

Jasper County Health Needs
Assessment:
Working Towards a Healthier
Jasper County 2017

Approved by
Jasper County Board of Health

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Jasper County Health Department 2012 -2017 Needs Assessment

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Acknowledgments

This Jasper County Health Needs Assessment was developed by staff of the Jasper County Health Department. The assessment was also reviewed by the I-PLAN Community Health Committee of the Jasper County Board of Health. The assessment was approved by the board of health, at the July 2013 board of health meeting.

The department gratefully acknowledges the cooperation and participation of the staff, the I-PLAN Community Health Committee, the Jasper County Board of Health.

Statement of Purpose

The 2012 community health needs assessment will be reviewed by the Local Community Health Committee. The purpose of this review will be to determine priority health indicators for Jasper County. Once the priorities have been established, the committee and the management staff of the health department will construct a plan to address these priorities. They will develop objectives and strategies for those priorities chosen. This plan will then be implemented. Evaluation of the plan will take place at various intervals during the five-year time frame. Hopefully, this plan of action will help improve the health of the Jasper County community.

Method for Establishing Priorities

The method used to establish priorities was the nominal group process. Because the committee was small, this process seemed like the most useful. However, because the group was small, it allowed participants an equal opportunity to express opinions and ideas, and to come to a group consensus more quickly. Because our department had limited staff with limited time to work on this project, it was felt the process could be streamlined with fewer committee members.

Some data could still be found in the I-PLAN database. New indicators were available in the IQuery database which gave us a more thorough understanding of Jasper County and areas of need. These two databases were used the most to search data to determine risks. St. Anthony's Memorial Hospital's Checkup 2011, the Illinois Behavioral Risk Factor Surveillance System, IDOT and DCFS Statistics gave us insight into our community.

Process and Outcome of Setting Priorities

The local community health committee met at a number of committee meetings, to determine priorities from the needs assessment. The committee discussed the I-PLAN data and the needs assessment to finally set the priorities. A plan was developed to address these priorities. The priority areas selected by the committee are described in the plan.

Description of the Community Participation Process

An I-PLAN 2012 Local Community Health Committee was formed to have input into the Community Health Needs Assessment, and the Community Health Plan. The members of the Jasper County Board of Health wanted to serve on the committee. The I-PLAN process was explained to board members and all agreed to serve. This streamlined the process for the limited staff involved in the project. The name of each board member who served on the committee is listed below.

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Jasper County Health Needs Assessment Introduction

One of the leadership responsibilities of a local health department is to accurately assess the health needs of the residents of a particular county, and to determine the priority of those needs, to determine sound health policy. This needs assessment attempts to update the baseline data provided in the IPLAN assessment in 1999. The assessment also provides a benchmark for the next I-PLAN in 2017.

The content of this county assessment includes I-PLAN data, IQuery data and some data from various other sources. The assessment compares data from Jasper County, and compares the data to Illinois and, in some cases, United States data. In some indicators categories, Jasper County will experience problems in achieving Healthy People 2020 targets. However, in other categories Jasper County is at or above Healthy People 2020 data targets.

The assessment is structured to include six categories of data elements:

1. Demographic and Socioeconomic Characteristics
2. General Health and Access to Care
3. Maternal and Child Health
4. Chronic Disease
5. Infectious Disease
6. Environmental/Occupational and Injury Control

Within each category community health indicators, or measurements, form the foundation for the analysis. The community health indicators reflect many of the health issues of interest to public health agencies, including mortality, natality, morbidity, and the prevalence of risk factors in the population. An assessment of the indicators serves as a way to transform many public health and health oriented data sets into useful information for policy makers. Some indicators compare data for Jasper County, the State of Illinois and the United States as a whole.

The report is intended to provide a basic assessment of health in Jasper County. Individual indicators should be more thoroughly analyzed than is possible in this report, before health policy is developed. The assessment process is useful in identifying broad health problems, and establishing general priorities for program intervention, if year 2020 Healthy People objectives are to be achieved in Illinois and Jasper County.

