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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in a defined geographical region. Subsequently, this information may be used to formulate strategies to improve community health and wellness.

A Community Health Assessment provides the information needed to consider when developing effective interventions so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.

- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Community Defined for This Assessment

The “community” defined for this assessment includes each of the ZIP Codes comprising Effingham County. These include ZIP Codes 62401, 62411, 62424, 62443, 62461, 62467, and 62473; and portions of 62414, 62426, and 62445.
The following map describes this geographical definition.
The survey instrument used for this study is largely based on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as other public health surveys and customized questions addressing gaps in indicator data relative to national health promotion and disease prevention objectives and other recognized health issues.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

**Sample Design**

The sample design used for this effort consisted of a random sample of 1,002 individuals aged 18 and older in Effingham County. Once these data were collected, the sample was weighted in proportion to the actual population distribution at the ZIP Code level. Population estimates were based on census projections of adults aged 18 and over provided in the latest ESRI BIS Demographic Portfolio.

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

**Sampling Error**

For statistical purposes, the maximum rate of error associated with a sample size of 1,002 respondents is ±3.1% at the 95 percent level of confidence.

**Expected Error Ranges for a Sample of 1,002 Respondents at the 95 Percent Level of Confidence**

Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Example 1: For example, if 10% of the sample of 1,002 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% ± 1.9%) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% ± 3.1%) of the total population would respond "yes" if asked this question.
In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 268 residents aged 18 and older in Effingham County (based on current population estimates). Thus, in a case where 3.4% of the total sample gives a particular response to a survey question, this is representative of approximately 910 people and therefore must not be dismissed as too small to be significant.

**Sample Characteristics**

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]

Further note that the poverty descriptions and segmentation used in this report are based on 2004 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2004 guidelines place the poverty threshold for a family of four at $18,850 annual household income or lower). In sample segmentation: “< 200 Poverty”
refers to community members living in a household with defined poverty status or just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in Effingham County with a high degree of confidence.

### Public Health, Vital Statistics and Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Assessment. Data were obtained from the following sources (specific citations are included throughout this report):

- ESRI BIS Demographic Portfolio (Projections Based on Census 2000)
- National Center for Health Statistics
- Illinois Department of Public Health
- Illinois State Police
- Centers for Disease Control and Prevention

### Benchmark Data

#### Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Reports published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

#### Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2003 PRC National Health Survey. The methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the U.S. population with a high degree of confidence.

#### Healthy People 2010

*Healthy People 2010: Understanding and Improving Health* is part of the Healthy People 2010 initiative that is sponsored by the U.S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

> “With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected leaders and all who work to promote the health of the American public.”

---

**PRC COMMUNITY HEALTH ASSESSMENT**
officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is comprehensive, it was created by a broad coalition of experts from many sectors, it has been designed to measure progress over time, and, most important, it clearly lays out a series of objectives to bring better health to all people in this country.”
— Donna E. Shalala, (Former) Secretary of Health & Human Services

Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation’s health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

Community Health Panels

As part of the Community Health Assessment, there were five community health panels held in Effingham County. These health panels included meetings with Physicians, Other Health Professionals, Employers, Community Leaders and Social Services Providers.

A list of recommended participants for the health panels was provided by St. Anthony’s Memorial Hospital. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Health Panel candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure they would have a reasonable turnout. Final participation rates are segmented below.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>GROUP</th>
<th>PARTICIPANTS</th>
</tr>
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<tr>
<td>3-15-05</td>
<td>7 a.m.</td>
<td>Community Leaders</td>
<td>8</td>
</tr>
<tr>
<td>3-15-05</td>
<td>Noon</td>
<td>Business Leaders</td>
<td>8</td>
</tr>
<tr>
<td>3-16-05</td>
<td>Noon</td>
<td>Health Professionals</td>
<td>9</td>
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<tr>
<td>3-17-05</td>
<td>7 a.m.</td>
<td>Physicians</td>
<td>4</td>
</tr>
<tr>
<td>3-17-05</td>
<td>Noon</td>
<td>Social Services Providers</td>
<td>10</td>
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The health panel sessions were recorded on audio tapes from which verbatim comments in the report are taken. After each quote, the speaker’s group is denoted; however, aside from this group affiliation, there are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.
SUMMARY OF ASSESSMENT FINDINGS

SUMMARY OF FINDINGS

Key Points

**Self-Reported Health Status**
There are many positive indicators of health status in the Effingham County, including a lower prevalence of activity limitations among residents. Prevalence of prolonged depression and major depression is also lower than reported nationwide. Area residents reporting multiple days of poor mental health per month is also lower than nationwide rates. Locally, residents are also less likely to report being in “fair” or “poor” physical health or having multiple days of poor physical health per month.

However, in comparison to Healthy People 2010 objectives, Effingham County falls short in one regard:

- **Mental Health Treatment.** The proportion of persons reporting depression who have sought professional help fails to satisfy the Healthy People 2010 objective of 50%.

**Death & Disability**
With regard to death and disability in the Effingham County, positive findings include a lower prevalence (in comparison with national averages) of chronic pain, vision problems, and childhood asthma. Age-adjusted death rates for cancer (especially breast and lung cancer), diabetes, heart disease, HIV/AIDS, and pneumonia/influenza are lower in the community than those seen nationwide. Deaths due to homicide and fire-arm related deaths, as well as accidental deaths (other than motor vehicle accidents), are also lower locally.

Violent crime as a whole (and specifically robbery, murder and assault rates) among Effingham County residents is lower than nationwide. Adults reporting being a victim of domestic crimes or violent crimes are also lower than national rates. The number of homes reporting the presence of unlocked and loaded firearms is lower locally and satisfies the Healthy People 2010 goal of 16% or lower. With regard to injury control, children under five are more likely to be properly restrained in a seat restraint compared to children nationwide, nearly reaching the HP2010 objective of 100%.

In contrast:

- **Colorectal Cancer Screening.** The prevalence of blood stool tests for colorectal cancer is lower among area adults aged 50+ compared to adults nationwide, failing to satisfy the HP2010 objective of 50%.

- **Cardiovascular Disease.** The incidence of stroke deaths in Effingham County is higher than seen nationwide. The percentage of adults who have been told they have high cholesterol is also significantly higher than national rates and is nearly twice the HP2010 objective of 17%
- **HIV.** Recent testing among Effingham County adults aged 18-64 is significantly lower than national reporting.

- **Violence.** Rape rates locally are significantly higher than found nationwide.

- **Injury.** Deaths due to suicide as well as unintentional injuries (especially motor vehicle accidents) are more prevalent. Older children and adults are less likely to wear seat belts and adults are more likely to acknowledge drunk driving (by either driving or riding with a drunk driver). Older children are less likely to wear bicycle helmets compared to children nationwide. Area homes are more likely to have a firearm in the home especially in homes with children.

- **Respiratory Disease.** The chronic lower respiratory disease death rate is higher locally than found nationwide.

### Infectious & Chronic Disease

The incidence of STDs as well as tuberculosis is lower among local adults than among adults nationwide. However:

- **Influenza Vaccination.** High-risk individuals in Effingham County were less likely to receive the flu shot compared to adults nationwide. It is important to consider the shortage of flu shots this past year when reviewing these results (national and state benchmarks do not reflect the current flu season).

### Births

Regarding maternal, infant, and child health, the percentages of low birthweight births and teen births are more favorable locally, as is the percentage of women who received prenatal care in the first trimester of pregnancy. Infant and neonatal death rates are also more favorable than rates seen nationwide.

### Modifiable Health Risks

In comparison to national averages, positive findings relating to modifiable health risk behavior locally include fewer drug-related deaths and cirrhosis/liver disease deaths. Also, the proportion of county residents who report recent use of an illicit drug and the proportion of residents who have received advice on nutrition from their physician in the past year are more favorable than seen nationwide. Cigar use is also lower than seen nationwide.

However:

- **Physical Activity & Fitness.** Participation in leisure-time physical activity, as well in moderate physical activity, among adults in the community is lower than that reported nationwide.

- **Nutrition and Overweight.** The local prevalence of overweight and unhealthy weight is significantly worse than found nationwide.

- **Tobacco.** Use of smokeless tobacco is much higher than seen nationwide.

- **Alcohol.** The reported prevalence of binge drinking and drinking while driving is much higher locally than seen nationally. Similarly, the proportion of adults reporting high-risk alcohol use is much higher than seen nationwide.
Access to Healthcare Services

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. However, measures of access are overall very favorable in Effingham County. In detail:

Community members were less likely than adults nationwide to note access (including difficulty finding physicians, difficulty obtaining medical appointments, cost as a prohibitor to appointments and medical prescriptions, lack of transportation as a barrier, and inconvenient office hours) as a barrier to medical care.

Area residents are also less likely to report multiple trips to the ER in the past year. Adults in the community are more likely to have visited the dentist in the past year compared to their national counterparts. Both adults and children satisfy the Healthy People 2010 objective for visiting the dentist in the past year.

Area adults are more likely to have a specific source of ongoing care as well as have a primary care provider. Locally, adults are also more likely to have had a routine checkup in the past year. “Excellent/very good” ratings of local health care are much higher among local residents than among adults nationwide.

- While access to healthcare is generally better in Effingham County than seen nationwide, the following access issues do not satisfy the Healthy People 2010 objectives in Effingham County.
  - Health Insurance Coverage
  - Difficulty Accessing Healthcare
  - Having a Specific Source for Ongoing Care
  - Having a Primary Care Provider
Healthy People 2010 & the Nation’s Leading Health Indicators*

A major challenge throughout the history of Healthy People has been to balance a comprehensive set of health objectives with a smaller set of health priorities. Thus, Healthy People 2010 has identified the following health issues as the Leading Health Indicators for the Nation:

<table>
<thead>
<tr>
<th>Healthy People 2010: Nation’s Leading Health Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity</td>
</tr>
<tr>
<td>Overweight &amp; Obesity</td>
</tr>
<tr>
<td>Tobacco Use</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Responsible Sexual Behavior</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Injury &amp; Violence</td>
</tr>
<tr>
<td>Environmental Quality</td>
</tr>
<tr>
<td>Immunization</td>
</tr>
<tr>
<td>Access to Healthcare</td>
</tr>
</tbody>
</table>

The Leading Health Indicators reflect the major public health concerns in the United States and were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. The Leading Health Indicators illuminate individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities. Underlying each of these indicators is the significant influence of income and education.

The process of selecting the Leading Health Indicators mirrored the collaborative and extensive efforts undertaken to develop Healthy People 2010. The process was led by an interagency work group within the U.S. Department of Health and Human Services. Individuals and organizations provided comments at national and regional meetings or via mail and the Internet. A report by the Institute of Medicine, National Academy of Sciences, provided several scientific models on which to support a set of indicators. Focus groups were used to ensure that the indicators are meaningful and motivating to the public.

For each of the Leading Health Indicators, specific objectives derived from Healthy People 2010 will be used to track progress. This small set of measures will provide a snapshot of the health of the Nation. Tracking and communicating progress on the Leading Health Indicators through national- and State-level report cards will spotlight achievements and challenges in the next decade. The Leading Health Indicators serve as a link to the 467 objectives in Healthy People 2010 and can become the basic building blocks for community health initiatives.

The Leading Health Indicators are intended to help everyone more easily understand the importance of health promotion and disease prevention and to encourage wide participation in improving health in the next decade. Developing strategies and action plans to address one or more of these indicators can have a profound effect on increasing the quality of life and the

Americans’ Perceptions of the Leading Health Indicator Areas

In the 2003 PRC National Health Survey, respondents were presented with problems associated with these 10 “Leading Health Indicators” and were asked to evaluate each as a “major problem,” “moderate problem,” “minor problem,” or “no problem at all” in their own community. As shown in the following chart:

- **Tobacco use** and **obesity/overweight** are perceived to be “major” or “moderate” problems by roughly two-thirds of Americans.
- Over one-half also view alcohol/drug abuse, lack of physical activity, and teen pregnancy/sexually transmitted diseases as “major/moderate” problems in their communities.

### Perceived Severity of Healthy People 2010’s Nation’s Leading Health Indicator Areas

(2003 National Survey Data)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Major Problem</th>
<th>Moderate Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use</td>
<td>39.9%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Obesity/Overweight</td>
<td>32.3%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Alcohol/Drug Abuse</td>
<td>33.3%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Lack of Physical Activity</td>
<td>24.4%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Teen Pregnancy/STDs</td>
<td>23.9%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Environmental Concerns</td>
<td>17.7%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Mental Health Problems</td>
<td>20.6%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Poor Access to Healthcare</td>
<td>20.5%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Injury/Violence</td>
<td>13.8%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Immunization Levels</td>
<td>21.7%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Source: 2003 PRC National Health Survey, Professional Research Consultants, Inc.
OPPORTUNITY FOR COMMUNITY HEALTH IMPROVEMENT

Areas of Opportunity

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in Healthy People 2010. From these data, significant opportunities for health improvement exist in Effingham County with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are presented in no particular order, and are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Health Status

- Mental Health
  - Develop ways to reduce suicide and to reach out to persons with chronic or major depression, through health education to help individuals identify the symptoms of depression and to reduce the stigma associated with mental health issues; and through improved access to and understanding of the mental health services available in the area.
  - Explore options to recruit additional mental health professionals to the area, particularly those specializing in child and adolescent needs.

Death & Disability

- Cardiovascular Disease
  - Work with health providers and public health to implement education about the risk factors and warning signs of stroke.
  - Reduce cholesterol levels among area residents through education about the importance of lowering high cholesterol, encouraging residents to “know their numbers” (e.g., levels of blood cholesterol, blood pressure, blood sugar, etc.), and by tying these efforts with behavior modification programs relative to cardiovascular risk.

- Injury & Violence
  - Work with law enforcement, other health providers, public health and social service providers to send a uniform message educating the public about sexual violence.
  - Work with law enforcement and public health to reduce motor vehicle-related deaths by continuing efforts to improve seat belt usage among adults (especially men and younger adults) and educate about the dangers of driving under the influence.
  - Improve bicycle helmet usage among children through education efforts in conjunction with distribution of free helmets and safety pads.
  - Educate residents about the safe use of off-road and all-terrain vehicles as it relates to alcohol and helmet usage.
  - Work with law enforcement, public health and other local organizations to continue education about gun safety, especially as it relates to safety in homes with children.
Modifiable Health Risks

- **Overweight**
  - Promote improved health by encouraging area residents to attain a **healthy weight** through better nutrition and increased physical activity.

- **Physical Activity & Fitness**
  - Challenge community residents to: incorporate **physical activity** into their daily lives, such as by walking for relaxation, parking further away from the shopping mall, taking the stairs instead of elevator/escalator, etc.; and make physical activity a part of their regular leisure-time pursuits.

- **Substance Abuse**
  - Reduce **binge drinking** among area residents, especially men and young adults, through education and by encouraging alternative sponsoring of area events.
  - Work with law enforcement (city police and county sheriff) to reduce **drunk driving** in Effingham County through coordinated education and enforcement efforts.
  - Work with law enforcement (city police and county sheriff) to address **methamphetamine** production and use in Effingham County. Explore ways to facilitate referrals to drug treatment programs for persons with methamphetamine addiction.

- **Tobacco Use**
  - Continue efforts to reduce **cigarette smoking** among adults and youth in Effingham County.
  - Reduce **smokeless tobacco** use among area adolescents and adults.

Access to Health Care

- **Lack of Insurance**
  - Explore options to address physicians’ concerns with providing free or low-cost services to **uninsured** or publicly-insured populations. Support physicians’ efforts to improve **Medicaid reimbursement rates** and procedures in Illinois.
  - Explore the possibility of developing an **urgent care clinic** or other means to triage Emergency Department visits and to ameliorate utilization of the ED for primary care.

Health Education

- **Community Resources**
  - Work with area organizations (e.g., Chamber of Commerce, social service organizations) to consolidate community resource directories into a single-source **health and human services directory**.
Selecting Health Priorities

There are various mechanisms through which individual organizations may wish to identify priority areas, such as through community direction and feedback, through analyses of primary and secondary data, or through a combination of the two. Regardless of which mechanism is applied, a variety of criteria must be considered when identifying priority areas, and these are outlined below. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

Furthermore, it is important to recognize two important facts: 1) that many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) that no individual or organization acting alone can remedy all of the implications of a given issue or problem.

In identifying priorities for community action and designing strategies for implementation, a variety of criteria should be applied to the consideration process, including:

- **Impact.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.

- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.

- **Seriousness.** The degree to which the problem leads to death, disability or impairs one’s quality of life.

- **Feasibility.** The ability of organizations to reasonably impact the issue, given available resources.

- **Consequences of Inaction.** The risk of exacerbating the problem by not addressing at the earliest opportunity.

The following section outlines potential health priorities and supporting health status and risk reduction data, accompanied by community health panel findings. Also included are service and protection suggestions for designing health promotion interventions.
## Summary of Priority Area Findings

### Access to Quality Health Services

<table>
<thead>
<tr>
<th>Effingham</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Yr</td>
<td>2.8</td>
<td>4.6</td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Lack Health Insurance (18-64)</td>
<td>10.5</td>
<td>12.6</td>
<td>0</td>
<td>similar</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Yr</td>
<td>66.4</td>
<td>68.2</td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Yr</td>
<td>84.2</td>
<td>89</td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Transportation Prevented Dr Visit in Past Yr</td>
<td>2.2</td>
<td>5.8</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Yr</td>
<td>6.9</td>
<td>13.3</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Rx in Past Yr</td>
<td>9.1</td>
<td>16</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Gone to ER More Than Once in Past Yr</td>
<td>5.4</td>
<td>8.5</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Yr</td>
<td>5.7</td>
<td>8.7</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year</td>
<td>24.4</td>
<td>36</td>
<td>7</td>
<td>BETTER</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Yr</td>
<td>10.1</td>
<td>14.6</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Yr</td>
<td>8.5</td>
<td>11.5</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Have a Usual Primary Care Provider</td>
<td>77.9</td>
<td>66.8</td>
<td>85</td>
<td>BETTER</td>
</tr>
<tr>
<td>% Rate Local Health Care &quot;Excellent/Very Good&quot;</td>
<td>54.4</td>
<td>49.8</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Have a Specific Source of Ongoing Care</td>
<td>83</td>
<td>79</td>
<td>96</td>
<td>BETTER</td>
</tr>
</tbody>
</table>

### Arthritis, Osteoporosis and Chronic Pain

<table>
<thead>
<tr>
<th>Effingham</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Osteoporosis</td>
<td>4</td>
<td>5.7</td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>14.5</td>
<td>21.3</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Chronic Neck Pain</td>
<td>6.7</td>
<td>9.4</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Migraine/Severe Headaches</td>
<td>12.5</td>
<td>16.9</td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Arthritis/Rheumatism</td>
<td>18.2</td>
<td>21.8</td>
<td>BETTER</td>
<td></td>
</tr>
</tbody>
</table>

### Cancer

<table>
<thead>
<tr>
<th>Effingham</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Blood Stool Test in Past 2 Yrs (50+)</td>
<td>35.8</td>
<td>45.1</td>
<td>50</td>
<td>WORSE</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>3.7</td>
<td>5.5</td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>5.4</td>
<td>6.1</td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Prostate Exam in Past 2 Yrs (M50+)</td>
<td>85.1</td>
<td>77.9</td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Sigmoid/Colonoscopy Ever (50+)</td>
<td>50.1</td>
<td>53.7</td>
<td>50</td>
<td>similar</td>
</tr>
<tr>
<td>% Mammogram in Past 2 Yrs (W40+)</td>
<td>74.4</td>
<td>79.6</td>
<td>70</td>
<td>similar</td>
</tr>
<tr>
<td>% Pap Smear in Past 3 Yrs (W)</td>
<td>82.7</td>
<td>84.8</td>
<td>90</td>
<td>similar</td>
</tr>
<tr>
<td>Age-Adjusted Breast Cancer Deaths/100,000</td>
<td>20.7</td>
<td>26.1</td>
<td>22.3</td>
<td>BETTER</td>
</tr>
<tr>
<td>Age-Adjusted Lung Cancer Deaths/100,000</td>
<td>49.2</td>
<td>55.4</td>
<td>49.9</td>
<td>BETTER</td>
</tr>
<tr>
<td>Age-Adjusted Cancer Deaths/100,000</td>
<td>185.9</td>
<td>196.4</td>
<td>159.9</td>
<td>BETTER</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Effingham US HP2010</td>
<td>Significance vs. US</td>
<td>Significance vs. HP2010</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>7.8</td>
<td>8.7</td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Diabetes Mellitus Deaths/100,000</td>
<td>23.6</td>
<td>25.2</td>
<td>15.1</td>
<td>BETTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability and Secondary Conditions</th>
<th>Effingham US HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Activity Limitations</td>
<td>12.3</td>
<td>17.2</td>
<td>BETTER</td>
</tr>
<tr>
<td>% &quot;Fair&quot; or &quot;Poor&quot; Physical Health</td>
<td>12.4</td>
<td>16.6</td>
<td>BETTER</td>
</tr>
<tr>
<td>% &gt;3 Days/Month Poor Physical Health</td>
<td>20.6</td>
<td>25.3</td>
<td>BETTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational and Community-Based</th>
<th>Effingham US HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Attended Health Activity in Past Yr (65+)</td>
<td>6.2</td>
<td>90</td>
<td>similar</td>
</tr>
<tr>
<td>% Never-Married Adults (18-44) Using Condoms</td>
<td>66.7</td>
<td>57.3</td>
<td>50</td>
</tr>
<tr>
<td>% Births to Teenagers</td>
<td>9</td>
<td>11.3</td>
<td>BETTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Planning</th>
<th>Effingham US HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &gt;3 Days/Month Poor Physical Health</td>
<td>20.6</td>
<td>25.3</td>
<td>BETTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Disease and Stroke</th>
<th>Effingham US HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Stroke Deaths/100,000</td>
<td>75</td>
<td>58.3</td>
<td>48</td>
</tr>
<tr>
<td>% Told Have High Cholesterol</td>
<td>30</td>
<td>25.1</td>
<td>17</td>
</tr>
<tr>
<td>% Stroke</td>
<td>1.6</td>
<td>2.8</td>
<td>similar</td>
</tr>
<tr>
<td>% Chronic Heart Disease</td>
<td>7.3</td>
<td>7</td>
<td>similar</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure</td>
<td>30.5</td>
<td>29.4</td>
<td>16</td>
</tr>
<tr>
<td>% Taking Action to Control High BP</td>
<td>93.2</td>
<td>92.1</td>
<td>95</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Yrs</td>
<td>95</td>
<td>95.5</td>
<td>95</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Yrs</td>
<td>83.3</td>
<td>83.7</td>
<td>80</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>90</td>
<td>90</td>
<td>similar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV</th>
<th>Effingham US HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Tested for HIV in Past Yr (18-64)</td>
<td>14.2</td>
<td>21.3</td>
<td>WORSE</td>
</tr>
<tr>
<td>Age-Adjusted HIV Deaths/100,000</td>
<td>0</td>
<td>5</td>
<td>0.7</td>
</tr>
<tr>
<td>AIDS Incidence/100,000</td>
<td>3.89</td>
<td>14.7</td>
<td>BETTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunization and Infectious Diseases</th>
<th>Effingham US HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Flu Shot in Past Yr (High-Risk 18-64)</td>
<td>14.2</td>
<td>38.6</td>
<td>60</td>
</tr>
<tr>
<td>% Pneumonia Vaccine Ever (High-Risk 18-64)</td>
<td>19.5</td>
<td>24.3</td>
<td>60</td>
</tr>
<tr>
<td>% Pneumonia Vaccine Ever (65+)</td>
<td>60.5</td>
<td>62</td>
<td>90</td>
</tr>
<tr>
<td>% Flu Shot in Past Yr (65+)</td>
<td>66.9</td>
<td>66.6</td>
<td>90</td>
</tr>
<tr>
<td>Hepatitis B Incidence/100,000</td>
<td>0</td>
<td>2.9</td>
<td>BETTER</td>
</tr>
<tr>
<td>Tuberculosis Incidence/100,000</td>
<td>0</td>
<td>5.7</td>
<td>1</td>
</tr>
<tr>
<td>Age-Adjusted Pneumonia/Influenza Deaths/100,000</td>
<td>14.2</td>
<td>22.8</td>
<td>BETTER</td>
</tr>
</tbody>
</table>
### Injury and Violence

<table>
<thead>
<tr>
<th>Measure</th>
<th>Effingham</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Homes With Children With a Firearm</td>
<td>52.1</td>
<td>28.6</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Child &quot;Always&quot; Wears Bicycle Helmet (5-16)</td>
<td>12.9</td>
<td>43.2</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted MV Accident Deaths/100,000</td>
<td>24</td>
<td>15.5</td>
<td>9.2</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>46.9</td>
<td>31.6</td>
<td></td>
<td>WORSE</td>
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</tr>
<tr>
<td>Rape Rate/100,000</td>
<td>44.7</td>
<td>32.3</td>
<td></td>
<td>WORSE</td>
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</tr>
<tr>
<td>% Child (5-17) &quot;Always&quot; Uses Seat Belt</td>
<td>82.9</td>
<td>94.9</td>
<td>92</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
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<tr>
<td>Age-Adjusted All Accident Deaths/100,000</td>
<td>39.7</td>
<td>35.8</td>
<td>17.5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>72.1</td>
<td>77.4</td>
<td>92</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Age-Adjusted Suicide Deaths/100,000</td>
<td>10.9</td>
<td>10.7</td>
<td>5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Robbery Rate/100,000</td>
<td>12.6</td>
<td>145.6</td>
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<td>BETTER</td>
<td></td>
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<tr>
<td>% Victim of Domestic Violence in Past 5 Yrs</td>
<td>0.7</td>
<td>3.3</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Yrs</td>
<td>0.7</td>
<td>2.8</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>Murder Rate/100,000</td>
<td>1.9</td>
<td>5.7</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Homes w/Unlocked Loaded Firearm</td>
<td>5.8</td>
<td>14.7</td>
<td>16</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>Aggravated Assault/Battery Rate/100,000</td>
<td>184</td>
<td>307.7</td>
<td></td>
<td>BETTER</td>
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</tr>
<tr>
<td>Age-Adjusted Homicide Deaths/100,000</td>
<td>4.1</td>
<td>6.4</td>
<td>3</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Age-Adjusted Firearm-Related Deaths/100,000</td>
<td>7.8</td>
<td>10.3</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Other Accident Deaths/100,000</td>
<td>15.7</td>
<td>20.3</td>
<td>8.3</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Child (&lt;5) &quot;Always&quot; Uses Auto Child Restraint</td>
<td>98.7</td>
<td>93.2</td>
<td>100</td>
<td>BETTER</td>
<td>indeterminable</td>
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### Maternal, Infant and Child Health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Effingham</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Prenatal Care in 1st Trimester</td>
<td>10</td>
<td>16.6</td>
<td>10</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>Neonatal Death Rate</td>
<td>3.4</td>
<td>4.6</td>
<td>2.9</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% of Low Birthweight Births</td>
<td>6.5</td>
<td>7.7</td>
<td>5</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>6.8</td>
<td>6.9</td>
<td>4.5</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
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</tbody>
</table>

