COMMUNITY HEALTH IMPROVEMENT PLAN

CHAMPAIGN COUNTY / ILLINOIS
2014 - 2016

Executive Summary

The Champaign-Urbana Public Health District (CUPHD) is the local public health authority for the Cities of Champaign and Urbana and Champaign County. CUPHD, in conjunction with the Champaign County Regional Planning Commission, Carle Foundation Hospital, Presence Covenant Medical Center, and United Way of Champaign County, used the Mobilizing for Action through Planning and Partnership (MAPP) model, a community-based model that necessitates community engagement at all levels. We assessed the current health status of the community, identified needs, and created a comprehensive community health improvement plan to improve our community's health by acquiring input from community partners, planners, elected officials, and residents.

Over 60 individuals representing more than 30 different agencies across Champaign County contributed to this process; further, we surveyed over 1000 community residents through surveys, focus groups, and community meetings. The MAPP process is composed of four assessments (detailed below). After performing these, over 50 community leaders met to review the results, set a vision, and identify priorities and goals for the upcoming years. We identified our vision that **Champaign County will be the Healthiest and Safest community to live, work, and visit in the State of Illinois**.

1. The **Community Health Status Assessment** evaluated the basic demographics and health-related statistics of residents in Champaign County. We used aggregated data accessed from Countyhealthrankings.org and city and county agencies including the Champaign and Urbana Police Departments.

- Champaign County had 204,897 residents in 2013, an increase of 1.9% from 2010. The population is 74% White, 12.5% Black/African American, 9% Asian, and 5% Hispanic.
- Close to 22% of Champaign County residents live below 100% of the poverty level, and over 45% of children attending public schools were eligible for free or reduced price lunches.
- Champaign County has a rate of 115.37 primary care physicians per 100,000, which is relatively high compared to Illinois (84.7). However, there is a shortage of dental, primary care, and mental health providers accepting Medicaid and serving low-income populations.
- 1 in 7 residents in Champaign County are enrolled in Medicaid.
- In 2013, 34% of residents were overweight, 27% reported being obese, and 7.7% had diabetes.
- One fifth of residents reported insufficient social and emotional support all or most of the time.
- Violent crime also remains much higher than the national average.

2. To perform the **Community Themes and Strengths Assessment**, we surveyed 975 community residents and held focus groups with 32 residents representing different community groups (undergraduate and graduate students, international student family housing residents, and homeless residents) to get a more in-depth picture of strengths and weaknesses.

- Residents identified transportation (87%)**,** commute times (82%), and access to health care (73%) as community strengths, while 61% and 67% of respondents noted that the crime rate and percent of the population in poverty were threats, respectively.
- Respondents were satisfied with Champaign being a good place to raise children and having high quality healthcare, although they were dissatisfied with the cost of healthcare.

- Street lighting, road maintenance, and crime patrols were identified as neighborhood issues; obesity, mental and behavioral health, heart Disease and stroke, and child abuse and neglect were identified as health priorities.

3. The **Local Public Health System Assessment (LPHSA)** included almost 60 community leaders from over 30 different agencies, including local government, community planners, public health professionals, clinicians, police and fire, emergency preparedness, and the University of Illinois. This measured how the local public health system is addressing the 10 essential public health services.

- **Strengths:** continual evaluation, access to and collaboration in research, legal and technical expertise, community engagement and collaboration, and policy formulation.

- **Needing Improvement:** communicating health info through media, continuously updating the IPLAN and promoting its use, establishing a broad-based community health improvement committee, maintaining lists of community organizations, identifying and understanding unmet needs and partners to help meet those needs, helping people access care and eligible benefits, coordinating personal health with social services, assessing communication and coordination of services, and evaluating public health systems research efforts throughout all stages were identified as areas that could use improvement.

4. The **Forces of Change Assessment** identified the Affordable Care Act (ACA) as a force impacting many sectors; meeting the needs of increasing populations of undocumented immigrants, addressing widening health disparities and the lack of economic opportunities, and the increased use of technology for medical (e.g. telemedicine and electronic medical records) and using social media and technology to promote general health were identified as major forces of change.

Health Priorities

Based on the four MAPP assessments, community leaders convened to identify priorities. After identifying over 30 health concerns, participants voted to narrow down the list to the four priorities to address in 2014-2017. Based on the CDC's model, SMART objectives were used to identify goals and objectives within each priority that were feasible, actionable, and could be implemented in the upcoming years. Workgroups then formed and met separately to address each of the four priorities, and formulate goals and action plans to address them.

- **Access to Care**: resource mapping and forming a community resource center, increasing Medicaid enrollment for eligible patients, increasing capacity, and increasing communication and collaboration
- **Behavioral Health**: resource center, promoting education and training on mental and behavioral health for teachers and officers
- **Obesity:** improving nutrition and increasing physical activity by increasing street lighting and safety
- **Violence**: improving mental health services, linking parolees and those incarcerated to resources including housing, jobs, healthcare, counseling, taking medication; developing and maintaining specialty courts

The Champaign-Urbana Public Health District would like to thank all of the agencies and individuals who participated in this process, as well as the agencies and organizations

that make up the Champaign County Local Public Health System. We appreciate their knowledge, collaboration, dedication, and commitment to making our community a great place to live, work, and visit.

Acknowledgements

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

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Eva Palmer	Carle Foundation Hospital
Mike Billimack	Carle Foundation Hospital
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Al Kurtz	Champaign County Board Chair
Karly Combest	Champaign County Chamber of Commerce
Duane Northrup	Champaign County Coroner
Claudia Lennhoff	Champaign County Healthcare Consumers
Ashlee McLaughlin	Champaign County Regional Planning Commission
Gabriel Lewis	Champaign County Regional Planning Commission
Rita Morocoima-Black	Champaign County Regional Planning Commission
Susan Ruwe	Champaign County Regional Planning Commission
Lt. John Hocking	Champaign Fire Department
Jameel Jones	Champaign Park District
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Nicole Bridges	Prosperity Gardens Inc.
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Todd Short	University of Illinois Police
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Natalie Kenny Marquez	Urbana Market at the Square
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Introduction and Framework

The Champaign County Community Health Plan provides a current portrait of the health assets and needs of the residents of Champaign County. Illinois state law requires every local health department to participate in this process, called the Illinois Project for Local Assessment of Needs (IPLAN). This process must be conducted at minimum every five years. The detailed assessment and plan provides the foundation for evidence-based health planning and decision-making.

The essential elements of IPLAN are:
1. An organizational capacity assessment;
2. A community health needs assessment; and
3. A community health plan, focusing on a minimum of three priority health problems.

The Champaign County Community Health Plan was created using a model called Mobilizing for Action through Planning and Partnerships (MAPP). This collaborative approach to community health planning was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office and the federal Centers for Disease Control and Prevention (CDC). MAPP helps communities form effective partnerships that can better identify their unique circumstances and needs and use their resources wisely.

MAPP is a community-driven process. It is more intense than other approaches in that it requires a high level of participation from community organizations and residents. This model employs a variety of methods to uncover community health trends, identify gaps in care, evaluate assets and – most importantly – develop and implement a plan that successfully addresses community health needs.

The four components of MAPP include:

1) The Community Health Status Assessment collects and analyzes health data and describes health trends, risk factors, health behaviors and issues of special concern.

2) The Community Themes and Strengths Assessment uses participants to make a list of issues of importance to the community, identify community assets and outline quality of life concerns.

3) The Local Public Health System Assessment measures the local public health system's ability to conduct essential public health services.

4) The Forces of Change Assessment identifies local health, social, environmental or economic trends that affect the community or public health system.

The Community Health Plan was initiated by the Champaign-Urbana Public Health District to determine locally relevant health priorities to better serve the residents of Champaign County. Public health issues demand collaborative and coordinated efforts to minimize service duplication and excess cost, and to be successful in intervention. This process provides both the community knowledge and support necessary for the identification and management of health problems.

The Health District convened a diverse group of health providers, civic leaders and community representatives to participate in this process. The goal is for all partners in the local public health system to work together to implement the recommendations outlined in this plan.

Background

Champaign County is located in east central Illinois and is 998.39 square miles with a population density of 201.8 people per square mile. The two major cities, Champaign and Urbana, are home to the University of Illinois, as well as Parkland College and a numerous businesses and companies. In 2013 the US Census Bureau estimated the population to be 204,897 residents, a 1.9% increase since 2010.

Champaign also includes the following villages: Bondville, Broadlands, Fisher, Foosland, Gifford, Homer, Ivesdale, Longview, Ludlow, Mahomet, Ogden, Pesotum, Philo, Rantoul, Royal, Sadorus, Savory, Sidney, St. Joseph, Thomasboro, and Tolono. Townships include: Ayers, Brown, Champaign, Colfax, Compromise, Condit, Crittenden, Cunningham, East Bend, Harwood, Hensley, Kerr, Ludlow, Mahomet, Newcomb, Ogden, Pesotum, Philo, Rantoul, Raymond, Sadorus, Scott, Sidney, Somer, South Homer, St. Joseph, Stanton, Tolono, and Urbana. Champaign

County includes the following zip codes: 61820-2, 61801-3, 61866, 61874, 61873, 61880, 61864, 61877-8, 61847, 61863, 61871, 61815, 61824-6.

Community Assets

Participating Organizations and Community Resources

Avicenna Community Health Center
Carle Foundation Hospital
Champaign County Administrator
Champaign County Chamber of Commerce
Champaign County Christian Health Center
Champaign County Coroner
Champaign County EMA
Champaign County Healthcare Consumers
Champaign County Housing Authority
Champaign County Regional Planning Commission
Champaign Park District
Champaign Police
Champaign Unit 4 Schools
Champaign Urbana Public Health District
Francis Nelson Health Center
Health Alliance
Illinois Dental Society
Land of Lincoln
Parkland College
Presence Covenant Center for Healthy Living
Presence Health System
Promise Healthcare
Prosperity Gardens Inc.
Soil and Water Conservation District
The HERMES Clinic
Tummelson Bryan & Knox LLC
United Way of Champaign County
University of Illinois

Christie Clinic
City of Champaign
City of Urbana Community Development Services
City of Urbana Mayor
City or Urbana-Police
CU Mass Transit District
Cunningham Township General Assistance
University of Illinois McKinley Health Center
University of Illinois/NCSA
University of Illinois-Police
Urbana Market at the Square
Urbana Park District
Urbana School District

MAPP ASSESSMENTS

I. Community Health Status Assessment (CHSA)

The CHSA explores how healthy our residents are, and what the health status is of our community. This shows the community's health status and ensures that our priorities include specific health status issues (e.g., high lung cancer rates or low immunization rates). The operational definition of health utilized in this assessment is taken directly from the World Health Organization: *Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.* The indicators analyzed represent this philosophy.

Methodology

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

Interpretation of this data through comparison over time or with data from other communities can help identify health issues that need to be focused on within Champaign County. We used aggregated data accessed from Countyhealthrankings.org and city and county agencies including the Champaign and Urbana Police Departments.

Distribution of the Population by Age, Race, and Ethnicity

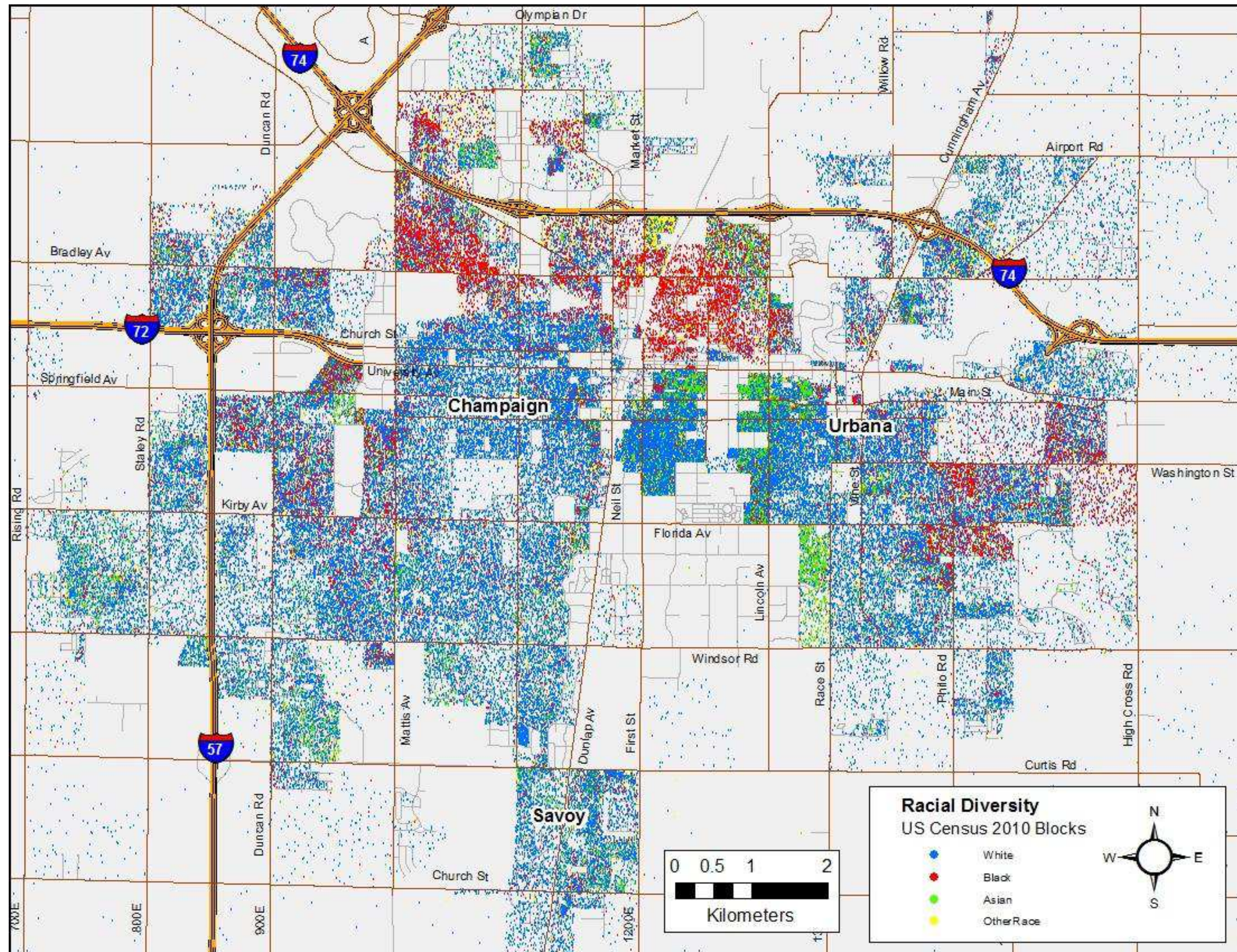
Like many areas in the United States, Champaign County is becoming more diverse each year. This increase is due to a relatively high birth rate and continued immigration. Being the home of the University of Illinois at Urbana-Champaign, the county was the home of over 10,000 international students in 2014, the largest number of any university in the U.S. This has increased dramatically from only 4,800 in 2005, and has added much diversity to both the campus and Champaign County.

The age distribution of Champaign County is changing. The two largest increases are in the age groups 15-19 and 20-24. These increases are mostly due to the increase in the enrollment of the University of Illinois, which has increased by over 5,000 students since 2000 to over 44,000 current students in 2014. Modest increases are also seen in elderly age groups. The two largest decreases are seen in the middle age groups of 25-34 and 34-44.

Racial Diversity, 2010

A dot-density plot of the population based on the 2010 US National Census broken down by race depicts the population density and the racial diversity of their neighborhood. The center of the Champaign-

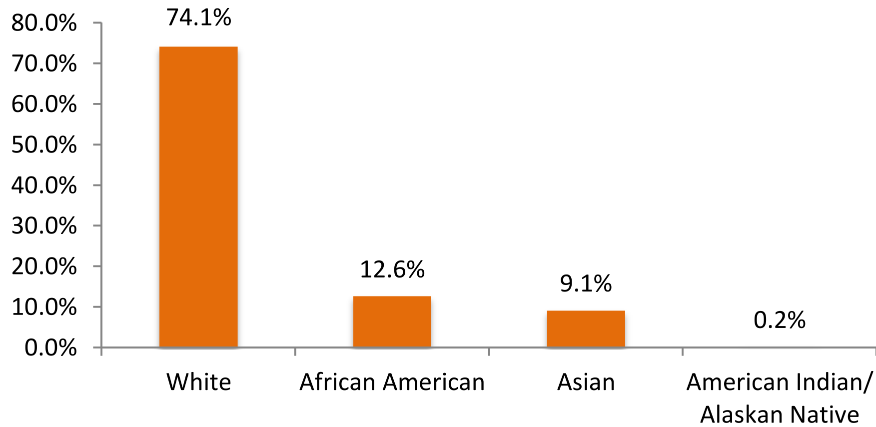
Urbana region is dominated by the University, with a majority of non-residential school buildings and surrounded by a higher percentage of Asian individuals than found in the rest of the region. There is a higher concentration of African Americans represented in the northern part of Champaign as indicated in red. The densest areas are near to the center of Champaign-Urbana just within or at the eastern and western edges of the University of Illinois campus.



Demographics

- The total population of Champaign County was 204,897 in 2013, an increase of 2% from 2010.
- 44% of Champaign County's population is below the age of 24 (25% being 18-24), and 11% of the population is over the age of 65. The percentage of Hispanic residents in Champaign County in 2013 was 5.1%. Rural residents comprise 13% of the population.
- In 2013, 2% of the population 5 years of age and over had limited English proficiency.
- Foreign-born residents make up 11.5% of Champaign County's total population.

Champaign County Distribution by Race, 2014

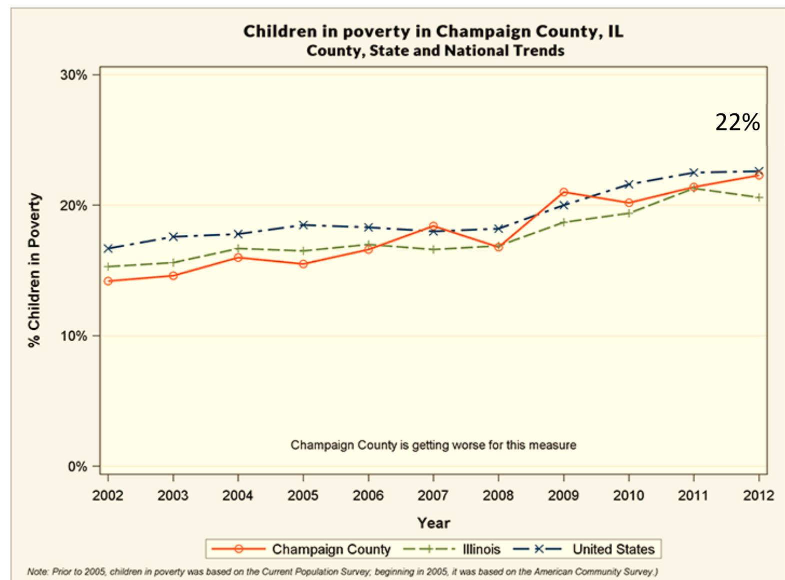


Socioeconomics and Priority Populations, 2013

Champaign has several priority populations; elderly, rural, impoverished, and childhood populations are particularly vulnerable and lack adequate access to health services and resources. Champaign County has significant lower median household income, more children in poverty, more people with inadequate social support, and more children in single-parent households than in greater Illinois.

