

Stephenson County Health Department

IPLAN

2014-2019

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September 1, 2014

In Memoriam

This assessment and community plan is dedicated to two individuals who were inspirational and an integral part of the process in 2009. They are no longer with us in person, but they are with us in spirit.

Wanda Herrmann

Don Swanson

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Executive Summary

In 2013, the Stephenson County 21st Century Healthy Communities Committee initiated a community health intervention plan and began conducting its fourth five-year assessment and planning process known as IPLAN (Illinois Project for Local Assessment of Needs). As part of the process of Local Health Department certification, the Stephenson County Health Department conducted an Organizational Capacity Self-Assessment, completed a Community Health Needs Assessment, organized a Community Advisory Committee, and created a Community Health Plan by using the MAPP process (**M**obilizing for **A**ction through **P**lanning and **P**artnerships). Healthy People 2020 objectives, determinants and goals were used to determine County priorities. Further, the objectives of the State Health Improvement Plan (SHIP) were used as a basis and integrated into the Stephenson County process and ultimately the priorities.

The ultimate goal of a health needs assessment is to create a “Health Plan” based on input from the community and statistical data from local, state, and national sources that define efforts to improve the health of the community. A community-based process strengthens the partnership between a local health department and its community by encouraging the community to define its health deficiencies and determine its own solutions. The plan establishes goals, defines measurable objectives, and provides for self-evaluation.

Stephenson County 21st Century Healthy Communities was launched in 1998, a collaboration of FHN (then known as Freeport Health Network), Stephenson County Health Department (SCHD), and United Way of Northwest Illinois, which established the structure and guided the development of a comprehensive needs assessment. In 2003, three additional partners, Freeport School District #145, Highland Community College, and Monroe Clinic, joined the effort to lead, with the three original partners, the second health needs assessment.

In August 2013, the six partners met again to establish the need, affirm their resource and financial commitment, design the planning process, and confirm the timeline for completion of the 2014 needs assessment. The Health Department was designated to manage the process, along with identifying and organizing community participants. A list of committee members was presented, along with additional members solicited from the six partners.

The assessment and planning process was conducted through extensive participation of community members, partners, and healthcare consumers. Strategies for community-wide intervention toward priority health issues facing Stephenson County were described, along with specific intervention strategies and action plans, which will be carried out directly by SCHED, other member agencies of the Stephenson County 21st Century Healthy Communities Committee, and additional community stakeholders. This process provides for ongoing evaluation and continued refinement through member agency collaboration and community participation, as well as Stephenson County Board of Health oversight.

After a series of meetings and reviewing the priorities of the previous 2009 critical issues and priorities, the committee prioritized the current overarching and health issues affecting Stephenson County:

Critical Issue Overarching

1. Poverty
2. Unemployment/Economy
3. Crime/Child Abuse/Neglect

Critical Issue Health

1. Obesity
2. Cancer Mortality
3. Substance Abuse/Mental Health Issues

You may view the complete data set at the SCHED website:

www.stephensonhealth.com, or pick up a hard copy at the Stephenson County Health Department, 10 West Linden Street, Freeport, IL.

The Stephenson County Board of Health approved the organizational capacity assessment and corrective action at their July 17, 2014 meeting.

The Board of Health approved the Needs Assessment and Health Plan at their September 18, 2014 meeting.

Statement of Purpose

Phase 1: The ultimate goal of a health needs assessment is to create a “Health Plan” based on input from the community and statistical data from local, state, and national sources that define efforts to improve the health of the community. A community-based process strengthens the partnership between a local health department and its community by encouraging the community to define its health deficiencies and determine its own solutions. Simply put, our community members create a “Health Roadmap” for Stephenson County. The plan establishes goals, defines measurable objectives, and provides for self-evaluation. To improve health and other related critical issues, the community must be an active participant in its own problems, solutions, and future. Something as simple as choosing the right direction can have a major impact on the health of the community.

In 2013, the Stephenson County 21st Century Healthy Communities Committee initiated a community health intervention plan and began conducting its fourth five-year assessment and planning process known as IPLAN (Illinois Project for Local Assessment of Needs). As part of the process of Local Health Department certification, the Stephenson County Health Department conducted an Organizational Capacity Self-Assessment, completed a Community Health Needs Assessment, organized a Community Advisory Committee, and created a Community Health Plan by using the MAPP process (**M**obilizing for **A**ction through **P**lanning and **P**artnerships). The intent was to create a process to meet requirements for Local Health Department certification, as set forth in section 600.410, Title 77, Chapter I, of the State Administrative Code. (The first version was done in 1993-1994 by a different method.)

Stephenson County 21st Century Healthy Communities has its roots in the desire to understand and address the most pressing health needs of Stephenson County. Launched in 1998, a collaboration of FHN (then known as Freeport Health Network), Stephenson County Health Department (SCHD), and United Way of Northwest Illinois established the structure and guided the development of a comprehensive needs assessment. Five years later (2003), three additional partners, Freeport School District #145, Highland Community College, and Monroe Clinic, joined the effort to lead, with the three original partners, the second health needs assessment, Stephenson County 21st Century Healthy Communities.

In August 2013, the six partners met again to establish the need, affirm their resource and financial commitment, design the planning process, and confirm the timeline for completion of the 2014 needs assessment; thus the Readiness Survey was completed. The Health Department was designated to manage the process, along with

identifying and organizing community participants. A list of committee members was presented, along with additional members solicited from the six partners.

The assessment and planning process was conducted through extensive participation of community members, partners, and healthcare consumers. Strategies for community-wide intervention toward priority health issues facing Stephenson County were described, along with specific intervention strategies and action plans, which will be carried out directly by SCHD, other member agencies of the Stephenson County 21st Century Healthy Communities Committee, and additional community stakeholders. This process provides for ongoing evaluation and continued refinement through member agency collaboration and community participation, as well as Stephenson County Board of Health oversight.

The Healthy People 2020 and State Health Improvement Plan were used/integrated into the process.

Committee Members

PARTNERS

FHN
Freeport School District 145
Highland Community College
Monroe Clinic
Stephenson County Health Department
United Way of Northwest Illinois

STEERING COMMITTEE MEMBERS

Jennifer Aurand, FHN Counseling Center
Craig Beintema, Public Health Administrator, Stephenson County Health Department
Gail Clore, Stephenson County Board Member
Dick Drogosz, Citizen
Lynn Feaver, CYDC
Peter Flynn, PhD, Superintendent, Freeport School District 145, Retired
Mary Gerbode, Principal, Lena-Winslow Elementary School
Mark Gridley, Executive Vice President and Chief Operation Officer, FHN
Kim Grimes, Executive Director, Freeport Chamber of Commerce
Shelly Griswold, Director, Community Development, City of Freeport
Kody Groves, NIDA
Terry Groves, Director, Stephenson County Zoning/Emergency Management Agency
Dale Heinkel, Citizens State Bank, Freeport
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Deb Lischwe, UIC, Rockford
Tim Mickel, FHN Provider Relations Specialist
Maryna Misiewicz, Superintendent, Veteran's Assistance Commission
Andrea Moring, State Bank and Stephenson County Board of Health
Dan Neal, Stephenson County Board
Tiffany Nieman, Director, United Way of NW Illinois
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Diane Reinhold, U of I Extension
James Rhyne, Executive Director, Freeport Boys & Girls Club
Michael Sanders, President/CEO, Monroe Clinic
Daniel Schmitt, Freeport Community Foundation
Mike Sowell, Pastor, Faith Center, Freeport
Carla Stadel, Director of Home Care, Monroe Clinic
Jeff Stadel, Citizen
Sue Swanson, Executive Director, Voices
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Rick Walters, FHN Counseling Center
Alan Wenzel, Highland Community College
Cindy Werkheiser, Director of Process Development, Monroe Clinic
Larry C. Williams, CEO, Housing Authority of the City of Freeport
Alvin Wire, Stephenson County Board

STAFF

- Craig Beintema, MS, LEHP, CPHA, Administrator, SCHD
- Jack Herrmann, DVM, MPH, Director, Center for One Health, College of Veterinary Medicine, University of Illinois at Urbana-Champaign
- Deborah Lischwe, MS, Associate Director for Health Systems Research, University of Illinois College of Medicine – Rockford
- Allison Shobe, DVM, MPH, University of Illinois at Chicago

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Community Health Status Assessment

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Dan Scheider

Process

Stephenson County 21st Century Healthy Communities 2014-2019 used the MAPP process developed by the National Association of County and City Health Officials. MAPP, **Mobilizing for Action through Planning and Partnerships**, derives its value from community participation. This strategic planning tool uses the community's strengths, needs and desires to identify priority health issues and the resources to address them.

Comprised of 38 area leaders, the Stephenson County 21st Century Healthy Communities Steering Committee met as a whole in November 2013, January, March, and May 2014 to conduct the MAPP process. During the initial November meeting Steering Committee members were introduced to the MAPP process and the projected time table, and reviewed the priorities of the previous 2009 critical issues and priorities.



Visioning – Phase 2

The visioning phase involved a process of building upon already-established shared community vision and values that were developed during the 1999, 2004, and 2009 IPLAN processes. The Steering Committee reaffirmed the Vision. Through the 21st Century Healthy Communities Committee, the Health Department's operational philosophy of health planning and implementation already had focus, direction, and purpose.

The vision statement is somewhat broad in scope, but for the purposes of establishing and prioritizing critical issues, it would be very useful as a guide to our efforts throughout the process. Upon review it was decided the vision met the needs of the community. **Our Vision of a Healthy Community: "One that is safe with affordable housing and accessible transportation systems, work for all who want to work, a healthy and safe environment which provides opportunities for family activities, promotes community mindedness and volunteerism, maintains a sustainable ecosystem, and offers access to healthcare services which focus on prevention and staying healthy."**

Following the vision phase, members were presented community data and a brief summary of key findings. Prior to discussion, each member was asked to submit their

perceived key community health and other issues. Further discussion of the data was held, as well as a discussion of whether there should be additional data collected. At the end of the meeting, individuals were asked to join one of three working subcommittees:

Community Health Status Assessment
Community Themes and Strengths, Forces of Change
Local Community Health System Assessment.

These subcommittees met over the following four months and solicited additional individuals for a wider perspective. Results from each assessment would be used to identify the most important issues affecting the health of the people of Stephenson County. On March 7, Steering Committee members ranked the most important issues according to size, severity, and effectiveness of interventions to select at least three health priorities and overarching issues.

On May 16, 2014, the committee met to further identify and establish the goals, strategies and action plans. (See Goals, Strategies, Issues and Action Plan section.) On September 10, 2014, the steering committee approved the plan and assessment. On September 18, 2014, the Board of Health approved the plan and assessment.

The Four MAPP Assessments – Phase 3

Introduction

Community Health Status Assessment (LCHA) – Chairperson Deb Lischwe: This subcommittee reviewed, collected, and analyzed an abundance of local data from the US Census, Illinois Department of Public Health (Vital Statistics, Behavioral Risk Factor Surveillance Survey, IPLAN Data System), National Center for Health Statistics, and numerous other state and national sources. These data became an objective foundation for assessing the health of Stephenson County since the last assessment in 2009 and relative to Illinois and US. Areas in which the county fared poorly became candidates for “Health Problems,” which were ranked in the priority selection process.

Community Themes and Strengths (CTS) -- Co-Chairpeople - Jack Herrmann & Allison Shobe: This subcommittee developed and administered a community health assessment survey to gather information about county residents’ perceptions and perspectives. As a complement to the quantitative (data) analysis, survey results offer a “qualitative” look at our county’s health problems. Surveys were distributed through the health department, FHN, Monroe Clinic, Freeport Chamber of Commerce, M45,

various social organizations, and the Boys & Girls Club. The surveys could be completed through a traditional paper method or on-line, which was something new. A copy of the survey is in Appendix.

Forces of Change Assessment – Co-Chairpeople Jack Herrmann & Allison Shobe: This assessment was completed by the committee through five focus groups: the steering committee, a rural group, and an urban group. Essentially, this assessment identified **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats (SWOT) regarding the health of Stephenson County. The community, through the committee, identified forces such as legislation, technology, or other changes that were occurring or might occur that have an effect on the community's health.

Local Health System Assessment – Chairperson Craig Beintema: This subcommittee evaluated the strengths, assets, and resources of the health activities within the county. Using a tool from the National Public Health Performance Standards Program, “10 Essential Public Health Services” were analyzed according to indicators and model standards defining optimal performance.

Local Community Health Status - The Assessment

Process

As one of the assessments used for the 21st Century Healthy Communities planning process, the Community Analysis presents a comprehensive overview of Stephenson County by describing the population through secondary sources of information. Topics include population size, race/ethnicity, age, gender, income, employment, crime, births, deaths, health behaviors, morbidity, and healthcare utilization. At a minimum, the eleven IPLAN data categories were used as a basic starting point of analyses, including, but not limited to:

- Demographic Characteristics
- Socioeconomic Characteristics
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health Indicators
- Social & Mental Health
- Maternal & Child Health
- Death, Illness & Injury
- Infectious Disease
- Sentinel Events

The two major sources of information for the Community Analysis 2014 are the US Census Bureau and Illinois Department of Public Health, with other data from numerous federal, state and regional entities. Health Systems Research of the University of Illinois at Rockford, which specializes in community needs assessments of health and human service organizations, prepared the report.

A principal goal of the community health status assessment portion is to provide a comparison of community health indicators that may be defined in terms of disparities of death, disease, disability or other correlates considered as adverse outcomes (e.g., low birth weight (LBW), teen pregnancy, substance abuse, and cancer).

The committee needed to address the following four objectives: (1) to provide a demographic description of the Stephenson County; (2) to establish critical health issues and overarching critical issues that may not be directly related to health but could have an impact; and (3) to describe the health of the population using measures of natality, morbidity, mortality and available risk factors associated with adverse health outcomes, and (4) to provide a comparative basis for prioritizing areas of need

for addressing adverse health outcomes.

The health status committee met on two separate days, January 13 and 31, 2014, to review the data and recommend to the steering committee a list of critical issues that should be prioritized. Committee members rated Critical Issues and Health Problems according to size, severity, and effectiveness of interventions (Hanlon Method). Identified were four critical issues:

- Poverty
- Unemployment/Economy
- Child Abuse/Neglect
- Crime

and the following health problems:

Premature Death among African-Americans
Dental Health
Substance Abuse
Low Birth Weight
Obesity
Accidents
Mental Illness
Disability
Tobacco Use
Respiratory Disease
Cancer

These key findings were presented along with the other four assessments for further priority consideration by the entire Steering Committee. At the March 7, 2014, meeting the steering committee identified strategic/critical issues (MAPP Phase 4). A modified Hanlon Method was used to prioritize the critical issues, both health and overarching, that indirectly/directly affect health of the community and establish goals/strategies.

Critical Issue Overarching

1. Poverty
2. Unemployment/Economy
3. Crime/Child Abuse/Neglect

Critical Issue Health

1. Obesity
2. Cancer Mortality
3. Substance Abuse/Behavioral Health
4. Pre-term and Low-Birth-Weight Births

Community Themes and Strengths (CTS) and Forces of Change (FOC) - The Assessment

Community Themes and Strengths Survey

Introduction

The Community Themes and Strengths sub-committee administered surveys to 657 Stephenson County residents during a three month period from mid-August through early October 2013. Surveys were available at the Stephenson County Health Department, FHN Memorial Hospital and offices, and offices of The Monroe Clinic. Additionally, surveys were completed at various Stephenson County businesses, school districts, and community organizations. They were also available on-line through a link to SurveyMonkey.com.¹

During the previous community health assessments in 2004 and 2008-2009, females and young African-American males were over-sampled because females have traditionally been the largest consumer group of healthcare services in Stephenson County, and young black males have been traditionally underrepresented in community surveys^{2,3}. For the current health assessment, the goal of the subcommittee was to survey the most representative sample of Stephenson County residents possible so that the results could be generalized to the community served by the Stephenson County Health Department. Using US Census estimates, African-Americans, Latinos, and college-educated respondents were over-represented.

Methodology

Based on an estimated 2012 county population⁴ of 46,959, the number of completed surveys to provide a 99% confidence level, with a maximum margin of error of 5%, was determined to be 657⁵.

Almost 51.8% of respondents received and completed their surveys through the on-line survey system⁴. The rest completed paper copies of the survey at the workplace (40%), at the Stephenson County Health Department (23.1%), at a healthcare provider's office (1.4%), at a community meeting (8%), at a church (6.9%), or as a result of personal contact (5.4%). Responses received on paper surveys were hand-entered into the on-line survey instrument and data were analyzed through that instrument's database.

Both 95% and 99% confidence intervals were calculated for responses to many of the survey's questions. Responses were ranked based on count and non-overlapping confidence intervals.

Demographics of Respondents

Only responses from people who lived in Stephenson County and who were over eighteen years of age were tabulated. A slight majority (394, 60.1%) of survey respondents lived in Freeport, which is slightly greater than the 53.6% of Stephenson County residents reported to live in Freeport by the US Census Bureau. Consistent with county demographics, female residents, who make up an estimated 51.6% of county residents, completed more surveys (348, 53.1%) than males. The age distribution of respondents closely followed US Census estimates for the county, with 48.3% of respondents over the age of 40. Black residents made up 18.6% of survey respondents, more than double the 9.4% estimated to live in Stephenson County. College graduates (323, 40.5%) were over-represented among respondents, exceeding estimates by US Census for the county by a factor of two (40.5% versus 17.8%). Twenty-one percent of respondents were below the poverty level, which is more than estimated by the US Census (14.7%). In summary, Black residents, college graduates, and residents below the poverty level were over-represented in the 2013 survey (Table 1).

Results

Health Assets and Strengths within the Community (Table 2)

Similar to the 2009 survey, respondents clearly preferred three choices as assets that define Stephenson County as a healthy community. The three most important health assets in Stephenson County chosen by survey respondents in 2009 and 2013 were:

2009	2013
1) parks and recreation	1) parks and recreation
2) good healthcare system	2) good schools
3) good schools	3) reasonable cost of living

Among all demographic groups, these three choices were listed in the top three with only minor changes in place order. The one exception was among Black respondents who ranked "low crime/safe neighborhoods" in place of "reasonable cost of living."

In 2009, "good healthcare system" was viewed as the number two asset, but fell to seventh overall in 2013; however, female respondents ranked this choice as the third highest asset in 2013. "Access to healthcare" was also ranked as a higher asset among Freeport residents, college-educated individuals, and respondents over the age of 40.

Unhealthy Behaviors in Stephenson County (Table 3)

There was consensus among the 2009 and 2013 respondents in ranking the three most unhealthy behaviors in Stephenson County (the only difference was that of the order):

2009	2013
1) drug abuse	1) being overweight
2) being overweight	2) alcohol abuse
3) alcohol abuse	3) drug abuse

Health Problems within the Community (Table 4)

Across all demographic groups, "poverty" and "obesity" were ranked as the primary and secondary concerns respectively. "Alcohol and other drug abuse" was seen as the third most significant problem, with the exception of Black respondents and individuals aged 18 to 39. Both of these groups ranked it as the fourth highest concern, and "property crime" was their third highest concern. The top three health concerns overall were:

2009	2013
1) alcohol and other drug use	1) poverty
2) teen pregnancy	2) obesity
3) poverty	3) alcohol and other drug abuse

There were differences, although not significant, in responses according to demographic groups:

- Those over 65 years of age ranked "mental illness" as third overall.
- Black respondents and those people with less than \$50,000 annual income ranked teen pregnancy as second overall.

Both "poverty" and "alcohol or other drug abuse" were indicated in the 2009 and 2013, but switched in order of ranking. "Teen pregnancy" was second in 2009, but fell to 5th overall in 2013 and was replaced by "obesity."

County Health, Personal Health and the Healthcare System

There was consistent evaluation of Stephenson County as a healthy place to live across all demographic groups. 90.7% of respondents rated Stephenson County as a somewhat healthy (48.8%), healthy (38.3%), and very healthy (3.6%) place to live. This was slightly less than 2009 (91.2%) (Table 5).

In response to the question, "How would you rate your own personal health", 96.9% of respondents rated their personal health as somewhat healthy (26.2%), healthy (63.1%), and very healthy (7.6%). A substantial number of black respondents (94.9%) rated their personal health as healthy, somewhat healthy, or very healthy.

In rating the healthcare system in Stephenson County, 63.2% of respondents rated it as good (53.4%) or excellent (9.8%). Over half (55.9%) of the respondents who used Medicaid or paid cash for healthcare rated the healthcare system as good or excellent.

Less than half of black respondents rated the healthcare system as good or excellent (48.3%). This is down from 67.1% in 2009, and is a significant difference [odds that a Black respondent would rate the healthcare system as good or excellent in 2013 compared to 2009 was 0.458 (CI 0.381-0.551); (p = 0.01), meaning that they were 45.8% less likely to choose those descriptors of the healthcare system].

There were significant differences by demographic group in how personal healthcare was financed. 75% of respondents had some healthcare coverage (insurance, Medicare, Medicaid, VA). A significant percentage of Black respondents (47.1%) and Latino respondents (47.7%) did not have health insurance, as compared to 11.2% of white respondents (P<0.0001 for both comparisons). Of respondents on Medicaid, 56.4% were 25-34 years of age. Of the respondents on Medicaid, 39.8% were black; 39.8% were white, and 13.3% were Latino. A large percentage (74.3%) of respondents with no healthcare coverage were male (39.4% white, 36.4% Black, and 21.2% Latino).

