



# Vermilion County Community Health Plan 2017-2022

Vermilion County  
Health Department



**Public Health**  
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Medical Center



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## Statement of Purpose

In accordance with requirements set by the Illinois Department of Public Health rules, Title 77:Part 600.400:Public Health Practice Standards, the Vermilion County Health Department submits the 2017-2022 Vermilion County Community Health Plan. This document was designed under the guidance structure provided by the Illinois Project for Local Assessment of Needs (IPLAN). The plan is the result of a comprehensive, community-based public health needs assessment, including reviews of relevant data, collective perceptions of the community participants, and dialogue about the overall health of Vermilion County. This document is presented as a guidance structure to improve the overall health and well-being of Vermilion County residents over the next five years, by setting attainable goals with measurable outcomes.

## Executive Summary

There are many factors that can influence the health and well-being of a community. The healthier a community is, the better its future will be. Vermilion County has had a long history of challenges facing it as a community. Vermilion County has been ranked in the bottom quartile of the County Health Rankings (Robert Wood Johnson Foundation) since the rankings were presented in 2010. Many of these problems are deep-rooted and have become the community cultural norm such as a high teen pregnancy rate.

At the national level, Healthy People 2020 provides a comprehensive set of 10-year national goals and objectives for improving the health of all Americans. Healthy People 2020 contains 42 topic areas for communities to focus their attention to, including Leading Health Indicators that have been selected as a high priority.

The Vermilion County Health Department, as a certified local health department for Vermilion County, Illinois, is charged to assess the health and well-being of our community by retrieving and presenting relevant data, seeking community input, generating dialogue, and identifying existing and needed resources that lead to the development of strategies with measurable outcomes to address the identified priorities. In 2012, the Vermilion County Health Department submitted their 2012-2017 Community Health Plan. In 2014, a reassessment was conducted because hospitals were also required to assess the community every 3 years. Since the health departments are required to do their assessment every 5 years and there is an overlap, an Executive Assessment Committee was formed. The Executive Committee members consist of Presence United Samaritans Medical Center, Carle, United Way of Danville Area, I Sing the Body Electric, and the Vermilion County Health Department. The priorities identified in the 2014 reassessment matched the 2012-2017 Community Health Plan Priorities: Teen Pregnancy, Substance / Alcohol Abuse, and Obesity. The Executive Committee also includes Champaign Urbana Public Health District and United Way of Champaign County because both Carle and Presence are located in Champaign as well. In 2015, a Regional Community Health Plan Coordinator was hired through United Way of Champaign with funds coming from Carle and Presence, but are under the supervision of both



Champaign Urbana Public Health District and Vermilion County Health Department. This position reports to the Executive Committee and is responsible for planning and coordinating strategies that result in the completion of both Champaign and Vermilion Counties' needs assessments and workgroups. At the end of 2015 and the beginning of 2016, workgroups in Vermilion County for each priority area were established.

The 2017-2022 Vermilion County Community Health Plan was accomplished with direct contribution from the Vermilion County Health Department, the Executive Committee, the Regional Community Health Plan Coordinator and over 50 individuals representing a variety of agencies and organizations (see list of Executive Committee Members and Community Advisory Committee Members) from across the county. In addition, we received direct input from over 1500 county residents via a community survey. Development of this plan was truly a collaborative effort working with our community partners, our local schools of nursing, our local and state government representatives, and input from our county residents.

In 2015, the Vermilion County Board of Health asked the Vermilion County Health Department to develop a 5-year strategic plan to identify the challenges facing the health department and to capitalize on its strengths and opportunities. The Board of Health seeks to ensure ongoing viability and sustainability for the health department as the health department continues to serve the critical needs of the residents of Vermilion County. The 5-year strategic plan was approved by the Board of Health on November 10<sup>th</sup>, 2015. (*See Appendix H for the 5-year Strategic Plan*)

The community phase of the process began during the summer of 2016, as staff worked to compile relevant data for the Executive Committee and the Community Advisory Committee to review during its assessment of needs. The Vermilion County Health Department and the Regional Community Health Plan Coordinator worked collaboratively with a Presence Intern in researching and compiling much of the data used. An array of representative community leaders were identified and invited to join in the IPLAN process. The community partner phase of the IPLAN began in January 2017. The meetings were facilitated by Melissa Rome, Emergency Planning and Response Coordinator / Community Liaison and Julia Willis, Regional Community Health Plan Coordinator.

The community advisory committee invested a great deal of thought and effort into identifying the priority areas. In the past we have only addressed three priority areas. The community advisory committee demonstrated a genuine concern to weigh and balance all the information provided including the data presented, their own beliefs, experiences and perceptions as community stakeholders, as well as the information obtained from our county residents. The committee expressed considerable concern about how we, as a community, can address many of the health issues as the state fiscal crisis continues and funding sources diminish. There was extended dialogue about how much our challenges are inter-related with many of the contributing factors being the same for all priority areas including education, abuse, and a lack of hope and dreams of a future.

The community advisory committee discussed strategies about being proactive in our approaches and ensuring action and a way to measure those actions. After discussion from the first meeting, the group

consensus was reached that we were not finished with the current priorities and still had a lot of work to accomplish them, so group decided to maintain the current priorities, but wanted to add a fourth priority, mental health.

As the planning process moved forward, we addressed each priority by setting attainable goals with measurable outcomes throughout the 2017-2022 Plan.

### *Teen Pregnancy*

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- By 2022, reduce by 5% the pregnancy rate among adolescent females aged 15-19 years of age (HP 2020 FP-8).
- By 2022, increase by 3% the proportion of adolescents aged 17 years and younger who have never had sexual intercourse (HP 2020 FP-9)
- By 2022, increase by 3% the proportion of sexually active persons aged 15-19 years who use condoms to both effectively prevent pregnancy and provide barrier protection against disease (HP 2020)
- By 2022, decrease by 3% the proportion of sexually active teens who report using drugs or alcohol prior to their last sexual intercourse experience (HP 2020)
- By 2022, decrease by 3% the proportion of sexually active teens who report having sex with two or more partners in their lifetime.
- By 2022, increase by 3% the proportion of adolescents who participate in extracurricular and/or outside of school activities. (HP 2020 – AH-2)
- By 2022, decrease by 3% the proportion of teen parents whose reason for sexual activity was a goal of becoming a parent.
- By 2019, develop and implement a curriculum based program for the schools to address healthy choices in sexual activity and contraceptive use.

### *Substance / Alcohol Abuse*

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- By 2022, increase by 3% the proportion of adolescents never using substances. (HP 2020 SA 2.1)
- By 2022, decrease by 3% the proportion of at risk adolescents who have had at least one drink of alcohol in their lifetime. (HP 2020 SA-2)
- By 2022, increase by 3% the proportion of at risk adolescents who, in the past 30 days, refrained from using alcohol.
- By 2022, increase by 3% the proportion of adolescents who perceive great risk associated with consuming five or more alcoholic drinks at a single occasion once or twice a week (HP 2020 SA-4.1).
- By 2022, decrease by 3% the proportion of adolescents in Vermilion County who report that they rode with a driver who had been drinking. (HP 2020 SA-1)
- By 2022, decrease by 3% the proportion of at risk adolescents who, in the past year, reported using marijuana. (HP 2020 SA-2.2)

- By 2022, increase by 3 % the proportion of at risk adolescents who, in the past 30 days, refrained from smoking marijuana.
- By 2022, decrease by 3% the number of adolescents who report illicit drug use in the past year.
- By 2022, decrease by 3% the number of adolescents who report using prescription drugs not prescribed to them.
- By 2022, decrease by 3% the number of drug overdose deaths in Vermilion County.
- By 2022, increase by 3 % the number of admissions to substance abuse treatment for drug use.
- By 2022, increase the number of substance use support groups for adults.
- By 2022, decrease by 3% of adults in Vermilion County who report excessive, binge, or heavy drinking.
- By 2022, decrease by 3% of adults in Vermilion County who report abusing or overusing prescription drugs.
- By 2022, decrease by 3% of adults in Vermilion County who self-report using illegal drugs.
- By 2019, look into funding for adolescent drug prevention grants.
- By 2019, develop a community wide media campaign aligned with the abuse related monthly national observances through social media, print media, and radio and TV media.

### *Obesity*

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- By 2022, increase by 1% the proportion of adolescents who report being at a healthy weight. (HP 2020 NWS-10)
- By 2022, increase by 3% the proportion of adolescents who report engaging in at least 60 minutes of physical aerobic activity 5 or more days a week. (HP 2020 PA-3)
- By 2022, decrease by 3% the proportion of adolescents who spend 3 hours or more playing video games, computer games, or using a computer for something that is not school work. (HP 2020 PA-8)
- By 2022, increase by 1% the proportion of adolescents who report eating 2 or more servings of fruit and/ or vegetables a day (HP 2020 NWS-14, 15).
- By 2022, decrease by 3% the proportion of adolescents who report eating dinner together with their parent or guardian 3 days a week or less.
- By 2019, develop a system with for tracking aggregate childhood BMI data in Vermilion County.
- By 2022, reduce by 1% the proportion of adults in Vermilion County who report being fitting the criteria for obesity. (HP2020 NWS-8)
- By 2022, decrease by 1% the proportion of adults who report no leisure time physical activity. (HP 2020 PA-2).
- By 2022, decrease by 1% the proportion of adults who report never eating 5 or more servings of fruits or vegetables a day

- By 2022, decrease by 1% proportion of adults who report consuming 1 or more sugary beverages a day.
- By 2022, increase by 1% the number of Vermilion County WIC clients who report initiating breastfeeding and remain breastfeeding their infant at 6 months of age.
- By 2022, increase the proportion of primary care physicians who regularly assess body mass index (BMI) in all patients (HP 2020 NWS-5).
- By 2019, through partnerships with the Healthy Vermilion County Workgroup, we will participate in at least 4 health fairs annually (displaying health and nutrition messages) and display the Rethink Your Drink display at least at 10 different locations annually.

### *Mental Health*

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- By 2022, increase training and education regarding mental health resources and information.
- By 2022, reduce by 10% the suicide rate among Vermilion County Residents. (HP 2020 - MHMD-1)
- By 2022, increase the number of depression screenings by private care providers. (HP 2020)
- By 2022, decrease by 3% the proportion of adolescents who attempt suicide. (HP 2020 – MHMD-2)
- By 2022, increase by 1% the proportion of children with mental health problems who receive treatment. (HP 2020 – MHMD-6)
- By 2022, increase by 1% the proportion of adults with a mental health problem who received treatment. (HP 2020 – MHMD-9)
- By 2022, decrease by 3% the proportion of teens who attempted suicide in the past year and told no one.
- By 2019, increase the number of providers / urgent care / Emergency Departments that are conducting a stress or mental health screening with each visit.
- By 2022, train 2,000 Vermilion County participants in Mental Health First Aid Training.

The Vermilion County Health Department staff members, the Executive Committee, and its community partners on the Community Advisory Committee, join the Vermilion County Board of Health in submitting for approval this 5-year plan to improve the health of the residents of Vermilion County.

## Prepared by Vermilion County Health Department Staff:

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Douglas Toole, BS, LEHP – Public Health Administrator

## Executive Committee (Vermilion County)

Sheri Ervin, Presence Health - PUSMC & PCMC

Jennifer Cord, Presence Health – PUSMC & PCMC

Dottie McLaughlin, Presence Health – I Sing the Body Electric

Mike Billimack, Carle

Elizabeth Silver, Carle

Sherrie Askren, United Way of Danville Area

Julia Willis, United Way

Douglas Toole, VCHD

Melissa Rome, VCHD

## IPLAN 2017-2022 Community Advisory Committee

<b>Participant</b>	<b>Sector / Partnership / Organization</b>
John Alexander	PUSMC Leadership Board / Y of the USA
Sherri Askren	United Way of Danville Area
Wes Bieritz	County Board / Board of Health Member
Mike Billimack	Carle
Linda Bolton	PUSMC Leadership Board / Community Leader
Tori Brigham	ECI-CAA
Amy Brown	CRIS Health Aging Center
Chantal Savage Bryant	ECI-CAA
Angele Thibodeaux Burns	ECI-CAA
Tom Chamberlain	PUSMC Leadership Board / Iroquois Federal
Kathy Cooksey	CRIS Health Aging Center
Jennifer Cord	Presence Health – PUSMC & PCMC
Raenell Crenshaw	Housing Authority of the City of Danville
Brendan Denison	Danville Commercial News
Stacy Ehmen	DACC
Sheri Ervin	Presence Health - PUSMC & PCMC
Jackie Farber	CCRS
Johnson Flanagan	Presence Health – Faith in Action

Damian Foley	VA Illiana
Tamera Forthenberry	Housing Authority of the City of Danville
Kim Nelson-Galloway	Carle Hoopeton Regional
Kerrie Gill	Aunt Martha's
Ashton Greer	PUSMC – Faith in Action
Sarah Jones	Danville Family YMCA
Tricia Keith	Vermilion County Regional Office of Education
Brandy Kizer	District #118
Caitlin Kownacki	U of I Extension
Amy Linares	Hoopeton CUSD #11
Penny McConnell	DACC
Cheryl McIntire	Big Brothers Big Sisters
Don McLaughlin	PUSMC Leadership Board
Dottie McLaughlin	PUSMC – I Sing the Body Electric
Jim Mulvaney	PUSMC Leadership Board / First Financial
Nancy O’Kane	County Board
Jacob Ozier	Presence Health - CRC
Bill Pickett	WDNL-WDAN-WRHK
Debbie Plush	District #118
Cher Pollock	Crosspoint Human Services
Gail Raney	Prairie Center
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Jim Russell	Vermilion County Mental Health Board
Brittany Savalick	Housing Authority of the City of Danville
Dana Schaumburg	Hoopeton Multi-Agency
Melissa Schumacher	U of I Extension
Tinisha Shade	Vermilion Advantage
Marcie Sheridan	Vermilion County Rape Crisis Center
Elizabeth Silver	Carle Hoopeton
Cindy Smith	Housing Authority of the City of Danville
Stacy Sprague	PUSMC – HALO/I Sing the Body Electric
Molly Stanis	District #118
Jaelyn Vinson	Housing Authority of the City of Danville
Fred Whitman	CRIS Healthy Aging Center
Andy Wilson	YMCA
Clete Winkelmann	Aunt Martha's

The Vermilion County Health Department extends its sincere appreciation to the community representatives who willingly gave of their time, talents and their perspectives to ensure the IPLAN was successfully completed.

## The Process

This document was designed under the guidance structure provided by the Illinois Project for Local Assessment of Needs (IPLAN). The Vermilion County Health Department (VCHD) IPLAN team chose to follow the Assessment Protocol for Excellence in Public Health (APEX-PH) model for assessment and development of the Community Health Plan.

In May of 2016, the Vermilion County Health Department presented their timeline to the Executive Committee that they would begin the IPLAN process in the summer of 2016. Melissa Rome, Emergency Planning and Response Coordinator / Community Liaison and Julia Willis, Regional Community Health Plan Coordinator would be responsible for writing and coordinating the IPLAN process. The Executive Committee would continue monthly meetings to determine progress of the IPLAN process.

All committee agendas, meeting minutes, workgroup information, and other documents are kept in a secure web-based program called the CEMP. All Executive Committee Members have access and can make comments when necessary.

## Organizational Capacity

In 2015, the Vermilion County Health Department completed a 5-year Strategic Plan. All VCHD staff were asked to identify future challenges and to identify its strengths and opportunities. The Board of Health also completed a SWOT analysis to identify the Strengths, Weaknesses, Opportunities and Threats facing the Health Department. Board of Health members then ranked the top 5 issues in each category and the Vermilion County Health Department developed goals and strategies for the top issues. The overall plan is designed to ensure the Vermilion County Health Department is well prepared for what comes next. In addition, the Vermilion County Board Chairman has created an adhoc committee to develop a strategic plan (VC 2025) for the County as a whole and the VCHD Board of Health wishes to ensure health department goals compliment the County's long term plans. The 5-year Strategic Plan was then approved by the Board of Health on November 10, 2015.



## Purpose of the Assessment

The purpose of the Community Health Data Assessment was to examine the health status indicators for the population of Vermilion County and to identify key concerns and assets within our community. The ultimate goal is to develop strategies to address these identified issues and health needs.

## Assessment Process

Collection of raw data began in the summer of 2016 as the VCHD Emergency Response Coordinator / Community Liaison and the Regional Community Health Plan Coordinator began working collaboratively with Presence Health and a summer intern in researching, compiling and organizing data. Analysis of all data began in August 2016.

The IPLAN team revised the previous community health survey that was collected in 2012. The survey eliminated redundant questions and added some questions specifically tailored for the current priority workgroups. The survey was developed both as a hard copy and was accessible to be completed online through Survey Monkey. Survey Monkey is an online survey tool. The VCHD worked collaboratively with the UIC School of Nursing to help distribute and collect community survey data. The VCHD also worked with community partners to help distribute and collect community survey data. Survey information was collected between August 30<sup>th</sup>, 2016 through November 18<sup>th</sup>, 2016 with over 1500 surveys completed. The VCHD extends its appreciation to the nursing students and all our community partners in ensuring that the survey sample represented all of the communities within the county including rural and urban, villages and cities. During the survey process, the nursing students reported back to us the following findings for barriers:

- Males are still presenting a challenge for filling out surveys. Only about 20% of surveys collected were from males.
- It would be helpful for visually impaired individuals to have an iPad to help increase font size or auto speech.

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## Community Health Assessment Data Collection

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The Community Health Assessment identifies specific community needs by analyzing county and health specific data of Vermilion County, Illinois. Content areas are focused on the following indicators:

- 
1. Demographics and Socioeconomic Characteristics
  2. Social Determinants
  3. Access to Health Services
  4. Quality of Life
  5. Behavioral Risk Factors
  6. Environmental Health
  7. Mental Health
  8. Maternal and Child Health
  9. Chronic Conditions
  10. Death, Injury, and Violence
  11. Infectious Diseases
-

# Section One: Demographics

## Category Definition

Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where less populations and subpopulations are located, and the rate of change in population density over time, due to births, deaths and migration patterns.

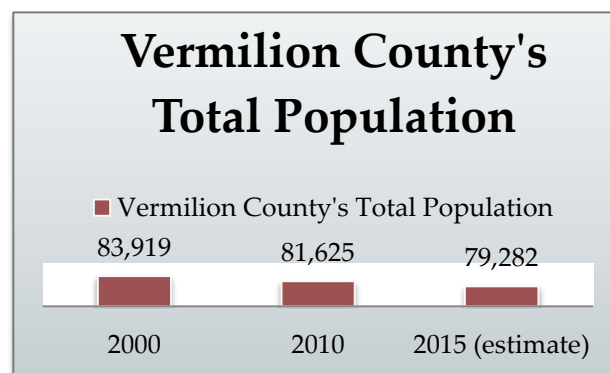
## Key Findings

- Vermilion County's population continues to drop. There was a 5.5% decrease in total population from 2000-2015 (2015 population based on estimate).
- Vermilion County has also seen a slight increase in both the Hispanic and Black population since 2010.
- Vermilion County has a higher percentage of persons with disabilities than Illinois and the United States.
- Vermilion County has a higher percentage of Veterans.
- Vacant housing units increased from 10.1% in 2010 to 12.6% in 2014 in Vermilion County.
- While unemployment has steadily decreased since 2010, the rate in Vermilion County is higher than that of the state and many neighboring counties.
- Poverty rates for both adults and children remain very high in Vermilion County.
- Median household income did rise from \$39,456 in 2010 to \$42,548 in 2014, but is far lower than Illinois' median income of \$57,444 (US Census 2014). Only 31.72% of families in Vermilion County report a household income of \$75,000 or greater compared to 47.28% of Illinois families (US Census Bureau, American Community Survey, 2010-2014).

## POPULATION ESTIMATES

### Total Population

Since 2000, the population in Vermilion County has steadily decreased as seen in the graph (1.1).

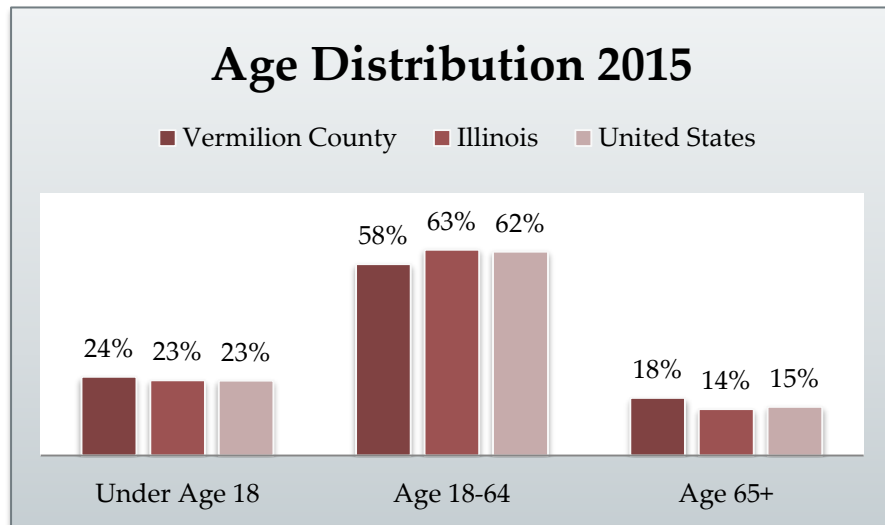


Graph 1.1

Source: US Census Bureau: Quick facts

### Age Distribution of Population

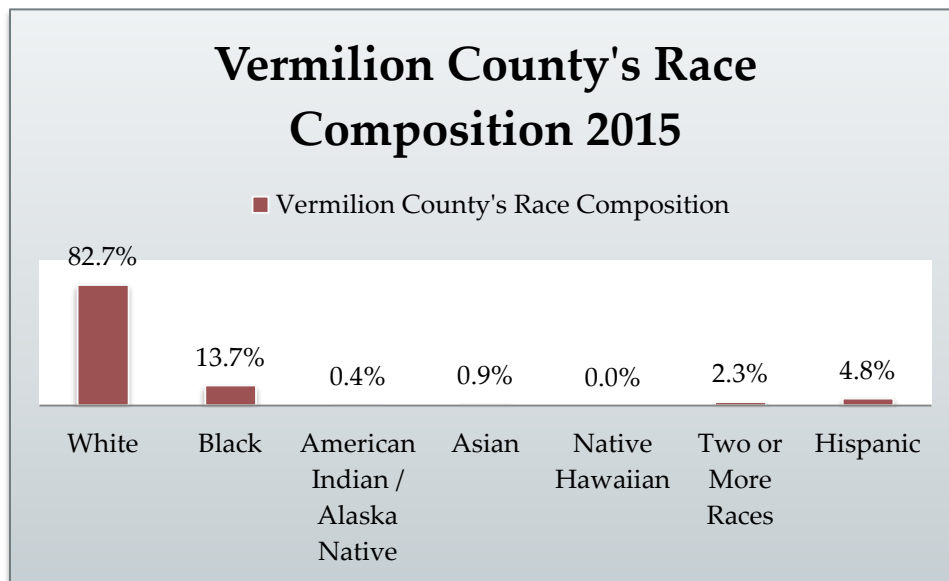
As of 2015, the estimated distribution of population in age in Vermilion County is consistent with Illinois and National Trends. As of 2015, the median age for Vermilion County was 39.9.



Graph 1.2  
Source: US Census Data 2015 (estimated)

### Racial and Ethnic Composition of Population

The racial and ethnic composition of Vermilion County is shown in the graph (1.3). The majority of Vermilion County’s population is White (82.7%), followed by Black/African American (13.7%). The Hispanic population in Vermilion County is 4.8%, a slight increase since 2010, which was 4.2%. (QuickFacts.census.gov)



Graph 1.3  
Source: U.S. Census Data 2015 (estimated)

Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because individuals with a disability comprise a vulnerable population that requires targeted services and outreach by providers. Vermilion County has a much higher percentage than the state of Illinois and is above the United States percentage as well.

Table 1.1 Vermilion County Population, Disability Numbers

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Vermilion County	78,738	11,840	15.04%
Illinois	12,690,056	1,347,468	10.62%
United States	309,082,272	37,874,568	12.25%

*Note: This indicator is compared with the state average.  
Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract*

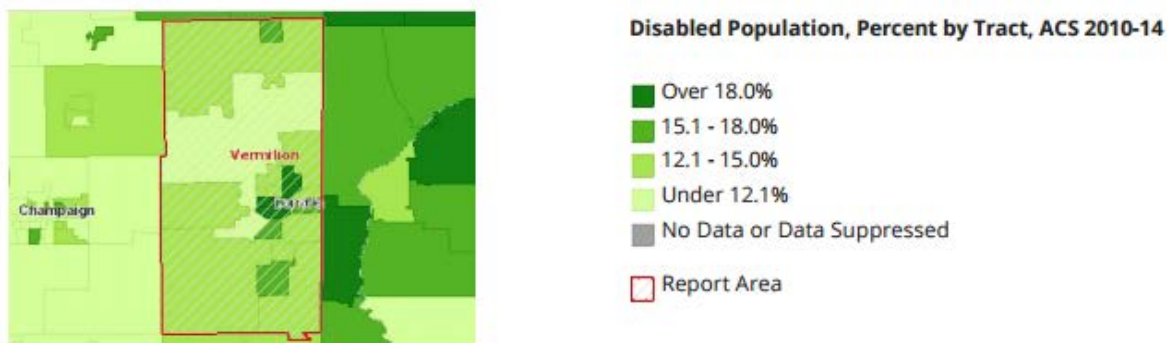


Figure 1

### Population Geographic Mobility

This indicator reports information about population in-migration by assessing changes in residence within a one year period. Of the 79,858 (2014 estimates) persons living in Vermilion County, an estimated 3.93% relocated to the area, according to the latest American Community Survey 5-year estimates. Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population. Persons who moved to a new household from a different household within their current county of resident are **not** included. While the mobility percentage is lower than that of the State of Illinois and the United States, it still proves to be a challenge for many of the local schools. Some families move back and forth from Vermilion County to Chicago and obtaining accurate records has been a challenge.

Table 1.2 Vermilion County Population, Mobility

Report Area	Total Population	Population In-Migration	Percent Population In-Migration
Vermilion County	79,858	3,141	3.93%
Illinois	12,717,641	598,550	4.71%
United States	310,385,248	18,809,316	6.06%

*Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract*

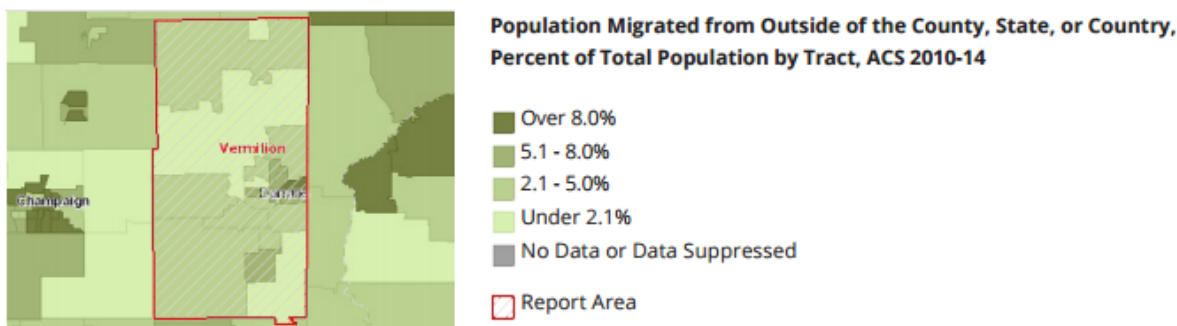


Figure 2

### Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Vermilion County has a much higher percentage than the state of Illinois and is above the United States percentage as well. The VA Illiana Health Care System is located in Danville, which provides our Veterans with local healthcare access.

Table 1.3 Vermilion County Population, Veterans

Report Area	Total Population Age 18 and Older	Total Veterans	Veterans, Percent of Total Population
Vermilion County	61,190	7,047	11.52%
Illinois	9,796,516	699,522	7.14%
United States	239,305,216	20,700,712	8.65%

*Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract*

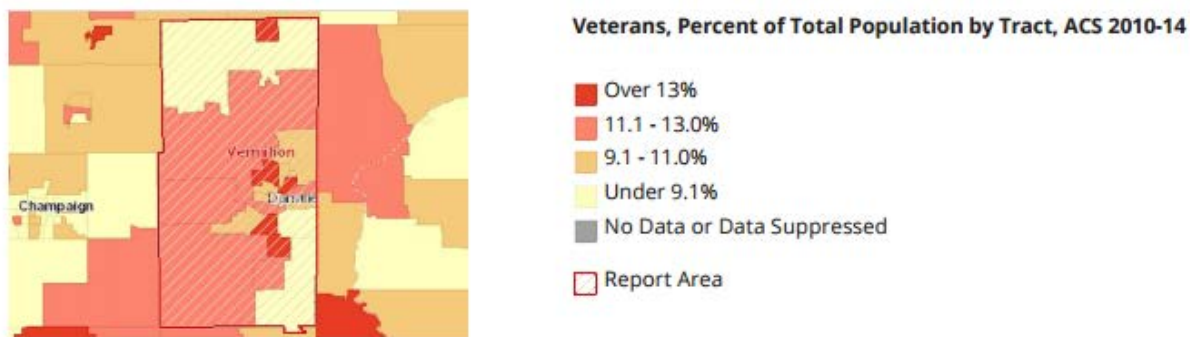
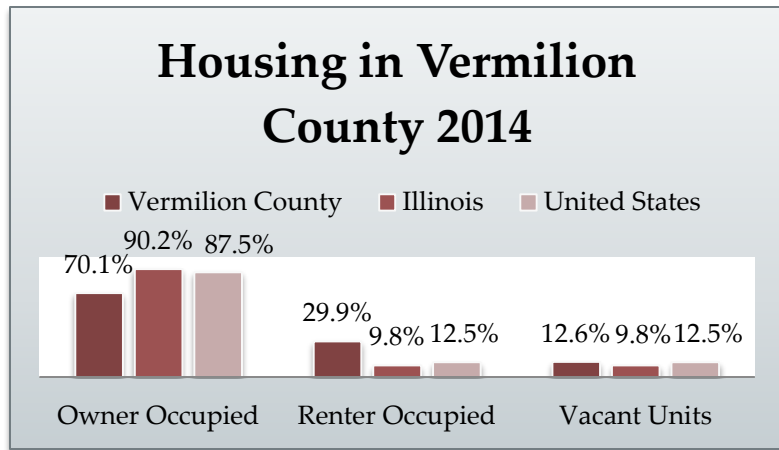


Figure 3

HOUSING

The number of owner occupied and renter occupied housing does not follow the trend of the State of Illinois or National numbers. Far fewer people own their homes and are renting more.

The number of vacant units increased from 10.1% in 2010 to 12.6% in 2014 in Vermilion County. Many of these vacant homes are not habitable.



Graph 1.4  
Source: U.S. Census Bureau

UNEMPLOYMENT RATE

The unemployment rate in Vermilion County has remained above the unemployment rate for the State of Illinois since 2010. However, unemployment in Vermilion County peaked in 2010 at 13.5 and has steadily gone down since, but still is higher than most of the neighboring counties.

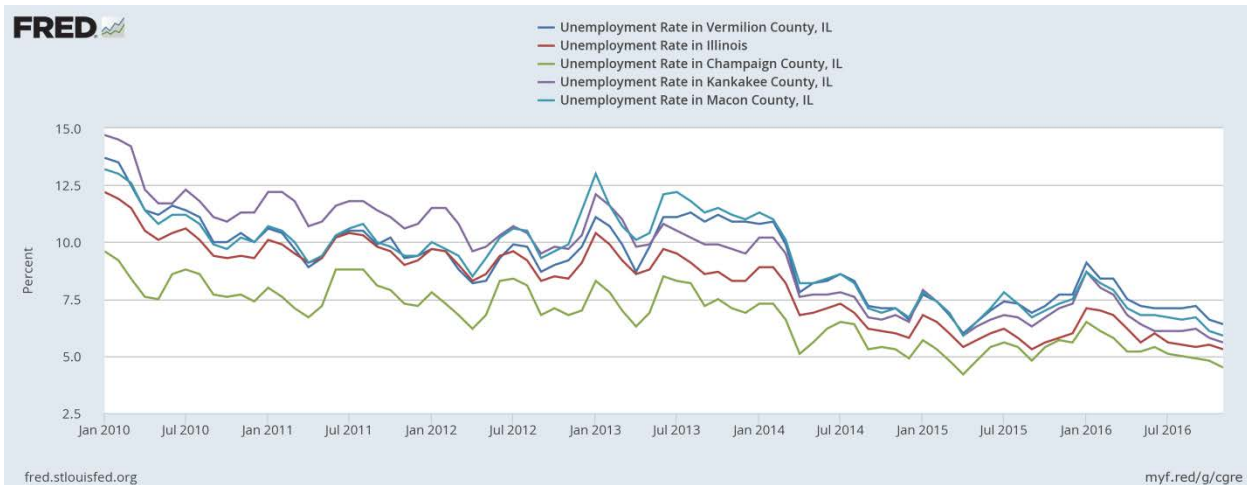


Figure 4



Table 1.4 Vermilion County / Illinois Unemployment Rate

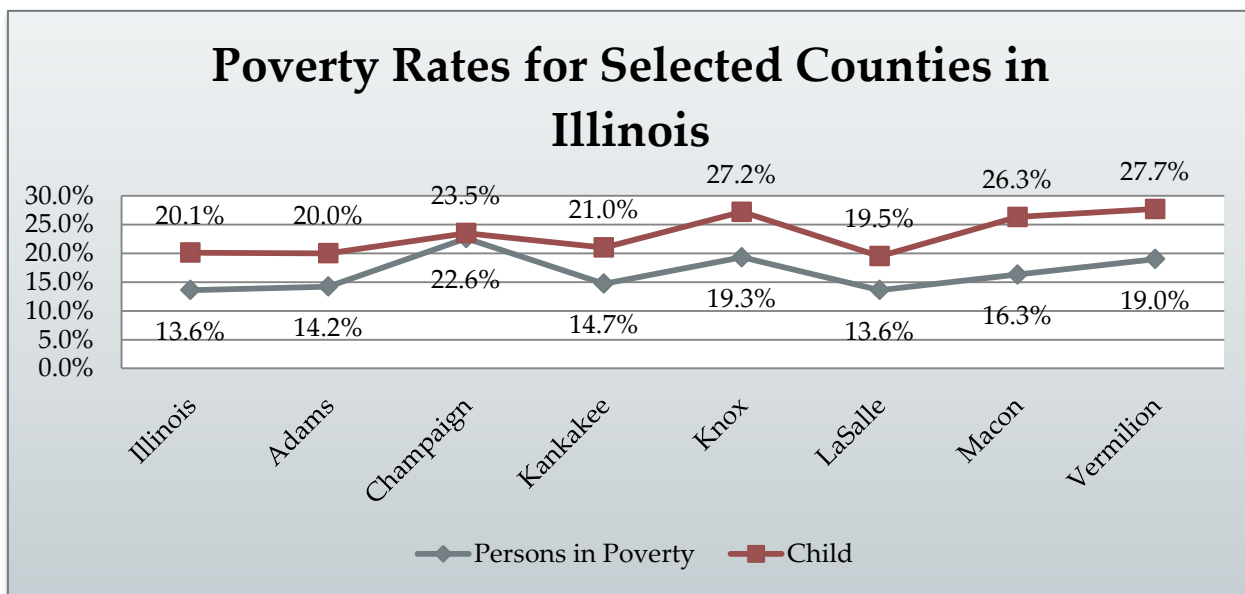
Year	Vermilion County Percent	Illinois Percent
2016 - January	9.1	6.3
2016 - February	8.4	6.4
2016 - March	8.4	6.5
2016 - April	7.5	6.6
2016 - May	7.2	6.4
2016 - June	7.1	6.2
2016 - July	7.1	5.8
2016 - August	7.1	5.5
2016 - September	7.2	5.4
2016 - October	6.6	5.5
2016 - November	6.4	5.3
2016 - December	7.2	5.6
2017 - January	8.6	6.5
2017 - February	7.2	5.5
Source: <a href="http://research.stlouisfed.org/fred2/series/ILVERM0URN">http://research.stlouisfed.org/fred2/series/ILVERM0URN</a> (Unemployment in Vermilion County) Source: Bureau of Labor Statistics (Unemployment in Illinois)		

**POVERTY**

According to the 2016 Illinois Poverty Report, 19% Vermilion County’s population was living at or above poverty level in 2014. This was a slight decrease of 0.6% from 2013. The government’s definition of poverty level is based on total income received. The graph (1.5) below reports the poverty percentages for both total population and children in Vermilion County, the State of Illinois, and neighboring counties.

The numbers for poverty vary from source to source but the remaining fact is poverty is a serious issue within Vermilion County.

- The percent of persons living below poverty level in Vermilion County rose slightly from 18.7% in 2010 to 19% in 2014. The percent of persons living below poverty level in Illinois is 13.6% (US Census).
- Less than half of our children (48.7%) are living in a “Married Parents” type of household. “Single Mother” household types account for 28.4%, “Single Father” household types account for 8.3%, and “Grandparents” household types account for 7.4% (Voices for Illinois Children, Illinois Kids Count Data Center).



Graph 1.5  
Source: Illinois Poverty Report 2016

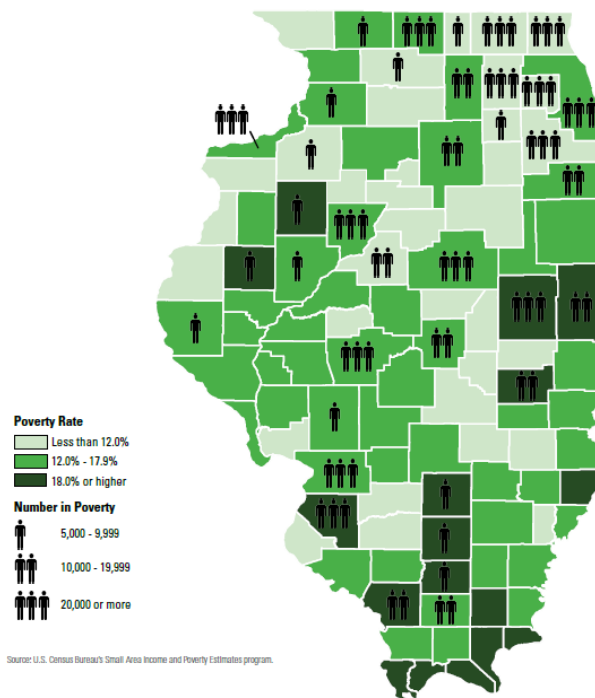
### Child Poverty Rates, 22 Largest Counties in Illinois

County	1999	2006	2012	2014
Adams	12.3	16.1	21.3	20.0
Campaign	12.2	16.7	23.4	23.5
Cook	19.3	21.7	26.0	25.3
DeKalb	7.4	10.4	23.7	15.7
DuPage	4.1	5.7	10.5	10.5
Kane	9.1	11.8	18.4	15.6
Kankakee	15.9	18.4	25.5	21.0
Kendall	4.0	6.2	6.9	7.4
Lake	7.2	8.1	14.8	12.6
LaSalle	13.5	17.1	19.9	19.5
Macon	19.2	27.1	28.4	26.3
Madison	13.1	14.7	18.4	17.6
McHenry	4.2	6.8	11.3	8.9
McLean	7.5	13.6	13.9	12.6
Peoria	21.0	19.2	28.9	23.8
Rock Island	16.2	22.2	23.9	25.1
Saint Clair	21.9	22.2	23.9	27.4
Sangamon	13.2	18.4	25.2	22.6
Tazewell	7.9	14.5	12.5	12.9
<b>Vermilion</b>	<b>19.3</b>	<b>31.1</b>	<b>30.0</b>	<b>27.7</b>
Will	5.9	6.8	11.3	11.8
Winnebago	13.3	20.8	27.1	25.2
Statewide	14.3	16.7	21.0	19.9

Table 1.5: Poverty in Illinois  
 Source: Voices for Kids  
 Source: Illinois Poverty Report 2016

### REPORT ON ILLINOIS POVERTY 2014 COUNTY MAP

SOCIAL IMPACT  
 RESEARCH CENTER  
 A HEARTLAND ALLIANCE PROGRAM



Source: U.S. Census Bureau's Small Area Income and Poverty Estimates program.

Figure 5  
 Source: Illinois Poverty Report 2016

Vermilion County is currently on the **Watch List** for Poverty Levels. The County Well-Being Index highlights counties that are experiencing particularly negative conditions and trends on four key indicators: Poverty, Unemployment, Teen Pregnancy, and High School Graduation.

# Section Two: Social Determinants

## Category Definition

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (*Healthy People 2020*).

## Key Findings

- The number of adults 25 and older with less than a high school diploma or equivalent went down 1.4%.
- There was a 7.6% *increase* in the number of people with at least a high school diploma from 2000-2014. The Vermilion County percentage of 86.3% still lags behind the state percentage of 87.6%, but is identical to the nation's percentage of 86.3%.
- The percentage of Vermilion County residents with at least a bachelor's degree rose slightly from 13.7% in 2010 to 13.8% in 2014, however, this is well below the State of Illinois' percentage of 31.9%
- The number of population 18 to 24 years of age that are enrolled in college or graduate school decreased by 5.8%.