The data used in the Jasper County health needs assessment, represents a snapshot of health and health related issues for Jasper County. The majority of the data assessed, reflects a time period of 1997 through 2008. This allowed for a much more comprehensive and pertinent assessment of health indicators in Jasper County.

Executive Summary

The Jasper County Health Needs Assessment represents a process which identifies particular health needs in a jurisdictional area. The assessment also allows the Jasper County Board of Health to address the health priority areas identified by the needs assessment.

The assessment is structured into six major categories of public health interest: Demographic and Socioeconomic Characteristics, General Health and Access to Care, Maternal and Child Health, Chronic Disease, Infectious Disease, and Environmental/Occupational Health and Injury Control. Also, the indicators through IQuery are Alcohol, Births and Deaths, Diseases, Drug, Emergency Room Visits, Hospitalizations, Maternal and Newborn, and Substance Abuse.

IQuery was implemented by the lead agency Illinois Department of Public Health. It offers tools that IPLAN staff can use to find and analyze data for specific areas. Most of the data elements presented and analyzed are a product of the I-PLAN data system and the new IQuery data system. The analysis of the I-PLAN data set was used in the 2007 and earlier assessment process. The IQuery was used in IPLAN 2012 and it also allows for a systematic approach to the needs assessment. However, data that we were keeping track of over the years, may no longer appear in the same format with the new IQuery database. So, we found I-PLAN useful to compare data from the 2007 IPLAN assessment, but also IQuery was used for the newer data for this IPLAN 2012. Data was used from our annual reports, The Fiscal Year 2012 Child Abuse and Neglect Statistics, CDC Wonder website for Healthy People 2010, Illinois Department of Transportation for Crash Facts and Statistics and St. Anthony's Memorial Hospital's "Checkup 2011: Assessing Our Community's Health".

While the assessment provides an overview of health in Jasper County, it is important to remember that the identification of broad health problems and the establishment of priorities are critical to this process. Intervention strategies are also necessary to achieve year 2017 objectives in our county. Since not all of the indicators pertain to public health department programs, there will be a need to collaborate with other government and private sector agencies, in order to address all of the issues in the year 2017 objectives. The following data is a general breakdown for all of the indicators in the IQuery and IPLAN data systems.

Demographic and Socioeconomic Characteristics

The population of Illinois had a fairly good increase of 3.3% from 2000 to 2010. Illinois also had a robust increase of 8.6% from 1990 to 2000, while the population in Jasper County declined by 4.1% and 4.6% during this same period. Since the 1960s there has only been one decade that had an increase in population.

The largest city in Jasper County is Newton, which sits in the center of the county and had a population decline of 7.2% from 2000 to 2010. The six villages in Jasper County was a mean decrease of population at 3.8%.

Employment in Jasper County is somewhat limited, with a small factory base, and a relatively high unemployment rate. Many county residents are employed in other counties, or are involved in agricultural employment. According to the census data, the median income for households in 2010 was \$46,546 for Jasper County and \$55,735 for Illinois, which is a 16% difference. Jasper County has a poverty rate of 8.5% and the state's poverty rate is 12.6%. The county rates continue to decrease slightly and the state's poverty rate continues to increase. Back in the period of 1999 through 2002, the rate went from 14.5% of the population, to 16.4% of the population and was much higher than the state poverty rate.

Population based on age is similar to state percentages, except in the 65+ range, where Jasper County has a significantly higher percentage of 65+ residents. Jasper County has 17.4% residents over 65 while Illinois has 12.5%. The median age for the county was 38.1 in 2000 and 42.7 in 2010, while median age for Illinois was 34.7 in 2000 and 36.6 in 2010. In regard to population distribution, Jasper County is 98.1% white while Illinois is 63.7% white. The county is predominately rural in geography, with much of the land being used for agricultural purposes.