The vast majority (89.3%) of respondents who needed healthcare were able to obtain it within Stephenson County. This is up slightly from 2009 (86%). For those who went outside the county for healthcare, the two most common reasons were either that their doctor of choice was in another county or that there was no one in Stephenson County who provided needed services. The most commonly-used services outside of Stephenson County were lab work, imaging (x-ray, ultrasound), dental care, mental health, and eye care.

Compared to the 2009 survey, 16.4% of respondents in the 2013 survey reported that they used mental health services during the past year. This is down slightly from 2009 (19.2%). Of those who used mental health services, 13.0% used counseling, 2.5% needed crisis care, and 3.1% required hospitalization. There were no significant differences among demographic groups in frequency of utilization of mental health services or type of mental health services used.

Social Services

The majority of all Stephenson County residents (76.6%) did not need social services during the past year, but of those who did, 90% were able to get those services in Stephenson County. The most common services needed were SNAP/LINK food stamps (17.3%), housing assistance (5.2%), WIC (13.1%), and TANF (4.7%). Only 22.8% of county residents needed at least one social service during the past year; the other 2.6% of respondents did not answer this question.

Long-term care (LTC) was utilized by 8.2% of respondents. The majority of LTC users either had no difficulty getting placement within the county or needed specialized care (post-surgical, rehabilitation, etc.) that was only provided elsewhere. There were no demographic differences in responses to utilization of LTC in Stephenson County. Reasons for difficulty of placement included: expense, needed services not available, denied admission based on condition, and lack of assistance in obtaining placement.

Employment and Job Satisfaction

Of the 81 (12.3%) respondents who stated that they were not employed, 34 (33.7%) were retired; 14 (13.9%) were disabled; and 20 (19.8%) could not find work. Of those individuals who could not find work, none had a college degree, and all claimed to be healthy. 32% were White, and 50% were Black.

Of those working full- or part-time, 90% stated that their jobs gave them satisfaction most of the time. Yet, among black respondents, 64.7% stated that their jobs gave them satisfaction most of the time, a significant difference from the overall sample ($p < 0.05$). No statistical difference between genders was seen.

Regarding stress in the workplace, 24.3% of respondents said that their jobs gave them a lot of stress (18.9%) or too much stress (5.4%). There were no significant differences among demographic groups in the amount of stress reported in their workplace.

In response to a question about how many days per month that a respondent was unable to perform daily activities or go to work, 68.8% of respondents stated zero, while 27.5% reported one to several days per month.

43.8% of respondents did not have enough money to *always* pay for essentials such as food, clothing, housing, and medicine. Of these respondents, black respondents (68.6%), non-college-educated (63.3%), and rural residents (50.4%) made up the majority of people who do not have enough assets to pay for basic needs at least some of the time.

Housing

Almost 60.4% of respondents owned their own homes, 43.5% of respondents spent 25% or less of disposable income on housing costs, and 84% were satisfied with their current housing situation. Black and non-college-educated respondents reported the highest percentage of income used for housing. The most common reason for dissatisfaction with housing was lack of neighborhood safety and cost.

Volunteerism

The majority of respondents (76.8%) volunteer or participate in community activities; 39.7% volunteer more than 5 hours per month. The most common reason for not volunteering more was “not enough time.”

Recreation

Respondents indicated the top four places they go for recreation are: parks (67.7%), restaurants (50.5%), movie theaters (48.7%), and church (33.1%). Common responses for types of recreation that people would like to have in the county included

a skating rink, yoga, more cultural and community activities, extension of bike trails, river access, and more family-based activities.

Summary

A limitation of the survey was that over-sampling of female, black, college-educated, and impoverished respondents might introduce gender, race, educational, or income bias in responses. However, for the question that concentrated on community health assets, deficiencies, and unhealthy behaviors, there were no significant differences in responses based on any of these characteristics. Similarly, there were no statistical differences in those who completed the survey on paper. Among the main strengths of the survey were that it closely approximated county demographics in terms of place of residence, age, and racial/ethnic group, suggesting that it was representative of the community at large and that enough surveys were completed to approach the 99% confidence level.

Much of the data from the surveys suggested associations that are intuitive and/or that have been established in previous sociological and community health research. The community perception data complement the objective incidence and prevalence analysis of health issues completed by the Community Health Status Committee. The perceived health problems of poverty, obesity, and alcohol/drug abuse were identified by the respondents.

Table 1

	2013 MAPP Survey Respondents	U.S. Census Estimates for Stephenson County
Place of Residence (Freeport)	60.1%	53.6%
Gender (Female)	53.1%	51.6%
Race/Ethnicity (Black/African American)	18.6%	9.4%
Education Level (% College Degree)	40.5%	17.8%

Table 2

Stephenson County Health Assessment Survey 2013							
Please select what you think are the three most important assets or strengths of Stephenson County. Check only three items:							
Answer Options	Response Percent	Response Count	CI 95%		CI 99%		Rank
Low crime/safe neighborhoods	20.0%	131	18.5%	21.5%	18.0%	22.0%	4
Low level of child or elder	5.4%	35					
Good schools	33.0%	216	31.5%	34.5%	31.0%	35.0%	2
Accessible health care and other	19.6%	128					
Parks and recreation	59.2%	387	57.7%	60.7%	57.2%	61.2%	1
Appreciation of diversity	2.4%	16					
Good jobs and healthy economy	1.5%	10					
Strong family values	12.2%	80					
Community involvement	11.5%	75					
Healthy behaviors and lifestyles	2.0%	13					
Good place to raise children	12.7%	83					
Good place to grow old	15.1%	99					
Low infant death rate	6.0%	39					
Race and gender equality	2.4%	16					
Clean environment	8.4%	55					
Affordable quality housing	18.5%	121					
Low death and disease rates	3.4%	22					
Religious or spiritual values	14.2%	93					
Arts and cultural events	5.4%	35					
Good health care system	17.8%	116					
Adequate public transportation	1.4%	9					
Reasonable cost of living	30.0%	196	28.5%	31.5%	28.0%	32.0%	3
Other (please specify)	1.5%	10					
<i>answered question</i>		654					
<i>skipped question</i>		3					
95% confidence interval +/- 1.49%							
99% confidence interval +/- 1.96%							

Table 3

Stephenson County Health Assessment Survey 2013					
Please select what you think are the three most unhealthy behaviors that impact the overall community in Stephenson County. Check only three items:					
Answer Options	Response Percent	Response Count	CI 95%	CI 99%	Rank
Alcohol abuse	39.7%	261	38.2-41.2%	37.7-41.7%	2
Being overweight	48.4%	318	46.9-50.4%	46.4-50.4%	1
Dropping out of school	21.2%	139			
Drug abuse	39.0%	256	37.5-40.5%	37.0-41.0%	3
Inactivity or lack of exercise	18.7%	123			
Violence	16.6%	109			
Eating unhealthy foods	12.6%	83			
Racism/prejudice	7.3%	48			
Tobacco use	21.0%	138			
Not using birth control	10.0%	66			
Unprotected sex	20.4%	134			
Not using seatbelts/child seats	1.4%	9			
Not getting immunizations (or "shots") to prevent disease	1.5%	10			
Criminal behavior	24.8%	163	23.3-26.3%	22.8-26.8%	4
Distracted driving (texting/talking on cell phone)	16.9%	111			
Other (please specify)	2.0%	13			
answered question		657			
skipped question		0			
95% confidence interval +/- 1.49		1.49%			
99% confidence interval +/- 1.96		1.96%			

Table 4

Stephenson County Health Assessment Survey 2013							
Please select what you think are the three health problems that have the greatest impact on overall community health in Stephenson County. Check only three items:							
Answer Options	Response Percent	Response Count	CI 95%		CI 99%		Rank
Motor vehicle accidents	14.2%	93					
Sexual harassment/sexual assault	1.8%	12					
Mental health issues	23.7%	156					
Domestic violence	7.5%	49					
Child abuse/neglect	7.3%	48					
Elder abuse/neglect	0.3%	2					
Poor health care system	5.2%	34					
Suicide	0.8%	5					
Violent crime (homicide, robbery, and assault)	15.7%	103					
Property crime (burglary and motor vehicle theft)	26.0%	171					
Teenage pregnancy	25.3%	166					
Firearm-related injuries	2.6%	17					
Obesity	38.5%	253	37.0%	40.0%	36.5%	40.5%	2
Poverty	46.4%	305	44.9%	47.9%	44.4%	48.4%	1
HIV/AIDS	1.1%	7					
Sexually-transmitted disease (STD) not including HIV	8.7%	57					
Infectious disease not including STD (hepatitis, Lyme disease, meningitis)	0.9%	6					
Alcohol or drug abuse	32.3%	212	30.8%	33.8%	30.3%	34.3%	3

Tobacco use	6.5%	43					
Lack of access to health care or health information	5.0%	33					
Lack of access to dental care	7.2%	47					
Chronic disease (cancer, diabetes, heart disease, and high blood pressure)	14.6%	96					
Problems related to aging including arthritis and hearing or vision loss)	4.3%	28					
Lack of access to fresh fruit and vegetables	1.5%	10					
Other (please specify)	4.4%	29					
		answered question	657				
		skipped question	0				

95% confidence interval +/- 1.49%
99% confidence interval +/- 1.96%

Table 5

Stephenson County Health Assessment Survey 2013		
How would you rate Stephenson County as a healthy place to live? Check one item:		
Answer Options	Response Percent	Response Count
Very Unhealthy	1.1%	7
Unhealthy	8.2%	53
Somewhat healthy	48.8%	316
Healthy	38.3%	248
Very Healthy	3.6%	23
	answered question	647
	skipped question	10

95% Confidence interval +/- 3.86%
99% Confidence interval +/- 5.08%

References

1. www.surveymonkey.com

2. Stephenson County 21st Century Healthy Communities 2003-2008. Stephenson County Health Department, August, 2004.
3. Stephenson County 21st Century Healthy Communities 2009-2014. Stephenson County Health Department, August, 2009.
4. <http://quickfacts.census.gov/qfd/states/17/17177.html>
5. www.surveysystem.com/sscalc.htm

Forces of Change Focus Groups

Introduction

Five focus groups were conducted during late summer/fall of 2013. The first group was made up of 28 women. A second group was made up of 5 rural county residents and financial institutions. The third group was made up of 12 African-American residents who assembled at the Boys and Girls Club in Freeport. A fourth group consisted of 30 residents of a neighborhood watch group. A final fifth group consisted of 21 residents at the Senior Center.

Each focus group was asked to do a **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats (SWOT) analysis of Stephenson County. Although each group focused on issues of concern specific to their places of residence and to their personal experiences, there was consistency in their overall responses on the forces, internal and external, that are helping to shape Stephenson County and which directly and indirectly impact the health of the community.

The SWOT questions were framed in such a way toward community health. Responses addressed both traditional health issues but just as important nontraditional and indirect health issues were observed and recorded.

What strengths exist in Stephenson County that will allow us to improve community health?

What weaknesses exist in Stephenson County that will prevent us from improving community health?

What opportunities exist in Stephenson County on which we may capitalize to improve community health?

What are threats to community health in Stephenson County?

The responses developed by each group are summarized in the appendix, and the responses developed by individual focus groups are also located in the appendix as separate documents.

A common theme of poverty and unemployment was very clear with several mentioning of personal health issues of cancer and obesity, some risk factors, alcohol and drug abuse, under used behavioral health issues. Although, poverty and unemployment were prominent, this may in fact be due to the media exposure to the issues. The public can observe abandoned houses, read about unemployment rates and be reminded of the businesses that have left the area.

Health issues such as cancer, obesity, and alcohol and drug abuse often are less observed unless it directly affects a person or family member or “they know” the person in some capacity.

Some health related issues that were observed as a weakness or threat are listed below. Many of the responses help to identify barriers, critical issues and support to identify the health priorities.

Health

- Insufficient and expensive mental health services for children
- Barriers to healthcare: cost of care, insurance limiting coverage, primary care limited to normal business hours, lack of transportation to health care facilities
- **Lack of access and utilization of health care system by people of color**
- Continued increased cost of health insurance
- **Lack of health and nutrition education**
- Decreased or “flat” funding for mental health and disability services, including alcohol, tobacco and other drug (ATOD) interventions and follow up, especially with youth
- **ATOD among youth; possibly under reported**
- **Increased cancer rates in the county**
- **Continued health disparities**

Community and Social Environment

- Increasing number of single-parent families
- **Alcohol and drug abuse**
- Cultural norms shifting -- acceptance of poor quality of life, lack of sense of community, lack of value of education, breakdown of family structure
- **Increasing drug and alcohol abuse**
- Increasing property and violent crime

Local Community Health System – The Assessment

One of the main components of MAPP is the Local (Community) Public Health System Assessment. It is designed to identify and evaluate community health system assets and resources. In particular, we look at the system within Stephenson County so that we can answer the question, “What are the components, activities, competencies and capacities of our system?” A series of questions measures performance as it relates to a set of national standards. Ultimately these questions generate recommendations for improvement and are used to identify critical issues that affect the community.

The Local Public Health System Tool, a component of the National Public Health Performance Standards Program, was used to complete the assessment. To describe the broad nature of this assessment and reduce confusion with the local public health department, a decision was made to refer to this process as the Local (Community) Health System Assessment versus the Local Public Health System Assessment. This provides a unique opportunity to make a comparison of the current 2014 analysis with results in 2004 and 2009 and to identify improvement.

The assessment tool is based on “10 Essential Public Health Services,” a nationally-accepted standard for describing overall community health activities. The 10 Essential Services are broken down into 31 indicators that represent major components, activities or practice areas of the essential services. Associated with each indicator are model standards that describe aspects of optimal performance. Within the assessment tool, the model standards are followed by a series of assessment questions that measure performance.

The purpose of the National Public Health Performance Standards Program (NPHPSP) is to provide measurable performance standards that public health systems can use to ensure the delivery of public health services. The Local Public Health System Assessment Instrument focuses on the “local public health system” or all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations.

There are four concepts that have helped to frame the NPHPSP:

1. As mentioned previously, the standards are **designed around the 10 Essential Public Health Services**. The use of the Essential Services assures that the standards fully cover the gamut of public health action needed at state and community levels.
2. The standards **focus on the overall public health system**, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. This assures that the contributions of all entities are recognized in assessing the provision of essential public health services.
3. The standards **describe an optimal level of performance** rather than provide minimum expectations. This assures that the standards can be used for

continuous quality improvement. The standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve.

4. The standards are intended to **support a process of quality improvement**. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

The 10 Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

To complete the assessment, a core team of five committee members reviewed the 10 Essential Services. Based on this initial review, community members knowledgeable in each of the specific areas were identified and invited to participate in the process. Compiled assessment responses were submitted electronically to the Centers for Disease Control (CDC) and results were returned. Table 1 shows summary scores for three years.

Each Indicator/Model Standard question was scored by applying a complex statistical formula to the response entered on the Assessment Tool. The Indicator/Model Standard scores were averaged and multiplied by 100 to arrive at a percentage score for the Essential Service. An Indicator/Model Standard is considered:

- Optimal if >75% of the activity described within the question is met.
- Significantly met between 50% and 75%.
- Moderately met between 25% and 50%.
- Minimally met is greater than 0 but less than 25%.
- No activity is 0% or absolutely no activity.

**Stephenson County Local Health System Assessment
Essential Health Service Summary Scores (Table 6)**

	(Percent of standard met)		
	<u>2004</u>	<u>2009</u>	<u>2014</u>
Diagnose/Investigate Health Problems and Hazards	87	99	95.8
Evaluate Effectiveness, Accessibility and Quality of Personal- and Population-Based Health Services	87	81	95.8
Mobilize Community Partnerships to Identify and Solve Health Problems	78	81	96.9
Develop Policies and Plans that Support Individual and Community Health Efforts	77	96	93.8
Inform, Educate, and Empower People of Health Issues	76	82	94.4
Enforce Laws and Regulations that Protect Health and Ensure Safety	76	99	100
Assure a Competent Public and Personal Healthcare Workforce	73	77	98.4
Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable	62	80	100
Research for New Insights and Innovative Solutions to Health Problems	56	80	97.9
Monitor Health Status to Identify Community Health Problems	55	86	97.2
Overall Average	72.7	86	97.0

Community Health System Assessment 2014

An indicator model standard is considered:

- Optimal if >75% of the activity described within the question is met
- Significantly met between 50% and 75%
- Moderately met between 25% and 50%
- Minimally met is greater than 0 but less than 25%
- No activity is 0% or absolutely no activity.

Table 7 shows each of the 10 Essential Services in **bold** along with scores of the subcategories. The values indicated represent the percent of the model standard that was met.

Summary of performance scores by Essential Public Health Service (EPHS) and model standard (Table 7) (% of standard met)		
ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA) <i>At what level does the local public health system:</i>	
1.1.1	Conduct regular community health assessments?	100
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	100
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data <i>At what level does the local public health system:</i>	
1.2.1	Use the best available technology and methods to display data on the public's health?	100
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	100
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	100
1.3	Model Standard: Maintenance of Population Health Registries <i>At what level does the local public health system:</i>	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	100
1.3.2	Use information from population health registries in community health assessments or other analyses?	100
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats <i>At what level does the local public health system:</i>	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	100
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	100
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100

2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	100
2.3	Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100
ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	100
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	75
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	100
3.2	Model Standard: Health Communication <i>At what level does the local public health system:</i>	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	100
3.2.3	Identify and train spokespersons on public health issues?	100
3.3	Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	100
3.3.2	Make sure resources are available for a rapid emergency communication response?	100
3.3.3	Provide risk communication training for employees and volunteers?	100
ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	Model Standard: Constituency Development <i>At what level does the local public health system:</i>	
4.1.1	Maintain a complete and current directory of community organizations?	100

4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	75
4.1.3	Encourage constituents to participate in activities to improve community health?	100
4.1.4	Create forums for communication of public health issues?	100
4.2	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	100
4.2.2	Establish a broad-based community health improvement committee?	100
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	100
ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	100
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	50
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	100
5.2	Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	100
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	100
5.2.3	Review existing policies at least every three to five years?	100
5.3	Model Standard: Community Health Improvement Process and Strategic Planning <i>At what level does the local public health system:</i>	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	100
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	100
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	100
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	100
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	100
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	100
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	100
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	100
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	100
6.3.5	Evaluate how well local organizations comply with public health laws?	100
ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	100
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	100
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	100
7.1.4	Understand the reasons that people do not get the care they need?	100
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	100

7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	100
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	100
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	100
ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	100
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	100
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	100
8.2	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	100
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	100
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	100
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	100
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	100
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	100
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	100
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	100
8.4	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	100
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	100

8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	100
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	75
ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	100
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	75
9.1.3	Identify gaps in the provision of population-based health services?	100
9.1.4	Use evaluation findings to improve plans and services?	75
9.2	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	100
9.2.2	Compare the quality of personal health services to established guidelines?	100
9.2.3	Measure satisfaction with personal health services?	100
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	100
9.2.5	Use evaluation findings to improve services and program delivery?	100
9.3	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	100
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	100
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	100
9.3.4	Use results from the evaluation process to improve the LPHS?	100
ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	Model Standard: Fostering Innovation <i>At what level does the local public health system:</i>	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	100
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	100
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	100
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	100

10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research <i>At what level does the local public health system:</i>	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	100
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	100
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	100
10.3	Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	100
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	100
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	100
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	75

Analysis of Key Results from 2014 Local Public Health System Assessment

All of the average scores for each of the 10 overall Essential Public Health Services ranked in the optimal category. We achieved an overall average score of 97. Results of this assessment clearly show that the 10 Essential Services are being met in Stephenson County in varying degrees. While the majority of questions in these services received high marks, some specific areas should be reviewed for improvement.

The following recommendations were identified by the Local Community Health System (LCHS) Committee:

1. The LCHS organizations need to conduct a more coordinated/integrated health education and/or health promotion campaign to achieve an educated and empowered population.
 - The LCHS needs to establish a Community Coordination Committee. Efforts should include better communication, constituency development, and partnerships among private, public, and nonprofit institutions.
 - The LCHS needs to evaluate health education/promotion activities on an ongoing basis.
2. The LCHS needs to provide a broad-based community health improvement committee that meets and reports on a regular basis.
 - The County Health Department needs to establish frequency to assess progress toward community health priorities that are established.
3. The LCHS has identified populations with barriers to personal health services.
 - The LCHS should analyze service needs and on ongoing barriers.
 - The LCHS needs to provide a comprehensive approach to link populations to health services.
 - The LCHS indicates a need to emphasize the importance of behavior and psychological processes as they contribute to medical illness, and the LCHS encourages the integration of behavioral health in addressing medical issues.
4. The LCHS needs to promote community-wide use of the Community Health Profile (CHP) and data.
 - The LCHS data should be used by foundations and grant-seeking organizations.
 - The LCHS needs to integrate the health data to more website links.
 - The LCHS should encourage use of the 21st Century Health Community plan in the area hospital CNA plans.
5. The LCHS needs to align an emergency response plan with the county plan. There appear to be many individual plans, but they may not be aligned with the county.
 - The LCHS and Stephenson County Emergency Management need to conduct, evaluate, and coordinate their plans with a tabletop exercise.

