



Public Health
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**Effingham County
Health Department**

**Illinois Project for the
Local Assessment of Needs
(IPLAN)
2022 – 2027**



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

June 8, 2022

Jeff Workman
Public Health Administrator
Effingham County Health Department
901 West Virginia
Effingham, Illinois 62401

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

Dear Mr. Workman:

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

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

Sincerely,

Jennifer Epstein

Jennifer Epstein
Deputy Director

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

Enclosure

cc: Mark Stevens. Regional Health Officer, Marion Region

IPLAN File



Public Health
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Effingham County Health Department

"Where Prevention Begins"



901 West Virginia
Effingham, Illinois 62401

Phone (217) 342-9237
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July 11th, 2023

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

To whom it may concern:

At its May 8th, 2023 meeting, the Effingham County Board of Health approved the Effingham County Community Organizational Capacity Assessment.

At its July 10th, 2023 meeting, the Effingham County Board of Health approved the Effingham County Health Department IPLAN.

The Board applauds the efforts of the Effingham County Health Coalition and looks forward to seeing the results of their community health improvement efforts.

Sincerely,

Michael Williamson, President
Effingham County Board of Health

Michael Williamson

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Community Health Assessment

Effingham, Illinois



FY 2022-FY 2027

Prepared by
Effingham County Health Department



Public Health
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**Effingham County
Health Department**

Acknowledgments

This project could not have been possible without the support and contribution of many people and organizations across Effingham County. Sincere thank you to the Community Area Service Providers (CASP) for their time, dedication, expertise and contributions. Additional thanks to the participants in focus groups, surveys, and the staff from many agencies that helped us include the voices of diverse sectors across Effingham County.

Support for this project was provided by:

- Catholic Charities
- Community Area Service Providers
- CEFS Public Transit & Head Start
- Crisis Nursery of Effingham County
- DaVita Effingham Dialysis
- HSHS St. Anthony Hospital
- Effingham Public Library: Case Management
- Effingham County Board
- Effingham County Chamber of Commerce
- Effingham County Health Department Staff
- Effingham County Medical Reserve Corps
- Effingham Senior Center
- Enduring Freedom Ministries
- Heartland Human Services
- Family Life Center
- Road Home Program at Rush
- University of Illinois Extension

Introduction

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

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

The administrative code allows health departments to use an equivalent planning process for completing the IPLAN. The Effingham County Health Department utilized Mobilizing for Action through Planning and Partnerships (MAPP) framework to conduct the 2018-2023 IPLAN.

Mobilizing for Action through Planning and Partnerships (MAPP)

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

Phase 1: Organize for Success

Phase 2: Visioning

Phase 3: The Four Assessments

- Local Health Systems Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment

Community Health Status Assessment

Identify Strategic Issues

Formulate Goals and Strategies

Action Cycle



Phase 4:

Phase 5:

Phase 6:

Methods

MAPP Phase 1- Partnership Development: The purpose of the Community Area Service Providers (CASP) is to function as an open network of community organizations that come together to identify needs in the community through monthly meetings engaging speakers to better inform others about local services. We used this group as the primary method of attracting individuals to a newly formed project-based collaborative named the Effingham County Health Coalition. Both of these group met and agreed to go through the MAPP process with much of the work being done within the Effingham County Health Coalition but include main information about the project to the CASP group. Based on narrative from the group, we invited additional partners to the table and created a dynamic that encouraged open meetings where all were invited to attend.

MAPP Phase 2- Visioning: The Effingham County Health Department presented at the CASP July Meeting with 32 participants present and discussed the visioning process of the IPLAN. There was an agreed upon vision of the following.

We have a vision of a community where everyone has access to what is needed for physical and mental health.

CASP Pledge: *"I am an advocate for upholding the dignity and respect of our diverse populations. I use critical thinking and compassion in my interactions. I protect myself and others as I practice kindness and good judgement to keep my community healthy, educated, and strong. I am CASP."*

MAPP Phase 3- The Four MAPP Assessments

Community Themes and Strengths Assessment: In this assessment, community thoughts, opinions and concerns are gathered to answer the following questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that we can use to improve community health?"

- **Surveys:** In June 2022, The Effingham County Health Department distributed via social media, email and paper copies in participating businesses a Community Health Needs Survey. This survey captured over 125 residents' health information in Effingham. This survey was developed with input from the Community Area Service Providers (CASP). It consisted of 38 questions from a variety of identified health areas including but not limited to perception of community health, crime, emergency preparedness, and barriers to dental, mental and primary healthcare.

Local Public Health System Assessment: This assessment is intended to answer the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services of Public Health being provided in our community?" To complete this assessment, several group meeting with stakeholders were held during November 2022 -February 2023. Within each of the 10 Essentials Services, model standards that describe the key aspects of an optimally performing public health system, were rated by on a scale of "no activity" to "optimal activity." Notes from the discussion were recorded as well as scored.

Community Health Status Assessment: Data indicators were chosen to answer the questions, "How healthy are our residents?" and "What does the health status of our community look like?" Core indicators from the secondary data sources listed below for broad-based categories were chosen and compared to peers, state, and national data. Healthy People 2030 (HP2030) is a nationwide agenda created by the US Department of Health and Human Services that provides 10-year national objectives for improving the health of all Americans. HP2030 provides national benchmarks and goals that are applicable at the national, state, and local level. Effingham County Health Data was compared to HP 2030 target measures whenever possible. The core indicators are listed in 11 board-based categories that answer these overarching questions: "Who are we and what do we bring to the table?", "What are the strengths and risks in our community that contribute to health?", and "What is our health status?"

Secondary Data Sources:


<ul style="list-style-type: none"> ➤ Centers for Disease Control and Prevention (CDC)- Wonder ➤ Centers for Medicare and Medicaid Services ➤ County Health Rankings & Roadmaps ➤ Behavioral Risk Factors Surveillance System (BRFSS) ➤ Illinois Department of Public Health IQUERY ➤ Illinois Department of Public Health- IL Hospital Report Card ➤ Illinois Department of Transportation ➤ Population Health Metrics 	<ul style="list-style-type: none"> ➤ US Census Bureau, American Community Survey ➤ US Census Bureau, County Business Patterns ➤ US Census Bureau, Small Area Income and Poverty Estimates ➤ US Department of Education- EDFacts ➤ US Department of Transportation ➤ IP3 Assess, web-based platform ➤ Illinois Early Childhood Asset Map
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Forces of Change Assessment: This assessment is intended to answer the questions, “What is occurring or might occur that affects the health of our community?” and “What specific threats or opportunities are generated by these occurrences?” In February 2023, the Effingham County Health Coalition was provided with some brainstorming questions both during the meeting and via email. During the meeting, the committee discussed various trends, factors and events that could influence the health and quality of life in our community.

Visioning Statement

We have a vision of a community where everyone has access to what is needed for physical and mental health.


Below are some comments from the coalition meetings, community health surveys, and staff meetings.



People in
our county
care about
each other



More mental
health
services are
needed in our
area



The senior
center, parks,
and performance
center are great



We need
affordable
dental care
for all ages



People need
reliable
transportation

Demographic and Socioeconomic Characteristics

Effingham County is a rural community located in the Southeastern portion of Illinois. The county has a total population of 34,332 residents. This is a 0.01% increase in population since 2016. The largest increases in the population were among 35-44-year-old people, and 45-54-year-old people between the 2016 and 2021 American Community Survey (US Census Bureau, 2020). When asked “How would you rate our community as a Healthy Community?” a majority of residents said it was somewhat healthy. A majority of residents also state their own personal health was healthy or somewhat healthy (Effingham Health Department Community Health Survey, 2023).

Table 1.1 Population Characteristics

Population	2016	2021	Effingham % of population 2016	Effingham % of population 2021	Percent change since 2016
Total population	34,356	34,576	100.0%	100.0%	0.01%
Male	17,210	17,305	50.1%	50.0%	-0.1%
Female	17,146	17,271	49.9%	50.0%	0.1%
Age					
Under 5	2,213	2,250	6.4%	6.5%	0.11%
5 to 9	1,992	2,232	5.8%	6.5%	0.7%
10 to 14	2,497	2,448	7.3%	7.1%	-0.2%
15 to 19	2,299	2,070	6.7%	6.0%	-0.7%
20 to 24	2,143	1,857	6.2%	5.4%	0.8%
25 to 34	4,277	4,559	12.4%	13.2%	0.8%
35 to 44	3,827	4,073	11.1%	11.8%	0.7%
45 to 54	4,758	4,023	13.8%	11.6%	-2.2%
55 to 59	2,411	2,601	7.0%	7.5%	0.5%
60 to 64	3,066	2,407	6.4%	7.0%	0.6%
65 to 74	3,066	3,438	8.9%	9.9%	1%
75 to 84	1,868	1,624	5.4%	4.7%	-0.7%
85 +	810	994	2.4%	2.9%	0.5%
Median age (years)	39.2	39.2	(X)		
Source: U.S. Census Bureau, American Community Survey 2010-2015					

Effingham County has a predominantly white population, accounting for 95.5% of the county’s total population. The racial makeup of the remaining 4.5% are 0.6% Black or African American, 0.1% American Indian or Alaskan Native, 0.6% Asian, 1.4% two or more races, and 0.8% of other race. People of Hispanic or Latino origin of any race accounted for 2.2% of the population. Only 3.2% of Effingham County speaks a language other than English, with the predominant minority language being Spanish (2.2%) U.S. Census Bureau, 2021.

Race	2015	Percent	2021	Percent	% Change
Total Population	34,332	100%	34,576	100%	
White	33,570	97.8%	33,377	95.5%	-2.3%
Black or African American	117	0.3%	193	0.6%	0.30%
American Indian and Alaska Native	30	0.1%	37	0.1%	0%
Asian	187	0.5%	204	0.6%	0.10%
Native Hawaiian/Pacific Islander	7	0.0%	0	0.0%	0.0%
Other Race	193	0.6%	267	0.8%	0.2%
Two or More Races	228	0.7%	498	1.4%	0.70%
Hispanic or Latino*	638	1.9%	760	2.2%	0.30%

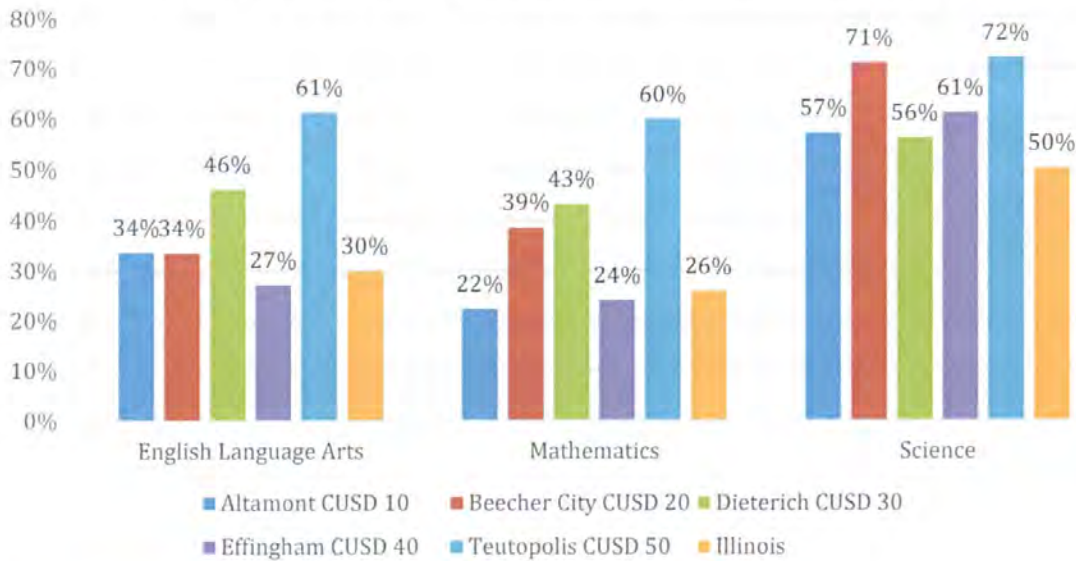
Source: [U.S. Census Bureau, 2017-2021 American Community Survey](#)

Since 2021, the percentage of Effingham County residents age 25+ with a high school degree or higher increased and surpasses State levels. In Effingham County, the percentage of residents (20.9%) with at least a bachelor's degree is still lower compared to the state at 32.3% (US Census 2017-2021).

Level of Education	2015		2021	
	Effingham	IL	Effingham	Illinois
Less than High School	5.2%	6.2%	4.2%	5.3%
High School grad or higher	91.2%	88.6%	93.1%	90.2%
Some College, no degree	20.6%	20.8%	22.5%	19.6%
Associate's degree	13.2%	8.1%	14.8%	8.3%
Bachelor's degree or higher	20.9%	32.9%	23.1%	37.1%
Graduate or professional degree	6.2%	12.7%	7.4%	15.0%

Source: [U.S. Census Bureau, 2017-2021 American Community Survey S1501](#)

Figure 1.1 Learning Proficiency Assessments 2022



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

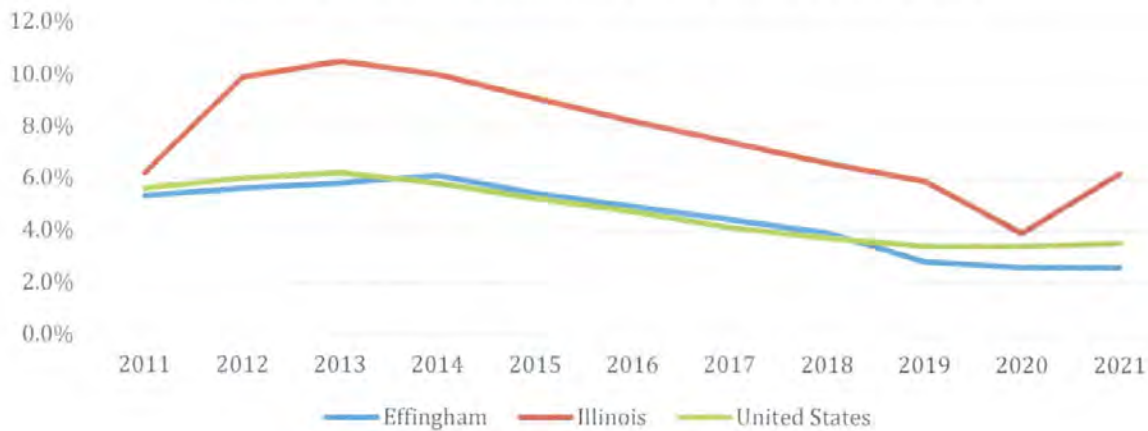
Figure 1.1 reports the percentage proficiency based on the Illinois Report Card data. The federal Every Student Succeeds Act (ESSA) requires states to assess their learning standards for English/Language Arts (ELA), Math, and Science. The use of the term proficiency in educational data generally refers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

The “All Test Proficiency Rate Accountability” measure is calculated, when relevant for accountability using the 95% Participation Rate denominator. This slightly different formula and resulting proficiency figure reflect what is submitted as part of federal accountability reporting for some schools statewide.

As relevant, a rate is calculated for ELA, Math, and Science at the elementary and high school levels.

In 2022 this proficiency measure includes results from the following assessments (again, as relevant for each school): IAR; SAT; DLM; and ISA (Illinois School Report Card, 2022).

Figure 1.2 Unemployment Rate Trend 2011-2021

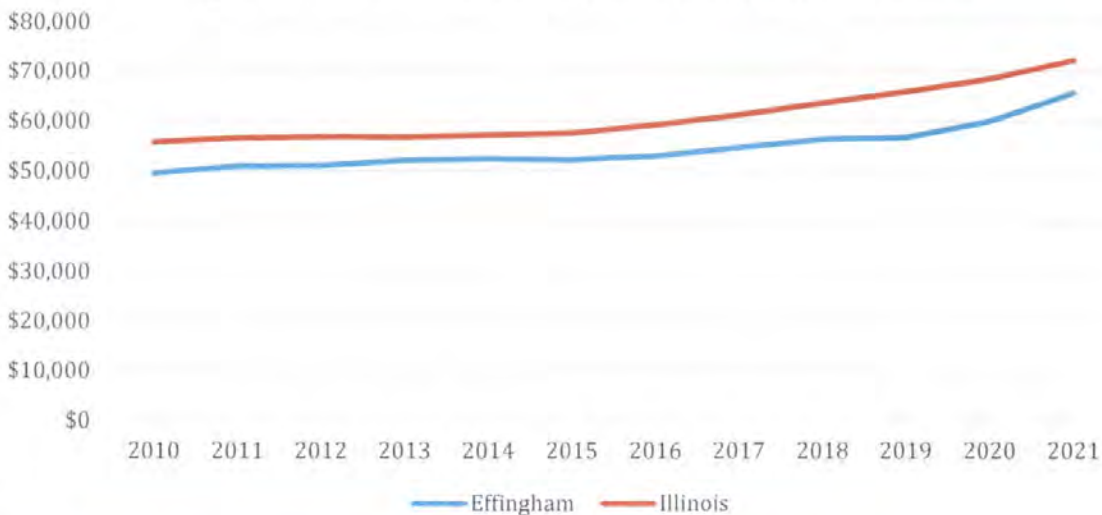


Source: US Census Bureau, American Community Survey 2011-2021 5-Year Estimates Data Profiles

In Effingham County, the median household income was \$65,590 in 2021. It has been rising to approach the State median household income of \$72,205. Effingham’s unemployment rate has mirrored the State and National trends over the past ten years but had an increase in 2021 (US Census Bureau, 2010-2021).

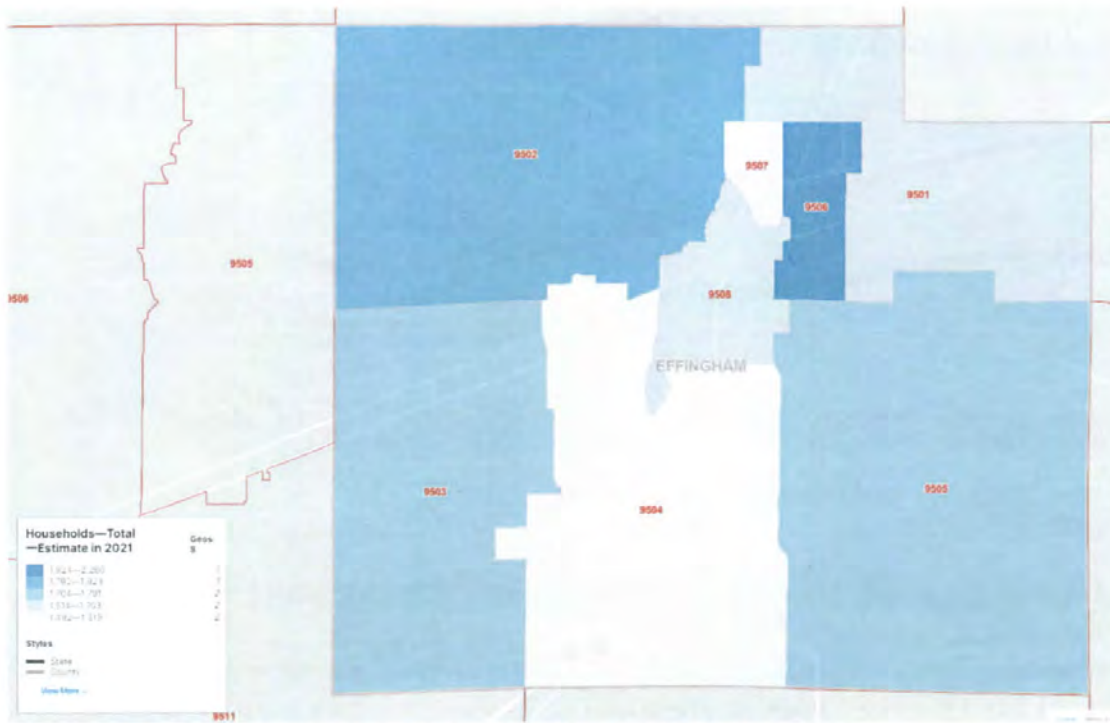
Effingham’s overall percentage of the population in poverty is lower than the State as a whole. Effingham has 10.5% population in poverty compared to the Illinois rate of 12.1% (US Census Bureau, 2021). Of those living in poverty in Effingham County a majority are under 18 years old (15.4%), while only 9% of people 18-64 years old and 8.9% of those 65 years of age and up are living in poverty. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status (US Census Bureau, 2021)

Figure 1.3 Median Household Income Trend 2020



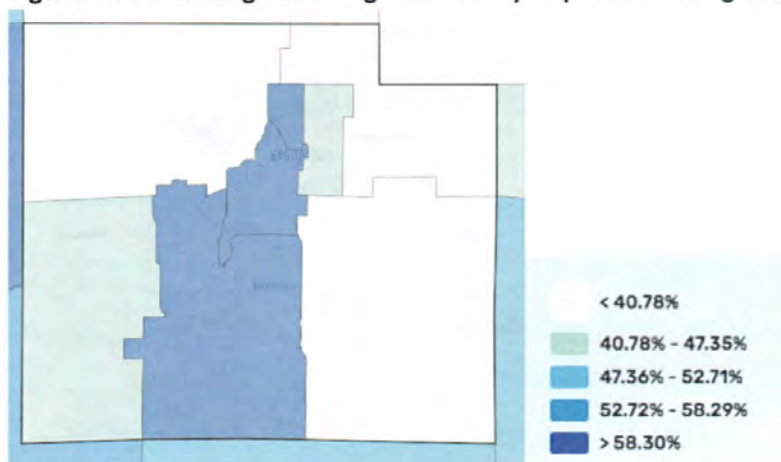
Source: [US Census American Community Survey 5-Year Estimates 2010-2021](#)

Figure 1.4 Effingham County Mean Income in the past 12 months (in 2021 Inflation- Adjustment dollars)



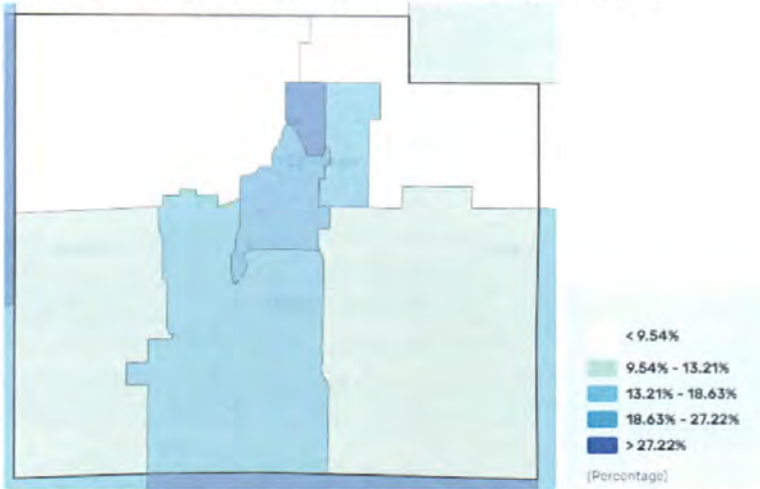
Source: [US Census American Community Survey 5- Year Estimates](#) 2021

Figure 1.5 Percentage of Effingham County Population living 300% below the Federal Poverty Level



Source: US Census American Community Survey 2020, graph through IP3

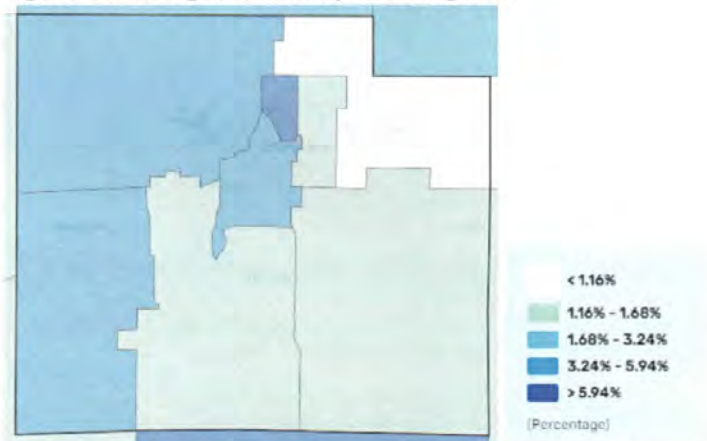
Figure 1.6 Effingham County- Children living in Poverty



Source: US Census American Community Survey 2020, graph through IP3

The percentage of the total population in Effingham County who are under the age of 18 and living in poverty is 16.2%. The state rate is 16.2% and the national rate is 17.8%.

