
Strategic Plan & Implementation Plan

Southern Seven Coalition for Women's Health (SSCWH)

June 1, 2011

Developed by SSCWH Member Organizations:

Southern Seven Health Department, Ullin, IL (SSCWH Co-Chair)

Center for Research on Women and Gender/Center of Excellence in Women's Health, University of Illinois at Chicago, Chicago, IL (SSCWH Co-Chair)

Community Health and Emergency Services, Inc., Cairo, IL

Office of Women's Health, Illinois Department of Public Health, Springfield, IL

Salem Lutheran Church, Jonesboro, IL

The Cooper Institute, Dallas, Texas

Union County Hospital, Anna, IL

ACKNOWLEDGEMENTS

We wish to thank all of the community members and community leaders in southernmost Illinois who assisted with the development of this plan by providing insights about women's health, community health, and how health concerns in the region should be addressed. We also wish to thank the organizations that hosted community discussions that allowed us to learn from a broad range of community women across the region.

We also wish to thank the Office on Women's Health, US Department of Health and Human Services (OWH DHHS) Coalition for a Healthier Community program, which provided funding support for this project.

This plan was created to improve the health of women and families in southernmost Illinois.

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EXECUTIVE SUMMARY

History

The Southern Seven Coalition for Women's Health (SSCWH) focuses on the counties of Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union in the southernmost region of Illinois. SSCWH began as a collaboration among four organizations: the Center for Research on Women and Gender/National Center of Excellence in Women's Health (CRWG/COE), University of Illinois at Chicago; the Southern Seven Health Department (S7HD); the Office of Women's Health Illinois Department of Public Health (IDPH OWH); and The Cooper Institute (TCI). Collaborative projects among these organizations have been active since 1997.

In 2007, the four organizations began working together to address cardiovascular disease (CVD) risk in the seven southernmost counties of Illinois through the "Southern Seven Women's Initiative for Cardiovascular Health," funded by the Office on Women's Health, US Department of Health and Human Services (OWH DHHS) ASIST 2010 program. In 2010, the coalition expanded to include additional partners and began a community assessment and strategic planning process funded by the OWH DHHS Coalition for a Healthier Community program.

Background

The health status of adult residents of southernmost Illinois is poorer than adults in Illinois overall for both women and men. Heart disease is the leading cause of death within the seven counties, accounting for nearly 30% of total deaths each year (1), followed by cancer, which accounts for 23% of deaths annually in the seven counties. Adult women in the southernmost counties have a diabetes rate of 11.4% rate compared to 7.5% for women overall in Illinois (2). Obesity is also a one of the leading risk factors for chronic illness in the region; 32.7% of women in the seven counties are obese compared to 25.0% in Illinois overall (2).

The diseases and conditions above are known to be caused by several lifestyle behaviors that are more prevalent among southernmost Illinois women than in Illinois overall. Only 19.2% of women in the seven counties meet the recommended standard of five or more servings of fruits and vegetables per day compared to 26.2% of Illinois women overall (2). Inactivity levels are high with 13.8% of southernmost Illinois women engaging in no physical activity as compared to 11.1% of women across the state (2). The smoking rate for adult women in the seven counties is 31.7%, almost double the state's adult female smoking rate of 16.8% (2).

Based on these data, SSCWH initiated a community health assessment and strategic planning process to better understand the factors that influence health and how they can be addressed to improve the health of women and the population overall.

Community Health Assessment

Residents of southernmost Illinois face significant health disparities compared to residents in Illinois overall. Many of these disparities are seen in chronic disease prevalence and mortality rates as well as risk factors for chronic diseases, such as smoking, insufficient physical activity and poor nutrition habits. To better understand these, SSCWH conducted interviews and focus groups with community women from the southernmost region of Illinois.

Interview and focus group participants discussed several causes for disparities and other health issues, including lack of knowledge about health issues, challenges in accessing healthy foods, lack of spaces to be physically active, and difficulties accessing health care.

Through the community health assessment, gender-specific factors that affect health were also identified for both men and women. For example, participants highlighted the importance of women as role models for other family members; however, women often serve in both care-giving and wage-earning roles, and do not know how to fit healthy behaviors into their busy schedules. In contrast, men may also have specific health needs that are not being met because they are less likely than women to visit a health care provider. SSCWH operates with the belief that by focusing on women's health, we can improve the health of women, families and communities in the seven counties. By understanding gender-specific factors that affect health, SSCWH can develop programs that are tailored for residents (women, men and children) in the seven counties.

Strategic Plan & Implementation Plan

SSCWH developed a strategic plan and implementation plan based on the results of the community health assessment. SSCWH members prioritized the health needs identified in the community health assessment, and developed a plan to focus on the following health issues:

- Cancer
- Cardiovascular disease
- Early detection / screening for disease
- Overweight / Obesity
- Physical Inactivity
- Diabetes
- Poor nutrition
- Dental health
- Smoking / Tobacco use

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SSCWH members believe a multi-level, collaborative approach is ideal for improving women's health and community health. Such an approach reaches individuals, communities, and the region as a whole. This type of approach builds on community strengths by building partnerships with existing organizations and businesses to provide community-based wellness opportunities.

Coalition Goals

SSCWH developed three goals:

- Create a community environment that participates and supports good health.
- Promote healthy choices through access to resources and information
- Reduce disparities by empowering women to promote and engage in healthy lifestyles

Focus Areas

To meet these SSCWH goals and address the priority health issues in the region, SSCWH determined three focus areas around which activities will be developed:

- Focus Area 1: Promote Physical Activity
- Focus Area 2: Promote Healthy Nutrition
- Focus Area 3: Early Detection, Screening and Intervention to Prevent Morbidity and Mortality of Cancer, CVD, Obesity and Diabetes

Some activities that were recommended to support these focus areas include:

- Physical activity groups (walking clubs, exercise programs);
- Worksite wellness programs;
- Develop a resource guide that highlights available health and wellness opportunities in the region;
- Use new technology, (such as websites, text messages, Facebook, Twitter) to promote health;
- Health-focused afterschool and extracurricular activities for children;
- Nutrition education programs and cooking classes; and
- Host community-based health screenings.

Conclusion

SSCWH is committed to reducing health disparities throughout the seven southernmost counties of Illinois. Our strategic plan and implementation plan provide an outline for accomplishing this task.

SSCWH OVERVIEW

SSCWH was created to address the health needs of women and families in the seven southernmost counties of Illinois.

- SSCWH Vision: Healthy Women. Healthy Communities.
- SSCWH Mission: To promote health and wellness for women and their communities throughout the southern 7 counties of Illinois.

SSCWH operates with a democratic structure with tasks divided among coalition members and decisions made as a group. The coalition meets monthly by conference call to accomplish project tasks with additional conference calls and emails exchanged as needed. The group is guided by a 10-member steering committee comprised of representatives from local organizations committed to women’s health. The Southern Seven Coalition for Women’s Health Coalition and Steering Committee Organizations are presented in Table 1.

Table 1. SSCWH Coalition and Steering Committee Members

SSCWH Coalition Members	SSWICH Steering Committee Members
<ul style="list-style-type: none">• Center for Research on Women and Gender/Center of Excellence in Women’s Health, University of Illinois at Chicago, Chicago, IL• Community Health and Emergency Services, Inc., Cairo, IL• Office of Women’s Health, Illinois Department of Public Health, Springfield, IL• Salem Lutheran Church, Jonesboro, IL• Southern Seven Health Department, Ullin, IL• The Cooper Institute, Dallas, Texas• Union County Hospital, Anna, IL	<ul style="list-style-type: none">• Caledonia Community Church, Olmsted, IL Curves, Anna, IL• Curves, Anna, IL• Hardin County General Hospital, Rosiclare, IL• Division of Chronic Disease Prevention and Control, Illinois Department of Public Health, Springfield, IL• Metropolis Library, Metropolis, IL• Rural Health, Inc., Anna, IL• Shawnee Community College, Ullin, IL• Breast and Cervical Cancer Program, Southern Seven Health Department, Ullin, IL• University of Illinois Extension, Vienna, IL

Contributing Partners

SSCWH has seven member organizations and is guided by a 10-member steering committee (Table 1). SSCWH has collaborated with 35 additional organizations across the region to implement research and programs, which enabled us to reach a high need population and address relevant health concerns. SSCWH coalition organizations include:

- The Center for Research on Women and Gender / National Center of Excellence in Women’s Health (CRWG/COE) is a multidisciplinary, collaborative women’s center with a mission to promote research related to women and gender with a focus on work, health, and culture. CRWG/COE works collaboratively across UIC and with local, state, national, and international partners to promote women’s health through clinical care,

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research, provider education, leadership initiatives, and a strong community outreach effort.

