

Southern Illinois Health Profile

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Introduction

This report is a compilation of health indicators used to assess human well-being in the 20 counties of the Southern Illinois region. The counties include Alexander, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, Wabash, Wayne, White, and Williamson counties.

The health indicators presented in this report were obtained from two sources: The Illinois Center for Disease Control Behavioral Risk Factor Surveillance System¹ and the Illinois Department of Public Health.² Data obtained from the ILCDC BRFSS pertain to health care utilization, chronic diseases and disabilities (diabetes, cardiovascular diseases risk factors, and disability), and lifestyle indicators (smoking, weight control and obesity). The data obtained from the IDPH pertain to: (a) vital statistics (crude birth rate, crude mortality rate, and infant mortality rate); and (b) sexually transmitted diseases (Gonorrhea, Chlamydia, and AIDS). Data on communicable diseases were not reported since this data was not available at the county level.

The analyzed data were compared to reported state averages to see how Southern Illinois was doing in terms of health with respect to the state. Where possible, data analysis also included the computation of percentage change to assess changes across years.

Key Findings

- The crude birth rate in Southern Illinois was lower than the state average in 2000 and 2005. While the crude birth rate increased in Southern Illinois by 0.7%, it decreased at the state level by 5.8%.
- Generally, the crude mortality rate decreased in Southern Illinois by 18.2% between 2000 and 2005, as compared to 4.7% at the state level. Despite its decrease, the crude mortality rate in the Southern Illinois region remained higher than the state average in 2000 and 2005.
- The infant mortality rate in Southern Illinois region was continuously lower than the state average across 2003, 2004, and 2005.
- The average rates per 100,000 populations of Gonorrhea and Chlamydia diseases in Southern Illinois were found to be consistently lower than the state average

¹ ILCDC BRFSS, <http://app.idph.state.il.us/brfss/default.asp>

² IDPH, <http://www.idph.state.il.us/health/statshome.htm>

between 2002 and 2006. As for AIDS, the number of reported cases in the Southern Illinois study area was low. However, between 2000 and 2005, it was found that while the number of AIDS cases decreased by 37.0% at the state level, the number of AIDS cases increased in Southern Illinois by 18.2%.

- Between 2004 and 2006, the proportion of diabetic people above the age of 18 in Southern Illinois (9.5%) was found to be higher than the state average (8.2%).
- State averages for the risk factors of cardiovascular diseases were not available. In 2004 and 2006, the proportion of people above the age of 18 with high blood pressure in Southern Illinois was 32.4%. Also, the average proportion of people in the study areas who had high cholesterol levels was 37.6%. Data at the state level was not available.
- The proportion of disabled people in the study region (16.3%) was lower than the state level (17.1%). The proportion of surveyed people above the age of 18 using special equipment for their disability (8.4%) was higher than the state level (6.8%).
- In 2004-2006, approximately 23.2% of surveyed people (ages 18+) in Southern Illinois were active smokers, 51.4% were non smokers, and 25.4% were former smokers. Smoking was more prevalent in the study area (23.2%) compared to the state (20.5%).
- Between 2004 and 2006, 37.4% of surveyed people above the age 18 in Southern Illinois were underweight/normal weight. This was lower than the state average (39.0%). The proportions of overweight (36.3%) and obese (26.4%) populations in the study area were higher than the state levels (36.2% and 24.7%, respectively).
- In 2004-2006, 85.9% of the surveyed population in the Southern Illinois study area had health care coverage (meaning insurance coverage), as compared to 84.9% at the state level. Also, 76.6% of the surveyed population in the Southern Illinois study area reported that they had health care. Data at the level of the state for this variable was not available. Finally, 13.7% of the surveyed population in the Southern Illinois study area reported that they did not get medication due to cost limitations. This proportion was higher than the state average (9.2%).

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Vital Statistics

Vital statistics are the “statistics concerning the important events in human life such as the number of births, deaths, marriages, migrations within a population.”³ Vital statistics

³ <http://www.case.edu/med/epidbio/mphp439/Dictionary.htm>

data were obtained from the Illinois Department of Public Health.⁴ This section presents vital statistics on birth, teen birth, crude mortality, and infant mortality.

