

LOGAN COUNTY DEPARTMENT OF PUBLIC  
HEALTH  
&  
ABRAHAM LINCOLN MEMORIAL HOSPITAL

LOGAN COUNTY COMMUNITY  
HEALTH NEEDS ASSESSMENT  
2020-2025



**Public Health**  
Prevent · Promote · Protect  
**LOGAN COUNTY**

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## Letter of Approval

February 19, 2021

Nelson Agbodo, IPLAN Administrator  
Division of Health Data & Policy  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL. 62761

Dear Mr. Agabodo,

At the July 6, 2020 meeting of the Logan County Board of Health, Kara Davis, Assistant Administrator/Director of Nursing of the Logan County Department of Public Health, presented to the Board the Logan County Community Health Plan, which was developed using IPLAN and in accordance with the Certified Local Health Department Code (77 Ill. Adm. Code 600).

The Logan County Board of Health reviewed the above plan and, by vote, adopted said plan. Thank you for the opportunity to submit this plan and we look forward to hearing of the Logan County Department of Public Health's recertification.

Sincerely,

A handwritten signature in black ink that reads "Roger W Bock". The signature is written in a cursive, flowing style.

Roger Bock, President  
Logan County Board of Health

## **Section I: Organizational Capacity Assessment**

### ***Purpose***

The Organizational Capacity Assessment is an internal assessment that focuses on improving organizational performance in a local health department. This process shall address the internal capabilities of the local health department to conduct effective public health functions. These functions include an assessment of operational authority, community relations, information systems, and program management. This process is completed by members of the administration team at the local health department as well as the administrator. This assessment determines the strengths, weaknesses, opportunities, and threats in the local health jurisdiction. This assessment assists health departments in creating an organizational action plan. This process has been made an ongoing process in Logan County every three to five years and therefore results in progressive improvement in the performance of the health department.

The Organizational Capacity Assessment was conducted using the Assessment Protocol for Excellence in Public Health Protocol (APEX-PH) process. This process is a means for local health departments to enhance their organizational capacity and to strengthen their leadership role in the community. A strong local health department will better serve the community and will successfully achieve local health needs and goals.

The Organizational Capacity Assessment was distributed to administrative staff by the Logan County Department of Public Health. The assessors were asked to rate applicable indicators to the health department based on the importance of each indicator. Based on the importance of the indicator, it can be determined the amount of improvement and focus that shall be put on that specific indicator. Each indicator will vary between local health departments, but an overall assessment of comparison is useful to the improvement of the local health department.

There were numerous indicators that were ranked by importance including:

- Authority to Operate
- Community Relations
- Community Health Assessment
- Public Policy Development
- Assurance of Public Health Services
- Financial Management
- Personnel Management
- Program Management
- Policy Board Procedures

These indicators were ranked based on four levels of importance which include high importance, moderate importance, low importance, and none. There were a total of seven Organizational Capacity Assessments that were completed anonymously by members of the LCDPH and the Board of Health. Results were reviewed to determine the most important indicators for the health department.

Strengths and weaknesses identified in the Organizational Capacity Analysis can be found in Appendix A.

### ***Priority I***

#### **1. Financial Management**

**Goal:** To improve the Logan County Department of Public Health's financial status.

**Objective:** By 2025, LCDPH will have a diverse funding base to lessen disruption of services.

**Action Plan:** The senior management of the health department will work with the Logan County Board to receive the full tax levy yearly.

### ***Priority II***

#### **2. Data Collection and Analysis**

**Goal:** To improve Logan County Department of Public Health's database of local health resources for the community.

**Objective:** By 2025, LCDPH will maintain a database of existing health resources and community health status.

**Action Plan:** LCDPH will create a database of local health resources and they will be available to the public via the department website, Facebook page and a hard copy kept on file at the department.

### ***Priority III***

#### **3. Personal Health Services**

**Goal:** To improve access to needed health care for all citizens of Logan County.

**Objective:** By 2025, LCDPH will identify barriers to access to health care and develop plans to minimize them.

**Action Plan:** LCDPH will create a committee consisting of healthcare professionals and community members who will meet routinely. The committee will identify health concerns, underserved population sectors and barriers while

setting goals and creating solutions to assure all citizens have equal and sufficient opportunities to improve access to affordable healthcare.

## **Section II: Illinois Project for Local Assessment of Needs (IPLAN)**

The Illinois Project for Local Assessment of Needs (IPLAN) is a process that utilizes community input and resources to correct the most important health care problems in local health departments in Illinois. The IPLAN was developed by the Illinois Department of Public Health in collaboration with local health departments to meet the requirements set for in Section 600 of the Certified Local Health Department Code – Administrative Code 77-600 which states “The performance of the core public health functions is the unique feature that distinguishes a certified local health department from any other public health provider in a local area.” The IPLAN is used as a re-certification process in order to identify and meet local needs and is conducted every 5 years.

The IPLAN was in part conducted using the Assessment Protocol for Excellence in Public Health (APEX-PH). APEX-PH was first developed in July 1987 and was intended for the use of local health departments as a process for organizational and community self-assessment, planned improvements, and continuing evaluation and reassessments. It is also used to enhance local health department organizational capacity and to strengthen the leadership role of the health department in the community it serves.

There are eight parts to the APEX-PH Community Process in order to formulate a successful plan which includes:

1. Prepare for the community process.
2. Collect and analyze health data.
3. Form a community health committee.
4. Identify community health problems.
5. Analyze community health problems.
6. Prioritize community health problems.
7. Inventory community health resources.
8. Develop a community health plan.

The External Community Health Committee includes members of the Abraham Lincoln Memorial Hospital Community Health Collaborative, a standing community coalition that includes local organizations, schools, businesses, private individuals, service agencies and churches with a mission to improve the health of the Logan County. The External Community Health Committee met twice, in December of 2017 and March of 2018.

The Internal Community Health Committee was a more focused group of health and medical professionals from the community. This group included administration from the health department, Abraham Lincoln Memorial Hospital, Memorial Physician Services, Springfield Clinic – Lincoln, and Memorial

Behavioral Health. The Internal Community Health Committee met twice, in December 2017 and January of 2018.

Both committees held an initial meeting to explain the purpose of the IPLAN. The committee members received local health data before the meeting, and the data was also presented at the meeting. The committee members discussed the health status and health problems that were presented in the data and created a list of issues that were determined to be of concern in Logan County. Data sets were discussed from the following data groupings:

- Demographic and socioeconomic characteristics
  - 2010 US Census Report
  - Conduent Healthy Communities Institute
  - Robert Wood Johnson Foundation - County Health Rankings
  - American Community Survey
  - US Department of Agriculture
  - US Bureau of Labor Statistics
  - Healthy People 2030
- General Health and Access to Care
  - Illinois Department of Public Health Vital Statistics
  - Illinois Department of Public Health – IPLAN Data
  - Conduent Healthy Communities Institute
  - Illinois Behavioral Risk Factor Surveillance System 2010-2014
  - US Department of Health and Human Services – Health Resources and Services Administration
  - Robert Wood Johnson Foundation - County Health Rankings
  - Healthy People 2030
- Maternal and Child Health
  - Illinois Department of Public Health Vital Statistics
  - Healthy Communities Institute
  - IQuery
  - Illinois Department of Public Health – IPLAN Data
  - Illinois Department of Children and Family Services
  - Healthy People 2030
- Chronic Disease
  - Illinois Hospital Association
  - Conduent Healthy Communities Institute
  - Centers for Medicare & Medicaid Services
  - Centers for Disease Control and Prevention
  - Illinois Department of Public Health – IPLAN Data
  - IQuery
  - Illinois Behavioral Risk Factor Surveillance System
  - National Cancer Institute
  - Healthy People 2030
- Infectious Disease
  - LCDPH Reportable Disease Data



- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Conduent Healthy Communities Institute
- Illinois Department of Public Health Vital Statistics
- Illinois Department of Public Health – IPLAN Data
- Illinois Behavioral Risk Factor Surveillance System
- Illinois Hospital Association
- IQuery
- Healthy People 2030
- Environmental/Occupational/Injury Control
  - LCDPH Environmental Health Data
  - US Environmental Protection Agency
  - Fatality Analysis Reporting System
  - Illinois Criminal Justice Information Authority
  - Illinois Department of Public Health Vital Statistics
  - Illinois Hospital Association
  - County Health Rankings
  - Illinois Department of Public Health – Environmental Health Statistics
  - Healthy People 2030
- Risk Factors and Screenings Rates
  - Illinois Behavioral Risk Factor Surveillance System 2010-2014
  - Illinois Youth Survey 2018
  - US Department of Agriculture – Food Environment Atlas
  - Illinois Hospital Association
  - Centers for Medicare & Medicaid Services
  - Healthy People 2030

### **Initial Health Priorities**

- Child abuse/neglect
- Mental health provider access
- Substance abuse
- Youth mental health
- Cancer
- Poverty
- Disconnected youth
- High school graduation rates
- Bullying
- Obesity
- Infant Mortality/Low Birthweight
- Drug overdose/death
- Sexually transmitted infections
- Smoking

- Housing
- Primary Care access
- PBT
- HIV
- Motor vehicle deaths
- Single parent households
- Food access
- Stroke/heart disease
- Unemployment
- Diabetes
- Alzheimer's disease/dementia
- School climate
- Depression in Seniors
- Breastfeeding
- Lead levels
- Insufficient sleep
- Violent crime
- Post-secondary education
- Vaccinations
- Health insurance coverage
- Teen births
- Kidney disease
- Child mortality

The second IPLAN meeting for the External Community Health Committee consisted of members selecting the top 10 priorities from the list of health issues that was created in the first meeting.

### **Top 10 Health Priorities**

- Poverty
- Child Abuse/Neglect
- Youth Mental Health/Mental Health Access/Suicide/Depression in Seniors
- Substance Abuse
- Cancer
- High School Graduation Rate
- Disconnected Youth
- Bullying
- Obesity
- Housing

The second IPLAN meeting for the Internal Community Health Committee consisted of members evaluating the top 10 community health problems using the Hanlon Method, which rates the size of the health problem, the seriousness

of the health problem and the effectiveness of available interventions to determine the health priority rankings. The final 3 health priorities for the IPLAN were chosen during this meeting.

### **Top 3 Health Priorities**

- Substance Abuse Prevention
- Behavioral Health
- Obesity

## **Section III: Community Health Plan Results**

### ***Priority One – Substance Abuse Prevention***

#### **A. Rationale**

According to IL BRFSS 2007-2009, 19.9% of Logan County adults smoke cigarettes. The Illinois Youth Survey 2018 County Report for Logan County found that 15% of 8<sup>th</sup> graders have used any tobacco or e-cigarettes or vaping in the last 30 days, and 41% of teens consume alcohol in Logan County. The Illinois Youth Survey also found that substance abuse significantly increases between 8<sup>th</sup> and 12<sup>th</sup> grade. 8<sup>th</sup> graders who reported using tobacco in the last 30 days was only 15%, in comparison to 39% of 12<sup>th</sup> graders. Alcohol consumption for the past 30 days in 8<sup>th</sup> grade students in Logan County was 18%, in comparison to 41% of 12<sup>th</sup> grade students. Marijuana use was reported by 9% of 8<sup>th</sup> graders in the past 30 days, whereas it was reported in 19% of 12<sup>th</sup> graders. Alcohol use rates were higher for 12<sup>th</sup> graders in Logan County than the state rate which was 40% for alcohol. Driving under the influence (DUI) rates are also greater in Logan County among adolescents than the state. 23% of Logan County 12<sup>th</sup> grade students reported at least instance of DUI in last 12 months, while the state rate is 13%. In Logan County, 21% of 12<sup>th</sup> graders reported binge drinking within the last two weeks with greater than half of those reporting a twice or more occurrence.

#### **B. Risk and Contributing Factor Analysis**

The CDC cites substance abuse as a risk factor for violence, HIV infection, injury, and other diseases in adolescents. According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking at a young age are more likely to develop alcohol dependence than those who begin drinking at age 21. Patterns formed during adolescence play a critical role in health throughout adulthood. Alcohol use also impairs judgment and can lead to other high-risk behaviors such as drunk driving and sexual activity.

Contributing factors to youth substance abuse are a lack of communication between parents and children, peer pressure, accessibility, and exposure per the National Institute of Drug Abuse. Teens are more likely to use substances, such as marijuana and alcohol, when there is a lack of parental supervision and discussion. Peer and family consumption of drugs or alcohol increase exposure and availability.