General Health and Access to Care Indicators

The leading causes of mortality in Jasper County are disease of the heart, and malignant neoplasm. Rankings of third and fourth place of the leading cause of death change each year. 2008 was cerebrovascular disease and suicide, 2007 was accidents, influenza and pneumonia, 2006 2005 influenza and pneumonia, and accidents, 2004 was accidents, and cerebrovascular disease and 2003 was cerebrovascular diseases, and influenza and pneumonia, 2002 was cerebrovascular diseases, and accidents, 2001 was cerebrovascular diseases, and accidents, and 2000 was chronic lower respiratory diseases and cerebrovascular diseases.

Jasper County has seen a problem with a significant number of county residents, who did not have any health insurance coverage. In a 6-year time frame from 1993 through 1998, Jasper County averaged 13.8% of the population who were uninsured. This totals almost 1400 residents at any given time that had no health insurance. Latest statistics from the Illinois Public Health Association shows there are 1350 residents in Jasper County who do not have health insurance, which is a small increase from 1998 to 13.9%. Healthy People 2020 have a target of 100% coverage.

Using data from St. Anthony's Memorial Hospital's "Checkup 2011: Assessing Our Community's Health" for Jasper County, 77.8% of total adults age 18 to 64 reported having private healthcare insurance. 13.6% answered the survey that they had Medicaid, Medicare or other government-sponsored program. 8.7% of respondents stated they did not have any health insurance. This survey was taken by phone.

St. Anthony's community health assessment also found of the currently insured residents called, 6.7% reported they were without healthcare coverage at some point in the past year. This was much higher than the 4.8% in the United States. Those more likely to be without healthcare coverage were men and residents living at lower incomes.

The adults who were less likely to receive routine care, preventive health screenings, and had difficulties accessing healthcare were uninsured. 12.4% of residents who took this survey said they skipped or reduced their medication doses in order to stretch a prescription and save money. Those Jasper County residents were more likely

to be uninsured adults, residents with lower incomes, and 40 to 64 years of age.

Additionally, lack of access to care for Medicaid clients is another contributing factor. The ratio of Medicaid enrollees to Medicaid Physician Vendors in Jasper County is significantly higher than the statewide ratio. This is another indication of the lack of care for county residents. Jasper County has 3 medical doctors that practice in Newton who accept Medicaid patients. One internal medicine physician visits once a week and the other internal medicine doctor have an office here and sees patients 4 days per week. Also, Jasper County recently obtained a family practice physician that is here every Tuesday. As of the July of 2013 there are 2,683 Medicaid enrollees in Jasper County. The three doctors that are possibly open 48 combined hours in a week's time could not possibly see all our Medicaid clients once a year and still see their clients who have insurance. In the future, health care coverage will be even less as Medicaid has been expanded in Illinois to cover those 19 to 64 years of age starting in 2014 and those 1350 residents without health insurance will begin enrolling October 1, 2013 with coverage to start on January 1, 2014. We also have a Family Practice physician who is here on Tuesday. He does not take Medicaid. He has a unique practice as he has the computer equipment to do E-visits from his Newton office to his office in Effingham.

The health department has a counseling division, is the only counseling service in the county and hires psychiatrists to prescribe psychotropic medications. One psychiatrist drives from two counties away to see clients 6 hours one day per month and the other psychiatrist who is in Chicago (230 miles away) does tele-psych-medicine 1.5 hours once a month. There is a definite need for services in our county, as St. Anthony Hospital Checkup 2011 reported 7.7% of our population state their mental health status was fair or poor. Women and low-income residents were more likely to report experiencing fair/poor mental health. 7.9% of area adults have been diagnosed with major depression. 18.2% stated they have experienced symptoms of chronic depression. 1.7% of the deaths in Jasper County from 2000 to 2008 were due to intentional self-harm. We need to continue to try to recruit mental health professionals to our area.

Jasper County continues to have a federal and state designation as a Health Professional Shortage Area, Medically Under-Served Area, and Primary Care Health

Service Shortage Area and a Mental Health Professional shortage area. This has been a long-standing designation, with little improvement in the status of the designation. Jasper County has been able to recruit only one full time (four days per week) physician into the county. This makes access to care very difficult for county residents.

