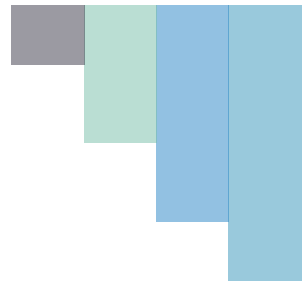


# 2021-2026



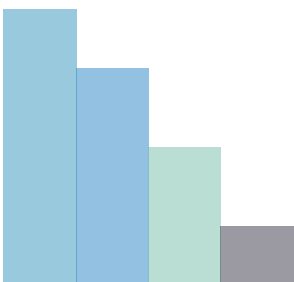
## Madison County Health Needs Assessment and Community Health Plan

### Health Priority Areas:

Substance Use  
Mental Health  
Access to Care

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For:  
Illinois Department of Public Health  
Springfield, IL  
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# Statement of Purpose and Background

The purpose of the Health Needs Assessment is to collect and analyze a variety of data to obtain a current, clear picture of the state of health in Madison County, Illinois. Data is collected from various sources including: statistical data in specific categories, information and feedback from community leaders, observational data from trends in health, and citizen perception of health needs and their root causes. Qualitative and quantitative data are analyzed to identify common themes and specific health issues that exhibit concern for health impact. Health concerns that were more prevalent continued to be looked at through the process for consideration as possible health priorities. The Health Needs Assessment process and resulting data was the primary source of information for review during the Core Group Meeting to set the 2021-2026 Health Priorities. Highlighted data from the Health Needs Assessment is included in this document for general community use and for program and strategic planning purposes.

The purpose of the Community Health Plan is to create a five-year roadmap to impact each chosen health priority. Community members came together to:

- consider the data and current state of the health priority for Madison County
- discuss existing programs and opportunities addressing the health priority
- identify gaps in service and programs
- identify current community knowledge and perceptions about the priority and any existing interventions addressing the priority
- explore available and possible resources
- determine feasible objectives to impact the health priority as supported by strategies grounded in best practices and evidence-based approaches.

The collaborative development of the Community Health Plan establishes a partnership among key stakeholders and community organizations to work together while creating the plan and implementing it over the next five years. The Community Health Plan becomes a document to guide strategic planning and programming among all agencies, organizations, hospitals, and schools throughout the county, as well as an opportunity for everyone to join in a collaborative effort to address the health priority in a meaningful way for the lives of Madison County residents.

## WHAT IS IPLAN?

Illinois Project for Local Assessment of Needs is a community health assessment and planning process, which is led by local health jurisdictions in Illinois, as part of their certification process, with a concentration on community involvement. IPLAN is grounded in the core functions of public health: assessment, policy development, and assurance.

IPLAN is conducted every 5 years and addresses public health practice standards. The culmination of this process is to identify at least 3 health priorities and collaborative community engagement to impact those health issues for the community.

The general IPLAN Process includes the following elements for all certified local health departments in Illinois:

- Conduct Organizational Capacity and Self-Assessment
- Assemble Community Stakeholders and a Core Team
- Conduct Community Health Needs Assessment
- Analyze Data and Set at least 3 Health Priorities
- Inventory Community Health Resources
- Develop Community Health Plan
- Submit Recertification Application
- Engage Community Coalitions and Community Organizations:
  - Conduct Program Development
  - Implement Community Health Plan
  - Evaluate Progress on Community Health Plan

Local Boards of Health review the proposed health priorities and community health plan for approval of implementation in their jurisdiction. Upon approval, the IPLAN document is submitted to Illinois Department of Public Health for review and approval as part of the local health department's recertification package. Finding the local health department in substantial compliance, local health departments are then recertified for a five year period and IPLAN implementation begins in that jurisdiction.

# Community Health Needs Assessment

This section will illustrate the process for each of the three methods of data collection, highlight key data that was discovered, summarize the Core Group Meeting process, and identify the selected health priorities to address.

Madison County Health Department's core group team included representatives from multiple sectors in the county who are committed to engage in the assessment process. The purpose of the Community Health Needs Assessment is to collect and analyze data to obtain a clear, broad picture of the current state of health in Madison County setting the foundation for the decision making process for setting health priorities to address over the next five years. Madison County's Community Health Needs Assessment included three types of data collection, data review and analysis, and the convening of a Core Group to set the health priorities.

## DATA COLLECTION AND ANALYSIS

At the core of the Health Needs Assessment is the collection and analysis of data. IPLAN protocol dictates that, at minimum, data groupings designated by the Illinois Department of Public Health in the IPLAN Data System be reviewed and analyzed to determine the health status and health problems most meaningful for the community within each grouping. The IPLAN Data System categories include:

### IPLAN DATA SYSTEM CATEGORIES

- Demographic and socioeconomic characteristics
- General health and access to care
- Maternal and child health
- Chronic disease
- Infectious disease
- Environmental/occupational/injury control
- Sentinel event

From September 2021 to April 2022, qualitative and quantitative data was collected, organized, reviewed, and analyzed within the 7 required IPLAN Data System areas, as well as other categories identified as relevant and timely in regard to health status in Madison County. The top health concerns, identified from the three data collection sources, became clear and were utilized by the Core Team during the health priority setting process in April 2022.

Additional data considered during the process included: Community Health Needs Assessment Reports for the Madison County Hospitals, Annual Reports for local social service agencies, program data, community trends, and identified needs through the general course of business.

# Community Health Survey

As one of three data collection and analysis components, Madison County Health Department administered a Community Health Assessment Survey to Madison County residents. Appendix A

Community perception is a substantial factor in developing interventions, identifying root causes, and gaining community support and engagement for behavior change to occur. The purpose of the Community Health Survey was to obtain qualitative data from citizens who live or work in Madison County to gather their thoughts about health concerns in Madison County, for the purpose of the Community Health Assessment. The information gathered from the Survey assisted in identifying the core health concerns of the community and the factors influencing those health problems. This data was analyzed and utilized by the Core Team for discussions in the process of setting health priority recommendations and during the objective planning meeting. The Community Health Assessment Survey was distributed during March 2022 to April 2022.

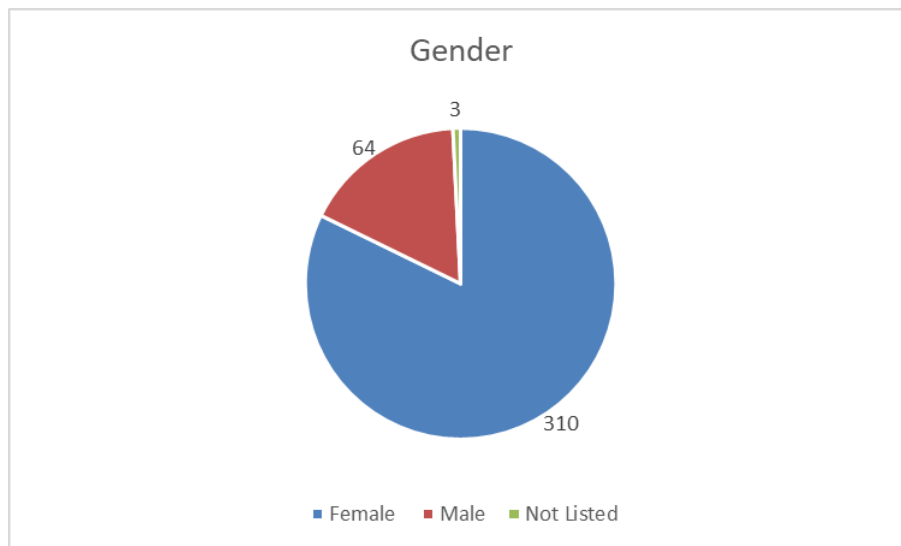
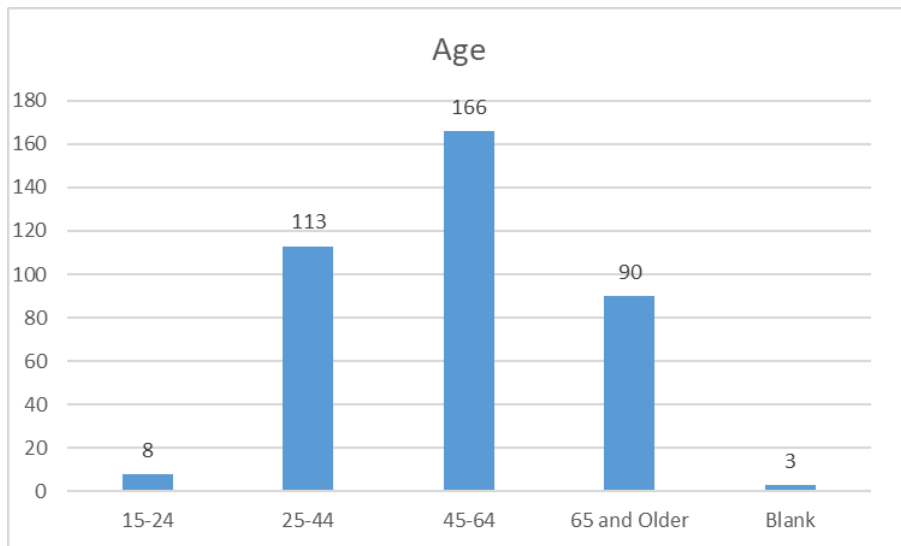
The Survey was distributed to hundreds of people through Social Media, print media, and news media. Due to Madison County Health Department's active response to COVID-19 pandemic, there were limited opportunities to directly interact with residents in a face-to face setting, especially due to rising COVID-19 cases.

The Community Health Survey content was based upon data derived from the previous Stakeholder Focus Groups in 2015, which was updated to fit relevant content today. The Community Health Survey was provided primarily in a web based survey format through an ESRI Survey123 link. The survey was conducted using a convenience sample instead of a random sample due to time, cost, size of county population, COVID-19 pandemic, and feasibility of conducting the survey and reasonably collecting the data during the time allocated. Limitations of the survey included people who: had some readability issues with multiple choices, who lacked motivation or willingness to contribute their answers, people who are not able to use technology, and people who suffer from survey fatigue in today's society.

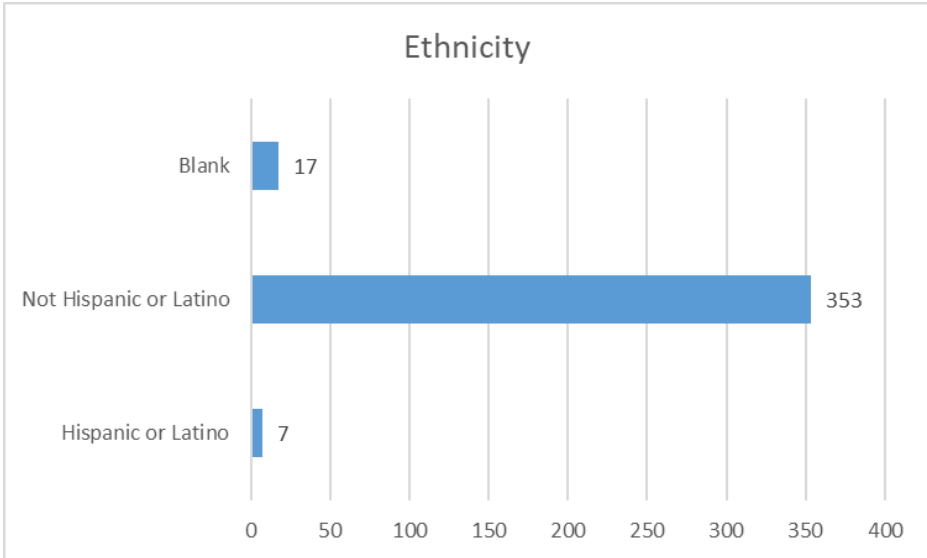
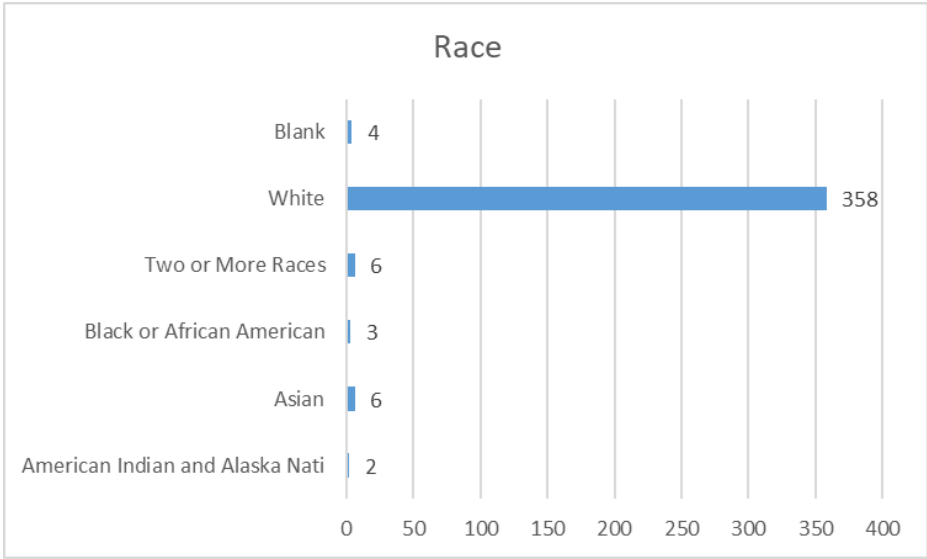
## SURVEY RESULTS

There were 388 responses to the Community Health Assessment Survey collected from March 24, 2022 to April 11, 2022. At least 1 response to the survey was not a resident to Madison County. Responses to this survey were used to analyze trends, perceived health needs and concerns, and to help understand the health status in Madison County as part of the health priority setting process.

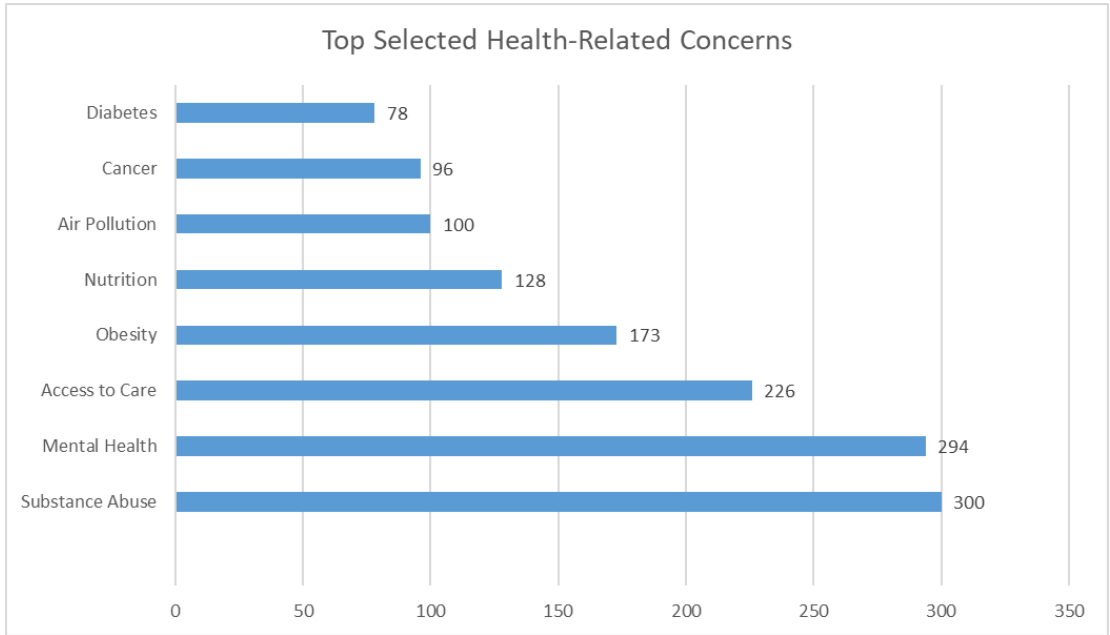
The following charts and data points are highlights from the survey results that were used by the Core Team to set health priorities.







**Question 1:** What do you feel are the most urgent health-related concerns in Madison County?  
(Select up to 5)



**Question 2:** Please rate the following health-related issues on a scale of Most Urgent to Not a Problem. The final ranks were calculated where Most Urgent received 5 points, Urgent received 4 points, all the way to Not a Problem receiving 1 point.

### Health issues from Most Urgent:

- 1.) Mental Health
- 2.) Substance Use
- 3.) Access to Care
- 4.) Cancer
- 5.) Heart Disease
- 6.) Obesity
- 7.) Safety
- 8.) Dental Care
- 9.) Sexual Health

Rate the following	Most Urgent	Urgent	Somewhat Urgent	Least Urgent	Not a Problem	Total Rank	Final Rank
<b>Mental Health</b>	212	119	41	4	4	1671	<b>1</b>
<b>Substance Use/Abuse</b>	209	129	30	7	5	1670	<b>2</b>
<b>Access to Care</b>	145	105	85	36	9	1481	<b>3</b>
<b>Cancer</b>	87	150	114	22	5	1426	<b>4</b>
<b>Heart Disease</b>	70	154	127	25	4	1401	<b>5</b>
<b>Obesity</b>	81	131	130	28	10	1385	<b>6</b>
<b>Safety</b>	86	116	130	42	7	1375	<b>7</b>
<b>Dental Care</b>	74	100	144	51	11	1315	<b>8</b>
<b>Sexual Health</b>	40	112	146	72	12	1242	<b>9</b>

Key for Ranking	
Most Urgent	5
Urgent	4
Somewhat Urgent	3
Least Urgent	2
Not a Problem	1

**Question 3:** Please check the following issues as to why you or people you know do not get needed healthcare.

Top 3 Selections:

- 1.) Costs of prescription drugs
- 2.) Long waits for appointments
- 3.) Cost of insurance plans
- 4.) Lack of or limited knowledge of services & Cost of deductibles (TIE)
- 5.) Decisions and priorities (buying food or paying bills instead of seeking care)

<b>Barriers to needed healthcare</b>	<b>Count of Selections</b>
Cost of prescription drugs	217
Long waits for appointments	197
Cost of insurance plans	191
Lack of or limited knowledge of services	179
Cost of deductibles	179
Decisions and priorities	157
Lack of psychiatrists, mental health counselors, Substance Use/Abuse counselors	153
Specialists who do not take your medical insurance	141
Cost of co-pays	140
Lack of specialists in Madison County	126
Difficult to navigate health insurance and health systems	122
Office hours of appointments are not convenient	101
Lack of or limited transportation	99
Difficult to get into doctors who take Medicare, Medicaid, or Affordable care Act insurance plans	99
Lack of or limited time off work	93
Use of emergency rooms for non-emergency situations	83
Lack of or limited coordination of care	79
Inconvenient location of services	77
Lack of access to dentists	68
Lack of primary care provider	53
Lack of health nutrition or access to healthy foods	50
Hard to navigate Medicaid Insurance plans	46
Lack of treatment beds to fit the illness or disease	22

# Quantitative Data Review

During September 2021-April 2022, data was collected, organized, reviewed, and analyzed within the 7 required IPLAN Data System areas, as well as other categories identified as relevant and timely in regard to health status in Madison County. During the early spring, the results of the Community Health Survey qualitative data were synthesized and analyzed to help inform specific quantitative data sets to include in the analysis. Upon further review, top health concerns, identified from the three data collection sources, became clear and were utilized by the Core Team during the health priority setting process in April 2022. Ultimately, specific data points for each of these top health concerns were selected to help “tell our story” to the Core Team and through the IPLAN process.

The following data categories and key data findings culminated the most urgent health concerns for the 2021-2026 County Health Needs Assessment. Data on sentinel events was collected and reviewed as part of the Quantitative Data Analysis; however, no sentinel events, other than the COVID-19 pandemic, appeared to be in urgent need of addressing nor indicated concerning rates for Madison County.

## Madison County Health Ranking

72

For Health Outcomes\*  
out of 102 Counties in  
2021

59

For Health Factors\*\*  
out of 102 Counties in  
2021

\* Health Outcomes are defined as the overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.

\*\* Health Factors are defined as the overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.

Source: 2022 County Health Rankings & Roadmaps Report

# MADISON COUNTY DEMOGRAPHICS

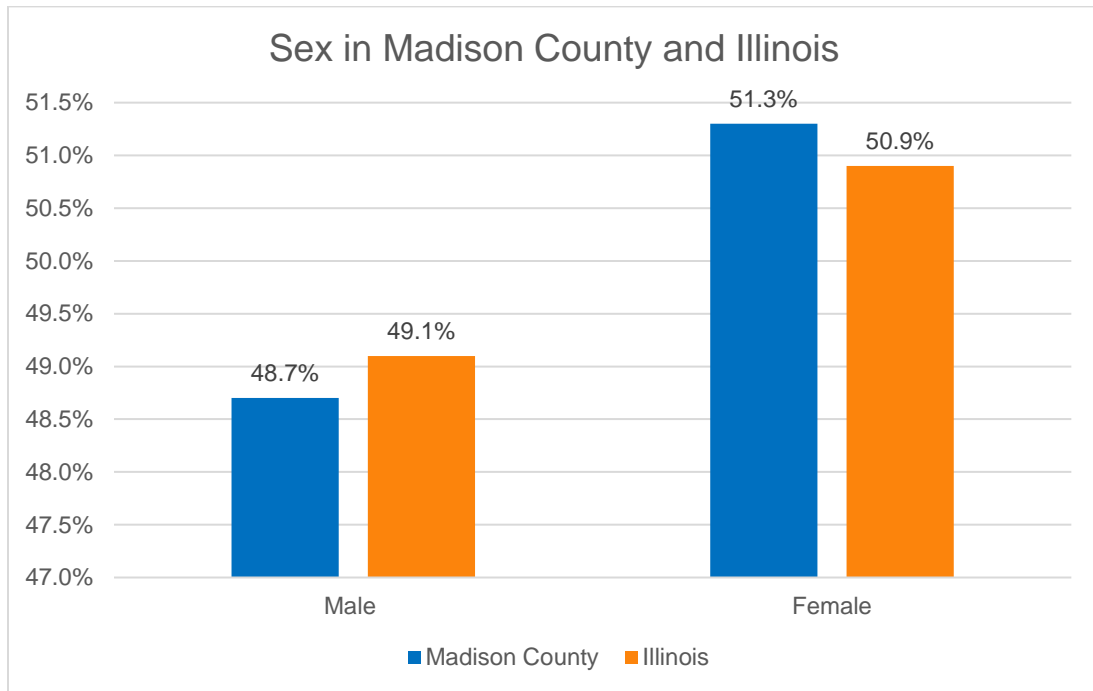
**Total Population of Madison County:**

**264,403**

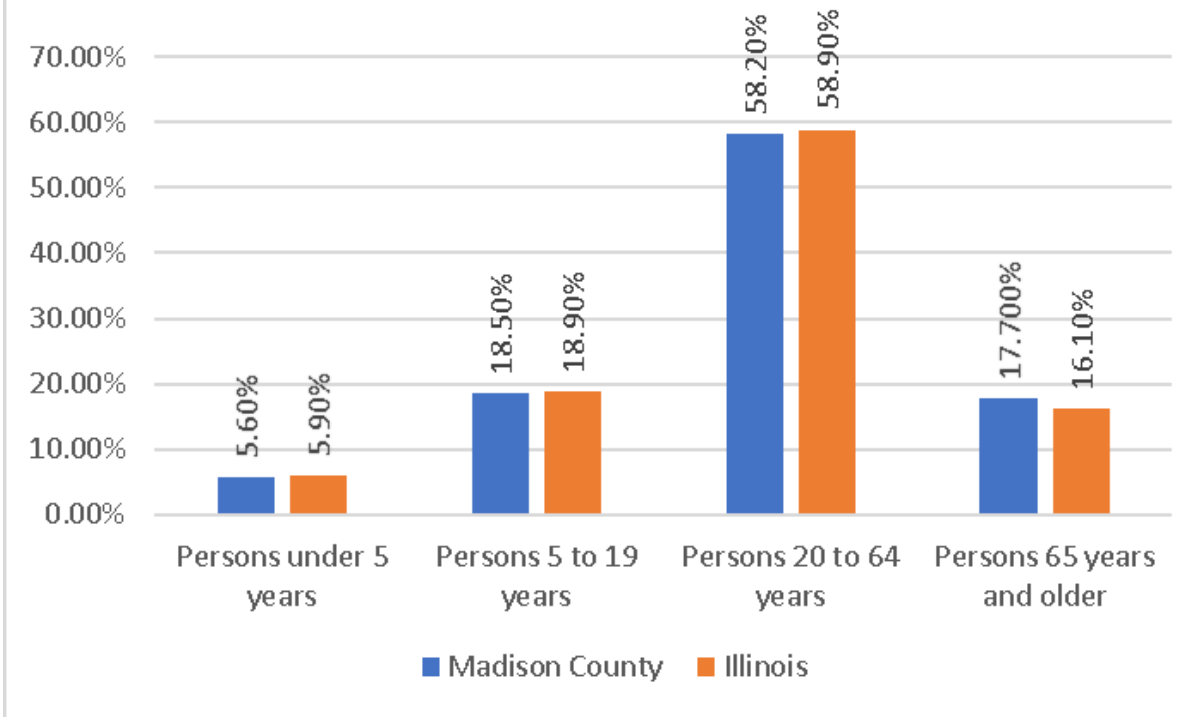
*US Census Bureau, 2020 ACS 5-Year Estimates*

## Demographic Breakdown

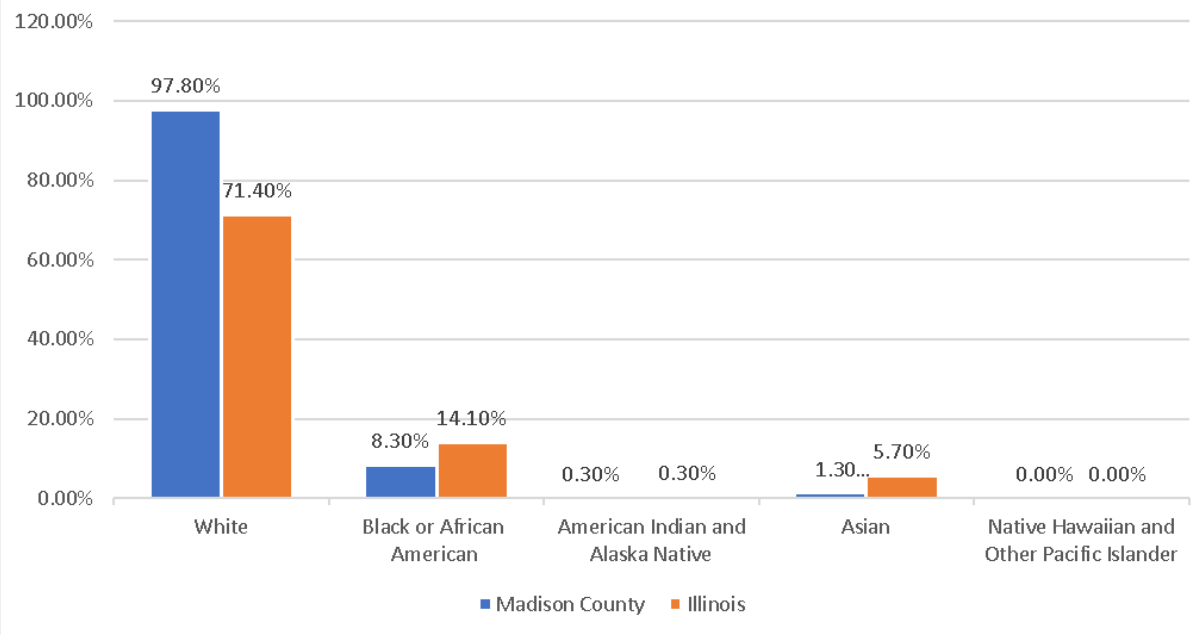
*U.S. Census Bureau, 2020 ACS 5-Year Estimates*



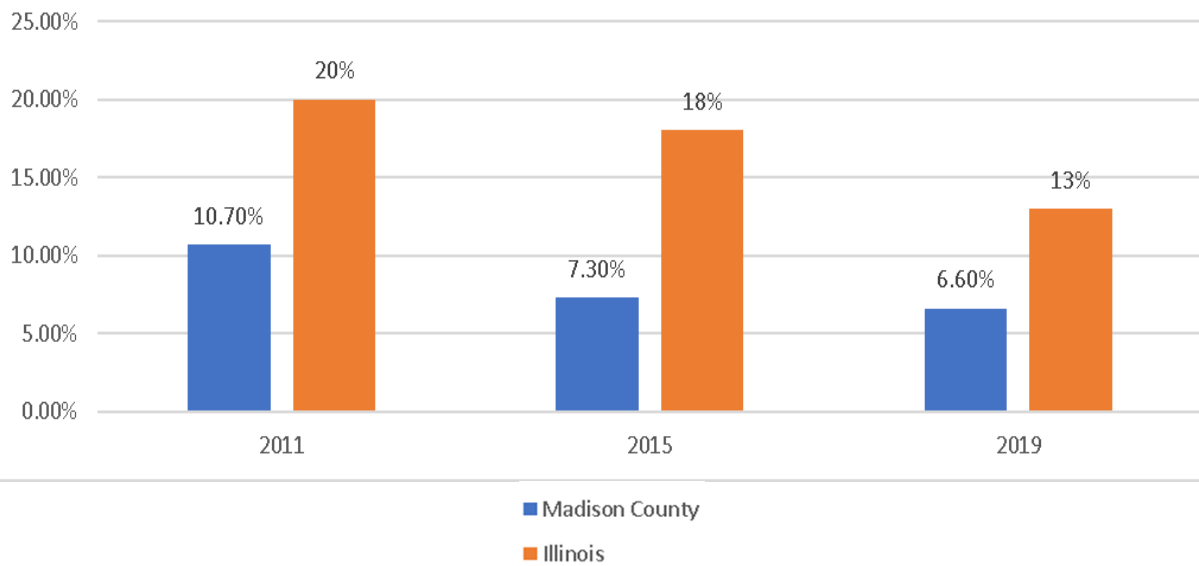
### Age Breakdown in Madison County and Illinois



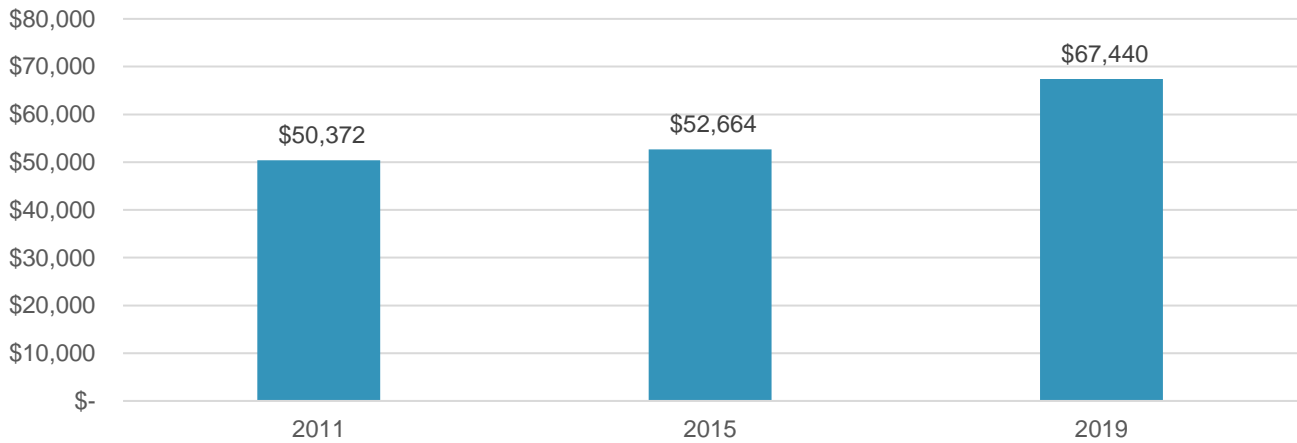
### Race in Madison County and Illinois



Percent of Population 25+ Who Are Non-High School Graduates in Madison County, 2019, 2015 and 2011

