environmental/ occupational/injury control, and sentinel events. The final analysis of this data contributed to the prioritization of the three top health priorities.

Additionally, our local needs assessment aligns closely with Illinois' State Health Improvement Plan (SHIP) and State Health Assessment (SHA), ensuring consistency with statewide health priorities. Their five main priorities are chronic disease, COVID-19 and emerging diseases, maternal

and infant health, mental health and substance use disorder, and racism as a public health crisis.

Many of our strategies and goals are consistent with those outlined in the state plans. These include promoting tobacco-free living, engaging in nutrition education, enhancing trauma prevention, strengthening community collaboration to address structural and social determinants of health, and much more.

Locally, our primary health priorities are cancer, cardiovascular disease, and behavioral health. Our top two health conditions fall under chronic disease, since they are long-term and require ongoing management. Behavioral health issues include mental health and substance use disorders and are often intertwined with physical health conditions. For example, chronic diseases can lead to mental health issues due to the stress of managing the illness. Also, racism as a public health crisis highlights the disparities in health outcomes among different racial and ethnic groups, which are evident in the prevalence and treatment of these conditions. The data included in this assessment underscores these disparities, reinforcing the need for targeted and equitable health interventions.

Health Status of Southern Seven's Counties and Service Area

Demographic and Socioeconomic Characteristics

Southern Seven Health Department covers a seven-county region, which includes Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union Counties. This 1,975 square mile area has a population of 60,536. Refer to **Figure 4** for a breakdown of our 1,975-square-mile region, showing the percentage that each county contributes to the total area.

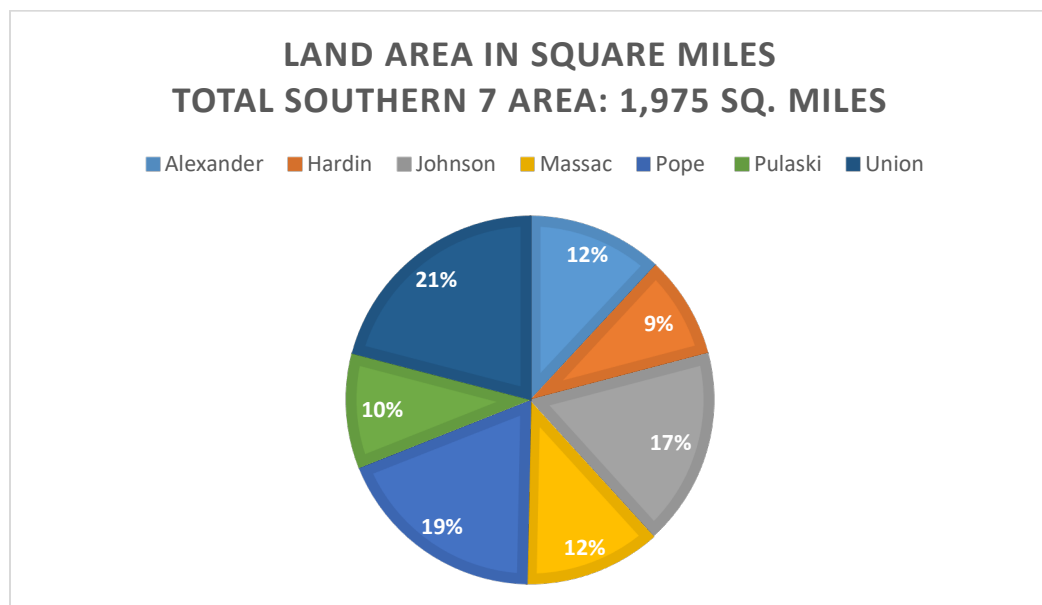


Figure 4 Source: U.S. Census Bureau Quick Facts 2023

- The population density for this area, estimated at approximately 31 persons per square mile, is less than the national average population density of 94 persons per square mile. This strongly highlights the rural nature of our region.

S7 Population by County 2023

S7 Total Population: 60,536

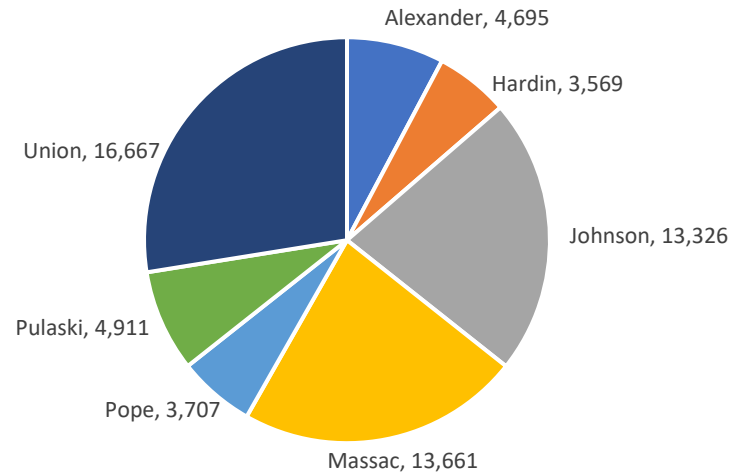


Figure 5 Source: U.S. Census Bureau Quick Facts 2023

- **Figure 6** reflects an overall 2.3% decline in population for the entire seven-county region since our 2020 assessment, which showed a population of 61,936. Alexander County reports the biggest decline at 18.5% while Johnson and Union counties show an increase. Please see **Figure 6** for additional details on the remaining counties.

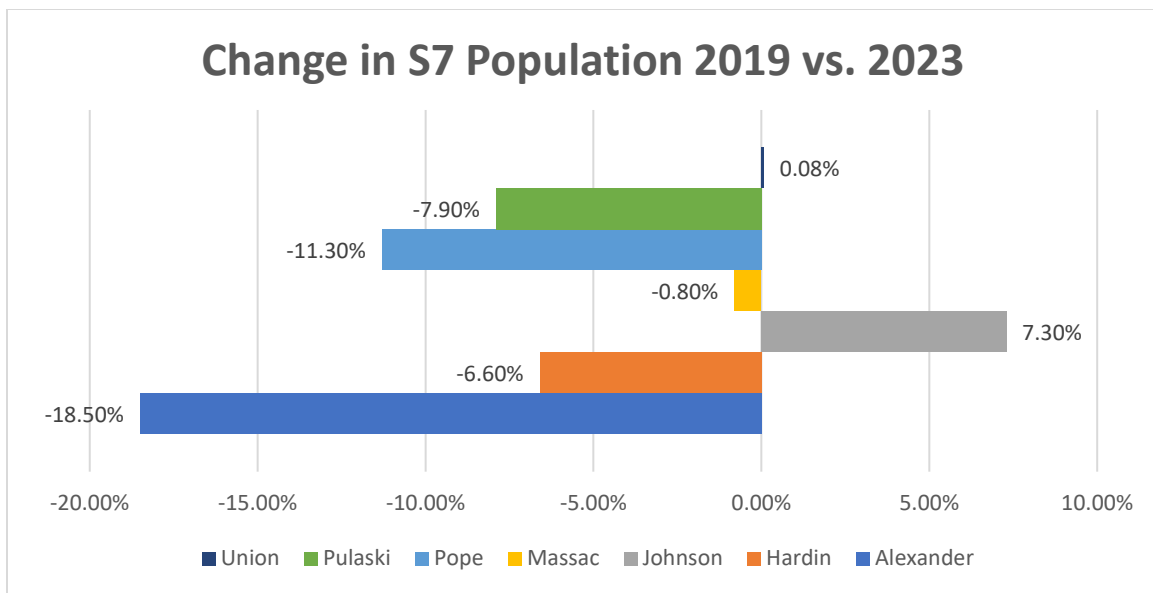


Figure 6 Source: U.S. Census Quick Facts, 2023

- As of the 2020-2025 IPLAN report, Caucasians made up an average of 85.1% of the population across all seven counties. The Caucasian demographic has slightly decreased to 84% while the Black/ African American demographic saw a slight increase of 5% and is now 12.4% of the reported population. The Hispanic/Latino demographic indicates a very slight decrease from 3.5% to 3.3%. You can see additional demographics in **Figure 7**.

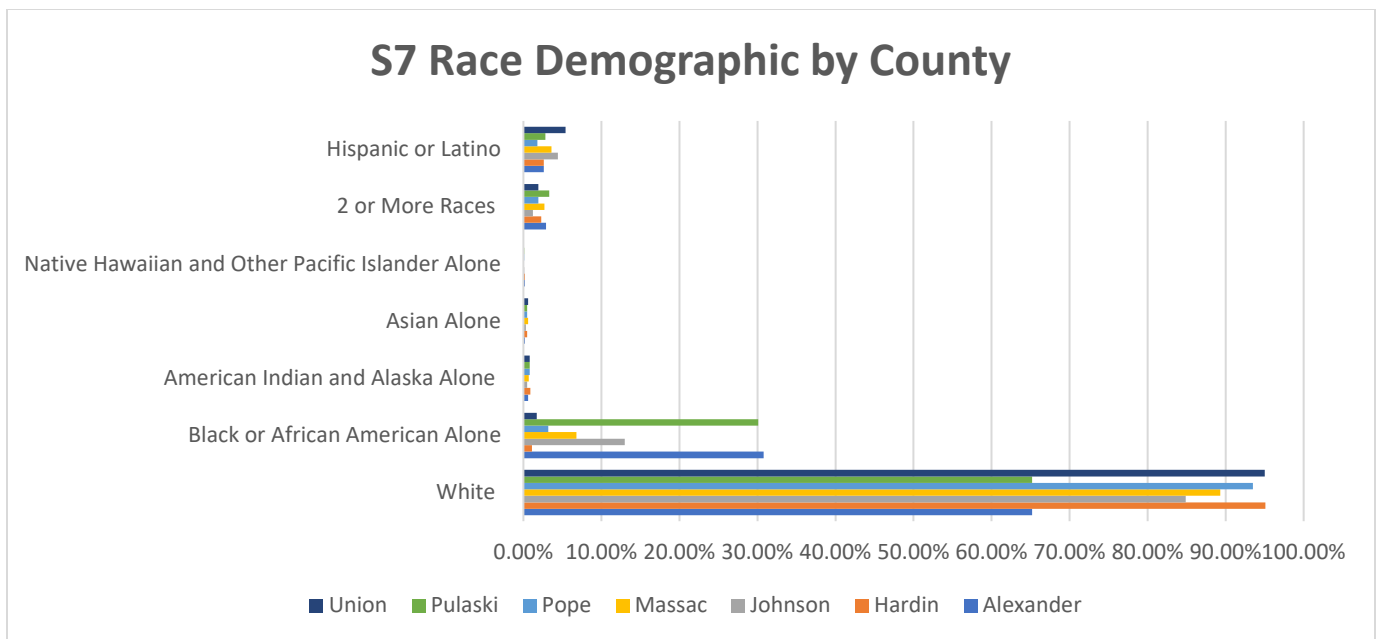


Figure 7 Source: U.S. Census Quick Facts, 2023

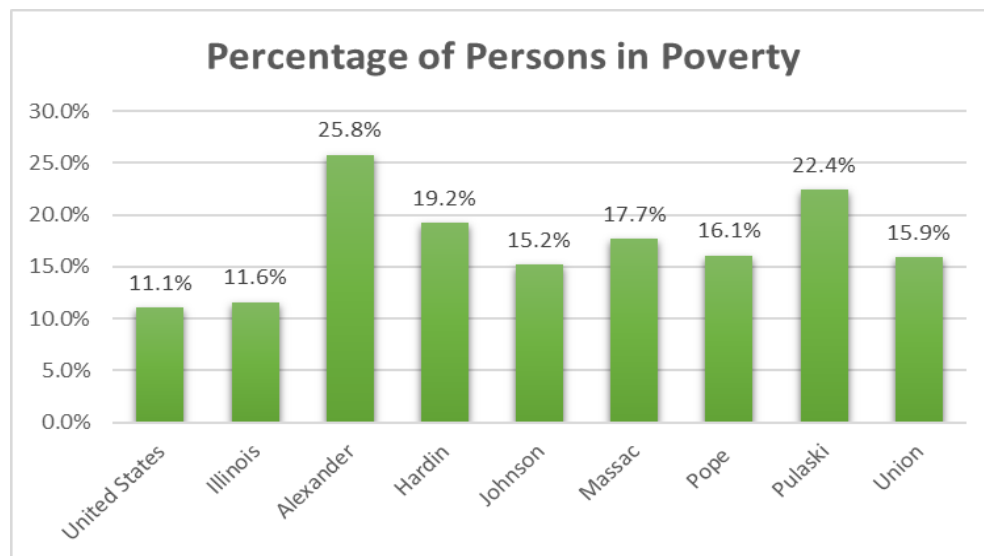


Figure 8 Source: U.S. Census Bureau Quick Facts, 2023

- Please reference **Figure 8**. Poverty is considered a key driver of poor health, lack of education, food insecurity, crime, and other disadvantages.

- The poverty rate for the combined counties remains nearly unchanged at 18.5%. In our last assessment, we reported a poverty rate of 19% for all seven counties.
- The median household income for our seven-county region is \$57,155 which again is well below the state average of \$81,702 and the national average of \$78,538. The average for all seven counties is \$55,802. The county that has the highest median household income is Johnson County at \$65,203 while Pulaski County and Alexander County has the lowest at \$43,227 and \$43,523, which is an astounding difference of at least \$21,680. This creates a larger issue because our most southern counties must drive at least 30 miles or more to reach an area that has several options for gas, groceries, and other essentials. Please see **Figure 9** for more details.

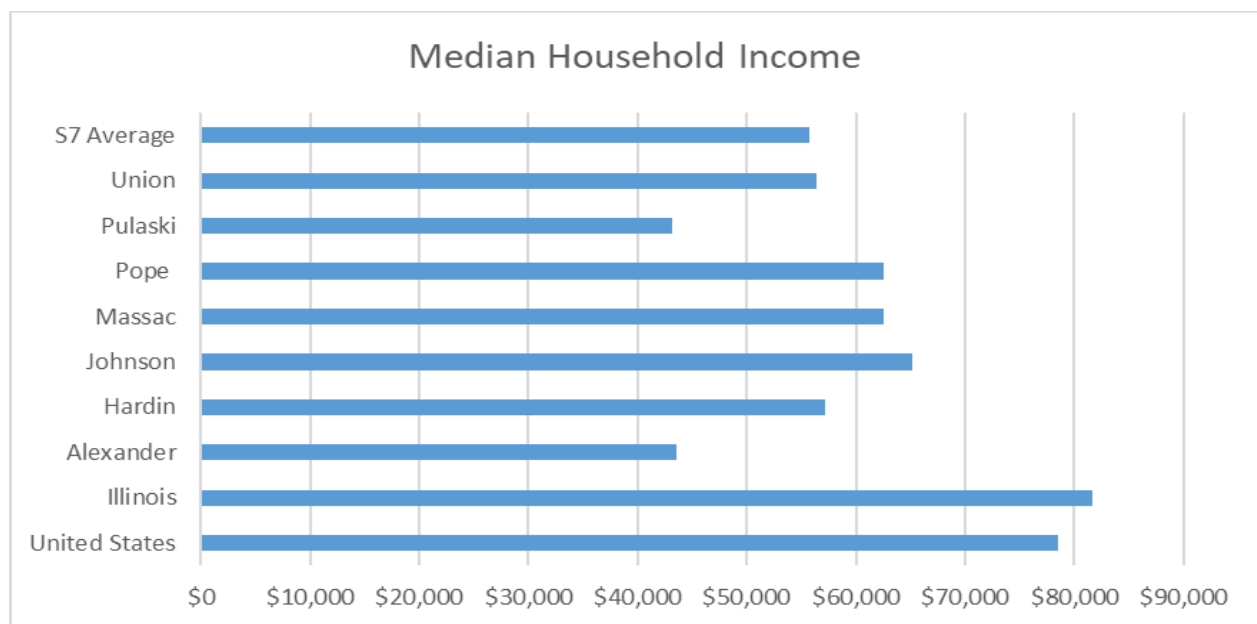


Figure 9 Source: U.S. Census Bureau Quick Facts, 2023

Please see **Figure 10** for unemployment rates for our region on the map below.

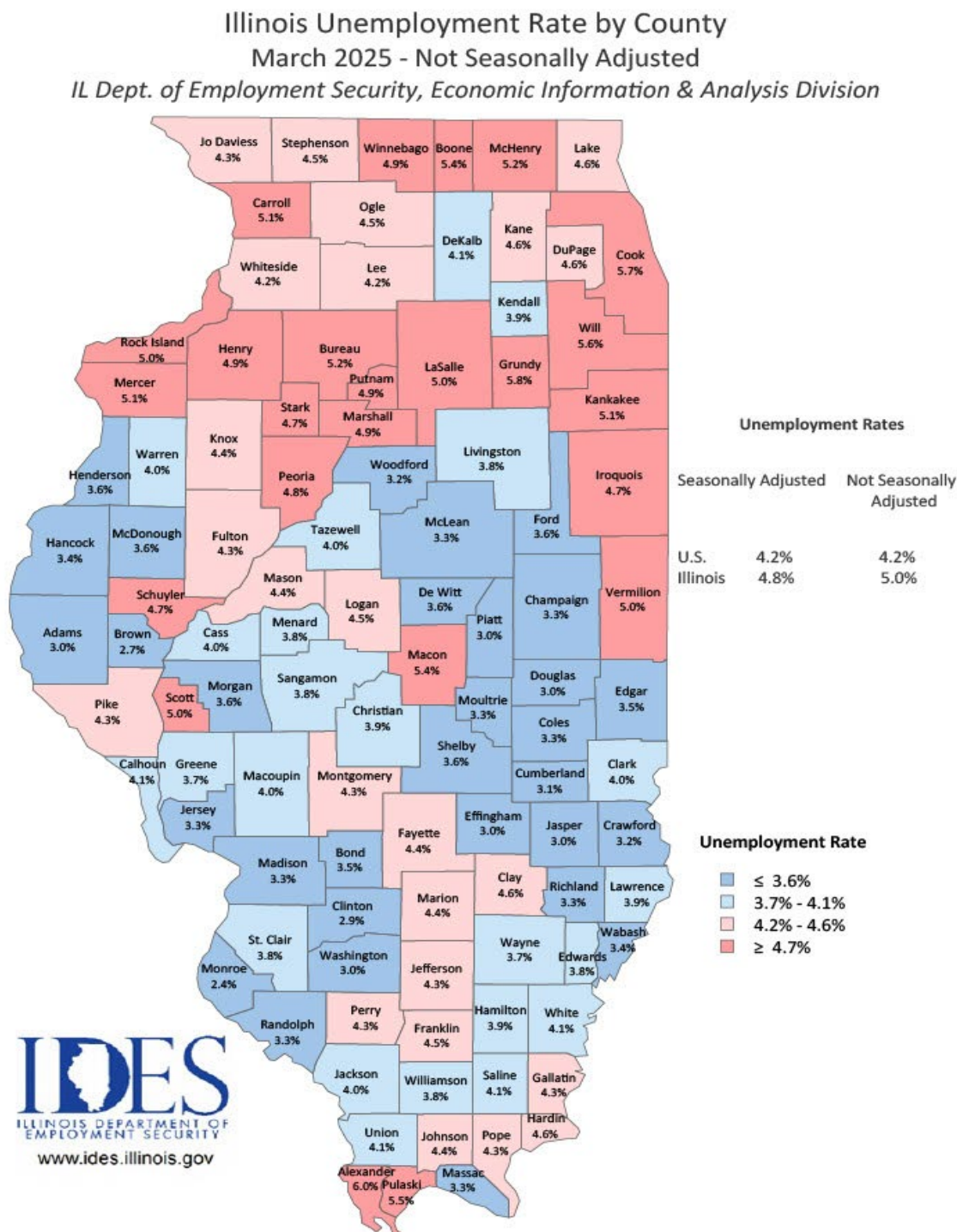


Figure 10 Source: Illinois Department of Employment Security

Southern Illinois struggles with economic growth. Also, unemployment and educational attainment are closely linked. Generally, higher levels of education correlate with lower unemployment rates. See **Figure 11** for additional details.

- Nationally, 89.4% of people aged 25 and older have a high school diploma or higher. In Illinois, the percentage is 90.3%.
- Pope County is the only county that meets/exceeds the rate for the state of Illinois for persons aged 25 years and older, having their high school diploma.
- As you can see on the chart below, all of our counties are nearly half the rate or less for how many people obtain their bachelor's or higher. Our counties that have the lowest percentages are Pulaski, Hardin, and Alexander.
- Johnson County has the highest percentage of people with a bachelor's degree at 18.8%, while Pulaski County has the lowest with 11.9%, which is an increase from 7.5% per our 2020 assessment.
- No county in the region meets the national average, let alone the state average. Residents who have a bachelor's degree often leave the region to find employment more suitable to their qualifications.

Percentage of persons age 25 years+, 2019-2023

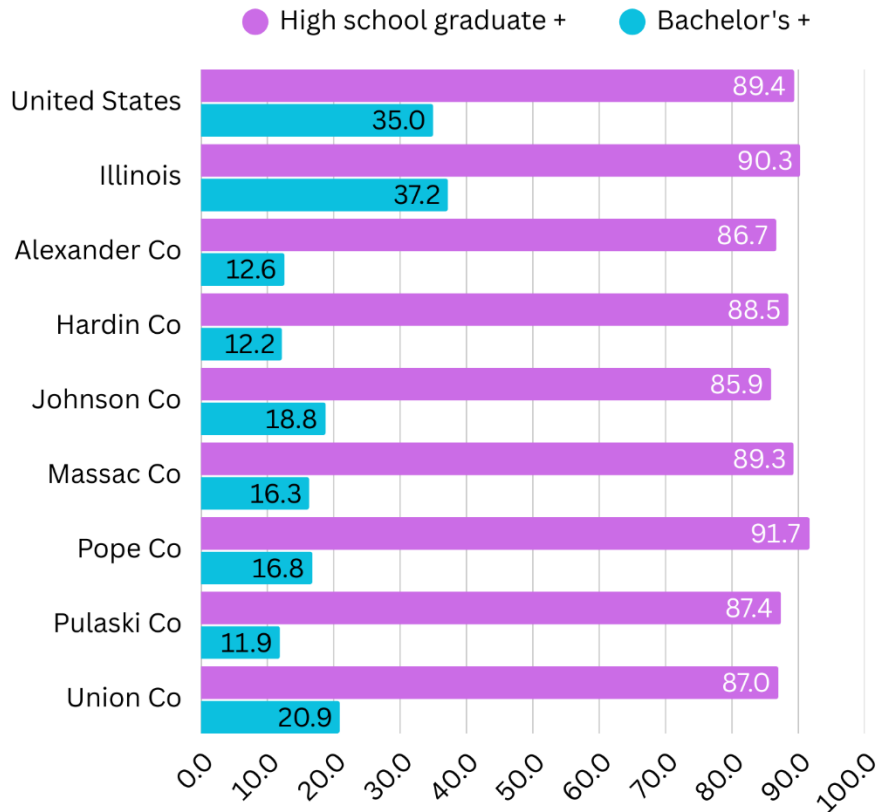


Figure 11 Source: U.S. Census Bureau Quick Facts, 2023

The health status of the counties served by Southern Seven is directly impacted by the economic distress, rural disposition, and lack of educational attainment, which are widespread issues in Southern Illinois. In addition, some residents in the seven counties find it difficult to engage in a healthy lifestyle due to limited finances or the ability to travel where opportunities are available. This directly influences their choices regarding nutrition, physical activity, and medical treatment and services.

General Health and Access to Care

According to numerous reputable resources such as The American Journal of Medicine and Rural Health Information Hub, there are profound challenges that face rural populations in accessing healthcare.

- According to the data collected for the Illinois County Behavioral Risk Factor Survey (ICBRFS) Round 7 (2020-2023) (see **Appendix F**), 76.7% reported that they believed their general health was “good or better,” while 23.3% stated it was “fair or poor”. These figures closely resemble those from our previous assessment.
- When examining the number of days respondents reported their physical health as “not good,” 65.3% indicated “none.” This marks an increase from the ICBRFS Round 6 (2015-2019) data, where the percentage was 54%. This data could represent overall improvements in health. However, it could also indicate underreporting of health concerns, possibly due to lack of access to healthcare, changing perceptions of health, or social pressures. If fewer people are acknowledging health issues, it might make it harder to address underlying medical needs. Context is key in determining whether this trend reflects genuine improvements or hidden challenges.