General Statement of Strengths

1. The LCHS has developed strong partnerships to solve health issues, conduct need assessments, and maintain strategic alliances.
2. The LCHS has assured a competent public and personal healthcare workforce by developing and maintaining workforce standards, promoting life-long learning and continuing education opportunities, and encouraging public health leadership development.

Other Concerns:

In Service 10, areas of greatest opportunity are in proposing to research organizations' issues for inclusion in their research agenda, encouraging community participation in the development or implementation of research, and evaluating research activities.

Summary

With an overall score of 97, the community and personal health systems in Stephenson County rank in the "optimally met" category. Further, there was a substantial improvement in 2014 as compared to values found in 2009. In 2004 the average score was 72.76, in 2009 the score was 86, and in 2014 the score was 97, which reflects a net change improvement of 11 percentage points.

The Community Health System Assessment for Stephenson County was completed as part of the MAPP process. Results of the assessment provide a baseline measure of our strengths and opportunities as well as how our health system activities and practices rank. It is anticipated that the areas of strength identified in the Assessment will play a role in the action plans developed to address community health goals and priorities. The identified opportunities for improvement within the health system will need to be reviewed in relation to the health priorities and actions for improvement in the system planned as needed.

A request has been made to the CDC for comparison data from other counties that have completed the Assessment.

GOAL, STRATEGIES, CRITICAL ISSUES

INTRODUCTION

Phase 4: Stephenson County is located along the Wisconsin/Illinois border near the northwest corner of the state. Current population is approximately 48,979, in an area of 568 square miles, or 363,530 acres, which includes about 25,000 acres of wetlands. The largest municipality is the city of Freeport, with slightly more than half of the county's population. Among the largest rural villages are Winslow, McConnell, Lena, Cedarville, and Pearl City, Dakota, and Davis, together creating a sizable population. Stephenson County, while in close proximity to the metropolitan Chicago-area (120 miles) and Madison, Wisconsin (65 miles), remains a constant rural enclave surrounded by farm fields and bedroom communities.

Many aspects of life in Stephenson County affect the health and well-being of its citizens. A healthy community encompasses social and economic dimensions as well as areas traditionally defined as "health."

Based on data from the four MAPP assessments, the Stephenson County 21st Century Healthy Communities Steering Committee selected four broad health goals and three health problem areas/issues:

Critical Issue Overarching

1. Poverty
2. Unemployment/Economy
3. Crime/Child Abuse/Neglect

Critical Issue Health

1. Obesity
2. Cancer Mortality
3. Substance Abuse/Behavioral Health
4. Pre-term and Low-Birth-Weight Births

These health goals and priorities demonstrated the existence of gaps or unmet needs in Stephenson County and formed the base for Healthy Community activities. Recognizing the importance of social and economic conditions, the Steering Committee also identified four overarching issues that exert a significant influence on the people of Stephenson County. These issues were prioritized using a modified Hanlon Method.

Analysis of the issues included discussions of why an issue is strategic, what happens by not addressing it, and a consolidation of related issues. The Hanlon Method used the following parameters:

- size of problem,
- seriousness,
- effective interventions,
- propriety, economic feasibility, acceptability to the community, resources, and legality.

On May 16, 2014, the Steering Committee met to establish goals, strategies, and intervention strategies. This was accomplished through the MAPP Phase 5 steps:

- 1) Develop goals related to the vision and strategic issues
- 2) Generate strategy options
- 3) Consider barriers to implementation
- 4) Consider implementation details
- 5) Select and adopt strategies (interventions)

The results of Phase 5 are summarized in this Goals, Strategies, and Critical Issues section. The critical health issues are further defined within the Health Plan Worksheets.

Phase 6, the Action Cycle of Planning, Implementation, and Evaluation, was also discussed and formulated over the next several months. Each of the goals contained measurable outcomes and impact objectives, along with program evaluations. These action plans were reviewed for coordination opportunities. The SCHED will oversee the implementation/action plan process.

Action plans, objectives, and accountability were developed and incorporated into Health Plan Worksheets.

HEALTH GOALS

- Increase the Quality and Length of Life
- Reduce Health Disparities
- Improve Healthcare Access

HEALTH PRIORITIES

1. Obesity
 - Diet
 - Inactivity
2. Cancer Mortality
 - Premature Death among African-Americans
3. Substance Abuse

OVERARCHING ISSUES

1. Poverty
2. Local Economy and Unemployment
3. Crime
4. Child Abuse/Neglect

OVERARCHING ISSUES AFFECTING THE HEALTH OF STEPHENSON COUNTY

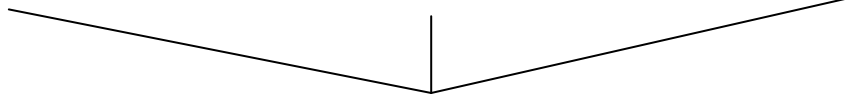
POVERTY UNEMPLOYMENT CRIME CHILD ABUSE/NEGLECT

HEALTH GOALS AND PRIORITIES (TO ADDRESS GAPS AND UNMET NEEDS)

INCREASE THE QUALITY
AND LENGTH OF LIFE

REDUCE HEALTH
DISPARITIES

IMPROVE HEALTHCARE
ACCESS



OBESITY

- Diet
- Inactivity

CANCER MORTALITY

- Premature death of African-Americans

SUBSTANCE ABUSE

- Alcohol
- Tobacco
- Marijuana

The following section describes the data to establish goals for the community.

OVERARCHING ISSUES

POVERTY

FINDINGS

Data

Based on 2011 Census estimates, 14.5% of the county's population lives at or below poverty, similar to the state (14.9%) but lower than the nation (15.9%).

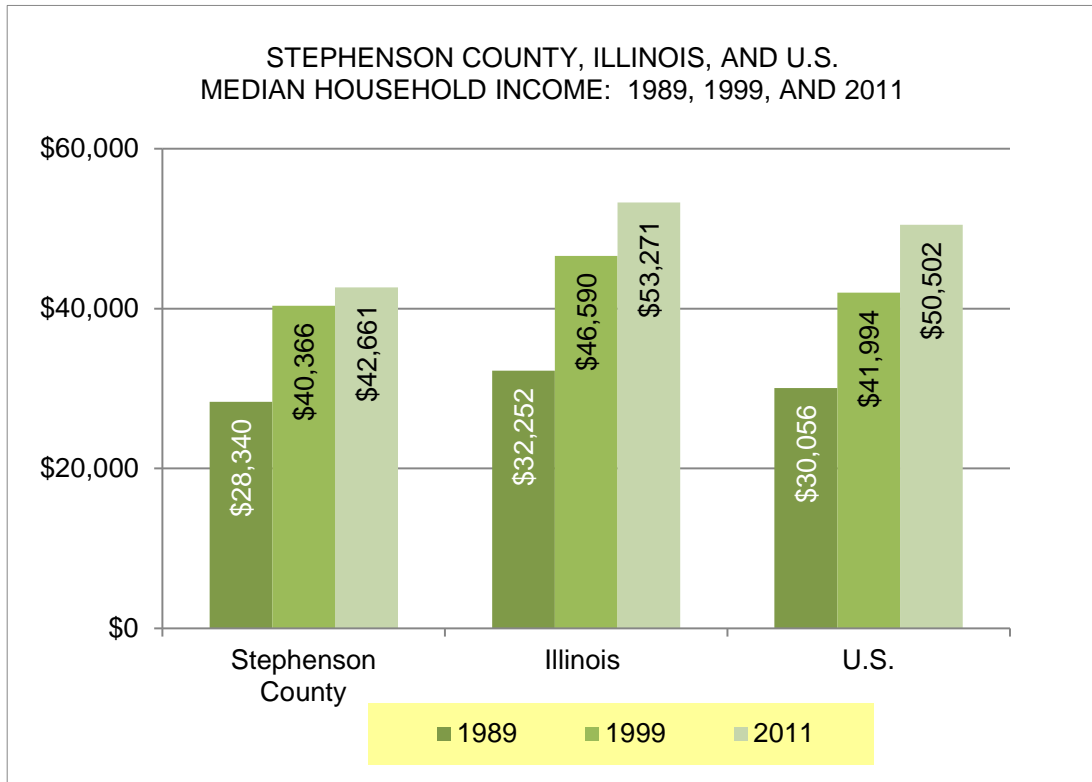
- Known as the ratio of income to poverty, those living in extreme poverty (under 50% of the poverty threshold) are 5.9% of the county's population. An additional 8.8% live between 50%-99% of poverty. Those at 100%-199% poverty are considered "struggling" or near poor. They make up 18.6% of Stephenson County's population. Altogether, 15,615 persons in the county or one in three (33.3%) are poor or near poor.
- One-quarter (24.3%) of the county's children live in poor homes, more than Illinois (21.3%) and U.S. (22.5%). In 1999 and 1989, childhood poverty in Stephenson County was below state and national levels.
- Poverty is more common among certain populations. More than one in two (52.9%) of the county's single female-parent families with children at home are poor. Seniors have the lowest poverty rate, 6.4%.

STEPHENSON COUNTY, ILLINOIS AND U.S. POVERTY FOR ALL PERSONS AND CHILDREN 0 - 17: 1989, 1999 AND 2011

Year	Stephenson County		Illinois	U.S.
	Number	Percent	Percent	Percent
2011				
All Persons	6,791	14.5%	14.9%	15.9%
Children 0 - 17	2,534	24.3%	21.3%	22.5%
1999				
All Persons	4,310	9.0%	10.7%	12.4%
Children 0 - 17	1,409	11.6%	14.0%	16.1%
1989				
All Persons	4,679	9.9%	11.9%	13.1%
Children 0 - 17	1,620	13.4%	16.8%	17.9%

Source: U.S. Census Bureau, 2000 and 1990 censuses and
2011 Small Area Income and Poverty Estimates

- Stephenson County's 2011 median household income at \$42,661 falls below Illinois (\$53,271) and U.S. (\$50,502). From 1999 to 2011, the county's median household income rose by 5.7%, much less than the state increase of 14.3% and U.S. 20.3%. Between 1989 and 1999, the county's 42.4% rise in median household income was on par with Illinois (+44.5%) and the nation (+39.7%).



Source: US Bureau of Census

- Blacks and Hispanics in Stephenson County are far more likely to be poor than whites. More than one-third (37.1%) of blacks live at or below the poverty line as do 44.5% of Hispanics compared to 10.8% among whites. While this poverty gap based on race/ethnicity also occurs on the state and national level, the gap is wider in Stephenson. Another difference is that Hispanics typically have a lower proportion in poverty than blacks though that is not the case in this county.
- More than half (53.2%) of school-age children in Stephenson County are eligible to receive free and reduced price lunch, a program for students who live in homes where the income falls below 185% poverty. This level almost matches the state as a whole at 54.2%. Locally, the percentage of children eligible for free and reduced lunch has escalated dramatically over the past decade (33.7% in 2003).

STEPHENSON COUNTY AND ILLINOIS PERCENT OF STUDENTS ELIGIBLE FOR FREE AND REDUCED SCHOOL LUNCHES: 2003-2013

Year	Percent of Students	
	Stephenson County	Illinois
2013	53.2%	54.2%
2012	49.8%	53.6%
2011	49.4%	51.7%
2010	47.2%	51.5%
2009	41.1%	49.0%
2008	40.8%	47.1%
2007	41.1%	46.9%
2006	39.3%	45.5%
2005	38.9%	45.2%
2004	35.6%	44.5%
2003	33.7%	42.7%

Students who are eligible for free or reduced-price lunches live in households with incomes up to 185% of poverty threshold.

Source: Illinois State Board of Education, Nutrition Programs, Free and Reduced Price Meal Eligibility Data

Community Survey

2013 respondents indicated poverty as the most important health issue. In 2008, respondents indicated poverty as the third most important health-related problem in the county. This contrasts with the 2003 results in which poverty was not identified as one of the top three problems, although census data at the time suggested that it was a critical issue for the community.

Connection to Health

Poverty and low income levels affect many of the most significant health problems in Stephenson County. Poverty relates directly to healthcare access. The Stephenson County Healthy Communities steering committee also identified poverty as a contributing factor for premature death of African-Americans, and substance abuse. Poverty is most certainly interrelated to other critical issues such as crime, child abuse/neglect, unemployment/economy, and academic underachievement.

Justification

Healthy People 2020 suggest inequalities in income and education underlie many health disparities in the United States. Income and education are intrinsically related and often serve as proxy measures for each other. In general, population groups that suffer the worst health status are also those that have the highest poverty rates and the least education. Disparities in income and education levels are associated with differences in the occurrence of illness and death, including heart disease, diabetes, obesity, elevated blood lead levels, and low birth weight. Higher incomes permit increased access to medical care, enable people to afford better housing and live in safer neighborhoods, and increase the opportunity to attend better schools and to engage in health-promoting behaviors.

GOAL: By 2019, reduce poverty by 10% (13.1%)
Baseline 14.5%

Strategic Issue

How can Stephenson County monitor poverty concerns, risk factors and
Implement effective strategies to reduce them?

Strategy: The Stephenson County Poverty workgroup will focus on the six elements necessary to pave a pathway out of poverty:

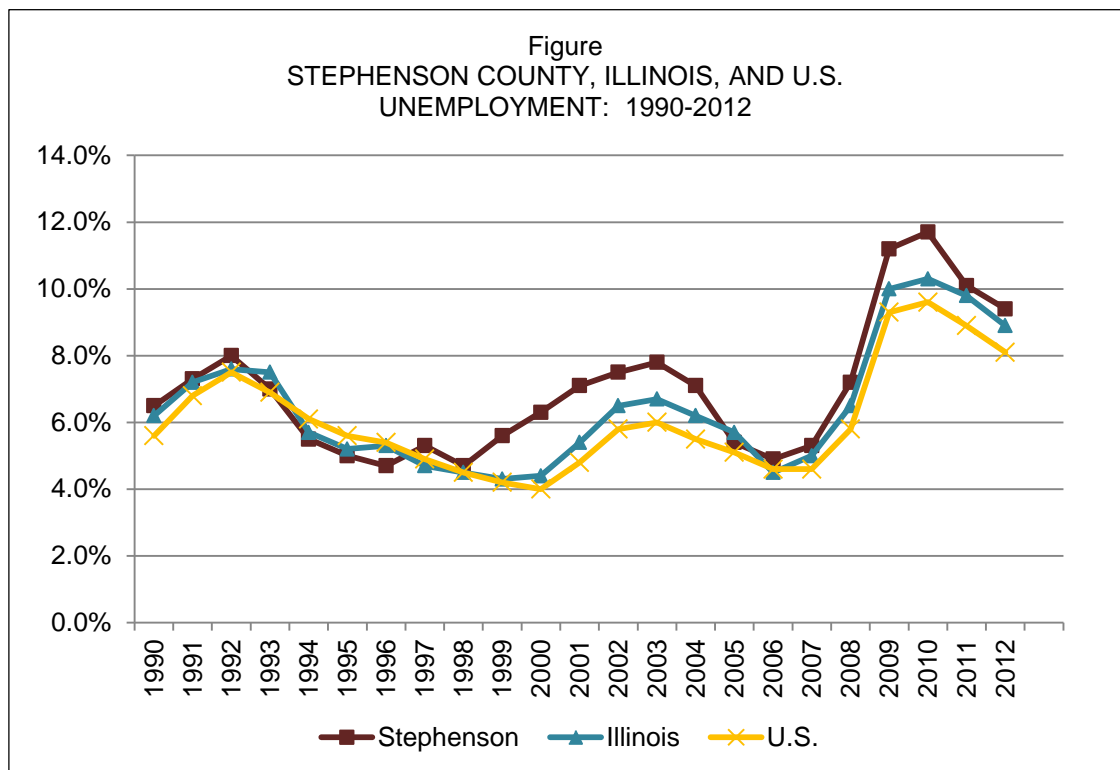
1. Education: Equal access to quality education.
2. Employment: Engage in meaningful and sustainable work.
3. Health: Affordable and quality healthcare.
4. Housing: Safe, decent, and affordable housing.
5. Nutrition: Adequate food and nutrition.
6. Basic Necessities: Dependable/affordable transportation, quality/affordable child care.

LOCAL ECONOMY AND UNEMPLOYMENT

FINDINGS

Data

- Based on Illinois Department of Employment Security (IDES) Local Employment Dynamics data, Stephenson County's three top industry types in 2012 were manufacturing, health care/social assistance and retail trade. Education and finance/insurance fall at fourth and fifth places. These data encompass employees who work in Stephenson County.
- Compared to 12 years earlier, the county's biggest proportional loss in terms of number of employees has taken place in manufacturing (-46.7%), while the biggest gain has occurred for agriculture (+62.8%).
- Stephenson County unemployment in 2012 stood at 9.4%, a four-year low. Unemployment was highest in 2010 at 11.7%. The county's unemployment rate has consistently exceeded state and national levels since 2006.



- Stephenson County's 2011 median household income at \$42,661 falls below Illinois (\$53,271) and U.S. (\$50,502). From 1999 to 2011, the county's median household income rose by 5.7%, much less than the state increase of 14.3% and U.S. 20.3%. Between 1989 and 1999, the county's 42.4% rise in median household income was on par with Illinois (+44.5%) and the nation (+39.7%).
- In Stephenson County, 64.4% of adults ages 16 years and older participated in the 2011 labor force, a decrease from 65.9% in 2000 and 66.6%, 1990. Almost three

in four (72.9%) males are current labor force participants as are 61.6% of the county's females. Male labor force participation has fallen over the past two decades while female participation has increased.

- More than four in five Stephenson County children have all parents in the labor force. This situation is the case for 80.3% of children under age 6 and 82.0% of children 6-17. These levels far exceed the state (65.1%, 71.7%) and U.S. (64.1%, 71.2% for children under 6 and 6-17, respectively).
- Among Stephenson County adults ages 25 years and older, almost nine in ten (88.7%) have completed high school, exceeding the state (86.6%) and nation (85.4%). The proportion of local adults, however, who have obtained a four-year college degree at 17.8% is much lower than Illinois (30.7%) and U.S. (28.2%).
- Stephenson County's 2011 median home price stood at \$104,500 and is far lower than the statewide (\$198,500) and U.S. (\$186,200) medians.
- Considered a community-based measure of affordable living is the proportion of households paying 30% or more of their income on housing. In Stephenson County, 28.6% of owners with a mortgage pay 30%+ on housing, below Illinois (38.6%) and U.S. (37.4%). Among local homeowners without a mortgage, 15.2% pay 30%+ for housing, about the same as U.S. (15.3%), though lower than the state (16.7%).

Community Survey

- In 2013 Stephenson County respondents ranked "Good Jobs and Healthy Economy" an important factor in defining a healthy community. However, "Good Jobs and Healthy Economy" was not seen as a current asset.
- Of the 12.3% of respondents who stated that they were not employed, 33.7% were retired; 13.9% were disabled; and 19.8% could not find work. Of those individuals who could not find work, none had a college degree, and all claimed to be healthy. 32% of these people were white, and 50% were Black.

Connections to Health

An analysis of the Stephenson County 21st Century Healthy Communities priority health problems showed that many of them link to economic factors. The issue of economy and unemployment/underemployment was cited as a risk or contributing factor to

1. healthcare access
2. health disparities
3. substance abuse
4. obesity/overweight
5. low birth weight
6. cancer mortality - access to care

The impact on other significant community issues was equally strong, with relationships drawn between economy and

1. poverty,
2. crime, and
3. child abuse/neglect

Justification

Healthy People 2020 indicates that disparities of income and education levels are associated with differences in the occurrence of illness and death, including heart disease, diabetes, obesity, elevated blood lead levels, and low birth weight. Higher incomes permit increased access to medical care, enable people to afford better housing and live in safer neighborhoods, and increase the opportunity to engage in health-promoting behaviors.

Goal: Reduce unemployment in Stephenson County to a level below that of the State of Illinois.

Strategic Issue

How can Stephenson County monitor unemployment, associated risk factors and Implement effective strategies to reduce them?