- The Southern Seven Health Department (S7HD) is a local health department that serves the 7 southernmost counties of Illinois. The mission of S7HD is to promote a safe and healthy environment by providing preventive health care, such as the Illinois Breast and Cervical Cancer Program; family planning and support services; CATCH (Coordinated Approach to Child Health), to reduce obesity in children in collaboration with area schools; and child development programs. Over the past four years, S7HD has worked with SSCWH to implement programs in the seven counties in the collaboration with community-based churches, hospitals, health clinics, and community centers, and was responsible for local data collection and management.
- The Cooper Institute (TCI) is a nonprofit research and education center dedicated to understanding the relationship between living habits and health, and is widely acclaimed for its research in epidemiology, exercise physiology, cancer, obesity, nutrition, aging, diabetes, and hypertension. TCI conducts clinical trials and disseminates evidence-based health education materials and programs to health and fitness professionals and the lay public.
- The Office of Women’s Health Illinois Department of Public Health (IDPH OWH) is experienced in providing women-specific programs to promote women’s health across the lifespan throughout Illinois. IDPH OWH collaborates with community-based organizations, hospitals, universities, and the 107 local health departments in Illinois.
- Community Health & Emergency Services Inc. (CHESI) is a Federally Qualified Health Center that offers primary medical, dental and behavioral healthcare services. CHESI operates multiple facilities, enabling the organization to have a broad reach across the southernmost counties.
- Union County Hospital (UCH) in Anna, IL, has 25 critical access beds and a 22 bed long term care/skilled nursing facility. In addition, UCH reaches out to 450 area women through its “Healthy Women” program, a free community resource designed to empower women with the knowledge and confidence to make informed healthcare decisions for themselves and their families.
- Salem Lutheran Church (SLC), a 150-member church in Jonesboro, IL, promotes members’ spiritual, mental, and physical health. SLC offers monthly blood pressure screenings after Sunday services and made a commitment to the health of congregants by training one of its nurses to become a Parish Nurse.

Capacity Building

SSCWH emphasizes capacity building among partners, community organizations and community women in various ways. During the Southern Seven Women’s Initiative for Cardiovascular Health, CRWG/COE worked with S7HD staff to expand their research capacity.

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These efforts continued with CHC funding, as CRWG/COE developed and conducted qualitative research training with S7HD staff. In addition, SSCWH developed and implemented the Heart-to-Heart peer education program to train community women to provide heart health education within their social networks. Heart-to-Heart was also offered to health professionals, who were trained to deliver the program to clients and patients. SSCWH also offered a DHHS Bodyworks Train-the-Trainer session to staff of area health and educational organizations.

Coalition Accomplishments

SSCWH implemented the Southern Seven Women's Initiative for Cardiovascular Health, a gender-based collaborative program with the goal of improving the cardiovascular risk profile of adult women living in the seven southernmost counties of Illinois. Through this initiative, four strategies were implemented to reduce CVD risk in women. Among our major accomplishments:

- Built partnerships with 35 different community organizations to maximize available resources and expand outreach within the community;
- Reached 266 women through HSFW, and demonstrated significant behavior changes among participants;
- Updated and enhanced the HSFW curriculum, which was adopted statewide by the IDPH OWH;
- Leveraged resources to expand outreach to target population, such as grant funding from the Illinois Department of Public Health and in-kind personnel support from the University of Illinois Extension;
- Developed the Heart-to-Heart (HH) peer education curriculum and trained a cohort of 38 lay health educators and health professionals to implement the curriculum; and
- Implemented a community-wide mass media campaign that reached over 60% of 27,659 adult women in the region.

Awards (Funding)

SSCWH received \$1,033,837 in funding from the OWH DHHS over the past four years for the Southern Seven Women's Initiative for Cardiovascular Health (through ASIST2010) and for the SSCWH community health assessment and strategic planning process (through CHC). SSCWH also received \$50,000 over three years for the Southern Seven Women's Initiative for Cardiovascular Health.

The SSCWH partners leveraged in-kind support from 35 community partners in the form of personnel, space, event publicity, technology services, and other resources.

Publications

SSCWH members actively disseminate our work through publications and presentations. Publications submitted, publications in process, and presentations are listed in Table 4.

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Table 4. SSCWH Publications and Presentations

Publications Submitted

Khare, M.M., Koch, A., Zimmermann, K., Huber, R., Moehring, P., Wright, C., Hasler, A., Geller, S.E. Heart Smart for Women: A lifestyle change intervention to reduce cardiovascular disease risk in rural women. Submitted to *Health Education and Behavior*.

Zimmermann, K., Khare, M.M., Huber, R., Moehring, P.A., Hasler, A.C., Wright, C., Carpenter, R.A., Koch, A., Geller, S.E. Southern Seven Women's Initiative for Cardiovascular Health: A collaborative, multi-level approach to reducing cardiovascular disease risk in rural women. Submitted to *Health Promotion Practice*.

Publications in Process

Khare, M.M., Zimmermann, K., Geller, S.E. et al. The use of a mass media campaign to promote healthy lifestyles in rural counties of Illinois. In Preparation.

Khare, M.M., Zimmermann, K., Kerch, S., Wright, C., Hasler, A., Moehring, P., Geller, S. Rural women's health: key stakeholder perspectives on prevention and health promotion. In Preparation.

Zimmermann, K., Khare, M.M., Huber, R., Wright, C., Hasler, A., Moehring, P., Koch, A., Geller, S. Heart-to-Heart: A peer education program to reduce cardiovascular disease risk in rural women. In Preparation.

Zimmermann, K., Khare, M.M., Koch, A. et al. A comparison of the health status of rural, urban and suburban women in Illinois. In Preparation.

Zimmermann, K., Khare, M.M., Kerch, S., Wright, C., Hasler, A., Moehring, P., Geller, S. Rural women's health: perspectives from women about community health. In Preparation.

Presentations

Kerch, S., Khare, M.M., Zimmermann, K. *Factors Affecting Access to Care Among Adults in the Rural Seven Southern Counties of Illinois*. 6th Annual School of Public Health Student Research and Practice Awards Day, Chicago, IL, April 2011.

Zimmermann, K. *ASIST 2010: Successful Community/Academic Partnerships: Southern Seven Women's Initiative for Cardiovascular Health (SSWICH)*. Ages and Stages of Women's Wellness: Solutions at Work Conference, Johnson City, TN, June 2010.

Zimmermann, K., Khare, M.M., Huber, R., Wright, C., Hasler, A., Moehring, P., Akhtar, A. *Heart-to-Heart peer educator program: Development, implementation and lessons learned*. Community Campus Partnerships for Health Annual Meeting, Portland, OR, May 2010.

Khare, M.M., Koch, A., Zimmermann, K., Poshard, D., Bushar, J. *The Heart Smart Campaign: A media campaign to reduce cardiovascular risk for women and families in the Southern Seven Counties of Illinois*. Building a Healthier Community: Eat Well, Live Well Regional Conference on Nutrition and Fitness, Chicago, IL, April 2010.

de la Cruz, J., Zimmermann, K., Koch, A., Khare, M.M., Huber, R., Moehring, P., Hasler, A., Geller, S. *Southern Seven Women's Initiative for Cardiovascular Health (SSWICH): A Collaborative and Multi-level Approach to Improving the Cardiovascular Risk Profiles of Adult Women Living in the Seven Southernmost Counties of Illinois*. Building a Healthier Community: Eat Well, Live Well Regional Conference on Nutrition and Fitness, Chicago, IL, January 2009.

COMMUNITY HEALTH ASSESSMENT

In their 2010 IPLAN (Illinois Project for Local Assessment of Needs), the S7HD identified cancer, CVD, obesity and diabetes as their priority areas for the next five years (3). SSCWH used these priority areas as a starting point to further explore the health needs in the region through a community health assessment, conducted to identify, understand and prioritize the health needs of women living in the seven southernmost counties.

The SSCWH community health assessment was designed based on constructs of the gender analysis framework developed by the Liverpool School of Tropical Medicine (4). This model provides a situation specific gender analysis framework for use in health planning, implementation, and research, and provides guidelines to construct patterns of ill-health, factors affecting who gets ill, and factors affecting responses to ill-health.