Data from Round 7 ICBRFS shows that a large number, nearly half of the ICBRFS respondents in the Southern Seven region, do exhibit many risk factors such as high cholesterol and high blood pressure. 46.5% of respondents stated they had been told their cholesterol was high, compared to 42.3% from our last assessment. 43.7% responded with “yes” when asked about having high blood pressure, compared to 38.3% from the last

assessment. Please reference the tobacco and e-cigarettes data in the ICBRFS in the **Appendix F**. An astounding 62.5% of respondents stated they had at least one chronic health condition (chronic health conditions calculated from heart disease (heart attack/stroke/angina), current asthma, cancer, COPD, arthritis, depression and diabetes questions.) while 32.4%% of those respondents stated they also had 2 or more chronic conditions.

Access to care is a continuing issue and may be exacerbating the health status of the counties' residents.

- Six (6) of the seven (7) counties fall into the lowest 25% for health outcomes. Alexander County is ranked lowest at 102, Pulaski at 101, Hardin at 96, Massac at 95, Pope at 84, Union at 75, and only Johnson has a higher ranking at 61, which was 39 during our last assessment. For health factors, six (6) counties fell into the lowest 25%. Union County had the highest ranking at 72, while Alexander and Pulaski had the lowest again at 102 and 101. Please see below, **Figure 12**.

Health Outcomes and Factors per S7 County, 2022

	Alexander	Hardin	Johnson	Massac	Pope	Pulaski	Union
Health Outcomes	102	96	61	95	84	101	75
Health Factors	102	96	88	92	91	101	72

Figure 12 Source: 2022 County Health Rankings for the 102 Ranked Counties in Illinois

What are Health Outcomes?

The length and quality of life are measured to understand the health outcomes among counties in Illinois.

Health Factors Summary Score

Health factors represent community conditions that we can change to improve health and opportunity, such as access to quality education, living wage jobs, quality clinical care, nutritious foods, green spaces, and secure and affordable housing. We measure four health factor areas.

Ranking

After we compute composite scores, we sort them from lowest to highest within each state. The lowest score (best health) gets a rank of #1 for that state, and the highest score (worst health) gets whatever rank corresponds to the number of units we rank in that state. Illinois has 102 counties, and Alexander and Pulaski are ranked 102nd and 101st, respectively. This ranking indicates that these two counties have the poorest health outcomes in the state.

It is important to note that we do not suggest that the rankings themselves represent statistically significant differences from county to county. That is, the top-ranked county in a state (#1) is not necessarily significantly healthier than the second-ranked county (#2).

Now, we will cover "provider-to-patient ratio," which is a measurement tool used in healthcare to determine the number of healthcare providers (like doctors, nurses, or physician assistants) available to care for a certain number of patients. This ratio is crucial for ensuring quality care and managing workloads effectively.

- Per 2025 County Health Rankings, Johnson County has the highest ratio of 13,460 to 1, meaning there is one primary care physician for every 13,460 residents. This suggests a significant shortage of

healthcare providers, which could impact access to medical care and overall health outcomes in the county.

- Alexander's ratio is 5,030:1, Massac 4,650:1, Union with 1,300:1, and Hardin with 1,220:1. Data is unavailable for both Pope and Pulaski counties. There has been little change in the number of providers since the 2020 report. There continues to be three hospitals that serve the seven-county area.
- There are three hospitals in the region: Hardin County General Hospital in Hardin County (25 critical care beds), Massac Memorial Hospital in Massac County (25 critical care beds), and Deaconess Illinois Union County Hospital in Union County (26 inpatient beds and 7 ER beds).
- There are two Federally Qualified Health Care (FQHC) centers, with a total of 12 clinic locations: Rural Health Inc. (RHI) with clinics in Johnson, Massac, and Union Counties; and Community Health and Emergency Services, Inc. (CHESI) with clinics in Alexander, Hardin, Pope, and Pulaski Counties. These locations have not changed since our last assessment.
- There are two Health Center's with a total of four clinic locations: Massac Memorial has three clinics in Massac County; and Southern Illinois Healthcare (SIH) has one clinic in Union County.
- There are no delivering hospitals within the seven counties, and though the FQHCs and Health Centers all provide Family Medicine, there is only one practicing Obstetrics and Gynecology (OB/GYN) Provider. Lynn Flamm, BS, RDMS, provides OB/GYN services at RHI Anna Medical Clinic in Union County on Tuesdays and Fridays only.

- Further, the ICBRFS Round 7 (2020-2023) shows that many residents, as much as 12.8%, are unable to visit a doctor due to cost. 7.5% of residents do not have adequate health care coverage, and 11.5% of the population surveyed stated they could not fill their prescriptions due to cost, while nearly 14% also do not have a personal doctor.

Refer to **Figures 13 and 14** for a breakdown of Total Deaths, which represent the overall number of recorded deaths. The data includes gender, race, and age group distributions, expressed as percentages. A more detailed discussion of these figures will be provided in the description and analysis of priority health problems.

Leading Causes of Death, Southern Seven Counties, 2022

CAUSE	ALEXANDER		HARDIN		JOHNSON		MASSAC		POPE		PULASKI		UNION		STATE
Diseases of heart (heart disease)	18	2	11	2	37	1	34	2	12	2	43	1	55	1	26,791
	18.8%		14.9%		22.8%		14.5%		19.4%		42.2%		23.6%		21.8%
Malignant neoplasms (cancer)	21	1	18	1	30	2	41	1	16	1	17	2	53	2	23,622
	21.9%		24.3%		18.5%		17.4%		25.8%		16.7%		22.1%		19.2%
Cerebrovascular Diseases (Stroke)	4	6	1	7	3	8	12	5	9	3	4	3	8	6	6,622
	4.2%	Tied	1.4%	Tied	1.9%	Tied	5.1%		14.5%		3.9%	Tied	3.4%	Tied	5.4%
Accidents (unintentional Injuries)	4	6	2	6	10	4	10	6	1	6	3	4	9	5	7,482
	4.2%	Tied	2.7%	Tied	6.2%		4.3%	Tied	1.6%	Tied	2.9%	Tied	3.9%	Tied	6.1%
Chronic lower respiratory diseases	9	3	8	3	13	3	18	4	2	5	4	3	21	3	5,324
	9.4%		10.8%		8.0%		7.7%		3.2%	Tied	3.9%	Tied	9.0%		4.3%
Alzheimer disease	1	7	1	7	5	7	27	3	1	6	0	7	10	5	4,238
	1%	Tied	1.4%	Tied	3.1%		11.5%		1.6%	Tied	0		4.3%		3.4%
Diabetes mellitus (diabetes)	6	5	3	5	8	5	10	6	1	6	2	5	11	4	3,526
	6.3%		4.1%		4.9%		4.3%	Tied	1.6%	Tied	2.0%		4.7%		2.9%
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	1	7	1	7	2	9	3	8	2	5	1	6	8	7	2,879
	1%	Tied	1.4%	Tied	1.2%		1.3%	Tied	3.2%	Tied	1.0%	Tied	3.4%	Tied	2.3%
Influenza and pneumonia	0	8	2	6	3	8	3	8	0	7	1	6	3	8	1,969
	0%		2.7%	Tied	1.9%	Tied	1.3%	Tied	0		1.0%	Tied	1.3%		1.6%
COVID-19	7	4	7	4	6	6	9	7	3	4	3	4	9	6	7,149
	7.3%		9.5%		3.7%		3.8%		4.8%		2.9%	Tied	3.9%	Tied	5.8%
Total	96		74		162		235		62		102		233		122,977

Figure 13 Source:

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/data-and-statistics/vital-statistics/death-statistics/death-causes-by-county-2022.pdf>

Death Demographics, Southern Seven Counties, 2022

Resident County	Total Deaths	Male	Female	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic (other)	Hispanic	Infants	Ages 1-17	Ages 18-24	Ages 25-44	Ages 45-64	Ages 65-84	Ages 85+
Illinois	122,977	63,762	59,215	90,362	21,229	3,331	8,055	714	699	1,101	6,488	22,226	55,259	36,590
Alexander	96	64	32	66	30	0	0	0	0	1	1	20	54	20
Hardin	74	39	35	73	0	1	0	1	0	0	2	9	48	14
Johnson	162	88	74	161	0	1	0	2	1	1	9	24	81	44
Massac	235	120	115	213	19	2	1	1	0	1	6	41	105	80
Pope	62	35	27	62	0	0	0	0	0	0	1	10	31	20
Pulaski	102	63	39	74	27	1	0	1	0	1	5	21	46	28
Union	233	121	112	226	2	2	3	0	0	1	11	47	120	54

Figure 14 Source:

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/data-and-statistics/vital-statistics/death-statistics/death-demographics-2022.pdf>

Refer to **Figures 15 and 16** for data from the County Health Rankings, which assess poor mental health days as the average number of mentally unhealthy days reported by adults over the past 30 days. This age-adjusted data offers valuable insight into the mental health-related quality of life within the population.

Frequent mental distress, as defined by the County Health Rankings, refers to the percentage of adults who report experiencing 14 or more days of poor mental health within a month. This measure highlights individuals facing more chronic or severe mental health challenges. The data is also age-adjusted.

Poor mental health and physical health are closely linked. Struggling with issues like depression or anxiety can take a toll on your body, increasing the risk of things like heart disease, diabetes, and obesity. Stress and mental challenges can also weaken your immune system, making it harder to fight off illnesses. Plus, poor mental health can lead to unhealthy habits, like smoking, overeating, or skipping exercise, which only make things worse.

On the flip side, physical health problems can make mental health worse. Dealing with chronic pain, illnesses, or physical limitations can lead to stress, anxiety, or depression. It's a cycle, which is why it's so important to tackle mental and physical health together to feel your best overall.

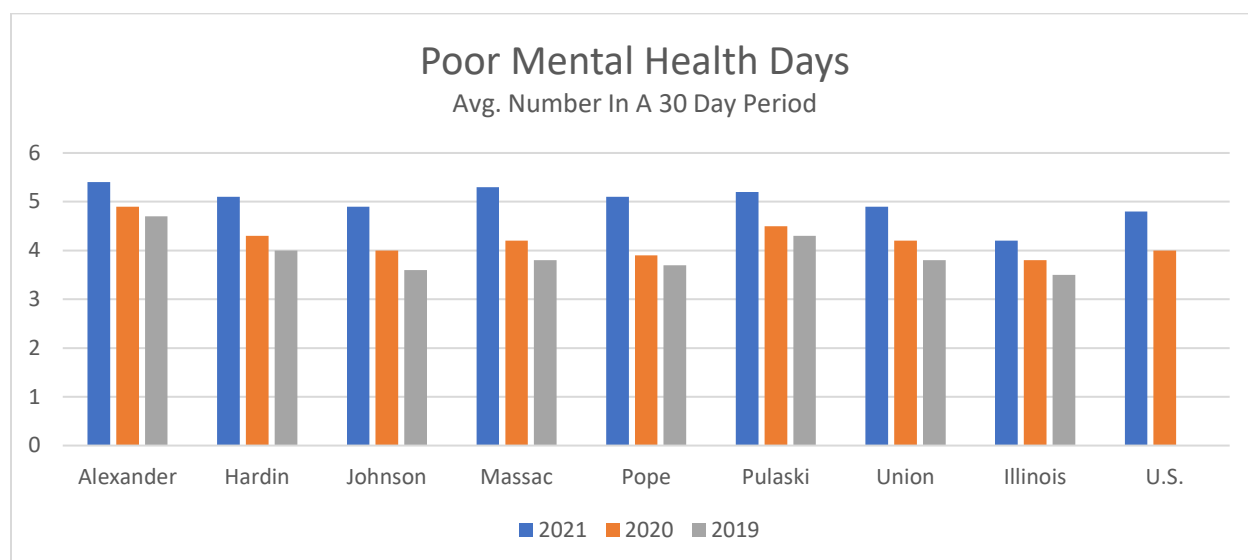


Figure 15 Source: <https://www.countyhealthrankings.org/health-data/health-outcomes/quality-of-life/poor-mental-health-days?year=2018&county=17153>

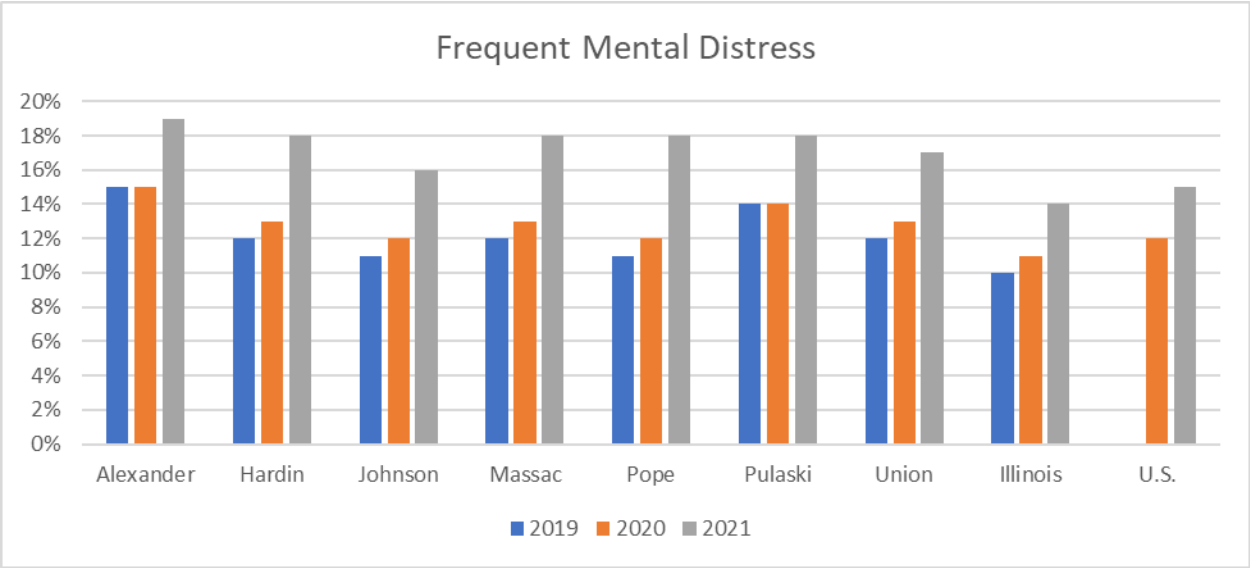


Figure 16 Source: <https://www.countyhealthrankings.org/health-data/health-outcomes/quality-of-life/frequent-mental-distress?year=2021&county=17181>

Chronic Disease

Chronic diseases, including cancer and cardiovascular disease, remain the leading causes of death in the Southern Seven Region. Refer to **Figures 13 and 14** for a detailed breakdown of the data. Among the seven counties in our region, four counties, which are 57% of our service area, report cancer as the primary cause of death, while the remaining three identify heart disease as the most common cause. These figures highlight the profound effect of chronic diseases on our community.

Please reference the cancer data below in **Figure 17**. The data, which encompasses all stages, races, genders, and ages, highlights the leading new cancer diagnoses: breast, prostate, lung, and colorectal cancer. Regarding cancer-related mortality, lung cancer ranks first, followed by breast, prostate, and colorectal cancer. This underscores the ongoing challenges posed by these types of cancer in our community.

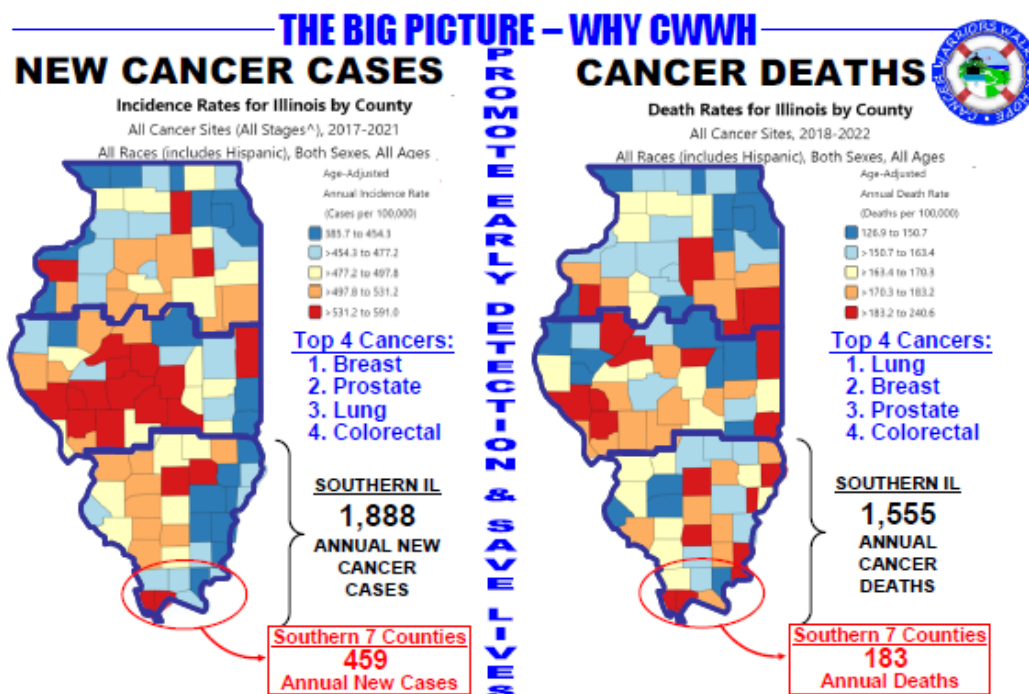


Figure 17 Source: CDC State Cancer Profiles, August 2024

Now we will address coronary heart disease rates in our region. Coronary heart disease happens when the blood vessels that supply oxygen and nutrients to your heart become narrow or blocked. This is usually caused by a buildup of fatty deposits, called plaque, inside the arteries. Over time, this can lead to chest pain, shortness of breath, or even a heart attack. It's a common type of heart disease and can often be managed or prevented with a healthy lifestyle and medical care. Coronary heart disease (CHD) is a specific type of heart disease.

Heart disease is a broader term that includes various conditions affecting the heart's structure and function, such as arrhythmias, congenital heart defects, and more. People often use "heart disease" to refer specifically to CHD, which can cause some confusion.

Please review the coronary data provided in **Figure 18** below. The data presented are for every 100,000 individuals.

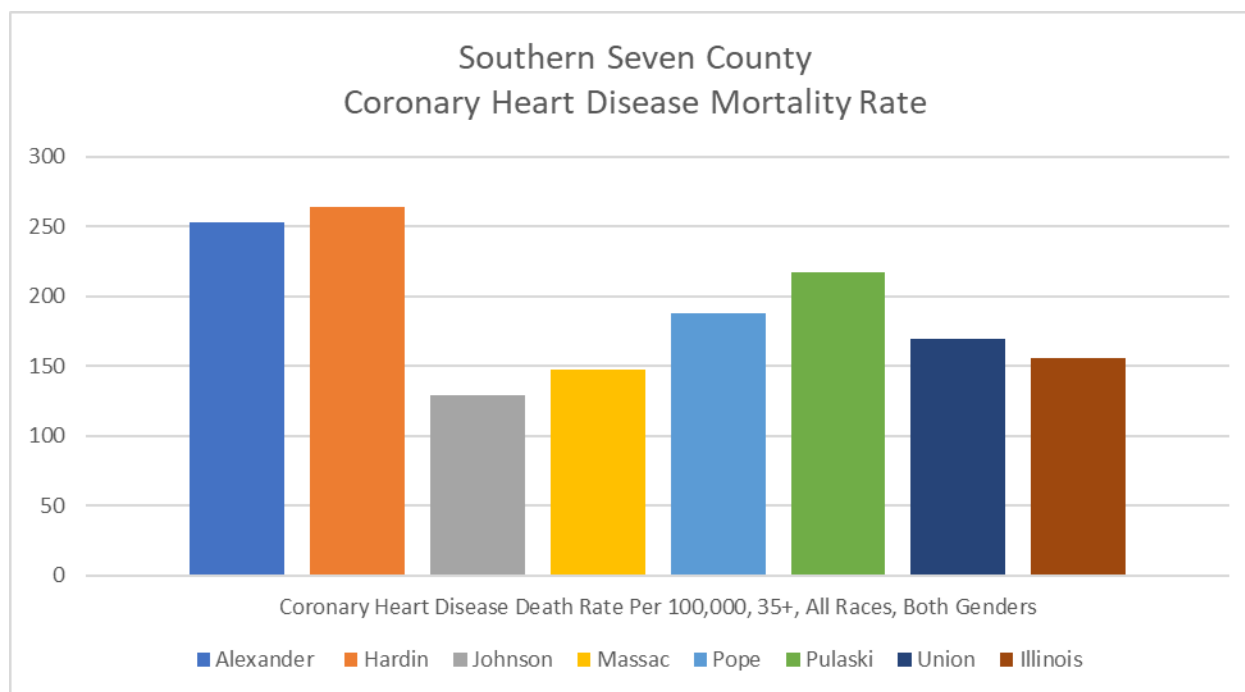


Figure 18 Source: CDC, 2019-2021

<https://nccd.cdc.gov/DHDSPAtlas/reports.aspx?geographyType=county&state=IL&themeId=100&countyTab#report>

Diabetes continues to be a serious health issue for the residents in the Southern Seven service area. In 2020, the rates for Massac and Pulaski counties were twice as high as the state average. The reason behind this increase remains unclear. Fortunately, the rates declined according to 2021 data. According to 2021 data, Alexander County has a diabetes rate of 13%, Pulaski County follows at 12%, while the remaining counties maintain rates of 10% each. Please reference **Figure 19** for additional information.

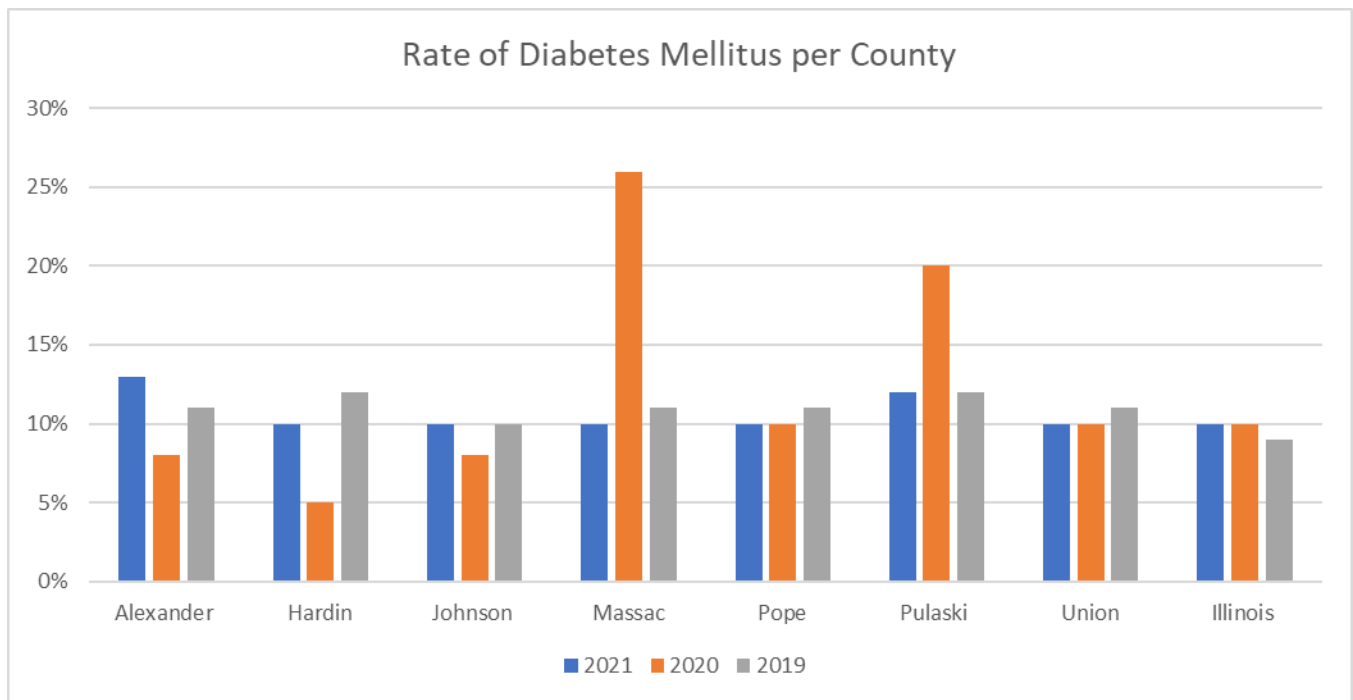


Figure 19 Source: https://www.countyhealthrankings.org/health-data/illinois?year=2024&measure=Diabetes+Prevalence*

As mentioned, overweight and obesity rates are a critical concern in the Southern Seven region, too. Obesity is categorized under chronic disease indicators because it is a significant risk factor for various chronic conditions, such as diabetes, heart disease, and hypertension, which can lead to further complications. However, it can also be linked to general health and access to care, as factors like healthcare availability, socioeconomic status, and lifestyle choices play a role in its prevalence.