### Mental Health and Mental Disorders

<table>
<thead>
<tr>
<th>Measure</th>
<th>Effingham</th>
<th>US</th>
<th>HP2010</th>
<th>Significance vs. US</th>
<th>Significance vs. HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Suicide Deaths/100,000</td>
<td>10.9</td>
<td>10.7</td>
<td>5</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Depressed Persons Seeking Help</td>
<td>42.2</td>
<td>40.7</td>
<td>50</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% &gt;3 Days/Month Did Not Get Enough Rest/Sleep</td>
<td>53.7</td>
<td>54.2</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% &gt;3 Days/Month Poor Mental Health</td>
<td>12.1</td>
<td>18.7</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Major Depression</td>
<td>6</td>
<td>8.5</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>% Prolonged Depression (2+ Yrs)</td>
<td>17.9</td>
<td>22.1</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>Nutrition and Overweight</td>
<td>Effingham US HP2010</td>
<td>Significance vs. US</td>
<td>Significance vs. HP2010</td>
<td></td>
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</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>------------------------</td>
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<td></td>
</tr>
<tr>
<td>% Unhealthy Weight (BMI &lt;18.5 or 25+)</td>
<td>69.6 63.3 40</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight</td>
<td>67.8 62</td>
<td>WORSE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children (6-17) Overweight</td>
<td>20.4 24.4</td>
<td>similar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight Trying to Lose</td>
<td>39.1 35.4</td>
<td>similar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables/Day</td>
<td>34.3 37.9</td>
<td>similar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Eat 2+ Servings of Fruit per Day</td>
<td>52.3 56.3 75</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweights Advised to Lose Weight</td>
<td>22.8 24.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Eat 3+ Servings of Vegetables per Day</td>
<td>33.2 31.2 50</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Obese</td>
<td>27 25.7 15</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Received Advice on Nutrition in Past Year</td>
<td>34.8 30.4</td>
<td>BETTER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Cancer Deaths/100,000</td>
<td>185.9 196.4 159.9</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Heart Disease Deaths/100,000</td>
<td>238 248.7 213.7</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
<td></td>
<td></td>
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<tr>
<td>Oral Health</td>
<td>Effingham US HP2010</td>
<td>Significance vs. US</td>
<td>Significance vs. HP2010</td>
<td></td>
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</tr>
<tr>
<td>% Child (2-17) Has Visited Dentist in Past Yr</td>
<td>80.2 75.9 56</td>
<td>similar</td>
<td>Meets Goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Visited Dentist in Past Yr (18+)</td>
<td>72.2 64.3 56</td>
<td>BETTER</td>
<td>Meets Goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity and Fitness</td>
<td>Effingham US HP2010</td>
<td>Significance vs. US</td>
<td>Significance vs. HP2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>37.3 26.8</td>
<td>WORSE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Light/Moderate Physical Activity</td>
<td>14.1 18.4 30</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
<td></td>
<td></td>
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<tr>
<td>% Vigorous Physical Activity</td>
<td>32.3 36.3 30</td>
<td>similar</td>
<td>indeterminable</td>
<td></td>
<td></td>
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<tr>
<td>% Received Advice on Exercise in Past Year</td>
<td>35.5 36.6</td>
<td>similar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Heart Disease Deaths/100,000</td>
<td>238 248.7 213.7</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
<td></td>
<td></td>
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<tr>
<td>Respiratory Diseases</td>
<td>Effingham US HP2010</td>
<td>Significance vs. US</td>
<td>Significance vs. HP2010</td>
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<tr>
<td>Age-Adjusted COPD Deaths/100,000</td>
<td>43.9 43.8</td>
<td>WORSE</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>% Chronic Lung Disease</td>
<td>10.4 8.1</td>
<td>similar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Asthma</td>
<td>8.7 10.3</td>
<td>similar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Nasal/Hay Fever Allergies</td>
<td>24.1 27.4</td>
<td>similar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Sinusitis</td>
<td>17.9 18.7</td>
<td>similar</td>
<td></td>
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<tr>
<td>% Child Has Asthma</td>
<td>9.3 15.9</td>
<td>BETTER</td>
<td></td>
<td></td>
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<tr>
<td>Sexually Transmitted Diseases</td>
<td>Effingham US HP2010</td>
<td>Significance vs. US</td>
<td>Significance vs. HP2010</td>
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<td></td>
</tr>
<tr>
<td>Primary &amp; Secondary Syphilis Incidence/100,000</td>
<td>0 2.2 0.2</td>
<td>BETTER</td>
<td>Meets Goal</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis B Incidence/100,000</td>
<td>0 2.9</td>
<td>BETTER</td>
<td></td>
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</tr>
<tr>
<td>Gonorrhea Incidence/100,000</td>
<td>5.8 127.5 19</td>
<td>BETTER</td>
<td>Meets Goal</td>
<td></td>
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<tr>
<td>Chlamydia Incidence/100,000</td>
<td>103.1 275.7</td>
<td>BETTER</td>
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<tr>
<td>Substance Abuse</td>
<td>Effingham</td>
<td>US</td>
<td>HP2010</td>
<td>Significance vs. US</td>
<td>Significance vs. HP2010</td>
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</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>6.4</td>
<td>2.8</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Binge Drinker</td>
<td>24.5</td>
<td>13.7</td>
<td>6</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Adults With High-Risk Alcohol Use</td>
<td>34.9</td>
<td>22.9</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Driving Drunk or Riding with Drunk Driver</td>
<td>9.5</td>
<td>6.3</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
<tr>
<td>% Received Advise to Reduce Alcohol Use</td>
<td>1.7</td>
<td>1</td>
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</tr>
<tr>
<td>% Sought Help for Alcohol or Drug Problem</td>
<td>2.4</td>
<td>3.8</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Riding With Drunk Driver in Past Month</td>
<td>5.8</td>
<td>4.5</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Chronic Drinker</td>
<td>5.1</td>
<td>4.2</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>53.5</td>
<td>51.4</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>0.9</td>
<td>3.3</td>
<td>2</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>Age-Adjusted Drug-Related Deaths/100,000</td>
<td>3.9</td>
<td>8</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Cirrhosis/Liver Dis Deaths/100,000</td>
<td>4.8</td>
<td>9.5</td>
<td>3</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Effingham</td>
<td>US</td>
<td>HP2010</td>
<td>Significance vs. US</td>
<td>Significance vs. HP2010</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>6.6</td>
<td>3.9</td>
<td>0.4</td>
<td>WORSE</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Smoke 2+ Packs/Day</td>
<td>3.9</td>
<td>8.3</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Chronic Lung Disease</td>
<td>10.4</td>
<td>8.1</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Children Exposed to Smoke at Home</td>
<td>14.1</td>
<td>18.3</td>
<td>10</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Have Quit 1+ Days in Past Yr</td>
<td>40.2</td>
<td>48.7</td>
<td>75</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>15.9</td>
<td>18.8</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Current Smoker</td>
<td>19</td>
<td>20.9</td>
<td>12</td>
<td>similar</td>
<td>Does NOT Meet Goal</td>
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<tr>
<td>% Received Advice to Quit Smoking (Smokers)</td>
<td>55.9</td>
<td>60</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>1.9</td>
<td>4.3</td>
<td>2</td>
<td>BETTER</td>
<td>indeterminable</td>
</tr>
<tr>
<td>Age-Adjusted Lung Cancer Deaths/100,000</td>
<td>49.2</td>
<td>55.4</td>
<td>49.9</td>
<td>BETTER</td>
<td>Meets Goal</td>
</tr>
<tr>
<td>Age-Adjusted Heart Disease Deaths/100,000</td>
<td>238</td>
<td>248.7</td>
<td>213.7</td>
<td>BETTER</td>
<td>Does NOT Meet Goal</td>
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<tr>
<td>Vision and Hearing</td>
<td>Effingham</td>
<td>US</td>
<td>HP2010</td>
<td>Significance vs. US</td>
<td>Significance vs. HP2010</td>
</tr>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>9.6</td>
<td>10.7</td>
<td></td>
<td>similar</td>
<td></td>
</tr>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>6</td>
<td>8.7</td>
<td></td>
<td>BETTER</td>
<td></td>
</tr>
</tbody>
</table>

**Health Panel Findings**

Health panel participants volunteered that suggested priorities areas for the Effingham County area include healthcare for the poor and uninsured, increased communication and collaboration, healthcare education, affordable healthcare, prevention, community resources, substance abuse education and treatment, mental health services, the creation of an urgent care facility, and more specialty services.

**Healthcare for the Poor and Uninsured**

Health panel participants discussed the availability of healthcare for the poor and insured in the area. Ideas discussed included creating a free clinic where they could receive healthcare, as well as system changes so that those without health insurance having a greater share in the payment for their healthcare needs.
“I think the most important thing for this community is to get healthcare for the poor and uninsured.” — Social Services

“What I would like to see here is a local community network of physicians that have a clinic where they volunteer one day a week or one day a month for every service available for the people that don’t have insurance and for kids.” — Health Professional

“There is a place in Hilton Head that has a volunteer clinic. The volunteer clinic decreases their liability and also allows the poor and uninsured to be cared for.” — Health Professional

“If you’re going to offer something to people who don’t have the resources, they have to be forced to share that. If I’m going to see them for free and they have a packet of cigarettes in their pocket, they should be made to pay at least a dollar entry fee. This cost should be their responsibility, has to be equally shared proportionately to the resources.” — Physician

**Increased Communication/Collaboration between Different Entities**

Many physicians as well as others felt there needs to be more collaboration between the different agencies involved in the community’s health, such as between the physicians and the hospital board; physicians and the social services agencies; and the physicians and the community leaders.

“We need meetings between the physicians and the social services agencies. We’re all in the same community with the same problems.” — Social Services

“I think we need to improve the communication between the administration of the hospital board and share some of the anxiety about what’s happening in our practices.” — Physician

“I don’t think that the community leaders or the community itself understands the anxiety that all physicians in healthcare provider services are having with the current system.” — Physician

“I’d like to see the physicians involved when the hospital is doing these kind of assessments. I’d like to see physicians involved in the discussions when we’re talking to the big employers in town here because I think there are very powerful lobbies in Springfield that will go to bat for hospital reimbursement, often times at the expense of physician reimbursement.” — Physician

“Sometimes I think the hospital has this idea that we’re here because the hospital is here. I think it is much more accurate to say that the patients come here because the physicians are here, and the physicians are what make the hospital, in addition to all of the wonderful employees that we have, but without the physicians, this hospital is nothing.” — Physician

“We need to have physicians sit down with the community leaders and hash out some of these community health issues.” — Physician

**Healthcare Education**

Health panel participants were very adamant about more healthcare education for the community. One topic that was a recurring issue is educating the community about such things as healthy lifestyles, each individual’s own personal responsibility for their health, stress management, and parenting classes.

“I like the idea of free classes on stress management.” — Business Leader

“I think we need classes on personal responsibility.” — Business Leader

“I would like to have some educational programs related to how to maintain a healthy lifestyle, including nutrition classes and being proactive about our health.” — Community Leader

“We need to continue with health education programs. This community needs to learn more about how to stay healthy and how to teach our kids to be healthy.” — Community Leader
“Provide education of health issues.” — Social Services

 “[The hospital] is doing a caregiver workshop in April and it’s not only for caregivers of aging people and the severely ill, but also for grandparents taking care of grandchildren.” — Social Services

 “Sarah Bush Lincoln has their Sarah Bear Clinic where they invite the schools in for a full day and set up things for them to do; they send people into the community and to the schools to do different programs. St. Anthony’s seems to be content with offering monthly classes – they send out the schedule and that seems to be all of their community relations.” — Social Services

 “I know we at the school have tried to do things like field trips to the hospital but it’s not allowed.” — Social Services

 “One of the things needed here is the ability to sign up for some parenting courses to earn you time in a free health clinic.” — Health Professional

 “Educating more nurses and physician assistants [about the services available in the community].” — Social Services

 Affordable Health Care/Keeping Costs Down

 Health panel participants spent some time discussing ways to keep costs down, including changing current policies regarding medical lawsuits and hospital treatment policy; and providing a free clinic for those who can’t pay rather spending extra money to try to get them to pay their medical bills; as well as the high cost of prescription drugs.

 “We need to have something in place to change policy regarding medical lawsuits.” — Physician

 “The emergency room here, every person complaining of pain gets a CAT scan before the blood count now because the hospital is being graded on how quickly you take care of the walk-in patients. Unfortunately, the system is set up so that somebody’s levels of excellence actually hinder the system. We get graded on how quickly someone with pneumonia gets an antibiotic. So before we even diagnose pneumonia, we are giving an antibiotic. Policy has to change.” — Physician

 “The things that cost us time and money in our clinic is tracking patients that we don’t have information on and trying to get payments on patients who will never pay us. We spend a lot of resources dealing with them. One of the things that we thought about doing in the clinic is to have an afternoon, one day a month for all those people who have no intention of paying or who can’t pay.” — Health Professional

 “The cost of prescriptions drugs is a big problem.” — Business Leader

 Prevention

 Healthcare participants discussed the need for preventive healthcare, such as marketing a healthy lifestyle, routine physicals, healthcare promotions, as well as preventive medicine being cheaper than reactive medicine.

 “You’ve got to market a healthy lifestyle, like we market everything else today. And to get people to participate and be involved, they need to see a direct benefit to themselves, and hopefully they can enjoy it, whether there is some little reward, or it’s the just joy of the activity.” — Business Leader

 “I would like to compliment the hospital. I attended one of these meetings 2 or 3 years ago, and expressed the need for executive physicals, and the hospital listened, and they have got a great system right now that’s helping to prevent healthcare problems.” — Business Leader

 “I was on high pressure blood medication since ’88 then I started doing yoga, and I have been off of them for two or three years just because I learned self relaxation techniques.” — Business Leader
“I would like to have a general wellness program where people can go and have their health status checked.”
— Business Leader

“The real problem is the type of patients who make poor choices that have huge healthcare costs associated with those decisions: the unwed mothers who have premature babies because they didn’t have access to healthcare; the seventeen-year-olds who either overdose on drugs or alcohol and end up on a respirator in our ICU because we don’t have any psychiatric help for them; the person with diabetes and heart disease who hasn’t seen the doctor for three years and they show up on the ER with blood sugars of five hundred and having a heart attack. For the people who have insurance, our healthcare is probably second to none, but the reason we don’t match up with the rest of the nation is because of those kinds of individuals.”
— Physician

Community Resources

Healthcare panelists discussed the current resources available to the community, such as the Effingham County Fact Book and publications from the Chamber of Commerce. One participant also stressed the need for more collaboration between agencies, perhaps by creating a single resource that includes all available community services.

“We have the annual Effingham County Fact Book. But maybe we should look at that and see if there are more community resources that need to go into there, more specific stuff that would be healthcare related.”
— Social Services

“Maybe we need to get [more community resource information] to the Chamber [of Commerce] and have little cards printed up that could be made available. Because the Chamber does mail out to new people who come to the community.”
— Social Services

“I know the hospital has their own [publication of resources], everybody has their own but I still think there could be a coordinated effort there somewhere. Maybe it could be done through Catholic Charities or the United Way.”
— Health Professional

Substance Abuse Education and Treatment

One very important topic in all of the health panels was the lack of extensive substance abuse treatment centers in the area, such as a detox center and inpatient substance abuse services. Another priority to the health panelists was the need to decrease the production of methamphetamine in the area through education and proactive measures.

“We need a substance abuse center here.”
— Health Professional

“One of the most important things we need to work on is how to control the production of meth [methamphetamines]. Of course we know pseudoephedrine is one of the elements in making meth and already there are drugstores in parts of Illinois where you have to sign for the packages with the pharmacist. As a state, we should pass legislature that this cold medicine has to be prescribed by physicians or have it behind the pharmacy counter and you could only buy two boxes at a time and have to sign for them.”
— Community Leader

“I think we need to train the parents to be parents and to realize that alcohol is an illegal drug for kids. I don’t think culturally they see alcohol as a problem.”
— Community Leader

“We need substance abuse centers. We don’t have a detox center for alcohol or drugs. I think until the community realizes that this is a problem they are not going to recommend a detox or inpatient substance abuse center.”
— Community Leader

Mental Health Services

Panelists discussed the need for mental health facilities in the area as well as more mental health specialists, especially to deal with children and the acutely ill.
“In-patient psych services. Also pediatric psychiatry.” — Social Services

“We need some mental health facilities here. We need someone here who is available to do the mental health assessments so we don't have to wait twenty hours in the ER.” — Health Professional

“We need bereavement groups for kids and for parents because that is a really good chance to reach out to parents.” — Health Professional

“When I have dealings with death, I call pastoral care which is a wonderful asset to the community. I've had situations that pastoral care has agreed to have counseling for a family of a loved one. So it's a very huge asset.” — Health Professional

**Urgent Care Facility**

Another topic discussed was the need for an urgent care facility in the area. Panelists felt this would be an important benefit to the community by keeping costs down and easing the burden on the emergency room.

“We need an urgent care facility, an intermediate step between the doctor's office and the emergency room.” — Social Services

“If we had an urgent care facility it could at least be a servicing tool as well as a screening tool for the emergency room.” — Social Services

“In some places, emergency rooms are doing the triage where they have a clinic within the emergency room. The cost is considerably less than going to the emergency room. I don't know if that would ever be possible here.” — Social Services

“I would like a building next to the ER. Have it right there where people go in and if you need ER services you could be sent right over to the emergency room.” — Social Services

**Specialty Services**

Panelists felt the community would benefit from the addition of a women’s health center, and more specialties such as OB/GYN services.

“We need a women's health center where you can get mammograms, ultrasounds, everything, and you are done. Somewhere where you don't have to wait five days for your report or go back for other tests. I think that would be a real plus for women – same-day service for all of the testing.” — Social Services

“We have an OB/GYN who stopped delivering babies now because of the way the system has gone with lawsuits. We have now a group of excellent OB/GYNs in this community, but they're without competition, and without competition people are not able to make choices.” — Physician

“We need more specialty services like the cardiac services and the heart cath lab we now have here. I don’t know if we will ever be able to have a major heart trauma center – I wouldn't expect that – but any service that is provided so that people won't have to drive the distances that you have to drive to get those services is better for community. Every specialist they can bring in, just makes it easier for healthcare in general.” — Community Leader
SELF-REPORTED HEALTH STATUS

PHYSICAL HEALTH STATUS

Self-Reported Health Status

The initial inquiry of the Community Health Survey asked respondents the following: Would you say that in general your health is: excellent, very good, good, fair or poor?

A majority of Effingham County adults (56.0%) rate their overall physical health as “excellent” or “very good.”

However, 12.4% of adults believe that their overall health is “fair” or “poor.”

- More favorable than national findings (16.6% “fair/poor”).
- Similar to Illinois findings (14.2% “fair/poor”).

Experience "Fair" or "Poor" Overall Health

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 5]
         • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
         • 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
The following chart further examines self-reported health status by various demographic characteristics.

- As might be expected, indications of “fair” or “poor” health increase with age; that is, older residents much more often report their health as “fair” or “poor.”
- There is a very strong negative correlation with income — persons living below the 200% poverty threshold give much higher indications of “fair/poor” health than those with higher incomes.

**Experience "Fair" or "Poor" Overall Health**

![Experience "Fair" or "Poor" Overall Health Chart](chart1)

**Days of Poor Physical Health**

While a majority of Effingham County adults report no days of poor physical health in the past month, 20.6% report experiencing three or more days in the past month on which their physical health was not good.

- More favorable than national findings (25.3%).
- Similar to Illinois findings (22.7%).

**Have Experienced Three or More Days in the Past Month on Which Physical Health Was Not Good**

![Have Experienced Three or More Days in the Past Month on Which Physical Health Was Not Good Chart](chart2)
MENTAL HEALTH & MENTAL DISORDERS

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders…

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined … that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [Global Burden of Disease study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the U.S.—occurs most frequently as a consequence of a mental disorder.

- Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups…
- Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders…[however], the majority of persons with mental disorders do not receive mental health services.
- The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals…Having both mental and addictive disorders…is a particularly significant clinical treatment issue, complicating treatment for each disorder…
- There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills…
- Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.


Self-Reported Mental Health Status

Days of Poor Mental Health

Nearly six out of seven Effingham County adults report no days of poor mental health in the past month. However, 12.1% report three or more days on which their mental health was not good.

- More favorable than national findings (18.7%).
- More favorable than Illinois findings (22.3%).
Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

Self-Reported Diagnosed Depression

Across Effingham County, 6.0% of adults report that they have been diagnosed with major depression by a physician at some point in their lives.

- More favorable than national findings (8.5%).
By key demographic characteristics, note the following findings:

- Low-income adults report a much higher prevalence of diagnosed major depression.
- Women report a higher prevalence than do men.
- Adults aged 40 or older more often report a diagnosis of major depression than do younger adults.

### Prevalence of Chronic Depression

More than one out of six Effingham County adults (17.9%) reports that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- More favorable than national findings (22.1%).
- This represents roughly 4,800 adults in Effingham County who have faced or are facing prolonged bouts with depression.

### Have Experienced Periods of Depression Which Lasted Two or More Years

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 107]

Notes: • Asked of all respondents.

- Illinois data not available.
The following chart illustrates differences found among key demographic groups. Note that self-reported prevalence is notably higher among:

- Women.
- Adults aged 40 or over.
- Persons living at lower income levels.

### Have Experienced Periods of Depression Which Lasted Two or More Years

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% Pov</th>
<th>&gt;200% Pov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effingham County</td>
<td>14%</td>
<td>21.6%</td>
<td>12.8%</td>
<td>19.9%</td>
<td>22.9%</td>
<td>30.9%</td>
<td>13.5%</td>
</tr>
<tr>
<td>United States</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 107]
Notes: • Asked of all respondents.

### Adequate Sleep/Rest

Among Effingham County respondents, 31.7% report seven or more days of inadequate rest or sleep in the past month.

- More favorable than national findings (41.7%).

### Have Experienced Seven or More Days in the Past Month Without Enough Rest or Sleep

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31.7%</td>
<td>41.7%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 108]
Notes: • 2003 PRC National Health Survey, Professional Research Consultants.
• Asked of all respondents.
• Illinois data not available.
The following chart illustrates differences among key demographic groups. Note:

- Women are more likely to report inadequate sleep or rest for seven or more days in the past month.
- There is a strong negative correlation with age: adults under 65 are more likely to report inadequate sleep or rest for seven or more days in the past month.

### Have Experienced Seven or More Days in the Past Month Without Enough Rest or Sleep

![Graph showing percentages of men and women in different age groups reporting inadequate sleep or rest for seven or more days in the past month.]

### Alzheimer’s Disease

The age-adjusted death rate for Alzheimer’s Disease in Effingham County between 2000 and 2002 was 20.6 per 100,000.

- Higher than state and national rates.

### Age-Adjusted Mortality: Alzheimer’s Disease

(2000-2002 Average Annual Deaths per 100,000 Population)

![Graph showing the age-adjusted mortality rates for Alzheimer’s Disease in Effingham County, Illinois, and the United States. The rate for Effingham County is 20.6 per 100,000, higher than Illinois (17.9) and the United States (19.1).]

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. • Annual averages are simple three-year averages.
Among Effingham County respondents reporting major or chronic depression, 42.2% acknowledge that they have sought professional help for a mental or emotional problem.

- Statistically similar to national findings (40.7%).
- Fails to satisfy the Healthy People 2010 Objective (50% or higher).

**Have Sought Professional Help With a Mental or Emotional Problem**

(Among Persons With Recognized Depression)

### Effingham County vs. United States

- **Effingham County:** 42.2%
- **United States:** 40.7%

Sources:  
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 158]  
- 2003 PRC National Health Survey, Professional Research Consultants.  

Notes:  
- Among respondents who have experienced two or more years of depression or been diagnosed with major depression at some point in their lives.  
- Illinois data not available.

### Related Health Panel Findings: Mental Health Treatment

Healthcare panels discussed the need for more mental health services, including closer treatment centers and more specialists, such as psychiatrists and psychologists trained to deal with children and adolescents.