## EDUCATION

While Vermilion County has seen some improvement in the education attainment, we are far below the State of Illinois and National averages. Education provides economic benefits to a community in many ways. The more educated a person is, the better he or she is equipped for higher-level jobs, improved health, more stable families, improved environments, and lower crime rate.

Vermilion County has seen a slight decrease in the percentage of adults 25 years and above who have completed less than high school (Table 2.1). This went down from 15.1% in 2010 to 13.7% in 2014. The percentage of adults 25 years and above who have reported they have at least had some College or an Associate's Degree increased from 30.8% in 2010 to 32.1% in 2014. Percentages for High School Graduate and Bachelor's Degree completion had very little change. What has changed from 2012 to 2014 is fewer people are attending college (Table 2.2). The percentage went from 27% in 2012 to 26.2% in 2014. This was not just a trend in Vermilion County, but a national trend beginning in 2012. According to the National Student Clearinghouse Research Center, college enrollment has fallen by 1.7% since last year. The percentage of high-school graduates who immediately enrolled in college fell from 69% in 2008 to 66% in 2013 (2016). While this may seem like bad news, it usually follows a healthier economy, because people are pulled back into the workforce instead of going to college.

Table 2.1: Education Attainment for adults 25 years and over in Vermilion County.

	2010	2012	2014
Less than High School	15.1%	14.3%	13.7%
High School Graduate (includes equivalency)	40.3%	39.3%	40.4%
Some College and Associate's Degree	30.8%	32.6%	32.1%
Bachelor's Degree or Higher	13.7%	13.9%	13.8%

Source: US Census Data Factfinder 2014

Table 2.2 Population 18 to 24 years enrolled in college or graduate school

	2012	2013	2014
Population 18 to 24 years	7,272	6,912	6,853
Enrolled in College or Graduate School	27.0%	28.4%	26.2%

Source: US Census Data Factfinder 2014

## FREE AND REDUCED LUNCHES

For the school year 2015 – 2016, Vermilion County had a very high percentage of 64.48% of children who qualified for free and reduced lunches (Vermilion County Regional Office of Education).

The Free and Reduced Lunch table (2.3) is an indicator from the 2013-2014 school year that compares Vermilion County to the State of Illinois and the United States. Within Vermilion County, 8,424 public school students or 63.79% were eligible for Free/Reduced Price lunch out of 13,205 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs.

Table 2.3: Free and Reduced Lunches

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Vermilion County	13,205	8,424	63.79%
Illinois	2,049,231	1,044,588	51.44%
United States	50,195,195	26,012,902	52.35%

*Note: This indicator is compared with the state average.*  
*Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#), 2013-14. Source geography: Address*

Percent Students Eligible for Free or Reduced Price Lunch

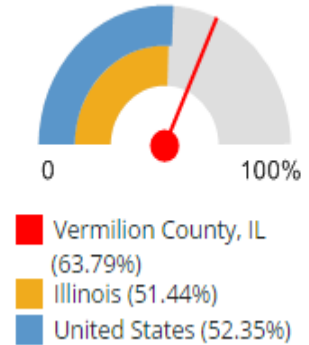
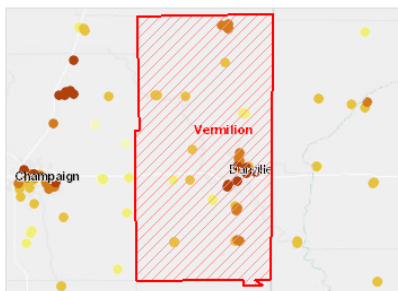


Figure 6



Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2013-14

- Over 80.0%
- 60.1 - 80.0%
- 40.1 - 60.0%
- 20.1 - 40.0%
- Under 20.1%
- Not Reported
- ☐ Report Area

Figure 7

## CHILDREN LIVING IN HOUSEHOLDS WITH SSI, PUBLIC ASSISTANCE, OR SNAP BENEFITS

The number of children under the age of 18 receiving SSI, Public Assistance, or SNAP Benefits has decreased by 1.7% since 2012. This correlates with the fact that there has been a decrease in childhood poverty in Vermilion County over the last couple of years.

Table 2.4: SNAP Benefits for Vermilion County

Characteristic	Vermilion County	%	Illinois	%	U.S	%
Population for whom poverty status has been determined*	75,975		12,559,422		313,476,400	100%
Population at or below 185% of the FPL*, SNAP eligibility	27,346	36%	3,496,312	28%	95,210,754	30%
SNAP participation (individuals)**	19,467	26%	2,042,306	16%	45,766,672	15%
Average SNAP benefit per person (FY2015)	NA		\$134.78		\$126.81	

Source: \* FOOD STAMPS/Supplemental Nutrition Assistance Program (SNAP) more information, 2015 American Community Survey 1-Year Estimates, accessed at [www.factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_15\\_1YR\\_S2201&prodType=table](http://www.factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2201&prodType=table)

Source: \*\* USDA SNAP, <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>, Snap participation for Vermilion County is derived from County SNAP benefits recipients, U.S. Census Bureau, Small Area Estimates Branch Release Date: December 2016, accessed at [www.census.gov/did/www/saie/data/model/tables.html](http://www.census.gov/did/www/saie/data/model/tables.html)

The table (2.4) shows us that 36% of all Vermilion County residents are at 185% or below of the FPL, which means that 36% of all Vermilion County residents are eligible to receive SNAP benefits, which is higher than the state (28%) and national (30%) averages. Additionally, Vermilion County's SNAP enrollment rate is at 26%, which is higher than the State (16%) and National (15%) averages.

Table 2.5 Characteristics of SNAP householders

Characteristics of SNAP Householders in Vermilion County		
	Percentage of households	
With one or more people in the household 60 years and over	23.10%	
With children under 18 years	56.30%	
With one or more people with a disability	51.70%	
<b>By Race (SNAP recipients)</b>		
White	73.60%	3,880.0
Black	25.30%	1,335.0
Hispanic or Latino	3%	
Median Income of SNAP householders	-69%	\$ 13,946
Median Income of Vermilion County householders		\$ 45,098
SNAP householders with workers in the past 12 months		70%
70% of SNAP householders have had active work		
<i>Source:</i> <a href="http://www.factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2201&amp;prodType=table">www.factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2201&amp;prodType=table</a>		

For Vermilion County SNAP householders, 23% have one or more person in the family who is 60 and above. Furthermore, 56% of SNAP householders have children under 18 years, and 52% have one or persons who are disabled.

Seventy-four percent (74%) of Vermilion County SNAP recipients are White, followed by African Americans / Blacks at 25%. Three percent of all Vermilion County SNAP householders are Hispanic/ Latino. The median income of SNAP householders is 70% lower than the median income of Vermilion County residents. Seventy percent (70%) of SNAP householders have had active work in the past 12 month, suggesting that SNAP recipients are employed.



**POPULATION RECEIVING MEDICAID**

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations that are more likely to have multiple health access, health status, and social support needs.

The percentage of Insured Population Receiving Medicaid in Vermilion County is much higher than that of the State of Illinois and the United States.

Table: 2.6: Medicaid in Vermilion County

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with any health Insurance	Population Receiving Medicaid	Population of Insured Population Receiving Medicaid
Vermilion County	78,738	70,014	19,267	<b>27.52%</b>
Illinois	12,690,056	11,126,169	2,282,641	20.52%
United States	309,082,272	265,204,128	55,035,660	20.75%

*Note: This indicator is compared with the state average.  
Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract*

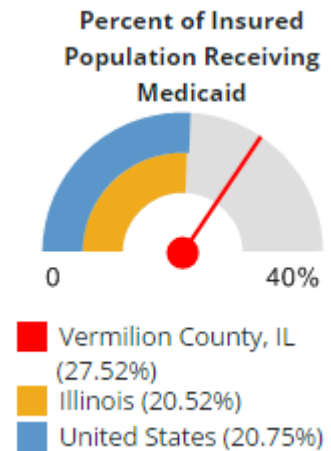


Figure 8

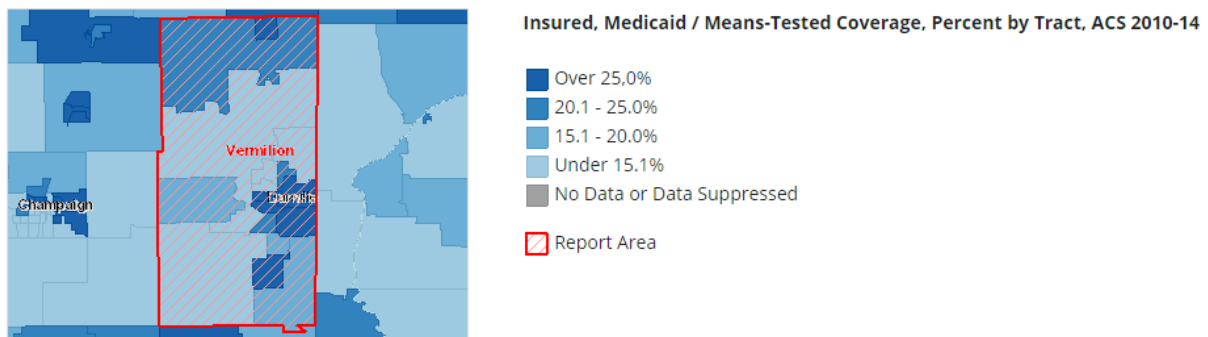


Figure 9

TRANSPORTATION

“The Road out of Poverty is Paved with Better Transportation” (Sean Eckhardt). Transportation is important for many reasons, including travel, economic activity, and mobility. Transportation includes buses, cars, trains, and other vehicles. In Vermilion County, the percentage of households with no motor vehicle is lower (9.8%) than both Illinois and the United States’ percentages. With Vermilion County being a mainly rural county and looking at Figure 11, the majority of those without a motor vehicle are in the Danville or Hoopeston Area.

Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

Table: 2.7: Household with no Motor Vehicle

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with no Motor Vehicle
Vermilion County	31,601	3,098	9.8%
Illinois	4,778,633	515,427	10.79%
United States	116,211,088	10,594,153	9.12%

*Note: This indicator is compared with the state average.  
Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract*

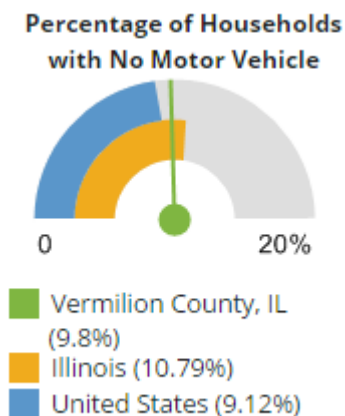


Figure 10

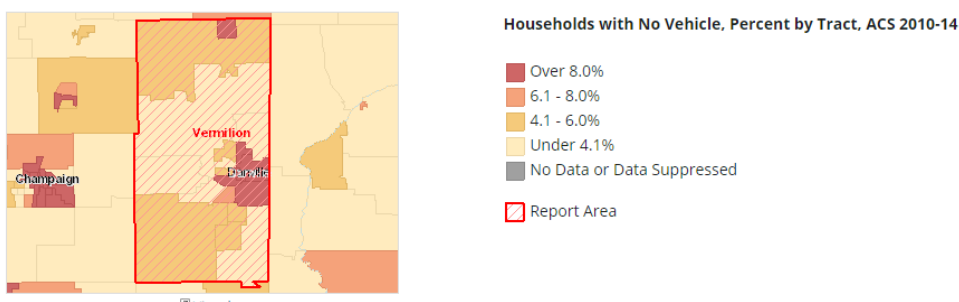


Figure 11

Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means to **Commute to Work**. The residents of Vermilion County have access to CRIS Rural Mass Transit and Danville Mass Transit ( DMT). CRIS Rural Mass Transit provides general public and senior transportation to the residents of Vermilion County. There are some agencies or townships / villages who offer limited transportation help. Danville Mass Transit provides public transportation services in Danville and nearby communities. Annual Ridership for the DMT (passenger trips) has increased from 340,567 in 2003-2004 to 655,895 in 2014-2015. This was an increase of 92.6%. However, the use of public transit for *commuting to work* is lower than that of the State of Illinois and the United States.

Table 2.8: Commuting to Work in Vermilion County

Report Area	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work.
Vermilion County	32,123	271	0.84%
Illinois	5,928,078	528,753	8.92%
United States	141,337,152	7,157,671	5.06%

*Note: This indicator is compared with the state average.  
Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract*

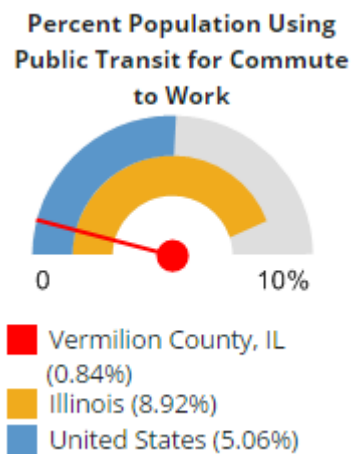


Figure 12

# Section Three: Access to Health Services

## Category Definition

Access to health services affects a person’s health and well-being. Regular and reliable access to health services can:

- Prevent disease and disability
- Detect and treat illnesses or other health conditions
- Increase quality of life
- Reduce the likelihood of premature (early) death
- Increase life expectancy

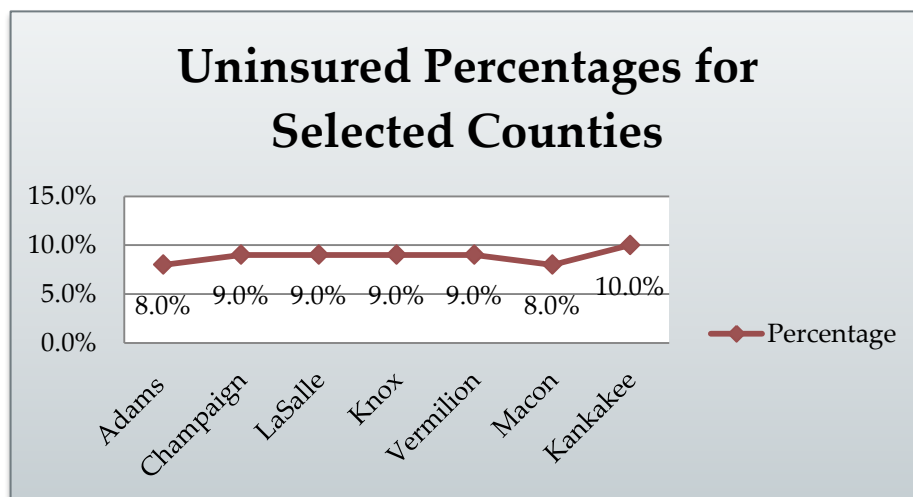
(Healthy People 2020)

## Key Findings

- Vermilion County ranked 76 out of 102 for Clinical Care.
- Vermilion County’s uninsured rate remains below the State of Illinois’ rate.
- Vermilion County still has a very high ratio of population to dentists and primary physicians.
- Although preventable hospital stays have gone down over the years, Vermilion County still remains higher than the State of Illinois and top US Performers.

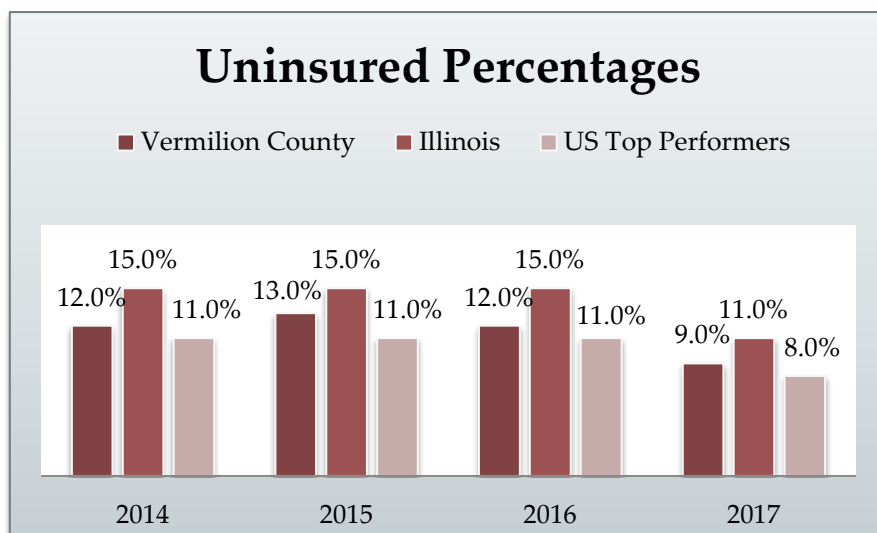
## HEALTH INSURANCE / UNINSURED

In 2010, the Affordable Care Act was signed into law and became enacted in 2013. During this time, the percentage of Vermilion County’s population under 65 without insurance was 14%. The graph (3.1) depicts the percentages of Vermilion County and neighboring counties from the 2017 County Health Rankings.



Graph 3.1  
Data Source: 2017 County Health Rankings

Vermilion County’s uninsured rate has been consistently below Illinois’ rate. In 2017, the rate in Vermilion County was 9% and below Illinois’ percentage of 11% and just above US top performers at 8%.



Graph 3.2

Source: County Health Rankings

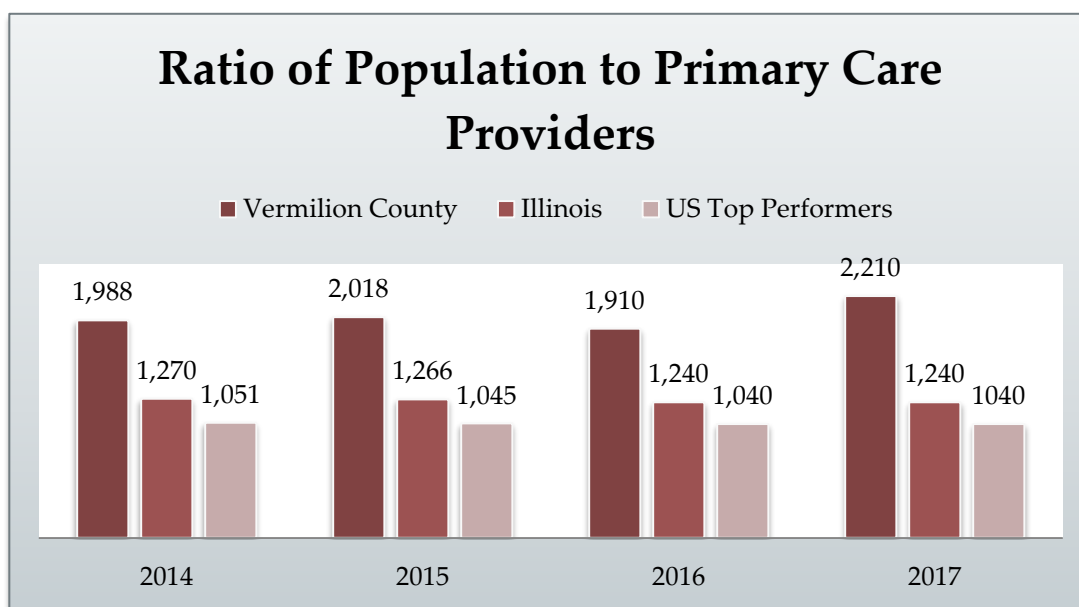
## CLINICAL CARE RATING AND ACCESS TO PROVIDERS

### Clinical Care

According to the 2017 RWJF County Rankings, Vermilion County rated 76 out of 102 counties for Clinical Care. In 2016, the rating was 63. Four of the seven areas in Clinical Care for the County Health Rankings improved in Vermilion County between 2016 and 2017. Areas that improved in Clinical Care were: Uninsured, Dentists, Mental Health Providers, and Diabetic Monitoring.

### Primary Care Providers

Access to care in Vermilion County is reflected in the following data from the RWJF County Health Rankings. The graph (3.3) depicts the ratio of the population to the number of healthcare providers in Vermilion County, Illinois, and US Top Performers over the last 3 years. In 2017, the ratio of the population in Vermilion County to healthcare providers was 2,210:1. This has increased from 2015. We continue to be far above the state of Illinois and US Top Performers. This indicator is relevant because a shortage of healthcare providers contributes to access and health status issues.



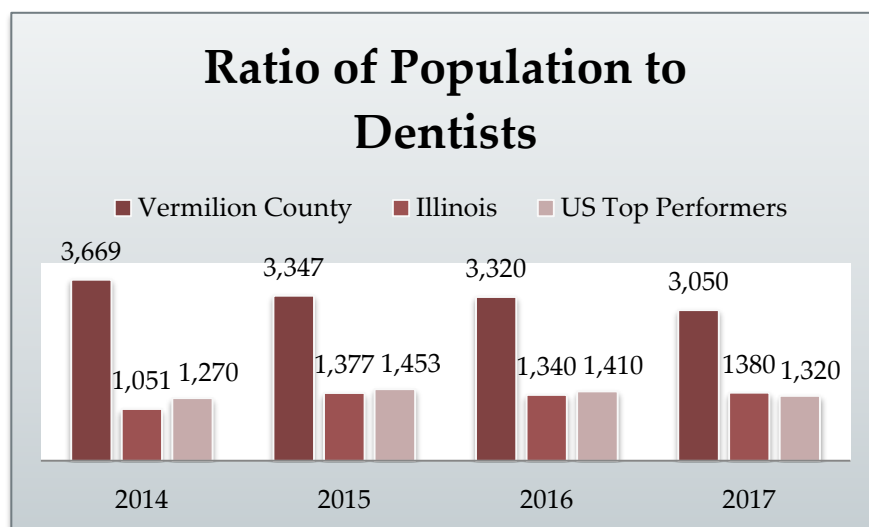
Graph 3.3

Source: County Health Rankings

## DENTAL CARE

### Dentists

The ratio of population to dentists in Vermilion County is more than double that of Illinois and Top US Performers. Access to dental care in our community continues to be a challenge. Through the Presence United Samaritan’s Foundation program HALO, a Dental Van does screenings, cleanings, fluoride treatment and sealants at four different sites throughout the county of Vermilion for any child ages 3-18. This is done once a year. Also, four local Vermilion County dentists conduct one



Graph 3.4

Source: County Health Rankings

donated dental day each for restorative treatment for the HALO program. This is also done yearly and the children are invited by the HALO program as they are identified in the School Sealant program for District 118, as needing treatment.

The Federally Qualified Health Center, Aunt Martha’s and one other local dentist do take the medical card. If clients do not have a medical card, their treatment policy requires an up-front payment before treatment.

### Dental Care Utilization

The following indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator highlights a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and social barriers preventing utilization of services.

Table: 3.1: Dental Care Utilization

Report Area	Total Population (Age 18+)	Total Adults Without Recent Dental Exam	Percent Adults with no Dental Exam
Vermilion County	61,799	26,974	43.6%
Illinois	9,654,603	2,981,670	30.9%
United States	253,375,690	70,965,788	30.2%

*Note: This indicator is compared with the state average.*  
*Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#). 2006-10. Source geography: County*

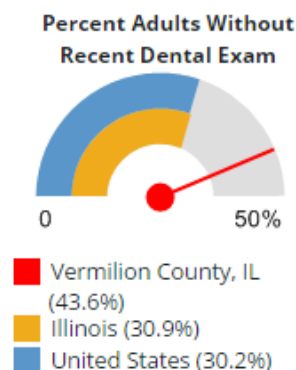


Figure 13

### Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and / or social barriers to utilization of dental services. Of the 28.4% who had poor dental health, 14.77% were white, 22.22% were Black, 8.29% for Other Race, and 7.2% were Hispanic or Latino. *Note: Data is from 2006-2010 because the Illinois Behavioral Risk Factor Survey did not include any dental questions in 2012. 2012 data is the most recent survey data collected.*

Table 3.2: Poor Dental Health

Report Area	Total Population (Age 18+)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Vermilion County	61,799	17,571	28.4%
Illinois	9,654,603	1,418,280	14.7%
United States	235,375,690	38,842,620	15.7%

*Note: This indicator is compared with the state average.  
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.  
Source geography: County*

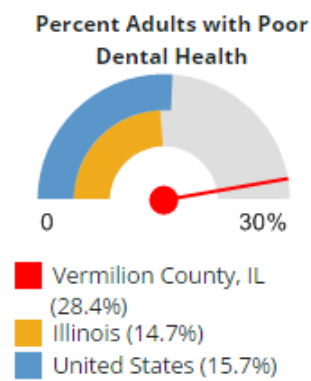
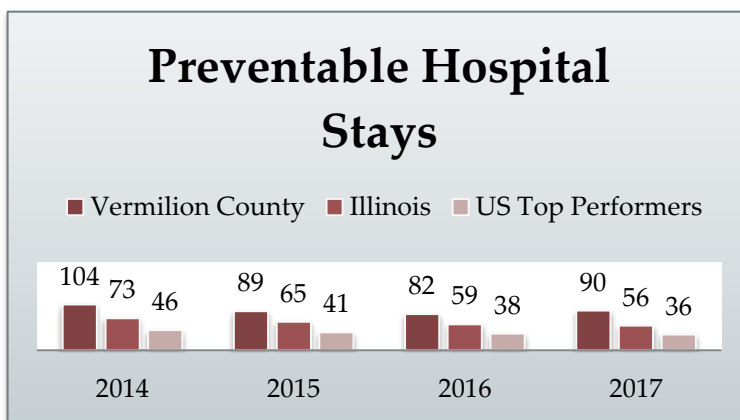


Figure 14

### PREVENTABLE HOSPITAL STAYS

This indicator reports the number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicaid enrollees. Ambulatory care sensitive conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. While Vermilion County’s preventable hospital stays decreased by 13.5% between 2014 and 2017, the numbers are still well above the numbers of Illinois and US Top Performers.



Graph 3.5  
Source: 2017 County Health Rankings



## Section Four: Quality of Life

### Category Definition

Quality of Life is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning (*Healthy People 2020*).

### Key Findings

- Vermilion County saw 13 of the 35 ranked areas improve from 2016 to 2107 for the County Health Rankings.
- Only 66% of Vermilion County Residents have sufficient access to recreation and health facilities.

### COUNTY HEALTH RANKINGS

The Robert Wood Foundation Program (RWFP) has been collecting county-level data for the entire United States since 2010. Vermilion County saw a 6 point decrease in Health Outcomes from a rank of 91 in 2016 to a rank of 97 in 2017. In 2011, our Health Outcome rank was 98. Health Factors remained the same at 100 in 2017. In 2011, our Health Factors rate was 96. While the overall rating for Vermilion County continues to be a challenge, Vermilion County did see some very positive results in their 2017 County Health Data. Fifteen of the 35 areas that affect the ranking improved from 2016. Some of the areas state that they should not be compared with prior years due to changes in how the data was collected. (*See Appendix A for a copy of the 2017 County Health Rankings*)

### PERCEIVED HEALTH STATUS

Overall perceived health can greatly affect one's day to day functions. Self-reported health status is a general measure of health-related quality of life in a population. Recipients of the study were asked the following questions: "In general, would you say that your health is excellent, very good, good, fair, or poor? The value reported is the percentage of adult respondents who rate their health as "fair" or "poor". The other question asked: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" The value reported is the average number of days a county's adult respondents report that their physical health was not good.

Table 4.1: Perceived Health Status

	Vermilion County	Illinois	US Top Performers
Poor or Fair Health	17%	16%	12%
Poor Physical Health Days	3.9	3.6	3.0
<i>Source: 2017 County Health Rankings</i>			
<i>Note: Data for these areas were changed and should not be compared to prior years.</i>			

## RECREATION AND HEALTH FACILITIES

Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational Centers include a wide variety of facilities including gyms, community centers, YMCAs, dance studios and pools. Vermilion County has 3 county parks and 1 state park. Each community in Vermilion County is home to diverse community parks as well. According to the County Health Rankings, 66% of Vermilion County Residents have adequate access to opportunities for physical activity. Illinois' percentage is 89% and US Top Performers' percentage is 91%. Having adequate access to opportunities for physical activity is defined as individuals who:

- Reside in a census block within a half mile of a park or
- In urban census blocks: reside within one mile of a recreational facility or
- In rural census blocks: reside within three miles of a recreational facility

## SEVERE HOUSING PROBLEMS

Severe Housing Problems is the percentage of households with at least 1 or more of the following housing problems:

- Housing unit lacks complete kitchen facilities
- Housing unit lacks complete plumbing facilities
- Household is severely overcrowded
- Household is severely cost burdened

Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income. Twelve percent of households in Vermilion County are considered severe. This is compared to the State of Illinois, which has a percentage of 19% (*County Health Rankings, 2017*). The City of Danville has been slowly

demolishing vacant or unlivable homes, but there are more homes than the funds to complete this task fully. Mentioned in an article in the News-Gazette (*September, 2016*), there are about 400 properties that need to be demolished.

### ASSISTED HOUSING

This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).

Table 4.2: Housing: Assisted Housing

	Total Housing Units	Total HUD-Assisted Housing Units	HUD-assisted Units, Rate per 10,000 Housing Units
Vermilion County	36,318	2,528	696.07
Illinois	5,296,715	229,819	433.89
United States	133,341,676	5,038,578	377.87

*Note: This indicator is compared with the state average.*  
*Data Source: [US Department of Housing and Urban Development](#), 2015. Source geography: County*

HUD-Assisted Units, Rate per 10,000 Housing Units

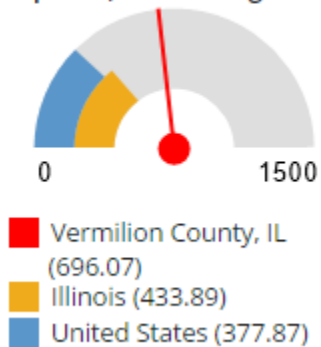


Figure 15

Table 4.3: Assisted Housing Units – HUD Programs – by Assistance Program

Report Area	Housing Choice Voucher Units	Project-Based Section 8 Units	Section 236 Units (Federal Housing Authority Projects)	Public Housing Authority Units	Section 202 Units (Supportive Housing for the Elderly)	Section 811 Units (Supportive Housing for Persons with Disabilities)	Other Multi-Family Program Units (RAP, SUP, Moderate Rehab, Etc.)
Vermilion County	853	854	0	747	74	0	0
Illinois	102,430	61,303	2,353	54,253	5,412	1,645	2,423
United States	2,447,016	1,231,377	45,514	1,119,864	123,980	34,299	36,527

*Data Source: [US Department of Housing and Urban Development](#), 2015. Source geography: County*

## HOMELESSNESS

**Homelessness in Schools**

According to the Regional Office of Education, Vermilion County is part of Area 4, which includes Champaign, Ford, Clark, Coles, Cumberland, Douglas, Edgar, Moultrie, Shelby, DeWitt, Livingston, McLean, Logan, Iroquois, Kankakee, Macon, and Piatt County (6 Regions). Vermilion County's region accounts for 18.4% of the "total homeless for current school year" among the 6 regions. The table (4.4) shows the numbers for the end of the 2015/2016 school year for students identified as McKinney-Vento (homeless). The definition for homelessness in students is that they lack a fixed, regular and adequate nighttime residence. These children could be staying with friends, family members, shelter, hotel/motel, car, or tent.

Table 4.4: 2015/2016 McKinney-Vento Students

School District	Currently Served Homeless Students	Total Homeless for Current School Year
Bismarck Henning CUSD	9	14
Westville CUSD 2	37	50
Georgetown-Ridge Farm CUD 4	56	62
Rossville-Alvin CUSD 7	21	23
Potomac CUSD 10	1	3
Hoopeston Area CUSD 11	44	62
Armstrong-Ellis Cons SD 61	7	10
Oakwood CUSD 76	53	57
Danville CCSD 118	160	225
Armstrong Twp HSD 225	1	1
Salt Fork CUSD 512	21	25
<b>TOTAL ROE 54</b>	<b>410</b>	<b>532</b>

*Source: Illinois State Board of Education SIS*

**Domestic Violence and Transitional Shelters**

Crosspoint at the Y serves women and their children who are experiencing domestic violence and / or homelessness and may access shelter services on an emergency basis. They currently have 2 shelters that have 32 rooms with about 53 beds. According to Crosspoint at the Y, their numbers can vary with being full at times and having openings. All families that stay are given case managers to help with their needs.

**Men's Shelters**

The Danville Rescue Mission has a shelter for homeless men. They have 50 beds available.

# Section Five: Behavioral Risk Factors

## Category Definition

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury (World Health Organization).

## Key Findings

- Adult obesity rates in Vermilion County are at 35% and the rate adults are reporting that they are inactive is at 27%.
- The percentage of people smoking in Vermilion County is 18% and the state of Illinois is 15%.
- The percentage of people reporting excessive drinking (18%) in Vermilion County is lower than the state of Illinois (21%).
- Total Drug and Heroin Overdose deaths have skyrocketed since 2013 by 122% and 300%.

## PHYSICAL INACTIVITY IN ADULTS AND NUTRITION

Physical Inactivity is the percentage of adults aged 20 and over reporting no leisure-time physical activity within the last 30 days. Examples of physical activities include running, calisthenics, golf, gardening, or walking for exercise. **27% of Vermilion County residents surveyed in the 2012 Behavioral Risk Factor Survey (BRFS) reported they were physically inactive. This is higher than the State of Illinois' percentage of 21% and US Top performers' percentage of 19%.** Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, heart disease and other diseases.

*Source: 2017 County Health Rankings*

*Source: 2012 Behavioral Risk Factor Survey*

## ADULT OBESITY

Adult Obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30kg/m<sup>2</sup>.

Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer and poor health status.

**Vermilion County's obesity percentage in 2013 was 35%, which was down from 37% in 2012. The 2013 data is much higher than the Illinois' percentage of 27% and Top US Performers' percentage of 26%.**

*Source: 2017 County Health Rankings*

## SMOKING

The adult smoking rate is the percentage of the adult population (18 and older) that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime.

Due to a data collection change from the County Health Rankings, between 2015 and 2016, comparing data from previous years would not give an accurate picture of change. The change was due to adding cellphone lines to the data collection as opposed to landline only lines.

**Vermilion County's percentage of adults smoking was 18%, which was unchanged from 2016. This is higher than the State of Illinois' percentage of 15% and above Top US Performers' percentage of 14%.**

*Source: 2017 County Health Rankings*

The 2016 I Sign the Body Electric Vermilion County Survey Report collected data on a variety of health and social indicators. 2,118 students or 69% were surveyed. (See ISBE Data in Appendix D)

Teen tobacco use has decreased by 72.8% since 2002 and is now at 8.5% of youth who are current smokers. However, the I Sign the Body Electric Data shows that Vermilion County youth are trying their first cigarette at an earlier age than all previous surveys.

The survey also showed that 12.5% of teens are currently using e-cigarettes.

## EXCESSIVE DRINKING

### *Adults*

The excessive drinking rate is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. According to the National Institute on Alcohol Abuse and Alcoholism, one "standard" drink contains roughly 14 grams of pure alcohol which is found in:

- 12 ounces of regular beer, which is usually about 5% alcohol
- 5 ounces of wine, which is typically about 12% alcohol
- 1.5 ounces of distilled spirits, which is about 40% alcohol



Excessive drinking can lead to a number of adverse health outcomes such as alcohol poisoning, hypertension, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, suicide, violence and motor vehicle crashes.

Due to a data collection change from the County Health Rankings, between 2015 and 2016, comparing data from previous years would not give an accurate picture of change. The change was due to adding cellphone lines to the data collection as opposed to landline only lines.

**Vermilion County's percentage of adult excessive drinking was at 18%. This is lower than the State of Illinois' percentage of 21%, but above Top US Performers' percentage of 12%.**

*Source: 2017 County Health Rankings*

### *Youth*

The following data is from the I Sing the Body Electric survey data report for 2016 on alcohol abuse. (*See ISBE data in Appendix D*)

- Overall numbers of Vermilion County youth who have had at least one drink of alcohol in their lifetimes have fallen to the lowest levels since the surveys were collected in 2002 with a 28.1% decline. The percentage of students is at 55.9%.
- Current use of alcohol has also declined by 42.5% since 2002.
- 15.5% of youth report binge drinking in the past two weeks, which is a decrease of 9.9% from 2014.
- Nearly 28.5% said they had been to or hosted a party where alcohol was served with a parent's consent.

## SUBSTANCE ABUSE STATISTICS

The United States is experiencing an epidemic of drug overdose deaths. According to the County Health Rankings, since 2002, the rate of drug overdose deaths has increased by 79 percent nationwide, with a 200 percent increase in deaths involving opioid pain relievers and heroin since 2000. Vermilion County has also seen a significant increase in drug-related overdose deaths and heroin specific overdose deaths.

The following data is from the I Sing the Body Electric Survey Data for 2016 on Substance Abuse. (*See ISBE data in Appendix D*)

- Three out of ten teens (28.0%) report using marijuana at least once in the past year with the greatest ages of risk for first time use at 14 (8%) and 15 (7.3%).
- For the first time since 2008, there was a 25% decrease in youth who have used performance enhancing drugs without a prescription.

- Approximately 2.3% of youth report cocaine use within the past year, down from 3.5% in 2014.
- In the past year, 9.0% of youth took prescription drugs that were not prescribed for them, a 29.7% decrease from 2014.
- Meth use among youth has gone down by 27.8%, and is now at 5.7%
- 10.6% of youth have used synthetic drugs like K2, Spice, Bath Salts, etc, which is a 31.6% decrease from 2014.
- Heroin use among youth is also down 22.2% from 2014 and is 1.8% of youth.

Table 5.1: Drug, Opioids, and Heroin Overdose Deaths in Vermilion County

	Any Drug	Any Opioid	Heroin	Opioid Analgesics
2013	9	7	2	1
2014	16	10	8	3
2015	15	9	7	4
2016*	20	12	8	8

Source: Illinois Department of Public Health, Death Statistics  
\* Provisional Data - 2016

Vermilion County has seen an increase of 122% in total deaths due to any type of drug between 2013 and 2016. Heroin deaths have seen an increase of 300% between 2013 and 2016. These are very disturbing statistics.

The table (5.2) looks at drug overdose deaths for all Illinois residents and breaks it down by age, sex, and race/ethnicity. The biggest group that seems to be affected is the 25-44 and the 45-64 age group. Males are more likely to have a drug overdose death than females and the white population is more likely to have a drug overdose death. However, it seems that between 2015 and 2016, there has been a significant increase in deaths in all areas. The youth under the age of 18 were very small numbers and decreased in 3 of the 4 types of overdose deaths.

Table 5.2 Drug Overdose Deaths by Sex, Age Group, and Race Ethnicity, Illinois Residents, 2013-2016

	Any Drug				Any Opioid				Heroin				Opioid Analgesics			
	2013	2014	2015	2016*	2013	2014	2015	2016*	2013	2014	2015	2016*	2013	2014	2015	2016*
<b>Male</b>	1065	1103	1192	1625	770	821	943	1354	478	539	627	771	199	256	358	852
<b>Female</b>	514	597	644	706	302	382	439	523	105	172	217	231	145	185	231	374
<b>Age Group</b>																
<b>Under 18</b>	15	12	14	8	8	9	10	7	4	3	3	3	2	5	6	6
<b>18-24</b>	162	142	172	186	133	118	146	165	84	84	102	82	29	31	54	97
<b>25-44</b>	666	764	799	1105	503	596	656	936	295	378	450	531	145	192	243	584
<b>45-64</b>	677	707	775	959	406	458	537	725	194	237	279	372	155	202	264	507
<b>65 and over</b>	59	75	76	73	22	22	33	44	6	9	10	14	13	11	22	32
<b>Race / Ethnicity</b>																
<b>NH White</b>	1145	1276	1367	1492	758	876	1029	1169	377	474	587	595	286	374	491	755
<b>NH Black</b>	283	294	313	516	198	229	235	441	131	169	171	269	33	42	68	297
<b>NH Other</b>	18	13	19	31	12	7	8	23	8	2	4	10	4	5	3	18
<b>Hispanic</b>	133	117	137	235	104	91	110	203	67	66	82	108	21	20	27	134
<b>Not Yet Coded</b>	0	0	0	57	0	0	0	41	0	0	0	20	0	0	0	22

Source: Illinois Department of Public Health Death Statistics  
\* Provisional Data - 2016

# Section Six: Environmental Health

## Category Definition

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Environmental factors are diverse and far reaching. They include:

- Exposure to hazardous substances in the air, water, soil, and food.
- Natural and technological disasters
- Physical hazards
- Nutritional deficiencies
- The built environment

*(Healthy People 2020)*

## Key Findings

- Childhood lead cases with levels above 9 have gone down steadily since 2012, however, there was an increase again between 2015 and 2016.
- The rate per 100,000 population for fast food restaurants in Vermilion County is only 51.45%, compared to state and national rates of 75.2 and 73.1.

## EMERGING DISEASES AND WEST NILE VIRUS

An emerging disease is one that has appeared in a population for the first time, or that may have existed previously but is rapidly increasing in incidence or geographic range (World Health Organization). West Nile Virus emerged in the United States in the fall of 1999 in the New York Metropolitan areas. Since then it has quickly spread across the country. West Nile Virus is spread by the bite of an infected mosquito. In 2001, West Nile Virus was first identified in Illinois. Vermilion County has had its share of positive results in birds, mosquitoes, and horses. However, since the identification of West Nile Virus in Vermilion County, only 3 human cases have occurred, all in 2013.

