

**KANKAKEE COUNTY
COMMUNITY HEALTH NEEDS ASSESSMENT
AND
COMMUNITY HEALTH PLAN**

March, 2008

**Kankakee County Health Department
2390 West Station St.
Kankakee, IL 60901**

EXECUTIVE SUMMARY

This Kankakee County Community Needs Assessment and Community Health Plan is a public health approach to improving the quality of life for the citizens of Kankakee County. This is the third such assessment and health plan written for the county. Each of these plans share some similar characteristics but allow for growth, expansion, evaluation and improvement on the selected health priorities. The impact of these earlier plans and the focused action on identified priorities is evidenced by the reduction in infant mortality, the decrease in teen pregnancy rate, and the increase in access to health care services. Improvements have been seen in the areas of cancer and cardiovascular disease, but these continue to be problems the community sees as priorities.

The community assessment and community health plan was developed following the guidelines of the IPLAN initiative of the Illinois Department of Public Health using “APEX/PH: An Assessment Protocol for Excellence in Public Health” by the National Association of City and County Health Officials (NACCHO) as the model for assessing community health status and creating plans to address these needs.

Data necessary for the decision-making process was provided by Health Systems Research of the University of Illinois College of Medicine, at Rockford. This statistical data was summarized on tables and graphs and presented in power point format to the IPLAN Community Forum. Forum members were representatives from various medical, social service, education, business, and community agencies who were knowledgeable about the community and volunteered their time to review the data, develop priorities and provide input into the plan development. The Kankakee County Health Department led the process for the needs assessment and the development of the health plan. Implementation of the health plan will be conducted, facilitated and collaborated with other agencies. The Community Forum will continue to meet and plans to develop subcommittees for each of the priorities, in order to assist in the implementation and evaluation of the health plan.

The Community Forum identified three priority health problems based on the size and seriousness of the problem in the community and the possibility of successful intervention. For each problem, intervention strategies and possible resources to implement the strategies were suggested. The Kankakee County Board of Health then reviewed the committee’s recommendations, the needs assessment and the health plan, and agreed with the three priority areas identified and recommended that the health plan be used by the Health Department to guide the actions and work of the Health Department for the next five years.

The three priorities identified in the needs assessment and addressed in the health plan are:

- Reduce the incidence of cancer
- Reduce the incidence of cardiovascular disease
- Reduce the incidence of sexually transmitted diseases.

The health plan will provide the county with a valuable strategy for meeting the health needs of its citizens. It will avoid duplication of services and foster collaboration among the various agencies involved, as together all work toward the goal of making Kankakee County a better place to live by promoting healthy lifestyles to prevent premature death, disability, and illness.

COMMUNITY HEALTH NEEDS ASSESSMENT

I. Purpose

The Kankakee County Health Department seeks to serve the health needs of the citizens of Kankakee County through an emphasis on health promotion and disease prevention. Knowing exactly what the health needs of the constituency are as well as understanding other social characteristics of the population being served is essential to the proper performance of this role. Assessment of the community and planning for its needs requires a constant flow of information from many sources, plus analysis of that information and transformation into policy and programming to best serve the local residents. This includes assessing what problems exist, and deciding how to bring about changes that will create improvement. To that end, this report summarizes the results of a comprehensive community health needs assessment completed for Kankakee County and identifies the priority areas for action.

In addition to being a collaborative effort to address community health needs, this assessment has also been prepared by the Kankakee County Health Department, led by the health department administrator, Bonnie Schaafsma, to meet the requirements of Section 600.400 of the Certified Local Health Department Code which requires a community health needs assessment that systematically describes the prevailing health status and health needs of the population within the local health department's jurisdiction. Such assessments are to be conducted at 5 year intervals. This will be the third such assessment and plan completed for Kankakee County and will cover the year 2008-2012.

Community health needs were identified during the community health needs assessment process based on analysis of data describing the health of the population and on the judgment of the community participants concerning the seriousness of the health problems and needs. The Kankakee County Health Department, Riverside Medical Center, and Provena St. Mary's Hospital partnered to contract with Health Systems Research of the University of Illinois College of Medicine at Rockford to do the actual data collection and analysis used by the community forum.

II. Community Participation Process.

IPLAN Community Forum

Thirty four individuals representing 26 different medical, social service, governmental, and business entities in the county were invited to serve on the IPLAN Community Forum. Representatives were chosen to participate based on their commitment to improving the health of the county, knowledge about the county, willingness to maintain a county-wide perspective, and their willingness to represent a particular perspective, organization or sector of the county. Figure 1 lists the community groups involved in the forum.

Specifically, committee members were asked to function in the following roles:

1. Review and evaluate health and demographic data for Kankakee County.

2. Identify and prioritize health problems in accordance with the Assessment Protocol for Excellence in Public Health (APEX/PH) process.
3. Present their perspective in discussions, balancing those views with a county-wide perspective.
4. Participate in the development and recommendation of a health plan for the county.

Data Source

Data necessary for the decision-making process was provided by the Health Systems Research unit of the University of Illinois College of Medicine, at Rockford. The Analysis of Community Health Needs prepared by Health Systems Research presents a comprehensive overview of Kankakee County, describing the population through secondary sources of information. Topics covered include population, age, race/ethnicity, gender, family structure, income and poverty, education, employment, housing, births, deaths, health status, disability, health resources, and crime and violence. The major sources of information for the Community Analysis include the 2000 Census of Population and Housing, 2005 American community Survey, other Census updates, vital statistics collected by the Illinois Department of Public Health, hospital discharge data, the 2004 Illinois County Behavioral Risk Factor Survey for Kankakee County, and other social and economic indicators primarily from state and regional agencies. The complete analysis document is on file at the Kankakee County Health Department. A detailed summary of the data and statistics may be found in Section III of this report. A summary of the data in power point presentation format was developed and presented to the community forum for their consideration and may also be found in Appendix A to this report.

Process and Priority Setting Method

On July 9, 2007, the IPLAN Community Forum group convened to consider a presentation of the demographic and population patterns and trends in the community and to receive a health-related data overview for the county. As noted above, this information was compiled by Health Systems Research and was presented to the group in power point format by Joel Cowen and Deborah Lischwe. Mr. Cowen also facilitated the discussion during the health problem identification and prioritization process. The members of the forum present were also given hard copies of the information presented for their consideration.

Following the presentation of the data and analysis, the group was given the opportunity to discuss the information and begin to identify the health problems facing the county. The definition of a health problem: *"A situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured as death, disease, or disability"* was provided as a framework for discussion. Following a lengthy discussion, the group identified the ten health issues listed below as possible priorities and areas needing further analysis. Health Systems Research was charged with compiling additional in depth information on these topics for presentation at the next meeting.

- | | |
|------------------------------|--------------------------------------|
| Access to Care | Accidents |
| Arthritis and Disability | Cancer |
| Cardiovascular Disease | Deaths of Infants and Young Children |
| Mental and Behavioral Health | Sexually Transmitted Diseases |
| Tobacco Use | Obesity |

At the next meeting on July 24, 2007, the community forum members received additional data and narrative which focused on the ten areas chosen for further consideration. This information is provided in Appendix B of this report. Discussion and group process was again facilitated by Joel Cowen of Health Systems Research. The Modified Hanlon Process for problem prioritization was described to the members. This process involves evaluating each potential problem based on the following factors:

SIZE: Proportion of population affected. Number of people affected.

SERIOUSNESS: Is intervention needed urgently? How significant is the problem? Does the problem have a high death, hospitalization or disability rate? Is the economic impact great? What will happen if no action is taken?

CURRENT ACTIONS: Are actions already underway? Does the problem need new activity? Are other on the right track with sufficient resources?

INTERVENTION POTENTIAL: Can anything be done? Do we know enough to act? Are known intervention effective? Any political, social, economic factors prohibiting action?

Members present were asked to rate each of the potential priorities based on this process and were given time to do so. When the group reconvened to discuss and compare their ratings, the following were identified as the top three health problems needing focused action: cancer, cardiovascular disease, and sexually transmitted diseases.

Health problem analysis worksheets were then developed through discussion for each of these top three areas. These worksheets detailed the risk factors and contributing factors leading to the current prevalence of the health problem. Finally, implementation strategies were discussed and recommendations made as to how to reduce the level of the contributing factors. Community resources and community organizations were identified to work with the health department on these strategies. The health department administrator, Bonnie Schaafsma, compiled the results of the committee discussion and work to use in the formal development of the community health plan presented later in this report. Plans were also made for the forum group to continue to meet periodically, and to form subcommittees for each of the priority health needs identified. These subcommittees will serve to assist with planning, implementation and evaluation of actions to address the identified problems.

In August, 2007, a report on the community needs assessment and the priority health problems identified was presented to the Kankakee County Board of Health. The Board approved the assessment and accepted the three priority areas of cancer, cardiovascular disease and sexually transmitted disease as areas of focus for the work of the health department and for budget consideration in the coming five years.

Figure 1.

IPLAN COMMUNITY FORUM

Kankakee County Health Department-3 representatives
Kankakee County Board of Health- 2 representatives
Medical Providers-5 representatives from various areas of practice
Riverside Medical Center-3 representatives
Provena St. Mary's Hospital-3 representatives
The Daily Journal-1 representatives
Pledge for Life Partnership-1 representatives
Kankakee Regional Office of Education-1 representative
Kankakee County Sheriff- 1 representative
Kankakee County Economic Development Association- 1 representative
Options for Independent Living-1 representative
Kankakee Community College- 1 representative
Olivet Nazarene University- 1 representative
Helen Wheeler Center for Mental Health- 1 representative
Azzarelli Community Clinic- 1 representative
United Way of Kankakee County- 2 representatives
Aunt Martha's Youth Center/Community Clinic- 1 representative
Kankakee County Board- 2 representatives
Duane Dean Center for Substance Abuse Treatment- 1 representative
University of Illinois Extension- 1 representative
Bright Beginnings Early Intervention Program- 1 representative

III. Health Data

Summary of Health Statistics

1. Population

- According to the 2006 Census estimate, the population of Kankakee County stood at 109,090, an increase of 5.1% from the decennial Census in 2000 and a 13.3% increase since the 1990 Census. In 2006, Kankakee was the 18th most populous out of 102 Illinois counties.
- Kankakee County has grown in all decades except the 1980s since 1900. The county experienced the greatest growth from the 1930s to the 1950s. Population growth tapered sharply in the 1960s. In the 1980s, the county recorded a population decrease of 6.5%; however, during the 1990s, the county showed renewed growth, increasing by 7.9%. Between 2000 and 2006, the county's population increased by an estimated 5.1%
- The total land area of Kankakee County is 676.75 square miles, yielding a 2006 population density of 161.2, lower than the state density.
- All but four of the 19 Kankakee County communities experiences population growth during the 1990s. Only Buckingham (-30.3%), Sun River Terrace Village (-28%), Kankakee (-0.2%), and Union Hill (-5.7%) reported population losses.
- From 2000 to 2005, ten of the nineteen communities in the county experienced growth. The largest percentage growth occurred in Manteno, with a population increase of 24%, followed by Essex, with a gain of 22.6%. The largest numerical population loss took place in Kankakee, with a population decrease of 849 persons.
- Manteno Township was the fastest growing township from 1990 to 2005. During the 1990s, Manteno Township increase by 55.1%, while from 2000 to 2005, it grew by 20.7%.
- The majority of the population of Kankakee County is concentrates in Kankakee and Bourbonnais Townships. These townships were home to 58% of the county's population in 2005 estimates.
- After taking natural increase into consideration, net migration to Kankakee County during the 1990s was 1,820 persons. Estimated net migration from 2000-2006 was 2,657 individuals. About 28.2% of the Kankakee County's population change from 1990-1999 and half of the population change from 2000-2006 appears to be due to migration.
- According to tax files from the Internal Revenue Service, 33% of persons who moved to Kankakee County in 2004-2005 came from Cook County, while 19.3% came from Will County. OF those who moved out of Kankakee County, 13.6% moved to Cook County, while one in ten (10%) moved to Will County and 9.7% moved to Iroquois County.