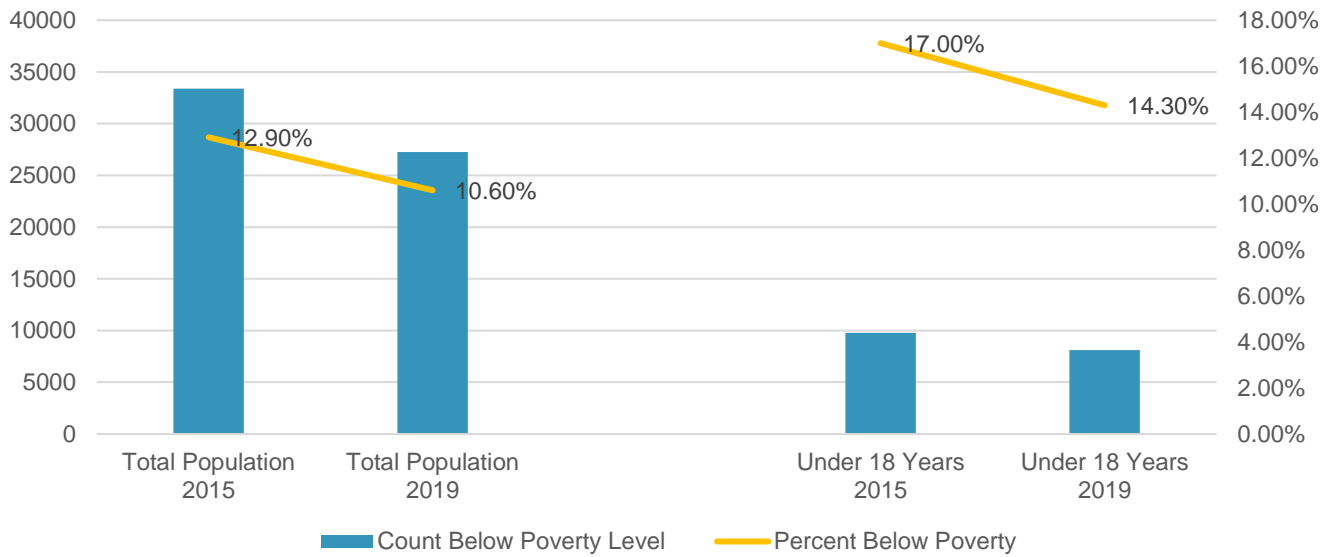


Median Household Income in Madison County

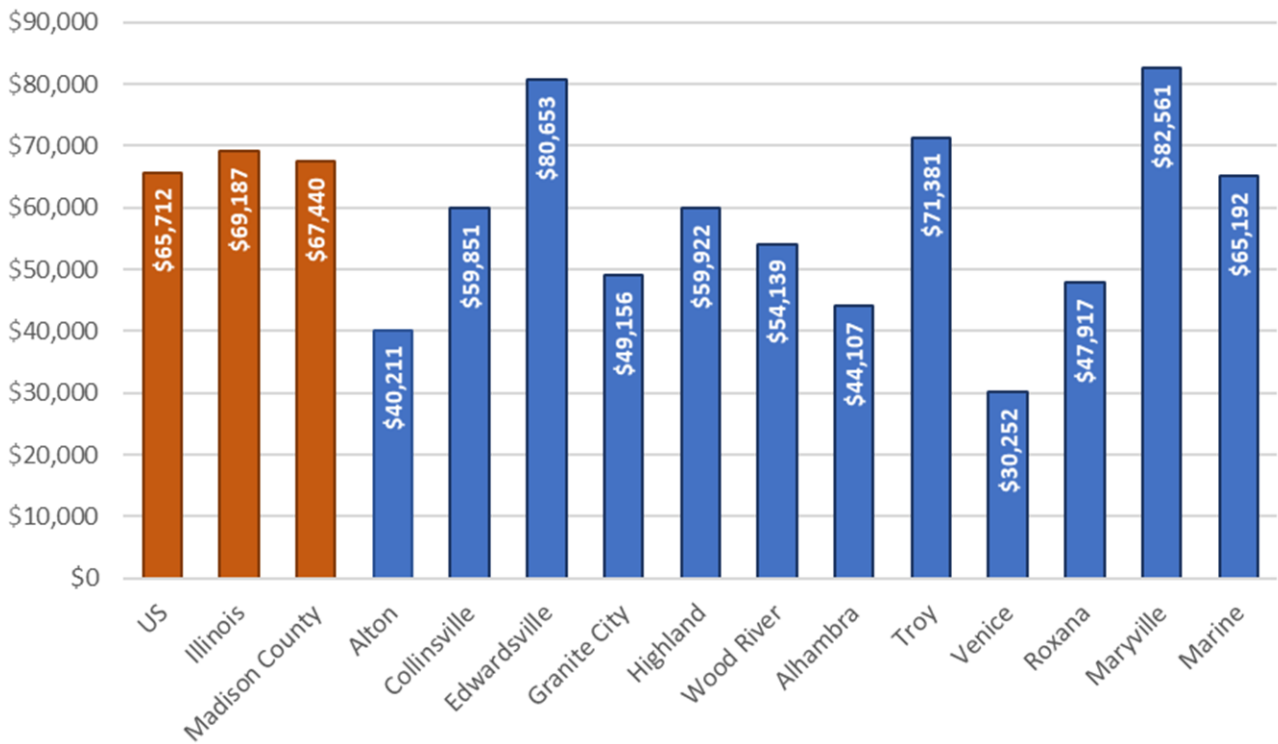




### Number and Percent of Population Below Poverty Level for Madison County

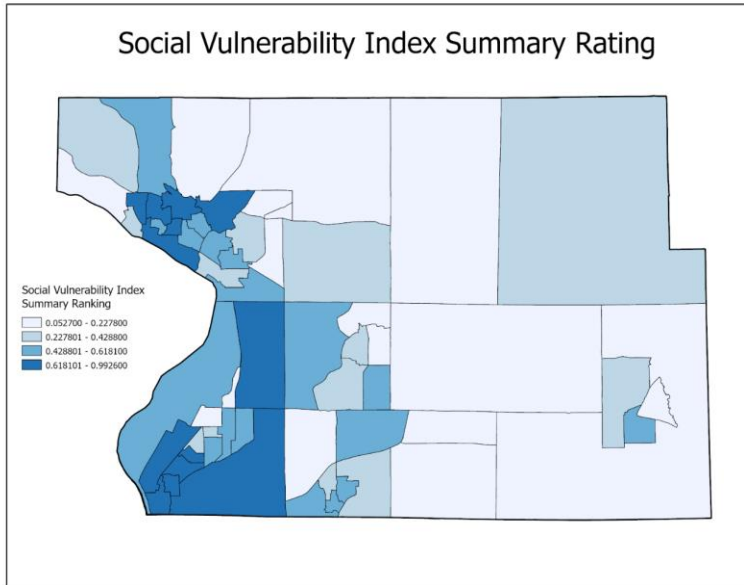


### Median Household Income in United States, Illinois, Madison County, and Madison County Communities



## Social Vulnerability Index Summary Rating (Reference Map: Appendix G)

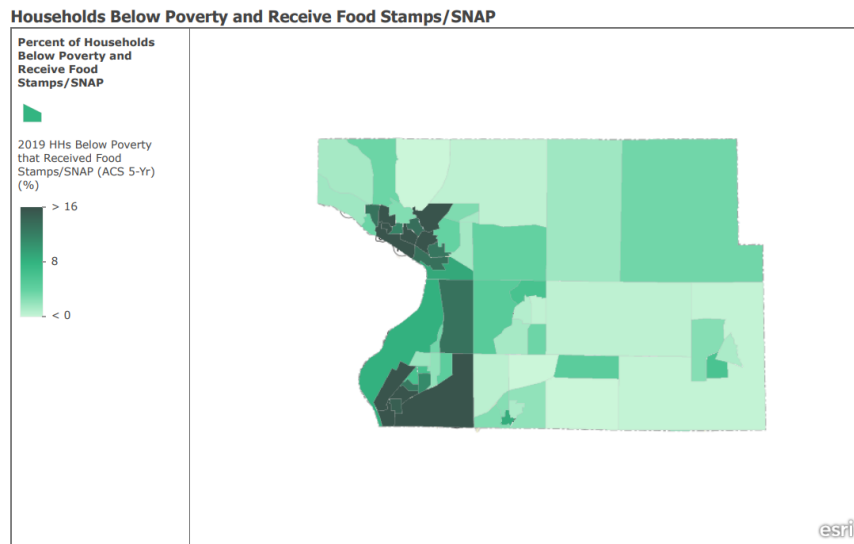
Centers for Disease Control and Prevention Social Vulnerability Index 2018; Agency for Toxic Substances and Disease Registry; Division of Toxicology and Human Health Sciences



Madison County GIS

## Households Below Poverty and Receive Food Stamps/SNAP (Reference Map: Appendix G)

ESRI, Community Analyst; U.S. Census Bureau, 2020 ACS 5-Year Estimates



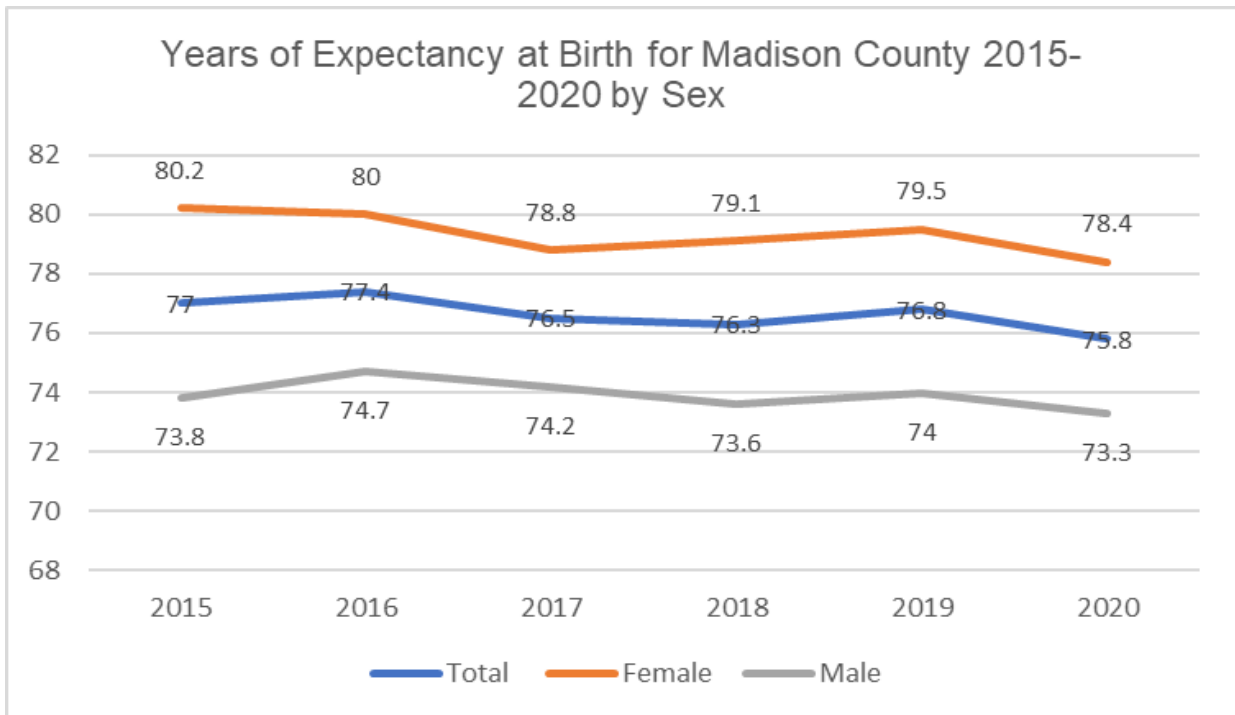
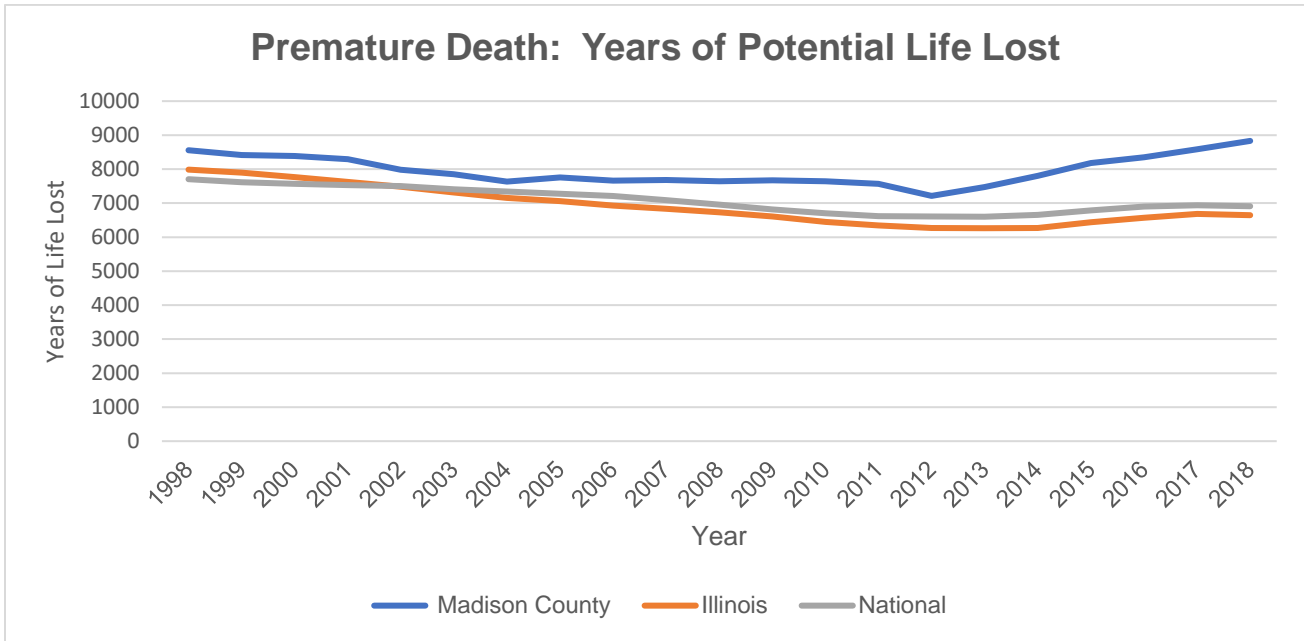
Madison County GIS

The darker the census tract means a higher social vulnerability and a higher percent of households below poverty. Some communities with darker census tracts are Madison, Venice, Granite City, Alton, South Roxana, and Roxana,

# MORTALITY

## Years of Potential Life Lost and Years of Expectancy

2021 County Health Rankings



## Years of Expectancy at Birth for Madison County 2021

2021 County Health Rankings

Average number of years a person can expect to live

Asian	Black	Hispanic	White
87.3	72.3	92.1	76.7

## Premature Age Adjusted Mortality Rate by Race

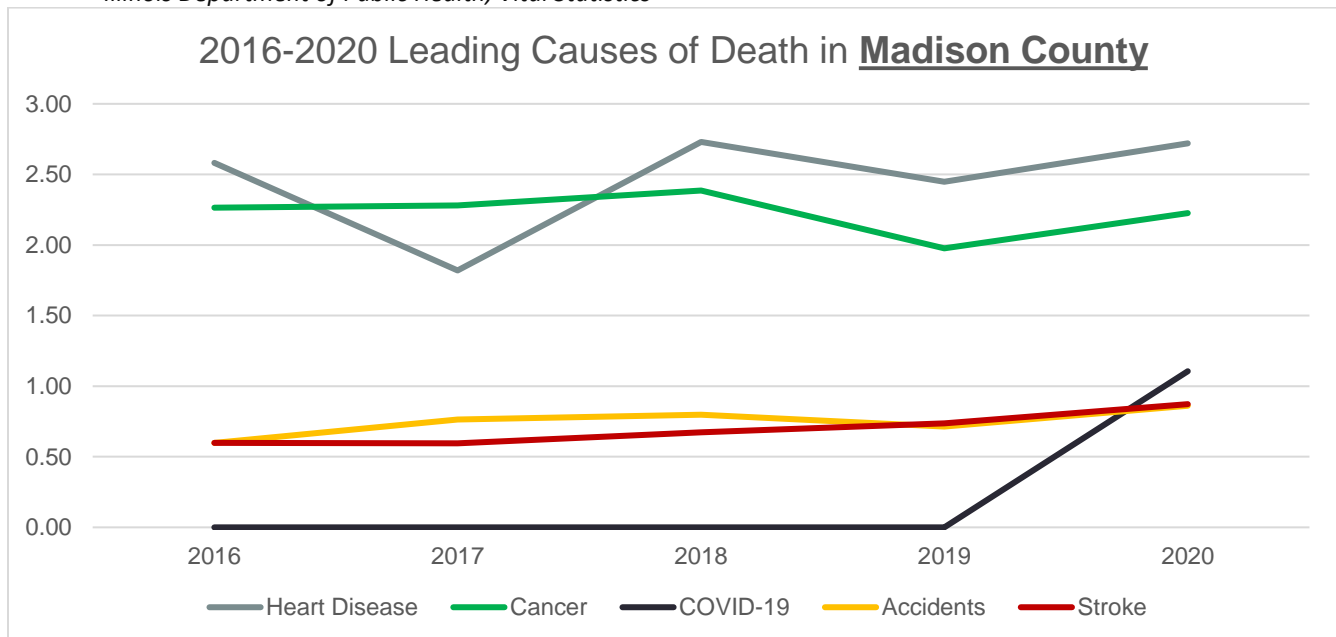
2021 County Health Rankings

Number of deaths among residents under age of 75 per 100,000 population

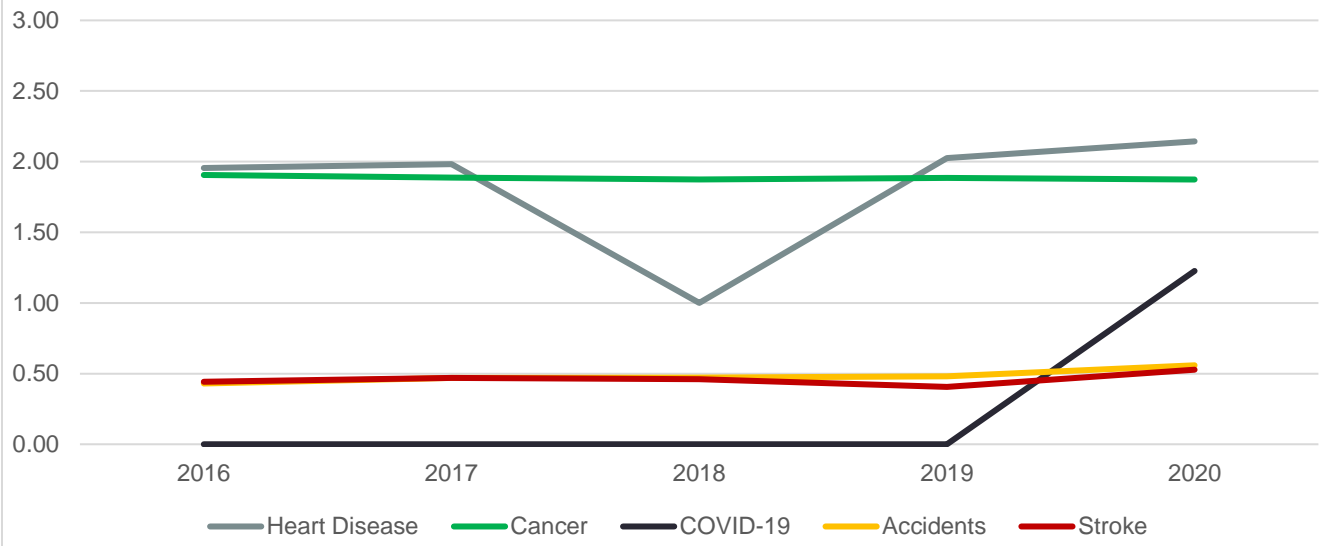
Year	Black	Hispanic	White
2018	640	130	390
2019	620	140	400
2020	610	140	400
2021	610	170	410

## Leading Causes of Death

Illinois Department of Public Health, Vital Statistics



### 2016-2020 Leading Cause of Death in Illinois



## ACCESS TO CARE

### Primary Care Physician (PCP) Proportion (Residents: 1 PCP)

*2021 County Health Rankings*

Year	Madison County	Illinois
2017	2000:1	1240:1
2018	2060:1	1240:1
2019	2210:1	1230:1
2020	2190:1	1250:1
2021	2190:1	1240:1

### Ratio of population to dentists:

#### **1150:1 in Madison County**

- 1240:1 in Illinois
- 1210:1 in United States top performers

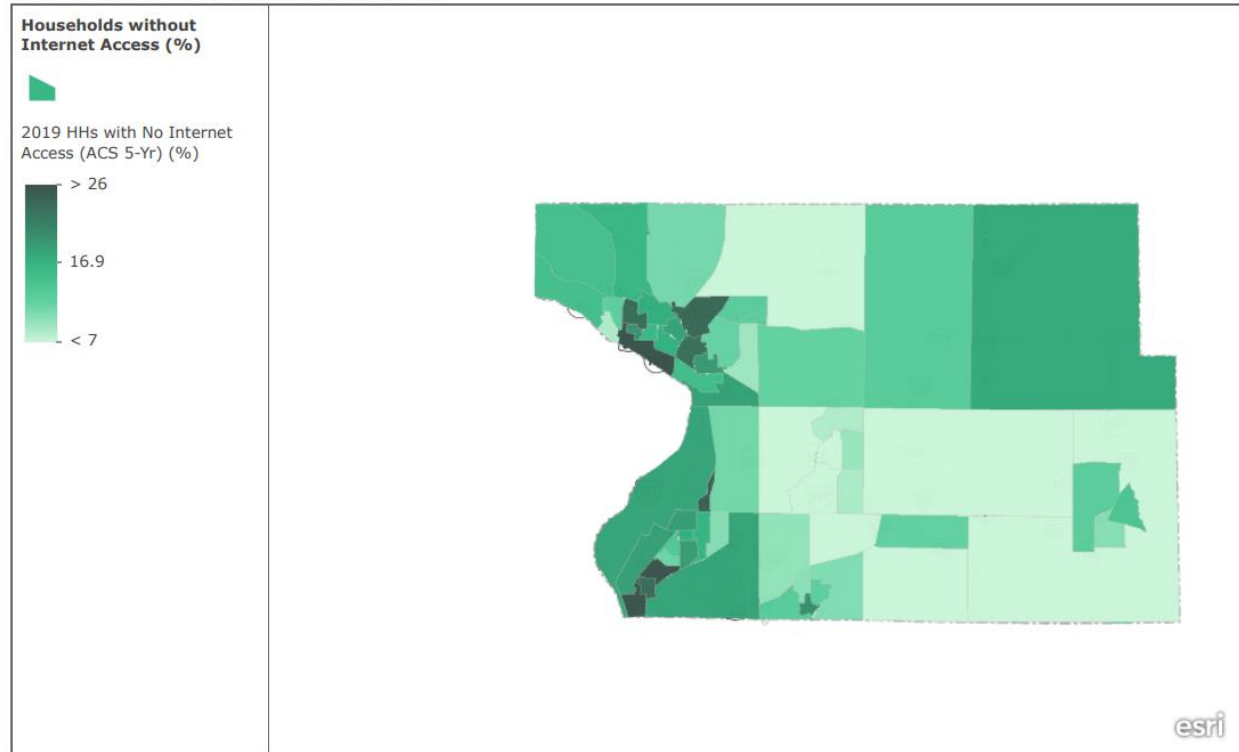
*2021 County Health Rankings*

## Households with No Internet Access (Reference Map: Appendix G)

ESRI, Community Analyst; U.S. Census Bureau, 2020 ACS 5-Year Estimates

Access to high-speed broadband internet improves access to education, employment, and healthcare opportunities and is associated with increased economic development (County Health Rankings).

### Households with No Internet Access

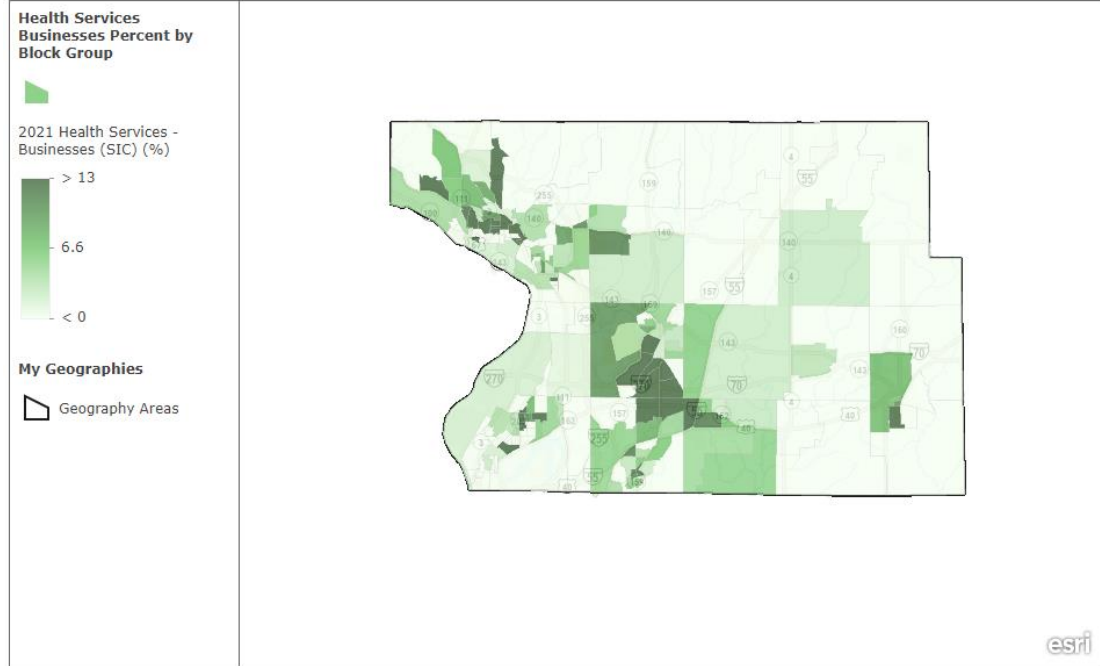


Madison County GIS

# Health Services Businesses (Reference Map: Appendix H)

ESRI, Community Analyst; U.S. Census Bureau

## Health Services Businesses



Esri, HERE, Garmin | Madison County GIS



## MENTAL HEALTH

### Youth Mental Health

2019 Illinois Youth Survey

<u>In the past 12 months did you ever:</u>			
	<u>8th</u>	<u>10th</u>	<u>12th</u>
<b>Seriously consider attempting suicide</b>	N/A	22%	19%
<b>Feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities</b>	44%	46%	40%

<u>In the past 7 days, how many days were you physically active for a total of at least 60 minutes per day</u>			
	<u>8th</u>	<u>10th</u>	<u>12th</u>
<b>0 days</b>	9%	10%	13%
<b>1 day</b>	6%	7%	8%
<b>2 days</b>	9%	9%	9%
<b>3 days</b>	11%	15%	12%
<b>4 days</b>	10%	9%	10%
<b>5 days</b>	18%	16%	15%
<b>6 days</b>	10%	9%	9%
<b>7 days</b>	27%	25%	25%

## Frequent Mental Distress

2021 County Health Rankings

Percentage of adults reporting 14 or more days of poor physical or mental health per month

Madison County	Illinois	United States (Top Performers)
14%	12%	12%

## Poor Mental Health Days

2021 County Health Rankings

Average number of physically and mentally unhealthy days in the past 30 days

Madison County	Illinois	United States (Top Performers)
4.5	3.8	3.8

## Suicide

Illinois Department of Public Health Vital Statistics and IQuery

Madison County	Total Rate	Female Rate	Male Rate
2015	1.43	N/A	2.31
2016	1.96	1.24	2.72
2017	1.96	N/A	3.40
2018	2.00	N/A	3.33
2019	1.26	1.04	1.80

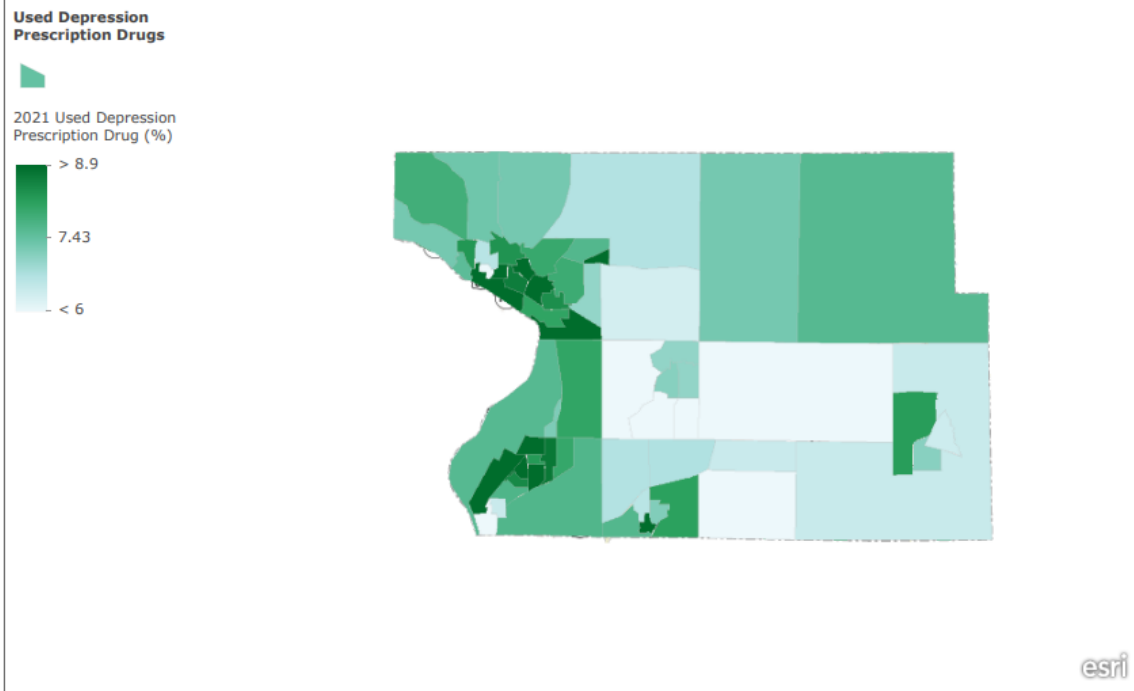
Madison County	Total Rate	Female Rate	Male Rate
2015	1.06	0.44	1.70
2016	1.11	0.49	1.75
2017	1.15	0.50	1.83
2018	1.17	0.50	1.85
2019	1.14	0.51	1.79

## Depression Prescription Drugs (Reference Map: Appendix G)

ESRI Community Analyst, GFK MRI

Indicates the likely demand for a product or service in an area. Unless otherwise indicated, measure represents the count or percent of adults. The index is the ratio of the local consumption rate to the US consumption rate.

### Used Depression Prescription Drugs

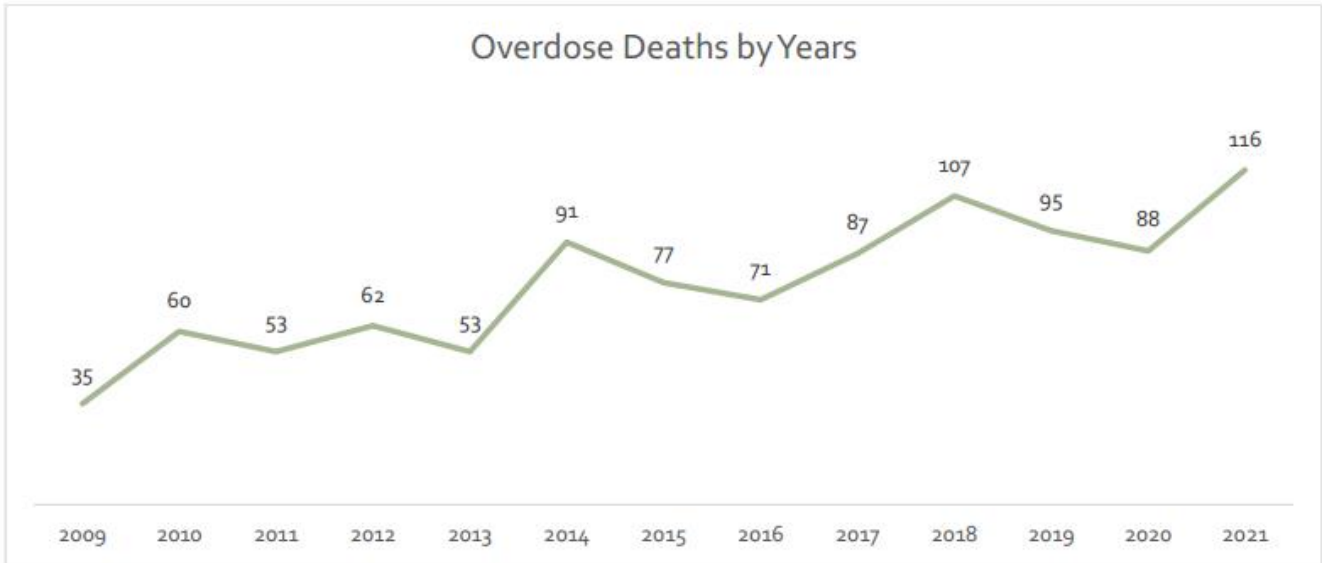


Madison County GIS

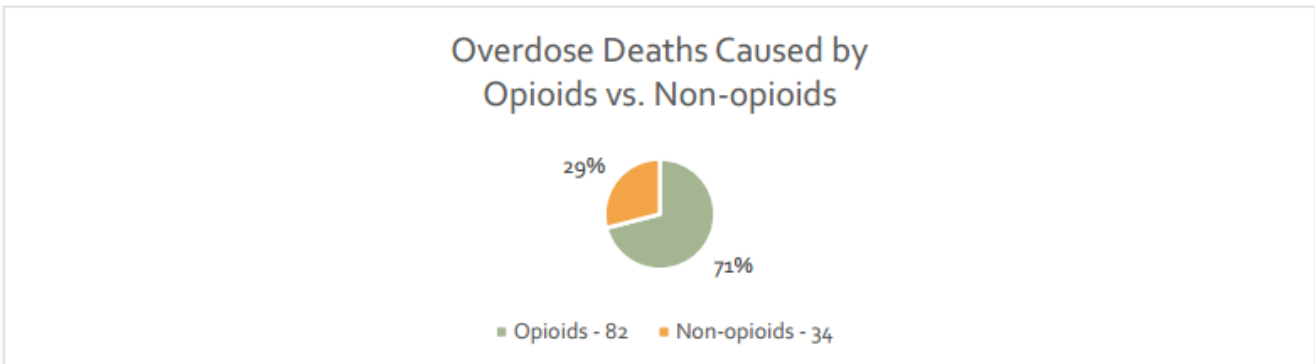
# SUBSTANCE USE

## Drug Overdoses

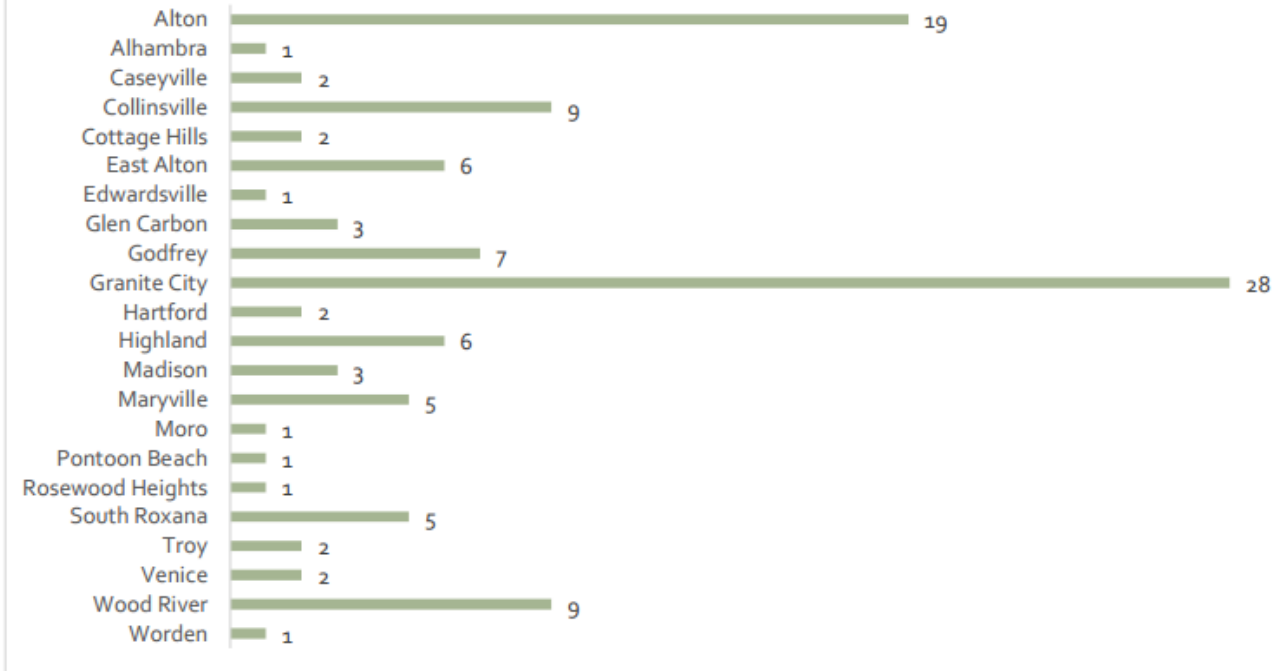
Madison County Coroner, 2021 Overdose Deaths; Compiled by Chestnut Health Systems



Overdose deaths increased 32% in the past year, and 231% since 2009.



