

**2012-2016**

**Bureau & Putnam County Health Department  
Community Health Plan**



-Serving Bureau & Putnam County Residents



**Public Health**  
Prevent. Promote. Protect.

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## Executive Summary

The 2012-2016 IPLAN is unique for Bureau & Putnam County in several ways. First, while the Bureau County Health Department and the Putnam County Health Department are separate, certified health departments with separate Boards of Health, they represent an area with very similar health issues, resources and barriers. In addition, they share staff that administer the health department services, and thereby have similar organizational needs. This IPLAN includes a thorough Community Health Needs Assessment for both counties, and a health plan that addresses health priorities, risk factors, contributing factors and proven intervention strategies that encompass both counties as a catchment area.

Second, in creating this health plan, the Community Health Planning Committee sought to decrease long-standing causes of morbidity and mortality, such as cardiovascular disease and cancer, by focusing on strong health risks, which include tobacco use, obesity and access to care. In addition, the committee chose to address mental health and youth substance abuse, issues of great interest in our community at this time. The following document contains a detailed Community Health Plan and roadmap to (what we hope to be) better health for the citizens of our community.

Respectfully Submitted,  
*Diana Rawlings*, Public Health Administrator

## Purpose Statement

The Illinois Project for Local Assessment of Needs (IPLAN) is a process that every certified health department in Illinois uses to assess the health of the community and plan programs that address health needs that are specific to the local community. Simply stated, it is a way of determining as a community what the health needs are in our counties and how we can best utilize our resources to improve the health of our citizens.

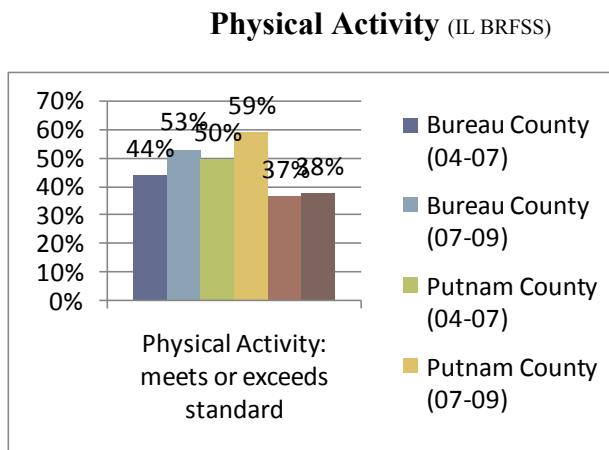
The IPLAN committee is composed of members of the community from a broad range of fields. The committee's role is to choose what we see as the top three health problems in Bureau and Putnam County, through discussion and reviewing statistics. Then, over the course of the next five years the health department and community partners will work to improve the health of our community in these three areas. Because health needs are identified by a committee of community members, the IPLAN represents a health assessment of our community, by our community.

## **Update from 2007-2012 IPLAN**

The 2007-2012 Community Health Plan completed for Bureau & Putnam County, addressed three community health problems, including youth substance abuse, cardiovascular disease and obesity. Several programs on obesity prevention and cardiovascular disease prevention were conducted in the schools, places of employment and the community, including Heart Smart for Teens and Women, community health fairs and presentations and tobacco programs aimed at preventing smoking initiation, and assisting in tobacco cessation. One tobacco prevention program, Tar Wars (an educational program and poster contest for 4th and 5th graders) received overwhelming support in the community and produced 3 state winners over the past five years, all of which received an expense-paid trip to the national contest in Washington DC. Statistically, from BRFSS, round 3 (2004-2006) to round 4 (2007-2009) there was a substantial increase in the percentage of Bureau & Putnam County residents exercising 43.8% to 53.2% in Bureau County, and 49.7% to 59% in Putnam County.

The group of Community Health Planning Committee members working on youth substance abuse continued to meet and formed a coalition, Community Partners Against Substance Abuse (CPASA). In 2008, the coalition received a Meth Awareness grant , and in 2009 received a federal Drug Free Community grant. In the five years since it's formation, this group has become a driving force for youth substance abuse prevention in our community.

Together the 67 active members have conducted multiple successful programs, including a prescription drug take-back program, community events and talks. In addition, CPASA collaborates with one local high school on a 21st Century grant, initiated an Operation Snowball group and has been instrumental in the creation and approval of several drug free ordinances. Statistically, between 2008-2010 there has been a significant decrease in the percentage of Bureau & Putnam County youth binge drinking, including a 9% decrease in 10th graders and in the percentage of Bureau & Putnam County youth 30 day past use of alcohol (3% decrease in 8th graders, 9% decrease in 10th graders, and 4% decrease in 12th graders). In addition, there has been a decrease in 10th graders who smoke (from 14% to 11%) and a decrease in 10th graders who use marijuana (10% to 8%). (See page 9 *Substance Abuse* for charts and graphs)



## Community Involvement

The Bureau & Putnam County Community Health Plan was created in partnership with representatives from a variety of health, education, social service and governmental organizations representing the Bureau & Putnam County community. Together, this group formed the Community Health Planning Committee. Approximately 54 prospective members were sent an invitation to participate; and 26 of the individuals invited agreed to participate.

## Community Health Planning Committee

Name	Affiliation	Group Assignment
Andrea Anderson	Zearing Child Enrichment Center Director	N/A
Jean Babcock	Bureau County Health and Wellness Clinic	N/A
Linda Burt	St. Margaret's Hospital	Mental Health
Dawn Conteron	BPCHD CPASA Coordinator	Access to Care
Dr. Bob Dawe	Dentist, Putnam County Board of Health	Access to Care
Kris Donarski	Bureau County Zoning & ESDA Officer	Obesity
Jill Fruch	Bureau County Farm Bureau Director	N/A
Jim Goldasich	Putnam County Emergency Management	Substance Abuse
Hector Gomez	BPCHD Assistant Administrator	N/A
Jill Guynn	University of IL Extension	N/A
Kirk Haring	Princeton High School Superintendent	Mental Health
Vanessa Hoffeditz	Bureau County Food Pantry	Obesity
Kurt Kuchle	BPCHD Director of Health Protection	Mental Health
Toni Lawley	Pharmacist, Putnam County Board of Health	N/A
Terry Madsen	City of Princeton	N/A
Doria Martuzzo	BPCHD CPASA	Substance Abuse
Mike Patterson	Malden School Principal	Mental Health/
Deb Piper	BPCHD Director of Health Promotion	Obesity
Diana Rawlings	BPCHD Public Health Administrator	N/A
John Reinert	North Central Behavioral Health Systems, Inc.	Mental Health
Rachel Schwarzendruber	University of Illinois Extension	Obesity
Mary Vega	St. Margaret's Hospital	Obesity
Ernesto Villalobos	BPCHD Dental Clinic Director	Access to Care
Loretta Volker	Bureau County Board	Access to Care
Janice Wamhoff	Bureau County Coroner	Mental Health
Deb Wood	Perry Memorial Hospital	Access to Care

## Community Health Needs Assessment Process

As part of the process of Local Health Department certification, the Bureau & Putnam County Health Department conducted an Organizational Capacity Self-Assessment, completed a Community Health Needs Assessment, organized a Community Health Planning Committee, and created a Community Health Plan using the IPLAN process. The Community Health Planning Committee met on May 11, 2012.

The Organization Capacity Self-Assessment was completed by the health department management group in March, 2012. The management group then created the Community Health Needs Assessment by gathering applicable statistics from the sources listed in the reference section of this document. The data in the assessment was significant in that it showed a rate or percentage of disease in Bureau County that was higher than the State of Illinois, and was compared to the Healthy People 2020 Leading Health Indicators and health objectives. It included a description of the health status and health problems in the following categories: demographic and socioeconomic characteristics, mortality, access to health care, clinical preventative services, environmental quality, injury and violence, maternal, infant and child health, mental health, nutrition, physical activity and obesity, oral health, reproductive and sexual health, social determinants, substance abuse and tobacco use.

The Community Health Needs Assessment and an explanation of what IPLAN is, how it will be used and what the committee's role in IPLAN is, was mailed to committee members prior to the first meeting. After reviewing the assessment, each committee member submitted to the health department a list of what they saw as the top three health problems in the community. In the introductory letter it was explained that a health problem is: "a situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured as death, disease or disability," and that the health problems that we chose to address should be problems that affect a significant portion of our community and for which we have resources available. These were tallied and four community health problems were consistently

chosen as the top health problems in Bureau & Putnam Counties. These were: substance abuse, obesity, access to care and mental health. *Because of the overwhelming choice of these four health problems by the committee, all four were selected as the IPLAN health problems to be addressed by our community over the next five years.*

Fifty-three invitations were sent out and twenty six community members agreed to become a part of the Community Health Committee. Approximately a week prior to the Community Health Plan Committee meeting, each committee member was sent a condensed a booklet containing demographic and socioeconomic data and the current data for the top health problems identified in Bureau & Putnam Counties, substance abuse, obesity, access to care and mental health and the meeting agenda.

The day of the meeting the committee received an overview of IPLAN and the role of the committee in the process, and updates on the work that has been accomplished on health problems identified in the previous IPLANs. The committee then reviewed and discussed the top health problems that were submitted prior to the meeting and broke out into smaller workgroups to analyze the health problems, and determine the risk factors, direct & indirect contributing factors, outcome objectives and the impact objectives for the health problem they were working on. The *Healthy People 2020 objectives* were used as a guideline. Each group discussed proven intervention strategies that could be implemented as well as possible programs, resources available and possible barriers. The workgroup results were then presented to the entire committee for input and approval.

The health department staff incorporated the committee work into the IPLAN report. This report was sent to each committee member to proofread and for input on any changes that needed to be made. Finally, the committee unanimously voted to approve the IPLAN via an electronic vote. On May 21<sup>st</sup> during a joint meeting, both the Putnam County Board of Health and Bureau County Board of Health voted unanimously to approve the IPLAN and the Organization Capacity Self-Assessment. A letter of approval from each Board of Health President is included.

## Community Health Plan

### ***Health Problem - Substance Abuse***

#### **Description**

National data shows that alcohol is the substance abused most frequently by adolescents, followed by marijuana and tobacco. National averages indicate that in the past month, 40 % of high school seniors reported drinking some alcohol, almost 15 % of adolescents abused marijuana, and 13 % of adolescents reported smoking cigarettes. (HHS, 2011) Bureau & Putnam County averages are even higher than this. (IL Youth Survey, 2010)

**Alcohol:** More adolescents drink alcohol than smoke cigarettes or use marijuana. Drinking endangers adolescents in multiple ways including motor vehicle crashes, the leading cause of death for this age group nationally. Genetic factors and life stressors influence adolescents' alcohol abuse, but parents and guardians can help by monitoring adolescents' activities and keeping channels of communication open. (HHS, 2011)

**Tobacco:** Tobacco use harms nearly every organ in the body, and more than six million children born between 1983 and 2000 will die in adulthood of smoking-related illnesses. Multiple factors influence whether an adolescent becomes a regular smoker, including genetics and having parents or peers who smoke. Many adolescents start trying tobacco products at a young age, so prevention efforts in schools, in communities, and in homes, can help and should begin early. (HHS, 2011)

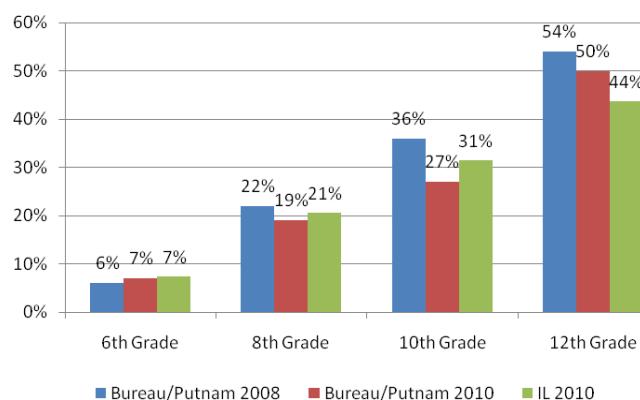
**Illicit and Non-illicit Drug Use:** Illicit drug use includes the abuse of illegal drugs and/or the misuse of prescription medications. By the twelfth grade, about half of adolescents nationally have abused an illicit drug at least once. The most commonly used drug is marijuana. Some factors and strategies that can help adolescents stay drug free include: strong positive connections with parents, other family members, school, and religion; having parents present in the home at key times of the day; and reduced access in the home to illegal substances.

## Data and Information

The following points from the *Community Health Needs Assessment* include data that relate to substance abuse issues in Bureau & Putnam Counties:

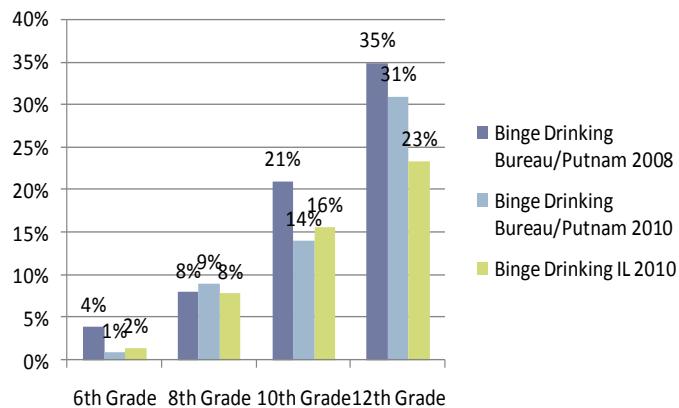
- The statistics reviewed indicate that substance abuse also continues to be a major health problem in Bureau & Putnam Counties. Alcohol, drug and tobacco use were included under this category.
- By 12<sup>th</sup> grade, half (54% in 2008 and 50% in 2010) of Bureau and Putnam County Youth had used alcohol,  $\frac{1}{4}$  of our youth (24% in 2008 and 27% in 2010) had used tobacco and 18% of our youth in both counties had used marijuana in the past 30 days.
- While there was a decrease from 2008 to 2010 in the percentage of our youth using alcohol (3% decrease in 8th graders, 9% decrease in 10th graders, and 4% decrease in 12th graders), the number is still significantly higher than the rest of the state for 12th graders.

