Kankakee County Community Health Needs Assessment and Community Health Plan

2011-2016

Prepared by

Kankakee County Health Department
2390 West Station Street
Kankakee, IL 60901

Submitted to

Illinois Department of Public Health

August 31, 2012

Kankakee County Community Health Needs Assessment and Community Health Plan

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 fourth 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 some increase in access to health care services. Improvements have been seen in the areas of cancer, cardiovascular disease, and incidence of sexually transmitted diseases, but these continue to be problems the community continues to address as well.

The community assessment and community health plan was developed following the guidelines of the Mobilizing for Action Through Planning and Partnerships (MAPP) process. MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the *10 Essential Public Health Services.*

This community assessment and planning process was led by the *Partnership for a Healthy Community,* a local collaborative whose vision is to build a strong, healthy and safe community. Led by representatives of the Kankakee County Health Department, Provena St. Mary's Hospital, Riverside Medical Center, and the United Way of Kankakee County, the Partnership included 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 and subsequent implementation of the health plan. The Partnership entered into a contract with the Illinois Public Health Institute (IPHI) for technical assistance and facilitation of the MAPP process. The data collection and analysis for the community health status assessment was performed by IPHI as part of this agreement.

The Partnership 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:

- Address Mental Health Needs
- Improve Access to Health Care
- Reduce the Risk Factors for Chronic Disease-Obesity

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.

Healthy People... Healthy Communities
KANKAKEE COUNTY HEALTH DEPARTMENT

Kankakee County Community Health Needs Assessment

KANKAKEE COUNTY
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 fourth such assessment and plan completed for Kankakee County and will cover the year 2011-2016.

II. Community Participation Process

Partnership for a Healthy Community

In January, 2011, representatives from the Kankakee County Health Department, Provena St. Mary's Hospital, Riverside Medical Center, and the United Way of Kankakee County met to discuss mutual needs for a community needs assessment and health planning and how they might collaborate in the process. An overview of the Mobilizing for Action through Planning and Partnerships (MAPP) was presented by a representative of the Illinois Public Health Institute (IPHI). After consideration and discussion regarding this framework, the four agencies agreed to enter into an agreement with IPHI for technical assistance and facilitation of the MAPP process. They also agreed to expand the collaborative and added 12 other representatives as a steering committee and adopted the name *Partnership for a Healthy Community (PHC).* (See Figure 1 for a listing of Steering Committee members.) These individuals represent a variety of different medical, social service, governmental, and business entities in the county and 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.

At a subsequent meeting of the steering committee, established the vision to "Build a strong, healthy and safe Kankakee County" and committed to the mission of "Creating a healthy community through comprehensive assessments and the implementation of effective plans". The committee also agreed that the following set of values would guide the process of community assessment and planning:

1. We commit to collaborate with active engagement, commitment, and accountability of all partners.
2. We commit to open communication, understanding, and respect for the needs and viewpoints of all partners. We commit to gathering comprehensive, quality data in order to identify and prioritize community needs.
3. We commit to sharing the findings of our assessment in order to inform and educate the community.
4. We commit to creating and implementing realistic plans, measuring the impact, and communicating our results.

III. Methods

MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the *10 Essential Public Health Services.* The MAPP process includes four assessment tools including the Community Health Status Assessment and the Community Themes and Strengths Assessment.

Community Health Status Assessment

The Community Health Status Assessment (CHSA) was compiled and analyzed by staff of the IPHI, as per the agreement with the Partnership. The report was completed during the last six months of 2011. The report comprises comprehensive data describing who resides in Kankakee County, the community's health status and strengths and risks that may be contributing to residents' wellbeing. Through the review of the *2007 Kankakee County Analysis of Community Health Needs* and collaborative decision making by the PHC CHSA subcommittee, more than 100 key health indictors were identified for inclusion in the assessment. Topics included in the data assessment were: population; race/ethnicity, language and ancestry; household characteristics, marital status and marriage/divorce; income and poverty; education and employment; housing; natality; mortality; health status; mental health and substance abuse; health resources; and crime and violence. The major sources of information for the CHSA include the 2010 Census of Population and Housing, other Census updates, vital statistics collected by the Illinois Department of Public Health, hospital discharge data, the 2010 Illinois County Behavioral Risk Factor Survey for Kankakee County, the IPLAN Data System, and other social and economic indicators primarily from state and regional agencies. For each specific indicator, data for Kankakee County was presented and, where available, was compared to Illinois and National data for that indicator. In addition, an analysis of the data for each indicator was included on each page. The completed Kankakee County Community Health Status Assessment is attached to this document as Appendix A. A summary of the health indicators is included below in Figure 2.

Community Themes and Strengths Assessment

The Kankakee County Community Themes and Strengths Assessment (CTSA) is focused on gathering thoughts, opinions, and perceptions of community members. The CTSA served to help partnership members develop a meaningful understanding of community health issues that are important to residents across the county, residents' perceptions about quality of life, and an inventory of community assets. The CTSA was conducted between January 2012 and March 2012 and focused on answering the following questions;

1. What health related issues are important to community residents in Kankakee County?
2. What issues disproportionately affect underserved communities in Kankakee County?
3. How is quality of life perceived in Kankakee County communities?
4. What assets exist in Kankakee County that can be used to improve community health?

To answer these questions, the PHC used a mailed survey and held several focus groups. The survey was prepared by IPHI with input from the CTSA subcommittee and mailed to a random sample of homes throughout Kankakee County. Response to the survey could be completed by mail or on-line. Three hundred and ninety five households, including 404 individuals, responded to the survey. In order to gain input from populations under-represented by the survey respondents, focus groups were held with senior citizens, African American citizens, Hispanic citizens, and teens. Results of both the mail survey and the focus group meeting were tabulated and analyzed by the IPHI and presented in the Kankakee County Community Themes and Strengths Assessment, attached to this report as Appendix B.

A summary of the results of the survey and focus group discussions is included in Figure 3.

Local Public Health System Assessment

On September 30, 2011, the PHC convened a meeting to conduct the Local Public Health System Assessment (LPHSA). In addition to the steering committee, many other representatives of organizations and agencies that are part of the local public health system were invited to participate in the assessment process, with 46 individuals actually attending. The LPHSA measures the performance of the *local public health system*, defined as the collective efforts of public, private, and voluntary entities, as well as individuals and informal associations that contribute to the public's health within a jurisdiction. Staff from IPHI facilitated the meeting and provided oversight of the process.

The National Public Health Performance Standards Program local assessment instrument was used by participants to measure performance. This instrument is framed around the *10 Essential Public Health Services* that are utilized in the field to describe the scope of public health. For each essential service, there are model standards that describe or correspond to the primary activities conducted at the local level. The attendees were divided into 5 groups, each staffed with a trained facilitator and two recorders, with each group given the charge of using the tool to evaluate 2 of the essential services. Discussion questions developed for each standard in each essential service facilitated discussion and exploration of how the standard is being met within the local public health system in Kankakee County so that performance measures could be rated. In addition to measuring overall system performance, the LPHSA included an

assessment of the contribution of the Kankakee County Health Department to the total system effort for each essential public health service. The LPHSA results were intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure. A brief outline of the results of the LPHSA is included in Figure 4.

Forces of Change Assessment

The Forces of Change Assessment (FCA) serves to identify forces that are occurring or will occur that affect the community or the local public health system. The FCA also focuses on issues broader than the community including uncontrollable factors that impact the environment in which the local public health system operates, such as trends, legislation, funding shifts, politics, etc. The FCA was conducted by the PHC steering committee at a meeting in February, 2012. The top forces of change in Kankakee County were determined to be:

1. Economic development of Kankakee County
2. Healthcare reform
3. Growing aging population
4. Loss of homes
5. Focus on healthy lifestyles

A schematic of the results of the Forces of Change assessment is included in Figure 5.