2. Race, Ethnicity, Language, Ancestry

- In the 2000 Census, 79.9% of Kankakee County residents were white, 15.5% black, 0.7% Asian/Pacific Islander, and 0.2% American Indian. “Other race” accounted for 2.4% of the population, while 1.4% identified themselves as being of two or more races. The Census considers Hispanic to be an ethnicity, not a race.
- In 2005 Census estimates, white residents accounted for 82.6% of the population, while black residents were 15.2%. Less than one percent were Asian/Pacific Islander, and 0.2% were American Indian. Those reporting two or more races were just over 1% of the county’s population. Additionally, 14.3% of county residents of any race reported to be Hispanic.
- From 2000-2005, the number of Asian/Pacific Islanders increased by 38.4%, followed by whites (7.5%), blacks (2.0%), and American Indians (0.5%). Persons of two or more races declined by 17.1%. In comparison, county-wide growth from 2000 to 2005 was 4.0%.
- Compared to Illinois, Kankakee County has a slightly higher percentage of white residents and a lower percentage of Asian/Pacific Islander residents according to 2005 estimates. Additionally, the county has a much lower percentage of Hispanic residents (6.5%) than does Illinois (14.3%). Compared to the nation, Kankakee has slightly more white residents and slightly fewer black residents. Additionally, the county has fewer American Indian and Pacific Islander, and Hispanic residents.
- The number of residents who identified themselves as Hispanic or Latino rose by 154.8% during the 1990s. The proportion of Hispanics in the county was still much lower than the state or nation. The Census Bureau estimates that from 2000 to 2005, the number of Hispanics in Kankakee County rose from 4,959 to 7,010, a growth of 41.4% during the five-year period, reaching 6.5% of the county population.
- Over four of five (82.2%) Hispanic residents of Kankakee County are of Mexican ancestry.
- In the 2005 U.S. Census estimates, white, non-Hispanic individuals account for 76.5% of the total population, higher than state (65.8%) or national (66.9%) levels. Almost 15% of the population is black, non-Hispanic. Hispanics account for 6.5% of the population, much lower than state and national proportions of over 14%. Asian/Pacific Islander, American Indian, or two or more races each comprise less than 1% of the county population.
- The proportion of white residents in Bourbonnais and Bradley is much higher than that of the state or the nation with a much lower percentage of black and Hispanic residents than Illinois or the U.S. In the city of Kankakee, almost half (47.8%) of residents are black, while two in five residents are Hispanic. White account for 9.3% of all residents in the city.
- According to 2005 Census estimates, youth aged 1-19 constitute a much higher percentage of the black, non-Hispanic (38.5%) and Hispanic (39.1%) populations than is the case for the general population (28.7%).

- The vast majority of the students are white in all except three Kankakee County school districts. Most notable among these are Grant Park #6, HERScher#2, and Manteno #5, where over 90% of students are white. The proportion of black students is by far the highest in Pembroke #259, where 99.1% of students are black. Additionally, 58.8% of students at Kankakee #111 and 61.1% of students at St. Anne High School #302 are black. The highest percentage of Hispanic students is found in Kankakee #111 (17.9%), followed by Momence #1 (15.3%) and St. Anne #256 (14%).
- The leading ancestries in Kankakee County are German (24.0%), Irish (13.3%), and French (10.3%).
- French ancestry is much more common in Kankakee County (10.3%) than in the state (2.3%) or nation (3.3%). The proportion of county residents with Dutch ancestry (3.2%) is double that of the state or nation (both 1.6%).
- A large majority of the Kankakee County population (96.5%) was born in the United States. According to the 2000 Census, 3,611 (3.5%) Kankakee County residents are foreign-born.
- Mexico is the leading place of birth for local foreign-born residents. Over half (56.0%) of Kankakee County's foreign-born residents came from Mexico, followed by India (5.7%) and Germany (4.5%).
- Of the 96,675 Kankakee County residents aged five and older, 6.4% responded that they regularly speak a language other than English at home. Spanish, spoken by 4.3% of all residents age 5+, is by far the leading non-English language spoken in Kankakee County.
- About over 7 in 10 persons who speak Spanish are also able to speak English "very well", or "well", while 29% report speaking English "not well" or "not at all".

3. Age and Gender

- Kankakee County recorded an estimated 2005 median age of 35.1, which is 1.1 years younger than the U.S. median of 36.2 years. The distribution of the county population in all age groups is comparable to national numbers.
- The proportion of Kankakee county children aged 0-17 (26%) is just above the national level (24.8%), while elderly aged 65 and older account for 12.9% of Kankakee County residents, similar to the 12.4% level for the nation.
- After an increase of 2.5 years in the 1990s, the median age in Kankakee County decreased by 0.3 years from 2000 to 2005. In comparison, the median age in the nation has increased in the past fifteen years.
- The number of persons in most age groups in Kankakee County increased in the 1990s. However, the 25-34 year old, 65-74 year old, and under 5 year old age groups all declined

somewhat. The greatest increase during this period took place in the 45-54 year old age group (42.1%).

- From 2000 to 2005, three age groups recorded decreases in numbers. The largest of these was the 8.1% decline in the 35-44 year old age group. The greatest gains in population during this time period were in the 55-64 year old age group (26.7%) and the 85+ age group (15.9%).
- In the 2005 estimate, the median age for women in the county is 36.5 years, 2.3 years older than males (34.2), owing primarily to gender differences in longevity. Since 1990, the median for Kankakee for Kankakee County males has increased by 2.4 years, while for women, median age rose 2.5 years.
- Kankakee County whites had a 2005 estimated median age of 38.6 years, compared to 27.6 years for blacks and just 24.9 years for Hispanics.
- Of the three Kankakee County places with populations over 10,000, the median age is the lowest in Bourbonnais (31.9). The City of Kankakee reports a median age of 32.3, while Bradley recorded a median age of 33.5.
- The gender ratio (males per 100 females) in the county in 2005 was estimated at 95.2, similar to the county's 2000 ratio of 95.5 and slightly higher than the 1990 ratio of 93.7. For all age groups younger than 30, males outnumber females. The gender ratio drops sharply for every age group 70 and older, in the 85+ group, the gender ratio is just 35.7.
- Hispanics exhibit a substantial excess of males. The Hispanic gender ratio in the 2005 Census estimate stood at 125.7, compared to the white ratio of 94.0 and the black ratio of just 90.6.
- Each of the three larger cities in the county report gender ratios of less than 100.0, indicating that there are fewer men than women in these areas. The city recording the most disproportionate gender ratio is Bourbonnais, with 90.8 men for every 100 women.

4. Household Characteristics, Marital Status, and Marriage/Divorce

- The number of Kankakee County households stood at 39,761 in the 2005 American Community Survey (ACS). Almost seven in ten (68.4%) households are family households, slightly higher than the 66.8% figure for Illinois and 66.9% for the nation. Married couple families account for just over half (53.1%) of Kankakee County households. Married couples with children form 22.5% of households in the county.
- In 2005, Kankakee County contained 3,697 (9.3%) single parent household, close to the Illinois rate of 9.2% and the U.S. rate of 9.9%. Of the single parent households in the county, 80.6% are headed by a female.
- The average household size in Kankakee County was 2.61 persons in the 2005 ACS, close to the U.S. average of 2.60 but smaller than the state average of 2.65 persons. The average family has

3.23 persons, smaller than the Illinois average of 3.29 persons but larger than the U.S. average of 3.18 persons.

- When examined by race/ethnicity, white households (2.51) recorded a smaller 2000 Census average household size than black households (2.95) or especially Hispanic household (3.84).
- Over six in ten (63.4%) Kankakee County children under age 18 live in a married couple family, somewhat below state (67%) and national (66%) proportions. One in five (20.6%) children in the county live with a single female. One in twenty (5.3%) children live with a single male. The level of children living with a single parent in the county is higher than found statewide and nationally.
- In Kankakee County, 1,783 children or 6.3%, live in a home where a grandparent is in the household, the same proportion as in the U.S. and slightly lower than the state level of 6.6%. Substantial race differences exist; while 4.6% of white, non-Hispanic children and 5.5% of Hispanic children live with a grandparent, 11.9% of black, non-Hispanic children in the county have this living arrangement. These large differences by race are not found in state or national numbers.
- In 2000 almost six of ten (59.6%) persons aged 65 and older in Kankakee County were living in a family household. The number of elderly women living alone stood at 3.05 or about 22.5% of older persons. Finally, 1,195 or 8.8% of county seniors, live in group quarters.
- Kankakee County contained 2,180 unmarried partner households according to the 2000 Census. Of these, 93.5% are male/female households, while 2.4% have persons who are both male, and 4.1% are households in which both partners are female.
- About 3.9% of Kankakee County residents lived in group quarters in 2000. Individuals living in a nursing home accounted for 29.4% of those living in group quarters, while persons living in a college dormitory comprised 26.6% of the group quarters population. The population of county correctional institutions is 5.9% of the total population of group quarters in the county, while 2.7% of this population resided in mental (psychiatric) hospitals.
- Among Kankakee County residents, about one in four (25.3%) are single (never married), 55.8% are married, 12% are divorced or separated, and 7% are widowed. The county contains slightly higher levels of married persons than the state and U.S., while the percentage of never married individuals is lower than the state or nation.
- Since 1992, the Kankakee County dissolution ratio has been much lower than for the state or nation. In 2003, Kankakee County recorded a low dissolution ratio (31.3) compared to Illinois (42.3) or the U. S. (50.8). The lowest dissolution ratio for the county (29.8) was recorded in 1994.