Strategies:

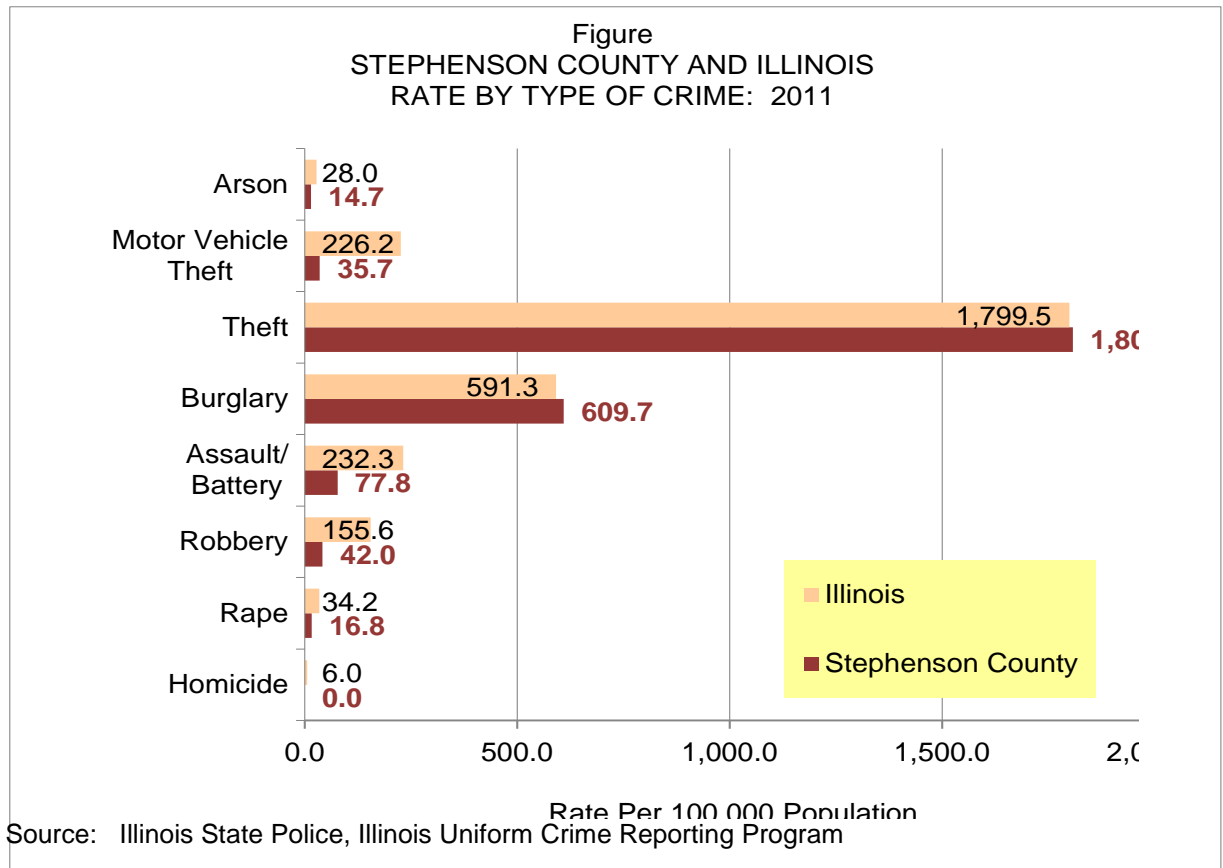
1. Increase economic development within the region.
2. Encourage and support WDI working committees.
3. Continue the development of public transportation.
4. Continue workforce redevelopment programs such as “We Want to Work.”
5. Support Certificate of Eligibility/Work Keys initiative partnerships between educators and employers.

CRIME, CHILD ABUSE & NEGLECT

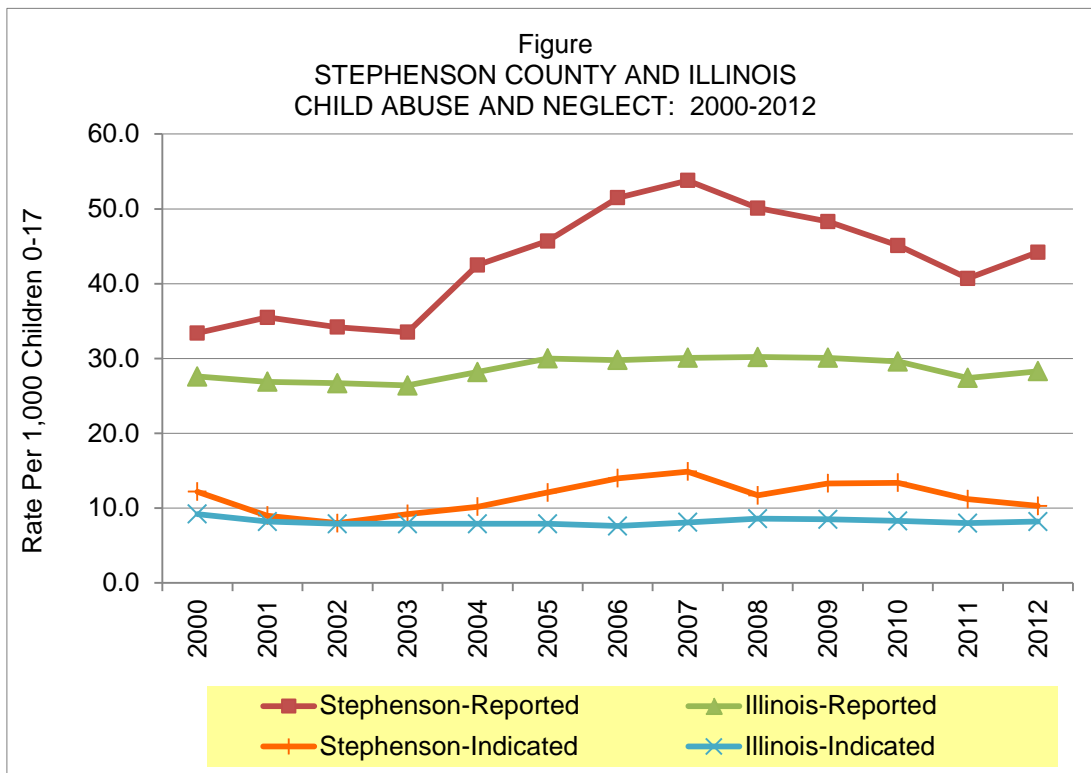
FINDINGS

Data

- Stephenson County reported 1,239 crimes in 2011, a rate of 2,605.0 per 100,000 population below the state at 3,073.1. The vast majority of crimes (95.0%) are property-related and most of those are theft which accounted for 69.4% of total crimes in the county in 2012. Violent crimes numbered 65 in 2011, a rate of 136.6 per 100,000, far below the state at 428.1. Property crimes numbered 1,174, a rate of 2,468.2, much closer to the state rate of 2,645.0 than violent crimes. While Stephenson County property crime rates have increased slightly over the past ten years, violent crime rates showed an overall decrease.
- Drug arrests in Stephenson County totaled 253 in 2011, up from the two previous years but at or below all years between 1998 to 2008. The 2011 number is less than half as many as 1998. Almost half (47.4%) of drug arrests are cannabis-related (120), followed by drug paraphernalia (66) and controlled substances



- A record low number of motor vehicle crashes (936) took place on Stephenson County roads in 2011. This figure is 40.8% below the 2000 number of 1,581. The number of persons injured in these crashes likewise dropped dramatically over this 12-year period with 237 injured persons in 2011, 44.8% below the 429 injured in 2000.
- During 2012, 543 children were reported as abused in Stephenson County, a rate of 44.2 per 1,000 children ages 0-17, 56% above the state at 28.3. The county's highest number of reported child abuse within the past decade occurred in 2007. Of the 2012 reported cases, 126 children (23.2% of reported) were indicated as being abused, a rate of 10.3, again surpassing the state at 8.2.



Source: Illinois Department of Children and Family Services, Child Abuse and Neglect Statistics Report.

Community Survey

- 7.3% of Stephenson County respondents indicated child and adult abuse as a health problem in the county.
- Only 20.0% of the respondents listed low crime/safe neighborhoods as an asset or strength in the county.

Justification

Healthy People 2020 recognize that communities, states, and national organizations will need to take a multidisciplinary approach to achieving health equity—an approach that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment, as well as data collection itself. One major determinant of a healthy community is the level of perception of being safe and the actual levels of crime and child abuse/neglect.

Goal

Improve the quality of life of Stephenson County residents by decreasing the level of property crime and the number of founded cases of child abuse/neglect.

How can Stephenson County monitor crime/child abuse concerns and implement effective strategies to reduce them?

Strategies

1. Encourage and support the activities of the Community Youth and Development Council to improve family management and parenting.
2. Implement and support after-school programs.
3. Implement substance abuse education programs such as Strategic Prevention Format (SPF).

HEALTH GOALS

Three broad goals define the vision for Stephenson County 21st Century Healthy Communities for the next five years (2014-2019). As statements of direction and guidance for the next five years, these goals stand alone as well as relate to each of the three health priorities. Stephenson County 21st Century Healthy Communities used *Healthy People 2020* along with the State Health Improvement Plan as its templates for the adoption of the three goals. These goals are presented on the following pages, accompanied by the data used to identify each as a health issue and the indicators and baseline data that will be used to monitor progress.

Health Goal 1 Increase the Quality and Length of Life

Health Goal 2 Reduce Health Disparities

Health Goal 3 Improve Healthcare Access

Health Goal 1 Increase the Quality and Length of Life

Findings

Over half of Stephenson County adults (55.6%) claim to have very good or excellent health, which is higher than the State and shows an increase since 2004. In addition, “poor physical health between 8 and 30 days” has decreased since the 2004 survey and now shows values less than the State. Further, Stephenson County adults report that the days their mental health is not good is less than the State rate; however, poor physical health limits more activities in the County than in the State.

- Two leading death causes exhibit substantially higher crude death rates among the county’s population in 2008-2010 over eight years earlier. The cancer death rate rose by 15.0%, while septicemia’s death rate more than doubled. Stephenson County’s 2006-2010 age-adjusted cancer incidence rate at 404.7 per 100,000 population falls below the state (491.2) as do the rates for both genders, with males at 455.8 cases per 100,000 (Illinois 566.6) and females at 369.9 (Illinois 440.3). Cancer occurs 23% more often in the county’s men than women.
- From the community survey, 96.9% of respondents rated their personal health as somewhat healthy (26.2%), healthy (63.1%), and very healthy (7.6%). A substantial number of black respondents (94.9%) rated their personal health as healthy, somewhat healthy, or very healthy.

STEPHENSON COUNTY AND ILLINOIS PERCEPTION OF HEALTH STATUS: 2007, 2004, 2001, AND 1997

Response	Percent of Population 18+					
	Stephenson County				Illinois 2006	
Rating of General Health	2007	2004	2001	1997	Rural	All
Excellent/very good	55.6%	49.2%	50.6%	53.9%	51.8%	51.2%
Good/fair	40.7%	47.3%	47.6%	44.2%	43.3%	45.1%
Poor	3.6%	3.5%	1.8%	1.9%	4.9%	3.7%
Days Mental Health Not Good Within Past Month						
1 - 7 Days	20.0%	19.7%	17.8%	27.3%	23.5%	25.9%
8 - 30 Days	10.8%	10.8%	10.6%	12.3%	9.1%	11.5%
Days Physical Health Not Good Within Past Month						
1 - 7 Days	26.6%	24.8%	21.1%	16.9%	24.9%	24.9%
8 - 30 Days	9.6%	13.5%	13.3%	12.7%	14.0%	12.4%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey

Strategic issue: How can Stephenson County monitor priority health concerns and risk factors and implement effective strategies to increase the quality of life and length of life for its citizens?

1. Reduce the percentage of adults who are overweight or obese.
2. Reduce the percentage of adolescents who are overweight or obese.
3. Reduce the cancer mortality rate.
4. Reduce the rate of drug- and alcohol-induced deaths.

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps for health priorities relating to this goal.

Health Goal 2

Reduce Health Disparities

Findings

Disparities by race exist for many health indicators. While these may reflect income and educational differences, factors such as culture, genetics, environment, and lifestyle likely play a role. The leading causes of death among Stephenson County blacks for 2008 to 2010 were cancer, heart disease, and perinatal conditions, versus cancer, heart disease and stroke for whites. Because death is largely a function of aging, Stephenson County's higher-than-state-and-U.S. crude death rates reflect the older-than-average age structure of the local population. To remove the effect of age, rates may be age-adjusted to a standard population. Stephenson County's 2010 age-adjusted death rate at 7.3 deaths per 1,000 population falls below Illinois (7.4) and U.S. (7.5).

Some health disparities exist in Stephenson County:

- Comparing death rates by race shows a wide gap between the county's black age-adjusted death rate (925.0 per 100,000) and whites (714.2). A similar disparity exists state and nationwide.
- Half (44.9%) of all African-American deaths occur before the age of 65. This "premature mortality" takes place far less commonly among whites with only one in six (17.3%) deaths under age 65. African-Americans in Stephenson County, like the U.S., have higher age-adjusted death rates due to both heart disease and cancer than whites.
- Death due to cancer of all types appears to be higher among Stephenson County African-Americans, although small numbers made analysis unreliable. African-Americans in Stephenson County, like the U.S., have higher age-adjusted death rates due to heart disease and cancer than whites. Cancer death claims more lives among African-Americans than any other cause, unlike whites, who die most often from heart disease.
- The Community Survey showed a significant percentage of black respondents (47%) and Latino respondents (47.4%) who did not have health insurance as compared to 11.2% of white respondents.

Indicators and Baseline Data

1. Percentage of deaths before age 65:
44.9% African-Americans; 17.3% whites (2006-2010)
53% African-Americans; 18% whites (2001-2005)
2. Age-adjusted death rates for African Americans/100,000 (2010)
925 (Stephenson County); 942 (IL); 898.2 (US)
3. Age-adjusted death rates for Cancer/100,000 (2006-2010):
206.1 African-Americans; 179.5 whites

Strategic issue: How can Stephenson County monitor priority health concerns and risk factors and implement effective strategies to decrease health disparities and improve health outcomes?

1. Reduce the percentage of African Americans who die before 65 years of age.
2. Reduce the cancer mortality rate.

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps for health priorities relating to this goal.

Health Goal 3 Improve Healthcare Access

Findings

- One in eight (12.2%) Stephenson County residents under 65, lacks health insurance coverage. Uninsured levels rise for persons with lower incomes in that one in five with incomes up to twice the poverty level (19.1%) and at 138% of poverty (19.6%) report having no health insurance. Local uninsured levels are lower than the state.
- For Stephenson County adults ages 18-64, 15.7% lack health insurance rising to 27.8% for persons at up to 200% poverty and 29.2% for persons up to 138% of poverty. These levels are considerably lower than the state (by ten percentage points for lower income persons).
- In 2012, Medicaid enrollees numbered 10,721 in Stephenson County, a record high that represents more than one-fifth (22.8%) of the population. In the past six years, enrollment has gone up by 53.7%. The community survey indicated a majority (93.4%) of the respondents who needed health care were able to obtain it. 71% obtained this care in Stephenson County.
- Community survey indicated 75% of respondents have some healthcare coverage (insurance, Medicare, Medicaid, VA). Among those with no coverage, a large percentage (74.3%) of respondents are male (39.4% white, 36.4% Black, and 21.2% Latino).

In the analysis of the local health system, National Public Health Performance model standards related to access were only partially met and needed improvement:

- assuring linkages of people to personal health services, particularly age-specific analysis of participation in prevention services.
- conducting a more coordinated/integrated health education and/or health promotion campaign to achieve an educated and empowered population.
- providing a broad-based community health improvement committee that meets and reports on a regular basis.

Indicators and Baseline Data

1. Percentage of Stephenson County adults with a usual healthcare provider

85.2% (2011) 85.6% (2007) 82.1% (2004) 80% (2001)

2. Immunization rate at age two

91% (2013) 90.2% (2006) 94% (2004) 78% (2001)

Strategic issue: How can Stephenson County monitor priority health concerns and risk factors and implement effective strategies to increase access to care for its citizens?

Strategic issue: How can Stephenson County promote health concerns, identify risk factors and implement effective prevention strategies to increase good health outcomes of its citizens?

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps for health priorities relating to this goal.

Priority One: Obesity/overweight

FINDINGS

Data

- In 2007, almost two-thirds (64.9%) of Stephenson County adults were obese or overweight. One fourth (24.9%) of this group were obese. Healthy People 2020 recommend a target of 30.9% of adults 18 and over being obese. Although the percentage of Stephenson County adults who are considered obese is less than the Healthy People target value, it was still above the State and was a serious concern of the committee.

STEPHENSON COUNTY AND ILLINOIS SELF-REPORTED WEIGHT STATUS: 2007

Weight Status	Percent of Population 18+	
	Stephenson County	Illinois
Normal/underweight	34.5%	39.0%
Overweight	40.5%	36.0%
Obese	24.9%	24.7%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

- Six in ten Stephenson County adults did not achieve the “moderate activity standard” of five times for 30 minutes per week. Five in ten did not meet the recommended level of physical activity or are inactive. Healthy People 2020 recommend a target of 47.9% of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.

STEPHENSON COUNTY SELF-REPORTED FREQUENCY OF PHYSICAL ACTIVITY: 2007

Level of Physical Activity	Percent of Population 18+ - Stephenson County	Percent of Population 18+- Illinois
Meets Moderate Standard of 5 Times per Week at 30 Minutes		
Yes	35.9%	21.5%
No	64.1%	78.5%
Recommended Level of Physical Activity		
Meets or Exceeds	49.6%	32.1%
Does Not Meet	39.7%	57.0%
Inactive	10.6%	10.8%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

- Stephenson County adults report higher levels of diabetes and high blood pressure, two conditions associated with poor diet and lack of exercise, than statewide.

STEPHENSON COUNTY AND ILLINOIS SELF-REPORTED PREVALENCE OF SELECTED CONDITIONS: 2007

	Percent of Population 18+	
	Stephenson County	Illinois
High Blood Pressure	36.1%	27.9%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

SELF-REPORTED NUTRITION STATUS

Fruit/Vegetable Servings	SC	IL
0-2 per day	51.3%	42.8%
3-4 per day	33.3%	33.2%
5+ per day	15.4%	24.0%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

Body mass index of 6th grade students for the 2012/13 and 2013/14 school years showed that 26.95% and 28.81% respectively, were considered obese. *Healthy People 2020* recommend a target of <15.7%

BMI STEPHENSON COUNTY – 2013/14

Grade	K	6 th	9th
85th-93rd percentile	13.96%	17.88%	20.0%
94th-100 th percentile	14.34%	28.81%	24.31%
Total	28.3%	46.69%	44.31%

BMI STEPHENSON COUNTY – 2012/13

Grade	K	6 th	9th
85th-93rd percentile	21.17%	21.09%	20.47%
94th-100 th percentile	18.47%	26.95%	24.16%
Total	39.64%	48.04%	44.63%

Source: BMI records, Freeport School District, 2012/13; 2013/14

Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

Community Survey

Being overweight was named as the most important problem and behavior in the community.

Connections

Obesity indirectly ties to Stephenson County 21st Century Healthy Community overarching issues, namely, poverty and unemployment, along with the priority health issues of cancer, premature death, and several risk factors for substance abuse.

Justification

Healthy People 2020 indicate that overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades.

Healthy People 2020 further indicate that obesity is a result of a complex variety of social, behavioral, cultural, environmental, physiological, and genetic factors. Efforts to maintain a healthy weight should start early in childhood and continue throughout adulthood, as this is likely to be more successful than efforts to lose substantial amounts of weight and maintain weight loss once obesity is established.

A healthy diet and regular physical activity are both important for maintaining a healthy weight. Over time, even a small decrease in calories eaten and a small increase in physical activity can help prevent weight gain or facilitate weight loss. It is recommended that obese individuals who are trying to lose substantial amounts of weight seek the guidance of a healthcare provider. Individuals who are at a healthy weight are less likely to: develop chronic disease risk factors, such as high blood pressure and dyslipidemia; develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers; experience complications during pregnancy; or die at an earlier age. *Healthy People 2020* reflect strong science supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. The objectives also emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.

The State Health Improvement Plan (SHIP) includes Obesity as a priority health concern. Stephenson County concurs and aligns with two long-term outcomes listed in the State Plan. (SHIP 2010)

1. Reduce the proportion of children and adolescents who are overweight or obese.
2. Reduce the proportion of adults who are overweight or obese.

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

Priority Two: Cancer Mortality

Premature Death among African-Americans; all cancer deaths

FINDINGS

Data

- Stephenson County whites have a median age of 45.1 years, exceeding blacks (32.8) by more than 10 years and Hispanics (19.3) by more than 20 years.
- The county's race/ethnic makeup is less diverse than the state or nation. Stephenson County's 85.1% non-Hispanic white is far larger than Illinois and U.S., both at 63.7%, while the county's black proportion at 8.9% is considerably lower than the state (14.3%) and nation (12.2%), as is the 2.9% Hispanic which stands at one-fifth the state (15.8%) and national (16.3%) levels.
- Because death is largely a function of aging, Stephenson County's higher-than-state-and-U.S. crude death rates reflect the older-than-average age structure of the local population. To remove the effect of age, rates may be age-adjusted to a standard population. The top causes of death are cancer and heart disease followed by stroke, chronic lower respiratory diseases, and accidents.

Stephenson County Age-Adjusted Rates Death Rates 2008-10

Cause	Rate per 100,000 Population ¹		
	Stephenson County	Illinois	U.S.
Cancer (malignant neoplasms)	180.3	181.8	174.2
Heart disease	150.7	186.8	184.6
Stroke (cerebrovascular diseases)	50.8	40.5	40.2
Chronic lower respiratory diseases ²	49.1	40.9	43.2
Accidents (unintentional injuries)	36.4	31.2	38.2
Diabetes mellitus	18.4	20.2	21.3
Septicemia	15.6	14.5	10.9
Alzheimer's disease	15.2	21.8	25.0
Pneumonia & influenza	14.9	17.9	16.4
Nephritis, nephrotic syndrome, & nephrosis	11.7	19.7	15.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics,

CDC WONDER database

- With 227 cases in the five-year period 2006-2010, lung/bronchus is the most common cancer in the county, an age-adjusted rate of 68.8 per 100,000 population. Because they are gender-specific, two other cancers produce higher rates: invasive breast (171 cases, 105.2 per 100,000 females) and prostate (155 cases, 102.1 per 100,000 males).
- Stephenson County's 2006-2010 age-adjusted cancer incidence rate at 404.7 per 100,000 population falls below the state (491.2) as do the rates for both genders with males at 455.8 cases per 100,000 (Illinois 566.6) and females at 369.9 (Illinois 440.3). Cancer occurs 23% more often in the county's men than women.

