

Documents Distributed to the Board of Health at the Meeting

January 25, 2011

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Agenda Item
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Champaign County Board of Health Monthly Report for December 2010, FY11

Total Number of Patients Seen From All Programs this month: **134**

Total Number of Unique Patients In BOH Fiscal Year 2010: **134**

Breakdown of current month patients for all programs by town.

- Champaign: **38**
- Rantoul: **57**
- Savoy: **2**
- St. Joseph **2**
- Thomasboro: **21**
- Tolono: **1**
- Urbana: **11**
- Other: **2**

Mobile Clinic Events

December 6, 2010 – Monday – Savoy Head Start

December 10, 2010 – Friday – Frances Nelson Health Center

December 10, 2010 – Friday – Unity Junior High School

December 13, 2010 – Monday – Savoy Head Start

December 16, 2010 - Thursday – Christian Health Center, Champaign

December 17, 2010 - Friday – Thomasboro Elementary

Education and Outreach

12/01/10 Salt and Light, Champaign - A staff hygienist together with a U of I Extension member provided educational materials and dental supplies to **146 adults and 10 children.**

12/01/10 Happy Time Preschool, Champaign - A staff hygienist together with a U of I Extension member provided educational program and dental supplies to **14 children and 2 adults.**

12/01/10 Franklin Middle School, Champaign - A staff hygienist together with a U of I Extension member delivered an educational program to **4 children and 1 adult.**

12/01/10 Women's Legacy Circle, Urbana – Director presented reports on delivering dental care to uninsured adults through mobile dental clinics at Frances Nelson Health Center to **80 adults.**

12/02/10 Head Start Preschool, Savoy - A staff hygienist delivered an educational program and provided dental educational materials to **54 children.**

12/07/10 Head Start Preschool, Savoy - A staff hygienist delivered an educational program and provided dental educational materials to **54 children.**

SmileHealthy – formerly Central Illinois Dental Education and Services (CIDES)
Head Start Dental Clinic . Mobile Dental Clinics . Child Dental Access Program . Dental Health Education
PO Box 154, Champaign, IL 61824-0154 – phone 217.359.7404 – fax: 217.352-9745
www.smilehealthy.org

12/07/10 Steer Place – Public Housing, Urbana - A staff hygienist together with U of I Extension member provided an educational program and dental supplies to **12 senior citizens.**

12/07/10 Provena, Urbana – Smile Healthy volunteer together with a U of I Extension member provided nutrition and dental education, dental supplies, and dental referral to **3 adults.**

12/08/10 B.T. Elementary School, Champaign - A staff hygienist together with a U of I Extension member delivered an educational program and provided educational materials with dental supplies to **49 children.**

12/08/10 Franklin Middle School, Champaign - A staff hygienist together with a U of I Extension member delivered an educational program and provided educational materials with dental supplies to **12 children.**

12/09/10 Head Start Preschool, Rantoul - A staff hygienist delivered an educational program and provided dental educational materials to **108 children.**

12/09/10 Provena, Urbana – Smile Healthy volunteer together with a U of I Extension member provided nutrition and dental education, dental supplies, and dental referral to **4 adults.**

12/10/10 Leal Elementary School, Urbana - A staff hygienist together with a U of I Extension member delivered an educational program and provided educational materials with dental supplies to **18 children.**

12/10/10 Don Moyer’s Boys and Girls Club, Champaign - A staff hygienist delivered an educational presentation and provided dental supplies and educational materials to **20 children and 10 adults.**

12/13/10 U of I - PMBA Final Presentation on Education Survey Design for SmileHealthy.

12/14/10 Head Start Preschool, Champaign - A staff hygienist provided an educational program and dental educational material to **36 children.**

12/14/10 Prairie Center, Urbana - A staff hygienist together with a U of I Extension member delivered an educational program and provided educational materials with dental supplies to **7 adults.**

12/14/10 SmileHealthy Office, Champaign – SmileHealthy hosted collaborator meeting with Douglas County PHD, DeWitt-Piatt PHD, Edgar County PHD and Provena Covenant Medical Center about Sedation Dentistry.

12/16/10 Head Start Preschool, Urbana - A staff hygienist delivered an educational program and provided dental educational materials to **54 children.**

12/16/10 U of I – LINC Class Final Presentation on Sedation Dentistry and Dental Health Education for SmileHealthy.

SmileHealthy
Champaign County Board of Health
Fiscal Year 2011 Report

	Dec 10	Jan 11	Feb 11*	March 11	April 11	May 11	June 11	July 11	Aug 11	Sep 11	Oct 11	Nov 11	Total
Bondville													0
Broadlands													0
Champaign	38												38
Dewey													0
Fisher													0
Foosland													0
Gifford													0
Homer													0
Ivesdale													0
Ludlow													0
Mahomet													0
Ogden													0
Penfield													0
Pesotum													0
Philo													0
Rantoul	57												57
Royal													0
Sadorus													0
Savoy	2												2
Seymour													0
Sidney													0
St. Joseph	2												2
Thomasboro	21												21
Tolono	1												1
Urbana	11												11
Other/Unk	2												2
Total	134	0											

Total Unique Patients in FY 134

Education

Contacts 698
Champaign and Urbana children seen either live outside city limits and are county residents or are part of the Head Start program and paid for by Medicaid or other funding. 698

*Feb will include patients from Give Kids A Smile with C-UPHD IDDS.

Champaign County Community Health Plan

2010-2015

A Strategic approach to a Healthy and Safe Community

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2. Introduction & Framework
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5. Strategic Issues
6. Community Health Status Assessment
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10. Goals and Strategies for Community Health Improvement
11. The Action cycle
12. Appendix
 - a. Community Health Status Assessment
 - b. Community Themes and Strengths Assessment
 - c. Local Public Health Systems Assessment

Executive Summary

The Champaign-Urbana Public Health District (CUPHD) is the local public health authority for the Cities of Champaign and Urbana and is under a contractual agreement with Champaign County. Thus, it is required in accordance of Section 600.400 of the Illinois Administrative Code to complete a community health needs assessment and community health plan to fulfill the provisions for certification at least every five years.

To accomplish the requirements for certification, there are many models that are utilized. CUPHD chose to utilize the Mobilizing for Action through Planning and Partnership (MAPP) model. This model is a true community model and necessitates community engagement at all levels. The point is to acquire input from community partners, planners, elected officials, and the residents of the community, to assess the current health status of the community, identify the needs, and create a comprehensive plan to make the community healthier.

The 2010-2015 Champaign County Community Health Plan was accomplished with direct contribution from over 60 individuals representing more than 30 different agencies from across the county. We also incorporated the voice of more than 1000 community residents through surveys and community meetings. The year long process progressed as follows:

1. Community surveys were made available online as well as administered on paper
2. Performed an analysis of the health status of the community based on the Institute of Medicines recommendations
3. Held meetings with community partners to conduct the local health systems assessment based on the 10 essential health services
4. Completed the force of change assessment
5. Put all this information together to form the community health plan.

The four priority health issues identified through this process include:

- Access to Care (Medical, Mental and Dental Health)
- Accidents (Automobile, Alcohol, In-home)
- Obesity (Nutrition, Diet & Exercise, risk factors and complications)
- Violence (Domestic violence, relationship between drug, alcohol abuse and violence)

There are two versions of this plan. The first version is a summary of the highlights. The second is the full version that includes all of the data collected and additional discussion. Additionally, we are making the information available as an on-line, searchable document at our website www.c-uphd.org.

It is our hope that the information contained in this document and companion website are useful to our community. A document that sits on a shelf is of little use. By making this a living, breathing document that can be easily accessed and adapted over time, we hope that it is beneficial to community agencies, policy makers, journalists, students and

others in our community who want to improve the local public health system. We welcome ideas, articles, links to websites, data sets and discussion groups that may further enhance the usefulness of this information. We also encourage individuals who want to make a difference in our community to join one of the work groups that focus on the identified priority issues.

Champaign-Urbana Public Health District would like to thank all of the agencies and individuals who participated in this process. Additionally, we would like to acknowledge and thank all of the agencies and organizations that make up the Champaign County Local Public Health System. Their knowledge, collaboration, and dedication, are a part of what makes our community a great place to live!

Introduction and Framework

The Champaign County Community Health Plan provides a current portrait of the health assets and needs of the residents of Champaign County.

Illinois state law requires every local health department to participate in this process, called the Illinois Project for Local Assessment of Needs (IPLAN). This process must be conducted at minimum every five years. The detailed assessment and plan provides the foundation for evidence-based health planning and decision-making.

The essential elements of IPLAN are:

1. An organizational capacity assessment;
2. A community health needs assessment; and
3. A community health plan, focusing on a minimum of three priority health problems

The Champaign County Community Health Plan was created using a model called “Mobilizing for Action through Planning and Partnership” (MAPP). This collaborative approach to community health planning was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office and the federal Centers for Disease Control and Prevention (CDC). MAPP helps communities form effective partnerships that can better identify their unique circumstances and needs and use their resources wisely.

MAPP is a community-driven process. It is more intensive than other approaches in that it requires a high level of participation from community organizations and residents. This model employs a variety of methods to uncover community health trends, identify gaps in care, evaluate assets and – most importantly – develop and implement a plan that successfully addresses community health needs.

The four components of MAPP

- 1) *The Community Health Status Assessment collects and analyzes health data and describes health trends, risk factors, health behaviors and issues of special concern.*

- 2) *Community Themes and Strengths Assessment* uses participants to make a list of issues of importance to the community, identify community assets and outline quality of life concerns.
- 3) *The Local Public Health System Assessment* measures the local public health system's ability to conduct essential public health services.
- 4) *The Forces of Change Assessment* identifies local health, social, environmental or economic trends that affect the community or public health system.

The Community Health Plan was initiated by the Champaign-Urbana Public Health District to determine locally relevant health priorities to better serve the residents of Champaign County. Public health issues demand collaborative and coordinated efforts to minimize service duplication and excess cost, and to be successful in intervention. This process provides both the community knowledge and support necessary for the identification and management of health problems.

The Health District convened a diverse group of health providers, civic leaders and community representatives to participate in this process. The goal is for all partners in the local public health system to work together to implement the recommendations outlined in this plan

Vision Statement

Champaign County will be the Healthiest and Safest community to live and visit in the State of Illinois

Champaign County Health Priorities

- *Access to Care (Medical, Mental and Dental Health)*
- *Accidents (Automobile, Alcohol, In-home)*
- *Obesity (Nutrition, Diet & Exercise, risk factors and complications)*
- *Violence (Domestic violence, relationship between drug, alcohol abuse and violence)*

Access to Care

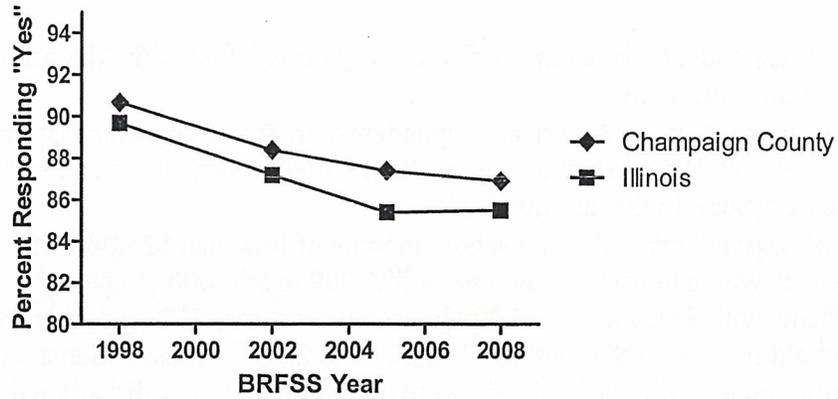
Rising costs and rising unemployment have contributed to a loss of insurance coverage for countless individuals. Many people in Champaign County have been unable to receive necessary medical, mental, and dental health care. This lack of coverage has made increasing access to care a priority within the community.

