MADISON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

2000-2005

HEALTH PRIORITIES:
* Respiratory Disease
* Cancer
* Cardiovascular Disease
* Unintentional Injury

Prepared by

Donald R. Brannon, Administrator
Paula Berry, Assistant Administrator
Gena Gallaher, SIUE, Public Health Intern
Madison County Health Department

for

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ACKNOWLEDGMENTS

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Donald R. Brannon, Administrator
Madison County Health Department

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I. INTRODUCTION

This document attempts to provide accurate, concise and defensible information to identify and describe public health needs. The Illinois Department of Public Health recommends that assessments be structured using standardized content elements. The following categories, which are part of the Illinois Project for Local Assessment of Needs (IPLAN), were used in this countywide needs assessment.

Demographic and Socioeconomic Characteristics
General Health and Access to Care
Maternal and Child Health
Chronic Disease
Infectious Disease
Environmental/Occupational Health and Injury Control

Within each category, community health indicators, or measurements, form the foundation of the analysis. The community health indicators, including mortality, natality, morbidity, and prevalence of risk factors in the population reflect many of the issues that are of interest to public health agencies. They also serve as a mechanism for transforming many public health and health-oriented data sets into useful information.

This report is intended to provide a general assessment of health in Madison County. Any given indicator can and should be analyzed in more detail than is possible here for the purposes of program planning. This assessment is useful in identifying broad health problems and establishing priorities for program interventions as necessary.

II. PURPOSE

A primary leadership responsibility of a local health department is to assess the health needs of the residents within its jurisdiction and to prioritize those needs so that good policy development may take place.

This assessment, the department's second, compares current data with the assessment that was conducted in 1995. It attempts to determine the extent of progress in meeting previously set goals, and re-directs, where necessary, the community's efforts in addressing the health needs of its citizens.

The primary purpose of this assessment is to identify the health needs of the citizens of Madison County. The department will utilize this information to work with the community to address these needs and to improve the health of the citizens of Madison County.

II. COMMUNITY PARTICIPATION PROCESS

On April 22, 1998 the Health Department Advisory Committee agreed to form an Assessment Sub-Committee for the purpose of assisting the health department in conducting a new community health needs assessment. The Assessment Committee was formed as a standing committee and includes 3 members of the Board of Health Advisory Committee, a member of the County Board Health Department Committee, the Public Health Administrator, and a representative of community health oriented groups (Madison County Partnership for Community Health).

The Committee began the process by reviewing the Illinois Project for Local Assessment of Needs (IPLAN) data sets that were available for the period of 1990 - 1997. Statistical data from other sources were also reviewed and are listed elsewhere in this document.

In addition to IPLAN data, approximately 671 surveys (Appendix A, Exhibit 1) were distributed and discussed, and the Nominal Group process was used by members of the committee at various professional, community, and fraternal organization meetings throughout the county. The organizations and groups that participated in the process are listed in Appendix A, Exhibit 2. The assessment also included a review of the Madison County Partnership for Community Health report which is included as Appendix B.

The Assessment Committee also solicited and received information from the chairpersons of the Respiratory, Cardiovascular, and Unintentional Injury Committees. These committees were established as a result of the needs assessment that was conducted in 1995. All of these committees are active and have voiced a desire to continue working on their respective health priorities.

V. DATA ANALYSIS

Following is an analysis of IPLAN data for the period 1990 through 1997. Indicators with rates significantly different than the state's are listed in Appendix A, Exhibit 3. The percent of change in mortality rates since 1990 are shown in Appendix A, Exhibit 4.

A. Demographic and Socioeconomic Characteristics

Madison County shows a 3.3% increase in population over the past seven (7) years. In 1990 there were 249,238 residents. According to the Illinois Estimated Population Report the estimated population for 1997 was 257,400. The percent of the population in 1997 over the age of 65 was 14.34 for Madison County compared to 12.4% for the state. The percentage of non-white residents for 1990 is below the state distribution level, with only 7.3% non-white as compared to 17.7% in the state. The high school dropout rate has decreased from 6% in 1990 to 5.5% in 1997. This is below the state dropout rate of 6.8% for 1997.

In 1995, 28,924 people (11.3% of Madison County's total population) were Medicaid enrollees. The number of enrollees under the age of twenty-one was 15,148. In 1990, 21,014 people (8.4% of the county's population) were enrolled and 10,290 were under the age of twenty-one. According to 1995 IPLAN data, only 11% of Madison County residents between the ages of eighteen (18) and sixty-four (64) were uninsured compared to 13.4% of Illinois residents.

In March 2000, 1,742 households in Madison County received financial assistance through TANF (Temporary Assistance for Needy Families). This is a decrease from the 2,876 households in February 1999. In November of 1998, 7,297 households received food stamps compared to 6,943 house holds in November 1999.

B. General Health And Access to Care

In 1995, 14.3% of the population of Madison County had not received a physical in the last two years compared to the state rate of 15.3%. This number has greatly decreased since 1990, when the County rate was 17.1% and the state's was 13.9%. According to the Illinois Department of Professional Regulation, there were 1.23 physicians per 1,000 population in 1990, in Madison County, compared to 1.59 in 1998. Statewide data was not available for comparison.

Madison County residents have access to 6 local hospitals, as well as access to hospitals in nearby St. Clair County and St. Louis, Missouri. Six clinics in Madison County provide services to low income families, the uninsured and those on Medicare and Medicaid. Many private physicians also offer services to these populations through referrals from other local agencies such as WIC and Healthy Moms/Healthy Kids.

C. Maternal and Child Health

According to IPLAN data, the infant mortality rate for Madison County in 1997 was 7.8 per 1000 live births, a slight decrease from 1990 when the rate was 7.9 per 1000 live births. In 1997, 5.6% of the births in Madison County were to teens under 18 years of age compared to Illinois, where only 5.0% of births in 1997 were to teens under 18.

In Madison County 84.5% of women began prenatal care the first trimester, according to 1997 IPLAN data. In reviewing the Kessner Index of Prenatal Care it shows that 77.8% of pregnant women in Madison County, during 1997, received adequate prenatal care. Smoking during pregnancy has decreased in Madison County since 1990, when 27.2% of mothers smoked during pregnancy compared to 22.2% in 1997. Although the numbers for Madison County have decreased, they are almost double the state average for 1997 of 12.3% .

D. Chronic Disease

According to the document, Vital Statistics Illinois, the top five causes of death in Madison County for 1997, were heart disease (a crude rate of 349.7/100,000 vs. a state rate of 274.2/100,000), malignant neoplasms (crude rate 234.7/100,000 for the county vs. 205.2/100,000 for the state), cerebrovascular disease (county crude rate 75/100,00 vs. state rate of 61.7/100,000), unintentional injuries (county rate of 40.8/100,000 vs. state rate of 30.6/100,000), and chronic obstructive pulmonary disease (43.5/100,000 for the county vs. 36.2/100,000 for the state).

In 1990, the county's premature death rate due to heart disease was 55.8/100,000 compared to the state rate of 53.8/100,000. The premature mortality rate for coronary heart disease in 1997 was 41.3/100,000 for the county and 41.6/100,000 for the state.

The rate for premature deaths due to lung cancer in 1997 was 24.0/100,000 for the county and 19.0/100,000 for the state. The total crude mortality rate for lung cancer in the county was 78.1/100,000, which was considerably higher than the state rate of 56.6/100,000.

The premature mortality rate for colorectal cancer in 1997 was 9.1 for the county which is higher than the state rate of 6.0. For Madison County in 1997 the premature mortality rate for breast cancer was 12.2 compared to 8.5 for the state.

In 1990 Madison County’s crude mortality rate for pneumonia and influenza was 34.1 per 100,000 compared to 15.8/100,00 for the state. The 1997 IPLAN data set indicated that the state’s rate dropped to 31.8/100,000 while the county’s rate increased to 48.2/100,000.

E. Infectious Disease

Reported cases of sexually transmitted disease have decreased in Madison County. According to IPLAN data, the crude rate for syphilis in 1990 was 4.8/100,000 compared to 3.9/100,000 in 1996. Crude rates for chlamydia decreased from 176.1/100,000 in 1990 to 123/100,000 in 1996. The crude rate for gonorrhea in 1990 was 206.6/100,000 compared to 107.3/100,000 in 1996, a very significant decrease. The IPLAN data set indicated that in 1990, Madison County's crude rate for AIDS was 7.2/100,000 compared to the state's rate of 12.0/100,000. The 1996 IPLAN showed the county's rate to be 4.3/100,000 compared to the state rate of 15.1/100,000, a significant decrease for the county and a rise for the state. New cases of HIV have also decreased from 14 cases in 1990 to only 3 cases in 1996.