5. Housing

- Kankakee County contained 40,610 housing units on April 1, 2000. Of those, 6.0% or 2,428 were vacant with vacancies far more common in rental units (6%) than owner-occupied (2.2%) units.
- Home ownership stood at an estimated 71.7% of occupied units in 2005, moving up from 69.4% of housing units occupied by owner in 1990. Home ownership locally is slightly higher than the national level which stood at 66.9% on 2006.
- Proportionately, far more white, non-Hispanic (77.7%) households own their home than do black (47.3%) or Hispanic (49.2%) households.
- The area's housing stock is dominated by one unit detached (single family) homes, comprising 71.4% of total housing units in 2005. Another 3.3% are single units which are attached such as townhouses.
- The median number of rooms in Kankakee County housing units stood at 5.4 in 2000, exactly the same room size as the nation. Owners' homes (6.0 rooms) are larger than renters (4.2). Few units are overcrowded, more than one person per room.
- Just over half (57.3%) of local county residents who were five or older in 2000 lived in the same home on 2000 as they did in 1995. Of those in a different home, about half moved from elsewhere in Kankakee County and most others came from elsewhere in Illinois.
- The 2000 Census also reports the year that housing units were built, Kankakee County's median year of 1964 was similar to the state (1962), but older than the nation (1071). The 2005 ACS reported that 7.1% of units were built in 2000 or later.
- Asked the value of their home in 2005, homeowners gave a median value of \$118,500, which was up appreciably from a designated value of \$99,200 in 2000. Home value in Kankakee county is well below home values for the nation. According to the Illinois Association of Realtors the average sale price in 2006 was \$131,250 for single homes, below the state average of \$254,480.
- In 2005, the median gross rent was \$657. Gross rent is the contract rent plus the average monthly cost of utilities if paid separately by the renter. Median gross rent nationally in 2005 stood at \$728.
- 3.3% of Kankakee county households lacked a phone in 2000 and 7.3% did not have access to a vehicle, reaching 20.4% of senior 75+.
- Home values and rents are shown to be somewhat higher in Bourbonnais and Bradley than in Kankakee. Kankakee has more rental housing than Bourbonnais or Bradley, and vacancy rates are highest of the three larger communities.

6. Education and Employment

- About eight in ten (79.8%) Kankakee County adults aged 25 years and older were high school graduates in 2000, rising from 61% in 1980; 15% in 2000 held a bachelor's degree, only about half of the Illinois and U.S. level.
- Educational attainment differs greatly by racial and ethnic category. Less than half (43.3%) of Kankakee County Hispanics have completed high school. Similarly, high school completion for blacks (64.7%) is quite low when compared to the white, non-Hispanic level of 83.7%. The differential also extends to the proportion of college graduates in that the black (7.1%) and Hispanic (7.2%) levels are well below the white, non-Hispanic group at 16.3% with bachelor's degrees.
- In school year 2005-2006, four Kankakee County school districts exceeded the state graduation rate of 87.8% led by Herscher#2 (94.8%), Grant Park #6 (94.7%), and Momence #1 (94.7%). Bradley Bourbonnais #307 was just above the state at 89.7%. However, Kankakee #111 (74.0%) was well below the state. The graduation rate measures ninth graders who graduate four years later.
- Men (71.6%) were more likely than women (59.7%) to be in the labor force. However, proportion of males working has been relatively stable, while a higher portion of females have participated in the workforce over time, especially women with preschool children which escalated from 48.0% in 1980 to 68.9% in 2000. Figures are for persons 16+.
- Three occupational categories led the 2000 Census workforce in Kankakee County. These are management, professional, and related occupations, accounting for 26.1% of workers, sales and office occupations (26.5%) and production and transportation (20.7%).
- Education, health and social services with 22.4% of workers is the leading industry sector, followed by manufacturing (16.3%) and retail trade (14.3).
- Males predominate in management, sciences, construction, maintenance, production, transportation, laborers, and protection. Women, on the other hand, constitute most of the workers in health care, "other professional workers", technicians, sales, administrative support, and service workers.
- Unemployment in Kankakee County has historically run near or slightly above state and national levels. Such was the case during 2006 when the unemployment rate was 5.6%, above both Illinois (4.5%) and the nation (4.6%).
- Health care holds the first four spots among leading employers, led by Riverside Health Care.
- Kankakee County workers average a 22 minute commute to work because a high proportion work in the county.

- The leading work destinations outside of Kankakee County were Cook (9.6%) and Will (7.5%). For persons who work in Kankakee County, 85.0% also live in the county. Iroquois (6.3%) and Will (3.1%) are the leading sources of workers from beyond the county borders.
- Educational levels are highest in Bourbonnais where more than one-fourth (26.7%) of adults 25+ are college graduates. Kankakee trails in that only 68.3% of residents have finished high school and perhaps, as a result, leads the larger communities in the unemployment level.

7. Income and Poverty

- According to the 2005 American Community Survey, the median household income of Kankakee County (\$46,074) was lower than the median for the state (\$50,260), but similar to that of the nation (\$46,242).
- During the 1990s, the median household income in Kankakee County grew by 20.1%, much slower than the growth seen by Illinois (44.5%), and the nation (39.7%). However, from 2000 to 2005, the median income in the county increased by 10.9%, more than the state (7.9%) and the nation overall (10.1%).
- In the 2000 Census, local households headed by 45-54 year olds earned the most of any age group, \$59,801, about \$10,000 more than the next age group, 35-44 year olds. The county's youngest and oldest households reported the lowest median incomes.
- Among race/ethnic groups, the 2000 Census median household income for white, non-Hispanics stood at \$44,412, higher than the median income for both Hispanic households (\$37,161) and black households (\$25,294).
- Median income for all local household types in the county are below Illinois median incomes for the same household type. Kankakee county families earn a median income (\$48,975) far greater than non family households (\$23,408). Single female parent households had the lowest median income of any household type, with an average yearly income of only \$19,989. This is only 33.8% of the median annual income for a married couple with children (\$59,052), the household type with the highest median income.
- The county's 2000 Census per capita income was \$19,055, lower than the median per capita income for both the state (\$23,104) and nation (\$32,587).
- In 2004, Kankakee County's per capita personal income (PCPI) was \$26,810, or 81% of the U.S. PCPI. Since 1980, the county's PCPI has been between 81% and 89% of the U.S. PCPI and has always been below the per capita personal income for Illinois as well.
- Based on 2005 American Community Survey results, poverty was slightly higher in Kankakee County (13.0%) than in Illinois (12.0%). In the U.S., 13.3% of persons were below the poverty level in 2005.

- Kankakee County's 2005 rate for children in poverty (18.7%) is above the state (16.4%), but are similar to the U.S. (18.5%). As with poverty rates for the entire population, proportions of county children in poverty have increased from both the 2000 Census (15.6%) and the 2004 Census estimate (17.3).
- Kankakee County Hispanic (18.6%) and blacks (32.9%) recorded 2000 Census poverty levels much higher than the white, non-Hispanic proportion (6/6%). Poverty rates for white, non-Hispanic residents of the county were similar to Illinois rates of 6.3% and below U.S. rates of 8.1%. The Kankakee County Hispanic poverty rate is slightly above that of Illinois (16.5%) but below that of the nation (22.6%). However, the black poverty rate of 32.9% in Kankakee County is much higher than either the state at 26.0% or the nation at 24.8%.
- Among household groups, female-headed families are most likely to be poor, particularly female-headed families with young children. While 28.6% of female-headed families live below the poverty threshold, almost half (48.7%) of female-headed families with children aged 0-4 are below the poverty line. Poverty rates for all types of female-headed families are higher in Kankakee County than in Illinois or the U.S.
- The lowest levels of poverty are experienced by persons 65 and older (7.2%) and families (8.7%). All groups in the county except persons 65 years of age and older have higher poverty rates than similar groups in Illinois.
- More than on-quarter (27.6%) of Kankakee County residents live between poverty and 200% of poverty (twice the poverty level).
- Bourbonnais had the highest median income for both households and families, as well as the highest per capita income. Bourbonnais also recorded the lowest poverty level for both children and total persons.
- The City of Kankakee recorded the lowest median household and family income and per capita income of the three communities covered in the report. Kankakee also had the highest levels of persons living in poverty of any of the three cities. Just under three in ten (29.3%) City of Kankakee children are below the poverty line, compared to 8.2% of children in Bradley and 7.1% in Bourbonnais.

8. Births (Nativity)

- Kankakee County reported 1,488 births in 2004, the second lowest number in the county's downward trend in annual births. During the early 1990s and earlier, the number of births to Kankakee County women routinely topped 1,600.
- The county's birth rate has declined, similar to state and national trends, with the 2004 county birth rate of 13.9 births per 1,000 population hitting a 25-year low.

- Kankakee County's fertility rate, a more specific measure of birth activity, fell from 78.3 births per 1,000 females ages 15-44 in 1990 to 70.2 in 2000 and 65.8 in 2004, a far greater drop in fertility than the nation.
- Eight in ten (79.9%) Kankakee County infants were born to white mothers in 2004, with one in five (19.0%) to black mothers. The proportion of births to Kankakee County black women has remained fairly stable, constituting a fifth to a quarter of all births for most years since 1980.
- Hispanic births, an ethnic classification which may be of any race, accounted for 13.4% of 2004 births, up appreciably from 10.0% in 2000 and 5.4% in 1995.
- Kankakee County women giving birth are more likely to be in their twenties. In 2004, three in ten (29.4%) Kankakee births were to women ages 20-24 years of age, while another three in ten (30.6%) were born to women ages 25-29, both larger proportions than the state or nation.
- Kankakee County women give birth at slightly older ages now than was true 20 years ago. In 1980, the county's median age for mothers giving birth was 23.7 years. By 2004, the median age had risen by almost three years to 26.4 years.
- Kankakee County women showed higher 2004 fertility than national rates for ages under 30 and lower fertility rates for age groups 30 years and older. The age group 25-29 exhibited a wide gap, with a county excess of 48% over the nation.
- Teen births in Kankakee County fell to a record low of 182 in 2004, more than 30 fewer births to teen than any other year in the past quarter century. Still, Kankakee County's proportion of births to teens, 12.2% in 2004, exceeds Illinois at 9.9% and U.S., 10.1%.
- More than four in ten (43.4%) 2004 county births were born to an unmarried mother, about double the 1980 proportion (23.7%). Kankakee County's births to unmarried mothers have consistently exceeded state and national levels.
- In 2004, 132 Kankakee County births were low weight, a proportion of 8.8%, slightly higher than Illinois at 8.1%. Reaching a record high in 2004, low birth weight proportions have inched up in the county over the past quarter century.
- Just under three in four (72.1%) 2004 county births received first trimester prenatal care, the smallest proportion in six years. The level of first trimester care rose during the mid 1990s to a high of 76.0% in 1997, and has fluctuated downward most years since then.
- Six in ten (60.6%) Kankakee county births received adequate care in 2004 according to the Kessner Index while a slightly higher percentage (64.6%) obtained adequate plus or adequate care based on the Kotelchuck Index of Prenatal Care Utilization. For both indices, Kankakee County's levels of adequate or high care fall below the Illinois figures by a substantial margin, more than nine percentage points.