Data

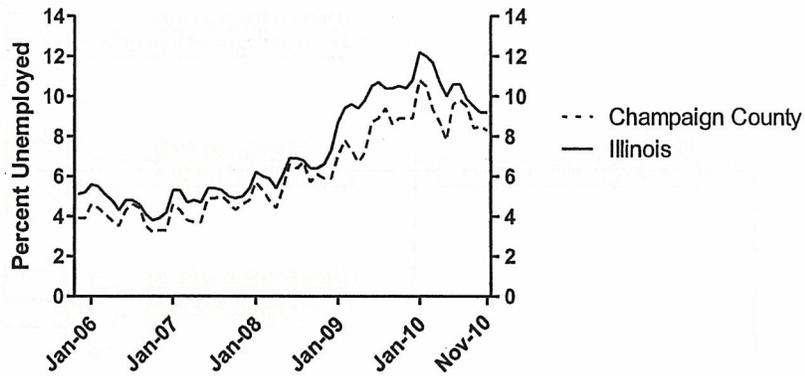
- 12.6% of respondents did not currently have health insurance coverage in Champaign County in 2009
- 16.5% of respondents have Medicare in Champaign County in 2009

- 6.5% of respondents had not gone to a doctor due to cost in the past year in Champaign County in 2009
- 14.3% of respondents could not afford the dentist in the past year in Champaign County in 2009
- 10.3% of respondents reported not being able to get medicine due to cost in the past twelve months in Champaign County in 2009

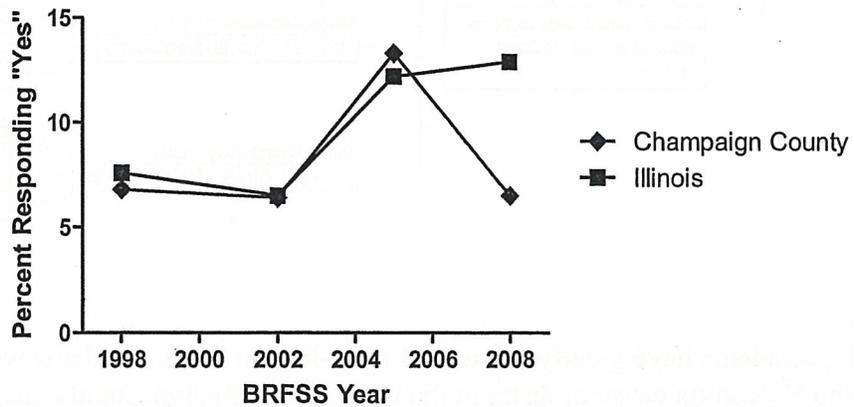
BRFSS: Percent of Adults Reporting Healthcare Coverage



Unemployment: Champaign County vs Illinois

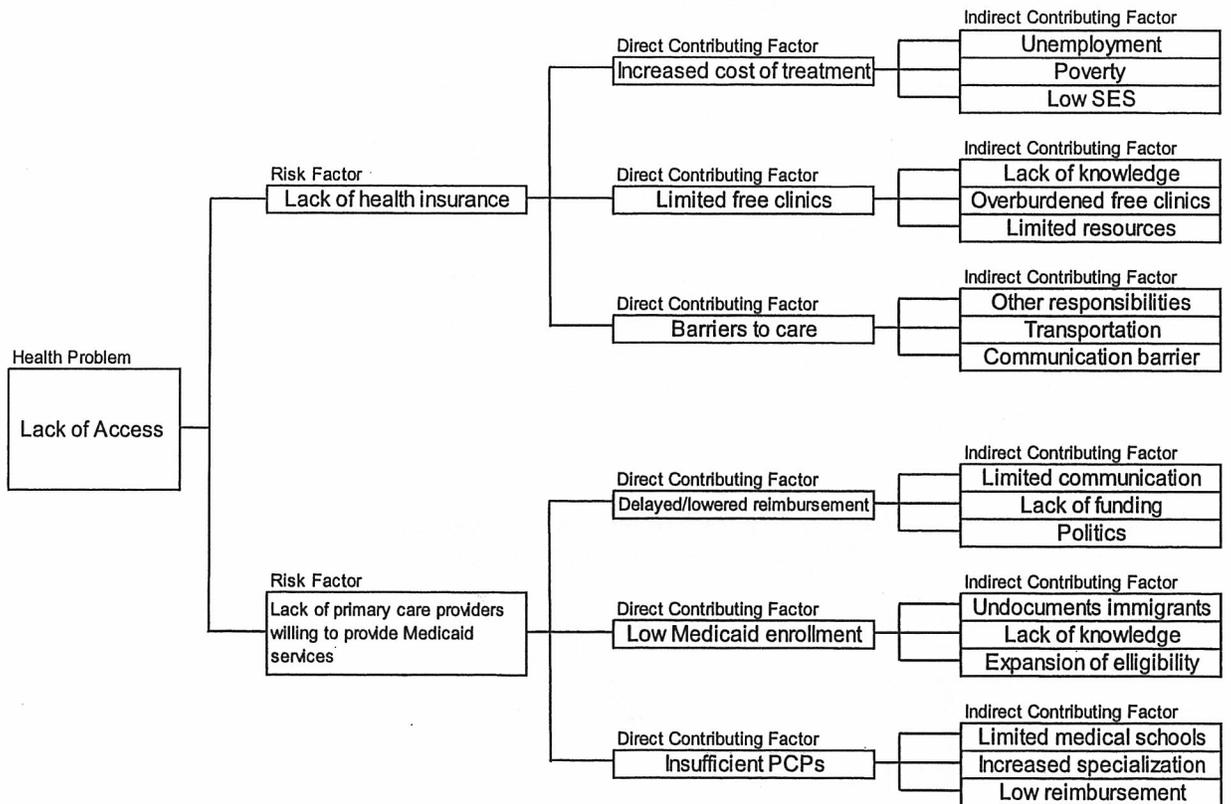


BRFSS: Percent of Adults Reporting Not Seeing Doctor Due to Cost



Community Survey

- 22.4% of respondents were dissatisfied or very dissatisfied with “the health care system in the community.”
- 20.6% of Black/African American respondents, 26.8% of Hispanic/Latino respondents and 21.6% of Whites were dissatisfied or very dissatisfied with “the health care system in the community.”
- 18.2% of respondents with a household income of less than \$25,000, 29.7% of respondents with a household income of \$26,000 to \$50,000, 25.8% of respondents with \$51,000 to \$75,000 household income, 21% of respondents with a household income of \$76,000 to \$100,000 and 23.8% of respondents with a household income of over \$100,000 were dissatisfied or very dissatisfied with “the health care system in the community.”

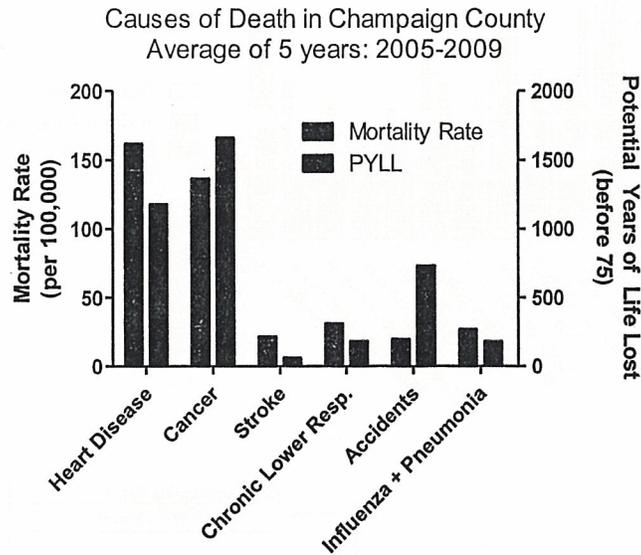


Accidents

Nationally, accidents have greatly influenced mortality. In 2006, accidents were reported the 5th leading cause of death in the U.S. In Champaign County, accidents are of major concern. Automobile, alcohol related, and in-home accidents have led to an unnecessary loss of life. These deaths can have a considerable effect on the available workforce and the economy.

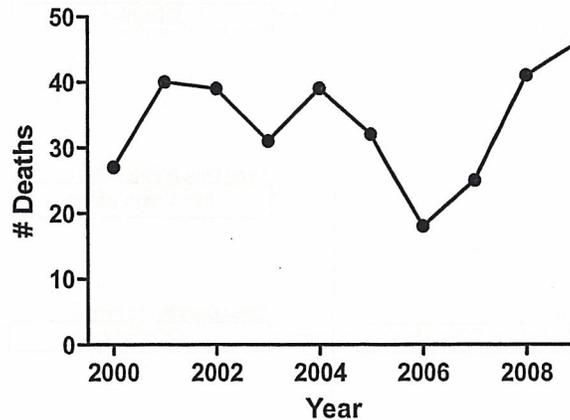
Data

- Accidents are the third leading cause of premature death in terms of potential years of life lost before age 75 in Champaign County. Over the past 5 years, an average of 728 years of life has been lost each year due to accidents alone.



- The past two years (2008-2009) have had the two highest values for the number of deaths due to accidents in the past decade in Champaign County.

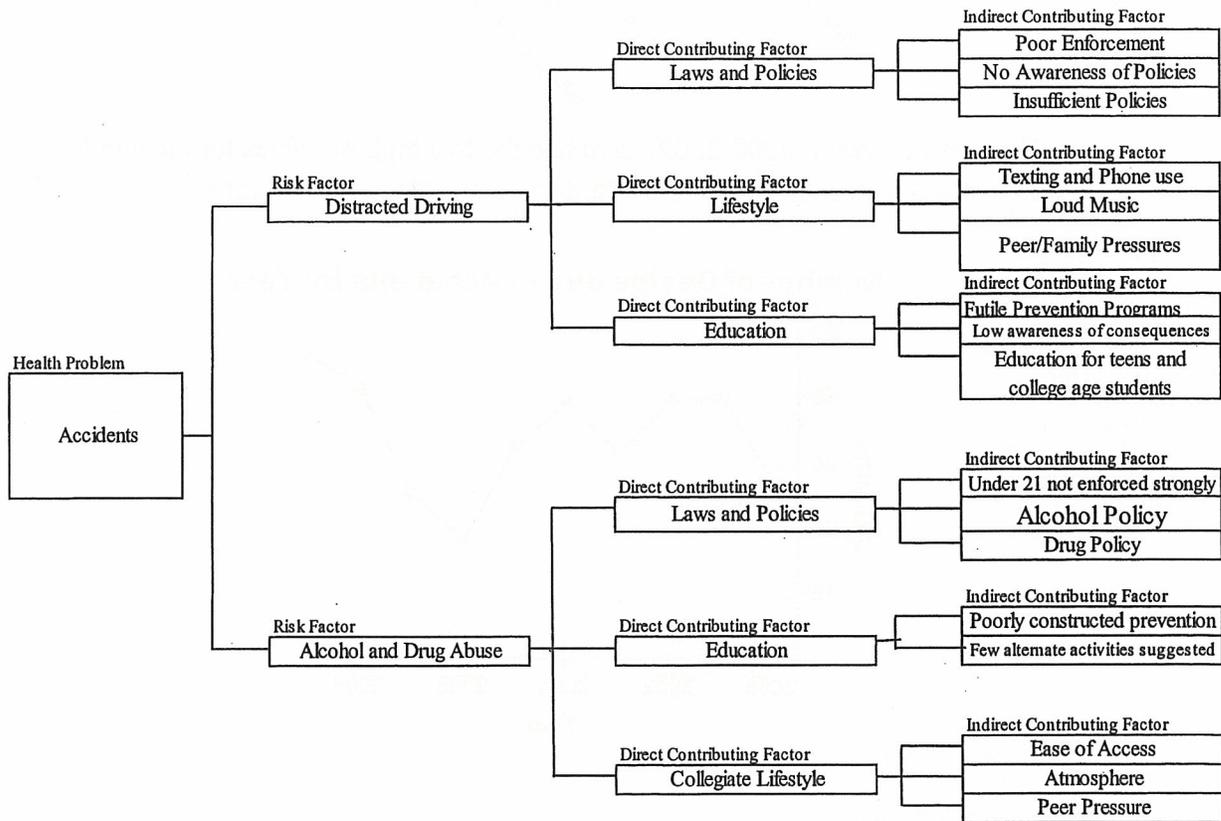
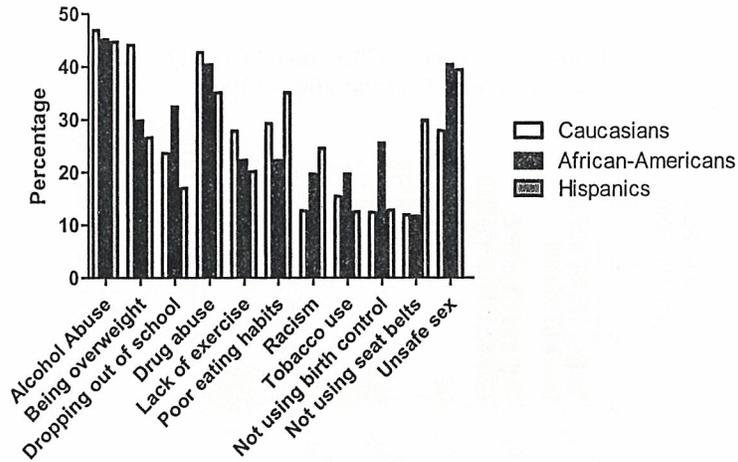
Number of Deaths due to Accidents by Year



Community Survey

- Alcohol abuse and drug abuse were rated the most and second most risky behaviors in the community survey. Both of these factors are linked to higher rates of accidents.
- 30% of Hispanics rated “not using seat belts” as a top 3 risky behavior, which is nearly three times higher than the other groups measured.

Top 3 Risky Behaviors in the Community by Race



Obesity

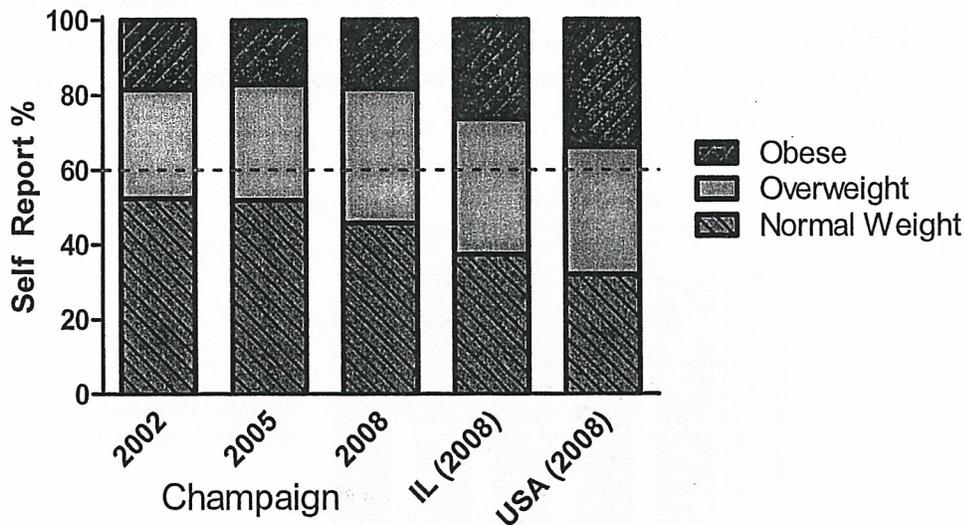
In the U.S., obesity has been steadily rising. According to CDC, in the state of Illinois, 25-29% of individuals who self-reported their height and weight were obese in 2009. In addition, obesity is a condition that is multi-faceted because it can lead to many other problems and diseases including diabetes, high blood pressure, and heart disease. If trends of increasing obesity continue, the healthy population of the United States will

decline. Champaign County community and committee members have thus indicated a strong concern for obesity and its effects.

