Champaign County Community Health Plan 2011

A strategic approach to a healthy and safe community

Champaign-Urbana Public Health District • www.c-uphd.org

IPLAN 2010-2015

THE GOOD

Champaign County is a community that seeks to offer its inhabitants superior resources. It has high-quality hospitals, great libraries, beautiful parks, and is a renowned bicycle friendly community.

THE BAD

Champaign County has a number of issues to deal with. Foreclosures are forcing residents to move to impermanent and unsafe living quarters. Many parks are in poor condition and waste is not disposed of safely. Healthy eating is minimally advertised as most promoted foods are non-nutritious.

THE UGLY

Some areas of Champaign County are in a severe decline. Waste is polluting the ground; graffiti is ruining buildings; parks are not safe for children; homes are being demolished.

Champaign County Community Health Plan

2010-2015

A strategic approach to a healthy and safe community

Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District
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The Champaign Urbana Public Health District would like to acknowledge and thank the many individuals and organizations that contributed their valuable time and expertise to this report.

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Contents

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 that 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!

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

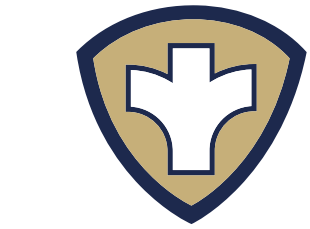
1) *The Community Health Status Assessment collects and analyzes health data and describes health trends, risk factors, health behaviors and issues of special concern.*
2) *Community Themes and Strengths Assessment uses participants to make a list of issues of importance to the community, identify community 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 ervices.*
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

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

Priority Health Issues Community Workplan



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Over the course of several meetings with the input of 65 community leaders from over 30 different agencies, the following four health priorities were determined. These community leaders were presented with the findings from the four MAPP assessment components. After these presentations, the leaders were asked to list their top health priorities, justify their reasoning and what would be the implication for not addressing these priorities in the short and long term. After an extended discussion the following four were selected as the health priorities to be addressed in the current five year community health plan. These are not ranked in order or preference.

- *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)*

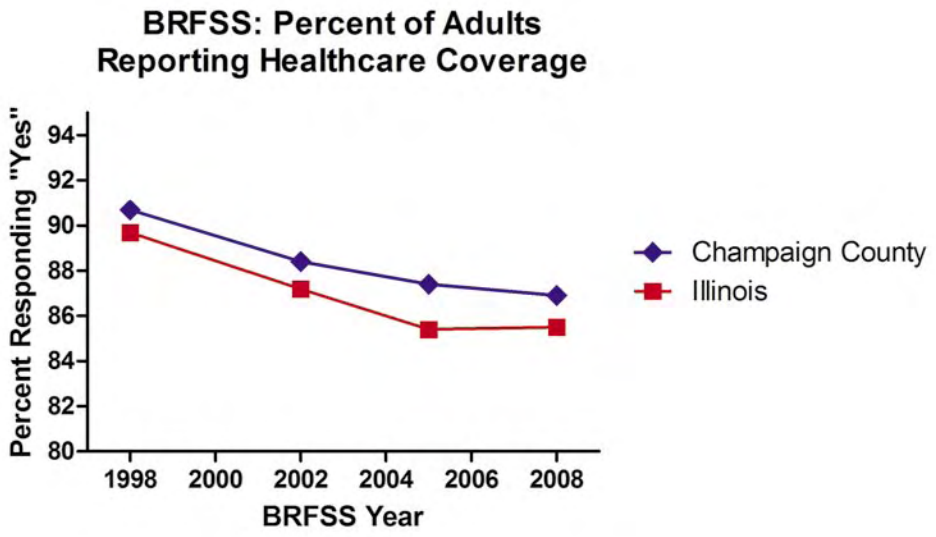
Following is the description and justification for selection of the four health priority areas along with the health plan worksheets which represent a preliminary 5 year plan for improvement in each focus area. Each worksheet incorporates the goals and objectives that Champaign County has set for the next 5 years. Major intervention strategies that are proposed are also listed. These health plans and worksheets were also developed in partnership with community leaders representing multiple agencies and organizations.

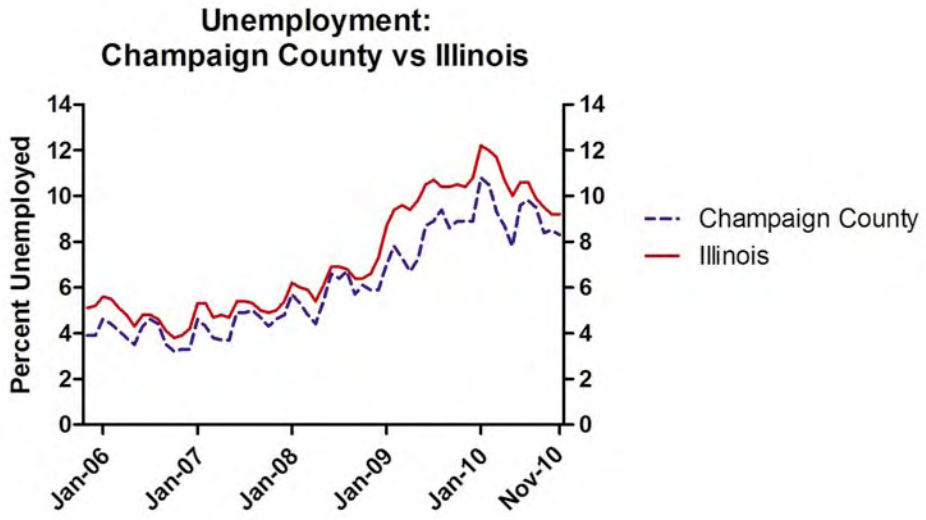
Access to Care

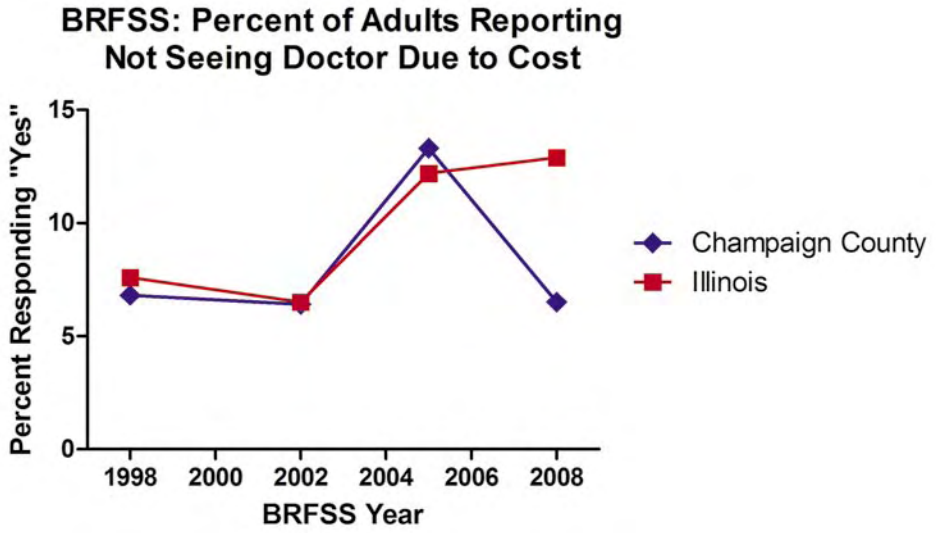
Rising costs and rising unemployment have contributed to a loss of insurance coverage for countless individuals. Many people in Champaign County have been unable to receive necessary medical, mental, and dental health care. This lack of coverage has made increasing access to care a priority within the 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
Percent Responding "Yes"
94
92
90
88
86
84
82
80
1998
2000
2002
2004
2006
2008
BRFSS Year
Champaign County
Illinois

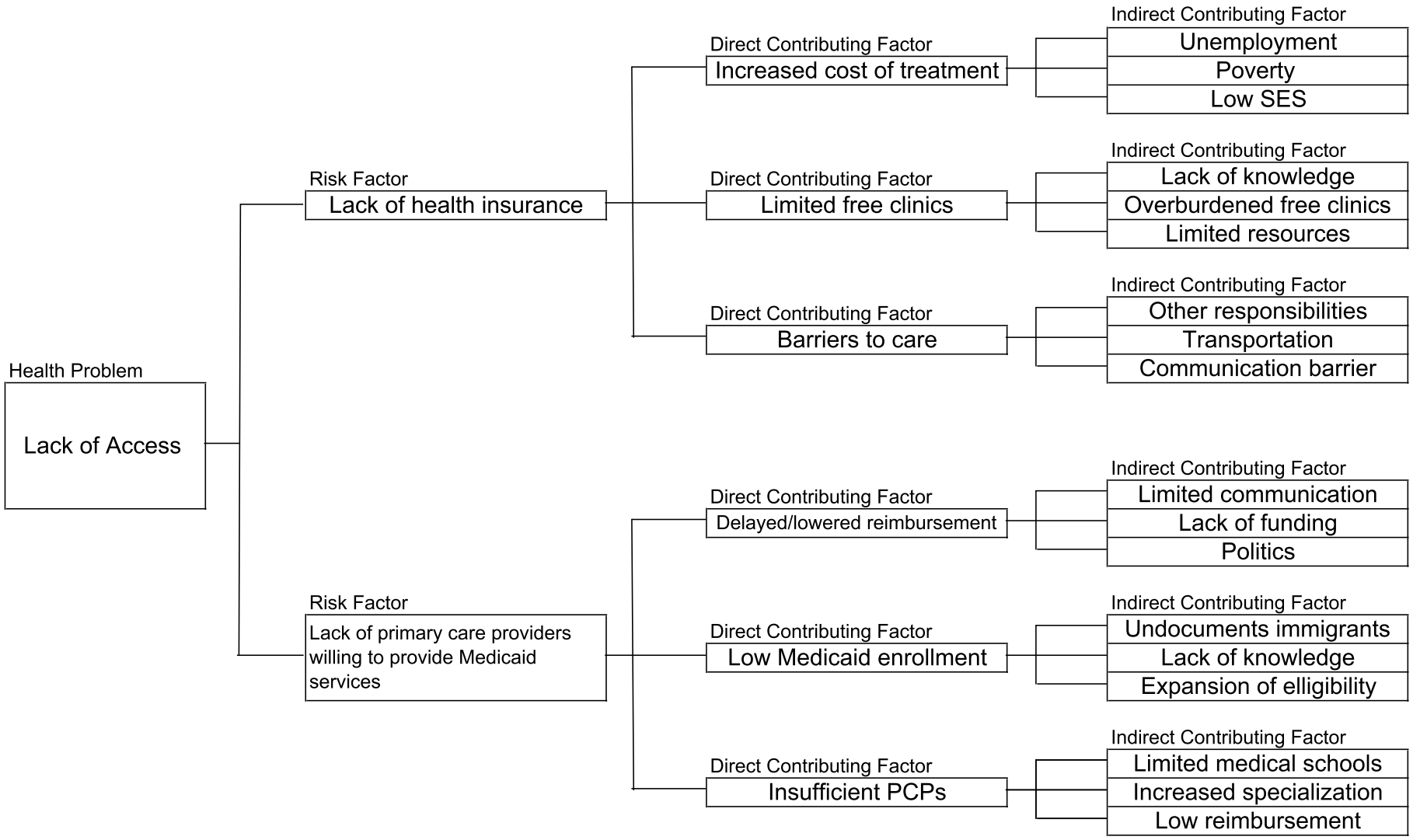

Unemployment:
Champaign County vs Illinois
Percent Unemployed
14
12
10
8
6
4
2
0
Jan-06
Jan-07
Jan-08
Jan-09
Jan-10
Nov-10
Champaign County
Illinois


BRFSS: Percent of Adults Reporting
Not Seeing Doctor Due to Cost
Percent Responding "Yes"
15
10
5
0
1998
2000
2002
2004
2006
2008
BRFSS Year
Champaign County
Illinois

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.”

Priority Health Issues With Community Workplan



Lack Of Access

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

Health Problem	Outcome Objective/Indicators
Lack of Access to Health Care	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)
Risk Factors	**Impact Objectives**
• Lack of health insurance • Lack of primary care providers willing to provide Medicaid services	• 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**
• 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	• 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**
• 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	• 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 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.

Related Healthy People 2020 objectives:

- **AHS-1** Increase the proportion of persons with health insurance.
  - Goal: 100%
- **AHS-3** Increase the proportion of persons with a usual primary care provider.
  - Goal: 84%
- **AHS-6** Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.
  - Goal: Less than 9%

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.

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.

Anticipated sources of funding:

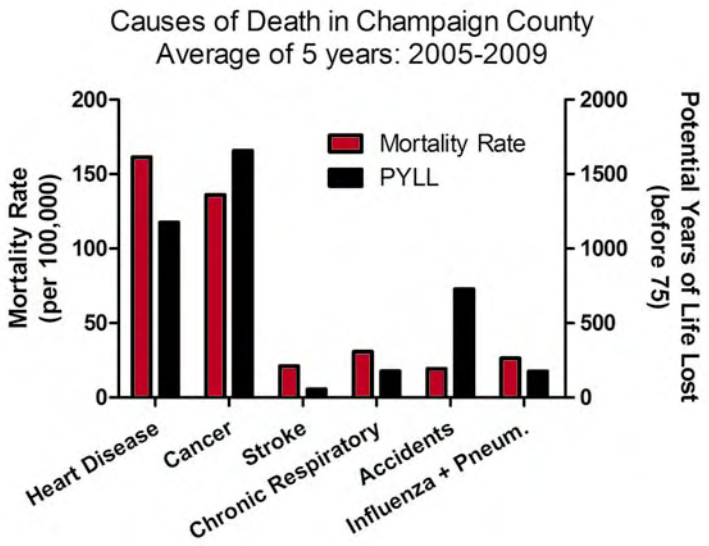
- Federal, state, and local grants
- Local hospitals
- FQHC & free clinics
- Local health department
- Community

Accidents

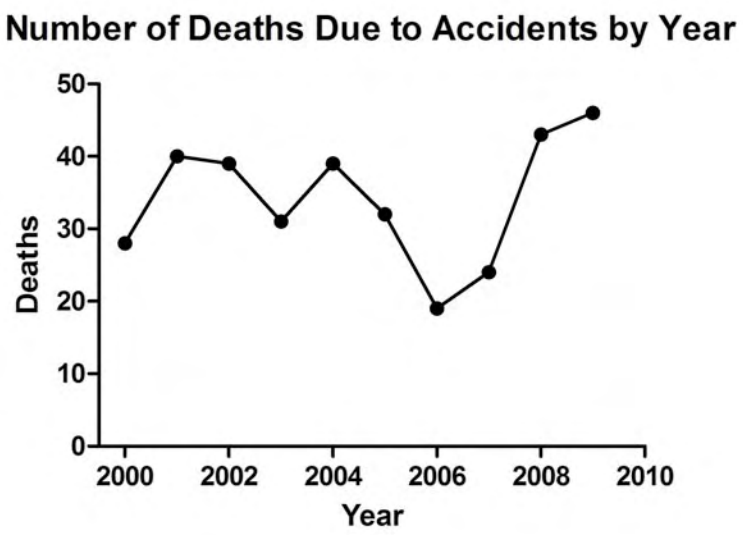
Nationally, accidents have greatly influenced mortality. In 2006, accidents were reported the 5th leading cause of death in the U.S. In Champaign County, accidents are of major concern. Automobile, alcohol related, and in-home accidents have lead to an unnecessary loss of life. These deaths can have 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 verage of 728 years of life has been lost each year due to accidents alone.

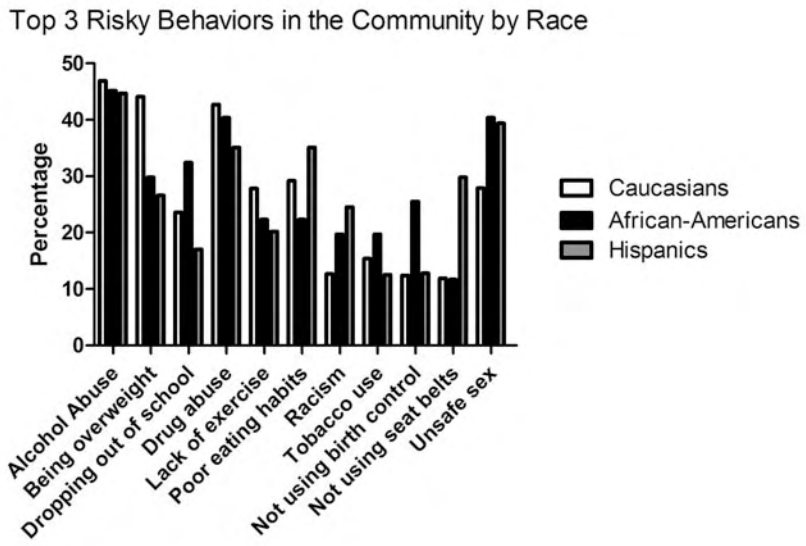


- The past two years (2008-2009) have had the two highest values for the number of deaths due to accidents in the past decade in Champaign County.

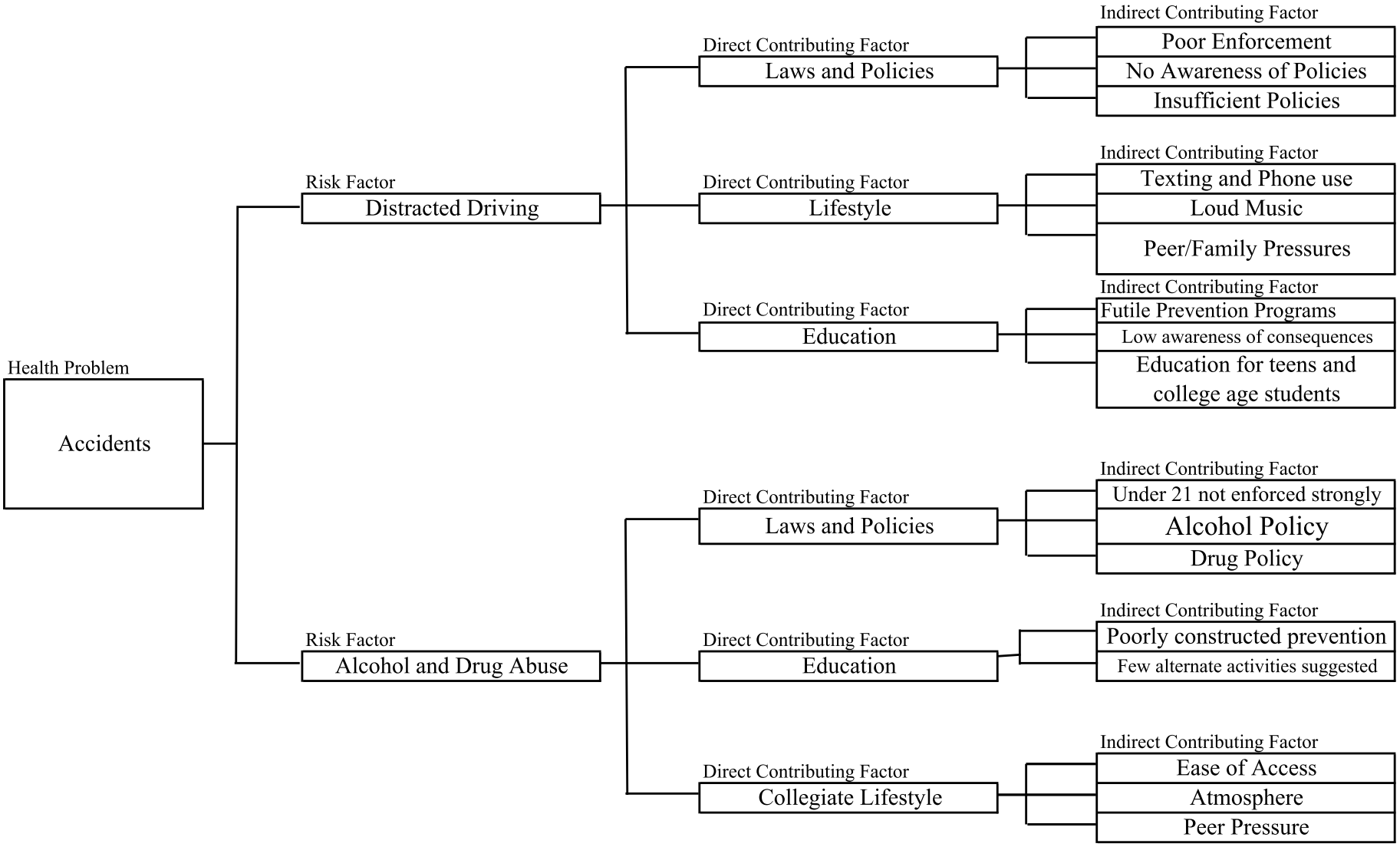


Community Survey

- 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.



Priority Health Issues With Community Workplan



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

Health Problem	Outcome Objective/Indicators
Morbidity and Mortality Due to Accidents	• Decrease morbidity and mortality by 5% due to accidents over the next 5 years. Baseline: 49 accidental deaths (2009)
Risk Factors	**Impact Objectives**
• Distracted driving • Alcohol & drug abuse, especially in teens and college students	• 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**
• 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	• 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**
• 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 for Healthy Aging	• Politics • Lack of funding for education campaigns • Lack of manpower for staffing educational campaigns • Advertising of products to teens • Built infrastructure • Cultural norms

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.

Related Healthy People 2020 objectives:

- **IVP-1** Reduce fatal and nonfatal injuries.
  - Goal: Less than 53.3 deaths per 100,000 population due to injuries.
  - Goal: Less than 555.8 hospitalizations per 100,000 population.
- **IVP-14** Reduce nonfatal motor vehicle crash-related injuries.
  - Goal: Less than 694.4 nonfatal injuries per 100,000 population

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:

- Champaign County Safe Kids Coalition (Lead Agency)
- Provena Covenant Medical Center
- Carle Foundation Hospital
- 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

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.

Anticipated sources of funding:

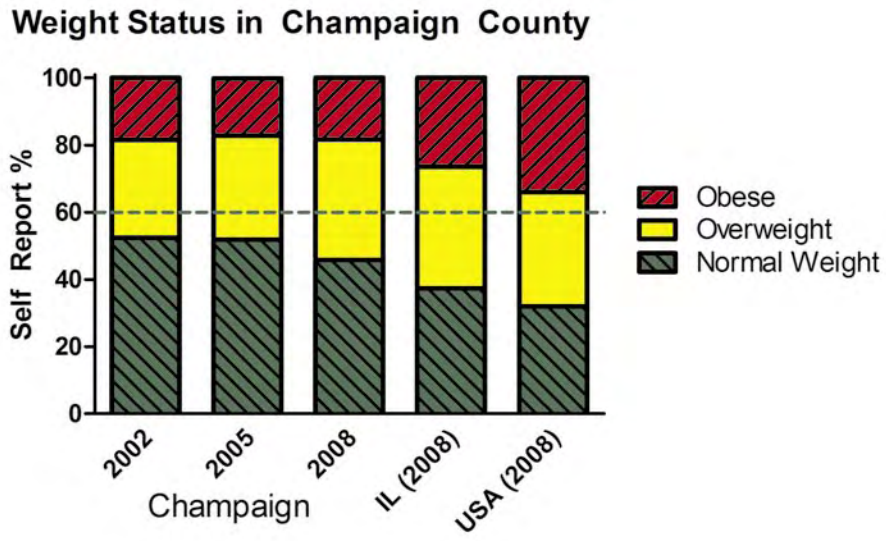
- Federal, state, and local grants
- Local hospitals
- FQHC & free clinics
- Local health department
- Local government
- Local organizations
- Local transportation agency

Obesity

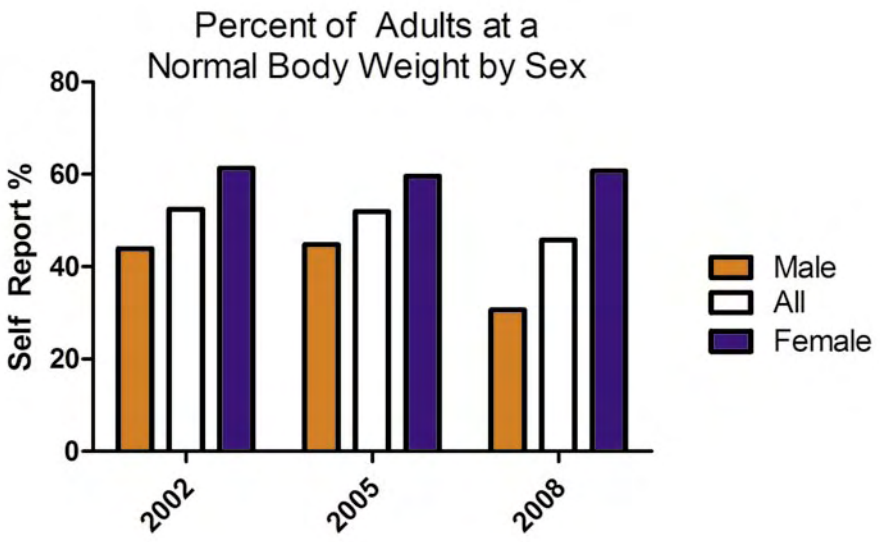
In the U.S., obesity has been steadily rising. According to CDC, in the state of Illinois, 25-29% of individuals who self-reported their height and weight were obese in 2009. In addition, obesity is a condition that is multi-faceted because it can lead to many other problems and diseases including diabetes, 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.

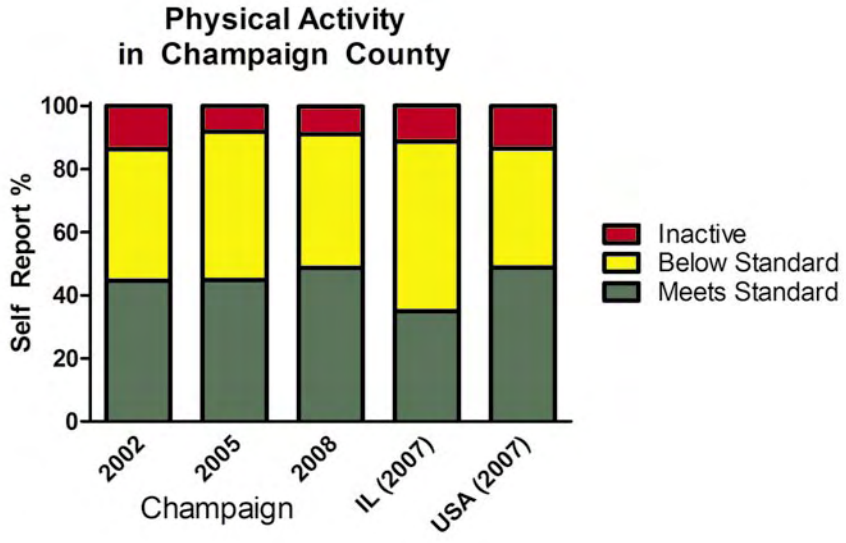


- There are large differences in overweight & obesity rates in Champaign County stratified by sex. There is a much smaller proportion of males in Champaign County that self-report as at a normal weight compared to females. In addition, the percentage of females who self-report at a normal weight has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

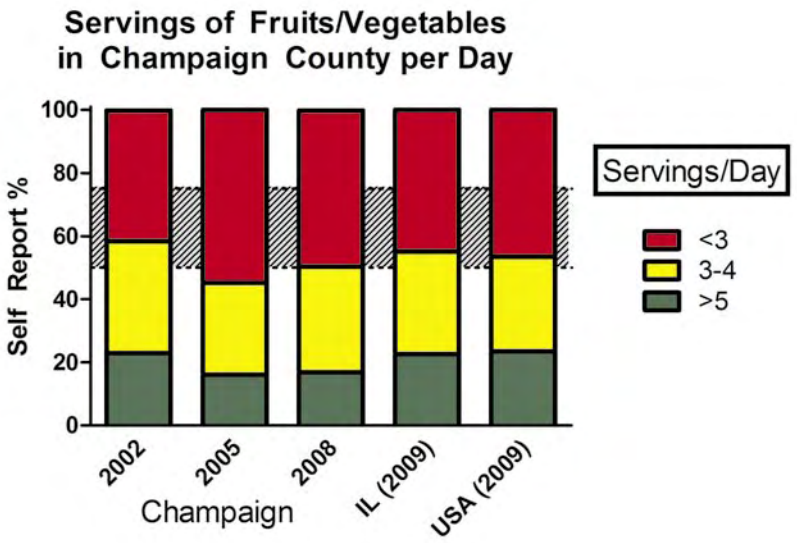


Contributing Factors

- 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 Champaign residents report being inactive in 2008, down from 13.7% in 2002.

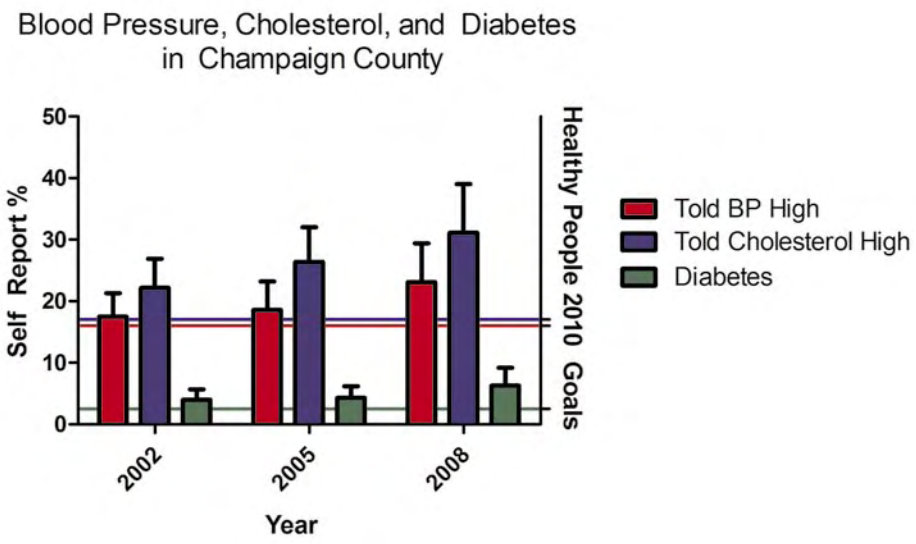


- Healthy People 2010 goals for nutrition included having 50-75% of the population eating 5+ fruits and vegetable servings per day. Champaign County has moved away from this goal over the past decade. The shaded portion represents the target range.
- The proportion of adults who meet the CDC's recommended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



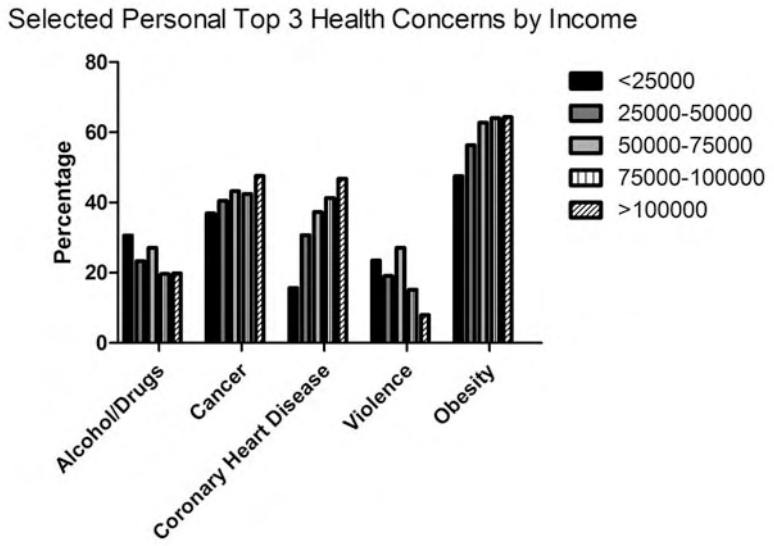
Complications

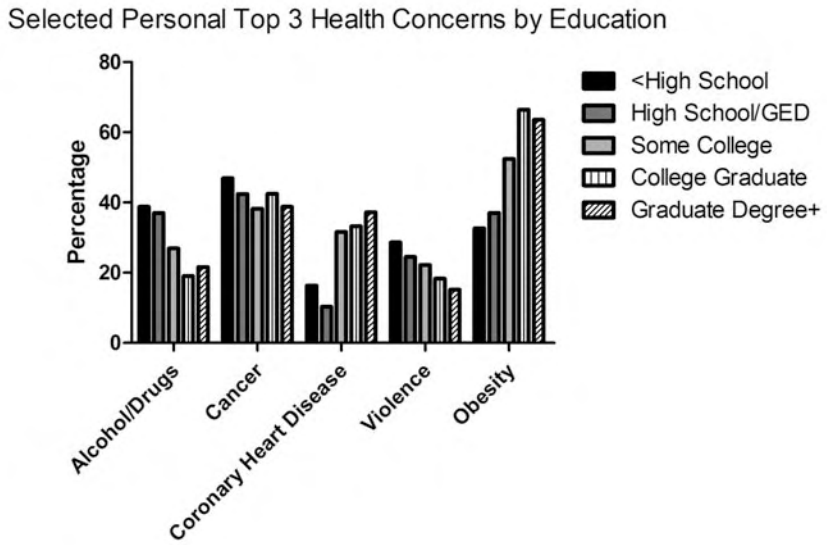
- High blood pressure, high cholesterol, and diabetes are three conditions strongly associated with obesity. Healthy People 2010 has set goals for communities for each, shown as the colored lines in the figure below. Champaign County has experienced increases in each condition over the past decade, moving 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.



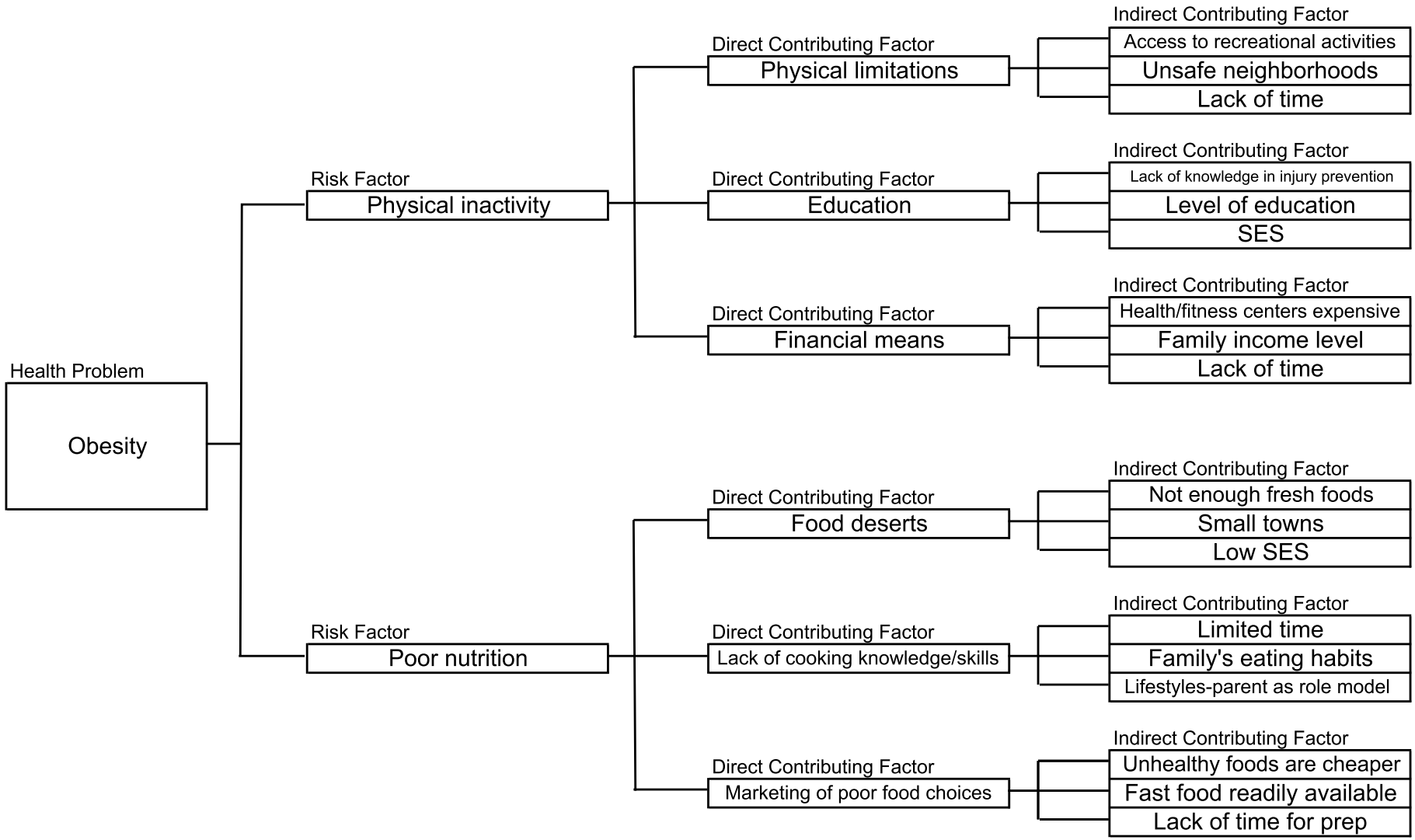
Community Survey

- 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.