**STEPHENSON COUNTY AND ILLINOIS
AVERAGE ANNUAL CANCER INCIDENCE ALL SITES: 2006-2010**

Area	Age-Adjusted Rate Per 100,000 Population		
	Total	Gender	
		Male	Female
Stephenson County	404.7	455.8	369.9
Illinois	491.2	566.6	440.3

Source: Illinois Department of Public Health, *Illinois County Cancer Statistics Review Incidence, 2006-2010*, May 2013

- Despite a lower crude death rate than whites, Stephenson County blacks exhibited a much higher 2010 age-adjusted death rate at 925 per 100,000 population, compared to 714.0 for whites. The same racial disparity also existed state- and nation-wide.
- For both heart disease and cancer, age-adjusted death rates were higher among the county's blacks than whites.
- Blacks were much more likely to die before their 65th birthdays than whites, with more than half (44.9%) of Stephenson County blacks dying before age 65, as compared to 17.3% of whites.

**STEPHENSON COUNTY, ILLINOIS AND US
CRUDE AND AGE-ADJUSTED DEATH RATES¹ BY RACE: 2010**

Area	Total		White		Black		Hispanic ²	
	Crude	Age-Adjusted	Crude	Age-Adjusted	Crude	Age-Adjusted	Crude	Age-Adjusted
Stephenson County	1,087.8	728.9	1,158.4	714.2	566.9	925.0	196.3	385.2
Illinois	778.8	736.9	820.6	717.5	769.0	942.3	197.1	504.4
U.S.	799.5	747.0	861.7	741.8	682.2	898.2	296.3	604.3

¹Rates per 100,000 population. Age-adjusted rates to 2000 U.S. Standard Population. ² Hispanic rates cover ten-year period (2001-2010). Hispanic may be of any race. Total and race groups are 2010 only. Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC Wonder database.

- For both heart disease and cancer, age-adjusted death rates were higher among the county's blacks than whites.

**STEPHENSON COUNTY, ILLINOIS AND US
AGE-ADJUSTED DEATH RATES¹ FOR TWO
LEADING CAUSES OF DEATH BY RACE: 2006 – 2010**

Cause	Stephenson County		U.S.	
	White	Black	White	Black
Cancer	179.5	206.1	176.1	209.7
Heart disease	154.1	199.3	188.0	242.7

¹Death rates per 100,000 population adjusted using 2000 U.S. Standard Population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database

**STEPHENSON COUNTY
DEATHS BEFORE AGE 65 BY RACE: 2006 – 2010**

Race/Ethnicity	Total Deaths	Deaths <65	Percent Of Deaths <65
All ¹	2,572	484	18.8%
White	2,430	420	17.3%
Black	138	62	44.9%

¹Includes all races, not just white and black.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database

Community Survey:

From the community survey, 96.9% of respondents rated their personal health as somewhat healthy (26.2%), healthy (63.1%), and very healthy (7.6%). A substantial number of black respondents (94.9%) rated their personal health as healthy, somewhat healthy, or very healthy.

Connection:

Premature death of African-Americans is a health problem that links to several overarching and identified health issues. Conditions leading to cancer and heart disease, along with lack of preventative care, lead to a decrease in the quality of life. Such health conditions may affect the ability to be employed and ultimately can lead to poverty. Poverty may be a direct cause of the lack of preventative care.

Justification

Research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers (*Healthy People 2020*). These advances show that more than half of people who contract cancer will be alive in 5 years. Even with new advances, cancer remains a leading cause of death in the United States, second only to heart disease. In Stephenson County cancer is the leading cause of death. *Healthy People 2020* objectives reflect the importance of promoting screening for cervical,

colorectal, and breast cancer. They also highlight the importance of monitoring the incidence of invasive cancer (cervical and colorectal) and late-stage breast cancer, which are intermediate markers of cancer screening success (*Healthy People 2020*).

Many factors contribute to cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES). An individual's status would include other factors such as educational levels and geographic location (where the person lives). Rural areas with access to care issues contribute to higher incidences of cancer. This is further enhanced with the lack of health insurance or high deductibles. Rural areas such as Stephenson County will have lower household incomes than more populated areas and greater distances to travel for health care. All of these factors are associated with the risk of developing and surviving cancer (*Healthy People 2020*).

As with most diseases, prevention has the utmost importance. Cancer is preventable by reducing risk factors such as: use of tobacco products, physical inactivity, poor nutrition, and obesity. Many studies show that early detection through screening greatly increases survival rates from specific cancers including breast, cervical, and colorectal.

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined (*Healthy People 2020*).

Disparities in income and education levels are associated with differences in the occurrence of illness and death, including heart disease, diabetes, obesity, elevated blood leads level, and low birth weight. Higher incomes permit increased access to medical care, enable people to afford better housing and live in safer neighborhoods, and increase the opportunity to engage in health-promoting behaviors. However, the greatest opportunities for reducing health disparities are in empowering individuals to make informed healthcare decisions and in promoting community-wide safety, education, and access to healthcare.

Current information about the biologic and genetic characteristics of African-Americans, Hispanics, American Indians, Alaska Natives, Asians, Native Hawaiians, and Pacific Islanders does not explain the health disparities experienced by these groups, compared with the white, non-Hispanic population in the United States. These disparities are believed to be the result of the complex interaction among genetic variations, environmental factors, and specific health behaviors.

Healthy People 2010 and *Healthy People 2020* indicate the death rate for all cancers is 30% higher for African-Americans than for whites; for prostate cancer, it is more than double that for whites. African-American women have a higher death rate from breast cancer, despite having a mammography screening rate that is nearly the same as the rate for white women. Prevention efforts, coupled with effective disease management, can reduce the incidence of heart attacks and strokes and reduce the number of deaths from these diseases.

Strategic issue: How can Stephenson County address and improve the social determinants of health that continue health disparities?

1. Work to reduce health disparities.
2. Increase individual and institutional capacity to reduce health disparities.

The State Health Improvement Plan (SHIP) includes health disparity as a priority health concern. Stephenson County concurs and aligns with the long-term outcome and intermediate outcomes listed in the State Plan (*SHIP 2010*).

Long-term outcome: A public health system that is actively engaged in improving the health of populations that experience disparate health outcomes across the lifespan.

1. Reduce institutional, resource, system barriers, and discrimination based on race, ethnicity, gender, geography, age, socio-economic status (education, income, and community assets), sexual orientation, and disability status that prevent equitable provision of health care and public health services.
2. Promote system initiatives across traditional and non-traditional sectors to reduce barriers to health care and public health services due to the built environment, including transportation and other access issues facing rural and low-income populations.

Long-term outcome: A health care and public health system that emphasizes and integrates prevention, primary care, specialty care, and diagnostic services.

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

Priority Three: Substance Abuse

TOBACCO

FINDINGS

In much of the medical literature and *Healthy People 2020*, there is a direct link between smoking and many diseases. Tobacco use can also be a direct cause of heart disease and cancer. Tobacco use, especially during pregnancy, can be a direct cause of low birth weight and other infant complications.

Data

Local death rates for drug- and alcohol-induced causes at 27.2 per 100,000 population are significantly above the state (15.9) and nation (21.4). Among these, drugs are more often the cause than alcohol. *Healthy People 2020* recommends a target rate of 11.3 per 100,000.

STEPHENSON COUNTY, ILLINOIS, AND U.S.
DRUG AND ALCOHOL INDUCED CAUSES OF DEATH: 2008-2010

Year	Stephenson County		Illinois	U.S.
	Number	Rate per 100,000	Rate per 100,000	Rate per 100,000
2010	13	27.2	15.9	21.4
2009	12	25.1	17.0	20.8
2008	10	20.9	16.6	20.7

2008-2010	Number	Percent
All drug & alcohol induced deaths	35	100.0%
Drug Induced	22	62.9%
Alcohol Induced	13	37.1%

Note: Prior to 2008, drug and alcohol induced Stephenson County deaths numbered fewer than 10 per year.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database

Drug-induced deaths include all deaths for which drugs are the underlying cause including deaths attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use. A drug includes illicit or street drugs as well as prescription and over-the-counter drugs. The majority of these deaths are due to unintentional drug poisoning.

Alcohol-induced deaths include deaths from dependent and independent use of alcohol including accidental poisoning by alcohol. They exclude unintentional injuries, homicides, and other causes indirectly related to alcohol use.

In 2007, the proportion of Stephenson County adults who currently smoked was 16.8%, lower than Illinois (20.5%), and quite a bit lower than rural Illinois (22.9%). *Healthy People 2020* recommend a target of 12%.

STEPHENSON COUNTY AND ILLINOIS SELF REPORTED USE OF TOBACCO: 2007

Smoking Status	Percent of Population 18+	
	Stephenson County	Illinois
Current Smoker	16.8%	20.5%
Former Smoker	23.6%	23.7%
Non-Smoker	59.6%	55.8%
Started smoking < 18 years	44.4%	NA

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

Past month cigarette use for Freeport 6th, 8th, 10th, and 12th graders stood at 1.4%, 9.6%, 10.8%, and 17.0%, respectively. This use is higher, 10.8% 10th, and 17.0% of 12th graders than in the State of Illinois. *Healthy People 2020* recommends a target of 16% for grades 9-12. Outside of Freeport, cigarettes and alcohol use by other students in the county is mostly lower than Freeport, but sample size is small.

FREEPORT, STEPHENSON COUNTY AND ILLINOIS YOUTH SUBSTANCE USE BY GRADE LEVEL: 2006, 2008, 2010 AND 2012

Substance/ Grade Level	Percent Reporting Use During Past Month								
	Freeport				Stephenson County (excludes Freeport)				Illinois 2012
	2012	2010	2008	2006	2012	2010	2008	2006	
Cigarettes									
6 th	1.4%	5.0%	2.1%	3.7%	2%	1%	0%	0%	NA
8 th	9.6%	16.1%	7.1%	9.0%	0%	6%	4%	2%	4.6%
10 th	10.8%	12.3%	11.1%	11.9%	0%	5%	8%	17%	8.8%
12 th	17.0%	16.9%	11.8%	19.3%	14%	8%	13%	12%	16.3%

Note: Freeport includes students in Freeport School District 145. Stephenson County does not include FSD students but represents two or more other schools (public and private) in the county (Aquin, Lena-Winslow, and Pearl City). 10th and 12th grade students number ≤50 for Stephenson County 2012. No sixth grade statewide results for 2012 because Chicago Public Schools Research Review Board did not permit them to be surveyed.

Source: Freeport data from Communities That Care Youth Survey, Social Development Research Group, University of Washington. Stephenson County and Illinois data from Illinois Youth Survey, Center for Prevention Research and Development at University of Illinois

STEPHENSON COUNTY AND ILLINOIS MOTHERS WHO USED TOBACCO DURING PREGNANCY: 1990 - 2005

Year	Use Tobacco		
	Stephenson County		Illinois Percent
	Number	Percent	
2005	101	19.6%	8.6%
2004	124	22.0%	10.2%
2003	81	14.1%	9.6%

2002	122	20.7%	10.0%
2001	108	18.8%	10.5%
2000	133	22.4%	10.9%
1999	138	22.6%	11.5%
1998	143	22.5%	12.0%
1997	130	21.4%	12.3%
1996	127	20.4%	12.7%
1995	125	20.8%	13.1%
1994	141	21.5%	13.6%
1993	141	22.9%	14.5%
1992	159	23.9%	15.5%
1991	167	24.3%	15.8%
1990	154	22.7%	16.4%

Community Survey

In the 2013 survey, 20.3% of the respondents indicated tobacco use was an unhealthy behavior.

Connections

Tobacco use links to numerous overarching issues and health priorities. Those identified by Stephenson County 21st Century Healthy Communities are the effects of substance abuse (tobacco use) on low birth weight (LBW), premature death among African-Americans, and when associated with obesity, the increased risk for such diseases as cancer and those of the heart.

Justification

Substance abuse and its related problems are among society's most pervasive health and social concerns. In 1995, the economic cost of alcohol and drug abuse in the US was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the US to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse (*Healthy People 2010 and 2020*). Smoking accounts for 20 to 30% of all LBW births in the United States. The effect of smoking on LBW rates appears to be attributable to intrauterine growth retardation, rather than to preterm delivery. Very low birth weight (VLBW) is primarily associated with preterm birth, which may be associated with the use of illicit drugs during pregnancy.

In addition to LBW, smoking during pregnancy is linked to pre-term delivery, SIDS, and respiratory problems in newborns. In addition to the human cost of these conditions,

the economic cost of services to substance-exposed infants is great (*Healthy People 2010 and 2020*).

Although the trend from 1994 to 1998 has shown some fluctuations, about 77% of adolescents aged 12 to 17 years report being both alcohol-free and drug-free in the past month. Cigarette smoking is the single most preventable cause of disease and death in the US. Smoking results in more deaths each year in the US than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires combined.

Much of the medical literature has suggested early intervention with best practice programs is the most effective solution to reduce tobacco use among youth. Reducing smoking during pregnancy is a key to reducing the number of infants who are at risk for low birth weight.

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

ALCOHOL

FINDINGS

In much of the medical literature and *Healthy People 2020*, there is a direct link between alcohol consumption and many diseases. Alcohol use during pregnancy can be a direct cause of low birth weight and other infant complications. This use can also be a risk factor for cancer, heart disease, obesity, sedentary life style and be a direct cause of death.

Data

Local death rates for drug and alcohol induced causes at 27.2 per 100,000 population are significantly above the state (15.9) and nation (21.4). Among these, drugs are more often the cause than alcohol. *Healthy People 2020* recommends a target rate of 11.3 per 100,000.

STEPHENSON COUNTY, ILLINOIS, AND U.S.
DRUG AND ALCOHOL INDUCED CAUSES OF DEATH: 2008-2010

Year	Stephenson County		Illinois	U.S.
	Number	Rate per 100,000	Rate per 100,000	Rate per 100,000
2010	13	27.2	15.9	21.4
2009	12	25.1	17.0	20.8
2008	10	20.9	16.6	20.7

2008-2010	Number	Percent
All drug & alcohol induced deaths	35	100.0%
Drug Induced	22	62.9%
Alcohol Induced	13	37.1%

Note: Prior to 2008, drug and alcohol induced Stephenson County deaths numbered fewer than 10 per year.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER database

Among legal substances, alcohol is most often used followed by tobacco. An estimated 21,229 Stephenson County residents have consumed alcohol in the past month and 2,648 are heavy alcohol users. These county figures are based on national prevalence rates.

Illicit drug use varies by race, with African Americans more likely to have used these in the past month (11.3% among ages 12+) versus whites (9.2%) and Hispanics (8.3%), according to national proportions. Gender differences also exist with males much more likely to have used an illegal drug (11.6% of ages 12+) than females (6.9%).

In 2007, one in five (20.3%) Stephenson County adults 18 years and older reported binge drinking in the last 30 days, 4.6% higher than the entire State of Illinois.

STEPHENSON COUNTY AND ILLINOIS SELF REPORTED BINGE DRINKING

At Risk for Acute/Binge Drinking	Percent of Population 18+	
	Stephenson County	Illinois
At Risk	20.3%	19.4%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

Past month alcohol use for Freeport 8th (23.1%) and 12th (48.4%) graders is higher than those of the State of Illinois (8th, 19.4% 10th, and 12th, 46.8% graders). Although higher values, a downward trend of usage has occurred since 2006. *Healthy People 2020* recommend a target of 8.6% for adolescents aged 12-17. Outside of Freeport, cigarettes and alcohol use by other students in the county is mostly lower than Freeport but sample size is small.

FREEPORT, STEPHENSON COUNTY AND ILLINOIS YOUTH ALCOHOL USE BY GRADE LEVEL: 2006, 2008, 2010 AND 2012

Substance/ Grade Level	Percent Reporting Use During Past Month								
	Freeport				Stephenson County (excludes Freeport)				Illinois 2012
	2012	2010	2008	2006	2012	2010	2008	2006	
Alcohol									
6 th	5.9%	6.9%	9.2%	14.3%	1%	5%	9%	11%	NA
8 th	23.1%	22.9%	19.7%	26.1%	12%	18%	20%	20%	19.4%
10 th	26.5%	32.4%	31.0%	35.9%	15%	22%	18%	52%	33.2%
12 th	48.4%	40.1%	36.9%	56.3%	45%	23%	41%	51%	46.8%

Freeport includes students in Freeport School District 145. Stephenson County does not include FSD students but represents two or more other schools (public and private) in the county (Aquin, Lena-Winslow, and Pearl City). 10th and 12th grade students number ≤50 for Stephenson County 2012. No sixth grade statewide results for 2012 because Chicago Public Schools Research Review Board did not permit them to be surveyed.

Source: Freeport data from Communities That Care Youth Survey, Social Development Research Group, University of Washington. Stephenson County and Illinois data from Illinois Youth Survey, Center for Prevention Research and Development at University of Illinois

Community Survey

In the 2003 and 2008 surveys, Stephenson County respondents ranked **alcohol and other drug use** as the number one health problem in the community. In 2013, "Alcohol and other drug abuse" was seen as the third most significant problem, with the exception of Black respondents and individuals aged 18 to 39. Both of these groups ranked it as the fourth highest concern, and "property crime" was their third highest concern. In this case, both alcohol and other drug use were identified as significant.

Connections

Alcohol use links to numerous overarching issues and health priorities. Those identified by Stephenson County 21st Century Healthy Communities are the effects of substance abuse (alcohol use) on low birth weight, premature death among the population but especially African-Americans, and when associated with obesity, the risk for diseases such as cancer and those of the heart are much greater. Alcohol abuse is also a factor in the inability to work that directly relates to unemployment, child abuse/neglect, and ultimately, poverty. Alcohol is an underlying cause of death.

Justification

Substance abuse and its related problems are among society's most pervasive health and social concerns. In 1995, the economic cost of alcohol and drug abuse in the US was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the US to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse (*Healthy People 2010 and 2020*). Excessive drinking has consequences for virtually every part of the body (*Healthy People 2010 and 2020*). Long-term heavy drinking increases risk for high blood pressure, arrhythmias, and stroke. It also increases the risk of developing certain forms of cancer, as well as cirrhosis and other liver disorders (*Healthy People 2010 and 2020*). The use of alcohol, tobacco, and illegal substances during pregnancy is a major risk factor for poor pregnancy outcomes. Alcohol use is linked to fetal death, low birth weight, growth abnormalities, mental retardation, and fetal alcohol syndrome (*Healthy People 2010 and 2020*).

Alcohol is the drug most frequently used by adolescents aged 12 to 17 years. In 1998, 19% of adolescents aged 12 to 17 years reported drinking alcohol in the past month. Alcohol use in the past month for this age group has remained at about 20% since 1992. Eight percent of this age group reported binge drinking, and 3% were heavy drinkers (five or more drinks on the same occasion on each of five or more days in the past 30 days).

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

MARIJUANA

FINDINGS

Data

- Drug arrests in Stephenson County totaled 253 in 2011, up from the two previous years, but at or below all years between 1998 and 2008. The 2011 number is less than half as many as 1998.
- Almost half (47.4%) of drug arrests are cannabis-related (120), followed by drug paraphernalia (66) and controlled substances (62).
- Three in ten (30.1%) of Freeport 12th grader, along with one in five (21.8%) 10th graders reports smoking marijuana (pot) in the past month. The level among 8th graders is 13.1%. These rates exceed Illinois. Outside of Freeport, marijuana use by other students in the county is mostly lower than Freeport but sample size is small. *Healthy People 2020* recommends a target rate of 6% for adolescents 12-17 years of age.
- Local death rates for drug and alcohol induced causes at 27.2 per 100,000 population are significantly above the state (15.9) and nation (21.4). Among these, drugs are more often the cause than alcohol. *Healthy People 2020* recommends a target rate of 11.3 per 100,000.
- Illicit drug use varies by race, with African Americans more likely to have used these in the past month (11.3% among ages 12+) versus whites (9.2%) and Hispanics (8.3%), according to national proportions. Gender differences also exist with males much more likely to have used an illegal drug (11.6% of ages 12+) than females (6.9%).

FREEPORT, STEPHENSON COUNTY AND ILLINOIS YOUTH MARIJUANA USE BY GRADE LEVEL: 2006, 2008, 2010 AND 2012

Substance/ Grade Level	Percent Reporting Use During Past Month								
	Freeport				Stephenson County (excludes Freeport)				Illinois 2012
	2012	2010	2008	2006	2012	2010	2008	2006	
Marijuana									
6 th	3.0%	1.9%	1.1%	1.3%	1%	0%	0%	0%	NA
8 th	13.1%	19.1%	4.6%	9.8%	1%	2%	3%	0%	8.5%
10 th	21.8%	21.4%	13.2%	17.4%	1%	1%	5%	8%	19.8%
12 th	30.1%	21.6%	12.0%	26.0%	29%	5%	8%	20%	26.8%

Note: "Freeport" includes students in Freeport School District 145. Stephenson County does not include FSD students, but represents two or more other schools (public and private) in the county (Aquin, Lena-Winslow, and Pearl City). 10th and 12th grade students number ≤50 for Stephenson County 2012. No sixth grade statewide results for 2012 because Chicago Public Schools Research Review Board did not permit them to be surveyed.