Crude Birth Rate (CBR)

Crude Birth Rate refers to the number of births per 1,000 population. The CBR in Southern Illinois was lower than the state average in 2000 and 2005. While the CBR increased in Southern Illinois by 0.7%, it decreased at the state level by 5.8% (Table 1). Half of the counties in Southern Illinois experienced an increase in CBR while half experienced a decrease between 2000 and 2005.

Table 1. Crude Birth Rate per 1000 Population in Southern Illinois, 2000 and 2005

<i>County</i>	<i>Birth Rate/1,000 population</i>		<i>Change (%) in Crude Birth Rate between 2000 and 2005</i>
	2000	2005	
Alexander	13.8	13.1	-5.1
Edwards	13.6	11.0	-19.1
Franklin	12.7	11.9	-6.3
Gallatin	11.7	10.2	-12.8
Hamilton	11.6	9.5	-18.1
Hardin	7.7	9.4	22.1
Jackson	11.2	10.6	-5.4
Jefferson	11.9	12.0	0.8
Johnson	12.6	9.0	-28.6
Massac	11.7	13.1	12.0
Perry	10.5	10.3	-1.9
Pope	6.6	9.6	45.5
Pulaski	14.2	13.5	-4.9
Randolph	11.4	11.0	-3.5
Saline	11.1	12.2	9.9
Union	11.0	12.7	15.5
Wabash	10.2	11.7	14.7
Wayne	10.7	11.7	9.3
White	10.3	11.0	6.8
Williamson	11.0	12.1	10.0
Regional Average	11.4	11.5	0.9
Illinois Average	14.9	14.0	-6.0

Source: Illinois Department of Public Health (<http://www.idph.state.il.us/health/bdmd/birth2.htm>)

Crude Mortality Rate

Crude mortality rate (CMR) refers to the number of deaths per 1,000 population. Generally, the CMR decreased in Southern Illinois by 18.2% between 2000 and 2005, as

⁴ <http://www.idph.state.il.us/health/statshome.htm>

compared to 4.7% at the state level. Despite its sharp decrease, the CMR in Southern Illinois remained higher than the state average in 2000 and 2005 (Table 2).

Between 2000 and 2005, the decline in CMR occurred in 15 out of 20 counties. The highest decline in CMR occurred in Johnson County (-18.4%), followed by Massac County (-16.3%), Union County (-16.0%), Hamilton County (-14.5%), and Hardin County (-14.2%). By far, the largest increase in the CMR occurred in Wayne County (+26.6).

Table 2. Crude Mortality Rates in Southern Illinois, 2000 and 2005

<i>County</i>	<i>Mortality Rate/1,000 population</i>		<i>Change (%) in Crude Mortality Rate between 2000 and 2005</i>
	2000	2005	
Alexander	12.9	11.7	-9.3
Edwards	14.9	12.8	-14.1
Franklin	15.2	14.2	-6.6
Gallatin	14.2	13.0	-8.5
Hamilton	12.4	10.6	-14.5
Hardin	14.8	12.7	-14.2
Jackson	8.5	7.9	-7.1
Jefferson	10.6	10.2	-3.8
Johnson	10.3	8.4	-18.4
Massac	15.3	12.8	-16.3
Perry	10.6	10.7	0.9
Pope	14.8	13.5	-8.8
Pulaski	14.4	13.2	-8.3
Randolph	10.8	11.5	6.5
Saline	15.7	14.5	-7.6
Union	14.4	12.1	-16.0
Wabash	11.5	11.1	-3.5
Wayne	10.9	13.8	26.6
White	16.6	16.9	1.8
Williamson	12.0	12.1	0.8
Regional Average	14.3	11.7	-18.2
Illinois Average	8.5	8.1	-4.7

Source: Illinois Department of Public Health (<http://www.idph.state.il.us/health/statshome.htm>)

Infant Mortality Rate

Infant mortality rate (IM Rate) refers to the number of children that died before the age of one per 1,000 live births. IM Rate, as a health indicator, reflects the well-being of infants. Infant well-being is influenced by many factors, such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices.⁵ The

⁵ MedicineNet.com, 2008; <http://www.medterms.com/script/main/art.asp?articlekey=3967>

IM Rate in Southern Illinois region was found to be consistently lower than the state average across 2003, 2004, and 2005 (Table 3).

