Fayette County
Community Health Needs Assessment
2012 – 2017

Administrator
Rhonda K. Andrews, BA, MS

Fayette County Health Department

For
Illinois Department of Public Health
Springfield, Illinois

April 20, 2012

Priorities: Mental Illness
Substance Abuse
Child Abuse
# Table of Contents

I. Fayette County Health Department

II. Mission Statement

III. Purpose

IV. Introduction

V. Methods
   A. Committee Participation Process
   B. Committee Membership

VI. Results
   A. 2011 Illinois County Health Rankings
   B. Community Health Problem Survey
   C. Demographic and Socioeconomic Characteristics
   D. General Health and Access to Care
   E. Maternal and Child Health
   F. Chronic Disease
   G. Infectious Disease
   H. Environmental/Occupational/Injury Control
   I. Behavioral Risk Factor Surveillance System
   J. 10th Grade Fayette County Healthy Teens Survey
   K. Mental Health

VII. Conclusions
I. FAYETTE COUNTY HEALTH DEPARTMENT

The Fayette County Health Department is located in Vandalia, Illinois. In August of 1976 the Fayette County Health Department was established by county board resolution. Since the Health Department's creation, it has been located in three locations: the basement of the courthouse, 509 W. Edwards Street, and currently 416 W. Edwards Street.

The Fayette County Health Department is a not-for-profit unit of the local government of Fayette County, Illinois. The Health Department provides numerous services for the citizens of Fayette County. The Fayette County Health Department has a Home Health (visiting nurse) and Hospice program. The Health Department also has an Environmental Health program that provides newly constructed water well inspections and permits, newly constructed septic system inspections and permits, inspections of all food service establishments of Fayette County. The Health Department also has a Family and Clinical Services program that provides childhood and adult immunizations and lead screenings, testing for sexually transmitted diseases, Tuberculosis testing, jail nursing, foot care clinics, health education for teenage pregnancy prevention, diabetes education, medication management, childbirth and breastfeeding specialists, child abuse prevention, and WIC. The Health Department also maintains a county-wide emergency preparedness program in the event of a county disaster.
II. MISSION STATEMENT

This mission of the Fayette County Health Department is improving the quality of life through healthy lifestyle promotion, disease prevention, compassionate care giving, and environmental protection.

III. PURPOSE

The purpose of the community health needs assessment was to assist the Fayette County Health Department in identifying health concerns within the county. The specific tasks of the needs assessment were to collect, analyze, prioritize, and share information about health problems within Fayette County. The community health needs assessment was used to provide a sturdy information base from which the quality of health in Fayette County may be improved. The Fayette County Health Department began this project to promote community involvement and to increase awareness of health department programs. It was the intention of the Fayette County Health Department to act as a liaison between the professional health community and the county residents.

IV. INTRODUCTION

The secretary of Health and Human Services released a document in September of 1990 titled *Healthy People 2000*. This publication sought to be a “national strategy for significantly improving the health of the nations over the coming decade. This document was the basis for the IPLAN (Illinois Project of Local Assessment of Needs) project, because it provided the statistical foundation for health problem reduction.
Since 1990, two updated versions of *Healthy People* have been released, titled *Healthy People 2010* and *Healthy People 2020*. Within these documents are national rates for numerous health problems as well as objectives for health problem reductions. The baselines within these documents as well as those statistical data found in IPLAN Data Summary reports, Census Bureau, IDOT, IDOC, ISP, and other sources of information were used for this project.

Since the original *Healthy People 2000*, Illinois has implemented a plan of action for the health of its citizens. This plan of action was described in a publication titled *A Road to Better Health for All Illinois Citizens*. Contained in this publication are two suggestions for Illinois.

1. Local and statewide needs assessments to identify and describe public health needs.

2. A state health plan related to the national health objectives.

These suggestions included a community health needs assessment process for all local health departments. This was the preface and subsequent new rule for local health department certification, hence the IPLAN process. The process identified three priority health problems and developed strategies to reduce these problems within five years.

V. METHODS

A. Community Participation Process

The Fayette County Health Department followed the eight recommended steps of the APEX-PH (Assessment Protocol for Excellence in Public Health) model:
1) Prepare for the Community Process.
2) Collect and Analyze Health Data.
3) Form a Community Health Committee.
4) Identify Community Health Problems.
5) Prioritize Community Health Problems.
6) Analyze Community Health Problems.
7) Inventory Community Health Problems.
8) Develop a Community Health Plan.