Priority Health Issues With Community Workplan



Obesity

Community Health Plan for Obesity Part A

Health Problem	Outcome Objective/Indicators
Obesity	• 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**
Physical Inactivity	• CATCH[1] in all schools • Health & Wellness beat reporter for the Illinois Public Media
Contributing Factors	**Suggested Intervention Strategies**
• Physical limitations which prevent exercise • Education • Lack of financial means	• CATCH Programs • Community gardens • Stress reduction
Resources Available	**Barriers**
• Champaign Park District • Summer camps • Fitness centers • Transportation & city planners • CU Safe Routes • Biking to Work	• 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

[1] CATCH: Coordinated Approach To Child Health

Community Health Plan for Obesity Part B

Health Problem	Outcome Objective/Indicators
Obesity	• 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**

Poor nutrition	• CATCH in all schools • Link cards for Farmers Market • Health & Wellness beat reporter
Contributing Factors	**Suggested Intervention Strategies**
• Food deserts • Lack of cooking knowledge/skills • Family eating behavior • Marketing of poor food choices • Fast food availability	• CATCH Programs • Weight Watchers • Community gardens • Stress reduction • Mobile Farmers Markets • Cooking classes
Resources Available	**Barriers**
• Food banks • Farmers Market • Champaign Park District • Summer camps • Grocery stores with fresh food • Transportation & city planners • CU Safe Routes	• 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: 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

Related Healthy People 2020 objectives:

- **NWS-8** Increase the proportion of adults who are at a healthy weight
  - Goal: Over 33.9%
- **NWS-9** Reduce the proportion of adults who are obese
  - Goal: Under 30.6%
- **NWS-10** Reduce the proportion of children and adolescents who are considered obese
  - Goal: Under 9.6% for those aged 2-5
  - Goal: Under 15.7% for those aged 6-11
  - Goal: Under 16.1% for those aged 12-19

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 (Lead Agency)
- 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.

Anticipated sources of funding:

- Federal, state, and local grants
- Local hospitals
- FQHC & free clinics
- Local health department
- Local farmers markets
- Local groceries and other food suppliers

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)

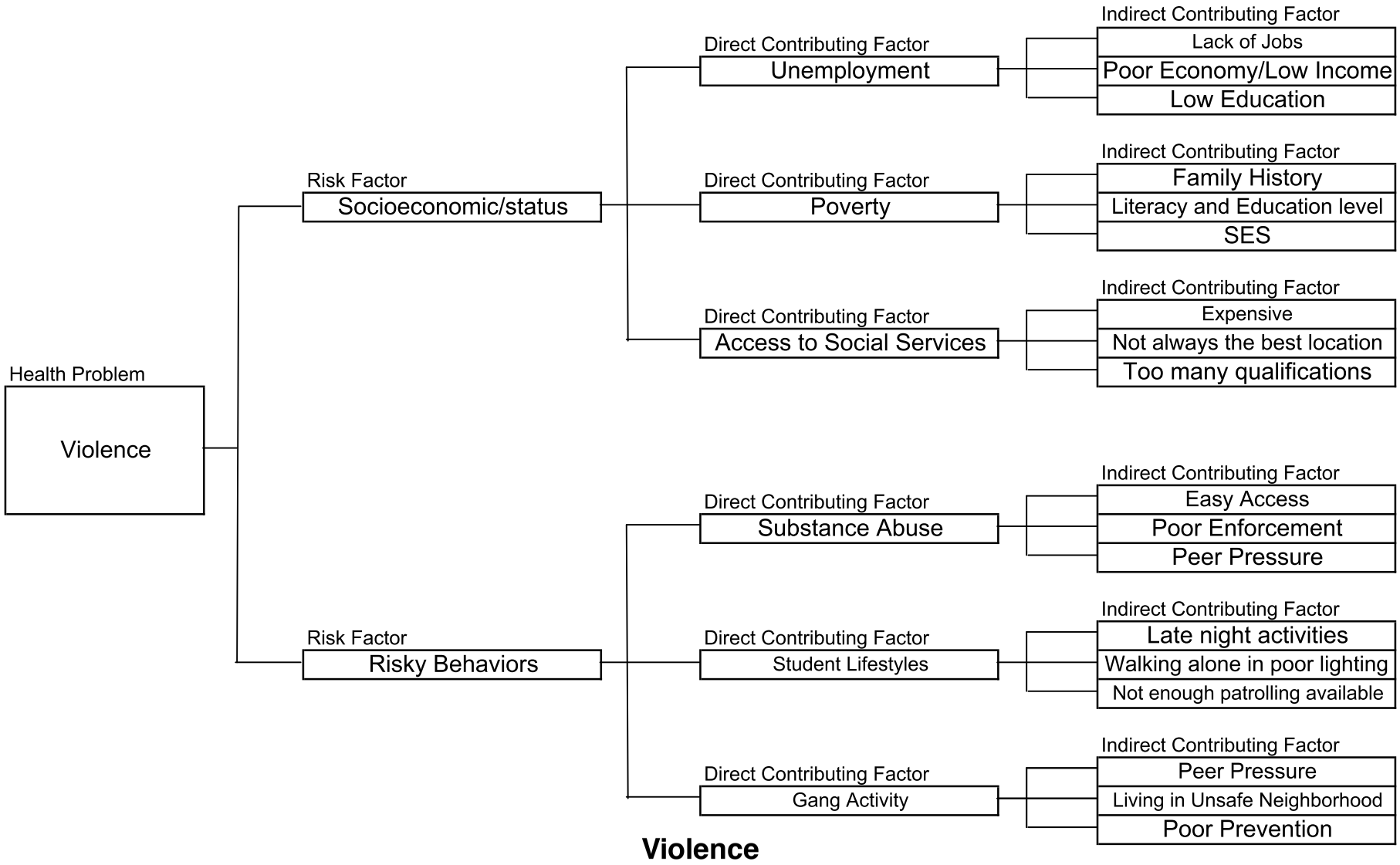
- 23.0% of all respondents selected domestic violence as one of the “three most important health problems in our community.”
- Domestic violence was reported as one of the “three most important health problems in our community” by 27.1% of respondents with an household income of less than $25,000, 24.7% 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.

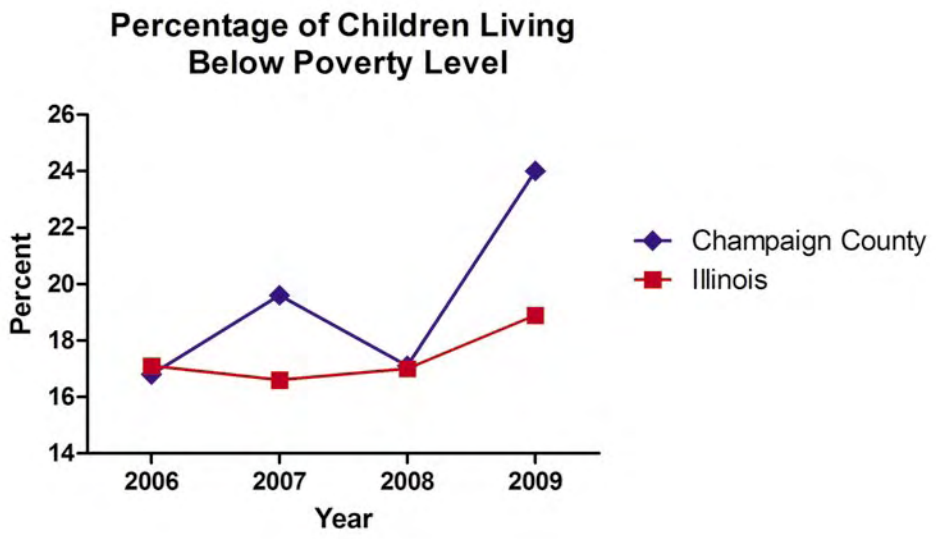
Child Abuse and Neglect

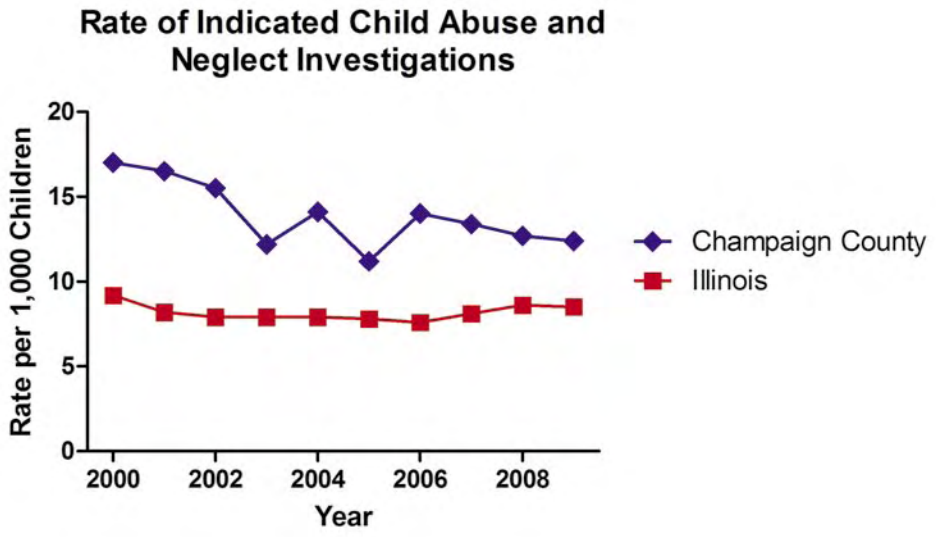
- 26.8% of all respondents selected child abuse and neglect as one of the "three most important health problems in our community."
- Child abuse and neglect was selected as one of the "three most important health problems in our community" by 28.6% of respondents with a less than $25,000 household income, 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.

Priority Health Issues With Community Workplan



Violence





Community Health Plan for *High Rates of Violence*

Health Problem	Outcome Objective/Indicators
<u>High Rates of Violence</u> Violent Crime Domestic Violence Child Abuse and Neglect	• 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

• Socioeconomic Status/Income • Neighborhood/environment • Risk behaviors (walking alone at night, use of alcohol or drugs) • Students	• 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
• Unemployment • Decreased access to social services • Poverty • Substance abuse • Gang activity • Mental illness • Lack of patrol/surveillance	• 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
• Champaign City Police • University of Illinois Public Safety • Neighborhood Watch • Crimestoppers • Prairie Center • Faith-based Community	• Funding • Sustainable Collaboration • Reporting

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.

Related Healthy People 2020 objectives:
• IVP-29 Reduce homicides
  o Goal: Less than 5.5 per 100,000 population
• IVP-38 Reduce nonfatal child maltreatment
  o Goal: Less than 8.5 maltreatment victims per 1,000 children aged 17 and younger.

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:

- City of Champaign Violence Task Force (Lead Agency)
- Champaign City Police
- 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

Anticipated sources of funding:

- Federal, state, and local grants
- Local hospitals
- FQHC & free clinics
- Local health department
- Local police departments
- Local university

Strategic Issues

Public Health
Prevent. Promote. Protect.

Strategic issues may pose 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 address 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 Park Districts in Champaign County 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) Using USDA food programs for healthy veggies and fruits
4) Changing school menus
5) Changing summer food programs
6) Giving special designations and incentives for restaurants/schools that label food choices and make healthy options available
7) Eliminating food deserts: Engaging Community and Store owners
8) Having more fresh foods and healthy options at food pantries
9) Availability of healthy foods in grocery stores
10) Availability of healthy foods in convenience stores
11) 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 County 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 polices 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 Assesment

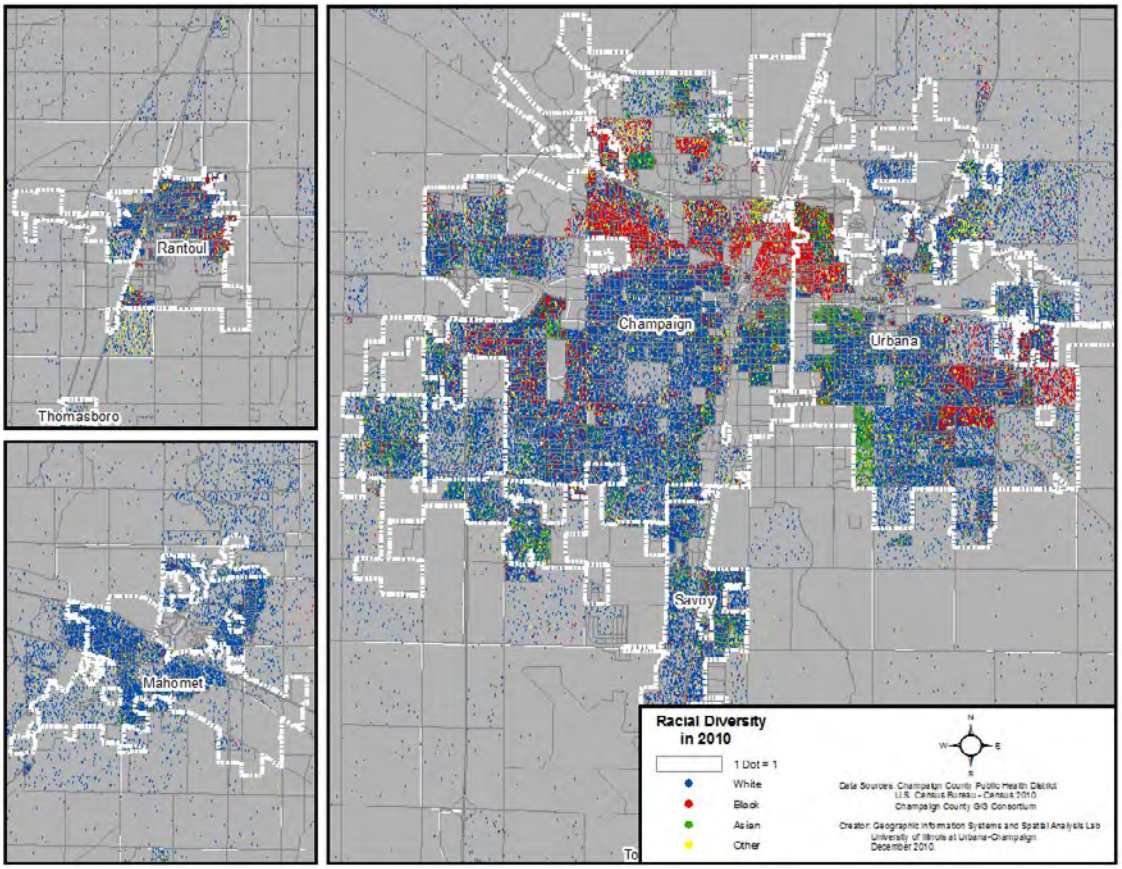
Champaign-Urbana Public Health District utilizes Mobilizing for Action through Planning and Partnerships (MAPP) to satisfy the requirements for the IPLAN community health assessment conducted every 5 years. In order to satisfy the MAPP requirements, a variety of health indicators were analyzed by the 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

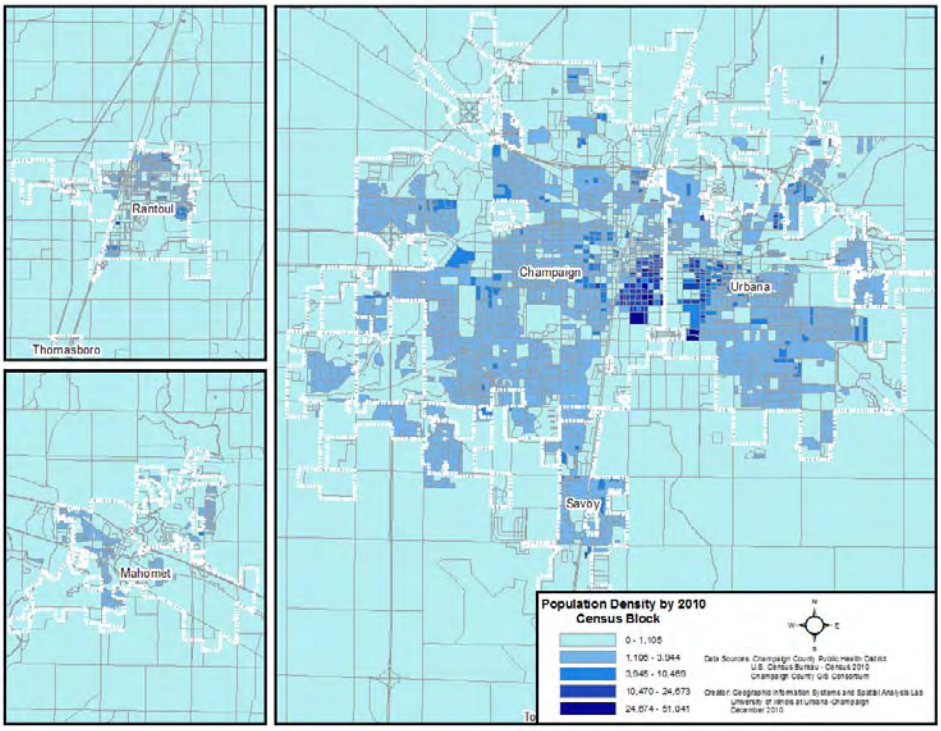
The Institute of Medicine identifies a need for two kinds of indicators and indicator sets for use in a community health improvement plan. The first is a community health profile with indicators proposed by the Institute of Medicine to provide an overview of a community's characteristics and its health 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.

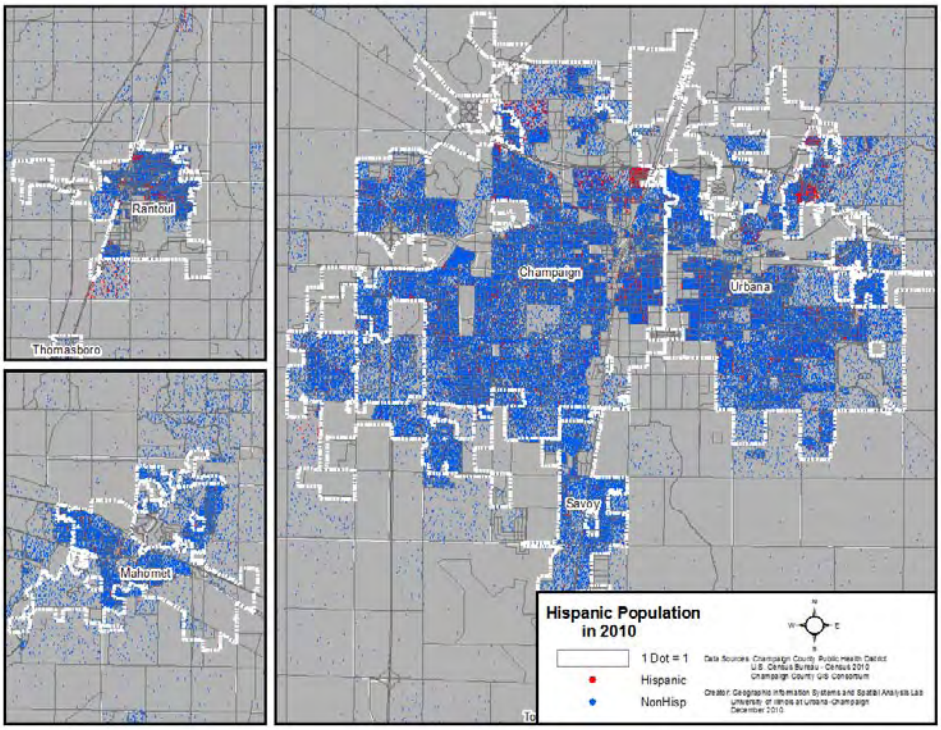
Selected indicators are described in this section as chosen by the health district. The complete assessment may be found in Appendix A.



Racial Diversity, 2010:
A dot-density plot of the population broken down by race shows where people live and the racial diversity of their neighborhood. The center of the Champaign-Urbana region is dominated by the University, with a majority of non-residential school buildings and surrounded by a higher percentage of Asian individuals than found in the rest of the region. There is a higher concentration of African Americans represented in the North part of Champaign as indicated in red.



Population Density, 2010:
The most dense areas are near to the center of Champaign-Urbana just within or at the eastern and western edges of the University of Illinois campus.



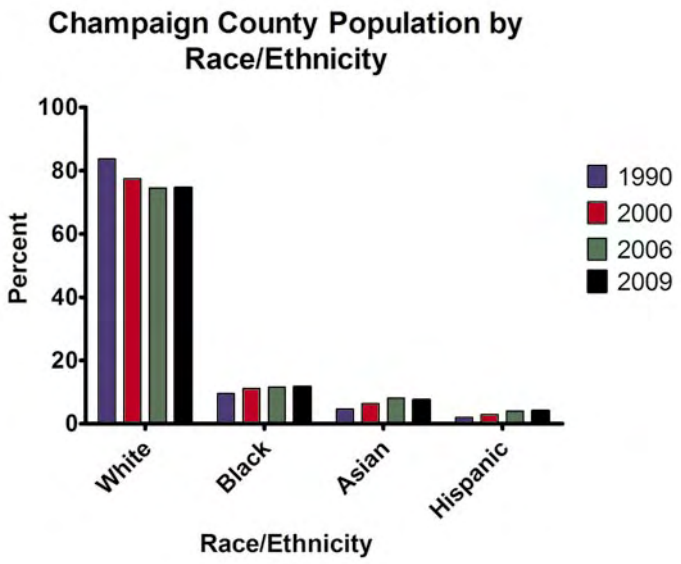
Hispanic Population, 2010:
The greatest growth in Hispanic Population has been in Rantoul and northern tip of Champaign and Urbana. The Hispanic population has nearly doubled in the last ten years.

Data

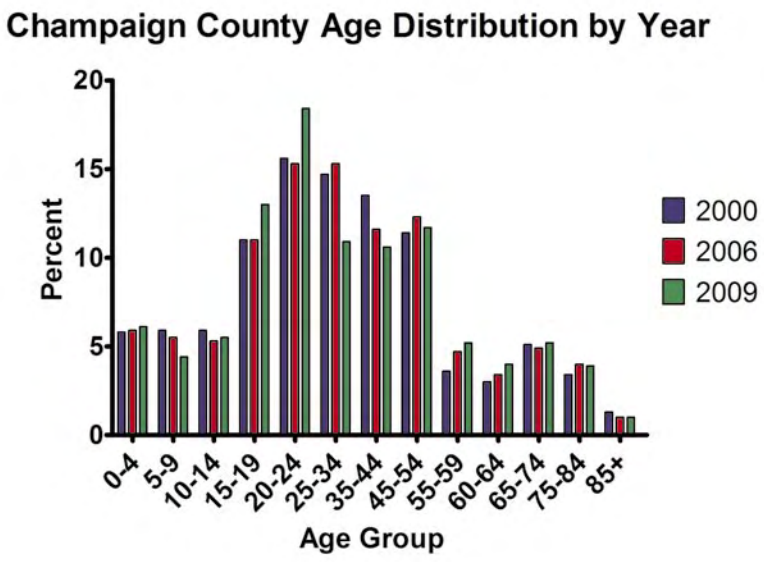
Distribution of the Population by Age, Race, and Ethnicity

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.

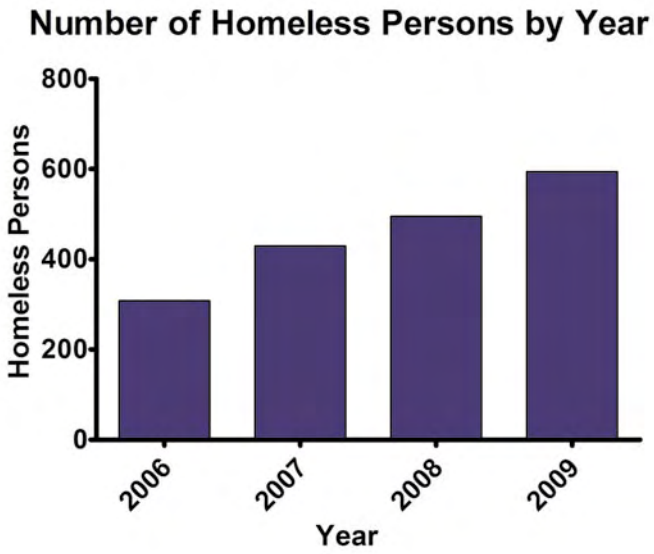


The age distribution of Champaign County is changing. The two largest increases are in the age groups 15-19 and 20-24. These increases are mostly due to the increase in the enrollment of the University of Illinois, which has seen a 5000 student increase from 2000 to 2010. Modest increases are also seen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



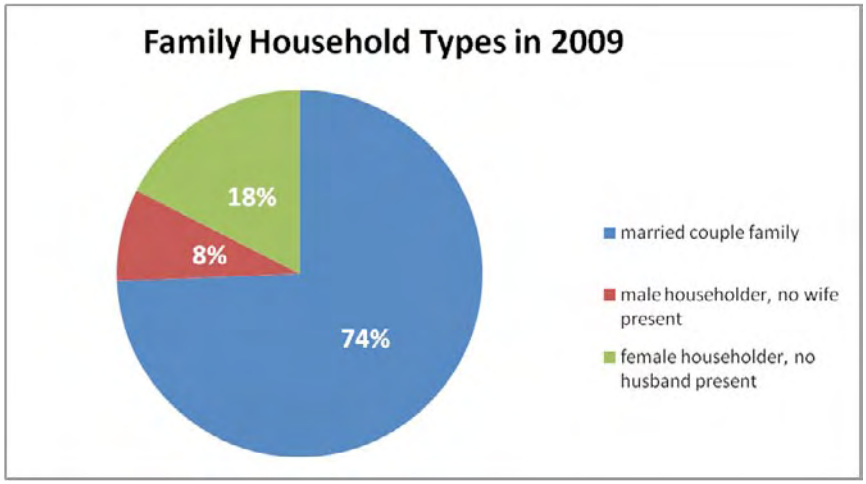
Homelessness in Champaign County

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.



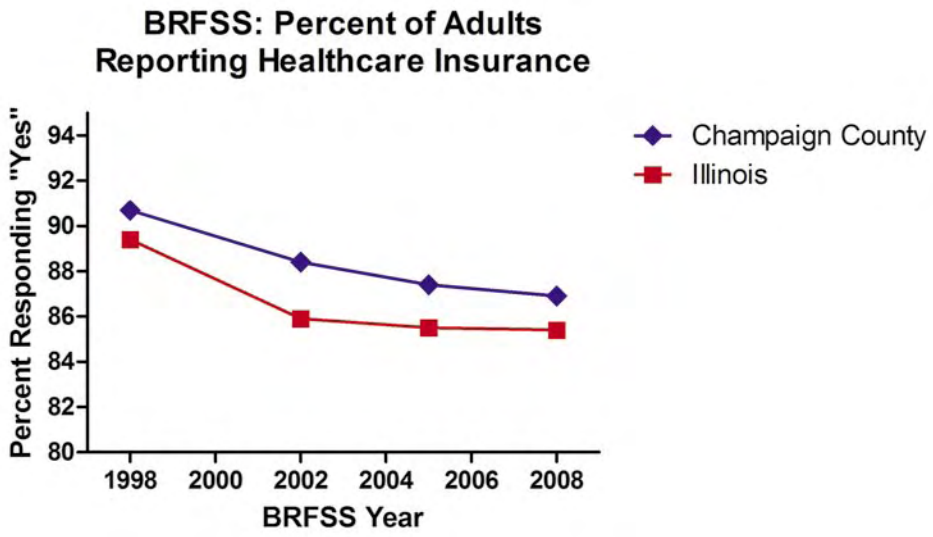
Proportion of Single-Parent Families

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.

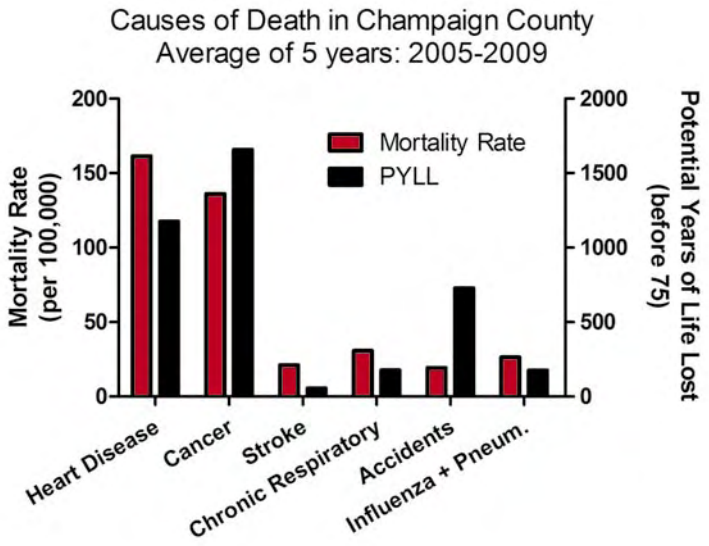


Leading causes of death in Champaign County, 2005-2009

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

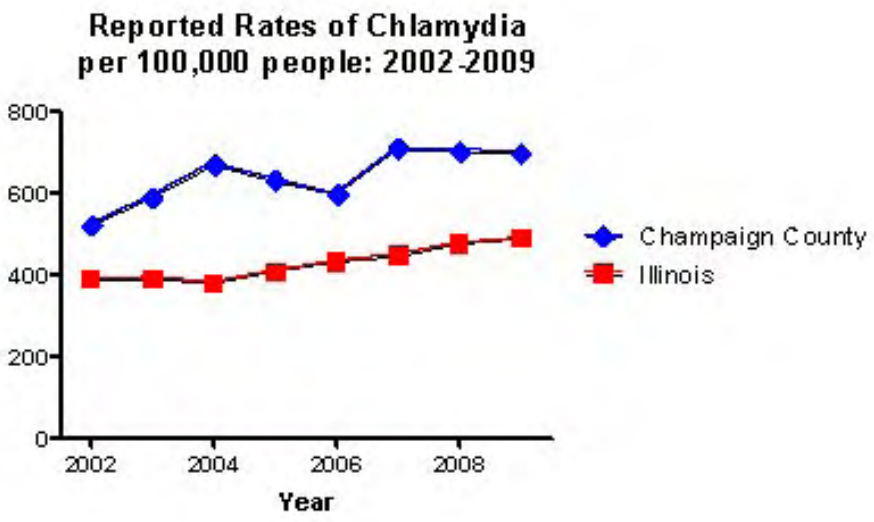
*Rates are per 100,000 people in Champaign County



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 Chlamydia 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.

Champaign County infections are significantly higher than national rates. In 2008 U.S. national rates were 496 per 100,000 as compared to greater than 600 per 100,000 in Champaign.



Community Themes And Strengths Assesment

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

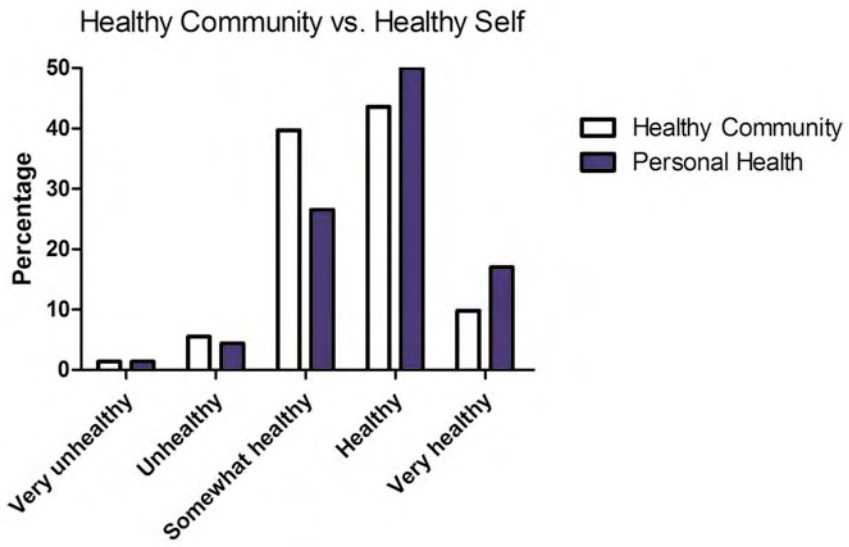
The 2010 Champaign County Community survey received 1134 responses, of which 1017 (90%) were completed. The survey was conducted through www.surveymonkey.com, with approximately 50% of the surveys being collected by hand through patrons of the public health department and county nursing homes. Responses 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.

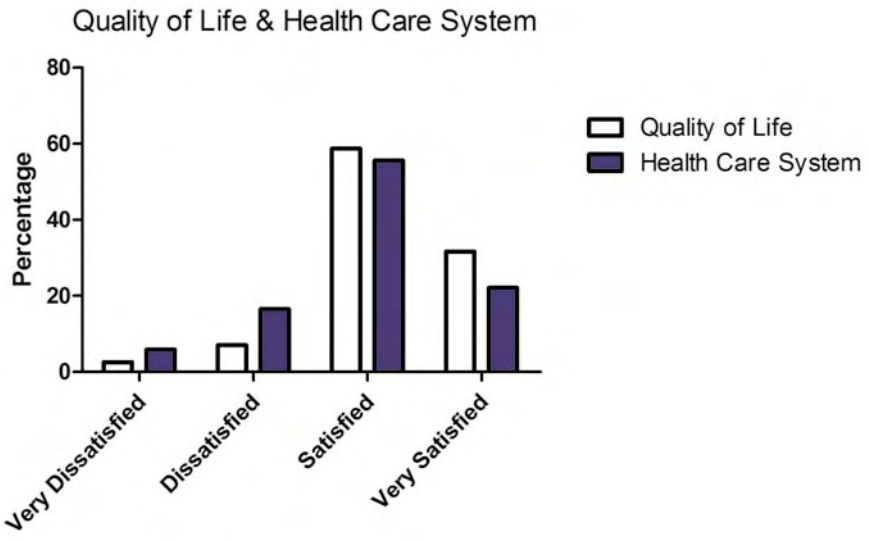
Quality of Life Statements

- 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.



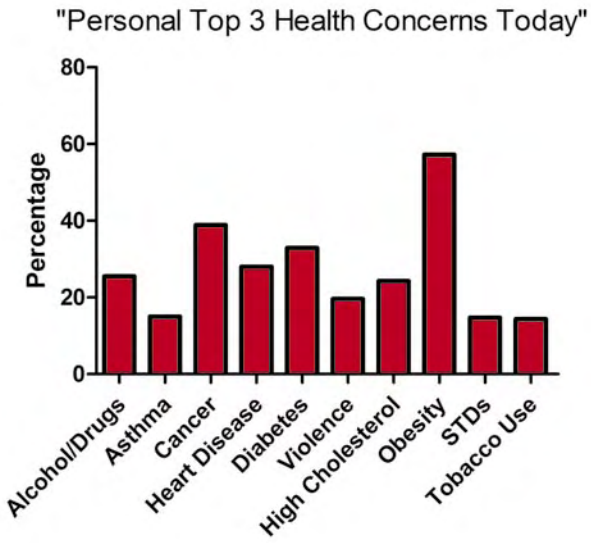
- The survey sample was slightly more satisfied with their own quality of

healthy compared with their perceived quality of the health care system.