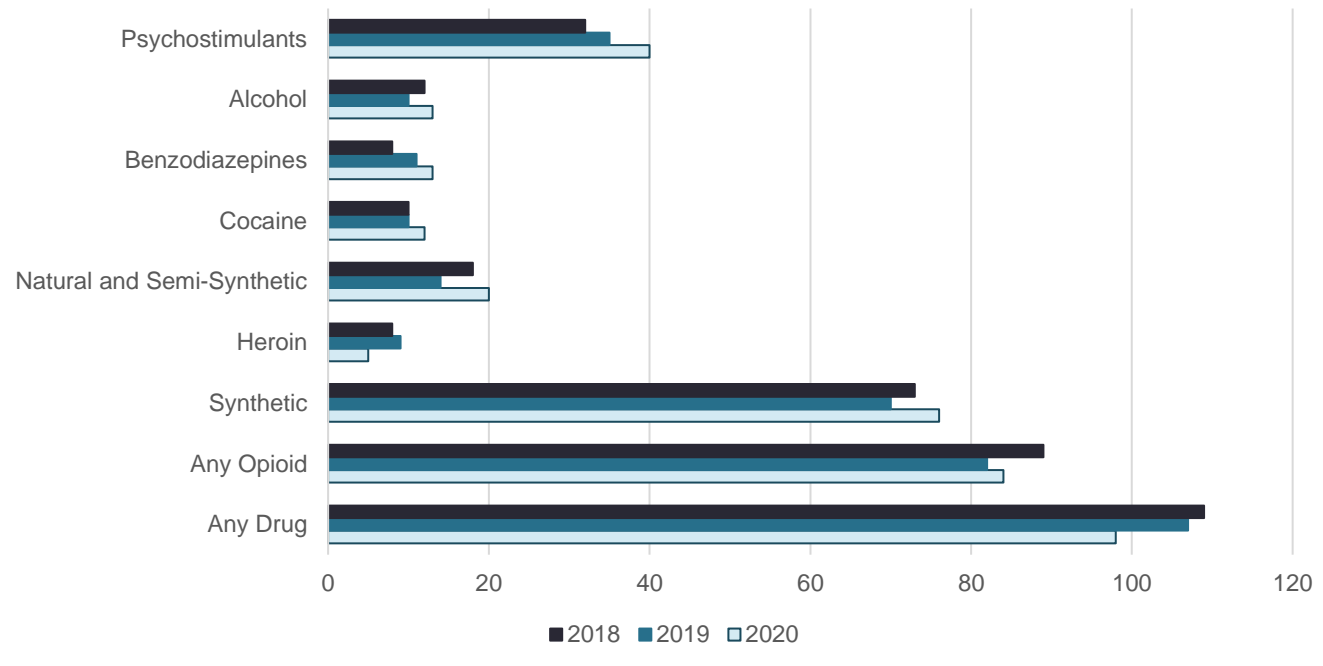
### Overdose Deaths by City



### Madison County Drug Overdose Death Counts

*Illinois Department of Public Health Opioid Data Dashboard*

### Madison County Drug Overdose Death Counts



## Excessive Drinking and Adult Smoking

2021 County Health Rankings

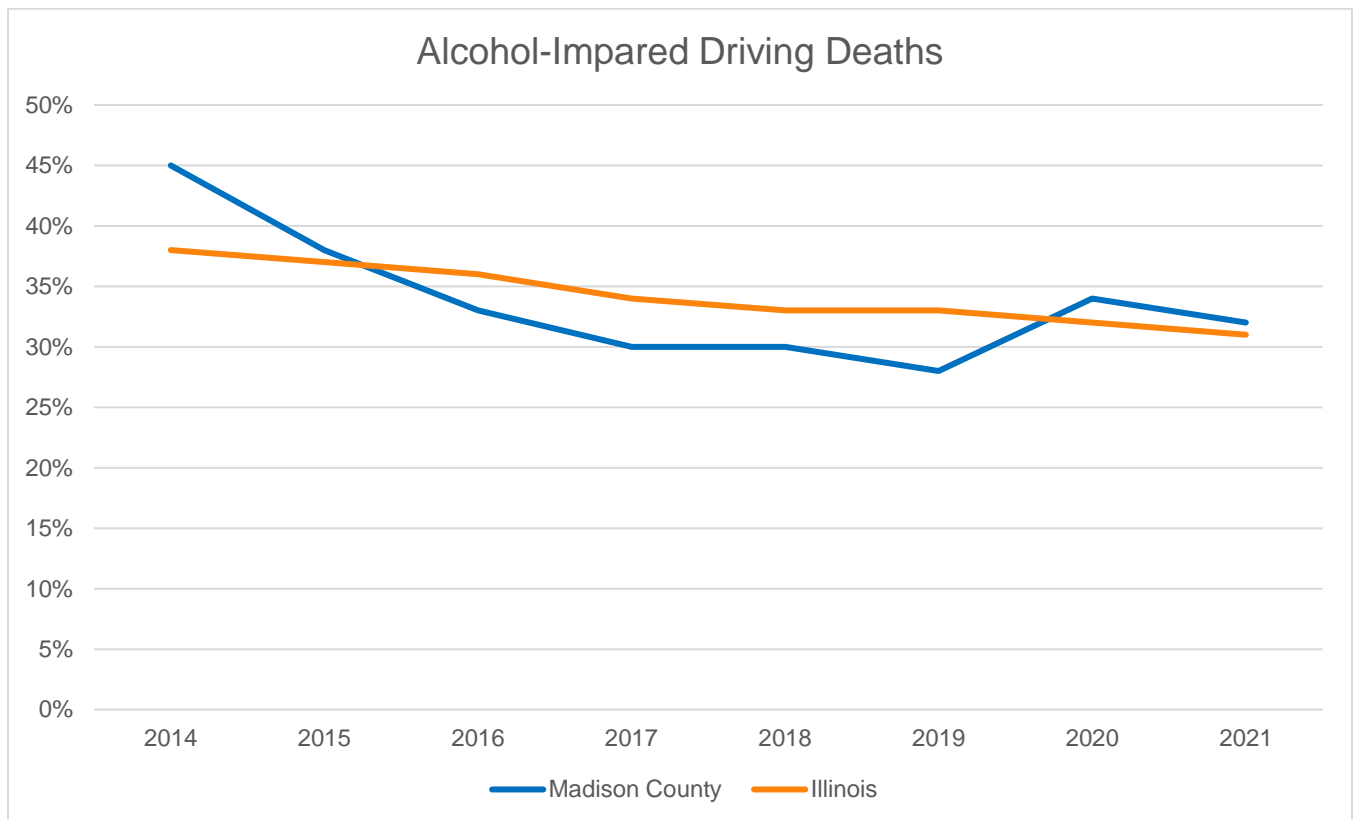
Excessive Drinking		
Year	Madison County	Illinois
2021	23%	22%

Adult Smoking		
Year	Madison County	Illinois
2021	21%	16%

## Alcohol-Impaired Driving Deaths

2021 County Health Rankings

Percent of driving deaths with alcohol impairment



## Youth Substance Use

2019 Illinois Youth Survey

Youth Driving Under the Influence		Never	1-2 times	3-5 times	6 or more times
10th: Drinking Alcohol		94%	3%	2%	1%
10th: Using Marijuana		89%	6%	2%	4%
12th: Drinking Alcohol		87%	8%	2%	3%
12th: Using Marijuana		79%	7%	3%	<b><u>11%</u></b>

Youth Personal Disapproval: How wrong do you think it is for someone your age to:						
		Very Wrong	Wrong	A little bit wrong	Not wrong at all	
<b>8th</b>	Drink beer, wine, or hard liquor regularly		62%	22%	13%	2%
	Smoke cigarettes		75%	17%	6%	2%
	<b>Use e-Cigarettes</b>		<b>60%</b>	<b>20%</b>	<b>15%</b>	<b>5%</b>
	<b>Use marijuana</b>		<b>60%</b>	<b>18%</b>	<b>14%</b>	<b>8%</b>
	Use prescription drugs not prescribed to them		80%	14%	4%	2%
<b>10th</b>	Drink beer, wine, or hard liquor regularly		39%	30%	23%	8%
	Smoke cigarettes		65%	25%	7%	3%
	<b>Use e-Cigarettes</b>		<b>42%</b>	<b>28%</b>	<b>20%</b>	<b>10%</b>
	<b>Use marijuana</b>		<b>37%</b>	<b>22%</b>	<b>22%</b>	<b>19%</b>
	Use prescription drugs not prescribed to them		69%	21%	6%	3%
<b>12th</b>	Drink beer, wine, or hard liquor regularly		26%	27%	32%	15%
	Smoke cigarettes		60%	22%	12%	6%

Use e-Cigarettes	34%	25%	26%	14%
Use marijuana	26%	19%	29%	26%
Use prescription drugs not prescribed to them	70%	18%	7%	6%

Perceived Access in Madison County Youth		Very Hard	Sort of Hard	Very Easy	Sort of Easy
8th	<b>Beer, wine, or hard liquor (e.g. vodka, whiskey, or gin)</b>	48%	22%	<b>12%</b>	<b>18%</b>
	Cigarettes	60%	16%	11%	12%
	<b>E-cigarettes or other vaping products</b>	49%	19%	<b>14%</b>	<b>17%</b>
	<b>Marijuana</b>	57%	15%	<b>13%</b>	<b>14%</b>
	Prescription drugs not prescribed to you	59%	21%	9%	12%
	Opioid medications from your home*	70%	18%	4%	8%
10th	<b>Beer, wine, or hard liquor (e.g. vodka, whiskey, or gin)</b>	27%	22%	<b><u>23%</u></b>	<b><u>28%</u></b>
	Cigarettes	46%	23%	14%	17%
	<b>E-cigarettes or other vaping products</b>	31%	17%	<b><u>28%</u></b>	<b><u>23%</u></b>
	<b>Marijuana</b>	33%	17%	<b><u>28%</u></b>	<b><u>22%</u></b>
	Prescription drugs not prescribed to you	46%	25%	14%	15%
	Opioid medications from your home*	67%	19%	6%	9%
12th	<b>Beer, wine, or hard liquor (e.g. vodka, whiskey, or gin)</b>	17%	18%	<b><u>36%</u></b>	<b><u>29%</u></b>
	Cigarettes	30%	21%	<b><u>27%</u></b>	<b><u>22%</u></b>
	<b>E-cigarettes or other vaping products</b>	21%	16%	<b><u>40%</u></b>	<b><u>23%</u></b>
	<b>Marijuana</b>	22%	15%	<b><u>43%</u></b>	<b><u>20%</u></b>
	<b>Prescription drugs not prescribed to you</b>	38%	25%	<b><u>18%</u></b>	<b><u>20%</u></b>
	Opioid medications from your home*	63%	20%	9%	8%

\*(Opioids include methadone, opium, morphine, fentanyl, Vicodin, MS Contin, Codeine, Demerol, Roxicodone, Hydrocodone [Lortab, Lorcet, Norco], Suboxone, OxyContin, Percocet, Tylox, Percodan, Ultram, and Tramadol)\*



<b>Youth Perceived Risk Associated with Use</b>		<b>No Risk</b>	<b>Slight Risk</b>	<b>Moderate Risk</b>	<b>Great Risk</b>
<b>8th</b>	<b>Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day)</b>	<b>10%</b>	<b>18%</b>	28%	44%
	Have five or more drinks of an alcoholic beverage once or twice a week	8%	13%	26%	53%
	Smoke one or more packs of cigarettes per day	7%	7%	18%	68%
	Use e-cigarettes or other vaping products	8%	18%	34%	40%
	<b>Use marijuana once or twice a week</b>	<b>19%</b>	<b>20%</b>	23%	37%
	Use prescription drugs not prescribed to them	8%	6%	17%	69%
<b>10th</b>	<b>Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day)</b>	4%	17%	<b>34%</b>	<b>44%</b>
	Have five or more drinks of an alcoholic beverage once or twice a week	4%	14%	31%	52%
	Smoke one or more packs of cigarettes per day	3%	7%	16%	74%
	Use e-cigarettes or other vaping products	4%	20%	35%	41%
	<b>Use marijuana once or twice a week</b>	<b>21%</b>	<b>26%</b>	12%	29%
	Use prescription drugs not prescribed to them	2%	6%	17%	74%
<b>12th</b>	<b>Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day)</b>	6%	20%	<b>32%</b>	<b>42%</b>
	Have five or more drinks of an alcoholic beverage once or twice a week	6%	16%	33%	45%
	Smoke one or more packs of cigarettes per day	4%	7%	15%	73%
	Use e-cigarettes or other vaping products	7%	20%	33%	40%
	<b>Use marijuana once or twice a week</b>	<b>30%</b>	<b>27%</b>	20%	23%
	Use prescription drugs not prescribed to them	3%	6%	16%	75%

## CHRONIC DISEASE:

### Poor Physical Health Days

*2021 County Health Rankings*

Average number of physically unhealthy days in the past 30 days

Madison County	Illinois	United States (Top Performers)
4.0	3.6	3.4

### Frequent Physical Distress

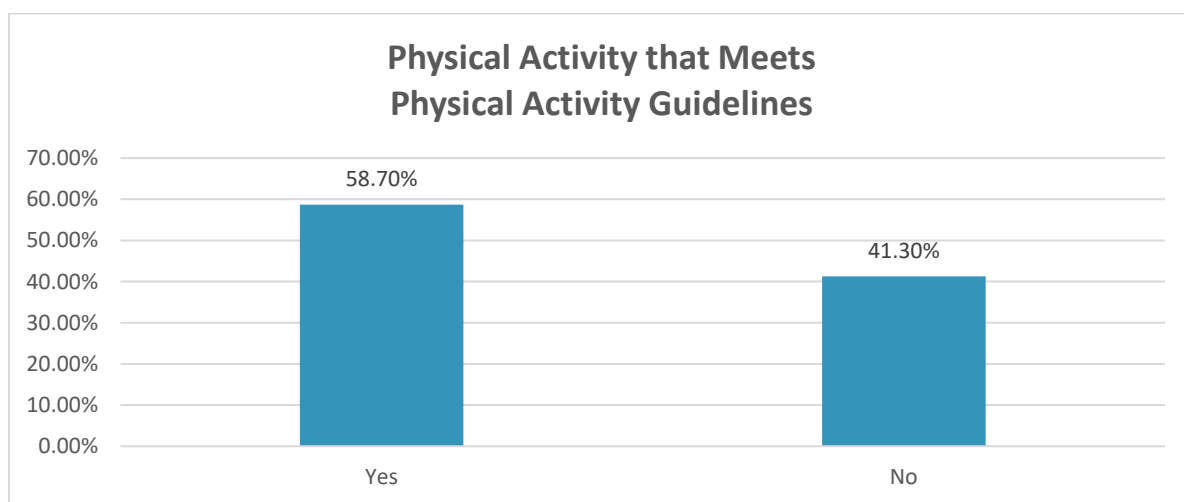
*2021 County Health Rankings*

Percentage of adults reporting 14 or more days of poor physical per month

Madison County	Illinois	United States (Top Performers)
12%	10%	10%

### Physical Activity

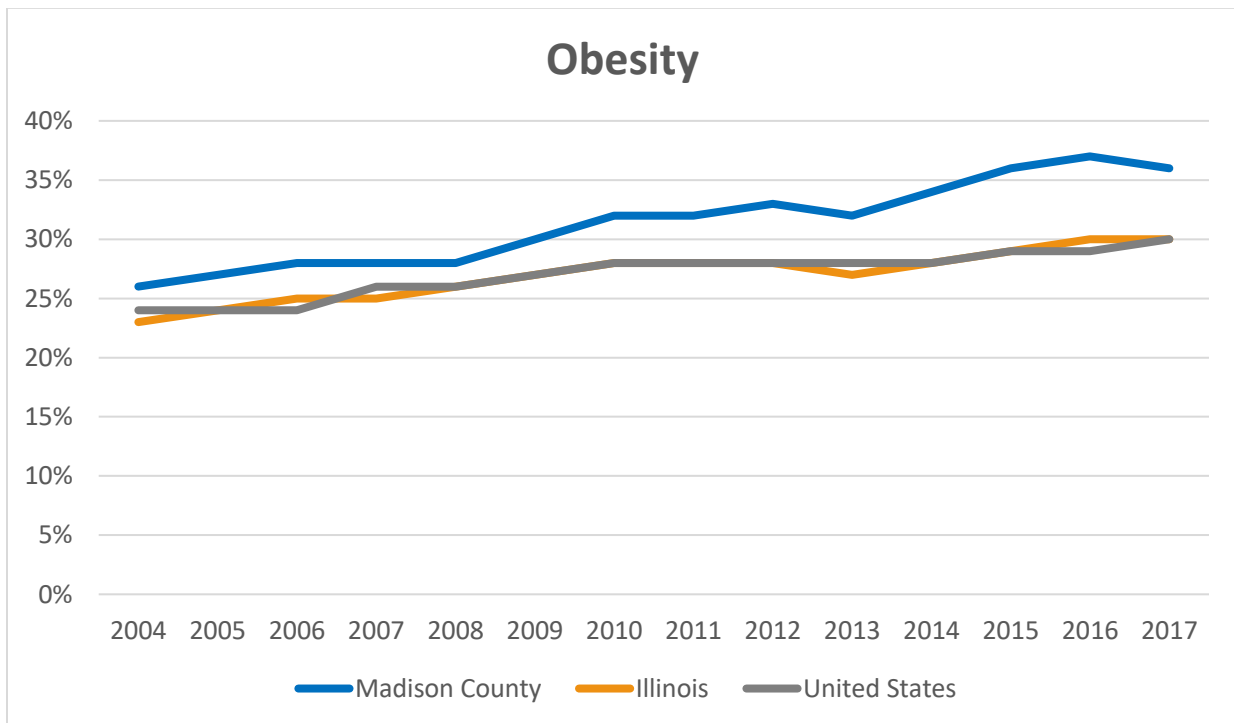
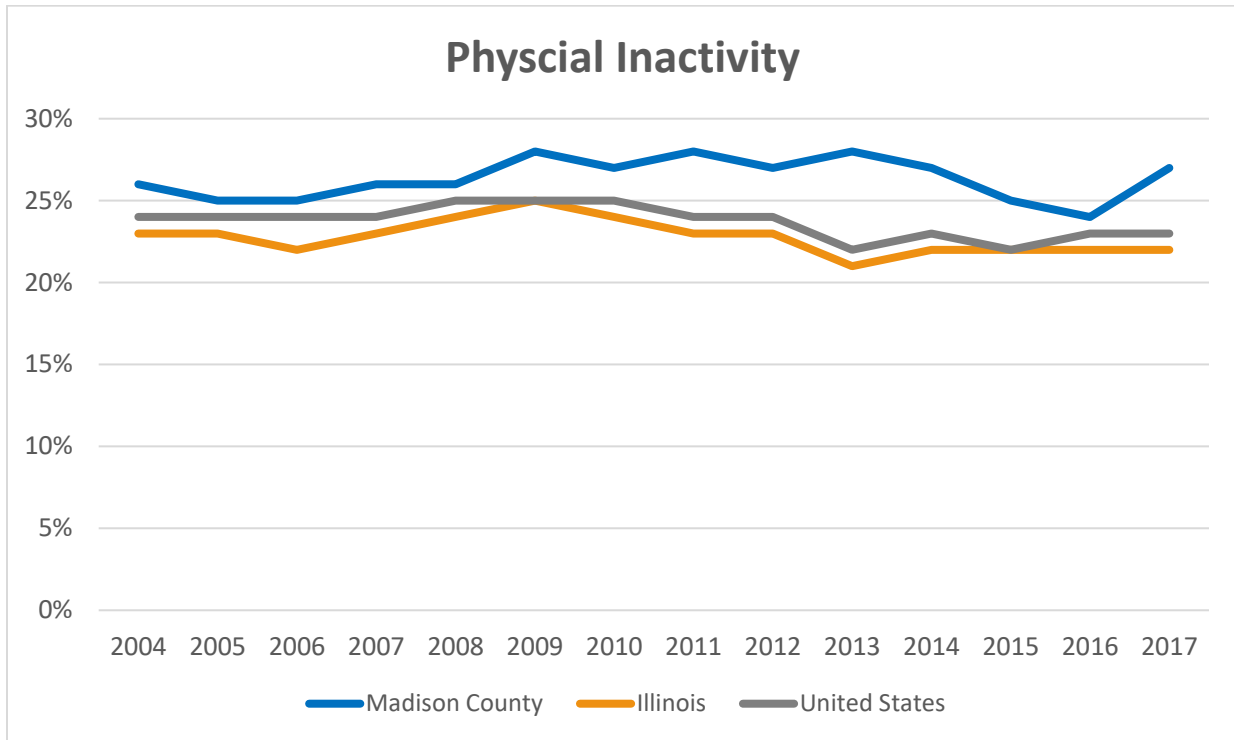
*Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)*



According to the Physical Activity Guidelines for Americans, individuals 6 years and other should partake in 60 minutes or more of daily physical activity daily. Children 3 to 5 years should be physically active throughout the day.

# Physical Inactivity and Obesity

2021 County Health Rankings



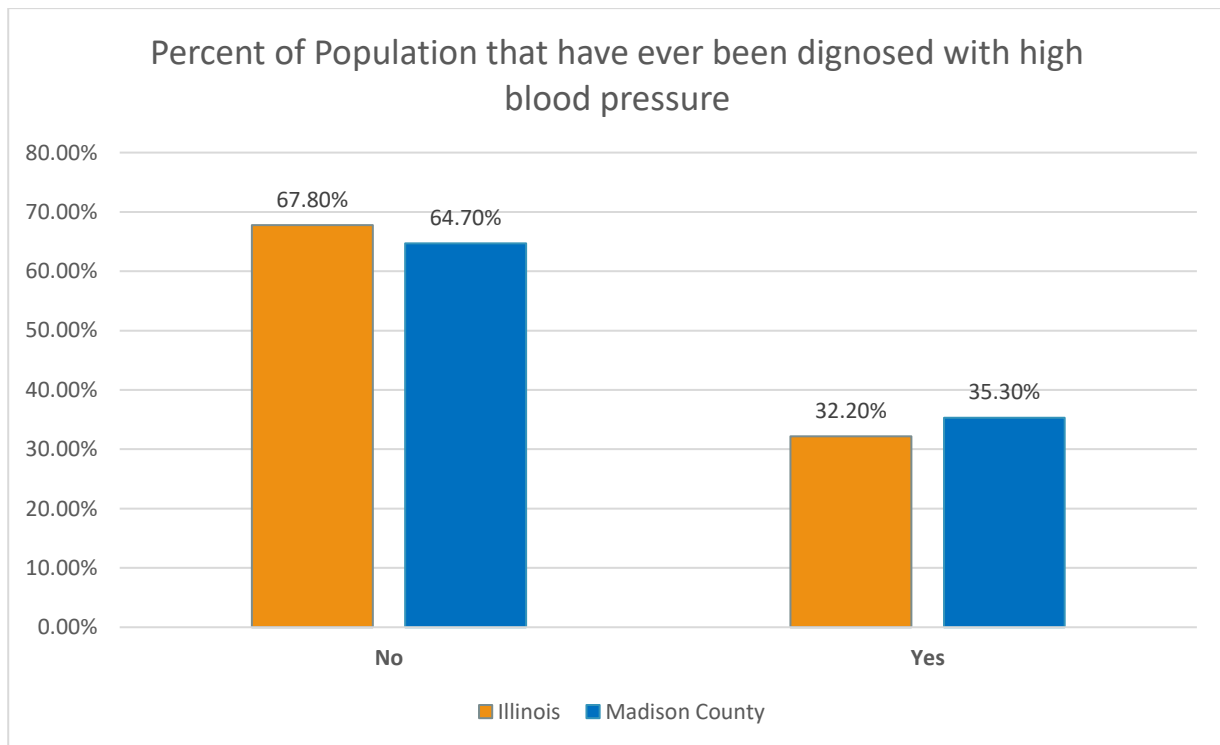
## Diabetes

2021 County Health Rankings

Year	Madison County	Illinois	United States (Top Performers)
2017	10%	9%	8%
2018	9%	9%	8%
2019	10%	9%	9%
2020	11%	10%	7%
2021	12%	10%	8%

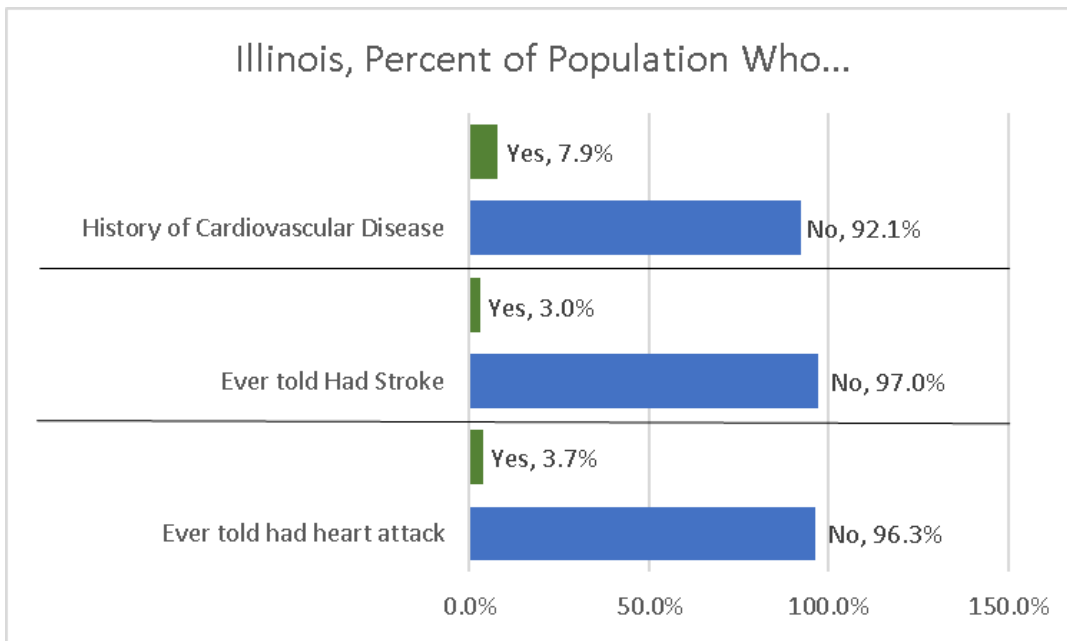
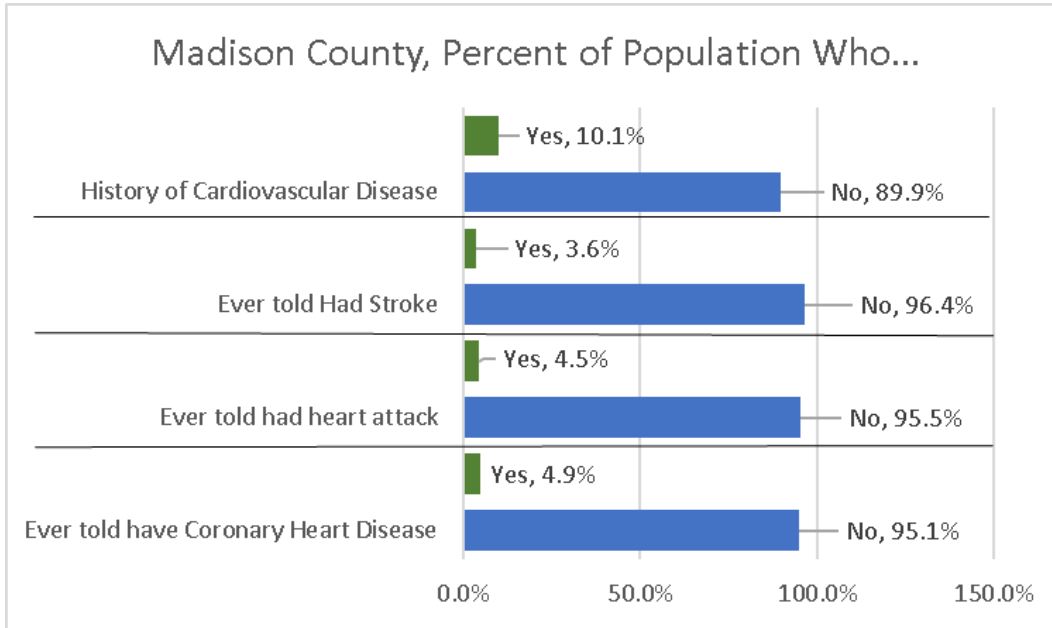
## Hypertension