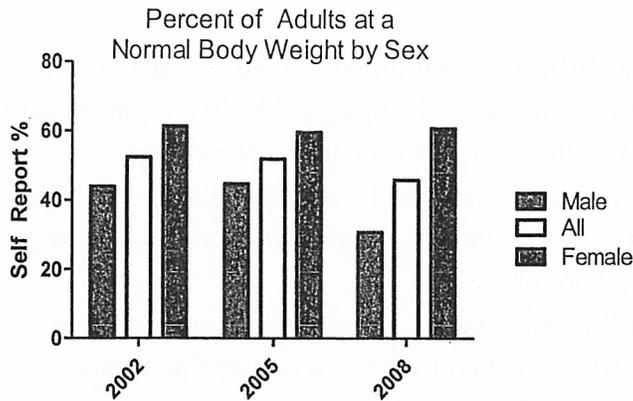
Data

- Healthy People 2010 set a goal for 60% of Americans to be at a healthy weight by 2010. Over the last decade, Champaign County has gotten farther away from this goal. The dashed line represents the target percentage.
- The proportion of adults at a healthy weight has decreased from 2002-2008, from 52.4% to 45.8%. As of 2008, the majority of adults in Champaign County are either overweight or obese.
- Based on BRFSS data there are no statistically significant differences in obesity rates between whites and non-whites in Champaign County.

Weight Status in Champaign County

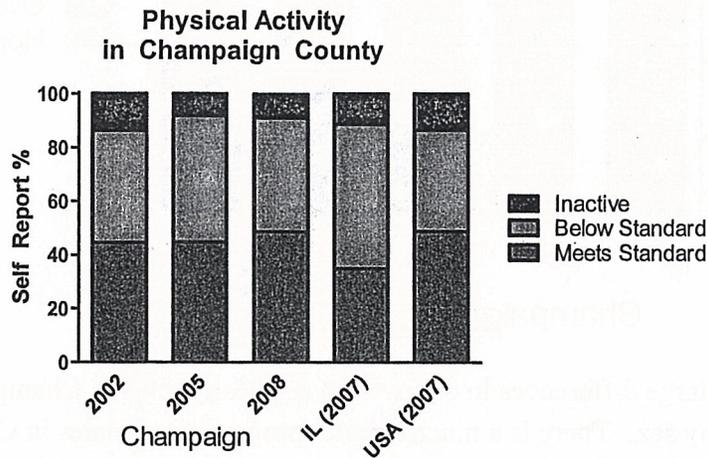


- There are large differences in overweight & obesity rates in Champaign County stratified by sex. There is a much smaller proportion of males in Champaign County that self-report as at a normal weight compared to females. In addition, the percentage of females who self-report at a normal weight has remained constant over the past decade, while fewer males have reported staying in this weight range.



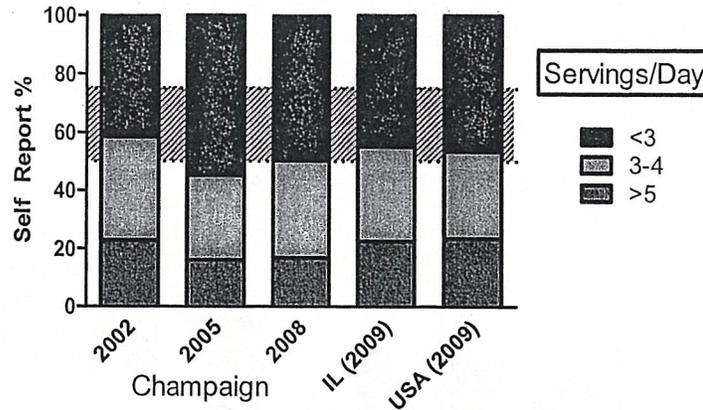
Contributing Factors

- Champaign County has become moderately more active over the past 10 years. The largest percent changes have been in the proportion of people who report being inactive. 8.9% of adults report being physically inactive in 2008, down from 13.7% in 2002.



- Healthy People 2010 goals for nutrition included having 50-75% of the population eating 5+ fruits and vegetable servings per day. Champaign County has moved away from this goal over the past decade. The shaded portion represents the target range.
- The proportion of adults who meet the CDC’s recommended 5 servings of fruits and vegetables per day has dropped over the last decade from 22.9% to 16.9%.

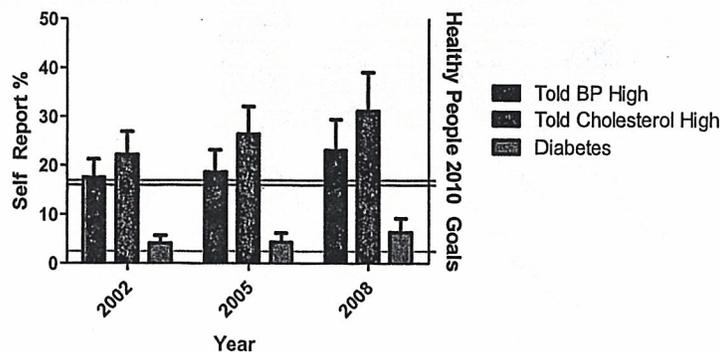
Servings of Fruits/Vegetables
in Champaign County per Day



Complications

- High blood pressure, high cholesterol, and diabetes are three conditions strongly associated with obesity. Healthy People 2010 has set goals for communities for each, shown as the colored lines in the figure below. Champaign County has experienced increases in each condition over the past decade, moving away from the set goals.
- Given that these conditions are biologically tied to obesity, the decrease in percentage at a healthy weight is a contributing factor to the increase in prevalence of high blood pressure, high cholesterol, and diabetes.

Blood Pressure, Cholesterol, and Diabetes
in Champaign County

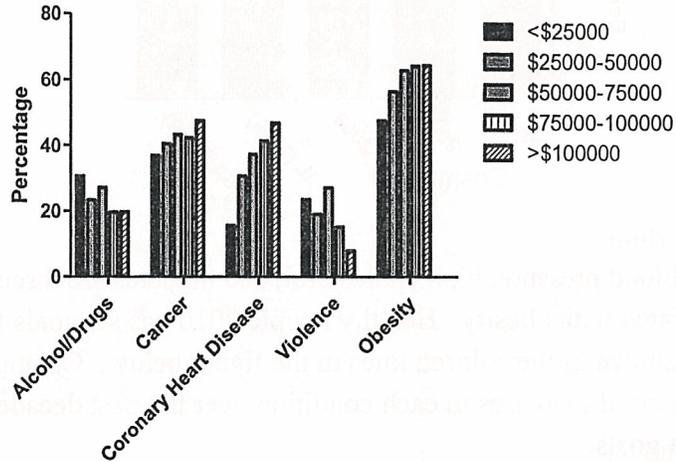


Community Survey

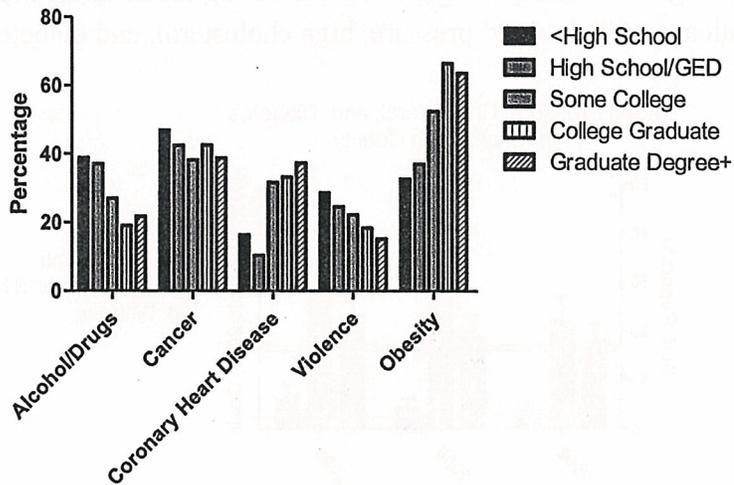
- Obesity was ranked #1 in survey responses to “top 3 personal health concerns” with 55.0% of participants ranking it in their top 3.
- Obesity was ranked #1 in survey responses from Caucasians (57.4%), African-Americans (48.8%), and Hispanics (52.8%) who took the survey. Asian-Americans ranked obesity second to diabetes at 42.4%.

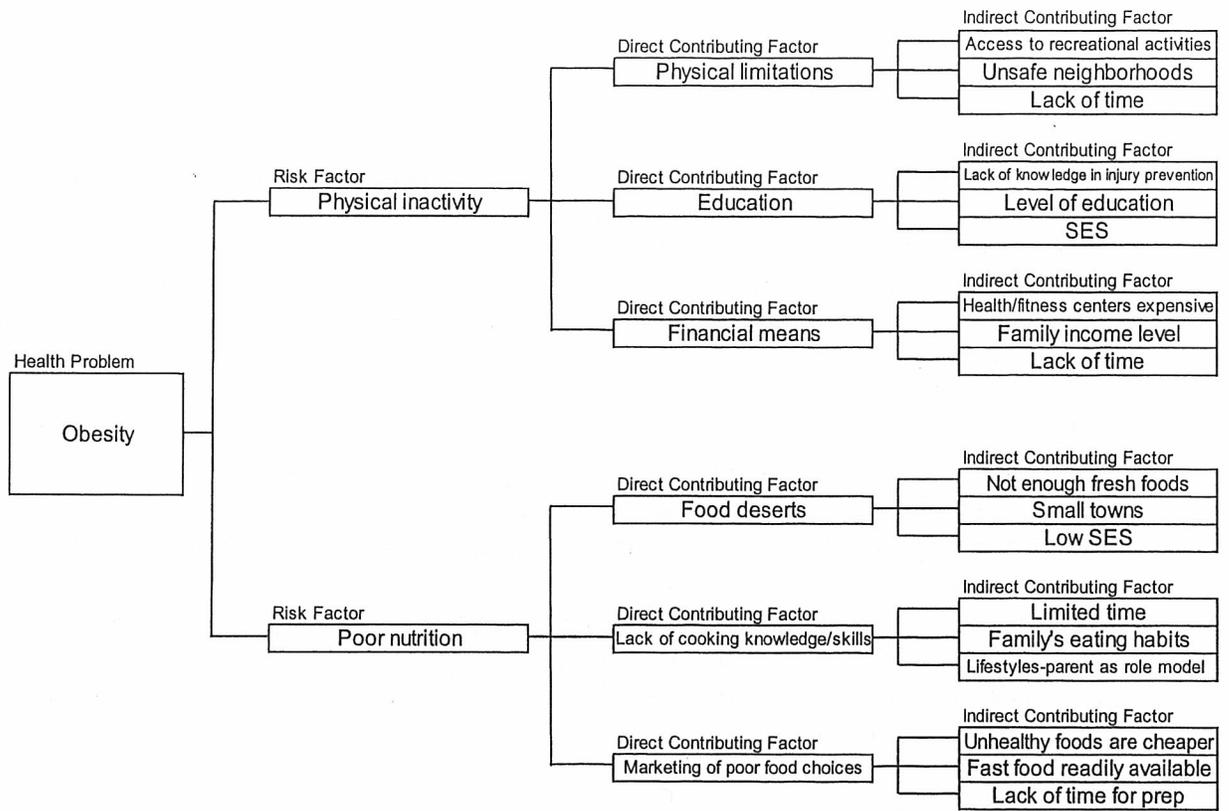
- Both males (50.5%) and females (56.3%) identified obesity in their “top 3 personal health concerns” the most out of any surveyed issue.
- Income and especially education are key variables in determining whether or not obesity was rated in those surveyed top 3 health concerns.

Selected Top 3 Health Concerns by Annual Income



Selected Top 3 Health Concerns by Education





Violence

Nationally, many types of violence are on a downward trend. However, some kinds of violence have been escalating in Champaign County. Major categories of violence in the community include: violent crime, intimate partner violence, child maltreatment, elder maltreatment and sexual assault. Recently, there has also been an increase in aggravated assaults and burglaries in Champaign-Urbana. These incidents have brought on a high level of fear for safety in the community.

Data

- Total violent crime in the City of Champaign increased from 1,807 in fiscal year 2008-2009 to 1,852 in fiscal year 2009-2010.
- Urbana reported 1052 domestic offenses in 2007, 879 domestic offenses in 2008 and 1009 domestic offenses in 2009.
- Champaign County has maintained a higher rate of child abuse and neglect than the state of Illinois. The rate of substantiated child abuse and neglect in Champaign County for 2009 was 12.4 per 1,000 children which is higher than the Illinois state rate of 8.5 per 1,000.

