



Randolph County
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Randolph County Health Department

Illinois Project for Local Assessment of Needs (IPLAN) 2012-2017

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Electronic Version

ACKNOWLEDGEMENTS

The Randolph County Health Department would like to acknowledge and thank the many individuals and organizations that contributed their valuable time and expertise to this report.

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EXECUTIVE SUMMARY:

The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process conducted every five years by local health departments throughout Illinois. Local health departments must complete the process to meet the requirement of the Illinois Administrative Code Section 600.400, which governs the certification of local health departments. Under the Administrative Code, health departments must use a systematic process to assess the needs of the community. The assessment process must be grounded in the core functions of public health and include analysis of health indicators which reflect the health status of the community.

In order to accomplish a comprehensive evaluation of health status in Randolph County, Illinois, the assessment process performed by Randolph County Health Department (RCHD) followed the guidelines of the Assessment Protocol for Excellence in Public Health (APEX-PH). This assessment protocol includes both an organizational capacity assessment and a community health needs assessment process. The organizational capacity assessment includes two components: an assessment of the organization by RCHD staff and administration, and an assessment of the RCHD by the Randolph County Board of Health. The community health needs assessment process include the collection and analysis of both primary and secondary health data.

Primary health data was collected using national, state, and county level statistical information in order to capture the current status of seven specific health indicator groupings reflective of a community's public health status. Secondary health data was collected using a focus group format to acquire input directly from both citizens of Randolph County and community stakeholders.

The priorities were selected on the basis of the statistical significance and frequency of community concerns. This task was performed by the Steering Committees for each focus group set. Steering committee members were Tom Smith and Stephanie Bell, representing the Randolph County Health Department, Martha Roth, Brett Bollman, Gwendolyn Garner and Susan Diddelbock, representing Memorial Hospital (MHC), and Joann Emge and Carol Mulholland representing Sparta Community Hospital (SCH).

Based on the results of the organizational capacity and community health needs assessment, three priorities were established which will be used to develop a community health plan for Randolph County, Illinois:

PRIORITY 1: Mental and Behavioral Health

PRIORITY 2: Access to Care

PRIORITY 3: Health-Related Quality of Life/Well-Being

ORGANIZATIONAL CAPACITY ASSESSMENT

The Randolph County Board of Health completed the Policy Board Capacity Assessment Worksheets at the July 24, 2013 meeting. The worksheets record the board members' perception of the importance of selected indicators and are kept on file at the Randolph County Health Department. The scoring of the remaining Organizational Capacity perception of importance and the current status Assessment was performed by the management staff team of the Randolph County Health Department. The strengths and weaknesses, and the Action Plan was completed by the management staff team and the information was reviewed and approved by the Randolph County Health Department.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Purpose Statement:

Section 600.400a of the Illinois Administrative Code Title 77: Public Health asserts local health department practice standards require that a community health needs assessment be conducted at least once every five years using IPLAN or an equivalent to IPLAN that meets the requirements set forth in Section 600.410. The Randolph County Health Department (RCHD) chose to utilize the APEX-PH model. This model will allow the RCHD to assess the organization and management of the health department, provide a framework for working with key members of the community to assess the health of the community, and establish a leadership role for RCHD in the community.

The purpose of Randolph County's Community Health Needs Assessment is to identify priority health needs of the community to fulfill the provisions for certification at least every five years. This assessment was accomplished through the analysis of health indicator data and the involvement of key stakeholders in the community to identify the top health priorities in Randolph County. The process involved both a review of existing health data and a series of focus groups comprised of key community leaders to identify the priority health concerns in Randolph County. The priorities will be used as the foundation for instituting measurable program objectives and targeted intervention strategies aimed at reducing disease morbidity and mortality in Randolph County, Illinois.

Community Participation:

Community participation is an essential aspect of assessing and addressing the health needs of a community. In an effort to increase participation from key members of Randolph County leadership, the RCHD elected to partner with Memorial Hospital in Chester (MHC) and Sparta Community Hospital (SCH) in Sparta for the community health needs assessment of Randolph County. MHC and SCH invited key staff, patients and a broad cross section of key agencies and organizations through phone calls, e-mails, newspaper announcements and letters sent via United States Postal Service. RCHD and SCH were graciously invited to conduct focus groups at the 2013 December

Sparta Area Chamber of Commerce and the Sparta Rotary Club monthly membership meetings.

Randolph County Health Department, along with Memorial Hospital and Sparta Community Hospital, appreciate the valuable time and expertise of the following focus groups and participants:

Alan Farris	Sparta, IL
Alice Cushman	Memorial Hospital
Amy Eggemeyer	Chester Grade School
Barb Welge	President, Women's Chester Club
Barbara Brand	VNA TIP Health Care
Bob Sutton	Steeleville Mayor
Brenda Owen	St. John's Lutheran Principal
Brittany Myers	Frensenius Medical Care
Carrie Jo Dierks	Memorial Hospital
Charlie Bluff	Sparta, IL
Cheri Colvis	Memorial Hospital
Chris Blechle	Randolph County Housing Authority
Chris Diddlebock	Superintendent Chester CUSD #139
Chris Martin	Randolph County Economic Development
David Holder	Randolph County Commissioner
Dawn Kassel	Memorial Hospital
Delbert Bollmann	Sparta, IL
Denise Ebers	St. Mark's Principal
Don Welge	Gilster MaryLee Corporation
Donna Walters	Western Egyptian
Donna Young	Beta Sigma Phi
Dr Marc Kiehna	Randolph County Commissioner
Dr Renee Rheinecker	Steeleville Chamber of Commerce
Dr. Carl Schlageter	Sparta, IL
Florence Kane	Century 21
Gary Breckinridge	BV Bank Investment
Gary L Buatte	Human Service Center
Gary Stephens	Sparta, IL
James H Wood	Memorial Hospital
Jeannie Guan	Memorial Hospital
Jennifer Hagel	Steeleville High School Principal
Jody Collins	Red Bud Regional Home Health
Joy Paeth	Area Agency on Aging
Judy Crain	Randolph County Housing Authority
Karen Jacobus	Sparta, IL

Ken Slavens	Randolph County Care Center
Kendra Kennedy	Human Service Center
Kenneth Stout	Memorial Hospital
Larry Beattie	Sparta School District
Linda Shults	Randolph County Health Department
M Ryan Coffee	Chester Police Department
Mary Jane Waltemate, BSN	Randolph County Board of Health
Mary Rosendohl	Memorial Hospital
Melissa Soellner	Memorial Hospital
Mike Kennedy	Randolph County Board of Health
Peter Ill	St. John's Lutheran Pastor
Ralph Kipp	Chester Senior Center
Randy W Dudenbostel	Randolph County Coroner
Rev. Blake Duncan	Peace Lutheran Church
Rev. Dennis Hamilton	Tilden, IL
Robert Koenegstein	Chester Area Christian Food Pantry
Ron Woodworth	Flex-Line Automation
Shawna Martin	Sparta, IL
Shelley Bollman	The Manor at Craig Farms
Sparta Area Chamber of Commerce	Sparta, IL
Sparta Rotary Club	Sparta, IL
Stephanie Baddelta	Red Bud Home Care
Tammy Moll	Southwester IL VNA
Tim Keefe	Chester High School
Tim Lochhead	Chester Grade School
Tom Page	Chester Mayor
Toni Pautler	Sparta, IL

Methods:

The community health needs assessment process included the collection and analysis of both quantitative and qualitative health data.

Quantitative data was collected using national, state, and county level statistical information [see Appendix A and B for IPLAN and BRFSS data] in order to capture the current status of seven specific health indicator groupings reflective of a community's public health status. This data was reviewed by Memorial Hospital and Sparta Community Hospital steering committees and incorporated into each focus group's presentation and discussions.

Qualitative health data was collected using a focus group format [see Appendix E for focus group responses] to acquire input directly from both citizens of Randolph County

and key community stakeholders, which provided an insightful understanding that cannot be achieved through quantitative methods alone.

The focus group format was utilized to engage stakeholders and citizens of the community to gather information concerning the community's perspective on health priorities in Randolph County. Nine focus group sessions were held: four hosted by Memorial Hospital in Chester and five hosted by Sparta Community Hospital in Sparta, during October, November and December of 2013.

The focus group presentation [see Appendix C for presentations] was produced by Memorial Hospital and replicated for the Sparta Community Hospital focus groups. Each hospital invited key staff, patients and local/regional community partners to participate. Participants were invited to take part in only one of the focus groups in an effort to avoid artificially inflating a community health concern.

In order to maintain consistency each focus group was asked the same five questions chosen by both steering committees:

- 1.) What is your perception of health care programs and services in the community overall?
- 2.) Think of and provide a healthcare experience that went well.
- 3.) Think of and provide a healthcare experience that did not go well.
- 4.) What would you suggest to improve the overall health of the community?
- 5.) If you could make one change to improve the health in the community, what would it be?

The first four questions were aimed to elicit discussion and assessment of public health concerns in Randolph County. The intent of the fifth question was to have each participant state the top community health need priority.

Results and Priorities:

The focus group responses were compiled into one document [see Appendix E for focus group responses] to condense the 8 focus group responses into one document. The responses reflected that many of the county's health concerns focused on: mental and behavioral health, access to care, and improve health-related quality of life/well-being through health education and support.

The priorities were selected on the basis of the statistical significance and frequency of community concerns. This task was performed by the Steering Committees for each focus group set. Steering committee members were Tom Smith and Stephanie Bell, representing the Randolph County Health Department, Martha Roth, Brett Bollman, Gwendolyn Garner and Susan Diddelbock, representing Memorial Hospital, and Joann Emge and Carol Mulholland representing Sparta Community Hospital.

Randolph County quantitative data is available in several locations: IPLAN Data System [see Appendix A], US Decennial Census [see Appendix A] and the Illinois Behavioral Risk Factor Surveillance System (BRFSS) [see Appendix B]. Information regarding Health Indicator Data was compiled and analyzed. Health Indicator Data includes: demographic and socioeconomic characteristics, maternal and child health, general health and access to care, chronic diseases, sentinel events, infectious diseases, and environmental/occupational/injury control.

The responses were then reviewed with the quantitative data by the steering committees to categorize, analyze, and prioritize the health needs for Randolph County. The top 3 priorities are:

Priority 1: Mental and Behavioral Health

Priority 2: Access to Care

Priority 3: Health-Related Quality of Life/Well-Being

COMMUNITY HEALTH PLAN
Board of Health Approval



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Mr. Tom Szpyrka
IPLAN Administrator
Illinois Department of Public Health
525 West Jefferson Street
Springfield, IL 62761

Dear Mr. Szpyrka:

This letter is verification that the Randolph County Board of Health approved and adopted the IPLAN and the Community Health Plan and reviewed and approved the Organizational Capacity Assessment on May 21, 2014.

The Community Health Needs Assessment was conducted in collaboration with Memorial Hospital and Sparta Community Hospital. We feel this collaboration is important to health improvement in Randolph County.

We appreciate your patience and expertise in assisting the health department staff complete this process.

Sincerely,

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



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Purpose:

This Community Health Improvement Plan was developed to focus community resources on priority health problems. An effort has been made to identify and work collaboratively with a wide range of community partners. The strategies recommended in this plan are based on strategies proven to be effective. There is also a focus on enhancing existing efforts and filling gaps in services. This plan was developed to make the best use of resources to improve the health of the Randolph County community.

Community Participation:

This plan was developed by the Randolph County Health Department in collaboration with 2 district hospitals: Memorial Hospital Chester and Sparta Community Hospital. A steering committee for each hospital was established and following a review of Randolph County Health Data, the decision was made to invite key members and agencies in the community to participate in a series of focus groups.

We also sent information to our Board of Health members, County Board members, independent health care providers and business owners in an effort to encourage their participation in one of the focus groups. Each steering committee elected to recruit additional members from private, public and higher education schools, and community groups. There were approximately 60 people involved in the planning process (see Appendix D for focus group participants).

The priorities were selected on the basis of the statistical significance and frequency of community concerns. This task was performed by the Steering Committees for each focus group set. Steering committee members were Tom Smith and Stephanie Bell, representing the Randolph County Health Department, Martha Roth, Brett Bollman, Gwendolyn Garner and Susan Diddelbock, representing Memorial Hospital and Joann Emge and Carol Mulholland representing Sparta Community Hospital.

The Randolph County Health Department will continue to work with Memorial Hospital, Sparta Community Hospital and the Board of Health on the community health plans using available time and resources and will secure grant funding when applicable between now and 2017.

Community Health Plan Process:

Before the planning groups convened, a literature search of risk factors and proven strategies for each health problem was completed by Randolph County Health Department staff. In addition, informal training was held with the steering committees to review the planning process. Guidance was also provided as the process unfolded. Each steering committee met to identify risk factors as well as direct and indirect contributing factors. The information developed during this process is located on the Health Problem Analysis Worksheets (see Appendix F). The steering committees also reviewed information on what services related to this health problem already exist in this community.

The steering committees jointly developed a presentation to be used during the focus groups. Responses by each focus group was recorded and submitted for feedback by the steering committees. Further revisions were made based on this feedback. The final community health improvement plan was reviewed and approved by the steering committees and Randolph County Board of Health.

PRIORITY HEALTH PLANS:

HEALTH PRIORITY #1: MENTAL AND BEHAVIORAL HEALTH

Description of the Problem:

Community Health Needs Assessment Focus Group responses revealed the community's top health concern is mental and behavioral health care services for older adults, children birth to 18 years, and veterans. Unfortunately there is limited mental and behavioral health data specific to Randolph County, but there are specific demographics who tend to have a higher incidence of mental and behavioral health issues: an aging population, families living poverty/unemployment, risky behaviors, and veterans.

Randolph County demographics reflect: 45% of Randolph County's population are aged 45 and older (2012), Female-headed families make up 33% of all families in poverty and children under 5 years make up 28% of those under 18 living in poverty (2012), 17% of Randolph County students are on an Individualized Education Plan (IEP) and the ratio of pupils to FTE guidance counselors is 830:1 (2012), the Randolph County unemployment rate is 7.9% (2012), 9.4% of the population in Randolph County is uninsured (2011), and 9% of Randolph County's population are veterans (2012).

Mental and behavioral health care services have often been left out of health insurance policies. Beginning January 1, 2014 health insurance providers were required to include mental, behavioral, and substance abuse coverage in order for the health insurance policy to be approved as a Qualifying Health Plan that met Minimum Essential Coverage. The coverage requirement will help those in need of mental, behavioral and substance abuse treatment by covering part of the cost. In 2011, 14.3% of Randolph County reported they did not have health care insurance, 8.4% reported they did not see a doctor due to costs and 39.2% report their last routine checkup being more than 1 year. A lack of access to health care services in Randolph County can be attributed to cost, no health insurance coverage, inefficient government programs, and limited resources for patients and providers.

The individual mandate for healthcare insurance coverage also took effect on January 1, 2014. The Randolph County Health Department, through a federal grant, hired a ½ time FTE navigator to assist uninsured county residents to enroll for increased access to health care through either the expanded Illinois Adult Medicaid or private health insurance on the Healthcare Marketplace beginning October 1, 2013. In 2011, 14.3% of Randolph County reported they did not have health care insurance, 8.4% reported they did not see a doctor due to costs and 39.2% report their last routine checkup being more than 1 year. By signing residents up for a qualifying health plan, Randolph County Health Department will enable currently uninsured access to preventative and wellness screening services beginning with primary care providers and receive covered mental, behavioral and substance abuse treatment.

Healthy People 2020 Objectives:

MHMD-6 Increase the proportion of children with mental health problems who receive treatment

MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment

MHMD-11 Increase depression screening by primary care providers

The literature was reviewed from recommended programming for these risk factors and proposed strategies were chosen from these recommendations.

Overall Goal:

Enable county residents in need of mental, behavioral, and substance abuse treatment access to and enhance mental and behavioral health services available in Randolph County by enrollment in health care insurance, increase mental and behavioral health screenings and parental education in Family Case Management and Women, Infant and Children services, and partnering with human service agencies to boost options available to Randolph County residents.

Additional mental, behavioral and substance abuse education is available through the Randolph County Health Department's Worksite Wellness and CATCH activities through the We Choose Health grant and smoking cessation/Smoke Free Illinois enforcement through the Tobacco Free Communities Grant.

Outcome Objective:

By 2017, decrease the number of individuals who reported their mental health (stress, depression and emotions) was not good 8 to 30 days out the last 30 days by 5%.
Baseline 16.3% (BRFSS 2011)

Impact Objectives:

By 2015, improve access to primary care screening by increasing the number of insured residents 5% through the Affordable Care Act. Baseline 9.4% (BRFSS 2011)

By 2016, reduce the number of individuals who reported a risk for alcohol-related illnesses by 5%. Baseline 22.5% (BRFSS 2011)

Proven Intervention Strategies:

Education and enrollment of uninsured into private or public health care insurance. The Randolph County Health Department will assist uninsured county residents to enroll for increased access to health care through either the expanded Illinois Adult Medicaid or private health insurance on the Healthcare Marketplace beginning October 1, 2013.

Increase mental health screenings at Randolph County Health department through Family Case Management and Women, Infant and Children programs at both the Chester and Sparta offices.

Encourage substance abuse treatment awareness through We Choose Health initiatives. The Randolph County Health Department will reach out to worksites and schools in Randolph County to identify locations interested in providing a healthy environment and facilitate meetings with We Choose Health staff.

The Randolph County Health department will resume the Randolph County All Health Coalition to partner with faith based agencies such as Lutheran Child and Family Services of Illinois to expand current mental health strategies in Randolph County

Collaborate with local agencies participating in the Randolph Interagency Council to provide education and skills training for employment and identify key partners for participation in the Randolph County All Health Coalition.

The Randolph County Health Department will provide parental education and support to single-parent families and those living in poverty through Family Case Management and Women, Infants and Children programs.

Encourage health providers to recruit psychiatric, psychologist and counseling agents as a part of the specialty clinics offered in Randolph County.

Barriers:

Insufficient data on mental/behavioral health at the county level

Lack of funding for recruitment, retention and expansion

Limited appropriate mental/behavioral/substance abuse health providers

Lack of mental health care providers willing to accept Medicaid

Poverty/Low Income

Unemployment/Uninsured

Stigma associated with mental and behavioral health

Community Resources:

Randolph County Health Department

Human Service Center

Perandoe Special Education District

Lutheran Child and Family Services of Illinois
Randolph County School Districts

Memorial, Red Bud Regional and Sparta Community Hospitals

Chester Mental Health Center

Other human service agencies

Evaluation:

The Randolph County Health Department (RCHD) will utilize the Illinois Behavioral Risk Factor Surveillance Study, IPLAN data and IPDH iQuery data to compare actual outcome to Outcome and Impact Objectives.

Randolph County Health Department will facilitate the creation and coordination of a Randolph County All Health Committee to establish guidelines for the communication and collaboration of available resources for mental and behavioral health among agencies and providers, and to determine the most appropriate data collection variables to establish a database to track relevant local mental and behavioral health data in an effort to assess and appropriately respond to community mental health needs and to support funding/grant requests.

Anticipated sources of funding:

Federal, state and local grants

Local hospitals

Local health department

Community

HEALTH PRIORITY #2: ACCESS TO CARE

Description of the Problem:

In 2011, 14.3% of Randolph County reported they did not have health care insurance, 8.4% reported they did not see a doctor due to costs and 39.2% report their last routine checkup being more than 1 year. A lack of access to health care services in Randolph County can be attributed to cost, no health insurance coverage, inefficient government programs, and limited resources for patients and providers.

Randolph County is considered a Primary Care Health Professionals Shortage Area (HSPA) according to the U.S. Health Resources and Services Administration (HRSA) with a rate of 50.7 primary care provider rate per 100,000 residents. This is significant when compared to the State of Illinois at 94.5 and nationally at 84.7. Randolph County's shortage impacts primary care visits by delaying the wait to see a doctor to several months, and significantly impacts access to health care as well as morbidity/mortality rates.

The individual mandate for healthcare insurance coverage took effect on January 1, 2014. The Randolph County Health Department, through a federal grant, hired a ½ time FTE navigator to assist uninsured county residents to enroll for increased access to health care through either the expanded Illinois Adult Medicaid or private health insurance on the Healthcare Marketplace beginning October 1, 2013. The recently hired employee is also coordinating Worksite Wellness and CATCH through the We Choose Health grant and smoking cessation/Smoke Free Illinois enforcement through the Tobacco Free Communities Grant.

Randolph County's 2012 socioeconomic demographics reflect an unemployment rate of 7.9%; female-headed families make up 33% of all families in poverty, and children under 5 years make up 28% of those under 18 living in poverty. These households qualify for the expanded Illinois Adult Medicaid, but there is a shortage of primary care providers who accept Illinois Medicaid due to considerable delays in reimbursement. Residents need to travel further to locate physicians who will accept Illinois Medicaid.

Randolph County is a rural community, as a result there is a lack of available public transportation for individuals who are unable to afford or do not have access to reliable transportation. Currently the Monroe-Randolph Transit District offers transportation Monday through Friday from 6:30 am until 5:30 pm. Reservations are required and transportation services are inflexible. For patients whose appointments run late or arrive to the hospital via ambulance do not have access to transportation home. There is an opportunity to involve churches, human service organizations and volunteers to help transport these patients.

Healthy People 2020 Objectives:

AHS-1 Increase the proportion of persons with health insurance

AHS-4 (Developmental) Increase the number of practicing primary care providers.

AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines

The literature was reviewed from recommended programming for these risk factors and proposed strategies were chosen from these recommendations.

Overall Goal:

Improve Randolph County resident's access to appropriate and quality healthcare by enrolling county residents into health care insurance, partner with key health care providers in an effort to increase primary care providers and enhance transportation efforts for patients who do not have reliable transportation.

Outcome Objective:

By 2017, decrease the number of adults who report the last routine checkup as being more than one year or never by 5%. Baseline 39.2% (BRFSS 2011)

Impact Objectives:

By 2015, increase the number of insured residents 5% through the Affordable Care Act. Baseline 9.4% (2010)

By 2016, increase the number of primary care provider ratio 5%. Baseline 50.7 (2009)

By 2015, expand the operating hours of the transit district from 5 days a week to 7 days a week.

Proven Intervention Strategies:

Education and enrollment of uninsured into private or public health care insurance. The Randolph County Health Department will assist uninsured county residents to enroll for increased access to health care through either the expanded Illinois Adult Medicaid or private health insurance on the Healthcare Marketplace beginning October 1, 2013. Increase annual wellness screenings through case management to reduce morbidity and mortality in behavior-related conditions

Reduce out-of-pocket costs for wellness screenings. Randolph County Health Department will encourage annual wellness screenings with a primary care physician, which are fully covered by health insurance January 1, 2014.

Utilize Workforce Wellness strategies with companies in Randolph County, the Randolph County Health Department will reach out to worksites and schools in Randolph County

to identify locations interested in providing a healthy environment and facilitate meetings with We Choose Health staff.

Randolph County Health Department will work with We Choose Health staff to utilize CATCH in Randolph County schools to teach healthy eating and exercise habits.

Partner with churches and transit authorities to assist with transportation to and from health care providers. Currently, public transportation in Randolph County is limited to Monday through Friday from 6:30 am until 5:30 pm. Patients who have after hour emergencies or appointments on Saturdays and do not have reliable transportation are stranded. By working with the local churches who have bus transportation for their congregation or a reliable volunteer base may be able to transport patients after hours or on weekends.

The Randolph County Health department will resume the Randolph County All Health Coalition to partner with schools and health care providers to set up health clinics for students and parents.

Randolph County will encourage clients to focus on cheaper and more effective preventative care and discourage use of emergency services for non-emergency incidents through Family Case Management and Women, Infant, and Children programs.

Increase communication among community health care providers through the Randolph County Interagency Council and Randolph County All Health Coalition.

Advocate faster Medicaid reimbursements

Barriers:

Lack of funding

Lack of primary care physicians willing to relocate

Lack of providers willing to accept Medicaid

Socioeconomic Status/Income

Unemployment/Uninsured

Lack of public transportation

Community Resources:

Randolph County Health Department

Monroe-Randolph Transit District

Randolph County School Districts

Memorial, Red Bud Regional and Sparta Community Hospitals

Randolph County Churches

Other human service agencies

Evaluation:

The Randolph County Health Department (RCHD) will utilize the Illinois Behavioral Risk Factor Surveillance Study, IPLAN data and IPDH iQuery data to compare actual outcome to Outcome and Impact Objectives. Additional tracking of behavior-related health goals will be assessed on a quarterly basis as required by grant sources. Finally, RCHD will assist with enrollment into health insurance plans and will track outcome based on BRFSS and Get Covered Illinois tracking.

Anticipated sources of funding:

Federal, state and local grants

Local hospitals

Local health department

Community

HEALTH PRIORITY #3: HEALTH-RELATED QUALITY OF LIFE/WELL BEING

Description of the Problem:

Community Health Needs Assessment Focus Groups responses revealed one of the top 3 health concerns for Randolph County was health-related quality of life/well-being. Risk factors included poor nutrition, smoking, and a sedentary lifestyle.

Of self-reporting Randolph County adults 51.9% report eating less than 3 servings of fruits and vegetables per day, 24.2% identify themselves as smokers, and 25.4% reported not getting any exercise [see Appendix B for BRFSS data]. Poor nutrition, smoking, and a sedentary lifestyle impact overall health and have been attributed to obesity, diabetes, hypertension, heart disease, and cancer. The top ten causes of death in Randolph County reflect considerable statistical significance over Illinois and include diseases of the heart, malignant neoplasms, chronic lower respiratory diseases, stroke, and diabetes [see Appendix A for mortality data].

It was noted in several focus groups that access to care plays a role, but there are health education and support programs available through RCHD to help those who lack an understanding on how to improve their Health-Related Quality of Life and Well-Being. These programs include Family Case Management, WIC, We Choose Health and Tobacco Free Communities.

A number of factors contribute to morbidity and mortality. Specific demographics in Randolph County are more likely to be affected than others and include those living in poverty, education attainment and a rural population. A portion of these factors could be avoided through proactive measures, compliance, and communication: educating on proper nutrition, regular exercise, and smoking cessation. Randolph County demographics reflect: female-headed families make up 33% of all families in poverty and children under 5 years make up 28% of those under 18 living in poverty (2012), the Randolph County unemployment rate is 7.9% (2012), 9.4% of the population in Randolph County is uninsured (2011), and 20% have not attained a high school diploma (2012).

Marketing and strategy plans for individual for the health department, health care providers, and human service agencies, as well as collaboration between these groups, will help educate residents of the benefits of preventive care and improve overall health and well-being. Public health impacts everyone: a healthy community reduces the strain on limited community resources and a health workforce allows companies to be more productive.

A proactive approach through education, health screening and preventative measures is beneficial for the community and health care infrastructure. A well-rounded marketing strategy with limited financial resources may include utilizing social media (Facebook, Twitter and YouTube), direct mail to the client base, monthly public service

announcement on local radio stations, submit press releases to local news agencies, flyers, and cooperation through the Randolph County Interagency Council members.

Healthy People 2020 Objectives:

HRQOL/WB-1.1 Increase the proportion of adults who self-report good or better physical health

HC/HIT-13 (Developmental) Increase social marketing in health promotion and disease prevention

The literature was reviewed from recommended programming for these risk factors and proposed strategies were chosen from these recommendations.

Overall Goal:

By 2017, increase the number adults who report their health as excellent/very good by 5%. Baseline 39.5% (BRFSS 2011).

Outcome Objective:

By 2017, decrease the number adults who report their physical health kept them from doing usual activities 8-30 days by 3%. Baseline 12.8% (BRFSS 2011).

Impact Objectives:

By 2015, increase the number of adults reported participating in physical exercise by 5%. Baseline 74.6% (BRFSS 2011)

By 2016, decrease the number of adults who reported eating <3 servings of fruits and vegetables per day. Baseline 51.9% (BRFSS 2011)

By 2016, decrease the number of adults who reported to be smokers by 5%. Baseline 24.2% (BRFSS 2011)

Proven Intervention Strategies:

Increase awareness of health-related programs and events hosted by Randolph County health providers and human service agencies via multiple marketing channels. RCHD will utilize social media channels to reach the younger demographics, a monthly 30 minute interview on 1230 WHCO's People Speak segment, advising human service agencies of events and services, and through earned and paid print media.

Encourage proper nutrition, exercise, smoking cessation, and annual wellness screenings through RCHD family case management and WIC clients to reduce morbidity and mortality in behavior-related conditions.

Educate and enroll uninsured into private or public health care insurance. The Randolph County Health Department will assist uninsured county residents to enroll for increased access to health care through either the expanded Illinois Adult Medicaid or private health insurance on the Healthcare Marketplace beginning October 1, 2013 and will educate clients regarding health insurance and help read/understand health-related documents.

Utilize Workforce Wellness strategies with companies in Randolph County, the Randolph County Health Department will reach out to worksites and schools in Randolph County to identify locations interested in providing a healthy environment and facilitate meetings with We Choose Health staff.

Barriers:

Lack of funding for marketing

Fresh fruits & vegetables cost prohibitive

Limited access to walking paths and parks

Unemployment/Poverty/Uninsured

Limited online/computer access

Community Resources:

Randolph County Health Department

Monroe-Randolph Transit District

Randolph County Worksites

Randolph County School Districts

Memorial, Red Bud Regional and Sparta Community Hospitals

Other human service agencies

Evaluation:

The Randolph County Health Department (RCHD) will utilize the Illinois Behavioral Risk Factor Surveillance Study, IPLAN data and IPDH iQuery data to compare actual outcome to Outcome and Impact Objectives. Additional tracking of behavior-related health goals will be assessed on a quarterly basis as required by grant sources.

Anticipated sources of funding:

Federal, state and local grants

Local hospitals

Local health department

Community

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Randolph County
WHERE ILLINOIS BEGAN!

APPENDIX A

Illinois Project for Local Assessment of Needs (IPLAN) 2012-2017

Health Indicator Data Groupings

1. Demographic and Socioeconomic Characteristics
2. Maternal and Child Health
3. General Health and Access to Care
4. Chronic Disease
5. Sentinel Events
6. Infectious Disease
7. Environmental/Occupational Injury Control; Environmental Health

Demographic Data

Population Data:

According decennial census data, the population of Randolph County has declined only slightly over the last 3 years.

	1980 Census	1990 Census	2000 Census	2010 Census	Percent Change 1980-1990	Percent Change 1990-2000	Percent Change 2000-2010
Randolph County, IL	35,652	34,583	33,893	33,476	-3	-2	-1.2
Illinois	11,426,518	11,430,602	12,419,293	12,830,632	0.04	8.6	3.3

Source: Illinois Department of Public Health and U.S. Census Bureau American FactFinder.

Incorporated Cities, and Villages:

Randolph County has 14 cities and villages. Menard Correctional Center also resides in Randolph County. As of May 2012, the correctional facility reports a total population of 3574 adult male inmates. The population Census for Chester is inclusive of this inmate population.

Population by City, and Village	2010 Census Population
Baldwin	393
Chester	8586
Coulterville	945
Ellis Grove	363
Evansville	701
Kaskaskia	14
Percy	970
Prairie Du Rocher	604
Red Bud	3698
Rockwood	42
Ruma	317
Sparta	4302
Steeleville	2083
Tilden	934

Source: U.S. Census Bureau American FactFinder; Illinois Department of Corrections

Age and Gender Distribution:

The median age in Randolph County is 41 years of age, only slightly higher than the median age of 37 for both the state of Illinois and nationally.

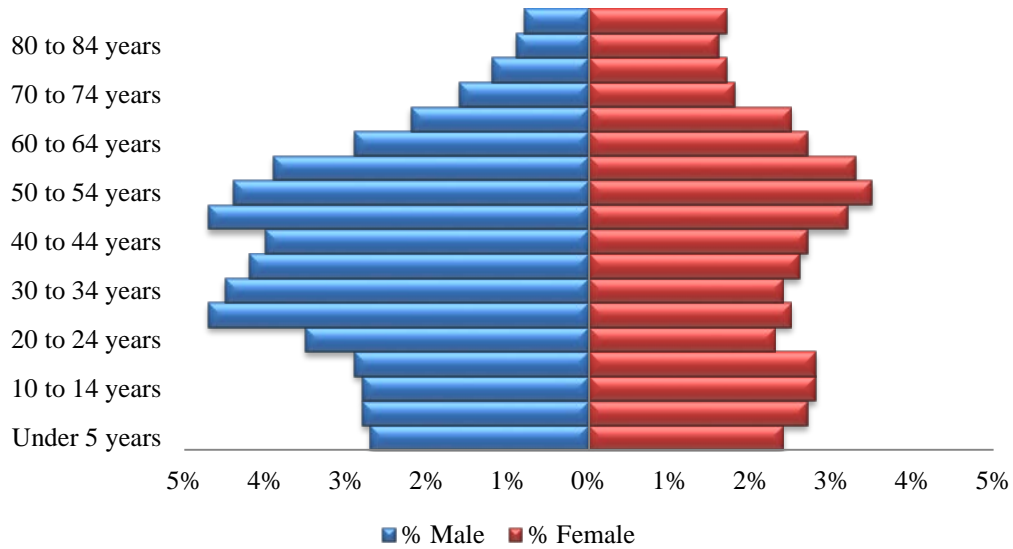
	Randolph County, IL	Illinois
Age Group	Percent	Percent
< 5 years	5%	7%
5 - 14 years	11%	14%
15-24	12%	14%
25-44	28%	27%
45-64	29%	26%
65-74	8%	7%
75 & older	8%	6%

Source: U.S. Census Bureau American FactFinder

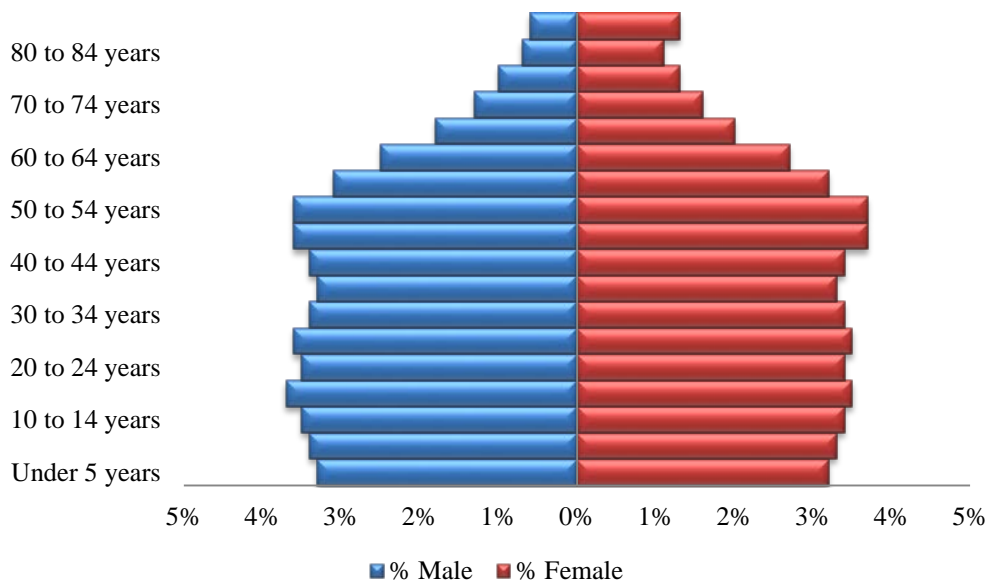
The population distribution by age and gender for Randolph County compared to the distribution statewide is illustrated using population pyramids. Randolph County has a larger percentage of older to middle age residents compared to state percentages, and a slightly smaller percentage of children.

Randolph County has a slightly higher percentage of male residents, with 55% male and 45% female residents. However, the correctional facility comprises 10% of the county population, and therefore influences the overall percentage of adults and the percentage of males in the county (correctional facility average age reported as 34 years as of May 2012, Source: Illinois Department of Corrections).

Randolph County, Illinois Population Distribution Pyramid, 2010



Illinois Population Distribution Pyramid, 2010



Source: U.S. Census Bureau American FactFinder

Race and Ethnicity:

Analysis of 2010 Census data for Randolph County compared to the 2000 Census shows some change in racial diversity, with increases noted among individual race categories which did not impact overall percentages for the county. Analysis of ethnicity data shows a 66% increase in Hispanic and Latino population noted between 2000 and 2010, which is an increase of 2% to 3% of the total population.

Race	Population 2000	Percent Population 2000	Population 2010	Percent Population 2010	Percent Change, 2000-2010
White	30068	89%	29,318	88%	-2%
Black or African American	3147	9%	3,263	10%	4%
American Indian & Alaska Native	53	<1%	62	<1%	17%
Asian	81	<1%	104	<1%	28%
Native Hawaiian & Other Pacific Islander	14	<1%	15	<1%	7%

Ethnicity	Population 2000	Percent Population 2000	Population 2010	Percent Population 2010	Percent Change, 2000-2010
Hispanic or Latino	521	2%	867	3%	66%
Not Hispanic or Latino	33372	98%	32609	97%	-2%

*Race, Hispanic origin, and ancestry groups are generally comparable to Census 2000. Source: U.S. Census Bureau (2013). Comparing Decennial (2000 & 2010 Census).

Language:

In Randolph County 97% of the population five years and older speak only the English language at home. Of those who report speaking a language other than English at home 1.5% report speaking an Indo-European language and 1.4% report speaking Spanish.

Comparatively, at the state level 78% report speaking only English at home, while 5.5% speak an Indo-European language and 12.9% speak Spanish (Source: U.S. Census Bureau 2007 American Community Survey 5-Year Estimates).

Socioeconomic Characteristics

Households:

There are a total of 12,022 households in Randolph County. Approximately 68% of households are family households with an average family size of 3 persons. Approximately 53% are married couple households, 3% are male households with no spouse present, and 11% are female households with no spouse present.

Total Households	12,022
Average Household Size	2.46
Family Households	8,145 (68%)
Average Family Size	2.98
Married Couple Family	6,389 (53%)
Male Household, No Wife Present	402 (3%)
Female Household, No Husband Present	1,354 (11%)
Nonfamily Households	3,877 (32%)
Households With One or More People Under Age 18	3,583
Households With One or More People Over Age 65	3,656

Source: U.S. Census Bureau 2007-2011 American Community Survey 5-Year Estimates.

Income and Unemployment:

According to U.S. Census 2007-2011 American Community Survey 5-Year Estimates, unemployment in Randolph County is slightly lower than statewide and national rates. Median household income, median family income, and median earnings for workers are lower than both state and national income levels.

	Percent Unemployment	Median Household Income	Median Family Income	Median Earnings for Workers
Randolph County	7.9%	\$46,148	\$59,003	\$26,741.00
Illinois	9.3%	\$56,576	\$69,658	\$31,597.00
United States	8.7%	\$52,762	\$64,293	\$30,259.00

Source: U.S. Census Bureau 2007-2011 American Community Survey 5-Year Estimates

Poverty Level:

According to U.S. Census Bureau 2007-2011 5-year estimates, 8% of all families and 12% of all residents living in Randolph County had income below poverty level within the preceding 12

months. Female headed families make up 33% of all families in poverty and children under 5 years of age make up 28% of those under 18 living in poverty.

Poverty Rates	Randolph County, IL	Illinois
Percentage of All Families Whose Income in Past 12 Months is Below Poverty Level	8%	10%
With related children under 18 years	15%	15%
With related children under 5 years only	20%	16%
Married couple families	3%	4%
With related children under 18 years	5%	6%
With related children under 5 years only	8%	5%
Families with female householder, no husband present	33%	29%
With related children under 18 years	39%	38%
With related children under 5 years only	49%	46%
Percentage of All People Whose Income in Past 12 Months is Below Poverty Level	12%	13%
Under 18 years	18%	19%
Related children under 18 years	17%	18%
Related children under 5 years	28%	21%
Related children 5 to 17 years	14%	17%
18 years and over	11%	11%
18 to 64 years	11%	12%
65 years and over	10%	9%
People in families	9%	11%
Unrelated individuals 15 years and over	27%	23%

Source: U.S. Census Bureau 2007-2011 American Community Survey 5-Year Estimates

Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps):

SNAP helps low-income people and families buy the food they need for good health. Households are eligible for SNAP based on monthly gross income limits. In 2005, SNAP recipients comprised 10% of the total population in Randolph County, just one percent higher than the state percentage.

Population Receiving Food Stamps 2005			
Randolph County, IL		Illinois	
Percent	Number Recipients	Percent	Number Recipients
10%	3325	9%	1,176,006

Source: Illinois Department of Public Health, Project for Local Assessment of Needs, Community Level Data.

