

**Fayette County
Community Health Needs Assessment
2022 –2027**



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Fayette County Health Department

For
Illinois Department of Public Health
Springfield, Illinois

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Priorities: Mental and Behavioral Health
 Substance Abuse
 Chronic Illness

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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.

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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, foot care clinics, breastfeeding peer counselors, healthy family support workers, doulas, Narcan distribution, Tobacco Free Illinois, COVID testing and vaccinations, 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 to strengthen the health and well-being of our county through education, disease prevention and compassionate caregiving.

III. PURPOSE

As per the Illinois Administrative Code, every health department within the state must “assess the health needs of the community by establishing a systematic needs assessment process that periodically provides information on the health status and health needs of the community” (Illinois Department of Public Health, 2017). Community health needs assessment is a crucial function for a public health department, as it aids in its responsibilities to monitor the local health status, but it also provides the opportunity to analyze and address health problems and hazards within the community. The Fayette County Health Department is then able to target these identified community health problems through the implementation of policies and plans and advocate for them within

the larger public health system. Through this assessment function, the public health system is provided with guidelines as to how to more efficiently address health problems within each jurisdiction.

Our department began an assessment process that would include as much participation as possible, as we desired community-wide contributions in regard to the health issues most affecting the community as a whole. Our department aimed to use the most comprehensive perspective of health as possible, as to include a large range of contributions from both area residents and also local service providers.

The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality risks and outcomes. Health People 2030 uses a place-based framework that outlines five key areas of social determinants of health:

1. Healthcare access and quality including: access to health care, access to primary care, health insurance covers and health literacy.
2. Education access and quality including: high school graduation, enrollment in higher education, education attainment in general, language and literacy, early childhood education and development.
3. Social and community context-within which people live, learn, work and play including: civic participation, civic cohesiveness, discrimination and conditions within the workplace.
4. Economic stability, including: income, cost of living, socioeconomic status, poverty, employment, food security and housing stability.
5. Neighborhood and built environment including: quality of housing, access to transportation, availability of health food, air and water quality and crime and violence.

Some of the social determinant indicators reflected in the dates include:

- 4,384 households with a disability
- 2,117 households below the poverty level (16%) with 5,297 households for Fayette County.
- Median household income is \$51,057, which is slower than both Illinois and the U.S. average. 25.30% or 1,817 children 0-17 are living with income below the Federal Poverty Level (FBL) and 17.23% or 3,421 individuals are living in household with income below (FPL)
- 16.20% have no high school diploma, and 40.2% only have a high school diploma.

The key elements of this community assessment were supported by local community-based coalitions. These representatives came from local governments, churches, businesses, civic organizations, and health care providers. This diverse representation, working in collaboration with one another during multiple assessment processes, aided in the overall completion of the

community assessment for our service area. We relied heavily on assessment processes fulfilled by our local hospital, SBL Fayette County Hospital, in integrating our results within the larger community context

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, three updated versions of *Healthy People* have been released, titled *Healthy People 2010*, *Healthy People 2020* and *Healthy People 2030*. 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

To ensure compliance with IPLAN requirements, initial planning was completed by the Fayette County Health Department’s internal leadership team. With the establishment of a timeline, the APEX-PH Community Process guided steps to analyzing community health concerns, establishing priorities, and developing the community health plan.

A. Committee 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.

Fayette County Health Department and SBL Fayette County Hospital, coordinated the collection and analysis of demographic, social, economic and health data. To provide comprehensive e assessment of the county current health status, data was accessed from various sources.

Fayette County Health Department's Administrator, Kendra Craig, 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, the second for the community health plan. The community needs assessment meeting was held on March 9, 2022. The community health plan meeting was held on May 17, 2022. All committee meetings were held virtually, with chairperson being located at the Fayette County Health Department, 416 West Edwards 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.

November 29, 2022 Meeting: The meeting began with a brief review of the prior meeting. The topics included were the definition of a health problem, the committee's 2022 priority health problems, and all associated data. Once the review was completed, the group analyzed each of the three health problems, Mental and Behavioral Health, and Chronic Illness to determine the risk, indirect, and direct contributing factors. The committee looked at all county and surrounding county resources and listed all potential barriers to prevention and

treatments. Finally, the committee discussed goals and intervention strategies that could be implemented to decrease the prevalence of the health problem.

B. IPLAN Committee Membership

- 1) Marcia Barth, CFO, SBL Fayette County Hospital
- 2) Elizabeth Washburn – FCHD Home Care Services
- 3) Jeff Ray – Chief of Police, City of Vandalia
- 4) Rev. Joe Lawson, Rehoboth Baptist Association
- 5) Aaron Alderson, Greater Fayette County Chamber of Commerce
- 6) Todd Stapleton, WPMB/WKRV Vandalia
- 7) Sandy Michel, Fayette County Economic Development
- 8) Greg Starnes, CEO SBL Fayette County Hospital
- 9) Pat Click, McKellar-Robertson-McCarty and Click
- 10) Kendra Craig, Fayette County Health Department
- 11) Heather Jackson, FCHD Director of Maternal Child Health
- 12) Allison Satterthwaite, FCHD Director of Public Health
- 13) Pam Parrish, SWAN Services
- 14) Jodi Smith, FCHD Director of Environmental Health
- 15) Kiley Depew, FCHD Director of Finance

C: Organizational Capacity Self-Assessment Process

An internal review of the Fayette County Health Department's organizational performance was completed. Utilizing indicators provided through the Assessment Protocol for Excellence in Public Health, the health department's administrator and leaders assessed the agency's current status in administrative functions, community relations, policy development, along with assurance in meeting public health services. With strengths and areas of opportunity identified, action plans for improvement in the areas of financial management, personnel management, constituency development and policy board procedures were established. Details of the organization capacity assessment and actions plans were presented to the board of Health at their meeting on November 29, 2022 for review and input. Following discussion, the Board of Health voted in approval of the assessment and improvements plans. A letter address to the Illinois Department of Public Health from the Fayette County Board of Health was approved and signed by the Board's Chairmen.

