

Illinois Project for the  
Local Assessment of Needs  
(IPLAN)  
2023 – 2027



# *Clay County Health Department*

*Better Care, Better Health, Better Living*

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July 25<sup>th</sup>, 2023

IPLAN Administrator  
Division of Health Policy  
Illinois Department of Public Health  
525 West Jefferson Street  
Springfield, Illinois 62761-0001

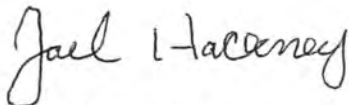
To whom it may concern:

The Clay County Board of Health reviewed and approved the five-year Clay County Health Department IPLAN at its July 25, 2023 meeting. The IPLAN and its objectives were approved and implemented shortly thereafter, resulting in an improved outlook for the continued viability and success of the health department.

Furthermore, the Board of Health reviewed the Clay County Community Organizational Capacity Assessment at its meeting on June 7<sup>th</sup>, 2023 meeting and adopted the Assessment as part of the Illinois Project for the Local Assessment of Needs (IPLAN) submitted to you today.

The Board applauds the efforts of the Health for Generations (H4G) community health coalition toward improving the health of Clay County and its residents. We look forward to seeing the results of their community health improvement efforts over the next 5 years.

Sincerely,



Joel Hackney, President  
Clay County Board of Health



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525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

June 8, 2022

Jeff Workman  
Public Health Administrator  
Clay County Health Department  
601 East 12<sup>th</sup> Street  
Flora, Illinois 62839

RE: Request to use the MAPP planning process for developing IPLAN

Dear Mr. Workman:

The Illinois Department of Public Health (IDPH) has approved your request to use the Mobilizing for Action through Planning and Partnership (MAPP) planning process as an equivalent to the Illinois Project for Local Assessment of Needs (IPLAN) process to develop your IPLAN. Please be advised that your MAPP IPLAN submission shall comply with the requirements of Section 600.400 and Section 600.410 of the Certified Local Health Department Code. Please find enclosed the "IPLAN Standards and MAPP Crosswalk," which provides a detailed outline of how MAPP components correlate with these requirements and other items you may need to achieve a substantial compliance. Note that the IDPH's approval of MAPP process as an equivalent to the IPLAN process is based on the expectation that the local health department and its community partners are committed to the planning process and will complete all four MAPP assessments, maintaining fidelity to the MAPP model.

Please feel free to contact the IPLAN Administrator JoAnne Bardwell me at 217-782-0847 or [DPH.IPLAN@illinois.gov](mailto:DPH.IPLAN@illinois.gov), should you have any questions regarding this communication.

Sincerely,

*Jennifer Epstein*

Jennifer Epstein  
Deputy Director

On behalf of JoAnne Bardwell  
IPLAN Administrator  
Office of Policy, Planning, and Statistics  
Division of Health Data and Policy

Enclosure

cc: Mark Stevens. Regional Health Officer, Marion Region

IPLAN File



**Statement of Purpose:** In April 2023, the Clay County Health Department completed the four MAPP assessments and led the Health for Generations Coalition through a process to identify the most important issues facing the community and write a plan on how to address these issues. The Health for Generation Coalition will use the Community Health Improvement Plan to direct efforts to improve the health for all those who live, work, and play in Clay County.

### **Mobilizing for Action through Planning and Partnerships (MAPP)**

Mobilizing for Action through Planning and Partnerships is a strategic approach to community health improvement. The MAPP tool is a community health improvement planning process developed by the National Association of County and City Health Officials (NACCHO) in collaboration with the Centers for Disease Control and Prevention (CDC) and is designed to emphasize a community-driven and community-owned approach. The Clay County Health Department elected to utilize MAPP for its IPLAN process because of MAPP's emphasis on creating a truly community-driven health improvement plan. MAPP consists of 6 phases.

Phase 1: Organize for Success

Phase 2: Visioning

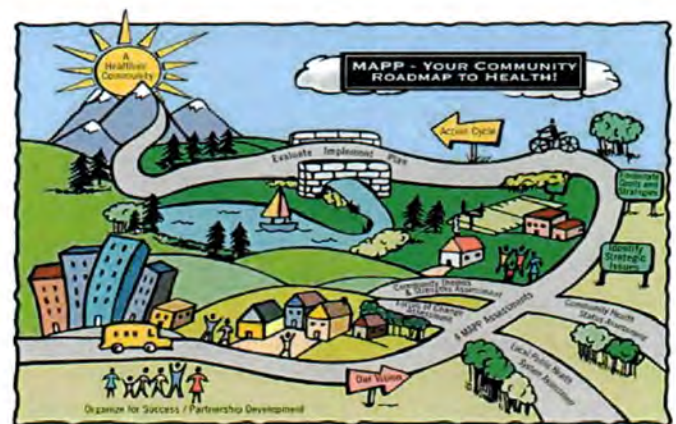
Phase 3: The Four Assessments

- Local Health System Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Community Health Status Assessment

Phase 4: Identify Strategic Issues

Phase 5: Formulate Goals and Strategies

Phase 6: Action Cycle



**Process:** Each individual member of the Health for Generations Coalition was given the task of selecting the top 3 strategic issues. Responses were collected via email and during in person meetings. In March 2023, coalition members were emailed the community health assessment information and asked to email or attend the meeting in April to decide on the three strategic priority areas and metrics for improvement. The results of the survey were shared with the Coalition at the May 15<sup>th</sup>, 2023 meeting.

### **Top 3 Strategic Issues:**

- Behavioral Health
- Heart Disease and Obesity
- Access to Care

The group opted to not separate out into subcommittees based on their interest in improving all three areas of improvement. Instructions on how to develop goals and interventions were emailed to each member. During the month of April the group convened to write their portion of the health improvement plan.

Illinois State Health Improvement Plan (SHIP) was reviewed alongside Healthy People 2030 metrics to create objectives related to overall priority health needs.

# COMMUNITY HEALTH ASSESSMENT

## Clay County, IL



## 2023-2027



Prepared by the Clay County Health Department in April 2023



**Statement of Purpose:** In May 2022, the Clay County Health Department began preparations to engage in a community health planning process known as the Illinois Project for the Local Assessment of Needs (IPLAN).

IPLAN was developed by the Illinois Department of Public Health (IDPH) to meet the requirements set forth in 77 Illinois Administrative Code 600. This administrative code mandates that all certified local health departments in Illinois conduct an IPLAN process every five years for recertification. IPLAN requires local health departments to create an organizational strategic plan, conduct a community health needs assessment, and develop a community health plan.

The administrative code allows local health departments to use an equivalent planning process for completing IPLAN. The Clay County Health Department utilized the Mobilizing for Action through Planning and Partnership (MAPP) framework to conduct IPLAN 2022-2027.

**Partnership Development:** The Health for Generations Coalition brainstormed organizations and coalitions that exist in our community who could participate in the process. The Clay County Health Department sent invitations to participate and encouraged other who attend monthly to do the same. Our goal was to recruit broad community representation and select key stakeholders that would be active participants throughout the MAPP process. (See IPLAN Committee Participation in supporting documents section).

**Visioning:** The Health for Generations Coalition convened in April 2022 to create a vision for the community. Participants discussed *“What does a healthy Clay County look like to you?”*, *“What is your vision for Clay County?”* The participants shared their thoughts and a mission and vision statement was created as a group.

**Community Health Status Assessment:** Data indicators were chosen to answer the questions, *“How healthy are our residents?”* and *“What does the health status of our community look like?”* Core indicators for broad-based categories were chosen from secondary data sources and compared to peers, state, and national data. Additionally, the core indicators were compared with national Health People 2030 targets whenever possible. Healthy People 2030 (HP2030) is a nationwide agenda created by the US Department of Health and Human Services that provides 10-year national objectives for improving the health of all Americans. HP2030 provides national benchmarks and goals that are applicable at the national, state, and local level. Clay County Health data was compared to HP2030 target measures whenever possible.

**Community Themes and Strengths Assessment:** A variety of methods were used to get primary data to answer the questions: *“What is important to our community?”* *“How is quality of life perceived in our community?”* and *“What assets do we have that we can use to improve community health?”*

**Local Public Health System Assessment:** This assessment is intended to answer the questions, *“What are the components, activities, competencies, and capacities of our local public health system?”* and *“How are the Essential Services of Public Health being provided in our community?”* To complete this assessment, several small group meetings with Health for Generations Committee members, as well as board and health department members were held during the month of February, 2023. Within each of the 10 Essential Services,

model standards that describe the key aspects of an optimally performing public health system, were rated by on a scale of “no activity” to “optimal activity.”

**Force of Change Assessment:** This assessment is intended to answer the questions, “*What is occurring or might occur that affects the health of our community?*” and “*What specific threats or opportunities are generated by these occurrences?*” The Health for Generations Coalition was provided a brainstorming worksheet one week before the February 2023 meeting. During the meeting, the committee discussed various trends, factors, and events that could influence the health and quality of life in our community.

## Acknowledgments

This project could not have been possible without the support and contribution of many people and organizations across Clay County. A sincere thank you goes to the Health for Generations Coalition members for their time, dedication, expertise, and contributions. Additional thanks to the participants in focus groups, surveys, and the staff from many agencies that helped us include the voices of diverse sectors across Clay County.

Support for this project was provided by:

- Coalition Against Drug Abuse
- Friendship Connection
- Clay County Health Department Staff
- Clay County Medical Reserve Corps
- Clay County Hospital and Medical Clinics
- Clay County Probation Office
- Clay County Sheriff's Office
- Clay County State's Attorney
- SIU School of Medicine, Center for Rural Health & Social Service Development
- City of Flora
- University of Illinois Extension
- Flora School District
- North Clay Schools
- Clay City Schools
- Jabez Crisis Pregnancy Center
- American Red Cross
- Clay County Food Pantry
- Golden Circle Nutrition Program
- CEFS Public Transit
- Clay Home Health and Hospice
- Clay County Board
- Heritage Woods



# Demographics

Clay County is a rural community located in the Southeastern portion of Illinois. The county has a total population of 13,313 residents. This is a 1.1% decrease in population since 2016. Despite the decrease in total population, there was an increase in the population of 45-54-year-olds according to the 2021 US Census Bureau American Community Survey.

Population	2016	2021	Clay % of population 2016	Clay % of population 2021	percent change since 2016
<b>Total population</b>	<b>13,466</b>	<b>13,313</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-1.1%</b>
Male	6,642	6,645	49.3%	49.9%	-0.6%
Female	6,824	6,668	50.7%	100.3%	0.6%
Under 5	788	743	5.9%	5.6%	0.3%
5 to 9	756	784	5.6%	5.9%	-0.3%
10 to 14	948	978	7.0%	7.3%	-0.3%
15 to 19	784	841	5.8%	6.3%	-0.5%
20 to 24	824	657	6.1%	4.9%	1.2%
25 to 34	1,434	1,518	10.6%	11.4%	-0.8%
35 to 44	1,489	1,558	11.1%	11.7%	-0.6%
45 to 54	1,851	1,605	13.7%	12.1%	1.7%
55 to 59	984	895	7.3%	6.7%	0.6%
60 to 64	1,067	1,019	7.9%	7.7%	0.3%
65 to 74	1,361	1,573	10.1%	11.8%	-1.7%
75 to 84	813	732	6.0%	5.5%	0.5%
85 +	367	410	2.7%	3.1%	-0.4%
Median age (years)	43.1	42.1	(X)	(X)	(X)

Source: [US Census Bureau, American Community Survey 2016-2021](#)

<b>Race</b>	<b>2014</b>	<b>Percent</b>	<b>2020</b>	<b>Percent</b>	<b>% Change 14-20</b>
Total Population	13,675	100.0%	13,288	100.0%	-2.83%
One Race	13,531	98.9%	12,781	96.18%	2.72%
White	13,365	97.7%	12,524	94.25%	3.45%
Black or African American	55	0.4%	38	0.29%	0.11%
American Indian and Alaska Native	58	0.4%	40	0.30%	0.10%
Asian	17	0.1%	79	0.59%	-0.49%
Native Hawaiian/Pacific Islander	0	0.0%	3	0.02%	-0.02%
Other Race	36	0.3%	97	0.73%	-0.43%
Two or More Races	144	1.1%	507	3.82%	-2.72%
Hispanic or Latino*	179	1.3%	223	1.68%	-0.38%

Source: [US Census Bureau, American Community Survey 2014-2020](#)

Clay County has a predominantly white population, accounting for 94.25% of the county's total population. The racial makeup of the remaining 5.75% are 0.29% Black or African American, 0.30% American Indian or Alaskan Native, 0.59% Asian, 3.82% two or more races, and 0.73% of other race. People of Hispanic or Latino origin of any race accounted for 1.68% of the population. Only 1.6% of Clay County speaks a language other than English, with the predominant minority language being Spanish (0.9%).

**Table 1.3 Languages Spoken**

<b>Languages</b>	
Speak only English	98.40%
Speak a language other than English	1.60%
Spanish	0.90%
Other Indo-European language	0.50%
Asian and Pacific Island language	0.20%

Source: U.S. Census Bureau, 2016- 2020 American Community Survey

In 2020, the percentage of Clay County residents age 25+ with a high school degree or higher was higher than the State levels. In Clay County, the percentage of residents (15.3%) with at least a bachelor's degree is still much lower compared to the state at 35.5%.

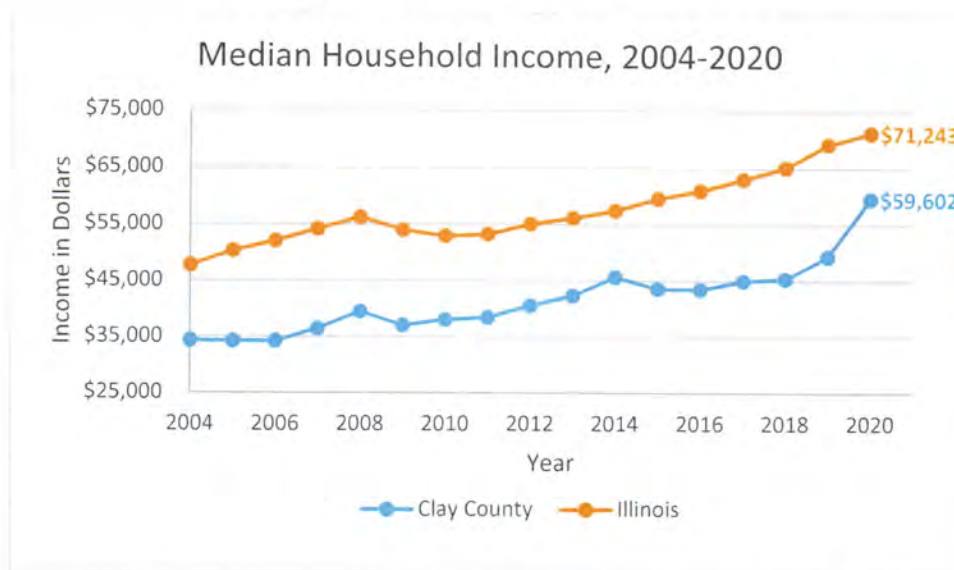


**Table 1.4: Educational Attainment by Percent of Population Age 25+**

Level of Education	2010		2014		2020	
	Clay	IL	Clay	IL	Clay	IL
Less than High School	13.8%	13.1%	12.6%	12.4%	12.4%	10.3%
High School grad or higher	86.2%	86.0%	87.3%	87.5%	87.7%	89.7%
Bachelors or higher	13.8%	30.7%	13.4%	31.9%	15.3%	35.5%

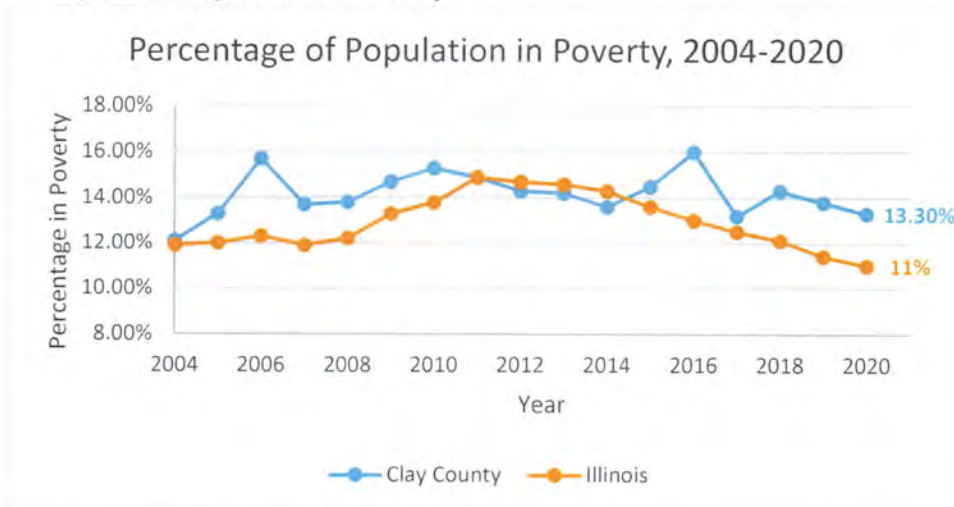
Source: U.S. Census Bureau, 2016-2020 American Community Survey

**Figure 1.1 Median Household Income**



Data Source: "Small Area Income and Poverty Estimates," US Census Bureau. 2004-2020

**Figure 1.3 Population in Poverty**



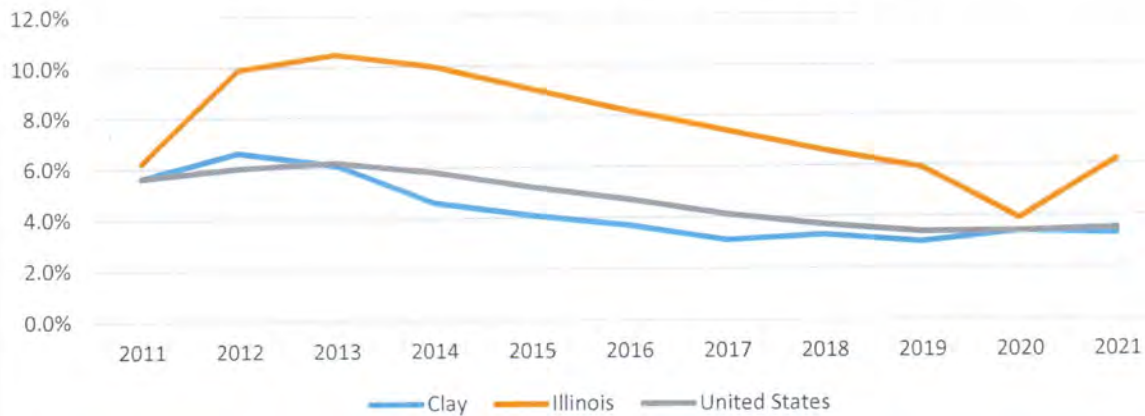
Data Source: "Small Area Income and Poverty Estimates," US Census Bureau. 2004-2020

In 2020 (latest available data), the median household income in Clay County was \$59,602 compared to the State median household income of \$71,243. The Flora area has the lowest median household income. The



percentage of the population living in poverty in Clay County has increased slightly above the state average. An estimated 13.3% of Clay County residents were living in poverty compared to 11.0% of the State.