Community Survey

Safety

- 17.3% of all respondents selected very dissatisfied or dissatisfied with the statement: “The community is a safe place to live...”

Violence

- 20.1% of all respondents selected violence as one of “your top 3 health concerns.”
- Violence was listed as one of “your top 3 health concerns” by 23.5% of respondents with less than \$25,000 household income, 19.1% of respondents with \$26,000 to \$50,000 household income, 27.1% of respondents with a household income of \$51,000 to \$75,000, 15.2% of respondents with a household income \$76,000 to \$100,000, and 7.9% of respondents with over \$100,000.
- Violence was selected as one of “your top 3 health concerns” by 21.2% of African Americans/Blacks, 23.6% of Hispanic/Latinos, and 19.3% of Whites/Caucasians.

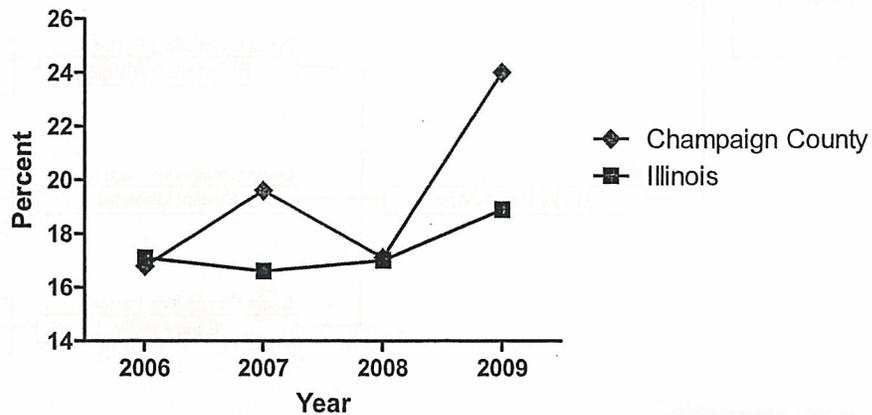
Domestic Violence/Intimate Partner Violence (IPV)

- 23.0% of all respondents selected domestic violence as one of the “three most important health problems in our community.”
- Domestic violence was reported as one of the “three most important health problems in our community” by 27.1% of respondents with an household income of less than \$25,000, 24.7% of respondents with \$26,000 to \$50,000 household income, 20.8% of respondents with \$51,000 to \$75,000 household income.
- Domestic violence was selected as one of the “three most important health problems in our community” by 24.7% of African Americans/Blacks, 25.8% of Hispanic/Latinos, and 22.5% of Whites/Caucasians.

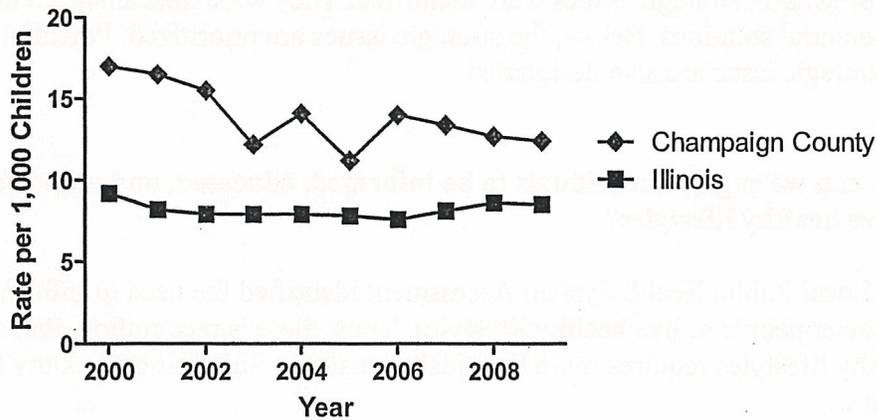
Child Abuse and Neglect

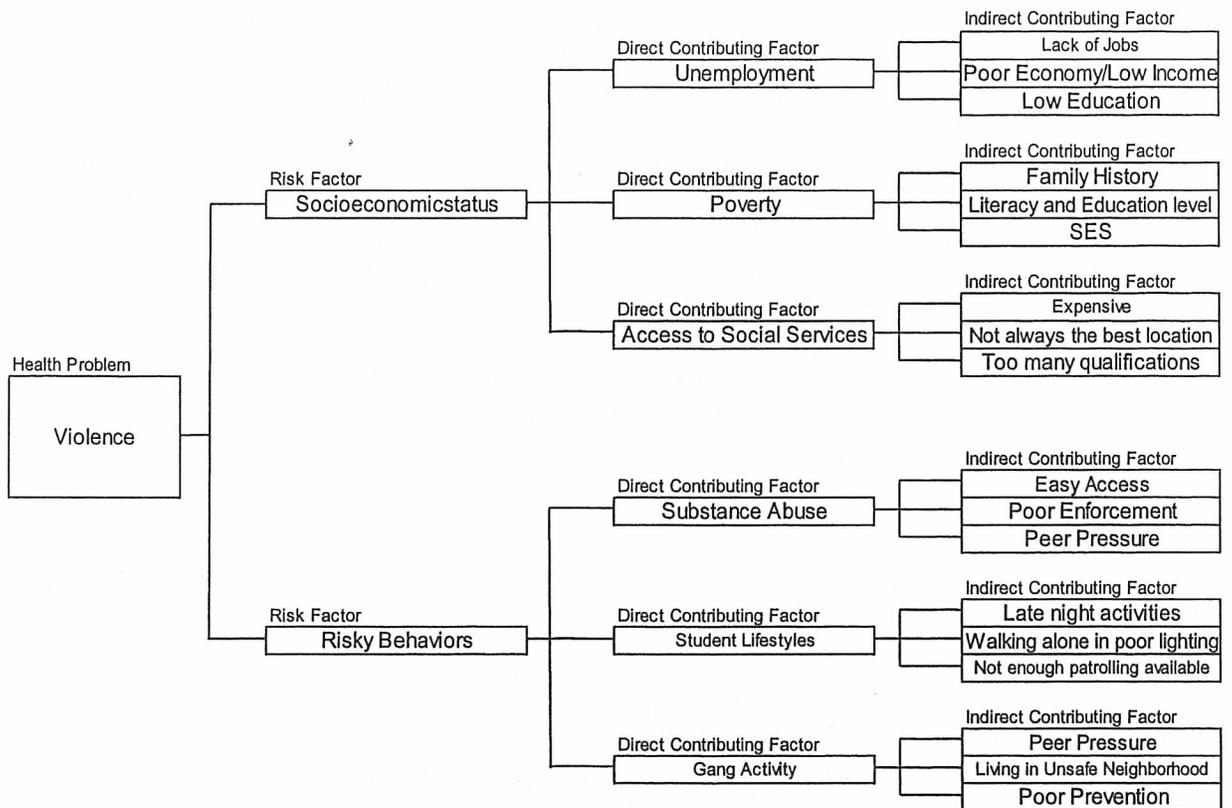
- 26.8% of all respondents selected child abuse and neglect as one of the “three most important health problems in our community.”
- Child abuse and neglect was selected as one of the “three most important health problems in our community” by 28.6% of respondents with a less than \$25,000 household income, by 26.5% of respondents with a \$26,000 to \$50,000 household income, by 26.7% of respondents with a household income of \$51,000 to \$75,000, by 30.9% of respondents with a household income of \$76,000 to \$100,000 and 18.9% of respondents with a household income over \$100,000.
- Child abuse and neglect was selected as one of the “three most important health problems in our community” by 25.3% of African Americans/Blacks, 23.7% of Hispanic/Latinos, and 28.1% of Whites/Caucasians.

Percentage of Children Living Below Poverty Level



Rate of Indicated Child Abuse and Neglect Investigations





Strategic Issues

Strategic issues may pose as a hindrance to achieving the goals set in the IPLAN. In this phase of MAPP, strategic issues were identified. They were then analyzed and addressed with potential solutions. Below, the strategic issues are prioritized. Potential solutions to each strategic issue are also designated.

I. How can we engage individuals to be informed, educated, and empowered to live healthy lifestyles?

The Local Public Health System Assessment identified the need to inform, educate, and empower people to live healthy lifestyles. Thus, there is recognition, that sustaining healthy lifestyles requires more than just education. Sustaining a healthy lifestyle requires:

- a healthy and safe environment
- community support of healthy behaviors
- access to affordable healthy food
- the ability to prepare healthy food
- the expectation that leading a healthy life is the norm in our county

- A. A healthy and safe environment can be achieved by:
- 1) Working with Champaign Park Districts to plan and implement programs
 - 2) Increasing the number of bike paths and improving current bike routes
 - 3) Having more well-lit walking paths
 - 4) Encouraging and creating neighborhood walking clubs
 - 5) Starting CATCH in Schools
 - 6) Granting scholarships through organized sports
 - 7) Enhancing YMCA programming
 - 8) Cleaning up, preserving, and constructing parks & playgrounds
 - 9) Having winter facilities and activities like:
 - Roller Skating
 - Roller Derby
 - Bowling
 - Indoor swimming pools
 - Health facilities
 - Champaign Park District gymnasiums
 - Basketball leagues
 - Volleyball leagues
 - Ice skating
 - Cross country skiing

- B. Community support of healthy behaviors means:
- 1) Social marketing of healthy behaviors
 - 2) Having a fun community and/or neighborhood activities
 - 3) Media blitz
 - Advertising a unified message about healthy lifestyles through newspapers, newsletters, radio, TV, websites, businesses, agencies, and organizations
 - Utilizing the best practices of social marketing to create the campaign
 - 4) Continuing recognition of programs and people that encourage, promote, or sustain a healthy lifestyle
 - 5) Increasing in-house, backyard, and playground safety
 - 6) Protecting the elderly during extreme weather conditions
 - 7) Faith based community involvement

- C. Access to affordable healthy food is accomplished by:
- 1) Fostering community gardens
 - 2) Promoting Farmers Markets
 - 3) Little Sprouts
 - 4) Using USDA food programs for healthy veggies and fruits
 - 5) Changing school menus
 - 6) Changing summer food programs
 - 7) Giving special designations and incentives for restaurants/schools that label food choices and make healthy options available
 - 8) Eliminating food deserts: Engaging Community and Store owners

- 9) Having more fresh foods and healthy options at food pantries
- 10) Availability of healthy foods in grocery stores
- 11) Availability of healthy foods in convenience stores
- 12) Knowing when and how to reach people that need to learn about cooking/services

D. The ability to prepare healthy food can be improved by:

- 1) Starting community cooking classes
 - Held at schools, churches, Champaign Park Districts, public health facilities, etc.
 - Teach people how to prepare and store healthy, low cost food items using dried beans, brown rice, whole wheat pasta, etc.
- 2) On-line recipe exchanges
- 3) Healthy recipe contests
- 4) Community cook-offs
- 5) Enhanced curriculum in schools and after school programs
- 6) Summer programs to teach kids to garden and prepare healthy food

II. How can we create more community activities related to healthy living and ensuring healthy eating habits?

The Local Public Health System Assessment identified the need to create more community activities related to healthy living and healthy eating habits. Healthy behaviors are likelier to be sustained if there is peer support and if healthy choices are readily available. Some potential ideas for bringing about this change are:

- 1) Use peer leaders and community leaders to model and promote healthy lifestyles
- 2) Make healthy activities and food a part of every community and school event (replace donuts at meetings with fruit and whole wheat options)
- 3) Rally schools to encourage parents to provide healthy options for birthday and holiday parties
- 4) Recognize the organizations, agencies, schools, churches and religious organizations that are making healthy living the norm
- 5) Encourage and support communitywide events such as MoonWalk, marathons, Walk-A-Thons, and weight loss competitions between schools, churches, agencies, etc.

III. How do we modify public policy to affect change?

The Local Public Health System Assessment identified the need to impact public policy to affect healthy change. Some of the policy is local, but other policy is at the state or national level. Some of the suggested policies include:

- 1) School policies that require healthy snacks rather than unhealthy ones (Local)
- 2) Use empty lots for community gardens (Local)
- 3) Healthier school menus (Local)

- 4) Remove soda machines and options from schools (Local)
- 5) Remove soda machines and options from government buildings, including Champaign Park District facilities (Local)
- 6) Encourage tax incentives for healthy choices (gym memberships, gardening, etc.) (State and Federal)
- 7) Encourage companies and agencies to offer incentives to employees who maintain a healthy BMI (Local) (is BMI the best measure? or can there be another measure?)
- 8) Tax soda and sugar-filled juices (State)
- 9) Encourage farm policies that support growing fruits and vegetables. (Federal)
- 10) Encourage farm policies that create disincentives for commodities that promote cheap, unhealthy foods (Federal)
- 11) Encourage SNAP food programs, like LINK (Food Stamps), to require healthy food purchases and education (similar to WIC program) (State & Federal).
- 12) Provide information to legislators on the importance of supporting policies that increase activity and healthy eating and that discourage obesity. (Local, State, and Federal).

IV. How can we share talent and expertise between agencies?

The Local Public Health System Assessment identified the fact that our community is rich in resources and talent. The challenge is to identify the specific resources and talents and make them available to benefit the entire community. Some ideas to accomplish this are:

- 1) Develop a web-based application that allows agencies to continually update their available, staff expertise and talent, community resources, and programs. This information can be used when writing grants, designing programs and services, and to prevent the duplication of efforts.
- 2) Collaborate on grant applications for projects that will benefit our community. (State, Federal, and Foundations)
- 3) Share information about funding opportunities with relevant agencies: when possible, put together a community-collaborative application.