IV. Process and Priority Setting Method

On April 26, 2012, the Partnership for a Healthy Community convened a day-long meeting to review the results of all the assessment data and analysis and identify and prioritize health issues. Participants invited included members of the PHC steering committee and other representatives from county agencies and organizations including those who participated in the public health system assessment. Thirty individuals did attend the meeting. The process was facilitated by Laurie Call of the IPHI. Members of the PHC steering committee presented a power point review of the data from each of the four MAPP assessments for the group to consider. Participants were then asked to consider the information and identify strategic health issues and health problems. Strategic issues were identified as fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision. A health problem was described as a situation or condition of people or the environment measured in death, disease or disability which is believed will exist in the future and which is considered undesirable. After a lengthy group discussion, the following ten issues were identified:

1. Mental Health
2. Preventable Risk Factors for Chronic Disease-Obesity, Tobacco Use
3. Unemployment/Workforce development/Education
4. Access to Care
5. Violence/Safety/Substance Abuse
6. Coordination of Care/Case management
7. Communication
8. Responsiveness to Growing Multi-cultural population

9. Senior health issues
10. Teen Pregnancy

In the afternoon session, the participants were divided into 5 groups. Each group was asked to further evaluate and consider two of the ten issues identified. This process involves evaluating each potential problem based on the following factors:

1. Is this issue cross-cutting? Proportion of population affected. Number of people affected.
2. What are the specific needs for improvement related to this issue? Interventions, need for new activity, resources, outcomes expected.
3. What do we need to know about this issue? Demographics, death rate, disability rate, influencing factors.
4. How would you characterize the priority of this issue? Consequences of inaction, effective interventions available, and seriousness of the issue.

The participants then reconvened as the whole group and each breakout group presented the results of their discussion of the issues. The group at large was also able to ask questions and provide input. After the five groups completed their presentations, a list of the ten issues/problems were posted on the wall of the meeting room and the participants were given the chance to vote for what they considered the top five issues/health problems needing focused action. The results of the voting identified the following as the top three priority health needs for Kankakee County:

1. Mental Health Needs
2. Improved Access to Care
3. Reducing Risk Factors for Chronic Disease-Obesity

At the conclusion of the meeting, plans were also made for the participants to continue to meet 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. Attendees were given the opportunity to sign up for participation in the subcommittees as they left the meeting.

In July, 2012, 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 mental health needs, improved access to care, and reducing risk factors for chronic disease as areas of focus for the work of the health department and for budget consideration in the coming five years.

Partnership for a Healthy Community
Steering Committee Members

• Dr. John Avendano	Kankakee Community College
• Greg Carrell*	United Way of Kankakee county
• Torrie Carter	Provena St. Mary's Hospital
• Carole Franke	Kankakee County NAACP
• Margaret Frogge	Riverside Medical Center
• Pastor Larry Garcia	Kankakee County Hispanic Partnership
• Pam Gulczynski	Provena Home Health Care
• Jackie Haas	The Helen Wheeler Center for Community Mental Health
• Greg Harris	Catholic Charities
• Sister Anne Jaeger*	Provena St Mary's Hospital
• Dr. John Jurica*	Riverside Medical Center, Kankakee County Board of Health
• Dr. Carl Leth	Olivet Nazarene University
• Theodis Pace	Kankakee County NAACP
• Bonnie Schaafsma*	Kankakee County Health Department
• Dr. Houston Thompson	Olivet Nazarene University, United Way Board Member
• Dr. Jim Upchurch	Olivet Nazarene University

* Indicates Co-Chairs

FIGURE 1

Community Health Status Assessment
Executive Summary

Population

The population of Kankakee County has grown 9.3% from 2000 to 2010. The population is approximately divided among the 0-20, 20-40, 40-60 and over 60 age groups; the average age is 36.7. Males and females are roughly in equal proportion, with the gender ratio leaning towards males until age 60. Bourbonnais and Bradley have grown faster than the county, at 22% and 24% respectively, while Kankakee has remained essentially the same. Cabery and Chebanse Villages also grew over 100%. By township, Manteno had the most population growth, 40%, while Pembroke and Aroma each lost 10% of their population.

Community Health Status Assessment Executive Summary continued

Race, Ethnicity, Language and Ancestry

Kankakee County is predominantly white (77.6%). This percentage fell slightly since 2000, while the black population stayed constant at 15.1% and the Hispanic population increased to 9%. Most of the Hispanic population is Mexican. While Bourbonnais and Bradley reflect the county pattern, Kankakee is less than 50% white, 40% black and almost 20% Hispanic. In Kankakee County, the white population is older (median age 39.8) compared to the black (median age 29.5) and Hispanic (median age 23.1) population. This suggests that the population will continue to shift. Most of the population, 95.5%, is nativeborn. School districts overall mirror the county make-up. However, Kankakee #111 and Pembroke #259 are predominantly black, and St. Anne HS #256 has equal white and black populations. This suggests the black population is highly concentrated in certain areas.

Household Characteristics, Marital Status and Marriage/Divorce

The average family in Kankakee County is 3.13 persons and the average household is 2.61, similar to 2005. Almost 70% of households are families; about 8% of households are single-females with children, and about 4% are single-males with children. However, about 30% of children live with a single-female householder, up from 21% in 2000; only 61% live in a family with married parents. Over 50% of the over 65 population are living with family, though 20% are females living alone. About 8% of the over 65 over population are living in group quarters. Unmarried partners are rare (6.6%) but increased from 5.1% in 2000; male-male and female-female households make up only 0.3% of households. About 50% of the population is married, 40% never married, 10% divorced and 7% widowed; females are much more likely than males to be widowed. The number of marriages each year has been decreasing over the past two decades; there was a sharp increase in divorces in 2007 through 2008.

Housing

Kankakee County has a lower rate of vacant housing units compared to the state and national rates. About a third of housing in Kankakee County is rented. Whites are more likely to be homeowners than blacks or Hispanics; the percent of blacks owning homes decreased slightly while the percent of Hispanics increased slightly since 2000. The median owner-occupied house value increased by 64% from 2000 to 2010, while the median gross rent increased 31%. Forty-seven percent of renters have unaffordable housing (more than 30% of income), up from 37% in 2000; and 27% of owners have unaffordable housing. Again, Bradley and Bourbonnais mirror the county rates, while Kankakee actually has slightly more renters (50%) than owners (49%).

Education and Employment

About 36% of the county population had a high school degree (or equivalent) as their highest educational level by age 25 and that percentage has not changed since 2000. However, only 9.4% earned a bachelor's degree, also the same since 2000, and only half the Illinois rate. Similarly, only 16.1% earned a bachelor's degree or higher, compared to 30.8% in IL and 28.2% across the country. High school graduation rates vary greatly by race and school district. Overall, 62% of the over 16 population is in the labor force, which is similar to the Illinois and U.S. rates. While overall 72% of females are in the labor force, 79% of females with children under 6 years old are in the labor force, which is an almost 10 point increase from 2000. Kankakee County tends to have less of the labor force in management/business/science compared to Illinois and slightly more in service, construction/maintenance and production/transportation occupations. Kankakee County's unemployment rate has remained at or above the Illinois rate for the past three decades.

Community Health Status Assessment Executive Summary continued

As in Illinois and the U.S. in general, there has been a large increase in the unemployment rate since 2007; that rate now stands at 13% in Kankakee County. Blacks are twice as likely to be unemployed than whites. Unemployment is also highest in the 16-19 year old age group, among those with less than a high school degree and those living in Kankakee.

Income and Poverty

Both whites and Hispanics have median incomes above the county median, while blacks have a lower median income. Likewise, single-female parent households tend to be below the household median income. The overall poverty rate is 14%; it is higher for those under 18, blacks, Hispanics, female-headed households and residents of Kankakee. Slightly fewer children are on state medical assistance compared to the total Illinois population, but slightly more of the adult population is enrolled in state medical assistance.