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



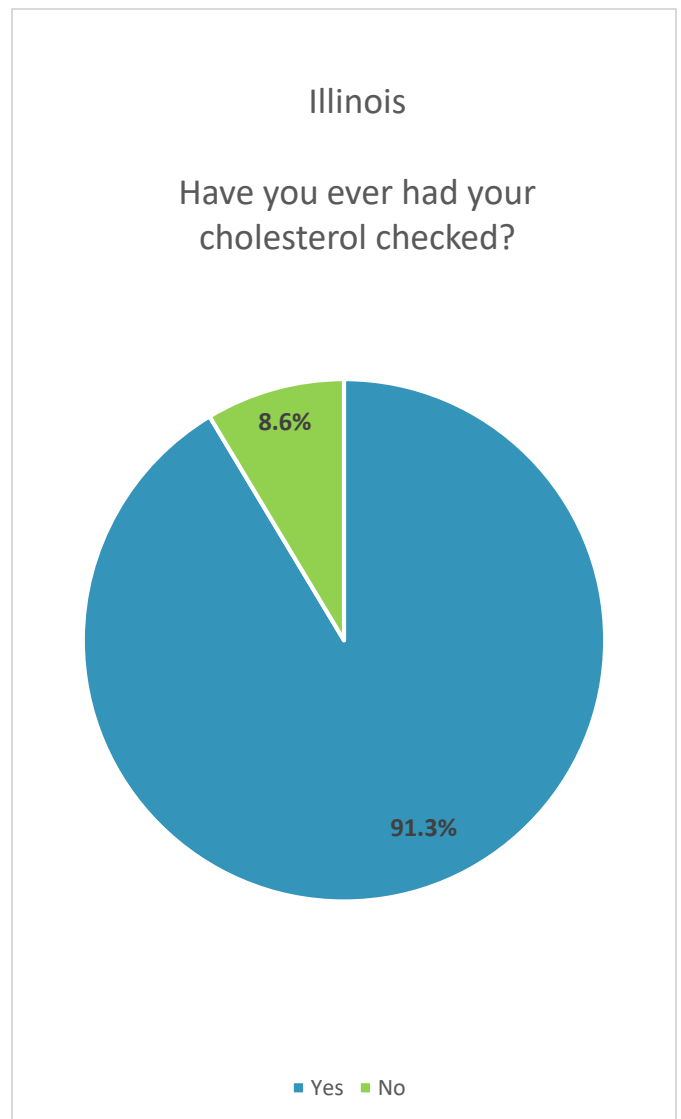
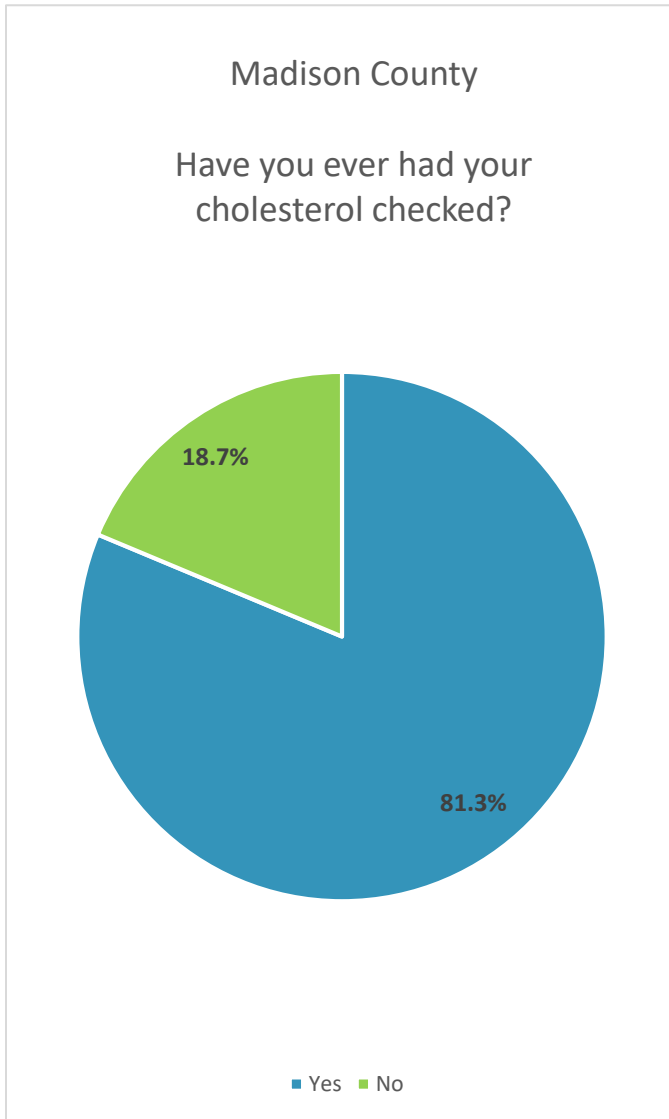
## Cardiovascular Disease

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



## Cholesterol

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



## Chronic Diseases

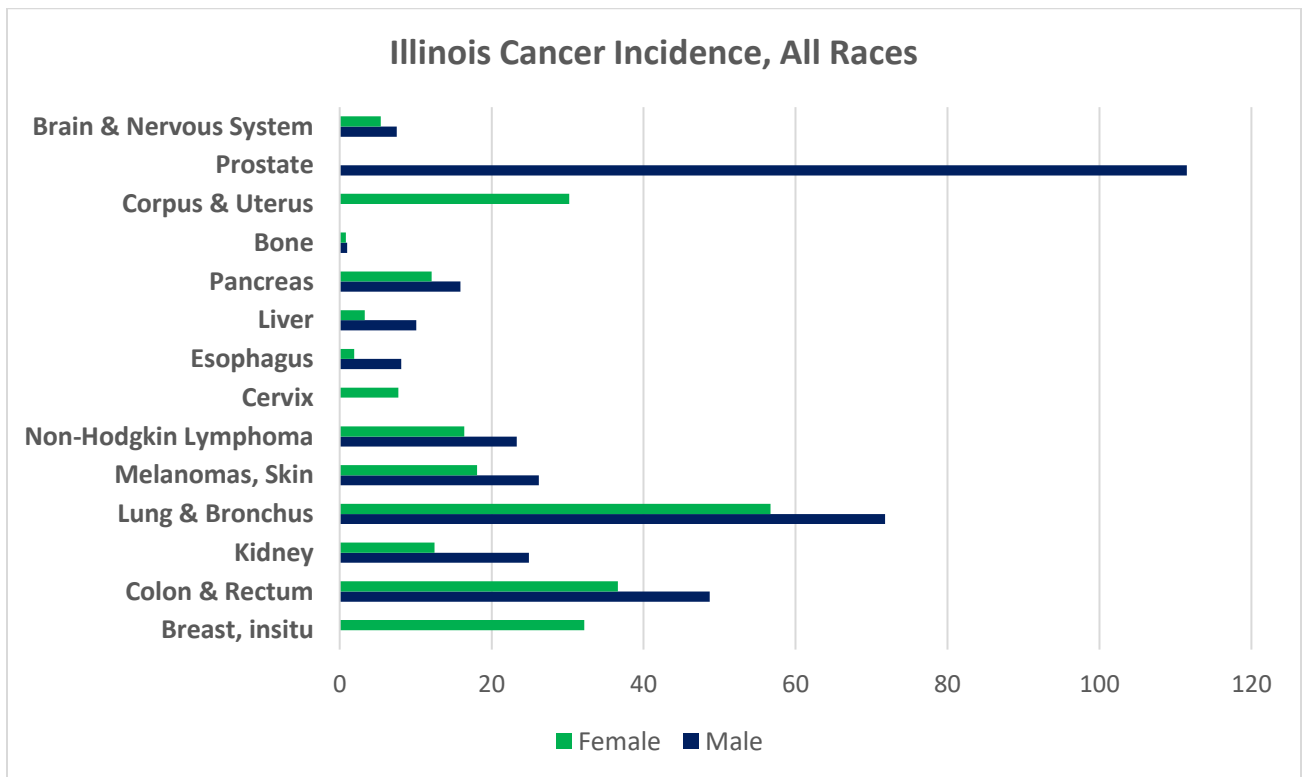
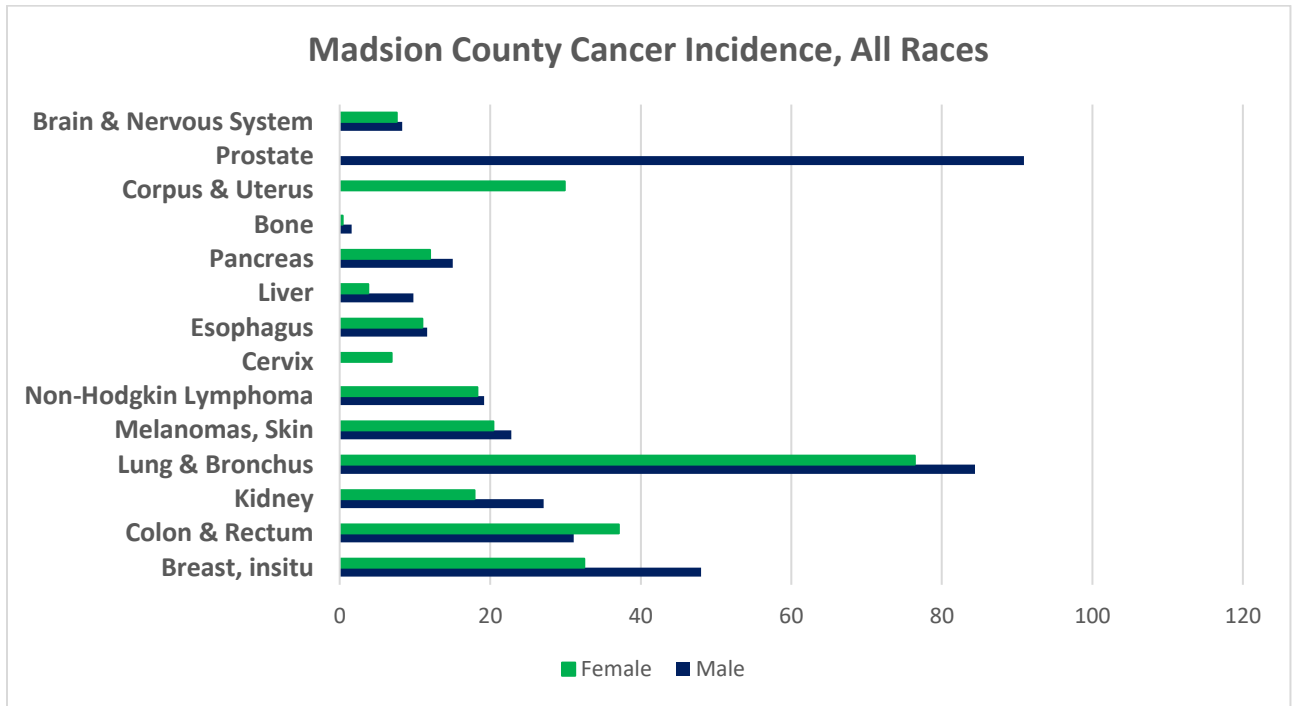
Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)

Madison County		Estimated Population	Weighted Percent
Has Asthma Now	Yes	25,223	12.2%
	No	180,769	87.8%
Ever told COPD	Yes	16,199	7.8%
	No	190,690	92.2%
Ever told Arthritis	Yes	63,725	30.8%
	No	142,904	69.2%
Ever told depressive disorder	Yes	39,441	19.1%
	No	182,793	80.9%
Told diabetes	Yes	24,095	11.6%
	No	182,793	88.4%
Chronic Health Conditions	No Chronic Disease	85,384	41.7%
	1 Chronic Disease	63,590	31.0%
	2+ Chronic Disease	55,996	27.3%

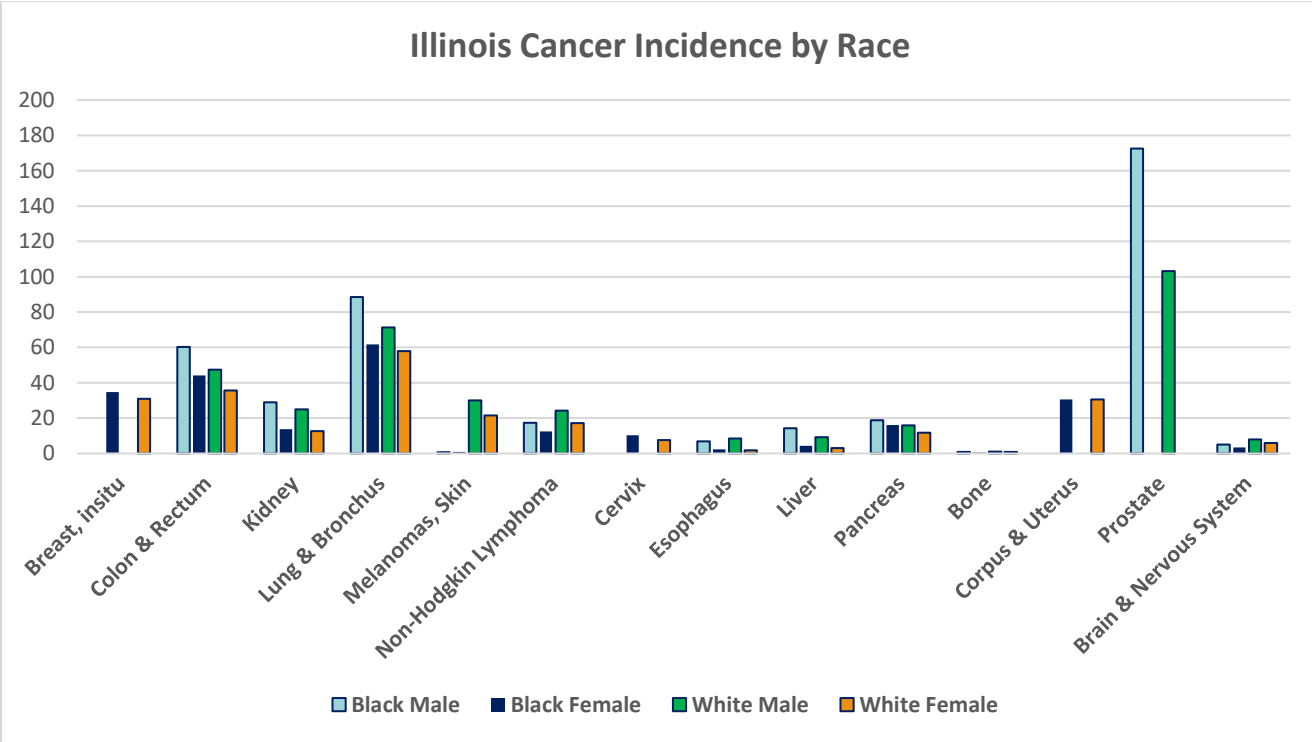
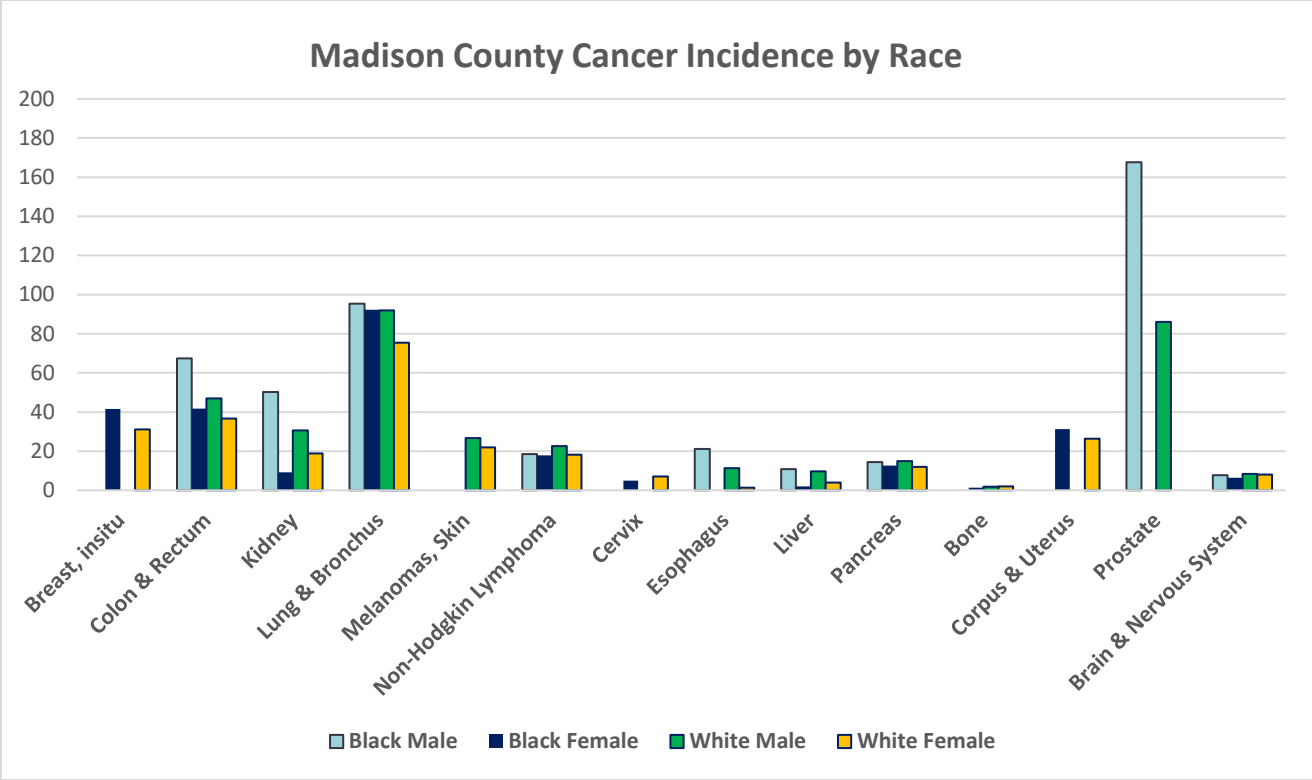
Illinois		Estimated Population	Weighted Percent
Has Asthma Now	Yes	808,461	8.20%
	No	9,009,115	91.8
Ever told COPD	Yes	569,575	5.80%
	No	9,272,876	94.20%
Ever told Arthritis	Yes	2,429,031	24.70%
	No	7,409,983	75.30%
Ever told depressive disorder	Yes	1,802,051	18.30%
	No	8,037,515	81.70%
Told diabetes	Yes	1,110,943	11.30%
	No	8,754,322	88.70%
Chronic Health Conditions	No Chronic Disease	4,792,023	48.90%
	1 Chronic Disease	2,702,499	27.60%
	2+ Chronic Disease	2,303,711	23.50%

# Cancer Incidence Rates

Illinois Department of Public Health Cancer State Registry, Madison County Cancer Incidence Data



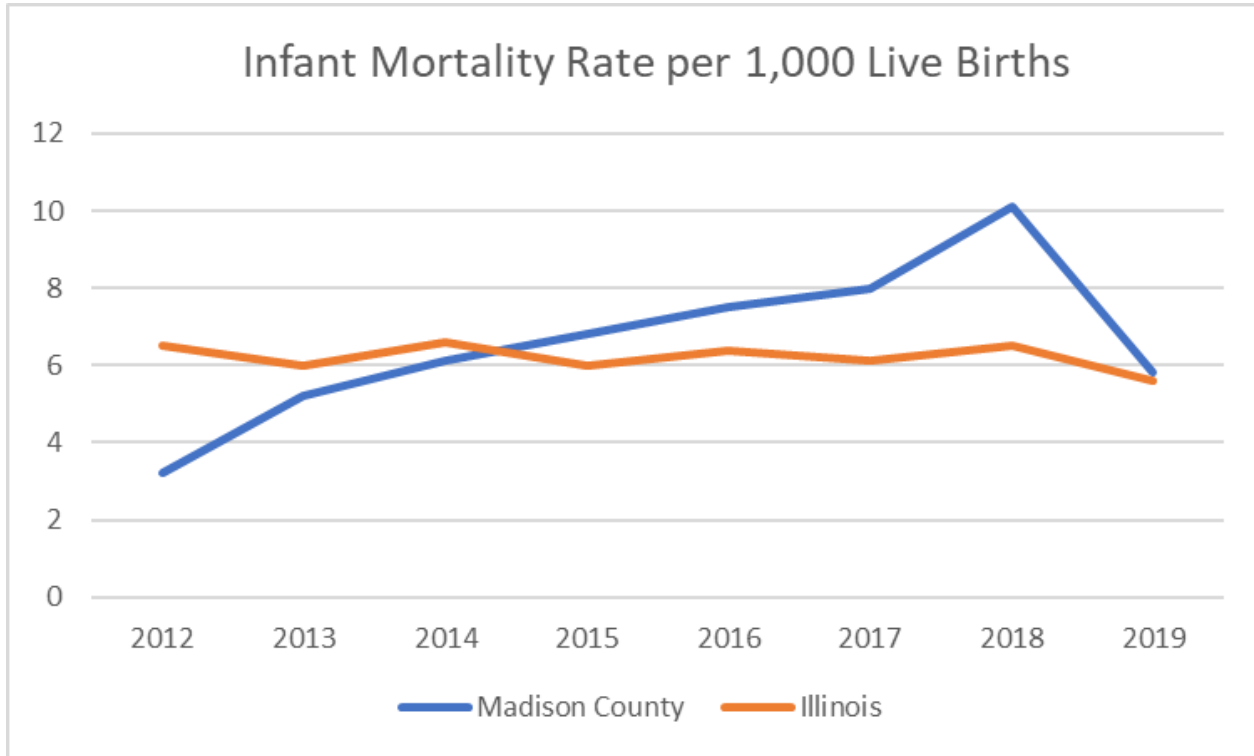




## MATERNAL AND CHILD HEALTH:

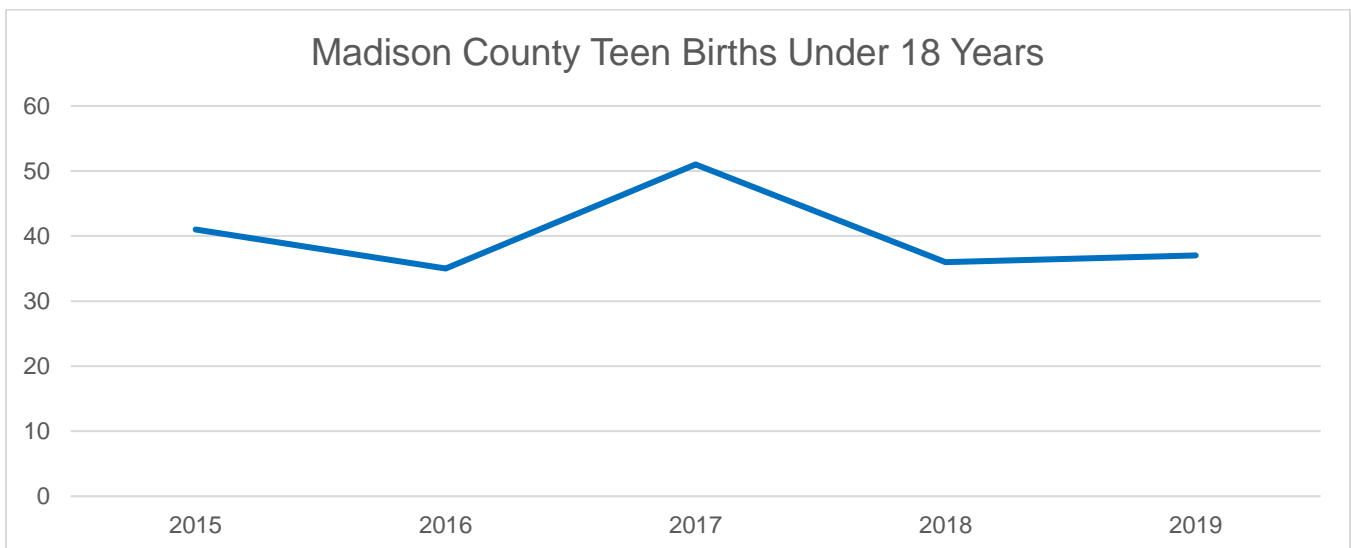
### Infant Mortality Rate per 1,000 Live Births

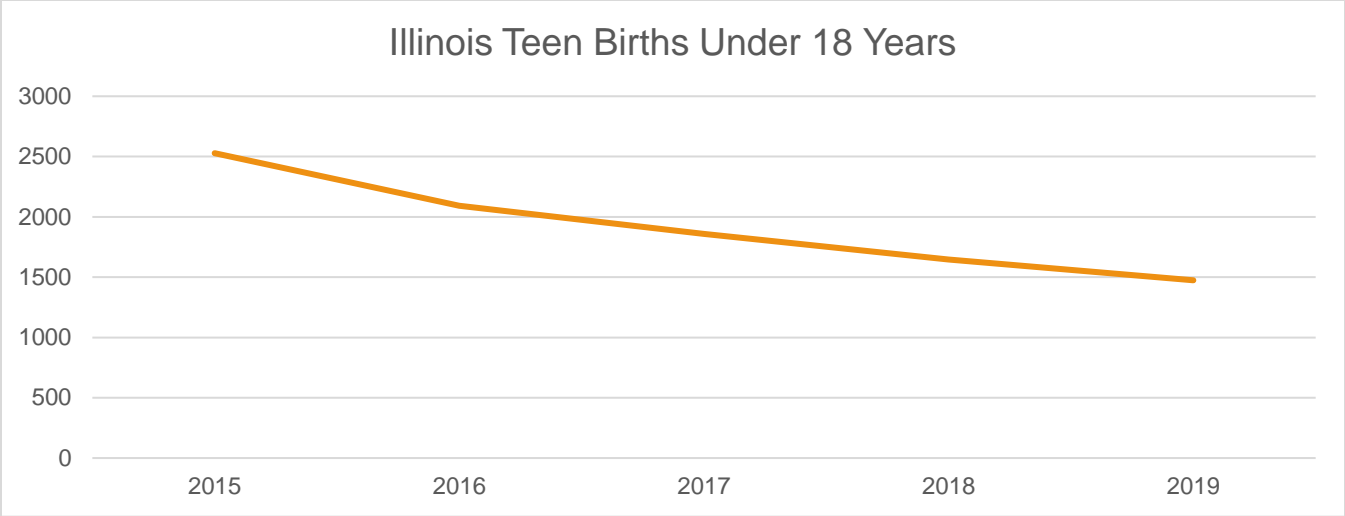
*Illinois Department of Public Health, Death Statistics, Vital Statistics*



### Teen Births Under 18 Years

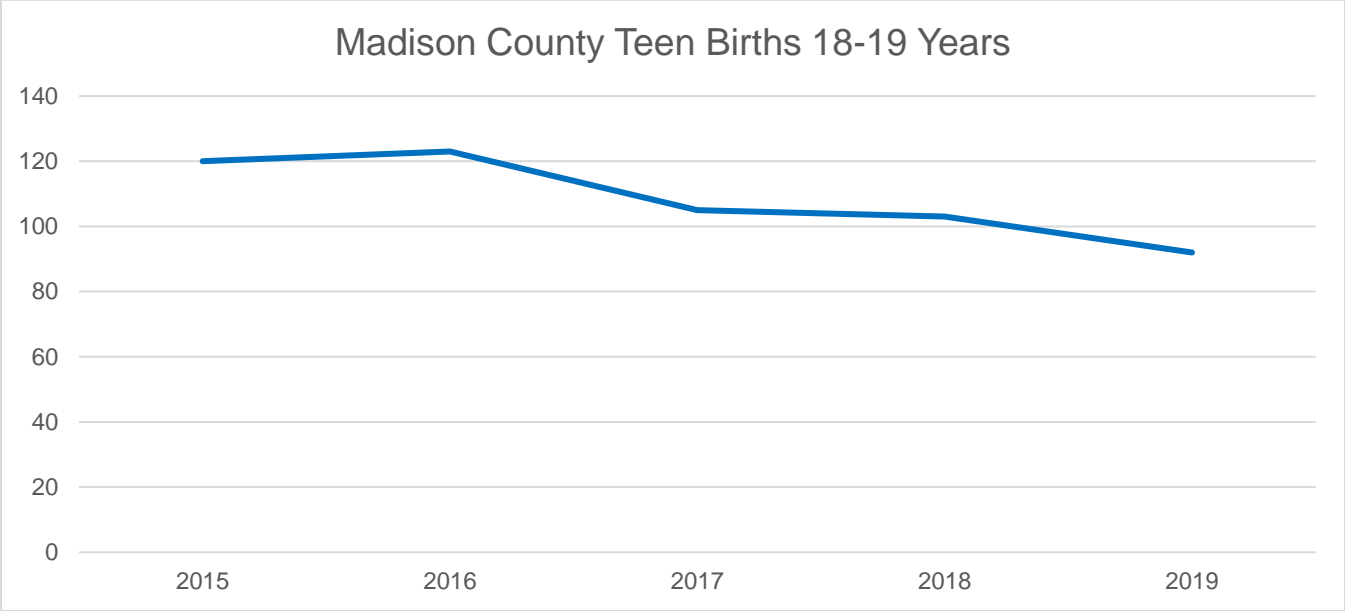
*Illinois Department of Public Health Birth Statistics*

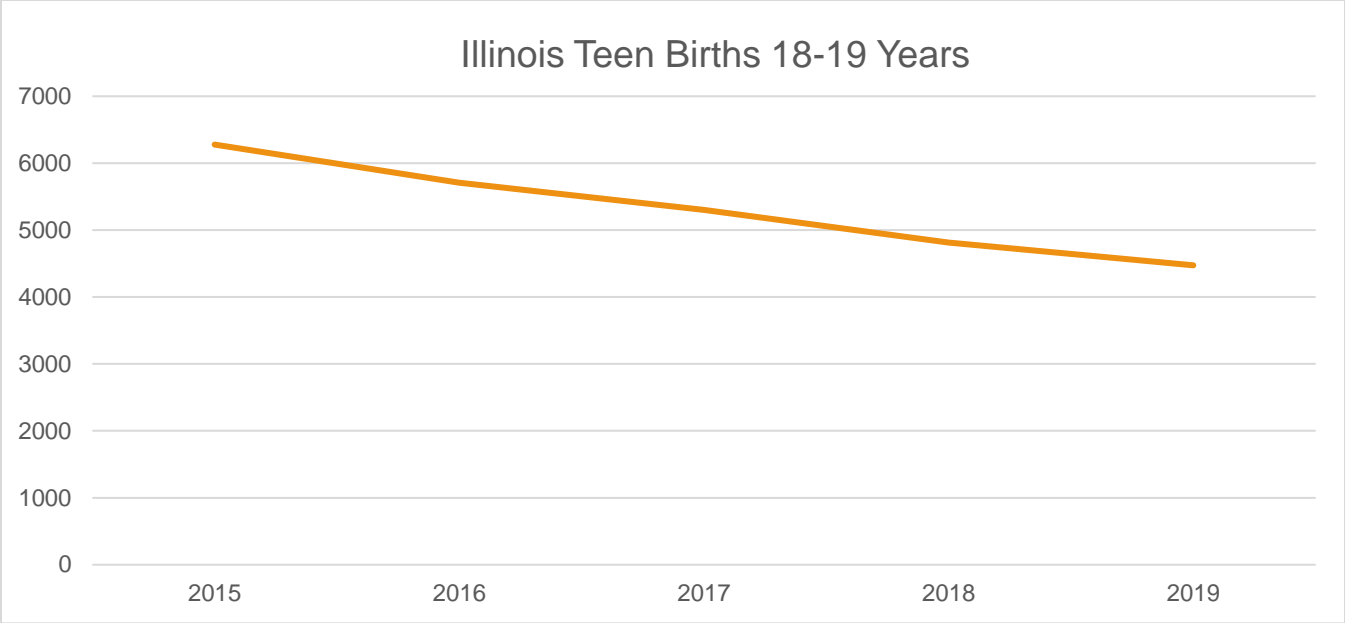




### Teen Births 18-19 Years

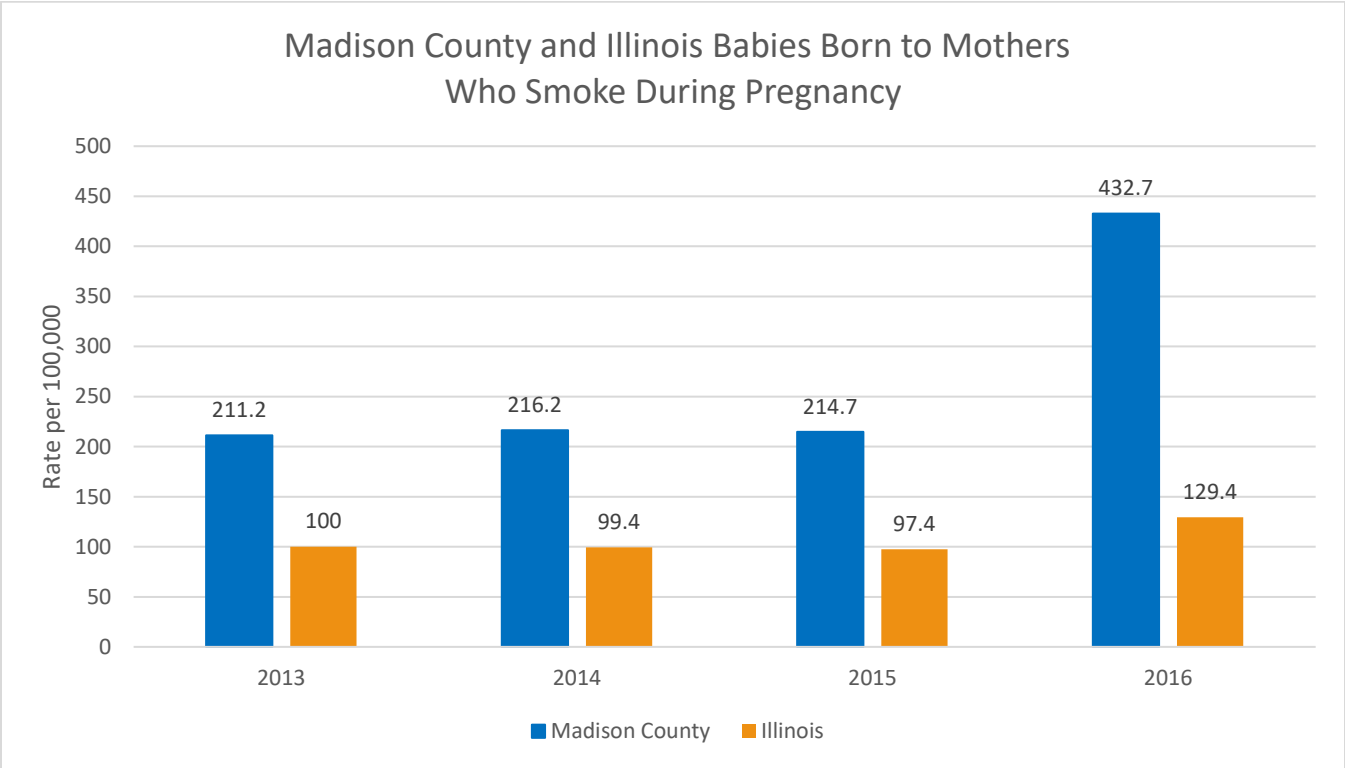
*Illinois Department of Public Health Birth Statistics*