The National Center for Chronic Disease Prevention and Health Promotion provided 2013 information that the city of Newton has 3600 people who use their fluorosilicic acid enhanced water. The village of Ste. Marie has 350 using their water which has sodium fluoride added. Willow Hill village has 310 residents that use their fluorosilicic acid enhanced water. CDC also shows that E. J. Water Corporation has 8428 people who have been connected to their fluorosilicic acid enhanced water. However, E. J. Water is located in several counties and not just Jasper. After calling E J Water they were only able to tell me they have 2139 current households in Jasper County.

The percent of residents in Jasper County on Optimally Fluoridated Public Water Supplies has increased dramatically since 1991. In 1991 only 36.3% of Jasper County residents were served with fluoridated public water supplies. In 1996 81.1% were served. The state percentage that year was 85.9%. I would guess that 17 years later we are in the 90 percentile.

The dramatic improvement can be attributed to the establishment and growth of the EJ Rural Water System. This water system has been gradually implemented in phases throughout Jasper County. The system has not only provided fluoridated water, but has also provided many county residents with a safe and dependable supply of water. The E. J. Water System has improved the quality of life for many people in this area.

Maternal and Child Health Indicators

Jasper County had an average infant mortality rate of 6.9 for 2000 - 2004 and it had a significant decrease from the average rate of 10.1 from 1995 through 1999. The number of births for 2005, 2006, 2007, 2008 and 2009 were 470. Out of those 5 years there were 5 infant deaths. This shows an infant mortality rate of 1.1. The Healthy People 2010 objective is 45 per 1,000 live births.

Low birth weight <2500 and very low birth weight <1500 in Jasper County numbered 8, but are not rated because the percentage does not meet the standards of reliability.

In 2004, mothers who smoked in Jasper County were significantly higher than the state percentage. The percentage of mothers who smoked during pregnancy was at 22.9% and the state percentage for that year was at 10.2%. Between 2007-2009, Jasper County's percentages decreased to 14.8% of women who smoked during pregnancy and the Illinois rate increased to 17.7%. Out of the 31 pregnant women currently (July 2013) getting WIC services, 10 women continue to smoke. That means that 32% of our WIC pregnant women are smoking, but this does not represent the whole population in Jasper County. However, this shows that we need to increase our efforts to educate our WIC moms about smoking and pregnancy.

Mothers who drank during pregnancy in Jasper County were at 0% for 2003. The state percentage was .4%. There appeared to be a more significant problem with mothers who smoked, as compared to mothers who drank. Healthy People 2020 shows that 89.4% of pregnant females aged 15 to 44 years reported abstaining from alcohol in the past 30 days in 2007 - 2008. Jasper County IQuery data was not available, due to data suppression rules as comparison values cannot be displayed. Out of the 31 pregnant women currently (July 2013) getting WIC services, none of the women answered that they drink alcohol. This data does look like the 2003 data which included the whole population of pregnant women in the county.

Prenatal care in Jasper County is adequate, but reduced from previous years. The

2007 IPLAN stated the 2004 percentage of women in Jasper County who receive adequate prenatal care was 85.3%. In checking the 2009 data from the Illinois Department of Public Health Birth Statistics, it shows that 84% of prenatal care was adequate. The Healthy People 2010 target was 90%.

Babies born at 27 to 36 weeks with an adverse pregnancy outcome in Jasper County had a crude rate of 10.0. Other rural counties were 19.4 and Illinois had a crude rate of 24.2 for that same time period of 1999 through 2003. Babies born at less than 27 weeks had a crude rate of 8.0, other rural counties were 6.4 and Illinois was 10.9. However, babies born at 37+ weeks with adverse pregnancy outcome for Jasper County had a crude rate of 33.9. Other rural counties had a crude rate of 24.5 and Illinois had 29.5 for that same time period, so Jasper County was higher than other rural counties and the state rate. All babies born with adverse pregnancy outcome had a crude rate 51.8 in Jasper County, 49.7 in other rural counties and 65.9 in Illinois. So we are lower than the state rates, but higher than other rural counties around us. Adverse pregnancy outcome is one that meets the APORS case definition of birth defects, very-low birth weights, serious congenital infections, prenatal exposure to controlled substances, and other serious conditions, or who die either before delivery or during the newborn stay are included.