"Top 3 Personal Health Concerns"

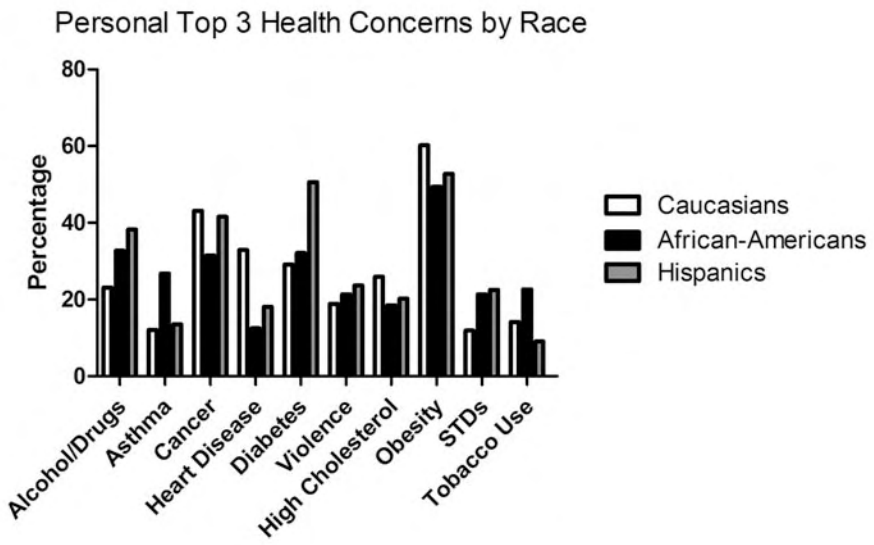
- Overall, the top personal health concern included in the respondents' top three was obesity, which was included in 57% of the top three health concerns. This was followed by cancer, diabetes, and then heart disease, and thus the top 4 personal health concerns of the community sample were chromic conditions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



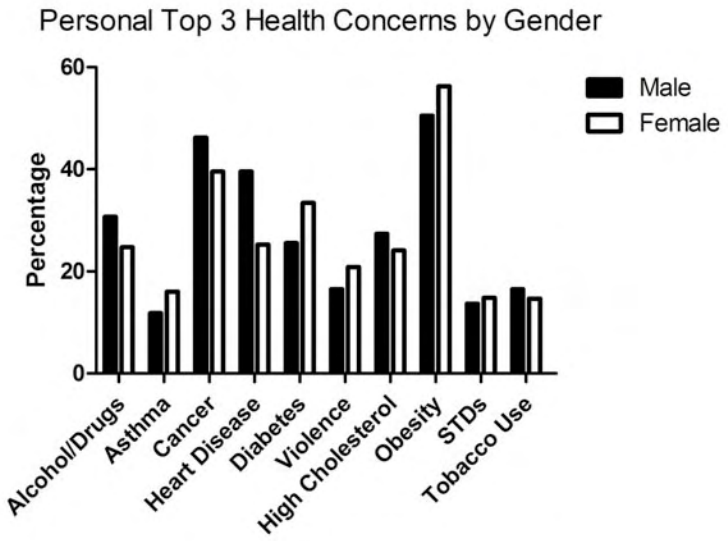
- Stratified by race, differences exist between several chronic and acute conditions.
- Hispanics are much more concerned about diabetes than Caucasians or African-Americans.
- Caucasians are much more concerned about heart disease than the other two groups.
- Hispanics and African-Americans are much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

Alcohol/Drugs and STDs.

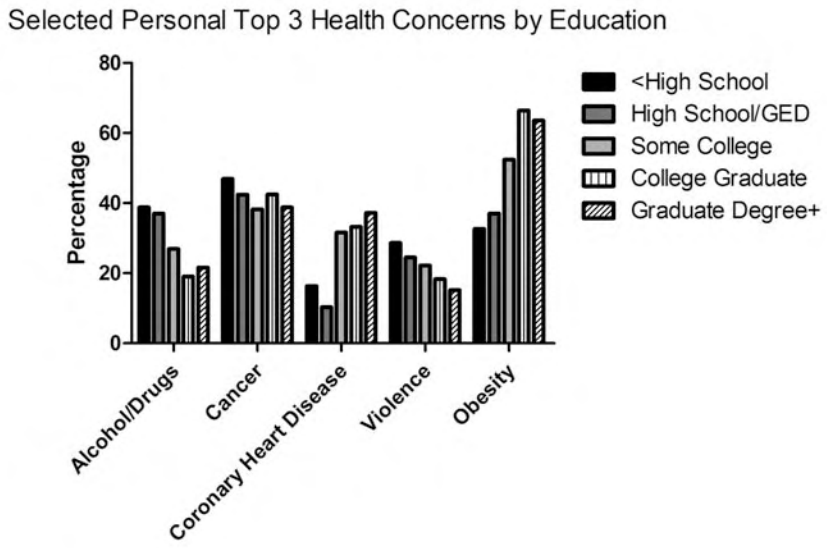
- All three groups are somewhat equally concerned about obesity and cancer.



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

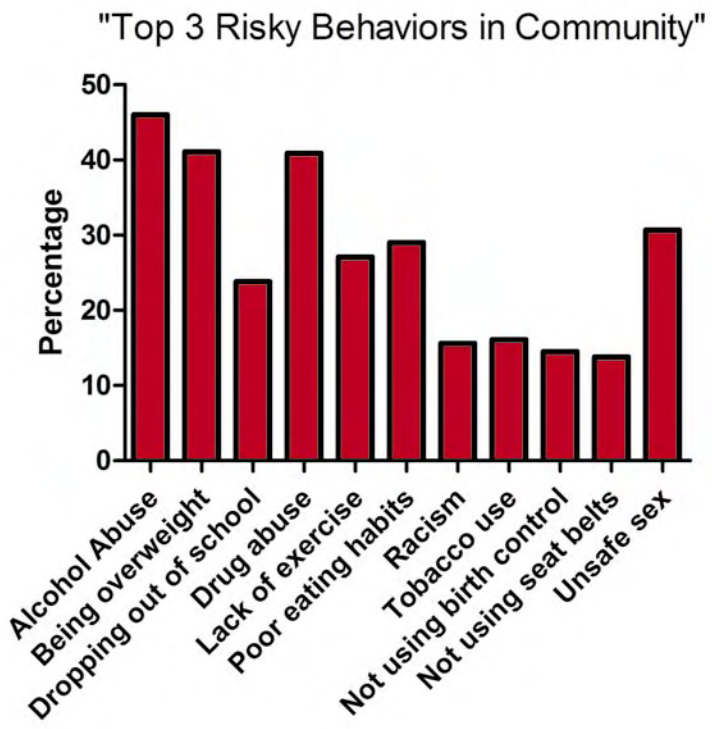


- Those with less than some college education are much less concerned about obesity and heart disease; much more concerned about alcohol and drugs, and more concerned about violence.
- All groups of education are somewhat equally concerned about cancer.



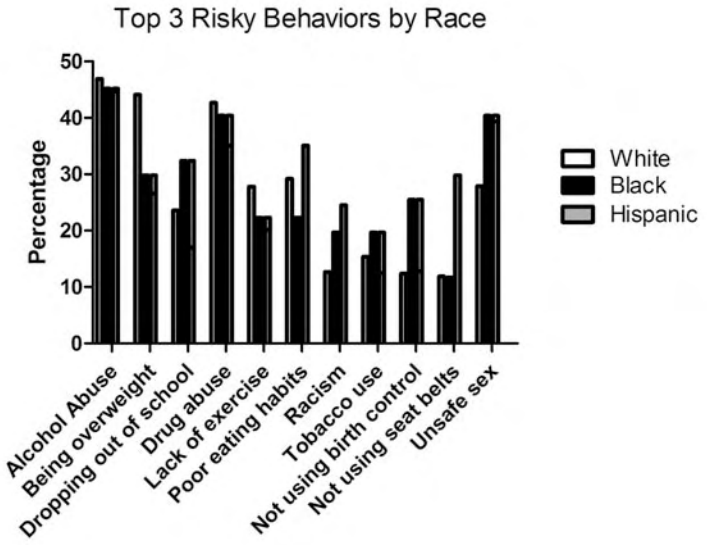
"Top 3 Risky Behaviors in the Community"

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



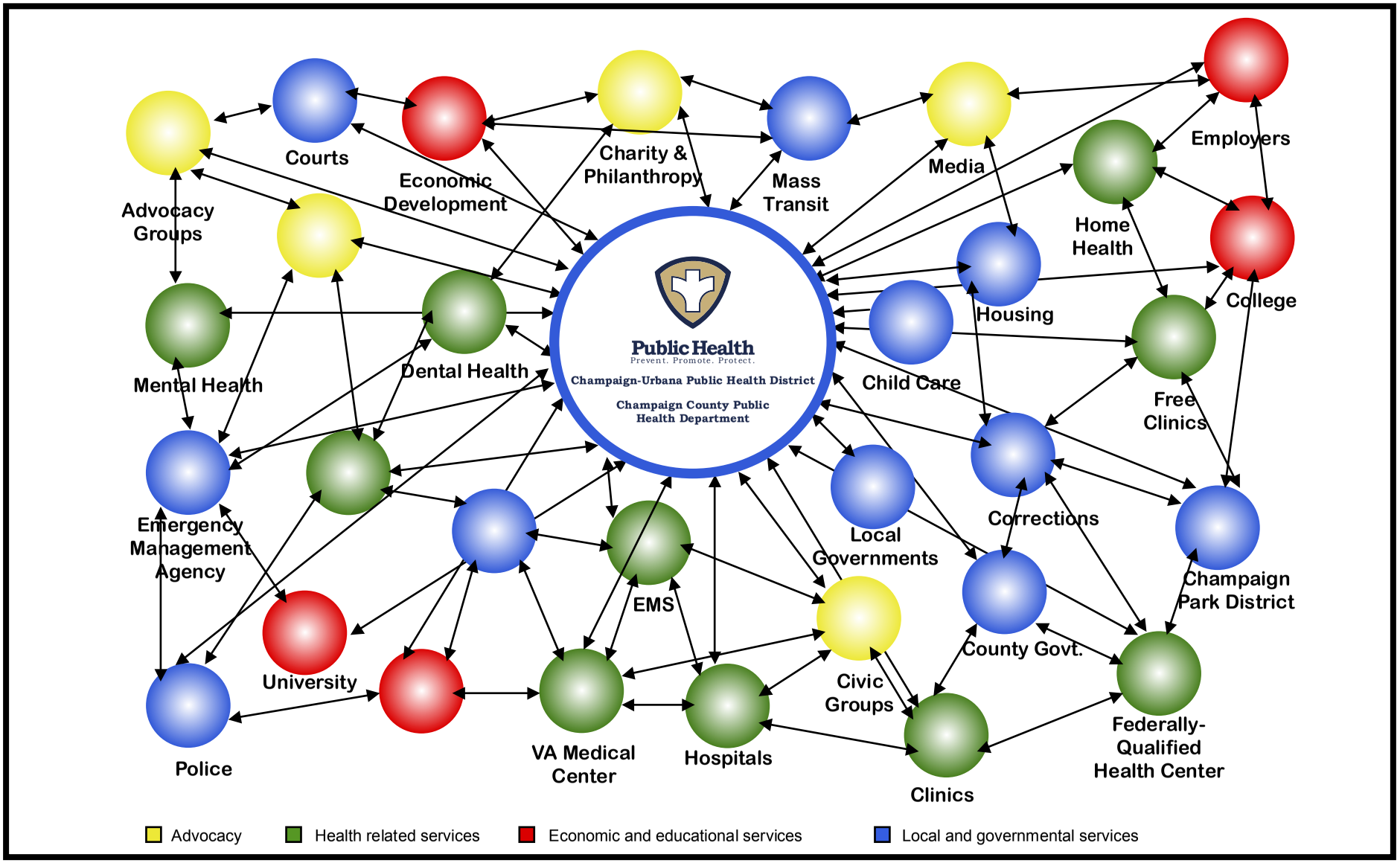
- Overall, African-Americans and Hispanics consider different types of behaviors risky when compared to Caucasians.
- Unsafe sex is considered a higher priority among Hispanics and African-Americans.

- Not using seat belts is a much higher priority among Hispanics.
- Being overweight is a much higher priority among Caucasians.



Local Public Health System Performance Assessment

Local Public Health System Champaign County



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.

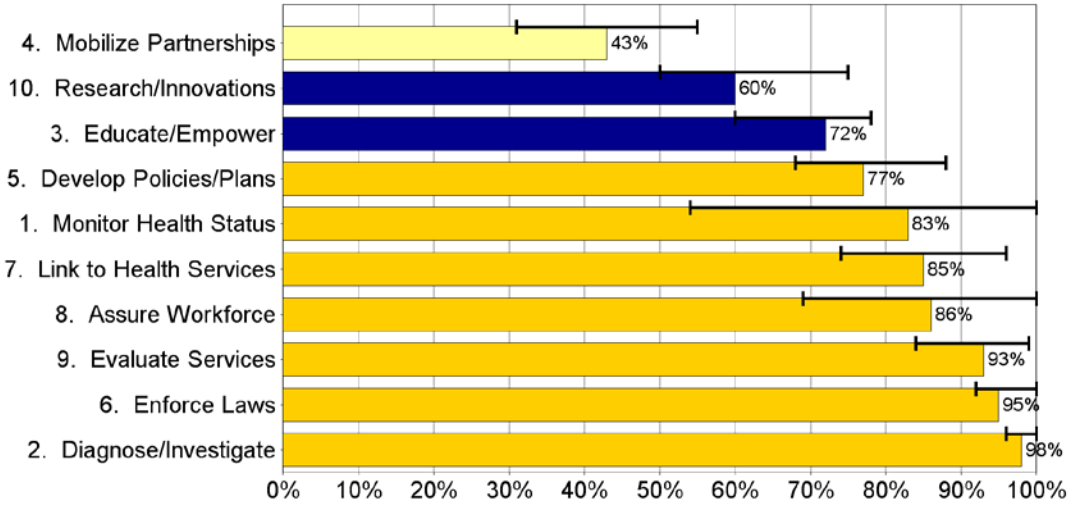
The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding 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 Consituancy development	55
4.1.1 Identification of key constituants or stakeholders	53
4.1.2 Participation of constituants in improving community health	50
4.1.3 Directory of organizations that comprise the LPHS	63
4.1.4 Communication 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 Fosterring 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 conduuct research	75
10.2.3 Collaboration between the academic and practice communities	
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 Workers

Migrant 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, a migrant worker hub has been identified in the town of Rantoul. 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, 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 vaccines. 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 >/= 60%) and only 26.4% received pneumococcal vaccines (Healthy People 2010 goal is >/= 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 used for 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 (EMR) 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 exits 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:

- Breech of confidentiality/security
- Adaptation to new methods (clients and providers)
- Obtaining collaboration between heath 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 man-made 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

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 organizations with common interest
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

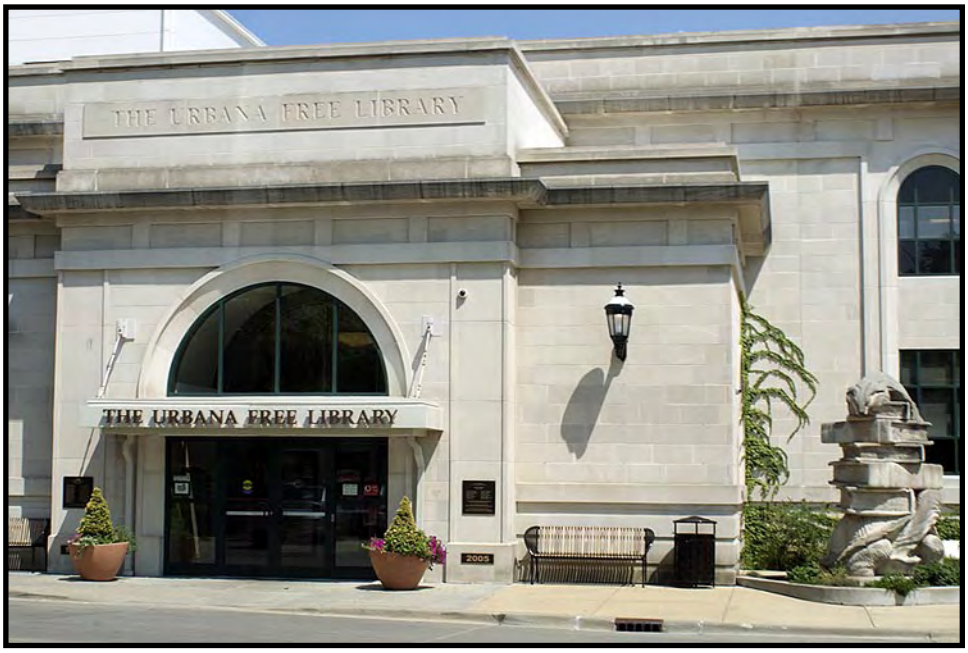
Evaluation

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

Appendices

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Local Public Health System Performance Assessment
- Summary of Other Community Plans

Public Health
Prevent. Promote. Protect.



Appendix A

Community Health Status Assessment

Community Health Status Assessment
Core Indicator Lists

Table of Contents

Category One

Demographic Characteristics

Definition of Category**:** Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and subpopulations are located, and the rate of change in population density over time, due to births, deaths and migration patterns.

Indicator definition: Number and percent of the Champaign County and Illinois population by racial and ethnic categories and by age and sex groups

Why is this indicator important?
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. (IOM)

Overall Demographic Information +			
2000 Population	**2009 Population**	**Net Change**	**Population Density (2009 data)**
179,669	195,671	16,002	196.1 persons per square mile
Comments on Net Change in Population (i.e., patterns of natural change such as births and deaths versus migration): Overall Champaign has a growing population as the birth rate is higher than the death rate. Nevertheless, the main factor that contributed to the increase in population over the past 10 years is migration. Champaign County's population is constantly fluctuating because of the high percentage of students living in Champaign and attending the University of Illinois during the school year. The class size at the University of Illinois is increasing every year. In addition there has been a 100% increase in the Hispanic population and a 50% increase in the Asian population.			

Demographic Profile: Age and Sex									
Age Group	County						State		
	Number			Percentage			Percentage		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 5 Years	5,901	6,090	11,991	5.9%	6.3%	6.13%	7.17%	6.66%	6.91%
5 to 9 years	4,650	4,028	8,678	4.7%	4.17%	4.43%	6.80%	6.44%	6.61%
10 to 14 years	5,490	5,363	10,853	5.5%	5.5%	5.55%	7.19%	6.58%	6.88%
15 to 17 years	3,451	3,188	6,639	3.49%	3.3%	3.39%	4.35%	4.00%	4.17%
18 and 19 years	10,492	8,213	18,705	10.6	8.49%	9.56%	3.17%	2.90%	3.03%
20 years	4,841	4,539	9,380	4.89%	4.69%	4.79%	1.55%	1.41%	1.48%
21 years	5,048	4,685	9,733	5.1%	4.84%	4.97%	1.46%	1.41%	1.43%
22 to 24 years	9,168	7,705	16,873	9.26%	7.97%	8.62%	4.26%	3.97%	4.11%
25 to 29 years	6,516	6,563	13,079	6.58%	6.79%	6.68%	7.38%	6.94%	7.16%
30 to 34 years	3,871	4,301	8,172	3.9%	8.45%	4.18%	6.83%	6.42%	6.62%
35 to 39 years	6,569	5,157	11,726	6.6%	5.33%	5.99%	7.14%	6.50%	6.82%
40 to 44 years	4,567	4,418	8,985	4.61%	4.57%	4.59%	6.84%	6.80%	6.82%
45 to 49 years	5,438	5,968	11,406	5.49%	6.17%	5.83%	7.53%	7.39%	7.46%
50 to 54 years	5,957	5,480	11,437	6.01%	5.66%	5.85%	7.13%	7.13%	7.13%
55 to 59 years	4,860	5,316	10,176	4.91%	5.49%	5.2%	6.00%	6.05%	6.02%
60 and 61 years	1,541	1,800	3,341	1.55%	1.86%	1.71%	2.15%	2.30%	2.23%
62 to 64 years	2,095	2,373	4,468	2.11%	2.45%	2.28%	2.63%	2.85%	2.74%
65 and 66 years	1,218	1,368	2,586	1.23%	1.41%	1.31%	1.59%	1.80%	1.69%
67 to 69 years	1,317	1,606	2,923	1.33%	1.66%	1.49%	1.86%	2.08%	1.97%
70 to 74 years	2,007	2,754	4,761	2.02%	2.85%	2.43%	2.57%	3.08%	2.83%
75 to 79 years	2,308	2,394	4,702	2.32%	2.47%	2.40%	1.90%	2.54%	2.23%
80 to 84 years	1,216	1,725	2,941	1.22%	1.78%	1.50%	1.42%	2.20%	1.82%
85 years and over	354	1,672	2,026	.35%	1.73%	1.04%	1.07%	2.55%	1.78%

Source: American Community Survey

Demographic Profile: Race / Ethnic Distribution

Use the following subgroups (as listed in the 2000 Census) to show numbers and percentages by race and ethnicity. Customize the listing of race and ethnicity groups by adding or deleting those that are not relevant to the jurisdiction. Also look at the percent change from 1990 to identify trends.

Population Subgroup	**County**		**State**
	Number	**Percentage**	**Percentage**
White	145,027	74.1%	64.4%
Black or African Am.	23,223	11.9%	14.4%
American Indian or Alaska Native	432	0.2%	0.1%
Asian	14,932	7.6%	4.3%
Hispanic or Latino	8,438	4.3%	15.3%

Native Hawaiian or other Pacific Islander	0	0.0%	0.0%
Two or more races	3,407	1.7%	1.3%
Some other race (Specify)	212	0.1%	0.2%

Sources: American Community Survey, 2009 Data

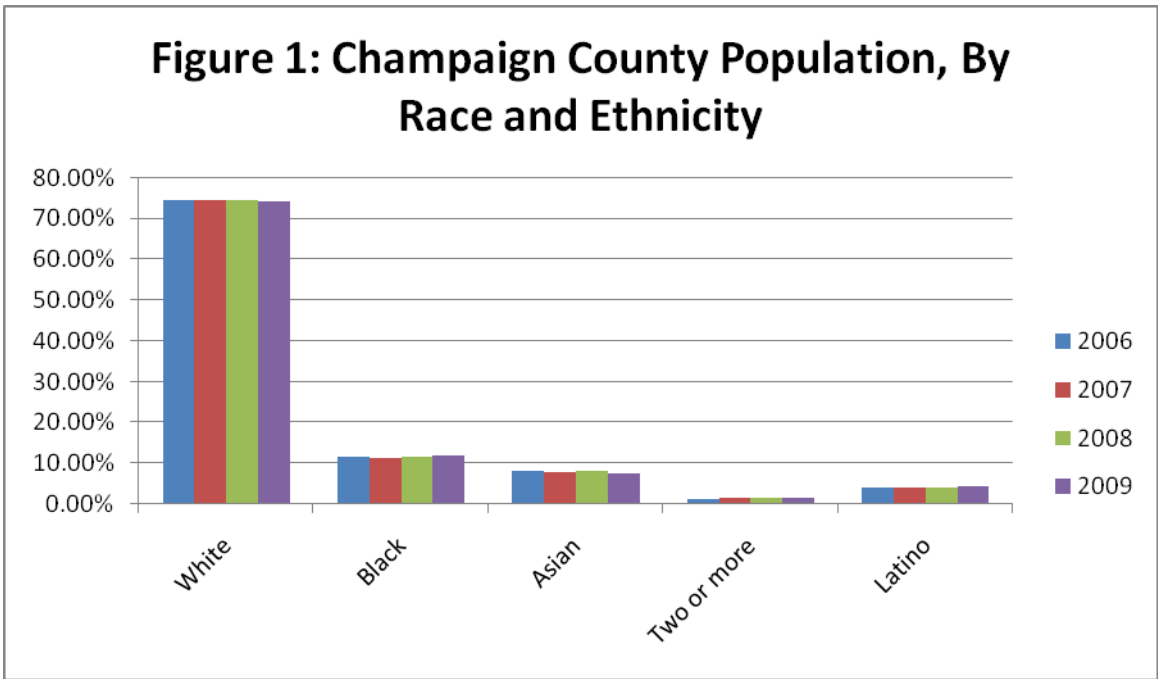


Figure 1: Overall, the proportions of the population in each racial/ethnic group have remained relatively constant in Champaign County. Races/ethnicities with < 1% of population were excluded from this figure.

Category Two

Socioeconomic Characteristics

Definition of Category: Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

Indicator definition: "The socioeconomic circumstances of persons and the places where they live and work strongly influence their health (*1,2*). In the United States, as elsewhere, the risk for mortality, morbidity, unhealthy behaviors, reduced access to health care, and poor quality of care increases with decreasing socioeconomic circumstances (*2,3)"*

Source: CDC Morbidity and Mortality Weekly Report (MMWR) Education and Income --- United States, 2005 and 2009

Unemployment
Indicator definition: The percent of the labor force population over the age of 16 who are unemployed. Unemployment has been identified by the CDC as one of the social factors that affect health.

Why is this indicator important?
For individuals, unemployment reduces household income, can limit access to health insurance, and can contribute to psychological stress. For a community, an increase in the unemployment rate can increase demands on social services and might signal broader economic problems. The unemployment rate can fluctuate considerably from month to month; therefore, rates should be obtained over several years to determine underlying trend. (IOM)

Table 13: Percent of Workforce Unemployed: 2000-2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Champaign County	3.5	3.7	4.3	4.5	4.5	4.3	3.8	4.3	5.7	8.2
Illinois	4.5	5.4	6.5	6.7	6.2	5.8	4.6	5.0	6.9	10.6

Sources: Illinois Department of Employment Security. American Community Survey 2008- 2009.

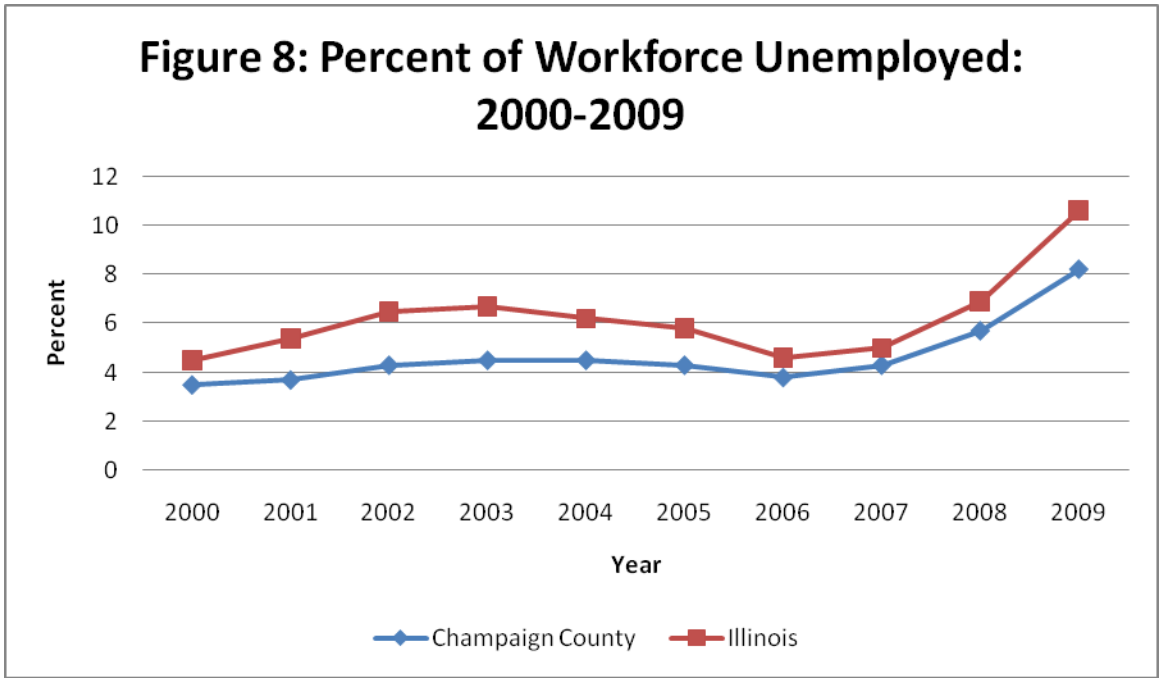


Figure 8: Overall, Champaign County demonstrates a lower percent of the workforce that was unemployed than the state of Illinois. In both Champaign County and the state of Illinois, however, the percent of the workforce that was unemployed has been increasing since 2006, with the largest increases in 2008-2009.

Percent below Poverty Level / Poverty

Indicator definition: The Federal Poverty Level is different depending on family size. For a family unit of 4 persons the level is a gross annual income of $22,050. The percent living below this guideline are in poverty. Poverty is another social factor listed by the CDC that affects health.

Source: Department of Health and Human Services *Update of the HHS Poverty Guidelines for the Remainder of 2010.*

Children living in poverty

Indicator definition: percentage of children ages 18 and younger living in households with incomes less than 100 percent of the federal poverty level

Table 11: Percentages of Children (Under 18 Years) Living Below Poverty Level

	2006	2007	2008	2009
Champaign County	16.8	19.6	17.1	24.0
Illinois	17.1	16.6	17.0	18.9

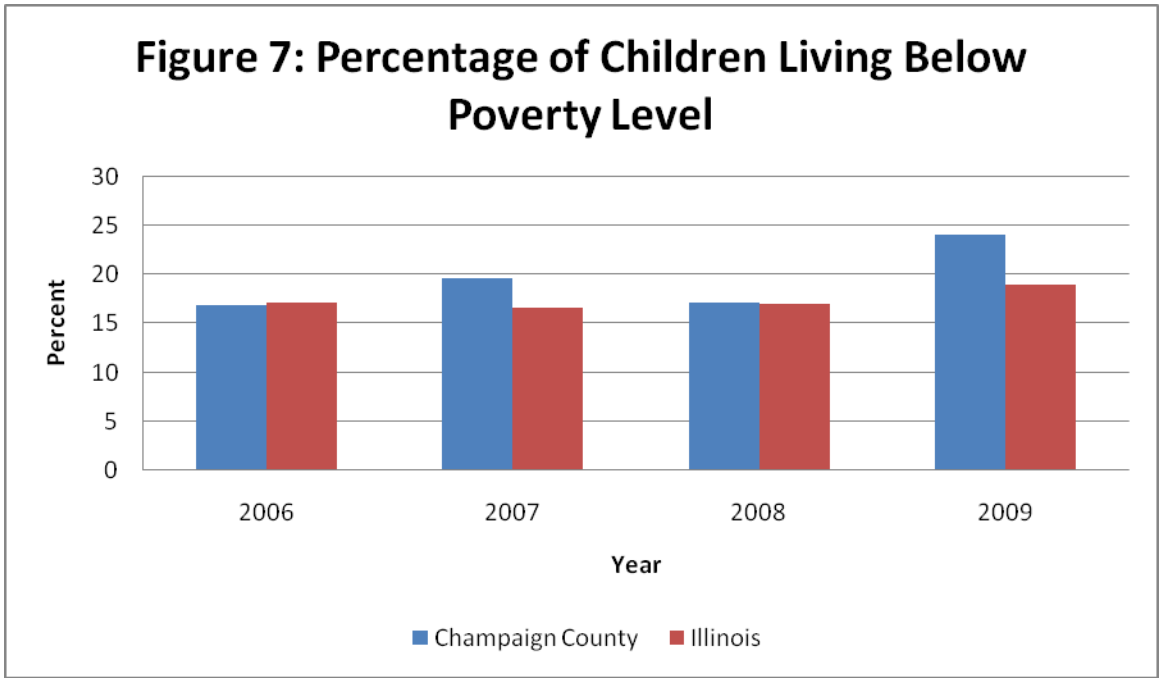


Figure 6: From 2005-2007, the mean and median household income of Champaign County experienced a slight upward trend; however, since 2008, the mean and median household income has declined.

Indicator definition: percentage of families in respective geographical locations in which the household income is below the poverty level

Table 12: Families with Household Income is Below the Poverty Level

	2006	2007	2008	2009
Champaign County	8.5	10.8	10.2	10.1
Illinois	9.1	8.8	9.0	9.9

Sources: U.S. Census Bureau, American Community Survey.

Indicator definition: Total individuals - total percentage of population living below poverty level

Why is this indicator important?
Although poverty negatively correlates with health status for all age groups, the effects of poverty in childhood persist throughout life, even when the individual experiences greater affluence at later stages of life. Children who live in households whose incomes are below the federal poverty level are more likely to experience a range of exposures to adverse risk factors such as poor nutrition, poor housing, decreased access to enrichment programs, and have lower levels of access to health care services. As a result, they will experience acute and chronic health conditions at significantly higher rates and of greater severity. For many childhood health outcomes such as low birth weight, infant mortality, meningitis, and child abuse, the rates for children living in poverty can be two- and threefold times greater or more when compared to children living in households with greater affluence.

Median Household Income

Indicator definition: Annual household income value that falls halfway between the minimum and maximum annual household income values in each given geographical location

Source: U.S. Census Bureau, CDC Morbidity and Mortality Weekly Report (MMWR) Education and Income --- United States, 2005 and 2009

Table 10: Total Household Income and Benefits (Inflation-Adjusted Dollars)

	2005	2006	2007	2008	2009
Less than $10,000	10.6%	12.5%	10.9%	12.4%	13.0%
$10,000 to $14,999	8.4%	6.0%	5.9%	6.4%	6.0%
$15,000 to $24,999	16.1%	12.0%	14.2%	10.9%	13.6%
$25,000 to $34,999	11.8%	10.7%	11.5%	11.3%	11.0%
$35,000 to $49,999	14.5%	14.5%	12.1%	13.5%	13.3%
$50,000 to $74,999	16.8%	18.7%	17.4%	19.8%	17.3%
$75,000 to $99,999	10.3%	12.0%	11.8%	9.2%	9.2%
$100,000 to $149,999	6.5%	8.7%	10.0%	10.8%	11.3%
$150,000 to $199,999	2.4%	2.7%	3.2%	2.7%	2.9%
$200,000 or more	2.5%	2.1%	3.0%	3.0%	2.2%
Median household income (dollars)	$39,129	$43,290	$43,407	$43,985	$41,198
Mean household income (dollars)	$53,067	$55,957	$60,539	$58,970	$57,943

Sources: American Community Survey.

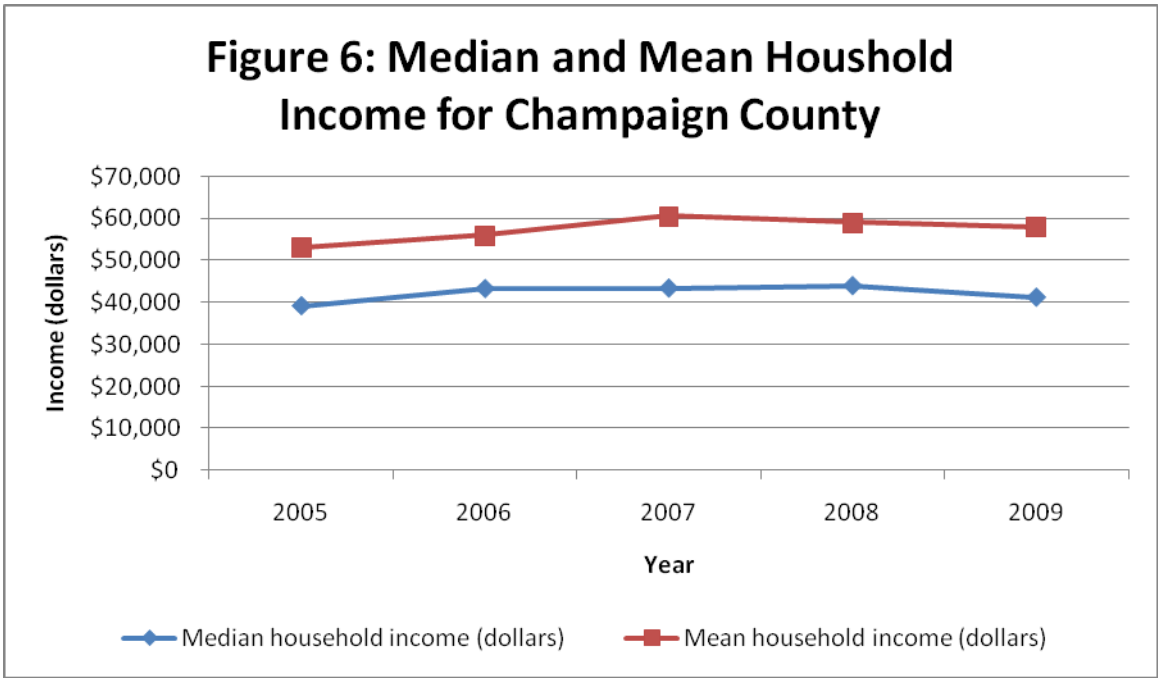


Figure 6: From 2005-2007, the mean and median household income of Champaign County experienced a slight upward trend; however, since 2008, the mean and median household income has declined.