Women Infants and Children (WIC) Program:

The Health and Human Services (HHS) poverty guidelines are used by Federal programs such as WIC as the basis for determining and updating program income eligibility limits. To be eligible on the basis of income, applicants' gross income (before taxes are withheld) must fall at or below 185 percent of the U.S. Poverty Income Guidelines.

During Fiscal Year 2012, the average WIC caseload for Randolph County Health Department was 703 cases per month. The total caseload for FY 2012 was 8441 (this number does not exclude duplicate visits).

Source: United States Department of Agriculture Food and Nutrition Services.

Worker Class and Industry:

Approximately 79% of workers in Randolph County are private wage and salary workers, 15% are government workers, and 5% are self-employed. Approximately 21% are employed in educational services, health care and social assistance industries, 17% manufacturing, 11% retail trade, and 9% construction.

Class of Worker	Percent
Private wage and salary workers	79%
Government workers	15%
Self-employed in own not incorporated business workers	5%

Industry	Percent
Agriculture, forestry, fishing and hunting, and mining	5%
Construction	9%
Manufacturing	17%
Wholesale trade	2%
Retail trade	11%
Transportation and warehousing, and utilities	8%
Information	2%
Finance and insurance, and real estate and rental and leasing	5%
Professional, scientific, and management, and administrative and waste management services	7%
Educational services, and health care and social assistance	21%
Arts, entertainment, and recreation, and accommodation and food services	6%
Other services, except public administration	4%
Public administration	6%

Source: U.S. Census Bureau 2007 American Community Survey 5-Year Estimates.

Educational Attainment

Schools:

According to the Illinois State Board of Education, Randolph County has seven nonpublic schools including one nonpublic high school. There are twenty-one public districts and schools including five high schools. There are also two regional program schools and there is also a special education district and school.

Category	Facility Name	City
Nonpublic Schools		
	St John Lutheran School	Chester
	St John Lutheran School	Red Bud
	St Marks Lutheran School	Steeleville
	Trinity Lutheran School	Red Bud
	St John the Baptist	Red Bud
	St Mary School	Chester
	Christ Our Savior Lutheran H S	Evansville
Public Districts & Public Schools		
	Coulterville USD 1	Coulterville
	Coulterville High School	Coulterville
	Coulterville Junior High School	Coulterville
	Coulterville Elementary School	Coulterville
	Chester N HSD 122	Waterloo
	Red Bud CUSD 132	Red Bud
	Red Bud High School	Red Bud
	Red Bud Elem School	Red Bud
	Prairie Du Rocher CCSD 134	Prairie Du Rocher
	Prairie Du Rocher Elementary School	Prairie Du Rocher
	Steeleville CUSD 138	Steeleville
	Steeleville High School	Steeleville
	Steeleville Elementary School	Steeleville
	Chester CUSD 139	Chester
	Chester High School	Chester
	Chester Elem School	Chester
	Sparta CUSD 140	Sparta
	Sparta High School	Sparta
	Sparta-Lincoln Middle School	Sparta
	Sparta Primary Attendance Center	Sparta
	Evansville Attendance Center	Evansville
Regional Programs		
	Beck Area Career Center- Alternative School	Red Bud

	Monroe/Randolph Red Brick School	Red Bud
Special Education Districts & Schools		
	Perandoe Special Education District	Red Bud
	Perandoe Educational Program	Tilden

Source: Illinois State Board of Education

According to U.S. Census estimates for Randolph County, 80% of residents 25 years of age and older are high school graduates or higher, with 13% completing some high school but having no high school diploma and 7% completing less than 9th grade. The percentage of high school dropouts in Randolph County (residents completing some high school with no high school diploma) is 5% higher than the state percentage of 8%.

Educational Attainment Population 25 Years and Over	Randolph County, IL	Illinois
Less than 9th grade	7%	6%
9th to 12th grade, no diploma	13%	8%
High school graduate (includes equivalency)	40%	28%
Some college, no degree	21%	21%
Associate's degree	7%	7%
Bachelor's degree	8%	19%
Graduate or professional degree	4%	12%
Percent high school graduate or higher	80%	87%
Percent bachelor's degree or higher	12%	31%

Source: U.S. Census Bureau 2007 American Community Survey 5-Year Estimates.

The United States Department of Agriculture (USDA) issues the income guidelines for free and reduced-price meal eligibility annually. The percentage of eligible students at participating sites in Randolph County is 38%, lower than the state percentage of 54%.

Free and Reduced-Price Meal Eligibility Data FY 2012* (October 2011 data)				
	Site Enrollment	Site Free Eligible	Site Reduced Eligible	Site % Eligible
Randolph County, IL	4911	1571	319	38%
Illinois	1944191	920147	122764	54%

*Free and reduced-price meal eligibility data is collected on October 31 of each year. This report contains self-reported data from sponsors in the National School Lunch Program; therefore, not every school in Illinois is listed in the following reports. Source: Illinois State Board of Education

Maternal and Child Health

Life Expectancy at Birth:

Life expectancy data for Randolph County was not available. However 2007 estimates for the state of Illinois and nationally are essentially identical, with a life expectancy at birth of approximately 79 years for all ages, 76 for males, and 81 for females. African Americans have the shortest life expectancy at 73, while Asians have the highest life expectancy at 91.

Life Expectancy at Birth by Number of Years, 2007	Randolph County, IL	Illinois	US
All Residents	Data not available	78.8	78.6
By Gender	Data not available		
Male		76.2	76
Female		81.2	81.2
By Race	Data not available		
White		79.2	78.7
African-American		72.9	74.3
Latino		88.0	83.5
Asian-American		90.7	87.3
Native American		**	75.1

** Not sufficient data

Source: Kaiser Family Foundation: State Health Facts

Births:

Illinois vital statistics shows Randolph County has a preterm birth rate (<37 weeks) of 11.8%, slightly higher than the state percentage. Of the 380 births reported in 2009 in Randolph County, approximately 12% were teen births, slightly higher than that statewide rate of 9.6%.

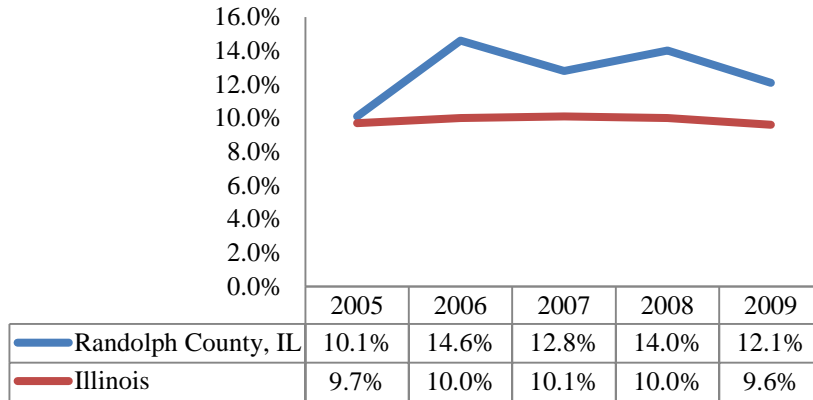
Birth Characteristics 2009					
	Total Births	Low Birth Weight (<2,500 grams)	Preterm (<37 weeks)	Adequate Prenatal Care	
Randolph County, IL	380	28 (7.4%)	45 (11.8%)	280 (79.1%)	
Illinois	171,077	14,372 (8.4%)	17,109 (10%)	125,932 (80.2%)	
Teen Births 2009					
	Total Births	Under 15	15-17	18-19	Total Teen Births
Randolph County, IL	380	0, (0%)	9 (2%)	37 (10%)	46 (12.1%)
Illinois	171,077	186 (0.1%)	5,057 (3%)	11,133 (7%)	16,376 (9.6%)

Source: Illinois Department of Health, Vital Statistics.

Teen Pregnancy:

According to state vital statistics data, the percentage of teen pregnancies in Illinois has remained stable during the past five years at around 10%. Although down slightly in 2009, the percentage of teen pregnancies in Randolph County have been slightly higher than state percentages over the last five years, fluctuating within a range of 10 – 15% during 2005-2009.

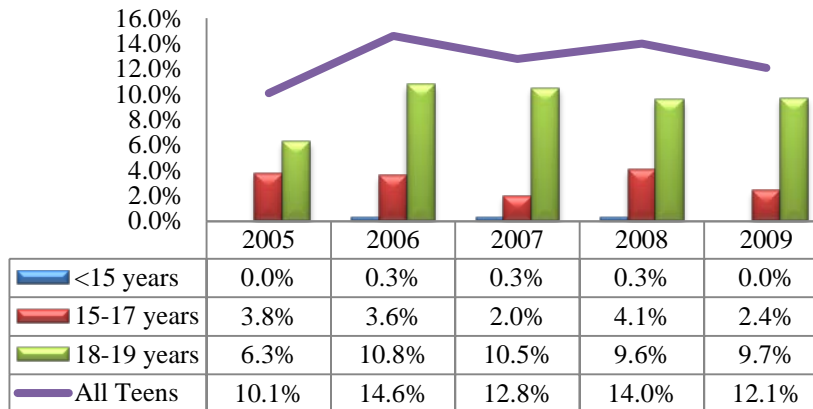
Teen Pregnancies, 2005-2009



Source: Illinois Department of Public Health, Vital Statistics

During the five year period reviewed, just below 1% of teenage pregnancies occurred in teens less than 15 years of age, while 2-4% occurred between the ages of 15-17, and the majority (6-11%) occurred in teens between the ages of 18-19 years.

Teen Pregnancies by Ages, Randolph County



Source: Illinois Department of Public Health, Vital Statistics

General Health

According to 2009 vital statistics, the percentage of deaths by gender is equal for both males and females at 50%. The majority of deaths occurred in those ages 65 to 84, followed by those 85 years and older.

Mortality Demographics:

	2009	Sex		Race			Ethnicity
		Total Deaths	Male	Female	White	Black	Other
Randolph County, IL	391	197 (50%)	194 (50%)	380 (97%)	10 (3%)	1 (<1%)	1 (<1%)
Illinois	99,896	48,655 (49%)	51,241 (51%)	82,862 (83%)	15,187 (15%)	1,847 (2%)	3,834 (4%)

	2009	Age Group (Years)						
		Total Deaths	< 1	1 - 14	15 - 24	25 - 44	45 - 64	65 - 84
Randolph County, IL	391	2 (1%)	2 (1%)	8 (2%)	15 (4%)	60 (15%)	170 (43%)	134 (34%)
Illinois	99,896	1,176 (1%)	409 (<1%)	1,259 (1%)	4,467 (4%)	19,320 (19%)	41,801 (42%)	31,464 (31%)

Source: Illinois Department of Health, Vital Statistics.

Infant Mortality:

The infant mortality rate in Randolph County has fluctuated from 2007 through 2009, ranging from as high as 14 deaths per 1000 births in 2007, to 3 deaths per 1000 births in 2009. Due to the small numbers used to calculate this rate, it does not meet standards for statistical reliability and therefore, rates should be interpreted with caution. The number of births in Randolph County has increased during the time period, with 351 births in 2007, 364 in 2008, and 380 births observed in 2009.

	2007			2008			2009		
	Births	Infant Deaths	IM Rate	Births	Infant Deaths	IM Rate	Births	Infant Deaths	IM Rate
Randolph, County, IL	351	5	14.2**	364	1	2.7**	380	2	5.3**
Illinois	180,530	1,196	6.6	176,634	1,263	7.2	171,077	1,176	6.9

IM Rate = rate per 1000 live births. ** Rate does not meet standards of reliability or precision.

Source: Illinois Department of Health, Vital Statistics.

Leading Causes of Mortality:

A comparison between Randolph County death rates and Illinois death rates is demonstrated by the following table and accompanying chart. The following table standardizes the number of deaths to a rate per 100,000 population to enable a direct comparison of the Randolph County and the State of Illinois data. The deaths have been mathematically modified to reflect the number of expected deaths by each cause of death, assuming each population was 100,000.

When data is less than 20 cases, calculations become statistically unreliable. In order to make the Randolph County data valid, the cumulative number of deaths from the years 2005 to 2010 were utilized.

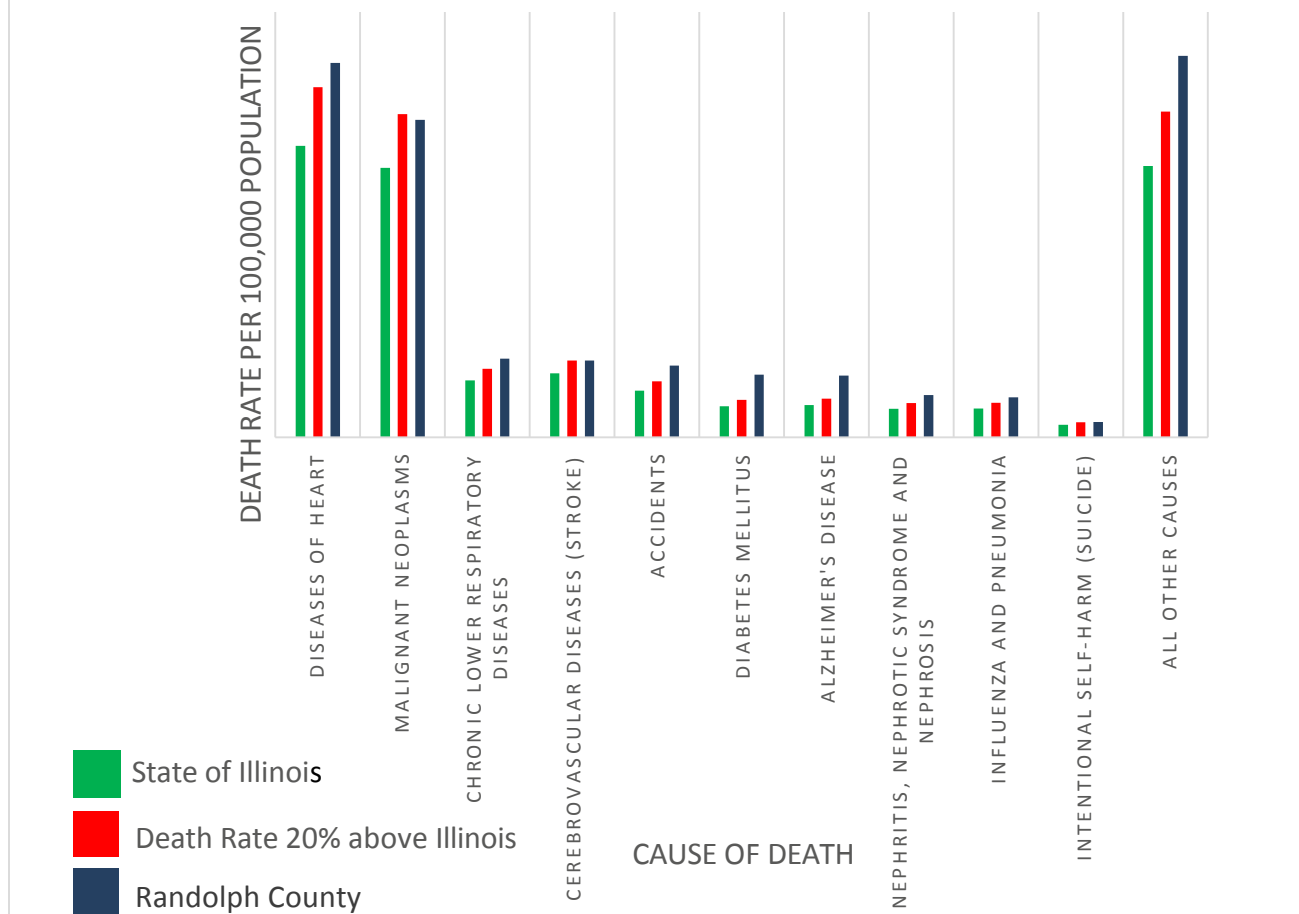
The last column is a calculation between the standardized rate of Randolph County and the State of Illinois. A variance of 20% above (1.2) or 20% below (0.8) is a statistically significant difference between the two standardized rates. The Randolph County's death rates for the ordered first ten causes of death are significantly higher than the State of Illinois death rates.

The chart which follows the table provides a visual representation of the statistically significant differences between Randolph County death rates and the State of Illinois death rates.

2005-2010 Cause of Death	State of Illinois			Randolph County		
	Cumulative Incidence	Death Rate per 100,000 population	Death Rate 20% above Illinois	Cumulative Incidence	Death Rate per 100,000 population	Illinois Standardized Risk Ratio
Diseases of heart	157,014	205.7	246.9	532	264.1	1.3
Malignant neoplasms	145,004	190.0	228.0	451	223.9	1.2
Chronic lower respiratory diseases	30,672	40.2	48.2	112	55.6	1.4
Cerebrovascular diseases (stroke)	34,500	45.2	54.2	109	54.1	1.2
Accidents	25,176	33.0	39.6	102	50.6	1.5
Diabetes mellitus	16,744	21.9	26.3	89	44.2	2.0
Alzheimer's disease	17,365	22.8	27.3	88	43.7	1.9
Nephritis, nephrotic syndrome and nephrosis	15,647	20.3	24.3	57	28.3	1.4
Intentional self-harm (suicide)	6,757	8.9	10.6	22112	30.3	1.6
Chronic lower respiratory diseases	31,985	23.0	27.6	154	41.6	1.8
All other causes	146,084	191.4	229.7	542	269.0	1.4
Total deaths	610,106	799.4	959.2	2,164	1074.1	1.3
Cumulative Population	76,324,172			201,462		

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2010 on CDC WONDER Online Database, released 2012. Data are from the Multiple Cause of Death Files, 1999-2010, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Apr 25, 2014 2:17:28 PM

2005-2010 ILLINOIS, 20% ABOVE ILLINOIS AND RANDOLPH COUNTY MORTALITY RATES



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2010 on CDC WONDER Online Database, released 2012. Data are from the Multiple Cause of Death Files, 1999-2010, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/ucd-icd10.html>

Years of Potential Life Lost (YPLL):

Years of Potential Life Lost (YPLL) is an indicator reflecting the number of years of life potentially lost to death before age 65 due to major causes. YPLL does not generally mirror mortality rankings, as YPLL is an indicator of premature death. In Randolph County, accidents are the largest contributor to YPLL, causing 278 of these premature deaths in 2006. Cancer is the second leading contributor followed by motor vehicle accidents and heart disease.

Years of Potential Life Lost, ICD-10 Total for All Races, 2006			
Cause in Descending Order	Randolph County, IL	Cause in Descending Order	Illinois
Accidents	278	Accidents	85,216
Malignant Neoplasms	244	Malignant Neoplasms	73,388
Motor Vehicle Accidents*	125	Disease of Heart	54,579
Disease of the Heart	107	Perinatal Conditions	45,158
Suicide	75	Coronary Heart Disease*	36,136
Perinatal Conditions	64	Motor Vehicle Accidents*	31,128
Drowning*	61	Homicide	27,677
Coronary Heart Disease*	51	Firearms**	27,275
Lung Cancer*	51	Congenital Malformations	19,618
Lymph & Hemato Cancer*	41	Suicide	17,193

*Subcategory of a preceding cause, such as "coronary heart disease" as a subcategory of "diseases of heart."

**Firearm deaths can be due to different causes or intentions, specifically homicide, suicide, unintentional injuries, and undetermined injury (i.e., not determined if the death was due to homicide, suicide or accident).

Data available by county of residence. Note: Due to the age groups used in the IPLAN Data System, the YPLL values may vary from other published YPLL values from IDPH.

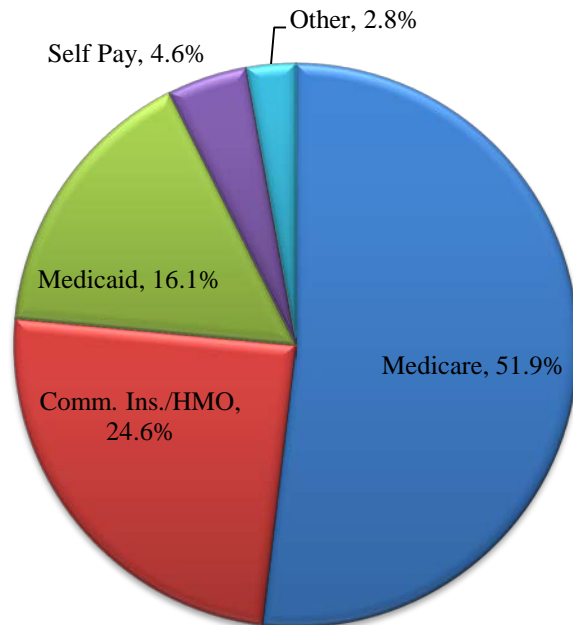
Source: Illinois Department of Public Health, Project for Local Assessment of Needs

Access to Care

Healthcare Coverage:

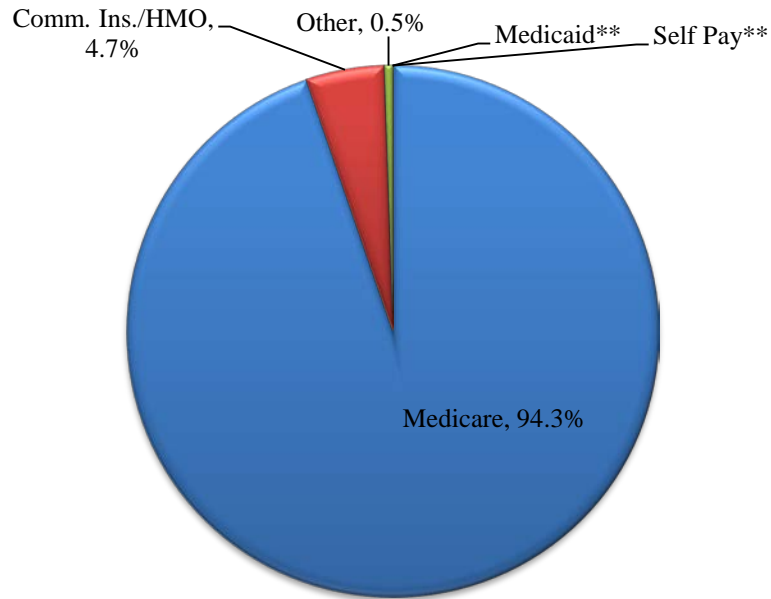
According to the Illinois Hospital Association Discharge Database, the overall payer mix Randolph County residents discharged for a hospitalization during 2010 was 52% Medicare, 25% commercial insurance, and 16% Medicaid. For residents older than 65, the primary payer was Medicare (94%). For residents 0-64 the primary payer was commercial insurance at 42% and Medicaid at 30%. It should be noted that payer mix is based on the county of residence the patient resided in at the time of hospitalization, and should not be interpreted as discharges that occur in hospitals located only in Randolph County.

Randolph County Residents, Hospital Discharges by Payer Type (All Ages), 2010



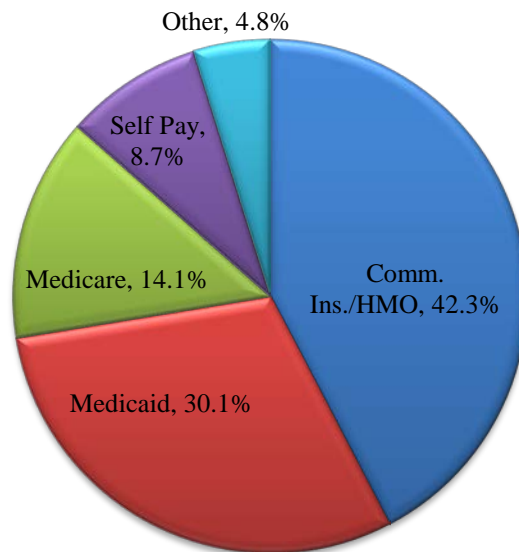
Source: Illinois Hospital Association (IHA) Hospital Discharge Database

Randolph County Residents, Hospital Discharges by Payer Type (Ages 65+), 2010



** Small numbers are not displayed

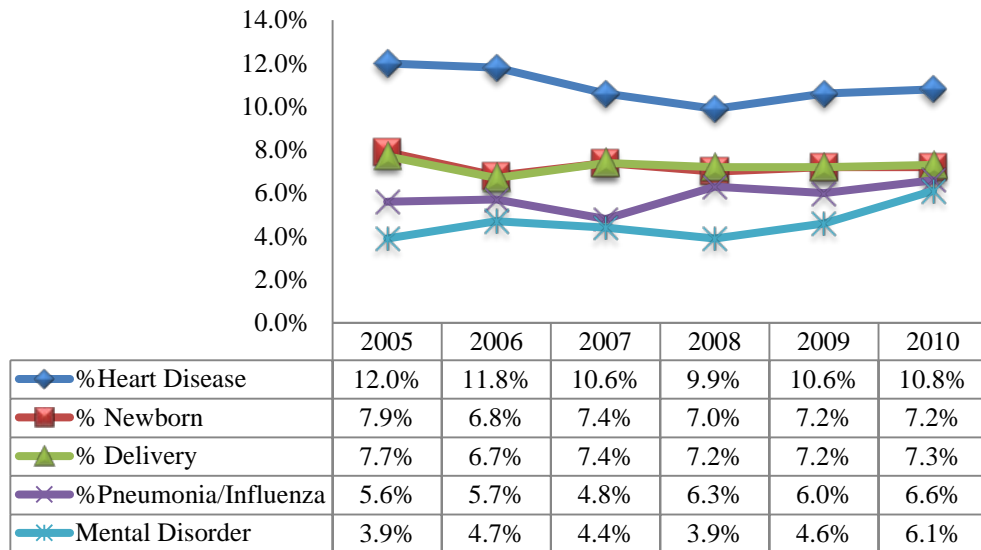
Randolph County Residents, Hospital Discharges by Payer Type (Ages 0-64), 2010



Source: Illinois Hospital Association (IHA) Hospital Discharge Database

The most prominent diagnosis for Randolph County residents discharged for hospitalizations during the period of 2005-2010 was heart disease (11%), newborns (7.3%), delivery (7.2%), pneumonia (5.8%), and mental disorder (4.6%). During that period of time, the percentage of discharges for heart disease have appeared to decline slightly, while the percentage of pneumonia/influenza hospitalizations and mental disorder hospitalizations has increased slightly.

% Hospital Discharges by Diagnosis, County of Residence Randolph County



Source: Illinois Hospital Association (IHA) Hospital Discharge Database

Health Care Facilities:

According to the Illinois Office of Health Care Regulations, Randolph County has the following licensed health care service entities, as of January 2013.

Health Care Facilities	
End State Renal Dialysis Facility	
BMA of Illinois, Inc. DBA Fresenius Medical Care Randolph County	Chester, Illinois
Home Health Agencies	
At Home Health Care of Sparta Community Hospital	Sparta, Illinois
Red Bud Regional Home Care	Red Bud, Illinois
Home Services Agencies	
Clarice's Home Care Services, Inc.	Steeleville, Illinois
Hospitals	
Memorial Hospital	Chester, Illinois
Red Bud Regional	Red Bud, Illinois
Sparta Community Hospital	Sparta, Illinois
Nursing Homes	
Chester Rehab and Nursing Center	Chester, Illinois
Coulterville Care Center	Coulterville, Illinois
Ellner Terrace	Evansville, Illinois
Red Bud Regional Care	Red Bud, Illinois
Randolph County Care Center	Sparta, Illinois
Sparta Terrace	Sparta, Illinois
Three Springs Lodge Nursing Home	Chester, Illinois
Rural Health Centers	
Chester Clinic Group, LLC DBA Chester Clinic	Chester, Illinois
Chester Medical Group, LLC DBA Steeleville Family Practice	Steeleville, Illinois
Coulterville Medical Clinic	Coulterville, Illinois
Family Health Centre	Sparta, Illinois
Older Adult Health Center	Red Bud, Illinois
Steeleville Clinic	Steeleville, Illinois
Sparta Community Hospital, North Campus	Sparta, Illinois
Sparta Medical Office	Sparta, Illinois

Source: State of Illinois Office of Health Care Regulation; Data.Illinois.gov State of Illinois Data Portal

Randolph County has three hospitals located in Chester, Red Bud, and Sparta, Illinois in addition to Chester Mental Health Center. All three hospitals are Critical Access Hospitals providing inpatient, outpatient and emergency services. Chester Mental Health Center is located in Chester, Illinois. The facility provides services under the Mental Health Division of the Illinois Department of Human Services (Source: American Hospital Association; Data.Illinois.gov State of Illinois Data Portal).

Health Care Providers:

Randolph County is considered a Primary Care Health Professionals Shortage Area (HPSA) and a partial Dental HPSA according to the U.S. Health Resources and Services Administration (HRSA). A HPSA is an area that has shortages of primary medical care, dental or mental health providers. As of 2011, Randolph County had 17 Primary Care Providers and 10 Dentists.

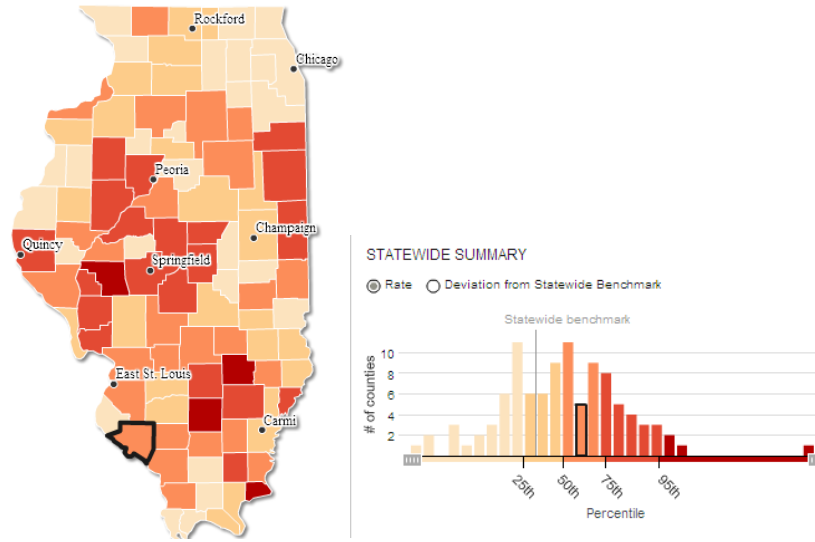
The primary care provider rate per 100,000 residents in Randolph County is significantly lower than other areas, with a rate of 50.7 per 100,000 residents compared to 94.5 for the state and 84.7 nationally. The rate of Dentist per 100,000 residents for Randolph County is 29.9 per 100,000 residents compared to 34.1 nationally.

	Total Population	Total Primary Care Providers	Primary Care Provider Rate (Per 100,000 Pop.)
Randolph County, IL	33,476	17	50.7
Illinois	12,830,632	12,137	94.5
United States	312,471,327	264,897	84.7

Source: Community Health Needs Assessment.org and U.S. Health Resources and Services Administration (HRSA) Health Resources County Comparison Tool (HRCCT).

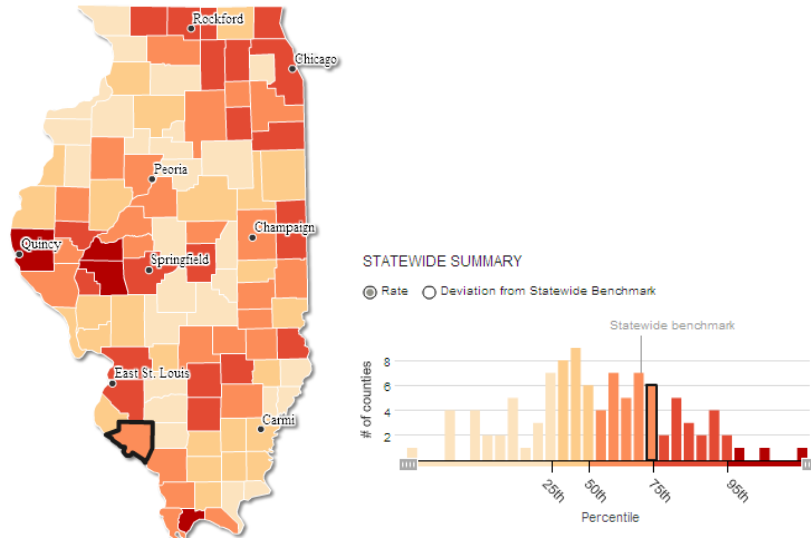
Emergency Department Visits:

According to the Illinois Public Health Community Map, Randolph County falls slightly above the 50th percentile for outpatient Emergency Department (ED) visits (not admitted to the hospital), with a crude rate of 3,060.78 per 10,000 residents statewide, compared to 3,871.87 per 10,000 residents in Randolph County during January 1, 2009 through December 31, 2010.



Source: Illinois Public Health Community Map

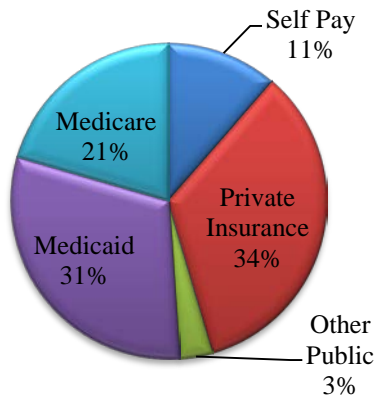
Of the emergency care cases seen in Randolph County, 22.9% were primary care treatable, which is defined as “cases where treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting”. This is just slightly higher than the statewide rate of 22.7%.



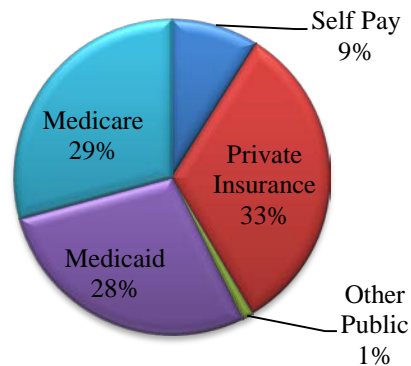
Source: Illinois Public Health Community Map

Payer mix of ED primary care treatable cases was distributed somewhat evenly between private insurance, Medicare, and Medicaid. Less than 10% of these cases were classified as self-pay. This is similar to the payer mix at the state level (IDPH, 2009-2010)

Payer Mix - ED Primary Care Treatable, Illinois



Payer Mix - ED Primary Care Treatable, Randolph County, IL



Source: Illinois Public Health Community Map

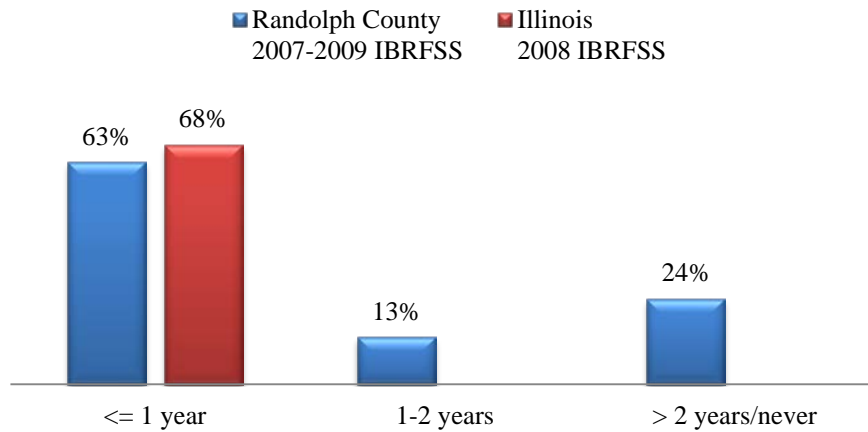
Oral Health:

Almost all oral diseases are largely preventable, yet many Americans still suffer from oral diseases ranging from cavities and gum disease to mouth and throat cancer (Community Preventive Service Task Force, 2012). These oral diseases can cause pain and disability.

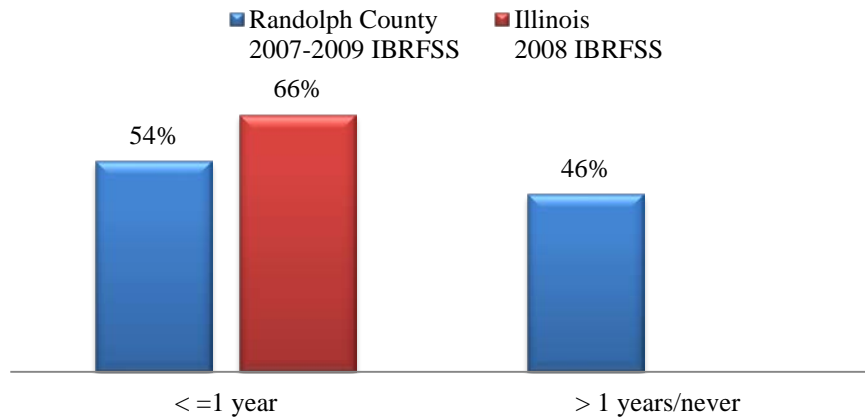
Oral health is one of the Healthy People 2020 leading health indicators, highlighting the importance of oral disease prevention and control. Barriers to oral health preventive services can include limited access to services, lack of awareness and cost (U.S. Department of Health and Human Services, 2012).

According to the Illinois Behavioral Risk Factor Surveillance System (IBRFSS) data collected during 2007-2009, 63% of adults in Randolph County who responded to random sampling telephone interviews had reported having a dental visit within the last year, compared to 68% statewide. Approximately 54% of adults in Randolph County had dental cleaning within the last year, compared to 66% statewide. Of those surveyed in Randolph County, 55% of adults reported having insurance providing dental service coverage.

18+ Years, Last Dental Visit



Adult 18+ Years, Last Time Teeth Cleaned

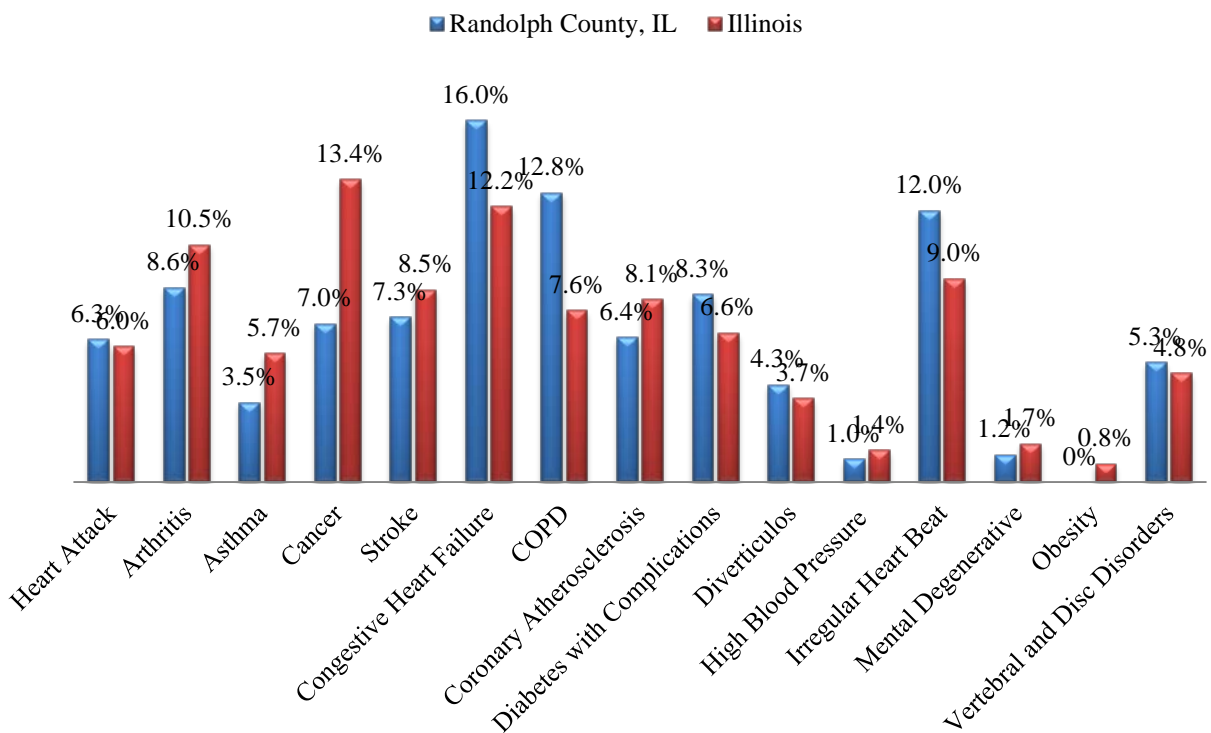


Source: Illinois Department of Public Health – Illinois Behavioral Risk Factor Surveillance System (IBRFSS)

Chronic Disease

According to the IDPH IQuery system inpatient chronic disease hospitalization data, congestive heart failure (CHF) made up the highest percentage of chronic disease hospital discharges in Randolph County (16%) followed by chronic obstructive disease (COPD) and cardiac dysrhythmia (irregular heart beat).