Methods

Quantitative Data Collection

Quantitative data were collected from existing databases to understand patterns of illness, mortality and health behavior in the seven southernmost counties and Illinois overall:

- Illinois Behavioral Risk Factor Surveillance System (BRFSS): Included insurance status, overall health status, physical activity and dietary patterns, CVD, diabetes, cancer, oral health, and tobacco use (2).
- Illinois Project for Local Assessment of Needs (IPLAN): Collected to examine mortality statistics in southernmost Illinois and the state as a whole (1).
- County Health Rankings: The County Health Rankings system created by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute ranks every county in every state according to health outcomes and the multiple health factors that determine a county's health (5).

Qualitative Data Collection

Key stakeholder interviews and focus groups with community women were conducted to understand the important health issues for women in the seven counties, identify sub-groups of women at particular risk for these health issues, and determine the factors affecting their health including gender-related factors. These methods were also used to identify community assets and strengths, examine issues related to access and availability of health care, and determine potential strategies to improve the health of women in the region.

- Key Stakeholders Interviews: Semi-structured interviews were conducted with 28 key stakeholders from across the seven counties. Key stakeholders are representatives of organizations or systems that are affected by or can affect a change in the health of

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women in the region, and include health care providers, business owners, community organization staff, and community leaders.

- Focus Groups with Community Women: Focus groups with community women were conducted to learn perspectives about health directly from residents. S7HD conducted 14 focus groups with 110 women from across the region. Focus groups were conducted in four age categories (18-30, 31-50, 51-70, and over 70) in community locations to ensure a diversity of participants by race, socioeconomic status, and place of residence.
- Analysis of focus groups and interviews: Focus group and interview transcriptions were reviewed and analyzed for purposeful and emergent themes. The analysis explored the specific gender issues related to access to health care, health behaviors, and women's perceptions about and roles in maintaining their own health, the health of their families and the community overall.

Results

Population Profile

SSCWH focuses on the counties of Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union in rural southernmost Illinois.

- Size of population: 69,186 resident covers over 2,003 square miles, in an area slightly larger than the state of Delaware (6).
- Demographics of population: The racial breakdown in the region is 86.3% white and 11.8% Black/African American, and 2.6% of the population is Hispanic/Latino (6).
- Median age: The median age of southernmost Illinois women ranges from 40.6 to 46.7, older than the state median of 37.4 (7).
- Average Household Size: The average household size in the region ranges from 2.30 to 2.44, slightly lower than the state average of 2.63 (6).
- Median Household Income: Southernmost Illinois has a population in need with 19.5% living at or below poverty (range: 15.6%-29.5%), higher than the state rate of 12.2%. Median household incomes range from \$28,725 to \$42,382, well below the state median of \$56,230 (6).

A full demographic profile broken down by county is presented in Table 2.

Community Description - Needs Assessment

The health status of adult residents of southernmost Illinois is poorer than among adults in Illinois overall for both women and men.

- Heart disease is the leading cause of death within the seven counties, accounting for nearly 30% of total deaths each year (1).

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Table 2. Demographic Profile

	Alexander	Hardin	Johnson	Massac	Pope	Pulaski	Union	Total	Illinois
Total Population ¹	7,914	4,358	13,730	14,970	3,991	6,218	18,005	69,186	12,910,409
Sex ¹									
Male	48.2%	49.9%	60.6%	48.1%	50.3%	47.7%	48.9%	51.0%	49.3%
Female	51.8%	50.1%	39.4%	51.9%	49.7%	52.3%	51.1%	49.0%	50.7%
Age									
under 18 years ¹	23.5%	19.3%	17.9%	23.1%	18.1%	24.2%	21.9%	21.4%	24.6%
65 and over ¹	18.5%	19.2%	14.6%	17.4%	21.1%	15.9%	17.9%	17.3%	12.4%
Median age (both sexes) ²	40.1	43.4	35.9	38.9	44.2	40.7	40.9		36.0
Median age (female) ²	42.9	45.3	40.6	40.8	46.7	41.7	42.3		37.4
Race ¹									
White/Caucasian	64.5%	95.6%	82.9%	91.8%	92.6%	67.0%	96.8%	86.3%	79.0%
Black/African American	33.3%	2.9%	15.9%	6.2%	4.5%	30.3%	1.4%	11.8%	14.9%
Ethnicity ⁶									
Hispanic	1.6%	1.5%	3.4%	1.4%	1.3%	2.1%	4.0%	2.6%	15.2%
Individuals below Poverty ¹	29.5%	20.6%	17.0%	15.6%	19.3%	26.6%	17.6%	19.5%	12.2%
Median household income ¹	\$ 28,725	\$ 31,547	\$ 42,382	\$ 38,735	\$ 38,071	\$ 31,261	\$ 39,090		\$ 56,230
Average household size ¹	2.36	2.30	2.43	2.37	2.33	2.44	2.38		2.63

¹U.S. Census Bureau. (2010). State and County QuickFacts. Retrieved from <http://quickfacts.census.gov/qfd/states/17000.html>

²U.S. Census Bureau. American FactFinder. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

- 37.9% of southernmost Illinois women report having been told they have high blood pressure, compared with 28.2% of women in Illinois overall.
- 39.6% of southernmost Illinois women report having high cholesterol, compared to 36.5% women across the state (2).
- Cancer is the second leading cause of death in the southern seven counties, accounting for 23% of all deaths annually. The cancer death rate of 273.7 deaths per 100,000 in the seven counties is significantly higher than the Illinois rate of 189.1 deaths per 100,000 (1).
- Adult women in the southernmost counties report higher rates of diabetes (11.4%) than Illinois women overall (7.5%) (2).
- 32.7% of women in the seven counties are obese, compared to 25.0% in Illinois overall (2).

The diseases and conditions above are known to be caused by several lifestyle behaviors that are more prevalent among southernmost Illinois women than in Illinois overall.

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- 19.2% of women in the seven counties meet the recommended standard of five or more servings of fruits and vegetables per day compared to 26.2% of Illinois women overall (2).
- 13.8% of southernmost Illinois women are engage in no physical activity (defined as inactive in Illinois BRFSS) as compared to 11.1% of women across the state (2).
- 31.7% of adult women in the seven counties are current smokers, almost double the state’s adult female smoking rate of 16.8% (2).

The data presented above are supported by the County Health Rankings for the region. The County Health Rankings determine “health factor rankings” using weighted scores of behavioral, clinical, social and economic, and environmental factors, and “health outcomes rankings” using mortality (premature death) and morbidity (poor health days) measures. Five of the 7 counties are in the bottom 25% of Illinois for both overall health factors and overall health outcomes. Pulaski and Alexander counties are ranked at the very bottom in both categories (Table 3) (5).

Table 3: Southernmost Illinois County Health Rankings (out of 102 Illinois counties)

County	Overall Health Factor Rank	Overall Health Outcome Rank
Alexander	102	102
Hardin	93	100
Johnson	80	57
Massac	50	91
Pope	86	86
Pulaski	101	101
Union	60	46

Source: <http://www.countyhealthrankings.org/illinois/overall-rankings>

Our needs assessment also used qualitative methods to further explore factors that contribute to high risk for chronic disease for women in the seven counties.

- Access to health care: Issues identified included health care affordability of; limited availability of health care providers, specialty physicians, registered dietitians and dentists; transportation; care for the uninsured/underinsured; and lack of knowledge about available health services.
- Health behaviors:
 - *Lifestyle factors*: Included availability and affordability of physical activity and recreation facilities and healthy foods; lack of knowledge about how to prepare healthy foods; lack of knowledge about how to be physically active; and cultural practices that promote high fat and high calorie cooking.
 - *Health seeking behaviors*: Participants indicated that residents may not seek out health care due to fear or other personal reasons. In addition, residents may not take medication due to cost or because they do not understand its importance.

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- High-risk behaviors: In some areas, illegal drugs are available and accepted. Teens may not have access to birth control and may not be aware of sexual risks. Teens engage in risky behaviors to fit in, due to peer pressure, and due to the lack of activities and recreational facilities in the area.
- Environmental factors: Participants discussed pollution caused by industry, mining and agriculture, as well as secondhand smoke.
- Gender norms (*see below*)
- Knowledge and attitudes about health: Participants discussed the need to raise awareness about health, health issues, health resources and healthy behaviors in the region.
- Organizational factors and resources: Participants discussed the challenges of providing services to a rural population. Residents may be unable to access existing programs due to travel distance. They may also be unaware of the programs. Some participants also suggested that there is a stigma associated with participating in free programs. Lack of funding for outreach limits the services that organizations in the area can provide.

Disparity Assessment - Gender-Based Analysis

The health of women in the seven southernmost counties is affected by several complex and interrelated factors. We conducted a gender-based analysis that revealed the gender-related factors that affect health as a way to better understand how to address health disparities that affect the region.