**Youth Past 30 Days Alcohol Use , IL Youth Survey**



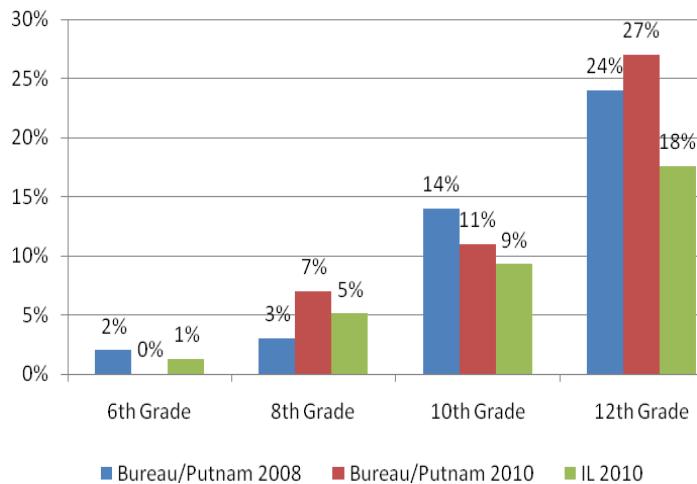
- Binge drinking (having 5 or more drinks in a row) is one of the most dangerous forms of alcohol use. While there has been a significant decrease in the percentage of our 6th, 10th and 12th graders who binge drink between 2008-2010, the number of our 12th graders who binge drink (31%) is still significantly higher than the state (23%).

**Youth Binge Drinking in Past 2 Weeks , IL Youth Survey**



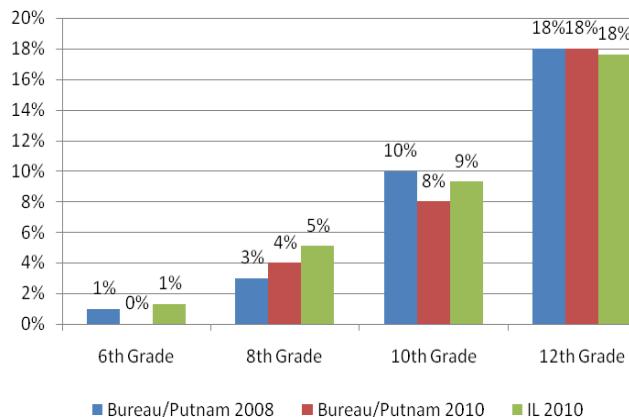
- The percentage of our youth in 8th, 10th and 12th grades that use tobacco is higher than the state and the percentage of our 12 grade youth using tobacco increased from 2008 to 2010 from 24% to 27%.

**Youth Past 30 Days Tobacco Use , IL Youth Survey**



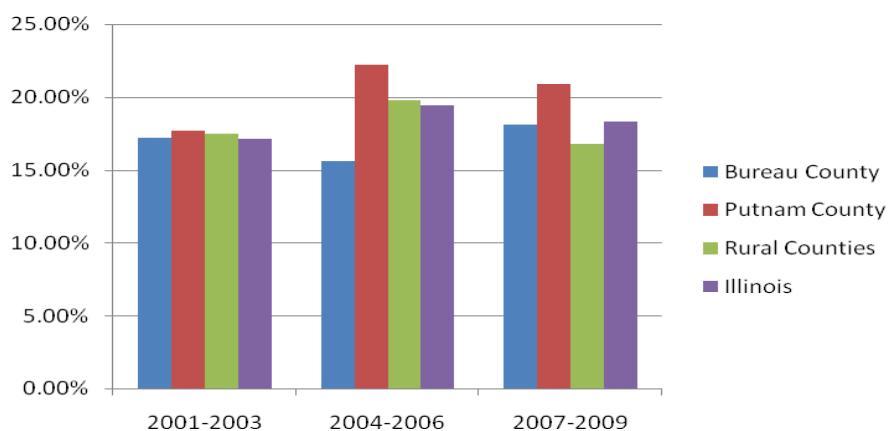
- The percentage of our youth using marijuana is similar to the state for both 10th and 12th graders.

**Youth Past 30 Days Marijuana Use, IL Youth Survey**



- The percentage of adults at risk for binge drinking has increased in Bureau County from 2001 to 2009, and has remained consistently higher in Putnam County than the state and other rural counties in Illinois.

**Adults At-Risk for Binge Drinking, BRFS Report**



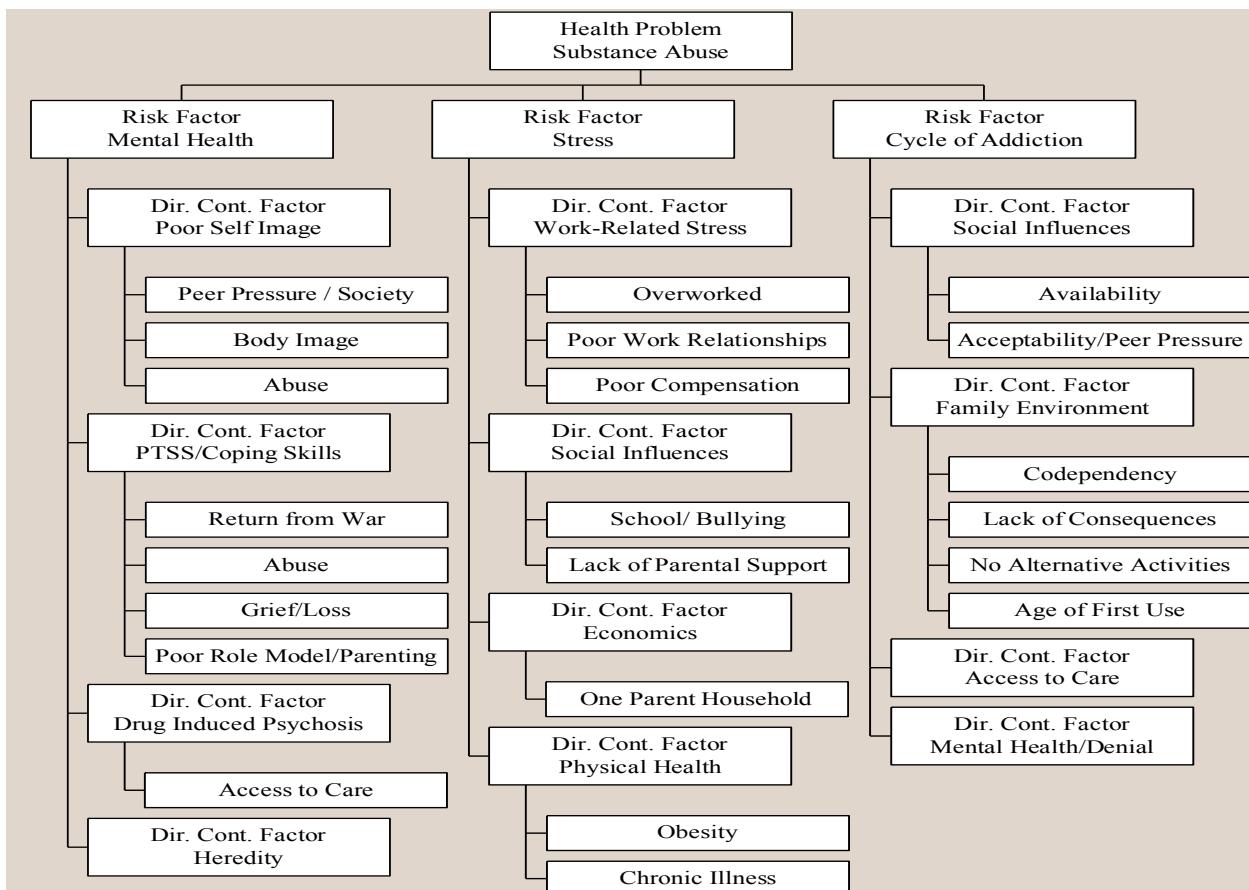
## Healthy People 2020 Objectives

- Reduce the % of youth age 12-17 using alcohol or any illicit drug in the past 30 days.
- Reduce percentage of adolescents using tobacco in the past 30 days.
- Reduce the % of adults (18 years +) that report binge drinking during the past 30 days.

## Target Population

Bureau & Putnam county youth ages 12-20. According to the Bureau & Putnam County schools there are 4544 youth in Bureau & Putnam Counties between the ages of 12-20.

## Health Problem Analysis Diagram



## **Introduction to Objectives and Strategies**

The objectives and strategies are designed to address the risk factors and contributing factors listed in the Health Problem Analysis Diagram that are within the scope of the IPLAN to address. The major outcome objective focuses on reducing alcohol, tobacco and marijuana use and alcohol binging and is supported by impact objectives (interim objectives that must be achieved on the way to achieving the outcomes) and intervention strategies (actions that will be taken to achieve both impact and outcome objectives).

### **Outcome Objective: Reduce Alcohol, Tobacco and Marijuana Use**

By 2016, decrease the percentage of 10<sup>th</sup> and 12th graders who have used alcohol, tobacco or marijuana in the past month by 5% .

#### **Bureau & Putnam County Baseline**

According to 2010 data 27 % of Bureau & Putnam County 10th graders and 50% of 12th graders used alcohol , 11% of 10th graders and 27% of 12th used tobacco and 11% of 10th graders and 8% of 12th graders used marijuana in the past month.

#### **Impact Objective 1.1: Risk Factor: Mental Health**

By 2014, increase the percentage of 10th and 12th graders who perceive a moderate or great risk of harm from regular alcohol use by 5%.

#### **Bureau & Putnam County Baseline**

According to the 2010 Illinois Youth Survey, 62% of Bureau & Putnam County 10th graders and 47% of 12th graders perceived a moderate or great risk of harm from regular alcohol use.

## **Impact Objective 1.2: Risk Factor: Stress**

By 2014, increase the percentage of 10th and 12th graders who report that their parents/guardians talked to them about not using alcohol by 2%.

### **Bureau & Putnam County Baseline**

When asked if their parents/guardians had talked to them about not using alcohol in the past year, 61% of 6th graders, 52% of 8th graders, 57% of 10th graders, and 55% of 12th graders answered yes. (2010 Illinois Youth Survey)

## **Impact Objective 1.3: Risk Factor Cycle of Addiction**

By 2014, reduce the percentage of 10th & 12th graders who report that alcohol is “sort of easy or very easy” to get by 3%

### **Bureau & Putnam County Baseline**

In 2010, 65% of Bureau & Putnam County 10th graders and 83% of 12th graders reported that alcohol is “sort of easy or very easy” to get. (IL Youth Survey)

### **Proven Intervention Strategies:**

1. Promote a mentoring and counseling program by collaborating with school counselors, law enforcement resource officers and parents.
2. Provide evidence-based program, Alcohol EDU to 300 9th graders.
3. Conduct a social marketing campaign to serve 22,189 adults ages 21-64, with the purpose of increasing parent/adult concern about underage drinking so that they will talk to their children/youth about not drinking alcohol.

4. Partner with the IL Liquor Control Commission to reach 150 parents with parental responsibility meetings in three separate communities.
5. Advocate for the passage of Social Host Ordinances and Keg Registration Ordinances in Princeton, Illinois which will serve 4,142 adults ages 21-64 and duplicate efforts in other communities as possible.

### **Contributing Factors (Indirect / Direct):**

Poor self image (peer pressure, society, body image, abuse), PTSS/coping skills (return from war, grief, loss, poor role model/parenting), Drug induced psychosis (access to care), Heredity, Work related stress (overworked, poor work relationships, poor compensation), Social influences (school/bullying, lack of parental support), Economics (one-parent household), Physical health (obesity, chronic illness), Social influences (availability, acceptability/peer pressure) Family environment (codependency, lack of consequences, no alternative activities, age of first use), Access to care, Mental health/denial,

### **Resources Available:**

CPASA, Alcohol EDU, FQHC, School Resource Officers, CPASA website & Marketing & Promotions Team, Professional Evaluator, and Local Law Enforcement.

### **Barriers:**

Potential barriers include limited funding resources, social environments, negative peer pressure, resistance to change, availability of alcohol and drugs and parental apathy.

## **Program Evaluation:**

The objectives will be evaluated by utilizing the IL Youth Survey.