## FOODBORNE ILLNESSES / OUTBREAKS

Foodborne Illness is a common public health problem. According to the CDC, "Each year, 1 in 6 Americans gets sick by consuming contaminated foods or beverages. Many different disease-causing microbes, or pathogens, can contaminate foods, so there are many different foodborne infections."

The Communicable Disease Control Program at the Vermilion County Health Department monitors and investigates all foodborne illness cases and outbreaks. The table (6.1) depicts the number of foodborne illness cases and outbreaks in Vermilion County from 2012 – 2016.

Table 6.1: Number of Foodborne Illness Cases and Outbreaks in Vermilion County

2012		2013		2014		2015		2016	
Cases	Outbreaks	Cases	Outbreaks	Cases	Outbreaks	Cases	Outbreaks	Cases	Outbreaks
28	2	20	2	11	2	51	2	23	1
<i>Source: Vermilion County Annual Reports 2012-2016</i>									

## PHYSICAL ENVIRONMENT

### *Air Pollution / Particulate Matter and Drinking Water Violations*

According to the US Environmental Protection Agency, “Particulate Matter (PM), also known as particle pollution, is a complex mixture of extremely small particles and liquid droplets that get into the air. Once inhaled, these particles can affect the heart and lungs and cause serious health effects.”

Vermilion County’s Air Pollution – Particulate Matter is 10.8. This is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Top US Performers are 6.7, while the average of the state of Illinois is 10.5 (*County Health Rankings 2017*).

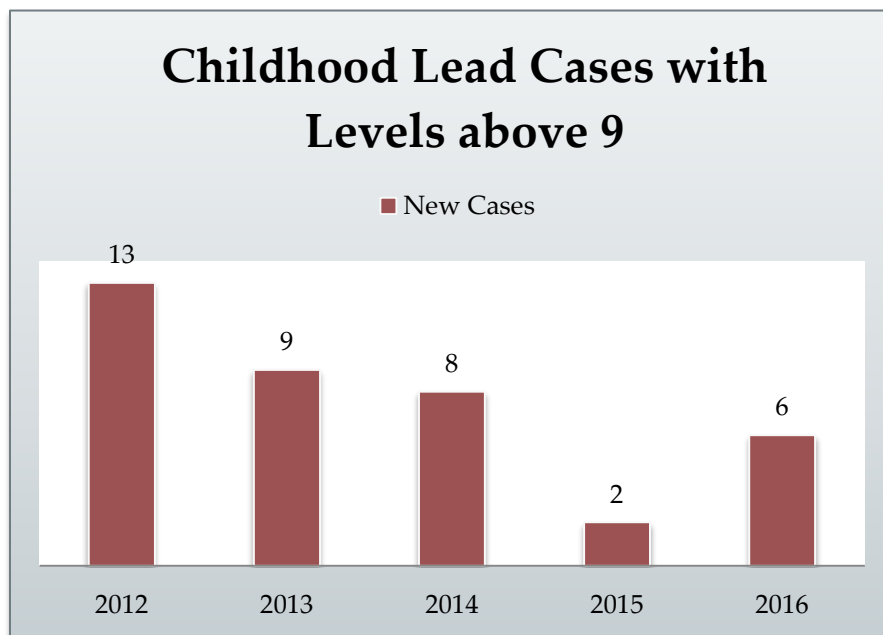
Drinking water violations is an indicator of the presence or absence of health-based drinking water violations in counties served by community water systems. Previous measures had the number of times there was a water violation. In 2016, this was changed to a YES or NO indication. There are a number of limitations with this measure as there is no actual number associated with the violations. According to the 2017 County Health Rankings, Vermilion County measured a YES in this category, indicating the presence of a violation.

## CHILDHOOD LEAD POISONING

The number of children with severe levels of blood lead has decreased with time in the State of Illinois, but still maintains one of the highest rates of elevated blood lead levels in the nation (Illinois Department of Public Health). Lead exposure can affect nearly every system in the body. Exposure can lead to an increase in risk for:

- Damage to the brain and nervous system
- Slowed growth and development
- Learning and behavior problems (e.g., reduced IQ, ADHD, juvenile delinquency, and criminal behavior)
- Hearing and speech problems

The graph (6.1) depicts how many new childhood lead cases with blood lead levels above 9 were identified in Vermilion County since 2012. While the number has gone down since 2012, there was a 200% increase from 2015 to 2016.



Graph 6.1  
Source: Vermilion County Annual Reports 2012-2016

## FOOD ACCESS

### Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Table 6.2: Grocery Stores, Rate

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Vermilion County	81,625 (2010 Census)	15	18.38
Illinois	12,830,632	2,799	21.8
United States	312,732,537	65,975	21.1

*Note: This indicator is compared with the state average.  
Data Source: US Census Bureau, [County Business Patterns](#).  
Additional data analysis by [CARES](#). 2014. Source geography: County*

Grocery Stores, Rate (Per 100,000 Population)

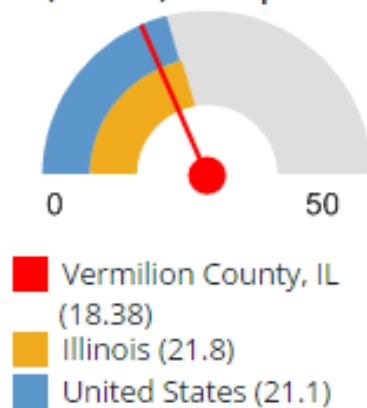


Figure 16

### Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Table 6.3: Fast Food Restaurants

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Vermilion County	81,625 (2010 Census)	42	51.45
Illinois	12,830,632	9,643	75.2
United States	312,732,537	228,677	73.1

*Note: This indicator is compared with the state average.  
Data Source: US Census Bureau, [County Business Patterns](#).  
Additional data analysis by [CARES](#). 2014. Source geography: County*

Fast Food Restaurants, Rate (Per 100,000 Population)

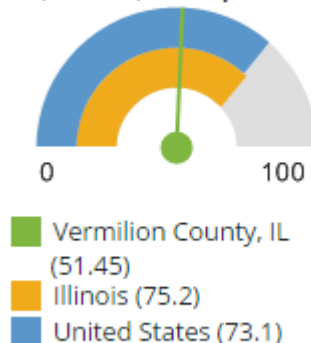


Figure 17

## FOOD INSECURITY AND LIMITED ACCESS

Food security means access by all people at all times to enough food for an active, healthy life. Hence, food insecurity is the percentage of the population who did not have access to a reliable source of food during the past year. This measure was modeled using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey. According to data derived from 2017 County Health Rankings, 16% of all Vermilion County residents are food insecure, meaning that about 1 in 6 individuals did not have access to a reliable food source in the past year. For the same year, 13% of all Illinoisans are food insecure.

*Source: 2017 County Health Rankings, USDA, Map the Meal Gap 2015*

Limited Access to Healthy Foods is the percentage of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store; in non-rural areas, less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. In Vermilion County, 7% of its residents have limited access to healthy foods. For the same year, 4% of all Illinoisans have limited access to healthy foods.

*Source: 2017 County Health Rankings*



# Section Seven: Mental Health

## Category Definition

Mental health is essential to a person's well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with challenges (*Healthy People 2020*).

## Key Findings

- The ratio of the county population in Vermilion County to the number of mental health providers was 470:1.
- The residents of Vermilion County report having more poor mental health days than the state of Illinois and Top US Performers.
- Suicide still remains a significant cause of death in Vermilion County.
- The percentage of Medicare fee for service recipients reporting depression is higher than the state of Illinois, but lower than the United States.

## ACCESS TO MENTAL HEALTH CARE

### Providers

According to the 2017 County Health Rankings, **the ratio of the county population in Vermilion County to the number of mental health providers was 470:1**. This number is better than the State of Illinois' ratio of 580:1, but more than the Top US Performers' ratio of 360:1. The data is based on the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care.

### Poor Mental Health Days

The County Health Rankings includes a measure for "poor mental health days". This measure is based on survey responses to the question: "thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported is the average number of days a county's adult respondents reported that their mental health was not good.

Table 7.1 depicts the measures from the 2017 County Health Rankings (2015 data) of Vermilion County, Illinois, and Top US Performers.

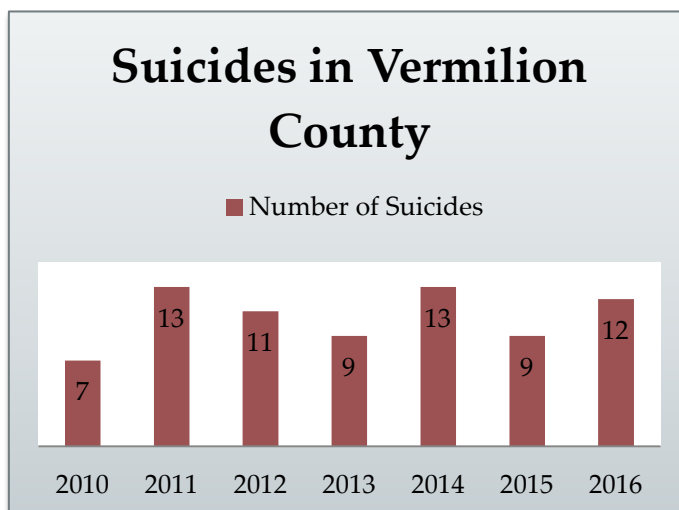
Table 7.1: Poor Mental Health Days

	Vermilion County	Illinois	Top US Performers
Poor Mental Health Days	3.9	3.4	3.0

Source: 2017 County Health Rankings

## SUICIDE

Over 40,000 people die by suicide each year in the United States. In 2014, it was the 11<sup>th</sup> leading cause of death in Illinois (IDPH Death Statistics). Individuals who suffer from mental illnesses and have depression are at a greater risk for suicide. Vermilion County has also seen its share of suicide. According to the United Way of Danville Area 2-1-1 Report, 20 of the 666 calls from Vermilion County between April 2015 to March 2016 were for suicide. Seventy-five of the calls were for Mental illness. The graph (7.1) shows the number of suicides in Vermilion County from 2010 – 2016.



Graph 7.1

Source: Illinois Department of Public Health, Death Statistics

Source: Vermilion County Coroner – 2015-2016.

**Updated death records from Illinois Department of Public Health Death**

**Statistics did not include suicide numbers for 2015. 2015 and 2016 suicide numbers are from the local Vermilion County Coroner's Office. It should be noted that these numbers do not include individuals who attempted suicide in Vermilion County and died after being transferred to a hospital out of the county. There has already been 1 suicide in Vermilion County in 2017.** According to the 2017 County Health Rankings, the indicator of firearm fatalities was added and Vermilion County had 13. This number includes suicides. Illinois' number was 9. Firearm fatalities are the number of deaths due to firearms per 100,000.

The following are youth statistics from the I Sing the Body Electric on youth depression and suicide.

- More than 36.5% of youth report that they felt sad or hopeless almost every day for at least two weeks that they stopped doing some usual activities. This is an increase from 2002 of 27.9%.
- 20.3% of youth have cut or harmed themselves on purpose in the last 12 months. This is a decrease from 2012 at 26.0% and is at the lowest since this question began in 2008.
- In the past 12 months, 20.3% have seriously considered attempting suicide, a 9.8% decrease since 2014.
- 16.7% reported attempting suicide at least once during the past year – nearly double the national average of 8.6%
- About 8% of teens who attempted suicide in the past year confided in a friend; 5.3% told a parent; and 6.1% told no one.

The following information compares the data to State and National Statistics. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data.

Table 7.2: Suicide, Age-Adjusted Death Rate

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Vermilion County	80,787	11	13.12	<b>13.2</b>
Illinois	12,867,528	1,283	9.97	9.7
United States	313,836,267	40,466	12.89	12.5

*Note: This indicator is compared with the state average.*  
 Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2010-14. Source geography: County

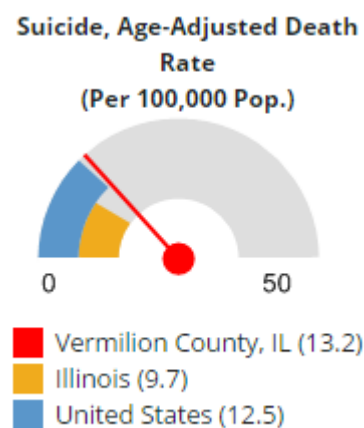


Figure 18

DEPRESSION (MEDICARE POPULATION)

This indicator reports the percentage of Medicare fee-for-service population with depression.

Table 7.3: Depression in Medicare Beneficiaries

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Vermilion County	10,132	1,639	16.2%
Illinois	1,476,750	219,269	14.8%
United States	34,096,898	5,537,063	16.2%

*Note: This indicator is compared with the state average.*  
*Data Source: Centers for Medicare and Medicaid Services. 2014.*  
*Source geography: County*

Percentage of Medicare Beneficiaries with Depression

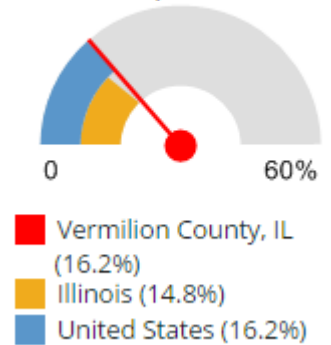


Figure 19

# Section Eight: Maternal and Child Health

## Category Definition

The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential (*Healthy People 2020*). This category focuses on birth data and outcomes as well as mortality data for infants and children.

## Key Findings

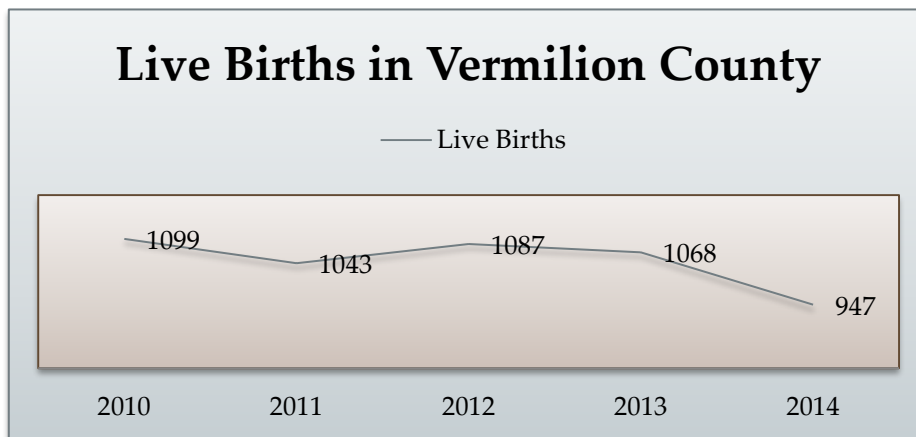
- The number of live births in Vermilion County has gone down significantly over the last 5 years.
- Vermilion County's teen pregnancy rate has reached its lowest of 11% in 2014 since 1970.
- Vermilion County's child mortality rate is much higher than the state of Illinois.

## PREGNANCY

According to *Healthy People 2020*, "Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children."

The number of women having babies in

Vermilion County has been steadily going down as are the numbers nationally. The graph (8.1) shows the number of live births from 2010-2014. The most births since 1970 was 1,785 in 1970. The fewest births was in 2014 with 947.



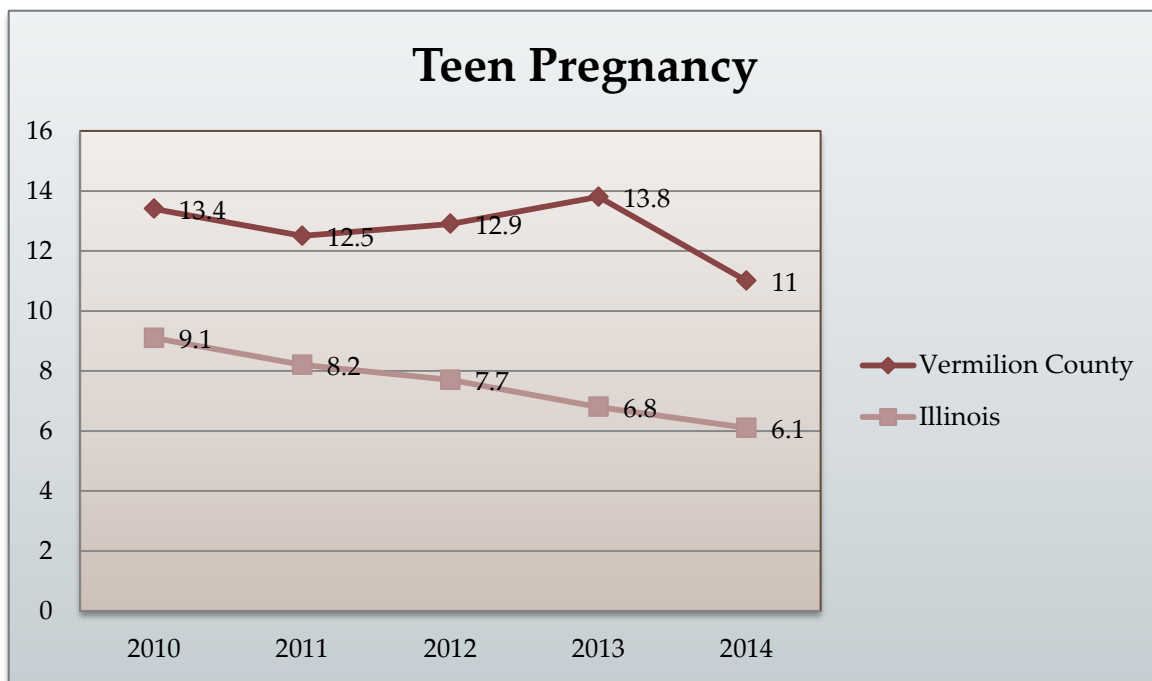
Graph 8.1

Source: Illinois Department of Public Health, Birth Statistics

**TEEN PREGNANCY**

Teen pregnancy rates have been steadily decreasing nationwide over the last few years and were at a historic low at a rate of 22 per 1,000 women in the 15-19 age group in 2015 (The National Campaign to Prevent Teen and Unplanned Pregnancy). This was a 16% drop from 2014. Although reasons are not clear, teens may have better access birth control or more teens may be delaying or reducing sexual activity (CDC, Teen Pregnancy).

While Vermilion County has also seen a decrease in teen pregnancy, it still remains one of the highest teen pregnancy percentages in the State of Illinois. The highest teen pregnancy rate Vermilion County has seen since 1970 was 24.0 in 1975, while the lowest teen pregnancy rate Vermilion County has seen was 11.0 in 2014. The graph (8.2) shows the percentages of teen pregnancies in Vermilion County and the State of Illinois between 2010 and 2014. According to the 2017 County Health Rankings, Vermilion County’s teen pregnancy rate per 1,000 (female population ages 15-19) was 54. This rate outcome met our 2012-2017 IPLAN objective goal of reducing the teen pregnancy rate by 10%.



Graph 8 2

Source: Illinois Department of Public Health, Birth Statistics

\*Rates are based on percentages of teen pregnancies and live births

Teen pregnancy can have a significant impact on the mother, the child, and the community as a whole. Teen moms are less likely to graduate, daughters of teen mothers are 3 times more likely to be teen moms themselves, and taxpayers spend about 12 billion annually on publicly financed medical care for women who experience unintended pregnancies (The National Campaign to Prevent Teen and Unplanned Pregnancy).

The following information is from the 2016 I Sing the Body Electric Survey Data regarding sexual behaviors among Vermilion County youth.

- 45.4% of Vermilion County teens surveyed have had sexual intercourse at least once in their lives. This number is a 9.2% decrease since 2014. This percentage outcome met our 2012-2017 IPLAN goal objective by reducing sexual intercourse by 10%.
- 5.1% of these teens report having sex before reaching 13 years old.
- 6.0% of students have been pregnant one or more times or have fathered a child one or more times. This is a 22.1% decline since 2014.
- 7.3% of sexually active teens surveyed report they have unprotected sex.

Vermilion County developed a Teen Pregnancy Workgroup in 2015 to help reduce the number of teen pregnancies. The group meets on a regular basis consisting of multiple agencies from the county. In August and September of 2016, the group developed a Teen Pregnancy Survey for mothers who had their children as teens. Twenty-nine surveys were collected. The ages mothers were when they got pregnant ranged from 13 to 20, with the majority of ages between 16-19. Findings included:

- The primary source of information about sex these mothers received were from a parent (71%).
- Only 25% said their primary source was as a classroom subject.
- 96.5% felt they were given valid, accurate information.

When asked what the reason for their sexual activity was:

- 47.37% - Acceptance / expectation from boyfriend
- 36.84% - Desire to be loved
- **31.58% - Goal of becoming a parent**
- 10.53% - Peer Pressure
- 5.26% - Seeking attention from parent

When asked why they became pregnant:

- 50% - Poor / unsuccessful birth control method
- **26.92% - Wanted to have a baby**
- 15.38% - No access to birth control
- 11.54% - Other

When looking at these results, it is difficult to address the teen mothers who *have the goal of becoming a parent* as their reasons for sexual activity and getting pregnant. This will take a community approach including having safer neighborhoods, access to schools and advanced education, access to healthcare, jobs, and opportunities.

## LOW BIRTH WEIGHT, INFANT MORTALITY, AND CHILD MORTALITY

Vermilion County's infant mortality rate continues to be inconsistent in either being very high or very low. Many of the factors that can affect this indicator are poverty, teen pregnancy, education levels, or the increase in the number of low-birth weight infants. Vermilion County has and continues to struggle with many of these risk factors. Child mortality rates are much higher in Vermilion County than in Illinois as seen in the table (8.3).

Table 8.1: Low Birth Weight

Year	Vermilion Low Birthweight Number	Vermilion Low Birthweight (%)	Illinois Low Birthweight (%)
2014	732	9.5	8.4
2015	718	9.3	8.4
2016	703	9.0	8.0
2017	699	9.0	8.0
<i>Percentage of live births with low birthweight (&lt;2500 grams).</i>			
<i>Source: 2017 County Health Rankings</i>			

Table 8.2: Infant Mortality

Year	Vermilion Infant Mortality Number	Vermilion Infant Mortality Rate	Illinois Infant Mortality Rate
2009	11	10.0	6.9
2010	6	***	6.8
2011	8	***	6.6
2012	14	12.9	6.5
2013	9	***	6.0
2014	8	***	6.6
<i>Rates are per 1,000 live births</i>			
<i>*** Rate does not meet standards of reliability or precision.</i>			
<i>Source: Illinois Department of Public Health, Birth Statistics</i>			



Table 8.3: Child Mortality (Children under the age of 18)

Year	Actual Number of Deaths	Vermilion County Child Mortality Rate	Illinois Child Mortality
2013	67	83.2	58.6
2014	67	83.2	58.6
2015	71	89.4	55.0
2016	65	80	50
2017	62	80	50

*Number of deaths among children under age 18 per 100,000*  
*Source: 2017 County Health Rankings*

# Section Nine: Chronic Conditions

## Category Definition

Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 60% of all death (*World Health Organization*).

## Key Findings

- A higher percentage of adults in Vermilion County suffer from asthma than those that live in Illinois or the United States.
- A higher percentage of adults in Vermilion County suffer from heart disease than those that live in Illinois or the United States.
- Cancer rates in Vermilion County are for the majority higher than that of the state of Illinois' rates.

## ASTHMA

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Table 9.1: Asthma in Adults

Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Vermilion County	64,091	11,842	18.5%
Illinois	9,701,927	1,265,744	13%
United States	237,197,465	31,697,608	13.4%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#). 2011-12. Source geography: County

Percent Adults with Asthma

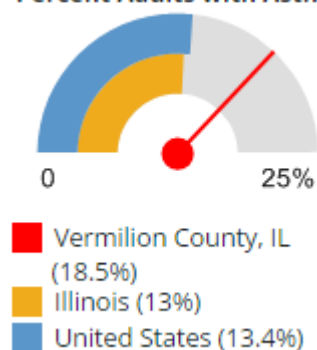


Figure 20

HEART DISEASE

3,390 or 5.3% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina in Vermilion County. This indicator is relevant because coronary heart disease is a leading cause of death in the United States and is also related to high blood pressure, high cholesterol, and heart attacks. Adults that ever were diagnosed with Heart Disease were broken down by race: 4.6% were White, 3.03% were Black, 2.43% were Other Race, and 1.45% were Hispanic or Latino.

Table 9.2 Heart Disease in Adults

Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Vermilion County	64,091	3,390	5.3%
Illinois	9,681,141	369,926	3.8%
United States	236,406,904	10,407,185	4.4%

*Note: This indicator is compared with the state average.  
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.  
 Source geography: County*

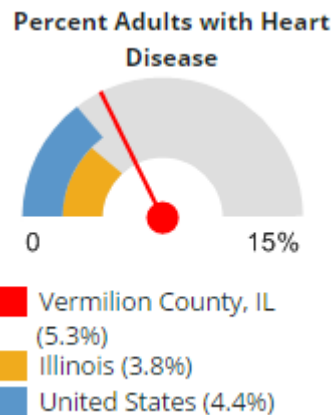


Figure 21

## HIGH BLOOD PRESSURE

17,474 or 28.3% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension in Vermilion County.

Table 9.3 High Blood Pressure in Adults

Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Vermilion County	61,745	17,474	28.3%
Illinois	9,654,603	2,722,598	28.2%
United States	232,556,016	65,476,522	28.16%

*Note: This indicator is compared with the state average.*  
*Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#). 2006-12.*  
*Source geography: County*

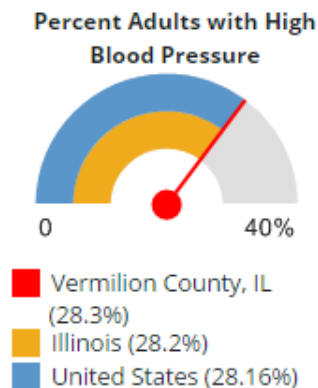


Figure 22

## HIGH CHOLESTEROL

This indicator reports the percentage of adults aged 18 and older who self-report that they have been told by a doctor, nurse, or other health professional that they had high blood cholesterol. Of those that reported High Cholesterol, 39.62% were NH (Non-Hispanic) White, 35.85% were NH Black, 36.66% were NH Other Race, and 31.73% were Hispanic / Latino.

Table 9.4 High Cholesterol in Adults

Report Area	Survey Population (Adults Age 18+)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
Vermilion County	54,142	21,282	39.31%
Illinois	7,348,647	2,794,348	38.03%
United States	180,861,326	69,662,357	38.52%

*Note: This indicator is compared with the state average.*  
*Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#). 2011-12.*  
*Source geography: County*

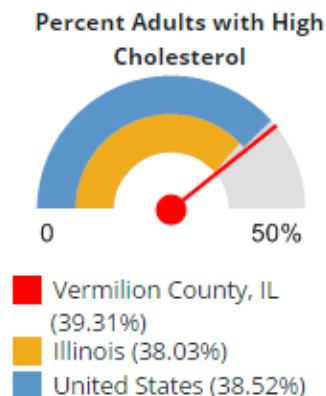


Figure 23

DIABETES

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the United States. It may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. There was not an indication of whether the person had Type 1 or Type 2.

Between 2004 and 2011, the percent of Adults Diagnosed with Diabetes has steadily increased from 7.1% to 10.5%.

Table 9.5 Diagnosed Diabetes in Adults

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Vermilion County	59,362	7,539	12.7	10.8%
Illinois	9,507,158	864,658	9.09	8.47%
United States	236,919,508	23,685,417	10	9.19%

*Note: This indicator is compared with the state average.  
Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2013. Source geography: County*

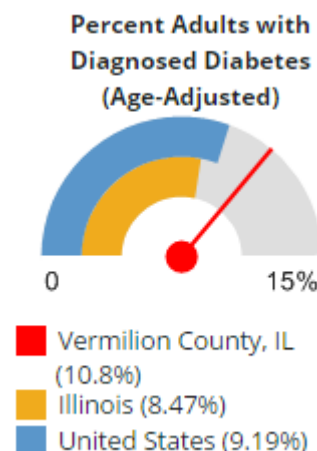


Figure 24

## CANCER

Cancer is a leading cause of death in the United States and is the second leading cause of death in Vermilion County. According to Center for Disease Control and Prevention, National Vital Statistics System, Vermilion County's Cancer Mortality Age-Adjusted Death Rate is 207.1 compared to Illinois' rate of 173.9 and the United States' rate of 166.3 (2010-2014). Many complex and interrelated factors can contribute to the risk of developing cancer. Some factors are hereditary, some are affected by risk factors such as tobacco use, obesity, UV light exposure, and some have no identified factors.

Table 9.7 Cancer Incidence

Cancer Incidence Counts and Five-Year Age-Adjusted Rates by Sex									
All Sites Combined and Selected Sites, All Races, 2009-2013									
	Both Sexes			Males			Females		
SITE	VC Count	VC Rate	Illinois Rate	VC Count	VC Rate	Illinois Rate	VC Count	VC Rate	Illinois Rate
All Sites	2,717	532.0	475.0	1,404	590.0	531.6	1,313	495.3	437.6
Oral Cavity and Pharynx	70	13.7	11.8	48	20.5	18.0	22	7.5	6.5
Esophagus	35	6.7	5.1	26	10.9	8.9	9	3.0	2.1
Stomach	39	8.0	7.2	26	11.2	10.2	13	5.2	4.8
Colon and Rectum	278	54.2	45.3	158	68.6	53.4	120	41.9	38.9
Liver	29	5.6	6.0	22	8.9	9.7	7	2.8	3.0
Pancreas	77	14.7	13.1	38	16.1	15.0	39	13.5	11.6
Lung and Bronchus	461	86.4	67.9	250	102.2	81.0	211	74.4	58.5
Bone and Joint	3	0.8	0.9	1	0.5	1.0	2	1.0	0.7
Melanoma of the Skin	97	20.2	18.0	60	25.8	22.6	37	16.6	15.0
Breast (invasive)	342	70.3	69.6	2	1.0	1.3	340	133.8	128.5

SITE	Both Sexes			Males			Females		
	VC Count	VC Rate	Illinois Rate	VC Count	VC Rate	Illinois Rate	VC Count	VC Rate	Illinois Rate
Cervix							22	9.7	7.7
Corpus and Uterus, NOS							82	29.2	28.9
Ovary							44	16.2	11.9
Prostate				345	140.6	128.8			
Testis				9	5.0	5.7			
Urinary Bladder (includes in situ)	125	23.8	21.7	97	42.5	38.2	28	10.4	9.5
Kidney and Renal Pelvis	97	19.4	17.4	67	27.5	23.2	30	12.0	12.5
Brain and Nervous System	21	4.4	6.4	8	3.5	7.6	13	5.1	5.4
Hodgkin Lymphoma	10	2.5	2.8	6	3.1	3.2	4	2.0	2.5
Non-Hodgkin Lymphoma	119	22.9	19.4	60	25.6	23.5	59	20.6	16.2
Myeloma	35	6.9	6.2	18	8.0	7.6	17	5.9	5.1
Leukemia	72	13.9	13.4	33	13.9	17.1	39	14.2	10.2
All Other Sites	305	62.1	55.9	130	55.1	55.6	175	70.3	57.7
Breast in Situ (not in total)							87	35.2	34.3

*Figures include invasive cancer with the exception of urinary bladder (includes in situ) and breast cancer in situ as a separate category. Incidence counts are five-year totals. Rates are per 100,000 age-adjusted to the 2000 U. S. standard million population.*

*Source: Illinois Department of Public Health, Illinois State Cancer Registry, data as of November 2015*

# Section Ten: Death, Injury, and Violence

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## Category Definition

Motor vehicle crashes, homicide, domestic and school violence, child abuse and neglect, suicide, and unintentional drug overdoses are important public health concerns in the United States. Unintentional injuries and violence-related injuries can be caused by a number of events, such as motor vehicle crashes and physical assault, and can occur virtually anywhere (*Healthy People 2020*).

## Key Findings

- The leading cause of death in Vermilion County is from heart disease. The 2<sup>nd</sup> leading cause of death is malignant neoplasms (cancer).
- The number of crimes in Vermilion County has not seen a significant change over the years. The top three crimes in Vermilion County were theft, burglary, and aggravated assault /battery.
- The number of total drug arrests in Vermilion County has increased by almost 15% since 2012.
- Child Abuse and Neglect rates in Vermilion County are more than double the rates of Illinois.
- See drug overdose deaths in Section Five and see suicide numbers in Section Seven.



## CAUSES OF DEATH

Diseases of the heart remain the leading cause of death in Vermilion County. This has not changed since the 2007-2012 IPLAN. Diseases of the heart contribute to about 28% of all deaths in Vermilion County.

Vermilion County did see a decrease in Malignant Neoplasms deaths, which is the 2<sup>nd</sup> leading cause of death. In 2004, the number was 232 and in 2015, there was a decrease to 218 deaths.

Table 10.1 Causes of Death in Vermilion County

	2012	2013	2014	2015
Total Deaths	969	897	1,039	1,019
Diseases of the Heart	272	249	256	289
Malignant Neoplasms	241	209	252	218
Chronic Lower Respiratory Diseases	49	85	88	84
Cerebrovascular Diseases (Stroke)	70	42	52	50
Accidents	50	41	53	47
Alzheimer's Disease	22	16	20	28
Diabetes Mellitus	18	21	30	19
Nephritis, nephrotic syndrome and nephrosis	22	31	22	35
Influenza and Pneumonia	14	11	21	7
Septicemia	19	17	18	14
Intentional self-harm (suicide)	11	9	13	NA
Chronic Liver Disease and Cirrhosis	10	7	9	NA
<p><i>Note: The sum of county data may not equal the total for some causes due to unknown geography.</i></p> <p><i>Source: Illinois Department of Public Health, Death Statistics</i></p> <p><i>Note: 2015 Illinois Department of Public Health Death Statistics did not include Suicide or Chronic liver disease and cirrhosis.</i></p>				

Table 10.2 Death Demographics for Vermilion County

	2014							2015						
<b>Total Deaths</b>	1,039							1,019						
<b>Sex</b>	Male			Female				Male			Female			
	485			554				495			524			
<b>Race</b>	White	Black			Other			White	Black			Other		
	939	94			1			932	70			6		
<b>Hispanic Origin</b>	5							9						
<b>Age Group (Years)</b>	<1	1-14	15-24	25-44	45-64	65-84	85+	<1	1-14	15-24	25-44	45-64	65-84	85+
	8	5	3	42	210	462	309	8	2	10	38	207	457	297
<i>Note: The sum of certain variables may not equal the total due to unknown geography and/or demographics</i> <i>Source: Illinois Department of Public Health, Death Statistics (updated as of December 21, 2016)</i>														

MOTOR VEHICLE

Motor Vehicle deaths in Vermilion County remain in the lower third of the state for comparing rates.

Table 10.3 Motor Vehicle / Motor Vehicle Related Fatalities

Fatality Type	Fatalities					Fatalities Per 100,000 Population				
	2011	2012	2013	2014	2015	2011	2012	2103	2014	2015
Total Fatalities (All Crashes)	6	8	10	7	10	7.37	9.90	12.42	8.77	12.61
Alcohol-Impaired Driving Fatalities (BAC = .08+)	3	0	3	2	3	3.69	0.00	3.73	2.51	3.78
Fatalities in Crashes Involving Speeding	5	1	5	2	5	6.14	1.24	6.21	2.51	6.31
Motorcyclist Fatalities	0	2	0	2	4	0.00	2.48	0.00	2.51	5.05
Pedestrian Fatalities	1	2	1	2	1	1.23	2.48	1.24	2.51	1.26

Source: National Highway Traffic Safety Administration, Traffic Safety Facts Illinois 2011-2015

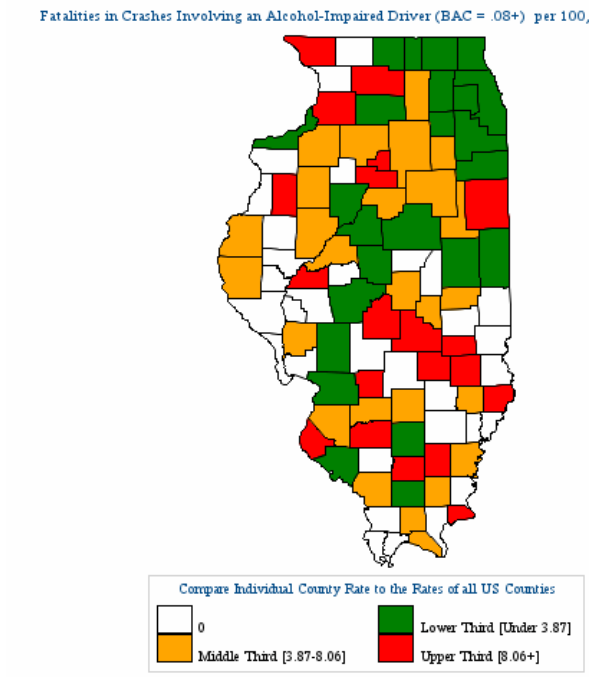
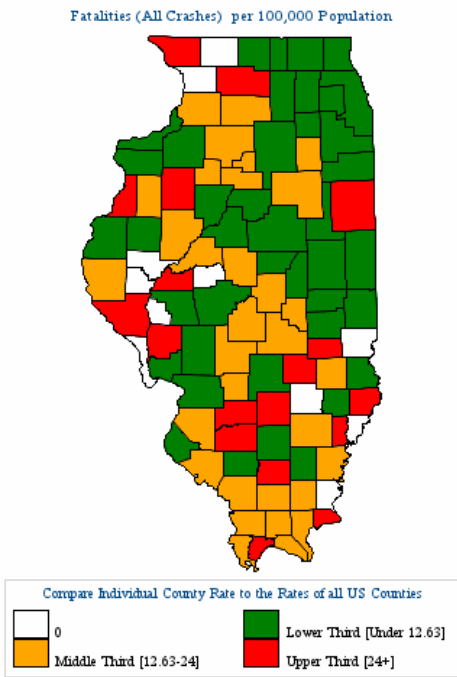


Figure 25

Figure 26

## CRIME STATISTICS

While crime rates have steadily declined over the past 25 years nationally, Vermilion County remains extremely high in its crime rate compared to the state of Illinois and other counties. There are many biological and social factors that can attribute to crime in a community: poverty, substance abuse, fear, lack of education, mental illness, and other factors.

## Index Crime Offenses

Table 10.4 Total Crime Index Offenses

Vermilion County	2015	2014	2013	2012	% change from 2012 – 2015
Total Crime Index Offense	3,506	3,254	3,652	3,505	.03%
Murder	0	1	4	4	-400%
Criminal Sexual Assault / Rape*	96	73	77	63	52.4%
Robbery	96	85	89	87	10.3%
Aggravated Assault / Battery	422	311	354	297	42.1%
Burglary	981	912	1,181	949	3.4%
Theft	1,794	1,767	1,837	1,956	-8.4%
Motor Vehicle Theft	102	91	87	123	-17.1%
Arson	15	14	23	26	-42.3%

\*Categorized as Rape not Criminal Sexual Assault  
Source: Illinois State Police Crime Reports, 2012-2015

Of the surrounding counties and the State of Illinois, the crime rate in Vermilion County surpasses them all as depicted in Table 10.5.

Table 10.5 Crime Rate Comparison

County or State	2015 Rate	2014 Rate
Vermilion County	4,397.5	4,050.8
State of Illinois	2,300.2	2,426.0
Kankakee	2,479.9	2,717.6
Champaign	3,135.2	3,046.9
Macon	2,983.8	2,820.3
Adams	2,231.7	2,642.6
Iroquois	1,468.2	1,621.7
<i>Rate per 100,000</i>		
<i>Source: Illinois Police Crime Report 2014-2015</i>		

## Drug Crime Arrest Comparison (2012-2015)

Table 10.6 Total Drug Arrests and Breakdown

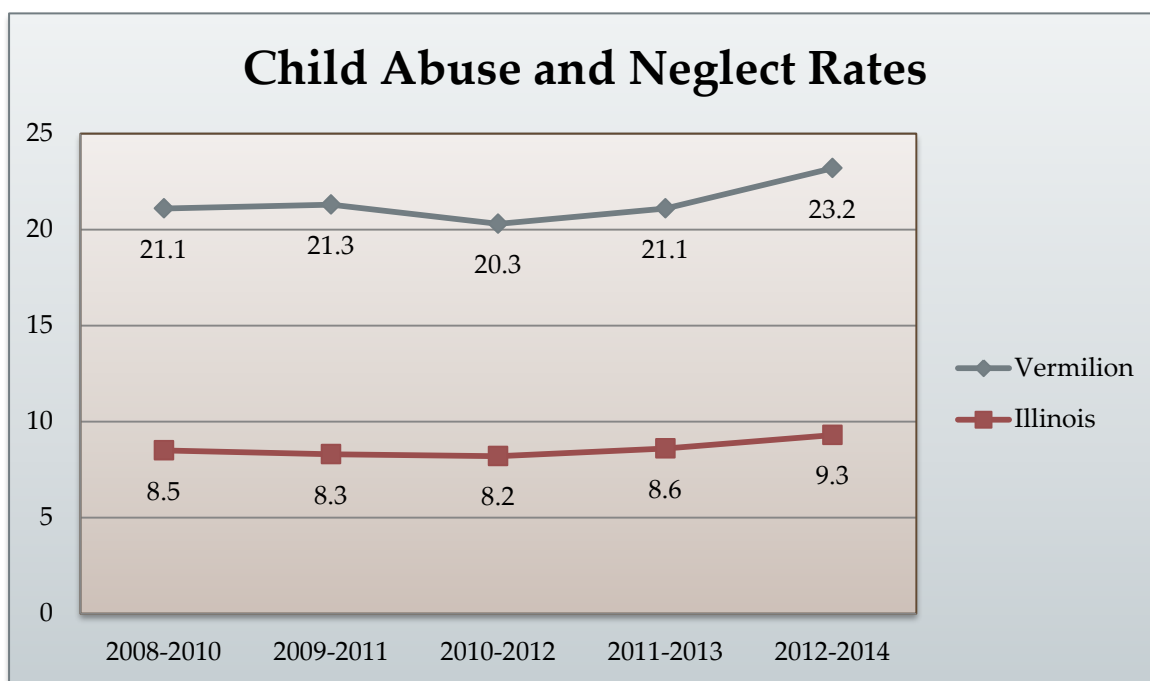
	2015	2014	2013	2012	% Change from 2012-2015
Rate per 100,000	545.6	488.0	453.1	476.9	14.4%
Total Drug Arrests	435	392	364	385	13.0%
Cannabis Control Act	120	141	126	158	-24%
Controlled Substances	177	131	143	146	21.2%
Hypodermic syringes / needle Act	0	1	0	0	0%
Drug Paraphernalia	75	76	75	57	31.6%
Methamphetamine Act	63	43	20	24	162.5%

Source: Illinois Police Crime Report, 2012-2015

**CHILD ABUSE**

The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended and reauthorized by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum: “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.” There are many different types of child abuse including, physical, sexual, neglect, abandonment, substance abuse, and emotional abuse. Child abuse and neglect can lead to various effects including anxiety, depression, anger, dissociation, drug use, death, injury, among others.