Understanding how gender-related factors affect health requires a comprehension of how the community views gender. Focus group participants discussed the importance of women's vital roles as caregivers both in the family and the community. When asked "what health means to you," many responses focused on women's roles within their families and social circles:

- Being able to balance multiple roles;
- Taking care of family;
- Not being a burden on others; and
- Being able to spend time with friends and family.

Participants also defined a healthy community as one in which people get along, care about, respect and support each other.

Interview and focus group participants also recognized that the role of women in the community has changed over recent decades. Women today often work a "double shift" as wage-earners outside the home as well as caregivers (for children, grandchildren, and/or parents). They are also less likely to be married than in previous generations. These circumstances add to women's stress and limit their time for self-care and leisure activities, including physical activity or going to the doctor.

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I also see women as they're going to take care of everybody first and they're going to leave their needs last. And it's trying to get them to understand that you need to set a good example for your children rather than focusing on the children and making sure they have everything and you're just taking up the leftovers – you need to be setting a good example for them, and starting the change with yourself. (Healthcare Provider)

I think perhaps [women] are one of the most underserved groups by the availability of services, and it is just that opportunity to know that they deserve time and attention to take care of their own needs. (Educator)

Several participants also noted that men are less likely than women to access health care, and may view going to a doctor as a sign of weakness.

The dual role that women play also means they have less time for daily activities like food preparation, and are more likely to buy fast food or processed foods. This problem is exacerbated in rural communities like southernmost Illinois, where there are few grocery stores with fresh fruits and vegetables, and residents may only be able to buy groceries only once or twice per month. Southernmost Illinois also has a large population of retirees, many of whom are widows. These women also admit to buying fast food and processed food because they lack motivation to cook for one person. Understanding the various roles of women can help SSCWH implement programs that are relevant and accessible to women and their families.

Participants indicated that improving women's health was an important step to creating a healthier community. In light of the demands on women, interview and focus group participants discussed the need for strategies that help women incorporate healthy behaviors into their daily routines, specifically, programs offered in community settings where women already gather. Such programs were seen as important for women themselves, as well as a way to improve the health of children now and in the future. Family-oriented recreational programs were also recommended to provide activity opportunities for both adults and children.

I think that we do need groups for women...just for them to be able to get together and have some open, clear discussion about whatever the issues are. We've neglected ourselves. We allowed it to happen. (Agency Administrator)

Women, whatever they are mothers, grandmothers, teachers, whatever they are, the rest of that trickles down to society. I think if you have a healthy group of women you're going to have a healthy community. (Health Care Provider)

Women take charge of their families and communities for the most part at the core...It is the group that has the most power to influence the health of the community by taking care of themselves, their children, their families, their blocks, their churches. (Health Care Provider)

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Several participants noted early pregnancy rates among young women. Reasons cited for early pregnancy include peer and media influences on teens, a lack of recreational activities for youth, and the religious views of community members, which have made it difficult to provide comprehensive sexual health education in some area schools. Due to cultural barriers in the community, SSCWH has begun to explore programs for youth with primary objectives to improve physical fitness, nutrition and self-esteem, and secondary objectives to prevent teen pregnancy and drug/alcohol abuse.

Conclusions from Community Analysis

SSCWH concluded that southernmost Illinois women face significant health disparities compared to women in the rest of the state. Community members view women's health as critical to the health of all residents of the region. By focusing our efforts on women throughout the region, SSCWH will improve the health of women, and by association, improve the health of their families and communities. In addition, in order to improve their health, women must be supported by their families and communities. The health of women is affected by a number of factors, including access to health care and healthy lifestyle choices, attitudes and beliefs about health, and community resources. To be responsive to these various factors, SSCWH members believe a multi-level, collaborative approach is ideal for improving women's health.

CHC COALITION PRIORITIES

Prioritization of Health Issues

While our community assessment was initiated with a focus on CVD, cancer, diabetes and obesity, several other important health issues were identified. SSCWH members ranked these health issues according to their importance in the community (Table 5). Based on the rankings, SSCWH determined the top health issues that were feasible to address (in red), and planned a comprehensive approach to transform the community.

Table 5. Priority health issues

Health Issue	Average Rank	Scale
		<i>1=VERY HIGH PRIORITY</i>
Cancer	1.57	
Cardiovascular disease		
Early detection / screening for disease		
Overweight / Obesity		
Physical Inactivity	1.71	
Diabetes	1.86	
Drug use / abuse		
Health insurance		
Poor nutrition		
Dental health	2.00	<i>2=HIGH PRIORITY</i>
Clean water/Water quality	2.14	
Prenatal care		
Smoking / Tobacco use		
Alcohol use/abuse	2.29	
Sexual health	2.43	
Mental health	2.57	
Domestic violence	2.71	
Respiratory disease	2.86	
Self-esteem / body image in girls		
Stress		
Teen pregnancy / Early pregnancy		
Allergies/Asthma	3.00	<i>3=MEDIUM PRIORITY</i>
Homelessness	3.14	
Self care & hygiene for girls	3.29	
Alzheimer's / Dementia	3.43	
Bullying in girls		
Eating disorders / anorexia / bulimia		
Sleep or sleep disorders	3.57	
		<i>4=LOW PRIORITY</i>
		<i>5=NOT A PRIORITY</i>

Approach

Due to the multiple factors in the community that influence health, SSCWH is using a multi-level ecological approach in which effective interventions target the individual, community and societal levels (8). At the individual level, SSCWH will use the *Heart Smart for Women* (HSFW) evidence based lifestyle change intervention to increase physical activity and improve nutrition among women, to be implemented in community-based locations such as churches and worksites. We will also work with these groups and other community agencies to develop maintenance programs to sustain behavior change in the long term and address changes within the family. Maintenance activities will include cooking demonstrations and walking groups and will be open to other community members. In particular, a family approach to wellness will be utilized to raise awareness about family members' roles in behavior change, to ensure women are supported, and to reinforce behavior change.

To further improve health within the community, culturally appropriate health promotion programs and materials will be used to increase knowledge about healthy behavior and increase awareness about services and resources. Efforts will also be made to improve health at the societal level through policy change and supporting community-based efforts such as identifying safe walking routes within the seven counties.

CHC Focus Area 1: Promote Physical Activity

Problem

Lifestyle behaviors play a significant role in the development of many of the chronic health conditions in the seven counties, including CVD, diabetes, and overweight/obesity. Physical inactivity is one lifestyle behavior that contributes to the high risk for chronic disease for women in this region with 39.1% not meeting the standards for regular and sustained physical activity and 13.8% of women in the seven counties reporting being inactive (2). Improving physical activity behavior is associated with reducing the morbidity and mortality for CVD (9), reducing body weight, body mass index and obesity (10, 11), all of which are major health issues in seven county region.

Relevant Data

Interview and focus group participants identified insufficient physical activity as important to both personal and family health.

If you get them out of the house and be active, their blood pressure goes down, your blood sugar goes down. Boredom. There is nothing to do. They sit in the house and their weight goes up. It is a vicious cycle. (Health Care Provider)

I try to set an example for my 6 year old. Being overweight runs in the family. I try to eat really healthy and exercise daily. So being a role model for her. Need to set an example for the kids. (Hardin County Focus Group, age 18-30)

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If you are truly obese...you just can't move around and then you have joint problems and you know, then it leads to diabetes then your heart is bad. (Health Care Provider)

Causes

Interview and focus group participants cited several reasons for insufficient physical activity. Residents do not always understand the benefits of physical activity or they do not make physical activity a priority.

They don't realize if they walk a little bit today and they walk again tomorrow their joints won't hurt and they will be able to play ball with their grandson. They have to realize if they pay a little bit now they are going to reap that reward later. (Health Care Provider)

I think health promotion, physical activity and changing the concept of that it is a chore and it is exercise and you have to do it and it is something that is enjoyable and that everyone is doing it and get on board and it is fun. And making it more of a paradigm shift I think is something that needs to be addressed. (Health Educator)

It's trying to get them to understand what a priority is, and to get up off the sofa and go and walk and have a good time outside. (Health Care Provider)

In addition, residents may face personal barriers to physical activity.

I think women have a poor self-image when they begin to gain weight, and whether it's medical weight gain or imbalance of caloric and lack of exercise, or whatever the problem may be, I think that women typically don't feel good about it, and they don't want to be seen, necessarily, in tight gym clothes. So they don't exercise at all. (Retired)

Participants also noted external barriers to physical activity, including access to structured programs and lack of spaces to be physically active, and cost.

