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Arrowleaf Johnson County ROSC Council Needs Assessment July 2023

History and Demographics

Johnson County is located in a region colloquially known as "Little Egypt." The region is named such because of the confluence of the Ohio and Mississippi rivers, and noted parallels with the Nile river delta in Egypt. The communities that arose in this area were, at one point, some of the most prosperous in the state. However, consistent disenfranchisement of the people and disinvestment in these communities has resulted in significant, oppressive socio-economic barriers for some Johnson County residents.

	Johnson County	Illinois		
Current Population (Estimate V2022)	13381	12582032		
Population Change 2010 - 2020	+6%	-0.14%		
White, not Hispanic or Latinx	86.9%	76.3%		
Black	8.5%	14.7%		
Hispanic or Latinx	3.3%	18%		
Two or More Races	1.2%	2.2%		
Persons age ≥65 years	21.4%	16.6%		
Persons with a disability age <65 years (2017 - 2021)	9%	7.5%		
Source: United States Census Bureau QuickFacts (2022)				

Despite state-wide population decline, the overall population for Johnson County has increased in recent years. Between 2010 and 2020, the population of Johnson County increased by 6% (Census QuickFacts, 2022). The demographics of Johnson County are reflective of the greater southern Illinois region. Across Johnson County, the population is 86.9% White Only, Not Hispanic or Latinx, 8.5% Black, 3.3% Hispanic or Latinx, and 1% Multi-racial (Census



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QuickFacts, 2022). Johnson County is also home to a comparatively large number of senior citizens. The state average for individuals who are \geq 65 years old is 16.6%, but in Johnson County, this percentage is nearly six points higher, at 21.4% (Census QuickFacts, 2022).

	Johnson County	Illinois		
Civilian Labor Force (Population age ≥16, 2017 - 2021)	39.2%	65.1%		
Bachelor's Degree or Higher (persons age ≥25 years, 2017 - 2021)	17.3%	36.2%		
Persons in Poverty	13.3%	12.1%		
Median Household Income (in 2021 dollars, 2017 - 2021)	\$58,502	\$72,563		
Source: United States Census Bureau QuickFacts (2022)				

from 2017 to 2021 showed that only 39 2% of individuals in Joh

Census data from 2017 to 2021 showed that only 39.2% of individuals in Johnson County are counted in the civilian labor force, which is nearly half the state average, 65% (Census QuickFacts, 2022). An often identified barrier to quality employment is lack of higher education attainment. This is true in Johnson County, where only 17.3% of individuals 25 years or older have attained a Bachelor's degree; the state average is 36% (Census QuickFacts, 2022). In addition to lower-than-state-average labor force and Bachelor's degree attainment, there are limited economic opportunities and slightly elevated poverty levels in Johnson County. The poverty rate across Johnson County is 17%, which is five points higher than the state average (Census QuickFacts, 2022). Economic disparity is also apparent when reviewing median household income data. The median household income for Johnson County was \$58,502, which is approximately \$14,000 less than the state average, \$72,563 (Census QuickFacts, 2022).

Health Outcomes and Factors

Socio-economic barriers are accompanied with impacts to health and wellness of individuals in Johnson County, as well as communities therein. Individual health behaviors, or behavioral health factors, of individuals in Johnson County cannot be ignored. However, there are macroscopic barriers that coincide with, and exacerbate, poor health factors.

Out of all 102 counties in the state of Illinois, Johnson County was ranked 61st for overall health outcomes and 84th for health factors (County Health Rankings and Roadmaps, 2023). Overall measures of health outcomes and health factors consider length and quality of life, as well as health behaviors, access to healthcare resources, socio-economic factors, environment, and other such data. It is important to note that Johnson County is exemplary in that it defies the



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association between poor health factors—including both behavioral and socio-economic factors—and health outcomes.