Per Round 6 (2015-2019) data, the percentage of respondents that reported to be either overweight or obese was 71%. The average is now 75.5%. According to the Illinois Public Health Institute, obesity remains a critical public health issue. Among adults, 62.2% are overweight, with 27.6% meeting the criteria for obesity. The situation is equally concerning for children, as one in three are classified as overweight or obese. Obesity is closely linked to coronary heart disease (CHD), with over 80% of CHD patients being overweight or obese. This condition significantly raises the risk of CHD by elevating cholesterol and triglyceride levels, increasing blood pressure, and potentially leading to diabetes. Additionally, obesity imposes a substantial economic burden, costing the United States an estimated \$1.7 trillion. Individuals with obesity face healthcare expenses that are 34% higher compared to those with a healthy weight. These statistics underscore the urgency of addressing obesity for both health and economic reasons.

Please refer to **Figures 20 and 21** for additional data we gathered on obesity in Illinois.

Prevalence of Obesity Among Adults By County, Illinois, 2022

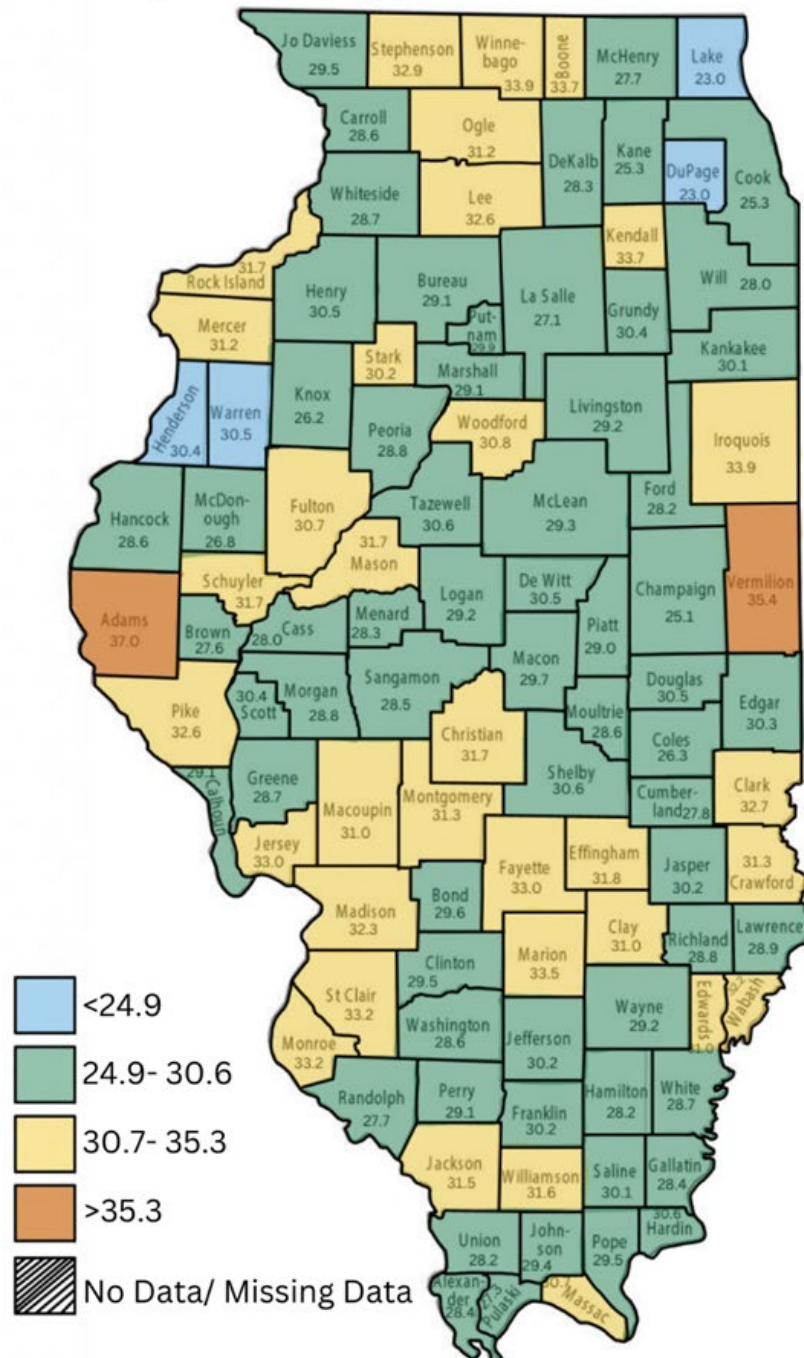
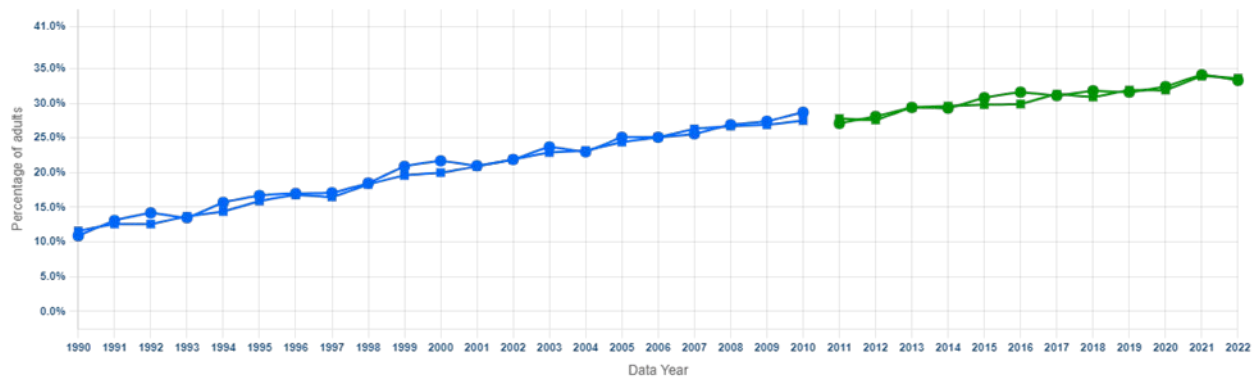


Figure 20 Source:

<https://datalakecountyil.opendata.arcgis.com/datasets/80843d0c11ed43d499b8aab34f021d6d/explore>



Obesity Trends- Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight

Figure 21

Source: <https://www.americashealthrankings.org/explore/measures/Obesity/IL>

Infectious Disease

Sexually transmitted diseases (STDs) or infections (STIs) are among the most closely monitored health concerns in the Southern Seven region. The three most prevalent STDs in both the state of Illinois and the Southern Seven region are chlamydia, gonorrhea, and syphilis. Chlamydia is the most frequently reported, followed by gonorrhea, with syphilis being the least common of the three. According to 2020-2022 data from the Illinois Department of Public Health (IDPH), there are 71,564 cases of chlamydia per 100,000 people reported statewide. Within the Southern Seven region, the total reported cases of chlamydia by county are as follows: Massac County with 41 cases, Union County with 38 cases, Alexander County with 36 cases, Pulaski County with 29 cases, Johnson County with 9 cases, Pope County with 8 cases, and Hardin County with 3 cases. For more information, please reference **Figures 22 through 30**, all provided below.

**Sexually Transmitted Disease Rates of Southern Seven Counties
2020-2022**

	Chlamydia			Gonorrhea			Syphilis		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Alexander	17	39	36	12	23	13	0	0	0
Hardin	4	7	3	0	5	3	0	0	0
Johnson	15	30	20	6	8	9	0	1	0
Massac	21	32	41	15	28	14	0	0	0
Pope	5	2	8	2	3	2	0	0	0
Pulaski	11	31	29	15	18	23	0	0	0
Union	25	46	38	12	6	12	0	2	2

Figure 22

Source: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/sti-cases-and-rates-by-county-5-year-trends-2022-03-26-2024.pdf>

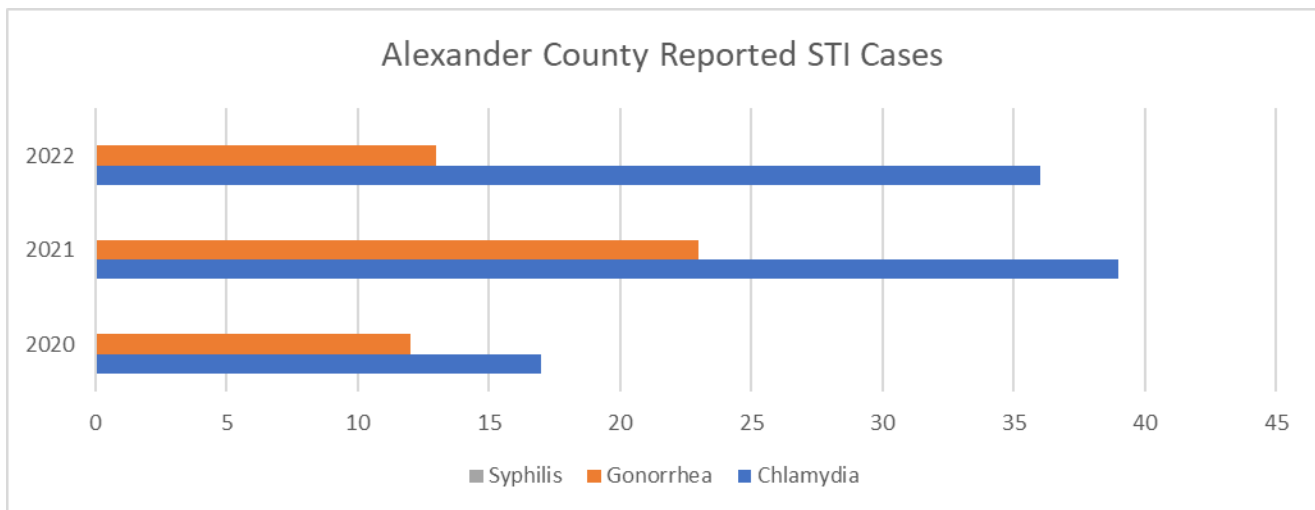


Figure 23: Alexander County

Source: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2022-january-december-idph-sti-data-03-26-2024.pdf>

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2021-06-std-county-comp-and-demo.pdf>

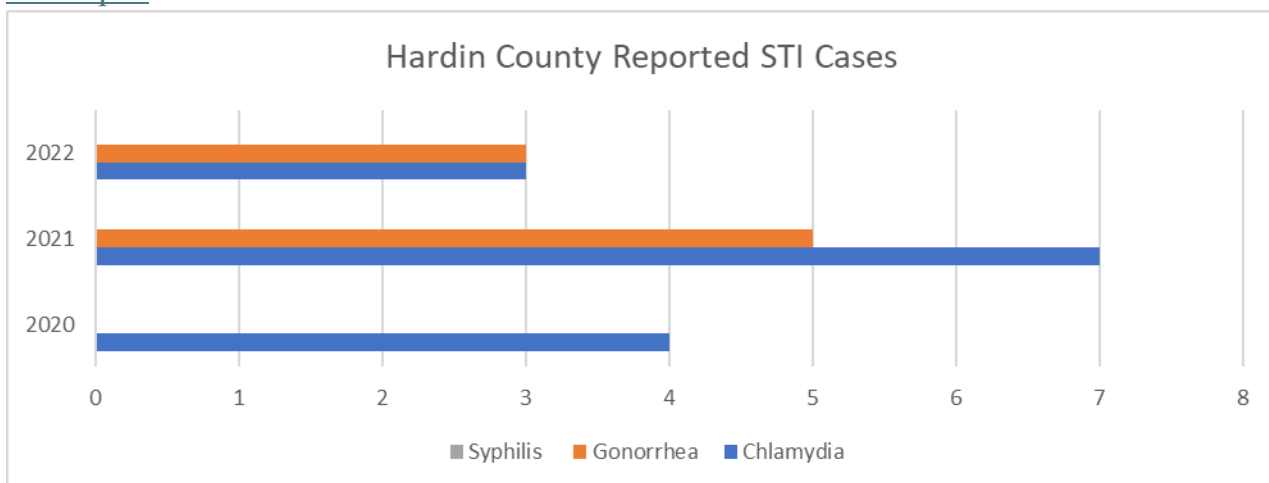


Figure 24: Hardin County

Source: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2022-january-december-idph-sti-data-03-26-2024.pdf>

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2021-06-std-county-comp-and-demo.pdf>

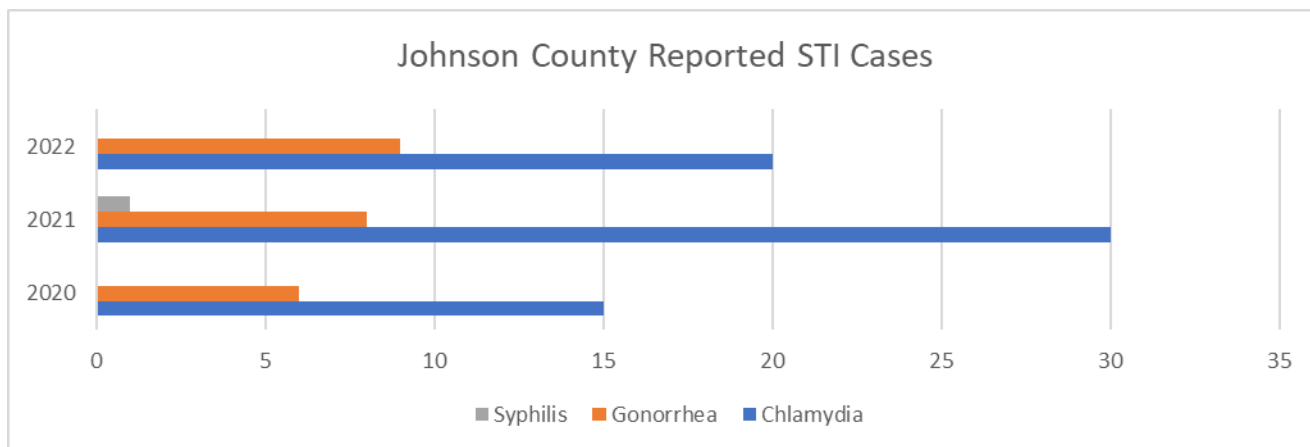


Figure 25: Johnson County

Source: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2022-january-december-idph-sti-data-03-26-2024.pdf>

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2021-06-std-county-comp-and-demo.pdf>

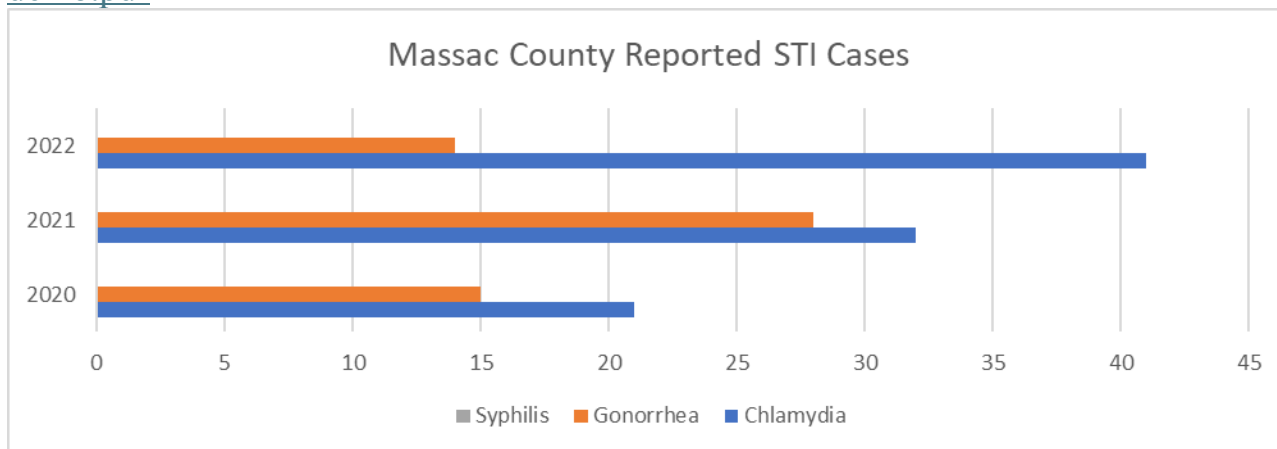


Figure 26: Massac County

Source: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2022-january-december-idph-sti-data-03-26-2024.pdf>

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2021-06-std-county-comp-and-demo.pdf>

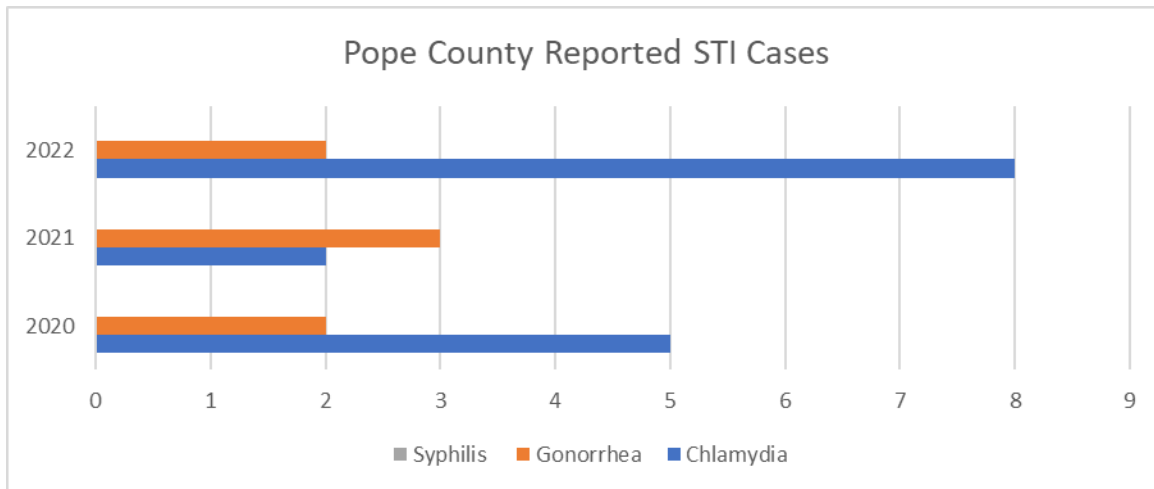


Figure 27 : Pope County

Source: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2022-january-december-idph-sti-data-03-26-2024.pdf>

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2021-06-std-county-comp-and-demo.pdf>

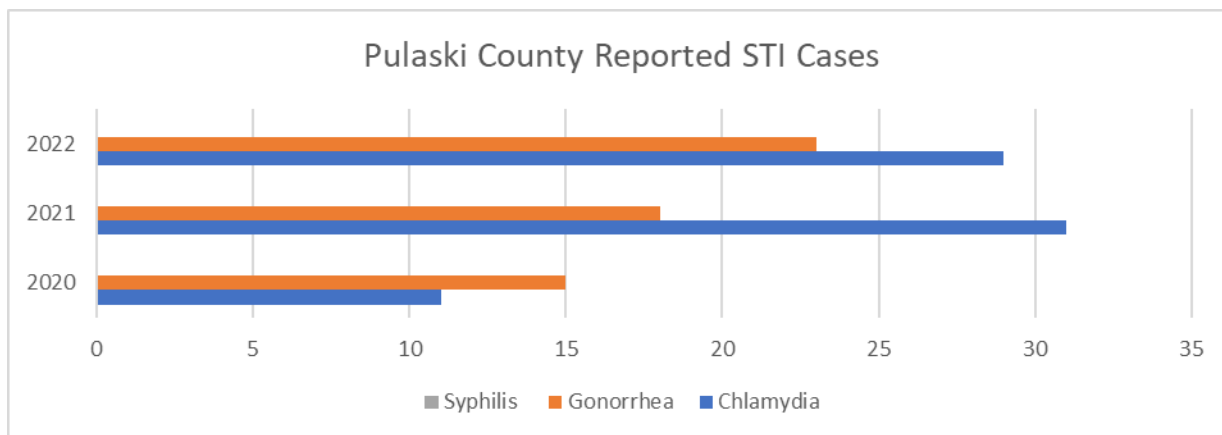


Figure 28: Pulaski County

Source: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2022-january-december-idph-sti-data-03-26-2024.pdf>

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2021-06-std-county-comp-and-demo.pdf>

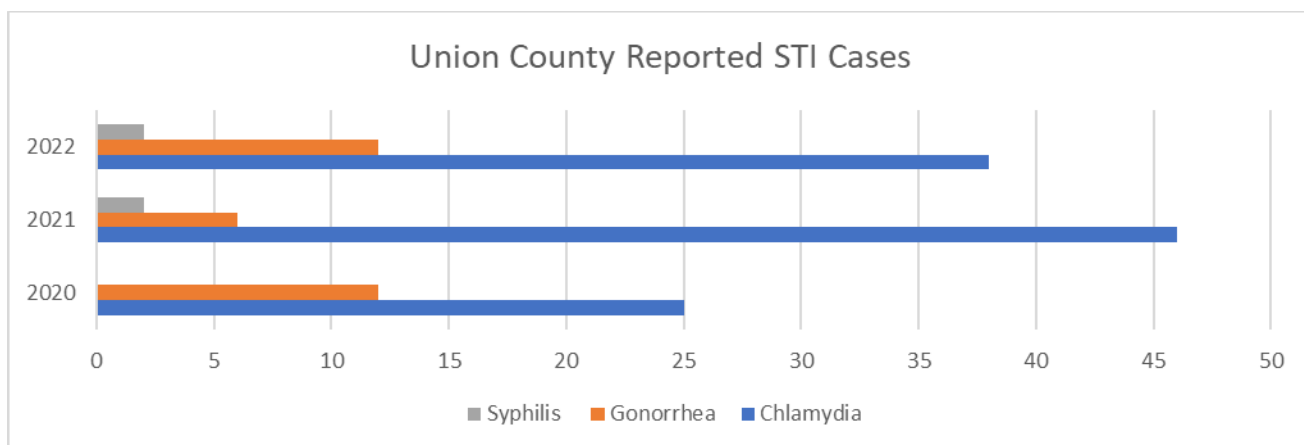


Figure 29: Union County

Source: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2022-january-december-idph-sti-data-03-26-2024.pdf>

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2021-06-std-county-comp-and-demo.pdf>

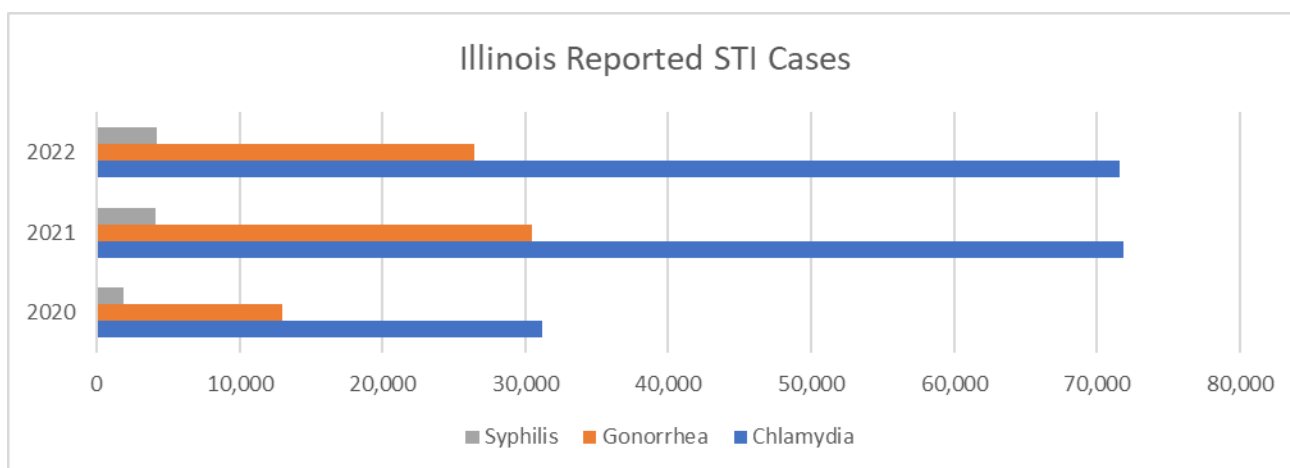


Figure 30 : Illinois

Source: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2022-january-december-idph-sti-data-03-26-2024.pdf>

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/std/data-statistics/2021-06-std-county-comp-and-demo.pdf>

We have also provided data on the number of deaths attributed to COVID-19 as well as influenza and pneumonia. Please note, this information is presented using crude rates **Figure 31**.