Figure 1.2 Unemployment Rate Trend 2011-2021



Source: [US Census Bureau, American Community Survey 2011-2021 5-Year Estimates Data Profiles](#)

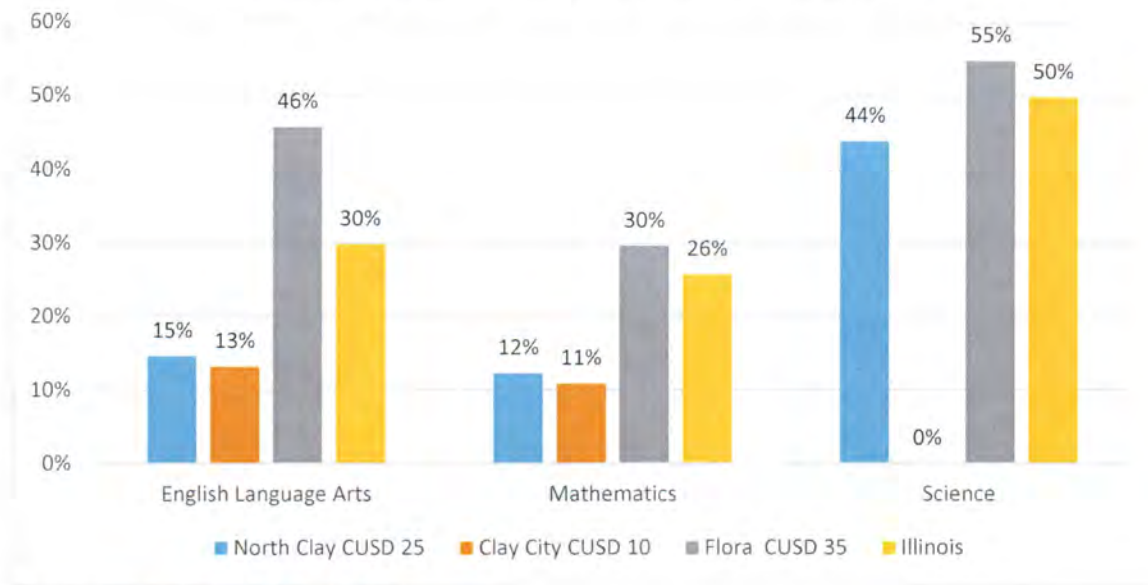
The County’s unemployment rate, as of 2021 (3.3%) has decreased since its peak in 2012 (6.6%), and is currently comparable to the National averages (3.5%), but lower than the State average (6.2%). Clay County has 34% of households residents receiving public assistance income, SNAP, and Medicaid, which is higher than the state average (25%) and the national average (24%) (Data source: U.S. Census Bureau, American Community Survey, BO9010, 2021). In 2020, 16% of children lived in single-parent households, compared to 25% in Illinois and the United States at 25%. Clay County has higher than average poverty rates in children (19%) compared to the state (14%) and national (16%)(Source: [County Health Rankings, 2016-2020](#)).

Children in poverty in Clay County, IL  
County, state and national trends



Notes  
Prior to 2005, Children in poverty was based on the Current Population Survey, beginning in 2005, it was based on the American Community Survey.

Figure 1.1 Learning Proficiency Assessments 2022



Source: [Illinois Report Card, 2022](#)

Figure 1.1 reports the percentage proficiency based on the Illinois Report Card data. The federal Every Student Succeeds Act (ESSA) requires states to assess their learning standards for English/Language Arts (ELA), Math, and Science. Clay City Schools didn't have a recorded science testing metric. The use of the term proficiency in educational data generally refers to students demonstrating or not demonstrating that they are "well advanced in ... a branch of knowledge" (from the Merriam-Webster Dictionary). Proficiency can be measured in a variety of ways, but for the purposes of the Illinois Report Card proficiency represents students' success in achieving levels within standardized testing that indicate proficiency in English language arts (ELA), math, or science. The "All Test Proficiency" measure is the proficiency rate for students combining all tests. A rate is calculated for ELA, Math, and Science at the elementary and high school levels.

In Clay County, Illinois' third grade students scored, on average, 3.0 on a standardized test for English language arts in 2018. A score of 3.0 indicates students performed at grade-level. This is on par with the state (3.0) and national (3.1) metrics. In Clay County, Illinois, third grade students scored, on average, 3.1 on a standardized test for math in 2018. A score of 3.0 indicates students performed at grade-level. This metric is important because it shows the decline based on data in Figure 1.1 in generalized test scores since the pandemic ([County Health Rankings, 2018](#))

### School funding adequacy in Clay County, IL County, state and national trends



Notes  
 \*School funding adequacy is the actual per-pupil spending compared with an estimated amount that would need to be spent to achieve U.S. average test scores in each school district. The county value is the cross-district average of the spending surplus or deficit.

Source: [County Health Rankings, 2018](#))

### Health Status

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
GENERAL HEALTH STATUS	Excellent	1,334	12.8%	9.2%-17.5%	48
	Very Good	3,232	31.0%	25.6%-37.0%	126
	Good	3,604	34.6%	28.6%-41.1%	149
	Fair	1,571	15.1%	11.2%-20.0%	77
	Poor	684	6.6%	4.2%-10.1%	36
GENERAL HEALTH	Good/Very Good/Excellent	8,170	78.4%	73.0%-83.0%	323
	Fair/Poor	2,254	21.6%	17.0%-27.0%	113
NUMBER OF DAYS PHYSICAL HEALTH NOT GOOD	None	6,195	59.5%	53.0%-65.7%	246
	1-7 Days	2,153	20.7%	16.2%-26.1%	93
	8-30 Days	2,060	19.8%	14.7%-26.1%	96
NUMBER OF DAYS MENTAL HEALTH NOT GOOD	None	6,264	60.2%	53.5%-66.6%	284
	1-7 Days	2,222	21.4%	16.5%-27.1%	76
	8-30 Days	1,911	18.4%	13.0%-25.4%	73
NUMBER OF DAYS PHYSICAL/MENTAL HEALTH AFFECTED ACTIVITIES <sup>1</sup>	None	7,964	77.1%	70.6%-82.6%	332
	1-7 Days	700	6.8%	4.2%-10.7%	30
	8-30 Days	1,664	16.1%	11.2%-22.6%	71

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



# Demographics

## Identifying Vulnerable Populations

The Institute of Medicine defines vulnerable populations as a group of people with certain characteristics that cause them to be at greater risk of having poor health outcomes than the general populations. These characteristics include, but are not limited to age, culture, disability, education, ethnicity, health insurance, housing status, income, mental health and race.

Population with a disability: This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

**Table 1.5 Population with a disability**

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Clay County, IL	13,047	2,539	19.46%
Illinois	12,536,614	1,404,151	11.2%
United States	321,525,041	40,786,461	12.68%

Data Source: [US Census Bureau, American Community Survey](#). 2020. Source geography: Tract

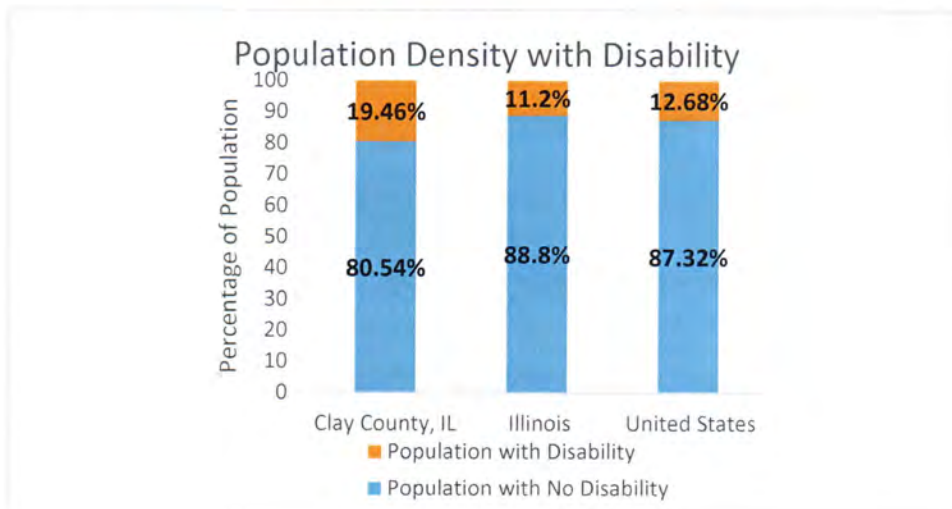
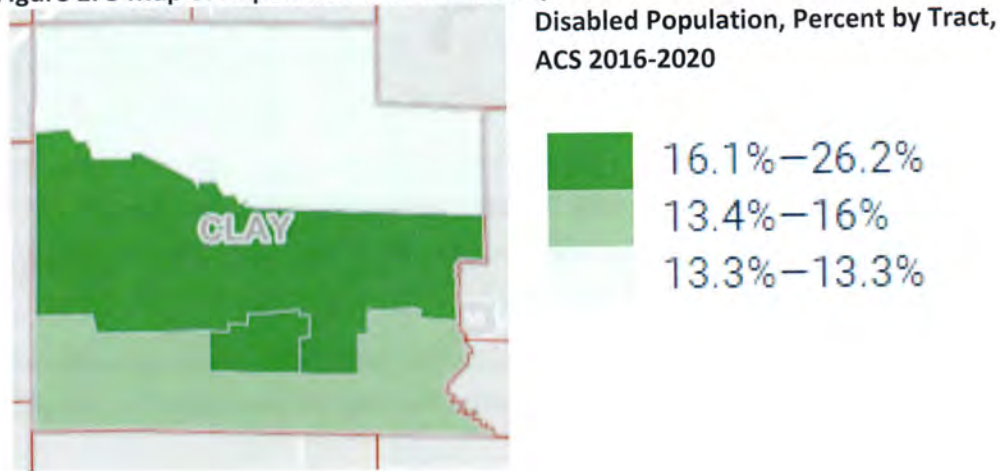


Figure 1. 3 Map of Population with a disability



Source: US Census Bureau, American Community Survey 2016-2020

### Cognitive Decline

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EXPERIENCED CONFUSION/MEMORY LOSS PAST 12 MONTHS (AGE 45+)	Yes	620	10.5%	7.1%-15.1%	36
	No	5,310	89.5%	84.9%-92.9%	273

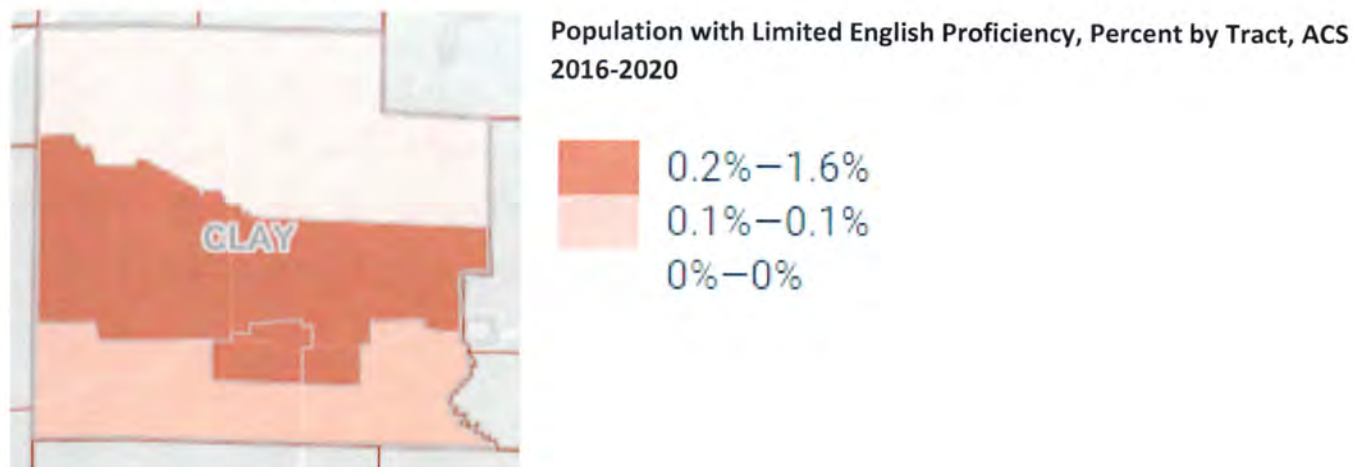
Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

Population with Limited English Proficiency: This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.

Clay County has a total of 46 households who reported understanding English less than "very well".

Figure 1.4 Map of Population with Limited English



Data Source: US Census Bureau, American Community Survey. 2016-2020. Source geography: Tract

**Veteran Population:** This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.

Table 1.6 Veteran Population

Report Area	Total Population Age ≤18	Total Veterans	Veterans, Percent of Total Population
Clay County, IL	10,201	892	8.74%
Illinois	9,842,595	553,593	5.62%
United States	252,130,477	17,835,456	7.07%

Data Source: US Census Bureau, American Community Survey. 2016-2020.

**Children with Food Insecurity:** This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Table 1.7 Child Food Insecurity, 2019 Data

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Clay County, IL	3,022	550	18.2%
Illinois	2,806,750	336,810	12.0%
United States	73,5806,849	10,732,000	14.6%

Data Source: [Feeding America](#), 2019

**Food Desert:** A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity. Approximately 2,517 Clay County residents live in a “food desert”.



**Figure 1.4 Map of Food Deserts**



**Food Desert Census Tracts, 1 Mi. / 10 Mi. by Tract, 2019**

- LI and LA at 1 and 10 miles   ■
- LI and LA at 1/2 and 10 miles   ■
- LI and LA at 1 and 20 miles   ■
- LI and LA using vehicle access   ■

Data Source: U.S. Department of Agriculture, Food Access Research Atlas, 2019

**Households with No Motor Vehicle:** This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

A total of 64 households in Clay County are estimated to have no motor vehicle (1.09% of population).

**Figure 1.5 Map of Households with No Motor Vehicle Access**

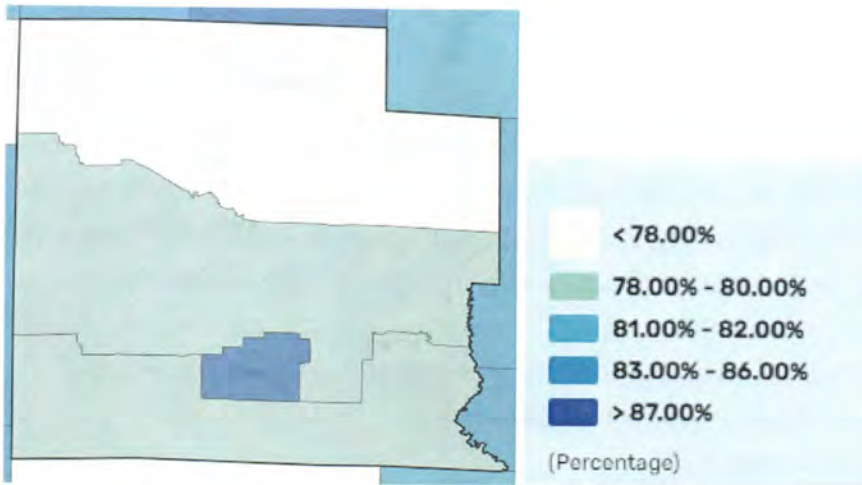


**Households with No Vehicle, Percent by Tract, ACS 2010-14**

- 3-46
- 1-2
- 0-0

Data Source: American Community Survey 2010-2014, Geography, Census tract Recent data not available

**Households with No Computer or Internet Access:** This Figure reports the percentage of the population with a computer and a broadband internet subscription. When compared to the state (87%) and national (86.3%), Clay County is comparable in that 81.6% of the population has a computer and broadband internet subscriptions (US Census Bureau American Community Survey, 2019)



Source: [US Census Bureau American Community Survey, 2019](#)



# General Health and Access to Health Care

## Leading Causes of Death

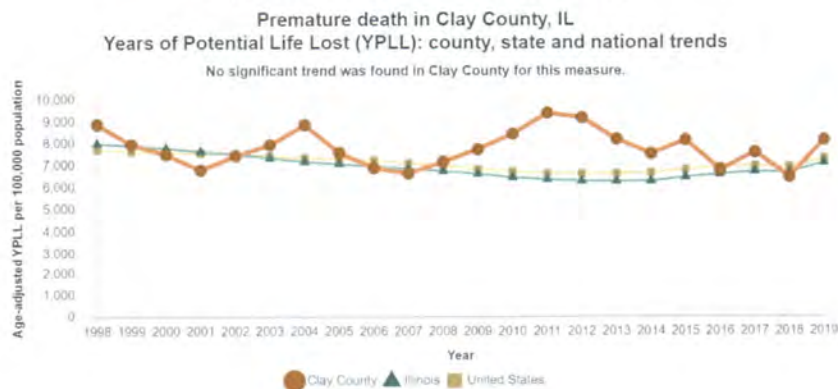
In 2020, the leading cause of death in Clay County was heart disease with COVID-19 as the second leading cause. Similarly, heart disease was the number one cause of death in the state of Illinois, however cancer was the second leading cause of death for the entire state. Cancer was still quite prevalent in Clay County being the third leading cause of death in 2020. Over 50% of deaths in Clay County (54.6%) can be attributed to these three causes: heart disease, the COVID-19 pandemic, and cancer. Clay County is ranked 92 out of 102 counties in Illinois for length of life. Premature death is calculated by counting the years of potential life lost before age 75 per 100,000 population. Clay County is getting worse for this measure. The Community Health Needs Surveys found that the top three health issues in households where at least one member was diagnosed were: heart disease/hypertension (61.1% of households with at least one member), Asthma/COPD/Emphysema (33.3% of households), and Psychosocial/Mental Illness (25% of households).

**Table 2.1 Top Ten Leading Causes of Death in Clay County, 2020**

Rank	Cause of Death	Clay		Illinois	
		Number of Deaths	Percent of Deaths	Number	%
	All Causes	194	100.0%	132,701	100.0%
1	Diseases of the Heart	51	26.3%	27,466	20.7%
2	COVID-19	29	14.9%	15,715	11.8%
3	Cancer	26	13.4%	24,020	18.1%
4	Chronic lower respiratory diseases	13	6.7%	5,432	4.1%
5	Stroke	8	4.1%	6,762	5.1%
6	Accidents	7	3.6%	7,159	5.4%
7	Diabetes Mellitus	4	2.1%	3,487	2.6%
8	Kidney Disease	3	1.5%	2,651	2.0%
8	Alzheimer's disease	3	1.5%	4,639	3.5%
10	Influenza and Pneumonia	2	1.0%	2,430	1.8%

Source: Illinois Department of Public Health, Vital Statistics, 2020

**Figure 2.1 Premature Death Trend**



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

Data source: University of Wisconsin, County Health Rankings; National Center for Health Statistics, National Vital Statistics System, Mortality Files.

## Immunization (Flu and Pneumonia)

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAD INFLUENZA VACCINATION PAST 12 MONTHS	Yes	2,859	29.1%	23.9%-34.9%	135
	No	6,956	70.9%	65.1%-76.1%	273
EVER HAD PNEUMONIA VACCINATION	Yes	2,728	29.0%	23.8%-34.8%	143
	No	6,682	71.0%	65.2%-76.2%	255

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

## Hypertension

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EVER TOLD HAVE HIGH BLOOD PRESSURE <sup>1</sup>	No	6,138	58.9%	52.8%-64.7%	221
	Yes	4,286	41.1%	35.3%-47.2%	215

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)  
 \*Indicates data does not meet standards of reliability and has been suppressed.  
 1. Respondents reporting yes but only during pregnancy OR told borderline/pre hypertensive are included as No.



# General Health and Access to Health Care

## Access to Health Care Professionals and Services

The entirety of Clay County is designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental, or mental health professionals. The access to primary care physicians is especially low.