VI: Community Health Needs Assessment

The Local Public Health System Assessment focuses on the components, activities, competencies, and capacities of our local public health system. It also includes information about how the Essential Public Health Services are being provided to our community. This assessment concentrates on the entire local public health system, including all community organizations and entities that support and affect the community's health overall. The Essential Public Health Services Model has been used extensively during this assessment process.

In 1994, the Core Public Health Functions Steering Committee formed this fundamental framework (Core Public Health Functions Steering Committee, 1994). This steering committee was comprised of U.S. Public Health Service Agency members, including those from National Association of County and City Health Officials (NACCHO) and also other important public health organizations. It was determined that the list of Essential Services should be included in every community's public health activities.

The 10 Essential Public Health Services include the following:

1. Monitor health status to identify community health problems.
 2. Diagnose and investigate health problems and health hazards in the community.
 3. Inform, educate, and empower people about health issues.
 4. Mobilize community partnerships to identify and solve health problems.
 5. Develop policies and plans that support individual and community health efforts.
 6. Enforce laws and regulations that protect health and ensure safety.
 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
 8. Assure a competent public health and personal health care workforce.
 9. Evaluate the effectiveness, accessibility and quality of personal and population-based health services.
 10. Research new insights and innovative solutions to health problems.
- Various assessment mechanisms were used during this assessment procedure. The assessment mechanisms aimed to accomplish four goals.

Each of these assessment mechanisms and their results are crucial to the completion of this assessment and are described as follows. These assessments included extensive review of qualitative data from focus groups and online surveys to arrive at a fundamental understanding of the functioning of our public health system in Fayette County overall.

Essential Public Health Services Ranked by Importance

Through the focus group and FCHD Leadership Team, we asked members to rank the Essential Service of Public health to determine which services they believed to be most important. The results are as follows:

Fayette County Rank*	10 Essential Public Health Services
1	1. Monitor Health Status and understand health issues facing the community.
3	2. Protect people from health problems and health hazards.
5*	3. Give people information they need to make healthy choices.
5*	4. Engage the community to identify and solve health problems
4	5. Develop public health policies and plans.
9	6. Enforce public health laws and regulations.
5*	7. Help people receive health services.
2	8. Maintain a competent public health workforce.
8	9. Evaluate and improve programs and interventions
10	10. Contribute to and apply the evidence base of public health

VII: Community Performance Assessment

For the section about the Essential Services, all Health Department staff members were asked to assess how well they felt the public health system was performing each service with: 1 being “Services Fully Met” and 10 being “Services Not Met at All”. Comparing these results with the local community members’ rankings provides very important information.

Chief Concerns—Public Health System Assessment	
Health Department Staff Rating (average)	Essential Public Health Service
6.8	1. Monitor health status to identify community health problems.
8.0	2. Diagnose and investigate health problems and health hazards in the community.
8.25	3. Inform, educate and empower people about health issues.
4.20	4. Mobilize community partnerships to identify and solve health problems.
7.04	5. Develop policies and plans that support individual and community health efforts.
7.8	6. Enforce laws and regulations that protect health and ensure safety.
8.4	7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8.4	8. Assure a competent public health and personal health care workforce.
8.8	9. Evaluate the effectiveness, accessibility and quality of personal and population-based health services.
8.2	10. Research new insights and innovative solutions to health problems.

VIII: Organizational Capacity Assessment

The main responsibility of a local health department is to protect and enhance a community’s health status. The capacity within an agency greatly determines its ability to provide these services. A local public health system assessment must include comprehensive assessments of the capacities, challenges, and strategic orientation of the local health department as well. For this assessment, the Fayette County Health Department surveyed its leadership staff to ascertain opinions about agency strengths and weaknesses and also to provide additional information for future strategic planning purposes. The instrument used to determine organizational capacity included 202 questions on a 5-point scale, fully met, partially met, not at all met, not relevant and status unknown. These questions focused on topics surrounding agency services, employee benefits, and

available resources, among others. All surveys were anonymous and were completed within a two-week window.

Results

Any question that received a not met at all of an area that may be of considerable concern for the agency and may require prompt attention.

Agency Strengths

There were several items in the survey that reflected favorable viewpoints of the staff, indicating that the staff felt the agency did an especially good job with these particular things. The items noted below were fully met.

- Legal Authority
- Intergovernmental Relations
- Constituency Development
- Constituency Education
- Mission and Role
- Data Collection and Analysis
- Resource Assessment
- Planning and Development
- Evaluation and Assurance
- Community Health Assessment and Planning
- Community Health Policy
- Public Policy Implementation
- Involvement of Community in the Public Health Delivery System
- Budget Development and Authorization
- Financial Planning and Financial Resource Development
- Financial Reporting and Administration
- Audit
- Documentation
- Personnel Administration and Reporting
- Staff Planning and Development
- Staffing Plan and Development
- Documentation
- Organization and Structure
- Evaluation
- General Information Systems
- Shared Resources

There were questions that received a not met at all. Our agency is dedicated to improving itself and will continue to survey staff on a routine basis. This will aid in determining improvements and areas that may need further improvement.

Specific Items Receiving Poorest Rating:

- Consulted by state elected officials about aspect of local policy relations to health issues
- Review with legal counsel on specific authorizes of the department to operate public health programs and to enforce public health laws
Public policy and public health issues

IX: RESULTS

A. Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment is crucial to understanding opinions and concerns about quality of life within a community. Thoughts are collected from the community along with community assets to determine community health concerns and available assets to address them. The information collected from this assessment helps to provide an account of the community through the perspective of the community members themselves. Responses from this portion of the assessment were obtained primarily through an in person/webinar with a focus group of individuals within the county that was coordinated by Fayette County Health Department.

The group was asked first to identify development in the community in recent years that have impacted health and wellness in positive ways. They offered the following:

- Outpatient Services offered by SBL Fayette County Hospital
- FCHD is a great community partner
- FCHD is local and friendly in its approach
- Programs offered by FCHD
- Safety and welfare to children.
- Safety services
- Having our own hospital
- Wellness Programs
- Collaboration between agencies
- Increased but limited local access to specialty services
- Express Care
- Community Education

The group was next asked to identify needs in the county in the area of overall wellness and health, as well as, the delivery of healthcare and health services. The group responded with the following observations.

