The Illinois Project for Local Assessment of Needs

IPLAN

LaSalle County Health Department
717 Etna Road
Ottawa, IL 61350
(815) 433-3366

LASALLE COUNTY
COMMUNITY HEALTH NEEDS ASSESSMENT
2012-2017

Prepared by

Julie Kerestes
Public Health Administrator

Leslie Dougherty
Health Educator

Jenny Barrie
Health Educator

Lora Alexander
Administrative Manager

Elaine Roemer
Administrative Manger

for

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Springfield, Illinois

September 17, 2012

PRIORITIES

Substance Abuse and Mental Health

Family Violence

Obesity

LaSalle County Health Department
Community Health Needs Assessment

PRIORITIES

Substance Abuse and Mental Health

Family Violence

Obesity

Risk Factors, Barriers/Resources
Health Problem Analysis Worksheets

EXECUTIVE SUMMARY

The LaSalle County 2012-2017 Community Needs Assessment and Community Health Plan is a public health approach to improving the quality of life for the citizens of LaSalle County. This is the fourth needs assessment and health plan for the county coordinated by the LaSalle County Health Department. Each of the assessments and health plans share some similarities, but allow for growth, expansion, evaluation, and improvement. Past priorities include addressing family violence, substance abuse and access to in-patient treatment centers, and access to dental care. This plan's priorities have a familiar theme in relation to past IPLAN's. The issues and their associated risk factors continue to challenge the county in improving the health of residents.

The Community Health Committee was called back together to revisit and evaluate the needs of LaSalle County. This committee consists of 14 individuals from key partner organizations within LaSalle County. A nominal group process was utilized with staff from the health department serving as facilitators for the meeting. The committee, along with health department staff, strategized methods to impact the health problems and offer a diverse viewpoint. The committee will play a key role in the development, adoption and implementation of the county health plan. In addition, the LaSalle County Board of Health received regular updates on the status of IPLAN and is in full concurrence with the priorities set by the Community Health Committee.

The priorities adopted from the needs assessment are:

Substance Abuse and Mental Health

Family Violence

Obesity

Statistical data was obtained from a variety of sources. Primarily utilized was The Robert Woods Johnson County Health Rankings Report, along with the Illinois Behavioral Risk Factor Surveillance Survey. In addition, our four local hospitals had recently completed and compiled data for their required Community Needs Assessments. We reviewed the data they had found when determining the priorities for LaSalle County. The IPLAN Data System was also utilized when appropriate, however much of the data seems outdated and unrelated to our priorities. Therefore, the data was deemed unacceptable by the committee. The Community Health Committee felt the data included in the IPLAN Data System was antiquated and did not support the priorities set for LaSalle County.

STATEMENT OF PURPOSE AND BACKGROUND

This is the fourth Community Health Needs Assessment and Community Health Plan developed by the LaSalle County Health Department. This fulfills the certification requirement for local health departments by completing the Illinois Project for Local Assessment of Needs (IPLAN). This document will cover the years of 2012-2017. The past experiences and partnerships will continue to plan an integral role in the development of this assessment and health plan.

The mission of the LaSalle County Health Department is "*Promote Health and Prevent Disease."* Government has a basic duty to assure the health of the public. Thus, the LaSalle County Health Department leads the county in assessing the health problems, developing appropriate policies, assuring that health problems are addressed and identifying resources to accomplish these tasks. The process was led by the Health Department Administrator, Julie Kerestes and Health Educators, Jenny Barrie and Leslie Dougherty. The health department staff, LaSalle County Board of Health and our community partners played a vital role in the design and implantation of the IPLAN process.

Public health has always been a strong advocate for prevention, especially the population based services. Prevention decreases the economic and emotional burden of health conditions. Education teaches citizens healthy lifestyle choices, thus impacting health problems in the county. Prevention is a logical method to assist in addressing the health problems of the county's citizens and improving the quality of life in LaSalle County.

With the tough economic times, health department programs, including primary care programs, become even more popular with county citizens as they struggle to meet their needs. Prioritizing needs will allow strategic planning for the best use of limited resources. A coalition approach prevents duplication of services and fosters collaboration. With the current economy, these resources will become even more stressed and likely limited in scope. Prevention is challenging to document to assure continued funding. The benefits of prevention are often overlooked, as the resource allocation is being procrastinated. It is very difficult to make a difference in the health status of our county without appropriate resources. Along with addressing a wide variety of needs, the health department must not lose sight of the importance of responding to preparedness activities.

The community health needs assessment will be utilized to identify, prioritize and address the health problems identified in LaSalle County through different methods. The health plan is developed to address the priorities listed. Implementation of the health plan will focus attention and resources on the prioritized health problems and decrease the occurrence/incidence in the county. The Community Health Committee will be the catalyst for implementing and evaluating the health plan. The county will have ownership of the needs assessment and health plan input, development and implantation of the county plan. This plan may serve as a catalyst to obtain funding from various sources for implantation. The overall goal of the LaSalle County Health Committee is to increase the span of a healthier life, reduce health disparities and achieve access to preventative services for all county citizens. LaSalle County will strive to meet the standards of practice in all areas to protect and promote public health throughout the county.

Self-Assessment of the Organizational Capacity of the LaSalle County Health Department

The Apex Model for the Assessment of Organizational Capacity was completed by all staff of the three divisions of the LaSalle County Health Department. The Apex worksheets were reviewed showing a consensus of the staff viewed indicators for; authority to operate as high importance and being fully met, for community relations as high importance and being fully met, for community health assessment as medium importance and being fully met, public policy development as medium importance and being fully met, for assurance of public health services as high importance and being fully met, for financial management as high importance and fully being met and for personnel management as high importance being fully met.

LaSalle County Health Department
717 E. Etna Road
Ottawa, Illinois 61350-1097
Phone: (815) 433-3366
Phone: (800) 247-5243
Fax: (815) 433-9522

Julie Kerestes, BS, LEHP, Administrator

February 6, 2012

1~
2~
3~

Dear 1~,

Your facility has been listed as a member of LaSalle County Health Department's IPLAN Community Health Committee. It is time again to review our communities need assessments in order for us to be certified. Your continued involvement in this process will be valuable as we progress to the selection of the top three priority community health problems. As you may recall, in past years this process was spread out over several meetings. However in 2007, in an effort to streamline this assessment we completed this process in two meetings. It is our intention to follow the same process for our 2012 certification.

We are requesting you send a representative from your office to a meeting held on **Wednesday, March 28, 2012** at 9:00 a.m. at the LaSalle County Emergency Management Agency (EMA) Building, 711 Etna Road, Ottawa, Illinois. This meeting will last until approximately 3:00 p.m. and lunch will be provided.

Our past IPLAN process identified the following three areas as problems in our community;

SUBSTANCE ABUSE AND LACK OF IN-PATIENT TREATMENT CENTERS
FAMILY VIOLENCE
ACCESS TO DENTAL CARE

Enclosed you will find a community health problems ranking sheet. Please list what you perceive to be the top three most significant community health problems that you believe exist in LaSalle County. A *community health problem* is defined as "*a situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured*

(over)

as death, disease or disability". If you believe them to be the same as above, please rank them in the order of significance. Please return the ranking sheet in the self-addressed stamped envelope by **February 24th**.

Also enclosed is a Health Statistics 2012 booklet for your review. This booklet contains information specific to LaSalle County regarding demographic/socioeconomic characteristics, the leading causes of mortality, the most current statistics supporting the past three problem areas, information focusing on youth risk behaviors, and the county health rankings report.

The lists submitted by Community Health Committee members will be tabulated and the top five concerns will be presented for your consideration at the March meeting. Please feel free to bring any statistical data supporting your top concerns. Thank you for participating, we look forward to seeing you in March to further discuss this process. If you have any questions, please feel free to contact Leslie Dougherty (ext.225) or Jenny Barrie (ext.226) at 815-433-3366.

Sincerely,

Julie Kerestes, BS, LEHP
Public Health Administrator
jkerestes@lasallecounty.org

Leslie Dougherty, BS
Health Educator
ldougherty@lasallecounty.org

Jenny Barrie, BS
Health Educator
jbarrie@lasallecounty.org

Enclosures

Organization: _____

Contact Name: _____

Phone Number: _____ **Email**: _____

LASALLE COUNTY COMMUNITY HEALTH COMMITTEE
NEEDS ASSESSMENT

COMMUNITY HEALTH PROBLEMS

A community health problem is defined as 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.

1.

_____
_____
_____

2.

_____
_____
_____

3.

_____
_____
_____

Thank you for your response. Please return by February 24th in the enclosed envelope.

Health Statistics

LaSalle County Health Department

Community Health Needs Assessment

2012

Statistical Indicators for LaSalle County

Community Health Needs Assessment 2012

Leading Causes of Mortality

Cancer Burden and Associated Risk Factors

Weight Control and Physical Activity

Demographic Characteristics

Socioeconomic Characteristics

Substance Abuse

Abuse in Families

Access to Health Care/Dental Care

The Behavioral Risk Factor Surveillance System

Youth Risk Behaviors: Changes Over Time

County Health Rankings Report

Leading Causes of Mortality
LaSalle County

2007

Rank	Disease/Condition	Count by County	Rate	State Rate
			Total 1252	Total 100,254
1	Diseases of heart	338	27.0	25.7
2	Malignant neoplasms	284	22.7	24.0
3	Chronic lower respiratory diseases	81	6.5	4.7
4	Cerebrovascular diseases	80	6.4	5.8
5	Accidents	79	6.3	4.3
6	Diabetes Mellitus	36	2.9	2.8
7	Influenza and pneumonia	29	2.3	2.5
8	Intentional self-harm (suicide)	13	1.0	1.0

2006

Rank	Disease/Condition	Number	Rate	State Rate
			Total 1,309	Total 102,122
1	Diseases of heart	381	29.1	26.4
2	Malignant neoplasms	294	22.5	23.6
3	Cerebrovascular diseases	76	5.8	5.8
4	Chronic lower respiratory diseases	72	5.5	4.6
5	Accidents	65	5.0	4.3
6	Influenza and pneumonia	42	3.2	2.6
7	Diabetes Mellitus	26	2.0	2.7
8	Intentional self-harm (suicide)	-	-	1.0

2005

Rank	Disease/Condition	Number	Rate	State Rate
			Total 1,357	Total 103,654
1	Diseases of heart	381	28.0	27.2
2	Malignant neoplasms	329	24.2	23.3
3	Chronic lower respiratory diseases	74	5.5	4.9
4	Cerebrovascular diseases	68	5.0	6.0
5	Accidents	64	4.7	4.0
6	Influenza and pneumonia	42	3.0	2.8
7	Diabetes Mellitus	33	2.4	2.9
8	Intentional self-harm (suicide)	13	1.0	1.0

Source: www.iquery.illinois.gov and IDPH vital statistics

Cancer Burden 2001-2005

	LaSalle County	Tazewell County	Illinois
All Sites	1,494	1,530	122,518
Lung & Bronchus	30.6% (457)	29.5% (452)	27.7% (33,911)
Colorectal	11% (164)	9.6% (147)	10.5% (12,920)
Female Breast	6.2% (92)	6.7% (103)	7.6% (9,310)
Prostate	4.7% (70)	4.1% (63)	5.3% (6,465)
Cervix	0.5% (8)	0.7% (12)	0.8% (953)

Associated Risk Factors

% of Illinois Adults 18 & Over Who Currently Smoke

	1997-2000	2001-2003	2004-2006
LaSalle County	24.7%	28.2%	26.5%
Tazewell County		23.6%	22.7%
Illinois	22.7%	22.2%	20.5%

Percentage of Adults Who are Obese

	2001-2003	2004-2006
LaSalle County	18.7%	19.3%
Tazewell County	21.0%	22.3%
Illinois	22.1%	24.7%

% of Adults 18 & Over Who Consume Five or More Servings of Fruits & Vegetables Per Day

	2001-2003
LaSalle County	18.4%
Tazewell County	20.5%
Illinois	22.6%

Source: Illinois Cancer Facts and Figures, 2008-2009
Illinois Cancer Facts and Figures, 2006
Illinois Cancer Facts and Figures, 2002

Weight Control and Physical Activity

LaSalle County (percentages)

		4th Round	3rd Round - 2004	2002
Obesity	underweight / normal	36.4	38.2	41.1
	overweight	35.5	42.5	40.2
	obese	28.0	19.3	18.7
Advised About Weight	yes	19.6	13.0	15.9
	no	80.4	87.0	84.1
Are You Now Trying to Lose Weight	yes	51.1	39.9	-
	no	48.9	60.1	-
Regular & Sustained Physical Activity Guidelines	meets or exceeds standard	51.3	42.6	41.3
	does not meet standard	35.4	37.7	41.7
	inactive	13.3	19.7	17.0
Work Activity	mostly sit/stand	50.7	41.8	54.1
	mostly walk	12.1	21.2	26.0
	mostly heavy labor	14.4	12.5	19.9
	other	-	-	-
	not employed	22.5	23.2	-
Meets Moderate Activity Standard 5x wk x30 min	yes	41.9	31.5	29.0
	no	58.1	68.5	71.0

Source: Illinois Behavioral Risk Factor Surveillance System

Weight Control and Physical Activity

Rural Counties (percentages)

		2009	2006	2003
Obesity	underweight / normal	30.4	36.6	36.9
	overweight	40.5	34.6	37.6
	obese	29.1	28.8	25.5
Intentional Weight Change From One Year Ago	yes	35.0	-	-
	no	65.0	-	-
Are You Now Trying to Lose Weight	yes	-	-	36.0
	no	-	-	64.0
Regular & Sustained Physical Activity Guidelines	meets or exceeds standard	36.5	-	38.8
	does not meet standard	53.2	-	43.6
	inactive	10.3	-	17.7
Work Activity	mostly sit/stand	52.7	-	57.7
	mostly walk	20.3	-	22.6
	mostly heavy labor	27.0	-	19.7
	other	-	-	-
	not employed	-	-	-
Meets Moderate Activity Standard 5x wk x30 min	yes	25.2	-	30.5
	no	74.8	-	69.5

Source: Illinois Behavioral Risk Factor Surveillance System

Weight Control and Physical Activity

State of Illinois (percentages)

		2009	2006	2003
Obesity	underweight / normal	36.1	39.0	39.4
	overweight	37.2	36.2	37.3
	obese	26.8	24.7	23.4
Intentional Weight Change From One Year Ago	yes	42.1	-	-
	no	57.9	-	-
Are You Now Trying to Lose Weight	yes	-	-	38.6
	no	-	-	61.4
Regular & Sustained Physical Activity Guidelines	meets or exceeds standard	37.7	-	40.2
	does not meet standard	52.1	-	42.0
	inactive	10.2	-	17.7
Work Activity	mostly sit/stand	65.2	-	63.8
	mostly walk	21.8	-	22.5
	mostly heavy labor	13.0	-	13.7
	other	-	-	-
	not employed	-	-	-
Meets Moderate Activity Standard 5x wk x30 min	yes	22.6	-	28.8
	no	77.4	-	71.2

Source: Illinois Behavioral Risk Factor Surveillance System

Demographic Characteristics

The following information has been extracted from 2010 U.S. Census Statistics. These characteristics impact the health needs of our county.

Dependency Indicators

Dependency is defined as a population of non-working, either pre-productive or post productive individuals (generally defined as <18 or >64) who are dependent on the productive population for social and economic support. When compared to state and national percentages, LaSalle County has approximately ….

DEPENDENCY INDICATORS

Year 2010:	**LaSalle**	**Illinois**	**U.S.**
Total Population	113,924	12,830,632	308,745,538
Population <18	23.0% (26,218)	24.4% (3,129,179)	24% (74,181,467)
Population >64	16.4% (18,678)	12.5% (1,609,213)	13% (40,267,984)
Median Age	40-44.9	36.6	37.2
Year 2000:	**LaSalle**	**Illinois**	**U.S.**
Total Population	111,509	12,419,293	281,421,906
Population <18	23.8% (28,471)	25.4% (2,961,461)	24.8%
Population >64	15.9% (21,463)	12.0% (1,429,420)	12.4%
Median Age	38.1	35.3	35.3
Year 1990:	**LaSalle**	**Illinois**	**U.S.**
Total Population	106,913	11,430,602	-
Population <18	25.5% (27,300)	25.9% (2,961,461)	-
Population >64	17.4% (18,426)	12.5% (1,429,420)	-
Median Age	35.5	32.8	32.9

Source: 2010 U.S. Census Statistics

Socioeconomic Characteristics

LaSalle County Unemployment Rates

2005	2006	2007	2008	2009
6.3%	5.6%	6.3%	8.2%	12.2%

Race and Ethnicity

Race and ethnicity factors can contribute to health education deficits related to language barriers as well as deficits in regards to access to health care. The most change in race and ethnicity within LaSalle County since 2005 was the increase of 1.5% in the Hispanic or Latino population.

RACE AND ETHNICITY

Year 2010:	**LaSalle**	**Illinois**	**U.S.**
Ethnicity			
Hispanic or Latino	8% (9,135)	15.8% (2,027,578)	16.3%
Not Hispanic or Latino	92% (104,789)	84.2% (10,803,054)	83.7%
Race			
White	93.2% (106,187)	71.5%	72.4%
African American	1.9% (2,186)	14.5%	12.6%
Asian	0.7% (762)	4.6%	4.8%
American Indian & Alaska Native Alone	0.3% (289)	0.3%	0.9%
Native Hawaiian & Other Pacific Islander Alone	- (16)	-	0.2%
Some Other Race	2.5% (2,838)	6.7%	6.2%
Two or More Races	1.4% (1,646)	2.3%	2.9%

Year 2005:	**LaSalle**
Ethnicity	
Hispanic or Latino	6.5%
Not Hispanic or Latino	93.5%
Race	
African American	1.7%
Asian	0.6%
American Indian, Eskimo, Aleutian Islander	0.2%

Source: 2010 U.S. Census Statistics and 2007 LaSalle County IPLAN

SUBSTANCE ABUSE

During 2009, a total of 911 people lost their lives on Illinois roadways — the lowest number of traffic fatalities in 88 years. The Illinois State Police, in its partnership with local law enforcement agencies and the Illinois Department of Transportation, contributed to the downward trend by aggressively enforcing "fatal five" violations – speeding, safety belts, improper lane usage, following too closely, and driving under the influence – known contributing factors
in traffic crashes. Also playing a pivotal role in decreasing the number of people who lost their lives in traffic crashes during the year was an increase in seat belt use, reaching a nearly 92 percent compliance rate.

The ISP also participated in a variety of enforcement strategies in an effort to reduce traffic fatalities including:

• "Operation Save 100" – a campaign aimed at reducing traffic crash fatalities in Illinois by at least 100 fewer
deaths on our roadways in 2009.
• "Operation Teen Safe Driving" – a program which enlists young people to teach safe driving skills to their peers
in an effort to reduce teen road fatalities.
• "Start Seeing Motorcycles" – a campaign which places a spotlight on motorcycle safety.
• Work Zone Safety Awareness – an enforcement and education safety initiative aimed at reducing traffic fatalities
in highway construction areas.
• Click It or Ticket Mobilizations – a traffic safety initiative which places an emphasis on safety belt law violators.

In 2008, a total of 1,043 fatalities occurred on Illinois roadways, and in 2007, there were 1,248 highway fatalities reported. Since 2003, Illinois has experienced a downward trend in crash-related deaths, while safety belt usage has increased each year from 76 percent in 2003 to nearly 92 percent in 2009. Illinois now joins an elite group of states that have experienced fewer than 1,000 roadway fatalities in a calendar year.

Motor Vehicle Fatalities Involving Alcohol

	2009	2008	2007	2006	2005
State of Illinois	-	-	-	401	464

DUI Citations

District 17	2009	2008	2007	2006	2005
(includes LaSalle County)	259	246	217	-	-
District 8	491	267	338	-	-
(includes Tazewell County)					
Illinois	12,118	12,457	10,767	9,431	10,139

Hospitalization for Alcohol-Dependence Syndrome (Number Hospitalized)
IPLAN

	Ages 15-44	Ages 45-64
1990		
LaSalle	155	47
Tazewell	75	24
2000		
LaSalle	36	30
Tazewell	39	7
2001		
LaSalle	28	22
Tazewell	42	6

Abuse In Families Indicators

The following statistics provide an overview of abuse in families. Abuse in Families was one of the three issues identified during the 1994, 1999 and 2007 Community Health Needs Assessment. Comparisons will be made using data from the assessments, as well as, the most recent statistical indicators available for Child Abuse/Neglect, Elder Abuse and Domestic Violence.

Child Abuse

Source: Voices for Illinois Children

		LaSalle	Illinois	Tazewell
Child Victims of Abuse or Neglect:	1991	17.6	12.9	N/A
(Rate per 1,000 children)	1996	19.1	15.3	10.9
	2003	10.7	7.5	10.0

Young Child Victims (% of victims under age 6) Of Abuse or Neglect:					
	1996	41.5%	48.5%		38.7%
Number of Deaths from Abuse Or Neglect	2000	9	93		9
Child Poverty in Illinois (%)	2005	2006	2007	2008	2009
	16.4%	17.1%	16.6%	17.0%	18.9%
Child Poverty in LaSalle Co. (%)					18.0%

Increase of 2.5% from 2005 to 2009

	2005	2006	2007	2008	2009
Enrollment of State-Supported Pre-Kindergarten Programs (Number)	72,652	76,508	85,185	91,808	97,500

Increase of 34% from 2005 to 2009

Elder Abuse

Source: **Alternatives for the Older Adult**

		LaSalle	Illinois
Reports of Elder Abuse:	1991	71	2,503
	1996	52	5,268
	2001	84	N/A

Domestic Violence

Source: **Illinois State Police Semi-Annual Report**

		LaSalle	Illinois	Tazewell
Domestic Violence:	1997	337	66,366	435
(# Of Reported Incidences)	1998	397	64,725	731
	2001	324	N/A	N/A
	2008		109,142	
	2009		115,988	
Domestic Crimes:				
Murder (count)	2008		38	
	2009		40	
Crimes Against Children:				
Murder (count)	2008		65	
	2009		50	

Source: **Illinois Coalition Against Domestic Violence**

Victims in Illinois served by		Adults	Children	% under 11	% under 8
Domestic Violence programs	2007	44,526	9,596	72	59
	2008	43,713	9,235	81	59
	2009	44,044	8,706		
	2010	43,191	8,409		

2010 statement on Illinois Coalition Against Domestic Violence website:

"Due to lack of resources, the number of survivors to whom we have **provided shelter has decreased by 20%** while the **number of victims we turned away has increased by 16%** over the last four years. In the last year alone we saw a drastic 12% drop in the number of survivors who obtained safe, emergency shelter.

% Change in LaSalle County 1998/2001 = 18% Increase
%Change in Tazewell County 1997/1998 = 68% Increase
% Change Illinois 1998/2009 = 79% Increase
The Illinois State Police only started keeping supplemental statistics on Domestic Violence in April of 1996.

% of Population on Optimally Fluoridated Public Water Supplies

	1997	2003	2005	2006
LaSalle County	79.7	48.6	48.6	50.2
Tazewell County	89.7	49.8	76.1	60.1
Illinois	85.1	45.6	46.0	44.3

Education distributed to parents of 4 month old infants from Ottawa Regional Medical Center

Tooth Decay Prevention

What is tooth decay?

Tooth decay is when the enamel of a tooth is destroyed. It may cause toothaches, lost teeth, malocclusion (poor bite), and costly visits to the dentist. Fortunately, modern dentistry can prevent 80% to 90% of tooth decay.

How can I help my child prevent tooth decay?

Here are some tips for raising cavity-free kids.

Fluoride

Fluoride builds strong, decay resistant enamel and reduces cavities by 70%. Children 6 months to 16 years old need fluoride. By 16 years, the enamel formation on the 3rd year molars in completed. Drinking fluoridated water (containing 0.7 to 1.2 parts fluoride per million) or taking a prescription fluoride supplement is the best protection against tooth decay.

To get enough fluoride from drinking water, a child must drink at least 1 pint of fluoridated water each day. By school age a child should drink 1 quart of fluoridated per day. Fluoride is safe. Over half of all Americans drink fluoridated water. Fluoride has been added to water supplies for over 50 years.

If fluoride isn't added to your city's water supply or you are breast-feeding, ask your health care provider for a prescription for fluoride drops or tablets during your next routine visit. The dosage of fluoride is:

- 0.25 mg per day for children up to 3 years old
- 0.5 mg per day for children 3 to 6 years old
- 1.0 mg for children over age 6

Mixing fluoride with milk reduces absorption of the fluoride to 70%. For this reason you should give fluoride to your child when he or she has an empty stomach.

Bottled water usually doesn't contain enough fluoride. Call the bottled water producer for information. If you child drinks bottled water containing 0.6 or less parts fluoride per million, ask your provider for a fluoride supplement.

One concern about fluoride is white spots or mottling on the teeth (called fluorosis). This can occur when a child has 2 mg or more fluoride per day. Children may get too much fluoride if they receive fluoride supplements when fluoride is already present in the city water supply. Occasionally they can get extra fluoride by eating their toothpaste. A ribbon of toothpaste contains about 1mg of fluoride. Therefore, people of all ages should use only a drop of toothpaste the size of a pea. This precaution, and encouraging your child not to swallow most of the toothpaste, will prevent fluorosis.

Tooth-brushing and flossing

The purpose of tooth-brushing and flossing is to remove plaque from the teeth. Plaque is the invisible scum that forms on the surface of teeth. Within this plaque, mouth bacteria change sugars to acids, which in turn etches the tooth enamel.

Tooth-brushing should begin before the child is 1 year old. Help your child brush at least until they after the age of 6 years. Most children don't have the coordination or strength to brush their own teeth adequately before then. If your child is negative about tooth-brushing, have him brush your teeth first before your brush his.

Try to brush after each meal, but especially after the last meal or snack of the day. To prevent mouth bacteria from changing food caught in the teeth into acid, brush the teeth within the first 5 to 10 minutes after meals. If your child is in a setting where he can't brush his teeth, teach him to rinse his mouth with water after meals instead.

Brush the molars (back teeth) carefully. Decay usually starts in the pits and crevices in these teeth. Dental floss is very useful for cleaning between the teeth where a brush can't reach. This should begin when your child's molars start to touch. In the early years, most of the teeth have spaces between them.

A fluoride toothpaste is beneficial at all ages starting at 1 year. Adults and children tend to use too much toothpaste. An amount the size of a small pea is all that you need.

Diet

A healthy diet from a dental standpoint is one that keeps sugar concentration in the mouth at a low level. The worst foods for your teeth contain sugar and also stick to the teeth.

If your child is a baby, prevent baby-bottle cavities by not letting your infant sleep with a bottle of milk or juice. After the first teeth appear give your baby a bottle of water if your

child must have a bottle at night. It is better to put your child to bed after he or she is finished with the bottle.

Avoid letting your child carry around a bottle or sippy-cups during waking hours. Young children who use milk, juice, or other sweetened liquid for comforting, are prove to sever dental decay.

Discourage your child from eating foods such as hard candy or sticky sweets (for example, caramels or raisins). When a child eats these foods his or her teeth are in contact with sugar for a long time. Since no one can keep children away from candy completely, try to teach your child to brush after eating. Avoid frequent snacks and offer foods that contain sugar with meals only.

Dental sealants

The latest breakthrough in dental research is dental sealing of the pits and fissures of the biting surfaces of the molars. Fluoride does little to prevent tooth decay on these surfaces. A special plastic seal can be applied to the top surfaces of the permanent molars at about age 6. The seal may protect against decay for 10 to 20 years without needing replacement. Ask your child's dentist about the latest recommendations.

Dental visits

The American Dental Association recommends that dental checkups begin at the age of 3 years (sooner for dental symptoms or teeth that look abnormal).

Maternal Child Health

WIC Participation - Sept 2011

Pregnant	Breastfeeding	Post Partum	Infants	Children	Total
363	87	143	572	1,157	2,322

Breastfeeding Initiation, Duration and Exclusivity

	Initiation	Duration	Exclusivity
1st Quarter	67.47%	18.1%	2.5%

Assessment of data: Duration % is down & we are reviewing to make sure all CHP's are using the correct WIC service codes for breastfeeding.

2nd Quarter	62.41%	18.6%	3.0%

Assessment of data: Will have CHP's incorporate more breastfeeding ed at prenatal visits.

3rd Quarter	64.23%	20.63%	3.5%

Assessment of data: Contracted to be a distributor for the Medicaid breast pumps & received 10 breast pumps for each WIC site & also for the Health Department to make them more readily available to encourage breastfeeding and its continuation. Clients were misunderstanding question when asked if breastfeeding (some thought if pumping breast milk, they would need to say no), so we clarify this with our clients now.

4th Quarter	70.23%	22.0%	3.0%

Assessment of data: We feel the availability of breast pumps has increased our rates.

The Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a series of monthly telephone surveys using a standardized questionnaire assessing the health risks of adults 18 years of age and older residing in Illinois. Established in 1984 as a collaboration between the U.S. Centers for Disease Control and Prevention (CDC) and state health departments, the BRFSS has grown to be the primary source of information on behaviors and conditions related to the leading causes of death for adults in the general population.

In 1997, the process was expanded to surveying each Illinois county. As part of the process each county received a set of analysis tabulations of risk factors, demographic variables and data. The Illinois County Behavioral Risk Factor Surveys (ICBRFS) are conducted for individual counties employing the same procedures and questions as the BRFSS.

Knowing the profile of the respondents to the survey is essential when evaluating the validity and impact of the statistics specific to LaSalle County.

Source: www.app.idph.state.il.us/brfss

Demographics

LaSalle County (percentages)

		4th Round	3rd Round -2004	2002
Age of Respondent	18-24	11.6	11.1	10.8
	25-44	33.5	35.6	37.5
	45-64	33.8	32.1	29.8
	65+	21.1	21.2	21.9
Racial Categories	white	97.7	94.8	94.6
	non-white	2.3	5.2	5.4
Sex of Respondent	male	49.4	49.4	49.1
	female	50.6	50.6	50.9
Income Level	< $15,000	7.2	5.2	9.5
	$15-35,000	25.5	29.2	34.4
	$35-50,000	14.2	23.9	18.1
	> $50,000	53.0	41.7	38.0
Education Level	< high school graduate	7.1	8.8	9.0
	high school graduate	43.6	43.0	39.7
	> high school graduate	49.3	48.2	51.3
Employment Status	employed	60.9	62.9	64.1
	out of work	7.6	7.5	3.9
	homemaker/student	11.6	8.3	10.7
	retired/unable to work	19.9	21.3	21.3
Are you Hispanic or Latino	Yes	6.4	-	3.2
	No	93.6	97.8	96.8
Marital Status	married	65.1	68.8	63.9
	widowed	6.7	6.8	8.9
	divorced/separated	7.9	7.4	10.8
	never married	17.3	13.6	13.3
	member of unmarried couple	2.9	-	3.1

Source: Illinois Behavioral Risk Factor Surveillance System

Demographics

Rural Counties (percentages)

		2009	2006	2003
Age of Respondent	18-24	9.6	12.4	12.5
	25-44	33.2	32.2	32.9
	45-64	35.0	34.4	34.3
	65+	22.3	21.0	20.3
Racial Categories	white	96.5	94.9	95.1
	non-white	3.4	5.1	4.9
Sex of Respondent	male	49.0	45.7	49.5
	female	51.0	54.3	50.5
Income Level	< $15,000	7.6	8.8	8.8
	$15-35,000	29.4	30.7	38.7
	$35-50,000	19.7	16.5	24.5
	> $50,000	43.4	43.9	28.0
Education Level	< high school graduate	7.5	8.9	10.3
	high school graduate	39.9	36.6	41.9
	> high school graduate	52.7	54.5	47.8
Employment Status	employed	-	-	59.4
	out of work	-	-	4.8
	homemaker/student	-	-	12.2
	retired/unable to work	-	-	23.6
Are you Hispanic or Latino	Yes	3.9	3.1	3.8
	No	96.1	96.9	96.2
Marital Status	married	-	-	61.8
	widowed	-	-	8.9
	divorced/separated	-	-	11.1
	never married	-	-	15.1
	member of unmarried couple	-	-	3.1

Source: Illinois Behavioral Risk Factor Surveillance System

Demographics

State of Illinois (percentages)

		2009	2006	2003
Age of Respondent	18-24	13.3	13.4	13.2
	25-44	37.0	38.0	39.2
	45-64	33.3	32.2	31.1
	65+	16.5	16.3	16.6
Racial Categories	white	74.3	76.3	79.5
	non-white	25.6	23.7	20.5
Sex of Respondent	male	48.7	48.4	48.3
	female	51.3	51.6	51.7
Income Level	< $15,000	8.3	9.0	9.3
	$15-35,000	24.3	26.8	31.8
	$35-50,000	14.2	15.0	17.8
	> $50,000	53.2	49.2	41.1
Education Level	< high school graduate	6.9	9.3	11.8
	high school graduate	26.6	28.0	29.5
	> high school graduate	66.5	62.8	58.7
Employment Status	employed	-	-	63.9
	out of work	-	-	5.1
	homemaker/student	-	-	11.8
	retired/unable to work	-	-	19.3
Are you Hispanic or Latino	Yes	11.6	13.0	14.0
	No	88.4	87.0	86.0
Marital Status	married	-	-	57.7
	widowed	-	-	7.7
	divorced/separated	-	-	10.5
	never married	-	-	20.5
	member of unmarried couple	-	-	3.6

Source: Illinois Behavioral Risk Factor Surveillance System

Health Care Coverage, Utilization and Status

LaSalle County (percentages)

		4th Round	3rd Round - 2004	2002
General Health	excellent / very good	49.3	50.2	56.4
	good / fair	47.1	45.5	39.5
	poor	3.6	4.3	4.1
Days Physical Health Not Good	none	55.0	68.96	66.9
	1-7 days	29.8	16.6	23.1
	8-30 days	15.2	14.5	10.1
Days Mental Health Not Good	none	61.1	70.3	66.9
	1-7 days	25.3	18.3	19.8
	8-30 days	13.6	11.3	13.3
Activities Limited by Health Problems	yes	20.6	19.4	12.5
	no	79.4	80.6	87.5
Have a Health Care Plan	yes	91.8	90.5	91.3
	no	8.2	9.5	8.7
12 mo: No Doctor Visit Due to Cost	yes	9.7	8.8	7.5
	no	90.3	91.2	92.5
12 mo: Didn't Get Meds Due to Cost	yes	12.0	9.4	-
	no	88.0	90.6	-
12 mo: Could Not Afford Dentist	yes	22.4	-	-
	no	77.6	-	-
Acute / Binge Drinking	at risk	19.2	24.5	22.3
	not at risk	80.8	75.5	77.7
Chronic Drinking	at risk	-	-	8.5
	not at risk	-	-	91.5
Last Routine Checkup	1 year or less	63.4	-	-

Source: Illinois Behavioral Risk Factor Surveillance System

Health Care Coverage, Utilization and Status

Rural Counties (percentages)

		2009	2006	2003
General Health	excellent / very good	52.3	51.8	48.3
	good / fair	42.4	43.3	45.6
	poor	5.3	4.9	6.1
Days Physical Health Not Good	none	58.2	61.1	64.0
	1-7 days	25.9	24.9	19.2
	8-30 days	15.9	14.0	16.7
Days Mental Health Not Good	none	62.5	67.4	67.5
	1-7 days	24.1	23.5	17.3
	8-30 days	13.3	9.1	15.2
Activities Limited by Health Problems	yes	19.2	18.8	15.7
	no	80.8	81.2	84.3
Have a Health Care Plan	yes	87.6	87.5	-
	no	12.4	12.5	-
12 mo: No Doctor Visit Due to Cost	yes	12.0	11.0	12.8
	no	88.00	89.0	87.2
12 mo: Didn't Get Meds Due to Cost	yes	-	8.9	13.2
	no	-	91.1	86.8
12 mo: Could Not Afford Dentist	yes	-	11.5	-
	no	-	88.5	-
Acute / Binge Drinking	at risk	16.8	19.8	17.5
	not at risk	83.2	80.2	82.5
Chronic Drinking	at risk	4.4	5.5	6.7
	not at risk	95.6	94.5	93.3
Last Routine Checkup	1 year or less	65.9	64.5	-
	More than 1 year / Never	34.0	35.6	-

Source: Illinois Behavioral Risk Factor Surveillance System

Health Care Coverage, Utilization and Status

State of Illinois (percentages)

		2009	2006	2003
General Health	excellent / very good	55.1	51.2	51.5
	good / fair	41.3	45.1	44.4
	poor	3.7	3.7	4.1
Days Physical Health Not Good	none	59.3	62.8	66.7
	1-7 days	27.0	24.9	20.8
	8-30 days	13.7	12.4	12.6
Days Mental Health Not Good	none	61.4	62.5	68.0
	1-7 days	24.8	25.9	20.9
	8-30 days	13.8	11.5	11.1
Activities Limited by Health Problems	yes	16.1	17.1	13.9
	no	83.9	82.9	86.1
Have a Health Care Plan	yes	86.1	84.9	-
	no	13.9	15.1	-
12 mo: No Doctor Visit Due to Cost	yes	13.5	12.4	11.1
	no	86.5	87.6	88.9
12 mo: Didn't Get Meds Due to Cost	yes	-	9.2	11.6
	no	-	90.8	88.4
12 mo: Could Not Afford Dentist	yes	-	13.5	-
	no	-	86.5	-
Acute / Binge Drinking	at risk	17.5	19.4	17.1
	not at risk	82.5	80.6	82.9
Chronic Drinking	at risk	4.6	4.7	4.6
	not at risk	95.4	95.3	95.4
Last Routine Checkup	1 year or less	64.3	65.6	-
	More than 1 year / Never	35.7	34.3	-

Illinois Behavioral Risk Factor Surveillance System

Youth Risk Behaviors:
Changes Over Time

Children's Memorial Research Center

ILLINOIS YOUTH RISK BEHAVIOR SURVEY, ISSUE 7, APRIL 2011

The Youth Risk Behavior Survey (YRBS) affords us the opportunity to examine risk behaviors among Illinois high school students over time. Results are available from 1993, 1995, 2007 and 2009. Analysis was conducted on all items on the YRBS; only those items that had a significant increase or decrease are presented in this brief. All of these differences reflect behavior changes in a positive direction.

Other items that are not illustrated in this report also showed a decrease in risk behavior. Students reported exercising to lose weight more frequently in 2009 compared to 1995 (60.8% in 2009 vs. 50.6% in 1995). Also, fewer students are reporting having sex before age 13 (10.7% in 1993 vs. 6.3% in 2009).

Illinois high school students were wearing their seat belts more and driving with someone who had been drinking less in 2007 and 2009 than in the mid 1990s (Figure 1). These are important indicators that public health education campaigns appear to be changing adolescent driving behavior.

Four violence-related items showed a decrease in prevalence between 1993 and 2009 (Figure 2). Over 50% fewer students reported carrying a weapon at school in the 30 days before the survey in 2009 compared to 1993. This change is mirrored in other important violence-related items and may reflect significant public health efforts since 2000.

Although there is a need to continue efforts to reduce these activities further, these improvements, as well as those detailed in this brief, suggest important changes in the norms of adolescent risk taking.