Natality

Kankakee County's natality rates for all races are very similar to state rates. Births by race are similar to the racial composition of the county, though proportionally somewhat higher for blacks and slightly lower for Hispanics – 76% are white, 23% black and 12% Hispanic. Kankakee County tends to have younger mothers than Illinois – almost 40% of mothers were younger than 24 years old, compared with 30% in Illinois. Kankakee County has a higher teen birth rate than Illinois. This rate has been increasing since 2005; currently 13.5% of births are to teens. Similarly, the rate of births to unmarried mothers never married or divorced) is higher than Illinois and has been increasing since 2003. Although data was not available for some years, the current rate is 50.9%. Kankakee County is similar to Illinois in terms of low and very low birth weight babies; however, the rates for blacks are much higher than for whites – 16.4% low and 3.2% very low for Kankakee blacks compared to 7.3% low and 1.6% very low for Kankakee whites. Perhaps related, fewer Kankakee County residents are receiving adequate prenatal care compared to Illinois –only 22% get adequate plus care and 17% get inadequate care. Kankakee County mothers are more likely to smoke but less likely to drink while pregnant than Illinois mothers in general. There was an increase in cardiovascular defects in newborns to almost 140 per 10,000 live births, which is higher than the rate of 110 for Illinois. The rate of induced pregnancy terminations for Kankakee County has been much lower than the Illinois rate for the past decade and currently stands at 80.9 per 1000 live births.

Mortality

Kankakee County's age-adjusted mortality rate is higher than the Illinois rate; in 2007, it was 891.5 per 100,000 population. The rate is higher in Kankakee County compared to Illinois among the 1-4, 10-14, 20-24, 35-33 and over 65 age groups. The leading causes of mortality are heart disease and cancer, both of which affect men at a higher rate than women. Kankakee County also has a high rate of Alzheimer's, particularly in men, compared to Illinois; specifically, the rate was 73.7 per 100,000 for Kankakee County men, compared to a 16.8 for Illinois men. Heart disease and cancer are the leading causes of age-adjusted mortality for both blacks and whites; the rates are higher than the Illinois rate for both white and blacks and higher in blacks than whites. Blacks also had a higher rate of stroke compared to whites in Kankakee County. However, the leading causes of premature mortality for whites are malignant neoplasm, accidents and perinatal conditions, compared to accidents, perinatal conditions and homicide for blacks.

Health Status

Kankakee County is higher than the Illinois in terms of reports of arthritis and high blood pressure and similar in terms of asthma and diabetes. About 28% of the adults in Kankakee County are obese and

Community Health Status Assessment Executive Summary continued

physically inactive. Breast cancer incidence is similar to the state overall, but much higher among black women – 179.5 per 100,000 compared to 119.2 for the state. Cancer screening rates are similar between Kankakee County and Illinois. Kankakee County is similar to the state in terms of children's blood lead levels and vaccinations. Rates of chlamydia and gonorrhea in Kankakee County are at or above Illinois averages, which include Chicago; on the other hand, syphilis rates are at or below state averages. Among other communicable diseases, chicken pox and meningitis (both bacterial and viral) have decreased from 2005 to 2010. 2006 seemed to have unusually high rates of shigellosis and TB. In 2010, there were six cases of rabies and eight cases of HIV. Diseases of the circulatory and respiratory systems are the top two diagnoses related to hospitalization and have been decreasing since 2008. Of the over 65 population, 33% report a disability, most commonly ambulatory or independent-living disabilities.

Mental Health and Substance Abuse

In terms of mental health since 2000, the suicide rate in Kankakee County remains slightly above that of Illinois (9.2 versus 7.8 per 100,000). The percentage reporting poor mental health has decreased from 2001 to 2009 and is now slightly below the state rate. However, 19% of the population reported more than 8 days of poor mental health in the last month, and 26% reported 1-7 days. Kankakee County is similar to Illinois in terms of binge drinking (which is currently at about 16%), DUI arrests (435 per 100,000) and smoking; about 25% of adults are current smokers in Kankakee County and 23% are former smokers. Drug offense arrests were lower in 2009 than in previous years; this could reflect changes in crime or in police staffing/procedures.

Health Resources

Overall, 88% of Kankakee County residents responded that they have health care and have a place to go when sick. Twenty-four percent were on Medicare. However, 13% did not go to a doctor in the past year or get medication when needed due to costs. Mental health providers in Kankakee County are responsible for almost three times as many residents as the state average, while primary care physicians are responsible for about twice as many residents as the state average. However, Kankakee County has 143.6 total physicians per 100,000 residents compared to a national average of 87.6.

Crime and Violence

The overall rate of index crimes is 3000 per 100,000 for Kankakee County in 2009; Bradley, Kankakee, Momence and St. Anne were above average. The index crime rate has declined since 2007. Domestic violence reports vary from year to year, with about 600 per year. Elder abuse reports have generally been between 110 and 120 per year, though higher in 2008 and 2009. Reports of child abuse and sex abuse against children are slightly higher than the Illinois rate, at 35.7 per 1000 and 3.6 per 1000 respectively.

FIGURE 2

Community Themes and Strengths Assessment
Executive Summary

Input from the community was gathered through a random sample survey of households in the community and four focus groups. The community survey explored people's perceptions of issues surrounding quality of life, health, and social factors, as well as illumining key demographics. The survey evaluated similarities and differences at the county, community, and household levels and among the different cities. Focus groups were targeted to reach special populations in the community that either have unique needs or are often under-represented in community surveys. These focus group participants completed a condensed survey and participated in open-ended discussion. The focus groups were composed of senior citizens, NAACP members, African Americans, Hispanic/Latinos, and youth. Pembroke, Illinois was identified as a priority study location, and an extra effort was made to reach these residents via the condensed survey however, this group did not participate in an open-ended discussion. Taking into account responses from, both, the community survey and the focus groups, jobs, cultural activities, and safety were identified as the top priorities of respondents across all demographic/community groups. In the sample, the need for "good jobs" was identified by at least a 30 vote margin for residents in the county as a whole, the community, and in the respondents' homes, while the other issues were separated by only one or two points. It is interesting to note that for all population levels (home, community, and county), religion and spirituality were seen to be present in Kankakee—few participants perceived residents as rarely or never finding importance in religious or spiritual values (3-10%).

Survey administrators anticipated differences in responses among survey participants with different insurance statuses and therefore delineated some results along this category. Surprisingly, insurance status was not found to predict ratings for most of the concerns presented in the survey.

Employment and Financial Resources

Survey respondents expressed varying outlooks regarding Kankakee County's employment opportunities. Although on average respondents identified the difficulty in finding good jobs as the top issue, several sub-groups were positive about employment prospects in Kankakee County. Youth and Hispanic/Latino respondents were the most optimistic about employment, with 53% of youth and 59% of Latinos rating Kankakee as good or better as far as opportunities for employment. On the other hand, only 17% of African Americans participants gave ratings as very good/excellent and 77% rated Kankakee County as fair/poor for employment.

A substantial proportion of residents in the sample reported not having the financial resources they needed. For instance, only 88% of community survey participants always/most of the time were able to buy food in their own home. Similarly, 95% of seniors, and 83% of African-Americans had money for "the things they really need." However, only 51% of Hispanics surveyed reported similar results. While many overall respondents stated they had the financial resources to get what they needed, 22% still reported not being able to afford healthcare.

Safety

In terms of safety, just over half of respondents rated Kankakee County as "good" or better (58%). With

only twenty-three percent rating Kankakee's safety as "good" or better, youth participants were least likely to consider Kankakee a safe community. Of the survey respondents, 23% of seniors, 32% of Hispanics/Latinos, 18% of NAACP and 56% of youth identified a need for safe places to play, live and work as the most important community safety need.

Community Resources

Participation in arts and cultural events was identified as one of the top three issues by respondents at the home, county, and community level. While 75% of participants reported that people in their household participate in recreation or visit parks "always/most of the time", recreational activities were also a widely identified need. For instance, senior centers were seen as the most important resource among senior citizens but it was also identified as the third most common need for their community by the general surveyed population. Art and cultural activities were among the top programs that the Hispanic/Latino community perceived as beneficial to the community.

The top need identified in the NAACP focus group for the county was community involvement and safe spaces/activities for youth for the community. Teens identified church groups, community organizations, and sports as important existing resources, but the need for safe spaces and activities was still a top concern. Public transportation was also often identified as a need, especially for the senior citizen and Hispanic/Latino focus groups, noting a need for extended transportation routes and hours of operation to accommodate their needs.

Place for Growing Up & Growing Old

Overall, 64% of residents in the sample ranked Kankakee County "good" or better as a place to raise children. Youth and NAACP members had the lowest "good or better" ratings, with only 24% and 34%, respectively.