Babies born with birth defects less than 27 weeks had a crude rate of 2.0 for Jasper County, 2.5 for other rural counties and 2.8 for Illinois. Babies born 27-36 weeks with birth defects were Jasper County 6.0, other rural counties 10.2 and Illinois 9.9. However, when babies are born at 37+ weeks, Jasper was 31.9, other rural counties were 17.8 and Illinois was 18.2. All babies born with birth defects outcome had a crude rate 39.9 in Jasper County, 29.4 in other rural counties and 31.7 in Illinois. So Jasper County was higher than other rural counties and Illinois. A birth defect is an abnormality or structure or function that is present when a baby is born. We need to continue increasing our pregnant woman caseload, and continue to make them a priority for education. We also need to educate mothers before their next pregnancy.

In the Women, Infant, and Children Nutrition Program only 1.6% of the clients had low weight for height. The state was at 2.3%. The last data year available was 1996. This indicates proper nutrition for children enrolled in the program.

The percent of births to teens in Jasper County for 2008-2009 was 6.3%. The State of Illinois was 10%. Teenage mothers are considered in these statistics, when they are in the 10 - 19 years of age group.

Child abuse and neglect cases seem to be rising in Jasper County. The 2007 rate is at 37 cases per 1000 children. The year 2010 objective is 10.3 per 1,000 children. In the Illinois Department of Children and Family Service's Child Abuse and Neglect Statistics for Fiscal Year 2012, Jasper County had a 41.1 rate per 1,000 where the state rate was 28.3. The indicated investigations were 14.1 for Jasper County and 8.2 for Illinois. The County Distribution of Children Reported as Sexually Abused for Fiscal Year 2012 was 3.0 per 1,000. The Illinois rate was 2.4. However, the County Distribution of Children Indicated for Sexual Abuse was 0 for Jasper County and .67 per 1000 for Illinois.

Chronic Disease

Coronary heart disease remains the leading cause of death in Jasper County. This has been a long term trend for several years. The number of death by heart disease from year 2000 through 2008 was 279 people, which is 35% of the death in Jasper County. Our high number of elderly population, and significantly prevalent risk factors, contribute to the mortality rate, however, IQuery database is able to provide Age-Adjusted Rates. Age-adjustment is a statistical process applied to rates of health outcomes, which allows communities with different age structures to be compared equally. The United States rate for 2008 was 122.7. Healthy People 2020 target is 100.8. The average age-adjusted rate for Illinois from 2003 -2008 is 196.6 and Jasper County's for those same years average 243.9. There was a slight drop in the mortality rate from 1999 through 2004 and another drop from 2005 through 2008. The age adjusted rate in Jasper County for 2000 - 2002 averaged 312.9, 2003-2005 average dropped to 200.3, and for 2006 - 2008 edged up to 218.6. We will need to increase our efforts and continue our education programs on weight control, exercise, smoking cessation, and dietary habits.