- In 2004, 15.5% of county births were delivered by women who had used tobacco while pregnant, a record low and a substantial decline since 1990 when the level stood at 25.8%. County women are more likely to smoke during pregnancy than pregnant women statewide.
- Teen births are far more common among the Hispanic and black populations with one in five (20.5%, black; 19.5%, Hispanic) 2004 births born to women under age 20 as compared to 8.5% of white, non-Hispanic births.
- Black mothers in Kankakee County were more likely to give birth to low birth weight babies at 13.1% than either Hispanic (8.0%) or white (7.7%) mothers.
- White mothers were far more likely to seek “early” prenatal care, defined as care received in the first trimester. In 2004, three in four (75.5%) white mothers sought early care compared to 57.7% of black mothers and 43.5% of Hispanic mothers.
- Kankakee County women recorded 85 abortions in 2004 with a rate of 57.1 induced pregnancy terminations per 1,000 births, the lowest number and rate in ten years. Consistently falling far below the state, Kankakee County’s abortion rates have generally been about one-third the Illinois figure.
- Kankakee County reported 19 infant deaths in 2004, a rate of 12.8 deaths per 1,000 live births. Prior to the early 1990s, Kankakee County usually witnessed more than 20 infant deaths per year, but that number dropped in the later years of the decade before rising again to 21 in 2000. Only once in the past 25 years has the county’s rate fallen below the state and nation.
- Infant deaths vary dramatically by race, with Kankakee County black rates more than double that of whites and Hispanics for 2000-2004.

9. Deaths (Mortality)

- Kankakee County recorded 1,095 deaths in 2004, producing a rate of 10.3 deaths per 1,000 population. Kankakee County’s death rates trended upward for two decades, rising from 8.3 per 1,000 in 1981 to a high of 11.0 in 2001.
- Kankakee County’s 2003 age-adjusted death rate, which eliminates the effects of a population’s age structure, is 9.9, substantially above the Illinois and U.S., both at 8.3.
- Age groups younger than 15 years and 45 and older record death rates higher than the U.S., with the county’s death rate for the 45-54 year age group exceeding the U.S. rate by 42.7%
- The county’s top two causes of death, heart disease and cancer, accounted for half (51.4%) of all 2004 deaths.
- For most causes of death, Kankakee County’s rates stood higher than either Illinois or the U.S., with heart disease 35.5% above the U.S. level and cancer 20% higher.

- Age-adjusted death rates reveal a big ten-year drop in heart disease deaths in Kankakee County from 366.9 deaths per 100,000 in 1993 to 299.5 in 2003. Cancer remained essentially the same, while stroke, chronic lower respiratory diseases, and accidents rose over the decade. The county's age-adjusted death rates for all five top causes exceeded Illinois and the U.S.
- The county's average annual death rates for leading causes of death have also changed over the last decade. Heart disease dropped, cancer remained about the same, while stroke and chronic lower respiratory disease witnessed moderate increases.
- Heart disease accounted for three in ten (29.6%) Kankakee County deaths in 2002-2004, whereas ten years earlier, one-third (33.5%) of deaths were due to heart disease. Cancer, stroke, chronic lower respiratory diseases, and accidents were similar in the percentage of deaths for the two time periods. Alzheimer's captured a greater share of 2002-2004 deaths (3.4%) than in 1992-1994 at 1%, as did nephritis (2.7% in 2002-2004; 1.6% in 1992-1994) but coding changes explains some of the increases.
- Compared to females, Kankakee County males exhibit higher crude and age-adjusted death rates. Males also exhibit higher age-adjusted death rates for all leading death causes, with the widest gender differences for death rates due to accidents and suicide.
- More than one in four (26.7%) Kankakee County 2004 deaths occurred to persons under the age of 65. Certain causes of death were more likely to affect those under 65, with almost two in three (64.0%) accidental deaths occurring to county residents under age 65, and more than three in four deaths due to suicide or chronic liver disease claiming lives before age 65.
- Of Kankakee County 2001 deaths, accidents led the Years of Potential Life Lost (YPLL) list, capturing 1,129 of the 5,426 total lost years of life, followed by cancer with 820 YPLL and heart disease with 730 YPLL.
- Among 0-14 year olds, peri-natal conditions, the number one death cause, accounted for 35.9% of deaths in 2001-2003. Accidents claimed one-third (32.7%) of all deaths among 15-44 year olds. Cancer was the leading killer among 45-64 year olds, with one in three (33.2%) deaths and heart disease was second with 27.5%. For ages 65-74 years, cancer was the leading death cause with 34.2% of deaths, with heart disease not far behind at 27.1%. Among the oldest age groups, ages 75+, heart disease led among death causes, claiming more than one in three (35%) deaths, followed by cancer, 17.1%.
- Kankakee County blacks and Hispanics are more than twice as likely as whites to die before the age of 65. Among top death causes, age-adjusted death rates for blacks are more than 10% higher than whites for heart disease and 20% for cancer.
- In 1980, almost two births took place for every death, producing a birth:death index of 1.95. Ten years later, that index dropped to 1.70 and by 2000, the index had fallen to 1.40. The 2004 birth:death index stood at 1.36, the second lowest level since 1980.

10. Health Status

- Almost half (45.1%) of Kankakee County adults considered themselves to be in very good or excellent health in 2004, a decrease from 54.6% in 2002. Compared to the state, a smaller proportion of the county's adults reported very good or excellent health.
- Six in ten (62.2%) Kankakee County adults enjoyed good mental health during all days of the past month on 2004, falling from 2002 (64.9%), and lower than the state rate of 66.0%; 17.0% of the county's adults said they had experienced poor mental health for more than one week during the past month, higher than the state rate of 12.0% and up from 12.3% in 2002.
- Almost six in ten (57.1%) county residents reported good physical health every day during the past month on 2004, dropping from 65.2% in 2002, and lower than the 2004 state rate at 67.8%; 18.0% of county residents stated that they had experienced poor physical health for more than one week during the past month, a substantial increase from 10.4% in 2002.
- In 2004, one in five (20.5%) Kankakee County residents said that they could not perform their routine tasks for eight or more days in the past month, a level much higher than 2002 at 12.8%
- Almost two in three (64.5%) Kankakee County adults consider themselves to be overweight or obese compared to 59.0% statewide.
- Based on the self-reported results of chronic conditions, one in ten (10.5%) Kankakee County adults suffer from diabetes, while one in three lives with high blood pressure (33.2%), high blood cholesterol (33.6%) or arthritis (32.1%).
- Almost all Kankakee County (92.0%) women ages 40 years and older have had a mammography exam, however, only two-thirds (64.0%) have had their mammogram within the past year.
- Two in three (66.2%) Kankakee County men ages 40 years or older obtained a PSA test, while seven in ten men (72.2%) have received a digital rectal exam, two screening techniques for prostate cancer.
- Among the county's population 50 years and older, 57.4% have received a colonoscopy or sigmoidoscopy, a screen for colorectal cancer and abnormalities.
- Kankakee County's cancer rates for the total population, among males and ages 65+ (both genders) are statistically higher than the state, as are the rates for stomach cancer and lung cancer. Conversely, breast *in situ* is lower among Kankakee County females.
- Normal newborns was the leading reason for hospitalization among Kankakee County residents in 2005, while the most frequent non birth-related hospitalization diagnosis was psychoses, having almost as many discharges as normal newborns.
- Kankakee County hospitalization rates are higher than the state, frequently by a substantial amount, for 24 of the county's top 25 diagnoses.

- Salmonella led all of the county's reported communicable diseases except for sexually transmitted in 2005, accounting for 22 cases.
- Kankakee County has witnessed an upward trend of Chlamydia rates since 1990. In 2005, 483 cases of Chlamydia were reported, with an overall rate of 465.2 cases per 100,000 population, exceeding the state rate of 407.1.
- Kankakee County reported a gonorrhea rate of 234.0 cases per 100,000 population in 2005, much higher than Illinois at 161.2 cases. For twelve of the past 15 years, the county's gonorrhea rate has exceeded the state.
- OF the 2,451 Kankakee County children tested for elevated blood lead levels in 2004, 26 or 1.1% showed levels of 15 or more micrograms per deciliter (mcg/dL).
- Six in ten (59%) Kankakee County three year olds had received the recommended doses of diphtheria, tetanus & pertussis (DTP), polio, and measles, mumps, & rubella (MMR), according to a IDPH Clinic Assessment Survey conducted in 2005. The county's vaccination rate exceeded Illinois.
- Based on 200 Census findings, one in five (19.5%) Kankakee County persons aged five and older claimed to have a disability, similar to the U.S. rate of 19.3%. Among age groups, disability occurs most frequently among the county's seniors, ages 65 years and older, with 43.6% of this age group reporting a disability.

11. Developmental Disability, Mental Health, and Substance Abuse

- The number of developmentally disabled (DD) persons in Kankakee County during 2005 is estimated at 1,643, including 137 children aged 0-2, 446 children aged 3-17, 990 adults aged 18-64, and 70 senior citizens.
- By DD category, 625 local individuals are estimated to be physically impaired, while 575 are mentally retarded, 279 sensory impaired, and 164 seriously emotionally disturbed.
- During 2005, long-term care facilities in Kankakee County housed 743 developmentally disabled persons with 59.5% aged 45-64, along with 29.1% in the 18-44 age group, and 13.2% elderly aged 65+. Males comprised two-thirds of the DD population in long-term care facilities.
- A total of 3,183 Kankakee County students receive special education services, or about 17.3% of all students in the county Pre-K through 12th grade. The two largest categories of exceptional characteristics are specific learning disability (42.8%) and speech/language impairment (21.8%).
- Within the past year, at least 11,628 Kankakee County residents aged 18-54 are estimated to have been affected by at least one mental disorder. The leading mental disorders are simple phobia (4,596), major depressive episode (3,597), and unipolar major depressive disorder (2,935). An estimated 4,860 Kankakee County residents aged 55 and older have a mental

disorder. The leading mental disorder among this age group is simple phobia (1,792), followed by severe cognitive impairment (1,473).