While 59% of general residents in the sample rated Kankakee County as a "good" or better place to grow old, 67% of the senior citizens surveyed rated it "good" or better.

Quality of Life

Overall, resident respondents felt the quality of life in Kankakee County was good. However, almost a quarter of residents in the community survey felt that Kankakee life was only fair/poor. Senior citizens had the best outlook, with 52% rating it good and 31% as very good/excellent. Youth rated the quality of life lowest with only 29% rating it good and 12% very good/excellent. No NAACP participant rated the quality of life as very good/excellent, and 45% rated it as fair /poor. Residents in Manteno had the highest positive ratings in the sample, while Kankakee and Momence had the lowest.

Quality of Healthcare

Participants viewed the quality of healthcare more favorably than the quality of life in Kankakee County, with 42% rating it very good/excellent, 34% rating it as good, and 24% as fair/poor. Bradley and St. Anne had generally low ratings for healthcare compared to other cities in the county. In St. Anne, only 21% reported very good/excellent care, while 34% reported it fair/poor. Bradley residents reported the highest rates of poor care, at 19%. Among the different insurance types, Medicare recipients had the highest percent reporting very good/excellent care, at 53%, and 48% of self-pay respondents reported having very

Community Themes and Strengths Assessment Executive Summary continued

good or excellent care. On the other hand, Medicaid recipients reported the highest levels of fair/poor care at 32%, though 39% reported very good/excellent care.

Health Concerns

Across all health concerns, participants reported fewer problems in their own home than at the community or county level. The most commonly reported problems in their own home were heart health (28%), elder health issues (28%), diabetes (21%), and cancer (18%). At the county level, the biggest concerns were drug abuse (70%), weight (61%), underage drinking (67%) and youth violence (62%). It is noteworthy that despite there being significant differences in issues identified at the different regional levels, the obesity/overweight population and drug abuse were identified as the top two health concerns at both the community and county levels.

Sources of Health Information

The most common source for health information identified by survey respondents was the newspaper (71%), followed by doctor (64%), internet (43%), family (41%) and news (41%). Only 36% got information from a hospital, 20% from their workplace, 19% from the health department and 15% from school.

FIGURE 3

Results of the Kankakee County Local Public Health System Assessment

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

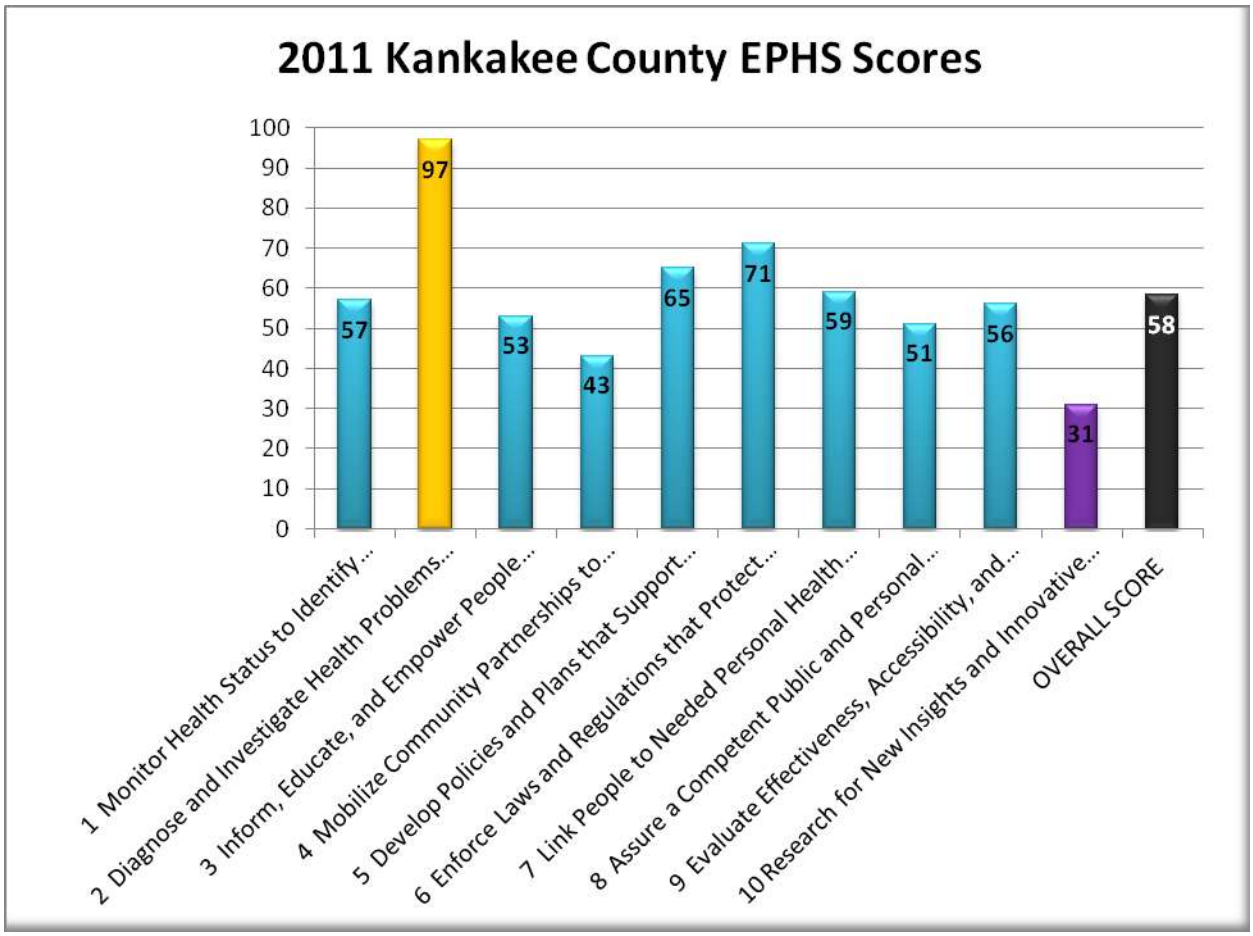
Table 2 and Figures 1-2 together provide an overview of the local public health system's performance in each of the 10 Essential Public Health Services (EPHS).

Table 2 Summary Essential Public Health Service Scores	2011 Score	Rank
1 Monitor Health Status to Identify Community Health Problems	57	5
2 Diagnose and Investigate Health Problems and Health Hazards	97	1
3 Inform, Educate, and Empower People about Health Issues	53	7
4 Mobilize Community Partnerships to Identify and Solve Health Problems	43	9
5 Develop Policies and Plans that Support Individual and Statewide Health Efforts	65	3
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	71	2
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	59	4
8 Assure a Competent Public and Personal Health Care Workforce	51	8
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	56	6
10 Research for New Insights and Innovative Solutions to Health Problems	31	10
Overall Performance Score	**58**	

Essential Services Scores: Comparison of Overall Performance and Range of Activity

Each summary score for the essential services reflects a composite of responses for the model standards, multiple stem questions and sub-questions for each essential service. Users of this report may want to look closely at both the raw data and discussion notes highlighted under each Essential Public Health Service section to understand the reasons underlying wide variance of scores reported by each breakout group.

Figure 1: 2011 Summary of EPHS Performance Scores and Overall Score



Highest Ranked: EPHS 2 (Diagnose and Investigate Health Problems / Hazards) was assessed as HIGH OPTIMAL activity.

Lowest Ranked: EPHS 10 (Research for New Insights and Innovative Solutions to Health Problems) was assessed as MODERATE activity.