In 2020, there were 10.1 primary care physicians per 100,000 population (Illinois rate 19.8)

In 2019, there were 53.1 dentists per 100,000 population (Illinois rate 71.3)

In 2020, there were 128.9 mental health providers per 100,000 population (Illinois rate 262)

Data source: US Census Bureau, [American Community Survey 2020, RISE-IP3](#)

In the Community Health Needs survey, access to health care was the number one factor for a healthy community according to Clay County residents. Households reported examples of issues such as: mental health service availability, specialized physicians, and cancer care out of the area. The cost of healthcare was also the number one barrier of Clay County community members not seeking medical attention.

### Dental Care Coverage & Utilization

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
LAST DENTAL VISIT	Past Year	5,951	57.1%	50.6%-63.3%	235
	Past 2 Years (>1yr, <2yrs)	1,376	13.2%	8.5%-20.0%	46
	More than 2 Years	3,097	29.7%	24.6%-35.4%	155
HAVE DENTAL INSURANCE COVERAGE	Yes	5,588	53.9%	47.5%-60.2%	210
	No	4,772	46.1%	39.8%-52.5%	222
COULD NOT VISIT DENTIST DUE TO COST	Yes	1,226	11.8%	8.7%-15.7%	62
	No	9,198	88.2%	84.3%-91.3%	374

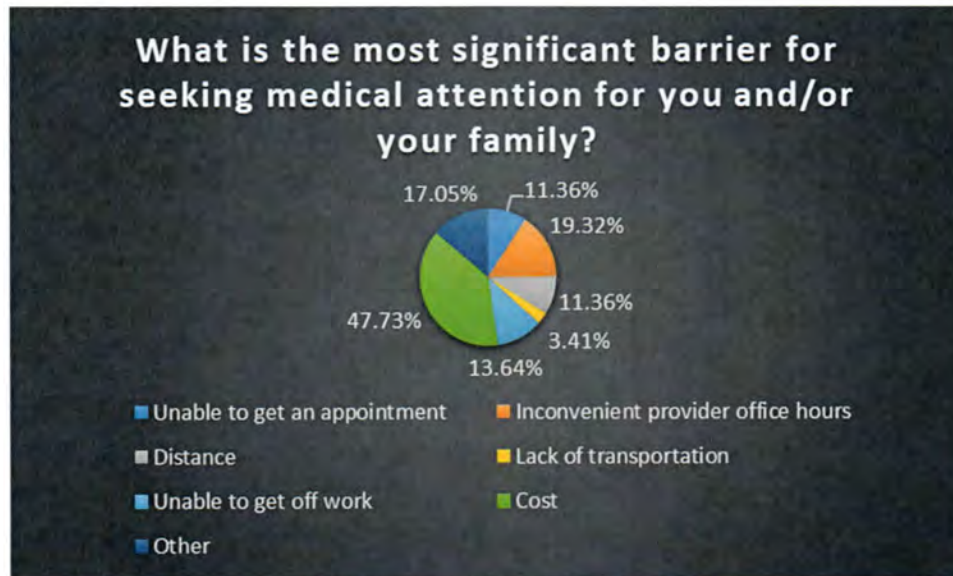
Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

# General Health and Access to Health Care

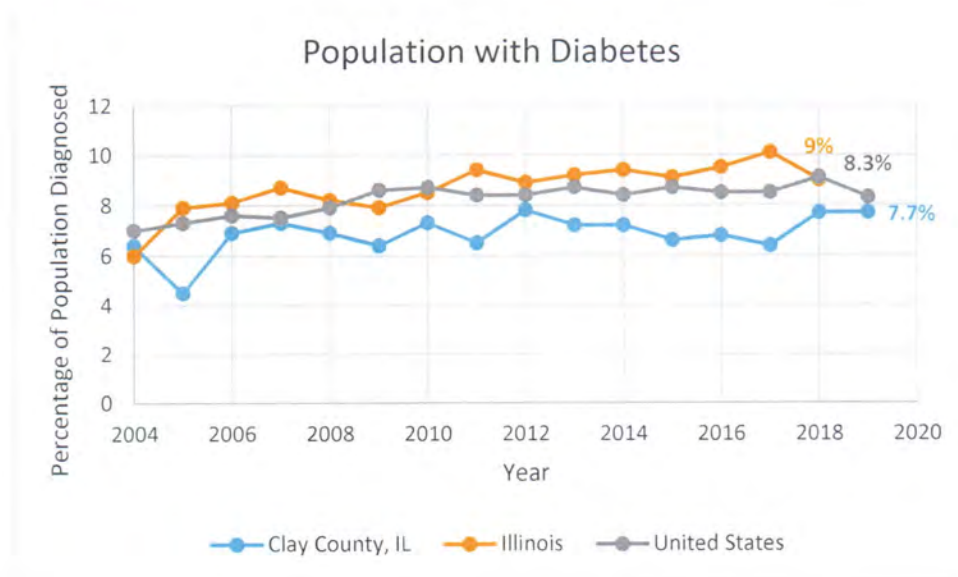
## Health Care Utilization

The Community Health Assessment survey performed in 2022 showed that **22%** of residents seek medical attention approximately every **3 months**; **45%** every **6 months**; **29%** **yearly**; and **4%** have not seen a medical provider in the **past 2 years**.



Data Source: Clay County Health Department CHA Survey, February 2023

Figure 2.3 Diabetic Population



Source: CDC, Diabetes Atlas

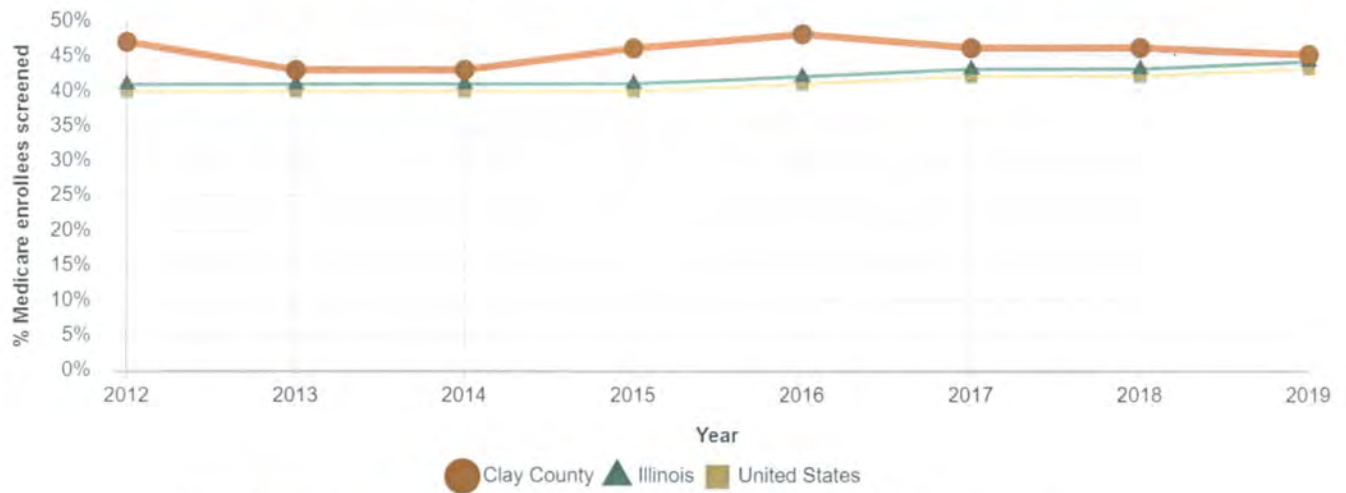
This shows the percentage of the population diagnosed with diabetes regardless of type in Clay County, Illinois state, and the United States. This shows that the percentage of the population diagnosed with diabetes has remained fairly consistent in Clay County since 2005. It is also seen that on average the percentage of the population diagnosed with diabetes in Clay County is lower than both Illinois and the United States.

Figure 2.4 Mammography Trend



## Mammography screening in Clay County, IL County, state and national trends

No significant long term trend was found in Clay County for this measure. However, in recent years the trend has worsened.



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Source: County Health Rankings, Dartmouth Atlas of Health Care

This shows the percentage of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period. Clay County's percentage is comparable to the State and National averages.

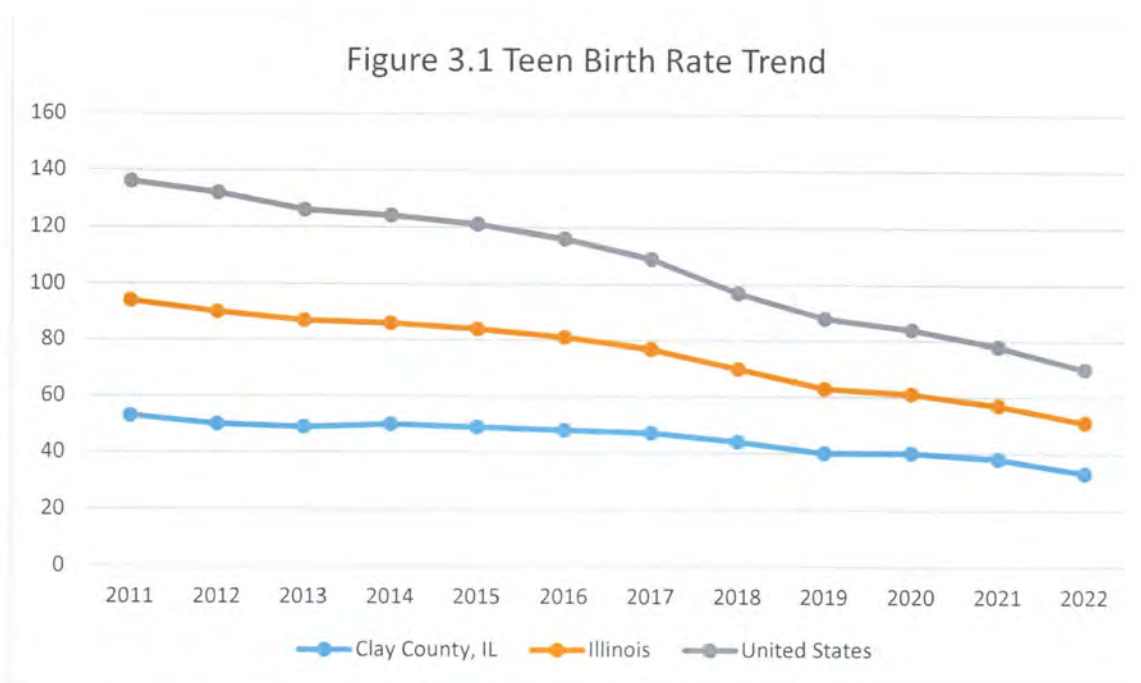
# Maternal and Child Health

## Teen Birth Rate

Clay County's teen birth rate is higher than Illinois and the United States. The distribution of mother's age in Clay County is younger than average. The Healthy People 2030 target is to reduce pregnancies among adolescent females aged 15-17 to 31.4 per 1,000.

	Number of births per 1,000 females aged 15-19 years
Clay County, IL	40
Illinois	27.3
United States	33.7

Source: [Community Health Rankings](#), 2018, [RISE IP3](#)



Source: [County Health Rankings 2011-2022](#)

Table 3.2 Mother's Age 2019

Resident County	Total Births	Mother's Age Group (Years)					
		< 20	20 - 24	25 - 29	30 - 34	35 - 39	40 +
<b>ILLINOIS</b>	<b>140,145</b>	<b>4.2%</b>	<b>16.5%</b>	<b>27.2%</b>	<b>31.3%</b>	<b>17.1%</b>	<b>3.6%</b>
Clay	154	4.5%	29.2%	37.6%	21.4%	5.8%	1.3%

Data Source: Birth Demographics by Resident County 2019, IDPH



# Maternal and Child Health

## Infant Mortality and Birth Characteristics

There were 154 births in Clay County in 2020. The infant mortality rate and percentage of low birth weights are not higher than the Illinois or National rates. Clay County is below the HP 2030 target for infant mortality.

**Table 3.3 Birth by Characteristics**

Resident County	Total Births	Low Birth Weight (<2,500 grams)		Very Low Birth Weight (<1,500 grams)		Preterm (<37 weeks)	
		Births	Percent	Births	Percent	Births	Percent
Clay	154	14	9.1	0	0	21	13.6

Data Source: Birth Characteristics by Resident County 2020, IDPH

**Table 3.4 Birth by Additional Characteristics**

Resident County	Total Births	Cesarean Births		Mother Unmarried		Not H.S. Graduate Age 20+	
		Births	Percent	Births	Percent	Births	Percent
Clay	154	48	31.2	55	35.7	13	8.4

Data Source: Birth Characteristics by Resident County 2020, IDPH

**Table 3.5 Infant Mortality Rate 2020**

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Clay County, IL	154	1	--
Illinois	133,304	790	6
United States	3,605,201	19,582	6
<a href="#">HP 2030 Target</a>			<= 5.6

Data Source: County Health Rankings, 2020; IDPH Birth Statistics 2020

**Table 3.6 Infant Deaths (2015-2019)**

Infant Deaths	2015	2016	2017	2018	2019
Clay County	0	1	0	1	1

Data Source: IDPH Vital Statistics

# Chronic Diseases

## Cancer

Cancer was the #1 most commonly reported important health issue to residents in Clay County from the 2022 Community Health Assessment survey. In fact, it was reported twice as many times as any other health issue.

During focus groups, several people mentioned that they were concerned about Clay County's cancer rate. There is a wide-spread perception in the community that cancer rates in Clay County are especially high.

Clay County's cancer mortality rate is slightly higher than the Illinois and National Rate, all of which are higher than the Healthy People 2030 Target (122.7).

**Table 4.1 Cancer Mortality Rate**

Report Area	Total Population (2020)	Average Annual Deaths from Malignancy, 2018-2020	Crude Death Rate 2020 (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,217	32.3	198.8	Unknown
Illinois	12,812,508	23,934	190.8	150.9
United States	331,449,281	600,408.3	182.8	144.1
<a href="#">HP 2030 Target</a>				<= 122.7

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2018-20. Source geography: County

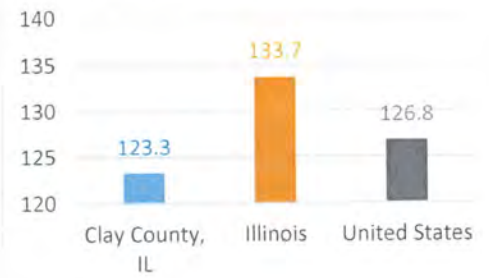


**Table 4.2 Breast Cancer Incidence Rate**

Report Area	Total Population 2020 (Female)	New Cases (Annual Average)	Age-Adjusted Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	6,653	12	123.3
Illinois	6,521,567	10,389	133.7
United States	18,056,679	249,261	126.8
<a href="#">HP 2030 Target</a>			<= 15.3

Data Source: NIH: State Cancer Profiles. 2014-18. Source geography: County the age adjusted incidence rate (cases per 100,000 population per year)

**Breast Cancer Age-Adjusted Incidence Rate**

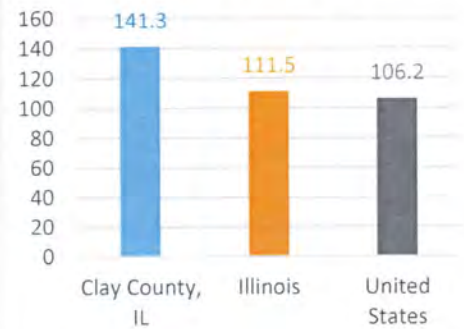


**Table 4.3 Prostate Cancer Incidence**

Report Area	Total Population 2020 (Male)	New Cases (Annual Average)	Age-Adjusted Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	6,564	4	141.3
Illinois	6,290,941	8,174	111.5
United States	162,826,299	200,677	106.2
<a href="#">HP 2030 Target</a>			<= 16.9

Data Source: NIH: State Cancer Profiles. 2014-18. Source geography: County the age adjusted incidence rate (cases per 100,000 population per year)

**Prostate Cancer Age-Adjusted Incidence Rate**

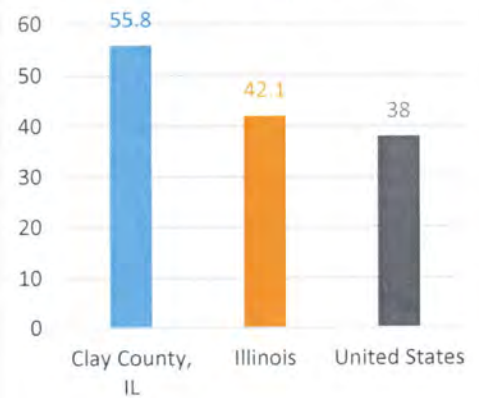


**Table 4.4 Colon and Rectum Cancer Incidence**

Report Area	Total Population 2020	New Cases (Annual Average)	Age-Adjusted Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	13,217	12	55.8
Illinois	12,812,508	6,243	42.1
United States	331,449,281	143,200	38.0
<a href="#">HP 2030 Target</a>			<= 8.9

Data Source: NIH: State Cancer Profiles. 2014-18. Source geography: County the age adjusted incidence rate (cases per 100,000 population per year)

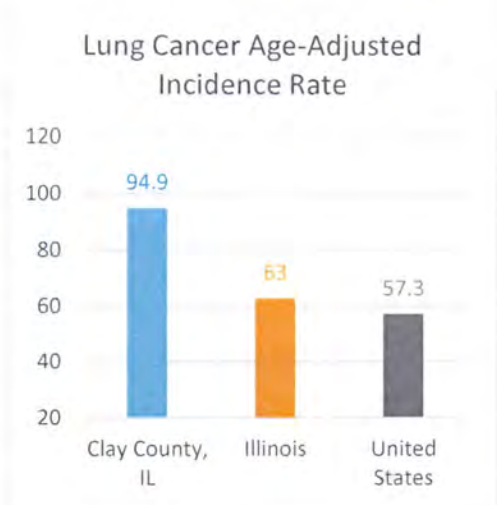
**Colon Cancer Age-Adjusted Incidence Rate**





**Table 4.5 Lung Cancer Incidence**

Report Area	Total Population 2020	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	13,217	19	94.9
Illinois	12,812,508	9,538	63.0
United States	331,449,281	222,811	57.3
<a href="#">HP 2030 Target</a>			<=25.1



Data Source: NIH: State Cancer Profiles. 2014-18. Source geography: County the age adjusted incidence rate (cases per 100,000 population per year)

# Chronic Diseases

## Respiratory Illness

The crude rate of death due to lung disease (Chronic Lower Respiratory Disease) per 100,000 population is significantly higher in Clay County (93.6) than in Illinois (43.7) or nationally (47.6) (CDC Wonder, 2018-2020). During the 2023 Community Health Needs survey, asthma/COPD/emphysema was the second most commonly reported health issue, with 33% of households reporting that at least one member of the household had one of these conditions.

**Table 4.7 Lung Disease Mortality Rate**

Report Area	Total Population	Average Annual Deaths, 2018-2020	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,217	12.3	93.6	Unknown
Illinois	12,812,508	5,536	43.7	35.1
United States	331,449,281	156,374	47.6	48.1

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2018-20. Source geography: County

### Chronic Diseases

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAS ASTHMA NOW	Yes	977	9.4%	6.1%-14.2%	37
	No	9,445	90.6%	85.8%-93.9%	398
EVER TOLD COPD	Yes	1,002	9.6%	7.1%-12.9%	65
	No	9,409	90.4%	87.1%-92.9%	370
EVER TOLD CANCER	Yes	1,361	13.1%	10.0%-16.8%	76
	No	9,063	86.9%	83.2%-90.0%	360
EVER TOLD ARTHRITIS	Yes	3,355	32.4%	27.2%-38.0%	168
	No	7,001	67.6%	62.0%-72.8%	265
ARTHRITIS/JOINT SYMPTOMS: LIMITS ACTIVITIES	Yes	2,033	19.6%	15.5%-24.5%	98
	No	8,345	80.4%	75.5%-84.5%	337
EVER TOLD DEPRESSIVE DISORDER	Yes	1,577	15.2%	11.6%-19.7%	72
	No	8,799	84.8%	80.3%-88.4%	361
TOLD HAVE DIABETES	No	9,027	86.6%	81.8%-90.3%	367
	Yes	1,397	13.4%	9.7%-18.2%	69
CHRONIC HEALTH CONDITIONS <sup>1</sup>	No Chronic Disease	4,801	46.6%	40.2%-53.1%	159
	1 Chronic Disease	2,644	25.6%	21.0%-30.9%	124
	2+ Chronic Diseases	2,862	27.8%	22.8%-33.4%	147

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

<sup>\*</sup>Indicates data does not meet standards of reliability and has been suppressed.