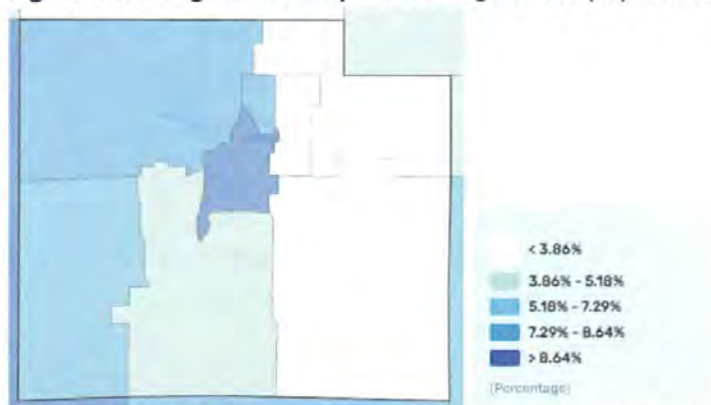
Figure 1.7 Effingham County-Working Poor



Source: US Census American Community Survey 2020, graph through IP3

The working poor is defined as percent of full-time year-round employed workers aged 16 years with income below poverty level. Effingham County's rates are worse than the national average at 2.6% and state averages at 2.2% (US Census ACS, 2020).

Figure 1.8 Effingham County- Percentage of the population who are not insured



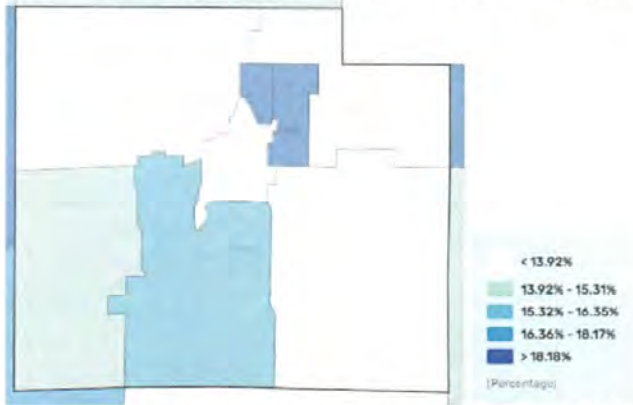
Source: US Census American Community Survey 2020, graph through IP3

According to the US Census, five percent of the Effingham County population is uninsured. This is better than the state rate of 7.1% and the national rate of 9.3% (US Census ACS, 2018) The lack of health insurance is considered a key driver of health status. Figure 1.7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. When asked what was the most significant barrier for seeking medical attention for you and your family 54.37% of effingham residents responded that cost (CHA Survey, 2023).

Identifying Vulnerable Populations: The Institute of Medicine defines vulnerable populations as a group of people with certain characteristics that cause them to be at greater risk of having poor health outcomes than the general populations. These characteristics include, but are not limited to age, culture, disability, education, ethnicity, health insurance, housing status, income, mental health and race. The World Health Organization defines **social determinants of health** as conditions in which people are born, grow, live, work and age. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable difference in health status.

Population with a disability: Figure 1.9 reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. Effingham County has a higher than average percent, 13.9%, of the population living with a disability. Illinois' population living with a disability is 12.8% and the national percent is 11.2% (US Census ACS, 2020).

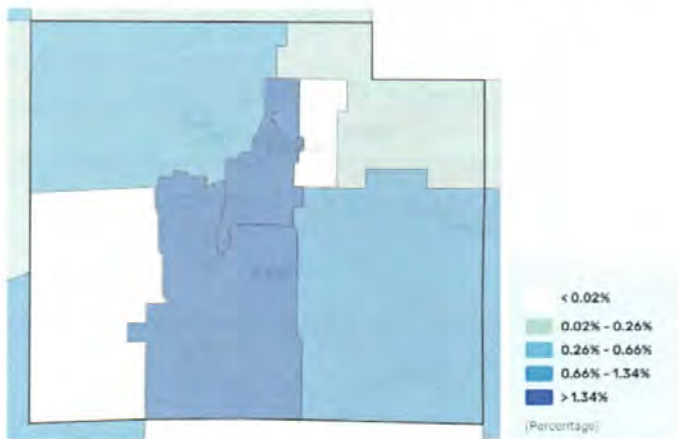
Figure 1.9 Effingham County- Percentage of the population with any Disability



Source: US Census American Community Survey 2020, graph through IP3

Population with Limited English Proficiency: Figure 1.10 reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education (US Census Bureau, 2020).

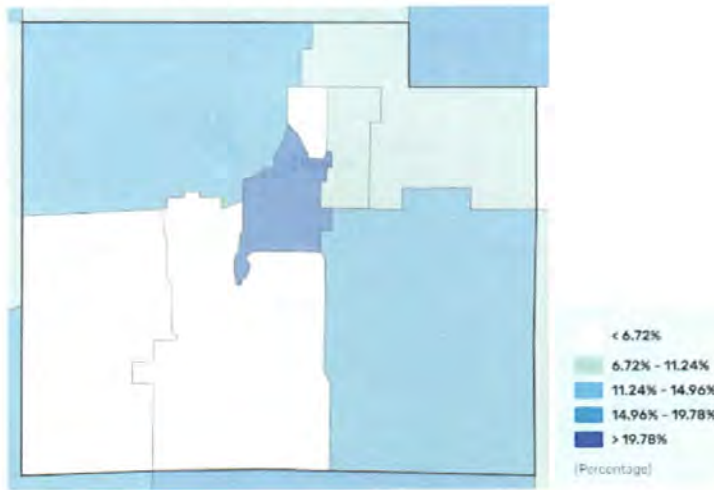
Figure 1.10 Map of Population with Limited English



Source: US Census American Community Survey 2020, graph through IP3

Veteran Population: Since 2015, Effingham County's Veteran population has increased from 8.88% to 11.5%. Effingham County has a higher than average veteran population compared to the Illinois rate 5.0% and the national average of 6.4%. Figure 1.11 reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II (US Census Bureau, 2020).

Figure 1.11 Map of Veteran Population

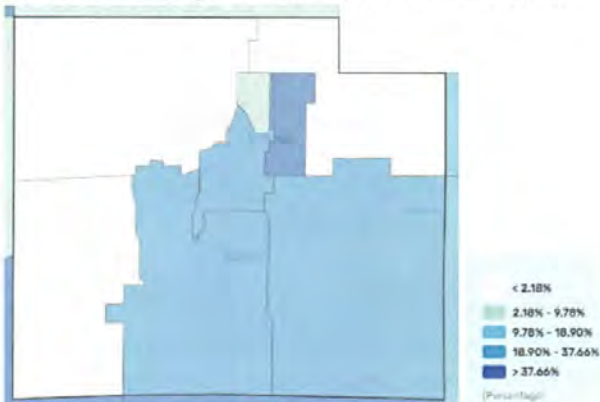


Source: US Census American Community Survey 2020, graph through IP3

Children Eligible for Free/Reduced Price Lunch Within Effingham County 39.9% of students who attend public school are eligible for free or reduced lunch prices, this is better on average than the national benchmark of 52.5% and the Illinois benchmark of 52.1% ([Stanford Educational Data Archive](#), 2018). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs.

Food Desert: A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity. Figure 1.12 reports percentage of the Effingham population with low food access, defined as living beyond 1 mile of 10 miles (rural) of a supermarket (USDA Food Access Research Atlas, 2019).

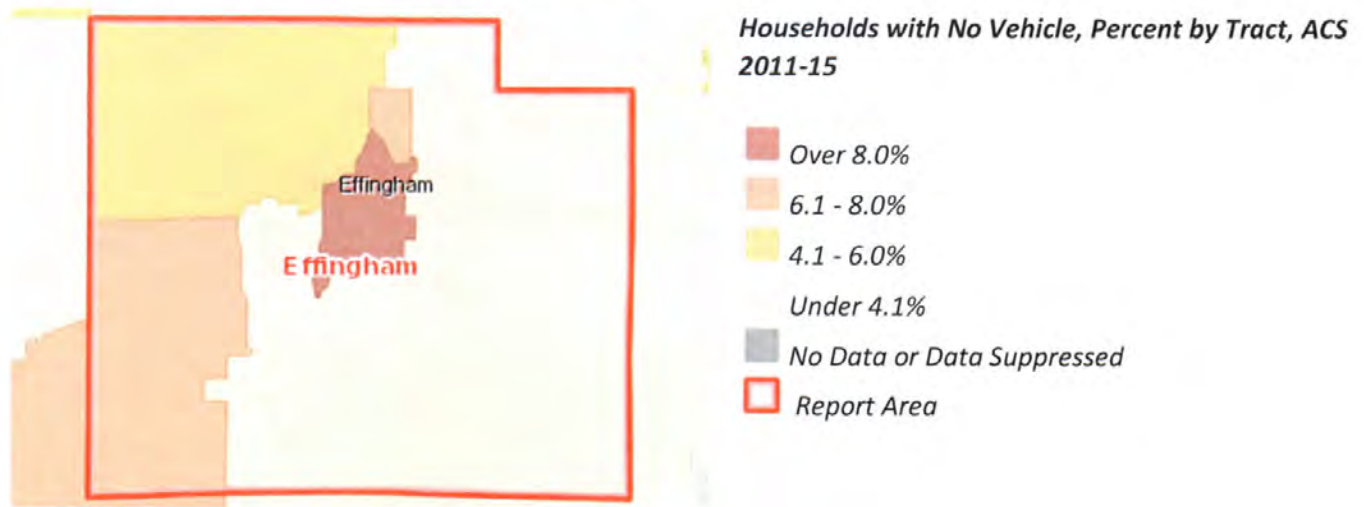
Table 1.12 Effingham County Low Food Access



Source: [USDA Food Access Research Atlas](#), 2019

Households with No Motor Vehicle: This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. A total of 599 households in Effingham County are estimated to have no motor vehicle (4.49% of population) in 2014 (US Census Bureau, 2014).

Figure 1.12 Map of Households with No Motor Vehicle Access



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County- more recent data not available

General Health and Access to Care

Leading Causes of Death

In 2021, the leading cause of death in Effingham County was malignant neoplasms (cancer) with disease of the heart (heart disease) as the second leading cause. Similarly, heart disease and cancer were the top two leading causes of death in the state of Illinois. The percentage of deaths caused by COVID-19, Accidents, Diabetes, and Alzheimer’s disease are higher in Effingham County than in the State of IL. Effingham County is ranked 25 out of 102 counties in Illinois for overall health (County Health Rankings, 2020).

Table 2.1 Leading Causes of Death

Top Ten Leading Causes of Death in 2021			
		Effingham	Illinois
Rank	Cause of Death	Percent of Deaths	Percent of Deaths
1	Cancer	18.4%	18.9%
2	Heart Disease	15.8%	21.0%
3	COVID-19	12.6%	9.0%
4	Accidents	6.7%	6.1%
5	Stroke	5.1%	5.4%
6	Alzheimer’s	4.4%	3.2%
7	Diabetes	3.5%	2.7%
8	Chronic Lower Respiratory	3.3%	3.9%
8	Kidney Disease	1.2%	2.1%
10	Chronic Liver Disease	0.5%	1.4%

Source: Illinois Department of Public Health Death Statistics, 2021

In Effingham County, the average expectancy is 78.2 years. This is worse than the state 79.2 and United States’ life expectancy 79.3. We also have high infant, less than one year of age, deaths (9.1 per 100,000 live births) than the state (6.2) or United States (5.8) (County Health Rankings, 2019).

Access to Health Care

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

In 2020, there were 25.6 primary care physicians per 100,000 population (Illinois rate 19.8)

In 2019, there were 141.1 dentists per 100,000 population (Illinois rate 71.3)

In 2020, there were 188.2 mental health providers per 100,000 population (Illinois rate 262)

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

Table 2.2 Effingham County Health Care Coverage and Utilization

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAVE HEALTH CARE COVERAGE	No	2,356	9.0%	5.0%-15.5%	29
	Yes	23,865	91.0%	84.5%-95.0%	408
HAVE MEDICARE	No	19,309	73.6%	68.8%-77.9%	243
	Yes	6,919	26.4%	22.1%-31.2%	194
HAVE PERSONAL DOCTOR	No	1,618	6.2%	3.7%-10.2%	23
	Yes	24,590	93.8%	89.8%-96.3%	414
UNABLE TO VISIT DOCTOR DUE TO COST	No	24,329	92.6%	88.4%-95.4%	409
	Yes	1,939	7.4%	4.6%-11.6%	29
LAST ROUTINE CHECKUP	Past Year	17,549	66.8%	60.2%-72.8%	322
	Past 2 Years (>1yr, <2yrs)	3,781	14.4%	10.4%-19.6%	54
	More than 2 Years	4,938	18.8%	13.9%-24.9%	62
COULD NOT FILL PRESCRIPTION DUE TO COST	No	24,484	94.1%	90.7%-96.2%	408
	Yes	1,546	5.9%	3.8%-9.3%	28

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

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

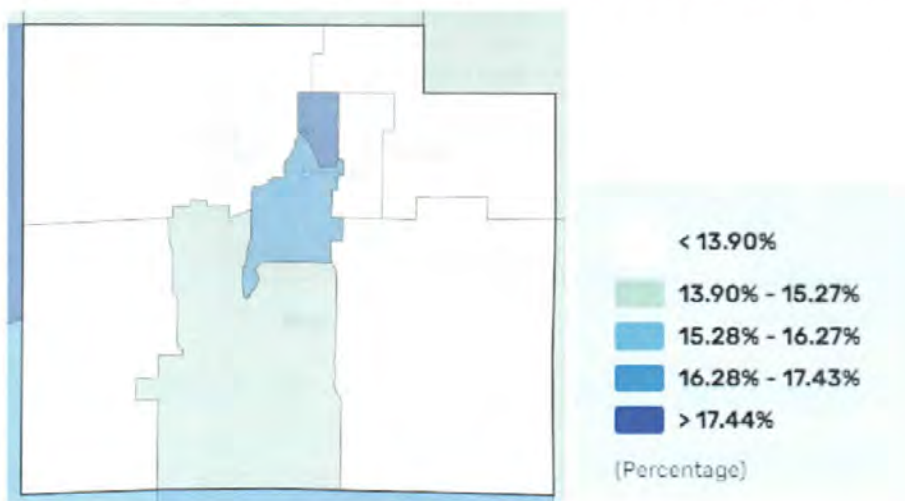
Table 2.3 Effingham County Health Status

		Health Status			
ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
GENERAL HEALTH STATUS	Excellent	5,531	21.1%	15.4%-28.1%	68
	Very Good	8,732	33.2%	27.6%-39.4%	141
	Good	8,071	30.7%	25.4%-36.6%	145
	Fair	2,951	11.2%	8.1%-15.4%	60
	Poor	983	3.7%	2.2%-6.4%	24
GENERAL HEALTH	Good/Very Good/Excellent	22,334	85.0%	80.5%-88.7%	354
	Fair/Poor	3,934	15.0%	11.3%-19.5%	84
NUMBER OF DAYS PHYSICAL HEALTH NOT GOOD	None	18,026	69.3%	63.5%-74.5%	272
	1-7 Days	4,441	17.1%	13.0%-22.0%	80
	8-30 Days	3,563	13.7%	10.4%-17.9%	79
NUMBER OF DAYS MENTAL HEALTH NOT GOOD	None	17,644	67.3%	61.0%-73.0%	298
	1-7 Days	5,891	22.5%	17.4%-28.5%	86
	8-30 Days	2,686	10.2%	7.2%-14.3%	51
NUMBER OF DAYS PHYSICAL/MENTAL HEALTH AFFECTED ACTIVITIES ¹	None	21,872	83.3%	79.0%-86.9%	339
	1-7 Days	2,242	8.5%	6.1%-11.8%	49
	8-30 Days	2,134	8.1%	5.7%-11.4%	48

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

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

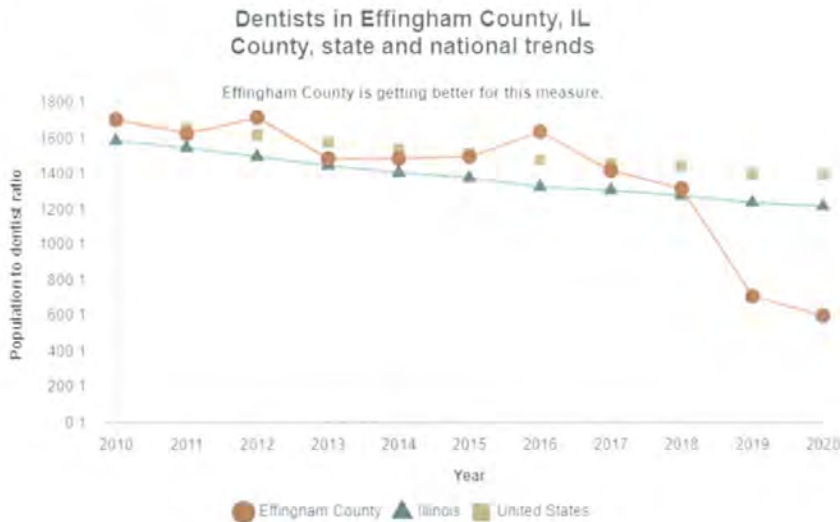
Figure 2.1 Effingham County Adult Population with Fair or Poor Health, 2020



Source: Center for Disease Control [PLACES](#), 2020 accessed [through IP3](#)

Figure 2.1 shows the percentage of adults aged 18 years and older who report having “poor” or “fair” health. The percentage for all adult Effingham County residents is 13.6%. The Illinois rate is 14% and the national rate is 15.4% (CDC PLACES, 2020).

Figure 2.2 Effingham County Dentist Ratio Trends



Notes
The data in this table reflect the average population served by a single dentist

Source: County Health Rankings, 2020

In the Effingham County Community Health Survey over half, 66%, reported having a very good or excellent oral health status. Seventy-Six percent indicated they had a regular dental provider. The top answers for the most significant barrier to seeking regular dental care was cost (68%) and fear/anxiety/perception of pain (20%). When looking at form of payment for dental care 55% indicated they used dental insurance, 47% self-pay and 9% used Medicaid or Allkids (Effingham CHA, 2023).