## **Estimated Cost & Potential Funding Sources:**

\$20,000. Potential funding sources include DFC grant, STOP Act grants, other grants, donations

## ***Health Problem - Nutrition, Physical Activity & Obesity***

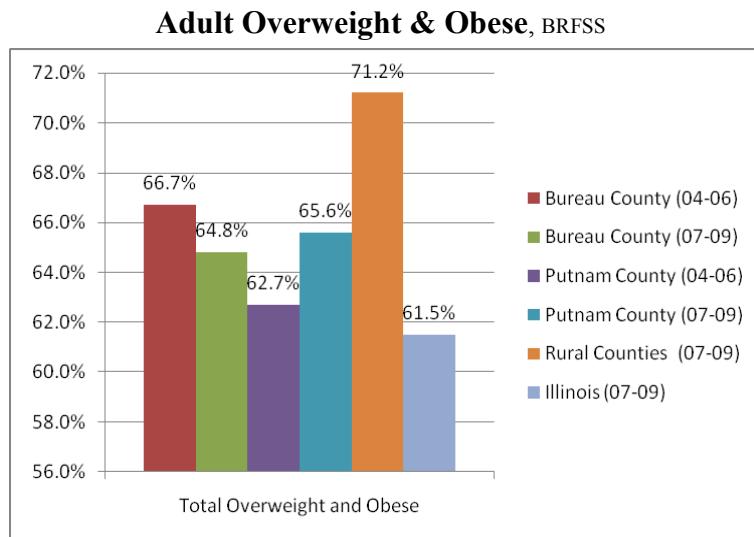
### **Description**

The National Institute of Health states: “Obesity is a major contributor to serious health conditions in children and adults, including type 2 diabetes, cardiovascular disease, many forms of cancer and numerous other diseases and conditions”. In addition, individuals who are obese, may experience stigma or discrimination and often experience increased healthcare costs and lost productivity. (NIH, 2012) According to CDC, national data on obesity prevalence among U.S. adults, adolescents, and children show that more than one-third of adults and almost 17% of children and adolescents are obese. The prevalence of obesity among men and women is the same. The prevalence of obesity was higher among older women compared with younger women, but there was no difference by age in obesity prevalence among men. Among children and adolescents, the prevalence of obesity was higher among adolescents than among preschool -aged children. (CDC, 2012) Predictably, local data mimic the national rates. In Bureau & Putnam counties approximately 65% of adults are overweight or obese, and the average child in 6th-12th grades is overweight or obese. In addition, only 1/3 of adults and 15% of youth in Bureau & Putnam counties eat 4 or more vegetables or fruits a day. Increasing the number of people who achieve and maintain a healthy weight is a critical public health goal, although one that faces formidable challenges and will require broad based efforts by the community. (NIH, 2012)

## Data and Information

The following points from the Community Health Needs Assessment include data that relate to obesity and obesity-related risk factors in Bureau & Putnam Counties:

- Overweight and Obesity combined remains a problem in both counties, however there was a decrease between 2004-2009 in the percentage of Bureau County residents that were overweight or obese. The percentage of Bureau and Putnam County residents that are overweight or obese is just slightly higher than the state but less than the average of rural counties in Illinois.



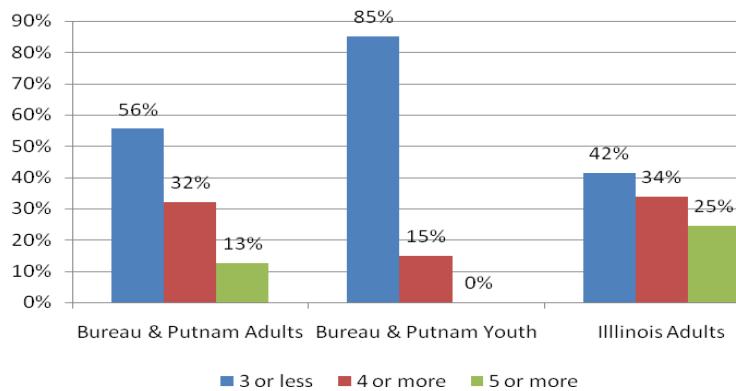
- According to the Illinois Youth Survey, in 2010 the average child in 6th grade in Bureau and Putnam County was obese and the average adolescent in grades 8-12 was overweight.

### Bureau & Putnam County Youth Average BMI, IL Youth Survey

	2008	2010
6 <sup>th</sup> Grade	22.1 (Overweight)	23.8 (Obese)
8 <sup>th</sup> Grade	22.9 (Overweight)	22.8 (Overweight)
10 <sup>th</sup> Grade	24.4 (Overweight)	24.3 (Overweight)
12 <sup>th</sup> Grade	23.8 (Healthy weight)	27.7 (Overweight)

- Over half of Bureau and Putnam County adults and a whopping 85% of our youth consumed less than four servings of fruits and vegetables a day.

### Total Servings of Fruits & Vegetables per Day, BRFSS Report, IL Youth Survey



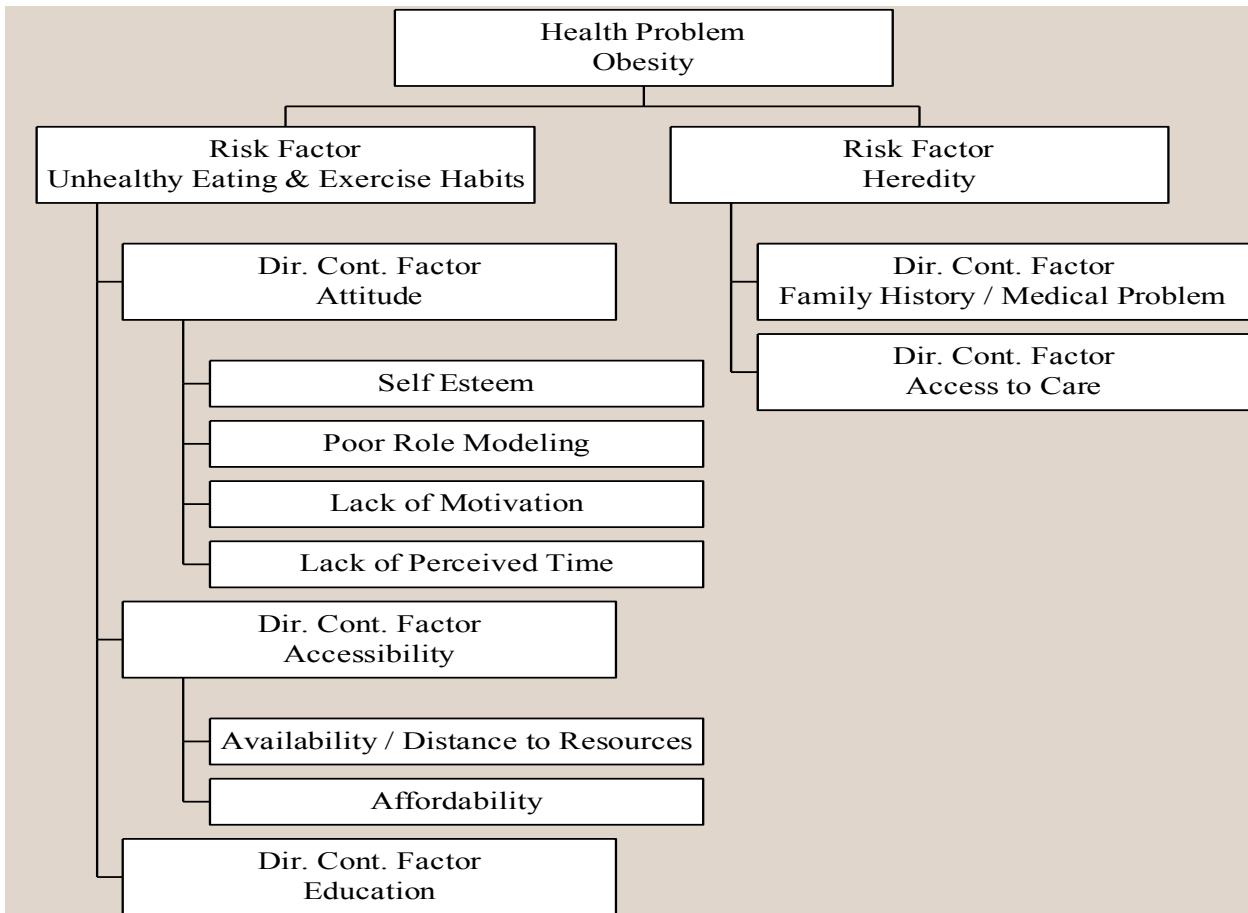
### Healthy People 2020 Objectives

- Healthier Food Access
- Work site nutrition, physical activity and health assessment programs
- Reduce screen time
- Weight Status
  - Increase the proportion of adults who are at a healthy weight
  - Reduce the proportion of adults, adolescents and children who are obese
- Decrease food insecurity
- Increase healthy food and nutrient consumption
- Provide consumer information (such as through healthfinder.gov)

### Target Population

Bureau & Putnam county residents. According to the 2010 U.S. Census, the population of Bureau & Putnam counties is 40,984.

## Health Problem Analysis Chart



## Introduction to Objectives and Strategies:

The objectives and strategies are designed to address the risk factors and contributing factors listed in the Health Problem Analysis Diagram that are within the scope of the IPLAN to address. The major outcome objective focuses on reducing the number of Bureau & Putnam County residents that are overweight or obese, increasing the amount of vegetables and fruits that are consumed, and increasing activity and is supported by impact objectives (interim objectives that must be achieved on the way to achieving the outcomes) and intervention strategies (actions that will be taken to achieve both impact and outcome objectives).

### **Outcome Objective:**

By 2016, decrease number of Bureau & Putnam County residents that are overweight or obese by 5%.

### **Baseline Data:**

In 2007-2009 64.8% of Bureau County residents and 65.6% of Putnam County residents were overweight or obese. (IL BRFSS)

### **Impact Objective 1.1: Risk Factor: Unhealthy Eating & Exercise Habits**

By 2014, increase the proportion of Bureau & Putnam County residents who consume 4 or more servings of vegetables and fruits by 5%.

### **Baseline Data:**

In 2007-2009 32% of adults and in 2010, 15% of youth in Bureau & Putnam Counties consumed 4 or more servings of vegetables and fruits a day. (IL BRFSS, IL Youth Survey)

### **Impact Objective 1.2: Risk Factor: Unhealthy Eating & Exercise Habits**

By 2014, increase the proportion of Bureau & Putnam County residents who meet the current federal physical activity guidelines by 5%.

### **Baseline Data:**

In 2007-2009 49.7% of Putnam County adults and 59% of Bureau County adults met the current federal physical activity guidelines. (IL BRFSS)

## **Proven Intervention Strategies:**

1. Establish a community-wide coalition to develop partnerships with businesses, youth groups and community groups and provide on-going collaboration, ideas and focus on reducing obesity in Bureau & Putnam County.
2. Provide worksite health assessments and feedback, nutrition and physical activity programs designed to improve health related behaviors and health outcomes. (Healthy People 2020 Initiative)
3. Reduce screen time. Provide behavioral interventions to reduce screen time by working at improving children's and parents' knowledge, attitudes or skills. (Healthy People 2020 Initiative)
4. Provide education / information healthy lifestyles. (Healthy People 2020 Initiative)
5. Healthier food access: Encourage schools to increase healthy food choices, such as at lunch through the use of salad bars, whole grain foods and fresh fruit in vending machines, healthy foods at concession stands and at special school events by suggesting to parents or creating a policy that only healthy foods are brought into the schools.
6. Healthier food access / decrease food insecurity: work on bringing another farm-to-table program (such as the one at Bureau Valley High School) to another school in our area.

## **Contributing Factors (Indirect / Direct):**

The contributing factors that were identified include attitude, poor self esteem, poor role modeling, lack of motivation, lack of perceived time, accessibility, availability, distance to resources, affordability, education, medical problems, a family history of obesity and lack of access to care.

## **Resources Available:**

The area hospitals, health professionals, health department, local community college and schools and park districts all have programs and interest in helping our community achieve a healthier lifestyle. There are several local food pantries and the University of Illinois Extension provides healthy eating education and a master gardener program. Bureau Valley High School has a pilot farm-to-school program. There are several local fitness facilities and weight loss programs. The American Cancer Society, American Heart Association, the AARP and USDA all act as resources. There are several local food coops and farmer's markets that provide fresh fruits and vegetables and the health department provides WIC vouchers for farmers markets. Area libraries and After School Programs that provides education on healthy eating and a healthy snacks. Per law, Illinois schools are required to offer physical education five days a week.

## **Barriers:**

Affordability, funding, community buy-in, time commitment, sustained coordination of a coalition, internalizing of health information given, missing or unidentified partners or resources.

## **Program Evaluation:**

Several measures will be used to evaluate an obesity prevention program. These include measuring the achievements of the outcome and impact objectives, including measuring the number of programs and presentations offered and number of attendees and the success in establishing and maintaining a coalition.

## **Estimated Cost & Potential Funding Sources:**

The estimated cost for all of these intervention strategies is \$150,000. This includes hiring a consultant and implementing another farm-to-school program. Potential funding sources include local community partners, federal, state and local grants and donation.

### ***Health Problem - Access to Care***

#### **Description:**

The passage of the Patient Protection and Affordable Care Act (2010) highlights the importance of the access to health care issue on the national level. In Bureau & Putnam counties, access to care was found to be an important issue as well, and one of the top four health problems identified by the IPLAN Community Health Planning Committee. Having access to health services is an important determinant of health status and is critical to eliminating health disparities and increasing years of healthy life.

According to the U.S. Department of Human Services, Healthy People 2020: access to health care services affects overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death, life expectancies and is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Barriers to access to care include: lack of availability, high cost and lack of insurance coverage. Four distinct areas affect access to care. These include: coverage (health insurance), services (having a usual and on-going source of care), timeliness (providing health care quickly after a need is identified), and workforce (having enough primary care providers to cover all of the health needs in the community).

Bureau & Putnam County are designated as Federally Underserved Areas for medical, mental health and dental care, have a large portion of the population utilizing Medicare, a large number of children on Medicaid, lack of insurance consistent with state averages, and a

significant number of people with no primary care provider. In addition, we have a large number of people without dental insurance, and many people who have not received examinations regularly.

