



Randolph County Health Department

Community Health Needs Assessment and Plan 2023-2028

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Community Health Needs Assessment and Plan 2023-2028
EXECUTIVE SUMMARY

The priority health problems were identified through a review of health outcome data, a collection of the concerns from the community and input from the Randolph County Community Group. Three priorities were identified: alcohol and drug addiction; mental illness with a focus on depression, anxiety and suicide and heart disease with a focus on diabetes, obesity and tobacco use. The following plans were developed in conjunction with community partners to address preventing these priorities through evidence-based strategies.

Alcohol and Drug Addiction

Decrease by 25% the number of youth who find alcohol and drug use acceptable by:

- Supporting schools in building protective factors against alcohol and other drug use
- Support and build positive parenting opportunities
- Build a community environment that reflects healthy norms
- Develop youth prevention leaders and peer-to-peer support in schools
- Decrease stigma related to addiction and recovery (and mental health) including self stigma, structural stigma and, social stigma
- Work with members of law enforcement community to identify “at risk” households / situations to distribute help materials to seek care for alcohol / drugs
- Widely disseminate resource guide for members of professional / helping community in Randolph County, as well as citizens to self-refer for problems related to alcohol and other drugs

Mental Illness with a Focus on Depression, Anxiety and Suicide

Increase identification, referral, and treatment of mental illness among adults and youth in Randolph County with:

- Full roll-out of 988 emergency mental health response
- Implementation of *Zero Suicide Toolkit* and initiative
- Expansion of Mental Health First Aid program
- Offering Oasis Programming on Mental Health / Well-Being to Older Adults
- Expansion of Youth Mental Health First Aid training for adults
- Expansion of Life-Savers Training in Schools
- Improvement of communication & collaboration between Regional Office of Education regarding mental health structure and in-school mental health staff
- Implementation in new locations & expansion in current locations *Ending the Silence*
- Implementation *Toward No Drug Abuse* and *Too Good for Drugs* prevention curriculum

Heart Disease with a Focus on Diabetes, Obesity and Tobacco Use

Reduce the risks for developing heart disease, particularly obesity and tobacco use, among residents of Randolph County with:

- Development and deployment a community-based exercise program for one or more communities
- Targeting workplaces to provide *point of purchase prompts* to encourage selection of healthier food choices in vending machines and cafeterias
- Initiation or expansion of CATCH programming (nutrition and physical activity components) in as many elementary schools as possible
- Initiation of diabetes education classes (or expand where existing classes exist) at all three hospitals
- Offering diabetes self-management classes targeting older adults at senior centers throughout RC
- Hiring a bilingual community health worker to reach out to Hispanic people in RC to provide information about symptoms, management, and care for diabetes and other chronic conditions
- Initiation of a public education campaign for pre-diabetes. Offering education for those who have pre-diabetes to reduce chances of developing type 2 diabetes
- Mobilizing the community to restrict access to tobacco products for youth. Working with partners in alcohol and substance abuse problem area, reach out to retailers in county and law enforcement to urge education and adherence to laws against underage tobacco use
- Assisting county employers to promote smoking cessation among employees
- Researching and then pilot-test a cell-phone based app for smoking cessation to be deployed through hospitals, health department, and or the work-place

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Randolph County's Community Health Needs Assessment

Statement of Purpose

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

Community Participation

A wide variety of community partners were invited to participate in IPLAN meetings to review health data, community input and identify the health priorities. These meetings were held on May 11 and June 22.

At the May 11th meeting there were 17 partners representing: Red Bud Regional Hospital, ComWell, Chester Mental Health, Gateway FS, Chester School, Sparta School, Red Bud School, Western Egyptian, Chester Senior Center, Sparta Senior Center, Regional Office of Education, Sparta Community Hospital, Chester Memorial Hospital, Gilster Mary Lee, United Way and Randolph County Health Department. At this meeting the IPLAN process was explained and input from community partners was received regarding progress on previous priorities, identification of current health issues, and who else should be invited to participate in the process.

At the June 22nd meeting there were 18 partners representing the follow sectors of the community: hospitals, schools, Regional Office of Education, Board of Health, county board, mental health facility, industry, community mental health, health department and volunteer organizations. At this meeting additional health data was shared along with the results of the community survey which collected input on quality of life and health issues. The group discussed the health issues facing the community and identified priorities.

Methods

The collection of health issues impacting Randolph County was accomplished through a review of data, a sharing of perceived issues from community partners and responses to a community survey.

Demographic and health outcome data for Randolph County were collected and shared with the community partners. This data set included indicators on demographic and socioeconomic characteristics, general health and access to care, maternal child health, chronic disease, infectious disease, environmental/injury control and sentinel events. Data was reviewed and compared with both Illinois and national data.

Community partners were asked about which health issues were of major concern for the community and the following is a list of issues shared: dentist underserved area; addictions-gambling and substances as well as substance abuse; mental health, anxiety, depression, and suicide; heart disease; diabetes; obesity; nutrition risk factors; motor vehicle crashes; auto

immune diseases; lung problems—asthma, cancer, COPD; and domestic violence, child abuse, and elder abuse.

A survey was developed to collect input from the community on quality of life, health behaviors, and health issues. Surveys were distributed by community partners to their constituents, at community events targeting minority populations, was available online and at the health department.

Results

Following is a description of the demographic and health problem data available for Randolph County. The following issues were identified from the data review as being of particular concern: heart disease; all neoplasms; lung cancer; suicide; infant mortality; access to primary care, dental care, and mental health care; substance abuse and use in adolescents and mental health in adolescents. Here is a summary of the findings from the data and the community survey. More detail on both are available in the appendix.

Demographic and socioeconomic characteristics

Randolph County is located along the Mississippi River in Southern Illinois and 43% of the county is considered rural. There are 31,973 people living in Randolph County and the population size has been decreasing over the last five years. Census data from 2020 indicate county residents are more likely to be white and older in comparison to Illinois demographics. The median age in Randolph County is 42.2 years compared to 38 years in Illinois. Randolph County has more men than women, but this is attributable to a large men's state maximum security prison, Menard, located in Chester, the county seat.

The median income is much lower in Randolph County, although the overall poverty rates in Randolph County are the same as in Illinois. Of particular concern is the poverty rate among children under the age of 5, with nearly 1 in 4 children living in poverty. This represents an especially vulnerable group.

Randolph County has lost 3.3% of their population in the last six years, compared to Illinois which lost 1.2% in the same period. Homes are much lower than the median value for the state. Homes are also more likely to be owner occupied, slightly newer, and have a lower occupancy rate as compared to Illinois. Randolph County residents are more likely to have a personal vehicle available. Unemployment rates for the last year have been lower than for the state of Illinois. Those with high school diplomas have earnings on pace for the state. A greater percentage of people work in agriculture and manufacturing. There are fewer people with college degrees and the wages for those with degrees and especially graduate degrees lag substantially behind the wages in the state.

General health and access to care

The Randolph County death rate rose 23% from 2019 to 2020. Age adjusted death rates (all causes) are 6-15% higher for Randolph County as compared to Illinois. Access to care is lower in Randolph County for primary care, dental care, and mental health providers, with access levels around two times lower for each. Access is lowest for dental care. There are also longer hospital stays for Medicare patients for ambulatory care sensitive conditions as compared to

average Medicare stays in Illinois. In recent years the percent of Randolph County residents reporting being in poor health has increased and is now higher than the percentage reported in the state as a whole. Randolph County residents are also reporting a higher number of days per month that they are in poor physical or mental health.