#### **C. Outcome Objective**

By 2025, reduce the proportion of teens that smoke in Logan County to 9.9%, which is 10% of the baseline. Baseline = 13%, Center for Prevention Research and Development, Illinois Youth Survey, 2018

By 2025, reduce the proportion of teens who consume alcohol in Logan County to 36.9%, which is a 10 percent improvement. Baseline = 41%, Center for Prevention Research and Development, Illinois Youth Survey, 2018.

## **D. Impact Objective**

By 2025, increase the proportion of adolescents who perceive great risk associated with substance abuse (Healthy People 2030, SU-R01)

By 2025, reduce the proportion of persons under 21 years of age engaging in binge drinking of alcoholic beverages during the past 30 days (Healthy People 2030, SU – 09) to 8.4%. Baseline = 11.4%, Healthy People 2030.

By 2025, reduce current use of any tobacco products among adolescents (Healthy People 2030, TU-04) to 11.3%. Baseline = 18.3%, Healthy People 2030.

## **E. Intervention Strategies**

Be an active participant in the Logan County Substance Use Prevention Coalition.

Annual press release to inform and get a message across to prevent drug abuse, tobacco, and related use.

Spearhead a naloxone training to be conducted annually while providing naloxone to those eligible.

Promote ALMH's free smoking cessation counseling.

## **F. Discussion of Intervention Strategy Implementation**

Promote substance use prevention on LCDPH website and Facebook page.

Partner with the Human Service Center in Peoria to distribute naloxone.

Partner with community organizations to help with awareness and education. Examples might include Chestnut Health Systems, Logan County Probation, Abraham Lincoln Memorial Hospital, etc.

Partner with the police in Logan County to help enforce/ and educate on the laws

Promote smoking cessation through the WIC department at LCDPH.

Promote Illinois Tobacco Quitline.

Funding: Illinois Tobacco Free Communities from IDPH and ALMH Community Health

Collaborative. Seek additional funding when available.

## ***Priority Two – Behavioral Health***

### **Rationale**

The Centers for Medicare and Medicaid Services 2017 reported that 20.4% of persons age 65 or older in Logan County have depression. Compared with the Illinois value of 16.4%. The Illinois Youth Survey 2018 County Report for Logan County found that mental health concerns increases between 8<sup>th</sup> and 12<sup>th</sup> grade. 33% of 8<sup>th</sup> graders in Logan County reported experiencing depression in the last 12 months, 44% of 10<sup>th</sup> graders and 34% of 12<sup>th</sup> graders. Also, 8<sup>th</sup> graders who reported considering suicide in the past 12 months was 0%, in comparison to 29% of 12<sup>th</sup> graders. The suicide rate in Logan County is 20.4 per 100,000 people and 10.7 per 100,000 for the state of Illinois, (Centers for Disease Control and Prevention 2015-2017).

### **B. Risk and Contributing Factor Analysis**

The CDC cites that mental (behavioral) health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental (behavioral) health is important at every stage of life, from childhood and adolescence through adulthood.

Mental (behavioral) and physical health are equally important components of overall health. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease. Similarly, the presence of chronic conditions can increase the risk for mental illness.

### **C. Outcome Objective**

By 2025, reduce the percentage of persons who have depression age 65 and older in Logan County to 18.3%, which is 10% of the baseline. Baseline = 20.4%, CDC 2017.

By 2025, reduce the percentage of adolescents who have depression to 33.3%, which is 10% of the baseline. Baseline = 37% (Illinois Youth Survey 2018).

### **D. Impact Objective**

By 2025, increase the percentage of adolescents with major depressive episodes (MDEs) who receive treatment to 46.4%. Baseline = 41.4% (Healthy People 2030, MHMD-06).

By 2025, increase the percentage of adults with major depressive episodes (MDEs) who receive treatment to 69.5%. Baseline = 64.8% (Healthy People 2030, MHMD-05)

By 2025, reduce suicide attempts by adolescents to 1.8 suicide attempts per 100 population. Baseline 2.4 suicide attempts per 100 population of students in grades 9 through 12 occurred in the past 12 months, as reported in 2017 (Healthy People 2030, MHMD-02).

## **E. Intervention Strategies**

Implement Mental Health First Aid training in Logan County.

Increase education to the community for identifying behavioral health issues and how to respond.

Assist the community at becoming trauma-informed to ensure residents and local partners are best equipped to intervene to ensure people with behavioral issues are given proper, timely, initial and follow-up care to improve mental health and prevent re-traumatization.

## **F. Discussion of Intervention Strategy Implementation**

Partner with community organizations to help with awareness and education. Examples might include Abraham Lincoln Memorial Hospital Community Health Collaborative, Community Action Partnership of Central Illinois, etc.

Partner with the police in Logan County to help educate on behavioral health.

Continue to support the Logan County Mental Health Advisory Committee.

Funding: Logan County Board, ALMH Community Health Collaborative, seek additional funding when available

## **Priority Three – Obesity**

### **A. Rationale**

According to the IL BRFSS 2010-2014, 43.3% of adult residents in Logan County are obese. Representing an increase of 12.9% from 30.4 % in the 2007-2009 BRFSS. In addition, 28.8% reported being overweight. That is an increase of 5.5% from 35.9% in the 2007-2009 BRFSS. Per the 2018 *County Health Rankings*, Logan County ranked 64<sup>th</sup> in Health Behaviors out of 102 Illinois counties. This determinant includes the risk factors of diet and exercise which directly affects weight control. The 2018 *County Health Rankings* also indicated that 28% of Logan County residents were obese. The data collected by the IL BRFSS stated 74.8% of residents engaged in regular exercise for more than the past 30 days while 25.2% had no exercise at all. According to the Centers for Disease Control and Prevention, obesity also increases the risk factors of numerous diseases including coronary heart disease, Type 2 diabetes, cancer, hypertension, dyslipidemia, and liver and gallbladder disease.

As indicated in the Illinois Youth Survey 2014 County Report for Logan County, an average of 13% of adolescents (grades 8 through 12) reported a BMI in the overweight or obese ranges. According to the 2018 Robert Wood Johnson report, Illinois has the 17th highest rate of childhood obesity in those ages 10 to 17 years old. Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight, and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. Childhood obesity has more than tripled in the past thirty years. Healthy eating and regular physical activity can lower the risk of becoming obese.

### **B. Risk and Contributing Factor Analysis**

The Centers for Disease Control and Prevention notes numerous factors that contribute to obesity including behavioral, genetic, and environmental factors. Behaviors can include physical activity, inactivity, dietary patterns, medication use, and other exposures. Additional contributing factors include the food and physical activity environment, education and skills, and food marketing and promotion.

### **C. Outcome Objective**

By 2025, reduce the proportion of adults who are obese in Logan County to 26. Baseline = 43.4%, IL BRFSS 2010-2014.

By 2025, reduce the proportion of children who are obese in Logan County (Healthy People 2030, NWS – 0.4) to 15.5%. Baseline = 17.8%, Healthy People 2030.



## **D. Impact Objective**

By 2025, increase fruit consumption in the residents of Logan County (Healthy People 2030, NWS – 06) to 0.56 cup equivalent per 1,000 calories consumed. Baseline = 0.51 cup equivalent of fruits per 1,000 calories, Healthy People 2030.

By 2025, increase the consumption of dark green vegetables, red and orange vegetables, and beans and peas to the diets of the residents of Logan County (Healthy People 2030, NWS – 0.8) to 0.33 cup equivalent per 1,000 calories consumed. Baseline = 0.31 cup equivalent of dark green vegetables, red and orange vegetables, and beans and peas per 1,000 calories, Healthy People 2030.

By 2025, reduce the proportion of adults who engage in no leisure-time physical activity (Healthy People 2030, PA – 1) to 21.2%. Baseline = 25.4%, Healthy People 2030.

## **E. Intervention Strategies**

Awareness of the effects of obesity should be continued to be introduced to young children as well as adults while adults are framed as role models for children.

Increase the availability and affordability of healthier food and beverage choices in public service areas and schools.

Improve mechanisms for purchasing foods from farms.

Limit advertisements of less healthy foods and beverages.

Discourage consumption of sugar-sweetened beverages.

Participate in the ALMH Community Health Collaborative's Breastfeeding Task Force.

Increase opportunities for extracurricular activities and enhance traffic safety in areas where persons are or could be physically active.

Increase awareness of family history of obesity.

## **F. Discussion of Intervention Strategy Implementation**

Partner with community agencies working for the same goal.

Partner with the hospital to promote outdoor trails in Logan County.

Promote the use of the Abraham Lincoln Memorial Hospital Farmers Market.

Promote healthy lifestyles with Women, Infants, and Children through LCDPH.

Educate and raise awareness through marketing and promotions.

Provide every CATCH school support to best implement the CATCH program.

Funding Source: IDPH Coordinated School Health grants when available, seek funding sources available.

## **Acknowledgements**

A very special thank you to all members of the 2017-2018 Internal and External Community Health Committees:

Abraham Lincoln Memorial Hospital  
Abraham Lincoln Memorial Hospital Community Health Collaborative  
Abraham Lincoln Memorial Hospital Foundation  
Chestnut Health System  
Community Action Partnership of Central Illinois  
Gateway Foundation  
Heartland Community College  
Lincoln College  
Lincoln Park District  
Logan County Probation  
Memorial Behavioral Health  
Memorial Physician Services-Lincoln  
Moms Who Care  
SIU Family Health Center  
SIU Office of Population Science and Policy  
SIU School of Medicine

## Appendices

### ***Appendix A. Organizational Capacity Assessment Strengths and Weaknesses***

**Strengths:** Identified as at least 4 respondents rating perceived importance as “High Importance” and at least 4 respondents rating current status as “Fully Met”

**Weaknesses:** Identified as at least 4 respondents rating perceived as “High Importance” and at least 4 respondents rating current status as “Partially Met” or “Not Met at All”

Area	Strength	Weakness
<b>I. Indicators for Authority to Operate</b>		
A. Legal Authority	None Identified	<ul style="list-style-type: none"> <li>• The health department has clear authority to act as a law enforcement office for public health problems.</li> <li>• The health department has authority to develop and introduce local regulations when needed.</li> <li>• The health department has the authority to delegate public health duties to municipalities within its jurisdiction.</li> </ul>
B. Intergovernmental Relations	None Identified	<ul style="list-style-type: none"> <li>• The health department is regularly consulted by the local schools when setting health policy.</li> </ul>
C. Legal Counsel	<ul style="list-style-type: none"> <li>• The health department has legal counsel sufficient to provide advice as needed on administrative practices; department powers, duties, policies, and procedures; relevant laws and ordinances; contracts; and other legal matters</li> </ul>	None Identified
<b>II. Indicators for Community Relations</b>		
A. Constituency Development	<ul style="list-style-type: none"> <li>• The health department has a physician health officer, medical adviser(s), or consultant(s) to assist in maintaining relationships with the</li> </ul>	None Identified

	private medical community	
B. Constituency Education	<ul style="list-style-type: none"> <li>The local media looks to the health department as a source of information about the health of the community.</li> <li>The health department regularly provides background information and news information to the local media.</li> <li>The health department has a means of regular public communication, such as a regular newsletter of column in a community newspaper</li> </ul>	None Identified
C. Documentation	None Identified	None Identified
<b>III. Indicators for Community Health Assessment</b>		
A. Mission and Role	<ul style="list-style-type: none"> <li>The health department has established a process for community health assessment and the development of a community health plan</li> </ul>	<ul style="list-style-type: none"> <li>At least every two years, the health department formally requests all units of government within its jurisdiction to comment on the department's programs, plan, and budget</li> </ul>
B. Data Collection and Analysis	None Identified	<ul style="list-style-type: none"> <li>The health department maintains a database of existing health resources and community health status</li> </ul>
C. Resource Assessment	None Identified	<ul style="list-style-type: none"> <li>The health department has joint powers agreements with other units of government in neighboring jurisdictions or within its own jurisdiction for the shared funding and operation of enforcement and service delivery programs where economies of scale and efficiency are possible.</li> </ul>
D. Planning and Development	<ul style="list-style-type: none"> <li>The health department has staff with education and experience in planning and evaluation.</li> <li>The health department has a published strategic plan that includes the current year.</li> </ul>	None Identified
E. Evaluation and Assurance	None Identified	None Identified
<b>IV. Indicators for Public Policy Development</b>		
A. Community	None Identified	None Identified