Substantiated cases of child abuse and neglect are those in which an investigation by the Illinois Department of Children and Family Services produced sufficient evidence to confirm that child abuse and neglect did occur. Rates of child abuse and neglect are the number of substantiated cases relative to the child population. Vermilion County’s rates are more than double the rate of Illinois.



Graph 10.1

Source: Kids Count, Data Center, Voices for Illinois Children, Illinois Department of Children and Family Services

# Section Eleven: Infectious Diseases

## Category Definition

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another (*World Health Organization*).

## Key Findings

- Vermilion County has seen a steady reduction in Chlamydia, Gonorrhea, and Syphilis since 2011.
- Vermilion County saw a significant increase in Hepatitis C and Shigellosis between 2012 and 2015.

### PNEUMONIA SHOTS GIVEN

This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. Vermilion County rates slightly higher than Illinois or the United States.

Table 11.1 Pneumonia Vaccination in 65+ Population

Report Area	Total Population Age 65+	Estimated Population with Annual Pneumonia Vaccination	Crude Percentage	Age Adjusted Percentage
Vermilion County	13,194	9,341	70.8%	69.6%
Illinois	1,592,376	985,681	61.9%	61.8%
United States	39,608,820	26,680,462	67.4%	67.5%

Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted)

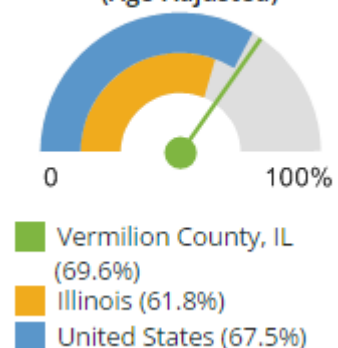


Figure 27

Note: This indicator is compared with the state average.  
 Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#).  
 US Department of Health & Human Services, [Health Indicators Warehouse](#).  
 2006-12. Source geography: County



## COMMUNICABLE DISEASES FOR VERMILION COUNTY 2012-2015

Table 11.2 Communicable Diseases in Vermilion County

	2015	2014	2013	2012
Cryptosporidiosis	1	1	1	2
Hepatitis A	0	0	1	2
Hepatitis B	4	5	5	6
Hepatitis C	54	64	31	35
Histoplasmosis	4	9	89	10
Influenza with Hospitalization	1	22	No Data	No Data
Legionellosis	1	1	2	No Data
Lyme	3	2	9	2
Measles	0	0	0	0
Mumps	0	1	1	2
Pertussis (VCHD Data)	0	0	8	2
Salmonellosis	6	6	7	8
Shiga Toxin-Producing E. Coli	1	2	1	No Data
Shigellosis	34	2	0	No Data
Chicken Pox	3	0	3	2
West Nile Virus	0	0	3	0

*Source: IQUERY, Vermilion County Annual Report 2012-2015*

## SEXUALLY TRANSMITTED DISEASES

Like teen pregnancy, Vermilion County has seen high rates of Sexually Transmitted Diseases for a very long time. Between 2011 and 2015, Vermilion County has seen a decrease in some areas of Chlamydia, Gonorrhea, and Syphilis. Initially this looks very promising, but there are very few places that Vermilion County residents can get tested. We feel that the numbers may not truly be dropping, but instead people are just not being tested and these numbers are still very high compared to our surrounding counties and the State of Illinois. Initial reports of early 2017 show Vermilion County cases with a decrease in numbers compared to early 2016.

Table 11.3 Sexually Transmitted Disease Cases and Rates

	2016		2015		2014		2013		2012		% Cases Changed between 2012-2016
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	
Chlamydia Vermilion	526		480	588.1	450	551.3	511	626.0	552	676.3	-4.7
Chlamydia Illinois	69,610		69,610	542.5	66,593	519.0	63,797	497.2	67,707	527.7	2.8
Gonorrhea Vermilion	187		129	158	173	211.9	171	209.5	132	161.7	41.7
Gonorrhea Illinois	13,100		17,130	133.5	15,977	124.5	16,464	128.3	18,149	141.5	-27.8
Syphilis Vermilion	1		2	2.5	6	7.4	7	8.6	1	1.2	0
Syphilis Illinois	1,319		1,974	15.4	1,682	13.1	1,607	12.5	1,500	11.7	-12.1

Source: Illinois Department of Public Health – Infectious Disease Statistics  
 \*Rates for 2016 have not yet been released.

**TUBERCULOSIS**

Tuberculosis (TB) is a contagious and potentially life-threatening disease transmitted through the air. While it can affect any part of the body, TB usually affects the lungs. The Vermilion County Health Department provides TB testing and administered 504 Mantoux Active TB cases in Vermilion County.

*Table 11.4 Tuberculosis Active Cases in Vermilion County*

2012	2013	2014	2015	2016
0	1	0	0	0

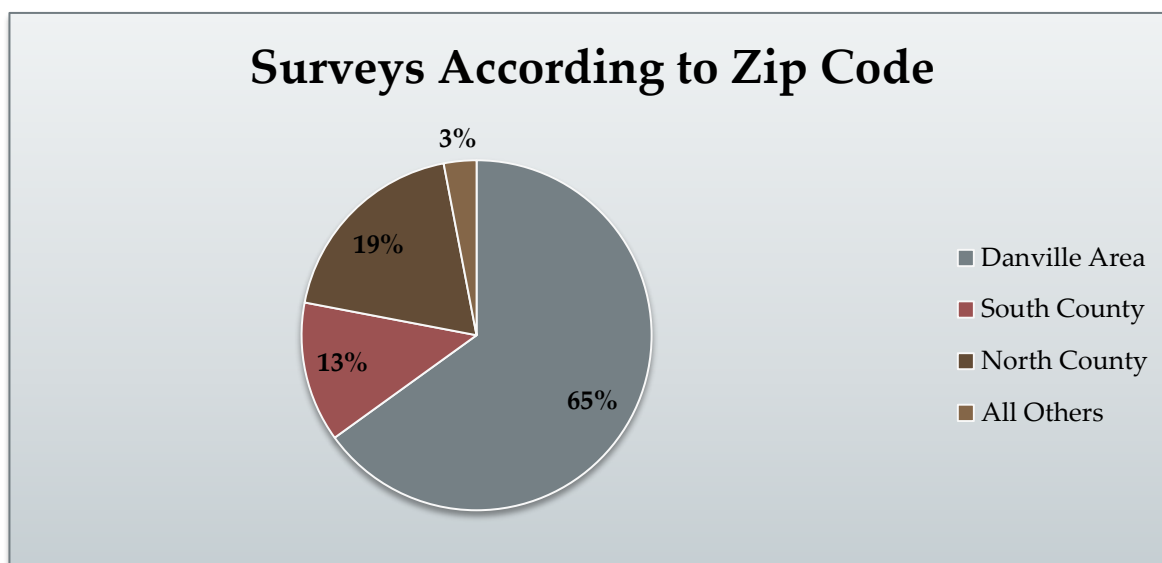
*Source: VCHD Annual Report and Illinois Department of Public Health TB Rates*

# Community Health Needs Assessment Survey Data

The Community Health Survey was redesigned by the Vermilion County Health Department and approved by the Executive Committee in August 2016. The Survey was developed to receive input from the Community of Vermilion County about their health and wellness concerns. A copy of the Community Health Survey is available in *Appendix C*.

1,519 surveys (about 1.9% of the Vermilion County Population) were collected either online through Survey Monkey or through a hard copy of the survey. All results were entered into Survey Monkey for data retrieval purposes and analytics. Surveys were collected from August 29<sup>th</sup>, 2016 through November 18<sup>th</sup>, 2016. The Vermilion County Health Department also utilized University of Illinois Chicago nursing students to distribute and collect surveys to the residents of Vermilion County.

Surveys were collected from all over the county. 160 individuals did not answer the zip code question on the survey. The following chart is a breakdown of the remaining 1,359 surveys collected.



Danville Area surveys (65.05%) included the zip codes from Danville (61832 and 61834 (17%)) and Tilton (4%).

South County Surveys (18.98%) included:

- Allerton
- Catlin
- Fairmount
- Fithian
- Georgetown
- Indianola
- Jamaica
- Muncie
- Oakwood
- Ridgefarm
- Sidell
- Westville

North County Surveys (12.95%) included:

- Alvin
- Armstrong
- Bismarck
- Collison
- East Lynn
- Henning
- Hoopeton
- Potomac
- Rankin
- Rossville

About 3% of the surveys were collected from outside Vermilion County, which included community members who worked in Vermilion County, but lived outside the county. Some of zip codes might have also been entered in error as they resembled Vermilion County zip codes, but were off by a number.

Paper Surveys were collected from:

- WIC
- 2012-2017 Priority Workgroups
- St. James Food Pantry
- Danville Housing Authority
- Community Action Agency
- Prairie Center
- Grocery Stores
- Goodwill
- Flu Clinics
- Electronic Recycling Event
- Watchfire Health Fair

Online surveys were collected through:

- Facebook Link
- VCHD Website Link
- Presence USMC – Email to all staff with link
- Carle – Email to staff and link on their website
- District #118 – email to Staff and Student Families / Facebook
- Workgroups – email links
- Bismarck-Henning School District – Email to staff and student families
- Georgetown Ridgefarm School District – link on website
- DACC – email to staff and students
- VCHD – all staff
- PHEP partners
- All School Superintendents

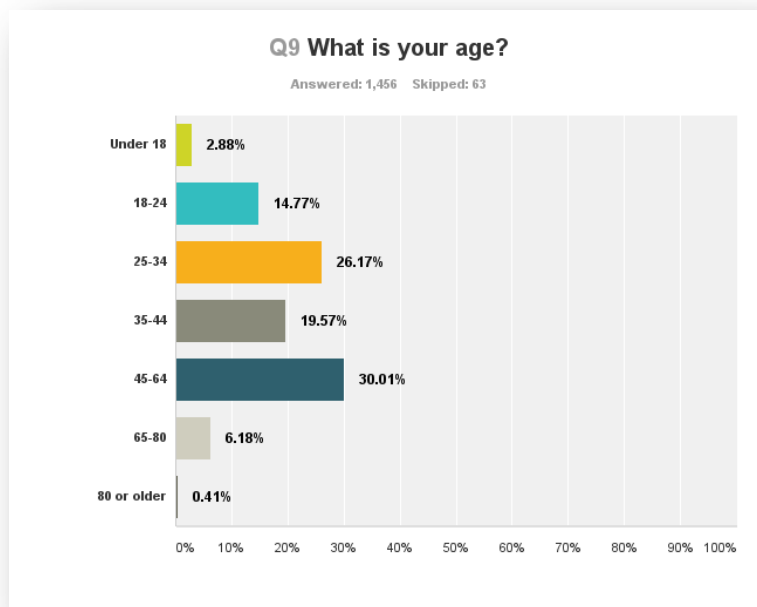
Surveys were also collected from 36 Community Agency / Organization Stakeholders with the same questions, except the demographic questions were changed.

COMMUNITY SURVEY DATA RESULTS

Demographic Information

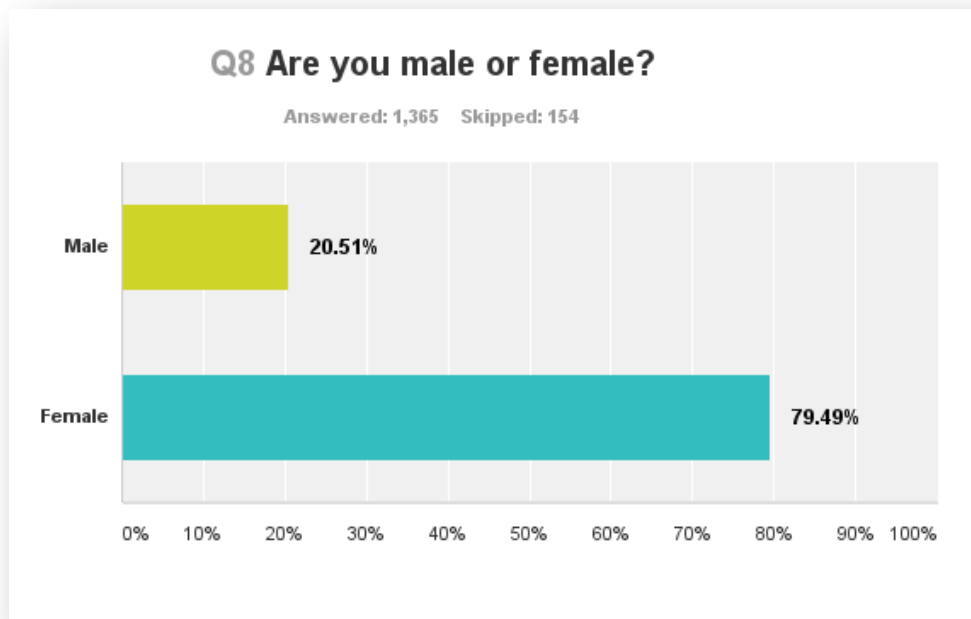
Age Range

The focus of the survey was primarily for adults, but we did have a small percentage of people who were under the age of 18 complete the survey.



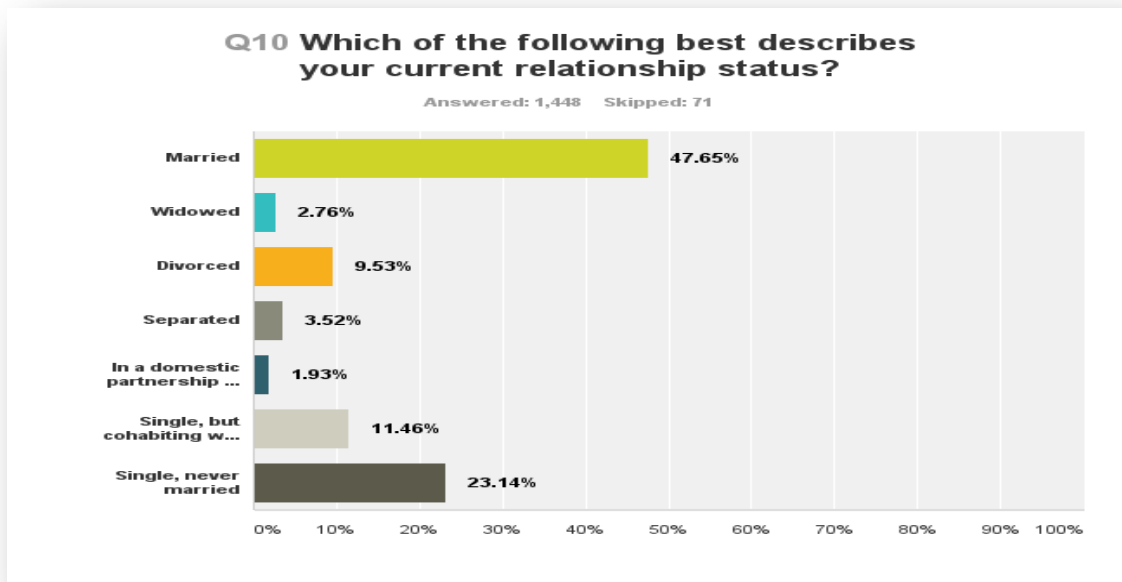
Gender

The majority of the surveys collected were from women. According to the United States Census 2015 (estimated), Vermilion County’s population is 49.2% Male and 50.8% Female. It remains a struggle to reach more men to fill out the survey.



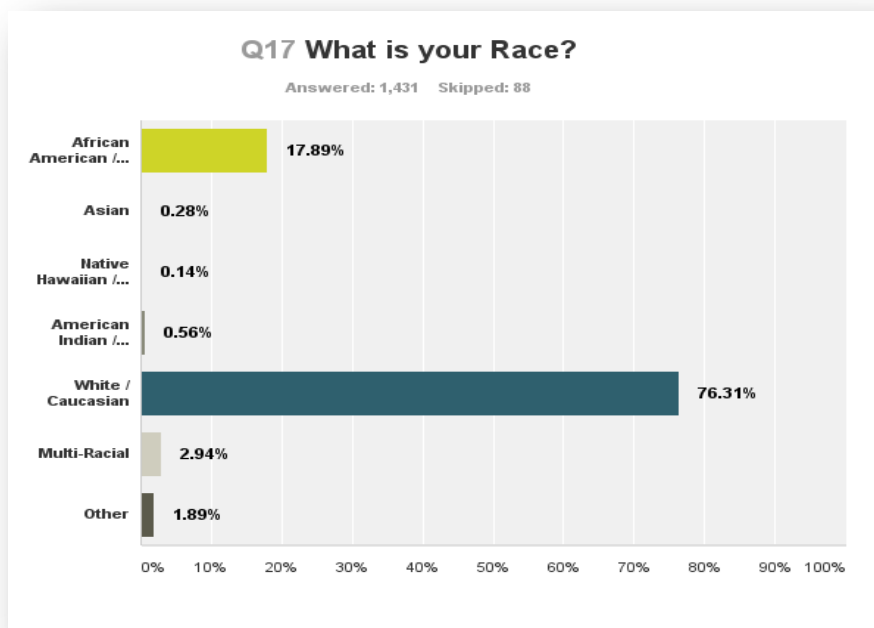
### Relationship Status

Almost half of the individuals who filled out the survey were married.



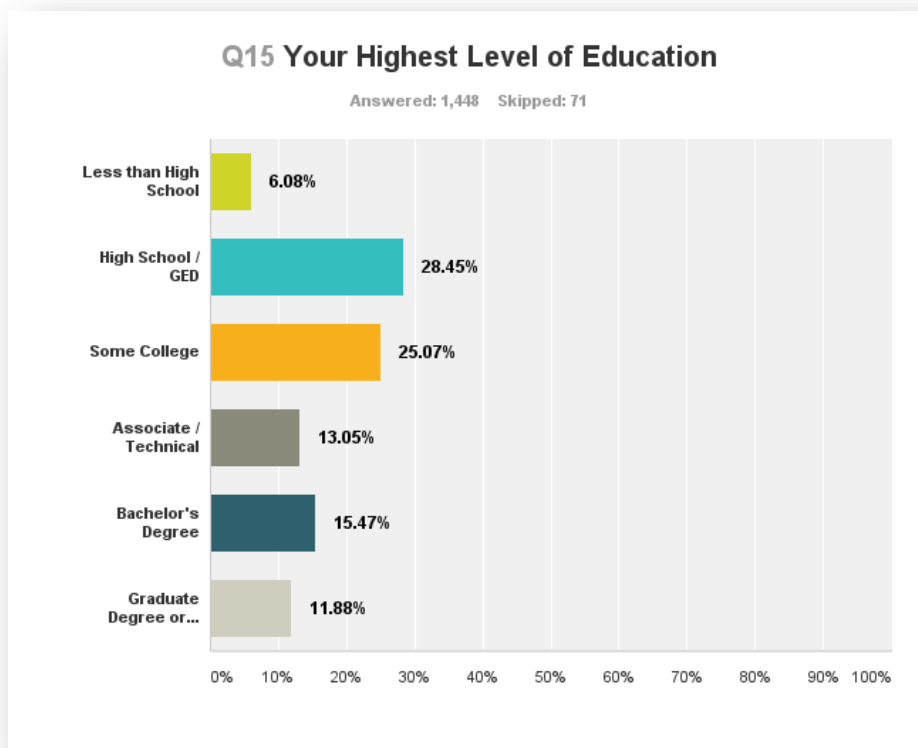
### Ethnicity / Race

The Community Health Survey data results according to ethnicity and race were very close to Vermilion County’s population breakdown. Also included in the survey was a question if the individual was of Hispanic or Latino Origin. 5.22% of the individuals responded yes. See page 19 for a comparison. We feel that the data collected was a good representation of our community.



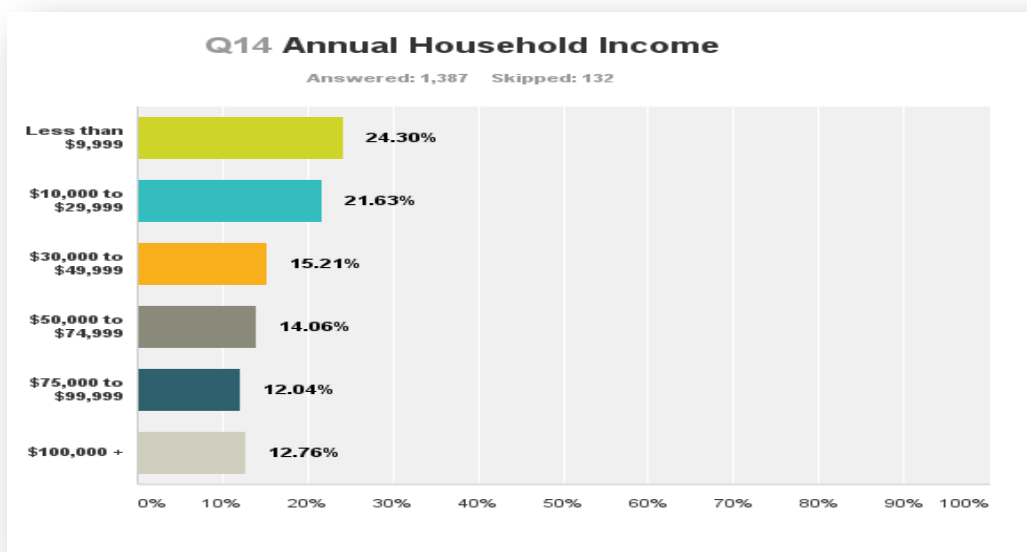
### Education

Of the surveys completed, 65.5% were filled out by persons with at least some college. Vermilion County continues to have a very high number of residents with only a high school diploma or less.



### Household Income

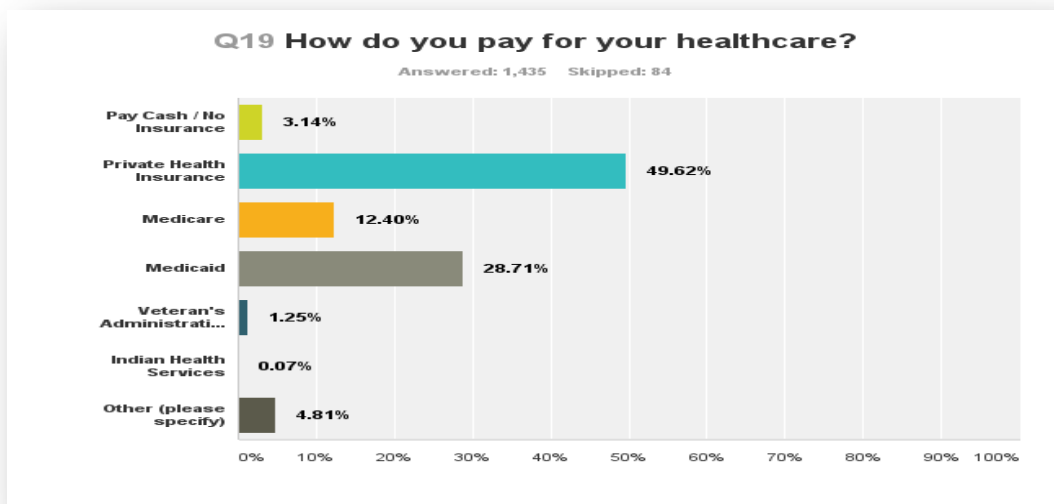
Of the surveys that were completed, 76.4% were filled out by individuals who have an annual household income of less than \$50,000.





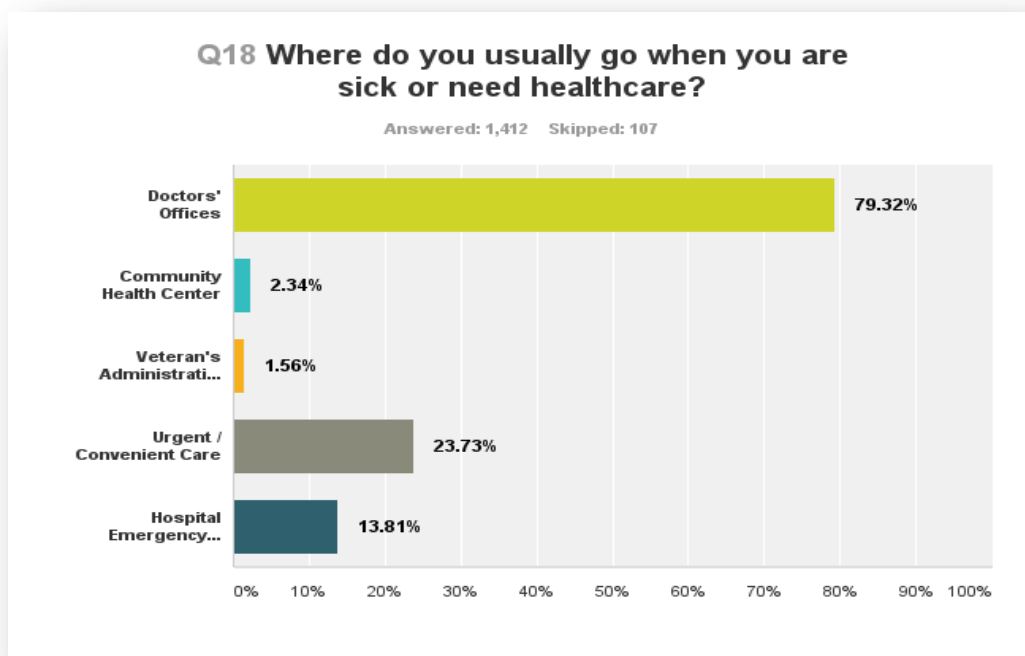
### Health Insurance

The percentage of individuals who identified themselves as not having health insurance or having to pay cash was 3.14%. Compared to our last survey in 2012, 13.4% identified themselves as not having health insurance. This is a significant change. However, some statements included that while they had insurance, they still could not “afford” the insurance or the care.



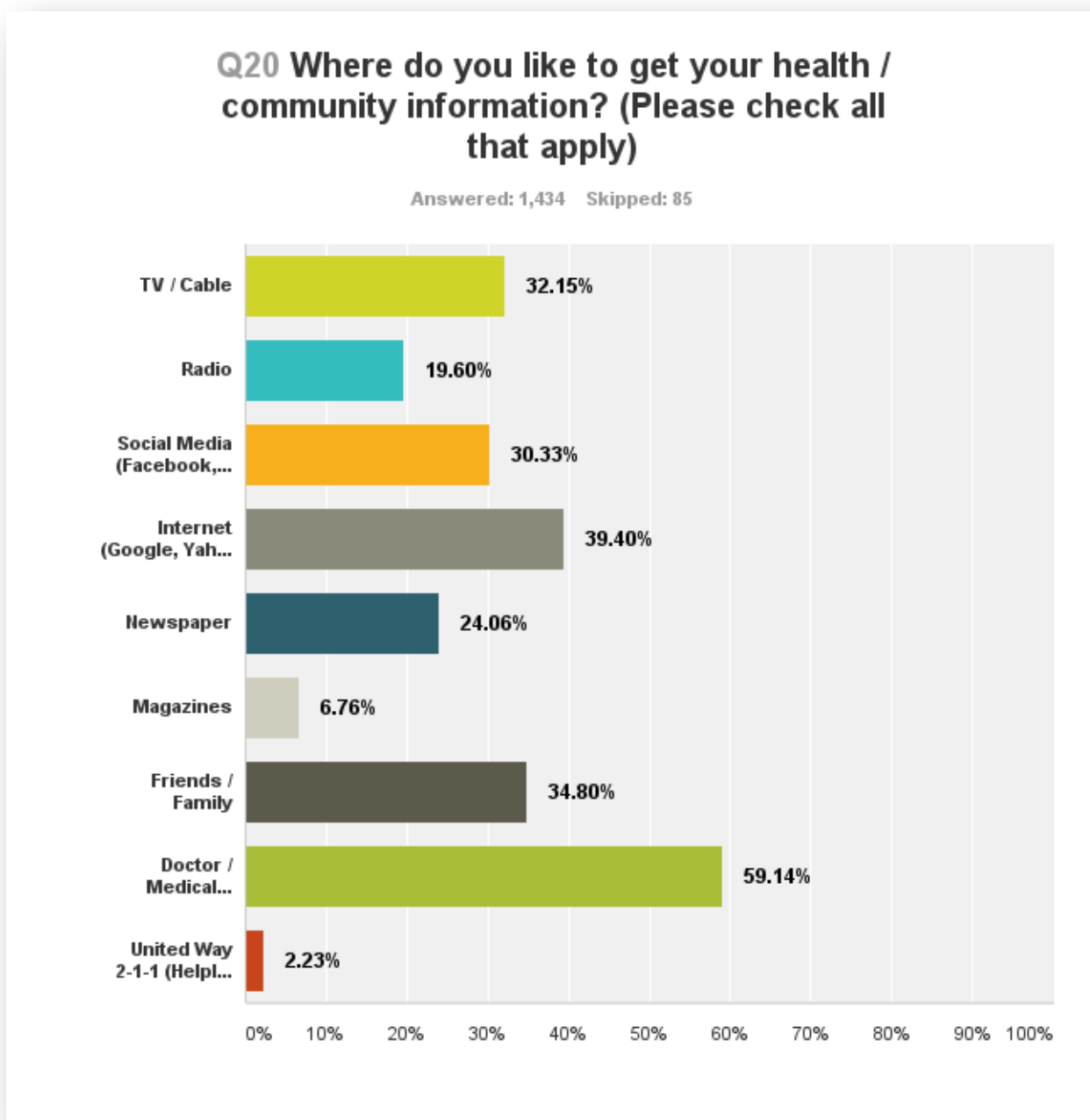
### Healthcare

This was a new question added to the survey about where people usually go for their healthcare. 13.8% of the individuals stated that the Hospital Emergency Department was their usual place to go when they were sick.



**Health and Community Information**

This was also a new question about where individuals like to get their community and health information. The top three were from their Doctors / Medical Provider, the Internet, and from Friends and Family.



**Other Demographic Questions**

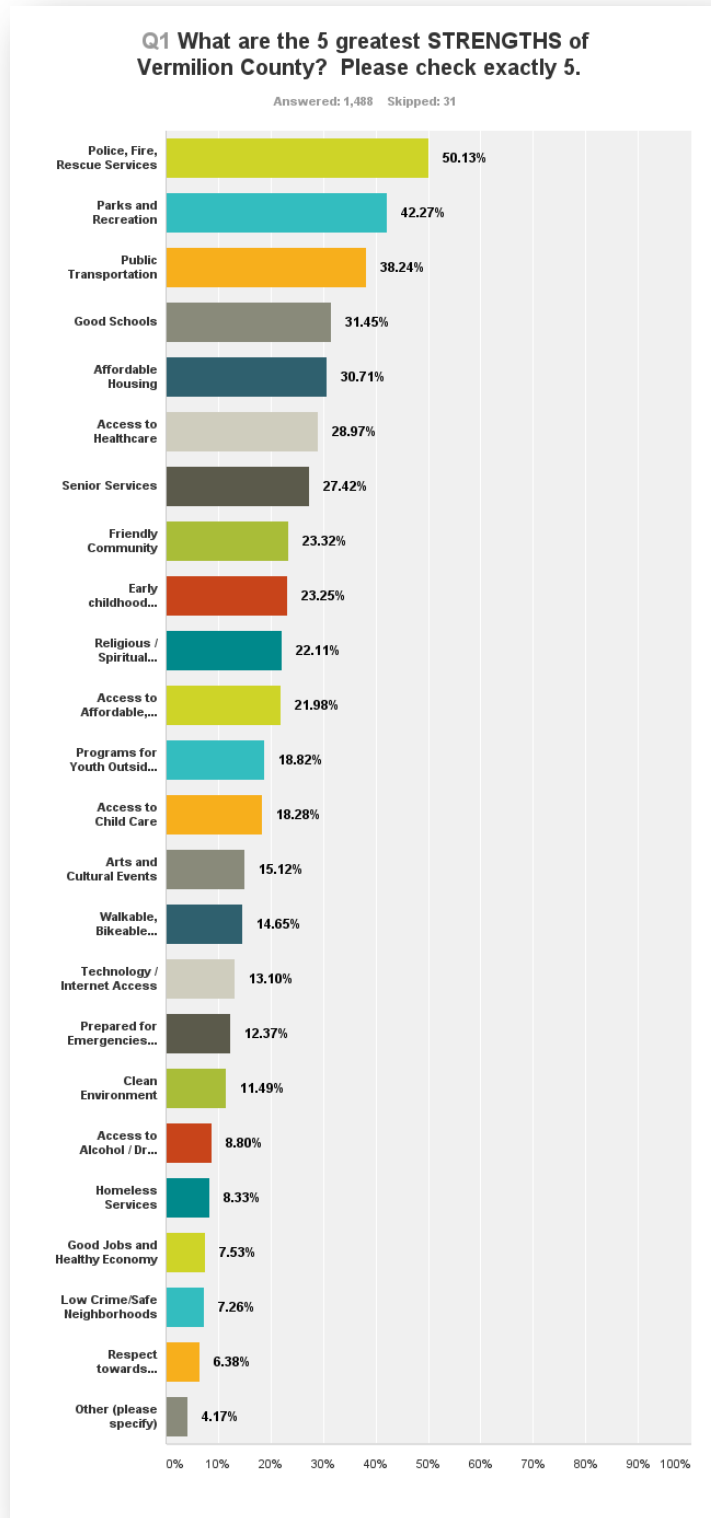
Individuals were asked if they had children under the age of 18 living in their home. 60.94% of the individuals that answered the question responded that yes, they did have children living in their home.

Individuals were asked if they lived and worked in Vermilion County. Of the individuals that answered these questions, 96.63% responded that they lived in Vermilion County and 66.80% said they worked in Vermilion County. VCHD will redo the “working in Vermilion County” question during the next IPLAN cycle as some would write next to the “No” that they were retired or were unemployed. The next cycle we will ask them to define their work status.

Community Assessment Survey Questions

Top 5 Greatest Strengths of Vermilion County

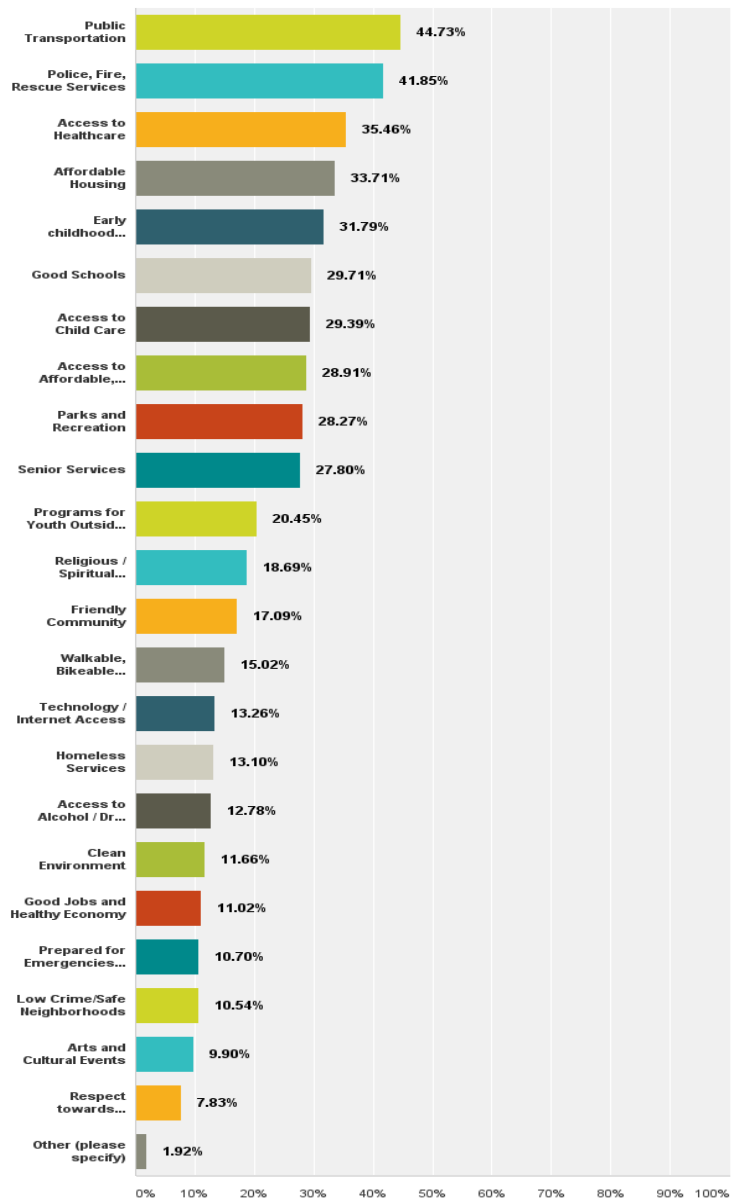
The top 5 strengths chosen of Vermilion County were Police, Fire Rescue Services; Parks and Recreation; Public Transportation; Good Schools; and Affordable Housing. The same question was asked of local Community Stakeholders. Their top 5 strengths chosen of Vermilion County were Parks and Recreation; Police, Fire Rescue Services; Friendly Community; Religious / Spiritual Values; and Good Schools.



If we look at the individuals who make less than \$30,000 for their household income, the top 5 strengths were Public Transportation; Police, Fire, Rescue Services; Access to Healthcare; Affordable Housing; and Early Childhood Services. We found it interesting and encouraging that public transportation was rated the highest as a strength among this demographic group. Transportation has always been an easy target for why people are not getting the services they need. The transportation access has greatly improved over the last 5 years with added bus lines, improvements to the changing stations, a bus line that travels to Champaign-Urbana, and more.

**Q1 What are the 5 greatest STRENGTHS of Vermilion County? Please check exactly 5.**

Answered: 626 Skipped: 11



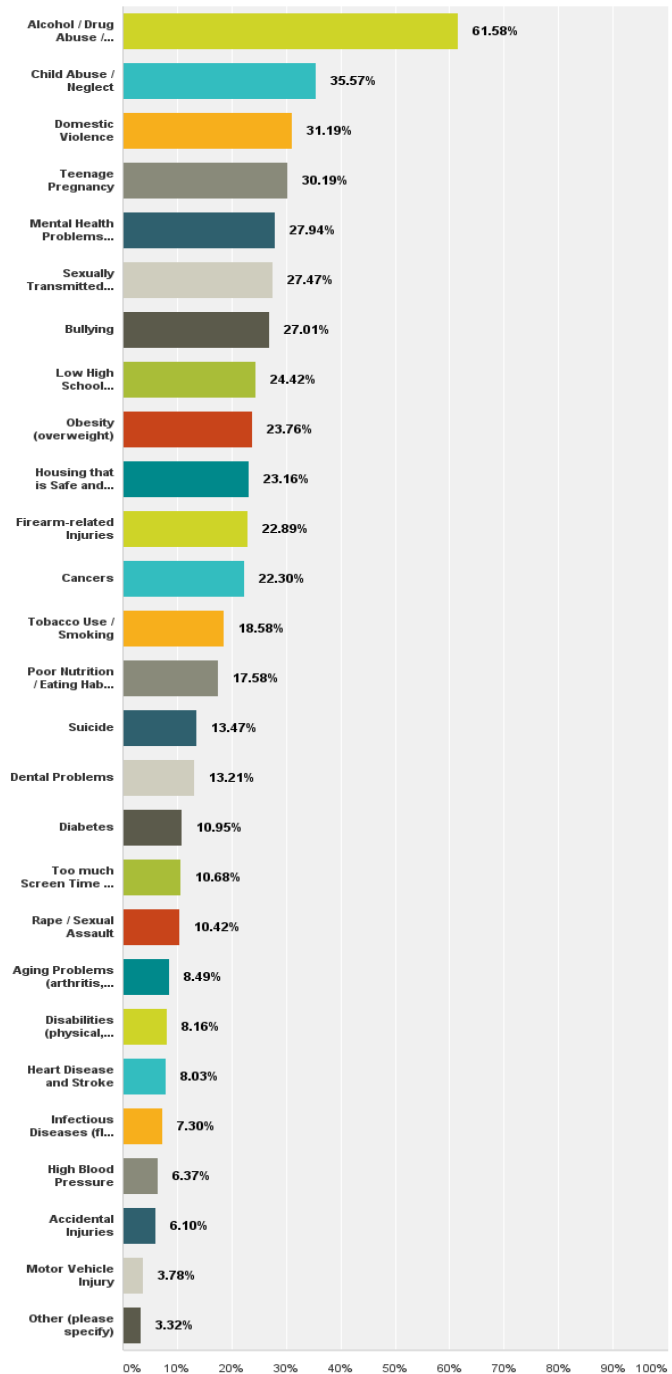
### Top 5 Health Concerns of Vermilion County

The top 5 health concerns of Vermilion County chosen were Alcohol / Drug Abuse / Prevention; Child Abuse / Neglect; Domestic Violence; Teenage Pregnancy; and Mental Health Problems. Of the individuals who make less than \$30,000 Household income, the top 5 health concerns were Alcohol / Drug Abuse / Prevention; Child Abuse / Neglect; Bullying; Domestic Violence; and Sexually Transmitted Diseases / HIV / AIDS.