Social & Economic Factors	Champaign County	Illinois
Median household income	$46,708	$55,126
Children eligible for free lunch	39%	39%
Rural population	13%	12%
Homicide rate (per 100,000 residents)	3	7
High school graduation	86%	84%
Some college	78%	66%
Unemployment	8.0%	8.9%
Children in poverty	22%	21%
Inadequate social support	22%	21%
Children in single-parent households	37%	32%
Violent crime	616	457
Injury deaths	43	50

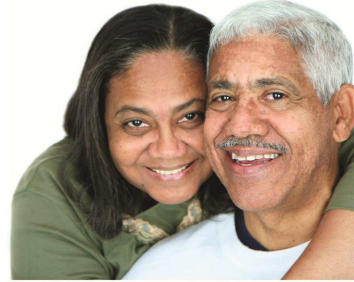
The number of **children in poverty** has increased over the last 10 years to its current prevalence of 22%.



Quality of Life
Champaign County residents report relatively good health and quality of life compared to Illinois.

Quality of Life	Champaign County	Illinois
Poor or fair health	10%	15%
Poor physical health days	2.6	3.4
Poor mental health days	3.0	3.3

Leading causes of death in Champaign County, 2013
The age-adjusted mortality rate in Champaign County was 636.2 in 2013, much lower than the State of Illinois and U.S estimates. The leading causes of death nationwide in decreasing number of deaths are heart disease, cancer, chronic lower respiratory diseases stroke, accidents, and Alzheimer's disease. The leading causes of death in Champaign County are similar, although there are a few differences. Below are listed the leading causes of death in 2013 in Champaign County.



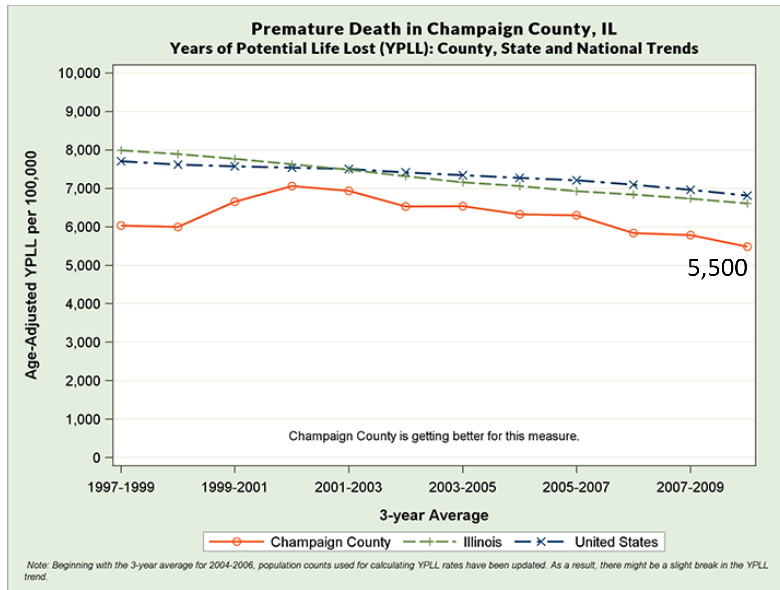
Immediate Cause	Crude Death Rate (per 100,000)	Years of Potential Life Lost
Heart disease	112.7	1422.5
Cancer	73.2	1544.0
Other circulatory	48.8	617.5
Accidents (unintentional)	29.8	1164.5
Septicemia	29.3	310.0
Chronic lower respiratory disease	22.5	243.0
Influenza and pneumonia	17.1	129.5
Stroke	15.6	42.0

- Approximately 96 per 100,000 people in Champaign County died due to heart disease. In comparison, Illinois' and the United States' age-adjusted heart disease mortality rates were roughly 134 per 100,000 population, or about 40 per 100,000 more than the Champaign County rate.

- Violent crime reported in Champaign County is 643 per 100,000 population, substantially higher than Illinois' rate of 486. The national benchmark for violent crime rate is 66 per 100,000.

- Suicide (15) and homicide rates (3 per 100,000) are lower in Champaign County than in Illinois (7 per 100,000) or the US.

- **Premature death rates** are shown below from 1997-2009. Premature age-adjusted mortality is 290 per 100,000 in Champaign County, much lower than the 338 per 100,000 in Illinois.

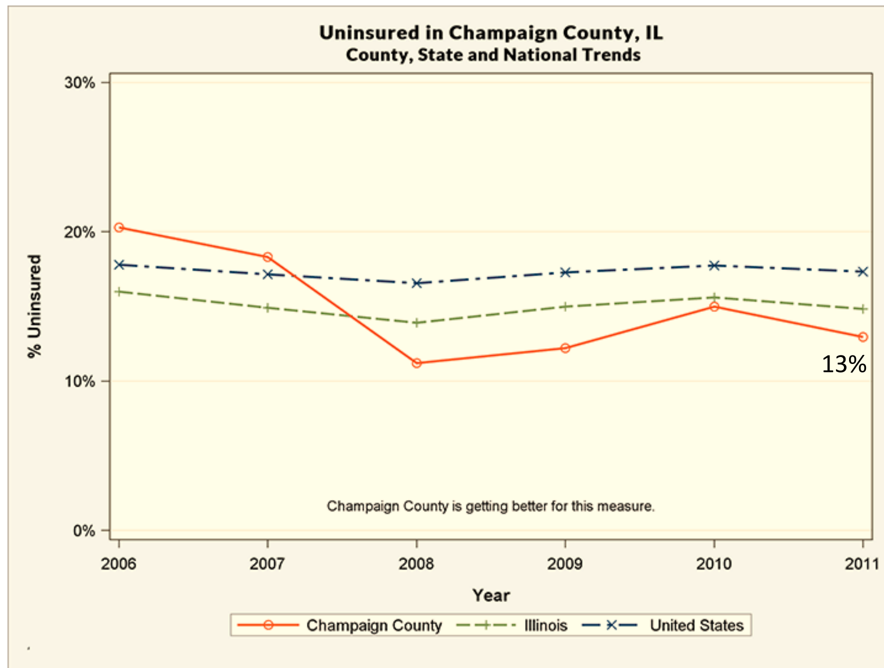


Rates of insurance and health resources in 2013 are shown in the table below. Champaign has a lower rate of uninsured individuals than in Illinois, particularly for adults. Champaign has a greater number of primary care physicians and other primary care providers, and a higher number of mental health providers per population compared with Illinois. Champaign has fewer dentists per population compared with Illinois.

Champaign County also has a lower percentage of people who could not see a doctor due to cost, a lower number of preventable hospital stays, and lower healthcare costs (price-adjusted Medicare spending per enrollee. Champaign also has higher rates of screening for mammographies and diabetes, which has increased since 2003.

Health Resources and Indicators	Champaign County	Illinois
Uninsured	13%	15%
Uninsured adults	16%	19%
Uninsured children	4%	4%
Primary care physicians	1,108:1	1,270:1
Dentists	2,032:1	1,531:1
Mental health providers	671:1	864:1
Other primary care providers	1,303:1	2,461:1
Health care costs	$8,108	$10,101
Could not see doctor due to cost	10%	12%
Preventable hospital stays	54	73
Diabetic screening	91%	84%
Mammography screening	74%	64%

The number of **uninsured residents** from 2006-2011 is shown on the right; over time it has generally decreased, and is expected to decrease substantially in the upcoming years.



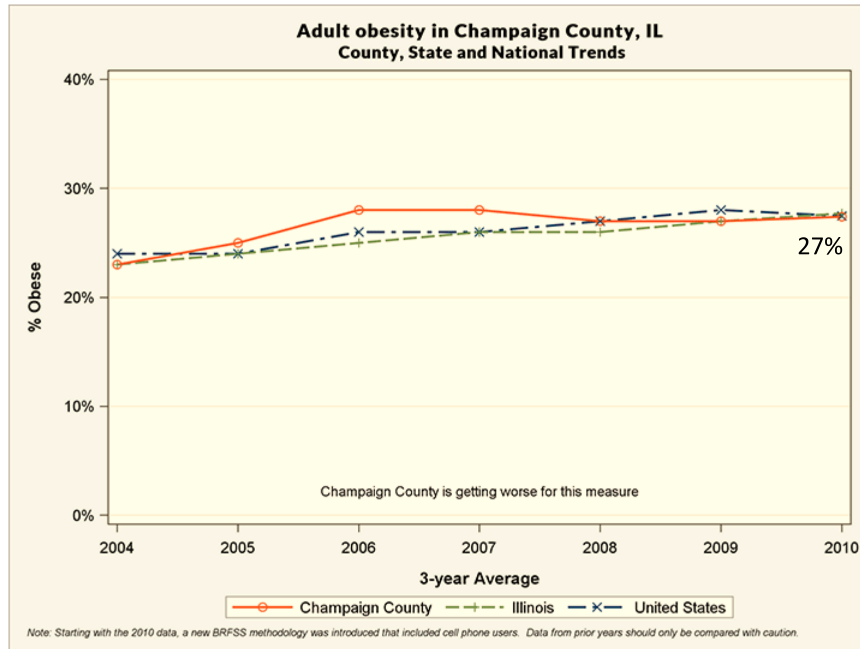
Chronic Disease and Health Behaviors (2013)

- Smoking rates, obesity, diabetes, physical inactivity, access to exercise opportunities, excessive drinking, HIV prevalence, and motor vehicle crash deaths are all lower in Champaign County than in Illinois.

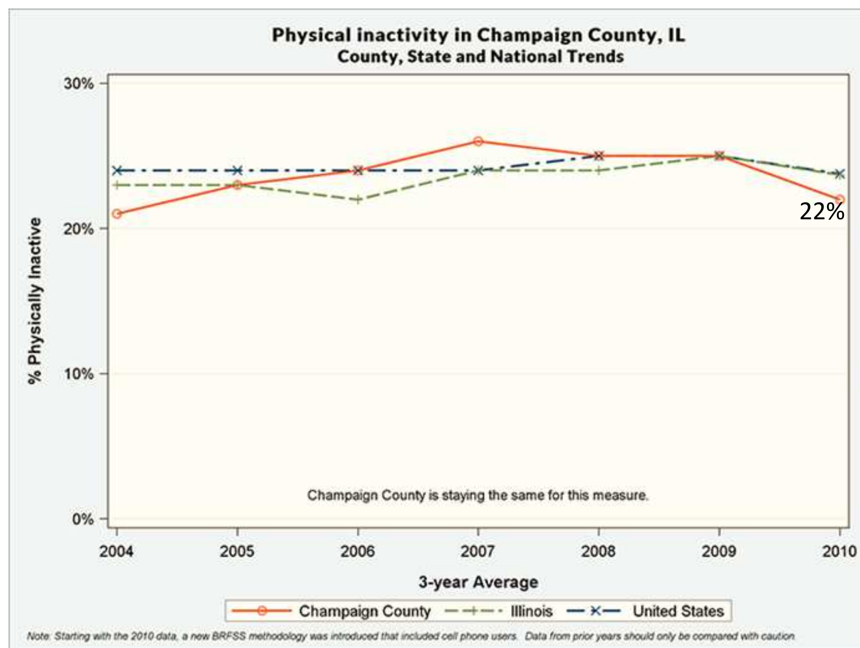
- Sexually transmitted infections and food insecurity are all higher in Champaign County than in Illinois. In Champaign, 10,600 individuals living within Champaign County are low income and with low food access.

Health Behaviors	Champaign County	Illinois
Adult smoking	16%	18%
Adult obesity	27%	28%
Adult overweight	34%	34%
Diabetes	8%	9%
Food environment index	7.5	8.0
Physical inactivity	22%	24%
Access to exercise opportunities	81%	86%
Excessive drinking	18%	20%
Alcohol-impaired driving deaths	38%	38%
Sexually transmitted infections per 100,000	676	505
HIV prevalence rate per 100,000	177	300
Food insecurity	17	15
Limited access to healthy foods	4%	4%
Motor vehicle crash deaths	8	10
Drug poisoning deaths	8	10

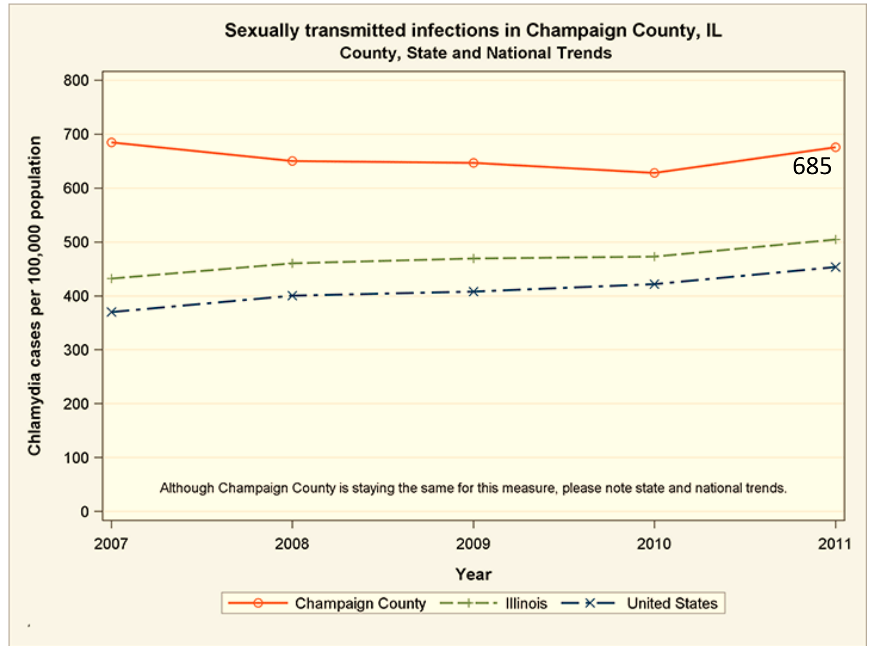
Below, **obesity prevalence** is shown over time for adults in Champaign from 2004-2010.



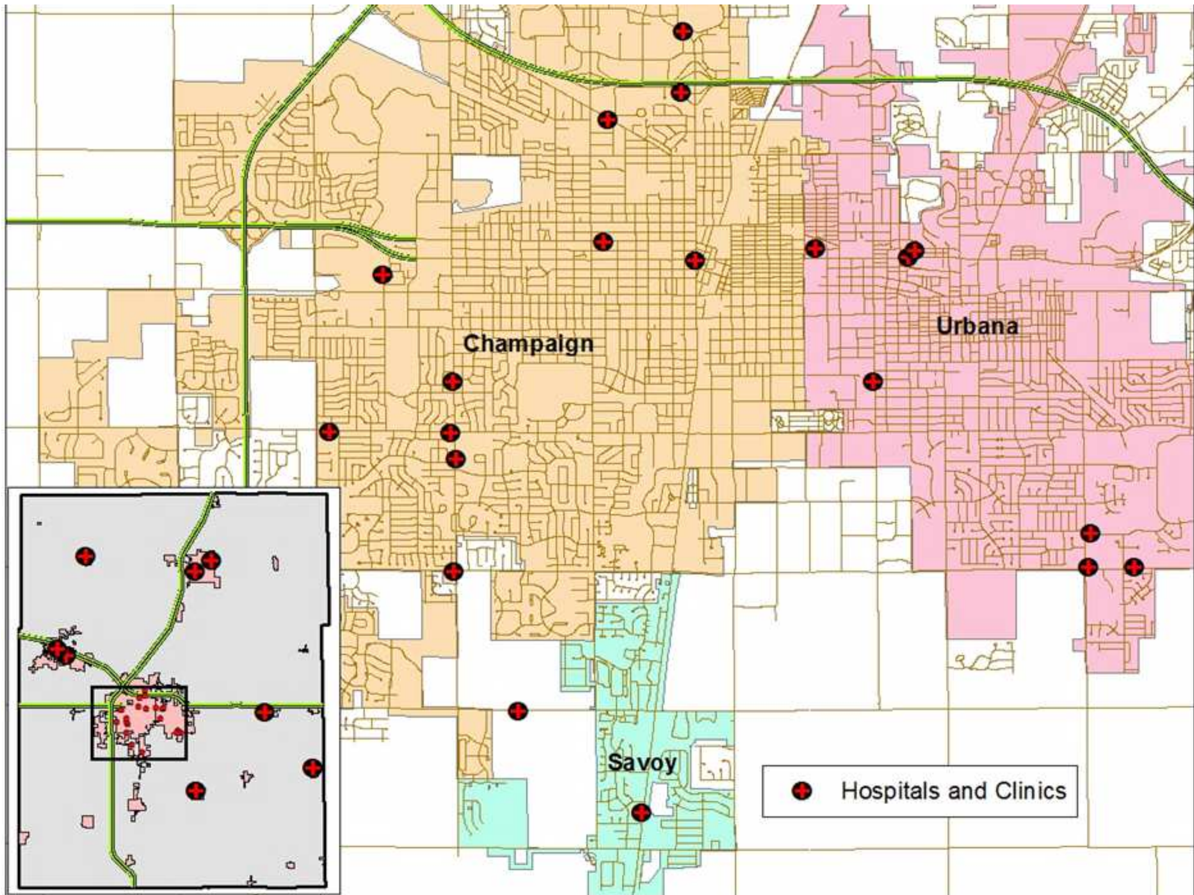
Access to parks is defined as living within ½ a mile of a park. In Champaign County, 66% of residents have access to parks, much higher than state (55%) and national (39%) figures. The graph below shows rates of physical activity over time; **physical inactivity is lower in Champaign residents than adults in Illinois or the US:**



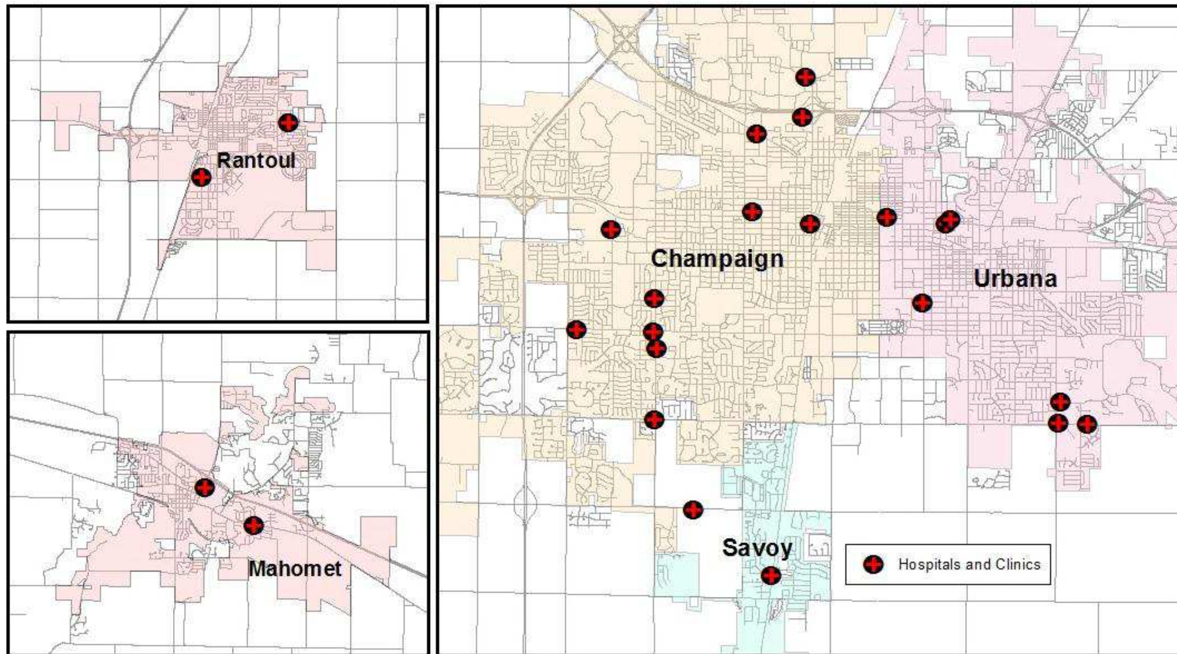
Between 2011 and 2013, the rate of **sexually transmitted infections (STIs)** decreased slightly, from 685 to 628 per 100,000. However, this is still significantly higher than the national average of 473.