Health Assessment and Planning		
B. Community Health Policy	None Identified	None Identified
C. Public Policy and Public Health Issues	None Identified	None Identified
<b>V. Indicators for Assurance of Public Health Services</b>		
A. Public Policy Implementation	<ul style="list-style-type: none"> <li>The health department maintains a level of service without interruption to avoid crises affecting the health of the community</li> </ul>	None Identified
B. Personal Health Services	<ul style="list-style-type: none"> <li>The health department seeks to assure that all citizens receive the level of personal health services referred to in B1, above, regardless of their ability to pay (refers to “The health department monitors the availability of personal health services and assures an appropriate level of those health services in the community”)</li> </ul>	<ul style="list-style-type: none"> <li>The health department identifies barriers to access to health care and develops plans to minimize them.</li> <li>The health department provides the services necessary to assure a clean, safe, and secure environment for the community</li> </ul>
C. Involvement of Community in the Public Health Delivery System	None Identified	None Identified
<b>VI. Indicators for Financial Management</b>		
A. Budget Development and Authorization	<ul style="list-style-type: none"> <li>A department budget is adopted annually by the policy board.</li> <li>The health department receives locally assessed tax funds from the unit of government to which it is responsible.</li> <li>The health department has the authority to recommend and charge fees for the services it provides</li> </ul>	<ul style="list-style-type: none"> <li>The health department has an adequate contingency fund for dealing with public health emergencies</li> </ul>
B. Financial Planning and Financial Resource Development	<ul style="list-style-type: none"> <li>The health department has staff skilled in writing successful grant applications</li> </ul>	<ul style="list-style-type: none"> <li>The health department has a diverse funding base to lessen disruption of services caused by withdrawal of funds from any one source.</li> <li>The health department has a predictable of funds to allow the</li> </ul>

		development and implementation of a long-range plan (minimum, 5 years)
C. Financial Reporting and Administration	<ul style="list-style-type: none"> <li>• An administrative officer or finance director is designated by the policy board to oversee all finances of the health department, including meeting all legal financial requirements, adherence to department fiscal policies, and reporting to the policy board regularly on financial matters</li> </ul>	<ul style="list-style-type: none"> <li>• Expenditures follow the budget and financial plan of the health department</li> </ul>
D. Audit	<ul style="list-style-type: none"> <li>• The health department has an independent, outside, annual financial and performance audit which conforms with requirements stipulated by general accounting principles.</li> <li>• The annual audit is reviewed and clearly understood by the policy board and key department staff</li> </ul>	None Identified
E. Documentation	<ul style="list-style-type: none"> <li>• Appropriate journals, ledgers, registers, and financial reports are kept, using generally accepted accounting procedures</li> </ul>	None Identified
<b>VII. Indicators for Personnel Management</b>		
A. Policy Development and Authorization	<ul style="list-style-type: none"> <li>• A written job description, including minimum qualifications, exists for each position in the health department.</li> <li>• Written personnel policies and procedures are developed or revised with staff input.</li> <li>• If labor unions represent department staff, there is an established working relationship and labor contract between the health department policy board and each respective labor union.</li> <li>• There is a documented procedure, authorized by the policy board and developed with input from senior management of the health department and staff where appropriate, for employee grievances, reprimands, suspensions, and dismissals</li> </ul>	<ul style="list-style-type: none"> <li>• There is a documented, structured salary administration plan that is authorized by the policy board and that is designed to attract and retain competent staff</li> </ul>
B. Personnel Administration and Reporting	<ul style="list-style-type: none"> <li>• The health department director is responsible for internal administration of the department.</li> <li>• Written staff performance appraisals are conducted by supervisors with employees at established intervals.</li> <li>• Health department announcements and</li> </ul>	None Identified

	<p>program information are distributed to all employees via a standard mechanism.</p> <ul style="list-style-type: none"> <li>• There are regularly scheduled meetings by work group, work site, division, and department.</li> <li>• The policy board receives routine reports from the health department director relative to new employees, staffing changes, dismissals, grievances, etc.</li> <li>• The health department director selects qualified individuals as staff for the department.</li> <li>• The health department provides appropriate confidentiality for all personnel records</li> </ul>	
C. Staffing Plan and Development	<ul style="list-style-type: none"> <li>• The health department staff have access to training provided by the state health authority in areas relevant to local health problems</li> </ul>	<ul style="list-style-type: none"> <li>• The health department has the ability to fill new and vacant positions in a timely manner</li> </ul>
D. Personnel Policy and Procedure Audit	None Identified	None Identified
E. Documentation	<ul style="list-style-type: none"> <li>• An up-to-date coordinated, structured, and confidential file is maintained for every employee and volunteer</li> </ul>	None Identified
<b>VIII. Indicators for Program Management</b>		
A. Organization and Structure	<ul style="list-style-type: none"> <li>• Operating programs are authorized by the policy board.</li> <li>• Staff meetings are held at reasonable frequencies, include appropriate staff, and are called and structured by appropriate individuals.</li> <li>• The health department maintains emergency contact staff (on site or on call) to respond to local public health emergencies</li> </ul>	None Identified
B. Evaluation	None Identified	None Identified
C. General Information Systems	None Identified	None Identified
D. Shared Resources	None Identified	None Identified
<b>IX. Indicators for Policy Board Procedures</b>	<ul style="list-style-type: none"> <li>• Health department policy board members attend policy board and committee meetings.</li> <li>• Policy board meetings are scheduled on a</li> </ul>	None Identified



	<p>basis, with sufficient frequency to ensure board control and direction of the health department.</p> <ul style="list-style-type: none"> <li>Policy board materials, including agenda and study documents, are mailed to members no less than three days in advance of board meetings</li> </ul>	
<b>I. Indicators for Authority to Operate</b>		
A. Legal Authority	None Identified	None Identified
B. Intergovernmental Relations	None Identified	None Identified
C. Legal Counsel	<ul style="list-style-type: none"> <li>The health department has legal counsel sufficient to provide advice as needed on administrative practices; department powers, duties, policies, and procedures; relevant laws and ordinances; contracts; and other legal matters</li> </ul>	None Identified
<b>II. Indicators for Community Relations</b>		
A. Constituency Development	<ul style="list-style-type: none"> <li>The health department has a physician health officer, medical adviser(s), or consultant(s) to assist in maintaining relationships with the private medical community</li> </ul>	None Identified
B. Constituency Education	<ul style="list-style-type: none"> <li>The local media looks to the health department as a source of information about the health of the community.</li> <li>The health department regularly provides background information and news information to the local media.</li> <li>The health department has a means of regular public communication, such as a regular newsletter or column in a community newspaper</li> </ul>	None Identified
C. Documentation	None Identified	None Identified
<b>III. Indicators for Community Health Assessment</b>		
A. Mission and Role	<ul style="list-style-type: none"> <li>The health department has established a process for community health assessment and the development of a community health</li> </ul>	<ul style="list-style-type: none"> <li>At least every two years, the health department formally requests all units of government</li> </ul>

	plan	within its jurisdiction to comment on the department's programs, plan, and budget
B. Data Collection and Analysis	None Identified	<ul style="list-style-type: none"> <li>The health department maintains a database of existing health resources and community health status</li> </ul>
C. Resource Assessment	None Identified	None Identified
D. Planning and Development	<ul style="list-style-type: none"> <li>The health department has staff with education and experience in planning and evaluation</li> </ul>	None Identified
E. Evaluation and Assurance	None Identified	None Identified
<b>IV. Indicators for Public Policy Development</b>		
A. Community Health Assessment and Planning	None Identified	None Identified
B. Community Health Policy	None Identified	None Identified
C. Public Policy and Public Health Issues	None Identified	None Identified
<b>V. Indicators for Assurance of Public Health Services</b>		
A. Public Policy Implementation	<ul style="list-style-type: none"> <li>The health department maintains a level of service without interruption to avoid crises affecting the health of the community</li> </ul>	None Identified
B. Personal Health Services	None Identified	<ul style="list-style-type: none"> <li>The health department seeks to assure that all citizens receive the level of personal health services referred to in B1, above, regardless of their ability to pay (refers to "The health department monitors the availability of personal health services and assures an appropriate level of those health services in the community")</li> <li>The health department identifies barriers health care access and</li> </ul>

		<p>develops plans to minimize them.</p> <ul style="list-style-type: none"> <li>• The health department provides the services necessary to assure a clean, safe, and secure environment for the community</li> </ul>
C. Involvement of Community in the Public Health Delivery System	None Identified	None Identified
<b>VI. Indicators for Financial Management</b>		
A. Budget Development and Authorization	<ul style="list-style-type: none"> <li>• A department budget is adopted annually by the policy board.</li> <li>• The health department receives locally assessed tax funds from the unit of government to which it is responsible.</li> <li>• The health department has the authority to recommend and charge fees for the services it provides</li> </ul>	<ul style="list-style-type: none"> <li>• The health department has an adequate contingency fund for dealing with public health emergencies</li> </ul>
B. Financial Planning and Financial Resource Development	<ul style="list-style-type: none"> <li>• The health department has staff skilled in writing successful grant applications</li> </ul>	<ul style="list-style-type: none"> <li>• The health department has a diverse funding base to lessen disruption of services caused by withdrawal of funds from any one source</li> </ul>
C. Financial Reporting and Administration	<ul style="list-style-type: none"> <li>• An administrative officer or finance director is designated by the policy board to oversee all finances of the health department, including meeting all legal financial requirements, adherence to department fiscal policies, and reporting to the policy board regularly on financial matters</li> </ul>	<ul style="list-style-type: none"> <li>• Expenditures follow the budget and financial plan of the health department</li> </ul>
D. Audit	<ul style="list-style-type: none"> <li>• The health department has an independent, outside, annual financial and performance audit which conforms with requirements stipulated by general accounting principles.</li> <li>• The annual audit is reviewed and clearly understood by the policy board and key department staff</li> </ul>	None Identified
E. Documentation	<ul style="list-style-type: none"> <li>• Appropriate journals, ledgers, registers, and financial reports are kept, using generally accepted accounting procedures</li> </ul>	None Identified
<b>VII. Indicators for Personnel Management</b>		

A. Policy Development and Authorization	<ul style="list-style-type: none"> <li>• A written job description, including minimum qualifications, exists for each position in the health department.</li> <li>• Written personnel policies and procedures are developed or revised with staff input.</li> <li>• If labor unions represent department staff, there is an established working relationship and labor contract between the health department policy board and each respective labor union.</li> <li>• There is a documented procedure, authorized by the policy board and developed with input from senior management of the health department and staff where appropriate, for employee grievances, reprimands, suspensions, and dismissals</li> </ul>	<ul style="list-style-type: none"> <li>• There is a documented, structured salary administration plan that is authorized by the policy board and that is designed to attract and retain competent staff</li> </ul>
B. Personnel Administration and Reporting	<ul style="list-style-type: none"> <li>• The health department director is responsible for internal administration of the department.</li> <li>• Written staff performance appraisals are conducted by supervisors with employees at established intervals.</li> <li>• Health department announcements and program information are distributed to all employees via a standard mechanism.</li> <li>• There are regularly scheduled meetings by work group, work site, division, and department.</li> <li>• The policy board receives routine reports from the health department director relative to new employees, staffing changes, dismissals, grievances, etc.</li> <li>• The health department director selects qualified individuals as staff for the department.</li> <li>• The health department provides appropriate confidentiality for all personnel records</li> </ul>	None Identified
C. Staffing Plan and Development	<ul style="list-style-type: none"> <li>• The health department staff have access to training provided by the state health authority in areas relevant to local health problems</li> </ul>	<ul style="list-style-type: none"> <li>• The health department has the ability to fill new and vacant positions in a timely manner</li> </ul>
D. Personnel Policy and Procedure Audit	None Identified	None Identified
E. Documentation	<ul style="list-style-type: none"> <li>• An up-to-date coordinated, structured, and confidential file is maintained for every</li> </ul>	None Identified

	employee and volunteer	
<b>VIII. Indicators for Program Management</b>		
A. Organization and Structure	<ul style="list-style-type: none"> <li>Operating programs are authorized by the policy board.</li> <li>Staff meetings are held at reasonable frequencies, include appropriate staff, and are called and structured by appropriate individuals.</li> <li>The health department maintains emergency contact staff (on site or on call) to respond to local public health emergencies</li> </ul>	None Identified
B. Evaluation	None Identified	None Identified
C. General Information Systems	None Identified	None Identified
D. Shared Resources	None Identified	None Identified
<b>IX. Indicators for Policy Board Procedures</b>	<ul style="list-style-type: none"> <li>Health department policy board members attend policy board and committee meetings.</li> <li>Policy board meetings are scheduled on a basis with sufficient frequency to ensure board control and direction of the health department.</li> <li>Policy board materials, including agenda and study documents, are mailed to members no less than three days in advance of board meetings</li> </ul>	None Identified

# Logan County IPLAN & Community Health Needs Assessment (CHNA) Data

December 21, 2017

## IPLAN and CHNA

- Community assessments completed to help understand our needs (and strengths)
- CHNA will be approved by the ALMH Board in August 2018. 2019-2021 Implementation Strategy to begin January 2019. The IPLAN will be submitted for certification in January 2020.