	Johnson County	Illinois
Overall Health Outcomes & Factors Rank (Out of 102 in IL)	61;84	NA
Premature Death (Years of potential life lost before age 75 per 100,000 population; 2018 - 2020)	9000	7100
Life Expectancy (2018 - 2020)	77	78.6
Adult Smoking (2020)	21%	13%
Excessive Drinking (2020)	17%	15%
Alcohol-impaired Driving Deaths (2020)	29%	29%
Adult Obesity (2020)	37%	13%
Limited Access to Healthy Foods (2019)	3%	5%
Food Insecurity (2020)	11%	8%
Population to Primary Care Physicians (ratio)	12360 : 1	1230 : 1
Population to Mental Health Providers (ratio)	120 : 1	340 : 1

Source: County Health Rankings and Roadmaps: <u>Johnson County</u> (2023)

Adult smoking is more prevalent in Johnson County (21%), compared to 13% state average (County Health Rankings and Roadmaps, 2023). Prevalence of excessive drinking and alcoholimpaired driving deaths are comparable to state averages. Approximately 17% of adults reported excessive drinking, compared to state average (15%) and 29% of motor vehicle crash deaths involved alcohol, which is equal to state average (County Health Rankings and Roadmaps, 2023). Obesity rates in Johnson County were 37%, which is nearly triple the state average obesity rate, 13% (County Health Rankings and Roadmaps, 2023). Compounding obesity rates in Johnson County is a slight increase in food insecurity. Across Illinois, 8% of the population reported food insecurity; however, in Johnson County, 11% are food insecure (County Health Rankings and Roadmaps, 2023). According to this data, limited access to a primary care



physician is one of the greatest negative health factors for individuals in Johnson County. There are 12360 patients per primary care physician (County Health Rankings and Roadmaps, 2023).

Youth Population Data

There are six school districts across Johnson County. The following table lists these school districts and certain characteristics, as well as provides state average data for comparison.

	Johnson County Co.				Illinois		
	Buncombe CONS 43	Cypress SD 64	Goreville CUD 1	New Simpson Hill 32	Vienna HSD 133	Vienna SD 55	
Total Enrollment	58	105	626	209	316	384	NA
Graduation Rate	NA	NA	97%	NA	89%	NA	87.3%
Mobility (Transfer in/out)	NA	9%	7%	11%	11%	7%	7.60%
Truant Students	NA	15%	9%	NA	11%	5%	22.10%
Low income	81%	55%	43%	44%	47%	52%	46.50%
Source: ISBE Illinois Report Card (2023)							

oss all school districts in Johnson County, the average graduation

Across all school districts in Johnson County, the average graduation rate, for schools which reported this figure, was 93% which is significantly higher than the state average, 87.3% (ISBE Illinois Report Card, 2023). Likewise, truancy rates were lower than state average, across all schools which reported this measure (ISBE Illinois Report Card, 2023). Across all school districts in Johnson County, there is a higher percentage of low-income students (54% average) and higher student transfer in/out rates (9% average), or student mobility, compared to the state averages (ISBE Illinois Report Card, 2023).



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Youth within these school districts completed the Illinois Youth Survey (IYS; 2022). The following tables provide an overview of youth responses to substance use across 30 day and one year time periods.

Past 30-day Use (8th - 12th graders)	Johnson County		
(** ** ** **)	8th	10th	12th
Alcohol	2%	9%	19%
Binge Drinking	0%	7%	7%
Tobacco/Vaping	6%	17%	21%
Marijuana	2%	7%	14%
Rx Drugs (not prescribed)	0%	2%	0%
Used in Past Year (8th - 12th graders)	Johnson County		
	8th	10th	12th
Common Substances and/or Vaping	10%	26%	36%
Alcohol	8%	22%	34%
Marijuana	6%	15%	21%
E-cigarettes/Vaping	6%	15%	21%
Illicit Drugs (Excluding Marijuana)	0%	5%	3%
Any Rx Drugs to Get High	0%	4%	1%
Rx Drugs (not prescribed)	0%	3%	0%



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Illinois Youth Survey 2022 County Report: <u>Johnson County</u>

According to IYS (2022) responses, the three most commonly used substances by 8th through 12th grade youth in Johnson County were alcohol, marijuana, and vaping products. This trend is also reflected in substance use across a 12 month period (IYS: Johnson County, 2022). Compared to data from other counties, prescription drug use among 8th through 12th graders was significantly lower in Johnson County (IYS: Johnson County, 2022).

Adult Population Data

Adult substance use data provides insight on substance use behaviors and perspectives within Johnson County. Likewise, comparing the most current data from the Crime in Illinois (CII): Annual Uniform Crime Report (2020, 2021) with the previous year, provides additional insight on drug arrest trends.