Source: Freeport data from Communities That Care Youth Survey, Social Development Research Group, University of Washington. Stephenson County and Illinois data from Illinois Youth Survey, Center for Prevention Research and Development at University of Illinois

Community Survey

In the 2003 and 2008 surveys, Stephenson County respondents ranked **alcohol and other drug use** as the number one health problem in the community. In 2013, "Alcohol and other drug abuse" was seen as the third most significant problem, with the exception of Black respondents and individuals aged 18 to 39. Both of these groups ranked it as the fourth highest concern, and "property crime" was their third highest concern. In this case, both alcohol and other drug use were identified as significant. Although the survey did not differentiate between marijuana and other illicit drugs, it was still ranked as the third unhealthiest behavior. These rankings were consistent for every gender, race, income, and educational level group.

Connections

Marijuana use links to numerous overarching issues and health priorities. Those identified by *Stephenson County 21st Century Healthy Communities* are the effects of substance abuse on LBW; premature death among the population, but especially African-Americans; and when associated with obesity, the risk for diseases such as cancer and those of the heart are much greater. Marijuana abuse is also a factor in the inability to work that directly relates to unemployment, child abuse/neglect, and ultimately, poverty.

Justification

Substance abuse and its related problems are among society's most pervasive health and social concerns. In 1995, the economic cost of alcohol and drug abuse in the US was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the US to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse (*Healthy People 2010 and 2020*). The use of alcohol, tobacco, and illegal substances during pregnancy is a major risk factor for poor pregnancy outcomes. Alcohol use is linked to fetal death, low birth weight, growth abnormalities, mental retardation, and fetal alcohol syndrome (*Healthy People 2010 and 2020*). Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include: HIV/AIDS, other sexually transmitted diseases (STDs), domestic violence, child abuse, crime and low academic achievement (*Healthy People 2020*).

According to data from the National Institute of Drug Abuse (NIDA) *Monitoring the Future* (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009: Marijuana use across the three grades showed a consistent decline starting in the mid-1990s; however, the trend in marijuana use has stalled, with prevalence rates remaining steady over the past five years. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem.

Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders (*Healthy People 2020*).

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

Health Priority Three: Concurrence with State Health and Improvement Plan.

The State Health Improvement Plan (SHIP) lists alcohol, tobacco use and drug abuse as priority health concerns. Stephenson County concurs, and aligns with the four long-term outcomes listed in the State Plan (*SHIP 2010*).

1. Decrease abuse of alcohol among adults and use of alcohol among adolescents.
2. Decrease use of tobacco among adults and adolescents.
3. Decrease the use of illegal drugs among adults and adolescents.
4. Decrease the intentional misuse of legal drugs.

Tobacco use causes chronic diseases, including lung, oral, laryngeal, and esophageal cancers and chronic obstructive pulmonary disease (COPD), as well as diseases in non-smokers through exposure to secondhand smoke. Similarly, excessive alcohol use, either in the form of heavy drinking or binge drinking, can lead to increased risk of health problems such as liver disease or unintentional injuries. Alcohol or tobacco initiation and use by youth are of particular concern, given their addictive properties and long-term health effects (*SHIP 2010*).

The use of illicit drugs causes harm to both the individuals through increased risk of injury, disease, and death, and to communities through increased injuries and decreased community safety. Misuse of legal drugs can lead to injury, addiction, and death (*SHIP 2010*).

Stephenson County Community Health Plan Worksheet 2014

<p><u>Health Problem:</u></p> <p>Overweight and Obesity</p>	<p><u>Outcome Objective (5 year goal for change in the health problem):</u></p> <p>By 2019, decrease the number of Stephenson County residents 18 years of age and older that are overweight or obese from 65.4% to 62%. [Baseline 65.4% SC; 63.7, IL; 2007 BRFSS]</p>
<p><u>Risk Factors:</u></p> <p>Nutrition (high fat and sugar diet)</p>	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u></p> <p>1. By 2017, reduce 6th grade students (12 years of age) who are overweight or obese from 26.95% to 24%. [FSD 145 school BMI data 2013/14.]</p> <p>2. By 2017, increase the percent of persons aged 18 and older who meet the nutritional guidelines' average daily goal of at least 5 servings of fruits/vegetables per day from 15.4% to 20%. [BRFSS 2007 Baseline 15.4% SC2007, IL Rural 24.0%, 2007.]</p>
<p><u>Direct/Indirect Contributing factors:</u></p> <ol style="list-style-type: none"> 1. Lack of knowledge of nutrition and of the diabesity and metabolic complex 2. Food cost/availability/quality 3. Lifestyle and personal motivation 4. Unmanaged stress 5. Simply eating too much 6. Social/economic influences 7. Peer group pressure/family influence 8. Food availability/lack of transportation 9. Marketing by food manufacturers 	<p><u>Proven Intervention Strategies (1 – 2 year goal for change in contributing factors):</u></p> <ul style="list-style-type: none"> ● Provide education in healthy eating to the public, possibly through community health fairs. ● Encourage schools to increase healthy food choices at lunch through the use of salad bars, whole grain foods, fresh fruit in vending machines. ● Establish a county-wide health education committee to evaluate "best practices" for target populations. ● Increase number of Stephenson County grocery stores providing 5-A-Day program in produce section of store. ● Increase number of Stephenson County restaurants offering heart healthy choice indicators on their menus. ● Encourage development and/or expansion of workplace wellness programs. ● Parents of children (enrolled in the WIC program who are identified as obese/overweight) will be provided with information regarding: a) the health risks associated with being obese/overweight; b) improving dietary habits; and c) opportunities for increasing physical activity. ● Stocking local food pantries with healthy food; having healthy food drives; being mindful of the food requirements of different cultures.
<p><u>Resources Available:</u></p> <p>County Extension Food Programs After School Programs WIC Vouchers for fresh fruits and vegetables CYDC YMCA FHN Monroe Clinic Retail food stores Park district Schools</p>	<p><u>Barriers:</u></p> <p>Cost of fresh fruit and healthy foods Funding loss from pop sales Candy used as a reward Lack of parent education Television ads</p>

Stephenson County Community Health Plan Worksheet 2014

<p>Health Problem:</p> <p>Overweight and Obesity</p>	<p>Outcome Objective (5 year goal for change in the health problem): By 2019, decrease the number of Stephenson County residents 18 years of age and older that are overweight or obese from 65.4% to 62%. [Baseline 65.4% SC; 63.7, IL; 2007 BRFSS]</p>
<p>Risk Factors:</p> <p>Physical inactivity</p>	<p>Impact Objectives (2 – 3 year goal for change in a risk factor):</p> <p>1. Increase by 5% the proportion of people aged 18 and older who engage regularly, preferably daily, in sustained physical activity for at least 30 minutes per day from 35.9% to 38%. [Baseline 35.9% SC; 20.6%IL BRFSS 2007.].</p> <p>2. By 2017, increase the percent of persons age 18 and older who meet or exceed regular physical activity guidelines from 49.6% to 53%. [Baseline 49.6% SC; 32.1% IL BRFSS 2007.]</p>
<p>Direct/Indirect Contributing factors:</p> <p>Lack of support/physical environment Lifestyle/person motivation Media portrayals of inactivity Economics Education/social norms Poor physical and/or mental health Chronic illness Lack of mobility Poor exercise habits Poor family management Socioeconomic status (poverty)</p>	<p>Proven Intervention Strategies</p> <p>(1 – 2 year goal for change in contributing factors):</p> <ul style="list-style-type: none"> ● Establish a county-wide health education committee to evaluate “best practices” for target populations. ● Implement a Family Fit Program and summer events that promote physical activity for families and children. ● Increase outreach to educate the public as to different types of activities. ● Encourage families and schools to offer physical activities as a reward. ● Encourage implementation of after-school program, Teen Reach. ● Increase awareness of local issue by obtaining media coverage of school data. ● Work with local employers to provide resources on the benefit of physical activity: (a) Lobby city and county officials to complete the Tutty's Crossing connection to the Jane Addams Trail and to the Pecatonica Prairie Path; (b) Lobby city to develop urban bike paths between parks and shopping areas; (c) Lobby city and developers to construct sidewalks to major shopping areas on the south side of the city. ● Establish pedometer loan program to increase awareness of actual activity level. ● Work with local organizations to create walk/run groups. ● Work with local medical providers to increase proportion of obese/overweight adults who receive advice about weight loss. ● Parents of children (enrolled in the WIC program who are identified as obese/overweight) will be provided with information regarding: a) the health risks associated with being obese/overweight; b) improving dietary habits; and c) opportunities for increasing physical activity. ● Encourage wellness programs offered through local businesses.
<p>Resources Available:</p> <p>PE classes FHN After school programs Monroe Clinic CYDC Park District YMCA</p>	<p>Barriers:</p> <p>Time Energy Funding / Cost</p>

Program Evaluation for Priority One: Obesity

Evaluating the effects of the obesity prevention programs will focus on measuring the achievements of the outcome and impact objectives. This will also include measuring:

- the number of programs and presentations offered and the number of attendees.
- the number of respondents to the *IL BRFSS Report* who identify themselves as either overweight or obese.
- the number of respondents to the *IL BRFSS Report* who identify themselves as seeing a physician within the last two years.
- the number of WIC children who are identified as obese/overweight and receive nutrition and exercise education.
- the number of school age children who are identified as obese/overweight.
- the number of school age children who receive nutrition and exercise education.
- the number of restaurants and grocery stores that provide healthy eating education to their consumers.
- the number of participants in the developed prevention programs.

ANTICIPATED SOURCES OF FUNDING: Funding is limited.

Illinois Department of Public Health Grants

WIC ~\$200,000

Community Foundation

Federal Grants “We Choose Health” \$60,000

Fee for service

Local school systems

Stephenson County Community Health Plan Worksheet 2014

<p>Health Problem:</p> <p>Cancer Mortality</p>	<p>Outcome Objective (5-year goal for change in the health problem):</p> <p>By 2019, decrease the age-adjusted cancer death rate to at or below the U.S. rate of 174/100,000. [Baseline SC 180.3/100,000 2008-10 vs IL 182/100,000, 2008-10 vs US 174/100,000 (CDC, NCHS)]</p>
<p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Smoking 	<p>Impact Objectives (2 – 3 year goal for change in a risk factor): By 2017, decrease the proportion of adults ages 18 and over who use tobacco products from 16.8% to 15%. [Baseline SC 16.8% 2007 vs IL 20.5% (BRFSS, 2007)]</p>
<p>Contributing Factors:</p> <ul style="list-style-type: none"> ○ Addiction ○ Genetic ○ Social Influences ○ Environment ○ Lack of Support ○ Access to Care ○ Lack of education 	<p>Proven Intervention Strategies (1 – 2 year goal for change in contributing factors):</p> <ul style="list-style-type: none"> ○ Provide community education developed by the American Cancer Society. ○ Refer smokers to the Illinois Tobacco Quitline ○ Support enforcement of Smoke-Free Illinois ○ Refer individuals to local hospital cessation programs
<p>Resources Available:</p> <ul style="list-style-type: none"> ○ Support groups ○ Dept of Human Services ○ Law enforcement ○ Local churches ○ Schools ○ Family interventions/support ○ FHN ○ Monroe Clinic ○ Stephenson County Board of Health ○ Community Youth & Development Coalition ○ U of I Extension ○ Local government agencies 	<p>Barriers:</p> <ul style="list-style-type: none"> ○ Cultural traditions ○ Addictions (pre-existing) ○ Lack of funding ○ Demographics – lots of rural areas, difficult to enforce existing laws ○ Stigma attached to addiction ○ Denial by community and individuals about dietary-related issues

Stephenson County Community Health Plan Worksheet 2014

<p>Health Problem:</p> <p>Cancer Mortality</p>	<p><u>Outcome Objective (5 year goal for change in the health problem):</u> By 2019, decrease the age-adjusted cancer death rate to at or below the U.S. rate of 174/100,000. [Baseline SC 180.3/100,000 2008-10 vs IL 182/100,000, 2008-10 vs US 174/100,000 (CDC, NCHS)]</p>
<p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Lack of early detection 	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u> By 2017, increase the proportion of women ages 40 and older who have received a mammogram within the last year to meet Illinois state levels. [Baseline 59.2% (IL BRFSS, 2007) to 62.8% (IL BRFSS, 2012) & 64.5% (IL BRFSS, 2008)]</p>
<p>Contributing Factors:</p> <ul style="list-style-type: none"> ○ Apathy ○ Health Education ○ Genetics ○ Social/Cultural Influences ○ Access to Care—Transportation and Insurance 	<p><u>Proven Intervention Strategies (1 – 2 year goal for change in contributing factors):</u></p> <ul style="list-style-type: none"> ○ Provide community education on early detection utilizing ACS material ○ Support and refer women to the Illinois Breast and Cervical Cancer program ○ Enroll individuals to health insurance using the In Person Counselor program (IPC)
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ○ Support groups ○ Dept of Human Services ○ Local churches ○ Schools ○ Family interventions/support ○ FHN ○ Monroe Clinic ○ Stephenson County Board of Health ○ U of I Extension ○ Local government agencies 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ○ Cultural traditions ○ Lack of funding ○ Rural areas—geographically difficult access care ○ Stigma attached to cancer and death

Stephenson County Community Health Plan Worksheet 2014

<p><u>Health Problem:</u></p> <p>Cancer Mortality</p>	<p><u>Outcome Objective (5 year goal for change in the health problem):</u></p> <p>By 2019, reduce the mortality rate from cancer among African-American individuals from 206.1 to 195/100,000. [Baseline 206.1/100,000, AA, 2006-10; 209.7/100,000, IL, 2006-10; 176.1/ 100,000, SC white, 2006-10.]</p>
<p><u>Risk Factors:</u></p> <p>Premature Mortality Among African-Americans Due to Cancer</p>	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u></p> <p>1.) By 2017, decrease the proportion of African-American deaths before age 65 from 44.9% to 40%. [Baseline: 44.9%, AA, 2006-10, vs. 18.1% all of SC, 2006-10, (CDC, NCHS) IPLAN Data]</p> <p>2.) By 2017, decrease the percent of uninsured individuals aged 18-64 years old from 15.7% to 9%. [Baseline 15.7% SC 2011 vs 19.1% IL, 2011, US Census]</p>
<p><u>Direct/Indirect Contributing factors:</u></p> <ul style="list-style-type: none"> ○ Access to Healthcare ○ Healthcare Utilization ○ Health Education ○ Prevention Programs ○ Case Management ○ Personal Compliance ○ Behavioral Risk Factors (Smoking, Sedentary Lifestyle, Diet) ○ Co-morbidity ○ Mental health issues 	<p><u>Proven Intervention Strategies (1 – 2 year goal for change in contributing factors):</u></p> <ul style="list-style-type: none"> ○ Initiate a Health Advisory Committee for the African-American community ○ Establish a clinic located within the target population area ○ Coordinate screening services with area providers and educators, such as schools, FHN, Monroe Clinic, and others ○ Establish a volunteer base to provide education and activities to the African-American community ○ Initiate a nurse navigator or advocate program
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ○ Support Groups ○ Dept. of Human Services ○ Local Churches/Other Faith-Based Organizations ○ Schools ○ Family Intervention/Support ○ FHN ○ Monroe Clinic ○ Stephenson County Board of Health ○ Community Youth & Development Coalition ○ Local Government Agencies 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ○ Lack of funding ○ Lack of trust in system ○ Self advocacy ○ Transportation availability and cost ○ Reluctance to seek out screening test that may be viewed as intrusive ○ Apathy and tendency toward procrastination ○ Cultural and lifestyle factors that support sedentary lifestyles, poor nutrition choices ○ Denial of health issue

Program Evaluation for Priority Two: Cancer Mortality

Evaluating the effects of cancer prevention programs will focus on measuring the achievements of the outcome and impact objectives. This will also include quantifying:

Tobacco use

- the number of programs and presentations offered and the number of attendees.
- the number of pregnant women who participate in the Freedom from Smoking Program.
- the number of women who participate in the WIC Smoking Cessation Program.
- the percentage of 8th, 10th and 12th grade students who used tobacco in the last 30 days.
- the number of people who quit smoking, including pregnant women.
- the number of respondents in the *IL BRFSS Report* who indicate they are a current smoker.

Premature death of African-Americans (Black)

- the number of programs and presentations offered and the number of attendees.
- the number of Black respondents to the *IL BRFSS Report* who identify themselves as either overweight or obese.
- the number of Black respondents to the *IL BRFSS Report* who identify themselves as seeing a physician within the last two years.
- the number of Black individuals obtaining blood pressure screenings.
- the number of members of a health advisory group for African-Americans.
- the number of participants in the developed prevention programs.

Lack of early detection

- the number of respondents to the *IL BRFSS Report* who identify themselves as seeing a physician within the last two years.
- the number of respondents to the *IL BRFSS Report* who identify themselves as receiving a mammogram within the last two years.
- The number of individuals who obtained health insurance through the Affordable Care Act.

ANTICIPATED SOURCES OF FUNDING: The funding is limited.

Federal Funding In-Person-Counselor Program ~\$70,000

Local hospitals

IDPH "IBCCP Grant" \$120,000

Community Foundations

IDPH "Illinois Tobacco Free Communities Grant" ~\$30,000

Stephenson County Community Health Plan Worksheet 2014

<p><u>Health Problem:</u></p> <p>Substance Abuse</p>	<p><u>Outcome Objective</u> (5 year goal for change in the health problem): By 2019, decrease the mortality rate to drug and alcohol from 27.2/100,000 to 25/100,000. [Baseline 27.2/100,000 SC 2010; 15.9/100,000 IL 2010.]</p>
<p><u>Risk Factors:</u></p> <p>Alcohol Use</p>	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u> By 2017, decrease the percentage of individuals 18 and older who binge drink from 20.3% to 18.0%. [Baseline 20.3% SC, 2007; 19.4% IL, 2007, BRFSS.] By 2017 decrease the percentage of 8th grade students who have consumed alcohol during the past 30 days from 23% to 19%. [Baseline 23% SC, 2012; 19.0% IL, 2012, IL Youth Survey.] By 2017, increase the percentage of 8th graders who perceive a moderate or great risk of harm from regular alcohol use from 68% to 73% (2012 IL Youth survey). [Baseline: 68% vs 61% IL Youth Survey]</p>
<p><u>Direct contributing factors:</u></p> <ul style="list-style-type: none"> ○ Local culture ○ Lack of education, binge drinking, risk of underage drinking ○ Low perception of risk/harm ○ Social access by friends, family, parties, parents ○ Social community norms ○ Unemployment ○ Family issues ○ Poverty <p><u>Indirect contributing factors:</u></p> <ul style="list-style-type: none"> ○ Availability ○ High school dropouts ○ Mental health ○ Family issues 	<p><u>Suggested Intervention Strategies</u></p> <ul style="list-style-type: none"> ○ Policy changes – change alcohol ordinances to reflect requirement of Beverage Server Training to reduce youth access and train store personnel in refusal skills. ○ Social norms campaign (Drug Free Communities) ○ Community education campaign ○ Compliance checks of retailers of tobacco & alcohol third party deterrent campaign ○ Policy changes – schools, communities, retailers (Drug Free Communities) ○ Media advocacy campaign ○ Provide health education on preventing alcohol use to adolescents ages 12-17 and parents, i.e., Lions Quest ○ Encourage Big Brothers/Big Sisters program ○ Create local Juvenile Justice Council ○ Target 6th grade youth with programs. ○ Support Freeport Counseling Center Underage Drinking Campaign. (Drug Free Communities)
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ○ Support groups ○ Dept of Human Services ○ Law enforcement ○ Local churches ○ Schools ○ Monroe Clinic ○ FHN Counseling ○ Stephenson County Board of Health ○ Community Youth & Development Coalition ○ Local government agencies 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ○ Local government opposing liquor license issuances/changes in ordinances/ limitations. ○ Cultural traditions ○ Addictions (pre-existing) ○ Lack of funding ○ Demographics – lots of rural areas, difficult to catch or enforce existing laws ○ Stigma attached to addiction ○ Denial of community and individuals about alcohol-related issues