## 2018 Community Health Needs Assessment



Online Community Survey  
January 12 – February 12

Please help!

Submit paper surveys to LCDPH

380 minimum

## Epidemiology Term Review

- Crude Rate: Rates that apply to an entire population
- Incidence Rate: the number of NEW cases per population at risk in a given time period
- Prevalence Rate: the proportion of people in a population who have a particular disease at a specified point in time, or over a specified period of time. Includes not only new cases, but also old cases (people who remained ill during the specified point or period in time)
- Age Adjusted Rate: a statistical process applied to rates of disease, death, injuries or other health outcomes which allows communities with different age structures to be compared. Expressed as number of cases per 100,000.

## Healthy People 2020

- A program of nationwide health-promotion and disease-prevention goals set by the United States Department of Health and Human Services
- The goals were first set in 1979, for the following decade. The goals were subsequently updated for Healthy People 2000, Healthy People 2010, and Healthy People 2020
- [www.healthypeople.gov/](http://www.healthypeople.gov/)





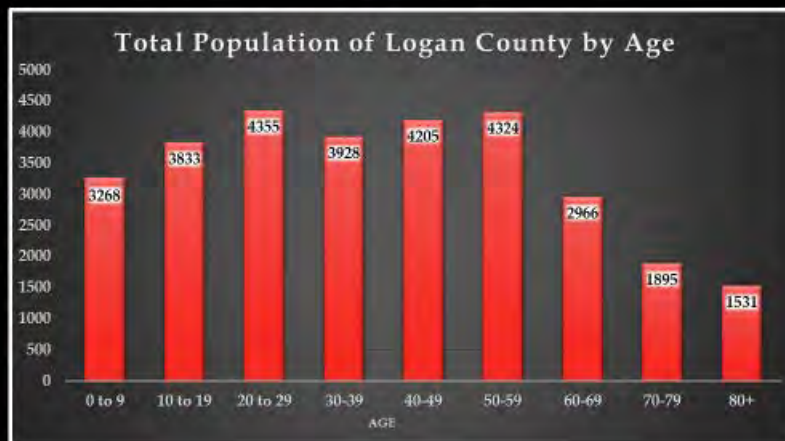
# Data Areas

- Health Outcomes
  - Length of Life
  - Quality of Life
- Health Factors
  - Health Behaviors
  - Clinical Care
  - Social Determinants of Health
  - Physical Health

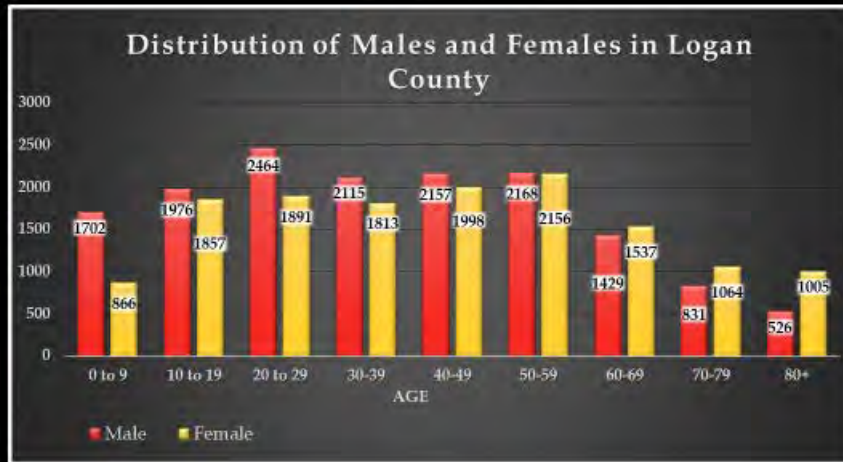
# Logan County Demographics

## Logan County Population By Age

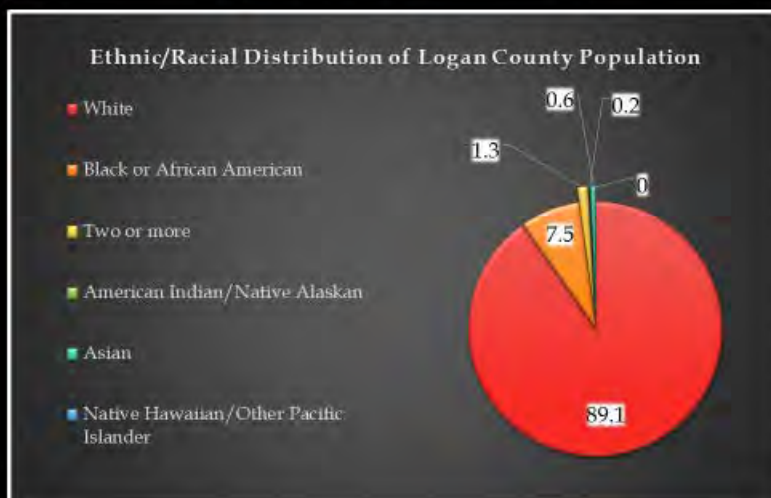
\*2010 Census

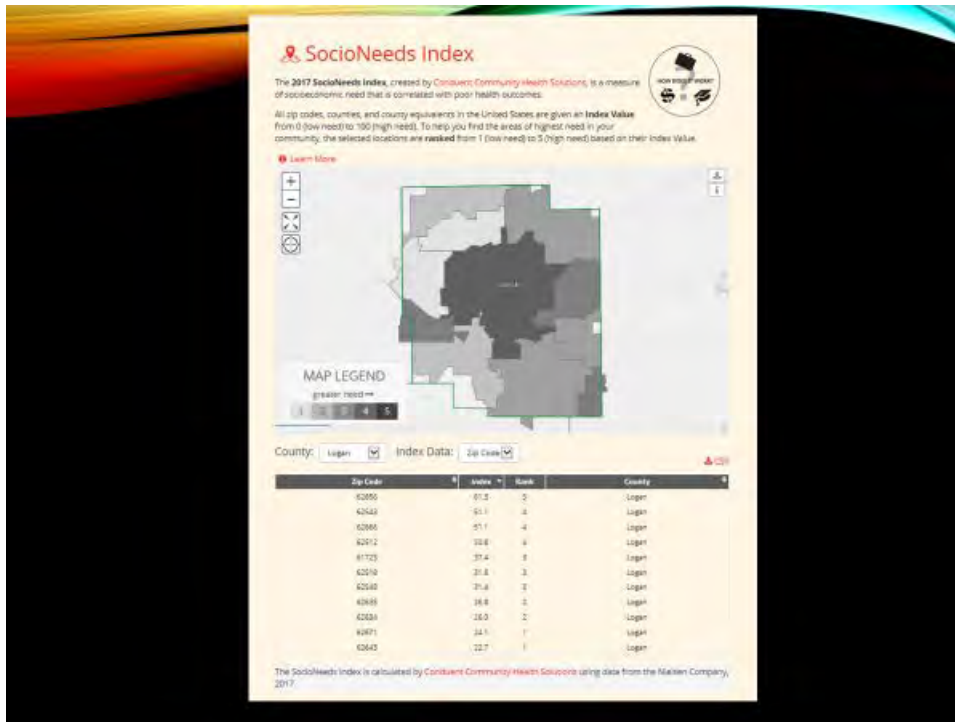


## Logan County Population By Gender \*2010 Census



## Logan County Population By Race/Ethnicity \*2010 Census

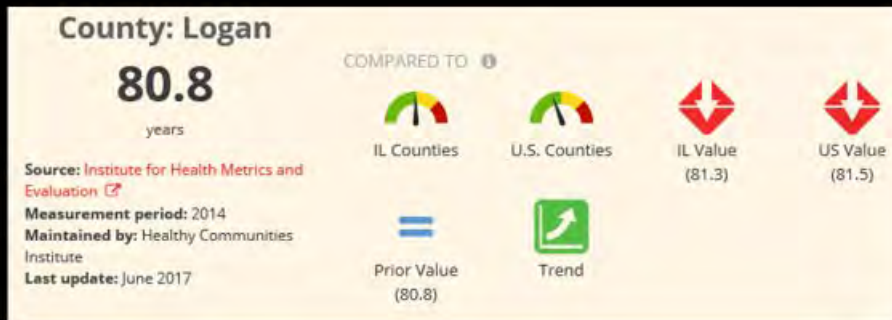




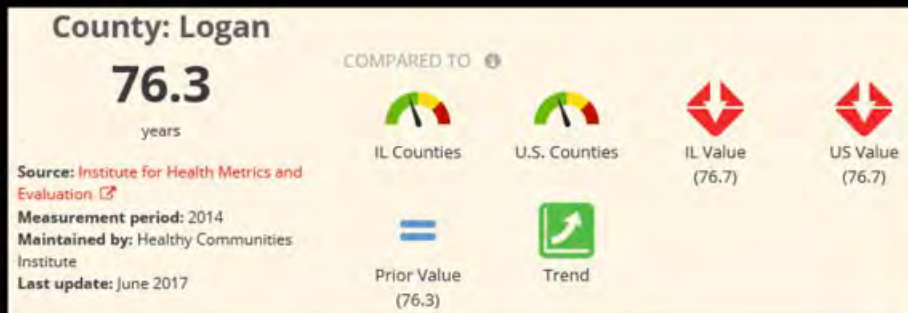
# Health Outcomes

## *Length of Life*

## Logan County Life Expectancy - Females

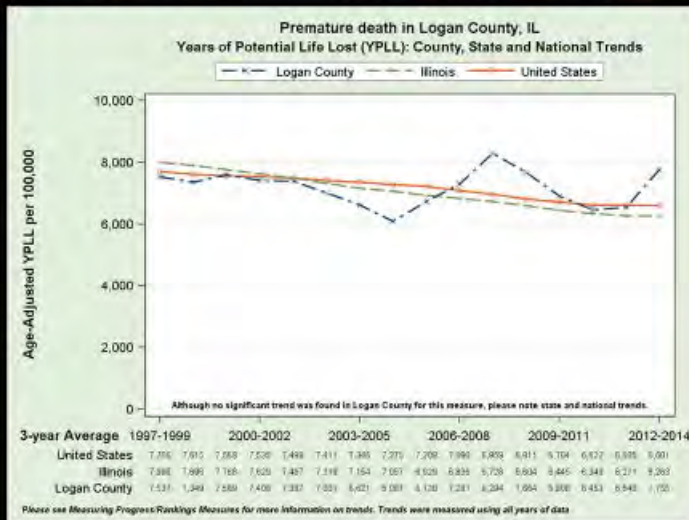


## Logan County Life Expectancy - Males





## Years of Potential Life Lost

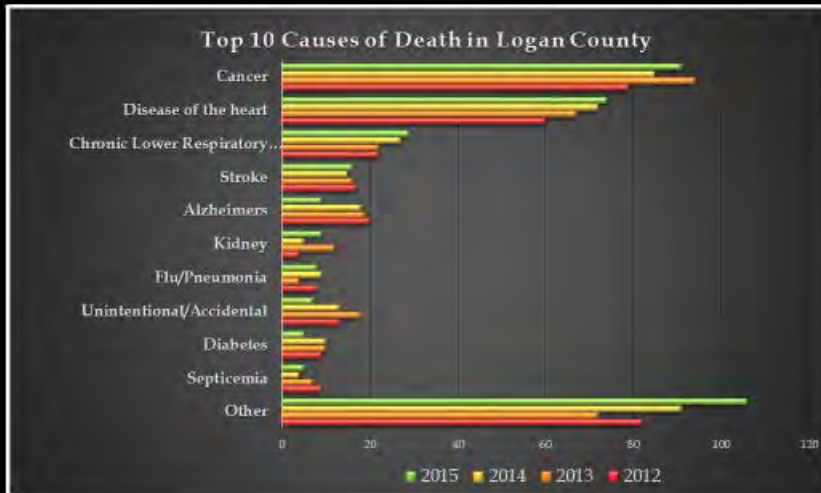


## Cause-Specific Years of Potential Life Lost

### Leading Causes of Death under age 75 in Logan (LO) County

Leading Causes of Death Under Age 75	Deaths	Age-Adjusted Rate per 100,000
Malignant neoplasms	131	122.5
Diseases of heart	70	65.5
Chronic lower respiratory diseases	36	32.9
Accidents (unintentional injuries)	25	28.7
Cerebrovascular diseases	14	Unreliable