Maternal child health

Due to the small number of births in Randolph County the infant death data was averaged for the years 2015 to 2020. During this period infant mortality in Randolph County was 7.3 deaths/1000 births as compared to 6.54 deaths/1000 births for the state overall.

Chronic disease

Deaths from circulatory diseases, all neoplasms, diabetes, and lung cancer are all higher for Randolph County as compared to the state as a whole. In addition, rates of chronic disease related behavioral risk factors of smoking, obesity, sedentary lifestyle, and tobacco use in adults are all at least 20% higher than those reported for Illinois. The data from the Illinois Youth Survey supports these areas of behavioral risk as also an issue for the youth of the county. The availability of exercise options is lower in this rural county.

Infectious disease

The number of cases of sexually transmitted diseases had declined significantly in the last few years from 128 cases of Chlamydia in 2019 to only 31 reported cases in 2021.

Environmental/injury control

While the suicide rate in Randolph County over the last five years is higher than that in Illinois (13.1 deaths/100,000 vs. 11.1 deaths/100,000) it has decreased from the previous five-year average rate of 17.6. Responses from the Illinois Youth Survey for Randolph County in 2018 indicate that 25% of 10th graders and 17% of 12th graders have seriously considered suicide and even higher levels report withdrawing from usual activities due to being seriously sad.

Drug and alcohol deaths in Randolph County have remained stable at 24.3 deaths/100,000 and in Illinois this rate has increased dramatically. However, the rate of motor vehicle crash deaths in Randolph County is nearly three times the rate for Illinois. Use of alcohol and marijuana in high school students is also a concern. The percent admitting to binge drinking for was 40% for 12th graders. The percent of 12th graders reporting driving under the influence is also a significant concern with 30% reporting driving after alcohol consumption and 17% reported driving after using marijuana. There were four drug overdose deaths in 2020 in Randolph County.

Sentinel events

The rate of deaths due to COVID was higher in Randolph County (162.7/100,000) than in the state (124.9/100,000) and the rate of being fully vaccinated was lower (RC 50.7% vs IL 68.9%).

Community Survey Results

There were 327 survey responses, which well exceeded the goal of 250. Surveys were shared at a Juneteenth celebration, in an effort to get more responses from African Americans. In comparison with county demographics there was an underrepresentation of males, nonwhites, Hispanics, and those with less education. There was good representation of ages and

communities throughout the county. Survey results included quality of life concerns and strengths, health behaviors and health issues of concern. The health behaviors of most concern in order of frequency were drug abuse, tobacco use, alcohol abuse, unhealthy eating, and inactivity. The most frequently cited health problems were:

- drug dependence
- obesity
- heart disease
- mental illness
- diabetes
- alcoholism
- cancers
- lung problems

Priority Setting

At the June 22nd meeting of the community partners the top seven health issues from the community survey were shared. Each health issue was cross walked with the health issues named by community partners at the prior meeting. All the issues but cancer had also been identified by the community partners. The related health data of significance for each of these seven health issues was also reviewed. The seven issues identified were:

- Addiction to Drugs and Alcohol
- Obesity
- Heart Disease
- Mental Illness (Anxiety, Depression, Suicide)
- Diabetes
- Cancers (other than lung)
- Lung Problems including Cancer, COPD,, Asthma

The participants discussed if any of the issues could be grouped or separated. Obesity, diabetes, tobacco and heart disease were grouped together with obesity, diabetes and tobacco being risk factors for heart disease. Addiction to drugs and alcohol remained together as the interventions would be the same. The participants used a modified nominal group process to vote on their priorities. Participants were asked to consider severity, number impacted and ability of the community to impact this issue as part of their voting process. There was some general discussion on the importance of the various issues before the voting took place. Each person was given three stickers to place by their chose of priorities. The following health priorities were selected:

1. Alcohol and drug addiction
2. Mental illness including anxiety, depression and suicide
3. Heart disease and the risk factors of diabetes, obesity, and tobacco use.

Community Health Plan

Statement of Purpose

This plan has been developed to address the identified priorities for Randolph County and to describe the strategies that will be used by Randolph County Health Department and their community partners to improve these outcomes and the overall health of the community. This plan was developed with input from the Randolph County IPLAN Community Partners, and Southern Illinois Substance Abuse Alliance (SISAA). It was reviewed and approved by the Randolph County Board of Health on October 18, 2022 along with the health department's strategic plan.

Community Participation and Community Health Plan Process

The Randolph County IPLAN group met on June 22 to identify the priorities and to initiate the formation of groups to address each priority. Participants were asked to sign up for at least one of the three planning groups and additional members with expertise on the priority were added before the groups met. The planning groups met from July to September. Each group received a plan template with key data, risk factors, 2030 Healthy People Objectives and instructions for considering community attributes and resources in developing the plans. Resources for evidence-based strategies were also provided. These templates were used to guide discussion and plan development. This process for each group was facilitated by Rita Boyd, an IPLAN consultant for the health department.

There was representation from the health department on each group. There was also coordination with the Southern Illinois Substance Abuse Alliance (SISAA) which had already been addressing each of the priorities. Each of the three groups included a wide array of community sectors (see the appendix for a complete list). The group which developed the alcohol and drug addiction plan included representation from all three hospitals, the health department, the mental and behavioral health agency, substance abuse treatment centers, volunteer organizations, county government, the court system, business, community members, youth services, regional office of education and SIUC faculty. Community participation in the development of the plan for Mental Health included representation from the health department, the mental and behavioral health agency, a volunteer organization, and 2 hospitals. The Heart Disease Risk Reduction Workgroup was the smallest of the planning groups and included representation from the health department, two hospitals, and the mental health hospital.

The plans include a review of the health problem along with risk factors, direct and indirect contributing factors, barriers and local resources. Each plan also includes outcome and impact objectives, and proposed strategies. The plans were developed with a focus on implementation of evidence-based strategies by a coalition of community partners and include anticipated sources of funding and an evaluation plan. Each strategy lists the source for being evidence-based. The rough drafts of the plans were shared back with community partners for additional input and the final plan was presented to the Randolph County Board of Health at their October 18, 2022 meeting.