To begin the IPLAN process, all staff was made aware of the process during a staff meeting and subsequent staff newsletters. Previously completed organizations capacity assessments were reviewed by the Administrator. All staff supervisors (6) worked to complete the 2012 Fayette County Health Department, organizational capacity assessment. The Board of Health was made aware of the IPLAN process and organization capacity assessment during board meetings. The board expressed commitment to proceed with the IPLAN process.

B. Committee Membership

A list of potential committee members was compiled. These persons were solicited by telephone for initial contact. After initial contact, each committee member was sent a letter containing a project summary, dates of meetings, and a job description. A committee of ten Fayette County residents was selected. These people represented many diverse backgrounds, ages, and careers.
IPLAN Committee

1) Julie Adermann – School RN, St. Elmo
2) Kendra Craig – Emergency Preparedness Coordinator & Teen Pregnancy Prevention Coordinator, FCHD, Shafter
3) Larry Eason – Chief of Police, City of Vandalia
4) Jean Finley – County Board member, Health & TB Committee member, retired, former home health patient, Ramsey
5) Glenn Gurtner – County Board member, Chairman of the Solid Waste Committee, farmer, Brownstown
6) Pete LeDuc – Minister at Crown Point Baptist Church, Shobonier
7) Keith Meadows – Safety Officer, City of Vandalia
8) Tauyna Ohnesorge – Director of Hospice, FCHD, Vandalia
9) Amy Schaal – Infection Control Officer, Fayette County Hospital, Vandalia

Fayette County Health Department’s Administrator, Rhonda Andrews, served as the chairperson and coordinator for all committee meetings. A total of two committee meetings were held. The first meeting was designated for the community needs assessment and the second for the community health plan. The community needs assessment meeting was held on March 15, 2012 and the community health plan meeting was held on March 29, 2012. All committee meetings were held at the Fayette County Health Department located on 416 West Edwards Street, Vandalia, Illinois.

The role of the IPLAN committee was to identify health problems facing Fayette County residents and to differentiate between true health problems and
risk factors. Once understood, the group prioritized health problems and ultimately choose three that they felt were the highest priority in Fayette County. After three health problems were identified, the committee discussed available resources to Fayette County residents and also potential barriers. Lastly, the committee decided on outcome objectives and intervention strategies to reduce these problems.

VI. RESULTS

Most data was obtained from the internet from a variety of sources including but not limited to the Illinois Department of Public Health, Illinois Department of Transportation, Illinois State Police, Department of Children and Family Services, and the US Census Bureau. During the process numerous telephone contacts were made to various agencies including the Illinois Department of Employment Security and the Illinois Department of Health & Human Services.

A. 2011 Illinois Health Rankings

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute have conducted a County Health Ranking project for the past two years. This project is a collection of 50 reports that reflect the overall health of counties in every state in the US. The purpose is to allow counties to get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health with other counties in their state. Illinois has 102 counties. The higher the rank, the worse the factor is
in Fayette County when compared to other counties in Illinois. Of the six factors studied, Fayette County ranked in the lower half for the following; mortality (61st out of 102), morbidity (71st out of 102), socioeconomic factors (81st out of 102), and clinical care (102nd out of 102).

B. Community Health Problem Survey

A survey was created explaining the definition of a health problem and asking persons to simply write what they felt the top three health problems were in Fayette County. A total of 100 surveys were circulated in the county. The surveys were distributed to three sites within Fayette County; Fayette County Health Department (32), Fayette County Courthouse (4), Fayette County Hospital (17).

Of the combined 3 returned surveys, the top five identified health problems were:

1. Obesity – 23
2. Heart Disease – 21
3. Cancer – 19
4. Diabetes – 14
5. Drugs - 12

Generally speaking a person’s perceptions of what is a health problem in the county can be determined by what they have seen in their family, friends, or at work. This survey demonstrates this fact by the responses given. Persons
working at the hospital encounter a great deal of heart disease, while those working at the Health Department encounter obesity on a regular basis.

This survey also demonstrates the fact that many people out in the community or even in the health field do not know what a health problem is. On the survey, the definition of a health problem was clearly given and yet several people chose things that were not health problems although they were related to health. Some of these responses include ignorance and transportation.