Infections for salmonella have declined since 1990 when the case rate in Madison County was 10.8/100,000 compared to 6.6/100,000 in 1997. These rates have been significantly lower than the state's reported rates of 26.2/100,000 in 1990 and 16.2/100,000 in 1997. Campylobacter incident rates remain higher in the county than the state rates. Madison County's 1990 rate was reported as 9.6/100,000 compared to the state rate of 6.0/100,000. In 1997 the county's rate was 8.5/100,000 compared to the state's 7.3/100,000.

The number of cases of hepatitis A in the county is a concern. While confirmed cases of Hepatitis A is reported to be on the decline in the state (1,726 in 1990 to 663 in 1995), it appears to be on an upswing in the county. In Madison County, there were 6 cases reported in 1990 and 9 reported in 1995. However, between 1993 and 1999 Madison County's average was 34 cases per year. During that period, the lowest number of cases was reported in 1995 (9) and the highest number of cases in 1999 (79).

F. Environmental/Occupational Health and Injury Control

Reported numbers of elevated blood lead levels for children have slightly increased in Madison County. The 1990 IPLAN Data System reported 64 children in the county with blood lead levels greater than 15 micro-grams per deciliter, and 12 with levels greater than 25 micro-grams per deciliter. In 1997, 68 children were reported having blood lead levels greater than 15 micro-grams per deciliter, and 14 had reported levels greater than 25 micro-grams per deciliter.

In 1997 the county's mortality rates for unintentional injury were 40.8/100,000 for crude and 34.9/100,000 for premature. These are markedly higher than the state's mortality rates for 1997, which were 30.6/100,000 for crude and 24.8/100,000 for premature.

From 1990 to 1997, the crude mortality rate for deaths due to motor vehicle crashes decreased in the county, but remained significantly higher than those of the state.

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From 1990 to 1997, the crude mortality rate for deaths due to motor vehicle crashes decreased in the county, but remained significantly higher than those of the state.

V. 1990-2000 HEALTH PRIORITIES REVIEW

Following is a review of the health priorities that were selected for Madison County's 1990-2000 Health Plan. Crude rates are used for comparisons in lieu of age-adjusted rates because age-adjusted rates are not included in inter-censal IPLAN data sets. Unless otherwise stated, the years 1995 through 1997 are used to calculate the 3 year moving average. Appendix A, Exhibit 5 demonstrates the formulas used to arrive at the moving averages. Appendix B provides some additional data on the priorities.

A. PRIORITY ONE: UNINTENTIONAL INJURY

1.0 Reduce the rates of deaths and hospitalization for unintentional injuries

1.1 Madison County Health Department's objective was to reduce hip fractures among persons aged 65 and older so that hospitalization for this condition were no more than 700/100,000 population. ***According to 1990 IPLAN data, the rate was 811/100,000. The three year average rate is 777.9 per 100,000 population.***

1.1.1 By 1998, reduce the number deaths from falls to no more than 2.3 per 100,000 population. ***The three year average for Madison County is 6.4***

1.2 By 2000, reduce fatalities from motor vehicle collisions to no more than 17/100,000 population. ***According to 1990 IPLAN data, the crude rate was 24.9/100,000. The three year average for Madison County is 19.40 per 100,000.***

1.2.1 By 1999, increase the use of occupant protection systems, such as safety belts, inflatable safety restraints and child safety seats to at least 85% of motor vehicle occupants. ***The Illinois Department of Transportation estimated Madison County,s safety restraint use to be 67.9%. The health department is currently conducting child restraint surveys at area schools and the results will be available later in 2000.***

Intervention Strategies

1. **By 1998, offer two educational sessions to 150 physicians and approximately 200 allied health staff regarding aging, drug use, osteoporosis, safety education and counseling.** ***The original plan was for Merck Pharmaceutical Corporation to host a dinner presentation for these professionals, however, Merck was unable to fund it and the strategy was changed. The health department sponsored a "Train the Trainer" workshop for representatives for all 6 area hospitals. The presentation included: the physiology, identification, and treatment of osteoporosis; the importance of a high calcium diet; and weight bearing exercise.***

As part of the initiative, area hospitals hosted educational events regarding aging, drug use, osteoporosis, safety education and counseling.

2. **By 1998, distribute 5,000 copies of "How Safe is Your Home?" brochures through pharmacies, church bulletins, banks and the 15 Senior Citizen Centers.** ***During the period of 1996-1999, an excess of 5,000 "How Safe is Your Home?" brochures were distributed to: 35 area pharmacies, all Bank of Edwardsville locations, 168 Churches, area health fairs, specifically senior health fairs and to the Highland Chamber of Commerce for their mailing.***

3. **By 1998, Southern Illinois University at Edwardsville (SIUE) School of Nursing and Eunice Smith Nursing Home will complete a study of falls and their causes in long-term care facilities.** ***Although a number of long-term care initially supported the study, most later declined to participate due to fear of confidentiality of the specific findings.***

4. **By 1997, Madison County Health Department will establish a Safe Kids Chapter under the Illinois Safe Kids Coalition and will conduct at least 12 sessions with the IDPH "Little Convincer" targeted toward county K-1 school children to encourage restraint use.** ***The Safe Kids Chapter was established and is on-going. The Little Convincer has been presented numerous times to more than 5,000 participants at health fairs, fire departments, and community events. The Little Convincer was used at the Celebrate Kids Fair (Edwardsville, IL), Family Fun Night (Collinsville, IL), Edwardsville Fire Department (twice), Long Lake Fire Department (twice), Collinsville Pre-K (twice), Webster School (twice), Wal-Mart (Highland, IL), and SIUE (Vehicle Day).***

5. **By 1998, in conjunction with the Madison County Farm Bureau's Defensive Driving Program, offer two educational sessions to approximately 150 people about driving while impaired (alcohol/drug) safety issues.** ***Madison County Farm Bureau offers Defensive Driving which includes issues regarding driving under the influence. The class is offered twice a year and has approximately 40-50 participants per class.***

6. **By 1998, offer work site seat belt safety programs to six different employee groups in Madison County.** ***MCPCH-MV Subcommittee did a seat belt check at Madison County parking lot during Labor Day weekend. The theme was "Seat belts are lifesavers." Madison County employees also received payroll stuffers reminding them to use seat belts. St. Elizabeth Medical Center received seat belt information through the parking attendant and at the hospital Nursery. Chestnut Health Systems had a seat belt informational campaign for staff and clients.***

Seat belt presentations were given at Healthy Moms/Healthy Kids, Wood River Illinois Power Plant, Bank of Edwardsville and Amoco Refinery in Wood River and Conoco. Traffic Safety information was presented at the Labor's Union Health Fair.

B. PRIORITY TWO: CARDIOVASCULAR DISEASE

2.0 Reduce the rates of deaths Due to cardiovascular disease

2.1 By 2000, reduce the age-adjusted rate of deaths due to coronary heart disease to no more than 120/100,000 population. ***The 1990 IPLAN data set indicated that the crude rate was 292.5/100,000. The three year moving average crude rate is 290.0/100,000.***

2.1.1 By 2000, increase to at least 50% the people with high cholesterol who are aware of their condition and are taking action to reduce their blood cholesterol to recommended levels. ***The baseline that was used for this objective in the 1995 assessment was a 1988 estimate from the Healthy People 2000 document. The estimate was that 30% of the people with high cholesterol were aware of their condition and were taking action to reduce their blood cholesterol to recommended levels. This is an objective for which state level data is not available and attempts to accumulate local data has been less than successful. This objective may be dropped in the next health plan and replaced with one that is measurable.***

2.2 By 2000, reduce the age-adjusted rate of deaths due to stroke to no more than 25/100,000 population. ***The 1990 crude rate was 77.8/100,000 population, the three year moving average for Madison County is 70.0/100,000.***

2.2.1 By 1999, increase to at least 35% the number of people screened with high blood pressure whose blood pressure is under control. ***The baseline that was used for this objective in the 1995 assessment was an estimate from the Healthy People 2000 document. The estimate was that 24% of the people, 18 and over screened with high blood pressure, had their blood pressure under control. As with the impact objective 2.1.1 this is an objective for which state level data is not available and attempts to accumulate local data have not been as successful as hoped. One agency reported that it had conducted 6,973 screens in 1999. Thirty-three percent of those screened were diagnosed with high blood pressure and 32% were taking medication to control it.***