- The number of Kankakee County persons aged 12 and older, currently using illicit drugs is estimated to be about 7,413. Marijuana is the primary illegal substance used, an estimated 5,525 persons.
- Among legal substances, alcohol is used by the most residents, followed by tobacco. Approximately 20,421 Kankakee County residents aged 12 and older have had an episode of binge drinking during the past month, along with 5,909 who use alcohol heavily.
- The 2004 Kankakee County BRFSS indicates that 19.1% of Kankakee County adults are at risk for binge drinking. Males (26.9%) are far more likely than females (11.8%) to be at risk for binge drinking. Almost one-third (31.4%) of individuals aged 18-24 are at risk, along with 29.9% of those aged 25-44.
- During 2005, 11 of the 21 (52.4%) fatal vehicle crashes in Kankakee County involved alcohol. Twelve of the 22 fatalities involved alcohol, while five drivers were over the legal limit (0.8) for blood alcohol content (BAC).
- During 2004, Driving Under the Influence (DUI) arrests in Kankakee County totaled 483 for a rate of 587.4 arrests per 100,000 licensed Kankakee County residents aged 16 and older, higher than the Illinois rate of 510.1.
- According to Illinois Department of Public Health, 51 Kankakee County infants were prenatally exposed to any drug during the period 1995-1999, for a rate of 67.7 per 100,000 births, lower than the state overall (102.7).
- DUI arrests stood at a rate of 582.6 per 100,000 Kankakee County population in 2005, falling considerably from 964.8 in 1999, but about two thirds the Illinois rate of 888.6.
- In FY2005, 2,573 Kankakee County residents received state-funded substance abuse treatment, a rate of 2,383.1 per 100,000 population, far above the Illinois rate at 1,443.9.

12. Health Resources

- Most (89.2%) Kankakee County adults reported being covered by a health plan in 2004, higher than adults statewide at 85.7%. According to Behavioral Risk Factor survey findings, the proportion of Kankakee County adults with health care coverage has been constant since 1997 when the level stood at 89.0%
- In 2004, nine in ten (89.8%) adults in the county had a usual health care provider,, a bit higher than Illinois at 83.4%. However, about one in ten (10.5%) Kankakee county adults avoided visiting a physician due to cost, higher than 2002 (6.0%) and 1997 (9.1%).

- Medicare data reveal that 13,452 residents aged 65+ and 3,164 disabled persons were enrolled in 2003, the last year for which information is available.
- A total of 2,091 persons lived in one of the twenty-five Kankakee County long-term care facilities as of December 31, 2004. Thirteen facilities include DD beds only, ten have nursing care beds only, while one is licensed for sheltered care only, and one is licensed for both nursing care and sheltered care.
- Among long-term care residents, 37.7% had a primary diagnosis of developmental disabilities, the number one reason for being in long-term care. Ranking second, third, and fourth in terms of frequency were mental illness (18.7%), circulatory system (10.6%), and Alzheimer's disease (8.6%) as the main reason for residing at the long-term care facility.
- Kankakee County contains five assisted living facilities containing a total of 190 beds.
- Kankakee County residents are hospitalized more often than nationally. With a 2005 rate of 1,707.2 hospitalizations per 10,000 population, the Kankakee County rate falls well above the U.S. at 1,192.3. Females were 25.4% more likely to be hospitalized than males. Kankakee County hospitalization rates are higher than the U.S. for all age groups.
- Two general hospitals are located in Kankakee County- Provena St. Mary's Hospital and Riverside Medical Center. In 2005, the hospitals reported 20,656 inpatient admissions, with a total of 92,478 patient days and an average stay of 4.5 days. Births numbered 1,617 and surgeries totaled 13,260 with about two-thirds (63.8) of surgeries taking place on an outpatient basis.
- Medicare was the leading payer, covering nearly half (46.5%) of discharged hospital patients. Medicaid accounted for 17.5% of patients. Other insurance covered 31.3%, private pay 2.2%, and the hospitals provided charity care for 2.6%.
- Kankakee County was home to 160 active patient care physicians in 2004 according to American Medical Association data.
- State employment data for 2004 show registered nurses (RNs) to be the largest health occupation at 1,279, a rate of 1,195.5 per 100,000 population, above the Illinois rate at 787.0.

13. Crime and Violence

- The 3,706 crimes committed in Kankakee County during 2005 yielded a rate of 3,457.5 crimes per 100,000 population, slightly lower than Illinois' 3,757.0. The county's one-year crime rate fell by 2.4% from 3,540.8 in 2004. The 2005 crime rate was the lowest recorded in the county since 1993.
- Among Kankakee County communities, Bradley's 2005 crime rate of 6,915.0 was the highest and represented a 6.9% increase from the 2004 rate of 6,469.4. Bradley was followed by St.

Anne at 6,628.5, a 15.3% crime rate decrease and Kankakee (6008.3), which recorded a 2.7% crime rate increase from 2004. Essex experienced a very low 2005 crime rate of just 754.1.

- Almost three in ten (28.5%) Kankakee County adults live in a home containing a gun. Most likely to keep a gun at home are those with a household income of over \$50,000 (38.1%), households with more than one adult, and no children (36.6%) and married persons (35.7%). Males (34.3%) are more likely than women (23.2%) to report that they own a firearm. Least likely are widowed individuals (2.4%), those with a household income of less than \$15,000 (2.7%), unemployed persons (9.1%), and nonwhites (9.8%).
- According to Illinois State Police data, Kankakee County police (comprised of those agencies which reported domestic offenses to the State Police) responded to 727 domestic related calls during 2005, rising from 693 during 2004.
- Kankakee County recorded 129 reports of elder abuse during 2005, for a rate of 6.9 per 1,000 persons aged 60 and older, higher than the Illinois rate of 4.1. During 1993, just 92 elder abuse reports were received—a rate of 4.9. Historically in Kankakee County, elder abuse reports have ranged from a low of 55 in 1995 to a high of 130 during 2002.
- During FY2006, reports of child abuse in Kankakee County numbered 1,300, a rate of 46.3 per 1,000 children aged 0-17, well above the Illinois rate of 29.8, and the highest county rate since 1998. Of the reported cases, 309 (23.8% of reported) were indicated, for a rate of 11.0, above the state indicated rate of 7.8.

COMMUNITY HEALTH PLAN

1. Purpose

This Community Health Plan was developed to address the prioritized health problems identified in the Community Needs Assessment. Management staff of the Kankakee County Health Department and the members of the IPLAN Community Forum played a vital role in the analysis of the assessment data, the identification and prioritization of the health problems, and provided valued input to the development of this health plan. The Community Health plan builds on the Community Needs Assessment and takes the process to the next level. The IPLAN Community forum group will continue to meet, add members as appropriate, and serve in an advisory capacity for monitor progress toward achievement of the goals identified in the plan and to evaluation effectiveness of the strategies identified for implementation.

The purpose of the Kankakee county Community Health Plan is to address the priority health needs identified and selected by the IPLAN Community Forum in an organized approach. The overall goal is to prevent premature death, disability, and illness by fostering healthy lifestyles. The *Healthy People 2010* document was utilized extensively to set goals and objectives. Realistic objectives and strategies were developed to guide the formation of the Health Plan for 2008-2012.

This Community health Plan will serve as the strategic plan for Kankakee County for the next five years. The Kankakee County Health Department will be ultimately responsible for the coordination, implementation, and evaluation of the Kankakee County Health Department Community Health Plan. The health department, as a local governmental agency, has a basic duty to assure the public's health and safety. Their leadership and commitment to organizing the community needs assessment and community health plan assures that health problems in the county will be addressed. Funding will be sought for implementation of the activities needed to meet the health needs of the county's citizens. Continued collaboration with other community organizations and stakeholders is essential for this endeavor to be successful. By working together, more will be accomplished to improve the quality of life for citizens of Kankakee County.

II. Community Health Plan Process

As with the Community Needs Assessment, the Kankakee County IPLAN Community Forum group provided the guidance and much of the input for the development of the Community Health Plan. At the second meeting of the group, on July 24, 2007, the members received additional data on the original ten health issues identified as possible priorities. From this list of ten, three priorities were determined to be of top priority: Cardiovascular Disease, Cancer and Sexually Transmitted Diseases. Two of these priorities, Cardiovascular Disease and Cancer, were priorities in the previous IPLAN for Kankakee County.

Using a nominal group process, the members of the forum then discussed these priorities in detail, identifying risk factors, and contributing factors to the current prevalence of the problems. Implementation strategies were discussed and recommendation made as to how to reduce the level of the contributing factors. Community resources and community organization were identified to work with the Health Department on these strategies. The health department administrator, Bonnie Schaafsma,

compiled all this information from the discussion and work of the forum members, and used this for the formal development of the plan. The forum will continue to meet and will form subcommittees for each of the priority health needs identified. This systems view allows integrated, interdependent sectors to share responsibility for addressing the identified health priorities. The organization of these activities into a plan is a way to activate the community and encourage and support the social, and behavioral changes needed to impact these problems in a positive way. The subcommittees will serve to assist with the implementation, evaluation, and ongoing planning for the health plan.

Following are the priorities along with the goals:

- Priority 1: Cardiovascular Disease: To reduce deaths caused by coronary heart disease and stroke, through reduction in risk factors including high blood pressure, high blood cholesterol, and tobacco use.
- Priority 2: Cancer: To reduce the overall cancer death rate with emphasis on reducing the death rate from lung cancer through improvement in diet, reduction of tobacco use, and increase in cancer screenings.
- Priority 3: Sexually Transmitted Diseases: To reduce the incidence of Chlamydia and gonorrhea infections by reducing risky sexual behavior and improving STD testing, treatment, and partner notification and treatment.

IV. Health Priorities

Health Priority #1

Health Problem: Incidence of Cardiovascular Disease

Description of the Problem: Heart disease and stroke, the principle components of cardiovascular disease, are the first and third leading causes of death in the United States, according to the Centers for Disease Control and Prevention (CDC). These conditions account for nearly 40% of all deaths. Heart disease is also a major cause of disability and a significant contributor to increasing health care costs in the U.S. About 70 million, or one-fourth of all Americans, have some form of heart disease, leading to more than 6 million hospitalizations each year and costing billions in health care expenses and lost productivity from death and disability. These conditions have a similar impact in Kankakee County, as the following data from the Community Needs Analysis indicates:

- Heart disease is the leading killer of Kankakee County residents, and stroke ranks third. In 2004, 323 Kankakee County residents died of heart disease while 58 died due to cerebrovascular disease (stroke).
- The county's heart disease death rate of 301.8 per 100,000 population exceeds the state and national rates by more than 30%, while the stroke death rate stands about 6% higher.
- When eliminating the effects of differing age structures between the county and nation, the county's age-adjusted heart disease death rate remains 25% above Illinois and U.S. rates, while the stroke rate is just a little higher.