Table 2.3 Effingham County Dental Care Coverage and Utilization

Dental Care Coverage & Utilization

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
LAST DENTAL VISIT	Past Year	18,634	70.9%	65.2%-76.1%	285
	Past 2 Years (> 1yr, <2yrs)	2,189	8.3%	5.5%-12.4%	43
	More than 2 Years	5,446	20.7%	16.5%-25.7%	110
HAVE DENTAL INSURANCE COVERAGE	Yes	14,031	54.8%	48.7%-60.7%	196
	No	11,585	45.2%	39.3%-51.3%	240
COULD NOT VISIT DENTIST DUE TO COST	Yes	2,799	10.7%	7.6%-14.8%	51
	No	23,469	89.3%	85.2%-92.4%	387

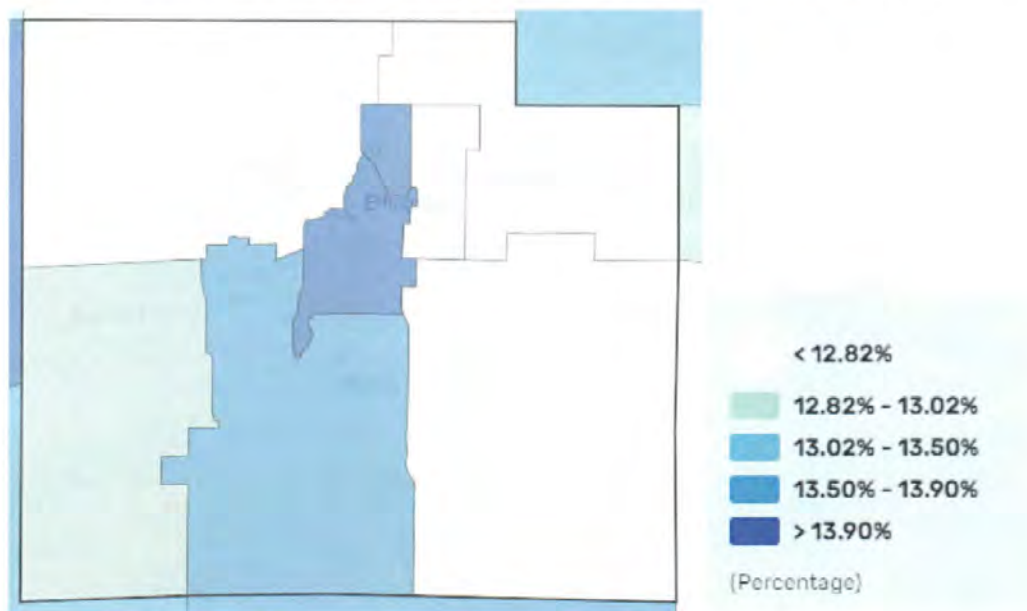
Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)
*Indicates data does not meet standards of reliability and has been suppressed.

Source: IDPH [BRFSS](#),

2015-2019

According to the Mapping Medicare Disparities Tool, Seventeen percent of Effingham County Medicare Beneficiaries with diagnosed Depression. This is on par with the Illinois rate of 16.7% and the national rate of 17.8% ([Mapping Medicare Disparities Tool](#), 2020)

Figure 2.2 Effingham County Adult Population with Frequent Mental Distress



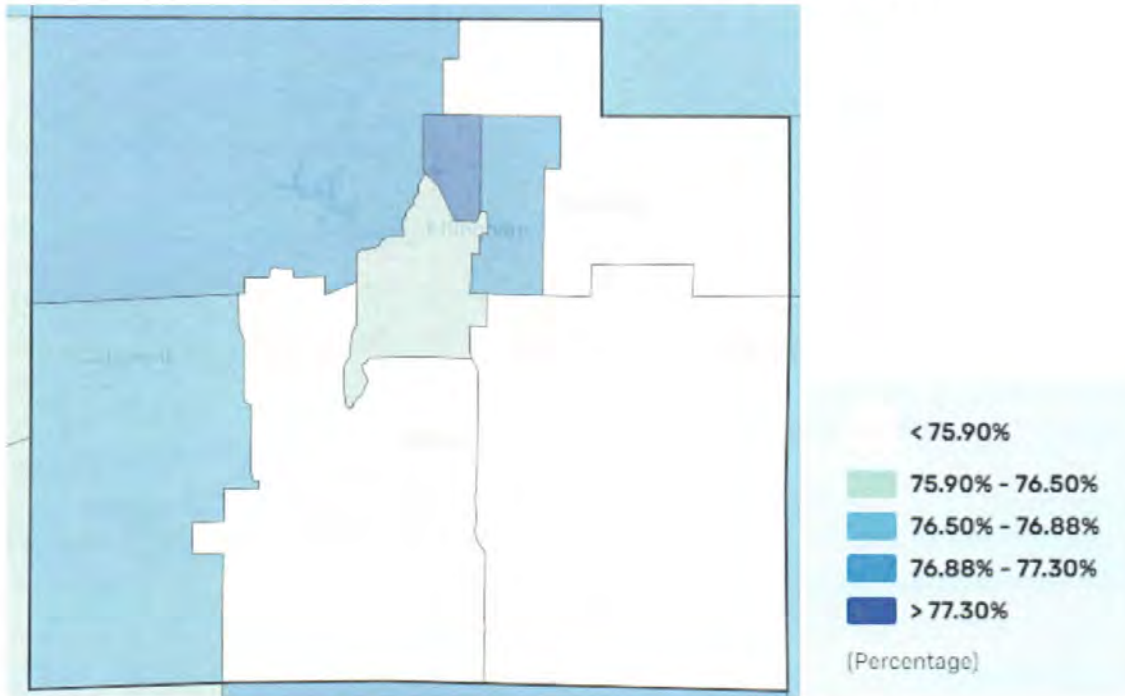
Source: Center for Disease Control [PLACES](#), 2020 accessed [through IP3](#)

Figure 2.2 shows the percentage of adults aged 18 years and older who report 14 or more days of poor mental health per month. The average for Effingham County residents is 12.9%. The Illinois rate is 12.5% and the national rate is 15.1% (CDC PLACES, 2020).

Health Care Utilization

Seventy Six percent of Effingham County adult residents 18 years old or older reporting having been to a doctor for a routine checkup in the past year. This metric is better than the state 75.8% and national rate 73.4% (CDC PLACES, 2020).

Figure 2.2 Effingham County Adult Population with Recent Primary Care Visit



Source: Center for Disease Control [PLACES](#), 2020 accessed [through IP3](#)

During the Effingham County Community Needs Survey, 31.93% of respondents seek medical attention on a yearly basis, 11.76% rarely (more than two years since last visit) seek medical attention, 26.89% twice a year and 29.41% every three months.

Figure 2.3 Most Significant Barrier to Seeking Medical Attention

Most Significant Barrier for Seeking Medical Attention



- Unable to get appointment
- Inconvenient provider office hours
- Distance
- Lack of Transportation
- Unable to get off work
- Cost
- Other

Source: Effingham Community Health Needs Survey, 2023.

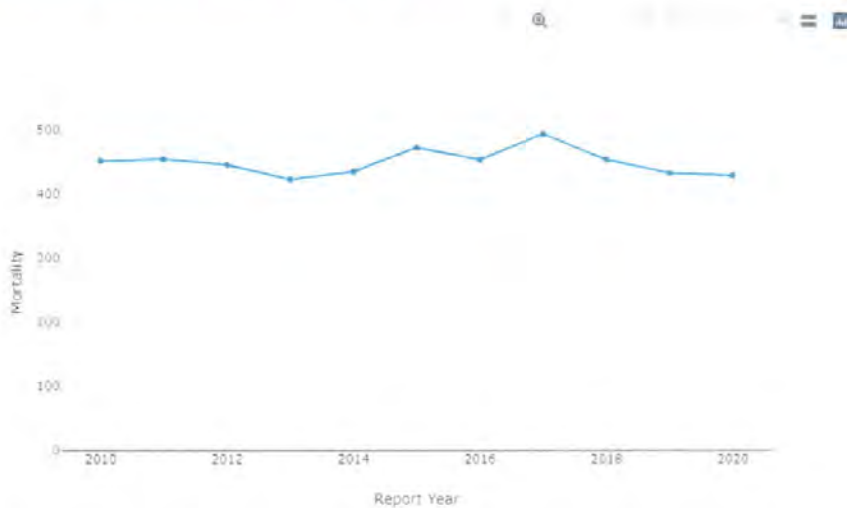
In the 2023 Community Health Needs Survey, 33.3% percent of respondents rated their oral health as fair or poor. Seventy-nine percent indicated they had a regular dental provider. A majority, 67.71%, of respondents said cost was the most significant barrier to seeking regular dental care.

Section 3. Maternal and Child Health Indicators

The Figure below shows the total births by Effingham residents by year from the Illinois Department of Public Health Vital Statistics 2020.

Figure 3.1

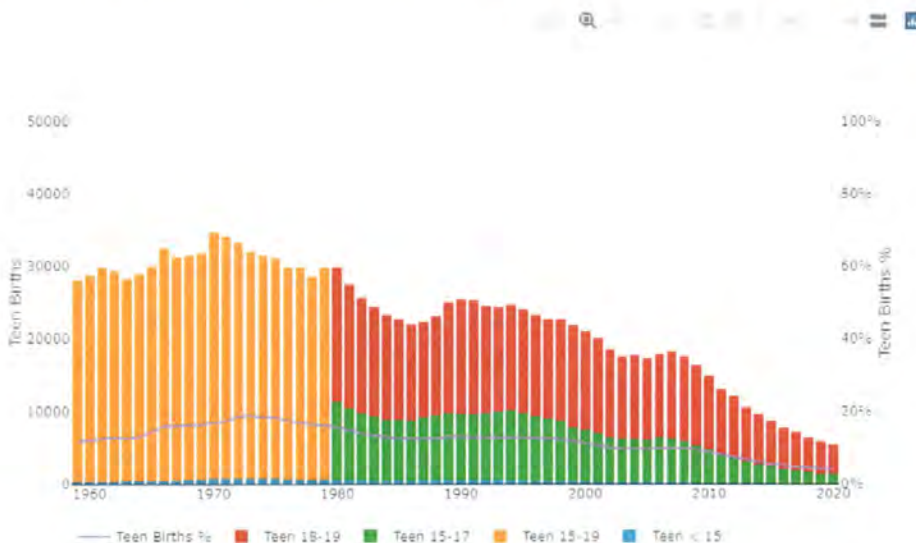
Births in Effingham by Year



The Figure below shows Illinois Teen Births by Mother's Age Group, by year, as you can see we are slowly decreasing the number of birth and increasing the age of the mother in Illinois.

Figure 3.2

Teen Births by Mother's Age Group, by Year



Source: IDPH Vital Data [Statistics](#), 1960-2020

In Effingham County, Illinois, 7% of babies had low birth weights (under 5 pounds, 8 ounces). This rate is lower than the Illinois and United States rate, both at 8%. In Effingham County, Illinois, there were 40 deaths per 100,000 children under age 18. This rate is also lower than the Illinois and United States rate, both at 50 per 100,000 children. In

Effingham County, Illinois, there were 7 deaths among children less than 1 year of age per 1,000 live births. This rate is unfortunately higher than the Illinois and United States rate, both at 6 per 100,000 children less than 1 year (County Health [Rankings](#), 2020).

Section 4. Chronic Disease Indicators

Cancer was the #1 most commonly reported important health issue to residents of Effingham County from the Community Health Needs Survey. Cancers (63%), Heart Disease and Stroke (37%), and Mental Health Problems (31%) were the top three most important health problems reported in the survey.

Effingham County's cancer mortality rate is slightly higher than the Illinois and National Rate, all of which are higher than the Healthy People 2030 Target (122.7 per 100,000). Additionally, Effingham County's cancer incident rate is higher than the National rate for colon and rectum cancer and prostate cancer.

Table 4.1 Cancer Age-Adjusted Incidence Rates per 100,000 population			
	Effingham County, IL	Illinois	United States
All Cancer	510.3	465.2	449.4
Breast Cancer	147.4	134.0	128.1
Lung & Bronchus	59.7	61.3	56.3
Colon & Rectum	55.2	41.3	37.7
Prostate	145.2	113.3	109.9

Source: [State Cancer Profiles](#), 2015-2019

Table 4.2 Cancer Age-Adjusted Death Rates per 100,000 population				
	Effingham County, IL	Illinois	United States	Healthy People 2030
All Cancer	143.5	155.3	149.4	122.7
Breast Cancer	12.4	20.5	19.6	15.3
Lung & Bronchus	34.6	37.3	35.0	25.1
Colon & Rectum	14.6	14.0	13.1	8.9
Prostate	19.3	19.5	18.8	16.9

Source: [State Cancer Profiles](#), 2015-2019

Table 4.3 Chronic Disease Indicators of Effingham County residents

Chronic Diseases

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAS ASTHMA NOW	Yes	1,880	7.2%	4.8%-10.6%	38
	No	24,271	92.8%	89.4%-95.2%	397
EVER TOLD COPD	Yes	2,207	8.4%	6.0%-11.7%	52
	No	23,974	91.6%	88.3%-94.0%	384
EVER TOLD CANCER	Yes	2,757	10.5%	7.8%-14.0%	69
	No	23,511	89.5%	86.0%-92.2%	369
EVER TOLD ARTHRITIS	Yes	6,264	23.8%	19.7%-28.6%	157
	No	20,004	76.2%	71.4%-80.3%	281
ARTHRITIS/JOINT SYMPTOMS: LIMITS ACTIVITIES	Yes	3,192	12.2%	9.4%-15.7%	81
	No	23,023	87.8%	84.3%-90.6%	356
EVER TOLD DEPRESSIVE DISORDER	Yes	3,429	13.1%	9.4%-18.1%	64
	No	22,667	86.9%	81.9%-90.6%	371
TOLD HAVE DIABETES	No	23,954	91.2%	87.6%-93.8%	385
	Yes	2,314	8.8%	6.2%-12.4%	53
CHRONIC HEALTH CONDITIONS ¹	No Chronic Disease	14,471	55.9%	49.5%-62.0%	191
	1 Chronic Disease	5,841	22.6%	17.8%-28.2%	108
	2+ Chronic Diseases	5,581	21.6%	17.4%-26.4%	131

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

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

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

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

Table 4.4 Effingham County Cardiovascular Disease prevalence

Cardiovascular Disease

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EVER TOLD HAVE CORONARY HEART DISEASE	No	24,802	94.8%	92.1%-96.5%	402
	Yes	1,372	5.2%	3.5%-7.9%	34
EVER TOLD HAD HEART ATTACK	No	25,264	96.4%	94.3%-97.8%	410
	Yes	937	3.6%	2.2%-5.7%	25
EVER TOLD HAD STROKE	No	25,102	95.6%	92.4%-97.5%	416
	Yes	1,143	4.4%	2.5%-7.6%	21
HISTORY OF CVD ¹	No	23,965	91.2%	87.6%-93.9%	387
	Yes	2,303	8.8%	6.1%-12.4%	51

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

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

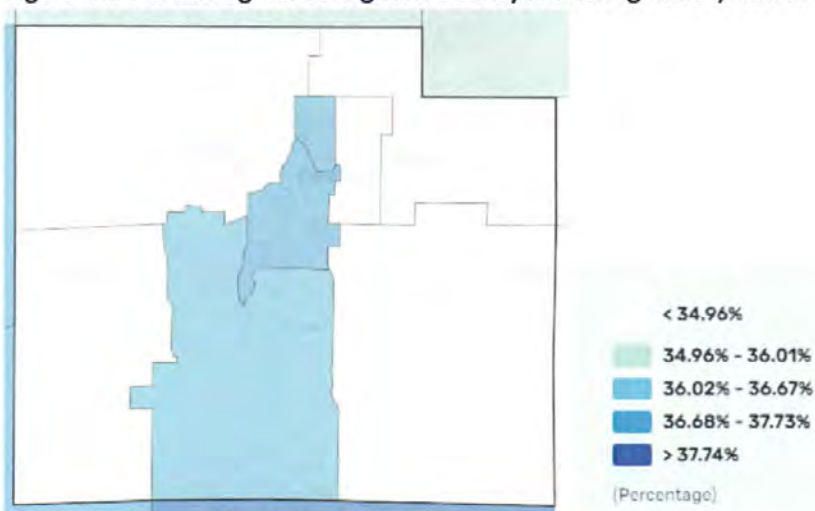
1. History of CVD calculated when respondent answers yes to any cardiovascular disease history questions.

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

Obesity and Diabetes

Effingham County's obesity rate has continued to increase since 2004 and surpasses the Illinois and United States rate according to County Health Rankings reports 34% of Effingham Residents had a BMI of 30 or greater in 2019. The Illinois and national rate are 32% ([County Health Rankings](#), 2019).

Figure 4.1 Percentage of Effingham County Adults aged 18 years and older with obesity (BMI of 30 and above)



Source: CDC [PLACES](#), 2020, accessed through [IP3](#)

Figure 4.1 shows the percentage of adults aged 18 years and older with obesity (BMI of 30 or above) in Effingham County (34.6%). This percentage is higher than the Illinois 32.8% and national rates 32.6% (CDC PLACES, 2020).

Table 4.5 Effingham County Diabetes

Diabetes

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
TOLD HAVE DIABETES ¹	No	23,954	91.2%	87.6%-93.8%	385
	Yes	2,314	8.8%	6.2%-12.4%	53
PAST THREE YEARS - HAD A HIGH BLOOD SUGAR/DIABETES TEST ²	Yes	12,684	53.8%	46.8%-60.6%	219
	No	10,908	46.2%	39.4%-53.2%	160
EVER TOLD BY HEALTH PROFESSIONAL YOU HAVE PRE/BORDERLINE DIABETES ³	Yes	1,208	5.0%	3.1%-8.2%	21
	No	22,713	95.0%	91.8%-96.9%	363

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

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

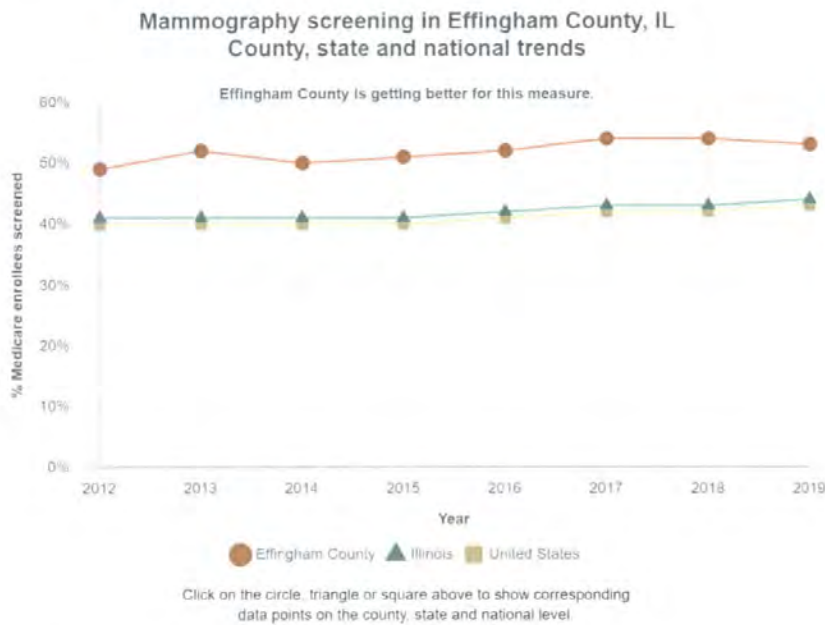
1. Respondents reporting yes but only during pregnancy OR told borderline/pre hypertensive are included as No.

2. Asked only of respondents who did not report ever being told they have diabetes.

3. Asked only of respondents who did not report ever being told they have diabetes or borderline/pre-diabetes.

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

Figure 4.1 Mammography Screening in Effingham County, IL



Source: County Health Rankings, 2019

In Effingham County, Illinois, 53% of female Medicare enrollees received an annual mammography screening. This rate is better than the Illinois rate of 44% and the national rate of 43% (County Health Rankings, 2019).

Section 5. Health Behaviors

Physical Activity

Within Effingham County, 24.3% of adults aged 18 and older reported not participating in physical activity or exercise in the past month (CDC PLACES, 2020).

Nutrition

Vegetables were eaten four or more times per week by 59.32% of Effingham County Residents. Fruits were eaten by less than half, 44.35%, of Effingham County Residents only one to two times per week (Effingham Community Health Needs Survey, 2023). In Effingham County, Illinois, 5% of people had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods compared to Illinois 5% and United States 6% (County Health Rankings, 2019).

Smoking

The prevalence of tobacco smokers has increased from 15% in 2015 to 19% in 2019 in Effingham County. We are experiencing higher rates of people currently smoking than Illinois and the United States (County Health Rankings, 2019)

Table 5.1 Adult Smoking (2019)

Report Area	Percentage of Adults who are Current Smokers
Effingham County	19%
Illinois	15%
United States	16%

Data source: [County Health Rankings](#), modeling based on BRFSS data. 2019

Table 5.2 Tobacco and E-Cigarettes

		Tobacco & E-Cigarettes			
ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
CALCULATED SMOKING STATUS ¹	Smoker	3,298	12.9%	9.5%-17.3%	60
	Former Smoker	4,989	19.5%	15.4%-24.3%	95
	Never Smoked	17,336	67.7%	61.8%-73.0%	268
QUIT SMOKING (FORMER SMOKERS) ²	Past Year	*	*	*	*
	More than 1 Year Ago	*	*	*	*
USE SMOKELESS TOBACCO ³	No	24,568	95.9%	92.7%-97.7%	408
	Yes	1,055	4.1%	2.3%-7.3%	15
CALCULATED E-CIGARETTE STATUS ⁴	Current User	400	1.6%	0.8%-3.2%	8
	Not Currently Using	2,504	9.8%	6.8%-13.8%	41
	Never Used	22,706	88.7%	84.5%-91.8%	373

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

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

1. Calculated smoking status from tobacco questions.

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

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

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

Source: IDPH BRFSS, 2015-2019

Substance Abuse

Effingham community members felt that drug abuse (70%), alcohol abuse (68.33%), and being overweight (32.50%) were the three most important risky behaviors in Effingham County (Effingham Community Health Needs Survey, 2023). The table below reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women) (IDPH BRFSS, 2015-2019). Figure 5.2 shows binge drinking percentages by census tract, with 15.8% of Effingham residents 18 years and older who reported binge drinking (five or more drinks for men and four or more drinks for women) on an occasion in the past month. The Illinois rate is 14.9% and the national rate is 17% (CDC PLACES, 2020).