Overall Performance: SIGNIFICANT ACTIVITY

Figure 2: 2011 EPHS Performance Scores with Ranges of Activity (High, Low)

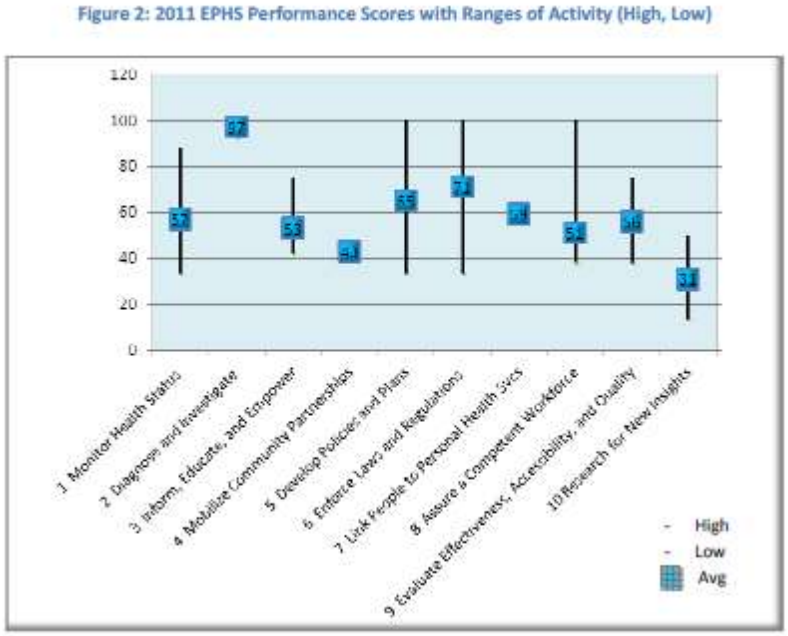


FIGURE 4

Economic Development

- Need to Retrain a Workforce
- Seek Collaborative Opportunities Among Agencies
- Individuals have lost homes
- Underemployed population requires retraining
- Look to the Community College to facilitate

Population Changes

- Increased Senior Population
  - Exceed available resources
  - Increasingly uninsured or Medicare dependent
  - Need to Strengthen and Expand resources
- Increased Hispanic Population
  - Need Bilingual Services to Assist

Forces of Change - Kankakee County

Healthcare Reform

- Potential of less providers in the area
- Look for changes approaches to accommodate the new system
- Engage the public sector

Focus on Health Lifestyles

- More expansive
- Current programs are reactive and not preventative
- Requires a change on the part of the consumer

FIGURE5

Healthy People... Healthy Communities
KANKAKEE COUNTY HEALTH DEPARTMENT

Kankakee County Community Health Plan

KANKAKEE COUNTY 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 Partnership for a Healthy Community (PHC) 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 PHC group will continue to meet on a regular basis, 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 PHC in an organized approach. The overall goal is to prevent premature death, disability, and illness by fostering healthy lifestyles. The *Healthy People 2020* document was utilized extensively to set goals and objectives. Realistic objectives and strategies were developed to guide the formation of the Health Plan for 2011-2016.

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 PHC group provided the guidance and much of the input for the development of the Community Health Plan. After the three priority health issues were identified on April 26th, 2012, three action teams were formed to specifically address mental health, chronic disease, and access to care. The action teams consisted of PHC members and key stakeholders in the community.

On June 4th, 2012 the action group members met to formulate strategies and goals for each strategic health issue. The workshop began with a presentation on action planning with vision of the end goal in mind. This presentation was provided by Laurie Call from the Illinois Public health Institute. The presentation addressed the change that is needed to obtain goals, objectives, and outcomes specifically change in behavior, policy, health status, and the public system as a whole. Goals, objectives, and outcomes were

discussed in terms of short-term, intermediate, and long-term, using the SMART framework of having outcomes that are specific, measurable, achievable, relevant, and time-oriented.

Action teams were asked to consider the following questions in identifying goals, objectives, and outcomes to address the strategic health issues:

- What are the existing resources, assets, and strengths for this work?
- What are the barriers and how can we overcome these barriers?
- What has worked elsewhere?
- What are the evidence-based approaches to create change defined?

In answering these questions, the action teams will be able to identify programs, interventions, evidence-strategies to address change. The underlying message throughout this presentation was for each action group to coordinate public health communication, be responsive to the increasing diverse population in the community, and recognize the unique needs of the older adult population. Upon completion of the presentation, the action teams

The large group then separated into individual action teams to work on their specific health issue. Each group was asked to identify other community stakeholders to invite to the action group for future work. The group was assigned to select and prioritize short-term, intermediate, and long-term objectives using the SMART objectives framework and based on the *Healthy People 2020* objectives. The teams were instructed to identify resources and barriers to creating change, and identify potential evidence-based strategies to address these health issues. Upon completion of the workshop on June 4th, 2012, the action teams agreed to meet again within 30 days, and recruit additional members to provide meaningful data and resources to the action teams.

The action teams have met regularly since June 4th, have recruited additional stakeholders, and will continue to meet on an ongoing basis over five year period to reach their goals, objectives, and outcomes through intervention and evidence-based strategy. The management staff at the Kankakee County Health Department will oversee this process to ensure implementation and evaluation of these strategies to improve the overall health of Kankakee County based on the three priority health needs.

Following are the priorities along with their overarching goal:

Priority 1: ***Address mental health needs:*** To increase community education on recognition of symptoms, increase knowledge on when to seek mental health services, and how to access these services.

Priority 2: ***Improve access to care:*** To improve community access to health and medical services.

Priority 3: ***Reducing Risk Factors for Chronic Disease-Obesity:*** To increase the portion of the population who are at a healthy weight.

IV. Health Priorities

Health Priority #1

Health Problem: Limited public awareness and limited access to mental health services

Description of the Problem: According to the Center for Disease Control and Prevention (CDC), twenty six percent of all adults in the United States have depression, and by 2020 it is estimated that depression will be the second leading cause of disability in the U.S. Mental health is positively associated with physical health. The CDC also describes the positive correlation between mental health and overall physical health. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes the need for increased public awareness of mental health, and for individuals to seek help when needed and expect recovery. As exemplified through nationwide research and policy, the issue of mental health is important, and community awareness and access to mental health services are vital to the overall health and well-being of a community. Data analysis and community feedback through the Community Health Status Assessment indicates addressing the mental health needs of the community as a priority health need.

- From 2000 to 2006, the suicide rate for Kankakee County has exceeded the Illinois suicide rate; in 2006, the suicide rate in Kankakee was 9.2 per 100,000 and the Illinois suicide rate was 7.8 per 100,000.
- The percentage of individuals indicating eight or more days of poor mental health has decreased from 19.3% in 2000 to 12.2% in 2009. In 2011, the average number of days of reported poor mental health in the past month is higher than the Illinois rate.
- Suicide was the 6th leading cause of death in 2006.
- In comparing mental health providers per resident, there is a significant disparity between Kankakee County (7,515 residents per mental health provider) and Illinois (2,372 residents per mental health provider).
- Thirty three percent of community survey respondents feel depression and/or anxiety issues are a large problem in their own community, and 35% feel this issue is a large problem in Kankakee County.
- Forty one percent of community survey respondents feel other mental issues (e.g. schizophrenia and bi-polar disease) are a large problem in Kankakee County, while 37% feel this is a large problem in their own community.
- Nine percent of the older adult focus group indicated a need for increase mental health/social services in Kankakee County.
- In the Hispanic focus group, 14% identified mental health/social service systems as important factors in the community, and 26% felt improved mental health/social services systems were needed in Kankakee County.

- Mental health/ social services support systems was ranked third highest in factors needing improvement among African Americans in the NAACP focus group.

- Survey responses from the teen focus group indicate 12% feel mental health/social service support systems are important factors for a healthy community, and 6% feel this factor needs improvement in Kankakee County.

Healthy People 2020 National Health Objectives related to community education on recognition of symptoms, increase knowledge on when to seek mental health services, and how to access these services:

MHMD-1: Reduce the suicide rate by 10% (Baseline: 11.3 per 100,000).

MHMD-2: Reduce suicide attempts be adolescents to 1.7 per 100 (Baseline 1.9 per 100,000).

MHMD-4.1: Reduce the proportion of adolescents aged 12-17 who experience major depressive episode to 7.4% (Baseline: 8.3%).

MHMD-4.2: Reduce the proportion of adults who experience major depressive episode to 6.1% (Baseline: 6.8%).

MHMD-5: Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral to 87% (Baseline: 79%).

MHMD-9: Increase the proportion of adults with a serious mental health disorder that receive treatment to 64.6% (Baseline: 58.7%).