Intervention Strategies

1. **By 1997, develop a community health resources and health promotion informational service.** ***A monthly calendar of community activities was created by the health department. It was to serve as a means of providing a consolidated listing of activities that were being offered in the community by health agencies. The intent was to consolidate and coordinate activities and information, thus increasing public access to health information and programs. After several months, the number of agencies providing data decreased and the usefulness of the calender diminished. The direction of the intervention strategy changed in 1998. The health department, in collaboration with MCPCH , developed " Healthy Heart" lesson plans for use in grades K-12 . Over 200 copies of the curriculum was distributed to area schools in February 1999. Responses from the schools will be used to improve the curriculum for future updates. In addition to the school program, an annual "Walk Day" for county employees has been established. The county board chairman leads a mile walk in downtown Edwardsville. Employees that participate are rewarded with a "casual dress day".***

2. **By 1997, develop a blood pressure screening and modification program targeting the black population.** ***Health department staff, in conjunction with the University of Illinois Extension office, conducted a pilot program in the black churches in Alton, Il. Blood pressures were taken and weights were checked. Informal education was provided to the congregations. A series of six lessons for each church on such topics as hypertension, cholesterol, stress and weight reduction, nutrition, physical activity, medicine usage, and a demonstration on how to alter foods for good health. Members of the congregation were provided a list a physicians in the area where they could get assistance if needed.***

C. PRIORITY THREE: RESPIRATORY DISEASE

3.0 Reduce the rate of death due to respiratory disease

3.1 By 2000, slow the rise of lung cancer deaths to achieve a rate of no more than 42/100,000 population. ***Using the 1990 IPLAN data, the baseline established for this objective was an age-adjusted rate of 46.7/100,000. The crude rate in 1990 for this objective*** **was** ***67.4 per 100,000. The three year moving average is 70.40 per 100,000.***

3.1.1 By 2000, reduce cigarette smoking to no more than 15% of persons age 20 and older. ***The baseline, according to the 1990 IPLAN data set, was 25.4%. Because this is a behavioral risk factor, a moving average can not be calculated.***

The trend data for the three years of 1995, 1996 , and 1997 show the following percentages, respectively: 22.9%, 28.6%, and 22.7%.

3.2 By 2000, reduce hospital admissions for asthma to no more than 150/100,000 population. ***The baseline for this objective was from the 1992 CHIS report and the rate was established at 168.5 per 100,000. The three year moving average is calculated to be 170.80 per*** **100,000** ***population.***

3.2.1 By 2000, reduce particulate air pollutants by decreasing leaf burning in Madison County. ***Although a baseline was not established for this objective, the 1990 IPLAN data set indicated that fugitive air emissions were 2,059,944 pounds. According to the Illinois Environmental Protection Agency, Bureau of Air, fugitive air emissions for the years 1995 through 1997 were 0.8 million pounds in 1995, 0.8 million in 1996, and 0.7 million in 1997.***

Intervention Strategies

1. **Madison County Health Department will work with the American Lung Association to reduce smoking among residents of Madison County using the following strategies:**

   a) **By 1997, the American Lung Association will offer (2) two-hour sessions of "Kick the Habit."** ***The American Lung Association conducted the training sessions in 1997. The Kick the Habit program has been incorporated as part of the training for the leaders of the Freedom from Smoking clinics that are offered through SIUE.***

   b) **By 1999, offer tobacco use prevention curricula in all elementary, middle and secondary schools.** ***"Smoke Free That's Me" presentations have been given to students in grades 4, 5 & 6. The American Lung Association reaches approximately 4,000 students each year with this program. The health department supports the program by volunteering staff to make presentations. "Teens Against Tobacco Use"(TATU) is also being offered.***

   c) **By 1997, the Madison County Health Department will develop a county-wide newsletter which will list known county smoking cessation classes and their cost.** ***In 1997 the health department began publishing the monthly newsletter. After several months, input from the area hospitals diminished to the point that it was not practical to continue the publication.***

2. **By 1997, the American Lung Association will develop a list of potential community members to begin a Leaf Management Coalition.** ***The Southwestern Illinois Leaf Management Coalition was established in the county and has expanded into St. Clair County. At the present time approximately twelve Madison County organizations participate.***

3. **By 1997, a document entitled "How to Prevent an Asthma Attack" will be distributed by county hospitals, immunization clinics and physicians' offices.** ***The "How to Prevent an Asthma Attack" brochure has been developed and 20,000 copies were reproduced by St. Anthony's Hospital. They are distributed at educational programs, and health fairs at various sites, including the health department.***

VI. PRIORITY SELECTION

A. Process

As stated previously in this document, information from the community was collected by two methods, surveys and by nominal group process with various fraternal organizations throughout the county. A meeting with elected county officials was also conducted.

Data from approximately 671 surveys were entered into spread sheet documents and tabulated. Responses were divided into 30 categories and may be seen at Appendix A, Exhibit 6. Those categories receiving the most responses from the surveys became part of the top 11 priority health needs.

Members of the assessment committee conducted the nominal group process with the following: New Born Family Support Services of Alton, Highland Lion's Club, Granite City Fire Fighters, 10th District Illinois Nurses Association, and Ministerial Alliance. The concerns of this group were also included in the top 30 categories.

The Health Department Advisory Committee's assessment team met on August 10th and September 14th of 1999, to review the accumulated data and to establish the health priorities for the period of 2001 - 2005. The committee established the following 11 as the top health concerns.

- **A. Unintentional Injury**
- **B. Teen Pregnancies**
- **C. Access to Care**
- **D. Cardiovascular Disease**
- **E. Respiratory Disease**
- **F. Tobacco Use**
- **G. Assault**
- **J. Sexually Transmitted Disease**
- **K. Air/Water Quality**
- **L. Cancer**
- **M. Drug/Alcohol Use**

The Hanlon System (see Appendix A, Exhibit 7) was used to reduce the 11 to the top 4. Factors such as the size of the population affected, seriousness or consequences of the disease, years of potential life lost, intervention strategies and barriers to intervention were considered for the selected problems.

B. Results

The Madison County Community Health Committee selected the following 4 priority health problems that are to be addressed in the Community Health Plan. They are listed in descending order of priority.

1. **Respiratory Disease**
2. **Cancer**
3. **Cardiovascular Disease**
4. **Unintentional Injury**

C. Comments on Access to Care

It became obvious during the assessment that there is a significant number of citizens that are concerned about Access to Care issues. The high cost of health care and affordable health insurance was mentioned often, both in surveys and the nominal group processes. The recent reduction in Medicare eligible services has heightened the concern of the senior citizen population in the county. The media coverage of the closure of the county operated nursing home has also contributed to citizens concerns. Issues such as transportation to and from clinics, the inability of some seniors to understand drug reactions, respite services and senior day care and assisted living were topics of discussion throughout the assessment process. In-home non-skilled nursing services are needed to enhance the quality of life for seniors in the community and to reduce the time that they may be required to reside in nursing homes or skilled care settings.

In addition to the priorities selected as a result of this assessment, the health department will be working with community organizations and county government to address these concerns.

Appendices

Appendix A

Madison County Data

Madison County Health Department
Community Assessment Survey

Your Madison County Health Department is beginning its 5-Year community assessment process. Citizen input is important to us. Please complete and return the following survey to volunteers, or place in the box in the lobby. We appreciate your help.

What do you feel are the most urgent health-related concerns in Madison County? If necessary, please continue and add comments you may have about these on the reverse side of the sheet

1.

2.

3.

4.

5.