Table 5.3 Effingham County Alcohol

Alcohol

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
BINGE DRINKING (CALCULATED) ¹	Not At Risk	18,991	75.3%	68.1%-81.3%	339
	At Risk	6,236	24.7%	18.7%-31.9%	76
HEAVY DRINKING (CALCULATED) ²	Not At Risk	23,138	91.4%	84.8%-95.3%	388
	At Risk	2,175	8.6%	4.7%-15.2%	29

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

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

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

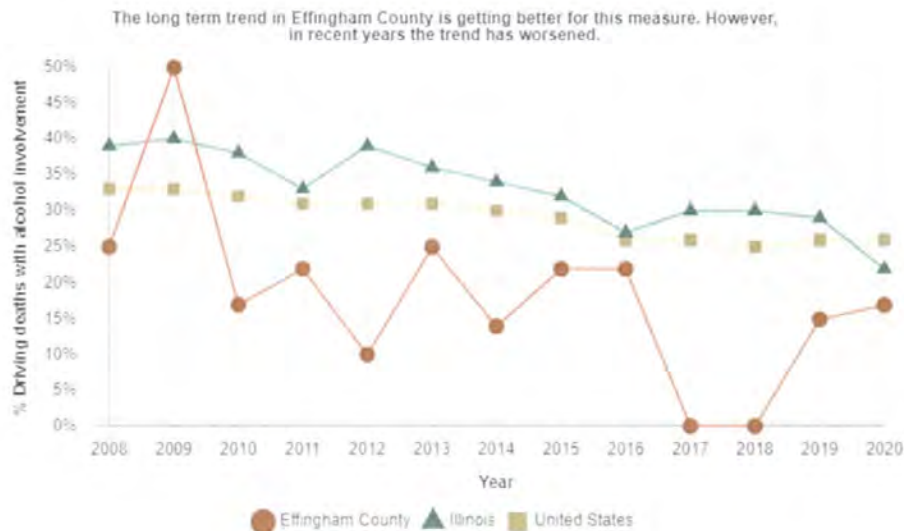
2. Calculated at risk for men having >2 drinks per day and women having >1 drink per day.

Source: IDPH BRFSS, 2015-2019

In 2020, 15% of driving deaths in Effingham County involved alcohol. In Illinois, 29% of driving deaths involved alcohol, which has been on a decreasing trend since 2008. The overall trend since 2008 in Effingham County has been a decrease in alcohol related driving deaths (County Health Rankings, 2020).

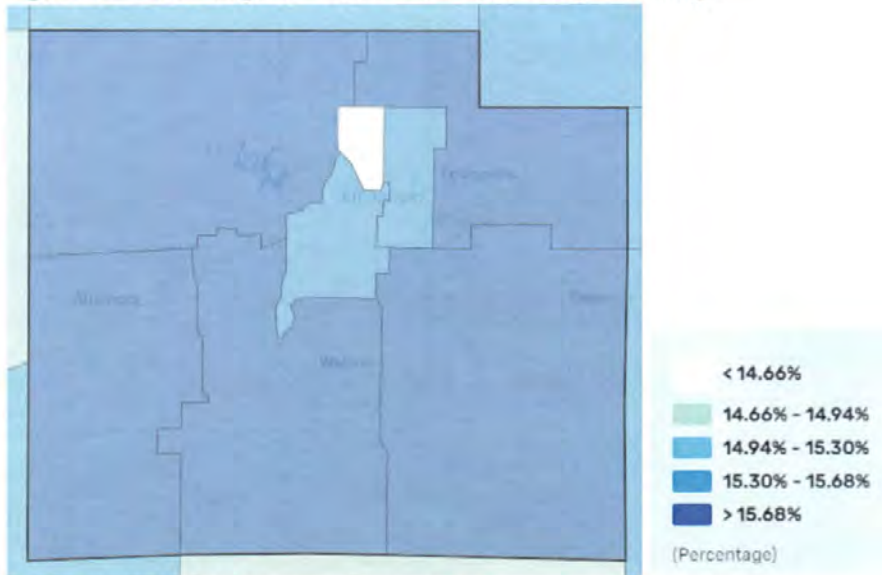
Figure 5.1 Effingham County Alcohol Impaired Driving Deaths

Alcohol-impaired driving deaths in Effingham County, IL County, state and national trends



Source: County Health Rankings, 2020

Figure 5.2 Percentage of Adults who report binge drinking



Source: CDC PLACES, 2020 assessed through [IP3](#)

2022 Substance Use Rates by Grade - Part 1 of 3

Substance Used	8th Grade	10th Grade	12th Grade
Used Past Year			
Any common substance (including alcohol, cigarettes, inhalants or marijuana)	34%	43%	53%
Any common substances plus vaping (including alcohol, tobacco products, cigarettes, e-cigarettes or other vaping products, inhalants, or marijuana)	34%	43%	53%
Alcohol	32%	44%	52%
Cigarettes	4%	5%	19%
E-cigarettes or other vaping products	11%	11%	19%
Any Tobacco Product (including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, or tobacco used in a hookah water pipe)	3%	8%	16%
Inhalants	4%	3%	4%
Marijuana	8%	3%	12%
Synthetic marijuana	1%	0%	4%
Alcohol and marijuana at the same time	2%	3%	6%
Alcohol and energy drinks at the same time	5%	6%	22%
Any Illicit Drugs (excluding marijuana)	1%	3%	2%
Crack/Cocaine	0%	0%	0%
Hallucinogens/LSD	0%	3%	0%
Ecstasy/MDMA	0%	0%	0%
Methamphetamine	0%	0%	0%
Heroin	0%	0%	2%
Any Prescription Drugs to get high	2%	0%	2%
Prescription Painkillers	0%	0%	0%
Other Prescription Drugs	1%	0%	2%
Prescription pain medicine without prescription or differently than prescribed	3%	4%	2%
Prescription drugs not prescribed to you	3%	4%	0%
Over-the-Counter Drugs	1%	0%	0%
# of Respondents	285	68	52

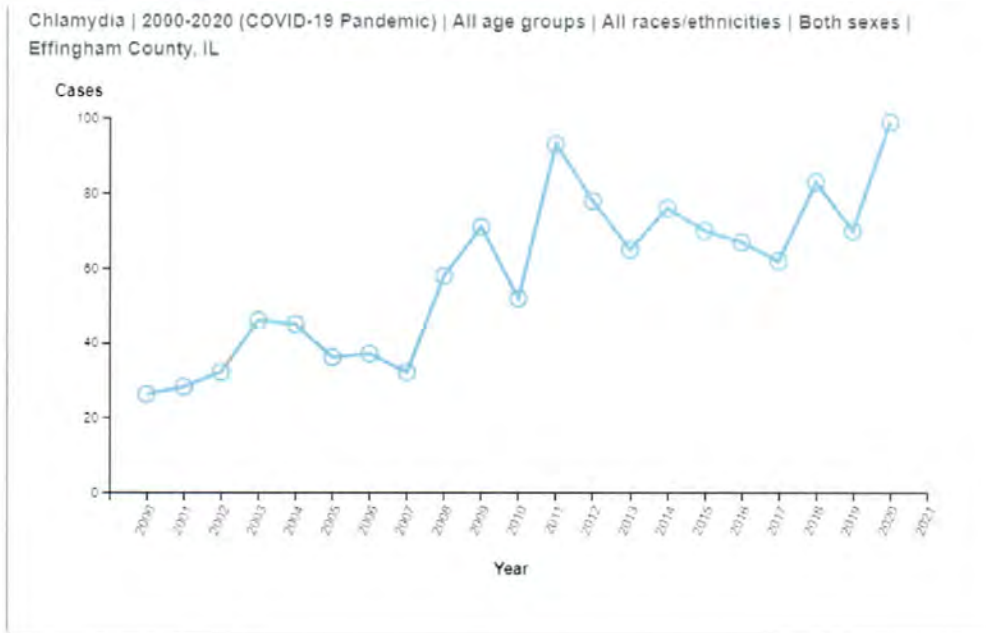
Source: [Illinois Youth Survey, 2022](#)

Section 6. Infectious Disease

Sexual Transmitted Infections

Chlamydia rates in Effingham County are climbing to meet the state and national rates. Gonorrhea rates have remained low, far below the state and national rates (CDC, 2020).

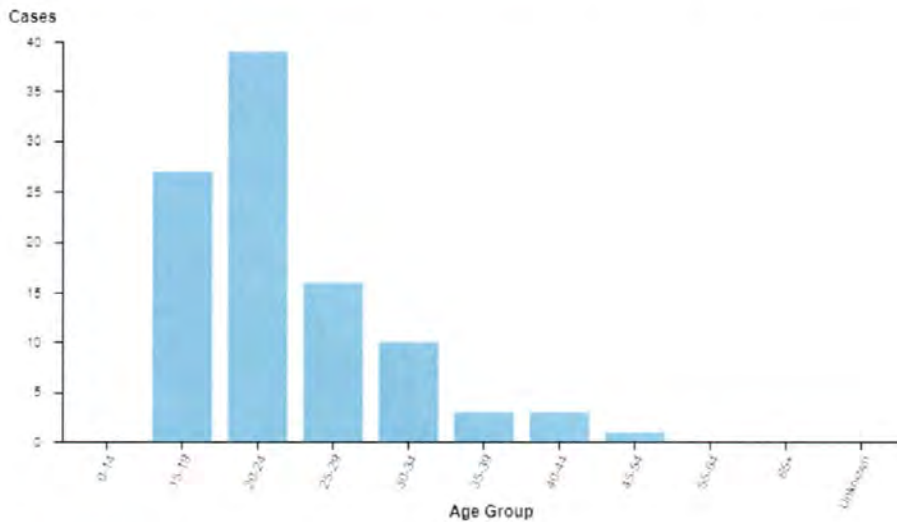
Figure 6.1 STI Rate- Chlamydia Trend



Source: [CDC Atlas Plus](#), 2020

Figure 6.2 Chlamydia by Age Group

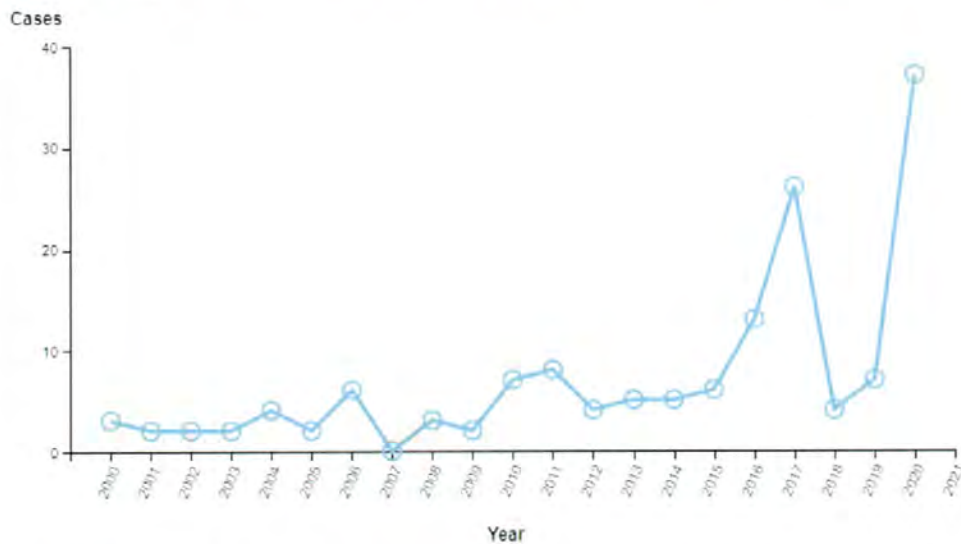
Chlamydia | 2020 (COVID-19 Pandemic) | All age groups | All races/ethnicities | Both sexes | Effingham County, IL



Source: [CDC Atlas Plus](#), 2020

Figure 6.3 STI Rate- Gonorrhea

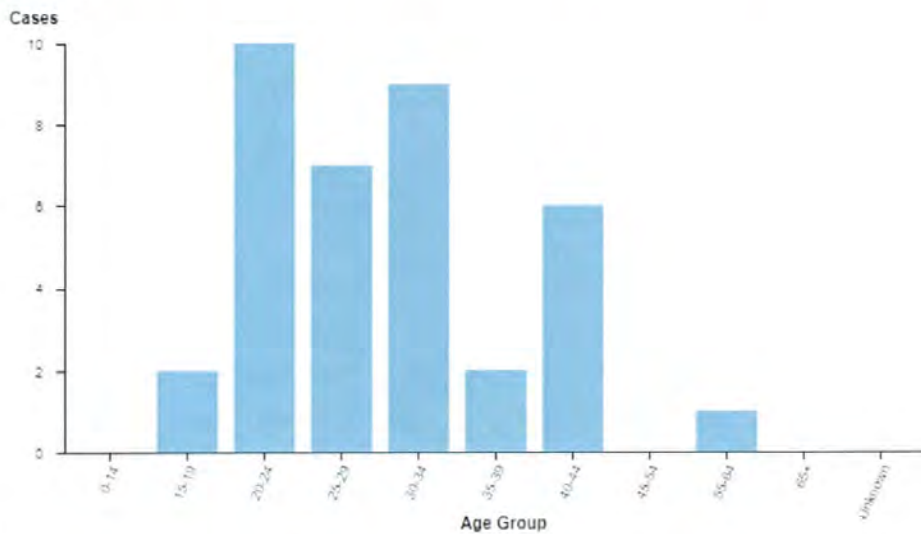
Gonorrhea | 2000-2020 (COVID-19 Pandemic) | All age groups | All races/ethnicities | Both sexes | Effingham County, IL



Source: [CDC Atlas Plus](#), 2020

Figure 6.3 Gonorrhea by Age Group

Gonorrhea | 2020 (COVID-19 Pandemic) | All age groups | All races/ethnicities | Both sexes | Effingham County, IL

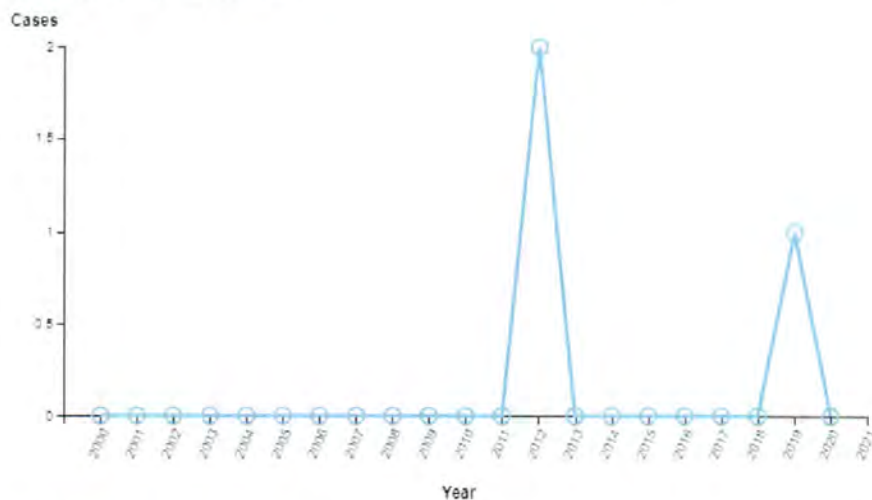


Source: [CDC Atlas Plus](#), 2020

In Effingham County, Illinois, 36 of every 100,000 residents (age 13 and above) are living with a diagnosis of HIV. HIV/AIDS rates are much lower in Effingham County than in Illinois (336) or the United States (378) (County Health Rankings, 2019). In Effingham County, 78.6% of adults (aged 18 – 70) self-report that they have never been screened for HIV (Data source: Behavioral Risk Factor Surveillance System, 2015-2019).

Figure 6.4 Primary and Secondary Syphilis in Effingham County

Primary and Secondary Syphilis | 2000-2020 (COVID-19 Pandemic) | All age groups | All races/ethnicities
 | Both sexes | Effingham County, IL



Source: [CDC Atlas Plus](#), 2020

Other Communicable Diseases

In the Illinois Behavioral Risk Factor Surveillance System Survey conducted in 2019, 28.5% of participants in Effingham County had a flu vaccine in the past year, and 28.6% had a pneumonia vaccine in their lifetime. Below is the most recent data available through the IDPH I-Query system.

Table 6.4 Communicable Disease Case Counts (2011-2015)

COUNTY	Cases					
	2011	2012	2013	2014	2015	2016
Hepatitis C, chronic						
Effingham County	11	13	10	11	32	15
TOTAL ILLINOIS	8,439	7,673	6,819	8,933	8,696	9,066
Mumps						
Effingham County	0	0	0	0	1	1
TOTAL ILLINOIS	78	32	26	142	430	333
Salmonellosis						
Effingham County	2	17	4	5	5	5
TOTAL ILLINOIS	1,694	1,970	1,772	1,771	1,829	1,808

Data Source: Illinois Department of Public Health, Communicable Disease Control Section, via, I-QUERY

COVID-19

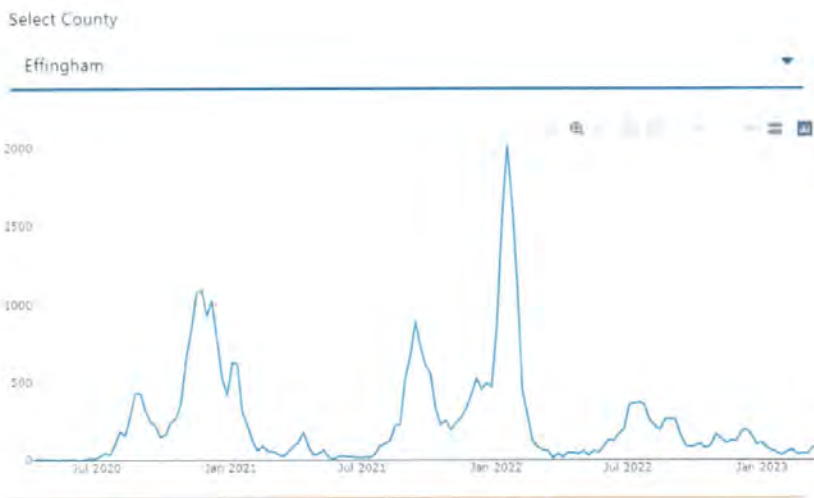
Effingham County's third leading cause of death was COVID, which is why it is important to look further into the Effingham County metrics around this virus and how it affected our community.

Below is the weekly case rate for Effingham County, the highest being 2,020 in January 2022 and the most recent March 19, 2023 being 79 (IDPH, 2023)

In Effingham County, Illinois, 18% have not had any Covid 19 Vaccines and 45% reported never having tested positive for Covid 19 (Effingham Health Department Community Health Survey, 2023). -Keep this or not since I added below?

In Effingham County, Illinois, 48.47% have completed the primary Covid 19 Vaccines and 51.53% had have not completed the primary Covid 19 Vaccines.

Weekly Case Rate



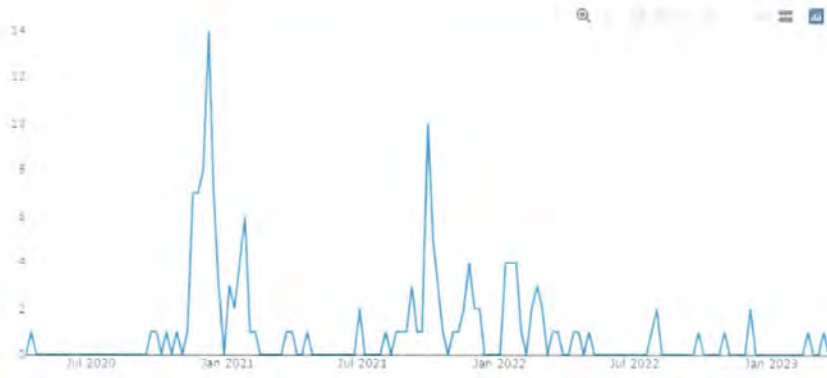
Source: [IDPH COVID-19 Surveillance](#), 2023

The weekly death graph below shows over time how many people died from COVID. The highest rate was in December 2020, with 14 people dying from COVID-19 (IDPH, 2023).

Weekly Deaths

Select County

Effingham



Source: [IDPH COVID-19 Surveillance](#), 2023

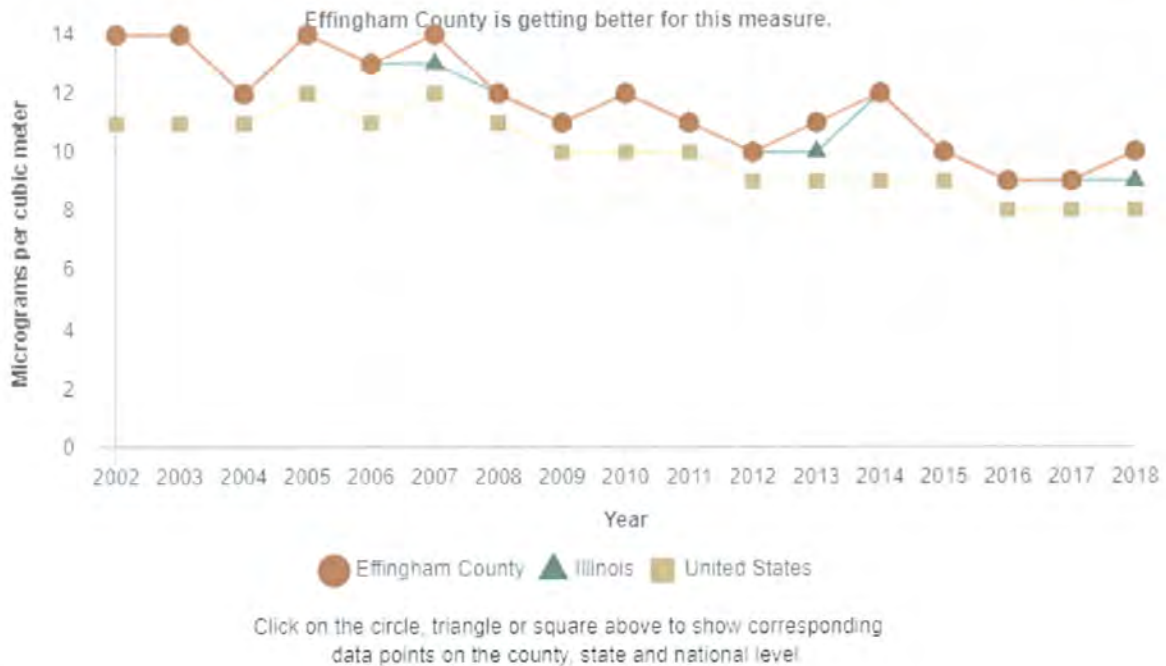
Section 7. Environmental

Climate and Air Quality

In 2013, the US Environmental Protection Standard for particulate matter in the air was lowered from 15 parts per meter, to 12ppm. This graph shows that in 2007 and 2008 Effingham County's air quality would have been worse than the 12ppm standard, but below the 15ppm standard. Since 2009, air quality in Effingham County has remained lower than the standard.