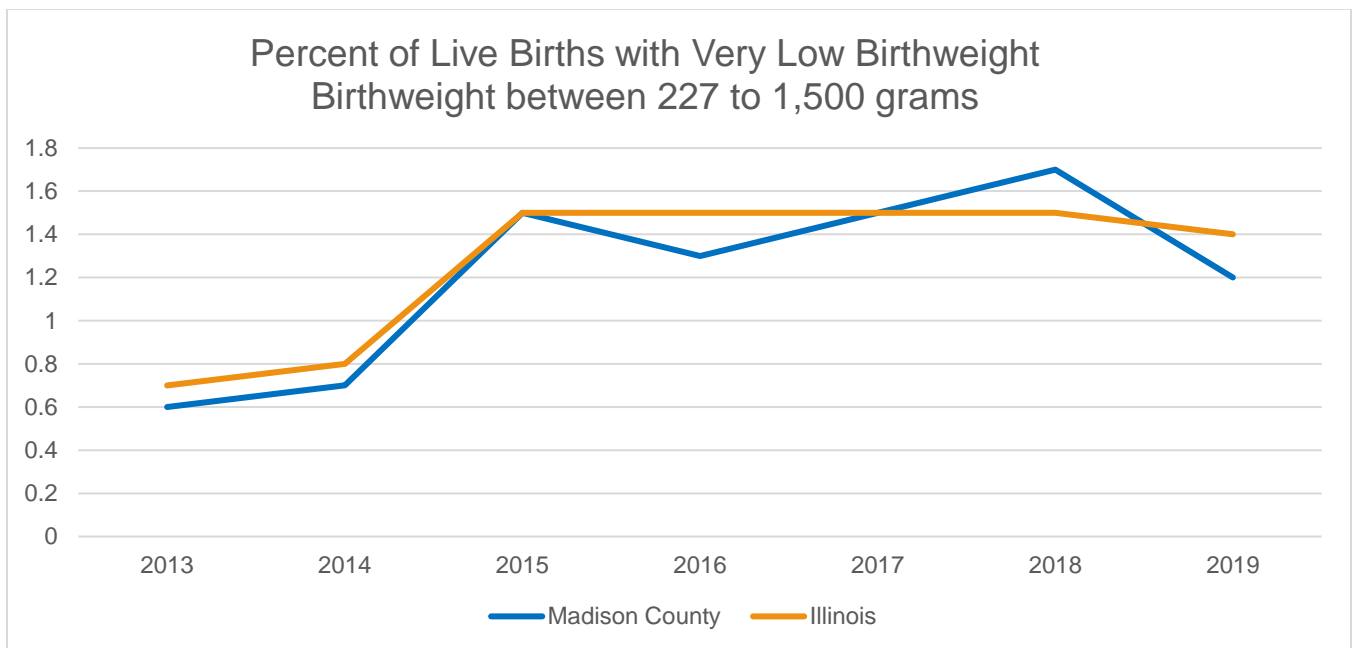
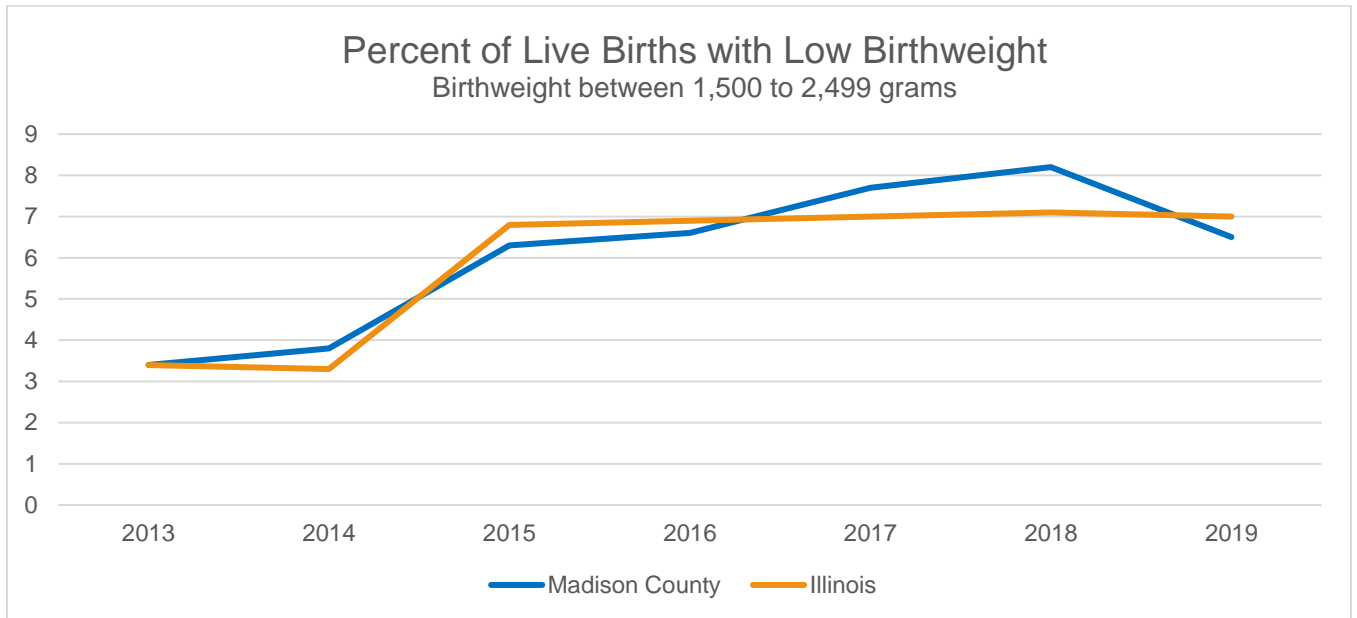
**Mothers who smoke during pregnancy**

*Illinois Department of Public Health Vital Statistics, IQuery*



## Percent of Live Births with Low and Very Low Birthweight

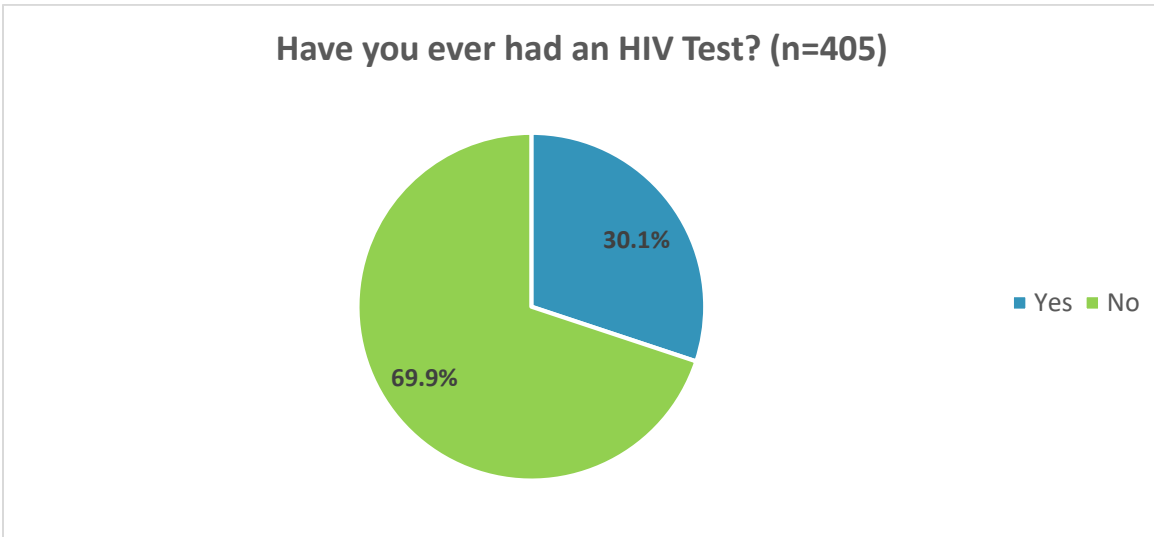
Illinois Department of Public Health IQery



# INFECTIOUS DISEASE:

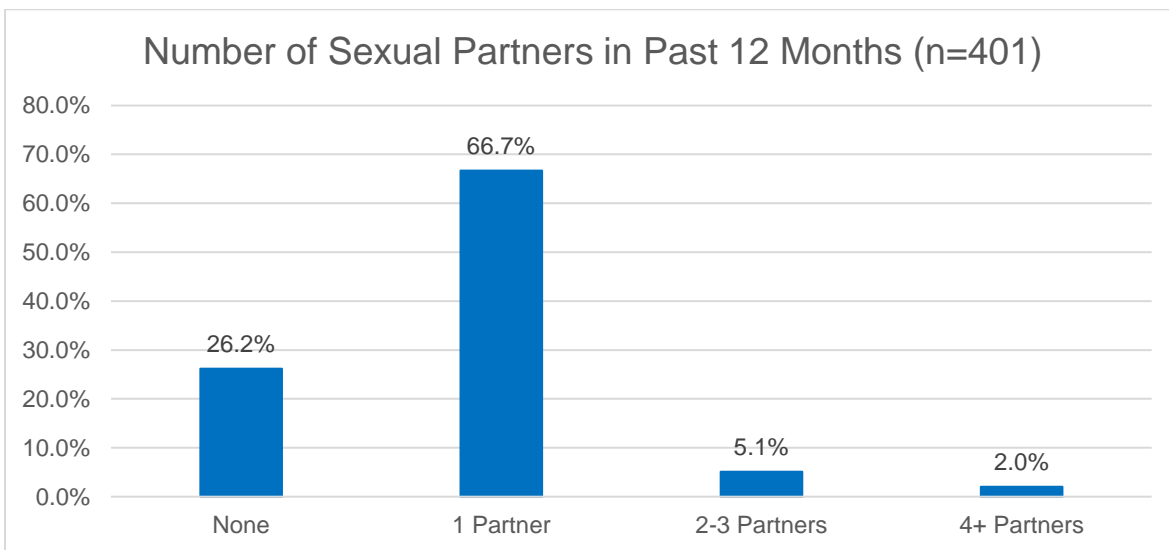
## HIV Test

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



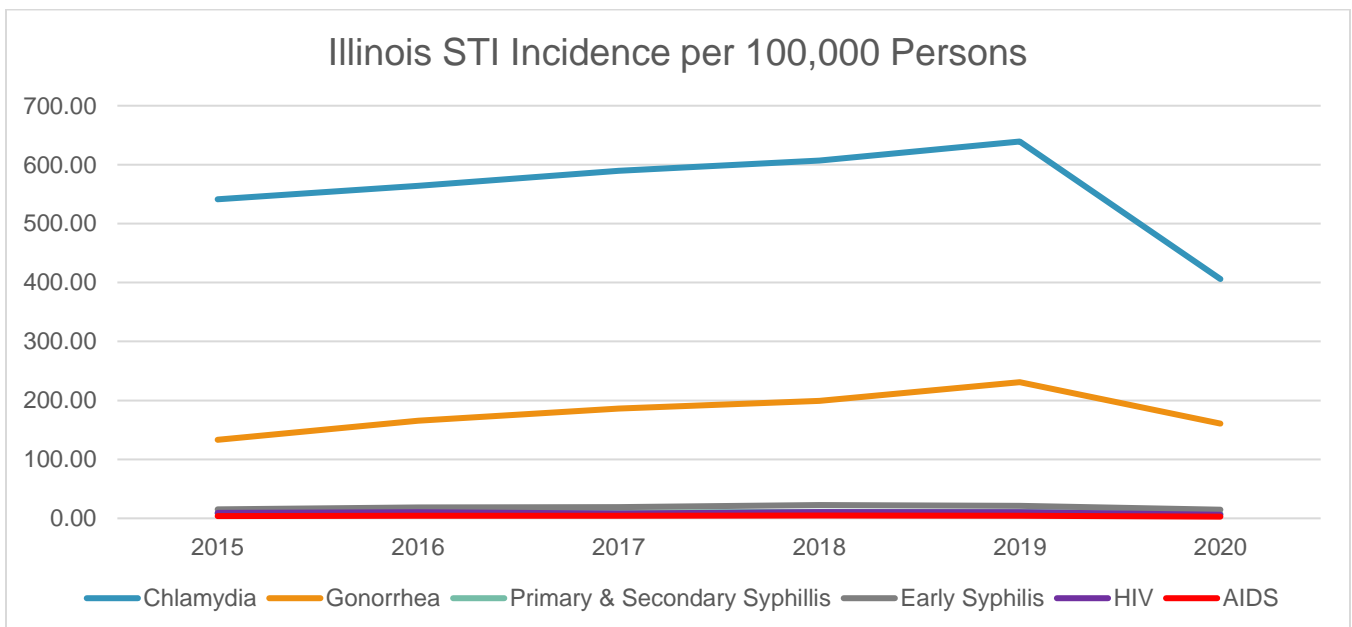
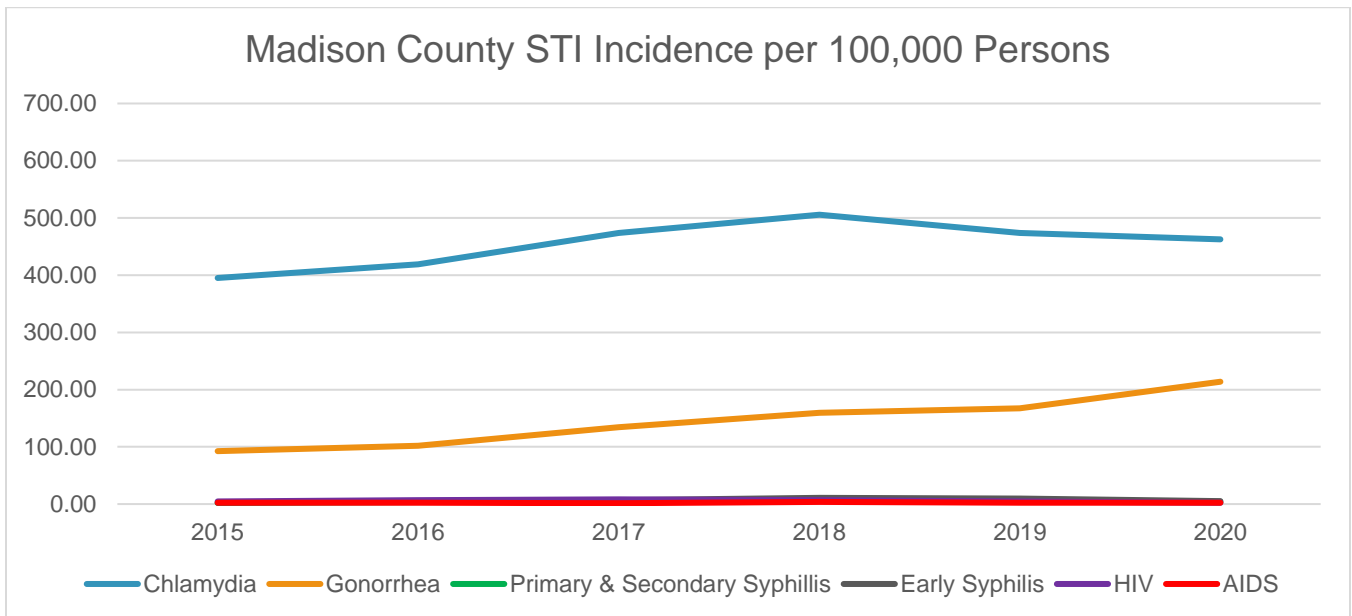
## Number of Sexual Partners in Past 12 Months

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



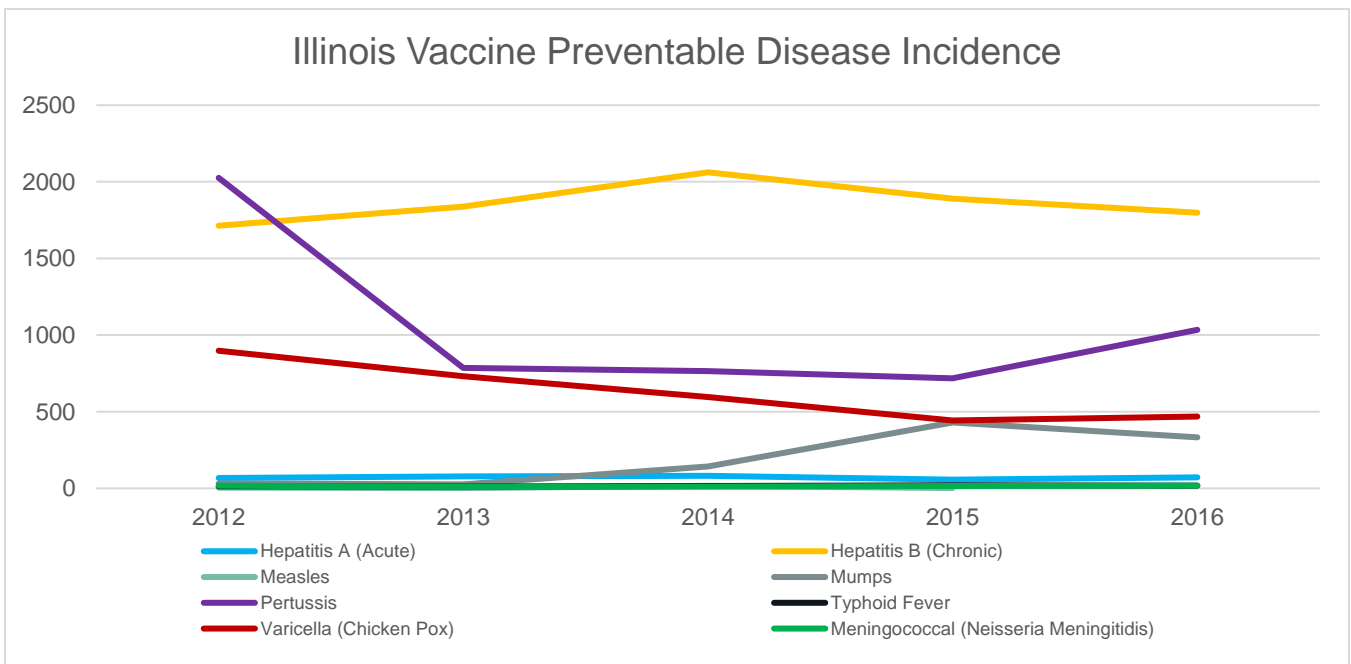
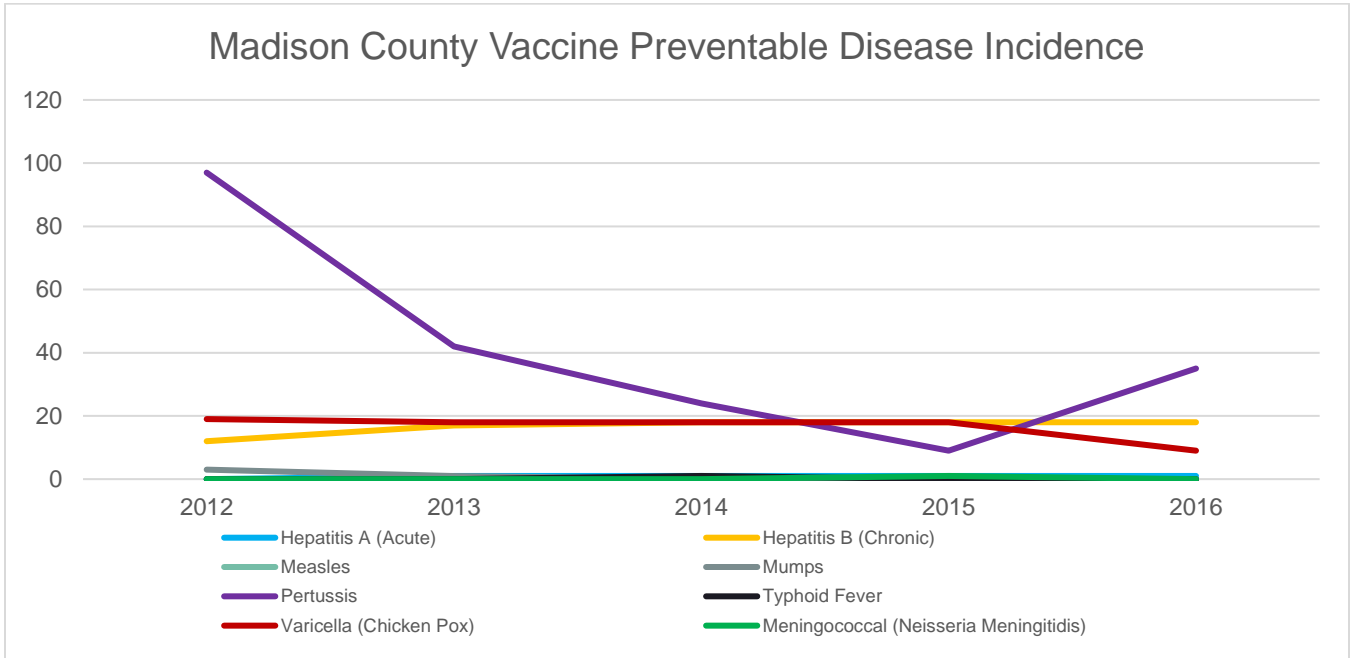
## Sexually Transmitted Infection Incidence per 100,000 Persons

*Madison County Health Department Yearly Communicable Disease Report; Illinois Department of Public Health, Data and Statistics, STD Surveillance Report; U.S. Census Bureau*



# Vaccine Preventable Disease Incidence

IDPH Vital Statistics. IQuery, Illinois Department of Public Health



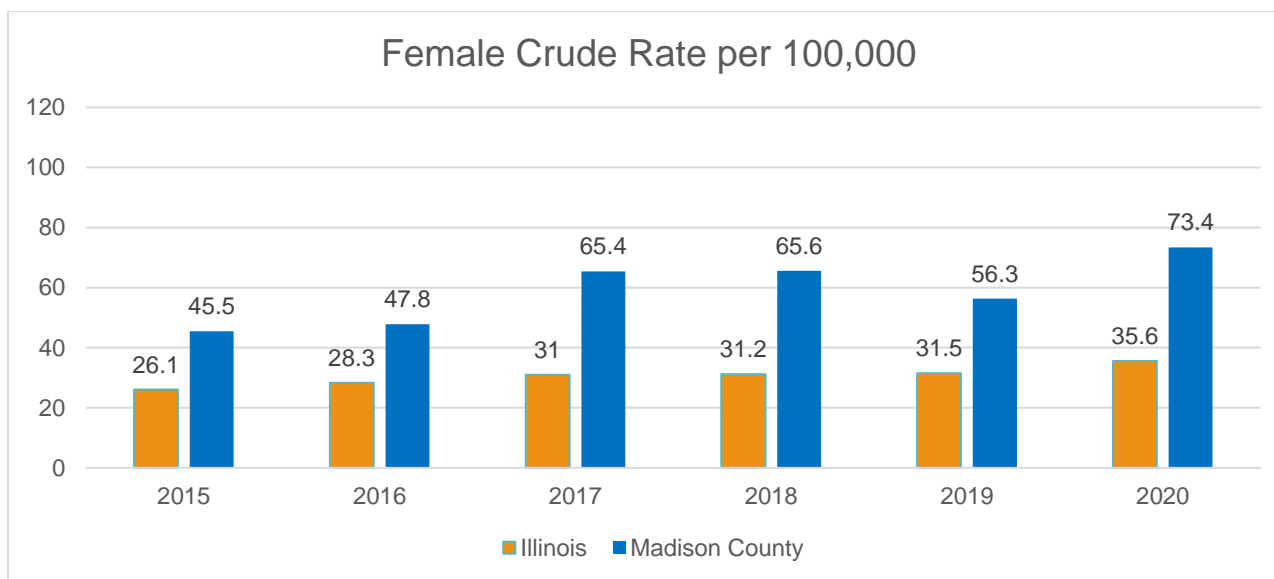
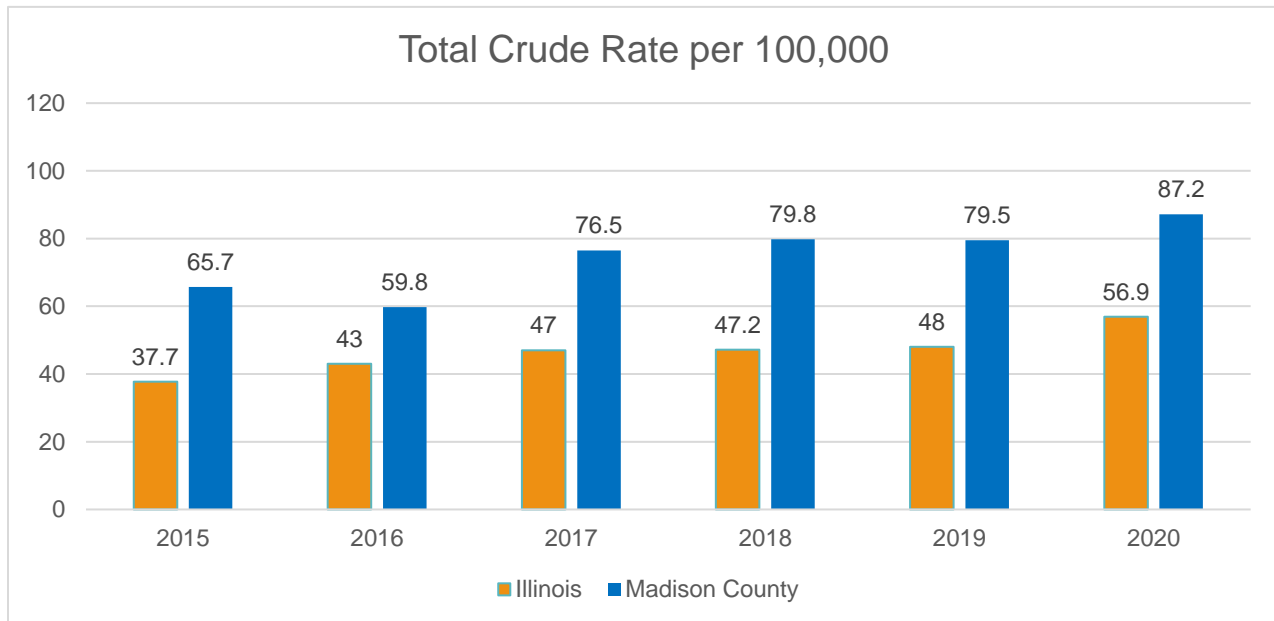


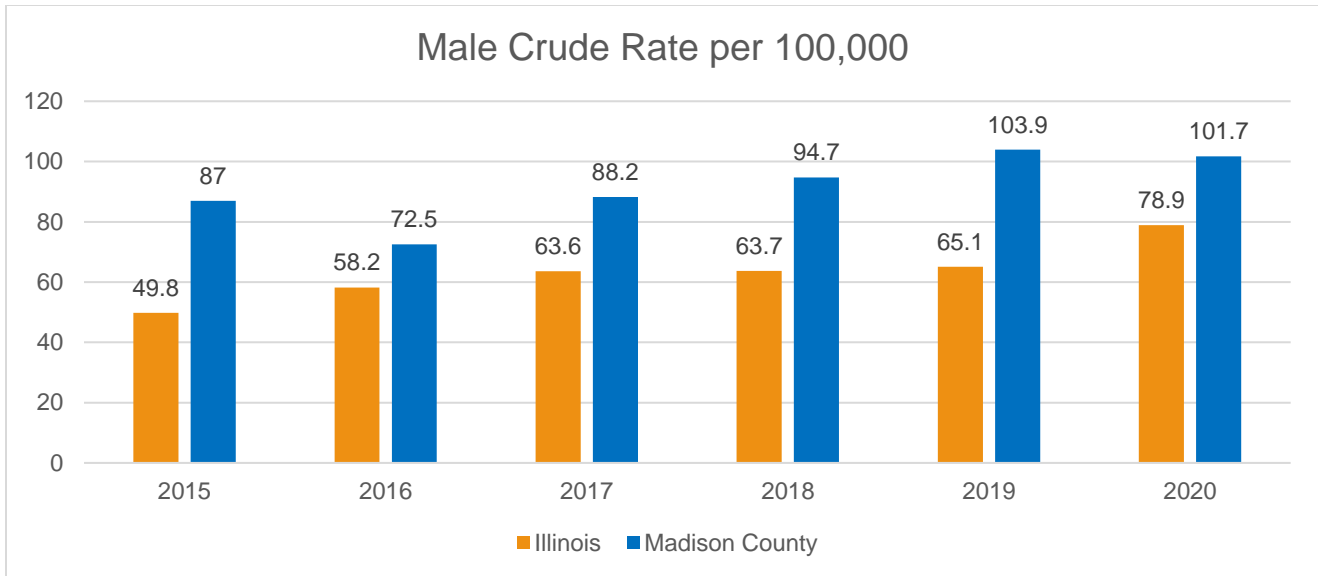
## ENVIRONMENTAL AND INJURY:

### Deaths by Accidents

*Illinois Department of Public Health, Death Statistics*

Unintentional Injury deaths





## Homicide

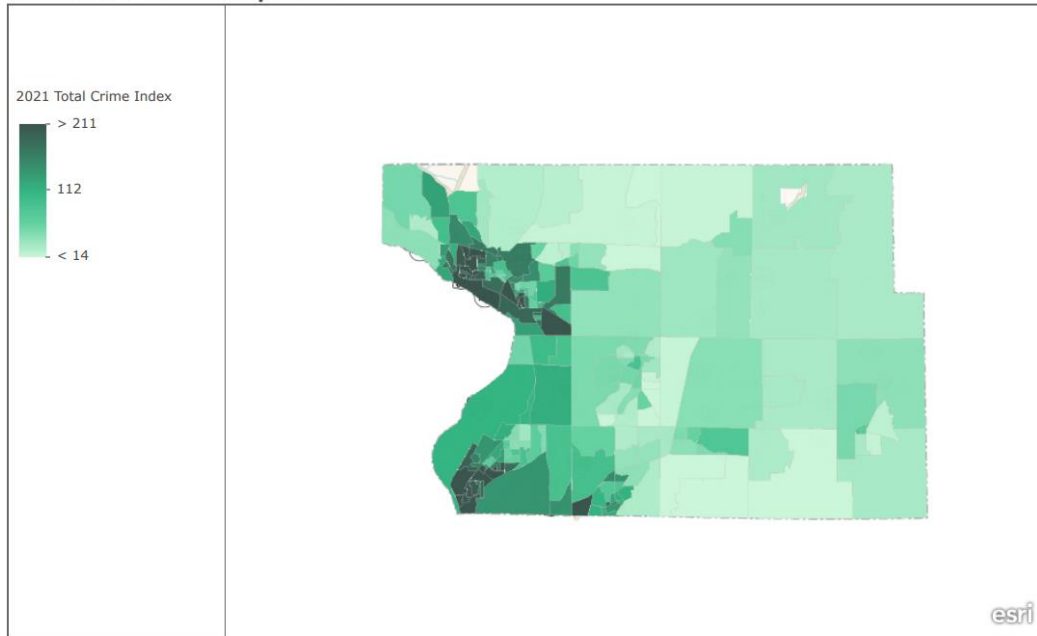
*Illinois Department of Public Health, IQuery and Vital Statistics*

Deaths by assault (homicide) for Illinois and Madison County by Sex 2015-2020						
	All		Female		Male	
Year	Madison County Crude Rate	Illinois Crude Rate	Madison County Crude Rate	Illinois Crude Rate	Madison County Crude Rate	Illinois Crude Rate
2015	4.5	6.7	-	1.9	-	11.7
2016	-	9.0	-	2.4	-	16.0
2017	-	8.7	0	2.3	-	15.4
2018	6.4	7.8	-	2.6	11.7	13.2
2019	5.7	7.7	-	2.5	10.2	13.1
2020	4.6	10.6	0	2.5	9.4	19.0

**Crime Index by Block Group** (Reference Map: Appendix H)  
*ESR Community Analyst; CrimeRisk, Applied Geography Solutions*

Relative Risk of any crime. Not a database of actual crime. Data symbology is not compared to the entire United States.