Please tell us about you: (Circle your response)

Age: 16-25 26-45 46-65 over 65

Zip Code: **Gender:** Male Female **Race:** Black White Other

Percent of Change in Rates **Education completed:**

High School Some College Bachelor's Other (indicate)

Occupation:

ORGANIZATIONS OF THE MADISON COUNTY PARTNERSHIP FOR COMMUNITY HEALTH

Anderson Hospital
P. O. Box 1000
Maryville, IL 62062

Madison County Health Department
2119 Troy Road
Edwardsville, IL 62025

University of Illinois Extension
200 University Park Drive
Edwardsville, IL 62025

Coordinated Youth & Human Services
2016 Madison Avenue
Granite City, IL 62040

Southern Illinois University – Edwardsville
Box 1047
Edwardsville, IL 62026

Alton Memorial Hospital
One Memorial Drive
Alton, IL 62002

American Lung Association
1600 Golfview Drive, Suite 260
Collinsville, IL 62234

Edwardsville School District # 7
708 St. Louis Street
Edwardsville, IL 62025

Wood River Township Hospital
101 E. Edwardsville Road
Wood River, IL 62095

St. Joseph's Hospital
1515 Main Street
Highland, IL 62249

Senior Alternatives
P. O. Box 250
Alton, IL 62002

NAACP
P. O. Box 486
Alton, IL 62002

Edwardsville Fire Department
410 North Main Street
Edwardsville, IL 62025

St. Elizabeth Medical Center
2100 Madison Avenue
Granite City, IL 62040

St. Anthony's Hospital
Saint Anthony's Way
Alton, IL 62002

Chestnut Health Systems
1315 Vandalia Street
Collinsville, IL 62234

OTHER ORGANIZATIONS THAT PARTICIPATED

Madison County Board
Alton Community Services League
Madison County Dental Society
Ministerial Alliance
Newborn Support Services
SIU-E Students
Professional Medical Workers
Jr. Service League, Alton
Alton Rotary Club
Lion's Club, Highland
Granite City Fire Fighters
100 Black Men, Alton
Health Department Clients

RATE RATIOS FOR SELECTED INDICATORS

Indicator	Madison	Illinois	Deviation

1. Maternal and Child Health Indicators (1997)

Indicator	Madison	Illinois	Deviation
Mothers Who Smoke During Pregnancy			
Total	22.2%	12.3%	+80%
Black	16.9%	14.9%	+13%
White	23.0%	2.1%	+90%
Mothers Who Drink During Pregnancy			
Total	1.2%	0.9%	+33%
Black	2.6%	2.1%	+24%
White	1.1%	0.6%	+83%

2. Chronic Disease Indicators (1997)

Indicator	Madison	Illinois	Deviation
Heart Disease Mortality Rates (per 100,000)			
Total Crude	349.7	274.2	+28%
Coronary Heart Disease Mortality Rates (per 100,000)			
Total Crude	275.4	216.5	+27%
Cerebrovascular Disease Mortality Rates (per 100,000)			
Total Crude	75.0	61.7	+22%
Lung Cancer Mortality Rate (per 100,000)			
Premature	24.0	19.0	+26%
Colorectal Cancer Mortality Rate (per 100,000)			
Premature	9.1	6.0	+52%
Breast Cancer Mortality Rate (per 100,000)			
Premature	12.2	8.5	+44%

3. Environmental/Occupational Injury Control (1997) 3. Environmental/Occupational Injury Control (1997) 3. Environmental/Occupational Injury Control (1997) 3. Environmental/Occupational Injury Control (1997)

Indicator	Madison	Illinois	Deviation
Unintentional Injuries Mortality Rate (per 100,000)			
Premature	34.9	24.8	+41%
Motor Vehicle Mortality Rate (per 100,000)			
Premature	20.4	12.4	+65%
Suicide Mortality Rate (per 100,000)			
Total	10.5	8.5	+24%
Premature	9.5	7.7	+23%

UCHANGES IN RATES OVER TIME
(Rates per 100,000)

1. Heart Disease Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	353.1	307.6
Premature:	65.2	60.7
Year: 1995		
Total Crude:	365.6	302.8
Premature:	62.3	58.0
Year: 1997		
Total Crude:	349.7	274.2
Premature:	55.8	53.8
Crude Comparisons:		
Years: 1990-1995	Increased 3.5%	Decreased 1.6%
Years: 1995-1997	Decreased 4.3%	Decreased 9.4%
Years: 1990-1997	Decreased 1.0%	Decreased 10.9%
Premature Comparisons:		
Years: 1990-1995	Decreased 4.4%	Decreased 4.4%
Years: 1995-1997	Decreased 10.4%	Decreased 7.2%
Years: 1990-1997	Decreased 14.4%	Decreased 11.4%

2. Coronary Heart Disease Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	292.5	248.4
Premature:	53.6	47.0
Year: 1995		
Total Crude:	295.7	239.3
Premature:	51.4	43.5
Year: 1997		
Total Crude:	275.4	216.5
Premature:	41.3	41.6
Crude Comparisons:		
Years: 1990-1995	Increased 1.1%	Decreased 3.7%
Years: 1995-1997	Decreased 6.7%	Decreased 9.5%
Years: 1990-1997	Decreased 5.8%	Decreased 12.8%
Premature Comparisons:		
Years: 1990-1995	Decreased 4.1%	Decreased 7.4%
Years: 1995-1997	Decreased 19.7%	Decreased 4.4%
Years: 1990-1997	Decreased 22.9%	Decreased 11.5%

3. Cerebrovascular Disease Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	77.8	58.9
Premature:	10.7	8.80
Year: 1995		
Total Crude:	69.1	63.5
Premature:	8.20	8.30
Year: 1997		
Total Crude:	75.0	61.7
Premature:	7.30	8.50
Crude Comparisons:		
Years: 1990-1995	Decreased 11.1%	Increased 7.8%
Years: 1995-1997	Increased 8.5%	Decreased 2.8%
Years: 1990-1997	Decreased 3.6%	Increased 4.8%
Premature Comparisons:		
Years: 1990-1995	Decreased 23.4%	Decreased 5.7%
Years: 1995-1997	Decreased 11.0%	Increased 2.4%
Years: 1990-1997	Decreased 31.8%	Decreased 3.4%

4. Unintentional Injuries Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	44.9	33.8
Premature:	36.8	28.3
Year: 1995		
Total Crude:	32.4	34.1
Premature:	30.0	27.5
Year: 1997		
Total Crude:	40.8	30.6
Premature:	34.9	24.8
Crude Comparisons:		
Years: 1990-1995	Decreased 27.8%	Increased 0.9%
Years: 1995-1997	Increased 25.9%	Decreased 10.3%
Years: 1990-1997	Decreased 9.1%	Decreased 9.5%
Premature Comparisons:		
Years: 1990-1995	Decreased 18.5%	Decreased 2.8%
Years: 1995-1997	Increased 16.3%	Decreased 9.8%
Years: 1990-1997	Decreased 5.2%	Decreased 12.4%

5. Motor Vehicle Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	24.9	15.8
Premature:	23.7	15.0
Year: 1995		
Total Crude:	17.2	14.9
Premature:	18.7	13.9
Year: 1997		
Total Crude:	20.6	13.1
Premature:	20.4	12.4
Crude Comparisons:		
Years: 1990-1995	Decreased 30.9%	Decreased 5.7%
Years: 1995-1997	Increased 19.8%	Decreased 12.1%
Years: 1990-1997	Decreased 17.3%	Decreased 17.1%
Premature Comparisons:		
Years: 1990-1995	Decreased 21.1%	Decreased 12.0%
Years: 1995-1997	Increased 9.1%	Decreased 10.8%
Years: 1990-1997	Decreased 13.9%	Decreased 21.5%

6. Pneumonia/Influenza Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	34.1	34.6
Premature:	*	4.8
Year: 1995		
Total Crude:	36.3	32.7
Premature:	*	4.5
Year: 1997		
Total Crude	48.2	31.8
Premature:	*	4.1
Crude Comparisons:		
Years: 1990-1995	Increased 6.5%	Decreased 5.5%
Years: 1995-1997	Increased 32.8%	Decreased 2.8%
Years: 1990-1997	Increased 41.3%	Decreased 8.1%

***If < 10 events, no rates calculated.**

7. Chronic Obstructive Pulmonary Disease Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	40.1	33.4
Premature:	7.9	8.2
Year: 1995		
Total Crude:	45.3	37.9
Premature:	8.2	6.5
Year: 1997		
Total Crude:	43.5	36.2
Premature:	6.3	6.0
Crude Comparisons:		
Years 1990-1995	Increased 13.0%	Increased 13.5%
Years: 1995-1997	Decreased 4.0%	Decreased 4.5%
Years: 1990-1997	Decreased 8.5%	Increased 8.4%
Premature Comparisons:		
Years: 1990-1995	Increased 3.8%	Decreased 20.7%
Years: 1995-1997	Decreased 23.2%	Decreased 7.7%
Years: 1990-1997	Decreased 20.3%	Decreased 26.8%

8. Lung Cancer Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	67.4	57.1
Premature:	30.7	22.8
Year: 1995		
Total Crude:	66.3	59.3
Premature:	24.6	20.7
Year: 1997		
Total Crude:	78.1	56.6
Premature:	24.0	19.0
Crude Comparisons:		
Years: 1990-1995	Decreased 1.6%	Increased 3.9%
Years: 1995-1997	Increased 17.8%	Decreased 4.5%
Years: 1990-1997	Increased 15.9%	Decreased 0.9%
Premature Comparisons:		
Years: 1990-1995	Decreased 19.9%	Decreased 9.2%
Years: 1995-1997	Decreased 2.4%	Decreased 8.2%
Years: 1990-1997	Decreased 21.8%	Decreased 16.7%