Figure 1. Percent of Illinois high school students reporting car-related risk behaviors, 1993, 1995, 2007, 2009

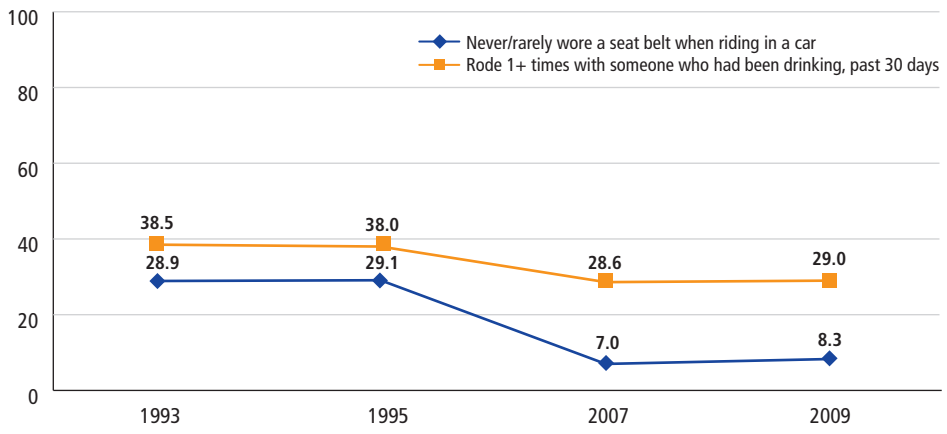
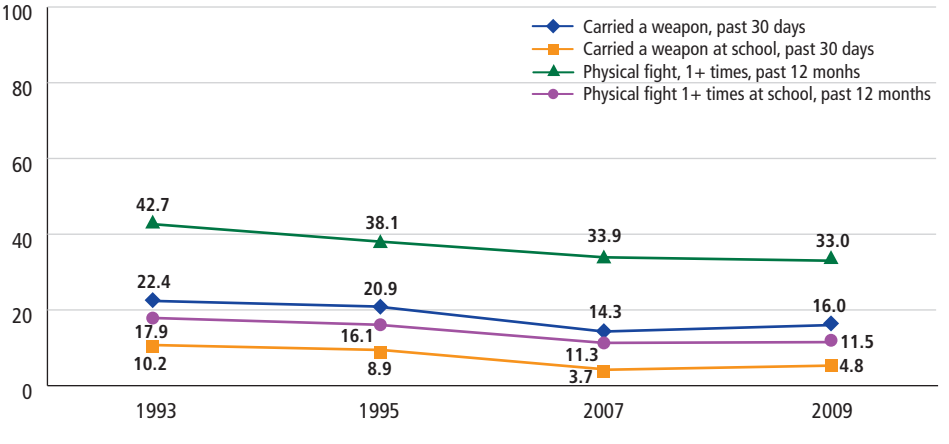


Figure 2. Percent of Illinois high school students reporting violence-related risk behaviors, 1993, 1995, 2007, 2009



THE BOTTOM LINE

- High school students show a decrease in a variety of risk behaviors from 1995 to 2007.
- Seat belt wearing is up and driving with someone who had been drinking is down.
- Fewer students are reporting seriously considering suicide and making a suicide plan.
- Alcohol and cigarette use has decreased between 1993 and 2009.
- Sniffing glue has decreased 43% from 1995 to 2009.

Kohl's Cares for kids

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Suicide Plans, Drinking and Cigarette Use Have Decreased

Forty-two percent fewer students reported seriously considering suicide in 2009 compared to students in 1993, while those who reported making a suicide plan decreased 40% (Figure 3). However, there was no difference in the percent of students who reported attempting to commit suicide.

Decreases were seen in aspects of alcohol and cigarette use (Figure 4 and Figure 5). Thirty-three percent fewer students reported drinking before the age of 13, while 50% fewer students reported smoking a cigarette before the age of 13 in 2009 compared to 1993. Current use of alcohol and cigarettes (past 30 days) were also reported less in 2009 than in 1993, along with current cigarette use at school.

Sniffing glue was an additional behavior that showed a decrease between 1995 (first time the question was asked) and 2009 (Figure 4). In 1995 20.3% of students reported sniffing glue, while 11.6% reported doing so in 2009. This represents a 43% reduction in use.

Figure 3. Percent of Illinois high school students reporting suicide-related risk behaviors, 1993, 1995, 2007, 2009

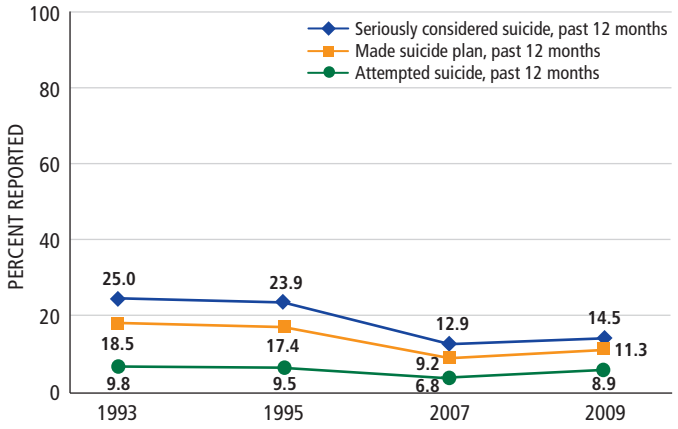


Figure 4. Percent of Illinois high school students reporting alcohol-related risk behaviors, 1993, 1995, 2007, 2009

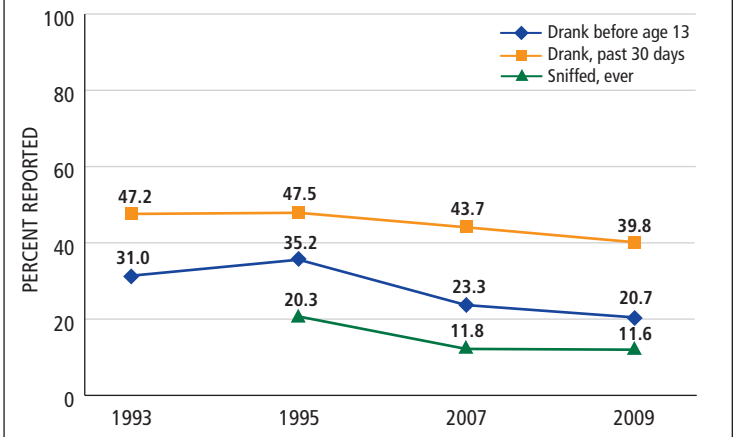
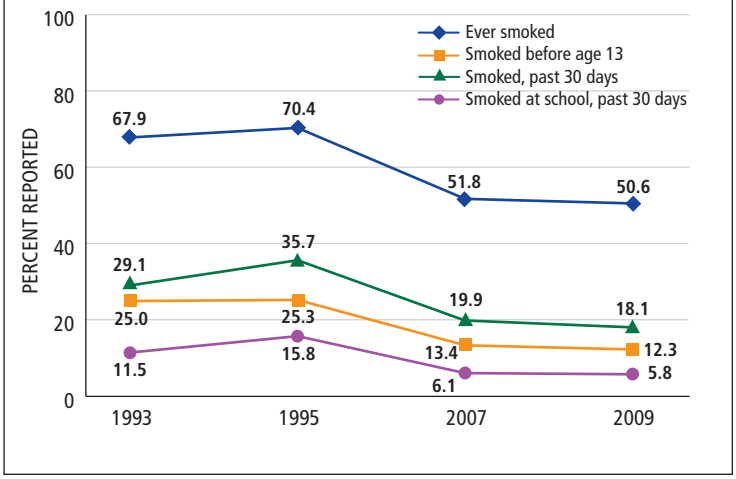


Figure 5. Percent of Illinois high school students reporting smoking-related risk behaviors, 1993, 1995, 2007, 2009



ABOUT THE YOUTH RISK BEHAVIOR SURVEY

The Illinois Youth Risk Behavior Survey (YRBS) and the Chicago YRBS were completed in randomly selected public high schools in Illinois and Chicago during the springs of 1993, 1995, 2007 and 2009. The survey focuses on priority health-risk behaviors established during youth that result in the most significant mortality, disability and social problems during both youth and adulthood. Questions cover nutrition, tobacco use, alcohol and other drug use, physical activity, injuries and sexual behavior resulting in sexually transmitted diseases and pregnancy.

YRBS is one component of the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention, in collaboration with representatives from state and local departments of education and health, other federal agencies, and national education and health organizations.

For more information visit cdc.gov/HealthyYouth/yrbs/.

CONTACT INFORMATION

Child Health Data Lab
Jenifer Cartland, PhD, Director
Tracie L. Smith, MPH, Epidemiologist

Children's Memorial Research Center
2300 Children's Plaza, Box 157
Chicago, IL 60614

312.573.7772

jcartland@childrensmemorial.org

chdl.org

Children's Memorial Research Center

Funded in collaboration with Kohl's Cares for Kids, Chicago Public Schools and the Illinois State Board of Education

	LaSalle County	Error Margin	Target Value*	Illinois	Rank (of 101)	
Health Outcomes						**80**
Mortality						**82**
Premature death	8,535	7,915-9,154	5,694	6,987		
Morbidity						**68**
Poor or fair health	16%	12-21%	9%	16%		
Poor physical health days	4.0	2.9-5.1	2.4	3.3		
Poor mental health days	3.5	2.4-4.5	2.0	3.1		
Low birthweight	7.2%	6.7-7.7%	6.2%	8.3%		
Health Factors						**91**
Health Behaviors						**85**
Adult smoking	27%	21-33%	17%	21%		
Adult obesity	27%	23-32%	26%	26%		
Binge drinking	22%	17-28%	9%	18%		
Motor vehicle crash death rate	21	17-24	11	12		
Chlamydia rate	256		86	432		
Teen birth rate	39	36-41	23	42		
Clinical Care						**82**
Uninsured adults	14%	12-16%	11%	15%		
Primary care provider rate	49		123	103		
Preventable hospital stays	111	108-115	72	88		
Diabetic screening	74%	71-76%	88%	78%		
Hospice use	15%	13-18%	38%	33%		
Social & Economic Factors						**87**
High school graduation	83%		96%	80%		
College degrees	15%	13-16%	29%	29%		
Unemployment	8%	8-8%	6%	7%		
Children in poverty	14%	12-17%	10%	17%		
Income inequality	42		38	46		
Inadequate social support	22%	16-29%	12%	21%		
Single-parent households	8%	6-9%	7%	9%		
Violent crime rate	1,253		134	559		
Physical Environment						**57**
Air pollution-particulate matter days	4		0	3		
Air pollution-ozone days	0		0	3		
Access to healthy foods	33%		50%	39%		
Liquor store density	1.0			1.0		

* 90th percentile, i.e., only 10% are better
Note: Blank values reflect unreliable or missing data

2010

	LaSalle County	Error Margin	National Benchmark*	Illinois	Rank (of 102)
Health Outcomes					**65**
Mortality					**74**
Premature death	8,111	7,512-8,710	5,564	6,859	
Morbidity					**62**
Poor or fair health	16%	13-21%	10%	16%	
Poor physical health days	4.2	3.1-5.2	2.6	3.3	
Poor mental health days	3.4	2.5-4.2	2.3	3.2	
Low birthweight	7.3%	6.7-7.8%	6.0%	8.4%	
Health Factors					**82**
Health Behaviors					**94**
Adult smoking	30%	24-36%	15%	21%	
Adult obesity	27%	23-32%	25%	26%	
Excessive drinking	24%	19-30%	8%	19%	
Motor vehicle crash death rate	21	17-24	12	12	
Sexually transmitted infections	213		83	460	
Teen birth rate	38	36-40	22	41	
Clinical Care					**76**
Uninsured adults	15%	12-18%	13%	17%	
Primary care physicians	1,978:1		631:1	976:1	
Preventable hospital stays	108	105-112	52	83	
Diabetic screening	79%	72-87%	89%	80%	
Mammography screening	60%	53-67%	74%	63%	
Social & Economic Factors					**73**
High school graduation	80%		92%	80%	
Some college	55%		68%	64%	
Unemployment	12.1%		5.3%	10.1%	
Children in poverty	15%	12-19%	11%	17%	
Inadequate social support	19%	14-26%	14%	21%	
Children in single-parent households	25%		20%	31%	
Violent crime rate	253		100	550	
Physical Environment					**19**
Air pollution-particulate matter days	0		0	3	
Air pollution-ozone days	0		0	4	
Access to healthy foods	47%		92%	53%	
Access to recreational facilities	12		17	10	

* 90th percentile, i.e., only 10% are better **2011**
Note: Blank values reflect unreliable or missing data

	LaSalle County	Error Margin	National Benchmark*	Illinois	Rank (of 102)
Health Outcomes					**66**
Mortality					**69**
Premature death	7,928	7,335-8,522	5,466	6,728	
Morbidity					**59**
Poor or fair health	16%	12-20%	10%	16%	
Poor physical health days	4.1	3.0-5.1	2.6	3.3	
Poor mental health days	3.1	2.3-4.0	2.3	3.2	
Low birthweight	7.5%	7.0-8.0%	6.0%	8.4%	
Health Factors					**83**
Health Behaviors					**97**
Adult smoking	29%	23-35%	14%	20%	
Adult obesity	30%	25-35%	25%	27%	
Physical inactivity	27%	22-32%	21%	25%	
Excessive drinking	24%	18-30%	8%	19%	
Motor vehicle crash death rate	20	17-23	12	11	
Sexually transmitted infections	219		84	469	
Teen birth rate	37	35-40	22	40	
Clinical Care					**64**
Uninsured	13%	11-14%	11%	15%	
Primary care physicians	1,978:1		631:1	976:1	
Preventable hospital stays	95	91-100	49	77	
Diabetic screening	82%	78-87%	89%	82%	
Mammography screening	65%	60-69%	74%	66%	
Social & Economic Factors					**79**
High school graduation	83%			84%	
Some college	58%	55-61%	68%	65%	
Unemployment	13.1%		5.4%	10.3%	
Children in poverty	18%	13-22%	13%	19%	
Inadequate social support	18%	13-23%	14%	21%	
Children in single-parent households	27%	24-30%	20%	31%	
Violent crime rate	228		73	532	
Physical Environment					**5**
Air pollution-particulate matter days	0		0	3	
Air pollution-ozone days	0		0	4	
Access to recreational facilities	13		16	10	
Limited access to healthy foods	1%		0%	4%	
Fast food restaurants	39%		25%	51%	

* 90th percentile, i.e., only 10% are better

2012

Note: Blank values reflect unreliable or missing data

	LaSalle County	Illinois
Demographics		
Population	112,498	12,910,409
% below 18 years of age	24%	25%
% 65 and older	16%	12%
% African American	2%	15%
% American Indian and Alaskan Native	0%	0%
% Asian	1%	4%
% Native Hawaiian/Other Pacific Islander	0%	0%
% Hispanic	8%	15%
% not proficient in English	3%	10%
% Females	51%	51%
% Rural	30%	12%
Health Outcomes		
Diabetes	9%	9%
HIV prevalence rate	68	312
Health Care		
Mental health providers	12,526:1	2,372:1
Health care costs	$9,131	$9,798
Uninsured adults	16%	19%
Could not see doctor due to cost	11%	13%
Dentists	2,371:1	1,978:1
Social & Economic Factors		
Median household income	$49,414	$52,967
High housing costs	28%	37%
Children eligible for free lunch	26%	41%
Illiteracy	8.8%	12.9%
Homicide rate		7
Physical Environment		
Commuting alone	83%	74%
Access to healthy foods	53%	54%

* Data supplied on behalf of state
Note: Blank values reflect unreliable or missing data

HEALTH OUTCOMES

Health outcomes in the *County Health Rankings* represent how healthy a county is. We measure two types of health outcomes: how long people live (mortality) and how healthy people feel while alive (morbidity).

Mortality

We examine mortality (or death) data to find out how long people live. More specifically, we measure what are known as premature deaths (deaths before age 75).

Premature Death (/health-outcomes/premature-death)

Morbidity

Morbidity is the term that refers to how healthy people feel while alive. Specifically, we report on the measures of their health-related quality of life (their overall health, their physical health, their mental health) and we also look at birth outcomes (in this case, babies born with a low birthweight).

Health-Related Quality of Life (/health-outcomes/health-related-quality-life)

Birth Outcomes (/health-outcomes/birth-outcomes)

HEALTH FACTORS

Health factors in the *County Health Rankings* represent what influences the health of a county. We measure four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. A fifth set of factors that influence health (genetics and biology) is not included in the *Rankings*.

Health Behaviors

- Alcohol Use (/health-factors/alcohol-use)
- Diet and Exercise (/health-factors/diet-and-exercise)
- Sexual Activity (/health-factors/sexual-activity)
- Tobacco Use (/health-factors/tobacco-use)

Clinical Care

- Access to Care (/health-factors/access-care)
- Quality of Care (/health-factors/quality-care)

Social and Economic Factors

- Community Safety (/health-factors/community-safety)
- Education (/health-factors/education)
- Employment (/health-factors/employment)
- Family and Social Support (/health-factors/family-and-social-support)
- Income (/health-factors/income)

Physical Environment

- Built Environment (/health-factors/built-environment)
- Environmental Quality (/health-factors/environmental-quality)

LaSalle County Health Department
717 E. Etna Road
Ottawa, Illinois 61350-1097
Phone: (815) 433-3366
Phone: (800) 247-5243
Fax: (815) 433-9522

Julie Kerestes, BS, LEHP, Administrator

March 20, 2012

1~
2~
3~

Dear 1~,

Thank you for accepting the invitation to participate in the Community Health Needs Assessment with the LaSalle County Health Department. Your continued involvement in this process will be valuable as we progress to the selection of the top three priority community health problems.

This is a reminder of the meeting to be held on **Wednesday, March 28, 2012 at 9:00 a.m**. at the LaSalle County Emergency Management Agency (EMA), 711 Etna Road, Ottawa, Illinois. This meeting will last until approximately 3:00 p.m. and lunch will be provided.

Attached please find the following items:

Agenda for the March 28th meeting

Community Health Problems Submitted by Committee Members

Top 5 Community Health Problems

Community Health Committee List

Lunch Request

Please review the top 5 community health problems. At the March 28th meeting we will work to narrow these problems down to the top three health problems. Please bring any statistical data supporting your top concerns. These top three problems will be analyzed to determine risk factors, existing barriers and resources available to address them.

Thank you for your participation, we look forward to seeing you on March 28th. If you have any questions, please contact Leslie Dougherty or Jenny Barrie at 815-433-3366.

Sincerely,

Julie Kerestes, BS, LEHP
Public Health Administrator

Leslie Dougherty, BS
Health Educator

Jenny Barrie, BS
Health Educator

Community Health Committee Meeting
IPLAN Development Meeting

March 28, 2012

9:00 a.m.

AGENDA

9:00-9:10	Introductions
9:10-9:15	Overview of IPLAN (Illinois Project for Local Assessment of Needs)
9:15-9:30	Updates from Local Hospitals Regarding Their Community Needs Assessment Process 1. Carol Myer-Illinois Valley Community Hospital 2. Karen Brodbeck- Ottawa Regional Hospital and Healthcare Center 3. Matt Daughenbaugh- St. Mary's Hospital 4. Cheryl Boelk – Mendota Hospital
9:30-9:45	Updates from Local Agencies Based on Past Identified Health Problems 1. Substance Abuse and Lack of In-Patient Treatment Centers Roger Miskell - North Central Behavioral Health Systems 2. Family Violence Julie Rashid - Thirteenth Judicial Family Violence Prevention Council 3. Access to Dental Care Beth Whalen – Mendota Health and Wellness Center
9:45	Review Top 5 Community Health Problems
9:45-10:30	Discussion/Nominal Process to Determine Top 3 Community Health Problems
10:30-10:45	Break
10:45	Present the Top 3 Community Health Problems 1. 2. 3.

10:45-12:00	Health Problem Analysis – Problem 1
12:00-12:30	Lunch Break
12:30-1:30	Health Problem Analysis – Problem 2
1:30-2:30	Health Problem Analysis – Problem 3
2:30-2:45	What Happens Next?
2:45-3:00	Next Meeting Date

LaSalle County Community Health Committee Needs Assessment

Community Health Problems

A.

1. Child Abuse (mental, physical, sexual, and emotional)
2. Children Living in Poverty
3. Access to Adequate Health Care

B.

1. Substance Abuse/Lack of Inpatient Treatment Centers
2. Family Violence
3. Access to Dental Care

C.

1. Lack of Mental Health for Children
2. Lack of Dentists that Accept Medicaid for Children

D.

1. Obesity
2. Physical Activity
3. Nutrition

E.

1. Lack of Utility Assistance
   *effects home & health for individuals and family
   *causes utility disconnect, evictions, health issues
2. Mental Health
   *lack of services available for both mental health and substance abuse
3. Lack of Education/Help for Infestations
   *bed bugs: extremely costly
   *public does not know/understand treatment, how to help
   prevent spreading or how to reduce the chances of occurrence in their homes
   *lack of services available to cure/correct once an infestation has started
4. Lack of Funding/Assistance Available for Meal Programs (ie: VAC, Meals on Wheels, etc. For low income seniors and disabled)

F.

1. Substance Abuse
2. Abuse in Families
3. Access to Health Care/Dental Care

G.

1. Obesity Leading to Diabetes
2. Adult Dental Services
3. Communicable Disease –HPV, Herpes, MRSA, Chlamydia

H.

1. Homeless Shelter All Year
2. Harder to Pay for Drugs and Less Assistance from Companies (give up scripts to buy food)
3. Dental Need is High for Adults

I.

1. Dental Care
2. Behavioral (Mental) Health
3. Substance Abuse

J.

1. Locally Accessible "Full" Dental Services – not just urgent care for indigent and medical residents
2. Free/Reduced Fee Health Care Clinics in All Areas of the County (like the Eastern LaSalle Clinic for Ottawa area residents)
3. Mental Health Services to Adequately Address the Needs of All Residents (this would include long-term care, housing, substance abuse/addiction and so much more)

K.

1. Drug Abuse: heroin, pills, oxytocin, vicadin, zanac, D patches, strawberry quick, embalming fluid, and dried bananas were a few named. People ER hop.
2. STD's is huge in high schools right now; esp. herpes. Need more education on what the symptoms are and how it is contracted.
3. Utility assistance…this leads to evictions and foreclosures.

L.

1. Substance Abuse
2. Healthy Weight (diet and exercise)
3. Domestic Violence (including child and elder abuse)

M.

1. Prevalence of Domestic Violence in our County
2. Prevalence of Sexual Assault
3. Individuals with Co-Presenting Issues, often Substance Abuse/Addiction and Mental Health Issues

N.

1. Substance Abuse -Alcohol & Drugs
2. Obesity – Epidemic?
3. Access to Health Care – Mental, Dental, and Medical

Top 5 Community Health Problems

1. Substance Abuse
2. Lack of Dental Access
3. Family Violence

4/5. Obesity/Mental Health (Tie)

Four Stages of Nominal Group Process

There are four stages of nominal group process: listing, recording, collating, and prioritizing.

A. **Listing** is the generation of items in writing by the group members. There is no discussion at this stage. Usually, the group leader asks a question of interest. If requested, the question may be briefly explained by the group leader. Group members are asked to work alone for a few minutes writing down their ideas or recommendations. This stage should take approximately four to eight minutes.

B. **Recording** is the listing of items from each group member in a round-robin fashion. Each member is asked to briefly state one item on his or her own list until all ideas have been presented. The group leader records and numbers these items, using the members' own words, on a flip chart in full view of the group. Members should state their items in phrase or brief sentence. This stage may be lengthy, especially in large groups, by may be shortened by allowing each member to contribute a limited number of items.

C. **Collating** is the process of organizing, clarifying, and simplifying the material. Some items may be combined or grouped logically. Each item is ready aloud in sequence. No discussion, except for clarification, is allowed at this point. Any member may clarify any item at this point. This stage generally should take approximately two minutes per item, but may be shortened by allotting less than two minutes for each item.

D. **Prioritizing** involves voting on the priority of the items. Group members are asked to select five areas they perceive to be the most important. The priorities are derived through ordering or rating by each individual member. Members' scores for a given item are summed to arrive at a total score for that item and a final list of items with the highest number of votes is compiled. The rest of the items are also listed in descending order. Group discussions of the ballot results would round out the process.

FYI: Supplies needed to complete the Nominal Group Process include water-based, felt –tip pens, a flip-chart and masking tape. An appropriate table arrangement would be an open "U" with the flip chart located at the open end.

Some of this material was derived from: Moore, Carl M. (1987). *Group Techniques for Idea Building*. Applied Social Research Methods Series, Volume 9. SAGE Publications, Inc: Beverly Hills, California.

Nominal Group Process

Nominal Group Process is a structured problem-solving or idea-generating strategy in which individuals' ideas are gathered and combined in a face-to-face, non-threatening group situation. The process is used in a variety of fields, as well as industry and government, to maximize creative participation in group problem-solving. It assesses a balanced input from all participants and takes advantage of each person's knowledge and experience. In a needs assessment, it is useful for generating and clarifying ideas, reaching consensus, prioritizing and making decisions on proposed alternative actions.

In the APEXPH process, a community advisory committee might consider using the Nominal Group Process to:

-determine what community problems are of greatest immediate concerns;

-decide on a needs assessment strategy for dealing with identified problems;

-design improved community services or programs.

ADVANTAGES

Some key advantages to using nominal group process are:

1. If well-organized in advance, a group can move toward definite group conclusions.
2. It can be used to expand the data obtained from other sources.
3. It motivates all participants to get involved because they sense they are personally affected.
4. It allows for many ideas to be generated in a short period of time as well as for a full range of individual thoughts and concerns.
5. It is a good way to obtain input from people of different backgrounds and experiences.
6. It gives all participants an equal opportunity to express opinions and ideas in a non-threatening setting.
7. It allows individual generation of ideas without suppression by any dominant group members.
8. It stimulates creative thinking and effective dialogue.
9. It allows for clarification of ideas.

DISADVANTAGES

Some disadvantages of nominal group process are:

1. Nominal Group Process requires a skilled leader.
2. It is difficult to implement with large groups.
3. The process may appear rigid if the group leader does not show flexibility.
4. There may be some overlap of ideas due to unclear wording or inadequate group discussions.
5. It may not be a sufficient source of data in itself. More information may be required.

COMMUNITY HEALTH COMMITTEE

Adams, Bobbi
Housing Authority for LaSalle County
526 E. Norris Drive
Ottawa, IL 61350

Boelk, Cheryl
Mendota Community Hospital
1401 E. 12th St.
Mendota, IL 61342

Boyle, Quentin Captain
The Salvation Army
516 West Madison St.
Ottawa, IL 61350

Brodbeck, Karen
Ottawa Regional Hospital & Healthcare Center
1100 E. Norris Drive
Ottawa, IL 61350

Bursztynsky, Susan
Easter Seals of LaSalle & Bureau Counties
1013 Adams St
Ottawa, IL 61350

Daughenbaugh, Matt
St. Mary's Hospital
111 E. Spring Street
Streator, IL 61364

Miskell, Roger
North Central Behavioral Health Systems
2960 Chartres St
LaSalle, IL 61301

Morrison, Margaret
ADV/SAS
510 North Bloomington Street
Streator, IL 61364

Munson, Lorene
Hygienic Institute
2970 Chartres St.
LaSalle, IL 61301

Myer, Carol
Illinois Valley Community Hospital
925 West Street
Peru, IL 61354

Ocepek, Shelly
United Way of Eastern LaSalle County
1400 La Salle Street
Ottawa, IL 61350

Rashid, Julie
13th Judicial Family Violence Prevention Council
PO Box 141
Streator, IL 61364

Small, Martha
LaSalle County ROE
119 West Madison Street.
Ottawa, IL 61350

Whalen, Beth
Mendota Health and Wellness Center
1009 Main St.
Mendota, IL 61342

LaSalle County Health Department

Julie Kerestes, Lora Alexander, Cathy Larsen, Ted Pumo, Leslie Dougherty, Jenny Barrie

COMMUNITY HEALTH COMMITTEE MEETING

MINUTES

March 28, 2012

The first meeting of the 2012 Community Health Committee was held at 9:00 a.m. on Wednesday, March 28, 2012, at the Operational Training Center (OTC) Building at the Governmental Complex. Julie Kerestes, LaSalle County Health Department Public Health Administrator, called the meeting to order.

The following were present:
Cheryl Boelk – Nurse Manager, Mendota Hospital Community Health Services;
Bobbi Adams – Director of Asset Management, Housing Authority for LaSalle County;
Karen Brodbeck – Director of Marketing & Community Relations, Ottawa Regional Hospital;
Lorene Munson – Director of Hygienic Institute;
Julie Rashid – 13th Judicial Family Violence Prevention Council;
Roger Miskell – Health Directions Manager, North Central Behavioral Health Systems;
Quentin Boyle – The Salvation Army;
Shelly Ocepek – United Way of Eastern LaSalle County;
Margaret Morrison – ADV/SAS;
Martha Small – Regional Office of Education;
Susan Bursztynsky – Easter Seals of LaSalle & Bureau Counties;
Carol Myer – Illinois Valley Community Hospital;
Matt Daughenbaugh – St. Mary's Hospital.
The following staff from the LaSalle County Health Department was also present: Julie Kerestes, Public Health Administrator; Lora Alexander, Administrative Manager; Cathy Larsen, Director of Personal Health; Chris Pozzi, Supervisor of Environmental Health; Leslie Dougherty, Health Educator; Jenny Barrie, Health Educator. Ms. Kerestes welcomed everyone and thanked them for attending the meeting.

Ms. Barrie presented an overview of the IPLAN (Illinois Project for Local Assessment of Needs). Ms. Barrie explained that IPLAN is a series of planning activities that is conducted every five years. It's developed in collaboration with health departments and other public health system partners. It was launched in 1994 by the Illinois Department of Public Health, and developed to meet requirements that were set in the Certified Local Health Department Codes. A requirement in the IPLAN is a community needs assessment which describes the prevailing health status and health needs of the population within LaSalle County. This plan will describe the community participation process and list the community groups involved in the process to define these needs. The plan will state the following: the importance of the priority health need and why it was selected, summarized the data and information on which the priority is based, analyze to identify the population groups at risk of poor health status within the jurisdiction, the relationship of the priority to Healthy People 2020 National Health Objectives, and factors influencing the level of the problem including: risk factors, direct and indirect contributing factors. Ms. Barrie had previously sent the committee members a data package and asked them to submit what they thought were the priorities. They were compiled into five top priorities. The Committee Members will then determine the top three health needs for LaSalle County.

Ms. Kerestes informed the committee that this is the first year that hospitals are required to conduct a community health needs assessment also. The Health Department has been attending hospital meetings and observing their plans. Ms. Kerestes asked the hospital representatives to give an update on their plans.

Carol Myers, IVCH, let the committee know that the hospital has completed their survey and is in the process of determining priorities.

Karen Brodbeck, Ottawa Regional Hospital and Healthcare Center, stated they had begun the process but discovered they had a time extension. They are possibly looking at outside consultants to help with the project.

Cheryl Boelk, Mendota Hospital, let the committee know they had done a community needs assessment a few years ago and utilized an outside company for this process. They are looking into that again for their upcoming community needs assessment.

Matt Daughenbaugh, St. Mary's Hospital, was running late and was not available to provide an update. Ms. Kerestes informed the group that the hospital had hosted two meeting regarding their community needs assessment. They obtained their data through a consulting firm who utilized phone surveys to collect their data. That committee is reviewing and discussing the data.

Ms. Kerestes requested updates be presented regarding the previously identified health problems. LaSalle County priorities were substance abuse and lack of in-treatment patient centers, family violence and access to dental care. The Health Department tries to work with these agencies that specialize in the health needs and get involved and support these agencies.

Roger Miskell, with North Central Behavioral Health Systems (NCBHS), reported changes that they directed their attention to within the last seven years because of lack of state funding. NCBHS has shifted from a private practice or out-of-pocket practice toward individuals that are on public aid or are indigent. They have focused on court ordered people and people that are on public assistance. In the last two years, they have added "Health Directions", which provides services for people that pay out-of-pocket, have managed care, Medicare, and the insured population. They provide services ranging from marital issues, depression, anxiety, and substance use and treatment. They now provide therapy through on-line services, counseling, therapy, employee assistance programs (EAP), case management, and prevention in schools.

Julie Rashid, with 13th Judicial Family Violence Prevention Council, reported they have been downsized because of state and federal funding. They were awarded a new grant for enforcing orders of protection. This grant is to help train law enforcement to recognize, make more arrests and enforce orders of protection. She has been using an email blasting system to convey information to appropriate people and they also have a facebook page, thirteenthfbpc, activated last summer. They are working on a website that accepts PayPal for seminars and registration. A new system is being developed where a donated cell phone, that people can call in that town, for all needs or any problems they might need. "Illinois Imagines" have grants in the state of Illinois; they work to increase awareness on violence against women with disabilities.

Beth Whalen, with Mendota Health and Wellness Center, was unable to attend so Cathy Larsen presented her information. They have a dental clinic in Mendota, it's basically a funded facility for children;

however, adults can get in for acute or urgent care. The clinic is a federally qualified health clinic (FQHC). They see Medicaid and non-Medicaid patients based on a 200% poverty level. They are a primary care provider for Illinois Connect, but patients do not have to register with them as a primary care provider to access their services because their facility is also for seasonal agricultural workers.

Ms. Kerestes informed the committee that Bureau County also has a dental clinic which the department helps fund for LaSalle County residents. Eastside health clinic serves a number of adults for dental within a certain zip code; these patients will be put on a rotating list for local dentists that have signed up for the program. The schools have a sealant program where private dental consultant firms come into the school for dental exams and sealants for Medicaid or low income children. Friendship House has a dental clinic for adults with developmental disabilities.

Ms. Kerestes then proceeded to review the top 5 Community Health Problems that committee members sent to the department prior to the meeting. The top five priorities in order of importance was; Substance abuse, Lack of Dental Access, Family Violence, Obesity and Mental Health. She then opened discussion on the top 5 problems. Ms. Dougherty added that they will have to come down to three top priorities for the IPLAN.

After much discussion on the top Community Health Problems and how they should be categorized, the committee members voted by nominal process for their individual top three priorities. The top choices were the following; with a tie on the top two being behavioral health (substance use and mental health) and family violence, the third was obesity. After a lengthy discussion among committee members about these topics the outcome was the following: **Priority #1 is Substance Use/Mental Health, Priority #2 is Family Violence, and Priority #3 is Obesity.**

Ms. Barrie then directed the committee that for each priority we need to determine the top two risk factors, then discuss barriers, and direct and indirect contributing factors.

Priority #1, Risk factors for Substance Use/Mental Health included the following: income, unemployment, peer pressure, "everyone is doing it", physical health problems, family environment, genetics, stress, undiagnosed mental health problems, level of education (low level of higher education), school attendance, social media-internet, self-medicating, thrill seekers, access to substances, social complacency, chronic illness, and afraid of stigma attached to mental health services. **The top two risk factors agreed upon were: environment and genetics.**

Direct contributing factors for environment were: observations, exposure to seeing this behavior, family dynamics/situation, communication, parental intervention, lack of substance abuse education, access to Chicago, medication in the home, over-the-counter medications and taverns.

Indirect contributing factors for environment were: access to I-80, taverns on "every corner", high unemployment rate, demographics, peer groups, living situations, not "everyone" does this, price of gas and lack of employable skills.

Direct contributing factors for genetics were: family history, genetics/DNA, and ethnicity.

Indirect contributing factors for genetics were: lack of family history, lack of coping skills, and lack of knowledge of family risk factors, family acceptance and ethnic grouping.

Barriers for this risk factor were the following: cost, access, stigma, transportation, not an "issue", denial, and life style changes.

Proven intervention strategies are: character counts, student organizations, peer jury, drug court (adults), anti-drug coalitions, text-a-trip/student resource officer, AA/Alanon, NAMI, access to information and treatment, any support group and social marketing campaigns.

The outcome objective is to target school-aged children to increase substance abuse education and increase mental health awareness by 2017.

The impact objective is to increase early education, utilize social media outlets, and increase school-based prevention programs such as DARE, etc.

Priority #2, Risk factors for Family Violence included the following: stress, family history, economics, pregnancy, substance abuse/misuse, mental health issues, divorce, change in income, porn, single parent household, family dynamics and blended family. **The top two risk factors agreed upon were: family history and stress.**

Direct contributing factors for family violence were the following: family history, pregnancy, media, TV makes it look "ok", runs in the family, family dynamics, relationship dynamics, mental health, feeling of loss, and trying to replace what they were use to (relationship drama).

Indirect contributing factors for family violence were the following: no job, substance abuse, lack of education, stigma from enforcement agencies, local businesses (taverns, liquor store, "spas"), social circles, who they associate with, and real resources for kids (basketball courts, places for them to go).

Barriers for family violence were the following: isolation, denial, fear, legal issues, stigma, willingness to come forward, don't see it as abuse, lack of resources/money, don't want to break up family, religious reasons, desensitization, lack of understanding/empathy, and not taken seriously.

Proven intervention strategies are: order of protections, media awareness, community education (increase empathy and understanding), and batters intervention programs.

The outcome objective is to increase the access to domestic violence services and increase orders of protections by 2017.

The impact objective is to increase community awareness, by focusing on educating social workers, doctors, and teachers on recognizing the signs of abuse.

Priority #3, Risk factors of Obesity included the following: genetics, inactivity, increased portion sizes, fast food, lack of time, lack of motivation, cost of food, healthy food costs more, family dynamics, not eating together, abuse, kids home alone more, technology, video games, cell phones, cuts in sports programs, mental health, substance misuse, certain types of medications, chronic health issues, socially

acceptable, lack of nutrition education, lack of effort to make health meals, and cuts to city parks. **The top two risk factors were: inactivity and inappropriate food choices.**

Direct contributing factors were the following: genetics, overeating, low activity levels, medications, illness, and poor food choices (fried, sodium, processed, etc.)

Indirect contributing factors were the following: media, fast food readily available, socially acceptable, lack of recreational centers, don't put yourself first, lack of free/low cost support, not a priority, and any public/government meal program- lack of funding for an improved meal plan.

Barriers for obesity included the following: money, time, and motivation, lack of support, mental health, depression, physical issues, and chronic illness.

Proven intervention strategies are: exercise, think ahead, pre-plan meals, wellness programs/incentives, lack of programs that support and educate, and lack of education on food choices, portion size, labels, etc.

The outcome objective is to reduce the percentage of adult obesity to at or below the state level of 27% by 2017.

The impact objective is to increase nutrition education and physical activity levels in the county.

Ms. Kerestes explained that the Health Department will develop a document internally and hold subsequent meetings for the committee's review and ultimate approval. Ms. Kerestes informed the members that this plan needs to be submitted by the end of June, this plan is due by September 2012. Ms. Barrie will email the preliminary plan to all committee members and a date for the next meeting will be set. The meeting was adjourned.

COMMUNITY HEALTH COMMITTEE MEETING

IPLAN DEVELOPMENT PROCESS

MARCH 28, 2012

9:00 A.M.

SIGN-IN SHEET

Name	Organization	Email
Chris Pozzi	LaSalle Co Health	cpozzi@lasalleCounty.org
Leslie Daugherty	LaSalle Co. H. Dept.	ldaugherty@lasallecounty.org
Jerry Barrie	LaSalle Co. Health	jbarrie@lasallecounty.org
[illegible]	"	jkerestes@lasallecounty.org
Lora Alexander	"	lalexander@lasallecounty.org
[illegible]	ADV & JAJ	mmornson@adusa.org
Bobbi Adams	Housing Authority	bobbi@halc.org
Susan Burszbllynsky	ESLBC	sburszbllynsky@il-lb.easterseals.com
Cheryl Boelk	Mendota Hospital	cboelk@mendotahospital.org
Carol Ann	IVCH	Carol.myers@ivch.org
Martha Small	RDE	msmall@roe35.k12.il.us
Cathy Larsen	LCHD	clarsen@lasallecounty.org
Karen Brodbeck	Ottawa Regional Hospital	kbrodbeck@ottawaregional.org
Lorene Munson	Hygienic Institute	lorene-munson@ivch.org
Julie Rashid	13 Judicial Family Violence Prevention Council	FVCC13@gmail.com
Matt Dallenbach	St Marys Hospital	
Quentin Boyd	The Salvation Army	QUENTIN_BOYD@USC.SALVATIONARMY.ORG
Roger Miskell	NCBHS/HEALTH DIRECTIONS	rmiskell@ncbhs.org

Health Promotions

Health Promotions provides wellness information, education and resources to individuals and groups within our community. Health Promotions offers:

- **School-based Prevention** - Students are taught the importance of self-esteem, goal setting and making healthy life choices while receiving prevention messages in regards to alcohol, tobacco and other drugs.
- **Community Collaboration** - Assistance is provided to help existing community groups organize their efforts by determining their goals and encouraging collaboration with other existing community groups or resources.
- **Community Outreach** - Custom developed seminars for businesses, community service organizations, school administrators, teachers, parents, youth or seniors can cover topics such as information about alcohol, tobacco and other drugs, violence prevention, coping with stress, or parenting issues.

We believe

that by providing health promotion, prevention & behavioral health care services, individuals and families in our communities, can & will discover

A New Path for Recovery!

North Central Behavioral Health Systems, Inc. Outpatient Center Office Hours

LaSalle
2960 Chartres Street • LaSalle, IL 61301
(815) 224-1610 Fax: (815) 224-1730

Monday, Wednesday, Friday ..... 8:30 a.m. - 5:00 p.m.
Tuesday, Thursday ..... 8:30 a.m. - 8:00 p.m.