RCHD IPLAN Priority #1 Alcohol and Drug Addiction

<p>1. Health Problem: Excess of use of drugs and alcohol among youth in Randolph County. According to 2018 Youth Risk Behavior Survey</p> <ul style="list-style-type: none"> • Binge drinking—9% 8th gr, 18% 10th gr, 40% 12th gr • Use of marijuana—16% 8th gr, 24% 10th gr, 31% 12th gr. • Driving under influence—12% 10th gr., 30% 12th gr. 	<p>2. Outcome Objective: Decrease by 25% the number of youth who find alcohol and drug use acceptable.</p>
<p>3. Related Healthy People 2030 Objectives: Reduce the proportion of adolescents who drank alcohol in the past month — SU-04 Increase the proportion of adolescents who think substance abuse is risky — SU-R01 Increase the proportion of people with a substance use disorder who got treatment in the past year — SU-01</p>	
<p>4. Risk Factor(s): The risk factors for substance use are many and varied. These risk factors include:</p> <ul style="list-style-type: none"> • Family history of substance use • Favorable family / peer / community attitudes towards the behavior • Poor parental monitoring • Parental substance use • Family rejection of sexual orientation or gender identity • Association with delinquent or substance using peers • Lack of school connectedness • Low academic achievement • Childhood sexual abuse • Mental health issues • Chronic pain 	<p>6. Impact Objective(s):</p> <ul style="list-style-type: none"> • Reduce by 10% the number of adolescents who report driving while under the influence of alcohol or marijuana. • Reduce by 10% the number of adolescents who engaged in binge drinking in the last month
<p>5. Contributing Factors (Direct/Indirect):</p> <ul style="list-style-type: none"> • Poverty • Social Isolation • Lack of parental supervision • Parent’s using substances 	<p>7. Intervention Strategies: <u>Supporting schools in building protective factors against alcohol and other drug use.</u> Examples:</p> <ul style="list-style-type: none"> • Urging use of <u>brief alcohol interventions</u> County Health Rankings & Roadmaps

<ul style="list-style-type: none"> • Social norms accepting or encouraging substance use • Chaotic home environment • Behavior / mental disorders • Family member incarcerated • History of trauma • Lack of recreational opportunities • Low density population • Easy access to alcohol & other drugs • Lacking regulations / lax enforcement • Stress imposed by recent pandemic 	<ul style="list-style-type: none"> • Promoting non-alcohol/drug activities in schools • Collaborating with youth organizations & with athletic directors in schools to promote anti-alcohol / drug messaging • Holding school-wide assemblies with youth-oriented motivational speaker to advance anti-alcohol / drug messaging <p><u>Support and build positive parenting opportunities</u> Example SAMHSA Talk-They Hear You Campaign "<u>Talk. They Hear You.</u>"® Campaign SAMHSA</p> <ul style="list-style-type: none"> • Deploy “In-Plain Sight” campaign to help parents identify substance use in their children • Distribute materials for parents to aid in having <i>difficult</i> conversations about alcohol and drug use <ul style="list-style-type: none"> >Educate parents on the legal, financial, and ethical costs to hosting parties where alcohol / drugs are consumed <p><u>Build a community environment that reflects healthy norms.</u> <u>Develop youth prevention leaders and peer-to-peer support in school</u> using materials from SAMHSA Talk They Hear You. <u>Decrease stigma related to addiction and recovery (and mental health).</u> This includes self stigma, structural stigma and, social stigma.</p> <ul style="list-style-type: none"> • Work with members of law enforcement community to identify “at risk” households / situations to distribute help materials to seek care for alcohol / drugs • Widely disseminate resource guide for members of professional / helping community in Randolph County, as well as citizens to self-refer for problems related to alcohol and other drugs
<p>8.Community Stakeholders & Resources: Randolph County Health Department; ComWell; Memorial, Red Bud Regional and Sparta Community Hospitals; Chester Mental Health Center, Other human service agencies; Southern Illinois Substance Abuse Alliance;</p>	<p>9.Barriers to be Addressed: Culture where drinking is “expected” right of passage for youth vs stigma associated with alcoholism & drug abuse; insufficient & poor timeliness of data on substance abuse, arrests, & MVA involving substances at the county level;</p>

<p>Medstar (EMS service); NAMI; Law Enforcement, Courts, & Illinois Department of Corrections; Regional Office of Education; All schools / school districts; Primary Care Clinics; Employers/Employees in Randolph County; All residents of Randolph County</p>	<p>limited mental health/substance abuse providers; people may not know where to seek help; school-based interventions competing for time; substance abuse treatment often not covered or under-covered by insurance, poverty/Low Income; under-estimation of risk / severity substance abuse problems (for abuser); failure to recognize substance abuse problems (providers); business owners & public fail to enforce or collaborate in underage purchase of alcohol; achieving consensus from multiple stakeholders</p>
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10. Anticipated sources of funding and/or in kind support:
 In-kind support from health department, hospitals, schools, ComWell, specifically SISAA (Southern Illinois Substance Abuse Alliance) being the lead organization for this health priority. Financial Support ROSC grant (Illinois), DFC (CDC Federal grant, NAMI, 708 Mental Health Board & tax levies, seeking support /sponsorship from local business community or employers for special projects or events.

11. Evaluation plan to measure progress towards reaching objectives:
Monitor Processes & Programs
 Document the number of program offerings in schools & number of students attending. Interview or survey students / faculty post-events for impact and effectiveness. Document number of contacts with parents. Conduct focus groups with parents and students to determine if anti-alcohol/drug messaging can be accurately recalled.
 Explore methods to track number of people in Randolph County seeking treatment for substance abuse.
Monitor Impact
 Track YRBSS data on alcohol and drug use. Possibly repeat the PRIDE survey.

RCHD IPLAN Priority #2 Mental Illness, Anxiety, Depression, Suicide

1. Health Problem:

Excess mortality and morbidity from mental health disorders in Randolph County.

- Suicide rate 13.1/100,000 RC 2016-2020 vs. IL 11.1 / 100,000.
17.6 / 100,000 RC 2011-2015 vs. IL 10.3.
- Poor mental health days RC vs IL
2022 4.9 vs 4.2; 2021 4.6 vs. 3.8
- Seriously considered suicide—25%
10th graders; 17% of 12th graders
- Seriously sad & withdrawing from
usual activities—41% of 8th graders,
38% of 10th graders, 35% of 12th
graders
- RC vs IL Mental Health Provider
1:1010 residents vs. 1:480 (2022)
1:880 residents vs 1:410 (2021)

2. Outcome Objective:

Increase identification, referral, and treatment of mental illness among adults and youth in Randolph County.

3. Related Healthy People 2030 Objectives:

- Reduce the suicide rate — MHMD-01
- Reduce suicide attempts by adolescents — MHMD-02
- Increase the proportion of children and adolescents who get preventive mental health care in school — EMC-D06

4. Risk Factor(s):

The risk factors for suicide and depression are many and varied. These risk factors include:

- Previous suicide attempt
- Family history mental illness
- Academic failure
- Social isolation / Loneliness
- Criminal/legal problems
- Financial problems
- Grief or loss
- History of trauma
- Substance abuse
- Family dysfunction
- Homelessness / inadequate housing

6. Impact Objective(s):

- Decrease the number of *poor mental health days* reported by adults in Randolph County.
- Decrease the percentage of young people reporting being seriously sad enough to withdraw from usual activities.