In Patient Chronic Disease Hospitalization Rate*, 2009-2010,



*IDPH discharge data. Number of hospitalizations for principal diagnosis x 100 / IP Chronic Diseases - All.

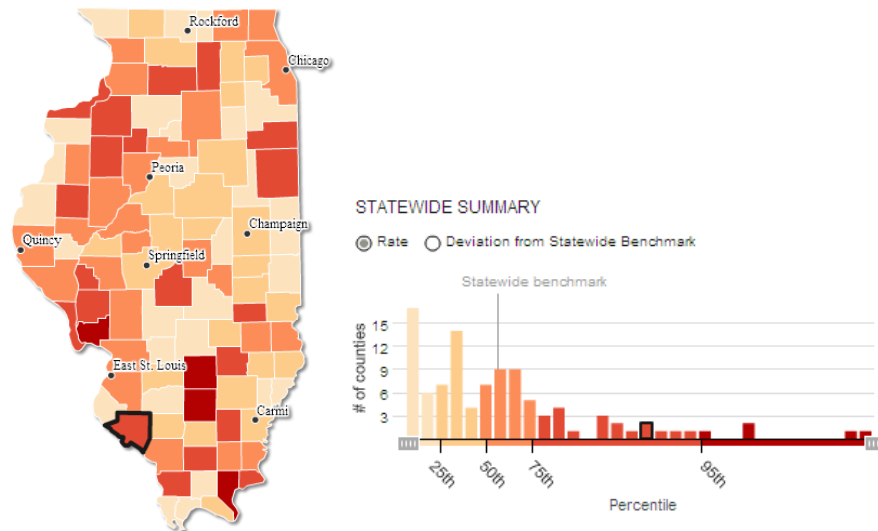
Source: Illinois Department of Public Health IQuery.

The Illinois Public Health Community Map is part of the Illinois Hospital Report Card and Consumer Guide to Health Care. It provides information about potentially avoidable hospitalizations and emergency room use in Illinois communities. This data can be used to increase awareness of health issues and determine health care resource needs. Data from hospital and emergency room discharges, the Behavioral Risk Factor Surveillance System (BRFSS), and the Environmental Protection Agency have been utilized as resources.

The data shown can highlight potential problems in community health, and can be used to trigger more in depth analysis.

Circulatory: Angina

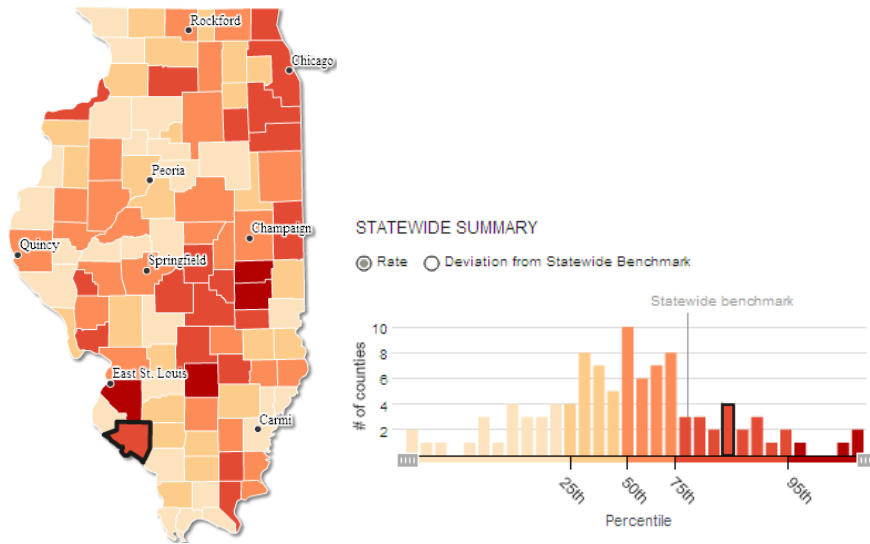
According to the Illinois Public Health Community Map, the number of angina admissions (without procedures) per 100,000 population in Randolph County was 36.62 during the period of April 1, 2011 – March 31, 2012, compared to a rate of 13.55 statewide and above the 75th percentile. This purpose of this measure is to assess stable and unstable angina, which are symptoms of potential coronary artery disease.



Source: Illinois Public Health Community Map

Circulatory: Heart Failure

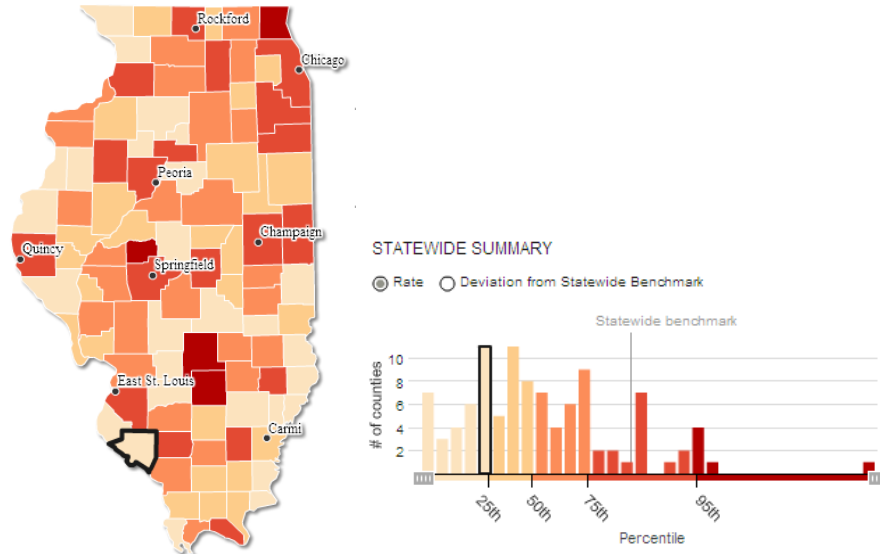
Randolph County also falls above the 75th percentile for heart failure admissions, at 421.79 per 100,000 population compared to the state rate of 370.67 during the period of April 1, 2011 – March 31, 2012.



Source: Illinois Public Health Community Map

Circulatory: Hypertension

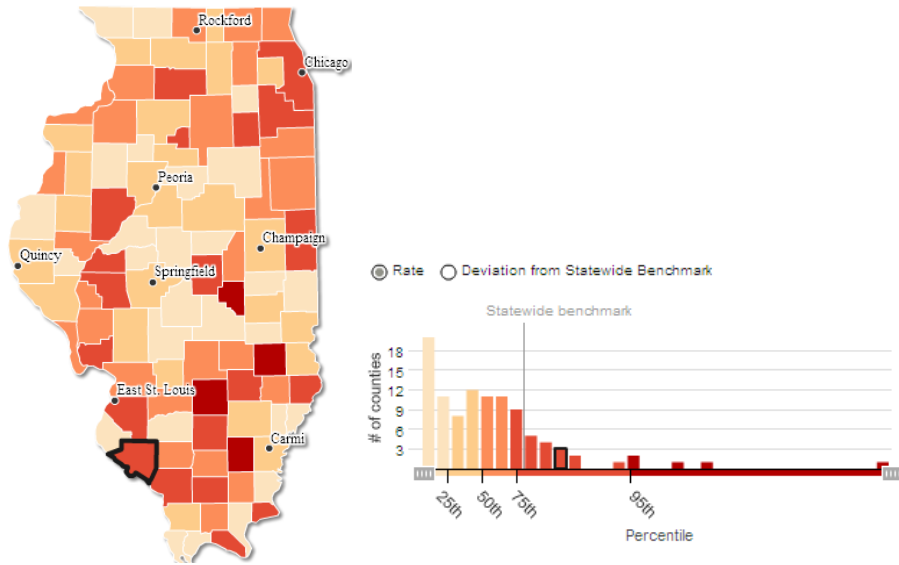
According to the Illinois Public Health Map, Randolph County falls lower than the state rate of 64.33 per 100,000 admissions for hypertension, falling at a rate 18.32 and below the 25th percentile for the state.



Source: Illinois Public Health Community Map

Diabetes:

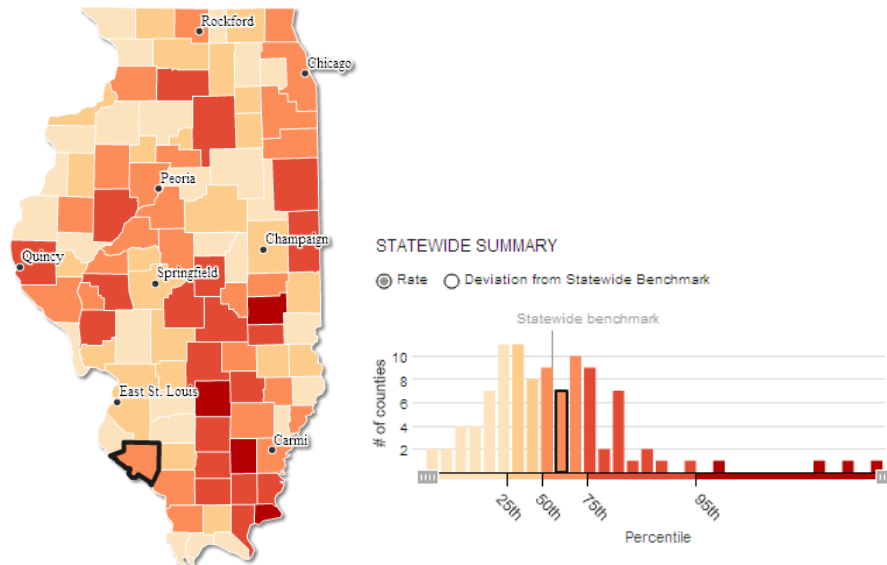
The rate of admissions for uncontrolled diabetes in Randolph County falls above the 75th percentile, at a rate of 33.62 per 100,000 population in Randolph County, compared to a rate of 24.43 statewide.



Source: Illinois Public Health Community Map

Asthma:

Randolph County falls above the 50th percentile in rates of admissions for Chronic Obstructive Pulmonary Disease (COPD) and asthma in adults, at 643.61 per 100,000 population compared to state rate of 578.67.



Source: Illinois Public Health Community Map

Behavioral Risk Surveillance System:

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based program that gathers information on risk factors among Illinois adults 18 years of age and older through monthly telephone surveys. BRFSS is a collaborative effort between the U.S. Centers for Disease Control and Prevention (CDC) and state health departments. Not all BRFSS topics are available in this report, which focuses on those indicators that may contribute to Randolph County leading causes of mortality.

Cardiovascular:

Based on review of 2007-2009 BRFSS data, 33% of Randolph County residents were told they have high blood pressure with almost 80% prescribed and taking medication to control blood pressure. Approximately 68% have had blood cholesterol levels checked in the previous year and 34% report having been told their blood cholesterol levels are high.

Illinois Behavioral Risk Surveillance System, 2007-2009, Randolph County, Illinois Topic: Cardiovascular	Percent
Ever Told Blood Pressure High?	33%
Medication Prescribed for High Blood Pressure?	79%
Now Taking Blood Pressure Medicine?	78%
Last Time Cholesterol Checked ≤ 1 year	68%
Last Time Cholesterol Checked > 1 year	22%
Last Time Cholesterol Checked – Never	11%
Ever Told Blood Cholesterol High?	34%
Ever Told Had Heart Attack?	7%
Ever Told Had Angina?	6%
Ever Told Had Stroke?	4%
To Lower Risk - Eating Less Fat/Cholesterol	54%
To Lower Risk - Eating More Fruits/Vegetables	79%
To Lower Risk – Exercising	62%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Surveillance System

Smoking:

Of the 25,371 residents included in the data, 27% of residents were classified as smokers, 26% classified as former smoker, and the remainder were classified as non-smoker. Of those with a current or previous smoking status, 63% began smoking prior to age 18.

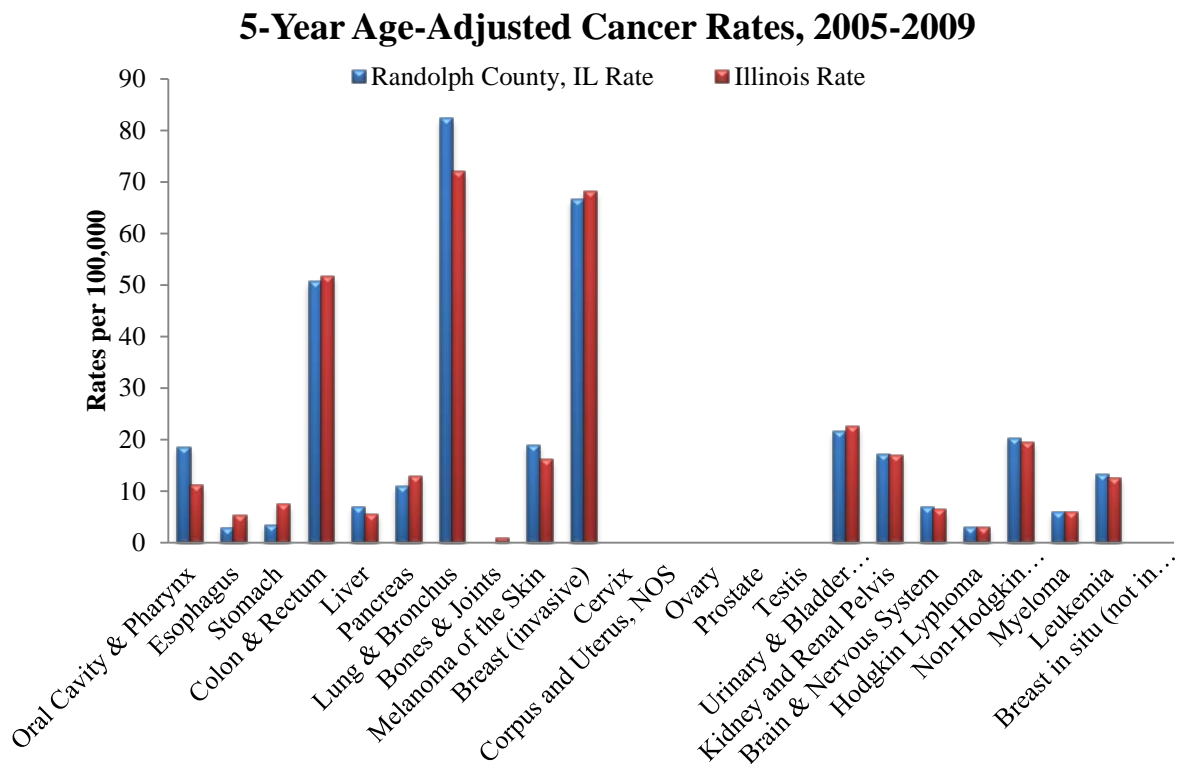
Illinois Behavioral Risk Surveillance System, 2007-2009, Randolph County, Illinois Topic: Smoking		Percent
Smoking Status n=25,371	Smoker	27%
	Former Smoker	26%
	Non-Smoker	47%
Age Started Smoking Regularly n=12,983	< 18	63%
	18 or Older	37%
Rules For Smoking In Home n=25,371	Smoking Not Allowed Anywhere Inside Your Home	73%
	Smoking Is Allowed in Some Places or at Some Time	10%
	Smoking Is Allowed Anywhere Inside the Home	1%
	There Are No Rules About Smoking Inside the Home	16%
Work: Smoking Policy for Work Areas n=16,743	Not Allowed In Any Public Areas	75%
	Allowed In Some Public Areas	11%
	Allowed In All Public Areas	*
	No Official Policy	13%
Work: Smoking Policy For Public Areas n=16,386	Not Allowed In Any Public Areas	73%
	Allowed In Some Public Areas	16%
	Allowed In All Public Areas	*
	No Official Policy	11%
Should Restaurants Allow Smoking? n=25,260	All Areas	*
	Some Areas	34%
	Not Allowed At All	66%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Surveillance System

Illinois Cancer Registry Statistics:

Cancer incidence in Illinois is available from the Illinois Department of Public Health, Illinois State Cancer Registry (ISCR). The ISCR is the only source of population-based cancer incidence data for the state. Identification of cancer cases is dependent upon reporting by Illinois hospitals, freestanding clinics, radiation treatment facilities, laboratories and physician offices as mandated by state law. All newly diagnosed cancer cases among Illinois residents are reported to ISCR. ISCR also has agreements with some other state central registries to send back Illinois cancer data that are identified outside of the state.

Among the types of cancer cases reported in both Illinois and Randolph County, the highest incidence of cancers by type include lung cancer, breast cancer, colorectal cancer, urinary and bladder cancer, Non-Hodgkin lymphoma, melanoma of the skin, oral cancer, and cancer of the pancreas. Of these, Randolph County has a higher incidence of lung cancer, oral cancer, and melanoma of the skin in comparison to statewide rates of these cancers.



*Rates are per 100,000 age-adjusted to the 2000 U.S. standard million population
 Source: Illinois Department of Public Health

Sentinel Events

Sentinel health events are those indicators indicative that quality of care may need to be improved. They assume that unnecessary disease, unnecessary disability and unnecessary untimely death would have been prevented or managed if the health care system had functioned satisfactorily.

The occurrence of any of these diseases, disabilities and untimely deaths may indicate something is wrong in the health care system and can be used to determine the level of health of the general population and the effects of economic, political and other environmental effects upon it. Unfortunately, current Sentinel Event data for Randolph County is not available, with the most recent available data provided below from 2001 for Sentinel Events and 2004 for cancer related Sentinel Events.

Based on the 2001 data, the 5-year average rate of in situ breast cancer is lower in Randolph County than statewide. The rate for late cervical cancer has been suppressed for Randolph County due to the low number of cases which would not provide a statistically reliable rate if calculated. With regard to other types of sentinel events, hospitalization for uncontrolled hypertension appears to be the leading indicator of concern at both the county and state levels.

Sentinel Events, 5-Year Average, 2000-2004				
Females late cervical cancer and in situ breast cancer				
	Randolph County, IL		Illinois	
	Rate*	Number	Rate*	Number
in situ Breast Cancer	20.4	19	29.8	9,831
Late Cervical Cancer	**	5	4.3	1,405

*Rate per 100,000 age-adjusted to 2000 standard. **If number < 5 no rate is calculated.

Source: Illinois Department of Public Health, Project for Local Assessment of Needs

Number of Sentinel Events, 2001		
	Randolph County, IL	Illinois
Infants (0-1) Hospitalization for Dehydration	1	958
Children (1-17) Hospitalization for Rheumatic Fever	0	29
Children (1-14) Hospitalization for Asthma	6	6,599
Adults (≥ 18) Tuberculosis Hospitalization for Uncontrolled Hypertension	1 37	647 13,469

Source: Illinois Department of Public Health, Project for Local Assessment of Needs

Infectious Diseases

Sexually Transmitted Diseases:

The number of reported cases of sexually transmitted diseases available through the IDPH IQuery system shows chlamydia is the most frequently reported sexually transmitted disease in both Randolph County and statewide, followed by gonorrhea and syphilis.

Reported Cases of Sexually Transmitted Disease, 2002 – 2011		
	Randolph County, IL	Illinois
Chlamydia	735	548,567
Gonorrhea	174	200,930
Syphilis (Primary, Secondary and Early Latent Syphilis)	*	9,538

*value is small and is suppressed to ensure confidentiality and meaningful data.

Source: Illinois Department of Public Health, IQuery.

Reportable Infectious Diseases:

The following is state wide reportable communicable disease data for Illinois for 2010-2011 from the IDPH website. County level data is not available for this time period.

Number of Reportable Communicable Disease Cases Reported In Illinois, 2010 - 2011

Disease	2010	2011	Disease	2010	2011
Anthrax	0	0	Listeriosis	26	34
Blastomycosis	(a)	(a)	Lyme disease	135	194
Botulism, foodborne	0	0	Malaria	60	66
Botulism, infant	0	0	Measles	0	3
Brucellosis	1	8	Meningitis, Aseptic	(a)	(a)
California encephalitis	0	0	Meningococcal disease, invasive	24	35
Campylobacter	(a)	(a)	Mumps	31	78
Chickenpox, total (including adult)	1195	881	Pertussis	1057	1509
Chickenpox, adult	133	115	Plague	0	0
Cholera	0	1	Poliomyelitis	0	0
Clostridium difficile	*	*	Psittacosis	0	0
Creutzfeldt-Jakob Disease	1	5	Q fever	6	4
Cryptosporidiosis, probable and confirmed	334	213	Rabies, animal	115	51
Cyclospora, probable and confirmed	31	0	Rabies, human	0	0
Diphtheria	0	0	Reye Syndrome	0	0
Ehrlichiosis/Anaplasmosis	9	11	Rocky Mountain spotted fever	37	51
Encephalitis, acute infectious	(a)	(a)	Rubella	0	0
E. coli, shiga toxin producing (STEC)	156	241	Salmonella	1982	1694
E. coli, enterotoxigenic	0	0	Shigella	841	262
Foodborne Outbreaks	73	59	S. aureus, vancomycin resistant	0	0
Giardiasis	691	407	Strep Group A, invasive	293	307
Group B strep invasive	(a)		Tetanus	2	1
Haemophilus influenzae, invasive	173	188	Toxic shock syndrome, due to S. aureus	3	5
Hantavirus pulmonary syndrome	0	0	Trichinosis	1	0
Hemolytic uremic syndrome (HUS)	0	7	Tuberculosis	372	359
Hepatitis A, acute	48	73	Tularemia	1	5
Hepatitis B, acute	135	85	Typhoid Fever cases	20	28
Hepatitis C, acute	1	6	Typhus, murine	1	2
Histoplasmosis	115	173	Waterborne outbreaks	5	2
Legionnaires disease	149	151	West Nile virus	61	34
Leprosy (Hansen's disease)	0	0	Yersiniosis	22	15
Leptospirosis	0	2			

(a) Not reportable. *Clostridium Difficile-Associated Disease in Illinois Hospitals, 2004-2007.

Source: Illinois Department of Public Health

The following is state and county level reportable communicable disease data for 2009 and 2010 from the IDPH IQuery data system. Diseases not listed here did not have cases reported at the county level during this period.

Communicable Disease Reporting, 2009, 2010		
	Randolph County, IL	Illinois
Cryptosporidiosis		
2009	1	154
2010	1	334
Salmonellosis		
2009	5	1,484
2010	4	1,981
Shiga toxin- producing E. coli		
2009	*	166
2010	1	156
Varicella		
2009	1	1,582
2010	2	1,195

* No data. Source: Illinois Department of Public Health. IQuery.

Environmental/Occupational Injury Control

Unintentional Causes of Death:

According to the most recent data available from IDPH, motor vehicle accidents make up the highest percentage of unintentional causes of death, comprising over a third of the unintentional deaths occurring from 1999 to 2007.

Unintentional Causes of Death, Randolph County, IL, 1999-2007	Number of Deaths	Percent
Injury (Unintentional) - Motor Vehicle	82	38.5
Injury (Unintentional) - Falls	20	9.4
Injury (Unintentional) - Drowning	**	**
Injury - All others	63	29.6
Total	213	100

** Small numbers suppressed. Source: Illinois Department of Public Health

Motor Vehicle Crashes:

According to data from the Illinois Department of Transportation (IDOT), the number of motor vehicle crashes in Randolph County increased by 1% between 2010 and 2011, from 659 crashes in 2010 to 667 crashes in 2011. The number of fatalities increased by one, but the number of persons injured decreased from 239 in 2010 to 196 in 2011. Statewide the number of crashes decreased by 3% between 2010 and 2011, as did the number of fatalities and injuries.

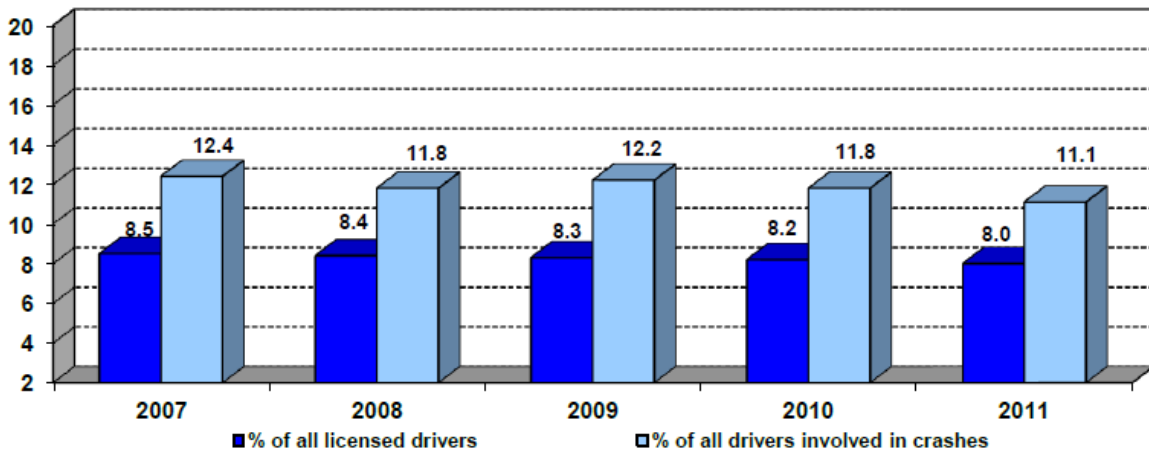
Motor Vehicle Crash Data							
	#Crashes		% Change	#Persons Killed		#Person Injured	
	2010	2011	2010 - 2011	2010	2011	2010	2011
Randolph County, IL	659	667	1%	8	9	239	196
Illinois	289,260	281,788	-3%	927	918	88,937	84,172

Source: Illinois Department of Transportation

The graphs below from Illinois Department of transportation shows young drivers make up a small percentage of licensed drivers, but are involved in motor vehicle crashes at a considerable higher rate than all other drivers combined. While senior driver involvement in motor vehicle crashes is considerably lower.

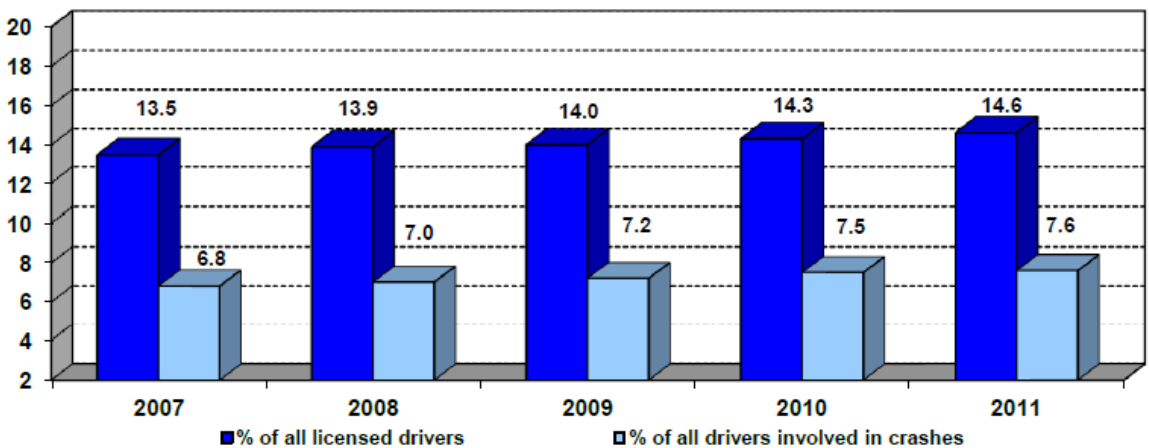
Young drivers account for about 8 percent of all licensed drivers; their involvement in crashes, however, is considerably higher. This over-representation is shown in the graph below.

Young Drivers: Crash Involvement Relative to All Drivers



Senior drivers account for 13-14 percent of all licensed drivers; their involvement in crashes, however, is considerably lower. This under-representation is shown in the graph below.

Senior Drivers: Crash Involvement Relative to All Drivers



Source: Illinois Department of Transportation

Fatal Occupational Injuries:

There is no county level data available for fatalities related to occupational injuries. State level data can provide some perspective on the impact of occupational fatalities to public health.

According to data available from IDPH in cooperation with the U.S. Department of Labor, there were 177 fatal occupational injuries recorded during 2011. Male workers make up the majority (86.4 %) of fatal occupational injuries, with males between the ages of 35 - 44 comprising the largest percentage of those injured (25.4%) followed by males 45-54 (22.6%).

Distribution of Fatal Occupational Injuries by Selected Socio-Demographic Characteristics, Private and Public Ownership, Illinois, 2011		
	Number	Percent
Total	177	100.0
Employee Status		
Wage and Salary Workers	135	76.3
Self-employed*	42	23.7
Gender		
Male	153	86.4
Female	24	13.6
Age		
<20	0	0.0
20-24	7	3.6
25-34	29	16.4
35-44	45	25.4
45-54	40	22.6
55-64	28	15.8
65 years and older	24	13.6
Race		
White	128	72.3
Black	21	11.9
Other	28	15.8
Hispanic Origin**		
Hispanic	25	14.1
Non-Hispanic	152	85.9

*Includes paid and unpaid family workers and may include owners of incorporated businesses or members of partnerships.

**Persons identified as Hispanic may be of any race.

Source: Illinois Department of Public Health

Transportation and material moving occupations had the greatest percentage of fatal occupational injury fatalities (26%), followed by management and construction.

Distribution of Fatal Occupational Injuries by Occupation*, Illinois, 2011	Number**	Percent**
Total	177	100.0
Transportation and material moving occupations	46	26.0
Driver/sales workers and truck drivers	26	14.7
Laborers and material movers, hand	11	6.2
Taxi drivers and chauffeurs	5	2.8
Management occupations	27	15.3
Farmers, ranchers and other agricultural managers	13	7.3
Food service managers	3	1.7
Miscellaneous managers	3	1.7
Construction and extraction occupations	19	10.7
Construction laborers	3	1.7
Painters and paperhangers	3	1.7
Roofers	3	1.7
Building and ground cleaning and maintenance occupations	14	7.9
Grounds maintenance worker	8	4.5
Building cleaning workers	4	2.2
Installation, maintenance and repair occupations	14	7.9
Other installation, maintenance and repair occupations	10	5.6
Protective service occupations	12	6.8
Security guards	8	4.5
Law enforcement workers	3	1.7
Sales and related occupations	9	5.1
First-line supervisors/managers, sales workers	5	2.8
Production occupations	8	4.5
Other production occupations	3	1.7
Farming, fishing and forestry occupations	7	4.0
Education, training and library occupations	4	2.2
Health care practitioners and technical occupations	3	1.7
Personal care and service occupations	3	1.7
Office and administrative support occupations	3	1.7

*Standard Occupational Classification Manual, 2010 edition

**Numbers and percentages may not add to totals due to exclusion of categories that do not publication criteria.

Source: Illinois Department of Public Health

Transportation incidents were the leading cause of death for all industries (30.5%), followed by violence and other injuries by persons or animals, and falls, slips and trips.

Distribution of Fatal Occupational Injuries by Event or Exposure*, Illinois, 2011	Number	Percent
Total	177	100.0
Transportation incidents	54	30.5
Roadway incidents involving motorized land vehicle	25	14.1
Non-roadway incident involving motorized land vehicle	12	6.8
Pedestrian vehicular incident	10	5.6
Rail vehicle incident	4	2.3
Violence and other injuries by persons or animals	44	24.9
Intentional injury by other person	29	16.4
Self-inflicted injury--intentional	14	7.9
Falls, slips, trips	29	16.4
Fall to lower level	25	14.1
Fall on same level	4	2.3
Exposure to harmful substances or environments	25	14.1
Exposure to other harmful substances	11	6.2
Exposure to electricity	10	5.6
Contact with objects and equipment	20	11.3
Struck by objects or equipment	10	5.6
Caught in or compressed by equipment or objects	8	4.5
Fires and explosions	4	2.3
Fires	4	2.3
Total	177	100

*Based on the BLS Occupational Injury and Illness Classification System (OIICS) 2.01 implemented for 2011 data forward.

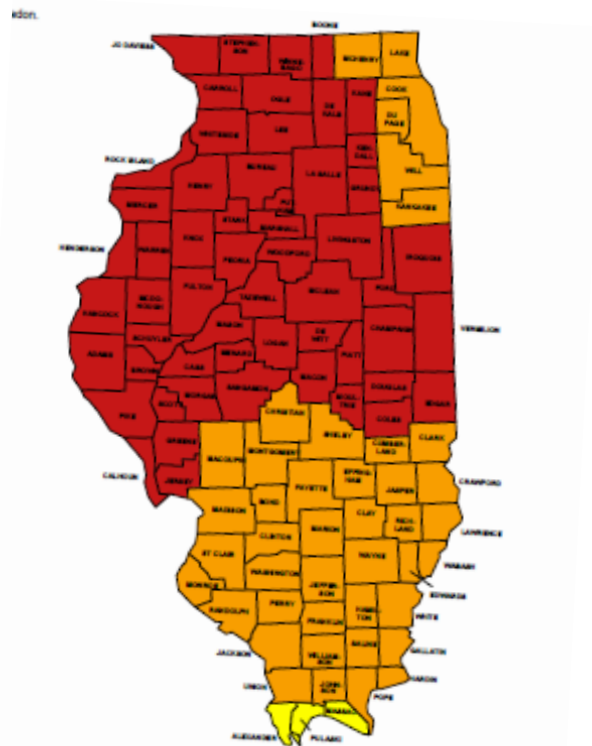
**Numbers and percentages may not add to totals due to exclusion of categories that do not meet publication criteria.

Source: Illinois Department of Public Health

Environmental Health

According to the Environmental Protection Agency (EPA), exposure to radon in the home is responsible for an estimated 21,000 lung cancer deaths each year (2003). The EPA provides radon level maps to assist National, State, and local organizations in targeting resources and establishing radon-resistant building codes. These maps are not intended for determining if homes in a given zone should be tested for radon. Elevated radon levels can be found in any of these zones. Therefore, the EPA suggests all homes are tested, regardless of geographic location (2010).

The radon zone maps assigns each of the 3,141 counties in the U.S. to one of three zones based on radon potential. As illustrated from the radon zone map below, Randolph County is located in zone 2, which is the zone for moderate potential for elevated indoor radon levels.



	Zone 1 counties have a predicted average indoor radon screening level greater than 4 pCi/L (picocuries per liter) (red zones)	Highest Potential
	Zone 2 counties have a predicted average indoor radon screening level between 2 and 4 pCi/L (orange zones)	Moderate Potential
	Zone 3 counties have a predicted average indoor radon screening level less than 2 pCi/L (yellow zones)	Low Potential

Source: U.S. Environmental Protection Agency.



Randolph County
WHERE ILLINOIS BEGAN!

APPENDIX B

Illinois Project for Local Assessment of Needs (IPLAN) 2012-2017

Would you say that in general your health is excellent, very good, good, fair, or poor?