- Improved access to local pediatric services
- Local access to a psychiatrist for adults and youth
- Increase local access to specialty services in general
- Improved access to mental health counseling for adults and youth
- Better inform the community about the cost of local healthcare and what is being done to address them
- Resources for memory care patients and families, ranging from local access to a specialist to support groups
- Specialty physicians for Chronic Illness'
- Increase of drug/substance use and arrests in Fayette County

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. The survey was available online and also distributed to Fayette County Health Department employees and Fayette County Health Department clients.

Surveys revealed the top five identified health problems were:

1. Substance Abuse
2. Mental Health and Mental Disorders
3. Heart Disease and Stroke
4. Diabetes
5. Cancer

The purpose of the community health needs assessment is to identify health risks in Fayette County and prioritize these risks based on their greatest need. We then develop and implement interventions to reduce the negative impact of the identified health problems. Once identified, we identify resources available to and within the Fayette County area to address the health priorities and utilize resources in a cost-effective manner. Our goal then is to increase the knowledge of the public, local government and other agencies within Fayette County regarding the health priorities and encourage behavior change through appropriate public policy and evaluate the effectiveness of past programs and interventions to identify health risks in order to determine potential for continuations, modification or termination.

The community health needs assessment was developed to report our community's needs. To ensure the assessment accurately reflected a

comprehensive view of the community’s health, a survey was posted on social media, our website as well as on paper for two weeks in April 2022. An online survey was constructed to identify the priority health problems. Through social media and print media, we encouraged our residents to participate and complete the survey. We also obtained the support from our local hospital, physicians, churches, businesses and civic organizations to promote the survey. Questions included demographics, gender, education, and employment status. Additional questions in the survey included:

1. In your Opinion, what are the Top Five Health Problems in our Community?
2. What would you describe as the leading Five Risk Factors that impact the health problems that were identified?
3. What are the main barriers to our Health Community?
4. What services are missing in the community to assist your family or families like yours?

Community participation was essential in offering insight into community issues affecting the data as well as identifying concern. Fayette County Health Department facilitated coordination of the Community Health Survey. There were 120 individuals that completed the survey. After the survey was completed, the results were shared with the community group members and the determined was made for the three priorities identified in the surveys. In accomplishment of this purpose the IPLAN committee analyzed each problem to determine the risk and contributing factors, created outcome objectives for health problem improvement, and selected intervention strategies. The three priority health problems identified were Mental and Behavioral Health, Chronic Disease, and Substance Use in Fayette County.

Survey respondent feedback included:

Q1: Do you reside or work in Fayette County?

Both:	46	.38%
Work:	8	.06%
Reside:	66	.55%

Q2: What is your Age?

Under 18:	0	
18-24:	14	.12%

25-34:	19	.10%
35-44:	28	.23%
45-54:	22	.18%
55:64:	22	.18%
65+:	14	.12%

Q3: Please identify your ethnicity:

White or Caucasian:	120	100%
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Q4: How you identify:

Female:	107	.89%
Male:	13	11%
Non Binary:	0	0%

Q5: What is the highest level of education you have completed or the highest degree you have received?

Less than HS:	0	0%
HS/GED:	24	20%
Some College:	23	19%
Trade:	1	.008%
Associate:	31	.26%\$
Bachelor:	29	.24%
Graduate:	11	.09%
Doctoral:	1	.008%

Q6: Employment Status

Employed FT:	81	.68%
Employed PT:	12	.10%
Not Employed:	2	.016%
Not Employed – seeking	7	.06%
Retired :	18	.15%
Disabled	0	0%
FT Student:	0	0%

Q7: Top Five Problems in our Community:

Access to Medical Care:	15	.13%
Arthritis:	5	.04%
Blood Disorders:	0	0%
Cancer:	35	.29%
Chronic Kidney Disease:	5	.04%
COPD:	5	.04%

Dementia:	9	.08%
Diabetes:	36	.30%
Foodborne Illness:	1	.008%
Heart Disease and Stroke:	38	.32%
Infectious Disease:	2	.016%
Mental Health and Mental Disorders:	43	.36%
Nutrition:	7	.06%
Oral Conditions:	3	.03%
Overweight and Obesity:	23	.19%
Pregnancy and Childbirth:	4	.03%
STD's:	10	.08%
Substance Abuse (Alcohol, Drugs, or Tobacco):	54	.45%
Suicide:	11	.09%
Other *:	2	.016%

Q8: Leading Five Risk Factors or Behaviors that impact the Health Problems you identified above:

Child and Adolescent Development:	17	.14%
Drug and Alcohol Use:	46	.38%
Emergency Preparedness:	3	.025%
Family Planning:	0	0%
Health Communication:	10	.08%
Health Education and Health Literacy:	22	.18%
High Risk Sexual Activity:	8	.06%
Injury Prevention:	0	0%
Nutrition and Healthy Eating:	22	.18%
Physical Activity:	22	.18%
Preventive Care:	31	.26%
Safe Food Handling:	1	.008%
Sleep:	3	.025
Social Determinants:	17	.14%
Tobacco Use:	23	.19%
Transportation:	3	.025%
Vaccination:	3	.025%
Violence Prevention:	3	.025%
Other:	1	.008%

Q9: What are the main barriers to a healthy community?

Funds, Grants, Transportation and people to provide service
Affordable Healthcare
Education and Involvement:

Income and Education
Community Cohesiveness
Misinformation
Resources
Cost
Clicky Group
Helping Others
Not Enough Services
Transportation
Poverty
Mental Health
Promote Physical Activity

Q10: What services are missing in the community to assist your family or families like yours?

Medical Door Dash
Educate younger population
Eating, exercising
Mental Health Services
Nutrition Education
Dental for young children
After hours' care that is not ER
Lab Voucher Day
Nutritious cooking
Nutrition Classes
Assistance programs for elderly
Local MH professionals and dietitians
Education
Free Counseling
Knowledge on what is available
Web Classes
Free Clinics
Dementia Care and understanding
Substance Abuse Care
Bullying prevention
Better Education in Schools

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.