Ottawa
727 Etna Road • Ottawa, IL 61350
(815) 434-4727 Fax: (815) 434-0271

Monday, Tuesday, Thursday ..... 8:30 a.m. - 8:00 p.m.
Wednesday, Friday ..... 8:30 a.m. - 5:00 p.m.

Princeton
Perry Plaza, 526 S. Bureau Valley Parkway • Princeton, IL 61356
(815) 875-4458 Fax: (815) 872-0417

Monday, Tuesday, Wednesday ..... 8:30 a.m. - 5:00 p.m.
Thursday ..... 11:30 a.m. - 8:00 p.m.
Friday ..... Closed

Streator
17 North Point Plaza • Streator, IL 61364
(815) 673-3388 Fax: (815) 673-1437

Monday, Wednesday, Thursday, Friday ..... 8:30 a.m. - 5:00 p.m.
Tuesday, ... 8:30 a.m. - 8:00 p.m.

Macomb
301 E. Jefferson • Macomb, IL 61455
(309) 833-2191 Fax: (309) 836-2118

Monday ..... 8:30 a.m. - 7:00 p.m.
Tuesday, Wednesday, Thursday, Friday ..... 8:30 a.m. - 5:00 p.m.

Canton
229 Martin Avenue • Canton, IL 61520
(309) 647-1881 Fax: (309) 647-1878

Monday ..... 8:30 a.m. - 7:00 p.m.
Tuesday, Wednesday, Thursday, Friday ..... 8:30 a.m. - 5:00 p.m.

Lacon
Marshall County Health Dept. • 319 Sixth Street • Lacon, IL 61540
(309) 647-1881 Fax: (309) 647-1878

Monday-Friday ..... 8:00 a.m. - 4:30 p.m.

Toulon
Great River Health Care • 120 E. Court Street • Toulon, IL 61483
(309) 647-1881 Fax: (309) 647-1878

Monday-Thursday ..... 8:30 a.m. - 5:00 p.m.
Friday ..... 8:00 a.m. - 4:00 p.m.

NC NORTH CENTRAL
BEHAVIORAL HEALTH SYSTEMS
www.ncbhs.org

Licensed Medicaid Provider
To Access Services Call
LaSalle, Ottawa, Princeton, Streator..... (815) 224-1610
Macomb..... (309) 833-2191
Canton, Lacon, Toulon..... (309) 647-1881
24 hours a day, 7 days a week

North Central

Behavioral Health Systems, Inc.

Mental Health & Substance Use Services

Licensed Medicaid Provider

LaSalle, Ottawa, Princeton, Streator	Macomb	Canton, Lacon, Toulon
(815) 224-1610	(309) 833-2191	(309) 647-1881

Recovering Your Future Together!

Comprehensive health promotion, substance use, and mental health services that ***strengthen families*** *and promote* ***healthy communities.***

North Central Behavioral Health Systems, Inc. is a non-profit behavioral health care organization serving the Northern counties of LaSalle, Bureau, Marshall, Putnam, Stark and the Southern counties of Fulton and McDonough in North Central Illinois. NCBHS helps children, adults and families reach their full potential by offering a comprehensive continuum of prevention and behavioral health services.

Health Directions

In an effort to better meet the needs of our community, NCBHS has developed Health Directions, an operational division within NCBHS. Through prevention, intervention and treatment services, Health Directions provides wellness information, education, and resources to individuals and groups within our community. Health Directions offers:

- **Mental Health Treatment** - Qualified behavioral health professionals provide confidential counseling, therapy and treatment.
- **Employee Assistance Program** - An employer-sponsored benefit, Health Directions EAP is designed to provide professional help for personal problems employees and their dependents may experience.
- **Management Assistance Program** - An employer-sponsored benefit whereas managers are trained in assertiveness, conflict resolution and problem solving in an effort to increase efficiency in the workplace.
- **Mental Health First Aid** - This literacy tool teaches participants how to recognize symptoms of specific illnesses such as, anxiety, depression, psychosis and addiction. Upon completion they will have the knowledge base to offer support and direction to guide toward appropriate professional help while promoting recovery within their community.

Individual & Family-Based Mental Health Services

Healthy individuals and families are the cornerstone of a stable, healthy community. Building healthy minds is the key to building strong families and communities. Treatment is primarily provided through the group or class modality and includes:

- Group Therapy/Counseling;
- Individual Therapy/ Counseling;
- Screening and Assessment;
- Outpatient Therapy/ Counseling;
- Psychiatric Evaluation;
- Case Management;
- Residential and Psych-social Rehabilitation Programs;
- Crisis Intervention; and
- Community Integrated Living Arrangements (CILA).

Team Members (Staff)

Services at NCBHS are provided by a multidisciplinary team of professionals including:

- Mental Health Professionals;
- Licensed Counselors, Social Workers, and Nurses;
- Licensed Clinical Psychologists;
- Licensed Clinical Social Workers;
- Psychiatrists; and
- Certified Mental Health First Aid Instructors.

Employee Assistance Program

Health Directions Employee Assistance Program (EAP) is an employer-sponsored benefit. It is designed to provide help to local businesses for personal problems their employees (and immediate family) may be experiencing. Health Directions EAP is locally based with access to specialists best suited to help those in need.

Substance Use Services

We believe in an individualized treatment approach that emphasizes comprehensive assessment and joint planning with the individuals seeking help and their families. All treatment services are licensed by the State of Illinois Department of Human Services.

Treatment is primarily provided through the group or class modality and includes:

- Adolescent Intensive Outpatient;
- Adult Intensive Outpatient;
- DUI Assessment and Education;
- Individual, group and family counseling;
- Adolescent assessment and counseling;
- Adult assessment and counseling;
- Early intervention programs for youth at risk; and
- Relapse prevention counseling.

Funding Sources

- Illinois Department of Human Services Office of Alcoholism & Substance Abuse and Office of Mental Health
- LaSalle County Community Mental Health Board (708)
- Fulton County Community Mental Health Board (708)
- McDonough County Community Mental Health Board (708)
- Marshall County Board of Health
- Employer Contracts
- Managed Care Organizations
- Commercial Insurers
- Client Fees

Fees/Special Services

Behavioral Health Service fees are based on usual and customary charges. Financial assistance is available to clients meeting sliding-fee requirements. The following persons are priority populations:

- Children;
- Pregnant women;
- Women with dependent children;
- Adolescents between 12-18;
- Temporary Assistance to Needy Families (TANF);
- Injecting drug users;
- Women attempting to regain custody of their children;
- Treatment Alternatives for Safe Communities (TASC); and
- Seriously & Persistently Mentally Ill (SPMI).

Additional Services

Life Coaching

:: Personal Improvement Counseling
:: Stress Management Counseling
:: Other Personal Development Counseling

Employee Assistance Programs

The employee benefits by having better emotional and physical health. The employer benefits by having the services of a viable and productive employee.

Mental Health First Aid Trainings

Ideal for individuals and organizations seeking continuing education and an understanding of mental illness and how to respond to psychiatric emergencies.

For more details about our Employee Assistance Programs or our Mental Health First Aid Trainings, contact Roger Miskell at 815.224.5012.

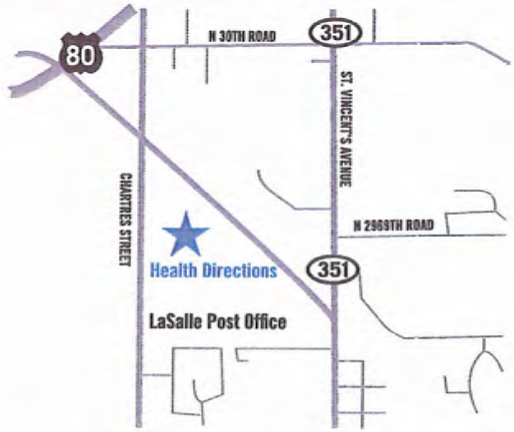
MD LIVE CARE® ATA American Telemedicine Association

Health Directions is an operating division of North Central Behavioral Health Systems.

In-Person Services Location

Health Directions

2960 Chartres Street • LaSalle, Illinois 61301



A private parking lot and entrance are located in the rear of the building, directly north of the U.S. Post Office.

Additional Information

To learn more about Health Directions and the services we provide, visit our website:
:: **www.healthdirectionsonline.org**

Schedule an appointment, call us toll-free:
:: **1.800.288.5912**

Questions? Email us:
:: **healthdirections@ncbhs.org**

YouTube

Change Your Thinking.
Improve Yourself.
Grow as a Person.

Balance Your Life.

60

Be Happy. Become Healthy.

And do it in person or online.

Health Directions

An estimated one in four adults,

ages 18 and older, suffer from a diagnosable mental health issue in a given year.

97 percent

of those who report suffering from depression are of the opinion that their work, home life, and relationships suffer as a result.

Anxiety disorders

often co-occur with substance use and depressive disorders.

What is Health Directions?

Everyone can identify a point in their life where they were anxious, stressed, depressed or just needed a little extra help dealing with life's struggles. Health Directions offers confidential counseling, therapy, and substance use services provided by licensed professional staff and life coaches. Treatment Services are provided for:

:: **Anxiety**
:: **Stress**
:: **Depression**
:: **Marital Issues/Divorce**
:: **Family/Parenting Issues**
:: **Attention Deficit Disorder (ADHD)**
:: **Bereavement/Grief Counseling**
:: **Bipolar Disorder**
:: **Post Partum Depression**
:: **Post Traumatic Stress Disorder**
:: **Substance Use Issues**
:: **Other Emotional Health & Wellness Issues**

Health Directions

Our Mission

The mission of Health Directions is to encourage a balanced lifestyle by promoting:

:: **Wellness of the body and mind**
:: **A sense of becoming, changing, improving, and growing**
:: **Good health habits**
:: **Positive lifestyle choices**

Call us toll-free
1.800.288.5912

In-Person or Online Services

Health Directions offers maximum flexibility in receiving services, including the following:

In-Person

:: **Meet with counselors/therapists at our Health Directions location for traditional counseling sessions.**

Online

:: **Our professional staff provide online sessions which can be done in the privacy of your own home or office.**
:: **Online therapists are available days and evenings to accommodate your schedule.**
:: **No travel time or waiting rooms.**
:: **More affordable than traditional face-to-face sessions.**
:: **System is completely secure and confidential and is fully HIPAA compliant.**

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Did You Know. . .

Emotional and mental health disorders are very common and can affect all people regardless of age, gender, race, geographic location, or social position.

:: **Emotional and mental disorders rank 2nd in the burden of diseases in the United States.**
:: **In a given year, approximately 18.8 million American adults, ages 18 and older, suffer from depression.**
:: **Approximately 40 million American adults ages 18 and older, in a given year, have an anxiety disorder.**

Visit our website www.healthdirectionsonline.org

According to the U.S. Department of Labor, more than

8 million Americans

use some type of illegal substance, and 73% of them are employed.

Location & Contact Information

Health Directions

Employee Assistance Program

Additional Services

Mental Health First Aid Training

Health Directions offers Mental Health First Aid Trainings for individuals and organizations.

Mental Health First Aid (MHFA) is a 12-hour training course designed to train participants to help someone who is developing a mental health problem or experiencing a mental health crisis.

USA MENTAL HEALTH FIRST AID

The evidence behind MHFA demonstrates that it provides more comfort and confidence for those managing a crisis situation and builds mental health literacy – helping to identify, understand and respond to signs of mental illness.

There is a fee for the course, and Continuing Education credits may be available for certain professionals.

MD LIVE CARE

ATA American Telemedicine Association

Health Directions is an operating division of North Central Behavioral Health Systems.

www.healthdirectionsonline.org

2960 Chartres St. • LaSalle, IL 61301
301 E. Jefferson • Macomb, IL 61455
229 Martin Ave. • Canton, IL 61520

Additional Information

For more information about Health Directions Employee Assistance Program, or other services Health Directions offers:

:: **Call 1.800.288.5912**
:: **Visit www.healthdirectionsonline.org**
:: **Email Roger Miskell at rmiskell@ncbhs.org**

YouTube

Health Directions

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Balance Your Life.

Employees with substance abuse problems can cost their employers between

25 - 50% of their salary

through low productivity, sickness and accidents.

U.S. workers are unable to work or carry out their usual activities

1.3 billion days

per year as a result of problems with their mental health.

Major depression

accounts for 225 million lost work days and $36.6 billion in lost salary-equivalent productivity.

What is the Health Directions Employee Assistance Program?

The impact of emotional health problems in the workplace has serious consequences not only for the individual, but also for overall worker productivity. Employee performance, rates of illness, absenteeism, accidents and staff turnover are all affected by an individual's mental health status. Prompt access to necessary mental health, substance use and related services can result in significant economic benefits to the employer as well as an improved quality of life for their employee.

The Health Directions Employee Assistance Program (EAP) is an employer sponsored benefit available to employees and their dependents. Our EAP offers confidential counseling, therapy, and substance use services to employees as well as consultation, referral, and intervention services for local businesses. Our licensed counselors are prepared to assist the employer or an employee with any issue that may affect work performance and personal wellness.

Our EAP Services

Health Directions provides individual, couple, and family treatment services for the following health issues:

- :: **Substance Use**
- :: **Stress**
- :: **Depression**
- :: **Anxiety**
- :: **Marital Issues/Divorce**
- :: **Bereavement/Grief Counseling**
- :: **Post Traumatic Stress Disorder**
- :: **Other Emotional Health or Family Issues**

Benefits of Our EAP

Benefits to employees and their families include:

- :: 24 hour access to confidential services.
- :: Priority access to office-based assessment and counseling services by a wide range of mental health specialists.
- :: Optional online assessment and counseling services utilizing a secure telemedicine videoconferencing system.
- :: Unlimited access to our online emotional health education library, videos and other resources.

Benefits to the business/employer include:

- :: Ongoing supervisory/management training in identifying and helping troubled employees.
- :: Online access to assessment services for identified employee issues.
- :: Quarterly EAP employee newsletters and utilization reports.
- :: Access to consultation with Health Directions staff for identified or emergency needs.
- :: An emotionally healthy and productive workforce.

EAP Office-Based or Online Services

Health Directions Employee Assistance Program offers two options for receiving services:

In Person Office-Based Services

- :: Employees or their family members meet with counselors at one of our Health Directions office locations.

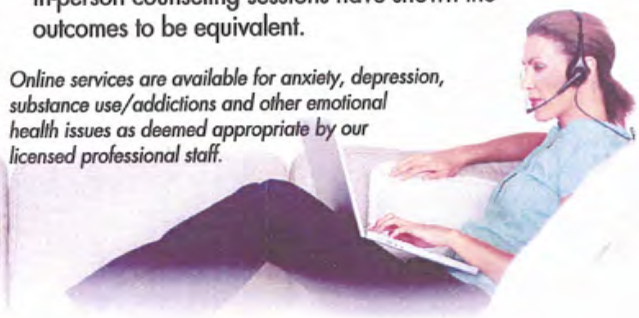
Online Services

Employees or their family members utilize a new and advanced online videoconferencing platform called TherapyLiveVisit using a computer and webcam to connect for counseling sessions.

Why Online Counseling?

- :: Online therapy services enable individuals to receive counseling without the travel and wait time.
- :: Online counseling can be done in the comfort and privacy of your own home or office utilizing a desktop or laptop computer and an inexpensive webcam and set of earphones.
- :: Studies comparing online counseling to in-person counseling sessions have shown the outcomes to be equivalent.

Online services are available for anxiety, depression, substance use/addictions and other emotional health issues as deemed appropriate by our licensed professional staff.



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Visit our website www.healthdirectionsonline.org

FAQs

Health Directions

2960 Chartres St., La Salle, IL 61301

What is Health Directions?

Everyone can identify a time in their life where they were anxious, stressed, or depressed. Whether it be with friends, family, significant others, or work, we all face obstacles. Health Directions offers confidential in-person and online counseling, therapy, and substance use services provided by licensed counseling staff. Counseling Services are provided for:

- **Anxiety**
- **Stress**
- **Depression**
- **Marital Issues/Divorce**
- **Family/Parenting Issues**
- **Attention Deficit Disorder (ADHD)**
- **Bereavement/Grief Counseling**
- **Bipolar Disorder**
- **Post Partum Depression**
- **Post Traumatic Stress Disorder**
- **Substance Use Services**
- **Other Emotional Health & Wellness Issues**

What is Health Directions' Mission?

The mission of Health Directions is to encourage a balanced lifestyle by promoting:

- Wellness of the body and mind
- A sense of becoming, changing, improving, and growing
- Good health habits
- Positive lifestyle choices

What Other Services does Health Directions Offer?

- Life Coaching: Personal Improvement Counseling, Stress Management Counseling, other personal development counseling.
- Employee Assistance Programs: The employee benefits by having better emotional and physical health.
  The employer benefits by having the services of a viable and productive employee.
- Mental Health First Aid Trainings: For those interested in understanding mental health issues and responding to mental health emergencies.

What Types of Counseling and Therapy does Health Directions Offer?

- Individual Counseling and Therapy
- Family Counseling and Therapy
- Couples Counseling and Therapy
- Substance Use Services

Does Health Directions Offer Online Telecounseling Services?

Health Directions' counselors/therapists offer traditional in-person counseling at our Health Directions La Salle, IL location. In addition, Health Directions offers online telecounseling services which can be done in the privacy of your own home or office for increased convenience and privacy. Online counselors are available days and evenings to accommodate your schedule and allow you to avoid travel or waiting time.

Do I Have the Computer Equipment Necessary to Receive Online Telecounseling Services?

The only equipment needed to receive online telecounseling services is a PC desktop or laptop computer, with a broadband internet connection and an inexpensive webcam and set of earphones.

Are Online Telecounseling Services Equivalent to Traditional In-Person Services?

Studies comparing online telecounseling to in-person counseling sessions have shown the benefits to be equivalent.

What Guidelines Exist to Provide Standards for Online Telecounseling Services?

As a member of the American Telemedicine Association, Health Directions follows the ATA's Guidelines for Telemental Health Services to ensure quality of services.

What Does Health Directions Charge for Services?

Health Directions in-person, and online sessions are offered at a lower cost than traditional counseling sessions. For more information regarding fees, please call: 1.800.288.5912.

How Do I Schedule an Appointment?

To schedule an appointment for an in-person counseling/therapy service, please call, 1.800.288.5912. To schedule an appointment online, please go to www.healthdirectionsonline.org.

Where is Health Directions Located?

Health Directions offers their face-to-face counseling/therapy services at 2960 Chartres St. LaSalle, IL 61301. A private parking lot and entrance are located in the rear of the building.

1.800.288.5912 • **www.healthdirectionsonline.org**

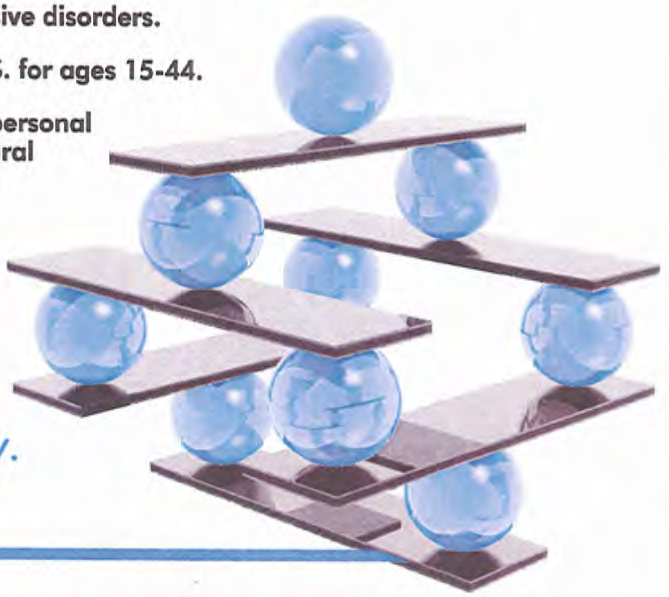
Fact Sheet

Health Directions

2960 Chartres St., La Salle, IL 61301

About Emotional Health and Wellness Issues

- **One in four adults suffer from a diagnosable mental health disorder in a given year.**
- **Nearly half (45 percent) of those with a mental health disorder meet criteria for two or more disorders.**
- **Anxiety disorders frequently co-occur with substance use and depressive disorders.**
- **Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44.**
- **Post Traumatic Stress Disorder (PTSD) frequently occurs after violent personal assaults such as rape, mugging, or domestic violence; terrorism; natural or human-caused disasters; and accidents.**
- **Attention Deficit Disorder (ADHD), one of the most common mental health disorders in children and adolescents, also affects an estimated 4.1 percent of adults, ages 18-44, in a given year.**



Balance Your Life. Be Happy. Become Healthy.

And Do It In-Person or Online.

About Health Directions

- Health Directions began operations in 1994 as an Employee Assistance Program (EAP), and has expanded since then as an in-person and online emotional health and wellness provider.
- Our mission is to encourage a balanced lifestyle by promoting: wellness of the body and mind; a sense of becoming, changing, improving, and growing; good health habits; and positive lifestyle choices.
- We offer confidential counseling, therapy, and substance use services provided by licensed counseling staff and life coaches.
- Our services include: assistance with anxiety, stress, depression, marital issues/divorce, family/parenting issues, attention deficit disorder (ADHD), bereavement/grief counseling, bipolar disorder, post partum depression, post traumatic stress disorder (PTSD), substance use, and other emotional health & wellness issues.
- All of our services are offered either in-person or online. Online telecounseling is delivered at a lower cost to individuals than traditional counseling sessions.
- Our online telecounseling services enable individuals to receive counseling/therapy without the travel and wait time and can be done in the comfort and privacy of your own home or office.
- We also offer public education programs such as Mental Health First Aid - a 12 hour training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis.
- Through our Employee Assistance Program, the employee benefits by having better emotional and physical health and in turn the employer also benefits by having the services of a viable and productive employee.
- We are a member of the American Telemedicine Association and have a licensing partnership with MDLiveCare Health Services, an advanced telehealth software and online medical services provider.
- We are dedicated to improving your mental and emotional health by offering the tools needed to help you lead a happy and balanced lifestyle.

1.800.288.5912 • **www.healthdirectionsonline.org**

:: What are Telehealth Services?

Telehealth is a broad descriptive for a variety of healthcare services that can be delivered in an online videoconferencing platform, including telemedicine, telecounseling, and other forms of mobile health. Through advanced and confidential videoconferencing capabilities, individuals can be connected to a counselor from their home, office, or other locations to receive services traditionally delivered in an in-person format.

:: What types of counseling and similar services can be delivered using online telecounseling?

Most services that are delivered in-person can be provided using online telecounseling for areas such as anxiety, depression, substance use/addictions, and other emotional health issues. A counselor will determine if online telecounseling services will meet your needs.

:: How do online telecounseling services work?

Health Directions uses a new and advanced telehealth software platform called *TherapyLiveVisit*, where you engage in real time interactive consultations with counselors over the Internet, with the use of a webcam and your computer.

The individual and the counselor connect online at the designated appointment time and the session is conducted the same as a traditional in-person counseling session.

:: What computer equipment is needed to receive online services?

The only equipment needed is a computer with a broadband internet connection and an inexpensive webcam. Use of a headset/earphones is optional.

:: Why Use Online Telecounseling Services?

Affordable. Health Directions' online sessions are delivered at a much lower cost than traditional in-person sessions. Some insurance companies do pay for online services, but check with your carrier to confirm.

Convenient. See a professional from the comfort of your home, office or other locations. A counselor is available anywhere you have an internet broadband connection.

Confidential. Health Directions' online counseling services are **HIPAA** *(Health Insurance Portability and Accountability Act)* compliant and completely secure and encrypted.

:: Are Online Telecounseling Services Effective?

Yes, studies show online services are as effective as in-person treatment for individuals appropriate for telecounseling services. A counselor will determine if your needs are appropriate for online services.

In addition, Health Directions is a member of the American Telemedicine Association and follows the organization's *"Guide for Telemental Health Services,"* to ensure that our services meet all standards for online services.

:: What Software Platform is Used to Provide Online Services?

Health Directions has a licensing agreement with **MDLiveCare Health Services** to utilize their *TherapyLiveVisit* videoconferencing system. **MDLiveCare Health Services** is a leader in providing advanced telehealth technology and online services.

:: How do I Schedule an Appointment for Online Telecounseling Services?

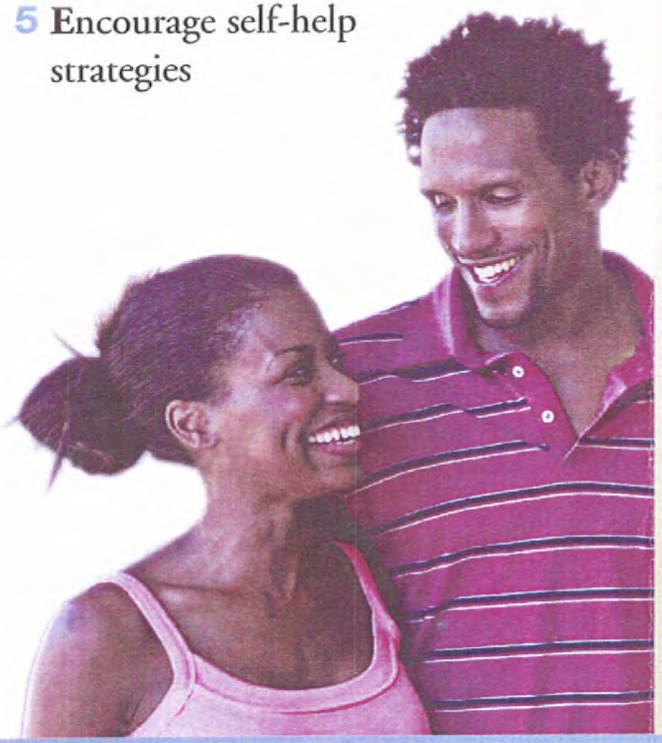
Individuals interested in receiving services online can contact Health Directions through our website at **www.healthdirectionsonline.org**, or by calling toll-free **1.800.288.5912**.

Health Directions

What Will You Learn in the Training?

In the training you will learn to recognize the signs and symptoms of a mental health problem and to apply the **Mental Health First Aid Action Plan:**

1. **A**ssess risk of suicide or harm
2. **L**isten non-judgmentally
3. **G**ive reassurance and information
4. **E**ncourage a person to get appropriate help
5. **E**ncourage self-help strategies



Mental Health First Aid is presented in collaboration with the National Council for Community Behavioral Healthcare. The program was co-founded by Professor Tony Jorm and Betty Kitchener and is auspiced at the ORYGEN Research Centre at the University of Melbourne, Australia.

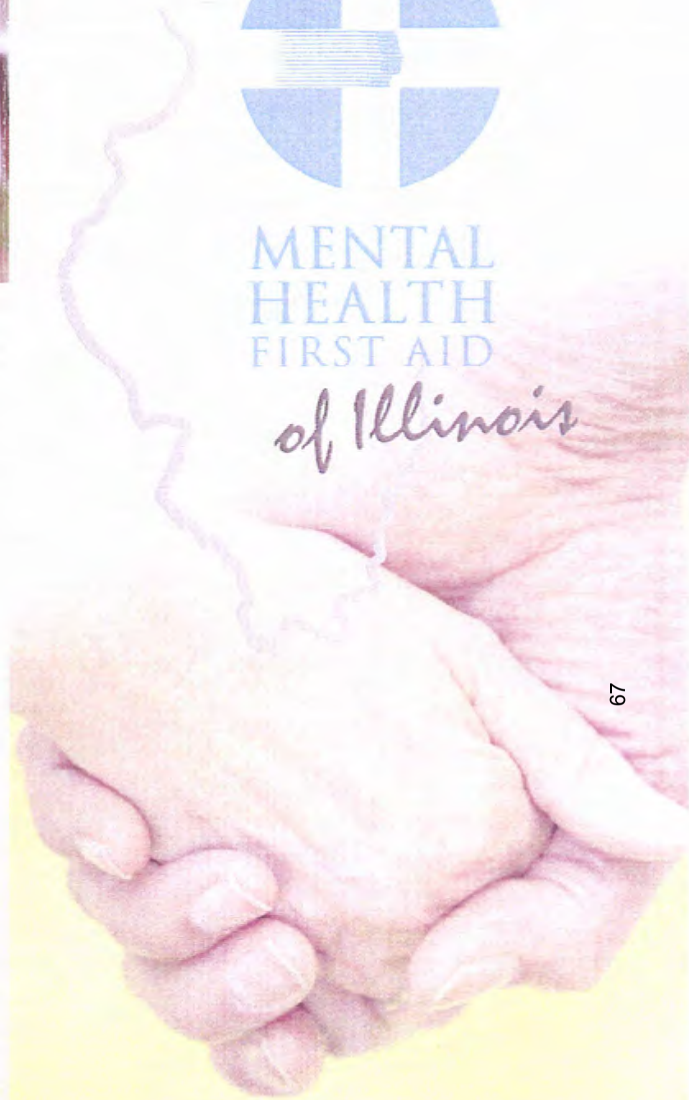
Mental Health First Aid of Illinois is a collaborative community education program of Community Counseling Centers of Chicago (C4) and North Central Behavioral Health Systems, serving downstate Illinois.

For more information or to schedule or attend a training in your area please contact:

NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS

815.224.5039
www.ncbhs.org

MENTAL HEALTH FIRST AID of Illinois



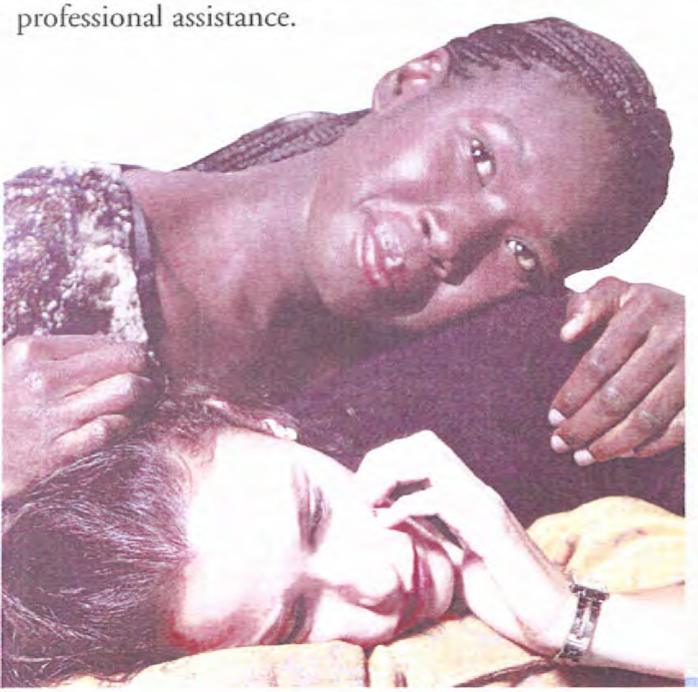
"There is no health without mental health."

-Dr. David Satche
Former Surgeon Genera

What is Mental Health First Aid?

Mental Health First Aid (MHFA) is a twelve-hour training course designed to give members of the public and a variety of other professionals, key skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

Mental Health First Aid does not teach people to be therapists. Rather it teaches how to recognize the symptoms of mental health and substance use problems, how to provide initial help, and how to guide an individual towards appropriate professional assistance.



Why Take a Mental Health First Aid Training?

- More than one in five adults in the U.S. will experience a mental health problem.
- Many people are not well informed about how to recognize mental health and substance use problems and what effective treatments are available.
- There is a stigma associated with mental health and substance use problems that the program can help decrease.
- Mental illnesses rank 2nd in the burden of diseases in the United States.

- People with mental health problems may not realize they need help or that effective help is available for them.
- Professional help is not always on hand when a mental health problem arises.

Participants will receive a course manual and a certificate at the completion of the twelve-hour training.

Continuing education credits may be available.

Who *Should* Be Trained in Mental Health First Aid?

- Professionals in areas such as healthcare and human services, law enforcement, human resources and safety, management and supervision
- Businesses and Chambers of Commerce
- Universities and school staff
- Nursing Home staff
- Faith communities
- Family and friends of individuals with a mental health or substance use disorder
- Rotary clubs, social clubs, or other groups who make up the fabric of a community
- Anyone interested in learning more about mental health and substance use disorders

History

In March of 2008 Community Health Partnership of IL received a grant from the Illinois Department of Public Health (IDPH), Center for Rural Health to expand our Mendota clinic and make primary health care services available to all low income, uninsured and Medicaid eligible individuals and families. CHP also received a generous grant from the Illinois Children's Healthcare Foundation for the construction and operation of a three-chair pediatric dental clinic to help meet the need for affordable dental care for children in northern LaSalle County. These grants were made possible, thanks to the support of numerous Mendota area civic, community and public entities.

Mendota Health & Wellness Center Partnership

In collaboration with Mendota Community Hospital, the Youth Service Bureau of Illinois Valley, and LaSalle County Health Department, Community Health Partnership of IL formed a partnership in 2006, now known as the Mendota Health and Wellness Center, to bring to one location an array of essential health and social services for the community at large.

Community Health Partnership of Illinois' Mission:

Community Health Partnership of Illinois strives to improve the health and well being of migrant and seasonal farmworkers and other medically vulnerable populations by providing quality, accessible, affordable and culturally responsive health care, and by building leadership and capacity to promote and sustain health and wellness within the communities we serve.

Location

1009 Main Street
Mendota, IL 61342

Hours of Operation

Monday: 11AM-7PM
Tuesday: 9AM-7PM
Wednesday: Closed
Thursday: 9AM-5PM
Friday: 9AM-5PM

☎ **Phone:** 815-539-6124
Fax: 815-539-9015

If you would like to see a physician or dentist, please call for a medical or dental appointment.

We Accept Medicaid/ All Kids.

Website: www.chpofil.org

Community Health Partnership

Building healthy lives, Together

Providing medical and dental support services

We Accept Medicaid/ All Kids.

Community Health Partnership of Illinois is a partner of the Mendota Health & Wellness Center.

Primary Health Care Services

Who is Eligible?

Any individual or family whose income is less than 200% of Federal Poverty Guidelines is eligible for CHP's primary health care services. CHP also gladly accepts the Medicaid or All Kids card. Patients who are uninsured are assessed an affordable fee for services based on a sliding scale adjusted for income and family size. Patients registering for services with CHP should bring in proof of all sources of income for the family and their Medicaid or All Kids enrollment card, if applicable.

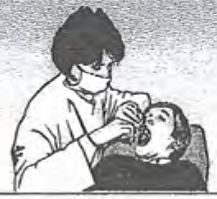
Support Services

Youth Service Bureau of the Illinois Valley provides the community with many different types of services including assistance in determining eligibility and applying for benefits such as Allkids, Medicaid, food stamps, energy assistance, charity care and other social services available to community members.
LaSalle County Health Department provides WIC services out of the YSB offices located next to the Mendota Health and Wellness Center.

Medical Services

- Medical visits for primary health care needs.
- Laboratory and basic diagnostic services.
- Primary prevention services including screening for diabetes, hypert and cervical cancer.
- Chronic disease management and support.
- Bilingual (Spanish-English) language support.

Dental Services



- Comprehensive dental care (limited to children ages 2 through 17)
- Emergency dental care (all ages).
- Dental exams- oral health assessments for children as young as 1 yea

Support Services

- Financial assistance for prescription medicines
- Assistance with applications for All Kids, Medicaid, food stamps and services*
- WIC**

Payment Information

All Kids
Medicaid

- CHP gladly accepts the Medicaid or All Kids card for services.
- Uninsured patients pay an affordable fee for services based on a slid scale adjusted for income and family size.
- Patients registering for services with CHP should bring in proof of inc from all sources (W-2, check stubs, income tax returns, unemployme benefit statements, etc) and their Medicaid or All Kids enrollment ca if applicable.

*Application assistance and many other services services provided Youth Service Bureau of the Illinois Valley at 1007 Main Street Mendota, IL 61342. Please call Mario Espinoza at 815-539-2317 for more information.
**For more information about WIC, please call the LaSalle County Health Department at 815-433-3366.