5th Round Randolph County Adults		GENERALHEALTH								
		excellent/very good			good/fair			poor		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	4	*	*	5	*	*	
	25-44	4,528	48.0%	43	4,905	52.0%	30			
	45-64	3,402	40.4%	86	4,464	53.0%	96	561	6.7%	12
	65+	1,389	27.1%	63	3,393	66.1%	99	350	6.8%	18
Total		10,043	39.5%	196	14,459	56.9%	230	911	3.6%	30
RACIAL CATEGORIES	white	9,611	38.9%	193	14,194	57.4%	223	911	3.7%	30
	non-white	*	*	2	*	*	6	*	*	
Total		10,030	39.5%	195	14,450	56.9%	229	911	3.6%	30
GENDER	male	5,146	37.4%	78	8,311	60.4%	106	305	2.2%	8
	female	4,896	42.0%	118	6,148	52.8%	124	606	5.2%	22
Total		10,043	39.5%	196	14,459	56.9%	230	911	3.6%	30
INCOME LEVEL	< \$15,000	*	*	9	*	*	17	*	*	10
	\$15-35,000	1,966	26.0%	41	5,226	69.2%	82	360	4.8%	13
	\$35-50,000	1,914	38.4%	37	3,032	60.8%	45	*	*	2
	> \$50,000	5,193	58.4%	94	3,637	40.9%	67	*	*	3
Total		9,494	40.8%	181	12,903	55.4%	211	889	3.8%	28
EDUCATION LEVEL	< high school graduate	*	*	9	*	*	29	*	*	6
	high school graduate	3,722	36.1%	81	6,297	61.1%	114	280	2.7%	17
	> high school graduate	6,086	48.8%	106	6,102	48.9%	87	281	2.3%	7
Total		10,043	39.5%	196	14,459	56.9%	230	911	3.6%	30
EMPLOYMENT STATUS	employed	7,548	45.0%	108	9,166	54.7%	96	*	*	3
	out of work	*	*	4	*	*	9	*	*	2
	homemaker/student	*	*	9	*	*	29	*	*	3
	retired/unable to work	1,659	29.2%	73	3,478	61.3%	96	536	9.5%	22
Total		10,012	39.4%	194	14,459	57.0%	230	911	3.6%	30
HISPANIC OR LATINO	yes	*	*	2	*	*	8	*	*	
	no	10,013	41.6%	194	13,152	54.6%	222	911	3.8%	30
Total		10,043	39.5%	196	14,459	56.9%	230	911	3.6%	30
MARITAL STATUS	married	6,206	41.8%	119	8,086	54.5%	138	541	3.7%	10
	widowed	626	36.0%	31	881	50.7%	36	231	13.3%	12
	divorced/separated	657	31.7%	19	1,312	63.3%	27	*	*	5
	never married	1,916	31.3%	23	4,179	68.2%	29	*	*	3
	member of unmarried couple	*	*	4	*	*		*	*	
Total		10,043	39.5%	196	14,459	56.9%	230	911	3.6%	30
DISABILITY	yes	796	18.3%	24	2,810	64.7%	62	737	17.0%	24
	no	8,342	42.7%	161	11,156	57.1%	154	*	*	3
Total		9,138	38.3%	185	13,966	58.5%	216	774	3.2%	27

IDPH, ICHS, 2011 Randolph County BRFS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

5th Round Randolph County Adults		DAYS PHYSICAL HEALTH NOT GOOD								
		none			1-7 days			8-30		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	8	*	*	1	*	*	
	25-44	6,785	71.9%	47	2,187	23.2%	22	*	*	4
	45-64	4,549	54.1%	116	2,441	29.0%	43	1,419	16.9%	34
	65+	2,479	48.5%	98	1,009	19.8%	40	1,621	31.7%	40
Total		16,157	63.7%	269	5,713	22.5%	106	3,501	13.8%	78
RACIAL CATEGORIES	white	15,563	63.1%	264	5,659	22.9%	104	3,453	14.0%	75
	non-white	*	*	3	*	*	2	*	*	3
Total		16,136	63.7%	267	5,713	22.5%	106	3,501	13.8%	78
GENDER	male	9,131	66.3%	120	2,882	20.9%	42	1,749	12.7%	30
	female	7,026	60.5%	149	2,831	24.4%	64	1,752	15.1%	48
Total		16,157	63.7%	269	5,713	22.5%	106	3,501	13.8%	78
INCOME LEVEL	< \$15,000	*	*	13	*	*	6	*	*	16
	\$15-35,000	4,756	63.0%	73	1,423	18.8%	34	1,372	18.2%	29
	\$35-50,000	3,559	71.4%	50	1,114	22.4%	22	312	6.3%	12
	> \$50,000	6,028	67.8%	113	2,413	27.1%	37	450	5.1%	14
Total		14,822	63.7%	249	5,349	23.0%	99	3,101	13.3%	71
EDUCATION LEVEL	< high school graduate	*	*	22	*	*	9	*	*	13
	high school graduate	6,686	65.2%	121	2,031	19.8%	45	1,540	15.0%	43
	> high school graduate	7,931	63.6%	126	3,222	25.8%	52	1,316	10.6%	22
Total		16,157	63.7%	269	5,713	22.5%	106	3,501	13.8%	78
EMPLOYMENT STATUS	employed	12,179	72.7%	134	3,515	21.0%	54	1,069	6.4%	19
	out of work	*	*	6	*	*	4	*	*	5
	homemaker/student	*	*	24	*	*	8	*	*	8
	retired/unable to work	2,501	44.3%	103	1,279	22.6%	40	1,869	33.1%	46
Total		16,126	63.6%	267	5,713	22.5%	106	3,501	13.8%	78
HISPANIC OR LATINO	yes	*	*	5	*	*	1	*	*	4
	no	14,954	62.2%	264	5,696	23.7%	105	3,384	14.1%	74
Total		16,157	63.7%	269	5,713	22.5%	106	3,501	13.8%	78
MARITAL STATUS	married	8,637	58.3%	159	4,060	27.4%	68	2,119	14.3%	39
	widowed	1,078	62.6%	47	222	12.9%	14	423	24.5%	17
	divorced/separated	912	44.0%	26	593	28.6%	12	568	27.4%	13
	never married	4,950	80.9%	34	780	12.7%	11	391	6.4%	9
	member of unmarried couple	*	*	3	*	*	1	*	*	
Total		16,157	63.7%	269	5,713	22.5%	106	3,501	13.8%	78
DISABILITY	yes	1,072	24.9%	33	1,085	25.2%	23	2,144	49.8%	51
	no	13,800	70.6%	217	4,556	23.3%	79	1,178	6.0%	22
Total		14,872	62.4%	250	5,641	23.7%	102	3,323	13.9%	73

IDPH, ICHS, 2011 Randolph County BRFS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

5th Round Randolph County Adults		DAYS MENTAL HEALTH NOT GOOD								
		none			1-7 days			8-30		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	3	*	*	1	*	*	5
	25-44	6,093	64.8%	45	2,228	23.7%	15	1,084	11.5%	12
	45-64	5,514	65.4%	130	1,677	19.9%	34	1,235	14.7%	30
	65+	4,023	78.5%	138	661	12.9%	27	439	8.6%	14
Total		16,498	65.0%	316	4,743	18.7%	77	4,134	16.3%	61
RACIAL CATEGORIES	white	16,431	66.6%	311	4,574	18.5%	76	3,675	14.9%	57
	non-white	*	*	3	*	*	1	*	*	4
Total		16,477	65.0%	314	4,743	18.7%	77	4,134	16.3%	61
GENDER	male	10,358	75.3%	151	1,759	12.8%	22	1,646	12.0%	19
	female	6,140	52.9%	165	2,985	25.7%	55	2,489	21.4%	42
Total		16,498	65.0%	316	4,743	18.7%	77	4,134	16.3%	61
INCOME LEVEL	< \$15,000	*	*	18	*	*	9	*	*	9
	\$15-35,000	3,790	50.2%	83	2,153	28.5%	30	1,600	21.2%	22
	\$35-50,000	3,080	61.8%	59	814	16.3%	16	1,091	21.9%	9
	> \$50,000	7,203	81.3%	127	869	9.8%	18	793	8.9%	18
Total		14,626	62.9%	287	4,529	19.5%	73	4,095	17.6%	58
EDUCATION LEVEL	< high school graduate	*	*	25	*	*	5	*	*	14
	high school graduate	6,876	66.8%	154	2,166	21.0%	37	1,257	12.2%	21
	> high school graduate	8,010	64.4%	137	2,241	18.0%	35	2,182	17.5%	26
Total		16,498	65.0%	316	4,743	18.7%	77	4,134	16.3%	61
EMPLOYMENT STATUS	employed	11,037	66.0%	139	3,214	19.2%	38	2,485	14.8%	29
	out of work	*	*	7	*	*	5	*	*	3
	homemaker/student	*	*	24	*	*	9	*	*	7
	retired/unable to work	4,202	74.1%	145	613	10.8%	25	858	15.1%	21
Total		16,480	65.0%	315	4,743	18.7%	77	4,122	16.3%	60
HISPANIC OR LATINO	yes	*	*	4	*	*		*	*	6
	no	16,056	66.8%	312	4,743	19.7%	77	3,240	13.5%	55
Total		16,498	65.0%	316	4,743	18.7%	77	4,134	16.3%	61
MARITAL STATUS	married	10,546	71.2%	187	2,780	18.8%	46	1,480	10.0%	33
	widowed	1,245	72.0%	61	387	22.4%	13	*	*	4
	divorced/separated	738	35.6%	30	490	23.6%	9	845	40.8%	12
	never married	3,969	64.8%	38	500	8.2%	6	1,660	27.1%	11
	member of unmarried couple	*	*		*	*	3	*	*	1
Total		16,498	65.0%	316	4,743	18.7%	77	4,134	16.3%	61
DISABILITY	yes	2,474	57.0%	66	540	12.4%	17	1,329	30.6%	27
	no	13,237	67.9%	230	3,505	18.0%	54	2,756	14.1%	32
Total		15,711	65.9%	296	4,046	17.0%	71	4,085	17.1%	59

DPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

5th Round Randolph County Adults		DAYS HEALTH KEPT FROM DOING USUAL ACTIVITIES								
		none			1-7 days			8-30		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	6	*	*		*	*	
	25-44	*	*	29	*	*	12	*	*	2
	45-64	2,492	51.6%	55	1,157	23.9%	26	1,184	24.5%	23
	65+	2,058	68.6%	63	351	11.7%	15	590	19.7%	15
	Total	9,951	68.7%	153	2,674	18.5%	53	1,856	12.8%	40
RACIAL CATEGORIES	white	9,324	67.5%	148	2,674	19.4%	53	1,818	13.2%	38
	non-white	*	*	5	*	*		*	*	2
	Total	9,951	68.7%	153	2,674	18.5%	53	1,856	12.8%	40
GENDER	male	4,099	66.6%	47	1,049	17.0%	24	1,008	16.4%	13
	female	5,852	70.3%	106	1,625	19.5%	29	848	10.2%	27
	Total	9,951	68.7%	153	2,674	18.5%	53	1,856	12.8%	40
INCOME LEVEL	< \$15,000	*	*	14	*	*	5	*	*	10
	\$15-35,000	3,315	64.9%	53	1,184	23.2%	16	606	11.9%	14
	\$35-50,000	*	*	33	*	*	8	*	*	4
	> \$50,000	2,644	69.7%	40	778	20.5%	19	371	9.8%	10
	Total	9,247	68.6%	140	2,403	17.8%	48	1,827	13.6%	38
EDUCATION LEVEL	< high school graduate	*	*	19	*	*	3	*	*	9
	high school graduate	3,535	64.9%	69	1,317	24.2%	23	596	10.9%	17
	> high school graduate	5,452	73.7%	65	1,292	17.5%	27	653	8.8%	14
	Total	9,951	68.7%	153	2,674	18.5%	53	1,856	12.8%	40
EMPLOYMENT STATUS	employed	6,414	74.8%	65	1,719	20.0%	31	441	5.1%	10
	out of work	*	*	6	*	*	3	*	*	3
	homemaker/student	*	*	21	*	*	1	*	*	5
	retired/unable to work	1,976	57.3%	60	527	15.3%	18	947	27.5%	22
	Total	9,938	68.7%	152	2,674	18.5%	53	1,856	12.8%	40
HISPANIC OR LATINO	yes	*	*	5	*	*		*	*	3
	no	9,083	67.2%	148	2,674	19.8%	53	1,752	13.0%	37
	Total	9,951	68.7%	153	2,674	18.5%	53	1,856	12.8%	40
MARITAL STATUS	married	5,574	67.2%	93	1,837	22.1%	31	889	10.7%	18
	widowed	*	*	22	*	*	7	*	*	11
	divorced/separated	*	*	13	*	*	10	*	*	7
	never married	*	*	21	*	*	5	*	*	4
	member of unmarried couple	*	*	4	*	*		*	*	
	Total	9,951	68.7%	153	2,674	18.5%	53	1,856	12.8%	40
DISABILITY	yes	1,750	49.0%	38	377	10.5%	13	1,448	40.5%	32
	no	7,402	74.5%	104	2,282	23.0%	39	*	*	4
	Total	9,152	67.7%	142	2,659	19.7%	52	1,698	12.6%	36

DPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

5th Round Randolph County Adults		HAVE HEALTH PLAN/INSURANCE					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	6	*	*	3
	25-44	8,093	85.8%	64	1,339	14.2%	9
	45-64	7,628	90.5%	175	799	9.5%	19
	65+	4,833	94.6%	172	274	5.4%	7
Total		21,761	85.7%	417	3,626	14.3%	38
RACIAL CATEGORIES	white	21,460	86.9%	408	3,232	13.1%	37
	non-white	*	*	7	*	*	1
Total		21,740	85.7%	415	3,626	14.3%	38
GENDER	male	11,198	81.5%	166	2,539	18.5%	25
	female	10,563	90.7%	251	1,087	9.3%	13
Total		21,761	85.7%	417	3,626	14.3%	38
INCOME LEVEL	< \$15,000	*	*	30	*	*	6
	\$15-35,000	6,181	81.8%	120	1,371	18.2%	16
	\$35-50,000	3,783	76.3%	79	*	*	4
	> \$50,000	8,137	91.5%	153	755	8.5%	11
Total		19,651	84.5%	382	3,611	15.5%	37
EDUCATION LEVEL	< high school graduate	*	*	38	*	*	5
	high school graduate	8,279	80.4%	191	2,020	19.6%	21
	> high school graduate	11,204	89.9%	188	1,265	10.1%	12
Total		21,761	85.7%	417	3,626	14.3%	38
EMPLOYMENT STATUS	employed	13,958	83.3%	188	2,805	16.7%	19
	out of work	*	*	12	*	*	3
	homemaker/student	*	*	38	*	*	3
	retired/unable to work	5,118	90.6%	178	530	9.4%	12
Total		21,743	85.7%	416	3,614	14.3%	37
HISPANIC OR LATINO	yes	*	*	6	*	*	4
	no	21,614	89.9%	411	2,436	10.1%	34
Total		21,761	85.7%	417	3,626	14.3%	38
MARITAL STATUS	married	14,177	95.7%	256	632	4.3%	10
	widowed	1,694	97.4%	75	*	*	4
	divorced/separated	1,748	84.3%	43	326	15.7%	8
	never married	3,909	63.8%	41	2,220	36.2%	14
	member of unmarried couple	*	*	2	*	*	2
Total		21,761	85.7%	417	3,626	14.3%	38
DISABILITY	yes	3,919	90.2%	103	424	9.8%	7
	no	16,738	85.8%	289	2,772	14.2%	28
Total		20,657	86.6%	392	3,196	13.4%	35

IDPH, ICHS, 2011 Randolph County BRFS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

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

5th Round Randolph County Adults		HAVE USUAL PERSON AS HEALTH CARE PROVIDER					
		Yes			No		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	7	*	*	2
	25-44	8,914	94.5%	70	*	*	3
	45-64	7,753	92.0%	179	674	8.0%	15
	65+	5,009	97.6%	174	123	2.4%	6
Total		23,215	91.4%	430	2,197	8.6%	26
RACIAL CATEGORIES	white	22,519	91.1%	420	2,197	8.9%	26
	non-white	*	*	8	*	*	
Total		23,194	91.3%	428	2,197	8.7%	26
GENDER	male	12,081	87.8%	176	1,681	12.2%	16
	female	11,133	95.6%	254	517	4.4%	10
Total		23,215	91.4%	430	2,197	8.6%	26
INCOME LEVEL	< \$15,000	*	*	34	*	*	2
	\$15-35,000	6,402	84.8%	122	1,150	15.2%	14
	\$35-50,000	4,632	92.9%	83	*	*	1
	> \$50,000	8,272	93.0%	157	620	7.0%	7
Total		21,134	90.8%	396	2,153	9.2%	24
EDUCATION LEVEL	< high school graduate	*	*	42	*	*	2
	high school graduate	8,639	83.9%	193	1,660	16.1%	19
	> high school graduate	11,970	96.0%	195	*	*	5
Total		23,215	91.4%	430	2,197	8.6%	26
EMPLOYMENT STATUS	employed	14,968	89.3%	194	1,795	10.7%	13
	out of work	*	*	13	*	*	2
	homemaker/student	*	*	40	*	*	1
	retired/unable to work	5,498	96.9%	182	175	3.1%	9
Total		23,197	91.4%	429	2,185	8.6%	25
HISPANIC OR LATINO	yes	*	*	9	*	*	1
	no	22,583	93.8%	421	1,492	6.2%	25
Total		23,215	91.4%	430	2,197	8.6%	26
MARITAL STATUS	married	14,220	95.9%	257	614	4.1%	10
	widowed	1,687	97.1%	75	*	*	4
	divorced/separated	2,026	97.7%	48	*	*	3
	never married	5,174	84.4%	48	955	15.6%	7
	member of unmarried couple	*	*	2	*	*	2
Total		23,215	91.4%	430	2,197	8.6%	26
DISABILITY	yes	4,316	99.4%	108	*	*	2
	no	17,774	91.0%	298	1,761	9.0%	20
Total		22,089	92.5%	406	1,788	7.5%	22

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles?

5th Round Randolph County Adults		STRENGTHENING ACTIVITY PAST MONTH					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	6	*	*	3
	25-44	4,674	54.3%	33	3,928	45.7%	33
	45-64	2,264	28.4%	50	5,711	71.6%	133
	65+	1,355	27.6%	44	3,556	72.4%	128
Total		10,374	43.4%	133	13,533	56.6%	297
RACIAL CATEGORIES	white	9,781	42.1%	130	13,456	57.9%	291
	non-white	*	*	3	*	*	4
Total		10,374	43.4%	133	13,512	56.6%	295
GENDER	male	6,617	51.2%	62	6,301	48.8%	119
	female	3,757	34.2%	71	7,233	65.8%	178
Total		10,374	43.4%	133	13,533	56.6%	297
INCOME LEVEL	< \$15,000	*	*	8	*	*	25
	\$15-35,000	3,434	47.7%	35	3,759	52.3%	93
	\$35-50,000	1,843	40.5%	20	2,703	59.5%	61
	> \$50,000	4,126	48.9%	63	4,314	51.1%	92
Total		10,259	46.8%	126	11,644	53.2%	271
EDUCATION LEVEL	< high school graduate	*	*	12	*	*	30
	high school graduate	3,284	33.7%	50	6,456	66.3%	148
	> high school graduate	5,682	48.8%	71	5,960	51.2%	119
Total		10,374	43.4%	133	13,533	56.6%	297
EMPLOYMENT STATUS	employed	7,780	49.8%	67	7,833	50.2%	127
	out of work	*	*	4	*	*	10
	homemaker/student	*	*	13	*	*	27
	retired/unable to work	1,512	27.6%	48	3,960	72.4%	132
Total		10,362	43.4%	132	13,516	56.6%	296
HISPANIC OR LATINO	yes	*	*	5	*	*	5
	no	9,512	42.1%	128	13,059	57.9%	292
Total		10,374	43.4%	133	13,533	56.6%	297
MARITAL STATUS	married	6,223	43.9%	88	7,937	56.1%	164
	widowed	215	13.5%	10	1,381	86.5%	65
	divorced/separated	*	*	11	*	*	37
	never married	3,319	56.3%	23	2,574	43.7%	29
	member of unmarried couple	*	*	1	*	*	2
Total		10,374	43.4%	133	13,533	56.6%	297
DISABILITY	yes	1,314	30.3%	29	3,029	69.7%	81
	no	9,018	46.2%	102	10,489	53.8%	215
Total		10,332	43.3%	131	13,518	56.7%	296

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Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

5th Round Randolph County Adults		DID NOT GO TO DOCTOR DUE TO COST					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	1	*	*	8
	25-44	*	*	4	9,127	96.8%	69
	45-64	877	10.4%	22	7,550	89.6%	172
	65+	*	*	5	4,882	95.1%	175
Total		2,139	8.4%	32	23,273	91.6%	424
RACIAL CATEGORIES	white	2,126	8.6%	31	22,591	91.4%	415
	non-white	*	*	1	*	*	7
Total		2,139	8.4%	32	23,252	91.6%	422
GENDER	male	1,498	10.9%	15	12,264	89.1%	177
	female	641	5.5%	17	11,009	94.5%	247
Total		2,139	8.4%	32	23,273	91.6%	424
INCOME LEVEL	< \$15,000	*	*	10	*	*	26
	\$15-35,000	1,017	13.5%	13	6,534	86.5%	123
	\$35-50,000	*	*	2	4,919	98.7%	82
	> \$50,000	355	4.0%	7	8,537	96.0%	157
Total		2,139	9.2%	32	21,148	90.8%	388
EDUCATION LEVEL	< high school graduate	*	*	7	*	*	37
	high school graduate	1,454	14.1%	16	8,845	85.9%	196
	> high school graduate	402	3.2%	9	12,067	96.8%	191
Total		2,139	8.4%	32	23,273	91.6%	424
EMPLOYMENT STATUS	employed	1,244	7.4%	14	15,519	92.6%	193
	out of work	*	*	3	*	*	12
	homemaker/student	*	*	4	*	*	37
	retired/unable to work	555	9.8%	11	5,118	90.2%	180
Total		2,139	8.4%	32	23,243	91.6%	422
HISPANIC OR LATINO	yes	*	*	1	*	*	9
	no	1,433	6.0%	31	22,642	94.0%	415
Total		2,139	8.4%	32	23,273	91.6%	424
MARITAL STATUS	married	460	3.1%	11	14,374	96.9%	256
	widowed	*	*	4	1,685	96.9%	75
	divorced/separated	615	29.7%	12	1,458	70.3%	39
	never married	*	*	4	5,170	84.4%	51
	member of unmarried couple	*	*	1	*	*	3
Total		2,139	8.4%	32	23,273	91.6%	424
DISABILITY	yes	628	14.5%	14	3,715	85.5%	96
	no	1,467	7.5%	16	18,068	92.5%	302
Total		2,095	8.8%	30	21,783	91.2%	398

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About how long has it been since you last visited a doctor for a routine checkup?

5th Round Randolph County Adults		LAST ROUTINE CHECKUP					
		1 year or less			More than 1 year/Never		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	3	*	*	6
	25-44	3,837	40.7%	34	5,596	59.3%	39
	45-64	6,069	72.2%	142	2,340	27.8%	51
	65+	4,657	90.8%	156	475	9.2%	24
Total		15,431	60.8%	335	9,963	39.2%	120
RACIAL CATEGORIES	white	15,130	61.3%	326	9,569	38.7%	119
	non-white	*	*	7	*	*	1
Total		15,410	60.7%	333	9,963	39.3%	120
GENDER	male	7,497	54.5%	123	6,265	45.5%	69
	female	7,934	68.2%	212	3,698	31.8%	51
Total		15,431	60.8%	335	9,963	39.2%	120
INCOME LEVEL	< \$15,000	*	*	28	*	*	8
	\$15-35,000	4,320	57.2%	101	3,232	42.8%	35
	\$35-50,000	3,509	70.4%	65	1,476	29.6%	19
	> \$50,000	4,827	54.3%	112	4,065	45.7%	52
Total		14,128	60.7%	306	9,159	39.3%	114
EDUCATION LEVEL	< high school graduate	*	*	37	*	*	7
	high school graduate	6,767	65.8%	155	3,514	34.2%	56
	> high school graduate	6,236	50.0%	143	6,233	50.0%	57
Total		15,431	60.8%	335	9,963	39.2%	120
EMPLOYMENT STATUS	employed	8,518	50.8%	130	8,245	49.2%	77
	out of work	*	*	9	*	*	6
	homemaker/student	*	*	31	*	*	9
	retired/unable to work	5,043	88.9%	164	629	11.1%	27
Total		15,413	60.8%	334	9,950	39.2%	119
HISPANIC OR LATINO	yes	*	*	7	*	*	3
	no	14,927	62.0%	328	9,131	38.0%	117
Total		15,431	60.8%	335	9,963	39.2%	120
MARITAL STATUS	married	9,565	64.6%	192	5,251	35.4%	74
	widowed	1,600	92.1%	67	138	7.9%	12
	divorced/separated	1,348	65.0%	38	726	35.0%	13
	never married	2,810	45.8%	36	3,319	54.2%	19
	member of unmarried couple	*	*	2	*	*	2
Total		15,431	60.8%	335	9,963	39.2%	120
DISABILITY	yes	3,642	84.2%	93	684	15.8%	16
	no	11,289	57.8%	226	8,245	42.2%	92
Total		14,931	62.6%	319	8,929	37.4%	108

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During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

5th Round Randolph County Adults		DO YOU GET ANY EXERCISE?					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	8	*	*	1
	25-44	6,694	74.5%	52	2,288	25.5%	16
	45-64	5,460	68.5%	119	2,515	31.5%	64
	65+	3,686	74.7%	124	1,248	25.3%	50
Total		18,145	74.6%	303	6,166	25.4%	131
RACIAL CATEGORIES	white	17,522	74.1%	297	6,119	25.9%	128
	non-white	*	*	4	*	*	3
Total		18,124	74.6%	301	6,166	25.4%	131
GENDER	male	10,006	75.4%	129	3,264	24.6%	53
	female	8,139	73.7%	174	2,902	26.3%	78
Total		18,145	74.6%	303	6,166	25.4%	131
INCOME LEVEL	< \$15,000	*	*	24	*	*	10
	\$15-35,000	5,548	77.0%	81	1,654	23.0%	48
	\$35-50,000	3,579	73.1%	63	1,320	26.9%	19
	> \$50,000	6,587	77.8%	113	1,881	22.2%	43
Total		17,051	76.4%	281	5,255	23.6%	120
EDUCATION LEVEL	< high school graduate	*	*	25	*	*	18
	high school graduate	7,213	74.0%	137	2,535	26.0%	62
	> high school graduate	9,066	75.4%	141	2,957	24.6%	51
Total		18,145	74.6%	303	6,166	25.4%	131
EMPLOYMENT STATUS	employed	11,859	74.1%	134	4,135	25.9%	62
	out of work	*	*	8	*	*	6
	homemaker/student	*	*	25	*	*	15
	retired/unable to work	4,529	82.4%	135	966	17.6%	47
Total		18,133	74.7%	302	6,148	25.3%	130
HISPANIC OR LATINO	yes	*	*	5	*	*	5
	no	17,337	75.5%	298	5,637	24.5%	126
Total		18,145	74.6%	303	6,166	25.4%	131
MARITAL STATUS	married	10,513	74.1%	177	3,674	25.9%	76
	widowed	1,052	65.0%	52	568	35.0%	25
	divorced/separated	*	*	31	*	*	17
	never married	4,352	73.8%	40	1,542	26.2%	12
	member of unmarried couple	*	*	3	*	*	1
Total		18,145	74.6%	303	6,166	25.4%	131
DISABILITY	yes	3,008	69.3%	60	1,335	30.7%	50
	no	14,704	75.3%	237	4,831	24.7%	81
Total		17,712	74.2%	297	6,166	25.8%	131

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At risk for health problems related to being overweight (based on body mass index calculated from height and weight)

5th Round Randolph County Adults		OBESITY								
		underweight/normal			overweight			obese		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	4	*	*	2	*	*	2
	25-44	3,662	38.8%	25	2,991	31.7%	26	2,779	29.5%	22
	45-64	1,348	16.3%	40	3,739	45.2%	79	3,193	38.6%	69
	65+	1,457	29.2%	54	1,916	38.3%	70	1,624	32.5%	54
Total		7,191	29.4%	123	9,437	38.6%	177	7,796	31.9%	147
RACIAL CATEGORIES	white	6,742	28.4%	120	9,416	39.7%	175	7,571	31.9%	142
	non-white	*	*	3	*	*	1	*	*	4
Total		7,191	29.5%	123	9,425	38.6%	176	7,788	31.9%	146
GENDER	male	2,324	17.8%	33	5,846	44.9%	86	4,861	37.3%	71
	female	4,867	42.7%	90	3,591	31.5%	91	2,936	25.8%	76
Total		7,191	29.4%	123	9,437	38.6%	177	7,796	31.9%	147
INCOME LEVEL	< \$15,000	*	*	11	*	*	11	*	*	14
	\$15-35,000	2,126	31.2%	33	2,531	37.2%	51	2,156	31.6%	48
	\$35-50,000	1,489	29.9%	25	2,005	40.2%	29	1,491	29.9%	30
	> \$50,000	1,846	20.8%	41	3,828	43.2%	73	3,193	36.0%	49
Total		5,943	26.4%	110	8,886	39.5%	164	7,695	34.2%	141
EDUCATION LEVEL	< high school graduate	*	*	9	*	*	17	*	*	18
	high school graduate	1,994	21.3%	50	3,664	39.1%	89	3,705	39.6%	67
	> high school graduate	4,933	39.7%	64	4,427	35.6%	71	3,058	24.6%	62
Total		7,191	29.4%	123	9,437	38.6%	177	7,796	31.9%	147
EMPLOYMENT STATUS	employed	5,163	32.3%	51	6,470	40.4%	84	4,366	27.3%	68
	out of work	*	*	4	*	*	4	*	*	7
	homemaker/student	*	*	13	*	*	13	*	*	15
	retired/unable to work	1,191	21.9%	53	2,084	38.3%	76	2,173	39.9%	57
Total		7,161	29.4%	121	9,437	38.7%	177	7,796	32.0%	147
HISPANIC OR LATINO	yes	*	*	2	*	*	1	*	*	6
	no	7,161	30.1%	121	9,419	39.6%	176	7,213	30.3%	141
Total		7,191	29.4%	123	9,437	38.6%	177	7,796	31.9%	147
MARITAL STATUS	married	3,556	24.3%	71	6,232	42.7%	105	4,822	33.0%	87
	widowed	460	26.7%	25	907	52.6%	34	356	20.7%	19
	divorced/separated	*	*	10	*	*	16	*	*	23
	never married	1,902	35.1%	14	1,870	34.5%	21	1,642	30.3%	18
	member of unmarried couple	*	*	3	*	*	1	*	*	
Total		7,191	29.4%	123	9,437	38.6%	177	7,796	31.9%	147
DISABILITY	yes	917	21.3%	23	1,121	26.0%	29	2,273	52.7%	56
	no	5,385	29.0%	88	7,837	42.2%	137	5,358	28.8%	86
Total		6,301	27.5%	111	8,958	39.1%	166	7,631	33.3%	142

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Have you ever been told by a doctor that you have diabetes?

5th Round Randolph County Adults		TOLD HAVE DIABETES					
		Yes			No		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	*	*	2	9,192	97.4%	71
	45-64	585	6.9%	22	7,842	93.1%	172
	65+	1,253	24.4%	41	3,879	75.6%	139
Total		2,079	8.2%	65	23,333	91.8%	391
RACIAL CATEGORIES	white	2,032	8.2%	62	22,685	91.8%	384
	non-white	*	*	2	*	*	6
Total		2,070	8.2%	64	23,321	91.8%	390
GENDER	male	1,082	7.9%	29	12,680	92.1%	163
	female	997	8.6%	36	10,653	91.4%	228
Total		2,079	8.2%	65	23,333	91.8%	391
INCOME LEVEL	< \$15,000	*	*	5	*	*	31
	\$15-35,000	803	10.6%	26	6,748	89.4%	110
	\$35-50,000	462	9.3%	10	4,523	90.7%	74
	> \$50,000	610	6.9%	18	8,282	93.1%	146
Total		1,996	8.6%	59	21,291	91.4%	361
EDUCATION LEVEL	< high school graduate	*	*	12	*	*	32
	high school graduate	854	8.3%	28	9,445	91.7%	184
	> high school graduate	908	7.3%	25	11,561	92.7%	175
Total		2,079	8.2%	65	23,333	91.8%	391
EMPLOYMENT STATUS	employed	635	3.8%	16	16,128	96.2%	191
	out of work	*	*	1	*	*	14
	homemaker/student	*	*	8	*	*	33
	retired/unable to work	1,164	20.5%	40	4,509	79.5%	151
Total		2,079	8.2%	65	23,303	91.8%	389
HISPANIC OR LATINO	yes	*	*		*	*	10
	no	2,079	8.6%	65	21,996	91.4%	381
Total		2,079	8.2%	65	23,333	91.8%	391
MARITAL STATUS	married	1,649	11.1%	40	13,185	88.9%	227
	widowed	234	13.4%	13	1,505	86.6%	66
	divorced/separated	163	7.9%	9	1,911	92.1%	42
	never married	*	*	3	6,095	99.4%	52
	member of unmarried couple	*	*		*	*	4
Total		2,079	8.2%	65	23,333	91.8%	391
DISABILITY	yes	1,048	24.1%	30	3,295	75.9%	80
	no	1,001	5.1%	33	18,533	94.9%	285
Total		2,049	8.6%	63	21,829	91.4%	365

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Calculated total fruit and vegetable consumption

5th Round Randolph County Adults		SERVINGS FRUITS/VEGETABLES PER DAY								
		< 3			3-4			5 or more		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	5	*	*	2	*	*	2
	25-44	6,237	69.4%	35	1,376	15.3%	21	1,370	15.2%	12
	45-64	4,151	50.7%	95	3,063	37.4%	64	977	11.9%	27
	65+	1,837	36.9%	67	2,364	47.5%	77	776	15.6%	32
Total		12,753	51.9%	202	7,593	30.9%	164	4,223	17.2%	73
RACIAL CATEGORIES	white	12,706	53.2%	199	7,542	31.6%	161	3,651	15.3%	70
	non-white	*	*	3	*	*	2	*	*	2
Total		12,753	52.0%	202	7,581	30.9%	163	4,214	17.2%	72
GENDER	male	7,287	54.1%	94	4,204	31.2%	68	1,985	14.7%	22
	female	5,466	49.3%	108	3,390	30.6%	96	2,238	20.2%	51
Total		12,753	51.9%	202	7,593	30.9%	164	4,223	17.2%	73
INCOME LEVEL	< \$15,000	*	*	14	*	*	15	*	*	6
	\$15-35,000	3,608	50.0%	59	1,616	22.4%	51	1,995	27.6%	20
	\$35-50,000	2,531	51.7%	38	1,731	35.3%	30	636	13.0%	14
	> \$50,000	4,509	51.9%	77	2,936	33.8%	54	1,246	14.3%	28
Total		11,447	50.7%	188	6,999	31.0%	150	4,119	18.3%	68
EDUCATION LEVEL	< high school graduate	*	*	18	*	*	17	*	*	8
	high school graduate	5,490	55.0%	100	3,016	30.2%	77	1,482	14.8%	26
	> high school graduate	6,449	53.6%	84	3,334	27.7%	70	2,258	18.8%	39
Total		12,753	51.9%	202	7,593	30.9%	164	4,223	17.2%	73
EMPLOYMENT STATUS	employed	9,007	55.6%	103	4,290	26.5%	65	2,894	17.9%	30
	out of work	*	*	8	*	*	5	*	*	1
	homemaker/student	*	*	17	*	*	13	*	*	10
	retired/unable to work	1,935	34.8%	73	2,706	48.7%	81	915	16.5%	31
Total		12,735	51.9%	201	7,593	30.9%	164	4,210	17.2%	72
HISPANIC OR LATINO	yes	*	*	6	*	*	2	*	*	2
	no	12,218	52.6%	196	7,515	32.3%	162	3,500	15.1%	71
Total		12,753	51.9%	202	7,593	30.9%	164	4,223	17.2%	73
MARITAL STATUS	married	7,573	52.4%	117	4,752	32.9%	96	2,119	14.7%	45
	widowed	678	41.9%	30	790	48.7%	35	152	9.4%	12
	divorced/separated	*	*	21	*	*	22	*	*	5
	never married	3,161	53.6%	32	1,091	18.5%	10	1,641	27.8%	10
	member of unmarried couple	*	*	2	*	*	1	*	*	1
Total		12,753	51.9%	202	7,593	30.9%	164	4,223	17.2%	73
DISABILITY	yes	1,888	43.5%	46	1,733	39.9%	45	722	16.6%	19
	no	10,251	52.5%	150	5,798	29.7%	115	3,486	17.8%	53
Total		12,139	50.8%	196	7,531	31.5%	160	4,208	17.6%	72

IDPH, ICHS, 2011 Randolph County BRFS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Ever told you had a heart attack, also called a myocardial infarction?

5th Round Randolph County Adults		EVER TOLD HAD HEART ATTACK					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44				*	*	73
	45-64	547	6.5%	9	7,855	93.5%	184
	65+	744	14.5%	23	4,373	85.5%	156
	Total	1,291	5.1%	32	24,081	94.9%	422
RACIAL CATEGORIES	white	1,278	5.2%	31	23,398	94.8%	413
	non-white	*	*		*	*	8
	Total	1,278	5.0%	31	24,072	95.0%	421
GENDER	male	760	5.5%	20	12,977	94.5%	171
	female	531	4.6%	12	11,104	95.4%	251
	Total	1,291	5.1%	32	24,081	94.9%	422
INCOME LEVEL	< \$15,000	*	*	3	*	*	33
	\$15-35,000	379	5.0%	12	7,147	95.0%	123
	\$35-50,000	149	3.0%	8	4,835	97.0%	76
	> \$50,000	273	3.1%	6	8,618	96.9%	158
	Total	1,248	5.4%	29	22,013	94.6%	390
EDUCATION LEVEL	< high school graduate	*	*	8	*	*	35
	high school graduate	391	3.8%	13	9,883	96.2%	198
	> high school graduate	586	4.7%	11	11,883	95.3%	189
	Total	1,291	5.1%	32	24,081	94.9%	422
EMPLOYMENT STATUS	employed	*	*	5	16,677	99.5%	202
	out of work	*	*	2	*	*	13
	homemaker/student	*	*	1	*	*	40
	retired/unable to work	920	16.3%	24	4,712	83.7%	165
	Total	1,291	5.1%	32	24,051	94.9%	420
HISPANIC OR LATINO	yes	*	*	1	*	*	9
	no	1,278	5.3%	31	22,757	94.7%	413
	Total	1,291	5.1%	32	24,081	94.9%	422
MARITAL STATUS	married	876	5.9%	18	13,933	94.1%	248
	widowed	100	5.8%	8	1,638	94.2%	71
	divorced/separated	*	*	3	1,856	90.2%	47
	never married	*	*	3	6,017	98.2%	52
	member of unmarried couple	*	*		*	*	4
	Total	1,291	5.1%	32	24,081	94.9%	422
DISABILITY	yes	829	19.2%	11	3,499	80.8%	98
	no	453	2.3%	20	19,057	97.7%	297
	Total	1,282	5.4%	31	22,556	94.6%	395

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Ever told you had angina or coronary heart disease?

5th Round Randolph County Adults		EVER TOLD HAVE CORONARY HEART DISEASE					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44				*	*	73
	45-64	834	9.9%	14	7,593	90.1%	180
	65+	818	16.0%	25	4,284	84.0%	153
	Total	1,652	6.5%	39	23,731	93.5%	415
RACIAL CATEGORIES	white	1,631	6.6%	37	23,056	93.4%	407
	non-white	*	*		*	*	8
	Total	1,631	6.4%	37	23,731	93.6%	415
GENDER	male	1,152	8.4%	23	12,597	91.6%	168
	female	499	4.3%	16	11,133	95.7%	247
	Total	1,652	6.5%	39	23,731	93.5%	415
INCOME LEVEL	< \$15,000	*	*	5	*	*	31
	\$15-35,000	520	6.9%	11	7,031	93.1%	125
	\$35-50,000	277	5.6%	7	4,695	94.4%	76
	> \$50,000	201	2.3%	10	8,690	97.7%	154
	Total	1,563	6.7%	33	21,711	93.3%	386
EDUCATION LEVEL	< high school graduate	*	*	9	*	*	34
	high school graduate	439	4.3%	16	9,860	95.7%	196
	> high school graduate	741	6.0%	14	11,710	94.0%	185
	Total	1,652	6.5%	39	23,731	93.5%	415
EMPLOYMENT STATUS	employed	298	1.8%	9	16,465	98.2%	198
	out of work	*	*	2	*	*	13
	homemaker/student	*	*	1	*	*	39
	retired/unable to work	985	17.4%	27	4,675	82.6%	163
	Total	1,652	6.5%	39	23,700	93.5%	413
HISPANIC OR LATINO	yes	*	*	2	*	*	8
	no	1,627	6.8%	37	22,419	93.2%	407
	Total	1,652	6.5%	39	23,731	93.5%	415
MARITAL STATUS	married	782	5.3%	16	14,034	94.7%	250
	widowed	139	8.1%	11	1,587	91.9%	67
	divorced/separated	608	29.3%	8	1,465	70.7%	43
	never married	*	*	4	6,007	98.0%	51
	member of unmarried couple	*	*		*	*	4
	Total	1,652	6.5%	39	23,731	93.5%	415
DISABILITY	yes	1,169	27.0%	21	3,157	73.0%	88
	no	419	2.1%	14	19,103	97.9%	303
	Total	1,588	6.7%	35	22,260	93.3%	391

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Ever told you had a stroke?

5th Round Randolph County Adults		EVER TOLD HAD STROKE					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	*	*	1	*	*	72
	45-64	176	2.1%	6	8,251	97.9%	188
	65+	763	14.9%	19	4,369	85.1%	161
Total		967	3.8%	26	24,445	96.2%	430
RACIAL CATEGORIES	white	967	3.9%	26	23,750	96.1%	420
	non-white	*	*		*	*	8
Total		967	3.8%	26	24,424	96.2%	428
GENDER	male	702	5.1%	15	13,060	94.9%	177
	female	265	2.3%	11	11,385	97.7%	253
Total		967	3.8%	26	24,445	96.2%	430
INCOME LEVEL	< \$15,000	*	*	4	*	*	32
	\$15-35,000	302	4.0%	9	7,250	96.0%	127
	\$35-50,000	167	3.3%	7	4,818	96.7%	77
	> \$50,000	*	*	4	8,653	97.3%	160
Total		939	4.0%	24	22,348	96.0%	396
EDUCATION LEVEL	< high school graduate	*	*	4	*	*	40
	high school graduate	424	4.1%	13	9,875	95.9%	199
	> high school graduate	375	3.0%	9	12,094	97.0%	191
Total		967	3.8%	26	24,445	96.2%	430
EMPLOYMENT STATUS	employed	*	*	3	*	*	204
	out of work	*	*		*	*	15
	homemaker/student	*	*	2	*	*	39
	retired/unable to work	784	13.8%	21	4,888	86.2%	170
Total		967	3.8%	26	24,415	96.2%	428
HISPANIC OR LATINO	yes	*	*	1	*	*	9
	no	954	4.0%	25	23,121	96.0%	421
Total		967	3.8%	26	24,445	96.2%	430
MARITAL STATUS	married	638	4.3%	14	14,196	95.7%	253
	widowed	*	*	5	1,590	91.5%	74
	divorced/separated	*	*	5	1,933	93.2%	46
	never married	*	*	2	6,089	99.4%	53
	member of unmarried couple	*	*		*	*	4
Total		967	3.8%	26	24,445	96.2%	430
DISABILITY	yes	586	13.5%	12	3,757	86.5%	98
	no	269	1.4%	12	19,266	98.6%	306
Total		855	3.6%	24	23,023	96.4%	404

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Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

5th Round Randolph County Adults		TOLD BLOOD PRESSURE HIGH					
		Yes			No		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	1	*	*	8
	25-44	1,521	16.1%	10	7,912	83.9%	63
	45-64	3,691	43.8%	97	4,736	56.2%	97
	65+	3,509	68.4%	118	1,623	31.6%	62
	Total	8,898	35.0%	226	16,514	65.0%	230
RACIAL CATEGORIES	white	8,766	35.5%	218	15,951	64.5%	228
	non-white	*	*	6	*	*	2
	Total	8,877	35.0%	224	16,514	65.0%	230
GENDER	male	5,029	36.5%	100	8,733	63.5%	92
	female	3,868	33.2%	126	7,782	66.8%	138
	Total	8,898	35.0%	226	16,514	65.0%	230
INCOME LEVEL	< \$15,000	*	*	22	*	*	14
	\$15-35,000	2,558	33.9%	77	4,993	66.1%	59
	\$35-50,000	1,750	35.1%	45	3,235	64.9%	39
	> \$50,000	3,017	33.9%	67	5,874	66.1%	97
	Total	8,514	36.6%	211	14,773	63.4%	209
EDUCATION LEVEL	< high school graduate	*	*	27	*	*	17
	high school graduate	4,934	47.9%	116	5,365	52.1%	96
	> high school graduate	2,901	23.3%	83	9,568	76.7%	117
	Total	8,898	35.0%	226	16,514	65.0%	230
EMPLOYMENT STATUS	employed	3,671	21.9%	72	13,092	78.1%	135
	out of work	*	*	9	*	*	6
	homemaker/student	*	*	20	*	*	21
	retired/unable to work	3,708	65.4%	124	1,965	34.6%	67
	Total	8,880	35.0%	225	16,502	65.0%	229
HISPANIC OR LATINO	yes	*	*	4	*	*	6
	no	8,489	35.3%	222	15,586	64.7%	224
	Total	8,898	35.0%	226	16,514	65.0%	230
MARITAL STATUS	married	5,184	34.9%	120	9,650	65.1%	147
	widowed	1,134	65.2%	50	604	34.8%	29
	divorced/separated	1,312	63.3%	35	762	36.7%	16
	never married	1,040	17.0%	19	5,089	83.0%	36
	member of unmarried couple	*	*	2	*	*	2
	Total	8,898	35.0%	226	16,514	65.0%	230
DISABILITY	yes	2,961	68.2%	78	1,383	31.8%	32
	no	5,468	28.0%	133	14,067	72.0%	185
	Total	8,428	35.3%	211	15,450	64.7%	217

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Are you currently taking medication for your high blood pressure? (all with high blood pressure)

5th Round Randolph County Adults		TAKE MEDS FOR HYPERTENSION					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	1
	25-44	*	*	8	*	*	2
	45-64	2,817	76.3%	78	875	23.7%	19
	65+	3,041	87.0%	105	456	13.0%	12
Total		7,276	81.9%	191	1,609	18.1%	34
RACIAL CATEGORIES	white	7,169	81.8%	185	1,597	18.2%	33
	non-white	*	*	5	*	*	1
Total		7,268	81.9%	190	1,609	18.1%	34
GENDER	male	4,135	82.4%	79	882	17.6%	20
	female	3,142	81.2%	112	727	18.8%	14
Total		7,276	81.9%	191	1,609	18.1%	34
INCOME LEVEL	< \$15,000	*	*	17	*	*	5
	\$15-35,000	2,101	82.1%	64	457	17.9%	13
	\$35-50,000	*	*	42	*	*	3
	> \$50,000	2,474	82.0%	55	543	18.0%	12
Total		6,966	81.8%	178	1,547	18.2%	33
EDUCATION LEVEL	< high school graduate	*	*	24	*	*	3
	high school graduate	4,042	82.1%	99	880	17.9%	16
	> high school graduate	2,226	76.7%	68	676	23.3%	15
Total		7,276	81.9%	191	1,609	18.1%	34
EMPLOYMENT STATUS	employed	2,956	80.5%	56	715	19.5%	16
	out of work	*	*	7	*	*	2
	homemaker/student	*	*	18	*	*	2
	retired/unable to work	3,091	83.6%	109	605	16.4%	14
Total		7,258	81.9%	190	1,609	18.1%	34
HISPANIC OR LATINO	yes	*	*	3	*	*	1
	no	6,885	81.2%	188	1,592	18.8%	33
Total		7,276	81.9%	191	1,609	18.1%	34
MARITAL STATUS	married	4,509	87.0%	106	675	13.0%	14
	widowed	*	*	46	*	*	3
	divorced/separated	*	*	25	*	*	10
	never married	*	*	14	*	*	5
	member of unmarried couple	*	*		*	*	2
Total		7,276	81.9%	191	1,609	18.1%	34
DISABILITY	yes	2,581	87.5%	69	367	12.5%	8
	no	4,378	80.1%	111	1,090	19.9%	22
Total		6,959	82.7%	180	1,457	17.3%	30

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Have you ever had your blood cholesterol checked?