## **Data and Information:**

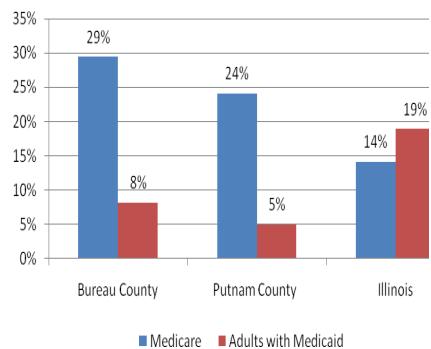
The following points from the *Community Health Needs Assessment* include data that relate to access to care issues in Bureau & Putnam Counties:

- Bureau and Putnam Counties are designated by the U.S. Dept. of Health & Human Services, Health Resources Services Administration (HRSA) as a *Federally Underserved Areas for primary medicine, mental health and dental services*.
- In 2007-2009, 17% of Bureau County residents had no medical insurance and 47.5% had no dental insurance. In the same time-frame 19% of Putnam County residents had no medical insurance and 37.2% had no dental insurance.

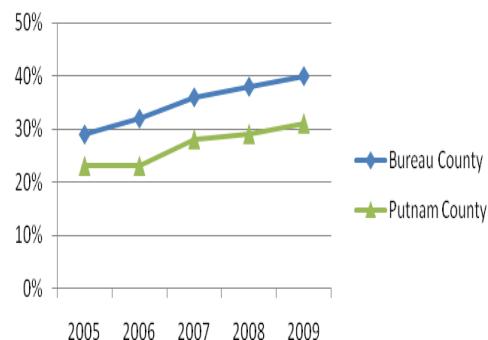
Insurance Status	Bureau County	Putnam County
No Medical Insurance	17%	19%
No Dental Insurance	47.5%	37.2%

- In 2007-2009, 7.9% of Bureau County residents and 5.7% of Putnam County residents did not have a primary care provider.
- More residents of our counties are without medical insurance or utilize Medicare than in the rest of the state and the number of children in both counties that are enrolled in medical assistance programs continues to increase.

**Medicare and Medicaid**, BRFSS, IL Dept. of Human Services



**Children Enrolled in Medical Assistance Programs**, Voices for Illinois Children



**Healthy People 2020 Objectives**

- Increase the proportion of persons with health insurance.
- Increase the proportion of insured persons with coverage for clinical preventive services.
- Increase the proportion of persons with a usual primary care provider.
- Increase the number of practicing primary care providers.
- Increase the proportion of persons who have a specific source of ongoing care.
- Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

- Reduce the proportion of hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.

## **Target Population**

Bureau & Putnam county residents who are uninsured, utilizing Medicare, Medicaid and/or are within 200% of poverty, approximately 22,756 residents.

## **Bureau & Putnam County Baseline**

Approximately 7,081 Bureau & Putnam county residents are without medical insurance, 18,832 are without dental insurance, 11,573 adults utilize Medicare, 3095 adults utilize Medicaid and 4,102 children utilize Medicaid.

## **Introduction to Objectives and Strategies**

The objectives and strategies are designed to address the risk factors and contributing factors listed in the Health Problem Analysis Diagram that are within the scope of the IPLAN to address. The major outcome objective focuses on increasing capacity and knowledge about the health care system and is supported by impact objectives and intervention strategies (actions that will be taken to achieve both impact and outcome objectives).

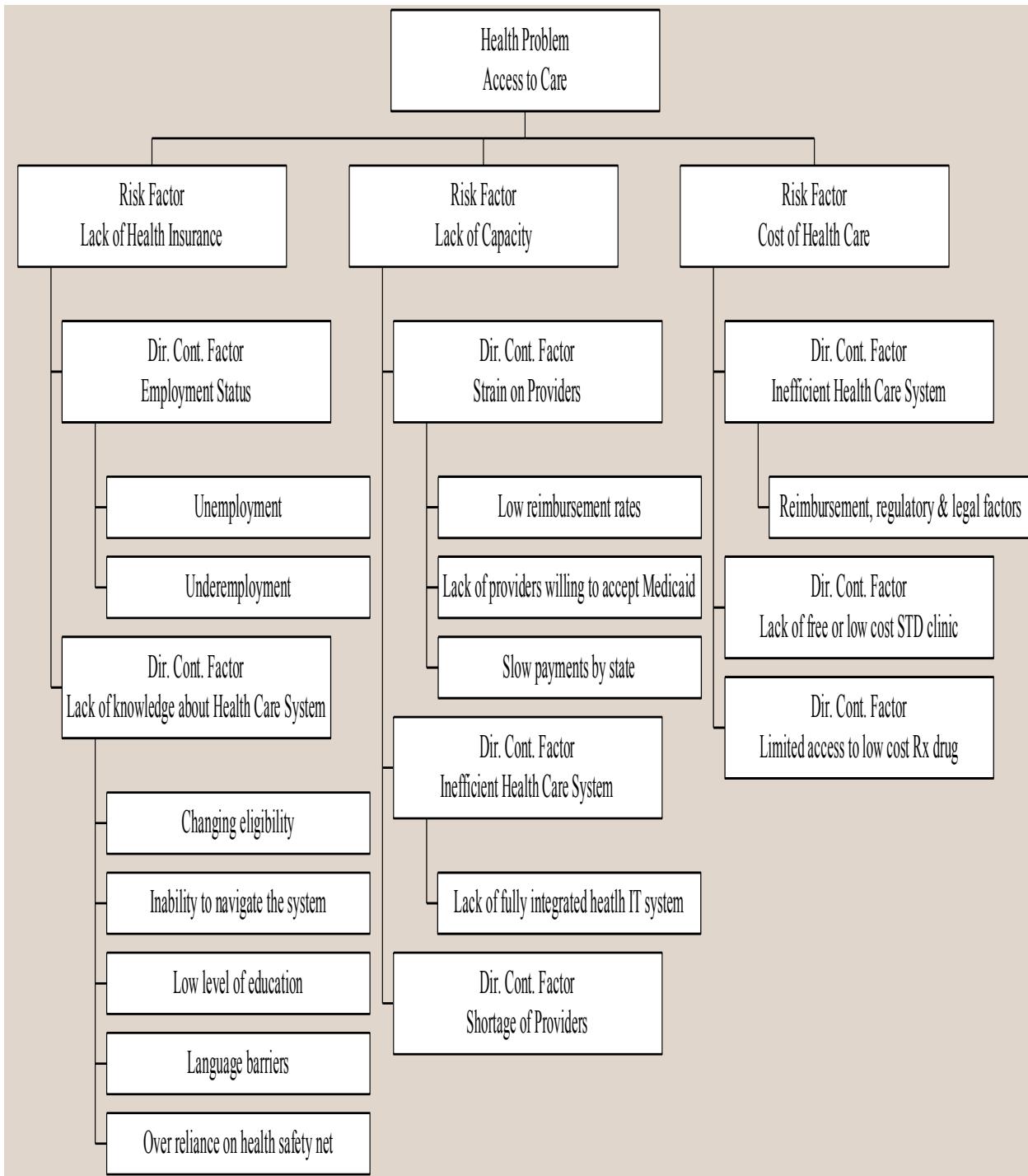
## **Outcome Objective:**

By 2016, increase the percentage of Bureau & Putnam County residents with a primary care provider or regular source of health care by 5%.

## **Baseline Data:**

In 2007-2009, 7.9% of Bureau County residents and 5.7% of Putnam County residents did not have a primary care provider. (BRFSS, 2007-2009)

## Health Problem Analysis Chart



### **Impact Objective 1.1:**

By December 31, 2015, increase the number of primary care providers to treat the target group.

### **Impact Objective 1.2:**

By 2015, improve sources of information on access to care (website, social media, print).

### **Baseline Data:**

As of May 2012, there are two primary care providers in central-western Bureau County that accept new patients in the target group.

### **Proven Intervention Strategies:**

1. Explore different sources of funding to expand or maintain existing programs.
2. Provide consumer resources on access to care issues on social media and website.
3. Increase the capacity to provide medical, dental and mental health care for the target group through a local clinic, such as a Federally Qualified Health Clinic.
4. Expand immunization services by providing immunizations for younger siblings at school clinics.

### **Contributing Factors (Indirect / Direct):**

Economics, employment status, unemployment, underemployment, low level of education, lack of knowledge about health care system, changing eligibility, inability to navigate the system, language barriers, strain on providers, low reimbursement rates, lack of providers willing to accept Medicaid, slow payments by state, lack of free or low cost STD clinic, inefficient health care system, lack of fully integrated health IT system, limited access to low cost Rx drugs, reimbursement, regulatory and legal factors.

### **Resources Available:**

The health department operates a comprehensive dental clinic for low income patients, provides WIC food vouchers and health education, the Illinois Breast & Cervical Cancer program, a Medical Reserve Corp and drug-free coalition CPASA. Bureau & Putnam Counties also have valuable community partners such as Tri-County Opportunities, North Central Behavioral, parish nurses, BC Health & Wellness Clinic, extended hours clinics and the B-PART transportation system.

### **Barriers:**

Financial, staffing, patient education, location, network of support, records & consents, confidentiality / access, transportation.

### **Program Evaluation:**

The objectives will be evaluated utilizing the Illinois BRFSS report, through a survey of primary care providers who are accepting Medicaid, and through the volume of information distributed or hits to the website.

### **Estimated Cost and Potential Funding Sources:**

Website—\$500, Medical clinic—\$250,000. Potential funding sources from federal, state and local grants, taxes, private donations, faith-based community.

## ***Health Problem - Mental Health***

### **Description**

According to the National Adolescent Health Information Center youth with better mental health are physically healthier, demonstrate more socially positive behaviors and engage in fewer risky behaviors. Conversely, youth with mental health problems, such as depression, are more likely to engage in health risk behaviors. Most mental health problems diagnosed in adulthood begin in adolescence. Half of lifetime diagnosable mental health disorders start by age 14; and three fourths of them start by age 24. The ability to manage mental health problems can affect adult functioning in areas such as social relationships and participation in the workforce. Federal initiatives have highlighted the importance of mental health for youth and adults. In addition, clinicians increasingly recognize that mental health and related problems are important and demanding parts of their practices, with pediatricians reporting that *nearly one fifth of their patients have an emotional, behavioral, or school problem.* The evidence shows: *one in five adolescents experience significant symptoms of emotional distress* and nearly *one in ten are emotionally impaired.* The most common disorders among adolescents include depression, anxiety disorders and attention-deficit/hyperactivity disorder and substance use disorder. (NAHIC, 2008)

### **Data and Information:**

The following points from the *Community Health Needs Assessment* include data on important mental health issues in Bureau & Putnam Counties:

- The percentage of deaths that were suicides (all ages) was higher in Bureau County in 3 of the 10 years listed and higher in Putnam County in 1 year.
- In the Illinois Youth Survey, 14-22% of Bureau and Putnam County 10<sup>th</sup> and 12<sup>th</sup> graders stated that in the past 12 months they seriously considered attempting suicide.

**Youth Seriously Considered Attempting Suicide in Past 12 Mo., IL Youth Survey**

Bureau & Putnam Co.	2008	2010
10 <sup>th</sup> Grade	19%	22%
12 <sup>th</sup> Grade	19%	14%

- Between 2008-2010 the percentage of Bureau & Putnam County youth who felt so sad and hopeless in the past 12 months they stopped usual activities increased for all grades surveyed, and is as high as 33% for 10th graders.

**Felt So Sad & Hopeless in Past 12 Months Stopped Usual Activities, IL Youth Survey**

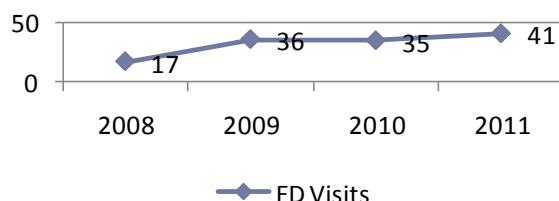
Bureau & Putnam County	2008	2010
8 <sup>th</sup> Grade	23%	31%
10 <sup>th</sup> Grade	28%	33%
12 <sup>th</sup> Grade	20%	24%

- In the 2007-2009 BRFSS report, 22.6% of Bureau County residents and 21.3% of Putnam County residents stated they had 1-7 days when their mental health was not good.
- St. Margaret's Hospital Emergency Department data show that the total suicidal ideation / intent emergency department visits doubled between 2008 to 2011 and continues to increase.

**St. Margaret's Hospital Suicidal Ideation / Intent**

(St. Margaret's Hospital ED Data)

**Suicidal Ideation / Intent**



## Healthy People 2020 Objectives

### Mental Health Status Improvement

- Reduce the suicide rate
- Reduce suicide attempts by adolescents
- Reduce the proportion of adolescents who engage in disordered eating behaviors
- Reduce the proportion of persons who experience major depressive episodes.