Why is this indicator important?
Median household income in the community provides information on family economic resources and the distribution of income in the community. Household income can affect a family's ability to obtain suitable housing, nutrition, or health insurance and may be related to behaviors that affect health. Comparisons over time within a community, among population groups within a community, or with other communities may be helpful in gauging the possible relationship between income and health status or other factors. (IOM)

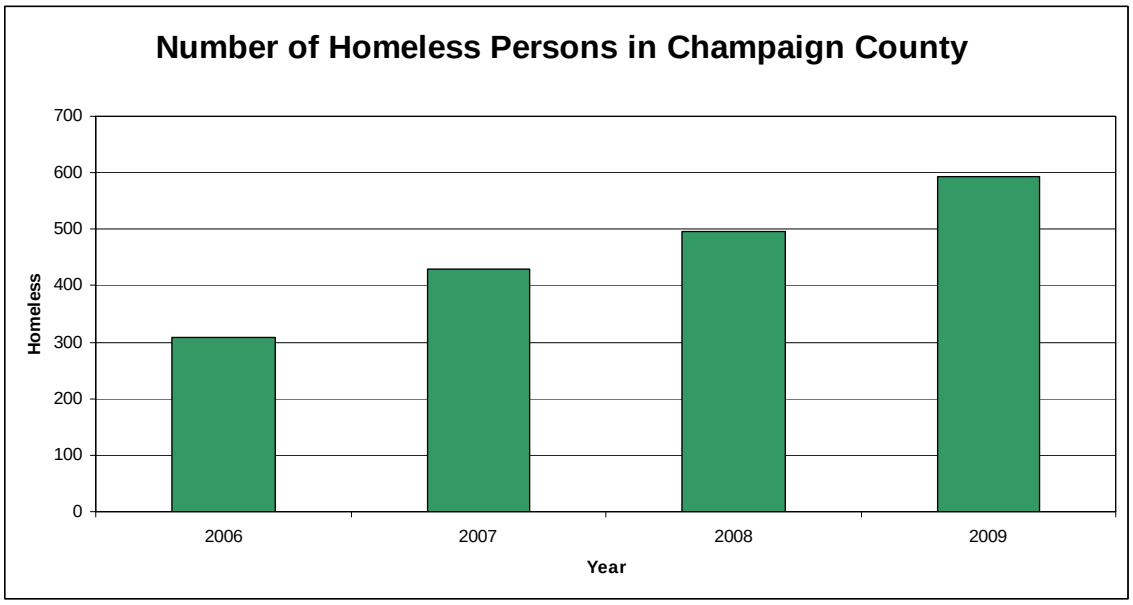
Homeless population
Indicator Definition: total number of persons identified as being homeless

Why is this indicator important?
Subpopulations such as migrants, the homeless, or those who do not speak English are at a greater risk for more significant health problems than the general population, may have greater difficulty gaining access to community services and resources, and may benefit from a variety of specialized responses. If a community has a large population of this type, then an attempt should be made to collect health indicator data for that group. In most cases, however, special populations are small, which necessitates special care in the analysis of group-specific data. The size and composition of these populations may change more rapidly than the rest of the population, so care should also be exercised in using data that are not current. (IOM)

Table 7: Number of Homeless Persons in Champaign County

	2006	2007	2008	2009
Number of Homeless Persons	308	429	495	594

Source: Urbana-Champaign Continuum of Care



Non-English speaking persons
Indicator Definition: the percent of the population aged 5 or over that self-report not speaking English very well. This data is collected by the Census Bureau.

Why is this indicator important?
Subpopulations such as migrants, the homeless, or those who do not speak English are at a greater risk for more significant health problems than the general population, may have greater difficulty gaining access to community services and resources, and may benefit from a variety of specialized responses. If a community has a large population of this type, then an attempt should be made to collect health indicator data for that group.

Table 6: Proportion of Foreign Born, Speaking Language Other than English at Home, and Residence in a Different County One Year Ago for Champaign County

	2005	2006	2007	2008	2009
Foreign born:	9.2%	9.6%	9.8%	10.6%	9.1%
Speak a language other than English at home (population 5 years and older):	13.2%	ND	14.1%	14.3%	13.8%
Non-English Speak %	ND	ND	5.7%	6.2%	4.3%
Residence in different county one year ago (population 1 year and older):	7.7%	10.5%	11.0%	10.1%	10.4%

Source: American Community Survey
ND indicates no data was available for this category.

Persons aged 25 and older with less than a high school education
Indicator definition: Percentage of the given population over the age of 25, with less than a ninth grade education level

Indicator definition: Percentage of the given population over the age of 25, with at least a high school education level or equivalency

Indicator definition: Percentage of the given population over the age of 25, who have obtained a Bachelor's degree

"Education is a strong determinant of future employment and income."
Source: CDC Morbidity and Mortality Weekly Report (MMWR) Education and Income --- United States, 2005 and 2009

Table 8: Educational Attainment for Champaign County Residents (25 years and older)

	2005	2006	2007	2008	2009
Less than 9th grade	2.9%	2.9%	2.4%	3.0%	1.9%
9th to 12th grade, no diploma	5.0%	5.8%	4.8%	4.7%	4.2%
High school graduate (includes equivalency)	23.0%	24.2%	24.1%	22.1%	25.5%
Some college, no degree	18.7%	18.8%	16.5%	19.7%	21.0%
Associate's degree	7.4%	7.0%	7.2%	8.3%	7.6%
Bachelor's degree	22.5%	20.7%	22.9%	20.6%	18.3%
Graduate or professional degree	19.2%	20.8%	22.1%	21.7%	21.4%

Sources: American Community Survey.

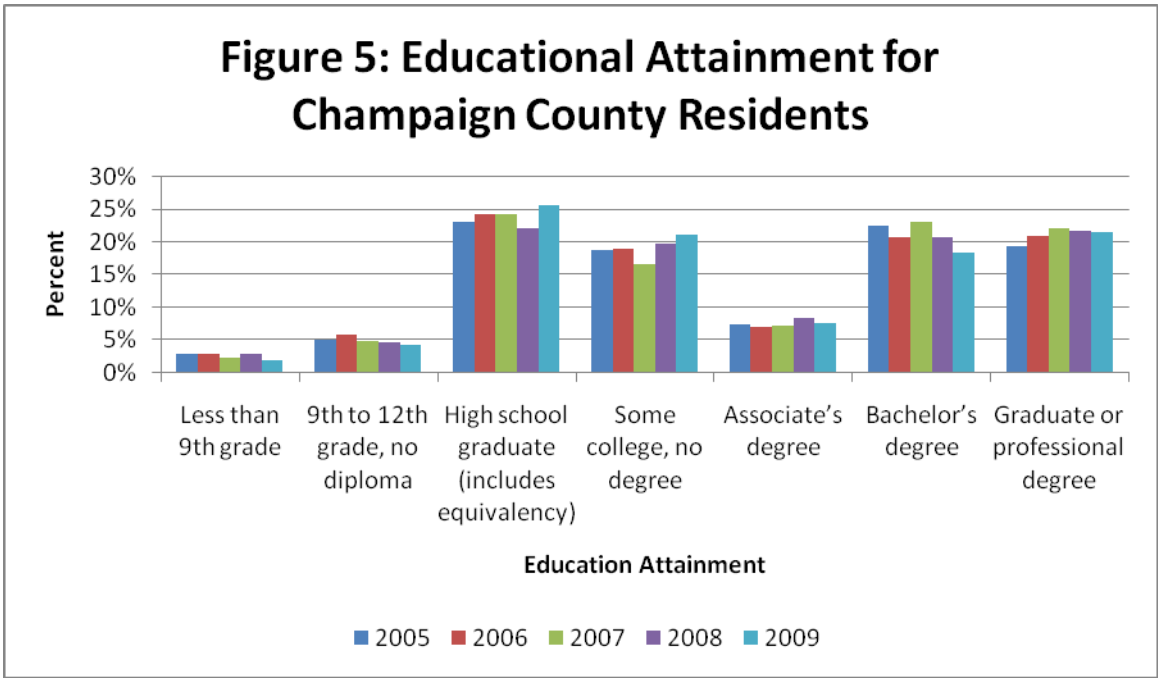


Figure 5: In 2009, the proportion of Champaign County Residents that were high school graduates and that attended some college, no degree increased; however, the proportion earning associate's degrees, bachelor's degrees and graduate or professional degrees decreased.

Why is this indicator important?
As with poverty, level of educational attainment is highly correlated with a wide range of social and behavioral risk factors and poor health outcomes. This indicator focuses on young people; because society can indeed intervene to improve their high school graduation rates, whereas society does little to increase the educational attainment of older adults. Education level affects people's ability to understand how their own behavior can influence their health, how the health care delivery system works, and how to use the health care delivery system to maximize personal benefit. In addition to the independent effects of education on health, educational level is also related to income and employment opportunities, with lower incomes associated with lower rates of high school completion and more restricted opportunities for jobs

Persons without health insurance
Indicator Definition: percentage of population adult population that is currently without any form of health insurance

Why is this indicator important?
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.

Related Healthy People 2020 Objectives
AHS-1.1 Medical insurance
National Baseline: 83.2 percent of persons had medical insurance in 2008
Target: 100 percent
Data Source: National Health Interview Survey (NHIS), CDC, NCHS

Table 15: Percent of Adults Reporting Having Healthcare Coverage in Champaign County

	1996-2000	2001-2003	2004-2006	2007-2009
Percent of adults who reported having health care coverage in Champaign County	90.7%	88.4%	87.4%	86.9%

Sources: Illinois Behavioral Risk Factor Surveillance System.

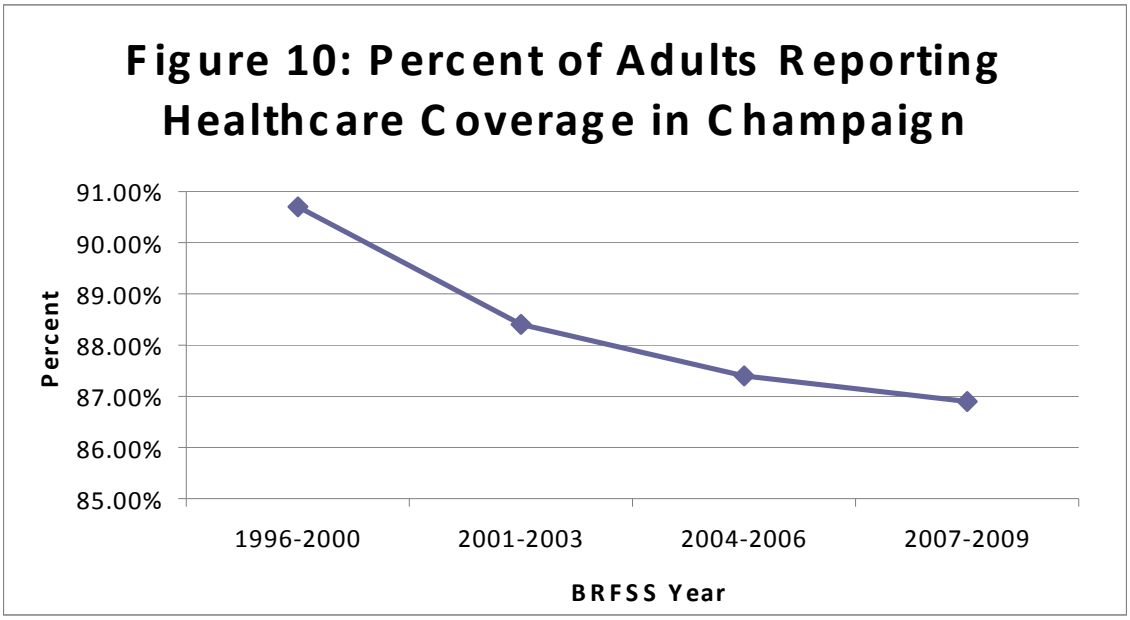


Figure 10: The percent of adults reporting have health care coverage in Champaign County has been decreasing since the 1996-2000 BRFSS.

Table 16: Percent of Adults Reporting Having Healthcare Insurance that Covers Dental in Champaign County

	2001-2003*	2004-2006**	2007-2009**
Percentage of adults who reported having dental insurance in Champaign County	66.1%	57.2%	69.0%

Sources: Illinois Behavioral Risk Factor Surveillance System.
*Question reported as: "Have dental insurance"
** Question reported as: "Do you have insurance that covers dental?"

Single parent families

Indicator Definition: percentage of all households with single parents with children less than 18 years of age

Table 14: Number of Household Types for Champaign County

	2006	2007	2008	2009
Total households	73,960	76,855	78,073	78,023
Nonfamily households	33,626	34,055	35,094	35,302
Family households (families)	40,334	42,800	42,979	42,721
- With own children under 18 years	18,590	18,897	19,952	19,948
Married-couple family	30,811	31,753	32,009	31,770
- With own-children under 18 years	12,051	13,258	13,176	13,065
Male householder, no wife present, family	2,922	2,332	3,428	3,475
- With own children under 18 years	2,238	733	2,121	2,092
Female householder, no husband present, family	6,601	8,715	7,542	7,476
- With own children under 18 years	4,301	4,906	4,655	4,791
Householder living alone	23,699	24,861	26,230	24,990
- 65 years and older	5,237	5,678	5,540	7,124

Sources: American Community Survey

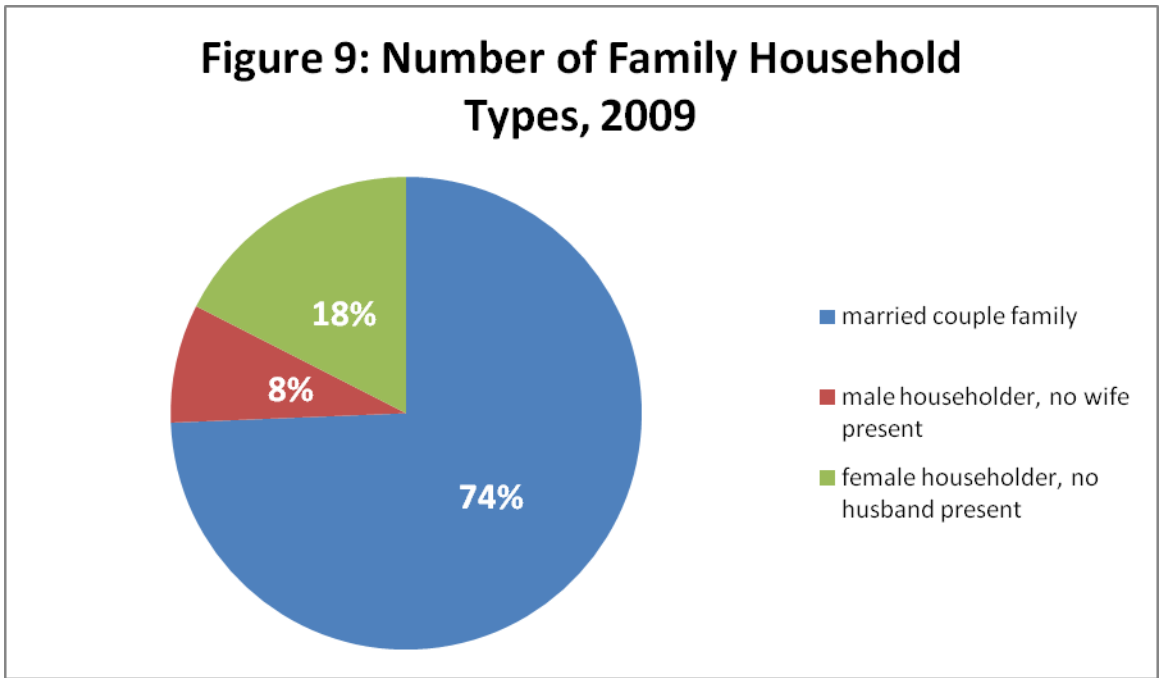


Figure 9: In 2009, the proportion of married couple family households was 74% in Champaign County, whereas single parent households (including a male householder or a female householder) made up the remaining 26% of family households.

Why is this indicator important?

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. (IOM)

Socioeconomic Measure	County		State	
Core Indicators	Current (2010)	Percent Change		
Employment – Percent Unemployed	8.2	4.7 (2000)	10.6	
Percent Below Poverty Level	2009	2006		
▪ Children*	24.0	7.2	18.9	
▪ Families*	10.1	1.6	9.9	
▪ Total*	21.3	1.1	13.3	
Median Household Income*	39,000 (2009)	2,000	56,230	
Ratio of students graduating who entered 9th grade 3 years prior*	Whole county unknown		96.5%	
Special Populations	Most recent Number	Proportion of Total Pop.	Number	Proportion of Total Pop.
▪ Migrant persons*	20,350	10.4%	1,742,906	13.5
▪ Homeless persons*	594	.30%	ND	ND
▪ Non-English speaking persons*	27,003	13.8%	1,226,488	9.5
Persons aged 25 and older with less than a high school education*	11,936	6.1%	1,755,816	13.6
Persons without health insurance*	25,438	13.1%	1,794,547	13.9
Single parent families*	50,875	26%	1,200,668	9.3

Source: American Community Survey and Champaign Urbana Public Health District
* Indicators recommended in the 1997 IOM Report.

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Category Three

Health Resource Availability

Definition of Category: This domain represents factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, the category of health resources includes measures of access, utilization, cost and quality of health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1

Medicaid eligibles to participating physicians
Indicator Definition: Ratio of Medicaid eligibles to participating physicians

Why is this indicator important?
This health indicator is important in evaluating the access to care Medicaid patients have. A higher ratio indicates a greater number of individuals on Medicaid with a limited number of physicians who accept them. A lower ratio would indicate a greater number of physicians who are available to accept Medicaid patients.

Ratio of Medicaid eligible clients to participating physicians: 58.1:1 (US Census, 2000)

> Data: We were unable to locate the most recent data for this indicator. The 2010 census once complete will include this data.

Licensed dentists
Indicator Definition: rate of licensed dentists as per total population

Why is this indicator important?
Populations with adequate number of dentists are more likely to practice preventative oral health and are more likely to have better oral health outcomes

Related Healthy People 2020 Objective
AHS-6.3 Individuals: Dental Care
National Baseline: 5.5 percent of all persons were unable to obtain or delayed in obtaining necessary dental care in 2007
Target: 5.0 percent
Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

Ratio of population to dentist: about 2228:1

Licensed primary care physicians
Indicator Definition: rate of primary care physicians (general practice, internal, ob/gyn, or pediatrics as per total population

Why is this indicator important?
Populations with adequate numbers of primary care physicians are more likely to have good health outcomes or obtain care when necessary

Related Healthy People 2020 Objective
AHS- 6.2 Individuals: Medical Care
National Baseline: 4.7 percent of all persons were unable to obtain or delayed in obtaining necessary medical care in 2007
Target: 4.2 percent
Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

Ratio of population to physicians: about 1472:1

Health Resource Availability Rates in Champaign County (per 100,000 population)

	2006

Licensed Primary Care Physicians	67.93
Licenses Dentists	44.88

Source: Research conducted by Dr. Curtis Krock, Interim Head, Dept. of Internal Medicine, University of Illinois College of Medicine at Urbana-Champaign, November – December, 2005 and Mark Driscoll, Mental Health Board

Licensed hospital beds

Indicator Definition: total, acute, specialty beds as a rate per population, also included is occupancy rate

Why is this indicator important?

An adequate number of available hospital beds ensure that residents receive adequate care in the case of a health crisis.

Licensed Psychiatric in-patient beds (2006)	
Carle Pavillion	53
Staffed Beds	30
Provena Covenant Medical Center	24

Source: Carle Foundation Hospital & Provena Covenant Medical Center

Licensed Hospital Beds (2006)				
Carle Foundation Hospital	295		Occupancy	84.4%
Staffed Beds	256			
Provena Hospital	299		Occupancy	89%
Staffed Beds	120			

Source: Carle Foundation Hospital & Provena Covenant Medical Center

No regular source of primary care

Indicator Definition: Proportion of population without regular source of primary care, including dental care

Why is this indicator important?

People without primary care doctors are less likely to receive preventive care.

Related Healthy People 2020 Objective

AHS- 3 Increase the proportion of persons with a usual primary care provider

National Baseline: 76.3 percent of persons had a usual primary care provider in 2007
Target: 83.9 percent
Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

	2005	2008
Percent of population without regular source of primary care	15.7	21.3

Source: Champaign Urbana Public Health District

Per capita health care spending for Medicare beneficiaries (and Medicare adjusted average per capita cost)

Why is this indicator important?
In general a large portion of health care spending occurs in the older age group. Per capita health care spending for Medicare beneficiaries illustrates how much Champaign County spends on health care for each person within the older population.

Local health department full-time equivalents employees (FTEs)
Indicator Definition: number of FTEs per total population

Why is this indicator important?
This health indicator helps evaluate the effectiveness of a local health department. Being able to supply enough staff to support programs and resources at the local health department helps improve the health and quality of care of the population.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=35

Total operating budget of local health department

Why is this indicator important?
This health indicator is beneficial in evaluating a local health department's resources and preparedness. Being able to serve its population adequately contributes to a healthy population.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=35

	2005	2006	2007	2008	2009	2010
CUPHD FTEs		110	122	118	108	115
CUPHD Operating $	7,119,261	8,005,990	8,634,471	9,190,892	11,541,933	10,092,589

Source: Champaign-Urbana Public Health District

Category Four

Quality of Life

Definition of Category: Quality of Life (QOL) is a construct that "connotes an overall sense of well-being when applied to an individual" and a "supportive environment when applied to a community" (Moriarty, 1996). While some dimensions of QOL can be quantified using

indicators research has shown to be related to determinants of health and community-well being, other valid dimensions of QOL include perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

Indicator definition: QOL is used to describe physical as well mental health, "an overall sense of well-being." Factors associate with this include, general, mental, or emotional health, ability to take care of oneself, perception of the environment around you, or impairment of day to day activities.

Percent of registered voters who vote
Why is this indicator important?
This health indicator is beneficial in observing the quality of life in a population. By observing the percentage of voters in a population, we are able to observe if populations are more receptive in.

	2008	2009	2010	2011
Champaign County	68.9	22.1	44.8	16.4

Category Five

Behavioral Risk Factors

Definition of Category: Risk factors in this category include behaviors which are believed to cause, or to be contributing factors to, injuries, disease, and death during youth and adolescence and significant morbidity and mortality in later life.

Indicator definition: Behaviors which are believed to cause or contribute to injuries, diseases, or death during youth and adolescent years and contribute to significant morbidity or mortality later in life.

The indicators below correlate with information found in the Behavioral Risk Factor Surveillance System (BRFSS). For more information, go to http://www.cdc.gov/nccdphp/brfss/pdf/userguide.pdf.

Behavioral Risk Factor By Lifestage	
Behavioral Risk Factor	**Total**
Substance Use and Abuse	
Tobacco use*	19.9
Illegal drug use	ND
Binge drinking	23.3
Lifestyle	
Nutrition+	16.9
Obesity*+	18.3
Exercise	48.7
Sedentary lifestyle+	8.9

Protective Factors (safety)	
Seatbelt use	85.6
Child safety seat use	ND
Bicycle helmet use	ND
Condom use	ND
Screening	
Pap Smear (Percent of age-specific female population)+	86
Mammography (Percent of age-specific female population+	95.9

Source: Compiled Data Champaign Urbana Public Health District

TU-1.1

Tobacco use

Indicator Definition: percentage of given population aged 18 and older reporting cigarette use

Why is this indicator important?

Tobacco use has been identified as a leading cause of death in the United States and has effects on many forms of cancers and respiratory ailments and results in poor birth outcomes. Other effects of tobacco use include injuries, deaths and environmental damage caused by fires.

Related Healthy People 2020 Objective

TU 1.1 Cigarette Smoking

Baseline: 20.6 percent of adults aged 18 years and older were current cigarette smokers in 2008 (age adjusted to the year 2000 standard population)

Target: 12.0 percent

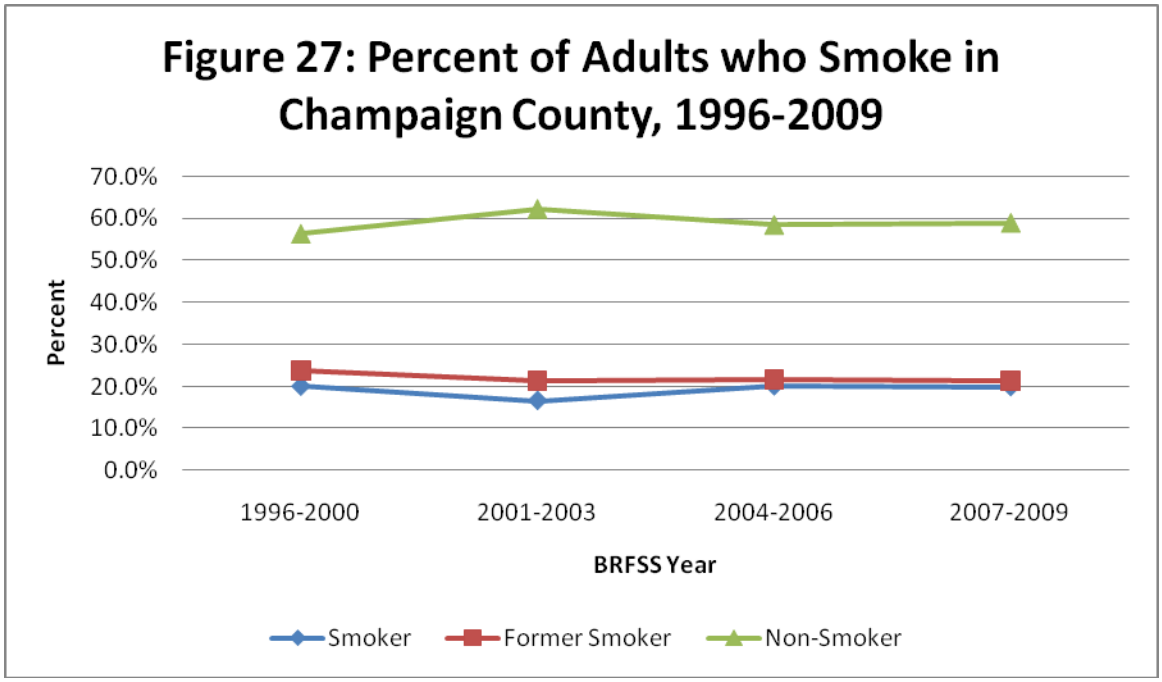
Data Source: National Health Interview Survey (NHIS), CDC, NCHS

Data:

Table 42: Percent of Adults who Smoke in Champaign County: 1996-2009

	1996-2000	2001-2003	2004-2006	2007-2009
Smoker	20.0%	16.6%	20.1%	19.9%
Former Smoker	23.7%	21.2%	21.5%	21.2%
Non-Smoker	56.3%	62.2%	58.4%	58.9%

Sources: Illinois Behavioral Risk Factor Surveillance System.



Illegal drug use
Indicator Definition: the use of substances considered illegal for their detrimental effects on health

Why is this indicator important?
In 2005, about 20 million Americans over age 12 reported current use of drugs. An estimated 3.4 million people reported to use marijuana on a daily basis or a near-daily basis. Illegal drug use is a rising issue which can lead to drug addiction. This health indicator is beneficial in observing if drug use is a specific issue within a population in addition for a specific race, gender, income, or education level.

Related Healthy People 2020 Objective
SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days
Baseline: 18.3 percent of adolescents aged 12 to 17 years reported use of alcohol or any illicit drugs during the past 30 days in 2008
Target: 16.5 percent
Data Source:National Survey on Drug Use and Health (NSDUH), SAMHSA

Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

Binge drinking
Indicator Definition: Percentage at risk for acute binge drinking

Why is this indicator important?
Binge-drinking has both short-term and long-term harmful effects. It raises the risk of alcohol-related injury, cancer, liver diseases, brain damage, and mental illness.

Related Healthy People 2020 Objectivs
SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days
Baseline: 18.3 percent of adolescents aged 12 to 17 years reported use of alcohol or any illicit drugs during the past 30 days in 2008
Target: 16.5 percent
Data Source:National Survey on Drug Use and Health (NSDUH), SAMHSA

Nutrition
Obesity
Indicator Definition: Percentage of individuals who have a BMI of Obese (30.0 and above)

Why is this indicator important?
Certain eating patterns are associated with cardiovascular disease and, to some extent, cancer. In addition, obesity is directly associated with both the prevalence of diabetes. On the other hand, an extremely low weight sometimes reflects the presence of dangerous and potentially life-threatening eating disorders such as anorexia and bulimia.

Related Healthy People 2020 Objective
NWS-14 Increase the contribution of fruits to the diets of the population aged 2 years and older
Baseline: 0.5 cup equivalents of fruits per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2001–04
Target: 0.9 cup equivalents per 1,000 calories
Data Source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS and USDA, ARS

Exercise
Indicator Definition: The proportion of adults that engage in 150 minutes of moderate physical activity or 75 minutes of vigorous physical activity.

Why is this indicator important?
Regular physical activity is important to maintain a healthy weight and avoid chronic disease. Regular physical activity is associated with lower death rates for adults of any age, even when only moderate levels of physical activity are performed. Regular physical activity decreases the risk of death from heart disease, lowers the risk of developing diabetes, and is associated with a decreased risk of colon cancer. Regular physical activity helps prevent high blood pressure and helps reduce blood pressure in persons with elevated levels.

(Healthy People)

Related Healthy People 2020 Objective
PA-2.1Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination
Baseline: 43.5 percent of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2008
Target: 47.9 percent
Data Source:National Health Interview Survey, CDC, NCHS

Sedentary lifestyle
Indicator Definition: The proportion of adults that engage in no leisure-time physical activity

Why is this indicator important?
Individuals who lead sedentary lifestyles participate in zero to very little levels of physical activity. Regular physical activity is associated with lower death rates for adults of any age, even when only moderate levels of physical activity are performed. Regular physical activity decreases the risk of death from heart disease, lowers the risk of developing diabetes, and is associated with a decreased risk of colon cancer. Regular physical activity helps prevent high blood pressure and helps reduce blood pressure in persons with elevated levels. Promoting healthier lifestyle by decreasing the percentage of the population who lead a sedentary lifestyle can improve the health of a population.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=33

Related Healthy People 2020 Objective
PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity
Baseline: 36.2 percent of adults engaged in no leisure-time physical activity in 2008
Target: 32.6 percent
Data Source:National Health Interview Survey (NHIS), CDC, NCHS

Seatbelt use:
Indicator Definition: Percentage of adults who report always or almost always using a seatbelt

Why is this indicator important?
Seatbelt use in motor vehicles is the simplest and least expensive method of reducing injuries caused by motor vehicle accidents. The NHTSA states that when lap/shoulder seat belts are used properly, they reduce the risk of fatal injury to front-seat passenger car occupants by 45% and the risk of moderate-to-critical injury by 50%. Teaching seatbelt use from an early age can promote safer practices throughout an individual's life. When observing rates nationally, many rural areas tend to have lower rates of seatbelt use compared to their urban counterparts. In addition to addressing the rural populations, young male drivers are less likely to practice seatbelt use. Addressing proper seatbelt use is important in order to reduce injuries and deaths associated with motor vehicle accidents.

Percentage of Seatbelt users Champaign	Percentage of Seatbelt Users Illinois

2005	2008	2006	2008
84.3	85.6	81.1	84.5

Child safety seat use

Why is this indicator important?

Motor vehicle accidents are the number one cause of death in children aged 3-14 years old. Implementing proper child safety seat use is one preventative measure to reduce this rate. According to the National Highway Traffic Safety Administration, 3 out of 4 parents do not use child restraints properly. This health indicator is important in observing how preventative measures can help reduce the risk of premature death in children due to accidents.

> Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

Bicycle helmet use

Why is this indicator important?

This health indicator is beneficial in illustrating the benefit preventative measures has on mortality. Head injures account for over 60% of bicycle fatalities. Annually, about 8,900 children are hospitalized for bicycle-related injuries, and another 344,000 treated and released in emergency departments. Injuries suffered by these children are easily preventable through proper helmet use. A recent survey indicated only about 35% of bicyclists reported wearing a helmet for all or most trips. Promoting helmet use in children and adults can contribute to a healthier lifestyle and reduce the risk of head injury or death.

> Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

Condom use

Why is this health indicator important?

In the past 6 years there has been both an increase in abstinence among all youth and an increase in condom use among those young people who are sexually active. Research has shown clearly that the most effective school-based programs are comprehensive ones that include a focus on abstinence *and* condom use. Condom use in sexually active adults has remained steady at about 25 percent. (Healthy People)

> Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

General Risk: For each of the following, look at risk by percent of total population, by subgroups: age, gender, race, ethnicity, income, education (as appropriate to describe prevalence and to design appropriate subgroup interventions)

Source: Illinois Behavioral Risk Factor Surveillance System.

* Indicators recommended in the 1997 IOM Report.

The community will need to define the special populations for this table, using their demographics as a basis. This information is useful in identifying interventions targeted at specific groups.

+ Statewide data available in CHSI Report

Category Six

Environmental Health Indicators

Definition of Category: The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health. Exposure to environmental substances such as lead or hazardous waste increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality.

Indicator definition: Physical environment indicators which impacts a community's health directly such as clean air, water, and food preparation safety. Exposure to environmental health hazards can increase the risk of preventable disease.

http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=12

Air quality
Indicator Definition: number and type of U.S. Environmental Protection Agency air quality standards not met

Table 44: Estimated County Point Source Emissions (Tons/Year) 2008

Air Pollutant	Estimated County Point Source Emissions (Tons/Year)
Particulate Matter PM10	275.5
Carbon Monoxide	576.2
Nitrogen Dioxide	1,185.0
Sulfur Dioxide	1,194.4
Volatile Organic Materials	416.7

Sources: Illinois Environmental Protection Agency, Illinois Annual Air Quality Report 2008

Table 45: Champaign Region Air Quality Index for 2008

AQI	Percent
Good	83.3%
Moderate	16.7%

Sources: Illinois Environmental Protection Agency, Illinois Annual Air Quality Report 2008

Why is this indicator important?
Poor air quality is known to exacerbate a wide range of respiratory ailments including asthma, chronic obstructive pulmonary disease, and certain allergic reactions. Similarly, water quality has a significant impact on a wide range of waterborne diseases, many of which affect the gastrointestinal tract (e.g., giardiasis, cryptosporidiosis, and *Campylobacter* enteritis).

Water quality

Indicator Definition: proportion of assessed rivers, lakes, and estuaries that support beneficial uses (e.g. fishing and swimming approved)

Why is this indicator important?
Pollution in a community's rivers, lakes, estuaries may directly cause disease and also affect the well being of the community. (IOM)
EPA reported that about 40 percent of the Nation's surface waters (streams, lakes, and estuaries) are too polluted for fishing, swimming, or other uses designated for them by States and Tribes. Water quality in lakes, streams, and estuaries of the United States affects both the recreational and food production use of these waters.

> Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

Indoor clean air
Indicator Definition: percent of public facilities designated tobacco-free

Why is this indicator important?
Poor air quality contributes to respiratory illness, cardiovascular disease, and cancer. For example, asthma can be triggered or worsened by exposure to ozone and ETS. Exposure to ETS, or secondhand smoke, among nonsmokers is widespread. Home and workplace environments are major sources of exposure. ETS increases the risk of heart disease and respiratory infections in children and is responsible for an estimated 3,000 cancer deaths of adult nonsmokers. (Healthy People)

> Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

Lead exposure
Indicator Definition: percent of children under 5 years of age who are tested and have blood levels of lead exceeding 10mcg/dL

Why is this indicator important?
Exposure to lead is preventable and therefore this health indicator is important in evaluating which populations lack resources to address this issue. The most common source of lead exposure comes from old, chipped lead paint in households. Parents can take an active role in preventing their children from contacting such sources. In addition, ceramics, pottery, imported toys, or water contaminated through brass or lead pipes can contribute to lead exposure. Identifying possible sources of contamination can reduce the exposure of lead to children.

> Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

Waterborne disease
Indicator Definition: rate of disease per total population

Why is this indicator important?
Waterborne disease occurs after consumption of contaminated drinking water or bathing water. This health indicator is important in identifying if a population presents a lack in potable drinking water or the presence of contaminated water. Most developed countries are able to provide residents with safe drinking water, however most underdeveloped nations lack resources to ensure clean water for all residents.

Food safety
Indicator Definition: food borne disease rate per total population

Why is this indicator important?
This health indicator is important in identifying possible sources of food contamination within a population. The CDC estimates about 76 million illnesses, 325,000 hospitalizations and about 5,000 deaths related to food borne diseases. This health indicator is helpful for local health districts in determining a presence of an outbreak.

http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=14
Related Healthy People 2020 Objective
FS-1 Reduce infections caused by key pathogens transmitted commonly through food
Specified targets listed for each major pathogen on www.healthypeople.gov

	2005	2006	2007	2008	2009	2010
Foodborne and Waterborne Disease	2.15 per 100,000	0 per 100,000	0 per 100,000	0 per 100,000	0 per 100,000	0 per 100,000

Fluoridated water
Indicator Definition: percent total population with fluoridated water supplies

Why is this indicator important?
Water fluoridation is a proven cost saving method to protect individuals from dental caries. Fluoridated water has been observed to reduce tooth decay by about 25% in an individual's lifetime. (CDC) Currently the fluoride is added to a community's water supply and millions of Americans receive fluoridated water. However, there is a significant percent of the population which lacks access to fluoridated water. This can increase the likelihood of developing preventable dental caries.

In Champaign County all water must be fluoridated except for mobile home water. The following data was taken from the Illinois EPA drinking water watch.

Total Population 2010	Flouridated-Water-Receiving Population 2010	Percentage
201,081	191,778	95.4%

Rabies potential human exposure:
Indicator Definition: number of human cases in given population

Why is this indicator important?
Rabies is caused by a virus present in animals which may take several weeks or months to show symptoms. It is important to identify rabies cases in a population since rabies can be passed onto humans through a bite from an infected animal.

	2005	2006	2007	2008	2009
Rabies Cases	7	16	9	8	4

Source: Champaign-Urbana Public Health District Communicable Disease Morbidity Reporting

Category Seven

Social and Mental Health

Definition of Category: This category represents social and mental factors and conditions which directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.