5th Round Randolph County Adults		EVER HAD CHOLESTEROL CHECKED					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	3	*	*	6
	25-44	6,478	68.7%	46	2,954	31.3%	27
	45-64	7,921	96.2%	182	313	3.8%	10
	65+	4,850	95.7%	170	220	4.3%	7
	Total	19,488	77.5%	401	5,669	22.5%	50
RACIAL CATEGORIES	white	19,187	78.4%	392	5,275	21.6%	49
	non-white	*	*	7	*	*	1
	Total	19,467	77.4%	399	5,669	22.6%	50
GENDER	male	10,016	73.8%	165	3,554	26.2%	25
	female	9,472	81.7%	236	2,116	18.3%	25
	Total	19,488	77.5%	401	5,669	22.5%	50
INCOME LEVEL	< \$15,000	*	*	34	*	*	2
	\$15-35,000	5,092	67.5%	115	2,447	32.5%	20
	\$35-50,000	3,758	75.6%	77	1,210	24.4%	6
	> \$50,000	7,668	88.0%	144	1,044	12.0%	19
	Total	18,234	79.0%	370	4,843	21.0%	47
EDUCATION LEVEL	< high school graduate	*	*	39	*	*	5
	high school graduate	8,576	85.4%	191	1,468	14.6%	16
	> high school graduate	9,240	74.1%	171	3,228	25.9%	29
	Total	19,488	77.5%	401	5,669	22.5%	50
EMPLOYMENT STATUS	employed	11,980	72.3%	173	4,590	27.7%	32
	out of work	*	*	11	*	*	4
	homemaker/student	*	*	36	*	*	4
	retired/unable to work	5,292	93.8%	179	349	6.2%	10
	Total	19,458	77.4%	399	5,669	22.6%	50
HISPANIC OR LATINO	yes	*	*	8	*	*	2
	no	18,971	79.6%	393	4,849	20.4%	48
	Total	19,488	77.5%	401	5,669	22.5%	50
MARITAL STATUS	married	13,072	89.5%	240	1,534	10.5%	24
	widowed	1,590	92.3%	74	*	*	4
	divorced/separated	2,061	99.4%	50	*	*	1
	never married	2,412	39.4%	36	3,704	60.6%	18
	member of unmarried couple	*	*	1	*	*	3
	Total	19,488	77.5%	401	5,669	22.5%	50
DISABILITY	yes	4,313	99.3%	108	*	*	2
	no	14,007	72.6%	269	5,273	27.4%	44
	Total	18,320	77.6%	377	5,303	22.4%	46

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high? (those who had cholesterol checked)

5th Round Randolph County Adults		EVER TOLD BLOOD CHOLESTEROL IS HIGH					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	1	*	*	2
	25-44	*	*	4	*	*	42
	45-64	4,331	54.8%	98	3,578	45.2%	83
	65+	2,692	55.6%	102	2,146	44.4%	67
Total		7,736	39.7%	205	11,728	60.3%	194
RACIAL CATEGORIES	white	7,616	39.7%	198	11,546	60.3%	192
	non-white	*	*	6	*	*	1
Total		7,727	39.7%	204	11,715	60.3%	193
GENDER	male	3,498	35.0%	75	6,506	65.0%	89
	female	4,238	44.8%	130	5,222	55.2%	105
Total		7,736	39.7%	205	11,728	60.3%	194
INCOME LEVEL	< \$15,000	*	*	17	*	*	16
	\$15-35,000	1,969	38.8%	57	3,110	61.2%	57
	\$35-50,000	1,459	38.8%	39	2,299	61.2%	38
	> \$50,000	3,025	39.4%	76	4,643	60.6%	68
Total		7,321	40.2%	189	10,888	59.8%	179
EDUCATION LEVEL	< high school graduate	*	*	23	*	*	16
	high school graduate	3,129	36.5%	95	5,435	63.5%	95
	> high school graduate	3,616	39.2%	87	5,612	60.8%	83
Total		7,736	39.7%	205	11,728	60.3%	194
EMPLOYMENT STATUS	employed	3,605	30.1%	72	8,376	69.9%	101
	out of work	*	*	5	*	*	6
	homemaker/student	*	*	16	*	*	20
	retired/unable to work	3,326	63.2%	111	1,941	36.8%	66
Total		7,718	39.7%	204	11,715	60.3%	193
HISPANIC OR LATINO	yes	*	*	4	*	*	4
	no	7,614	40.2%	201	11,332	59.8%	190
Total		7,736	39.7%	205	11,728	60.3%	194
MARITAL STATUS	married	5,473	41.9%	125	7,599	58.1%	115
	widowed	874	55.0%	42	716	45.0%	32
	divorced/separated	*	*	24	*	*	25
	never married	*	*	14	*	*	21
	member of unmarried couple	*	*		*	*	1
Total		7,736	39.7%	205	11,728	60.3%	194
DISABILITY	yes	2,321	54.0%	58	1,979	46.0%	49
	no	5,065	36.2%	135	8,929	63.8%	133
Total		7,387	40.4%	193	10,908	59.6%	182

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About how long has it been since you last had your blood cholesterol checked? (those who had cholesterol checked)

5th Round Randolph County Adults		LAST TIME CHOLESTEROL CHECKED					
		1 year or less			> 1 year		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	2	*	*	1
	25-44	*	*	21	*	*	25
	45-64	6,362	80.4%	138	1,547	19.6%	43
	65+	4,445	91.7%	149	405	8.3%	21
Total		13,681	70.2%	310	5,795	29.8%	90
RACIAL CATEGORIES	white	13,549	70.7%	302	5,626	29.3%	89
	non-white	*	*	6	*	*	1
Total		13,660	70.2%	308	5,795	29.8%	90
GENDER	male	6,777	67.7%	120	3,239	32.3%	45
	female	6,903	73.0%	190	2,557	27.0%	45
Total		13,681	70.2%	310	5,795	29.8%	90
INCOME LEVEL	< \$15,000	*	*	24	*	*	9
	\$15-35,000	3,614	71.0%	91	1,478	29.0%	24
	\$35-50,000	2,655	70.7%	60	1,103	29.3%	17
	> \$50,000	5,148	67.1%	111	2,520	32.9%	33
Total		12,591	69.1%	286	5,631	30.9%	83
EDUCATION LEVEL	< high school graduate	*	*	31	*	*	8
	high school graduate	6,911	80.7%	146	1,652	19.3%	44
	> high school graduate	5,451	59.0%	133	3,790	41.0%	38
Total		13,681	70.2%	310	5,795	29.8%	90
EMPLOYMENT STATUS	employed	7,249	60.5%	120	4,732	39.5%	53
	out of work	*	*	9	*	*	2
	homemaker/student	*	*	29	*	*	7
	retired/unable to work	4,772	90.4%	151	507	9.6%	27
Total		13,663	70.3%	309	5,782	29.7%	89
HISPANIC OR LATINO	yes	*	*	8	*	*	
	no	13,164	69.4%	302	5,795	30.6%	90
Total		13,681	70.2%	310	5,795	29.8%	90
MARITAL STATUS	married	9,294	71.1%	189	3,779	28.9%	51
	widowed	1,329	83.6%	62	261	16.4%	12
	divorced/separated	*	*	32	*	*	17
	never married	*	*	27	*	*	9
	member of unmarried couple	*	*		*	*	1
Total		13,681	70.2%	310	5,795	29.8%	90
DISABILITY	yes	3,595	83.6%	91	706	16.4%	16
	no	9,328	66.6%	199	4,679	33.4%	70
Total		12,922	70.6%	290	5,385	29.4%	86

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Were you ever told by a doctor that you have asthma? Do you have asthma now?

5th Round Randolph County Adults		DIAGNOSED WITH ASTHMA					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	1	*	*	8
	25-44	863	9.2%	8	8,569	90.8%	65
	45-64	429	5.1%	11	7,998	94.9%	183
	65+	516	10.1%	18	4,616	89.9%	162
Total		1,895	7.5%	38	23,517	92.5%	418
RACIAL CATEGORIES	white	1,865	7.5%	35	22,852	92.5%	411
	non-white	*	*	3	*	*	5
Total		1,895	7.5%	38	23,496	92.5%	416
GENDER	male	655	4.8%	13	13,107	95.2%	179
	female	1,240	10.6%	25	10,410	89.4%	239
Total		1,895	7.5%	38	23,517	92.5%	418
INCOME LEVEL	< \$15,000	*	*	5	*	*	31
	\$15-35,000	980	13.0%	17	6,572	87.0%	119
	\$35-50,000	232	4.7%	6	4,753	95.3%	78
	> \$50,000	292	3.3%	6	8,599	96.7%	158
Total		1,633	7.0%	34	21,653	93.0%	386
EDUCATION LEVEL	< high school graduate	*	*	11	*	*	33
	high school graduate	688	6.7%	13	9,611	93.3%	199
	> high school graduate	837	6.7%	14	11,632	93.3%	186
Total		1,895	7.5%	38	23,517	92.5%	418
EMPLOYMENT STATUS	employed	1,135	6.8%	17	15,629	93.2%	190
	out of work	*	*	1	*	*	14
	homemaker/student	*	*	1	*	*	40
	retired/unable to work	696	12.3%	19	4,976	87.7%	172
Total		1,895	7.5%	38	23,487	92.5%	416
HISPANIC OR LATINO	yes	*	*	1	*	*	9
	no	1,877	7.8%	37	22,198	92.2%	409
Total		1,895	7.5%	38	23,517	92.5%	418
MARITAL STATUS	married	1,321	8.9%	22	13,513	91.1%	245
	widowed	*	*	3	1,700	97.8%	76
	divorced/separated	142	6.8%	8	1,932	93.2%	43
	never married	*	*	5	5,735	93.6%	50
	member of unmarried couple	*	*		*	*	4
Total		1,895	7.5%	38	23,517	92.5%	418
DISABILITY	yes	789	18.2%	20	3,555	81.8%	90
	no	1,030	5.3%	16	18,505	94.7%	302
Total		1,818	7.6%	36	22,060	92.4%	392

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Are you limited in any way in any activities because of physical, mental, or emotional problems?

5th Round Randolph County Adults		ACTIVITIES LIMITED BY IMPAIRMENT					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	571	6.6%	6	8,058	93.4%	61
	45-64	1,637	20.5%	46	6,338	79.5%	137
	65+	1,875	38.5%	51	2,991	61.5%	119
	Total	4,083	17.1%	103	19,807	82.9%	326
RACIAL CATEGORIES	white	4,041	17.4%	99	19,179	82.6%	321
	non-white	*	*	3	*	*	4
	Total	4,071	17.1%	102	19,798	82.9%	325
GENDER	male	1,587	12.3%	35	11,330	87.7%	146
	female	2,496	22.7%	68	8,477	77.3%	180
	Total	4,083	17.1%	103	19,807	82.9%	326
INCOME LEVEL	< \$15,000	*	*	15	*	*	18
	\$15-35,000	1,511	21.0%	37	5,682	79.0%	91
	\$35-50,000	651	14.3%	16	3,894	85.7%	65
	> \$50,000	622	7.4%	24	7,816	92.6%	131
	Total	3,720	17.0%	92	18,180	83.0%	305
EDUCATION LEVEL	< high school graduate	*	*	16	*	*	26
	high school graduate	1,336	13.8%	46	8,373	86.2%	151
	> high school graduate	1,822	15.6%	41	9,833	84.4%	149
	Total	4,083	17.1%	103	19,807	82.9%	326
EMPLOYMENT STATUS	employed	964	6.2%	26	14,677	93.8%	169
	out of work	*	*	4	*	*	10
	homemaker/student	*	*	11	*	*	29
	retired/unable to work	2,489	45.9%	62	2,938	54.1%	116
	Total	4,083	17.1%	103	19,777	82.9%	324
HISPANIC OR LATINO	yes	*	*	3	*	*	7
	no	3,993	17.7%	100	18,561	82.3%	319
	Total	4,083	17.1%	103	19,807	82.9%	326
MARITAL STATUS	married	2,185	15.4%	55	11,972	84.6%	197
	widowed	488	30.9%	19	1,093	69.1%	55
	divorced/separated	*	*	19	*	*	29
	never married	463	7.9%	10	5,431	92.1%	42
	member of unmarried couple	*	*		*	*	3
	Total	4,083	17.1%	103	19,807	82.9%	326
DISABILITY	yes	4,083	94.0%	103	260	6.0%	7
	no				*	*	318
	Total	4,083	17.1%	103	19,795	82.9%	325

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Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

5th Round Randolph County Adults		USE SPECIAL EQUIPMENT DUE TO IMPAIRMENT					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44				*	*	67
	45-64	686	8.6%	15	7,290	91.4%	168
	65+	704	14.5%	23	4,164	85.5%	147
Total		1,389	5.8%	38	22,504	94.2%	391
RACIAL CATEGORIES	white	1,389	6.0%	38	21,833	94.0%	382
	non-white	*	*		*	*	7
Total		1,389	5.8%	38	22,483	94.2%	389
GENDER	male	537	4.2%	8	12,368	95.8%	172
	female	852	7.8%	30	10,136	92.2%	219
Total		1,389	5.8%	38	22,504	94.2%	391
INCOME LEVEL	< \$15,000	*	*	12	*	*	21
	\$15-35,000	391	5.4%	12	6,790	94.6%	115
	\$35-50,000	*	*	2	4,496	98.9%	79
	> \$50,000	276	3.3%	7	8,162	96.7%	148
Total		1,318	6.0%	33	20,569	94.0%	363
EDUCATION LEVEL	< high school graduate	*	*	8	*	*	34
	high school graduate	428	4.4%	16	9,269	95.6%	180
	> high school graduate	660	5.7%	14	11,010	94.3%	177
Total		1,389	5.8%	38	22,504	94.2%	391
EMPLOYMENT STATUS	employed	*	*	3	*	*	192
	out of work	*	*	3	*	*	11
	homemaker/student	*	*	4	*	*	36
	retired/unable to work	1,021	18.8%	28	4,409	81.2%	150
Total		1,389	5.8%	38	22,473	94.2%	389
HISPANIC OR LATINO	yes	*	*	1	*	*	9
	no	1,371	6.1%	37	21,185	93.9%	382
Total		1,389	5.8%	38	22,504	94.2%	391
MARITAL STATUS	married	836	5.9%	17	13,321	94.1%	235
	widowed	150	9.4%	11	1,435	90.6%	63
	divorced/separated	*	*	6	*	*	42
	never married	*	*	4	5,848	99.2%	48
	member of unmarried couple	*	*		*	*	3
Total		1,389	5.8%	38	22,504	94.2%	391
DISABILITY	yes	1,389	32.0%	38	2,954	68.0%	72
	no				*	*	318
Total		1,389	5.8%	38	22,489	94.2%	390

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During the past 30 days, for about how many days have you felt sad, blue, or depressed?

5th Round Randolph County Adults		TOLD HAVE DEPRESSIVE DISORDER					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	4	*	*	5
	25-44	1,389	15.0%	14	7,847	85.0%	58
	45-64	2,063	24.5%	46	6,364	75.5%	148
	65+	344	6.7%	18	4,788	93.3%	162
	Total	5,407	21.4%	82	19,808	78.6%	373
RACIAL CATEGORIES	white	5,359	21.9%	79	19,160	78.1%	366
	non-white	*	*	3	*	*	5
	Total	5,407	21.5%	82	19,787	78.5%	371
GENDER	male	2,456	17.8%	26	11,306	82.2%	166
	female	2,951	25.8%	56	8,502	74.2%	207
	Total	5,407	21.4%	82	19,808	78.6%	373
INCOME LEVEL	< \$15,000	*	*	14	*	*	22
	\$15-35,000	2,045	27.8%	31	5,310	72.2%	104
	\$35-50,000	1,488	29.9%	13	3,497	70.1%	71
	> \$50,000	1,067	12.0%	19	7,824	88.0%	145
	Total	5,322	23.0%	77	17,768	77.0%	342
EDUCATION LEVEL	< high school graduate	*	*	15	*	*	28
	high school graduate	1,650	16.0%	30	8,649	84.0%	182
	> high school graduate	2,351	18.9%	37	10,117	81.1%	163
	Total	5,407	21.4%	82	19,808	78.6%	373
EMPLOYMENT STATUS	employed	3,783	22.6%	38	12,980	77.4%	169
	out of work	*	*	6	*	*	9
	homemaker/student	*	*	7	*	*	34
	retired/unable to work	917	16.7%	31	4,559	83.3%	159
	Total	5,407	21.5%	82	19,778	78.5%	371
HISPANIC OR LATINO	yes	*	*	5	*	*	5
	no	4,531	19.0%	77	19,347	81.0%	368
	Total	5,407	21.4%	82	19,808	78.6%	373
MARITAL STATUS	married	2,458	16.6%	44	12,376	83.4%	223
	widowed	125	7.2%	6	1,613	92.8%	73
	divorced/separated	763	36.8%	20	1,311	63.2%	31
	never married	2,004	33.8%	11	3,928	66.2%	43
	member of unmarried couple	*	*	1	*	*	3
	Total	5,407	21.4%	82	19,808	78.6%	373
DISABILITY	yes	1,499	36.2%	36	2,647	63.8%	73
	no	3,872	19.8%	44	15,662	80.2%	274
	Total	5,372	22.7%	80	18,309	77.3%	347

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Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?

5th Round Randolph County Adults		DIAGNOSED WITH VISION PROBLEM					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	1	*	*	8
	25-44	1,296	13.7%	7	8,137	86.3%	66
	45-64	1,478	17.5%	34	6,949	82.5%	160
	65+	1,664	32.4%	56	3,468	67.6%	124
Total		5,144	20.2%	98	20,268	79.8%	358
RACIAL CATEGORIES	white	5,079	20.5%	95	19,638	79.5%	351
	non-white	*	*	3	*	*	5
Total		5,144	20.3%	98	20,247	79.7%	356
GENDER	male	3,363	24.4%	43	10,399	75.6%	149
	female	1,781	15.3%	55	9,869	84.7%	209
Total		5,144	20.2%	98	20,268	79.8%	358
INCOME LEVEL	< \$15,000	*	*	7	*	*	29
	\$15-35,000	2,204	29.2%	39	5,347	70.8%	97
	\$35-50,000	863	17.3%	16	4,122	82.7%	68
	> \$50,000	1,523	17.1%	28	7,369	82.9%	136
Total		4,917	21.1%	90	18,370	78.9%	330
EDUCATION LEVEL	< high school graduate	*	*	13	*	*	31
	high school graduate	2,806	27.2%	42	7,493	72.8%	170
	> high school graduate	1,735	13.9%	43	10,734	86.1%	157
Total		5,144	20.2%	98	20,268	79.8%	358
EMPLOYMENT STATUS	employed	2,568	15.3%	28	14,195	84.7%	179
	out of work	*	*	4	*	*	11
	homemaker/student	*	*	7	*	*	34
	retired/unable to work	1,792	31.6%	59	3,881	68.4%	132
Total		5,144	20.3%	98	20,238	79.7%	356
HISPANIC OR LATINO	yes	*	*	2	*	*	8
	no	4,412	18.3%	96	19,663	81.7%	350
Total		5,144	20.2%	98	20,268	79.8%	358
MARITAL STATUS	married	2,825	19.0%	52	12,009	81.0%	215
	widowed	653	37.5%	24	1,086	62.5%	55
	divorced/separated	392	18.9%	11	1,681	81.1%	40
	never married	1,274	20.8%	11	4,856	79.2%	44
	member of unmarried couple	*	*		*	*	4
Total		5,144	20.2%	98	20,268	79.8%	358

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**Have you smoked at least 100 cigarettes in your entire life?
Do you now smoke cigarettes everyday, some days, or not at all?**

5th Round Randolph County Adults		SMOKING STATUS								
		smoker			former smoker			non-smoker		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	3	*	*		*	*	6
	25-44	2,025	21.5%	19	1,107	11.7%	8	6,300	66.8%	46
	45-64	2,120	25.2%	36	2,543	30.2%	62	3,764	44.7%	96
	65+	406	7.9%	15	1,651	32.3%	65	3,050	59.7%	99
	Total	6,140	24.2%	73	5,301	20.9%	135	13,946	54.9%	247
RACIAL CATEGORIES	white	6,101	24.7%	71	5,063	20.5%	129	13,528	54.8%	245
	non-white	*	*	2	*	*	4	*	*	2
	Total	6,140	24.2%	73	5,280	20.8%	133	13,946	55.0%	247
GENDER	male	3,670	26.7%	34	3,733	27.2%	71	6,335	46.1%	86
	female	2,470	21.2%	39	1,569	13.5%	64	7,612	65.3%	161
	Total	6,140	24.2%	73	5,301	20.9%	135	13,946	54.9%	247
INCOME LEVEL	< \$15,000	*	*	16	*	*	10	*	*	10
	\$15-35,000	2,499	33.1%	25	1,644	21.8%	43	3,408	45.1%	68
	\$35-50,000	1,516	30.6%	8	1,136	22.9%	27	2,307	46.5%	48
	> \$50,000	1,007	11.3%	23	1,852	20.8%	45	6,032	67.8%	96
	Total	6,125	26.3%	72	5,146	22.1%	125	11,991	51.5%	222
EDUCATION LEVEL	< high school graduate	*	*	10	*	*	12	*	*	22
	high school graduate	2,877	28.0%	33	2,306	22.4%	69	5,091	49.6%	109
	> high school graduate	1,891	15.2%	30	2,566	20.6%	54	8,012	64.3%	116
	Total	6,140	24.2%	73	5,301	20.9%	135	13,946	54.9%	247
EMPLOYMENT STATUS	employed	3,936	23.5%	35	2,903	17.3%	50	9,924	59.2%	122
	out of work	*	*	8	*	*	6	*	*	1
	homemaker/student	*	*	5	*	*	8	*	*	28
	retired/unable to work	1,194	21.1%	25	1,578	27.9%	71	2,875	50.9%	94
	Total	6,140	24.2%	73	5,301	20.9%	135	13,916	54.9%	245
HISPANIC OR LATINO	yes	*	*	2	*	*	2	*	*	6
	no	5,408	22.5%	71	5,276	21.9%	133	13,366	55.6%	241
	Total	6,140	24.2%	73	5,301	20.9%	135	13,946	54.9%	247
MARITAL STATUS	married	2,524	17.0%	38	3,556	24.0%	74	8,729	58.9%	154
	widowed	126	7.3%	7	598	34.4%	29	1,014	58.3%	43
	divorced/separated	865	41.7%	16	617	29.8%	23	591	28.5%	12
	never married	2,038	33.3%	9	479	7.8%	8	3,612	58.9%	38
	member of unmarried couple	*	*	3	*	*	1	*	*	
	Total	6,140	24.2%	73	5,301	20.9%	135	13,946	54.9%	247
DISABILITY	yes	1,430	32.9%	20	1,013	23.3%	40	1,900	43.7%	50
	no	4,246	21.8%	48	3,959	20.3%	86	11,304	57.9%	183
	Total	5,677	23.8%	68	4,973	20.8%	126	13,204	55.4%	233

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**During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
(those who smoked)**

5th Round Randolph County Adults		STOPPED SMOKING FOR ONE DAY OR MORE PAST 12 MONTHS					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	2	*	*	1
	25-44	*	*	10	*	*	9
	45-64	*	*	18	*	*	18
	65+	*	*	5	*	*	10
Total		4,333	70.6%	35	1,807	29.4%	38
RACIAL CATEGORIES	white	4,333	71.0%	35	1,768	29.0%	36
	non-white	*	*		*	*	2
Total		4,333	70.6%	35	1,807	29.4%	38
GENDER	male	*	*	14	*	*	20
	female	*	*	21	*	*	18
Total		4,333	70.6%	35	1,807	29.4%	38
INCOME LEVEL	< \$15,000	*	*	7	*	*	9
	\$15-35,000	*	*	14	*	*	11
	\$35-50,000	*	*	4	*	*	4
	> \$50,000	*	*	10	*	*	13
Total		4,333	70.7%	35	1,792	29.3%	37
EDUCATION LEVEL	< high school graduate	*	*	6	*	*	4
	high school graduate	*	*	18	*	*	15
	> high school graduate	*	*	11	*	*	19
Total		4,333	70.6%	35	1,807	29.4%	38
EMPLOYMENT STATUS	employed	*	*	20	*	*	15
	out of work	*	*	4	*	*	4
	homemaker/student	*	*	1	*	*	4
	retired/unable to work	*	*	10	*	*	15
Total		4,333	70.6%	35	1,807	29.4%	38
HISPANIC OR LATINO	yes	*	*	1	*	*	1
	no	3,627	67.1%	34	1,781	32.9%	37
Total		4,333	70.6%	35	1,807	29.4%	38
MARITAL STATUS	married	*	*	20	*	*	18
	widowed	*	*	3	*	*	4
	divorced/separated	*	*	6	*	*	10
	never married	*	*	5	*	*	4
	member of unmarried couple	*	*	1	*	*	2
Total		4,333	70.6%	35	1,807	29.4%	38
DISABILITY	yes	*	*	11	*	*	9
	no	*	*	22	*	*	26
Total		4,306	75.9%	33	1,370	24.1%	35

IDPH, ICHS, 2011 Randolph County BRFS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

How long has it been since you last smoked cigarettes regularly? (those who have smoked and quit)

5th Round Randolph County Adults		LAST SMOKED REGULARLY					
		5 years or less			more than 5 years ago		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	25-44	*	*	3	*	*	5
	45-64	527	20.7%	13	2,016	79.3%	49
	65+	*	*	2	1,553	94.1%	63
Total		809	15.3%	18	4,492	84.7%	117
RACIAL CATEGORIES	white	809	16.0%	18	4,254	84.0%	111
	non-white	*	*		*	*	4
Total		809	15.3%	18	4,471	84.7%	115
GENDER	male	705	18.9%	12	3,027	81.1%	59
	female	104	6.6%	6	1,465	93.4%	58
Total		809	15.3%	18	4,492	84.7%	117
INCOME LEVEL	< \$15,000	*	*	3	*	*	7
	\$15-35,000	*	*	5	*	*	38
	\$35-50,000	*	*	2	*	*	25
	> \$50,000	*	*	8	*	*	37
Total		809	15.7%	18	4,337	84.3%	107
EDUCATION LEVEL	< high school graduate	*	*		*	*	12
	high school graduate	552	23.9%	11	1,755	76.1%	58
	> high school graduate	258	10.0%	7	2,308	90.0%	47
Total		809	15.3%	18	4,492	84.7%	117
EMPLOYMENT STATUS	employed	666	23.0%	11	2,237	77.0%	39
	out of work	*	*	1	*	*	5
	homemaker/student	*	*	2	*	*	6
	retired/unable to work	*	*	4	1,536	97.3%	67
Total		809	15.3%	18	4,492	84.7%	117
HISPANIC OR LATINO	yes	*	*		*	*	2
	no	809	15.3%	18	4,467	84.7%	115
Total		809	15.3%	18	4,492	84.7%	117
MARITAL STATUS	married	508	14.3%	9	3,047	85.7%	65
	widowed	*	*	3	*	*	26
	divorced/separated	*	*	3	*	*	20
	never married	*	*	2	*	*	6
	member of unmarried couple	*	*	1	*	*	
Total		809	15.3%	18	4,492	84.7%	117
DISABILITY	yes	*	*	4	*	*	36
	no	627	15.8%	13	3,332	84.2%	73
Total		758	15.2%	17	4,214	84.8%	109

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

5th Round Randolph County Adults		USE SMOKELESS TOBACCO NOW					
		Yes			No		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	1	*	*	8
	25-44	1,412	15.0%	8	8,020	85.0%	65
	45-64	512	6.1%	8	7,915	93.9%	186
	65+	*	*	3	5,070	98.8%	177
Total		2,692	10.6%	20	22,720	89.4%	436
RACIAL CATEGORIES	white	2,692	10.9%	20	22,024	89.1%	426
	non-white	*	*		*	*	8
Total		2,692	10.6%	20	22,699	89.4%	434
GENDER	male	2,298	16.7%	19	11,464	83.3%	173
	female	*	*	1	11,256	96.6%	263
Total		2,692	10.6%	20	22,720	89.4%	436
INCOME LEVEL	< \$15,000	*	*	1	*	*	35
	\$15-35,000	898	11.9%	7	6,653	88.1%	129
	\$35-50,000	*	*	5	3,824	76.7%	79
	> \$50,000	371	4.2%	6	8,521	95.8%	158
Total		2,610	11.2%	19	20,677	88.8%	401
EDUCATION LEVEL	< high school graduate	*	*	3	*	*	41
	high school graduate	1,206	11.7%	10	9,093	88.3%	202
	> high school graduate	588	4.7%	7	11,880	95.3%	193
Total		2,692	10.6%	20	22,720	89.4%	436
EMPLOYMENT STATUS	employed	2,349	14.0%	13	14,415	86.0%	194
	out of work	*	*	2	*	*	13
	homemaker/student	*	*		*	*	41
	retired/unable to work	*	*	5	5,560	98.0%	186
Total		2,692	10.6%	20	22,689	89.4%	434
HISPANIC OR LATINO	yes	*	*	1	*	*	9
	no	2,339	9.7%	19	21,736	90.3%	427
Total		2,692	10.6%	20	22,720	89.4%	436
MARITAL STATUS	married	1,276	8.6%	12	13,558	91.4%	255
	widowed	*	*	1	1,726	99.3%	78
	divorced/separated	*	*	3	1,984	95.7%	48
	never married	*	*	4	4,814	78.5%	51
	member of unmarried couple	*	*		*	*	4
Total		2,692	10.6%	20	22,720	89.4%	436
DISABILITY	yes	*	*	3	4,113	94.7%	107
	no	2,328	11.9%	15	17,206	88.1%	303
Total		2,558	10.7%	18	21,319	89.3%	410

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

At risk for alcohol-related illnesses (acute or binge drinking) (those who drank alcohol past month)

5th Round Randolph County Adults		AT RISK FOR ACUTE/BINGE DRINKING					
		at risk			not at risk		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	4	*	*	5
	25-44	2,827	32.8%	22	5,802	67.2%	45
	45-64	1,162	14.7%	30	6,751	85.3%	152
	65+	319	6.5%	9	4,549	93.5%	161
Total		5,352	22.5%	65	18,479	77.5%	363
RACIAL CATEGORIES	white	5,352	23.1%	65	17,808	76.9%	354
	non-white	*	*		*	*	7
Total		5,352	22.5%	65	18,458	77.5%	361
GENDER	male	3,670	28.4%	44	9,236	71.6%	136
	female	1,683	15.4%	21	9,243	84.6%	227
Total		5,352	22.5%	65	18,479	77.5%	363
INCOME LEVEL	< \$15,000	*	*	5	*	*	28
	\$15-35,000	1,362	19.1%	12	5,757	80.9%	114
	\$35-50,000	1,057	23.2%	11	3,489	76.8%	70
	> \$50,000	1,574	18.7%	35	6,864	81.3%	120
Total		4,457	20.4%	63	17,369	79.6%	332
EDUCATION LEVEL	< high school graduate	*	*	3	*	*	39
	high school graduate	1,879	19.4%	30	7,817	80.6%	166
	> high school graduate	2,563	22.1%	32	9,046	77.9%	158
Total		5,352	22.5%	65	18,479	77.5%	363
EMPLOYMENT STATUS	employed	4,096	26.3%	42	11,484	73.7%	152
	out of work	*	*	3	*	*	11
	homemaker/student	*	*	1	*	*	39
	retired/unable to work	840	15.5%	19	4,590	84.5%	159
Total		5,352	22.5%	65	18,448	77.5%	361
HISPANIC OR LATINO	yes	*	*		*	*	10
	no	5,352	23.8%	65	17,142	76.2%	353
Total		5,352	22.5%	65	18,479	77.5%	363
MARITAL STATUS	married	2,401	17.0%	42	11,756	83.0%	210
	widowed	*	*	3	1,473	96.7%	70
	divorced/separated	*	*	7	*	*	41
	never married	2,399	40.7%	12	3,494	59.3%	40
	member of unmarried couple	*	*	1	*	*	2
Total		5,352	22.5%	65	18,479	77.5%	363
DISABILITY	yes	578	13.3%	8	3,765	86.7%	102
	no	4,774	24.5%	57	14,699	75.5%	260
Total		5,352	22.5%	65	18,464	77.5%	362

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

At Risk for Chronic Drinking

5th Round Randolph County Adults		AT RISK FOR CHRONIC DRINKING					
		at risk			not at risk		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	1	*	*	7
	25-44	*	*	5	*	*	39
	45-64	572	13.2%	10	3,758	86.8%	92
	65+	276	16.4%	6	1,406	83.6%	56
Total		1,967	14.1%	22	11,945	85.9%	194
RACIAL CATEGORIES	white	1,967	14.5%	22	11,550	85.5%	193
	non-white	*	*		*	*	1
Total		1,967	14.1%	22	11,945	85.9%	194
GENDER	male	1,722	20.3%	19	6,771	79.7%	89
	female	*	*	3	5,174	95.5%	105
Total		1,967	14.1%	22	11,945	85.9%	194
INCOME LEVEL	< \$15,000	*	*	2	*	*	7
	\$15-35,000	492	14.5%	6	2,889	85.5%	46
	\$35-50,000	*	*	6	*	*	36
	> \$50,000	261	4.5%	7	5,512	95.5%	94
Total		1,261	10.1%	21	11,238	89.9%	183
EDUCATION LEVEL	< high school graduate	*	*	2	*	*	12
	high school graduate	583	9.8%	11	5,352	90.2%	87
	> high school graduate	1,179	17.5%	9	5,574	82.5%	95
Total		1,967	14.1%	22	11,945	85.9%	194
EMPLOYMENT STATUS	employed	1,216	11.8%	11	9,049	88.2%	106
	out of work	*	*	1	*	*	6
	homemaker/student	*	*		*	*	17
	retired/unable to work	574	24.0%	10	1,818	76.0%	65
Total		1,967	14.1%	22	11,945	85.9%	194
HISPANIC OR LATINO	yes	*	*		*	*	3
	no	1,967	15.0%	22	11,107	85.0%	191
Total		1,967	14.1%	22	11,945	85.9%	194
MARITAL STATUS	married	613	7.7%	13	7,334	92.3%	129
	widowed	*	*	4	*	*	19
	divorced/separated	*	*	2	*	*	21
	never married	*	*	2	*	*	25
	member of unmarried couple	*	*	1	*	*	
Total		1,967	14.1%	22	11,945	85.9%	194
DISABILITY	yes	*	*	5	*	*	29
	no	1,508	12.4%	17	10,637	87.6%	164
Total		1,967	14.2%	22	11,930	85.8%	193

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

During the past 12 months, have you had a seasonal flu shot? During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

5th Round Randolph County Adults		HAD FLU SHOT PAST 12 MONTHS					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	1,399	16.2%	13	7,230	83.8%	54
	45-64	3,123	39.2%	77	4,853	60.8%	106
	65+	2,587	53.1%	99	2,281	46.9%	71
Total		7,109	29.8%	189	16,784	70.2%	240
RACIAL CATEGORIES	white	7,079	30.5%	186	16,143	69.5%	234
	non-white	*	*	1	*	*	6
Total		7,088	29.7%	187	16,784	70.3%	240
GENDER	male	3,276	25.4%	72	9,629	74.6%	108
	female	3,833	34.9%	117	7,155	65.1%	132
Total		7,109	29.8%	189	16,784	70.2%	240
INCOME LEVEL	< \$15,000	*	*	11	*	*	22
	\$15-35,000	2,463	34.3%	62	4,718	65.7%	65
	\$35-50,000	1,342	29.5%	40	3,204	70.5%	41
	> \$50,000	2,117	25.1%	57	6,322	74.9%	98
Total		6,442	29.4%	170	15,446	70.6%	226
EDUCATION LEVEL	< high school graduate	*	*	21	*	*	21
	high school graduate	2,772	28.6%	80	6,924	71.4%	116
	> high school graduate	3,511	30.1%	88	8,159	69.9%	103
Total		7,109	29.8%	189	16,784	70.2%	240
EMPLOYMENT STATUS	employed	3,458	22.1%	65	12,184	77.9%	130
	out of work	*	*	6	*	*	8
	homemaker/student	*	*	16	*	*	24
	retired/unable to work	2,873	52.9%	102	2,557	47.1%	76
Total		7,109	29.8%	189	16,754	70.2%	238
HISPANIC OR LATINO	yes	*	*	3	*	*	7
	no	7,066	31.3%	186	15,490	68.7%	233
Total		7,109	29.8%	189	16,784	70.2%	240
MARITAL STATUS	married	4,698	33.2%	108	9,459	66.8%	144
	widowed	661	41.7%	41	924	58.3%	33
	divorced/separated	*	*	23	*	*	25
	never married	912	15.5%	17	4,982	84.5%	35
	member of unmarried couple	*	*		*	*	3
Total		7,109	29.8%	189	16,784	70.2%	240
DISABILITY	yes	2,436	56.1%	64	1,908	43.9%	46
	no	4,658	23.8%	124	14,876	76.2%	194
Total		7,094	29.7%	188	16,784	70.3%	240

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Have you had a pneumonia shot?