Figure 31 Source: IDPH (Illinois Department of Public Health) IQuery Data

Maternal and Child Health

Maternal and child health focuses on the well-being of mothers, infants, and children, covering areas like pregnancy, childbirth, and early childhood development. It aims to ensure safe pregnancies, healthy births, and proper care for children to help them thrive. This field addresses critical issues such as reducing maternal and infant mortality, improving access to healthcare, and promoting nutrition, immunizations, and education for families.

As in the previous community needs assessment, there continues to be no hospitals in our seven-county region that have an OB/GYN delivery ward. Currently, we have one Obstetrics & Gynecology Ultrasound Sonographer who works part-time at Rural Health, Inc. in Union County, specifically on Tuesdays and Fridays. Expectant mothers and mothers are required to travel greater distances for care, which may result in delayed treatment. Below is data on live births, low birth weight, and infant deaths/infant mortality rates.

Live births in Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union counties in Illinois for the year 2022 show varying numbers. Union County recorded the highest number of live births at 162, followed by Massac County with 145, and Johnson County with 111. Alexander, Hardin, Pope, and Pulaski counties had notably lower counts, ranging from 18 to 62 births. Please examine **Figure 32** for live birth data across all seven counties, and refer to **Figure 33** for further details on low birth weight.

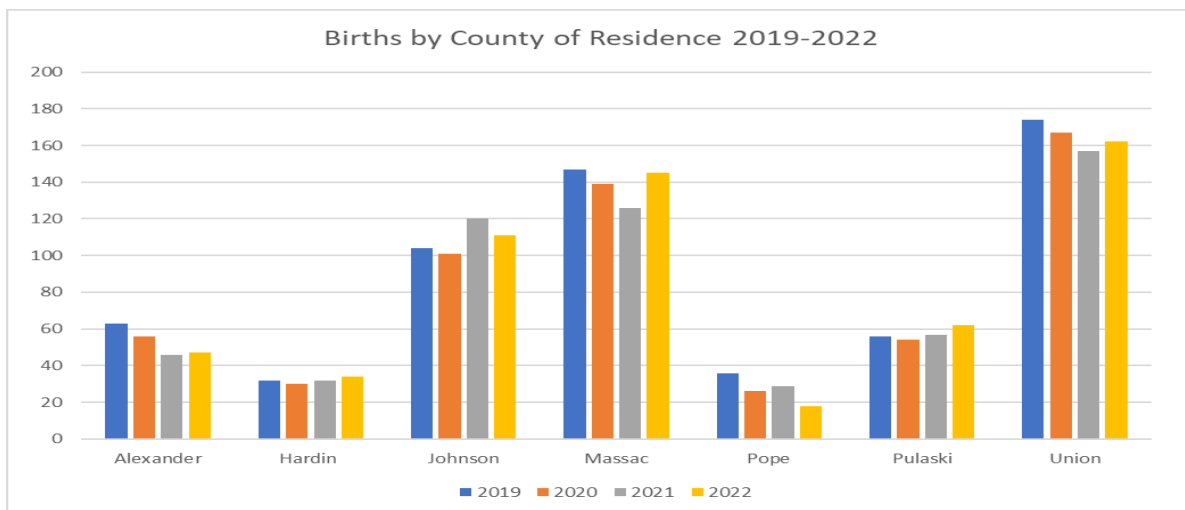


Figure 32 Source: Illinois Department of Public Health, 2019-2022

Live birth rates for Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union counties in Illinois have generally been low from 2020 through 2024. For example, counties such as Pope and Hardin consistently report some of the lowest figures, while Union and Massac tend to have comparatively higher numbers within the group. The trend reflects broader demographic shifts seen in rural areas, including aging populations, economic challenges, and migration to urban centers.

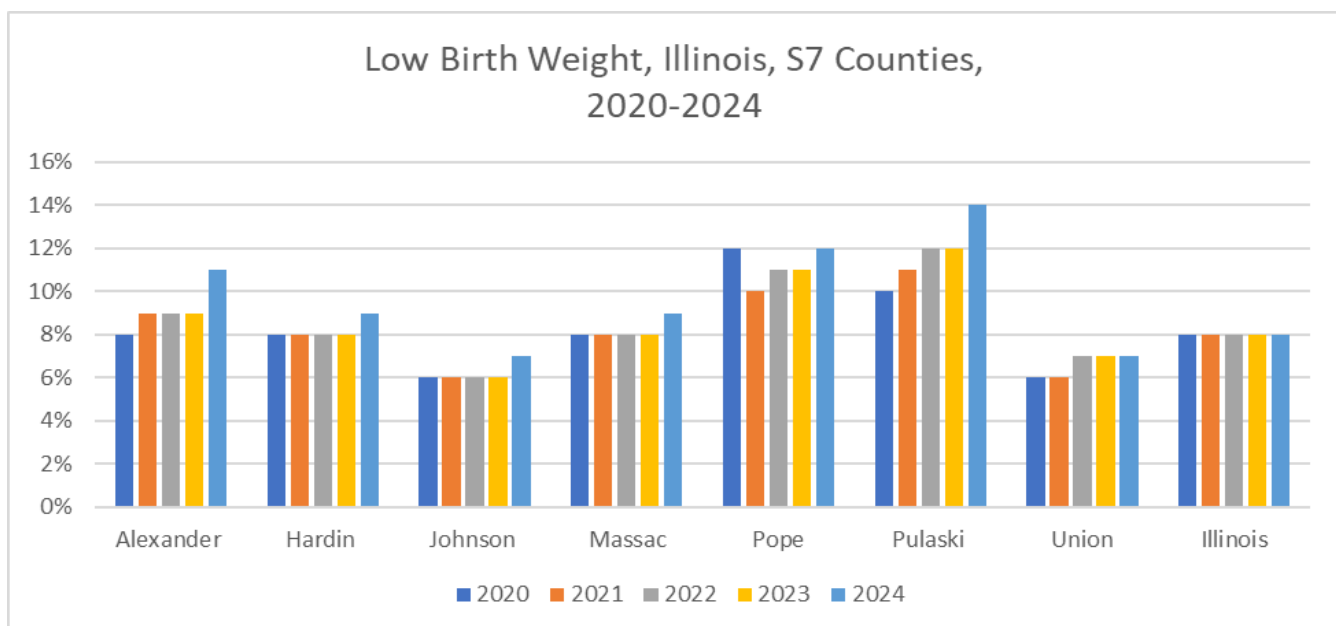


Figure 33 Source: <https://www.countyhealthrankings.org/health-data/illinois?year=2024&measure=Low+Birthweight&tab=1>

Infant mortality rates for Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union counties in Illinois from 2020 to 2024 are not readily available in a consolidated format. However, please see the data below in **Figure 34** for years 2017 through 2019.

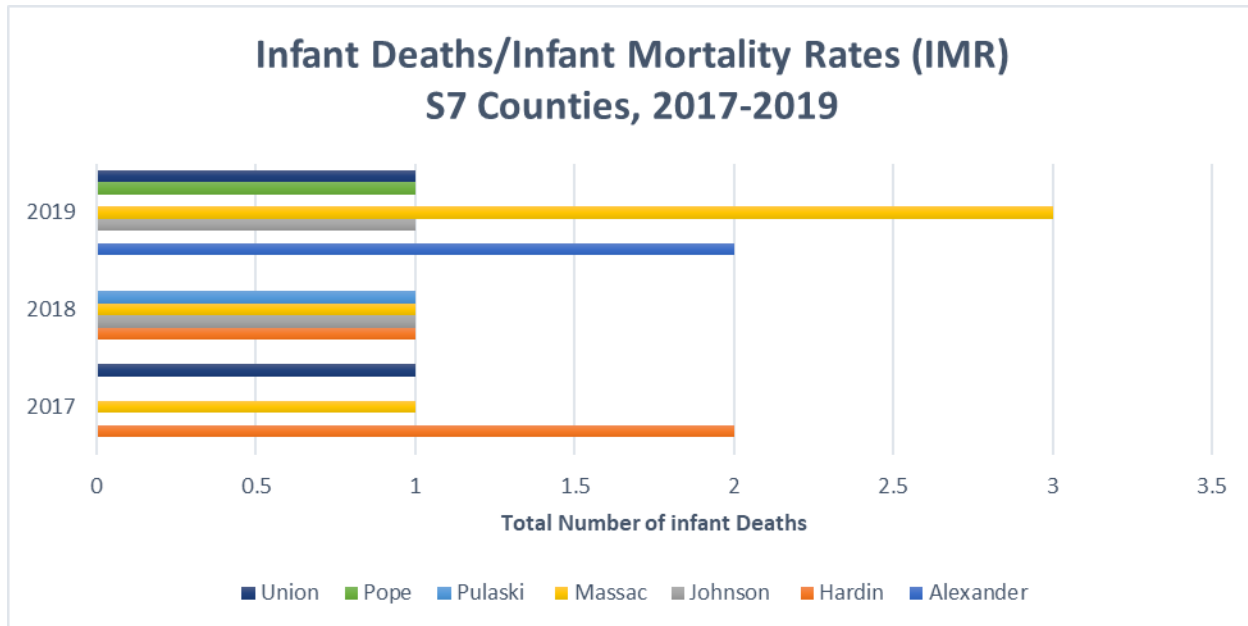


Figure 34 Source: <https://dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics.html>

Here's another summary of infant deaths in our service area:

- **Alexander County:** Recorded no infant deaths in 2017 and 2018, but had 2 deaths in 2019.
- **Hardin County:** Started with 2 deaths in 2017, reduced to 1 in 2018, and reported no deaths in 2019.
- **Johnson County:** Reported no infant deaths in 2017, followed by 1 in 2018 and 2019 each.
- **Massac County:** Had 1 infant death each in 2017 and 2018, increasing to 3 deaths in 2019.
- **Pulaski County:** Had no infant deaths in 2017, followed by 1 in 2018, and none in 2019.

- **Pope County:** Recorded no infant deaths in 2017 and 2018, with 1 death in 2019.
- **Union County:** Reported 1 death in 2017, none in 2018, and 1 death again in 2019.

Teen birth rates for the majority of our counties declined. However, Massac County reports a significant spike in the teen birth rates in 2021 compared to data from our last assessment, while the remaining counties all reported teen birth rates in the single digits.

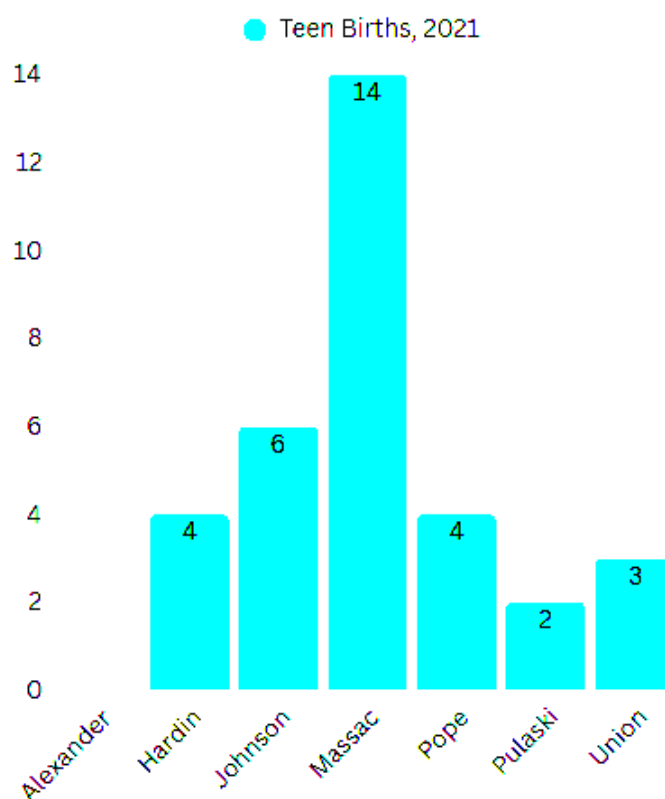


Figure 35 Source: dph.illinois.gov/Teen-births-by-county_2021

Please note, WIC participants are not obligated to visit the clinic in their county of residence. Frequently, the clinic hours or days at their designated location may not align with their schedules, or they may have work, childcare, or other commitments in a different county. As a result, participants have the flexibility to select whichever clinic site suits them

best. This flexibility explains the discrepancy between the number of births recorded in a county and the number of individuals enrolled in WIC for that county.

WIC stands for the Special Supplemental Nutrition Program for Women, Infants, and Children. Family Case Management (FCM) is a program designed to provide comprehensive service coordination for pregnant individuals and infants from low-income families. It aims to address health, social, educational, and developmental needs, while also working to reduce infant mortality rates. The program includes services such as needs assessments, care plans, referrals to healthcare providers, and developmental screenings during the infant's first year of life.

Teens Enrolled in WIC/FCM, Illinois, Southern Seven Counties, 2020-2024

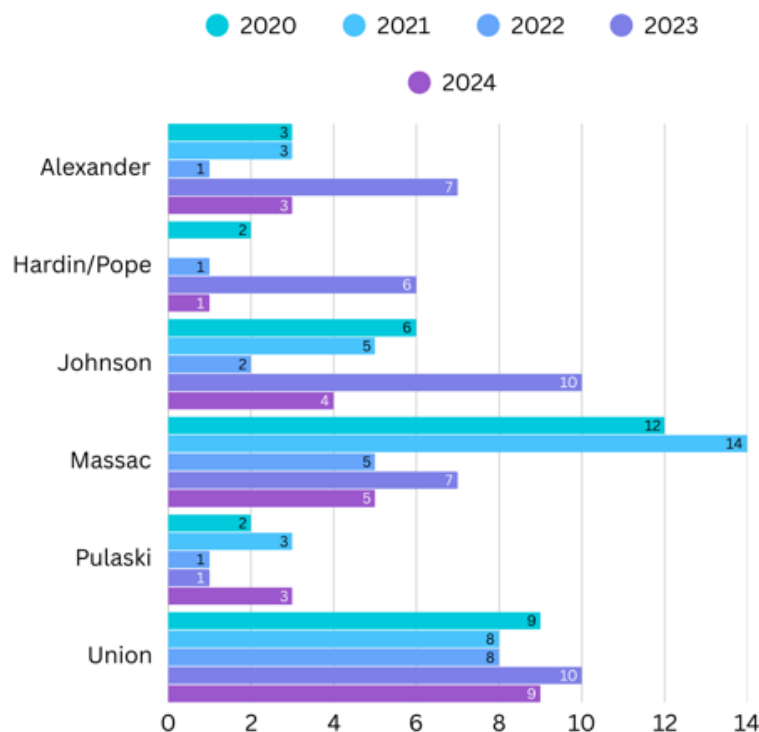


Figure 36 Source: Southern Seven Health Department, WIC/FCM Enrollment

Environmental, Occupational, and Injury Control

Environmental, occupational, and injury control data refers to information collected to monitor and prevent health risks related to environmental exposures, workplace conditions, and injuries. This data helps identify trends in air and water quality, hazardous work environments, and causes of both unintentional and intentional injuries (like falls, car crashes, or assaults).

There is no crime data included in this section or assessment because, during the transition from the Summary Reporting System (SRS) to the National Incident-Based Reporting System (NIBRS) in 2021, many Illinois law enforcement agencies had not yet achieved NIBRS certification. Consequently, their 2021 crime data submissions were incomplete or absent. The Illinois Uniform Crime Reporting (I-UCR) Program advises caution when interpreting data from 2016 through 2022 due to differences in technical specifications and the transition process.

The chart below, **Figure 37**, shows the 2021 crude death rates per 100,000 population for three causes across seven Southern Illinois counties (Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union). See a breakdown of the details below.

- Accidents (Unintentional Injuries) consistently have the highest death rates across all counties, with Pope County having the highest rate at approximately 160 per 100,000.
- Suicide (Intentional self-harm) shows moderate rates in most counties, with Johnson County reporting a notably high rate, around 55 per 100,000. Johnson County, Illinois, is home to the Shawnee

Correctional Center, a state prison located in Vienna. The presence of this facility can influence the county’s crime data.

- Homicide (Assault) rates are lower overall, with only Alexander, Johnson, and Union Counties reporting noticeable figures, peaking around 20 per 100,000 in Alexander.

Crude Death Rates by Accidents, Suicide, and Homicide, S7 County Region

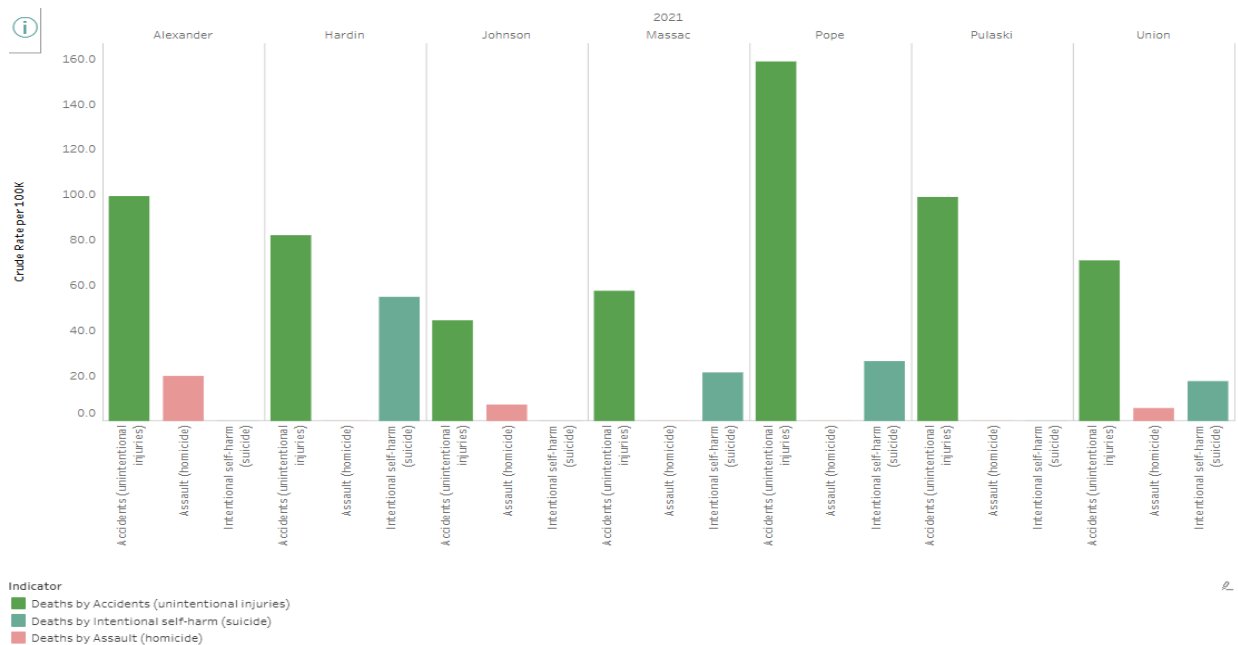


Figure 37

Source: IDPH (Illinois Department of Public Health) IQuery Data, 2021

Per **Figure 37**, in the seven-county Southern Illinois region, childhood lead exposure rates vary significantly. Alexander and Union counties have the highest rates, each at 6.2%, well above the Illinois state average of 2.5%. Pulaski County reports a rate of 1.6%, while the remaining counties—Hardin, Johnson, Pope (each at 0.1%) and Massac (0.8%)—report comparatively lower levels of childhood lead exposure.

Data in **Figure 39** reflects a comparison of figures from 2022 to 2023 across various counties in Illinois. The overall total for the State of Illinois shows a slight decline, decreasing from 1,268 in 2022 to 1,240 in 2023.

Childhood Lead Exposure S7 County Region, 2022

County/State	Childhood Lead Exposure Percentage
Alexander	6.2%
Hardin	0.1%
Johnson	0.1%
Massac	0.8%
Pope	0.1%
Pulaski	1.6%
Union	6.2%
Illinois	2.5%

Figure 38

Source: IDPH IQuery (Illinois Department of Public Health), 2021

Total Number of Motor Vehicle Deaths for S7 County Region, 2022-2023

County/State	Year 2022	Year 2023
Alexander	4	1
Hardin	0	0
Johnson	1	2
Massac	1	2
Pope	0	2
Pulaski	1	3
Union	6	6
Illinois	1,268	1,240

Figure 39

Source: Illinois Department of Transportation Crash Facts

Sentinel Events

Sentinel events, as defined for the IPLAN by the Illinois Department of Public Health (IDPH), are serious, often unexpected public health occurrences that require immediate investigation, such as a cluster of overdoses, a sudden spike in youth suicide, or a preventable maternal death. These events reveal system failures and guide swift improvements in care and safety.

Specific tuberculosis (TB) and infectious disease case counts in small Illinois counties remain unpublished, as IDPH suppresses data for populations under 100,000 to protect patient confidentiality.

See the chart in **Figure 40**, which presents additional data on COVID-19 deaths, shown as crude rates per 100,000, for the years 2021 and 2022.

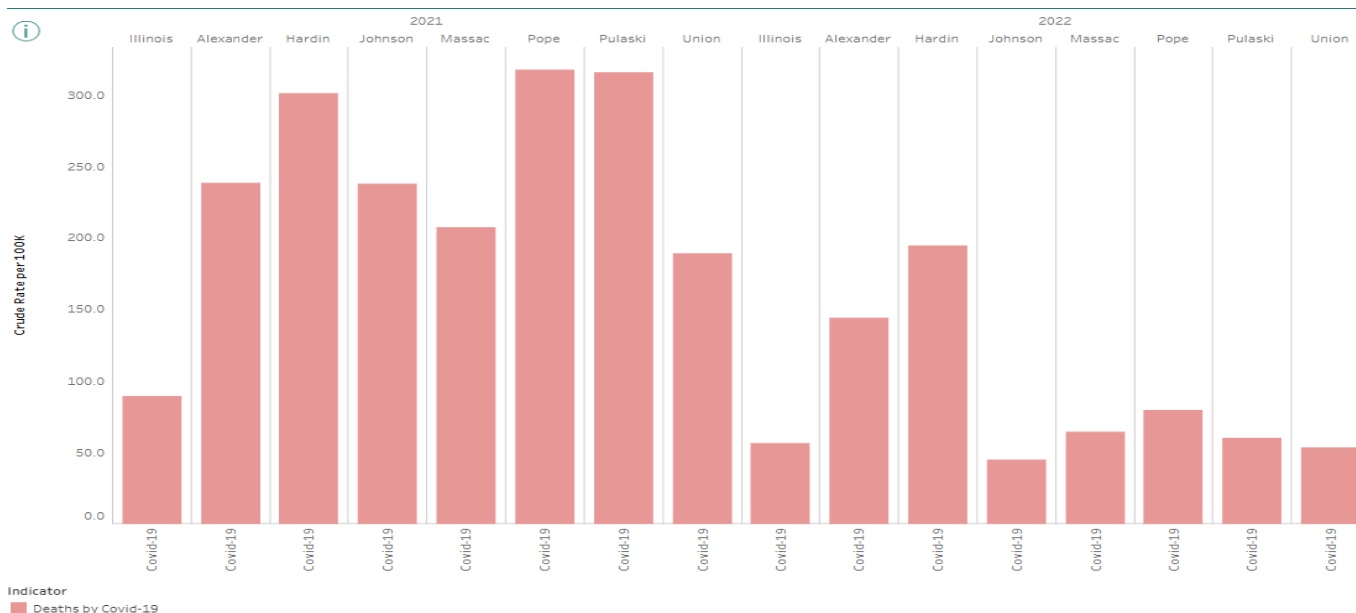


Figure 40

Source: IDPH IQuery Data, 2021-2022

Description and Analysis of Priority Health Problems

Priority # 1 Cancer

- The community health committee identified cancer as the top-ranked priority due to high cancer rates in our region. Rural areas like southern Illinois face challenges such as limited access to healthcare, higher rates of smoking, and environmental exposures, which can increase cancer risks. Please reference the cancer data in **Figure 17** for more details.
- According to the IDPH Causes of Death by Resident County for 2022, cancer was the leading cause of death in more than half of the coverage area, affecting four out of the seven counties. The affected counties include Alexander, Hardin, Massac, and Pope.
- The top three risk factors for cancer are tobacco use, obesity and poor diet, and exposure to carcinogens.
- The most frequently diagnosed cancers in the Southern Seven counties are breast, prostate, lung, and colorectal.
- The leading causes of cancer-related deaths in the region are lung, breast, prostate, and colorectal cancer. For further details, please refer to **Figure 17**.