The Community Stakeholders that completed the survey felt the top 5 concerns were Alcohol / Drug Abuse / Prevention; Mental Health Problems; Teenage Pregnancy; Obesity; and Low High School Graduation Rate.

**Q2 What do you think are the 5 most important health concerns in Vermilion County? Please check exactly 5.**

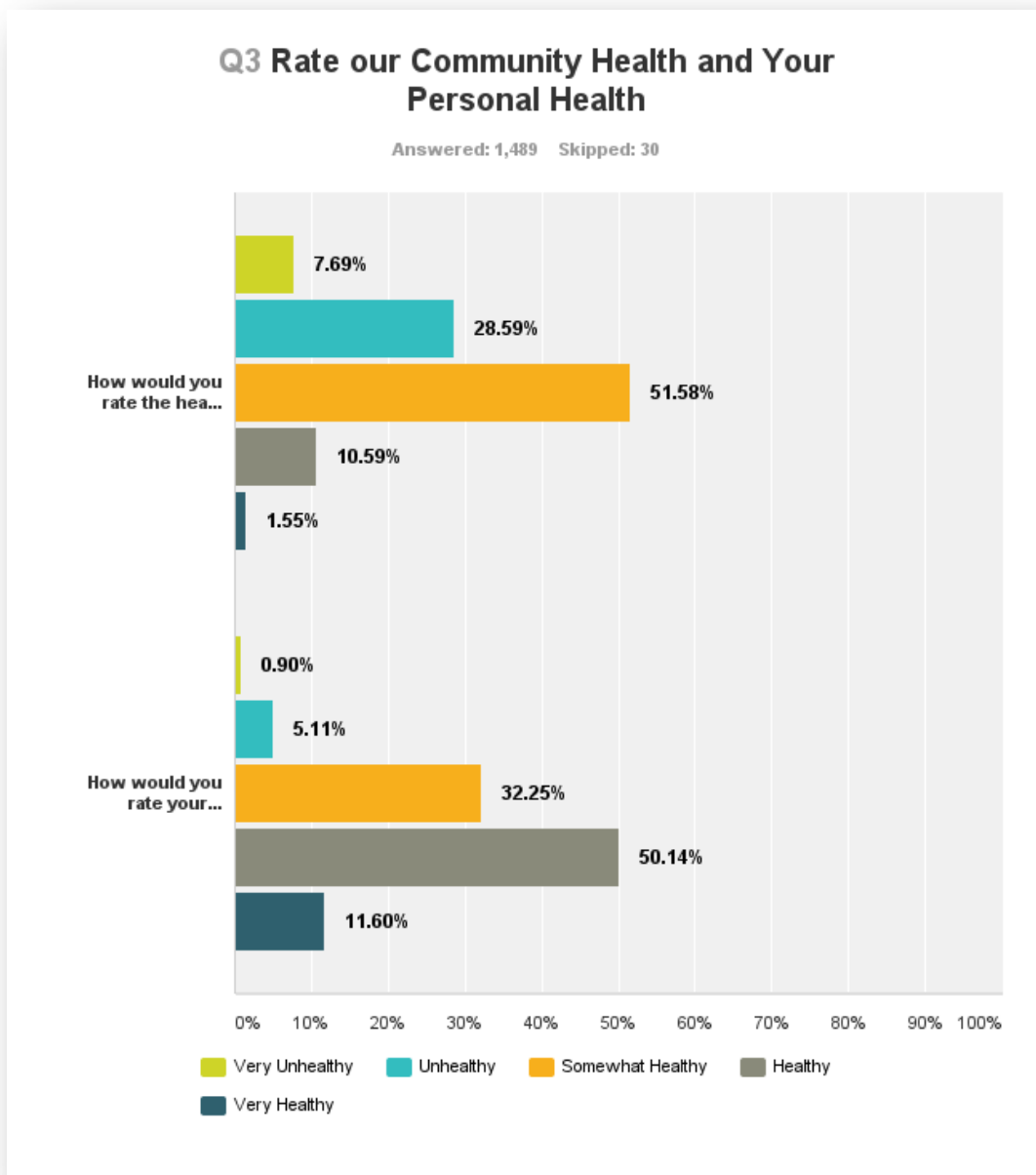
Answered: 1,507 Skipped: 12



### Community and Personal Health Rating

Individuals were asked to rate the community’s health and their own personal health. 63.72% of individuals that answered the question felt that the community was at least somewhat healthy or better and 93.99% of the individuals that answered the question felt that their own personal health was at least somewhat healthy or better.

Below is the breakdown:



**Community Focus**

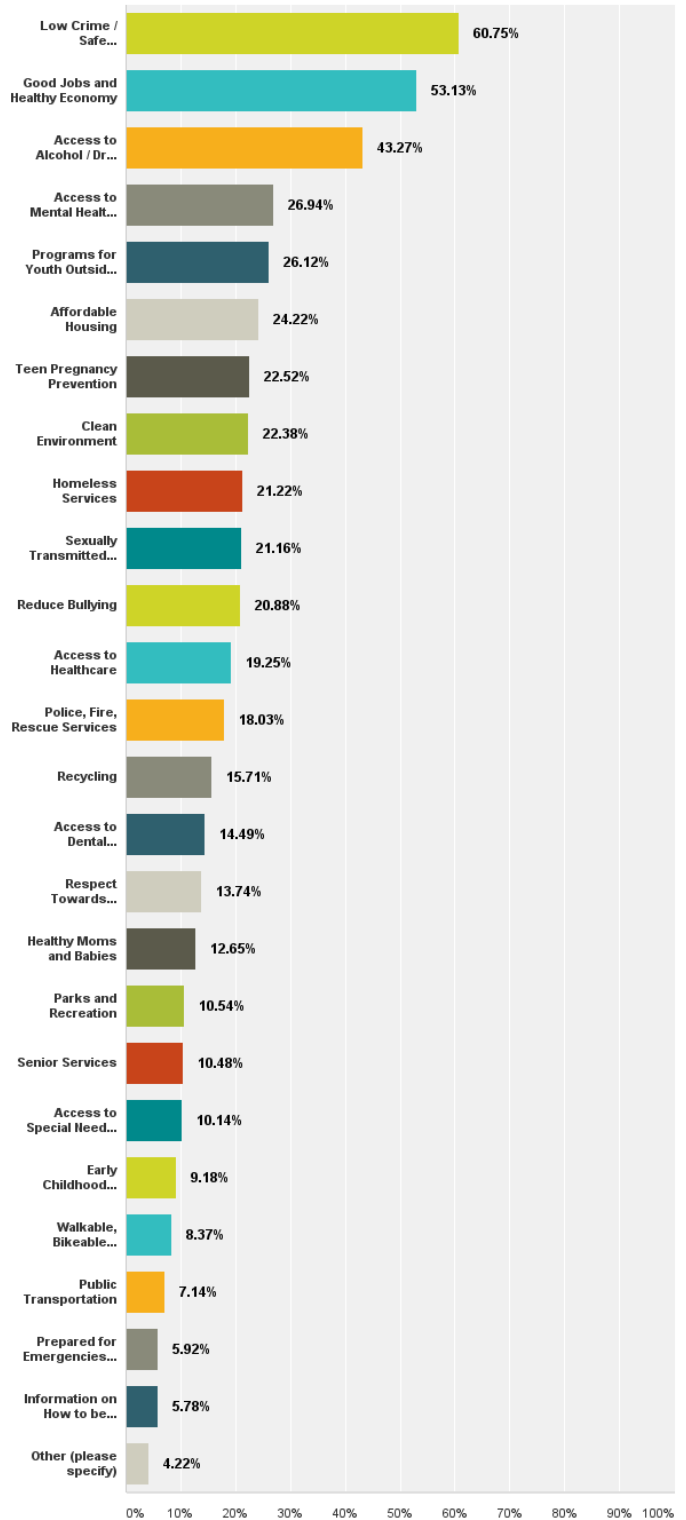
The top 5 areas that the community thought Vermilion County should focus on were Low Crime / Safe Neighborhoods; Good Jobs and Healthy Economy; Access to Alcohol / Drug Prevention; Access to Mental Healthcare; and Programs for Youth Outside of School.

The Community Stakeholders top 5 focus areas were Access to Alcohol / Drug Prevention; Access to Mental Healthcare; Good Jobs and Healthy Economy; Low Crime / Safe Neighborhoods; and Teen Pregnancy Prevention.

This question was a newly added question to the survey this year. We wanted to get an understanding of what the community wanted us to work on as a whole, which is why areas that are not always necessarily categorized as “health concerns” were added.

**Q4 Where should the community FOCUS its attention to make things better in Vermilion County? Please check exactly 5.**

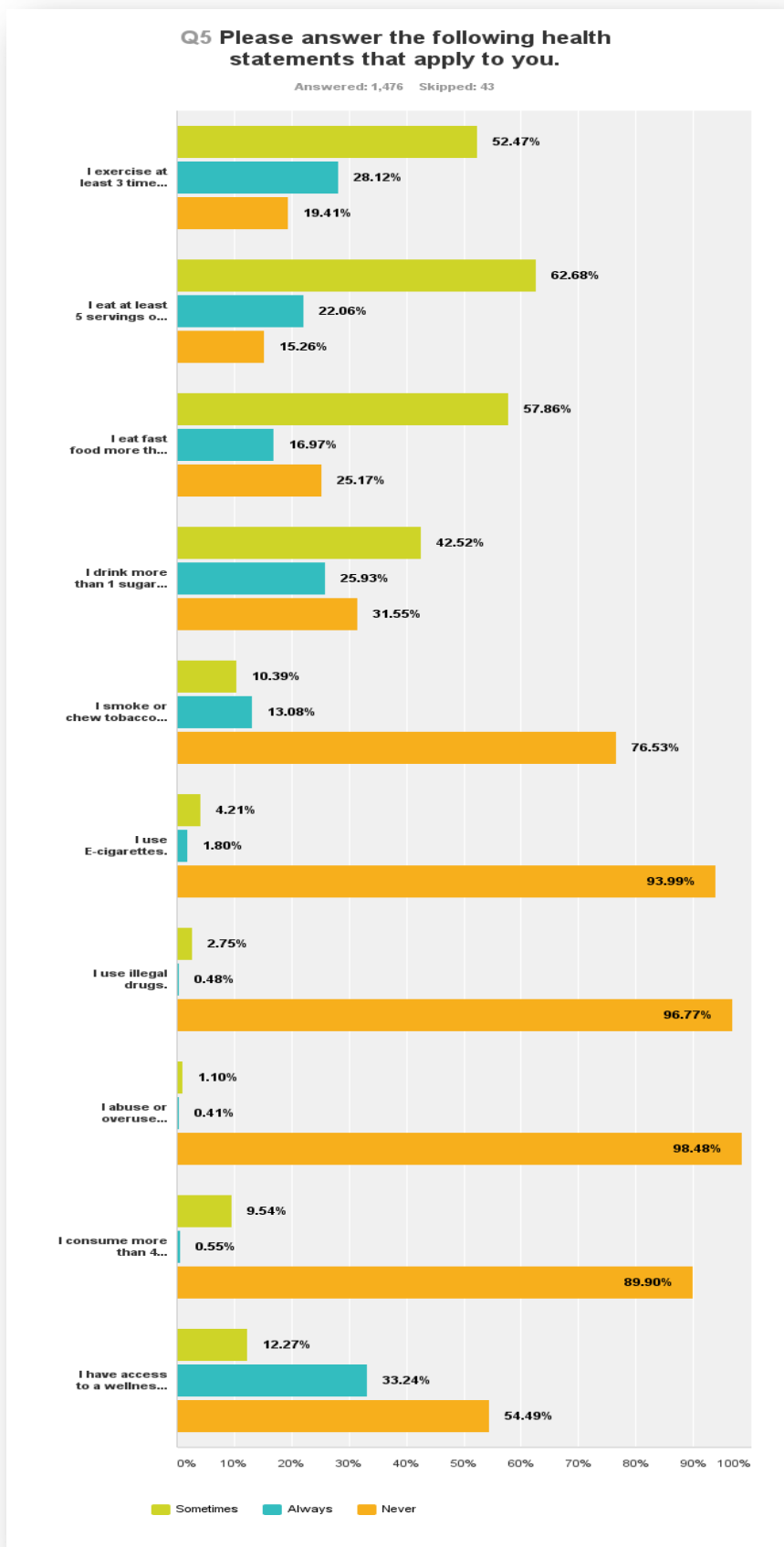
Answered: 1,470 Skipped: 49





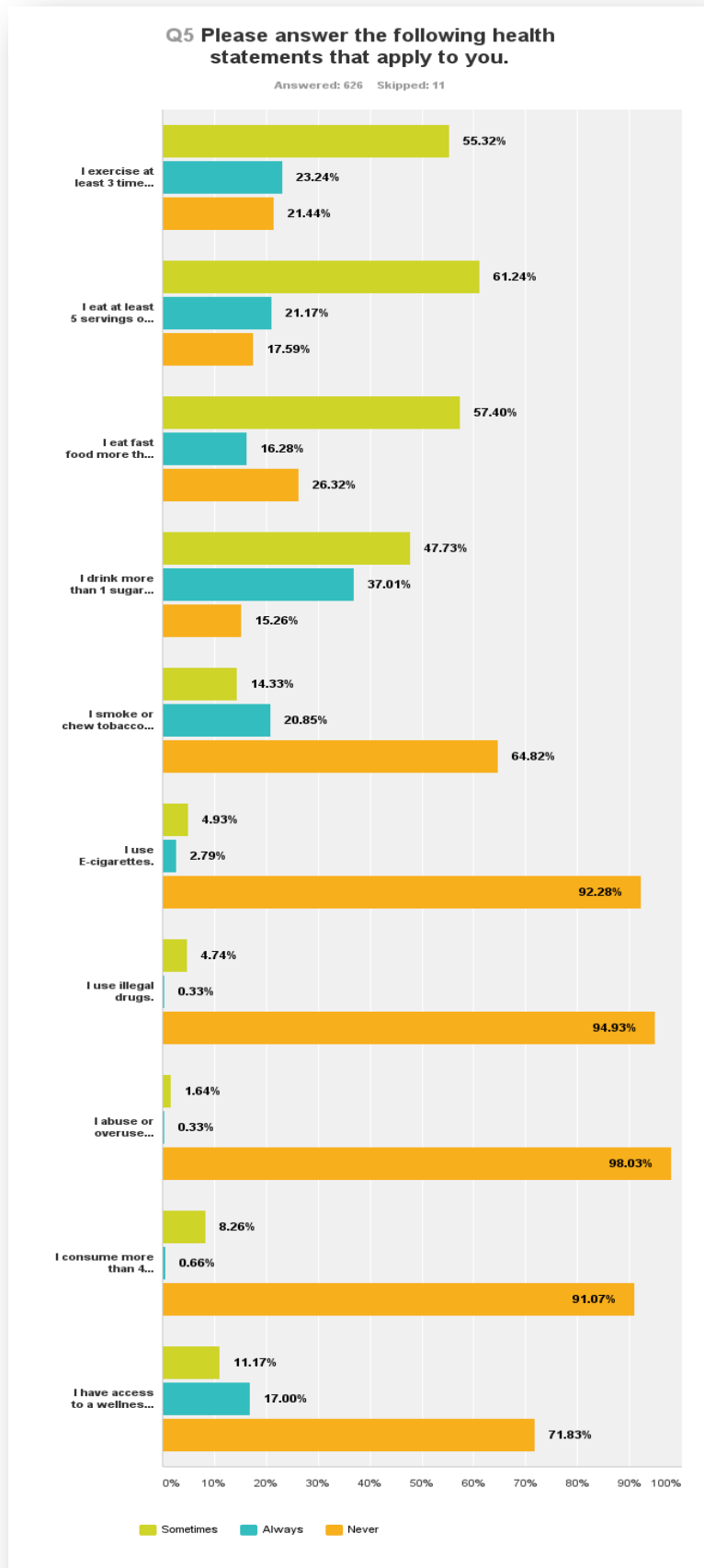
### Health Statements

This question was a new question added this IPLAN Cycle. We wanted to have some health statements from our community to help get some information for our current workgroups and future priorities.



**Health Statements for households making below \$30,000**

We also wanted to analyze the results from individuals who reported their household income as less than \$30,000. See page 98 for comparisons to households making more than \$30,000.

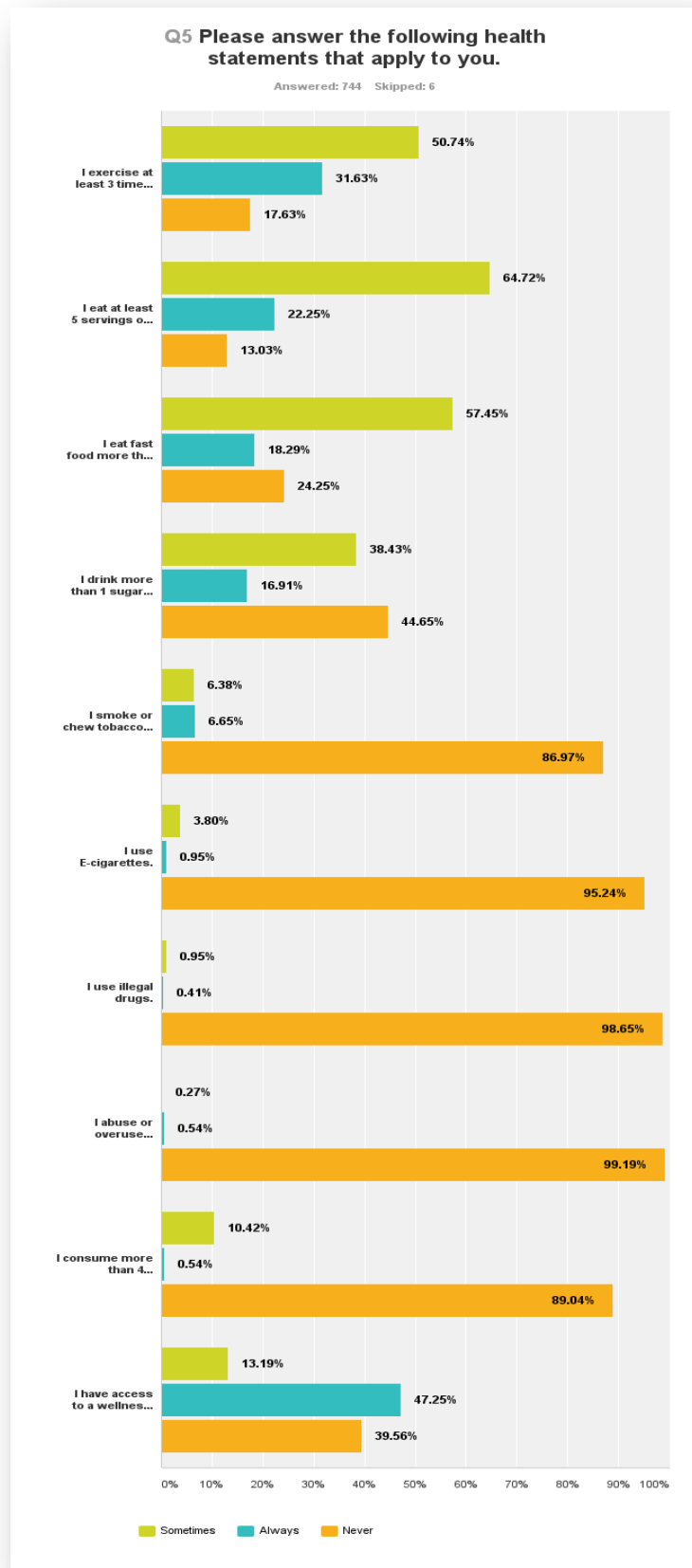


### Health Statements for Households Making over \$30,000

The households who made more than \$30,000 were more slightly likely to exercise overall and eat at least 5 servings of fruits and vegetables than those who made less than \$30,000. Those who made over \$30,000 were also more likely to drink excessively by 2%.

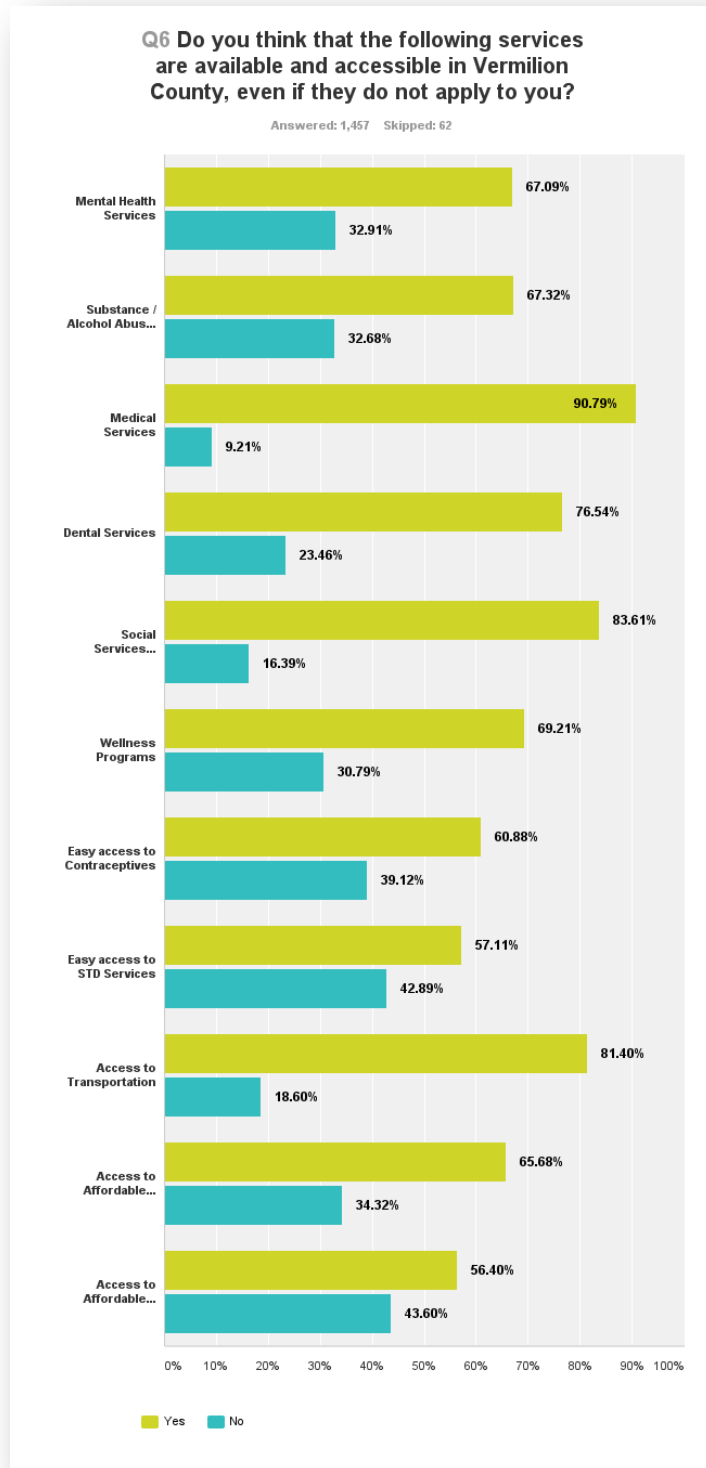
The under \$30,000 households were much more likely to consume more than one sugary drink per day, smoke, use illegal drugs, and were less likely to have access to wellness programs.

The number of people stating that they eat fast food more than once a week was similar for both groups.



### Service Availability

This question was also added this IPLAN cycle as we wanted to get a good understanding if the community felt that the services in Vermilion County were available and accessible. The services that received the most “no’s” that individuals felt were not accessible and available were, Access to Affordable Childcare (43.60%); Easy Access to STD Services (42.89%); Easy Access to Contraceptives (39.12%); Access to Affordable Housing (34.32%) and Mental Health Services (32.91%). When looking at individuals whose household income was lower than \$30,000, the services that received the most “no’s” were pretty much the same as the general population.



# Community Health Plan

## Statement of Purpose

The purpose of the Community Health Plan was to bring together information from the initial Community Health Assessment and data collection and use these findings to determine the priorities for the next IPLAN cycle. The IPLAN team, along with the Community Stakeholders determined which issues were critical to the community to address. The process to which we achieved our priorities is explained below.

## The Community Health Plan Process

In December 2016, the IPLAN team extended an invitation to a list of community stakeholders to participate in the Community Advisory Committee meetings. In addition, a Community Stakeholder survey was sent to all partners to also identify health concerns/ issues and their perception of the community problems.

The first Community Advisory Committee meeting was held on January 18<sup>th</sup>, 2017 at the Danville Area Community College with 38 participants from a variety of agencies and organizations from across the county. Doug Toole welcomed everyone to the meeting. Melissa Rome and Julia Willis facilitated the meeting and began by explaining the IPLAN process and reviewing the current priorities and workgroups.

Ms. Rome presented the Vermilion County raw data analysis and statistics. Julia Willis provided the information collected from the Community Survey data from the surveys. Ms. Willis also provided stakeholder information that had been collected via the Stakeholder Community survey. Ms. Willis identified the top health concerns from the community surveys: (1) Alcohol/Substance Abuse/Prevention, (2) Child Abuse / Neglect, (3) Domestic Violence, (4) Teen Pregnancy, and (5) Mental Health Problems. The stakeholders top health concerns were: (1) Alcohol / Drug Abuse Prevention, (2) Mental Health Problems, (3) Teenage Pregnancy, (4) Obesity, and (5) Low High School Graduation Rate.

Ms. Rome solicited input from the committee about the top health concerns. The group also looked at the top concerns from households that made below \$30,000. Participants discussed key issues facing the community, basing those decisions on existing supportive data. It was brought up by staff from the Housing Authority of the City of Danville that we as a community had not yet completed our work with the current priorities and felt that we should keep those priorities for the next IPLAN process, but to also include Mental Health as that was continuously brought up in discussion and a desperate need in the data. Ms. Rome asked for a consensus of the group on this idea and all those attending agreed. Ms. Brown with CRIS Healthy Aging Center asked if we as a community continue these priorities with the addition of Mental Health to focus on all ages for each of them. The group once again agreed. **The 2017-2022 priorities were decided as such in the following order of importance: 1) Substance Abuse /**

**Alcohol Prevention, 2) Mental Health, 3) Teen Pregnancy, and 4) Obesity.** This was based on survey data between both the community and community stakeholders.

The second Community Advisory Committee meeting was held on February 22<sup>nd</sup>, 2017 at Danville Area Community College. Ms. Rome and Ms. Willis facilitated the meeting. Ms. Rome began the discussion by identifying the proposed timeline for the IPLAN process. Thirty-eight participants from a wide variety of agencies and community sectors were engaged in the day's discussion. Ms. Rome identified that the purpose of the second meeting was to go over current resources and gaps for each of the priorities. The group would also be providing input to help develop and execute goals and objectives for each of the 4 chosen priorities.

Ms. Rome discussed current / existing programs in Vermilion County. A Community Resource Summary sheet which outlined the details of current resources throughout the County was distributed to the group. Ms. Rome stated this was the information VCHD currently was aware of or that the Resource Directory, 2-1-1, had on their website. Ms. Rome stated that if information was incorrect, the affected agency should contact 2-1-1 and updated their records. The group chose to talk about each priority as a whole instead of small groups, as some agencies had a stake in multiple priorities. The participants were also given a list of preliminary gaps, barriers, goals, and objectives for each priority. The group discussed what was missing or inaccurate in each area. The group was given an activity and timeline worksheet to take back to their agency as to what they would contribute to each priority in the next five years that they were not currently doing. The current workgroups in each priority area would continue and modify their goals and objectives with the onset of the IPLAN. A current group already meets for Mental Health issues and would be used as the Mental Health workgroup as opposed to creating a new one to prevent redundancy. Ms. Rome asked that all worksheets and changes to resources be given to the VCHD by March 31<sup>st</sup>, 2017.

## Teen Pregnancy

### Description

Teen pregnancy has been identified as a community health priority for the 4<sup>th</sup> time since the IPLAN process began. According to the Centers for Disease Control (CDC), the rate of babies born to women aged 15-19 years in 2014 was 24.2 per 1,000 women in this age group. This is a historic low for US teens and is a drop of 9% from 2013. Although reasons for this drop are unclear, speculations are that teens are delaying sexual activity and have better access to birth control than in previous years. While Vermilion County's birth rate (percentages) was also at a historic low in 2014 (11%), it is almost double the rate of the state of Illinois (6.1%). Vermilion County has had over a 40 year history of high teen pregnancy rates. This highest rate was in 1975 at 24%. *See Appendix B for a breakdown of the Teen Pregnancy Rate for Vermilion County.*

Teen pregnancy in Vermilion County has unfortunately become institutionalized and multi-generational. It is socially acceptable and has become the community social norm. Teen Pregnancy Prevention is one of CDC's top seven priorities as they feel it is important to the health and quality of life for our youth. "The CDC supports the implementation of evidence-based teen pregnancy prevention programs that have been shown, in at least one program evaluation, to have a positive effect on preventing teen pregnancies, sexually transmitted infections, or sexual risk behaviors (CDC)."

According to the Guttmacher Institute, although teen pregnancy rates have declined in recent decades, the US rate is still one of the highest in the developed worlds. Teen pregnancy, birth, and abortion rates reached historic lows in 2011 in the US.

- In 2011, about 553,000 pregnancies occurred among teen women aged 15-19, for a national rate of 52.4 pregnancies per 1,000 women in that age-group. This is the lowest rate observed in the last four decades, and it marks a 23% decline from the 2008 teen pregnancy rate of 68.2. National teen birth and abortion rates have also declined sharply.
- In 2011, there were 31.3 births per 1,000 teen women (down from 40.2 in 2008) and 13.5 abortions per 1,000 teen women (down from 18.1 in 2008).

Analysis completed by the National Campaign to Prevent Teen and Unplanned Pregnancy showed that teen childbearing in the United States cost taxpayers (federal, state, and local) at least \$9.4 billion dollars in 2010. Most of these costs are associated with healthcare, foster care, incarcerations, and lost tax revenue. These key data points highlight the need for prevention:

- 38% of teen girls who have a child before 18 get a high school diploma by age 22.
- 30% of teen girls who have dropped out of high school cite pregnancy or parenthood as a reason.
- 67% of teen mothers who moved out of their own families' household live below the poverty level.

- Children born to mothers younger than 18 years old score significantly worse on measures of school readiness including math and reading tests. (*National Campaign to Prevent Teen and Unplanned Pregnancy*).

Vermilion County continues to have a very low high school graduation rate and a low college degree attainment rate. Every child that disconnects from the education system impacts the entire community's future. Multiple generations of births to teens in our county may be a significant contributing factor to low graduation rates. These intertwined issues require parental involvement and a community that is actively engaged in helping school systems build healthier futures.

The Vermilion County high school dropout rate has been above the state rate for several years. According to the 2017 County Health Rankings, Vermilion County's graduation rate was 79%, the state of Illinois' rate was 86%, and top US performers were 95%. Vermilion County's rate of a person with at least some college was at 50%, while the state of Illinois' rate was 68%. Top US performers' rate was 72%.

In 2016, the Vermilion County Teen Pregnancy Prevention Workgroup was established (a 2012 IPLAN Objective). The workgroup has members from multiple sectors including schools, hospitals, health department, housing authorities, and social service agencies. In 2016, the workgroup developed a survey for teen mothers that were participants in the home visiting programs through Aunt Martha's, a Federally Qualified Health Center. The ages of the mothers when they became pregnant ranged from 13-20, with the majority of ages being between 16-19. It was disturbing to see that of the 29 participants that filled out the survey, 31.58% stated that the reason for their sexual activity was due to a "goal of becoming a parent". When asked why they became pregnant, 26.92% stated they wanted to have a baby. For a more detailed report of this survey, please see page 62 of this Community Health Plan. This data reveals the monumental challenges faced when addressing the teen pregnancy issues. This is not just an access to care issue. It goes beyond and intertwines with mental health and the ability to hope for a better future.

Vermilion County teens also provided valuable data from the I Sing the Body Electric Behavior Survey (ISBE) in 2016. This survey has been collected locally since 2002. Based on the administration of the Illinois Youth Survey (2016), the I Sing the Body Electric report provides community-level data on a variety of health and social indicators such as drug use, bullying, and school climate.

Since 2002, Vermilion County youth have ranked topics of sexual behaviors (including AIDS, sexually transmitted diseases, and teen pregnancy) in the top 3 of their health risk concerns. In 2016, it was ranked as number one. 2,118 Vermilion County students (69% of all students in grades 9-12) were surveyed for the 2016 I Sing the Body Electric Report. Survey data indicated the following information on the topic of sexual behaviors.

- Nearly one-half of our teens (45.4%) have had sexual intercourse at least once in their lives. Overall numbers have decreased 9.2% since 2014.
- One in 19 VC teens (5.1%) reports having sex before reaching 13 years old.
- One in 16 high school students (6.0%) has been pregnant one or more times or has fathered a child one or more times – a 22.1% decline since 2014.



- One in 13 sexually active VC teens (7.3%) had “unprotected” sex.
- One in 11 teens (8.6%) reports drinking alcohol or using drugs before sexual intercourse – a 19.6% decrease from 2014. This was an IPLAN 2012 objective accomplishment as 11.25% was the intended target.

While improvements have obviously been made in teen pregnancy, Vermilion County still has a lot of work to go. In 2012, the IPLAN objective for reducing the pregnancy rate among adolescent females aged 15-19 was at a target of 58.5 pregnancies per 1,000. According to the 2017 County Health Rankings, the teen pregnancy rate was 54 pregnancies per 1,000. This is a great achievement to have been met, however, Healthy People 2020 would like to see the rate being 36.2 pregnancies per 1,000. According to the ISBE survey, the number of teens that have not had sexual intercourse at least once in their lives is at 54.6%. In 2012, the IPLAN objective for the proportion of adolescents age 17 years and younger who have never had sexual intercourse was 48.7%. Once again, we are headed in the right direction. At the time, the baseline was at 44.3%.

With the understanding that we have made some great strides in the number of teen pregnancies, it will be crucial to see if the reduction is a trend rather than a mere blip. Vermilion County still has one of the highest teen pregnancy rates in the state.

Parental and community involvement is critical in addressing any issue related to our youth and none less so in the issue of sexual health. When looking at the survey data from our teen parents, 96.5% felt they were given valid, accurate information about sexual education. This data would show that it isn't that our teens are not getting the right information, they are instead making poor choices. We also need to make sure our parents are involved with their children. Questions regarding parental involvement with their child for the I Sing the Body Electric survey resulted in:

- 83.3% of youth say they have a trusted adult they can talk to
- 17.5% say they “never” eat dinner with their parents
- 33.8% of youth say, “When I am not home, one of my parents / guardians sometimes or most of the time knows where I am and who I am with.”

According to the ISBE Survey Report, students were asked to list how many activities and opportunities they participated in. A range of 22% to 27% of the students stated that they participated in no activities and opportunities. Children who are more involved in activities are less likely to engage in risky behaviors.

Our community's future depends on keeping our children in school and making them believe there is hope and a possible future. Education and parental involvement are critical to accomplishing this.

In 2017, the Vermilion County Health Department was able to hire a dedicated Health Educator that was not tied to any grant funding. The Health Educator will be paid through funds previously paid for rent to the county for the Health Department occupancy of the building. Since 2010, the Vermilion County Health Department has been without a health educator.

The Community Advisory Committee, a group of more than 50 stakeholders, outlined current resources, risk factors, contributing risk factors, strategies and barriers impacting teen pregnancy in Vermilion County. The Community Health Worksheet depicting the results of these discussions is included in the following tables.

## Community Health Plan Teen Pregnancy

### Health Problem:

#### Teen Pregnancy

#### Risk Factor(s):

- Unsafe sex
- Child of teen mother
- Poverty
- Limited education
- Alcohol/Substance Abuse
- Mental Health

#### Contributing Factors:

- Absence of male role models
- Age
- Culture
- Expectation of sexual activity/peer pressure
- Media-TV/Computer influences
- Single Parent Home
- Early sexual activity
- Low self esteem
- Trauma from divorces
- Sexual abuse

#### Barriers:

- Lack of support system
- Lack of transportation
- Lack of vision/goals
- Lack of parental supervision (both parents working or one-parent household)
- Lack of after-school activities
- Lack of trust in parents / schools / agencies
- Lack of access
- Limit on providers
- Social barriers

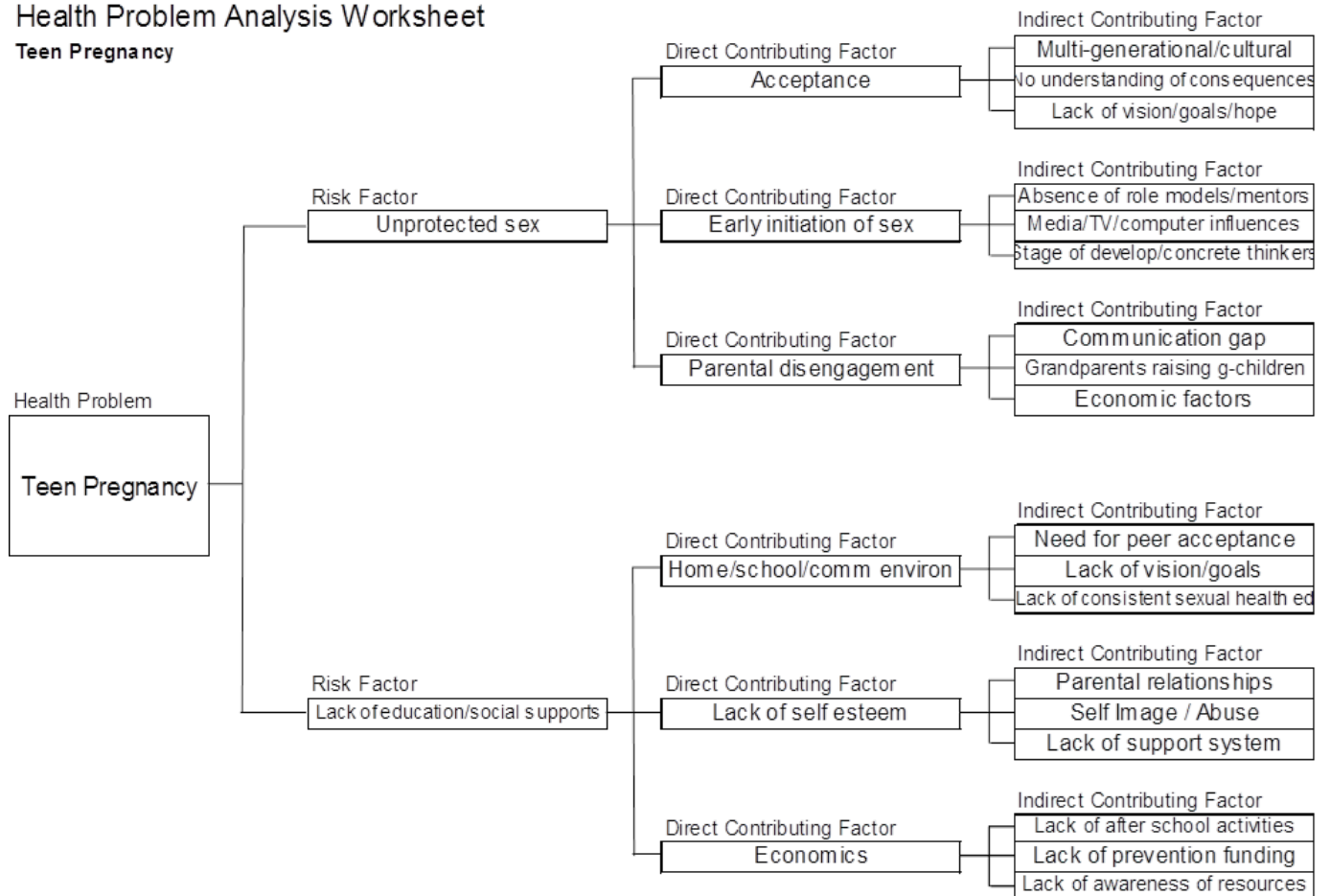
#### Community Resources:

- Aunt Martha's
- Big Brothers Big Sisters / Young Women Aware
- Boys and Girls Club

- Churches
- CRIS Healthy Aging (grandparents)
- DACC
- District #118 / County Schools
- East Central Illinois Community Action Agency
- Hoopston Multi-Agency
- Housing Authority of the City of Danville
- Presence Health
  - I Sing the Body Electric
  - Faith in Action – getting resources to grandparents
- Schools of Nursing
- U of I Extension
- Women’s Care Clinic
- YMCA / Young Men Aware

Health Problem Analysis Worksheet

Teen Pregnancy



**OUTCOME AND IMPACT OBJECTIVES – TEEN PREGNANCY**

*Outcome and Impact Objectives based on Healthy People 2020 Objectives (2017)*

**Outcome Objective 1:**

By 2022, reduce by 5% the pregnancy rate among adolescent females aged 15-19 years of age (HP 202 FP-8).