## Top 10 Causes of Death



## Suicide

2008	2009	2010	2011	2012	2013	2014
1	1	2	5	3	1	8

### Healthy People 2020

Baseline – 11.3 suicides per 100,000 population occurred in 2007

Target – 10.2 suicides per 100,000 population

<http://www.idph.state.il.us/health/stats/home.htm>

<http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>

# Logan County Drug Overdose Deaths

2013-2016

14 drug overdose deaths

*Any drug: 20(13 in 2015 and 2016)*

*Any Opioid: 16 (9 in 2015 and 2016)*

*Heroin: 10 (7 in 2015 and 2016)*

*Opioid Analgesics: 6 (2 in 2015 and 2016)*

## All Cancer Incidence





# All Cancer Age Adjusted Death Rate

County: Logan

**199.9**

deaths/ 100,000 population

Source: National Cancer Institute  
Measurement period: 2010-2014  
Maintained by: Healthy Communities Institute  
Last update: November 2017

COMPARED TO



IL Counties



U.S. Counties



IL Value

(173.8)



US Value

(166.1)



Prior Value

(189.5)



Trend



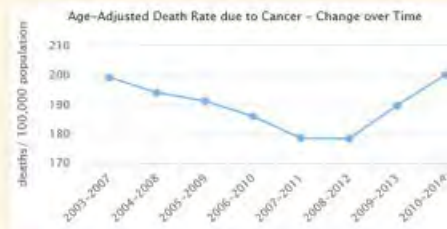
HP 2020 Target

(161.4)

Graph Selections

INDICATOR VALUES

☒ Change over Time



# Breast Cancer Age Adjusted Death Rate

County: Logan

**24.8**

deaths/ 100,000 females

Source: National Cancer Institute  
Measurement period: 2010-2014  
Maintained by: Healthy Communities Institute  
Last update: November 2017

COMPARED TO



IL Counties



U.S. Counties



IL Value

(22.5)



US Value

(21.2)



Prior Value

(25.2)



Trend



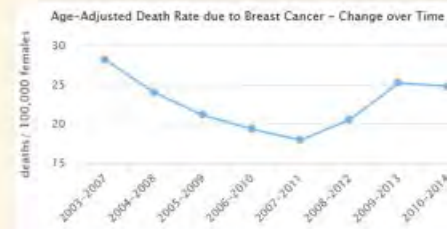
HP 2020 Target

(20.7)

Graph Selections

INDICATOR VALUES

☒ Change over Time



## Lung and Bronchus Cancer Incidence



## Lung and Bronchus Cancer Age-Adjusted Death Rate



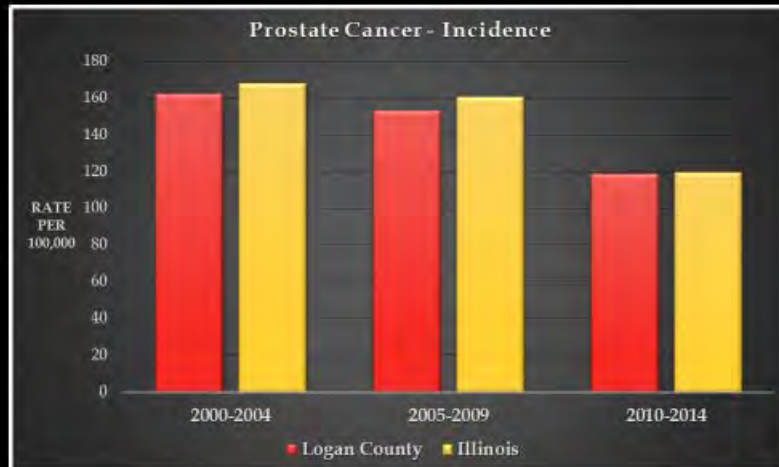
# Colorectal Cancer Incidence



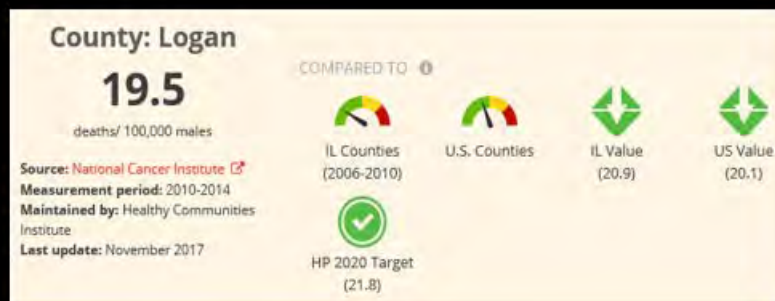
# Colorectal Cancer Age Adjusted Death Rate



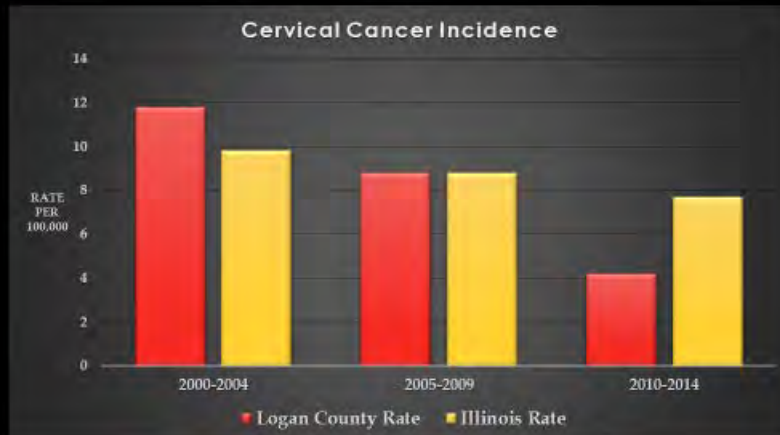
## Prostate Cancer Incidence



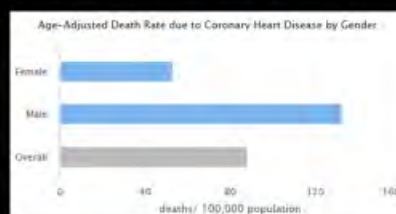
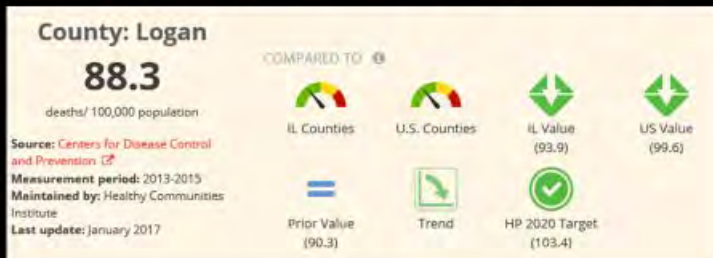
## Prostate Cancer Age Adjusted Death Rate



## Cervical Cancer Incidence



## Coronary Heart Disease Age-Adjusted Death Rate





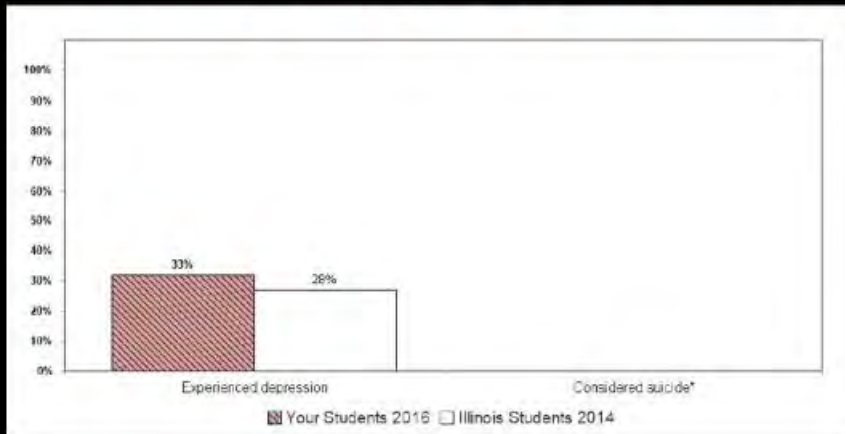
# Health Outcomes

## *Quality of Life*

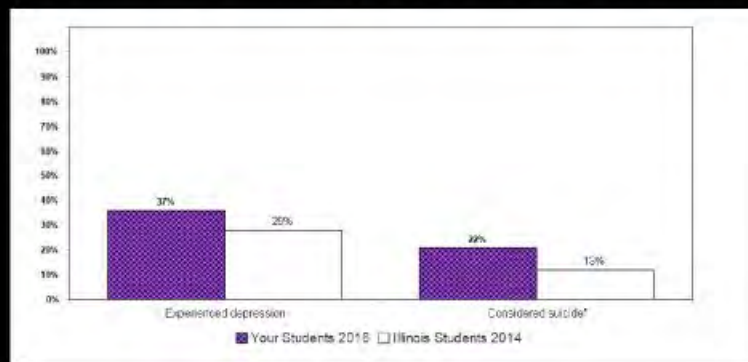
### Quality of Life 2015

- Poor or Fair Health
  - 14% of adults reported poor or fair health
- Poor Physical Health Days (in the past 30 days)
  - 3.6 average days reported
- Poor Mental Health Days (in the past 30 days)
  - 3.6 average days reported

## Mental Health Concerns in the Past 12 Months Among 8<sup>th</sup> grade Youth



## Mental Health Concerns in the Past 12 months Among 12<sup>th</sup> Grade Youth



## Depression in Seniors

County: Logan

**17.7%**

Source: Centers for Medicare & Medicaid Services  
Measurement period: 2015  
Maintained by: Healthy Communities Institute  
Last update: March 2017

COMPARED TO



IL Counties



U.S. Counties



IL Value  
(15.1%)



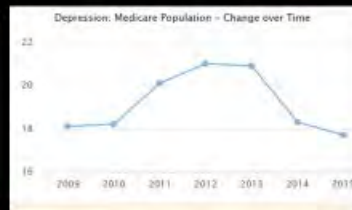
US Value  
(16.7%)



Prior Value  
(18.3%)



Trend



\*Medicare Enrollees Only

## Low Birth Weight Infants Born Less than 5lb 8oz

County: Logan

**10.3%**

Source: Illinois Department of Public Health  
Measurement period: 2014  
Maintained by: Healthy Communities Institute  
Last update: September 2016

COMPARED TO



IL Counties



IL Value  
(8.2%)



US Value  
(8.0%)



Prior Value  
(9.4%)



Trend



HP 2020 Target  
(7.8%)

Graph Selections

INDICATOR VALUES

☒ Change over Time

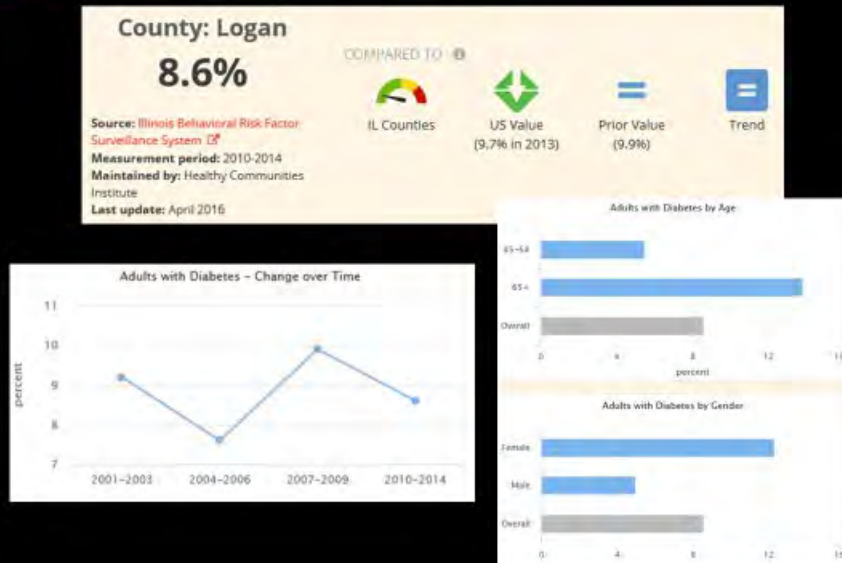




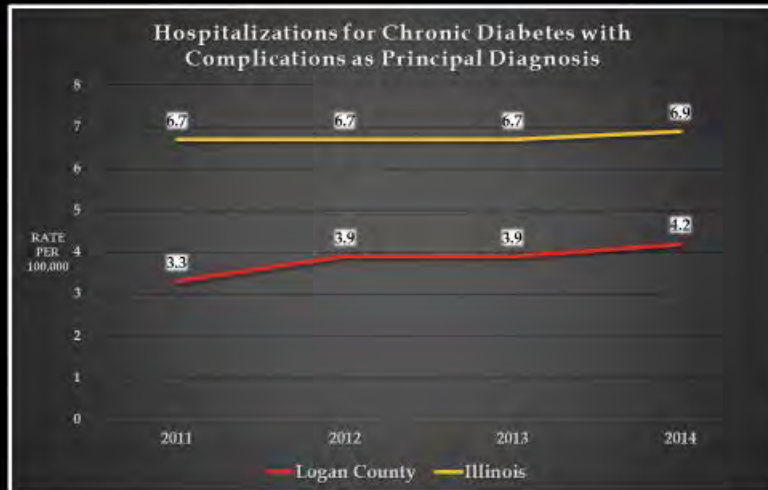
# Infant Mortality



# Diabetes



## Hospitalization for Diabetes



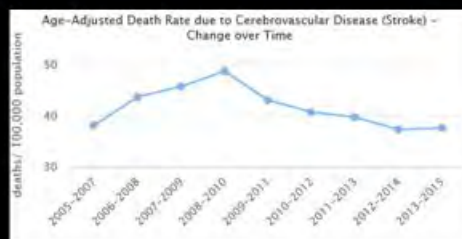
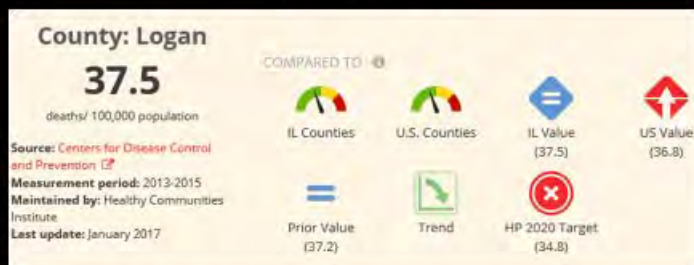
## HIV Incidence