The IDPH did not compute IM Rate at the county level. IDPH considered that such computations may not be reliable or precise. However, on average, the IM Rate in Southern Illinois counties decreased from 5.7 to 3.8 per 1,000 live births between 2003 and 2004, but increased between 2004 and 2005 from 3.8 to 5.8 per 1000 live births. However, at the state level IM Rate continued to decrease in 2003, 2004, and 2005, from 7.6 to 7.3 to 7.2 per 1,000 live births (Table 3).

Table 3. Infant Mortality rate per 1000 live births in Southern Illinois, 2003, 2004, and 2005

County	2003			2004			2005		
	Births	Infant Deaths	IM Rate/1000 Live Birth	Births	Infant Deaths	IM Rate/1000 Live Birth	Births	Infant Deaths	IM Rate/1000 Live Birth
Alexander	141	1	**	126	0	-0-	122	2	**
Edwards	85	0	-0-	69	4	**	75	1	**
Franklin	470	3	**	506	2	**	473	1	**
Gallatin	72	0	-0-	59	1	**	62	0	-0-
Hamilton	87	0	-0-	88	1	**	77	0	-0-
Hardin	50	0	-0-	39	0	-0-	45	1	**
Jackson	690	3	**	711	4	**	629	6	**
Jefferson	452	2	**	486	1	**	483	2	**
Johnson	136	1	**	142	0	-0-	117	0	-0-
Massac	192	0	-0-	179	0	-0-	201	1	**
Perry	249	2	**	262	0	-0-	233	0	-0-
Pope	34	0	-0-	28	1	**	40	0	-0-
Pulaski	95	4	**	93	0	-0-	90	0	-0-
Randolph	367	3	**	395	0	-0-	365	3	**
Saline	320	3	**	312	2	**	320	4	**
Union	230	0	-0-	221	1	**	232	2	**
Wabash	139	1	**	162	0	-0-	146	0	-0-
Wayne	178	2	**	183	0	-0-	194	0	-0-
White	157	0	-0-	182	0	-0-	168	1	**
Williamson	763	3	**	738	2	**	767	4	**
Regional Rate	4,907	28	5.7	4,981	19	3.8	4,839	28	5.8
	182,3			180,66			178,87		
Illinois Rate	93	1,380	7.6	5	1,317	7.3	2	1,294	7.2

Source: Illinois Department of Public Health (<http://www.idph.state.il.us/health/infant/infmort0305.htm>)

** Rate does not meet standards of reliability or precision.

-0- Zero corresponding to "--" in frequency counts

Sexually Transmitted Diseases (STDs)

Gonorrhea and Chlamydia Diseases

The average rates per 100,000 populations of gonorrhea and Chlamydia diseases in Southern Illinois were consistently lower than the state average between 2002 and 2006 (Table 4).

Gonorrhea

The rate of gonorrheal diseases decreased between 2002 and 2006 both at the regional (-14.9%) and state levels (-16.0%). The highest decreases in Gonorrheal diseases was in Hardin, Johnson, and Wayne Counties (-100.0%), followed by Williamson County (-29.3%), Pulaski County, (-27.6%), Jackson County (-27.3%), and Saline County (-25.3%). Despite the general decrease in the rate of gonorrhea at the regional level, 8 out of 20 counties in the Southern Illinois study area had increases in the rate of these diseases. The highest increase occurred in Massac County (+266.7%), followed by Union County (+100.0%), and Randolph County (+55.3%) (Table 4).

Chlamydia

The rates of Chlamydia diseases increased between 2002 and 2006 by 57.3% and 11.4% at the regional and state levels, respectively. The percent increase in Chlamydia in Southern Illinois was found to be higher than the state level. Increases in the rate of Chlamydia occurred in 17 out of 20 counties. The highest increase in the rate of Chlamydia was in Pope County (+185.7%), followed by Massac County (+166.7%), and Jefferson County (+112.2%). Decreases in the rate of Chlamydia diseases occurred in Edwards County (-33.3%) and Johnson County (-14.3%). There were no changes in the rate of Chlamydia diseases in Hamilton County (0.0%) (Table 4).