We don't have access to health care programs, fitness centers. If you live in Cairo and you want to go to the Zumba class at Shawnee College, if you don't have a car you don't have access. And obesity is a problem in these counties. (Government Employee)

The reality is most of our communities don't have walking trails or bike trails. We have gyms, but there's a cost, and in this kind of economy they're not really feasible for most families. (Retired)

In our area, like today for example, I'm going swimming... But I drove 45 to 50 minutes north to swim. That is the closest place and that is up in Franklin County, which isn't part of the southern seven. But when I go in there, there will always be about 75 women in an exercise class and most of them are elderly. It is so good for them... We really need something like that, and so many times I hear reasons why they can't exercise – that my knees hurt, my back is miserable – and I always say that you need to get a pool and then I

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think, “how the heck are they going to get a pool.”...Something that we need is a big fitness complex that everybody can use and at least there will be no excuses... (Health Care Provider)

In addition, participants discussed the lack of recreational opportunities for families.

In the bigger cities they have community centers where they have all that stuff. We don't have a community center. The only indoor gym besides schools is owned by one of the churches. So, more things for non-athletes, just for kids who want to play in the community region would be nice... We just don't have a lot of facilities to do things in with young children. If there were places for them to go and things for them to do that were active instead of video games and television. (Health Care Provider)

Best Practices

The *CDC Community Guide to Preventive Services* recommends the following strategies to increase physical activity and reduce obesity (12):

- Community-wide campaigns involving multiple sectors in the community and multiple strategies;
- Social support interventions offered in community settings;
- Behavior change programs adapted to individuals;
- Creating new physical activity opportunities or increasing existing opportunities, combined with informational outreach;
- Promoting the use of taking the stairs for physical activity;
- Worksite interventions, including presentations and group sessions to reduce weight; and
- Interventions to reduce “screen time” (time in front of a TV or computer).

Recommendations

Goal: Improve the health of women by promoting physical activity.

Action Steps/Strategies

- Work with churches, service and social clubs, and other community-based organizations to increase health promotion and wellness events around physical activity (e.g. walking groups, monthly or quarterly informational events);
- Work with employers to implement worksite wellness programs;
- Create monthly “health tips” to publish in newspapers and/or post in local businesses;
- Promote walking paths and other fitness opportunities;
- Create a community resource guide that includes available prevention opportunities;
- Use new technologies to promote health (e.g. website, text messages, Facebook, Twitter);

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- Implement *Heart Smart for Women* with a maintenance component;
- Develop and promote peer education opportunities; and
- Implement afterschool/extracurricular activities that promote healthy lifestyles.

CHC Focus Area 2: Promoting Healthy Nutrition

Problem

Nutrition is also a significant factor that contributes to the increased risk for chronic disease for women and their families in this region. Women in southernmost Illinois have unhealthy eating patterns. Only 19.2% of women meet the guideline of five servings of fruits and vegetables per day. In our qualitative research we learned that residents use cooking practices such as deep frying and cooking with lard, and also often consume fast foods and processed foods. Diets rich in fruits and vegetables and low in fat can reduce the risk for heart disease, stroke, cancer and diabetes (13, 14), major health issues in the region.

Relevant Data

Interview and focus group participants consistently discussed the need to improve nutrition among women and families to prevent obesity and chronic diseases among women and children.

Changing the health of women can change the health of the children and partners. She is the one who purchases the food, cooks it, takes them to the doctor, attends the classes, so changing her behavior will benefit them all. Changing that piece can change the entire community. Even in the older women, changing her behavior has a chance of changing the behavior of the people around her. (Health Educator)

Especially diabetes we are seeing at a younger and younger age and when you factor in the cost of that from a medical cost, when you're talking about children at 10 years old developing Type II Diabetes that is just sad. That impacts them for the rest of their life. This generation has a life expectancy shorter than their parents. That is just terrible. And when you realize it, the cause of that is their eating habits and you can change that, so that is really the bad part. (Health Administrator)

...for some reason this area, and not just this county, I found out it has one of the highest cancer rates. And I think it comes from not having the knowledge about healthy living. Because the lady that came in, she did two healthy cooking classes here, and encouraged us on eating healthy and different things we could do. (Government Employee)

Participants also discussed a need for community-based programs to help women lose weight.

... if someone would come in and bring something, I think there would be a lot of – for Weight Watchers, I think that's a good one, and I think a lot of people would participate in that if they came in, and were to set up in different churches, I think that would be

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good...Last year it was done in Ullin, but a lot of people didn't have transportation to get there. (Government Employee)

...if we don't get our country's weight under control in the future we are going to have heart problems, diabetes, we're going to have blood pressure problems, we are going to have strokes. This is going to happen to people young in their lives... (Health Care Provider)

Causes

Interview and focus group participants cited several reasons for unhealthy eating. For example, residents may not know what it means to eat healthy.

People my age in this area don't seem to have a very good idea on what healthy is. I see a lot of people cooking with a lot of oil and everything is fried and nothing is baked. (Health Care Provider)

Frequently, participants cited the difficulty that residents have in accessing healthy foods like fresh fruits and vegetables, causing residents to buy fast food and processed foods. Accessibility is related to both food availability and cost.

A lot of things come into play – unemployment rates, people need to support their families. This translates into how healthy you can be because people cannot afford the healthy food – fresh fruits and vegetables and are buying processed foods. (Union County Focus Group, age 31-50)

... for the most part, the only thing in these towns are generic convenience stores that might make some pizzas, nachos, and they might have some potato chips and some fried taters. Whenever you have a general store or a 7-11, that is what they have to choose from. They have one choice. And buying groceries is the same way, and shopping for groceries in the 7-11 where there is no produce section. They have to go out of town to get any fresh fruits or vegetables, and a lot of them don't because the car doesn't get them out of town. They couldn't buy healthy food if they tried. And then they can't afford the fresh fruits and vegetables if they went out of town to buy them. (Health Care Provider)

Accessibility is huge I believe. We are 30 miles away from any shopping area and a Wal-Mart or Kroger or any large grocery store. (Health Care Provider)

Several participants indicated the need for comprehensive strategies to promote healthy eating, including planning, shopping, and cooking, to have a positive influence on family members, particularly for children.

I hear people that tell me, "I can't afford to eat healthy," which is not true. But you've got to educate people, and that takes time. And also, if that's all they've ever known, to

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buy the fast food and the processed food, and the easiest thing to do, it's hard to get them out of that habit. So it's going to take education to do that. (Healthcare Provider)

If we can help educate women from 20 to 40 in that usual mother age on how to cook and how they can pass that on to their kids, as those kids grow up that just creates a new cycle of eating and decreases a lot of that fried eating, which I see a lot down here. (Healthcare Provider)

Best Practices

The *CDC Community Guide to Preventive Services* recommends the following strategies to increase healthy eating or reduce obesity (12):

- Worksite interventions, including presentations or behavioral group sessions to reduce weight, increase physical activity and improve nutrition; and
- Technology-supported interventions to provide coaching or counseling to reduce weight.

Recommendations

Goal: Improve the health of women by promoting nutrition.

Action Steps/Strategies

- Work with churches and other community-based organizations to increase health promotion and wellness events around nutrition (e.g. cooking demonstrations, monthly or quarterly informational events);
- Work with employers to implement worksite wellness programs;
- Create monthly “health tips” to publish in newspapers and/or post in local businesses;
- Use new technologies to promote health (e.g. website, text messages, Facebook, Twitter);
- Promote gardening, especially in small spaces;
- Implement *Heart Smart for Women* with a maintenance component;
- Develop and promote peer education opportunities; and
- Implement afterschool/extracurricular activities that promote healthy lifestyles.

CHC Focus Area 3: Early Detection, Screening and Intervention to Prevent Morbidity and Mortality of Cancer, CVD, Obesity and Diabetes

Problem

Early detection and screening for chronic health conditions and cancer can reduce the morbidity associated with the disease and result in a better quality of life. Women tend to have a clustering of chronic disease conditions more so than men – women with diabetes have a higher risk for CVD, obesity and hypertension (15). Prevention activities such as controlling pre-diabetes/diabetes and hypertension, lowering LDL cholesterol, weight reduction, increasing

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physical activity, and improving dietary habits can prevent cardiovascular disease and stroke (16, 17). In addition, lifestyle change interventions to increase physical activity and improve nutrition have been shown to reduce the risk for diabetes and breast cancer (18, 19).

Of particular importance in the seven counties is cigarette smoking, where rates among women are almost double the rates for women in Illinois overall (2). Smoking and exposure to tobacco smoke exposure have been associated with premature death due to diseases including CVD and cancer. Encouraging women to utilize smoking cessation resources would be of tremendous benefit to the region.