The graph below depicts **hospitals and clinics** in Champaign, Urbana, Savory, Rantoul, and Mahomet.



The following graph **of hospitals and clinics** shows the distribution in just the cities of Champaign and Urbana, and throughout the county.



Maternal and Child Health

- The teen birth rate (per 1,000 female population, ages 15-19) is among the lowest (top 10% of all counties) in the US, almost ½ the prevalence in Illinois.

- Teen births are highest among the Black population (68.7 per 1,000 births) followed by the Hispanic/Latino population (50.8). Compared to Non-Hispanic Whites, teen birth rates for Blacks and Hispanic/Latinos are nearly 5.5 and 4 times higher, respectively.

- Infant and child mortality are both higher for Champaign than for Illinois.

Maternal Child Health Indicators	Champaign County	Illinois
Teen births	20	36
Low birthweight	8.3%	8.4%
Infant mortality	8	7
Child mortality	65	59

Environmental Health

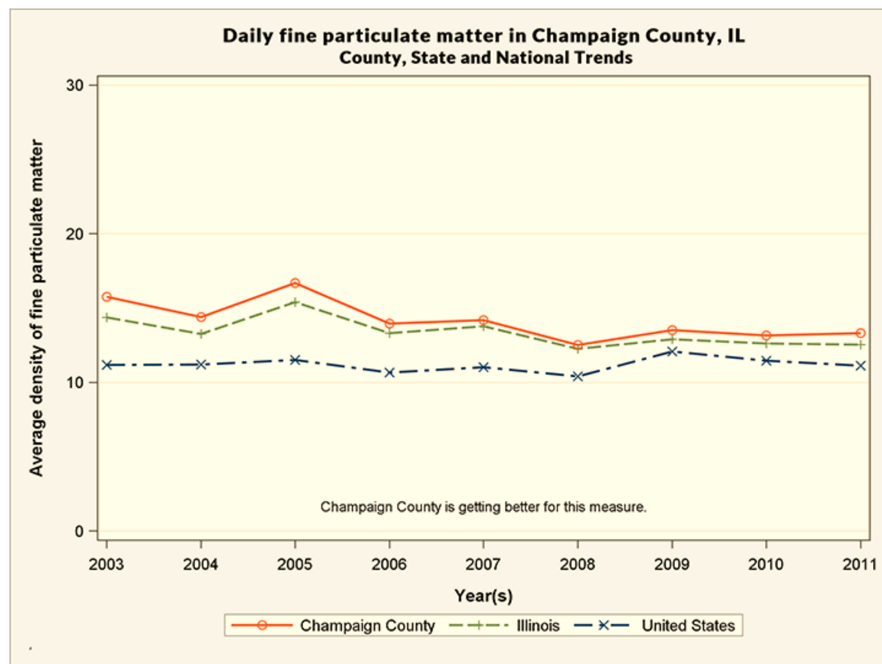
- 21.34% of the entire population living in Champaign County has low food access. This percentage is slightly higher than the percentage in Illinois (20.44%), but less than the average in the United States (23.61%).

- The number of grocery stores per 100,000 population in Champaign County is 16.41. In Illinois and the United States the rate of grocery stores was slightly higher at 22.06 and 20.85, respectively.

- As of 2011, the rate of fast food restaurants per 100,000 population in Champaign County is 78.58. This is substantially higher than state and national rates of 71.53 and 70.04, accordingly.

Physical Environment	Champaign County	Illinois
Air pollution - particulate matter	13.3	12.5
Drinking water violations	1%	3%
Severe housing problems	19%	18%
Driving alone to work	68%	73%
Long commute - driving alone	13%	39%

Champaign County has slightly more **particulate matter** than average for Illinois or the US:



II. Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) evaluates what is important to our community, how quality of life is perceived, and what assets we have that can be used to improve community health. This assessment highlights what issues in the community are particularly important or concerning, while also showing community assets and quality of life.

Methodology
We conducted the Champaign County Community Themes and Strengths Assessment by gathering feedback from over 1,000 residents with surveys and focus groups. The survey was conducted through www.surveymonkey.com, although about 25% of the surveys were filled out by hand at the public health department and county nursing homes. Residents were surveyed from July-November 2013, with 975 total surveys completed. The standardized questions were obtained from the National Association of County and City Health Officials (NACCHO).

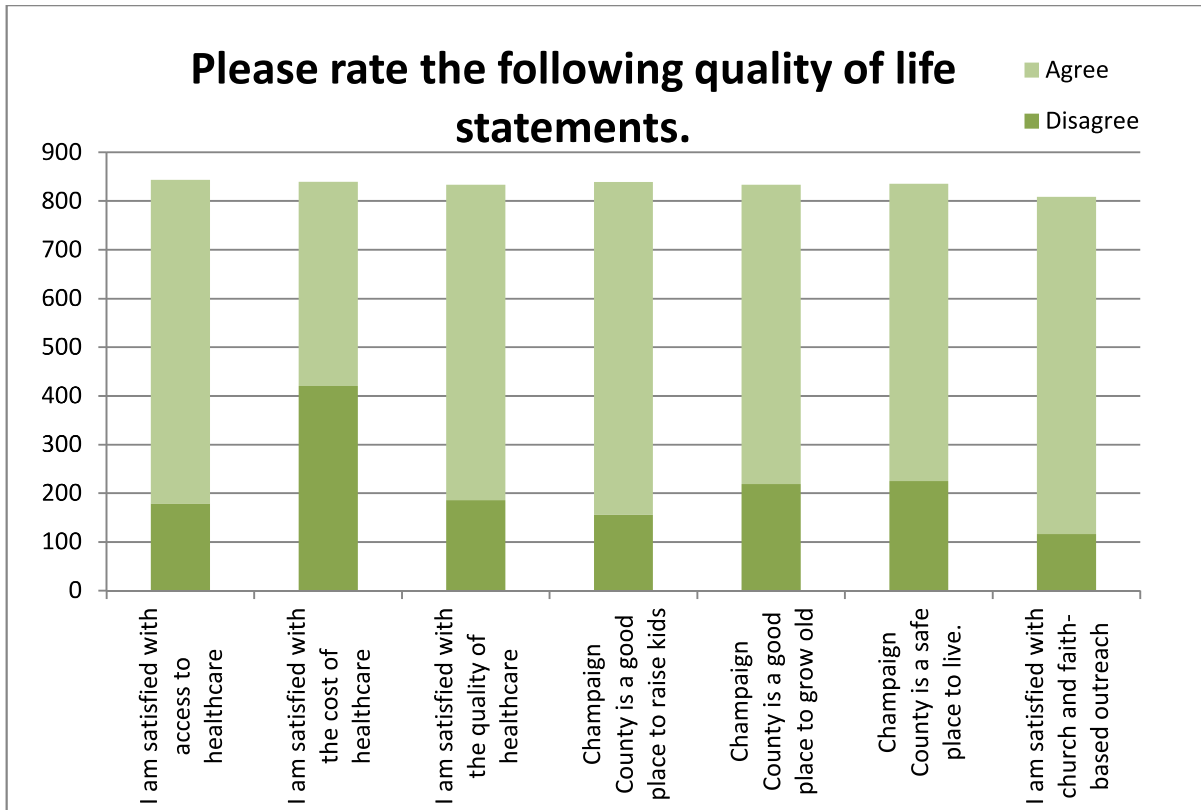
In addition, five focus groups were held with community members in order to gain more insight into specific issues that different community groups deal with. Thirty-two people participated in the focus groups; each focus group included 5-15 people and lasted 30-50 minutes. The five community groups represented were undergraduate and graduate students, international student family housing residents, and homeless residents.

Representativeness
About one quarter of responses came from patrons of the health department, who tended to be lower-income residents. Almost 20% of the responses came from teachers in the Champaign County School System, and many other responses came from employees of the participating organizations. However, the survey was still very representative of the demographics of the county.

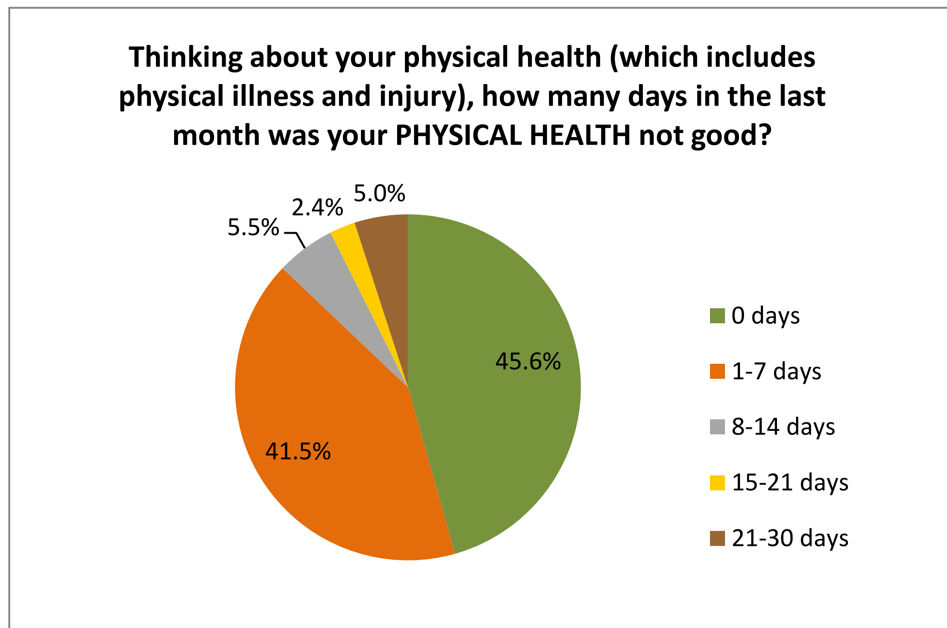
Satisfaction with the Community and Quality of Life

- 51% were unsatisfied with the cost of healthcare. To a much lesser extent, participants were unsatisfied that Champaign being a safe place to live (27%) and a good place to grow old (26%).

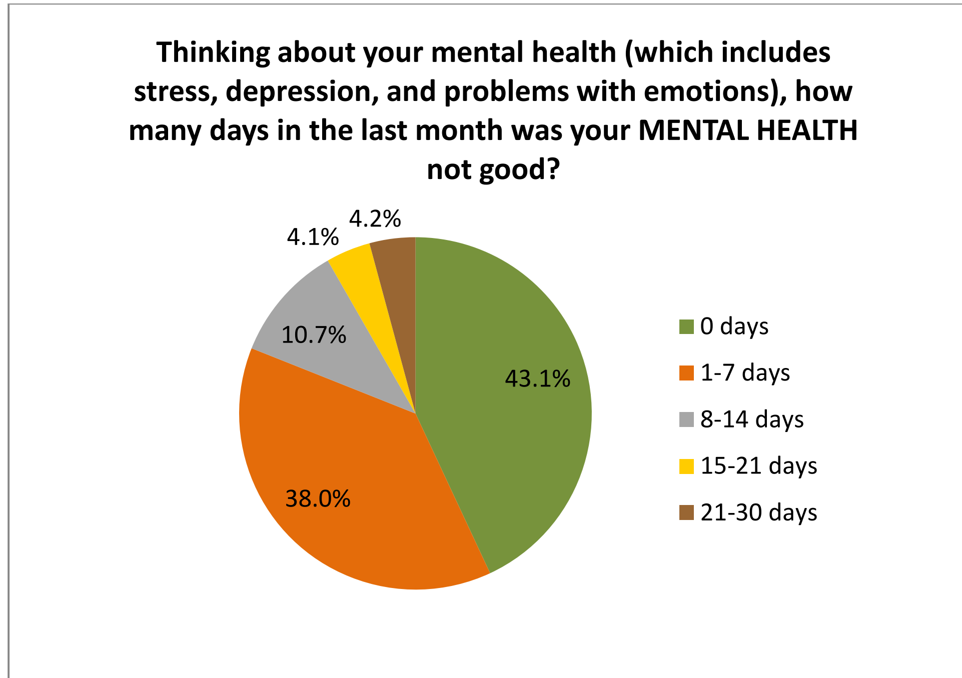
- Participants were most satisfied (85%) with the outreach of faith-based organizations, being a good place to raise children (81%), and having a high quality of healthcare (77%).



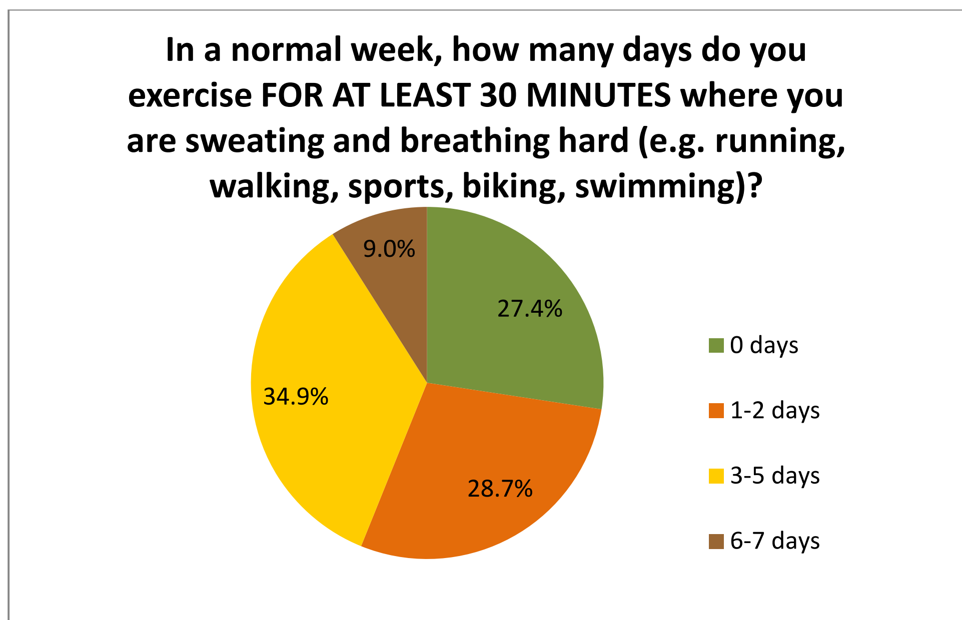
The majority of residents reported either no or few days of poor physical health in the last month:



Concerning **mental health**, the majority of residents also reported few days of poor health in the last month:

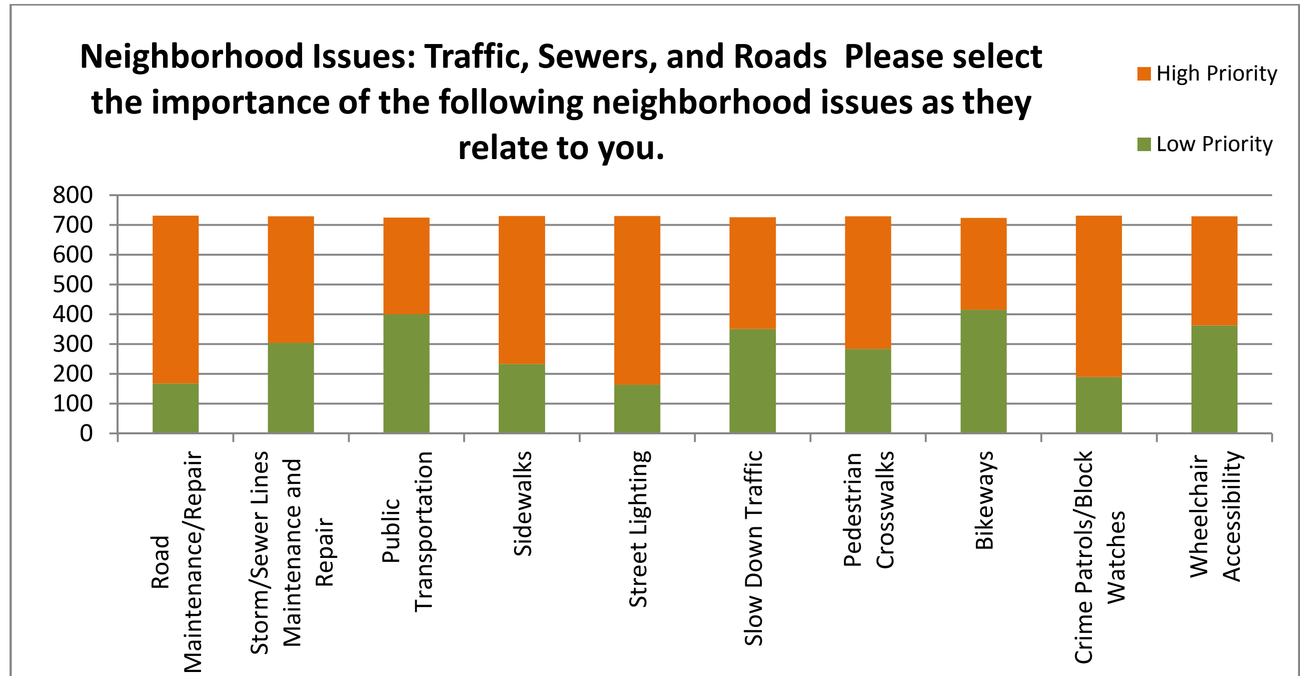


26% of participants reported no **physical activity** (30 minutes/day); only 9% reported exercising for more than 30 minutes every day:



Neighborhood Issues: Traffic, Sewers, and Roads

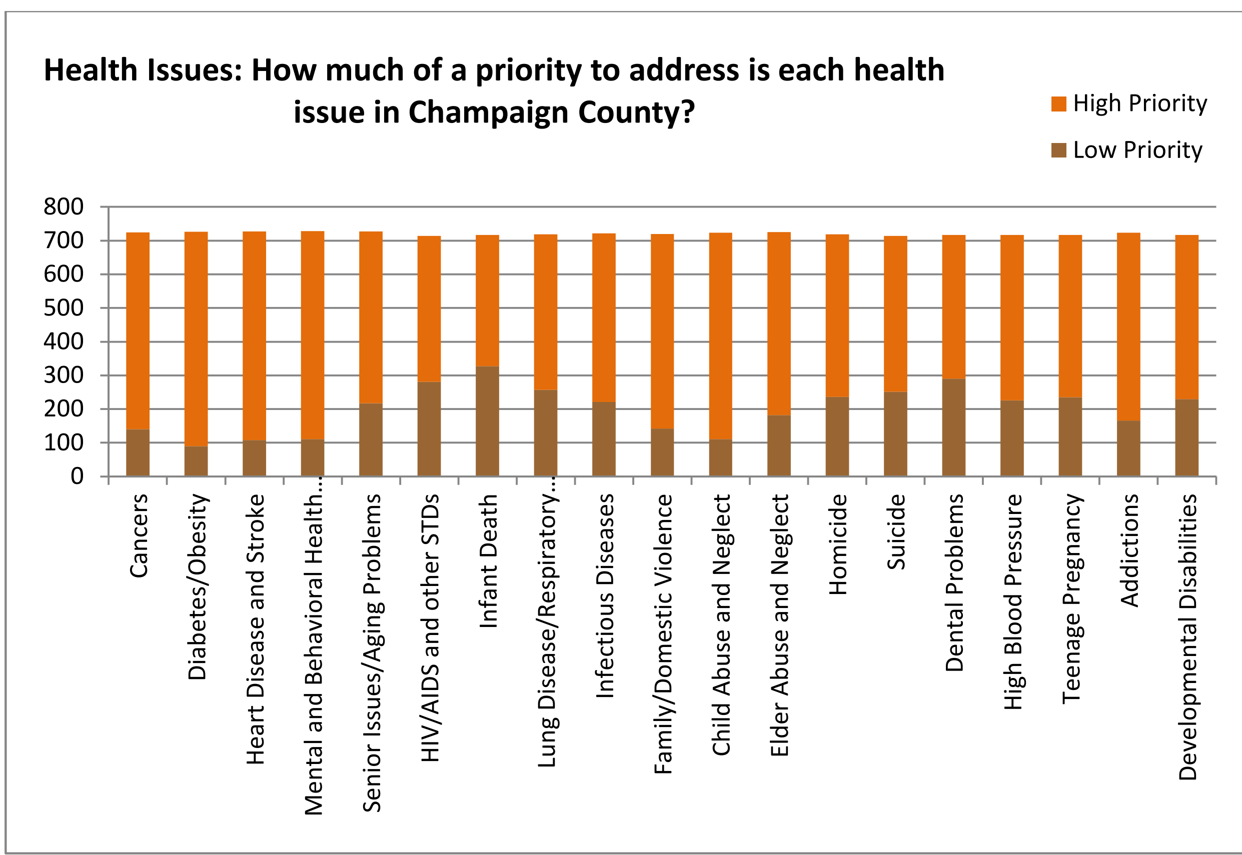
- Street lighting was the # 1 priority (79%), followed by Road maintenance (77%) and repair Crime patrols/block watches (74%).
- Bikeways (57%), public transportation (55%) and wheelchair accessibility (50%) were ranked the lowest priorities, perhaps because participants felt the county is already good in these areas.



Health Priorities

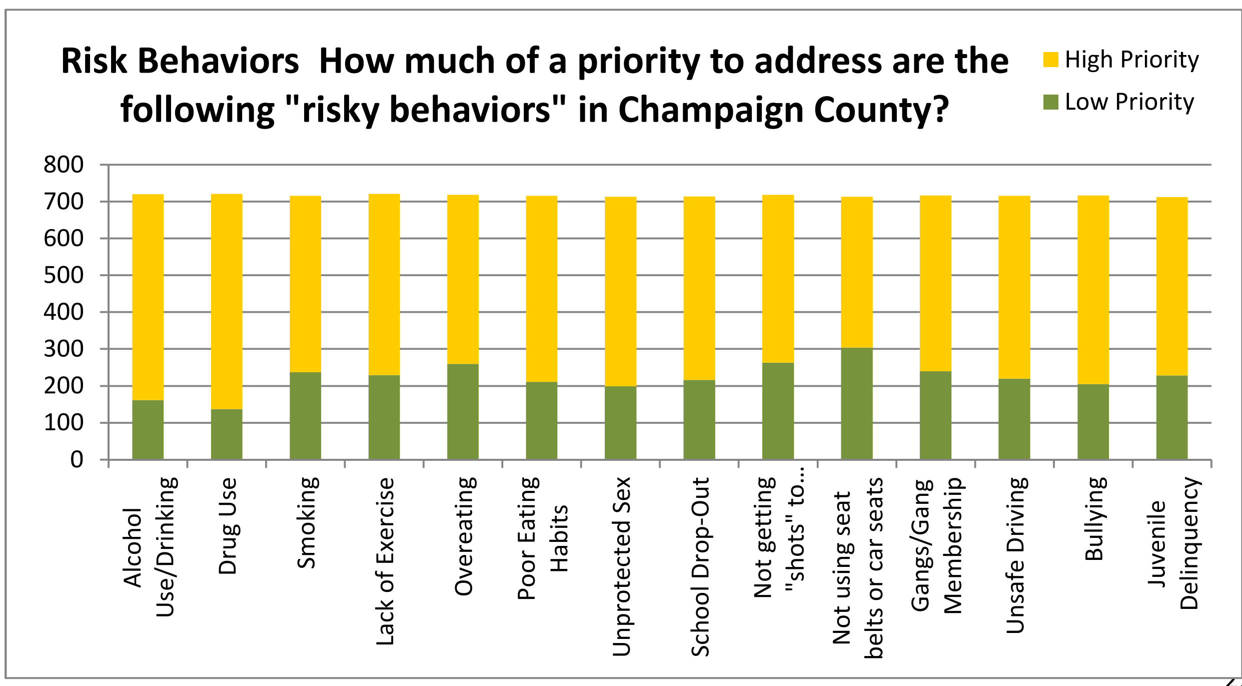
- Participants identified diabetes/obesity (88%), mental and behavioral health problems, heart disease and stroke, and child abuse and neglect (all 85%) as health priorities to address. Lowest priorities were infant death (46%), dental problems (40%), and HIV and other STIs (40%).

	High Priority	Low Priority	Total Responses (#)
Cancers	80.4%	19.6%	682
Diabetes/Obesity	88.3%	11.7%	684
Heart Disease and Stroke	85.4%	14.6%	685
Mental and Behavioral Health Problems	85.4%	14.6%	687
Senior Issues/Aging problems	70.4%	29.6%	685
HIV/AIDS and other STIs	60.4%	39.6%	674
Infant Death	54.1%	45.9%	675
Lung Disease/Respiratory Diseases	64.8%	35.2%	679
Infectious Diseases	69.5%	30.5%	682
Family/Domestic Violence	80.5%	19.5%	678
Child Abuse and Neglect	85.2%	14.8%	681
Elder Abuse and Neglect	75%	25%	683



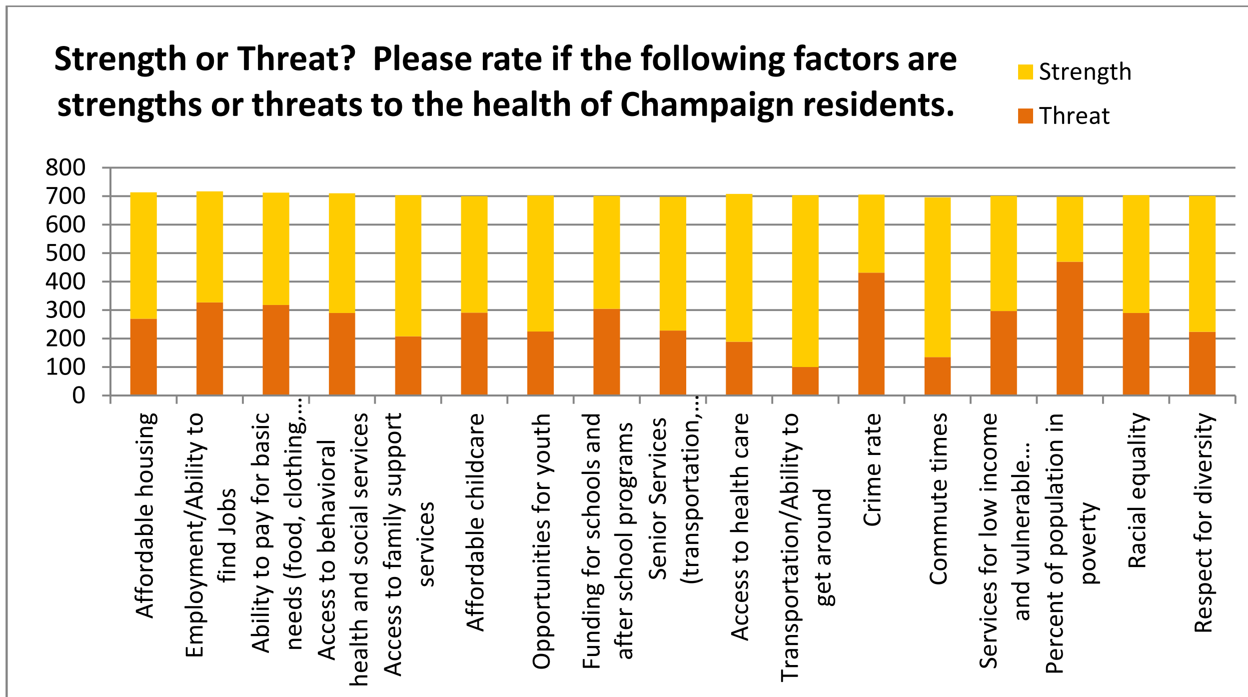
Risky Behaviors

Risky behaviors requiring addressing were drug use (81%), alcohol abuse (78%) and unprotected sex (73%). Lowest priorities were not using seat belts or car seats (43%), not getting "shots" to prevent diseases (immunizations) (37%), and overeating (36%).



Community Strengths and Threats

Community strengths and threats are shown below, strengths identified were transportation/ability to get around, commute times, and access to healthcare. Threats were the percent of the population in poverty and the crime rate.



Demographics of Survey Respondents

- 16 zip codes were represented
- 78% were female
- Majority of respondents were aged 18-50, with less than 10% being over 65.
- 93% had completed at least some college (30% graduate degree or higher)
- 99% reported English as the primary language in their household
- 4.7% were eligible for SNAP/food stamps, 2% were eligible for WIC, 3.7% had children eligible for free/reduced lunch
- Household income was very evenly distributed, with 14.4% reporting income less than $25,000, and 16.3% reporting income over $100,000
- Racial/ethnic breakdown: 82% Caucasian, 11% African American, 5.8% Asian
- 90% of participants were insured; 4% received Medicaid and 4.4% received Medicare

Participants reported receiving primary care at Carle clinic doctor (46%), Christie clinic doctor (26%), McKinley health center (21%), and Convenient care clinics (18%); 5.5% reported no primary care.

III. Local Public Health System Assessment

The purpose of this assessment was to evaluate how organizations, agencies, and institutions contribute to the delivery of public health services in Champaign County, understand the existing infrastructure of organizations, agencies and institutions, and identify potential gaps, barriers, or challenges to delivering public health services in Champaign County.

Introduction

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The assessment guides state and local jurisdictions in evaluating their current performance against a set of optimal standards.

A representative sample of 57 community leaders in Champaign County assembled in late 2013 to assess the public health system during a one-day retreat. Five focus groups were held, with each group focusing on 2 of the essential public health services. An overview of the 10 essential public health services and the LPHSA is available on the NPHPS website (http://www.cdc.gov/nphpsp/essentialservices.html.) Briefly, the focus groups assessed the work of the public health system for a number of indicators using the following scale:

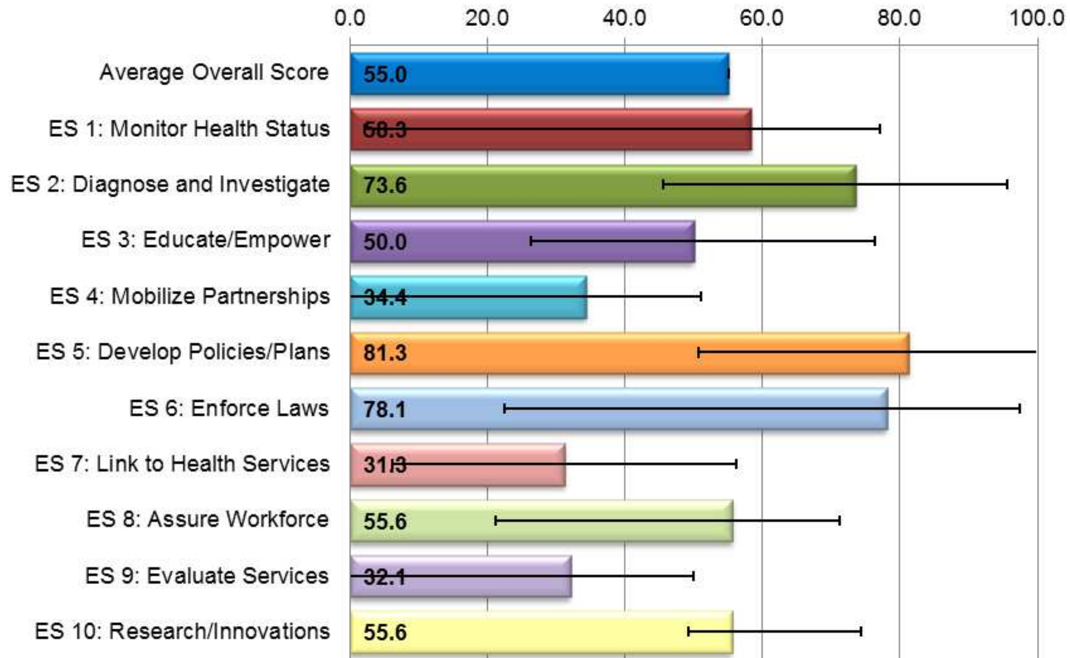
Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Results were compiled and scored according to National Public Health Performance Standards Program guidelines. The table below summarizes the findings for each essential service.

Model Standards by Essential Services	Performance Scores
ES 1: Monitor Health Status	**58.3**
1.1 Community Health Assessment	25.0
1.2 Current Technology	75.0

1.3 Registries	75.0
ES 2: Diagnose and Investigate	**73.6**
2.1 Identification/Surveillance	75.0
2.2 Emergency Response	83.3
2.3 Laboratories	62.5
ES 3: Educate/Empower	**50.0**
3.1 Health Education/Promotion	41.7
3.2 Health Communication	41.7
3.3 Risk Communication	66.7
ES 4: Mobilize Partnerships	**34.4**
4.1 Constituency Development	43.8
4.2 Community Partnerships	25.0
ES 5: Develop Policies/Plans	**81.3**
5.1 Governmental Presence	83.3
5.2 Policy Development	83.3
5.3 CHIP/Strategic Planning	58.3
5.4 Emergency Plan	100.0
ES 6: Enforce Laws	**78.1**
6.1 Review Laws	87.5
6.2 Improve Laws	66.7
6.3 Enforce Laws	80.0
ES 7: Link to Health Services	**31.3**
7.1 Personal Health Service Needs	31.3
7.2 Assure Linkage	31.3
ES 8: Assure Workforce	**55.6**
8.1 Workforce Assessment	33.3
8.2 Workforce Standards	66.7
8.3 Continuing Education	60.0
8.4 Leadership Development	62.5
ES 9: Evaluate Services	**32.1**
9.1 Evaluation of Population Health	25.0
9.2 Evaluation of Personal Health	40.0
9.3 Evaluation of LPHS	31.3
ES 10: Research/Innovations	**55.6**
10.1 Foster Innovation	56.3
10.2 Academic Linkages	66.7
10.3 Research Capacity	43.8
Average Overall Score	**55.0**
Median Score	**55.6**

The graph below shows the average scores for each of the 10 essential services. Developing policies and plans, enforcing laws, and diagnosing and investigating diseases were particularly robust, while mobilizing partnerships, linking residents to health services, and evaluating services were identified as areas needing improvement.



KEY FINDINGS

Essential Service #1 - Monitor Health Status to Identify Community Health Problems

- Moderate awareness of community health assessment process
- Maintenance and reporting of population-based health registries
- Collects timely data consistent with current standards on death and communicable diseases
- Need to improve communication of findings back to community members and stakeholders
- Need to continuously update the health assessment and promote its use with partners and community members

Essential Service #2 - Diagnose and Investigate Health Problems and Health Hazards

- Best practices are used by hospitals and health district for conducting, reporting and monitoring mandated surveillance
- Could improve by having 24/7 access to laboratories to meet needs during emergencies and threats, and having access to labs for routine public health surveillance.

Essential Service #3 - Inform, Educate, and Empower People about Health Issues

- There are ongoing efforts to plan and implement health education and promotion activities by local public health agencies. However, community engagement is lacking, especially in the implementation phase.

- Need to develop health communication messages for local media and share information with local agencies, while also developing relationships with other agencies to disseminate information.
- Health messages are often determined by grant funding rather than data about public needs.
- Health information exists, but is not reaching everyone in the community.
- Need to provide more risk communication for employees and volunteers.

Essential Service #4 - Mobilize Community Partnerships to Identify and Solve Health Problems

- The LPHS maintains a database of community experts for the MAPP process as well as for specific health activities, but must maintain a centralized database with a directory of community organizations that is widely accessible.
- Establishing a process to identify partner organizations and encouraging partnerships and forums for public health issues are areas for improvement.
- The LPHS must establish a broad-based community health improvement committee, and evaluate organizational relationships to improve health.