- "We don't have the facilities here for mental health services." — Health Professional

- "If I have a child that needs to be seen everyday [by a mental health professional] because they're in crisis, there is money available for that, but the workers who are assigned to that child also have a full case load. So [the mental health professionals] have to see the kids that are going to kill themselves or are hospitalized, while all my other kids who are stable but need help don't get seen for three months." — Health Professional

- "We are in real need for psychiatric care for kids." — Community Leader

- "We deal with a lot of mental illness and the problems that we run into is lack of services for the mentally ill. We have a shortage of mental health workers and social work workers in our area. We used to be able to call the mental health agencies in a crises and get a referral for this person. What we do now is take them to the emergency room." — Community Leader

- "The lack of mental health services is huge. I think the adult medicine part of mental health is atrocious. I think our access to services for children is also really poor. The chances of me finding a psychiatrist who specializes in children is zero, especially if the children are uninsured or worse – on public aid. We cannot find doctors who will help us take care of these kids." — Physician
“We have had a hard time getting a psychiatrist in the area specializing in pediatrics. We have a full-time psychiatrist, who is geriatric trained, who will see children down to the age of eight. We need a children and adolescent psychiatrist.” — Social Services

“We need adolescent psychiatry. We have to go towards Indiana or down towards Missouri to find care.” — Social Services

“I am involved with kids that need to be hospitalized for mental health issues, and the closest place would be in Champaign, or St. Mary’s in Decatur, or two and a half hours away in Bloomington.” — Health Professional

“Even kids that only need medications prescribed by a psychiatrist will have to be taken out of school to go to Greenville unless a general practitioner is able to take care of it.” — Health Professional

“Dr. Van Ulft is wonderful here. Don’t get us wrong, she is a godsend, but she can only see so many people and geriatrics is her specialty - she sees kids too. You can only spread yourself so thin.” — Health Professional

“I do nursing consulting work for a group home that deals with people with mental illness and physical disability. If they’re having a crisis with their behaviors, our only option is to bring them to the emergency room, and what we get told is no one will take them. Everyone is full within a two hundred mile radius and what do we do? We’ve sat in the ER for somewhere between twelve and twenty hours waiting for someone to take us. That’s not the answer, we need a better solution.” — Health Professional

“We have a mental health facility, but because their resources are so limited, they have issues with staff turnover, primarily providing the compensation benefits for building a good staff.” — Business Leader

“There is a shortage of board-certified psychologists.” — Business Leader

“In this town, we send everybody to their churches [for mental health counseling], but if they need medication [this cannot be addressed in that setting]. More often than not, they’ve been on medication but have not been managed well.” — Business Leader

“When we get a call to pick up someone who is irate or out of control, we used to be able to get ahold of mental health immediately. What we have to do now is wait until the doctors decide that mental health needs to be involved. In that time period, we have tied up an officer for hours while we’re waiting for mental health.” — Community Leader

“It seems to be so hard to be able to get persons with mental health problems into care because so many mental health hospitals have closed down. We have to turn some of these people back out on the street because there’s no place to send them. Now they’re back out on the streets, without help or medications.” — Community Leader

“The lack of mental health services is a real problem in this community.” — Community Leader

Also discussed was the lack of coverage by insurance companies for mental health services.

“Insurance doesn’t cover counseling adequately, so these people just go without and they continue to have more trouble.” — Physician

“Insurance doesn’t usually cover mental services as well.” — Health Professional

Even with insurance, it is difficult to get services.” — Community Leader

A few panelists had positive comments about the mental healthcare in Effingham County. One states that the facilities and practitioners are excellent; another praised the steps the county has taken to improve funding for mental health services in the area.

“We have a very good psychiatrist in town that specializes in geriatric patients.” — Community Leader
“I have found is that we have an excellent mental health facility here in Effingham County. We also have a good range of private practitioners.” — Social Services

“The county has really taken responsibility for mental health at the state level. I sit on the mental health board for the county, and we did not have a tax increase for twelve years. We finally got one in this last year but the attitude, I think of the county board over that period of time, was that the state was satisfied with the mental health needs of the community.” — Business Leader

(Related Issue: see also “Substance Abuse.”)
Leading Causes of Death

Together, the top five causes of death account for 67.8% of all 2001 deaths in Effingham County:

- **Heart disease** is the leading cause of death in Effingham County, accounting for 31.6% of all deaths.
- **Cancers** (malignant neoplasms) are the second leading cause of death, accounting for 18.4% of all deaths.
- Cerebrovascular disease, or stroke, and chronic lower respiratory disease are the third and fourth leading causes of death, each accounting for 7.2% of all deaths.
- **Diabetes Mellitus** is the fifth leading cause of death, accounting for 3.4% of all deaths.

![Pie chart showing leading causes of death](chart.png)

**Sources:** • Indiana Department of Public Health, IPLAN.
**Notes:** • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Premature mortality is measured by the Years of Potential Life Lost (YPLL) statistic, which is simply the sum of the years of life lost annually by persons who suffered early deaths. For the purpose of calculating YPLL for Effingham County, premature death is defined as death occurring before the age of 65. Thus, the population at risk of premature mortality is the group of residents between the ages of 0 and 64. YPLL are calculated using death certificate data.

**Unintentional injuries (namely motor vehicle accidents), cancer and heart disease (namely coronary heart disease) are the leading causes of YPLL in Effingham County in 2001, accounting for the majority of all premature loss of years.**

![Years of Potential Life Lost](chart)

**Sources:** • Illinois Department of Public Health, IPLAN.

**Notes:** • Denotes years of potential life lost due to a death before age 65.

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In order to compare mortality in Effingham County with other localities (in this case, Illinois and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size such as deaths per 100,000 population as is used here.

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against normative or benchmark data, as well as Healthy People 2010 targets.

- It is important to note that Effingham County death rates based on lower incidences of death may be unstable.

The following chart outlines 2000-2002 average annual age-adjusted death rates per 100,000 population for selected causes of death. Note the following comparisons:
- Effingham County death rates fail to satisfy the outlined Healthy People 2010 targets for the following conditions: heart disease, cancer, stroke, diabetes, motor vehicle accidents, suicide and homicide.

- Effingham County death rates compare unfavorably to Illinois and national death rates for chronic lower respiratory disease, stroke, motor vehicle accidents and suicide.

- Effingham County compares favorably to Illinois and U.S. death rates for heart disease, cancer, influenza/pneumonia, diabetes and homicide.

### Age-Adjusted Death Rates for Selected Causes
2000-2002 Deaths per 100,000 Population

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
<th>HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diseases of the Heart</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>237.9</td>
<td>253.8</td>
<td>248.7</td>
<td>213.7*</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>185.9</td>
<td>206.0</td>
<td>196.4</td>
<td>159.9</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>43.9</td>
<td>39.4</td>
<td>43.8</td>
<td></td>
</tr>
<tr>
<td><strong>Influenza/Pneumonia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes Mellitus</strong></td>
<td>75.0</td>
<td>59.0</td>
<td>58.3</td>
<td>48.0</td>
</tr>
<tr>
<td><strong>Motor Vehicle Accidents</strong></td>
<td>14.2</td>
<td>22.8</td>
<td>22.8</td>
<td></td>
</tr>
<tr>
<td><strong>Intentional Self-Harm (Suicide)</strong></td>
<td>23.6</td>
<td>24.9</td>
<td>25.2</td>
<td>15.1*</td>
</tr>
<tr>
<td><strong>Homicide/Legal Intervention</strong></td>
<td>24.0</td>
<td>12.6</td>
<td>15.5</td>
<td>9.2</td>
</tr>
</tbody>
</table>

**Sources:**
- U.S. Department of Health and Human Services; Health in the United States.

**Notes:**
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
- Annual averages are simple three-year averages.
- The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
Effingham County age-adjusted death rates (all causes) have increased over the past several years; in contrast, state and national rates have consistently decreased.

**Age-Adjusted Mortality: All Causes**

(1993-2002 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993-1995</td>
<td>850</td>
<td>950.8</td>
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<tr>
<td>1994-1996</td>
<td>862.6</td>
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<td>913.7</td>
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<tr>
<td>1995-1997</td>
<td>837.5</td>
<td>914.9</td>
<td>902.7</td>
</tr>
<tr>
<td>1996-1998</td>
<td>826.5</td>
<td>893.2</td>
<td>888.5</td>
</tr>
<tr>
<td>1997-1999</td>
<td>826.2</td>
<td>889.0</td>
<td>879.6</td>
</tr>
<tr>
<td>1998-2000</td>
<td>837.5</td>
<td>889.6</td>
<td>873.5</td>
</tr>
<tr>
<td>1999-2001</td>
<td>864.4</td>
<td>881.2</td>
<td>866.4</td>
</tr>
<tr>
<td>2000-2002</td>
<td>860.5</td>
<td>865.0</td>
<td>856.3</td>
</tr>
</tbody>
</table>

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Annual averages are simple three-year averages.

(For infant mortality data, see also “Maternal, Infant & Child Health”)

PRC COMMUNITY HEALTH ASSESSMENT
CARDIOVASCULAR DISEASE

Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths.

- About 950,000 Americans die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life. More than half of those who die of heart disease or stroke each year are women.
- Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million Americans (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million Americans.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.

The economic effects of heart disease and stroke on the U.S. health care system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was $300 billion: for heart disease the cost was $105 billion; for stroke, $28 billion. Lost productivity due to stroke and heart disease cost more than $129 billion.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease

The greatest share of cardiovascular deaths are attributed to heart disease.

**The age-adjusted heart disease death rate in Effingham County between 2000 and 2002 was 237.9 per 100,000.**

- Lower than both state and national rates.
Effingham County age-adjusted heart disease death rates have declined over the past several years, mirroring trends seen statewide and nationwide.
Stroke Deaths

The age-adjusted stroke death rate in Effingham County between 2000 and 2002 was 75.0 per 100,000.

- Notably higher than both state and national rates.

Age-Adjusted Mortality: Stroke
(2000-2002 Average Annual Deaths per 100,000 Population)

The Healthy People 2010 objective is 48.0 per 100,000 or lower

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
• Annual averages are simple three-year averages.

While Effingham County rates for stroke (cerebrovascular disease) have declined overall throughout the past decade, the rate of stroke deaths appears to have increased in recent years.

Age-Adjusted Mortality: Stroke
(1993-2002 Deaths per 100,000 Population)

The Healthy People 2010 objective is 48.0 per 100,000 or lower

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Annual averages are simple three-year averages.
• Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).
Self-Reported Heart Disease & Stroke

From the Effingham County Community Health Survey:

**Prevalence of Heart Disease**

7.3% of Effingham County adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Statistically similar to national findings (7.0%).
- This represents roughly 1,960 adults in Effingham County.

**Self-Reported Prevalence of Chronic Heart Disease**

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.3%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

**Prevalence of Stroke**

1.6% of Effingham County adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Statistically similar to national findings (2.8%).
Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

High blood pressure is known as the “silent killer” and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.


High Blood Pressure Testing

95.0% of adults in Effingham County have had their blood pressure tested within the past two years.

- Statistically similar to national findings (95.5%).
- Identical to the Healthy People 2010 target (95% or higher).
**Self-Reported Hypertension**

30.5% of Effingham County adults have been told at some point that their blood pressure was high.

- Statistically similar to national findings (29.4%).
- Nearly twice the Healthy People 2010 target (16% or lower).
- Note also in the following chart that 73.7% of persons reporting hypertension report that they have been told their blood pressure was high on more than one occasion.

---

### Have Had Blood Pressure Checked Within the Past Two Years

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2010 Objective is 95% or higher</td>
<td>95%</td>
<td>95.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 46]
- 2000 PRC National Health Survey, Professional Research Consultants.

**Notes:**
- Asked of all respondents.
- Illinois data not available.

---

### Have Been Told Blood Pressure Was High

Among Effingham County adults told that they have high blood pressure:
- 26.3% were told this only once.
- 73.7% were told this more than once.

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2010 Objective is 16% or lower</td>
<td>30.5%</td>
<td>29.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2004 PRC Community Health Survey, Professional Research Consultants. [Items 43,44]
- 2003 PRC National Health Survey, Professional Research Consultants.

**Notes:**
- Asked of all respondents.
Demographic analysis reveals that the prevalence of high blood pressure in Effingham County ranges from 9.4% among young adults (18 to 39) to 61.3% among older adults (65 and older).

**Have Been Told That Blood Pressure Was High**

![Graph showing prevalence of high blood pressure by age and income group.]

- Men: 29.7%, 31.3%, 35.5%, 61.3% for age groups 18 to 39, 40 to 64, 65+, respectively.
- Women: 9.4%, 31.3%, 29.1% for age groups 18 to 39, 40 to 64, 65+, respectively.
- For those with income <200% Pov: 0%, 20%, 40%, 60% for age groups 18 to 39, 40 to 64, 65+, respectively.
- For those with income >200% Pov: 80%, 100%, 100% for age groups 18 to 39, 40 to 64, 65+, respectively.

**Hypertension Management**

Over nine out of 10 Effingham County adults (93.2%) who have been told multiple times that their blood pressure was high report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Statistically similar to national findings (92.1%).
- Close to the Healthy People 2010 target (95% or higher).

**Taking Action to Control High Blood Pressure**

(Among Respondents With Multiple High Blood Pressure Diagnoses)

- Effingham County: 93.2%
- United States: 92.1%

**Sources:**
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 43]

**Notes:**
- Asked of all respondents.
High Blood Cholesterol

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million U.S. adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults aged 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.


Blood Cholesterol Testing

83.3% of Effingham County adults have had their blood cholesterol checked within the past five years.

- Statistically similar to national findings (83.7%).
- Satisfies the Healthy People 2010 target (80% or higher).

### Have Had Blood Cholesterol Level Checked Within the Past 5 Years

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>83.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key demographic groups which fail to satisfy the Healthy People 2010 target for cholesterol screening include:

- Young adults (aged 18 to 39).
- Those living at lower income levels.
Self-Reported High Blood Cholesterol

30.0% of Effingham County adults have been told by a health professional that their blood cholesterol level was high.

- Less favorable than national findings (25.1%).
- Less favorable than Illinois findings (25.8%).
- Fails to satisfy the Healthy People 2010 target (17% or lower).

Have Been Told That Blood Cholesterol Level Was High
Note the following demographic breakout of self-reported prevalence of high blood cholesterol.

![Chart showing blood cholesterol levels by age and income group]

### Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Nine out of 10 Effingham County adults (90.0%) report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Statistically similar to national findings (90.0%).
By Effingham County demographics:

- Men more often present one or more cardiovascular risk factors than do women.
- Adults aged 40 and older (especially 40 to 64) are at much greater risk than younger adults.
Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of non-smokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

(Related Issue: See also “Nutrition & Overweight,” “Physical Activity & Fitness” and “Tobacco Use” in the Modifiable Health Risk section.)
Cancer, the second leading cause of death among Americans, is responsible for one of every four deaths in the United States. In 2003, over half a million Americans—or more than 1,500 people a day—will die of cancer. Black Americans are more likely to die from cancer than people of any other racial or ethnic group.

The financial costs of cancer are staggering. According to the National Institutes of Health, cancers cost the United States more than $170 billion in 2002. This includes more than $110 billion in lost productivity and over $60 billion in direct medical costs.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person’s risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

### Age-Adjusted Cancer Deaths

#### All Cancer Deaths

Between 2000 and 2002, the annual average age-adjusted cancer death rate in Effingham County was 185.9 per 100,000 population.

- Lower than the Illinois rate for the same period (206.0).
- Lower than the U.S. rate (196.4).

#### Age-Adjusted Mortality: Cancers

(2000-2002 Average Annual Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2002 Rate</td>
<td>185.9</td>
<td>206.0</td>
<td>196.4</td>
</tr>
</tbody>
</table>

The Healthy People 2010 objective is 159.9 per 100,000 or lower

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes. • Annual averages are simple three-year averages.
Over the past decade, the Effingham County age-adjusted cancer death rate has not shown the clear decline seen state- and nationwide.

Age-Adjusted Mortality: Cancers
(1993-2002 Deaths per 100,000 Population)

The Healthy People 2010 objective is 159.9 per 100,000 or lower

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Effingham County</td>
<td>169.6</td>
<td>187.5</td>
<td>184.7</td>
<td>197.8</td>
<td>196.7</td>
<td>196.7</td>
<td>186</td>
<td>185.9</td>
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<tr>
<td>Illinois</td>
<td>221.4</td>
<td>218.1</td>
<td>214.3</td>
<td>211.1</td>
<td>209.8</td>
<td>210.5</td>
<td>208.9</td>
<td>206</td>
</tr>
<tr>
<td>United States</td>
<td>213.1</td>
<td>211.2</td>
<td>208.7</td>
<td>205.6</td>
<td>203</td>
<td>200.9</td>
<td>198.8</td>
<td>196.4</td>
</tr>
</tbody>
</table>

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
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• Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

Cancer Deaths by Site
Lung cancer, colorectal cancer, female breast cancer, and prostate cancer are the leading cancer deaths in Effingham County, accounting for 51.6% of all cancer deaths between 2000 and 2002.

Leading Types of Cancer Deaths by Site
(2000-2002)

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.
Lung cancer is by far the leading cause of cancer deaths in Effingham County for both men and women. Other leading sites include prostate cancer, female breast cancer, and colorectal cancer.

- Effingham County age-adjusted cancer death rates are lower than both the Illinois and U.S. rates for lung cancer, female breast cancer, prostate cancer, and colorectal cancer.

### Age-Adjusted Cancer Mortality by Leading Sites

(2000-2002 Average Annual Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Effingham</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer (Men Only)</td>
<td>49.2</td>
<td>56.7</td>
<td>55.4</td>
</tr>
<tr>
<td>Prostate Cancer (Men Only)</td>
<td>27.3</td>
<td>31.0</td>
<td>29.1</td>
</tr>
<tr>
<td>Female Breast Cancer (Women Only)</td>
<td>20.7</td>
<td>27.8</td>
<td>26.1</td>
</tr>
<tr>
<td>Colon &amp; Rectum Cancer</td>
<td>18.5</td>
<td>22.6</td>
<td>20.2</td>
</tr>
</tbody>
</table>

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes. • Annual averages are simple three-year averages.
Leading Cancer Diagnoses by Site

LUNG CANCER

Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, environmental tobacco smoke). One to two percent of lung cancer deaths are attributable to air pollution. After 10 years of abstinence, smoking cessation decreases the risk of lung cancer to 30 to 50 percent of that of continuing smokers.

PROSTATE CANCER

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States. Prostate cancer is most common in men aged 65 years and older, who account for approximately 80 percent of all cases of prostate cancer.

Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer. Although several treatment alternatives are available for prostate cancer, their impact on reducing death from prostate cancer when compared with no treatment in patients with operable cancer is uncertain. Efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain benefits and potential risks of screening, diagnosis, and treatment.

FEMALE BREAST CANCER

Breast cancer is the most common cancer [diagnosis] among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women aged 50 to 74 years and about 17 percent in women aged 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening.

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.

COLORECTAL CANCER

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. When cancer-related deaths are estimated separately for males and females, however, CRC becomes the third leading cause of cancer death behind lung and breast cancers for females and behind lung and prostate cancers for males.

Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC. Fecal occult blood testing and sigmoidoscopy are widely used to screen for CRC, and barium enema and colonoscopy are used as diagnostic tests.

Self-Reported Cancer

3.7% of Effingham County adults report having been diagnosed with skin cancer, and 5.4% report having been diagnosed with another type of cancer.

- Similar to national findings for skin cancer (5.5%).
- Similar to national findings for other cancer (6.1%).

Self-Reported Prevalence of Cancer

![Bar chart showing the self-reported prevalence of cancer in Effingham County and the United States.](chart.png)

**Sources:** • 2004 PRC Community Health Survey, Professional Research Consultants. [Items 34,35] • 2003 PRC National Health Survey, Professional Research Consultants.

**Notes:** • Asked of all respondents. • Illinois data not available.

Related Health Panel Findings: Cancer

One panelist praised the cancer services in the area, including the recent availability of chemotherapy.

“On the cancer end, my mother and mother-in-law are both receiving chemotherapy at this point and I think Effingham County has come a long way with what they’re able to offer and provide for cancer patients. They can now get chemotherapy here; seven years ago we had to drive to St. Louis.” — Health Professional

Possible causes of cancer in the area were discussed among panelists, including possible environmental causes.

“A few years ago, there was concern about power plants. When I did home health, I saw cancer patients as young as ten and twelve years old.” — Health Professional

“I think because of the manufacturing companies and the fertilizers, there was a lot of reported cancer cases. We also manufacture air conditioning and used to have paint manufacturing companies, and the fumes could have been the cancer problem.” — Health Professional

A few healthcare panelists mentioned concerns with high incidences of cancer in the area, especially lung cancer, despite the majority of buildings and public areas being smoke-free.

“We seem to have a high incidence of cancer in this area, especially lung cancer.” — Business Leader

“A lot of our company buildings and public areas are smoke-free, but we still have a lot of lung cancer.” — Business Leader
Cancer Risk

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.

- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

  – National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

(Related Issue: see also “Nutrition & Overweight,” “Physical Activity & Fitness” and “Tobacco Use” in the Modifiable Health Risk section.)

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor’s checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in Effingham County were measured in the survey relative to four cancer sites: colorectal cancer (sigmoidoscopy and fecal occult blood testing); female breast cancer (mammography); cervical cancer (Pap smear testing); and prostate cancer (prostate-specific antigen testing and digital rectal examination).
Colorectal Cancer Screenings

Beginning at age 50, both men and women should follow one of these five testing schedules:

- Yearly fecal occult blood test (FOBT)*
- Flexible sigmoidoscopy every 5 years
- Yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years**
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

*For FOBT, the take-home multiple sample method should be used.
**The combination of FOBT and flexible sigmoidoscopy is preferred over either of these two tests alone.

All positive tests should be followed up with colonoscopy. People should begin colorectal cancer screening earlier and/or undergo screening more often if they have certain colorectal cancer risk factors.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

Sigmoidoscopy/Colonoscopy

50.1% of Effingham County adults aged 50 and older have had a sigmoidoscopy (or colonoscopy) at some point in their lives.

- Statistically similar to national findings (53.7%).
- More favorable than Illinois findings (45.1%).
- Close to the Healthy People 2010 target (50% or higher).

![Graph showing sigmoidoscopy/colonoscopy rates]

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 161]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents aged 50 or over.
**Fecal Occult Blood Testing**

35.8% of Effingham County adults aged 50 and older have had a blood stool test (a.k.a., fecal occult blood test) within the past two years.

- Less favorable than national findings (45.1%).
- More favorable than Illinois findings (26.0%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).

**Have Had a Blood Stool Test in the Past Two Years**

(Among Persons Aged 50 and Older)

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>(%)</td>
<td>35.8%</td>
<td>26%</td>
<td>45.1%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 162]
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of respondents aged 50 and older

**Female Breast Cancer Screenings**

Screenings for female breast cancer are recommended as outlined below:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.

- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.

- Women should report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s.

- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.

— American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.
Mammography

74.4% of Effingham County women aged 40 and older have had a mammogram within the past two years.

- Statistically similar to national findings (79.6%).
- Satisfies the Healthy People 2010 target (70% or higher).
- Note that 77.4% of Illinois women aged 50 and older have had a mammogram in the preceding two years.

Have Had a Mammogram in the Past Two Years
(Among Women Aged 40 and Older)

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>74.4%</td>
<td>79.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 159]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Reflects women aged 40 and over.
- Illinois data not available.
Cervical Cancer Screenings

Screenings for cervical cancer are recommended as outlined below:

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test.

- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years with either the conventional (regular) or liquid-based Pap test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.

- Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, plus the HPV DNA test.

- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.

- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or precancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

— American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.
**Pap Smear Testing**

82.7% of Effingham County women aged 18 and older have had a Pap smear within the past three years.

- Statistically similar to national findings (84.8%).
- More favorable than Illinois findings (78.9%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).

**Have Had a Pap Smear Within the Past Three Years**

(Among Women Aged 18 and Older)

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.7%</td>
<td>78.9%</td>
<td>84.8%</td>
</tr>
</tbody>
</table>

Healthy People 2010 Objective is 90% or higher

Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 86]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all female respondents.
Prostate Cancer Screenings

**Guideline Statement:** Both prostate-specific antigen (PSA) testing and digital rectal examination (DRE) should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy. Men at high risk should begin testing at age 45 years. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer.

- Men who choose to undergo testing should begin at age 50 years. However, men in high-risk groups, such as African Americans and men who have a first-degree relative diagnosed with prostate cancer at a young age, should begin testing at 45 years. Note: a first-degree relative is defined as a father, brother, or son.

- Men who ask their doctor to make the decision on their behalf should be tested. Discouraging testing is not appropriate. Also not offering testing is not appropriate.

- Testing for prostate cancer in asymptomatic men can detect tumors at a more favorable stage (anatomic extent of disease). There has been a reduction in mortality from prostate cancer, but it has not been established that this is a direct result of screening.

- An abnormal Prostate-Specific Antigen (PSA) test result has been defined as a value of above 4.0 ng/ml. Some elevations in PSA may be due to benign conditions of the prostate.

- The Digital Rectal Examination (DRE) of the prostate should be performed by health care workers skilled in recognizing subtle prostate abnormalities, including those of symmetry and consistency, as well as the more classic findings of marked induration or nodules. DRE is less effective in detecting prostate carcinoma compared with PSA.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.
PSA Testing and/or Digital Rectal Examination

85.1% of Effingham County men aged 50 and older have had a PSA (prostate-specific antigen) test and/or a digital rectal examination within the past two years.

- Statistically similar to national findings (77.9%).

![Graph showing PSA testing and/or digital rectal examination among men aged 50 and older in Effingham County and the United States.]

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 160]
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all male respondents aged 50 and older.
• Illinois data not available.
Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in Americans]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

- Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their health care providers managed the disease according to established guidelines.

- COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.

**Age-Adjusted Respiratory Disease Deaths**

**Chronic Respiratory Disease Deaths**

Between 2000 and 2002, the annual average age-adjusted chronic lower respiratory disease death rate in Effingham County was 43.9 per 100,000 population.

- Higher than the Illinois rate for the same period (39.4).
- Similar to the U.S. rate (43.8).