V. How can locally conducted research focus on local issues and results of the research made publicly available for application?

The Local Public Health System Assessment identified the need to ensure that research being conducted is useful to the community. This includes research that is occurring at the University of Illinois, Parkland College, Carle Foundation Hospital, Provena Covenant Medical Center, Christie Clinic, other health care provider's offices. It was also determined that local agencies and service providers need access to persons with expertise in research, social marketing, and program evaluation.

- 1) Create a community steering committee that meets regularly to assess the needs of the community, progress towards goals, and evaluation of activities

- 2) Create a mechanism (list-serve) where researchers can share their interests, expertise and resources with client-serving agencies and those agencies can share their interests with the researchers
- 3) Create public-private-university research and internship projects.

VI. How can we establish and maintain effective partnership and communication with all stakeholders

The Local Public Health System Assessment identified the requirement to guarantee that interest generated during the Local Assessment of Need be continued after the plan has been written. Participants made it clear that they do not want another plan gathering dust on a shelf. This group indicated that the relationships, ideas and plans are too important to end with the writing of the document. Some ideas to maintain effective partnership and communication include:

- 1) Create a formal “Partnership” that will meet monthly and keep in contact via a list-serve or *Facebook* page.
- 2) Develop and distribute occasional surveys to keep group providing feedback. Provide results with group
- 3) Internal and external communication
- 4) Crisis Hotline
- 5) Helpsource.org
- 6) Point of contact at each site
- 7) This group should include, at a minimum, the following:
- 8) Government of each city, town and village in the county, Champaign County government, public health, U of I (various departments), Parkland, each school in the county, Regional Office of Education, Carle, Christie, Provena Covenant Medical Center, free clinics, Frances Nelson Health Center, Champaign Park Districts, Public Works, One Health initiative at UIUC, YMCA, Human Kinetics, large employers, UI extension, Farmer’s Markets, local food pantries, Eastern Illinois Food bank, United Way

Community Health Status Assessment

Purpose

Champaign-Urbana Public Health District utilizes Mobilizing for Action through Planning and Partnerships (MAPP) to satisfy the requirements for the IPLAN community health assessment conducted every 5 years. In order to satisfy the MAPP requirements, a variety of health indicators were analyzed by the health district. The purpose of this analysis was to determine the status of health of the residents of Champaign County. The operational definition of health utilized in this assessment is taken directly from the World Health Organization: Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The indicators analyzed represent this philosophy.

Methodology

The Institute of Medicine identifies a need for two kinds of indicators and indicator sets for use in a CHIP. The first is a community health profile with indicators proposed by the IOM to provide an overview of a community's characteristics and its health status and resources. The second is the development of indicator sets for performance monitoring.

Interpretation of this data through comparison over time or with data from other communities can help identify health issues that need to be focused on within Champaign County. It is recommended that communities update their health profile on a regular basis to maintain an accurate picture of community circumstances, including identifying positive or negative changes that might influence health improvement priorities.

Shown below are selected important indicators as chosen by the health district. The complete assessment may be found in Appendix A.

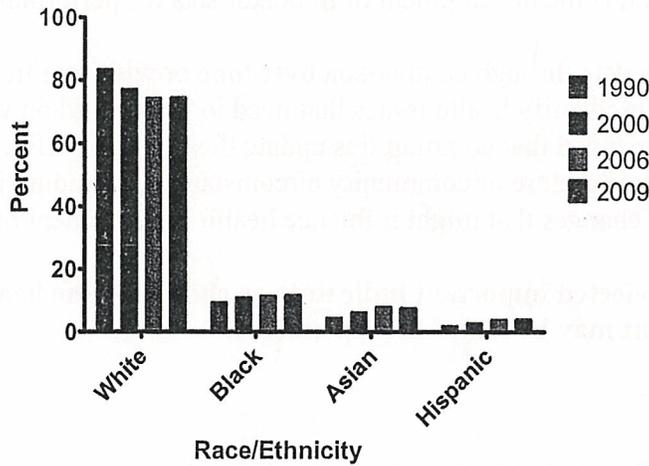
Data

Distribution of the Population by Age, Race, and Ethnicity

Data on the basic demographic characteristics of a community are important for understanding current or potential health concerns. For example, a community that has a significant percentage of young families may have a special interest in health issues related to children, pregnancy, teenagers, and injuries whereas an older community may need to address health issues related to health care resources and utilization, and chronic disease associated with aging. The demographic composition of the population should be understood because significant disparities in health status between minority and non-minority populations may be due to factors including economic resources, health care access, discrimination, and genetic susceptibility.

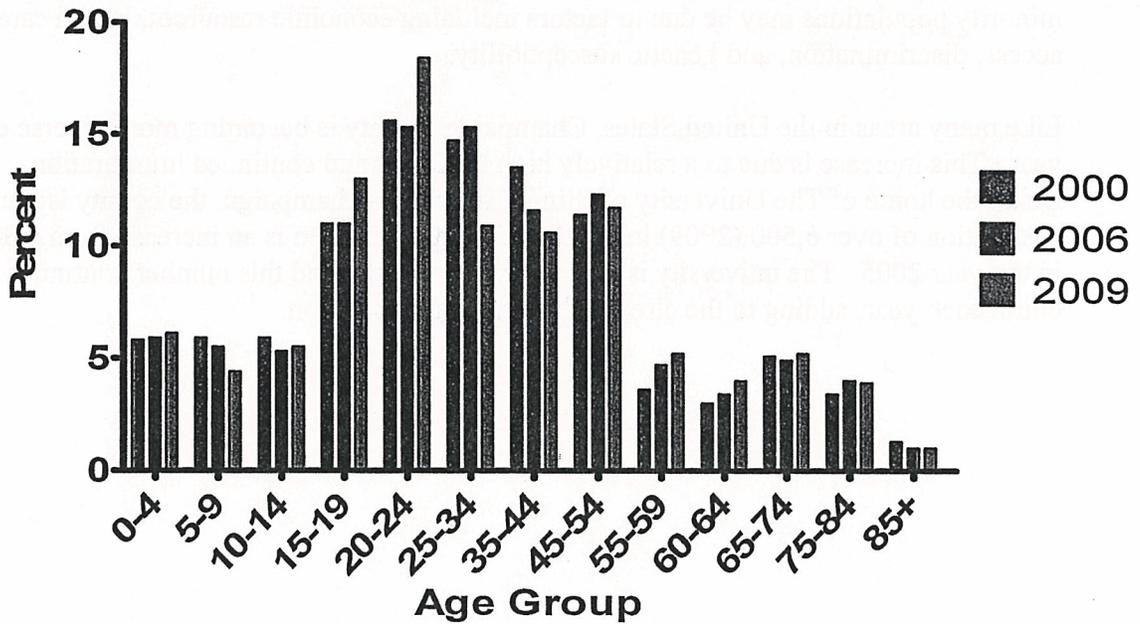
Like many areas in the United States, Champaign County is becoming more diverse each year. This increase is due to a relatively high birth rate and continued immigration. Being the home of The University of Illinois at Urbana-Champaign, the county is the destination of over 6,500 (2009) international students, which is an increase from 4,800 in the year 2005. The university is dedicated to diversity, and this number continues to climb each year, adding to the already diversifying population.

Champaign County Population by Race/Ethnicity



The age distribution of Champaign County is changing. The two largest increases are in the age groups 15-19 and 20-24. These increases are mostly due to the increase in the enrollment of the University of Illinois, which has seen a 5000 student increase from 2000 to 2010. Modest increases are also seen in elderly age groups. The two largest decreases are seen in the middle age groups of 25-34 and 34-44.

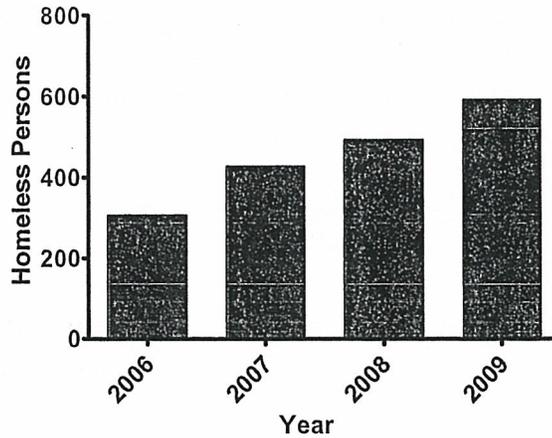
Champaign County Age Distribution by Year



Homelessness in Champaign County

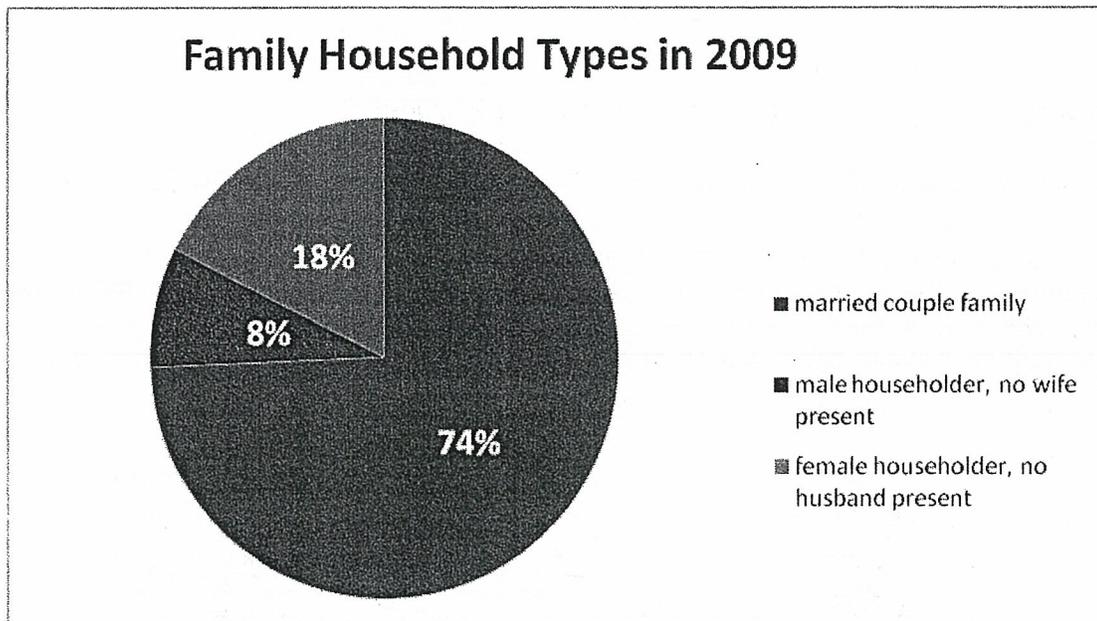
Champaign County, specifically Champaign-Urbana, has experienced a dramatic increase in homelessness over the past 4 years. Over this time the count of homeless persons as done by the Urbana-Champaign Continuum of Care has nearly doubled.

Number of Homeless Persons by Year



Proportion of Single-Parent Families

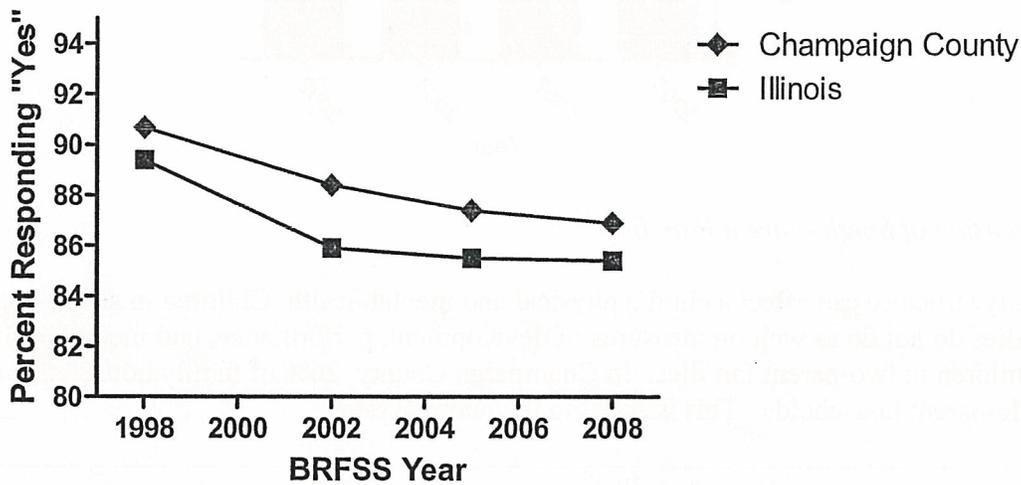
Family structure can affect a child’s physical and mental health. Children in single-parent families do not do as well on measures of development, performance, and mental health as children in two-parent families. In Champaign County, 26% of family households are single-parent households. This is equal to the national rate.



Proportion of persons without health insurance

The unmet need for health insurance coverage creates significant social, structural, and personal barriers to the receipt of appropriate health care services in appropriate settings at appropriate times. In particular, it reduces the ability of the medical care delivery system to provide important clinical preventive services, to encourage healthy behaviors, to intervene early and effectively in the course of acute illnesses, and to effectively and efficiently manage chronic health conditions. Champaign County is currently and has been historically ahead of the state average for those with health insurance.