MCMD-11.1: Increase the proportion of depression screening by primary care provider in adults 19 and older by 2.4% (Baseline: 2.2%).

MHMD-11.2: Increase the proportion of depression screening by primary care provider for youth aged 12-17 by 2.3% (Baseline: 2.1%).

Risk Factors:

One of the most significant risk factors for increased incidences and rates of mental health are lack of community awareness and education of mental health issues. With limited knowledge and awareness of mental illness, individuals and families may be unable to recognize signs and symptoms of mental illness. Direct contributing factors include an overall stigma related to mental illness that stems from decreased awareness, and the complexity of the mental health system. Indirect contributing factors related to the stigma surrounding mental health treatment are educating the public and awareness of prevention and rehabilitation programs facilities within the community. Indirect contributing factors of the complex system relate to specific systems within mental health, including Medicare and Medicaid. In specifying the risk factors and direct and indirect contributing factors, identifying strategies and interventions to address these risk factors will improve the mental health of the community overall. Increasing public awareness and

knowledge of mental health will reduce the stigma surrounding mental illness, enable individuals and families to know when to seek treatment, and will allow individuals to easily navigate the mental health system to seek prevention and treatment.

Along with lack of public awareness concerning mental health, there is limited access to mental health services in the community. Access is limited through finances, transportation, availability of specialized mental health services, and access to the mental health system as a whole. Indirect contributing factors for financial factors include the uninsured and underinsured, large co-pays, and the cost of medications. Transportation issues are affected by public awareness and training to transport mentally ill clients. Indirect contributing factors to specialized care include specific treatments and programs that address birth to school age, those with eating disorders, the aging population, the non-English speaking population, and preventative care services. To address access to the system as a whole, the availability of services, and the capacity of individual agencies must be examined. In reducing financial and transportation barriers to mental health treatment, the community members will seek mental health treatment more often. An increased availability of services and an increase in specialized services will meet the mental health needs of the community.

Outcome Objectives for Kankakee County:

1.1.1. By 2016, decrease the percentage of Kankakee County residents that report eight or more days per month of mental health not being good by 10%, to 11% of the population. (Baseline: 12.2% from 2007 to 2009)

1.1.2. By 2016, reduce the suicide rate in Kankakee County by 10%, to 8.3 suicides per 100,000. (Baseline: 9.2 per 100,000 in 2006)

Impact Objectives

1.1.1 Increase the rate of Kankakee County residents being referred to available mental health services in the community by 5%. (Baseline: To be determined)

1.1.2 Increase the percentage of Kankakee County residents seeking available local mental health services by 5%. (Baseline: To be determined)

1.1.3 Increase attendance at local organization and hospital based support groups by 5%. (Baseline: Establish baseline attendance rate)

Intervention Strategies

- Develop and implement a community-wide marketing strategy to promote mental health awareness and education. This strategy will be based on the 'Say it Out Loud' campaign which is supported by the Illinois Department of Human Services, Division of Mental Health and the Illinois Children's Mental Health Partnership. This is a research evidence-based program that encourages dialogue about mental health through use of media, advertising, and the 'Say it Out Loud' website.

- Present the Mental Health 101 presentations to grade school faculty and staff in all school districts within Kankakee County. This presentation provides non-health professionals with understanding

and tools to identify normal development and behavior from behavior that could indicate a referral to mental health services is needed.

- Offer the Love and Logic curriculum throughout the community through the Success by Six program to promote positive parenting and positive child behavior.

- Implement presentations throughout the community and schools on suicide awareness and prevention through Project CARE, a student assistance training program that provides educational seminars and training to adults that work with adolescents in the school setting.

- Increase awareness and referrals to the local National Alliance on Mental Illness (NAMI) organization for information, education, and support to those impacted by mental illness.

- Reach out to the court system to provide awareness and resources for individuals involved in divorce mediation and probation.

- Work with local child welfare investigators and case workers to ensure linkage of services for children in the welfare system with mental health needs.

- Increase the availability and referrals to hospital and local agency support groups.

- Improve collaborative efforts and communication between agencies and organizations within the mental health system.

Resources for Strategy Implementation

- Kankakee County Health Department
- KCHD health educator
- Riverside Medical Center
- Provena St. Mary's Hospital
- United Way of Kankakee County
- Helen Wheeler Community Mental Health Center
- Thresholds Center for Recovery
- Duane Dean Behavioral Health Center
- NAMI of Kankakee County
- Child and Family Connections
- Primary Care Providers
- County schools and school nurses
- Department of Child and Family Services
- Kankakee Community College
- Olivet Nazarene University
- Parish nurses
- Faith community

- Pledge for Life Partnership/Life Education Center
- NAACP-health promotion staff
- Local media-newspapers and radio/cable television
- Funding opportunities: Collaboration and pooling of resources by community partners

Barriers

- Financial Resources
- Lack of resources and staff to implement programs
- Transportation to obtain mental health services
- Stigma of mental illness
- Lack of public knowledge
- Lack of time/resources
- Lack of specialized mental health services
- Availability of mental health services
- Accepted social norms

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, 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 increasing public awareness of mental health and access to mental health services 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 PHC and Mental Health Action Group. Some of this information will be shared with the public as well, through the Kankakee County Health Department website and the annual report.

Health Priority #2

Health Problem: Limited access to health care within Kankakee County

Description of Problem: Access to quality health care services is essential to the health and well-being of a community. With the increased rate of unemployment, the percentage of in individuals without access to care has increased. According to the CDC, 25% of adults reported not having health insurance for at least part of 2010, while one in six adults had no insurance. Those without medical insurance with a chronic illness are more likely to skip or delay needed medical care. The Healthy People 2020 document describes the importance of gaining entry into the healthcare system, the logistics of accessing a location where services are provided, and locating a health care provider that an individual can trust and communicate with effectively. In Kankakee County, access to care involves lack of medical insurance, awareness and access to resources, and transportation to receive medical care are The identified target group for this problem is the residents of Kankakee County, with emphasis on the older adult population, minorities, and the un-insured and under-insured.

- The ratio of primary care providers to residents in Kankakee County (1523 residents per physicians) is twice the state ratio (778 residents per physician).
- More Kankakee residents reported not visiting a doctor in the last 12 months due to cost (13.5%) than those in Illinois (12.4%).
- 5.3% of Kankakee residents reported not having medical insurance coverage in the last 12 months per the Behavioral Risk Factor Surveillance System (BRFSS) from 2007 to 2009.
- Kankakee County has similar proportions of primary care providers (PCP) (52.4 per 100,000) and dentists (31.6 per 100,000) to the U.S. population (PCP- 54.6; dentists- 33), but less general/family practice physicians (20.8) than the U.S. (33.8). The county has a much larger proportion of specialists (91.2 per 100,000) and total physicians (143.6) than the U.S. proportion (specialists- 31.7; total physicians- 87.6).
- According to the U.S. Census Bureau, the percentage of adult residents that were uninsured increased from 12.8% in 2008 to 14.8% in 2009. The percentage of uninsured children decreased by 0.7% in that same year.
- Only around half of those that completed the community surveyed reported always being able to get or pay for healthcare, and only 21% felt that those in Kankakee were always able to get or pay for healthcare.
- Among those in the older adult focus group, public transportation, treatment and prevention services and access to physicians were the among the top six factors that need the most improvement in Kankakee County, while transportation was ranked number one and quality, affordable healthcare was ranked fourth when considering their own community.

- Being able to obtain needed health services was considered fair or poor by 37% of those surveyed in the Hispanic focus group.

- Health insurance and access to physicians/ health facilities were the second and third most important factors for a healthy community among the Hispanic focus group, while these same factors were first (health insurance) and third (access to physicians) when considering what needs the most improvement in Kankakee County among these same individuals.

- The Hispanic focus group indicated that health clinics/personnel and public transportation were the two services that needed the most improvement within their community.

- Forty one percent of the African American individuals surveyed in the NAAACP focus group felt that health insurance needed improvement within Kankakee County.

- Healthcare was indicated as the third most important need in the community among the NAACP focus group.