Table 4. Rates of Gonorrhea and Chlamydia per 100,000 persons in Southern Illinois, 2002 and 2006

	<i>Sexually Transmitted Diseases (STDs) per 100,000 Population</i>					
	<i>Gonorrhea</i>			<i>Chlamydia</i>		
	2000	2006	<i>Change (%)</i>	2000	2006	<i>Change (%)</i>
<i>County</i>	302.4	260.7	-13.8	667.4	698.6	4.7
Alexander	0.0	0.0	-	43.0	28.7	-33.3
Edwards	20.5	25.6	24.9	97.4	133.3	36.9
Franklin	0.0	0.0	-	31.0	46.5	50.0
Gallatin	11.6	11.6	0.0	23.2	23.2	0.0
Hamilton	20.8	0.0	-100.0	41.7	62.5	49.9
Hardin	221.4	161.0	-27.3	427.8	689.5	61.2
Jackson	124.9	109.9	-12.0	89.0	39.5	-55.6
Jefferson	38.8	0.0	-100.0	122.4	259.7	112.2
Johnson	19.8	72.6	266.7	108.7	93.2	-14.3
Massac	47.6	56.3	18.3	118.7	316.6	166.7
Perry	90.6	113.3	25.1	168.9	216.5	28.2
Pope	394.7	285.8	-27.6	475.9	1359.6	185.7
Pulaski	26.6	41.3	55.3	394.7	598.8	51.7
Randolph	15.0	11.2	-25.3	138.7	236.0	70.2
Saline	16.4	32.8	100.0	93.5	123.4	32.0
Union	0.0	23.2	NA	131.2	153.1	16.7
Wabash	17.5	0.0	-100.0	77.3	123.7	60.0
Wayne	0.0	6.5	NA	58.3	70.0	20.1
White	66.9	47.3	-29.3	45.5	84.6	85.9
Williamson	71.8	63.0	-12.3	124.0	192.5	55.2
Regional						
Rate	78.7	66.9	-14.9	162.5	255.7	57.3
Illinois						
Rate	193.5	162.5	-16.0	387.3	431.5	11.4

Source: Illinois Department of Public Health, Disease Statistics (<http://www.idph.state.il.us/health/std/gon0206.htm>)

AIDS

The number of reported AIDS cases in the Southern Illinois study area was low. However, between 2000 and 2005 it was found that while the number of AIDS cases increased by 37.0% at the state level, the number of AIDS cases decreased in the Southern Illinois study area by 18.2% (Table 5).

Table 5. Reported AIDS Cases in Southern Illinois, 2000 and 2005

<i>County</i>	<i>Reported Cases of AIDS</i>		
	<i>2000</i>	<i>2005</i>	<i>Change (%)</i>
<i>County</i>	N	N	
Alexander	1	3	
Edwards	0	0	
Franklin	1	1	
Gallatin	0	0	
Hamilton	0	1	
Hardin	0	0	
Jackson	1	1	
Jefferson	1	1	
Johnson	2	1	
Massac	0	0	
Perry	3	0	
Pope	0	0	
Pulaski	0	0	
Randolph	2	5	
Saline	0	0	
Union	0	0	
Wabash	0	0	
Wayne	*_	*_	
White	0	0	
Williamson	0	0	
Regional Total	11	13	18.2
Statewide Total	2,097	1,321	-37.0

(*_) Data Not Available

Source: Illinois Department of Public Health, Disease Statistics

(http://www.idph.state.il.us/health/std/gon02_06.htm)

Chronic Diseases and Disabilities

Diabetes

Between 2004 and 2006, the proportion of diabetic people above the age of 18 in Southern Illinois (9.5%) was higher than the state proportion (8.2%). Pulaski County had the highest proportion of diabetic people (14.8%). Jackson County had the lowest proportion of diabetic people (6.5%) (Table 6).