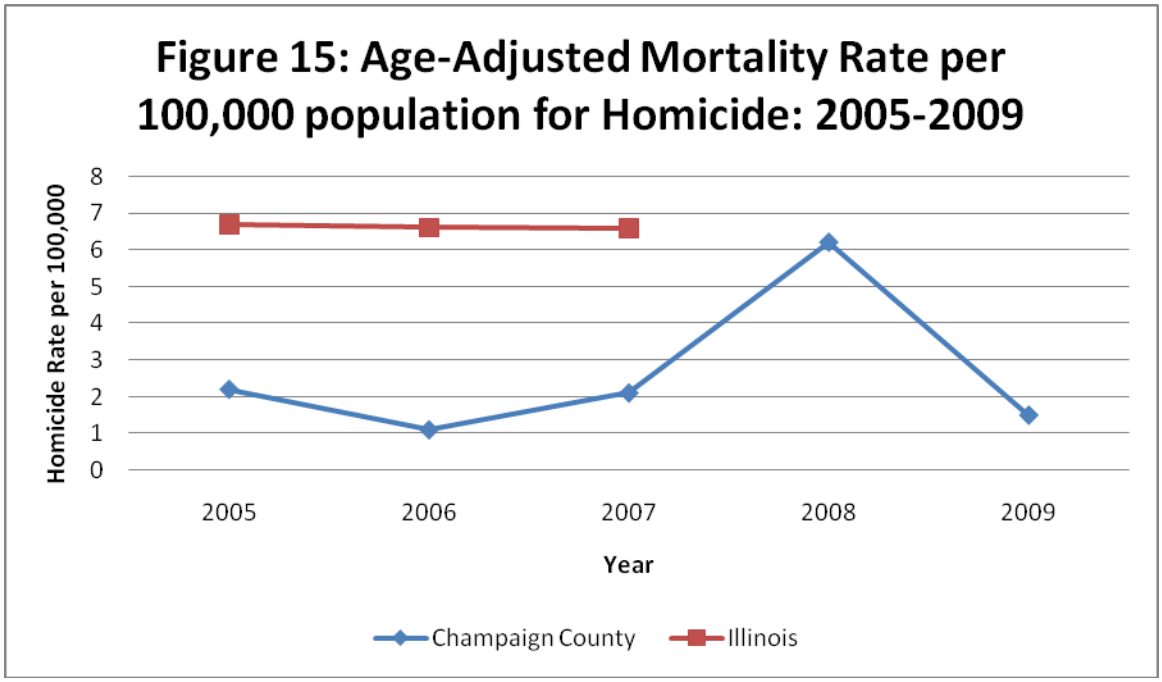
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28

During the past 30 days, average number of days for which adults report that their mental health was not good
Rate of confirmed child abuse and neglect among children- number of child abuse and neglect cases divided by total number of children population multiplied by 100,000.

Homicide rate
Indicator Definition: rate of death due to homicide in adults for a given population
Table 23: Age-Adjusted Mortality Rate per 100,000 population for Homicide: 2005-2009

	2005	2006	2007	2008	2009
Champaign County	2.2	1.1	2.1	6.2	1.5
Illinois	6.7	6.6	6.58	ND	ND

Sources: Champaign Urbana Public Health District, ND indicates no data available for this category.



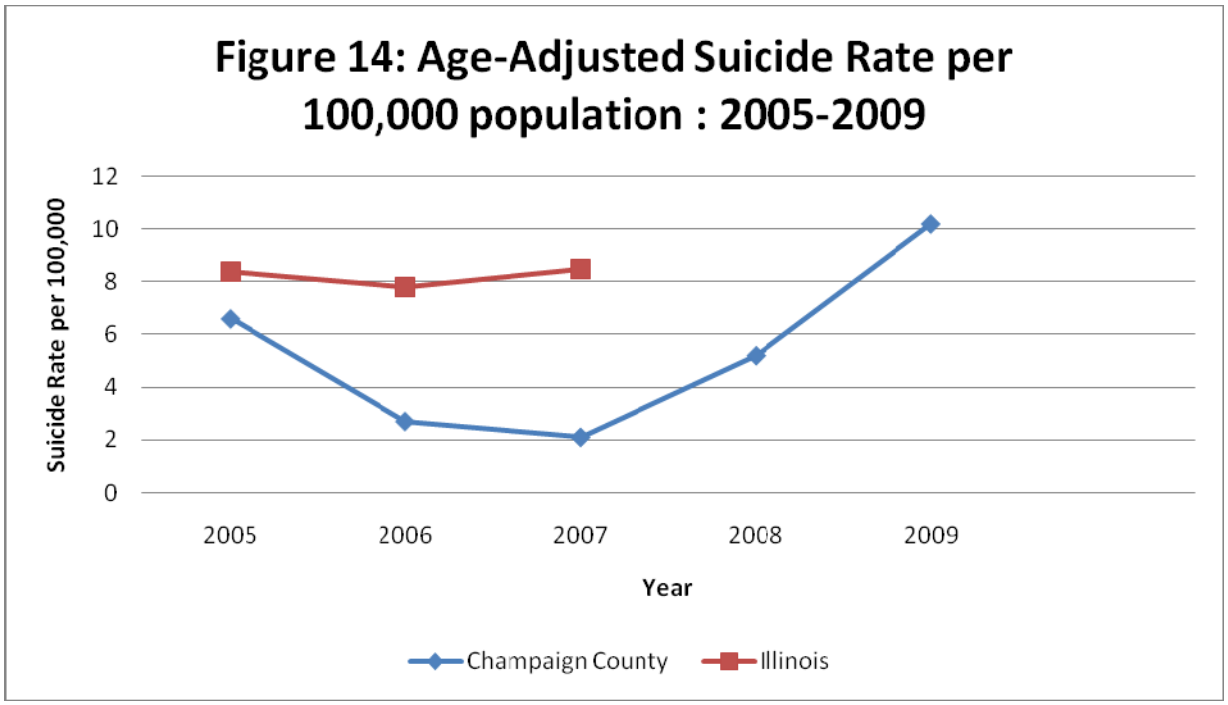
Why is this indicator important?
Homicide is the second leading cause of death for young persons aged 15 to 24 years and the leading cause of death for African Americans in this age group. Homicide rates are dropping among all groups, but the decreases are not as dramatic among youth, who already exhibit the highest rates.

Suicide rate
Indicator Definition: rate of death due to suicide in adults for a given population

Table 22: Age-Adjusted Suicide Rate per 100,000 population: 2005-2009

	2005	2006	2007	2008	2009
Champaign County	6.6	2.7	2.1	5.2	10.2
Illinois	8.4	7.8	8.49	ND	ND

Sources: Champaign Urbana Public Health District, Illinois Project for Local Assessment of Needs (IPLAN) Data System
ND indicates no data available for this category.



Why is this indicator important?
Suicide is a complex behavior that can be prevented in many cases by early recognition and treatment of mental disorders. It was the ninth leading cause of death in the United States in 1996 and the third leading killer of young persons between age 15 and 24 years. At least 90 percent of all people who kill themselves have a mental or substance abuse disorder, or a combination of disorders. However, most persons with a mental or substance abuse disorder do not kill themselves; thus other factors contribute to suicide risk. In addition to mental and substance abuse disorders, risk factors include prior suicide attempt, stressful life events, and access to lethal suicide methods. Suicide is difficult to predict; therefore, preventive interventions focus on risk factors.

Domestic violence

Why is this indicator important?
Domestic violence can include physical, emotion, and verbal assault. Domestic violence and emotional abuse are behaviors used by one person in a relationship to control the other. Partners may be married or not married; heterosexual, gay, or lesbian; living together, separated or dating. Domestic violence is the leading cause of injury to women, more than care accidents, muggings, and rapes combined. Men who as children witnessed their parents' domestic violence were twice more likely to abuse their own wives than sons of nonviolent parents. Evaluating this health indicator is important in evaluating the effectiveness of women's programming and women in transition resources.

Data: Urbana reported 1052 domestic offenses in 2007, 879 domestic offenses in 2008 and 1009 domestic offenses in 2009.

Domestic Violence Urbana		
2007	2008	2009
1052	879	1009

Psychiatric admissions
Indicator Definition: Rate of psychiatric admissions as per population

Why is this indicator important?
This health indicator is important in evaluating the mental health of a population. Accessing adequate mental health is a need throughout the nation, particularly for rural residents. An often time there is a negative stigma associated with mental health disorders and in receiving help for them. In order to address this health indicator, communities should strive to provide adequate mental health services for their population.

Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

Alcohol related motor vehicle mortality
Indicator Definition: death rate due to motor vehicle accidents associated with alcohol

Why is this indicator important?
Thirty-two percent of all fatal crashes involved alcohol-impaired driving and accounts for upwards of $51 billion in annual healthcare costs. Young drivers are more at risk for driving under the influence than older drivers. This is an important health indicator to evaluate. Enforcing current laws as well as evaluating the effectiveness of policies is important in improving the overall health and safety of a population.

Related Healthy People 2020 Objective
SA-17 Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
Baseline:0.40 deaths per 100 million vehicle miles traveled involved a driver or motorcycle rider with a BAC of .08 or greater in 2008
Target:0.38 deaths per 100 million vehicle miles traveled
Data Source: Analysis Reporting System (FARS), DOT

	2005	2006	2007	2008	2009
Alcohol MV mort (/100k)	0.0	0.0	0.5	0.5	0.5

Source: Champaign Urbana District of Public Health

Drug related mortality
Indicator Definition: mortality rate due to death caused by death

Why is this indicator important?
Drug related mortality is an important health indicator since this cause of death can be prevented. Community based programs can help address preventable causes of death such as drug related or alcohol associated motor vehicle accidents. Addressing drug use in adolescents can help reduce mortality associated with drug use as well as potentially reduce other unhealthy habits.

	2005	2006	2007	2008	2009
Drug related mort (/100k)	7.2	4.3	3.2	6.8	8.2

Source: Champaign Urbana District of Public Health

Category Eight

Maternal and Child Health

Definition of Category: One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care is included. Births to teen mothers is a critical indicator of increased risk for both mother and child.

http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=26

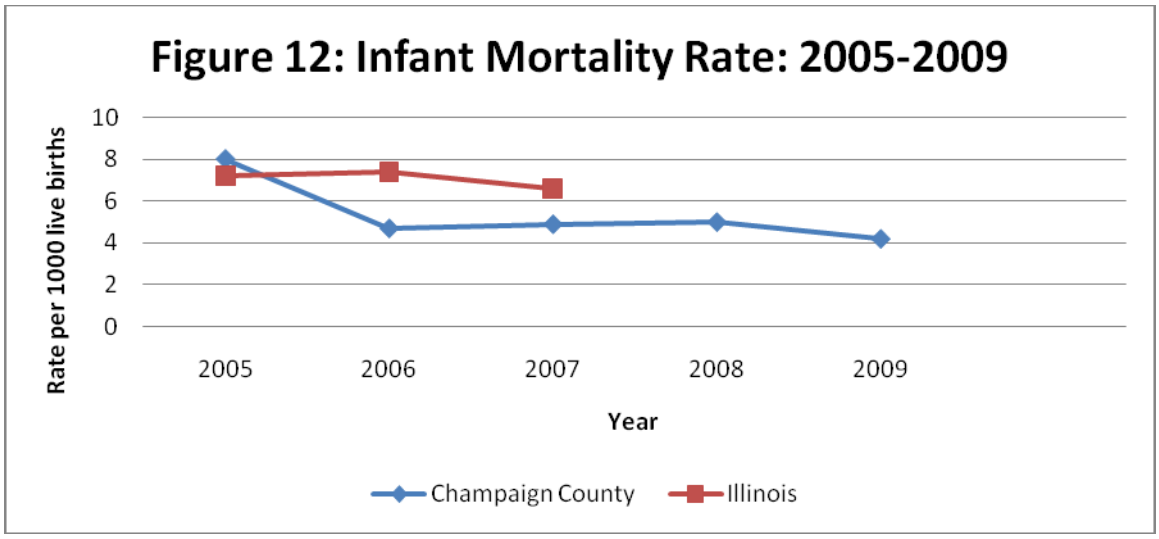
Infant mortality
Indicator Definition: number of deaths of infants one year or less per 1000 live births

Why is this indicator important?
Infant death is a critical indicator of the health of a population. It reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants. Despite steady declines in the 1980s and 1990s, the rate of infant mortality in the United States remains among the highest in the industrialized world.

Table 20: Infant Mortality Rate per 1000 live births: 2005-2009

	2005	2006	2007	2008	2009
Champaign County	8.0	4.7	4.9	5.0	4.2
Illinois	7.2	7.4	6.6	ND	ND

Sources: Illinois Department of Public Health.
ND indicates no data was available for this category.



Adolescent pregnancy rate

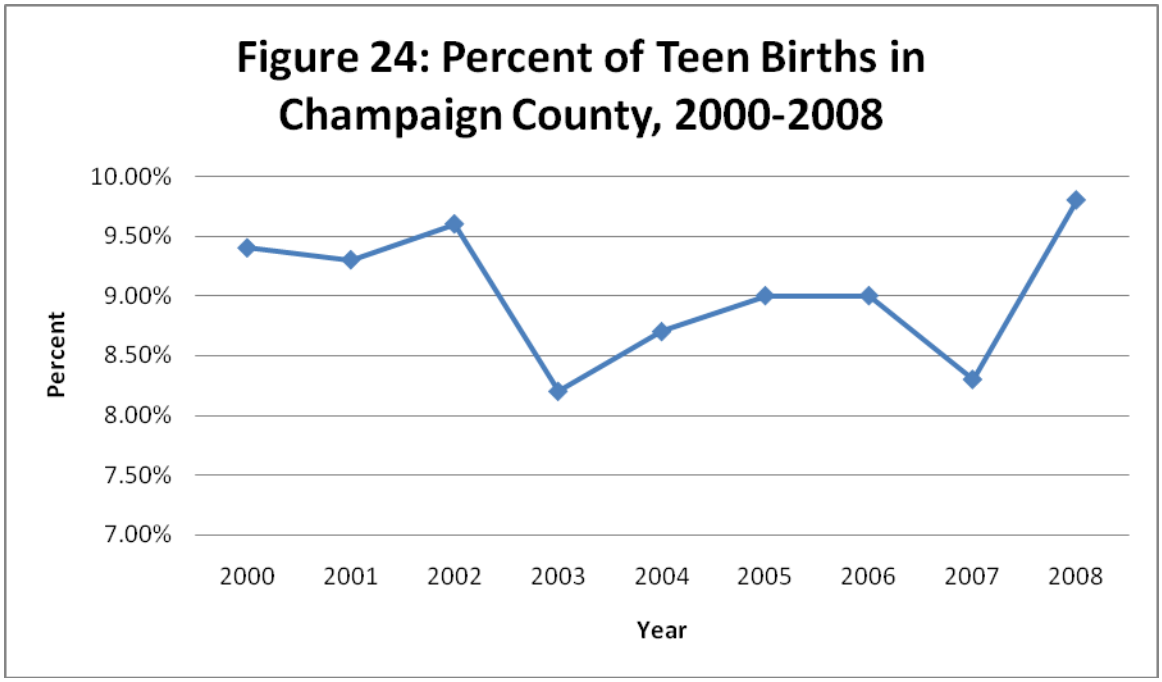
Indicator Definition: pregnancy rate of individuals aged 15-17 years old

Births to adolescents aged 10-17- birth rate for adolescents in this age group as per live births

Table 37: Births to teens by age group for Champaign County: 2000-2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
All live births	2,260	2,312	2,226	2,288	2,291	2,490	2,455	2,508	2,482
Teen births	212	214	213	187	200	225	222	209	244
Teen birth % of all live births	9.4%	9.3%	9.6%	8.2%	8.7%	9.0%	9.0%	8.3%	9.8%
Under 15 years of age	5	5	3	3	4	7	7	4	4
% of Teen Births	2.4%	2.3%	9.6%	8.2%	8.7%	9.0%	9.0%	8.3%	9.8%
15-17 years of age	55	69	72	55	51	60	75	57	74
% of Teen Births	25.9%	32.2%	33.8%	29.4%	25.5%	26.7%	33.8%	27.3%	30.3%
18-19 years of age	152	140	138	129	145	158	140	148	166
% of Teen Births	71.7%	65.4%	64.8%	69.0%	72.5%	70.2%	63.1%	70.8%	68.0%

Sources: Illinois Department of Public Health.



Why is this indicator important?
Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion (Healthy People)

Related Healthy People 2020 Objectives
FP-8.1Reduce the pregnancy rate among adolescent females aged 15 to 17 years
Baseline: 40.2 pregnancies per 1,000 females aged 15 to 17 years occurred in 2005
Target: 36.2 pregnancies per 1,000
Data Source: Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP; National Vital Statistics System–Natality (NVSS–N), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS

FP-8.2Reduce the pregnancy rate among adolescent females aged 18 to 19 years
Baseline: 117.7 pregnancies per 1,000 females aged 18 to 19 years occurred in 2005
Target: 105.9 pregnancies per 1,000
Data Source: Abortion Provider Survey, Guttmacher Institute; National Vital Statistics System (NVSS), CDC, NCHS; National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Surveillance Data, CDC, NCCDPHP

Child mortality rate
Indicator Definition: death rate of children under the age of 5 years old

Why is this indicator important?
This mortality rate is a leading indicator of the level of child health and overall development in countries. This indicator can be used to evaluate the effectiveness of disease prevention programs, vaccinations, or preventable injury practices.

Neonatal mortality
Indicator Definition: death rate during the first 28 completed days of life per 1,000 live births in a given period and population

Why is this indicator important?
Mortality during neonatal period is considered a good indicator of both maternal and newborn health and care. Generally low income areas, particularly poor counties, are heavily affected by high rates of neonatal mortality.

88 oz = 2500 g = 5 lbs 8oz
53 oz = 1500 g = 3 lbs 5 oz
35 oz = 1000g = 2 lbs 3 oz

Infant Mortality Rate Champaign County

	2005	2006	2007	2008	2009
Total	7.83	9.8	5.03	5.01	4.26
Caucasian Total	9.54		3.55		
Total African-American	5.72		8.28		
Total Asian	0		9.52		

Source: Champaign-Urbana Public Health District

Neonatal Mortality Rate Champaign County

	2005	2006	2007	2008	2009
Total	7.41		3.77		2.13
Caucasian Total	9.54		2.37		
Total African-American	3.82		6.21		
Total Asian	0		9.52		

Source: Champaign-Urbana Public Health District

Post Neonatal Mortality Rate Champaign County

	2005	2006	2007	2008	2009
Total	0.41		1.26		2.13
Total Caucasian	0		1.18		
Total	1.91		2.07		

African-American					
Total Asian	0		0		

Source: Champaign-Urbana Public Health District

Infant Mortality Rate- State of Illinois

	2005	2006	2007	2008	2009
Total	7.2	7.4	6.6		
Caucasian Total	5.7	6.1	5.3		
Total African-American	15.4	14.4	13.5		
Total Asian					

Source: Illinois Department of Public Health

Low Birth weight

Indicator definitions:

Caucasian low birth weight

percentage of whites live births which weigh between 88 oz -53oz

African American low birth weight-

percentage of African-American live births which weigh 88 oz -53oz

Asian low birth weights- percentage of Asian live births which weigh between 88 oz -53oz

Caucasian very low birth weight- percentage of whites live births which weigh between 52-35oz

African American very low birth weight- percentage of African-American live births which weight between 52-35oz

Asian very low birth weight- percentage of Asian live births which weigh between 52-35oz

Low birth rate- percentage of total live births which weigh between 88 oz -53oz

Why is this indicator important?

Low birth weight may be caused by premature delivery, multiple births, or cervix anomalies. In addition there are other factors which can cause low birth weights that are preventable. Smoking during pregnancy slows fetal growth, can cause premature labor, and can result in low birth weight babies. Chronic health conditions such as high blood pressure or diabetes may also be associated with low birth weights. Inadequate prenatal care as well as socioeconomic factors such as low income and low education level can be associated with low birth weight babies. Obtaining prenatal care early on in pregnancy can help promote a healthy pregnancy as well as a healthy baby.

Low Birth Weight- Champaign County

	2005	2006	2007	2008	2009
Total	5.97		6.62	6.14	5.5
Caucasian Total	5.55		5.20	4.56	4.15

Total African-American	8.03		12.63	11.49	10.36
Total Asian	3.77		4.76	6.67	5.14

Source: Champaign-Urbana Public Health District

Very Low Birth Weight- Champaign County

	2005	2006	2007	2008	2009
Total	0.91		1.34	7.48	1.32
Caucasian Total	0.72		0.95	0.41	0.71
Total African-American	1.72		1.66	0.79	0.63
Total Asian	0		0	0	0

Source: Champaign-Urbana Public Health District

Low Birth Weight Rates for Champaign-Urbana

	2005	2006	2007	2008	2009
Total			9.53	6.93	6.33
Caucasian Total			7.2	4.97	4.74
Total African-American			16.7	11.94	10.54
Total Asian			5.46	6.08	5.77

Source: Champaign-Urbana Public Health District

Very Low Birth Weight Rates for Champaign-Urbana

	2005	2006	2007	2008	2009
Total			1.66	0.57	0.63
Caucasian Total			1.25	0.50	0.89
Total African-American			3.34	2.70	0.25
Total Asian			0	0	0

Source: Champaign-Urbana Public Health District

Alcohol use during pregnancy
Indicator definitions:
Caucasian- percentage of white live births where females used alcohol during pregnancy
African American- percentage of African-American live births where females used alcohol during pregnancy
Asian- percentage of Asian live births where females used alcohol during pregnancy

Why is this indicator important?
Alcohol use during pregnancy causes Fetal Alcohol Syndrome (FAS) in the unborn baby. FAS is preventable as long as the mother does not consume alcohol during her pregnancy. FAS causes a range of debilitating physical and mental characteristics for the child such as abnormal facial features, low body weight, poor coordination, learning disability, speech delays, poor IQ, vision, heart, and kidney problems. Although FAS is devastating disease, my promoting prenatal care and advising at risk mothers avoid alcohol use during pregnancy can reduce alcohol related complications.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=40

Percentage of Females drinking during pregnancy – Champaign County

	2005	2006	2007	2008	2009
Total Females	0.16		0.25	0.25	0.30
Total Caucasian	0.24		0.18	0.18	0.36
Total African-American	0		0.62	0.59	0.21
Total Asian	0		0	0	0

Source: Champaign-Urbana Public Health District

Percentage of Females drinking during pregnancy – Champaign Urbana

	2005	2006	2007	2008	2009
Total Females			0.26	0.25	0.32
Total Caucasian			0.21	0.20	0.39
Total African-American			0.48	0.47	0.25
Total Asian			0	0	0

Source: Champaign-Urbana Public Health District

Tobacco use during pregnancy
Indicator definitions:

African-American- percentage of African American live births in which females smoked during pregnancy
Caucasian- percentage of white live births in which females smoked during pregnancy
Asian- percentage of Asian live births in which females smoked during pregnancy

Why is this indicator important?
Tobacco use during pregnancy can lead to serious health issues for the mothers as well as newborns. Smoking during pregnancy may cause mothers to become infertile, delay conception, suffer premature rupture of membranes, placental abruption, or other delivery complications. In addition, babies who are born to mothers who smoke are more likely to have low birth weight and have an increase risk of illness of death, particularly due to SIDS. Promoting initiatives for women to quit smoking especially during pregnancy can help reduce risks associated with tobacco use.
Related Healthy People 2020 Objective
TU-6 Increase smoking cessation during pregnancy
Baseline:11.3 percent of women aged 18 to 49 years (who reported having a live birth in the past 5 years and smoking at any time during their pregnancy with their last child), stopped smoking during the first trimester of their pregnancy and stayed off cigarettes for the rest of their pregnancy in 2005
Target:30.0 percent
Data Source:National Health Interview Survey (NHIS), CDC, NCHS

Percentage of Females Smoking During Pregnancy – Champaign County

	2005	2006	2007	2008	2009
Total Females	10.91		9.97	9.61	8
Total Caucasian	9.6		8.75	8.18	7.58
Total African-American	18.55		18.63	17.82	12.68
Total Asian	1.42		0	0	0

Source: Champaign-Urbana Public Health District

Percentage of Females Smoking During Pregnancy – Champaign Urbana

	2005	2006	2007	2008	2009
Total Females			9.59	9.07	7.84
Total Caucasian			8.15	7.05	7.11
Total African-American			17.18	17.1	12.75
Total Asian			0	0	0

Source: Champaign-Urbana Public Health District

Entrance into prenatal care in 1st trimester

Indicator definitions:

The percent of mothers with live births beginning prenatal care within the first trimester (first three months of pregnancy)

The percent of mothers with Caucasian live births beginning prenatal care within the first trimester (first three months of pregnancy)

The percent of mothers with African American live births beginning prenatal care within the first trimester (first three months of pregnancy)

The percent of mothers with Asian live births beginning prenatal care within the first trimester (first three months of pregnancy)

Why is this indicator important?

Mothers who receive early prenatal care are more likely to have full-term, healthy babies.

Percentage of Females Receiving First Trimester Prenatal Care- Champaign Urbana

	2005	2006	2007	2008	2009
Total Females			75.62	74.75	71.35
Total Caucasian			81.5	78.05	77.08
Total African-American			59.19	65.11	56.86
Total Asian			83.1	75.68	71.79

Source: Champaign-Urbana Public Health District

Percentage of Females Receiving First Trimester Prenatal Care- Champaign County

	2005	2006	2007	2008	2009
Total Females	79.01		76.34	76.39	73.25
Total Caucasian	81.87		80.43	78.62	77.78
Total African-American	67.67		59.42	65.54	56.66
Total Asian	63.68		82.86	89.09	73.14

Source: Champaign-Urbana Public Health District

Category Nine

Death, Illness, and Injury

Definition of Category: Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (AAM); by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease.

Note: Adjustment on rates should use projected Year 2000 standard population.

General health status- percentage of respondents who report their health status as *excellent, very good, fair, or poor*.

Average number of sick days within the past month
Why is this indicator important?
This indicator is a direct observation of how health can impact important aspects to an individual's life. A large number of sick days from work within a month may indicate the need to see a physician, while a smaller number may indicate a healthier population.

> Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

Mortality
Indicator definition: Due to all causes-annual age-adjusted number of total deaths from any cause per 100,000

Table 27: Age-Adjusted all-cause Mortality Rate per 100,000 population: 2005-2009

	2005	2006	2007	2008	2009
Champaign County	695.4	599.6	619.1	655.9	673.0
Illinois	795.7	780.8	758.02	ND	ND

Sources: Champaign Urbana Public Health District, 2010
ND indicates no data available for this category.

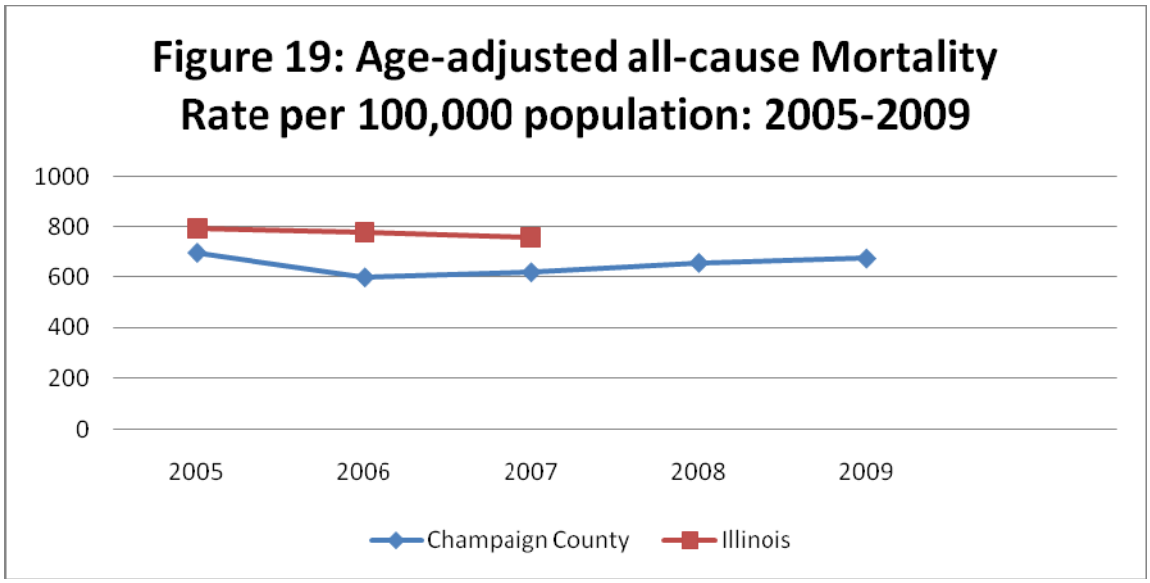


Table 28a: Leading Causes of Death for Champaign County by Crude Mortality Rates: 2005-2009, All Races

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

Table 28b: Leading Causes of Death for Champaign County by Crude Mortality Rates: 2005-2009, Whites Only

Cause	2005	2006	2007	2008	2009
Diseases of Heart	148.5	137.2	137.9	139.9	ND
Cancer	151.2	102.8	112.7	118.0	ND
Stroke	22.5	16.6	14.6	25.9	ND
Chronic Lower Respiratory Diseases	31.2	31.2	27.8	25.9	ND
Accidents	19.9	9.3	13.3	19.2	ND
Influenza and Pneumonia	19.2	25.2	38.5	18.6	ND

ND indicates no data available.

Table 28c: Leading Causes of Death for Champaign County by Crude Mortality Rates: 2005-2009, Blacks Only

Cause	2005	2006	2007	2008	2009
Diseases of Heart	113.8	113.8	75.9	139.1	ND
Cancer	113.8	118.0	105.4	122.2	ND
Accidents	8.4	16.9	21.1	50.6	ND

Chronic Lower Respiratory Diseases	12.6	16.9	25.3	25.3	ND
Stroke	0.0	0.0	16.9	16.9	ND
Influenza and Pneumonia	8.4	12.6	16.9	12.6	ND

Sources: Champaign-Urbana Public Health District
ND indicates no data available.

Why is this indicator important?
This indicator is included in the consensus set recommended by CDC (1991) for use by all states and communities. Data should be analyzed by age, race, and gender if possible to target preventive efforts. (IOM)

All cancers
Indicator Definition: death rate due to deaths caused by all cancers

Why is this indicator important?
Cancer is the leading cause of death across the world. One major risk factor for cancer, smoking, can be addressed in order to reduce the incidence rate and deaths due to cancer. Other programs are designed to help detect cancer early through screenings. Promoting early detection, smoking cessation programs, and implementing healthier lifestyles, can contribute to a reduction in cancer diagnosis and deaths.

Related Healthy People 2020 Objective
C-1 Reduce the overall cancer death rate
Baseline:178.4 cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)
Target:160.6 deaths per 100,000 population
Data Source:National Vital Statistics System (NVSS), CDC, NCHS

Unintentional injuries
Indicator Definition: death rate due to all types of unintentional injuries

Why is this indicator important?
This indicator covers a variety of deaths which can be classified as unintentional. As the health indicator describes, these are deaths resulting from injuries which were unintentional. Therefore in order to promote a healthier population, it is important to be aware of the risks or seriousness of injuries in order to decrease the likelihood of obtaining an injury or death.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=24

Related Healthy People 2020 Objective
IVP-11 Reduce unintentional injury deaths
Baseline:40.0 deaths per 100,000 population were caused by unintentional injuries in 2007 (age adjusted to the year 2000 standard population)
Target:36.0 deaths per 100,000 population
Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS

Years of productive life lost (YPLL)
Indicator Definition: number of YPLL under age 75 per population

Why is this indicator important?
This indicator measures the amount of life potentially lost due to premature death. It is beneficial in evaluating what are causes of deaths in the non elderly who die prematurely. By evaluating this indicator in a population, we can observe which age groups may suffer greater amounts of life lost.

Champaign County YPLL				
2005	2006	2007	2008	2009
8260.0	6148.0	7965.0	7374.0	7669.0

Source: Champaign-Urbana Public Health District

Breast cancer
Indicator Definition: age adjusted mortality rate due to death from breast cancer per 100,000

Why is this indicator important?
Breast cancer is the most common cancer among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies.

Mortality Rate Due to Breast Cancer (Crude)

	2005	2006	2007	2008	2009
Champaign County		10.94	14.88	10.34	17.85
Illinois	25.51	24.06	24.57		

Source: Champaign-Urbana Public Health District and Illinois Department of Public Health

Lung cancer
Indicator Definition: age adjusted mortality rate due to death from lung cancer per 100,000

Why is this indicator important?
Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, environmental tobacco smoke).

Crude Rates of Lung Cancer Mortality by year

	2005	2006	2007	2008	2009
Champaign County		24.23	23.13	34.24	36.29
Illinois	52.3	52.4	53.72		

Source: Champaign Urbana Public Health District and Illinois Department of Public Health

Type of Rate	Champaign Number	Champaign Rate	Illinois Number	Illinois Rate
Age-Adjusted		**	52.4	
Crude	73	39.0	51.9	6,663
Premature (<65)	22	13.0	17.2	1,942

If < 10 events or no population data, no rates calculated.
Source: Champaign-Urbana Public Health District and Illinois Department of Public Health

Cardiovascular disease
Indicator Definition: age adjusted mortality rate due to death by heart disease per 100,000

Why is this indicator important?
Heart disease is the leading cause of death for all Americans. Stroke is the third leading cause of death. Heart disease and stroke are also a major cause of disability. High blood cholesterol is a major risk factor for CHD that can be modified. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21

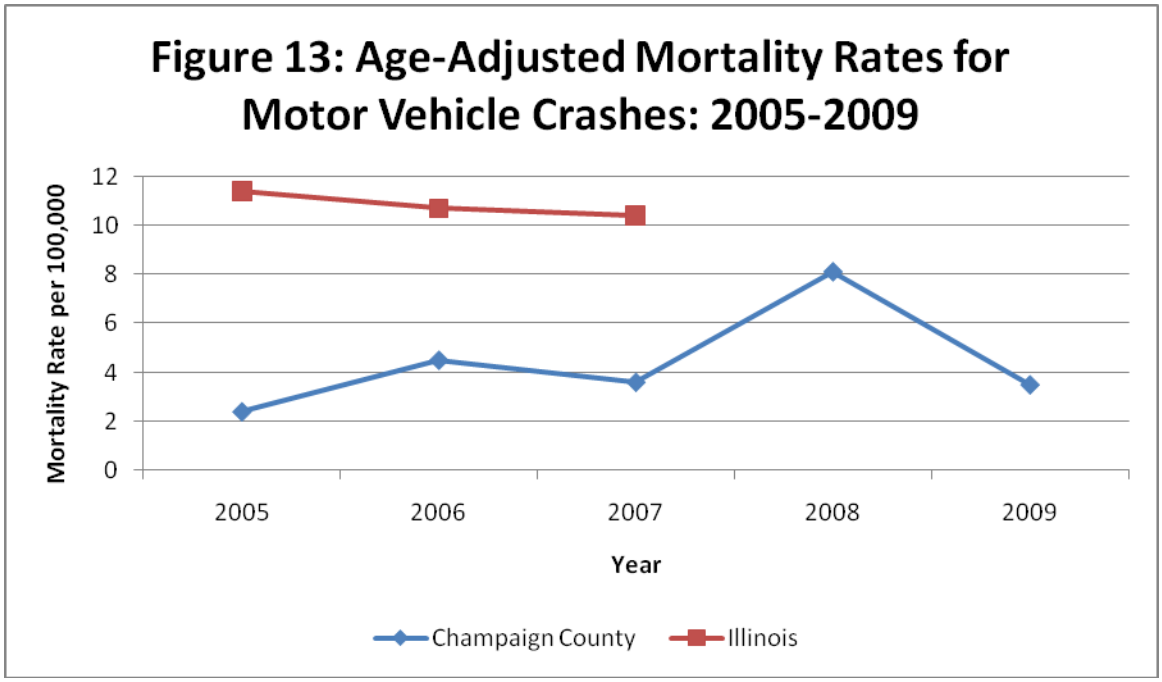
Related Healthy People 2020 Objective
HDS-2 Reduce coronary heart disease deaths
Baseline:126.0 coronary heart disease deaths per 100,000 population occurred in 2006 (age adjusted to the year 2000 standard population)
Target:100.8 deaths per 100,000 population
Data Source:National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS

Motor vehicle crashes
Indicator Definition: mortality rate due to death by motor vehicle accidents

Table 21: Age-Adjusted Mortality Rate per 100,000 population for Motor Vehicle Crashes: 2005-2009

	2005	2006	2007	2008	2009
Champaign County	2.4	4.5	3.6	8.1	3.5
Illinois	11.4	10.7	10.4	ND	ND

Sources: Champaign Urbana Public Health District, Illinois Project for Local Assessment of Needs (IPLAN) Data System



Why is this indicator important?
Motor vehicle crashes remain a major public health problem. They are the leading cause of death for persons in the United States aged 5 to 29 years. In 2009, more then 2.3 million adult drivers were treated for injuries due to a motor vehicle accident. Young drivers aged 15-24 account for 30% of motor vehicle accidents. In addition, nearly three out of every four teen drivers killed in motor vehicle crashes after drinking and driving were not wearing a seatbelt. Observing other health indicators is beneficial in improving the health of a population. Addressing this health indicator is important in evaluating the effectiveness of policies and risky behaviors of drivers.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=24

Related Healthy People 2020 Objective
IVP-13.1Deaths per 100,000 population
Baseline:13.8 deaths per 100,000 population were caused by motor vehicle crashes in 2007 (age adjusted to the year 2000 standard population)
Target:12.4 deaths per 100,000 population
Data Source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS

Cervical cancer
Indicator Definition: mortality rate due to death caused from cervical cancer

Why is this indicator important?
This third most common cancer in women is treatable if detected at an early stage. Almost all cervical cancers are caused by the Human Papilloma Virus. Recently a new vaccine has been proven to protect against several strains of the virus, in particular those which cause cervical cancer. Programs to promote vaccinate in females can help reduce the incidence rate of cervical cancer as well as mortality by means of early detection.