Malignant neoplasm, more commonly known as cancer, ranked first or second from the years of 2000 through 2008 as the leading cause of death in Jasper County. It actually tied for first with death by Disease of the Heart in 2003, 2005 and 2008 and was first in 2007. The rate of death by Malignant Neoplasm from 2000 through 2008 was 228 people, which is 29% of the deaths in Jasper County. The incidence of cancer rises with age and we do have a 23% population over 65 years of age. Because of our population, it is so important that we have access to age-adjusted rates through IQuery database. It shows us the rates of death from malignant neoplasm with different age structures being comparable by age-adjustment. Illinois age-adjusted rate for 2000 was 176.1 and slowly decreased every year through 2008 to 158.1. The cancer rate in the United States for 2008 was 175.3. Healthy People 2020 target is 160.6. Jasper County rate for 2000 was 222.3. It then increased in 2001, 2003, 2005, 2007, and 2008. Jasper County did see a decrease in years 2002, 2004, and 2006. Year 2008 finished higher than the first year of

our data with 234.1 as the age-adjusted rate. This rate is much higher than the Illinois and the United States rate. There is a need to increase our efforts to vaccinate for diseases that lead to cancer and continue our education on weight control, exercise, smoking cessation, sun exposure, chemical exposure, and dietary habits.

Cerebrovascular disease mortality in Jasper County is also higher than the state rate. Like coronary heart disease, the mortality rate for cerebrovascular disease dropped sharply from the year 1999 through 2004. Again, this is an indication of successful intervention strategies. However, the mortality rate is still higher than the state rate, and we must continue to expand our intervention programs. Data through IQuery indicates that Jasper County has 1 to 11 deaths for years 2000, 2001, 2003 through 2008. The only data is in year 2002. The number of deaths that year due to cerebrovascular disease was 12. That makes the crude rate 120.5 and the age-adjusted rate 95.2. The state of Illinois for that same year had a count of 7171, crude rate of 46.5, and age-adjusted rate of 50.1. Jasper County's crude rate and age-adjusted rate is higher for 2002. One might speculate that a count of 9, 10, or 11 might be higher than the state rate, but we don't know that due to the small values. The rate of death by Cerebrovascular disease from 2003 through 2008 were 46 people, which was 9% of the deaths in Jasper County.

The Lung Cancer Mortality in Jasper County is significantly higher than the State of Illinois rate in 2001, 2002, 2003 and 2005 and the year 2010 target objective. In 2002 and 2005 lung cancer deaths rose to 11. In 1999, 2000, 2001, 2003, 2004 and 2006 there were 3 to 8 deaths per year. This information was found in IPLAN. IQuery does not have any breakdown of the different types of cancer.

From the 2007 IPLAN the mortality rate for colorectal cancer in Jasper County is higher than the state rate, and the Healthy People 2010 target rate of 13.9 per 100,000 population. Behavioral risk factors such as obesity, sedentary lifestyle, and smoking in Jasper County, are all higher than State of Illinois rates. These risk factors, which can still be found in the statistics of IPLAN, contribute to high mortality rates for coronary heart disease, cerebrovascular disease, and various cancers.

The rate of deaths of Chronic Lower Respiratory Diseases (CLRD) which could also be chronic obstructive pulmonary disease (COPD) or asthma ranks around fifth and sixth running through years 2000 through 2008. The year 2000 showed that 7.4% of deaths that year were from CLRD. 2001 was 4.6%, 2002 and 2003 was 3.8%, 2004 was 7.3%, 2005 was 2.6%, 2006 was 3.3%, 2007 was 2.7% and 2008 was 5.7%. Grouping years 2004 through 2000 showed 4.9% and 2008 through 2005 showed a 4.6% of deaths were from CLRD. In nearly 8 out of 10 cases, COPD is caused by exposure to cigarette smoke or other environmental exposures. Being a rural county, environmental exposures could come from farming and small base of factory jobs.

Diabetes Mellitus is 2.6% of the deaths recorded in Jasper County in the years 2000 through 2008 and ranks around eight. Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. It increases the risk of heart disease by 2 to 4 times and lowers life expectancy by up to 15.

Infectious Disease Indicators

Data available regarding Early Syphilis which is Primary, Secondary and Early Latent Syphilis, and Gonorrhea incident cases indicate very little transmission in Jasper County but is increasing slowly. Early Syphilis cases reported for 2002 through 2011 were 1 to 5 count, which means the number of cases in that ten year span was at least 1, but less than 6. The data in the 2007 IPLAN for a 5 year period was 0. Rates for gonorrhea cases reported for the ten year span of 2002 through 2011 were 9. The data in the 2007 IPLAN for a 5 year period was 4.