[Note: Chronic lower respiratory disease (CLRD) was called chronic obstructive pulmonary disease (COPD) prior to 1999 with the issuance of the International Classification of Diseases, Tenth Revision (ICD-10). Healthy People 2010 refers to COPD rather than CLRD.]
Over the past several years, the Effingham County age-adjusted chronic lower respiratory disease death rate has varied considerably, while the state and national rates have increased.
**Pneumonia/Influenza Deaths**

Between 2000 and 2002, the annual average age-adjusted pneumonia/influenza death rate in Effingham County was 14.2 per 100,000 population.

- Lower than the Illinois rate for the same period (22.8).
- Lower than the U.S. rate (22.8).

**Age-Adjusted Mortality: Pneumonia/Influenza**

(2000-2002 Average Annual Deaths per 100,000 Population)

![Age-Adjusted Mortality: Pneumonia/Influenza](chart)

Sources:  

Notes:  
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
- Annual averages are simple three-year averages.

Only in recent years has the Effingham County age-adjusted pneumonia/influenza death rate matched the decline seen state- and nationwide over the past decade.

**Age-Adjusted Mortality: Pneumonia/Influenza**

(1993-2002 Deaths per 100,000 Population)

![Age-Adjusted Mortality: Pneumonia/Influenza](chart)

Sources:  

Notes:  
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Annual averages are simple three-year averages.
- Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

(For prevalence of vaccinations for pneumonia and influenza, see also “Immunization & Infectious Disease.”)
Self-Reported Respiratory Conditions

Nearly one out of four Effingham County adults (24.1%) report suffering from nasal or hay fever allergies.

- Statistically similar to national findings (27.4%).

17.9% of Effingham County adults report suffering from sinusitis.

- Statistically similar to national findings (18.7%).

8.4% of Effingham County adults report suffering from asthma.

- Statistically similar to national findings (10.3%).
- More favorable than Illinois findings (10.9%).

10.4% of Effingham County adults report suffering from chronic lung disease.

- Statistically similar to national findings (8.1%).

Self-Reported Respiratory Conditions

Sources:  
- 2004 PRC Community Health Survey, Professional Research Consultants. [Items 26,29,38,39]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:  
- Asked of all respondents.

Related Health Panel Findings: Respiratory Disease

One panelist remarked that the respiratory problems in the area are due, in part, to the smoke from burning leaves in the area and suggested a more health-conscious way to dispose of leaves.

“We have respiratory problems because we burn leaves. I know lots of people who cannot go out on any given nice day in the fall because people are burning leaves. Smaller communities than ours have waste leaf management programs that do not involve burning. There is a thick pall of smoke over our community on any given nice fall day. It’s like a ritual here, a sacred ritual to burn leaves.”
Asthma in Children

While the number of adults with asthma is greater than the number of children with asthma, the asthma rate is rising more rapidly in preschool-aged children than in any other group.


9.3% of Effingham County parents report that their child (aged 0 to 17) has been diagnosed with asthma.

More favorable than national findings (15.9%).

Child Has Asthma
(Among Respondents With Children Aged 0-17)

Sources:
• 2004 PRC Community Health Survey, Professional Research Consultants. [Item 123]
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
• Asked of respondents with children aged 0-17.
• Illinois data not available.
The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable “accidents.” In fact, many injuries are not “accidents,” or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

For ages 1 through 44 years, [U.S.] deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than two out of five deaths (43 percent) of children aged 1 through 4 years and result in four times the number of deaths due to birth defects, the second leading cause of death for this age group. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.


### Injury Deaths

#### Leading Causes of Accidental Deaths

Motor vehicle crashes accounted for over one-half of all accidental deaths in Effingham County between 2000 and 2002.

**Leading Causes of Accidental Death**

(Effectingham County, 2000-2002)

- **Motor Vehicle** 58.1%
- **Falls** 7.0%
- **Smoke/Fire** 4.7%
- **Drowning** 2.3%
- **Poisoning** 2.3%
- **Other** 25.6%

**Sources:**

*(Related Issue: see also “Substance Abuse”)*

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**PRC COMMUNITY HEALTH ASSESSMENT**

68
**Age-Adjusted Unintentional Injury Deaths**

Between 2000 and 2002, the annual average age-adjusted accidental death rate in Effingham County was 39.7 per 100,000 population.

- Higher than the Illinois rate for the same period (33.0).
- Higher than the U.S. rate (35.8).
- Over twice the Healthy People target of 17.5.

**Age-Adjusted Mortality: Unintentional Injuries**

(2000-2002 Average Annual Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Effingham County</th>
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<th>United States</th>
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<td>2000-2002</td>
<td>39.7</td>
<td>33.0</td>
<td>35.8</td>
</tr>
</tbody>
</table>

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.  

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.  
- Annual averages are simple three-year averages.

**Over the past decade, the Effingham County age-adjusted accidental death rate has trended upward followed by a decrease in recent years.**

**Age-Adjusted Mortality: Unintentional Injuries**

(1993-2002 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Effingham County</th>
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<td>1999-2001</td>
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<td>2000-2002</td>
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Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.  

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.  
- Annual averages are simple three-year averages.  
- Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).
Age-Adjusted Motor-Vehicle Related Deaths

Between 2000 and 2002, the annual average age-adjusted motor vehicle accident death rate in Effingham County was 24.0 per 100,000 population.

- Nearly double the Illinois rate for the same period (12.6).
- Higher than the U.S. rate (15.5).
- Over twice the Healthy People 2010 target of 9.2.

Age-Adjusted Mortality: Motor Vehicle Accidents
(2000-2002 Average Annual Deaths per 100,000 Population)

The Healthy People 2010 objective is 9.2 per 100,000 or lower

Over the past decade, the Effingham County age-adjusted motor vehicle accident death rate has trended upward, unlike state and national rates.

Age-Adjusted Mortality: Motor Vehicle Accidents
(1993-2002 Deaths per 100,000 Population)

The Healthy People 2010 objective is 9.2 per 100,000 or lower

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
- Annual averages are simple three-year averages.

Over the past decade, the Effingham County age-adjusted motor vehicle accident death rate has trended upward, unlike state and national rates.

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Annual averages are simple three-year averages.
- Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).
Related Health Panel Findings: Motor Vehicle Accidents

One panelist remarked on the high number of accidents as well as fatalities in the area due to youth riding all-terrain vehicles (ATVs).

“We seem to have many fatalities with the young people riding ATVs.” — Business Leader

Age-Adjusted Intentional Injury Deaths

Homicide

Between 2000 and 2002, the annual average age-adjusted homicide rate in Effingham County was 4.1 per 100,000 population.

- Lower than the Illinois rate for the same period (7.9).
- Lower than the U.S. rate (6.4).

Age-Adjusted Mortality: Homicide

(2000-2002 Average Annual Deaths per 100,000 Population)

Over the past several years, the Effingham County age-adjusted homicide rate has trended upward while state and national rates have decreased. However, these rates are based on a small number of events and, thus, are less reliable.
Suicide

Between 2000 and 2002, the annual average age-adjusted suicide rate in Effingham County was 10.9 per 100,000 population.

- Higher than the Illinois rate for the same period (8.8).
- Just above the U.S. rate (10.7).

Age-Adjusted Mortality: Suicide
(2000-2002 Average Annual Deaths per 100,000 Population)

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.
Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Annual averages are simple three-year averages.
• Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).
Over the past several years, the Effingham County age-adjusted suicide rate has varied considerably, but has remained above the Illinois rate since the mid-1990s.

Age-Adjusted Mortality: Suicide
(1993-2002 Deaths per 100,000 Population)

The Healthy People 2010 objective is 5.0 per 100,000 or lower

<table>
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<tr>
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</tr>
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<td>11.7</td>
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<td>11.1</td>
<td>10.7</td>
<td>10.5</td>
<td>10.7</td>
</tr>
</tbody>
</table>

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.
Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Annual averages are simple three-year averages.
• Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of death resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).

(Related Issue: see also “Mental Health”)

Injury Control

Seat Belt Use

Adults

71.2% of Effingham County adults report “always” wearing a seat belt when driving or riding in an automobile.

- Less favorable than national findings (77.4%).
- Less favorable than Illinois findings (74.3%).
- Fails to satisfy the Healthy People 2010 target (92% or higher).
The following chart illustrates differences among key demographic groups. Note:

- Men are much less likely to report “always” wearing a seat belt than are women.
- There is a strong positive correlation of seat belt use with age. Only 66.9% of young adults (aged 18 to 39) “always” wear a seat belt.
Children

Nearly all Effingham County parents of young children report that their child (aged 0 to 4) “always” wears an appropriate child restraint (e.g., safety seat) when riding in an automobile.

- More favorable than national findings (93.2%).
- The Healthy People 2010 target is 100%.

**Child "Always" Uses an Appropriate Child Restraint When Riding in an Automobile**

(Among Children Aged 0 to 4)

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.7%</td>
<td>93.2%</td>
</tr>
</tbody>
</table>

Healthy People 2010 Objective is 100%

Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 156]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Reflects respondents with children aged 0 to 4 years old.
- Illinois data not available.

Only eight out of 10 Effingham County parents of children aged 5 to 17 report that their child “always” wears an appropriate child restraint (e.g., seat belt) when driving or riding in an automobile.

- Less favorable than national findings (94.9%).
- Fails to satisfy the Healthy People 2010 target (92% or higher).
Bicycle Helmet Usage

Only 12.9% of Effingham County parents of children aged 5 to 17 report that their child “always” wears a helmet when riding a bicycle.

- Less favorable than national findings (43.2%).

Child "Always" Wears a Helmet When Riding a Bicycle
(Among Children Aged 5 to 16)

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 127]
• 2003 PRC National Health Survey, Professional Research Consultants.
• Asked of respondents with children aged 5 to 16.
• Illinois data not available.
**Firearms**

Survey respondents were further asked about the presence of weapons in the home: “Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car?” For the purposes of this inquiry, “firearms” include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.

46.9% of Effingham County adults have a firearm kept in or around their home.

- Less favorable than national findings (31.6%).
- Note that 52.1% of Effingham County households with children have a firearm in or around the home.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Adults under 65.
- Higher-income households.
Among Effingham County households with firearms, 5.8% report that there is at least one weapon that is kept unlocked and loaded.

- More favorable than national findings (14.6%).
- Satisfies the Healthy People 2010 target (16% or lower).
Violence

Violence claims the lives of many of the Nation’s young persons and threatens the health and well-being of many persons of all ages in the United States. On an average day in America, 53 persons die from homicide, and a minimum of 18,000 persons survive interpersonal assaults, 84 persons complete suicide, and as many as 3,000 persons attempt suicide.

Youth continue to be involved as both perpetrators and victims of violence. Elderly persons, females, and children continue to be targets of both physical and sexual assaults, which are frequently perpetrated by individuals they know.


Index Crime Rates

The overall 2001 to 2003 Effingham County violent crime rate compares favorably to Illinois and U.S. rates.

Effingham County experienced high 2001-2003 rates relative to the U.S. for the violent crime of rape.

### Reported FBI Index Crimes, 2001-2003

<table>
<thead>
<tr>
<th>Crime</th>
<th>Effingham County</th>
<th>Illinois</th>
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<tr>
<td><strong>VIOLENT CRIMES</strong></td>
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</tr>
<tr>
<td>Homicide</td>
<td>1.9</td>
<td>7.6</td>
<td>5.7</td>
</tr>
<tr>
<td>Forcible Rape</td>
<td>44.7</td>
<td>47.1</td>
<td>32.3</td>
</tr>
<tr>
<td>Robbery</td>
<td>12.6</td>
<td>197.4</td>
<td>145.6</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>184.0</td>
<td>364.7</td>
<td>307.7</td>
</tr>
</tbody>
</table>

Sources: • Illinois State Police, Crime in Illinois.
        • FBI, Crime in the United States.

Notes: • Rates are per 100,000 population. Includes only agencies reporting.
        • Annual averages are simple three-year averages.
Violent Crime

Violent Crime Rate Trends

The following chart illustrates the violent crime rates experienced between 2001 and 2003.

Historically, Effingham County violent crime rates have been well below state and national rates.

Violent Crime Rates
(2001-2003 Rates per 100,000 Population)

Sources: • Illinois State Police, Crime in Illinois.
• FBI, Crime in the United States.
Notes: • Rates are per 100,000 population. Includes only agencies reporting.
• Annual averages are simple three-year averages.
• Violent crime includes homicide, forcible rape, robbery, and aggravated assault.

Violent Crime Rates
(1999-2003 Violent Crimes Per 100,000 Population)

Sources: • Illinois State Police, Crime in Illinois.
• FBI, Crime in the United States.
Notes: • Rates are per 100,000 population. Includes only agencies reporting.
• Annual averages are simple three-year averages.
• Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
Related Health Panel Findings: Sexual Assault
A few panelists mentioned a high level of sexual assaults in the area, especially involving teenage girls and older men.

“We have had an onset of sexual assaults, I’m talking about forty-five year old men with thirteen and fourteen year old girls and that creates an unbelievable issue. It is rampant in Effingham County.” — Social Services

“In this area, there are parties to get young girls and older men together.” — Physician

“When the State Attorney goes to trial to [prosecute older men taking advantage of teenage girls], the girl is not a good witness because she has been in a love affair with the forty-five year old man. It’s just rampant.” — Physician

One healthcare panelist mentioned the use of date rape drugs in the area during sexual assaults and the availability of the recipe on the Internet.

“The date rape drug is used a lot in this county during sexual assaults. They know how to make it. They can look on the Internet and find out how to get the recipe or what the combination of chemicals are put together. You know we have several rapes of young people who have no concept as to what happened to them because of the drug.” — Social Services

Violent Crime Victimization
Less than 1.0% of Effingham County adults report that they have been the victim of a violent crime in the area in the past five years.

- More favorable than national findings (2.8%).

![Graph showing violent crime victimization](image-url)
Note the following demographic findings in the chart below:

- Younger respondents much more often report experiencing violent crime than adults 65 or older.

### Victim of a Violent Crime in the Past Five Years

#### Family Violence

#### Domestic Violence

Less than 1.0% of Effingham County adults acknowledge being the victim of domestic violence in the past five years.

- More favorable than to national findings (3.3%).

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 50]

Notes: • Asked of all respondents.
Reports of domestic violence are higher among:

- Women.
- Persons living at lower income levels.
- Households with children.

### Domestic Crime

Domestic crime rates are lower than reported statewide and have declined.

#### Rate of Domestic Crime

(1999-2003 Crimes Per 100,000 Population)

<table>
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<tr>
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<td>Effingham County</td>
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<td>Illinois</td>
<td>968.2</td>
<td>979.4</td>
<td>1016.4</td>
</tr>
</tbody>
</table>

Sources: • Illinois State Police, Crime in Illinois.
Notes: • Rates are per 100,000 population. Includes only agencies reporting.
• Annual averages are simple three-year averages.
• Domestic crimes are defined as crimes committed by family or household members, as well as against disabled adults by their caregivers.
**Crimes Against Children**

The following chart outlines the rate of crimes against children in Effingham County between 1999 and 2003.

**Rate of Crimes Against Children**

(1999-2003 Crimes Per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Effingham County</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>262.9</td>
<td>312</td>
</tr>
<tr>
<td>2000-2002</td>
<td>216.9</td>
<td>317.7</td>
</tr>
<tr>
<td>2001-2003</td>
<td>205.2</td>
<td>305.9</td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
- Rates are per 100,000 population. Includes only agencies reporting.
- Annual averages are simple three-year averages.
- Crimes against children include offenses against children 16 years old or under.
Diabetes affects nearly 16 million Americans and contributes to about 200,000 deaths a year. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to influenza and pneumonia. About 5.4 million Americans are unaware they have the disease.

- Among U.S. adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people aged 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.

- More than 18% of U.S. adults older than age 65 have diabetes.

- Diabetes affects more women than men.

The direct and indirect costs of diabetes in America are nearly $100 billion a year.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

### Age-Adjusted Diabetes Deaths

**Between 2000 and 2002, there was an annual average of 23.6 age-adjusted diabetes deaths per 100,000 population in Effingham County.**

- Just below the U.S. rate of 25.2 per 100,000 population.
- Just below the state rate of 24.9 per 100,000 population.

### Age-Adjusted Mortality: Diabetes

(2000-2002 Average Annual Deaths per 100,000 Population)

The Healthy People 2010 objective is 15.1 per 100,000 or lower

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate (per 100,000)</td>
<td>23.6</td>
<td>24.9</td>
<td>25.2</td>
</tr>
</tbody>
</table>

Sources:  

Notes:  
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
- Annual averages are simple three-year averages.
- The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
Over the past several years, the age-adjusted diabetes hospitalization rate has tracked fairly closely to state and national rates.

**Self-Reported Diabetes**

7.8% of adults in Effingham County report having been diagnosed with diabetes.

- Statistically similar to national findings (8.7%).
- Statistically similar to Illinois findings (6.5%).

**Self-Reported Prevalence of Diabetes**

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.8%</td>
<td>6.5%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 42]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents. Excludes gestational diabetes.
A higher prevalence of diabetes is self-reported among:

- Women.
- Respondents 40 years and older.
- Persons living below the poverty threshold.
- Overweight and, especially, obese respondents.

**Self-Reported Prevalence of Diabetes**

![Bar chart showing the prevalence of diabetes among different demographic groups.]

**Related Health Panel Findings: Diabetes**

Diabetes, particularly among the obese and Hispanic populations, was discussed by a few panelists.

“There is an epidemic of obesity and juvenile Type 2 diabetics. The fact that we don't take care of the problem on the front end is tremendous.” — Physician

“We encounter a very high incidence of diabetes [in the Hispanic population].” — Community Leader
Between 1999 and 2001, there was an annual average of 110.0 hospitalizations per 100,000 population for diabetes in Effingham County.

- This compares favorably to the state rate of 151.5 per 100,000 population.

*Diabetes Hospitalization Rate*

(1999-2001 Average Annual Hospitalizations per 100,000 Population)

Over the past decade, the age-adjusted diabetes death rate appears to have increased in Effingham County, similar to statewide rates.

*Diabetes Hospitalization Rate*

(1993-2001 Average Annual Hospitalizations per 100,000 Population)
The current and projected growth in the number of people aged 65 years and older in the United States has focused attention on preserving quality of life as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the major causes of disability in the United States. Among musculoskeletal conditions, arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions have the greatest impact on public health and quality of life.


Self-Reported Arthritis & Osteoporosis

Arthritis & Rheumatism
18.2% of Effingham County adults (all ages) report suffering from arthritis or rheumatism.

- This is lower than found nationwide (21.8%).
- 42.0% of local adults aged 65 and older have arthritis or rheumatism.

Osteoporosis
4.0% of Effingham County adults (all ages) report suffering from osteoporosis.

- This is similar to that found nationwide (5.7%).
- 16.5% of local adults aged 65 and older and 7.4% of all women experience osteoporosis.

Self-Reported Prevalence of Arthritis and Osteoporosis

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Items 30,36]
• 2003 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• Illinois data not available.
**Self-Reported Chronic Pain**

**Back Pain**
14.5% of Effingham County adults report suffering from sciatica or chronic back pain.
- This is lower than found nationwide (21.3%).

**Neck Pain**
6.7% of Effingham County adults report suffering from chronic neck pain.
- This is lower than found nationwide (16.9%).

**Headaches**
12.5% of Effingham County adults report suffering from migraines or severe headaches.
- This is lower than found nationwide (9.4%).

---

**Self-Reported Prevalence of Chronic Pain**

- **Sciatica/Chronic Back Pain**: 14.5% (Effingham County) vs. 21.3% (United States)
- **Migraines/Severe Headaches**: 12.5% (Effingham County) vs. 16.9% (United States)
- **Chronic Neck Pain**: 6.7% (Effingham County) vs. 9.4% (United States)

**Sources:**
- 2004 PRC Community Health Survey, Professional Research Consultants. [Items 31, 40, 41]
- 2003 PRC National Health Survey, Professional Research Consultants.

**Notes:**
- Asked of all respondents.
- Illinois data not available.
An estimated 54 million persons in the United States, or nearly 20 percent of the population, currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the U.S.] are more than $300 billion, or 4 percent of the gross domestic product. This total cost includes $160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching $155 billion.

The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.


**Activity Limitations**

12.3% of Effingham County adults report that they are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than national findings (17.2%).
- Similar to statewide findings (14.4%).

### Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.3%</td>
<td>14.4%</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.

**Notes:**
- Asked of all respondents.
In looking at responses by key demographic characteristics, note the following:

- Women much more often report limitations than do men.
- There is a strong correlation with age, with 25.1% of older adults (65+) limited in activities.
- There is a very strong negative correlation with income, with 21.9% of low-income respondents reporting activity limitations.

### Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% Pov</th>
<th>&gt;200% Pov</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1%</td>
<td>14.5%</td>
<td>2.4%</td>
<td>15.7%</td>
<td>25.1%</td>
<td>21.9%</td>
<td>8.4%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 110]
Notes: • Asked of all respondents.

Among persons reporting activity limitations, these are most often attributed to arthritis/rheumatism or back/neck problems.

### Type of Problem That Limits Activities (Among Those Reporting Activity Limitations)

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis/Rheumatism</td>
<td>14.6%</td>
</tr>
<tr>
<td>Back/Neck Problem</td>
<td>13.1%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>11.0%</td>
</tr>
<tr>
<td>Heart Problem</td>
<td>10.2%</td>
</tr>
<tr>
<td>Fracture/Joint Injury</td>
<td>6.0%</td>
</tr>
<tr>
<td>Mental/Emotional Problem</td>
<td>3.7%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>3.5%</td>
</tr>
<tr>
<td>Eye/Vision Problem</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other</td>
<td>34.7%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 111]
Notes: • Reflects those respondents who experience activity limitations.
Among the five senses, people depend on vision and hearing to provide the primary cues for conducting the basic activities of daily life. At the most basic level, vision and hearing permit people to navigate and to stay oriented within their environment. These senses provide the portals for language, whether spoken, signed, or read. They are critical to most work and recreation and allow people to interact more fully. For these reasons, vision and hearing are defining elements of the quality of life. Either, or both, of these senses may be diminished or lost because of heredity, aging, injury, or disease. Such loss may occur gradually, over the course of a lifetime, or traumatically in an instant.

Conditions of vision or hearing loss that are linked with chronic and disabling diseases pose additional challenges for patients and their families. From the public health perspective, the prevention of either the initial impairment or additional impairment from these environmentally orienting and socially connecting senses requires significant resources. Prevention of vision or hearing loss or their resulting disabling conditions through the development of improved disease prevention, detection, or treatment methods or more effective rehabilitative strategies must remain a priority.


**Self-Reported Difficulties**

**Hearing Trouble**

9.6% of Effingham County adults report being deaf or having difficulty hearing.

- This is similar to that found nationwide (10.7%).
- Among Effingham County adults aged 65 and older, 28.8% have partial or complete hearing loss.
Vision Trouble

6.0% of Effingham County adults are blind, or have trouble seeing even when wearing corrective lenses.

- This is lower than that found nationwide (8.7%).
- Among Effingham County adults aged 65 and older, 16.4% have vision trouble.

Self-Reported Prevalence of Vision and Hearing Problems

<table>
<thead>
<tr>
<th>Deafness/Trouble Hearing</th>
<th>Blindness/Trouble Seeing (Even With Glasses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effingham County</td>
<td>United States</td>
</tr>
<tr>
<td>9.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>10.7%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Items 27, 28]
• 2003 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• Illinois data not available.
Air Quality Index

The Air Quality Index is a nationwide measure of air quality. Each day, ambient concentrations of five pollutants (carbon monoxide, sulfur oxide, carbon monoxide, particulate matter and nitrous oxide) are measured and rated into one of six categories (good, moderate, unhealthy for sensitive groups, unhealthy, very unhealthy, and hazardous). If a certain pollutant is rated good on one day and another pollutant is rated unhealthy on the same day, the pollutant rated unhealthy is used as the highest pollution level for the area and is consider the main pollutant of the day.

Over the past year, Effingham County did not experienced any days of unhealthy or hazardous air quality ratings.

The following chart shows the air quality indices for Effingham County for much of 2004. Note that:

- Effingham County had an overwhelming majority of “good” days.
- The main pollutant for all 210 reportable days in 2004 was ozone.

Air Quality Index Summary
(Effingham County, 2004) Median AQI score: Effingham County = 34

- Good 96.2%
- Moderate 3.8%

Sources: • EPA AIRNow AirData Air Quality Index Summary Report.
Notes: • Number of reporting days for Effingham County is 210.
• The daily AQI index value is determined by the highest individual value of five pollutants (ground-level ozone, particulate matter, carbon monoxide, sulfur dioxide, and nitrogen oxide).
• Good denotes AQI values from 0 to 50, moderate from 51 to 100, unhealthy for sensitive groups from 101 to 150, and unhealthy from 151 to 200. Very unhealthy and hazardous would signify days where the AQI value is over 200.
• Data is current as of April 6, 2005.
**Areas of Nonattainment**

Areas of the country where air pollution levels persistently exceed the national ambient air quality standards may be designated "nonattainment."

**As of April 2005, Effingham County was designated as a nonattainment area by the Environmental Protection Agency for NONE of the following pollutants:**

- Ozone = Attainment
- Carbon Monoxide = Attainment
- Nitrogen Dioxide = Attainment
- Sulfur Dioxide = Attainment
- Particulate Matter = Attainment
- Lead = Attainment

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**Environmental Tobacco Smoke**

15.9% of Effingham County adults report that a member of their household has smoked cigarettes in the home in the past month on an average of four or more times per week.

- Statistically similar to national findings (18.8%).

**Member of Household Smokes at Home**

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.9%</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

Notes: 6.7% of Effingham County nonsmokers are exposed to smoke at home.

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 60]
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
• Illinois data not available.
• “Smokes at home” refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.