Essential Service #5 - Develop Policies and Plans that Support Individual and Community Health Efforts

- Health assessment process is supported and performed every 3-5 years.
- Preparedness and response plans for public health emergencies are maintained well and tested regularly.
- The LPHS must connect organizational strategic improvement plans with the IPLAN health improvement plan.

Essential Service #6 - Enforce Laws and Regulations that Protect Health and Ensure Safety

- Champaign County does a good job of regularly reviewing and updating local regulations, ordinances and laws. Illinois laws are not always updated or based on current evidence or best practices.
- There is limited activity of the LPHS in identifying public health issues that are inadequately addressed by laws, regulations, and ordinances. Could improve by taking a more active role by working to improve specific issues.
- Individuals and organizations are generally aware of laws, regulations and ordinances they must comply with. Smaller municipalities may not have enforcement capacity or services.
- The LPHS could improve by providing more education about new laws and evaluating them.

Essential Service #7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

- Champaign County does an average job identifying groups of people who have trouble accessing or connecting to personal health services; work is minimal in identifying all personal health service needs and unmet needs throughout the community, defining partner roles and responsibilities to meet those needs, and understanding why people do not get the care they need.
- The LPHSA does currently connect people to organizations who can provide personal health services.
- Insufficient cultural competencies limit helping individuals access care.
- Need to improve on helping people access eligible care (e.g. Medicaid) and coordinating health care with social services.

Essential Service #8 - Assure a Competent Public Health and Personal Health Care Workforce

- There is a lack of investment in training and continuing education for support staff in contact with clients.
- Agencies and organizations within the local public health system conduct performance evaluations, but they are not tied to public health competencies. Champaign County does not have a formal workforce assessment of the public health system.
- Lack of awareness of public health competencies and the 10 essential public health services.
- Lack of representation of minority populations in the local public health workforce, and a lack of training in cultural competencies.

Essential Service #9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

- The LPHS is currently unable to evaluate how well health services are working, and whether community members are satisfied with approaches to preventing disease, illness, and injury.
- Satisfaction and quality must be further evaluated with personal health services, and improvements to services made based on evaluations.
- Need to evaluate how well LPHS organizations are coordinating care, and use results to improve the LPHS.

Essential Service #10 - Research for New Insights and Innovative Solutions to Health Problems

- The LPHS has minimal resources to conduct research. More collaboration is needed with academic institutions that are active partners.
- Good use of interns to build interest and experience among future public health workforce.
- More community participation in research is needed; findings must be shared widely throughout the community, and systems must be evaluated to improve practice.
- Partners frequently identified as missing:
    - Managed care organizations
    - Media
    - Department of Children and Family Service
    - First responders
    - Local government
    - Businesses
    - Department of Transportation
    - Non-profits
    - Public assistance programs
    - Public housing

IV. Forces of Change Assessment

The Forces of Change Assessment observes what is occurring or might occur that impacts the health of the community or local public health system, and what threats or opportunities are generated by these occurrences. Community leaders brainstormed ideas and took the assessment online via Survey Monkey.

KEY FINDINGS

Social

- Social Media and Twitter
  - Threat: misinformation, culturally appropriate messaging necessary, people could voice concerns about your agency
  - Opportunity rapid sharing of information to target audiences, using it for emergency notifications, increased marketing, ability to promote agencies
- Increases in undocumented workers, higher university enrollment, loss of living-wage jobs for non-college-bound youth, reduced volunteerism, changes in social media use in youth

Economic

- Job losses for middle-income jobs and young people
- Reductions in state and federal funding for public services and infrastructure
- Rising healthcare and housing costs
- Poverty
- Affordable Care Act (also political)
  - Opportunity: chance to serve more people who could not afford services before, reduce the number of people without health care insurance and adequate health care, greater healthcare coverage; insured will have access to preventive care services, more people with the ability to pay for preventative services, and increased access to primary medical care for residents
  - Threat: could overwhelm agencies, If it is not properly implemented it could lead to fewer opportunities for improvements in health care, unsure of fallout, poor rollout, money has already been diverted from Prevention Services at CDC, change is difficult, longer wait for healthcare services, burden to health care system

Political

- Government distrust
- Reclassification of local hospitals as non-profits

Technological

- Electronic Medical Records
- Real-time data
- Costly
- Causes isolation, overreliance when failures occur, alienation for certain groups (elderly), misinformation

Environmental

- Climate change increases disease vectors (mosquitos, ticks)
- No county-wide recycling or plastic bag/water bottle ban
- Water quality: safety of aquifer, treatment plant at risk
- Transportation, urban sprawl, coal plant

Scientific

- Sustainable energy and food supplies are crucial
- Partnerships with the University of Illinois
- Prevention

Legal

- Marijuana legalization
- Concealed weapon carry laws
- Affordable Care Act implementation
- Mental health laws

Ethical

- Undocumented immigrant populations with severe healthcare needs
- High poverty
- Discrimination and health disparities
- Childhood obesity
- Education and empowerment

Priority Health Issues

Over the course of several meetings with the input of 65 community leaders from over 30 different agencies, the following four health priorities were determined. These community leaders were presented with the findings from the four MAPP assessment components. After these presentations, the leaders were asked to list their top health priorities, justify their reasoning and what would be the implication for not addressing these priorities in the short and long term. After an extended discussion the following four were selected as the health priorities to be addressed in the current 3-year community health plan. These are not ranked in order or preference.

Priority	Areas to Address Under Priority
Access to Care	Medical, mental and dental health
Behavioral Health	Access, substance abuse, and resources
Obesity	Nutrition, diet and exercise, risk factors and complications
Violence	Domestic violence, relationship between drug, alcohol abuse and violence

Following is the description and justification for selection of the four health priority areas along with the health plan worksheets representing a preliminary 3-year plan for improvement in each focus area. Each worksheet incorporates the goals and objectives that Champaign County has set for the next 3 years. Major proposed intervention strategies are also listed. These health plans and worksheets were also developed in partnership with community leaders representing multiple agencies and organizations.

Access to Care

Goal: Champaign County will develop opportunities to improve access to and affordability of medical, behavioral health (mental health and/or substance use), and dental services for those living below 200% of the federal poverty level.

PERFORMANCE MEASURES
How We Will Know We are Making a Difference

Short Term Indicators	Responsibility	Year
Formation of Committee	*Core Team: Nancy Greenwalt, Mike Billimack, Jacob Ozier, Jolene Bowen, Linda Tauber-Olsen, Taryn Brewer, Valerie McWilliams, Megan Berry, Nancy Greenwalt, Jean Smith, Sherrie Faulkner, Claudia Lennhoff, Julie Pryde, Sheri Ervin*	2014
Establish baselines for number of PCPs and		July 2014

number of ED visits		
Long Term Indicators	**Source**	**Frequency**
Reduced proportion of emergency department visits for adult dental issues	Carle Hospital Statistics Presence Covenant Medical Center Statistics	2014-2017
Reduced proportion inappropriate medical emergency department visits	Carle Hospital Statistics Presence Covenant Medical Center Statistics	2014-2017

ALIGNMENT WITH STATE/NATIONAL PRIORITIES – Access to medical, mental health, and dental care for those living below 200% of the federal poverty level			
Objective #	**Illinois Health Priorities**	**Healthy People 2020**	**National Prevention Strategy**
***1** Physical health*	*Improve Access to Health Services*	**Access to Health Services (AHS) - 3** Increase the proportion of persons with a usual primary care provider. **AHS – 6.2** – Reduce the proportion of persons who are unable to obtain necessary medical care.	Surgeon General's National Prevention Strategy
***2** Mental health*	*Priority Health Concern - Mental Health*	**Mental Health and Mental Disorders (MHMD)-6** Increase proportion of children with mental health problems who receive treatment. **MHMD-9** Increase proportion of adults with mental health disorders who receive treatment.	Mental Health: A report from the Surgeon General
***3** Oral health*	*Priority Health Concern - Oral Health*	**AHS – 6.3** – Reduce the proportion of persons who are unable to obtain necessary dental care.	Oral Health: A report from the Surgeon General

OBJECTIVE #1: For physical health: Increase the number of patients living below 200% of the federal poverty level that have a medical home and access to specialty care.

STRATEGY: **Is there a cap or limit on number of Medicaid patients that can be served? Ask providers the number of patients served at beginning as baseline. Ask number served each year.**

Source: Carle, Christie Clinic, Promise Healthcare, Presence Covenant, Presence Medical Group

Justification: To know availability of primary medical homes, convenient care access, and specialty care

Evidence Base*: Having the data*

Policy Change (Y/N): No

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Get baseline number of Medicaid patients served by PCP	December 2014	Champaign County Healthcare Consumers, CUPHD, Presence, Carle	Improved knowledge for planning and placement of services	Knowledge
Get baseline of number of Medicaid patients that can be served by specialists.	December 2014	Champaign County Healthcare Consumers, CUPHD, Presence, Carle	Improved knowledge for planning and placement of services	Knowledge
Get annual updates from providers of number of Medicaid	December 2014	Champaign County Healthcare Consumers,	Improved knowledge for planning and placement of services	Knowledge

patients served by PCP		CUPHD, Presence, Carle		
Get annual updates from providers of number of Medicaid patients served by convenient care	December 2014	Champaign County Healthcare Consumers, CUPHD, Presence, Carle	Improved knowledge for planning and placement of services	Knowledge
Get annual updates from providers of number of Medicaid patients served by specialists	December 2014	Champaign County Healthcare Consumers, CUPHD, Presence, Carle	Improved knowledge for planning and placement of services	Knowledge

OBJECTIVE #1: For physical health: Increase the number of patients living below 200% of the federal poverty level that have a medical home and access to specialty care.

STRATEGY: **Work with people learn about primary care and how to establish a medical home**

Source: Carle, Christie Clinic, Promise Healthcare, Presence Covenant, Presence Medical Group

Justification: Many who have not been participating in the health system do not know how to get preventive care and appropriate use of medical care

Evidence Base*: Having the data*

Policy Change (Y/N): No

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Develop materials and community protocols for patient education on appropriate use of medical homes	December 2014	Champaign County Public Information Group, CCHCC	Improved knowledge for planning and placement of services	Education, Ability
Emergency Departments teach about medical home at discharge	Ongoing	Champaign County Healthcare Consumers, CUPHD, Presence, Carle	Improved knowledge for planning and placement of services	Education, Ability
Community meeting and presentation “So you have medical coverage now what”	First six months	CCHCC	Improved knowledge for planning and placement of services	Education, Ability

OBJECTIVE #2: Mental Health: Increase the community capacity to provide counseling and psychiatry

STRATEGY: **Determine current capacity. Is there a cap or limit on number of Medicaid patients that can be served? Ask providers the number of patients served at beginning as baseline. Ask number served each year.**

Source: Carle, Christie Clinic, Promise Healthcare, Presence Covenant, Presence Medical Group, Community Elements

Justification: To know availability of primary medical homes, convenient care access, and specialty care

Evidence Base*: Having the data*

Policy Change (Y/N): No

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Get baseline number of Medicaid patients served by counseling.	December 2014	Community Elements Champaign County Mental Health	Improved knowledge for planning and placement of services	Knowledge

		Board Promise Healthcare Carle Outpatient Counseling		
Get baseline of number of Medicaid patients served by psychiatry.	December 2014	Community Elements Champaign County Mental Health Board Promise Healthcare Carle – Outpatient Psychiatry The Pavilion Cunningham Children's Home and Crosspoint (SASS)	Improved knowledge for planning and placement of services	Knowledge
Get annual updates from providers of number of Medicaid patients served by counseling.	2015, 2016	Community Elements Champaign County Mental Health Board Promise Healthcare Carle Outpatient Counseling	Improved knowledge for planning and placement of services	Knowledge
Get annual updates from providers of number of Medicaid patients served by psychiatry.	2015, 2016	Community Elements Champaign County Mental Health Board Promise Healthcare Carle – Outpatient Psychiatry The Pavilion Cunningham Children's Home and Crosspoint (SASS)	Improved knowledge for planning and placement of services	Knowledge
Get annual updates from providers of number of Medicaid patients served by specialists.	2015, 2016	Community Elements Champaign County Mental Health Board Carle – Outpatient Psychiatry The Pavilion Cunningham Children's Home and Crosspoint (SASS)	Improved knowledge for planning and placement of services	Knowledge

OBJECTIVE #3: Oral Health: Increase the community capacity to provide general dentistry and specialty care for low-income adults.

STRATEGY: **Determine current capacity. Ask providers the number of patients served at beginning as baseline. Ask number served each year.**
Source: Carle, Christie Clinic, Frances Nelson, Presence Covenant, Presence Medical Group
Justification: To know availability of primary medical homes, convenient care access, and specialty care
Evidence Base*: Having the data*
Policy Change (Y/N): No

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
See above, similar to medical	Ongoing	Promise Healthcare	Improved knowledge for planning and placement of services	Knowledge
Get ER data on dental emergencies	December 2014	Promise Healthcare	Improved knowledge for planning and placement of services	Knowledge
Carle Community Care for Oral Surgery	December 2014	Promise Healthcare	Improved knowledge for planning and placement of services	Knowledge

OBJECTIVE #3: Oral Health: Increase the community capacity to provide general dentistry and specialty care for low-income adults.

STRATEGY: **Pass state legislation that restores funding for adult dental services.**
Source:
Justification and evidence base*: The high cost and limited availability to dental care limits preventive services for low-income populations; many patients therefore visit hospital emergency departments for acute care (average cost of $760), which causes both poorer outcomes and higher costs than prevention (Allareddy, Rampa, and Lee et al.,* 2014).
Policy Change (Y/N): Yes

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Talk to Carle's Oral and Maxiliofacial residents	December 2014	Promise Healthcare	Adding capacity for oral surgery	
Add specialty volunteers to safety net dental provider	December 2014	Promise Healthcare	Adding capacity for specialty care	
Organize community support for additional general dentists for SmileHealthy Dental Center at Frances Nelson	December 2015	Promise Healthcare	Adding capacity for general dentistry	
Provide Presence Covenant sponsored mobile dental services for most vulnerable adults at churches, food pantries, community centers	2014-2017	Promise Healthcare Presence Covenant Medical Center	Treating most vulnerable adults in places they visit through at least 12 events	

PRIORITY AREA: ***Access to Care***

GOAL: ***Champaign County will work to reduce barriers to care.***

PERFORMANCE MEASURES
How We Will Know We are Making a Difference

Short Term Indicators	**Responsibility**	**Year**
Benefit enrollment programs meet and coordinate concerning reducing health care barriers and increasing Medicaid enrollment		2014
Health care providers meet about reducing barriers.		2014
Increase Medicaid enrollment for Champaign County by 25%		2014
Long Term Indicators	**Source**	**Frequency**
100% of eligible patients are enrolled in Medicaid.		Annually through 2017

ALIGNMENT WITH STATE/NATIONAL PRIORITIES – Reducing Barriers

Objective #	Illinois Health Priorities	**Healthy People 2020**	**National Prevention Strategy**
1 *affordability*	State Health	**AHS 1** – Increase the proportion of persons with health insurance.	

	Improvement Plan	**AHS-6** Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines	
***2** reduce challenges and complexities*			Surgeon General's National Prevention Strategy – Empowered People http://www.surgeongeneral.gov/initiatives/prevention/strategy/empowered_people.pdf

OBJECTIVE #1: Improve the affordability of care for those who are uninsured.

STRATEGY: **Improve coordination of organizations partnering to increase benefit enrollment.**

Source: *Focus groups conducted with community leaders and county residents have highlighted many barriers to improving health for low-income residents, particularly transportation, clinic hours, coordination, and cost.*

Justification and evidence base: Cost is a major barrier for obtaining both insurance and care without insurance. Significant disparities currently exist in insurance rates and affordability of care (Moonesinghe, Chang, and Truman, 2013).

Policy Change (Y/N): Yes

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
All community partners involved in benefit enrollment meet for setting goals and strategies.	July 2014	CUPHD Promise Healthcare	Sharing of best practices and increased enrollment	
Increase patient access to pharmaceuticals through benefit enrollment.		All programs working on benefit enrollment.	Improved patient plan compliance and improved health	Ability

OBJECTIVE #2: Reduce complexities and challenges for patients to get access to care.

STRATEGY: **Support access to services by increasing communication, coordinating care, and improving education, transportation, and increasing clinic hours.**

Source:

Justification and evidence base*: Focus groups conducted with community leaders and county residents have highlighted many barriers to improving health for low-income residents, particularly transportation, clinic hours, coordination, and cost.*

Policy Change (Y/N): Yes

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Improve health care provider communication.	July 2014		Sharing of best practices and better enrollment results	Education
Create supports for patients with complex health problems.			Improved patient outcomes	Ability
Provide community education			Improved utilization of services	Education, Ability

about state and federal health reforms and initiatives.		
Improve patient knowledge.	Improved patient outcomes	Education
Increase clinic hours and improve access to transportation.	Decreased stress and time cost for patients	Ability

Behavioral Health

Goal: *Champaign County will improve behavioral health and wellness by increasing capacity and access to care, providing educational opportunities, increasing prevention activities, and advocating that treatment works and recovery is possible.*

PERFORMANCE MEASURES
How We Will Know We are Making a Difference

Short Term Indicators	**Responsibility**	**Year**
Formation of Committee	*Core team: Sheri Ervin, Allie Osoba, Margaret Helms, Bharat Gopal, Deb Fruitt, Eva Palmer, Candi Crause, Tammy Ruff, Peter Mulhall, Carol Strain, Diane Zell, Sheila Ferguson*	2014
Mental Health First Aid Training	*Core Team*	2014
Funding Prospects/Sources	Grants, Fee-For-Service, Local Funding, Hospitals, University, Managed Care Companies	2014
Community Resource Mapping	CU Public Health, Champaign County Healthcare Consumers, Interns	2014
Long Term Indicators	**Source**	**Frequency**
All in need have access and community providers have capacity	Local providers demonstrate reduced or no wait lists for services	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Objective #	**Illinois Health Priorities**	**Healthy People 2020**	**National Prevention Strategy**
1. Promote education and awareness *2. Increase access, planning and advocacy*	Pathways: Illinois' Strategic Plan for Children's Mental Health Illinois Mental Health 2013-2018 Strategic Plan	Mental Health Status Improvement and Treatment	Surgeon General: Mental and Emotional Wellbeing Priority

OBJECTIVE #1: **Promote education and awareness on mental health.**

STRATEGY: *Increase number of CIT officers, first responders, and teachers trained on crisis intervention and behavioral health.*
Source: Champaign County Community Health Assessment, Health Status Assessment
Justification: Champaign County has a high rate of suicide (15 per 100,000); 22% of Champaign residents have inadequate social support
Evidence Base*: Health People 2020, Surgeon General's National Prevention Strategy*
Policy Change (Y/N): No

ACTION PLAN

Activity	**Target Date / Year**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Train community members on crisis intervention and behavioral health	April 2014, several trainings throughout year 2014-2017	Sheila Ferguson (Community Elements); Sheri Ervin (Presence Health) Lt. Joel Sanders (Urbana Police Dept.)	Increase in number of teachers/Certified Trainers, community members, officers, and first responders with mental health first aid training. Increase training to PCPs.	Education
Reduce stigma in seeking mental health services and delivering them in schools.	2014-2017	Juli Kartel (Community Elements), Sue Grey (United Way) School or District Administrative Personnel	Increase schools interested and willing to begin or expand behavioral health programs by 2015	Education

OBJECTIVE #2: **Enhance emotional wellness by improving education, planning and community capacity and advocacy.**

STRATEGY: Use resource mapping and formulate ties with researchers to perform evaluations of current programs, and finding the best available evidence.
Source: Champaign County Community Health Assessment
Justification:
Evidence Base*: "Reduce Depression Among Older Adults: Clinic-Based Depression Care Management" recommended by The Guide to Community Preventive Services*
Policy Change (Y/N): No

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Resource mapping for vulnerable populations under the ACA (and current)	2014	211, Champaign County Healthcare Consumers	Create a list of resources for vulnerable populations	Resource mapping for vulnerable populations under the ACA (and current)
Partner with University in order to find evidence-based resources. Have university researchers and evaluators involved, with the potential to write grants.	2014-2017	UIUC,Interns	Increased human and financial resources, increased evaluation	Partner with University in order to find evidence-based resources. Have university researchers and evaluators involved, with the potential to write grants.
Convene meetings and prepare proposals to offer	2014 - 2015	Sheila Ferguson (Community Elements),	Open a detox program option for Champaign	Convene meetings and prepare proposals to offer more substance use treatment including detox and outpatient and residential options

more substance use treatment including detox and outpatient services	Bruce Suardini (Prairie Center), Hospitals, local funders, Consumers and Families	County and expand capacity and access for substance use treatments for all ages

Violence

Goal: Prevent violence in Champaign County by providing linkages to services and access to resources for individuals with behavioral health needs, and increasing options for youth to participate in healthy afterschool and summer activities.