<ul style="list-style-type: none"> • Disappointment unfulfilled expectations 	
<p>5.Contributing Factors (Direct/Indirect):</p> <ul style="list-style-type: none"> • Low health literacy • Unawareness of health resources • Apathy • Excessive screen time • Low population density • Trauma • Multiple losses • Information overload • Uncertainty and glut of bad news • Misjudgment of risks • Loss of sense of community • Disillusionment • Perceived lack of safety 	<p>7.Intervention Strategies:</p> <p><u>Reduce Suicide Rate</u></p> <ul style="list-style-type: none"> • Full roll-out of 988 emergency mental health response (SAMHSA) • Implement <i>Zero Suicide Toolkit</i> (SAMHSA Zero Suicide) • Expand Mental First Aid program (mentalfirstaid.org) • Offer Oasis Programming on Mental Health / Well-Being to Older Adults <p><u>Reduce Suicide Attempts by Adolescents</u></p> <ul style="list-style-type: none"> • Expand Youth Mental Health First Aid training for adults in Randolph County (National Council for Mental Well-Being) • Implement Zero Suicide Initiative in Randolph County (SAMHSA) • Expand Life-Savers Training in Schools in Randolph County <p><u>Increase Mental Health Identification / Referral for Children & Adolescents in Schools</u></p> <ul style="list-style-type: none"> • Improve communication & collaboration between Regional Office of Education (regarding mental health structure) and in-school mental health staff (U.S. Surgeon General Advisory) • Implement in new locations & expand in current locations <i>Ending the Silence</i> (NAMI) • Implement <i>Toward No Drug Abuse</i> and <i>Too Good for Drugs</i> prevention curriculum in Randolph County Schools (SAMHSA)
<p>8.Community Stakeholders & Resources: Randolph County Health Department; ComWell (formerly Human Service Center); Perandoe Special Education District; Memorial, Red Bud Regional and Sparta Community Hospitals; Chester Mental Health Center; Other human service agencies; Southern Illinois Substance Abuse Alliance; Medstar (EMS service); NAMI; Lifesaver’s Board; Law Enforcement; Regional Office of</p>	<p>9.Barriers to be Addressed: Insufficient data on mental/behavioral health at the county level; limited mental health providers; poverty/low income; unemployment/uninsured; stigma associated with mental and behavioral health; low health literacy; increasing complexity of mental health and physical health problems; increased competition among public for time, attention, money; language barriers; difficulty accessing</p>

<p>Education; All schools / school districts; AgeSmart (Area Agency on Aging); Primary Care Clinics; Employers; SIU School of Medicine</p>	<p>in-patient services for most severe problems; challenges in care coordination; resistance to treatment plans; those with mental health problems overwhelmed by complexity / difficulties navigating systems; and healthcare inequities</p>
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10. Anticipated sources of funding and/or in-kind support: In-kind support from health department, hospitals, schools, ComWell participating in assessment, planning, implementing, and evaluating this plan. Financial Support ROSC grant (Illinois), DFC (CDC Federal grant, NAMI, 708 Mental Health Board & tax levies, SIU School of Medicine Rural Health funds, Potential cannabis funding (Illinois), and 10% Federal set-aside funding.

11. Evaluation plan to measure progress towards reaching objectives:

Monitor Processes & Programs
Track number of calls to 988, track number of program offerings in schools & number of people attending, interview school mental health personnel to assure communication to ROE improved.

Monitor Impact
Report YRBSS & BRFSS data including poor withdrawal from activities & poor mental health days, monitor number of suicides, conduct our own youth surveys to monitor drug use and mental health status, conduct focus groups for more detailed / nuanced status of mental health in youth community.

RCHD IPLAN Priority #3 Heart Disease & Risk Factors

1. Health Problem

Excess mortality and morbidity from heart disease in Randolph County.

- Heart disease the leading or 2nd leading cause of death in RC
- The crude death rate for heart disease is 30-36% higher than IL and age adjusted rate 6-15% higher than IL
- For the years 2017-2020, the crude death rate for diabetes in RC was 100% higher than IL. The age adjusted rates for those years, 50% higher.
- Diabetes is the 5th or 6th leading cause of deaths in Randolph County
- The rate for adult obesity higher than IL. 2019 38% vs 32%
- In 2018 28% of 8th graders, 33% of 10th graders, 24% of 12th graders reported being overweight or obese
- Smoking rates consistently higher for RC than IL. 2019 rate of 22% vs 15%
- 1 in 4 seniors in high school admit to smoking cigarettes in the last year, 1 in 2 admit to using some type of tobacco product.

2. Outcome Objective

Reduce the risks for developing heart disease, particularly obesity and tobacco use, among residents of Randolph County

3. Related Healthy People 2030 Objectives:

- Increase the proportion of people with diabetes who get formal diabetes education — D-06
- Reduce the proportion of children and adolescents with obesity — NWS-04
- Eliminate cigarette smoking initiation in adolescents and young adults — TU-10
- Increase past-year attempts to quit smoking in adults — TU-11

4. Risk Factors:

There are many risk factors for cardiovascular disease including modifiable and non-modifiable :

- Family history, genetics, race, age
- Obesity and overweight
- Diabetes
- Tobacco Use
- Uncontrolled high blood pressure
- Sedentary lifestyles

6. Impact Objectives:

- After establishing a county-wide baseline, increase by 10% the number of people with diabetes who get formal diabetes education
- After establishing a county-wide baseline (through school nurses) decrease the percentage of children in elementary schools who are obese by at least two percentage points

<ul style="list-style-type: none"> • High cholesterol • Stress 	<ul style="list-style-type: none"> • Decrease the number of adults who report using tobacco by 10% • Decrease the proportion of youth who report using tobacco products by 10%
<p>5. Contributing Factors (Direct/Indirect):</p> <ul style="list-style-type: none"> • Poverty & economic stressors • Food insecurity & rising costs for healthy foods • Food deserts • Low health literacy • Low educational attainment • Cultural practices • Anxiety / Stress / Forced Isolation related to pandemic • Limited access to public transportation • Long Commutes to Work • Lack of access to physical activity, especially affordable options • Lack of sidewalks / biking / walking trails • Over-packed lifestyles limiting time • Preference for fast / convenience food • Limited health education in schools 	<p>7. Intervention Strategies:</p> <p><u>Obesity / Overweight</u></p> <ul style="list-style-type: none"> • Develop and deploy a community-based exercise program for one or more communities in Randolph County (<u>Community fitness programs County Health Rankings & Roadmaps</u>). • Target workplaces to provide <i>point of purchase prompts</i> to encourage selection of healthier food choices in vending machines and cafeterias (<u>Point-of-purchase prompts for healthy foods County Health Rankings & Roadmaps</u>). • Initiate or expand implementation of CATCH programming (nutrition and physical activity components) in as many elementary schools as possible in Randolph County (<u>Coordinated Approach to Child Health (CATCH) – SNAP-Ed Toolkit (snapedtoolkit.org)</u>). <p><u>Diabetes</u></p> <ul style="list-style-type: none"> • Initiate diabetes education classes (or expand where existing classes exist) at all three hospitals in RC. • Offer diabetes self-management classes targeting older adults at senior centers throughout RC (<u>https://www.thecommunityguide.org/findings/diabetes-prevention-interventions-engaging-community-health-workers</u>). • Hire a bilingual community health worker to reach out to Hispanic people in RC to provide information about symptoms, management, and care for diabetes and other chronic conditions (<u>https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-health-workers</u> <u>https://health.gov/healthypeople/tools-action/browse-evidence-based-</u>