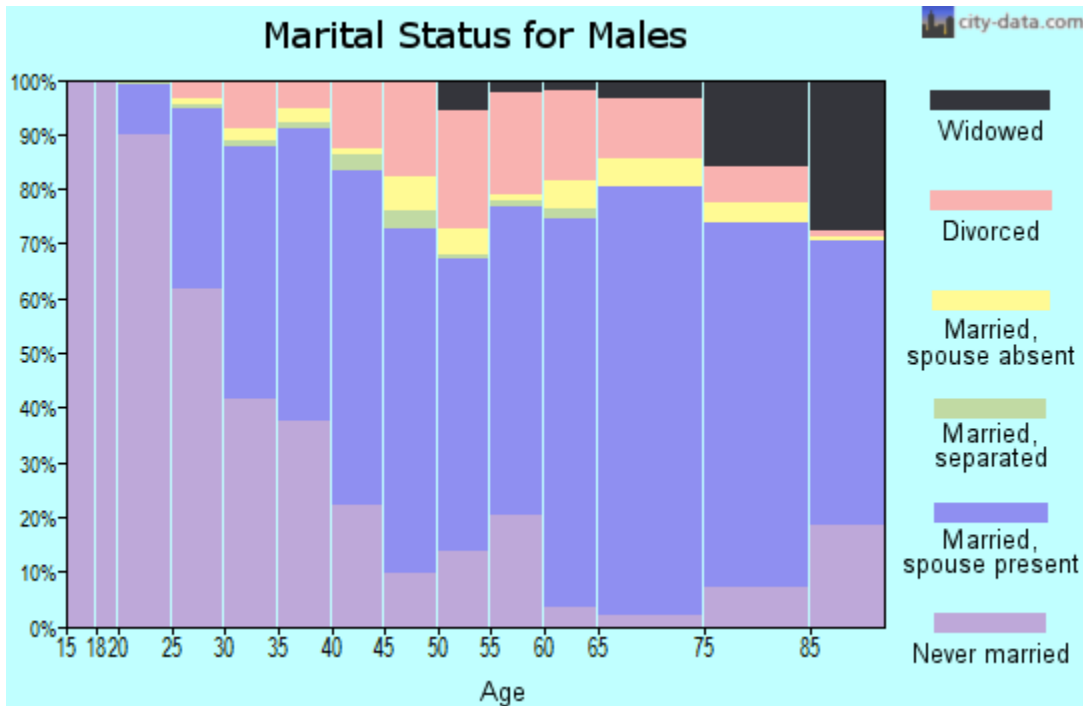
C. Demographic and Socioeconomic Indicators

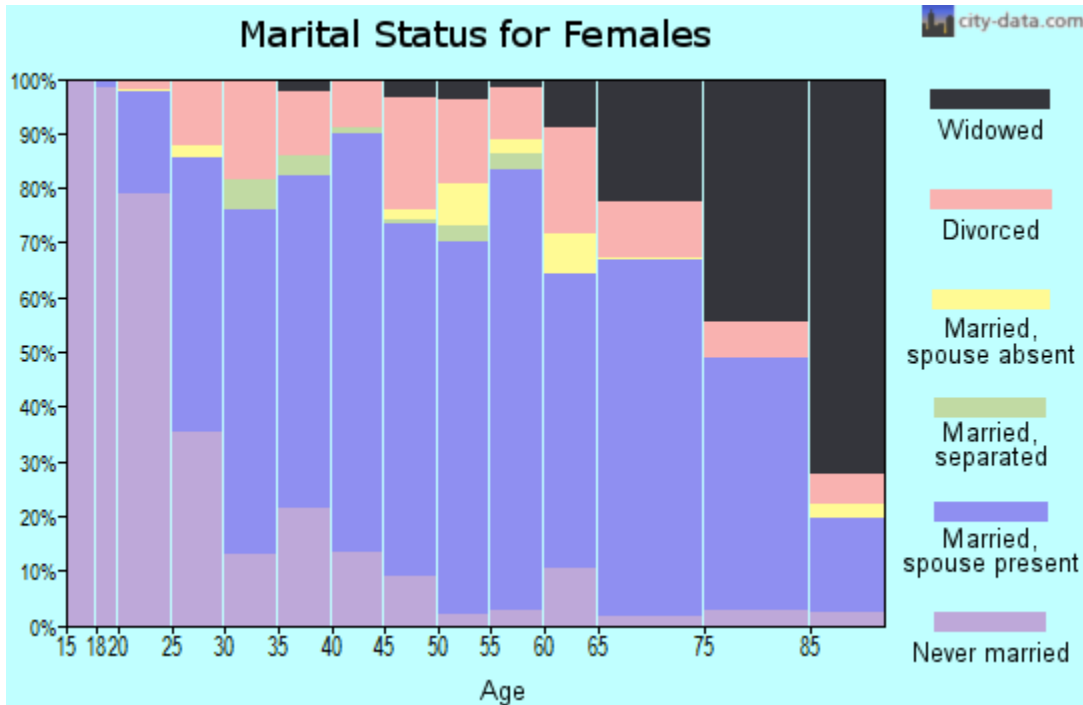
Located in southern Illinois, Fayette County is part of the Illinois Department of Public Health’s Marion Region. Predominantly rural, the county covers 716.50 square miles with a population per square miles with a population per square miles of 30.0. Vandalia is the county seat for Fayette County and is the physical location of the Fayette County Health Department.

Population

According to U.S. Census Bureau’s 2022 estimates, the county’s overall population is 21,305 which has declined 0.9% between April 1, 2020 and July 1, 2022. Current population reported by the Census Bureau for Fayette County is 21,305 residents based on 2022 estimates. *Several smaller town and villages’ surrounding Vandalia within an approximate 15-20-mile radius. Those include Ramsey, St Elmo, St Peter, Brownstown and portions of Farina.*

The population is comprised of 46.6% female (9,928) and 53.4% male (11,377). 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.