PERFORMANCE MEASURES
How We Will Know We are Making a Difference

Short Term Indicators	Responsibility	Year
Formation of Committee	*Core Team: Deb Busey, Jamie Perry, Amy Roberts, Charles Morton, Todd E Short, Todd Hitt, Patrick Connolly, Bill Brown, Sherrie Faulkner, Marcus Johnson*	2014
CIT training	*Core Team*	2014
Number of offenses		2014
Number of agency referrals		2014
Long Term Indicators	**Source**	**Frequency**

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Objective #	Illinois Health Priorities	Healthy People 2020 Goals	National Prevention Strategy
1. Provide services that result in alternatives to incarceration for individuals exhibiting unacceptable behaviors as a result of mental health or substance abuse problems. 2. Re-Entry - Reduce recidivism by providing linkage to services for individuals being released from State and County correctional systems.	Illinois State Health Improvement Plan	Mental Health Status Improvement and Treatment; Substance Abuse	Surgeon General: Mental and Emotional Wellbeing Priority; Injury and Violence Free Living Priority

OBJECTIVE #1: **Provide services that result in alternatives to incarceration for individuals exhibiting unacceptable behaviors as a result of mental health or substance abuse problems.**

STRATEGY: Provide enhanced training for CIT officers (make select group experts), and resources and funding for that center. Develop a Community Resource Center where individuals can receive services and care. Encourage enhanced community engagement through education and activities.

Source: Champaign County Community Health Assessment, Health Status Assessment. The Community Survey indicated that the risky behaviors that residents felt required addressing were drug use (81%), and alcohol abuse (78%).

Justification: Champaign County has a high rate of violent crime (585 per 100,000)

Evidence Base*: Health People 2020, Surgeon General's National Prevention Strategy*

Policy Change (Y/N): No

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Foster a better relationship with community, improve Walk as One Campaign, increase outreach and community engagement.	2014-2017	Coalition?		Education
Support development of a community resource center where people can access resources and be connected (before incarceration).	2014-2017	CUPHD, Community Elements, Law enforcement, Champ Co. Healthcare consumers		
Provide more and enhanced training for CIT officers (make select group experts), and resources and funding for the center.	April 2014, several throughout year		Increase in number of CIT officers with advanced training.	Education

OBJECTIVE #2: Re-Entry - Reduce recidivism by providing linkage to services for individuals being released from state and county correctional systems.

STRATEGY: Improve communication between agencies and ensure that parolees and individuals released from sentences in the Champaign County Jail are provided with links to resources including housing, jobs, healthcare, and counseling.

Source: Champaign County Community Health Assessment

Justification: The majority of crimes in Champaign County are committed by repeat offenders (?)

Evidence Base*: The Guide to Community Preventive Services*

Policy Change (Y/N): Yes

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Link parolees and those incarcerated to resources including housing, jobs, healthcare, counseling, taking medication	2014	Champaign County Healthcare Consumers	Increased support for parolees	
Develop and maintain specialty courts: Mental Health Court, Drug Court, Veterans' Court, etc.	2014-2017		Better outcomes for offenders, lessen burden to law enforcement	Policy
Develop a system of data warehousing and analysis to evaluate outcomes of	2014-2017		Better information to tailor future program	

programs and initiatives		development & implementation		

Obesity

Goal: Increase the proportion of adults who report being at a healthy weight by 5%. Baseline: 45.8%

PERFORMANCE MEASURES
How We Will Know We are Making a Difference

Short Term Indicators	**Responsibility**	**Year**
Formation of Committee	*Core Team: Rita Morocoima-Black, Ashlee McLaughlin, Yvette Johnson-Walker, Margee Poole, Hillary Klonoff-Cohen, Jim Roberts, June Birch, Brandon Meline, Cynthia Hoyle, Scott Hays, Natalie Kenny Marquez, Michele Duprey, Nikki Hillier, Carol Shriver*	2014
CIT training	*Core Team*	2014
		2014
		2014
Long Term Indicators	**Source**	**Frequency**
Reduce the proportion of adults who are obese: Goal: Under 30.6% Reduce the proportion of children and adolescents who are considered obese: Goals: Under 9.6% for those aged 2-5, under 15.7% for those aged 6-11, under 16.1% for those aged 12-19	We don't know where this came from?	2014-2017

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Objective #	**Illinois Health Priorities**	**Healthy People 2020 Goals**	**National Prevention Strategy**
1. Increase the percent of adults who report access to exercise opportunities by 5%. 2..Increase the Food Environment Index as reported in the County Health Rankings	Illinois State Health Improvement Plan	NWS-8, 9 and 10	Surgeon General: Healthy Eating and Active Living Priorities

OBJECTIVE #1:

Identify a baseline for community overweight/obesity rates via business/data exchange agreements (EMR) with local health systems

STRATEGY: CUPHD, CCRPC, Carle and other providers will work to create a system of data sharing.
Source:
Justification: Surveillance is an essential part of the work that we do in order to evaluate our efforts.
Evidence Base: *COMMUNITY HEALTH ASSESSMENT AND GROUP EVALUATION (CHANGE)*
Policy Change (Y/N): Yes

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Establish Regular Quarterly meetings	2014	CUPHD and Carle Pop Health	data sharing	surveillance
Create a tool to assess impact of changes on population health	2014-2017	CUPHD and CCRPC	Data collection	surveillance /Knowledge

OBJECTIVE #2:
Decrease the percent of adults aged 20 and over reporting no leisure-time physical activity by 5%.

STRATEGY: Through partnership with Healthy Champaign County, CUPHD will work to improve access to physical activity opportunities, specifically active transportation.
Source: **County Health Rankings Health Factor report.**
Justification: Improved access to physical activity opportunities and making it convenient for adults to be active are important ways of improving health and decreasing obesity and chronic disease.
Evidence Base: *The Guide to Community Preventive Services*
Policy Change (Y/N): Yes

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Establish best practice for Rx for physical activity for overweight/obese adults	2015	CUPHD and Carle	Improved access to PA	Systems
Community calendar of physical activity opportunities	2016	CUPHD and HCC	Improved access to PA	Knowledge
Improving multi-modal access to PA infrastructure	2017	HCC, CCRPC, Cities	Improved access to PA	Environmental/Systems

OBJECTIVE #3:

Decrease the % of the workforce that drives alone to work by 10%.

STRATEGY: Through partnership with Healthy Champaign County and planning and transportation organizations, CUPHD will work to improve active transportation by supporting strategies that encourage multi-modal transportation.
Source: County Health Rankings Health Factor report.
Justification: The transportation choices that communities and individuals make have important impacts on health through active living, air quality, and traffic crashes. The choices for commuting to work can include walking, biking, taking public transit, or carpooling, The most damaging to the health of communities is individuals commuting alone. In most counties, this is the primary form of transportation to work. Carpooling makes it more likely that at least part of the commute will involve active transportation.
Evidence Base*: County Health Rankings*
Policy Change (Y/N): Yes

ACTION PLAN

Activity	**Target Date**	**Lead Person/ Organization**	**Anticipated Result**	**Framework Level**
Feasibility study for park-and-rides, bike share, smart trip programs	2016	CCRPC, CUMTD	Increased multi-modal transportation use	Systems
Establish public education program to encourage multi-use of transit, walking, and biking.	2015	CUMTD, HCC, park districts, and school districts.	Increased multi-modal transportation use	Knowledge
Develop pedestrian plans for all jurisdictions within the urbanized areas in Champaign County	2017	HCC, CCRPC, Cities	Improved pedestrian infrastructure	Environmental/Systems

OBJECTIVE #5:

Decrease the percent of children that are reported as overweight/obese by 5%.

STRATEGY: Through partnership with Healthy Champaign County, CUPHD will work to support schools in establishing CATCH (Coordinated Approach To Child Health) and other physical activity and health education efforts.)
Source: no data
Justification: **Improving access and opportunities for physical activity for children will have a direct impact on the number of children who are at a healthy weight.**
Evidence Base:*Let's Move!Solving the Problem of Childhood Obesity in One Generation*
Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Lead Person/ Organization	Anticipated Result	Framework Level
Establish a baseline for childhood obesity in Champaign County	2014	CUPHD, Hospitals, School Districts	Data	Surveillance
The three remaining schools in the Urbana 116 school District will be trained and implement C.A.T.C.H.	2015	CUPHD, USD 116	Implementation of CATCH, increase in PA	Environment, behavior
Investigate feasibility of scholarship program via YMCA and Park Districts with referral network of physicians, Public Health, Head Start, and other early childhood programs	2015	CUPHD, local park districts, and fitness facilities	Increased opportunities for PA	System
Establish SRTS policies at all districts	2017	SRTS and CUMTD	Increased opportunities for active transportation	Environment

OBJECTIVE #6:

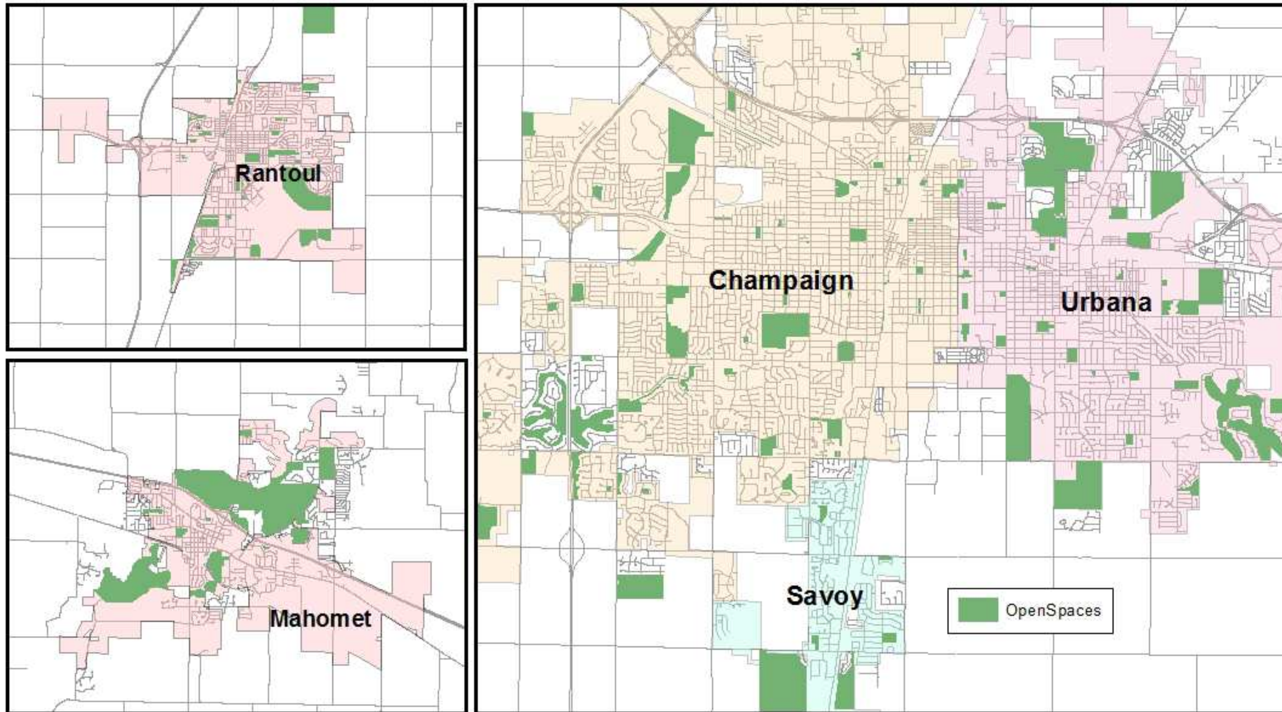
Increase the Food Environment Index as reported in County Health

STRATEGY: CUPHS and HCC will work to promote health foods, improve access to health foods.
Source: *County Health Rankings*
Justification: Access in regards to a constant source of healthy food due to low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index attempts to capture the access issue by understanding the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality.
Evidence Base*: County Health Rankings*
Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Lead Person/ Organization	Anticipated Result	Framework Level
Promotion of healthy foods (Go Stickers, Marketing)	2014	CUPHD, HCC, School Districts, grocers	Increases consumption of healthy foods	Attitude
Community Gardens	2015	CUPHD, HCC	Increased access to healthy foods	Access/Environment
	2015	CUPHD, U of I Extension		Surveillance

Assess corner-store food environment in lowest income socioeconomic census tracts		Promotion of, and increased availability, of healthy foods	
Promotion of use of SNAP benefits for food producing seeds/plants	CUPHD, HCC	Increased use of food benefits for health food options	Knowledge, attitude, access



The Action Cycle

The action cycle is the last phase of MAPP. This phase indicates the process that will assist in achieving the goals expressed in the work plans. After having a final session with committee members on the IPLAN, the action cycle was created. The three major stages of the action cycle (planning, implementation, and evaluation) were addressed and are described in detail below.

Planning

Enhance communication between providers

a. Assemble members of different organizations with common interest
b. Form task forces to focus on different problems within the community
c. Create a schedule so that task forces will meet regularly
d. Ensure that task forces will plan and implement programs in the fields of obesity, accidents, violence, and lack of access to care to improve the conditions of health in Champaign County

Implementation

Increase awareness

a. Use a task force to locate and compile information
b. Make information accessible through a website
c. Track progress and trends of health problems on a regular basis
d. Frequently update information on website for residents' awareness

Improve built environment

a. Utilize a task force of city and county urban planners
b. Produce a plan to improve infrastructure and built environment
c. Implement plans to have a more physically active environment with more walking and biking paths

Evaluation

a. Assemble the task forces with updated results on each major priority issue
b. Discuss trends and progress towards health goals
c. Discuss the goals and reported results
d. Determine what changes can be made to further improve the health of the community
e. Implement new strategies and convene regularly to re-evaluate the progress of goals and objectives

Appendix 1: Forces of Change Assessment Survey Results

Social Forces

1. Twitter
    a. Opportunity you could promote your agency on twitter
    b. Threat: people could voice concerns about your agency
2. Constantly shifting trends in social media use among young people
    a. Threat: Makes connecting and communicating with youth challenging
    b. Opportunity: Messages should be tailored to different SM use
3. Reduced participation in volunteer activities by the public
    a. Threat: Volunteerism helps the health department with a number of health promoting activities
    b. Opportunity: HD should address volunteer opportunities that will entice greater participation
4. Families
    a. Threat disintegration of family units
    b. Opportunity targeted communications to increase awareness of options
5. Social media
    a. Threat: misinformation, perpetuates rumors, culturally appropriate messaging necessary
    b. Opportunity rapid sharing of information to target audiences, ideal for emergency notifications, increased marketing
6. Loss of living wage jobs for non-college bound youth
    a. Threat: Inability to be employed at a job that allows pursuing the American dream
    b. Opportunity: New technology jobs are emerging which may create new opportunities
7. Changing socio-demographics
    a. Threat: May Balkanize the community
    b. Opportunity: Create a highly diverse and cohesive community and cultures
8. Local Media
    a. Threat: Can spread inaccurate information and/or fan the flames of anger and resentment toward those trying to improve health
    b. Opportunity: Can be used to inform, build consensus and advocate for positive change
9. Marketing
    a. Threat: Selling food and other things that are bad for health to the public
    b. Opportunity: Providing information through social marketing that can result in behavior changes that improve health
10. Social determinants of health
    a. Threat: Poor health outcomes for minorities
    b. Opportunity: Positive social capital
11. Higher university enrollment
    a. Threat: Congestion and higher housing costs
    b. Opportunity: More metropolitan
12. Increase in undocumented population
    a. Threat: Lack of medical resources/insurance
    b. Opportunity: Children will have Medicaid & be allowed to receive services
13. Increase in non-English speaking community; More racial and ethnic diversity among residents
    a. Threat: Not enough staff who speak multiple languages, competition for jobs and services, potential bias
    b. Opportunity: More diverse community, increased cultural awareness
14. Texting
    a. Threat: No more conversations, not the medium to reach many people, especially while driving
    b. Opportunity: Turn off the phones and get hands involved in another process, e.g. growing vegetables, appointment reminders
15. Internet
    a. Threat: bad information
    b. Opportunity: quick search engines
16. No county-wide recycling
    a. Threat: exceeding land fill capacity
    b. Opportunity: become a leader in green communities
17. No county-wide ban on plastic water bottles & bags
    a. Threat: exposure of citizens to BPA and Phthalates
    b. Opportunity: become a leader in green communities
18. Plethora of community events (Friday Night Live, etc.)
    a. Threat: public safety, excessive food/alcohol consumption, crowds
    b. Opportunity: Community comes together relieves stress, enhances social relationship and usually something healthy is going on, e.g. Zumba, dancing, etc.