Stephenson County Community Health Plan Worksheet 2014

<p><u>Health Problem:</u></p> <p>Substance Abuse</p>	<p><u>Outcome Objective</u> (5 year goal for change in the health problem): By 2019, decrease the mortality rate to drug and alcohol from 27.2/100,000 to 25/100,000. [Baseline 27.2/100,000 SC 2010; 15.9/100,000 IL 2010.]</p>
<p><u>Risk Factors:</u></p> <p>Mental/behavioral health usage</p>	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u> By 2017 decrease the percentage of individuals 18 and older whose mental health was not good for the past 8-30 days from 10.8% to 8%. [Baseline 10.8% SC, 2007; 9.1% IL, 2007, IL BRFSS.]</p> <p>By 2017, increase the percentage of 8th graders who perceive a moderate or great risk of harm from regular alcohol use from 68% to 73% (2012 IL Youth survey). [Baseline: 68% vs 61% IL Youth Survey]</p> <p>By 2017, decrease the percentage of uninsured individuals aged 18-64 years old from 15% to 9%. [Baseline 15.7% SC 2011 vs 19.1% IL, 2011, US Census].</p>
<p><u>Direct contributing factors:</u></p> <ul style="list-style-type: none"> ○ Local culture ○ Access to behavior health care. Need is greater than access ○ Low perception of risk/harm ○ Social access by friends, family, parties, parents ○ Social community norms ○ Unemployment ○ Family issues ○ Poverty <p><u>Indirect contributing factors:</u></p> <ul style="list-style-type: none"> ○ Availability ○ High school dropouts ○ Mental health ○ Family issues 	<p><u>Suggested Intervention Strategies</u></p> <ul style="list-style-type: none"> ○ Educate the public of the importance of behavior and psychological processes as they contribute to mental/medical illness. ○ Encourage the integration of behavioral health in addressing medical issues to the local public health system. ○ Encourage appropriate mental health referrals to public health system. ○ Social norms campaign. ○ Community education campaign ○ Utilize appropriate screenings ○ Provide consistent and area-wide enrollment through the Affordable Care Act program.
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ○ Support groups ○ Law enforcement ○ Local churches ○ Schools ○ Monroe Clinic ○ FHN Counseling ○ Local behavioral health community ○ Stephenson County Board of Health ○ Community Youth & Development Coalition ○ Local government agencies ○ Big Brothers/Big Sisters ○ Sojourn House ○ Freeport Community Foundation; John M. Drogosz Memorial Fund 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ○ Cultural traditions ○ Addictions (pre-existing) ○ Lack of funding ○ Demographics – lots of rural areas, difficult to catch or enforce existing laws ○ Stigma attached to behavioral health related issues. ○ Denial of community and individuals about behavioral health related issues ○ Breakdown of Family unit/ lack of parenting. ○ How do we educate to change behaviors? ○ Limited/low State reimbursement ○ Workforce Issues

Stephenson County Community Health Plan Worksheet 2014

<p><u>Health Problem:</u></p> <p>Substance Abuse</p>	<p><u>Outcome Objective</u> (5 year goal for change in the health problem): By 2019, decrease the mortality rate to drug and alcohol from 27.2/100,000 to 25/100,000. [Baseline 27.2/100,000 SC 2010; 15.9/100,000 IL 2010.]</p>
<p><u>Risk Factors:</u></p> <p>Tobacco use</p>	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u> By 2017, decrease the percentage of 10th graders who have used tobacco in the past 30 days from 11.1% to 9%. [Baseline 11.1% SC 2012 CTC Youth Survey; 9% IL 2012 IL Youth Survey.]</p>
<p><u>Direct/Indirect Contributing factors:</u></p> <ul style="list-style-type: none"> ○ Access to tobacco products ○ Family social norm ○ Peer group ○ Socioeconomic status (poverty) ○ Health education/access to care ○ Poor family management ○ Mental health status 	<p><u>Proven Intervention Strategies</u> (1 – 2 year goal for change in contributing factors):</p> <ul style="list-style-type: none"> ○ Support the enforcement of Smoke-Free Illinois Act ○ Provide health education to the public, pregnant women, WIC clients and school-aged children ○ Increase the number of pregnant mothers participating in the “Freedom from Smoking” Program at SCHD ○ Support and implement “Reality” program in the scholl systems. ○ Support the Illinois Tobacco Quitline ○ Continue WIC Smoking Cessation Program
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ○ Community Youth & Development Council ○ Support groups ○ Dept of Human Services ○ Law enforcement ○ Local churches ○ Schools ○ Family interventions/support ○ FHN counseling ○ Monroe Clinic ○ Stephenson Board of Health ○ Local government agencies 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ○ Tobacco marketing ○ Cultural traditions ○ Addiction ○ Lack of funding ○ Demographics – lots of rural areas, difficult to catch or enforce existing laws ○ Stigma attached to addiction ○ Denial of community and individuals about tobacco-related issues

Stephenson County Community Health Plan Worksheet 2014

<p><u>Health Problem:</u></p> <p>Substance Abuse</p>	<p><u>Outcome Objective</u> (5 year goal for change in the health problem): By 2019, decrease the mortality rate to drug and alcohol from 27.2/100,000 to 25/100,000. [Baseline 27.2/100,000 SC 2010; 15.9/100,000 IL 2010.]</p>
<p><u>Risk Factors:</u></p> <p>Marijuana use</p>	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u></p> <p>By 2017, decrease the percentage of 8th graders who have used Marijuana in the past 30 days from 13.1% to 12%. [Baseline 13.1% SC 2012 CTC Youth Survey; 9% IL 2012 IL Youth Survey.]</p>
<p><u>Direct/Indirect Contributing factors:</u></p> <ul style="list-style-type: none"> ○ Access to Marijuana products ○ Family social norm ○ Peer group ○ Socioeconomic status (poverty) ○ Health education/access to care ○ Poor family management ○ Mental health status ○ Individuals with chronic pain 	<p><u>Proven Intervention Strategies</u> (1 – 2 year goal for change in contributing factors):</p> <ul style="list-style-type: none"> ○ Support the Community Youth and Development Council ○ Provide health education to the public, pregnant women, WIC clients and school-aged children ○ Target 6th grade youth with antidrug programs. ○ Encourage the integration of behavioral health in addressing medical issues to the local public health system. ○ Encourage appropriate mental health referrals to public health system. ○ Social norms campaign. ○ Provide health education on preventing marijuana use to adolescents ages 12-17 and parents.
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ○ Community Youth & Development Council ○ Support groups ○ Dept of Human Services ○ Law enforcement ○ Local churches ○ Schools ○ Family interventions/support ○ FHN counseling ○ Monroe Clinic ○ Stephenson Board of Health ○ Local government agencies ○ Rosecranz. ○ Sojourn ○ Sleezer 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ○ Availability ○ Cultural traditions ○ Addiction ○ Lack of funding ○ Demographics – lots of rural areas, difficult to catch or enforce existing laws ○ Denial of community and individuals about Marijuana-related issues

Program Evaluation for Priority Three: Substance Abuse

Evaluating the effects of substance use/abuse prevention programs will focus on measuring the achievements of the outcome and impact objectives for each risk factor. This will include measuring the number of programs and presentations offered the number of attendees, the number of youth mentored, and policy changes.

Alcohol use

- the number of programs and presentations offered and the number of attendees.
- the number of women who use alcohol during pregnancy.
- the number of respondents in the *IL BRFSS Report* who are at risk for binge or acute alcohol consumption.
- the number of compliance checks by law enforcement.
- the percentage of 8th, 10th and 12th grade students who have consumed alcohol within the last 30 days.

Tobacco use

- the number of programs and presentations offered and the number of attendees.
- the number of pregnant women who participate in the Freedom from Smoking Program.
- the number of women who participate in the WIC Smoking Cessation Program.
- the percentage of 8th, 10th and 12th grade students who used tobacco in the last 30 days.
- the number of people who quit smoking, including pregnant women.
- the number of respondents in the *IL BRFSS Report* who indicate they are a current smoker.

Marijuana use

- the number of programs and presentations offered and the number of attendees.
- the number of pregnant women who participate in the Freedom from Smoking Program.
- the number of women who participate in the WIC Smoking Cessation Program.
- the percentage of 8th, 10th and 12th grade students who used marijuana in the last 30 days.
- the number of people who quit smoking, including pregnant women.

Mental health usage

- the number of programs and presentations offered and the number of attendees.
- the percentage of respondents in the *IL BRFSS Report* whose mental health was not good for the past 30 days.

- The number of individuals who obtained health insurance through the Affordable Care Act.
- the percentage of 8th graders who perceive a moderate or great risk of harm from regular alcohol use.

ANTICIPATED SOURCES OF FUNDING: The funding is limited.

Federal Funding

IDPH "Illinois Tobacco Free Communities Grant" ~\$30,000

Local hospitals

WIC ~\$200,000

Community Foundations

Freeport Community Foundation; John M. Drogosz Memorial Fund ~\$1,000

Appendix

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Forces of Change.....	103

REFERENCES

MAPP Assessment Protocol for Excellence in Public Health (1996)

National Association of County and City Health Officials
440 First Street, NW, Suite 450
Washington, DC 20001

APEXPH Assessment Protocol for Excellence in Public Health (1996)

National Association of County and City Health Officials
440 First Street, NW, Suite 450
Washington, DC 20001

Illinois Project for Local Assessment of Needs

IPLAN Data Set (1990, 1994, 2000-2006)

Illinois Department of Public Health
Illinois Center for Health Statistics
Springfield, IL 62761-0001

Census 2010 Data for the State of Illinois

U.S. Census Bureau
Public Information Office
4600 Silver Hill Road
Washington DC 20233

Illinois County Behavioral Risk Factor Surveillance System, 2007

Illinois Department of Public Health
Illinois Center for Health Statistics
525 West Jefferson Street
Springfield, Illinois 62761

DHS Chestnut Health Systems Youth Study

Chestnut Health Systems
720 West Chestnut
Bloomington, IL 61701
www.illinoisyouthsurvey.org

Healthy People 2020 Objectives

Office of Disease Prevention and Health Promotion
200 Independence Ave. SW Washington, DC 20201

U.S. Bureau of Labor Statistics

Postal Square Building
2 Massachusetts Ave., NE
Washington, DC 20212-0001

Illinois State Cancer Registry (ISCR), Illinois Department of Public Health, 2007
Regional Economic Data, Bureau of Economic Analysis

Stephenson County

21st Century Healthy Communities Project Community Health Survey 2013

Your opinions about community health are important! Please take a few minutes to complete this survey which will provide valuable insight about your community's strengths and areas of improvement.

The information you provide will be used to identify community concerns and improve the physical, mental, social, and environmental health and quality of life of Stephenson County residents.

If you recently completed this survey, please do not complete another one.

This survey can also be completed on-line at:

www.surveymonkey.com/s/StephensonCounty2013

All information you provide will be confidential. Please contact the Stephenson County Health Department (SCHD) at (815) 235 – 8271 if you have any questions or concerns. Thank you for your time and valuable input!

You must be a Stephenson County resident to complete this survey.

Please indicate where you live:

Check **one**:

Freeport

Ward # _____ or

Township _____

Cedarville

Dakota

Rock City

Davis

Orangeville

Winslow

Lena

Pearl City

German Valley

Ridott

Other

Survey Sponsored by:

Stephenson County Health Department

FHN

Monroe Clinic

Highland Community College

United Way of Northwest Illinois

Freeport School District #145

SECTION ONE: OVERALL COMMUNITY HEALTH

1. How would you rate Stephenson County as a healthy place to live?

Check **one** item:

Very Unhealthy Unhealthy Somewhat healthy Healthy Very

Healthy

2. Please select what you think are the **three most important assets or strengths** of Stephenson County.

Check only **three** items:

- | | |
|---|---|
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Good place to grow old |
| <input type="checkbox"/> Low level of child abuse/neglect | <input type="checkbox"/> Low infant death rate |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Race and gender equality |
| <input type="checkbox"/> Accessible health care and other health-related services | <input type="checkbox"/> Clean environment |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Affordable quality housing |
| <input type="checkbox"/> Appreciation of diversity | <input type="checkbox"/> Low death and disease rates |
| <input type="checkbox"/> Good jobs and healthy economy | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Strong family values | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Community involvement | <input type="checkbox"/> Good health care system |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Adequate public transportation |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Reasonable cost of living |
| | <input type="checkbox"/> Other _____ |

3. Please select what you think are the **three health problems** that have the greatest impact on overall community health in Stephenson County.

Check only **three** items:

- | | |
|--|---|
| <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Sexually-transmitted disease (STD) not including HIV |
| <input type="checkbox"/> Sexual harassment/sexual assault | <input type="checkbox"/> Infectious disease not including STD (hepatitis, Lyme disease, meningitis) |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Alcohol or drug abuse |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Lack of access to health care or health information |
| <input type="checkbox"/> Elder abuse/neglect | <input type="checkbox"/> Lack of access to dental care |
| <input type="checkbox"/> Poor health care system | <input type="checkbox"/> Chronic disease (cancer, diabetes, heart disease, and high blood pressure) |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Problems related to aging including arthritis and hearing or vision loss |
| <input type="checkbox"/> Violent crime (homicide, robbery and assault) | <input type="checkbox"/> Lack of access to fresh fruit and vegetables |
| <input type="checkbox"/> Property crime (burglary and motor vehicle theft) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Teenage pregnancy | |
| <input type="checkbox"/> Firearm-related injuries | |
| <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Poverty | |
- HIV/AIDS

4. Please select what you think are **the three most unhealthy behaviors** that have the greatest impact on overall community health in Stephenson County.

Check only **three** items:

- | | |
|---|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Inactivity or lack of exercise |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Eating unhealthy foods |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Racism/prejudice |

- Tobacco use
- Not using birth control
- Unprotected sex
- Not using seatbelts/child seats
- Not getting immunizations (or “shots”)
- Criminal behavior
- Distracted driving (texting/talking on cell phone)
- Other _____

SECTION TWO: PERSONAL HEALTH CARE IN STEPHENSON COUNTY

5. How would you rate your own **personal health**? Check **one** item:
 Very Unhealthy Unhealthy Somewhat healthy Healthy Very Healthy
6. How would you rate the **health care system** in Stephenson County? Check **one** item:
 Very Poor Poor Fair Good Excellent
7. How do you pay for your health care? Check **all** that apply:
 No insurance/pay cash Medicare
 Health insurance (private or job-related insurance, HMO, PPO) Veterans Administration
 Medicaid Other _____
8. If you use health insurance to pay for health care, does your employer pay for all or part of your health care insurance? Check **one** item:
 Yes No Unknown I don't have health insurance
9. Within the past year, were you able to get needed health care in Stephenson County? Check **one** item:
 Yes No Sometimes Not needed
10. If you received health care outside Stephenson County in the past year, check the item that best matches the reason why.
 Check **one** item:
 My doctor of choice is in another city
 No providers available in Stephenson County for the services I needed
 My insurance covers only providers in another area
 Health providers I need to see do not accept Medicare/Medicaid
 I receive care at a Veterans Administration facility
 Other _____
11. Within the past year, what type or types of health services did you or your immediate family members receive **outside Stephenson County**?
 Check **all** that apply:
 None Urology
 Lab work Ear, Nose, and Throat Care
 CPR Training Podiatry
 General Surgery X-Ray/MRI/Ultrasound

- | | |
|--|--|
| <input type="checkbox"/> Hearing services | <input type="checkbox"/> Eye care |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Orthopedic care |
| <input type="checkbox"/> Emergency room service | <input type="checkbox"/> Cardiac services |
| <input type="checkbox"/> Cancer diagnosis or treatment | <input type="checkbox"/> Dental care |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Orthodontia |
| <input type="checkbox"/> General practitioner care | <input type="checkbox"/> Obstetrics/Gynecology |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Other _____ |

12. Within the past year, what type of mental health services did you or anyone in your immediate family receive in Stephenson County?

Check **all** that apply:

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Counseling/Therapy |
| <input type="checkbox"/> Crisis Care | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Other _____ |

13. Within the past year, what type of social service assistance did you or anyone in your immediate family receive in Stephenson County?

Check **all** that apply:

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> TANF |
| <input type="checkbox"/> SNAP/LINK | <input type="checkbox"/> Subsidized child care |
| <input type="checkbox"/> Kid Kare/SCHIP | <input type="checkbox"/> WIC support |
| <input type="checkbox"/> Housing assistance | <input type="checkbox"/> Adult day care |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Other _____ |

14. If you needed social service assistance in the past year, were you able to get it in Stephenson County? Check **one** item:

- Yes No Sometimes Not needed

If "No" or "Sometimes", please describe/explain:

15. Within the past year, have you or any of your immediate family members needed long-term care placement (skilled nursing care, rehabilitation, etc.)? Check **one** item:

- Yes No Unknown

16. If long-term placement care was needed, was there any difficulty obtaining placement in Stephenson County? Check **one** item:

- Yes No Unknown Not Needed

If "Yes" please explain:

SECTION THREE: EMPLOYMENT AND HOUSING

17. Are you currently employed?

Check **one** item:

- Not employed
- Employed full-time
- Employed part-time (____ hours per week)
- Other _____

18. If not employed, what is the **main reason** you are not employed?

Check **one** item:

- Choose not to work
- Ill or disabled
- Cannot find work
- Retired
- Taking care of family
- Need training
- Student
- Other _____

19. Does your job give you a sense of satisfaction **most of the time**?

Check **one** item:

- Yes
- No
- Not currently employed

20. In the past year, how much stress do you feel at your job on a regular basis?

Check **one** item:

- None
- A little stress
- Some stress
- A lot of stress
- Too much stress
- Not currently working

21. How many days in the past month were you not able to work or do your daily activities because of illness?

Check **one** item:

- None
- One to several days
- Many days
- Most days
- Every day

22. Do you currently have enough money to pay for essentials such as food, clothing, housing and medicine?

Check **one** item:

- Always
- Sometimes
- Never

23. What is your current living arrangement?

Check **one** item:

- Renting apartment/condo/house
- Living with others who own/rent
- I am currently homeless
- Own your house/condo (no mortgage)
- Purchasing house/condo (currently paying mortgage)
- Other _____

24. Approximately how much of your household income goes into your rent or mortgage?

Check **one** item:

- None
- Less than 25%
- 25-50%
- Over 50%

25. Overall, are you satisfied with your housing situation? Yes No
 If "No", why not? Check all items:
- | | |
|---|---|
| <input type="checkbox"/> Too small/crowded | <input type="checkbox"/> Too expensive |
| <input type="checkbox"/> Problems with other residents or neighbors | <input type="checkbox"/> Too far from town/services |
| <input type="checkbox"/> Too run down | <input type="checkbox"/> Doesn't meet special needs |
| | <input type="checkbox"/> Other _____ |

SECTION FOUR: COMMUNITY INVOLVEMENT AND RECREATION

26. In the past year, approximately how many hours per month did you participate in community activities such as social or charity organizations, church/religious-related events, or volunteering in schools or hospitals?