- Kankakee County blacks exhibit lower crude, but higher age-adjusted heart disease death rates than whites. This is because the black population structure is much younger.
- The county's heart disease death rate has dropped by 12% during the past decade from 340.1 deaths per 100,000 population in 1992-1994 to 229.4 in 2002-2004.
- One in five (21.7%) of the county's heart disease deaths (2003-2004) occurred to victims under age 65, compared to 18.6% statewide.
- Two heart disease diagnoses ranked in the top ten reasons for hospitalization among Kankakee County residents in 2005: chest pain, with 474 discharges, ranked fifth, while heart failure and shock, 472 discharges, ranks sixth. County hospitalizations for these two diagnoses were substantially higher than Illinois rates.
- 34.5% of Kankakee County adults consider themselves overweight. An additional 30% report being obese.
- 34.5% Kankakee adults are somewhat less active, based on physical activity guidelines and activity levels than adults statewide.
- More than one-quarter (26.7%) of Kankakee County adults smoke, higher than Illinois at 22.2%.
- One-third (33.2%) of Kankakee County adults report having high blood pressure, higher than Illinois at 25.5%.
- One-third (33.6%) of Kankakee County adults report having high blood pressure, a bit lower than Illinois at 36.2%

Healthy People 2010 National Health Objectives Related to Cardiovascular Disease:

- 12-1. Reduce coronary heart disease deaths to 166 death per 100,000 population. (Baseline: 208 deaths peop100,000 population)
- 12-7. Reduce stroke death to 48 per 100,000 population. (Baseline: 48 deaths per 100,000 population)
- 12-9. Reduce the proportion of adults with high blood pressure to 16%. (Baseline: 28%)
- 12-10. Increase to 50% the proportion of adults with high blood pressure whose blood pressure is under control. (Baseline: 18%)
- 12-11. Increase to 95% the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, or reducing sodium intake) to help control their blood pressure (Baseline: 82%)
- 12-12. Increase to 95% the proportion of adults who have had their blood pressure measured with in the preceding two year and con state whether their blood pressure was normal or high. (Baseline: 90%)
- 12-13. Reduce to 199 mg/dL the mean total blood cholesterol among adults. (Baseline: 206 mg/dL)
- 12-14. Reduce to 17% the proportion of adults with high total blood cholesterol levels. (Baseline: 21%)
- Increase to 80% the proportion of adults who have had their blood cholesterol checked within the preceding 5 years. (Baseline: 67%)
- 27-1. Reduce tobacco use by adults to 14%. (Baseline: 27%)
- 27-1. Reduce tobacco use by adolescents to 21%. (Baseline: 40%)
- 19-1. Increase to 60% the proportion of adults who are ata healthy weight. (Baseline: 42%)
- 19-2. Reduce to 15% the proportion of adults who are obese. (Baseline: 23%)

- 19-3. Reduce to 5% the proportion of children and adolescents who are overweight or obese. (Baseline: 11%)

Risk Factors:

Much of the impact of cardiovascular disease can be modified if lifestyle changes and behaviors are improved. The major modifiable risk factors for cardiovascular disease identified for Kankakee County are: 1) hypertension; 2) high blood cholesterol; and 3) tobacco use/smoking.

Approximately one-third of Kankakee County adults suffer from high blood pressure. Individuals with hypertension have three to four times the risk of developing heart disease and seven times the risk of stroke as do those with normal blood pressure. Studies have shown that bringing blood pressure under control can help to reduce the deaths from coronary heart disease and stroke. Obesity, a sedentary lifestyle, and lack of access to screening and medical treatment are direct contributing factors to hypertension. Lack of exercise, poor eating habits, and lack of knowledge of appropriate diet and nutrition contribute indirectly to the incidence of obesity. Indirectly contributing to a sedentary lifestyle are lack of motivation to exercise, limited access to exercise opportunities and time to pursue these opportunities, and types of employment which involve little physical activity. Access to care issues such as cost and lack of insurance, limited opportunities for blood pressure screening and follow-up, and limited knowledge and/or denial of their risk for hypertension are all indirect factors that prevent the appropriate detection and medical treatment of hypertension.

The causal relationship of high blood cholesterol to heart disease also has been demonstrated, with coronary heart disease mortality and morbidity increasing as blood cholesterol levels rise. Approximately 33% of Kankakee County adults report having high blood cholesterol levels (above 200 mg/dL). Factors contributing directly to high blood cholesterol include diet, lack of medical attention and screening, and heredity. As is true with obesity, poor eating habits, lack of knowledge regarding nutrition, and stress all indirectly affect diet. Early detection and appropriate treatment will not take place when issue of access to care issues and limited knowledge of the importance of these factors exist. The influence of hereditary risk for high blood cholesterol can be reduced if genetic screening and counseling and education regarding this risk were available.

Smoking is a major cause of coronary heart disease and is also associated with increased risk of stroke. National estimates indicate that 24% of American adults smoke cigarettes, and 35% of adolescents are smokers. In Kankakee County, 26.7% of adults smoke. Studies have shown that smoking cessation can substantially reduce the death rate from heart disease, even among older adults. Benefits may become evident as soon as two years after quitting. Stroke risk can also be substantially reduced by the cessation of smoking. The physical addiction to smoking, the influence of mass marketing and peer pressure, and the need for more public education and cessation programs are all factors identified as contributing directly to tobacco use. Limited access to cessation programs, the cost of such programs and adjunctive therapies, and limited resources for follow-up counseling and support after an individual quits smoking all indirectly contribute to a need to increase such education and cessation efforts in a more effective manner. Other factors indirectly affecting the physical addiction and marketing factors contributing to tobacco use include the easy availability of obtaining cigarettes, the need for more regulation and enforcement of tobacco use and distribution laws, the poor role models seen by teens in the media, peer pressure to smoke, stress, and smoking associated with alcohol use.

Outcome Objectives for Kankakee County:

- 1.1. By the end of 2012, reduce deaths caused by coronary heart disease to a rate of no more than 220 per 100,000 people, and reduce the rate of deaths caused by stroke to a rate of no more than 40 per 100,000 people.
Baseline: 301.8/100,000 for coronary heart disease
54.2/100,000 for stroke

Impact Objectives

- 1.1.1 Reduce the proportion of Kankakee County adults who have high blood pressure to 20% or less by the year 2012.
Baseline: 33.2%. Source: Illinois County Behavioral Risk Factor Survey (ICBRFS) 2004.
- 1.1.2 Reduce the proportion of Kankakee County adults with high blood cholesterol levels to 20% or less by the year 2012.
Baseline: 33.6%. Source: ICBRFS, 2004.
- 1.1.3 Reduce the proportion of Kankakee County adults who smoke to 15% or less by the year 2012.
Baseline: 26.7% Source: ICBRFS, 2004.

Intervention Strategies

- Develop and implement a community education and marketing plan which focuses on cardiovascular disease and risks that includes screening, management and prevention. Use collaborative approach with both local hospitals, community health centers, University of Illinois Extension office, NAACP health program coordinator, Migrant Health Center, and parish nurses for development and implementation.
- Increase opportunities for community screening for high blood pressure and high blood cholesterol, and include referral for medical management and education at screenings, in order to increase number of Kankakee County residents screened for these risk factors.
- Provide healthy lifestyle education for Kankakee County residents that focuses on prevention, including diet and exercise, and early screening for risk factors. Venues include health fairs, at flu clinics, WIC clinics, media releases and special interest articles, and speaking engagements.
- Promote coordination of school health education, extension education and health department programs in providing education for school-aged children and their parents on the heart healthy nutrition and exercise.
- Collaborate with physicians' offices to increase access to care and to promote appropriate screenings and treatment.
- Work with both hospital-owned health centers, YMCA, park districts, schools, churches, and the mall to encourage use of available space for physical activity in order to increase opportunities for year-round walking or other physical exercise
- Encourage and promote smoke-free environments by monitoring and enforcing smoke free community laws and ordinances.
- Work with law enforcement to increase enforcement of existing and new ordinances and statutes on tobacco sales.

- Provide marketing programs to change public attitudes about tobacco use, and promote smoking cessation through emphasis on immediate and long term benefits of cessation.
- Provide accessible smoking cessation programs for Kankakee County residents.
- Provide education in schools, working with health education teachers and Life Education staff regarding health risks of tobacco use.
- Work with Chamber of Commerce members to offer education sessions, screenings, smoking cessation programs, and encourage development of work-site wellness programs.

Resources for Strategy Implementation

- Kankakee County Health Department
- KCHD health educator
- Riverside Medical Center
- Provena St. Mary's Hospital
- Medical Providers
- County schools and school nurses
- Kankakee Community College
- Olivet Nazarene University
- Parish nurses
- Faith community
- University of Illinois Extension office
- Pledge for Life Partnership/Life Education Center
- Chamber of Commerce
- NAACP-health promotion staff
- Local media-newspapers and radio/cable TV
- Civic and business groups
- Funding—IDPH, IDHS, and other sources for grant funds; Tobacco-free Communities grant; Local Health Protection grant funding (if increased); Collaboration and pooling of resources by community partners

Barriers

- Financial Resources
- Lack of additional health/community education and marketing staff at KCHD
- Client apathy, procrastination/denial or risk
- Lack of knowledge
- Lack of time/resources
- Access to primary and preventative health care
- Accepted social norms
- Difficulty of modifying behaviors

Evaluation

The costs and benefits of the interventions will be considered in evaluation of any initiatives developed and implemented. In addition, the number of presentations, screenings, programs, classes, and

marketing events, as well as the number of residents in attendance and impacted by these activities will be tracked, and kept on file at the Kankakee County Health Department. This data will be used to determine the quality and worth of the activities, as well as the estimated contribution to reducing the prevalence of cardiovascular disease in Kankakee County. Statistical data, such as used for the community needs assessment will be reviewed to help determine effectiveness as well. All evaluation information will be shared with the IPLAN Forum committee and any subcommittees formed and with other collaborating community partners. Some of this information will be shared with the public as well, through publication in the Kankakee County Health Department Annual report.

Health Priority #2

Health Problem: Incidence of Cancer

Description of Problem: Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. Both external factors such as chemical exposure, radiation and viruses, as well as internal factors including hormones, immune conditions, and genetic predisposition appear to cause cancer.

Cancer is the second leading cause of death in the United States. In 2004, the death rate for cancer in the U.S. was 187.4 per 100,000 population. The lung and bronchus, prostate, female breast, and colon and rectum were the most common sites for all racial and ethnic populations in the United States, and together accounted for almost 54% of all newly diagnosed cancers in 2000. In addition to the human toll of cancer, the financial cost of cancer are substantial, with overall annual costs estimated at \$107 billion. Of this amount, \$37 billion is spent on direct medical costs (the total of all health expenditures), \$11 billion for costs of illness (the cost of low productivity due to illness), and \$59 billions for costs of death (the cost of lost productivity due to death). Treatment for lung, breast, and prostate cancers alone accounts for more than half of the direct medical costs. The impact of cancer in on the residents of Kankakee County is substantial also, as the following data from the Community Needs Analysis indicates:

- About one in five (22%) Kankakee County deaths in 2004 were due to cancer, the second leading cause of death. Cancer was the primary death cause for 240 persons.
- The county's cancer death rate stands 19.6% above the U.S. using crude rates and 16.3% above the U.S. for age-adjusted rates.
- Cancer death is more common among Kankakee County men.
- Unlike the county's 12% ten-year drop in the heart disease death rates, the death rate due to cancer changed very little in the past decade.
- Three in ten (30.4%) Kankakee County cancer deaths were in persons under the age of 65.
- Cancer is more common in Kankakee County than statewide. The county's 2000-2004 age-adjusted incidence rate was 533.1 cases per 100,000 population, 10% above Illinois at 484.3.
- Men are more likely to develop cancer than females. In Kankakee County, the male cancer rate at 645.7 cases per 100,000 males exceeded the female rate of 456.6 by 41%. A similar gender difference exists statewide.
- The county's rate of lung cancer overall and for both males and females is significantly higher than the state.