19. Well-organized community activist groups
    a. Threat: potential for policy to be misinterpreted
    b. Opportunity: improves access to underserved communities

Economic Forces

1. Job loss for young people, underemployment and structural unemployment; more service jobs
    a. Threat: Unemployment and poverty have very negative mental and physical health consequences. Low wages require both parents to work.
    b. Opportunity: HD can support counseling and job training.
2. Education
    a. Threat: Poor knowledge of available resources
    b. Opportunity: Use schools as communication hub
3. Loss of middle income jobs, fewer well-paying jobs in manufacturing and construction
    a. Threat: Middle income families are unable to maintain healthy lifestyles without adequate income. Shrinking middle class.
    b. Opportunity: Provide training and education for jobs that are in demand that provide a living wage. Potential charitable donations from higher earners.
4. Reductions in state and federal funding for public services and infrastructure
    a. Threat: Inability to provide necessary services such as education, mental health services and to maintain infrastructure such as roads and sewers. Could reduce services. HD relies on state and federal grants to continue operating programs, Uncertain or unsustainable, reduced funding
    b. Opportunity: Shifting of funding base to local community and being able to identify local priorities without limitations and restrictions based on political agendas rather than actual needs, Opportunity for more partnerships, HD needs to improve local visibility of efforts to enhance support for greater local funding. Create local funding commitments from existing agencies, increased billing
5. State pension reform
    a. Threat: people are very upset about pension reform and may do something directed at the University of Illinois out of anger
6. Rising health care costs e.g. facility fees
    a. Threat: Decreased affordability, Less personal income for more costly produce
    b. Opportunity: Can spur innovation, Remove the facility fees
7. Rising housing costs (Lack of affordable (low cost) housing)
    a. Threat: Gentrification, Threat increased disparity between rich and poor
    b. Opportunity: Improves market for people selling houses
8. Carle & Presence having tax-exempt status
    a. Threat Huge financial burden on services and schools in Champaign County
    b. Opportunity Perhaps the two hospitals will make more of an effort to provide assistance to public health, promise, schools, etc.
9. Increasing poverty
    a. Threat more clients in need (homeless, food insecure), ability to access care
    b. Opportunity increased partnerships, more programs; expanded access to insurance
10. Continued high unemployment
    a. Threat increasing disparity between rich and poor, shrinking middle class
11. Public Health funding is available
    a. Threat: Even with a larger workforce, with more funding comes more work, and public health workers are already spread thin.
    b. Opportunity: We can address some needs in our community, and more additional funding ops include training, so we'll have a well-trained, better prepared work force.
12. Poverty- food insecurity
    a. Threat: obesity, hindrance to education
    b. Opportunity: gardens can provide food or income

Political Forces

1. Affordable Health Care Act
    a. Opportunity: could be a chance to serve more people who could not afford services before, reduce the number of people without health care insurance and adequate health care, Greater healthcare coverage, Persons insured will have access to preventive care services, more people with the ability to pay for preventative services, Increased access to primary medical care for residents
    b. Threat: could overwhelm agencies, If it is not properly implemented it could lead to fewer opportunities for improvements in health care, Unsure of fallout from the ACA law; poor rollout, money has already been

diverted from Prevention Services at CDC, change is difficult, longer wait for healthcare services (Promise), burden to health care system

2. Smoke-free college campuses
    a. Opportunity: provide more quit smoking classes
3. Rising distrust in government and its involvement in healthcare decisions
    a. Threat: Distrust in government leads to negative attitudes towards the HD by the public.
    b. Opportunity: HD must improve image and stress its role to support and improve the health of all.
4. Lack of coordination of various local governing bodies throughout Champaign County
    a. Threat: No coordinated planning for health efforts that are best implemented county-wide.
    b. Opportunity: Community-wide plans exist in various areas that have not been implemented and so they do not need to be reinvented.
5. Insurance Exchanges
    a. Threat: misunderstanding; too expensive
    b. Opportunity: more people covered
6. Medicaid reform in Illinois
    a. Threat: reimbursement levels force providers to reduce access
    b. Opportunity: more people covered with some level of insurance
7. Pressure for all levels of Government to spend less
    a. Threat: Abdicate responsibilities
    b. Opportunity: Encourage greater citizen engagement
8. Political corruption in Illinois state Government
    a. Threat: Low morale and ability to provide leadership in state gov.
    b. Opportunity: It has to get better since it cannot get any worse
9. Reclassification of local hospitals as "non-profits"
    a. Threat: Reduces local funding for all communities' needs, most especially, education
    b. Opportunity: Maybe a larger health care provider will buy Carle and improve it
10. Emergency preparedness
    a. Threat: Increased time and money
    b. Opportunity: Good ROI in the event of emergency
11. Elections
    a. Threat: Representative has own agenda items often not including basic health services
    b. Opportunity: Support and promote representatives after knowing their positions
12. Change in state government
    a. Threat: change in public health priorities
    b. Opportunity: opportunity to improve financial issues
13. Immigration reform
    a. Threat: accessing migrant workers in our community
    b. Opportunity: increased partnerships
14. Rise of tea party type candidates
    a. Threat: hating everything is not a policy position
    b. Opportunity: use them to point out idiocy in the community
15. Political leanings of the local media
    a. Threat: Readership can be swayed by editorials and spins on stories
16. Established local government officials
    a. Threat: Change may be difficult for people who have been in office for a long time.
    b. Opportunity: Relationships can be built or more worthwhile with longer-term officers.
17. Higher taxes and fees to fund health care
    a. Threat: less will to support PH
    b. Opportunity: Better care for low income families
18. Higher tax burden to fund pensions
    a. Threat: less money for PH programs
    b. Opportunity: Consistent support for retired seniors

Technological Forces

1. More kids playing computer games and video gams
    a. Opportunity: develop interactive games that allow kids to participate in video games but get exercise to power the games
    b. Threat: child obesity on the rise
2. Potential loss of internet neutrality
    a. Threat: Uneven access to health information by the public
    b. Opportunity: Net neutrality is crucial to addressing health disparities
3. Uneven access to and use of technology by social class and among the elderly.

a. Threat: As health apps and health communication rely more on social media and smartphone based "apps" not all have equal access to these beneficial resources
b. Opportunity: Eliminate disparities in access, knowledge and use of modern communication technology

4. Connectivity
   a. Threat: misinformation, may keep people in their own world
   b. Opportunity: more programs, access to care on-line, Create networks for educating and connecting people around health issues
5. Cost
   a. Threat: cost of devices, plans
   b. Opportunity: community access networks
6. Electronic/real-time information for mobility such as MTD's real-time information and apps
   a. Threat: Those without access to cell phones have less access
   b. Opportunity: Provide people with the information and confidence to walk, bike and use transit rather than driving
7. Fiber-optic cable system
   a. Threat: Those who lack the resources to buy computers are left further behind
   b. Opportunity: More and better access to on-line information and education
8. Technology
   a. Threat: reliance on its capabilities could fail us when we need to utilize it
   b. Opportunity: Could be used to enhance emergency communication systems
9. Telemedicine
   a. Threat: Isolation, technological problems
   b. Opportunity: Better compliance
10. University partnerships
    a. Threat: Increased red tape, memoranda of understanding
    b. Opportunity: Best available evidence is used
11. Electronic Medical records
    a. Threat: Big investment in dollars and staff time on the front end, slows production, There isn't one system, the systems don't talk to each other, public health doesn't seem to have the infrastructure (speed, bandwith, training, staff) to use the technology
    b. Opportunity: More ability to gather, compare data, shared information for surveillance, ability to share with other agencies
12. Health Information Exchange
    a. Threat: All providers not signing up
    b. Opportunity: Ability to share information to improve care
13. Cornerstone
    a. Threat: Duplication of entry takes time; frequent outages
    b. Opportunity: Great source of long-standing information and reporting
14. Mobile devices and fewer land line phones, more frequent number changes
    a. Threat: Not everyone has or uses, Lose track of clients
    b. Opportunity: Use traditional mediums to inform, Inexpensive cell phones can improve contact with homeless
15. Too dependent on internet, e.g. ISP and conceal carry application
    a. Threat: alienate groups
    b. Opportunity: Create public use stations outside of the library
16. UC2B
    a. Threat: will not affect those who are not computer savvy
    b. Opportunity: increased access to online resources
17. Texting
    a. Threat: while driving
    b. Opportunity: appointment reminders
18. Internet, in general
    a. Threat: bad information
    b. Opportunity: quick search engines
19. Government shifting business operations to web
    a. Threat: Less perceived need to do traditional outreach
    b. Opportunity: efficiency

Environmental

1. Colder winter months
   a. Opportunity: educated people on how to make their homes more heat efficient
   b. Threat: more people who cannot afford to heat their homes

2. Weather
    a. Threat: Education (kids out of school getting behind, getting bored) people sitting around not being active because it's too hot or too cold
    b. Opportunity: sledding/swimming we can use the weather to encourage PA., the predictability and ability to prepare for extremes
3. Fifth and Hill issue with water contamination by old utility plant
    a. Threat: Contaminated water supplies cause illness.
    b. Opportunity: Help to address this critical water quality issue.
4. Mahomet Aquifer threatened by Clinton landfill, toxic waste disposal
    a. Threat: Landfill over Clinton will accept PCBs that contaminate entire aquifer, lack of legal protections for our aquifer, the only source of potable water we have. Improper disposal leads to contamination of water and air.
    b. Opportunity: Oppose permit allowing landfill to accept PCB's. Creation of regional partnerships to protect our aquifer and conserve our water supply. Can reduce use of toxins, improve disposal options.
5. Drug use
    a. Threat: increased health problems, addictions
    b. Opportunity: intervention programs, social pressure
6. Transportation
    a. Threat: limited, especially for non C-U residents
    b. Opportunity: web based care, consumer health portals (MyCarle)
7. Land management issues
    a. Threat: Over farming, over fertilizing, run off
    b. Opportunity: Great land and soil that can grow anything
8. Wind energy production
    a. Threat: Wind mills have some trade offs
    b. Opportunity: Reduce use of fossil fuel
9. Urban sprawl
    a. Threat: More farm land disappearing, more land is under hard surfaces creating more toxic run-off into local water bodies, people drive more increasing air pollution, fossil fuel consumption, and reducing physical activity
    b. Opportunity: Creation of disincentives for building low-density fringe development and creating incentives for more infill and higher density development
10. Coal Plant in east central Illinois/western Indiana
    a. Threat: environmental pollution/draining water resources
    b. Opportunity: harvest coal for energy
11. Traffic congestion
    a. Threat: Increased commute times, more stress
    b. Opportunity: More mass transit, more walking/biking trails
12. Water quality
    a. Threat: Aging infrastructure, limited resources, Potential contamination, insufficient security of water treatment plans/open to attack
    b. Opportunity: Good water quality, Oppose potential contamination, improve sanitation
13. Climate change-increase in vectors
    a. Threat: More vector-borne illnesses (WNV, Erlichiosis, Rocky Mt Spotted Fever, Lyme), weather patterns, new threats (ticks)
    b. Opportunity: Increased funding to create prevention programs, partnerships between human and animal medical providers
14. Climate change-increase in greenhouse gases
    a. Threat: Increase in asthma, COPD, etc. Changing weather
    b. Opportunity: Development of more prevention and treatment programs, monitor for changes
15. Natural Disaster (tornado)
    a. Threat: displaced residents and infrastructure
    b. Opportunity: partnerships to plan for response
16. Continued use of plastics in community
    a. Threat: BPA, Phthlate exposures
    b. Opportunity: policy change to ban plastic water bottles and bags
17. Requirement to bag leaves and yard waste
    a. Threat: increased ED admissions for allergies, respiratory distress
    b. Opportunity: policy to purchase vacuum systems for curbside leaf pick up
18. No county wide recycling
    a. Threat: exceeding land fill capacity
    b. Opportunity: become a leader in green communities
19. No county wide ban on plastic water bottles & bags
    a. Threat: exposure of citizens to BPA and Phthalates

    b. Opportunity: become a leader in green communities
20. Awareness of sustainability issues
    a. Threat: overemphasis can become dogmatic
    b. Opportunity: lower impact; preservation of resources

Scientific Forces

1. Sustainable food supplies are vital; promoting organic farming and switch from monoculture farming
    a. Threat: Large scale farming of corn and beans has many detrimental health effects on people and on the land.
    b. Opportunity: Help local farmers develop the methods to switch farming methods and crops and pesticide and fertilizer use.
2. Sustainable energy promotion
    a. Threat: Fossil fuel use damages the environment and has many health effects on the local population, requires space and resources
    b. Opportunity: Promote the increased development and spread of wind and solar energy along with energy efficiency, more efficiency, lower impact
3. Prevention
    a. Threat: screenings, immunization, flu shots etc below needed levels
    b. Opportunity: Large health care provider networks; public health system
4. University of Illinois
    a. Threat: Scarce resources for town and gown, Lack of funding for research from state and federal governments reducing the ability of the university to maintain its world class research and education
    b. Opportunity: University- community partnerships, Provides us with a plethora of resources ranging from the world's top scientists to the world's largest computer
5. Globalization
    a. Threat: Shifting of jobs to less regulated and lower income countries
    b. Opportunity: Improving cultural, educational, and economic opportunities
6. Animal research laboratories
    a. Threat: PETA groups target such areas
    b. Opportunity: further medical exploration for human interests
7. Stem cell research
    a. Threat: targeted by some groups in US
    b. Opportunity: stem cell research for human needs
8. Childhood obesity
    a. Threat: Increased prevalence puts kids at risk of chronic diseae
    b. Opportunity: Increased walking and biking paths, walking to school
9. Research partnerships with UIUC
    a. Threat: Increased red tape, memoranda of understanding, More staff time required for research activities without funding, lack of funding
    b. Opportunity: Best evidence available is used, Increase in research and funding opportunities, increased knowledge of our community
10. Quantiferon Gold TB testing
    a. Threat: Expensive
    b. Opportunity: eliminates the need for unnecessary chest xrays and folow-up
11. Research partnerships
    a. Threat: Unknown potential partners
    b. Opportunity: Create a list of potential partnership projects; match agencies and people
12. Research to practice
    a. Threat: Changing information to fit new research can lead to the public's mistrust "First, you say eggs are bad for us; now you say they're fine."
    b. Opportunity: APHA and other national agencies are great at getting new research out to practitioners
13. Lack of evidence based actions
    a. Threat: Lack of evidence, lack of funding
    b. Opportunity: Invite research base partners to create evidence based metrics
14. Vaccine development
    a. Threat: resident confusion (for example, tri vs. quad flu vaccine)
    b. Opportunity: increased community protection
15. Decreased federal research funding
    a. Threat: LHD can't stay current on scientific discovery
    b. Opportunity: collaboration with universities
16. Private public partnerships
    a. Threat: inefficient use of resources

   b. Opportunity: partnerships between MCOs, CUPHD and university

Legal Forces

1. Marijuana legalization/implementing new medical marijuana law
   a. Threat: legal medical marijuana will likely lead to legalization and more widespread marijuana access and use, especially among youth and younger persons, and could lead to an increase in needless drug arrests, marijuana abuse
   b. Opportunity: Dealing with greater treatment demands for marijuana use and addiction, help individuals with medical condition, education
2. Challenges as ACA becomes fully implemented
   a. Threat: Demands on healthcare access may become greater than supply with increased insured populations, fines for not registering, Poor rollout, unclear how ACA will impact healthcare, delayed access to health care benefits
   b. Opportunity: HD is in good position to promote prevention and wellness to reduce burdens on healthcare system, allows everyone to have health insurance, Increased coverage, further define health care priorities
3. Health legislation
   a. Threat: conflicting priorities; not addressing true problems; public health is demonized when we are involved in policy development and enforcement and it can become the focus and take away from all the good work we are doing
   b. Opportunity: start over with outcome-based perspective, not political advantages; It's the best way to provide sustainable change- not only will you never be exposed to secondhand smoke in a workplace, but your children will never even know that that was allowed.
4. Law classifying local hospitals as "non-profits"
   a. Threat: Reducing ability for local community to fund schools, roads, social services, etc.
   b. Opportunity: Potential for larger health care providers to buyout local hospitals thereby providing us with access to a larger network of health care and expertise
5. Drug laws
   a. Threat: Thousands of people sent to prison for drug use who need treatment, rehabilitation, and training
   b. Opportunity: Reform laws to provide better mental health care, treatment, and educational opportunities
6. Concealed carry in Illinois
   a. Threat: more people may use deadly force to protect themselves in a non-deadly force situation, more gun violence, more availability of weapons, more easily stolen
   b. Opportunity: people will be able to protect themselves in a deadly force situation, gun safety classes (2)
7. Increased healthcare costs
   a. Threat: Lack of affordability
   b. Opportunity: Innovation
8. Marriage equality
   a. Threat: discrimination
   b. Opportunity: more stable same-sex couple families
9. Immigration Reform
   a. Threat: Lack of resources
   b. Opportunity: More people would be allowed to work and receive healthcare
10. Mental health and legal system
    a. Threat: Strains resources
    b. Opportunity: Examine mental health programs; is there a reduced burden on the legal system?
11. Mental health
    a. Threat: physical violence, e.g. public {school, mall} shooters
    b. Opportunity: we can do more; maybe everyone needs a mental health check-up like a physical or dental check-up
12. Legislation on food restrictions (trans fats, pop) in schools
    a. Threat: government overly involved; difficult to understand, little wiggle room, lots of waste
    b. Opportunity: opportunity to educate the public on healthy eating; positive changes: more beans, dark veggies, appropriate calorie amounts

Ethical Forces

1. Poor and unfair treatment of 'hidden' immigrant population such as recent Cherry Hill issue near Rantoul
   a. Threat: Poor treatment fosters very poor health conditions; reluctant to access health care
   b. Opportunity: HD should promote awareness and work to correct poor health conditions
2. Environmental justice: fair treatment in development and waste disposal issues
   a. Threat: As certain populations are exploited, health issues become more seriousf