9. Colorectal Cancer Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	24.5	26.2
Premature:	7.0	7.2
Year: 1995		
Total Crude:	26.1	24.2
Premature:	7.7	5.8
Year: 1997		
Total Crude:	29.1	23.4
Premature:	9.1	6.0
Crude Comparisons:		
Years: 1990-1995	Increased 6.5%	Decreased 7.6%
Years: 1995- 1997	Increased 11.5%	Decreased 3.3%
Years: 1990-1997	Increased 18.8%	Decreased 10.7%
Premature Comparisons:		
Years: 1990-1995	Increased 10.0%	Decreased 19.4%
Years: 1995-1997	Increased 18.2	Increased 3.4%
Years: 1990-1997	Increased 30.0%	Decreased 16.7%

10. Breast Cancer Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	16.4	18.9
Premature:	8.4	9.4
Year: 1995		
Total Crude:	16.4	18.7
Premature:	7.7	8.3
Year: 1997		
Total Crude:	21.4	17.4
Premature:	12.2	8.5
Crude Comparisons:		
Years: 1990-1995	No Change	Decreased 1.1%
Years: 1995-1997	Increased 30.5%	Decreased 7.0%
Years: 1990-1997	Increased 30.5%	Decreased 7.9%
Premature Comparisons:		
Years: 1990-1995	Decreased 8.3%	Decreased 11.7%
Years: 1995-1997	Increased 58.4%	Increased 2.4%
Years: 1990-1997	Increased 45.2%	Decreased 9.6%

11. Cervical Cancer Mortality Rates

	Madison	Illinois
Year: 1990		
Total Crude:	6.2	3.5
Premature:	**	**
Year: 1995		
Total Crude:	*1.5	3.4
Premature:	**	**
Year: 1997		
Total Crude:	*3.0	3.8
Premature:	**	**
Crude Comparisons:		
Years: 1990-1995	Decreased 75.8%	Decreased 2.9%
Years: 1995-1997	Increased 100%	Increased 11.8%
Years: 1990-1997	Decreased 51.6%	Increased 8.6%

***Estimated 52.02% of population female based on 1990 numbers.**
**** If <10 events, no rates calculated.**

12. Hospitalization for Hip Fracture Rates (Ages 65+)

	Madison	Illinois
Year: 1990		
Total Crude:	811.8	680.6
Year: 1995		
Total Crude:	749.9	751.2
Year: 1997		
Total Crude:	680.0	765.0
Years 1990-1995	Decreased 7.6%	Increased 10.4%
Years 1995-1997	Decreased 9.3%	Increased 1.8%
Years: 1990-1997	Decreased 16.2%	Increased 12.4%

MOVING AVERAGE FORMULAS

1.1.1 Falls

’95 11
’96 24
’97 14
49 x .333 = 16.317/256,200 = .000064 x 100,000 = **6.40**

1.2 Motor Vehicle Deaths

’95 44
’96 52
’97 53
149 x .333 = 49.617/256,200 = .000194 x 100,000 = **19.40**

2.1 Coronary Heart Disease Deaths (Age-Adjusted <65)

’95 113
’96 133
’97 91
337 x .333 = 112.221/219,380 = .000511 x 100,000 = **51.15**

2.2 Deaths by Stroke (Age-Adjusted <65)

’95 18
’96 19
’97 16
53 x .333 = 17.649/219,380 = .000804 x 100,000 = **8.04**

3.1 Lung Cancer Deaths

’95 170
’96 171
’97 201
542 x .333 = 180.486/256,200 = .000704 x 100,000 = **70.40**

3.2 Hospital Admissions for Asthma

’95 467
’96 414
’97 424
1,314 x .333 = 437.562/256,200 = .001708 x 100,000 = **170.80**

COLLAPSED CATEGORIES OF
HEALTH CONCERNS*

1. Alcohol/Drugs (all ages, especially teens)
2. Tobacco Use (especially teens)
3. Accessibility/Acceptability of Care (includes high cost of care & insurance)
4. STDs including AIDS
5. Clean Air/Water & General Community Environmental Conditions
6. Health Education (health/sex education, fitness/recreation, resources & motivation)
7. Affordable Long Term Care
8. Food/Restaurants
9. Teen Pregnancy
10. Elderly Resources in General (includes hospice, respite, 7 day care)
11. Obesity and Nutrition in general
12. Cancer
13. Family Violence/Abuse/Neglect/Elder Abuse
14. Improved Child Health/Welfare Care (inc. support for single parents/day care)
15. Mental Health/Stress/Behavior Deviation
16. Respiratory Disease
17. Communicable Disease (various except STD)
18. Immunizations
19. Motor Vehicle Injuries
20. Cardiovascular Disease
21. Family Planning (inc. overpopulation)
22. Pregnancy/Newborn
23. Unintentional Injury/Bicycle Safety (not MVA)
24. Emergency Services
25. Public Transportation (related to access to care)
26. Housing/Homeless
27. Poverty/Unemployment/Low Educational Level
28. Community Crime & Violence (includes homicide/suicide)
29. Men's/Women's Health Issues
30. Diabetes

- **All of the health concerns listed above were compiled from citizen's surveys or nominal group meetings.**

PRIORITY RANKING FORM

FORMULA: D=[A+(2xB)]xC	671 Responses to Surveys	TOBACCO USE 91 Resp = 14%	ASSAULT 149 Resp = 23%	TEEN PREGNANCY 67 Resp =10-%	STDS 244 Resp + 37%	AIR/WATER QUAL. 91 Resp + 14%	DRUG/ALCOHOL 146 Resp = 22%	ACCESS TO CARE 261 Resp = 40%			CANCER PMR: +28.5%	RESP. DISEASE PMR: +35.0%	UNINTENT. INJURY PMR +33.1%	CV DISEASE PMR: +27.3%		CONCERNS
		6	8	5	9	6	7	10			8	10	9	7	Size	A
		9	6	3	2	4	9	8			10	8	7	9	Serious	B
		2	2	7	6	2	4	2			7	8	7	7	Interv.	C
		48	40	77	78	28	100	52			196	208	161	175	Score	D
		8	10	7	6	11	5	8			2	1	4	3	Rank	E
											Y	Y	Y	Y		P
											Y	Y	Y	Y		E
											Y	Y	Y	Y		A
											Y	Y	Y	Y		R
											Y	Y	Y	Y		L

RESOURCES

1) **IPLAN Data System Reports (1990-1997)**

2) **Illinois Estimated Population Report (1990-1997)**

3) **Illinois Department of Public Health Vital Statistics (1995 -1997)**

4) **Illinois Bureau of Food Stamps**

5) **Illinois Department of Public Aid**

6) **Illinois Department of Transportation**

7) **Illinois Environmental Protection Agency, Bureau of Air**

8) **Illinois Infectious Disease Report**

9) **Illinois Department of Professional Regulation**

Appendix B

Madison County Partnership For Community Health

Mid- Point Data Analysis

MCPCH Committee 5-Year-Plan Mid-Point Analysis and Evaluation

Early in 1995, an eighteen-member Community Health Committee was appointed from a list of persons identified as representing a variety of health provider organizations and interests within Madison County who were felt to have valuable information about community health status. This committee was charged with conducting a community health needs assessment and developing a Community Health 5-Year-Plan in accordance with certification requirements of the Illinois Department of Public Health. Additional participants were added to the committee when specific health priority areas selected for focus during the initial 5-Year-Plan. The work of this task force was completed in March 1996 when the Madison County Board of Health approved the 5-Year-Plan.

The organization known as the Madison County Partnership for Community Health (MCPCH) was formed in June 1996 and consisted primarily of persons (frequently representing organizations) who had worked on conducting the Needs Assessment and developing the Madison County Community health 5-Year-Plan. The purpose of MCPCH is to maintain special interest groups who agree to collaborate to develop interventions that will positively impact the areas of concern identified in the Health Needs Assessment. Initially groups concentrated on the three priority areas identified in the 5-Year-Plan (Cardiovascular disease, Respiratory Disease, and Unintentional Injury) but collaboration of other interested parties regarding other concerns is not prec;;uded. The Madison County Health Department, while a very strong participant and supporter of MCPCH, is just one of numerous parties contributing to its mission.