- During 200-2004, 424 cases of prostate cancer were reported among Kankakee County men. Prostate cancer was the most frequent type of cancer in men, representing 28% of all male cancer sites. Second most common was lung cancer, 262 cases, 17% of all cases.
- Among Kankakee County females, breast cancer was the most common cancer with 377 cases (28% of all) from 2000-2004. Lung cancer was the next most frequent, 205 cases, 15% of all cases.
- Cancer is more common among Kankakee County blacks, with a 2000-2004 incidence rate 22% above whites (actual cases-2,468, white; 363, black).
- The county's black men are 65% more likely than white men to develop prostate cancer.
- The county's black females are about 50% more likely than white females to develop breast cancer.
- Based on the Behavioral Risk Factor Survey findings, more Kankakee county women and men ages 40 and older use cancer screening procedures that is true statewide. Nevertheless, many persons have not had age-appropriate screening tests.
- More than one-quarter (26.7%) of Kankakee County adults smoke, and 11% of 12-17 year olds report having used cigarettes in the past month.

Healthy People 2010 National Health Objectives Related to Cancer:

- 3-1. Reduce the overall cancer death rate to 159.9 deaths per 100,000 population. (Baseline:202.4 cancer deaths per 100,000 population)
- 3-2. Reduce the lung cancer death rate to 44.9 deaths per 100,000 population. (Baseline: 57.6 lung cancer deaths per 100,000 population)
- 3-3. Reduce the breast cancer death rate to 22.3 deaths per 100,000 females. (Baseline: 27.9 rest cancer deaths per 100,000 females)
- 3-4. Reduce the death rate from cancer of the uterine cervix to 2 deaths per 100,000 females. (Baseline: 3 cervical cancer deaths per 100,000 females)
- 3-5. Reduce the colorectal cancer death rate to 13.9 deaths per 100,000 population. (Baseline: 21.2 colorectal cancer deaths per 100,000 population)
- 3-7. Reduce the prostate cancer death rate to 28.8 death s per 100,000 males) (Baseline: 32 prostate cancer deaths per 100,000 males)
- 3-8. Reduce the rate of melanoma cancer deaths to 2.5 deaths per 100,000 population. (Baseline: 2.8 melanoma cancer deaths per 100,000 population)
- 3-10. Increase to 85% the proportion of physicians and dentists who counsel their at-risk patients about tobacco use cessation, physical activity, and cancer screening. (Baseline: 22%-59% depending on type of counseling)
- 3-11. Increase to 97% the proportion of women who receive a Pap test. (Baseline: 92%)
- 3-12. Increase to 50% the proportion of adults who receive a colorectal cancer screening examination. (Baseline: 35%-37%)
- 3-13. Increase to 70% the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years. (Baseline: 67%)
- 27-1. Reduce tobacco use by adults to 14%. (Baseline: 27%)
- 27-1. Reduce tobacco use by adolescents to 21%. (Baseline: 40%)
- 19-5. Increase to 75% the proportion of persons aged 2 years and older who consume at least 2 daily servings of fruit. (Baseline: 28%)

- 19-6. Increase to 50% the proportion of persons aged 2 years and older who consume at least 3 daily servings of vegetables, with at least one-third being dark green or orange vegetables. (Baseline: 3%)
- 19-7. Increase to 50% the proportion of persons aged 2 years or older who consume at least 6 daily servings of grain products, with at least 3 servings being whole grains. (Baseline: 7%)
- 19-8. Increase to 75% the proportion of persons aged 2 years and older who consume less than 10% of calories from saturated fat. (Baseline: 36%)
- 19-9. Increase to 75% the proportion of persons aged 2 years and older who consume no more than 30% of calories from total fat. (Baseline: 33%)

Risk Factors:

It is estimated that 50 percent or more of cancer can be prevented through smoking cessation and improved dietary habits, such as reducing fat consumption and increasing fruit and vegetable consumption. Physical activity and weight control can also contribute to cancer prevention. In addition to these lifestyle changes, scientific data indicate that following screening recommendation for breast cancer, cervical cancer, and colorectal cancer reduces deaths from these types of cancer. The major risk factors for cancer identified for Kankakee County are: 1) inadequate dietary habits; 2) tobacco use; and 3) inadequate screening.

Almost two in three (64.5%) of Kankakee County residents consider themselves to be overweight or obese compared to 59% statewide. According to the ICBRFS for 2004, 57.8% of adults in Kankakee County report they are eating less fat to try to reduce risk of disease. Also, only 11.7% report eating 5 or more servings of fruits and vegetables per day. A diet high in fat, containing less than 5 servings of fruit and vegetables both contribute directly to an inadequate diet for disease prevention. Limited knowledge of nutrition, increased intake of fast food, access to fresh fruits and vegetables, and cultural factors all indirectly affect an individual's dietary consumption.

Smoking is a major risk factor for cancer, as well as cardiovascular disease, as discussed previously. In Kankakee County, 26.7% of adults smoke. The physical addiction to smoking, the influence of mass marketing and peer pressure, and the need for more public education and cessation programs are all factors identified as contributing directly to tobacco use. Limited access to cessation programs, the cost of such programs and adjunctive therapies, and limited resources for follow-up counseling and support after an individual quits smoking all contribute directly to a need to increase such education and cessation efforts in a more effective manner. Other factors indirectly affecting the physical addiction and marketing factors contributing to tobacco use include the easy availability of obtaining cigarettes, the need for more regulation and enforcement of tobacco use and distribution laws, the poor role models seen by teens in the media, peer pressure to smoke, stress, and smoking associated with alcohol use.

Mammography, an x-ray of the breast, is a recommended screening procedure for breast cancer and breast abnormalities. In Kankakee County, 92% of women ages 40 and older have had a mammography exam. However, less than two-thirds (64%) of Kankakee County women have had a mammography within the past year, lower than the Illinois rate of 74.1%. About 94% of women in both the county and the state report ever having a pap smear, but only 56.2% of women in the county have had a pap test in the past year, lower than the state rate of 66.3%. A prostate-specific antigen test (PSA) test, is a blood test used to determine the presence of prostate cancer. In Kankakee County, two in three (66.2%) men ages 40 years or older have obtained a PSA test, higher than the state proportion of 57.7%. Over seven

in ten men in the county (72.2%) and the state (70.8%) have received a digital rectal exam, another screening technique for prostate cancer. Two medical tests used to screen for colorectal cancer and abnormalities show moderate use among Kankakee County adults. Among the population 50 years and older, 57.4% have received a colonoscopy or sigmoidoscopy, compared to 49% statewide. A lower percentage (45.5%) of ages 50+ have completed a blood stool test versus 41.4% of state residents.

Issues of access to screening services are the issue identified as the greatest contributing factor to inadequate screening for all segments of the population of Kankakee County. Cost of services, lack of insurance, the denial of one's risk for cancer, and the perceived importance and necessity of receiving these screenings all indirectly contribute to this issue of access.

Outcome Objectives for Kankakee County

- 1.1. By the end of 2012, reduce the overall cancer death rate in Kankakee County to no more than 185 deaths per 100,000 people and the lung cancer death rate to no more than 74 deaths per 100,000 people.
Baseline: 224.2/100,000 for total cancer deaths
86.3/100,000 for lung cancer
Source: IPLAN Needs Assessment

Impact Objectives

- 1.1.1. Increase the proportion of Kankakee County residents aged 2 years and older who consume at least 5 servings of fruit and vegetables per day to 30% or more by the year 2012.
Baseline: 11.7% Source: ICBRFS, 2004
- 1.1.2. Increase the proportion of Kankakee County residents aged 2 years and older who consume no more than 30% of calories from total fat to 70% or more by the year 2012.
Baseline: 57.8% Source: ICBRFS, 2004
- 1.1.3. Reduce the proportion of Kankakee County adults who smoke to 15% or less by the year 2012.
Baseline: 26.7% Source ICBRFS, 2004
- 1.1.4. Increase the proportion of Kankakee County women aged 40 years and older who have received a mammogram and pap test within the preceding two years to 70% by the year 2012.
Baseline: 57.8% for mammogram
56.2% for pap test
Source: ICBRFS, 2004)
- 1.1.5. Increase the proportion of Kankakee County men aged 40 years and older who have received a PSA test and digital rectal exam to 80% by the year 2012.
Baseline: 66.2% for PSA
72.2% fro digital rectal exam
Source: ICBRFS, 2004
- 1.1.6. Increase the proportion of Kankakee County adults aged 50 years and older who have had a colonoscopy/sigmoidoscopy to 70% by the year 2012.
Baseline: 57.4%
Source: ICBRFS, 2004

Intervention Strategies

- Develop and implement a community education and marketing plan which focuses on cancer and risks that includes screening, management, and prevention. Use collaborative approach with both local hospitals, community health centers, University of Illinois Extension office, NAACP health program coordinator, Migrant Health Center, and parish nurses for development and implementation.
- Increase opportunities for community screening for breast, cervical, prostate, and colorectal cancer which include referral for medical management and education at screenings.
- Provide healthy lifestyle education for Kankakee County residents that focuses on prevention, including diet and exercise, and early screening for cancer. Venues include health fairs, at flu clinics, WIC clinics, media releases and special interest articles, and speaking engagements.
- Promote coordination of school health education, extension education and health department programs in providing education to school-age children and their parents on healthy dietary practices and exercise.
- Collaborate with physicians' offices to increase access to care and to promote appropriate screenings and risk counseling.
- Continue to provide services through Illinois Breast and Cervical Cancer Program to increase number of Kankakee County women who receive Mammograms and pap testing.
- Provide education aimed at increasing fruit and vegetable consumption and decreasing fat intake at WIC education classes.
- Promote availability of fresh produce at local farmers' markets and host WIC farmers' market day at KCHD.
- Encourage and promote smoke-free environments by monitoring and enforcing smoke free community laws and ordinances.
- Work with law enforcement to increase enforcement of existing and new ordinances and statutes regulating tobacco sales.
- Provide marketing and public awareness programs to change public attitudes about tobacco use, and promote smoking cessation through emphasis on immediate and long term benefits of cessation.
- Provide accessible smoking cessation programs for Kankakee County residents.
- Provide education in schools, working with health education teachers and Life Education staff regarding health risks of tobacco use.
- Work with Chamber of Commerce members to offer education sessions, screenings, smoking cessation programs, and encourage development of work-site wellness programs.