## HIV Prevalence

- 99 people living in Logan County with HIV
- Rate for Logan County  
384 per 100,000
- Rate for State of Illinois  
323 per 100,000

## Cerebrovascular Disease (Stroke)



# High Blood Pressure

## High Blood Pressure Prevalence

This indicator shows the percentage of adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher) is considered high (hypertension).

County Time Period HP 2020 Target

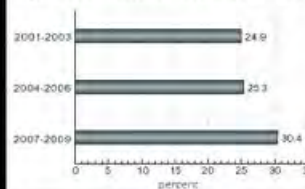


County: Logan

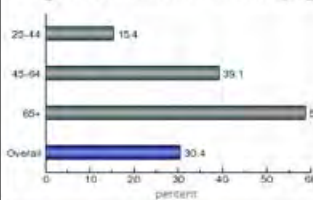
[View Every County](#)

Data Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)  
Categories: Health / Heart Disease & Stroke, Health / Exercise, Nutrition, & Weight  
Technical Note: The distribution is based on data from 101 Illinois counties.  
Maintained By: Healthy Communities Institute

## High Blood Pressure Prevalence : Time Series



## High Blood Pressure Prevalence by Age



# Chronic Kidney Disease

County: Logan

15.8%

COMPARED TO



IL Counties



U.S. Counties



IL Value  
(18.3%)



US Value  
(18.1%)

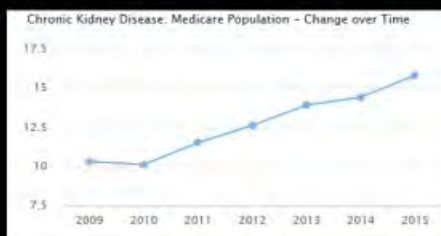


Prior Value  
(14.4%)



Trend

Source: Centers for Medicare & Medicaid Services (CMS)  
Measurement period: 2015  
Maintained by: Healthy Communities Institute  
Last update: March 2017

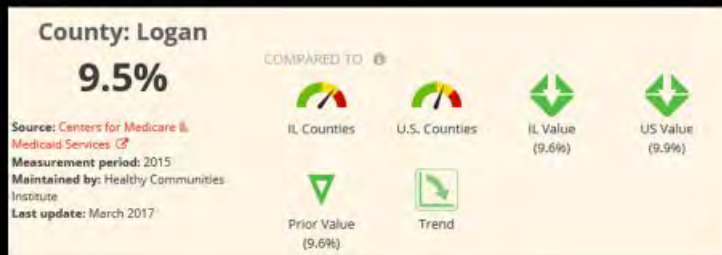


\*Medicare Enrollees Only

# Adults with Asthma



# Alzheimer's Disease or Dementia



\*Medicare  
 Enrollees Only



# Health Factors

## *Health Behaviors*



### Food Environment Index

- 6% of all low-income residents of Logan County live more than 10 miles from a grocery store
- 13% have not had access to a reliable source of food during the past year (*food insecurity*)

Logan County Food Environment Index - 7.5

\*0 (worst) to 10 (best)



## Adult Fruit and Vegetable Consumption

County: Logan

**14.2%**

COMPARED TO



IL Counties

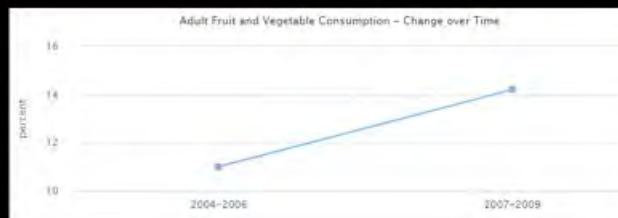


US Value  
(23.4% in 2009)



Prior Value  
(11.0%)

Source: Illinois Behavioral Risk Factor Surveillance System  
Measurement period: 2007-2009  
Maintained by: Healthy Communities Institute  
Last update: December 2010



## Youth Fruit and Vegetable Consumption

2016 Illinois Youth Survey reports:

10% of 8<sup>th</sup> graders ate 4+ fruit/day  
8% of 8<sup>th</sup> graders ate 4+ vegetables /day

7% of 10<sup>th</sup> graders ate 4+ fruit/day  
6% of 10<sup>th</sup> graders ate 4+ vegetables /day

10% of 12<sup>th</sup> graders ate 4+ fruit/day  
8% of 12<sup>th</sup> graders ate 4+ vegetables /day

## Adult Physical Inactivity & Access to Exercise Opportunity

23% of adults over 20 in Logan County report no leisure-time physical activity

Average in Illinois: 21 %

65% of Logan County adults report adequate access to locations for physical activity (parks or recreational facilities)

Average in Illinois: 89 %

## Youth Activity

(# of days physically active at least 60 minutes per day )

2016 Illinois Youth Survey reports:

6% of 8<sup>th</sup> graders reported 0 days  
8% of 10<sup>th</sup> graders reported 0 days  
5% of 12<sup>th</sup> graders reported 0 days

33% of 8<sup>th</sup> graders reported 7 days  
32% of 10<sup>th</sup> graders reported 7 days  
31% of 12<sup>th</sup> graders reported 7 days



# Adults who are Overweight

County: Logan

72.2%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)

Measurement period: 2010-2014

Maintained by: Healthy Communities Institute

Last update: April 2016

COMPARED TO:



IL Counties



IL Value  
(63.7% in 2014)



US Value  
(65.0% in 2014)



Trend



County: Logan

43.3%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)

Measurement period: 2010-2014

Maintained by: Healthy Communities Institute

Last update: April 2016

COMPARED TO:



IL Counties



IL Value  
(29.5% in 2014)



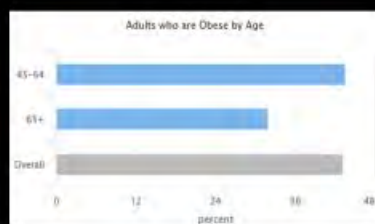
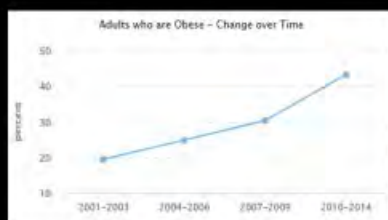
US Value  
(29.6% in 2014)



Trend



HP 2020 Target  
(30.5%)



## Obesity Rates among Low-Income Preschoolers

County: Logan

**15.4%**

Source: U.S. Department of Agriculture - Food Environment Atlas

Measurement period: 2009-2011

Maintained by: Healthy Communities Institute

Last update: December 2012

COMPARED TO



IL Counties



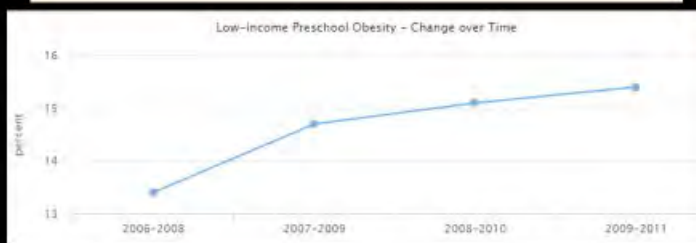
U.S. Counties



Prior Value  
(15.1%)



Trend



## Alcohol Related Motor Vehicle Mortality Rate

County: Logan

**31.8%**

Source: County Health Rankings

Measurement period: 2011-2015

Maintained by: Healthy Communities Institute

Last update: April 2017

COMPARED TO



IL Counties



U.S. Counties



IL Value  
(35.6% in 2010-2014)



US Value  
(30.0%)



Prior Value  
(42.1%)



Trend

# Smoking

County: Logan

19.9%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)

Measurement period: 2007-2009

Maintained by: Healthy Communities Institute

Last update: November 2010

COMPARED TO:



IL Counties



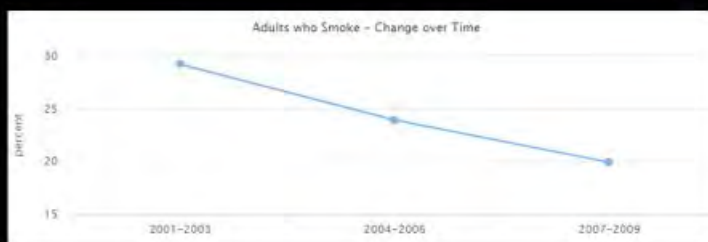
US Value  
(17.5% in 2015)



Prior Value  
(23.9%)



HP 2020 Target  
(12.0%)



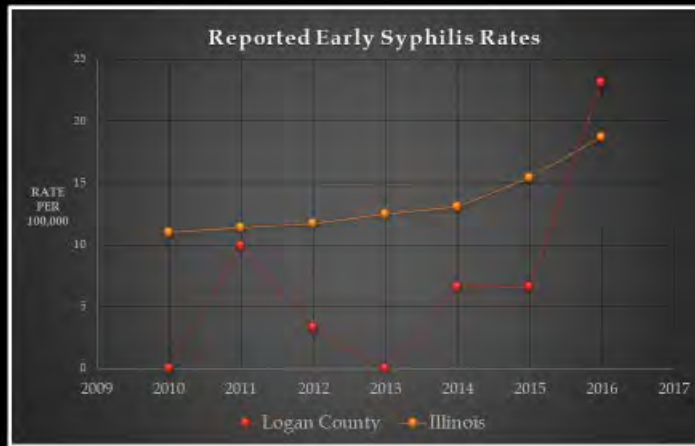
# Youth Substance Use

Past 30 days	8th Grade	State	10th Grade	State	12th Grade	State
Alcohol	15	12	19	25	39	41
Marijuana	4	6	7	14	22	25
Any Tobacco	12	3	16	8	31	18
Rx drugs not prescribed to you	3	2	2	4	4	5

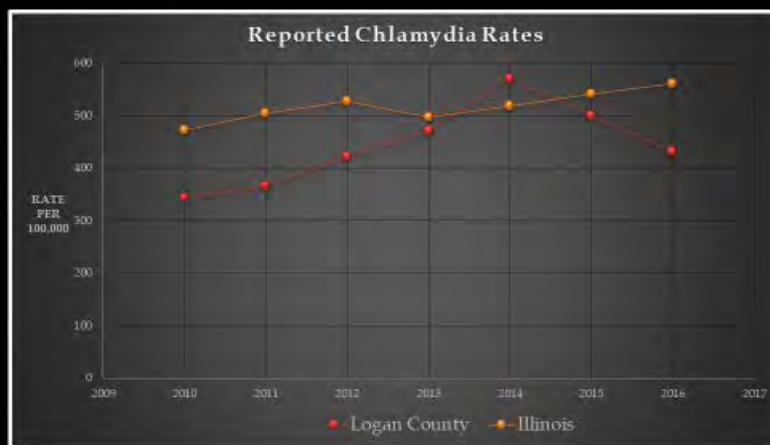
Past 2 weeks	8th Grade	State	10th Grade	State	12th Grade	State
Binge Drinking	2	5	9	10	25	24

Logan County State

## Reported Early Syphilis Rates



## Reported Chlamydia Rates



## Reported Gonorrhea Rates



## Teen Birth Rate





## Insufficient Sleep

32% of Logan County adults reported, on average, fewer than 7 hours of sleep per day