If * then there was no rate calculate due to <10 events reported
http://app.idph.state.il.us/cgi-bin/vfpcgi.exe?IDCFile=/data/iplanrpt.idc

	2005	2006	2007	2008	2009
Champaign County	*	*	ND	ND	ND
Illinois	2.8	2.6	ND	ND	ND

Crude Mortality Rate due to cervical cancer
(From IPLAN database)

Colorectal cancer
Indicator Definition: mortality rate due to death caused from colorectal cancer

Why is this indicator important?
As the second leading cause of cancer deaths in both males and females, colorectal cancer can be detected through early detection of polyps. Governmental programs such as one launched by the Center for Disease Control has allowed low income individuals afford colorectal screenings.

Crude Rates of Colorectal Cancer Mortality by year

	2005	2006	2007	2008	2009
Champaign County	18.3	10.5	13.4	8.2	9.8

Source: Champaign-Urbana Public Health District

Chronic obstructive lung disease
Indicator Definition: mortality rate due to death caused from obstructive lung disease

Why is this indicator important?
Early detection of COPD can improve prognosis of an individual. Similarly to lung cancer, tobacco use is a major risk factor in developing COPD. In addition, environmental factors such as air pollution and genetics can affect the development of COPD. Smoking cessation is a key factor in reducing the risk of development and mortality of chronic obstructive lung disease.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=36
Source: Champaign Urbana Public Health District

	2005	2006	2007	2008	2009
Chronic Obstructive Lung Disease	33.5	34.1	31.1	29.8	25.5

Related Healthy People 2020 Objective
RD-10 Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults
Baseline: 112.4 COPD deaths per 100,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population)
Target: 98.5 deaths per 100,000
Data Source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS

Chronic liver disease and cirrhosis
Indicator Definition: mortality rate caused by death due chronic liver disease and cirrhosis

Why is this indicator important?
Cirrhosis of the liver describes scarring of the liver and poor liver function. The major causes of this are Hepatitis C and excessive alcohol abuse. Preventative measures exist to reduce Hepatitis C infection, yet there is no vaccine to protect against contraction. In contrast, alcohol abuse can be addressed in order to reduce the chances of developing liver cirrhosis. There are several resources which can assist in helping address alcoholism. This health indicator is beneficial in evaluating such resources as well as comparing with other health indicators on alcohol use.

Liver disease/cirrhosis Mortality (Crude)

	2005	2006	2007	2008	2009
Champaign County		4.85	2.10	4.6	3.58

Source: Champaign-Urbana Public Health District

Diabetes mellitus
Indicator Definition: mortality rate due to death caused by diabetes mellitus

Why is this indicator important?
Diabetes is the leading cause of kidney failure and a major cause of heart disease and stroke. Mortality due to diabetes can be avoided through proper control of the disease as well as healthy lifestyle choices. Since diabetes contributes to the development of several leading causes of death, it is important to control the disease to reduce such problems.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=8

Related Healthy People 2020 Objective
D-3 Reduce the diabetes death rate
Baseline: 73.1 deaths per 100,000 population were related to diabetes in 2007 (age adjusted to the year 2000 standard population)
Target: 65.8 deaths per 100,000 population
Data Source: National Vital Statistics System (NVSS), CDC, NCHS

Diabetes Mellitus Crude Mortality

	2005	2006	2007	2008	2009
Champaign County		1.08	3.15	8.18	6.13

Source: Champaign-Urbana Public Health District

Pneumonia/influenza

Indicator Definition: mortality rate due to death caused by pneumonia or influenza

Why is this indicator important?
This health indicator is important in illustrating the power of preventative medicine on an individual's health status. Most pneumonia and influenza deaths are factors which helped contribute to death. Most often those suffering may have other chronic conditions or may develop further complicated illnesses which contribute to mortality. Therefore it is important to help protect against developing influenza through seasonal vaccines.

Stroke
Indicator Definition: mortality rate due to death caused by stroke

Why is this indicator important?
Stroke is the third leading cause of death in the US and is the leading cause of serious long term disability. The most common type of stroke occurs when there is an artery leading to the brain is blocked or develops a clot. There are many preventable risk factors which can be addressed to help reduce developing a stroke. Hypertension, heart disease, high cholesterol, obesity, and diabetes are risk factors for developing a stroke. In addition, smoking increases the hardening of arteries as well as reduces the amount of oxygen our blood can carry. Maintaining a healthy lifestyle can help reduce suffering death due to a stroke.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21

Related Healthy People 2020 Objective
HDS-3 Reduce stroke deaths
Baseline: 42.2 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)
Target: 33.8 deaths per 100,000 population
Data Source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS

Death rate due to work related injuries
Indicator Definition: number of deaths due to work related injuries per 100,000

Why is this indicator important?
This rate is important in evaluating work hazards in a community. Work related injuries can be prevented by ensuring a safe work environment.

> Data: We were unable to locate the most recent data for this indicator. We will continue searching over the course of the next five years.

Category Ten

Communicable Disease

Definition of Category: Measures within this category include diseases which are usually transmitted through person-to-person contact or shared use of contaminated instruments / materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations, or though the use of protective measures, such as condoms for the prevention of sexually-transmitted diseases.

http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23

Proportion of 2-year old children who have received all age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices

Why is this indicator important?
This indicator reflects a variety of important health dimensions, including the level of access to pediatric primary care, the presence of public health immunization programs, and quality assessment programs in health care organizations.

Proportion of adults aged 65 and older who have ever been immunized for pneumococcal pneumonia

Proportion of adults aged 65 and older who have been immunized in the last 12 months for influenza

Percent of adults aged 65 and older with vaccinations

	2005	2006	2007	2008	2009
Have ever been vaccinated for pneumonia	73.7			75.8	
Influenza in last year	73.3			79	

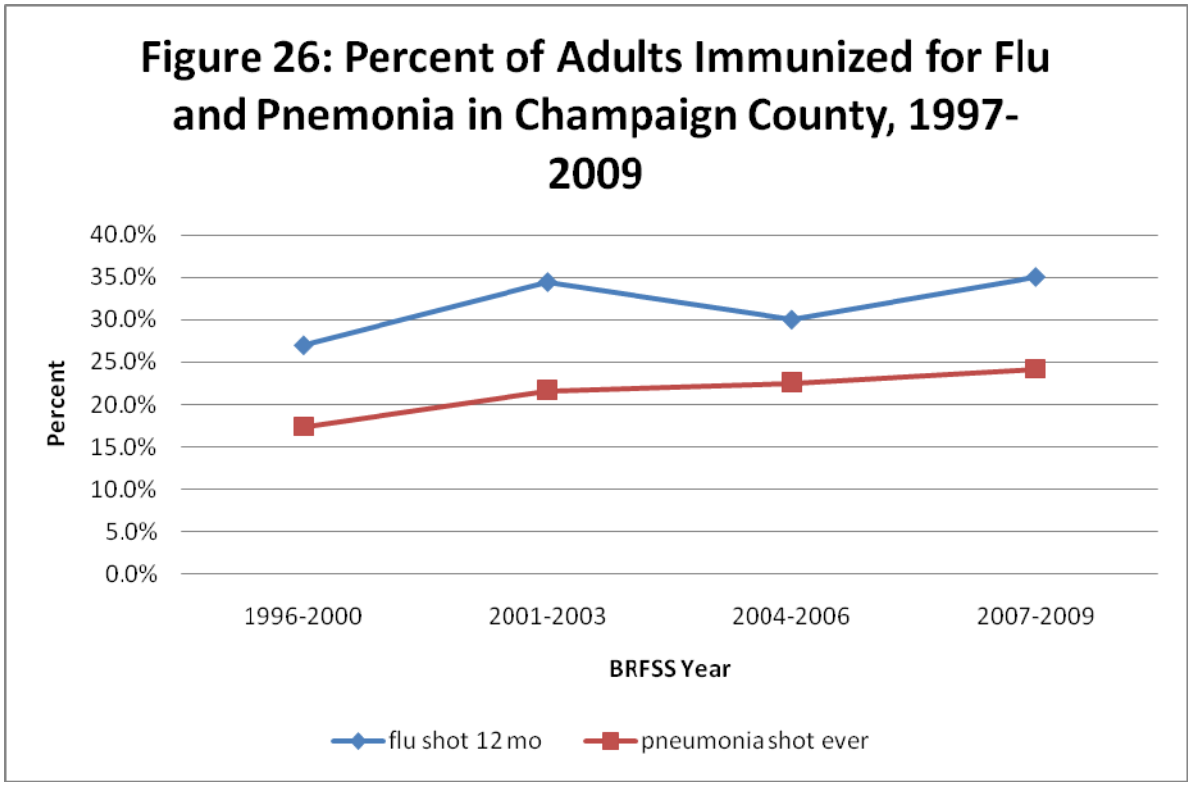
Source: Champaign-Urbana Public Health District

Why is this indicator important?
Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. With the aging of the U.S. population, increasing numbers of adults will be at risk for these major causes of illness and death. Persons with high-risk conditions (that is, heart disease, diabetes, chronic respiratory disease) remain at increased risk for these diseases, as do persons living in institutional settings. The immunization rate reflects the effectiveness of the public health system and person health care providers, as well as decisions of the elderly or their care takers. (IOM)

Table 41: Percent of Adults Immunized for Flu and Pneumonia in Champaign County: 1996-2009

	1996-2000	2001-2003	2004-2006	2007-2009
Have had flu shot in the past 12 months	27.0%	34.4%	30.0%	35.0%
Have had pneumonia shot ever	17.4%	21.7%	22.6%	24.2%

Sources: Illinois Behavioral Risk Factor Surveillance System.



STDs
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=37

Syphilis
Indicator Definition: incidence rate of primary and secondary cases per 100,000

Table 33: Primary and Secondary Syphilis Rates per 100,000 population: 2002-2009

	2002	2003	2004	2005	2006	2007	2008	2009
Champaign County	3.9	1.7	0.6	1.7	4.5	0.6	2.8	1.7
Illinois	3.9	3.0	3.1	4.2	3.5	3.7	4.5	6.0

Sources: Illinois Department of Public Health.

Why is this indicator important?
Elimination of syphilis would have far-reaching public health implications because it would remove two devastating consequences of the disease—increased likelihood of HIV transmission and compromised ability to have healthy babies due to spontaneous abortions, stillbirths, and multi-system disorders caused by congenital syphilis acquired from mothers with syphilis.

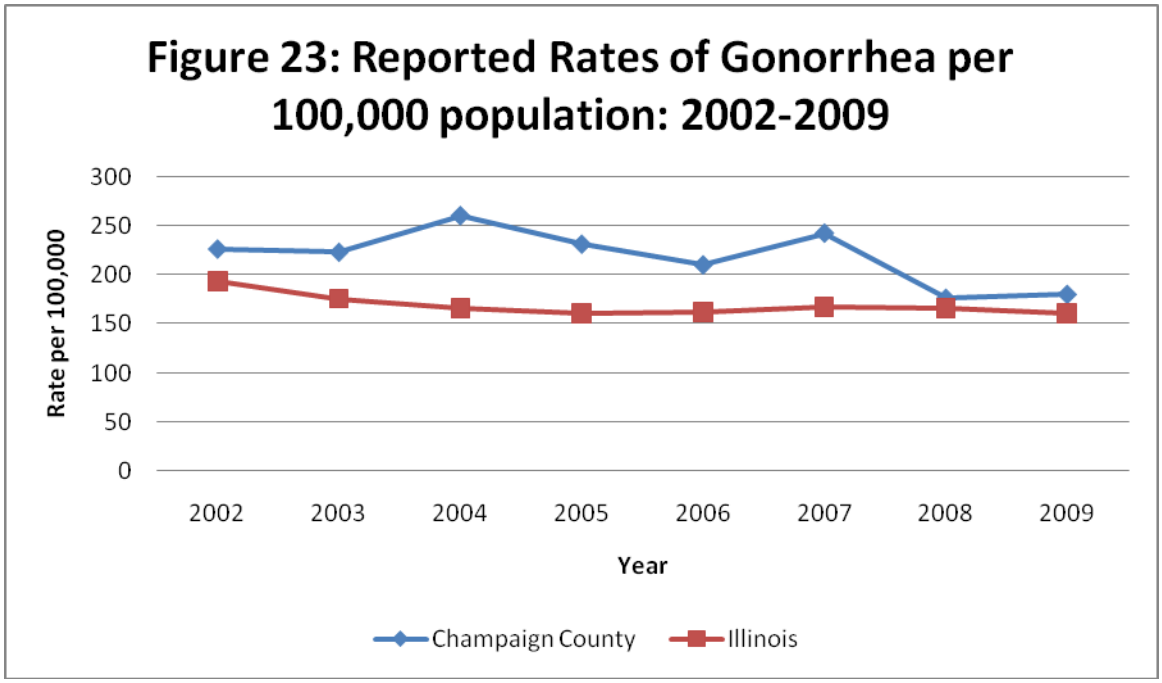
Gonorrhea

Indicator Definition: incidence rate for Gonorrhea per 100,000, also broken down by race

Table 36: Reported Rates of Gonorrhea per 100,000 population: 2002-2009

	2002	2003	2004	2005	2006	2007	2008	2009
Champaign County	226.5	223.2	260.5	231.5	210.4	242.7	176.4	180.3
Illinois	193.5	175.7	165.8	161.2	162.5	167.6	166.5	160.7

Sources: Illinois Department of Public Health.



Why is this indicator important?

In women, gonorrhea is a common cause of pelvic inflammatory disease (PID). PID can lead to internal abscesses (pus-filled "pockets" that are hard to cure) and long-lasting, chronic pelvic pain. PID can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

In men, gonorrhea can cause epididymitis, a painful condition of the ducts attached to the testicles that may lead to infertility if left untreated.

Gonorrhea can spread to the blood or joints. This condition can be life threatening. In addition, people with gonorrhea can more easily contract HIV, the virus that causes AIDS. HIV-infected people with gonorrhea can transmit HIV more easily to someone else than if they did not have gonorrhea. (CDC)

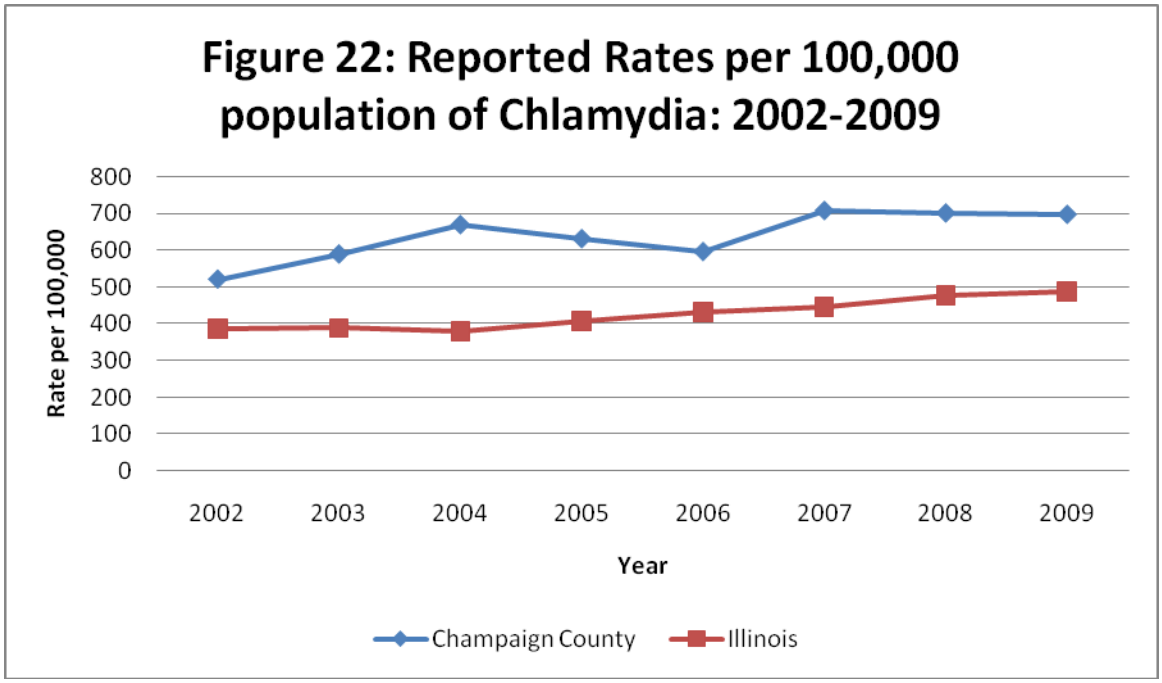
Chlamydia

Indicator Definition: incidence rate Chlamydia per 100,000, also broken down by race

Table 35: Reported Rates per 100,000 population of Chlamydia: 2002-2009

	2002	2003	2004	2005	2006	2007	2008	2009
Champaign County	520.4	588.9	669.0	630.6	595.5	707.4	700.7	696.8
Illinois	387.3	388.9	379.9	407.1	431.5	446.6	476.4	487.5

Sources: Illinois Department of Public Health.



Why is this indicator important?

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. In 2006, 1,030,911 Chlamydia 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. (CDC)

Tuberculosis

Indicator Definition: incidence rate for this infectious disease per 100,000

Table 32: Tuberculosis Cases*: 2004-2008

	2004	2005	2006	2007	2008	2009
Champaign County	3	6	1	4	9	9
Illinois	569	589	569	521	464	418

Sources: Illinois Department of Public Health.

Notes: *Incidence rate is statistically unreliable due to a low frequency of cases.

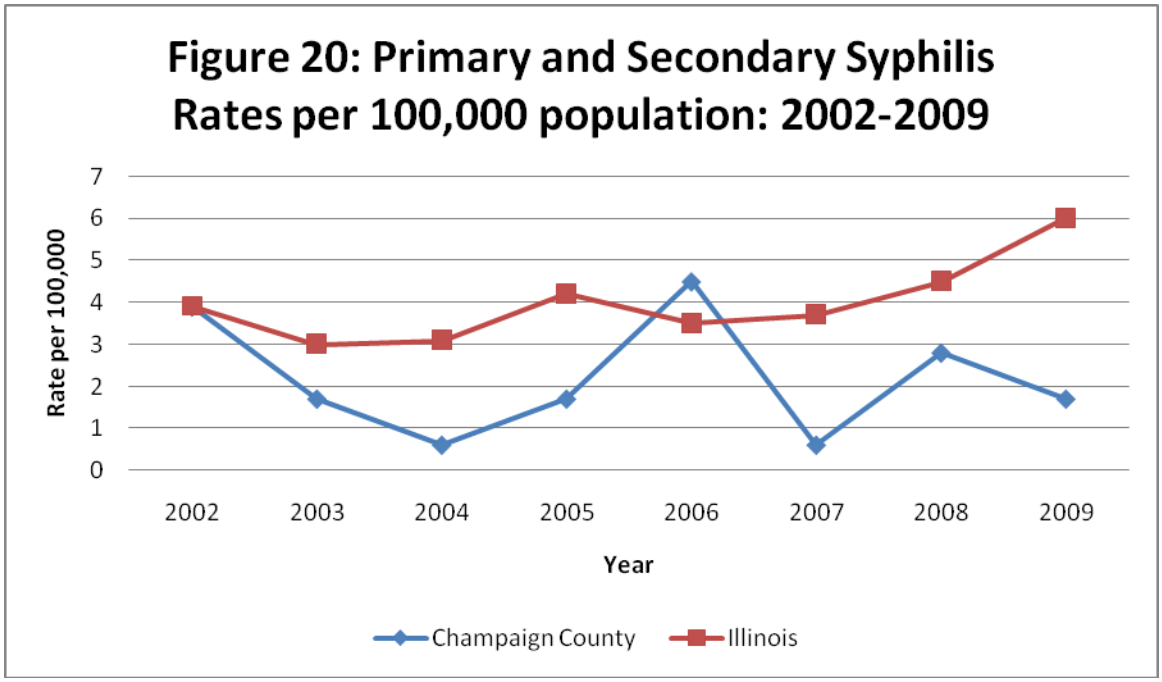
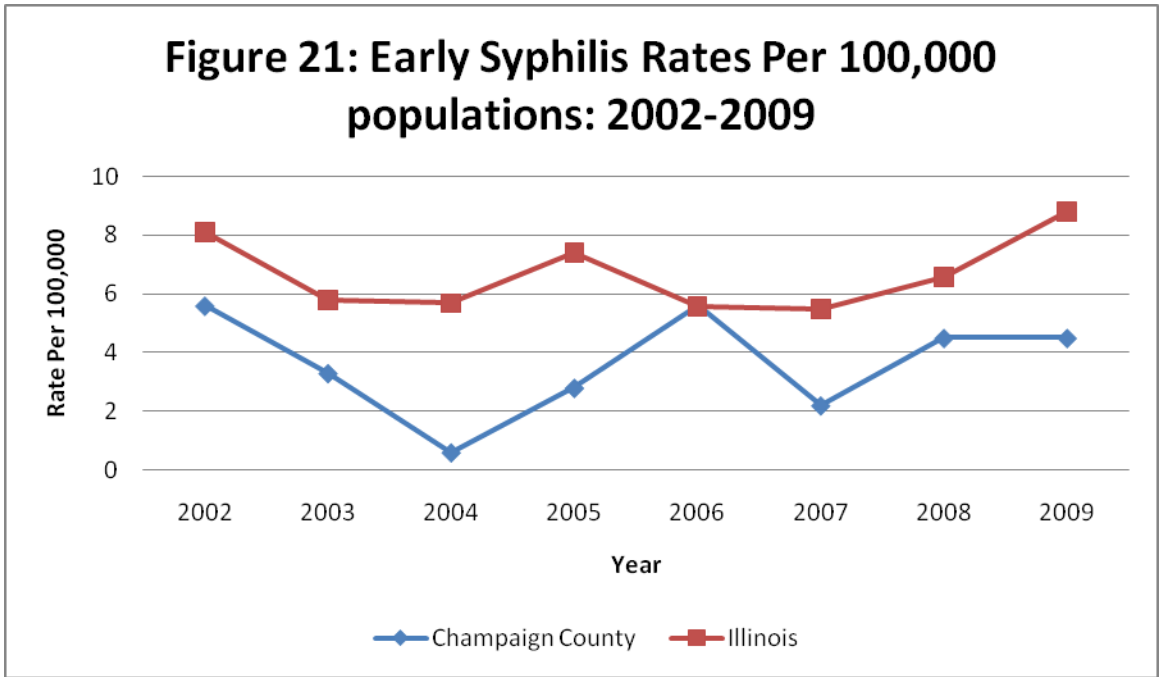


Table 34: Early Syphilis Rates Per 100,000 populations: 2002-2009

	2002	2003	2004	2005	2006	2007	2008	2009
Champaign County	5.6	3.3	0.6	2.8	5.6	2.2	4.5	4.5
Illinois	8.1	5.8	5.7	7.4	5.6	5.5	6.6	8.8

Sources: Illinois Department of Public Health.



Why is this indicator important?
The 1989 *Strategic Plan for the Elimination of TB in the United States* set a tuberculosis elimination goal of reducing TB to 1 new case per million by 2010, with an interim goal of 3.5 cases per 100,000 population by 2000. However, in the mid-1980s the trend toward TB elimination was reversed, and drug-resistant strains emerged that were even more deadly. TB cases increased by 20 percent between 1985 and 1992. Renewed efforts to combat the resurgence included improving laboratories, strengthening surveillance and expanding directly observed therapy, and expediting investigation of close contacts of TB patients. From 1993 through 1998, new cases of TB again declined, although the resurgence and related outbreaks set back TB elimination efforts by about a decade. Elimination of TB depends on significant effort and cooperation between public and private health care providers and agencies at the Federal, State, and local levels.

AIDS
Indicator Definition: incidence rate for reported cases of AIDS per 100,000

Table 29: AIDS Cases Diagnosed/Reported for Champaign County: 2004-2009

	2004	2005	2006	2007	2008	2009
Reported (Cases)	7	5	12	5	12	5
Diagnosed (Rate* per 100,000 population)	6	6	5	8	6	4

Sources: Illinois Department of Public Health HIV/AIDS Section, Surveillance Unit.
Notes: *Rate=Diagnosed cases (over reporting period)/Population*100,000 (Census 2000 population used)

Why is this indicator important?
Historically, AIDS incidence data have served as the basis for assessing needs for prevention and treatment programs. However, because of the effect of potent antiretroviral therapies, AIDS incidence no longer can provide unbiased information on HIV incidence patterns… Recent advances in HIV treatment have slowed the progression of HIV disease for infected persons on treatment and contributed to a decline in AIDS incidence. These advances in treatment have diminished the ability of AIDS surveillance data to represent trends in HIV incidence or to represent the impact of the epidemic on the health care system.
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22

Related Healthy People 2020 Objective
HIV-4 Reduce the number of new AIDS cases among adolescents and adults
Baseline: 14.4 new cases of AIDS per 100,000 population aged 13 years and older were diagnosed in 2007
Target: 13 new cases per 100,000 population
Data Source: HIV Surveillance System, CDC, NCHHSTP

Bacterial meningitis
Indicator Definition: incidence rate per 100,000

Why is this indicator important?
Bacterial meningitis is contagious and potentially deadly illness. It is important to determine the incidence rate for it in order to evaluate a population's risk of becoming infected. Inflaming the membranes around the brain and spinal cord, meningitis can become even more severe by causing brain damage, hearing loss, or learning disabilities. Administration of a vaccine can help build immunity against this disease, especially in populations where there is a high risk of close contact with others such as college students.

Hepatitis A
Indicator Definition: incidence rate per 100,000 for the given population

Why is this indicator important?
This disease is contagious and is spread easily between infected individuals or foods. Hepatitis A is easily preventable by administration of a vaccine.

Hepatitis B
Indicator Definition: incidence rate per 100,000 for the given population

Why is this indicator important?
This infectious disease can spread through infected individuals without their knowledge until weeks later since symptoms are slow to appear. The acute phase of the disease may last a few week, however the chronic phase can last several months. Administration of the vaccine in childhood helps to protect against this disease as well once in contact.

Hepatitis C
Indicator Definition: incidence rate per 100,000 for the given population

Why is this indicator important?
This infectious disease can be spread by infected individuals yet has no vaccine to prevent infection. Safe sex practices as well as safe blood handling procedures can significantly reduce the spread of infection.

Bacterial Meningitis/Hepatitis A, B, C Incidence Rates for Champaign County

	2005	2006	2007	2008	2009
Bacterial Meningitis	1	1	4	6	1
Hepatitis A	0	0	0	0.52	2.04
Hepatitis B	8	2.15	0	0	0
Hepatitis C	77	58.7	63.6	0	0

Source: Champaign-Urbana Public Health District

Category Eleven

Sentinel Events

Definition of Category: Sentinel events are those cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely medical care or preventive services were provided. These include vaccine-preventable illness, late stage cancer diagnosis, and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage, lack of primary care and/or screening, a bioterrorist event, or the introduction of globally transmitted infections.

Vaccine preventable disease
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23

Measles
Indicator Definition: annual incidence rate of measles cases in the given population

Table 31: Number of Reported Measles Cases in Champaign County

	2008	2009
Number of reported Measles cases in Champaign County	0	0

Source: Champaign-Urbana Public Health District, December 2010

Mumps
Indicator Definition: rate of disease in the given population, number of cases divided by total population

Rubella
Indicator Definition: rate of disease in the given population, number of cases divided by total population

Pertusis (whopping cough)
Indicator Definition: rate of disease in the given population, number of cases divided by total population

Tetanus
Indicator Definition: rate of disease in the given population, number of cases divided by total population

Why are these indicators important?
Highly effective vaccines are used routinely in childhood for the prevention of measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, polio, hepatitis B, and Hib invasive disease. Vaccinations for these diseases have reduced reported cases of most VPDs common in childhood to record-low levels.

Mumps Rubella Pertussis and Tetanus Incidence Rate Champaign County

	2005	2006	2007	2008	2009
Mumps	1	9.69	6.31	5.16	1.02
Measles	0	0.54	0	0	0
Rubella	0	0	0	0	0
Pertusis	19.12	4.85	4.20	1.55	0.51
Tetanus	0	0	0	0	0

Source: Champaign-Urbana Public Health District Communicable Disease Morbidity Reporting

Mumps Rubella Pertussis and Tetanus Incidence Rate State of Illinois

	2005	2006	2007	2008	2009
Mumps	ND	6.22	1.32	0.71	0.37
Measles	ND	0	0.001	0.25	0
Rubella	ND	0	0.01	0	0
Pertusis	ND	4.85	1.55	4.87	5.02
Tetanus	ND	0.01	0.02	0	0

Source: Illinois Department of Public Health

General Sentinel Events

Infants (0-1) Hospitalized for Dehydration				
2006	2007	2008	2009	2010
14	13	7	5	4

Source: Carle Foundation Hospital and Provena Covenant Medical Center

Children (1-17) Hospitalized for Rheymatic Fever				
2006	2007	2008	2009	2010
0	0	0	0	0

Source: Carle Foundation Hospital and Provena Covenant Medical Center

Children (1-14) Hospitalized for Asthma				
2006	2007	2008	2009	2010
150	168	160	154	150

Source: Carle Foundation Hospital and Provena Covenant Medical Center

Hospitalized for Uncontrolled Hypertension				
2006	2007	2008	2009	2010
34	36	69	62	69

Source: Carle Foundation Hospital and Provena Covenant Medical Center

Sentinel Events: Cancer (Note: Rates are per 100,000, age-adjusted to 2000 US standard) 2000-2004

Cancer	Champaign Number	Champaign Rate	Illinois Number	Illinois Rate
In situ				
Breast	160	41.3	9,831	29.8
Black	11	**	1,096	24.3
White	143	42.1	8,298	30.4
Late				
Cervical	10	0.0	1,405	4.3
Black	2	0.0	339	7.3
White	8	0.0	1,013	3.8

Source: Illinois Project for Local Assessment of Needs (IPLAN) Data System
Note: If number < 15, no rates calculated.
In situ breast cancer is breast cancer that has not spread to nearby tissues

Indicator importance from:
http://www.uams.edu/phacs/help/Definitions.aspx
Champaign County Health Profile

Appendix B

Community Themes and Strengths Assessment

Community Themes and Strengths Assessment

Purpose

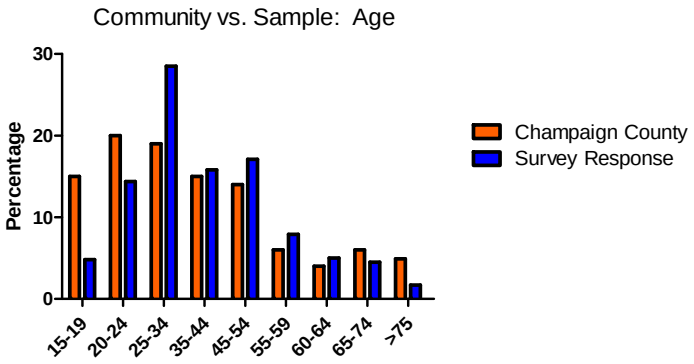
Champaign-Urbana Public Health District utilizes Mobilizing for Action through Planning and Partnerships (MAPP) to satisfy the requirements for the IPLAN community health assessment conducted every 5 years. In order to satisfy the MAPP requirements, a community survey was conducted in order to gauge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

Methodology

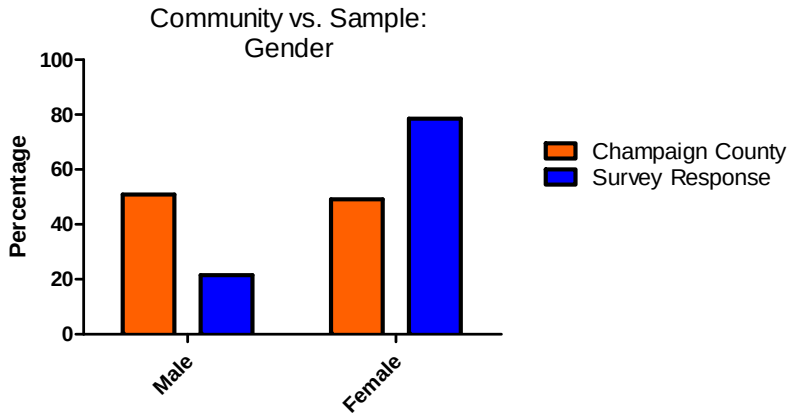
The 2010 Champaign County Community survey received 1134 responses, of which 1017 (90%) were completed. The survey was conducted through www.surveymonkey.com, with approximately 50% of the surveys being collected by hand through patrons of the public health department and county nursing homes. Responses 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

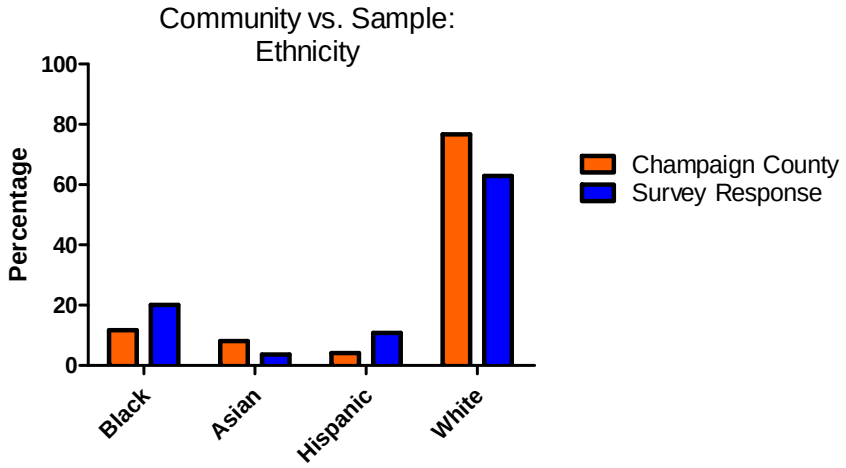
- The community survey oversampled those from age 25-34, while undersampling 15-19, 20-24, and those over age 75. It is thought that the undersampling of those aged 15-24 is due to the absence of college students during the time period when most of the survey responses were received.



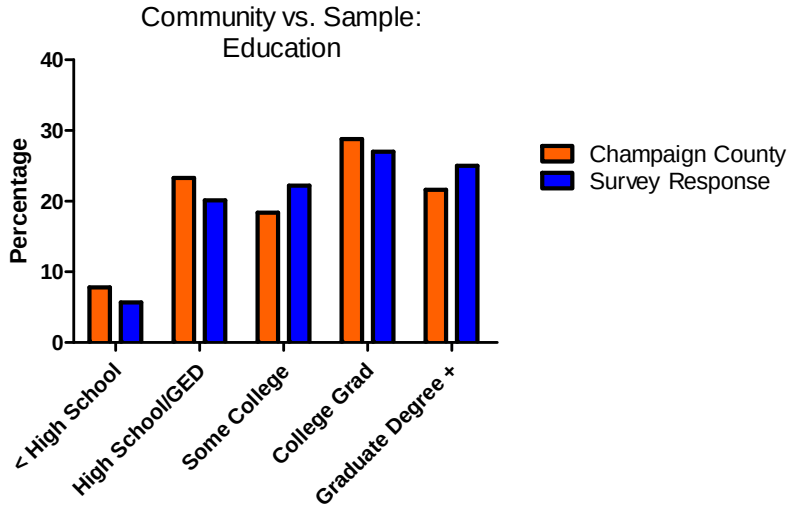
- Men responded at a much lower rate than women, making up just over 20% of the total response. This is due to two factors: women are more likely to take a survey than men, and there are more women customers of the public health department than men.



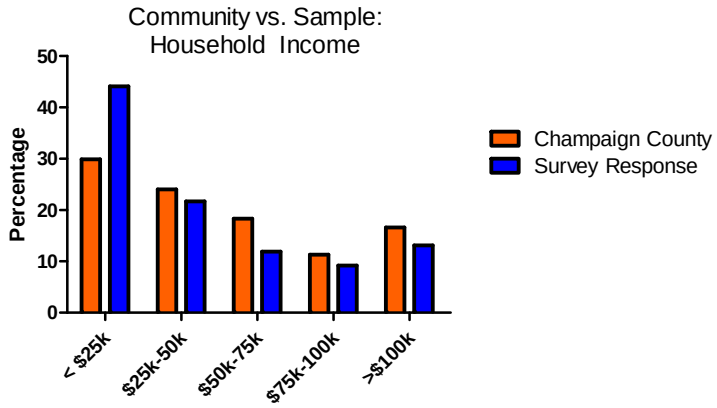
- The sample overestimated minority groups, with the exception of the Asian-American population. This is due to the patrons of the health department overrepresenting African-Americans and Hispanics.