Respondents more often reporting living with a smoker in the home include:

- Men.
- Adults aged 18 to 64 years.
- Persons living at lower income levels.
14.1% of Effingham County households with young children have someone who smokes cigarettes in the home.

- Statistically similar to national findings (18.3%).
- Fails to satisfy the Healthy People 2010 Objective for households with young children (10% or lower).

### Percentage of Households With Young Children In Which Someone Smokes in the Home

(Among Households With Children Under 18)

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 146]


Notes: • Reflects respondents with children aged 0 to 6 years old.

*Smokes in the home* refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.
Infectious diseases remain major causes of illness, disability, and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases.


Vaccine-Preventable Disease Incidence

**Measles, Mumps, and Rubella**
Between 1992 and 2002, there were no reported cases of measles or rubella; and 1 case of mumps (reported in 1993) in Effingham County.

**Diphtheria, Tetanus, and Pertussis**
Between 1992 and 2002, there were no reported cases of diphtheria or tetanus; and 3 cases of pertussis (all reported in 2002) in Effingham County.

**Polio**
There were no reported cases of polio reported in Effingham County between 1992 and 2002.

**Childhood Immunization**

Children between the ages of 19 and 35 months are considered to be up-to-date for their immunizations if they have had their 4:3:1 series (4 or more doses of diphtheria, tetanus and pertussis; 3 or more doses of poliovirus; and 1 or more doses of measles, mumps rubella).

**Between 1999 and 2001, 74.3% of two-year old children seen in a health department in Effingham County were up to date for immunizations [4:3:1 vaccination series].**

- Since the mid-1990s, this level of immunization [4:3:1 vaccination series] among two-year old Effingham County children seen in health departments declined.
Influenza/Pneumonia Vaccination

Influenza Vaccination

66.9% of Effingham County adults aged 65 and older have received a flu shot within the past year.

- Statistically similar to national findings (66.6%).
- Similar to Illinois findings (62.2%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Includes 68.8% of Effingham County men 65 and older and 65.9% of Effingham County women 65 and older.

It is important to consider the shortage of flu shots this past year when reviewing these results (national and state benchmarks do not reflect the current flu season).
14.2% of Effingham County high-risk adults aged 18 to 64 have received a flu shot within the past year.

- Less favorable than national findings (38.6%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).
- Includes 12.4% of Effingham County men (18 to 64) at high risk and 16.3% of Effingham County women (18 to 64) at high risk — “high-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.
- It is important to consider the shortage of flu shots this past year when reviewing these results (national and state benchmarks do not reflect the current flu season).
### Have Had a Flu Shot in the Past Year

(Among High-Risk Adults Aged 18 to 64)

Source: Professional Research Consultants, 2004 PRC Community Health Survey.

**Notes:**
- "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Illinois data not available.

**Effingham County**
- 14.2% have had a flu shot

**United States**
- 38.6% have had a flu shot

### Pneumonia Vaccination

60.5% of Effingham County adults aged 65 and older have received a pneumonia vaccination at some point in their lives.

- Statistically similar to national findings (62.0%).
- Similar to Illinois findings (57.0%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Includes 67.1% of Effingham County men 65 and older and 57.1% of Effingham County women 65 and older.
19.5% of Effingham County high-risk adults aged 18 to 64 have received a pneumonia vaccination at some point in their lives.

- Statistically similar to national findings (24.3%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).
Tuberculosis

Tuberculosis (TB) is an infectious disease caused by a type of bacteria called *Mycobacterium tuberculosis*. TB is spread from person to person through the air, as someone with active tuberculosis of the respiratory tract coughs, sneezes, yells, or otherwise expels bacteria-laden droplets.

The Institute of Medicine (IOM), an arm of the National Academy of Sciences, released a report in May 2000 that lays out an action plan for eliminating tuberculosis in the United States … As a key part of the plan, new TB treatment and prevention strategies must be developed that are tailored to the current environment. Among today’s hallmarks:

- Tuberculosis now occurs in ever-smaller numbers in most regions of the country.
- Foreign-born people (both legal and undocumented immigrants) coming to the United States from countries with high rates of TB now account for nearly half of all TB cases.
- Higher numbers of cases are concentrated in pockets located in major metropolitan areas, and this increased prevalence is due, in large part, to the increased number of people with or at risk for HIV/AIDS infection.
- Other groups, such as HIV-infected people and the growing population of prison inmates, the homeless, and intravenous drug abusers, are emerging as being at high risk.


Between 1999 and 2001, there were no reported cases of in Effingham County.

- Satisfies the Healthy People 2010 target (no more than 1 case per 100,000).
- The national rate was 6.0 cases per 100,000.
- The statewide rate was 6.1 cases per 100,000.

**Tuberculosis Case Rates**

(1999-2001 Annual Average Rate per 100,000 Population)

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics, Health, United States.

Notes: • Rates are per 100,000 population.
• Annual averages are simple three-year averages.
The tuberculosis rate appears to have decreased in Effingham County, and no tuberculosis cases have been reported since 1996.

### Tuberculosis Case Rates
(1993-2001 Cases per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994-1996</td>
<td>3</td>
<td>8.2</td>
<td>8.7</td>
</tr>
<tr>
<td>1995-1997</td>
<td>2</td>
<td>8</td>
<td>8.1</td>
</tr>
<tr>
<td>1996-1998</td>
<td>1</td>
<td>7.7</td>
<td>7.4</td>
</tr>
<tr>
<td>1997-1999</td>
<td>0</td>
<td>7.3</td>
<td>6.9</td>
</tr>
<tr>
<td>1998-2000</td>
<td>0</td>
<td>6.5</td>
<td>6.4</td>
</tr>
<tr>
<td>1999-2001</td>
<td>0</td>
<td>6.1</td>
<td>6</td>
</tr>
</tbody>
</table>

Healthy People 2010 Objective is 1 case per 100,000 or lower

- **Sources:**
  - Indiana Department of Public Health, IPLAN.
  - National Center for Health Statistics, Health, United States.

- **Notes:**
  - Rates are per 100,000 population.
  - Annual averages are simple three-year averages.
HIV

In the United States, HIV/AIDS remains a significant cause of illness, disability, and death, despite declines in 1996 and 1997.

Principal health determinants. Behaviors (sexual practices, substance abuse, and accessing prenatal care) and biomedical status (having other STDs) are major determinants of HIV transmission. Unprotected sexual contact, whether homosexual or heterosexual, with a person infected with HIV and sharing drug-injection equipment with an HIV-infected individual account for most HIV transmission in the United States. Increasing the number of people who know their HIV serostatus is an important component of a national program to slow or halt the transmission of HIV in the United States.

For persons infected with HIV, behavioral determinants also play an important role in health maintenance. Although drugs are available specifically to prevent and treat a number of opportunistic infections, HIV-infected individuals also need to make lifestyle-related behavioral changes to avoid many of these infections. The new HIV antiretroviral drug therapies for HIV infection bring with them difficulties in adhering to complex, expensive, and demanding medication schedules, posing a significant challenge for many persons infected with HIV.

Because HIV infection weakens the immune system, people with tuberculosis (TB) infection and HIV infection are at very high risk of developing active TB disease.

Comparing the 1980s to the 1990s, the proportion of AIDS cases in white men who have sex with men declined, whereas the proportion in females and males in other racial and ethnic populations increased, particularly among African Americans and Hispanics. AIDS cases also appeared to be increasing among injection drug users and their sexual partners. The true extent of the epidemic remains difficult to assess for several reasons, including the following:

- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.

- Because of a lack of awareness of HIV serostatus as well as delays in accessing counseling, testing, and care services by individuals who may be infected or are at risk of infection, some populations do not perceive themselves to be at risk. As a result, some HIV-infected persons are not identified and provided care until late in the course of their infection.


Age-Adjusted HIV/AIDS Deaths

Between 2000 and 2002, there were no HIV/AIDS deaths in Effingham County.

- Lower than the age-adjusted mortality rate nationwide (5.0 per 100,000).
- Lower than the age-adjusted mortality rate statewide (4.0 per 100,000).
HIV/AIDS death rates in Effingham County have decreased in the past decade, similar to trending seen across the state and country.

- Note that the decrease in AIDS mortality is largely due to medical, especially pharmaceutical advances; AIDS cases continue to be diagnosed in Effingham County, as described in the next section.
HIV/AIDS Incidence

HIV/AIDS Incidence Rate
Between 2001 and 2003, there were 4 new AIDS cases diagnosed in Effingham County.

AIDS Cases and Deaths
(Effingham County; New AIDS Cases and Deaths)

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992-1994</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1995-1997</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1998-2000</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>2001-2003</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Sources:
- Indiana Department of Public Health, IPLAN.
- Graph shows actual number of cases and deaths within the three year time period. Numbers are not averages.

Related Health Panel Findings: HIV/AIDS

One panelist was critical of Illinois’ policies for the price of the prescription drugs needed for HIV-positive individuals.

“In the State of Illinois, for individuals who are HIV positive, the drugs that are available for them are extremely expensive, so they are actually leaving the State because our State does not provide the help and coverage. In Missouri, there is a very large population of gay individuals in that area, because they have a wonderful program in which they don’t have to pay hardly anything for their drugs.” — Social Services

A few panelists discussed the rising costs of taking care of HIV patients, as well as the limited but rising numbers of HIV/AIDS patients in the area.

“Our AIDS population is going up. We have been relatively fortunate that we’ve had a very, very small number of cases in Effingham County.” — Community Leader

“Our growing number of AIDS patients will affect the hospital because that population has tremendous financial needs in terms of long-term medical problems, because they can live a long time now with the drugs.” — Community Leader

“In the past if you’ve had AIDS and you lived in Effingham County, you left for treatment somewhere else. Heartland has been dealing with the local treatment and providing services for individuals who have been diagnosed with AIDS, but they ran out of money because the need is so high and are trying to apply more money. It is becoming more of an issue because they’re staying here for treatment now.” — Community Leader

(See also “Family Planning” for information about condom use among unmarried adults.)
Among Effingham County adults aged 18 to 64 years, 46.5% report that they have ever been tested for human immunodeficiency virus (HIV).

- Lower than the proportion found nationwide (53.3%).
- Higher than the proportion found statewide (39.5%).
- 14.2% of adults aged 18 to 64 report that they have had an HIV test in the past year.

By demographic characteristics, young adults more often report having been tested for HIV compared to middle-aged adults.
Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs are among many related factors that affect the broad continuum of reproductive health agreed on in 1994 by 180 governments at the International Conference on Population and Development (ICPD). At ICPD, all governments were challenged to strengthen their STD programs. STD prevention as an essential primary care strategy is integral to improving reproductive health.

Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and health care professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.


**Syphilis**

There were no primary/secondary syphilis cases reported in Effingham County between 2001 and 2003.

- Lower than rates reported statewide (3.4).
- Lower than rates reported across the U.S. (2.2).

**Primary & Secondary Syphilis Case Rates**

(2001-2003 Annual Average Rate per 100,000 Population)

---

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics. Health, United States.
• Rates are per 100,000 population.
• Annual averages are simple three-year averages.
• 2003 data not yet available for the United States, 2000-2002 data used.
The Effingham County primary/secondary syphilis incidence rate remained negligible in the last decade.

**Primary & Secondary Syphilis Case Rates**

(1993-2003 Cases per 100,000 Population)

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<tr>
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<td>2.4</td>
<td>2.2</td>
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<td>2.2</td>
</tr>
</tbody>
</table>

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics. Health, United States.

Notes: • Rates are per 100,000 population.
• Annual averages are simple three-year averages.
• 2003 data not yet available for the United States.

---

**Gonorrhea**

The 2001-2003 incidence rate for gonorrhea in Effingham County is 5.8 per 100,000 population.

- Much lower than rates reported statewide (187.5).
- Much lower than rates reported across the U.S. (127.5).
- Satisfies the Healthy People 2010 goal of 19 cases or fewer per 100,000.
- It is important to note that rates based on lower incidences of disease in Effingham County may be unstable.

**Gonorrhea Case Rates**

(2001-2003 Annual Average Rate per 100,000 Population)

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics. Health, United States.

Notes: • Rates are per 100,000 population.
• 2003 data not yet available for the United States, 2000-2002 data used.
• Annual averages are simple three-year averages.
The Effingham County gonorrhea incidence rate has remained very low and stable in recent years.

**Gonorrhea Case Rates**
(1993-2003 Cases per 100,000 Population)

![Gonorrhea Case Rates Graph](image)

<table>
<thead>
<tr>
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Sources:  
- Indiana Department of Public Health, IPLAN.
- National Center for Health Statistics. Health, United States.

Notes:  
- Rates are per 100,000 population.
- Annual averages are simple three-year averages.
- 2003 data not yet available for the United States.

**Chlamydia**

The incidence rate for chlamydia in Effingham County is 103.1 per 100,000 population.

- Much lower than rates reported statewide (376.1).
- Much lower than rates reported across the U.S. (275.7).

**Chlamydia Case Rates**
(2001-2003 Annual Average Rate per 100,000 Population)

![Chlamydia Case Rates Graph](image)

Sources:  
- Indiana Department of Public Health, IPLAN.
- National Center for Health Statistics. Health, United States.

Notes:  
- Rates are per 100,000 population.
- Annual averages are simple three-year averages.
The Effingham County chlamydia incidence rate has increased in recent years, similar to national and state trends.

Chlamydia Case Rates
(1993-2003 Cases per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
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Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics. Health, United States.
Notes: • Rates are per 100,000 population.
• Annual averages are simple three-year averages.
• 2003 data not yet available for the United States.

Hepatitis B

There were no cases of hepatitis B reported in Effingham County between 2000 and 2002.

- Lower than rates reported statewide (1.6).
- Lower than rates reported across the U.S. (2.9).

Hepatitis B Rates
(2000-2002 Annual Average Rate per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
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<td>2000-2002</td>
<td>0.0</td>
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<td>2.9</td>
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</tbody>
</table>

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics. Health, United States.
Notes: • Rates are per 100,000 population.
• Annual averages are simple three-year averages.
The Effingham County hepatitis B incidence rate has decreased in recent years, and no cases have been reported since 1995.

### Hepatitis B Rates

#### (1993-2002 Cases per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
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**Sources:**
- Indiana Department of Public Health, IPLAN.
- National Center for Health Statistics, Health, United States.

**Notes:**
- Rates are per 100,000 population.
- Annual averages are simple three-year averages.

### Related Health Panel Findings: STDs

Healthcare panelists discussed the rise in STDs, as well as the increase in sexual activity among teens who are not worried of the dangers of STDs.

*“STDs are on the incline. There is a lot of chlamydia.”* — Social Services

*“We are now seeing junior high kids with STDs because they are making sure they don't get pregnant, but not worrying about STDs.”* — Health Professional

*“There is a lot of sexual activity, adolescent sexual activity, that doesn't necessarily result in pregnancy, but results in genital warts or the diseases involved with many partners that is affecting a lot of young lives.”* — Business Leader
The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the U.S. population and as a predictor of the health of the next generation… Infant mortality is an important measure of a nation’s health and a worldwide indicator of health status and social well-being. As of 1995, the U.S. infant mortality rates ranked 25th among industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW), actually have increased in the United States. In addition, the disparity in infant mortality rates between whites and specific racial and ethnic groups (especially African Americans, American Indians or Alaska Natives, Native Hawaiians, and Puerto Ricans) persists. Although the overall infant mortality rate has reached record low levels, the rate for African Americans remains twice that of whites.

LBW is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities… The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low prepregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor.

African American and Hispanic women also are less likely than whites to enter prenatal care early. For both African American and white women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline… Women in certain racial and ethnic groups also are less likely than white women to breastfeed their infants.


**Prenatal Care**

**Timely Prenatal Care**

Early and continuous prenatal care is the best assurance of infant health.

In Effingham County between 2000 and 2002, 90.0% of women giving birth did receive prenatal care during the first trimester of pregnancy.

- The percentage of births with first-trimester prenatal care is somewhat higher the proportion across the state and nation (81.8% and 83.4%, respectively).
- Identical to the Healthy People 2010 target (90% or higher).
- The Effingham County proportion has increased overall in the past decade.
Adequate Prenatal Care

The following chart provides an illustration of births in Effingham County wherein the mother received “adequate” prenatal care. In this case, adequacy is determined based upon the gestational age of the infant at the time of delivery, the trimester the prenatal care began, and the number of prenatal visits.

Between 2000 and 2002, 85.3% of births in Effingham County did receive adequate prenatal care.

This proportion has increased over the past several years, mirroring state and national
Birth Outcomes

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

An annual average of 6.5% of Effingham County births between 2000 and 2002 were of low birthweight.

- Lower than the proportion nationwide (7.7%).
- Lower than the incidence rate statewide (8.1%).
- Fails to satisfy the Healthy People 2010 target (5% or lower).

Low-Weight Births

(2000-2002 Low-Weight Births as % of Live Births)

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics. Health, United States.

Notes: • Numbers represent simple three-year averages of percentages of live births.

Over the past several years, the proportion of Effingham County low-weight births varied considerably, showing an overall increase.
Very Low-Weight Births

Very low birthweight babies, those who weigh less than 1,500 grams (3 pounds, 5 ounces) Infants born at very low birth weight, are at highest risk of dying in their first year. VLBW is primarily associated with preterm birth. Further improvement in the survival of VLBW infants might be nearly impossible, and reduction in the underlying rate of VLBW births is the only avenue toward reduction of neonatal mortality rates.


An annual average of 0.9% of Effingham County births between 2000 and 2002 were of very low birthweight.

- Lower than the proportion nationwide (1.4%).
- Lower than the proportion statewide (1.7%).
- Identical to the Healthy People 2010 target (0.9% or lower).
Over the past several years, the proportion of Effingham County low-weight births has remained relatively stable.

**Cesarean Section Births**

While Cesarean (surgical) deliveries are sometimes medically indicated, Cesarean birth can carry a greater risk for both the mother and the baby than a vaginal delivery. Some of the increased risks for the mother include possible infection of the uterus and nearby pelvic organs; increased bleeding; blood clots in the legs, pelvic organs and sometimes the lungs; and, in very rare situations, death. For babies, there is the risk of being born prematurely if the due date is not accurately calculated. This can mean difficulty breathing (respiratory distress) and low birthweight. The baby also may be sluggish as a result of the anesthesia. A cesarean birth also is more painful, is more expensive, and takes longer to recover from than a vaginal birth.

– March of Dimes

An annual average of 24.3% of Effingham County births between 2000 and 2002 were C-section births.

- Lower than the proportion nationwide (24.5%).
- Higher than the proportion statewide (22.4%).
Over the past several years, the proportion of C-section births has varied, decreasing initially, then increasing since 2000.
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Infant death is a critical indicator of the health of a population. It reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants. Despite steady declines in the 1980s and 1990s, the rate of infant mortality in the United States remains among the highest in the industrialized world. In the early 1990s, the introduction of synthetic surfactant contributed to declines in neonatal mortality rates through decreased new cases of intraventricular hemorrhage and decreased severity of respiratory disease in preterm, very small infants. The health of infants depends in large part on their health in utero.


Between 1997 and 2001, there was an annual average of 6.8 infant deaths per 1,000 live births in Effingham County.

- Lower than the infant mortality rate nationwide (7.0 per 1,000 live births).
- Lower than the Illinois infant mortality rate (8.1 per 1,000 live births).
- Fails to satisfy the Healthy People 2010 target (4.5 or fewer per 1,000 live births).
- It is important to note that mortality rates based on low incidences of death may be unstable. Five-year averages for infant and neonatal mortality were used due to the instability of the three-year averages.

Infant Mortality Rates
(1997-2001 Five-Year Average; Infant Deaths per 1,000 Live Births)

Healthy People 2010 Objective is 4.5 per 1,000 live births or lower

Effingham County: 6.8
Illinois: 8.1
United States: 7.0

Sources:  • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics, Health, United States.
Notes:  • Rates are simple five-year averages of deaths of children under 1 year old per 1,000 live births.
The following chart shows the trend in infant mortality over the past several years.

### Infant Mortality Rates
**(Five-Year Averages; Infant Deaths per 1,000 Live Births)**

<table>
<thead>
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<th>Year of Averages</th>
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<th>United States</th>
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<td>1993-1997</td>
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<td>7.7</td>
</tr>
<tr>
<td>1994-1998</td>
<td>3.4</td>
<td>8.6</td>
<td>7.5</td>
</tr>
<tr>
<td>1995-1999</td>
<td>5.1</td>
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<td>7.3</td>
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<td>1996-2000</td>
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<tr>
<td>1997-2001</td>
<td>6.8</td>
<td>8.1</td>
<td>7.0</td>
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</table>

<table>
<thead>
<tr>
<th>Healthy People 2010 Objective</th>
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<td>United States:</td>
<td>8.0, 7.7, 7.5, 7.3, 7.1, 7.0</td>
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</tbody>
</table>

Sources:
- Indiana Department of Public Health, IPLAN.
- National Center for Health Statistics, Health, United States.

Notes:
- Rates are simple five-year averages of deaths of children under 1 year old per 1,000 live births.

### Neonatal Mortality

Neonatal mortality rates reflect deaths of children in their first 28 days per 1,000 live births.

The leading causes of neonatal death include birth defects, disorders related to short gestation and low birthweight, and pregnancy complications. Of these, the most likely to be preventable are those related to preterm birth and low birthweight, which represent approximately 20 percent of neonatal deaths.


**Between 1997 and 2001, there was an annual average of 3.4 neonatal deaths per 1,000 live births in Effingham County.**

- Lower than the neonatal mortality rate nationwide (4.7 per 1,000 live births).
- Lower than the Illinois neonatal mortality rate (5.4 per 1,000 live births).
- Fails to satisfy the Healthy People 2010 target (2.9 or fewer per 1,000 live births).
The following chart shows the trend in neonatal mortality over the past several years.

**Neonatal Mortality Rates**  
(1997-2001 Five-Year Average; Neonatal Deaths per 1,000 Live Births)

- Healthy People 2010 Objective is 2.9 per 1,000 live births or lower

Sources:  
- Indiana Department of Public Health, IPLAN.  
- National Center for Health Statistics, Health, United States.

Notes:  
- Rates are simple five-year averages of deaths of children within the first 28 days of life per 1,000 live births.

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Sources:  
- Indiana Department of Public Health, IPLAN.  
- National Center for Health Statistics, Health, United States.

Notes:  
- Rates are simple five-year averages of deaths of children within the first 28 days of life per 1,000 live births.
Maternal Lifestyle

Tobacco Use During Pregnancy

Tobacco use during pregnancy has long been associated with a number of adverse outcomes, including low birthweight, intrauterine growth retardation, miscarriage, and infant mortality, as well as negative consequences for child health and development. Substantial costs result from these adverse outcomes.

– National Center for Health Statistics

An annual average of 19.8% of Effingham County births between 2000 and 2002 were to mothers known to use tobacco during pregnancy.

- Higher than the percentage nationwide (11.9%).
- Higher than the statewide percentage (10.5%).
- Fails to satisfy the Healthy People 2010 target (1% or lower).

Percentage of Births to Mothers Who Smoked During Pregnancy
(2000-2002 Births as a Percentage of Live Births)

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics, National Vital Statistic Reports.
Notes: • Numbers are percentages of live births.
• Annual averages are simple three-year averages.
Over the past decade, the proportion of mothers smoking during pregnancy has increased in Effingham County.

### Alcohol Use During Pregnancy

A range of effects, including low birthweight births, and preterm delivery, have been associated with prenatal use of alcohol. Heavy alcohol use is associated with Fetal Alcohol Syndrome, and even moderate alcohol use has demonstrated effects on preterm delivery.


An annual average of 0.2% of Effingham County births between 2000 and 2002 were to mothers known to use alcohol during pregnancy.

- Lower than the statewide percentage (0.4%).
- Satisfies the Healthy People 2010 target (6% or lower).
- It is important to note that maternal alcohol use is substantially underreported in secondary data, such as birth certificates.
### Percentage of Births to Mothers Who Drank During Pregnancy

(2000-2002 Births as a Percentage of Live Births)

<table>
<thead>
<tr>
<th>Year</th>
<th>Effingham County</th>
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<th>United States</th>
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</thead>
<tbody>
<tr>
<td>1993-1995</td>
<td>0.5%</td>
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<tr>
<td>1994-1996</td>
<td>0.5%</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>1995-1997</td>
<td>0.4%</td>
<td>1.1%</td>
<td>1.4%</td>
</tr>
<tr>
<td>1996-1998</td>
<td>0.5%</td>
<td>0.9%</td>
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<td>1999-2001</td>
<td>0.4%</td>
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<td>0.9%</td>
</tr>
<tr>
<td>2000-2002</td>
<td>0.2%</td>
<td>0.4%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics, National Vital Statistic Reports.

Notes: • Numbers are percentages of live births.
• Annual averages are simple three-year averages.
• Maternal alcohol use is substantially underreported on birth certificates compared with information collected in nationally representative surveys of pregnant women (National Center for Health Statistics).

Over the past decade, the proportion of mothers drinking during pregnancy has decreased (as reported on birth certificates), similar to state and nationwide trends.
In an era when technology should enable couples to have considerable control over their fertility, half of all pregnancies in the United States are unintended. Although between 1987 and 1994 the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, other industrialized nations report fewer unintended pregnancies, suggesting that the number of unintended pregnancies can be reduced further. Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies.

Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, health care costs are increased… The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years and poor and African American women are especially likely to become pregnant unintentionally. More than 4 in 10 pregnancies to white and Hispanic females [nationwide] are unintended; 7 in 10 pregnancies to African American females [nationwide] are unintended. Poverty is strongly related to greater difficulty in using reversible contraceptive methods successfully, with these females also the least likely to have the resources necessary to access family planning services and the most likely to be affected negatively by an unintended pregnancy.


**Condom Use**

Among Effingham County adults aged 18 to 44 who have never been married, 66.7% report condom use during their last sexual intercourse.