Early diagnosis or identifying individuals who are at high risk for disease can enable us to use primary and secondary prevention strategies that can save money on health care costs, help individuals change their behavior, and prevent disability and premature death.

Relevant Data

Participants emphasized the importance of ensuring that women, and particularly young women, are aware of early detection and screening for cancer and other diseases.

Definitely awareness about breast cancer, self check-ups, and things like that - the need to go get mammograms early and perhaps earlier now than they used to. (Government Employee)

We need to know that there are certain screenings and health checks that we need on a regular basis – annual mammograms and all of those things. That you don't have to be old to die, and in order for us to be around to see those children become adults and we have grandchildren, there are some things that we have to do for ourselves, and sometimes it requires that we be a little bit selfish about it. (Agency Administrator)

Knowledge is power. For people to help themselves they have to know what the consequences are in failing to do those things. So I'd have to say continuing education and providing low cost screenings are both very important in this area. (Business Professional)

Participants noted the lack of awareness about chronic health conditions. They discussed the need for residents to be screened regularly, to remain aware of their health status, to understand and take advantage of recommended behavior change, and to understand the importance of prescribed medication for keeping their health issues under control.

Heart disease in women tends to be overlooked and it is still thought of as a male disease. (Health Educator)

We let that situation go on, and of course, that blood pressure gets out of control, that diabetes gets out of control, or whatever the health condition might be - it gets out of

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control because we don't manage it, we don't monitor it, we don't take care of it. And again, that's something that we do as women. (Agency Administrator)

If you don't do education they just won't talk about it. In order to address anything to do with diabetes or heart or obesity, you have to get them aware of where they are at... (Health Care Provider)

Causes

The barriers to early detection and screening among residents of southernmost Illinois include lack of knowledge and awareness about the importance of health. Often this is because residents have other worries and therefore do not make health a priority.

The hard part of this group, too, is the economic situation of the whole area. It's just very depressed, and health is not high on their priorities. And I don't know that that's because of the financial situation or just because of their morals and standards. (Health Administrator)

Several factors influence residents' ability to access health care, including screenings. Residents may not be able to access health care because they are uninsured or underinsured, or because adequate services are not available through local health care centers and hospitals. Participants discussed the need to raise awareness about available health care services.

We have a lot of difficulty with underserved people, people that lack health insurance. I'd say we're a lot higher than probably other areas of the state as far as people that don't have health insurance, and we have a lot of underinsured. We have a lot of Medicaid, which are also underinsured. (Health Care Provider)

...just recently I learned there is supposed to be a walk-in clinic out there...I didn't know it before. (Massac County Focus Group, age 51-70)

We do not know what is available and would not know where to look for it. You are in between with kids, grandkids and parents. It adds so much stress and we do not know where to start. (Johnson County Focus Group, age 51-70)

Well, we do have an FQHC here. But I think access can be a challenge. They do have a sliding fee but I don't know if everybody knows about the sliding fee... I ran into a lady that didn't know about the sliding fee and I was surprised because I thought she would be someone that I really thought would have known those things. So we shouldn't assume that people know. So the services are there but for whatever reason, people feel that they can't go because they can't afford it. (Business Owner)

Participants also frequently cited transportation as a barrier to accessing health programs and services.

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Transportation is hard for some people. It doesn't seem like it would be, but a car, to some people, is a huge luxury. (Health Administrator)

Access to transportation would probably be our biggest hindrance, and we also have a problem with the number of providers available. We also have a problem with a rather old fashioned mindset – people don't go to doctors and don't go for routine checkups. People think, "if it's not broke, don't fix it," so they don't do screenings or routine care, they only go to the doctor if there's something wrong. It's hard to keep a healthy community if you only fight fires instead of prevention. (Health Care Provider)

Participants suggested offering opportunities in community locations where women gather.

Maybe that could be incorporated where you're actually going into workplaces and somebody somehow provides lunch, and sit down over lunch and explain whatever it is that you're trying to explain. Whether it is health insurance that is available and cost. Whether it is a new free Weight Watchers... (Health Care Provider)

Best Practices

The *CDC Community Guide to Preventive Services* recommends the following strategies to increasing screenings and disease management (12):

- Client reminders about screening schedules;
- Educational materials tailored to specific audiences;
- Group and one-on-one education;
- Reducing costs and other barriers to screening; and
- Diabetes management programs.

Given the high smoking rates among women in the seven counties, tobacco prevention and cessation interventions are critical. The *CDC Community Guide to Preventive Services* recommends the following strategies to reduce tobacco initiation or increase tobacco cessation (12):

- Mass media campaigns;
- Strategies aimed at health care providers to educate and prompt providers to discuss tobacco cessation with patients;
- Affordable tobacco cessation therapies;
- Tobacco cessation involving telephone support; and
- Policies to restrict smoking and access to tobacco products.

Recommendations

Goal: Promote early detection, screening, and interventions to reduce morbidity and mortality associated with disease.

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Action Steps/Strategies

- Promote tobacco cessation resources;
- Work with churches, service and social clubs, and community-based organizations to increase health screening opportunities (e.g. monthly or quarterly informational events);
- Work with employers to implement worksite wellness programs;
- Create monthly “health tips” to publish in newspapers and/or post in local businesses;
- Create a resource guide to inform residents about available health care resources and prevention opportunities; and
- Use new technologies to promote health (e.g. website, text messages, Facebook, Twitter).

RESOURCES

The 7 counties offer a variety of resources to assist SSCWH in addressing the focus areas discussed. Achieving our objectives requires working with community partners to reach the geographically dispersed population. The following programs, organizations, and other resources were identified by focus group and interview participants as resources and assets to the community:

- Churches
- Health Agencies:
 - S7HD (including immunization services, smoking cessation services, family planning, and the Breast and Cervical Cancer Program)
 - Federally Qualified Health Centers (CHESI and Rural Health)
 - Hospitals (Massac Memorial Hospital, Hardin County Hospital, Union County Hospital)
 - Health promotion activities at Union County Hospital (Senior Circle, Healthy Woman program)
 - Private physicians and dentists
 - Mental health agencies
- Resources for low income residents:
 - WIC
 - Breast and Cervical Cancer Program through S7HD
 - Family planning services through S7HD
 - Shawnee Development Council
 - Food pantries/Soup kitchens
 - Public housing
- Meals for seniors (Meals on Wheels, meals at senior centers)
- University of Illinois Extension
- Pope County Golden Circle (senior center)
- SMART and RIDES (public transportation services)
- Social and service clubs (such as Lion's Club and Sororities)
- Education organizations:
 - Head Start
 - Public Schools

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- Shawnee College
- Southern Illinois University (not located in the southernmost 7 counties)
- Public libraries
- Zumba classes throughout the region
- Local newspapers
- Community fairs and festivals

In addition to the resources discussed above, interview and focus group participants discussed community strengths and assets that benefit the community overall.

- Agencies in the community have a history of effective collaboration;
- Many residents have a strong Christian faith, and they support one another through their faith communities;
- Residents are also connected closely through families, social groups, and communities. Because they live in small communities, residents often know one another and are therefore eager to help one another;
- The S7HD is part of the Healthy Southern Illinois Delta Network, a coalition of the lower 16 counties of Illinois, which aims to reduce CVD in southern Illinois;
- Southernmost Illinois offers a resource-rich geography. Much of the region is part of the Shawnee National Forest. Thus, natural areas and public parks provide opportunities for hiking, walking, and other recreational activities.

IMPLEMENTATION PLAN (Table)

Overall Coalition Goals

1. Create a community environment that participates in and supports good health.
2. Promote healthy choices through access to resources and information.
3. Reduce disparities by empowering women to promote and engage in healthy lifestyles.

Coalition Objectives

COALITION OBJECTIVES	ACTION STEPS	PARTNERS	BASELINE
<p>1. Increase the number of SSCWH partners to promote health in the community</p> <p>2. Collaborate with non-traditional partners such as churches, work-sites and grocery stores to promote healthy lifestyles</p>	<ul style="list-style-type: none"> • Health promotion in collaboration with churches, worksites, grocery stores, libraries, housing authorities, and service and social clubs • Heart Smart for Women plus maintenance 	<ul style="list-style-type: none"> • Salem Lutheran Church, Jonesboro, IL • Mighty Rivers Regional Worship Center, Cairo, IL • Wal-Mart, Anna, IL • Harrah's Casino, Metropolis, IL • Community Health and Emergency Services, Inc., Cairo, IL 	<ul style="list-style-type: none"> • Approached and received verbal agreement from 2 churches to collaborate on implementing lifestyle change interventions • Approached and received verbal agreement from 3 worksites to collaborate on implementing lifestyle change interventions • Existing relationship with local libraries and housing authority
<p>3. Collaborate with partners to identify, gather and promote existing health programs and resources to increase access</p> <p>4. Obtain buy-in and support from local businesses to develop and disseminate a resource guide with a focus on local resources</p>	<ul style="list-style-type: none"> • Promote walking paths • Create a community resource guide • Use technology to promote health • Promote fitness opportunities • Promote gardening • Create flyers and recipes for display and distribution in grocery stores 	<ul style="list-style-type: none"> • Curves for Women • Shawnee Community College • Salem Lutheran Church • Mighty Rivers Regional Worship Center • Caledonia Community Church • Metropolis Public Library • University of Illinois Extension 	<ul style="list-style-type: none"> • SSCWH currently works with a wide range of partners including area churches, community agencies, hospitals, and the community college. • Over the past 4 years SSWCH has partnered with 35 organizations in the region.