Target: 51.3 pregnancies per 1,000.

Baseline: 54 pregnancies per 1,000.

Target setting method: 5 percent improvement

Data Source: ISBE, CDC, County Health Rankings, Illinois Department of Public Health

**Impact Objectives 1.1**

By 2022, increase by 3% the proportion of adolescents aged 17 years and younger who have never had sexual intercourse (HP 2020 FP-9)

Target: 56.2 percent

Baseline: 54.6 percent of students in the ISBE survey reported they had never had sexual intercourse. *(This baseline met 2012-2017 IPLAN target goal)*

Target Setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.2**

By 2022, increase by 3% the proportion of sexually active persons aged 15-19 years who use condoms to both effectively prevent pregnancy and provide barrier protection against disease (HP 2020)

Target: 21.2%

Baseline: 20.6%

Target setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.3**

By 2022, decrease by 3% the proportion of sexually active teens who report using drugs or alcohol prior to their last sexual intercourse experience (HP 2020)

Target: 8.3 percent

Baseline: 8.6 percent of students in the ISBE survey reported they had used alcohol or drugs prior to their last sexual intercourse experience. *(This baseline met 2012-2017 IPLAN target goal)*

Target setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.4**

By 2022, decrease by 3% the proportion of sexually active teens who report having sex with two or more partners in their lifetime.

Target: 13.8%

Baseline: 14.2%

Target setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.5**

By 2022, increase by 3% the proportion of adolescents who participate in extracurricular and/or outside of school activities. (HP 2020 – AH-2)

Target: 47.5

Baseline: 46.1%

Target setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.6**

By 2022, decrease by 3% the proportion of teen parents whose reason for sexual activity was a goal of becoming a parent.

Target: 30.6%

Baseline: 31.58%

Target setting method: 3 percent improvement

Data Source: Aunt Martha's Teen Parent Program – Focus Group Survey, Teen Pregnancy Prevention Workgroup.

**Impact Objective 1.7**

By 2019, develop and implement a curriculum based program for the schools to address healthy choices in sexual activity and contraceptive use. This curriculum will be a comprehensive education program that would involve multiple visits to the schools and or after school programs. These programs will be developed by the newly hired Vermilion County Health Educator. (No Baseline: No health educator since 2010).

## Intervention Strategies

The Vermilion County Pregnancy Prevention Workgroup has been meeting together since April 2016. These will be some of the strategies that they will work towards in the upcoming IPLAN period.

Proposed Workgroup Strategies
Re-survey teen parents through Aunt Martha's Teen Parent Program every year
Promote Comprehensive Sexual Education (self-esteem, setting sexual boundaries, abstinence, contraceptives)
Develop or Implement Existing Comprehensive Sexual Education (self-esteem, setting sexual boundaries, contraceptives, etc) into the schools
Use a Consistent Message
Promote Community Partner Programs – Home Visiting Programs, Mentoring Programs, After School Programs, etc.
Develop culturally appropriate programs for youth
Promote programs that assist grandparents raising grandchildren
Promote goal setting – high school graduation attainment, college attainment, trade schools attainment, etc.
Develop Facebook page and utilize the VCHD website to push one message out.
Develop a youth expo / health fair
Develop Education Campaign
Target Teen Boys / Male Involvement

### *Nursing Students / Interns*

The Vermilion County Health Department has a long standing relationship with area colleges of nursing. Danville Area Community College, Lakeview College of Nursing, and the University of Illinois Chicago have collaborated with the health department to have part of their clinical experience performed at the health department. Some of the nursing students have projects that they must complete and VCHD has encouraged them to base their projects on Health Department and Workgroup needs. The following list details some of the projects that the nursing students have completed since the last IPLAN:

Type of Project	Description
<b>Pamphlet</b>	Let's Talk about Sex – Resources for talking to your children about safe sex practices
<b>Handout</b>	Basic handout on Chlamydia, Gonorrhea, and Syphilis (how it spreads, what does it look like, treatment, etc.
<b>High School Sexual Education Survey (2016)</b>	The nursing students surveyed all high schools, except one about what services and education they were doing for both Sexually Transmitted Diseases and contraceptive use.
<b>Sexually Transmitted Diseases information on Website</b>	Updated links on VCHD's website for education on STDs
<b>Pamphlet</b>	"What to Expect" Pregnancy reference pamphlet for newly pregnant teens to get the information they need.
<b>Pamphlet</b>	Basic Teen Pregnancy Information sheet – preventative message

VCHD will continue to work with the students and any future interns to complete projects that can be used by the Vermilion County Pregnancy Prevention Workgroup and the VCHD.

#### Estimated Funding for Teen Pregnancy Interventions

\$,430,000 over five years

#### Anticipated Sources of Funding for Teen Pregnancy Interventions

- In-kind contributions from participating organizations
- County Government - Salaries
- Partnership with Executive Committee / Corporate Support – Salaries

### Community Partnerships

During the IPLAN meetings, VCHD asked each agency to complete an activity and timeline worksheet for activities per priority that they were not currently doing, but would try to implement during the next 5 years. Below is a list and description of some of these programs and strategies that the health department received that will address the 2017-2022 priorities:

Agency	Timeline	Activity
Big Brothers Big Sisters / Young Women Aware	July 2017	Have a health professional come and talk about effects of teen pregnancy on the body as well as the difficulties of taking care of a baby.  Using life-like dolls (baby think it overs) so the participants can see what it is like to care for them.
Child Care Resource Service	Ongoing  March 2017 and Ongoing  Ongoing	Child Abuse – Present Workshop – darkness to light and shaken baby syndrome  Trauma in Children - Collaborate with DACC and other organizations to present trainings on the effect of trauma on children  Teen Parents – teen parent liaison who can work with teen parents to find childcare and with the Child Care Assistance Program Application. Refer to other resources as well.
East Central Illinois Community Action Agency	Varies	Head Start – early childhood education service  Maternal Infant and Early Childhood Home Visiting Services – Education  Education Talent Search Program – Test prep, study skills, goal setting, self-esteem, ACT Test Prep, College Admin / application assistance, etc.
Vermilion County Health Department	As of April, 2017	VCHD’s newly hired Health Educator will be able to get back into the schools, after school activities, service groups, etc.



## Evaluation

The Teen Pregnancy Prevention Workgroup will look at the following tools for evaluation of their progress:

- I Sing the Body Electric Data (collected every 2 years)
- County Health Rankings (Annually)
- Number of presentations in Schools (Monthly)
  - Evaluation tools, surveys, etc. of the education program.
- Graduation Rates (Annually)
- Number of schools that have an active education (Abstinence or Comprehensive) curriculum (Survey – annually)
- College Rates (Annually)
- Teen Parent Surveys (Annually)

## Substance / Drug Abuse Prevention

### Description

#### National Substance Use

According to the 2015 National Survey on Drug Use and Health (NSDUH), an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), 27.1 million people aged 12 or older used an illicit drug in the past 30 days, which corresponds to about 1 in 10 Americans. Illicit drugs include: marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives (NSDUH 2015). The most frequently used illicit drug was marijuana followed by the misuse of prescription pain relievers, with 22.2 million current marijuana users aged 12 or older and 3.8 million people aged 12 or older who reported current misuse of prescription pain relievers (NSDUH 2015).

Binge drinking is defined as drinking five or more drinks for men or four or more drinks for women on the same occasion on at least 1 day in the past 30 days. Heavy drinking is defined as binge drinking on 5 or more days in the past 30 days. In 2015, there were 138.3 million Americans aged 12 or older who reported current use of alcohol. 66.7 million of those reported binge alcohol use in the past month and 17.3 million reported heavy alcohol use in the past month. Binge drinkers represented 24.9% of the population while heavy drinkers made up 6.5% of the population aged 12 or older (NSDUH 2015).

Substance use has a wide range of short and long term effects as well as many direct and indirect effects. These effects differ based on the drug used, how they are taken, the individual's health, and other factors. Short term effects can include wakefulness, heart rate, blood pressure, heart attack, psychosis, overdose, and death. These health effects can occur after just one use. Long term effects of substance use can include heart or lung disease, mental illness, HIV/AIDS, hepatitis, cancer, and many others. Drug addiction is categorized as a brain disorder (National Institute on Drug Abuse).

According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH) an estimated 20.2 million adults (8.4%) had a substance use disorder. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. It's estimated that 7.9 million adults had both a mental disorder as well as substance use disorder. These co-current disorders carry a high burden of disease, resulting in significant costs to individuals, families, employers and health systems such as loss of economic productivity, and increased rate of crime, disability, and death (NSDUH). According to the Centers for Disease Control and Prevention (CDC), excessive alcohol use causes 88,000 deaths a year. In 2015, there were 52,000 drug overdose deaths in the United States. 29,728 of those were attributed to prescription drugs, 6,784 to cocaine, 12,989 to heroin, and 33,091 to overall opioid use (NIDA).

Of the 217.1 million Americans with a Substance Use Disorder, just over 10 percent ultimately receive treatment (Illinois Criminal Justice Information Authority, ICJIA). 78% of violent crimes involve drugs and/or alcohol. Approximately 75% of the 2.3 million prison inmates in the US meet the criteria for

substance abuse or addiction (ICJIA). Addressing the impact of substance use alone is estimated to cost more than \$600 billion annually in the US (SAMHSA). According to the Illinois Criminal Justice Information Authority, the US government spends an estimated \$74 billion on court processing, community supervision, and imprisonment of individuals with substance use disorders. Just 1 percent of that amount is spent on prevention and treatment for these individuals. Additionally, about 11 percent of prisoners with substance use disorders receive treatment (ICJIA).

### **Vermilion County Substance Use**

Vermilion County has seen a significant increase in drug-related overdose deaths and heroin specific overdose deaths. Vermilion County has seen an increase of 122% in total deaths due to any type of drug between 2013 and 2016. Heroin deaths have seen an increase of 300% between 2013 and 2016. In 2016 there were 20 drug overdose deaths in Vermilion County which is up from 9 overdose deaths reported in 2013. Of these 2016 overdose deaths, 12 are attributed to any opioid overdose (including heroin) compared to 7 opioid overdose deaths in 2013 (Illinois Department of Public Health). In 2015, there were 435 drug related arrests made in Vermilion County (Illinois Criminal Justice Information Authority).

In the 2017 County Health Rankings for Vermilion County reported:

- The adult smoking rate is 18% which is higher than the state of Illinois average of 15%.
- The adult excessive alcohol use was 18% which is better than the Illinois state average of 21%.
- Vermilion County's alcohol impaired driving deaths, which defined as the percentage of driving deaths with alcohol involvement, is 29% compared to 34% state of Illinois average.

The Vermilion County Community Health Survey data shows:

- Alcohol and drug abuse as the number one health concern by a large margin, with 61.58 % of survey participants reporting it in their top 5 health concerns.
- 3.23% of those surveyed reported illegal drug use.
- 1.52% reported overusing or abusing prescription drugs.
- 10.1 % reported sometimes or always consuming four or more drink a day.
- 32.68 % reported they do not feel Alcohol and Drug Abuse treatment/prevention services are accessible in Vermilion County.

### **Youth Substance Use**

Substance use among adolescents is not an "individual" problem. It's a complex social problem compounded by contributing factors within the home, school, and community. Addressing local contributing factors is crucial when developing strategic solutions to youth substance use. Some common contributing factors to youth substance use includes permissive family norms, ease of access, peer perception of substance use, lack of provision and/or communication from parents regarding substance use, and low perceived risk of harm to themselves or others.

Results from the 2016 Vermilion County survey of area high school students through Presence United Samaritan Medical Center's Foundation program, I Sing the Body Electric, showed alcohol and drug use

are among the biggest problems for youth. 2,118 Vermilion County students (69% of all students in grades 9-12) were surveyed for the 2016 I Sing the Body Electric Report. These findings included:

- Overall numbers of VC youth who have had at least one drink of alcohol in their lifetimes have fallen to the lowest level in ISBE survey history going from 77.8% in 2002 to 55.9% in 2016 – a 28.1% decline in use.
- The greatest age risk for first use of alcohol is 14 and 15 years old.
- 29.0 % of teens reported alcohol use within the past 30 days.
- 15.5 %, or one in six of Vermilion County youth report binge drinking in the past two weeks.
- 11.3 % reported they drank and drove within the past 12 months.
- 19.9 % report riding with someone who has been drinking alcohol.
- 28.0% report using marijuana at least once in the past year with the greatest risk for first time use at 14 years old.
- 2.3 % of youth report using cocaine in the past year.
- 2.0% (1 in 50) of teens report using ecstasy in the past 12 months.
- 1 in 11 youth (9.0%) report that they took prescription drugs that were not prescribed to them within the past 12 months.
- 28.5 % of teens have been to or hosted a party where alcohol was served with a parents or guardians knowledge or consent.
- Meth use among youth has gone down by 27.8%, and is now at 5.7%.
- 10.6% of youth have used synthetic drugs like K2, Spice, Bath Salts, etc., which is a 31.6% decrease from 2014.
- Heroin use among youth is 1.8 %, which is down 22.2 % from 2014.

Data was collected from Prairie Center Health Systems, a youth outpatient treatment program. A total of 500 youth residing in Vermilion County received substance treatment services from FY 14 through FY 16. The primary substances of abuse were marijuana and alcohol. Of those 500 clients, 261 youth were treated for a cannabis use/abuse diagnosis and the remaining youth clients received treatment for alcohol use/dependence, amphetamine use, opioid dependence, or other substance. In addition treatment data, 7% of 9th grade students, 10% of 10th grade students, 14% of 11th grade students and 15% of 12th grade students reported being drunk or high at school.

### **Progress Update from 2012 – 2016 Impact Objectives**

The I Sing the Body Electric 2016 survey data shows progress was made and goals met from the previous IPLAN impact objectives. Some successes include:

- By 2017, increase by 10 % the number of adolescents who have never had alcohol in their lifetime.
  - 2010 Baseline – 29.5 %
  - Target - 32.45 %
  - **ISBE 2016 data - 44.1%** ( a 49.5 % improvement )

- By 2017, increase by 10 % the number of adolescents who, in the past 30 days, refrained from alcohol
  - 2010 Baseline - 63.4 %
  - Target -69.7 %
  - **ISBE 2016 Data – 71.0 %** ( a 12% improvement )
- By 2017, reduce by 10% the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol
  - 2010 Baseline – 23.7 %
  - Target – 21.3 %
  - **ISBE 2016 Data – 19.9 %** ( a 16 % improvement )
- By 2017, increase by 10% the proportion of at risk adolescents who, in the past year, refrained from using marijuana
  - 2010 Baseline – 60.6 %
  - Target – 67%
  - **ISBE 2016 Data – 72 %** ( a 18.8 % improvement )

## Community Health Plan - Substance Abuse

The Community Advisory Committee, a group of more than 50 stakeholders, outlined current resources, risk factors, contributing risk factors, strategies and barriers impacting substance use in Vermilion County. The Community Health Worksheet depicting the results of these discussions is included in the following tables.

### Health Problem:

#### Substance Use

#### Risk Factor(s):

- Trauma/Injury
- Disability
- Child Abuse
- Neglect
- Sexual Abuse
- Age
- Family influences
- Limited education

#### Contributing Factors:

- Ease of access
- Peer pressure/Media
- Lack of supervision
- Lack of positive role models
- Lack of prosecution by law enforcement
- Low perceived risk
- Sexual abuse
- Family history of abuse
- Lack of coping skills
- Lower self-esteem
- Lower socio-economic status
- Chronic illness
- Limited health behavior education
- Lack of Funding for services

#### Barriers:

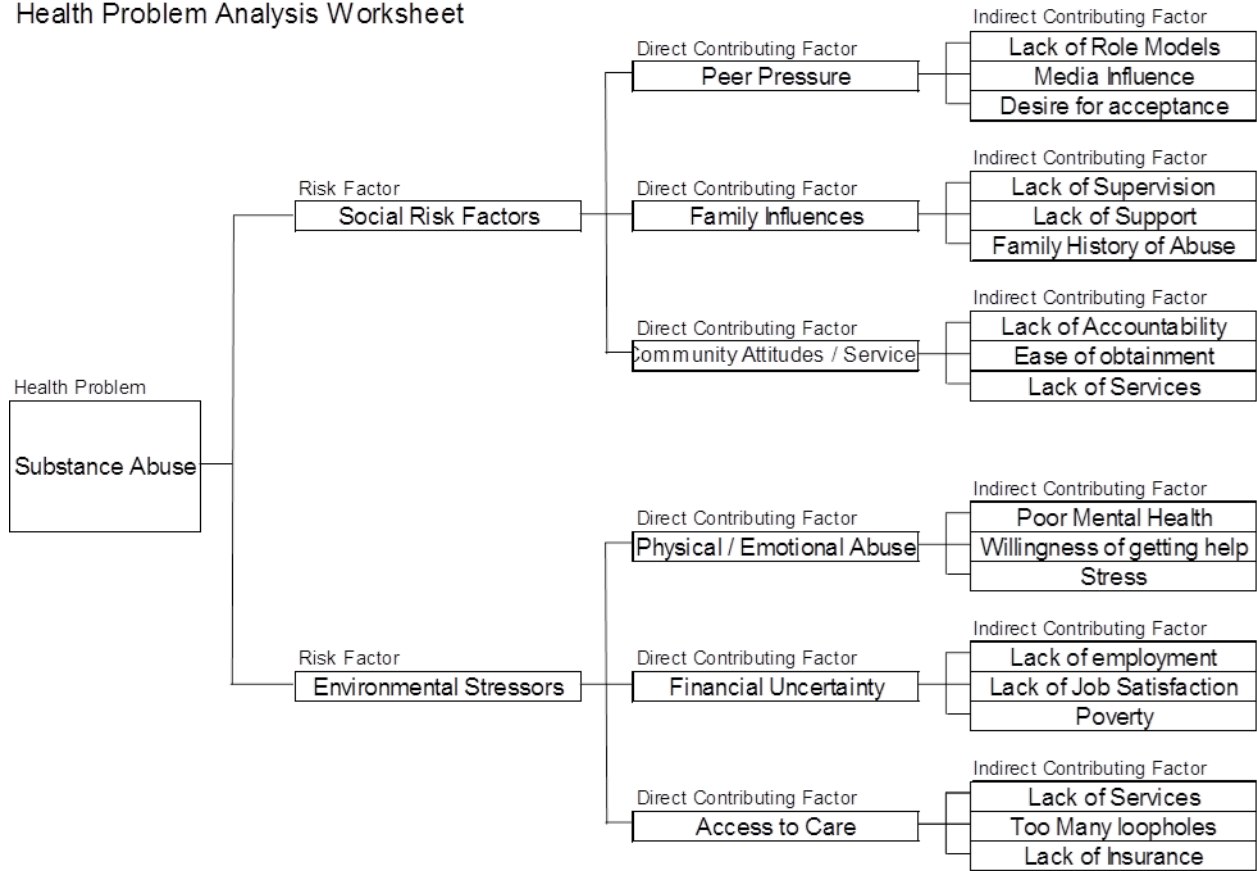
- Lack of prevention programs / resources
- Social stigmas
- Community attitudes
- Not going in for regular physicals
- Transportation for some
- Skepticism about substance abuse
- Lack of vision/goals

- Lack of parental supervision

**Community Resources:**

- AA Support Groups
- Aunt Martha's
- Big Brothers Big Sisters / Young Women Aware
- Boys and Girls Club
- Carle Hospital
- CHOICES
- Churches
- CRIS Healthy Aging
- Crosspoint
- DCFS
- East Central Illinois Community Action Agency
- Housing Authority of the City of Danville
- I Sing the Body Electric
- Law Enforcement
- Local Media
- Local Pharmacies
- Mental Health Board
- New Directions Treatment Center
- Prairie Center
- Presence Health
- Private Providers
- Salvation Army
- Take Back Vermilion County Coalition
- YMCA / Young Men Aware
- VA Illiana Health Care System
- Vermilion County Drug Court programs
- Vermilion County Health Department
- Vermilion County Probation

Health Problem Analysis Worksheet





**OUTCOME AND IMPACT OBJECTIVES – SUBSTANCE / ALCOHOL ABUSE**

*Outcome and Impact Objectives based on Healthy People 2020 Objectives (2017)*

**Outcome Objective 1:**

By 2022, increase by 3% the proportion of 10<sup>th</sup> and 12<sup>th</sup> graders never using any substances. (HP 2020 SA 2.1)

Target: 10<sup>th</sup> Graders – 51.5%, 12<sup>th</sup> graders – 43.26

Baseline: 10<sup>th</sup> Graders – 50%, 12<sup>th</sup> graders - 42%

Target setting method: 3 percent improvement

Data Source: Illinois Youth Survey, CDC

**Impact Objectives 1.1**

By 2022, decrease by 3% the proportion of at risk adolescents who have had at least one drink of alcohol in their lifetime. (HP 2020 SA-2).

Target: 54.2 %

Baseline: 55.9% (this goal was met from 2008-2012 IPLAN)

Target Setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.2**

By 2022, increase by 3% the proportion of at risk adolescents who, in the past 30 days, refrained from using alcohol.

Target: 73.1 %

Baseline: 71.0 %

Target setting method: 3 percent improvement

Data Source: ISBE, Illinois Youth Survey

**Impact Objective 1.3**

By 2022, increase by 3% the proportion of adolescents who perceive great risk associated with consuming five or more alcoholic drinks at a single occasion once or twice a week. (HP 2020 SA-4.1)

Target: 41.2 %

Baseline: 40.0%

Target setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.4**

By 2022, decrease by 3% the proportion of adolescents in Vermilion County who report that they rode with a driver who had been drinking. (HP 2020 SA-1)

Target: 19.3 %

Baseline: 19.9%

Target setting method: 3 percent improvement

Data Source: ISBE, Illinois Youth Survey, CDC

**Impact Objective 1.5**

By 2022, decrease by 3% the proportion of at risk adolescents who, in the past year, reported using marijuana. (HP 2020 SA-2.2)

Target: 27.1%

Baseline: 28 %

Target setting method: 3 percent improvement

Data Source: ISBE, Illinois Youth Survey, CDC

**Impact Objective 1.6**

By 2022, increase by 3 % the proportion of at risk adolescents who, in the past 30 days, refrained from smoking marijuana.

Target: 81.37 %

Baseline: 79.0 %

Target setting method: 3 percent improvement

Data Source: ISBE, Illinois Youth Survey

**Impact Objective 1.7**

By 2022, decrease by 3% the number or adolescents who report illicit drug use in the past year.

Target: 8.7 %

Baseline: 9.0 %

Target setting method: 3 percent improvement

Data Source: ISBE, Illinois Youth Survey

**Impact Objective 1.8**

By 2022, decrease by 3% the number or adolescents who report using prescription drugs not prescribed to them.

Target: 8.7 %

Baseline: 9.0 %

Target setting method: 3 percent improvement

Data Source: ISBE, Illinois Youth Survey

**Impact Objective 1.9**

By 2019, look into funding for adolescent drug prevention grants. (Drug Free Communities Grant)

**Outcome Objective 2:**

By 2022, decrease by 3% the number of drug overdose deaths in Vermilion County.

Target: 19 drug overdose deaths

Baseline: 20 drug overdose deaths

Target setting method: 3 percent improvement

Data Source: Illinois Department of Public Health

**Impact Objective 2.1**

By 2022, increase by 3 % the number of admissions to substance abuse treatment for drug use.

Target: 3% increase once baseline is determined

Baseline: **No Baseline – will need to develop a system to measure**

Target setting method: 3 percent improvement

Data Source: Prairie Center, Aunt Martha's, Crosspoint, New Directions, Carle Hospital, Presence Health.

**Impact Objective 2.2**

By 2022, increase the number of substance use support groups for adults.

Baseline needs to be determined. This impact objective includes developing a comprehensive community listing with all local substance use support groups offered.

**Impact Objective 2.3**

By 2022, decrease by 3% of adults in Vermilion County who report excessive, binge, or heavy drinking.

Target: 17.4%

Baseline: 18%

Target setting method: 3 percent improvement

Data Source: Behavioral Risk Factor Surveillance System, County Health Rankings

**Impact Objective 2.4**

By 2022, decrease by 3% of adults in Vermilion County who report abusing or overusing prescription drugs.

Target: 3% decrease once baseline is determined

Baseline: **No Baseline – will need to develop a way to measure / survey**

Target setting method: 3 percent improvement

Data Source: To Be Determined

**Impact Objective 2.5**

By 2022, decrease by 3% of adults in Vermilion County who self-report using illegal drugs.

Target: 3% decrease once baseline is determined

Baseline: **No Baseline – will need to develop a way to measure / survey**

Target setting method: 3 percent improvement

Data Source: To Be Determined

**Impact Objective 2.6**

By 2019, develop a community wide media campaign aligned with the abuse related monthly national observances through social media, print media, and radio and TV media.

**Intervention Strategies**

Take Back Vermilion County is a substance use coalition formed in March of 2016 through the leadership of community health providers in the County. The goals of the coalition are to enhance collaboration among community organizations and increase community participation to prevent and reduce substance abuse and related risk factors in Vermilion County by implementing or expanding multiple community and school-based prevention strategies through well-coordinated and community-supported prevention initiatives. Vermilion County faces a lack of substance use prevention dollars available due to many budget cuts to state agencies and lack of state budget. These cutbacks and slow payments from the State resulted in current hiring and program freezes at several organizations involved in substance use prevention and treatment. In spite of these challenges, members of the coalitions have actively been involved in identifying goals and objectives to decrease substance use and increase their perception of harm and risk regarding substance use. The coalition has maintained involvement from representatives of a myriad of community sectors. The Coalition has been constructed to include members of different cultural groups. Take Back Vermilion County includes members with the proven ability to carry out planning, problem solving and decision making tasks. Members are called upon to provide resources and to mobilize community members and groups for active participation in specific prevention efforts.

Take Back Vermilion County Strategies
By May 2018, host 3 town hall meetings to increase knowledge on youth substance abuse and related problems in Vermilion County to local community groups
Engage community stakeholders in youth substance abuse prevention by hosting 2 local trainings by Prevention First and Prairie Center for at least 20 coalition and community stakeholders
Implement community wide media campaigns and advocacy aligned with annual national youth prevention campaigns : Red Ribbon Week , National Drunk and Drugged Driving Prevention Month, National Prevention Week
Provide the SAMSHA approved Youth Prevention Education curriculum, Too Good for Drugs, a life skills

and drug prevention education curriculum to the 3 elementary and 4 middle schools in Vermilion County
Develop campaign materials consistent with various evidence based cognitive, behavioral and developmental theories in order to affect the beliefs, intentions and behaviors of students to be released to teachers, community organizations, and parent groups
Continue supporting I Sing the Body Electric project at High schools in Vermilion County
Develop workplace initiatives - workplace education and outreach programs, coordination with employee assistance, wellness, and benefits programs and as well as supervisor training on signs and symptoms of substance abuse
Promote 211 as resource guide of available community resources
Develop ongoing community awareness campaign
Pursue grants and funding opportunities to build organizational capacity to address substance use
Vendor and beverage seller compliance checks
Educate parents, educators, landlords, and other community members about substance use: what to look for, and how to respond appropriately, and how to prevent use in the first place
Work with the prescribing providers in Vermilion County (physicians, dentists, mental health practices) to encourage the use of agreements with patients who are prescribed highly addictive prescriptions

### *Nursing Students / Interns*

University of Illinois Nursing students completed a project for Take Back Vermilion County in March, 2017. The students surveyed all schools K through 12 in the county. They asked for information on existing drug education, if any, each school currently covers. This information helps Take Back Vermilion County determine the best way to implement substance use education programs in each school. VCHD will continue to work with the students and any future interns to complete projects that can be used by the Take Back Vermilion County and the VCHD.

### Estimated Funding for Teen Substance Abuse Interventions

\$,930,000 over five years

### Anticipated Sources of Funding for Substance Abuse Interventions

- In-kind contributions from participating organizations
- County Government - Salaries
- Partnership with Executive Committee / Corporate Support – Salaries
- Possible Drug Free Communities Grant – \$125,000 over 4 years.

**Community Partnerships**

During the IPLAN meetings, VCHD asked each agency to complete an activity and timeline worksheet for activities per priority that they were not currently doing, but would try to implement during the next 5 years. Below is a list and description of some of these programs and strategies that the health department received that will address the 2017-2022 priorities:

Agency	Timeline	Activity
Big Brothers Big Sisters / Young Women Aware	July 2017	Have a counselor come and speak from the Prairie Center to talk about the effects of drugs and alcohol
Presence Health Community Resource Center	Ongoing	The CRC will continue to work with patients/clients to link them to needed resources. As the IPLAN develops strategies to address these needs, the CRC can help spread the word and get our patients/clients engaged in those services.
	Ongoing	The CRC can provide information on unmet needs or trends that are being seen in the ED as well as throughout the hospital. This data would be limited to what HIPAA would allow, but could help keep the group informed.
Vermilion County Health Department	As of April, 2017	VCHD’s newly hired Health Educator will be able to get back into the schools, after school activities, service groups, etc.

**Evaluation**

The Take Back Vermilion County coalition will look at the following tools for evaluation of their progress:

- I Sing the Body Electric Data (collected every 2 years)
- Baseline increases for current programs
- Pre/Post analysis of school based programs
- Compliance checks- comparing annually
- Increased utilization of 211
- ER visit analysis
- Treatment numbers
- Number of workplace initiatives
- Evaluate the community reach of the town hall meetings/forums using sign in rosters.
- After any developed materials have been designed, collect feedback from a representative sample of the target audience regarding effectiveness and materials will be modified as needed.

## Obesity

### Description

Obesity continues to rise across the United States. The Center for Disease Control (CDC) defines obesity as having a Body Mass Index (BMI) greater than or equal to 30. Obesity is a contributing cause of many health problems. It is associated with poorer mental health outcomes, reduced quality of life, and the leading cause of death in the U.S. and worldwide, through contributing to heart disease, stroke, diabetes and some types of cancer. Obesity is a top community health priority in Vermilion County.

CDC states the following facts about obesity in adults (CDC NCHS Data Brief. Nov 2015)

- More than one-third (36.5%) of U.S. adults are obese
- 70.7 % of adults age 20 years and over are overweight, including being obese (2013-2014)
- 78.6 million adults in the U.S. are obese.
- In every state, more than 20% of adults are obese, and in twenty-five states, over 30% of adults are obese
- No state has an obesity rate less than 20%
- The prevalence of obesity was higher in women (38.3%) than in men (34.3%). Among all youth, no difference was seen by sex.
- Annual medical care costs are staggering. Annual estimates of medical costs are as high as \$147 billion in the U.S. The medical costs for people who are obese are estimated to be \$1,429 higher than those of a normal weight.

CDC identifies the national epidemic of obesity is the result of a combination of causes and contributing factors including individual health behaviors, genetics, and societal factors.

### Societal and Community Environment

- Physical environment
  - Communities are built in ways that make it difficult or unsafe to be physically active
  - Access to parks and recreation centers may be difficult or lacking and public transportation may not be available
  - Safe routes for walking or biking to school, work, or play may not exist
- Education and skills
  - Too few students get quality, daily physical education in school
- Food marketing and promotion
  - Foods high in sugar, fat, and salt are frequently advertised and marketed
  - It is often easier and cheaper to get less healthy foods and beverages
- Genetics
- Medication use and disease
- Individual health behaviors
- Physical inactivity

- Sedentary lifestyle such as watching television or other screen devices for over 2 hours a day.
- Dietary patterns
  - Some Americans have less access to stores and markets that provide healthy, affordable food such as fruits and vegetables. Restaurants, snack shops, and vending machines provide food that is often higher in calories and fat than food made at home.
  - According to CDC Data trends 6 in 10 youth (63%) and 5 in 10 adults (49%) drank a sugar-sweetened beverage (SSB) on a given day (2011-2014) On average, U.S. youth consume 143 calories from SSB's and U.S. adults consume 145 calories from SSBs on a given day. According to the Vermilion County Community Health Survey 68.5 % of participants reported they sometimes or always drink more than one sugary beverage a day.

The Robert Wood Johnson Foundation and the Trust for America's Health organization have collaborated to produce an annual extensive report: The State of Obesity (2016). This report reiterates many of the issues influencing the obesity epidemic in the U.S. In addition, the State of Obesity lists these additional considerations:

- Adults consumed approximately 460 more calories daily in 2010 than they did in 1970
- Portion sizes have grown significantly over time. There has been an increasing size of meal portions, both at homes and in restaurants (identified as "portion distortion"). Many restaurant portion sizes have doubled or tripled over the past 20 years.
- U.S. adults consume nearly three times the recommended amount of sugar.
- Over the past decade there has been a decreased in-home cooking with a rising number of meals eaten or bought from restaurants. One-third of the calories Americans consume – and nearly half (48%) of their food budget is from eating out. Foods eaten outside the home tend to be higher in fat, sodium, and calories.
- There are significant racial and ethnic inequities
- There is income and/or education inequities – Obesity rates are highest among people who live in low income communities. This population is more likely to have limited access to healthy options and progress in addressing the inequalities has been limited so far.
- Increased advertising and marketing of unhealthy foods, particularly to kids
- An abundance of digital devices which discourages physical activity

### County and State Adult Obesity Statistics

The State of Obesity 2016 Report:

- Adult obesity rate for Illinois was 30.8%
- Illinois adult obesity rates by sex: Female 28.0%; Male 28.2%
- Illinois adult obesity rates by race: White 28.3%; Black 40.7%; Latino 36.0%



- Illinois adult obesity rates by age: 18-25 years old 17.1%; 26-44 years old 30.3%; 45-64 years old 36.1%; 65+ years old 31.3%

#### Obesity trends in Illinois: (State of Obesity 2016)

- 25 years ago (1988-1990) 12.1 % of adult Illinois residents were obese
- 20 years ago (1993-1995) 15.3% were obese
- 15 years ago (1998-2000) 20.4% were obese
- 10 years ago (2003-2005) 23.2% were obese
- 5 years ago (2008 – 2010) 27.7% were obese
- Current (2013- 2015) 30.8% are obese

66.2% of adults in Illinois are either overweight or obese (Kaiser Family Foundation analysis of (BRFSS 2013-2015 Survey Results).

According to the County Health Rankings 2017, adult obesity rates in Vermilion County have risen to 35% and adults reporting that they are inactive are at 27%. While this was a reduction from 2016's County Health Rankings of 37% for the adult obesity rate, it is still an increase from 28% in 2010 when the County Health Rankings began.

#### Childhood Obesity

National childhood obesity statistics have remained stable over the past decade at 17% (NCHS Data Brief 2015). Rates are declining among 2-5 year olds, stable among 6-11 year olds, and increasing among 12-19 year olds (NHANES, 2011-2014). Available county-level childhood obesity statistics are limited. There is currently no data collection system in place to share information among local schools, WIC offices, doctors' offices, and other locations in Vermilion County where childhood BMI is measured. Developing a system of data sharing is presented as an objective for addressing childhood obesity in Vermilion County.

The State of Obesity 2016 reports the following about childhood obesity at the national and state level:

- Almost 1/3 (31.3%) of U.S. children and adolescents between the ages of 2 and 19 are overweight or obese (2011-2012, National Survey of Children's Health, phone surveys of parents in each state).
- Children who are overweight or obese are more likely to be obese as adults.
- The 2015 Illinois obesity rate for high school students was 12.6 %
- Children growing up in low-income families and neighborhoods have a higher risk of being obese.
- 20.9%, more than 15 million children in the U.S., experience food insecurity annually.

County Health Rankings 2017 reported that 16% of children living in Vermilion County have limited access to food, known as food insecurity. Food insecurity is having limited access to adequate food and nutrition due to cost, proximity, and accessibility. Less expensive food options, such as processed or fast foods are more likely to be low in nutritional value and high in added sugars, sodium, and fat.

A 2016 Vermilion County survey of area high school students through Presence United Samaritan Medical Center's Foundation program, I Sing the Body Electric, provided a significant number of findings

regarding body image, nutrition and physical fitness among this population. 2,118 Vermilion County students (69% of all students in grades 9-12) were surveyed for the 2016 I Sing the Body Electric Report. These findings included:

- Students' self-reported weights on the survey indicate that 61.8% of them are at a healthy weight, 20.3% would be considered overweight, and 16.3% are obese based on the CDC guidelines.
- To become healthier, almost nine out of 10 Vermilion County teens (88.5%) are choosing to exercise, and almost four out of 10 Vermilion County teens (37.5%) are choosing to eat sensibly.
- 89.3 % of Vermilion youth reported they ate fruit at least one time in the past week.
- 86.0% reported they ate vegetables at least one time in the past week.
- Slightly more than one in four teens (25.5%) was physically active for a total of at least 60 minutes every day for a week.
- Three out of ten teens (31.8%) spent three or more hours of an average school day watching TV, and nearly six out of ten (57.5%) played video or computer games or used a computer for non-school related activities in the same time frame.

### **Maternal Health and Obesity**

Poor maternal health, including obesity and poor nutrition, can increase the risk for miscarriages, diabetes, hypertension, heart disease, obesity, slow fetal growth, prematurity, low birth weight babies, and lower IQ in babies (State of Obesity 2016).

Women, Infants, and Children Program (WIC) provides nutrition support to low income pregnant, postpartum and breastfeeding women, infants, and children up to the age of 5. WIC allows families to access healthy foods like fresh fruits and vegetables, whole grains, and low-fat dairy all of which are important to pregnant women, breastfeeding women, and growing children. In 2016, Vermilion County WIC completed 4,430 Nutrition Assessments among WIC parents and children.

Breastfeeding is associated with many health benefits for mother and child. The State of Obesity Prenatal and Maternal Health 2016 Report states some of these benefits include:

- One year postpartum, women who exclusively breastfeed for at least three months are more likely to return to the same or lower BMI as pre-pregnancy compared to women who do not breastfeed or breastfeed non-exclusively.
- For the infant, breastfeeding lowers the risk of gastrointestinal infections, diabetes, and obesity.
- Breastfeeding families can save on the cost of formula. Also, it is estimated that around \$2.2 billion could be saved in the U.S. annually in medical costs if breastfeeding recommendations were met.

In Illinois, 47% of women are breastfeeding at 6 months, compared to the U.S. rate of 49.4% who are breastfeeding at 6 months (CDC Breastfeeding Report Card 2014). The Vermilion County WIC program tracks the number of mothers who initiate breastfeeding while enrolled in the program as well as the

duration rate of breastfeeding at 6 months. From July 2015 to July 2016, WIC reported 855 infants (58%) were breastfed among WIC clients. In that same year, 298 (13%) clients were still breastfeeding their infant at 6 months.

### **Complications of Obesity**

Obesity is linked to a wide range of health consequences. According to the CDC, people who are obese, compared to those with a normal or healthy weight, are at an increased risk for many serious diseases and health conditions, including: high blood pressure, high LDL cholesterol, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and breathing problems, some cancers, low quality of life, mental illness, and body pain and difficulty with physical functioning.

### **Diabetes**

According to the CDC, diabetes is the seventh leading cause of death in the United States. Diabetes is the leading cause of blindness, end stage kidney disease, and lower-extremity amputations. In 2015, the Illinois diabetes rate was 9.9%. It was reported that there were 7,539 people living with diagnosed diabetes in Vermilion County in 2013 (CDC). In a four year period, 2012 to 2015, there were 88 diabetes-related deaths in Vermilion County (IDPH, Death Statistics).

### **Heart Disease**

Heart disease continues to be the leading cause of death in the U.S. for both men and women. The CDC reports that more than 600,000 Americans die each year from heart diseases, which accounts for 1 in every 4 deaths in the United States. Obesity, eating an unhealthy diet, and not getting enough exercise all increases the risk for heart disease. In Vermilion County, 3,390 or 5.3% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina.

### **Hypertension**

Obesity greatly increases the risk of developing hypertension. Hypertension, also known as high blood pressure, increases your risk of heart disease and stroke which are two leading causes of death for Americans. In Vermilion County, 17,474 adults (28.3%) aged 18 and older have been told by a doctor that they have high blood pressure.

According to the CDC Division for Heart Disease and Stroke Prevention

- Hypertension was a primary or contributing cause of death for more than 410,000 Americans in 2014—that's more than 1,100 deaths each day.
- High blood pressure costs the nation \$48.6 billion each year- this includes health care services, medications to treat high blood pressure, and missed days of work.

## Economics of Obesity

Obesity and its related health problems have a strong economic impact in the U.S. It's one of the largest preventable chronic diseases in the United States. Obesity is linked with higher healthcare costs for adults and children through direct medical costs, along with impacting job productivity and absenteeism.