Priority # 1 – Substance Abuse and Mental Health

Risk Factors:

Income	Unemployment	Peer Pressure
"Everyone is doing it"	Physical Health Problems	**Family Environment**
Genetics	Stress	Undiagnosed Mental Health Problems
Level of Education	Low Level of Higher Education	School Attendance
Social Media/Internet	Self-Medicating	Thrill Seekers
Access to Substances	Social Complacency	Chronic Illness
Afraid of Stigma Attached to Mental Health Services		

Barriers:

Cost	Access	Stigma
Transportation	Not an "issue"	Denial
Lifestyle Changes		

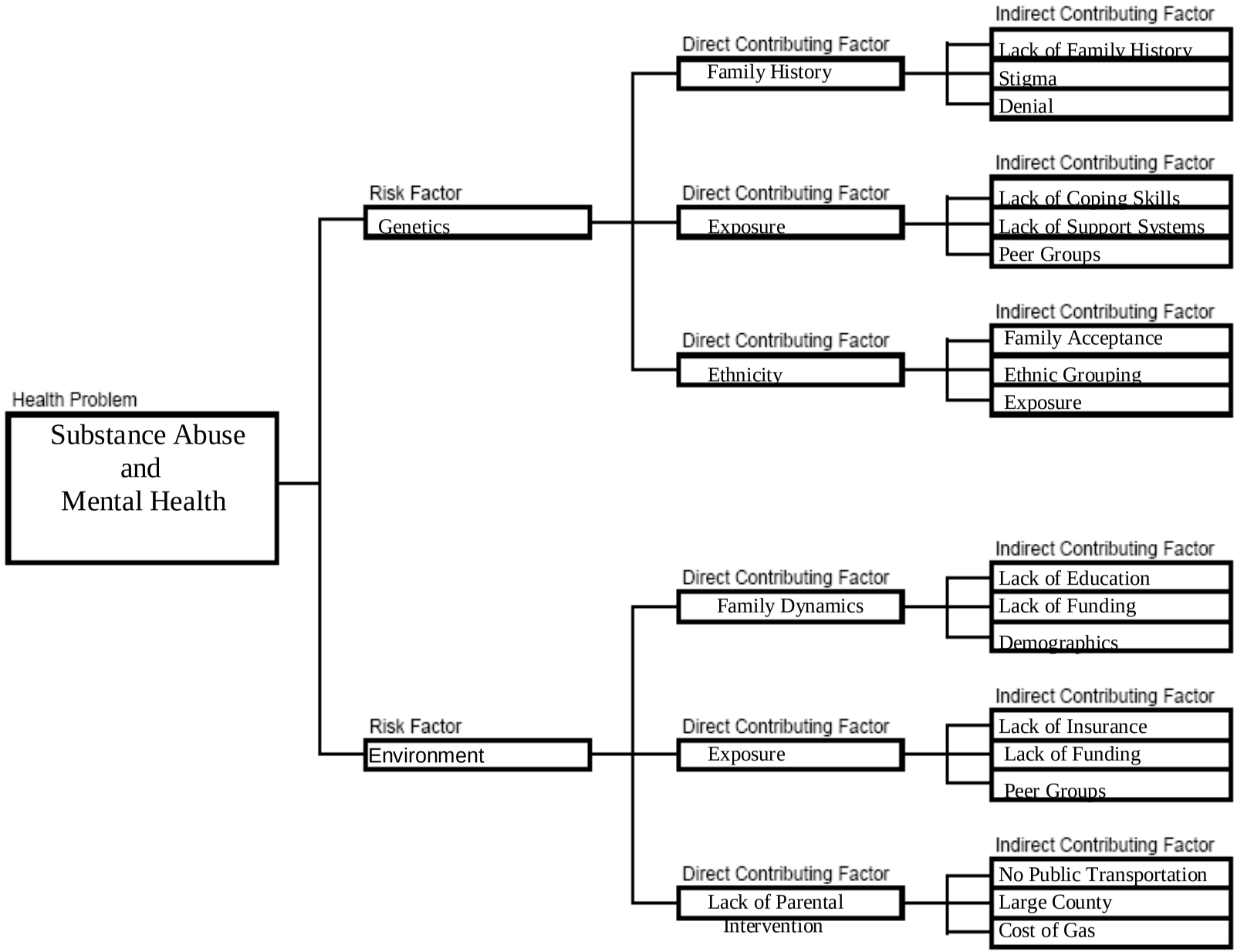
Proven Intervention Strategies:

Character Counts	Student Organizations	Peer Jury
Drug Court (Adults)	Anti-Drug Coalitions	Text-A-Tip /Student Resource Officer
AA/Alanon	NAMI	Access to Information and Treatment
Any Support Group	Social Marketing Campaigns	

Resources

North Central Behavioral Health Systems	Youth Service Bureau
Law Enforcement	Schools
Department of Children and Family Services	Physicians

Health Problem Analysis Worksheet



COMMUNITY HEALTH PLAN WORKSHEET

Health Problem:	**Outcome Objective:**
Substance Abuse and Mental Health	Target school-aged children to increase substance abuse education and mental health awareness by 2017.
Risk Factor(s) (may be many): Family History Income Physical Health Problems Attitudes Peer Pressure Genetics Social Media Access to Substances Undiagnosed mental health problems Unemployment Affordability Thrill seekers School Attendance Stress Level of Education Self-Medicating	**Impact Objective(s):** Increase early education, utilize social media outlets, and increase school-based prevention programs, such as DARE.
Contributing Factors (Direct/Indirect; may be many); Exposure, Family Dynamics, Parental Intervention, Communication, Lack of Substance Abuse Education, Medications in the Home, Short Distance from Chicago, I-80 Traffic, Lack of Employable Skills, Lack of Coping Skills, and Family Acceptance.	**Proven Intervention Strategies:** Focus on community education through established task forces and community groups such as Character Counts, Drug Court, Anti-Drug Coalitions, Student Organizations, NAMI, Peer Jury, and other Support Groups.
Resources Available (governmental and nongovernmental): North Central Behavioral Health Systems Youth Service Bureau Law Enforcement Schools Physicians Department of Children and Family Services LaSalle County Health Department	**Barriers:** Cost Transportation Lifestyle Changes Access Not an “issue” Stigma Denial

Priority # 2 – Family Violence

Risk Factors:

Stress	**Family History**	Economics
Pregnancy	Substance Abuse/Misuse	Mental Health Issues
Divorce	Change in Income	Porn
Single Parent Household	Family Dynamics	Blended Family

Barriers:

Isolation
Denial
Fear
Legal Issues
Stigma
Willingness to Come Forward
Don't See It As Abuse
Lack of Resources/Money
Don't Want to Break Up Family
Religious Reasons
Desensitization
Lack of Understanding/Empathy
Not Taken Seriously

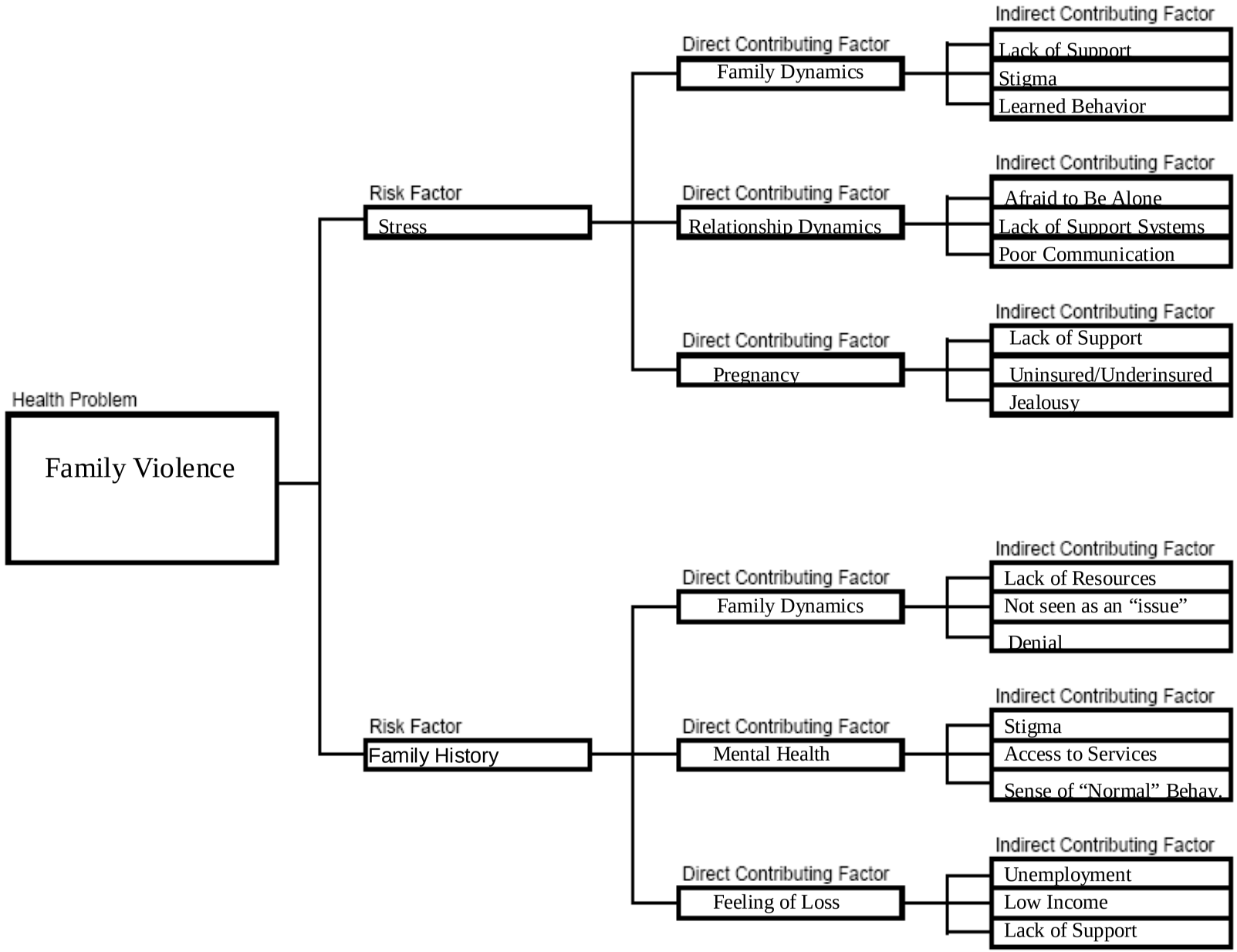
Proven Intervention Strategies:

Order of Protection
Community Education (increase empathy and understanding)
Media Awareness
Batters Intervention Programs

Resources:

13th Judicial Family Violence Prevention Council
North Central Behavioral Health Systems
Alternatives for Older Adults
Law Enforcement
ADV/SAS
Department of Children and Family Services
Prairie State Legal Services

Health Problem Analysis Worksheet



COMMUNITY HEALTH PLAN WORKSHEET

Health Problem:	**Outcome Objective:**
Family Violence	By 2017, increase access to domestic violence services and increase Orders of Protection.
Risk Factor(s) (may be many): Stress Economics Substance Abuse/Misuse Divorce Porn Blended Family Single Parent Household Family History Pregnancy Mental Health Issues Change in Income Family Dynamics	**Impact Objective(s):** Increase community awareness, by focusing on educating social workers, doctors, and teachers on recognizing the signs of abuse.
Contributing Factors (Direct/Indirect; may be many); Family History, Pregnancy, Media, TV makes it look ok, Family Dynamics, Mental Health, Feeling of Loss, Unemployment, Substance Abuse, Lack of Education, Stigma from Enforcement Agencies, and Social Circles	**Proven Intervention Strategies:** Order of Protections Media Awareness Community Education (increase empathy and understanding) Batters Intervention Programs
Resources Available (governmental and nongovernmental): North Central Behavioral Health Systems 13th Judicial Family Violence Prevention Council Law Enforcement ADV/SAS Physicians Department of Children and Family Services Prairie State Legal Service Alternatives for the Older Adult	**Barriers:** Isolation Fear Stigma Desensitization Lack of Empathy Denial Legal Issues Religious Reasons Lack of Understanding Not Taken Seriously Willingness to Come Forward Don't See it As Abuse Lack of Resources/Money Don't Want to Break up Family

Priority # 3 – Obesity

Risk Factors:

Genetics	**Inactivity**	Increased Portion Sizes	Fast Food
Lack of Time	Lack of Motivation	Cost of Food	Healthy Food Costs More
Family Dynamics	Not Eating Together	Abuse	Kids Home Alone More
Technology	Video Games	Cell Phones	Cuts in Sports Programs
Mental Health	Substance Misuse	Certain Types of Medications	Chronic Health Issues

Inappropriate Food Choices
Socially Acceptable
Lack of Nutrition Education
Lack of Effort to Make Healthy Meals
Cuts to City Park

Barriers:

Money	Time	Motivation
Lack of Support	Mental Health	Depression
Physical Issues	Chronic Illness	

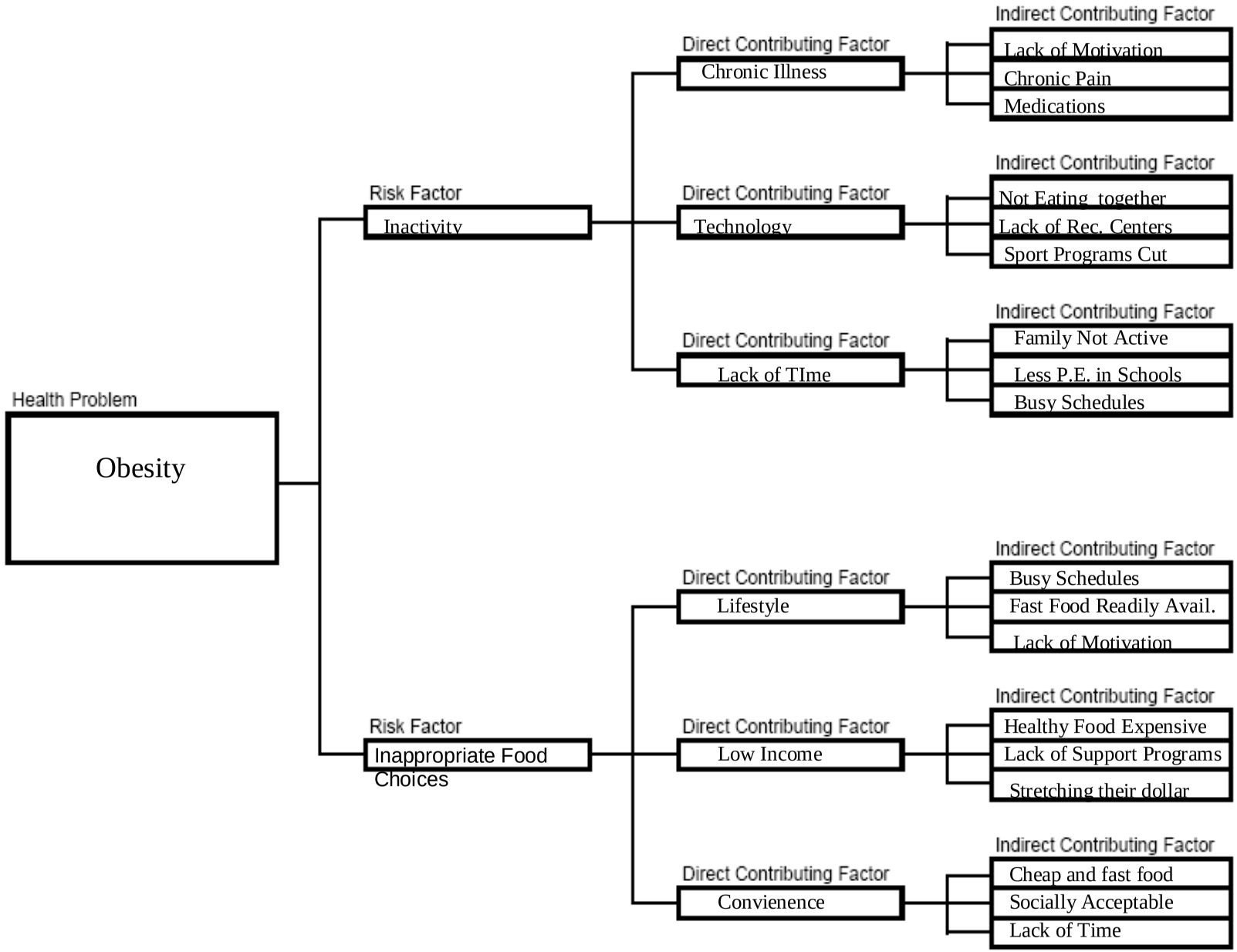
Proven Intervention Strategies:

Exercise
Think Ahead – Pre-Plan Meals
Wellness Programs/Incentives
Programs that Support and Educate
Education focusing on Food Choices, Portion Size, Labels, etc.

Resources:

Local Hospitals
LaSalle County Health Department
Schools
Employee Wellness Programs
YMCA's/Gyms
City Recreation Programs

Health Problem Analysis Worksheet



COMMUNITY HEALTH PLAN WORKSHEET

Health Problem:	**Outcome Objective:**
Obesity	By 2017, reduce the percentage of adult obesity to at or below the State Level of 27%.
Risk Factor(s) (may be many): Genetics Increased Portion Sizes Fast Food Lack of Time Cost of Food Healthy Food Costs More Kids Home Alone More Technology Cuts in Sport Program Inactivity Food Choices Mental Health Lack of Motivation Family Dynamics Not Eating Together Abuse Video Games Cell Phone	**Impact Objective(s):** Increase nutrition education and physical activity levels in the county by 2017 by reducing the number of Poor Physical Health Days to at or below the State Level of 3.3.
Contributing Factors (Direct/Indirect; may be many); Genetics, Overeating, Low Activity Levels, Medications, Illness, Poor Food Choices, Media, Fast Food Readily Available, Socially Acceptable, Lack of Rec. Centers, Not Putting Self First, Lack of Free/Low Cost Support, Lack of Funding for a Government Meal Plan.	**Proven Intervention Strategies:** Exercise Think Ahead—Pre-Plan Meals Wellness Program/Incentives Programs That Support and Educate Education focusing on Food Choices, Portion Size, Lables, etc.
Resources Available (governmental and nongovernmental): Local Hospitals LaSalle County Health Department Schools Employee Wellness Programs YMCA's/Gyms City Recreation Programs	**Barriers:** Money Lack of Support Physical Issues Time Mental Health Chronic Illness Motivation Depression

LaSalle County Health Department
717 E. Etna Road
Ottawa, Illinois 61350-1097
Phone: (815) 433-3366
Phone: (800) 247-5243
Fax: (815) 433-9522

June 6, 2012

1~
2~
3~

Dear 1~,

Thank you for your participation in the Community Health Needs Assessment with the Health Department. Enclosed please find the Community Health Plan portion of the IPLAN document. The document includes statistics supporting the Community Health Plan for the top three health problems identified by committee members.

Please take some time to review the document. We would appreciate any comments and/or changes you feel necessary. Our next meeting will be held on **Monday, June 11, 2012 at 2:00 p.m**. in the Board of Health Conference Room at the LaSalle County Health Department, 717 Etna Road, Ottawa, Illinois. We anticipate this meeting only lasting about an hour. If you are unable to attend the meeting, please feel free to contact us regarding any changes to the plan. Email any comments, opinions, and/or changes to jbarrie@lasallecounty.com.

After the final changes are made to the IPLAN document, it will be presented to the LaSalle County Board of Health and submitted to the Illinois Department of Public Health for review. Once, our recertification has been renewed we will be sending committee members a copy of the plan.

Thank you for your participation, we look forward to your feedback. If you have any questions, please contact Leslie Dougherty (ext.225) or Jenny Barrie (ext. 226) at 815-433-3366.

Sincerely,

Julie Kerestes, BS, LEHP
Public Health Administrator

Leslie Dougherty, BS
Health Educator

Jenny Barrie, BS
Health Educator

Enclosures

COMMUNITY HEALTH COMMITTEE MEETING

IPLAN DEVELOPMENT PROCESS

June 11, 2012

2:00 P.M.

AGENDA

1. Introductions

2. Comments and Questions

3. Funding and Resource Discussion

4. Conclusion

COMMUNITY HEALTH COMMITTEE

Adams, Bobbi
Housing Authority for LaSalle County
526 E. Norris Drive
Ottawa, IL 61350

Boelk, Cheryl
Mendota Community Hospital
1401 E. 12th St.
Mendota, IL 61342

Boyle, Quentin Captain
The Salvation Army
516 West Madison St.
Ottawa, IL 61350

Brodbeck, Karen
OSF Saint Elizabeth Medical Center
1100 E. Norris Drive
Ottawa, IL 61350

Bursztynsky, Susan
Easter Seals of LaSalle & Bureau Counties
1013 Adams St
Ottawa, IL 61350

Daughenbaugh, Matt
St. Mary's Hospital
111 E. Spring Street
Streator, IL 61364

Miskell, Roger
North Central Behavioral Health Systems
2960 Chartres St
LaSalle, IL 61301

Morrison, Margaret
ADV/SAS
510 North Bloomington Street
Streator, IL 61364

Munson, Lorene
Hygienic Institute
2970 Chartres St.
LaSalle, IL 61301

Myer, Carol
Illinois Valley Community Hospital
925 West Street
Peru, IL 61354

Ocepek, Shelly
United Way of Eastern LaSalle County
1400 La Salle Street
Ottawa, IL 61350

Rashid, Julie
13th Judicial Family Violence Prevention Council
PO Box 141
Streator, IL 61364

Small, Martha
LaSalle County ROE
119 West Madison Street.
Ottawa, IL 61350

Whalen, Beth
Mendota Health and Wellness Center
1009 Main St.
Mendota, IL 61342

LaSalle County Health Department

Julie Kerestes, Lora Alexander, Cathy Larsen, Ted Pumo, Leslie Dougherty, Jenny Barrie

COMMUNITY HEALTH COMMITTEE MEETING

MINUTES

June 11, 2012

The second meeting of the 2012 Community Health Committee was held at 2:00 p.m. on Monday, June 11, 2012, at the LaSalle County Health Department. Julie Kerestes, LaSalle County Health Department Public Health Administrator, called the meeting to order.

The following were present:
Beth Whalen – Community Health Partnership, Mendota
Karen Brodbeck – Director of Marketing & Community Relations, OSF, Saint Elizabeth Medical Center
Susan Bursztynsky – Easter Seals of LaSalle & Bureau Counties;
Lorene Munson – Director of Hygienic Institute;
Roger Miskell – Health Directions Manager, North Central Behavioral Health Systems;
Margaret Morrison – ADV, SAS;
The following staff from the LaSalle County Health Department was also present: Julie Kerestes, Public Health Administrator; Lora Alexander, Administrative Manager; Cathy Larsen, Director of Personal Health; Leslie Dougherty, Health Educator; Jenny Barrie, Health Educator. Ms. Kerestes welcomed everyone and thanked them for attending the meeting.

Ms. Kerestes informed the committee members of issues brought up by committee members that could not attend the meeting. Carol Myer with Illinois Valley Community Hospital questioned the 2001 and 2003 data in the report. Ms. Kerestes ensured members that the data used is the most current data available from the state. Lorene Munson also had questions about the comparison between LaSalle and Tazewell Counties. Ms. Barrie stated that the state has named Tazewell our sister county due to the similarity of demographics in both counties.

Ms. Kerestes informed the committee that the next procedure would be to take any more comments about the report and edit it if needed, and then the report goes to the Board of Health for review. If the Board of Health approves the report, it will then be forwarded to the Illinois Department of Public Health for a review process. Once the document meets IDPH requirements, an approval will be granted. The approved IPLAN will then be placed on the Health Department's website and committee members will be informed.

Susan Bursztynsky pointed out that under domestic violence, intervention strategy; she believes that continue holding community events that focus on family violence, regarding suicide prevention, was a past event by the family violence counsel and was the history of that, which isn't relative to our current IPLAN.

Ms. Kerestes then informed the committee that just recently, she has been informed by both the Illinois Department of Public Health and the Department of Human Services, on community transformation grants. They are focused on tobacco prevention and obesity. The department has the opportunity to partner with the Illinois Coalition against Tobacco. This focus would be on education and smoke-free property, campuses and multi-family buildings. They also are looking at vending machine procurement

project, which would replace vending machines with healthy choices. Ms. Kerestes asked committee members, when we secure any of these mini-grants; their thoughts on adding them to our impact statement if time permits. Committee members agreed on that addition.

Ms. Kerestes informed committee members that she anticipates forwarding the IPLAN to the state by the end of June. Members were encouraged to forward any concerns or ideas to Jenny Barrie at any time. The meeting was adjourned.

COMMUNITY HEALTH COMMITTEE MEETING
IPLAN APPROVAL PROCESS

June 11, 2012

2:00 P.M

SIGN-IN SHEET

Name	Organization	Email
Leslie Daugherty	L.C.H.D.	ldaugherty@lasalle county.org
Jenny Barrie	L.C.H.D.	jbarrie@lasallecounty.org
Lora Alexander	LCHD	lalexander@lasallecounty.org
Lorene Munson	Hygienic	lorene.munson@uch.org
Roger Miskell	NCBHS	rmiskell@ncbhs.org
Karen Brodbeck	OSF Saint Elizabeth Medical Center	karen.b.brodbeck@osfhealthcare.org
BETH WHALEN	Community Health Partnership	bwhalen@chpsil.org
Cathy Larsen	LCHD	clarsen@lasallecounty.org
Susan Bursztynsky	ESLAC	sbursztynsky@il-lb.easterseals.com
Margaret Morrison	ADU & SAS	mmorrison@adusas.org

LaSalle County Health Department
717 E. Etna Road
Ottawa, Illinois 61350-1097
Phone: (815) 433-3366
Phone: (800) 247-5243
Fax: (815) 433-9522

Julie Kerestes, BS, LEHP, Administrator

June21, 2012

Tom Szpyrka, IPLAN Administrator
Division of Health Policy
Illinois Department of Public Health
525 West Jefferson Street
Springfield, IL 62761-0001

Dear Mr. Szpyrka,

On June 21, 2012, the LaSalle County Board of Health met and gave approval to the Organization Capacity Self-Assessment and Community Health Plan for the three health problems identified by the Community Health Committee:

SUBSTANCE ABUSE AND MENTAL HEALTH
FAMILY VIOLENCE
OBESITY

Sincerely,

William Johnson, President

William Johnson, President
LaSalle County Board of Health

WJ/JK:kmk

LASALLE COUNTY
COMMUNITY HEALTH NEEDS PLAN
2012-2017

Prepared by

Julie Kerestes
Public Health Administrator

Leslie Dougherty
Health Educator

Jenny Barrie
Health Educator

Lora Alexander
Administrative Manager

Elaine Roemer
Administrative Manger

for

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Springfield, Illinois

September 17, 2012

PRIORITIES

Substance Abuse and Mental Health

Family Violence

Obesity

LASALLE COUNTY
COMMUNITY HEALTH NEEDS PLAN

PRIORITIES

Substance Abuse and Mental Health

Family Violence

Obesity

Goals, Rationale, Objectives, Risk Factors, Intervention Strategy, Evaluation Plan

Substance Abuse and Mental Health
Priority 1

Healthy People 2020 Goals

Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Substance Abuse and Mental Health Rationale

Substance abuse has a significant impact on society. It affects individuals, families, and communities. The effects of substance abuse multiply, which notably gives way to costly social, physical, mental, and public health problems. In similar form, mental disorders are among the most common causes of disability. Health problems that typically stem from substance abuse and mental health issues are teenage pregnancy, HIV/AIDS, STD's, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, and suicide.

In LaSalle County, our substance abuse and mental health services are primarily supported by two agencies. Over the past several years we have seen substance abuse and mental health services drastically cut. Currently, there is one hospital and one social service agency that handle these issues for LaSalle County. However, many of the services they are able to provide are limited due to funding specifications on priority populations.

Transportation issues also continue to impact social service agencies and the clients they serve. Currently, many social service agencies sit on the LaSalle County Public Transportation Committee. The committee is researching way to expand the public transportation system in the county and funding opportunities available. LaSalle County is the largest geographic county in the state, but does not have a county-wide transportation system.

Healthy People 2020 Summary of Objectives For Substance Abuse and Mental Health

Substance Abuse

Number Objective Short Title

Policy and Prevention
SA–1 Adolescents riding with a driver who has been drinking
SA–2 Substance-free adolescents
SA–3 Adolescent disapproval of substance abuse
SA–4 Adolescent perception of risk associated with substance abuse
SA–5 Specialty courts
SA–6 Mandatory ignition interlock laws
Screening and Treatment
SA–7 Admissions for injection drug use
SA–8 Receipt of specialty treatment for substance abuse or dependence
SA–9 Referral for care and treatment
SA–10 Trauma centers implementing alcohol Screening and Brief Intervention
Epidemiology and Surveillance
SA–11 Cirrhosis deaths
SA–12 Drug-induced deaths
SA–13 Recent use of illicit substances
SA–14 Binge drinking
SA–15 Excessive drinking
SA–16 Average annual alcohol consumption
SA–17 Alcohol-impaired driving deaths
SA–18 Steroid use among adolescents
SA–19 Prescription drug abuse
SA–20 Alcohol-attributable deaths

Mental Health and Mental Disorders

Number Objective Short Title

Mental Health Status Improvement
MHMD–1 Suicide
MHMD–2 Adolescent suicide attempts
MNMD–3 Eating disorders
MHMD–4 Major depressive episodes
Treatment Expansion
MHMD–5 Mental health treatment provided in primary care facilities
MHMD–6 Treatment for children with mental health problems
MHMD–7 Juvenile justice facility screening
MHMD–8 Employment of persons with serious mental illness
MHMD–9 Treatment of adults with mental health disorders
MHMD–10 Treatment for co-occurring substance abuse and mental disorders
MHMD–11 Depression screening by primary care providers
MHMD–12 Receipt of mental health services among homeless adults

Outcome Objective

By 2017, reduce the percentage of adult smoking to at or below the State Level of 20%.

By 2017, reduce the percentage of excessive drinking to at or below the State Level of 19%.

Impact Objective

Increase early education, utilize social media outlets, and increase school-based prevention programs in the county by 2017 by reducing the number of Poor Mental Health Days to at or below the State level of 3.2.

Risk Factors

There are many risk factors associated with substance abuse and mental health. Genetics and family environment play a major role in the way of risk factors for substance abuse and mental health. Other risk factors include unemployment, stress, chronic illness, undiagnosed mental health issues, self-medicating, level of education, social complacency, and peer pressure.

Contributing Factors

Illegal and prescription drugs are easily attainable. Access to treatment for substance abuse and mental health issues can be difficult for many residents to follow through with. Family tolerance, community perception, social acceptance, self-esteem, and a lack of education regarding both topics are greatly perceived as contributing factors to both issues.

Intervention Strategy

Focus on community education through existing drug task forces and community groups throughout the county. Social marketing campaigns could be well utilized by the groups to reinforce positive messages to children and their parents.

Many of our local communities refer teens to a Peer Jury for first and/or minor offenses. The Peer Jury recommends their punishment, which often involves community service.

Earlier this year, Ottawa Public Schools established a Text-A-Tip program for their students and parents. It is an anonymous way to send information about situations that may be occurring at school and with students. The program is supported by school staff and the Student Resource Officer.

North Central Behavioral Health Systems, Inc. (NCBHS) offers school-based prevention programs, community collaboration, and community outreach through their Health Promotions Department. During the school programs, students are taught the importance of self-esteem, goal setting, and making healthy life choices while receiving prevention messages in regards to alcohol, tobacco and other drugs. Assistance is provided to help community groups organize their efforts by determining their goals and encouraging collaboration with other existing community groups or resources. Customs developed seminars for businesses, community service organizations, school administrators, teachers, parents, youth or seniors can cover topics such as information about alcohol, tobacco and other drugs, violence

prevention, coping with stress, or parenting issues.

NCHBS has also hosted an annual Teen Showcase event for many years. The event targets junior high and high school aged students. The event draws over 600 teens from many schools in LaSalle County. The day is filled with motivational and fun speakers who present important information on substance abuse, mental health, positive choices, bullying, and healthy behaviors.

In coordination with the social service agencies involved and committee involvement, grant opportunities and federal funding options will continue to be evaluated.

Evaluation Plan

Task forces and community groups meet regularly and will continue to monitor and evaluate the substance abuse and mental health needs of LaSalle County.

The LaSalle County Health Department will support social service agencies, schools, businesses, and community service organizations in their efforts to decrease substance abuse and increase the awareness of mental health issues.

Monitor the Robert Woods Johnson County Health Rankings Report to see a reduction in Substance Abuse data and Poor Mental Health Days in our county.

Substance Abuse and Mental Health Statistics

Motor Vehicle Fatalities Involving Alcohol

Source: Illinois State Police

	2009	2008	2007	2006	2005
State of Illinois	-	-	-	401	464

DUI Citations

Source: Illinois State Police

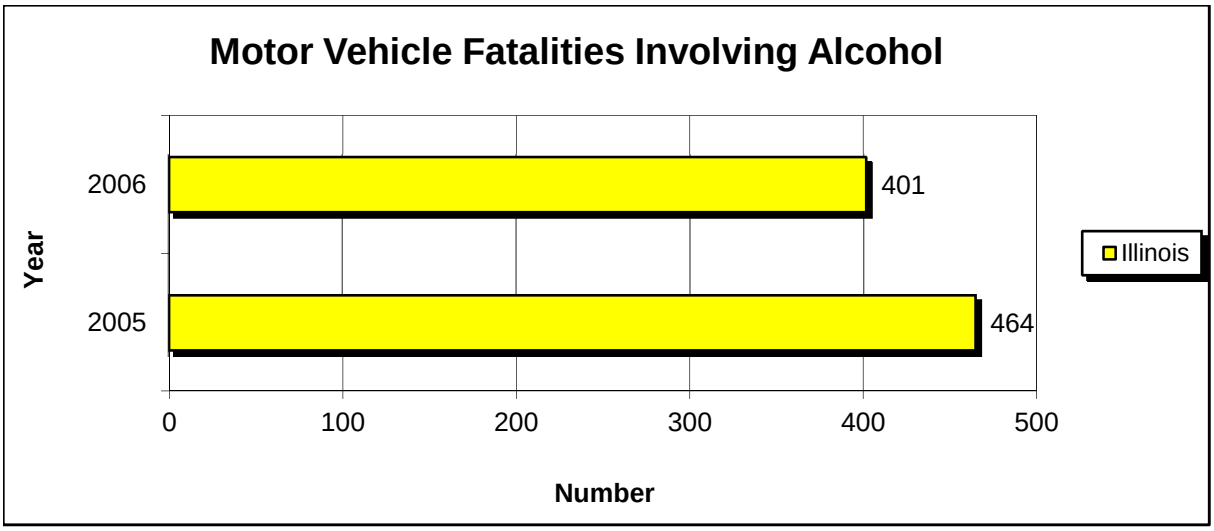
District 17	2009	2008	2007	2006	2005
(includes LaSalle County)	259	246	217	-	-
District 8	491	267	338	-	-
(includes Tazewell County)					
Illinois	12,118	12,457	10,767	9,431	10,139

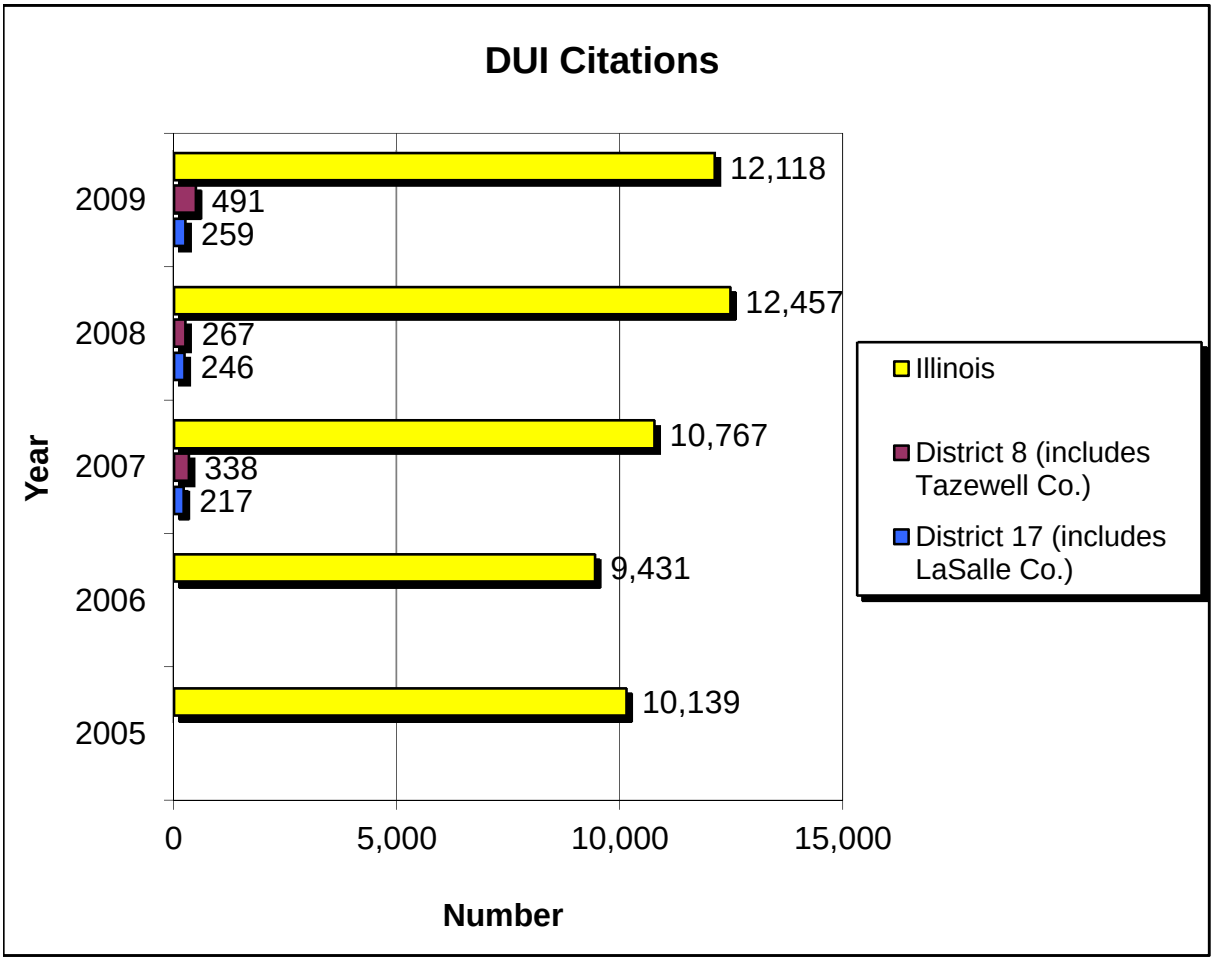
Hospitalization for Alcohol-Dependence Syndrome (Number Hospitalized)

Source: IPLAN

	Ages 15-44	Ages 45-64
1990		
LaSalle	155	47
Tazewell	75	24
2000		
LaSalle	36	30
Tazewell	39	7
2001		
LaSalle	28	22
Tazewell	42	6

Statistics Associated with Drinking and Driving

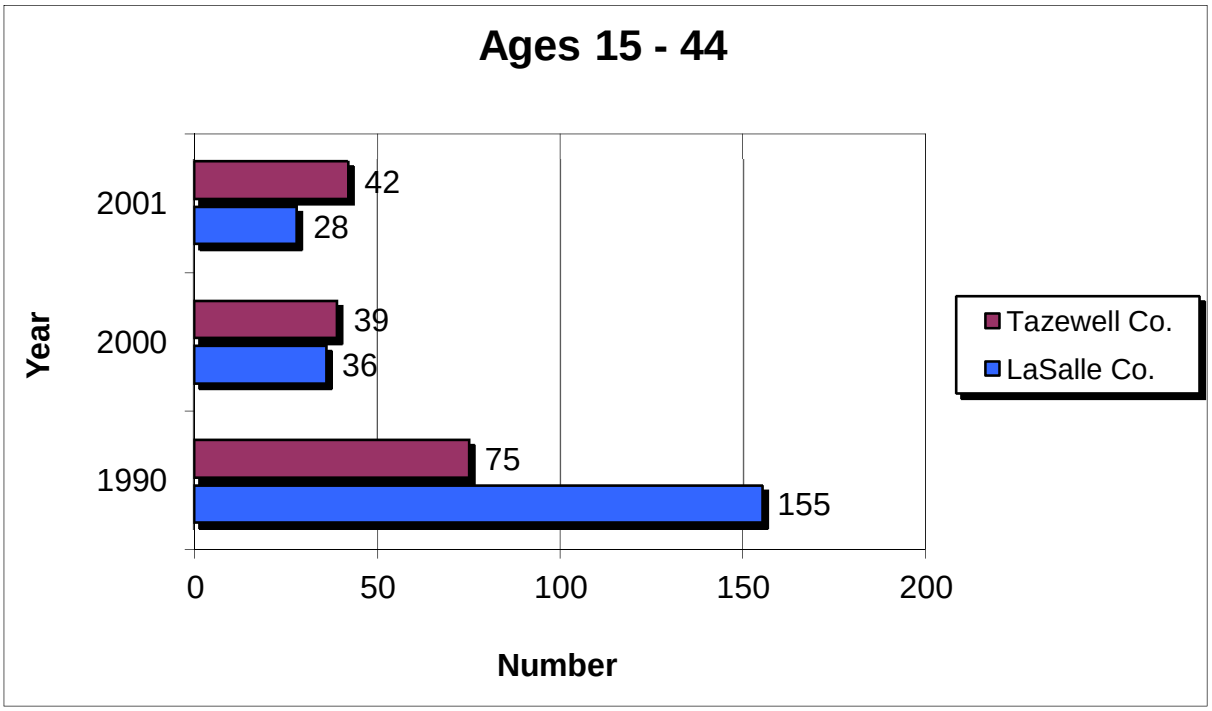


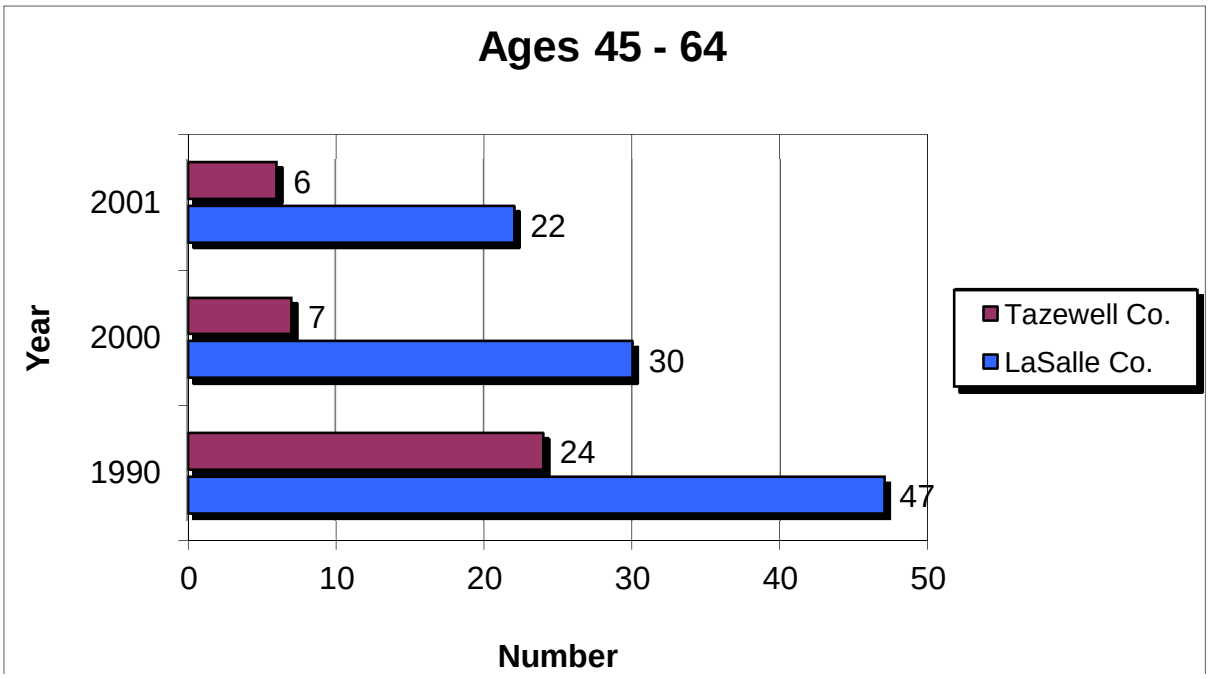


Source: Illinois State Police

Graphs Prepared by LaSalle County Health Department

Persons Hospitalized for Alcohol Dependence Syndrome





Source: IPLAN

Graphs Prepared by LaSalle County Health Department

Health Care Coverage, Utilization and Status

Source: Illinois Behavioral Risk Factor Surveillance System

LaSalle County (percentages)