- Higher than that found nationwide (57.3%).
- Satisfies the Healthy People 2010 target (50% or higher — established for sexually active women 18 to 44 only).
- It is important to note that these data are deemed unreliable due to the low sample size of respondents for this indicator (39 respondents).
Related Health Panel Findings: Teen Sexuality

Many panelists were concerned about the level of sexual activity among teenagers, especially junior high children.

“Our young people only think about sex. I’m talking about junior high and high school.” — Social Services

“Sexuality. Junior high kids are having sex.” — Health Professional

“I think sex among our teenagers is a huge problem. Nationally, one out of four kids at the age of 14 have had intercourse. I think it is higher around here just from talking to adolescents.” — Physician

“I do think this area is doing a better job of offering teen mothers more options.” — Health Professional

Others didn’t feel that the sexual activity among teenagers in the area is any different than elsewhere. A few respondents mentioned the level of sexual education of teenagers in the area.

“I don’t know if sexual activity at an early age is any worse here than elsewhere. If it is a nationwide problem, then I think it is a mass media problem. I think our teenagers are lot more wise about sexuality than they use to be and I think that is keeping them out of trouble. I think that is the reason why we are not seeing more unwanted pregnancies and STDs.” — Physician

“I think that the teenagers here are becoming savvy and then avoiding some of the problems associated with sexual activity such as STDs and unwanted pregnancies.” — Physician

“I think that the kids today are more aware of the types of protective measures.” — Community Leader

In contrast, a few participants were also concerned about the lack of sexual education area teenagers possessed.

“They are starting to have sex in junior high; but the teen pregnancy rate doesn’t seem to be increasing. They are using some type of protection but I also think they are having a lot of oral sex. They also don’t think they can catch anything by having oral sex either.” — Community Leader
Births to Teenage Mothers

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenaged mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States.


Between 2000 and 2002, an annual average of 9.0% of Effingham County births were to mothers between the ages of 15 and 19 years old.

- Lower than the proportion nationwide (11.3%).
- Lower than the proportion statewide (10.3%).

Percentage of Births to Teenage Mothers (10-19)
(2000-2002 Births To Teen Mothers as Percentage of Live Births)

Sources: • Indiana Department of Public Health, iPLAN.
• National Center for Health Statistics, Health, United States.
Notes: • Annual averages are simple three-year averages.
• 2003 data not yet available for the United States, 2000-2002 data used.

Over the past several years, the proportion of teen births in Effingham County has decreased.
Births to Unwed Mothers

Between 2000 and 2002, an annual average of 26.2% of Effingham County births were to unmarried mothers.

- Lower than the proportion nationwide (33.0%).
- Lower than the proportion statewide (34.2%).

Percentage of Births to Unwed Mothers
(2000-2002 Births To Unwed Mothers as Percentage of Live Births)

<table>
<thead>
<tr>
<th>Years</th>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993-1995</td>
<td>10.9%</td>
<td>12.9%</td>
<td>13.1%</td>
</tr>
<tr>
<td>1994-1996</td>
<td>11.4%</td>
<td>12.9%</td>
<td>13.1%</td>
</tr>
<tr>
<td>1995-1997</td>
<td>12.6%</td>
<td>12.7%</td>
<td>13%</td>
</tr>
<tr>
<td>1996-1998</td>
<td>12.8%</td>
<td>12.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>1997-1999</td>
<td>12.1%</td>
<td>12.3%</td>
<td>12.5%</td>
</tr>
<tr>
<td>1998-2000</td>
<td>12.2%</td>
<td>11.9%</td>
<td>12.2%</td>
</tr>
<tr>
<td>1999-2001</td>
<td>10.5%</td>
<td>11.4%</td>
<td>11.8%</td>
</tr>
<tr>
<td>2000-2002</td>
<td>10.2%</td>
<td>10.9%</td>
<td>11.3%</td>
</tr>
<tr>
<td>2001-2003</td>
<td>9%</td>
<td>10.3%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- Indiana Department of Public Health, IPLAN.
- National Center for Health Statistics, Health, United States.

Notes:  
- Numbers are percentages of live births.
- Annual averages are simple three-year averages.
- 2003 data not yet available for the United States.
Over the past several years, the proportion of births to unwed mothers in Effingham County has increased.

### Percentage of Births to Unwed Mothers

(Three-Year Averages; Percentage of Live Births)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Effingham County</td>
<td>19.4%</td>
<td>19.8%</td>
<td>20.6%</td>
<td>22%</td>
<td>23.4%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Illinois</td>
<td>34.1%</td>
<td>33.9%</td>
<td>33.6%</td>
<td>33.7%</td>
<td>33.9%</td>
<td>34.2%</td>
</tr>
<tr>
<td>Series 3</td>
<td>31.9%</td>
<td>32.4%</td>
<td>32.3%</td>
<td>32.5%</td>
<td>32.7%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics, Health, United States.
Notes: • Represent births to unwed mothers as a percentage of all live births.
• Annual averages are simple three-year averages.

### Births to Mothers With Less than 12 Years Education

Between 2000 and 2002, an annual average of 12.5% of Effingham County births were to mothers who had not finished high school.

- Lower than the proportion nationwide (21.8%).
- Lower than the proportion statewide (21.9%).

### Percentage of Births to Women With Less than 12 Years of Education

(2000-2002 Births as Percentage of Live Births)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Effingham County</td>
<td>12.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td></td>
<td>21.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td></td>
<td></td>
<td>21.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: • Indiana Department of Public Health, IPLAN.
• National Center for Health Statistics, Health, United States.
Notes: • Numbers are percentages of live births.
• Annual averages are simple three-year averages.
Over the past several years, the proportion of births to unwed mothers in Effingham County has increased.

Percentage of Births to Women With Less than 12 Years of Education
(Three-Year Averages; Percentage of Live Births)

<table>
<thead>
<tr>
<th>Year</th>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993-1995</td>
<td>10.5%</td>
<td>22.7%</td>
<td>22.9%</td>
</tr>
<tr>
<td>1994-1996</td>
<td>11.1%</td>
<td>22.7%</td>
<td>22.6%</td>
</tr>
<tr>
<td>1995-1997</td>
<td>11.8%</td>
<td>22.4%</td>
<td>22.4%</td>
</tr>
<tr>
<td>1996-1998</td>
<td>12.1%</td>
<td>22.1%</td>
<td>22.1%</td>
</tr>
<tr>
<td>1997-1999</td>
<td>11.7%</td>
<td>22%</td>
<td>21.9%</td>
</tr>
<tr>
<td>1998-2000</td>
<td>12.5%</td>
<td>21.9%</td>
<td>21.8%</td>
</tr>
</tbody>
</table>

Sources:
- Indiana Department of Public Health, IPLAN.
- National Center for Health Statistics, Health, United States.

Notes:
- Represent births to mothers with less than 12 years of education as a percentage of all live births.
- Annual averages are simple three-year averages.
MODIFIABLE HEALTH RISKS

ACTUAL CAUSES OF DEATH

A landmark 1993 study estimated that as many as one-half of all premature deaths in the United States were attributed to social and behavioral factors, and in theory, were preventable.

The most prominent contributors to mortality in the United States in 1990 were tobacco (an estimated 400,000 deaths), diet and activity patterns (300,000), alcohol (100,000), microbial agents (90,000), toxic agents (60,000), firearms (35,000), sexual behavior (30,000), motor vehicles (25,000), and illicit use of drugs (20,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations… Approximately half of all deaths that occurred among U.S. residents in 1990 could be attributed to the [social and behavioral risk] factors identified…

There can be no illusions about the difficulty of the challenges in changing the impact these factors have on health status. Of those identified here, the three leading causes of death — tobacco, diet and activity patterns, and alcohol— are rooted in behavioral choices. Behavioral change is motivated not by knowledge alone, but also by a supportive social environment and the availability of facilitative services… The central public health focus for each of these factors must be the possibility for improvement. Change can occur… If the nation is to achieve its full potential for better health, public policy must focus directly and actively on those factors that represent the root determinants of death and disability.


The following chart further outlines the relationship that exists among these behavioral risk factors and the leading causes of death, such as heart disease and cancer.
### Actual Causes of Death

<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Tobacco use</th>
<th>Poor diet</th>
<th>Lack of physical activity</th>
<th>Alcohol abuse</th>
<th>Firearms</th>
<th>Unsafe sexual behavior</th>
<th>Motor vehicles</th>
<th>Lack of preventive medical care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>Prevention</td>
<td>Prevention</td>
<td>Prevention, Control</td>
<td>Use can be beneficial at low doses</td>
<td></td>
<td></td>
<td></td>
<td>Screening for risk factors such as blood pressure* and cholesterol</td>
</tr>
<tr>
<td>Cancer</td>
<td>Prevention of various cancers</td>
<td>Prevention of colon cancer</td>
<td>Prevention of various cancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Screening: early detection</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>Prevention</td>
<td>Prevention</td>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Anticipatory guidance</td>
</tr>
<tr>
<td>Suicide</td>
<td>Prevention</td>
<td>Prevention</td>
<td>Control of depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Control of mental disorders</td>
</tr>
<tr>
<td>Liver disease</td>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Screening for alcohol abuse</td>
</tr>
<tr>
<td>Stroke</td>
<td>Prevention</td>
<td>Prevention</td>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Screening for blood pressure; Control</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Control</td>
<td>Control, Prevention</td>
<td>Control, Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Control</td>
</tr>
<tr>
<td>COPD</td>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Screening for STDs; Control</td>
</tr>
</tbody>
</table>

**Notes:**
1. Premature deaths are defined as those occurring before age 65. These deaths accounted for 25% of all deaths to Washington residents in this time period. This is a conservative estimate of “premature death;” some deaths after age 65 are also premature.
2. The listed actual causes of death do not account for all deaths in those aged under 65. There are additional determinants not listed here, such as poverty, genetics, and toxic and microbial agents.
3. Leading causes of death are those which are listed on the death certificate.
4. High blood pressure and obesity can be thought of as "intermediary" causes. Both are determined in part by genetics and in part by behavior. Diet and physical activity are important determinants of obesity.

**Sources:**
- Washington State Department of Health, Office of Epidemiology
Nutrition

Consumption of Fruits & Vegetables

Daily Recommendation

Only 34.3% of Effingham County adults report eating five or more servings of fruits and/or vegetables per day.

- Statistically similar to national findings (37.9%).
- Better than Illinois findings (22.3%).

The following chart further examines fruit/vegetable consumption by various demographic characteristics. As shown, respondents less likely to eat five or more fruits/vegetables per day include:

- Men.
- Adults aged 18-64.
Fruits

52.3% of Effingham County adults report eating at least two servings of fruit per day.

- Similar to national findings (56.3%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 143]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.
**Vegetables**

33.2% of Effingham County adults report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Similar to national findings (31.2%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).

**Consume Three or More Servings of Vegetables per Day, One-Third of Which Are Dark Green or Orange**

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.2%</td>
<td>31.2%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 142]  
• 2003 PRC National Health Survey, Professional Research Consultants.  

Notes: • Asked of all respondents.  
• Illinois data not available.  
• For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

**Health Advice About Diet & Nutrition**

34.8% of Effingham County respondents acknowledge that a physician has counseled them about diet and nutrition in the past year.

- More favorable than national findings (30.4%).
- Among Effingham County overweight respondents, 33.5% report receiving diet/nutrition advice. Among obese respondents, this proportion is 45.6%.
Related Health Panel Findings: Nutrition

Food selection in schools, as well as better modeling by parents, were two options discussed by panelists as ways to improve nutrition in area children.

“We’ve seen communities who have eliminated the junk food at their schools.” — Health Professional

“I think that the kids’ eating habits are learned at home though advertisement, family, and society. I think that before banning any type of product or banning any kinds of sales in schools, we as a society have to look at teaching our kids how to eat properly.” — Business Leader
Body Weight

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥ 30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of ≥ 30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.


<table>
<thead>
<tr>
<th>CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obesity</td>
<td>Obesity Class</td>
</tr>
<tr>
<td>I</td>
<td>30.0 – 34.9</td>
</tr>
<tr>
<td>II</td>
<td>35.0 – 39.9</td>
</tr>
<tr>
<td>III</td>
<td>≥40</td>
</tr>
</tbody>
</table>


Healthy Weight

Based on self-reported heights and weights, 30.5% of Effingham County adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Less favorable than national findings (36.7%).
- Far from reaching the Healthy People 2010 target (60% or higher).
Overweight Status

**Adults**

67.8% of Effingham County adults are overweight (BMI ≥ 25).

- Worse than the U.S. overweight proportion (62.0%).
- Less favorable than Illinois findings (60.0%).

27.0% of Effingham County adults are obese (BMI ≥ 30).

- Statistically similar to U.S. findings (25.7%).
- Worse than Illinois findings (23.2%).
- Fails to satisfy the Healthy People 2010 target (15% or lower).
The following chart further examines Effingham County obesity by various demographic characteristics.

- Obesity is more prevalent among persons living at the lower income levels.
- Obesity is higher among adults aged 40 to 64 than among younger or older adults.
Related Health Panel Findings: Overweight

The level of obesity in the community was discussed by a few participants.

“Obesity has become a big problem for our industry [paramedics]. We get out on the scene and we are having to call a second crew to help load the patient into the ambulance.” — Health Professional

“Obesity is a real problem in this community. Because of the interstate, we have sixty or seventy places that you can go to eat in a town of twelve thousand people. I would say that probably as a community, the people of Effingham County eat out more than the average person in America because there are so many places to eat.” — Community Leader

A few participants offered possible ways to increase the wellness of the persons in the community through weight loss and exercise.

“Obesity. In our community there is a significant obese population. And I think some of that is because we have no resources. [Fitness] Clubs are so expensive and people don’t have the motivation. We need more outdoor activities like a walking path. I just think if people have more resources available, they would use them.” — Health Professional

“A local newspaper in conjunction with the hospital sponsored a kind of a weight loss program for about a six-week period. They were hoping to have about 20 teams with 5 members. Instead they had 168 teams with the 5 members sign up for the weight loss. It has been the talk of the town.” — Business Leader

“I think we need to focus more on wellness and exercise and less on weight loss. In my opinion, weight loss may be not healthy.” — Business Leader

Children

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children’s body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender and age specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

- Underweight.............................. < 5th percentile
- At Risk of Overweight............. 85th to 95th percentile
- Overweight................................ ≥ 95th percentile

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

20.4% of Effingham County children aged 6 to 17 are overweight, based on heights/weights reported by surveyed parents.

- Statistically similar to national findings (24.4%).
- Ranges from 30.7% among Effingham County children aged 6 to 12, to 8.7% among Effingham County children aged 13 to 17.
Related Health Panel Findings: Overweight Children

One panelist discussed contributors to childhood overweight: poor nutrition and a sedentary lifestyle.

“Kids, they sit on their butts, eat high-sugar snack foods and play video games.” — Physician

Health Advice About Weight Management

18.1% of Effingham County adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to national findings (17.6%).
- More favorable than Illinois findings (15.2%).
- 22.8% of overweight Effingham County adults and 36.8% of obese Effingham County adults have been given advice about their weight by a health professional in the past year.
Weight Control

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain. Total costs (medical costs and lost productivity) attributable to obesity alone amounted to an estimated $99 billion in 1995.


34.7% of Effingham County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings (35.4%).
- 45.7% of obese Effingham County adults report that they are trying to lose weight through a combination of diet and exercise.
Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity
(Among Respondents Who Are Overweight)

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight or Obese Adults</td>
<td>34.7%</td>
</tr>
<tr>
<td>Obese Adults</td>
<td>35.4%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 136]
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Reflects responses among overweight respondents (categories are not mutually exclusive).
• Illinois data not available.
PHYSICAL ACTIVITY & FITNESS

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.


Work-Related & Leisure-Time Physical Activity

Level of Activity at Work

A majority of employed Effingham County respondents report low levels of physical activity at work.

- 54.6% of employed Effingham County respondents report that their job entails mostly sitting or standing, lower than reported statewide (65.7%).
- 24.5% of employed Effingham County respondents report that their job entails mostly walking.
- 20.9% report that their work is physically demanding, higher than reported statewide (13.3%).
Leisure-Time Physical Activity

37.3% of Effingham County adults report no leisure-time physical activity in the past month.

- Less favorable than national findings (26.8%).
- Less favorable than Illinois findings (25.3%).

No Leisure-Time Physical Activity in the Past Month

The following chart further examines physical inactivity by various demographic characteristics. Note the following relationships:

- As might be expected, indications of no leisure-time physical activity increase with age.
- There is a strong negative correlation with income — persons living at lower income levels more often report not getting any physical activity in their leisure time in the past month.
Effects of Physical Inactivity and Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.

Costs

- The direct medical cost associated with physical inactivity was $29 billion in 1987 and nearly $76.6 billion in 2000.
- The annual cost of obesity in the United States is about $100 billion.
- After controlling for physical limitations and socioeconomic status, researchers found that more than 12% of the annual medical costs of inactive people with arthritis is associated with their inactivity.

Light or Moderate Physical Activity

The following “light or moderate physical activity” indicator reflects survey respondents who report that they participated in light or moderate physical activity in the past month — that which produces only light sweating or a slight to moderate increase in breathing or heart rate — at least five times per week for 30 minutes at a time.
In the past month, 14.1% of Effingham County adults participated in light to moderate physical activity.

- Less favorable than national findings (18.4%).
- Fails to satisfy the Healthy People 2010 target (30% or higher).

**Participate in Light/Moderate Physical Activity**
**Five or More Times per Week for 30 Minutes or More**

![Graph showing participation in light/moderate physical activity in Effingham County and the United States.](image)

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 140]
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
• Takes part in “light/moderate physical activity” (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.
• Illinois data not available.

- Little difference is noted among demographic groups.

**Participate in Light/Moderate Physical Activity**
**Five or More Times per Week for 30 Minutes or More**

![Graph showing participation in light/moderate physical activity by demographics.](image)

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 140]

Notes: • Asked of all respondents.
• Takes part in “light/moderate physical activity” (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.
Vigorous Physical Activity

The following “vigorous physical activity” indicator reflects survey respondents who report that they participated in vigorous physical activity in the past month — that which produces heavy sweating or a large increases in breathing or heart rate — at least three times per week for 20 minutes at a time.

In the past month, 32.3% of Effingham County adults participated in vigorous physical activity.

- Similar to national findings (36.3%).
- Close to the Healthy People 2010 target (30% or higher).

### Participate in Vigorous Physical Activity Three or More Times per Week for 20 Minutes or More

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.3%</td>
<td>23.6%</td>
<td>36.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 139]
- 2003 PRC National Health Survey, Professional Research Consultants.

**Notes:**
- Asked of all respondents.
- Takes part in "vigorous physical activity" (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those demographic groups that fail to satisfy the Healthy People 2010 objective for vigorous physical activity include:

- Older adults (aged 65 or older).
- Persons living below poverty or just above the poverty threshold (<200% poverty).
Related Health Panel Findings: Physical Exercise

A few panelists discussed solutions to the lack of physical exercise in the area, including a physical fitness center, more walking trails, and forms of preventative care, such as yoga classes.

“Our town is pretty good when it comes to physical activity. It’s grown in the last 10-15 years. Any day of the week, you see people out walking or running all hours of the day, and then we have a couple of fitness facilities where 15 years ago we did not have that, so I like to think it’s going in the right direction.” — Business Leader

“Well, I know the community is looking at building some trails throughout the county and I think that’s really needed. About a year and a half ago, I was diagnosed with diabetes, and had some issues, and so I started walking. I lost 35-40 pounds.” — Business Leader

“Where I came from, the local hospital which was about this size, had a physical fitness center and even though there were other places in town that you could go to exercise, the one at the hospital became a very, very popular place. It was cheaper for people to go and work out. I don’t know whether that fits in; but people were really into that sort of thing and perhaps tying that to nutrition, we could have preventive care which could even include yoga classes. It would make people think of staying healthy.” — Community Leader

“Obesity and lack of physical activities are both problems for our young people.” — Health Professional

“Obesity and inactivity are problems because they have computer games and everything else. They’re not outside playing around and have poor diet habits.” — Health Professional

“Physical inactivity and obesity are problems that are going to bankrupt our healthcare system in the future if we don’t get a handle on some of this stuff.” — Physician
35.5% of Effingham County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to national findings (36.6%).
- 34.1% of overweight Effingham County respondents and 47.5% of obese Effingham County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

### Physician Has Asked About or Given Advice Regarding Physical Activity/Exercise in Past Year

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Adults</td>
<td>35.5%</td>
<td>47.6%</td>
</tr>
<tr>
<td>Overweight or Obese Adults</td>
<td>34.1%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Obese Adults</td>
<td>47.5%</td>
<td>36.6%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 22]
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents (categories are not mutually exclusive).
• Illinois data not available.
Substance abuse and its related problems are among society’s most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was $276 billion. This represents more than $1,000 for every man, woman, and child in the United States to cover the costs of health care, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol… Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences… Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior…

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections… Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs… Drug use among adolescents aged 12 to 17 years doubled between 1992 and 1997… Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.


### Self-Reported Alcohol Use

#### High-Risk Alcohol Use

##### Chronic Drinking

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in a typical month. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.
5.1% of Effingham County adults report an average of two or more drinks of alcohol per day in a typical month.

- Similar to national findings (4.2%).

**Chronic Drinkers**

![Chronic Drinkers Chart](chart)

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 148]

Notes: • Reflects the total sample of respondents.

Chronic drinking is more prevalent in Effingham County among:

- Men.
- Adults aged 18 to 64.

**Chronic Drinkers**

![Chronic Drinkers Chart](chart)

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 148]

Notes: • Reflects the total sample of respondents.

Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages in a typical month.

Illinois data not available.
**Binge Drinking**

Binge drinkers include survey respondents who report that there is one or more times in a typical month when they drink five or more drinks on a single occasion.

24.5% of Effingham County adults are binge drinkers.

- Less favorable than national findings (13.7%).
- Less favorable than Illinois findings (18.0%).
- Over six times the Healthy People 2010 target (6% or lower).

Most demographic groups fall outside the targeted Healthy People 2010 range. Binge drinking in Effingham County is more prevalent among:

- Men (particularly men aged 18 to 39).
- Adults aged 18 to 64.
- Persons living at higher incomes.
**Adults Exceeding Guidelines for Low-Risk Alcohol Use**

For men, “low-risk alcohol use” indicates fewer than 56 drinks of alcohol in a typical month and no more than four drinks per occasion. For women, “low-risk alcohol use” indicates fewer than 28 drinks in a typical month and no more than three drinks per occasion.

**34.9% of Effingham County adults exceed established guidelines for low-risk alcohol use.**

- Less favorable than national findings (22.9%).
- Satisfies the Healthy People 2010 target (50% or lower).
The following chart outlines this indicator by various demographic characteristics of the respondents. While each of the demographic segments outlined in the following chart satisfy the Healthy People 2010 objective, note that the following groups more often report drinking behavior that exceeds the low-risk guidelines:

- Men.
- Persons aged 18 to 64, especially younger adults.
- Persons with higher household incomes.

**Adults Exceeding Guidelines for Low-Risk Alcohol Use**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% Pov</th>
<th>&gt;200% Pov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>41.8%</td>
<td>28.3%</td>
<td>45.4%</td>
<td>37%</td>
<td>11.3%</td>
<td>25.5%</td>
</tr>
<tr>
<td>People</td>
<td>Healthy People 2010 Objective is 50% or lower</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Related Health Panel Findings: Alcohol Abuse**

A few panelists discussed the tolerance of alcohol use and abuse in the community, even among teenagers.

“It goes back to parenting. It absolutely amazes me that parents in this community will allow underage parties with alcohol. It just absolutely floors me that we allow that to happen and I think that is a huge problem.” — Physician

“Drinking is so tolerated in this community, it’s no wonder we have a substance abuse problem.” — Social Services

“We see junior high parties where they are drinking alcohol. Parents in this area believe it is a part of growing up.” — Community Leader

“We have picnics in the summers and we have beer trucks on the school grounds. What message are we giving?” — Social Services

“I think the community as whole could use education on substance abuse.” — Social Services

“When we moved here, I remember seeing in the paper that a church picnic was sponsored by a beer company. I know we’re a German community and part of it is cultural, but to serve beer at the church picnic is outrageous.” — Health Professional
“The parents don’t see alcohol as a drug.” — Health Professional

Panelists also discussed the increased use of alcohol in the past few years.

“Alcohol and drug use in teenagers are picking up and this directly leads to mental health problems.” — Physician

“Our community seems to have a rather high incidence of underage drinking, maybe more so than in other communities.” — Business Leader

“As the economy has eroded, alcohol consumption has increased in the area.” — Health Professional

However, one panelist felt alcohol use itself hasn’t increased, just the community’s awareness of the problem.

“I don’t think alcohol use has increased anymore than in any other place. I think the awareness of the seriousness of alcoholism is higher here.” — Community Leader

Drinking & Driving

6.4% of Effingham County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Less favorable than national findings (2.8%).
- Based on current population estimates, this figure represents approximately 1,715 drunk drivers on the streets of Effingham County in the past month.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.4%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 66]
• 2003 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• Illinois data not available.

Drinking and driving is more often reported among:

- Men (especially men aged 18 to 39).
- Adults aged 18 to 64.
5.8% of Effingham County adults acknowledge having ridden with someone in the past month after the driver had perhaps too much to drink.

- Statistically similar to national findings (4.5%).

Riding with a drinking driver is more often reported among young adults.
9.5% of Effingham County adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Less favorable than national findings (6.3%).