Outcome Objective

By 2030

- By December 2030, reduce the overall cancer death rate in the southern Illinois counties of Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union from 146.4 per 100,000 (2020 baseline) to 122.7 per 100,000

Related Impact Objective

By 2027

- By December 2027, increase the proportion of adults aged 45 to 75 in Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union counties who receive colorectal cancer screening as recommended from 59.5% (2020 baseline) to 66.0% (Adapted from Healthy People 2030 Objective C-07)

Proven Intervention Strategies

- Increase smoking cessation attempts
- Offering at-home stool test kits such as FIT tests
- Offer mobile screening via our Wellness on Wheels (WOW) grant
- Increase the proportion of people who discuss interventions to prevent cancer with their providers
- Increase access to early screening/medical care
- Increase persons over age 50 to receive Colorectal Screening
- Promote HPV vaccinations with adolescents
- Increase the proportion of women who received a cervical cancer and breast cancer screening based upon guidelines
- Support Health Provider client reminders for screenings

- Promote the Illinois Quitline by adding the Quitline widget on employers' websites
- Promote healthy and fit community efforts toward increasing physical activity/nutrition

Resources and Proposed Community Organizations to Coordinate Activities

- Massac Memorial Hospital
- Hardin County Hospital
- Deaconess Illinois Union County
- University of Illinois Extension
- Hope Light Foundation
- Arrowleaf
- Rural Health, Inc.
- Healthy Southern Illinois Delta Network (HSIDN)
- Southern Illinois Healthcare (SIH)
- Southern Seven Health Department and Head Start
- Faith-based organizations
- Centerstone
- Massac County Drug Awareness Coalition (MCDAC)
- Community Groups and Coalitions
- FQHCs (Federally Qualified Health Centers)
- IL Quit Line
- Shawnee Community College (SCC)

Barriers

- Insufficient funding is an obstacle
- Some individuals view tobacco use as a personal choice and a freedom
- Limited support from certain local State's Attorneys for enforcement in some counties
- Lack of employer engagement in wellness initiatives
- Lack of education on preventive cancer screenings
- Access to early detection screening
- Limited awareness or understanding of the significance of preventive health screenings
- Limited financial resources or economic disadvantages
- Limited availability and access to healthcare services

Corrective Actions to Reduce the Level of the Indirect Contributing Factors

- The Health Education team will continue to offer “CATCH My Breath” to students in grades 5-12. “CATCH My Breath” is a youth e-cigarette, JUUL, and vape prevention evidence-based program.
- Health Educators will continue to promote the Illinois Tobacco Quitline in the seven southern counties of Illinois. For example, by adding the IL Quitline widget to their websites for employees as well as patrons who visit their sites.
- Anna Rural Health will continue to offer cancer screenings.
- S7 and partners will educate communities about the importance of prevention and early detection in communities and promote worksite wellness among the region's employers.
- Hope Light Foundation will work with Southern Seven Health Department to evaluate cancer death and new case data and related

determinants of health to identify counties with the greatest need for help. Determinants of health: genetics, behavior, environmental and physical influences, medical care, and social factors.

- Hope Light Foundation will work with Southern Seven Health Department to develop and communicate cancer awareness information.
- Hope Light Foundation will work with Southern Seven Health Department and other organizations/academia to develop cancer education materials and training for healthcare providers based on needs assessments.
- Hope Light Foundation will work with Southern Seven Health Department and other organizations to promote and sponsor the annual Cancer Warriors Walk for Hope event.
- Host educational events at schools, churches, community centers, or local festivals to raise awareness about recommended screening timelines (e.g., mammograms, pap smears, colonoscopies).
- Public Health staff can receive education and training regarding current cancer screening guidelines. (USPSTF, ACS, CDC)
- Public health nurses can increase screenings for community members on screening offered by S7HD like FIT (Fecal Immunochemical Tests) along with follow-up colonoscopies and annual reminders.
- WIC nurses will continue to encourage mothers to breastfeed for at least one year.
- WIC nurses will continue to follow nutrition practice standards set forth by the United States Department of Agriculture Food and Nutrition Services.
- Nutrition education sessions will continue to be provided to WIC participants every three months through individual, group, or online education.

- Southern Seven Health Department will work with the Hope Light Foundation and the University of Chicago Medicine, otherwise known as Program Partners, to facilitate learning experiences that will obtain knowledge, develop new skills, and improve Hepatitis B Virus (HBV) awareness and prevention, and Colorectal Cancer (CRC) screenings utilizing Fecal Immunochemical Tests (FIT).
- Southern Seven Health Department will work with its program partners to:
 - a. Address low HBV vaccination rates and high liver cancer rates among populations in rural Illinois.
 - b. Address low CRC screening rates and high CRC mortality rates among populations in rural Illinois.
 - c. Enhance existing capacity to effectively conduct HBV education and CRC screening (e.g., community outreach events, WOW (Wellness on Wheels) Mobile Health Clinics, group presentations, media interviews, etc.).
 - d. Support system changes to enhance adherence to quality HBV education and CRC screenings through evidence-based intervention implementation focused on client reminders (e.g., phone calls, mail, postcards, etc.).
 - e. Provide high-quality screening data for the health department for a defined patient population (e.g., screening rate data, demographic data, etc.).
 - f. Participate in monthly learning collaborative meetings to address challenges, share and learn implementation strategies, and increase screening and education rates (e.g., Project ECHO sessions, webinars, etc.).
 - g. Track monthly the distribution, return, and outreach attempts associated with the FIT kits, and ensure documentation of CRC screening through the utilization of the FIT Registry.
 - h. Implement a community-wide culturally and linguistically appropriate HBV outreach and awareness media campaign-

including both digital and print media, to reach at least 500 individuals.

- i. Implement a community-wide culturally and linguistically appropriate FIT outreach and awareness media campaign-including both digital and print media, to reach the entire Southern Seven Health Department service region.
 - j. Attend meetings with and communicate with Program Partners to identify and implement opportunities within Southern Seven Health Department efforts and collaborations to link individuals to HBV screening and vaccination, and FIT screening and expanded care, such as free colonoscopies.
 - k. Facilitate and implement training for healthcare providers based on needs assessment.
 - l. Share and disseminate lessons learned with other partners and health systems.
 - m. Utilize the Flu/FIT implementation strategy to increase CRC screening rates at flu vaccine events.
- U of I Extension will provide healthy cooking classes within the counties.
 - U of I Extension will promote healthy living, including exercise opportunities.
 - Extension will maximize health equity and provide services to increase access to fresh produce through food donation gardens and seasonal planting support.
 - Extension will offer samples of easy, affordable, healthy meals at fairs, festivals, and health outreach events across the counties.
 - Extension will leverage partnerships to provide programs that encourage healthy habits and sustainable changes to the environments that promote health.
 - Massac Memorial Hospital is dedicated to decreasing the rates of overweight and obesity within the seven southernmost counties of

Illinois and are dedicated to meet the challenge of having more healthy and fit communities.

- Massac Memorial Hospital will educate communities about the importance of prevention and early detection in communities and promote worksite wellness among the region's employers.
- Massac Memorial Hospital is a registered referral partner for the Illinois Tobacco Quitline.
- Investigate a partnership with a rural health cooperative to provide additional services to the community. Focus on behavioral health, specialty care and oral health (as it significantly impacts physical health).
- Continue to support behavioral health services and consider additional resources as needed.
- Implement pain provider/ service
- Investigate a partnership to provide cancer care to the community
- Investigate the continuation of Telehealth Services; pending federal government payment methodology.
- Continue to expand upon partnerships with local schools. This could be to provide education on healthy living topics and/or health careers.
- Expand partnerships with higher learning organizations that serve the community to develop opportunities to get health career students exposed to MMH and employment opportunities.
- Continue to develop community health programs that provide education to the community on varied health needs/healthy living topics.
- Investigate, with community partners, the potential of a YMCA-like fitness facility for the community. At minimum, develop programs/opportunities for community members to be involved in healthy activities.

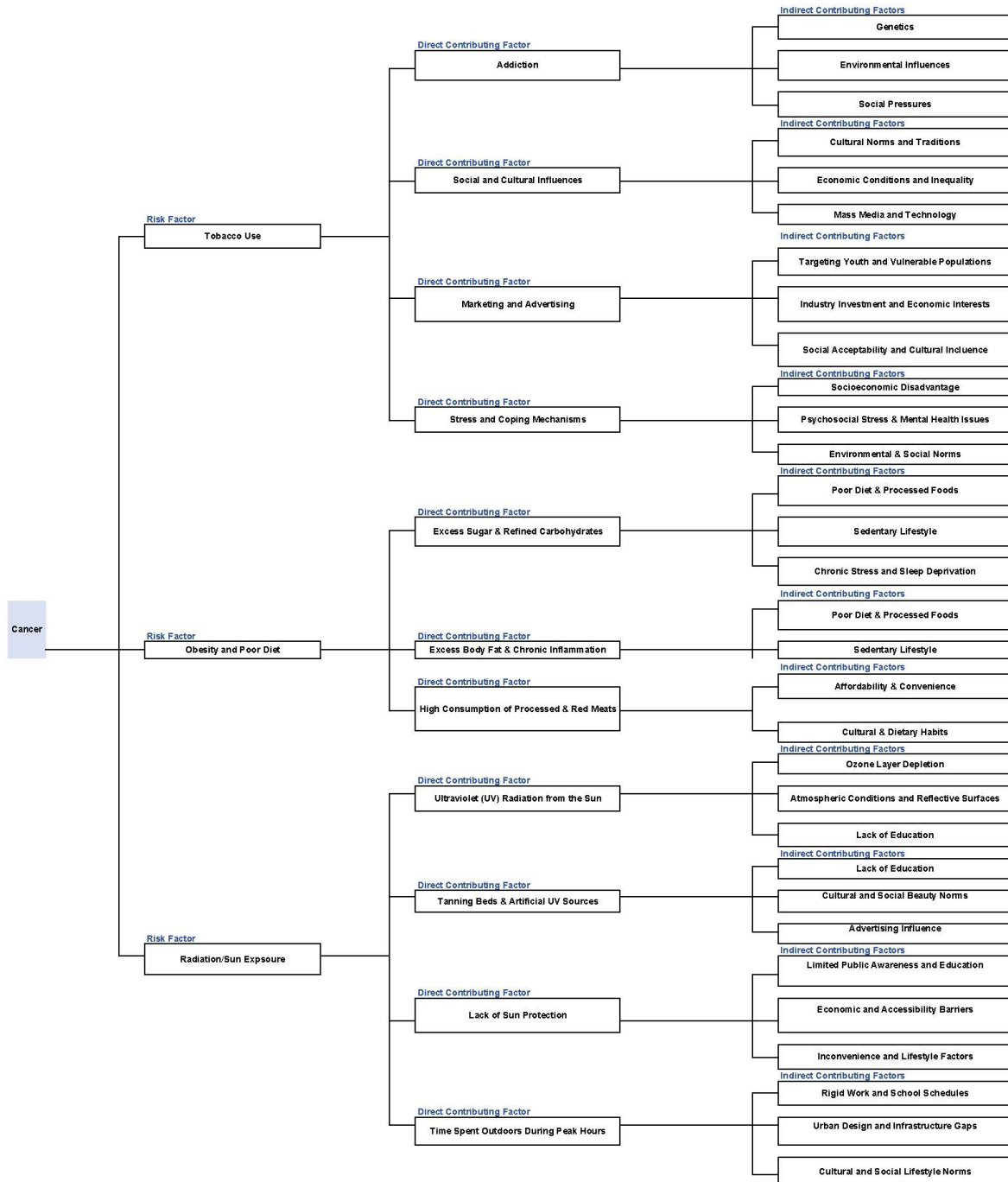
- Continue transportation services and grow as necessary to serve the needs of the community.
- Head Start Facilities will continue to comply with nutrition standards put forth by the USDA/Child and Adult Care Food Program (CACFP).
- Head Start Teachers will continue to incorporate nutrition and physical activity in the classroom.
- Head Start will continue to use the “Sunbeatables” curriculum in the Head Start classrooms to teach children about wearing sunscreen to prevent skin cancer.
- Offer free Courage to Quit smoking cessation classes to adults within our region.
- Southern Illinois Tobacco Disparities Partnership (SITDP) partners with Local Health Departments and Community Health Coalitions to prevent and control tobacco use in southern Illinois. For more information: Southern Illinois Tobacco Disparities Partnership (SITDP) — Healthy Southern Illinois Delta Network
- Southern Illinois Cancer Action Network (SICAN) collaborates with partners to educate and promote cancer prevention, screening, treatment, and survivorship in southern Illinois focusing on specific cancers
- Enhance walkability and mobility in select communities through the ISPAN grant.

Evaluation Plan to Measure Progress Towards Reaching Objectives

Southern Seven Health Department will monitor programs to evaluate compliance with mandated requirements and track progress toward achieving community health objectives outlined in the community health plan. Below is a detailed breakdown.

- Use both quantitative data (screening rates, disease prevalence) and qualitative feedback (community perceptions)
- Continue to gather information through surveys, interviews, focus groups, and health records
- Utilize various grants to assess progress against baseline data, as this information is essential for grant requirements
- Share results through reports, presentations, and stakeholder meetings
- Modify programs as needed based on insights to improve effectiveness

Health Problem Analysis Worksheet



Priority # 2

Cardiovascular Disease

Let's start by defining cardiovascular disease once more. Cardiovascular disease is a condition that affects the heart and blood vessels. It includes problems like heart attacks, strokes, and high blood pressure. It happens when the heart or blood vessels become damaged, often due to things like poor diet, lack of exercise, smoking, or genetics.

- Diseases of the heart, or heart disease, specifically refer to conditions that affect the heart itself, like coronary artery disease, heart failure, or arrhythmias. Heart disease is a type of cardiovascular disease.
- Johnson, Pulaski, and Union Counties account for approximately 42.86% of your coverage area in terms of heart disease being the leading cause of death.
- Please reference **Figures 13 and 18** for data collected on diseases of the heart.

Outcome Objective

By 2030

- By December 2030, reduce the age-adjusted coronary heart disease death rate in Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union counties from 146.4 per 100,000 (2020 baseline) to 122.7 per 100,000

Related Impact Objective

By 2027

- By December 2027, increase the proportion of adults with diagnosed high cholesterol who are managing their condition (through medication or lifestyle) from 72% to 78%. (Adapted from Healthy People 2030 Objective HDS-09)

Proven Intervention Strategies

- Increase smoking cessation attempts
- Reduce health disparities
- Continue regular blood pressure screenings in clinical and community settings, followed by referrals and/or lifestyle counseling
- Promote healthy and fit community efforts toward increasing physical activity/nutrition

Resources and Proposed Community Organizations to Coordinate Activities

- Massac Memorial Hospital
- Hardin County Hospital
- Deaconess Illinois Union County
- University of Illinois Extension
- Hope Light Foundation
- Arrowleaf
- Rural Health, Inc.
- Healthy Southern Illinois Delta Network (HSIDN)
- Southern Illinois Healthcare (SIH)
- Southern Seven Health Department and Head Start
- Faith-based organizations
- Centerstone

- Massac County Drug Awareness Coalition (MCDAC)
- Community Groups and Coalitions
- FQHCs (Federally Qualified Health Centers)
- IL Quit Line
- Shawnee Community College (SCC)

Barriers

- Insufficient funding is an obstacle
- Some individuals view tobacco use as a personal choice and a freedom
- Limited support from certain local State's Attorneys for enforcement in some counties
- Lack of employer engagement in wellness initiatives
- Lack of education on preventive cancer screenings
- Access to early detection screening
- Limited awareness or understanding of the significance of preventive health screenings
- Limited financial resources or economic disadvantages
- Limited availability and access to healthcare services

Corrective Actions to Reduce the Level of the Indirect Contributing Factors

- Healthy Southern Illinois Delta Network (HSIDN) and the HS7RC partners are dedicated to decreasing the rates of obesity within the

seven southernmost counties of Illinois and are dedicated to meet the challenge of having more healthy and fit communities.

- U of I Extension will provide healthy cooking classes within the counties.
- WIC nurses will continue to encourage mothers to breastfeed for at least one year.
- Anna Rural Health will track all clinical measures (cardiovascular disease, diabetes, obesity) and report them to the Universal Data System.
- Head Start, Public Health, and WIC staff will be allowed to participate in continuing education regarding optimal methods for talking to and providing education to clients about weight management for themselves and/or their children.
- WIC nurses will continue to follow nutrition practice standards set forth by the United States Department of Agriculture Food and Nutrition Services.
- WIC nurses will continue to conduct length/height by weight measurements
 - at every certification and mid-certification appointment.
- WIC nurses will continue to provide appropriate weight management counseling and encourage follow-up with their primary care provider when infants and children are found to be at or above the 98th and 85th percentile respectively for their length/height by weight measurements.
- Nutrition education sessions will continue to be provided to WIC participants every three months through individual, group, or online education.
- Public health nurses will continue to monitor height and weight on clients during all billable services.

- Public health nurses will continue discussing weight management with all clients who meet or exceed a BMI of 25.
- Head Start Facilities will continue to comply with nutrition standards put forth by the USDA/Child and Adult Care Food Program (CACFP).
- Head Start Site Supervisors and Parent Coordinators will continue to take BMI measurements and educate parents about weight management when appropriate.
- Head Start Teachers will continue to incorporate nutrition and physical activity in the classroom.
- Head Start will continue to implement a monthly “Nurse Talk” during parent group meetings at some locations.
- Southern Seven’s Health Education Division will continue to raise awareness for women’s heart disease by educating the public on a variety
- of health topics, which include proper nutrition and exercise’s role in mitigating the risk factors associated with heart disease and recognition of the early warning symptoms of a heart attack.
- Health Educators will continue to work with the Illinois CATCH onto Health Consortium (IHC) to promote CATCH curriculum at schools, pre-k, and Head Start sites throughout the seven southernmost counties of Illinois. Health educators promote healthy food choices and recommended amounts of physical activity.
- Promotion of evidence-based curricula, CATCH and Character Strong will contribute to changes in students’ attitude, knowledge, skills, and behaviors:
 - ☐ Students will know the difference between GO, SLOW, and WHOA foods.
 - ☐ Students will identify three negative consequences of tobacco use.
 - ☐ Students will identify three positive outcomes of avoiding tobacco use.

- ☐ Improved student prosocial interactions with teachers and peers
- ☐ Improved student academic engagement time and student behavior in classroom and non-classroom settings
- Southern Seven's administration and staff will collaborate with county and city officials to promote policy, systems, and environmental changes that reduce indirect and direct risk factors related to heart disease.
- Health Educators will continue to promote the Illinois Tobacco Quit line in the seven southern counties of Illinois. For example, by adding the IL Quitline widget to their websites for employees as well as patrons who visit their sites.
- Public Health Nurses will implement a variety of strategies to reduce the level of indirect risk factors:
 - ☐ Establish a baseline for client blood pressure to implement a tracking and surveillance system.
 - ☐ Increase lipid panel screenings through community outreach activities
 - ☐ Continue referral and intervention on high blood pressure cases.
- The Southern Seven Health Education Division will continue to work with local schools to encourage policy changes related to nutrition and physical activity for students and staff.
- Public health nurses will continue to encourage lipid panel and glucose screenings.
- Public health nurses will continue to take corrective action and make appropriate referrals when a client's fasting blood glucose rises above 120 mg/dL
- U of I Extension will promote healthy living, including exercise opportunities.

- U of I Extension will provide nutritional information on disease, diabetes, and obesity, it will indirectly effect populations.
- Head Start sites and nearly all elementary schools within the seven counties have implemented CATCH curriculum, including Food Service and staff wellness.
- Head Start will continue to conduct a family needs assessment each year.
- Southern Seven will support and promote free Chronic Disease Self-Management and National Diabetes Prevention Program (National DPP) within the community.
- The Health Education team will continue to offer “CATCH My Breath” to students in grades 5-12. “CATCH My Breath” is a youth e-cigarette, JUUL, and vape prevention evidence-based program.
- HS7RC partners are all on board with creating better physical environments that support healthy living and outdoor safety for those who bicycle, run, and walk.
- U of I Extension will maximize health equity and provide services to increase access to fresh produce through food donation gardens and seasonal planting support.
- U of I Extension will offer samples of easy, affordable healthy meals at fairs, festivals, and health outreach events across the counties.
- U of I Extension will leverage partnerships to provide programs that encourage healthy habits and sustainable changes to the environments that promote health.
- U of I Extension will implement community driven Policy, Systems and Environmental change strategies to promotes health across the counties.

- U of I Extension will provide services that address barriers by promoting lifestyle recommendations and serve multiple language communities with physical and mental health training.
- U of I Extension will direct efforts towards advancing healthy ecosystems, sustainable energy and environmental stewardship through water, soil, nutrient, air quality, clean energy etc.
- U of I Extension will collect data, photos, and testimonials to highlight how your programs are addressing these health concerns.
- Massac Memorial Hospital is dedicated to decreasing the rates of overweight and obesity within the seven southernmost counties of Illinois and are dedicated to meet the challenge of having more healthy and fit communities.
- Massac Memorial Hospital will educate communities about the importance of prevention and early detection in communities and promote worksite wellness among the region's employers.
- Massac Memorial Hospital will investigate a partnership with a rural health cooperative to provide additional services to the community. Focus on behavioral health, specialty care and oral health (as it significantly impacts physical health).
- Massac Memorial Hospital will continue to support behavioral health services and consider additional resources as needed.
- Massac Memorial Hospital will implement pain provider/service
- Massac Memorial Hospital will investigate the continuation of Telehealth Services, pending federal government payment methodology.
- Massac Memorial Hospital will continue to expand upon partnerships with local schools. This could be to provide education on healthy living topics and/or health careers.