BRFSS: Percent of Adults Reporting Healthcare Insurance



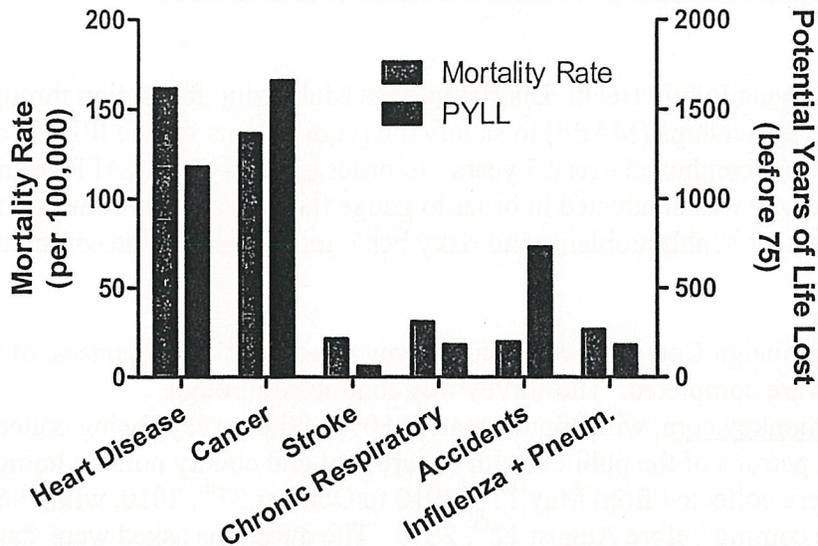
Leading causes of death in Champaign County, 2005-2009

The leading causes of death nationwide in decreasing number of deaths are heart disease, cancer, stroke, chronic lower respiratory diseases, accidents, and Alzheimer’s disease. Champaign County’s mortality rates match this trend with the exception of influenza and pneumonia as the sixth leading cause of death instead of Alzheimer’s disease. Below are the historical rates for the past 5 years along with a graph of the average of these 5 years. The graph includes potential years of life lost – a measure of the total years of life lost before the age of 75 due to each cause of death.

Cause	2005	2006	2007	2008	2009
Diseases of Heart	130.9	124.2	118.5	128.3	145.0
Cancer	134.1	95.1	102.4	107.6	109.1
Stroke	17.7	13.5	13.5	22.3	17.1
Chronic Lower Respiratory Diseases	27.0	27.0	24.9	23.9	20.3
Accidents	16.6	9.4	13.0	21.3	23.9
Influenza and Pneumonia	16.6	21.3	33.3	16.6	18.7

*Rates are per 100,000 people in Champaign County

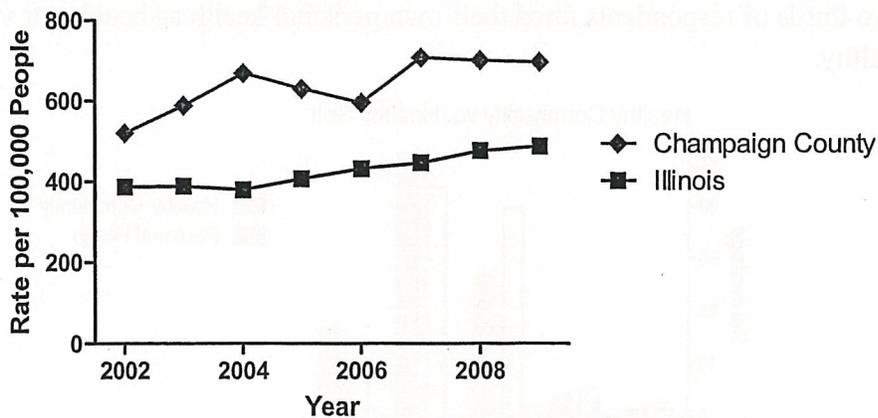
Causes of Death in Champaign County
Average of 5 years: 2005-2009



Chlamydia in Champaign County, 2002-2009

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. In 2006, 1,030,911 chlamydial infections were reported to CDC from 50 states and the District of Columbia. Under-reporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Also, testing is not often done if patients are treated for their symptoms.

Reported Rates of Chlamydia
per 100,000 people: 2002-2009



Community Themes and Strengths Assessment

Purpose

Champaign-Urbana Public Health District utilizes Mobilizing for Action through Planning and Partnerships (MAPP) to satisfy the requirements for the IPLAN community health assessment conducted every 5 years. In order to satisfy the MAPP requirements, a community survey was conducted in order to gauge the views of the community towards the most important health problems and risky behaviors present in the community.

Methodology

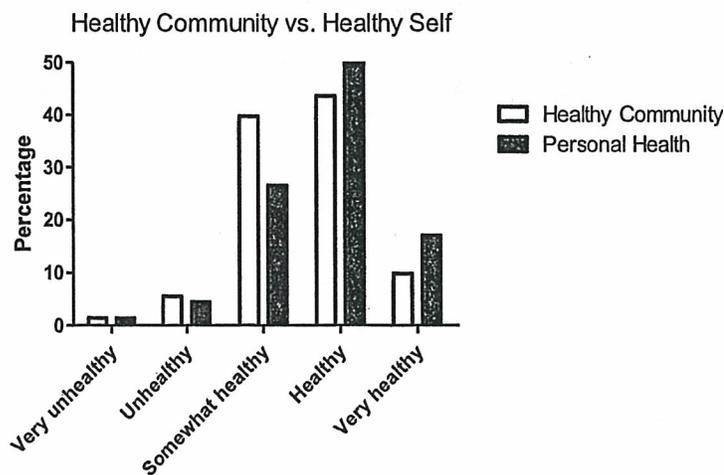
The 2010 Champaign County Community survey received 1134 responses, of which 1017 (90%) were completed. The survey was conducted through www.surveymonkey.com, with approximately 50% of the surveys being collected by hand through patrons of the public health department and county nursing homes. Responses were collected from May 13th, 2010 to October 27th, 2010, with 1064 (94%) of the responses coming before August 12th, 2010. The questions asked were standardized questions obtained through The National Association of County and City Health Officials (NACCHO).

Representativeness

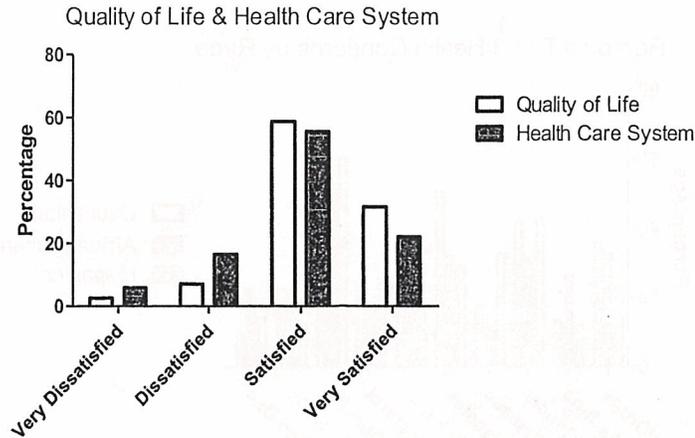
Due to approximately half of the survey responses coming from patrons of the health department, the survey oversamples the disadvantaged of Champaign County. Despite this oversampling, the survey was still very representative of the demographics of the county. A complete report on the representativeness can be found in Appendix B.

Quality of Life Statements

- Consistent with historical self report surveys, respondents rated their own personal health slightly higher than their perceived health of the community.
- Two thirds of respondents rated their own personal health as healthy or very healthy.

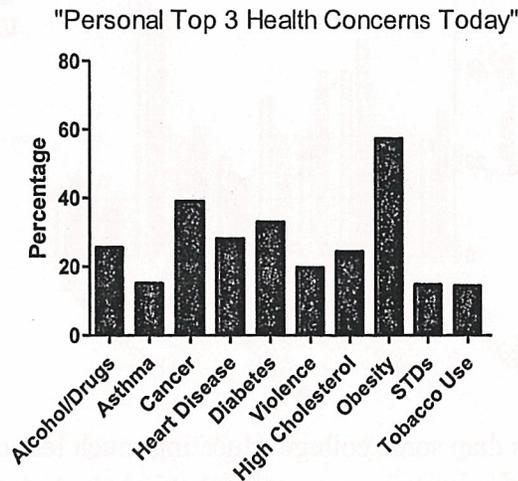


- The survey sample was slightly more satisfied with their own quality of healthy compared with their perceived quality of the health care system.



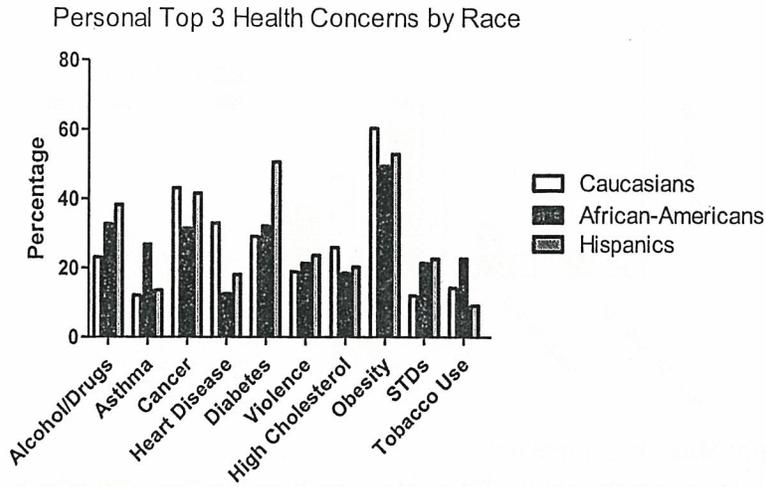
“Top 3 Personal Health Concerns”

- Overall, the top personal health concern included in the respondents’ top three was obesity, which was included in 57% of the top three health concerns. This was followed by cancer, diabetes, and then heart disease, and thus the top 4 personal health concerns of the community sample were chronic conditions or diseases.

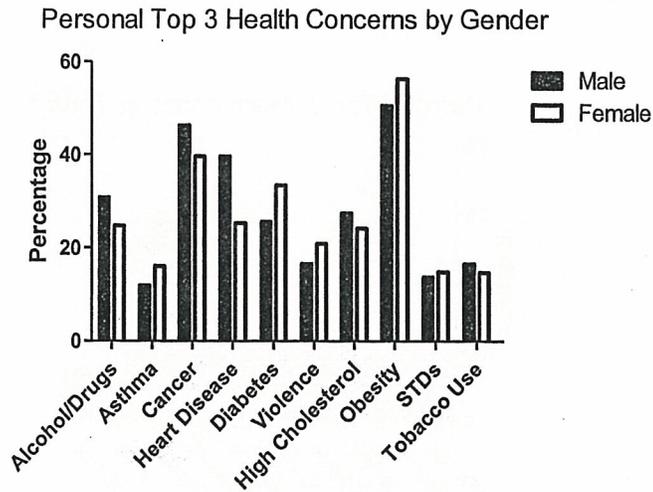


- Stratified by race, differences exist between several chronic and acute conditions.
- Hispanics are much more concerned about diabetes than Caucasians or African-Americans.
- Caucasians are much more concerned about heart disease than the other two groups.
- Hispanics and African-Americans are much more concerned about Alcohol/Drugs and STDs.

- All three groups are somewhat equally concerned about obesity and cancer.

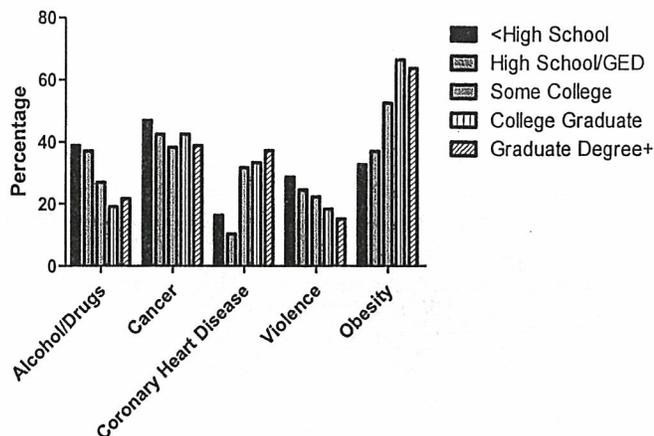


- Females more concerned about obesity, violence and diabetes.
- Males more concerned about heart disease, cancer, alcohol and drugs.



- Those with less than some college education much less concerned about obesity and heart disease; much more concerned about alcohol and drugs, and more concerned about violence.
- All groups of education somewhat equally concerned about cancer.