Table 6. Proportion of Diabetic People in Southern Illinois, 2004-2006

<i>County</i>	<i>Adults told they have Diabetes (%)</i>	<i>Adults not told they have Diabetes (%)</i>
Alexander	9.0	91.0
Edwards	9.9	90.1
Franklin	11.2	88.8
Gallatin	12.3	87.7
Hamilton	7.9	92.1
Hardin	10.7	89.3
Jackson	6.5	93.5
Jefferson	7.8	92.2
Johnson	8.5	91.5
Massac	10.8	89.2
Perry	8.3	91.7
Pope	11.4	88.6
Pulaski	14.8	85.2
Randolph	9.5	90.5
Saline	11.6	88.4
Union	10.1	89.9
Wabash	9.4	90.6
Wayne	10.7	89.3
White	12.5	87.5
Williamson	9.5	90.5
Regional Percent	9.5	90.5
State Percent	8.2	91.8

Source: ILCDC BRFSS Data (<http://app.idph.state.il.us/brfss/countydata.asp>)

Cardiovascular Diseases Risk Factors

State averages for the risk factors of cardiovascular diseases were not available. In 2004 and 2006, the proportion of the surveyed population above the age of 18 and having high blood pressure in the Southern Illinois study area was 32.4%. The highest proportion of people with high blood pressure was in Saline County (41.7%), followed by Gallatin County (40.1%). Of those who had high blood pressure, 82.3% were taking high blood pressure medication. The highest proportion of the surveyed population taking medication for high blood pressure was in Pulaski County (95.2%). Finally, the average proportion of the surveyed population who had high cholesterol levels was 37.6%. The highest proportion of people who reported having high cholesterol was in Massac County (43.4%) (Table 7).

Table 7. Proportion of the Population of Southern Illinois with Cardiovascular Diseases Risk Factors, 2004 and 2006

<i>County</i>	<i>Percent of Population told they had high Blood Pressure (Percent)</i>	<i>Percent of Population taking BP medication (Percent)</i>	<i>Percent of Population Told they had High Cholesterol (Percent)</i>
Alexander	34.6	84.4	33.9
Edwards	32.0	85.4	38.7
Franklin	38.8	NA	36.4
Gallatin	40.1	NA	31.6
Hamilton	35.7	81.6	34.2
Hardin	NA	NA	35.7
Jackson	22.5	79.2	24.1
Jefferson	31.3	81.8	38.3
Johnson	31.3	83.4	37.2
Massac	33.9	85.3	43.4
Perry	36.4	NA	37.7
Pope	NA	NA	NA
Pulaski	36.1	95.2	40.3
Randolph	29.9	90.1	35.2
Saline	41.7	80.2	41.5
Union	39.3	79.1	36.9
Wabash	35.3	77.1	39.4
Wayne	30.1	85.4	38.0
White	34.8	80.4	40.8
Williamson	30.6	80.6	34.6
Regional Percent	32.4	82.3	37.6
Illinois Percent	NA	NA	NA

Source: ILCDC BRFSS Data (<http://app.idph.state.il.us/brfss/countydata.asp>)

Quality of Life/Disability

In 2006, 17.1% of the Illinois population above the age of 18 had at least one disability and 6.8% used special equipment due to their disability. The proportion of the surveyed disabled people in the Southern Illinois study area (16.3%) was lower than the state percent (17.1%). The proportion of people above the age of 18 using special equipment for their disability (8.4%) was higher than the state percent (6.8%) (Table 8).

Table 8. The Proportions of Disabled People and the Use of Equipment in Southern Illinois, 2004-2006

<i>County</i>	<i>Limited by Disability (%)</i>	<i>Percent Using Equipment</i>
Alexander	26.5	9.2
Edwards	20.8	7.2
Franklin	28.3	9.9
Gallatin	16.9	6.4
Hamilton	19.6	8.0
Hardin	*_	18.0
Jackson	17.3	5.9
Jefferson	21.0	6.5
Johnson	24.9	9.7
Massac	25.2	7.3
Perry	20.1	6.1
Pope	23.4	10.4
Pulaski	25.6	10.5
Randolph	19.0	8.2
Saline	22.8	11.6
Union	21.0	8.5
Wabash	21.0	6.1
Wayne	21.4	8.3
White	23.8	10.8
Williamson	23.7	9.4
Regional Percent	16.3	8.4
State Percent	17.1	6.8