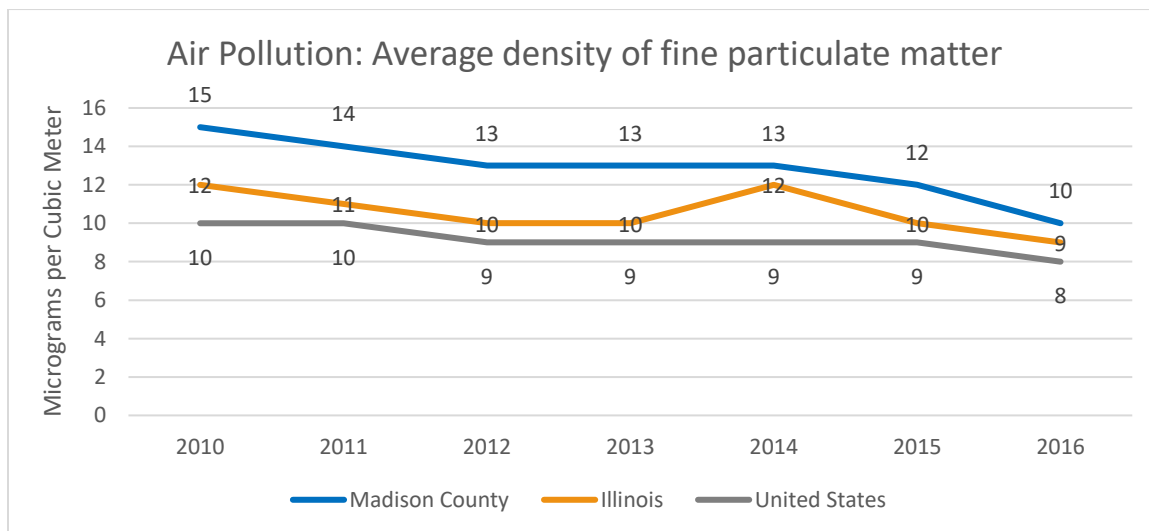
**Crime Index - Block Groups 2021**



Madison County GIS

**Air Pollution: Particulate Matter**  
*2021 County Health Rankings*

Average density of fine particulate matter (PM2.5)



## Blood Lead Levels in Children

Illinois Department of Public Health Childhood Lead Poisoning Surveillance

Recommended blood lead levels in children: < 5 µg/dL

Year	County	Estimated Population 6 Years of Age and Younger	All Children Tested			
			Number	< 5 µg/dL	5 - 9 µg/dL	≥ 10 µg/dL
2014	Madison	22,545	4,296	96.7%	2.5%	0.8%
2015	Madison	22,060	4,243	97.3%	2.1%	0.7%
2016	Madison	22,060	4,171	97%	2.4%	0.6%
2017	Madison	22,060	3,799	97.2%	2.1%	0.7%
2018	Madison	21,552	3,601	97%	2.3%	0.7%

Year	Illinois	Estimated Population 6 Years of Age and Younger	All Children Tested			
			Number	< 5 µg/dL	5 - 9 µg/dL	≥ 10 µg/dL
2014	Illinois	1,154,225	269,230	93.2%	6%	0.8%
2015	Illinois	1,103,797	256,545	96%	3.3%	0.8%
2016	Illinois	1,103,797	237,253	96.5%	2.8%	0.8%
2017	Illinois	1,103,797	229,203	96.8%	2.4%	0.7%
2018	Illinois	1,067,942	237,491	94.8%	3.3%	0.5%

## SENTINEL EVENTS:

### Adverse Medical Events

*IDPH Division of Patient Safety and Quality*

Adverse Healthcare Events are surgical events, product or device events, patient protection events, care management events, environmental events, and physical security events. (*IDPH Adverse Health Care Events*)

All Adverse Medical Events (N) in Illinois and Madison County by Sex 2016-2017				
		All	Female	Male
Illinois	2016	1135.8	1174.0	1096.4
Illinois	2017	1175.6	1201.4	1148.9
Madison	2016	824.8	926.9	717.8
Madison	2017	885.0	963.2	802.7

### Medical Devices Adverse Events

*IDPH Division of Patient Safety and Quality*

Adverse Healthcare Events are surgical events, product or device events, patient protection events, care management events, environmental events, and physical security events. (*IDPH Adverse Health Care Events*)

Medical Devices Adverse Events (N) in Illinois and Madison County by sex 2016-2017				
		All	Female	Male
Illinois	2016	269.6	246.8	293.1
Illinois	2017	283.6	249.8	318.6
Madison	2016	162.2	153.6	171.2
Madison	2017	193.7	174.9	213.4

## Medication Adverse Events

*IDPH Division of Patient Safety and Quality*

Adverse Healthcare Events are surgical events, product or device events, patient protection events, care management events, environmental events, and physical security events. (*IDPH Adverse Health Care Events*)

Medication Adverse Events (N) in Illinois and Madison County by sex 2016-2017				
		All	Female	Male
Illinois	2016	651	715.7	584
Illinois	2017	695.6	759	630.1
Madison	2016	557.7	665.2	444.9
Madison	2017	598.3	685.5	506.5

## Complications of Care

*IDPH Division of Patient Safety and Quality*

Adverse Healthcare Events are surgical events, product or device events, patient protection events, care management events, environmental events, and physical security events. (*IDPH Adverse Health Care Events*)

Complications of Care (N) in Illinois and Madison County by sex 2016-2017				
		Crude Rate	Crude Rate	Crude Rate
Illinois	2016	379.8	365.7	394.4
Illinois	2017	368	350.4	386.2
Madison	2016	193.8	199.2	188.1
Madison	2017	204.6	211.6	197.2

## Coronavirus Disease (COVID-19)

Illinois Department of Public Health; Madison County Health Department. Cumulative data as of June 28, 2022

### COVID-19 Cases

**75,590**

### COVID-19 Deaths

**799**

### COVID-19 Vaccinations:

Population with at least 1<sup>st</sup> Dose:

**166,456**

Population Fully Vaccinated:

**153**

### COVID-19 Vaccinations:

Booster Doses:

**80,087**

# Core Team Methods

As the final element culminating the Assessment Phase, the Core Team convened for an in-person group meeting for the purpose of: reviewing the data analysis information, discussing the identified health concerns and their current status in Madison County, and participating in a process to select a set of health priority areas to be recommended for adoption by the Board of Health. Core Team members were invited to represent various community sectors impacted by health in different ways. Eighteen community partners served as Core Team Members. A list of Core Team Members is located in Appendix C.

On April 26, 2022, the Core Team convened from 10:00 AM to 12:00 PM at the Madison County Health Department. The agenda included: an overview of the IPLAN process; purpose, structure, and goal for the day; demographic data review, qualitative and quantitative data review (including Community Health Survey Data, Quantitative Data); and conducting the prioritization process.

The health priority setting process included narrowing the choices of a health priority using a Nominal Group Process with discussion; enactment of the Hanlon Method including the PEARL Test to prioritize the remaining choices; discussion of the prioritization results; and a final consensus agreement for the 2021-2026 Madison County Health Priorities to recommend to the Board of Health for adoption.

Upon conclusion of the Core Team meeting, the health priority recommendations moved through the multi-phase review process including: the Madison County Health Advisory Committee, Health Department Committee, and Board of Health. The Board of Health has the authority to make the final and official adoption of these health priorities for 2021-2026. That meeting was held on May 18, 2022 and concluded the Assessment phase of this round of IPLAN.

## Health Priority Setting

The goal for the Core Team was to reach a consensus on health priorities to recommend for adoption by the County Board. The methods used to set the Health Priorities are standard Public Health methods for priority setting and included: Nominal Group Process and Hanlon Method with the PEARL Test (APEX-PH, August 1996).

*Nominal Group Process:* A group of individuals discusses select topics, asks questions, and then votes on a certain number of the topics in order to narrow down the choices.

This process resulted in the selection of 5 of the top 10 health concerns thought to be feasible and timely to address based on the assessment information. The 5 health concern areas receiving the most number of votes then moved onto the next step in the process which was the Hanlon Method including the PEARL test.



*Hanlon Method:* The Hanlon Method addresses a rating of the size (actual statistical size) of the problem (Column A in Table A), rating the seriousness of the health problem (Column B in Table A), rating the health problem for the estimated effectiveness of intervention(s) under consideration (Column C in Table A), and then the Basic Priority Rating score which is calculated using the formula  $(A + B) C / 3$ . This score is used as part of the Overall Priority Rating formula as well.

*PEARL Test:* As part of the Hanlon Method, the PEARL was applied to gain additional insight on the health problem while in the process of determining health priorities. PEARL is a group of factors that, although not directly related to the health problem, have a high degree of influence in determining whether a particular problem can be addressed. This order does not imply importance, preferential significance, or priority.

These methods were the tools used by the Core Team in their discussion to recommend to the Board of Health as 2021-2026 health priority areas.

## Health Priority Results

From the Data Analysis and Collection component of the Assessment Phase, top health concerns were identified as the most prevalent to address in congruence with all data sources. The top health concerns included and presented to the Core Team. The top Health Concerns for The Nominal Group Process:

Access to Care	Heart Disease/Obesity
Cancer	Sexual Health
Dental Care	Safety
Mental Health	Substance Use

After reviewing the data analysis information, asking questions, and group discussion, Core Team members participated in a Nominal Group discussion and decision making process to narrow the field of Top Health Concerns to 5 health concern areas to use in the priority setting tool of the Hanlon Method with the PEARL test. The top 5 Health Concerns For the Hanlon Method:

Access to Care  
Mental Health  
Obesity and Heart Disease  
Substance Abuse

Core Team members then participated in the Hanlon Method for Priority Setting including the PEARL test. After extensive discussion on these columns, categories, and health concerns, the results of Hanlon and PEARL were determined and identified.

Health Problem	A - Size	B - Seriousness	C - Effectiveness of Interventions	BPR –	D1 -	D2 -	D3 -	D4 -	D5 -	OPR – Overall Priority Rating = (A+B)C/3xD	Final Rankings of Health Concerns
	(0-10)	(0-20)	(0-10)	Basic Priority Rating = (A+B)C/3	P - Propriety (0/1)	E – Economic feasibility (0/1)	A – Acceptability (0/1)	R- Resources (0/1)	L – Legality (0/1)		
<b>Substance Use</b>	10	17	8	72	1	1	1	1	1	72	2
<b>Mental Health</b>	10	20	9	90	1	1	1	1	1	90	1
<b>Heart Disease/ Obesity</b>	8	15	5	38	1	1	1	1	1	38	4
<b>Access To Care</b>	10	18	7	65	1	1	1	1	1	65	3

After discussion and questions, the Core Team reached consensus to recommend that Mental Health, Substance Use, and Access to Care be adopted by the Board of Health as the 2021-2026 Madison County Health Priorities.

## 2021-2026 Madison County Health Priority Areas

On May 3, 2022 the Health Advisory Committee reviewed the recommended health priority areas and approved for their submission to the Health Department Committee. On May 18, 2022 the Health Department Committee reviewed the recommended health priority areas and approved for their submission to the full Board of Health. On May 18, 2022 the Madison County Board of Health adopted the following health priority areas to be addressed 2021-2026 for Madison County:

Mental Health  
Substance Use  
Access to Care

The Madison County Board of Health Resolution to adopt the Health Priority Areas is located in Appendix D

In compliance with IPLAN protocol, the Community Health Plan was adopted by the Madison County Board of Health on June 15 2022. The Madison County Board of Health Resolution to adopt the Community Health Plan in located in Appendix E.

# 2021-2026 Community Health Plan

The purpose of the Community Health Plan is to create a five-year roadmap to impact each chosen health priority. The Madison County Community Health Plan was developed with input from core team member's agencies and representatives who met virtually on June 6, 2022.

Mental Health has been a Madison County health priority since 2011 (IPLAN Round 4: 2011-2016). The *Madison County Mental Health Alliance* was formed in 2011 and remains actively engaged by meeting monthly and working through impact objectives and impact strategies for mental health acceptance and access to behavioral health resources in Madison County.

Substance Use and addictive behaviors was first adopted as a health priority in 2007 (IPLAN Round 3: 2007-2012). The Drug-Free Coalitions of Madison County was established at that time, and merged with the Madison County Heroin Task Force in 2016 to combine efforts to address the rising number of opioid overdoses. In March 2018, Bylaws establishing the *Partnership for Drug-Free Communities* (PDFC) were approved. PDFC remains active and engaged to mobilize community partners to develop comprehensive strategies focused on drug education, prevention, treatment, and enforcement, addressing the evolving challenges of community substance use and abuse.

Access to Care is a new health priority for Madison County adopted in this Round 6 of IPLAN. Core team members are underway with planning efforts to form a workgroup to address this health priority over the remaining years of this Community Health Plan.

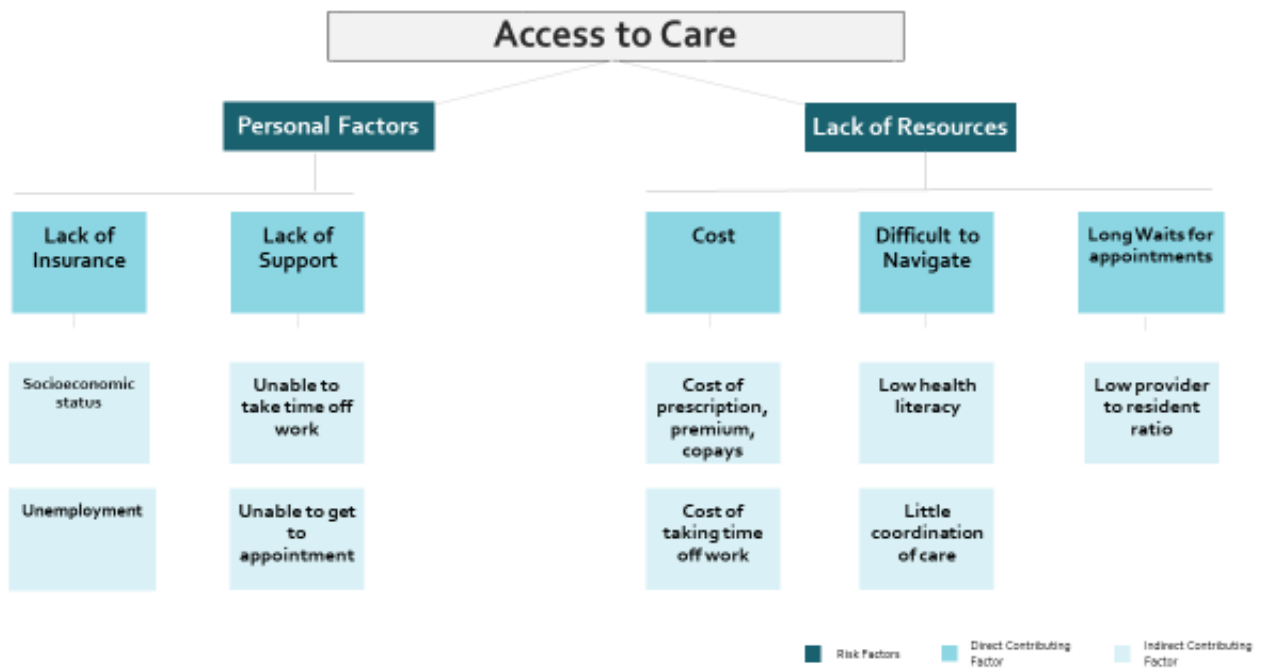
The Community Health Plan will be the core tool for implementation over the next 5 years. These plans may change or be expanded upon as work progresses and measurements occur. The Community Health Plan is intended to be a "living document" that is used by the respective committees and all organizations and citizens for the enhancement of quality of life and health for Madison County.

The following section includes the Health Problem, Risk Factors, Contributing Factors, Outcome Objectives, Impact Objectives, Intervention Strategies, Resources, and Barriers for each of the health priority area. Each health priority area also includes the Healthy People 2030 Objectives and the Illinois State Health Improvement Plan Objectives 2021 (as applicable) that the Madison County objectives and strategies will support and contribute to advancing their target outcomes.

## ACCESS TO CARE PRIORITY PLAN

<p><b><u>Health Problem:</u></b></p> <p>According to the Madison County Health Department Community Assessment Survey, the top 3 selections of barriers or getting needed healthcare are: 1.) Costs of prescription drugs, 2.) Long waits for appointments, and 3.) Cost of insurance plans.</p> <p>Primary Care Physician (PCP) Proportion to residents is low at 2,190 residents to every one PCP; there are 540 residents for every 1 mental health provider; 1,100 residents for every 1 dentist; and 1,220 residents for every 1 other PCP (may include nurse practitioners, physician assistants, and clinic nurse specialists).</p>	<p><b><u>Outcome Objective:</u></b></p> <ul style="list-style-type: none"> <li>• By June 2026, define and increase the proportion of people with diabetes who get formal diabetes education <i>Baseline: to be determined and local data collected</i></li> <li>• By June 2026, identify and increase the proportion of sexually active adolescents and young people who get screened for sexually transmitted infections <i>Baseline: to be determined and local data collected</i></li> <li>• By June 2026, increase proportion of adults who know their HIV status by 5%. <i>Baseline: 30.1% of Madison County residents have had an HIV test (Illinois County Behavioral Risk Factor Survey Round 6)</i></li> <li>• By June 2026, identify and increase proportion of women who get screened for breast and cervical cancer <i>Baseline: to be determined and local data collected</i></li> </ul>
<p><b><u>Risk Factors:</u></b></p> <ul style="list-style-type: none"> <li>• Low proportion of providers to residents</li> <li>• Uninsured residents</li> <li>• Cost of insurance plans and prescriptions</li> <li>• Long waits for appointments</li> <li>• Lack of health literacy</li> <li>• Healthcare deserts</li> <li>• Lack of providers who represent community</li> <li>• Lack of knowledge on what services are available and how to navigate</li> <li>• COVID-19</li> </ul>	<p><b><u>Impact Objectives:</u></b></p> <p>By June 2024, assess access to care barriers especially within socially vulnerable communities and disparate populations.</p> <p>By June 2024, the Access to Care Workgroup will work to increase awareness and understanding of chronic diseases.</p> <p>By June 2024, increase access to preventive screening programs for cancer, and STI's.</p> <p><i>Baselines: to be determined and local data collected</i></p>

<p><b><u>Contributing Factors--Direct (D) &amp; Indirect (I):</u></b></p> <p>Socioeconomic factors (D)</p> <ul style="list-style-type: none"> <li>• Low income (I)</li> <li>• Lack of transportation (I)</li> <li>• Lack of Insurance (I)</li> <li>• Lack of access to internet (I)</li> </ul> <p>Those offering services are at capacity (D)</p> <ul style="list-style-type: none"> <li>• Long waits for appointments (I)</li> <li>• Travel to appointments (I)</li> <li>• Unable to seek help when in active crisis (I)</li> <li>• Low provider to resident ratio (I)</li> <li>• COVID-19 impacts to workforce and availability of in-person appointments. Routine check-ups, treatments, and surgeries were also delayed</li> </ul> <p>Structure of healthcare (D)</p> <ul style="list-style-type: none"> <li>• Lack of comprehensive integration of care (I)</li> <li>• High cost of insurance plans, prescriptions (I)</li> <li>• Providers who do not represent the community they serve (I)</li> <li>• Healthcare deserts (I)</li> <li>• Providers who do not check patient understanding (I)</li> <li>• Lack of education around chronic disease and prevention (I)</li> <li>• Lack of understanding of differences in utilization between primary care providers, urgent care, and emergency departments (I)</li> <li>• Difficult to understand insurance plans and how to navigate health system</li> <li>• Lack of interaction and integration of care between specialties (I.e. PCP with cardiologist and mental health provider) (I)</li> </ul>	<p><b><u>S</u></b></p> <p><b><u>Proven Intervention Strategy:</u></b></p> <ul style="list-style-type: none"> <li>• Increase the health literacy of the community to navigate the health system</li> <li>• Provide orientation to clinic services</li> <li>• Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40-70</li> <li>• Breast Cancer: Screening</li> <li>• Chlamydial and Gonorrhea: Screening – Women</li> <li>• Human Immunodeficiency Virus (HIV Infection): Screening</li> <li>• Cervical Cancer: Screening</li> <li>• Health Communication and Social Marketing: Health Communication Campaign That Includes Mass Media And Health-Related Product Distribution. (Community Guide Recommendation)</li> </ul>
<p><b><u>Resources Available:</u></b></p> <ul style="list-style-type: none"> <li>• Madison County Mental Health Alliance</li> <li>• Partnership for Drug-Free Communities</li> <li>• Madison County hospitals</li> <li>• Chestnut and Centerstone</li> <li>• Amare</li> <li>• Southern Illinois University Edwardsville</li> <li>• Lewis and Clark Community College</li> <li>• Illinois Department of Public Health</li> <li>• Private physicians</li> <li>• Madison County Veterans Assistance</li> <li>• Madison County Office of the Superintendent of Schools</li> <li>• NAACP</li> <li>• Madison County Mental Health Board</li> <li>• Madison County Child Advocacy Center</li> </ul>	<p><b><u>Barriers:</u></b></p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Healthcare agencies staffing</li> <li>• Healthcare deserts</li> <li>• Cost of care</li> <li>• Cost of insurance</li> <li>• Cost of prescriptions</li> <li>• Difficult to navigate</li> <li>• Lack of internet access</li> <li>• Lack of time off work</li> <li>• Lack of transportation</li> <li>• Mistrust in medical systems</li> <li>• Unable to change fee for service treatment facilities</li> <li>• Unable to change insurance practices</li> <li>• Difficult to make a positive difference in such a national reaching issue</li> <li>• Poverty and lack of insurance</li> <li>• Culturally responsible care and cultural humility</li> </ul>



## Healthy People 2030 Objectives related to Access to Care

HIV-02	Increase the knowledge of HIV status
C-05	Increase the proportion of females who get screened for breast cancer
C-09	Increase the proportion of females who get screened for cervical cancer
STI-01	Increase the proportion of sexually active female adolescents and young women who get screened for chlamydia
D-06	Increase the proportion of people with diabetes who get formal diabetes education

## Description of Health Problem, Risk Factors, and Contributing Factors

Uninsured, cost of insurance plans and prescriptions, lack of health literacy, lack of knowledge to navigate insurance plans, covid-19, cultural competency in explaining treatment and/or disease especially for persons in recovery, lack of comprehensive integration of services, adults can refuse care if they have a severe mental illness- need to explore “psychiatric advanced directives”, transportation, low proportion of providers to residents, difficult to understand insurance plans, little coordination of care, lack of expendable income to go towards healthcare expenses.

## Corrective Actions to Reduce Contributing Factors

1. Provide Cultural Competency and Diversity trainings within healthcare settings and social service agencies
2. Using Chestnut Mobile Unit for community preventive screening programs
3. Increase health department capacity for STI screening and treatment
4. Utilize Community Health Navigators for accessing resources and services

## Proposed Community Organizations to Provide and Coordinate Activities

Madison County Health Department  
Madison County Mental Health Alliance  
Partnership for Drug Free Communities  
Madison County hospitals  
Chestnut Health Systems and Centerstone  
NAACP  
Private physicians

## Evaluation Plan

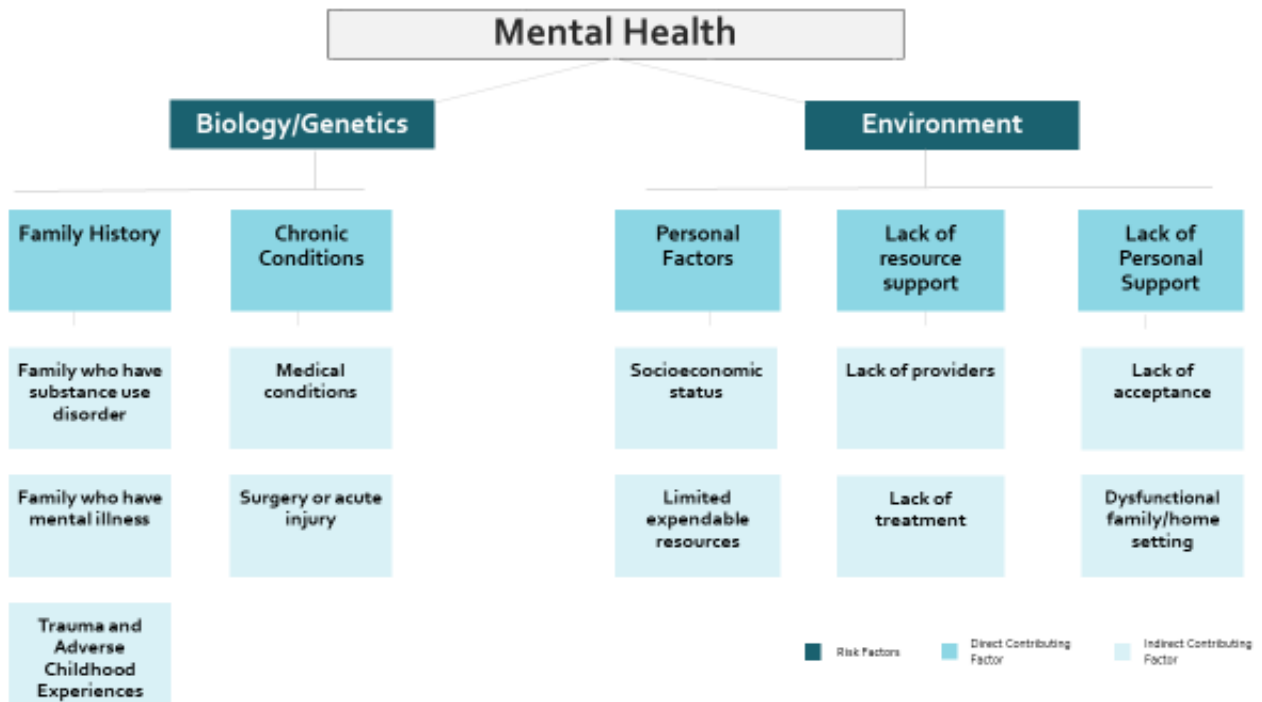
We will continue to use the Illinois Behavioral Risk Factor Surveillance Survey as a reliable source for data. Changes will be made as necessary to continue to monitor progress toward impacting contributing factors. Strategies will be evaluated annually access to care workgroup.

# MENTAL HEALTH PRIORITY PLAN

<p><b><u>Health Problem:</u></b></p> <ul style="list-style-type: none"> <li>• According to the 2020 Illinois Youth Survey, 22% of 10<sup>th</sup> graders and 19% of 12<sup>th</sup> graders in Madison County have seriously considered attempting suicide</li> <li>• According to the 2020 Illinois Youth Survey, 44% of 18<sup>th</sup> graders, 46% of 10<sup>th</sup> graders, and 40% of 12 graders have felt so sad or hopeless every day for two or more weeks in a row that they stopped doing some usual activities</li> <li>• On average, residents report 4.5 poor mental health days in a 30 day period and 14% of adults report 14 or more days of poor mental health every month</li> <li>• Nineteen percent of residents have been told they have a depressive disorder</li> </ul>	<p><b><u>Outcome Objective:</u></b></p> <ul style="list-style-type: none"> <li>• By June 2026, decrease the percent of individuals that reported 14 or more days of poor mental health by 5%.  <i>Baseline: 24.6% adults report 1-7 days mental health not good (2019 6th round BFRSS)</i></li> <li>• By June 2026, Increase the proportion of adolescents and adults with depression who get treatment  <i>Baseline: 44% of 8<sup>th</sup> graders, 46% of 10<sup>th</sup> graders, and 40% of 12 graders have felt so sad or hopeless every day for two or more weeks in a row that they stopped doing some usual activities (IL Youth Survey, 2020); 19% percent of residents have been told they have a depressive disorder (2019 6th round BFRSS)</i></li> <li>• By June 2026, define and increase access to preventative mental health care in schools for children and adolescents.  <i>Baseline: to be determined and local data collected</i></li> </ul>
<p><b><u>Risk Factors:</u></b></p> <ul style="list-style-type: none"> <li>• Lack of knowledge of resources</li> <li>• Lack of money for treatment</li> <li>• Unable to take time off work</li> <li>• Personal factors such as family history, health status, or socioeconomic status</li> <li>• Uninsured residents</li> <li>• Cost of insurance plans and prescriptions</li> <li>• Long waits for appointments</li> <li>• Lack of social activities</li> <li>• Lack if trauma counseling</li> <li>• Bullying</li> <li>• COVID-19</li> <li>• Lived environment</li> <li>• Trauma and Adverse Childhood Events</li> <li>• Violence, abuse, crime</li> <li>• Substance use</li> <li>• Biological and/or chemical imbalance</li> </ul>	<p><b><u>Impact Objectives:</u></b></p> <p>By October 2022, sponsor virtual IMPACT Suicide Awareness conference.</p> <p>By May, 2024 conduct 25 evidence-based suicide prevention training programs for teachers and students.</p> <p>By May, 2024 increase representation on Mental Health Alliance stakeholders with churches, sports organizations, and other community systems.</p> <p>By May 2024, hold School Safety Summit to teach coping mechanisms.</p> <p><i>Baselines: to be determined and local data collected</i></p>



<p><b><u>Contributing Factors--Direct (D) &amp; Indirect (I):</u></b></p> <p>Socioeconomic factors (D)</p> <ul style="list-style-type: none"> <li>• Low income (I)</li> <li>• Lack of transportation (I)</li> <li>• Lack of Insurance (I)</li> <li>• Lack of access to internet (I)</li> </ul> <p>Personal circumstances (D)</p> <ul style="list-style-type: none"> <li>• Cultural barriers and stigma around seeking treatment</li> <li>• Dysfunctional home setting</li> <li>• Social media use</li> <li>• Limited resources</li> </ul> <p>Generational Ideology (D)</p> <ul style="list-style-type: none"> <li>• Culture (I)</li> <li>• Lack of education (I)</li> <li>• Mistrust of professionals/other (I)</li> </ul> <p>Those offering services are at capacity (D)</p> <ul style="list-style-type: none"> <li>• Long waits for appointments (I)</li> <li>• Travel to appointments (I)</li> <li>• Unable to seek help when in active crisis (I)</li> </ul> <p>COVID-19 (D)</p> <ul style="list-style-type: none"> <li>• Death or severe illness in family and friends (I)</li> <li>• Loss of a job (I)</li> <li>• Stay at home advisories (I)</li> <li>• Loss of social circles (I)</li> </ul> <p>Providers (D)</p> <p>Lack of providers with cultural humility (I)</p> <ul style="list-style-type: none"> <li>• Providers who do not represent the community they serve (I)</li> <li>• Discomfort or mistrust in medical providers (I)</li> </ul>	<p><b><u>Proven Intervention Strategy:</u></b></p> <ul style="list-style-type: none"> <li>• Increase mental health screenings through programs at the health department and at PCPs offices</li> <li>• Encourage substance use awareness and actively work to reduce stigma of seeking treatment through schools, community groups, and health care providers.</li> <li>• Partner with faith-based programs</li> <li>• Encourage healthcare providers to screen their patients for depression and anxiety</li> </ul>
<p><b><u>Resources Available:</u></b></p> <ul style="list-style-type: none"> <li>• Madison County Mental Health Alliance</li> <li>• Partnership for Drug-Free Communities</li> <li>• Madison County hospitals</li> <li>• Chestnut and Centerstone</li> <li>• Amare</li> <li>• OASIS Women’s Center</li> <li>• Southern Illinois University Edwardsville</li> <li>• Illinois Department of Public Health</li> <li>• Private physicians</li> <li>• Madison County Veterans Assistance</li> <li>• Madison County Office of the Superintendent of Schools</li> <li>• NAACP</li> <li>• Madison County Mental Health Board</li> <li>• Madison County Sheriff’s Department and Local Police</li> </ul>	<p><b><u>Barriers:</u></b></p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Healthcare agencies staffing</li> <li>• Unable to change fee for service treatment facilities</li> <li>• Long waits for individuals in a crisis to get into a residential treatment facility</li> <li>• Long waits for an individual in crisis to meet with a counselor</li> <li>• Stigma of seeking treatment</li> <li>• Poverty, lack of insurance, and substance use</li> <li>• Lack of linkages to care</li> <li>• Cultural barriers and cultural stigma</li> </ul>



## Healthy People 2030 Objectives related to Mental Health

MHMD-01	Reduce the suicide rate
MHMD-02	Reduce suicide attempts by adolescents
MHMD-08	Increase the proportion of primary care visits where adolescents and adults are screened for depression
MHMD-06	Increase the proportion of adolescents with depression who get treatment

## Description of Health Problem, Risk Factors, and Contributing Factors

1 in 4 adults experience a mental illness. 14% of Madison County adults reported 14 or more days per month that their mental health was not good and 19% report that they have a depressive disorder. 43% of youth reported depression, and 20.5% of youth reported that they had considered suicide. Madison County has a higher rate of Emergency Room visits for mental health conditions than the State of Illinois.

## Corrective Actions to Reduce Contributing Factors

1. Improve access to care for persons seeking mental health services and acceptance of mental health conditions.
2. Provide schools with educational activities about mental health for both students and staff.

3. Develop youth peer support within schools
4. Empower youth and adults in recovery to become peer counselors and navigators

### Proposed Community Organizations to Provide and Coordinate Activities

Madison County Mental Health Alliance  
Partnership for Drug-Free Communities (PDFC) and subcommittees  
Metro East Recovery Coalition (MERC)  
Chestnut Health Systems and Centerstone  
Madison County Coroner's Office  
Madison County Health Department  
National Alliance for Mental Illness (NAMI) Southwestern Illinois  
Heartlinks Grief Support  
Southern Illinois Healthcare Foundation  
Southern Illinois University Edwardsville

### Evaluation Plan

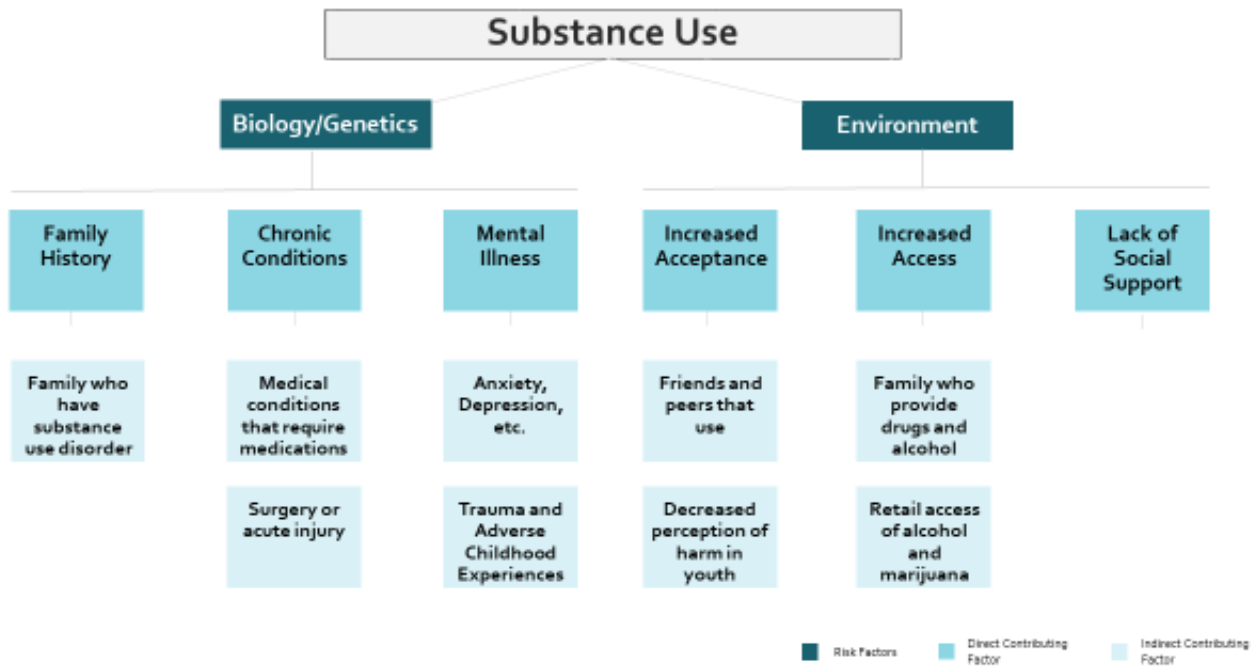
Data collection for the number of educational sessions and attendees. Mental Health screenings will first need to be assessed to determine what providers are screening clients, what questions are asked during the screening process, and what type of treatment or referral occurs when the screen identifies poor mental health. The mental health work group at least annually will monitor, enhance and/or modify intervention strategies to reach objectives.