5th Round Randolph County Adults		EVER HAD PNEUMONIA VACCINATION					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	5	*	*	4
	25-44	409	4.8%	6	8,030	95.2%	60
	45-64	1,022	12.9%	43	6,877	87.1%	136
	65+	3,363	69.7%	106	1,463	30.3%	62
Total		6,482	27.5%	160	17,103	72.5%	262
RACIAL CATEGORIES	white	6,448	28.1%	157	16,465	71.9%	256
	non-white	*	*	1	*	*	6
Total		6,461	27.4%	158	17,103	72.6%	262
GENDER	male	3,217	25.1%	62	9,600	74.9%	114
	female	3,265	30.3%	98	7,502	69.7%	148
Total		6,482	27.5%	160	17,103	72.5%	262
INCOME LEVEL	< \$15,000	*	*	11	*	*	22
	\$15-35,000	2,951	41.1%	59	4,230	58.9%	68
	\$35-50,000	1,454	33.7%	37	2,865	66.3%	41
	> \$50,000	1,064	12.7%	36	7,311	87.3%	116
Total		5,837	27.0%	143	15,760	73.0%	247
EDUCATION LEVEL	< high school graduate	*	*	27	*	*	15
	high school graduate	2,795	28.9%	71	6,877	71.1%	124
	> high school graduate	1,948	17.1%	62	9,439	82.9%	123
Total		6,482	27.5%	160	17,103	72.5%	262
EMPLOYMENT STATUS	employed	2,395	15.6%	33	12,981	84.4%	157
	out of work	*	*	4	*	*	10
	homemaker/student	*	*	20	*	*	19
	retired/unable to work	3,200	59.2%	102	2,204	40.8%	75
Total		6,464	27.4%	159	17,090	72.6%	261
HISPANIC OR LATINO	yes	*	*	5	*	*	5
	no	5,620	25.3%	155	16,628	74.7%	257
Total		6,482	27.5%	160	17,103	72.5%	262
MARITAL STATUS	married	2,669	19.3%	78	11,193	80.7%	168
	widowed	1,065	67.2%	47	519	32.8%	27
	divorced/separated	*	*	17	*	*	30
	never married	2,161	36.7%	18	3,733	63.3%	34
	member of unmarried couple	*	*		*	*	3
Total		6,482	27.5%	160	17,103	72.5%	262
DISABILITY	yes	2,223	51.4%	60	2,103	48.6%	49
	no	4,244	22.1%	99	15,000	77.9%	213
Total		6,467	27.4%	159	17,103	72.6%	262

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

How often do you use seat belts when you drive or ride in a car?

5th Round Randolph County Adults		RISK FOR INJURY DUE TO NO SEATBELT USE					
		At risk			Not at risk		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	6	*	*	3
	25-44	1,585	18.4%	12	7,044	81.6%	55
	45-64	1,914	24.0%	38	6,061	76.0%	145
	65+	769	15.8%	30	4,099	84.2%	140
Total		5,792	24.2%	86	18,101	75.8%	343
RACIAL CATEGORIES	white	5,219	22.5%	83	18,003	77.5%	337
	non-white	*	*	3	*	*	4
Total		5,792	24.3%	86	18,080	75.7%	341
GENDER	male	3,530	27.4%	46	9,375	72.6%	134
	female	2,262	20.6%	40	8,726	79.4%	209
Total		5,792	24.2%	86	18,101	75.8%	343
INCOME LEVEL	< \$15,000	*	*	8	*	*	25
	\$15-35,000	1,592	22.2%	27	5,589	77.8%	100
	\$35-50,000	1,806	39.7%	18	2,739	60.3%	63
	> \$50,000	1,573	18.6%	30	6,865	81.4%	125
Total		5,645	25.8%	83	16,242	74.2%	313
EDUCATION LEVEL	< high school graduate	*	*	9	*	*	33
	high school graduate	1,896	19.6%	38	7,800	80.4%	158
	> high school graduate	2,644	22.7%	39	9,026	77.3%	152
Total		5,792	24.2%	86	18,101	75.8%	343
EMPLOYMENT STATUS	employed	3,768	24.1%	39	11,873	75.9%	156
	out of work	*	*	7	*	*	7
	homemaker/student	*	*	6	*	*	34
	retired/unable to work	967	17.8%	34	4,463	82.2%	144
Total		5,792	24.3%	86	18,071	75.7%	341
HISPANIC OR LATINO	yes	*	*	1	*	*	9
	no	5,774	25.6%	85	16,782	74.4%	334
Total		5,792	24.2%	86	18,101	75.8%	343
MARITAL STATUS	married	2,575	18.2%	42	11,582	81.8%	210
	widowed	244	15.4%	12	1,340	84.6%	62
	divorced/separated	*	*	11	*	*	37
	never married	2,153	36.5%	20	3,741	63.5%	32
	member of unmarried couple	*	*	1	*	*	2
Total		5,792	24.2%	86	18,101	75.8%	343
DISABILITY	yes	820	18.9%	27	3,523	81.1%	83
	no	4,971	25.4%	59	14,563	74.6%	259
Total		5,792	24.3%	86	18,086	75.7%	342

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Have you ever been tested for HIV?

5th Round Randolph County Adults		EVER TESTED FOR HIV EXCEPT FOR BLOOD DONATION					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*	3	*	*	6
	25-44	1,912	22.2%	21	6,717	77.8%	46
	45-64	1,073	13.6%	25	6,828	86.4%	156
	65+	379	8.1%	11	4,322	91.9%	153
	Total	4,861	20.6%	60	18,791	79.4%	361
RACIAL CATEGORIES	white	4,852	21.1%	59	18,129	78.9%	353
	non-white	*	*		*	*	7
	Total	4,852	20.5%	59	18,779	79.5%	360
GENDER	male	2,947	23.1%	28	9,811	76.9%	148
	female	1,914	17.6%	32	8,980	82.4%	213
	Total	4,861	20.6%	60	18,791	79.4%	361
INCOME LEVEL	< \$15,000	*	*	6	*	*	27
	\$15-35,000	1,666	23.7%	15	5,368	76.3%	110
	\$35-50,000	1,006	22.2%	8	3,531	77.8%	72
	> \$50,000	1,767	21.1%	29	6,622	78.9%	124
	Total	4,715	21.7%	58	16,968	78.3%	333
EDUCATION LEVEL	< high school graduate	*	*	2	*	*	40
	high school graduate	1,476	15.3%	17	8,152	84.7%	174
	> high school graduate	2,662	23.1%	41	8,837	76.9%	147
	Total	4,861	20.6%	60	18,791	79.4%	361
EMPLOYMENT STATUS	employed	4,130	26.5%	42	11,450	73.5%	152
	out of work	*	*	3	*	*	11
	homemaker/student	*	*	2	*	*	38
	retired/unable to work	549	10.5%	13	4,701	89.5%	158
	Total	4,861	20.6%	60	18,761	79.4%	359
HISPANIC OR LATINO	yes	*	*	2	*	*	7
	no	4,137	18.5%	58	18,190	81.5%	354
	Total	4,861	20.6%	60	18,791	79.4%	361
MARITAL STATUS	married	2,245	15.9%	33	11,863	84.1%	217
	widowed	*	*	2	1,460	98.8%	67
	divorced/separated	*	*	12	*	*	36
	never married	2,075	35.7%	11	3,733	64.3%	40
	member of unmarried couple	*	*	2	*	*	1
	Total	4,861	20.6%	60	18,791	79.4%	361
DISABILITY	yes	506	11.9%	18	3,740	88.1%	90
	no	4,355	22.5%	42	15,037	77.5%	270
	Total	4,861	20.6%	60	18,776	79.4%	360

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Do any of these situations (intravenous drug use; STD treatment; sex for money contacts; or anal sex without a condom) apply to you?

5th Round Randolph County Adults		RISKY BEHAVIOR FOR HIV/AIDS					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	*	*	2	8,435	98.7%	64
	45-64	*	*	3	7,764	98.1%	179
	65+				*	*	168
Total				5	23,377	98.9%	420
RACIAL CATEGORIES	white	*	*	5	22,706	98.9%	411
	non-white	*	*		*	*	7
Total				5	23,356	98.9%	418
GENDER	male	*	*	1	*	*	176
	female	*	*	4	10,690	97.8%	244
Total				5	23,377	98.9%	420
INCOME LEVEL	< \$15,000	*	*	2	*	*	31
	\$15-35,000	*	*	1	6,886	98.2%	123
	\$35-50,000	*	*	2	4,502	99.0%	79
	> \$50,000				*	*	154
Total				5	21,372	98.8%	387
EDUCATION LEVEL	< high school graduate	*	*		*	*	42
	high school graduate	*	*	1	*	*	193
	> high school graduate	*	*	4	11,271	97.8%	185
Total				5	23,377	98.9%	420
EMPLOYMENT STATUS	employed	*	*	3	15,263	98.5%	190
	out of work	*	*		*	*	14
	homemaker/student	*	*	1	*	*	39
	retired/unable to work	*	*	1	*	*	175
Total				5	23,347	98.9%	418
HISPANIC OR LATINO	yes	*	*		*	*	10
	no	*	*	5	22,040	98.8%	410
Total				5	23,377	98.9%	420
MARITAL STATUS	married	*	*	2	13,908	99.0%	248
	widowed				*	*	73
	divorced/separated	*	*	1	*	*	47
	never married	*	*	2	5,697	98.1%	49
	member of unmarried couple	*	*		*	*	3
Total				5	23,377	98.9%	420
DISABILITY	yes	*	*	3	4,108	96.5%	106
	no	*	*	2	19,254	99.4%	313
Total				5	23,362	98.9%	419

IDPH, ICHS, 2011 Randolph County BRFS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Ever told you have kidney disease?

5th Round Randolph County Adults		DIAGNOSED WITH KIDNEY DISEASE					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	*	*	2	9,313	98.7%	71
	45-64	*	*	4	8,177	99.2%	189
	65+	*	*	4	5,071	98.8%	176
	Total	246	1.0%	10	24,981	99.0%	445
RACIAL CATEGORIES	white	246	1.0%	10	24,286	99.0%	435
	non-white	*	*		*	*	8
	Total	246	1.0%	10	24,960	99.0%	443
GENDER	male	*	*	4	13,648	99.2%	188
	female	131	1.1%	6	11,334	98.9%	257
	Total	246	1.0%	10	24,981	99.0%	445
INCOME LEVEL	< \$15,000	*	*	1	*	*	35
	\$15-35,000	*	*	3	7,274	98.7%	132
	\$35-50,000	*	*	1	*	*	83
	> \$50,000	*	*	5	8,763	98.6%	159
	Total	246	1.1%	10	22,856	98.9%	409
EDUCATION LEVEL	< high school graduate	*	*	1	*	*	43
	high school graduate	*	*	4	10,195	99.0%	208
	> high school graduate	*	*	5	12,155	99.0%	194
	Total	246	1.0%	10	24,981	99.0%	445
EMPLOYMENT STATUS	employed	*	*	4	16,600	99.0%	203
	out of work	*	*		*	*	15
	homemaker/student	*	*		*	*	41
	retired/unable to work	82	1.5%	6	5,406	98.5%	184
	Total	246	1.0%	10	24,951	99.0%	443
HISPANIC OR LATINO	yes	*	*		*	*	10
	no	246	1.0%	10	23,645	99.0%	435
	Total	246	1.0%	10	24,981	99.0%	445
MARITAL STATUS	married	*	*	5	14,460	98.7%	261
	widowed	*	*	3	1,702	97.9%	76
	divorced/separated	*	*	2	2,052	99.0%	49
	never married				*	*	55
	member of unmarried couple	*	*		*	*	4
	Total	246	1.0%	10	24,981	99.0%	445
DISABILITY	yes	*	*	4	4,071	97.9%	105
	no	*	*	4	*	*	314
	Total	152	.6%	8	23,541	99.4%	419

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Have you ever been told by a doctor or healthcare provider that you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

5th Round Randolph County Adults		EVER DIAGNOSED WITH COPD					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	*	*	2	9,208	97.6%	71
	45-64	1,156	13.7%	21	7,259	86.3%	172
	65+	801	15.7%	25	4,306	84.3%	154
Total		2,182	8.6%	48	23,193	91.4%	406
RACIAL CATEGORIES	white	2,134	8.6%	45	22,545	91.4%	399
	non-white	*	*	3	*	*	5
Total		2,182	8.6%	48	23,172	91.4%	404
GENDER	male	976	7.1%	19	12,761	92.9%	172
	female	1,206	10.4%	29	10,432	89.6%	234
Total		2,182	8.6%	48	23,193	91.4%	406
INCOME LEVEL	< \$15,000	*	*	9	*	*	27
	\$15-35,000	833	11.1%	20	6,681	88.9%	114
	\$35-50,000	*	*	3	4,772	95.7%	81
	> \$50,000	507	5.7%	11	8,384	94.3%	153
Total		1,992	8.6%	43	21,258	91.4%	375
EDUCATION LEVEL	< high school graduate	*	*	11	*	*	32
	high school graduate	1,088	10.6%	21	9,199	89.4%	190
	> high school graduate	577	4.6%	16	11,892	95.4%	184
Total		2,182	8.6%	48	23,193	91.4%	406
EMPLOYMENT STATUS	employed	721	4.3%	12	16,030	95.7%	194
	out of work	*	*	5	*	*	10
	homemaker/student	*	*	1	*	*	40
	retired/unable to work	1,063	18.8%	30	4,585	81.2%	160
Total		2,182	8.6%	48	23,162	91.4%	404
HISPANIC OR LATINO	yes	*	*	2	*	*	8
	no	2,138	8.9%	46	21,900	91.1%	398
Total		2,182	8.6%	48	23,193	91.4%	406
MARITAL STATUS	married	1,223	8.3%	22	13,586	91.7%	244
	widowed	217	12.5%	10	1,522	87.5%	69
	divorced/separated	505	24.5%	13	1,556	75.5%	37
	never married	*	*	3	5,892	96.1%	52
	member of unmarried couple	*	*		*	*	4
Total		2,182	8.6%	48	23,193	91.4%	406
DISABILITY	yes	1,034	24.0%	25	3,272	76.0%	83
	no	1,075	5.5%	19	18,460	94.5%	299
Total		2,108	8.8%	44	21,732	91.2%	382

IDPH, ICHS, 2011 Randolph County BRFS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Ever have cancer not including skin cancer?

5th Round Randolph County Adults		DIAGNOSED WITH CANCER OTHER THAN SKIN CANCER					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	*	*	3	9,167	97.2%	70
	45-64	378	4.5%	15	8,049	95.5%	179
	65+	912	17.8%	36	4,220	82.2%	144
Total		1,557	6.1%	54	23,855	93.9%	402
RACIAL CATEGORIES	white	1,557	6.3%	54	23,160	93.7%	392
	non-white	*	*		*	*	8
Total		1,557	6.1%	54	23,834	93.9%	400
GENDER	male	489	3.6%	18	13,273	96.4%	174
	female	1,068	9.2%	36	10,582	90.8%	228
Total		1,557	6.1%	54	23,855	93.9%	402
INCOME LEVEL	< \$15,000	*	*	3	*	*	33
	\$15-35,000	832	11.0%	22	6,719	89.0%	114
	\$35-50,000	287	5.8%	14	4,698	94.2%	70
	> \$50,000	267	3.0%	13	8,624	97.0%	151
Total		1,517	6.5%	52	21,770	93.5%	368
EDUCATION LEVEL	< high school graduate	*	*	7	*	*	37
	high school graduate	729	7.1%	29	9,571	92.9%	183
	> high school graduate	601	4.8%	18	11,868	95.2%	182
Total		1,557	6.1%	54	23,855	93.9%	402
EMPLOYMENT STATUS	employed	577	3.4%	13	16,186	96.6%	194
	out of work	*	*		*	*	15
	homemaker/student	*	*	6	*	*	35
	retired/unable to work	775	13.7%	35	4,898	86.3%	156
Total		1,557	6.1%	54	23,825	93.9%	400
HISPANIC OR LATINO	yes	*	*	1	*	*	9
	no	1,539	6.4%	53	22,536	93.6%	393
Total		1,557	6.1%	54	23,855	93.9%	402
MARITAL STATUS	married	809	5.5%	32	14,025	94.5%	235
	widowed	434	24.9%	15	1,305	75.1%	64
	divorced/separated	*	*	2	2,046	98.7%	49
	never married	*	*	5	5,842	95.3%	50
	member of unmarried couple	*	*		*	*	4
Total		1,557	6.1%	54	23,855	93.9%	402
DISABILITY	yes	624	14.4%	27	3,719	85.6%	83
	no	598	3.1%	23	18,936	96.9%	295
Total		1,223	5.1%	50	22,655	94.9%	378

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Ever told have skin cancer?

5th Round Randolph County Adults		DIAGNOSED WITH SKIN CANCER					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	*	*	1	*	*	72
	45-64	372	4.4%	9	8,055	95.6%	185
	65+	1,441	28.1%	41	3,691	71.9%	139
Total		1,841	7.2%	51	23,571	92.8%	405
RACIAL CATEGORIES	white	1,832	7.4%	50	22,885	92.6%	396
	non-white	*	*		*	*	8
Total		1,832	7.2%	50	23,559	92.8%	404
GENDER	male	1,015	7.4%	28	12,747	92.6%	164
	female	826	7.1%	23	10,824	92.9%	241
Total		1,841	7.2%	51	23,571	92.8%	405
INCOME LEVEL	< \$15,000	*	*	3	*	*	33
	\$15-35,000	729	9.6%	19	6,823	90.4%	117
	\$35-50,000	245	4.9%	9	4,740	95.1%	75
	> \$50,000	598	6.7%	17	8,294	93.3%	147
Total		1,631	7.0%	48	21,655	93.0%	372
EDUCATION LEVEL	< high school graduate	*	*	7	*	*	37
	high school graduate	791	7.7%	21	9,508	92.3%	191
	> high school graduate	815	6.5%	23	11,654	93.5%	177
Total		1,841	7.2%	51	23,571	92.8%	405
EMPLOYMENT STATUS	employed	472	2.8%	11	16,291	97.2%	196
	out of work	*	*	1	*	*	14
	homemaker/student	*	*	3	*	*	38
	retired/unable to work	1,097	19.3%	36	4,576	80.7%	155
Total		1,841	7.3%	51	23,541	92.7%	403
HISPANIC OR LATINO	yes	*	*		*	*	10
	no	1,841	7.6%	51	22,234	92.4%	395
Total		1,841	7.2%	51	23,571	92.8%	405
MARITAL STATUS	married	1,211	8.2%	30	13,623	91.8%	237
	widowed	288	16.6%	10	1,450	83.4%	69
	divorced/separated	*	*	3	1,934	93.3%	48
	never married	202	3.3%	8	5,927	96.7%	47
	member of unmarried couple	*	*		*	*	4
Total		1,841	7.2%	51	23,571	92.8%	405
DISABILITY	yes	522	12.0%	14	3,821	88.0%	96
	no	1,252	6.4%	34	18,283	93.6%	284
Total		1,773	7.4%	48	22,104	92.6%	380

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Ever told you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

5th Round Randolph County Adults		ARTHRITIS DIAGNOSIS					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	*	*	4	9,120	96.7%	69
	45-64	3,234	38.5%	80	5,168	61.5%	113
	65+	2,968	57.8%	90	2,164	42.2%	90
Total		6,515	25.7%	174	18,872	74.3%	281
RACIAL CATEGORIES	white	6,282	25.4%	168	18,409	74.6%	277
	non-white	*	*	5	*	*	3
Total		6,506	25.6%	173	18,860	74.4%	280
GENDER	male	2,780	20.2%	60	10,957	79.8%	131
	female	3,735	32.1%	114	7,915	67.9%	150
Total		6,515	25.7%	174	18,872	74.3%	281
INCOME LEVEL	< \$15,000	*	*	24	*	*	12
	\$15-35,000	1,870	24.8%	56	5,681	75.2%	80
	\$35-50,000	1,054	21.3%	35	3,905	78.7%	48
	> \$50,000	1,720	19.3%	43	7,171	80.7%	121
Total		5,887	25.3%	158	17,375	74.7%	261
EDUCATION LEVEL	< high school graduate	*	*	25	*	*	19
	high school graduate	3,011	29.2%	84	7,288	70.8%	128
	> high school graduate	2,501	20.1%	65	9,942	79.9%	134
Total		6,515	25.7%	174	18,872	74.3%	281
EMPLOYMENT STATUS	employed	2,136	12.8%	54	14,602	87.2%	152
	out of work	*	*	7	*	*	8
	homemaker/student	*	*	20	*	*	21
	retired/unable to work	3,055	53.9%	93	2,618	46.1%	98
Total		6,515	25.7%	174	18,842	74.3%	279
HISPANIC OR LATINO	yes	*	*	3	*	*	7
	no	6,424	26.7%	171	17,626	73.3%	274
Total		6,515	25.7%	174	18,872	74.3%	281
MARITAL STATUS	married	3,989	26.9%	99	10,819	73.1%	167
	widowed	852	49.0%	38	886	51.0%	41
	divorced/separated	1,236	59.6%	28	837	40.4%	23
	never married	437	7.1%	9	5,692	92.9%	46
	member of unmarried couple	*	*		*	*	4
Total		6,515	25.7%	174	18,872	74.3%	281
DISABILITY	yes	2,989	68.8%	74	1,354	31.2%	36
	no	3,045	15.6%	90	16,464	84.4%	227
Total		6,034	25.3%	164	17,818	74.7%	263

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

5th Round Randolph County Adults		ARTHRITIS AFFECTS SOCIAL ACTIVITIES								
		A lot			A little			Not at all		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	25-44	*	*		*	*	1	*	*	3
	45-64	603	20.6%	13	1,008	34.4%	26	1,314	44.9%	36
	65+	589	21.1%	14	771	27.6%	24	1,437	51.4%	47
	Total	1,192	19.8%	27	1,792	29.7%	51	3,050	50.5%	86
RACIAL CATEGORIES	white	1,179	20.2%	26	1,774	30.5%	49	2,872	49.3%	84
	non-white	*	*	1	*	*	2	*	*	1
	Total	1,192	19.8%	27	1,792	29.7%	51	3,042	50.5%	85
GENDER	male	562	21.8%	9	905	35.1%	18	1,108	43.0%	31
	female	630	18.2%	18	887	25.6%	33	1,942	56.1%	55
	Total	1,192	19.8%	27	1,792	29.7%	51	3,050	50.5%	86
INCOME LEVEL	< \$15,000	*	*	9	*	*	6	*	*	6
	\$15-35,000	491	26.6%	10	390	21.1%	15	966	52.3%	29
	\$35-50,000	*	*	3	*	*	8	*	*	22
	> \$50,000	*	*	2	*	*	17	*	*	22
	Total	1,143	21.0%	24	1,717	31.6%	46	2,571	47.3%	79
EDUCATION LEVEL	< high school graduate	*	*	5	*	*	9	*	*	9
	high school graduate	222	8.2%	11	845	31.3%	26	1,631	60.5%	41
	> high school graduate	734	29.9%	11	656	26.8%	16	1,062	43.3%	36
	Total	1,192	19.8%	27	1,792	29.7%	51	3,050	50.5%	86
EMPLOYMENT STATUS	employed	*	*	5	660	35.3%	17	1,109	59.3%	29
	out of work	*	*	3	*	*	3	*	*	1
	homemaker/student	*	*	2	*	*	6	*	*	11
	retired/unable to work	849	28.8%	17	726	24.7%	25	1,369	46.5%	45
	Total	1,192	19.8%	27	1,792	29.7%	51	3,050	50.5%	86
HISPANIC OR LATINO	yes	*	*	2	*	*	1	*	*	
	no	1,114	18.7%	25	1,779	29.9%	50	3,050	51.3%	86
	Total	1,192	19.8%	27	1,792	29.7%	51	3,050	50.5%	86
MARITAL STATUS	married	729	19.5%	12	1,180	31.6%	28	1,829	48.9%	55
	widowed	*	*	6	*	*	8	*	*	20
	divorced/separated	*	*	8	*	*	11	*	*	7
	never married	*	*	1	*	*	4	*	*	4
	Total	1,192	19.8%	27	1,792	29.7%	51	3,050	50.5%	86
DISABILITY	yes	1,183	39.6%	26	1,041	34.8%	28	765	25.6%	20
	no	*	*	1	751	24.7%	23	2,285	75.0%	66
	Total	1,192	19.8%	27	1,792	29.7%	51	3,050	50.5%	86

IDPH, ICHS, 2011 Randolph County BRFSS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

5th Round Randolph County Adults		JOINT PAIN LIMITS ACTIVITIES					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	25-44	*	*	1	*	*	3
	45-64	1,275	43.6%	31	1,649	56.4%	44
	65+	1,658	59.3%	38	1,139	40.7%	47
Total		2,984	49.5%	70	3,050	50.5%	94
RACIAL CATEGORIES	white	2,954	50.7%	67	2,872	49.3%	92
	non-white	*	*	3	*	*	1
Total		2,984	49.5%	70	3,041	50.5%	93
GENDER	male	1,207	46.9%	24	1,368	53.1%	34
	female	1,777	51.4%	46	1,682	48.6%	60
Total		2,984	49.5%	70	3,050	50.5%	94
INCOME LEVEL	< \$15,000	*	*	11	*	*	10
	\$15-35,000	921	49.9%	24	925	50.1%	30
	\$35-50,000	*	*	11	*	*	22
	> \$50,000	*	*	17	*	*	24
Total		2,669	49.1%	63	2,763	50.9%	86
EDUCATION LEVEL	< high school graduate	*	*	12	*	*	11
	high school graduate	1,182	43.8%	32	1,516	56.2%	46
	> high school graduate	1,284	52.4%	26	1,168	47.6%	37
Total		2,984	49.5%	70	3,050	50.5%	94
EMPLOYMENT STATUS	employed	613	32.8%	17	1,257	67.2%	34
	out of work	*	*	4	*	*	3
	homemaker/student	*	*	6	*	*	13
	retired/unable to work	1,862	63.3%	43	1,082	36.7%	44
Total		2,984	49.5%	70	3,050	50.5%	94
HISPANIC OR LATINO	yes	*	*	3	*	*	
	no	2,894	48.7%	67	3,050	51.3%	94
Total		2,984	49.5%	70	3,050	50.5%	94
MARITAL STATUS	married	2,055	55.0%	38	1,683	45.0%	57
	widowed	*	*	12	*	*	22
	divorced/separated	*	*	16	*	*	10
	never married	*	*	4	*	*	5
Total		2,984	49.5%	70	3,050	50.5%	94
DISABILITY	yes	2,610	87.3%	59	379	12.7%	15
	no	374	12.3%	11	2,671	87.7%	79
Total		2,984	49.5%	70	3,050	50.5%	94

IDPH, ICHS, 2011 Randolph County BRFS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

5th Round Randolph County Adults		ARTHRITIS/JOINT SYMPTOMS AFFECT WORK					
		yes			no		
		Count	Row %	Unweighted Count	Count	Row %	Unweighted Count
AGE OF RESPONDENT	25-44	*	*	1	*	*	3
	45-64	970	33.2%	22	1,955	66.8%	53
	65+	1,001	35.9%	23	1,783	64.1%	61
Total		2,022	33.6%	46	4,000	66.4%	117
RACIAL CATEGORIES	white	1,992	34.3%	43	3,821	65.7%	115
	non-white	*	*	3	*	*	1
Total		2,022	33.6%	46	3,991	66.4%	116
GENDER	male	831	32.4%	17	1,732	67.6%	40
	female	1,192	34.4%	29	2,267	65.6%	77
Total		2,022	33.6%	46	4,000	66.4%	117
INCOME LEVEL	< \$15,000	*	*	11	*	*	10
	\$15-35,000	776	42.3%	18	1,058	57.7%	35
	\$35-50,000	*	*	5	*	*	28
	> \$50,000	*	*	7	*	*	34
Total		1,739	32.1%	41	3,680	67.9%	107
EDUCATION LEVEL	< high school graduate	*	*	9	*	*	14
	high school graduate	752	27.9%	23	1,946	72.1%	55
	> high school graduate	963	39.5%	14	1,476	60.5%	48
Total		2,022	33.6%	46	4,000	66.4%	117
EMPLOYMENT STATUS	employed	438	23.4%	13	1,432	76.6%	38
	out of work	*	*	4	*	*	3
	homemaker/student	*	*	2	*	*	17
	retired/unable to work	1,305	44.5%	27	1,627	55.5%	59
Total		2,022	33.6%	46	4,000	66.4%	117
HISPANIC OR LATINO	yes	*	*	3	*	*	
	no	1,932	32.6%	43	4,000	67.4%	117
Total		2,022	33.6%	46	4,000	66.4%	117
MARITAL STATUS	married	1,346	36.0%	23	2,391	64.0%	72
	widowed	*	*	8	*	*	26
	divorced/separated	*	*	14	*	*	12
	never married	*	*	1	*	*	7
Total		2,022	33.6%	46	4,000	66.4%	117
DISABILITY	yes	1,798	60.2%	39	1,191	39.8%	35
	no	224	7.4%	7	2,809	92.6%	82
Total		2,022	33.6%	46	4,000	66.4%	117

IDPH, ICHS, 2011 Randolph County BRFS Unweighted counts of 5 or less or row totals of 50 or less do not meet standards of reliability.



Randolph County
WHERE ILLINOIS BEGAN!

APPENDIX C

Illinois Project for Local Assessment of Needs (IPLAN) 2012-2017

Community Health Needs Assessment (CHNA)



Randolph County Health
Department



WELCOME AND INTRODUCTIONS



CHNA Steering Committee

- Thomas Smith, Administrator, Randolph County Health Department
- Stephanie Bell, In Person Counselor, Randolph County Health Department
- Martha Roth, Safety Director & Risk Manager, Memorial Hospital, Chester



Community Advisory Committee

- Hospital leadership
- Healthcare service providers
- Public health representatives
- Local government
- Local businesses and industry
- Community stakeholders
- Service programs
- Volunteer organizations
- Community educators
- Religious leaders
- Persons who represent the broad interests of the community served by the hospital and local health department



CHINA PURPOSE AND OVERVIEW



Purpose of CHNA

- Collaborative partnership to assess the health needs of the community served
- Obtain input from persons representing the broad interests of the community
- Identify health needs and gaps in services provided
- Develop shared goals and vision
- Establish priorities for future programs
- Integrate findings into strategic planning
- Formally adopt implementation strategy
- Mobilize action to improve overall health of the community

Final CHNA Report

- Available to public
- Include list of participants
- Describe methodology for collecting data, determining service area, etc.
- Summarize needs identified and explain prioritization of those needs
- Include implementation strategy adopted by governing body



Randolph County Health Department Services and Programs

- Immunizations
- Women, Infants, & Children (WIC)
- School Health Services (vision & hearing screening)
- Family Case Management
- Childhood Lead Poison Prevention
- Communicable Disease Program
- STD Program
- High Risk Infant Services
- Genetics Program
- Tobacco Prevention
- Chronic Disease Prevention
- Environmental Health
 - Food Sanitation
 - Private Sewage
 - Private Water
- Insurance Enrollment Assistance (Medicaid & Private)
- Community Transformation Initiative
 - Worksite Wellness
 - Coordinated School Health
 - Smoke-free Multi-unit Housing
 - Smoke-free Public Places



FOCUS GROUP DESIGN AND GROUND RULES



Focus Groups

- Focus group = group interview to gain insight about a specific topic
- Allows interaction to stimulate richer responses
- Moderator guides discussion, presents questions
- Questions are open ended, focused on community health needs.
- Goal is to assess health care services, public health services, health status of the community
- Participant responses will be recorded (handwritten), confidential, de-identified



Ground Rules

- Silence cell phones and beepers
- One person speaking at a time
- Time limits per speaker
- No “right” or “wrong” answer
- Share point of view, respectful as others share
- Okay to change opinion as discussion unfolds
- Okay to disagree
- All comments, positive or negative, are welcome
- Avoid debating, persuasion, problem solving



FOCUS GROUP QUESTIONS



Question 1



What is your perception of health care programs and services in the community overall?



Question 2



Think back to a previous health care experience. What went well?



Question 3



Think back to a previous health care experience. What needs improvement?



Question 4



What would you suggest to improve the overall health of the community?



Question 5



If you could make one change to improve health care services in the area, what would it be?





*Thank you for your valuable time
and input...*

References

- Centers for Disease Control and Prevention (n.d.). General guidelines for focus groups. Retrieved from <http://www.cdc.gov/nccdphp/dnps/socialmarketing/training/pdf/focusgroupguidelines.pdf>
- Community Health Education Concepts (n.d.) Focus group guide for public health professionals. Retrieved from <http://www.healthletter.com/resources/Healthletter%20Focus%20Group%20Guide.pdf>
- Debus, M. (n.d.) Handbook of excellence in focus group research. Retrieved from [http://www.globalhealthcommunication.org/tool_docs/60/handbook_for_excellence_in_focus_group_research_\(full_text\).pdf](http://www.globalhealthcommunication.org/tool_docs/60/handbook_for_excellence_in_focus_group_research_(full_text).pdf)

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- Eliot & Associates (2005). Guidelines for conducting a focus group. Retrieved from http://assessment.aas.duke.edu/documents/How_to_Conduct_a_Focus_Group.pdf
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- NACCHO (n.d.) Conducting a community health assessment. Retrieved from <http://www.naccho.org/topics/infrastructure/CHAIP/cha.cfm>
- Social Entrepreneurs Inc. (2009). Needs assessment focus group toolkit. Retrieved from <http://www.socialent.com/wp-content/uploads/2009/05/needs-assessment-focus-group-toolkit.pdf>

Community Health Needs Assessment (CHNA)

Sparta Community Hospital

&

Randolph County Health Department

Agenda

- **Welcome & Introductions**
- **Community Health Needs Association**
 - What is it
 - Purpose
 - Who is involved
- **Information about RCHD**
- **Information about SCH**
- **Reason for your participation**

?

?

Community Health Needs Assessment

?

?

CHNA Steering Committee

- **Joann Emge, CEO**
Sparta Community Hospital
- **Thomas Smith, Administrator**
Randolph County Health Department
- **Stephanie Bell, In Person Counselor**
Randolph County Health Department
- **Ruth Holloway, Director of Quality/Risk Management**
Sparta Community Hospital
- **Carol Mulholland, Director of Marketing**
Sparta Community Hospital

Purpose of CHNA

- ▣ Collaborative partnership to assess the health needs of the community served
- ▣ Obtain input from persons representing the broad interests of the community
- ▣ Identify health needs and gaps in services
- ▣ Develop shared goals and vision
- ▣ Establish priorities for future programs
- ▣ Integrate findings into strategic planning
- ▣ Formally adopt implementation strategy
- ▣ Mobilize action to improve overall health of the community

CHNA

Community Advisory Committee

- ▣ Hospital leadership
- ▣ Healthcare service providers
- ▣ Public health representatives
- ▣ Local government
- ▣ Local businesses and industry
- ▣ Community stakeholders
- ▣ Service programs
- ▣ Volunteer organizations
- ▣ Community educators
- ▣ Religious leaders
- ▣ Persons who represent the broad interests of the community served by the hospital and local health department

Final CHNA Report

- ▣ Available to public
- ▣ Include list of participants
- ▣ Describe methodology for collecting data, determining service area, etc.
- ▣ Summarize needs identified and explain prioritization of those needs
- ▣ Include implementation strategy adopted by governing body

Randolph County Health Department Services and Programs

- ▣ Immunizations
- ▣ Women, Infants, & Children (WIC)
- ▣ School Health Services (vision & hearing screening)
- ▣ Family Case Management
- ▣ Childhood Lead Poison Prevention
- ▣ Communicable Disease Program
- ▣ STD Program
- ▣ High Risk Infant Services
- ▣ Genetics Program
- ▣ Tobacco Prevention
- ▣ Chronic Disease Prevention
- ▣ Environmental Health
 - Food Sanitation
 - Private Sewage
 - Private Water
- ▣ Insurance Enrollment Assistance (Medicaid & Private)
- ▣ Community Transformation Initiative
 - Worksite Wellness
 - Coordinated School Health
 - Smoke-free Multi-unit Housing
 - Smoke-free Public Places

Mission of SCH

- ▣ *Sparta Community Hospital District exists to enhance the lives of those who entrust us with their care by providing an exceptional healthcare experience with compassion and quality while meeting the unique needs of the communities*

Moving Forward

Triple Aim

Better Health

Better Care

Lower Cost

Sparta Community Hospital Service Area

▣ Primary Service Area (PSA)

- Sparta
- Marissa
- Coulterville
- Steeleville
- Tilden

Secondary Service Area

- Percy
- Lenzburg
- Baldwin
- Culter
- Walsh

Service Area Population

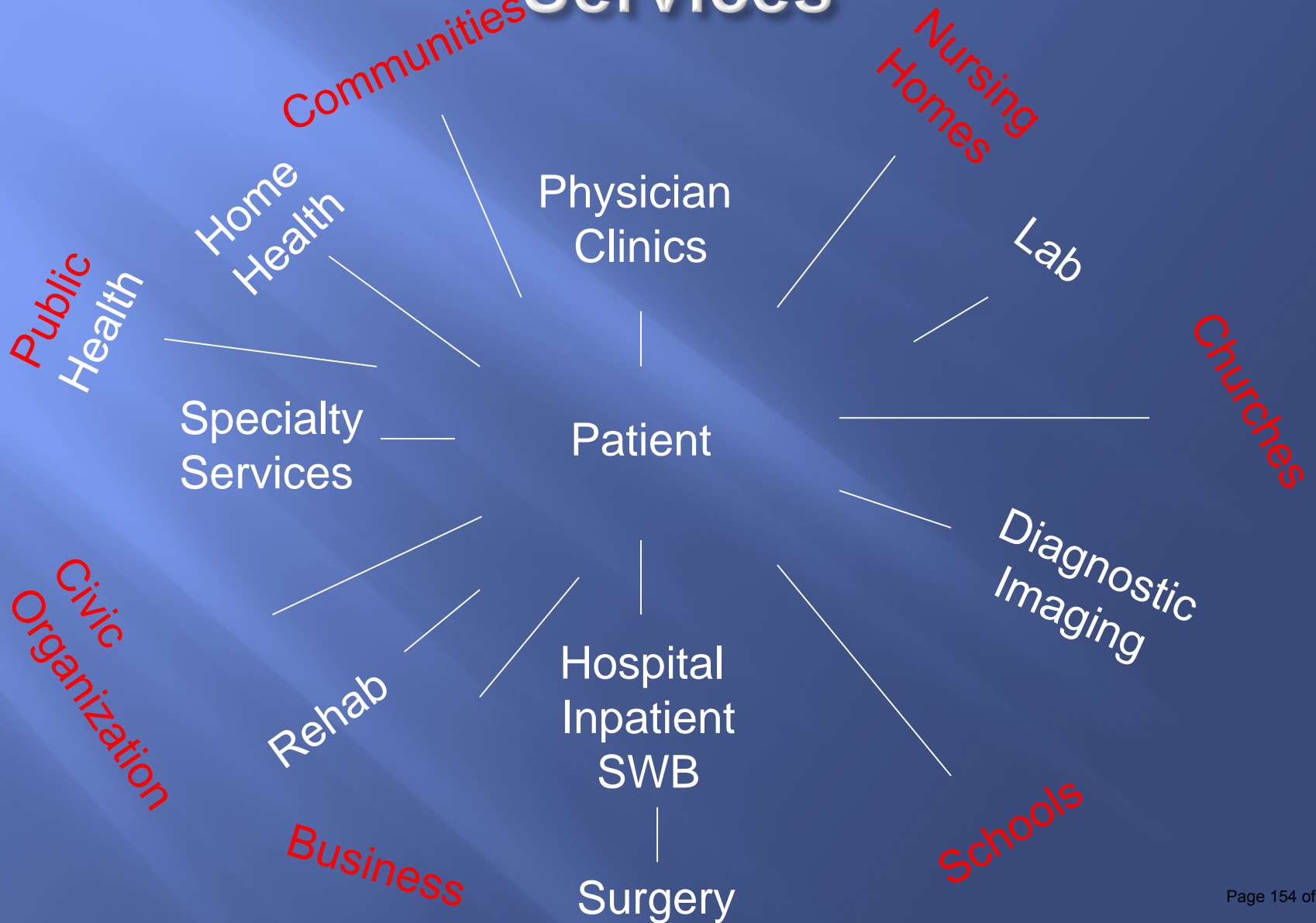
2013

2018

- ▣ Total = 21,056
- ▣ 0 - 17 22%
- ▣ 18-44 30%
- ▣ 45-64 30%
- ▣ 65+ 18%

20,600	↓ 2%
	↓ 4%
	↓ 2%
	↓ 8%
	↑ 9%

Sparta Community Hospital Services



Sparta Community Hospital Specialty Services

- ▣ General Surgery/Plastic Surgery
- ▣ Orthopedics
- ▣ OB/Gyn
- ▣ Cardiology
- ▣ Pulmonology
- ▣ Neurology
- ▣ Gastroenterology
- ▣ Nephrology
- ▣ Vascular
- ▣ Podiatry
- ▣ Urology
- ▣ Sleep Studies
- ▣ ENT

Focus Groups

- ▣ Focus group interviews to gain insight about a specific topic
- ▣ Allows interaction to stimulate richer responses
- ▣ Moderator guides discussion, presents questions
- ▣ Questions are open ended, focused on community health needs.
- ▣ Goal is to assess health care services, public health services, health status of the community
- ▣ Participant responses will be recorded (handwritten), confidential, de-identified

Ground Rules

- ▣ One person speaking at a time
- ▣ Time limits per speaker
- ▣ No “right” or “wrong” answer
- ▣ Share point of view
- ▣ Okay to change opinion as discussion unfolds
- ▣ Okay to disagree
- ▣ All comments, positive or negative, are welcome
- ▣ Avoid debating, persuasion, problem solving

Focus Group Questions

Question #1

What is your perception of health care programs and services in the community overall?