### Treatment Expansion

- Increase primary care facilities that provide mental health treatment
- Increase the proportion of children with mental health problems who receive treatment
- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- Increase depression screening by primary care providers

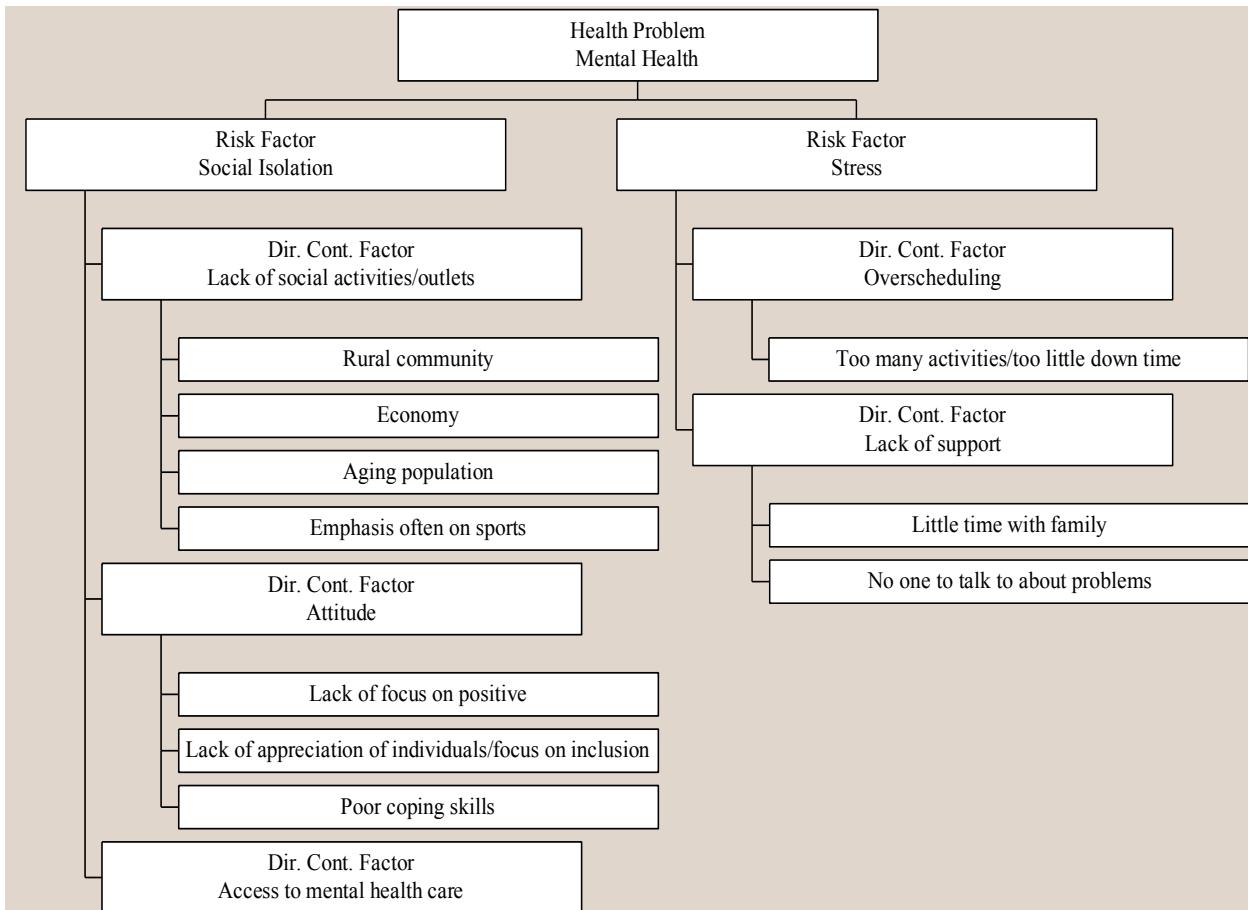
## Target Population

Bureau & Putnam county residents. According to the 2010 U.S. Census, the population of Bureau & Putnam counties is 40,984.

## Introduction to Objectives and Strategies

The objectives and strategies are designed to address the risk factors and contributing factors listed in the Health Problem Analysis Diagram that are within the scope of the IPLAN to address. The major outcome objective focuses on increasing the number of good mental health days and decreasing youth depression and is supported by impact objectives (interim objectives that must be achieved on the way to achieving the outcomes) and intervention strategies (actions that will be taken to achieve both impact and outcome objectives).

## Health Problem Analysis Chart



### Outcome Objective 1:

By 2016, increase the percentage of Bureau & Putnam County residents that state they have 0 days where their mental health is not good by 5%.

### Baseline Data:

In 67.4% of Bureau County residents and 68.1% of Putnam County residents stated they have 0 days where their mental health was not good. (IL BRFSS)

### **Impact Objective:**

By 2016, decrease by 2% the percentage of youth in Bureau & Putnam Counties who felt so sad and hopeless in the past 12 months they stopped their usual activities.

### **Baseline Data:**

In 2008 & 2010, 23-33% of our youth in 8th-12th grades indicated they had felt so sad and hopeless in the past 12 months they stopped their usual activities. (IL Youth Survey)

### **Proven Intervention Strategies:**

1. Develop a social marketing campaign aimed at increasing parental involvement.
2. Incorporate mental health education and coping skills into existing programs (such as enrichment, after school, summer and faith-based programs for youth).
3. Research bringing additional programs such as Big Brother/Big Sister, or a Challenge Day/ Pay it Forward program to our community.
4. Research ways to increase the number of providers to treat mental health.
5. Distribute mental health resource information through schools, local health fairs & website.
6. Develop a mental health committee to coordinate mental health activities.

### **Resources:**

North Central Behavioral, schools, CPASA, Health Directions, health department, hospitals, legal system, law enforcement, municipalities.

### **Barriers:**

Financing, access to care, parental apathy, rural environment, schools overloaded.

**Program Evaluation:**

The objectives will be evaluated by utilizing the BRFSS report and the IL Youth Survey.

**Estimated Cost & Potential Funding Sources:**

Total \$275,000, including: Challenge Day \$25,000, clinic \$250,000. Potential funding through federal state or local grants, donations, corporate sponsors.

**2012-2016**

**Bureau & Putnam County Health Department  
Community Health Needs Assessment  
Statistical Indicators**



This Community Health Needs Profile is groups of statistics that gives an overview of the health status of Bureau and Putnam County residents, and is the first step in evaluating what the health needs are in our community.

**Bureau & Putnam County  
2007 IPLAN  
Health Problems Identified**

1. Cardiovascular Health
2. Obesity
3. Youth Substance Abuse

## Healthy People 2020 - Leading U.S. Health Indicators

**Healthy People 2020** provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. The **Leading Health Indicators** have been selected to communicate high-priority health issues and actions that can be taken to address them. The indicators will be used to assess the health of the Nation, facilitate collaboration across sectors, and motivate action at the national, State, and community levels to improve the health of the U.S. population.

### Healthy People 2020 Leading Health Indicators

1. Access to Health Services
2. Clinical Preventive Services
3. Environmental Quality
4. Injury and Violence
5. Maternal, Infant and Child Health
6. Mental Health
7. Nutrition, Physical Activity and Obesity
8. Oral Health
9. Reproductive and Sexual Health
10. Social Determinants
11. Substance Abuse
12. Tobacco

## Illinois Behavioral Risk Factor Surveillance System Report

The Behavioral Risk Factor Surveillance System (BRFSS) report is a unique survey conducted state-wide that gathers information on risk factors among Illinois adults 18 years of age and older through monthly telephone surveys. Established in 1984 as 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. While this information is not as solid statically as the other information sited, it is more current, and gives a unique look into individual attitudes and perception of health risk factors. Knowing the profile of these respondents to the survey is essential when evaluating the validity and impact of the statistics specific to Bureau & Putnam Counties. In 2007-2009, Bureau County had 433 respondents and Putnam County had 131 respondents in the BRFSS system. The average respondent in Bureau and Putnam Counties is between the ages of 45-64, married, employed with an income of \$50,000 or more, and has some education beyond high school. BRFSS respondents answered questions pertaining to their individual health. Overall, Bureau and Putnam County residents stated that their health was good, and they had few days where their physical and mental health was not good.

### BRFSS Responses

		Bureau County	Putnam County	Illinois
Perception of Health	Excellent	50.9%	59.3%	53.6%
	Good to fair	45.6%	37.2%	42.3%
	Poor	3.6%	3.5%	4.1%
Days Physically Not Good	None	67.2%	67.8%	62.5%
	1-7 days	21.1%	20.5%	25.1%
	8-30 days	11.7%	11.6%	12.4%
Days Mentally Not Good	None	67.4%	68.1%	60.9%
	1-7 days	22.6%	21.3%	25.0%
	8-30 days	10%	10.6%	14.1%

## County Demographics

**Dependency Indicators:** Dependency is defined as a population of non-working, either pre-productive or post productive individuals (Generally defined as <18 or >64) who are dependent on the productive population for social or economic support. While the dependency indicator is similar in Bureau and Putnam County to the state, Bureau County has 6.2% more residents aged 65+ and Putnam County has 5.7% more residents aged 65+ than the state. In addition, the average Bureau or Putnam County resident is 8-11 years older than the average for the state.

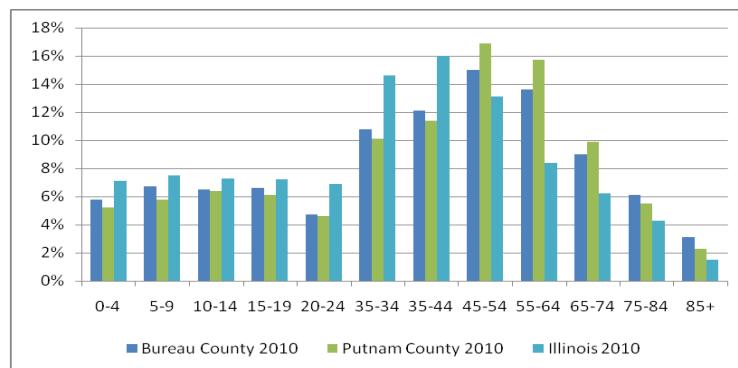
### Dependency Indicators

2010 U.S. Census Statistics, IPLAN Data System and Esri Forecast

	Bureau County 2010	Bureau County Projected 2016	Putnam County 2010	Putnam County Projected 2016	State of Illinois 2010
Population	34,378	34,715	6006	6091	12,830,632
0-19	25.6%	24.5%	23.5%	22.6%	29.1%
65+	18.2%	20.4%	17.7%	20.3%	12%
Dependency Indicator	43.8%	44.9%	41.2%	42.9%	41.1%
Median Age	42.4	43.6	45.2	46.5	34.7

### Population by Age 2010

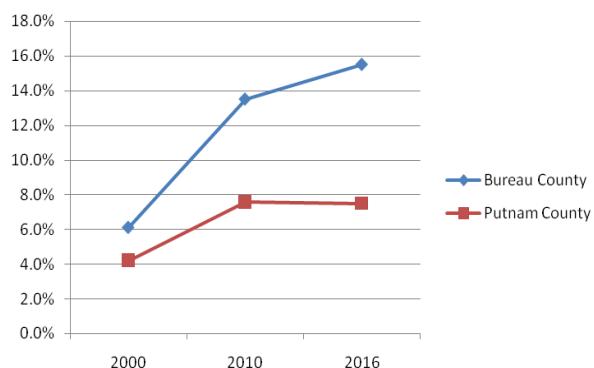
Bureau County has 6.2% more residents aged 65+ and Putnam County has 5.7% more residents aged 65+ than the state. In addition, the average Bureau or Putnam County resident is 8-11 years older than the average for the state.



**Estimated Minority Population:** The minority population in Bureau and Putnam Counties has increased steadily since 2000, and is forecast to continue increasing. *From 2000 to 2010, the minority population in Bureau County increased by 7.4% and by 3.4% in Putnam County. The Hispanic population is the largest making up 7.7% in Bureau County in 2010, and 4.2% in Putnam County in 2010.*

**Estimated Minority Population**

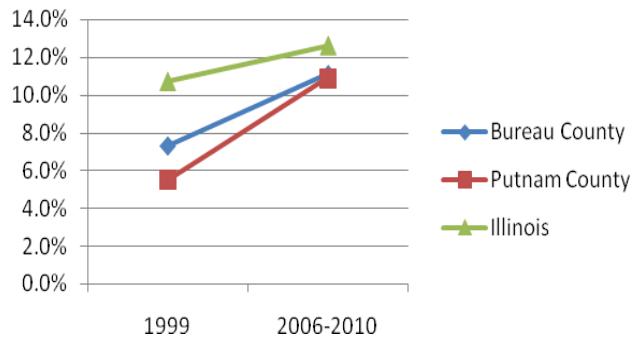
2010 Census, IL IPLAN, Esri Forecast



**Poverty Rates:** Poverty rates for Bureau and Putnam County, and the entire state of Illinois have increased dramatically in the last decade. *The number of children living in poverty continues to be higher than for all ages, and the number of single moms with children 18 and under has the highest poverty rate across the board.*

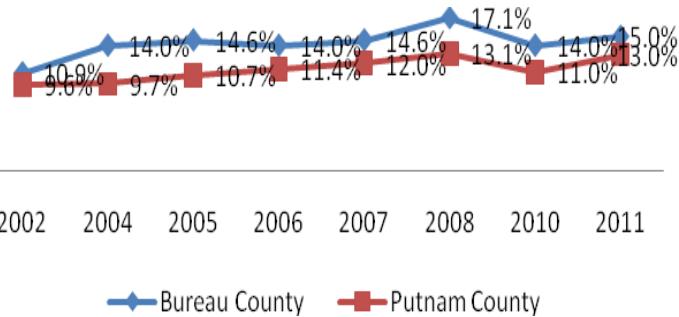
**Poverty Rate (All Ages)**

US Census



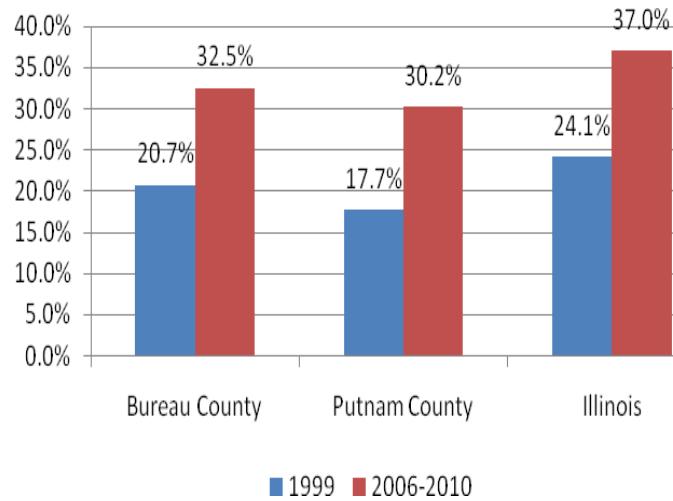
## Children Living in Poverty

Voices for Illinois Children



## Poverty Rate Single Moms with Children 18 and Under

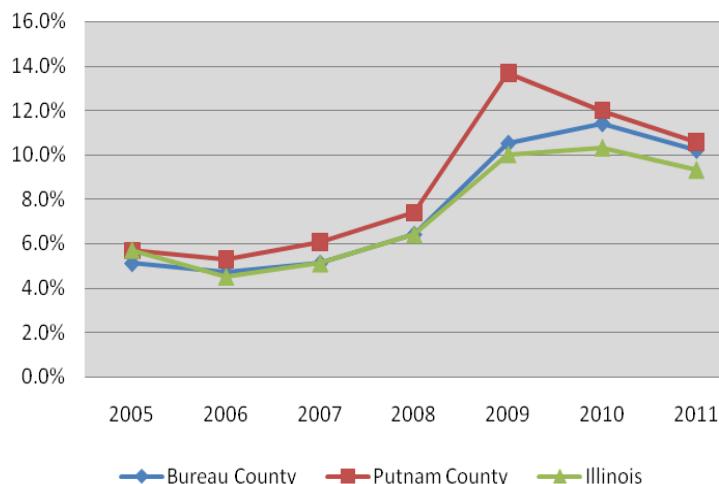
US Census



**Unemployment Rates:** Unemployment rates rose sharply from 2008 to 2010 in Bureau and Putnam County and have been *higher than state rates since 2009*. In 2011 unemployment rates decreased slightly in Bureau and Putnam County, however, they were still above the state unemployment rate.