		4th Round 2007-2009	3rd Round 2004-2006	2nd Round 2003-2001
General Health	excellent / very good	49.3	50.2	56.4
	good / fair	47.1	45.5	39.5
	poor	3.6	4.3	4.1
Days Physical Health Not Good	none	55.0	68.96	66.9
	1-7 days	29.8	16.6	23.1
	8-30 days	15.2	14.5	10.1
Days Mental Health Not Good	none	61.1	70.3	66.9
	1-7 days	25.3	18.3	19.8
	8-30 days	13.6	11.3	13.3
Activities Limited by Health Problems	yes	20.6	19.4	12.5
	no	79.4	80.6	87.5
Have a Health Care Plan	yes	91.8	90.5	91.3
	no	8.2	9.5	8.7
12 mo: No Doctor Visit Due to Cost	yes	9.7	8.8	7.5
	no	90.3	91.2	92.5
12 mo: Didn't Get Meds Due to Cost	yes	12.0	9.4	-
	no	88.0	90.6	-
12 mo: Could Not Afford Dentist	yes	22.4	-	-
	no	77.6	-	-
Acute / Binge Drinking	at risk	19.2	24.5	22.3
	not at risk	80.8	75.5	77.7
Chronic Drinking	at risk	-	-	8.5
	not at risk	-	-	91.5
Last Routine Checkup	1 year or less	63.4	-	-

Health Care Coverage, Utilization and Status

Source: Illinois Behavioral Risk Factor Surveillance System

Rural Counties (percentages)

		4th Round 2007-2009	3rd Round 2004-2006	2nd Round 2003-2001
General Health	excellent / very good	52.3	51.8	48.3
	good / fair	42.4	43.3	45.6
	poor	5.3	4.9	6.1
Days Physical Health Not Good	none	58.2	61.1	64.0
	1-7 days	25.9	24.9	19.2
	8-30 days	15.9	14.0	16.7
Days Mental Health Not Good	none	62.5	67.4	67.5
	1-7 days	24.1	23.5	17.3
	8-30 days	13.3	9.1	15.2
Activities Limited by Health Problems	yes	19.2	18.8	15.7
	no	80.8	81.2	84.3
Have a Health Care Plan	yes	87.6	87.5	-
	no	12.4	12.5	-
12 mo: No Doctor Visit Due to Cost	yes	12.0	11.0	12.8
	no	88.00	89.0	87.2
12 mo: Didn't Get Meds Due to Cost	yes	-	8.9	13.2
	no	-	91.1	86.8
12 mo: Could Not Afford Dentist	yes	-	11.5	-
	no	-	88.5	-
Acute / Binge Drinking	at risk	16.8	19.8	17.5
	not at risk	83.2	80.2	82.5
Chronic Drinking	at risk	4.4	5.5	6.7
	not at risk	95.6	94.5	93.3
Last Routine Checkup	1 year or less	65.9	64.5	-
	More than 1 year / Never	34.0	35.6	-

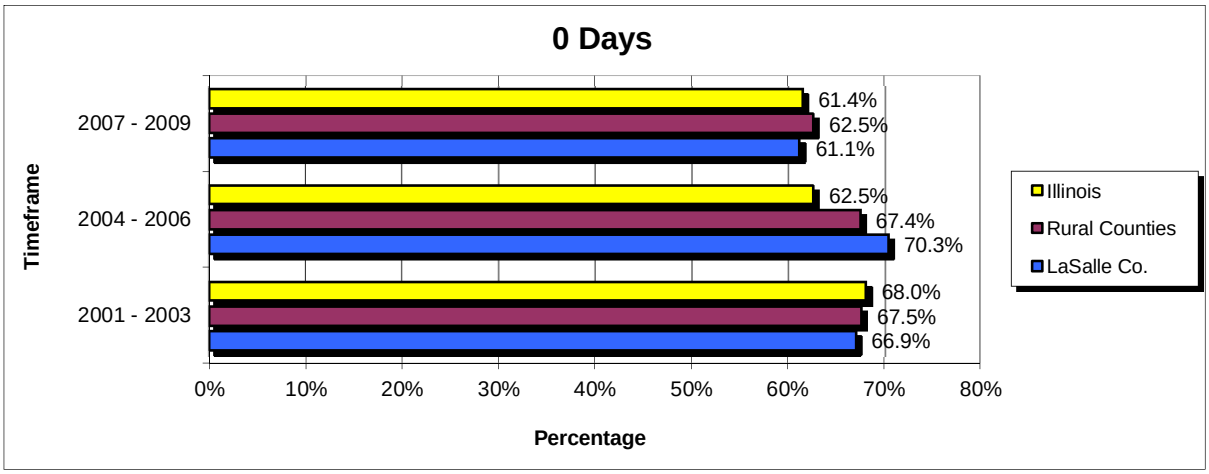
Health Care Coverage, Utilization and Status

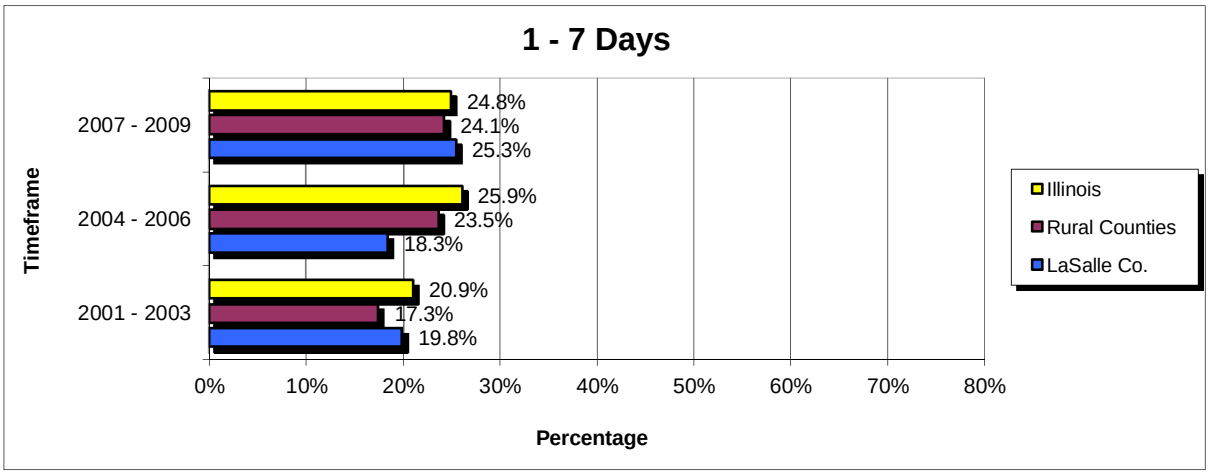
Source: Illinois Behavioral Risk Factor Surveillance System

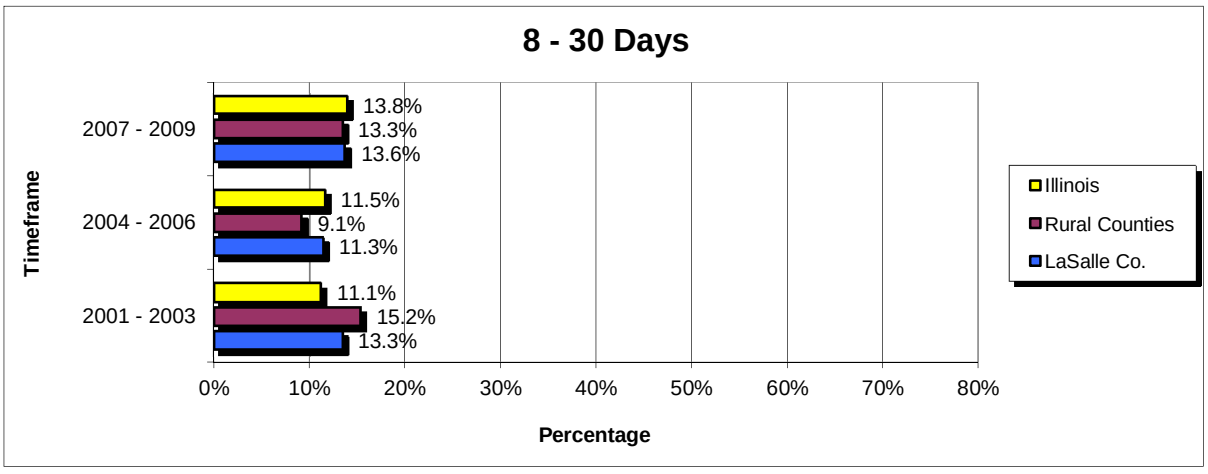
State of Illinois (percentages)

		4th Round 2007-2009	3rd Round 2004-2006	2nd Round 2003-2001
General Health	excellent / very good	55.1	51.2	51.5
	good / fair	41.3	45.1	44.4
	poor	3.7	3.7	4.1
Days Physical Health Not Good	none	59.3	62.8	66.7
	1-7 days	27.0	24.9	20.8
	8-30 days	13.7	12.4	12.6
Days Mental Health Not Good	none	61.4	62.5	68.0
	1-7 days	24.8	25.9	20.9
	8-30 days	13.8	11.5	11.1
Activities Limited by Health Problems	yes	16.1	17.1	13.9
	no	83.9	82.9	86.1
Have a Health Care Plan	yes	86.1	84.9	-
	no	13.9	15.1	-
12 mo: No Doctor Visit Due to Cost	yes	13.5	12.4	11.1
	no	86.5	87.6	88.9
12 mo: Didn't Get Meds Due to Cost	yes	-	9.2	11.6
	no	-	90.8	88.4
12 mo: Could Not Afford Dentist	yes	-	13.5	-
	no	-	86.5	-
Acute / Binge Drinking	at risk	17.5	19.4	17.1
	not at risk	82.5	80.6	82.9
Chronic Drinking	at risk	4.6	4.7	4.6
	not at risk	95.4	95.3	95.4
Last Routine Checkup	1 year or less	64.3	65.6	-
	More than 1 year / Never	35.7	34.3	-

Poor Mental Health Days for Adults 18 and Over



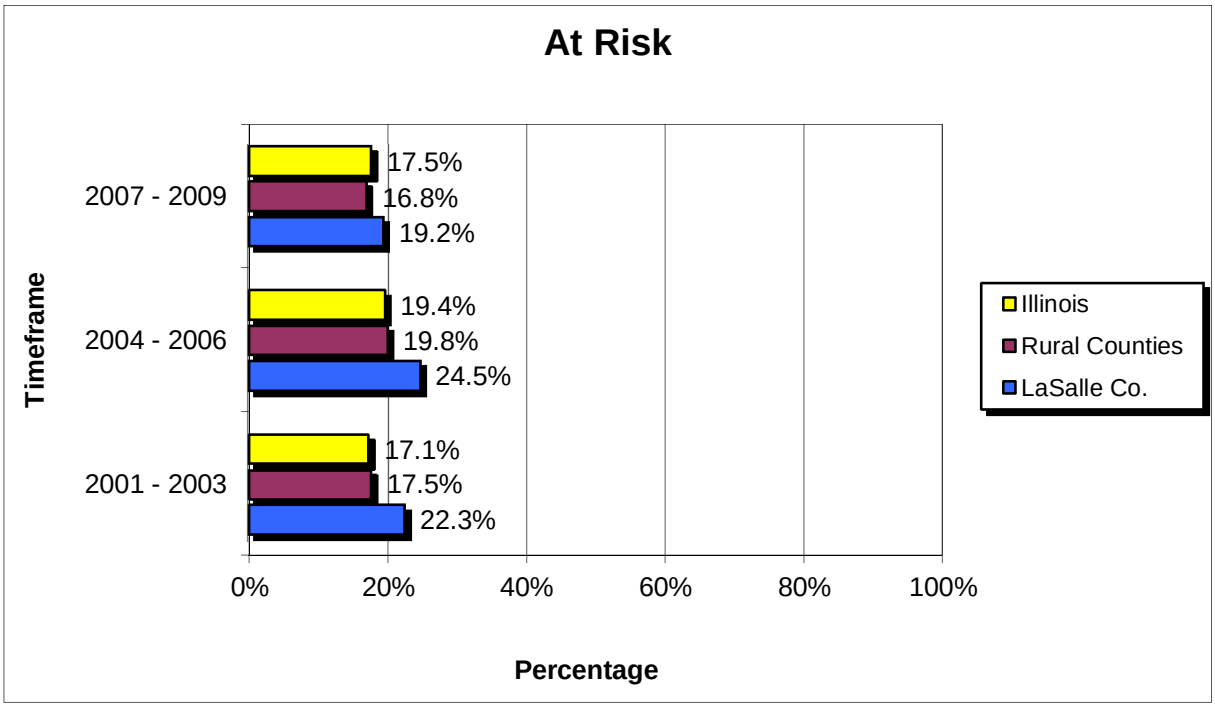


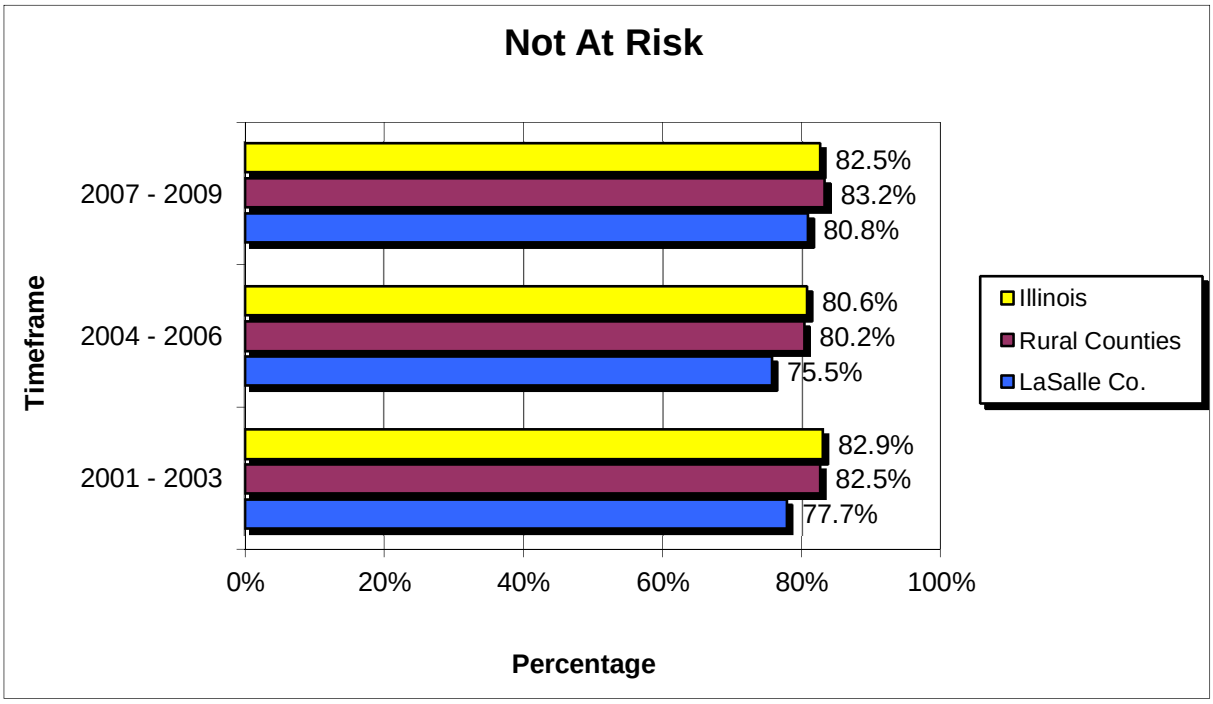


Source: Illinois Behavioral Risk Factor Surveillance System

Graphs Prepared by LaSalle County Health Department

Adults 18 and Over at Risk for Acute/Binge Drinking

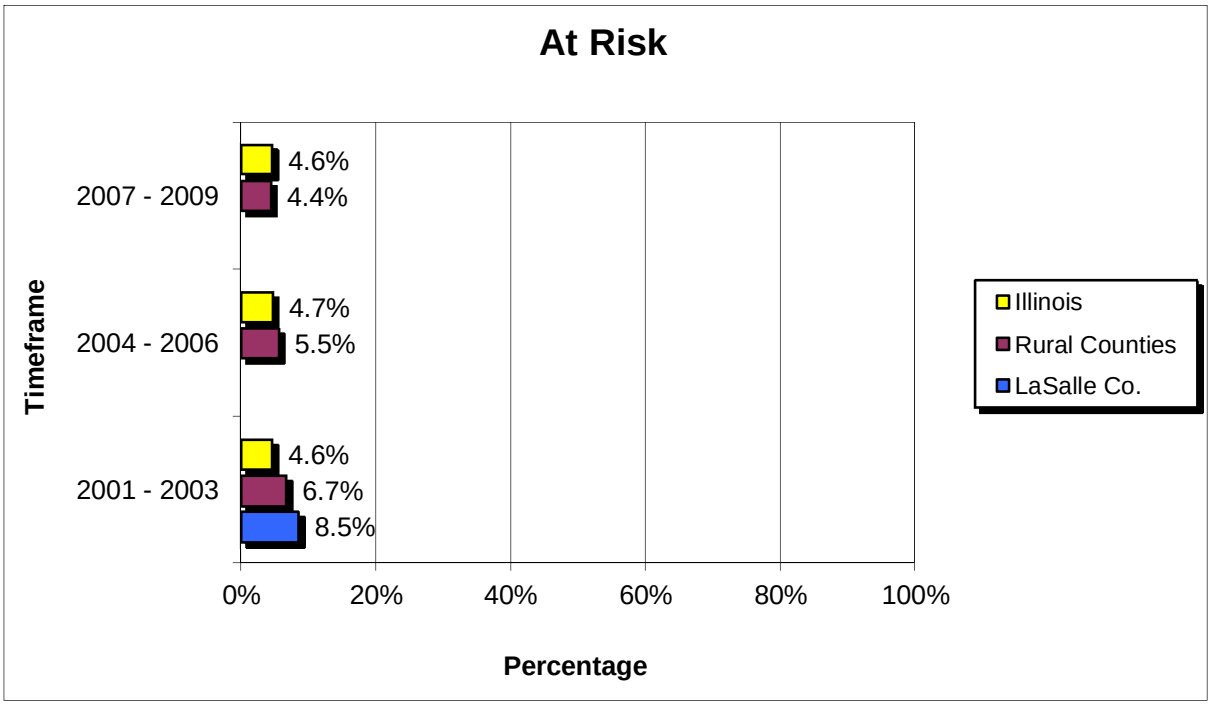


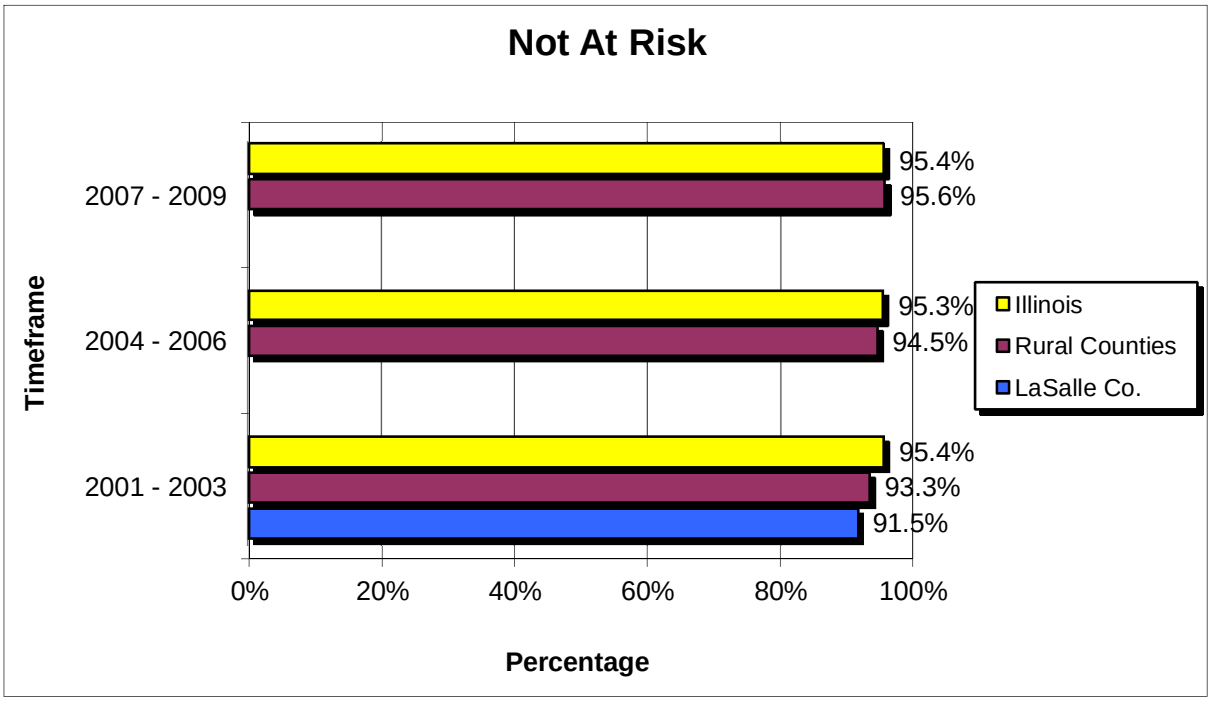


Source: Illinois Behavioral Risk Factor Surveillance System

Graphs Prepared by LaSalle County Health Department

Adults 18 and Over at Risk for Chronic Drinking





Source: Illinois Behavioral Risk Factor Surveillance System

Graphs Prepared by LaSalle County Health Department

County Health Rankings Report 2012
Statistics Associated with Substance Abuse and Mental Health
(Highlighted in Yellow)

	LaSalle County	Error Margin	National Benchmark*	Illinois	Trend	Rank (of 102)
Health Outcomes						**66**
Mortality						69
Premature death	7,928	7,335-8,522	5,466	6,728		
Morbidity						59
Poor or fair health	16%	12-20%	10%	16%		
Poor physical health days	4.1	3.0-5.1	2.6	3.3		
Poor mental health days	3.1	2.3-4.0	2.3	3.2		
Low birthweight	7.5%	7.0-8.0%	6.0%	8.4%		
Health Factors						**83**
Health Behaviors						97
Adult smoking	29%	23-35%	14%	20%		
Adult obesity	30%	25-35%	25%	27%		
Physical inactivity	27%	22-32%	21%	25%		
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Teen birth rate	37	35-40	22	40		

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Diabetic screening	82%	78-87%	89%	82%		
Mammography screening	65%	60-69%	74%	66%		
Social & Economic Factors						79
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Some college	58%	55-61%	68%	65%		
Unemployment	13.1%		5.4%	10.3%		
Children in poverty	18%	13-22%	13%	19%		
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Physical Environment						5
Air pollution-particulate matter days	0		0	3		
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Access to recreational facilities	13		16	10		
Limited access to healthy foods	1%		0%	4%		
Fast food restaurants	39%		25%	51%		

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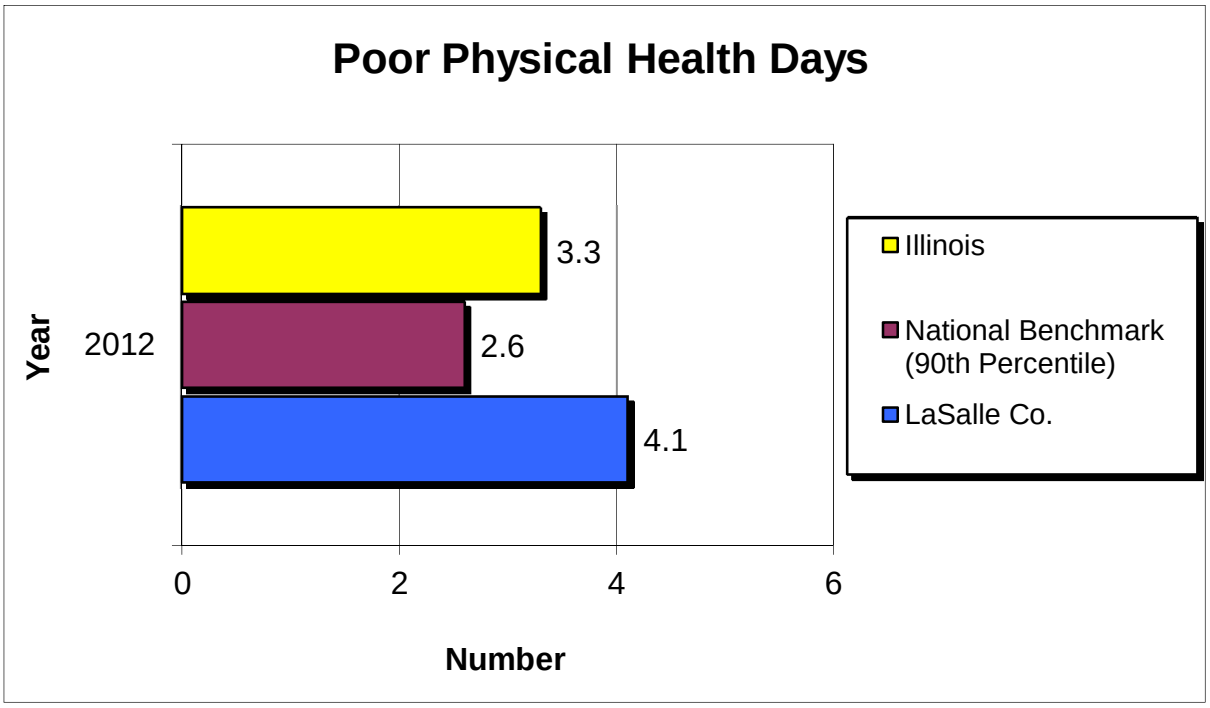
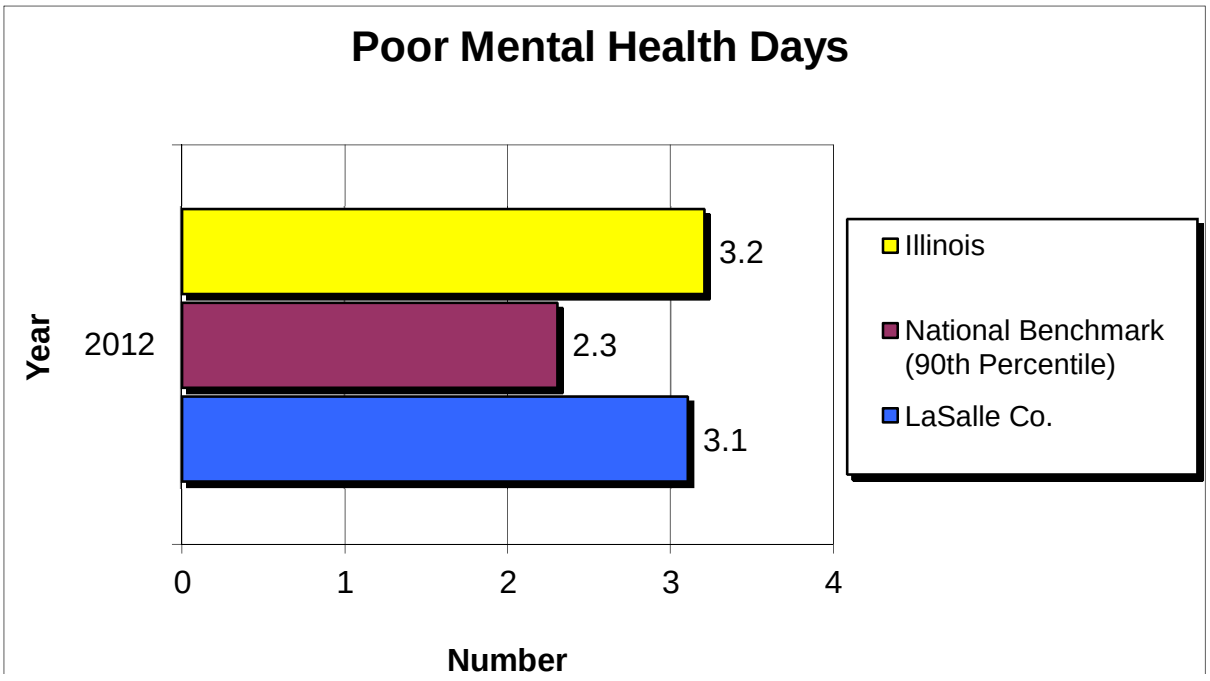
Note: Blank values reflect unreliable or missing data

Statistics Associated with Substance Abuse and Mental Health

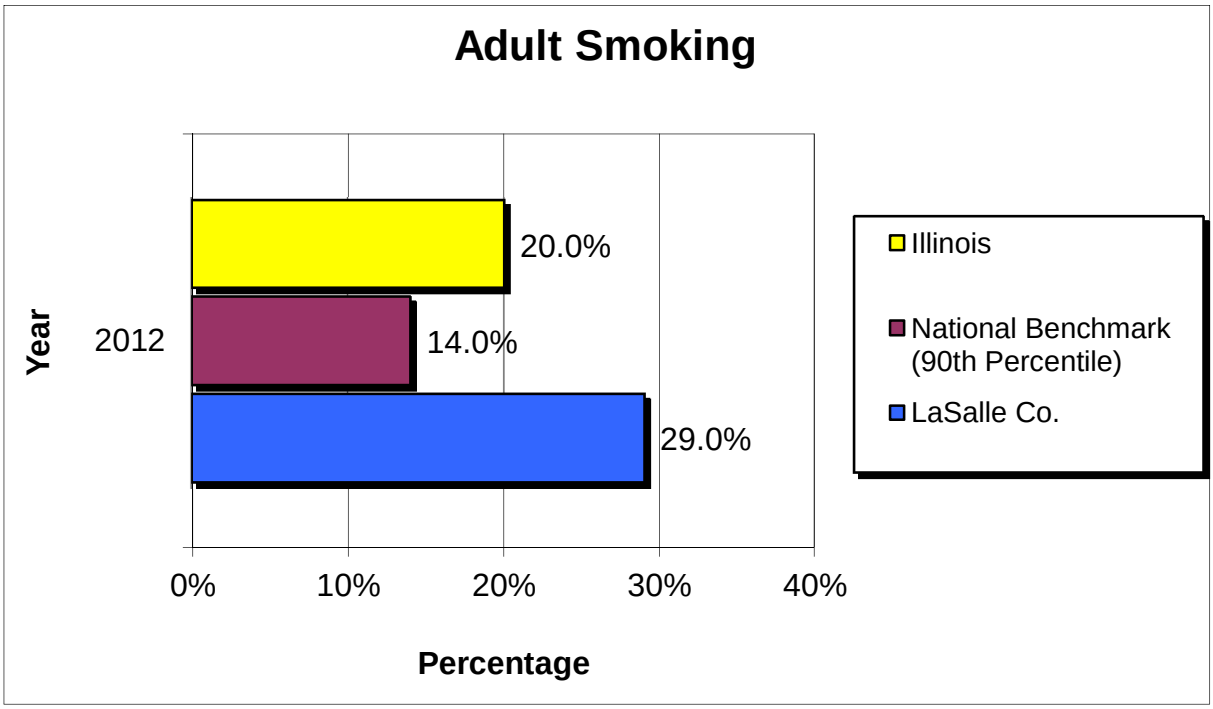


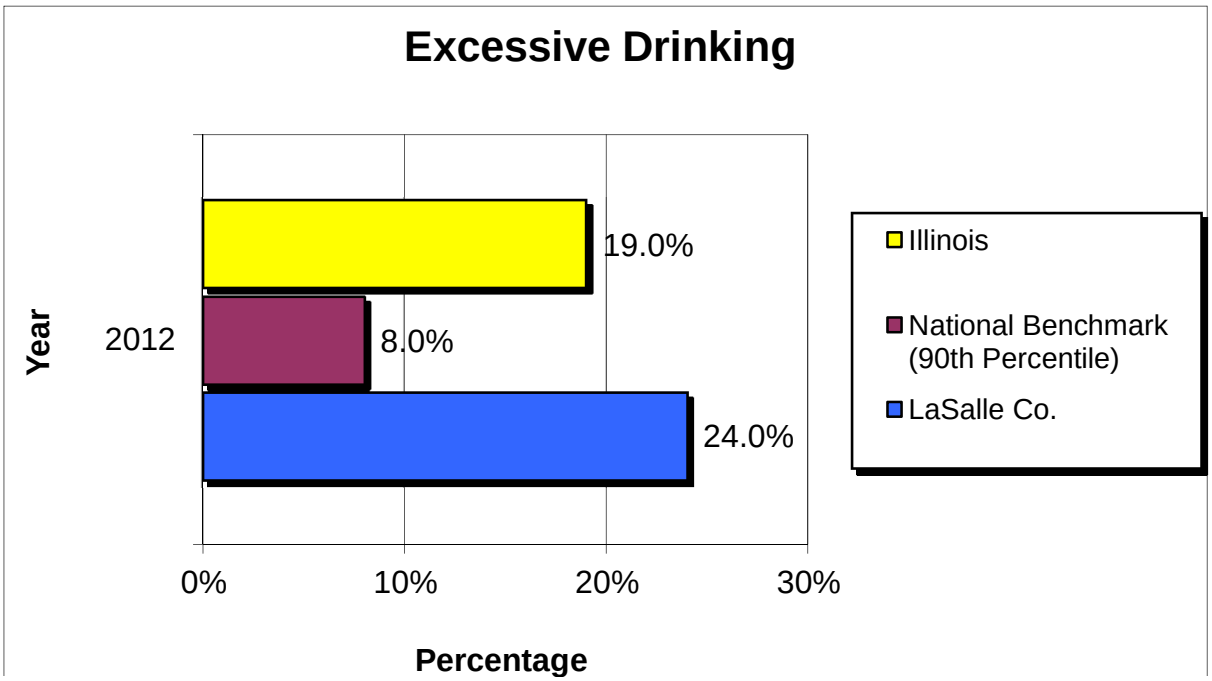


Source: County Health Rankings Report 2012

Graphs Prepared by LaSalle County Health Department

Statistics Associated with Substance Abuse and Mental Health





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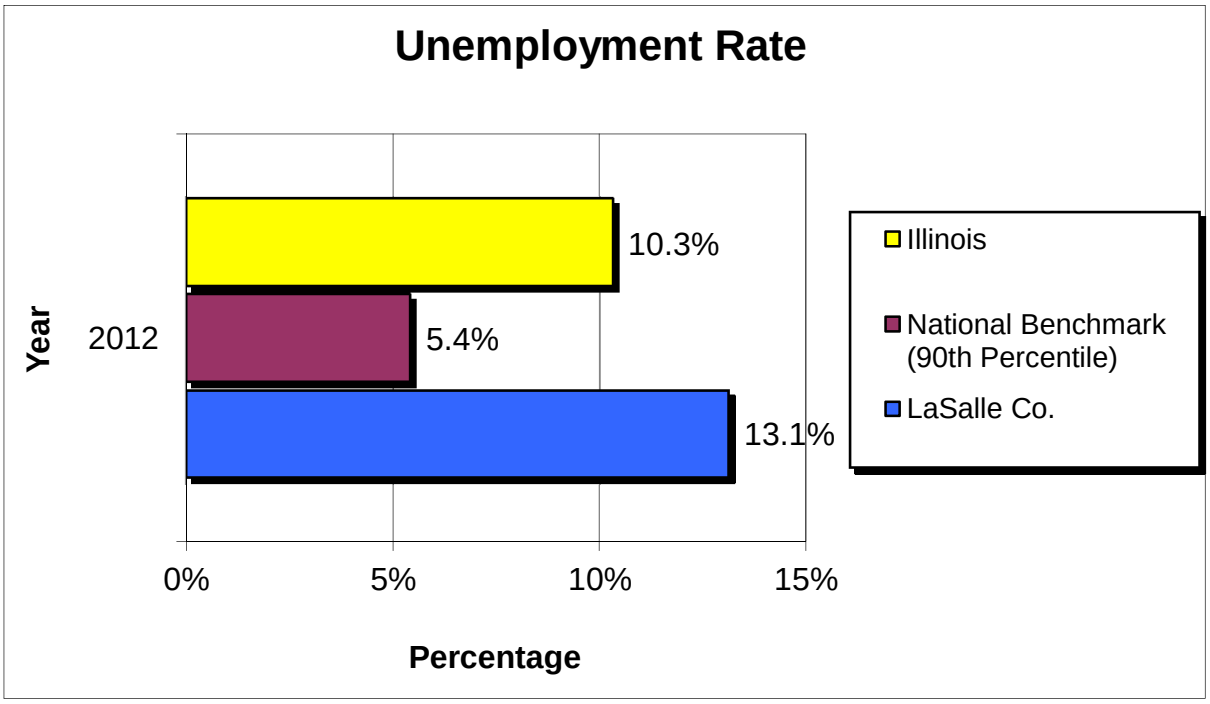
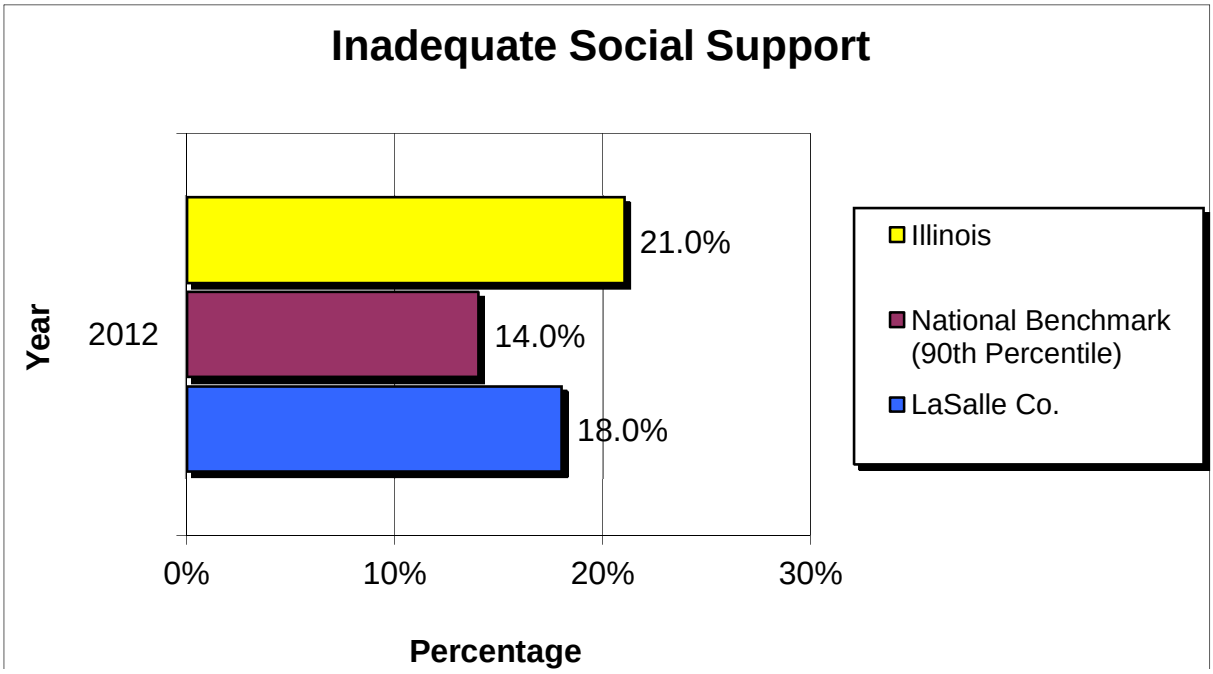
Statistics Associated with Substance Abuse and Mental Health





Source: County Health Rankings Report 2012

Graphs Prepared by LaSalle County Health Department

Family Violence
Priority 2

Goals

Reduce injuries, disabilities, and death due to family violence among LaSalle County residents.

Create social and physical environments that promote good health for all. (Healthy People 2020 Goal for Social Determinants of Health)

Family Violence Rationale

Family Violence remains a top priority for LaSalle County, as it has been determined to be a priority since the original IPLAN was completed. Family Violence encompasses child abuse, youth dating violence, adult partner abuse, elder abuse, sexual abuse, and bullying. Family violence is a fluid priority, with a defined need in LaSalle County.