AIDS and HIV reported in the 2007 IPLAN indicated 2 AIDS and 2 HIV cases. Statistics indicate that AIDS deaths have dropped dramatically and are no longer a reportable disease.

Chlamydia is the most common sexually transmitted disease in the United States. Chlamydia incidence rates are increasing in Illinois and in Jasper County. From 2002 through 2011, there were 35 females 10 to 19 years of age, 39 females 20 to 24 years of age, and 19 females 25 to 39 years old reported in that 10 year span. We must be vigilant at the local level, and continue to expand our information and education efforts.

Vaccine preventable diseases in children are currently under control. In 2002, 77% of Jasper County children were fully immunized by their second birthday. This puts Jasper County significantly ahead of the state percentage of 57.8%. The Healthy People 2010 target rate for the United States was 90%. Our local records indicate we are very close to the target rate of 89.8%. Healthy People 2020 target is 100%. In a 5 year span from 1998 - 2002 there were no vaccine preventable diseases reported in Jasper County. In the 5 year span from 2003 through 2007, Jasper County had 4 cases of pertussis. Pertussis increased again in the next 5 year span of 2008 - 2012 to 9 new cases according the statistics we accumulate for our annual reports.

Deaths occurring from 2000 through 2008 due to influenza and pneumonia were 4.6% of all deaths recorded and it ranks about seventh in Jasper County. There is not enough data in IQuery to know what age, but the elderly and people with chronic health

problems are much more likely to develop serious complications after catching the flu. We do know there were 1 to 11 people per year who contracted and died from flu or pneumonia. It will be interesting when the 2009 and 2010 data is available to see how the H1N1 influenza pandemic affected Jasper County. H1N1 flu vaccine was available at no charge, but still many people didn't take advantage of the vaccine. We will continue offering flu and pneumonia vaccine to residents.

Environmental/Occupational/Injury Control Indicators

Jasper County is a very rural area. In many areas EJ Water has supplied the county with a safe and dependable supply of water. However, the county still has areas, where the primary water supply comes from older, unsafe dug wells. As time passes, EJ Water will eventually replace all of these older systems. This is, and will continue to be, a very beneficial development for the county residents.

Jasper County does not have any hazardous waste sites. Much of this waste is trucked through the county, to sites in surrounding counties. Since the county is very rural, there is a significant potential for hazardous waste dumping. Some of this has occurred in the past, so the possibility of this happening is very real. Air pollution does not appear to be a significant problem in the county. The industrial base is small, with the county located some distance away from large industrial areas.

Mortality associated with motor vehicles crashes were higher than the rate for Illinois. In a five-year period from 2000 through 2004 the Jasper County rate was at 23.8 per 100,000, as compared to the state rate of 12.1 per 100,000. The Division of Traffic Safety data shows that Illinois fatalities have continued to decrease since 1971. Illinois 2011 fatalities were 918 and fatalities have not been this low since 1921.

Death by Accidents shows up in the top 3 and 4 causes of death in Jasper County from 2000 through 2008 six different times. There is no data available to determine what those accidents were. After looking at the Illinois Department of Transportation data and comparing it to the number of accident fatalities in Jasper County from years 2003 through 2008, 50% of those were motor vehicle crash fatalities.

Unintentional Injuries was the sixth leading cause of mortality in Jasper County as indicated in the 2007 IPLAN. No recent data can be found on unintentional injuries. However, we do know that unintentional injuries rank number one for those 1 through 34 years of age. Age-adjusted unintentional injury death rate for Jasper County between 2005 and 2007 was 54.1. Healthy People 2020 Target is 36.0.

Death by Intentional Self-harm (Suicide) shows up in the IQuery data as the fifth leading cause in 2007 and the fourth in 2008. There were 14 deaths total from 2003 through 2008, which would be almost 3% of all deaths in those years.