Illinois average: 34%

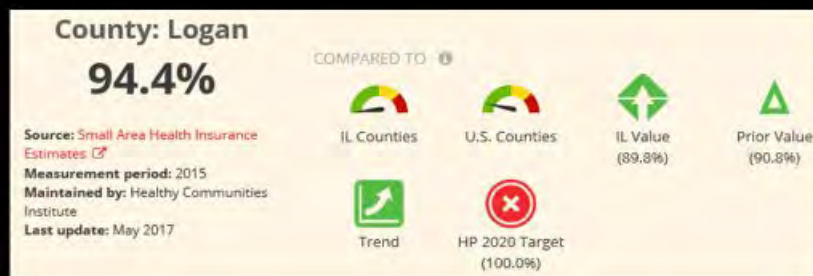
*\*Ongoing sleep deficiency has been linked to chronic health conditions including heart disease, kidney disease, high blood pressure, and stroke as well as psychiatric disorders such as depression and anxiety, risky behavior, and even suicide.*



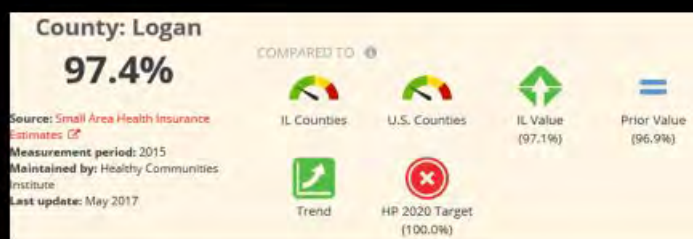
## Health Factors *Clinical Care*



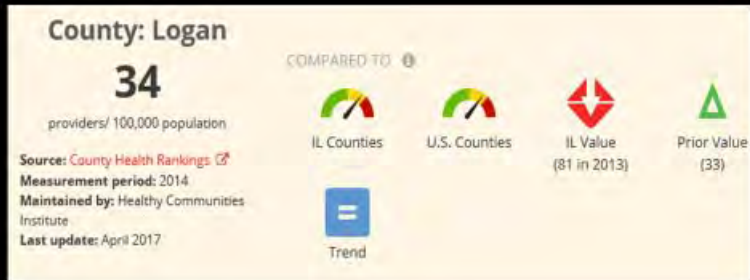
## Insured Adults



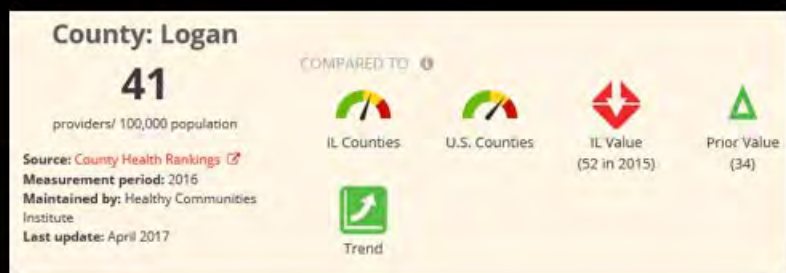
## Insured Children



## Primary Care Provider Rate



## Non-Physician Primary Care Provider Rate



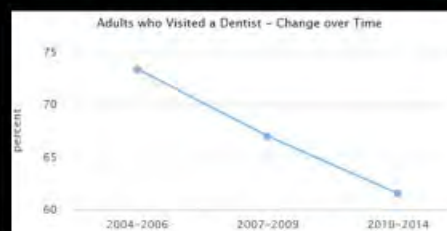
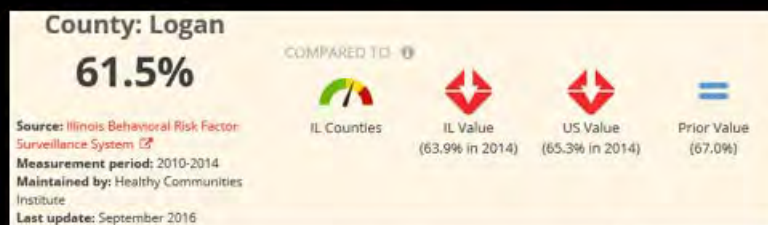


## Adults with a Usual Health Care Provider



*"Do you have one person you think of as your personal doctor or health care provider?"*

## Adults Who Visited a Dentist



## Mental Health Provider Rate

17 Providers in Logan County

Logan County

1735 Residents: 1 Provider

Illinois

580 Residents: 1 Provider

## Preventable Hospitalizations Among Medicare Population

Logan County

57 stays per 1,000 enrollees

Illinois

56 stays per 1,000 enrollees

*\*Convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration*

# Influenza Vaccination

County: Logan

39.3%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)  
Measurement period: 2010-2014  
Maintained by: Healthy Communities Institute  
Last update: April 2016

COMPARED TO



IL Counties



IL Value  
(38.5% in 2014)



Prior Value  
(42.3%)

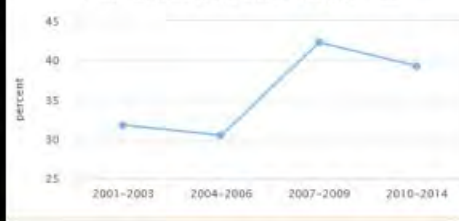


Trend



HP 2020 Target  
(70%)

Adults with Influenza Vaccination - Change over Time



# Pneumonia Vaccination

County: Logan

35.9%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)  
Measurement period: 2010-2014  
Maintained by: Healthy Communities Institute  
Last update: April 2016

COMPARED TO



IL Counties



IL Value  
(29.2% in 2014)

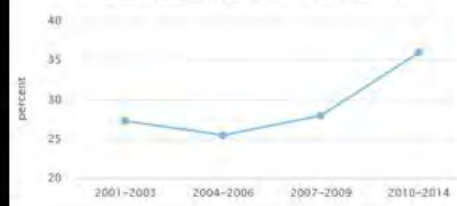


Prior Value  
(27.9%)



Trend

Adults with Pneumonia Vaccination - Change over Time



# Diabetes Monitoring

HbA1c monitoring among Medicare patients with Diabetes in the past year

Logan County

92%

Illinois

86%

# Colon Cancer Screening

County: Logan

59.8%

COMPARED TO



IL Counties



US Value  
(67.3% in 2012)



Prior Value  
(63.3%)

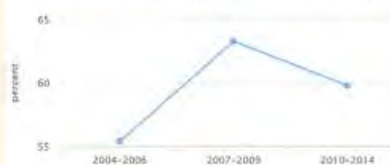
Source: Illinois Behavioral Risk-Factor Surveillance System (BRFSS)  
Measurement period: 2010-2014  
Maintained by: Healthy Communities Institute  
Last update: April 2016

Graph Selections

INDICATOR VALUES

☒ Change over Time

Colon Cancer Screening: Sigmoidoscopy or Colonoscopy - Change over Time



## Mammography Screenings

County: Logan

66.6%

COMPARED TO:



IL Counties



Prior Value  
(91.2%)

Source: Illinois Behavioral Risk Factor  
Surveillance System (BRFSS)

Measurement period: 2007-2009

Maintained by: Healthy Communities  
Institute

Last update: September 2013

Graph Selections

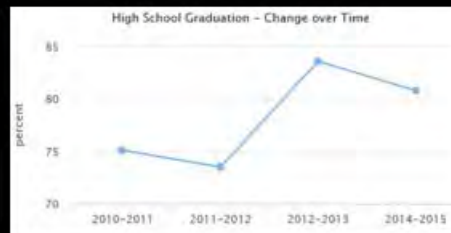
INDICATOR VALUES

☒ Change over Time

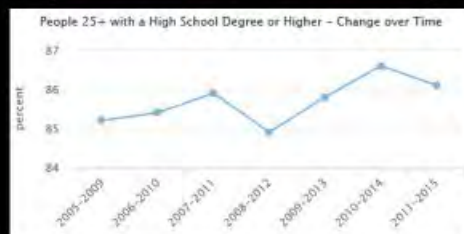


## Health Factors *Social Determinants of Health*

## High School Graduation Rates



## Adults 25 and over with High School Diploma





# Adults with Some Post-Secondary Education

Percentage of adults ages 25-44 with some post-secondary education

Logan County

61.7%

Illinois

68%

# Unemployment

County: Logan

4.6%

Source: U.S. Bureau of Labor Statistics

Measurement period: August 2017  
Maintained by: Healthy Communities Institute  
Last update: November 2017

COMPARED TO



IL Counties



U.S. Counties



IL Value  
(5.2%)



US Value  
(4.5%)

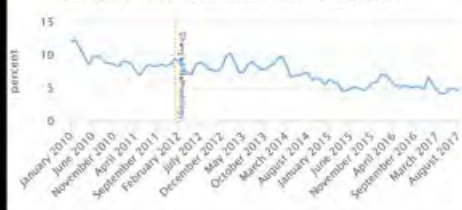


Prior Value  
(4.9%)

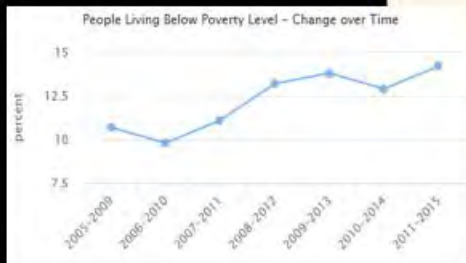
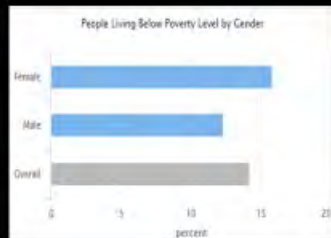


Trend

Unemployed Workers in Civilian Labor Force - Change over Time



# Poverty



People 65+ Living Below Poverty Level

5.4%

(2011-2015)



IL Counties



U.S. Counties



IL Value

(5.9%)



US Value

(5.4%)



Prior Value

(5.9%)



Trend

People Living Below Poverty Level

14.2%

(2011-2015)



IL Counties



U.S. Counties



IL Value

(14.3%)



US Value

(13.5%)



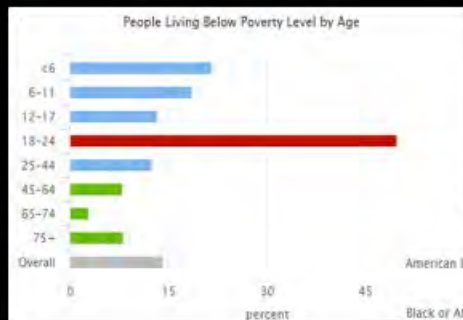
Prior Value

(12.9%)