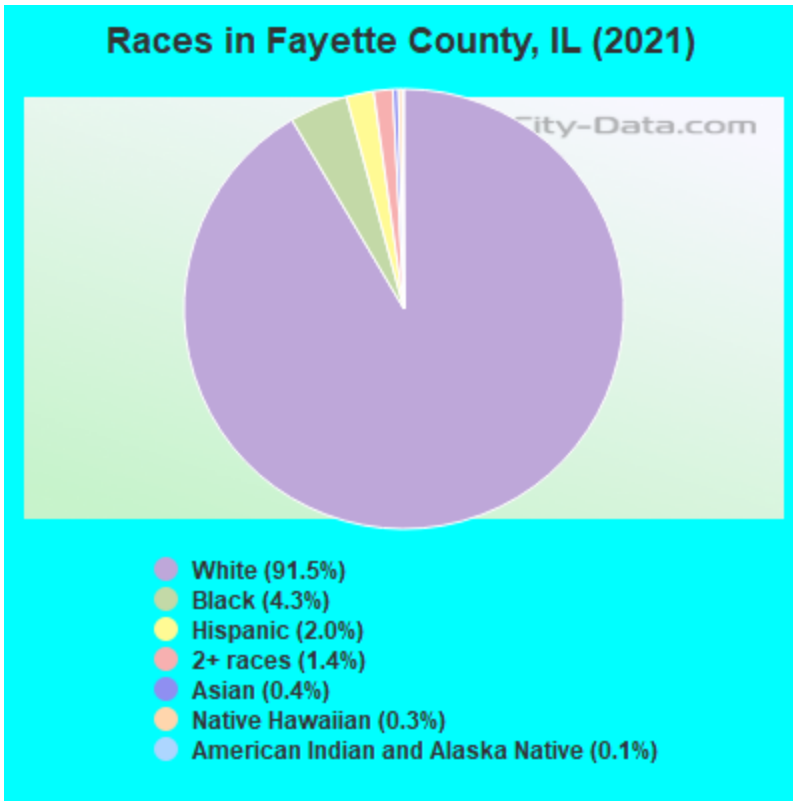


Age

Personal under the age of 5 years is 1,150 or 5.4%; persons under 18 years is 4,453 or 20.9% and those 65 and older is 4,154 or 19.5%. Median age of residents in 2021: 42.6 years old (Males: 42.2 years old, Females: 43.8 years old) (Median age for: White residents: 42.9 years old, Black residents: 43.1 years old, American Indian residents: 68.6 years old, Asian residents: 52.5 years old, Hispanic or Latino residents: 28.2 years old, Other race residents: 52.4 years old).

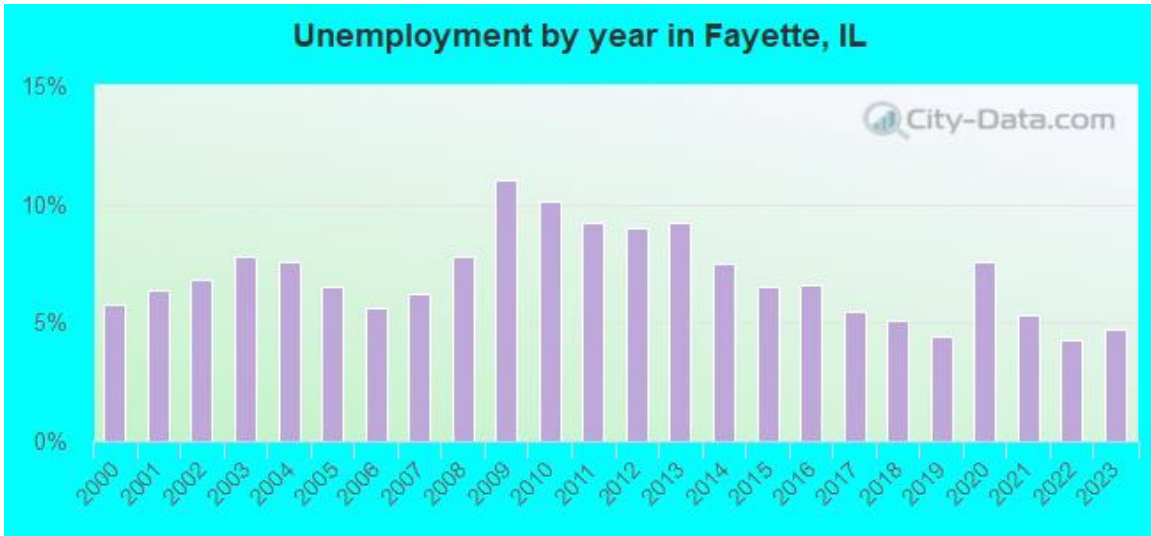
Race

The majority of Fayette County residents, 21,305, were white, non-Hispanic. This number represents a percentage of 93.4%. 4.7% are Black or African American, .03% are American Indian and Alaska native. 2010, approximately 4.4% of the Fayette County residents were African American (980) while the other 1.9% were of various races (410).



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 March 2023 unemployment rate for Fayette County was 4.7% which was higher than the unemployment rate for Illinois which was 4.3%.



Federal Poverty Levels

The federal poverty level slightly increases each year and in 2022 the combined income for a family of four is at or below \$30,000. 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 \$44,863 for a family of four in 2016. In 2021, the median household income of Fayette County households was \$47,744. However, 12.4% of Fayette County families live in poverty.



SNAP Benefits

Fayette County shows 1,322 or 17.09% of household receive SNAP Benefits which is much higher compared to the state of Illinois at 618,365 or 12.76%

Disabled

Close to 17.68% or 3,527 of the Fayette County population are disabled. This compared to the Illinois state rate of 11.02%.

Veterans

Fayette County has 1,377 Veterans or 0.59% compared to the Illinois rate of 0.79%.

Education

According to the state board of education Fayette County has the following results for graduation rate, chronic absenteeism and retention:

School	Graduation Rate	Chronic Absenteeism	Retention
Vandalia USD	83	24	88
Ramsey USD	91	23	88
Brownstown USD	95	27	84

Personals with a Bachelor's degree or higher, percent of personals age 25+, 2017-2021 is 12.6% and High school graduate or higher, percent of personals age 25+, 2017-2021 is 86.4%

D. General Health & Access to Care

Life Expectancy

Fayette County’s life expectancy for Females in 81.3 and for Males is 76.7.