### Unemployment Rates by Year and County

IL Dept of Employment Security, IL Kids Count



### Measures of Death

Mortality data has historically been the standard data for evaluating health problems. Included are four years of data summarizing the cause of death. They are ranked by the percentage of total deaths that occurred from a specific disease/condition. The leading causes of death in Bureau & Putnam County are diseases of the heart, cancer, chronic lower respiratory diseases and accidents.

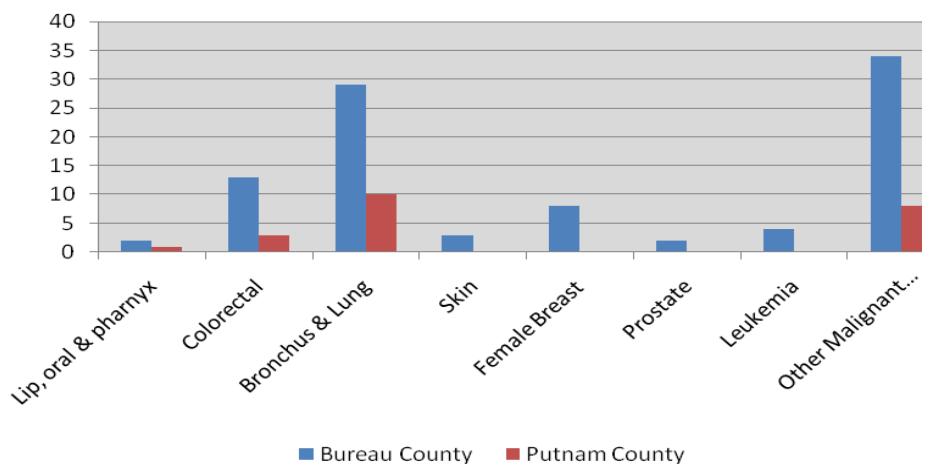
## Leading Causes of Death

(Avg. 2004, 2005, 2006, 2008) IL IPLAN

	Bureau County	Putnam County	Illinois
Diseases of heart	28.0%	25.7%	26.6%
Malignant neoplasms (Cancer)	24.3%	25.0%	23.5%
Cerebrovascular diseases	4.6%	3.6%	5.9%
Chronic Lower Respiratory Diseases	6.3%	7.4%	4.9%
Accidents	4.7%	6.6%	4.1%
Alzheimer's disease	1.1%	1.1%	2.8%
Diabetes mellitus	0.5%	2.5%	2.9%
Influenza and pneumonia	1.5%	2.1%	2.7%
Kidney Disease	2.4%	2.5%	2.4%
Septicemia	0.1%	0.1%	1.9%
Suicide	0.4%	1.1%	1.0%
Chronic liver disease & cirrhosis	0.3%	0.9%	1.0%
Parkinson's disease	0.1%	0.1%	0.8%
Assault (homicide)	0.0%	0.8%	0.8%

## Cancer Deaths by Type – 2008

IL IPLAN



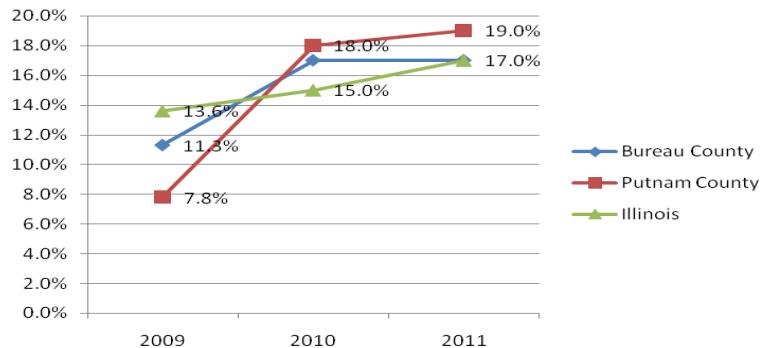
## Current Bureau & Putnam County Data on Healthy People 2020 Leading U.S. Health Indicators

The remaining statistics compare Bureau and Putnam Counties to the rest of the state in the 12 Leading U.S. Health Indicators listed in Healthy People 2020.

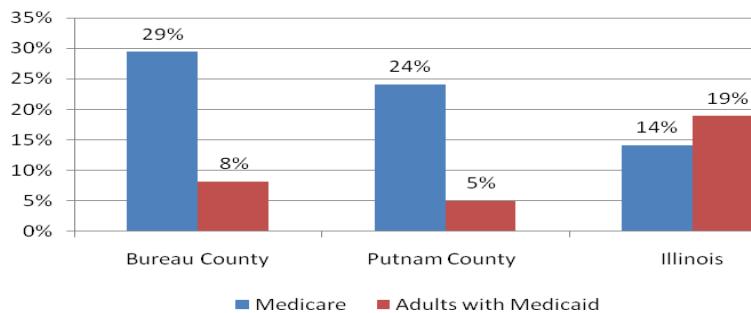
### I. Access to Health Care

**Persons with Medical Insurance:** The percentage of Bureau and Putnam County residents without medical insurance and/or utilizing Medicare is higher than the state. In addition, the number of children in both counties that are enrolled in medical assistance programs continues to increase.

**No Medical Insurance**  
County Health Rankings, BRFSS

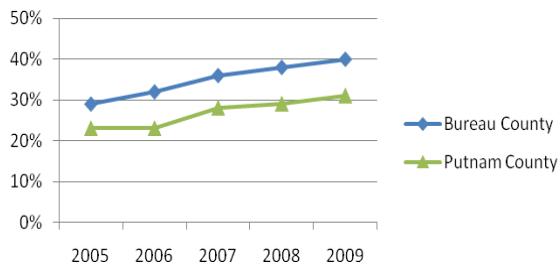


**Medicare and Medicaid**  
BRFSS, IL Dept. of Human Services



## Children Enrolled in Medical Assistance Programs

Voices for Illinois Children



**Persons with Primary Care Provider:** Bureau and Putnam Counties are designated by the U.S. Dept. of Health & Human Services, Health Resources Services Administration (HRSA) as a *Federally Underserved Areas for primary medicine, mental health and dental services. In 2007-2009 7.9% of Bureau County residents and 5.7% of Putnam County residents did not have a primary care provider.*

**No Primary Care Provider** BRFSS 2007-2009

Bureau County	Putnam County	Illinois
7.9%	5.7%	15.6%

**Children 19-23 Months who Receive Recommended Immunizations:** The majority of children who have received immunizations at the health department are up to date on their immunizations. However, data is not available for children who received their immunizations elsewhere.

### Children with Immunizations Up to Date at Age 12 –23 Months

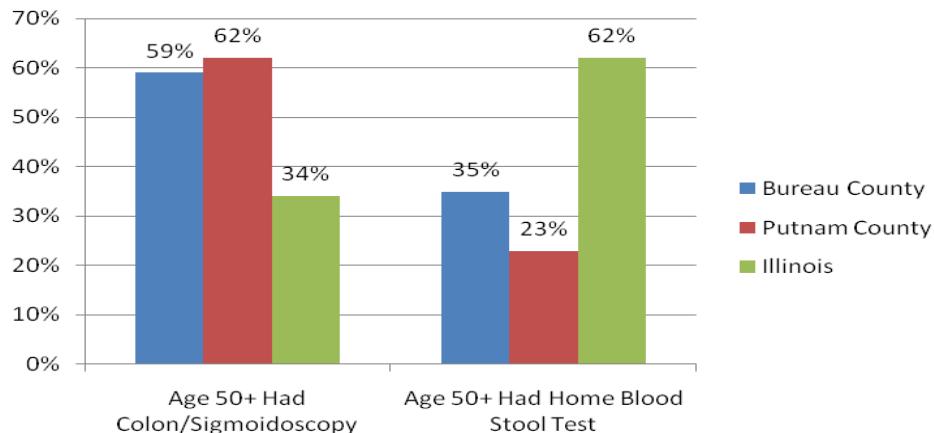
Health Department Records, Illinois Department of Public Health Records

	Bureau County	Putnam County	Illinois
2011	86.0%	100%	
2010	82.0%	100%	
2005	85.0%		70.3%
2004	75.0%		68.1%

## II. Clinical Preventative Services

**Adults Receiving Colorectal Cancer Screening:** The percentage of Bureau & Putnam County residents receiving colorectal cancer screening is in line with the state percentages, and much higher for sigmoidoscopies than the state.

**Adults Receiving Colorectal Cancer Screenings**  
BRFSS (2007-2009)



**Adults with Blood Pressure Under Control:** The percentage of Bureau & Putnam County residents with high blood pressure is higher than the state; however the majority is taking blood pressure medicine.

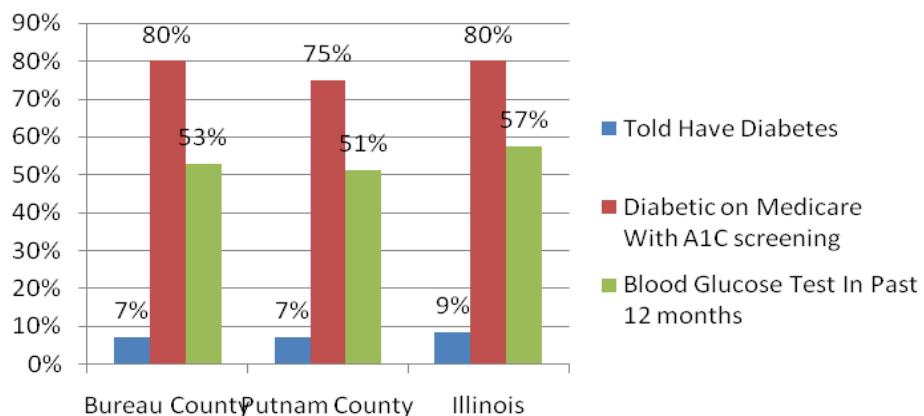
**Adult Blood Pressure**

BRFSS (2007-2009)

Blood Pressure	Bureau County	Putnam County	Illinois
Told Blood Pressure High	31.1%	31.9%	26.8%
Taking Blood Pressure Medicine	80.4%	81.9%	82.5%

**Adults with Diabetes:** While the percentage of diabetics in Bureau and Putnam County is similar to the state, fewer people in our counties took a blood glucose test in the past 12 months.

**Adults with Diabetes**  
BRFSS (2007-2009), County Health Rankings, 2011



### III. Environmental Quality

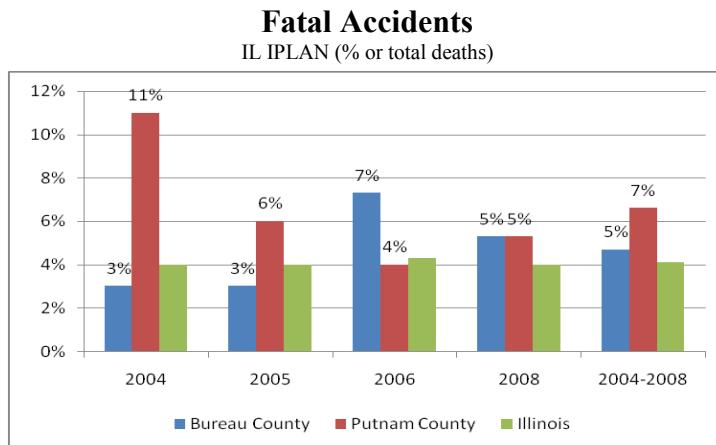
**Air Quality Index Exceeding 100:** The County Health Rankings rank the 110 counties in Illinois on various health indicators. Compared to all counties in Illinois, Putnam County ranked #1 and Bureau County ranked #65 in physical environment in 2011.

#### County Health Rankings, 2011

Physical Environment	Bureau County	Putnam County
Overall rank among 110 counties	65	1
Air pollution particulate matter days	3	0
Air pollution ozone days	4	0

## IV. Injury and Violence

**Fatal Accidents:** Putnam County had a higher percentage of fatal accidents than both Bureau County and Illinois in three of the four years listed.