In addition, Healthy People 2020 recently included the issue of social determinants of health as a topic area to be highlighted. The Social Determinants of Health topic area outlines ways to create social and physical environments that promote good health for all. Equality is needed when it comes to making choices that lead to good health, but in order for progress to be made, changes are needed in health care, as well as education, childcare, housing, business, law, media, community planning, transportation, and agriculture. Some examples of social determinants of health would be availability of resources to meet daily needs, access to educational, economic, and job opportunities, access to health care services, transportation options, public safety, availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities, social support, social norms, exposure to crime, violence, and social disorder, socioeconomic conditions, residential segregation, language/literacy, access to mass media and emerging technologies, and culture.

Outcome Objective

By 2017, decrease the number of child abuse and neglect reports by 2%.

Impact Objective

Increase community awareness, by focusing on educating social workers, doctors, and teachers on recognizing the signs of abuse in the county by 2017 by reducing the percentage of inadequate social support from 18% to 16%.

Risk Factors

There are many risk factors associated with family violence. Stress and family history play a major role in the way of risk factors for family violence. Other risk factors include economics, pregnancy, substance abuse and/or misuse, mental health issues, divorce, change in income status, pornography, family dynamics, blended families, and single parent households.

Contributing Factors

The portrayal of family violence on mainstream media has provided a sense of desensitization in society. In association with a lack of education and the stigma that is often attached through social circles and enforcement agencies, the motivation to seek assistance is difficult for many.

Intervention Strategy

Community education will focus on identifying the signs of abuse. Continue holding community events that focus on family violence, and recognize media as key stakeholders at these type of events. Coordinate activities to increase community awareness of child abuse and partner violence. In LaSalle County, ADV/SAS and The Thirteenth Judicial Circuit Family Violence Prevention Council are the crucial agencies related to family violence services, prevention and education.

ADV/SAS is a Domestic Violence & Sexual Assault Service. It offers an atmosphere where survivors of domestic violence and sexual assault can find support, resources and strength. Outreach locations are located in Ottawa, Streator, LaSalle, Pontiac, and IVCC Oglesby campus. Counselors and advocates are available to help clients sort out their feelings and discuss their options

The purpose of the Thirteenth Judicial Circuit Family Violence Prevention Council is to improve institutional, professional and community responses to forms of violence such as child abuse, youth dating violence, adult partner abuse, and elder abuse; to engage in education and prevention; to coordinate intervention and services for victims and perpetrators; and to contribute to the improvement of the legal system and the administration of justice. By bringing in national speakers and tapping local talent, the Council has developed the reputation as a leading provider of workshops on topics related to interpersonal violence. Their vision is to establish a community where everyone not only feels safe, but is safe.

In coordination with the social service agencies involved and committee involvement, grant opportunities and federal funding options will continue to be evaluated.

Evaluation Plan

Attended meetings related to the Family Violence Prevention Council, specifically Illinois Health Cares Committee and the Juvenile Justice Training and Collaboration Committee. These committees are very active and meet on a regular basis. Annually review data sources used for impact objectives to follow and record incidence.

Family Violence Statistics

Child Abuse and Neglect Statistics

Source: Illinois Department of Children and Family Services
Child Abuse and Neglect Statistics Fiscal Year 2010

FY2010 Child Abuse and Neglect Reports

	Number of Children	Unique Number of Children*	Rate per 1,000
Illinois	109,183	96,157	29.6
LaSalle	1,725	1,461	52.6
Tazewell	1,547	1,333	43.0

FY2010 Indicated Investigations

	Number of Children	Unique Number of Children*	Rate per 1,000
Illinois	29,007	27,032	8.3
LaSalle	491	460	16.6
Tazewell	506	457	14.7

FY2010 Children Reported as Sexually Abused

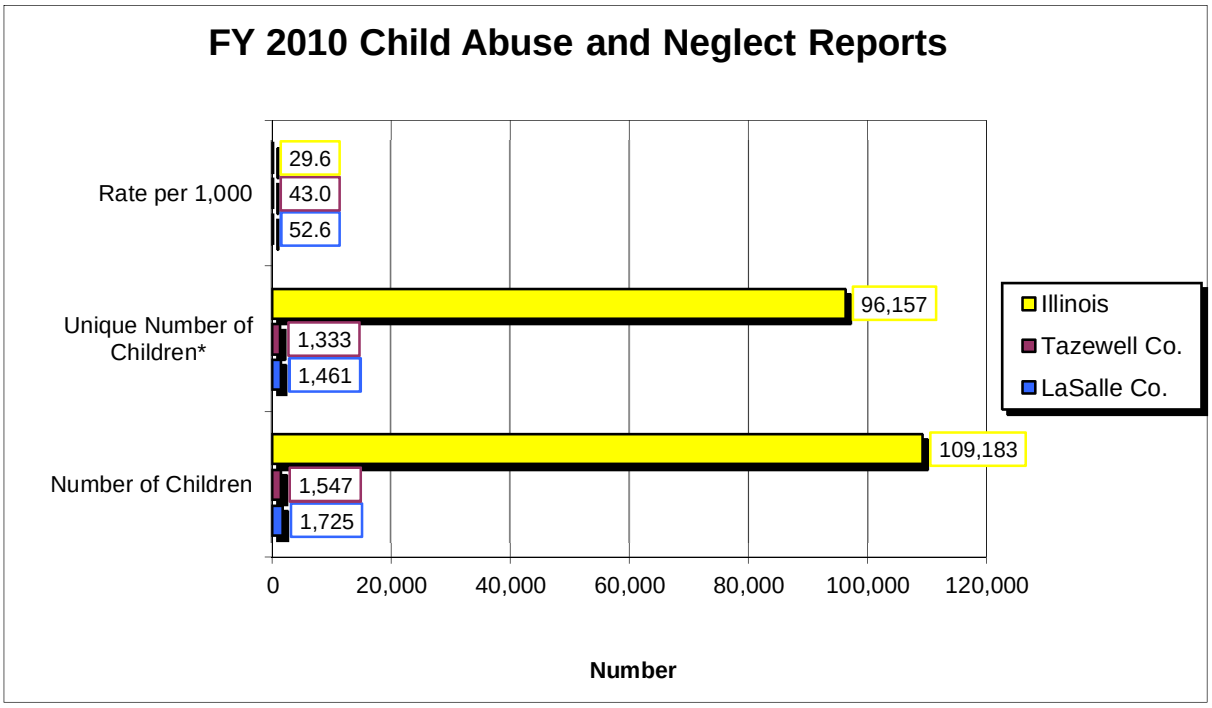
	Number of Children	Unique Number of Children*	Rate per 1,000
Illinois	7,965	7,661	2.4
LaSalle	92	91	3.3
Tazewell	102	98	3.2

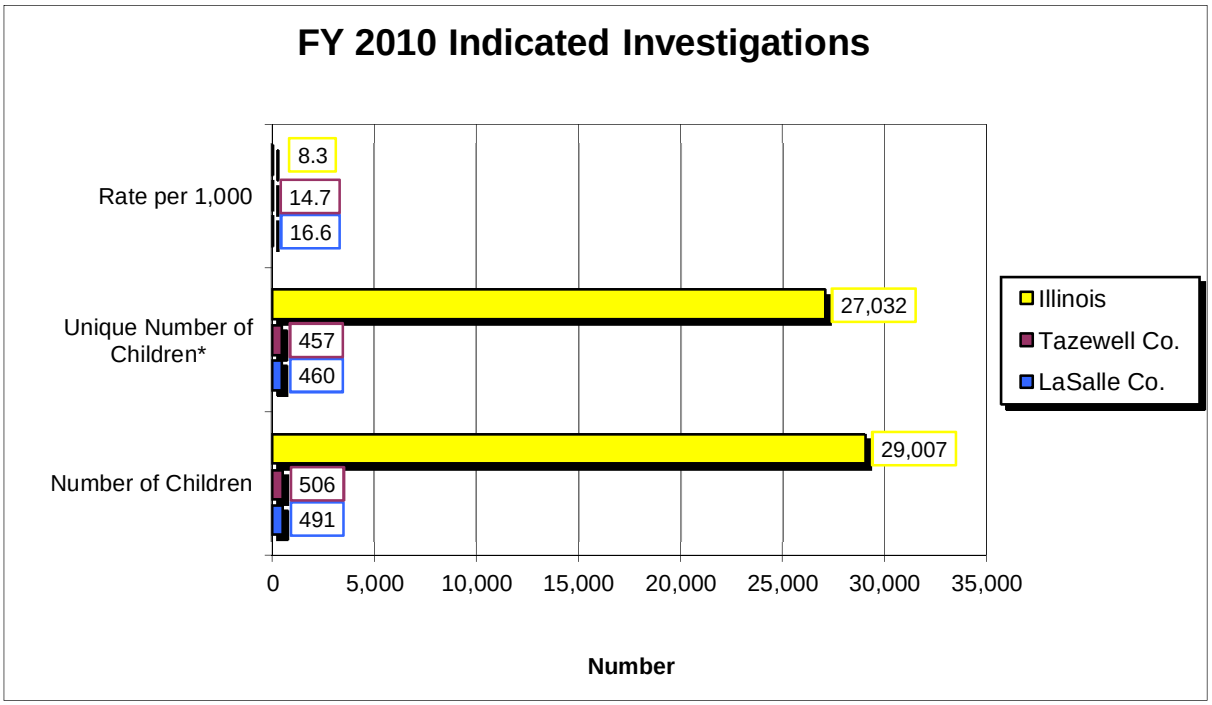
FY2010 Children Indicated for Sexual Abuse

	Number of Children	Unique Number of Children*	Rate per 1,000
Illinois	2,096	2,075	0.6
LaSalle	31	31	1.1
Tazewell	33	33	1.1

*Unique number of children reported is an unduplicated count within County.

Child Abuse and Neglect Statistics





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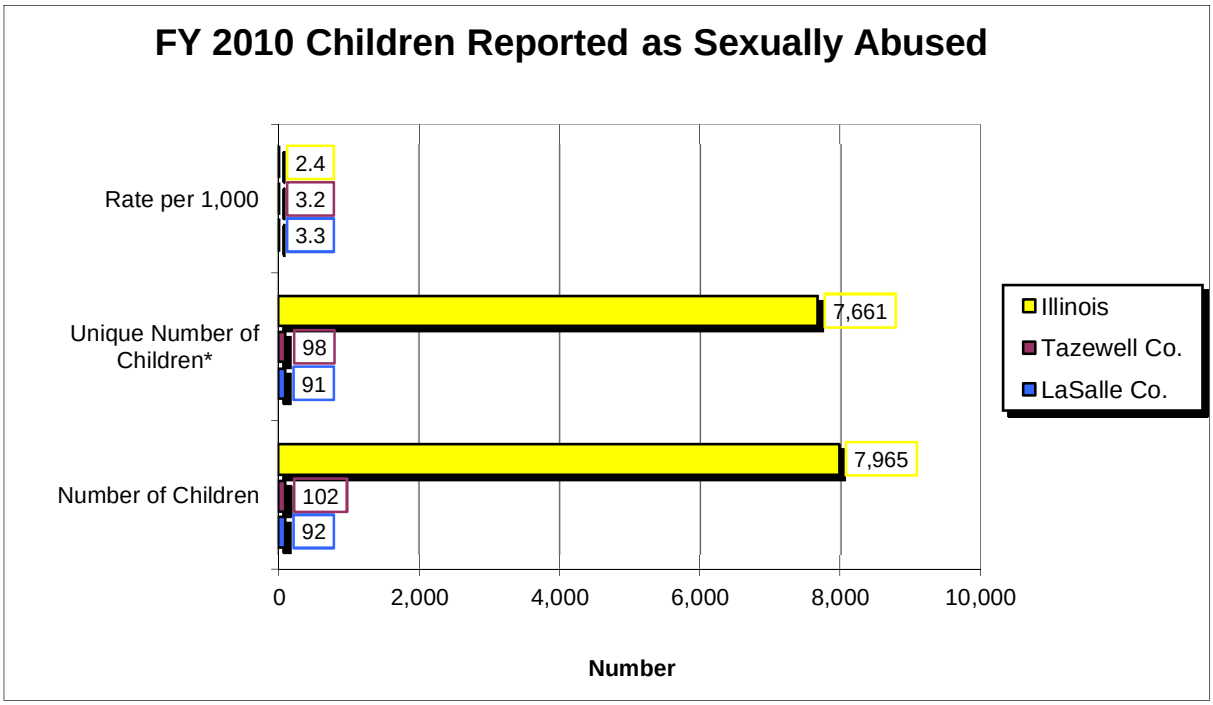
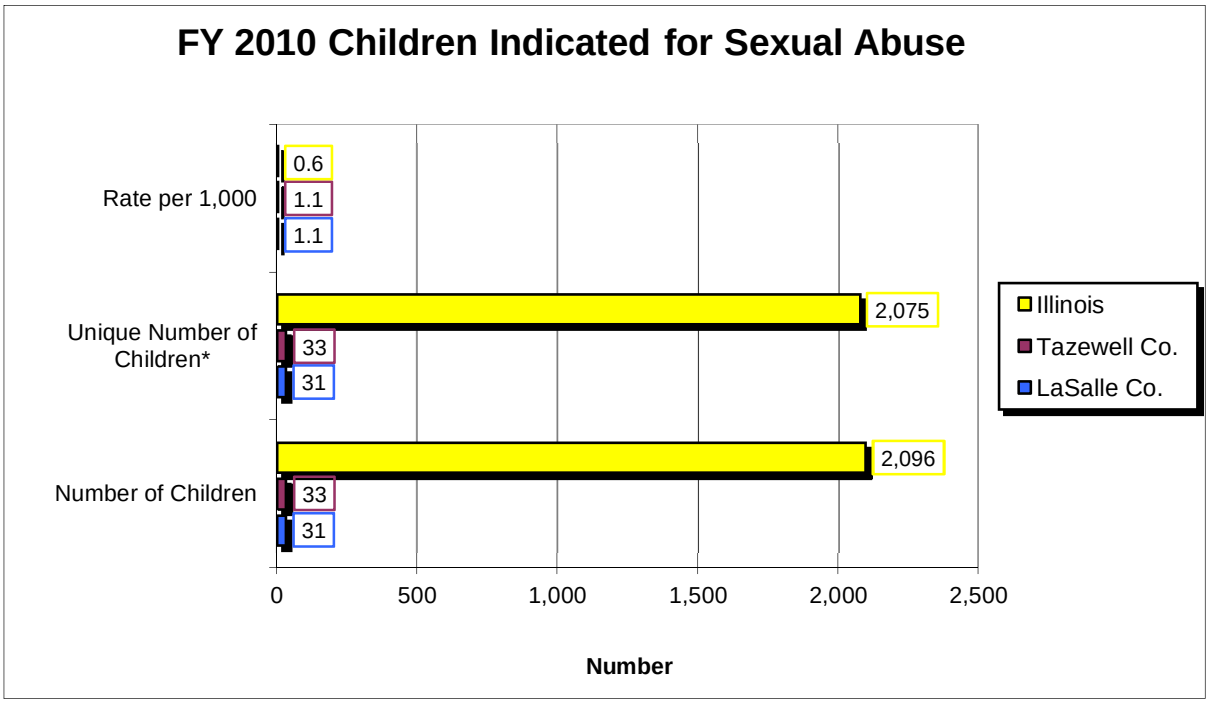
Child Abuse and Neglect Statistics Fiscal Year 2010
Graphs Prepared by LaSalle County Health Department

Child Abuse and Neglect Statistics





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Child Abuse and Neglect Statistics Fiscal Year 2010
Graphs Prepared by LaSalle County Health Department

Child Abuse and Neglect Statistics

Source: Voices for Illinois Children

Number of Deaths from Abuse Or Neglect in 2000	Illinois	LaSalle	Tazewell
	93	9	9

Child Poverty in Illinois (%)	2005	2006	2007	2008	2009
	16.4%	17.1%	16.6%	17.0%	18.9%

Child Poverty in LaSalle Co. (%) 18.0%

Increase of 2.5% from 2005 to 2009

Enrollment of State-Supported Pre-Kindergarten Programs (Number)	2005	2006	2007	2008	2009
	72,652	76,508	85,185	91,808	97,500

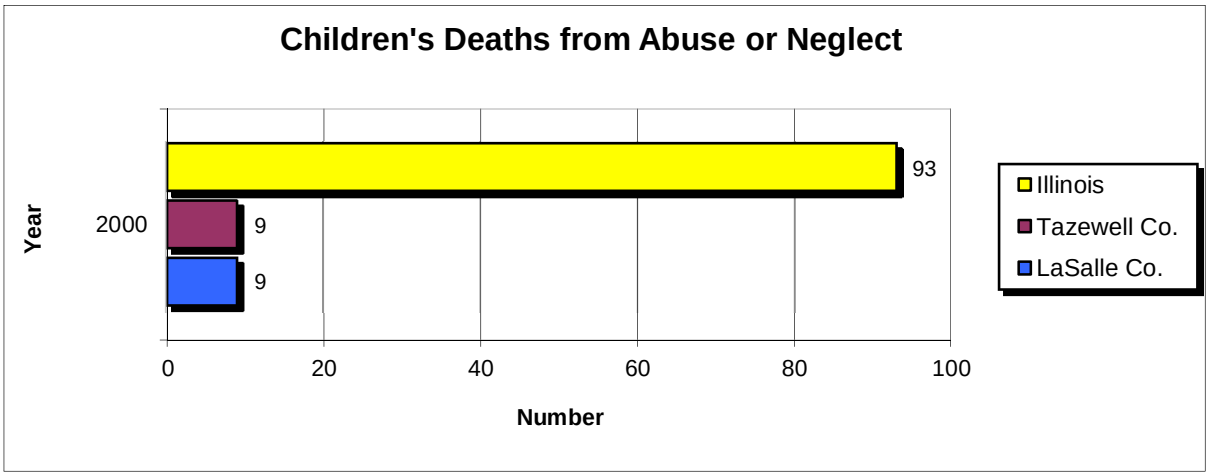
Increase of 34% from 2005 to 2009

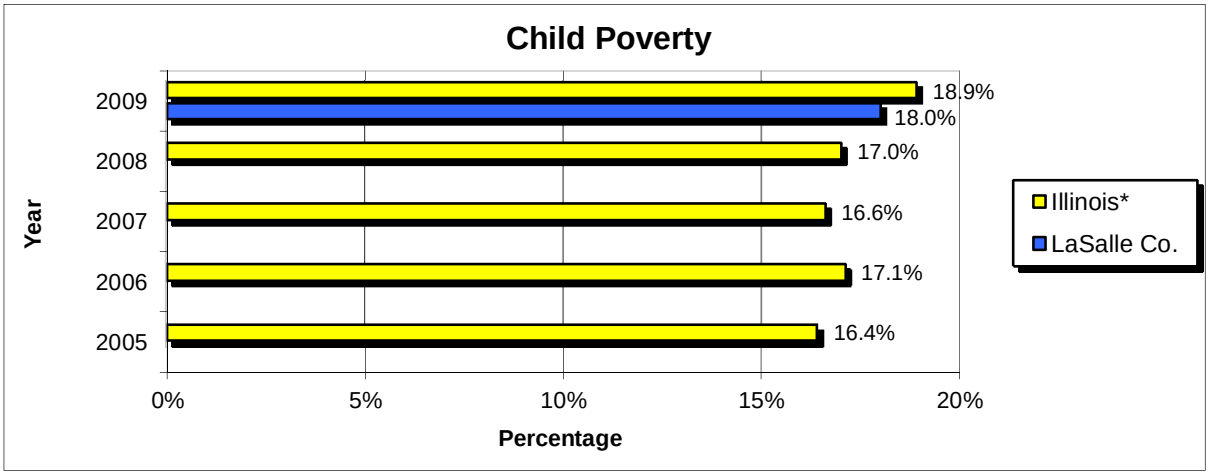
Elder Abuse Statistics

Source: Alternatives for the Older Adult

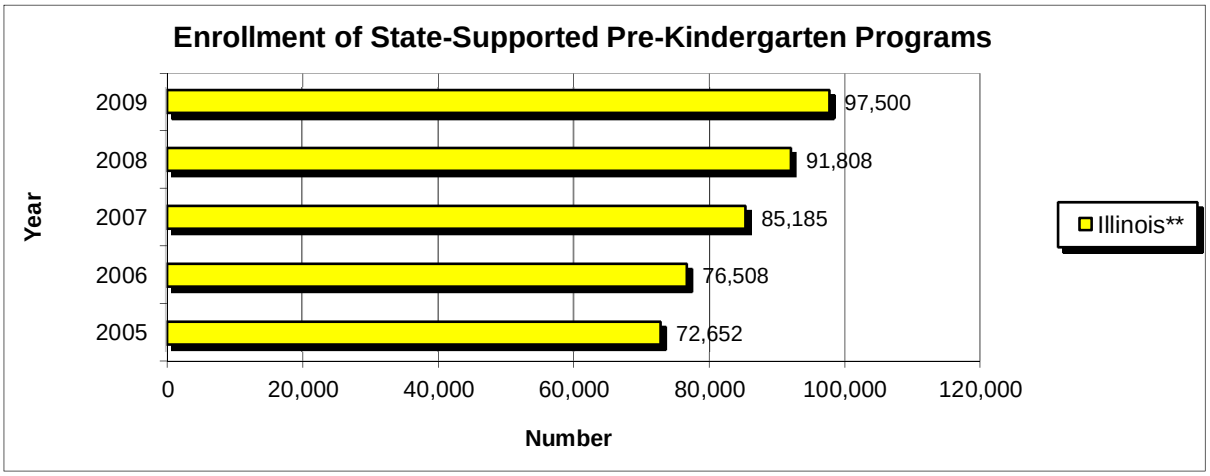
		LaSalle
Reports of Elder Abuse	FY 2002	94
	FY 2003	89
	FY 2004	103
	FY 2005	109
	FY 2006	98
	FY 2007	118
	FY 2008	120
	FY 2009	115
	FY 2010	118
	FY 2011	107

Child Abuse and Neglect Statistics





*Increase of 2.5% from 2005 to 2009



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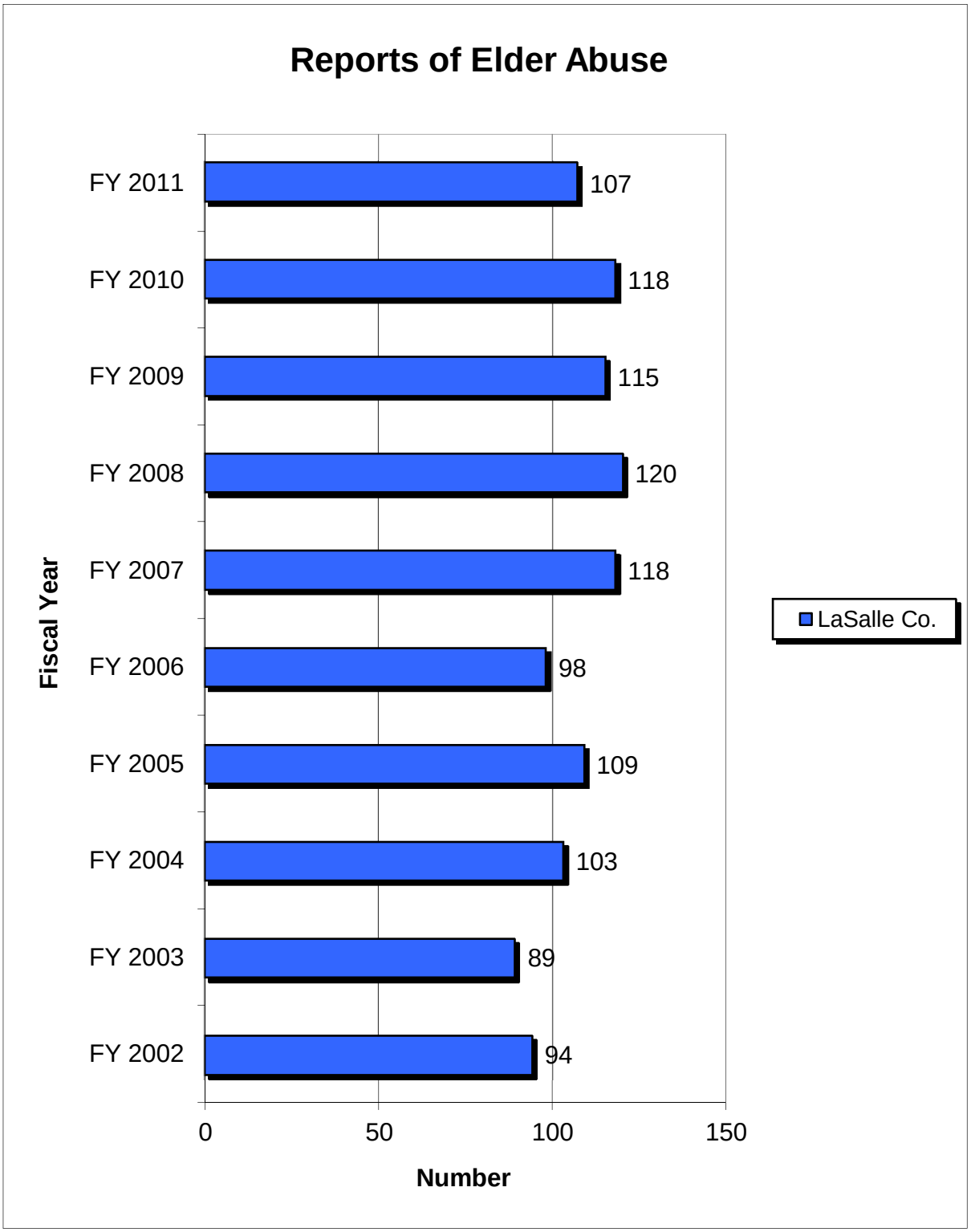
Graphs Prepared by LaSalle County Health Department

Elder Abuse Statistics



Source: Alternatives for the Older Adult

Graph Prepared by LaSalle County Health Department

Domestic Violence Statistics

Source: Illinois State Police Semi-Annual Report

		Illinois	LaSalle	Tazewell
Domestic Violence	1997	66,366	337	435
(# of Reported Incidences)	1998	64,725	397	731
	2001	N/A	324	N/A
	2008	109,142		
	2009	115,988		
Domestic Crimes				
Murder (count)	2008	38		
	2009	40		
Crimes Against Children				
Murder (count)	2008	65		
	2009	50		

% Change in LaSalle County 1998/2001 = 18% Increase
%Change in Tazewell County 1997/1998 = 68% Increase
% Change Illinois 1998/2009 = 79% Increase
The Illinois State Police only started keeping supplemental statistics on Domestic Violence in April of 1996.

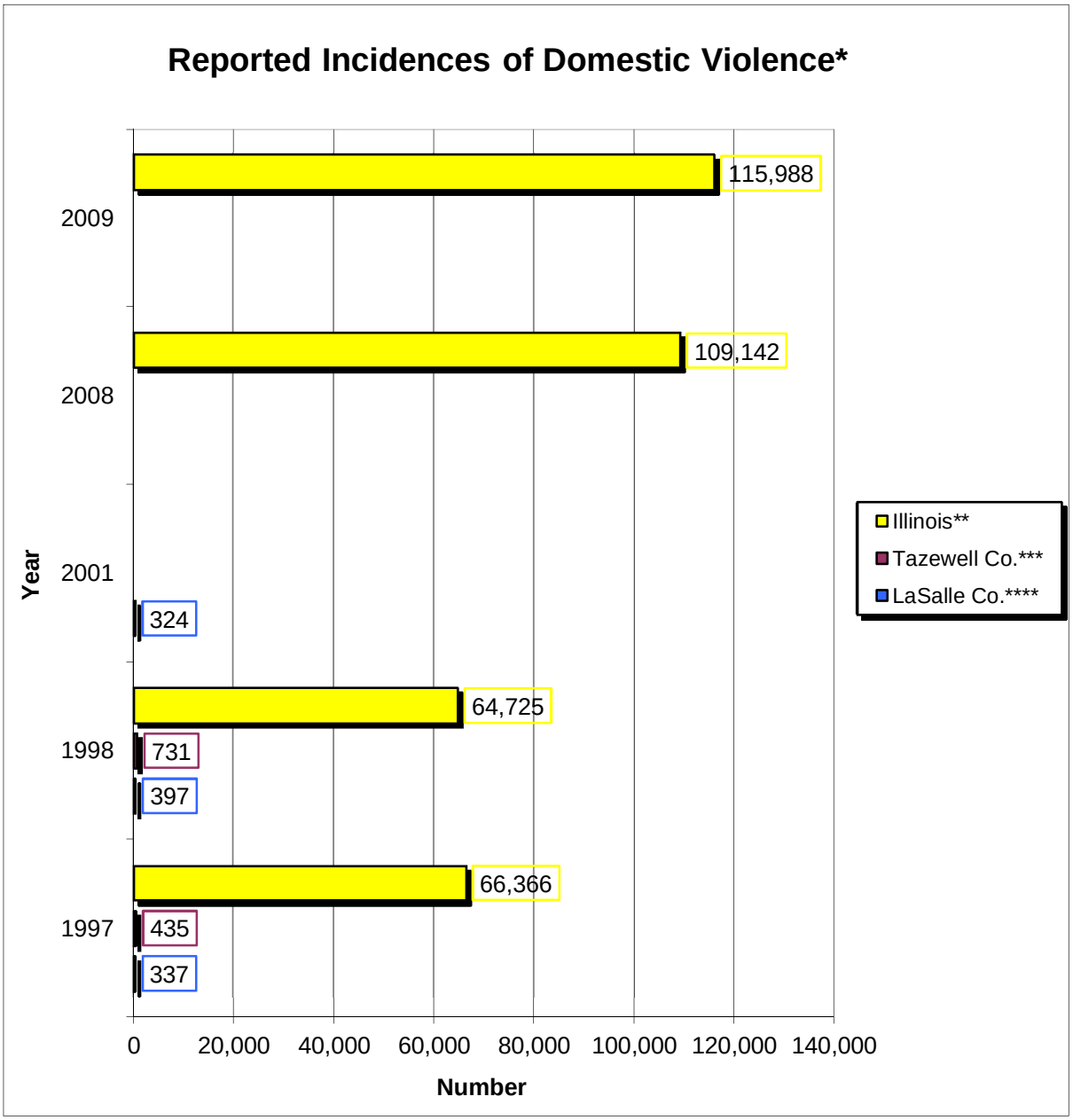
Source: Illinois Coalition Against Domestic Violence

Victims in Illinois served by		Adults	Children	% under 11	% under 8
Domestic Violence programs	2007	44,526	9,596	72	59
	2008	43,713	9,235	81	59
	2009	44,044	8,706		
	2010	43,191	8,409		

Statement from 2010 on the Illinois Coalition Against Domestic Violence website:

"Due to lack of resources, the number of survivors to whom we have **provided shelter has decreased by 20%** while the **number of victims we turned away has increased by 16%** over the last four years. In the last year alone we saw a drastic 12% drop in the number of survivors who obtained safe, emergency shelter.

Domestic Violence Statistics



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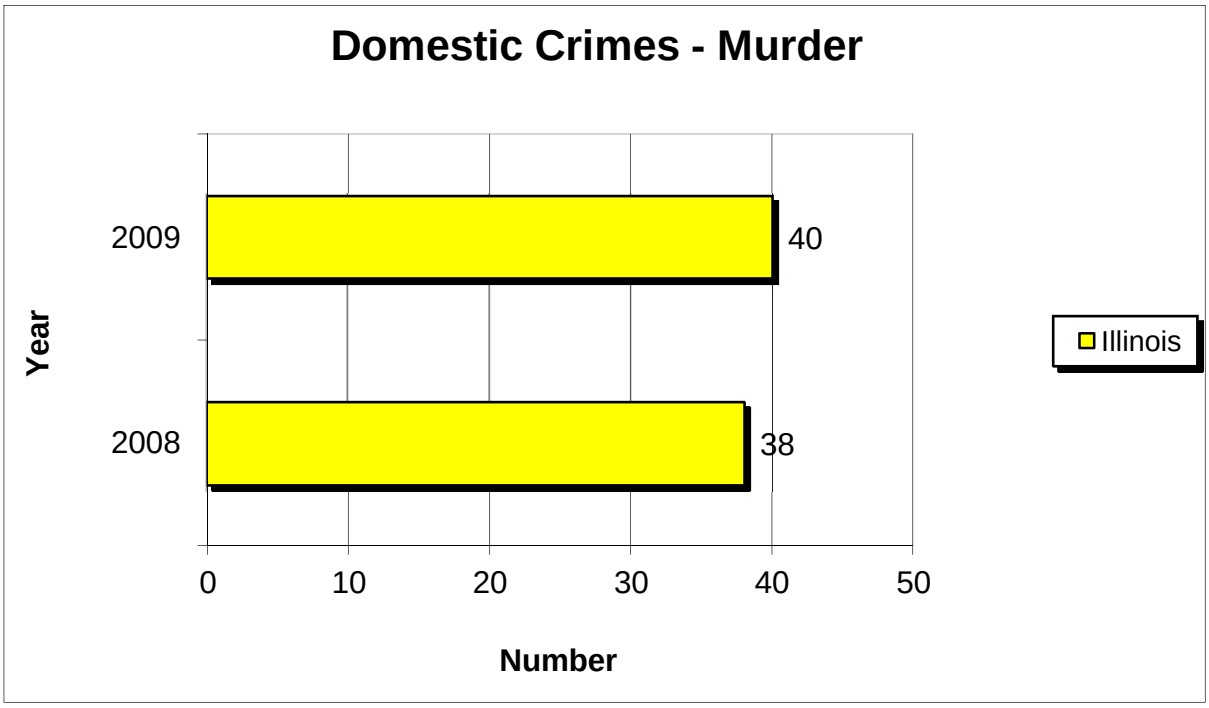

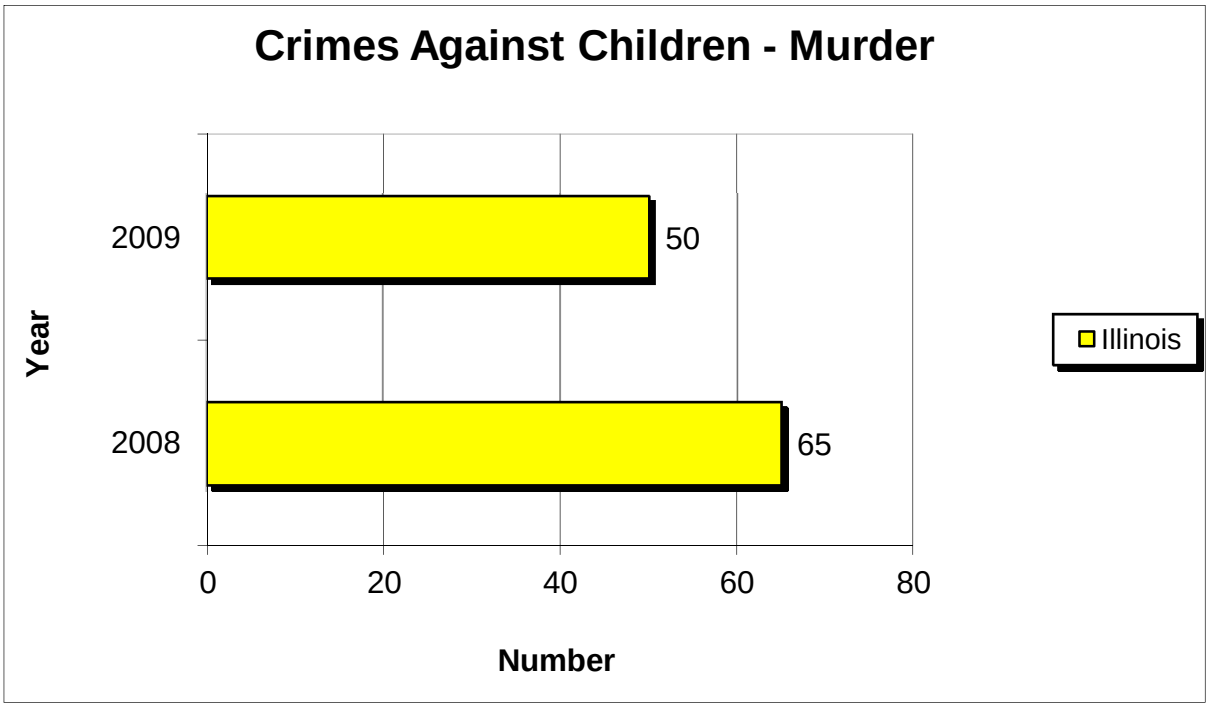

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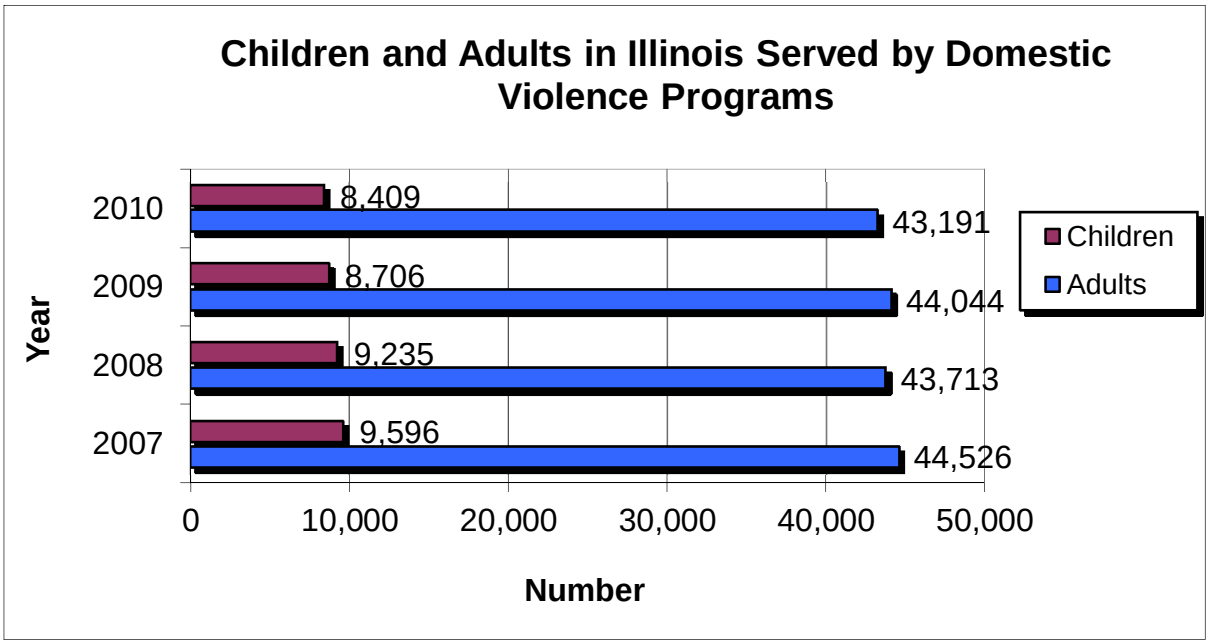
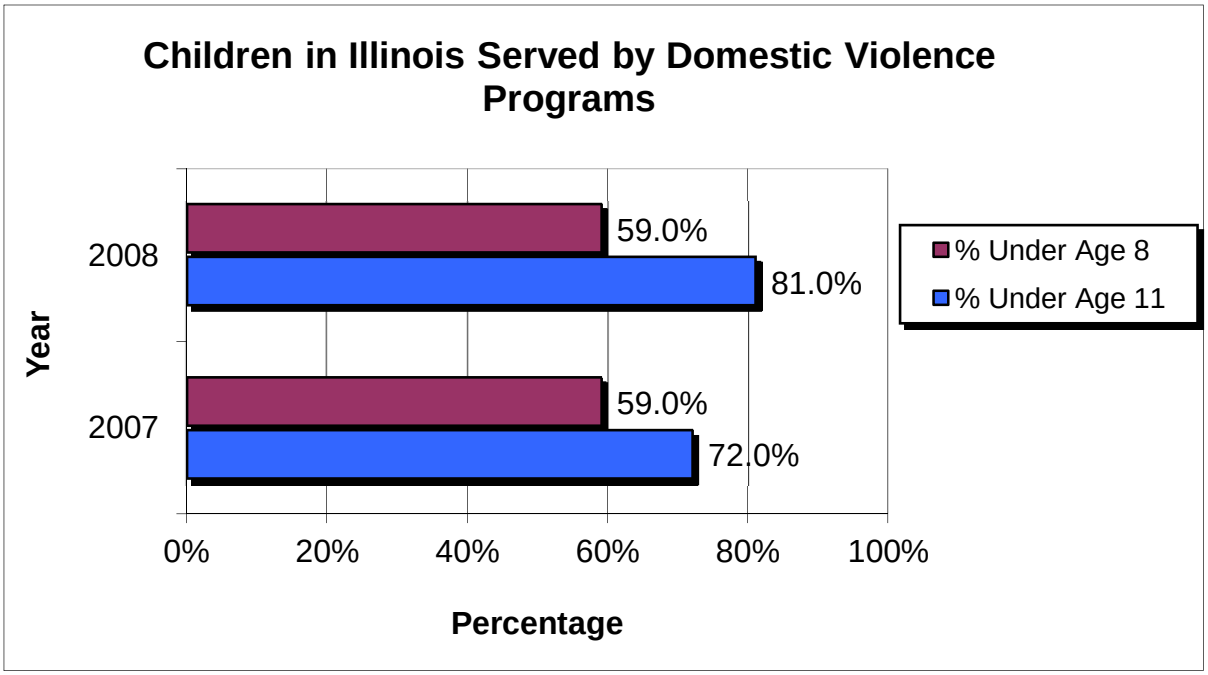
Graphs Prepared by LaSalle County Health Department