- Health insurance was ranked third in needing the most improvement in Kankakee County among teens in the teen court focus group.

Healthy People 2020 National Health Objectives related to access to health services:

AHS-1.1: Increase the proportion of persons with medical insurance to 100% (Baseline: 83.2% in 2008)

AHS-3.1: Increase the proportion of persons of all ages with a usual primary care provider to 84% (Baseline: 76.3% in 2007).

AHS-5.1: Increase the proportion of persons of all ages having a specific source of ongoing care to 95% (Baseline: 86.4% in 2008)

AHS-6.1: Reduce the proportion of those who are unable to obtain or delay in obtaining medical care, dental care, or prescription medicine to 9% (Baseline: 10% in 2007).

Risk Factors:

Access to health care means the timely use of health services in order to achieve the best health outcomes. One of the main risk factors for decreased access to health care services is lack of financial coverage for services. Under or uninsured individuals are less likely to receive medical care, more likely to die early, and more likely to have a poor health status. Without adequate coverage, people find it difficult to get needed health care in times of acute illness, and are even less likely to get preventative health screening services which may prevent chronic disease. Individuals may also experience difficulty finding medical providers who will accept the source of payment (ie Medicaid, Medicare) they have for their care.

Even if individuals have health care coverage, other factors may prevent them from accessing health care services. Lack of a primary health care provider is another risk factor. People with a usual source of

ongoing primary care have better health outcomes. Personal attitude and beliefs and mistrust of the inability to get to the location of health care services may also be a risk factor. Lack of transportation, or lack of knowledge of how to use existing transportation resources may prevent people from receiving services as well. In addition, disparities, such as language barriers, and lack of culturally sensitive services may be a barrier as well.

Outcome Objectives for Kankakee County:

1.1 By 2016, increase the percentage Kankakee residents that have a primary care provider by 10%, to 94.6%. (Baseline: 86% from 2007 to 2009)

1.2 By 2016, reduce the proportion of Kankakee County residents who are unable to obtain or delay in obtaining medical care, dental care, or prescriptions by 5%, to 8.5% (Baseline: 13.5% in 2010)

Impact Objectives

1.1.1 Increase the percentage of under or uninsured Kankakee County residents who obtain preventative and acute care medical services from an identified primary care provider by 10%. (Baseline: To be determined)

1.2.1 Reduce transportation as a barrier to care in Kankakee County by 5%. (Baseline: To be determined)

1.2.2 Improve awareness of community health resources by 5% (Baseline: To be determined)

Intervention Strategies

- Foster coordination between various transportation vendors, and promote public awareness and education on transportation options
- Identify and address weaknesses in the public and private transportation systems.
- Initiate and fully utilize the 211 services; provide comprehensive public awareness of 211 services.
- Implement community wide public relations efforts to educate and inform the public about the importance of preventative health measures.
- Work with NAACP, Hispanic partnership and faith community to identify attitudes and barriers to care among the multi-cultural population.
- Work in partnership with Options Center for Independent Living to address the needs of accessing healthcare services for those living with a disability
- Collaborate with local free clinics to expand services to the uninsured and underinsured
- Enhance community referral system for healthcare services through local hospitals, health department services and programs, and other local agencies.

Resources for Strategy Implementation

- Kankakee County Health Department
- KCHD health educator
- Riverside Medical Center

- Provena St. Mary's Hospital
- River Valley METRO bus system
- SHOW bus, rural transport system
- Options Center for Independent Living
- Medical Providers
- Kankakee Community Health Center-Aunt Martha's
- Kankakee Community College
- Olivet Nazarene University
- Parish nurses
- Faith community
- Hispanic Partnership
- University of Illinois Extension office
- NAACP- health promotion staff
- Local media-newspapers, radio, and cable television
- Funding—IDPH, IDHS, and other sources for grant funds; 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
- Uncertainty surrounding changes in Medicaid policy
- Lack of healthcare facilities that address the needs of non-English speaking individuals and those with a disability
- Transportation weaknesses and costs
- Lack of provider participation
- Unemployment rates
- Lack of public knowledge and understanding of preventative health needs
- Lack of knowledge of public transit
- Lack of time/resources

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 increasing access to healthcare services 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 Partnership for a Healthy Community and Access to Care Action Team. Some of this information will be shared with the public as well, through the Kankakee County Health Department website and annual report.

Health Priority #3

Health Problem: High rate of chronic disease in Kankakee County.

Description of the Problem: According to the CDC, the rates of obesity have increased dramatically in the last 20 years; over 35% of adults and 17% of children and adolescents are currently obese. Health disparities indicate non-Hispanic black and Mexican-American men of higher economic status are more likely to obese, and low-income women of all races tend to be more obese. Eating a healthy diet and maintaining a healthy weight are essential to preventing and treating many chronic diseases, including diabetes, heart disease and cancer. With a direct link between obesity and chronic disease, a focus on obesity within the community will begin to address the high rates of chronic disease. Community awareness and emphasis on a healthy weight will prevent overweight, obesity, and chronic disease in future generations.

Behavioral change must be addressed through direct and indirect contributing factors to increase health eating and physical activity among individuals in the community. Through community education and a strong support system, individuals can begin to make small changes to increase health and reduce the incidence and prevalence of obesity within Kankakee County. This education and support system will include a consistent message from healthcare providers on the importance of eating healthy and being physically active. Along with strategies to influence behavioral change, the availability for healthy food options and safe places to exercise must be addressed. Healthy food choices must be available in all areas of the community, including schools, local food pantries, and low-income areas. The target group for this health problem is the Kankakee County residents, with emphasis on health disparities related to race, age, gender, and socioeconomic status. Statistics and community feedback through the community health status assessment indicates the necessity of addressing obesity and chronic disease as a strategic health issue in Kankakee County.

- In 2007, heart disease and cancer were the two leading causes of death for both men and women in Kankakee County, both mortality rates were higher than the Illinois and U.S. rates.
- The mortality rates for heart disease (295.5 per 100,000) and cancer (251.2 per 100,000) for blacks in 2007 were higher than that of whites (heart disease- 228.4 per 100,000; cancer- 210.2 per 100,000).
- Among older adults aged 75 and older in 2007, the three leading causes of death were stroke (715.1 per 100,000), acute MI (735.7 per 100,000), and all other forms of chronic ischemic heart disease (1228.2 per 100,000).
- Heart disease was the fourth leading cause of years of potential life lost (YPLL) in 2006, with the YPLL being much higher for whites (306) than blacks (56).
- Between 1999 and 2007, males had a significantly higher mortality rate for chronic heart disease (339.9 per 100,000) than women living in Kankakee County (165.4) and both men (244.1) and women (154.6) in Illinois overall. Women living in Kankakee County had a higher rate of mortality

from chronic heart disease than compared to women in Illinois, but not compared to men in Illinois in the same year range.

- The overall mortality rate for cancer (217.3 per 100,000) from 1999 to 2007 was significantly higher than the Illinois rate (186) and the U.S. mortality rate (178.4).

- The mortality rate for stroke is slightly higher than the state and national rates, with males in Kankakee having a significantly higher mortality rate from stroke (58.5 per 100,000) compared to males in Illinois (44.4).

- From 1998 to 2004, the overall incidence rate of breast cancer in Kankakee (131.1 per 100,000) is slightly higher than the state (126.2), while the incidence rate of breast cancer for blacks is nearly 45% (179.5) higher than that of whites (123.7) living in Kankakee.

- From 2007 to 2009, the proportion of individuals being told by their doctor that their blood pressure was high was 5.3% higher than the state percentage.

- From 2007 to 2009, the proportion of individuals being told by their doctor that they were diabetic (8.6%) was slightly higher than the state percentage (8.4%). blood pressure was high was 5.3% higher than the state percentage.

- The proportion of individuals reporting they were obese increased 4.4% from 2004 to 2008, and the proportion of individuals self-reporting physical inactivity increased 4.7% in the same year span.

- In surveying the community, only 7% felt cancer was a large problem in their home, but 26% felt this was a large problem in Kankakee County and 25% felt cancer was somewhat a problem.

- Around one third of those surveyed felt that residents of Kankakee County were only sometimes able to get or buy food.