Figure 7.1: Annual Particulate Matter (PM2.5) Levels

Air pollution - particulate matter in Effingham County, IL Average density of fine particulate matter: county, state and national trends



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

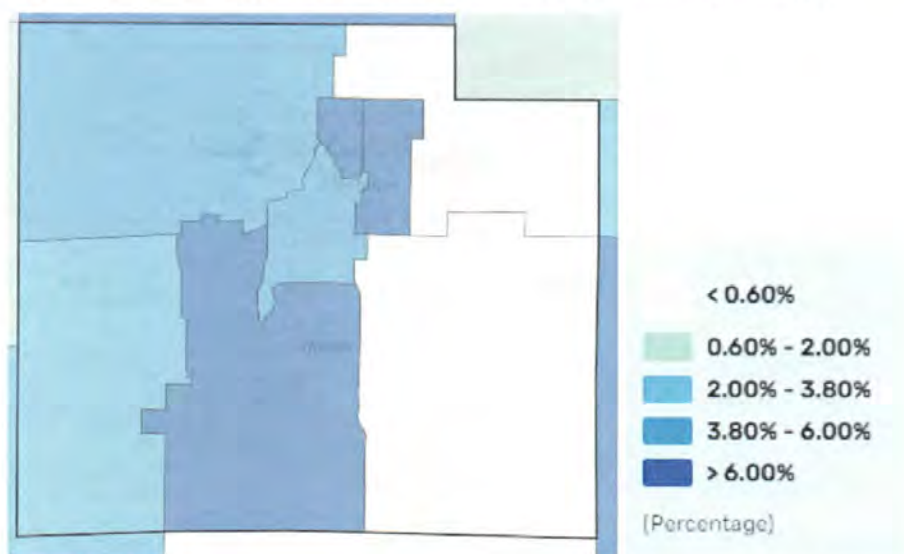
Source: [County Health Rankings](#), 2018

Built Environment

The Center for Disease Control and Prevention defines the built environment as “including all of the physical parts of where we live and work (e.g. homes, buildings, streets, open spaces and infrastructure)”. The built environment can influence community health and individual behaviors such as physical activity and healthy eating. In Effingham County, Illinois, 5% of people had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods. This is similar to the Illinois rate of 5% and the national rate of 6% (County Health Rankings, 2019). Effingham County is 59.7% classified as rural area (Census, 2019). In Effingham County, the number of beer, wine and liquor outlets per 100,000 is 4.1 which is higher than the state (1.1) and national (1.1) rates (County Business Patterns via IP3, 2019).

Access to Parks: In Effingham County (2015), 7% of the population lived within ½ mile from a park. The State benchmark for this measure is 59.4% ([National Environmental Public Health Tracking Network](#), 2015).

Figure 7.1 Percentage of the Population living near Parks (0.5 miles)



Source: [National Environmental Public Health Tracking Network](#), 2015, assessed via [IP3](#)

Table 7.1: Children Tested with Blood Lead Levels \geq 10 mcg/dL

County : Effingham



*Lead Poisoning Statistics for children 6 years of age or younger
2017*

Estimated population of children		3,102
Children who have been tested at least once in their lifetime as of December 31, 2017		43 %
Total housing units		14,731
Pre-1978 housing units estimates		55 %
Pre-1950 housing units estimates		19 %
	Children Tested	\geq5 mcg/dL
Children 6 years of age or younger tested for blood lead	508	2.8 %
Children 2 Years of Age or Younger Tested for blood lead	330	3 %
Medicaid Enrolled Children	74.6 %	2.1 %
Non-Medicaid Enrolled Children	25.4 %	4.7 %

County High Risk Zip Codes : None

Source: IDPH, [Illinois Lead Poisoning Surveillance Report](#), 2017

The Healthy People 2030 goal is to have zero percent of children tested with blood lead levels \geq 10 mcg/dL.

In Effingham County, Illinois, the average household spent 20% of its income on child care for two children. This is lower than the Illinois average at 26% and the United States average at 27%. In Effingham County, Illinois, there were 4 child care centers per 1,000 children under age 5. This is the same as the Illinois rate but lower than the national rate of 7 per 1,000 children (County Health Rankings, 2010-2022).

0-5 Childcare Slot Gap		
Total Number of Licensed Childcare Center Capacity*	902	
Total Number of Licensed Childcare Homes Capacity*	338	Total Childcare slots: 1,240
*Includes 6 weeks to Kindergarten, these metrics are elevated as many childcare settings can not operate at maximum capacity		
Effingham County Childcare Disparities in Working Families		
	Children	Need compared to total slots
Children 5 years and under living in families	2,553	-1,313
Children 5 and under living with two working parents	1,795	-555
Children 5 and under living with one non-working parent	165	
Children 5 and under living in single parent household	768	
Source: Illinois Early Childhood Asset Map , 2021		

Section 8. Injury

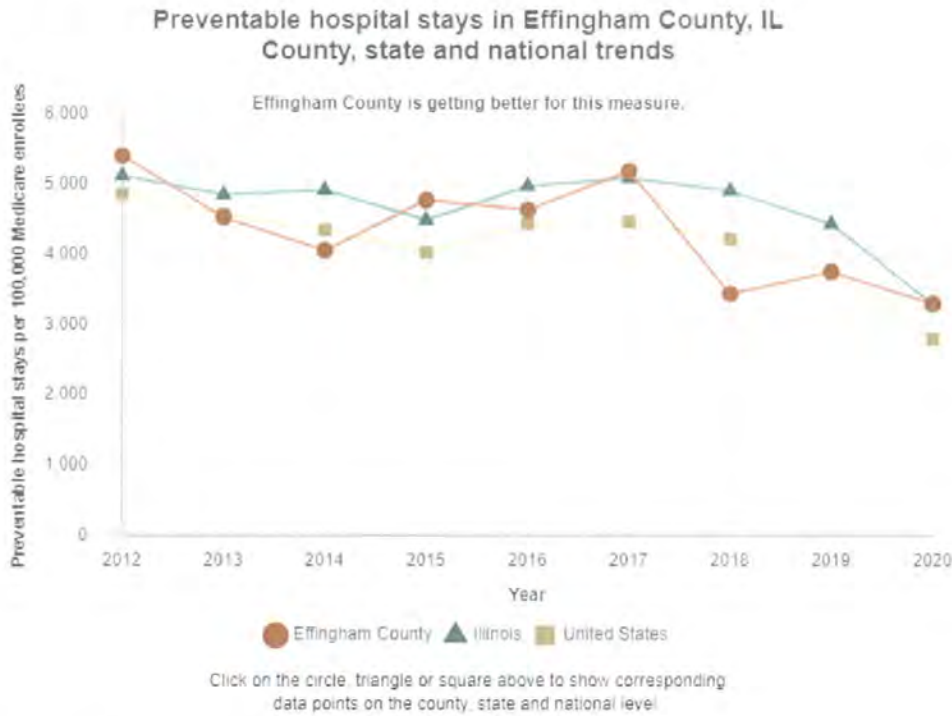
In Effingham County, Illinois, there were 13 deaths from motor vehicle crashes per 100,000 people. This metric is higher than the Illinois rate of 9 and US rate of 12 per 100,000 people (County Health Rankings, 2014-2020).

In Effingham County, Illinois, there were 69 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people. The Illinois rate is 70 and the US rate is 76 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people (County Health Rankings, 2016-2020). When looking at suicides specifically Effingham County has higher rates (17 per 100,000 people) than the Illinois (11 per 100,000 people) and the United States (14 per 100,000) (County Health Rankings, 2016-2020).

Violent Crimes: In Effingham County, between 2014-2020, there were 5 homicides per 100,000 people. The rate in Effingham County is far below the Illinois benchmark of 8 per 100,000 populations and the United States benchmark of 6 per 100,000 people (County Health Rankings, 2014-2020).

Section 9. Sentinel Events

Sentinel indicators are for health conditions considered preventable or controllable with regular primary care. The graph below shows in Effingham County, 3,315 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment (County Health Rankings, 2020).

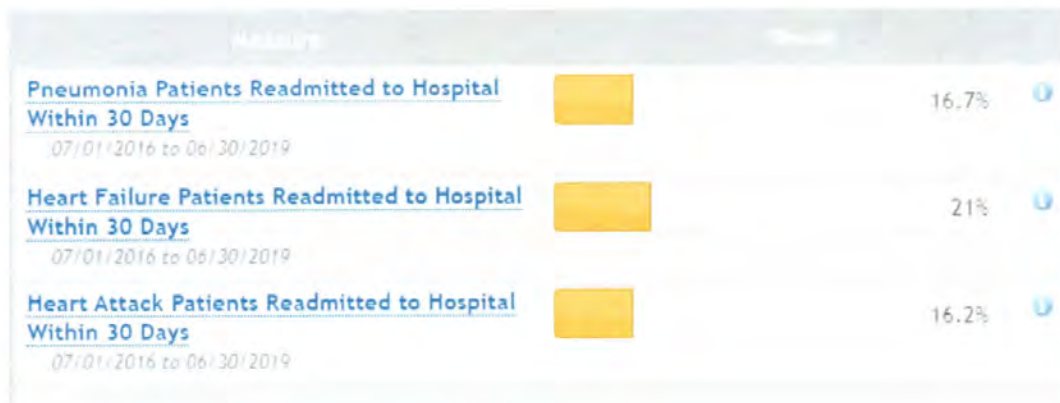


Source: County Health Rankings, 2020

Below are the hospital readmission rates for the HSHS St. Anthony Memorial Hospital in Effingham. This measure is relevant because it reflects hospital prevention strategies and patient's knowledge at discharge on how to prevent future events.

HSHS St. Anthony's Readmission Rates

"Readmission" is when patients who had a recent stay in the hospital go back into hospital again. Rates of readmission can give information about whether a hospital is doing its best to prevent complications, educate patients at discharge, and ensure patients make a smooth transition to their home or another setting such as a nursing home. These data come from [medicare.gov/hospitalcompare](https://www.medicare.gov/hospitalcompare).



Source: [IDPH Healthcare Report Card, 2019](#)

Local Public Health System Assessment

Purpose: The primary purpose of the Local Public Health System Assessment is to promote improvement that will result in positive outcome for system performance. It is a way to better understand current system functioning and performance and prioritize strengths, weaknesses, and opportunities for improvement. The assessment is based on the 10 Essential Services of Public Health.

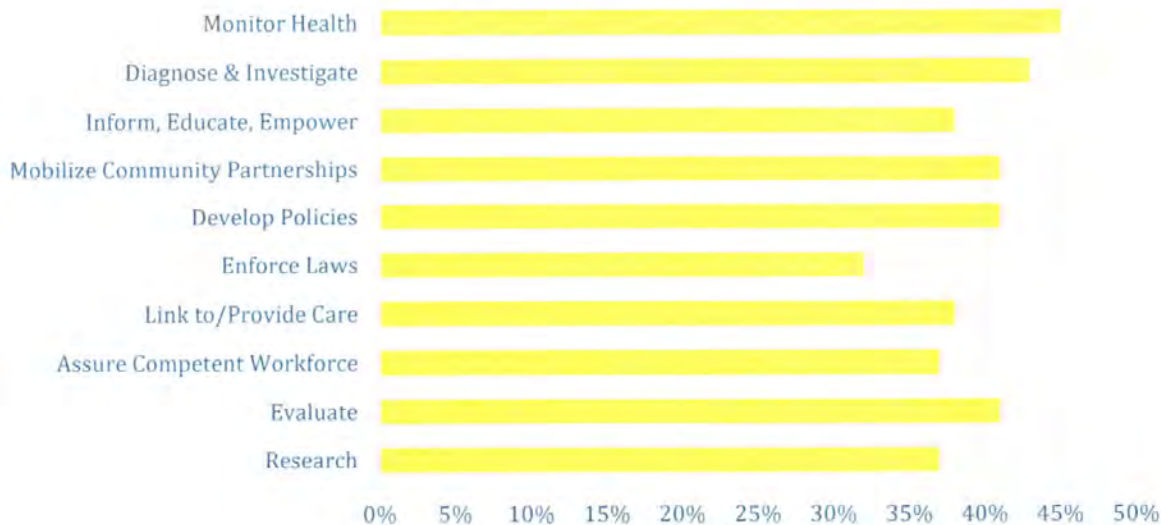


1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate, and empower people
4. Mobilize community partnerships
5. Develop policies and plans
6. Enforce public health laws
7. Link people with needed personal health services
8. Assure competent health care workforce.
9. Evaluate effectiveness, accessibility, and quality
10. Research for new insights and innovative solutions

During meetings with local stakeholders, performance on each essential service was rated on a scale of “no activity” to “optimal activity” based on the table below.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Effingham Local Public Health System Assessment



The primary areas of strength for Effingham County’s Local Public Health System include:

- **Monitoring Health Status:** The Effingham County Health Coalition engages in the Illinois Plan for Local Assessment of Needs every five years. Significant effort has gone into getting broad, accurate, and informative data about the community.
- **Diagnosing and Investigating:** There is information sharing on COVID and other circulating health concerns. The community works together to better investigate issues, such as mental health, dental and transportation issues.
- **Mobilizing Partnerships:** The Effingham County Health Coalition has been formed and regularly meets, encouraging participation from a variety of sectors. The coalition tried to engage non-traditional public health partners.

The main areas of weakness and opportunity for Effingham County’s Local Public Health System include:

- **Enforce Laws:** There are several County ordinances that have not been updated in a while. The local public health system works to prevent selling tobacco, including vape pens, to minors and advocates for smoke free public places.
- **Assure Competent Workforce:** Nationally, we are experiencing a workforce shortage, with many organizations struggling to find enough employees to operate at full capacity. This creates a system where individuals may be hired into positions without necessary qualifications or appropriate training.
- **Research Innovations:** While partnerships with colleges and universities are abundant for larger areas with more developed public health workforce, the local public health system participates only minimally in public health research.

Forces of Change Assessment

Forces are broad all-encompassing categories that include trends, events, and factors. The Effingham County Health Coalition brainstormed forces of change outside of our control that affect the local public health system and community.

Forces (Trends, Events, & Factors)	Threats Posed	Opportunities Created
Social		
<i>Nutrition, increasing obesity</i>	<ul style="list-style-type: none"> Poor nutrition and physical inactivity. This can lead to increased rates of chronic diseases; such as heart disease and diabetes. 	<ul style="list-style-type: none"> Local food bank looking into the possibility of getting more fresh produce to distribute. Promotion of parks, walking trail, and fitness centers in the area.
<i>Poverty</i>	<ul style="list-style-type: none"> Reduced SNAP benefits due to COVID 19 emergency allotments ending. Changes in eligibility for free and reduced lunch in the school system Transportation to services Unaware of available services, unable to access, or assuming they do not qualify for services 	<ul style="list-style-type: none"> Promotion of WIC benefits U of I Extension Snap-Ed. office is hosting events like cooking, brown bag/packing a healthy lunch. Bus passes being given out for public transportation service Resource fairs held for community to attend and learn what is available Case managers are in place in different areas of the community
<i>Aging Population</i>	<ul style="list-style-type: none"> People ages 85 and up increased. Increased need of caregivers, along with high-cost to provide care, causing financial hardship 	<ul style="list-style-type: none"> Small community willing to help each other and support local businesses Dementia Friendly establishments
<i>Substance Abuse</i>	<ul style="list-style-type: none"> Lack of access to rehabilitation services Easy access to alcohol and other drugs 	<ul style="list-style-type: none"> Implement community education interventions Harm reduction supplies becoming more available Work with Effingham County Recovery Oriented System of Care Council

<i>Limited methods to communicate in different languages</i>	<ul style="list-style-type: none"> • Lack of in person interpreters and translator • Growing need for Spanish interpreters • Limited capabilities, such as phone services or apps, to provide information 	<ul style="list-style-type: none"> • Increased awareness and advocacy to get more resources to support translation and interpreter services
Economic		
<i>Lack of Efficient payment to support use of services</i>	<ul style="list-style-type: none"> • Inability to meet health needs of the community. • Delayed payment on reimbursement from state insurances causes providers to limit access, financial burdensome for provider to access payer source. • Self-pay option used to get care, resulting in additional medical debt 	<ul style="list-style-type: none"> • Finding alternative funding sources outside of State funding. • Encourage people to access payment plans and charitable programs.
<i>Cost of care</i>	<ul style="list-style-type: none"> • High Insurance deductibles • Less likely to seek health care. • Inability to access necessary healthcare services due to lack of transportation. • This is a issue across primary, mental, specialty care, and dental care. 	<ul style="list-style-type: none"> • Education on free preventative health care services offered through most health insurance plans. • Promote free and low-cost screenings and tests. • Local transportation program has medical transportation services
Political		
<i>Divided political opinions deterring Health outcomes</i>	<ul style="list-style-type: none"> • Confusion on vaccination safety and cause/effect of health interventions strategies 	<ul style="list-style-type: none"> • Stay informed • State and national advocacy.
Environmental		
<i>Tobacco usage & Exposure to Secondhand Smoke</i>	<ul style="list-style-type: none"> • Leads to high incidence of lung cancer and other health issues • Peer pressure among junior high and high school students • Increased use of vaping products • Social media use to engage in substance use 	<ul style="list-style-type: none"> • Smoking cessation assistance • Smoke free public areas • Education in schools at younger age • More enforcement activities to prevent access in adolescents

<i>Lack of awareness of community resources and referral to services</i>	<ul style="list-style-type: none"> No updated central resource manual 	<ul style="list-style-type: none"> A community wide referral system for all to use is being implemented All-encompassing document of community resources
Technological		
<i>Unreliable internet and cell phone access</i>	<ul style="list-style-type: none"> Technology infrastructure in rural areas is still under developed. Cost of internet. 	<ul style="list-style-type: none"> Assistance with computers/technology is offered at the local library.
<i>Technology advantages quickly</i>	<ul style="list-style-type: none"> High expense for implementing new technologies Needed time to teach staff new technologies 	<ul style="list-style-type: none"> Learning new technology, especially Health IT
Scientific		
<i>Hospital Re-admissions</i>	<ul style="list-style-type: none"> Readmissions are considered preventable Increased financial burden on hospital 	<ul style="list-style-type: none"> Chronic Care Management Program – To reduce readmissions
<i>Vaccines</i>	<ul style="list-style-type: none"> Increasing reluctance to vaccinations Circulating misinformation about health outcomes 	<ul style="list-style-type: none"> Grant opportunities to help educate Multiple sources to get vaccines

Organizations and individuals represented and nature of contributions:

Organization	Name	Representing Medically Underserve, low income, or minorities	Effingham County Health Coalition	Community Health Needs Survey Development	Visioning	Local Public Health System Assessment	Forces of Change Assessment
Catholic Charities of Effingham	Sr. Carol Beckermann	X		X	X		
CEFS-Adult Literacy	Susan Wilson	X		X	X		
Effingham and Clay County Health Departments	Samantha Weidner	X	X	X	X	X	X
HSHS St. Anthony Memorial Hospital	Valerie Engelbart	X	X		X	X	X
University of Illinois Extension Center	Elizabeth Hartke	X	X		X	X	X
Effingham County Committee on Aging	Linda Hubbard	X	X	X	X	X	X
CIPT/CEFS	Beth Beck-Marks	X	X		X	X	X
Effingham County Case Management	Kelly Busher	X	X	X	X	X	X
Davita -Dialysis Effingham Location	Leigh Hammer	X	X				
Road Home Program at Rush	Blake Schroedter	X	X		X	X	X

Enduring Freedom Ministries	Vickie Kight	X	X		X	X	X
Family Life Center	Kayla Schumacher	X	X				
Heartland Human Services	Trisha Ratlift	X	X				

Community Health Improvement Plan

Effingham, Illinois



FY2022-FY-2027

Prepared by
Effingham County Health Department in August 2023



Public Health
Prevent. Promote. Protect.

Effingham County
Health Department

Introduction and Method

Statement of Purpose: In March 2023, the Effingham County Health Department and Effingham County Health Coalition completed the four MAPP assessments and collaborated with Community Area Service Providers (CASP) to go through a process to identify the most important issues facing the community and write a plan on how to address these issues. The Effingham Health Coalition and Effingham County Health Department will use the Community Health Improvement Plan to direct efforts to improve the health for all those who live, work, and play in Effingham County.

Process: The Effingham County Health Coalition and CASP were given the task of selecting the top 3 strategic issues. In March 2023, coalition members met to discuss overall trends both in their work in the community and reviewing the 4 MAPP assessments. The Effingham County Health Coalition participated in interactive posters that identified overarching during meetings. These posters had their input and referenced current data trends.

The responses were compiled and prioritized using the nominal group technique. The health issues were grouped into three strategic priorities. The results of the survey were shared with the Coalition at the April 2023 meeting.

Top 3 Strategic Issues:

- Access to Care
- Cancer
- Behavioral Health

The group did not want to divide into subcommittees and indicated they were interested in participating in all three strategic issue formations. The group was responsible for developing a health improvement plan related to its respective strategic issues. Instructions on how to develop goals and interventions were emailed/given to each member.

Evaluation: Effingham County Health Coalition will annually update metrics listed below to gauge progress toward meeting goals. Using these metrics, we will promote an awareness about public health services availability and health education initiatives.