Victims in Illinois Served by Domestic Violence Programs





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Some college	58%	55-61%	68%	65%		
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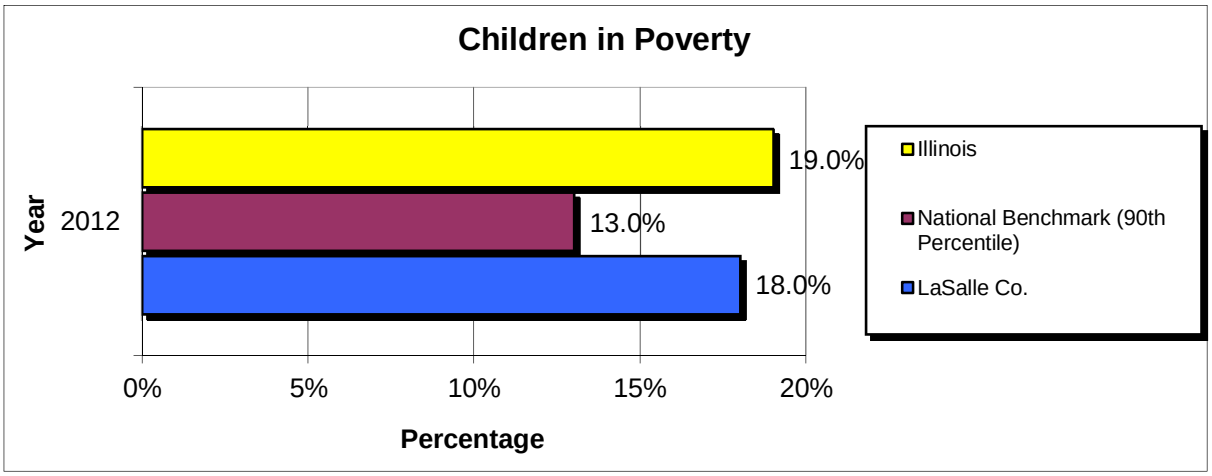
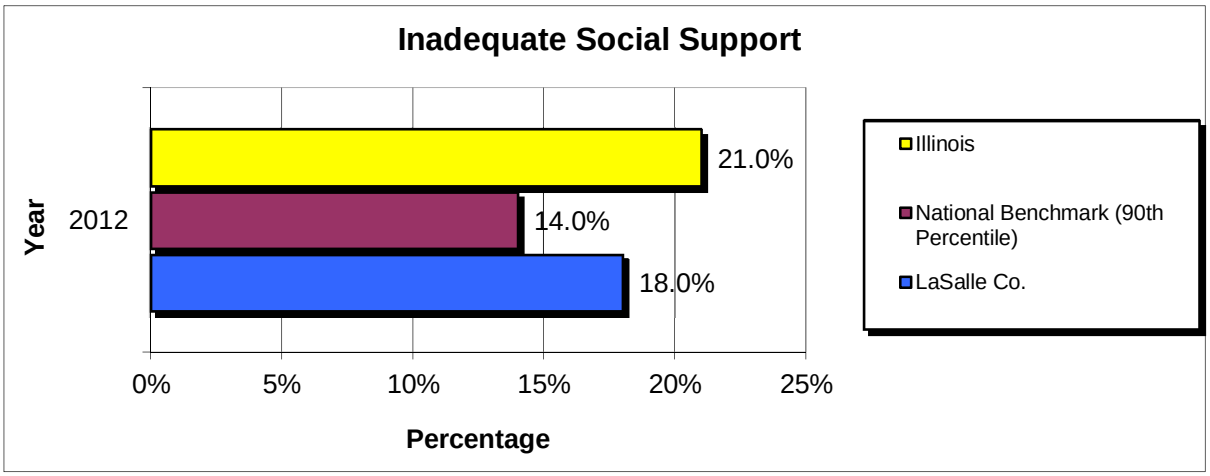
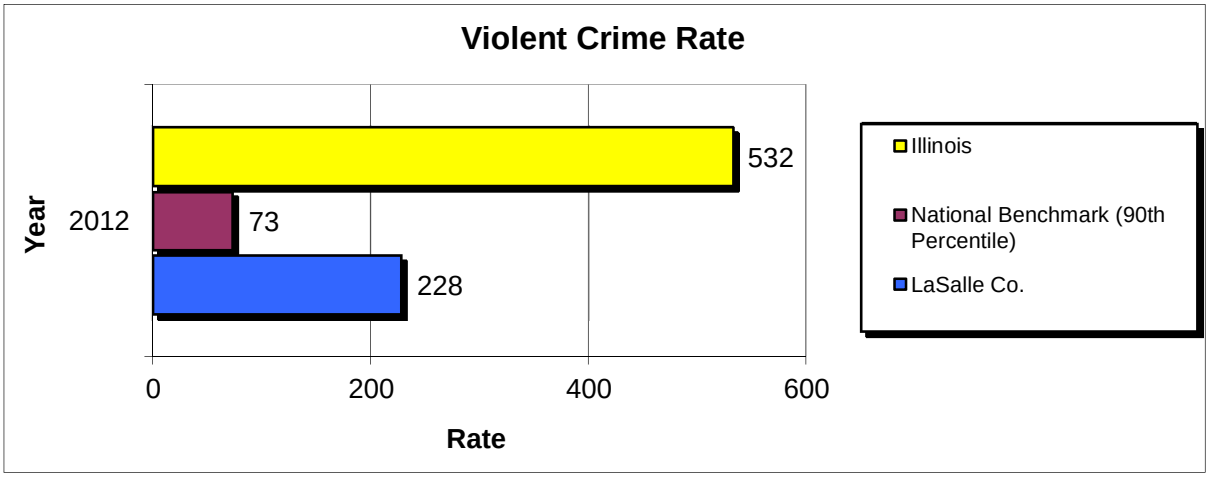






Source: County Health Rankings Report 2012

Graphs Prepared by LaSalle County Health Department

Obesity

Priority 3

Goal

Reduce the percentage of obese individuals and thereby enhance the health, safety and quality of life for all LaSalle County residents.

Healthy People 2020 Goals

Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

Obesity Rationale

In recent years, diet and body weight have become health issues that are causing concern for many people. It is undeniable that diet and body weight are related to health status. Good nutrition is essential to the growth and development of children. A healthy and nutritious diet also help reduce the risk for many health conditions including being overweight and/or obese, malnutrition, iron-deficiency anemia, heart disease, high blood pressure, poor lipid profiles, type 2 diabetes, osteoporosis, oral disease, constipation, diverticulitis disease, and some cancers. A nutritious diet should consist of a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources. It should limit the intake of saturated and *trans* fats, cholesterol, added sugars, sodium (salt), and alcohol. It should also limit caloric intake to meet caloric needs. Unhealthy weight gain should be avoided, and those whose weight is too high need to focus on losing weight. It is imperative individuals have the necessary skills and knowledge to make healthier options, and to realized healthier options are available and affordable.

Healthy People 2020 Summary of Objectives For Obesity

Nutrition and Weight Status

Number Objective Short Title

Healthier Food Access

NWS–1 State nutrition standards for child care

NWS–2 Nutritious foods and beverages offered outside of school meals

NWS–3 State-level incentive policies for food retail

NWD–4 Retail access to foods recommended by Dietary Guidelines for Americans

Health Care and Worksite Settings

NWS–5 Primary care physicians who measure patients' body mass index (BMI)

NWS–6 Physician office visits with nutrition or weight counseling or education

NWS–7 Worksite nutrition and weight management classes and counseling

Weight Status

NWS–8 Healthy weight in adults

NWS–9 Obesity in adults

NWS–10 Obesity in children and adolescents

NWS–11 Inappropriate weight gain

Food Insecurity

NWS–12 Food insecurity among children

NWS–13 Food insecurity among households

Food and Nutrient Consumption

NWS–14 Fruit intake

NWS–15 Vegetable intake

NWS–16 Whole grain intake

NWS–17 Solid fat and added sugar intake

NWS–18 Saturated fat intake

NWS–19 Sodium intake

NWS–20 Calcium intake

Iron Deficiency

NWS–21 Iron deficiency in young children and in females of childbearing age

NWS–22 Iron deficiency in pregnant females

Outcome Objective

By 2017, reduce the percentage of adult obesity to at or below the State Level of 27%.

Impact Objective

Increase nutrition education and physical activity levels in the county by 2017 by reducing the number of Poor Physical Health Days to at or below the State level of 3.3.

Risk Factor

There are many risk factors associated with obesity. Some of the most common are inappropriate food choices and a lack of physical activity. Portion sizes have increased dramatically over the years while physical activity has decreased due to technology and our lack of time to exercise.

Contributing Factors

Diet plays an important role in obesity. Personal food choices, media advertising, family routines and cultural influences, as well as food pricing and the economy all play a role in determining what and how much a person eats. With todays' busy lifestyles "on the go" parents find it easier and cheaper to feed their children fast food from the dollar menu than to cook a nutritious meal at home. In addition to some parents being too busy to feed their families a proper diet we also have the other side to obesity which is a sedentary lifestyle and a lack of physical activity. Sedentary activities include sitting, reading, watching TV, playing certain video games and computer use for much of the day with little or no physical activity.

Intervention Strategy

This is the first time obesity has been identified as being in our top three priorities. Obesity increases the likelihood of various diseases and health related issues and is most commonly caused by a combination of excessive food intake and a lack of physical activity. Dieting and physical exercise are the mainstays for treatment of obesity. Grants for funding to address this

issue will be sought out and partnering with local hospitals, schools and recreation facilities will be encouraged.

The focus will be on community education through collaborating with local hospitals to encourage proper nutrition and food choices, as well as educating on portion sizes and reading food labels.

Provide support and encouragement to companies and businesses that provide wellness programs and incentives to their employees. Programs that have been done in the past include "The Biggest Loser" competitions and walking programs where employees monitor and log their walking progress.

Media releases that encourage healthy behaviors which include diet and exercise will be distributed during health observance months like the Great American Smoke out, High Blood Pressure month, Cancer observance months, etc…

Women, Infants, and Children (WIC) clients will receive nutrition education regarding the importance of pre-planning meals, the importance of fruits and vegetables, and keeping kids active. The Illinois Cooperative Extension office provides WIC with newsletters that contain healthy recipes and food ideas to get kids to eat healthy.

Increase healthy choices in vending machines for LaSalle County citizens by 2017. The Health Department anticipates receiving funding through Community Transformation grants to help with implementation.

Evaluation Plan

Monitor the Robert Woods Johnson County Health Rankings Report to see a reduction in Poor Physical Health Days and Adult obesity in our community. Track the number of news releases sent out regarding obesity education.

Obesity Statistics

Percentage of Adults Who are Obese

Source: Illinois Cancer Facts and Figures, 2008-2009
Illinois Cancer Facts and Figures, 2006
Illinois Cancer Facts and Figures, 2002

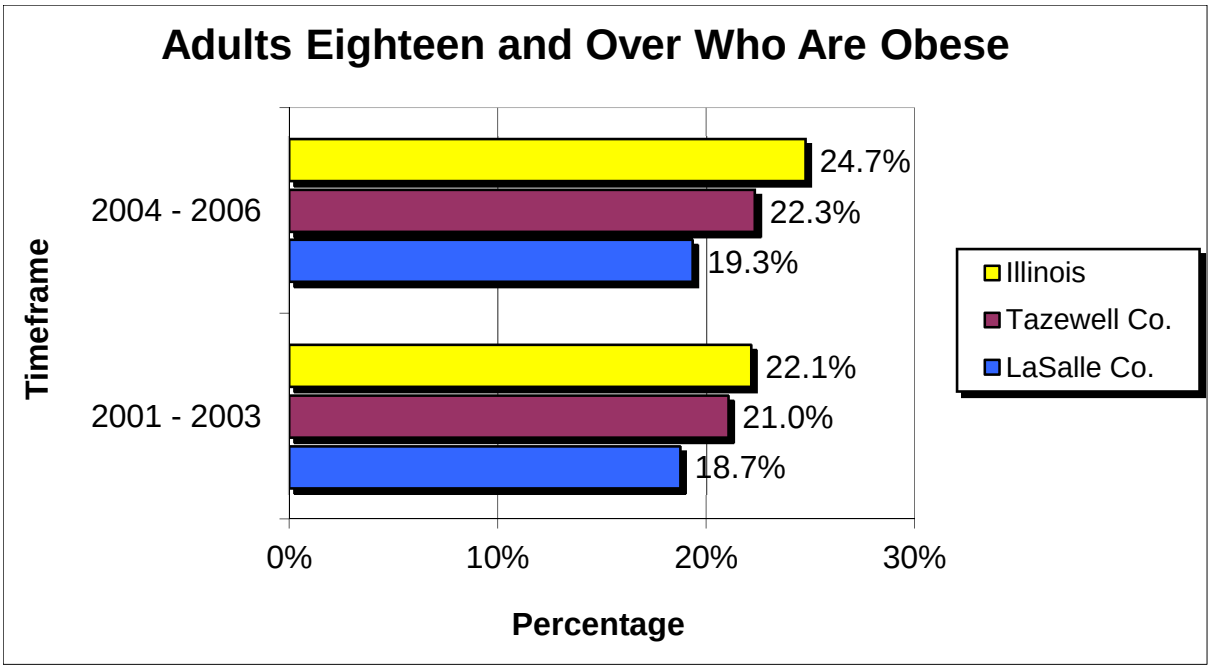
	2001-2003	2004-2006
LaSalle County	18.7%	19.3%
Tazewell County	21.0%	22.3%
Illinois	22.1%	24.7%

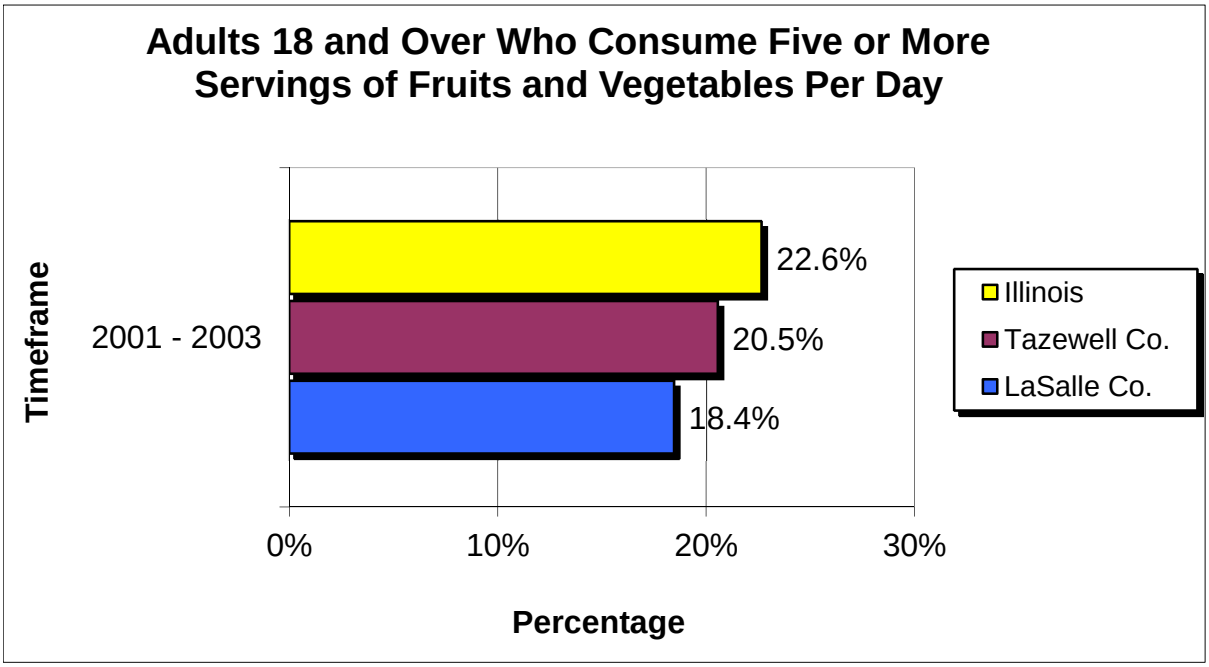
Percentage of Adults 18 & Older Who Consume Five or More Servings of Fruits & Vegetables Per Day

Source: Illinois Cancer Facts and Figures, 2008-2009
Illinois Cancer Facts and Figures, 2006
Illinois Cancer Facts and Figures, 2002

	2001-2003
LaSalle County	18.4%
Tazewell County	20.5%
Illinois	22.6%

Statistics Associated with Obesity





Source: Illinois Cancer Facts and Figures, 2008 - 2009
Illinois Cancer Facts and Figures, 2006
Illinois Cancer Facts and Figures, 2002
Graphs Prepared by LaSalle County Health Department

Weight Control and Physical Activity

Source: Illinois Behavioral Risk Factor Surveillance System

LaSalle County (percentages)

		4th Round 2007-2009	3rd Round 2004-2006	2nd Round 2003-2001
Obesity	underweight / normal	36.4	38.2	41.1
	overweight	35.5	42.5	40.2
	obese	28.0	19.3	18.7
Advised About Weight	yes	19.6	13.0	15.9
	no	80.4	87.0	84.1
Are You Now Trying to Lose Weight	yes	51.1	39.9	-
	no	48.9	60.1	-
Regular & Sustained Physical Activity Guidelines	meets or exceeds standard	51.3	42.6	41.3
	does not meet standard	35.4	37.7	41.7
	inactive	13.3	19.7	17.0
Work Activity	mostly sit/stand	50.7	41.8	54.1
	mostly walk	12.1	21.2	26.0
	mostly heavy labor	14.4	12.5	19.9
	other	-	-	-
	not employed	22.5	23.2	-
Meets Moderate Activity Standard 5x wk x30 min	yes	41.9	31.5	29.0
	no	58.1	68.5	71.0

Weight Control and Physical Activity

Source: Illinois Behavioral Risk Factor Surveillance System

Rural Counties (percentages)

		4th Round 2007-2009	3rd Round 2004-2006	2nd Round 2003-2001
Obesity	underweight / normal	30.4	36.6	36.9
	overweight	40.5	34.6	37.6
	obese	29.1	28.8	25.5
Intentional Weight Change From One Year Ago	yes	35.0	-	-
	no	65.0	-	-
Are You Now Trying to Lose Weight	yes	-	-	36.0
	no	-	-	64.0
Regular & Sustained Physical Activity Guidelines	meets or exceeds standard	36.5	-	38.8
	does not meet standard	53.2	-	43.6
	inactive	10.3	-	17.7
Work Activity	mostly sit/stand	52.7	-	57.7
	mostly walk	20.3	-	22.6
	mostly heavy labor	27.0	-	19.7
	other	-	-	-
	not employed	-	-	-
Meets Moderate Activity Standard 5x wk x30 min	yes	25.2	-	30.5
	no	74.8	-	69.5

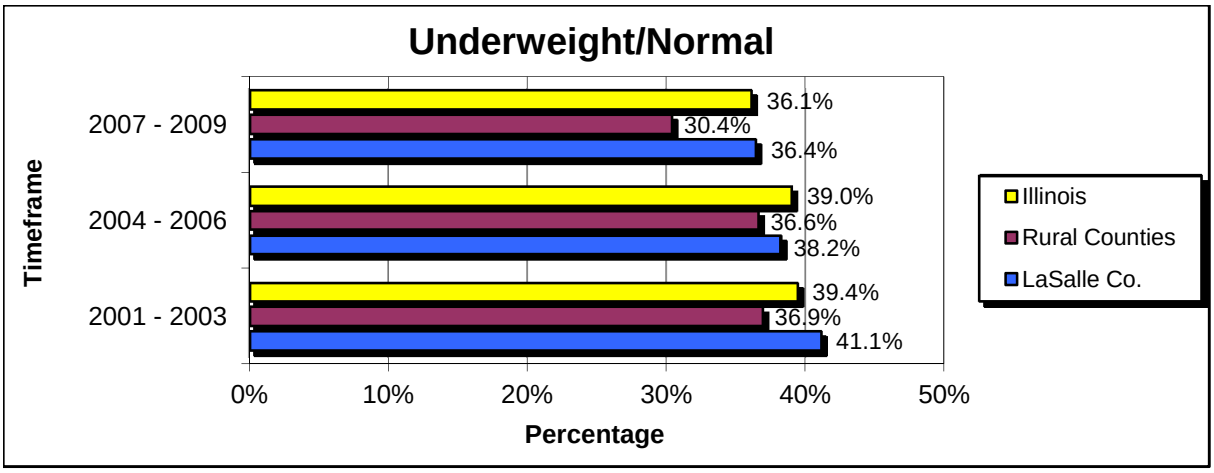
Weight Control and Physical Activity

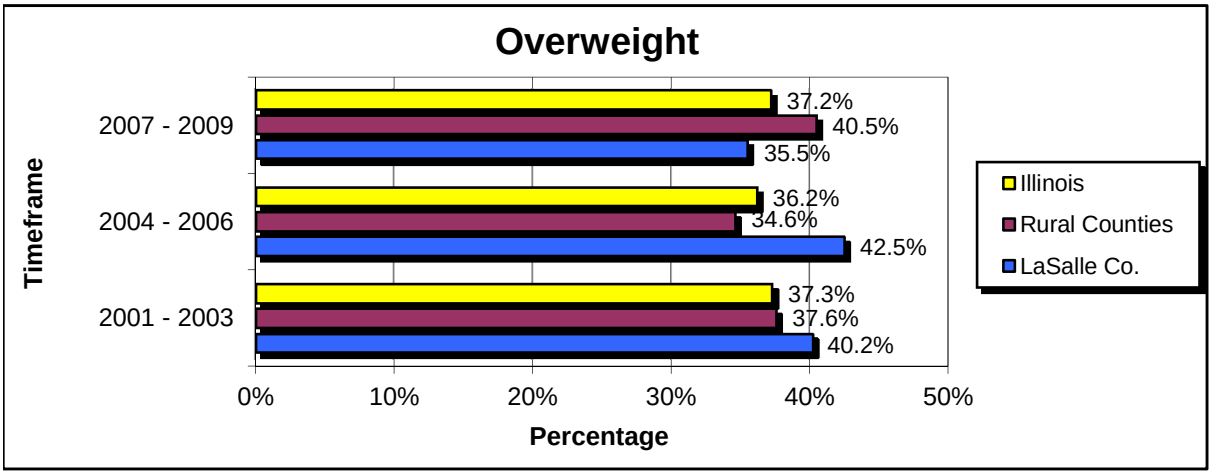
Source: Illinois Behavioral Risk Factor Surveillance System

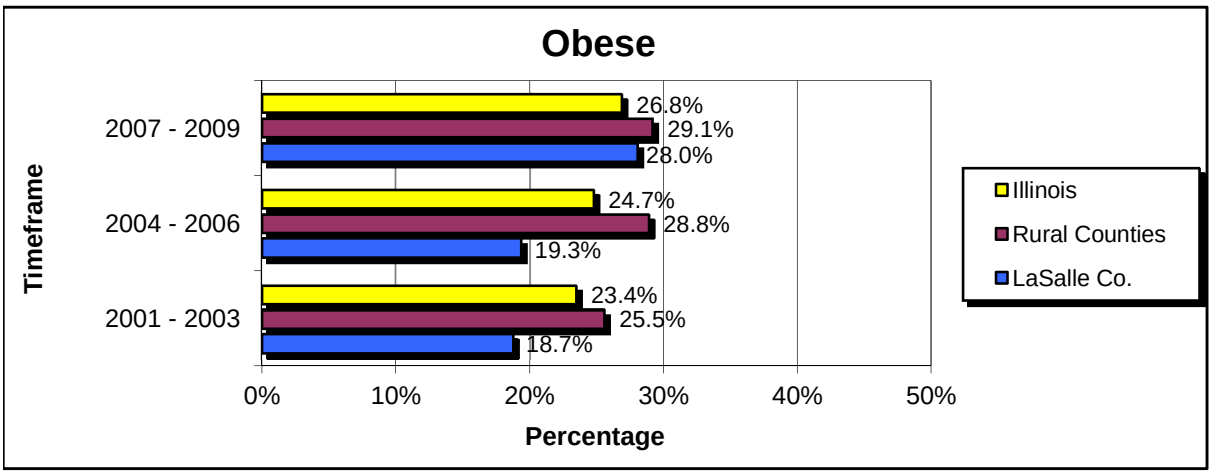
State of Illinois (percentages)

		4th Round 2007-2009	3rd Round 2004-2006	2nd Round 2003-2001
Obesity	underweight / normal	36.1	39.0	39.4
	overweight	37.2	36.2	37.3
	obese	26.8	24.7	23.4
Intentional Weight Change From One Year Ago	yes	42.1	-	-
	no	57.9	-	-
Are You Now Trying to Lose Weight	yes	-	-	38.6
	no	-	-	61.4
Regular & Sustained Physical Activity Guidelines	meets or exceeds standard	37.7	-	40.2
	does not meet standard	52.1	-	42.0
	inactive	10.2	-	17.7
Work Activity	mostly sit/stand	65.2	-	63.8
	mostly walk	21.8	-	22.5
	mostly heavy labor	13.0	-	13.7
	other	-	-	-
	not employed	-	-	-
Meets Moderate Activity Standard 5x wk x30 min	yes	22.6	-	28.8
	no	77.4	-	71.2

Obesity of Adults 18 and Over



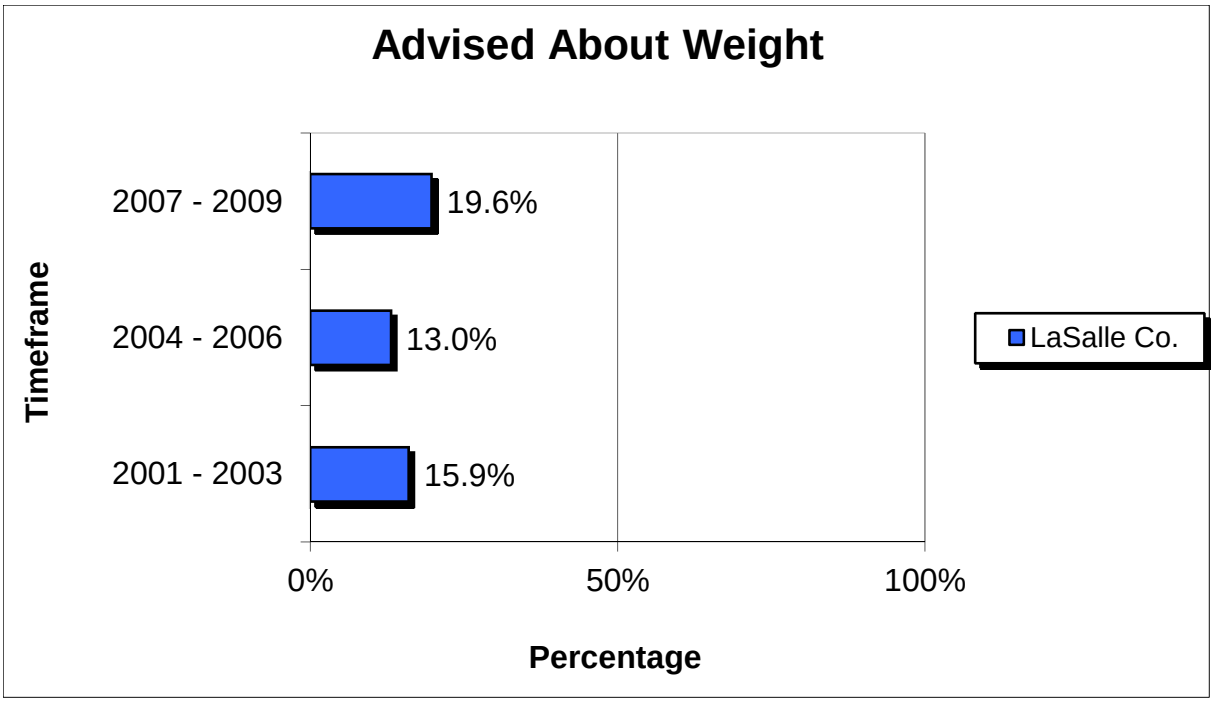


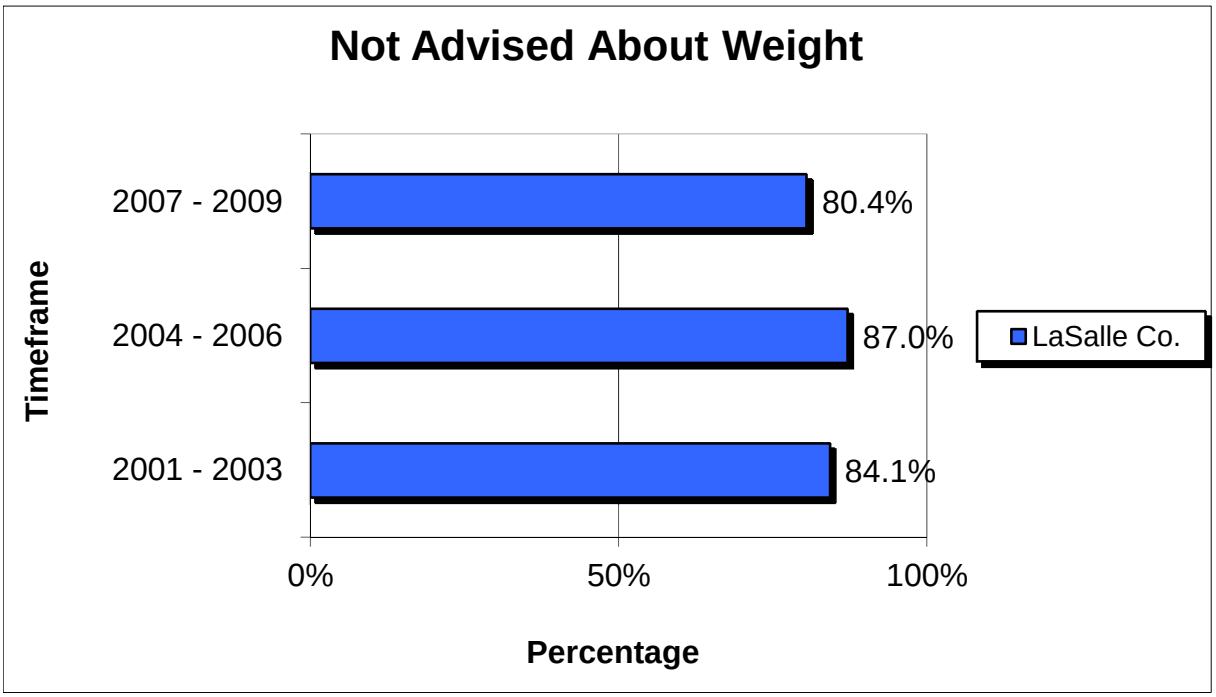


Source: Illinois Behavioral Risk Factor Surveillance System

Graphs Prepared by LaSalle County Health Department

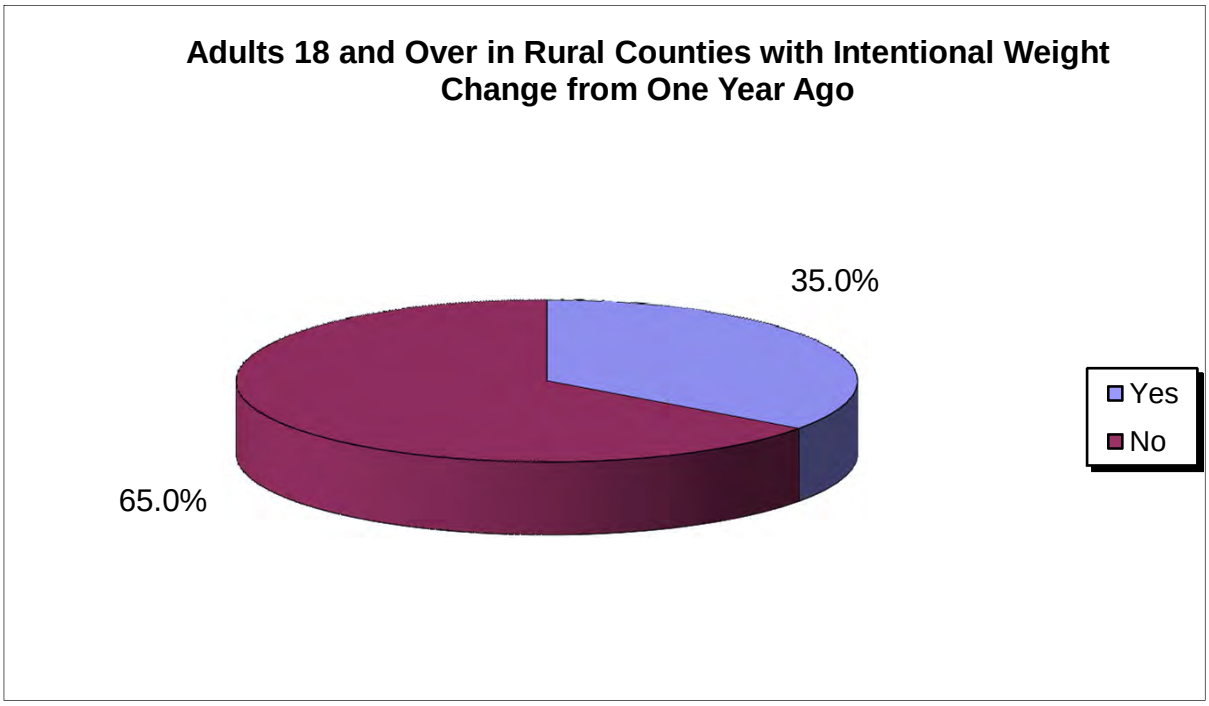
LaSalle County Adults 18 and Over Advised About Weight

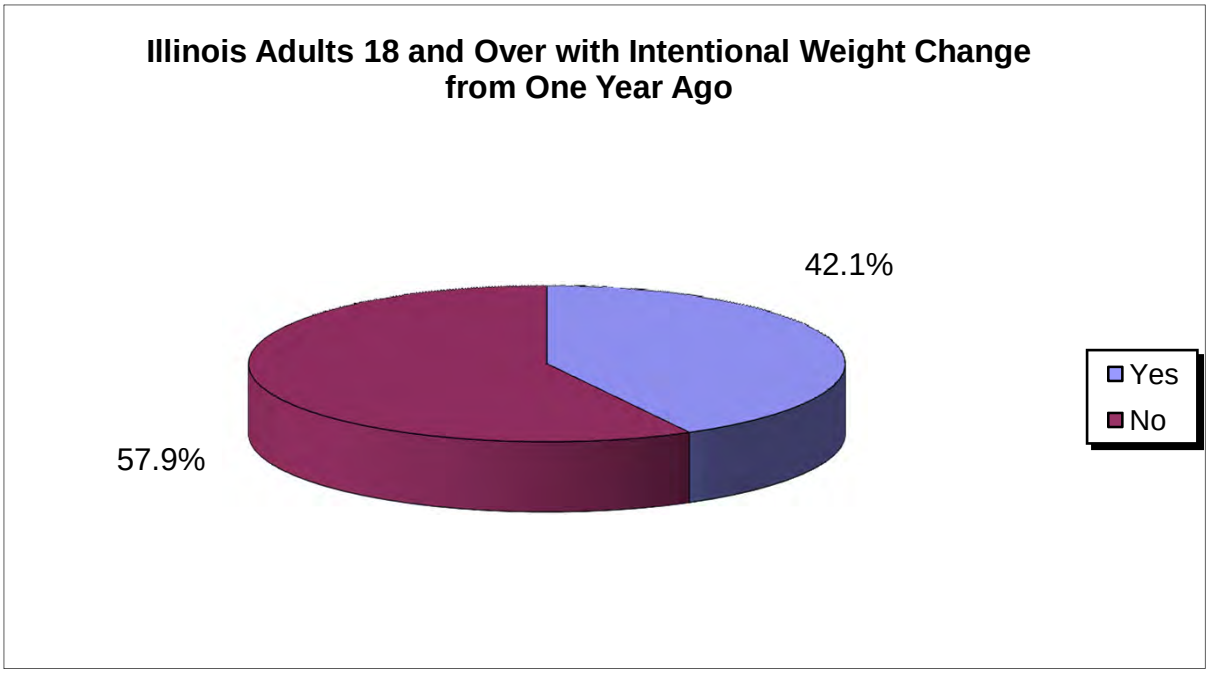




Source: Illinois Behavioral Risk Factor Surveillance System
Graphs Prepared by LaSalle County Health Department

Adults 18 and Over with Intentional Weight Change from One Year Ago during the Timeframe of 2007 - 2009