Now, in early winter 1999, having progressed slightly more than halfway through the 5-Year-Plan, MCPCH presents the following report of achievements as a way of setting a course for the remainder of the epoch. Initially, priority groups adopted the specific goals, objectives and planned strategies from the Madison County Community Health Plan as guides to developing interventions. In some cases these objectives were supplemented with objectives more achievable in shorter time periods or objectives more representative of available demand and resources. Since the original objectives were based on 1990 I-Plan data, it is not possible to assess progress since almost no data is yet available since the priority groups began to really function (approximately 1997).

The statistics, however, do provide guidelines to assess health status changes in general. In the past decade there has been a significant increase in health education efforts in all forms of the media and through health providers who are increasingly sensitized to the need for disease/disability prevention. It would be an important function of MCPCH Priority Groups to monitor the extent to which Madison County citizens may be benefiting from these campaigns compared to other communities throughout the country. As well, the experience gained in beginning to work with priority concerns has heightened awareness of direct and indirect causation and resources related to the identified concerns.

Hospitalization data is a source of useful information regarding priority health concerns not used for initial assessment purposes, but now available as part of I-Plan data sets. Through this mechanism it is possible to track numbers and rates of hospitalizations related to leading causes of death, sentinel events, and ambulatory senstivie conditions.

UNINTENTIONAL INJURY: MOTOR VEHICLE INJURIES

OUTCOME OBJECTIVE

Objective 1.2: By 200 reduce fatalities from motor vehicle collisions to no more than 17/100,000 population: (Baseline: 22.7/100,000; Source: I-PLAN Data Systems, 1990)

Since age-adjusted motor vehicle death rates are not consistently available from I-PLAN Data Systems, use of crude death rates must be used for midpoint comparison purposes. The Madison County motor vehicle crash crude death rate for 1990 was 24.9/100,000 compared to an Illinois rate of 18.8/100,000. Although this is a substantial elevation, it does reflect the urban nature of most of Madison County. The Madison County rate for the years from 1991 through 1997 fluctuated between 15 and 21/100,000 indicating considerable variability. The average for the 6 years from 1990 through 1996 was 18.7 compared to the Illinois rate of 14.38; still a considerable elevation. The Madison County rate is also in excess of the Health People 2000 Objective (9.3) of 16.8/100,000; an objective that had been achieved by 160% at the time of the 1995 Midcourse Review.

It is of interest to know that Madison County had consistently exceeded the state rate in alcohol-related motor vehicle deaths. This rate was nearly double in the years 1990 through 1993 (average of 9.0/100,000 as compared to 4.4/100,000) and has dropped in comparison during 1994 and 1995 only because the state rate increased.

IMPACT OBJECTIVE

Objective 1.1.2: By 1999 increase the use of occupant protection systems, such as safety belts, inflatable safety restraints and child safety seats to at least 85% of motor vehicle occupants. (Baseline 42% [all occupants]; Source 1988 Health People 2000, 62% Piasa Health Care Survey 1990).

Illinois Department of Transportation data from the mid-1990s indicates that Madison County's overall seatbelt use rate was 64%. This is not easily interpreted since there is no baseline data given with which to compare the current data. Additionally, there is no valid data to address more recent Madison County or Illinois child seatbelt use. The Healthy People data indicated that the 1998 baseline data for children age 4 and under was 44%, essentially the same as that for all ages. Attempts to collect accurate data for Madison County through direct observation have been frustrated by the difficulty in assessing use for rear-seat passengers, where all young children should be riding. The Health People Mid-Point Review in 1995 indicated a 56% improvement in the baseline data by that time (66% of all occupants). This review stated that the increase in occupant protection systems was felt to be an important factor in the overall decrease in vehicle crash deaths.

INTERVENTION OBJECTIVES

Objective 4: 1997, Madison County Health Department will establish a Safe Kids Chapter under the Illinois Safe Kids Coalition, and will conduct at least 12 sessions with the IDPH "Little Convincer" targeted toward County K-1 school children to encourage restraint use.

This objective has essentially been achieved. The Health Department does have a Safe Kids Chapter. Since the "Little Convincer" is only available on loan, it has been used primarily for community groups. These have been numerous presentations to young school age children primarily using interactive education strategies.

Objective 5: By 1998, in conjunction with the Madison County Farm Bureau's Defensive Driving Program, offer two educational sessions to approximately 150 people about driving while impaired (alcohol/drug safety issues).

Although to date there have been no representative from the Farm Bureau's Defensive Driving Program active in MCPCH, thay have an ongoing commitment to defensive driving education. Programs serving approximately 45 persons per session are offered twice a year. This objective is achieved. Future efforts will include an invitation to defensive driving staff to participate in the motor vehicle safety priority group.

Objective 6: By 1998, offer work site seat belt safety programs to six different employee groups in Madison County.

Work site seat belt safety programs are known to have been offered to employees of St. Elizabeth's Medical Center and Chestnut Health Systems. It is believed that programs have been offered at other County work sites as well. The Motor Vehicle Safety Committee plans to contact key persons in order to became more aware of the extent to which these educational opportunities are happening in Madison County.

FUTURE PLANS

The following are areas for which interventions will focus during at least the remainder of the 5-Year-Plan. Specific objectives will be determined as the availability of human and economic resources becomes clearer.

1. Increased seatbelt education for children of all grade levels.

2. Increase committee participation of all County organizations receiving traffic safety funds.

3. Explore the feasibility of sponsoring child safety restraint education for law enforcement and health professionals as well as parents of children enrolled in high-risk newborn programs (Health, Families, Healthy Mom/Healthy Kids and/or those targeting teen pregnancy/parenting).

4. Explore avenues to provide on-site child restraint use and critique of consumer use strategies [or something along these lines]; to be fine tuned.

5. Implement a Child Passenger Safety Month Campaign as well as other traffic safety media campaigns.

6. Explore feasibility of sponsoring EMS injury prevention training.

7. Explore developing a data source for motor-vehicle injuries that will more fully capture the true extent of disability and diminished quality of life related to automobile crashes.

UNINTENTIONAL IMJURY: HIP FRACTURE

OUTCOME OBJECTIVE

1.1 By 2000, reduce hip fractures among persons aged 65 and older so that hospitalization for this condition is no more than 700/100,000 population. (Baseline 811/100,000; Source IPLAN Data System 1990)

Concern for the rate of hip fractures is related to its high comparison to the 1990 state rate of only 672.9/100,000 population. According to I-PLAN, hospitalizations for hip fractures among Madison County citizens aged 65 and over have declined since 1990 with a 5-year average (1991-1995) of 786.5. While this is still considerably larger that the projected goal of 700, it is encouraging although there is the possibility that the 5-year average ending with 1990 may have been lower than that particular year. The rate of hospitalization for hip fractures for Illinois during the same 5-year period was 736.1, indicating ongoing increased risk for Madison County.

These data, however, are not congruent with the 3-year Illinois Hospitalization Report released in 1998 that illustrates a three-year average (1994-1996) of hospitalizations for hip fractures to have been 912/100,000 for Madison County and 780 and 832 for Illinois and Illinois excluding Chicago respectively. An effort should be made to reconcile these conflicting statistics so that more realistic intervention progress can be determined.

In a related, and somewhat puzzling statistic, the I-PLAN trend analysis for these some years indicates an 8.4% decrease in the rate of hip fractures among all ages in Madison County as compared to a 3.5% increase for Illinois. Further analysis of the meaning of these data should be conducted.

Of related interest are the Health People data that provide a baseline of 714/100,000 population aged 65 or older in 1998. The Healthy People Year 200 goal was to reduce hospitalizations for hip fractures to no more than 607/100,000. Unfortunately, in the 1995 Healthy People Mid-course Review, the rate of hip fractures had regressed from the goal to 841/100,000. The intervening increase in elderly population would not influence a rate, so the possibility of error in the baseline should at least be considered. Certainly ongoing monitoring of Healthy People data should continue to guide local planning and goal setting for this acute debilitating and costly injury.

IMPACT OBJECTIVES

Objective 1.1.1. By 1998 reduce the number of falls to no more than 2.3/100,000 population. (Baseline to be established)

The Hip-Fracture Priority Group is unable to determine the rationale for establishing this objective since there is no existing data to establish either a baseline or current rate. Certainly most falls do not require a physician's attention or hospitalization and hence have no way of being counted. It seems likely that the Madison County Objective was inspires by Healthy People Objective 9.4 that reads "Reduce deaths from falls and fall related injuries to no more than 2.3 per 100,000 people. The 1987 age-adjusted baseline data was 2.7/100,000." The Health People 1995 Mid-Point Review did illustrate a decrease in fall-related deaths to 2.5/100,000 in 1992. Unfortunately, however, at this time I-PLAN does not specifically categorize "fall-related deaths".