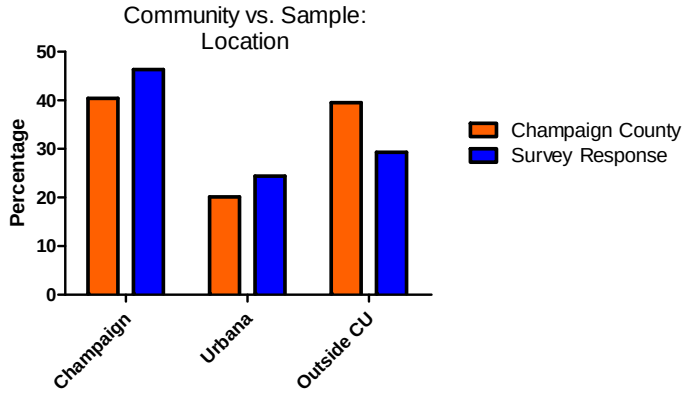
- The survey sample was very representative of the education level of the community, slightly underrepreseting those with less than a college education.



- The survey drastically oversampled those making less than $25,000 per year, and slightly undersampled each other income group. This is due to the large percentage of survey responses obtained at the public health department.

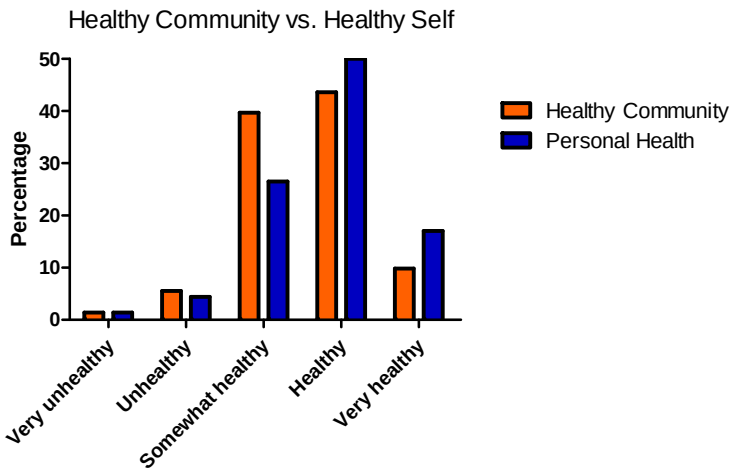


- The survey undersampled those outside of Champaign-Urbana by approximately 10%.

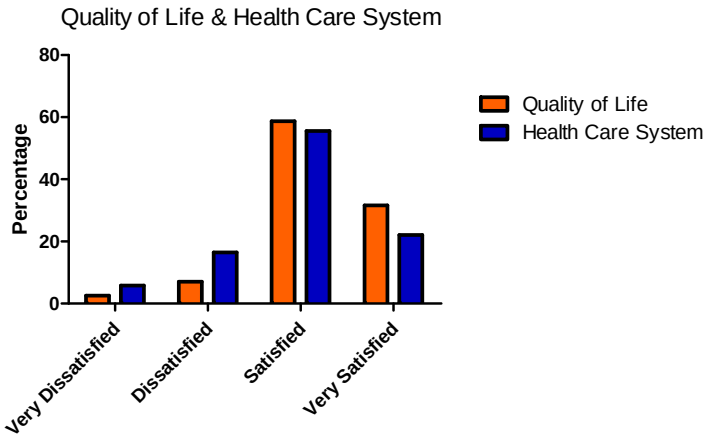


Quality of Life Statements

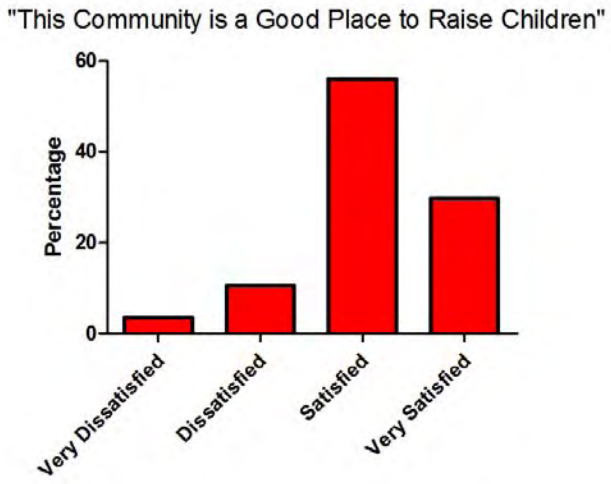
- Consistent with historical self report surveys, respondents rated their own personal health slightly higher than their perceived health of the community.
- Two thirds of respondents rated their own personal health as healthy or very healthy.

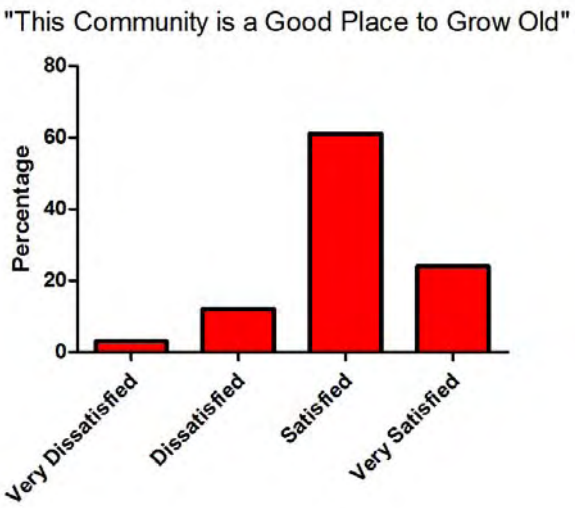


- The survey sample was slightly more satisfied with their own quality of healthy compared with their perceived quality of the health care system.

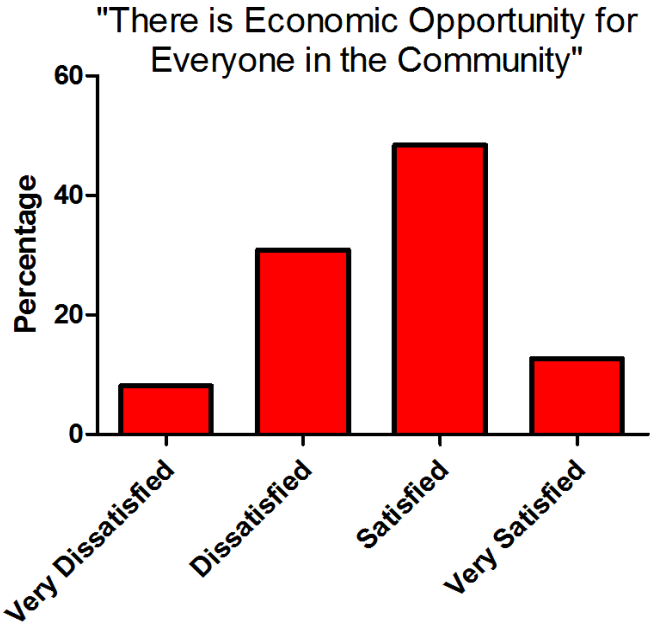


- Large majority of the survey respondents felt the community was a good place to both raise children and grow old.



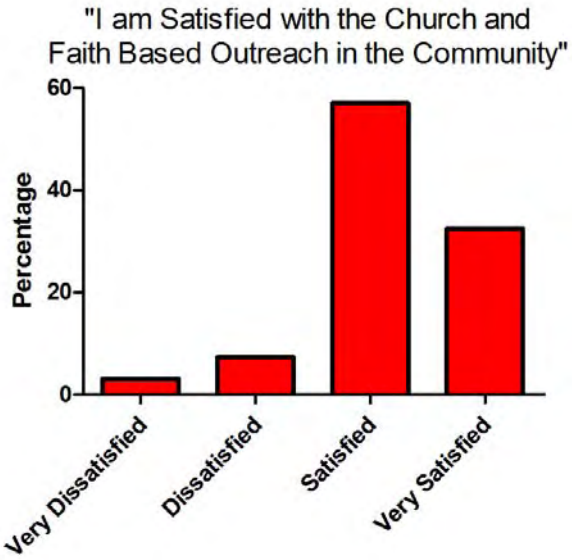


- Survey respondents were less satisfied with the current economic situation in Champaign County, however the majority were still “satisfied” or “very satisfied”.



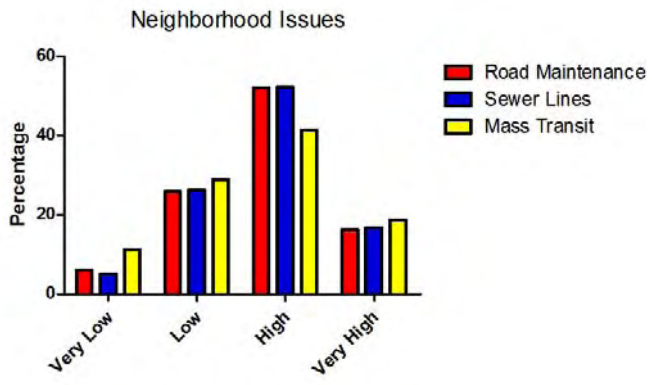
- The community is viewed as a safe place for over 85% of survey respondents.

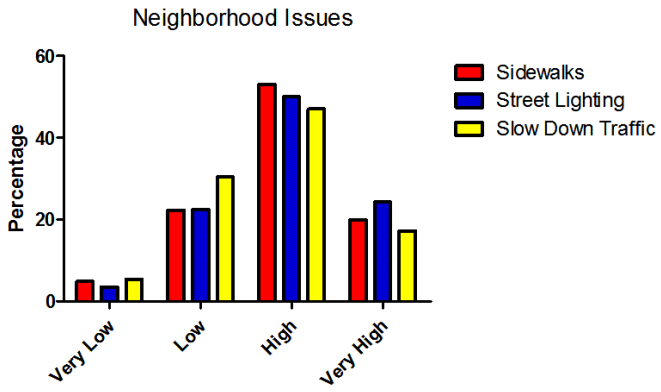
- Almost 90% of those surveyed were either satisfied or very satisfied with the faith based outreach in the community, with almost a third of all respondents reporting that they were very satisfied. (32%)

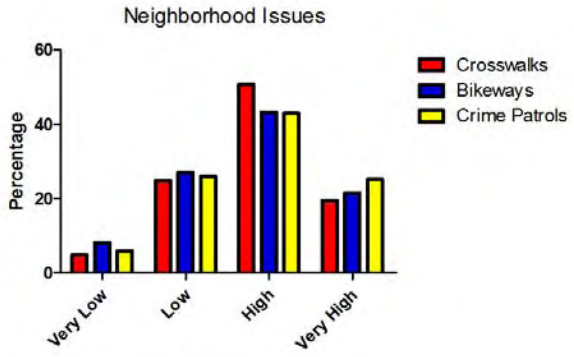


Neighborhood Issues Related to Maintenance and Infrastructure

- The survey included questions designed to gauge personal interest of county residents on the importance of certain infrastructure concerns.
- Respondents were not asked to rank these with others in mind (e.g., they were allowed to respond that all were “very important”, should they so desire.)





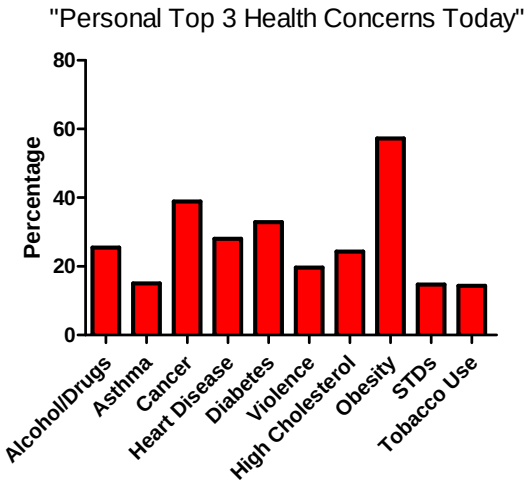


"Top 3 Personal Health Concerns"

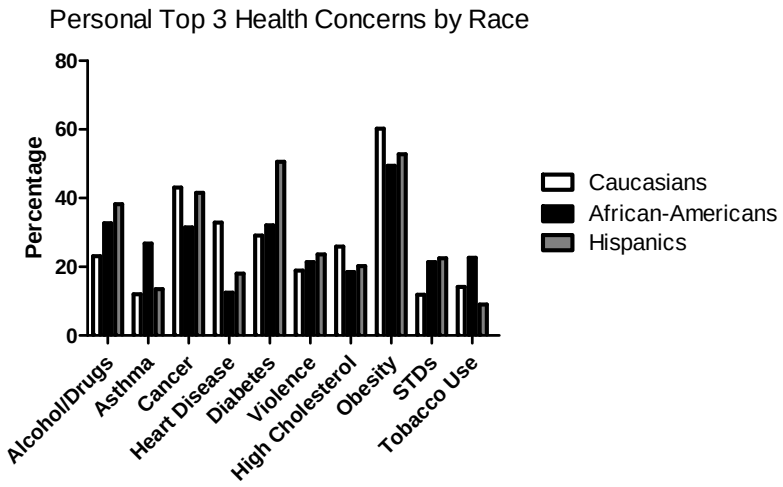
- Those who took the survey were asked to pick their top 3 personal health concerns from the following:
    - Alcohol/Drugs
    - Asthma
    - Cancer
    - Heart Disease
    - Diabetes
    - Violence

- High Cholesterol
- Obesity
- STDs
- Other

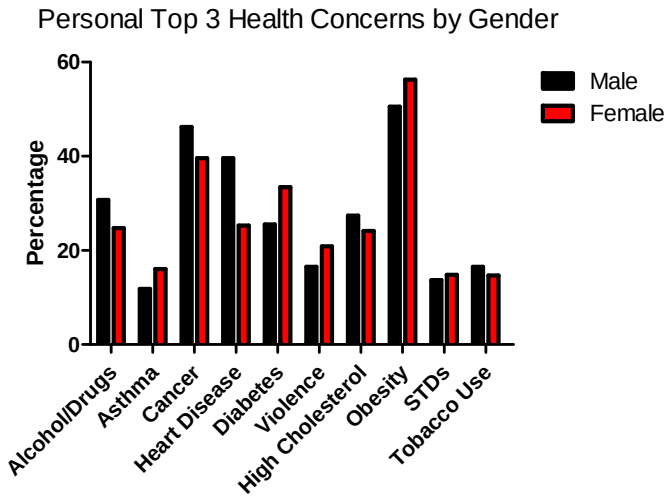
- Overall, the top personal health concern included in the respondents' top three was obesity, which was included in 57% of the top three health concerns. This was followed by cancer, diabetes, and then heart disease, and thus the top 4 personal health concerns of the community sample were chromic conditions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



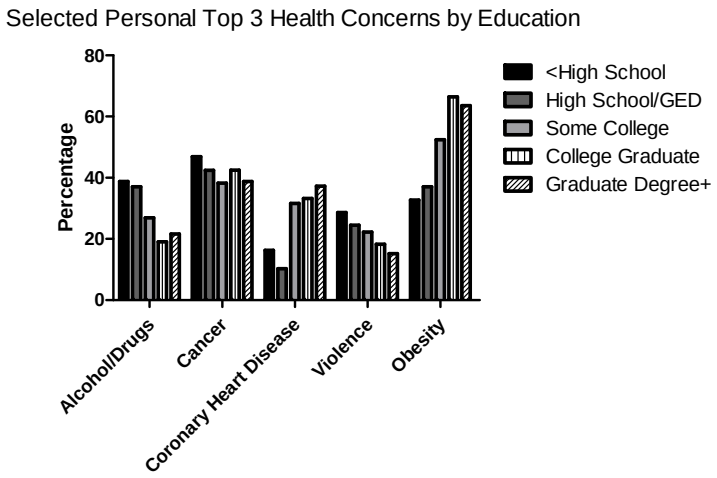
- Stratified by race, differences exist between several chronic and acute conditions.
- Hispanics are much more concerned about diabetes than Caucasians or African-Americans.
- Caucasians are much more concerned about heart disease than the other two groups.
- Hispanics and African-Americans are much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

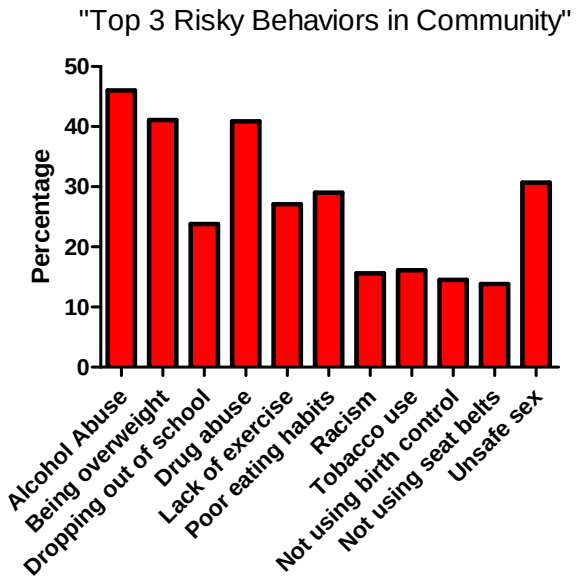


- Those with less than some college education much less concerned about obesity and heart disease; much more concerned about alcohol and drugs, and more concerned about violence.
- All groups of education somewhat equally concerned about cancer.



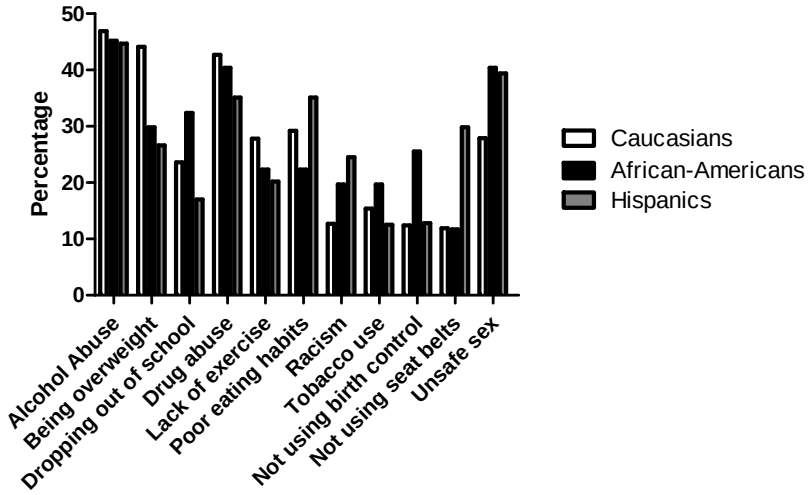
“Top 3 Risky Behaviors in the Community”

- Those who took the survey were asked to pick their top 3 risky behaviors of the community from the following:
    - **Alcohol abuse**
    - **Being overweight**
    - **Dropping out of school**
    - **Drug abuse**
    - **Lack of exercise**
    - **Poor eating habits**
    - **Racism**
    - **Tobacco use**
    - **Not using birth control**
    - **Not using seat belts**
    - **Unsafe sex**
- The top four risky behaviors listed in the top three of the respondents were alcohol abuse, being overweight, drug abuse, and unsafe sex.



- 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



Champaign County Community Health Survey

Please take a few minutes (less than 5 minutes) to complete the survey below. The purpose of the survey is to get your opinion about community health assets and problems in Champaign County (including Champaign-Urbana). Your input is important and will be used to develop plans to improve the quality of life of our community. All information provided will be kept CONFIDENTIAL.

Section 1: Quality of Life Statements

1. Rate the following quality of life statements.	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
I am satisfied with the quality of life in my community. (Consider your sense of safety, well being, and participation in community life and associations, etc.).				
I am satisfied with the health care system in the community. (Consider access, cost, availability, quality, options in health care, etc.).				
The community is a good place to raise children. (Consider school quality, day care, after school programs recreation, etc.).				
This community is a good place to grow old. (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.).				
There is economic opportunity for everyone in the community. (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.).				
The community is a safe place to live. (Consider resident's perceptions of safety in the home, the workplace, schools, playgrounds, parks. Neighbors trust each other and look out for each other).				
I am satisfied with church and faith-based outreach in the community.				

Section 2: Community and Environmental Issues

1. How would you rate our community as a "Healthy Community"? *(check one)*

Very Unhealthy Unhealthy Somewhat Healthy Healthy Very Healthy

2. How would you rate your own personal health? *(check one)*

Very Unhealthy Unhealthy Somewhat Healthy Healthy Very Healthy

3. Overall, Champaign County has good environmental quality (ex: air quality, pollution level, etc.). *(check one)*

Strongly Disagree Disagree Somewhat Agree Agree Strongly Agree

4. Neighborhood Issues: Traffic, Sewers, and Roads
Please rate the importance of the following neighborhood issues as they relate to you.

	Very Low	Low	High	Very High
Road Maintenance/Repair				
Storm/Sewer Lines Maintenance and Repair				
Mass Transportation				
Sidewalks				
Street Lighting				
Slow Down Traffic				
Pedestrian Crosswalks				
Bikeways				
Crime Patrols/Block Watches				
Other (please specify):				

Turn to next page →

5. What do you feel are your top three health concerns today? *(Check three)*

	Alcohol/Drug Use		Asthma		Cancer		Coronary Heart Disease
	Diabetes		Violence		High Cholesterol		Tobacco Use
	Hepatitis (A/B/C)		Obesity/Nutrition		STDs		Other:

6. In the following list, what do you think are the three most important "health problems" in our community? *(Check three)*

	Aging Problems		Cancers		Child Abuse/Neglect		Dental Problems
	Diabetes		Domestic Violence		Firearm-related Injuries		STDs
	HIV/AIDS		Homicide		Heart Disease and Stroke		High Blood Pressure
	Infant Death		Suicide		Mental Health Problems		Motor Vehicle Crash
	Lung Disease		Infectious Disease		Rape/Sexual Assault		Teenage Pregnancy
	Other (please specify):						

7. In the following list, what do you think are the three most important "risky behaviors" in our community? *(Check three)*

	Alcohol abuse		Being overweight		Dropping out of school		Drug abuse
	Lack of exercise		Poor eating habits		Not getting "shots" to prevent disease		Racism
	Tobacco use		Not using birth control		Not using seat belts/child safety seats		Unsafe sex
	Other:						

Section 3: Demographic Information

1. How many years have you lived in Champaign County? _____

2. Zip Code where you live: _____

3. Gender *(check one):* Male Female

4. Age: _____

5. Ethnic/Race group you most identify with *(check one):*

- o African American/Black
- o Asian/Pacific Islander
- o Hispanic/Latino
- o Native American
- o White/Caucasian
- o Other: _____

6. Education *(check one):*

- o Never attended school or only attended kindergarten
- o Less than high school
- o High school diploma or GED
- o Some college
- o College graduate
- o Graduate degree or higher

7. Household Income *(check one):*

- o Less than $25,000
- o $26,000 to $50,000
- o $51,000 to $75,000
- o $76,000 to $100,000
- o Over $100,000

8. How do you pay for your health care? *(Select all that apply)*

- o Pay Cash (no insurance)
- o Health Insurance
- o Medicaid
- o Medicare
- o Veterans' Administration
- o Indian Health Services
- o Other: _____

Thank you for completing the survey. We appreciate your time

Encuesta de Salud para la Comunidad en el Condado de Champaign

Por favor tome unos minutos (menos que 5 minutos) para llenar esta encuesta. El propósito de la encuesta es para saber su opinión de los bienes y los problemas de la salud en la comunidad en el Condado de Champaign (incluyendo Champaign-Urbana). Su opinión es importante y vamos a usarla para hacer planes para mejorar la calidad de la vida en nuestra comunidad. Toda la información proveída será CONFIDENCIAL.

Sección 1: Calidad de Vida

1. Por favor marque su opinion.

	Muy Insatisfecho	Insatisfecho	Satisfecho	Muy Satisfecho
Estoy satisfecho con la calidad de vida en mi comunidad. (Pensando en su sentido de seguridad, bienestar, y participación en eventos en la comunidad, asociaciones, etc)				
Estoy satisfecho con el sistema de salud en la comunidad. (Pensando en si es asesible, el costo, la disponibilidad, la calidad, las opciones para cuidado de salud, etc.)				
La comunidad es un buen lugar para criar a los niños. (Pensando en la calidad de las escuelas, guardarías, programas para niños después de las horas de la escuela, recreo, etc.)				
Esta comunidad es un buen lugar para la vejez. (Pensando en domicilios acesibles para los mayores, transportación a servicios médicos, iglesias, compras, recreo para mayores, apoyo para mayores que viven solos, el programa de traer comida a la casa)				
Hay oportunidad económica para todos en la comunidad. (Pensando en negocios que tienen dueño local, trabajos con posibilidad de mejorar/subir en el negocio, entrenemiento u oportunidad de asistir a clases o a la universidad, domicilios asequibles, trabajo cercano, etc.)				
La comunidad es un lugar sano donde vivir. (Pensando en la seguridad de la casa, el trabajo, las escuelas, parques, y confianza en los vecinos)				
Estoy satisfecho con las iglesias y las opciones religiosas en la comunidad.				

Sección 2: Comunidad y el Medio Ambiente

1. ¿Cómo califica nuestra comunidad con respeto a una “Comunidad Sana”? (marque uno)

Muy Malsano Malsano Algo Sano Sano Muy Sano

2. ¿Cómo califica su propia salud? (marque uno)

Muy Malsano Malsano Algo Sano Sano Muy Sano

3. ¿La calidad del medio ambiente del condado de Champaign es buena? (por ejempo: calidad del aire, nivel de contaminación, etc): (marque uno)

No estoy de acuerdo nada No estoy de acuerdo Estoy un poco de acuerdo Estoy de acuerdo Estoy muy de acuerdo

4. Asuntos del Vecindario: Tráfico, Albañal, y Calles
Por favor marque la importancia de estos asuntos del vecendario.

	Muy Poca	Poca	Bastante	Mucha
Mantener/Reparar las Calles				
Mantener/Reparar el Albañal				
Transportación				
Aceras				
Luz para las Calles				
Aminorar la velocidad del tráfico				
Cruce de peatones				
Carríl bici				
Patrullar/Vigilancia del Barrio				
Otro (por favor explique):				

5. ¿Cuáles son sus **tres preocupaciones de salud más grandes** hoy? (Marque tres)

	Uso de Alcohol/Drogas		Asma		Cáncer		Enfermedad Coronaria/ corazón
	Diabetes		Violencia		Alto Colesterol		Uso de Tabaco
	Hepatitis (A/B/C)		Obesidad/Nutrición		Enfermedades Sexuales		Otro:

6. ¿ Cuáles son las **tres preocupaciones de salud más grandes para nuestra comunidad**? (Marque tres)

	Problemas de Vejez		Cánceres		Abuso/Negligencia de Niños		Problemas Dentales
	Diabetes		Violencia Doméstica		Heridas a causa de Armas		Enfermedades Sexuales
	VIH/SIDA		Homicidio		Enfermedad de Corazón y Apoplejía		Alta Presión de Sangre
	Muerte Infantíl		Suicidio		Problemas de Salud Mental		Accidentes de Carros
	Enfermedad de los Pulmones		Enfermedades Infectuosas		Violación/asalto Sexual		Embarazo Joven
	Otro (por favor explique):						

7. ¿Cuáles piensa que son los **tres más importantes "conductas arriesgadas" en nuestra comunidad**? (Marque tres)

	Abuso de Alcohol		Ser Obeso		No terminar la escuela		Abuso de Drogas
	Falta de ejercicio		Malos hábitos de comer		No recibir vacunas		Racismo
	Uso de Tabaco		No usar anticonceptivos		No usar cinturones/asientos de seguridad		Sexo sin protección
	Otro:						

Sección 3: Información Demográfica

1. ¿Por cuántos años ha vivido en el Condado de Champaign? _____

2. Código Postal donde vive: _____

3. Sexo (marque uno): Hombre Mujer

4. Edad: _____

5. Etnicidad/Raza (marque uno):

   * Africano-Americano/Negro
   * Hispano/Latino
   * Blanco/Caucásico
   * Asiático/de las Islas Pacificas
   * Nativo Americano
   * Otro: _____

6. Educación (marque uno):

   - Nunca atendió la escuela o sólo el Kinder
   - Menos que la secundaria
   - Graduó de la secundaria o tiene GED
   - Algo de la universidad
   - Graduó de la universidad
   - Graduó con Máster o más

7. Ingreso de la Casa (marque uno):

   * Menos que $25,000
   * $26,000 a $50,000
   * $51,000 a $75,000
   * $76,000 a $100,000
   * Más que $100,000

8. ¿Cómo paga por su cuidado médico? (marque todos que aplican)

   - Efectivo (no tiene seguro médico)
   - Seguro Médico
   - Medicaid
   - Medicare
   - Veterans' Administration
   - Servicios de Salud para Nativo Americano/Indio
   - Otro: _____

Appendix C

Local Public Health System Performance Assessment

NPHPSP

National Public Health Performance Standards Program

Local Public Health System Performance Assessment

Report of Results

Champaign-Urbana Public Health District

8/9/2010

Table of Contents

The National Public Health Performance Standards Program

Local Public Health System Performance Assessment
Report of Results

A. The NPHPSP Report of Results

I. 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.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2010). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are

used in this report to characterize levels of activity for Essential Services and model standards.

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.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4,

provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a

defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	83
2	Diagnose And Investigate Health Problems and Health Hazards	98
3	Inform, Educate, And Empower People about Health Issues	72
4	Mobilize Community Partnerships to Identify and Solve Health Problems	43
5	Develop Policies and Plans that Support Individual and Community Health Efforts	77
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	95
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	85
8	Assure a Competent Public and Personal Health Care Workforce	86
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	93
10	Research for New Insights and Innovative Solutions to Health Problems	60
Overall Performance Score		79

Figure 1: Summary of EPHS performance scores and overall score (with range)

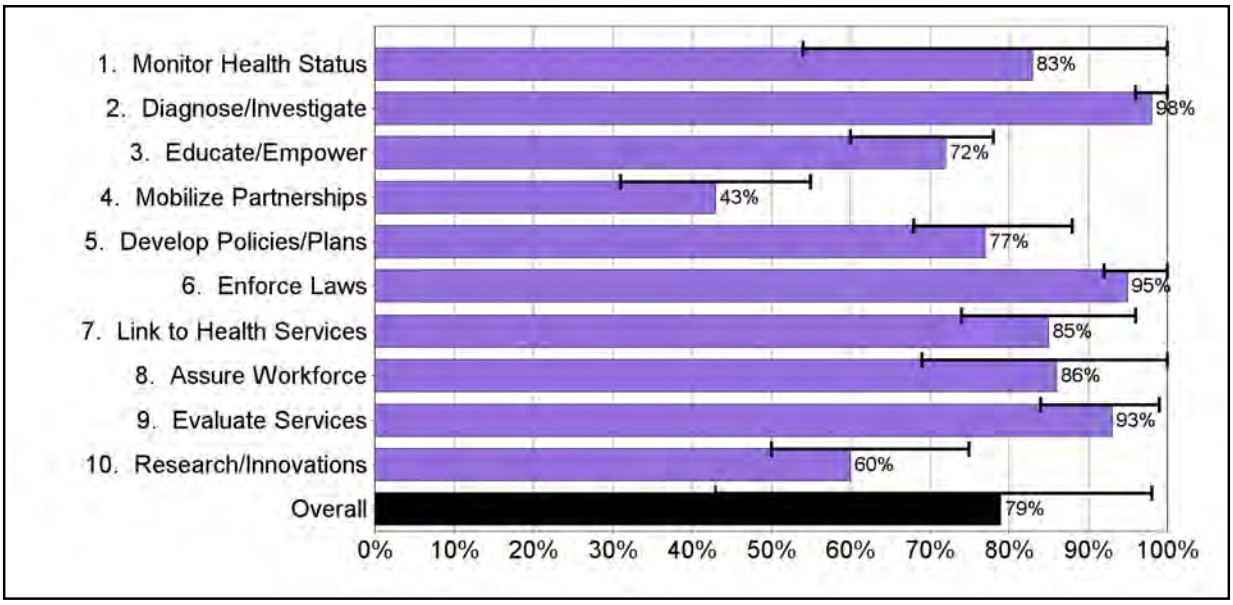


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each

Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

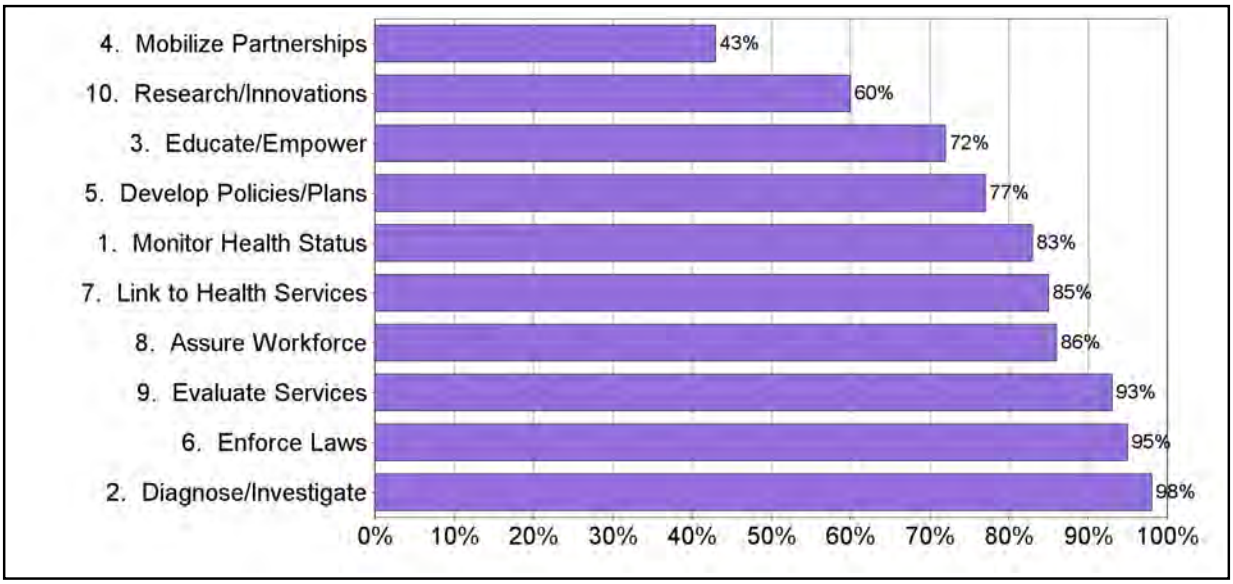


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

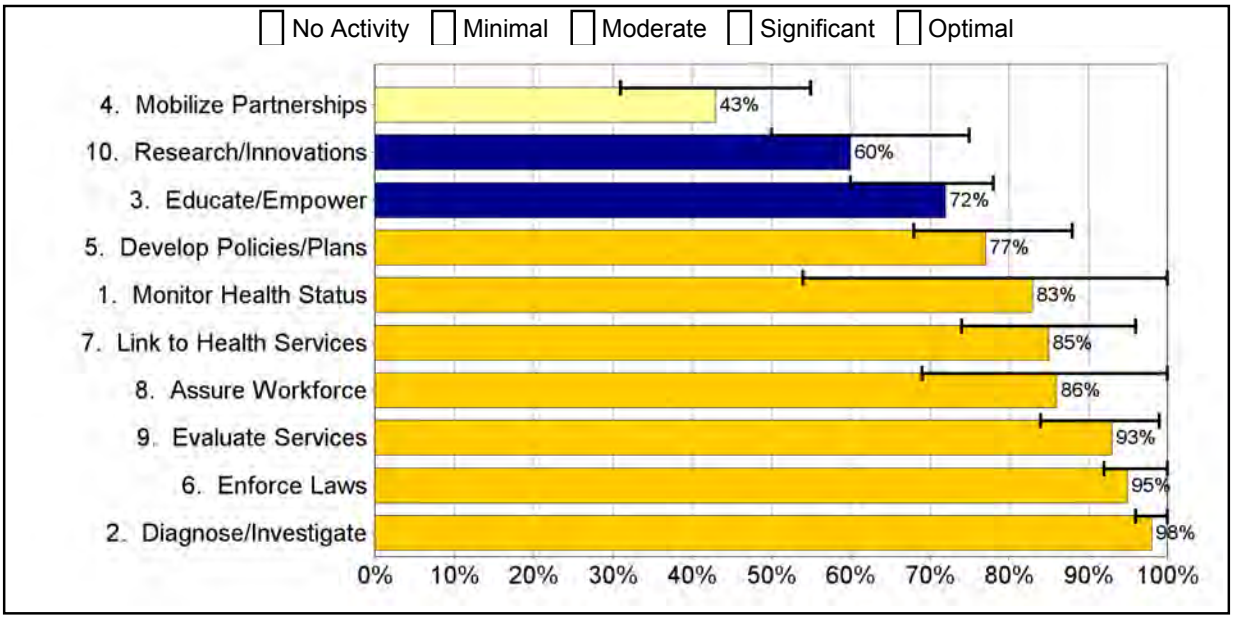


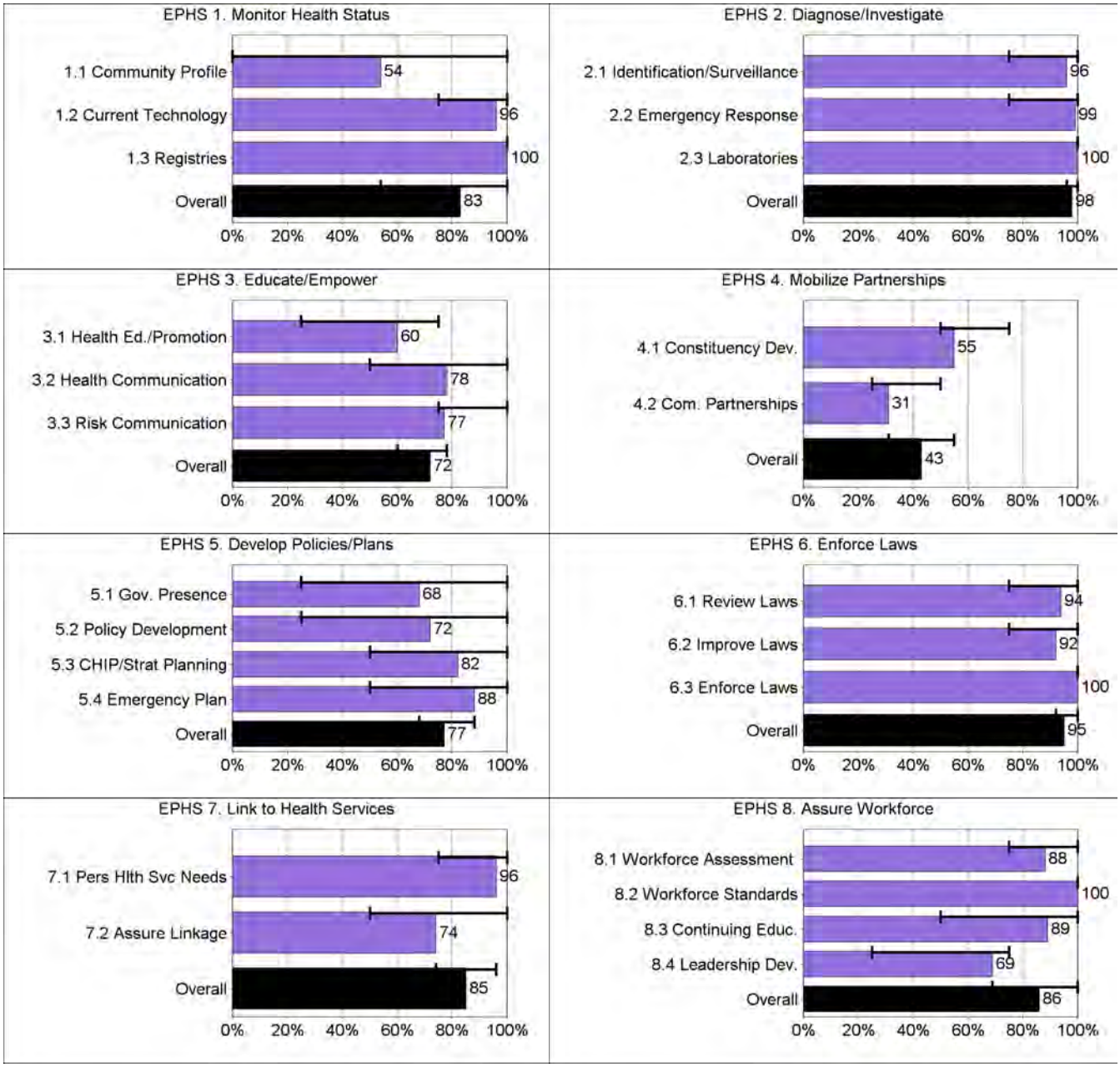
Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service