Question #2

Think back to a previous health care experience.

What went well?

Question #3

Think back to a previous health care experience.

What needs improvement?

Question #4

What would you suggest to improve the overall health of the community?

Question #5

If you could make one change to improve health care services in the area, what would it be?

*Thank you for your
participation we
appreciate your
valuable time and
input...*

References

- Centers for Disease Control and Prevention (n.d.). General guidelines for focus groups. Retrieved from <http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/pdf/focusgroupguidelines.pdf>
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Randolph County
WHERE ILLINOIS BEGAN!

APPENDIX D

Illinois Project for Local Assessment of Needs (IPLAN) 2012-2017

Participant	Organization/Location
Alan Farris	Sparta, IL
Alice Cushman	Memorial Hospital
Amy Eggemeyer	Chester Grade School
Barb Welge	President, Women's Chester Club
Barbara Brand	VNA TIP Health Care
Bob Sutton	Steeleville Mayor
Brenda Owen	St. John's Lutheran Principal
Brittany Myers	Frensenius Medical Care
Carrie Jo Dierks	Memorial Hospital
Charlie Bluff	Sparta, IL
Cheri Colvis	Memorial Hospital
Chris Blechle	RCHA
Chris Diddlebock	Superintendent Chester CUSD #139
Chris Martin	Randolph County Economic Development
David Holder	Randolph County Commissioner
Dawn Kassel	Memorial Hospital
Delbert Bollmann	Sparta, IL
Denise Ebers	St. Mark's Principal
Don Welge	Gilster MaryLee Corporation
Donna Walters	Western Egyptian
Donna Young	Beta Sigma Phi
Dr Marc Kiehna	Randolph County Commissioner
Dr Renee Rheinecker	Steeleville Chamber of Commerce
Dr Carl Schlageter	Sparta, IL
Florence Kane	Century 21
Gary Breckinridge	BV Bank Investment
Gary L Buatte	Human Service Center
Gary Stephens	Sparta, IL
James H Wood	Memorial Hospital
Jeannie Guan	Memorial Hospital
Jennifer Hagel	Steeleville High School Principal
Jody Collins	Red Bud Regional Home Health
Joy Paeth	Area Agency on Aging
Judy Crain	Randolph County Housing Authority
Karen Jacobus	Sparta, IL
Ken Slavens	Randolph County Care Center
Kendra Kennedy	Human Service Center
Kenneth Stout	Memorial Hospital
Larry Beattie	Sparta School District
Linda Shults	Randolph County Health Department
M Ryan Coffee	Chester Police Department
Mary Jane Waltemyer	Memorial Hospital
Mary Rosendohl	Memorial Hospital
Melissa Soellner	Memorial Hospital
Mike Kennedy	Randolph County Board of Health

Peter Ill
Ralph Kipp
Randy W Dudenbostel
Rev. Blake Duncan
Rev. Dennis Hamilton
Robert Koenegstein
Ron Woodworth
Shawna Martin
Shelley Bollman
Sparta Area Chamber of Commerce
Sparta Rotarty Club
Stephanie Baddelta
Tammy Moll
Tim Keefe
Tim Lochhead
Tom Page
Toni Pautler

St. John's Lutheran Pastor
Chester Center
Randolph County Coroner
Peace Lutheran Church
Tilden, IL
Chester Area Christian Food Pantry
Flex-Line Automation
Sparta, IL
The Manor at Craig Farms
Sparta, IL
Sparta, IL
Red Bud Home Care
Southwester IL VNA
Chester High School
Chester Grade School
Chester Mayor
Sparta, IL



Randolph County
WHERE ILLINOIS BEGAN!

APPENDIX E

Illinois Project for Local Assessment of Needs (IPLAN) 2012-2017

**Community Health Needs Assessment
Chester Memorial Hospital
October 30, 2013
Focus Group 1 Responses**

Question 1: What is your perception of health care programs and services in the community overall?

- It would be good [for CMH] to have a pediatrician & gastroenterologist
- [RC] needs psychiatric counseling, increase access to primary care physicians, better programs for STD (example given of Jackson County, with treatment based on ability to pay)
- [RC] Increased access to dental care for low income, especially for children (example of Shawnee Health Services)
- [CMH] Hospitalist or PA taking care of patients transitioning from ER to hospital
- [RC] Transport busses to assist those without transportation or are unable to drive
 - The transit district has limited hours/days
 - Problems arise if a patient's appointment runs late
 - Those who arrive by ambulance do not have a way to get back home
- Law Enforcement receives a lot of psych patients who don't have insurance and don't go to medical doctors
- Lack of information to the public "do not know what services are available"

Question 2: Think back to a previous health care experience, what went well?

- Patient appreciated when nurses called after a hospital stay to see how recovery was going (call back post-care)
- As a patient in the hospital: nurses carried cell phones for when patient was unable to reach the nurse through normal means
- As a patient: nurses signed and sent a "thinking of you" card after discharge
- As a patient: doctor calling family members (even long distance) to provide updates on care (personal communication)
- As care provider: informing fellow health care professionals on things seen/noticed to help patient's care
- As care provider: ER department-programs with other hospitals to provide transportation and care for heart attack patients – there is great communication from helicopter EMS and cardiac staff at partner hospitals – [RC] is fortunate to have 2 helicopter transportation companies in or near county

Question 3: Think back to a previous health care experience, what needs improvement?

- [CMH] Communication between doctors/nurses to doctor/nurses/patients, especially proper discharge instructions
- Need to quit looking at boundaries regarding emergency services – need to look at what services are closest to the victim/patient [not what county they are in] and where the call winds up on the 911 system can cause a delay in emergency care

- [CMH] Follow up communication needs to be improved
- [CMH] Lab work: patients do not understand what tests are for and doctors need to better communicate this information to patients
- [CMH] Doctors do not respond with patients in a timely manner with more detailed info, explain tests and/or results
- Referrals: difficult to get appointments in a timely manner
- Patient's perspective; explain what/why you are doing with the patient
- Inform the patient on what to expect when having a procedure done (IV, Prep work, etc.) and educate the patient on what is going to happen
- Patient perspective: rude and disruptive behavior. Staff needs to be professional and respectful of patients and the care they need.
- Patient perspective: Patients who have recently lost their independence or experienced a setback-while undergoing rehabilitative services, be aware and let the patient do what they can (slow down and be patient-allow them to have some feeling of independence)

Question 4: What would you suggest to improve the overall health of the community?

- Schools have the option to offer flu shots, most say no due to the work/money/paperwork for the school to get together (can paperwork be handled at school registration?)
- [RC] Need to recruit more primary care physicians
- Worksite wellness (RCHD We Choose Health program to work with employers and schools)
- [RC] Community Center/Fitness Center (example Perryville, MO) having a pool? (cost to maintain, operate at a loss, been looked into but too expensive)

Question 5: If you could make ONE change to improve health care services in the area, what would it be?

- Direct and timely access to physicians (not PA or nurse)
- Counseling services for patients of any age
- Pediatrician
- Prevention of non-emergency visits going to ER
- People to stop saying "It's not my job"
- Need to "work as a team" and "work together" and "message boards for patients are very helpful"
- Educate the elderly and patients so they know what is going on, what to expect next, what services are available and spend more time with patients
- Info on Medicare: who is coordinating services? Providing guidance and coaching for patients (case management-individual coaching)
- That **everyone** knows that [we] are all in to make the patient and their family the #1 priority and anticipate their questions/needs

**Community Health Needs Assessment
Chester Memorial Hospital
November 8, 2013
Focus Group 2 Responses**

Question 1: What is your perception of health care programs and services in the community overall?

- There is limited access for those on Medicaid – not enough providers and difficult filing scripts through Medicaid (declining resources for those in need) Will Medicare providers accept Medicaid? (This may become a major issue with the expansion of Medicaid in IL)
- If you have a serious health condition, the perception is people need to go to St. Louis, Cape Girardeau or Carbondale (regardless if true or from a lack of marketing)
- Rural counties do not have the programs available (such as transportation) that is dependable, can transport further distances, patients who are physically unable to wait and is affordable (limited resources for seniors)
- Available transportation is limited, expensive, not offered every day (Saturday dialysis patients), and patients can be stranded if medical care takes longer than expected
- Lack of transportation

Question 2: Think back to a previous health care experience. What went well?

- Personal experience: Father has CHF, the swing bed process at Chester Memorial Hospital was excellent. Medical orders followed him, the hospital was helpful with schedules, but missed having home health care through CMH
- Cardinal Glennon Children’s Hospital: ER had a 15 minute wait, someone came out to check on them every 10 minutes or so, physician educated what was going on to the patient and family – one-on-one service and excellent follow up
- Doctor’s office: sent out paperwork before the scheduled appointment, little wait time for procedure and follow up was helpful
- CMH: excellent nursing care provided, food is good
- CMH: treatment is casual, fun atmosphere, personal service (do not like being referred to as a “patient”) likes that staff refers to him by name

Question 3: Think back to a previous health care experience. What needs improvement?

- Experience at another hospital: needed surgical procedure on a Friday, only one surgical suite open, could not go home until the procedure was performed and had to wait several days before the procedure was done (other patients scheduled before this patient)
- Belleville Memorial: ER had a LONG wait just to be seen, took more than 12 hours, no one checked on her while she waited, additional long wait time after taken to a room, poor communication from every direction

Question 4: What would you suggest to improve the overall health of the community?

- CMH: it is hard to get in to see a doctor, not enough doctors available
- It is difficult for smaller hospitals recruit doctors
- Need a monthly meeting with community resources to let others know what's new, what's changing and what's available
- Hospice perspective: many do not know what hospice is, doctors are not on board and Medicare is always changing
- Need better integrated care: many have multiple health issues and docs are not aware...may provide scripts that are contra-indicated (have the information follow the patient)
- Integrated health care to handle school kids "school secretaries are NOT trained", "how can we do a better job with our children through the school", "rural school health clinic with counseling, dental and medical services"
 - Rural health clinic initiatives may be blocked by local law?
- Some schools do not have nurses at the location, cut backs have caused a loss in programs such as DARE
- We Choose Health Forum in February about these issues – take this out into the community – individual choices, "people are accountable for their own care"

Question 5: If you could make ONE change to improve health care services in the area, what would it be?

- Regional interagency meetings with a purpose attended by people who can make a difference; have to change to expect different results, collaborate, be creative, work together; many grants now require regional partnerships
- Nurse or aid (with PA) at every school in county
- 24/7 accessible and flexible transportation
- More providers
- Integrated health care coordination
- Education and communication-reaching through appropriate channels-visually impaired, social media, newspapers, and additional channels for communication of services
- Improve what people need to know to take care of themselves "You are your own health care provider"
- Faith-based organizations/NGO's have a monthly care visit (blood pressure-primary care) for homebound
- Health mobile, health fairs, parades, primary care to reach patients "people won't seek out information on their own"

**Community Health Needs Assessment
Chester Memorial Hospital
November 14, 2013
Focus Group 3 Responses**

Question 1: What is your perception of health care programs and services in the community overall?

- Home healthcare point of view: CMH fills a hole in the region “clinics are a huge asset/benefit”
- The care at [CMH] is exemplary and nursing care is excellent
- Family history: array of services offered here is exemplary & convenient (close by), great service
- We [Chester] have a large population of seniors and CMH has the specialists to fit and meet their needs
- It is nice that patients can drive 10/15 minutes to see the same doctor they would see if they drove an hour or more away
- There is a lack of primary care physicians
- The past perception is that complicated situations need to be taken to St. Louis, but CMH has services available and excellent care
- CMH does an excellent job as a rural hospital, many illnesses can be managed locally – good local medical care is a financial benefit for employees and employers (don’t have to take a day off work to travel to St. Louis where healthcare is more expensive and lose a day’s pay) CMH is superior, gives a personal touch that one would not receive in a larger city

Question 2: Think back to a previous health care experience. What went well?

- During an extended stay at CMH “tornado warning sirens went off (not a drill) and it was handled flawlessly and everyone did everything they were supposed to do”
- The time it takes to get to a facility in St. Louis, versus in Randolph County can be the difference between life & death
- Personal experience: life threatening medical condition, the staff in ER diagnosed him quickly and staff care for him very well during his stay
- Extended stay in St. Louis hospital, the front line in any hospital is the nursing staff and the experience in St. Louis was impersonal and not as good as experience in CMH “peace of mind is important for patients”
- Air Flight Services: crews have no issues with CMH staff (EMS, first responders, 911 system) the helicopters sit at Sparta airport and there is one additional air flight service near Randolph County

Question 3: Think back to a previous health care experience. What needs improvement?

- School-based convenient care was looked into-method of payment is the biggest deterrent-a weekly clinic would be helpful and is a great need that needs to be filled (example of ANA, based on a grant, clinic and health education, PA on staff, would decrease absences)
- School perspective: see a need for behavioral health services-outside therapy and counseling from schools, long wait times to be seen, no quality mental health care in the area, kids encounter

considerable traumatic events and need help ASAP- individual & family counseling, autism services/programs, ADHD treatment-issues typically “bubble up” while kids are at school

- Mental health care options: General family counseling and services “break the cycle” many issues need to be helped at the family level and may prevent bigger issues...a small change that can make a big difference (such as dealing with economic hardship)
- Children are treated on a misdiagnosis; may being treated for bi-polar, when the heart of the issue is a traumatic experience – there is a growing need for help and medicating does not address the problem

Question 4: What would you suggest to improve the overall health of the community?

- Have schools and hospitals have combined disaster drills
- Expand catch to more schools
- Steeleville FD have all become 1st responders and this has made a big difference in immediate care while waiting for an ambulance...this can make the difference between life and death...something for other communities to look into
- Knowing what services are available in a community for doctors, schools, etc to refer adults/kids to needed resources
- Address the drug problem in Randolph County
- Educate the community about what services are available and educate FD, PD, educators and families as to available services and how to access them
- Schools are open to bringing services into the school...this helps in situations where the parent care is lacking and the school can step in during the day
- Create a committee for communities to realize resources

Question 5: If you could make ONE change to improve health care services in the area, what would it be?

- For health providers to know their priority is to serve the patient, not just as revenue “patient-centered care”
- School perspective want a school-based clinic
- More family health services for families who need resources, counseling and psycho-social needs filled
- Quality accessible behavioral health
- Bike trail based in Randolph County
- Improve employee health (work centric)

**Community Health Needs Assessment
Chester Memorial Hospital
November 20, 2013
Focus Group 4 Responses**

Question 1: What is your perception of health care programs and services in the community overall?

- The region is covered insofar as basics, but moving forward need to identify and meet the extra services and communication that is needed
- Communication...“unless you see the services available on the sign outside [CMH and HD] people don’t know”
- Chester and Sparta both communicating well through newspapers, but specialty clinics need to do better – this will help CMH and SCH get past the image of being a “band aid” hospital
- More communication – hear more from word-of-mouth about what services are available or targeted toward those 30 & under
- Aging populations are pleased with the services offered
- The hospital appears to be growing, new docs, new equipment, “CMH is the bright spot”

Question 2: Think back to a previous health care experience. What went well?

- Victor drugs delivers prescriptions
- Doctor is thorough and “explains stuff to me” and always takes the time needed for me to understand
- CMH is needed in this community: people take care of you, good experiences at CMH, continued services may not always happen after discharge
- Happy with the relational aspect of the community with the hospital (may not be available in larger communities)
- Physical therapy is extremely good in Chester (better than in Sparta) with more contact from a physical therapist and not just an assistant
- Nurses call patients personally, good hospitality
- Sparta docs have become more hands on and will follow up/check on the patient
- Doctors have a good rapport with patients and know who is calling (would not experience this in a larger city)
- Patient care in a St. Louis hospital was less personal, but when transferred to a local hospital the care was more hands on

Question 3: Think back to a previous health care experience. What needs improvement?

- Need to do a better job communicating resources to other organizations and public: to assist with transitions back to the community
- Case management for patients being released – ASKING if they have someone available to stay with them or a family member they can talk to or will check up on them
- Monitor specialty clinic docs, they tend to rush, do not get involved with the patients, it seems the bottom line is more important than the patient

- Informing patients of available services that may prevent future ER trips, agencies need to be aware of these services and knowledge of needs to be shared
- Is there a way to change convenient care from less an ER feel to more of an office visit?
- Pharmacy services are limited no 24 hour pharmacies are available

Question 4: What would you suggest to improve the overall health of the community?

- The community has assets for exercise, but they are rarely advertised
- A care gap for elderly patients, no assisted care facility, adult day care or activities during the day to give care givers a break
- Some elderly are unable to have a well-rounded meal and social interaction: poor nutrition = poor health
- Need adult day services and transition services to keep the “economic powerhouses” of older adults in the community
- Programs for older adults to stay healthy physically so they are able to maintain their health
- Mental and behavioral health is limited; there is more demand than supply
- Programs in coordination with local churches- how many homes contain one person (widow/widower), no social or mental stimulus, no nutrition – how best to help these individuals, perhaps a church program to visit those in need
- Training and communication for ER, FD, and PD to know what services are available and to follow up on home bound people

Question 5: If you could make ONE change to improve health care services in the area, what would it be?

- More convenient (extended) hours for those who can't take time off from work
- Cost of care – some have to choose between food on the table vs. seeing the doctors, finding resources for those who can't afford healthcare
- Focus groups for those who utilized health care services on a more consistent basis – solicit feedback from elderly
- An unbiased health care advocate in the community, for example “I don't understand the medical bill I was sent”
- Organizations and providers to network and provide outreach – a coalition or collaboration of those who provide health services
- Pediatric/dental care: prevention and regular care (not just emergency)
- Help for those transitioning after discharge and care, adult day care

**Community Health Needs Assessment
Sparta Community Hospital
December 10, 2013
Focus Group 1 Responses**

Question 1: What is your perception of health care programs and services in the community overall?

- Very impressed with the programs and services in the community
- SCH is excellent
- Specialty clinics bring more services to this small community
- Offer screenings at schools/worksites
- Understand why, but wish OB services did not go away
- Any major surgery/injury cannot be treated locally
- The “swing bed” is an excellent program
- There is not enough information of the services offered by the Health Department
- Wellness center is underutilized, especially by younger people and we need to find ways to get them involved and moved to action (more programs needed)
- People are not aware of specialty services/clinics
- Nutrition education for children
- Need to increase interest to drive participation and community perception of wellness programs
 - Maybe offer a coupon to visit wellness center?
 - Maybe major employers could offer incentives for staff to utilize the wellness center and the company pays the fee

Question 2: Please provide a healthcare experience that went well.

- The transit authority charges a nominal fee for rides to/from medical appointments (need to promote this more in the community)
- People are impressed with the one-stop shopping of the specialty clinics
- Follow through of care of loved ones is excellent
- The ambulance response is excellent, especially when time is essential to life/death
- It is good to have local helicopter services available for emergency transportation

Question 3: Please provide a healthcare experience that needs improvement.

- The community needs more providers and services (orthopedics, ob, mental health services)
 - Especially mental health services for vets & children
- Need to improve referrals for mental health issues in student populations (awareness is lacking for those 3 to 4 years of age and need a way to screen for mental health issues prior to children entering school)

- No program/service available to identify childhood mental illness problems/issues (more screenings at a younger age)

Question 4: What would you suggest to improve the overall health of the community?

- Increase awareness of wellness center
- Start healthy habits with the young and repeat frequently and often to create positive habits
- Need a gym/exercise facility at Sparta Primary Attendance Center (there is no place for kids to exercise)
 - Insulated metal building in back parking lot to accommodate a gym (utilizing city TIF funds)?
- Offer cooking classes to show that eating healthy is not time consuming as many believe
- Education on food portion control

Question 5: If you could make ONE change to improve health in the community, what would it be?

- A workable system for universal health coverage
 - Rationing
 - Availability
 - Single payer
 - Accountability (for those who abuse the system)
 - Low deductible/out-of-pocket costs
- Secure incentives for physicians to practice in the rural community over the city
 - ACA does offer a provision, but only motivates participants to stay for 3 years
- Incentives for local students to receive scholarships from hospitals (especially nurses) and offer shadow opportunities
- Change the perception of what services are available or the quality of these services
 - Personal experience of the care in the “city” that was horrible and no follow-through
- Healthcare providers need to focus on the patient, not the money
- Better communicate the needs and quality of care available in Randolph County
- Provide services for the caregiver, such as adult day care to give a break to the caregiver
- Nutrition education: A healthy lifestyle is a choice

**Community Health Needs Assessment
Sparta Community Hospital
December 11, 2013
Focus Group 2 Responses**

Question 1: What is your perception of health care programs and services in the community overall?

- Big improvements with convenient care and office east of town
- More aggressive marketing of healthcare services
- Positive movement to improve health by promoting awareness
- Good educational programs
- Specialty clinics offered a plus
- We have many services in our area for seniors
- There is a need for 24hr transportation

Question 2: Please provide a healthcare experience that went well.

- The number of specialty providers available
- Healthcare facilities have information available for care (example given of a patient diagnosed with cancer who did not have health care insurance)
- The services offered are readily available, good flexibility and friendly service

Question 3: Please provide a healthcare experience that needs improvement.

- Long wait times at provider's office and clinics
- Mental health care for all ages
 - Availability
 - Insurance
 - Screening
 - Lack of providers
 - Awareness of services
- No 24 hour transportation available
- Underage alcohol abuse prevention programs and education are needed
- All ages alcohol abuse needs more services and education for prevention
- Need for strict punishment
- Programs for parent and child needs
- Drug treatment/education services
- Need more advertising/feature articles of services
- Hold parents responsible

Question 4: What would you suggest to improve the overall health of the community?

- Major employers needed
- More services for seniors
- Physical activities
- Communication programs: promote services!
- How do we capture the attention of local healthcare services?
- Increase awareness of services
- Educate through food banks
- Provider services packet at chamber of welcome wagon is needed
- County directory of services for ALL local services
- More education on blood-borne pathogens
- Need for professional to help with health insurance/Medicare
- Partnership with community services, churches, hospitals and private groups to advise patients

Question 5: If you could make ONE change to improve health in the community, what would it be?

- Eliminate stigma of mental illness
- Online site with numbers for county, general listings and resources
- Provide education of physical activities to prevent disease for those who do not know how to choose healthy lifestyles, food choices, being active safely: PREVENTION
- Walking/biking paths in parks that offer a safe area to exercise
- Create awareness and offer incentives to use or promote use of walking paths, wellness center
- Support for facilities/programs, help for seniors, resources
- Communication

**Community Health Needs Assessment
Sparta Community Hospital
Sparta Chamber of Commerce December 2013
Focus Group 3 Responses**

Question 1: What is your perception of health care programs and services in the community overall?

- Many services to offer
- Accessible care
- Good quality of care and need more marketing to advertise services

Question 2: Please provide a healthcare experience that went well.

- Attitude in care
- Police department and pastor unity effort in emergency room SCH
- Senior care
- Comfort in care

Question 3: Please provide a healthcare experience that needs improvement.

- Continuity of care (transfer records, improve communication to other providers/family)

Question 4: What would you suggest to improve the overall health of the community?

- Repair sidewalks
- Plant a community garden
- Walking paths
- Free screens to senior center
- Diet and nutritional education, cooking classes, cook books, real food, group planning
- Emotional support (especially for those who are alone)
- Community churches unite for spiritual support
- Restrictions on government support for food
- Community walks, runs, rolls for education

Question 5: If you could make ONE change to improve health in the community, what would it be?

- Walking path at the park
- Market services
- Improve attitudes
- Educate for change from bad habits
- Availability

**Community Health Needs Assessment
Sparta Community Hospital
Sparta Rotary December 2013
Focus Group 4 Responses**

Question 1: What is your perception of health care programs and services in the community overall?

- Excellent, good experience at Sparta Community Hospital (SCH)
- Good evac capabilities
- Bad perception of having to transfer patients to city facilities
- The service SCH is good and meets the needs of the community

Question 2: Please provide a healthcare experience that went well.

- Impressed with the care in emergency situation
- Communication is a MUST
- SCH provided timely care
- Non-emergency care is good
- Air evac is good – local providers transfer when necessary
- Ambulance excellent care and cared about patient
- Preventative care is promoted well
- Health fair for community

Question 3: Please provide a healthcare experience that needs improvement.

- The wait for primary care physician is too long
- Nursing home poor care
- Care needs to be affordable
- Understaffing of health center staff is too low for acceptable care
- Need OB/GYN – Delivery in Randolph County
- Counseling services are needed (mental health)
- Timelier discharge

Question 4: What would you suggest to improve the overall health of the community?

- Diet and nutrition education
- Health programs and exercise facilities
- Need programs to address childhood hunger
- Do nothing/waste of time

Question 5: If you could make ONE change to improve health in the community, what would it be?

- Eliminate drug and alcohol abuse

- Being able to see your doctor at the actual appointment time
- Communication
- Enough staff to meet needs
- Reduce the expense of healthcare
- Mental health services need to be provided

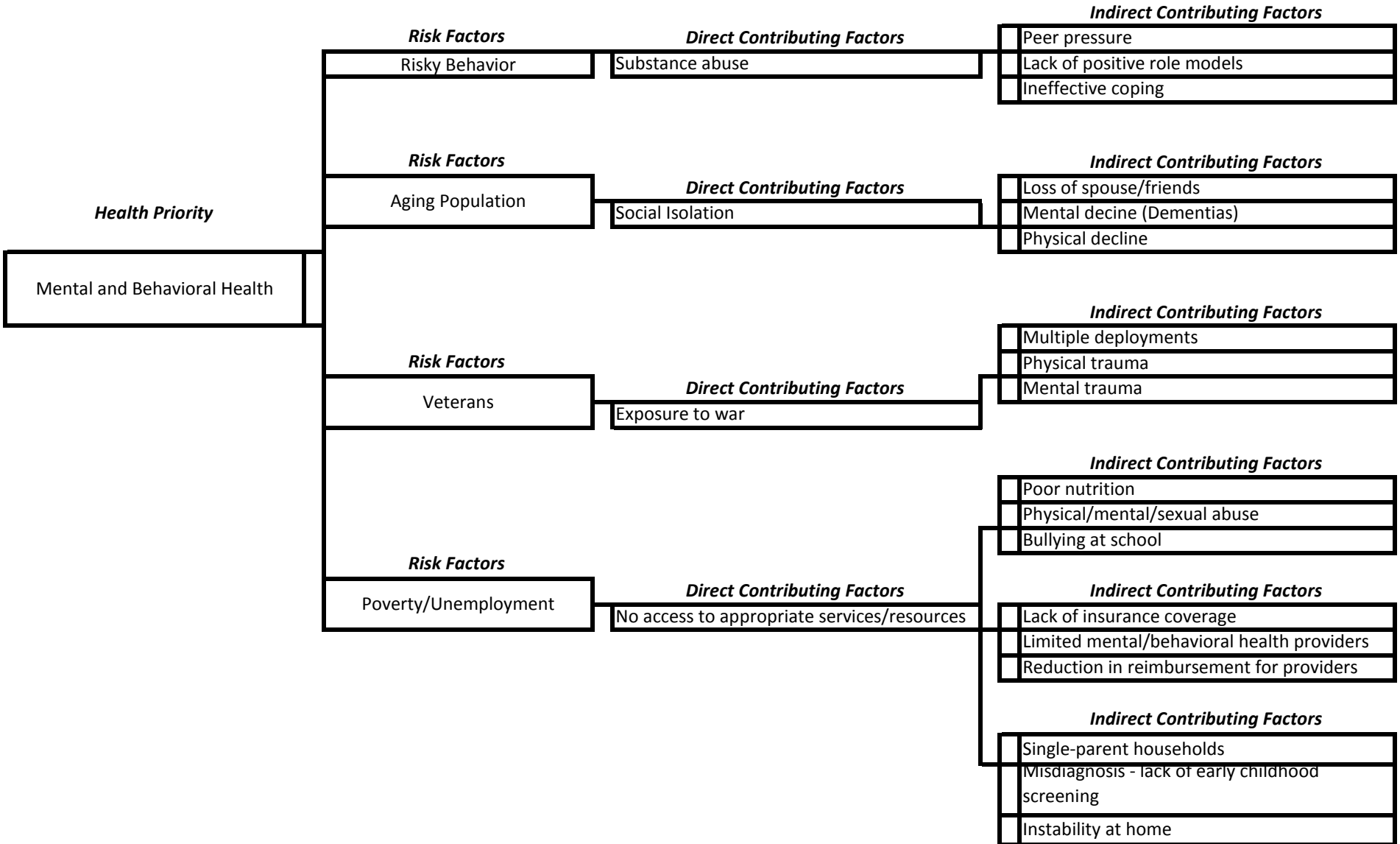


Randolph County
WHERE ILLINOIS BEGAN!

APPENDIX F

Illinois Project for Local Assessment of Needs (IPLAN) 2012-2017

APPENDIX F

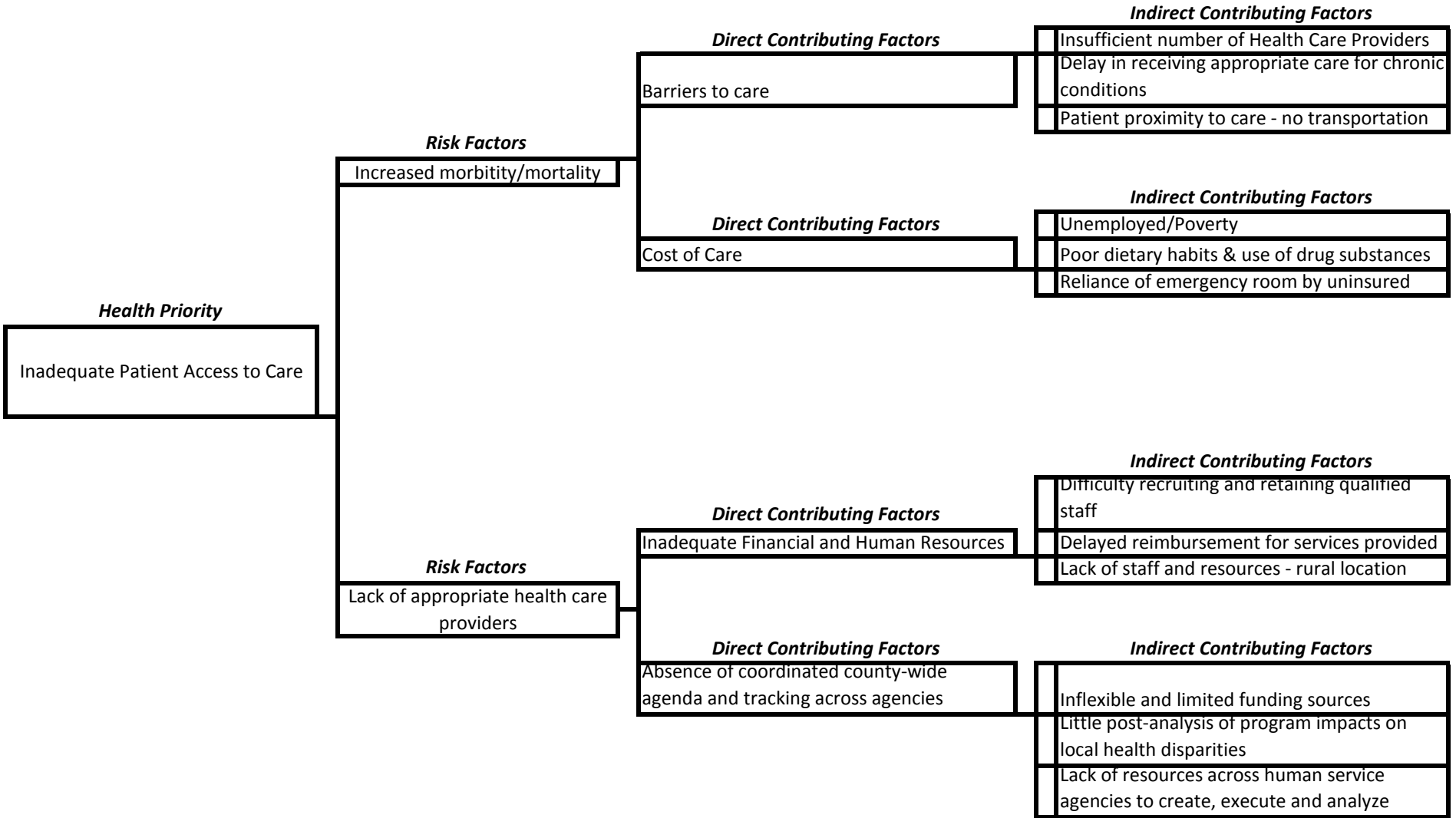


<p>Health Problem:</p> <p style="text-align: center;">Mental and Behavioral Health</p>	<p>Outcome Objective:</p> <p>By 2017, decrease the number of individuals who reported their mental health (stress, depression and emotions) was not good 8 to 30 days out the last 30 days by 5%. Baseline 16.3% (BRFSS 2011)</p>
<p>Risk Factor(s):</p> <ul style="list-style-type: none"> ● Risky Behaviors ● Aging Population ● Veterans ● Poverty/Unemployment 	<p>Impact Objectives:</p> <ul style="list-style-type: none"> ● By 2015, improve access to primary care screening by increasing the number of insured residents 5% through the Affordable Care Act. Baseline 9.4% (BRFSS 2011) ● By 2016, reduce the number of individuals who reported a risk for alcohol-related illnesses by 5%. Baseline 22.5% (BRFSS 2011)
<p>Contributing Factors (direct (D) & indirect (I)):</p> <p>Substance Abuse (D)</p> <ul style="list-style-type: none"> (I) Peer Pressure (I) Lack of Positive Role Models (I) Ineffective coping <p>Social Isolation (D)</p> <ul style="list-style-type: none"> (I) Loss of spouse/friends (I) Mental decline (I) Physical decline <p>Exposure to war (D)</p> <ul style="list-style-type: none"> (I) Multiple deployments (I) Physical trauma (I) Mental trauma <p>No Access to Appropriate Services/Resources</p> <ul style="list-style-type: none"> (I) Poor nutrition, physical/mental/sexual abuse/bullying at school (I) Lack of insurance coverage, limited mental/behavioral health providers, reduction in funding for providers (I) Single-parent households, misdiagnosis, instability at home 	<p>Proven Intervention Strategy:</p> <ul style="list-style-type: none"> ● Education and enrollment of uninsured into private or public health care insurance ● Increase mental health screenings through family Case Management and Women, Infant and Children programs ● Encourage substance abuse treatment awareness through We Choose Health initiatives ● Partner with faith based agencies such as Lutheran Child and Family Services of Illinois and Catholic Charities to expand current mental health strategies in Randolph County ● Collaborate with local agencies participating in the Randolph Interagency Group to provide education and skills training for employment ● Provide parental education and support to single-parent families and those living in poverty ● Encourage health providers to recruit psychiatric, psychologist and counseling agents as a part of the specialty clinics offered in Randolph County
<p>Resources Available:</p> <ul style="list-style-type: none"> ● Randolph County Health Department ● Human Service Center ● Perandoe Special Education District ● Lutheran Child and Family Services of Illinois ● Randolph County School Districts ● Memorial, Red Bud Regional and Sparta Community Hospitals ● Chester Mental Health Center ● Other human service agencies ● Funding through grants 	<p>Barriers:</p> <ul style="list-style-type: none"> ● Insufficient data on mental/behavioral health at the county level ● Lack of funding for recruitment, retention and expansion ● Limited appropriate mental/behavioral/substance abuse health providers ● Lack of mental health care providers willing to accept Medicaid ● Poverty/Low Income ● Unemployment/Uninsured ● Stigma associated with mental and behavioral health

<p>Description of the Health Problem, Risk Factors and Direct Contributing Factors: Community Health Needs Assessment Focus Groups responses revealed the community’s top health concern is mental and behavioral health care services for older adults, children birth to 18 years, and veterans. Unfortunately there is limited mental and behavioral health data specific to Randolph County, but there are specific demographics who tend to have a higher incidence of mental and behavioral health issues: an aging population, families living poverty/unemployment, risky behaviors, and veterans.</p> <p>Randolph County demographics reflect: 45% of Randolph County’s population are aged 45 and older (2012), Female-headed families make up 33% of all families in poverty and children under 5 years make up 28% of those under 18 living in poverty (2012), 17% of Randolph County students are on an Individualized Education Plan (IEP) and the ratio of pupils to FTE guidance counselors is 830:1 (2012), the Randolph County unemployment rate is 7.9% (2012), 9.4% of the population in Randolph County is uninsured (2011), and 9% of Randolph County’s population are veterans (2012).</p>
<p>Related Healthy People 2020 Objectives:</p> <ul style="list-style-type: none"> • MHMD-6 Increase the proportion of children with mental health problems who receive treatment • MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment • MHMD-11 Increase depression screening by primary care providers
<p>Corrective Actions to Reduce the Level of the Indirect Contributing Factors:</p> <ul style="list-style-type: none"> • Enroll uninsured Randolph County residents in a qualifying health insurance plan through grant funding provided by the federal government for navigator services at the health department • Screen, identify and refer counseling, as a part of Family Case Management and Women Infant and Children, for families where mental, behavioral or substance abuse issues are present • Encourage school districts to identify and educate students with poor coping skill sets and actively prevent bullying • Encourage worksites to provide information to employees regarding mental, behavioral and substance abuse resources through employee-offered health insurance • Create a Randolph County Mental and Behavioral Health Task Force • Encourage health care providers to contract services of psychiatrists and counselors for specialty clinics • Human services to include GED scholarships, training on how to find a job/interview, additional skills training opportunities • Support ongoing community and regionally-supported economic development projects aimed to increase employment opportunities in the county
<p>Proposed Community Organizations to Provide and Coordinate the Activities:</p> <ul style="list-style-type: none"> • Randolph County Health Department • Human Service Center • Perandoe Special Education District • Lutheran Child and Family Services of Illinois • Randolph County School Districts • Memorial, Red Bud Regional and Sparta Community Hospitals • Chester Mental Health Center • Other human service agencies
<p>Evaluation Plan to Measure Progress Towards Reaching Objectives: Randolph County Health Department will facilitate the creation and coordination of a Randolph County Mental and Behavioral Health Committee to establish guidelines for the communication and collaboration of available resources for mental and behavioral health among agencies and providers, and to determine the most appropriate data collection variables to establish a database to track relevant local mental and behavioral health data in an effort to assess and appropriately respond to community mental health needs and to support funding/grant requests.</p>

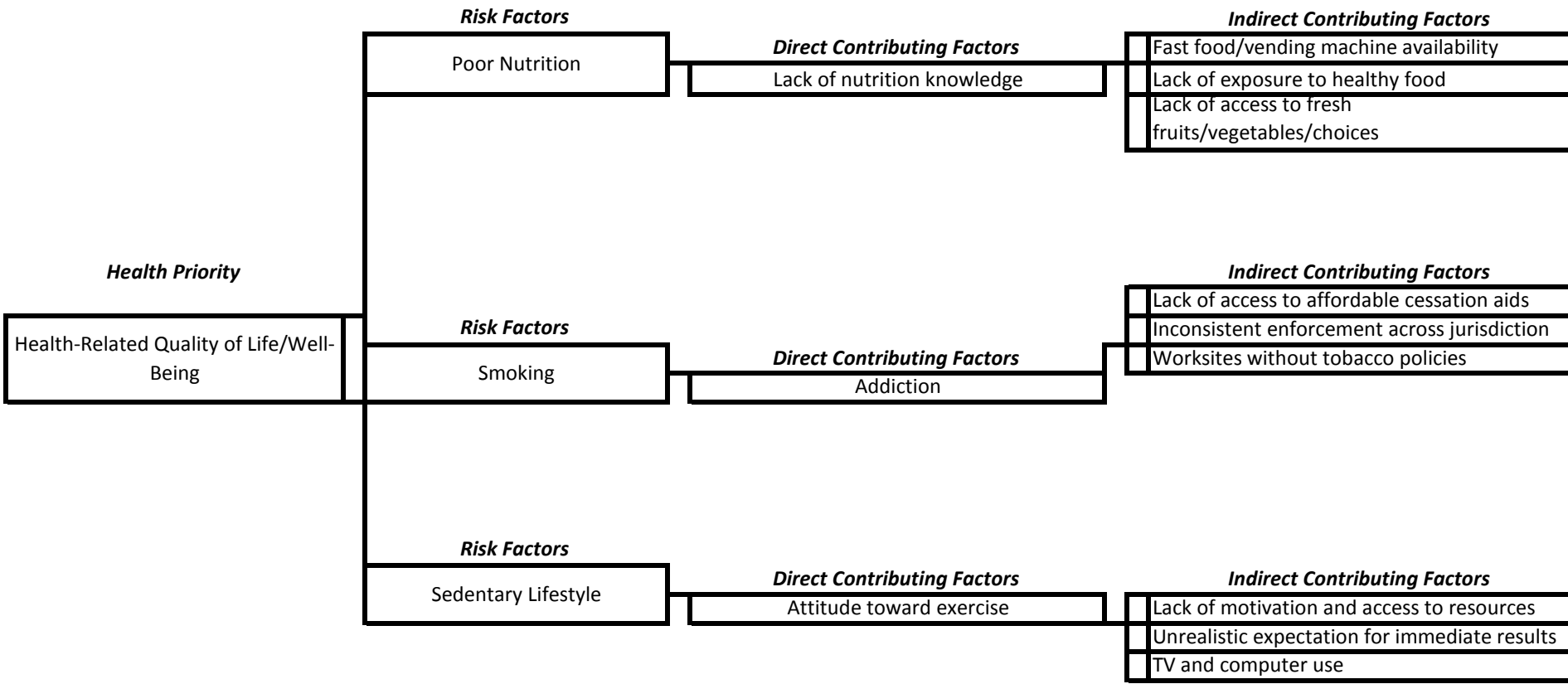
Anticipated Sources of Funding:

- Federal, state and local grants
- Local hospitals
- Local health department
- Community



<p>Health Problem:</p> <p>Inadequate patient access to care.</p>	<p>Outcome Objective:</p> <p>By 2017, decrease the number of adults who report the last routine checkup as being more than one year or never by 5%. Baseline 39.2% (BRFSS 2011)</p>
<p>Risk Factor(s):</p> <ul style="list-style-type: none"> • Increased morbidity and mortality • Lack of appropriate health care providers 	<p>Impact Objectives:</p> <ul style="list-style-type: none"> • Increase the number of insured residents 5% through the Affordable Care Act. Baseline 9.4% (2010) • By 2017, increase the number of primary care provider ratio 5%. Baseline 50.7 (2009) • By 2017, expand the operating hours of the transit district from 5 days a week to 7 days a week.
<p>Contributing Factors (direct (D) & indirect (I)):</p> <p>Barriers to care (D)</p> <p>(I)Insufficient number of Health Care Providers</p> <p>(I)Delay in receiving appropriate care for chronic conditions</p> <p>(I)Patient proximity to care – no transportation</p> <p>Cost of care (D)</p> <p>(I)High unemployment and poverty level</p> <p>(I)Poor dietary habits and use of drug substances (smoking, alcohol and illicit drug use)</p> <p>(I)Reliance of emergency room by uninsured</p> <p>Inadequate financial and human resources (D)</p> <p>(I)Difficulty recruiting and retaining qualified staff</p> <p>(I)Delayed reimbursement for services provided</p> <p>(I)Lack of staff and resources – rural location</p> <p>Absence of a coordinated county-wide agenda and tracking across agencies (D)</p> <p>(I)Inflexible and limited funding sources</p> <p>(I)Lack of post-analysis of program impacts on local health disparities</p> <p>(I)Lack of resources across human service agencies to create, execute and analyze</p>	<p>Proven Intervention Strategy:</p> <ul style="list-style-type: none"> • Education and enrollment of private or public health care insurance • Increase annual wellness screenings through case management to reduce morbidity and mortality in behavior-related conditions • Reduce out-of-pocket costs for wellness screenings • Utilize Workforce Wellness strategies with companies in Randolph County • Utilize CATCH in Randolph County schools to teach healthy eating and exercise habits • Partner with churches and transit authorities to assist with transportation to and from health care providers • Partner with schools and providers to set up health clinics for students and parents • Encourage clients to focus on cheaper and more effective preventative care and discourage use of emergency services for non-emergency incidents • Increase communication among community health care providers • Advocate faster Medicaid reimbursements
<p>Resources Available:</p> <ul style="list-style-type: none"> • Randolph County Health Department • Monroe-Randolph Transit District • Randolph County School Districts • Memorial, Red Bud Regional and Sparta Community Hospitals • Randolph County Churches • Other human service agencies • Funding through grants 	<p>Barriers:</p> <ul style="list-style-type: none"> • Lack of funding • Lack of primary care physicians willing to relocate • Lack of providers willing to accept Medicaid • Socioeconomic Status/Income • Unemployment/Uninsured • Lack of public transportation

<p>Description of the Health Problem, Risk Factors and Direct Contributing Factors:</p> <p>In 2011, 14.3% of Randolph County reported they did not have health care insurance, 8.4% reported they did not see a doctor due to costs and 39.2% report their last routine checkup being more than 1 year. A lack of access to health care services in Randolph County can be attributed to cost, no health insurance coverage, inefficient government programs and limited resources for patients and providers.</p>
<p>Related Health People 2020 Objectives:</p> <ul style="list-style-type: none"> • AHS-1 Increase the proportion of persons with health insurance • AHS-4 (Developmental) Increase the number of practicing primary care providers. • AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
<p>Corrective Actions to Reduce the Level of the Indirect Contributing Factors:</p> <ul style="list-style-type: none"> • Enroll uninsured Randolph County residents in a qualifying health insurance plan through grant funding provided by the federal government for navigator services at the health department • Partner with key community health care providers to recruit primary health care providers • Establish a task force to address the lack of access to care and steps that can be taken to improve access to those who do not have reliable transportation • Encourage healthy behaviors at worksites and schools through the We Choose Health grant • Discourage the use of tobacco products in Randolph County and encourage cessation through the Tobacco Free Communities grant • Partner with other human service agencies or counties in Southern Illinois to apply for appropriate funding opportunities to improve access to care in rural counties.
<p>Proposed Community Organizations to Provide and Coordinate the Activities:</p> <ul style="list-style-type: none"> • Randolph County Health Department • Monroe-Randolph Transit District • Randolph County School Districts • Memorial, Red Bud Regional and Sparta Community Hospitals • Randolph County Churches • Other human service agencies
<p>Evaluation Plan to Measure Progress Towards Reaching Objectives:</p> <p>The Randolph County Health Department (RCHD) will utilize the Illinois Behavioral Risk Factor Surveillance Study, IPLAN data and IPDH iQuery data to compare actual outcome to Outcome and Impact Objectives. Additional tracking of behavior-related health goals will be assessed on a quarterly basis as required by grant sources. Finally, RCHD will assist with enrollment into health insurance plans and will track outcome based on BRFSS and Get Covered Illinois tracking.</p>
<p>Anticipated Sources of Funding:</p> <ul style="list-style-type: none"> • Federal, state and local grants • Local hospitals • Local health department • Community



Community Health Plan Worksheet #1

PRIORITY 3

<p>Health Problem:</p> <p>Health-Related Quality of Life/Well Being</p>	<p>Outcome Objective:</p> <p>By 2017, decrease the number adults who report their physical health kept them from doing usual activities 8-30 days by 3%. Baseline 12.8% (BRFSS 2011).</p>
<p>Risk Factor(s):</p> <ul style="list-style-type: none"> • Poor Nutrition • Smoking • Sedentary Lifestyle 	<p>Impact Objectives:</p> <ul style="list-style-type: none"> • By 2015, increase the number of adults reported participating in physical exercise by 5%. Baseline 74.6% (BRFSS 2011) • By 2015, increase the number of “likes” on RCHD’s Facebook page by 10%. Baseline 29 “likes”. (www.facebook.com/RandolphCountyHealthDepartment) • By 2016, decrease the number of adults who reported eating <3 servings of fruits and vegetables per day. Baseline 51.9% (BRFSS 2011) • By 2016, decrease the number of adults who reported to be smokers by 5%. Baseline 24.2% (BRFSS 2011)
<p>Contributing Factors (direct (D) & indirect (I)):</p> <p>Lack of Nutrition Knowledge (D) (I)Fast food/vending machine availability (I)Lack of exposure to healthy food (I)Lack of access to fresh fruit/vegetable/choices</p> <p>Addiction (D) (I)Lack of access to affordable cessation aids (I)Inconsistent enforcement across jurisdiction (I)Worksites without tobacco policies</p> <p>Attitude toward exercise (D) (I)Lack of motivation and access to resources (I)Unrealistic expectations for immediate results (I)TV and computer use</p>	<p>Proven Intervention Strategy:</p> <ul style="list-style-type: none"> • Increase awareness of health-related programs and events hosted by Randolph County health providers and human service agencies through social media and marketing channels • Encourage proper nutrition, exercise, smoking cessation and annual wellness screenings through RCHD programs • Utilize Workforce Wellness strategies with companies in Randolph County • Utilize Tobacco Free Communities’ cessation initiatives to help tobacco users quit
<p>Resources Available:</p> <ul style="list-style-type: none"> • Randolph County Health Department • Monroe-Randolph Transit District • Randolph County Worksites • Randolph County School Districts • Memorial, Red Bud Regional and Sparta Community Hospitals • Other human service agencies • Funding through grants 	<p>Barriers:</p> <ul style="list-style-type: none"> • Lack of funding for marketing • Fresh fruits & vegetables cost prohibitive • Limited access to walking paths & parks • Unemployment/Poverty/Uninsured • Limited online/computer access

<p>Description of the Health Problem, Risk Factors and Direct Contributing Factors: Community Health Needs Assessment Focus Groups responses revealed one of the top 3 health concerns for Randolph County included individuals who have poor health due to poor nutrition, smoking and a sedentary lifestyle.</p> <p>Of self-reporting Randolph County adults 51.9% report eating less than 3 servings of fruits and vegetables per day, 24.2% identify themselves as smokers, and 25.4% reported not getting any exercise [see Appendix B for BRFSS data]. Poor nutrition, smoking, and a sedentary lifestyle impact overall health and have been attributed to obesity, diabetes, hypertension, heart disease, and cancer. The top ten causes of death in Randolph County reflect considerable statistical significance over Illinois and include diseases of the heart, malignant neoplasms, chronic lower respiratory diseases, stroke, and diabetes [see Appendix A for mortality data].</p> <p>It was noted in several focus groups that access to care plays a role, but there are health education and support programs available through RCHD to help those who lack an understanding on how to improve their Health-Related Quality of Life and Well-Being. These programs include Family Case Management, WIC, We Choose Health and Tobacco Free Communities.</p>
<p>Related Health People 2020 Objectives:</p> <ul style="list-style-type: none"> • HRQOL/WB-1.1 Increase the proportion of adults who self-report good or better physical health • HC/HIT-13 (Developmental) Increase social marketing in health promotion and disease prevention
<p>Corrective Actions to Reduce the Level of the Indirect Contributing Factors:</p> <ul style="list-style-type: none"> • Increase awareness of health-related programs and events • Encourage a proactive approach to healthy behaviors, proper nutrition, and regular exercise at worksites and schools in Randolph County through the We Choose Health grant • Discourage the use of tobacco products in Randolph County and encourage cessation through the Tobacco Free Communities grant • Enroll uninsured Randolph County residents in a qualifying health insurance plan through grant funding provided by the federal government for navigator services at the health department
<p>Proposed Community Organizations to Provide and Coordinate the Activities:</p> <ul style="list-style-type: none"> • Randolph County Health Department • Monroe-Randolph Transit District • Randolph County Worksites • Randolph County School Districts • Memorial, Red Bud Regional and Sparta Community Hospitals • Other human service agencies
<p>Evaluation Plan to Measure Progress Towards Reaching Objectives: The Randolph County Health Department (RCHD) will utilize the Illinois Behavioral Risk Factor Surveillance Study, IPLAN data and IPDH iQuery data to compare actual outcome to Outcome and Impact Objectives. Additional tracking of behavior-related health goals will be assessed on a quarterly basis as required by grant sources.</p>
<p>Anticipated Sources of Funding:</p> <ul style="list-style-type: none"> • Federal, state and local grants • Local hospitals • Local health department • Community



Randolph County
WHERE ILLINOIS BEGAN!

APPENDIX G

Illinois Project for Local Assessment of Needs (IPLAN) 2012-2017

Health Care Facilities

End State Renal Dialysis Facility

BMA of Illinois, Inc. DBA Fresenius Medical Care
Randolph County
Chester, Illinois

Home Health Agencies

At Home Health Care of Sparta Community Hospital
Red Bud Regional Home Care
Sparta, Illinois
Red Bud, Illinois

Home Services Agencies

Clarice's Home Care Services, Inc.
Steeleville, Illinois

Hospitals

Memorial Hospital
Red Bud Regional
Sparta Community Hospital
Chester, Illinois
Red Bud, Illinois
Sparta, Illinois

Nursing Homes

Chester Rehab and Nursing Center
Coulterville Care Center
Ellner Terrace
Red Bud Regional Care
Randolph County Care Center
Sparta Terrace
Three Springs Lodge Nursing Home
Chester, Illinois
Coulterville, Illinois
Evansville, Illinois
Red Bud, Illinois
Sparta, Illinois
Sparta, Illinois
Chester, Illinois

Rural Health Centers

Chester Clinic Group, LLC DBA Chester Clinic
Chester Medical Group, LLC DBA Steeleville Family
Practice
Coulterville Medical Clinic
Family Health Centre
Older Adult Health Center
Steeleville Clinic
Sparta Community Hospital, North Campus
Sparta Medical Office
Chester, Illinois
Steeleville, Illinois
Coulterville, Illinois
Sparta, Illinois
Red Bud, Illinois
Steeleville, Illinois
Sparta, Illinois
Sparta, Illinois

Mental Health Resources for Southern Illinois

Fall 2013

I. Local After Hours Crisis Numbers

Region	Phone Number
Alexander County	618-734-9692
Franklin County	618-937-6483
Hardin County	618-287-7010
Jackson County	855-985-0911
Jefferson/Hamilton Counties	618-252-1512
Johnson County	618-658-2611
Massac County	618-524-9368
Pope County	618-683-2461
Perry County	618-542-4357
Pulaski County	618-745-9535
Randolph County	618-397-0963
Chester	618-826-4547
Sparta	618-443-3045
Red Bud	618-282-6233
Saline, Gallatin, and White Counties	618-252-8661
Union County	618-833-8551
Williamson County	855-985-0911
National Crisis Hotlines	1-800 SUICIDE 1-800-273-TALK

II. Emergency Mental Health Crisis Center

The H Group Crisis Stabilization Center

Any Southern Illinois resident experiencing behavioral health crisis can now receive crisis services 24-hours a day, 7-days a week. We can help people who are experiencing suicidal thoughts, or other feelings that might cause someone to be a danger to him/herself or others.

Location	Address	Phone	Payment Source
Cartersville	403 Commerce Drive Cartersville, IL 62918	855-985-0911	All payer sources accepted

***If you have corrections to the information above please forward these to Robin Koehl
(rkoehl@bicountyhealth.org)***

III. Community Mental Health Services

The H Group

Individual, family, and group counseling. Child & adolescent mental health services for youth ages 3-18. Psychiatric evaluation & medication management available. Medical card accepted. Patients without a payer source will be seen or provided assistance in finding a source of funding when possible.

Location	Address	Phone	TDD	Fax	Telepsychiatric Services?
Carbondale Campus	2311 S. Illinois Ave. Carbondale, IL 62901	618-457-6703	618-457-7814	618-549-3734	yes
Marion Campus	1307 West Main St. Marion, IL 62959	618-997-5336	618-993-8629	618-993-2969	no
Illinois Behavioral Health (Marion)	3111 Williamson County Pkwy Marion, IL 62959	618-997-3647	--	618-969-9437	no
West Frankfort	902 W Main St. West Frankfort, IL 62896	618-937-6483	618-937-6483 ext. 7825	618-937-1440	yes

Shawnee Health Service - Mental Health Resources

Location	Address	Phone Number	Payment Source	Information	Tele-psychiatric Services?	Web Address
Shawnee Behavioral Health	Carbondale 101 S. Wall St. Carbondale, IL 62901	618-969-8283	Private Insurance Medicaid/ Medicare; Sliding Fee Discount	Psychiatric Medication Management; 18 and older only	No	www.shsdc.org
	Marion 1506 North Sioux Dr Marion, IL 62959 (North of Illinois Star Center)					
Adolescent Health Services	400 South Lewis Lane Carbondale, IL 62901	618-529-2621 618-519-9900	Sliding Fee Discount; Medicaid/ Medicare; Private Insurance	Serves ages birth to 25; Counselor available	No	www.shsdc.org
Murphysboro Health Center	7 S. Hospital Dr. Murphysboro, IL 62966 (Behind St. Joseph Memorial Hospital)	618-687-3418	Private Insurance; Medicaid/ Medicare; Sliding Fee Discount	All ages accepted; Case manager and counselor available;; Suboxone treatment available	No	www.shsdc.org

Carterville Family Practice Center	1006 S. Division St. Carterville, IL 62918	618-985-4841	Private Insurance; Medicaid/ Medicare; Sliding Fee Discount	All ages accepted; Case manager and counselor available	No	www.shsdc.org
Shawnee Health Care - Carbondale	400 S. Lewis Ln. Carbondale, IL 62901	618-519-9900	Sliding Fee Discount; Medicaid/ Medicare; Private Insurance	All ages accepted; Family practice office; Case manager available; Suboxone treatment available	No	www.shsdc.org
Shawnee Health Care - Marion	1506 N. Sioux Dr. Marion, IL 62959	618-997-5270	Sliding Fee Discount; Medicaid/ Medicare; Private Insurance	All ages accepted. Family Medicine, Adult Psychiatry, Case manager available	No	www.shsdc.org
Terrier Care	1301 E. Walnut St. Carbondale, IL 62901	618-519-9119	Sliding Fee Discount; Medicaid/ Medicare; Private Insurance	School health center; Services provided for students k-12, faculty, and staff	No	www.shsdc.org
Marion Unit #2 Wellness Center	1501 S. Carbon St. Marion, IL 62959	618-969-8228	Sliding Fee Discount; Medicaid/ Medicare; Private Insurance	School health center; Services provided for students k-12, faculty, and staff	No	www.shsdc.org

Other Outpatient Community Mental Health Services

Location	Address	Phone Number	Payment Source	Information	Web Address
Community Health and Emergency Services (Cedar Court Clinic)	1340 N Cedar Ct. Carbondale, IL 62901	618-457-7821	Medicare/ Medicaid; Private Insurance; Sliding Fee Discount	Physician does not prescribe psychotropic medicine: only counseling services are offered	http://www.chesi.org/sitedemo/
Women's Center	610 S Thompson Carbondale, IL 62901	P: 618-529-2324 24-hour toll-free hotline: 1-800-334-2094 F: 618-529-1802	No charge for services	Outpatient & residential counseling specializing in domestic violence & sexual assault/abuse survivors. Services for children & adults.	http://www.thewomensctr.org/
Christian Social Services	214 S University Ave Carbondale, IL 62901	P: 618-351-0743 F: 618-351-0945	Sliding Fee Discount; Private insurance;	Licensed therapists available for counseling: Individual, marital, and family; Specialties in issues of parenting, dealing with trauma, counseling for teens; The agency	http://www.cssil.org/
Lutheran Social Services	1616 W Main St. Marion, IL 62959	618-997-9196	Sliding Fee Discount; Insurance not accepted	Ages 3-adulthood; Provides a variety of mental health services: Individual therapy, Family therapy	http://www.lssi.org/

Gateway Foundation	1080 E Park St. Carbondale, IL 62901	P: 618-529-1151 F: 618-549-9540	Medicaid; Private Insurance	Primarily group counseling (Some individual and family counseling); Residential counseling for adolescents (13-18 yrs); Outpatient counseling for adolescents & adults.	http://recovergateway.org/
SIU Counseling Center	Student Health Center 374 E Grand Ave, Room 253 SIUC Campus Carbondale, IL 62901	P: 618-453-5371 F: 618-453-6151	Medicaid NOT accepted. There is a \$6 per visit fee.	Only for SIU students. Our staff of professional psychologists and counselors is trained to help you discover ways to cope more effectively with problems in day-to-day living. The staff has a commitment to meet the needs of individuals from diverse backgrounds including differences of culture, race, gender, sexual orientation, ability, and religion/spirituality.	http://shc.siu.edu/services/counseling-center/
SIU Clinical Center	625 Wham Dr, Room 141 Wham Education Bldg SIUC Campus Carbondale, IL 62901	P: 618-453-2361 F: 618-453-6126	Sliding Fee Discount (\$3 - \$30) per session. Medicaid NOT accepted. NO insurance billing.	Psychotherapy Services: Individual, group, couples, adults, children and adolescents. Services are available to SIU students & community members.	http://clinicalcenter.siu.edu/

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(rkoehl@bicountyhealth.org)***

Mental Health Support Services

There is no fee for the following Mental Health Support Services.

Location	Address	Phone Number	Information
Family Support Groups Karla Smith Foundation	Wellspring Resources 2615 Edwards St Alton, IL 62002	618-855-4806	For Parents and Caregivers of children with diagnosed or undiagnosed mental health issue; 2nd Thursday of every month, 6:00 - 8:00 p.m.; RSVP is greatly appreciated; Child care and family meal provided during the meeting at no cost
	Christ Temple Church of God 1713 Washington St. Cairo, IL 62914	618-855-4806	For Parents and Caregivers of children with diagnosed or undiagnosed mental health issue; 3rd Thursday of every month, 5:30-7:00 p.m.; RSVP is greatly appreciated; Child care and family meal provided during the meeting at no cost
	United Methodist Children's Home 2023 Richview Rd. Mt. Vernon, IL 62864	618-855-4806	For Parents and Caregivers of children with diagnosed or undiagnosed mental health issue; 3 rd Tuesday of every month, 6:00 - 8:00 p.m.; RSVP is greatly appreciated; Child care and family meal provided during the meeting at no cost
	Peace Chapel 10101 W. Main Street Belleville, IL 62223	618-855-4806	Suicide survivors' support group; 2nd & 4th Thursdays of every month 7 - 8:30 p.m.
	Peace Chapel 10101 W. Main Street Belleville, IL 62223	618-855-4806	For families and loved ones of an adult with a mental health issue; 1st & 3rd Thursday of every month 7-8:30 p.m.
	Emmanuel Church of the Nazarene 8201 Old Saint Louis Rd Belleville, IL 62223	618-855-4806	For Parents and Caregivers of children with diagnosed or undiagnosed mental health issue; 1 st Tuesday of every month from 6 - 8 p.m.; RSVP is greatly appreciated; Child care and family meal provided during the meeting at no cost
	Vienna 408 E Vine St Vienna, IL 62995	618-855-4806	For Parents and Caregivers of children with diagnosed or undiagnosed mental health issue; 2nd Monday of every month, 6:00 - 7:30pm; RSVP is greatly appreciated; Child care and family meal provided during the meeting at no cost
	Carbondale H Group 2311 S. Illinois Ave. Carbondale, IL 62901	618-855-4806	The Karla Smith Foundation is starting a <i>new</i> support group at H Group. For Parents and Caregivers of children with diagnosed or undiagnosed mental health issue; 3 rd Monday of every month, 5:30 - 7:00 pm; RSVP is greatly appreciated; Child care and family meal provided during the meeting at no cost.
Project 12 Ways	850 Lincoln Drive Northwest Annex A Wing, Suite 143 Southern Illinois University Carbondale, IL 62901-6616	P: 618-453-2434 Toll Free: 1-866-879-2199 F: 618-453-2450	Home based intervention contracted through DCFS; An open case with the department of children and family services is required.

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(rkoehl@bicountyhealth.org)

Community Mental Health Services in the Region

Location	Address	Phone Number	Payment Source	Information
Perry County Counseling Center	Perry County 1016 S Madison St. Du Quoin, IL 62832	618-542-4357	Medicaid/Medicare; Some Private Insurance; Some mental health specific insurances	No children under 6 years old; Substance and alcohol abuse counseling; DUI assessment; Crisis services available
Family Counseling Center, Inc.	Pope County 125 N Market St. Golconda, IL 62938	618-683-2461	Medicaid/Medicare; Private insurance	No age restrictions; offer substance abuse counseling; Residential homes
	Johnson County 408 E Vine St. Vienna, IL 62995	618-658-2611		
	Hardin County 212 Main St. Elizabethtown, IL 62931	618-287-7010		
Massac County Counseling	206 W 5th St. Metropolis, IL 62960	618-524-9368	Sliding Fee Discount; private insurance; Medicaid/Medicare	Substance abuse treatment; Marriage Counseling; Depression, etc.; Accepts patients over 5 years old.
Delta Center	1400 Commercial Ave. Cairo, IL 62914	618-734-2665	Sliding Fee Discount for in-state clients; Medicaid/Medicare	Counseling offered for adults and children 5 years and older; Psychiatrist available one day per week; Child telepsych offered
Union County Counseling	204 South St. Anna, IL 62906	618-833-8551	Private Insurance; Sliding Fee Discount; Medicare/Medicaid	Psychiatrist available for 18 years and older; Telecommunications with a child psychiatrist; Psychologist available; No substance abuse treatment available
Egyptian Health Department	1412 US Hwy 45 Eldorado, IL 62930	618-273-3326	Private Insurance; Medicare/Medicaid; Self-Pay; Sliding Fee Discount for Substance abuse (Not for mental health)	Personal Assistance Services (PAS) Agency - Mental Illnesses only; Substance abuse treatment available
Jefferson County Comprehensive Services	16342 N. Illinois Hwy 37 Mt. Vernon, IL 62864 428	618-242-1510	Private Insurance; Medicare/Medicaid; Self-Pay	Personal Assistance Services (PAS) Agency - Mental Illnesses only; Substance abuse treatment available; Patients must be 5 years or older
Lawrence County Health Department	11020 State Route 250 Lawrenceville, IL 62439	618-943-3754	Private Insurance; Medicare/IL Medicaid; Self-Pay; Sliding Fee Discount	Personal Assistance Services (PAS) Agency - Mental Illnesses only; Substance abuse treatment available; Patients must be at least 5 years old
Southeastern Illinois Counseling	Olney 504 Micah Dr. Olney, IL 62450	618-395-4306	Private Insurance; Medicare/Medicaid; Self-Pay; EAP; some contracts with local services; Sliding Fee Discount for substance abuse treatment; reduced fee scale for mental health services	Personal Assistance Services (PAS) Agency - Mental Illnesses only; Substance abuse treatment available; Patients must be at least 5 years old
	Mt. Carmel 602 East 5th Street Mt. Carmel, IL 62863	618-262-7473	Private Insurance; Medicaid; Self-Pay; Sliding Fee Discount	Counseling services offered; Substance abuse treatment available; Patients must be 5 years or older
	Fairfield 407 N. Basin Rd. Fairfield, IL 62837	618-842-2125	Private Insurance; Medicare/Medicaid; Self-Pay; Sliding Fee Discount for Substance abuse (Not for mental health)	Counseling services offered; Substance abuse treatment available; DUI services; Patients must be 5 years or older
Southern Illinois Case Coordination Service	140 S. Locust St. 2nd Floor P.O. BOX 488 Centralia, IL 62801	800-828-7422	Must be medicaid eligible to receive services; No payment	Personal Assistance Services (PAS) Agency - Developmentally delayed patients only

***If you have corrections to the information above please forward these to Robin Koehl
(rkoehl@bicountyhealth.org)***

IV. Inpatient Facilities

Hospitals Accepting Adult Voluntary Psychiatric Admissions

Hospital Name	Address	Phone Number	Payment Source	Information	Bed Number
Center Pointe Hospital	4801 Weldon Spring Pkwy. St. Charles, MO 63304	636-441-7300	Private Insurance; IL Medicare; IL Medicaid if patient 20 years old or younger; No state funding	Stand-alone psych facility - no medical services offered; SASS; Offers chemical dependency services; Inpatient pediatrics, adolescents, adults; Mental Health Residential Program: 12-15 beds	19 Adolescent; 60+ Adult; 32 Chemical dependency
Gateway Regional Medical Center	2100 Madison Ave Granite City, IL 62040	618-798-3888	Self Pay; Medicaid/Medicare; Private Insurance	SASS; part of Community Health Systems, a for-profit system; pediatric, adolescent, adult, geriatric units available	23 Adult; 17 Geriatric
Lourdes Hospital	1530 Loan Oak Rd Paducah, KY 42003	270-444-2250	Private Insurance; IL Medicaid/Medicare; Self-Pay	Accepts mental health crises including suicidal ideation, bipolar disorder, schizophrenia etc.; No drug and alcohol treatment or anorexia treatment	26
Mulberry Center	100 Dr. Warren Tuttle Dr. Harrisburg, IL 62946	618-252-0999	Self-pay; Private Insurance; Medicaid/Medicare	Psychiatric unit not accepting drug abuse treatment; Generally an acute care stabilization hospital (Average stay is 5-7 days)	18 Adult; 8 Geriatric
Pavilion Hospital	809 W Church St. Champaign, IL 61820	800-373-1700	Private Insurance; Medicare; Medicaid over age 62	SASS; Medical Detoxification; Dual Diagnosis Treatment; Residential Treatment; Partial Hospitalization/IOP	30
Richland Memorial Hospital	800 E. Locust Street Olney, IL 62450	618-392-3302	Self Pay; Medicare/Medicaid; Private Insurance	Detoxification not offered	10
Memorial Medical Center	701 N 1st St Springfield, IL 62781	217-788-3505	Medicaid/Medicare; Self Pay; Some Private Insurance	Treatment for broad range of psychiatric issues; Detoxification offered.	37
St. John's Hospital	800 E. Carpenter St. Springfield, IL 62769	217-544-6464 ext. 45979	Medicaid/Medicare; Self pay; Some Private Insurance	Acute care; Accepts only those 18 years or older	18 Adult; 14 Geriatric
St. Elizabeth Hospital	211 S Third St Belleville, IL 62220	618-234-2120 ext. 1555	Self-Pay; Medicaid/Medicare; Private Insurance	Offers treatment for psych illnesses; Offers detoxification; Free evaluation with counselors is offered	26
St. Mary Hospital	400 N. Pleasant Centralia, IL 62801	618-436-8519	Self Pay; Medicare/Medicare; Private Insurance	12 day inpatient unit; No substance abuse services	12
Alton Mental Health Center	4500 College Ave. Alton, IL 62002	618-474-3800	Self Pay; Private Insurance; Medicare; Medicaid for those under 21 or over 65 years old	Only accepts patients over 18 years old; No substance abuse treatment available	15
Southeast Health Access (Southeast Missouri Hospital)	1701 Lacey St. Cape Girardeau, MO 63701	866-684-3278	Private Insurance; Medicaid/Medicare; Self-Pay	Social-psychotherapy; Group sessions; Family meetings	14

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Hospitals Accepting Adult Involuntary Psychiatric Admissions

Hospital Name	Address	Phone Number	Payment Source	Information	Bed Number
Choate Mental Health and Development Center	1000 N Main St Anna, IL 62906	618-833-5161	Medicaid/Medicare; Self Pay; Some Private Insurance	SASS (18-21); Geared for longer stays; Does not accept children	79
Memorial Medical Center	701 N 1st St Springfield, IL 62781	217-788-3505	Medicaid/Medicare; Self Pay; Some Private Insurance	Treatment for broad range of psychiatric issues; Detoxification offered.	37
St. John's Hospital	800 E. Carpenter St. Springfield, IL 62769	217-544-6464 ext. 45979	Medicaid/Medicare; Self pay; Some Private Insurance	Acute care; Accepts only those 18 years or older	18 Adult; 14 Geriatric
Pavilion Hospital	809 W Church St. Champaign, IL 61820	800-373-1700	Private Insurance; Medicare; Medicaid over age 62	SASS; Medical Detoxification; Dual Diagnosis Treatment; Residential Treatment; Partial Hospitalization/IOP	30
Richland Memorial Hospital	800 E. Locust Street Olney, IL 62450	618-392-3302	Self Pay; Medicare/Medicaid; Private Insurance	Detoxification not offered	10
St. Mary Hospital	400 N. Pleasant Centralia, IL 62801	618-436-8519	Self Pay; Medicare/Medicare; Private Insurance	12 day inpatient unit; No substance abuse services	12

Psych Units That Also Provide Medical Care

Hospital Name	Address	Phone Number	Payment Source	Information	Bed Number
Memorial Medical Center	701 N 1st St Springfield, IL 62781	217-788-3505	Medicaid/Medicare; Self Pay; Some Private Insurance	Treatment for broad range of psychiatric issues; Detoxification and some substance abuse treatment offered	37
St. John's Hospital	800 E. Carpenter St. Springfield, IL 62769	217-544-6464 ext. 45979	Medicaid/Medicare; Self pay; Some Private Insurance	Acute care; Accepts only those 18 years or older	18 Adult; 14 Geriatric
Gateway Regional Medical Center	2100 Madison Ave Granite City, IL 62040	618-798-3888	Self Pay; Medicaid/Medicare; Private Insurance	SASS; Provides broad range of psychiatric treatments	24 Adolescent 19 Pediatric; 23 Adult; 17 Geriatric

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Pediatric Psychiatric Admissions (SASS)

**SASS: Screening Assessment and Support Services for Medicaid-eligible children in Illinois*

Hospital Name	Address	Phone Number	Payment Source	Information	Bed Number
Center Pointe Hospital	4801 Weldon Spring Pkwy. St. Charles, MO 63304	636-441-7300	Private Insurance; Medicare; If the patient is 20 years old or younger, accepts medicaid from Illinois and Missouri; No state funding	SASS; Short-term Crisis stabilization for mental health; detoxification services available; chemical dependency residential services (30 beds)	15
Lincoln Prairie Behavioral Health	5230 S. Sixth Street Rd. Springfield, IL 62707	217-585-1180	IL & MO Medicaid; Most Private Insurance; TriCare (Military Insurance coverage)	SASS; Ages 3-17; Serves all of Illinois; Partial hospitalization program for ages 12-17 starts in March 2013; Dual Diagnosis treatment for adolescents; www.lincolnpairiebhc.com	80+
Pavilion Hospital	809 W Church St. Champaign, IL 61820	800-373-1700	Private Insurance; Medicare; Medicaid over age 62	SASS; Psychiatric Stabilization and Evaluation; Dual Diagnosis Treatment; Partial Hospitalization/IOP	17
Gateway Regional Medical Center	2100 Madison Ave Granite City, IL 62040	618-798-3888	Self Pay; Medicaid/Medicare; Private Insurance	SASS; Provides broad range of psychiatric treatments	24 Adolescent 19 Pediatric
Streamwood Hospital	1400 E Irving Park Streamwood, IL	630-540-3700	Medicaid/Medicare; Private Insurance; No Harmony Insurance	Pediatric Unit for ages 3-17; Young adult unit for ages 18-20; Autism Spectrum Disorder care; No chemical dependency treatment	Around 130
Riveredge Hospital	8311 W. Roosevelt Forest Park, IL 60130	708-209-4181	IL Medicaid; Most Private Not in network with Humana, Not in network with some CIGNAs, Not in network with a majority of Blue Cross Blue Shield HMOs	Children, Adolescents, adults, older adults, military, transitioning youth adults	Around 22
Maryville Scott Nolan Center	555 Wilson Lane Des Plaines, IL 60016	847-768-5330	Private Insurance; Public Aid; DCFS Wards	Children (3-20) also Deaf and Hard of Hearing	85

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(rkoehl@bicountyhealth.org)***

V. Transportation

Company Name	Phone Number	Area Covered	Payment	Information
Illinois Patient Transport	877-745-8367	All of Illinois	No payment - it contracts with the State.	Voluntary and Involuntary Patient Transportation; Transportation must be scheduled by psychiatric facility/hospital
Medic 1	217-342-1050	In Illinois: Salem, Pavillion Hospital in Champaign, Centralia, Effingham, Vandalia, Springfield; Some hospitals in St. Louis, MO	Private Insurance contracts with several hospitals; Medicaid is NOT accepted; Some credit cards; Medicare	Voluntary and Involuntary Patient Transportation; Public can call for transportation from private residences to Emergency Departments; Psychiatric facilities/nurses/social workers must schedule for transportation to places other than Emergency Departments
Lovisa Medical Transport	618-521-1706	In Illinois: Union County, Franklin County, all three SIH Hospitals (Memorial Hospital of Carbondale, Herrin Hospital, St. Joseph Memorial Hospital), Pavillion Hospital in Champaign	Contracts with SIH	Voluntary Patient Transportation; Transportation must be scheduled by a psychiatric facility; Patients can be picked up from private residences out of Carbondale and St. Joseph's Hospital; Services are available 24 hours a day/7 days a week/365 days a year

VI. Miscellaneous Resources

Name	Contact Information
National Alliance on Mental Illness (NAMI) - Jackson County	618-453-1509 dgking@siu.edu
Illinois Department of Human Services	DHS Help Line: 1-800-843-6154 TTY: 1-800-447-6404
<i>Division of Mental Health</i>	http://www.dhs.state.il.us/page.aspx?item=29728
Prevention Resource Center	800-252-8951
Rape Action Committee (Women's Center)	618-529-2324

This needs assessment was developed by the Joint Access to Care Team associated with the Jackson County and Franklin-Williamson Healthy Communities Coalitions in March 2013.

If you have corrections to the information above please forward these to Robin Koehl (rkoehl@bicountyhealth.org)

COMMUNITY RESOURCES

Randolph County Interagency Council

Jesica Gentry, Monroe Randolph Transit District
Meg Wessel, Hospice of Southern Illinois
Michelle Keim, South Western Illinois College
Terry Knoth, Greater St. Louis United Way
Shari Crockett, Monroe Randolph Regional Office of Education
Jon Douglas, Living Independently Now Center (LINC), Inc.
Karen Schaller, Violence Prevention Center of Southwestern Illinois
Rosa Richardson, Birth to 3 Program, Sparta Community Unit School District 140
Stephanie Bell, Randolph County Health Department
Maura Williams, Illinois Department of Human Services
Bob Koenegstein, Chester Area Christian Food Pantry
Gary Buatte, Human Service Center
Jennifer Knott, DON, Chester Rehabilitation and Nursing Center
Julie Mumbower, University of Illinois Extension
Marc Kiehna, Randolph County Commissioner
Mike Reed, Provost, South Western Illinois College
Cindy Jones, Administrator, Randolph County General Assistance
Nadene Rieckenberg, Western Egyptian Economic Opportunity Council
Patti Alms, Western Egyptian Economic Opportunity Council
Peter Hertzling, Sparta Community Hospital
Chris Blechle, Executive Director, Randolph County Housing Authority
Barb Razer, Early Intervention Agency
Joyce Buskohl, Western Egyptian Economic Opportunity Council
Lynn Langrehr, Monroe Randolph Regional Office of Education
Meghan Simpson Markotay, Red Bud Regional Hospital
Pastor Peter III, St. John's Lutheran Church, Chester
Theresa Lutz, University of Illinois Extension
Phyllis Hicks, St. Louis United Way
Robert Schroeder, Housing, Western Egyptian Economic Opportunity Council
Cindy Ponder, Perandoe
Rachel Sadler, Preandoe Education Program
Sarah Ward, Sparta Terrace
Senator Dave Luechtefeld
Stacy Campbell, Land of Lincoln Legal Assistance Foundation
Terry Waldron, Retired Art Teacher
Amy Thomas, Hospice of Southern Illinois
Buffy McKinney, Heart Association
Loretta Broomfield, Shawnee Library System
Lynne Eichelberger, Hospice of Southern Illinois
Meg Wessel, Hospice of Southern Illinois

COMMUNITY RESOURCES: EDUCATIONAL FACILITIES

Category	Facility Name	City
<i>Nonpublic Schools</i>	St John Lutheran School	Chester
	St John Lutheran School	Red Bud
	St Marks Lutheran School	Steeleville
	Trinity Lutheran School	Red Bud
	St John the Baptist	Red Bud
	St Mary School	Chester
	Christ Our Savior Lutheran H S	Evansville
	<i>Public Districts & Public Schools</i>	Coulterville USD 1
Coulterville High School		Coulterville
Coulterville Junior High School		Coulterville
Coulterville Elementary School		Coulterville
Chester N HSD 122		Waterloo
Red Bud CUSD 132		Red Bud
Red Bud High School		Red Bud
Red Bud Elementary School		Red Bud
Prairie Du Rocher CCSD 134		Prairie Du Rocher
Prairie Du Rocher Elementary School		Prairie Du Rocher
Steeleville CUSD 138		Steeleville
Steeleville High School		Steeleville
Steeleville Elem School		Steeleville
Chester CUSD 139		Chester
Chester High School		Chester
Chester Elem School		Chester
Sparta CUSD 140		Sparta
Sparta High School		Sparta
Sparta-Lincoln Middle School		Sparta
Sparta Primary Attendance Center		Sparta
Evansville Attendance Center		Evansville
<i>Regional Programs</i>		Beck Avc Alternative School
	Monroe/Randolph Red Brick School	Red Bud
<i>Special Education Districts & Schools</i>	Perandoe Special Education District	Red Bud
	Perandoe Educational Program	Tilden