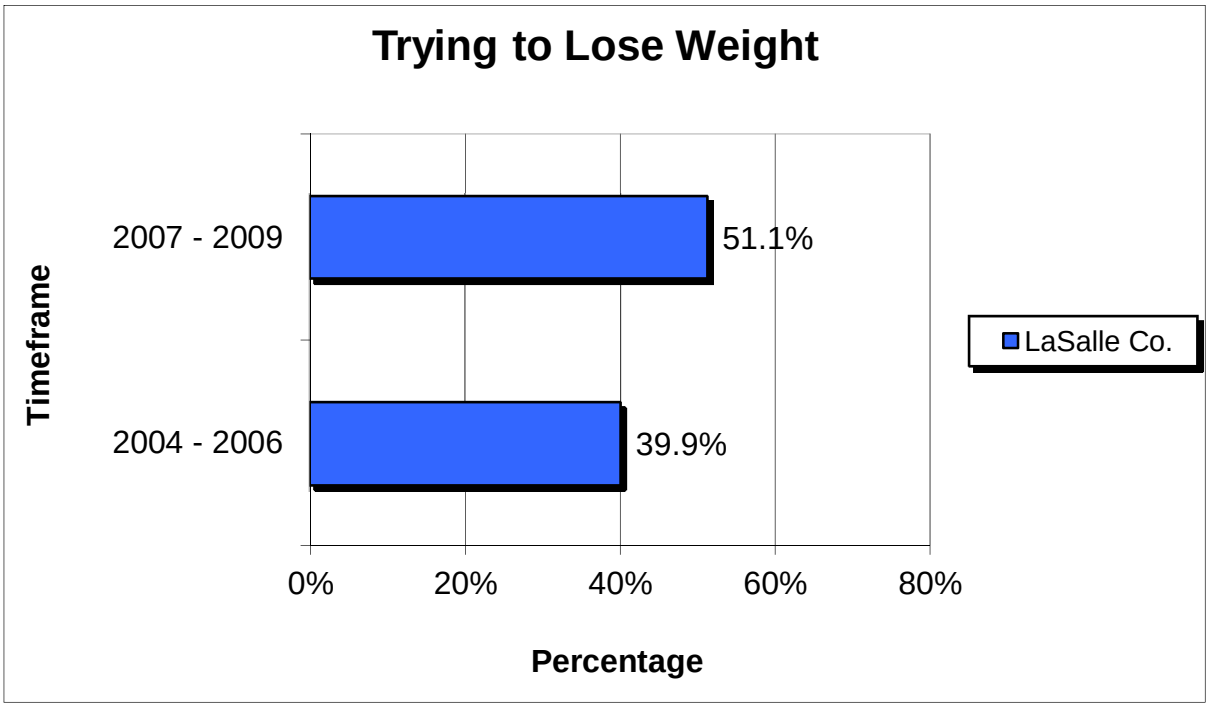


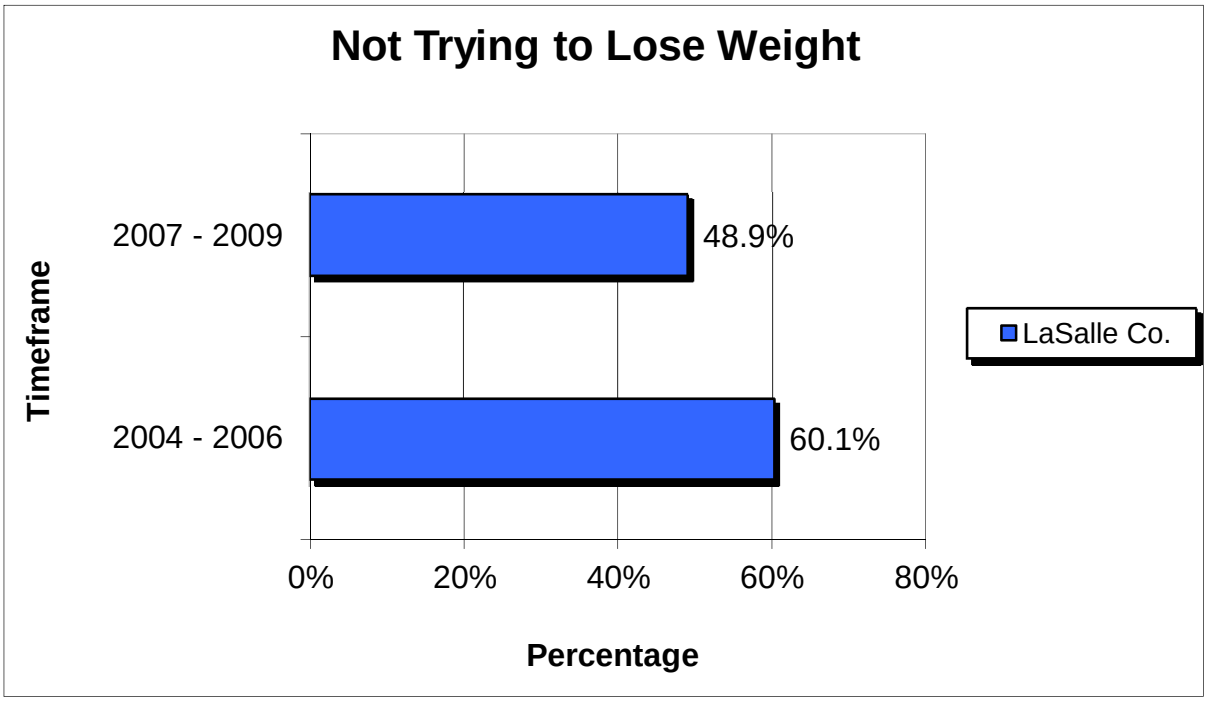


Source: Illinois Behavioral Risk Factor Surveillance System

Charts Prepared by LaSalle County Health Department

LaSalle County Adults 18 and Over Trying to Lose Weight

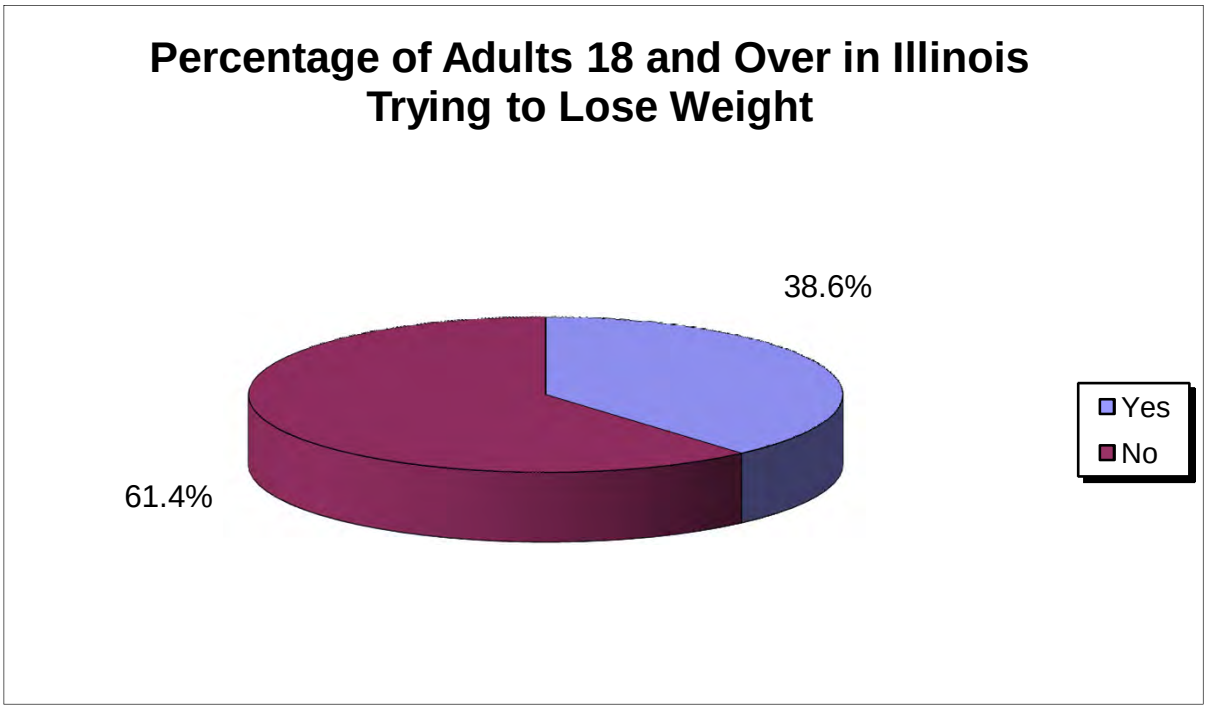


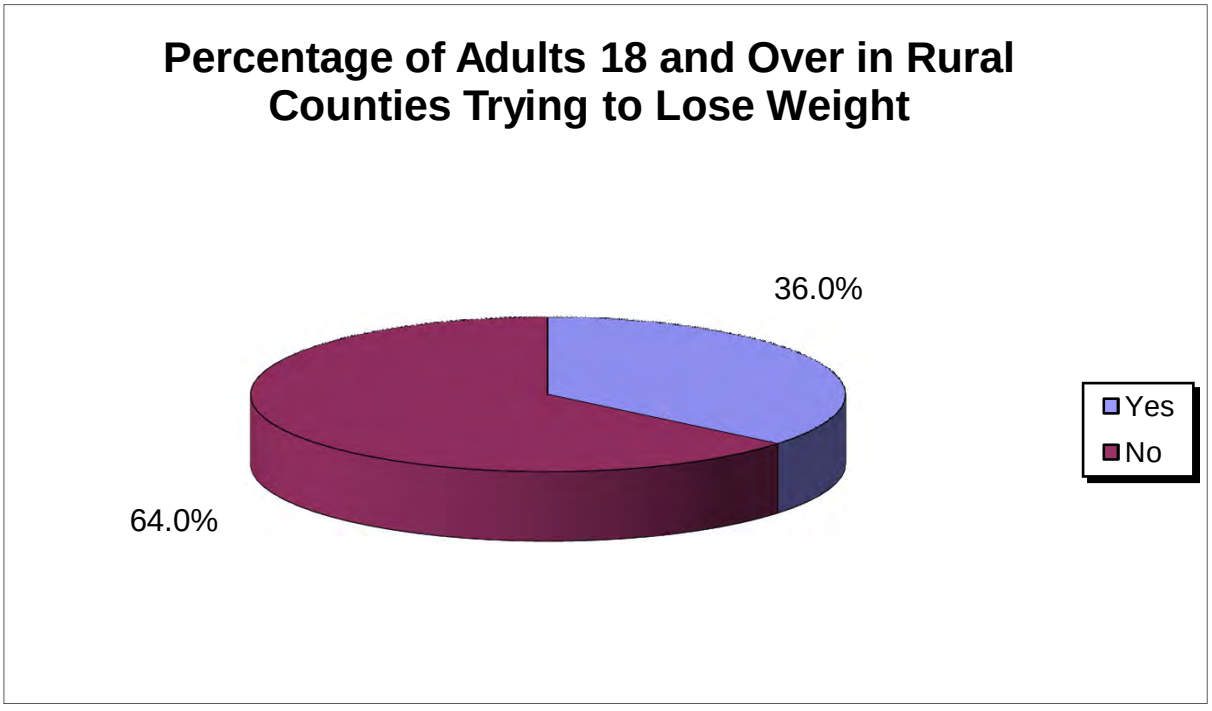


Source: Illinois Behavioral Risk Factor Surveillance System

Graphs Prepared by LaSalle County Health Department

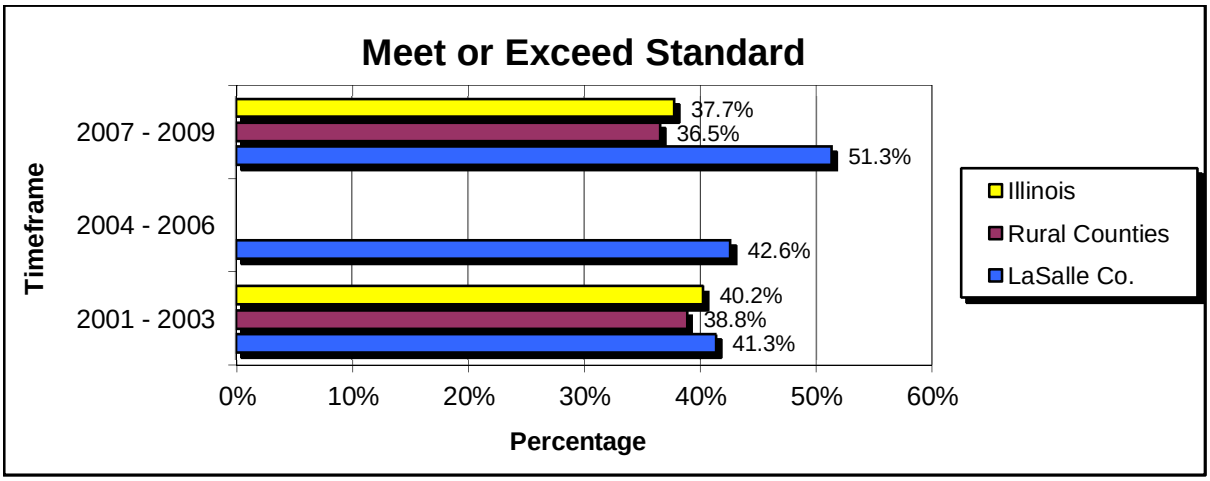
Adults 18 and Over Trying to Lose Weight During 2001 - 2003

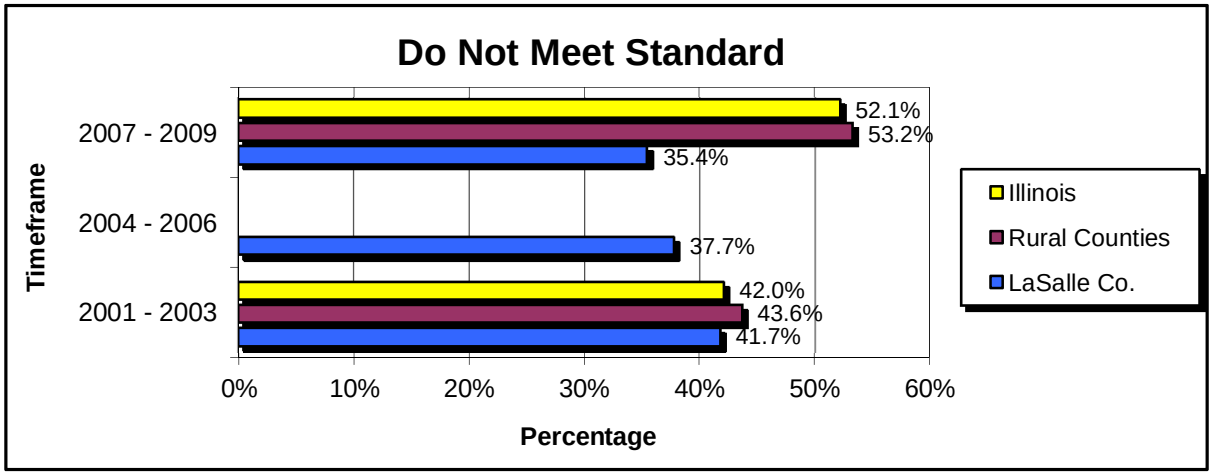


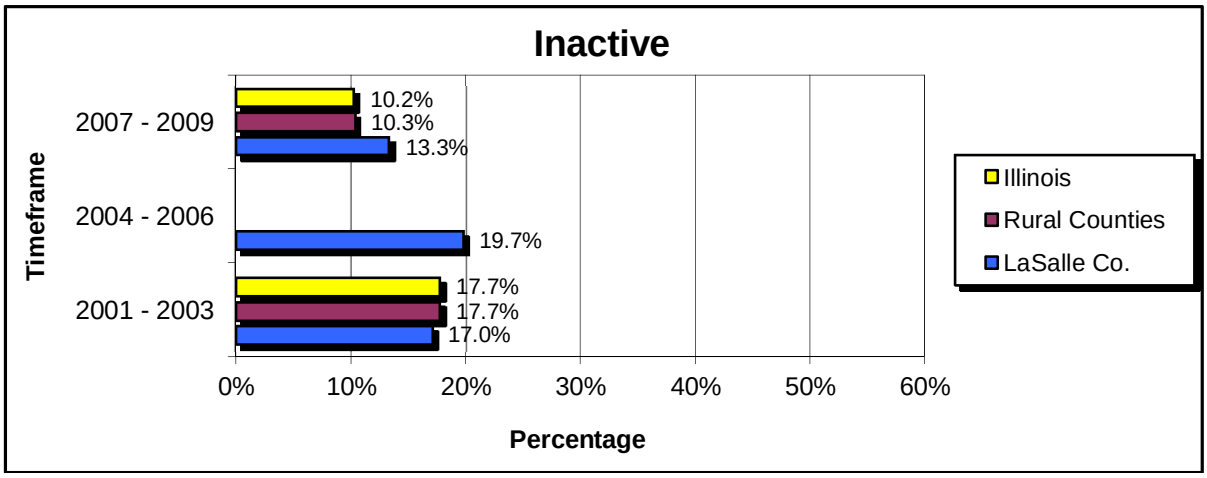


Source: Illinois Behavioral Risk Factor Surveillance System
Charts Prepared by LaSalle County Health Department

Regular and Sustained Physical Activity Guidelines for Adults 18 and Over



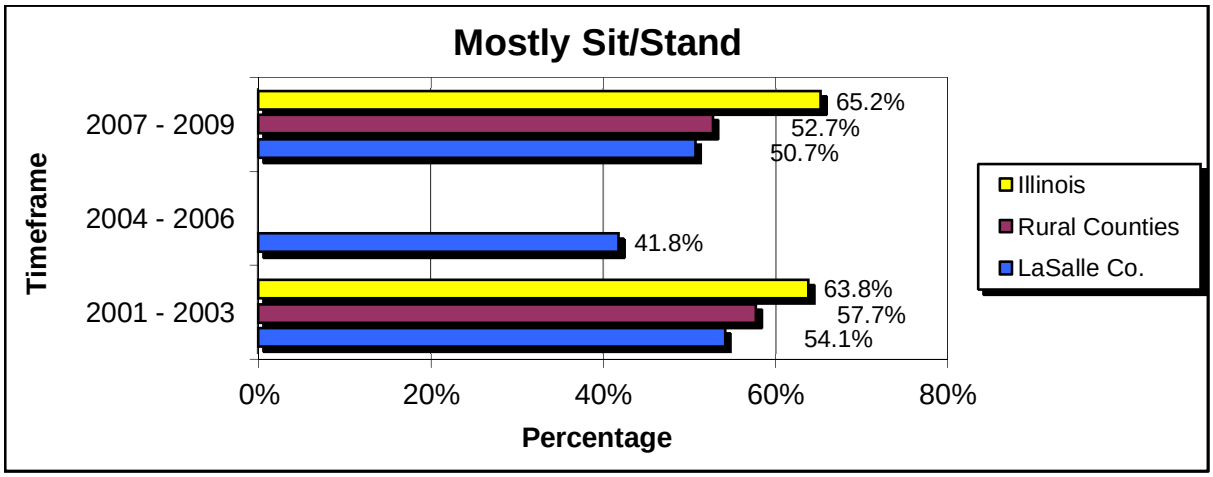


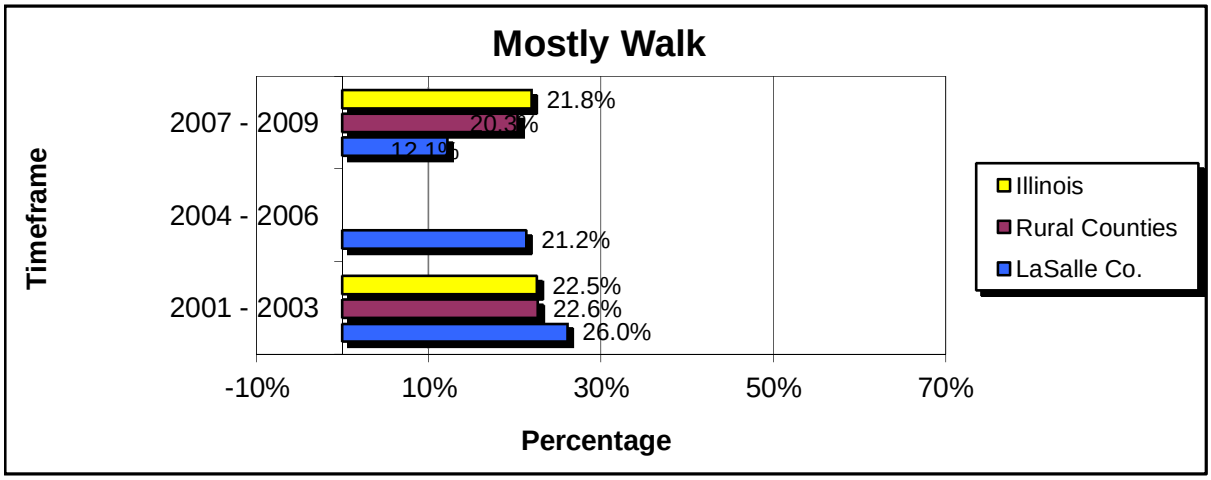


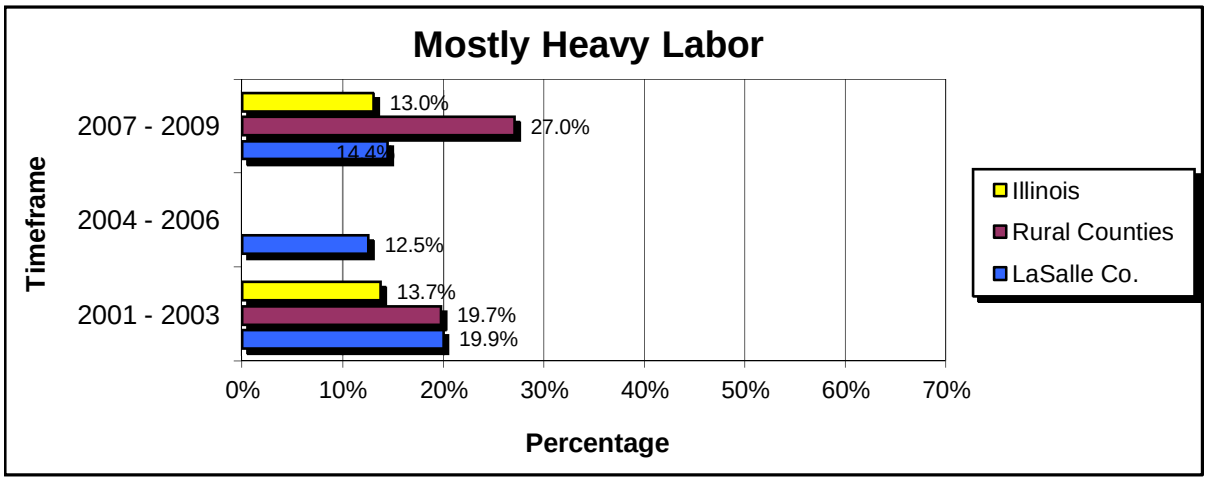
Source: Illinois Behavioral Risk Factor Surveillance System

Graphs Prepared by LaSalle County Health Department

Work Activity of Adults 18 and Over



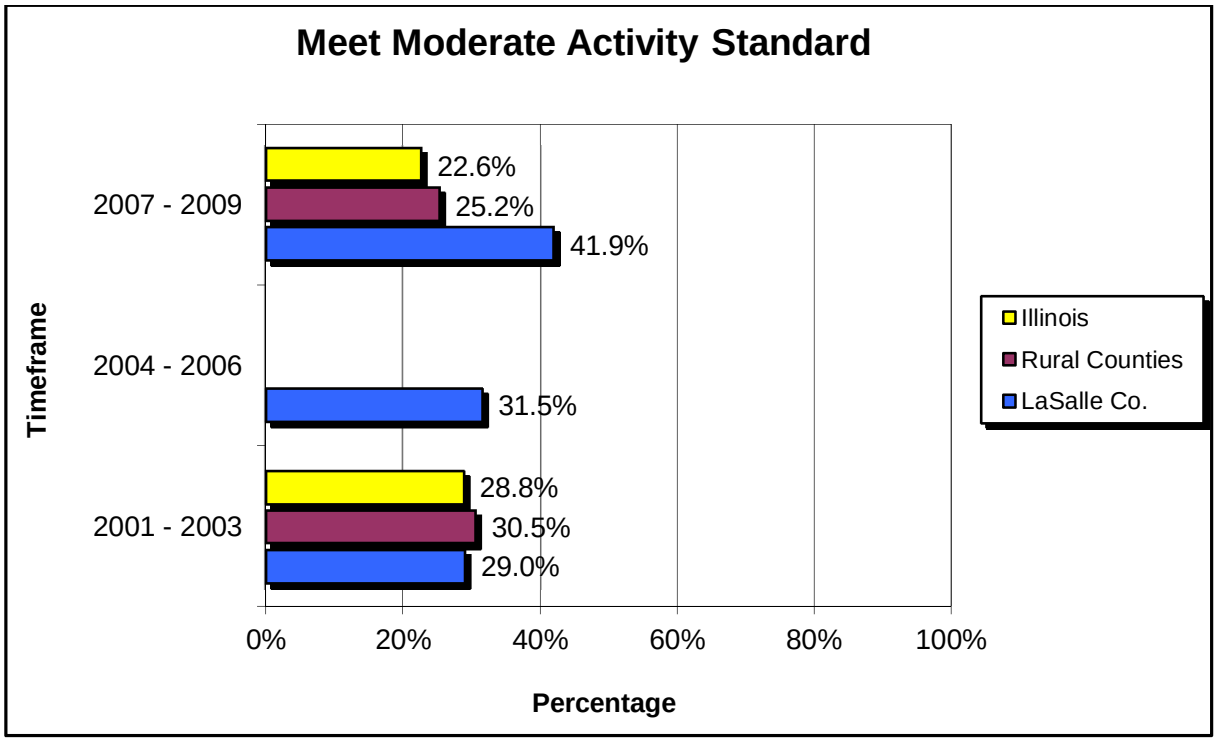


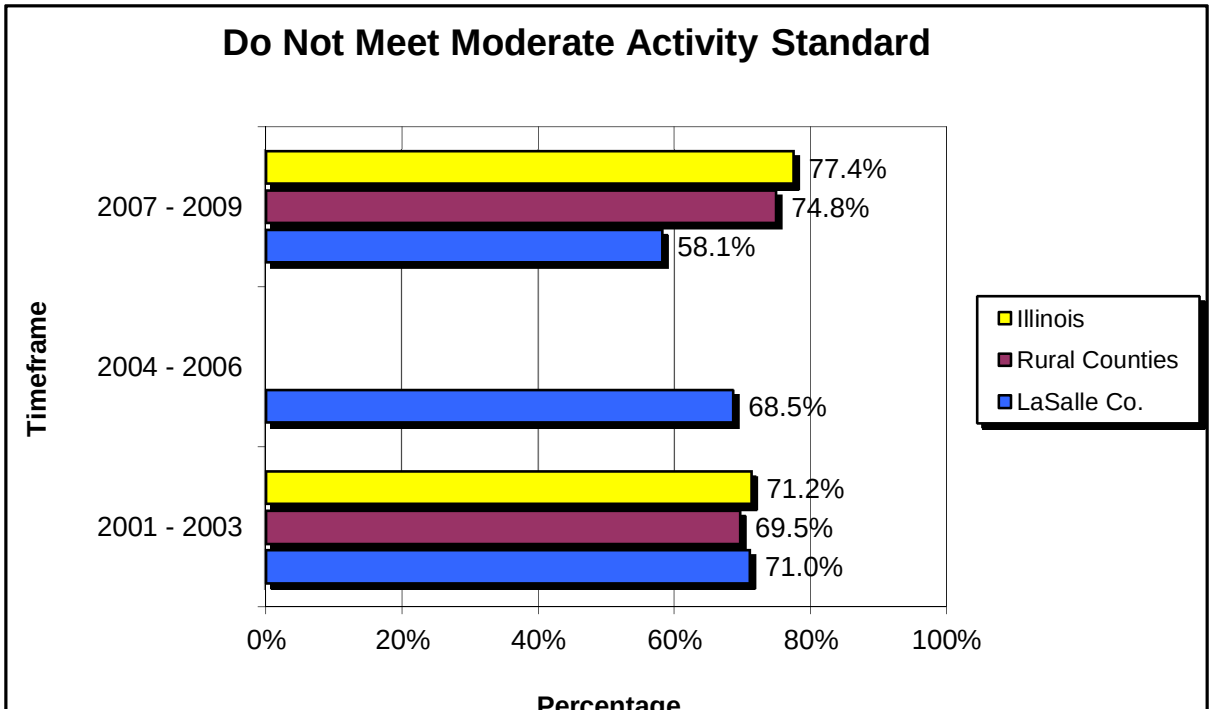


2007 - 2009 22.5% of LaSalle County Adults 18 and Over Not Employed
2004 - 2006 23.2% of LaSalle County Adults 18 and Over Not Employed

Source: Illinois Behavioral Risk Factor Surveillance System
Graphs Prepared by LaSalle County Health Department

Adults 18 and Over That Meet Moderate Activity Standard of 30 Minutes of Activity 5 Times Per Week





Source: Illinois Behavioral Risk Factor Surveillance System

Graphs Prepared by LaSalle County Health Department

County Health Rankings Report 2012
Statistics Associated with Obesity
(Highlighted in Yellow)

	LaSalle County	Error Margin	National Benchmark*	Illinois	Trend	Rank (of 102)
Health Outcomes						**66**
Mortality						69
Premature death	7,928	7,335-8,522	5,466	6,728		
Morbidity						59
Poor or fair health	16%	12-20%	10%	16%		
Poor physical health days	4.1	3.0-5.1	2.6	3.3		
Poor mental health days	3.1	2.3-4.0	2.3	3.2		
Low birthweight	7.5%	7.0-8.0%	6.0%	8.4%		
Health Factors						**83**
Health Behaviors						97
Adult smoking	29%	23-35%	14%	20%		
Adult obesity	30%	25-35%	25%	27%		
Physical inactivity	27%	22-32%	21%	25%		
Excessive drinking	24%	18-30%	8%	19%		
Motor vehicle crash death rate	20	17-23	12	11		

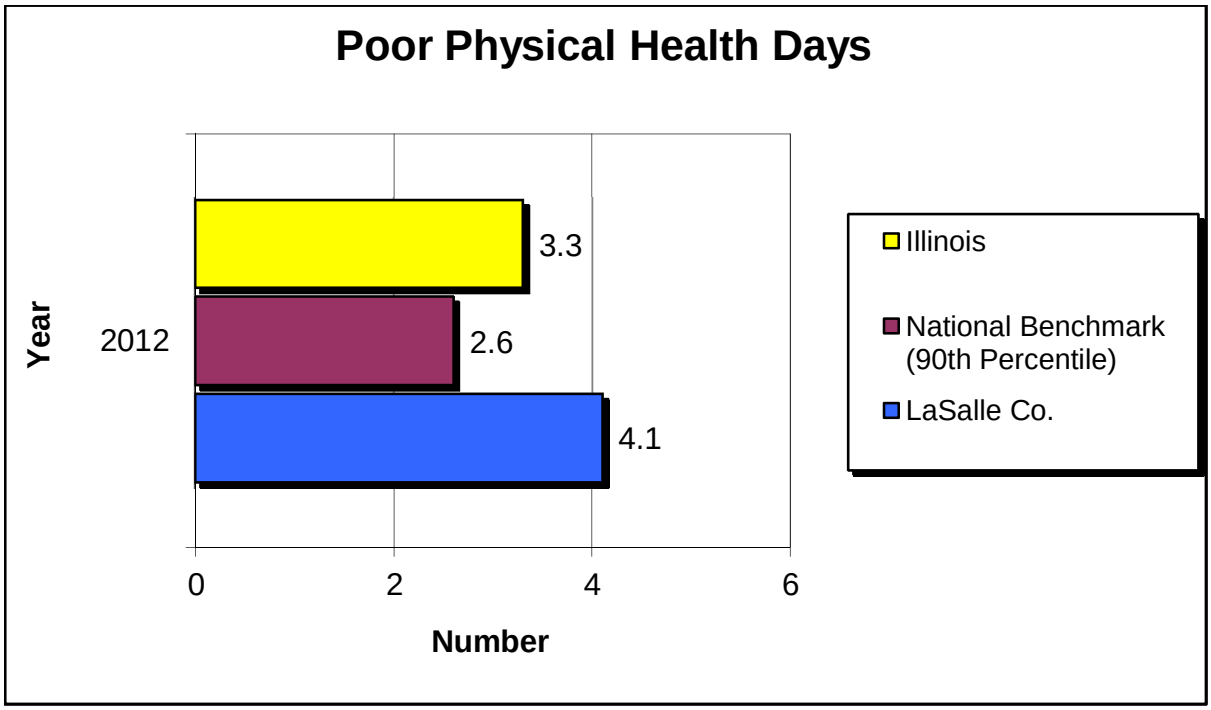
	LaSalle County	Error Margin	National Benchmark*	Illinois	Trend	Rank (of 102)
Sexually transmitted infections	219		84	469		
Teen birth rate	37	35-40	22	40		
Clinical Care						64
Uninsured	13%	11-14%	11%	15%		
Primary care physicians	1,427:1		631:1	778:1		
Preventable hospital stays	95	91-100	49	77		
Diabetic screening	82%	78-87%	89%	82%		
Mammography screening	65%	60-69%	74%	66%		
Social & Economic Factors						79
High school graduation	83%			84%		
Some college	58%	55-61%	68%	65%		
Unemployment	13.1%		5.4%	10.3%		
Children in poverty	18%	13-22%	13%	19%		
Inadequate social support	18%	13-23%	14%	21%		
Children in single-parent households	27%	24-30%	20%	31%		
Violent crime rate	228		73	532		
Physical Environment						5
Air pollution-particulate matter days	0		0	3		
Air pollution-ozone days	0		0	4		

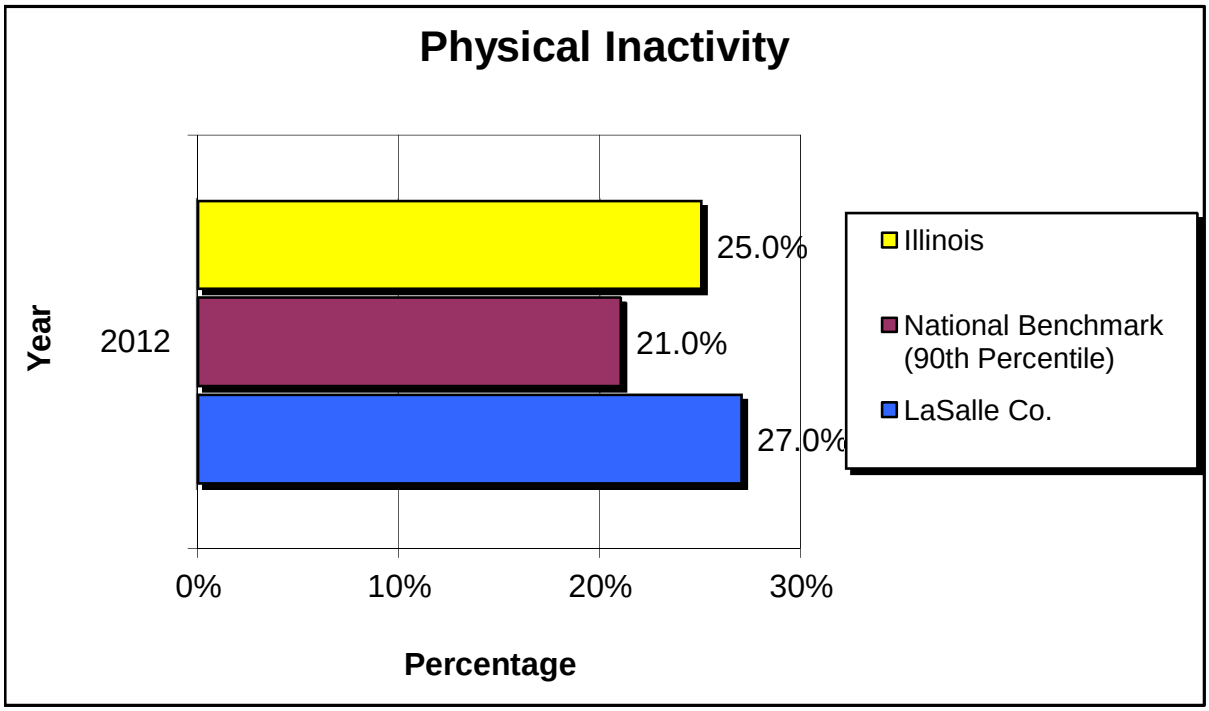
	LaSalle County	Error Margin	National Benchmark*	Illinois	Trend	Rank (of 102)
Access to recreational facilities	13		16	10		
Limited access to healthy foods	1%		0%	4%		
Fast food restaurants	39%		25%	51%		

* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

Statistics Associated with Obesity

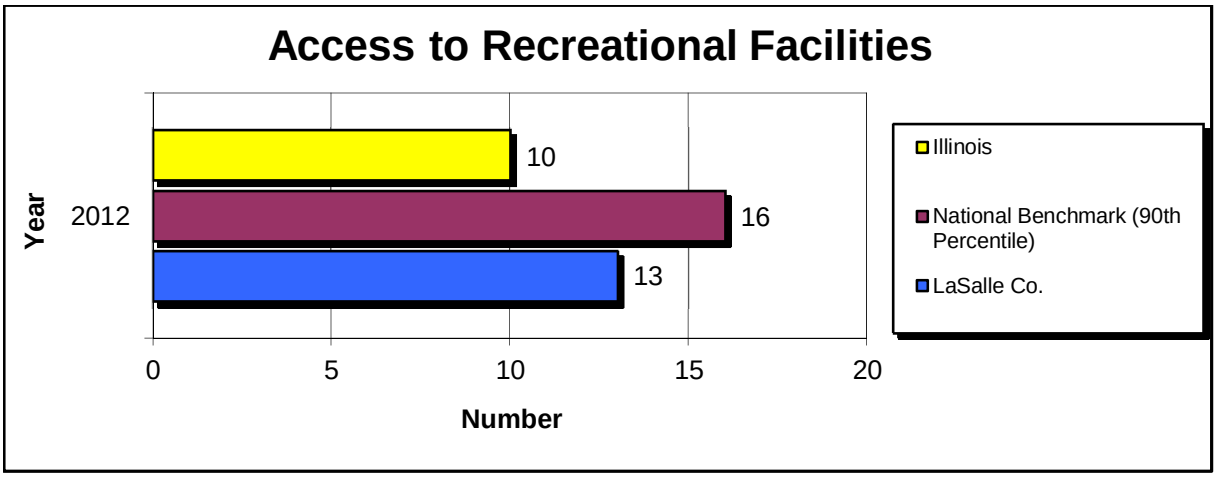


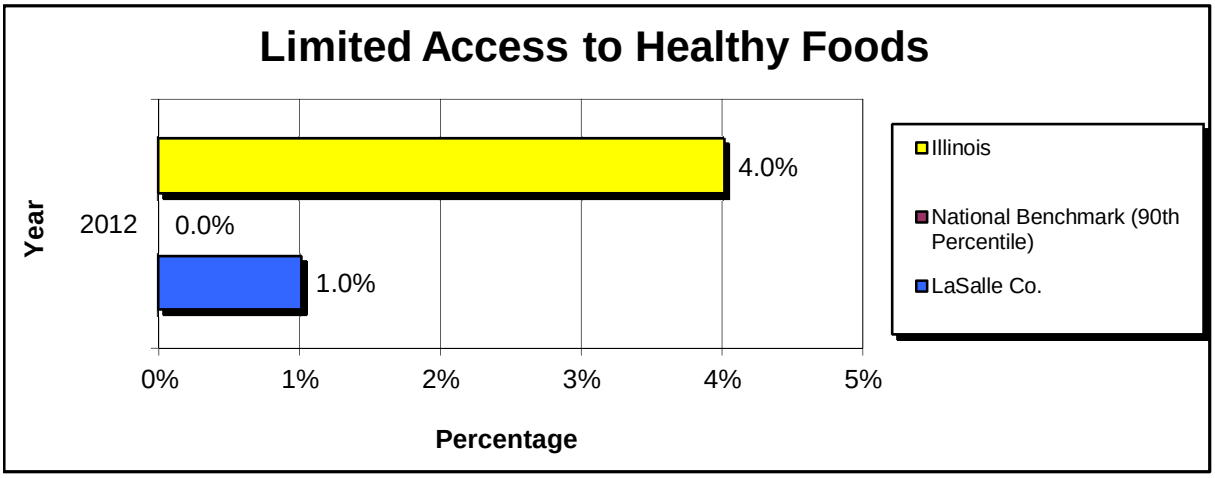


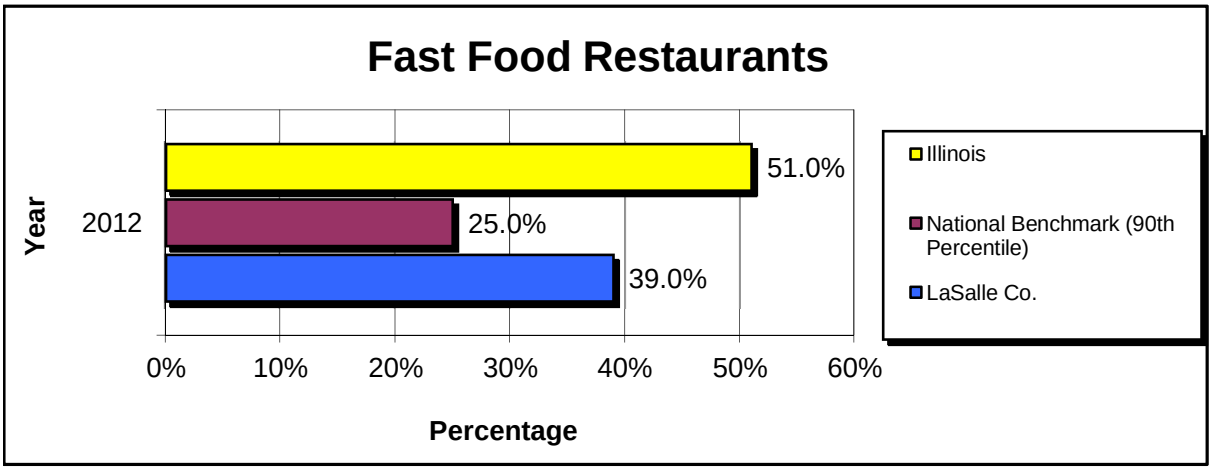
Source: County Health Rankings Report 2012

Graphs Prepared by LaSalle County Health Department

Statistics Associated with Obesity







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