C. Demographic and Socioeconomic Characteristics

Fayette County Profile

Fayette County is a county in the U.S. state of Illinois. According to the 2010 census, it has a population of 22,140, which is an increase of 1.6% from 21,802 in 2000. Its county seat is Vandalia. Ramsey Lake State Recreation Area is located in the northwest part of this county.

According to the 2010 census, the county has a total area of 725.34 square miles (1,878.6 km²), of which 716.48 square miles (1,855.7 km²) (or 98.78%) is land and 8.86 square miles (22.9 km²) (or 1.22%) is water.

As of the census of 2000, there were 21,802 people, 8,146 households, and 5,653 families residing in the county. The population density was 30 people per square mile (12/km²). There were 9,053 housing units at an average density of 13 per square mile (5/km²). The racial makeup of the county was 94.02% White, 4.88% Black or African American, 0.12% Native American, 0.17% Asian, 0.02% Pacific Islander, 0.25% from other races, and 0.54% from two or more races. 0.80% of the population was Hispanic or Latino of any race. 34.7% were of
German, 23.5% American, 11.6% English and 9.6% Irish ancestry according to Census 2000. 98.2% spoke English and 1.3% Spanish as their first language.

There were 8,146 households out of which 31.90% had children under the age of 18 living with them, 56.60% were married couples living together, 8.50% had a female householder with no husband present, and 30.60% were non-families. 27.20% of all households were made up of individuals and 13.60% had someone living alone who was 65 years of age or older. The average household size was 2.46 and the average family size was 2.98.

In the county the population was spread out with 23.80% under the age of 18, 9.00% from 18 to 24, 29.30% from 25 to 44, 21.90% from 45 to 64, and 15.90% who were 65 years of age or older. The median age was 38 years. For every 100 females there were 108.60 males. For every 100 females age 18 and over, there were 111.50 males.

The median income for a household in the county was $31,873, and the median income for a family was $39,044. Males had a median income of $29,478 versus $20,254 for females. The per capita income for the county was $15,357. About 8.40% of families and 12.20% of the population were below the poverty line, including 15.60% of those under age 18 and 11.90% of those age 65 or over.

**Population**

In 2010, the population for Fayette County was 22,140 while the population. In 2010, the population for Illinois was 12,830, 632, and the population for the United States was 308,745,538.
**Gender**

In 2010, the gender distribution for Fayette County was divided fairly equal with 52.6% male (11,644) and 47.4% female (10,496). In 2010, there were approximately 1,148 more males than females.

**Age**

Population distribution by age revealed that a great deal of Fayette County residents were between 35-49 years of age (4,529). This age group was followed closely by 50-64 year olds (4,306). The age group of 65+ in Fayette County also showed a significant number of persons (3,580).

**Race**

The majority of Fayette County residents, 20,750, were white, non Hispanic. This number represents a percentage of 93.7%. In 2010, approximately 4.4% of the Fayette County residents were African American (980) while the other 1.9% were of various races (410).

**Marriage, Divorce, and Annulment**

Historically, the marriage rate for Illinois has been significantly more than the divorce rate. In 1960, the marriage rate was 8.7 while the divorce rate was 2.2 (per 1,000 persons). Since 1960, the marriage and divorce rates both increased until the 1970's and then have steadily shown a decrease. In 2009, the marriage rate for Illinois was 5.6 and the divorce rate was 2.5. Since 1960, the spread
between the marriage and divorce rate has become less, because fewer people are getting married and more are getting divorced.

In 2009, the marriage rate for Fayette County was 6.0 while the divorce rate was 4.6. When marriage and divorce rates in Fayette County are compared to Illinois, it shows that the spread between the number of marriages and divorces is very little. The data also shows that the Fayette County divorce rate is very high when compared to Illinois.

**Unemployment Rate**

Unemployed persons are defined as those not at work during the survey week, but who had attempted to find work during the last four weeks and were still looking. The unemployment rate is the percentage of these people that are unemployed. Overall, the unemployment rate for Fayette County, Illinois, and the United States appears to be decreasing. The November 2011 unemployment rate for Fayette County was 9.8% which was higher than the November 2011 unemployment rate for Illinois which was 9.4%.