<sup>1</sup>. Chronic Health Conditions calculated from heart disease (heart attack/stroke/angina), current asthma, cancer, COPD, arthritis, depression and diabetes questions.

Source: [IDPH BRFSS](#), 2015-2019

# Chronic Diseases

## Heart Disease

The percentage of adults with heart disease in Clay County (8%) is significantly higher than the state (5.4%) and national averages (6%) (PLACES, 2020). Diseases of the heart is the leading cause of death in Clay County (IDPH Vital Statistics). In Clay County, there are an estimated 43.8 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2030 target of less than or equal to 33.4. The CHA survey found that more than half of households (61.11%) had at least one member with hypertension or heart disease.

**Table 4.9 Stroke Mortality Rate**

Report Area	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	43.8
Illinois	39.5
United States	37.7

[HP 2030 Target](#) <= 33.4

Data Source: CDC Atlas of Heart Disease and Stroke, 2018-2020

### Cardiovascular Disease

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EVER TOLD HAVE CORONARY HEART DISEASE	No	9,816	94.7%	91.6%-96.7%	399
	Yes	547	5.3%	3.3%-8.4%	31
EVER TOLD HAD HEART ATTACK	No	9,818	94.5%	91.6%-96.4%	400
	Yes	575	5.5%	3.6%-8.4%	35
EVER TOLD HAD STROKE	No	9,970	95.6%	93.1%-97.3%	412
	Yes	454	4.4%	2.7%-6.9%	24
HISTORY OF CVD <sup>1</sup>	No	9,330	89.5%	85.8%-92.3%	373
	Yes	1,094	10.5%	7.7%-14.2%	63

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

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



# Chronic Diseases

## Obesity and Diabetes

Clay County's obesity rate has increased to 36% which is 2% higher than 2017. The Clay County obesity rate is higher than the Illinois (32%) and United States (32%) ([County Health Rankings](#), 2019) . The Healthy People 2030 [adult obesity target](#) is 36%. Obesity was the fourth (36%) most reported risky health behavior from Clay County citizens through the Community Health Needs survey. Diabetes was rated 5 out of ten in most important health issues in the Community Health Assessment survey, with 23.6% of homes reporting that at least one household member had diabetes.

Figure 4.1 Adult Obesity

### Obesity

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
BODY MASS INDEX <sup>1</sup>	Normal or Underweight	2,754	27.6%	22.5%-33.4%	118
	Overweight	3,422	34.3%	28.0%-41.2%	135
	Obese	3,803	38.1%	32.1%-44.5%	162
OVERWEIGHT OR OBESE	No	2,754	27.6%	22.5%-33.4%	118
	Yes	7,225	72.4%	66.6%-77.5%	297

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

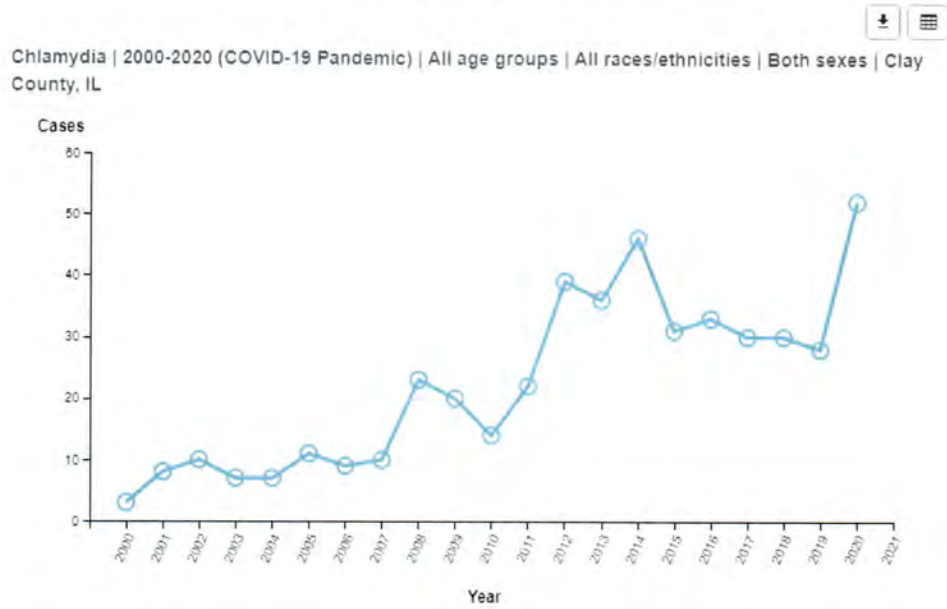
1. BMI calculated from reported height and weight. BMI Categories: Underweight <18.5, Normal >=18.5 and <25, Overweight >=25 and <30, Obese >=30.

Data Source: County Health Rankings; National Diabetes Surveillance System; Diabetes Interactive Atlas

Chlamydia rates in Clay County are quickly climbing to meet the state and national rates. Gonorrhea rates have remained low, far below the state and national rates. HIV/AIDs rates are suppressed for Clay County because there are too few counts. In 2010, 93.8% of Clay County adults reported having never been tested for

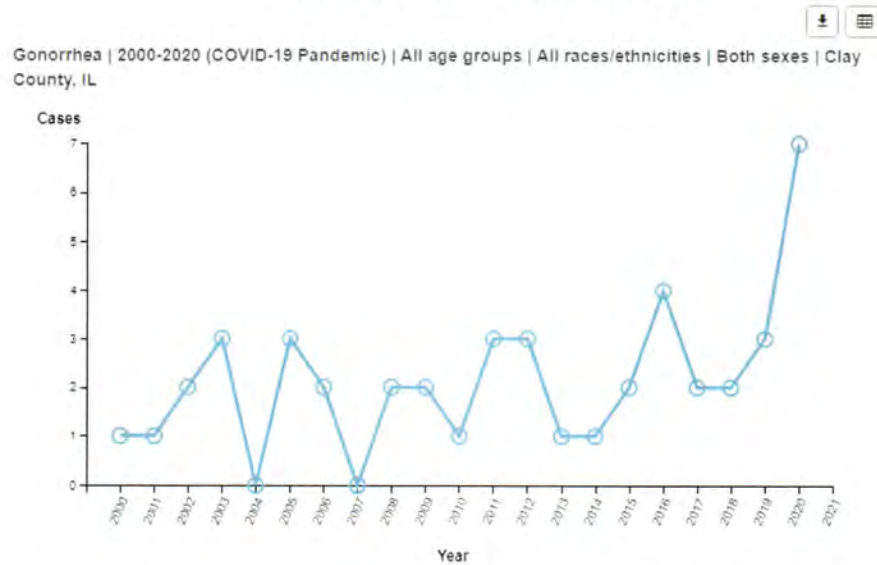
HIV/AIDs (Data Source: *Illinois Behavioral Risk Factor Surveillance System*). There was 1 case of early syphilis between 2010 and 2015. (Data Source: *Illinois Department of Public Health STD Program*)

**Figure 5.1 STI Rate- Chlamydia Trend**



Data Source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2020](#)

**Figure 5.2 STI Rate – Gonorrhea Trend**



Data Source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2020](#)

# Infectious Diseases

## Other Communicable Diseases

In Clay County and adjacent counties, tuberculosis (TB) incidence rates are very low due to the low number of reported tuberculosis cases. Clay County had no reports of TB between 2010 and 2015. The number of Hepatitis C. cases in Clay County has increased in the last 5 years.

**Table 5.1 Tuberculosis Cases per County**

County	2018	2019	2020	2021
Clay	0	0	0	0
Effingham	0	0	0	0
Marion	0	0	0	0
Richland	0	0	0	0

Source: IDPH, Tuberculosis Cases by Illinois County of Residence, 2018-2021

### Flu vaccinations in Clay County, IL County, state and national trends



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Data and documentation for trend graphs can be found [here](#).  
Click [here](#) to learn more about measuring progress and using trends.

Source: [County Health Rankings](#), 2019

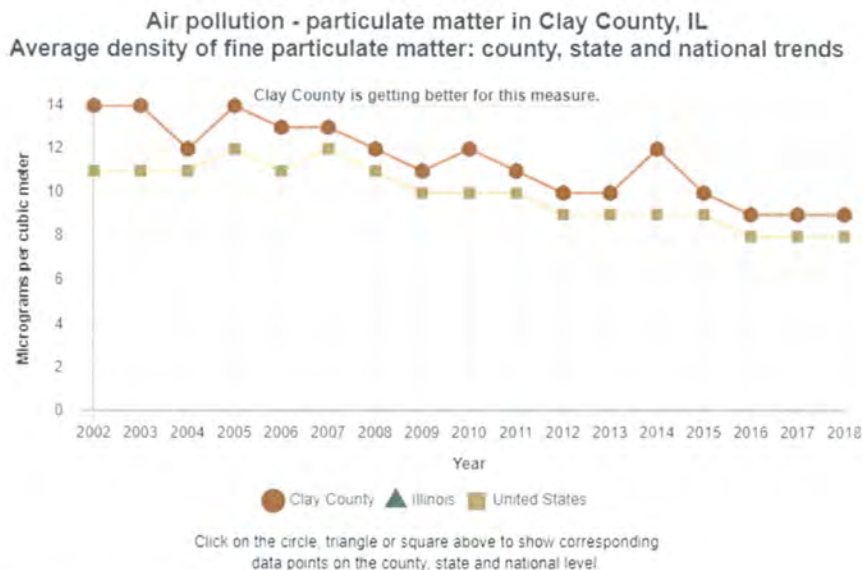


# Environmental

## Built Environment & Injury

The Center for Disease Control and Prevention defines the built environment as “including all of the physical parts of where we live and work (e.g. homes, buildings, streets, open spaces, and infrastructure.” The built environment influences a person’s level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes. In Clay County, Illinois, 6% of people had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods. This is higher than the state rate of 5% and the same as the US rate of 6% (County Health Rankings, 2019).

Ozone and airborne particulate matter levels are two indicators used to determine an area’s Air Quality Index. In 2013, the US Environmental Protection Standard was lowered from 15 parts per meter, to 12ppm. This graph shows that in 2002 and 2018 Clay County’s air quality would have been worse than the 12ppm standard, but below the 15ppm standard. Since 2018, particulate matter in the air in Clay County has remained low.



Notes  
Data in this trend graph are taken from the Environmental Public Health Tracking Network, and will not match data used in the 2014-2016 Rankings.

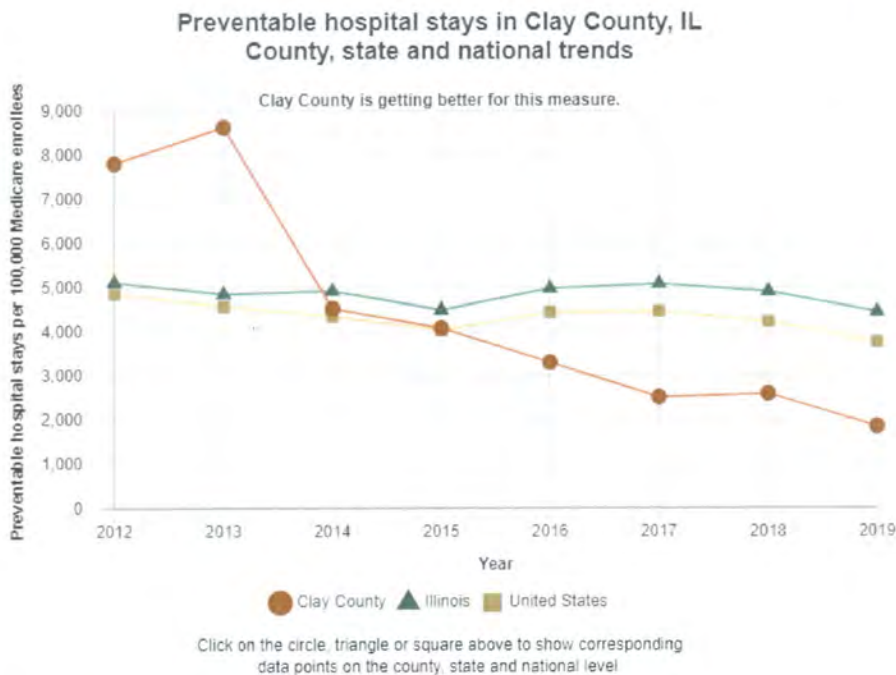
Source: [County Health Rankings](#), 2018

**Injury:** In Clay County, Illinois, there were 16 deaths from motor vehicle crashes per 100,000 people. This metric is higher than the Illinois rate of 9 and US rate of 12 per 100,000 people (County Health Rankings, 2014-2020). In Clay County, Illinois, there were 70 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people. The Illinois rate is 70 and the US rate is 76 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people (County Health Rankings, 2016-2020).

# Sentinel

## Preventable Hospitalizations

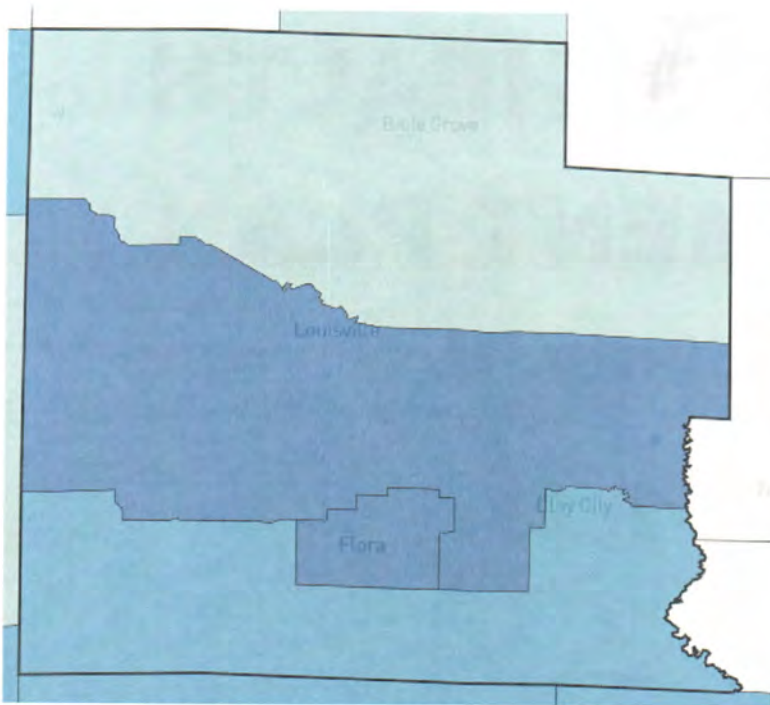
Sentinel indicators are for health conditions considered preventable or controllable with regular primary care. This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources. In Clay County, Illinois, 1,840 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment. This metric is better than our state and national partners, as indicated in the graph below (County Health Rankings, 2019).



Data and documentation for trend graphs can be found [here](#)  
Click [here](#) to learn more about measuring progress and using trends.

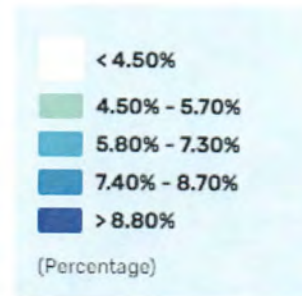
Source: [County Health Rankings](#), 2019

**Clay County Residents Indicating Independent Living Difficulty**



The percentage of civilian noninstitutionalized population with an independent living difficulty, 9.7%, in Clay County is higher than the national benchmark, 5.8%. Below is a graph indicated which Census tract individuals who reported are living in.

Source: Census-American Community Survey, 2020, access through IP3





# COMMUNITY HEALTH IMPROVEMENT PLAN

**Clay County, IL**

**2023-2027**



Prepared by the Clay County Health Department in June 2023

**Process:** Each individual member of the Health for Generations Coalition was given the task of selecting the top 3 strategic issues. Responses were collected via email and during in person meetings. In March 2023, coalition members were emailed the community health assessment information and asked to email or attend the meeting in April to decide on the three strategic priority areas and metrics for improvement. The results of the survey were shared with the Coalition at the May 15<sup>th</sup>, 2023 meeting.

**Top 3 Strategic Issues:**

- Behavioral Health
- Heart Disease and Obesity
- Access to Care

The group opted to not separate out into subcommittees based on their interest in improving all three areas of improvement. Instructions on how to develop goals and interventions were emailed to each member. During the month of April the group convened to write their portion of the health improvement plan.

**Evaluation:** Health for Generations will continue to meet monthly and annually will update metrics listed below to gauge progress toward meeting goals. Using these metrics, we will promote an awareness about public health services availability and health education initiatives.

## Strategic Issue #1: Behavioral Health

**Rationale:** Bringing more light to behavioral health could potentially assist in substance abuse related problems, along with mental health struggles, and would help these issues become easier to diagnose and treat. Implementing treatment options for the youth population, as well, could help them conquer a problem early on to avoid bigger hurdles later in their lives. The Community Health Assessment Survey found that 57% of community members feel that mental health problems are one of the most important health issues in the community. Approximately 25% have been told by a healthcare professional that they have a psychosocial/mental illness.

**Supporting Data:**

In 2022, drug abuse was the #1 risky health behavior reported on the Community Health Needs survey. Alcohol use was the second most risky behavior. In 2020, there were 128.9 mental health providers per 100,000 population (Illinois rate 262) (US Census, 2020).

In 2015, approximately 16% of Clay County adults identified as current smokers compared to 15% in Illinois (Data source: County Health Rankings data). This is a leading cause of Clay County's poor health outcomes in lung cancer and heart disease. More than half of Clay County residents have been smokers at some time in their life (63.4%) making them at risk for lung cancer and heart disease (Data source: BRFSS 2011). Surveys in Clay County schools found higher incidence of youth who smoke than in Illinois. Additionally, maternal smoking rates were higher in Clay County than in Illinois.

In 2020, there were 128.9 mental health providers per 100,000 population (Illinois rate 262) (*US Census Bureau, American Community Survey 2020, RISE-IP3*)

The 2018 Illinois Youth Survey finds that by 10<sup>th</sup> grade, more than half of students (54%) had tried some type of substance including alcohol and drug. (Data source: Illinois Youth Survey, 2018).



## Tobacco & E-Cigarettes

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
CALCULATED SMOKING STATUS <sup>1</sup>	Smoker	2,039	20.4%	15.0%-27.1%	86
	Former Smoker	2,184	21.9%	17.5%-26.9%	109
	Never Smoked	5,761	57.7%	51.1%-64.0%	222
QUIT SMOKING (FORMER SMOKERS) <sup>2</sup>	Past Year	*	*	*	*
	More than 1 Year Ago	*	*	*	*
USE SMOKELESS TOBACCO <sup>3</sup>	No	8,948	90.0%	85.5%-93.2%	382
	Yes	999	10.0%	6.8%-14.5%	33
CALCULATED E-CIGARETTE STATUS <sup>4</sup>	Current User	300	3.0%	1.7%-5.5%	15
	Not Currently Using	1,776	17.9%	12.4%-25.1%	57
	Never Used	7,850	79.1%	72.0%-84.7%	342

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

1. Calculated smoking status from tobacco questions.

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

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

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

The crude rate of death due to lung disease (Chronic Lower Respiratory Disease) per 100,000 population is significantly higher in Clay County (93.6) than in Illinois (43.7) or nationally (47.6) (CDC Wonder, 2018-2020).