INTERVENTION STRATEGIES

1. By 1998, offer two educational sessions to 150 physicians and approximately 200 allied health staff regarding aging, drug use, osteoporosis, safety education and counseling.

Contracts were made with a pharmaceutical com[any that was providing osteoporosis education seminars targeting physician audiences. Before this was finalized, however, the company stopped sponsoring, at least temporarily, this educational activity.

A proposal was submitted by a MCPCH member, in cooperation with the Health Department, for a state-sponsored osteoporosis grant that would have funded educational activities had it been approved. There have been two osteoporosis education seminars given by a MCPCH member to senior citizen groups. Further funding to conduct osteoporosis education to both lay and professional audiences will be sought.

An educational exhibit had been established through cooperation with a SIUE School of Dental Medicine researcher interested in the area of bone regeneration. The exjibit features X-Rays of healthy and diseased bones as well as actual bone samples and copies of audience appropriate educational materials. This remains an intervention area to receive attention for the remainder of the 5-Year-Plan.

2. By 1998, distribute 5,000 copies of "How Safe is Your Home?" flyers through pharmacies, church bulletins, banks and the 15 Senior Citizen Centers.

This flyer was designed through collaboration with the Health Education Section of the Madison County Health Department and has been distributed well in excess of 5,000 copies.

3. By 1998, Southern Illinois University at Edwardsville (SIUE) School of Nursing and Eunice Smith Nursing Home will complete a study of falls and their causes in long-term care facilities.
A cooperative arrangement with the nursing home administration could not be achieved as many administrators were concerned about sharing confidential information.

ADDITIONAL OBJECTIVES and INTERVENTIONS

1. An ad hoc committee has been formed to participate in an area Boy Scout Camporee May 1, 1999 to assist Scouts in earning health related merit badges. Among these are badges in First Aid, Safety Awareness, and Disability Awareness, all germane to the mission of the Unintentional Injury Priority Committee. It is hoped that work in these areas will involve ongoing collaboration between the Scouts and MCPCH.

> Of particular interest is duplicating an existing Safe-House model used by another Illinois Health Department. This house could be built by Scouts and transported for educational display at appropriate community settings.

2. An on-site visit was made by a priority group member to an elderly fall prevention program collaboratively developed by a Texas hospital and its surrounding community to target two zip-code areas identified as being at high risk for fall related injuries. Analysis of the applicability of such a project to all, or parts, of Madison County will be an ongoing consideration.

CARDIOVASCULAR DISEASE

OUTCOME OBJECTIVES

2.1: <u>By 2000, reduce age-adjusted rate of deaths due to coronary heart disease to no more than 120/100,000 population.</u> (Madison County Baseline: 130.6/100,000; Source I-Plan Data Systems 1990)

Actually it is not possible to compare age-adjusted coronary mortality since age-adjusted statistics are not consistently available through the I-Plan Data Systems. The closest comparison would be crude coronary mortality which in Madison County was 292.5/100,000 in 1990, 295.7 in 1995, and 275.4 in 1997. These rates are consistently higher than the state rates of 24.7 in 1990 and – and 216.5 in 1995 and 1997 respectively. This gross measure of cardiovascular disease would not be expected to be responsive to interventions for at least a decade.

The fact that the Illinois <u>age-adjusted</u> coronary mortality rate was almost identical to the Madison County adjusted rate in 1990 (130.9/100,000 population) serves to remind us of our slightly older median age as an important variable in the face of higher crude death rates (Illinois = 239.3 in 1990).

The Madison County goal of 130 age-adjusted deaths per 100,000 population remains considerably in excess of the Health People 2000 Objective of 100 deaths/100,000 (baseline; 135 for 1987). <u>Health People 2000: Midcourse Review</u> indicates that approximately 60% of that target objective had been achieved by 1995, giving us an incentive to aspire to similar declines in out own population.

2.2: <u>By 2000, reduce the age-adjusted rate of deaths due to stroke to no more than 25/100,000 population.</u> (Baseline: 31.2; Source: I-Plan Data System, 1990)

Again the caveats regarding the unavailability of age-adjusted data and the inability to assess short term interventions applies. Cerebrovascular mortality differs from Coronary mortality, however, because age-adjusted rates were considerably higher in Madison County than for Illinois in 1990 (31.2 vs. 28.5) and crude rates showed even more disparity (77.8 vs. 58.9). In 1995 the gap between these two numbers had closed to 69.1 vs. 63.5 indicating an apparent increase for Illinois and decrease for Madison County. A reduction from 77.8 to 69.1/100,000 in a mere 5 years suggests a possible statistical error that should be monitored closely in the coming years.

As well, the Madison County 1990 age-adjusted rate of 31.2 is much higher than the Healthy People Objective of 20/100,000 (baseline; 30.5 1997). The Health People Midcourse Review indicated that approximately 40% of the targeted objective had been reached by 1995. Clearly this is an ongoing concern for Madison County, especially since morbidity from stroke can severely reduce the quality of life for those fortunate enough to be survivors.

IMPACT OBJECTIVES

2.1.1: By 2000, increase to at least 50% the people with high cholesterol who are aware of their condition and are taking action to reduce their blood cholesterol to recommended levels. (Baseline: estimated to be 30% of people with high cholesterol in 1998; Source: Healthy People 2000)

This is not an objective for which state level data is available. The attention of the Cardiovascular Priority Group to date has centered on developing screening protocols that will yield information that will allow this objective to be measured. Achievement of this objective is not well addressed in the Health People Midcourse Review which speaks primarily of high cholesterol prevalence and frequency that this factor is monitored. This is an objective that the Cardiovascular Committee may consider revising for greater relevancy to available data.

2.2.1: By 1999, increase to at least 35% the number of people screened with high blood pressure whose blood pressure is under control. (Baseline: 24% for people age 18 and older in 1982-84 [estimated]; Source: Healthy People 2000)

Again, the major work on this objective has been in establishing screening protocols that would allow appropriate data collection. Several Madison County hospitals are engaged in community blood pressure screening and have been piloting various data collection forms for accuracy and convenience of use. The issue currently under discussion is the degree to which the subjects at currently used sites represent an appropriate sampling of at-risk citizens.
Although data addressing this objective will shortly be available, it will need to be considered baseline data for ongoing County work on this objective.

INTERVENTION STRATEGIES

1. By 1997, develop a community health resources and health promotion informational service.

The cardiovascular Disease Committee encouraged the development of a monthly newsletter that would coordinate the health promotion activities of the Health Department and Madison County Hospitals. In 1997, the Health Department Health Education Department began producing this monthly newsletter with the hopes that it would serve as the clearinghouse of the health resources for the County. Unfortunately, after several months, it became apparent that only a few County Hospitals were sending in their dates for inclusion in the calendar. After debating the pros and cons of the newsletter, t was decided in 1998 to discontinue the newsletter and other means would be pursued to coordinate the health promotion activities in the County.

The Cardiovascular Committee has identified several resources (Family and Community Services, WIC, The Health Department, and Family Resource Center) that serve to provide County citizens with information and referral. It seems doubtful that these efforts need to be duplicated although further efforts will explore the extent to which information deficits exist and consider how information might be better distributed.

2. By 1997 develop a blood pressure screening and modification program targeting the black population.

Carol Schlitt, Extension Educator, Nutrition and Wellness with the University of Illinois Extension and a member of the Cardiovascular Disease Committee worked with Kay Mueggenburg on a pilot program in three black churches in the Alton area in the spring of 1996. Once a week, Kay traveled to the churches to take blood pressures and do informal education with the congregations. Carol did a series of three lessons for each church on the topics of hypertension and cholesterol and food demonstration on how to alter foods for good health.

OTHER

The following hospitalization data pertaining to cardiovascular disease should be notes for ongoing analysis:

Hospital admissions in general for both heart disease and stroke have increase slightly between 1994 and 1996. These trends are also reflected in the rates per 10,000 population.

Hospitalization rates for congestive heart failure and hypertension both indicate increases between 1994 and 1996 under the classification and Ambulatory Sensitive Conditions. Hospitalizations for angina are down slightly.

Under another category of I-Plan information titled "sentinel events", the following rate changes between 1991 and 1995 for Madison County hospital admissions are given: heart disease, down 10.5%; heart failure, up 1.1%; cardiac dysrhythmia, down 17.3%; acute MI, down 7.9%; and acute/subacute IHD down 60.5%. No comparative statistics for the state of Illinois are given. The Cardiovascular Disease Committee will continue to monitor I=Plan statistical reports and analyze the meaning and implication of cardiovascular sentinel events for Madison County.