**Federal Poverty Levels**

The federal poverty level slightly increases each year and in 2011 the combined income for a family of four is at or below $22,350. The federal poverty level is the threshold from which food stamps and Medicaid operates. The WIC (Women, Infants, and Children) grant which administers food coupons to pregnant mothers or mothers with small children through the age of five operates at a slightly higher level than federal poverty level. The WIC grant serves persons
at or below 185% of federal poverty level which is at or below $41,348 for a family of four in 2011.

**Medicaid**

The percentage of persons enrolled in Medicaid for Fayette County is consistently higher than the percentage of persons enrolled in Illinois. In 2000, the Fayette County percentage was 16.7% while the Illinois percentage was 12.2%. Each year these numbers steadily rose both in Fayette County and in Illinois. In 2002, the Fayette County percentage of persons enrolled in Medicaid was 19.7% while the Illinois percentage was 14.0%.

**Food Stamps**

The percentage of persons receiving food stamps in Fayette County is consistently higher than the percentage of persons for Illinois. In 2003, the percentage of Fayette County residents receiving food stamps was 9.7% while the Illinois percentage was 7.8%. Each year, the percentage of persons receiving food stamps rises slightly. In 2005, the percentage of Fayette County residents receiving food stamps was 12.0% while the Illinois percentage was 9.2%.

**D. General Health and Access to Care**

**Leading Causes of Death**

For each year from 2006-2008, the four leading causes of death in Fayette County were:

1) Diseases of the Heart
2) Malignant Neoplasms
3) Chronic Lower Respiratory Disease
4) Cerebrovascular Disease

Approximately, 205-230 Fayette County residents die per year. Generally speaking, the numbers of people that die by one of the top four causes of death in Fayette County are very similar from year to year. For instance, in year 2006, 49 persons died of malignant neoplasms, 48 died in 2007, and 50 died in 2008.

**Years of Potential Life Lost**

Years of Potential Life Lost (YPLL) is a measurement of premature death. YPLL is the number of years which are lost by persons who die before age 65. If someone dies at the age of 50 they are said to have 15 YPLL.

For the year 2006, the top five types of death for Fayette County and Illinois in terms of YPLL were:

1) Accidents including motor vehicle
2) Malignant neoplasms
3) Diseases of the Heart
4) Perinatal Conditions
5) Congenital Malformations

**Medicaid Physician Ratio**

The number of Medicaid enrollees per one physician is more than double the number for Illinois. In 2002, there were 382.2 Medicaid enrollees to one physician in Fayette County while in Illinois there were 82.3 enrollees per
physician. Years previous to 2002, suggest that these ratios increased steadily each year both for Fayette County and for Illinois.

**E. Maternal and Child Health Indicators**

**Birth Rates**

Fayette County birth rates are consistently lower than Illinois. In 2008, the Fayette County birth rate per 1,000 live births was 12.6 while the Illinois birth rate was 13.7. Over time, the birth rate for Illinois is very slightly decreasing while the Fayette County birth rate appears to be slightly increasing.

**Unmarried Birth Mothers**

Historically, in Illinois, the birth rate to unmarried mothers has been very low. In 1950 the rate per 1,000 was 36.0. This number has dramatically increased over the years. In 2009, the birth rate to unmarried mothers was 407.6.

**Births to Teens**

Historically, in Illinois, the percent of birth to teens has decreased over time. In 1960, 12.1% of the children born in Illinois were born to a teenage mother. That number increased to a peak of 16.9% around 1970. Since that time, the percentage of births to teens has decreased. In 2009, 9.6% of the children in Illinois were born to a teenage mother.

In Fayette County, the percent of births to teens was consistently higher than Illinois. In 2007, 16.9% of the children born in Fayette County were born to
a teenage mother, while in Illinois the percentage was 10.1%. From the data it appears that births to teenage mothers are decreasing in Fayette County and in the state of Illinois.

**Infant Mortality**

Historically, the infant mortality rates in Illinois have been very high. In 1910, the infant mortality rate was 149.4 per 1,000 live births. Today, through education, good nutrition, and prenatal care, this number has dropped to 7.2 in 2008.