- Over half of respondents in the community survey felt diabetes was a large problem or somewhat a problem in Kankakee County.

- Twenty six percent of those surveyed through the MAPP process felt heart disease, blood pressure, and stroke were somewhat a problem in their community and in Kankakee County, and 20% felt these diseases were a large problem in Kankakee County.

- An overwhelming majority of the teen focus group indicated an opportunity for exercise and youth programs as an asset to the community. Safe youth activities/space was ranked third most important need in their community.

<u>Healthy People 2010 National Health Objectives Related to Nutrition and Weight Status:</u>

NWS-2.1: Increase the proportion of schools that do not offer calorically sweetened beverages to students to 21.3% (Baseline: 9.3%).

NWS-2.2: Increase the proportion of school districts that require schools to make fruits and vegetables available whenever other foods are offered or sold to 18.6% (Baseline: 6.6% in 2006)

NWS-5.1: Increase the proportion of primary care providers that regularly assess body mass index (BMI) in their adults patients to 53.6% (Baseline 48.7% in 2008)

NWS-5.2: Increase the proportion of primary care providers that regularly assess body mass index (BMI) for age and sex in their child and adolescent patients 54.7% (Baseline 49.7% in 2008)

NWS-6.1: Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet and nutrition to 22.9% (Baseline: 20.8% in 2007, age adjusted to the year 2000 standard population).

NWS-6.2: Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity to 31.8% (Baseline 28.9% in 2007, age adjusted to the year 2000 standard population).

NWS-6.3: Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity to 15.2% (Baseline: 12.2% in 2007, age adjusted to the year 2000 standard population).

NWS-8: Increase the proportion of adults who are at a healthy weight to 33.9% (Baseline: 30.8 from 2005-2008, age adjusted to the year 2000 standard population).

NWS-9: Reduce the proportion of adults who are obese to 30.6% (Baseline: 34% in 2005-2008, age adjusted to the year 2000 standard population).

NWS-10.1: Reduce the proportion of children aged 2 to 5 years who are considered obese to 9.3% (Baseline 10.7% in 2005-2008).

NWS-10.2: Reduce the proportion of children aged 6 to 11 years who are considered obese to 15.7% (Baseline 17.4% in 2005-2008).

NWS-10.3: Reduce the proportion of children aged 12 to 19 years who are considered obese to 16.1% (Baseline 17.9% in 2005-2008).

NWS-10.4: Reduce the proportion of children aged 2 to 19 years who are considered obese to 14.6% (Baseline 16.2% in 2005-2008).

NWS-11.4- Prevent inappropriate weight gain in children and adolescents aged 2 to 19 years.

NWS-12: Eliminate very low food security among children to 0.2% of households (Baseline: 1.3% in 2008).

NWS-13: Reduce household food insecurity and in doing so reduce hunger to 6% (Baseline 14.6% on 2008).

NWS-14: Increase the contribution of fruits to the diets of the population aged 2 and older to 0.9 cup equivalents per 1,000 calories (Baseline: 0.5 cup equivalents per 1,000 calories in 2001 to 2004).

NWS-15: Increase the contribution of vegetables to the diets of the population aged 2 and older to 1.1 cup equivalents per 1,000 calories (Baseline: 0.8 cup equivalents per 1,000 calories in 2001 to 2004).

NWS-16: Increase the contribution of whole grains to 0.6 ounce equivalents per 1,000 calories in the diets of the population ages 2 years and older (Baseline: 0.3 ounce equivalents from 2001 to 2004, age adjusted to the year 2000 standard population).

NWS-17.3: Reduce the consumption of calories from solid fats and added sugars to 29.8% of total daily calorie intake (Baseline: 34.6% of total daily calorie intake from 2001 to 2004, age adjusted to the year 2000 standard population).

Risk Factors

One of the main risk factors for obesity, related to chronic disease, is unhealthy eating habits. Direct contributing factors related to unhealthy eating stem from limited knowledge of nutrition, depression and stress, and limited resources to obtaining healthy foods. Indirect contributing factors to limited knowledge of healthy foods include inconsistent education practices, lack of culturally specific nutrition education, and limited educational resources. Indirect factors related to depression and stresses include increased unemployment and increased media usage containing advertisement of unhealthy food choices. Indirect contributing factors related to limited resources involve decreased access or availability of healthy foods, including food deserts, increased unemployment, and lack of available food pantries or unhealthy choices at food pantries.

The second largest risk factor for obesity, and related chronic diseases, is inactivity. Limited knowledge, attitude towards physical activity, and family dynamics are the three important direct contributing factors to inactivity. Limited knowledge on how to be active involves understanding why it is important, and limited role models of an active lifestyle in the community, especially parental role models in influencing their children's lifestyle. The perception of safety in the community and socioeconomic barriers are key indirect contributing factors to an individual's attitude to change behavior. These factors, along with parents as role models are indirect contributing factors to the family dynamics that inhibit physical activity as well.

Outcome Objectives for Kankakee County

1.1. Increase the proportion of the population who are at a healthy weight by 5% by 2016

1.2 Increase the proportion of the healthcare providers that consistently provide counseling and education related to physical activity by 5% by 2016.

Impact Objectives for Kankakee County

1.1.1 Increase the multicultural social support system for healthy eating and physical activity.

1.1.2 Increase the percentage of the population who report 90-150 minutes of physical activity per week by 5% by 2016.

1.2.1 Increase the proportion of culture specific messaging for healthy lifestyle by 5% by 2016.

Intervention Strategies

- Survey all local healthcare providers to establish baseline number of healthcare providers and educators providing a consistent message of healthy eating and physical activity
- Collaborate with healthcare providers to identify a clear message of healthy eating and physical activity.
- Ensure the availability of community-based technology-supported multi-component counseling interventions to promote weight-loss and maintain weight-loss, as an evidenced based method recommended by the CDC.
- Increase the amount of evidence-based worksite obesity prevention and control programs that involve education, behavioral change strategies, and increased opportunity for healthy foods and physical activity.
- Work with faith community, the NAACP, and the Hispanic Partnership to promote education and intervention to the diverse Kankakee population.
- Identify local food deserts, and establish adequate supply of healthy food options in these locations.
- Enhance outreach efforts to increase the amount of eligible pregnant women and children enrolled in the WIC program.
- Collaborate with local fitness centers and park districts to increase the opportunity for low-income individuals to obtain membership
- Work with local farmers, grocery stores, and convenience stores to increase the availability of local foods opportunities year-round.
- Promote coordination with healthcare providers, school faculty and staff, parent groups, and local agencies to provide education and consistent messaging to children and adolescents on health eating and physical activity.
- Work in partnership with school district administration staff to reduce the amount of unhealthy foods and beverages being offered in schools, and to increase the amount of healthy food choices.
- Collaborate with faith communities and nonprofit organizations to increase the percentage of health food choices at local food pantries.
- Work with county-wide planning committees, individual municipalities, and police administration to increase access and availability of safe outdoor spaces for physical activity, and work with local media to improve the perception of safety within the community.

Resources for Strategy Implementation

- Kankakee County Health Department
- KCHD health educator

- Healthcare providers
- Riverside Medical Center
- Provena St. Mary's Hospital
- Local medical associations
- United Way of Kankakee
- YMCA of Kankakee
- University of Illinois- Kankakee Extension Office
- Park districts
- I-KAN Regional Office of Education
- School faculty and staff
- Kankakee Community College
- Olivet Nazarene University
- Grocery stores and convenience stores
- Local farmers supporting the summer and winter farmer's markets
- Parish nurses
- Faith community
- Planning and zoning committees
- County and city police
- Pledge for Life Partnership/Life Education Center
- NAACP- health promotion staff
- Local media- newspapers, radio, cable television
- Funding—IDPH, IDHS, and other sources for grant funds; 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
- Perception of cost of healthy foods
- Cost of physical activities
- Client apathy/denial of risk
- Perception of safety risks in the community
- Lack of motivation
- 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 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 Partnership for a Healthy Community and the Action Team to address obesity and chronic disease. Some of this information will be shared with the public as well, through local media, and the Kankakee County Health Department website and annual report.