FINDINGS: LIFE EXPECTANCY

Sex	Fayette County	Illinois	National	National rank	% change 1980-2014
Female	81.3	81.3	81.5	1041	+3.8
Male	76.6	76.7	76.7	1131	+7.4

life expectancy at birth (years), 2014

Fig. 1: Female life expectancy, 2014

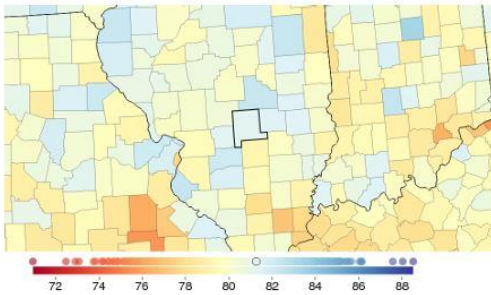
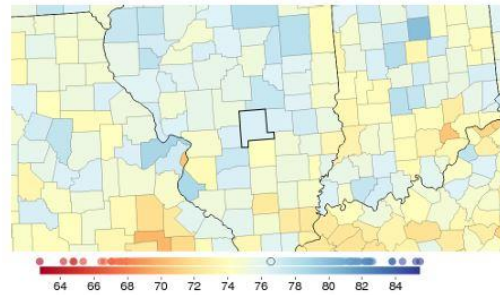


Fig. 2: Male life expectancy, 2014



FINDINGS: ALL CAUSE MORTALITY

Causes of Mortality

Diseases off the heart and cancer continue to be the two leading causes of mortality in Fayette County during 2020 and 2021. According to data from the Illinois Department of Public Health – Health Statistics, these were the same two leading causes of death reported during the last community health based on 2209 and 2011 data. Between the two assessments, there was an increase in the percentage of death due to heart disease and a decrease in the percentage of death due to cancer. In 2021,

Diagnosis	2020 (273)	2020 %	2021 (244)	2021%
Disease of Heart	50	18%	44	158%
Cancer	44	16%	47	19%
COVID -19	34	12%	30	12%
Accidents	11	4%	10	4%
Cerebrovascular Diseases	17	6%	13	5%
Chronic Lower Respiratory Diseases	16	6%	13	5%
Alzheimer Disease	20	7%	13	5%
Diabetes Mellitus	7	3%	6	2%
Kidney Disease	4	1%	6	2%
Influenza and Pneumonia	7	3%	2	.08%

Access to Care

Fayette County continues to be in a health professional shortage area for primary care and mental health providers as well as dentists. This reports the percentage of the population that is living in a geographic area designed as a “Healthy Professional Shortage Area” (HPSA), as defined as having a shortage of primary medical care, dental, or mental health professionals.

State/County	Total Population (ACS 2019 5 year-estimates)	Population living in an area affected by HPSA	% of population living in an area affected by a HPSA	% of HPSA population underserved
Fayette County	21,565	20,513	95.12%	31.75%
Illinois	12,770,631	3,271,660	25.62%	42.49%

Top 10 Diagnoses Treated in the Emergency Department 2021

Chest pain, unspecified	260
COVID-19	252
Unspecified abdominal pain	189
Acute upper respiratory infection, unspecified	181
Urinary tract infection, site not specified	143
Dorsalgia, unspecified	97
Other specified disorder of teeth and supporting structures	96
Noninfective gastroenteritis and colitis, unspecified	86
Acute bronchitis, unspecified	71
Pneumonia, unspecified organism	71

2022

COVID-19	272
Acute upper respiratory infection, unspecified	249
Chest pain, unspecified	209
Unspecified abdominal pain	187
Urinary tract infection, site not specified	161
Noninfective gastroenteritis and colitis, unspecified	152
Pneumonia, unspecified organism	134
Dorsalgia, unspecified	112
Viral infection, unspecified	109
Other specified disorder of teeth and supporting structures	108

Outpatient Services at Fayette County Hospital

Fayette County Hospital offers outpatient services. The most common procedure for outpatient services is a Colonoscopy.

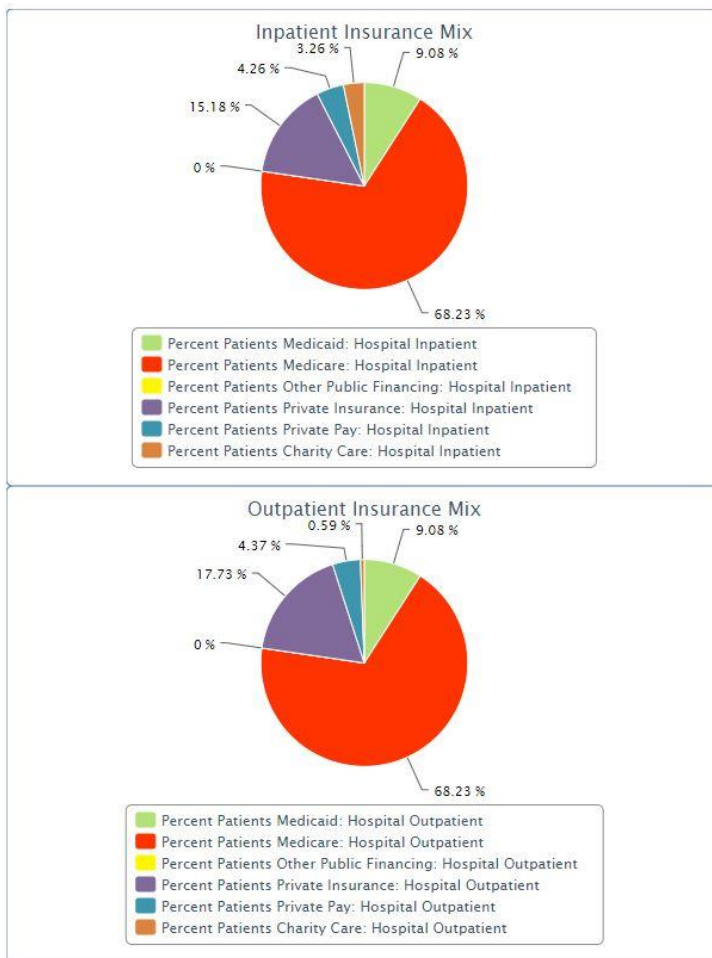
Colonoscopy	291
Lesion Excision	39
Lens Procedures	50
Upper GI Endoscopy	161
Insertion of catheter or spinal stimulator	49

Emergency Department Visits

In 2021 Fayette County Hospital had 5,720 patients seen in the emergency room.