**Pregnant Mothers who Smoked during Pregnancy**

In Illinois, the percentage of pregnant mothers who smoked was 10.2% in 2004 and then decreased to 8.6% in 2005 and 2006. The percentage of pregnant mothers who smoke in Fayette County was consistently much higher than Illinois. In 2004, the percentage in Fayette County was 24.1% which was more than double the Illinois percentage of 10.2%. In 2006, the percentage of smoking pregnant mothers in Fayette County was 24.9%.

**Low Birth Weight**

Low birth weight is considered any babies born under 2,500 grams which is 5.5 pounds. In Illinois, the percentage of babies born with low birth weight was slightly increasing over time. In 2004, the Illinois percent of babies born with low birth weight was 8.4% and in 2006 it was 8.6%. This averages an increase of 1 percent each year. In Fayette County, the number of babies born with low birth
weight did not stay consistent from year to year. In 2004, 9.2% of the babies born were low birth weight. This number decreased to 8.7% in 2005 and then increased to 11.2% in 2006.

**Child Abuse & Neglect**

Child abuse and neglect report rates per 1,000 in Fayette County were 55.5 and 47.2 respectively for years 2009 and 2010. Fayette County rates are significantly higher than the Illinois rates of 30.1 and 29.6 within the same years. The rates for child abuse investigations in Fayette County were consistently almost double the Illinois rate. In 2010, the Fayette County rate for child abuse investigations was 15.2 while the Illinois rate was 8.3. When sexual abuse was reported, the Fayette County rates were also double Illinois rates. In 2010, the rate for sexual abuse reports was 4.8 per 1,000 while the Illinois rate was 2.4.

**F. Chronic Disease**

Approximately 205-230 Fayette County residents die each year. More than 50% of these deaths are from either cardiovascular disease or malignant neoplasms. When the rates per 100,000 are compared between Illinois and Fayette County for the leading four causes of death the results are the same. In each year from 2002-2004, Fayette County shows a higher mortality rate than Illinois in each of the 4 leading causes of death; cardiovascular disease, malignant neoplasms, cerebrovascular disease, and chronic lower respiratory disease.
**Cardiovascular Disease**

Cardiovascular Disease is a disease that affects the heart or blood vessels which produces a heart attack, heart failure, hypertension, or arteriosclerosis among other health problems. The Fayette County rates per 100,000 were consistently higher than Illinois rates for years 2006-2008. In 2008, the Fayette County rate for cardiovascular disease was 242.47 while the Illinois rate was 202.13.

**Malignant Neoplasms**

Malignant Neoplasms are various forms of cancer. The Fayette County rates per 100,000 were consistently higher than Illinois rates for years 2006-2008. In 2008, the Fayette County rate for malignant neoplasms was 223.14 while the Illinois rate was 188.37. For each year from 2006-2008, the five leading types of cancer fatalities in Fayette County were:

1) Lung
2) Female Breast
3) Colorectal
4) Cervical
5) Prostate

Lung Cancer was consistently the most prevalent type of cancer in both Fayette County and Illinois.
Cerebrovascular Disease

Cerebrovascular Disease is a disease that involves the blood vessels that supply the brain. It is also known as a stroke. The Fayette County rates per 100,000 were consistently higher than Illinois rates for years 2006-2008. In 2008, the Fayette County rate for cerebrovascular disease was 46.63 while the Illinois rate was 44.85.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease is a disease characterized by airflow obstruction or limitation. This disease is also known as Chronic Obstructive Pulmonary Disorder or COPD. The Fayette County rates per 100,000 were consistently higher than Illinois rates for years 2006-2008. In 2008, the Fayette County rate for chronic lower respiratory disease was 83.93 while the Illinois rate was 43.45.

G. Infectious Disease

Sexually Transmitted Diseases

For year 2010, the most numerous type of reportable sexually transmitted disease in both Fayette County and in Illinois was Chlamydia. This was followed by Gonorrhea and then Syphilis.

Chlamydia

In Fayette County, the rates for Chlamydia were much lower than the Illinois rates. In general, Fayette County averages approximately thirty cases of
Chlamydia each year. In 2005, the Fayette County rate for Chlamydia was 123.8 and the Illinois rate was 407.1. These rates rose each year until 2009. In 2009 the Fayette County rate for Chlamydia was 174.3 and the Illinois rate was 487.5. In 2010 there was a sharp decrease in the Chlamydia rate for Illinois, 289.9 and a slight decrease for Fayette County, 144.5.