	<p>resources/diabetes-prevention-interventions-engaging-community-health-workers)</p> <ul style="list-style-type: none"> • Initiate public education campaign for pre-diabetes. Offer education for those who have pre-diabetes to reduce chances of developing type 2 diabetes (https://www.thecommunityguide.org/findings/diabetes-combined-diet-and-physical-activity-promotion-programs-prevent-type-2-diabetes). <p><u>Tobacco</u></p> <ul style="list-style-type: none"> • Mobilize the community to restrict access to tobacco products for youth. Working with partners in alcohol and substance abuse problem area, reach out to retailers in county and law enforcement to urge education and adherence to laws against underage tobacco use (Community Mobilization with Additional Interventions to Restrict Minors' Access to Tobacco Products (thecommunityguide.org)). • Urge and assist county employers in efforts to promote smoking cessation among employees (https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/tobacco-use-incentives-and-competitions-increase-smoking-cessation-among-workers-when-combined-additional-interventions) • Research and then pilot-test a cell-phone based app for smoking cessation to be deployed through hospitals, health department, and or the work-place (https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/cell-phone-based-tobacco-cessation-interventions).
<p>8.Community Stakeholders & Resources: County hospitals, employers, retailers, University of Illinois Extension, schools, food pantries, Southern Illinois Substance Abuse Alliance, ComWell (Mental Health), Hoylton</p>	<p>9.Barriers to be Addressed: Securing funding, recruiting, hiring, and retaining qualified staff, engaging partners who will participate in interventions, reluctance of people to change long-standing unhealthy</p>

<p>Youth and Family Services, Senior Centers, AgeSmart Community Resources (AAA).</p>	<p>behaviors, reluctance to gather for safety reasons (COVID), unfamiliarity with technical aspects (app-based interventions for example), securing technical assistance, coordinating with existing efforts (existing exercise groups), resistance of schools to implement CATCH because of budget/staff/time limitations, and reluctance of partners to gather evaluation data.</p>
<p>10. Anticipated sources of funding and/or in-kind support: Securing new grant funding for health-department led initiatives, support from local hospital staff for education programs offered at the hospitals. Support from AgeSmart for diabetes management education offered in senior centers, collaboration with SISAA on youth-tobacco prevention initiatives.</p>	
<p>11. Evaluation plan to measure progress towards reaching objectives: Numbered for each intervention</p> <ol style="list-style-type: none"> 1. Count the number of people who participate in the community fitness intervention as well as length and persistence in the program 2. Count the number of workplaces approached vs. the number of workplaces that accept and are willing to post point of purchase signage for healthier food choices 3. Document the status of current CATCH programming in schools. Document how CATCH programming was expanded in existing schools and the number of schools who accept new CATCH elements 4. Document the new locations where diabetes education is being offered. Count the number of people who participate in formal diabetes education. 5. Count the number of people in the Spanish-speaking community who interact with the community health worker. Summarize the types of interventions provided (education, referral, assistance with resources). 6. Describe interventions selected for pre-diabetes (message boards, psa's, outreach through care-providers, deployment of self-screening tools, website development, or classes). 7. Describe interventions selected to reduce youth-access to tobacco, including number and response of retail sites, educational interventions provided through schools. 8. Count the number of workplaces approached vs. the number of workplaces that accept and are willing to approach employees who want to quit using tobacco. Count number of employees who participate. 9. Document the number of people who download the tobacco-cessation smart-phone app. Conduct phone interviews with 10 participants to describe their satisfaction with the app and their success in cessation. 	

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Appendices

- A. Randolph County Community Partner Lists
- B. Randolph County Demographic and Health Data
- C. Survey Life in Randolph County
- D. Community Survey Results
- E. Board Letter of Approval regarding Community Health Plan and Strategic Plan

A. Randolph County Community Partner Lists

IPLAN Health Assessment Group		
Name	Agency	Sector
Krista Mulholland	Randolph County Health Dept	Public health
Deb Grapperhaus	Randolph County Health Dept	Public health
Rita Boyd	Randolph County Health Dept	IPLAN consultant
Miriam Link-Mullison	Randolph County Health Dept	IPLAN consultant
David Holder	Randolph County Board of Health	Governance
Shea Haury John Reith Bob Phillips	Comwell	Mental and behavioral health agency
Laurie Irose Cheryl Simmons	Chester Mental Health	Mental health treatment
Crystal Liefer	Gateway FS	Substance abuse treatment
Missy Meyer	Chester High School	Schools
Kimberly Briggs	Chester School District	Schools
Dr. Gabe Schwemmer	Sparta School District	Schools
Jonathan Tallman	Red Bud School District	Schools
Kelton Davis	Regional Office of Education	Schools
Carol Mulholland	Chester Memorial Hospital	Hospitals
Jennifer Barbour	Sparta Community Hospital	Hospitals
Amy Rohlfing	Red Bud Regional Hospital	Hospitals
Melissa Fanning	United Way	Volunteer organization
Rhonda Wilson	NAMI SWT	Volunteer organization
Donna Wolters	Chester Senior Center	Aging agency
Kevin Wilson	Sparta Senior Center	Aging agency
Paulette Hamlin	Western Egyptian	Industry
Jack Hutchinson	Gilster Mary Lee	Industry

Alcohol and Drug Addiction Planning Group (SISAA)

Name	Agency
Mariah Bargman, SISAA Chair,	Chester Memorial Hospital Health
Rhonda Wilson, SISAA Vice Chair,	Natl. Alliance Mental Illness SW IL Health
Lindsey Wold	Amygdalaco Health
Carol Mulholland	Sparta Community Hospital Health
Melissa Monte	The Aviary Recovery Center Health
Sandy Prange	Western Egyptian Health
Debra Grapperhaus	Randolph County Health Dept.
Krista Mulholland, Administrator	Randolph County Health Dept.
Rita Boyd, Consultant	Randolph County Health Dept.
Meghan Markotay	Red Bud Regional Hospital Health
Tim Page	Sparta Resident
Barbara Page	Sparta Resident
Marc Kiehna	Randolph County Commissioner & Liquor Commissioner
Kristen Wolter	Wolter Custom Cabinets
Susan Baker, Substance Use Manager	ComWell
John Reith, Recovery Coordinator Staff	ComWell
Kendra Kennedy, Dir. Quality Assurance Dev	ComWell
Dennis Trask, Youth Prevention Coordinator	ComWell
Sharon Frederking	Washington County Consultant
Dan Emge, Judge	Randolph County Courts
Heather Creasy	Hoyleton Youth Services
Jana Bollman Young	Regional Office of Education
Erica Blumenstock	SIUC Nursing Faculty

Mental Health Work Group	
Name	Agency
Rita Boyd IPLAN Consultant Krista Mulholland, Administrator	Randolph County Health Department
Rhonda Wilson	NAMI
Shea Haury Susan Baker Kendra Kennedy John Reith Dennis Trask	ComWell
Mariah Bargman	Memorial Hospital, Chester
Jennifer Barbour	Sparta Community Hospital

Heart Disease Risk Reduction Work Group	
Name	Agency
Debra Grapperhaus	Randolph County Health Department
Krista Mulholland	Randolph County Health Department
Sheri Fortman	Randolph County Health Department
Rita Boyd	Randolph County Health Department
Jennifer Barbour	Sparta Community Hospital
Amy Rohlfing	Red Bud Hospital
Laurie Irose	Chester Mental Health

B. Randolph County Demographic and Health Data

DEMOGRAPHICS and SOCIOECONOMICS

Population Demographics (Source American Community Survey 2020)

	Randolph Co.	Percentages	Illinois	Percentages
Total Population	31,973		12,716,164	
Male / Female	17966/14,007	56.2% / 43.8%	6,247,083 / 6,269,081	49.2/50.8
<18	6125	19.2%	2,855,432	22.5%
>65	6042	19.0%	1,990426	15.7%
Median Age	42.2		38	

Population Trends (Source American Community Survey 2020)

2015	33,069
2016	32,934
2017	32,839
2018	32,546
2019	32,295
2020	31,973

Gender (Source American Community Survey 2020)