Check **one** item:

- None 1 – 5 hours 6 – 10 hours Over 10 hours

I would spend more time participating in community activities if: _____

27. In Stephenson County, the **three places I go for recreation** most often are:

Check **three** items:

- | | |
|---|--|
| <input type="checkbox"/> Parks | <input type="checkbox"/> Dance halls |
| <input type="checkbox"/> Movie theaters | <input type="checkbox"/> Yoga or martial arts studio |
| <input type="checkbox"/> Live theater/dance performances/
concerts | <input type="checkbox"/> Church |
| <input type="checkbox"/> Service club/social club | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Rivers/lakes/beaches/woods | <input type="checkbox"/> Library |
| <input type="checkbox"/> Sports fields | <input type="checkbox"/> Restaurants/bars |
| <input type="checkbox"/> Swimming pools | <input type="checkbox"/> Golf courses |
| <input type="checkbox"/> Health/fitness clubs | <input type="checkbox"/> Other _____ |

28. Recreation activities that I would like to have available in Stephenson County are:

SECTION FIVE: DEMOGRAPHICS

Please answer the following questions about yourself so that we can see how different types of people feel about these local health issues. **All information will be confidential.**

29. Gender you most identify with: Check **one**: Male
 Female

30. Marital Status: Check **one**:
 Married/domestic partnership

Single/widowed/divorce

31. Age: Check **one**:
 Under 18 years
 18 – 25 years
 26 – 39 years
 40 – 54 years
 55 – 64 years
 65 – 80 years
 Over 80 years

32. Ethnic group you most identify with:
Check **one**:
 African American/Black/Non-Hispanic
 Asian/Pacific Islander
 Latino/Hispanic
 American Indian/Alaska Native
 White/Non-Hispanic
 Other _____

33. Number of people in your household: _____

34. Annual household income: Check **one** item:
 Less than \$25,000
 \$25,000 - \$49,999
 \$50,000 - \$74,999
 \$75,000 - \$100,000
 Over \$100,000

36. Your highest education level: Check **one** item:
 Less than high school graduate
 High school diploma or GED
 Tech training

College degree
 Graduate or professional degree
 Other _____

37. Where did you get or hear about this survey? Check **one** item:
 Church
 Community Meeting
 Health department
 Doctor's Office

Personal Contact
 Workplace
 On-line
 Other _____

FORCES OF CHANGE ASSESSMENT COMMON THEMES

STRENGTHS

Health Care

- Good health care facilities (FHN Network, Monroe Clinic, Veterans Affairs Clinic)
- Quality medical specialty services
- Screenings, wellness classes, and support groups (for medical and mental health) through FHN and Monroe Clinic
- Stephenson County Health Department services, good customer service, good resources for assistance
- Utilization of local resources to provide preventive care and health education throughout the community (dental screenings at local schools, health and dental education through Head Start and Amity, youth sports physical exams provided throughout the community)
- Geographic accessibility of primary and secondary health care facilities (satellite clinics in all towns in Stephenson County, and compact size of Freeport)
- Vaccination services also at local drug stores and pharmacies

Education System

- Good education system including Highland Community College and Columbia College - Freeport
- Highland Community College trades programs (wind turbine and welding trades)
- Dental screenings in local schools
- Leadership development programs including JROTC at Freeport High School and Stephenson County Leadership Institute

Community and Social Environment

- Excellent youth programs and activities, including Boys and Girls Club, YMCA, and park district activities in the communities
- Libraries (great facilities and programs)
- Many cultural assets (historical museums, art museum, school and community theatres, etc.)
- Work ethic and values of farm-based community
- Active faith communities and faith-based charity organizations
- Strong volunteerism in the community
- Excellent social service programs, non-profit organizations, and charitable organizations
- Affordable, secure, quality senior housing
- Active senior citizen population

- Neighborhood Watch Programs
- Community festivals and Stephenson County Fair

Physical Environment

- Excellent parks, trails, and nature areas, including Jane Addams Trail and Lake Le-Aqua-Na State Park
- Good parks department programs (classes, youth activities, and equipment rentals) in communities throughout the county

Business and Economy

- HCC wind turbine and welding trades program
- Business competition between FHN and Monroe Clinic
- Blackhawk Regional Hills Council
- Entrepreneurship and strong business minds in agricultural sector
- Local state representation understands community

Infrastructure and Transportation

- Community projects to improve homes in communities
- Quality water and sewer systems
- Public transportation developing

Government

- Dedication of the rural volunteer EMS and fire departments
- Strong government social service assistance programs

WEAKNESSES

Health Care System

- Limited specialty medical services in some specialties, such as dermatology, neurology, endocrinology, and psychiatry
- Insufficient and expensive mental health services for children
- Limitations of Fast Care (long wait times, limited business hours, too few locations)
- Barriers to healthcare: cost of care, insurance limiting coverage, primary care limited to normal business hours, lack of transportation to health care facilities)
- Lack of access and utilization of health care system by people of color

Education System

- Low graduation rate
- Curriculum deficiencies in local schools
- Inadequate counseling services and mentorship
- Unemployed population lacks general job skills

Community and Social Environment

- Increasing number of single-parent families
- Teenage pregnancy
- Alcohol and drug abuse
- Increasing trend in violent and property crime
- Youth not staying in or returning to the community
- Local media have decreased coverage of local news and positive community news
- Racial division
- Lack of parental involvement and increasing trend in grandparents raising grandchildren
- Lack of male leadership within the communities
- Decreasing volunteerism

Physical Environment

- Deteriorated and/or empty buildings/houses
- Aging sidewalks and streets
- Limited 80,000 pound weight-limit roads

Business and Economy

- Loss and closing of companies and small businesses
- Unemployment
- High poverty rates
- Diminishing family incomes and low-paying jobs creating an increase in the number of "working poor"
- Absentee landlords
- Declining property values and foreclosures

Infrastructure and Transportation

- Limited public transportation
- Aging infrastructure
- Abandoned and deteriorating buildings and housing
- Lack of riverside development

Government

- Lack of government leadership at city and county levels
- High taxes

OPPORTUNITIES

Health Care System

- Expanding acute care coverage by creating smaller neighborhood facilities and extending hours of existing services
- Improving preventative health services by expanding locations of services throughout the communities, utilizing community service organizations to improve outreach, providing screenings at the workplace, and improving workplace safety

Education System

- Improve education in general job skills
- Expand and improve training programs to align with local job market
- Nutrition education extended into community as obesity prevention initiative
- Classes offered to general public (parenting classes, healthy cooking, interview skills)
- Alternative energy development...wind, solar, biomass; Stephenson County could become a national leader in “green” technology; another great opportunity for HCC and local schools

Community and Social Environment

- Maximizing the use of community assets and resources such as the Boys and Girls Club
- Collaboration between non-profit organizations to minimize redundant efforts and expenses
- Promotion and expansion of well-attended cultural events, festivals, and the Stephenson County Fair
- Encouraging youth to become more active in the community
- Involvement of youth in the community
- Engaging community members to be the "Force of Change"
- More collaboration between charitable organizations especially as budget get tighter
- Neighborhood watch groups as an effective adjunct to policing against crime and substance abuse

Physical Environment

- Development of vacant lots into neighborhood green spaces
- Fully develop fiber optic
- Complete US Highway 20 four-lane expansion project

- Develop strict regulations on absentee landlords

Business and Economy

- Attracting and encouraging a larger business market
- Development of Rawleigh Building business district
- Restoration and development of City Hall and Carnegie Library buildings
- Development along Pecatonica River and creation of a river festival

Transportation

- Expanding public transportation services to include set route and schedule and extending service to areas outside of Freeport
- Development of the railway and train service to Freeport

Government

- Landlord registration program (Public Safety Plan) improving upkeep and safety of rental properties
- Increasing community members' involvement in local government
- Increase enforcement of laws and law enforcement agents to improve safety

THREATS

Health Care System

- Continued low Medicaid/Medicare reimbursements
- Continued increased cost of health insurance
- Merger with larger health care system
- Lack of health and nutrition education
- Lack of draw for medical staff and university graduates
- Decreased or “flat” funding for mental health and disability services, including alcohol, tobacco and other drug (ATOD) interventions and follow up, especially with youth
- ATOD among youth; possibly under reported
- Decreased or “flat” funding for Health Department prevention programs despite increased demand
- Funding cuts to local health departments
- Increased cancer rates in the county
- Continued health disparities

Education System

- Education does not appear to be a priority
- Continued low reading and math skills
- Declining graduation
- Lack of education and follow through about healthy lifestyle choices; “addiction” to fat, salt and sugar

Community and Social Environment

- Cultural norms shifting -- acceptance of poor quality of life, lack of sense of community, lack of value of education, breakdown of family structure
- Dependency on social service assistance
- Increasing drug and alcohol abuse
- Increasing property and violent crime
- Racial division
- Unemployment and poverty attract young people to involvement in gangs, crime, drug activity, and prostitution Increased mobility with lower income families moving in and out of communities, potentially bringing crime and its effect on schools
- Stagnant and/or decreasing population; not enough people/tax base to bring about change

- Housing generally affordable but perhaps not the best quality. Rents are relatively high for the quality received

Physical Environment

- Pecatonica River flood hazard
- Lack of community pride
- Lack of funding for deteriorated and abandoned houses/buildings

Business and Economy

- Poverty
- Unemployment and underemployment
- Businesses closing and moving out of the community
- Resistance to public-private partnerships
- State and Federal funding uncertainty

Transportation and Infrastructure

- Economic threat of not expanding RT 20 and developing 80,000 pound weight-limit roads

Government

- Lack of government action on long-term problems (same or similar issues raised for years)
- State and Federal funding uncertainty and slow reimbursement hindering advancement of local programs and initiatives
- High state taxes and local tax structure
- Illinois state government deficiencies
- Regulations and taxes make business ownership undesirable

Rural resident focus group

October 25, 2013

What strengths exist in Stephenson County that will allow us to improve community health?

STRENGTHS

- Dedication of the rural volunteer EMS and fire departments
- Access to healthcare facilities (satellite clinics in all communities)
- Ferguson Cancer Center—collaboration with university medical schools
- Excellent parks/nature areas and parks departments including:
 - Pecatonica River access in Lena
 - Jane Addams trail
- Festivals and events in each community
- Farming/agriculture community is financially strong
- Agriculture has saved or added jobs in the community
- Pearl Valley Eggs is a strong business and employer
- Dairy producers are an economic asset investing large portion of revenue back into the community
- “Fabric of family”
- Strong social service assistance programs
- Entrepreneurship and strong business minds in agriculture sector in the area
- Work ethic and values of a farm community
- Local state representation understands agriculture community
- On-call physician available for phone consultation after hours

What weaknesses exist in Stephenson County that will prevent us from improving community health?

WEAKNESSES

- Disconnect between the agriculture sector and the general population
- Skill set and training of the unemployed are not matching with the jobs available
- Lack of fundamental job skills (soft skills—timeliness, dressing appropriately, etc.)
- Expensive medical care
- Farmers tend to have high deductibles on the private health insurance to decrease premiums
- Lack of leadership at all government levels
- Less volunteerism in service clubs especially young adults
- Youth are not staying/returning to the community

- Declining property values
- Mental health services expected to be treated at medical facilities who are not trained or staffed to handle the patients

What opportunities exist in Stephenson County on which we may capitalize to improve community health?

OPPORTUNITIES

- Action within the community to implement change
- Applying a fee or deterrent for inappropriate use of expensive emergency room services
- Preventive health screenings at the workplace
- Health education at the school-age level to prevent obesity
- Promotion and public awareness of agriculture
- Outreach into the community to teach soft business skills
- Parenting classes
- Improving farm safety to decrease farm-related injuries and deaths

What are threats to community health in Stephenson County?

THREATS

- Government more ready to persecute than assist businessmen and farmers with inspection deficiencies
- Regulations disproportionately burden small businesses and farmers who ultimately retire or sell their farms/businesses rather than expand their business
- Work schedules and private nature of individuals in the rural community make it difficult to perform outreach or identify needs in the community

Boys and Girls Club

October 22, 2013

What strengths exist in Stephenson County that will allow us to improve community health?

STRENGTHS

- Focused effort by faith based communities throughout Freeport to get community initiatives done
- Boys and Girls Club
- Churches
- Neighborhood communication/knowing your neighbors
- Community projects to improve homes in the community
- Healthcare facilities are geographically accessible
- Health Department support and information
- FHN Ferguson Cancer Center
- DaVita Freeport Dialysis
- Health and dental education through Head Start and Amity
- Dental programs in local schools
- Food pantries
- Elementary school education
- Senior citizens active in community and support systems
- Raising and active with grandchildren
- Parks District
 - Parks and parks facilities
 - Programs

What weaknesses exist in Stephenson County that will prevent us from improving community health?

WEAKNESSES

- Unemployment
- Young males hanging around the community
- Low graduation rate
- Lack of parental involvement
- Lack of mentoring programs for teens
 - Transportation to existing programs limited
 - Existing programs failing to communicate or connect with teens
- Unkempt property
- Transportation
 - One taxi service, senior van, and Pretzel Transit paid out-of-pocket
- Lack of community involvement within neighborhoods
- Barriers to healthcare

- Transportation
- Financial barriers
- Insurance coverage limiting services
- Economic growth of community limited or restricted by declining property values and flood hazard regulations
- Poor general education
- Questionable quality of housing for the rent, cost; affordable housing in poor neighborhoods; potential toxic exposures in certain areas
- Youth not taking advantage of recreational activities
- Lack of parental supervision
- Loss of quality jobs with benefits
- Poverty

What opportunities exist in Stephenson County on which we may capitalize to improve community health?

OPPORTUNITIES

- Development of a fully functional, integrated transit system, especially for senior citizens
- HCC educational programs
- Development of health consumer/patient education programs; what questions to ask, patient rights
- Affordable Healthcare Act, better access to health care, improved healthcare
- Local healthcare clinic in eastside area
 - Acute care services
 - Health education
- Maximizing use of assets and resources such as the Boys and Girls Club
- Expanding public transportation to include set route and schedule
- Landlord registration program
- Opportunities to develop vacant lots into green spaces
- Rawleigh Building business district
- Collaboration between non-profit organizations to minimize redundant efforts
- Harnessing the resource of the population of unemployable young men that are hanging around
- Training programs for specific jobs

What are threats to community health in Stephenson County?

THREATS

- Guns on the streets
- Education is not a priority
- Obstacles for employment of prior incarcerated

- “Street employed” young people are more attracted to involvement in gangs, drug activities, and prostitution
- Deficiencies in education system
- Lack of community pride
- Improvement requires community motivation
- Racial division/stigma
- Lack of trust in police force among specific populations of African Americans
- Cultural norms shifting: acceptance of poor quality of life

Senior Resource Center

October 23, 2013

What strengths exist in Stephenson County that will allow us to improve community health?

STRENGTHS

- Social service and charity organizations
 - Senior Resource Center
 - Homeless shelter
 - Freeport Area Church Cooperative
 - Community clinic
 - Mother Hubbard's Kiddie Cupboard
 - Northwest Illinois Community Action Agency
 - Freeport Pregnancy Center
 - Habitat for Humanity
 - Retired Senior Volunteer Program
- Senior public transportation
- Affordable, secure, quality senior housing
- Fitness programs through senior insurance
- Screening, informational meetings, and support groups (for medical and mental health) through FHN and Monroe Clinic
- FHN evening lecture series
- Ferguson Cancer Center
- Good specialty medical care
- Quality schools and education system
- Highland Community College
 - Wind turbine and welding trades program
- Parks system (parks, trails, facilities, and programs)
- Waterway clean-up projects
- Strong volunteerism in the community
- MAD Men (Making a Difference Men) volunteer community cleanup group
- Church fellowship within each faith community
- Senior day care in Lena and Freeport
- Veterans Affairs Clinic
- Veterans support
- Transportation available to VA hospitals and clinics in Rockford and Madison
- Many cultural assets (museum, art, museum, theater, etc.)
- Library (facility and programs)
- Well-attended Threshing and Antique Show, Stephenson County Fair, Freeport Cruise Night which generate revenue for the county
- Tax aid through AARP

- Insurance assistance through Senior Resource Center

What weaknesses exist in Stephenson County that will prevent us from improving community health?

WEAKNESSES

- Poverty
- Lack of county-wide public transportation
- Lack of dermatology services
- Drugs and gangs
- Racial division (downward trend)
- Grandparents raising grandchildren (increasing trend)
- Teenage pregnancy
- City and county government
- Mill Race Crossing development
- Lack of jobs
- Loss and closing of companies and businesses
- High corporate taxes a barrier to drawing businesses
- Youth not returning to the community
- Rawleigh Building development (bad location, poor condition of the building, length of time of project, draining of resources that could be used elsewhere)
- Lack of rail transportation and inadequate highway transportation
- Lack of riverside development
- Safety (or perceived safety) of northeast side of Freeport
- Deteriorated buildings in Freeport
- Increasing trend in violent and property crime
- Elevated high school drop-out rate
- Local newspaper—downsized, less staff, decreased local coverage, shift to electronic format

What opportunities exist in Stephenson County on which we may capitalize to improve community health?

OPPORTUNITIES

- Development of riverfront and railway
- Renovation and development of Carnegie Library and city hall building
- Development of green spaces
- Promotion and expansion of well-attended cultural events, festivals, and the county fair
- Promotion of the positive aspects of the community

- Involve the community in feedback and use of revenue generated from community events
- Support of public transportation systems
- Enforcement of laws to improve safety
- Involvement of youth in the community
- Sewer system, water tower, and fiber optic projects improving the services to the community

What are threats to community health in Stephenson County?

THREATS

- Lack of community involvement in and awareness of spending of generated revenue
- Lack of improvement in railway which limits the ability of Amtrak to provide rail service
- Lack of interagency cooperation at the city and county levels
- Lack of action by government agencies
- Lack of professionalism by government agencies
- High taxes

Neighborhood Watch Group

October 22, 2013

What strengths exist in Stephenson County that will allow us to improve community health?

STRENGTHS

- Housing Authority
- Projects to repair the streets and approaches of the curbs for improved biking and handicap access
- Habitat for Humanity
- Clean streets
- Good hospital and medical care facilities
- Recent improvement in customer service at the hospital
- Business competition between FHN and Monroe Clinic providers
- Parks District (programs and facilities)
- Jane Addams Trail
- Organized 5K runs
- Quality water and sewer systems
- Local neighborhood watch programs
- JROTC programs
- Good retirement community and facilities
- Ferguson Cancer Center
- Good education system including Highland Community College and Columbia College
- Highland Community College programs
 - Wing turbine mechanic training program
 - Leadership Institute
- Freeport Home Start (housing assistance service)
- Freeport Township organization and services
- Cultural assets
 - Art Museum
 - Amateur Theater
 - Community concert series
 - Auditorium at the Masonic Temple
 - Film series
- Many faith-based and service organizations
- Farm-based, hard-working culture
- Radio communication as platform for community outreach
- Compact size of community
- Library (facility and programs)

- Strong building and construction trades
- County EMS

What weaknesses exist in Stephenson County that will prevent us from improving community health?

WEAKNESSES

- Education system
 - Curriculum deficiencies
 - Discipline
 - Youth involvement in social media
 - Bullying
- Financial burden created by the high number of students on free and reduced lunch programs, children receiving government-provided healthcare, and families receiving other social service assistance
- Unemployment
- Low-paying jobs creating an increase in the number of working poor
- High percentage of tax revenue spent on school system
- Small corporate base in the county
- Diminishing family incomes
- Single-parent families
- High number of children born to unmarried women
- Increasing number of homeless children
- Lack of male leadership
- Gang violence
- Lack of free public transportation
- Increasingly negative peer pressure
- Inadequate counseling services at high schools and HCC
- Aging infrastructure (sidewalks and streets)
- Abandoned buildings and housing
- Foreclosures
- Absentee landlords
- Alcohol abuse
- Drug use and selling
- Limited number of 80K-pound weight-limit roads
- Distracted driving

What opportunities exist in Stephenson County on which we may capitalize to improve community health?

OPPORTUNITIES

- Expanding transportation services to out-lying areas (outside of Freeport and rural county areas)
- Expansion of GED program
- Train service to Freeport
- Route 20 four-lane expansion project
- Development of Rawleigh Building
- Development and marketing of current empty commercial building space
- Encouragement of business market
 - Small manufacturing
 - Microbrewery
 - Retail
- Expanding eye, dental, and mental health services to youth
- Mentoring programs
- Strict regulations on absentee landlords (City Safety Program)
- Development of local police and fire academies
- Recruitment of community members for involvement in government
- Restoration of city hall and old library buildings
- Development of local Boy Scout and Girl Scout programs
- Adjusting library hours to serve more people
- Expanding hours of Habitat for Humanity Store
- Development of Mill Race Crossing project
- Development along Pecatonica River and creation of a river festival
- Faith-based organizations encouragement to become more involved in the community and not just within their own membership
- Improving federal reimbursement for mental health services

What are threats to community health in Stephenson County?

THREATS

- Resistance to development of specific businesses (residents rejected local meat-packing plant)
- High state taxes
- Local tax structure
- Illinois state government deficiencies
- Resistance to public-private partnerships
- Agenda 21 is perceived as a threat. It is a small but vocal group of Tea Party/Agenda 21 people.
- Lack of shovel-ready property
- Slow state reimbursement
- Poverty
- Crime

- Insufficient police force
- Loss of USDA loans
- Gun violence
- Drug use
- Local business closing
- Shoplifting
- County board
- Destruction of environment with expansion of Route 20
- Economic threat of not expanding Route 20
- Aging of the community
- Minimal employment opportunities for local youth
- Pecatonica River flooding hazard
- Social media changing culture

Women's Group

October 21, 2013

What strengths exist in Stephenson County that will allow us to improve community health?

STRENGTHS

- Good places to walk
- FHN programs
 - Diabetes and nutrition classes
 - Screenings
 - Fast Care
- Monroe wellness classes
- Park District
 - Equipment rentals
 - Classes
 - Summer activities
- Drug store vaccination clinic
- YMCA
- Freeport Home Medical
- Dental services provided at schools
- Dental health services at Monroe
- Senior Resource Center
- Freeport Home Healthcare
- RSVP
- Sports Physical Exams provided throughout the community
- Jane Adams mental health services coordinated through schools
- Boys and Girls Club
 - Club sports
- Family Resource Coordinators

What weaknesses exist in Stephenson County that will prevent us from improving community health?

WEAKNESSES

- Lack of transportation to medical services for low-income families
- Lack of specialty medical services such as dermatology
- Lack of in-town bike paths/walking paths/sidewalks in town
- Lack of mental health services especially for children's needs
- High cost of mental health services for children

- Poor FHN reputation (Monroe clinic reputation is better)
- High physician turnover rate
- Poor strength of association with university medical school
- Small facility, lack of services, and too few locations of Fast Care
- School nurses are too often children's primary healthcare provider
- School nurses are a split position and there are too few certified people for the job
- Increase in poverty rates
- Lack of access to farmers markets and healthy food options to low-income families
- High cost of healthy foods
- High death rates of African American males
- Lack of late evening appointments at Fast Care
- No availability of routine primary care outside of business hours
- Costs associated with healthy food and park district classes

What opportunities exist in Stephenson County on which we may capitalize to improve community health?

OPPORTUNITIES

- Community gardens
- Cooking classes
- Nutrition education including adult and community outreach
- Safe Routes to School program
- Fast Care expansion
- Preventive care programs, screening clinics, and awareness
 - Combining programs
 - Expanding locations throughout the community
 - Utilizing community services such as faith-based organizations to improve outreach
- Smaller neighborhood medical facilities
- Utilizing Highland Community College nursing students to increase services

What are threats to community health in Stephenson County?

THREATS

- Unemployment
 - Businesses closing and moving out of the community
- Increasing poverty rate
- Lack of health and nutrition education

- Declining graduation rates
- Lack of draw for medical staff and university graduates
- Lack of action on long-term problems
- Lack of media attention to positive community stories
- Family structure breakdown (i.e. increase numbers of grandparents raising grandchildren)
- No enough for youth to do
- Boys and Girls Club location
- Barriers to participation in youth activities
 - Lack of parent involvement
- Social services dependency
 - Lack of education
 - Use of social service funding for poorly nutritious foods
 - High rates of social service use
- Drawing a population to Freeport for social services
- State and federal funding uncertainty