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<p>5. Increase community participation and involvement to increase healthy lifestyles within the community</p> <p>6. Increase opportunities for education and participation in health programs in areas with the greatest need</p>	<ul style="list-style-type: none"> • Host health community-based health promotion / wellness events • Implement Heart Smart for Women plus maintenance • Peer education • Afterschool/extracurricular activities 	<ul style="list-style-type: none"> • Curves for Women • Shawnee Community College • Salem Lutheran Church • Mighty Rivers Regional Worship Center • Caledonia Community Church • Metropolis Public Library • University of Illinois Extension 	<ul style="list-style-type: none"> • SSCWH coalition and steering committee members and partners have worked together for the past 4 years to increase community participation through community-based intervention efforts.
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CHC Focus Areas

Focus Area 1: Promote Physical Activity

CHC FOCUS AREA OBJECTIVES	ACTION STEPS	PARTNERS	BASELINE	2016 GOALS	Relevant Healthy People 2020 Topic Areas
<p>1. Increase the proportion of women engaging in moderate intensity activity</p>	<ul style="list-style-type: none"> • Promote physical activity through community agencies • Worksite wellness programs • Disseminate “health tips” in newspapers and local businesses • Promote walking paths and fitness opportunities • Create a community resource guide • Use technology to promote health • <i>Heart Smart for Women</i> plus maintenance • Peer education • Afterschool / extracurricular activities 	<ul style="list-style-type: none"> • Churches • Employers • S7HD • SSCWH coalition members • Libraries • SSCWH steering committee members 	<p>41.3% report engaging in moderate intensity activity</p>	<p>In the population targeted by the SSCWH interventions, increase the proportion of women who engage in moderate intensity activity (30 minutes at least 5 times a week) by 20%.</p> <p><i>Note: Targets based on previous HSFW findings</i></p>	<ul style="list-style-type: none"> • PA-1-Reduce the proportion of adults who engage in no leisure-time physical activity • PA-2-Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity • PA-12-Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs

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<p>2. Increase the proportion of women engaging in vigorous intensity activity</p>	<ul style="list-style-type: none"> • Promote physical activity through community agencies • Worksite wellness programs • Disseminate “health tips” in newspapers and local businesses • Promote walking paths and fitness opportunities • Create a community resource guide • Use technology to promote health • <i>Heart Smart for Women</i> plus maintenance • Peer education • Afterschool / extracurricular activities 	<ul style="list-style-type: none"> • Churches • Employers • S7HD • SSCWH coalition members • Libraries • SSCWH steering committee members 	<p>21.3% report engaging in vigorous intensity activity</p>	<p>In the population targeted by the SSCWH interventions, increase by 5% the proportion of women who engage in vigorous intensity activity (20 minutes at least 3 days a week) <i>Note: Targets based on previous HSFW findings</i></p>	<ul style="list-style-type: none"> • PA-1-Reduce the proportion of adults who engage in no leisure-time physical activity • PA-2-Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity • PA-12-Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs
<p>3. Decrease the proportion of women engaging in no physical activity (inactive)</p>	<ul style="list-style-type: none"> • Promote physical activity through community agencies • Worksite wellness programs • Disseminate “health tips” in newspapers and local businesses • Promote walking paths and fitness opportunities • Create a community resource guide • Use technology to promote health • <i>Heart Smart for Women</i> plus maintenance • Peer education • Afterschool / extracurricular activities 	<ul style="list-style-type: none"> • Churches • Employers • S7HD • SSCWH coalition members • Libraries • SSCWH steering committee members 	<p>13.8% of women report being inactive</p>	<p>In the population targeted by the SSCWH interventions, decrease by 5% the proportion of women who engage in no physical activity</p>	<ul style="list-style-type: none"> • PA-1-Reduce the proportion of adults who engage in no leisure-time physical activity • PA-2-Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity • PA-12- Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs

Note: All baseline data reported using IL BRFSS Round 4 (2007-2009) specific to women in Southern Seven counties

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Focus Area 2: Promote Nutrition

CHC FOCUS AREA OBJECTIVES	ACTION STEPS	PARTNERS	BASELINE	2016 GOALS	Relevant Healthy People 2020 Topic Area
1. Increase the proportion of women who consume at least 2 ½ cups of vegetables and 2 cups of fruit per day.	<ul style="list-style-type: none"> Promote nutrition through community agencies Worksite wellness programs; Disseminate “health tips” in newspapers and businesses Use technology to promote health Promote gardening Implement Heart Smart for Women plus maintenance Peer education Afterschool / extracurricular activities 	<ul style="list-style-type: none"> Churches Employers S7HD SSCWH coalition members Libraries SSCWH steering committee members 	19.2% report consuming at least 2 ½ cups of vegetables and 2 cups of fruit per day.	<p>In the population targeted by the SSCWH interventions:</p> <ul style="list-style-type: none"> Increase by 15% the proportion of women who consume at least 2 1/2 cups of vegetables per day. Increase by 10% the proportion of women who consume at least 2 cups of fruit per day. <p><i>Note: Targets are based on HSFW findings</i></p>	<ul style="list-style-type: none"> NWS-4-Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the <i>Dietary Guidelines for Americans</i> NWS-7-Increase the proportion of worksites that offer nutrition or weight management classes or counseling NWS-14-Increase the contribution of fruits to the diets of the population aged 2 years and older NWS-15-Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older NWS-16-Increase the contribution of whole grains to the diets of the population aged 2 years and older NWS-19-Reduce consumption of sodium in the population aged 2 years and older
2. Reduce the consumption of saturated fats in the diet.	<ul style="list-style-type: none"> Promote nutrition through community agencies Worksite wellness programs; Disseminate “health tips” in newspapers and businesses Use technology to promote health Implement Heart Smart for Women plus maintenance Peer education Conduct cooking 	<ul style="list-style-type: none"> Churches Employers S7HD SSCWH coalition members Libraries SSCWH steering committee members 	No baseline available	<p>In the population targeted by SSWCH interventions :</p> <ul style="list-style-type: none"> Increase knowledge of the health risks associated with saturated fats. Increase knowledge of using substitutions for saturated fats in cooking Increase knowledge of substitutions for 	<ul style="list-style-type: none"> NWS-17-Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older NWS-18-Reduce consumption of saturated fat in the population aged 2 years and older

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	demonstrations			high fat meats and alternate ways to prepare meats that reduce fat content.	
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Notes: All baseline data reported using IL BRFSS Round 4 (2007-2009) specific to women in Southern Seven counties

Focus Area 3: Early Detection, screening and interventions to prevent morbidity and mortality of Cancer, CVD, Obesity and Diabetes

CHC FOCUS AREA OBJECTIVES	ACTION STEPS	PARTNERS	BASELINE	2016 GOALS	Relevant Healthy People 2020 Topic Area
1. Increase the proportion of women with prehypertension or hypertension who are actively taking steps to improve their health	<ul style="list-style-type: none"> Promote tobacco cessation resources Promote screening and early detection through community agencies Worksite wellness programs Disseminate “health tips” in newspapers and businesses Create a community resource guide Use technology to promote health 	<ul style="list-style-type: none"> Churches Employers S7HD SSCWH coalition members Libraries SSCWH steering committee members 	37.9% are currently diagnosed with hypertension	<p>In the population targeted by the SSCWH interventions with hypertension or pre-hypertension</p> <ul style="list-style-type: none"> Increase the proportion of women who consume at least 2 1/2 cups of vegetables per day by 15%. Increase the proportion of women who consume at least 2 cups of fruit per day by 10%. Increase the proportion of women who engage in moderate intensity activity (30 minutes at least 5 times a week) by 20%. <p><i>Note: Targets are based on HSFW findings</i></p>	<ul style="list-style-type: none"> HDS-5-Reduce the proportion of persons in the population with hypertension HDS-9-Increase the proportion of adults with prehypertension who meet the recommended guidelines HDS-10-Increase the proportion of adults with hypertension who meet the recommended guidelines
2. Increase the proportion of women with high	<ul style="list-style-type: none"> Promote tobacco cessation resources Promote screening and early detection through community 	<ul style="list-style-type: none"> Churches Employers S7HD SSCWH 	39.6% of women have high cholesterol	<i>Refer to goals from Objective 1 above</i>	<ul style="list-style-type: none"> HDS-13-Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider

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cholesterol who are actively taking steps to improve their health.	<ul style="list-style-type: none"> agencies • Worksite wellness programs • Disseminate “health tips” in newspapers and businesses • Create a community resource guide • Use technology to promote health 	<ul style="list-style-type: none"> coalition members • Libraries • SSCWH steering committee members 			<ul style="list-style-type: none"> regarding cholesterol-lowering management including lifestyle changes and, if indicated, medication • HDS-7-Reduce the proportion of adults with high total blood cholesterol levels • HDS-8-Reduce the mean total blood cholesterol levels among adults
3. Increase the proportion of women with pre-diabetes and diabetes who are actively taking steps to improve their health.	<ul style="list-style-type: none"> • Promote tobacco cessation resources • Promote screening and early detection through community agencies • Worksite wellness programs • Disseminate “health tips” in newspapers and businesses • Create a community resource guide • Use technology to promote health 	<ul style="list-style-type: none"> • Churches • Employers • S7HD • SSCWH coalition members • Libraries • SSCWH steering committee members 	11.4% of women have diabetes	<i>Refer to goals from Objective 1 above</i>	<ul style="list-style-type: none"> • D-1-Reduce the annual number of new cases of diagnosed diabetes in the population
4. Increase the proportion of smokers who want to quit who receive referrals to smoking cessation resources.	<ul style="list-style-type: none"> • Promote tobacco cessation resources • Worksite wellness programs • Disseminate “health tips” in newspapers and businesses • Create a community resource guide • Use technology to promote health 	<ul style="list-style-type: none"> • Churches • Employers • S7HD • SSCWH coalition members • Libraries • SSCWH steering committee members 	31.7% current smokers	100% of smokers targeted by the SSCWH interventions will receive smoking cessation resources	<ul style="list-style-type: none"> • TU-10-Increase tobacco cessation counseling in health care settings
5. Increase the proportion of women screened for	<ul style="list-style-type: none"> • Worksite wellness programs • Disseminate “health tips” in newspapers and businesses • Create a community resource 	<ul style="list-style-type: none"> • Churches • Employers • S7HD • SSCWH 	70.3% of adult women have had	Increase by 5% proportion of women participating in SSCWH programs who are screened for cancer	<ul style="list-style-type: none"> • C-15-Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines

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breast cancer, colorectal cancer and cervical cancer	<ul style="list-style-type: none"> guide Use technology to promote health 	<ul style="list-style-type: none"> coalition members Libraries SSCWH steering committee members 	<p>Pap smear in the past year.</p> <p>65.4% of women age 40+ have had a mammogram in the past year</p>		<ul style="list-style-type: none"> C-16-Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines C-17-Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines
6. Increase knowledge related to cancer, preventative behaviors and screening	<ul style="list-style-type: none"> Promote tobacco cessation resources Promote screening and early detection through community agencies Worksite wellness programs Disseminate "health tips" in newspapers and businesses Create a community resource guide Use technology to promote health 	<ul style="list-style-type: none"> Churches Employers S7HD SSCWH coalition members Libraries SSCWH steering committee 	No baseline available	Increase knowledge of the recommended screening tests for cancers for men and women.	<ul style="list-style-type: none"> C-18-Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines
7. Increase awareness about basic dental hygiene and oral health	<ul style="list-style-type: none"> Promote screening and early detection through community agencies Disseminate "health tips" in newspapers and businesses Create a community resource guide Use technology to promote health 	<ul style="list-style-type: none"> Churches Employers S7HD SSCWH coalition members Libraries SSCWH steering committee 	29% have not been to a dentist for 2 years or more	Increase the proportion of women participating in SSCWH programs who visited a dentist in the past year by 5%	<ul style="list-style-type: none"> OH-7-Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year

Notes: All baseline data reported using IL BRFSS Round 4 (2007-2009) specific to women in Southern Seven counties

CONCLUSION

The Southern Seven Coalition for Women’s Health (SSCWH) is committed to reducing health disparities that affect residents of southernmost Illinois, and improving the health of all residents. We will accomplish our objectives through multiple community-based interventions to promote wellness, targeting women, families, and communities.

REFERENCES

1. Illinois Department of Public Health. (2006). IPLAN: Illinois Project for Local Assessment of Needs. Springfield, IL: Illinois Department of Public Health. Accessed from: <http://app.idph.state.il.us/>.
2. Illinois Department of Public Health. (2010). Illinois Behavioral Risk Factor Surveillance System. Accessed from <http://www.idph.state.il.us/health/statshome.htm>.
3. Moehring, P. (2010). *Southern Seven Health Department IPLAN*. Southern Seven Health Department.
4. Liverpool School of Tropical Medicine. (1999). Guidelines for the Analysis of Gender and Health. Accessed from <http://www.lstmliverpool.ac.uk/research/academic-groups/international-health/gender-and-health-group/guidelines>.
5. University of Wisconsin Population Health Institute. (2011). County Health Rankings. Accessed from http://www.countyhealthrankings.org/sites/default/files/states/CHR2011_IL.pdf.
6. U.S. Census Bureau. (2010). State and County QuickFacts. Accessed from <http://quickfacts.census.gov/qfd/states/17000.html>.
7. U.S. Census Bureau. American FactFinder. Accessed from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.
8. Sallis, J.F. & Owen, N. (2002). Ecological models of health behavior. In K. Glanz, B.K. Rimer, F.M. Marcus (Eds), *Health Behavior and Health Education: Theory, Research, and Practice* (462-484). San Francisco, CA: Jossey-Bass.
9. Artinian, N., Fletcher, G., Mozaffarian, D., Kris-Etherton, P., Van Horn, L., Lichtenstein, A., et al. (2010). Interventions to promote physical activity and dietary lifestyle changes for cardiovascular risk factor reduction in adults: a scientific statement from the American Heart Association. *Circulation*, *122*, 406-441.
10. Dunn, A., Marcus, B., Kampert, J., Garcia, M., Kohl, H., & Blair, S. (1999). Comparisons of lifestyle and structured interventions to increase physical activity and cardiorespiratory fitness. A randomized trial. *JAMA*, *281*, 327-334.
11. Paul-Ebhohimhen, V., Avenell, A. (2009). A systematic review of the effectiveness of group versus individual treatments for adult obesity. *Obesity Facts*, *2*, 17-24.
12. Community Guide Branch, Epidemiology and Analysis Program Office, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and

- Prevention Guide to Community Preventive Services. (2011). *The Community Guide to Preventive Services*. Accessed from <http://www.thecommunityguide.org/index.html>.
13. Campbell, H.M., Khan, N., Cone, C., & Raisch, D.W. (2011). Relationship between diet, exercise habits, and health status among patients with diabetes. *Research in Social and Administrative Pharmacy*, 7, 151-61.
 14. Scarborough P, Nnoaham KE, Clarke D, Capewell S, Rayner M.J. (2010). Modeling the impact of a healthy diet on cardiovascular disease and cancer mortality. *Journal of Epidemiology and Community Health*. (epub ahead of print). PMID: 21172796
 15. Rivellese AA, Riccardi G, Vaccaro O. (2010). Cardiovascular risk in women with diabetes. *Nutrition, Metabolism and Cardiovascular Diseases*, 20, 474-80.
 16. Goldstein, L.B., Bushnell, C.D., Adams, R.J., Appel, L.J., Braun, L.T., Chaturvedi, S., et al. (2011). Guidelines for the primary prevention of stroke: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*, 42, 517-84.
 17. Kahn, R., Robertson, R.M., Smith, R., & Eddy, D. (2008). The impact of prevention on reducing the burden of cardiovascular disease. *Circulation*, 118, 576-585.
 18. Crandall, J.P., Knowler, W.C., Kahn, S.E., Marrero, D., Florez, J.C., Bray, G.A., et al. (2008). The prevention of type 2 diabetes. *Nature Clinical Practice Endocrinology and Metabolism*, 4, 382-93.
 19. McTiernan, A. (2003). Behavioral risk factors in breast cancer: can risk be modified? *Oncologist*, 8, 326-34.