	Randolph Co.	Percentages	Illinois	Percentages
Total Population	31,973		12,716,164	
Male / Female	17966/14,007	56.2% / 43.8%	6,247,083 / 6,269,081	49.2%/50.8%
<18	6125	19.2%	2,855,432	22.5%
>65	6042	19.0%	1,990426	15.7%
Median Age	42.2		38	

Race & Ethnicity (Source American Community Survey 2020)

	Randolph County	Percentages	Illinois	Percentages
One Race White	25,626	80.1%		69.8%
One Race Black	2395	7.5%		14.1%
Two or More Races	1289	4.0%		4.2%
Hispanic	1032	3.2%		17.2%

Housing Characteristics 2016-2020

	Randolph County	Illinois
Occupied	86.4%	90.9%
>50 Yrs Old	64%	65.7%
Owner Occupied	77.4%	66.3%
Lack Plumbing	.3%	.3%
Lack Kitchen	1.1%	.8%
No Telephone	1.1%	1.6%
Occupants/Room (<1/room)	99.1%	97.6%
Value	110,990	202,100
No Vehicle Available	6.6%	10.7%

Education

	Randolph	Percentages	Illinois	Percentages
Those >25	23,242		8,686,700	
HS or > education	19,709	85%	7,788,362	89%
BS or > education	3005	12.9%	3,085,274	35.5%

Education & Earnings

Those > age 25	Randolph County	Illinois
Median income of all	\$37,551	\$44,669
< HS Education	\$25,184	\$26,397
HS Diploma	\$32,753	\$32,612
Bachelor's Degree	\$50,822	\$60,045
Graduate Degree	\$52,124	\$77,135

Unemployment (Source Bureau of Labor Statistics)

Not seasonally adjusted	Feb 2022	September 2021
U.S.	4.1%	
IL	5.0%	5.1%
Randolph County	3.8%	3.2%

Poverty Status (ACS 2020)

	Randolph	Illinois
<5 yrs of age	23.6%	17.6%
<18 yrs of age	17.8%	16.2%
>65 yrs of age	8.6%	8.8%
Overall poverty rate	12.0%	12.0%

What Kind of Work Do People Do?

	Randolph County	Percentage	Illinois	Percentage
Total Working	13,202		6,236,755	
Agriculture	602	4.6%	62,517	1%
Construction	815	6.2%	337,964	5.4%
Manufacturing	2200	16.7%	732,288	11.7%

Retail	1469	11.1%	655,746	10.5%
Education	2963	22.4%	1,452,209	23.3%
Professional / Science / Management	693	5.2%	753,663	12.1%
Transportation / Warehouse/ Utilities	965	7.3%	415,278	6.7%

County Employment Description: There are 200,000 farm acres. Principle employers are Gateway FS. Manufacturing includes Gilster Mary Lee (415 employees) Spartan Light Metals, Southern Illinois Crankshaft, Red Bud Industries, Secon Rubber, Menard Correctional Center (945 employees), Chester Mental Health (400 employees)

GENERAL HEALTH and ACCESS TO CARE

Mortality in Randolph County

Crude Death Rate (per 100,000) Source CDC Wonder

Year	Randolph	Illinois
2020	1378	1053
2019	1136	861
2018	1177	863
2017	1141	857

Age Adjusted Death Rate (per 100,000) Source CDC Wonder

Year	Randolph	Illinois
2020	914.1	850.7
2019	745.0	704.4
2018	826.3	716.9
2017	795.6	724.2

Leading Causes of Death / Randolph County 2020 IDPH - IQuery	
	Total Deaths
Deaths by diseases of heart	86
Deaths by malignant neoplasms	85
Deaths by chronic lower respiratory diseases	25
Deaths by accidents	23
Deaths by cerebrovascular diseases	22
Deaths by diabetes mellitus	14
Deaths by Alzheimer's disease	12
Deaths by essential hypertension and hypertensive renal disease	10
Deaths by septicemia	8
Deaths by parkinsons's disease	4

2019 Leading Causes of Death Randolph County	Total Deaths
Deaths by diseases of heart	83
Deaths by malignant neoplasms	70
Deaths by chronic lower respiratory diseases	25
Deaths by accidents	22
Deaths by cerebrovascular diseases	15
Deaths by diabetes mellitus	13
Deaths by nephritis, nephrotic syndrome and nephrosis	12
Deaths by Alzheimer's disease	7
Deaths by influenza and pneumonia	6
Deaths by parkinsons's disease	6

2018 Leading Causes of Death	Total Deaths
Deaths by malignant neoplasms	83
Deaths by diseases of heart	81
Deaths by accidents	32
Deaths by chronic lower respiratory diseases	21
Deaths by diabetes mellitus	21
Deaths by influenza and pneumonia	15
Deaths by cerebrovascular diseases	14
Deaths by Alzheimer's disease	10

Deaths by septicemia	10
Deaths by nephritis, nephrotic syndrome and nephrosis	5

Life Expectancy (2018) RWJ Foundation [Life Expectancy by ZIP Code: Where You Live Affects How Long You Live - RWJF](#)

Randolph County 77.17
 Illinois 78.8
 United States 77.3

Access to Health Care –Robert Wood Johnson Foundation

	Primary Care RC /IL	Dental Care RC / IL	Mental Health RC / IL	Preventable Hospital Stays Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 for Medicare enrollees.
2022	2330:1 1230:1 (2019 data)	3240:1 1310:1 (2020 data)	1010:1 480:1 (2021 data)	55 vs 50 (2019 data)
2021	2140:1 1240:1 (2018 data)	2890:1 1240:1 (2019 data)	880:1 410:1 (2020 data)	54 vs 49 (2018 data)
2020	2320:1 1250:1 (2017 data)	3210:1 1280:1 (2018 data)	1000:1 440:1 (2019 data)	61 vs 51 (2017 data)
2019	2330 :1 1230:1 (2016 data)	3240:1 1310:1 (2017 data)	1010:1 480:1 (2018 data)	59 vs 50 (2016 data)
2018	2350:1 1240:1 (2015 data)	2970:1 1330:1 (2016 data)	1330:1 530:1 (2017 data)	84 vs. 55 (2015 data)

Quality of Life Responses--Randolph County vs. Illinois			
	Fair or Poor Health	Poor Physical Health Days	Poor Mental Health Days
2022	20% vs 17% (2019 data)	4.3 vs 3.6 (2019 data)	4.9 vs 4.2 (2019 data)
2021	20% vs 16% (2018 data)	4.5 vs 3.6 (2018 data)	4.6 vs 3.8 (2018 data)
2020	16% vs 17% (2017 data)	3.7 vs 3.8 (2017 data)	3.9 vs 3.8 (2017 data)
2019	16% vs 17% (2016 data)	4.0 vs 3.8 (2016 data)	3.5 vs 3.5 (2016 data)

MATERNAL CHILD HEALTH

Perinatal Statistics

2019	Randolph	Rate	Illinois	Rate
Total Births	318		140,145	
Teen Births	21	6.6%	5948	4.2%
LBW	27	8.5%	11,835	8.4%
Unmarried	157	49.4%	59,928	42.8%
Adequate Care	241	75.8%	106,897	76.3%
Infant Mortality	2		790	5.6/1000 births