**Gonorrhea**

In Fayette County, there have been twenty-one cases of Gonorrhea for the years 2005-2010. Since there were less than ten cases each year, a rate cannot be figured on these. In Illinois the rate for Gonorrhea in 2005 was 161.2. The rate of Gonorrhea infection in Illinois has stayed relatively the same for years 2005 to 2009. There was a drastic decrease in the rate for 2010. In 2009 the rate of Gonorrhea infections for Illinois was 160.7 per 100,000 persons and in 2010 the rate was 69.7.

**Syphilis**

There have been 4 reported cases of Syphilis in Fayette County for the years 2005-2010. Between 2005-2010 in Illinois, the rates for Syphilis infection have ranged from 8.8 per 100,000 to 5 per 100,000.

**HIV and AIDS**

As of December 31, 2010 there were 49 persons living in Fayette County that were HIV positive and 44 persons living in the county with AIDS. The Fayette County diagnosis rate for HIV for 2005-2010 was 11.2 while the
downstate Illinois rate was 4.1. Fayette County does have a correctional facility in it, the Vandalia Correctional Center. HIV and AIDS statistics do include the Department of Corrections.

H. Environmental/Occupational/Injury Control Indicators

Motor Vehicle

In Fayette County, the motor vehicle crash rate is very similar to Illinois. For 2010, Fayette County had a crash rate of 23.8 per 1,000 and Illinois had a crash rate of 22.54. Between years 2007 and 2010 there were 14 motor vehicle fatalities in Fayette County.

Crime

Fayette County is a relatively low crime area in Illinois. Of the crimes committed in Fayette County during the years 2008 and 2009, theft was the most numerous followed by burglary, aggravated assault, criminal sexual assault, and motor vehicle theft. During those years no murders or arsons were reported for the county. Between 2008 and 2009 there were four robberies in Fayette County. When these various crimes were compared to Illinois rates in most every case the Fayette County rate was much lower. For instance, in 2009 the theft rate in Fayette County was 996.14 per 100,000 population and for Illinois the rate was 1962.42 which was more than double. In all areas of reported crime the Illinois rate was nearly double the Fayette County rate with the exception of motor vehicle theft. In 2009, the motor vehicle theft rate in Fayette County was 47.66 per 100,000 population while the Illinois rate was 208.63.
Drug Crime

Fayette County is a relatively low drug crime area in Illinois. Of the drug crimes committed during the years of 2008 and 2009, cannabis was the most numerous followed by controlled substances, hypodermic needles and syringes, and drug paraphernalia. When the Fayette County rates for these four crimes were compared to Illinois rates, in each case the rates were much lower. For instance in year 2009, the Fayette County rate for controlled substance arrests was 66.73 per 100,000 population while the Illinois rate was more than double with a rate of 227.72.

1. Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based program that gathers information on risk factors among Illinois adults eighteen years of age and older through monthly telephone surveys. Established in 1984 as a collaboration between the U.S. Centers for Disease Control and Prevention (CDC) and state health departments, the BRFSS has grown to be the primary source of information on behaviors and conditions related to the leading causes of death for adults in the general population. The most recent BRFSS data available for Fayette County was Round 4 years 2007-2009.

Alcohol Use

In the Round 4 BRFSS, 18.5% of the Fayette County residents surveyed said that they were at risk for acute or binge drinking while 19.5% of Illinois
residents reported being at risk. In the cases of acute/binge alcohol drinking the Fayette County percentage was lower than Illinois.

**Cancer Screenings**

In the Round 4 BRFSS, 53% residents surveyed in Fayette County that were aged 50+ said they had a colonoscopy. This is lower than the Illinois percentage which was 58.8%. Of the women aged 40+ that were surveyed, 90.8% of Fayette County residents and 91.2% Illinois residents had a mammogram. Of the women surveyed 97.8% of Fayette County residents and 93.7% Illinois residents had ever had a pap smear.

**Cardiovascular Health**

In the Round 4 BRFSS, of the Fayette County residents surveyed, 32.9% were told they had high blood pressure, 33.7% were told they had high cholesterol, 8.1% were told they were diabetic, and 6.1% had previously had a heart attack. In this same round, of the Illinois residents surveyed, 27.6% were told they had high blood pressure, 37.3% were told they had high cholesterol, 8.1% were told they were diabetic, and 4.2% had previously had a heart attack.