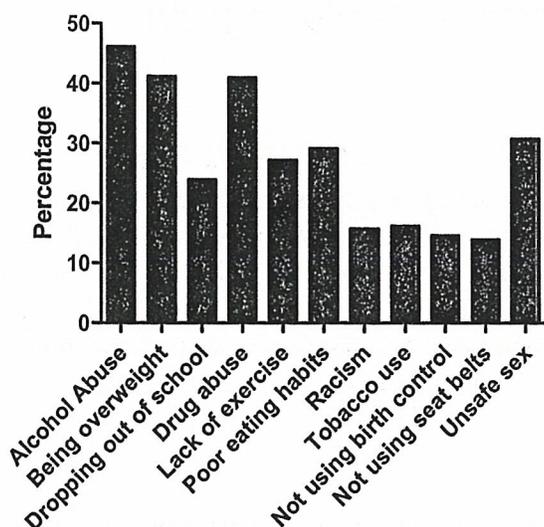
Selected Personal Top 3 Health Concerns by Education



“Top 3 Risky Behaviors in the Community”

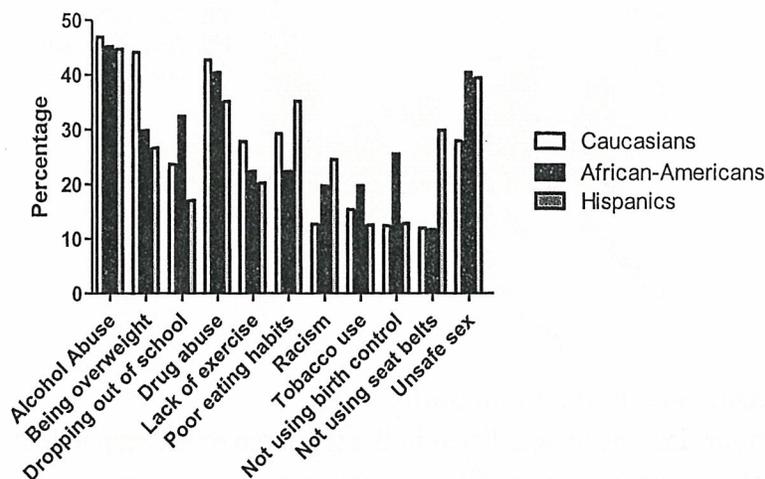
- The top four risky behaviors listed in the top three of the respondents were alcohol abuse, being overweight, drug abuse, and unsafe sex.

"Top 3 Risky Behaviors in Community"



- Overall, African-Americans and Hispanics consider different types of behaviors risky when compared to Caucasians.
 - Unsafe sex is considered a higher priority among Hispanics and African-Americans.
 - Not using seat belts is a much higher priority among Hispanics.
 - Being overweight is a much higher priority among Caucasians.

Top 3 Risky Behaviors in the Community by Race



Local Public Health System Assessment

Purpose

The purpose of the system assessment was to:

1. Identify how organizations, agencies, and institutions contribute to the delivery of public health services in Champaign County
2. Understand the existing infrastructure of organizations, agencies and institutions
3. Identify potential gaps, barriers, or challenges to delivering public health services in Champaign County

Introduction

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

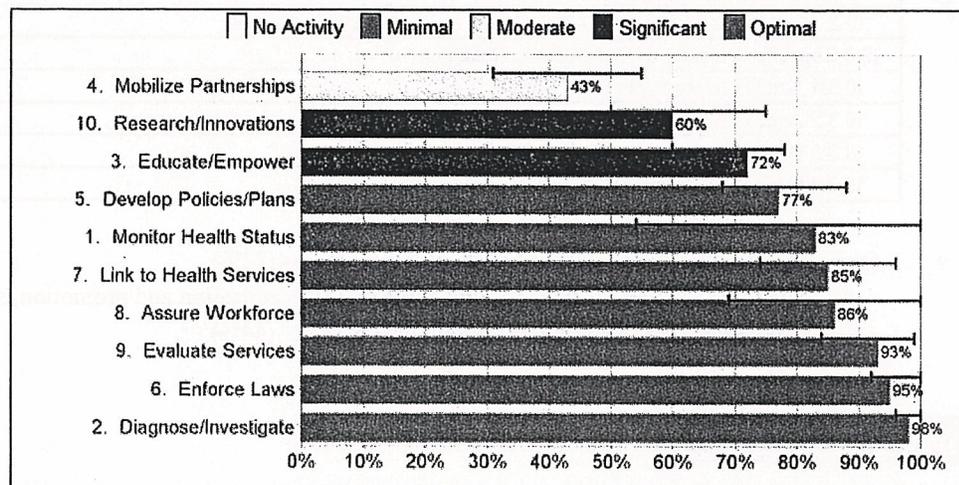
A representative sample of 50 partners in Champaign County was assembled to assess the public health system during a one day retreat. During this time, the group was split in

three leaving three groups to discuss 3-4 essential public health services. It was left up to the individuals to determine which essential health services they were most capable of answering for. For each question, each individual was asked to rate the public health system within a certain range of activity:

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

The results of all of the questions were compiled and sent to The National Public Health Performance Standards Program (NPHPSP) for analysis. The following is the results of that analysis.

- Only three essential public health services failed to meet the “Optimal Activity” level:
 - Mobilize Community Partnerships to Identify and Solve Health Problems (43%)
 - Research for New Insights and Innovative Solutions to Health Problems (60%)
 - Inform, Educate, And Empower People about Health Issues (72%)



- Mobilize Community Partnerships to Identify and Solve Health Problems (43%)
 - The lowest scores in this category occurred in the variables measuring the organization of communication between partners, specifically 4.2.2 (25%) and 4.2.3 (25%).

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	43
4.1 Constituency Development	55
4.1.1 Identification of key constituents or stakeholders	53
4.1.2 Participation of constituents in improving community health	50
4.1.3 Directory of organizations that comprise the LPHS	63
4.1.4 Communications strategies to build awareness of public health	56
4.2 Community Partnerships	31
4.2.1 Partnerships for public health improvement activities	42
4.2.2 Community health improvement committee	25
4.2.3 Review of community partnerships and strategic alliances	25

- Research for New Insights and Innovative Solutions to Health Problems (60%)
 - The lowest scores in the research category were concerned with fostering innovation and initiating research. Specifically the dissemination of the research was targeted.
 - There is considerable research being done due to the presence of a major state university in the county, but there appears to be a disconnect between researchers and organization leaders who could benefit from the research findings.

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	60
10.1 Fostering Innovation	50
10.1.1 Encouragement of new solutions to health problems	50
10.1.2 Proposal of public health issues for inclusion in research agenda	50
10.1.3 Identification and monitoring of best practices	50
10.1.4 Encouragement of community participation in research	50
10.2 Linkage with Institutions of Higher Learning and/or Research	75
10.2.1 Relationships with institutions of higher learning and/or research organizations	75
10.2.2 Partnerships to conduct research	75
10.2.3 Collaboration between the academic and practice communities	75
10.3 Capacity to Initiate or Participate in Research	56
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	50
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	50

- Inform, Educate, And Empower People about Health Issues (72%)
 - The lowest scores for this indicator came in health education and promotion, specifically in the provision of community health information. (44%)

Forces of Change

Results documented here are an outcome of a brainstorming session with IPLAN community participants. The main objective of this session was to identify forces of change affecting the local public health system and/or community. All trends, from local to national events, were incorporated into the findings.

Social Issues

1) Migrant Farm Workers

Migrant farm workers are a vital force in the farming and agricultural community of the Midwest. Illinois plays a key role in the Midwest Migrant Stream of farm workers, which is the largest of the three major migrant streams. Within Champaign County, two migrant worker hubs have been identified in the towns of Rantoul and Hoopeston. Services to provide medical and emergency care to these workers are often minimal or non-existent. Due to their mobile lifestyle, many individuals, particularly children, suffer from a number of health conditions. These include: vitamin deficiencies, anemia, higher incidence of disease, environmentally-related illnesses, upper respiratory infections and gastro-intestinal problems, lower life expectancy and inadequate access to the health services delivery system. Many workers are limited in their command of the English language. This language barrier creates further obstacles for workers to find and obtain proper care for themselves and their families.

Threats Perceived:

- Public health risks (communicable disease outbreaks, decreased access to healthcare, need for additional public services)
- Language barriers
- Increase in student population in schools

Opportunities Created:

- Improve and increase public health programs and promotions focused on migrant communities
- Educate and promote tolerance towards minorities and populations of different ethnic backgrounds
- Faculty sensitivity training within the school system

2) Obesity

Obesity is a relatively recent epidemic at a national and local level, beginning approximately three decades ago. Obesity is defined as a body mass index (BMI) of 30 or higher. The two primary causes of obesity are an excessive diet and a lack of exercise. The rise in obesity is correlated with a rise in health care expenditures, and obesity is strongly correlated with several acute and chronic diseases including heart disease, diabetes, cancer, high blood pressure, stroke, sleep apnea, osteoarthritis, and more. Hospitals have had to change infrastructure in order to accommodate larger patients. Studies on the economic consequences of obesity nationwide have determined that in 2009 obesity alone was responsible for \$147 billion in health care spending in 2008. This number is projected to rise to \$344 billion in health care spending alone if trends continue.

Threats Perceived:

- Difficult to overcome media advertising (fast-food, soda, high sugar snacks)
- Inactivity (Increased time spent on video games, texting, etc.)

- Decrease time available for exercise
- Lack of access to healthy/fresh foods
- Poor choices available in schools. Too much access to high-fat, high-sugar, high-salt options.
- Lack of physical education in schools
- Lack of activity during recess (especially for girls who tend to stand in groups and talk)
- Lack of sidewalks and safe routes for walking/bike-riding in some neighborhoods
- Parents fears (both real and imagined) regarding letting their kids play outside

Opportunities Created:

- Improving physical education programming in schools (CATCH Program)
- Activities to get kids moving at school recesses
- Activity programs for all ages
- Increase in availability of fresh foods in convenient locations
- Provide incentives to buy healthy/local foods (WIC coupons)
- Urban gardens, school gardens and community plots
- Improve smaller parks in county

3) Aging Population

Older adults comprise the largest and fastest growing portion of the U.S. population. By 2030, there will be 71 million older adults in America accounting for roughly 20% of the U.S. population. Influenza and pneumonia kill thousands of older adults annually even though both diseases are largely preventable through vaccinations. Despite the effectiveness of these potentially life-saving preventive services, only 25% of adults aged 50 to 64 years in the United States, and fewer than 40% of adults aged 65 years and older are up to date on these services. This is true even though these services are paid for by nearly all insurance plans, including Medicare and Medicaid. The CDC notes that a focus on immunizations is of significant importance for this group. A collaborative report, conducted in 2008-2009 by the CDC, AMA, and AARP, shows that of adults ages 50-64 only 38.6% received influenza vaccines (Healthy People 2010 goal is $\geq 60\%$) and only 26.4% received pneumococcal vaccines (Healthy People 2010 goal is $\geq 60\%$).

Threats Perceived:

- Increased health care costs
- Increased stress on family members

Opportunities Created:

- Implementation of programming for seniors
- Increase focus on preventative care for all ages

4) Lack of Access to Care

Lack of access to health care is a chronic issue that has been carefully considered in our community. Many efforts and actions have been taken to improve access to health care for the affected population. Even considering our current health care infrastructure and the changes made, there remain those who are unable to access or navigate existing services. Uninsured and underinsured populations are significant in number. Members of these populations often feel they are without options in regards to health issues. The hospital emergency room is often resorted to for even non-emergent health care services. It is important that the community continue to create new health care options and make sure to strategically focus on increasing awareness to the affected populations about these services.

Threats Perceived:

- Uninsured/Underinsured
- Rising costs of health insurance/health care
- Decline in funding from government
- Difficulty navigating and understanding insurance policies

Opportunities Created:

- Explore new models of health care delivery (telemedicine)
- Enhance a personal sense of wellbeing
- Informational sessions regarding health care reform

Economic Issues

1) Economic Downturn

Recent economic trends have forced many American citizens to forego health care in order to afford more immediate necessities. When faced with the pressing concern of medical bills, basic necessities such as food and housing are neglected. It is becoming more prevalent for overwhelming medical bills to demolish a family's savings or play a large part in filing bankruptcy. In addition, the economic climate has attributed to rising insurance costs. Even those employed with the option of a health care plan cannot afford to pay the premiums.

Threats Perceived:

- Lack of state funding and governance
- Lack of resources due to decreased budgeting

Opportunities Created:

- Developing efficient use of available resources
- Collaboration with other agencies
- Increased programming within faith-based organizations

2) Unemployment

Many issues pertinent to the economic downturn have been exacerbated by our country's sharp rise in unemployment over the past two years. For those who have experienced a job loss, a number of added stressors are evoked. Family relationships and financial concerns, including health care costs, quickly become strained. The

thought of embarking on a job search in hardened times is not one of great prospect. Unemployment remains steady at 9.5% (14.6 million people), the highest this country has seen in many years.

Threats Perceived:

- Family and mental health stressors
- Increase in violence/abuse
- Increase in number of uninsured

Opportunities Created:

- Mentoring/support groups
- Enhance a personal sense of wellbeing
- Education on alternatives to violence, detrimental actions

Technological Issues

E-Medicine/ Health Information Transfer

The use of electronic medical systems is increasing. Previously, medical records were mainly paper based but Electronic Medical Records may become the primary source of health information. The benefit of electronic health information is in the convenience for both the patient and the provider. EMR makes health information easily accessible and quick to transfer. Nevertheless, a controversy exists on the issue of privacy. Since the records are electronic, they can be vulnerable to theft of information. With the threat of insecurity, implementation of electronic medical records has been difficult. Yet, there is a push to expand EMR for the improvement of patient care. In February of 2010, Illinois received \$18.8 million to increase the use of electronic health information technology. With the increased promotion and funding for EMR, Champaign County should consider its implementation and consequences.