2018	Randolph	Rate	Illinois	Rate
Total Births	310		144,846	
Teen Births	22	7.1%	6458	4.5%
LBW	27	8.7%	12,432	8.6%

Unmarried	138	44.5%	59,928	41.4%
Adequate Care	234	75.5%	107,164	74%
Infant Mortality	6		943	6.5/1000 births

2017	Randolph	Rate	Illinois	Rate
Total Births	349		149,390	
Teen Births	22	6.3%	7161	4.8%
LBW	24	6.9%	12,709	8.5%
Unmarried	165	47.3%	59,379	39.7%
Adequate Care	243	69.6%	108,132	72.4%
Infant Mortality	1		912	6.1/1000 births

2016	Randolph	Rate	Illinois	Rate
Total Births	345		154,467	
Teen Births	27	7.8%	7804	5.1%
LBW	26	7.5%	13,052	8.5%
Unmarried	166	48.1%	61,270	39.6%
Infant Mortality	3		985	6.4/1000 births

2015	Randolph	Rate	Illinois	Rate
Total Births	321		158,101	
Teen Births	26	8.1%	8806	5.6%
LBW	21	6.5%	13,136	8.3%
Unmarried	133	41.4%	63,923	44.3%
InfantMortality	0		952	6.0

Infant Mortality Rate for 2015-2019

Randolph	Illinois
12 Deaths / 1643 Births 7.31 / 1000 Births	4882 Deaths / 746,949 births 6.54 / 1000 Births
Randolph County IMR is 12% higher than Illinois for the period 2015-2019	

CHRONIC DISEASE

Diseases of Circulatory System (100-199) Deaths/100,000

Year	Randolph	Illinois
2020	396	294
2019	339	271
2018	315	268
2017	407	266

Neoplasms (C00-D48) Deaths/100,000

Year	Randolph	Illinois
2020	284	196
2019	227	194
2018	262	193
2017	216	194

Malignant Neoplasms (C00-D48) CDC Wonder

Year	Crude Death Rate / 100,00		Age Adjusted Death Rate / 100,000	
	Randolph	Illinois	Randolph	Illinois
2020	271	191	180	151
2019	221	189	140	152

2018	259	188	180	154
2017	213	189	149	158

Mortality Other Cancers (numbers low, so years 2018-2020 combined) All rates / 100,000 (CDC Wonder)

Type of Cancer	RC Crude Death Rate	Illinois Crude Death Rate	RC Age Adjusted Death Rate	IL Age Adjusted Death Rate
Breast	Rates too low for RC to Calculate			
Prostate	Rates too low for RC to Calculate			
Female Genital	Rates too low for RC to Calculate			
Brain	Rates too low for RC to Calculate			
Thyroid	Rates too low for RC to Calculate			
Blood	24.1	15.9	17.8	14.5
Digestive	54.6	35.9	51.2	41.1

Mortality Lung Cancer (D30-39) CDC Wonder

Year	Crude Death Rate / 100,000		Age Adjusted Death Rate / 100,000	
	Randolph	Illinois	Randolph	Illinois
2020	83	45	53	35
2019	72	47	47	37
2018	90	47	64	38

COPD Deaths 2018-2020 (CDC Wonder)

Crude Death Rate / 100,000		Age Adjusted Death Rate / 100,000	
Randolph	Illinois	Randolph	Illinois
74.5	43.7	49.9	35.1

Prevalence of Diabetes in 2019

Illinois – 9.0%

Randolph County 10.1-11%

Source: Centers for Disease Control, Diabetes Disparities In Illinois, GIS SNAPSHOTS — Volume 16 — February 14, 2019 Taylor Jansen, BS¹; Liliana Aguayo, MPH, PhD^{2,3}; James Whitacre, MS⁴; Julie Bobitt, PhD⁵; Laura Payne, PhD⁵; Andiar Schwingel, PhD⁵

Diabetes Deaths 2017-2020

Randolph County		Illinois	
Crude Rate / 100,000	Age Adjusted Rate / 100,00	Crude Rate / 100,000	Age Adjusted Rate / 100,00
46.2	32.3	23.8	19.5

Chronic Disease Related Health Behaviors

Smoking	Randolph County	Illinois
2022 (2019 data)	22%	15%
2021	24%	16%
2020 (2017 data)	17%	15%
2019	17%	16%
2018	17%	16%
Consistently higher than Illinois While methods changed, conclusion: most recent statistics show that percentage is 50% higher than Illinois		
Adult Obesity		
2022 (2019 data)	38%	32%
2021 (2017 data)	38%	30%
2020 (2016 data)	27%	30%
2019 (2015 data)	28%	29%
2018 (2014 data)	27%	28%
Since 2021, the rate for adult obesity 19-22% higher than Illinois		
Sedentary Lifestyles		

2022 (2019 data)	30%	25%
2021 (2017 data)	23%	22%
2020 (2016 data)	27%	22%
2019 (2015 data)	25%	22%
2018 (2014 data)	25%	22%
in these statistics RC is consistently higher than IL as much as 20% higher recently		
Access to Exercise		
2022 (2019 data)	59%	87%
2021 (2017 data)	69%	91%
2020 (2016 data)	69%	91%
2019 (2015 data)	68%	91%
2018 (2014 data)	67%	91%
in these statistics RC is 25-33% lower in availability of exercise options than the state		

Illinois Youth Survey for Randolph County 2018 (most recent available)

Indicator	8th Graders	10th Graders	12th Graders
Overweight or Obese	28%	33%	24%
Food Insecure (Go hungry at home because not enough food)	41%	36%	26%
Percentage Admitting to Smoking Cigarettes (in last year)	10%	10%	24%
Percentage Admitting to Any Tobacco, Cigarettes, Smokeless & Vaping (in last year)	25%	35%	49%

[Cnty18_Randolph.pdf \(illinois.edu\)](#) Illinois Department of Human Services Center for Prevention Research & Development

INFECTIOUS DISEASE

Sexually Transmitted Diseases (case numbers only)

Year	Chlamydia	Gonorrhea	Early Syphilis
2021	31	8	0
2020	41	6	0
2019	128	33	0
2018	84	21	0
2017	75	11	0

[Data and Statistics \(illinois.gov\)](https://data-and-statistics.illinois.gov)

ENVIRONMENTAL/INJURY CONTROL

Drug & Alcohol Related Deaths (Numbers Low So Combined Rates for 5 yr Intervals Rate / 100,000)

Years	Randolph Rate/ #		Illinois
2016-2020	24.3	40	32.3
2011-2015	24.3	40	19.5
2006-2010	16.7	28	16.1
2001-2005	Unreliable	12	12.7

<https://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics.html>

Health Behaviors (Robert Wood Johnson County Health Rankings)

Adult Binge Drinking	RC	Illinois	U.S top performers
2022	23%	23%	15%
2021	22%	22%	15%
2020	20%	21%	13%
Percentage Car Crash Fatalities Involving Alcohol	RC	Illinois	U.S. top performers
2022	33%	29%	10%
2021	29%	32%	11%

2020	29%	32%	11%
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Illinois Youth Survey for Randolph County 2018 (most recent available)

Indicator	8 th Graders	10 th Graders	12 th Graders
Percentage Consuming Alcohol- In the past year	41%	50%	68%
Percentage Admitting to Binge Drinking (in recent 2 week period)	9%	18%	40%
Percentage Admitting to Using Marijuana (In last year)	16%	24%	31%
Admitted Driving Under the Influence (In last year)--Alcohol		12%	30%
Admitted Driving Under the Influence (In last year)--Marijuana		11%	17%