(*-) Data not available

Source: ILCDC BRFSS Data (<http://app.idph.state.il.us/brfss/countydata.asp>)

Lifestyle Indicators

Tobacco Use

The ILCDC BRFSS measured tobacco use via three smoking status indicators (smoker, non smoker, and former smoker). In 2004-2006, approximately 23.2% of the surveyed people above the age of 18 in Southern Illinois were active smokers, 51.4% were non smokers, and 25.4% were former smokers. Smoking was more prevalent in the study area (23.2%), compared to the state level (20.5%). The lowest proportion of smokers was in Hamilton County (15.2%), whereas the highest proportion of smokers was in Hardin County (35.6%) (Table 9).

Table 9. The Proportion of Smokers, Non Smokers, and Former Smokers above the Age of 18 years in Southern Illinois, 2004 - 2006

<i>County</i>	<i>Smokers (%)</i>	<i>Non Smokers (%)</i>	<i>Former Smokers (%)</i>
Alexander	29.8	47.1	23.2
Edwards	28.9	49.9	21.2
Franklin	25.6	49.6	24.8
Gallatin	25.3	49.9	24.7
Hamilton	15.2	58.4	26.4
Hardin	35.6	34.8	29.6
Jackson	17.6	56.7	25.8
Jefferson	22.9	52.2	24.9
Johnson	32.5	44.5	22.9
Massac	30.1	45.5	24.5
Perry	21.1	53.8	25.1
Pope	*-	*-	26.3
Pulaski	26.9	47.4	25.7
Randolph	25.2	52.3	22.5
Saline	27.3	46.3	26.4
Union	23.5	44.2	32.3
Wabash	25.7	54.4	19.8
Wayne	22.3	52.8	24.9
White	22.2	52.1	25.7
Williamson	19.6	53.0	27.4
Regional Percent	23.2	51.4	25.4
State Percent	20.5	55.8	23.7

Source: ILCDC BRFSS Data (<http://app.idph.state.il.us/brfss/countydata.asp>)

Weight Control/Risk for Obesity

Between 2004 and 2006, 37.4% of the surveyed people above the age of 18 in Southern Illinois were underweight or normal weight. This was lower than the state average (39.0%). In turn, the proportions of overweight people above age 18 (36.3%) was comparable to that of the state (36.2%). The proportion of the surveyed population in the study area who were above 18 (26.4%) was higher than the state level (24.7%) (Table 10).

The highest proportion of underweight or normal weigh people was in Jackson County (52.3%). Counties that had the highest proportion of overweight populations were Union County (43.1%), Pulaski County (42.5%), and Johnson County (41.8%). As for obesity, counties that had the highest proportion of obese populations were Massac County (33.9%), White County (32.2%), and Perry County (32.1%) (Table 10).

Table 10. The Proportions of Underweight, Overweight, and Obese Population in Southern Illinois, 2004-2006

<i>County</i>	<i>Underweight or Normal (%)</i>	<i>Overweight (%)</i>	<i>Obese (%)</i>
Alexander	42.3	30.7	27.0
Edwards	36.4	35.8	27.7
Franklin	38.0	32.6	29.4
Gallatin	22.9	38.1	39.0
Hamilton	34.0	38.3	27.7
Hardin	*_	*_	*_
Jackson	52.3	27.9	19.8
Jefferson	36.9	41.2	21.9
Johnson	31.5	41.8	26.8
Massac	30.1	36.0	33.9
Perry	34.0	33.9	32.1
Pope	*_	*_	*_
Pulaski	29.6	42.5	27.9
Randolph	35.3	37.1	27.6
Saline	34.0	40.6	25.3
Union	32.8	43.1	24.0
Wabash	39.0	33.7	27.2
Wayne	36.5	39.9	23.6
White	27.0	40.8	32.2
Williamson	35.5	37.5	27.0
Regional Average	37.4	36.3	26.4
Illinois	39.0	36.2	24.7

(*_) Data not available

Source: ILCDC BRFSS Data (<http://app.idph.state.il.us/brfss/countydata.asp>)

Health Care Utilization

Health care utilization refers to the use of the health care system.⁶ Selected health care utilization indicators were used in this report to assess the use of health care in Southern Illinois. The selection of the health care utilization indicators was based on the availability of data. These indicators included: health care coverage, doctor visits, receiving health care, and getting medication. Further explanation of these indicators is presented in the following sections.