	Johnson County		
	2021 Summary	% Change 2020 - 2021	
Total Drug Arrests	9	+50%	
Rate per 100,000	72.7	+50%	
Cannabis Control Act	3	0%	
Controlled Substances Act	0	-100%	
Hypodermic Syringes/Needle Act	0	0%	
Drug Paraphernalia Act	1	0%	
Methamphetamine Act	5	+25%	

Source: Crime in Illinois Annual Uniform Crime Report: 2020 & 2021

In Johnson County, total drug crime arrests and drug crime arrests per capita increased by 50%, between 2020 and 2021 (CII, 2020, 2021). However, across all categories within the previous



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table, except for one, there were fewer or an equal amount of arrests between 2020 and 2021; there was a 25% increase in methamphetamine-related arrests across these years (CII, 2020, 2021).

The Illinois Prescription Monitoring Program (ILPMP) provides greater insight on controlled substance use in Johnson County. It does so by tracking data such as dispensing of controlled substances, number of patients, number of prescriptions, and other related information (ILPMP, 2023). The following table provides an overview of buprenorphine patient and prescription data.

	Johnson County
Buprenorphine Pts/County	49
Pts/Capita	391.4
Buprenorphine Rx/County	515
Rx/Capita	4114
>90MME on Avg. Day (2021) Patients per Capita	91.87

Source: ILPMP Buprenorphine Dashboard (2020); ILPMP Above 90MME Dashboard (2021)

According to the most recent data for Johnson County, buprenorphine prescriptions, as well as overall number of patients, were 515 and 49, respectively (ILPMP: Buprenorphine Dashboard, 2020). Likewise, buprenorphine prescriptions and patients per capita were 4,114 and 391.4, respectively (ILPMP: Buprenorphine Dashboard, 2020).

Resources and Support

Substance use resources in Johnson County include prevention and recovery outpatient services provided by Arrowleaf. However, there is a notable lack of residential/inpatient substance use treatment options in Johnson County. The nearest available option for individuals who require this level of care is located in Union County. There are some family and recovery support groups in Johnson County, including The Renegades Group, hosted at the First Baptist Church in Goreville, and There is a Solution Group, hosted at the University of Illinois Extension Building in Vienna.

Gaps Across the Continuum

In Johnson County, all areas of the continuum of care—health promotion, prevention, intervention/harm reduction, treatment, and recovery—are impacted by negative, macro-level



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factors such as limited economic opportunity and limited, or nonexistent, infrastructure. Additionally, perspectives on substance use within this county are heavily influenced by stigma. This combination of socio-economic disadvantage and stigmatization results in barriers, not only for individuals seeking care but also for families and communities who are impacted by substance use.

Health Promotion: Health promotion enables people to control and improve their health through a variety of social and environmental interventions (WHO, n.d.). Health promotion capacity, which includes financing and infrastructure (WHO, n.d.), is limited in Johnson County, as this County is socio-economically disadvantaged. In addition to socio-economic disadvantage, stigma is a significant barrier for health promotion, especially concerning alternative perspectives on substance use treatment and recovery.

Prevention: For substance use prevention initiatives to be successful, they must directly combat prevalent stigma with education and awareness at many different ages and education levels. Community education and awareness are powerful factors in substance use prevention. However, it is crucial that stigma reduction efforts are included to facilitate community education and awareness and reduce barriers to individuals accessing care within Johnson County.

Intervention/Harm Reduction: In Johnson County, the default method of addressing substance use issues is through medical and mental health intervention for individuals with a substance use disorder. This is evidenced by a lack of harm reduction initiatives in the area. Additionally, there are several anecdotal sources reporting that Johnson County stakeholders are resistant to harm reduction policies, citing that such policies will increase and encourage substance use. However, further research is needed to confirm the prevalence of this perspective.

Treatment: As is consistent across the southern seven counties of Illinois, there are several myths and resulting stigmatized viewpoints about addiction and substance use in Johnson County. As can be gleaned from previously reported questionnaire responses, substance use disorders are assumed to be the fault of the individual, either as a moral failure or some inherent weakness. Consequently, the pathway from treatment to recovery can be a very isolating experience for individuals with a substance use disorder. Perspectives such as this are a byproduct of lack of education and a strong component of stigma.

Recovery: While there are some recovery resources for individuals in Johnson County, there is much higher need compared to availability. Likewise, community stigma can create barriers for recovered individuals to establish new relationships with others. This presents significant challenges in employment, social engagement, and sustaining recovery.

Conclusion



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Johnson County is among the most socio-economically disadvantaged counties in the state of Illinois. In addition to socio-economic disadvantage, there is a high prevalence of stigma against individuals who use substances. These two factors result in significant barriers across all areas of the continuum of care. As such, there needs to be greater access to education and increased community awareness across a multitude of age ranges and education levels.



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