Source of Insurance for Hospital Services

FCH shows that 68.23% of inpatient insurance was Medicare as well as 68.23% of outpatient's insurance was Medicare.

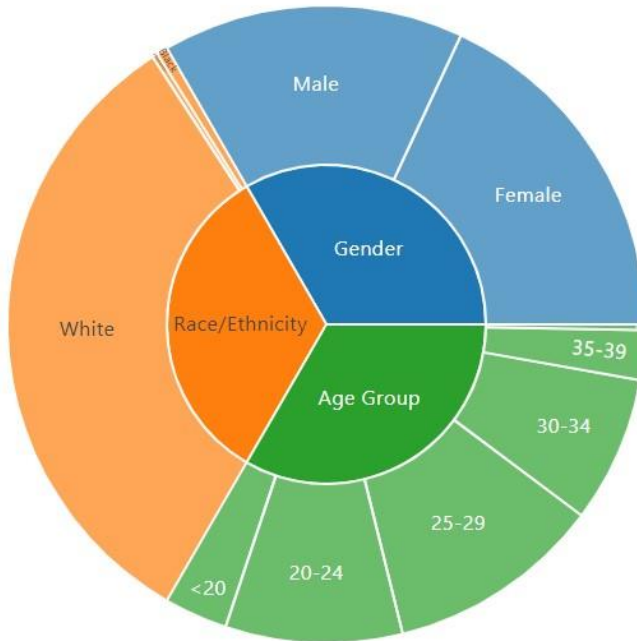


E. Maternal and Child Health Indicators

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 2010, 9.1% 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 2020, there was only 4 babies to a mom <18 and 19 babies born to a teen mom 18-19 years of age. From the data it appears that births to teenage mothers are decreasing in Fayette County and in the state of Illinois. 2020 Fayette County Birth Demographics:



Low Birth Weight

This is the percentage of live birthday where the infant weighed less than 2,500 grams (Approximately 5lbs., 8 oz.) This is a 7-year aggregated time period. This shows 121 infants born with low birth weight. This represents 7.1 of the total live births, compared to the state of Illinois at 177,366n or 8.4%.

County/State	Total Live Birthday	Low Birthweight Births	Low Birthweights Births, Percentage
Fayette	1,703	121	7.1%
Illinois	54,416,819	4,440,508	8.2%

Pregnant Mothers Who Smoked during Pregnancy

In Illinois, the percentage of pregnant mothers who smoked was 6.7% in 2014. The percentage of pregnant mothers who smoke in Fayette County was consistently much higher than Illinois. In 2017, the percentage in Fayette County was 37.5% which was more than double the Illinois percentage of 7.02%. In 2017, the percentage of smoking pregnant mothers that stopped in Fayette County was 33%.

County/State	Women Completing Pregnancy	Total Smokers	Total Stopped	Percent Stopped	Total Deceased	Percent Deceased
Fayette	32	12	4	33.3%	7	58.3
Statewide	14054	1860	940	50.35%	1405	75.5%

2020 Fayette County Birth Characteristics

CHARACTERISTICS	BIRTHS
ADEQUATE PRENATAL CARE	205
CESAREAN	73
LOW BIRTH WEIGHT	20
MOTHER UNMARRIED	110
NON HS GRADUATE AGE 20+	33
PRETERM	25
VERY LOW BIRTH WEIGHT	2

In 2020, out of 238 births, 86% of mothers received adequate prenatal care compared to the state of Illinois at 73% or 97,874 out of 133,306 births.

Child Abuse & Neglect

According to the Illinois Department of Child and Family services, there were a total of 98 youth in care as of February 28, 2021. Forty (40) were in foster care and 58 were with non-parent relatives.

County	Total	Foster Care	With Relative
Fayette	98	40	58
Bond	51	19	32

F. Chronic Disease

Prevention-Core Services for Men and Women

This report shows the percentage of males and females age 65+ older who reports that they are up to date on a core set of clinical preventive services. Services include: influenza vaccination, PPV, a colonoscopy or FIT test, and for women a mammogram.

Gender	Percentage with core services	Illinois Percentage
Men	31.58%	32.92
Women	27.60	24.6

Cancer: This table shows counts and age-adjusted incidence rates of the five most common diagnosed cancers by site for the 5-year period of 2014-2018.

County/State	Type	New Cases	Cancer Incidence Rate (Per 100,000 Population)
Fayette	Lung and Bronchus	21	69.3
Fayette	Prostate	20	133.4
Fayette	Breast	15	101.5
Fayette	Colon & Rectum	13	43
Fayette	Melanoma of the Skin	6	23.3
Illinois	Breast	10,389	133.7
Illinois	Lung and Bronchus	9,538	63
Illinois	Prostate	8,174	111.5
Illinois	Colon & Rectum	6,243	42.1
Illinois	Melanoma of the Skin	3,086	21.3

Statewide Leading Causes of Death by Resident County, Illinois Residents, 2020

County/State	Total Deaths	Disease of the Heart	Cancer	Accidents	Stroke	Respiratory	Alzheimer	Diabetes	Kidney Disease	Influenza and Pneumonia
Illinois	132,701	27,466	24,020	7,159	6,762	5,432	4,639	3,487	2,651	2,430
Fayette	273	50	44	11	17	16	20	7	4	7

Deaths of Despair (Suicide + Drug Alcohol Poisoning)

This shows the average rate of death due to intentional self-harm (Suicide), alcohol-related disease and drug overdose, per 100,000 populations. Figures are reported as crude rates, as rates age-adjusted to years 200 standard. Within Fayette County there were 47 or 40.0% deaths of despair and the state of Illinois was 28,231 or 42.3%.

County/State	Total Population	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Fayette	21,518	47	43.7	40.0
Illinois	326,747,554	806,246	49.4	47.0

Mortality-Suicide

Within Fayette County, there are a total of 23 deaths due to suicide. This represents an age-adjusted rate of 19.8 per every 100,000 total populations. This is relevant because suicide is an indicator of poor mental health.