Health Care Coverage

In 2004-2006, 85.9% of the surveyed population in Southern Illinois had health care coverage, as compared to the state (84.9%). The lowest proportion of people with health care coverage in Southern Illinois was in Alexander County (77.2%) (Table 11).

⁶ CDC, 2003, <http://www.cdc.gov/NCHS/data/misc/healthcare.pdf>

Doctor Visits

In 2004-2006, 11.4% of the surveyed population in the region reported that they did not visit a doctor due to cost limitations. This proportion is lower than that of the state (12.4%). The lowest proportion of people who had no doctor visit was in Randolph County (6.0%), while the highest proportion was in Hardin County (26.0%) (Table 11).

Having Health Care

Having health care refers to seeing a doctor, nurse, or other health professional to get any kind of health care. In 2004-2006, 76.6% of the surveyed population in Southern Illinois reported that they had health care. Data at the level of the state for this variable was not available (Table 11).

Medications

In 2004-2006, 13.7% of the surveyed population in the Southern Illinois study area reported that they did not get medication due to cost limitations. This proportion was higher than the state percentage (9.2%). The highest proportion of people who did not get medication due to cost limitations was in Alexander County (27.0%) (Table 11).

Table 11. Health Care Utilization in Southern Illinois, 2004-2006

<i>County</i>	<i>Health care coverage (%)</i>	<i>No doctor visit due to cost (%)</i>	<i>Had health care (%)</i>	<i>Didn't get medication due to cost (%)</i>
Alexander	77.2	22.6	73.4	27.0
Edwards	84.8	11.4	75.2	14.7
Franklin	85.2	11.7	79.2	14.8
Gallatin	75.5	11.9	60.7	11.3
Hamilton	89.9	12.0	88.2	14.1
Hardin	*-	26.0	78.9	*-
Jackson	88.6	10.2	75.3	9.3
Jefferson	86.7	12.1	77.7	12.8
Johnson	88.0	9.5	78.6	17.9
Massac	79.3	9.8	78.2	12.9
Perry	84.9	10.2	82.4	11.1
Pope	90.2	11.4	*-	12.5
Pulaski	85.6	12.1	82.2	11.9
Randolph	89.4	6.0	78.7	11.7
Saline	85.5	11.7	74.6	18.0
Union	84.0	11.6	81.6	19.1
Wabash	86.1	11.7	76.3	11.4
Wayne	83.8	10.4	65.8	13.4
White	86.3	12.8	70.5	19.3
Williamson	89.8	10.1	86.6	14.2
Regional Percent	85.9	11.2	76.6	13.7
State Percent	84.9	12.4	*-	9.2

NA: Data not Available. Source: Illinois Center for Disease Control Behavioral Risk Factor Surveillance Systems (http://app.idph.state.il.us/brfss/county_data.asp)

Conclusion

Despite the fact that around 85.3% of the residents of Southern Illinois had health care coverage, which was almost comparable to the state average (84.9%), the health indicators of the region fell behind the rest of the state. Health issues relating to STDs, chronic diseases such as diabetes, cardiovascular disease risk factors, and lifestyle (overweight and obesity) are best handled through the provision of primary health care services that follow a preventative approach to health. This approach often entails the development of health promotion strategies, such as raising awareness for: (a) preventing and mitigating the transmission of diseases, such as STD, and (b) improving lifestyles, such as raising awareness of the importance of a balanced diet and exercise for the prevention of metabolic diseases (diabetes, cholesterol, and high blood pressure) that are associated with cardiovascular diseases. Improving the health status of the population in the Southern Illinois region would potentially enhance their social, economical, and psychological well being; and ultimately support community development projects initiated in the region.