Strategic Issue #1: Access to Care

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

Rationale: Effingham is a rural community located in the healthcare shortage area. A “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental, or mental health professionals. The access to dentists is especially low. Currently, there are two dentists that accept Medicaid child patients in Effingham County. Adults on Medicaid in the community must drive over two hours to see a dentist. The community groups identified a need for dental care for Medicaid patients and transportation services. Public transportation must be scheduled 24 hours in advance and is limited especially for out of county visits.

Supporting Data:

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

In 2020, there were 25.6 primary care physicians per 100,000 population (Illinois rate 19.8)

In 2019, there were 141.1 dentists per 100,000 population (Illinois rate 71.3)

In 2020, there were 188.2 mental health providers per 100,000 population (Illinois rate 262)

Data source: US Census Bureau, American Community Survey 2020, RISE-IP3

Effingham County Health Care Coverage and Utilization

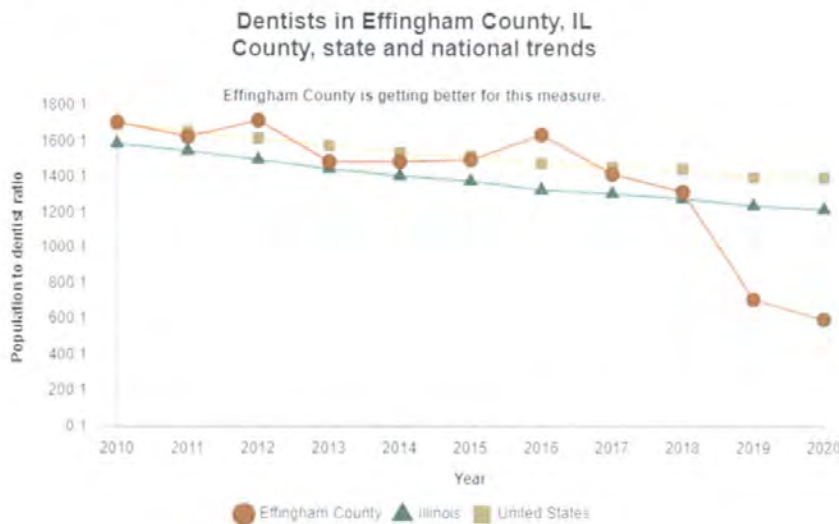
Health Care Coverage & Utilization

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAVE HEALTH CARE COVERAGE	No	2,356	9.0%	5.0%-15.5%	29
	Yes	23,865	91.0%	84.5%-95.0%	408
HAVE MEDICARE	No	19,309	73.6%	68.8%-77.9%	243
	Yes	6,919	26.4%	22.1%-31.2%	194
HAVE PERSONAL DOCTOR	No	1,618	6.2%	3.7%-10.2%	23
	Yes	24,590	93.8%	89.8%-96.3%	414
UNABLE TO VISIT DOCTOR DUE TO COST	No	24,329	92.6%	88.4%-95.4%	409
	Yes	1,939	7.4%	4.6%-11.6%	29
LAST ROUTINE CHECKUP	Past Year	17,549	66.8%	60.2%-72.8%	322
	Past 2 Years (> 1yr. <2yrs)	3,781	14.4%	10.4%-19.6%	54
	More than 2 Years	4,938	18.8%	13.9%-24.9%	62
COULD NOT FILL PRESCRIPTION DUE TO COST	No	24,484	94.1%	90.7%-96.2%	408
	Yes	1,546	5.9%	3.8%-9.3%	28

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

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

Effingham County Dentist Ratio Trends



Notes
 The data in this table reflect the average population served by a single dentist

Source: County Health Rankings, 2020

Effingham County Dental Care Coverage and Utilization

Dental Care Coverage & Utilization

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
LAST DENTAL VISIT	Past Year	18,634	70.9%	65.2%-76.1%	285
	Past 2 Years (>1yr, <2yrs)	2,189	8.3%	5.5%-12.4%	43
	More than 2 Years	5,446	20.7%	16.5%-25.7%	110
HAVE DENTAL INSURANCE COVERAGE	Yes	14,031	54.8%	48.7%-60.7%	196
	No	11,585	45.2%	39.3%-51.3%	240
COULD NOT VISIT DENTIST DUE TO COST	Yes	2,799	10.7%	7.6%-14.8%	51
	No	23,469	89.3%	85.2%-92.4%	387

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

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

According to the Mapping Medicare Disparities Tool, Seventeen percent of Effingham County Medicare Beneficiaries were diagnosed with Depression. This is on par with the Illinois rate of 16.7% and the national rate of 17.8% ([Mapping Medicare Disparities Tool](#), 2020)

Most Significant Barrier for Seeking Medical Attention



- Unable to get appointment
- Inconvenient provider office hours
- Distance
- Lack of Transportation
- Unable to get off work
- Cost
- Other

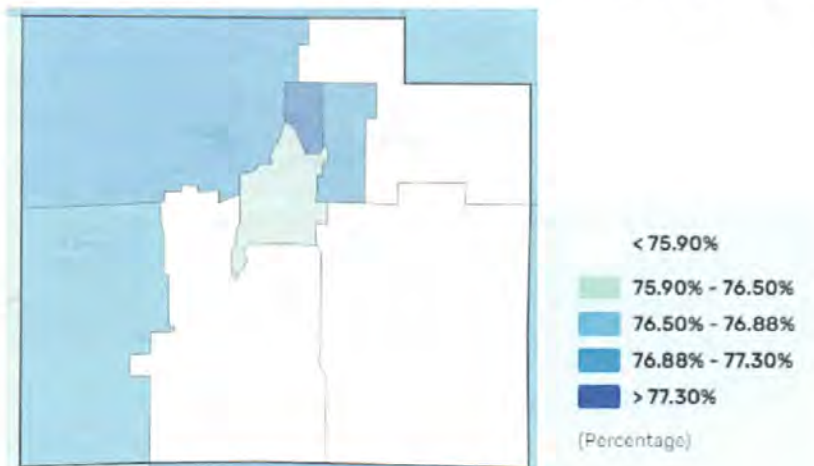
Source: Effingham Community Health Needs Survey, 2023.

In the Effingham County Community Health Survey over half, 66%, reported having a very good or excellent oral health status. Seventy-Six percent indicated they had a regular dental provider. The top answers for the most significant barrier to seeking regular dental care was cost (68%) and fear/anxiety/perception of pain (20%). When looking at form of payment for dental care 55% indicated they used dental insurance, 47% self-pay and 9% used Medicaid or Allkids (Effingham CHA, 2023). According to InsureKidsnow.gov, there are two dentists in Effingham County that accept the Medical card for children’s dental needs (Insurekidsnow.gov, 2023).

Health Care Utilization

Seventy Six percent of Effingham County adult residents 18 years old or older reporting having been to a doctor for a routine checkup in the past year. This metric is better than the state of 75.8% and national rate of 73.4% (CDC PLACES, 2020).

Effingham County Adult Population with Recent Primary Care Visit



Source: Center for Disease Control [PLACES](#), 2020 accessed [through IP3](#)

During the Effingham County Community Needs Survey, 31.93% of respondents seek medical attention on a yearly basis, 11.76% rarely (more than 2 years since last visit) seek medical attention, 26.89% twice a year and 29.41% every three months.

In the 2023 Community Health Needs Survey, 33.3% percent of respondents rated their oral health as fair or poor. Seventy-nine percent indicated they had a regular dental provider. A majority, 67.71%, of respondents said cost was the most significant barrier to seeking regular dental care.

Population with Limited English Proficiency: Figure 1.10 reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education (US Census Bureau, 2020).

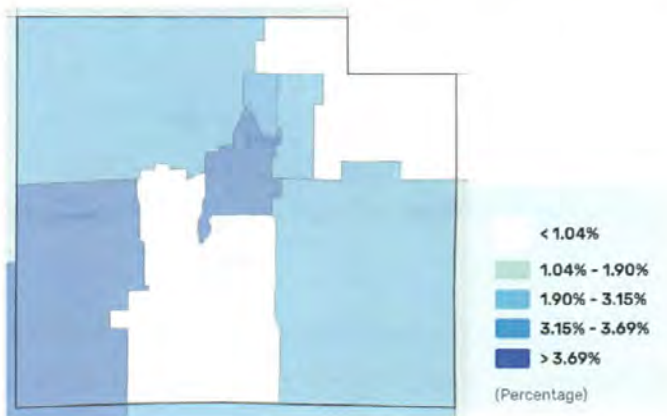
Map of Population with Limited English



Source: US Census American Community Survey 2020, graph through IP3

Only 3.7 Percent of Effingham County workers aged 16 years and older who commute to work by via public transportation, bicycle or walking. This is referred to as Active Commuting. The map below indicates where the percentage of the population that use this form of transportation. This indicator is worse than the national benchmark value 7.6% and the state benchmark value 12.2%.

Percentage of Effingham County workers who Actively Commute



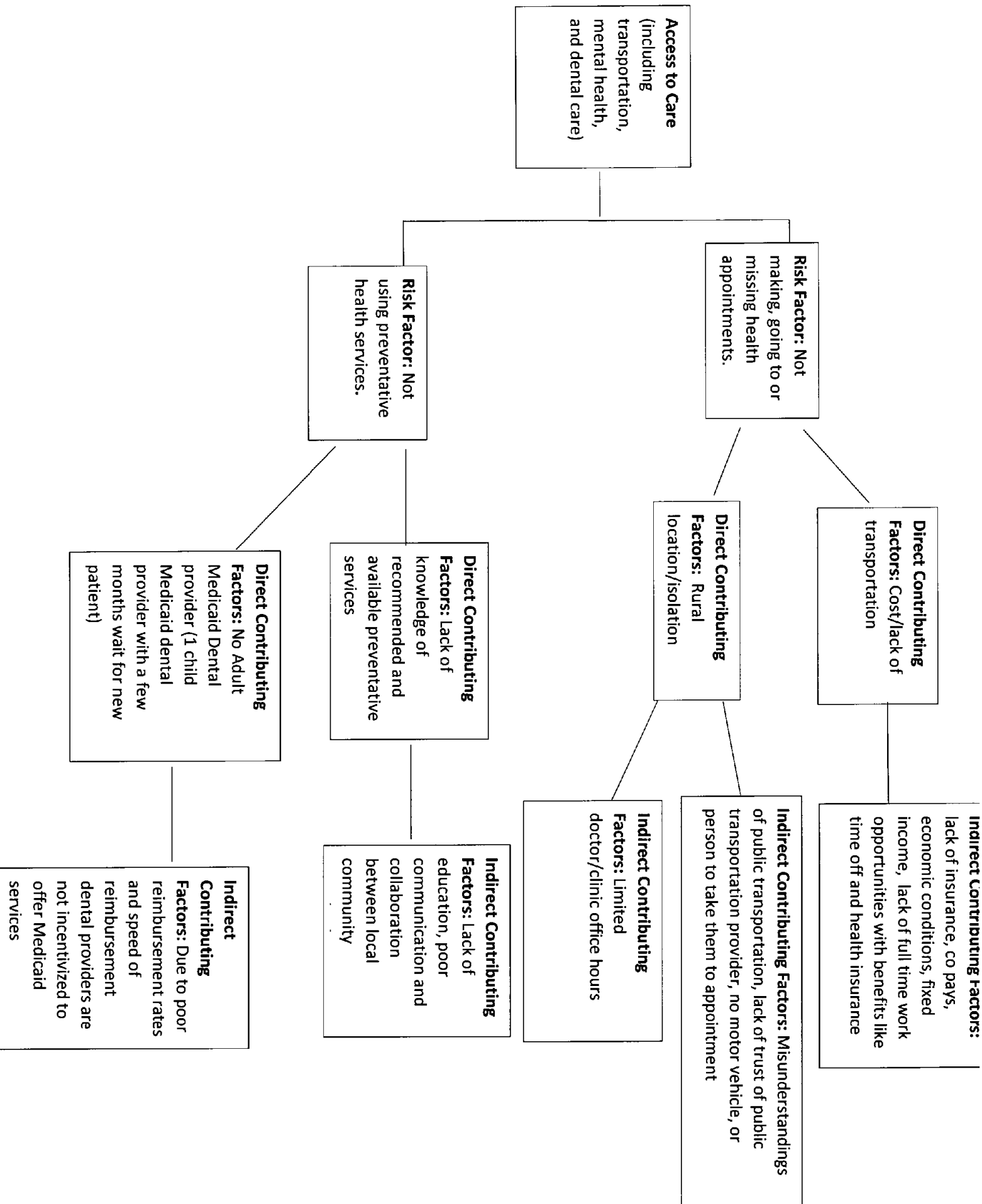
Source: [American Community Survey 2020](#), accessed in IP3

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

- Increase the proportion of persons under 65 years old with medical insurance to 92.4%.
- Increase the proportion of persons under 65 years old with dental insurance to 75%
- Increase the proportion of persons who have a specific source of ongoing care to 84%.
- Decrease the proportion of persons who are unable to or delay ongoing medical care to 5.9%.
- Decrease the proportion of persons who are unable to or delay dental care to 19.4%.

Relation to State Health Improvement Plan 2021

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



Outcome Objective #1: By 2028, Increase Effingham County workers aged 16 years and older who commute to work by public transportation, bicycle or walking to 4%.

- Baseline (2020): 3.7 percent of Effingham County workers aged 16 years and older who commute to work by public transportation, bicycle, or walking. The national benchmark is 7.6% and the Illinois benchmark is 12.2%.
 - Data Source: American Community Survey

Impact Objective 1.1: Decrease the number of Effingham County residents who are unable to visit the doctor due to cost to 8%.

- Baseline (2015-2019): 7.4% of Effingham County residents indicated they were unable to visit doctor due to cost.
 - Data Source: IDPH BRFSS
 - Interventions:
 - Medical Transportation Coordination program through public transportation provider, increase usages through ETrax loop that includes stops at medical provider locations.
 - Marketing will be done to educate on the importance of receiving annual doctor visits and the various methods to be screened for health concerns.
 - Promote Financial Education Classes/Materials.
 - Educate on finding prices of a medical provider services.
 - Encourage people to apply for a reduced bill based on income.
 - Evidence-Base:
 - Public Transportation Systems: [Public transportation systems | County Health Rankings & Roadmaps](#)
 - Federally Qualified Health Centers (FQHCs): [Federally qualified health centers \(FQHCs\) | County Health Rankings & Roadmaps](#)
 - Individual Incentives for Public Transportation: [Individual incentives for public transportation | County Health Rankings & Roadmaps](#)
 - Patient Navigators: [Patient navigators | County Health Rankings & Roadmaps](#)
 - Financial Education for Adults: [Financial education for adults | County Health Rankings & Roadmaps](#)
 - Price Transparency Initiatives for Patients: [Price transparency initiatives for patients | County Health Rankings & Roadmaps](#)

Impact Objective 1.2: Increase the number of Effingham County residents who have health insurance to 92%.

Baseline (2023): In Effingham County 91% have health insurance. Health People 2030 target is 92.4%.

- Data Source: IDPH BRFSS
- Interventions:
 - Insurance education at community events.

- Marketing done to employers about the importance of health insurance and preventative services.
 - Evidence-Base:
 - Health Insurance Enrollment Outreach & Support: [Health insurance enrollment outreach & support | County Health Rankings & Roadmaps](#)

Outcome Objective #2: By 2028, Increase the number of persons who have a regular dental provider to 78%.

- Baseline (2023): In the Effingham 76% of respondents indicating having a regular dental provider.
 - Data Source: Effingham Community Health Needs Survey

Impact Objective 2.1: Reduce the proportion of persons who are unable to or delay obtaining dental care due to cost to 9% by 2028.

- Baseline (2015-2019): In Effingham County 10.7% report could not visit dentist due to cost. The Healthy People 2030 goal is to decrease the proportion of persons who are unable to or delay ongoing medical care to 5.9%.
 - Data Source: IDPH BRFSS
 - Interventions:
 - Offer educational sessions to help people sign up for health insurance.
 - Encourage enhanced provider office hours and offer more walk-in clinic opportunities. This prevents people from missing work for appointments.
 - Partner with public transportation to reduce barriers to medical care due to distance and transportation.
 - Distribute education through local industries on preventative services covered through insurance plans.
 - Evidence base:
 - Health Insurance Enrollment Support: <http://www.countyhealthrankings.org/policies/health-insurance-enrollment-outreach-support>
 - Public Transportation Systems: [Public transportation systems | County Health Rankings & Roadmaps](#)
 - Health Literacy Interventions: <http://www.countyhealthrankings.org/policies/health-literacy-interventions>

Impact Objective 2.2: By 2022, Decrease the number of Effingham County residents who indicated the most significant barrier to seeking regular dental care was fear/anxiety/perception of pain to 19%.

- Baseline (2023): 20% of Effingham County residents who indicated the most significant barrier to seeking regular dental care was fear/anxiety/perception of pain Effingham.
 - Data Source: Effingham County Community Health Survey
 - Interventions:
 - Education through wellness events and messaging through Effingham County Health Coalition members.

- Evidence base:
 - Patient Shared Decision Making:
[Patient shared decision making | County Health Rankings & Roadmaps](#)
 - Health Literacy Interventions:
[Health literacy interventions | County Health Rankings & Roadmaps](#)

Outcome Objective #3: By 2028, recruit 2 additional dental providers that accept Medicaid.

- Baseline (2023): Effingham County had 141.1 dentists per 100,000 population (IL- 71.3). There are 2 dentists who accept Medicaid.
 - Data Source: American Community Survey 2020; Effingham County Oral Health Needs Assessment 2018

Impact Objective 3.1: By 2028, recruit a dental provider to meet the needs of Medicaid population.

- Baseline (2023): Effingham County has 2 Medicaid dental providers that serve children Medicaid clients.
 - Data Source: InsureKidsNow.gov
 - Interventions:
 - Work as a coalition to identify methods to recruit dental providers or otherwise meet the dental needs of Medicaid population, reach out to Chamber of Commerce for additional recruitment efforts.
 - Promote Catholic Charities Dental Voucher Program which allows through a screening process at Catholic Charities individuals in the community to receive one free tooth extraction.
 - Provide contact information of dental providers who accept Medicaid when calling the Effingham County Health Department.
 - Evidence Based:
 - Higher Education Financial Incentives for Health Professions:
[Higher education financial incentives for health professionals serving underserved areas | County Health Rankings & Roadmaps](#)

Impact Objective 3.2: By 2028, Increase the proportion of the Effingham County population that use dental insurance to pay for dental care to 57%.

- Baseline (2023): 55% Effingham County residents use dental insurance to pay for dental care and 47% self-pay for dental care. Health People 2030 target is 75% and the national baseline is 70.3% of persons under 65 years who had dental insurance in 2019.
 - Data Source: Effingham Community Health Needs Survey
 - Interventions:
 - Engage insurance companies with employers to promote offering health insurance.
 - Work to promote better services for those with dental insurance through Medicaid.
 - Evidence base:
 - Patient Shared Decision Making:
[Patient shared decision making | County Health Rankings & Roadmaps](#)
 - Health Literacy Interventions:
[Health literacy interventions | County Health Rankings & Roadmaps](#)

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

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

Community Resources Available for this Priority:

- Effingham County Health Department
- HSHS St. Anthony Memorial Hospital
- Catholic Charities
- Sarah Bush Lincoln
- Southern Illinois Healthcare Foundation
- CEFS Public Transit
- RIDES Mass Transit

Estimated funding:

Enhance current programs using existing funding. HSHS St. Anthony’s CHNA allocation for Dental Voucher Program through their CHNA. ARISE CIPT Medical Transportation Program.

Potential New Funding Sources/In-Kind Support

Explore new grants from federal or state sources to support initiatives.

Plan to Monitor Progress

Annually these metrics will be updated at the Effingham Health Coalition Meetings and projects will be assessed or proposed to increase health outcomes. A marketing plan for increasing awareness of public health availability and health education initiatives related to these outcomes will also be created and shared.

Strategic Issue #2: Cancer

Goal: Increase the availability of cancer screenings, education on preventative care, and treatment options.

Rationale:

The Effingham Community Health Needs Survey and coalition found that community members are very concerned about cancer. Cancer is the leading cause of death in Effingham County.

Effingham County's cancer mortality rate is slightly lower than the Illinois and National Rate, all of which are higher than the Healthy People 2030 Target (122.7 per 100,000). Additionally, Effingham County's cancer incident rate is higher than the National rate for colon and rectum cancer, and prostate cancer (State Cancer Profiles, 2015-2019).

The percentage of adults who have been told they have high blood pressure in Effingham County was 71.3% according to the 2015-2019 IDPH BRFSS.

Supporting Data:

Cancer was the # 1 most commonly reported important health issue to residents of Effingham County from the Community Health Needs Survey. Cancers (63%), Heart Disease and Stroke (37%), and Mental Health Problems (31%) were the top three most important health problems reported in the survey.

Leading Causes of Death

In 2021, the leading cause of death in Effingham County was malignant neoplasms (cancer) with disease of the heart (heart disease) as the second leading cause. Similarly, heart disease and cancer were the top two leading causes of death in the state of Illinois. The percentage of deaths caused by COVID-19, Accidents, Diabetes, and Alzheimer's disease are higher in Effingham County than in the State of IL. Effingham County is ranked 25 out of 102 counties in Illinois for overall health (County Health Rankings, 2020).

Leading Causes of Death

Top five Leading Causes of Death in 2021			
		Effingham	Illinois
Rank	Cause of Death	Percent of Deaths	Percent of Deaths
1	Cancer	18.4%	18.9%
2	Heart Disease	15.8%	21.0%
3	COVID-19	12.6%	9.0%
4	Accidents	6.7%	6.1%
5	Stroke	5.1%	5.4%

Source: Illinois Department of Public Health Death Statistics, 2021

In Effingham County, the average expectancy is 78.2 years. This is worse than the state 79.2 and United States' life expectancy of 79.3. We also have high infant, less than one year of age, deaths (9.1 per 100,000 live births) than the state (6.2) or United States (5.8) (County Health Rankings, 2019).