[Cnty18_Randolph.pdf \(illinois.edu\)](#) Illinois Department of Human Services Center for Prevention Research & Development

Drug Overdose Deaths Randolph County

2018 7 (5 opioid 2 synthetic)
 2019 2 (1 psycho stimulant)
 2020- 4 (1 opioid, 1 synthetic, 1 semi-synthetic, 1 cocaine)

Total Adult Arrests for DUI (I-Query)

2014 47
 2015 53
 2016 64
 2017 64

Total Drug-Related ER Visits (I-Query)

2013 18
 2014 27

Drug / Alcohol Related Deaths in CDC Wonder (5 yr Intervals Rate / 100,000)

Years	Randolph rate	#	Illinois rate
2016-2020	24.3	40	32.3
2011-2015	24.3	40	19.5

2006-2010	16.7	28	16.1
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Motor Vehicle Accident Deaths 2018-2020 (CDC Wonder)

Crude Deaths / 100,000

RC 29.4

IL 10.1

2018-2020 there were 77 deaths attributed to accidents, 28 were MVA or 36%

Suicide (ICDC Wonder--Because Numbers Low Combined Rates for 5 yr Intervals Rate / 100,000)

Years	Randolph / # deaths		Illinois
2016-2020	13.1	21	11.1
2011-2015	17.6	29	10.3

Illinois Youth Survey for Randolph County 2018 (most recent available)

Indicator	8 th Graders	10 th Graders	12 th Graders
Seriously Considered Suicide	N/A	25%	17%
Seriously Sad & Withdrawing from usual activities	41%	38%	35%

Quality of Life (RWJ Statistics)

QOL Stats	Poor Mental Health Days	
	Randolph County	Illinois
2022 (2019 data)	4.9	4.2
2021 (2018 data)	4.6	3.8
2020 (2017 data)	3.9	3.8
2019 (2016 data)	3.5	3.5

SENTINEL EVENTS

Deaths from COVID 2020

	Number	Rate
Randolph County	51	162.7/100,000
Illinois	15,715	124.9/100,000

COVID Vaccination Rates

Randolph County	50.7% fully vaccinated
Illinois	68.9% fully vaccinated

C.Survey Life in Randolph County

Randolph County Health Department would like your opinion about quality of life and health concerns in our county. Please take a few minutes to complete this survey. It is confidential and voluntary, but would help agencies plan services in the county. If there are any questions you would rather not answer, leave them blank. Thanks for your time.

Town You Live In:	Highest Grade Completed:	Sex:	Age:	Ethnicity: Non- Hispanic Circle One Hispanic				
Race: (Circle One)	White Other	American Indian / Alaska Native Native Hawaiian /Other Pacific Islander	Black /African American More than One Race					
Use the Scale at the Right to Answer Questions 1-13				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. People in my community can get high quality health care (think about access, cost, options, primary care, specialists, facilities).								
2. My community is a good place to raise children (think about schools & child care).								
3. This is a good place to grow old (think about services like meals on wheels, visiting nurse, adult day care senior housing, & other senior services).								
4. My community has adequate transportation (think about public transportation and roads).								
5. My community is safe (think about police & fire protection, EMS, 911, & crime rates).								
6. My community has plenty of public places for exercise & recreation (parks, trails, & playgrounds).								

7. This area has good access to entertainment (think about sports, art, theatre, music, & other activities).					
8. My community has plenty of places for me to get affordable healthy foods like fresh fruits, vegetables, meat, whole grains & low fat dairy products.					
9. The economy in this area provides for people's needs (think about good jobs, affordable housing, higher education, job training, business opportunities).					
10. People in the area have access to information (think about newspapers, libraries, radio, TV, Internet)					
11. People in this area are interested, informed, concerned and involved in community life.					
12. People in my community look out for each other, are tolerant, generous, and will help each other in times of need.					
13. Overall, quality of life in my community is very good.					

Please select the 5 most important health issues facing Randolph County at this time.

- Heart Disease (heart attack, heart failure, high blood pressure)
- Lung Problems (COPD, asthma, lung cancer)
- Diabetes
- Obesity
- Cigarette Smoking / Vaping / Other tobacco use
- Alzheimer's Disease and other Dementias
- Cancers not Previously Mentioned
- Poor Nutrition or Eating Habits
- Inactivity / Sedentary Lifestyles
- Alcohol Abuse
- Other Types of Drug Abuse
- Motor Vehicle Accidents
- Workplace or Occupational Injuries
- Anxiety, Depression, Suicide
- Domestic Violence / Child Abuse / Elder Abuse
- Sexually Transmitted Infections / STDs
- COVID
- Other Infections Like Flu or Pneumonia

List others not mentioned above:

This survey is being conducted on behalf of Randolph County Health Department. We are looking for at least 300 adults from Randolph County (about 1% of adult population) to answer these questions.

Answers from all respondents will be summarized and used to evaluate citizen needs, plan new programs, and monitor progress of county health initiatives.

Your participation is voluntary and will take less than 5 minutes.

Do not put your name on the survey

If you complete this survey on-line, all identifying information, like your email address, will be removed immediately from the survey.

There are no risks to you for completing this survey, and if you do not want to participate, this will not change anything about the kinds of services you receive from the health department or any other healthcare facility.

D. RANDOLPH COMMUNITY SURVEY RESULTS

Overall Representation

- ◆ Number of Respondents- 327 (Surpassed goal of 250)
- ◆ Men extremely under-represented (20% of the sample)
- ◆ Good age distribution Sample- 22% >65; Population - 19%
- ◆ Race distribution Black –Sample 5%; Population 7.5%
- ◆ Ethnicity Hispanic – Sample 1%; Population 3%

Good Representation of Communities

- | | |
|-------------------------|-----------------|
| ◆ Chester – 70 | Percy - 9 |
| ◆ Sparta – 66 | Tilden- 5 |
| ◆ Red Bud- 56 | Ellis Grove – 9 |
| ◆ Steeleville – 46 | Rockwood – 2 |
| ◆ Baldwin – 4 | Evansville – 14 |
| ◆ Prairie du Rocher – 4 | Walsh – 5 |

Quality of Life—Areas of Concern

- ◆ 33% say affordable foods difficult to access
- ◆ 59% say entertainment hard to access
- ◆ 52% say transportation is inadequate
- ◆ 39% say economy does not provide for people’s needs

Quality of Life—Strengths

- ◆ 65% believe RC is a good place to grow old
- ◆ 85% believe RC is a safe place to be

- ◇ 57% believe RC has adequate places for exercise & recreation
- ◇ 74% believe RC is a good place to raise children
- ◇ 76% believe RC residents look out for one another
- ◇ 80% believe RC is a good place to live

Problem Health Behaviors

- Unhealthy eating- 69%
- Inactivity -65%
- Alcohol Abuse- 70%
- Drug Abuse – 81%
- Tobacco Use- 73%

Most Frequently Cited Health Problems

1. Drug Dependence – 61%
Obesity – 61%
2. Heart Disease -- 56%
3. Mental Illness – 47%
4. Diabetes – 45%
5. Alcoholism – 38%
6. Cancers – 26%
7. Lung Problems – 23%