During the 2023 Community Health Needs survey, asthma/COPD/emphysema was the second most commonly reported health issue, with 33% of households reporting that at least one member of the household had one of these conditions.

**Table 4.7 Lung Disease Mortality Rate**

Report Area	Total Population	Average Annual Deaths, 2018-2020	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,217	12.3	93.6	Unknown
Illinois	12,812,508	5,536	43.7	35.1
United States	331,449,281	156,374	47.6	48.1

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2018-20.

Source geography: County

## Chronic Diseases

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAS ASTHMA NOW	Yes	977	9.4%	6.1%-14.2%	37
	No	9,445	90.6%	85.8%-93.9%	398
EVER TOLD COPD	Yes	1,002	9.6%	7.1%-12.9%	65
	No	9,409	90.4%	87.1%-92.9%	370
EVER TOLD CANCER	Yes	1,361	13.1%	10.0%-16.8%	76
	No	9,063	86.9%	83.2%-90.0%	360
EVER TOLD ARTHRITIS	Yes	3,355	32.4%	27.2%-38.0%	168
	No	7,001	67.6%	62.0%-72.8%	265
ARTHRITIS/JOINT SYMPTOMS: LIMITS ACTIVITIES	Yes	2,033	19.6%	15.5%-24.5%	98
	No	8,345	80.4%	75.5%-84.5%	337
EVER TOLD DEPRESSIVE DISORDER	Yes	1,577	15.2%	11.6%-19.7%	72
	No	8,799	84.8%	80.3%-88.4%	361
TOLD HAVE DIABETES	No	9,027	86.6%	81.8%-90.3%	367
	Yes	1,397	13.4%	9.7%-18.2%	69
CHRONIC HEALTH CONDITIONS <sup>1</sup>	No Chronic Disease	4,801	46.6%	40.2%-53.1%	159
	1 Chronic Disease	2,644	25.6%	21.0%-30.9%	124
	2+ Chronic Diseases	2,862	27.8%	22.8%-33.4%	147

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

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

Source: [IDPH BRFSS](#), 2015-2019

## Alcohol

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
BINGE DRINKING (CALCULATED) <sup>1</sup>	Not At Risk	8,041	81.9%	75.6%-86.9%	354
	At Risk	1,775	18.1%	13.1%-24.4%	53
HEAVY DRINKING (CALCULATED) <sup>2</sup>	Not At Risk	9,364	95.2%	92.1%-97.1%	389
	At Risk	475	4.8%	2.9%-7.9%	19

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

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

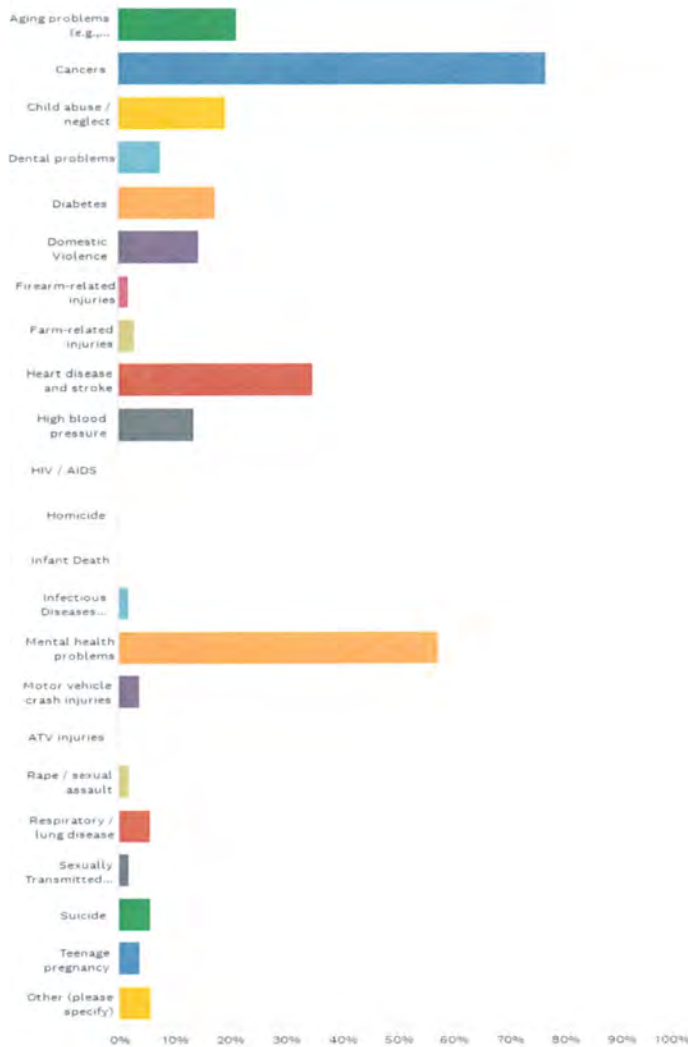
2. Calculated at risk for men having >2 drinks per day and women having >1 drink per day.

According to the Division of Emerging Health Issues at IDPH, Clay County is the second highest per capita in overdose deaths related to Psychostimulants in 2020-2021. Please see the table below.

Resident County	AVG 2020-2021 Psychostimulant death RATE per capita
1 Montgomery	23.77/100,000 persons
2 Clay	20.39
3 Greene	18.37
4 Madison	16.37
5 Union	16.16

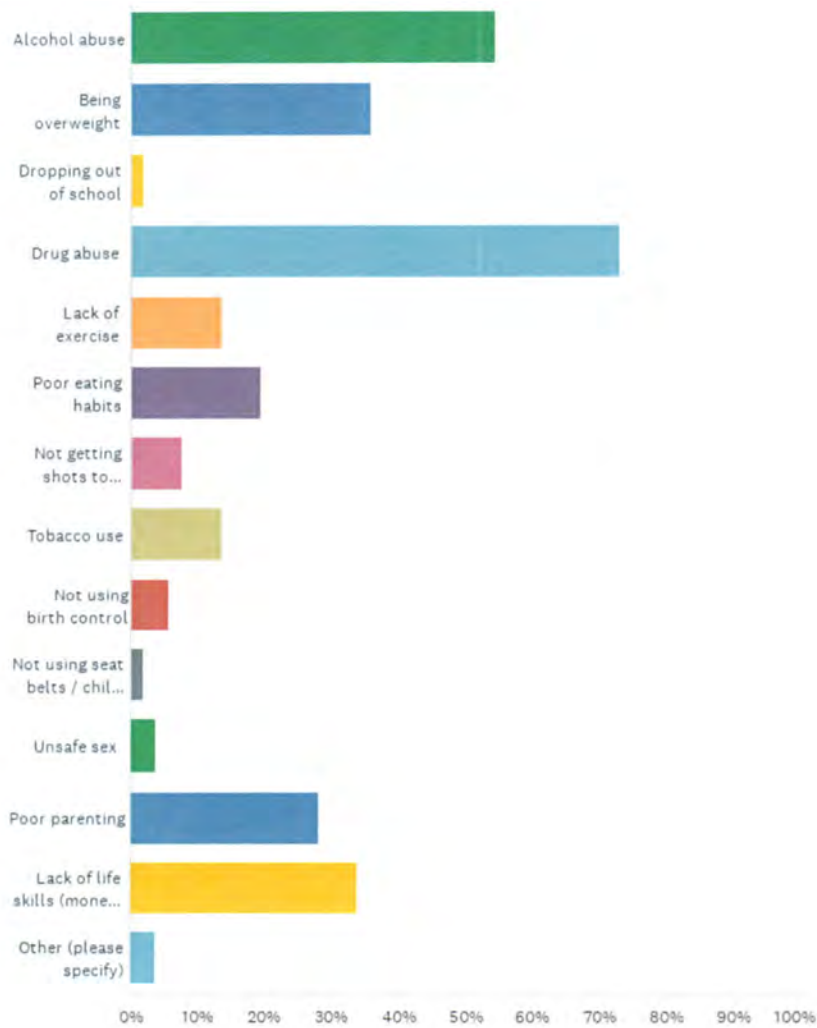
Source: [IDPH Drug Overdose Deaths, 2020-2021](#)

Q2 In the following list, what do you think are the three most important health problems in our community? (Those problems which have the greatest impact on overall community health.) Check only three (3):





Q3 In the following list, what do you think are the three most important risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health.) Check only three (3):



ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
GENERAL HEALTH STATUS	Excellent	1,334	12.8%	9.2%-17.5%	48
	Very Good	3,232	31.0%	25.6%-37.0%	126
	Good	3,604	34.6%	28.6%-41.1%	149
	Fair	1,571	15.1%	11.2%-20.0%	77
	Poor	684	6.6%	4.2%-10.1%	36
GENERAL HEALTH	Good/Very Good/Excellent	8,170	78.4%	73.0%-83.0%	323
	Fair/Poor	2,254	21.6%	17.0%-27.0%	113
NUMBER OF DAYS PHYSICAL HEALTH NOT GOOD	None	6,195	59.5%	53.0%-65.7%	246
	1-7 Days	2,153	20.7%	16.2%-26.1%	93
	8-30 Days	2,060	19.8%	14.7%-26.1%	96
NUMBER OF DAYS MENTAL HEALTH NOT GOOD	None	6,264	60.2%	53.5%-66.6%	284
	1-7 Days	2,222	21.4%	16.5%-27.1%	76
	8-30 Days	1,911	18.4%	13.0%-25.4%	73
NUMBER OF DAYS PHYSICAL/MENTAL HEALTH AFFECTED ACTIVITIES <sup>1</sup>	None	7,964	77.1%	70.6%-82.6%	332
	1-7 Days	700	6.8%	4.2%-10.7%	30
	8-30 Days	1,664	16.1%	11.2%-22.6%	71

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

1. Respondents reporting 0 days with mental and physical health problems in the past month were not asked this question, but are included as 0 days.

#### 2018 Substance Use Rates by Grade

Substance Used	8th Grade	10th Grade
<b>Used Past Year</b>		
<b>Any Substance (including alcohol, cigarettes, inhalants or marijuana)</b>	<b>29%</b>	<b>54%</b>
Alcohol	22%	51%
Any Tobacco or Vaping Products*	17%	37%
Cigarettes	5%	27%
Inhalants	12%	5%
Marijuana	7%	19%
<b>Any Illicit Drugs (excluding marijuana)</b>	<b>2%</b>	<b>5%</b>
Crack/Cocaine	2%	3%
Hallucinogens/LSD	0%	5%
Ecstasy/MDMA	1%	5%
Methamphetamine	1%	2%
Heroin	0%	2%
<b>Any Prescription Drugs to get high</b>	<b>2%</b>	<b>6%</b>
Prescription Painkillers	2%	2%
Other Prescription Drugs	2%	6%
Prescription <b>pain medicine</b> without prescription or differently than prescribed*	8%	9%
Prescription drugs not prescribed to you	2%	9%
Over-the-Counter Drugs	2%	3%

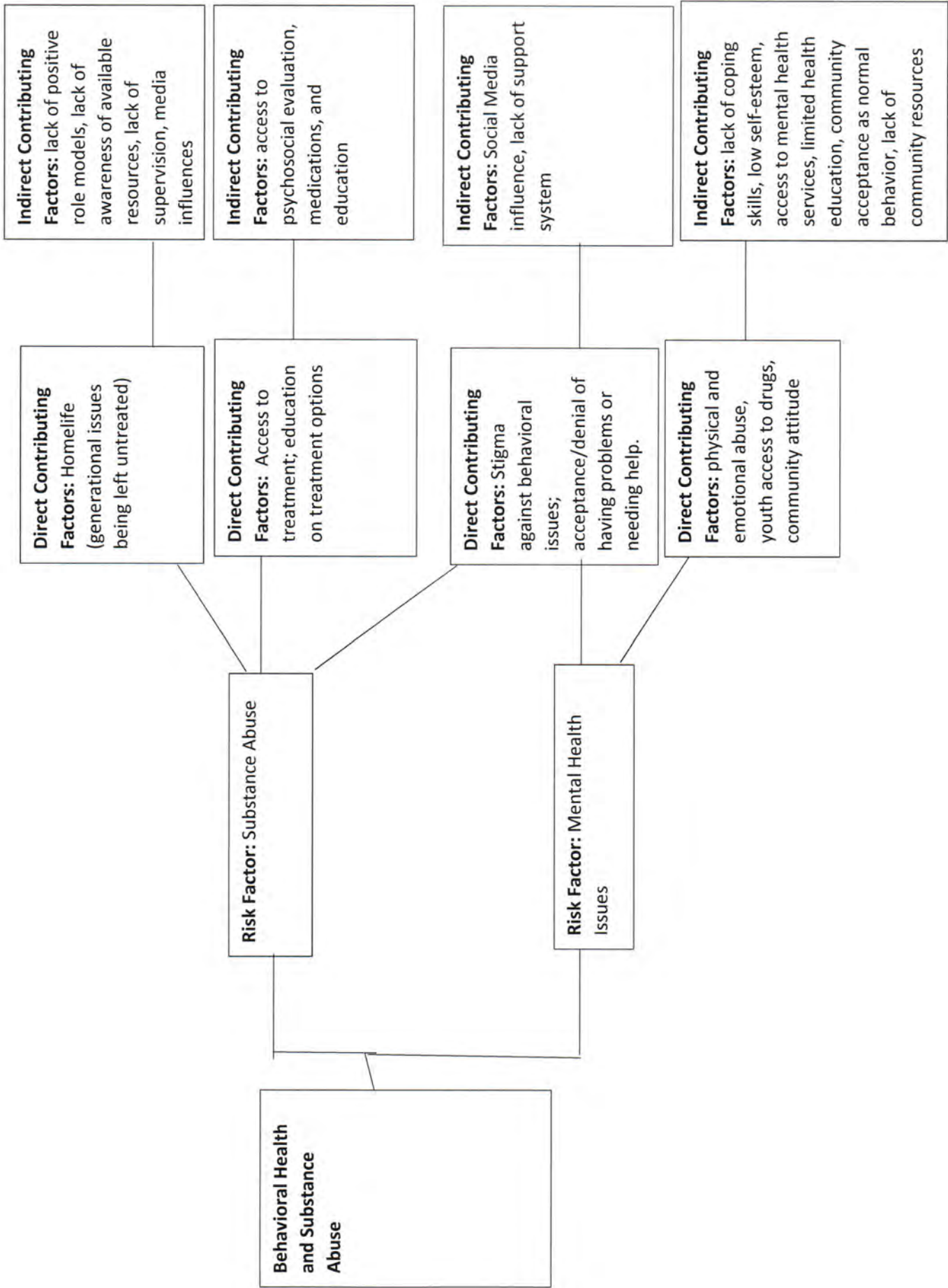
**Relation to Health People 2030:** The following Healthy People 2030 targets were referenced to set objectives.

- Increase the proportion of people with substance use and mental health disorders who get treatment for both to 8.2%.
- Increase the proportion of primary care visits where adolescents and adults are screened for depression to 13.5%.
- Reduce the proportion of adults who used drugs in the past month to 12%.

**Relation to State Health Improvement Plan 2021: Behavioral Health**

- **Goal 1: Improve the collection, utilization, and sharing of behavioral health related data in Illinois**
  - A framework for surveillance and planning that is data-driven and specific, including proposed approaches for monitoring disparities (race/ethnic, gender, geography, etc.) where possible, is produced and presented to the SHIP ICC (NM) by January 1, 2017
- **Goal 2: Build upon and improve local system integration (BM)**
  - Evidence of new or strengthened partnerships with a wide variety of stakeholders to enhance and support the development of medical and health homes that integrate mental and physical health and wellness across the continuum of services (from prevention through treatment) by Jan. 1, 2017
- **Goal 3: Reduce deaths due to behavioral health crises**
  - Reduce opioid overdose mortality rate by 20%
  - Reduce age-adjusted suicide rate by 20%
  - Reduce the number of young adults (aged 18-24) who report experiencing poor mental health for more than one week per month by 20%
  - Reduce age-adjusted suicide rate among the veteran population by 20%
- **Goal 4: Improve the opportunity for people to be treated in the community rather than in institutional settings**
  - Reduce emergency department visits, hospitalizations, and incarceration due to behavioral health issues by narrowing the treatment gap (by 25%) and building and sustaining community-based behavioral health treatment capacity
  - Leverage partners for united action and opportunity for funding
- **Goal 5: Increase behavioral health literacy and decrease stigma**
  - Increase behavioral health literacy and conduct more Mental Health First Aid trainings to build community capacity in this area
- **Goal 6: Improve response to community violence**





## **Outcome Objective #1: By 2027, decrease the number of overdose deaths to 19 per 100,000.**

- Baseline (2020-2021): 20.39 per 100,000 Psychostimulant deaths in Clay County. Second highest in Illinois.
  - Data Source: [IDPH Drug Overdose Deaths, 2020-2021](#)
  - State Health Improvement Plan Goal:
    - Reduce deaths due to behavioral health crises
    - Reduce opioid overdose mortality rate by 20%
    - Reduce age-adjusted suicide rate by 20%
    - Reduce the number of young adults (aged 18-24) who report experiencing poor mental health for more than one week per month by 20%
    - Reduce age-adjusted suicide rate among the veteran population by 20%
  - Interventions:  
[Naloxone education & distribution programs](#)  
[Prescription drug monitoring programs \(PDMPs\)](#)

## **Impact Objective 1.1: Increase the number of providers for mental health issues to 130 per 100,000.**

- Baseline (2022): Mental health providers in Clay County: 128.9 per 100,000; Illinois: 262 per 100,000. Healthy People 2030: increase people who get treatment mental health issues.
  - Data Source: [County Health Rankings Healthy People 2030](#)
  - State Improvement Plan Goal:
    - Build upon and improve local system integration (BM)
    - Evidence of new or strengthened partnerships with a wide variety of stakeholders to enhance and support the development of medical and health homes that integrate mental and physical health and wellness across the continuum of services (from prevention through treatment) by Jan. 1, 2017
  - State Improvement Plan Goal:
    - Improve the opportunity for people to be treated in the community rather than in institutional settings
    - Reduce emergency department visits, hospitalizations, and incarceration due to behavioral health issues by narrowing the treatment gap (by 25%) and building and sustaining community-based behavioral health treatment capacity
    - Leverage partners for united action and opportunity for funding
  - State Improvement Plan Goal:
    - Increase behavioral health literacy and decrease stigma
    - Increase behavioral health literacy and conduct more Mental Health First Aid trainings to build community capacity in this area
  - Interventions:  
[Mobile health for mental health](#)  
[Telemental health services](#)

## **Impact Objective 1.2: Increase NARCAN training courses to 2 offered per year and have 4 Narcan distribution places locally established.**



- Baseline (2023): Currently 1 Narcan training was conducted and there are no designated (advertised) Narcan distribution sites.
  - Data Source: Health for Generations coalition
  - Interventions:  
[Naloxone education & Distribution programs](#)

**Impact Objective 1.3: Decrease Number of days mental health was not good per month to 17%.**

- Baseline (2019): 18.4% of Clay County residents indicated 8-30 days mental health was not good.
  - Data Source: IDPH BRFSS
  - Interventions:  
[Mobile health for mental health](#)  
[Telemental health services](#)

**Outcome Objective #2: By 2027, Decrease percentage of current smokers to 19%.**

- Baseline (2019): 20.4% of adulted indicated they are smokers.
  - Data Source: IDPH BRFSS
  - State Health Improvement Plan Goal
    - Increase opportunity for tobacco-free living
    - Reduce the percentage of Illinois adults reporting smoking by 5%
  - Interventions:  
[Statewide comprehensive tobacco programs](#)  
[Mass media campaigns against tobacco use](#)

**Impact Objective 2.1: Develop smoke-free policies at 100% of parks in Clay County by 2027.**

- Baseline (2016): All of Flora public places are smoke-free, not all of Louisville or Clay City yet.
  - Data Source: Need to inventory number of public places and generate data to show percentage that are smoke-free.
  - State Health Improvement Plan Goal
    - Increase opportunity for tobacco-free living
    - Reduce the percentage of Illinois adults reporting smoking by 5%
  - Interventions:
    - Inventory parks in Clay County and generate data to show the percentage that are smoke-free.
    - Collaborate with North Clay School and North Clay Park Board to establish a smoke-free policy in Louisville Park.
    - Promote smoke-free events, such as school sporting events, by collaborating with local community groups and schools.
      - Evidence-Base:
        - Smoke-free policies for outdoor areas:  
<http://www.countyhealthrankings.org/policies/smoke-free-policies-outdoor-areas>

**Impact Objective 2.2: Ensure that all indoor public places & places of employment comply with the Smoke Free Illinois Act by 2027**



- **Baseline (2022):** The Clay County Health Department conducted 24 smoke-free Illinois Act compliance checks, and received no complaints.
  - **Data Source:** Clay County Health Department tobacco program coordinator.
  - **Interventions:**
    - Conduct at least 80 Smoke Free Illinois compliance checks per year.