- In 2008, obesity and its related health consequences accounted for an additional \$147 billion in health care costs (CDC).
- Obesity's associated health factors are linked with job absenteeism, costing around \$4.3 billion annually. As an adult's BMI increases, the number of sick days, medical claims, and healthcare costs rise (State of Obesity 2016).
- Lower job productivity is associated with obesity related health factors, costing employers \$506 per obese worker per year (State of Obesity 2016).
- Obese adults spend on average 42% more on direct healthcare costs than adults at a healthy weight. The health care cost for a severely or morbidly obese adult, whose BMI is greater than 40, is estimated to be 81% higher than for a healthy weight adult (State of Obesity 2016).
- Overweight and obesity in children alone is estimated to cost an additional \$14.1 billion dollars in prescription drug, ER visits, and healthcare visits. It's estimated that an obese 10-year old who continues to gain weight throughout childhood and into adulthood has a lifetime medical cost that is \$19,000 higher compared to 10 year old who maintains a healthy weight (State of Obesity 2016).

The CDC also notes that in addition to these costs, data shows implications of obesity on recruitment by the armed forces. In 2008, an assessment of the percentage of U.S. military-age population whose standards for weight for height and percent body fat based on the National Health and Nutrition Examination Survey was performed. It was found that 5.7 million men and 16.5 million women who were eligible for military service exceeded the Army's enlistment standards for weight and body fat.

Reducing obesity, increasing activity, and improving nutrition can have a strong impact on lowering health care costs through fewer prescription drugs, sick days, ER visits, doctor's office visits, and admissions to the hospital. In 2008, the Urban Institute, The New York Academy of Medicine, and Trust for America's Health did a study which found that an investment of \$10 a person in evidence based community programs to increase physical activity, improve nutrition, and prevent smoking tobacco could save the county more than \$16 billion a year within the five years. Out of that \$16 billion, Medicare could save more than \$5 billion and Medicaid could save \$1.9 billion. That's an estimated return of \$5.60 for every \$1 invested in obesity prevention. Expanding prevention programs would be the most effective strategic investment that would yield the greatest results (Trust for America's Health).

## Community Health Plan - Obesity

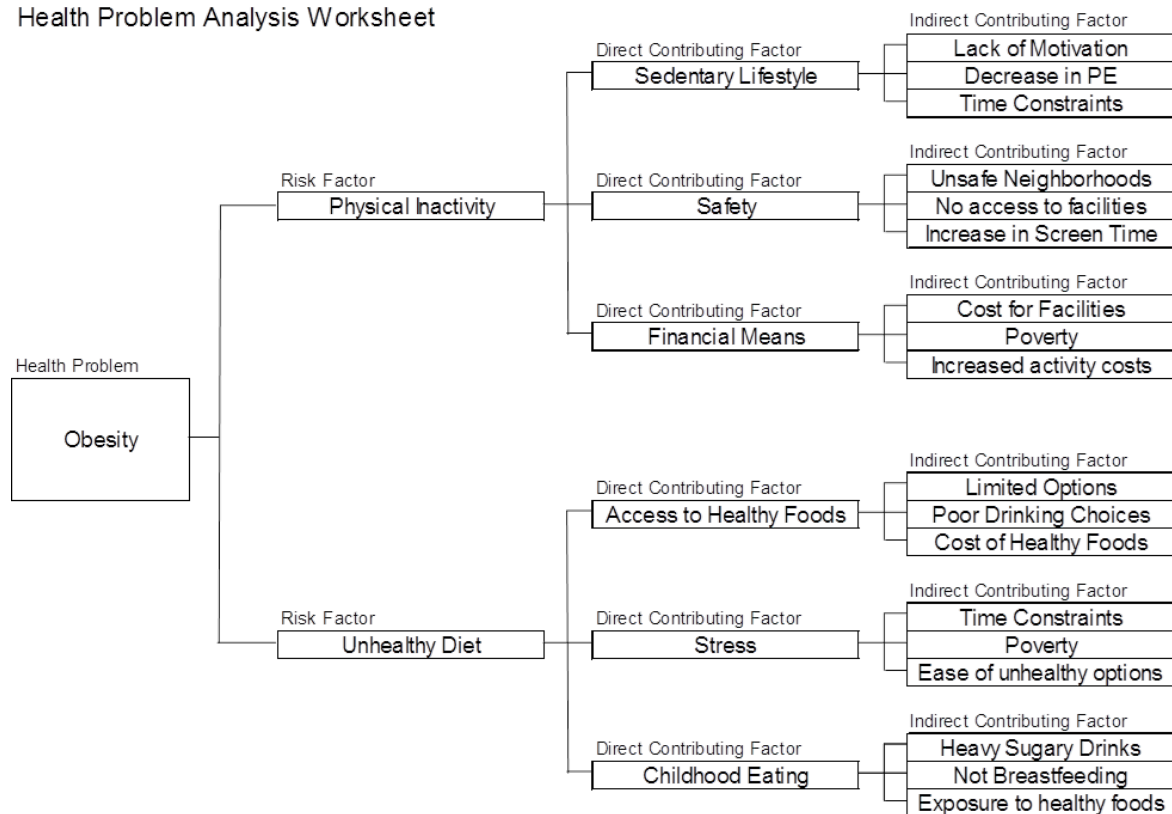
The Community Advisory Committee, a group of more than 40 key stakeholders, outlined a number of risk factors and contributing factors impacting the prevalence of obesity in Vermilion County. Barriers and prevention strategies as well as better utilization of community resources were also discussed. The Community Health Worksheet depicting the results of these discussions is included in the following table.

<b>Health Problem:</b> Obesity
<b>Risk Factor(s):</b> <ul style="list-style-type: none"><li>• Heart Disease</li><li>• Diabetes</li><li>• Chronic Disease</li><li>• Cancer</li><li>• High Blood Pressure</li></ul>
<b>Contributing Factors:</b> <ul style="list-style-type: none"><li>• Inactivity</li><li>• Poor Diet</li><li>• Sense of defeat/embarrassment</li><li>• Sense of acceptance</li><li>• Genetics</li><li>• Family Lifestyles</li><li>• Social and Economic Factors</li><li>• Sexual Abuse</li></ul>
<b>Barriers:</b> <ul style="list-style-type: none"><li>• Unsafe Neighborhoods</li><li>• Family Support</li><li>• Poverty</li><li>• Cost of Food/Cost of recreational facility</li><li>• Limited access to healthy foods.</li><li>• Limited knowledge of area programs/services</li><li>• BMI data impossible to obtain for children or any local childhood obesity data</li></ul>

**Community Resources:**

- Presence Health USMC
  - HALO
  - ISBE
  - Faith in Action
- Carle
- Vermilion County Schools and Danville District #118
- Schools of Nursing
- Churches
- Big Brothers Big Sisters
- Healthy Vermilion County Workgroup
- U of I Extension
- Boys and Girls Club
- Vermilion County Health Department
- CRISA Healthy Aging Center
- YMCA

**Health Problem Analysis Worksheet**



**OUTCOME AND IMPACT OBJECTIVES – OBESITY**

*Outcome and Impact Objectives based on Healthy People 2020 Objectives (2017)*

**Outcome Objective 1:**

By 2022, increase by 1% the proportion of adolescents who report being at a healthy weight. (HP2020 NWS-10)

Target: 62.4%

Baseline: 61.8%

Target setting method: 1 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objectives 1.1**

By 2022, increase by 3% the proportion of adolescents who report engaging in at least 60 minutes of physical aerobic activity 5 or more days a week. (HP 2020 PA-3)

Target: 57.2 %

Baseline: 55.5%

Target Setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.2**

By 2022, decrease by 3% the proportion of adolescents who spend 3 hours or more playing video games, computer games, or using a computer for something that is not school work. (HP 2020 PA-8)

Target: 55.8%

Baseline: 57.5%

Target setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.3**

By 2022, increase by 1% the proportion of adolescents who report eating 2 or more servings of fruit and/or vegetables a day (HP 2020 NWS-14, 15).

Target: 44.2%

Baseline: 43.8%

Target setting method: 1 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.4**

By 2022, decrease by 3% the proportion of adolescents who report eating dinner together with their parent or guardian 3 days a week or less.

Target: 46.6%

Baseline: 48.0%

Target setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.5**

By 2019, develop a system with for tracking aggregate childhood BMI data in Vermilion County.

**Outcome Objective 2:**

By 2022, reduce by 1% the proportion of adults in Vermilion County who report fitting the criteria for obesity. (HP2020 NWS-8)

Target: 34.7%

Baseline: 35%

Target setting method: 1 percent improvement

Data Source: CDC, County Health Rankings

**Impact Objective 2.1**

By 2022, decrease by 1% the proportion of adults who report no leisure time physical activity. (HP 2020 PA-2).

Target: 26.7%

Baseline: 27%

Target setting method: 1 percent improvement

Data Source: CDC, County Health Rankings

**Impact Objective 2.2**

By 2022, decrease by 1% the proportion of adults who report never eating 5 or more servings of fruits or vegetables a day

Target: 15.1%

Baseline: 15.26%

Target setting method: 1 percent improvement

Data Source: Vermilion County Community Health Survey



**Impact Objective 2.3**

By 2022, decrease by 1% proportion of adults who report consuming 1 or more sugary beverage a day.

Target: 67.76%

Baseline: 68.45%

Target setting method: 1 percent improvement

Data Source: Vermilion County Community Health Survey

**Impact Objective 2.4**

By 2022, increase by 1% the number of Vermilion County WIC clients who report initiating breastfeeding and remain breastfeeding their infant at 6 months of age.

Target: Initiation rate: 58.6 %

Breastfed at 6 Months: 13.2%

Baseline: July 2015 to July 2016 Data:

Initiated breastfeeding: 58%

Breastfeeding at 6 months of age: 13%

Target setting method: 1 percent improvement

Data Source: Vermilion County Health Department WIC program

**Impact Objective 2.5**

By 2022, increase the proportion of primary care physicians who regularly assess body mass index (BMI) in all patients (HP 2020 NWS-5). No baseline is currently available. The Public Health department will work with community partners to develop a baseline and assess progress by surveying local primary care physician offices annually.

**Impact Objective 2.6**

By 2019, through partnerships with the Healthy Vermilion County Workgroup, we will participate in at least 4 health fairs annually (displaying health and nutrition messages) and display the Rethink Your Drink display at least at 10 different locations annually.

**Intervention Strategies**

Obesity has been a national and local health issue for many years now. Obesity was a chosen priority area for the previous IPLAN (2012- 2017). Vermilion County did not meet any of the 2012-2017 IPLAN objectives for obesity, when in fact, the percentages for adult obesity increased at a high rate. Some of the objectives that were chosen in 2012 were based on questions asked from the Illinois Behavioral Risk Factor Survey and with the latest surveys completed, they did not include prior healthy eating / physical activity questions. There were also some changes to the questions in the I Sing the Body Electric when they adopted the Illinois Youth Survey. This makes it difficult to measure any progress that was made.

There have been many groups, organizations, hospital programs, schools, churches, and individuals in the past five years working to address the obesity in the County. A few of these efforts directly relating to

2012-2017 IPLAN obesity objectives include: Presence Health's HALO project implemented many different strategies which brought together many different community members and organizations to collaborate on healthy living projects such as:

- Danville Let's Move Initiative for Childhood Obesity
- Let's Walk Vermilion County Project (developed with funds from the We Choose Health Grant, which included a brochure that identified walking paths in 15 communities within Vermilion County)
- Fit Me In Booklet and Bookmark, which included ways to fit exercise and healthy eating into everyday practices
- Rethink your Drink Initiative
- Healthy Food Kiosk at County Market – information about healthy eating for all ages
- Women Aware through CRIS Healthy Aging held quarterly education seminars focused on better health for the elderly.

Faith in Action has continued to offer produce sharing and community gardens. U of I extension provides many nutrition and wellness programs, including the Master Gardener's program which provides education on using produce and gardening.

### **Healthy Vermilion County**

In February 2016, Healthy Vermilion County (HVC) was formed as a workgroup in response to the identified 2012-2017 IPLAN priority area, obesity. HVC focuses on getting healthy information and practices into the community and brings together a diverse group of community members and organizations to address the rising obesity issues in Vermilion County. HVC focuses on healthy eating and nutrition and active living. Membership of HVC includes representation from:

- |                              |                                      |
|------------------------------|--------------------------------------|
| ▪ CRIS Healthy Aging         | ▪ Master Gardeners                   |
| ▪ DACC                       | ▪ U of I Extension                   |
| ▪ Danville School Dist. 118  | ▪ United Way of Danville Area        |
| ▪ Danville Housing Authority | ▪ Vermilion Advantage                |
| ▪ Lakeview College           | ▪ Vermilion County Health Department |
| ▪ Local County Citizen       | ▪ Vermilion Gardens                  |
| ▪ Local Gym owners           | ▪ WIC                                |
| ▪ Presence, HALO             | ▪ YMCA                               |

In the summer of 2016, HVC implemented a Rethink Your Drink initiative into the community. Sweetened beverages play a big role in contributing to the increasing rates obesity. This initiative focuses on providing information and practices to help participants decrease consumption of sweetened drinks and increase water consumption. Visual display boards presenting sugar content in popular drinks have been displayed at local farmers markets, businesses, YMCA, park events, U of I Ext nutrition events, and local health fairs. As part of an initiative to promote healthy snacks and drinks for sports teams, HVC developed materials and resources to encourage coaches and parents to make healthy nutrition choices within sports programs. The materials were distributed to local soccer programs. HVC has also

developed a social media campaign with a Healthy Vermilion County Facebook page to promote local health and wellness events along with spreading information on nutrition and physical activity.

These will be some of the strategies that HVC will work towards in the upcoming IPLAN period.

**Healthy Vermilion County Workgroup Strategies**

Maintain and update Healthy Vermilion County Facebook page regularly with local health information

Partner with local organizations to participate in local health fairs and healthy living events- have HVC booth with relevant health information.

Continue to display Rethink Your Drink board with corresponding information at local events

Supply local children sport programs with healthy snack/nutrition guidelines for active children.

Partner with local schools to launch a campaign to encourage limiting screen time

Support community gardens and produce/garden shares

Work with Presence Health, Carle, local providers, and the WIC program to encourage breastfeeding.

Promote local walking and bicycling events. Promote active transport to school and work.

Work with local businesses to create health and wellness incentives programs.

Utilize local schools and gyms to create open sport/play times for youth to be active in safe location

Establish a community resource database with information on local community resources, prevention resources, interventions, policies, and tools currently being used locally and nationally.

Create and maintain a comprehensive wellness calendar for Vermilion County.

Partner with the media to advance efforts and message.

School based physical education analysis

Advocate for a park district

Advocate for sidewalks/urban/rural design

Expand farmers' markets-involve our local farmers

***Nursing Students/Intern Projects***

As part of their clinical experience, nursing student from the University of Illinois completed an obesity related project for the Vermilion County Health Department. The students created a recipe book, which contained recipes using food available with WIC clients through their food vouchers. These recipes are distributed among the WIC clients. Each semester, VCHD continues to work with students to complete projects and Healthy Vermilion County will continue to work with the nursing student to develop projects useful to addressing healthy living in the County.

**Estimated Funding for Obesity Interventions**

\$,430,000 over five years

**Anticipated Sources of Funding for Obesity Interventions**

- In-kind contributions from participating organizations
- County Government - Salaries
- Partnership with Executive Committee / Corporate Support – Salaries

***Community Partnerships***

During the IPLAN meetings, VCHD asked each agency to complete an activity and timeline worksheet for activities per priority that they were not currently doing, but would try to implement during the next 5 years. Below is a list and description of all the programs and strategies that will address the 2017-2022 priorities:

<b>Agency</b>	<b>Timeline</b>	<b>Activity</b>
Faith in Action	July – September  Year Round  Quarterly	Garden Share- Distribution of fresh produce to seniors in Danville and In Southern Vermilion County along with recipes and food preparation tips  Exercise classes for seniors  Luncheons held 4x a year to focus on IPLAN and identified Emergency Department needs.
East Central Illinois Community Action	January through December	Community Services Block Grant- services are geared to help families overcome poverty and immediate crisis. Currently, CSBG offers College Scholarships, Emergency Assistance, College Internships, Summer Academic Programs, Youth Leadership and Empowerment Camps, Senior Nutrition Programs, Financial Coaching and Comprehensive Intake and Linkages within the

	<p>Year round for 0-3 years. August-June for 3-5 years</p> <p>Year Round</p>	<p>community. CSBG's specific mandate is to provide a range of services and activities that have measurable results in alleviating the causes and effects of poverty in communities</p> <p>Head Start Birth to Five Program. Each child receives comprehensive health services in addition to early childhood school readiness experiences. Head Start families receive assistance in developing and setting goals to help them maximize their self-sufficiency.</p> <p>Maternal Infant and Early Childhood Home Visiting Services Program is a home visiting program that services families with pregnant women and children from birth to age 3. MIECHV services include pre-natal education, nutrition, health, mental health, child wellness and Early Head Start school readiness services.</p>
<p>Carle Hoopston Regional Health Center</p>	<p>Staff will complete training by 5/1/2017</p> <p>Practice groups held with CHRHC staff will be completed by 6/30/2017</p> <p>9/30/2017</p>	<p>Drums Alive® class offered for children ages 5-17. Using rhythm as the source of inspiration, Drums Alive® combines the benefits of a traditional physical fitness program with brain affecting benefits of music and rhythm. The vision of the Drums Alive® program is to improve the quality of life for a wide variety of audiences.</p> <p>Partnership with church / school to introduce 10 5-8 year olds to a weekly class for 10 weeks, then evaluate</p>

## Evaluation

Healthy Vermilion County will look at the following tools to evaluate progress:

- I Sing the Body Electric Data- collected every 2 years
- County Health Rankings- released annually
- Behavioral Risk Factors Surveillance Survey data- annually
- Cost analysis of unhealthy foods/healthy foods
- Total number of farmers markets (booths that sell healthy options)
- Total number of population coming to farmers markets
- Number of workplaces that offer proper breastfeeding accommodations
- Number of WIC clients who initiate breastfeeding and maintain breastfeeding up to 6 months
- Number of sporting events that offer healthy options
- Number of schools that allow use of their athletic facilities to the public
- Total miles of shared use paths and bike paths in the county.
- Number of health/ wellness fairs that HVC attends- number of community members reached at each fair
- Number of businesses implementing health incentives
- Number of healthy vending options at businesses, schools, and businesses in the County.

## Mental Health

### Description

According to Healthy People 2020, “Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.” In any given year, about 18.1% of adults in the United States ages 18 years or older suffer from a mental illness and about 4.2% suffer from a seriously debilitating mental illness (Center for Behavioral Health Statistics and Quality). In Illinois, between 2013-2014, about 363,000 adults aged 18 or older had a serious mental illness within the year prior to being surveyed (SAMHSA). Only 44.6% of all adults with any mental illness in Illinois received mental health treatment / counseling within the year prior to being surveyed (SAMHSA). According to the 2017 County Health Rankings, the average number of days Vermilion County adult respondents reported that their mental health was not good was 3.9 days. This is above both state and national averages and has gone up from 3.8 since the last time participants were surveyed. Among adults served in Illinois’ public mental health system in 2014, 45.0% were not in the labor force and 28.9% were unemployed (SAMHSA). In 2015, 21% of adults in Vermilion County were “mentally ill”. The estimated number served by Crosspoint Human Services and Center for Children’s Services was 2,901 (Vermilion county Mental Health Board Annual Report).

United Way 2-1-1 is a hotline for times of crisis as well as for everyday needs, however, for immediate crisis needs, the public still needs to call 9-1-1. 2-1-1 call specialists are available 24/7 to help individuals locate health and human services in their area – from mortgage, rent, and utility assistance to food, clothing, emergency shelter, counseling and much more. They are the same specialists that are called for the suicide hotline. Between April 2015-March 2016, there were 75 calls for mental illness, 32 calls for homelessness, 30 calls for homeless shelter, and 20 calls for Suicide. Between October 2016 – December 2016, there were 6 calls for suicide (United Way 2-1-1 Reports).

Children in Vermilion County are also at a greater risk for mental health problems. According to the Vermilion County Mental Health Board Annual Report, 21% (appr. 3,996) of our youth were considered to be emotionally disturbed in 2015. The estimated number served through Crosspoint and Center for Children’s Services was 1,353. In 2014, 37,107 children and adolescents were served in Illinois’ public mental health system. About 105,000 adolescents aged 12-17 per year in 2013-2014 had at least one Major Depressive Episode (MDE) within the year prior to being surveyed. Of the Illinois adolescents who were depressed, only 38.2% received treatment for their depression (SAMHSA).

According to the 2016 I Sing the Body Electric survey report, the following information was found from the teens who were surveyed.

- More than 1/3 of students (36.5%) report that they felt sad or hopeless (depressed) almost every day for at least two weeks that they stopped doing some usual activities. This is 30.8% increase from the numbers in 2002.

- Two out of every ten Vermilion County youth have cut or harmed themselves on purpose in the past 12 months. This is a 21.9% decrease from the record high of 26.0% in 2012.
- In the past 12 months, 20.3% of teens have seriously considered suicide in the past 12 months – a 9.8% decrease since 2014.
- One in six Vermilion County youth (16.7%) reports attempting suicide at least once during the past year – nearly double the national average of 8.6%. The percentages are higher in 9<sup>th</sup> (21%) and 10<sup>th</sup> (25%) grade compared to 11<sup>th</sup> (19%) and 12<sup>th</sup> (16%) grade.
- Nearly 8% of teens who attempted suicide in the past year confided in a friend, 5.3% told a parent and 6.1% told no one.

There are six agencies that the Vermilion County Mental Health 708 Board allocates its funds to: Crosspoint Human Services, Hoopeston Multi-Agency, Prairie Center Health Systems, WorkSource, WrapAround / Complex Planning Services, and VC Juvenile Detention Center Counseling. Their funds cover substance abuse, mental health, developmental disability, outreach / referrals, and administration. In the chart below are the number of clients and or client contacts seen by these agencies that are funded by the Vermilion County Mental Health Board in the fiscal year of December 2015-November 2016.

	Hoopeston	WorkSource	VCJDC	Wrap/Complex Ser.	Prairie Center	Crosspoint
Male Clients	254	96	145	38	376	1123
Female Clients	531	73	21	23	177	1548
White Clients	625	128	*	33	366	2029
Black Clients	13	36	*	25	169	477
Hispanic Clients	79	3	*	1	14	21
Asian Clients	0	0	*	0	0	9
Other Clients	9	2	*	2	4	183
Reside in Danville		132	NA	41	345	1646
Reside in North County	785	19	NA	2	64	250
Reside in South County		13	NA	13	59	409
Reside in West County		5	NA	5	21	151
Reside Other		0	NA	0	64	251



Age under 6	34	0	0	0	0	101
Age 6-12	128	0	7	11	2	181
Age 13-17	33	0	156	49	150	179
Age 18-35	131	96	3	1	240	976
Age 36-64	176	66		0	159	1092
Age 65+	278	7		0	2	142
# Medicaid / State Grant		102			445	
# Self Pay – SL Scale		7			8	
# Insurance		0			19	
VCMH Funded		60	166	61	81	
Total Clients	785	169	166	61	553	261

*Note: North County is Hoopeston, Rankin, Rossville, Bismarck, Alvin, Henning, Potomac, East Lynne, all N. Rural  
South County is Tilton, Belgium, Westville, Georgetown, Ridgefarm, Olivet, all south rural  
West County is Oakwood, Catlin, Jamaica, Sidell, Fairmount, Muncie, Fithian, all west rural  
The VCJDC numbers count total contacts, not individual clients.*

Here is a breakdown of the services provided through funding by the Vermilion County Mental Health Board. Additional services are also provided in the county, but are not funded through the Mental Health Board (Vermilion County Mental Health 708 Board 47<sup>th</sup> Annual Report):

- Crosspoint Human Services include Care Coordination, Crisis Intervention, Counseling, Therapy, Social and Daily Living Skill Training, Psychotropic Medication / Prescription Administration, Medication Counseling Training, Money Management through Representative Payee Services, Occupational, Physical, and Speech Therapy, Housing Transportation, Community Education and Consultation, Psycho Social Rehabilitation, Employment Development and Placement, Intensive Behavioral Support Services, Suicide Prevention Coordination, and Specialized Services for Children and Families in Crisis. Crosspoint also provides a residential program, transitional housing for women and their children who are homeless.
- Hoopeston Multi-Agency provides year-round mentoring and tutoring for youth at risk. They also provide transportation for senior citizens and disabled citizens.
- Prairie Center offers treatment services including assessment, outpatient, intensive outpatient, residential, and after care services. They also provide DUI assessment and risk education programs. Specialized correctional services, intensive case management services, toxicology

testing, a youth outpatient program, and comprehensive prevention and education programming are also offered.

- WorkSource Enterprises offers a developmental day program and home-based services program for persons with disabilities in Vermilion County. Their services include adult day training, employment services coordination, employment transition, comprehensive vocational evaluation, employee development, organizational employment, job support and job site training, and community job placement.
- Vermilion County Complex Service Planning Process (still in progress) is a program serving the children and their families of Vermilion County to help them coordinate and navigate the mental health system.
- Vermilion County Juvenile Detention Center Counseling services provide counseling for juveniles whose mental health needs are not met while at the Detention Center.

**Community Health Plan - Access to Mental Health****Health Problem:**

Mental Health

**Risk Factor(s):**

- Environmental Health Stressors
- Unidentified Mental Health Disorders

**Contributing Factors:**

- Stigma
- Lack of Education
- PTSD
- Physical / Verbal Abuse
- Genetics
- Lack of social support
- Poor Medicaid Reimbursement
- Lack of Awareness
- Language Barriers
- Trauma
- Substance Abuse
- Low self Esteem
- Trauma from Divorces
- Sexual Abuse

**Barriers:**

- Lack of support system
- Lack of transportation
- Lack of funding
- Lack of Providers who take Medicaid
- Availability and access to counseling and screening programs
- Lack of screening in Primary Care Offices
- Education Levels
- Lack of interagency referral
- Participant follow-up

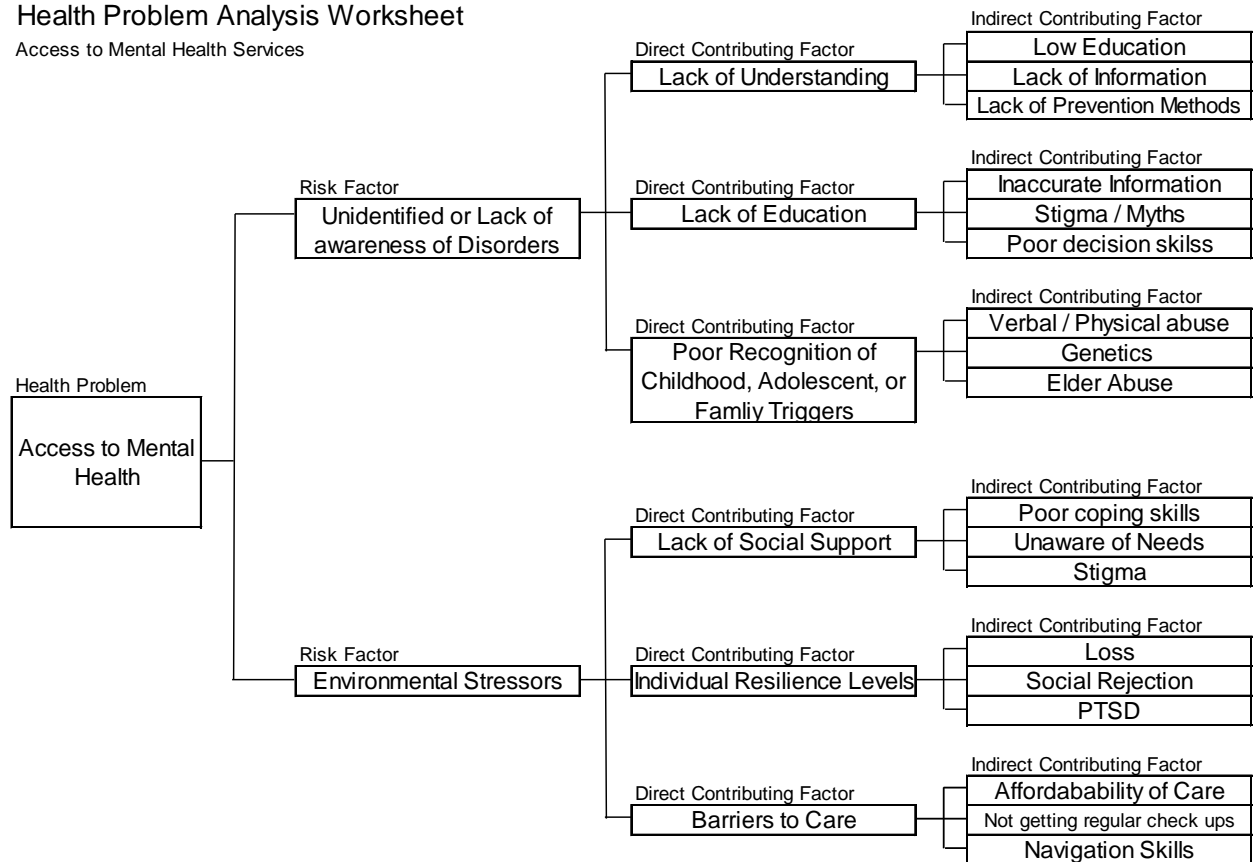
**Community Resources:**

- New Directions
- Aunt Martha's
- East Central Illinois Community Action Agency
- Crosspoint Human Services
- Child Care Resource Service
- Vermilion County Mental Health 708 Board
- Vermilion County Mental Health Initiative
- Presence Health Community Resource Center
- Faith in Action (Presence Health)

- Provider’s Council
- Private Providers
- Illinois Choices
- VA
- DCFS
- Vermilion County Juvenile Detention Center
- Worksource
- Hoopston Multi-Agency
- CRIS Healthy Aging
- Big Brothers Big Sisters

Health Problem Analysis Worksheet

Access to Mental Health Services



**OUTCOME AND IMPACT OBJECTIVES – ACCESS TO MENTAL HEALTH**

*Outcome and Impact Objectives based on Healthy People 2020 Objectives (2017)*

**Outcome Objective 1:**

By 2022, increase training and education regarding mental health resources and information

**Impact Objectives 1.1**

By 2022, reduce by 10% the number of suicides among Vermilion County Residents. (HP 2020 - MHMD-1).

Target: 11 suicides

Baseline: 13 suicides

Target setting method: 10 percent improvement

Data Source: Illinois Department of Public Health

**Impact Objective 1.2**

By 2022, increase the number of depression screenings by private care providers. (HP 2020)

Target: 1% increase once baseline is determined

Baseline: **No Baseline - will need to develop a way to measure / survey**

Target setting method: 1 percent improvement

Data Source: Survey of Healthcare Providers – tool to be developed

**Impact Objective 1.3**

By 2022, decrease by 3% the proportion of adolescents who attempt suicide. (HP 2020 – MHMD-2)

Target: 16.2 percent

Baseline: 16.7 percent of students in the ISBE survey reported they had attempted suicide at least once during the past year

Target setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.4**

By 2022, increase by 1% the proportion of children with mental health problems who receive treatment (HP 2020 – MHMD-6)

Target: 1% increase once baseline is determined

Baseline: **No Baseline – will need to develop a way to measure / survey**

Target setting method: 1 percent improvement

Data Source: To Be Determined

**Impact Objective 1.5**

By 2022, increase by 1% the proportion of adults with a mental health problem who received treatment. (HP 2020 – MHMD-9)

Target: 1% increase once baseline is determined

Baseline: **No Baseline – will need to develop a way to measure / survey**

Target setting method: 1 percent improvement

Data Source: To Be Determined

**Impact Objective 1.6**

By 2022, decrease by 3% the proportion of teens who attempted suicide in the past year and told no one.

Target: 5.9%

Baseline: 6.1% of students in the ISBE survey that attempted suicide reported that they told no one.

Target setting method: 3 percent improvement

Data Source: ISBE, CDC, Illinois Youth Survey

**Impact Objective 1.7**

By 2019, increase the number of providers / urgent care / emergency departments that are conducting a stress or mental health screening with each visit.

**Impact Objective 1.8**

By 2022, train up to 2,000 Vermilion County participants in Mental Health First Aid Training. Aunt Martha's received a grant to train community members in Mental Health First Aid Training.

### Intervention Strategies

Since Access to Mental Health is a new priority, the IPLAN group decided to join an already current workgroup in Vermilion County called the Vermilion County Mental Health Initiative which has been meeting since April 2015. The committee began as a steering committee for suicide prevention efforts. Their goals are based on suicide prevention reduction of stigma / increased awareness, and identifying resources. The following are proposed strategies that the IPLAN Community Advisory Committee developed for the Mental Health Workgroup.

Workgroup Strategies
Deliver a Mental Health Needs Assessment every three years.
Promote Mental Health First Aid Training
Survey physician offices to see what type of mental health screening they are performing and how often
Integrate mental health services into primary health care
Promote more mental health screenings for children and youth at regular annual check-ups / school physicals
Promote agency referrals
Identify and reach those in need of care
Raising awareness about mental health disorders through education and advocacy for more respect and less stigma
Widen the use of health information technology (TeleHealth)
Promote Evidence Based Practices
Increase the number of support groups for children and adults / raise awareness of current support groups
Develop a Resource Guide for Mental Health Services

### Estimated Funding for Mental Health Interventions

\$500,000 over five years

### Anticipated Sources of Funding for Mental Health Interventions

- In-kind contributions from participating organizations
- County Government - Salaries
- Partnership with Executive Committee / Corporate Support – Salaries
- Mental Health First Aid Training through Aunt Martha’s

### Community Partnerships

During the IPLAN meetings, VCHD asked each agency to complete an activity and timeline worksheet for activities per priority that they were not currently doing, but would try to implement during the next 5 years. Below is a list and description of some of these programs and strategies that will address the 2017-2022 priorities:

Agency	Timeline	Activity
Presence Health Community Resource Center	Ongoing	The CRC will continue to work with patients/clients to link them to needed resources. As the IPLAN develops strategies to address these needs, the CRC can help spread the word and get our patients/clients engaged in those services.
	Ongoing	The CRC can provide information on unmet needs or trends that are being seen in the ED as well as throughout the hospital. This data would be limited to what HIPAA would allow, but could help keep the group informed.
Presence Health – Faith in Action	Ongoing	Luncheons held 4 times a year to focus on IPLAN and identified Emergency Department Needs
East Central Illinois Community Action Agency	Ongoing	Head Start
		Maternal and Infant and Early Childhood Home Visiting Services (includes mental health screenings and education)
		Education Talent Search College Preparatory Services
		Community Services Block Grants
		Help with Homeownership – preparing individuals interested in the home-buying process
		Energy Bill Assistance / Energy Upgrade Assistance
Aunt Martha’s	Ongoing	Mental Health First Aid Trainings for Vermilion County and surrounding areas



Child Care Resource Service	Varies	Child Abuse Workshops (Shaken Baby Syndrome) Trauma in Children Workshops
Vermilion County Mental Health 708 Board	As of April, 2017	Newly hired as a <b>full time</b> position for the complex service planning process. This person will be able to help children and their families better navigate services for mental health
Vermilion County Health Department	As of April, 2017	Newly hired health educator will be able to assist in helping with an education campaign.

### Evaluation

The Mental Health Workgroup will look at the following tools for evaluation of any progress:

- United Way of Danville 2-1-1 reports
- Collaborative Survey Results (both through Mental Health Board and VCHD)
- I Sing the Body Electric Survey Results (every 2 years)
- County Health Rankings (Annually)
- Suicide Rates (Illinois Department of Public Health / Coroner’s Office)
- Utilizations Rates

## References

*Some references are listed in full with the corresponding link in the body of the report.*

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<https://nsduhweb.rti.org/respweb/homepage.cfm>

2016 State of Obesity- A project of the Trust for America's Health and the Robert Wood Johnson Foundation - <http://stateofobesity.org/>

Behavioral Risk Factor Surveillance Survey - <https://www.cdc.gov/brfss/index.html>

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Center for Disease Control- Breastfeeding- <https://www.cdc.gov/breastfeeding>

Center for Disease Control- Division for Heart Disease and Stroke Prevention - <https://www.cdc.gov/dhdsp>

Center for Disease Control- Nutrition- <https://www.cdc.gov/nutrition/data-statistics/sugar-sweetened-beverages-intake.html>

Center for Disease Control - Nutrition, Physical Activity and Obesity: Data, Trends and Maps [https://nccd.cdc.gov/NPAO\\_DTM/LocationSummary.aspx?statecode=69](https://nccd.cdc.gov/NPAO_DTM/LocationSummary.aspx?statecode=69)

Center for Disease Control- Overweight and Obesity- <https://www.cdc.gov/obesity>

Community Health Needs Assessment – Community Commons - <https://www.communitycommons.org/chna/>

County Health Rankings <http://www.countyhealthrankings.org/>

Illinois Criminal Justice Information Authority

[http://www.icjia.state.il.us/research/overview#tab\\_research-overview](http://www.icjia.state.il.us/research/overview#tab_research-overview)

Illinois Criminal Justice Information Authority- Reducing Substance Use Disorders and Related Offending: A Continuum of Evidence-Informed Practices in the Criminal Justice System

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Illinois Department of Public Health - <http://www.dph.illinois.gov/sites/default/files/publications/Drug-Overdose-Deaths-April-2017-040717.pdf>

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Illinois Department of Public Health - <http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics>

Illinois Department of Public Health - <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/stds>

Illinois Poverty Report – [www.ILPovertyReport.org](http://www.ILPovertyReport.org)

Illinois State Police - <http://www.isp.state.il.us/crime/ucrhome.cfm>

Iquery - <https://iquery.illinois.gov/iquery/>

The Kaiser Family Foundation- <http://kff.org/other/state-indicator/adult-overweightobesity-rate/>

The National Campaign to Prevent Teen and Unplanned Pregnancy. July 2012 Why it Matters. <https://thenationalcampaign.org/sites/default/files/resource-primary-download/childbearing-education-economicwellbeing.pdf>

National Institute on Drug Abuse - <https://www.drugabuse.gov/>

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Trust for America's Health. Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. Washington, D.C.: Trust for America's Health, 2008.