# SUBSTANCE USE PRIORITY PLAN

<p><b><u>Health Problem:</u></b></p> <ul style="list-style-type: none"> <li>• 34% increase in overdose deaths from 2020 to 2021</li> <li>• 13% of 12<sup>th</sup> graders report driving under the influence of marijuana 3 or more times</li> <li>• 63% of 12<sup>th</sup> graders, 52% of 10<sup>th</sup> graders, and 38% of 8<sup>th</sup> graders have used any common substance in the past year (2020 data; Includes vaping, alcohol, tobacco, cigarettes, inhalants, and marijuana)</li> <li>• 10% of 8<sup>th</sup> graders, 4% of 10<sup>th</sup> graders, and 6% of 12<sup>th</sup> graders believe there are no risk to taking one or two drinks of alcohol daily. While 19% of 8<sup>th</sup> graders, 21% of 10<sup>th</sup> graders, and 30% of 12<sup>th</sup> graders believe there is no risk to using marijuana once or twice a week (2020 Illinois Youth Survey).</li> </ul>	<p><b><u>Outcome Objective:</u></b></p> <ul style="list-style-type: none"> <li>• By June 2026, increase the proportion of adolescents who think substance abuse is risky by 5% for marijuana and 2% for alcohol in each grade (want to lower the percent of students that believe there is no risk).  <i>Baseline: 10% of 8<sup>th</sup> graders, 4% of 10<sup>th</sup> graders, and 6% of 12<sup>th</sup> graders believe there are no risk to taking one or two drinks of alcohol daily. While 19% of 8<sup>th</sup> graders, 21% of 10<sup>th</sup> graders, and 30% of 12<sup>th</sup> graders believe there is no risk to using marijuana once or twice a week (2020 Illinois Youth Survey).</i></li> <li>• By June 2026, reduce drug overdose deaths by 2%.  <i>Baseline: 34% increase in overdose deaths from 2020 to 2021. In 2020 there were 88 deaths, while in 2021 there were 116 deaths (Madison County Coroner).</i></li> <li>• By June 2026, increase use of NARCAN administration survey by the public, law enforcement, EMS providers, and other groups  <i>Baseline: 135 NARCAN administration reports in 2021 (Chestnut Health Systems).</i></li> </ul>
<p><b><u>Risk Factors:</u></b></p> <ul style="list-style-type: none"> <li>• Lack of knowledge of resources</li> <li>• money for treatment</li> <li>• unable to time off work</li> <li>• family history of substance use</li> <li>• Chronic diseases, injury, and surgery</li> <li>• Socioeconomic status</li> <li>• Low proportion of providers to residents</li> <li>• Uninsured residents</li> <li>• Cost of insurance plans and prescriptions</li> <li>• Long waits for appointments</li> <li>• Trauma and Adverse Childhood Events</li> <li>• Anxiety, depression, loneliness</li> <li>• Peer pressure</li> <li>• Lack of parental supervision</li> <li>• Increasing societal acceptance</li> <li>• Suicidality</li> <li>• Lack of trauma counseling</li> <li>• Biological and/or chemical imbalance</li> </ul>	<p><b><u>Impact Objectives:</u></b></p> <p>By June 2023, to lower the percent of students that believe there is no risk in substance use, it is necessary to:</p> <ol style="list-style-type: none"> <li>1. Increase perception of risk of harm of substance use.</li> <li>2. Increase percentage of parents who talk to their kids about NOT using substances.</li> <li>3. Decrease youth access to alcohol and prescription drugs.</li> <li>4. Decrease youth misperception about the number of their peers who use substances</li> </ol> <p>By June 2023, to decrease the number of overdose deaths, it is necessary to impact the following:</p> <ol style="list-style-type: none"> <li>1. Increase access to life saving measures by educating Madison County first responders as well as the public on Narcan.</li> <li>2. Increase access to treatment by increasing collaboration and communication amongst providers, addressing ability to pay issues, addressing in-take issues, reducing wait times, and creating services that keep the individual engaged and safe during the wait time.</li> </ol>

	<p>3. Increase in recovery supports by improving re-entry programs, increasing the amount of self-sustaining recovery homes, job application and placement assistance, improving family supports and understanding of addiction.</p>
<p><b><u>Contributing Factors--Direct (D) &amp; Indirect (I):</u></b></p> <p>Socioeconomic factors (D)</p> <ul style="list-style-type: none"> <li>• Low income (I)</li> <li>• Lack of transportation (I)</li> <li>• Lack of Insurance (I)</li> <li>• Lack of access to internet (I)</li> </ul> <p>Personal circumstances (D)</p> <ul style="list-style-type: none"> <li>• Cultural barriers and stigma around seeking treatment</li> <li>• Dysfunctional home setting</li> <li>• Social media use</li> <li>• Limited resources</li> </ul> <p>Generational Ideology (D)</p> <ul style="list-style-type: none"> <li>• Culture (I)</li> <li>• Lack of education (I)</li> <li>• Mistrust of professionals/other (I)</li> <li>• Increased social availability (I)</li> <li>• Lack of education between parent and children on dangers of drugs</li> </ul> <p>Those offering services are at capacity (D)</p> <ul style="list-style-type: none"> <li>• Long waits for appointments (I)</li> <li>• Travel to appointments (I)</li> <li>• Unable to seek help when in active crisis (I)</li> </ul> <p>COVID-19 (D)</p> <ul style="list-style-type: none"> <li>• Death or severe illness in family and friends (I)</li> <li>• Loss of a job (I)</li> <li>• Stay at home advisories (I)</li> <li>• Loss of social circles (I)</li> </ul> <p>Providers (D)</p> <ul style="list-style-type: none"> <li>• Lack of providers with cultural humility (I)</li> <li>• Providers who do not represent the community they serve (I)</li> <li>• Discomfort or mistrust in medical providers (I)</li> </ul> <p>Drug specific factors (D)</p> <ul style="list-style-type: none"> <li>• Fentanyl laced drugs</li> <li>• Overdose fatalities</li> </ul>	<p><b><u>Proven Intervention Strategy:</u></b></p> <ul style="list-style-type: none"> <li>• Increase mental health screenings through programs at the health department and at PCPs offices</li> <li>• Encourage substance use awareness and actively work to reduce stigma of seeking treatment through schools, community groups, and health care providers</li> <li>• Partner with faith-based programs</li> <li>• Encourage healthcare providers to screen their patients for depression and anxiety</li> <li>• Unhealthy Drug Use: Screening</li> <li>• Principles of Substance Abuse Prevention for Early Childhood</li> </ul>

<ul style="list-style-type: none"> <li>• Stronger synthetic drugs</li> <li>• More accessible drugs</li> </ul>	
<p><b><u>Resources Available:</u></b></p> <ul style="list-style-type: none"> <li>• Madison County Mental Health Alliance</li> <li>• Partnership for Drug Free Communities</li> <li>• Madison County hospitals</li> <li>• Chestnut and Centerstone</li> <li>• Amare</li> <li>• OASIS Women’s Center</li> <li>• Southern Illinois University Edwardsville</li> <li>• Illinois Department of Public Health</li> <li>• Private physicians</li> <li>• Madison County Veterans Assistance</li> <li>• Madison County Office of the Superintendent of Schools</li> <li>• NAACP</li> <li>• Madison County Mental Health Board</li> <li>• Madison County Child Advocacy Center</li> <li>• Madison County Sheriff’s Department and Local Police</li> <li>• Lewis and Clark Community College</li> </ul>	<p><b><u>Barriers:</u></b></p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Healthcare agencies staffing</li> <li>• Social norms around acceptance</li> <li>• Lack of support and things to do</li> <li>• Lack of linkage to care</li> <li>• Unable to change fee for service treatment facilities</li> <li>• Long waits for residential treatments</li> <li>• Lack of a soft landing when patients are released from residential treatment (e.g. ensuring that patients recently released from substance use treatment facilities are not placed back in the environment that they previously used in)</li> <li>• Unable to change insurance practices</li> <li>• Poverty</li> <li>• Lack of insurance</li> <li>• Mental health issues</li> </ul>



## Healthy People 2030 Objectives related to Substance Use

SU-03	Reduce drug overdose deaths
SU-R01	Increase the proportion of adolescents who think substance abuse is risky
IVP-20	Reduce overdose deaths involving opioids
IVP-21	Reduce overdose deaths involving natural and semisynthetic opioids

### Description of Health Problem, Risk Factors, and Contributing Factors

Family history, health status, lived environment, trauma and adverse childhood events, COVID-19, anxiety, depression, loneliness, peer pressure, lack of parental supervision, biological/chemical imbalance, increasing societal acceptance, supplying and using with youth, poor mental health, overdose fatalities, lack of access to Narcan. Contributing factors include parent supplying alcohol and marijuana for youth, social access to substances, decreased youth perception of risk of harm from using substances, especially marijuana, High numbers of youth who overestimate the number of their peers who use substances, Lack of parent to child communication regarding substance use, Fentanyl laced drugs (counterfeit pills, heroin, cocaine, etc.), stigma

### Corrective Actions to Reduce Contributing Factors

1. Increase knowledge and education between parent and children
2. Strategic Plan of PDFC implementation within Madison County
3. Develop Overdose Review Board
4. Reinvigorate networking and coalitions post COVID-19
5. Provide bridging in-between treatment and recovery

### Proposed Community Organizations to Provide and Coordinate Activities

Partnership for Drug-Free Communities (PDFC) and subcommittees  
 Metro East Recovery Coalition (MERC)  
 Chestnut Health Systems and Centerstone  
 Southern Illinois Healthcare Foundation  
 Madison County Hospitals  
 Madison County Coroner’s Office  
 Madison County Health Department

### Evaluation Plan

Continue use of the Illinois Youth Survey as a reliable source for youth use data. All but one Madison County High School currently administers the IYS to their students. This indicates great support from school administrators. Continue to analyze this data and make changes as necessary to continue to monitor progress toward impacting contributing factors to youth use. Strategies will be evaluated annually through intercept surveys, focus groups, and observation.

Continue to monitor the drug overdose deaths related to opioids. In Madison County, fentanyl related deaths accounted for 65% of the 2021 overdose deaths, which was an increase of 42% since 2020.

# Madison County Partnership for Community Health

During 2021-2026, the Community Health Plan comes to life as the health department, hospitals, schools, agencies, organizations, and citizens use the assessment data and community health plan to inform and guide decisions for programs, services, standards, expectations, and behaviors. The action arm for implementation of the Community Health Plan is the Madison County Partnership for Community Health (MCPCH). MCPCH Committees are formed for each health priority area and those committees meet on a regular basis during the five years to implement the Community Health Plan.

## MCPCH Mission:

To work together as interested individuals, professionals, and organizations to improve the health status of residents of Madison County by helping to create, promote, and maintain healthy environments and lifestyles through education, understanding, and action.

## MCPCH Membership:

- MCPCH membership is open to any person or agency dedicated to its mission.
- MCPCH has no budget or member dues.
- MCPCH Committees are the action arm of the Community Health Plan and are basically coalitions of parties with similar interests, goals, and objectives dedicated to cooperative efforts to reach mutually desired goals.
- MCPCH Committees focus primarily on developing and implementing the work plan and objectives of the health priority workgroups/committees detailed in the Community Health Plan.

## MCPCH Structure & Function:

- Priority Committees meet regularly.
- Health Department is a partner rather than a director of MCPCH activities.



# SOURCES

A multitude of sources were examined, utilized, and referenced during this Assessment and Plan phases of this process. Below are the key sources that may be of interest or assistance to the community

Madison County Health Department [www.madisonchd.org](http://www.madisonchd.org)

Madison County Coroner [https://www.co.madison.il.us/departments/county\\_coroner/index.php](https://www.co.madison.il.us/departments/county_coroner/index.php)

Illinois Department of Public Health [www.dph.illinois.gov](http://www.dph.illinois.gov)

Joint Committee on Administrative Rules – Administrative Code  
[www.ilga.gov/commission/jcar/admincode/077/07700600sections.html](http://www.ilga.gov/commission/jcar/admincode/077/07700600sections.html)

Illinois Project for Local Assessment of Needs (IPLAN) Data System <http://app.idph.state.il.us/>

Healthy People 2030 [www.healthypeople.gov](http://www.healthypeople.gov)

Illinois State Health Improvement Plan <https://dph.illinois.gov/topics-services/provider-partner-resources/healthy-illinois/state-health-improvement-plan.html#:~:text=What%20is%20the%20Illinois%20State%20Health%20Improvement%20Plan%3F,health%20system%20improvement%2C%20with%20a%20focus%20on%20prevention.>

U.S. Census Bureau [www.census.gov](http://www.census.gov)

Illinois Behavioral Risk Factor Surveillance System (BFRSS) <http://app.idph.state.il.us/brfss/>

Illinois Youth Survey <https://iys.cprd.illinois.edu/results/county/>

State of Illinois Data Portal [www.data.illinois.gov](http://www.data.illinois.gov)

Query by IDPH <http://iquery.illinois.gov/iquery/>

Illinois Hospital Report Card and Consumer Guide to Health Care  
[www.healthcarereportcard.illinois.gov](http://www.healthcarereportcard.illinois.gov)

County Health Rankings & Roadmaps [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Centers for Disease Control and Prevention – Chronic Disease and Health Promotion Data & Indicators  
<https://chronicdata.cdc.gov/Chronic-Disease-Indicators/U-S-Chronic-Disease-Indicators-CDI-/n6bi-qt4w>

IDPH Opioid Data Dashboard <https://idph.illinois.gov/OpioidDataDashboard/>

Illinois State Cancer Registry <https://dph.illinois.gov/data-statistics/epidemiology/cancer-registry.html>

Esri Community Analyst <https://www.esri.com/en-us/arcgis/products/arcgis-community-analyst/overview>

Centers for Disease Control and Prevention Social Vulnerability Documentation  
[https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI\\_documentation\\_2018.html](https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html)

Illinois State Police Uniformed Crime Reporting <https://isp.illinois.gov/CrimeReporting>

Anderson Hospital Community Health Needs Assessment  
[Community Health Needs Assessment 2022-2025.pdf \(andersonhospital.org\)](#)

OSF Saint Anthony's Health Center Community Health Needs Assessment  
[https://www.osfhealthcare.org/media/filer\\_public/ab/2b/ab2b807c-7163-45eb-b9ad-5c5a2cd722f1/2019\\_chna\\_alton.pdf](https://www.osfhealthcare.org/media/filer_public/ab/2b/ab2b807c-7163-45eb-b9ad-5c5a2cd722f1/2019_chna_alton.pdf)

Alton Memorial Hospital Community Health Needs Assessment  
<https://www.altonmemorialhospital.org/Community-Health-Needs-Assessment>

HSHS St. Joseph's Hospital Highland Community Health Needs Assessment  
<https://www.hshs.org/StJosephsHighland/News/News-Archives/HSHS-Hospitals-Identify-Top-Community-Health-Prior>

# APPENDIX A - COMMUNITY HEALTH ASSESSMENT SURVEY

MCHD Community Health Assessment Survey

Madison County Health Department is conducting its 5-year community health assessment process for the Illinois Project for Local Assessment of Needs.

Citizen input is important to us!

Please complete the following survey. Also, encourage family, friends, neighbors, and co-workers to complete the survey.

**Deadline is April 11th at 11:45 PM!**

This survey is intended for all residents and people who work in Madison County, Illinois.

What do you feel are the most urgent health-related concerns in Madison County\*

Please Select up to 5

Substance Use/ Abuse (Heroin, Alcohol, Fentanyl, Opioid, and other drugs)

Obesity

Mental Health

Access to Care (Insurance Related)

Cancer

Nutrition and Access to Food

Air Pollution

Diabetes

\_\_\_\_\_

Other Health-Related Concern

**Other Health-Related Concern**

\_\_\_\_\_

Please rate the following health-related issues on a scale of Most Urgent to Not a Problem

	Most Urgent	Urgent	Somewhat Urgent	Least Urgent	Not a Problem
Substance Use/ Abuse (Heroin, Alcohol, Fentanyl, Opioid, and other drugs)*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health/Mental illness*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Care*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Care*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Health*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety (falls, violence, bullying, community)*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check the following issues as to why you or people you know do not get needed healthcare.\*

(Check no more than 8 responses.)

Lack or limited knowledge of services

<input type="checkbox"/> inconvenient location of services
<input type="checkbox"/> Lack of or limited transportation
<input type="checkbox"/> Lack of or limited coordination of care
<input type="checkbox"/> Office hours of appointments are not convenient
<input type="checkbox"/> Lack of specialists in Madison County
<input type="checkbox"/> Specialists who do not take your medical insurance
<input type="checkbox"/> Lack of access to dentists
<input type="checkbox"/> Lack of psychiatrists, mental health counselors, substance abuse counselors
<input type="checkbox"/> Long waits for appointments (especially well after the time of need)
<input type="checkbox"/> Decisions and priorities (e.g. pay for food or medicine or doctor bill, etc.)
<input type="checkbox"/> Difficult to navigate health insurance and health systems
<input type="checkbox"/> Use of emergency rooms for non-emergency situations (e.g. prescription refills, minor illness)
<input type="checkbox"/> Lack of Primary Care Provider
<input type="checkbox"/> Difficult to get in to doctors who take Medicare, Medicaid, or the Affordable Care Act insurance plans
<input type="checkbox"/> Hard to navigate Medicaid Insurance Plans
<input type="checkbox"/> Lack of health nutrition or access to healthy foods
<input type="checkbox"/> Lack of treatment beds to fit the illness or disease

<input type="checkbox"/> Cost of prescription drugs
<input type="checkbox"/> Cost of co-pays
<input type="checkbox"/> Cost of deductibles
<input type="checkbox"/> Cost of insurance premiums
<input type="checkbox"/> Lack of or Limited time off of work

**Please tell us about yourself**

This section is optional and responses will be kept confidential.

**Age**

<input type="radio"/> 15-24
<input type="radio"/> 25-44
<input type="radio"/> 45-64
<input type="radio"/> 65 and Older

**Gender**

<input type="radio"/> Male
<input type="radio"/> Female
<input type="radio"/> Not Listed

**Please write in your gender below if your gender is not listed above**

--

**Race**

As defined by the US Census

- American Indian and Alaska Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- Two or More Races
- White

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino

**Education Level**

- Less than High School
- High School/GED
- Associate's Degree/Trade School
- Bachelor's Degree
- Master's Degree or Higher

**5 Digit Zip Code**

**Insurance Status**

Check all that apply.

I have health insurance

I have no health insurance

I have Medicare

I have Medicaid

Other

**Other**

Submit

Powered by ArcGIS Survey123



## APPENDIX B

### **Madison County Health Priorities**

#### Round 1: 1996-2000

- Cardiovascular Disease
- Respiratory Disease
- Unintentional Injury (motor vehicle & falls)

#### Round 2: 2001-2006

- Respiratory Disease
- Cardiovascular Disease
- Cancer
- Unintentional Injury (motor vehicle & falls)

#### Round 3: 2007-2012

- Addictive Behaviors
- Sexual Health Behaviors
- Cardiovascular Health

#### Round 4: 2011-2016

- Obesity
- Air Quality/Environment
- Teen Pregnancy
- Mental Health
- Substance Use and Abuse

#### Round 5: 2016-2021

- Obesity
- Substance Use and Abuse
- Mental Health
- Air Quality/Environment

#### Round 6: 2021-2026

- Access to Care
- Mental Health
- Substance Use

## APPENDIX C

### **Core Team Members**

Donna Nahlick (Chestnut Health Systems)

Deborah Humphrey (Mental Health Board)

Debbie Frankes (Senior Services Plus)

Bobbie Smith (CYHS)

Dorothy Hummel (YWCA of Alton)

Robert Werden (Regional Office of Education)

Angelia Gower (NAACP)

Michael Babcock (Health Department Committee Chair)

Jean Schram (Health Advisory Committee Member)

Kim Lutz (HSHS St. Joseph's Hospital Highland)

Rusty Ingram (Alton Memorial Hospital)

MaryAnn Niemeyer (Health Advisory Chair)

Nicole Klein (Southern Illinois University Edwardsville)

Lori Vadnal (OSF St. Anthony's Health Center)

Jessica Duft (Anderson Hospital)

Beth Ann Gailey (Gateway Regional Hospital)

Toni Corona (Madison County Health Department)

Rebecca Chausse (Madison County Health Department)

**APPENDIX D Board of Health Resolution to Adopt Health Priorities**

**A Resolution Establishing Assessment Priorities  
For the 2021-2026 Madison County Community Health Plan**

**WHEREAS**, Madison County Health Department is established as a Certified Local Health Department in accordance with the Illinois Local Health Department Code for the period June 6, 2016 to the extended date of December 5, 2022 and must submit to IDPH for recertification: a community health assessment and a community health plan all adopted by the Madison County Board of Health; and

**WHEREAS**, the health department is required to assess the health needs of Madison County through a systematic assessment process identifying a minimum of 3 health concerns that impact population health; providing information on the health status and health needs of a community; and

**WHEREAS**, the assessment process is ongoing and involves stakeholders from various sectors such as service agencies, faith-based organizations, community associations, schools, universities, hospitals, and other partners within the public health system of Madison County; and

**WHEREAS**, the Madison County Community Health Plan (2021-2026) will be developed to establish objectives and intervention strategies that will impact positively on the health of Madison County; and

**WHEREAS**, the Board of Health Advisory Committee and Health Department Committee recommend the acceptance of the assessment findings which identify four priority health needs;

**NOW, THEREFORE, BE IT RESOLVED** that the Madison County Board of Health establishes three (3) health priorities: *1. Substance Abuse, 2. Mental Health and 3. Access To Care* for the 2021—2026 Madison County Community Health Plan, and that the Director Public Health is hereby authorized to submit to IDPH the recertification application by October 6, 2022.

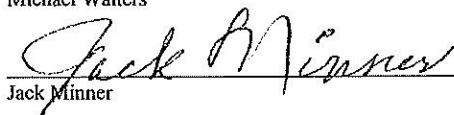
Respectfully Submitted,



Michael Babcock



Michael Walters

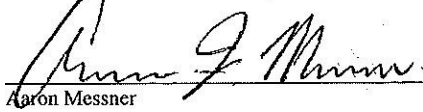


Jack Minner

Chris Guy



Victor Valentine Jr.



Aaron Messner



Terry Eaker

Health Department Committee

STATE OF ILLINOIS     )  
  SS  
COUNTY OF MADISON    )

I, Debra D. Ming-Mendoza, County Clerk in and for said County, in the State aforesaid, and keeper of the records and files thereof, as provided by statute, do hereby certify the foregoing to be a true, perfect and complete copy of a resolution and/or ordinance adopted by the County Board of Madison County, at its regular meeting held at Edwardsville, May 18, 2022.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County at my office in Edwardsville, in said County, this 19th day of May, 2022.

  
County Clerk and Clerk of the  
Madison County Board

**APPENDIX E Board of Health Resolution Adopting the Madison County Community Health Needs Assessment and Community Health Plan**

**A RESOLUTION ADOPTING THE MADISON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH PLAN 2021-2026**

**WHEREAS**, the health department is required to periodically assess the health of the community by establishing a systematic needs assessment process that provides information on the health status and health needs of a community in part by utilizing the process known as the Illinois Project for Local Assessment of Needs (PLAN) ; and

**WHEREAS**, on May 18, 2022, the Madison County Board of Health adopted the health priorities of Substance Abuse, Mental Health, and Access To Care for the 2021-2026 Madison County Community Health Plan; and


**WHEREAS**, outcome and impact objectives for the adopted health priorities were developed in collaboration with stakeholders from hospitals, schools, agencies, organizations, faith-based communities, associations, and other partners within the public health system of Madison County; and;

**WHEREAS**, the stakeholders' priority groups form Madison County Partnership for Community Health (MCPCH) Committees; who implement intervention strategies detailed in the priority plan over the next 5year period to improve health outcomes for Madison County; and

**WHEREAS**, the Board of Health Advisory Committee and Health Department Committee recommend the adoption of the Plan;

**NOW, THEREFORE, BE IT RESOLVED** that the Madison County Board of Health adopts the Madison County Health Needs Assessment and Community Health Plan 2021-2026.

Respectfully Submitted,

  
\_\_\_\_\_  
Michael Babcock

  
\_\_\_\_\_  
Michael Walters

\_\_\_\_\_

Jack Minner

Chris Guy (via teleconference)

\_\_\_\_\_

Chris Guy

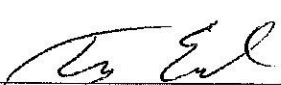
\_\_\_\_\_

Victor Valentine Jr.



\_\_\_\_\_

Aaron Messner



\_\_\_\_\_

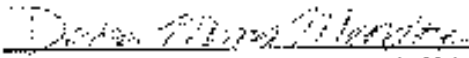
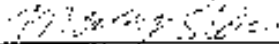
Terry Baker

Health Department Committee

STATE OF ILLINOIS     )  
  SS  
COUNTY OF MADISON )

I, Debra D. Ming-Mendoza, County Clerk in and for said County, in the State aforesaid, and keeper of the records and files thereof, as provided by statute, do hereby certify the foregoing to be a true, perfect and complete copy of a resolution and/or ordinance adopted by the County Board of Madison County, at its regular meeting held at Edwardsville, June 15, 2022.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County at my office in Edwardsville, in said County, this 16th day of June, 2022.

  
\_\_\_\_\_  
Debra D. Ming-Mendoza  
County Clerk and Clerk of the  
Madison County Board  


## APPENDIX F

### Letter from Chairman Prenzler



**Madison County Government  
Health Department**

*Toni M. Corona - Director Public Health*  
101 East Edwardsville Road · Wood River, IL 62095-1369  
Phone: (618) 692-8954 · Faxes: Admin (618) 296-7011  
Health Protection (618) 692-8965 · Nursing Fax (618) 251-9482

June 30, 2022

JoAnne Bardwell, IPLAN Administrator  
Illinois Department of Public Health  
Division of Health Policy  
525 West Jefferson PL-2  
Springfield, Illinois 62761

RE: Recertification Application (IPLAN)

Dear Ms. Bardwell:

The Madison County Health Department Committee and the Board of Health has been kept informed regarding the preparation of the IPLAN document for the Sixth Community Health Assessment and Plan 2021-2026. *"A Resolution Establishing Assessment Priorities for the 2021- 2026 Madison County Community Health Plan"* was adopted by the Board of Health on May 18, 2022. On June 16, 2022, *"A Resolution Adopting the Madison County Community Health Needs Assessment and Community Health Plan 2021-2026"* was adopted by the Board of Health.

In addition, the Madison County Health Department's Organizational Capacity Self-Assessment plan was presented and reviewed by the Madison County Health Department Committee on April 1, 2022.

Thank you for your support in completing this recertification process for the Madison County Health Department. This process was delayed due to the unprecedented response to the COVID-19 pandemic.

Sincerely,

  
Kurt Prenzler, Chairman  
Madison County Board of Health

## **APPENDIX G**

### **Madison County Health Plan Objective Meeting Participants**

Donna Nahlik (Chestnut Health Systems)

Jean Schram (Health Advisory Committee Member)

Michelle Brooks (Madison County Mental Health Alliance)

Karen Tilashalski (Chestnut Health Systems)

Beverly Holland (Chestnut Health Systems)

C. Norton, (Chestnut Health Systems)

Dan Hutchison (Chestnut Health Systems)

Julie Brugger (Chestnut Health Systems)

Deborah Humphrey (Madison County Mental Health Board)

Ty Bechel (Amare)

Denise Bradley (Madison County Mental Health Board)

Janel Robinson (Alton Memorial Hospital)

Elizabeth McQuaid (Chestnut Health Systems)

Jen Evans (Chestnut Health Systems)

Toni Corona (Madison County Health Department)

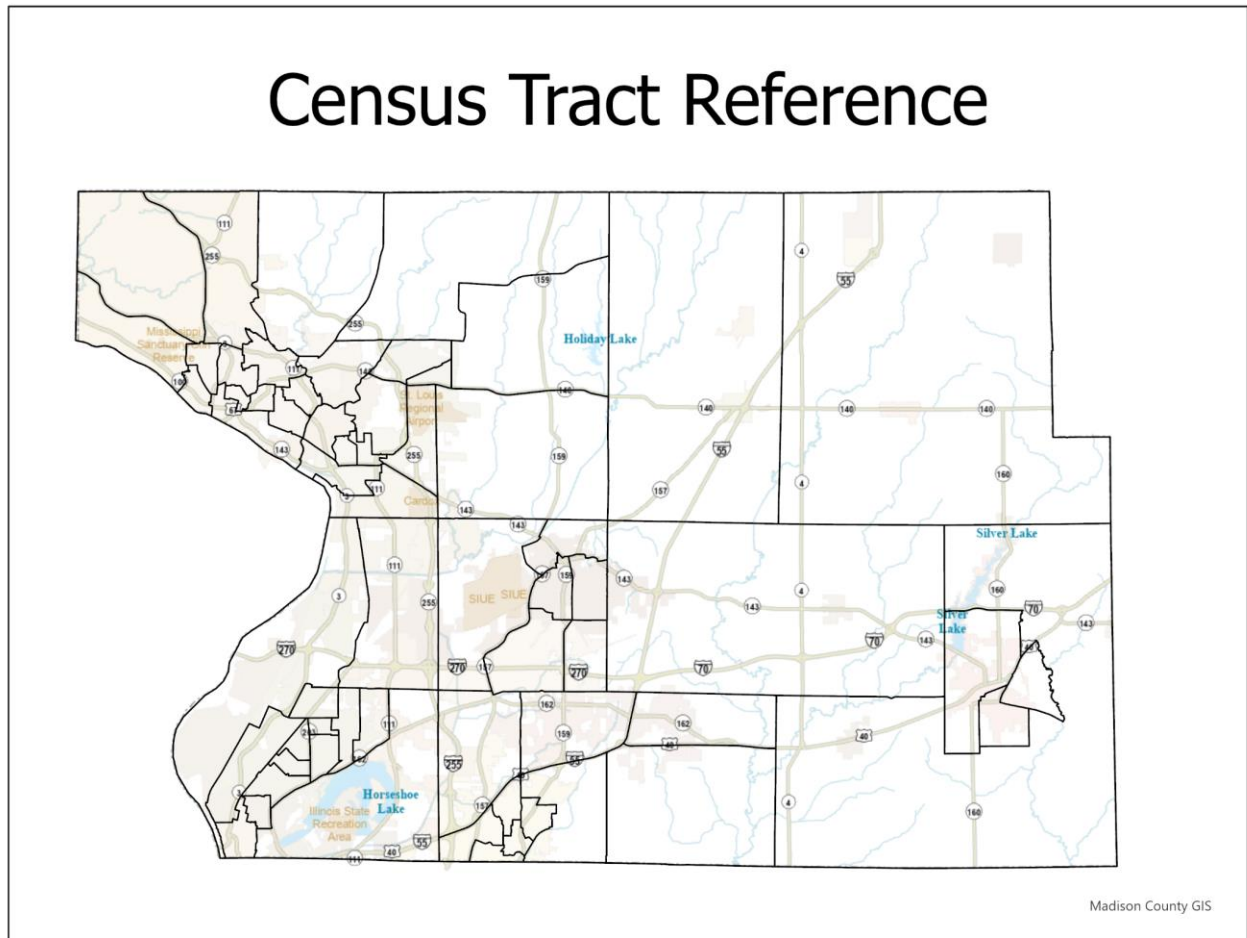
Amanda Pruitt (Madison County Health Department)

Rebecca Chausse (Madison County Health Department)



## APPENDIX H

### Census Tract Reference Map





## APPENDIX J



Madison County Government  
**Health Department**

*Toni M. Corona - Director Public Health*  
101 East Edwardsville Road · Wood River, IL 62095-1332  
Phone: (618) 692-8954 · Faxes: Admin (618) 296-7011  
Health Protection (618) 692-8905 · Nursing (618) 251-9482

March 31, 2021

Illinois Department of Public Health  
Attn: Nelson Agbodo, IPLAN Administrator  
Division of Health Data & Policy  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: Request for Recertification (IPLAN) Extension

Dear Mr. Agbodo:

Since February of 2020, this department has been completely consumed with responding to the COVID-19 pandemic. All health department resources remain re-assigned to pandemic response tasks necessary for the health and safety of our residents. As a result, necessary work on the Madison County Health Department Community Health Assessment and Plan also is delayed, and the recertification document will not be submitted to Illinois Department of Public Health by April 6, 2021 as initially intended.