**Outcome Objective #3: Decrease number of students who have used drugs in the past year to 35% of 8<sup>th</sup> graders, 37% of 10<sup>th</sup> graders, and 48% of 12<sup>th</sup> graders.**

**Baseline (2018):** Clay County: 36% of 8<sup>th</sup> grade students, 38% of 10<sup>th</sup> grade students, and 49% of 12<sup>th</sup> grade students report alcohol use in the past year.

- **Data Source:** Illinois Youth Survey

**Impact Objective 3.1: By 2027, increase the percent of 8<sup>th</sup> and 10<sup>th</sup> grade parents/guardians in Clay County who have talked to their students about not using alcohol in the past year to 55% in 8<sup>th</sup> grade and 60% in 10<sup>th</sup> grade.**

- **Baseline (2018):** 53% of 8<sup>th</sup> grade and 58% of 10<sup>th</sup> grade students in Clay County report in the last year parents/guardians talked to the about not using alcohol.
  - **Data Source:** Illinois Youth Survey
  - **Interventions:**
    - Send prevention post cards to all parents of 8<sup>th</sup> and 10<sup>th</sup> grade students three times per year encouraging them to talk to their children about alcohol.
    - Develop and promote three radio ads during high traffic time slots about talking to your children about alcohol.
      - **Evidence-Base:**
        - Using mass media against underage drinking: <http://www.countyhealthrankings.org/policies/mass-media-campaigns-against-underage-binge-drinking>

**Impact Objective 3.2: By 2027, increase the percent of Clay County 10<sup>th</sup> grade students who perceive their friends feeling it would be wrong for them to have one or two drinks of an alcoholic beverage nearly every day to 27%.**

**Baseline (2018):** 26% of 10<sup>th</sup> grade students perceive their friends feeling it would be wrong for them to have one or two drinks of an alcoholic beverage nearly every day. Healthy People 2030 goal is to reduce the proportion of people under 21 years who engaged in binge drinking in the past month from 11.1% to 8.4%.

- **Data Source:** Illinois Youth Survey
- **Interventions:**
  - Publish stall talk messages three times per year to display in all school bathroom stalls capturing the majority of target audience and emphasizing message of the danger of binge drinking.
  - Display posters in school high traffic areas and entrances on the dangers of binge drinking.

- **Evidence-Base:**
  - Media campaigns against binge drinking:
    - <http://www.countyhealthrankings.org/policies/mass-media-campaigns-against-underage-binge-drinking>

**Other goals related to this strategic issue:** (These goals either do not currently have adequate data sources, funding or partnerships to fully develop the objective, but are areas to further explore in the next five years)

- Create a mentorship program to connect at risk youth to positive role models
- Increase admissions to substance abuse treatment programs
- Reduce access to prescription drugs by holding drug take back events, and educating parents/guardians/grandparents on restricting access to minors.

**Community Resources Available for this Priority:**

- Clay County Health Department
- Illinois Tobacco Quit Line
- Clay County Hospital Behavioral Health and COPE program
- Coalition against Drug Abuse
- Egyptian Health Department’s Narcan Education/Distribution Program
- Friendship Connection
- Clay County Cancer Crusaders
- Clay County Schools
- Clay County Sherriff
- Clay County Probation Assistant
- City of Flora Police Department

**Estimated funding:**

Enhance current programs using existing funding

**Potential New Funding Sources/In-Kind Support**

Explore new grants from federal or state sources to support Coalition against Drug Abuse (CADA) initiatives and Friendship Connection services.



# Strategic Issue #2: Heart Disease & Obesity

**Goal:** Improve heart health and quality of life through promotion of healthful diets and active lifestyles to ultimately prevent heart attacks, strokes and premature death.

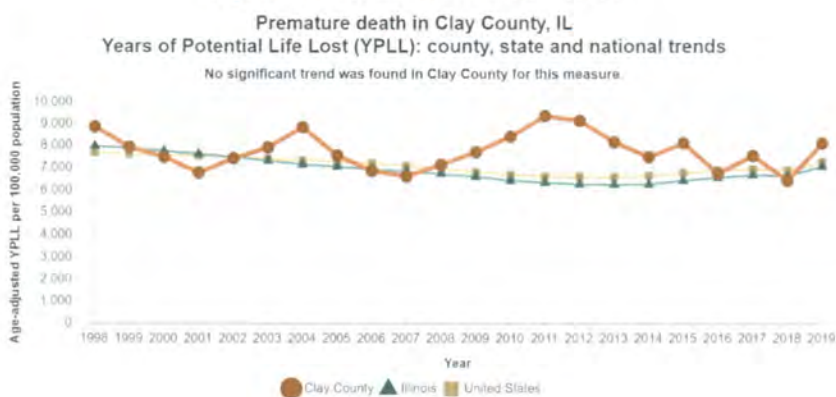
**Rationale:** The percentage of adults with heart disease in Clay County (8%) is significantly higher than the state (5.4%) and national averages (6%) (PLACES, 2020). Diseases of the heart is the leading cause of death in Clay County with 26.3% (IDPH Vital Statistics). In Clay County, there are an estimated 43.8 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2030 target of less than or equal to 33.4. The CHA survey found that more than half of households (61.11%) had at least one member with hypertension or heart disease.

## Supporting Data:

Rank	Cause of Death	Clay		Illinois	
		Number of Deaths	Percent of Deaths	Number	%
	All Causes	194	100.0%	132,701	100.0%
1	Diseases of the Heart	51	26.3%	27,466	20.7%
2	COVID-19	29	14.9%	15,715	11.8%
3	Cancer	26	13.4%	24,020	18.1%
4	Chronic lower respiratory diseases	13	6.7%	5,432	4.1%
5	Stroke	8	4.1%	6,762	5.1%
6	Accidents	7	3.6%	7,159	5.4%
7	Diabetes Mellitus	4	2.1%	3,487	2.6%
8	Kidney Disease	3	1.5%	2,651	2.0%
8	Alzheimer's disease	3	1.5%	4,639	3.5%
10	Influenza and Pneumonia	2	1.0%	2,430	1.8%

Source: Illinois Department of Public Health, Vital Statistics, 2020

**Figure 2.1 Premature Death Trend**



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

Data source: University of Wisconsin, County Health Rankings; National Center for Health Statistics, National Vital Statistics System, Mortality Files.



## Cardiovascular Disease

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EVER TOLD HAVE CORONARY HEART DISEASE	No	9,816	94.7%	91.6%-96.7%	399
	Yes	547	5.3%	3.3%-8.4%	31
EVER TOLD HAD HEART ATTACK	No	9,818	94.5%	91.6%-96.4%	400
	Yes	575	5.5%	3.6%-8.4%	35
EVER TOLD HAD STROKE	No	9,970	95.6%	93.1%-97.3%	412
	Yes	454	4.4%	2.7%-6.9%	24
HISTORY OF CVD <sup>1</sup>	No	9,330	89.5%	85.8%-92.3%	373
	Yes	1,094	10.5%	7.7%-14.2%	63

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

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

## Hypertension

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EVER TOLD HAVE HIGH BLOOD PRESSURE <sup>1</sup>	No	6,138	58.9%	52.8%-64.7%	221
	Yes	4,286	41.1%	35.3%-47.2%	215

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

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

**Table 4.9 Stroke Mortality Rate**

Report Area	Age-Adjusted Death Rate (Per 100,000 Pop.)
-------------	---

Clay County, IL 43.8

Illinois 39.5

United States 37.7

[HP 2030 Target](#) <= 33.4

## Obesity

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
BODY MASS INDEX <sup>1</sup>	Normal or Underweight	2,754	27.6%	22.5%-33.4%	118
	Overweight	3,422	34.3%	28.0%-41.2%	135
	Obese	3,803	38.1%	32.1%-44.5%	162
OVERWEIGHT OR OBESE	No	2,754	27.6%	22.5%-33.4%	118
	Yes	7,225	72.4%	66.6%-77.5%	297

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

1. BMI calculated from reported height and weight. BMI Categories: Underweight <18.5, Normal >=18.5 and <25, Overweight >=25 and <30, Obese >=30.

## Physical Activities

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
ANY PHYSICAL ACTIVITY PAST 30 DAYS	Yes	6,640	67.4%	61.3%-73.0%	247
	No	3,210	32.6%	27.0%-38.7%	163
MEETS PHYSICAL ACTIVITY GUIDELINES	Yes	3,584	47.5%	40.5%-54.6%	136
	No	3,962	52.5%	45.4%-59.5%	183

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

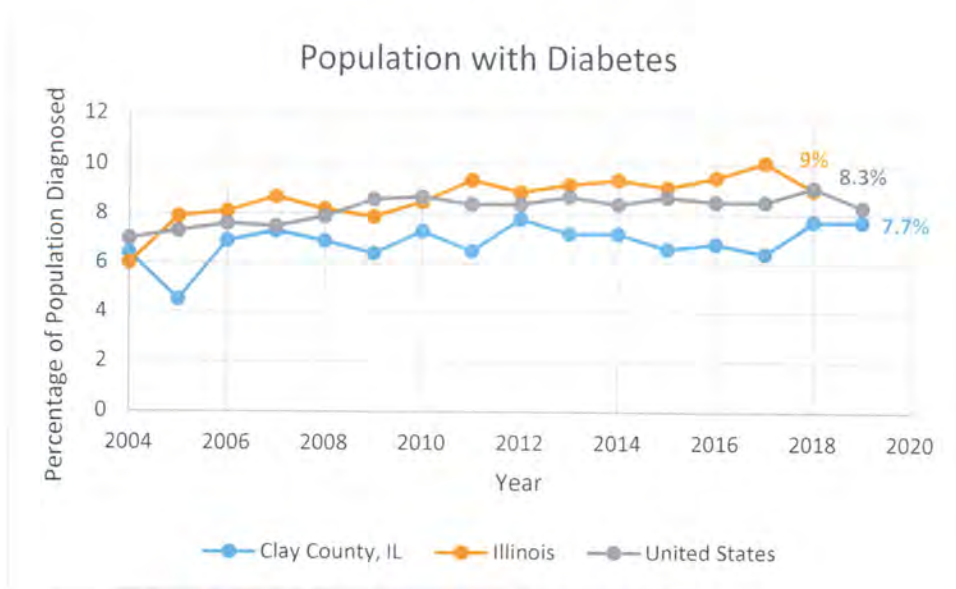
\*Indicates data does not meet standards of reliability and has been suppressed.

Clay County's obesity rate has increased to 36% which is 2% higher than 2017. The Clay County obesity rate is higher than the Illinois (32%) and United States (32%) ([County Health Rankings](#), 2019). The Healthy People 2030 [adult obesity target](#) is 36%. Obesity was the fourth (36%) most reported risky health behavior from Clay County citizens through the Community Health Needs survey. Diabetes was rated 5 out of ten in most important health issues in the Community Health Assessment survey, with 23.6% of homes reporting that at least one household member had diabetes.

The percentage of adults in Clay County who reported they do not exercise has grown over the last ten years from 33% to 43.1% (CASPER survey, 2017) (CHA Survey, 2023). The CHA survey showed that residents of the average Clay County household exercised 1-2 days in a week was 37.3%, 3-4 times a week 18.6% and more than 5 times a week 1% (CHA Survey, 2023). In County Health Rankings, 29% of Clay County adults reported participating in no physical activity outside of work, which is worse than the state 25% and US rates 26% ([County Health Rankings](#), 2019).

### Diabetic Population





Source: CDC, Diabetes Atlas

This shows the percentage of the population diagnosed with diabetes regardless of type in Clay County, Illinois state, and the United States. This shows that the percentage of the population diagnosed with diabetes has remained fairly consistent in Clay County since 2005. It is also seen that on average the percentage of the population diagnosed with diabetes in Clay County is lower than both Illinois and the United States.

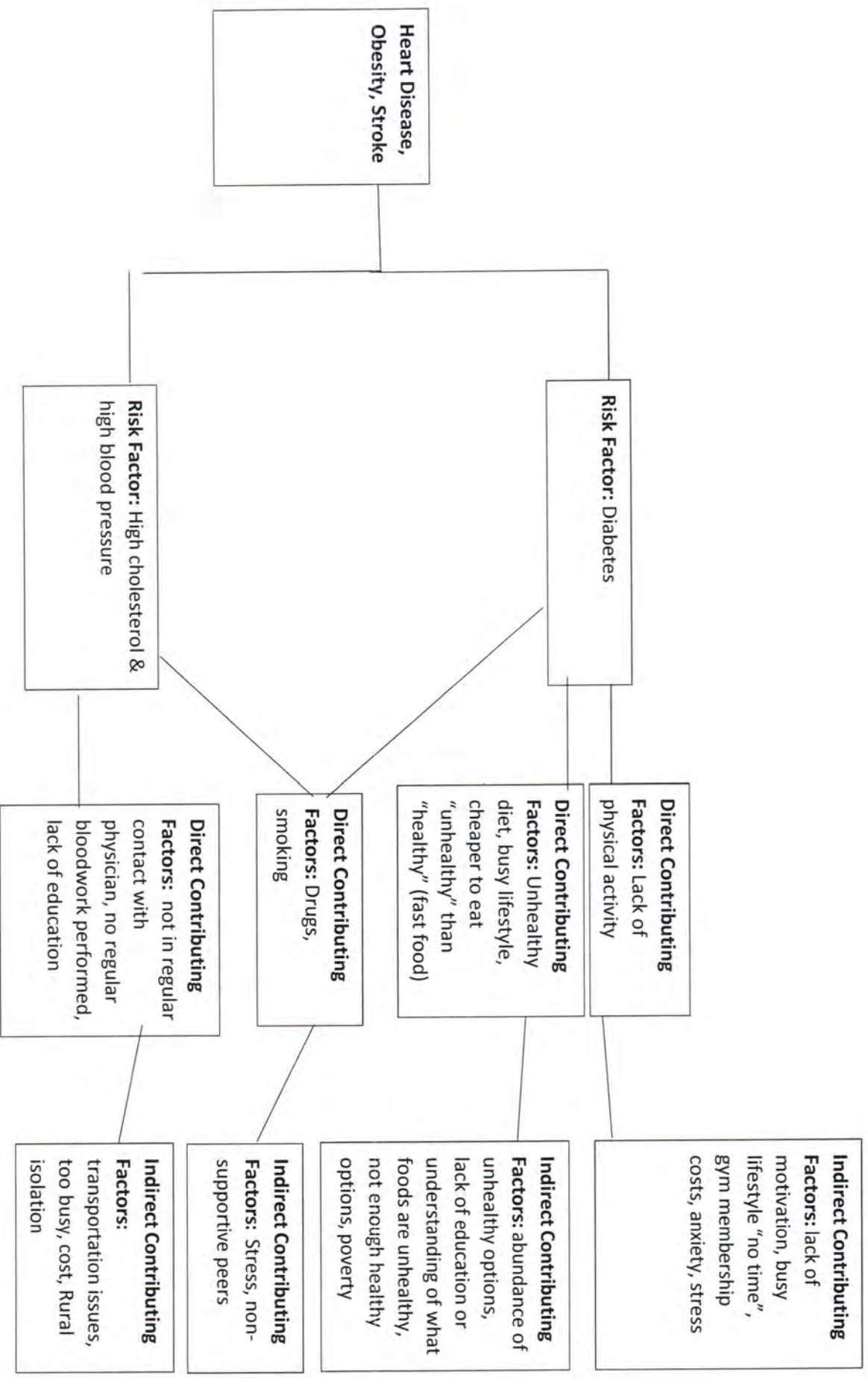
**Relation to Health People 2030:** The following Healthy People 2030 targets were referenced to set objectives.

- Reduce the proportion of adults who do no physical activity in their free time to 21.8%
- Reduce coronary heart disease deaths to 71.1 per 100,000.
- Help prevent strokes by reducing the proportion of adults with high blood pressure to 42.6%.

**Relation to State Health Improvement Plan 2021: Chronic Disease**

- Goal 1: Increase opportunity for tobacco-free living
  - Reduce the percentage of Illinois adults reporting smoking by 5%
- Goal 2: Increase opportunities for healthy eating (BM) and Goal 4: Increase community-clinical linkages to reduce chronic disease
  - Reduce the percentage of obesity among children of age 10-17 by 5%
  - Reduce the percentage of obesity among adults by 5%
  - Reduce the percentage of adults reporting diabetes by 5%
  - • Reduce the rate of emergency department discharges for type 2 diabetes by 5%
- Goal 3: Increase opportunity for active living
  - Reduce the percentage of Illinois adults reporting no physical activity in the last 30 days by 5%
  - Reduce the percentage of Illinois children who report not engaging in vigorous physical activity by 5%





## **Outcome Objective #1: By 2027, reduce the percent of adults with heart disease to 7%.**

- Baseline (2020): Clay County 8%, Illinois Benchmark 5.4% currently has heart disease. No healthy people 2020 goal.
  - Data Source: PLACES, 2020
  - Interventions
    - [Exercise prescriptions](#)

### **Impact Objective 1.1: By 2027, reduce the proportion of adults with obesity to 36%.**

- Baseline (2019): In Clay County 38.1% of adults are considered obese; Healthy People 2030 target to achieve 36% at healthy weight.
  - Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
  - State Health Improvement Plan Goal:
    - Increase opportunities for healthy eating (BM) and Goal 4: Increase community-clinical linkages to reduce chronic disease
    - Reduce the percentage of obesity among children of age 10-17 by 5%
    - Reduce the percentage of obesity among adults by 5%
    - Reduce the percentage of adults reporting diabetes by 5%
    - Reduce the rate of emergency department discharges for type 2 diabetes by 5%
  - Interventions:
    - [Exercise prescriptions](#)
    - [Places for physical activity](#)
    - [Multi-component obesity prevention interventions](#)
- **Impact Objective 1.2: By 2027, Reduce the proportion of adults who do no physical activity in their free time to 21.8%.**
  - Baseline (2019): Clay County 29% report no leisure time physical activity, Illinois benchmark 25%, Healthy People 2030 target 21.8%.
  - Data Source: County Health Rankings, 2019
  - State Health Improvement Plan Goal:
    - Increase opportunity for active living
    - Reduce the percentage of Illinois adults reporting no physical activity in the last 30 days by 5%
    - Reduce the percentage of Illinois children who report not engaging in vigorous physical activity by 5%
  - Interventions:
    - Utilize the “Health for Generations” Facebook page and website to share messaging campaigns about choosing healthy options.
    - Create a cookbook with heart healthy recipes and distribute throughout the community.
    - Promote breastfeeding through peer counselor program and community breastfeeding support initiatives.
    - Collaborate with schools, churches, and community groups to offer healthy options at community events (like school sporting event concession stands). Provide healthy ideas for snacks, such as water instead of soda, fresh fruit and vegetables, popcorn (without butter and salt), and promote healthy options at events using social media.