**Have Ridden in the Past Month With a Driver Who Had Too Much to Drink**

<table>
<thead>
<tr>
<th>Group</th>
<th>Men</th>
<th>Women</th>
<th>Women 18-39</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% Pov</th>
<th>&gt;200% Pov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>7.1%</td>
<td>4.5%</td>
<td>7.9%</td>
<td>9.4%</td>
<td>4.6%</td>
<td>1.6%</td>
<td>6.4%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

**Have Driven Drunk in the Past Month OR Ridden With a Driver Who Had Too Much to Drink**

- Effingham County: 9.5%
- United States: 6.3%

**Related Health Panel Findings: Driving While Intoxicated**

Panelists were very concerned about the high level of drunk driving in the community, especially among teenagers, as well as the deadly consequences associated with drunk driving.

“We are seeing a high number of DUls.” — Community Leader

“The two riskiest behaviors that I see are underage drinking and the use of, in combination sometimes, all-terrain vehicles that are not supervised by adults. Our kids are in danger. Some have even died.” — Physician

“There is the atrocious acceptance of underage drinking in this area.” — Physician
“I think alcohol consumption in Effingham County is substantially higher than in other communities. I think if you were to talk to the coroner here you will find that a lot of accidental deaths are alcohol-related. Some of this problem is that alcohol is a cultural thing.” — Community Leader

“In rural communities, there is not a lot for teenagers to do so they have parties in remote areas. Then they need to drive to get home after they have been drinking. Ten years ago, the DUI program gave us a bunch of money because Effingham County was one of the number-one counties with alcohol-related accidents in the State of Illinois.” — Community Leader

“What I hear from people who have lost a loved one to drunk driving: ‘Yes, they died in a car crash with alcohol in their system, but they knew how to handle their drinking. They may have been legally drunk, but they knew how to handle their alcohol’.” — Health Professional

**Health Advice About Alcohol Use**

Just 1.7% of Effingham County adults say that a health professional has advised them in the past year to reduce their alcohol consumption.

- Statistically similar to national findings (1.0%).
- Only 4.0% of adults with high-risk alcohol use say that a health professional has advised them to reduce their alcohol consumption.

**Health Professional Has Recommended Reduced Alcohol Consumption in the Past Year**

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Adults</td>
<td>1.7%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Adults Exceeding Guidelines for Low-Risk Alcohol Use</td>
<td>4.0%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 68]
• 2003 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents (categories are not mutually exclusive).
• Illinois data not available.
• For men, “low-risk alcohol use” is fewer than 56 drinks in the past month and no more than 4 drinks per occasion.
• For women, “low-risk alcohol use” is fewer than 28 drinks in the past month and no more than 3 drinks per occasion.
Cirrhosis/Liver Disease

The age-adjusted cirrhosis/liver disease death rate in Effingham County between 2000 and 2002 was 4.8 per 100,000.

- Lower than state and national rates.

**Age-Adjusted Mortality: Cirrhosis/Liver Disease**

(2000-2002 Average Annual Deaths per 100,000 Population)

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
• Annual averages are simple three-year averages.

The age-adjusted cirrhosis/liver disease death rate in Effingham County has varied considerably in the past decade, with a sharp increase then decline seen around 1997.

**Age-Adjusted Mortality: Cirrhosis/Liver Disease**

(1993-2002 Deaths per 100,000 Population)

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2005.

Notes: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Annual averages are simple three-year averages.
• Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).
Self-Reported Illicit Drug Use

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

0.9% of Effingham County adults acknowledge using an illicit drug in the past month.

- More favorable than national findings (3.3%).
- Satisfies the Healthy People 2010 target (2% or lower).

Related Health Panel Findings: Methamphetamines

The presence of methamphetamines in the area was a big concern among panelists. Discussions included manufacturing of the drug:

“We are right between the two highest meth-using counties in this State: Clay County to the south and Coles County to the north.” — Social Services

“I was on the grand jury a couple of years ago in the fall of 2001, and it was shared that there were between one hundred and fifty and two hundred meth dealers in Effingham County alone, not users but dealers. It’s a pretty hefty problem.” — Social Services

“Because we are a rural community it’s easy to hide out and get what they need to make meth, which is something our community is working on.” — Health Professional

“They can’t get the Sudafed over the counter anymore. We’re pulling the Sudafed off the counter.” — Health Professional

“The scariest thing about meth is how easy it is to manufacture and how quickly people can get addicted to it. It started a long time ago on the west coast and now it’s gradually moving across the country. What we don’t know and don’t understand is what kind of long-term effect this really going to have on our kids and in the community.” — Community Leader
“I think if people are bright enough to get these negative things [date rape drug and meth recipes] on the Internet, it can be re-channeled to some kind of a positive action. It’s got to go back to simple motivation to do good things for themselves as opposed being motivated to make those poor choices. We need to get teens excited about morality, consistent morality.” — Social Services

The use and abuse of the drug:

“I think that coke and meth use among teenagers is becoming much more of a problem. Access to drugs is so easy in this area. And then with the drugs comes the criminal stuff.” — Physician

“Substance abuse I think is a huge problem, for both the young and adults, especially meth.” — Social Services

“A person on meth is a danger to us [as healthcare providers]. We have no idea how the person is going to react to our presence.” — Health Professional

“I think our meth use is very high. I see it everywhere.” — Health Professional

“The meth problem in this part of the state is tremendous.” — Physician

“I don’t think the meth problem is as big a problem for the youth as it is for the middle-aged.” — Business Leader

“In the jails, about eighty percent of the inmates are meth users.” — Community Leader

The effect both have on area children:

“A lot of kids being placed in foster care because of methamphetamine manufacturing in the home.” — Social Services

“I do think the County has made a very concerted effort to try and educate us what to look for. If you smell certain things on children, then you know that there is meth being manufactured in the home. I think they’ve made a very concerted effort to try and educate from that standpoint. They are already putting the Sudafed behind the counters.” — Social Services
Substance Abuse Treatment

2.4% of Effingham County adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings (3.8%).
- Among Effingham County respondents reporting alcohol- or drug-related problem behaviors, just 2.4% say that they have sought help in the past.

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem

Related Health Panel Findings: Substance Abuse Treatment

Panelist spent a good deal of time discussing the lack of substance abuse treatment centers in the area, including detox centers:

“We have to send people out of town for detox.” — Social Services

“Outpatient substance abuse treatment is done in Charleston at Heartland. Our only detox center is for adults and is at Our House.” — Health Professional

“We don’t have a detox treatment center. It is very difficult to find a place. Some of the facilities have a 60-day waiting period.” — Community Leader

In-patient intensive care and general care:

“There is no place here for substance abuse treatment.” — Business Leader

“Heartland is a mental health center, but it’s all outpatient. They do some day treatment, but nothing overnight.” — Community Leader

“A lot of our younger kids in need of substance abuse treatment go to Gateway down in Carbondale. Our adults, a lot of them go out to Our House, but Our House is three hours away. We also have a facility in Springfield that will accept adults.” — Community Leader

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants, [Item 72]
• 2003 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• Illinois data not available.
• Adults with “alcohol/drug risk” includes those exceeding low-risk alcohol use guidelines or those who report drunk driving or illicit drug use.
Counseling and support services:

“Heartland doesn’t have that many board-certified counselors. They’ve got counselors. There aren’t any psychologists. There is no place to send persons needing help because they don’t have the resources or they are already full.” — Business Leader

“We are beginning to see the methamphetamine issue. At Heartland services, we are beginning to deal more and more with the psychiatric elements that come along with methamphetamine. I also know that the hospital sees an awful lot of emotional problems related to meth addiction.” — Community Leader

“Heartland treats the majority of substance abuse patients. We also have a couple of other independent groups that help but they don’t offer all of the needed treatment services. One of the struggles that Heartland has is that there is no track record about how to treat methamphetamine substance abuse.” — Community Leader

“I think we need a really good Al-Anon group here. The closest one is down in Charleston or Shelby.” — Health Professional

One panelist praised the availability of Alcoholics Anonymous support services in the area.

“I think we have really good resources. One of the peers that I work with was telling me about all of the different AA groups that you can go to, and I think the hospital is offering a lot of those.” — Health Professional

Drug Crimes

The following chart is a summary of the drug crimes arrests in Effingham County between 1999 and 2003.

- Note the sharp increase in controlled substance arrests in 2003.
- 2003 cannabis and drug paraphernalia arrests are much lower than in 1999 and 2000.

Drug Crime Arrests

(Effingham County)

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>127</td>
<td>62</td>
<td>69</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Controlled Substance</td>
<td>112</td>
<td>61</td>
<td>17</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Hypodermic Needles/Syringes</td>
<td>78</td>
<td>53</td>
<td>40</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>Drug Paraphernalia</td>
<td>127</td>
<td>62</td>
<td>69</td>
<td>88</td>
<td></td>
</tr>
</tbody>
</table>

Sources: • Illinois State Police, Crime in Illinois.
Notes: • Includes only agencies reporting.
Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]... If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least $50 billion per year [other sources estimate more than $75 billion in 1998 (about 8% of the personal health care expenditures in the U.S.)]; direct medical costs related to smoking during pregnancy are approximately $1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

The following chart looks at current smoking prevalence by various demographic characteristics. As shown, cigarette smoking is more prevalent among:

- Adults under the age of 65.
- Persons living in the lower income category.
- Note also that 16.3% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Of the groups outlined in the following chart, only seniors currently satisfy the Healthy People 2010 objective.
**Number of Cigarettes Smoked per Day**

3.9% of Effingham County regular smokers smoke two or more packs (40+ cigarettes) per day.

- Similar to national findings (8.3%).

**Average Number of Cigarettes Smoked per Day**

(Among Current Smokers)

<table>
<thead>
<tr>
<th>Cigarettes per Day</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 Cigarettes/Day</td>
<td>59.1%</td>
</tr>
<tr>
<td>20-39 Cigarettes/Day</td>
<td>37.0%</td>
</tr>
<tr>
<td>40+ Cigarettes/Day</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

**Health Advice About Smoking Cessation**

55.9% of Effingham County smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically similar to national findings (60.0%).

**Health Professional Has Recommended Quitting Smoking in the Past 12 Months**

(Among Current Smokers)

<table>
<thead>
<tr>
<th>Recommended</th>
<th>Yes</th>
<th>55.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Recommended</td>
<td>No</td>
<td>44.1%</td>
</tr>
</tbody>
</table>

Nationwide, 60.0% of smokers have had a doctor, nurse or health professional recommend that they quit smoking in the past year.

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 59]

Notes: • Asked of current smokers.
Smoking Cessation Attempts

40.2% of Effingham County regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to national findings (48.7%).
- Less favorable than statewide findings (52.7%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Adults Who Smoke Cigarettes Every Day)

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.2%</td>
<td>52.7%</td>
<td>48.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 57]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of regular (everyday) smokers.

Related Health Panel Findings: Tobacco Use

While panelists’ views differed on whether smoking has increased in the community, most felt that smoking is a large problem in the community.

“I think tobacco use is a health issue, but I can’t say that it’s necessarily on the rise.” — Social Services

“Smoking is a big problem in this community.” — Health Professional

“I think smoking in this community is dependent on the socio-economic class. When I go to small subsidized apartments, the people there are all smoking and the child has respiratory problems. I see this over and over again.” — Health Professional

“I think we probably match the nation on women smoking. This has become an issue with a lot of younger women, and I think that is the same with a lot of high school kids.” — Community Leader

“I think that smoking has increased significantly in the last five years.” — Health Professional

Panelists discussed issues involved with teenage smoking, including cessation and modeling healthy behavior.

“I think it is accepted if you are of a certain age. If you are fifteen or sixteen and you smoke, you can smoke around your parents now.” — Health Professional
“It’s hard to make them not want to smoke. I just think that quitting smoking has to be their idea. The kids all have jobs, so they all have disposable income now and spend it as they choose.” — Health Professional

“The best teachers for young smokers would be some of these people with extreme emphysema to talk to them. Even then I think they think it won’t happen to them. The best education on any kind of prevention is the one where the kids can relate to the person who has cancer due to smoking and is speaking to them.” — Health Professional

“Well there are health care providers like ourselves that smoke, and they’re caring for that people with emphysema.” — Health Professional

(For information about exposure to environmental tobacco smoke, see also “Environmental Health.”)

**Other Tobacco Use**

**1.9% of Effingham County adults smoke cigars every day or on some days.**
- More favorable than national findings (4.3%).
- Close to the Healthy People 2010 target (2% or lower).

**6.6% of Effingham County adults use chewing tobacco or snuff every day or on some days.**
- Less favorable than national findings (3.9%).
- Fails to satisfy the Healthy People 2010 target (0.4% or lower).

**Use of Cigars or Smokeless Tobacco**

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigars Healthy People 2010 Objective is 2.0% or lower</td>
<td>1.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Chewing Tobacco/Snuff Healthy People 2010 Objective is 0.4% or lower</td>
<td>6.6%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2004 PRC Community Health Survey, Professional Research Consultants, [Items 61, 62]
- 2003 PRC National Health Survey, Professional Research Consultants.

**Notes:**
- Asked of all respondents.
- Includes respondents who smoke cigars or use chewing tobacco/snuff every day or on some days.
- Illinois data not available.
Related Health Panel Findings: Smokeless Tobacco

Panelists discussed the high incidence of smokeless tobacco use in the community and its negative consequences on the health of their community.

“Kids chewing [tobacco] are doing it out in the open more now than they did five years ago. I know they had a lot of programs in school to try to get them not to.” — Health Professional

“A lot of people chew around here. I don’t see the young chewing; I think the younger are a little smarter. At any construction site, you see everyone chewing.” — Business Leader

“Our kids are chewing, too.” — Health Professional

“You see a lot of chewing tobacco which is resulting in gum disease and cancer in the mouth. The chewing is a cultural thing and it affects the entire population.” — Community Leader
Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States... Limitations in access to care extend beyond basic causes, such as a shortage of health care providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or health care professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).


HEALTH INSURANCE COVERAGE

Healthcare Coverage

71.2% of Effingham County adults aged 18 to 64 report having healthcare coverage through private insurance.

10.9% of Effingham County adults aged 18 to 64 report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Among Adults Aged 18 to 64)

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO</td>
<td>39.7%</td>
</tr>
<tr>
<td>Other Private Ins</td>
<td>19.1%</td>
</tr>
<tr>
<td>HMO</td>
<td>12.4%</td>
</tr>
<tr>
<td>Medicare&amp; Medicaid</td>
<td>0.5%</td>
</tr>
<tr>
<td>Medicare</td>
<td>2.2%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>3.8%</td>
</tr>
<tr>
<td>CHAMPUS/Military</td>
<td>4.4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>7.4%</td>
</tr>
<tr>
<td>No Insurance</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Sources:  • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 167]
Notes:   • Reflects respondents aged 18 to 64.
Related Health Panel Findings: High Costs of Healthcare

Panelists discussed the problem of high healthcare costs even for those with insurance.

“Even with insurance, if you have an illness, your premiums go up so much. They can raise your premium and even cancel your insurance.” — Health Professional

“Medicaid doesn’t cover Ensure and it is so expensive.” — Social Services

“Some people have a rider on their health insurance, excluding pre-existing conditions.” — Social Services

“Because of the high deductibles and people losing their jobs we are seeing more bankruptcies. We are seeing more bankruptcy than we had in the last five years. People just can’t pay their bills.” — Health Professional

Lack of Health Insurance Coverage

Uninsured Population

10.5% of Effingham County adults aged 18 to 64 report having no insurance coverage for healthcare expenses.

- Statistically similar to national findings (12.6%).
- Better than Illinois findings (15.6%).
- The Healthy People 2010 target is universal coverage (0% uninsured).

Lack Health Care Insurance Coverage

(Among Adults Aged 18 to 64)

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 167]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Reflects respondents aged 18 through 64.
Further, note that persons living just below or above the poverty level report the highest level of uninsured status.

**Lack Health Care Insurance Coverage**

(Among Adults Aged 18 to 64)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>&lt;200% Pov</th>
<th>&gt;200% Pov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack Coverage</td>
<td>11.9%</td>
<td>9%</td>
<td>10.8%</td>
<td>9.7%</td>
<td>24.3%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 167]

Notes: • Reflects respondents aged 18 through 64.

**Related Health Panel Findings: The Uninsured**

Panelists discussed access to healthcare, especially for the uninsured. Topics ranged from lacking preventive/primary care and emergency care.

“There seems to be a big gap between those individuals on public aid and those with private insurance. In the middle are those who don’t have insurance and don’t qualify for Medicaid or Medicare. It is way too expensive for them to afford healthcare. Where are they suppose to go for simple medical treatment? I’m not talking about anything major, even the flu or something like that. They have no way of paying for it when it is seventy dollars a visit at a doctor’s office.” — Social Services

“There’s a lot of people who don’t have insurance. There’s a lot of people who have a doctor and have had a doctor for years, but have fallen so far behind in their bill that the doctor won’t see them.” — Social Services

“In my field [paramedic], I had one situation where a car was totally demolished and the child was complaining of back pain. The parents said they had no insurance and would not allow us to transport the child to the hospital. And that is becoming a more growing thing, and this is where we can’t force them and we have to let this child go.” — Community Leader

“The middle-aged, middle-class person who has lost their job in this community and has been without health insurance and they have to swallow their pride and go to the doctor and ask for samples of that three-hundred-dollar-a-month medication. My father is due to have a colonoscopy, and he won’t get it done because he can’t afford it.” — Health Professional

“Our biggest health problems are in the people who are not insured.” — Physician

“The working poor are not making enough to get medical benefits.” — Community Leader

“Some people just have very poor money management skills. In my hospice work, there are several families jumping to mind. I went to one home, they were very poor, but they had a huge-screen television, three different game entertainment centers, and a whole slew of games that are 25 to 50 dollars each. They had all kinds of entertainment stuff, but they don’t have enough money to cover other stuff. Well you get it from Rent-A-Center or one of these other rental places where you’re paying three times the price of it at Wal-Mart.
in order to spread it out over a year, so you’ve got a lot of people who it wouldn’t be in financial medical crisis if they knew proper money management.” — Social Services

Related Health Panel Findings: Reimbursements

Many panelists discussed problems in billing and reimbursements through Medicaid, as well as lack of payment by the insured or underinsured. A few offered to have free clinics to offset the cost of attempting to bill and collect money from people who cannot or will not pay for services.

“The few doctors and dentists who do accept Medicaid— and I understand that this is for their own survival— they have to put caps on how many people they’re going to take. So a lot of times, somebody will say there’s four people that take Medicaid, but when you actually talk to those offices, they’re not going to take any new patients, they’re already full, they’re already doing what they feel that they should do and they feel like other people should be doing it.” — Social Services

“While I was in a clinic with about ten physicians, we had a conversation about whether we should even accept any patient applications that are public aid or no insurance for a short time in order to try decrease the loss we had incurred in the past. We voted not to do that mainly because of what we think is a need – but we actually had a conversation about that, and that scares me.” — Physician

“The share of the burden of the people without resources is not evenly shared within the medical staff. One of my goals is to try to develop an equal share to provide care for the underprivileged – if we make a policy of not accepting public aid, our risks tends to be higher since we are all going to be facing accepting patients from the ER with whom we don’t have an established relationship, and that tends to increase the liability. The State or government is not providing a level of immunity as far as malpractice exposure. You know, if they tell me that I will be shielded from a lawsuit if I provide care for free, I will receive an incentive to do so, so we are facing a liability crisis as well. Tort reform ties in very closely with how you’re going to provide and deliver the care.” — Physician

“Give me some incentive to care for these patients with little or no insurance. Let me at least write it off as a charitable deduction. The charges are very easy to calculate. Give me Medicare rates, fine. Let me get a tax deduction on the free care that I’ve given and give me some sort of immunity... I’m getting liability exposure that I am not being reimbursed for so I can’t pay for that liability exposure.” — Physician

“How I think of these patients have got to take more responsibility for their own futures, too. A big reason why a lot these patients go without care and physicians refuse them is that they have been seen in the community before and they’ve failed to comply with advice and because of that, they are high medical risks. It’s not just that the physicians don’t want to see them for free, but these people are the ones who are most likely to end up in court.” — Physician

“We have these people, their attitude is that of entitlement.” — Physician

“Financial decisions are being made by all socioeconomic levels of our community. I interact with a variety of levels of people. And it’s not just the poor or the folks on public aid, there are middle-class people and above that are not going for check-ups or for procedure or whatever, because their insurance deductible is at such a level they don’t want to spend a thousand dollars or two thousand dollars or whatever the cost of a doctor visit is. They are making health care decisions based on the cost of the medication or the cost of seeing the physician.” — Business Leader

“I also think that the community’s sense and the nation’s sense of access is too liberal. We have way too much utilization of services to keep healthcare costs down. And so, I think in order to fix the whole cost of health care, in order to take more people and get better reimbursement and everything else, we need some level of expectation to be set in order to be seen, and we don’t have that in the nation. I mean, I can’t even count how many people go to our ER here with wife, son or daughter who had a fever for less than six hours. It absolutely amazes me that we actually let that type of stuff happen in this country where we have so much overutilization of services.” — Physician
“Public aid acceptance is a limiting factor. Many of the physicians have clearance with the hospital, but do not accept public aid patients, whether they are for eye care or general practice or whatever. That’s a limiting factor for that segment of our population.” — Business Leader

“Public aid reimburses so little that you almost lose money seeing these patients. I know some people do not even charge the system when they see these people because it would cost them more to charge than to get the money, and they limit how many public aid cases they have.” — Physician

“We are being annihilated by underpayment by third-party payers including Medicare, to the point where we can’t rationalize subsidizing inferior payments by either public aid or non-paying patients.” — Physician

“It really works down to the fact that my employees or hospital employees need to get paid. For seven years in Effingham County, I’ve made less money per hour work than my nurses and staff; it just doesn’t seem right.” — Physician

**Impact of Poor Access**

Persons without health insurance coverage are much less likely to have a regular medical care provider, receive routine care, or receive preventive health care screenings.

**Preventive Health Care**

(By Insured Status)

<table>
<thead>
<tr>
<th></th>
<th>Uninsured</th>
<th>Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Source of Ongoing Care</td>
<td>69.1%</td>
<td>86.4%</td>
</tr>
<tr>
<td>Checkup in Past Year</td>
<td>45.1%</td>
<td>66.0%</td>
</tr>
<tr>
<td>Blood Pressure Test in Past 2 Yrs</td>
<td>68.3%</td>
<td>96.6%</td>
</tr>
<tr>
<td>Cholesterol Test in Past 5 Yrs</td>
<td>51.1%</td>
<td>78.4%</td>
</tr>
<tr>
<td>Dental Care in Past Yr</td>
<td>68.3%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Mammogram in Past 2 Yrs (W 40+)</td>
<td>42.6%</td>
<td>82.1%</td>
</tr>
</tbody>
</table>

Sources: 2004 PRC Community Health Survey, Professional Research Consultants. [Items 20,23,46,48,159,160,168]

Notes: Reflects all respondents. Insured respondents include those with either private or government-sponsored insurance plans.
In all, 24.4% of Effingham County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings (36.0%).
- Fails to satisfy the Healthy People 2010 target (7% or lower).

The following chart further examines access difficulties by respondent demographics. Note:

- Women more often report access difficulties than do men.
- Adults aged 18 to 64 more often report troubles compared to older adults.
- Persons living at lower income levels report a much greater amount of difficulty accessing healthcare.
- Persons without health insurance coverage much more often report difficulties or delays in accessing care than do insured respondents.
Barriers to Healthcare Access

Adults

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a prescription in the past year.

Of the tested barriers, **inconvenient office hours** impacted the greatest share of adults in Effingham County (10.1% say they were unable to visit a doctor in the past year because of inconvenient office hours). Nearly as many reported not getting a needed prescription in the past year because of cost.

Barriers to Access Have Prevented Medical Care in the Past Year

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Items 8,9,10,11,12,13 ]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).

Notes: • Asked of all respondents.
Related Health Panel Findings: Cost of Prescription

Panelists discussed the high costs of prescription medicine.

“Even people with insurance can't afford the medicine. I just had someone tell me yesterday that the doctor prescribed a medicine, they had insurance, but they went to get it at the Medicine Shoppe and it was still going to cost them five hundred dollars for ten days.” — Health Professional

“The people who can’t afford medications, they’re being forced to talk to their doctors and tell them that they can’t afford the medicines that they’re on. These people don’t have a resource they can go to for that, and if they did, I think that could be helpful.” — Physician

“Catholic Charities runs a prescription medicine program for people who can’t afford their medication and the number-one presenting issue that we are requested to seek medication for is depression. I think that also goes hand in hand with the fact that people are chronically ill and materially poor, so it does go hand in hand. And then the second-highest diagnostic group is diabetes. That’s very hard to get – we can access the insulin but not the syringes and test strips and the basic stuff like that. So it’s not always just the medication sometimes, it’s medical equipment, like wheelchairs and walkers.” — Social Services

Related Health Panel Findings: Trouble Finding a Physician

Panelists discussed the need for more specialty services, such as therapists, dermatology, psychiatry, neurologists and more.

“We have a shortage in speech therapists, physical therapists, and occupational therapists when it comes to working with young children.” — Social Services

“We really need some medical specialties here like dermatology and psychiatry. We have a dermatologist in town but her waiting list is 6 months. We also need an endocrinologist for pediatrics since our diabetes rate is going up. We have one rheumatologist who comes here once a month, and we don’t even have a gastroenterologist.” — Health Professional

“I think that the lack of access to certain services is a huge problem – gastro-neurology, neurology, hematology, ophthalmology, even primary care at times.” — Physician

“We absolutely have to have more neurologists. I think we also really need to have gastroenterology specialists.” — Physician

“I know that there are doctors who treat women, but I think this community needs a Women’s Health Clinic to deal specifically with women’s issues.” — Community Leader

Some panelists praised the availability of physicians in Effingham County, including the availability of specialists.