Resources for Strategy Implementation

- Kankakee County Health Department
- KCHD health educator
- Riverside Medical Center
- Provena St. Mary's Hospital
- Medical Providers
- County schools and school nurses
- Kankakee Community College

- Olivet Nazarene University
- Parish nurses
- Faith community
- University of Illinois Extension office
- Pledge for Life Partnership/Life Education Center
- Chamber of Commerce
- NAACP- health promotion staff
- Local media-newspapers and radio/cable TV
- Civic and business groups
- Funding—IDPH, IDHS, and other sources for grant funds; Tobacco-Free Communities grant; Illinois Breast and Cervical Cancer Program grant; Local Health Protection grant funding (if increased); collaboration and pooling of resources by community partners.

Barriers

- Financial resources
- Lack of additional health/community education and marketing staff at KCHD
- Client apathy, procrastination/denial of risk
- Lack of knowledge
- Lack of time/resources
- Access to primary and preventative health care
- Accepted social norms
- Difficulty of modifying behavior

Evaluation

The costs and benefits of the interventions will be considered in evaluation of any initiatives developed and implemented. In addition, the number of presentations, screenings, programs, classes, and marketing events, as well as the number of residents in attendance and impacted by these activities will be tracked, and kept on file at the Kankakee County Health Department. This data will be used to determine the quality and worth of these activities, as well as the estimated contribution to reducing the prevalence of cancer in Kankakee County. Statistical data, such as used for the community needs assessment will be reviewed to help determine effectiveness as well. All evaluation information will be shared with the IPLAN Forum committee and any subcommittees formed and with other collaborating partners. Some of this information will be shared with the public as well, through publication in the Kankakee County Health Department annual report.

Health Priority #3

Health Problem: Incidence of Sexually Transmitted Disease

Description of the Problem: Sexually transmitted diseases (STDs) refers to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. Also, STDs are a link in the causal chain in the sexual transmission of HIV infection. STDs are common, costly, and preventable. In 1995, STDs were the most common

reportable diseases in the United States. They accounted for 87% of the top 10 infections most frequently reported to the Centers for Disease Control and Prevention (CDC) from state health departments. Each year an estimated 15 million new STD infections occur in the U.S., and nearly 4 million teenagers are affected with an STD. The direct and indirect costs of the major STDs and their complications, including sexually transmitted HIV infection, are conservatively estimated at \$17 billion per year. In Kankakee County the most prevalent STDs identified were Gonorrhea and Chlamydia. The following data from the IPLAN Community Needs Assessment Analysis further indicate the extent of the problem in Kankakee County:

- Kankakee County has witnessed an upward trend in Chlamydia rates since 1990. In 2005, 483 cases of Chlamydia were reported, with an overall rate of 465.2 cases per 100,000 population. During the 1990s, the Kankakee County rate fluctuated, beginning the decade at 353.2 cases per 100,000 and falling to a low of 289.9 cases per 100,000 population in 1996. The county's highest rate of Chlamydia was recorded in 2003, with 487.3 cases per 100,000 population. The county has consistently recorded a higher rate of Chlamydia than the state, with the 2005 Kankakee County rate at 465.2 per 100,000 as compared to 407.1 for Illinois.
- Kankakee ranked 14th among Illinois counties for rates of Chlamydia in 2006.
- In 2006, 57% of the Chlamydia cases in Kankakee County were black and 32% of the cases were white.
- In 2006, 75% of the Chlamydia cases were individuals 10-24 years of age, with 40% of the cases 19 years of age or under.
- Gonorrhea has a lower incidence rate than Chlamydia, although still high. Kankakee County reported a gonorrhea rate of 234 cases per 100,000 population in 2005. The county's highest rate of gonorrhea occurred in 1992, with 393.7 cases per 100,000. In 2003, the county recorded its lowest 16 year gonorrhea rate, with 164.7 cases per 100,000 population. With the exception of 2003, 1996, and 1991, the county's gonorrhea rate exceeded the state rate. In 2005, the county recorded a rate of 234, compared to the state's rate of 161.2 cases per 100,000 population.
- Kankakee ranked 15th among Illinois counties for rates of gonorrhea in 2006.
- In 2006, 64% of the gonorrhea cases were black and 26% of the cases were white.
- In 2006, 63% of the cases were individuals 10 to 24 years of age, with 28% of the cases 19 years of age or younger.

Healthy People 2010 National Health Objectives Related to Sexually Transmitted Disease:

- 25-1. Reduce to 3 percent the proportion of adolescents and young adults with Chlamydia trachomatis infections. (Baseline: 15.7 %)
- 25-2. Reduce gonorrhea to 19 new cases per 100,000 population. (Baseline: 123 new cases of gonorrhea per 100,000 population)
- 25-4. Reduce to 14% the proportion of adults aged 20-29 years of age with genital herpes infection. (Baseline: 17%)
- 25-11. Increase to 95% the proportion of adolescents who abstain from sexual intercourse or use condoms if sexually active. (Baseline: 85%)
- 25-18. Increase to 90% the proportion of primary care providers who treat patients with sexually transmitted diseases and who manage cases according to recognized standards. (Baseline: 70%)

- 25-19. Increase the proportion of all sexually transmitted disease clinic patients who are being treated for bacterial STDs (chlamydia, gonorrhea, syphilis) and who are offered provider referral services for their sex partners. (No baseline set)

Risk Factors

STDs are behavior-linked diseases that result from unprotected sex. Biological factors, such as the asymptomatic nature of STDs and the lag time between infection and complications contribute to their rapid spread. Effective STD prevention has to take into account the complex interaction between the behavioral and social factors and the biological factors that sustain STD transmission in populations. Change in personal behaviors and health care services involves having effective policies for education, mass communication media, financing, and health care infrastructure. The major risk factors identified for the incidence of STDs in Kankakee County are: 1) unprotected/risky sexual activity; and 2) inadequate treatment.

Changing behavior can prevent the exposure, transmission, and duration of STDs. Reducing risky sexual behavior by abstaining from sexual intercourse, delaying initiation of intercourse, reducing the number of sex partners, and increasing the use of effective physical barrier methods, such as condoms or new chemical barriers would have a direct impact of decreasing the incidence of STDs. Adolescent denial of risk, lack of knowledge about how STDs are transmitted and lack of knowledge about sex in general, as well as a need for more public awareness of the risk and incidence of these diseases in our own community indirectly contribute to changing unsafe behaviors. The social stigma or secrecy that surrounds open, factual and frank discussion of sexual information not only between parents and children, but in an educational setting also has an indirect effect on changing practices.

Effective medical intervention is necessary to cure these diseases and also to reduce their transmission and duration. Access to care issues directly impact whether or not an individual gets adequate treatment. Cost of treatment, convenience and availability of clinics, the availability of physicians to staff STD clinics, and the social stigma surrounding STDs indirectly affect access to care. The need for more thorough treatment and follow-up by private medical providers treating STD patients also directly impacts the quality of treatment provided. Thorough treatment involves more intense counseling for risk and prevention and identifying and treating partners of persons with curable STDs in order to break the chain of transmission. Early antimicrobial treatment of exposed partners reduces the likelihood of transmission and stops infection. Treating current partners protects future sex partners. Intensified efforts to notify and treat partners of those patients treated in the private sector will contribute to reducing disease.

Outcome Objectives for Kankakee County

- 1.1. Reduce the rate of Chlamydia trachomatis infection to 300 cases per 100,000 Kankakee County residents by the year 2012, and reduce the rate of gonorrhea infection to 100 cases per 100,000 Kankakee County residents.
 Baseline: 483/100,000 for Chlamydia
 243/100,000 for gonorrhea
 Source: 2005 IDPH data

Impact Objectives for Kankakee County

- 1.1.1 By 2012, increase the percent of 9-12 grade students in Kankakee County who abstain from sexual intercourse to 70%. (Baseline: 60%; 1999 Illinois Youth Risk Behavior Survey)
- 1.1.2. By 2012, increase the percent of 9-12 grade students in Kankakee County who report using a condom at last sexual intercourse to 50%. (Baseline: 26%; 1999 Illinois Youth Risk Behavior Survey)
- 1.1.3. Increase the number of STD partners/contacts examined and treated In Kankakee County at public health clinics and by private providers. (Baseline: To be determined)

Intervention Strategies

- Develop and implement a community awareness program regarding the incidence of STDs in Kankakee County, risk factors and preventative factors. Work with STD Coalition to carry out this program.
- Provide healthy lifestyle education for Kankakee County residents that focus on prevention, including abstinence and barrier method use. Venues include health fairs, media releases, special interest articles, and speaking engagements.
- Promote coordination of school health education and health education provided by KCHD in providing sex education and healthy lifestyle choice education to school age children and their parents. Education should be provided early, beginning in elementary grades and repeated frequently through high school.
- Assist schools with choosing and providing effective sex education and abstinence education curriculum.
- Provide condom distribution to programs within the Kankakee County health department, including at clinic services, family case management, WIC and STD clinic.
- Increase availability of condoms through distribution at locations where high risk heterosexuals gather such as bars.
- Conduct a youth forum of high school age youth to obtain ideas and input on relevant and successful ways to reach youth with the prevention message.
- Provide STD clinic and referral information to emergency rooms, community clinics, school-based clinics, and private physician in Kankakee County.
- Provide STD education and referral information to staff at community agencies that work with at-risk clients.
- Increase number of STD clinics at KCHD by adding urine based testing clinics which do not require a physician, to monthly schedule of clinics.
- Provide technical assistance to private medical providers to help increase counseling and partner notification and treatment practices.

Resources for Strategy Implementation

- Kankakee County Health Department
- KCHD health educator
- STD Coalition

- Riverside Medical Center
- Provena St. Mary's Hospital
- Medical providers
- County schools and school nurses
- Kankakee Community College
- Parish nurses
- Faith community
- Pledge for Life Partnership/Life Education Center
- NAACP- health promotion staff
- Local media-newspapers, radio, cable TV
- Funding—IDPH, IDHS, and other sources for grant funds; STD grant, Local Health Protection grant; collaboration and pooling of resources by community partners.

Barriers

- Financial Resources
- Need for additional health/community education and marketing staff at KCHD
- Social Stigma of STDs
- Conservative attitudes regarding sex education in schools
- Client apathy/denial of risk
- “It will never happen to me” attitude among teens
- Lack of time/resources
- Lack of knowledge

Evaluation

The costs and benefits of the interventions will be considered in evaluation of any initiatives developed and implemented. In addition, the number of presentations, programs, classes, public awareness activities, as well as the number of residents in attendance or impacted by these activities, and the number of clinics and clients tested, treated and counseled at clinics, will be tracked and kept on file at KCHD. This data will be used to determine quality and benefit of activities as well as to determine changes needed to improve effectiveness. Statistical data, such as used for the community needs assessment will be reviewed to help determine effectiveness as well. All evaluation information will be shared with the IPLAN Forum committee and any subcommittees formed and with other collaborating community partners. Some of this information will be shared with the public as well, through publication in the Kankakee County Health Department annual report.