Threats Perceived:

- Breach of confidentiality/security
- Adaptation to new methods (clients and providers)
- Obtaining collaboration between health care providers
- Cost to bring all parts of the healthcare system, not just large clinics and hospitals, on-line.
- Increased cost in training
- Chaos if there is no electricity or internet due to natural or manmade disaster

Opportunities Created:

- Employee training on the importance of maintaining secure health information
- Better encryption and authentication options, secure data transfer
- Use of technology convenient for clients (texts)
- Increased participation of clients when more convenient communication methods are implemented (email)
- More efficient health information transfer

Goals and Strategies for Community Health Improvement

In the following charts, each health priority is analyzed in detail. Each chart incorporates the goals and objectives that Champaign County has set for the next 5 years. Major intervention strategies that are proposed are also listed.

Community Health Plan for *High Rates of Violence*

Health Problem	Outcome Objective/Indicators
<p align="center"><u>High Rates of Violence</u> Violent Crime Domestic Violence Child Abuse and Neglect</p>	<ul style="list-style-type: none"> • Reduce violent crime rate by 5%. • Reduce domestic violence/IPV rate by 5%. • Reduce child abuse and neglect rate to at or below national average. (9.4 victims / 1000 children) (Baselines vary per jurisdiction.)
Risk Factors	Impact Objectives
<ul style="list-style-type: none"> • Socioeconomic Status/Income • Neighborhood/environment • Risk behaviors (walking alone at night, use of alcohol or drugs) • Students 	<ul style="list-style-type: none"> • Improved lighting • Vacant building ordinances • Unmanned video trucks • Print SafeRide, SafeWalk numbers on iCards • Mandatory alcohol server training to prevent underage drinking and over-intoxication
Contributing Factors	Suggested Intervention Strategies
<ul style="list-style-type: none"> • Unemployment • Decreased access to social services • Poverty • Substance abuse • Gang activity • Mental health • Lack of patrol/surveillance 	<ul style="list-style-type: none"> • Increased Surveillance/Patrols • Youth Development (education, family interaction, communication) • Community activities • Job training • Parental education and support • Crime Prevention Training and Programs • Alcohol and drug policies
Resources Available	Barriers
<ul style="list-style-type: none"> • Champaign City Police • University of Illinois Public Safety • Neighborhood Watch • Crimestoppers • Prairie Center • Faith-based Community 	<ul style="list-style-type: none"> • Funding • Sustainable Collaboration • Reporting

Community Health Plan for *Morbidity and Mortality Due to Accidents*

Health Problem	Outcome Objective/Indicators
<p>Morbidity and Mortality Due to Accidents</p>	<ul style="list-style-type: none"> • Decrease morbidity and mortality by 5% due to accidents over the next 5 years. Baseline: 49 accidental deaths (2009)
Risk Factors	Impact Objectives
<ul style="list-style-type: none"> • Distracted driving • Alcohol & drug abuse, especially in teens and college students 	<ul style="list-style-type: none"> • Decrease proportion of drivers engaging in distracted driving over the next 5 years • Decrease proportion of population abusing alcohol and drugs over the next 5 years.
Contributing Factors	Suggested Intervention Strategies
<ul style="list-style-type: none"> • Policies and laws concerning distracted driving • Installing infant car seats incorrectly • Lack of education about accidents • Lack of effective education about drinking and drugs in college students and teens • Bicycle accidents 	<ul style="list-style-type: none"> • Ban use of cell phones while driving for talking in addition to texting • Education and publicity campaigns against drinking and driving • Education campaigns about infant car seat installation in hospitals and public health department • Decrease in serving & selling alcohol and tobacco to minors • More effective education to high school and college students about drinking and drugs • Educate parents and kids about safety • Bicycle safety programs • Expanding infrastructure: changes designed to enhance pedestrian and bicycle safety
Resources Available	Barriers
<ul style="list-style-type: none"> • Provena Covenant Medical Center • Carle • Francis Nelson Health Center • Christie Clinic • Champaign-Urbana Public Health District • CUMTD & Safe rides • Parkland wellness center • Provena Covenant Medical Center Center for Healthy Aging 	<ul style="list-style-type: none"> • Politics • Lack of funding for education campaigns • Lack of manpower for staffing educational campaigns • Advertising of products to teens • Built infrastructure • Cultural norms

Community Work Plan for *Lack of Access to Health Care*

Health Problem	Outcome Objective/Indicators
<p>Lack of Access to Health Care</p>	<p>Over the next 5 years, decrease the proportion of adults who report not having a usual health care provider by 5%. Baseline: 21.3% (2009)</p>
Risk Factors	Impact Objectives
<ul style="list-style-type: none"> • Lack of health insurance • Lack of primary care providers willing to provide Medicaid services 	<ul style="list-style-type: none"> • Over the next 5 years, decrease the number of Champaign County residents without health insurance Baseline: 12.6% (2009) • Increase the number of primary care providers who accept Medicaid in Champaign County
Contributing Factors	Suggested Intervention Strategies
<ul style="list-style-type: none"> • Increased cost of treatment • Too few & overburdened free clinics • Low Medicaid enrollment rates among those who are eligible • Delayed and lowered Medicaid reimbursements • Inadequate transportation for both insured and uninsured to reach health care services 	<ul style="list-style-type: none"> • Focus on cheaper and more effective preventative care • Support free and reduced cost clinics • Increasing enrollment in Medicaid amongst those who are eligible • Increased communication between key community health care providers • Culturally competent care • Collectively advocate for higher Medicaid reimbursements • Work with public transit authorities to ensure comprehensive transportation to health care providers
Resources Available	Barriers
<ul style="list-style-type: none"> • Provena Covenant Medical Center • Carle • Francis Nelson Health Center • Christie Clinic • Champaign-Urbana Public Health District • Avicenna Community Health Center • Champaign County Christian Health Center • The HERMES Clinic 	<ul style="list-style-type: none"> • Lack of funding • Lack of physicians willing to volunteer time or take Medicaid • Socioeconomic Status/Income • Unemployment • Undocumented immigrants unable to obtain documentation • Physical inability to obtain care

Community Health Plan for *Obesity* Part A

Health Problem	Outcome Objective/Indicators
<p style="text-align: center;">Obesity</p>	<ul style="list-style-type: none"> • Increase proportion of adults in Champaign County who report meeting or exceeding the CDC guidelines for physical activity Baseline: 48.6% • Increase the proportion of adults who report being at a healthy weight by 5%. Baseline: 45.8%
Risk Factors	Impact Objectives
<p style="text-align: center;">Physical Inactivity</p>	<ul style="list-style-type: none"> • CATCH in all schools • Health & Wellness beat reporter
Contributing Factors	Suggested Intervention Strategies
<ul style="list-style-type: none"> • Physical limitations which prevent exercise • Education • Lack of financial means 	<ul style="list-style-type: none"> • CATCH Programs • Community gardens • Stress reduction
Resources Available	Barriers
<ul style="list-style-type: none"> • Champaign Park District • Summer camps • Fitness centers • Transportation & city planners • CU Safe Routes • Biking to Work 	<ul style="list-style-type: none"> • Lack of time to exercise • Lack of neighborhood safety • Lack of access to Champaign Park Districts, especially in smaller towns • Lack of access to public transportation outside of Champaign-Urbana

Community Health Plan for *Obesity* Part B

Health Problem	Outcome Objective/Indicators
<p style="text-align: center;">Obesity</p>	<ul style="list-style-type: none"> • Increase proportion by 5% of adults in Champaign County who report eating 5+ servings of fruits and vegetables per day Baseline: 16.9% • Increase the proportion of adults who report being at a healthy weight by 5%. Baseline: 45.8%
Risk Factors	Impact Objectives
<p style="text-align: center;">Poor nutrition</p>	<ul style="list-style-type: none"> • CATCH in all schools • Link cards for Farmers Market • Health & Wellness beat reporter
Contributing Factors	Suggested Intervention Strategies
<ul style="list-style-type: none"> • Food deserts • Lack of cooking knowledge/skills • Family eating behavior • Marketing of poor food choices • Fast food availability 	<ul style="list-style-type: none"> • CATCH Programs • Weight Watchers • Community gardens • Stress reduction • Mobile Farmers Markets • Cooking classes
Resources Available	Barriers
<ul style="list-style-type: none"> • Food banks • Farmers Market • Champaign Park District • Summer camps • Grocery stores with fresh food • Transportation & city planners • CU Safe Routes 	<ul style="list-style-type: none"> • Cheaper to eat poorly • Lack of time to cook • Lack of access to fresh foods, especially in smaller towns • Lack of access to public transportation outside of Champaign-Urbana

Community Health Plan Worksheet: Violence

Description of the health problem, risk factors and contributing factors:

Total violent crime in the City of Champaign increased from 1,807 in fiscal year 2008-2009 to 1,852 in fiscal year 2009-2010.

20.1% of all residents indicated that violence was among their “top 3 health concerns”

The percentage of children living below the poverty line in 2008 was 17% and in 2009 it increased to 27% with signs of a continual increase.

Corrective actions to reduce the level of the indirect contributing factors:

Increase lighting in the community over the next 5 years

Print SafeRide, SafeWalk numbers on students identification cards

Make server training mandatory to reduce underage drinking

Proposed community organizations to provide and coordinate the activities:

Champaign City Police

City of Champaign

University of Illinois Division of Public Safety

Neighborhood Watch

Crimestoppers

The Prairie Center

Faith-based Community

Evaluation plan to measure progress towards reaching objectives:

A task force for the issue of violence will congregate regularly to do statistical analysis of violence rates in the community. The group will also decide if changes need to be made to make progress stronger.

Community Health Plan Worksheet: Accidents

Description of the health problem, risk factors and contributing factors:

Over the past 5 years, an average of 728 years of life has been lost each year due to accidents alone.

Accidents are the third leading cause of premature death in terms of potential years of life lost before age 75 in Champaign County.

Corrective actions to reduce the level of the indirect contributing factors:

Decrease proportion of drivers engaging in distracted driving over the next 5 years

Decrease proportion of population abusing alcohol and drugs over the next 5 years

Proposed community organizations to provide and coordinate the activities:

Provena
Carle
Francis Nelson Health Center
Christie Clinic
Champaign-Urbana Public Health District
CUMTD & Safe rides
Parkland wellness center
Provena Center for Healthy Aging
Carle Farm Safety
Champaign County Bikes

Evaluation plan to measure progress towards reaching objectives:

The accidents task force will meet periodically to check if rates of accidents have decreased. As rates change the group will decide if further steps must be taken.

Community Health Plan Worksheet: Lack of Access to Care

Description of the health problem, risk factors and contributing factors:

In 2009, 12.6% of the county did not have health insurance, while 10.3% of residents reported not being able to obtain necessary medication in the past year due to financial reasons.

A lack of access to necessary health care can be attributed to financial burdens, inefficient government programs and limited resources for those in need.

Corrective actions to reduce the level of the indirect contributing factors:

By improving the Medicaid system to ensure physicians receive higher reimbursements, more physicians will take on Medicaid patients.

Providing more information on resources such as free clinics will promote access to health care.

Proposed community organizations to provide and coordinate the activities:

Free Clinics- Champaign County Christian Healthcare Center, Avicenna Community Health Center, HERMES Clinic

CUPHD

Francis Nelson Health Center

Evaluation plan to measure progress towards reaching objectives:

A task force on lack of access to care will meet to discuss how access to care can be granted to those in need. The group will decide how to increase the care available to low income groups and individuals that cannot receive insurance. The group will also discuss the prospects of their interventions.

Community Health Plan Worksheet: Obesity

Description of the health problem, risk factors and contributing factors:

Obesity was ranked the number one response to “top three personal health concerns”

From 2007-2009, 54.2% of Champaign County residents were overweight or obese

Physical inactivity and improper nutrition habits are leading to a large increase in obesity

Corrective actions to reduce the level of the indirect contributing factors:

Through improvement of community programming efforts, there will be an increase in the number of physical education programs.

There will be an increase in the number of adults in the Champaign Urbana area who report eating 5+ servings for fruits and vegetable a day. In addition, a reduction of the increase of adults who report being overweight or obese.

Proposed community organizations to provide and coordinate the activities:

CU Fit Families
Farmer's Market
Summer Camps
Park Districts
CATCH Program

Evaluation plan to measure progress towards reaching objectives:

The obesity task force will convene often to make sure that obesity interventions are upheld. The group will discuss what changes have occurred in the community and what further changes need to be made. Evaluation will be done regularly to make sure that improvements are made and Healthy People 2010 measures are met.

The Action cycle

The action cycle is the last phase of MAPP. This phase indicates the process that will assist in achieving the goals expressed in the work plans. After having a final session with committee members on the IPLAN, the action cycle was created. The three major stages of the action cycle (planning, implementation, and evaluation) were addressed and are described in detail below.

Planning

Enhance communication between providers

- a. Assemble members of different departments
- b. Form task forces to focus on different problems within the community
- c. Create a schedule so that task forces will meet regularly
- d. Ensure that task forces will plan and implement programs in the fields of obesity, accidents, violence, and lack of access to care to improve the conditions of health in Champaign County

Implementation

Increase awareness

- a. Use a task force to locate and compile information
- b. Make information accessible through a website
- c. Track progress and trends of health problems on a regular basis
- d. Frequently update information on website for residents' awareness

Improve built environment

- a. Utilize a task force of city and county urban planners
- b. Produce a plan to improve infrastructure and built environment
- c. Implement plans to have a more physically active environment with more walking and biking paths

Evaluation

- a. Assemble the task forces with updated results on each major priority issue
- b. Discuss trends and progress towards health goals
- c. Discuss the goals and reported results
- d. Determine what changes can be made to further improve the health of the community
- e. Implement new strategies and convene regularly to re-evaluate the progress of goals and objectives