“We probably have more doctors in Effingham County than many other places. We have some specialties that some places don’t have access to.” — Social Services

“We actually have a relative abundance of access to physicians in this area compared to a comparable community. Some of that is at risk because of medical malpractice issues in the States, and this recent election was a first step helping resolve some of those issues, but a long-term problem for this community is going to be maintaining the physicians we have and replacing the physicians retiring.” — Physician

Related Health Panel Findings: Transportation

Some panelists felt the transportation for healthcare is more than adequate in Effingham County:
“I have kids that need to go to St. Louis and Springfield and their parents can't get them there. [The] FISH [Organization] will get them there if I can contact them six weeks before the appointment. It is a lot of work and planning. The FISH organization is wonderful.” — Health Professional

“FISH has two vans now. They are both wheelchair accessible.” — Health Professional

“Transportation for the elderly is pretty good. They have Care-A-Van. There’s a weekly rotation, they'll drive a group over to do their grocery shopping, banking and what-not from that community.” — Health Professional

While many feel improvements need to be made.

“We have a local organization called FISH that transports for medical purposes, but sometimes that doesn’t always work or it is not always available.” — Social Services

“We have a big transportation problem in the community. We only have cabs available for people who don't drive or don't have transportation.” — Community Leader

“The aging population is having difficulties accessing services due to lack of transportation. All of the facilities are here, but they need transportation.” — Business Leader

“There are transportation difficulties for our teenage pregnant girls trying to get to the health department for WIC appointments and that type of thing. For medical, we can use a taxi service, but it’s cumbersome, you have to call a Chicago number and get approval, it’s cumbersome through public aid.” — Health Professional

**Children**

Surveyed parents were also asked if, within the past year, they experienced any trouble in receiving medical care for a randomly selected child in their household.

**2.8% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.**

- Statistically similar to national findings (4.6%).
- Among the small number of respondents experiencing difficulties, examples of reasons include cost or a lack of insurance, lengthy waits for an appointment, inconvenient office hours, and lack of specialists.
**PRIMARY CARE SERVICES**

**Provider Relationships**

**Specific Source of Ongoing Care**

Having a specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

**83.0% of Effingham County adults were determined to have a specific source of ongoing medical care.**

- More favorable than national findings (79.0%).
- Fails to satisfy the Healthy People 2010 target (96% or higher).

**Have a Specific Source of Ongoing Medical Care**

![Chart showing comparison between Effingham County and United States in percentage of adults having a specific source of ongoing medical care.]

**Sources:**
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 168]
- 2003 PRC National Health Survey, Professional Research Consultants.

**Notes:**
- Asked of all respondents.
- Illinois data not available.
- A specific source of ongoing care includes having a doctor’s office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military/VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.

Those least likely to have a specific source of ongoing medical care include:

- Men.
- Younger adults.
- Those living at lower income levels.
- The uninsured.
Usual Primary Care Provider

Having a usual primary care provider means that one would usually go to the same health professional for all of the following situations: if they were sick or needed advice about their health; if they had new health problems; if they needed preventive care such as general checkups, examinations or immunizations; and if they needed referrals to other health professionals. Persons who reported an emergency room as their usual source of care were classified as not having a usual primary care provider.

77.9% of Effingham County adults were determined to have a usual primary care provider.

- More favorable than national findings (66.8%).
- Fails to satisfy the Healthy People 2010 target (85% or higher).
Currently, none of the key demographic segments outlined in the following chart satisfies the Healthy People 2010 objective. Those respondents less likely to have a usual primary care provider include:

- Men.
- Younger (18 to 39) adults.
- Persons living at lower income levels.
- Persons without health insurance (only 57.0% have a usual primary care provider).

### Have a Usual Primary Care Provider

#### Effingham County

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2010 Objective is 85% or higher</td>
<td>77.9%</td>
</tr>
</tbody>
</table>

#### United States

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2010 Objective is 85% or higher</td>
<td>66.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 169]
- 2003 PRC National Health Survey, Professional Research Consultants.

**Notes:**
- Asked of all respondents.
- Illinois data not available.
- Respondents were determined to have a usual primary care provider if they reported that they would usually go to the same health professional for all four of the following situations: if they were sick or needed advice about their health; if they had new health problems; if they needed preventive care such as general checkups, examinations, and immunizations; and if they needed referrals to other health professionals. Persons who reported an emergency room as their usual source of care were classified as not having a usual primary care provider.
Related Health Panel Findings: Primary Care Services

Panelists discussed the need for more primary care services in the community, especially preventive care, rather than reactive care.

“I am concerned about the access to care for people who only have Medicaid. Sometimes they find it hard to find a doctor who will accept new Medicaid patients.” — Social Services

“It seems like we are seeing more and more people who are assigned to our practices because they have no personal doctor. Their main access to health care is through the emergency room, and a lot of that health care is just putting out fires rather than trying to do primary prevention.” — Physician

“We still do very poorly in trying to treat the front end of the problems, and that’s keep people healthy. We spent a good deal of time looking at the back end of things, how do we take care of these people once they’re in trouble. We need to be focused – you can throw money all you want at the problems once they’ve developed but you know ‘an ounce of prevention, a pound of cure’ still holds true for a lot of things.” — Physician

“We have a large need for preventive care. As a community, we need to figure out what might be available to help prevent these problems.” — Health Professional

“It seems that there is still a tremendous number of people who don’t have access to a primary care physician. I don’t know that we are different than other communities necessarily, but I think we have a lot of folks that use the emergency room for primary care. Some of it is that many of our physicians are becoming very selective about who they will accept and just basically are not going to accept a lot of the population.” — Community Leader

Utilization of Primary Care Services

**Adults**

Two out of three of Effingham County adults have visited a physician for a routine checkup in the past year.

- Statistically similar to national findings (68.2%).

**Have Visited a Physician for a Routine Checkup Within the Past Year**

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>66.4%</td>
<td>68.2%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 20]
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
• Illinois data not available.
Note the following demographic findings:

- Women report more frequent routine physician visits than do men.
- As might be expected, there is a strong correlation with age: 81.5% of older adults in the area have had a checkup in the past year, compared to only 57.9% of adults aged 18 to 39.

### Have Visited a Physician for a Routine Checkup Within the Past Year

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% Pov</th>
<th>&gt;200% Pov</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.9%</td>
<td>75.6%</td>
<td>57.9%</td>
<td>67.1%</td>
<td>81.5%</td>
<td>61.4%</td>
<td>67.2%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 20]  
Notes:  
- Asked of all respondents.

### Children

84.2% of surveyed parents report that their child has had a routine checkup in the past year.

- Statistically similar to national findings (89.0%).
- Note that children under the age of six are more likely to have had a routine checkup in the past year.

### Child Has Visited a Physician for a Routine Checkup Within the Past Year

<table>
<thead>
<tr>
<th></th>
<th>Effingham County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>84.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 121]  
- 2003 PRC National Health Survey, Professional Research Consultants.  
Notes:  
- Asked of respondents with children under the age of 18.  
- Illinois data not available.
EMERGENCY ROOM SERVICES

5.4% of Effingham County adults have gone to a hospital emergency room more than once in the past year about their own health.

- More favorable than national findings (8.5%).
- Of those using a hospital ER, 38.9% say this was to treat an injury.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Among Effingham County respondents who used a hospital emergency room in the past year, 38.9% say this was to treat an injury.

Multiple ER visits were more often noted among the following groups:

- Older adults.
- Persons living at lower incomes.

Have Used a Hospital Emergency Room More Than Once in the Past Year
**Related Health Panel Findings: Emergency Room Services**

Panelists discussed the use of the local emergency room by persons in other communities. Panelists were mixed on whether this was beneficial (good service to others) or detrimental to the community (taking resources away from the local community).

“We are using resources in this community to serve outlying communities that do not have the resources that we have here.” — Physician

“I think one of the problems is that Effingham County is doing so well economically, and can support the medical community and the hospital and other services so well, that we are becoming a center for other places which do not have that access, and that is putting a huge drain on the community here in the hospital. I cover for my colleagues when I do back-up calls, but seems to me at least over the last seven years that we’ve seen much more people from further out in our ER without any primary care doctor – it is alarming.” — Physician

“I have seen patients from cities that have an ER and some physician services. If they aren’t happy with their doctor in Robinson and so on, they choose to come here because they just wanted to be seen by one of our doctors in the ER.” — Physician

Panelists also discussed the misuse of the emergency room as a clinic.

“I also see people on Medicaid or something that abuse the system and are constantly in for minor things. They use the emergency room for a clinic because they’ll get quicker healthcare and they can go in at 11:00 p.m. at night for a pregnancy test in the ER, and they don’t have to wait to make an appointment for the doctor’s office.” — Health Professional
ORAL HEALTH

Adults

72.2% of Effingham County adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than national findings (64.3%).
- Similar to Illinois findings (73.7%).
- Satisfies the Healthy People 2010 target (56% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year

<table>
<thead>
<tr>
<th>Effingham County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>72.2%</td>
<td>73.7%</td>
<td>64.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2004 PRC Community Health Survey, Professional Research Consultants. [Item 23]
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

Note the following:

- There is a strong correlation with income — persons living at lower incomes report much lower utilization of oral health services (persons living at lower income levels fail to satisfy the Healthy People 2010 objective).
- There is a negative correlation with age, that is younger adults are more likely to receive oral health services (77.5%) compared to seniors (61.1%).
Children

80.2% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically similar to national findings (75.9%).
- Satisfies the Healthy People 2010 target (56% or higher).
- Note that regular dental care is lowest among children aged 2 to 5.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Respondents With Children Aged 2-17)

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 23]
Notes: • Asked of all respondents.

Effingham County United States

Healthy People 2010 Objective is 56% or higher
Related Health Panel Findings: Dental Care

Panelists discussed the lack of dental care in the area for the persons on Medicaid and the uninsured.

“We need some kind of general medical clinic for the poor, including dental care.” — Social Services

“A lot of the local dentists won’t accept Medicaid and then, of course, people who don’t qualify for Medicaid also don’t have the money for dental care.” — Social Services

“A dentist would rather do some charity care because the reimbursement [for Medicaid] is so cumbersome.” — Social Services

“Dental care is a big problem in this community. We don’t have enough dentists that will take public aid.” — Health Professional
RATING OF LOCAL HEALTHCARE SERVICES

Roughly one-half of Effingham County adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community

Just 9.2% of Effingham County residents characterize the health care services available in their community as “fair” or “poor.”

- Much more favorable than national findings (19.2%).

Perceive Local Health Care Services as "Fair/Poor"

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 6]
Notes: • Asked of all respondents.

Effingham County United States

9.2% 19.2%

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 6]
Notes: • Asked of all respondents.

Illinois data not available.
Note that perceptions of health care services are lowest among:

- Adults aged 18 to 64, especially younger adults (11.3%).
- Persons living at lower income levels.

**Perceive Local Health Care Services as "Fair/Poor"**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>10.4%</td>
</tr>
<tr>
<td>Women</td>
<td>7.9%</td>
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<tr>
<td>18 to 39</td>
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<td>4.7%</td>
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<tr>
<td>&lt;200% Pov</td>
<td>13.2%</td>
</tr>
<tr>
<td>&gt;200% Pov</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 6]

Notes: • Asked of all respondents.  
• Percentages represent combined “fair” and “poor” responses.

**Related Health Panel Findings: Local Healthcare Ratings**

Many panelists had positive comments about the quality of healthcare in the area, especially the emergency room, the Meals on Wheels program, the home health care system, St. Anthony’s Memorial Hospital and the services they provide, and the quality of the local physicians.

“I think the hospital has made tremendous strides in just bringing more services to Effingham County, but there are still a substantial number of services where you have to go ninety miles away for care, such as cardiac care.” — Community Leader

“I think we have a very good home health care system.” — Community Leader

“Our Meal on Wheels Program is excellent.” — Community Leader

“St. Anthony’s offers a host of services to the community. They have the Heart Scan and they’re making strides in providing cardiac care. I think they have an excellent hospital surgery center which has been added within the last couple of years. The hospital has been a key part of bringing physicians to our community.” — Community Leader

“St. Anthony’s continues to add special clinics once a week where a physician comes from Springfield or Champaign and sees patients one or two days a week. They’ve done an excellent job of trying to bring the services into this community.” — Community Leader

“I think for a community our size, we are blessed with a very broad-based health services community, using the hospital as the foundation, and the physician’s support, compared to other communities of this population level, we are very fortunate.” — Business Leader

“I think also the hospital has been forward-thinking in the services that it has brought here: specialists, professionals, whether they are based here, pulled in, or come to the community on a regular basis. We have local specialties like cardiologists and surgeons.” — Business Leader
“We’ve had some international recognition for some of our physicians in town: orthopedics, neurosurgeons and so forth. We feel confident that we have some of the best to offer here in Effingham County.” — Business Leader

“I think anyone traveling through here can come and know they will be taken care of, whether or not they have insurance. The community in general is very giving to outsiders, as well as within the community.” — Health Professional

“There has been an improvement in ER services, the waiting time is less in the ER and the staff is friendlier with an excellent attitude. I also think that, in the last couple of years, the cleanliness and general appearance of the hospital has really improved.” — Community Leader

“I want just to put a positive word in about the physicians at Effingham County. I think the hospital has done a great job of trying to hold on to the physicians and specialists. This hospital and the physicians do a lot of charitable work, and they also do that without anybody really knowing about it. There is a sense that when you come here, it is different than a private hospital or a for-profit hospital, the treatment here is so much more caring.” — Community Leader

“This is a closer-knit community than any I’ve lived in. People know one another and are caring towards each other.” — Health Professional
HEALTHCARE INFORMATION SOURCES

Family physicians remain residents’ primary source of health care information.

- 59.3% of Effingham County adults cited their family physician as their primary source of health care information.
- Books and magazines received the second-highest response (9.0%).

Primary Source of Health Care Information

- Family Dr 59.3%
- Books/Magazines 9.0%
- Other 7.1%
- Internet 6.1%
- Friends/Relatives 5.7%
- Television 3.5%
- Newspaper 3.5%
- Work 3.1%
- Hosp Publications 2.7%

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 112]
Notes: • Asked of all respondents.

Related Health Panel Findings: Healthcare Information

Some panelists discussed the need to educate young mothers, as well as parents in general, about general healthcare issues for their children.

“For young mothers, I know just accessing medical care is a big issue. The mothers I work with have Medicaid, but they don’t seem to understand that you can go to the doctor rather than the emergency room. I know in the parenting classes I teach, there is no one available to teach health education. The Health Department does not offer somebody who will come out and teach health-related education, so I will end up having to teach that, and I can’t necessarily say that I’m qualified to teach that.” — Social Services

“Parents today need to be more educated about health-related things. When your child is running a fever, you give them Tylenol first and you don’t take them directly to the emergency room just for a fever. I’m not sure that the younger generation has a clue, and if they don’t have a mom to call, what do they do?” — Social Services
“You go back thirty or forty years ago and most girls took home ec and I think you learned a lot of health education. And home education is mocked today because you have to go to college, so you’ve got to avoid everything that is going to help you run a smooth home. It is an art that is being lost. Good old family living classes.” — Social Services

“I would like to see something sent home with the parents and a newborn, that’s where it starts. Basically a Parenting 101 book or pamphlet, how to handle complex child-rearing.” — Health Professional

Other panelists suggested possible resources for healthcare information already available to the community, such as publications through the Chamber of Commerce, social services directory, the Effingham County Fact Book, and St. Anthony’s website.

“You would have to be a social service provider to access the directory of services, but there is a directory here.” — Social Services

“The Chamber of Commerce always calls every year and sends a form out that I usually fill out for us that gives your information about what your agency does.” — Social Services

“The Chamber of Commerce has a directory of services available.” — Business Leader

“We have a computer-based directory of services and actually, as a community, we’re exceptionally fortunate because we have a wonderful system. I would put Effingham County up against anybody in terms of organizations that provide social services.” — Community Leader

“Effingham County has a book called the Effingham County Fact Book. It is distributed to people who purchase a newspaper, but if you’re somebody who doesn’t regularly take a newspaper, you may not get that information.” — Social Services

“St. Anthony’s has something on their website, and they have links to other providers.” — Social Services

“The phone book does have a section of community services.” — Social Services

“I think that to get to these people that really need it, we need to offer these classes at a school or a church in their community because you are in their comfort zone.” — Health Professional

“The hospital has a directory of all of the doctors and their specialization.” — Health Professional

Some panelists discussed the availability of resources for persons at lower income levels, mainly access to directories or even knowing where to look for healthcare information.

“Finding a list of services will depend on what socio-economic level you are at. If you know, then you can go on the computer or you can go to the Chamber Office or even the phone book.” — Health Professional

“I think the lower socio-economic population probably has difficulties if they don’t have a phone. They’ve got to walk everywhere and if they come to this area and they are living in a rural setting and barely have enough gas money to get to town, yes, they are going to have difficulty finding the services. And don’t forget some of them don’t understand English.” — Health Professional
12.7% of Effingham County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars, either through their work or through a community organization.

- Less favorable than national findings (20.0%).
- 69.8% of those participating in health promotion activities say this was sponsored by their employer.

**Participated in a Health Promotion Activity in the Past Year**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>12.7%</td>
<td>87.3%</td>
</tr>
</tbody>
</table>

**Effingham County**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.0%</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

**United States**

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Item 113]
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

- Note that women, adults aged 18 to 64, persons living at higher incomes, and employed respondents more often report participation in health promotion activities.

- Healthy People 2010 has set a target that 90% or more of older adults (65+) participate in health promotion activities — in Effingham County, only 6.2% of older adults acknowledged doing so in the past year.
# Participated in a Health Promotion Activity in the Past Year

<table>
<thead>
<tr>
<th>Healthy People 2010 Objective for older adults (65+) is 90% or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>69.8% of respondents who participated in a health promotion activity report that this was employer-sponsored.</td>
</tr>
</tbody>
</table>

- **Men**
  - Women
  - 18 to 39: 9.9%
  - 40 to 64: 15.3%
  - 65+: 14.5%
  - >200% Pov: 14.3%
  - Not Employed: 5.6%

- **Women**
  - 18 to 39: 14.3%
  - 40 to 65+: 6.2%
  - >200% Pov: 7.4%
  - Employed: 14.3%
  - Not Employed: 16.4%

Sources: • 2004 PRC Community Health Survey, Professional Research Consultants. [Items 113, 114]

Notes: • Asked of all respondents.

### Related Health Panel Findings: Community-Based Programs

Healthcare panelists discussed current programs such as support groups, mentoring and after-school programs for children, as well as the need for more support groups and faith-based groups to help support the community.

“I think if the hospital would offer more support groups, that would be good. Because people call me a lot. I run a grandparents-raising-grandkids support group. People are willing to come because we feed them and have childcare—two little perks.” — Health Professional

“We have people from the hospital and a lot of people in the community who are mentors.” — Health Professional

“We are pretty much a faith-based community, so churches can do other things, certainly they can provide more educational programs.” — Business Leader

“This community is rich with resources for social referrals.” — Health Professional

“The chamber has an annual employee’s day where they have an opportunity to get various kinds of health screenings. Many companies also incorporate physical activities into their health plan encouraging in-company competition between their departments.” — Business Leader

“One of the things offered by the schools is an after-school program for latchkey children.” — Community Leader
SPECIAL POPULATIONS

Older Adults

Panelists discussed the needs for more services for the elderly in the area, such as medication management, healthcare education, mental healthcare, adult daycare, and cheaper prescription drugs.

“One of the things that I see missing in the elderly who are still living in their own homes is medication management, someone who can come in and actually administer the medications because they’re not all capable of keeping track of their medications.” — Social Services

“It is hard to get information to the elderly about things.” — Social Services

“For the elderly, if you’re blessed with long years, you see all your friends die – your generation is gone. My grandma was the last of her generation and she was quite depressed.” — Social Services

“With the seniors too, it would be wonderful to do a service of just delivering their pills every week. I mean if they didn’t have someone at home, the risk of these people sorting out their medication and getting the dosages messed up…. They want to be independent and do it themselves, but sometimes they are not competent enough to do it themselves.” — Business Leader

“I would like to see an adult daycare program in the community.” — Health Professional

“All of the programs are failing to understand the needs of the elderly population which is growing in numbers. People do live longer and some of the situations that we see in our office are pathetic. With persons who are unable to care for themselves, they are floating in a limbo and they don’t quality for assisted living. Medicare is just a bad program. It doesn’t take into account the income level of the seniors, a lot of the seniors are so wealthy, but they are still paying the meager premiums that the lower-income seniors are paying.

“Paying for medications is probably the biggest problem I see for the elderly.” — Physician

“I see a lot of elderly people who stay at home by themselves who should not be alone for safety issues.” — Health Professional

“Some of the problems with the elderly might be financial. They forego taking the medicine that’s been prescribed to them or cut back or cut the pills in half to make the prescription last longer.” — Business Leader

“One of the problems with the elderly in accessing care is that there are many physicians who do not do house calls, so the elderly are responsible for getting to the physician’s office.” — Community Leader

“I think the biggest issue for senior adults is just the cost of their prescriptions. We never have a senior adult who doesn’t want to talk about how they had to go and get medicine and it’s so many hundred of dollars, and I think that is always going to be an issue.” — Community Leader

Healthcare panelists also discussed the positives for the elderly in the community, including assisted living facilities, good mental health support, Meals on Wheels, and a senior citizen center.

“I lost my mother-in-law last summer and she was with us here in the community for a few years and had Alzheimer’s. My wife found a woman at Heartland Human Services, a psychiatrist [who specializes in geriatrics] who was a godsend to us. We’ve gone through years of trying to help my mother-in-law deal with some issues, and this woman was very talented.” — Business Leader

“We have Brookstone, so at least those people with the financial means don’t have to go into a nursing home before they would actually need to. It is an assisted living facility.” — Social Services
“One of the buildings here in Effingham County is going to become a [subsidized] supportive living facility the end of next week, so it will be better for the poor.” — Social Services

“The one thing I hear with the Meals on Wheels Program is ‘I can’t afford them’ and I tell them it’s a government-subsidized program and you pay what you feel you can afford to pay.” — Social Services

“I think we have a very good senior citizens center here in the community. It has a lot of resources. But still they’re hands are tied when it comes to truly providing the hands-on care.” — Health Professional

“And we do have patrols for elderly as well. There are proper channels that report on elder abuse and fraud. I think the Sheriff’s Department and the public service announcements do a nice job placing them in the paper and on the radio.” — Health Professional
Some panelists were unsure about the translation services available to the Hispanics in the community, while others were confident that St. Anthony’s had translators available round the clock.

“I'm not totally sure about in the emergency room, but I've had some clients from Mexico go to the emergency room and not have a translator. I don’t know if it was because they didn’t ask for a translator or they brought someone to kind of translate for them, like a child. Having a child translate for groceries is okay, but not for dealing with health-related issues.” — Health Professional

“Our largest minority population is Hispanics. It is very difficult for the staff to communicate with them when they are in need of medical services. I know that there are places in the hospital where we provide Spanish translators but we don’t have enough.” — Community Leader

“I think they offer translators in the ER. We have a lot of local volunteers who will come in and they are great. I think the Hispanics’ main barriers are the lack of English or insurance.” — Health Professional

“We just recently got a number you can call that will help translate for you. It is easily accessible. We do have a translator and he came out many times because we've got a five-page questionnaire, and that’s difficult when I'm not speaking the same language.” — Health Professional

“I know the hospital has telephone services 24 hours a day where Hispanics can call in and talk to someone in Spanish about any health problem.” — Community Leader

Panelists also discussed some of the issues in dealing with the Hispanic population in their community.

“The Hispanic community is a very close-knit community, it's hard to get health education and services to them. They're kind of afraid, they don’t want to interact with the rest of the population.” — Social Services

“If they're illegal, they’re spending a lot of time keeping a low profile, to the point that they may not seek out medical attention. They may not show up in the food pantries and that sort of thing. On the other hand, I think that they have a very strong family culture.” — Social Services

“They have a very strong family culture. The Hispanic families in our program are very tight-knit.” — Social Services

“We have trouble with identification, patients come in and they may have somebody else’s ID. They may have one social security number one time, and another time a different name. From a medical malpractice standpoint, you don't know really who you treated so, if something were to happen, you have no idea if the person who is making a claim is the person who was actually in your office.” — Health Professional

“We do have a bit of a change in demographics and you have communication problems in providing services to people who we didn’t have ten years ago. Fortunately for us, one of our counselors speaks fluent Spanish.” — Social Services

“We’ve had to train our staff in Spanish.” — Social Services

“We do have access to interpreters. We've trained staff in Spanish because with counseling, the issue of confidentiality exists – when you have a translator, sometimes that’s not acceptable, that’s why we had to get ourselves a Spanish-speaking counselor, so we knew we had that covered.” — Social Services
Panelists were very vocal about the need to teach parents how to be parents as well as good role models for their children.

“Our preschoolers have parents who do not know how to be parents, and they are not learning what they need to learn, and the parents expect the school or others to teach them. I know that parenting classes have been given in hospitals with little involvement. We need to start educating the parents.” — Business Leader

“People just need to be good role models too. I mean, how can they expect the children to be any different when they have this parent who is not being a good role model to them by screaming at them the entire time they’re in the office. They need to know how to be good parents.” — Health Professional

“Parents are not being parents to our children any more.” — Physician

“The doers [are compensating for lower wages] by going out there and working longer hours or double jobs, which leaves them no time to raise their kids, and it is very hard to get values into these children when you’re not home, when you’re not showing them healthy behaviors such as going outside, riding your bicycles, exercising, whatever that may be. Then you have the other set of parents who are doing nothing, living on welfare who basically have learned that ‘I get a check every month or every week’ and ‘I get free medical care and I get free food and I get this and this and this’ and their children learn that, and they get those values.” — Physician

“Lack of parental guidance is a problem for our young people.” — Health Professional

“We need parenting skills classes and support groups.” — Health Professional

“I think as a community we really need parenting classes. Parents don’t know how to be parents.” — Community Leader