Table 4.1 Cancer Age-Adjusted Incidence Rates per 100,000 population			
	Effingham County, IL	Illinois	United States
All Cancer	510.3	465.2	449.4
Breast Cancer	147.4	134.0	128.1
Lung & Bronchus	59.7	61.3	56.3
Colon & Rectum	55.2	41.3	37.7
Prostate	145.2	113.3	109.9
Source: State Cancer Profiles , 2015-2019			

Table 4.2 Cancer Age-Adjusted Death Rates per 100,000 population				
	Effingham County, IL	Illinois	United States	Healthy People 2030
All Cancer	143.5	155.3	149.4	122.7
Breast Cancer	12.4	20.5	19.6	15.3
Lung & Bronchus	34.6	37.3	35.0	25.1
Colon & Rectum	14.6	14.0	13.1	8.9
Prostate	19.3	19.5	18.8	16.9
Source: State Cancer Profiles , 2015-2019				

Chronic Disease Indicators of Effingham County residents

Chronic Diseases

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
HAS ASTHMA NOW	Yes	1 880	7.2%	4.8%-10.6%	38
	No	24 271	92.8%	89.4%-95.2%	397
EVER TOLD COPD	Yes	2 207	8.4%	6.0%-11.7%	52
	No	23 974	91.6%	88.3%-94.0%	384
EVER TOLD CANCER	Yes	2 757	10.5%	7.8%-14.0%	69
	No	23 511	89.5%	86.0%-92.2%	369
EVER TOLD ARTHRITIS	Yes	6 264	23.8%	19.7%-28.6%	157
	No	20 004	76.2%	71.4%-80.3%	281
ARTHRITIS/JOINT SYMPTOMS: LIMITS ACTIVITIES	Yes	3 192	12.2%	9.4%-15.7%	81
	No	23 023	87.8%	84.3%-90.6%	356
EVER TOLD DEPRESSIVE DISORDER	Yes	3 429	13.1%	9.4%-18.1%	64
	No	22 667	86.9%	81.9%-90.6%	371
TOLD HAVE DIABETES	No	23 954	91.2%	87.6%-93.8%	385
	Yes	2 314	8.8%	6.2%-12.4%	53
CHRONIC HEALTH CONDITIONS ¹	No Chronic Disease	14 471	55.9%	49.5%-62.0%	191
	1 Chronic Disease	5 841	22.6%	17.8%-28.2%	108
	2+ Chronic Diseases	5 581	21.6%	17.4%-26.4%	131

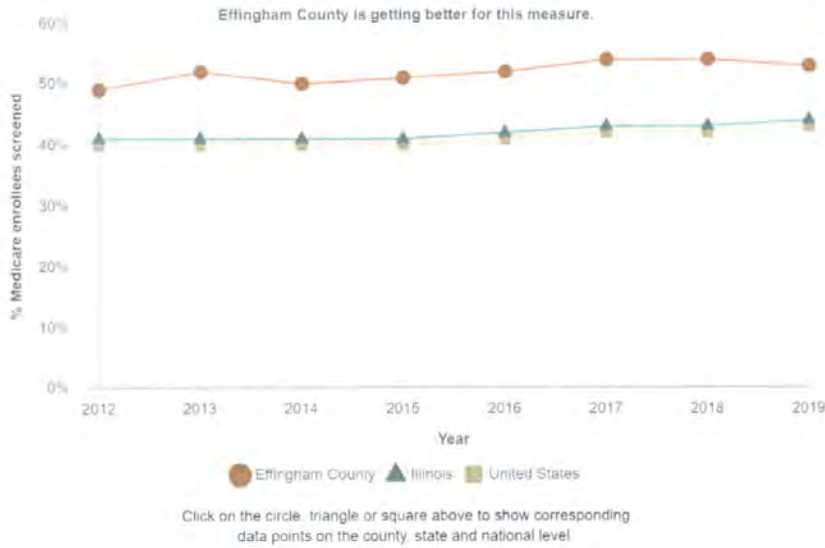
Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

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

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

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

Mammography screening in Effingham County, IL County, state and national trends



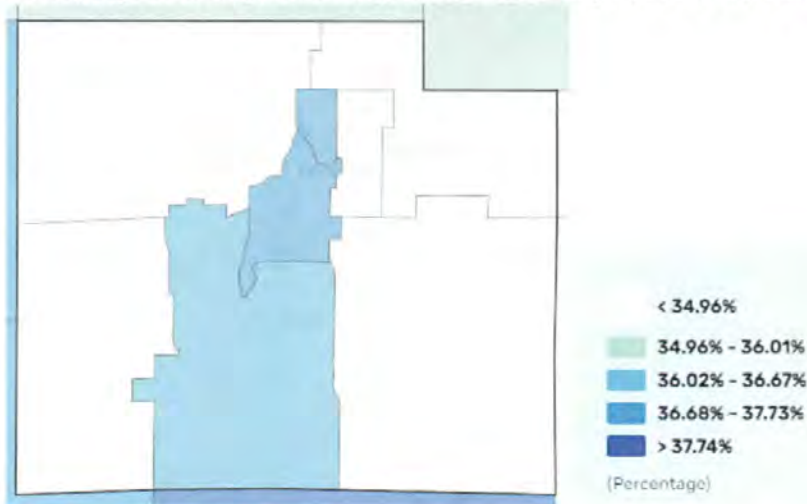
Source: County Health Rankings, 2019

In Effingham County, Illinois, 53% of female Medicare enrollees received an annual mammography screening. This rate is better than the Illinois rate of 44% and the national rate of 43% (County Health Rankings, 2019).

Obesity and Diabetes

Effingham County’s obesity rate has continued to increase since 2004 and surpasses the Illinois and United States rate according to County Health Rankings reports 34% of Effingham Residents had a BMI of 30 or greater in 2019. The Illinois and national rate are 32% ([County Health Rankings](#), 2019).

Percentage of Effingham County Adults aged 18 years and older with obesity (BMI of 30 and above)



Source: CDC [PLACES](#), 2020, accessed through [IP3](#)

The percentage of adults aged 18 years and older with obesity (BMI of 30 or above) in Effingham County is 34.6%. This percentage is higher than the Illinois 32.8% and national rates 32.6% (CDC PLACES, 2020).

Table 4.5 Effingham County Diabetes

		Diabetes			
ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
TOLD HAVE DIABETES ¹	No	23,954	91.2%	87.6%-93.8%	385
	Yes	2,314	8.8%	6.2%-12.4%	53
PAST THREE YEARS - HAD A HIGH BLOOD SUGAR/DIABETES TEST ²	Yes	12,684	53.8%	46.8%-60.6%	219
	No	10,908	46.2%	39.4%-53.2%	160
EVER TOLD BY HEALTH PROFESSIONAL YOU HAVE PRE/BORDERLINE DIABETES ³	Yes	1,208	5.0%	3.1%-8.2%	21
	No	22,713	95.0%	91.8%-96.9%	363

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

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

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

2. Asked only of respondents who did not report ever being told they have diabetes.

3. Asked only of respondents who did not report ever being told they have diabetes or borderline/pre-diabetes.

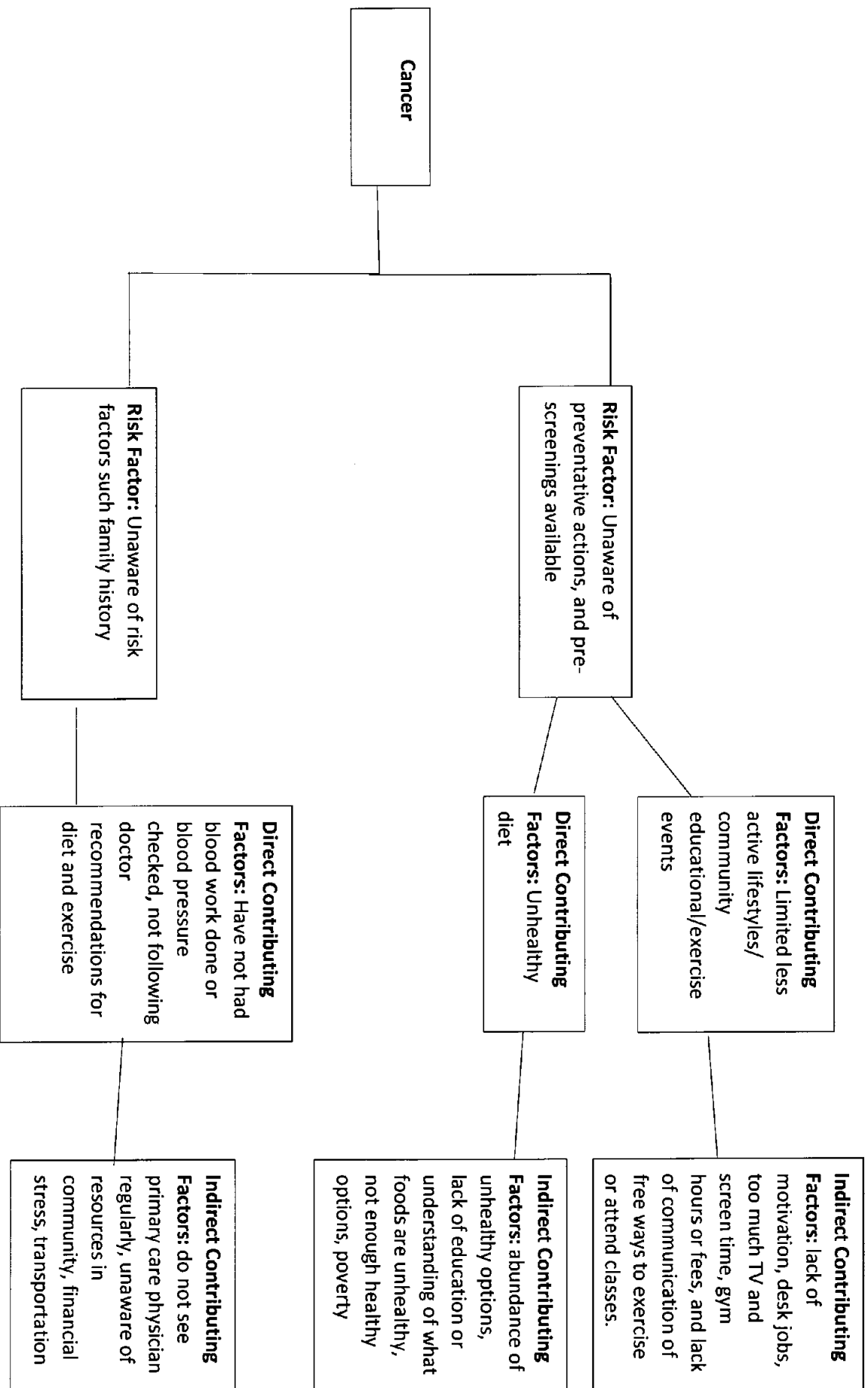
Source: IDPH [BRFSS](#), 2015-2019

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

- Decrease the proportion of adults aged 20 years and over with high total blood cholesterol levels (over 186.4mg/dl).
- Decrease the proportion of adults who are obese to 36%.
- Decrease stroke mortality to 33.4 per 100,000 population.
- Increase the percent of female aged 50-74 that receive mammography screenings to 80.5%.
- Increase the proportion of persons aged 50-75 years who received a colorectal cancer screening to 74.4%.

Relation to State Health Improvement Plan 2021

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



Outcome Objective #1: By 2028, reduce the all-cancer age-adjusted death rate per 100,000 population to 142.

- Baseline (2015-2019): All Cancer age-adjusted death rate was 143.5 per 100,000 in Effingham County, 155.3 in Illinois, and 149.4 in the United State. The Healthy People 2030 target is 122.7.
 - Data Source: State Cancer Profiles

Impact Objective 1.1: By 2028, Decrease the age-adjusted lung and bronchus cancer death rate for Effingham County to 33 per 100,000.

- Baseline (2015-2019): Lung and Bronchus cancer age-adjusted death rate was 34.6 per 100,000 in Effingham County, 37.3 in Illinois, and 35.0 in the United State. The Healthy People 2030 target is 25.1.
 - Data Source: State Cancer Profiles
 - Interventions:
 - Utilize social media to share messaging campaigns about Tobacco Cessation and choosing healthy options.
 - Promote cancer screenings and annual well checks.
 - Evidence Based:
 - Mass Media Campaigns Against Tobacco Use: [Mass media campaigns against tobacco use | County Health Rankings & Roadmaps](#)
 - Patient Financial Incentives for Preventive Care: [Patient financial incentives for preventive care | County Health Rankings & Roadmaps](#)

Impact Objective 1.2: By 2028, Decrease the prostate cancer death rate for Effingham County to 18 per 100,000.

- Baseline (2015-2019): Prostate cancer age-adjusted death rate was 19.3 per 100,000 in Effingham County, 19.5 in Illinois, and 18.8 in the United States. The Healthy People 2030 target is 16.9.
 - Data Source: State Cancer Profiles
 - Interventions:
 - Utilize social media to share messaging campaigns about early detection and family history.
 - Promote cancer screenings and annual well checks.
 - Evidence Based:
 - Culturally Adapted Health Care: [Culturally adapted health care | County Health Rankings & Roadmaps](#)
 - Federally Qualified Health Centers: [Federally qualified health centers \(FQHCs\) | County Health Rankings & Roadmaps](#)

Impact Objective 1.3: By 2028, Decrease the age-adjusted colon and rectum cancer death rate for Effingham County to 13.5 per 100,000.

- Baseline (2015-2019): Colon and Rectum cancer age-adjusted death rate was 14.6 per 100,000 in Effingham County, 14.0 in Illinois, and 13.1 in the United States. The Healthy People 2030 target is 8.9.

- Data Source: State Cancer Profiles
- Interventions:
 - Effingham County Health Department, HSHS St. Anthony Memorial Hospital and Sarah Bush Lincoln will offer F.I.T. colorectal screenings.
 - Effingham County Health Department will provide one-on-one education on how to perform the test and the importance of testing to clients. Effingham County Health Department will also do follow up calls with clients who participate in the F.I.T. colorectal screenings.
 - Utilize social media to share messaging campaigns about early detection.
 - Promote cancer screenings and annual well checks.
 - Evidence Based:
 - Patient Financial Incentives for Preventive Care: [Patient financial incentives for preventive care | County Health Rankings & Roadmaps](#)
 - Cancer Screening: One-on-One Education for Clients- Colorectal Cancer: <https://www.thecommunityguide.org/findings/cancer-screening-one-one-education-clients-colorectal-cancer>

Outcome Objective #2: By 2028, Increase the average life expectancy in Effingham County to 79 years.

- Baseline (2019): Effingham County life expectancy is 78.2 years. Illinois life expectancy is 79.2 and the United States is 79.3.
 - Data Source: County Health Rankings

Impact Objective 2.1: By 2028, Decrease the percentage of adults who have been told they have high blood pressure in Effingham County to 70%.

- Baseline (2015-19): Effingham County 71.3% of adults have high blood pressure. Healthy People 2030 Target is 42.6% of adults have high blood pressure. The national baseline is 45.7% of adults over 18 years have hypertension in 2017-2020.
 - Data Source: IDPH BRFSS
 - Interventions:
 - Explore restaurant health improvement initiatives. Work with restaurant owners to develop menu items that are low calorie, heart healthy, and contain fruits and vegetables. Promote healthy menu options using social media, and point of decision prompts in restaurant menus or signage on tables.
 - Collaborate with schools, churches, and community groups to offer healthy options at community events (like school sporting event concession stands). Provide healthy ideas for snacks, such as water instead of soda, fresh fruit and vegetables, popcorn (without butter and salt), and promote healthy options at events using social media.
 - Promote Snap-Ed programs at local food pantries
 - Promote local farmers market as a way to increase fruit and vegetable consumption.
 - Evidence-Base:

- Community Fitness Programs: [Community fitness programs | County Health Rankings & Roadmaps](#)
- Point-of-Decision Prompts for Physical Activity: [Point-of-decision prompts for physical activity | County Health Rankings & Roadmaps](#)
- WIC & Senior Farmers' Market Nutrition Program: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/wic-senior-farmers-market-nutrition-programs>
- SWAP it to DROP it campaign, restaurant program, marketing health: <http://heartsbeatback.org/about-us/fact-sheets>
- Chronic Disease Self-Management (CDSM) programs [Chronic disease self-management \(CDSM\) programs | County Health Rankings & Roadmaps](#)

Impact Objective 2.2: By 2028, Decrease the percentage of adults 18 years or older with obesity (BMI of 30 or above) to 33%.

- Baseline (2020): Effingham County 34.6% of adults 18 years or older are obese (BMI of 30 or above). Illinois rate is 32.8% and U.S. rate is 32.6%. Healthy People 2030 is 36%. Goal of the State Health Improvement Plan is to reduce the percentage of obesity among adults by 5%.
- Data Source: CDC Places
- Interventions:
 - Promote Snap-Ed through U of I Extension and local food pantry education.
 - Promote HSHS St. Anthony's Community Diabetes Program and Prevention Diabetes Programs.
 - Promote breastfeeding through peer counselor program and community breastfeeding support initiatives.
 - Collaborate with School Wellness programs.
 - Collaborate with schools, churches, and community groups to offer healthy options at community events (like school sporting event concession stands). Provide healthy ideas for snacks, such as water instead of soda, fresh fruit and vegetables, popcorn (without butter and salt), and promote healthy options at events using social media.
 - Promote local farmers market as a way to increase fruit and vegetable consumption.
 - Evidence-Base:
 - Point of Purchase Marketing for healthy foods: <http://www.countyhealthrankings.org/policies/point-purchase-prompts-healthy-foods>
 - Breastfeeding promotion program: <http://www.countyhealthrankings.org/policies/breastfeeding-promotion-programs>
 - WIC & Senior Farmers' Market Nutrition Program <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/wic-senior-farmers-market-nutrition-programs>
 - SWAP it to DROP it campaign, restaurant program, marketing health, farmers market promotion: <http://heartsbeatback.org/about-us/fact-sheets>
 - Worksite Obesity Prevention Interventions: [Worksite obesity prevention interventions | County Health Rankings & Roadmaps](#)

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

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

Community Resources Available for this Priority:

- University of Illinois Extension
- HSHS St. Anthony Memorial Hospital
- Effingham Catholic Charities
- Effingham Chamber of Commerce
- Effingham County Health Department
- Local gyms
- Local worksite HR and work site wellness coordinators
- Effingham County School Districts
- Effingham County Food Pantries

Estimated funding:

Enhance current programs using existing funding.

Potential New Funding Sources/In-Kind Support

HSHS St. Anthony's Food Pantry Donations and use of their dietitian through the free Community Diabetes Program.

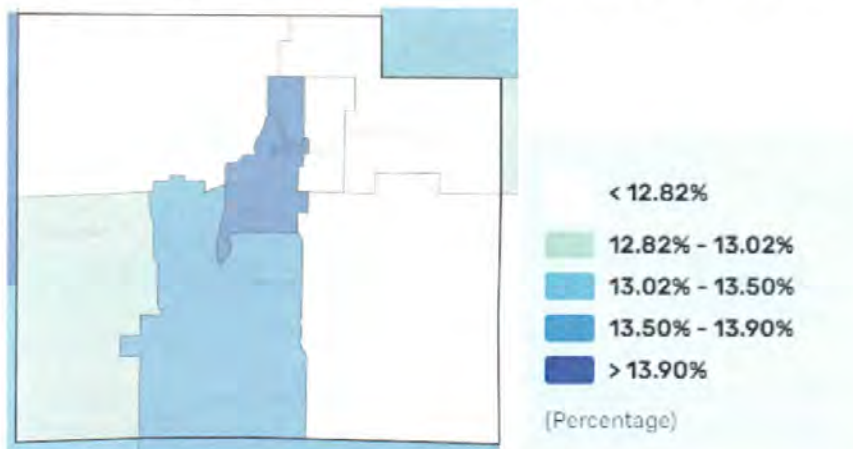
Strategic Issue #3: Behavioral Health

Goal: Improve access to mental health services. Reduce illnesses and deaths related to tobacco and substance use.

Rationale: Behavioral Health Problems were in the top three most important health problems reported in the Effingham Community Health Needs Survey. Effingham community members felt that drug abuse (70%), alcohol abuse (68%), and being overweight (32%) were the three most important risky behaviors in Effingham County. A majority (56%) of Effingham residents were concerned or very concerned with the prescription drug use and 80% were very concerned or concerned about the illegal drug use in Effingham County (Effingham Community Health Needs Survey, 2023).

Supporting Data:

Effingham County Adult Population with Frequent Mental Distress



Source: Center for Disease Control [PLACES](#), 2020 accessed [through IP3](#)

The map above shows the percentage of adults aged 18 years and older who report 14 or more days of poor mental health per month. The average Effingham County residents is 12.9%. The Illinois rate is 12.5% and the national rate is 15.1% (CDC PLACES, 2020).