- Explore restaurant health improvement initiatives. Work with restaurant owners to develop menu items that are low calorie, heart healthy, and contain fruits and vegetables. Promote healthy menu options using social media, and point of decision prompts in restaurant menus or signage on tables.
- Promote local farmers market as a way to increase fruit and vegetable consumption.
- Highlight success stories of local citizens who have lost weight and developed a healthier life style using social media.
- Launch a community based weight loss challenge competition with local employers.
  - Evidence-Base:
    - Breastfeeding promotion program: <http://www.countyhealthrankings.org/policies/breastfeeding-promotion-programs>
    - Community weight loss challenge: <http://www.countyhealthrankings.org/policies/community-weight-loss-challenges>
    - Point of Purchase Marketing for healthy foods: <http://www.countyhealthrankings.org/policies/point-purchase-prompts-healthy-foods>

**Outcome Objective #2: By 2027, reduce stroke mortality to 41 per 100,000 people.**

- Baseline (2018-2020): Clay County 43.8 per 100,000, Illinois Benchmark 39.5 per 100,000. Healthy People 2030 goal of 33.4 per 100,000.
  - Data Source: CDC Atlas of Heart Disease and Stroke, 2018-2020

**Impact Objective 2.1: By 2027, increase the number of people who get annual blood work done by 10%.**

- Baseline: Clay County Hospital and Health Department estimate number of blood work vouchers sold at community events, and number of blood tests done on an annual basis.
  - Data Source: Clay County Health Department and Clay County Hospital
  - Interventions:
    - Offer low cost blood work, cholesterol checks and free blood pressure checks at community events.
      - Evidence base:
        - Reduce out of pocket costs of cardiovascular disease preventative services: <https://www.thecommunityguide.org/findings/cardiovascular-disease-reducing-out-pocket-costs-cardiovascular-disease-preventive-services>

**Impact Objective 2.2: By 2027, increase the number of people who are aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 9-1-1 by 10%.**

- Baseline: Currently this data is not tracked across the community. We will develop a system to track this and monitor progress. Needs to be generated by estimating the number of children educated through school programs, and adults through trainings, events, and media reach.



- Data Source: Health for Generations subcommittee will track the number of people reached through school education programs, trainings, events and media.
- Interventions:
  - Launch community-based campaign through Health for Generations coalition to issue shared message on early warning signs of a stroke.
  - Participate in community events to educate the public on the early warning signs of strokes.
    - Evidence base:
      - Recognizing signs and symptoms of a Stroke:
        - [https://www.cdc.gov/dhds/docs/ss\\_coverdell\\_arkansas.pdf](https://www.cdc.gov/dhds/docs/ss_coverdell_arkansas.pdf)

**Other goals related to this strategic issue:** (These goals either do not currently have adequate data sources, funding or partnerships to fully develop the objective, but are areas to further explore in the next five years)

- Offer grocery store tours with a dietitian to identify healthy and budget-friendly options that can be purchased locally.
- Support local employers to offer work site wellness programs by providing work site wellness checklists. The Health for Generations coalition could host a worksite wellness symposium for local HR representatives to offer ideas and strategies to improve worksite wellness programs.
- Create a community garden or offer trainings through University of Illinois Extension Master Gardeners to promote growing your own fruit and vegetables.
- Develop more walk-able/bike-able communities through Complete Streets program.

**Community Resources Available for this Priority:**

- University of Illinois Extension
- Chamber of Commerce
- Clay County Health Department
- Local gyms
- Clay County Hospital
- Local worksite HR and work site wellness coordinators
- City of Flora
- Clay County Farm Bureau
- Clay County Master Gardeners
- Clay County School Districts
- Friendship Connection
- American Red Cross
- Clay County Food Pantry
- Golden Circle Nutrition Program

**Estimated funding:**

Enhance current programs using existing funding.

**Potential New Funding Sources/In-Kind Support**

Explore new grants from federal or state sources to support Health for Generations Coalition initiatives



## Strategic Issue #3: Access to Care

**Goal:** Improve access to quality care and improve utilization of preventative services.

**Rationale:** The entirety of Clay County is designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental, or mental health professionals. The access to primary care physicians is especially low.

Clay County lost the only Medicaid dental provider in the County this year. In the Community Health Assessment Survey, access to health care professionals was the number one important factor to have a healthy community. Households reported examples of issues such as: mental health service availability, specialized physicians, dental providers, and cancer care out of the area. Cost, lack of providers, and inability to schedule an appointment were the biggest barriers to seeking medical attention according to the Community Health Assessment Survey.

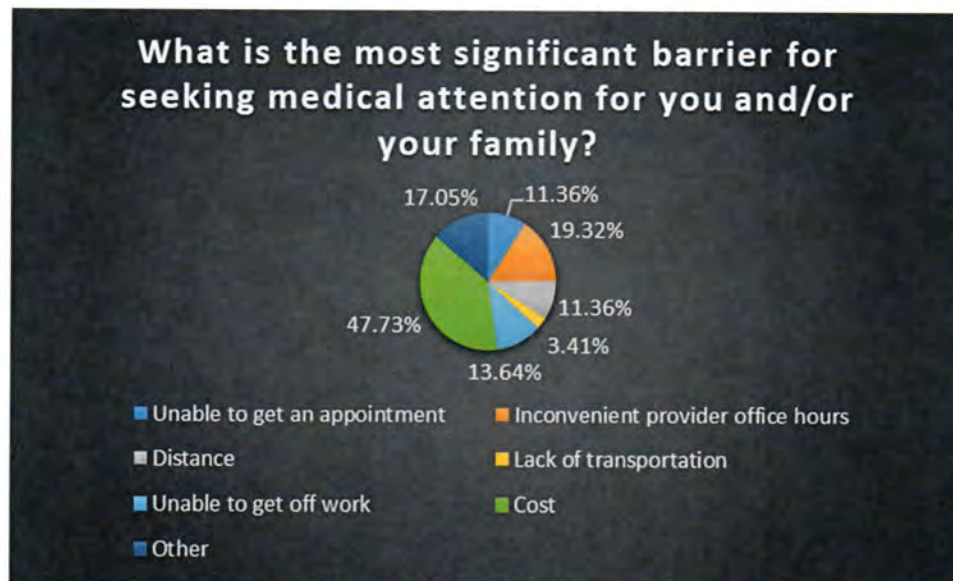
### **Supporting Data:**

In 2020, there were 10.1 primary care physicians per 100,000 population (Illinois rate 19.8)

In 2019, there were 53.1 dentists per 100,000 population (Illinois rate 71.3)

In 2020, there were 128.9 mental health providers per 100,000 population (Illinois rate 262)

Data source: US Census Bureau, [American Community Survey 2020, RISE-IP3](#)



Data Source: Clay County Health Department CHA Survey. February 2023

## Chronic Diseases

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAS ASTHMA NOW	Yes	977	9.4%	6.1%-14.2%	37
	No	9,445	90.6%	85.8%-93.9%	398
EVER TOLD COPD	Yes	1,002	9.6%	7.1%-12.9%	65
	No	9,409	90.4%	87.1%-92.9%	370
EVER TOLD CANCER	Yes	1,361	13.1%	10.0%-16.8%	76
	No	9,063	86.9%	83.2%-90.0%	360
EVER TOLD ARTHRITIS	Yes	3,355	32.4%	27.2%-38.0%	168
	No	7,001	67.6%	62.0%-72.8%	265
ARTHRITIS/JOINT SYMPTOMS: LIMITS ACTIVITIES	Yes	2,033	19.6%	15.5%-24.5%	98
	No	8,345	80.4%	75.5%-84.5%	337
EVER TOLD DEPRESSIVE DISORDER	Yes	1,577	15.2%	11.6%-19.7%	72
	No	8,799	84.8%	80.3%-88.4%	361
TOLD HAVE DIABETES	No	9,027	86.6%	81.8%-90.3%	367
	Yes	1,397	13.4%	9.7%-18.2%	69
CHRONIC HEALTH CONDITIONS <sup>1</sup>	No Chronic Disease	4,801	46.6%	40.2%-53.1%	159
	1 Chronic Disease	2,644	25.6%	21.0%-30.9%	124
	2+ Chronic Diseases	2,862	27.8%	22.8%-33.4%	147

Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

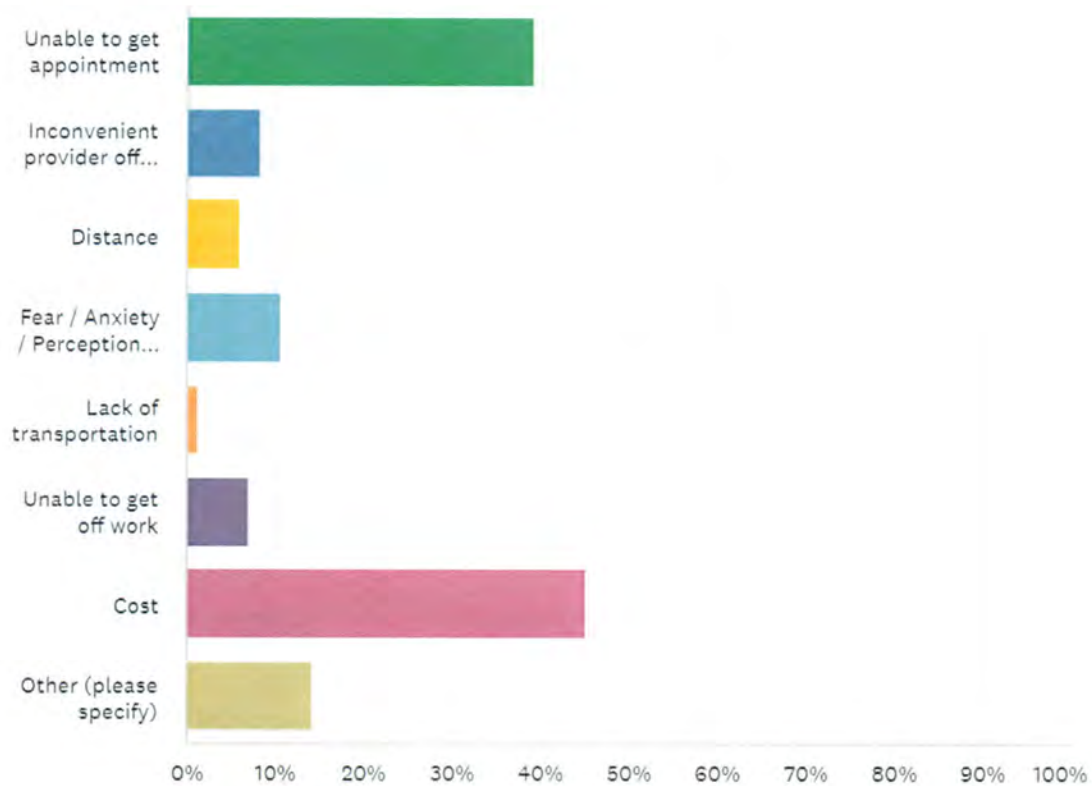
\*Indicates data does not meet standards of reliability and has been suppressed.

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

Source: [IDPH BRFS](#), 2015-2019

# What is the most significant barrier to seeking regular dental care? (Choose all that apply)

Answered: 84 Skipped: 19



In the Community Health Needs survey, access to health care was the number one factor for a healthy community according to Clay County residents. Households reported examples of issues such as: mental health service availability, specialized physicians, and cancer care out of the area. The cost of healthcare was also the number one barrier of Clay County community members not seeking medical attention.



## Dental Care Coverage & Utilization

ICBRFS - Clay County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
LAST DENTAL VISIT	Past Year	5,951	57.1%	50.6%-63.3%	235
	Past 2 Years (>1yr, <2yrs)	1,376	13.2%	8.5%-20.0%	46
	More than 2 Years	3,097	29.7%	24.6%-35.4%	155
HAVE DENTAL INSURANCE COVERAGE	Yes	5,588	53.9%	47.5%-60.2%	210
	No	4,772	46.1%	39.8%-52.5%	222
COULD NOT VISIT DENTIST DUE TO COST	Yes	1,226	11.8%	8.7%-15.7%	62
	No	9,198	88.2%	84.3%-91.3%	374

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

Cancer was the #1 most commonly reported important health issue to residents in Clay County from the 2022 Community Health Assessment survey. In fact, it was reported twice as many times as any other health issue.

During focus groups, several people mentioned that they were concerned about Clay County's cancer rate. There is a wide-spread perception in the community that cancer rates in Clay County are especially high.

Clay County's cancer mortality rate is slightly higher than the Illinois and National Rate, all of which are higher than the Healthy People 2030 Target (122.7).

### Cancer Mortality Rate

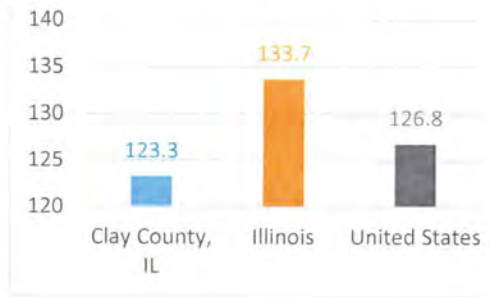
Report Area	Total Population (2020)	Average Annual Deaths from Malignancy, 2018-2020	Crude Death Rate 2020 (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, IL	13,217	32.3	198.8	Unknown
Illinois	12,812,508	23,934	190.8	150.9
United States	331,449,281	600,408.3	182.8	144.1
<a href="#">HP 2030 Target</a>				<= 122.7

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2018-20.  
 Source geography: County

### Breast Cancer Incidence Rate

Report Area	Total Population 2020 (Female)	New Cases (Annual Average)	Age-Adjusted Canc Incidence Rate (Per 100,000 Pop.)
Clay County, IL	6,653	12	123.3
Illinois	6,521,567	10,389	133.7
United States	18,056,679	249,261	126.8

Breast Cancer Age-Adjusted Incidence Rate



[HP 2030 Target](#)

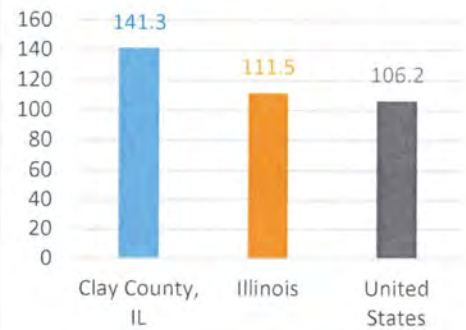
<= 15.3

Data Source: NIH: State Cancer Profiles. 2014-18. Source geography: County the age adjusted incidence rate (cases per 100,000 population per year)

**Prostate Cancer Incidence**

Report Area	Total Population 2020 (Male)	New Cases (Annual Average)	Age-Adjusted Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	6,564	4	141.3
Illinois	6,290,941	8,174	111.5
United States	162,826,299	200,677	106.2

Prostate Cancer Age-Adjusted Incidence Rate



[HP 2030 Target](#)

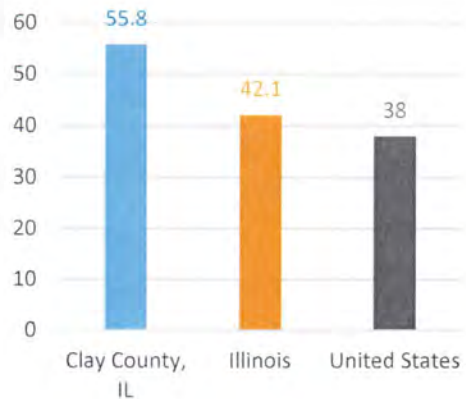
<= 16.9

Data Source: NIH: State Cancer Profiles. 2014-18. Source geography: County the age adjusted incidence rate (cases per 100,000 population per year)

**Colon and Rectum Cancer Incidence**

Report Area	Total Population 2020	New Cases (Annual Average)	Age-Adjusted Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	13,217	12	55.8
Illinois	12,812,508	6,243	42.1
United States	331,449,281	143,200	38.0

Colon Cancer Age-Adjusted Incidence Rate



[HP 2030 Target](#)

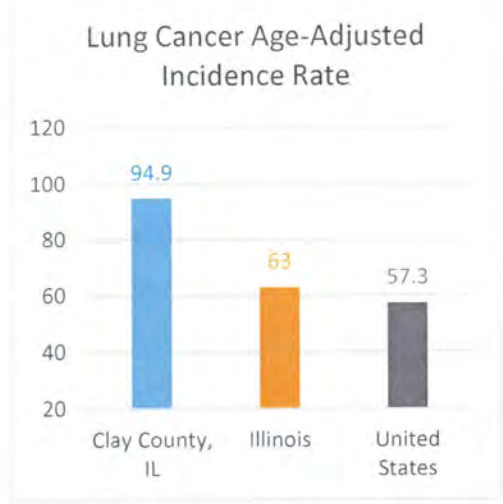
<= 8.9

Data Source: NIH: State Cancer Profiles. 2014-18. Source geography: County the age adjusted incidence rate (cases per 100,000 population per year)



### Lung Cancer Incidence

Report Area	Total Population 2020	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Clay County, IL	13,217	19	94.9
Illinois	12,812,508	9,538	63.0
United States	331,449,281	222,811	57.3
<a href="#">HP 2030 Target</a>			<=25.1

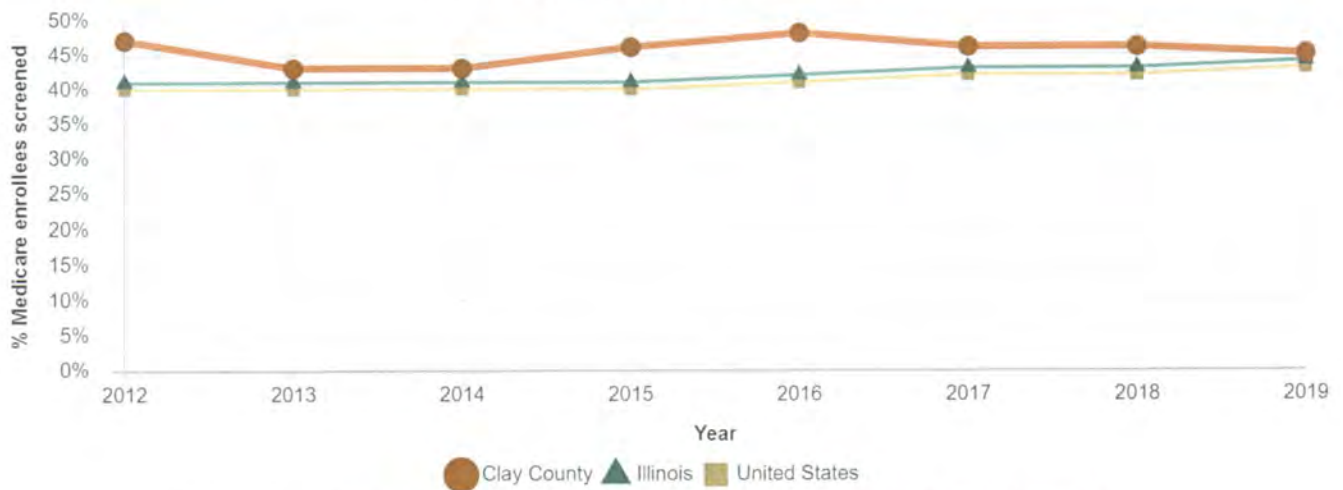


Data Source: NIH: State Cancer Profiles. 2014-18. Source geography: County the age adjusted incidence rate (cases per 100,000 population per year)

### Mammography Trend

#### Mammography screening in Clay County, IL County, state and national trends

No significant long term trend was found in Clay County for this measure. However, in recent years the trend has worsened.