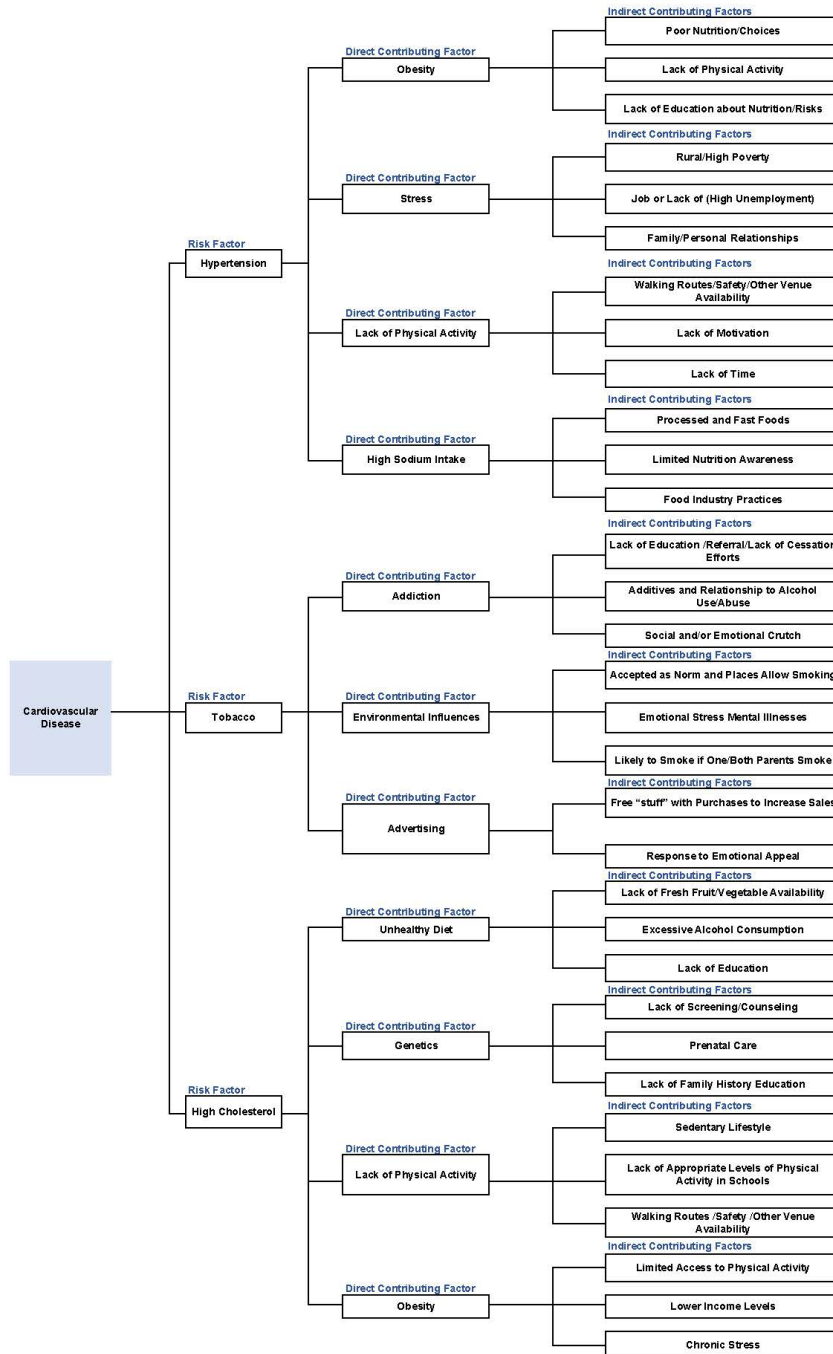
- Massac Memorial Hospital will expand partnerships with higher learning organizations that serve the community to develop opportunities to get health career students exposed to MMH and employment opportunities.
- Massac Memorial Hospital will continue to develop community health programs that provide education to the community on varied health needs/healthy living topics.
- Massac Memorial Hospital will investigate – with community partners – the potential of a YMCA-like fitness facility for the community. At minimum develop programs/opportunities for community members to be involved in healthy activities.
- Massac Memorial Hospital will continue transportation services and grow as necessary to serve the needs of the community.
- Offer free Courage to Quit smoking cessation classes to adults within our region.
- Healthy Southern Illinois Delta Network (HSIDN) and the HS7RC partners continue to improve the number of walking paths marked with “Start Walk” signage.
- Southeastern IL is putting up more walking paths and signs. Built Environment Action Team advocacy for walking paths.
- Southern Illinois Tobacco Disparities Partnership (SITDP) partners with Local Health Departments and Community Health Coalitions to prevent and control tobacco use in southern Illinois. For more information: Southern Illinois Tobacco Disparities Partnership (SITDP) — Healthy Southern Illinois Delta Network
- Illinois CATCH onto Health Consortium (IHC) collaborates in the lower 16 counties to address cardiovascular disease, mental health, and suicide through school efforts.

Evaluation Plan to Measure Progress Towards Reaching Objectives

Southern Seven Health Department will monitor programs to evaluate compliance with mandated requirements and track progress toward achieving community health objectives outlined in the community health plan. Below is a detailed breakdown.

- Use both quantitative data (screening rates, disease prevalence) and qualitative feedback (community perceptions)
- Continue to gather information through surveys, interviews, focus groups, and health records
- Utilize various grants to assess progress against baseline data, as this information is essential for grant requirements
- Share results through reports, presentations, and stakeholder meetings
- Modify programs as needed based on insights to improve effectiveness

Health Problem Analysis Worksheet



Priority # 3

Behavioral Health

- Behavioral health is a broad term that refers to how a person's habits, behaviors, emotions, and mental well-being affect their overall health.
- Mental health is part of behavioral health.
- Behavioral health includes things such as:
 - Managing stress, anxiety, or depression
 - Coping with life challenges
 - Making healthy choices like not smoking, exercising, or getting enough sleep, and
 - Getting help with addiction or mental health conditions
- Behavioral health also includes the things we do (our behaviors) that impact our health, like substance use, eating habits, or how we handle emotions.
- According to Round 7 ICBRFS data (2020-2023) Southern Seven counties had a weighted response rate of for mental health, 61.6% had no bad days, 16.1% reported 1–7 days, and 22.3% experienced 8 or more days of poor mental health.
- Also, according to the same ICBRFS data, a weighted response of 26.4% reported that they have been told by a health professional that they have a depressive disorder, such as depression, major depression, dysthymia, or minor depression. In contrast, 73.6% reported they have not been diagnosed with a depressive disorder. The data reflects a confidence interval of 20.6% to 33.2% for those diagnosed and 66.8% to 79.4% for those not diagnosed, based on responses from a total of 516 individuals.

- According to the most recent data from the County Health Rankings (2018–2022), suicide rates in southern Illinois counties vary, with some counties reporting higher rates than the state average. The age-adjusted suicide rate in Illinois is approximately 11.7 deaths per 100,000 people.
- In Union County, the suicide rate is 15.2 per 100,000, and in Massac County, it is 14.8 per 100,000, both exceeding the state average. Data for Alexander, Hardin, Johnson, Pope, and Pulaski counties are suppressed due to fewer than 10 reported suicide deaths during the reporting period, which is standard practice to protect confidentiality in small populations. This summary was compiled using data from the County Health Rankings, USA Facts, and the Illinois Department of Public Health (IDPH).

Outcome Objective

By 2030

- By December 2030, reduce the proportion of adults in Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union counties who report experiencing 8 or more days of poor mental health (“number of days mental health not good”) in the past 30 days from 22.3% (ICBRFS 2020-2023 baseline) to 20%

Related Impact Objective

By 2027

- By December 2027, increase the proportion of adults in Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union counties who receive mental health treatment or counseling when needed from an estimated 44.8% (Healthy People 2030 baseline for AHS-05) to 50%.

Proven Intervention Strategies

- Implement behavioral strategies to minimize screen time
- Continue to implement Mental Health First Aid (MHFA) Training by utilizing grant funding and collaboration with partnering agencies
- Develop worksite programs for weight loss
- Encourage physical activity and healthy eating habits within community groups and clinical settings
- Support and assist with the enhancement of school-based physical education programs
- Enhance and sustain CATCH (Coordinated Approach to Child Health) components in schools
- Expand support for and increase the number of safe walking paths
- Continue to develop health communication and social marketing campaigns utilizing media such as brochures, posters, group education, one-on-one education, social media, website, email, newsletters, and more

Resources and Proposed Community Organizations to Coordinate Activities

- Massac Memorial Hospital
- Hardin County Hospital
- Deaconess Illinois Union County
- University of Illinois Extension
- Hope Light Foundation
- Arrowleaf
- Rural Health, Inc.
- Healthy Southern Illinois Delta Network (HSIDN)
- Southern Illinois Healthcare (SIH)
- Southern Seven Health Department and Head Start
- Faith-based organizations
- Centerstone
- Massac County Drug Awareness Coalition (MCDAC)
- Community Groups and Coalitions
- FQHCs (Federally Qualified Health Centers)
- IL Quit Line
- Shawnee Community College (SCC)

Barriers

- Insufficient funding is an obstacle
- Some individuals view tobacco use as a personal choice and a freedom
- Limited support from certain local State's Attorneys for enforcement in some counties
- Lack of employer engagement in wellness initiatives
- Lack of education on preventive cancer screenings

- Access to early detection screening
- Limited awareness or understanding of the significance of preventive health screenings
- Limited financial resources or economic disadvantages
- Limited availability and access to healthcare services

Corrective Actions to Reduce the Level of the Indirect Contributing Factors

- Southern Seven will collaborate with Arrowleaf, Centerstone, Union County Counseling Services Inc., Massac County Mental Health & Family Counseling Center, and Massac County Drug Awareness Coalition to promote community mental health, resilience, and well-being of community members.
- Arrowleaf will increase treatment access for mental and substance disorders and the prevention of these conditions.
- Arrowleaf and the Illinois CATCH onto Health Consortium (IHC) will continue to promote and provide Mental Health First Aid to community members.
- Arrowleaf, in collaboration with local organizations such as Southern Seven and more will support those who experience and/or are in recovery from mental and substance use disorders, along with their families and community by helping to reduce the stigma associated with these conditions.
- Rural Health will continue to offer behavioral health services at the following locations: Anna, Vienna and Goreville.
- Rural Health will continue to offer Medication Assisted Treatment (MAT) at all locations for treatment of opioid dependence.

- Southern Seven Health Education team will continue to facilitate the “Signs of Suicide” curriculum to students and offer the program and/or training to local schools, as requested.
- Southern 7 will continue to promote Mental Health First Aid to community members through the Illinois CATCH onto Health Consortium (IHC) grant and other community partners.
- Head Start will continue to conduct a family needs assessment each year.
- Head Start will continue to contract with mental health consultants to visit and observe the children.
- Head Start will continue to implement the “Second Step Violence” prevention curriculum in Head Start classrooms.
- Head Start will continue to provide early identification and intervention for behavioral health issues.
- Head Start will continue to incorporate social emotional learning, helping children develop skills like emotional regulation, relationship building, and conflict resolution, which can prevent future behavioral issues.
- Arrowleaf administers a personal health survey to all outpatient clients to assess their current and past physical health, helping to address any physical illnesses before focusing on mental health or substance use concerns.
- Arrowleaf’s psychiatric providers collaborate with primary care physicians and other relevant specialists to ensure patients receive the highest quality of care.
- For clients enrolled in outpatient services, Arrowleaf offers case managers who can help address transportation barriers to and from both internal and external appointments.

- Arrowleaf develops person-centered treatment plans that are individualized to each client, addressing both physical and behavioral health needs.
- Arrowleaf utilizes a variety of assessment tools to help identify and define each client's specific treatment needs and goals.
- Arrowleaf provides crisis intervention services that are available to anyone 24/7, 365 days a year.
- Centerstone will provide initial comprehensive assessments to individuals seeking services to address mental health or substance use concerns.
- Centerstone provides early childhood mental health consultation services to childcare centers/homes/providers in a 15-county region of Southern Illinois in John A. Logan District Daycare centers and homes.
- Massac County Drug Awareness Coalition (MCDAC) will collaborate with Massac County Mental Health to provide substance use prevention curriculum in Massac County elementary schools.
- Massac County Drug Awareness Coalition (MCDAC) will collaborate with Massac County schools, law enforcement, hospitals, Southern 7 Health Dept, and other businesses to provide prevention initiatives in schools.
- Massac County Drug Awareness Coalition (MCDAC) will mentor Youth Advisory Councils at high schools in Massac County to increase youth-led prevention efforts and increase leadership skills for youth.
- Massac County Drug Awareness Coalition (MCDAC) will supply Narcan to the community through outreach events and Narcan boxes set up throughout the county.
- Southern Seven public health nurses will build relationships with local behavioral health providers, crisis lines, and teletherapy options, and increase referrals.

- Southern Seven public health nurses will ask open-ended questions like “How have you been coping with stress lately?” and “Are there any emotional challenges you are facing right now?” to reinforce that mental health and physical health are equally important.
- Southern Seven public health nurses can attend in-service and training on behavioral health topics like trauma-informed care, suicide prevention, or behavioral health crisis.
- University of Illinois Extension will provide services that address barriers by promoting lifestyle recommendations and serving multiple language communities with physical and mental health training.
- Massac Memorial Hospital will investigate a partnership with a rural health cooperative to provide additional services to the community, with a focus on behavioral health, specialty care, and oral health (as it significantly impacts physical health).
- Massac Memorial Hospital will continue to support behavioral health services and consider additional resources as needed.
- Massac Memorial Hospital will implement a pain provider/service
- Massac Memorial Hospital will investigate the continuation of Telehealth Services, pending the federal government's payment methodology.
- Massac Memorial Hospital will continue to expand upon partnerships with local schools. This could be to provide education on healthy living topics and/or health careers.
- Massac Memorial Hospital will expand partnerships with higher learning organizations that serve the community to develop opportunities to get health career students exposed to MMH and employment opportunities.

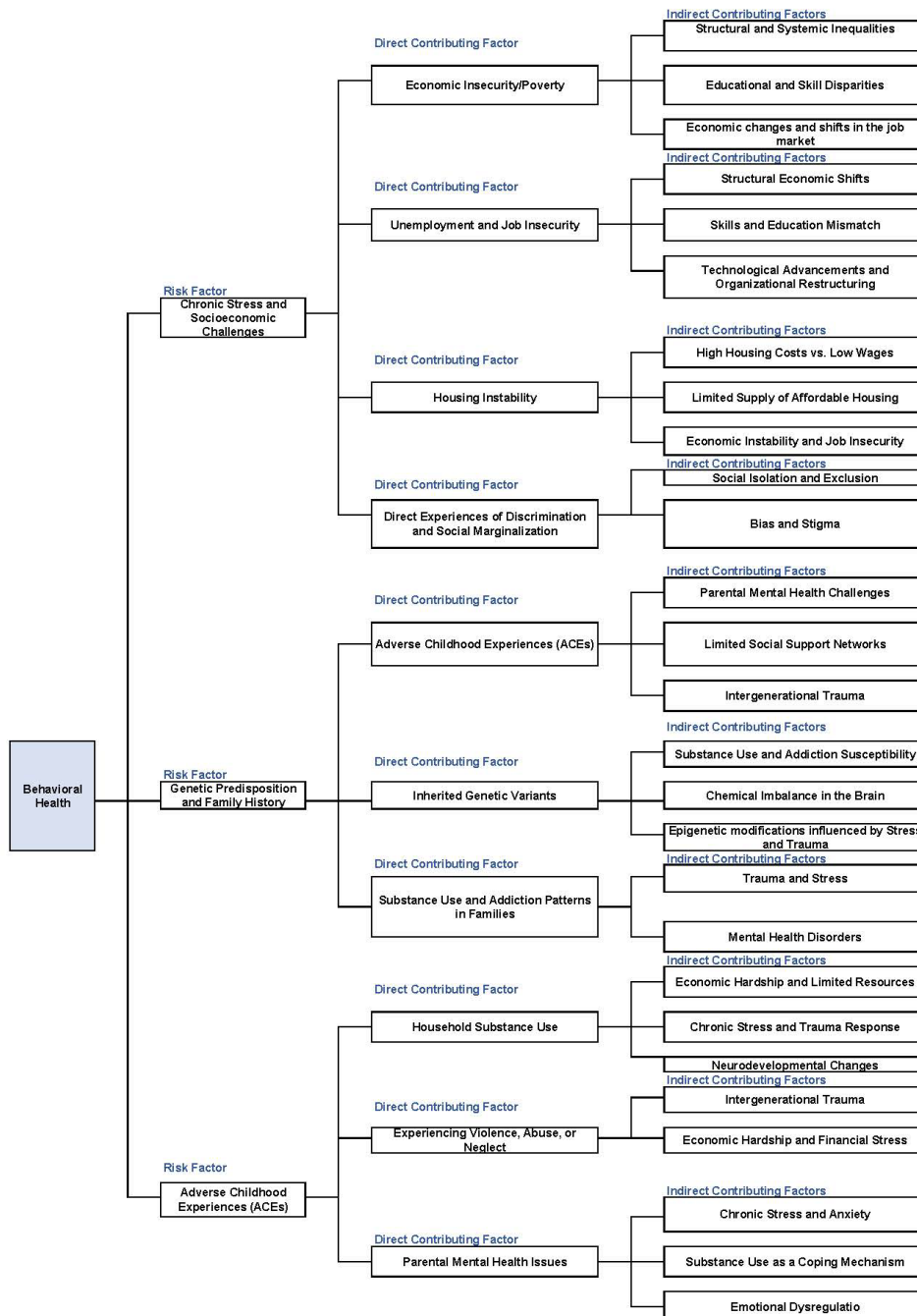
- Massac Memorial Hospital will continue to develop community health programs that provide education to the community on varied health needs/healthy living topics.
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Evaluation Plan to Measure Progress Towards Reaching Objectives

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Health Problem Analysis Worksheet



APPENDIX

Appendix A

Community Health Committee Members

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Appendix B

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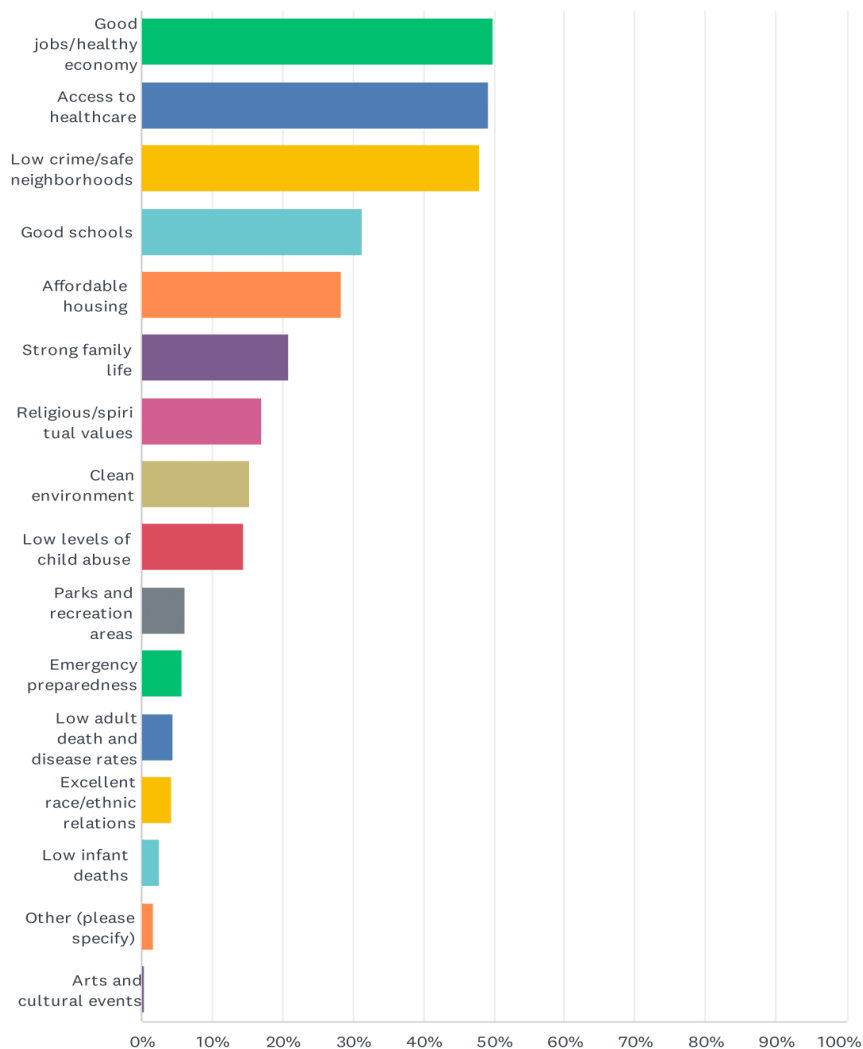
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Appendix C

Copy of Southern Seven Health Department Community Health Problem Survey

Q1 From the following list, what do you think are the three most important factors for a "Healthy Community"?

Answered: 240 Skipped: 0

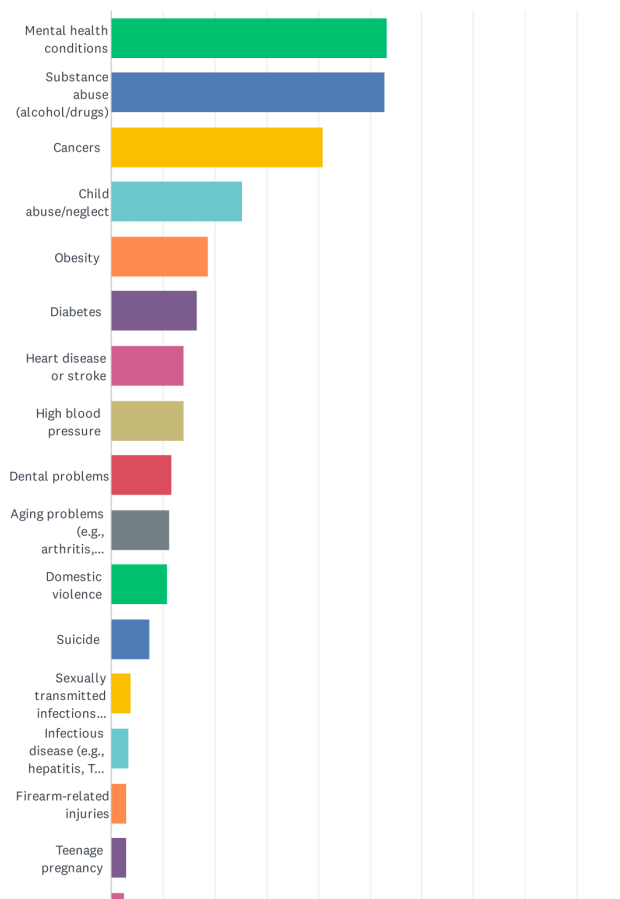


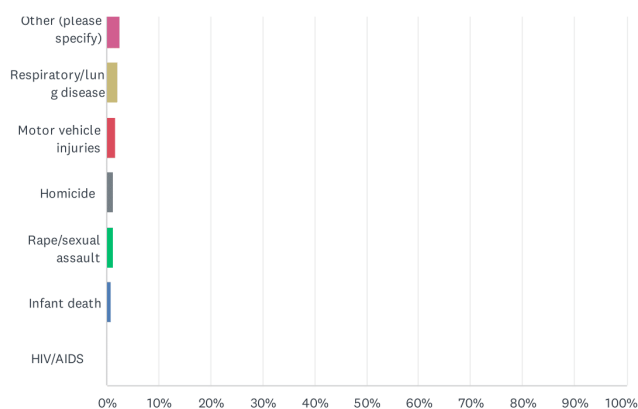
ANSWER CHOICES	RESPONSES	
Good jobs/healthy economy	50.00%	120
Access to healthcare	49.17%	118
Low crime/safe neighborhoods	47.92%	115
Good schools	31.25%	75
Affordable housing	28.33%	68
Strong family life	20.83%	50
Religious/spiritual values	17.08%	41
Clean environment	15.42%	37
Low levels of child abuse	14.58%	35
Parks and recreation areas	6.25%	15
Emergency preparedness	5.83%	14
Low adult death and disease rates	4.58%	11
Excellent race/ethnic relations	4.17%	10
Low infant deaths	2.50%	6
Other (please specify)	1.67%	4
Arts and cultural events	0.42%	1
Total Respondents 240		

Q2 From the following list, what do you think are the three most important

"Health Problems" in your community? For this survey, a "Health Problem" is defined as a situation or condition that is considered undesirable, is likely to exist into the future, and is measured in terms of disease, disability, and/or death.