**Homicides:** Bureau and Putnam County ranked much lower than the state for homicides during 2004-2008.

### Homicides

IL IPLAN, Sheriff Dept. Records

	2004	2005	2006	2008	2004-2008
Bureau County	0	0	0	0	0
Putnam County	0	3.0%	0	0	0.8%
Illinois	0.8%	0.8%	0.8%	0.8%	0.8%

## V. Maternal, Infant and Child Health

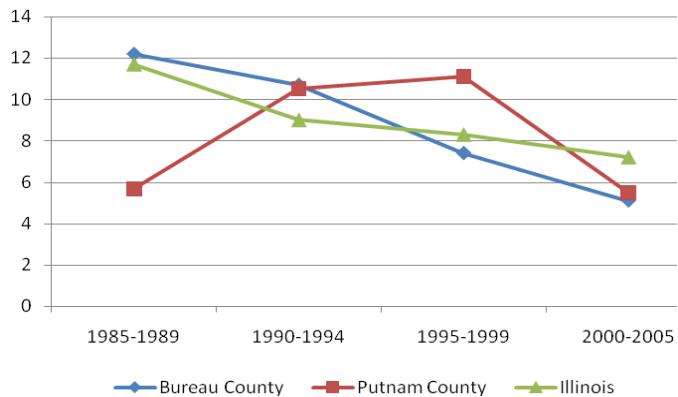
**Infant Deaths:** The infant mortality rate continues to decrease in Bureau and Putnam Counties.

### Infant Mortality Rate, IL Kids Count, IDPH

	1985-1989	1990-1994	1995-1999	2000-2005
Bureau County	12.2	10.7	7.4	5.1
Putnam County	5.7	10.5	11.1	5.5
Illinois	11.7	9.0	8.3	7.2

### Infant Mortality Rate

IL Kids Count, IDPH



## VI. Mental Health

**Suicides:** The percentage of deaths that were suicides (all ages) was higher in Bureau County in 3 of the 10 years listed and higher in Putnam County in 1 year. However, in the Illinois Youth Survey, 14-22% of Bureau and Putnam County 10<sup>th</sup> and 12<sup>th</sup> graders stated that in the past 12 months they seriously considered attempting suicide.

### Suicides – All Ages

IL IPLAN, IDPH, Coroner Records

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Bureau	3	4	6	4	3	2	5	6	4	4	3	8	1
Youth	0	0	0	0	1	0	0	0	1	0	1	2	0
Bureau %	0.7%	0.9%	1.6%	0.9%	0.7%	0.5%	1.3%	1.6%	1%	1%			
Putnam													
Putnam %							0.3%			1.5%			
Illinois	1012	1000	1131	1142	1001	1023	1073	1007	1102	1188			
Illinois %	1.1%	0.9%	1.1%	1.1%	1.0%	1.0%	1.0%	1.2%	1.1%	1.2%			

**Bureau & Putnam County Youth**  
**In the Past 12 Months Seriously Considered Attempting Suicide**  
 IL Youth Survey

	<b>2008</b>	<b>2010</b>
10 <sup>th</sup> Grade	19%	22%
12 <sup>th</sup> Grade	19%	14%

**Adolescents with Major Depression:** The percentage of youth age 13-17 diagnosed with major depression was lower in Bureau and Putnam Counties than in the state or nation-wide; however in the Illinois Youth Survey, 23-33% of our youth in 8<sup>th</sup>-12<sup>th</sup> grades indicated that they had been depressed in the past 12 months.

**Adolescents with Major Depression Diagnosis**  
 North Central Behavioral Systems, Inc, National Survey on Drug Use and Health

<b>Youth age 13-17</b>	<b>2005</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Bureau County # Mental Illness		94	80	94	97	96
Bureau County # Major Depression		20	17	27	23	26
Bureau County % with Major Depression		3.7%	3.2%	3.7%	3.8%	3.8%
Putnam County # Mental Illness		13	13	13	17	22
Putnam County # Major Depression		4	4	2	6	5
Putnam County % with Major Depression		1.0%	1.0%	.5%	1.5%	1.3%
Illinois % with Major Depression	8.4%					
US % with Major Depression				10%		

**Bureau & Putnam County Youth**  
**In the Past 12 Months Felt So Sad and Hopeless Stopped Usual Activities**  
 IL Youth Survey

	<b>2008</b>	<b>2010</b>
8 <sup>th</sup> Grade	23%	31%
10 <sup>th</sup> Grade	28%	33%
12 <sup>th</sup> Grade	20%	24%

## VII. Nutrition, Physical Activity and Obesity

**Adults Who Meet Physical Activity Guidelines:** Just over half of Bureau and Putnam County residents meet the guidelines for regular and sustained physical exercise, more than rural counties and the state.

### Regular and Sustained Physical Exercise

BRFSS (2007-2009)

	Bureau County	Putnam County	Rural Counties	Illinois
Meets or Exceeds Standard	53.2%	59%	36.5%	37.7%
Does Not Meet Standard	37.5%	32.2%	53.2%	52.1%
Inactive	9.3%	8.8%	10.3%	10.2%

**Adults Who Are Obese:** The percentage of Bureau and Putnam County residents that are overweight or obese is just slightly higher than the state but less than the average of rural counties in Illinois

### Adult Obesity

BRFSS (2007-2009)

	Bureau County	Putnam County	Rural Counties	Illinois
Overweight	39.1%	37.4%	34.6%	33.9%
Obese	25.7%	28.2%	36.6%	27.6%
Total Overweight and Obese	64.8%	65.6%	71.2	61.5%

**Children & Adolescents Who Are Overweight or Obese:** According to the Illinois Youth Survey, in 2008 the average child or adolescent in 6<sup>th</sup> to 10<sup>th</sup> grades in Bureau and Putnam County was overweight. In 2010, the average 6<sup>th</sup> grader was obese, and the average adolescent in 8<sup>th</sup> to 12<sup>th</sup> grades was overweight.

## Bureau & Putnam County Children and Adolescents Average BMI

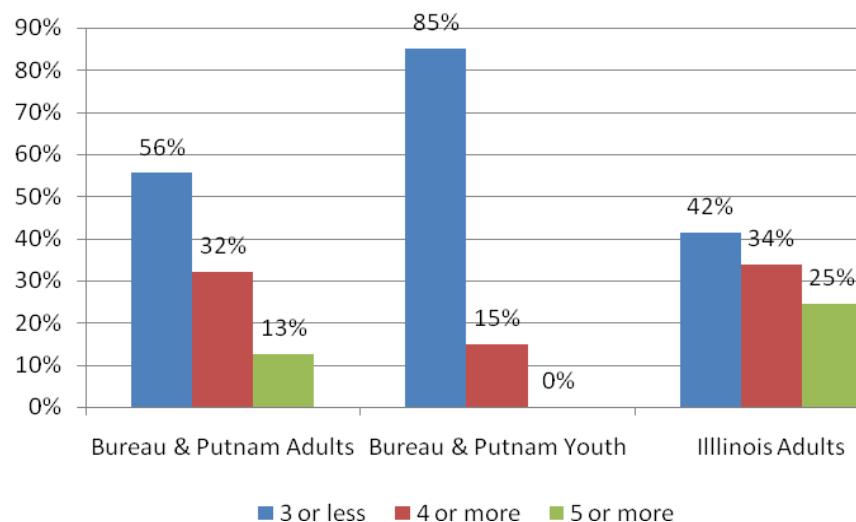
IL Youth Survey

	2008	2010
6 <sup>th</sup> Grade	22.1 (Overweight)	23.8 (Obese)
8 <sup>th</sup> Grade	22.9 (Overweight)	22.8 (Overweight)
10 <sup>th</sup> Grade	24.4 (Overweight)	24.3 (Overweight)
12 <sup>th</sup> Grade	23.8 (Healthy weight)	27.7 (Overweight)

**Vegetable Intake for Persons 2 and Older:** Over half of Bureau and Putnam County adults and a whopping 85% of our youth consumed three or fewer servings of fruits and vegetables a day.

### Total Servings of Fruits & Vegetables per Day

BRFSS Report, IL Youth Survey

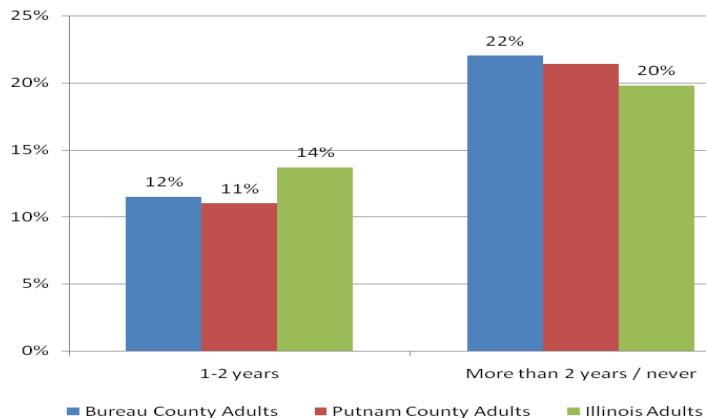


## VIII. Oral Health

**Persons 2 and older who saw a dentist in the past year:** The percentage of Bureau and Putnam County residents that had been to a dentist in 1-2 years was lower than the state, and the percentage that had not seen a dentist in over 2 years or had never seen a dentist was higher than the state.

### Last Dental Visit

BRFSS Report (2007-2009)



**No Dental Insurance:** Close to half of Bureau County residents do not have dental insurance and 37.2% of Putnam County residents do not have dental insurance.

### No Dental Insurance

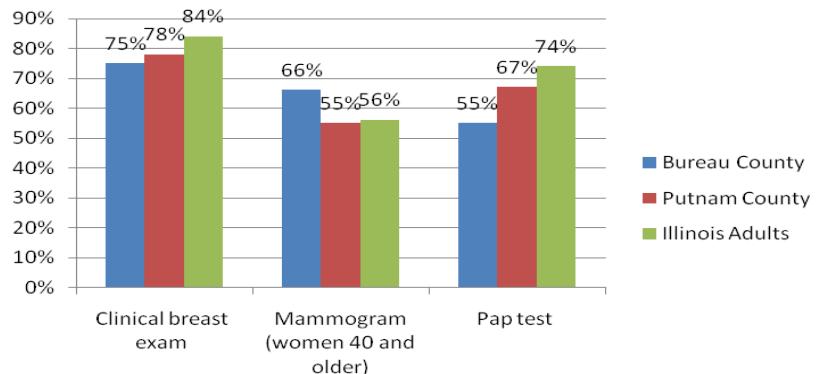
BRFSS Report

Bureau County Adults	Putnam County Adults
47.5%	37.2%

## IX. Reproductive and Sexual Health

**Females (15-44) Who Received Reproductive Health Services in Past Year:** The percentage of women in Bureau and Putnam County that had received a clinical breast exam or Pap test in the past year and the percentage of Putnam County women who received a mammogram in the past year were lower than the state.

### Last Reproductive Health Exam in Past Year BRFSS Report



## X. Social Determinants

**Students Who Graduate High School:** The percentage of Bureau and Putnam County student who graduate is equal to or higher than the state.

### High School Graduation IL IPLAN / County Health Rankings

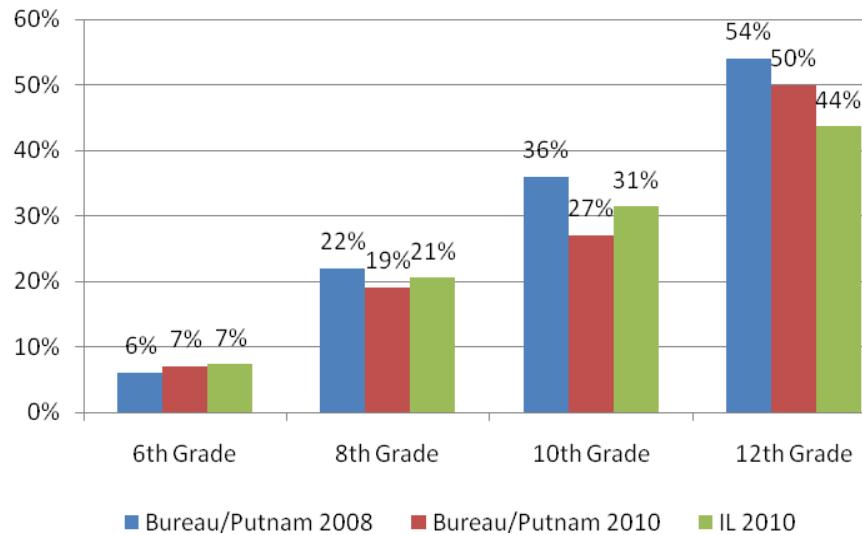
	2010	2011
Bureau County	85%	80%
Putnam County	85%	85%
Illinois	80%	80%

## XI. Substance Abuse

**Adolescents Using Alcohol or Any Illicit Drugs During Past 30 Days:** By 12<sup>th</sup> grade, half of Bureau and Putnam County Youth had used alcohol,  $\frac{1}{4}$  of our youth had used tobacco and 18% of our youth had used marijuana in the past 30 days. While there was a decrease from 2008 to 2010 in the percentage of our youth using alcohol, the number is still significantly higher than the rest of the state. In addition, the percentage of our 12 grade youth using tobacco is much higher than the average for the state and increased from 2008 to 2010.