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Source: County Health Rankings, Dartmouth Atlas of Health Care

This shows the percentage of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period. Clay County's percentage is comparable to the State and National averages.

Cancer Age-Adjusted Death Rates per 100,000 population				
	Clay County, IL	Illinois	United States	Healthy People 2030

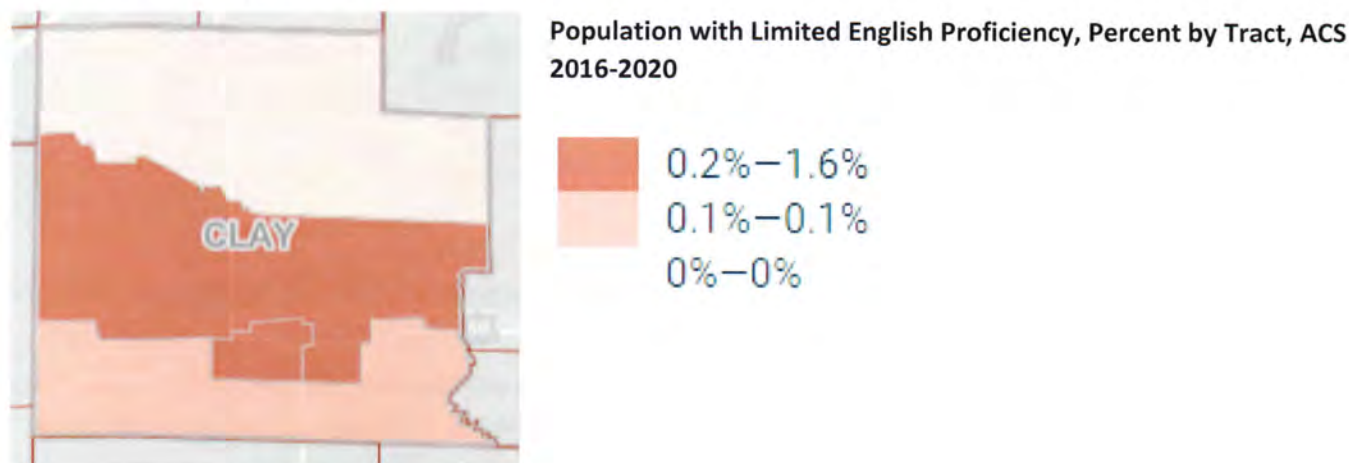


All Cancer	180.6	155.3	149.4	122.7
Lung & Bronchus	66.0	37.3	35.0	25.1
Colon & Rectum	18.7	14.0	13.1	8.9
Source: <a href="#">State Cancer Profiles</a> , 2016-2020				

**Population with Limited English Proficiency:** This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.

Clay County has a total of 46 households who reported understanding English less than "very well".

**Figure 1.4 Map of Population with Limited English**

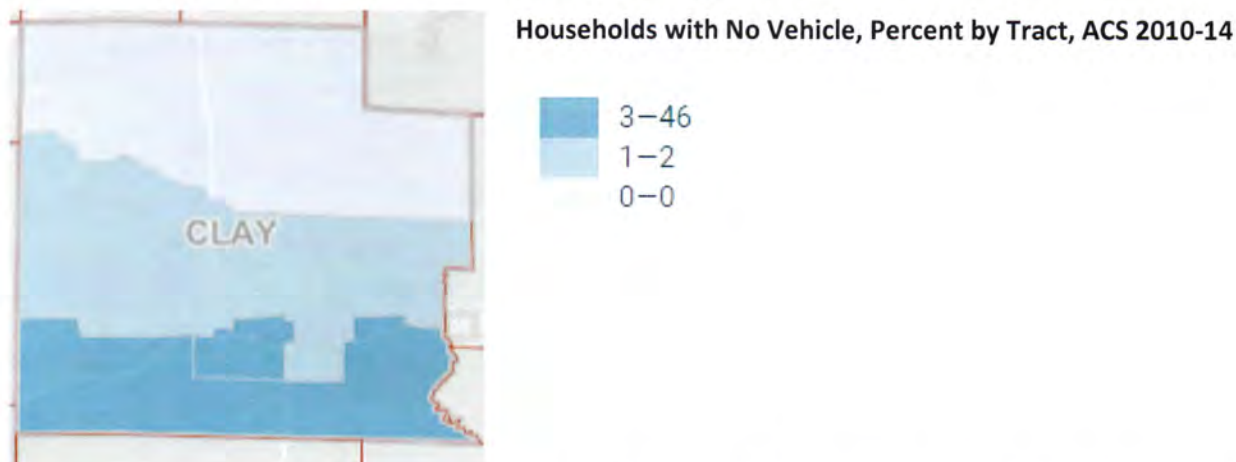


*Data Source: US Census Bureau, American Community Survey. 2016-2020. Source geography: Tract*

**Households with No Motor Vehicle:** This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

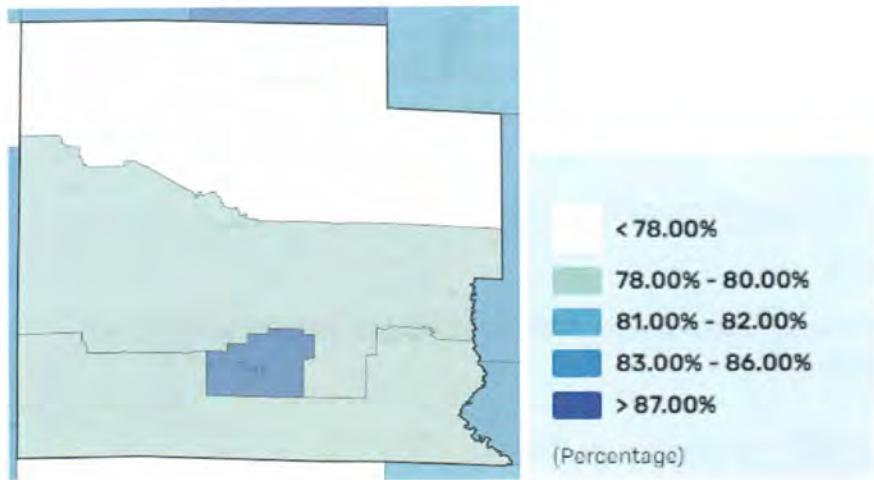
A total of 64 households in Clay County are estimated to have no motor vehicle (1.09% of population).

**Figure 1.5 Map of Households with No Motor Vehicle Access**



*Data Source: American Community Survey 2010-2014, Geography, Census tract Recent data not available*

**Households with No Computer or Internet Access:** This Figure reports the percentage of the population with a computer and a broadband internet subscription. When compared to the state (87%) and national (86.3%), Clay County is comparable in that 81.6% of the population has a computer and broadband internet subscriptions (US Census Bureau American Community Survey, 2019)



Source: [US Census Bureau American Community Survey](#), 2019

Sentinel indicators are for health conditions considered preventable or controllable with regular primary care. This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources. In Clay County, Illinois, 1,840 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment. This metric is better than our state and national partners, as indicated in the graph below (County Health Rankings, 2019).



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level

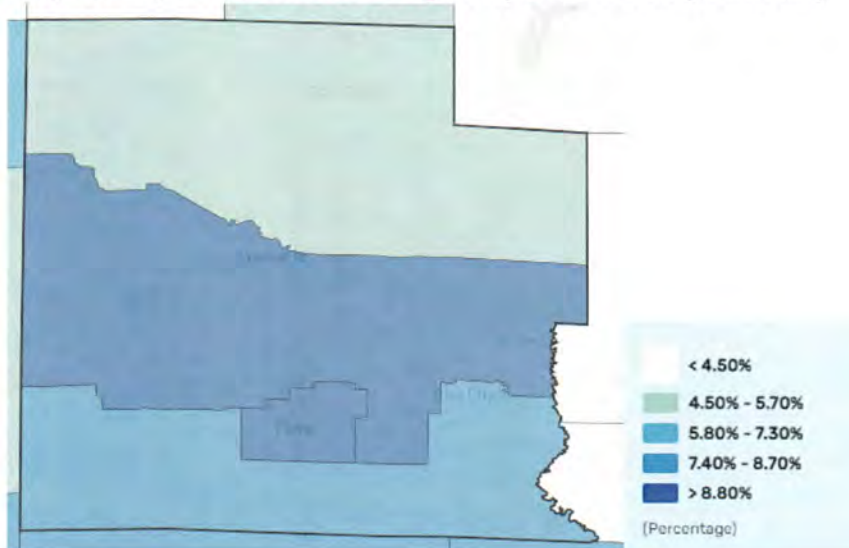
Source:

[County Health Rankings](#), 2019



The percentage of civilian noninstitutionalized population with an independent living difficulty, 9.7%, in Clay County is higher than the national benchmark, 5.8%. Below is a graph indicated which Census tract individuals who reported are living in.

### Clay County Residents Indicating Independent Living Difficulty



Source: Census-American Community Survey, 2020, access through IP3

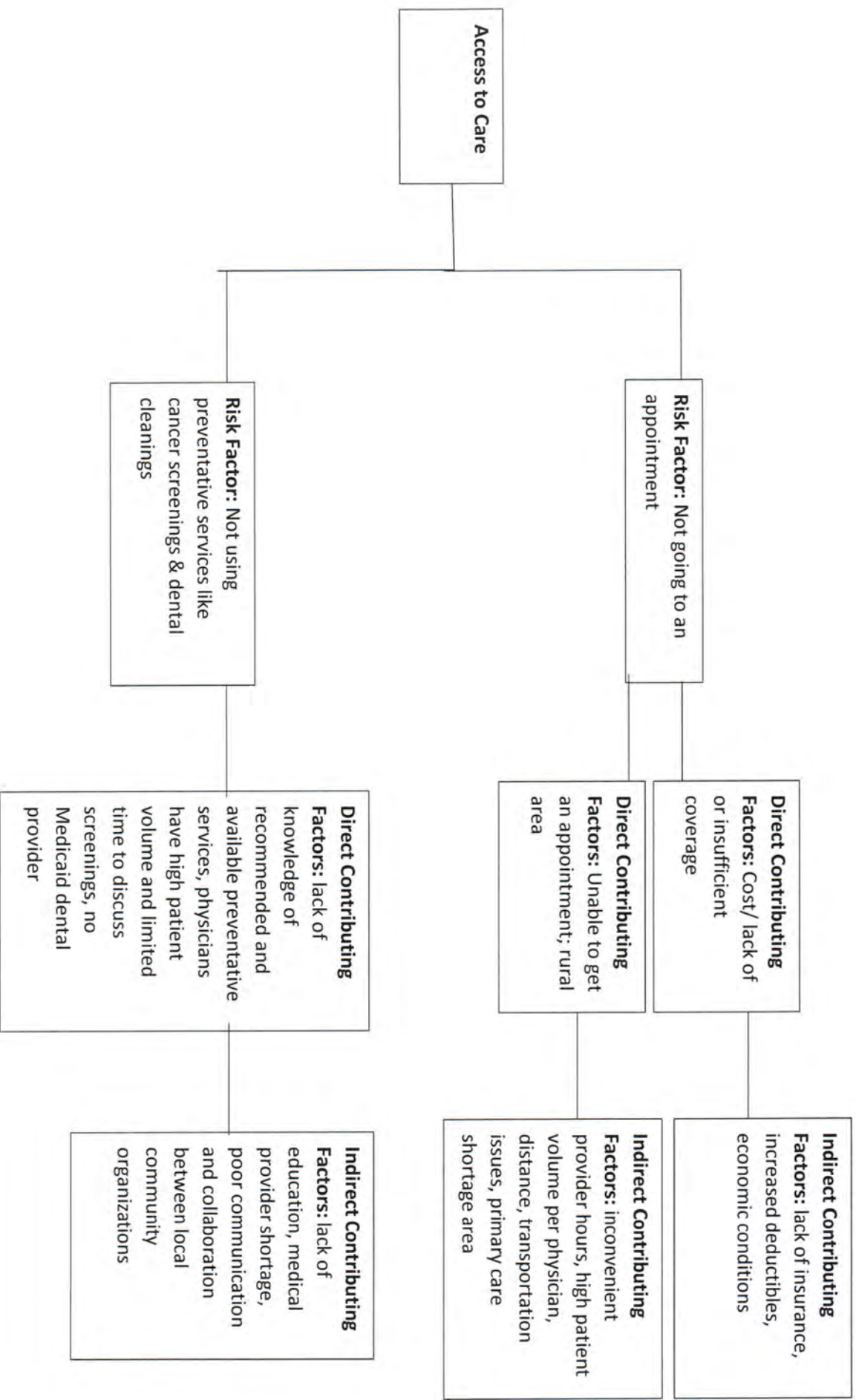
**Relation to Health People 2030:** The following Healthy People 2030 targets were referenced to set objectives.

- Reduce the proportion of people who can't get the dental care they need when they need it to 19.4%.
- Reduce the overall cancer death rate to 122.7 per 100,000.
- Increase trips to work (or medical provider) made by mass transit to 5.3%.

**Relation to State Health Improvement Plan 2021: Maternal and Child Health**

- Goal 1: Assure accessibility, availability, and quality of preventive and primary care for all women, adolescents, and children, including children with special health care needs, with a focus on integration, linkage, and continuity of services through patient-centered medical homes





- **Outcome Objective #1: By 2027, recruit 2 additional primary care physicians, and 2 additional dental providers.**
- **Baseline (2022):** Clay County dentists: 2190:1; Illinois: 1210:1; U.S.: 1380:1. Clay physicians: 6540: 1; Illinois: 1230:1; U.S.: 1310:1.
  - **Data Source:** [County Health Rankings 2021](#)
  - **State Health Improvement Plan Goal:**
    - Assure accessibility, availability, and quality of preventive and primary care for all women, adolescents, and children, including children with special health care needs, with a focus on integration, linkage, and continuity of services through patient-centered medical homes

**Impact Objective 1.1: Reduce the proportion of persons who are unable to or delay obtaining medical care due to cost to 45% by 2027.**

- **Baseline (2016):** Clay County 47% reported a barrier to seeking medical care was cost. The Healthy People 2030 goal is the decrease the proportion of persons who are unable to get medical care when they need it to 5.9%.
  - **Data Source:** Clay County Health Department Community Health Assessment survey 2023
  - **Interventions:**
    - Expand provider office hours and offer more walk-in clinic opportunities
    - Offer educational sessions to help people sign up for health insurance
    - Partner with CEFS transportation and FQHC to reduce barriers to medical care due to distance and transportation.
    - Distribute education through local industries on preventative services covered through insurance plans.
      - **Evidence base:**
        - Health insurance enrollment support: <http://www.countyhealthrankings.org/policies/health-insurance-enrollment-outreach-support>
        - Health literacy interventions: <http://www.countyhealthrankings.org/policies/health-literacy-interventions>

**Impact Objective 1.2: By 2027, recruit a dental provider to meet the needs of Medicaid population.**

- Baseline (2022): Clay County 0 Medicaid dental providers.
  - Data Source: Health for Generations Coalition
  - Interventions:
    - Work as a coalition to identify methods to recruit dental providers or otherwise meet the dental needs of Medicaid population.

**Outcome Objective #2: By 2027, decrease Clay County cancer mortality rate to 196 per 100,000 population.**

- Baseline (2020): Clay County cancer mortality rate 198.8 per 100,000 population. They Health People 2030 target is to be less than or equal to 122.7.
  - Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2018-20. Source geography: County
  - Interventions:
    - Promoting breast, colon, prostate and lung cancer screenings
    - [Patient financial incentives for preventive care](#)
    - [Text message-based health interventions](#)
    - [Health literacy interventions](#)

**Impact Objective 2.1: Decrease Clay County Lung and Bronchus cancer mortality rate to 65 per 100,000 population.**

- Baseline (2020): Clay County Lung and Bronchus cancer mortality rate is 66.0 per 100,000 population. Healthy People 2030 target is 25.1 per 100,000 population.
  - Data Source: [State Cancer Profiles](#), 2016-2020
  - Interventions:
    - Education through wellness events and messaging through Health for Generations Coalition social media
    - Education to local providers on cancer screening utilization data
    - [Statewide comprehensive tobacco programs](#)
    - [Tobacco cessation contests](#)
    - [Patient financial incentives for preventive care](#)
    - [Text message-based health interventions](#)
    - [Health literacy interventions](#)

**Impact Objective 2.2: Decrease Clay County Colon and Rectum cancer mortality rate to 17 per 100,000 population.**

- Baseline (2020): Clay County colon and rectum cancer mortality rate is 18.7 per 100,000 population. Healthy People 2030 target is 8.9 per 100,000 population.



- Data Source: [State Cancer Profiles](#), 2016-2020
- Interventions:
  - Education through wellness events and messaging through Health for Generations Coalition social media
  - Fit testing for early colon abnormality detection offered for free through health department grant
  - Education to local providers on cancer screening utilization data
- [Patient financial incentives for preventive care](#)
- [Text message-based health interventions](#)
- [Health literacy interventions](#)

**Outcome Objective #3: Decrease the number of Clay County residents who could not visit the dentist due to cost to 9%.**

- Baseline (2019): 11.8% of Clay County residents who could not visit the dentist due to cost
  - Data Source: IDPH BRFSS
  - Interventions:
    - [School dental programs](#)

**Impact Objective 3.1: By 2027, recruit a dental provider to meet the needs of Medicaid population.**

- Baseline (2022): Clay County 0 Medicaid dental providers.
  - Data Source: Health for Generations Coalition
  - Interventions:
    - Work as a coalition to identify methods to recruit dental providers or otherwise meet the dental needs of Medicaid population.
    - [Higher education financial incentives for health professionals serving underserved areas](#)

**Impact Objective 3.2: Increase the number of Clay County residents with dental insurance to 55%.**

- Baseline (2019): 53.9% of Clay County's population have dental insurance
- Data Source: [IDPH BRFSS](#)
- Interventions:

- Support health care career mentoring opportunities, and support the health occupations class.

**Other goals related to this strategic issue:** (These goals either do not currently have adequate data sources, funding or partnerships to fully develop the objective, but are areas to further explore in the next five years)

- Offer classes, training, or support groups for caregivers and residents with Alzheimer’s and Dementia.
- Create a central resource manual that can be used to increase collaboration and communication about available resources in the community.

**Community Resources Available for this Priority:**

- Clay County Health Department
- Clay County Hospital
- Christopher Rural Health Planning Corps.
- Clay County Food Pantry
- Heritage Woods
- CEFS Public Transit
- Clay Home Health and Hospice
- Clay County Farm Bureau

**Estimated funding:**

Enhance current programs using existing funding

**Potential New Funding Sources/In-Kind Support**

Explore new grants from federal or state sources to support Health for Generations Coalition initiatives.

# MAPP Assessment Approval