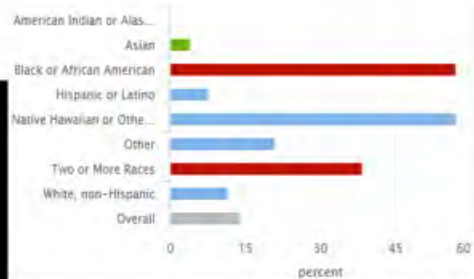


Trend

# Poverty

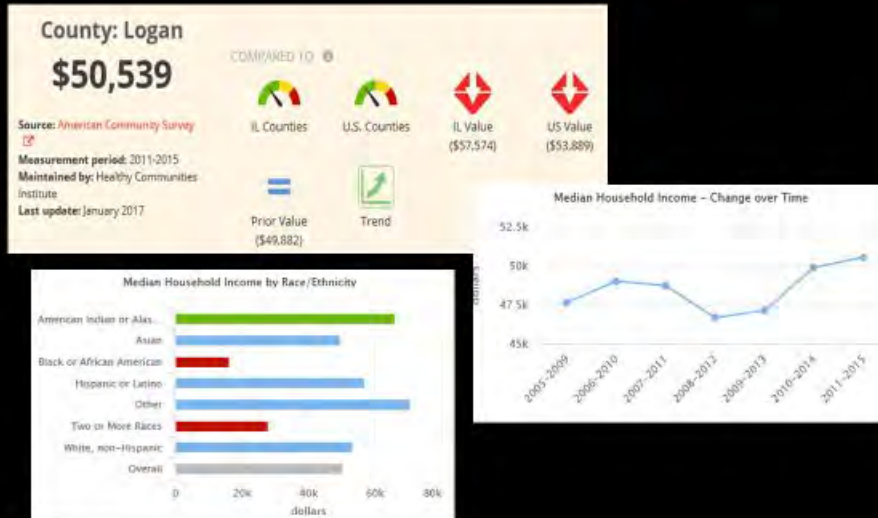


People Living Below Poverty Level by Race/Ethnicity





## Median Household Income



## Children in Single Parent Households

### Logan County

31%

### Illinois

32%

53% of families in poverty are single female householders

33% of families in poverty are single male householders

## Breastfeeding Rates in Logan County

October 2016

60% initiation

25% 6-month duration

50% 12-month duration

October 2017

70% initiation

7% 6-month duration

30% 12-month duration

Source: LCDPH WIC Program

## Breastfeeding Rates in Logan County

October 2016

60% initiation

25% 6-month duration

50% 12-month duration

October 2017

70% initiation

7% 6-month duration

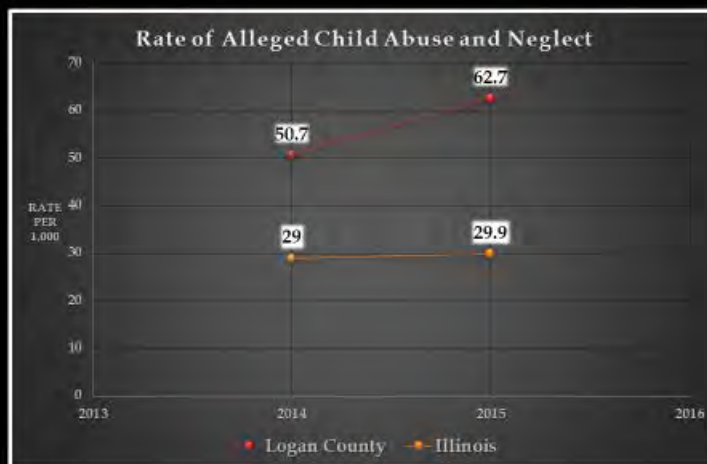
30% 12-month duration

Source: LCDPH WIC Program

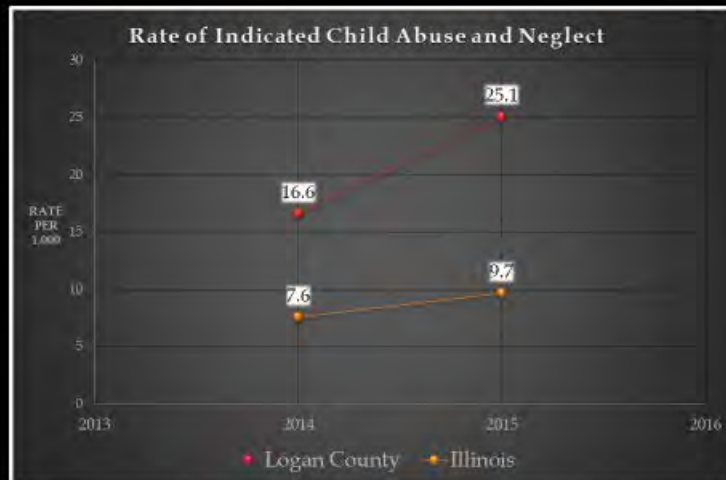
# Violent Crime



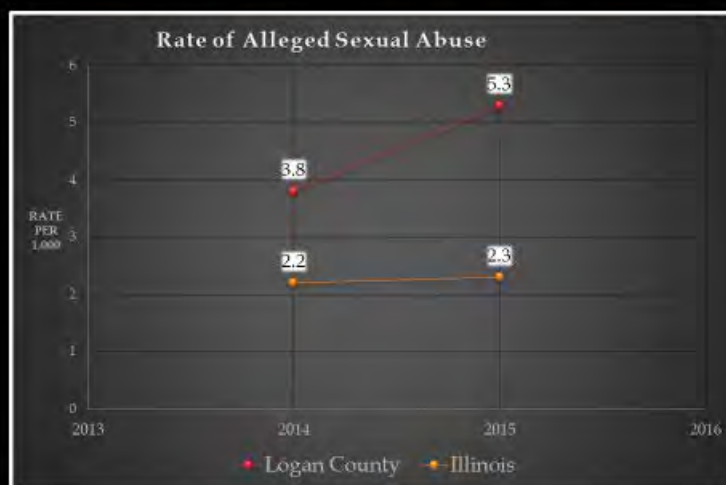
# Child Abuse and Neglect



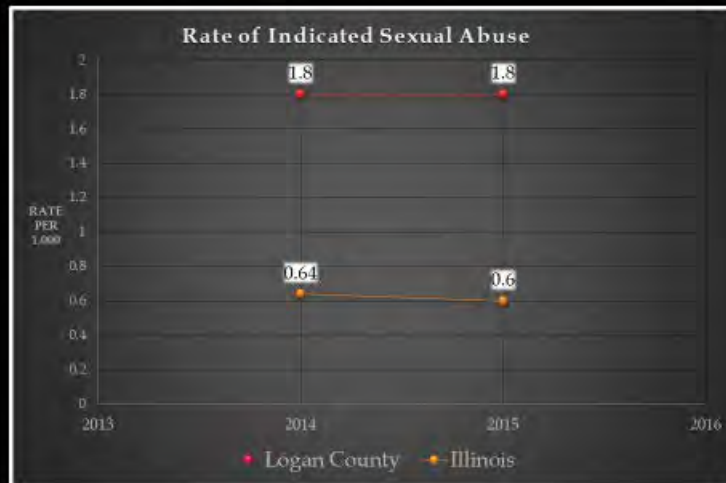
## Child Abuse and Neglect



## Child Abuse and Neglect



## Child Abuse and Neglect



## Injuries Resulting in Death

### Logan County

60 deaths per 100,000

### Illinois

53 deaths per 100,000

## Disconnected Youth

Percent of teens and young adults ages 16 to 24 who are  
neither working nor in school

Logan County

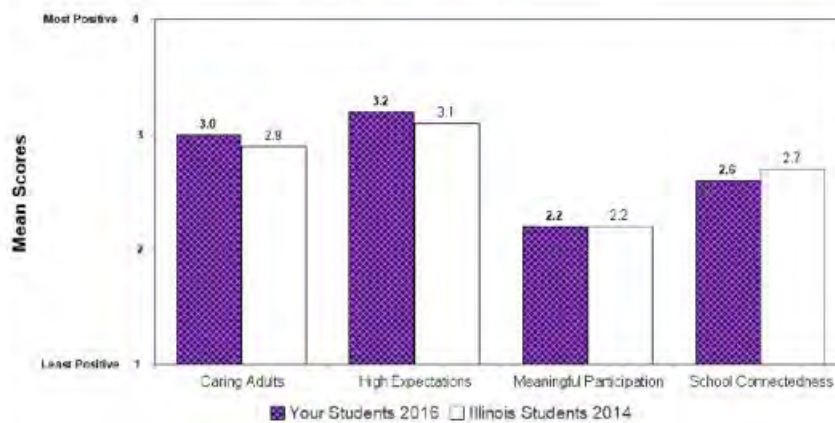
24%

Illinois

13%

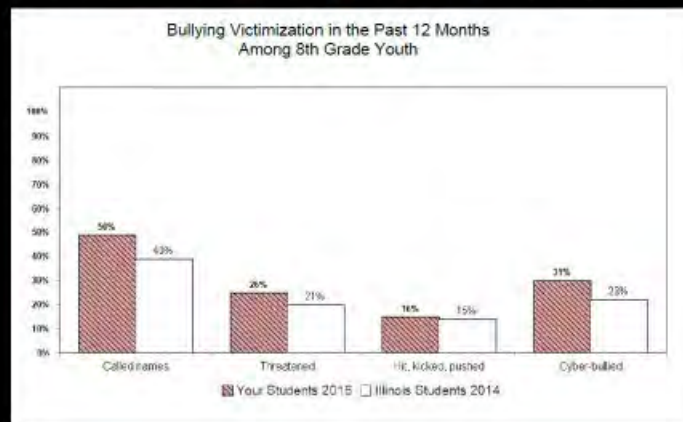
## School Climate – Student Perceptions

Student Perceptions of School Climate Mean Scores  
Among 12th Grade Youth

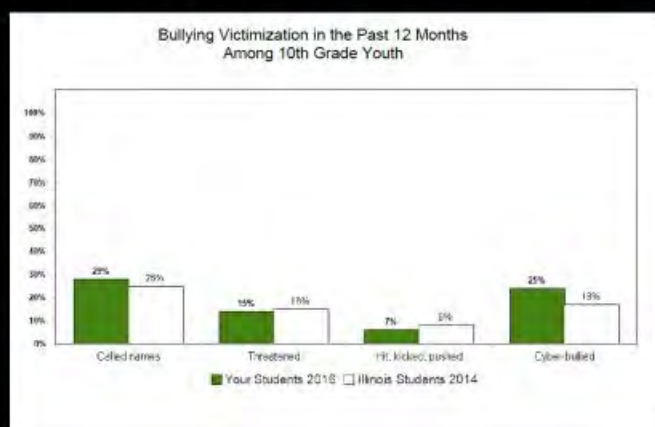




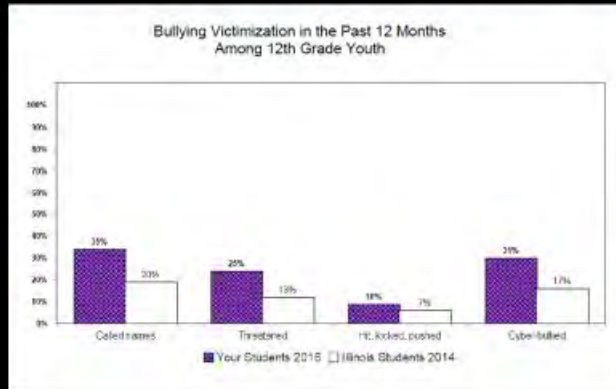
## Bullying Victimization Among 8<sup>th</sup> Grade – in the past 12 months



## Bullying Victimization Among 10<sup>th</sup> Grade – in the past 12 months



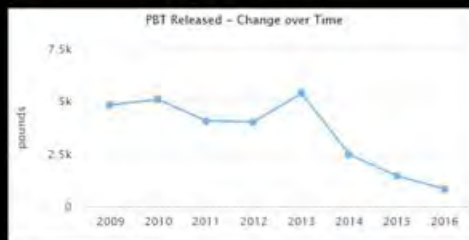
## Bullying Victimization Among 12<sup>th</sup> Grade – in the past 12 months



## Health Factors *Physical Environment*



## PBT (Persistent, Bio accumulative, and Toxic)

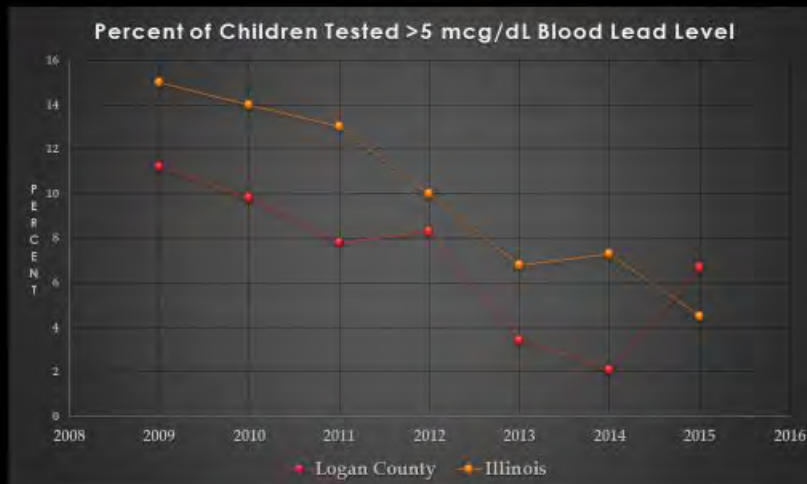


## Severe Housing Problems

11% of Logan County households report one of the following:

*Overcrowding*  
*High costs*  
*Lack of Kitchen*  
*Lack of plumbing*

## Blood Lead Levels



## Data Links

- Illinois Youth Survey <http://iys.cprd.illinois.edu/docs/2012-county-reports/logan-county-.pdf?stfrsn=0>
- Illinois Behavioral Risk Factor Surveillance System <http://app.idph.state.il.us/brfss/countydata.asp>
- County Health Rankings <http://www.countyhealthrankings.org/app/illinois/2014/rankings/logan/county/outcomes/overall/snapshot>
- Healthy People 2020 Objectives <http://www.healthypeople.gov/2020/topicsobjectives2020/default>
- IPLAN Data System <http://app.idph.state.il.us/data/CountyLevel.asp?menu=1>
- IQUERY <http://iquery.illinois.gov/iquery/>
- Memorial Community Health Indicators <http://www.choosememorial.org/hci/hci.aspx?hcn=%2F%3Fhenembedredirect%3D1>
- <http://quickfacts.census.gov/qfd/states/17/17107.html>