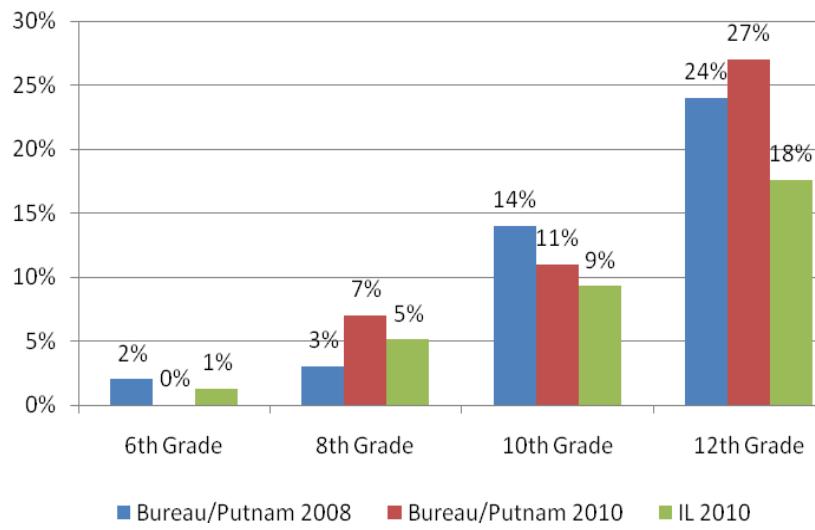
### Youth Past 30 Days Alcohol Use

IL Youth Survey



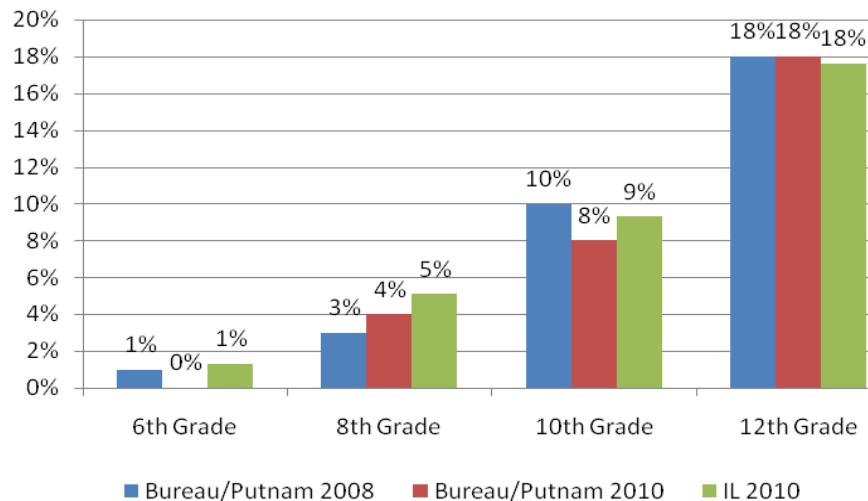
### Youth Past 30 Days Tobacco Use

IL Youth Survey



### Youth Past 30 Days Marijuana Use

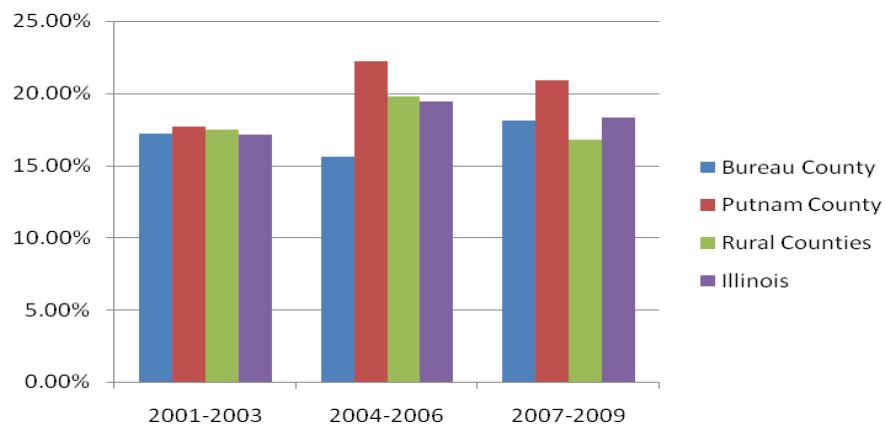
IL Youth Survey



**Alcohol Binge Drinking Risk:** The percentage of adults at risk for binge drinking has increased in Bureau County from 2003 to 2009, and has remained consistently higher in Putnam County than the state and other rural counties in Illinois.

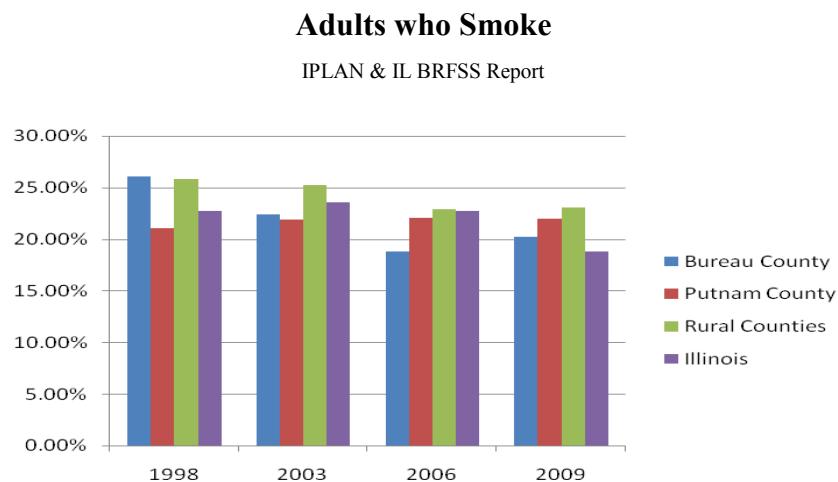
### Adults At-Risk for Binge Drinking

BRFS Report

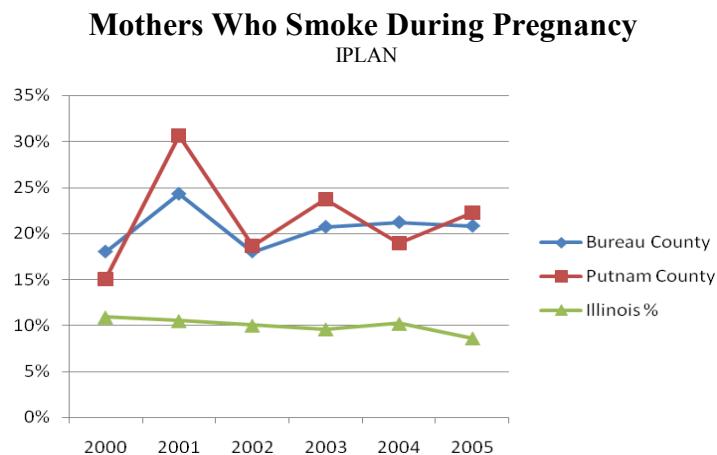


## XII. Tobacco

**Adults Who Smoke Cigarettes:** The percentage of Bureau and Putnam County residents who smoke is higher than the state, but lower than rural counties and has decreased in Bureau County from 2003-2009.



**Mothers Who Smoke During Pregnancy:** the percentage of mothers who smoke during pregnancy is much higher in Bureau and Putnam Counties than in the State.



## Perry Memorial Hospital Community Health Needs Assessment Data

In March, 2012 Perry Memorial Hospital began conducting the hospital's community health needs assessment. As a part of the process they hosted meetings for community members to discuss health issues in Bureau County. The following list summarizes the answers the community members gave.

What is your perception of what makes us sick?
Substance abuse: (painkillers, tobacco, marijuana, heroin, meth, synthetic drugs, heroin)
Cancer: (lung, breast, colon, prostate, kidney, bladder, throat, skin, esophageal, ovarian, leukemia)
Farm exposure to chemicals leading to cancer
Strokes
Heart Disease
Alzheimer's
Mental Health
Soft tissue infections (including MRSA, VRE)
Suicide
Stress-related illnesses
Obesity
Norovirus outbreaks

## Sentinel Events

The incidence of sentinel events is less in Bureau & Putnam County than in the State.

### Sentinel Events 2001-2004, IL IPLAN

Sentinel Event	Bureau County	Putnam County	Illinois
Infant hospitalization for dehydration	3	1	958
Children hospitalization for Rheumatic Fever	0	0	29
Children hospitalization for Asthma	10	2	6599
Adult Tuberculosis	0	0	647
Adult hospitalization for Uncontrolled Hypertension	37	6	13469
In situ Breast Cancer	21.6 (rate)	0	29.8 (rate)
Late Cervical Cancer	0	0	4.3 (rate)

## Summary

This data was collected for the sole purpose of providing relative information on areas of concern in the health of Bureau and Putnam County residents. These are areas where recognized health indicators show that the health of our residents is below that of rural counties as a whole, or the State of Illinois. This information will be used to conduct a community health assessment through meetings with community members utilizing the Illinois Project for Local Assessment of Needs (IPLAN) process.

**Demographics:** The current demographic data show that both Bureau and Putnam County have a higher percentage of elderly citizens (65+) than the state. The average Bureau or Putnam County resident is 8-11 years older, with a median age of 42.4 and 45.2 respectively. The minority population in Bureau and Putnam Counties has increased steadily over the past decade, doubling in Bureau County (from 6.1% to 13.5%), and increasing in Putnam County from 4.2% to 7.6%. The largest increase was in the Hispanic population.

Poverty rates throughout the state have increased dramatically in the last decade. However, *children and single moms with children 18 and under continue to have the highest poverty rate across the board*. Unemployment rates rose sharply from 2008 to 2010 and have been higher than state rates since 2009. In 2011 unemployment rates decreased slightly, however, they were still above the state unemployment rate. Overall, the Behavioral Risk Factor Surveillance System (BRFSS) report indicates that Bureau and Putnam County residents feel that their physical and mental health is good. Mortality data has historically been the standard data for evaluating health problems. *The leading causes of death in Bureau and Putnam County continue to be diseases of the heart, cancer, chronic lower respiratory diseases and accidents.* 2020 Leading US Health Indicators: Healthy People 2020 set the *Leading US Health Indicators* that will be used to measure the health of our country over the next 10 years. Several of these indicators were also noted as areas of health concern in Bureau and Putnam County, including Access to Health Services, Injury, Mental Health, Nutrition, Physical Activity and Obesity, Oral Health, Reproductive and Sexual Health, Substance Abuse and Tobacco.

**Access to Health Services:** Bureau and Putnam Counties are designated by the U.S. Dept. of Health & Human Services, Health Resources Services Administration (HRSA) as a *Federally Underserved Areas for primary medicine, mental health and dental services*. In 2007-2009, 7.9% of Bureau County residents and 5.7% of Putnam County residents did not have a primary care provider. In addition, more residents of our counties are without medical insurance or utilize Medicare than in the rest of the state and the number of children in both counties that are enrolled in medical assistance programs continues to increase.

are enrolled in medical assistance programs continues to increase.

**Injury and Violence:** The percentage of deaths due to accidents is higher in Putnam than both Bureau County and Illinois.

**Mental Health:** The percentage of deaths that were suicides (all ages) was higher in Bureau County in 3 of the 10 years listed and higher in Putnam County in 1 year. Also, in the Illinois Youth Survey, 14-22% of Bureau and Putnam County 10<sup>th</sup> and 12<sup>th</sup> graders stated that in the past 12 months they seriously considered attempting suicide. The percentage of youth age 13-17 diagnosed with major depression was lower in Bureau and Putnam Counties than in the state or nation-wide; however in the Illinois Youth Survey, 23-33% of our youth in 8<sup>th</sup>-12<sup>th</sup> grades indicated that they had been depressed in the past 12 months.

**Nutrition, Physical Activity and Obesity:** The percentage of Bureau and Putnam County residents that are overweight or obese is just slightly higher than the state but less than the average of rural counties in Illinois. According to the Illinois Youth Survey, in 2008 the average child or adolescents in 6<sup>th</sup> to 10<sup>th</sup> grades in Bureau and Putnam County was overweight. In 2010, the average 6<sup>th</sup> grader was obese, and the average adolescent in 8<sup>th</sup> to 12<sup>th</sup> grades was overweight. Over half of Bureau and Putnam County adults and a whopping 85% of our youth consumed less than four servings of fruits and vegetables a day.

**Oral Health:** Fewer Bureau and Putnam County residents went to the dentist in the past 1-2 years, and the percentage that had not seen a dentist in over 2 years or had never seen a

dentist was higher than the state. Close to half of Bureau County residents do not have dental insurance and one third of Putnam County residents do not have dental insurance.

**Reproductive and Sexual Health:** Fewer women in Bureau and Putnam County received a clinical breast exam or Pap test in the past year and in Putnam County fewer women received a mammogram in the past year than the state.

**Substance Abuse:** By 12<sup>th</sup> grade, half of Bureau and Putnam County Youth had used alcohol, of our youth had used tobacco and 18% of our youth had used marijuana in the past 30 days. While there was a decrease from 2008 to 2010 in the percentage of our youth using alcohol, the number is still significantly higher than the rest of the state. In addition, the percentage of our 12 grade youth using tobacco is much higher than the average for the state and increased from 2008 to 2010. The percentage of adults at risk for binge drinking has increased in Bureau County from 2003 to 2009, and has remained consistently higher in Putnam County than the state and other rural counties in Illinois.

**Tobacco:** The percentage of Bureau and Putnam County residents who smoke is higher than the state, but lower than rural counties and has decreased in Bureau County from 2003-2009. However, the percentage of mothers who smoke during pregnancy is dramatically higher for Bureau and Putnam Counties than for the state.

## Conclusion

While this summary includes health concerns it does not address the many positive health indicators that Bureau and Putnam County provide for their residents. Areas that have shown marked increase over the past three IPLANs include the number of children immunized and infant mortality rates. Other positive health indicators include environmental quality, a low homicide rate, and high school graduation rate.

Respectfully Submitted,

*Diana Rawlings*

Public Health Administrator

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