County/State	Total Population 2016-2020 Average	5 year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Fayette	21,518	23	21.4	19.8
Illinois	326,747,554	7,178	11.3	10.9

Access to Mental Health

Within Fayette County there are 20 mental health providers with a SMS National Provider Identifier. This represents 93.7 providers per 100,000 total population

Obesity

Within Fayette County, there are a total of 3,700 adults 20 and older who self-report having a BMI greater than 30.0 This represents a 22.3% of the population compared to the state of Illinois at 2,673,824 or 27.8%.

County/Sate	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Fayette	16,444	3,700	22.3%
Illinois	243,082,729	67,624,774	27.6%

Mental Health

Within Fayette County, there were 16.10% of adults 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

County/State	Total Population (2019)	Adults with Poor Mental Health (Crude)	Adults with Poor Mental Health (Age-Adjusted)
Fayette	21,336	16.10%	17.00%
Illinois	328,239,523	13.60%	13.90%

G. Infectious Disease

Year	Chlamydia		Gonorrhea		Syphilis		HIV/AIDS	
	Fayette	IL	Fayette	IL	Fayette	IL	Fayette	IL
2022	23		1		2			
2021	35	21,237	18	6,467	0	807	31	18,920
2020	29	31,164	19	7,218	0	1,266		
2019	29	81,012	11	29,272	1	2,719		
2018	28	77,325	7	25,722	0	2,872,		
2004							43	31,495

Sexually Transmitted Diseases

For year 2013, 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 2021 in Fayette County, the rates for Chlamydia were much lower than the Illinois rates. In general, Fayette County averages approximately 28.8 cases of Chlamydia each year. In 2021, the Fayette County diagnosed with rate for Chlamydia was 35 and for Illinois was 21,237.

Gonorrhea

In Fayette County, there were 18 cases of Gonorrhea for the year 2021. In Illinois the individual diagnosed with Gonorrhea was 6,467.

Syphilis

There have been 4 reported cases of Syphilis in Fayette County for the years 2018-2022. For the same time period in Illinois, the rates for Syphilis infection have ranged from 10.5 to 12.5 per 100,000.

HIV and AIDS

As of May 2021 there were 31 persons living in Fayette County that were HIV positive and 31 persons living in the county with AIDS. The Fayette County diagnosis rate for HIV for 2014-2021 was 3.7 while the downstate Illinois rate was 4.8. Fayette County does have a correctional facility in it, the Vandalia Correctional Center. HIV and AIDS statistics do include the Department of Corrections. In 2021, there were 18,920 people living with HIV in Illinois. In 2021, 161 people were newly diagnosed with HIV, which 31 were in Fayette County.

Flu Vaccinations

People received Flu and Pneumonia Shots have decreased significantly in the last 5 years. Total Flu shots have decreased by 50% and Pneumonia shots have decreased by 37%.

Year	Flu Administered	Pneumonia Administered
Flu Season 22-23	870	410
Flu Season 21-22	1007	462
Flu Season 20-21	1506	506
Flu Season 19-20	1677	702
Flu Season 18-19	1682	655

TB/Hepatitis C

Positive cases of TB and deaths with TB have decreased to almost 0. Hepatitis on a state average is increasing and for Fayette County has increased in the past 4 years from 3 in 2019 to 9 in 2022.

Year	TB	Hepatitis C
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2022	0	9
2021	1	4
2020	0	4
2019	0	3
2018	0	18

Foodborne Pathogens

There have been 0 cases of foodborne illness in the last 3 years.

H. Environmental/Occupational/Injury Control Indicators

Mortality-Motor Vehicle Accidents

The Fayette County Coroner’s Office recorded 5 vehicular accidental deaths in 2021. The total for the state of IL was 1,217.

Mortality-Homicide

For 2022, the Fayette County Coroner’s office reported 2 deaths due to homicide.

Mortality-Suicide

For 2021, the Fayette County Coroner’s Office reported 2 deaths due to homicide. There were reported from 2008-2017 the suicide mortality rate in Fayette County is 13.2 for all ages.

Blood Lead Level in Children

Percent of Fayette County children under the age of 6 with blood lead levels tested for 2022 was 5 and in 2021 there were 6.

Vector Borne Disease

West Nile Virus – Not prevalent

I. Sentinel Events

COVID-19

On January 27, 2020 a public health emergency went into effect due to the consequences of the coronavirus. Declared by the Secretary of the United States Health and Human Services, the determination has been reviewed and re-declared and officially ended on May 11, 2023. As of May 24, 2023 36.15% of the population of Fayette County is fully vaccinated. This is compared to the Illinois state rate of 71.5% (primary series).

COVID 19 Stats (as on 5-25-23)	Fayette	Illinois
Positive COVID-19	8,819	4,139,537
Death Caused by COVID-19	109	36,870
Total COVID -19 Vaccines Administered	21,080	26,202,178
Total Vaccinated	36.15%	71.5%

X. CONCLUSIONS

The IPLAN meeting began with a brief presentation about the history of IPLAN 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, maternal and child health, chronic disease, infectious disease, behavioral risk factors, and online survey. 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 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 top three votes from this list Mental and Behavioral Health, Substance Abuse and Chronic Illness will serve as the top three priority health problems for Fayette County for the next five years.

Evaluation and monitoring will be held bi-annually in coordination with the SBL, Fayette County Hospital during community members' meetings. For public announcement and education of IPLAN, a press release will be sent to all local media on the approved I-Plan stating the three health priorities that will be addressed and the plan. It was also notifying public that the current I-Plan will be posted on the Fayette County Health Department's webpage for viewing.

In establishing priorities, Fayette County Health Department Leadership also reviewed the Healthy Illinois 2021 State Improvement Plan (SHIP). Two of the three areas identified in the SHIP were Behavioral Health and Chronic Disease were identified within the top five health concerns in Fayette County. In developing initiatives for the local community health plans, current SHIP initiatives were considered in order to work in unison with other organizations, association and agencies throughout the state to increase efforts for positive impact. Healthy People 2030 objectives were also a resource