Answered: 240 Skipped: 0





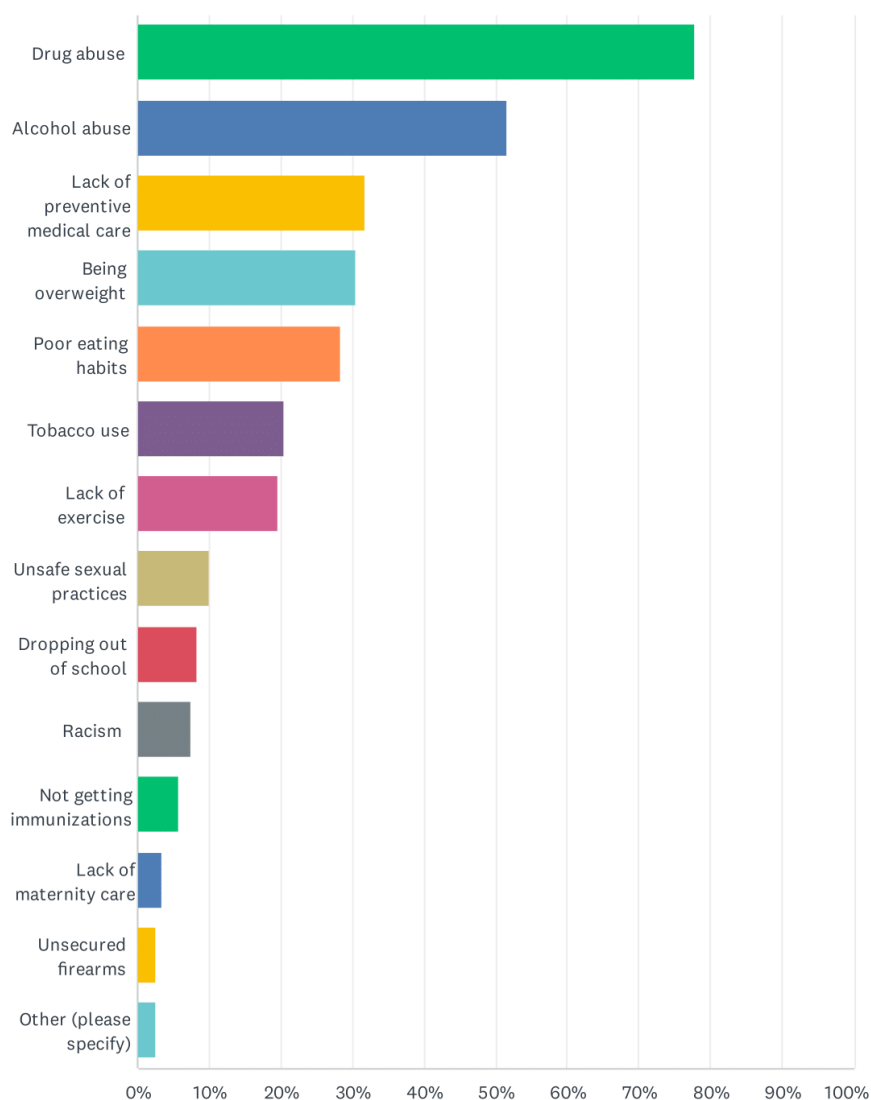
ANSWER CHOICES	RESPONSES	
Mental health conditions	53.33%	128
Substance abuse (alcohol/drugs)	52.92%	127
Cancers	40.83%	98
Child abuse/neglect	25.42%	61
Obesity	18.75%	45
Diabetes	16.67%	40
Heart disease or stroke	14.17%	34
High blood pressure	14.17%	34
Dental problems	11.67%	28
Aging problems (e.g., arthritis, hearing/vision loss, etc.)	11.25%	27
Domestic violence	10.83%	26
Suicide	7.50%	18
Sexually transmitted infections (STI/STD)	3.75%	9
Infectious disease (e.g., hepatitis, TB, COVID, etc.)	3.33%	8
Firearm-related injuries	2.92%	7
Teenage pregnancy	2.92%	7
Other (please specify)	2.50%	6
Respiratory/lung disease	2.08%	5
Motor vehicle injuries	1.67%	4
Homicide	1.25%	3
Rape/sexual assault	1.25%	3
Infant death	0.83%	2

HIV/AIDS	0.00%	0
Total Respondents 240		

Q3 From the following list, what do you think are the three most important

"Risk Factors" that people in your community engage in? For this survey, "Risk Factor" is defined as a condition that comes before, and increases the likelihood of, poor outcomes. For example, obesity is a risk factor for diabetes. This is true because obesity directly relates to the health problem of diabetes.

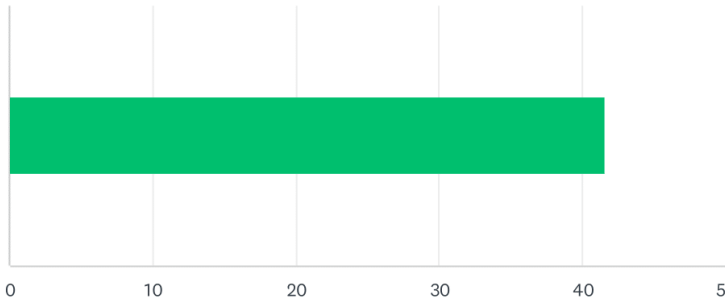
Answered: 240 Skipped: 0



ANSWER CHOICES	RESPONSES	
Drug abuse	77.92%	187
Alcohol abuse	51.67%	124
Lack of preventive medical care	31.67%	76
Being overweight	30.42%	73
Poor eating habits	28.33%	68
Tobacco use	20.42%	49
Lack of exercise	19.58%	47
Unsafe sexual practices	10.00%	24
Dropping out of school	8.33%	20
Racism	7.50%	18
Not getting immunizations	5.83%	14
Lack of maternity care	3.33%	8
Unsecured firearms	2.50%	6
Other (please specify)	2.50%	6
Total Respondents 240		

Q4 How would you rate the overall health of your community?

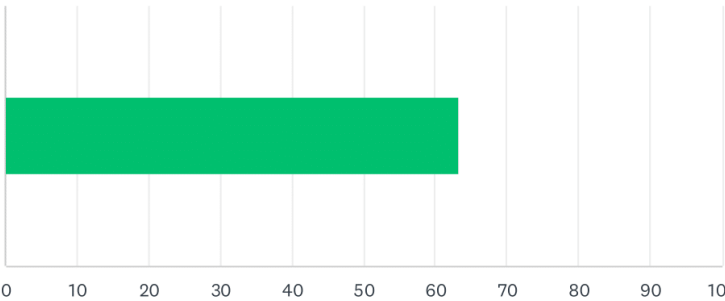
Answered: 238 Skipped: 2



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	42	9,901	238
Total Respondents: 238			

Q5 How would you rate your own personal health?

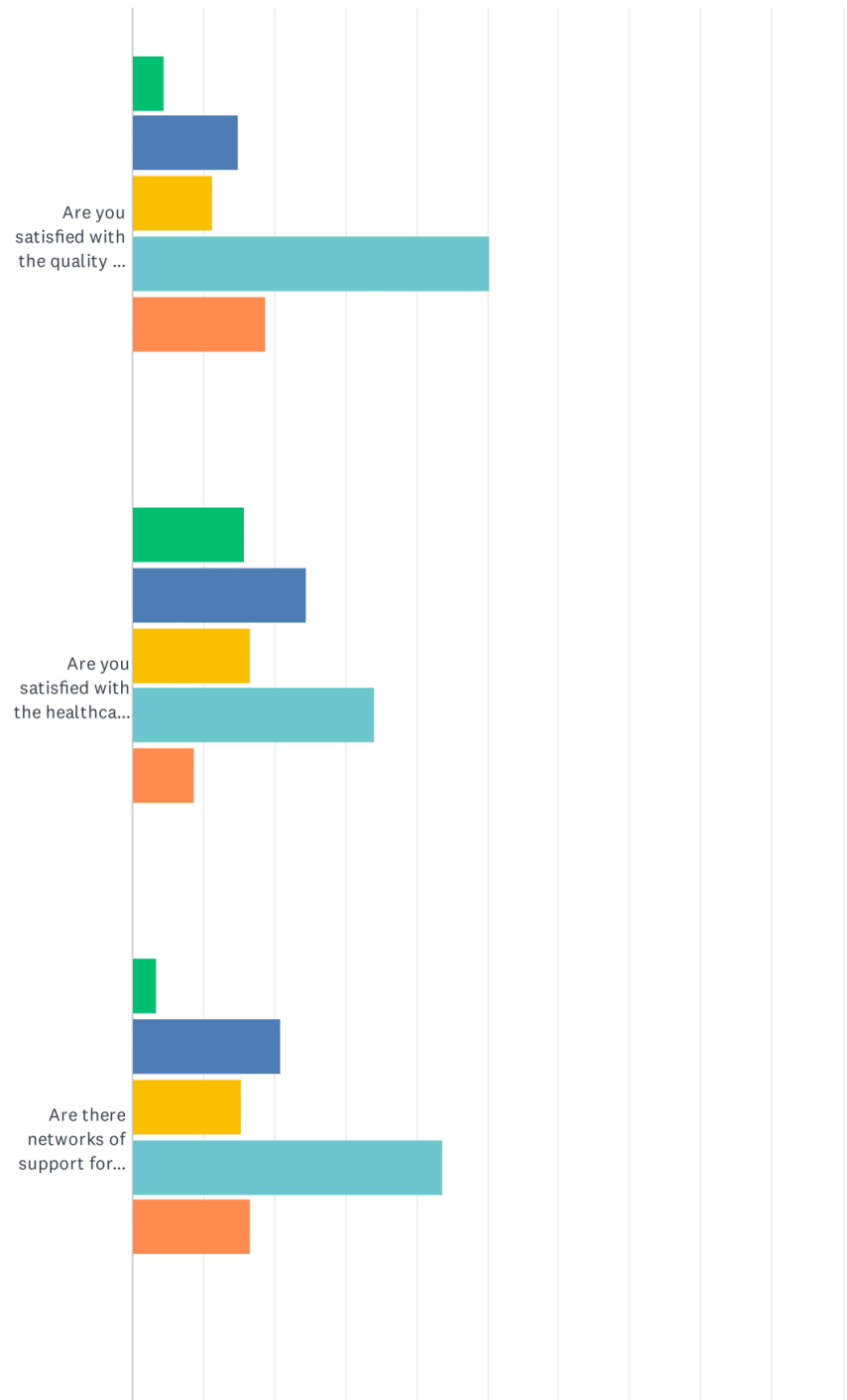
Answered: 240 Skipped: 0

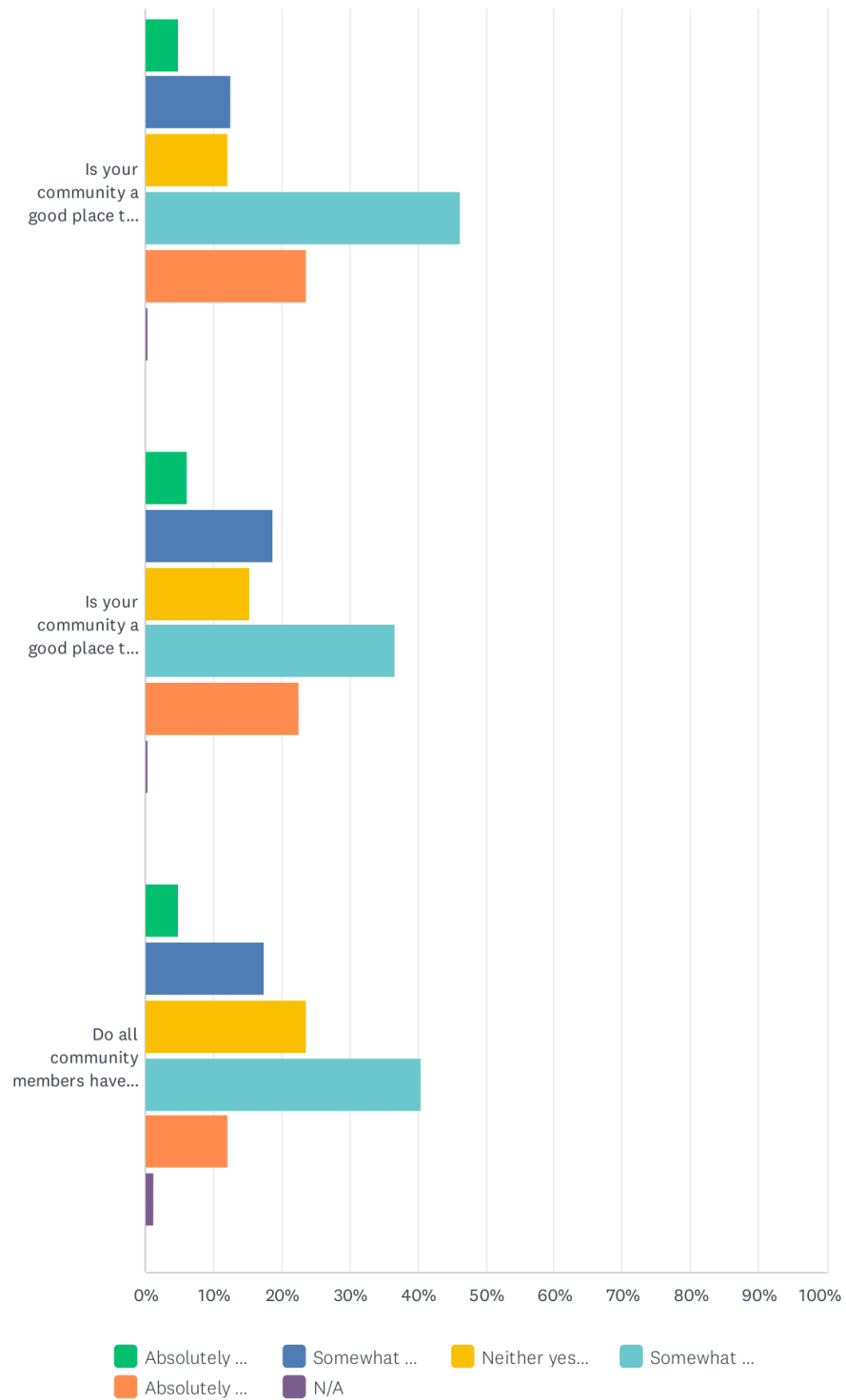


ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	63	15,208	240
Total Respondents 240			

Q6 Please answer the following Quality of Life questions.

Answered: 240 Skipped: 0





	ABSOLUTELY NOT	SOMEWHAT NO	NEITHER YES OR NO	SOMEWHAT YES	ABSOLUTELY YES	N/A	TOTAL	WEIGHT AVERAGE
Are you satisfied with the quality of life in your community? (Consider your sense of safety, well-being, participation in community life, etc.)	4.58% 11	15.00% 36	11.25% 27	50.42% 121	18.75% 45	0.00% 0	240	
Are you satisfied with the healthcare system in your community?	15.83% 38	24.58% 59	16.67% 40	34.17% 82	8.75% 21	0.00% 0	240	
Are there networks of support for individuals and families during times of stress or need? (Consider neighbors, support groups, faith communities, outreach agencies/organizations, etc.)	3.33% 8	20.83% 50	15.42% 37	43.75% 105	16.67% 40	0.00% 0	240	
Is your community a good place to raise children? (Consider school quality/accessibility, daycare options, after school programs, recreation, etc.)	5.00% 12	12.50% 30	12.08% 29	46.25% 111	23.75% 57	0.42% 1	240	
Is your community a good place to grow old? (Consider elder-friendly housing, transportation, meals on wheels, social support, etc.)	6.25% 15	18.75% 45	15.42% 37	36.67% 88	22.50% 54	0.42% 1	240	
Do all community members have the opportunity to contribute to and participate in your community's quality of life?	5.00% 12	17.50% 42	23.75% 57	40.42% 97	12.08% 29	1.25% 3	240	

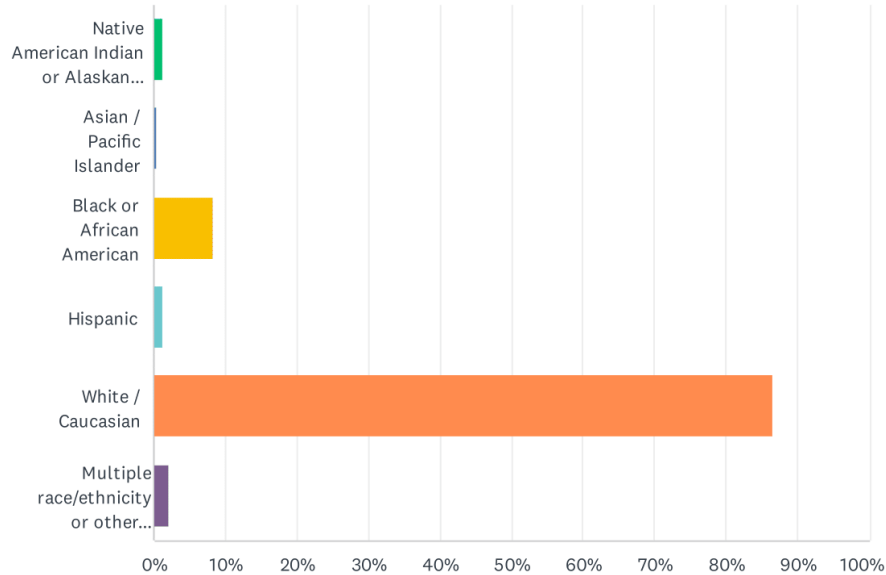
Q7 What is the zip code for your community? If you live, work, or provide services in more than one zip code, please list the community where you spend MOST of your time.

Answered: 240 Skipped: 0



Q8 Which race/ethnicity best describes you? (Please choose only one.)

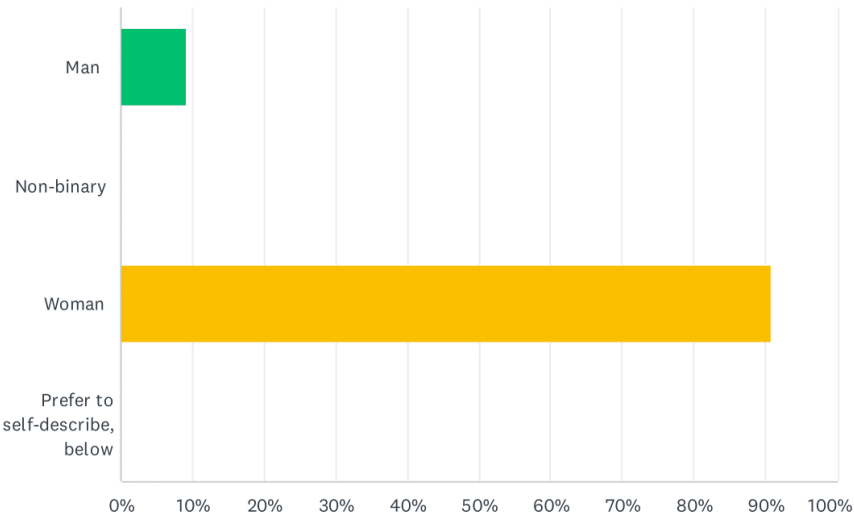
Answered: 240 Skipped: 0



ANSWER CHOICES	RESPONSES	
Native American Indian or Alaskan Native	1.25%	3
Asian / Pacific Islander	0.42%	1
Black or African American	8.33%	20
Hispanic	1.25%	3
White / Caucasian	86.67%	208
Multiple race/ethnicity or other (please specify)	2.08%	5
TOTAL		240

Q9 Gender: How do you identify?

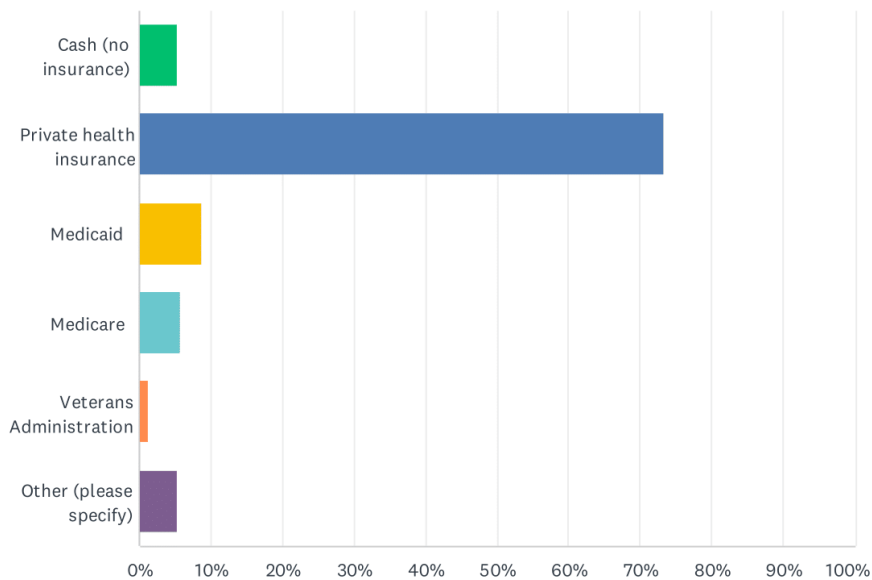
Answered: 240 Skipped: 0



ANSWER CHOICES	RESPONSES	
Man	9.17%	22
Non-binary	0.00%	0
Woman	90.83%	218
Prefer to self-describe, below	0.00%	0
TOTAL		240

Q10 How do you pay for your healthcare?

Answered: 240 Skipped: 0



ANSWER CHOICES	RESPONSES		
Cash (no insurance)	5.42%		13
Private health insurance	73.33%		176
Medicaid	8.75%		21
Medicare	5.83%		14
Veterans Administration	1.25%		3
Other (please specify)	5.42%		13
TOTAL			240

Appendix D

2025-2030 IPLAN Strategic Plan Letter



Southern Seven Health Department
Administrative Office

37 Rustic Campus Drive
Ullin, IL 62992-2226

Phone: (618) 634-2297

Fax: (618) 634-9394

www.southern7.org


January 30, 2025

To Whom It May Concern,

Southern Seven Health Department is currently involved in the completion of the Illinois Project of Local Assessment of Needs 2025-2030. The Health Department is currently completing an extensive Strategic Planning process which identifies both strengths and weaknesses of the agency. Southern Seven Health Department has chosen to use the 2025 Strategic Planning project as the Organizational Capacity Self-Assessment as mandated by statute. The 2025 Strategic Planning project will be complete in year 2025. If you have any questions, please contact Rhonda Andrews-Ray.

Sincerely,


Rhonda Andrews-Ray
Executive Director


Sharon S. Bennis
Board of Health, Acting President



Public Health
Healthy. Thriving. Proud.

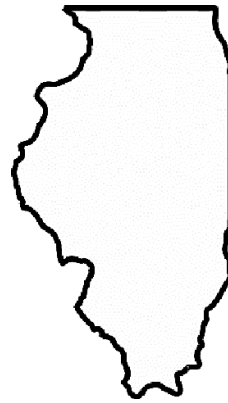
Southern Seven Health Department is an Equal Opportunity Employer and Provider, complies with applicable federal civil rights laws, and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



HeadStart

Appendix E

Illinois County Behavioral



Illinois County Behavioral Risk Factor Surveys Round 7 (2020-2023)

Southern Seven

(Includes Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union counties)

Prepared by:



Illinois Department of Public Health
Office of Policy Planning & Statistics

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

DEMOGRAPHICS

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
TOTAL	Southern Seven Adults	49,633			518
AGE	18-24	4,678	9.4%	5.5%-15.8%	19
	25-44	14,044	28.4%	22.0%-35.7%	75
	45-64	16,493	33.3%	27.0%-40.2%	167
	65+	14,302	28.9%	23.8%-34.5%	253
GENDER	Male	26,035	52.5%	45.5%-59.3%	225
	Female	23,598	47.5%	40.7%-54.5%	293
RACE/ETHNICITY	White Non-Hispanic	40,471	82.0%	74.5%-87.6%	446
	Black Non-Hispanic	2,946	6.0%	3.4%-10.3%	37
	Other Non-Hispanic	3,066	6.2%	3.5%-10.7%	23
	Hispanic	2,880	5.8%	2.3%-14.2%	9
SEXUAL ORIENTATION	Straight	44,613	94.0%	89.1%-96.8%	491
	Lesbian/Gay/Bisexual	2,846	6.0%	3.2%-10.9%	13
MARITAL STATUS	Married	24,761	50.0%	43.0%-57.0%	275
	Widowed	5,255	10.6%	7.8%-14.3%	85
	Divorced/Separated	7,198	14.5%	10.7%-19.5%	86
	Never Married	11,409	23.0%	16.4%-31.4%	61
	Unmarried Couple	889	1.8%	0.6%-4.9%	9
EDUCATION	Less than High School	3,596	7.2%	3.4%-14.6%	34
	High School Grad/GED	13,332	26.9%	21.4%-33.2%	142

	Some Post High School	17,980	36.2%	29.9%-43.1%	177
	College Graduate	14,725	29.7%	23.8%-36.3%	165
INCOME	Less than \$35,000	17,787	39.3%	32.6%-46.5%	184
	\$35,000 - \$75,000	12,117	26.8%	21.4%-33.0%	158
	\$75,000 or More	15,316	33.9%	27.4%-41.0%	132
EMPLOYMENT	Employed	27,533	55.5%	48.6%-62.3%	212
	Out of Work	1,754	3.5%	1.8%-6.7%	15
	Homemaker/Student	3,195	6.4%	3.7%-11.1%	28
	Retired	13,205	26.6%	21.8%-32.1%	228
	Unable to Work	3,894	7.9%	4.1%-14.6%	34
HOME	Own Home	39,610	79.8%	73.2%-85.1%	442
	Rent Home	6,365	12.8%	8.5%-18.9%	47
	Other Arrangement	3,659	7.4%	4.4%-12.0%	29

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)
Southern Seven includes Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union Counties.