In accordance with Section 600.210 d), I am requesting a waiver to postpone meeting the requirements set forth in Subparts C and D as this pandemic meets conditions and circumstances beyond the reasonable control of Madison County Health Department to comply with recertification at this time.

Thank you for your understanding in this matter. As soon as this emergency response allows staff to resume normal operations, completion of the IPLAN round will be this department's top priority.

Sincerely,

A handwritten signature in blue ink that reads "Toni M. Corona".

Toni M. Corona, B.S., L.E.H.P.  
Director Public Health



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

April 1, 2021

Toni Corona  
Public Health Administrator  
Madison County Health Department  
101 East Edwardsville Road  
Wood River, Illinois 62095

Dear Ms. Corona:

The Illinois Department of Public Health has reviewed a request for extending the due date for submitting the Madison County Health Department's recertification application and determined that this health department meets the conditions or circumstances specified in subsection 600.210(d)(1)(C) of the Certified Local Health Department Code. The Department agrees to extend the application deadline by 6 months to **October 6, 2021** or until the conditions or circumstances are remedied, whichever comes first. Your current certification period is also extended to expire on **December 5, 2021**.

Please feel free to contact the IPLAN Administrator Nelson Agbodo at 217-782-0667 or [Nelson.Agbodo@illinois.gov](mailto:Nelson.Agbodo@illinois.gov), should you have any questions about the IPLAN process and resources.

Sincerely,

*Nelson Agbodo*

Nelson Agbodo  
IPLAN Administrator  
Division of Health Data and Policy

Enclosure:

cc: Marilyn Green, Regional Health Officer, Edwardsville Region.  
IPLAN File

PROTECTING HEALTH, IMPROVING LIVES

## APPENDIX K



Madison County Government  
**Health Department**

*Toni M. Corona · Director Public Health*  
101 East Edwardsville Road · Wood River, IL 62095-1369  
Phone: (618) 692-8954 · Faxes: Admin (618) 296-7011  
Health Protection (618) 692-8905 · Nursing (618) 251-9482

February 4, 2022

Illinois Department of Public Health  
Attn: Jennifer Epstein, Acting IPLAN Administrator  
Division of Health Data & Policy  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: Request for Recertification (IPLAN) Additional Extension

Dear Ms. Epstein:

Today I received of an email from Ayana Thomas indicating that **Madison County Health Department** recertification application (IPLAN) is due on 4/6/2022. This department is currently working on the assessment piece and I do not anticipate having all of the required materials submitted to IDPH by the 4/6/2022 deadline.

Since February of 2020, this department has been completely consumed with responding to the COVID-19 pandemic. Most health department resources were re-assigned to pandemic response tasks necessary for the health and safety of our residents. As this response pivots, more time may now be distributed for other tasks such as the IPLAN. In addition, the primary individual who worked on IPLAN has recently resigned, and the position is vacant.

In accordance with Section 600.210 d), I am requesting a waiver to postpone meeting the requirements set forth in Subparts C and D as this pandemic meets conditions and circumstances beyond the reasonable control of Madison County Health Department to comply with recertification at this time.

Thank you for your understanding in this matter. I assure you that completion of the IPLAN in 2022 is this department's top priority.

Sincerely,

A handwritten signature in blue ink that reads "Toni M. Corona".

Toni M. Corona, B.S., L.E.H.P.  
Director Public Health



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

February 4, 2022

Toni Corona  
Public Health Administrator  
Madison County Health Department  
101 East Edwardsville Road  
Wood River, Illinois 62095

Dear Ms. Corona:

The Illinois Department of Public Health has reviewed a request for extending the due date for submitting the Madison County Health Department's recertification application and determined that this health department meets the conditions or circumstances specified in subsection 600.210(d)(1)(C) of the Certified Local Health Department Code. The Department agrees to extend the application deadline by six months to **October 6, 2022** or until the conditions or circumstances are remedied, whichever comes first. Your current certification period is also extended to expire on **December 5, 2022**.

Waivers and extensions do not affect the next IPLAN cycle due date, which is April 6, 2026.

Please feel free to contact the Acting IPLAN Administrator Jennifer Epstein at 312-814-1344 or [Jennifer.Epstein@illinois.gov](mailto:Jennifer.Epstein@illinois.gov), should you have any questions about the IPLAN process and resources.

Sincerely,

*Jennifer Epstein*

Jennifer Epstein  
Acting IPLAN Administrator  
Office of Policy, Planning, and Statistics  
Division of Health Data and Policy

Enclosure:

cc: Marilyn Green, Regional Health Officer, Edwardsville Region.  
IPLAN File

PROTECTING HEALTH, IMPROVING LIVES

## APPENDIX L

**Data Summary**

**County: Madison**

**Prepared By:**

**Babatunde Owolabi, IPLAN Intern**

**Illinois Dept. Public Health**



## Demographic & Socioeconomic Characteristics

### Population by Age and Gender

Population by Age and Sex for Madison County				
Age Groups	Females	Males	Total	% of Total
Under 5 years	7,034	7,722	14,756	5.60%
5 to 9 years	8,236	8,011	16,247	6.20%
10 to 14 years	7,537	8,600	16,137	6.10%
15 to 19 years	8,128	8,053	16,181	6.20%
20 to 24 years	7,657	7,122	14,779	5.60%
25 to 29 years	8,541	9,016	17,557	6.70%
30 to 34 years	9,068	8,199	17,267	6.60%
35 to 39 years	7,070	7,419	14,489	5.50%
40 to 44 years	8,816	8,314	17,130	6.50%
45 to 49 years	8,750	8,312	17,062	6.50%
50 to 54 years	8,631	8,415	17,046	6.50%
55 to 59 years	8,959	9,745	18,704	7.10%
60 to 64 years	9,958	9,254	19,212	7.30%
65 to 69 years	8,067	6,877	14,944	5.70%
70 to 74 years	6,875	5,136	12,011	4.60%
75 to 79 years	5,355	3,647	9,002	3.40%
80 to 84 years	2,803	2,090	4,893	1.90%
85 years and over	3,361	2,188	5,549	2.10%
<b>TOTAL</b>	<b>134,846</b>	<b>128,120</b>	<b>262,966</b>	<b>100.00%</b>

Source - American Community Survey; Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

<https://data.census.gov/cedsci/table?q=&t=Age%20and%20Sex&g=0500000US17119&y=2019&tid=ACSST1Y2019.S0101&hidePreview=true>

### Race/Ethnicity

Population by Race and Ethnicity for Madison County, July 1, 2019		
Race/Ethnicity	Number	Percent
Total:	264,776	100.00
White alone	225,251	85.07
Black or African American alone	22,602	8.54
American Indian and Alaska Native alone	466	0.18



Asian alone	2,744	1.04
Native Hawaiian and Other Pacific Islander alone	27	0.01
Some other race alone	115	0.04
Two or more races	4,945	1.87
Hispanic or Latino	8,626	3.26

Source - American Community Survey; Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

<https://data.census.gov/cedsci/table?q=&t=Race%20and%20Ethnicity&g=0500000US17119&y=2019&tid=ACSDT5Y2019.B03002&hidePreview=true>

### Median Household Income

Median Household Income in Dollars for Population in Madison County, 2019, 2015 and 2011	
Year	Median household Income (\$)
2019	67,440
2015	52664
2011	50372

Source - American Community Survey; Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

### Population in Poverty

Number and Percent of Population Below Poverty level for Madison County, 2019 and 2015			
Year	Pop Estimate	Below Poverty Level (No.)	Percent Below Poverty
2019			
Total Population	257,967	27,263	10.60%
Under 18 Years	56,681	8,118	14.30%
2015			
Total Population	259,181	33,369	12.90%
Under 18 Years	57,653	9,788	17.00%

Source - American Community Survey; Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

## Population 25+ Who Are Non-High School Graduates

Percent of Population 25+ Who Are Non-High School Graduates in Madison County, 2019, 2015 and 2011	
Year	% Non-High School Graduates
2019	6.6
2015	7.3
2011	10.7

Source - American Community Survey; Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

## Population Uninsured

Percentage of Population Uninsured in Madison County, 2015 and 2019	
Year	%
2015	4.7
2019	5.2

Source - American Community Survey; Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

<https://data.census.gov/cedsci/table?q=&t=Health%20Insurance&g=0500000US17119&y=2015&tid=ACSDT1Y2015.B27001&hidePreview=true>

<https://data.census.gov/cedsci/table?q=&t=Health%20Insurance&g=0500000US17119&y=2019&tid=ACSDT1Y2019.B27001&hidePreview=true>

## GENERAL HEALTH.

### Mortality Rates.

Mortality Rates for Madison County by Sex 2015-2020									
	All			Female			Male		
Year	Death	Crude Rates	Age Adjusted Rates	Death	Crude Rates	Age Adjusted Rates	Death	Crude Rates	Age Adjusted Rates
2015	2813	1056.7	846.1	1389	1018.4	700.3	1424	1096.9	1026.1
2016	2772	1043.1	825.5	1397	1026.8	695.9	1375	1060.1	985.5
2017	2944	1109.2	866.7	1520	1116.7	758.3	1424	1101.2	1007.2
2018	3016	1140.4	870.8	1520	1120.2	737.3	1496	1161.8	1027.8
2019	2960	1125.6	859.2	1482	1098.2	723.7	1478	1154.6	1027.0
2020	3387	1289.6	959.8	1690	1253.6	808.6	1697	1327.6	1149.4

Crude Rates and Age Adjusted Rates per 100,000 population

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.

### Years of Expectancy.

Years of Expectancy at Birth for Madison County 2015-2020 by Sex						
	All		Female		Male	
Year	e	ME	e	ME	e	ME
2015	77.0	0.6	80.2	0.8	73.8	0.9
2016	77.4	0.6	80.0	0.8	74.7	0.9
2017	76.5	0.6	78.8	0.8	74.2	0.9
2018	76.3	0.6	79.1	0.8	73.6	0.9
2019	76.8	0.6	79.5	0.8	74.0	0.9
2020	75.8	0.5	78.4	0.7	73.3	0.8

Years of Expectancy at Age 65-69 for Madison County 2015-2020 by Sex						
	All		Female		Male	
Year	e	ME	e	ME	e	ME
2015	18.8	0.4	20.2	0.6	17.1	0.6
2016	18.8	0.4	20.1	0.6	17.3	0.6
2017	18.3	0.4	19.2	0.5	17.3	0.5
2018	18.7	0.4	19.6	0.5	17.5	0.6
2019	18.6	0.4	19.8	0.5	17.3	0.5
2020	17.0	0.3	18.3	0.5	15.4	0.5

e = life expectancy, ME = margin of error

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.

## Years of Potential Life Lost.

Years of Potential Life Lost for Madison County 2015-2020 by Sex			
Year	All	Female	Male
2015	891.7	630.4	1158.1
2016	844.2	646.5	1045.4
2017	925.5	729.2	1125.8
2018	969.3	704.7	1239.7
2019	910.2	676.7	1148.9
2020	891.8	699.1	1088.9

Years of Potential Life Loss per 1000 population

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System.

## Maternal and Child Health.

### Life Births.

Life Births in Illinois and Madison County by Sex 2015-2019				
Area	Year	All	Female	Male
Illinois	2015	158,101	77,077	81,024
Illinois	2016	154,467	75,523	78,944
Illinois	2017	149,390	73,094	76,296
Illinois	2018	144,828	70,702	74,126
Illinois	2019	140,145	68,354	71,791
Madison	2015	3,095	1,495	1,600
Madison	2016	3,057	1,462	1,595
Madison	2017	2,893	1,438	1,455
Madison	2018	2,863	1,396	1,467
Madison	2019	2,748	1,372	1,376

Source: Illinois Vital Records System (IVRS) & Department of Healthcare and Family Services' (HFS) Enterprise Data Warehouse (EDW). IQuery, Illinois Department of Public Health

### Infant Deaths and Mortality Rates.

Infant Deaths and Mortality Rates (IMR) for Madison County 2015-2019		
Year	Deaths	IMR
2015	21	6.8
2016	23	7.5
2017	23	8.0
2018	29	10.1
2019	16	5.8

\* means that the value is in the interval 1-11 and is suppressed to ensure confidentiality

Source: IDPH More Detailed Infant Mortality Statistics <https://www.dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics/more-statistics>

## Low Birthweight.

Number of live births where birthweight is between 1500 to 2499 grams			
Area	Year(s)	Number of live births	Percentage
Illinois	2013	10,575	3.4
Illinois	2014	10,518	3.3
Illinois	2015	10,747	6.8
Illinois	2016	10,620	6.9
Illinois	2017	10,520	7
Illinois	2018	10,242	7.1
Illinois	2019	9,842	7
Madison	2013	210	3.4
Madison	2014	237	3.8
Madison	2015	194	6.3
Madison	2016	201	6.6
Madison	2017	222	7.7
Madison	2018	234	8.2
Madison	2019	179	6.5

Number of live births from Illinois resident mothers with very low birthweight (227 to 1,500 grams).			
Area	Year(s)	Number of live births	Percentage
Illinois	2013	2,320	0.7
Illinois	2014	2,409	0.8
Illinois	2015	2,320	1.5
Illinois	2016	2,368	1.5
Illinois	2017	2,189	1.5
Illinois	2018	2,190	1.5
Illinois	2019	1,993	1.4
Madison	2013	36	0.6
Madison	2014	46	0.7
Madison	2015	45	1.5
Madison	2016	41	1.3
Madison	2017	42	1.5
Madison	2018	50	1.7
Madison	2019	32	1.2

Rate Type: Live Births\_2009-2018. Formula: % = ((Number of live births where birthweight is 1500-2499 grams) / (Total live births) ) x 100.

Rate Type: Live Births\_2009-2018. Formula: % = (Number of live births where birthweight is less than 1500g) / (Total of live births).

Sources: IQery, Illinois Department of Public Health.

Illinois Vital Records System (IVRS) & Department of Healthcare and Family Services' (HFS) Enterprise Data Warehouse (EDW). IQery, Illinois Department of Public Health

### Mothers Who Smoke During Pregnancy

Babies Born to Mothers Who Smoke During Pregnancy in Illinois and Madison County 2013-2017 by Sex							
Area	Year	All		Female		Male	
		N	Adjusted Age	N	Adjusted Age	N	Adjusted Age
Illinois	2013	12,975	100.0	6,250	97.6	6,725	102.4
Illinois	2014	12,869	99.4	6,242	97.2	6,627	101.5
Illinois	2015	12,535	97.4	6,120	95.9	6,415	98.9
Illinois	2016	16,467	129.4	8,021	127.6	8,446	131.1
Illinois	2017	11,457	--	5,568	--	5,889	--
Madison	2013	545	211.2	257	196.6	288	225.9
Madison	2014	553	216.2	251	196.7	302	236.0
Madison	2015	542	214.7	259	205.5	283	224.4
Madison	2016	1,071	432.7	520	418.2	551	447.6
Madison	2017	509	-	252	-	257	-

Age-Adjusted Rate is a statistical process applied to rates of disease, death, injuries or other health outcomes which allows communities with different age structures to be compared. Age-Adjusted Rate is expressed as the number of cases Per 100,000 with confidence level.

Age Adjusted Rate data not provided for 2017 in IQery

Source: IDPH Vital Statistics. IQery, Illinois Department of Public Health

Contact: IDPH Illinois Center for Health Statistics: 535 W. Jefferson St. Springfield, IL 62761 217-785-1064  
<http://www.idph.state.il.us/health/statshome.htm> IDPH Illinois Center for Health Statistics

## Teen Birth Rates

Teen Birth in Illinois and Madison County 2015-2019			
Area	Year	Characteristics	Births
Illinois	2015	Teen < 18	2528
Illinois	2015	Teen 18-19	6278
Illinois	2016	Teen < 18	2093
Illinois	2016	Teen 18-19	5709
Illinois	2017	Teen < 18	1858
Illinois	2017	Teen 18-19	5303
Illinois	2018	Teen < 18	1645
Illinois	2018	Teen 18-19	4813
Illinois	2019	Teen < 18	1474
Illinois	2019	Teen 18-19	4474
Madison	2015	Teen < 18	41
Madison	2015	Teen 18-19	120
Madison	2016	Teen < 18	35
Madison	2016	Teen 18-19	123
Madison	2017	Teen < 18	51
Madison	2017	Teen 18-19	105
Madison	2018	Teen < 18	36
Madison	2018	Teen 18-19	103
Madison	2019	Teen < 18	37
Madison	2019	Teen 18-19	92

Source: IDPH Birth Statistics (<https://www.dph.illinois.gov/data-statistics/vital-statistics/birth-statistics>)



## Infectious Disease

### HIV/AIDS

HIV/STD/Sexual Behavior HIV/STD/Sexual Behavior					
ICBRFS - Madison County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EVER HAD HIV TEST	Yes	58,328	30.10%	24.6%-36.2%	119
	No	135,655	69.90%	63.8%-75.4%	286
TREATED FOR STD PAST YEAR	Yes	*	*	*	*
	No	192,931	98.90%	94.7%-99.8%	405
NUMBER OF SEXUAL PARTNERS PAST 12 MONTHS	None	50,540	26.20%	21.4%-31.6%	137
	1 Partner	128,710	66.70%	60.7%-72.2%	240
	2-3 Partners	9,772	5.10%	2.5%-9.8%	15
	4+ Partners	3,903	2.00%	1.0%-4.1%	9

\* , means that the value is in the interval 1-11 and is suppressed to ensure confidentiality

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

### Vaccine Preventable Diseases.

Incidences of Vaccine Preventable Diseases for Illinois and Madison County 2012-2016									
Area	Year	Hepatitis A (Acute)	Hepatitis B (Chronic)	Measles	Mumps	Pertussis	Typhoid Fever	Varicella (Chicken Pox)	Meningococcal (Neisseria Meningitidis)
Illinois	2012	67	1,714	5	32	2,026	14	898	17
Illinois	2013	79	1,838	2	26	785	12	731	10
Illinois	2014	82	2,062	17	142	764	15	596	12
Illinois	2015	57	1,891	2	430	718	20	443	15
Illinois	2016	71	1,798		333	1,034	17	469	18
Madison	2012	0	12	0	3	97	0	19	0
Madison	2013	1	17	0	1	42	0	18	0
Madison	2014	1	18	0	0	24	1	18	0
Madison	2015	1	18	0	0	9	0	18	1
Madison	2016	1	18	0	0	35	0	9	0

Contact: IDPH Communicable Disease Control Section: <http://www.idph.state.il.us/health/infect/> IDPH Communicable Disease Control Section

Source: IDPH Vital Statistics. IQuery, Illinois Department of Public Health

## Chronic Disease

### Heart Disease Mortality Rates

Deaths by Diseases of the Heart (N) for Illinois and Madison County by sex 2015-2020													
		All				Female				Male			
Area	Year	N	Adjusted Age Rate	LCI	UCI	N	Adjusted Age Rate	LCI	UCI	N	Adjusted Age Rate	LCI	UCI
Illinois	2015	25,653	171.5	174.2	179.1	12,384	136.3	149.4	156.0	13,269	216.7	200.7	207.9
Illinois	2016	25,017	165.7	166.9	171.7	11,954	131.0	141.8	148.4	13,063	209.7	193.7	200.8
Illinois	2017	25,393	163.3	164.2	169.1	12,032	128.4	138.1	144.8	13,361	208.0	192.4	199.6
Illinois	2018	25,747	163.8	164.0	168.9	12,109	128.1	137.0	143.6	13,638	209.0	193.0	200.4
Illinois	2019	25,655	161.8	160.6	165.6	11,856	125.0	131.7	138.3	13,799	208.3	192.0	199.4
Illinois	2020	27,466	171.5	169.5	174.7	12,566	131.6	137.3	144.2	14,900	221.1	204.3	212.0
Madison	2015	677	197.1	185.1	223.4	320	149.7	146.5	197.9	357	256.5	214.4	271.4
Madison	2016	686	199.7	183.4	222.1	325	151.0	144.6	196.5	361	258.9	212.3	269.7
Madison	2017	742	208.8	195.3	235.5	353	164.5	154.3	208.4	389	269.2	225.0	284.7
Madison	2018	722	200.4	187.4	227.2	329	148.9	140.0	192.4	393	263.8	224.3	284.7
Madison	2019	717	201.9	183.5	223.5	342	157.7	143.9	197.6	375	259.6	211.4	270.7
Madison	2020	723	200.2	180.7	220.9	332	152.9	137.5	190.5	391	258.1	213.4	274.0

Age-Adjusted Rate is a statistical process applied to rates of disease, death, injuries or other health outcomes which allows communities with different age structures to be compared. Age-Adjusted Rate is expressed as the number of cases Per 100,000 (US 2000 std) with 95% confidence level.

Contact: IDPH Illinois Center for Health Statistics: 535 W. Jefferson St. Springfield, IL 62761 217-785-1064  
<http://www.idph.state.il.us/health/statshome.htm> IDPH Illinois Center for Health Statistics

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System. IQery, Illinois Department of Public Health

### Cerebrovascular Disease Mortality Rates

Deaths by Diseases by Cerebrovascular Diseases (N) for Illinois and Madison County by sex 2015-2020							
		All		Female		Male	
Area	Year	N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2015	5,709	44.4	3,374	51.6	2,335	37.0
Illinois	2016	5,660	44.2	3,348	51.4	2,312	36.8

Illinois	2017	6,021	47.0	3,615	55.5	2,406	38.2
Illinois	2018	5,853	45.9	3,381	52.2	2,472	39.5
Illinois	2019	6,144	48.5	3,551	55.1	2,593	41.6
Illinois	2020	6,762	53.7	3,931	61.4	2,831	45.8
Madison	2015	139	52.2	86	63.1	53	40.8
Madison	2016	159	59.8	91	66.9	68	52.4
Madison	2017	158	59.5	99	72.7	59	45.6
Madison	2018	178	67.3	107	78.9	71	55.1
Madison	2019	216	82.1	126	93.4	90	70.3
Madison	2020	232	88.3	152	112.8	80	62.6

\* means that the value is in the interval 1-11 and is suppressed to ensure confidentiality

- means that the value is small and is suppressed to ensure confidentiality and meaningful data.

Contact: IDPH Illinois Center for Health Statistics : 535 W. Jefferson St. Springfield, IL 62761 217-785-1064  
<http://www.idph.state.il.us/health/statshome.htm> IDPH Illinois Center for Health Statistics

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System. IQQuery, Illinois Department of Public Health

### Cancer Mortality Rates.

Deaths by Diseases by Malignant Neoplasms (Cancer) for Illinois and Madison County by sex 2015-2020				
Area	Year	All	Female	Male
Illinois	2015	24,713	11,907	12,806
Illinois	2016	24,396	11,941	12,455
Illinois	2017	24,147	11,769	12,378
Illinois	2018	23,877	11,697	12,180
Illinois	2019	23,875	11,547	12,328
Illinois	2020	24,020	11,592	12,428
Madison	2015	657	301	356
Madison	2016	602	294	308
Madison	2017	605	304	301
Madison	2018	631	322	309
Madison	2019	579	267	312
Madison	2020	592	268	324

Contact: IDPH Illinois Center for Health Statistics : 535 W. Jefferson St. Springfield, IL 62761 217-785-1064  
<http://www.idph.state.il.us/health/statshome.htm> IDPH Illinois Center for Health Statistics

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System. IQQuery, Illinois Department of Public Health

### Obesity

Obesity					
ICBRFS - Madison County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
BODY MASS INDEX 1	Normal or Underweight	59,761	29.10%	23.6%-35.2%	122
	Overweight	66,150	32.20%	26.9%-38.0%	147
	Obese	79,612	38.70%	32.9%-44.9%	162
OVERWEIGHT OR OBESE	No	59,761	29.10%	23.6%-35.2%	122
	Yes	145,762	70.90%	64.8%-76.4%	309

BMI calculated from reported height and weight. BMI Categories: Underweight <18.5, Normal >=18.5 and <25, Overweight >=25 and <30, Obese >=30.

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

### Tobacco & E-Cigarettes Use

Tobacco & E-Cigarettes					
ICBRFS - Madison County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
CALCULATED SMOKING STATUS 1	Smoker	31,603	15.50%	12.0%-19.9%	80
	Former Smoker	54,657	26.90%	21.7%-32.8%	121
	Never Smoked	117,126	57.60%	51.4%-63.5%	224
QUIT SMOKING (FORMER SMOKERS) 2	Past Year	*	*	*	*
	More than 1 Year Ago	*	*	*	*
USE SMOKELESS TOBACCO 3	No	198,444	97.70%	95.7%-98.8%	412
	Yes	4,597	2.30%	1.2%-4.3%	12

CALCULATED E-CIGARETTE STATUS 4	Current User	10,160	5.00%	3.1%-8.1%	22
	Not Currently Using	35,555	17.50%	13.1%-23.0%	73
	Never Used	156,959	77.40%	71.7%-82.3%	328

1. Calculated smoking status from tobacco questions.
2. Asked only if respondent reported smoking 100+ cigarettes and reported frequency is not at all.
3. Smokeless tobacco includes cigarettes, chewing tobacco, snuff, or snus.
4. Calculated e-cigarette status from e-cigarette questions.

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

**Physical Activities**

Physical Activities					
ICBRFS - Madison County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
ANY PHYSICAL ACTIVITY PAST 30 DAYS	Yes	146,577	73.40%	67.9%-78.2%	291
	No	53,176	26.60%	21.8%-32.1%	127
MEETS PHYSICAL ACTIVITY GUIDELINES	Yes	95,047	58.70%	51.9%-65.1%	190
	No	66,982	41.30%	34.9%-48.1%	15

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

## Environment/Occupation/Injury Control

### Deaths by Accidents

Deaths by Accidents (N) for Illinois and Madison County by sex 2015-2020										
Area	Year	All			Female			Male		
		N	Crude Rate	Age-Adjusted Rate	N	Crude Rate	Age-Adjusted Rate	N	Crude Rate	Age-Adjusted Rate
Illinois	2015	4,853	37.7	35.8	1,710	26.1	22.8	3,143	49.8	50.0
Illinois	2016	5,506	43.0	41.0	1,844	28.3	24.8	3,662	58.2	58.3
Illinois	2017	6,017	47.0	44.4	2,017	31.0	27.2	4,000	63.6	62.8
Illinois	2018	6,013	47.2	44.3	2,023	31.2	27.0	3,990	63.7	62.5
Illinois	2019	6,086	48.0	44.9	2,032	31.5	27.1	4,054	65.1	63.9
Illinois	2020	7,159	56.9	53.3	2,276	35.6	31.0	4,883	78.9	76.7
Madison	2015	175	65.7	61.3	62	45.5	36.7	113	87.0	86.7
Madison	2016	159	59.8	56.6	65	47.8	40.9	94	72.5	73.7
Madison	2017	203	76.5	72.9	89	65.4	54.7	114	88.2	92.6
Madison	2018	211	79.8	76.8	89	65.6	59.0	122	94.7	94.3
Madison	2019	209	79.5	74.2	76	56.3	46.7	133	103.9	104.1
Madison	2020	229	87.2	79.8	99	73.4	62.4	130	101.7	100.4

Occurrences in a specified population period. It is expressed as the number of cases Per 100,000.

\* means that the value is in the interval 1-11 and is suppressed to ensure confidentiality

- means that the value is small and is suppressed to ensure confidentiality and meaningful data. Crude Rate is the number of

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System and IQuery, Illinois Department of Public Health.

### Homicide Rates

Deaths by assault (homicide) (N) for Illinois and Madison County by Sex 2015-2020							
Area	Year	All		Female		Male	
		N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2015	863	6.7107	122	1.8639	741	11.7349
Illinois	2016	1157	9.038	153	2.3503	1004	15.9573
Illinois	2017	1120	8.7486	150	2.3043	970	15.4152
Illinois	2018	993	7.7937	168	2.5925	825	13.177

Illinois	2019	978	7.7179	161	2.498	817	13.1212
Illinois	2020	1343	10.5983189	159	2.46692804	1184	19.0153211
Madison	2015	12	4.5	*	-	*	-
Madison	2016	*	-	*	-	*	-
Madison	2017	*	-	0	0	*	-
Madison	2018	17	6.4	*	-	15	11.7
Madison	2019	15	5.7	*	-	13	10.2
Madison	2020	12	4.6	0	0	12	9.4

Crude Rate is the number of occurrences in a specified population period. It is expressed as the number of cases Per 100,000.

\* means that the value is in the interval 1-11 and is suppressed to ensure confidentiality

- means that the value is small and is suppressed to ensure confidentiality and meaningful data.

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System and IQuery, Illinois Department of Public Health.

### Suicide Rates

Deaths by Suicide for Illinois and Madison County by Sex 2015-2020				
Area	Year	All	Female	Male
Illinois	2015	1,362	290	1,072
Illinois	2016	1,415	316	1,099
Illinois	2017	1,473	324	1,149
Illinois	2018	1,488	326	1,162
Illinois	2019	1,439	328	1,111
Illinois	2020	1,358	283	1,075
Madison	2015	38	*	30
Madison	2016	52	17	35
Madison	2017	52	*	44
Madison	2018	53	*	43
Madison	2019	37	14	23
Madison	2020	34	*	29

\* means that the value is in the interval 1-11 and is suppressed to ensure confidentiality

Source: Illinois data from IDPH and national data from NCHS Vital Statistics System and IQuery, Illinois Department of Public Health.

### Blood Lead Levels in Children

Children Tested for Blood Lead						
Year	Illinois/ County/ Delegate Agency	Estimated Population 6 Years of Age and Younger	All Children Tested			
			Total Tested	Capillary and Venous BLL (%)		
			N	< 5 µg/dL	5 - 9 µg/dL	≥ 10 µg/dL
2018	Illinois	1,067,942	237,491	94.8	3.3	0.5
2018	Madison	21,552	3601	97	2.3	0.7
2017	Illinois	1,103,797	229,203	96.8	2.4	0.7
2017	Madison	22,060	3,799	97.2	2.1	0.7
2016	Illinois	1,103,797	237,253	96.5	2.8	0.8
2016	Madison	22,060	4171	97	2.4	0.6
2015	Illinois	1,103,797	256,545	96	3.3	0.8
2015	Madison	22,060	4243	97.3	2.1	0.7
2014	Illinois	1,154,225	269,230	93.2	6.0	0.8
2014	Madison	22,545	4296	96.7	2.5	0.8

BLL = Blood Lead Level

Sources:

<https://dph.illinois.gov/topics-services/environmental-health-protection/lead-poisoning-prevention/childhood-surveillance.html#publications>



### Sentinel Events

All Adverse Medical Events (N) in Illinois and Madison County by sex 2016-2017							
		All		Female		Male	
Area	Year	N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2016	145,404	1,135.80	76,423	1,174.00	68,981	1,096.40
Illinois	2017	150,498	1,175.60	78,205	1,201.40	72,293	1,148.90
Madison	2016	2,192	824.8	1,261	926.9	931	717.8
Madison	2017	2,349	885	1,311	963.2	1,038	802.7

Medical Devices Adverse Events (N) in Illinois and Madison County by sex 2016-2017							
		All		Female		Male	
Area	Year	N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2016	34,507	269.6	16,068	246.8	18,439	293.1
Illinois	2017	36,304	283.6	16,259	249.8	20,045	318.6
Madison	2016	431	162.2	209	153.6	222	171.2
Madison	2017	514	193.7	238	174.9	276	213.4

Medication Adverse Events (N) in Illinois and Madison County by sex 2016-2017							
		All		Female		Male	
Area	Year	N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2016	83,335	651	46,589	715.7	36,746	584
Illinois	2017	89,054	695.6	49,405	759	39,649	630.1
Madison	2016	1,482	557.7	905	665.2	577	444.9
Madison	2017	1,588	598.3	933	685.5	655	506.5

Complications of Care (N) in Illinois and Madison County by sex 2016-2017							
		All		Female		Male	
Area	Year	N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2016	48,618	379.8	23,803	365.7	24,815	394.4
Illinois	2017	47,110	368	22,810	350.4	24,300	386.2
Madison	2016	515	193.8	271	199.2	244	188.1
Madison	2017	543	204.6	288	211.6	255	197.2

Crude Rate is the number of occurrences in a specified population period. It is expressed as the number of cases .

Contact: IDPH Division of Patient Safety and Quality <http://www.idph.state.il.us/patientsafety/index.htm> IDPH Division of Patient Safety and Quality.

**Covid-19**

COVID-19 Stats, 2020				
	Madison		Illinois	
	Number	Crude Rate	Number	Crude Rate
Positive Cases	21054	8,016.4	963389	7,653.5
Deaths	341	129.8	16490	131
Fully Vaccinated	0	0	30	0.2

COVID-19 Stats, 1/1/2021 - 9/30/2021				
	Madison		Illinois	
	Number	Crude Rate	Number	Crude Rate
Positive Cases	21,054	7,961.1	664,119	5,212.4
Deaths	240	90.8	8,486	66.6
Fully Vaccinated	132076	49,941.6	7037932	55,238.1

Crude Rates per 100,000 population

Source: Illinois data from IDPH

<https://dph.illinois.gov/covid19/data/data-portal/cases-tests-and-deaths-day1.html>

<https://dph.illinois.gov/covid19/data/data-portal/vaccine-administration-data.html>

Contact: Illinois Department of Public Health, Office of Policy, Planning, and Statistics, Division of Helath Data and Policy. Phone: 217-782-0667. Email: [nelsonagbodo@illinois.gov](mailto:nelsonagbodo@illinois.gov).