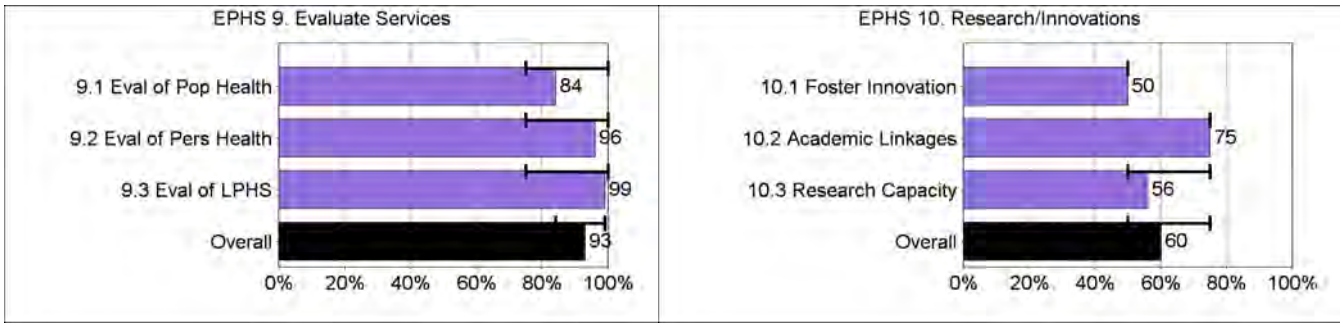

EPHS 9. Evaluate Services
9.1 Eval of Pop Health
84
9.2 Eval of Pers Health
96
9.3 Eval of LPHS
99
Overall
93
0%
20%
40%
60%
80%
100%
EPHS 10. Research/Innovations
10.1 Foster Innovation
50
10.2 Academic Linkages
75
10.3 Research Capacity
56
Overall
60
0%
20%
40%
60%
80%
100%

Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	83
1.1 Population-Based Community Health Profile (CHP)	54
1.1.1 Community health assessment	63
1.1.2 Community health profile (CHP)	76
1.1.3 Community-wide use of community health assessment or CHP data	25
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	96
1.2.1 State-of-the-art technology to support health profile databases	88
1.2.2 Access to geocoded health data	100
1.2.3 Use of computer-generated graphics	100
1.3 Maintenance of Population Health Registries	100
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	98
2.1 Identification and Surveillance of Health Threats	96
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	88
2.2 Investigation and Response to Public Health Threats and Emergencies	99
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	100
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	97
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	72
3.1 Health Education and Promotion	60
3.1.1 Provision of community health information	44
3.1.2 Health education and/or health promotion campaigns	67
3.1.3 Collaboration on health communication plans	69
3.2 Health Communication	78
3.2.1 Development of health communication plans	88

3.2.2 Relationships with media	71
3.2.3 Designation of public information officers	75
3.3 Risk Communication	77
3.3.1 Emergency communications plan(s)	78
3.3.2 Resources for rapid communications response	75
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	81

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Essential Public Health Service	Score
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
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	77
5.1 Government Presence at the Local Level	68
5.1.1 Governmental local public health presence	100
5.1.2 Resources for the local health department	65
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	38
5.2 Public Health Policy Development	72
5.2.1 Contribution to development of public health policies	71
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	71
5.3 Community Health Improvement Process	82
5.3.1 Community health improvement process	83
5.3.2 Strategies to address community health objectives	75
5.3.3 Local health department (LHD) strategic planning process	88
5.4 Plan for Public Health Emergencies	88
5.4.1 Community task force or coalition for emergency preparedness and response plans	63
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	95
6.1 Review and Evaluate Laws, Regulations, and Ordinances	94
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	100
6.1.3 Review of laws, regulations, and ordinances	100
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	92
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	100
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	100

6.3 Enforce Laws, Regulations and Ordinances	100
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	100
6.3.4 Provision of information about compliance	100
6.3.5 Assessment of compliance	100

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Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	85
7.1 Identification of Populations with Barriers to Personal Health Services	96
7.1.1 Identification of populations who experience barriers to care	100
7.1.2 Identification of personal health service needs of populations	100
7.1.3 Assessment of personal health services available to populations who experience barriers to care	88
7.2 Assuring the Linkage of People to Personal Health Services	74
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	71
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	100
7.2.4 Coordination of personal health and social services	50
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	86
8.1 Workforce Assessment Planning, and Development	88
8.1.1 Assessment of the LPHS workforce	100
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	75
8.1.3 Dissemination of results of the workforce assessment / gap analysis	88
8.2 Public Health Workforce Standards	100
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	89
8.3.1 Identification of education and training needs for workforce development	98
8.3.2 Opportunities for developing core public health competencies	71
8.3.3 Educational and training incentives	88
8.3.4 Interaction between personnel from LPHS and academic organizations	100
8.4 Public Health Leadership Development	69
8.4.1 Development of leadership skills	75
8.4.2 Collaborative leadership	75
8.4.3 Leadership opportunities for individuals and/or organizations	75
8.4.4 Recruitment and retention of new and diverse leaders	50

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Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	93
9.1 Evaluation of Population-based Health Services	84
9.1.1 Evaluation of population-based health services	88
9.1.2 Assessment of community satisfaction with population-based health services	75
9.1.3 Identification of gaps in the provision of population-based health services	75
9.1.4 Use of population-based health services evaluation	100
9.2 Evaluation of Personal Health Care Services	96
9.2.1.In Personal health services evaluation	79
9.2.2 Evaluation of personal health services against established standards	100
9.2.3 Assessment of client satisfaction with personal health services	100
9.2.4 Information technology to assure quality of personal health services	100
9.2.5 Use of personal health services evaluation	100
9.3 Evaluation of the Local Public Health System	99
9.3.1 Identification of community organizations or entities that contribute to the EPHS	100
9.3.2 Periodic evaluation of LPHS	100
9.3.3 Evaluation of partnership within the LPHS	96
9.3.4 Use of LPHS evaluation to guide community health improvements	100
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

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

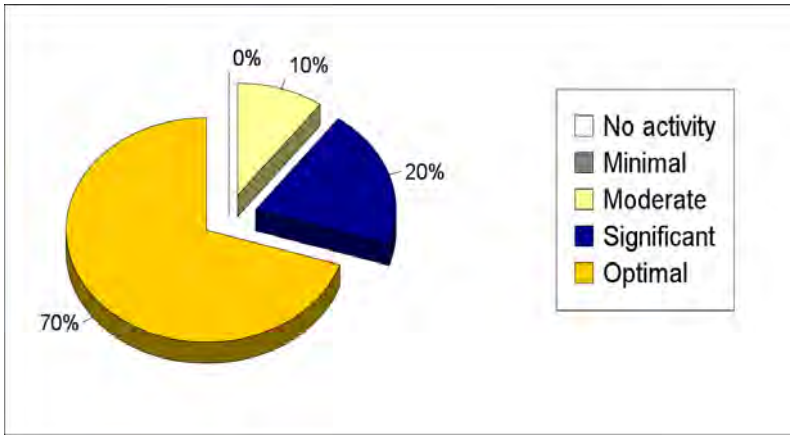


Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

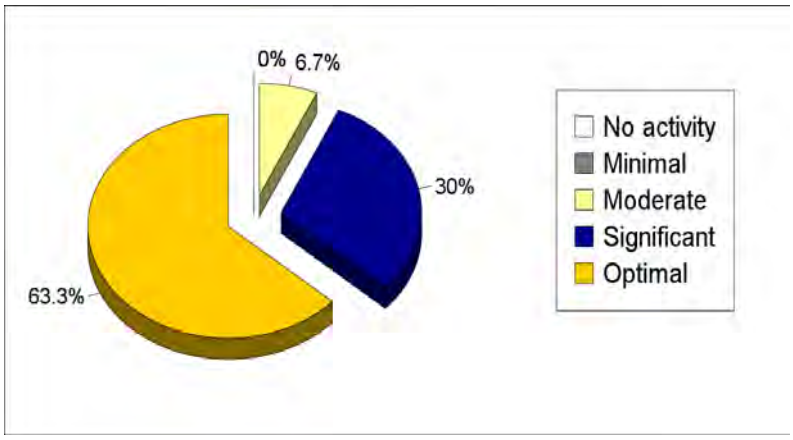


Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

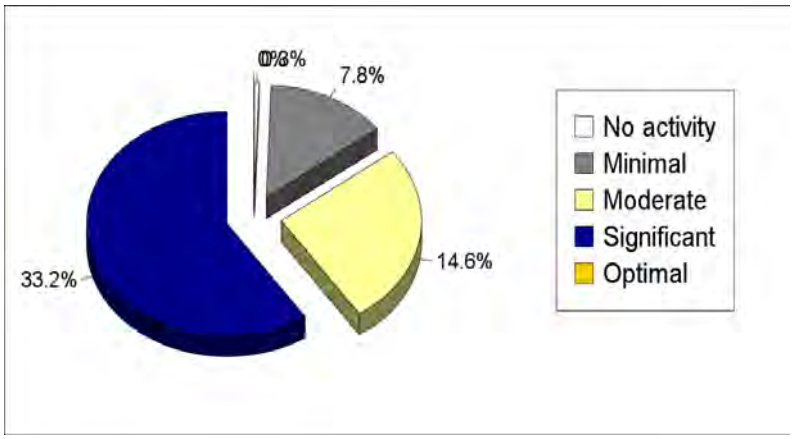


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5** and **6**.

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Tables 3 and **4** show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants in **Figures 8** and **9**, which follow the tables. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
3. Inform, Educate, And Empower People about Health Issues	8	72 (Significant)
4. Mobilize Community Partnerships to Identify and Solve Health Problems	10	43 (Moderate)
5. Develop Policies and Plans that Support Individual and Community Health Efforts	8	77 (Optimal)
10. Research for New Insights and Innovative Solutions to Health Problems	5	60 (Significant)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	5	95 (Optimal)
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	8	85 (Optimal)
8. Assure a Competent Public and Personal Health Care Workforce	6	86 (Optimal)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	5	93 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
1. Monitor Health Status To Identify Community Health Problems	2	83 (Optimal)
2. Diagnose And Investigate Health Problems and Health Hazards	2	98 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		

Table 4: Model standards by priority and performance score, with areas for attention

Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
3.1 Health Education and Promotion	8	60 (Significant)
3.2 Health Communication	8	78 (Optimal)
3.3 Risk Communication	8	77 (Optimal)
4.1 Constituency Development	10	55 (Significant)
4.2 Community Partnerships	10	31 (Moderate)
5.1 Government Presence at the Local Level	8	68 (Significant)
5.2 Public Health Policy Development	8	72 (Significant)
7.2 Assuring the Linkage of People to Personal Health Services	8	74 (Significant)
8.4 Public Health Leadership Development	6	69 (Significant)
10.1 Fostering Innovation	5	50 (Significant)
10.2 Linkage with Institutions of Higher Learning and/or Research	5	75 (Significant)
10.3 Capacity to Initiate or Participate in Research	5	56 (Significant)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
5.3 Community Health Improvement Process	8	82 (Optimal)
5.4 Plan for Public Health Emergencies	8	88 (Optimal)
6.1 Review and Evaluate Laws, Regulations, and Ordinances	5	94 (Optimal)
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	5	92 (Optimal)
6.3 Enforce Laws, Regulations and Ordinances	5	100 (Optimal)
7.1 Identification of Populations with Barriers to Personal Health Services	8	96 (Optimal)
8.1 Workforce Assessment Planning, and Development	6	88 (Optimal)
8.2 Public Health Workforce Standards	6	100 (Optimal)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	6	89 (Optimal)
9.1 Evaluation of Population-based Health Services	5	84 (Optimal)
9.2 Evaluation of Personal Health Care Services	5	96 (Optimal)
9.3 Evaluation of the Local Public Health System	5	99 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		

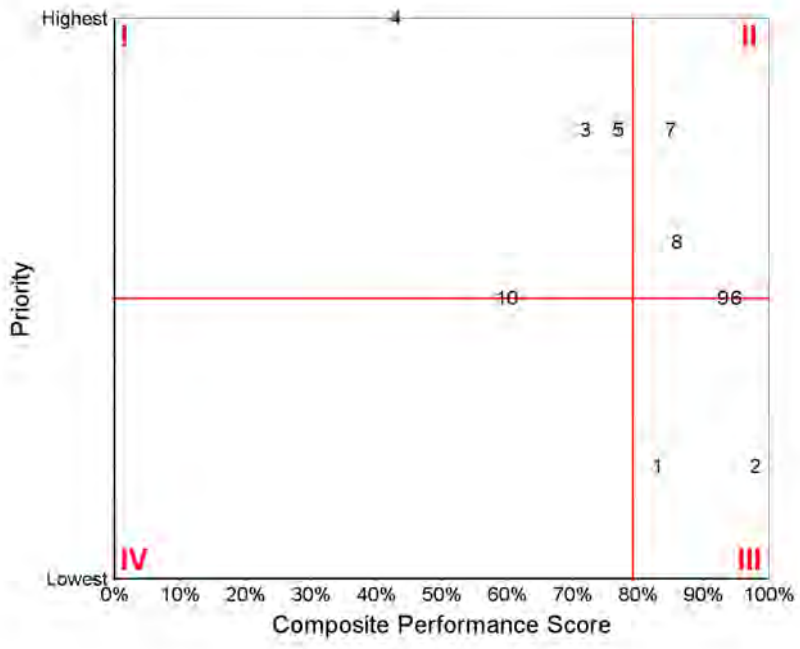
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	2	96 (Optimal)
1.3 Maintenance of Population Health Registries	2	100 (Optimal)
2.1 Identification and Surveillance of Health Threats	2	96 (Optimal)
2.2 Investigation and Response to Public Health Threats and Emergencies	2	99 (Optimal)
2.3 Laboratory Support for Investigation of Health Threats	2	100 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
1.1 Population-Based Community Health Profile (CHP)	2	54 (Significant)

Figures 8 and **9** (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median value are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

Figure 8: Scatter plot of Essential Service scores and priority ratings



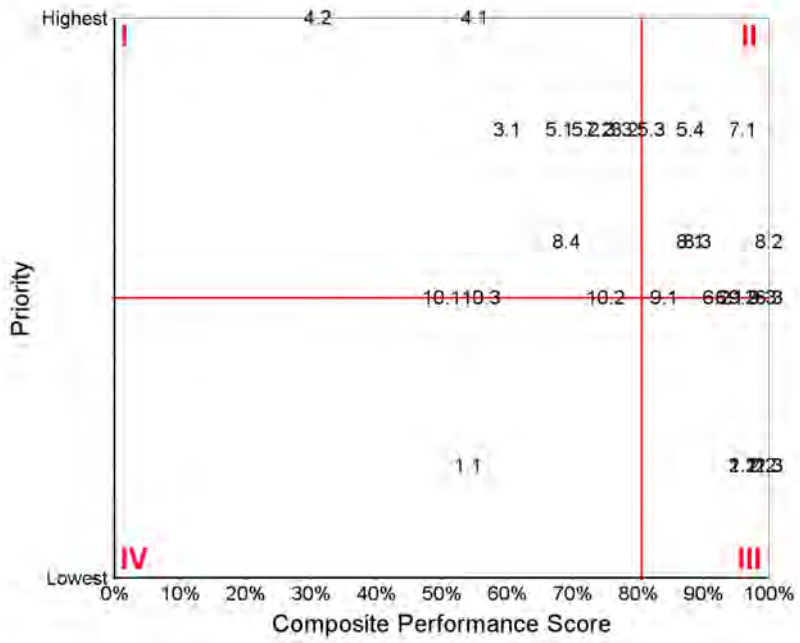
I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

Figure 9: Scatter plot of model standards scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

D. Optional agency contribution results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Tables 5 and **6** (below) display Essential Services and model standards arranged by Local Health Department (LHD) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and model standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in **Figures 10** and **11**.

Quadrant		Questions to Consider
I.	**Low Performance/High Department Contribution**	• Is the Department's level of effort truly high, or do they just do more than anyone else? • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance?
II.	**High Performance/High Department Contribution**	• What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance?
III.	**High Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance?
IV.	**Low Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance?

Table 5: Essential Service by perceived LHD contribution and score

Essential Service	LHD Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	50%	Optimal (83)	Quadrant II
2. Diagnose And Investigate Health Problems and Health Hazards	58%	Optimal (98)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	50%	Significant (72)	Quadrant I
4. Mobilize Community Partnerships to Identify and Solve Health Problems	50%	Moderate (43)	Quadrant I
5. Develop Policies and Plans that Support Individual and Community Health Efforts	50%	Optimal (77)	Quadrant I
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	50%	Optimal (95)	Quadrant II
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	50%	Optimal (85)	Quadrant II
8. Assure a Competent Public and Personal Health Care Workforce	25%	Optimal (86)	Quadrant III
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	50%	Optimal (93)	Quadrant II
10. Research for New Insights and Innovative Solutions to Health Problems	42%	Significant (60)	Quadrant IV

Table 6: Model standards by perceived LHD contribution and score

Model Standard	LHD Contribution	Performance Score	Consider Questions for:
1.1 Population-Based Community Health Profile (CHP)	50%	Significant (54)	Quadrant I
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	75%	Optimal (96)	Quadrant II
1.3 Maintenance of Population Health Registries	25%	Optimal (100)	Quadrant III
2.1 Identification and Surveillance of Health Threats	75%	Optimal (96)	Quadrant II
2.2 Investigation and Response to Public Health Threats and Emergencies	50%	Optimal (99)	Quadrant II
2.3 Laboratory Support for Investigation of Health Threats	50%	Optimal (100)	Quadrant II
3.1 Health Education and Promotion	50%	Significant (60)	Quadrant I
3.2 Health Communication	50%	Optimal (78)	Quadrant I
3.3 Risk Communication	50%	Optimal (77)	Quadrant I
4.1 Constituency Development	25%	Significant (55)	Quadrant IV
4.2 Community Partnerships	75%	Moderate (31)	Quadrant I
5.1 Government Presence at the Local Level	50%	Significant (68)	Quadrant I
5.2 Public Health Policy Development	25%	Significant (72)	Quadrant IV
5.3 Community Health Improvement Process	75%	Optimal (82)	Quadrant II
5.4 Plan for Public Health Emergencies	50%	Optimal (88)	Quadrant II
6.1 Review and Evaluate Laws, Regulations, and Ordinances	50%	Optimal (94)	Quadrant II
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	50%	Optimal (92)	Quadrant II
6.3 Enforce Laws, Regulations and Ordinances	50%	Optimal (100)	Quadrant II
7.1 Identification of Populations with Barriers to Personal Health Services	50%	Optimal (96)	Quadrant II
7.2 Assuring the Linkage of People to Personal Health Services	50%	Significant (74)	Quadrant I
8.1 Workforce Assessment Planning, and Development	25%	Optimal (88)	Quadrant III
8.2 Public Health Workforce Standards	25%	Optimal (100)	Quadrant III

8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	25%	Optimal (89)	Quadrant III
8.4 Public Health Leadership Development	25%	Significant (69)	Quadrant IV
9.1 Evaluation of Population-based Health Services	50%	Optimal (84)	Quadrant II
9.2 Evaluation of Personal Health Care Services	50%	Optimal (96)	Quadrant II
9.3 Evaluation of the Local Public Health System	50%	Optimal (99)	Quadrant II
10.1 Fostering Innovation	25%	Significant (50)	Quadrant IV
10.2 Linkage with Institutions of Higher Learning and/or Research	50%	Significant (75)	Quadrant I
10.3 Capacity to Initiate or Participate in Research	50%	Significant (56)	Quadrant I

Figure 10: Scatter plot of Essential Service scores and LHD contribution scores

Essential Service data are calculated as a mean of model standard ratings within each Essential Service.

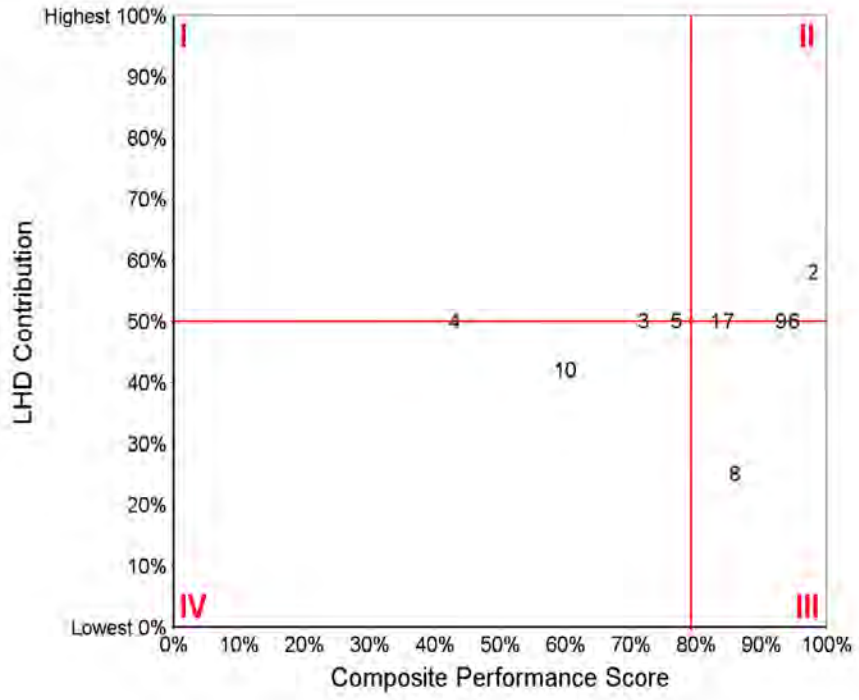
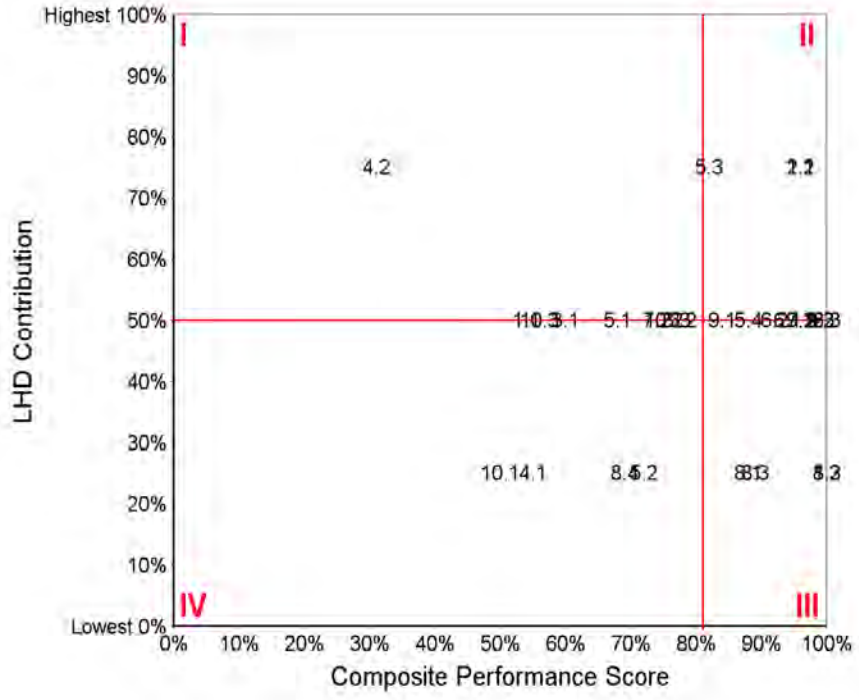


Figure 11: Scatter plot of model standard scores and LHD contribution scores



APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation -** NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.

- **NPHPSP User Guide -** The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/).

- **NPHPSP Online Tool Kit -** Additional resources that may be found on, or are linked to, the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.

- **NPHPSP Online Resource Center -** Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standard, essential public health service, and keyword. Alternately, users may read or print the resource guides available on this site.

- **NPHPSP Monthly User Calls -** These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.

- **Annual Training Workshop -** Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) for more information.

- **Improving Performance Newsletter** and the **Public Health Infrastructure Resource Center at the Public Health Foundation -** This website (www.phf.org/performance) presents tools and resources that can help organizations streamline efforts and get better results. A five minute orientation presentation provides an orientation on how to access quality improvement resources on the site. The website also includes information about the *Improving Performance* Newsletter, which contains lessons from the field, resources, and tips designed to help NPHPSP users with their performance management efforts. Read past issues or sign up for future issues at: www.phf.org/performance.

- **Mobilizing for Action through Planning and Partnerships (MAPP) -** MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.

Appendix D

Summary of Other Community Plans

CHAMPAIGN VISION 2020

CHAMPAIGN IS AN INCLUSIVE COMMUNITY THAT WELCOMES ALL

CITY RESIDENTS ENJOY A GREAT QUALITY OF LIFE, FIRST CLASS EDUCATIONAL OPPORTUNITIES AND EASY MOBILITY.

CHAMPAIGN IS A VIBRANT COMMUNITY WITH AN ACTIVE CENTER CITY AND HEALTH NEIGHBORHOODS

THE CITY IS DESIGNED FOR QUALITY AND SUSTAINABILITY, AND HAS A GROWING ECONOMY.

COUNCIL GOALS AND ACTION PLANS

FY 2008-2009 Through FY 2011-2012

Our City Fosters Quality of Life for All Citizens

Strategic Initiatives:

- Assure a safe community and protect the rights of citizens..
- Support efforts to expand outstanding medical care.
- Encourage development of affordable housing.
- Strengthen community service partnerships.
- Be a leader in intergovernmental cooperation.
- Promote an inclusive, open minded and progressive community.

Key Projects:

- Partner with the community to implement initiatives to prevent and reduce violence.
- Support the Booker T. Washington and Garden Hills School development projects.
- Collaborate on plans for medical facility development.
- Extend the boundary agreement with Savoy.

Our City Provides First-Rate Services

Strategic Initiatives:

- Strengthen community-oriented policing.
- Aggressively address aging infrastructure.
- Support and respond to neighborhood needs.
- Maintain fire department responsiveness.

Key Projects:

- Fund the John Street and Washington Street East flood abatement projects.
- Restore police staffing levels.
- Develop flood abatement plans for Washington Street West.

Our City is Fiscally Responsible

Strategic Initiatives:

- Maintain a healthy and balanced City budget.
- Ensure fair City tax rates and fees.
- Apply strategies to reduce the cost of providing City services.
- Promote a compact growth pattern to deliver City services efficiently.
- Allocate the cost of services to citizens who benefit.

Key Projects:

- Develop a plan to fund storm water drainage improvements.
- Review options for intergovernmental partnerships.
- Review options for outsourcing of City services.

Our City Promotes Economic Opportunity

Strategic Initiatives:

- Market the City as a tourism destination.
- Expand the arts and amateur sports.
- Increase parks, trails, and open space amenities.
- Brand the City as a micro-urban community.
- Expand programs for job creation and employment growth.
- Attract and retain workforce talent in the community.
- Promote opportunities for upward mobility for all citizens.
- Advance strategies to benefit low-income neighborhoods.
- Adopt forward-thinking growth and development policies.

Key Projects:

- Support City partners to achieve defined tourism and economic development outcomes.
- Create City programs that generate a full range of job opportunities to attract and retain workforce talent.
- Develop a unified message and campaign to promote the City.
- Work with the University to plan for phases four and five of the Research Park.

Our City is a Model for Environmental Sustainability

Strategic Initiatives:

- Promote Champaign as a green community.
- Encourage the use of alternate modes of transportation.
- Recruit and retain innovative green business and industry.
- Adopt incentives and regulations to encourage environmental responsibility.
- Reduce energy consumed by our City government.
- Preserve the Mahomet aquifer as a long-term healthy water supply.

Key Projects:

- Approve the Sustainability Plan that includes a timetable for implementation.
- Adopt building and zoning codes that encourage cost-effective, green development.
- Inventory City infrastructure and add bicycle and pedestrian features where possible.

Our City is Committed to Honest, Transparent Government

Strategic Initiatives:

- Engage the community in City government.
- Provide timely and accurate information about City services.
- Openly share information about City actions and decisions.
- Improve public access to City information.

Key Projects:

- Implement the Public Communications Plan.

Regional Planning Commission Champaign County Indicators, 2009

Based off of an objective of their 2007 vision called **our future. here.,** the Champaign County Regional Planning Commission or RPC created the Champaign County Indicators document. RPC is an intergovernmental membership association that seeks to assist Champaign and surrounding areas with planning and development. The Champaign County Indicators cover some of the major issues that Champaign County faces and illustrates the current status of each issue. The indicators were proposed as a way to achieve the vision set in 2007. It was completed in April, 2009.

RPC focuses on two main areas of health which are the general health and well-being of the community and access to health care. However, other indicators also have an affect on health. In health and well-being key measures of health were assessed. The Regional Planning Commission found that though health and well-being were improving, the increase in key measures of health was marginal and often fluctuated. Key measures included no report of diabetes, no report of high cholesterol, and consumption of 3 or more fruits and vegetables a day. RPC hopes to have a sustainable increase in key measures of health for Champaign County community members.

Currently 68% of residents have access to health care. This percentage has been sustained for the past 10 years with a small increase. Champaign would like to be a leader in providing affordable and comprehensive care to residents. Increasing access to care, which is a health priority for the 2011-2015 IPLAN, can drastically improve the health of the community, especially if there is more availability for primary care which can prevent major health problems.

In addition to these, many other indicators have an influence on health. For instance, transportation has a focus on improving and increasing bicycle routes and walking paths for a green friendly transportation system. An increase in bicycle routes will also promote physical activity and thereby healthier living. Urbana is currently already a Bronze level bicycle friendly community. More walking paths and better infrastructure can also promote healthier lifestyles that require minimal extra expense for residents.

The planning commission is also promoting the production and consumption of locally grown foods for economic benefit. This indirectly promotes health and well-being as healthier foods are produced and easier to purchase. The Regional Planning Commission indicates that there are many community members that have gardens in their backyards and are already purchasing foods that are locally grown. Often foods that are promoted are unhealthy and non-nutritious. Promoting the consumption of locally grown foods will bring competition against the large grocery stores that sell poorly nutritious foods for better prices than healthier ones.

Finally, the Regional Planning Commission is trying to increase the development of mixed use neighborhoods which place major community services such as banks, grocery stores, medical services, laundry, libraries, schools etc. within walking distance of residence. Mixed use neighborhoods automatically promote physical activity and make healthier living easier to accomplish.

United Way of Champaign County, 2011 Community Report

In its 2011 Community Report, United Way has declared the health issues that it finds most relevant for Champaign County. Major health problems included are access to health care, food insecurity, mental health, and risky behavior.

United Way has indicated that access to health care is a severe problem in Champaign County. The 2011 Community Report states that a little bit less than 80% of people have a regular source of primary care. This means that over 20% of people do not have a regular source of primary care. This percentage is below both the Illinois and U.S. standard. In addition, the percentage of uninsured is on the rise while across Illinois and the U.S. the percentage is decreasing. The percentage of uninsured individuals in Champaign County is 13.5%. Having primary care and insurance can both help prevent serious health conditions.

One sub sector of access to care is dental care. In Champaign County dental care is extremely hard to receive for those that are on Medicaid. Dental care is important because poor dental care can lead to many other health problems such as heart disease. Frances Nelson currently has over 700 people waiting to receive dental care. Improvements in access to care can help prevent small problems with dental care from becoming larger health problems.

Food insecurity is an issue correlates with poor health. Without access to nutritious food, Champaign County residents may suffer from a host of other problems. United Way's community report indicates that 19.73% of Champaign County residents are considered to be food insecure. In addition food insecurity is on the rise. Food resources need to be evaluated and adapted to improve food security and thereby improve the health of residents of Champaign County.

Mental health is often ignored as a major health indicator. Nevertheless mental issues like dental and food issues can lead to other problems such as unemployment, homelessness, substance abuse, and suicide. Less than half of people with mental health problems seek or receive care. Champaign County could increase its workforce by increasing access to mental health services. Also, mental health services can reduce waste caused by untreated mental illnesses. Over $100 billion a year is spent on untreated mental illness in the U.S. alone.

Finally, risky behaviors exhibit the prospects of illness. In United Way's report, risky behaviors include poor eating habits, sexual activity, and alcohol, marijuana use, and cigarette smoking. These behaviors illustrate the poor choices that can lead to poor health in the future. Preventing risky behaviors will reduce future illness and improve County health. In Champaign County, 46% of high schools graduating seniors have stated that have used alcohol in the last 30 days. Obesity rates are decreasing but are still higher than the Healthy 2020 Goal. Reducing risky behaviors is important in improving the health of Champaign County.

United Way has covered many of the major issues that Champaign County faces. The United Way community report provides further evidence of the four health priorities discussed in the IPLAN.