**Tobacco Use**

In the Round 4 BRFSS, 25.4% of the Fayette County residents surveyed identified themselves as a smoker, 27.3% said they were a former smoker, and 47.3% said they were a non-smoker. According to these results approximately 53% of Fayette County residents smoke or have smoked in the past. In Illinois,
21.3% of the residents surveyed identified themselves as a smoker, 23.4% said they were a former smoker, and 55.3% were a non-smoker.

**Weight Control**

In the Round 4 BRFSS, 28.9% of the Fayette County residents surveyed reported that they were underweight or normal weight, 41.6% said they were overweight, and 29.4% said they were obese. In Illinois, 37.3% of the residents surveyed said they were underweight or normal weight, 36.3% said they were overweight, and 26.4% said they were obese. From these results, 71% of Fayette County residents were overweight or obese which is higher than 63% of Illinois residents who were overweight or obese. For this survey, a body mass index (BMI) was reported using height and weight. A BMI of <25 were underweight/normal, 25 to 30 were overweight and 30 or more were obese.

**J. 10th Grade Fayette County Survey**

The 10th grade Fayette County Healthy Teens Survey is a project that began about 2004. Since then, each year all 10th grade students in Fayette County are asked to complete a survey during a class at school. Permission slips are sent home for the parents to consent to their child taking this survey. Survey questions include general demographics, social networking, dating, abuse (including emotional, physical, and sexual), depression, self-inflicted injuries (including cutting and suicide attempts), substance use (including alcohol, drugs, and tobacco), sex, and sexually transmitted disease (including HIV and AIDS). All 5 school districts in Fayette County are included in this project (AEP,
Brownstown, Ramsey, St. Elmo, and Vandalia). Each year between 250-300 students participate. Surveys are conducted in the spring and county cumulative results are released as they become available.

The school year 2010-2011 survey results included the following.

- During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks in a row that you stopped doing some usual activities? 32%
- Have any of your friends ever been emotional abused by a boyfriend/girlfriend? 53%
- Have you even been forced to have sexual intercourse when you did not want to? 13%
- Have any of your friends even been physically abused by a boyfriend/girlfriend? 34%
- Have you ever cut yourself, or hurt yourself in some other way on purpose? 25%
- During the past 12 months did you ever seriously consider attempting suicide? 19%
- During the past 12 months, did you actually attempt suicide? 5%

**K. Mental Health**

Data on mental health in the United States was collected from the National Institute of Mental Health. According to the Institute, an estimated 40 million people in the US have had an anxiety disorder within the past year. Another
estimated 4.1 million persons in the US have attention deficit hyperactivity disorder. An estimated .5% to 3% of the females in the US have an eating disorder. An estimated 21 million adults in the US suffer from a mood disorder. In 2004, 11 per 100,000 persons committed suicide in the US. Four times as many men as women die by suicide although 2-3 times as many women as men attempt suicide.

VI. CONCLUSIONS

Minutes of all committee meetings were taken by Julie Opfer, administrative secretary for the Fayette Health Department.

March 15, 2012 Meeting

The meeting began with introductions from all attendees. A brief history of the Fayette County Health Department was given, in addition to discussion on its mission, programs, and services. A brief presentation about the history of IPLAN was provided as well as the objectives of the project and the process. The data presentation was provided next. The data presented included statistics from the areas of; demographics, socioeconomics, general health and access to care, maternal and child health, chronic disease, infectious disease, environmental/occupational and injury control, and behavioral risk factors, 10th grade Fayette County healthy teens survey, and mental health. At the end of the data presentation, the formal definition of a health problem was reviewed. The committee members discussed the various health problems of Fayette County, either in reference to those supported by the data or those of perception. After
the discussion, an initial list of priority health problems was made. This list included; substance abuse, obesity, mental illness, child abuse, teen pregnancy, and access to care. This initial list was reviewed to see if these categories all met the definition of a health problem and to see if any could be combined. A formal vote was taken from the final list of health problems. The results of this vote were: Mental Illness (6), Substance Abuse (6), Child Abuse (5), Access to Care (4), Obesity (2), and Teen Pregnancy (1).

The top three responses from this list mental illness, substance abuse, and child abuse will serve as the top three priority health problems for Fayette County for the next five years.