FUTURE PLANS

1. To develop a cohesive and working group of health professionals who will work together on projects to encourage healthier lifestyles for all Madison County residents under the umbrella of MCPCH. It is the goal of this committee to work together without turf issues and solely for the betterment of the community.

2. To develop a series of heart healthy lessons for K-12 students. This curriculum, designed to be incorporated into every Madison County classroom for 15 minutes a day for a week, will be places in every Madison County School in February 1999.

Teachers will be encouraged to incorporate the fun and educational program within their curriculum sometime during February (Heart Month) or March (National Nutrition Month). A week's worth of healthy lunch ideas for the school cafeteria was also developed. It is the hope of the CVD Committee that the development of this curriculum will become an annual goal.

3. To sponsor a Walk Day for all Madison County employees.

This goal was accomplished on September 30, 1998. The goal of the Walk Day was to encourage our own employees to get out of the office and walk on their lunch hour. With over 50% of adults not getting the recommended amount of weekly exercise, the CVD Committee decided the best way to show the public that we were serious about exercise for your heart is to do it "in-house" first. County Board Chairman Rudy Papa was enthusiastic with our idea and led the other employees in the mile-long walk in downtown Edwardsville. As an added incentive to walk, Mr. Papa allowed all walkers to "dress down" for the day. Because of the enthusiasm of Mr. Papa and the other 42 walkers, this event will be held again in 1999.

RESPIRATORY DISEASE

OUTCOME OBJETIVES

Objective 3.1: By 2000, slow the rise of lung cancer deaths to achieve a rate of no more than 42/100,000 population. (Baseline: 46.7/100,000 [age adjusted]; Source: I-Plan Data System 1990)

Unlike cardiovascular disease, the 1990 Madison County age-adjusted death rate for lung cancer was considerably higher that the Illinois rate of 40.3/100,000. Since age-adjusted rates are not consistently available from I-Plan, it is necessary to use crude death statistics. The comparable crude death rate for lung cancer in Madison County in 1990 was 67.4/100,000 compared to the Illinois rate of 57.1. By 1995 the crude lung cancer death rate for Madison County was 66.3/100,000 compared to the Illinois rate of 59.3/100,000 and in 1997, 78.1 compared to 56.6. Although there was a disconcerting see-saw of rates during 1991, it is heartening to note that the Madison County rate has apparently decreased while the Illinois rate has increased slightly. The difference in the two rates, however, remains a red flag warranting ongoing attention.

It is germane to note that the Healthy People 2000 Objective for lung cancer was also to slow the rise in Lung cancer deaths to no more than 42/100,000. Their age-adjusted 1987 baseline of 37.9, however, was considerably lower than the Madison County rate. The Mid-Point Review gave a rise to 39.3/100,000 as the age-adjusted national rate of lung cancer for 1992.

A related statistic available from I-Plan is the 5-year average age-adjusted incidence rate of lung cancer. This rate between 1986 and 1990 was 37/100,000 for Madison County compared to 35.5 in Illinois. This rate has increased consistently until the years 1990-1994 (last available data) when the Madison County rate was 41.9 compared to 41.3 for Illinois. In addition to increasing, Madison County has moved from being lower than the state rate to exceeding that rate.

Objective 3.2: By 2000, reduce hospital admissions for asthma to no more than 150/100,000 population. (Baseline: 168.5/100,000; Source: CHIS, 1992)

The three year hospitalization report for years 1994-1996 indicate an average Madison County asthma related hospital admission rate of 173/100,000. While this is much lower than the total Illinois rate (290/100,000) and slightly lower than the Illinois excluding Chicago rate (196/100,000), the increase in this rate since 1972 indicates a need for ongoing concern.

A related I-Plan indicator describing "sentinel events" illustrate that in Madison County the rate of acute respiratory infections declined 63% between 1991 and 1995. These data do not provide Illinois comparison statistics, nor specifically indicate their source and should be further explored.

IMPACT OBJECTIVES

3.1.1: By 2000, reduce cigarette smoking to no more than 15% of persons age 20 and older. (Baseline: 25.4%, Source: I-Plan Data Systems, 1990)

There has been no further date for this indicator made available from I-Plan. Of related interest, however, is data from Healthy People 2000. Their 1987 baseline data indicated a smoking prevalence of 29% for men and 27% for women aged 20 and older, and the Year 2000 Objective was to reduce the prevalence for both genders to not more than 15%. The Healthy People 1995 Midcourse Review indicates that by 1993 the adult smoking prevalence had dropped to 25%. The Respiratory Committee will be monitoring the increasing availability of funding from Tobacco Settlement as an opportunity to plan and engage in ongoing interventions to decrease smoking among adults.

3.2.1: By 2000 reduce particulate air pollutants by decreasing leaf burning in Madison County. (No baseline identified)

I-Plan data indicated that in 1990 4,116,421 pounds of toxic agents were released into the air in Madison County. Data for years 1992 and 1993 indicate decreases of 2,993,127 and 2,644,917 pounds respectively. Data for later years was not yet available. Further analysis of

the meaning of this data and the expected impact that decreased leaf burning or other environmental interventions might have will be part of the ongoing work of the Respiratory Priority Group.

INTERVENTION STRATEGIES

Objective 1: The Madison County Health Department will work with the American Lung Association to reduce smoking among residents of Madison County by using the following strategies:

A. By 1997, the American Lung Association will offer (2) two-hour sessions of "Kick the Habit".

In 1997, the American Lung association offered 2 two-hour sessions of "Kick the Habit". Since then, Kick the Habit has been incorporated into a day long "train the trainer" program as part of "Freedom from Smoking" clinic leader training. In 1998, SIUE hosted a training for nurse practitioners to train them to intervene with smokers in the clinical setting to guide them to quit smoking.

B. By 1999, offer tobacco use prevention curricula in all elementary, middle, and secondary schools.

Each year, the American Lung Association reaches approximately 4000 2nd, 4th and 6th graders with "Smoke Free That's Me". Volunteers go into area classromms to teach this smoking revention curriculum. In addition, teens from Bethalto and Edwardsville High Schools have taught every 2nd, 4th, and 6th grader from their receptive school districts using the "Teens Against Tobacco Use (TATU" Curriculum.

In 1998, through the cooperation of the Regional Superintendent of Schools, MCPCH conducted a survey of health curricula use and perceived needs for assistance. Although all existing schools do have tobacco-related prevention curricula, the Respirator Committee will be planning ways in which educational efforts can be supplemented and/or enhanced.

C. By 1997, the Madison County Health Department will develop a couty newsletter which will list known county smoking cessation classes and their cost.

As stated in the Cardiovascular Disease Committee Intervention Strategy #1, MCPCH encouraged the development of a monthly newsletter that would coordinated the health promotion activities of the Health Department and Madison County Hospitals. In 1997, the Health Department Health Education Department began producing this monthly newsletter with the hopes that it would serve as the clearinghouse of health resources for the County. Unfortunately, after several months, it became apparent that only a few County Hospitals were sending in their dates for inclusion in the calendar. After debating the pros and cons of the newsletter, it was decided in 1998 to discontinue the newsletter and other means would be pursued to coordinate the health promotion activities in the County.

2. By 1997, the American Lung Association will develop a list of potential community members to begin a Leaf Management Coalition.

The Southwestern Illinois Leaf Management Coalition originated in Madison County and was later extended to include St. Clair County. At present there are approximately a dozen Madison County organizational participants.

3. By 1997, a document entitled "How to Prevent Asthma Attack" will be distributed by county hospitals, immunization clinics and physicians offices.

The "How to Prevent an Asthma Attack" brochure was developed by the Southwestern Illinois Leaf Management Coalition and twenty thousand copies were reproduced free-of-charge by St. Anthony's Hospital in Madison County. They are distributed at multiple sites including the Health Department, educational programs, and health fairs. The Coalition has also been responsible for obtaining the collaboration of most hospitals in both Counties in conducting research related to ambient air conditions and emergency room visits for respiratory distress.

OTHER

The following are areas the Respiratory Committee is exploring possible future interventions:

1. Evaluate the feasibility of targeting second hand smoke and ozone depletion.
2. Develop programs to increase healthier indoor air quality in schools.
3. Gather information about what smoking prevention or quit smoking classes exist through County agencies.
4. Assess the availability of other respiratory relates community resources.
5. Explore the feasibility of offering quit smoking classes for employees of area hospitals.
6. Implement asthma education in at least one new school district.