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

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

HEALTH STATUS

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
GENERAL HEALTH STATUS	Excellent	6,222	12.5%	8.9%-17.5%	56
	Very Good	16,462	33.2%	26.9%-40.2%	156
	Good	15,367	31.0%	25.1%-37.5%	170
	Fair	8,795	17.7%	12.5%-24.6%	98
	Poor	2,788	5.6%	3.6%-8.8%	38
GENERAL HEALTH	Good or Better	38,050	76.7%	69.8%-82.3%	382
	Fair or Poor	11,583	23.3%	17.7%-30.2%	136
NUMBER OF DAYS PHYSICAL HEALTH NOT GOOD	None	32,330	65.3%	58.2%-71.8%	321
	1-7 Days	7,696	15.5%	10.6%-22.2%	79
	8+ Days	9,486	19.2%	14.4%-25.0%	115
NUMBER OF DAYS MENTAL HEALTH NOT GOOD	None	30,445	61.6%	54.6%-68.2%	338
	1-7 Days	7,957	16.1%	11.5%-22.1%	77
	8+ Days	11,008	22.3%	17.0%-28.6%	97
NUMBER OF DAYS PHYSICAL/MENTAL HEALTH AFFECTED ACTIVITIES ¹	None	33,756	69.8%	63.1%-75.7%	364
	1-7 Days	7,240	15.0%	10.5%-20.8%	74
	8+ Days	7,386	15.3%	11.0%-20.8%	76
NUMBER OF DAYS PAIN AFFECTED ACTIVITIES	None	29,386	59.3%	52.1%-66.0%	295
	1-7 Days	10,715	21.6%	16.2%-28.3%	100
	8+ Days	9,484	19.1%	14.1%-25.5%	121
NUMBER OF DAYS PHYSICAL HEALTH NOT	0-14 Days	42,547	85.9%	81.3%-89.6%	430
	14+ Days	6,965	14.1%	10.4%-18.7%	85

GOOD					
NUMBER OF DAYS	0-14 Days	40,780	82.5%	76.8%-87.1%	438
MENTAL HEALTH	14+ Days	8,630	17.5%	12.9%-23.2%	74
NOT GOOD					
NUMBER OF DAYS	0-14 Days	42,901	88.7%	83.9%-92.1%	454
PHYSICAL/MENTAL	14+ Days	5,481	11.3%	7.9%-16.1%	60
HEALTH					
AFFECTED					
ACTIVITIES ¹					
NUMBER OF DAYS	0-14 Days	42,476	85.7%	79.5%-90.2%	424
PAIN AFFECTED	14+ Days	7,109	14.3%	9.8%-20.5%	92
ACTIVITIES					

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

Southern Seven includes Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union Counties.

*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.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

HEALTH CARE

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
HAVE HEALTH CARE COVERAGE	No	3,627	7.3%	4.3%-12.1%	27
	Yes	45,984	92.7%	87.9%-95.7%	490
HEALTH CARE COVERAGE TYPE	Private Non-Governmental Plan	20,259	42.1%	35.6%-48.9%	171
	Medicare	15,245	31.7%	25.8%-38.2%	232
	Other Plan	8,978	18.7%	14.0%-24.4%	83
	No Coverage	3,627	7.5%	4.5%-12.4%	27
HAVE PERSONAL DOCTOR	No	5,894	11.9%	7.8%-17.7%	51
	Yes	43,739	88.1%	82.3%-92.2%	467
UNABLE TO VISIT DOCTOR DUE TO COST	No	43,286	87.2%	81.2%-91.5%	467
	Yes	6,340	12.8%	8.5%-18.8%	50
DELAYED GETTING NEEDED MEDICAL CARE IN PAST 12 MONTHS	Yes	14,143	28.5%	22.5%-35.4%	143
	No	35,433	71.5%	64.6%-77.5%	373
LAST ROUTINE CHECKUP	Past Year	41,851	84.3%	78.7%-88.7%	452
	Past 2 Years (>1yr, <2yrs)	4,405	8.9%	5.6%-13.7%	35
	More than 2 Years	3,377	6.8%	4.2%-10.9%	31
ANY TIME IN PAST 12 MONTHS DID NOT HAVE	Yes	5,563	11.2%	7.5%-16.5%	46
	No	44,048	88.8%	83.5%-92.5%	471

HEALTH INSURANCE					
TIMES BEEN TO HEALTH PROFESSIONAL IN PAST 12 MONTHS					
	None	5,956	12.0%	7.2%-19.3%	39
	Once	8,889	18.0%	12.8%-24.6%	73
	2-3 times	13,367	27.0%	21.5%-33.4%	145
	4 to 6 times	10,479	21.2%	16.6%-26.6%	137
	7 to 12 times	7,002	14.2%	10.1%-19.4%	81
	> 12 times	3,771	7.6%	4.8%-11.8%	40
COULD NOT FILL PRESCRIPTION DUE TO COST					
	No	43,943	88.5%	83.8%-92.0%	469
	Yes	5,690	11.5%	8.0%-16.2%	49
CURRENTLY PAYING OFF ANY MEDICAL BILLS OVER TIME					
	Yes	8,854	17.8%	13.5%-23.2%	86
	No	40,779	82.2%	76.8%-86.5%	432
DIFFICULTY UNDERSTANDING INFORMATION FROM HEALTH PROFESSIONALS					
	Very/Somewhat Easy	41,950	86.8%	81.9%-90.6%	438
	Very/Somewhat Difficult	6,368	13.2%	9.4%-18.1%	78

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

DENTAL CARE

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
LAST DENTAL VISIT	Past Year	30,917	62.3%	55.3%-68.8%	324
	Past 2 Years (>1yr, <2yrs)	5,823	11.7%	7.9%-17.1%	52
	More than 2 Years	12,892	26.0%	20.4%-32.5%	142
HAVE DENTAL INSURANCE COVERAGE	No	18,854	38.3%	31.7%-45.4%	228
	Yes	30,395	61.7%	54.6%-68.3%	284
LAST TIME HAD TEETH CLEANED	Past Year	25,113	50.9%	43.9%-58.0%	274
	Past 2 Years (>1yr, <2yrs)	6,363	12.9%	8.7%-18.7%	52
	More than 2 Years	17,816	36.1%	29.4%-43.4%	184
NUMBER OF PERMANENT TEETH REMOVED	1 to 5	16,527	33.4%	27.5%-39.8%	184
	6+, But Not All	5,961	12.0%	8.5%-16.7%	83
	All Teeth	3,615	7.3%	4.9%-10.7%	64
	None	23,396	47.3%	40.2%-54.4%	182

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

FOOD INSECURITY

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
FOOD BOUGHT JUST DIDN'T LAST	At Least Some Food Insecurity	11,860	23.9%	17.9%-31.2%	100
	Never Had Food Insecurity	37,773	76.1%	68.8%-82.1%	418
COULDN'T AFFORD TO EAT BALANCED MEALS	At Least Some Food Insecurity	13,644	27.5%	21.1%-35.0%	108
	Never Had Food Insecurity	35,910	72.5%	65.0%-78.9%	409
COMBINED FOOD INSECURITY VARIABLE	At Least Some Food Insecurity	15,463	31.2%	24.7%-38.6%	135
	Never Had Food Insecurity	34,090	68.8%	61.4%-75.3%	382

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

INADEQUATE SLEEP

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
INADEQUATE SLEEP	Short Sleep Duration (<7 hrs)	19,681	39.7%	33.1%-46.6%	192
	Optimal Sleep (7-9 hrs)	26,195	52.8%	45.8%-59.7%	299
	Long Sleep Duration (>9 hrs)	3,758	7.6%	3.6%-15.2%	27
TROUBLE FALLING/STAYING ASLEEP OR TOO MUCH SLEEP IN PAST 2 WEEKS	None	21,363	43.2%	36.3%-50.3%	213
	Several Days (1-6 Days)	14,284	28.9%	22.8%-35.8%	152
	Half of the Time or More (7-13 Days)	5,400	10.9%	7.5%-15.5%	58
	Every day (14 Days)	8,447	17.1%	12.9%-22.3%	89

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

EXERCISE

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
ANY PHYSICAL ACTIVITY PAST 30 DAYS	Yes	36,048	72.6%	66.7%-77.8%	338
	No	13,585	27.4%	22.2%-33.3%	180
PHYSICAL ACTIVITY LEVEL	Highly Active (301+ Minutes)	16,200	42.2%	35.0%-49.8%	157
	Active (150-300 Minutes)	5,597	14.6%	10.1%-20.6%	52
	Insufficiently Active (1-149 Minutes)	2,853	7.4%	4.1%-13.2%	27
	Inactive (0 Minutes)	13,700	35.7%	29.3%-42.7%	181
MEETS AEROBIC RECOMMENDATIONS	Yes	22,857	58.0%	50.8%-64.8%	227
	No	16,553	42.0%	35.2%-49.2%	208
MEETS STRENGTH RECOMMENDATIONS	Yes	19,628	39.9%	32.9%-47.2%	171
	No	29,623	60.1%	52.8%-67.1%	337
MEETS AEROBIC/STRENGTH RECOMMENDATIONS	Met Both	11,089	28.4%	21.8%-36.0%	95
	Met Aerobic	11,554	29.6%	23.4%-36.5%	127
	Met Strengthening	5,100	13.1%	8.5%-19.6%	47
	Met Neither	11,336	29.0%	23.4%-35.3%	159
MEETS BOTH AEROBIC/STRENGTH RECOMMENDATIONS	Yes	11,089	28.4%	21.8%-36.0%	95
	No	27,990	71.6%	64.0%-78.2%	333

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

HYPERTENSION

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
EVER TOLD	No	27,922	56.3%	49.5%-62.8%	229
HAVE HIGH BLOOD PRESSURE ²	Yes	21,711	43.7%	37.2%-50.5%	289

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2. Respondents reporting yes but only during pregnancy OR told borderline/pre hypertensive are included as No.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

CHOLESTEROL

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
EVER HAD CHOLESTEROL CHECKED	Yes	44,933	93.2%	87.8%-96.3%	487
	No	3,297	6.8%	3.7%-12.2%	18
LAST CHOLESTEROL TEST ³	Past Year	33,672	69.8%	61.7%-76.9%	411
	Past 5 Years (>1 yr, <5 yrs)	9,350	19.4%	13.5%-27.1%	65
	5+ Years Ago	1,911	4.0%	1.4%-10.8%	11
	Never	3,297	6.8%	3.7%-12.2%	18
TOLD CHOLESTEROL WAS HIGH ⁴	No	24,014	53.5%	46.3%-60.6%	229
	Yes	20,877	46.5%	39.4%-53.7%	257

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

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3. Asked only of those who report ever having cholesterol checked, respondents reporting No to having cholesterol checked included as Never.
4. Asked only of those who report ever having cholesterol checked.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

CARDIOVASCULAR DISEASE

ICBRFS - Southern Seven	Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
EVER TOLD HAVE No	46,776	94.6%	92.0%-96.4%	473
CORONARY Yes	2,683	5.4%	3.6%-8.0%	42
HEART DISEASE				
EVER TOLD HAD No	46,802	94.4%	91.7%-96.3%	475
HEART ATTACK Yes	2,771	5.6%	3.7%-8.3%	40
EVER TOLD HAD No	47,544	95.8%	93.4%-97.3%	484
STROKE Yes	2,089	4.2%	2.7%-6.6%	34
REPORT No	45,335	91.7%	88.5%-94.1%	455
CORONARY Yes	4,094	8.3%	5.9%-11.5%	59
HEART DISEASE (CHD) OR MYOCARDIAL INFRACTION (MI)				
HISTORY OF CVD ⁵ No	44,153	89.3%	85.7%-92.0%	435
Yes	5,305	10.7%	8.0%-14.3%	80

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- History of CVD calculated when respondent answers yes to any cardiovascular disease history questions.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

CHRONIC HEALTH CONDITIONS

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
HAS ASTHMA NOW	Yes	5,263	10.6%	7.2%-15.4%	59
	No	44,199	89.4%	84.6%-92.8%	456
EVER TOLD HAD SKIN CANCER	Yes	6,152	12.4%	9.0%-16.8%	90
	No	43,471	87.6%	83.2%-91.0%	427
EVER TOLD HAD OTHER TYPE OF CANCER	Yes	3,864	7.8%	5.4%-11.0%	65
	No	45,769	92.2%	89.0%-94.6%	453
EVER TOLD COPD	Yes	4,735	9.5%	7.0%-12.9%	71
	No	44,886	90.5%	87.1%-93.0%	445
EVER TOLD ARTHRITIS	Yes	16,203	32.7%	27.2%-38.7%	236
	No	33,395	67.3%	61.3%-72.8%	281
EVER TOLD HAVE KIDNEY DISEASE	Yes	2,758	5.6%	3.1%-9.9%	35
	No	46,826	94.4%	90.1%-96.9%	481
EVER TOLD DEPRESSIVE DISORDER	Yes	13,073	26.4%	20.6%-33.2%	114
	No	36,393	73.6%	66.8%-79.4%	402

EVER TOLD HAVE DIABETES	No	41,031	83.1%	77.8%-87.4%	415
	Yes	8,324	16.9%	12.6%-22.2%	102
CHRONIC HEALTH CONDITIONS ⁶	No Chronic Disease	18,282	37.5%	30.5%-45.0%	148
	Chronic Disease	30,518	62.5%	55.0%-69.5%	359
CHRONIC HEALTH CONDITIONS ⁶	No Chronic Disease	18,282	37.5%	30.5%-45.0%	148
	1 Chronic Disease	14,696	30.1%	24.1%-37.0%	147
	2+ Chronic Diseases	15,822	32.4%	26.7%-38.7%	212

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

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6. Chronic Health Conditions calculated from heart disease (heart attack/stroke/angina), current asthma, cancer, COPD, arthritis, depression and diabetes questions.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

MENTAL HEALTH

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
FELT DOWN, DEPRESSED, OR HOPELESS PAST 2 WEEKS	Never	28,570	57.8%	50.6%-64.6%	309
	One Day/Several Days	15,194	30.7%	24.3%-38.0%	147
	More than Half or Nearly Every Day	5,689	11.5%	8.0%-16.3%	59
FELT NERVOUS, ANXIOUS, OR ON EDGE PAST 2 WEEKS	Never	22,793	46.0%	39.2%-52.9%	261
	One Day/Several Days	19,681	39.7%	32.8%-47.1%	191
	More than Half or Nearly Every Day	7,103	14.3%	10.3%-19.6%	64
CONFUSION OR MEMORY LOSS WORSENING	Yes	3,087	10.4%	7.2%-14.9%	49
	No	26,533	89.6%	85.1%-92.8%	360

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

DIABETES

ICBRFS - Southern Seven	Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
EVER TOLD HAVE No	41,031	83.1%	77.8%-87.4%	415
DIABETES ⁷ Yes	8,324	16.9%	12.6%-22.2%	102
PAST THREE Yes	21,603	53.3%	45.3%-61.2%	250
YEARS HAD A No	18,907	46.7%	38.8%-54.7%	152
HIGH BLOOD SUGAR/DIABETES TEST ⁸				
EVER TOLD YOU Yes	4,627	11.4%	7.7%-16.5%	53
HAVE No	36,122	88.6%	83.5%-92.3%	354
BORDERLINE/PRE-DIABETES ⁹				

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7. Respondents reporting yes but only during pregnancy OR told borderline/pre hypertensive are included as No.
8. Asked only of respondents who did not report ever being told they have diabetes.
9. Asked only of respondents who did not report ever being told they have diabetes or borderline/pre-diabetes.

Illinois County Behavioral Risk Factor Surveys

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OBESITY

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
BODY MASS INDEX ¹⁰	Normal or Underweight	11,533	24.5%	19.0%-31.1%	117
	Overweight	14,767	31.4%	25.6%-37.9%	160
	Obese	20,721	44.1%	37.3%-51.0%	217
OVERWEIGHT OR OBESE	No	11,533	24.5%	19.0%-31.1%	117
	Yes	35,488	75.5%	68.9%-81.0%	377

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10. BMI calculated from reported height and weight. BMI Categories: Underweight <18.5, Normal >=18.5 and <30, Overweight >=30 and <70, Obese >=70.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

DISABILITY STATUS

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
FUNCTIONAL DISABILITY	No Disability	29,939	61.1%	53.8%- 67.8%	298
	Disability	19,085	38.9%	32.2%- 46.2%	213

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

ALCOHOL CONSUMPTION

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
DRANK ALCOHOL PAST 30 DAYS	Yes	19,485	40.1%	33.5%-47.2%	178
	No	29,049	59.9%	52.8%-66.5%	327
BINGE DRINKING (CALCULATED) ¹¹	Not At Risk	41,123	84.7%	78.2%-89.6%	462
	At Risk	7,405	15.3%	10.4%-21.8%	42
HEAVY DRINKING (CALCULATED) ¹²	Not At Risk	46,130	95.0%	91.0%-97.3%	482
	At Risk	2,405	5.0%	2.7%-9.0%	23
ALCOHOL RELATED RISK (BINGE OR HEAVY DRINKER)	Not At Risk	40,634	83.7%	77.2%-88.7%	454
	At Risk	7,893	16.3%	11.3%-22.8%	50

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

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11. Calculated at risk for men having 5+ drinks on one occasion and women having 4+ drinks on one occasion.

12. Calculated at risk for men having >2 drinks per day and women having >1 drink per day.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

TOBACCO & E-CIGARETTES

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
CALCULATED SMOKING STATUS ¹³	Smoker	9,090	18.8%	14.1%-24.7%	90
	Former Smoker	13,494	27.9%	22.1%-34.6%	148
	Never Smoked	25,720	53.2%	46.1%-60.2%	265
QUIT SMOKING (FORMER SMOKERS) ¹⁴	Past Year	*	*	*	*
	More than 1 Year Ago	*	*	*	*
USE SMOKELESS TOBACCO ¹⁵	No	46,138	95.5%	92.3%-97.4%	477
	Yes	2,167	4.5%	2.6%-7.7%	26
CALCULATED E-CIGARETTES STATUS ¹⁶	Current User	2,279	4.7%	2.6%-8.3%	20
	Not Currently Using	13,380	27.7%	21.2%-35.4%	94
	Never Used	32,586	67.5%	60.0%-74.3%	388

Illinois County Behavioral Risk Factor Survey, Round 7 (Collected 2020-2023)

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13. Calculated smoking status from tobacco questions.

14. Asked only if respondent reported smoking 100+ cigarettes and reported frequency is not at all.

15. Smokeless tobacco includes cigarettes, chewing tobacco, snuff, or snus.

16. Calculated e-cigarette status from e-cigarette questions.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

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MARIJUANA

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
PAST 30 DAYS - ANY MARIJUANA/CANNABIS USE	No	41,085	85.3%	79.1%-89.9%	444
	Yes	7,080	14.7%	10.1%-20.9%	55
PAST 30 DAYS - REASON USING MARIJUANA	Medical Reasons	*	*	*	*
	Non-Medical Reasons	*	*	*	*
	Both Medical And NonMedical Reasons	*	*	*	*
PAST 30 DAYS - MOST COMMON WAY USE MARIJUANA	Smoke It (In A Joint, Bong, Pipe, Or Blunt)	*	*	*	*
	Other	*	*	*	*

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

IMMUNIZATION

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
HAD INFLUENZA VACCINATION PAST 12 MONTHS	Yes	20,568	42.3%	35.5%-49.4%	241
	No	28,040	57.7%	50.6%-64.5%	266
ADULTS AGED 65+ HAD INFLUENZA VACCINATION PAST 12 MONTHS	Yes	8,262	58.5%	48.9%-67.4%	148
	No	5,868	41.5%	32.6%-51.1%	101
EVER HAD PNEUMONIA VACCINATION	Yes	15,256	32.8%	27.1%-39.0%	231
	No	31,272	67.2%	61.0%-72.9%	261
ADULTS AGED 65+ EVER HAD PNEUMONIA VACCINATION	Yes	*	*	*	*
	No	*	*	*	*
EVER HAD HPV VACCINATION	Yes	*	*	*	*
	No	*	*	*	*
NUMBER OF HPV SHOTS RECEIVED	None	*	*	*	*
	1-2 Shots	*	*	*	*
	All Shots	*	*	*	*
EVER HAD SHINGLES/ZOSTER VACCINATION	Yes	8,732	32.2%	25.6%-39.7%	141
	No	18,351	67.8%	60.3%-74.4%	245

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

INJURY

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
HAD A FALL PAST 12 MONTHS	Yes	8,615	28.9%	21.6%-37.4%	130
	No	21,233	71.1%	62.6%-78.4%	281
TIMES FALLEN IN 1 Fall PAST 12 MONTHS	1 Fall	4,128	13.8%	7.7%-23.6%	56
	2 or More Falls	4,487	15.0%	11.1%-20.1%	74
	None	21,233	71.1%	62.6%-78.4%	281
HAD INJURY FROM FALL	Yes	*	*	*	*
	No	*	*	*	*
DRIVEN AFTER DRINKING TOO MUCH IN THE PAST MONTH ¹⁷	Yes	*	*	*	*
	No	*	*	*	*

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17. Respondents who answered one or more days included in Yes. Respondents who answered No to drinking any alcohol in the past 30 days are not asked this question.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

HIV/STD/SEXUAL BEHAVIOR

ICBRFS - Southern Seven	Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
EVER HAD HIV TEST Yes	15,911	33.2%	26.4%-40.8%	127
No	32,027	66.8%	59.2%-73.6%	367
DO ANY HIGH RISK SITUATIONS APPLY Yes	4,188	8.7%	4.4%-16.3%	21
No	44,116	91.3%	83.7%-95.6%	482

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Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

BREAST AND CERVICAL CANCER SCREENING

ICBRFS - Southern Seven	Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
HAD MAMMOGRAM PAST 2 YEARS (WOMEN AGE 40+)	13,151	82.1%	74.8%-87.7%	190
HAD MAMMOGRAM PAST 2 YEARS (WOMEN AGE 50-74) ¹⁸	2,859	17.9%	12.3%-25.2%	53
HAD MAMMOGRAM PAST 2 YEARS (WOMEN AGE 50-74) ¹⁸	8,676	82.1%	72.9%-88.6%	135
HAD MAMMOGRAM PAST 2 YEARS (WOMEN AGE 50-74) ¹⁸	1,891	17.9%	11.4%-27.1%	38
HAD PAP IN PAST 3 YEARS (WOMEN AGE 21-65) ¹⁹	*	*	*	*
HAD PAP IN PAST 3 YEARS (WOMEN AGE 21-65) ¹⁹	*	*	*	*
LAST HPV TEST Within Past 5 Years	*	*	*	*
5+ Years Ago	1,323	6.7%	3.5%-12.7%	18
Never	*	*	*	*
HAD HYSTERECTOMY	5,426	23.6%	17.3%-31.4%	94
HAD HYSTERECTOMY	17,527	76.4%	68.6%-82.7%	189

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18. Asked only if reporting Yes to having mammogram, includes those responding as No as Never.

19. Asked only if reporting Yes to having pap smear, includes those responding as No as Never.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

PROSTATE CANCER SCREENING

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
EVER HAD PSA TEST (MALES AGE 40+)	Yes	*	*	*	*
	No	*	*	*	*
MEN 40+ WHO HAVE HAD PSA TEST IN PAST 2 YEARS ²⁰	Yes	*	*	*	*
	No	*	*	*	*

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20. Respondents that reported never having a PSA test are included as No.

Illinois County Behavioral Risk Factor Surveys

Round 7 (2020-2023) County Report

COLORECTAL CANCER SCREENING

ICBRFS - Southern Seven		Estimated Population	Weighted Percentage	95% Confidence Interval	Number of Respondents
HAD BLOOD STOO	Yes	1,977	9.4%	5.0%-16.9%	24
TEST IN PAST YEAR	No	19,155	90.6%	83.1%-95.0%	267
(AGED 50-75) ²¹					
HAD COLONOSCOPY PAST 10 YEARS	Yes	*	*	*	*
(AGED 50-75) ²¹	No	*	*	*	*
HAD SIGMOIDOSCOPY PAST 5 YEARS	Yes	*	*	*	*
(AGED 50-75) ²¹	No	9,990	96.9%	90.3%-99.0%	120
FULLY MET 2016 USPSTF CRC SCREENING RECOMMENDATION	Yes	*	*	*	*
	No				

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21. Type of exam and when was the last exam only asked if respondent reported they had ever had an exam.