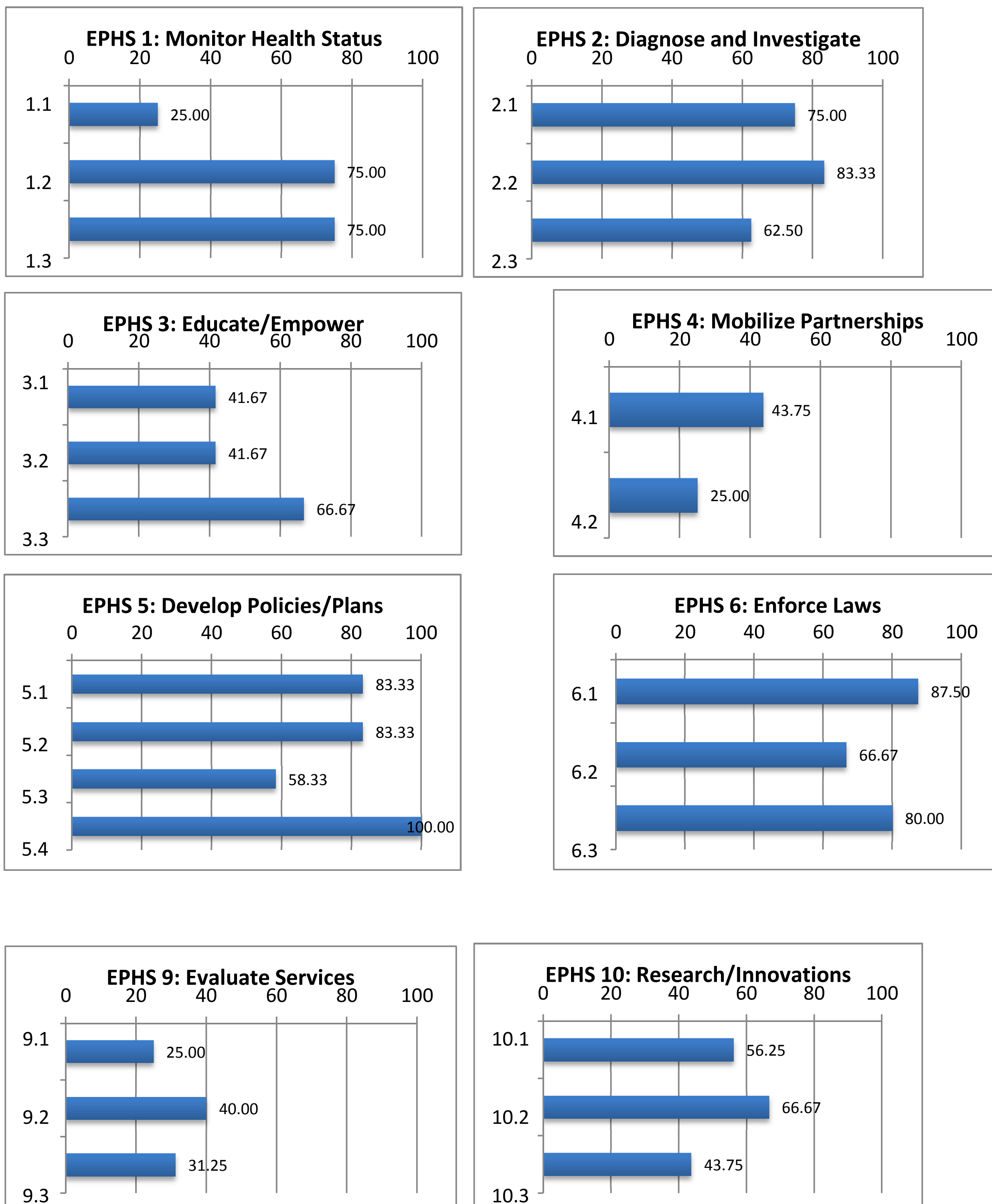
    b. Opportunity: HD should work toward the elimination of unjust disparities in health throughout Champaign County
3. State Budget that underfunds basic health needs
    a. Threat: mental health; addictions
    b. Opportunity: creative funding, synergies across the State
4. Lack of legal ethics for financial and business sectors
    a. Threat: Collapse of financial and business institutions due to unethical behavior of corporate leaders
    b. Opportunity: Passage of laws to address unethical behavior and the accumulation of wealth into the hands of fewer people
5. Poverty
    a. Threat: Lack of access to education, housing, food, and transportation doom children to poor health and obesity, health disparities are still an issue in public health (obamacare costs for health care coverage), increased disparity between rich and poor
    b. Opportunity: Creating local partnerships to reduce poverty and provide better access to education, health food, and active transportation, generates discussion to equate health care costs
6. Social determinants of health
    a. Threat: Health disparities create negative outcomes, clients unsure how to access medical care
    b. Opportunity: Greater community support, client empowerment, education
7. Discrimination
    a. Threat: Not everyone has the same ability to receive needed services
    b. Opportunity: Partnerships to address social determinants of health
8. Lack of services for persons with mental illness
    a. Threat: Violence, homelessness, child abuse and neglect, poor health
    b. Opportunity: The rise of effective community mental health service and directly-observed therapy
9. Individuals not qualified for jobs
    a. Threat: poverty
    b. Opportunity: match interest to skills to stable jobs with adequate benefits
10. Addressing childhood obesity
    a. Threat: chronic diseases
    b. Opportunity: increased partnerships
11. Continued high unemployment
    a. Threat: increasing disparitiy between rich and poor, shrinking middle class, lack of affordable (low cost) housing
12. Homelessness
    a. Threat: death, sickness
    b. Opportunity: recruit for services
13. Cheap energy-dense nutrient-deficient easily accessible foods
    a. Threat: can contribute to obesity
    b. Opportunity: tax those foods (or beverages) to raise funds for a prevention fund and decreasing demand
14. Education disparities
    a. Threat: worsens the income gap
    b. Opportunity: requires a focused cooperative public response
15. Development
    a. Threat: removes productive farmland, disrupts established neighborhoods
    b. Opportunity: jobs

Agencies represented: Government (3), Academia or research (6), Government, Public Health, Academia or Research (1), Government, Public Health, Healthcare, Academia or Research, Non-profit (1), Public Health (2), Government and Academia or research (1)

Appendix 2: Local Public Health System Assessment

Performance Scores by Essential Public Health Service for Each Model Standard
Figure 1 displays the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

Figure 1. Performance Scores by Essential Public Health Service for Each Model Standard



Individual Questions and Responses

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	50
1.1.2	Continuously update the community health assessment with current information?	0
1.1.3	Promote the use of the community health assessment among community members and partners?	25
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	75
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
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.)?	75
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
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?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
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)?	75
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?	75

2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	
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?	75
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
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?	75
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** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	50
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	50
2.3.3	Use only licensed or credentialed laboratories?	75
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?	75

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50

3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	25
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	25
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?	25
3.2.3	Identify and train spokespersons on public health issues?	75
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	50

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	25
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	50
4.2.2	Establish a broad-based community health improvement committee?	0
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	25

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
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?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	25
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
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?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	25
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
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** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
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?	75
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** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50
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?	75
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	75
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
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?	75
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75

6.3.5	Evaluate how well local organizations comply with public health laws?	75

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** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	25
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	25
7.1.4	Understand the reasons that people do not get the care they need?	25
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	25
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	25
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	25

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
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?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25
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?	25

8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
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?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	25
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	75
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	50
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	50

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** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	25
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?	0
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	25
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	25
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	25
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	50
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?	50
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	0
9.3.4	Use results from the evaluation process to improve the LPHS?	25

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems

10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*	
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?	50
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	75
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?	75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
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?	75
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	50
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?	75
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	75
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	75
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	25
10.3.4		

Champaign County Community Health Survey

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

Section 1: Community Satisfaction

1. Rate the following quality of life statements.	Agree	Disagree
I am satisfied with the access to health care in Champaign County.		
I am satisfied with the cost of health care in Champaign County.		
I am satisfied with the quality of health care in Champaign County.		
Champaign County is a good place to raise children.		
Champaign County is a good place to grow old.		
Champaign County is a safe place to live.		
I am satisfied with church and faith-based outreach in Champaign County.		

Section 2: Community and Environmental Issues

1. Thinking about your physical health (which includes physical illness and injury), how many days in the last month was your physical health not good?

0 days	1-7 days	8-14 days	15-21 days	21-30 days

2. Thinking about your mental health (which includes stress, depression, and problems with emotions), how many days in the last month was your mental health not good?

0 days	1-7 days	8-14 days	15-21 days	21-30 days

3. In a normal week, how many days do you exercise <u>for at least 30 minutes</u> where you are sweating and breathing hard (e.g. running, walking, sports, biking, swimming)?

0 days	1-2 days	3-5 days	6-7 days

4. Neighborhood Issues: Traffic, Sewers, and Roads

Please select the importance of the following neighborhood issues as they relate to you.

	High Priority	Low Priority
Road Maintenance/Repair		
Storm/Sewer Lines Maintenance and Repair		
Public Transportation		
Sidewalks		
Street Lighting		
Slow Down Traffic		
Pedestrian Crosswalks		
Bikeways		
Crime Patrols/Block Watches		
Wheelchair Accessibility		

Turn to next page →

5. Health Issues

How much of a priority to address is each health issue in Champaign County?	High Priority	Low Priority
Cancers		
Diabetes/Obesity		
Heart Disease and Stroke		
Mental and Behavioral Health Problems		
Senior Issues/Aging Problems		
HIV/AIDS and other STDs		
Infant Death		
Lung Disease/Respiratory Diseases		

Infectious Diseases		
Family/Domestic Violence		
Child Abuse and Neglect		
Elder Abuse and Neglect		
Homicide		
Suicide		
Dental Problems		
High Blood Pressure		
Teenage Pregnancy		
Addictions		
Developmental Disabilities		
Other (please specify):		

6. Risk Behaviors

How much of a priority to address are the following "risky behaviors" in Champaign County?	High Priority	Low Priority
Alcohol Use/ Drinking		
Drug Use		
Smoking		
Lack of Exercise		
Overeating		
Poor Eating Habits		
Unprotected Sex		
School Drop-Out		
Not getting "shots" to prevent diseases (immunizations)		
Not using seat belts or car seats		
Gangs/Gang Membership		
Unsafe Driving		
Bullying		

Juvenile Delinquency		
Other (please specify):		

7. Please rate if the following factors are strengths or threats to the health of Champaign residents.

Strength or Threat?	Strength	Threat
Affordable housing		
Employment/Ability to find jobs		
Ability to pay for basic needs (food, clothing, etc.)		
Access to behavioral health and social services		
Access to Family Support services		
Affordable childcare		
Opportunities for youth		
Funding for schools and after school programs		
Senior Services (transportation, homecare, etc.)		
Access to health care		
Transportation/Ability to get around		
Crime rate		
Commute times		
Services for low income and vulnerable populations		
Percent of population in poverty		
Racial equality		
Respect for diversity		
Other (please specify):		

Section 3: Demographic Information

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

2. **Zip Code where you live:** ___________________________

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

4. **Age:** _____________________________

5. **Are you of Hispanic, Latino or Spanish Origin?**

   - O Yes
   - O No

6. **What is your race?** *(Select all that apply)*

   - O African American/Black
   - O Asian/Pacific Islander
   - O Native American/Alaskan Native
   - O Caucasian/White
   - O Other: ______________________________

7. **Education** *(Select one):*

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

8. **Do you qualify for any of the following programs?** *(Select all that apply)*

   - O SNAP/Food Stamps
   - O WIC
   - O Free or Reduced Lunch (for children)

9. **Including yourself, how many people are in your household?** __________________________

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10. Household Income *(check one):*

- Less than $25,000
- $25,001 to $50,000
- $50,001 to $75,000
- $75,001 to $100,000
- Over $100,000
- I prefer not to answer

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

- I don't have insurance (self-pay cash)
- I don't have insurance (Charity Care/financial assistance)
- Health Insurance
- Medicaid
- Medicare
- Veterans' Administration
- Other: ________________________________

12. Where do you go for primary health care? *(Select all that apply)*

- Free Clinic (Avicenna/Christian Health Center)
- Presence Covenant (Provena) ER
- Carle ER
- Community Clinic (Francis Nelson Health Center)
- Carle clinic doctor
- Christi clinic doctor
- Public health center
- McKinley health center
- Planned Parenthood
- Community health partnership (e.g. migrant clinic)
- Other: ________________________________
- I don't have a primary care doctor

Encuesta de salud de la comunidad del condado de Champaign

Tome unos pocos minutos (menos de 5 minutos) para completar la encuesta que se encuentra a continuación. El propósito de la encuesta es obtener su opinión sobre los servicios y calidad de salud de la comunidad y los problemas en el condado de Champaign (incluso Champaign-Urbana). Su opinión es importante y se utilizará para crear los planes para mejorar la calidad de vida de nuestra comunidad. Toda la información proporcionada se mantendrá CONFIDENCIAL. Responda a todas las preguntas referentes a USTED MISMO a menos que se indique lo contrario.

Sección 1: Satisfacción de la comunidad

1. Clasifique las siguientes declaraciones de calidad de vida.	De acuerdo	En desacuerdo
Estoy satisfecho con el acceso a la atención médica en el condado de Champaign.		
Estoy satisfecho con el costo de la atención médica en el condado de Champaign.		
Estoy satisfecho con la calidad de la atención médica en el condado de Champaign.		
El condado de Champaign es un buen lugar para criar hijos.		
El condado de Champaign es un buen lugar para envejecer.		
El condado de Champaign es un lugar seguro para vivir.		
Estoy satisfecho con la iglesia y la participación basada en la fe en el condado de Champaign.		

Sección 2: Temas ambientales y comunitarios

1. Al pensar en su salud física (incluye lesiones y enfermedades físicas), ¿cuántos días del mes anterior no se sintió bien de su salud física?

0 días	1 a 7 días	8 a 14 días	15 a 21 días	21 a 30 días

2. Al pensar en su salud mental (incluye estrés, depresión y problemas emocionales), ¿cuántos días del mes anterior no se sintió bien de su salud mental?

0 días	1 a 7 días	8 a 14 días	15 a 21 días	21 a 30 días

3. En una semana normal, ¿cuántos días hace ejercicio por lo menos durante 30 minutos donde sude y se le dificulte respirar un poco durante el deporte (ya sea correr, caminar, andar en bicicleta, natación)?

0 días	1 a 2 días	3 a 5 días	6 a 7 días

4. Temas del Vecindario: Tráfico, alcantarillas y carreteras

Seleccione la importancia de los siguientes temas del vecindario según se relacionen con usted.

	Alta prioridad	Baja prioridad
Reparación/mantenimiento de carreteras		
Reparación y mantenimiento del drenaje de alcantarillas/tormentas		
Transporte público		
Aceras / Banquetas		
Iluminación en las calles		
Disminuir la velocidad del tráfico		
Paso de peatones		
Carril o caminos de bicicletas		
Patrullas contra el crimen/vigilancia de cuadras		
Accesibilidad para sillas de ruedas		

5. Temas de salud

¿Cuánta prioridad se le da a cada tema de salud en el condado de Champaign?	Alta prioridad	Baja prioridad
Cáncer		
Diabetes/obesidad		
Enfermedad cardíaca y embolia cerebral		
Problemas de salud mental y del comportamiento		
Problemas de la vejez/temas de adultos mayores		
VIH/SIDA y otras enfermedades de transmisión sexual		
Muerte infantil		
Enfermedades respiratorias/enfermedades de los pulmones		
Enfermedades infecciosas		
Violencia doméstica/familiar		
Abuso infantil y negligencia		

Negligencia y abuso a adultos mayores (de la tercer edad)		
Homicidio		
Suicidio		
Problemas dentales		
Presión arterial alta		
Embarazo en adolescentes		
Adicciones		
Discapacidades del desarrollo		
Otros (especifique):		

6. Comportamientos de riesgo

¿Qué tanta prioridad se le da a los siguientes "comportamientos de riesgo" en el condado de Champaign?	Alta prioridad	Baja prioridad
Beber/uso de alcohol		
Uso de drogas		
Fumar		
Falta de ejercicio		
Comer en exceso		
Hábitos deficientes de alimentación		
Sexo sin protección		
Dejar la escuela ya sea no continuar con los estudios		
No vacunarse para la prevención de enfermedades (vacunas)		
No usar cinturón de seguridad o sillas de automóvil para bebés / infantes		
Pandillas/miembros de pandillas		
Choferes que conducen de manera peligrosa		
Intimidación		
Delincuencia juvenil		
Otros (especifique):		

7. **Clasifique si los siguientes factores son fortalezas o amenazas para la salud de los residentes de Champaign.**

¿Fortaleza o amenaza?	Fortaleza	Amenaza
Vivienda accesible		
Empleo/capacidad para encontrar empleos		
Capacidad para pagar las necesidades básicas (comida, ropa, etc.)		
Acceso a los servicios sociales y de salud del comportamiento		
Acceso a los recursos de apoyo familiar		
Cuidado de niños que son económicos		
Oportunidades para la juventud		
Aportación Financiero para escuelas y programas estudiantiles después del horario escolar		
Servicios para adultos mayores (transporte, atención en el hogar, etc.)		
Acceso a la atención médica		
Transporte/capacidad de movilizarse		
Nivel de crimen		
Tiempo de traslado		
Servicios para poblaciones de bajos ingresos y vulnerables		
Porcentaje de población que vive en la pobreza		
Igualdad racial		
Respeto a la diversidad		
Otros (especifique):		

Sección 3: Información demográfica

1. ¿Cuántos años ha vivido en el condado de Champaign? ______________________________

2. Código postal de donde vive: ________________________

3. Sexo *(Encierre en un círculo):* Masculino Femenino

4. Edad: ___________________________________

5. ¿Es de origen hispano / latino?

- O Sí
- O No

6. ¿Cuál es su raza? *(Seleccione todas las que apliquen)*

- O Afroamericano/negro
- O Asiático/de las islas del pacífico
- O Nativo americano/nativo de Alaska
- O Caucásico/blanco
- O Otra: ________________________________

7. Educación *(seleccione uno):*

- O Nunca asistió a la escuela o solamente kindergarten (jardín de niños)
- O Menos que la secundaria o preparatoria
- O Diploma de la escuela preparatoria o GED
- O Algo de universidad
- O Graduado de la universidad
- O Título universitario o más alto

8. ¿Califica para alguno de los siguientes programas? *(Seleccione todos los que apliquen)*

- O SNAP/Cupones para alimentos
- O WIC
- O Almuerzo gratis o de precio reducido (para niños) en la escuela

Pase a la siguiente página →

9. Incluyéndole, ¿cuántas personas viven en su hogar? __________________________

10. Ingreso del hogar *(marque uno):*

- Menos de $25,000
- $25,001 a $50,000
- $50,001 a $75,000
- $75,001 a $100,000
- Más de $100,000
- Prefiero no responde

11. ¿Cómo paga por su atención médica? *(Seleccione todos los que apliquen)*

- No tengo seguro (pago en efectivo)
- No tengo seguro (atención caritativa/asistencia financiera)
- Seguro médico
- Medicaid
- Medicare
- Administración de veteranos
- Otros: ________________

12. ¿A dónde asiste para su atención médica primaria? *(Seleccione todos los que apliquen)*

- Clínica gratuita (Avicenna/Christian Health Center)
- Presence Covenant (Provena) ER (Sala de Urgencias)
- Carle ER (Sala de Urgencias)
- Clínica comunitaria (Centro de salud Francis Nelson)
- Médico de Carle Clinic
- Médico de Christi Clinic
- Centro de salud público
- McKinley Health Center
- Planned Parenthood (Planificación Familiar)
- Community Health Partnership (Asociación de Salud de la comunidad) (por ejemplo, clínica del migrante)
- Otros: ______________________________
- No tengo un médico de consulta

Appendix 5: Survey Response