The prevalence of tobacco smokers has increased from 15% in 2015 to 19% in 2019 in Effingham County. We are experiencing higher rates of people currently smoking than Illinois and the United States (County Health Rankings, 2019)

Table 5.1 Adult Smoking (2019)

Report Area	Percentage of Adults who are Current Smokers
Effingham County	19%
Illinois	15%
United States	16%

Data source: [County Health Rankings](#), modeling based on BRFSS data. 2019

Table 5.2 Tobacco and E-Cigarettes

		Tobacco & E-Cigarettes			
ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
CALCULATED SMOKING STATUS ¹	Smoker	3,298	12.9%	9.5%-17.3%	60
	Former Smoker	4,989	19.5%	15.4%-24.3%	95
	Never Smoked	17,336	67.7%	61.8%-73.0%	268
QUIT SMOKING (FORMER SMOKERS) ²	Past Year	*	*	*	*
	More than 1 Year Ago	*	*	*	*
USE SMOKELESS TOBACCO ³	No	24,568	95.9%	92.7%-97.7%	408
	Yes	1,055	4.1%	2.3%-7.3%	15
CALCULATED E-CIGARETTE STATUS ⁴	Current User	400	1.6%	0.8%-3.2%	8
	Not Currently Using	2,504	9.8%	6.8%-13.8%	41
	Never Used	22,706	88.7%	84.5%-91.8%	373

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

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

1. Calculated smoking status from tobacco questions.

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

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

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

Source: IDPH BRFSS, 2015-2019

Substance Abuse

Effingham community members felt that drug abuse (70%), alcohol abuse (68.33%), and being overweight (32.50%) were the three most important risky behaviors in Effingham County (Effingham Community Health Needs Survey, 2023). The table below reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women) (IDPH BRFSS, 2015-2019). Figure 5.2 shows binge drinking percentages by census tract, with 15.8% of Effingham residents 18 years and older who reported binge drinking (five or more drinks for men and four or more drinks for women) on an occasion in the past month. The Illinois rate is 14.9% and the national rate is 17% (CDC PLACES, 2020).

In Effingham County, 26.0 per 100,000 population were overdose deaths. Illinois was 29.3 and the National rate was 32.4. Healthy People 200 target is 20.7 per 100,000 deaths (IDPH Drug Overdose Deaths and US Census population metrics, 2021).

Table 5.3 Effingham County Alcohol

Alcohol

ICBRFS - Effingham County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
BINGE DRINKING (CALCULATED) ¹	Not At Risk	18,991	75.3%	68.1%-81.3%	339
	At Risk	6,236	24.7%	18.7%-31.9%	76
HEAVY DRINKING (CALCULATED) ²	Not At Risk	23,138	91.4%	84.8%-95.3%	388
	At Risk	2,175	8.6%	4.7%-15.2%	29

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

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

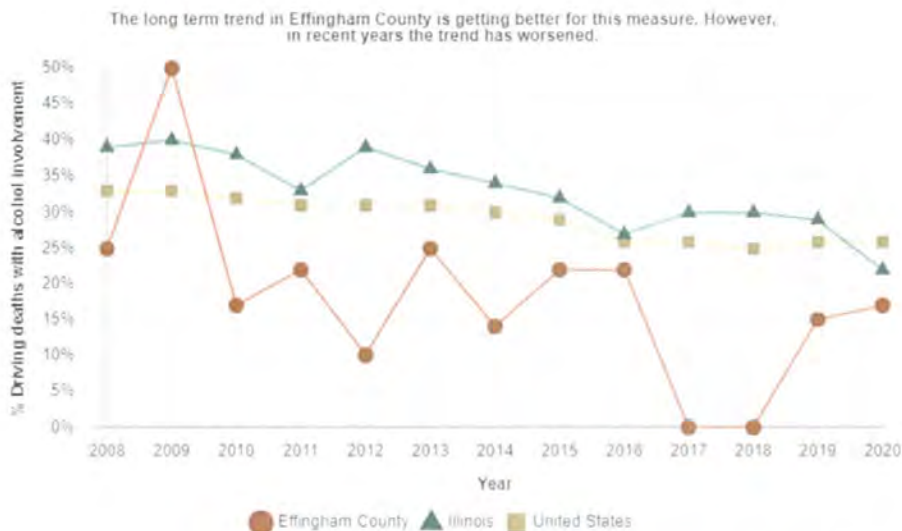
1. Calculated at risk for men having 5+ drinks on one occasion and women having 4+ drinks on one occasion

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

In 2020, 15% of driving deaths in Effingham County involved alcohol. In Illinois, 29% of driving deaths involved alcohol, which has been on a decreasing trend since 2008. The overall trend since 2008 in Effingham County has been a decrease in alcohol related driving deaths (County Health Rankings, 2020).

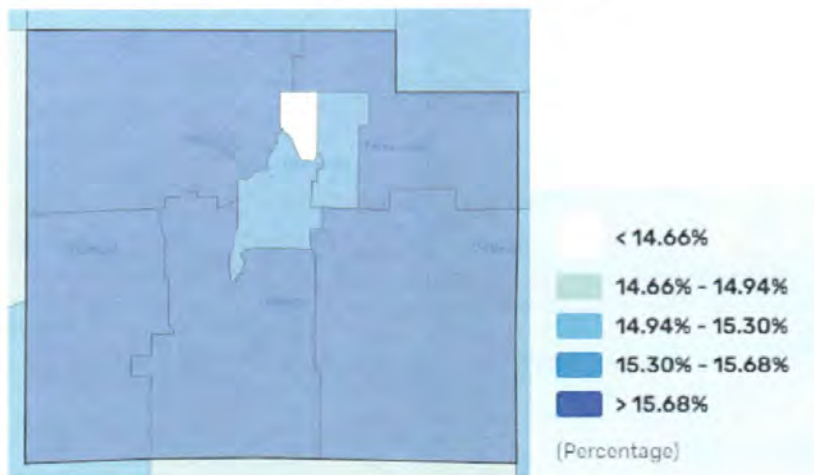
Figure 5.1 Effingham County Alcohol Impaired Driving Deaths

Alcohol-impaired driving deaths in Effingham County, IL County, state and national trends



Source: [County](#) Health Rankings, 2020

Percentage of Adults who report binge drinking



Source: CDC PLACES, 2020 assessed through [IP3](#)

Population with a disability: Figure 1.9 reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. Effingham County has a higher than average percent, 13.9%, of the population living with a disability. Illinois' population living with a disability is 12.8% and the national percent is 11.2% (US Census ACS, 2020).

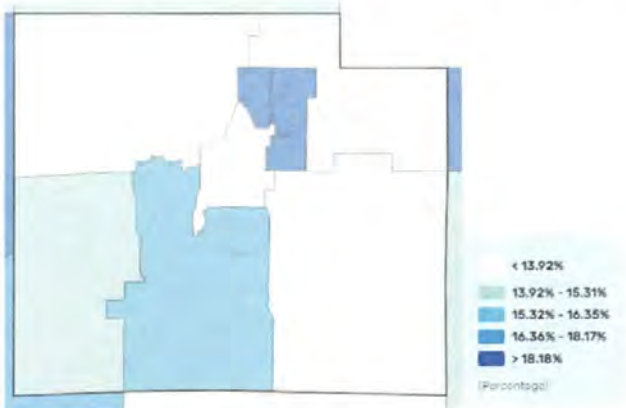
Substance Used by Grade

2022 Substance Use Rates by Grade - Part 1 of 3

Substance Used	8th Grade	10th Grade	12th Grade
Used Past Year			
Any common substance (including alcohol, cigarettes, inhalants or marijuana)	34%	43%	53%
Any common substances plus vaping (including alcohol, tobacco products, cigarettes, e-cigarettes or other vaping products, inhalants, or marijuana)	34%	43%	53%
Alcohol	32%	44%	52%
Cigarettes	4%	5%	19%
E-cigarettes or other vaping products	11%	11%	19%
Any Tobacco Product (including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, or tobacco used in a hookah water pipe)	3%	8%	16%
Inhalants	4%	3%	4%
Marijuana	8%	3%	12%
Synthetic marijuana	1%	0%	4%
Alcohol and marijuana at the same time	2%	3%	6%
Alcohol and energy drinks at the same time	5%	6%	22%
Any Illicit Drugs (excluding marijuana)	1%	3%	2%
Crack/Cocaine	0%	0%	0%
Hallucinogens/LSD	0%	3%	0%
Ecstasy/MDMA	0%	0%	0%
Methamphetamine	0%	0%	0%
Heroin	0%	0%	2%
Any Prescription Drugs to get high	2%	0%	2%
Prescription Painkillers	0%	0%	0%
Other Prescription Drugs	1%	0%	2%
Prescription pain medicine without prescription or differently than prescribed	3%	4%	2%
Prescription drugs not prescribed to you	3%	4%	0%
Over-the-Counter Drugs	1%	0%	0%
# of Respondents	285	68	52

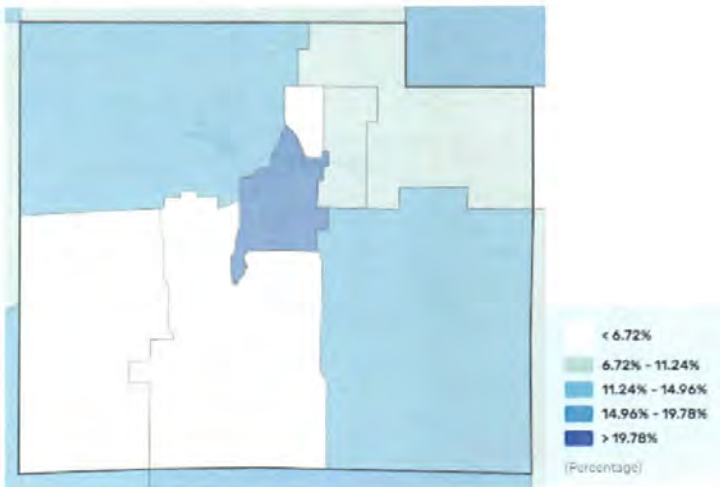
Source: [Illinois Youth Survey, 2022](#)

Effingham County- Percentage of the population with any Disability



Source: US Census American Community Survey 2020, graph through IP3

Map of Veteran Population



Source: US Census American Community Survey 2020, graph through IP3

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

- Decrease the proportion of persons aged 21 years and over who drank excessively in the previous 30 days to 25.4%.
- Decrease the percent of motor vehicle crash deaths involving a driver with a BAC of 0.08 g/dl or higher to 28.3%.
- Decrease the percent of adult tobacco smokes to 6.1%.
- Decrease the lung cancer deaths 25.1 per 100, 000.

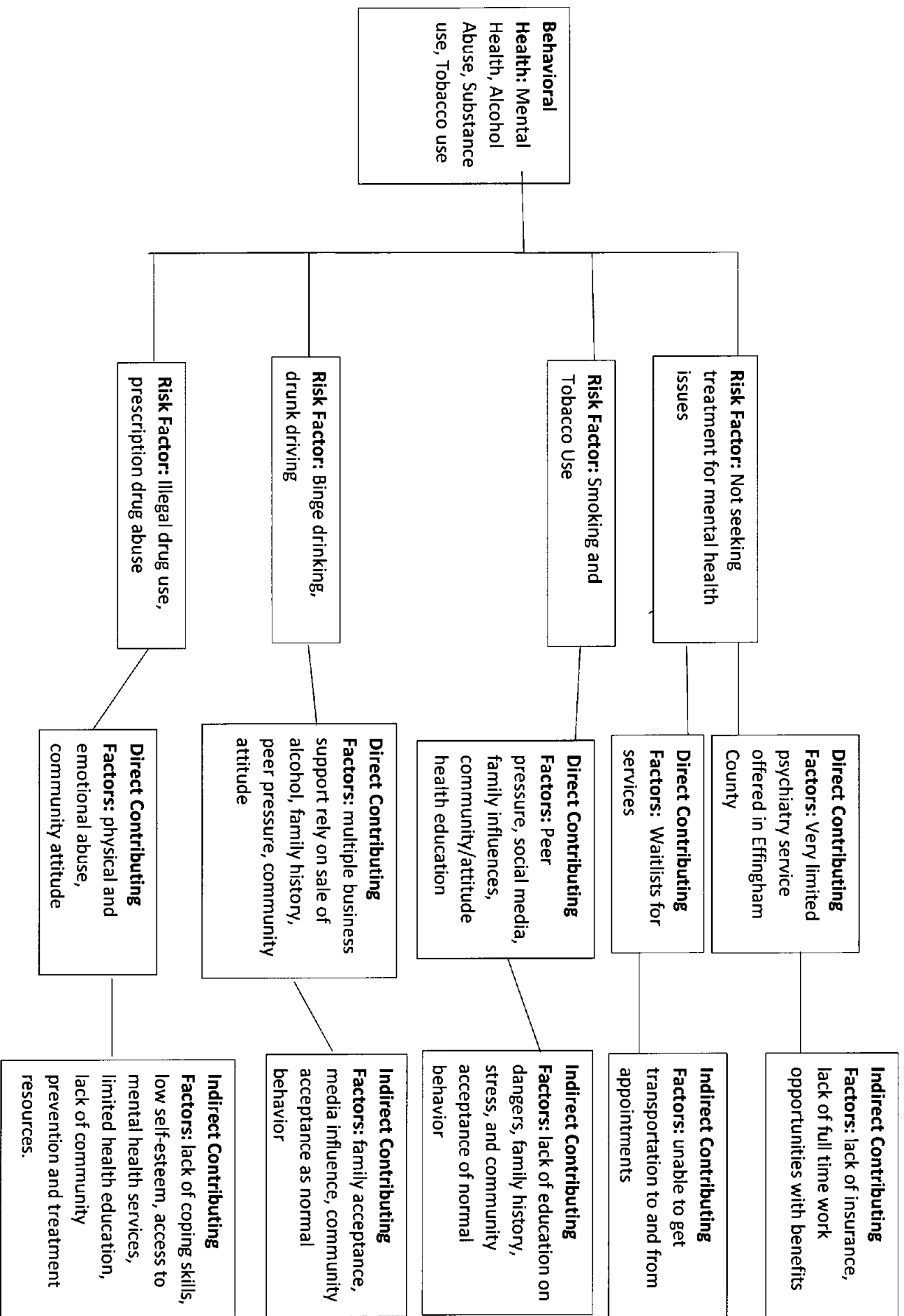
Relation to State Health Improvement Plan 2021: Behavioral Health

- Goal 1: Improve the collection, utilization, and sharing of behavioral health related data in Illinois
 - A framework for surveillance and planning that is data-driven and specific, including proposed approaches for monitoring disparities (race/ethnic, gender, geography, etc.) where possible, is produced and presented to the SHIP ICC (NM) by January 1, 2017
- Goal 2: Build upon and improve local system integration (BM)

- Evidence of new or strengthened partnerships with a wide variety of stakeholders to enhance and support the development of medical and health homes that integrate mental and physical health and wellness across the continuum of services (from prevention through treatment) by Jan. 1, 2017
- Goal 3: Reduce deaths due to behavioral health crises
 - Reduce opioid overdose mortality rate by 20%
 - Reduce age-adjusted suicide rate by 20%
 - Reduce the number of young adults (aged 18-24) who report experiencing poor mental health for more than one week per month by 20%
 - Reduce age-adjusted suicide rate among the veteran population by 20%
- Goal 4: Improve the opportunity for people to be treated in the community rather than in institutional settings
 - Reduce emergency department visits, hospitalizations, and incarceration due to behavioral health issues by narrowing the treatment gap (by 25%) and building and sustaining community-based behavioral health treatment capacity
 - Leverage partners for united action and opportunity for funding
- Goal 5: Increase behavioral health literacy and decrease stigma
 - Increase behavioral health literacy and conduct more Mental Health First Aid trainings to build community capacity in this area
- Goal 6: Improve response to community violence

Relation to State Health Improvement Plan 2021: Chronic Disease

- Goal 1: Increase opportunity for tobacco-free living
 - Reduce the percentage of Illinois adults reporting smoking by 5%



Outcome Objective #1: Reduce the percent of 10th graders who have used a substance (including alcohol, cigarettes, inhalants, or marijuana) in the past year to 42%.

- Baseline (2022): 43% of 10th graders reported using a substance (including alcohol, cigarettes, inhalants, or marijuana) in the past year.
 - Data Source: IL Youth Survey

Impact Objective 1.1: Increase access to behavioral health services by developing information on local psychiatrist services and counseling available.

- Baseline (2023): Currently there are tele-psychiatrist at Heartland Human services, Road Home Program at RUSH and the HSHS St Anthony Hospital ER but availability is very limited.
 - Data Source: Effingham County Health Coalition
 - Interventions:
 - Expand provider capabilities through a tele-psych program through Heartland Human Services.
 - Promote services offered in the community.
 - Promote trauma informed care training.
 - Promote crisis lines for mental health services.
 - Promote Crisis Nursery of Effingham County.
 - Offer educational sessions to help people sign up for health insurance.
 - Partner with CEFS transportation and RIDES Mass Transit to reduce barriers to medical care due to distance and transportation.
 - Evidence base:
 - Tele mental Health Services: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/telemental-health-services>
 - Mental Health First Aid: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mental-health-first-aid>
 - Crisis Lines: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/crisis-lines>
 - Child Care Subsidies: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/child-care-subsidies>

Impact Objective 1.2: Decrease the percent of community members that felt the riskiest behavior in Effingham County was drug abuse to 68%.

- Baseline (2023): 70% of community members felt that the riskiest behavior in Effingham County was drug abuse.
 - Data Source: Effingham Community Health Needs Survey
 - Interventions:
 - Promote mental health, substance use, and recovery services available in the community.
 - Promote trauma informed care and Mental Health First Aid training.
 - Promote crisis lines for mental health services.
 - Partner with CEFS transportation and RIDES Mass Transit to reduce barriers to medical care due to distance and transportation.

- Evidence base:
 - Tele mental Health Services: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/telemental-health-services>
 - Mental Health First Aid: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mental-health-first-aid>
 - Crisis Lines: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/crisis-lines>
 - Drug Courts: [Drug courts | County Health Rankings & Roadmaps](#)

Impact Objective 1.3: Decrease the percent of Effingham residents 18 years of age or older who reported binge drinking within the past month to 14.5%.

- Baseline (2020): 15.8 Effingham residents 18 years of age or older reported binge drinking (five or more drinks for men and four or more drinks for women) on occasion within the past month. The Illinois rate is 14.9% and the national rate is 17%.
 - Data Source: CDC Places
 - Interventions:
 - Market the effects of binge drinking.
 - Educate Clients on the side effects of binge drinking.
 - Promote educational materials encouraging parents to talk with their children about drinking.
 - Promote Alcohol/Drug Awareness Programs at Effingham County High Schools.
 - Promote local Alcoholics Anonymous Meetings.

- Evidence Based:
 - Enhanced Enforcement of Laws Prohibiting Alcohol Sales to Minors: [Enhanced enforcement of laws prohibiting alcohol sales to minors | County Health Rankings & Roadmaps](#)
 - Mass Media Campaigns Against Underage & Binge Drinking: <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-underage-binge-drinking>
 - Responsible Beverage Server Training (RBS/RBST) <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/responsible-beverage-server-training-rbsrbst>

Outcome Objective #2: Reduce the percentage of Effingham County adults who have frequent mental distress to 11% by 2028.

- Baseline (2020): 12.9% of Effingham County adults aged 18 and older reported 14 or more poor mental health days per month. The Illinois rate is 12.5% and the national rate is 15.1%. A State Health Improvement Plan goal is to increase Behavioral Health Literacy and conduct more Mental Health First Aid trainings to build community capacity in this area.
- Data Source: CDC Places

Impact Objective 2.1: Reduce drug overdose deaths in Effingham County to 25.0 per 100,000.

- Baseline (2021): 26.0 per 100,000 population in Effingham were overdose deaths. Illinois was 29.3 and the National rate was 32.4. Healthy People 2030 target is 20.7 per 100,000 deaths.
 - Data Source: IDPH Drug Overdose Deaths and US Census population metrics
 - Interventions:
 - Promote the distribution locations of Naloxone in the community.
 - Provide training on administering Naloxone.
 - Promote Alcoholics Anonymous and Narcotics Anonymous meetings.
 - Evidence base:
 - Naloxone Education and & Distribution Programs: [Naloxone education & distribution programs | County Health Rankings & Roadmaps](#)

Outcome Objective #3: Reduce percent of number of Effingham County current tobacco smokers to 18%.

- Baseline (2019): 19% of Effingham County adults aged 18 and older reported 14 or more poor mental health days per month. The Illinois rate is 15% and the national rate is 16%. State Health Improvement Plan is to increase opportunity for tobacco-free living by reducing the percentage of Illinois adults reporting smoking by 5%.
 - Data Source: County Health Rankings

Impact Objective 3.1: Increase the percentage of former smokers to 21%.

- Baseline (2015-2019): Effingham 19.5% indicated they are former smokers. Healthy People 2030 target is 65.7% of adults attempted to stop smoking for 1 day or more in the past 12 months or quit during the past year in 2020. The national baseline is 56%.
 - Data Source: IDPH BRFSS
 - Interventions:
 - Educate health care providers on the Illinois Tobacco QuitLine and brief intervention method.
 - Educate facilities that provide services to low-income populations on the Illinois Tobacco QuitLine.
 - Explore partnerships with employers in Effingham County to promote work-site based incentives and competitions to support individual cessation efforts.
 - Partner with WIC program at Effingham County Health Department to offer maternal smoking cessation tools to all mothers who smoke during pregnancy.
 - Develop partnerships with local cancer support groups.
 - Develop partnerships with cancer prevention groups in Effingham County to collaborate on efforts to reduce smoking and prevent lung cancer.
 - Utilize the power of peer pressure to promote social norms through marketing campaign against smoking in Effingham County Schools.
 - Evidence Based:
 - Health Communication and Social Marketing Campaigns include Mass Media and Health Related:

<https://www.thecommunityguide.org/findings/health-communication-and-social-marketing-campaigns-include-mass-media-and-health-related>

- Tobacco Use and Second Hand Exposures: QuitLine Interventions
<https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-quitline-interventions>
- Internet-Based Tobacco Cessation Interventions: [Internet-based tobacco cessation interventions | County Health Rankings & Roadmaps](#)

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

- Implement IRIS Coordinated Referral System

Community Resources Available for this Priority:

- Effingham County Health Department
- Alliance for Healthier Effingham County
- Community Area Service Providers
- HSHS St. Anthony Memorial Hospital
- Heartland Human Services
- NAMI Group
- Effingham 708 Mental Health Board
- Crisis Nurse of Effingham County
- Law Enforcement
- Effingham County School Districts
- Juvenile Justice Council of the Fourth Judicial Circuit

Estimated funding:

Enhance current programs using existing funding

Potential New Funding Sources/In-Kind Support

Explore new grants from federal or state sources to support objectives.