United States Census – Factfinder, Quick Facts, American Community Survey - <https://census.gov/>

Vermilion County Health Department Annual Reports – [www.vchd.org](http://www.vchd.org)

Vermilion County Executive Mental Health 708 Board Annual Report

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## Appendices Section

Appendix A – RWJF 2017 Rankings

**County Health Rankings & Roadmaps**  
Building a Culture of Health, County by County

**Vermilion (VE)**

	Vermilion County	Error Margin	Top U.S. Performers <sup>^</sup>	Illinois	Rank (of 102)
<b>Health Outcomes</b>					
Length of Life					97
Premature death	9,100	8,400-9,900	5,200	6,300	92
<b>Quality of Life</b>					
Poor or fair health **	17%	16-17%	12%	16%	98
Poor physical health days **	3.9	3.7-4.1	3.0	3.6	
Poor mental health days **	3.9	3.7-4.0	3.0	3.4	
Low birthweight	9%	9-10%	6%	8%	
<b>Additional Health Outcomes (not included in overall ranking)</b>					
Premature age-adjusted mortality	470	440-490	270	320	
Child mortality	80	60-100	40	50	
Infant mortality	9	7-12	5	7	
Frequent physical distress	11%	11-12%	9%	10%	
Frequent mental distress	11%	11-12%	9%	10%	
Diabetes prevalence	13%	10-16%	8%	9%	
HIV prevalence	154		42	323	
<b>Health Factors</b>					
<b>Health Behaviors</b>					
Adult smoking **	18%	17-18%	14%	15%	100
Adult obesity	35%	30-41%	26%	27%	100
Food environment index	6.9		8.4	8.0	
Physical inactivity	27%	22-32%	19%	21%	
Access to exercise opportunities	66%		91%	89%	
Excessive drinking **	18%	17-19%	12%	21%	
Alcohol-impaired driving deaths	29%	21-38%	13%	34%	
Sexually transmitted infections	560.2		145.5	516.5	
Teen births	54	51-57	17	30	
<b>Additional Health Behaviors (not included in overall ranking)</b>					
Food insecurity	16%		10%	13%	
Limited access to healthy foods	7%		2%	4%	
Drug overdose deaths	17	10-23	9	13	
Motor vehicle crash deaths	13	11-17	8	8	
Insufficient sleep	34%	33-35%	28%	34%	
<b>Clinical Care</b>					
Uninsured	9%	8-10%	8%	11%	76
Primary care physicians	2,210:1		1,040:1	1,240:1	
Dentists	3,050:1		1,320:1	1,380:1	
Mental health providers	470:1		360:1	580:1	
Preventable hospital stays	90	89-96	36	56	
Diabetes monitoring	84%	78-90%	91%	86%	
Mammography screening	58%	52-64%	71%	64%	
<b>Additional Clinical Care (not included in overall ranking)</b>					
Uninsured adults	11%	10-13%	10%	14%	
Uninsured children	3%	2-4%	4%	4%	
Health care costs	\$9,699			\$9,939	
Other primary care providers	1,086:1		853:1	1,741:1	
<b>Social &amp; Economic Factors</b>					
High school graduation	79%		95%	86%	99
Some college	50%	47-53%	72%	68%	
Unemployment	7.1%		3.3%	5.9%	
Children in poverty	29%	24-35%	12%	19%	
Income inequality	4.4	4.1-4.6	3.7	4.9	
Children in single-parent households	47%	43-51%	21%	32%	
Social associations	14.4		22.1	9.8	
Violent crime	605		62	388	
Injury deaths	79	70-88	53	53	
<b>Additional Social &amp; Economic Factors (not included in overall ranking)</b>					
Disconnected youth	19%		9%	13%	
Median household income	\$44,700	\$41,600-47,900	\$63,300	\$59,600	
Children eligible for free or reduced price lunch	66%		33%	54%	
Residential segregation - black/white	68		22	72	
Residential segregation - non-white/white	62		14	54	
Homicides	6	4-9	2	6	

2017 County Health Rankings Page 2

	Vermilion County	Error Margin	Top U.S. Performers <sup>^</sup>	Illinois	Rank (of 102)
Firearm fatalities	13	10-17	7	9	
Physical Environment					85
Air pollution - particulate matter **	10.8		6.7	10.5	
Drinking water violations	Yes				
Severe housing problems	12%	11-13%	9%	19%	
Driving alone to work	84%	83-86%	72%	73%	
Long commute - driving alone	24%	22-26%	15%	40%	

Areas to Explore Areas of Strength

<sup>^</sup> 10th/90th percentile, i.e., only 10% are better.  
 Note: Blank values reflect unreliable or missing data  
 \*\* Data should not be compared with prior years

2017

Appendix B – Teen Pregnancy Rate 1970-2014

Vermilion County  
Birth Statistics

Year	Live Births	Mothers Under 20	Teen Births V.C.	Teen Births Illinois	V. C. Infant Mortality Number	V. C. Infant Mortality Rate
1970	1,785	366	20.5	16.9	34	19.0
1971	1,686	328	19.5	17.4	35	20.8
1972	1,520	345	22.7	18.7	27	17.8
1973	1,619	377	23.3	19.0	28	17.3
1974	1,538	345	22.4	18.5	24	15.6
1975	1,543	371	24.0	18.4	31	20.1
1976	1,609	373	23.7	17.5	23	14.3
1977	1,599	350	21.9	16.9	24	15.0
1978	1,485	299	20.1	16.4	29	19.5
1979	1,556	317	20.4	16.2	24	15.4
1980	1,623	308	19.0	15.7	20	12.3
1981	1,421	270	19.0	14.9	23	16.2
1982	1,422	266	18.7	13.9	22	15.5
1983	1,410	250	17.3	13.6	14	9.9
1984	1,306	222	17.0	13.0	12	9.2
1985	1,259	215	17.1	12.5	16	12.7
1986	1,279	207	16.2	12.5	17	13.3
1987	1,184	190	16.0	12.4	10	8.4
1988	1,176	189	16.1	12.5	18	15.3
1989	1,199	205	17.1	13.1	15	12.5
1990	1,252	239	19.1	13.1	12	9.6
1991	1,237	228	18.4	13.0	11	8.9
1992	1,200	229	19.1	12.9	8	6.7
1993	1,286	221	17.2	12.8	10	7.8
1994	1,248	245	19.6	13.0	15	12.0
1995	1,145	238	20.8	12.9	20	17.5
1996	1,138	226	19.9	12.7	10	8.8**
1997	1,137	227	20.0	12.5	5	+++
1998	1,181	215	18.2	12.4	6	+++
1999	1,170	220	18.8	12.0	16	13.7
2000	1,207	213	17.6	11.4	11	9.1
2001	1,119	180	16.1	10.9	17	15.2
2002	1,098	170	15.5	10.3	6	+++
2003	1,078	186	17.3	9.7	8	+++
2004	1,079	177	16.4	9.9	6	+++
2005	1,112	180	16.2	9.7	11	9.9
2006	1,176	166	14.1	10.0	7	+++
2007	1,117	151	13.5	10.1	8	+++
2008	1,094	164	15.0	10.0	9	+++
2009	1,100	172	15.6	9.6	11	10.9
2010	1,099	147	13.4	9.1	6	+++
2011	1,043	130	12.5	8.2	8	+++
2012	1,087	140	12.9	7.7	14	12.9
2013	1,068	147	13.8	6.8	9	+++
2014	947	104	11.0	6.1	8	+++

Information gathered from the Illinois Department of Public Health: <http://www.dph.illinois.gov>

Rates are per 1,000 live births

+++ Rate does not meet standards of reliability or precision.

-0- Rate zero corresponding to "--" in frequency count

\*\*1996 AWARD FOR REDUCING INFANT MORT RATE

Appendix C – Vermilion County Community Health Survey

**Vermilion County Community Health Survey**

You can also fill out the survey online: <https://www.surveymonkey.com/r/R39z836>

Please take a few minutes to complete the survey below. The purpose is to get your opinion about community health strengths and concerns in Vermilion County. Your input is important and all individual information will be kept confidential.

**How Are We Doing in Vermilion County?**

**1. What are the 5 greatest STRENGTHS of Vermilion County? Please check exactly 5.**

- Access to Alcohol / Drug Abuse Treatment / Prevention
- Access to Affordable, Healthy Food
- Access to Child Care
- Access to Healthcare
- Affordable Housing
- Arts and Cultural Events
- Clean Environment
- Early Childhood Services
- Friendly Community
- Good Jobs and Healthy Economy
- Good Schools
- Homeless Services
- Low Crime/Safe Neighborhoods
- Parks and Recreation
- Police, Fire, Rescue Services
- Prepared for Emergencies (tornado, floods, disease/pandemic)
- Programs for Youth Outside of School
- Public Transportation
- Religious/Spiritual Values
- Respect towards different Cultures and Races
- Senior Services
- Technology / Internet Access
- Walkable, Bikeable Community
- Other: \_\_\_\_\_

**2. What do you think are the 5 most important health concerns in Vermilion County? Please check exactly 5.**

- Accidental Injuries
- Aging Problems (arthritis, hearing / vision loss)
- Alcohol/Drug Abuse/Prevention
- Bullying
- Cancers
- Child Abuse / Neglect
- Dental Problems
- Diabetes
- Disabilities (physical, developmental, sensory)
- Domestic Violence
- Firearm-related Injuries
- Heart Disease and Stroke
- High Blood Pressure
- Housing that is Safe and Affordable
- Infectious Diseases (flu, TB, measles)
- Low High School Graduation and College Degree Rates
- Mental Health Problems (depression, anxiety)
- Motor Vehicle Injury
- Obesity (overweight)
- Poor Nutrition / Eating Habits / Lack of Exercise
- Rape / Sexual Assault
- Sexually Transmitted Diseases (STDs) / HIV/AIDS
- Suicide
- Teenage Pregnancy
- Tobacco Use / Smoking
- Too much Screen Time / Technology Use
- Other: \_\_\_\_\_

**3. Rate our Community Health and Your Personal Health**

How would you rate the health of our community? (Circle One):  
 Very Unhealthy      Unhealthy      Somewhat Healthy      Healthy      Very Healthy

How would you rate your personal health? (Circle One)  
 Very Unhealthy      Unhealthy      Somewhat Healthy      Healthy      Very Healthy





Survey Page 2

**Vermilion County Community Health Survey**

You can also fill out the survey online: <https://www.surveymonkey.com/r/R39z836>

**4. Where should the community FOCUS its attention to make things better in Vermilion County? Please check exactly 5.**

- |  |   |
|--|---|
| <input type="checkbox"/> Access to Alcohol/Drug Abuse Treatment/Prevention | <input type="checkbox"/> Police, Fire, Rescue Services                                    |
| <input type="checkbox"/> Access to Healthcare                              | <input type="checkbox"/> Prepared for Emergencies (tornadoes, floods, disease / pandemic) |
| <input type="checkbox"/> Access to Mental Health Treatment                 | <input type="checkbox"/> Programs for Youth Outside of School                             |
| <input type="checkbox"/> Access to Dental Treatment                        | <input type="checkbox"/> Public Transportation  |
| <input type="checkbox"/> Access to Special Needs Services                  | <input type="checkbox"/> Recycling  |
| <input type="checkbox"/> Affordable Housing                                | <input type="checkbox"/> Respect Towards Different Cultures and Races                     |
| <input type="checkbox"/> Clean Environment                                 | <input type="checkbox"/> Reduce Bullying  |
| <input type="checkbox"/> Early Childhood Services                          | <input type="checkbox"/> Senior Services  |
| <input type="checkbox"/> Good Jobs and Healthy Economy                     | <input type="checkbox"/> Sexually Transmitted Diseases (STDs / HIV / AIDS)                |
| <input type="checkbox"/> Healthy Moms and Babies                           | <input type="checkbox"/> Teen Pregnancy Prevention  |
| <input type="checkbox"/> Homeless Services                                 | <input type="checkbox"/> Walkable , Bikeable Community                                    |
| <input type="checkbox"/> Information on How to be Healthy                  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Low Crime / Safe Neighborhoods                    |   |
| <input type="checkbox"/> Parks and Recreation                              |   |

**5. Please answer the following health statements that apply to you. Please circle your answer.**

- |  |           |        |       |
|--|-----------|--------|-------|
| • I exercise at least 3 times per week .                                     | Sometimes | Always | Never |
| • I eat at least 5 servings of fruits and vegetables each day.               | Sometimes | Always | Never |
| • I eat fast food more than once per week.                                   | Sometimes | Always | Never |
| • I drink more than 1 sugary beverage per day. (Soda, sweet tea, etc.)       | Sometimes | Always | Never |
| • I smoke or chew tobacco products.  | Sometimes | Always | Never |
| • I use E-cigarettes .   | Sometimes | Always | Never |
| • I use illegal drugs .  | Sometimes | Always | Never |
| • I abuse or overuse prescription drugs.                                     | Sometimes | Always | Never |
| • I consume more than 4 alcoholic drinks (if female) or 5 (if male) per day. | Sometimes | Always | Never |
| • I have access to a wellness program through my employer.                   | Sometimes | Always | Never |

**6. Do you think that the following services are available and accessible in Vermilion County, even if they do not apply to you?**

Please circle your answer.

- |   |     |    |
|---|-----|----|
| • Mental Health Services                        | Yes | No |
| • Substance /Alcohol Abuse Treatment/Prevention | Yes | No |
| • Medical Services                              | Yes | No |
| • Dental Services                               | Yes | No |
| • Social Services (Health and Human)            | Yes | No |
| • Wellness Programs                             | Yes | No |
| • Easy access to Contraceptives                 | Yes | No |
| • Easy access to STD Services                   | Yes | No |
| • Access to Transportation                      | Yes | No |
| • Access to Affordable Housing                  | Yes | No |
| • Access to Affordable Childcare                | Yes | No |



Survey Page 3

**Vermilion County Community Health Survey**

You can also fill out the survey online: <https://www.surveymonkey.com/r/R39z836>

Please answer the following questions about yourself so that we can better understand how members of our diverse community feel about the issues listed above. All information will be kept strictly confidential.

Home Zip Code: \_\_\_\_\_

Are you Male or Female:  Male  Female

What is your Age:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-64
- 65-80
- 80 or older

Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, Never Married

Do you have children under the age of 18 living in your home?

Yes  No

Do you live in Vermilion County?

Yes  No

Do you work in Vermilion County?

Yes  No

Annual Household Income:

- Less than \$9,999
- \$10,000-\$29,999
- \$30,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000+

Your Highest Level of Education:

- Less than High School
- High School / GED
- Some College
- Associate / Technical
- Bachelor's Degree
- Graduate Degree or Higher

Are you of Hispanic or Latino Origin?

Yes  No

What is your Race?

- African American / Black
- Asian
- Native Hawaiian / Pacific Islander
- American Indian / Alaskan Native
- White / Caucasian
- Multi-Racial
- Other

Where do you usually go when you are sick or need healthcare?

- Doctors' Offices
- Community Health Center
- Veteran's Administration (VA)
- Urgent / Convenient Care
- Hospital Emergency Department
- Other \_\_\_\_\_

How do you pay for your healthcare?

- Pay Cash / No Insurance
- Private Health Insurance
- Medicare
- Medicaid
- Veteran's Administration (VA)
- Indian Health Services
- Other \_\_\_\_\_

Where do you like to get your health / community information?  
(Please check all that apply)

- TV / Cable
- Radio
- Social Media (Facebook, Twitter, etc.)
- Internet (Google, Yahoo, etc.)
- Newspaper
- Magazines
- Friends / Family
- Doctor / Medical Provider / Social Service Provider
- United Way 2-1-1 (Helpline available to Vermilion County Residents)

Thank you for taking the time to complete our survey. Your input is greatly appreciated!



Appendix D – I Sing the Body Electric Survey Report Summary



**I Sing the Body Electric**  
**2016 Vermilion County Survey Report**  
 3,060 (student high school population)  
 2,118 students (69% in grades 9 – 12 provided responses)

**ALCOHOL**

- In the 2016 ISBE survey, 20.9% of teens ranked alcohol as their top health concern.
- Great news! Overall numbers of VC youth who have had at least one drink of alcohol in their lifetimes have fallen to the lowest level in ISBE survey history, going from 77.8% in 2002 to 55.9% in 2016 – a 28.1% decline in use.
- The greatest ages of risk for first time alcohol use are 14 and 15 years old. Nearly four out of 10 youth (37.0%) had their first drink of alcohol before they were 15 – an 8.2% decrease from 2014 and a 34.6% decrease from 2002.
- Current use of alcohol (during the past 30 days) at 29.0% has declined 42.5% since 2002, 13.9% since 2014, and is the lowest number ever reported!
- One in six of our youth (15.5%) reports binge drinking (having five or more drinks of alcohol in a row) in the past two weeks - 9.9% decrease from 2014-2016.
- A little over one out of ten of our teens (11.3%) drank and drove over the past 12 months – a 16.3% decrease in two years.
- Eight out of ten youth (80.1%) chose to be safe by not riding with someone who had been drinking alcohol. This is a 21.3% decrease from 2014 and a 40.9% decrease from 2002.
- Six out of 10 teens (60.0%) think it is wrong or very wrong to drink alcohol regularly.
- Nearly three out of ten youth (28.5%) said he/she had been to or hosted a party where alcohol was served with a parent's consent.

**DRUGS**

- Nearly three out of ten teens (28.0%) report using marijuana at least once in the past year with the greatest ages of risk for first time marijuana use at 14 (8.0%) and 15 (7.3%).
- One in five teens (21.0%) reports current marijuana use – a 7.5% decrease from 2002 but a 7.7% increase from 2014.
- One in six teens (15.8%) reports driving a car when using marijuana.
- For the first time since 2008, we have seen a decrease in youth who have used performance enhancing drugs without a doctor's prescription (9.9% in 2016), a 25.0% decrease from the all-time high of (13.2% in 2014.)
- Approximately 2.3% of youth report cocaine use within the past year, down from 3.5% in 2014.
- One in 50 teens (2.0%) says he/she had used ecstasy in the past 12 months.
- Current inhalant use has reached an all-time low of 3.3% in 2016, a 40.0% decrease from 2014.
- In the past year, one in eleven youth (9.0%) took prescription drugs that were not prescribed for them – a 29.7% decrease from 2014.
- Nearly 4.0% of teens reported using over-the-counter cough syrup or cold pills to get high, a continued downward trend and a 57.8% decline since 2014.
- After a 154.8% upswing in 2014, we are happy to report a 27.8% decrease in those who have used meth at least once in their lifetime. (7.9% in 2014 to 5.7% in 2016.)
- Approximately one in nine VC teens (10.6%) has used synthetic drugs like K2, Spice, Bath Salts, etc. – a 31.6% decrease from 2014.
- Approximately 1.8% of youth report heroin use within the past year, down 22.2% from 2014 and lowest on record dating back to 2002.

**TOBACCO USE**

- In 2016, 14% of the youth surveyed said they had smoked at least one cigarette in the past twelve months.
- The 2016 survey shows that VC youth are reportedly trying their first cigarette at an earlier age than all previous surveys (6.3% at age 10 or under.)
- Current tobacco use by our teens has decreased 72.8% since 2002 – going from 31.2% in 2002 to 8.5% in 2016.
- Teen use of smokeless tobacco in the past 30 days has declined 17.0% since 2014 – going from 10.0% to 8.3%.
- A new survey question reported that approximately 12.5% of teens currently use e-cigarettes.

**BODY IMAGE**

- One in seven VC teens (13.7%) lists body image as his/her most important health concern.
- Students' self-reported weights on the survey indicate that 61.8% of them are at a healthy weight, 20.3% would be considered overweight, and 16.3% are obese based on the Centers for Disease Control's guidelines.
- In 2016, 89.6% of VC youth surveyed did not take diet pills, powders, or liquids without a doctor's advice in the past 30 days.
- Nearly nine out of ten youth (89.4%) have not vomited or taken laxatives to lose weight or to keep from gaining weight in the past 30 days.
- To become healthier, almost nine out of 10 teens (88.5%) are choosing to exercise, and almost four out of 10 teens (37.5%) are choosing to eat sensibly.

**FITNESS/NUTRITION**

- Nearly nine out of ten VC youth (89.3%) ate fruit at least one time in the past week.
- Nearly nine of ten teens (86.0%) ate vegetables like carrots, corn, or green beans at least one time in the past week.
- Slightly more than one in four teens (25.5%) was physically active for a total of at least 60 minutes every day for a week.
- Three out of ten teens (31.8%) spent three or more hours of an average school day watching TV, and nearly six out of ten (57.5%) played video or computer games or used a computer for non-school related activities in that same time frame.

**DEPRESSION/SUICIDE**

- More than one-third of students (36.5%) report that they felt sad or hopeless (depressed) almost everyday for at least two weeks that they stopped doing some usual activities – nearly the same numbers as in 2014 but a 30.8% increase from 2002 numbers at 27.9%.
- Two out of ten VC youth (20.3%) have cut or harmed themselves on purpose in the past twelve months. This is a 21.9% decrease from the record high of 26.0% in 2012 and lowest number noted since we began asking this question in 2008.
- In the past 12 months, one in five VC teens (20.3%) has seriously considered attempting suicide in the past 12 months – a 9.8% decrease since 2014.
- Of great concern! One in six VC youth (16.7%) reports attempting suicide at least once during the past year - nearly double the national average of 8.6%.
- Nearly eight per cent of teens who attempted suicide in the past year confided in a friend; 5.3% told a parent; and 6.1% told no one.

I Sing the Body Electric Summary Page 2

**DATING VIOLENCE/  
SEXUAL ASSAULT**

- One in ten teens (9.8%) reports being hit, slapped, or physically hurt by a boyfriend or girlfriend.
- A little over one in six youth (17.8%) feels their boyfriend or girlfriend puts them down or tries to control them.
- In their lifetimes, one in nine high school students (11.1%) reports being physically forced to have sexual intercourse when not wanting to.

**SEXUAL BEHAVIORS**

- Nearly one-half of our teens (45.4%) have had sexual intercourse at least once in their lives. Overall numbers have decreased 9.2% since 2014.
- One in 19 VC teens (5.1%) reports having sex before reaching 13 years old.
- One in 16 high school students (6.0%) has been pregnant one or more times or has fathered a child one or more times – a 22.1% decline since 2014.
- One in thirteen sexually active VC teens (7.3%) had “unprotected” sex.
- One in eleven teens (8.6%) reports drinking alcohol or using drugs before sexual intercourse – a 19.6% decrease from 2014.

**CARRYING WEAPONS,  
FIGHTING, & THREATS**

- One-fifth of teens (20.5%) report carrying a weapon such as a handgun, knife, or club in the past year.
- As in 2014, one in eleven youth (8.8%) did not go to school because of feeling unsafe either at school or on the way to or from school. This is a 29.4% increase from 2012 figures and a 95.6% increase from 2002.
- One in four youth (23.8%) say they were in at least one physical fight in the past year; one in twelve (8.3%) fought on school property.

**BULLYING/  
CYBER BULLYING**

- Nearly two out of five VC teens (37.5%) report that they had been bullied on school property in the past 12 months – a 14.4% decrease from 2014.
- The numbers of youth who report being bullied at school decreases across grade levels – 44% of 9<sup>th</sup>, 43% of 10<sup>th</sup>, 34% of 11<sup>th</sup>, and 29% of 12<sup>th</sup> grade students.
- Two out of ten teens (21.8%) report having been cyber-bullied via the internet or through text messages in the past 12 months.
- Three out of ten youth (29.0%) have been called hurtful names in the past 12 months at school.
- One in five students (19.0%) has been threatened with physical harm at school in the past 12 months.
- One out of ten teens (9.3%) says he/she has been hit, punched, kicked, or pushed at school within 12 months.
- One in five youth (18.7%) has been bullied, harassed or made fun of because of his/her religion, sexual orientation, or race/ethnicity at least once.
- At least once, nearly three out of ten youth (27.2%) report being bullied, harassed, or made fun of because of their appearances or disabilities.

**2016  
TOP HEALTH  
CONCERNS**

- Teen pregnancy, sexually transmitted diseases (25.1%)
- Alcohol use, drinking & driving (20.9%)
- Drug use; tobacco use (17.1%)
- Body image (weight), eating disorders, obesity (13.7%)
- Depression/Suicide (11.0%)
- Bullying, fighting, carrying weapons (6.3%)
- Nutrition, physical fitness, exercise (4.1%)
- Seat belt use (1.7%)

**CHARACTERISTICS of  
STUDENTS TAKING  
SURVEY**

- At school, 69.3% of VC youth reported being eligible to receive either free or reduced priced lunches – a 26.5% increase since 2014.
- One in 23 surveyed teens (4.4%) reported being homeless, living with relatives due to the loss of housing, or living in temporary housing with no permanent address.
- Four out of ten teens (40.5%) say they live with both parents most of the time; two out of ten youth (24.5%) live with a mother only most of the time; and two out of ten teens (20.3%) live with a parent and step parent most of the time.
- Nearly half of our youth (49.0%) participated in two or more activities such as school sports; club sports; service clubs like scouting or 4H; activity clubs like the Boys & Girls Club or YMCA; volunteer projects; church youth groups; or leadership groups.
- A little over three-fourths of VC students (78.0%) miss less than ten days of school during an entire school year.
- The majority of those youth taking the survey (56.8%) do not work in either a paid or an unpaid job.
- Nearly eight out of ten teens (76.8%) indicate they “probably or definitely will” complete a post high school program such as vocational training, military service, community college, or four-year college.

**SCHOOL CLIMATE &  
CARING ADULTS**

- Over one in three students (35.2%) say it is very much true that there are teachers or other adults at school who really care about them, who notice when they’re not in class, and who listen to them.
- Four out of ten students (44.0%) say it is very much true that some adult at school believes they will be successful and encourages them to work hard.

**PARENTS**

- Nearly three out of ten teens (28.5%) have been to or hosted a party where alcohol was served with the parent’s or guardian’s knowledge or consent even though the Illinois “Social Host” law assesses stiff penalties on parents (adults) who allow minors to drink alcohol in their homes.
- One-third of students (33.8%) say: “When I am not home, one of my parents/guardians sometimes or most of the time knows where I am and who I am with.”
- Nearly one-half of surveyed teens (48.8%) say: “My parents/guardians always know if I do not come home on time.”
- Three out of ten youth (32.3%) say: “My parents or guardians never ask if I’ve gotten my homework done.”
- Eight out of ten youth (83.3%) say they have a trusted adult they can talk to.
- VC youth believe their parents think it is “a little bit wrong”, “wrong”, or “very wrong” for someone their age to:
 

Smoke cigarettes	96.5%
Smoke marijuana	93.5%
Drink alcohol	95.8%
- A little over one in six youth (17.5%) say they “never” eat dinner with their parents.

To request additional copies of the 2016 ISBE Survey Report, please contact:

**Dottie McLaughlin**  
Community Programs Director  
217-442-6594  
doto10@mccloughlin@presencehealth.org

**Stacy Sprague**  
Program Coordinator  
217-442-6586  
stacy.sprague@presencehealth.org

Appendix E – Crime Statistics



2015 Population: 79,728  
2014 Population: 80,329

Index Crime Offenses/Crime Rate Comparison 2015/2014

Year	Total Index Crime Offenses	Criminal Homicide	Rape	Robbery	Agg Assault	Burglary	Theft	Motor Vehicle Theft	Arson	Human Trafficking Sex Acts	Sexual Abuse
2015	3,506	0	96	96	422	981	1,794	102	15	0	0
2014	3,254	1	73	85	311	912	1,767	91	14	0	0
2015	(4,397.5)	(0.0)	(120.4)	(120.4)	(529.3)	(1,230.4)	(2,250.2)	(127.9)	(16.8)	(0.0)	(0.0)
2014	(4,050.8)	(1.2)	(90.9)	(105.8)	(387.2)	(1,135.3)	(2,199.7)	(113.3)	(17.4)	(0.0)	(0.0)

Rate per 100,000 is in parentheses.

Index Crime Arrest Rate Comparison 2015/2014

Year	Total Index Crime Arrests	Criminal Homicide	Rape	Robbery	Agg Assault	Burglary	Theft	Motor Vehicle Theft	Arson	Human Trafficking Sex Acts	Sexual Abuse
2015	1,019	1	22	43	242	248	437	21	5	0	0
2014	824	0	17	31	188	145	427	12	4	0	0
2015	(1,278.1)	(1.3)	(27.6)	(53.9)	(303.5)	(311.1)	(548.1)	(26.3)	(6.3)	(0.0)	(0.0)
2014	(1,025.9)	(0.0)	(21.2)	(38.5)	(234.0)	(180.5)	(531.6)	(14.9)	(5.0)	(0.0)	(0.0)

Rate per 100,000 is in parentheses.

Drug Crime Arrest Comparison 2015/2014

Year	Total Drug Arrests	Rate per 100,000	Cannabis Control Act	Controlled Substances Act	Hypodermic Syringes/Needles Act	Drug Paraphernalia Act	Methamphetamine Act
2015	435	545.6	120	177	0	75	63
2014	392	488.0	141	131	1	76	43

Domestic Offenses Reported 2015/2014

Year	Domestic Offenses
2015	936
2014	1,100

Hate Crime Offenses Reported 2015/2014

Year	Hate Crime
2015	1
2014	0

School Incidents Reported 2015/2014

Year	School Incidents
2015	68
2014	62

\*\* Verified 2015 agency data through the verification process. (Y) Yes, (N) No  
(1) Incomplete data -- Noncompliant/failure to report

MCA = Multi-county agency  
NC = Not able to calculate

## Appendix F – Board of Health Letter of Adoption of Community Health Plan

**VERMILION COUNTY HEALTH DEPARTMENT**DOUGLAS F. TOOLE, BS, LEHP  
PUBLIC HEALTH ADMINISTRATORHEALTH AND EDUCATION BUILDING  
200 SOUTH COLLEGE, SUITE A  
DANVILLE, IL 61832  
PHONE/TDD 217 431-2662  
FAX 217 431-7483  
www.vchd.org

July 18, 2017

Illinois Department of Public Health  
ATTN: Tom Szyrka, Division of Public Health Policy  
525 W. Jefferson Street  
Springfield, IL 62761

Dear Mr. Szyrka,

Please accept this letter as documentation of the adoption of the Vermilion County Community Health Plan for 2017-2022. The Vermilion County Board of Health voted at its July 18, 2017 meeting to adopt the Vermilion County Community Health Plan for 2017-2022.

Please feel free to contact Douglas Toole, the Vermilion County Health Department's Public Health Administrator, at (217) 431-2662, ext. 243 or at [dtoole@vchd.org](mailto:dtoole@vchd.org) if you have any questions regarding our Community Health Plan.

Sincerely,

A handwritten signature in cursive script that reads "Carla DeAngelis".

Carla DeAngelis  
President, Vermilion County Board of Health

xc: Omayra Giachello, RHO, IDPH



AN EQUAL OPPORTUNITY EMPLOYER

## Appendix G – Board of Health Letter of Acceptance of Organizational Capacity / Strategic Plan



PUBLIC HEALTH IS PRICELESS

### VERMILION COUNTY HEALTH DEPARTMENT

DOUGLAS F. TOOLE, BS, LEHP  
PUBLIC HEALTH ADMINISTRATOR

HEALTH AND EDUCATION BUILDING  
200 SOUTH COLLEGE, SUITE A  
DANVILLE, IL 61832  
PHONE/TDD 217 431-2662  
FAX 217 431-7483  
www.vchd.org

May 16, 2017

Tom Szyrka  
Illinois Department of Public Health  
Division of Health Policy  
525 W. Jefferson Street  
Springfield, IL 62761

Dear Mr. Szyrka,

Please accept this letter as official confirmation that the administrative staff of the Vermilion County Health Department completed the strategic planning process required for the 2017 IPLAN project. The Vermilion County Board of Health reviewed and approved it after a presentation by then-Public Health Administrator Jennifer Trimmell at a meeting on November 10, 2015.

Please feel free to contact the current Public Health Administrator, Douglas Toole, if you have any questions regarding our strategic plan.

Sincerely,

Carla DeAngelis, President  
Vermilion County Board of Health



AN EQUAL OPPORTUNITY EMPLOYER

Appendix H – Vermilion County Health Department 2015-2020 Strategic Plan



**Vermilion County Health Department  
Strategic Plan 2015-2020**

Approved by Board of Health, November 10, 2015

**Public Health**  
Prevent. Promote. Protect.

<p>VCHD Mission</p>	<p>The primary mission of the Vermilion County Health Department is improvement of the quality of life for all residents of Vermilion County, Illinois utilizing disease prevention, health protection and health promotion programs designed to provide a healthier life and environment through enhanced community collaboration, cooperation and communication.</p>
<p>Who We Serve</p>	<p>The Vermilion County Health Department serves the 81,000 residents of Vermilion County.</p>
<p>Our Programs and Services</p>	<p>The Vermilion County accomplishes its mission through the following programs:</p> <ul style="list-style-type: none"> <li>Vital Records</li> <li>Women, Infant and Children (WIC)</li> <li>Communicable Disease Control Program</li> <li>Immunization Program</li> <li>Tuberculosis Program</li> <li>Annual Seasonal Flu Project</li> <li>Environmental Health Division             <ul style="list-style-type: none"> <li>Food Service Sanitation</li> <li>Potable Water Supplies</li> <li>Private Sewage Disposal</li> <li>Vector Prevention and Pest Control</li> </ul> </li> <li>Housing Program</li> <li>Solid Waste</li> <li>Nuisance Control</li> <li>Lead Poisoning Prevention</li> <li>Smoke Free Illinois Act Enforcement</li> <li>Emergency Planning and Preparedness</li> <li>Education Services for Students in Health Care Professions</li> </ul>





**Vermilion County Health Department  
Strategic Plan 2015-2020**

**Public Health**  
Prevent. Promote. Protect.

<p>Our Goals  2015-2020</p>	<ol style="list-style-type: none"> <li>1. Strengthen the economic sustainability of the Vermilion County Health Department (VCHD)</li> <li>2. Enhance communications, marketing and promotion of VCHD; Enhance community relations</li> <li>3. Address community needs through programming, services and education</li> <li>4. Maximize VCHD workforce capacity, efficiency and retention of employees</li> <li>5. Enhance Emergency Preparedness and response capabilities</li> </ol>
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**Background and Context**

Local health departments in Illinois face many challenges and opportunities. The Vermilion County Board of Health along with key Vermilion County Health Department staff recently embarked on a strategic planning process to identify the challenges facing the health department and to capitalize on its strengths and opportunities. The Board of Health seeks to ensure ongoing viability and sustainability for the health department as the health department continues to serve the critical needs of the residents of Vermilion County.

**Process**

The Board of Health completed a SWOT analysis (see Appendix A-1.1, 1.2) to identify the Strengths, Weaknesses, Opportunities and Threats facing the Health Department.

Board of Health members then ranked the top 5 issues in each category and goals and strategies were developed. The overall plan is designed to ensure the Vermilion County Health Department is well prepared for what comes next.

In addition, the Vermilion County Board Chairman has created an adhoc committee to develop a strategic plan (VC 2025) for the County as a whole and the VCHD Board wishes to ensure health department goals compliment the County’s long term plans.



**Public Health**  
Prevent. Promote. Protect.

**Vermilion County Health Department  
Strategic Plan 2015-2020**

**Our Goals 2015-2020**

**Goal 1: Strengthen the economic sustainability of the Vermilion County Health Department**

The State of Illinois fiscal crisis is an ongoing threat to many organizations, agencies and programs including local health departments (LHDs). LHDs have continued to see reductions in funding and reduced revenue streams over the last several years. VCHD seeks to monitor all areas of revenue that impacts its economic stability and sustainability.

Intervention Strategies:	Evaluation
a) Seek grant opportunities especially with community collaboration and partnerships	# of new grants added by 2016, 2018, 2020
b) Research non-grant funded revenue resources, including but not limited to, establishing a Health Department Foundation a. By June 2016 research barriers, identify requirements, etc.in establishing a VCHD Foundation	# and type of any new revenue sources added
c) Monitor impact of Affordable Care Act (ACA) as potential revenue source	Annual & PRN Review of legislative changes related to ACA. Annual review of any revenue achieved related to ACA
d) Monitor and maximize billing efforts (especially as related to billing for immunizations) a. By Dec 2016 train at least 1 additional VCHD staff person to do insurance billing b. By Sept. 2016, assess need for addition of billing software (for billing insurance for immunizations, etc.) c. By Dec. 2016 explore vendors offering immunization billing software and cost of software	Annual review of vaccine expenditure vs revenue Name and date of VCHD employee trained to do billing Need assessment report List of vendors and cost of billing software (if assessed as needed)
e) Advocate with County Board to eliminate rent by CFY 2016-17	Rent status; budget amendment or adjustment as needed
f) Advocate with County Board to maximize full use of tax levy appropriated for health department by 2016-17	County Board office /Finance Committee discussions; County Board actions; Budget amendment or adjustment as needed
g) Advocate with State representatives and senators to improves funding of LHDs (i.e., increase Local Health Protection Grant funding)	IPHA advocacy effort outcomes VCHD advocacy efforts State of Illinois Budget LHPG line item increase
h) Review VCHD fee schedules: 1) Immunizations/ annually and as needed; 2) Environmental Health fees and Vital Record fees, minimum of every 3 years or sooner as needed	Annual cost analysis of Immunization fees Cost analysis of EH fees/ Vital Record fees every 3 years
i) Work with County Software OpenGov.com to provide timely, relevant fiscal data. VCHD Administrator and Financial Director registered users on OpenGov .com by October 2015	Data reports utilized for monthly budget reports and/or annual budget preparation



**Public Health**  
Prevent. Promote. Protect.

**Vermilion County Health Department  
Strategic Plan 2015-2020**

**Our Goals 2015-2020**

**Goal 2: Enhance communications, marketing and promotion of VCHD; Enhance community relations**

The Vermilion County Health Department, for almost 50 years, has quietly provided critical programs and services for the residents of Vermilion County. The nature of our work often requires dealing with private and protected information making it difficult to share what we do with the public and media due to confidentiality requirements. In addition, public health is about prevention efforts and “showing” prevention is often not appreciated or seen as “news worthy”. Public Health often only makes the news in a crisis situation. VCHD would like to take a more pro-active approach in promoting who we are and what we do. Our primary mission is to improve the quality of life for all residents of Vermilion County utilizing disease prevention, health protection and health promotion programs....through enhanced community collaborations, cooperation *and communication*.

Intervention Strategies:	Evaluation
a) Provide communication training (specifically how to deal with media) to VCHD Administration, Supervisors and key staff by July 2016	Date of training(s) provided; List of employees trained
b) Increase promotion of the Health Dept. via VCHD website, Facebook pages, Vermilion Advantage tab pages and other media	# “Likes” on FB pages for VCHD general FB page and WIC FB page # of Vermilion Advantage tab pages completed # of other media reports, stories, etc
a. Promote ongoing VCHD efforts at least quarterly (ongoing beginning October 2016)	# of press releases # of web page promotions # of community presentations
b. Celebrate key accomplishments including VCHD 50 year anniversary (July 2016)	# of press releases # of story promotions # in attendance at anniversary open house
c. Provide timely information during public health crisis events (ongoing)	# of press releases # media interview # of education sessions/documents posted or published
c) Ensure current media contact list and maintain ongoing media relationships	Annual Review (and prn) by PIO and/or Community Liaison of media contact list
d) Utilize Community Liaison (currently 25% staff position) and key staff to engage with community organizations	# of presentations # of community partner meetings attended



Vermilion County Health Department  
Strategic Plan 2015-2020

**Our Goals 2015-2020**

**Goal 3: Address community needs through programming, services and education**

Vermilion County Health Department is required by the State of Illinois to complete a community assessment and develop a community plan to address identified needs as part of the health department’s recertification process every 5 years. Many other community agencies including local hospitals are also required to complete a community assessment. There has been an ongoing effort over the last several years to identify a process to complete a community assessment that satisfies the requirements of the variety of agencies, organizations, and of the health department. Timing requirements by the state and accrediting bodies has made doing a single community assessment a challenge; hospitals are on a 3 year cycle, LHDs are on a 5 year cycle.

Due to the State fiscal crisis in 2010, VCHD lost 14 programs and 60% of staff. Community health needs did not go away but the capacity to address those needs were critically impacted. Some programs or parts of programs were picked up by other agencies and organizations within our community but there are still gaps in needed services to improve the health and quality of life of Vermilion County residents.

Intervention Strategies:	Evaluation
a) Enhance partnerships to complete the community assessment process that is required for LHDs and local hospitals. By Nov 2015, hire Regional Community Health Plan Coordinator through partnership with Presence, Carle, VCHD, CUPHD and United Way.	Employee hired date # of community meetings attended # of new work groups established Community Assessment reports
b) Complete IPLAN/VCHD certification process by Nov. 2017  IPLAN continued	VCHD Organizational Capacity completed by Spring 2017 # of internal and external IPLAN meetings; # of surveys completed, etc. by 2016-2017 Preliminary review of IPLAN submitted to State by Date Aug 2017 Submission of IPLAN to BOH by Date Sept 20, 2017 Submission to State by Sept 30, 2017 of final IPLAN and acceptance by State by Nov 2017
c) Add programs and services to address community needs as funding and resources allow Explore adding STD services (via urine testing by May 2016)	Date and type of new programs or services offered
d) Add Health Educator position by 2016-2017 to address identified community health needs	Name and date health educator hired



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**Goal 4: Maximize VCHD workforce capacity, efficiency and retention of employees**

VCHD currently has a staff of 27 employees. Loss of 60% of staff in 2010 has severely impacted any redundancy in program areas; staffing limitations has occasionally required reduction or limitation in the availability of the remaining service at the health department. A variety of issues constrains our ability to rebuild workforce capacity including the state fiscal crisis, reduction in grant funding, flat funding of the Local Health Protection, less competitive wages and continual reduction in other employee benefits.

In addition, VCHD has been experiencing a steady loss of long-term employees due to many reaching retirement age. This loss impacts “institutional knowledge” and reduces and threatens our expertise in many program areas.

Intervention Strategies:	Evaluation
a) Continue to work with staff to improve knowledge as current staff are eligible to retire. Develop departmental contingency plans by January 2016	Contingency plan completed for each department. Re-evaluate annually and as needed
b) Continue to explore ways to enhance hiring competition Meet with County HR Director at least annually and prn	# of meetings with HR Strategies developed
c) Increase recruitment efforts for MRC volunteer pool, including but not limited to nursing staffing	# of presentations # of volunteers added
d) Maintain ongoing MOUs with Lakeview College of Nursing, University of Illinois College of Nursing, DACC Nursing program	MOUs on file with nursing programs
e) Utilize unpaid Internships By 2016, annually enlist at least 1 intern at VCHD	# of interns utilized # and type projects completed by intern(s)
f) Partner with other agencies to enhance/ supplement our efforts (ex: U of I Extension provides nutrition education for WIC program)	List of agencies or partners utilized to enhance VCHD services
g) Update technology resources	Review and purchase annually needed software upgrades; improved server capacity/capability. Upgrade computers, printers, as needed
a. Continue to work towards moving paper records to online systems,	
i. Environmental Health. By 2020, upload 8300+ sewage files in an electronic database.	# of Sewage files uploaded
ii. Investigate process and resources needed to have food files in an online format by 2025.	
iii. Billing System (for immunization billing and other services) implemented by 2020	Name and date of billing software/system utilized
iv. Electronic Medical Records by 2025 (as funding allows)	Name and date EMR record system implemented
b. Ensure compatibility with State online systems such as ICARE, INEDSS, CEMP, Cornerstone, etc.	Annual review and prn as new online systems are added at VCHD.



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**Goal 5: Enhance Emergency Preparedness Response and capabilities**

VCHD continually develops and implements all hazards emergency prepared/emergency response plans and develops and coordinates community volunteer resources in the event of a public health emergency such as a pandemic, mass outbreak, environmental emergency event or bioterrorism event. VCHD seeks to enhance our capabilities where possible and assure our readiness to respond to a public health emergency. By 2020, VCHD seeks to add at least 25 volunteers to its volunteer roster.

Intervention Strategies:	Evaluation
a) Continue to partner with Vermilion County Emergency Management, Hospital Emergency Prep folks (ongoing)	List of areas of cooperation: # of shared exercises # of shared documents/ reports # of collaborative meetings/ emails, etc
b) Seek new partnerships with Village Mayors to enhance emergency preparedness efforts. By 2016, identify key contact person in county towns/villages. By 2017, develop strategy(s) to share emergency information to each community in a timely and effective manner.	List of key contacts for each community within VC # of presentations/meetings with village mayors/council to develop best strategies for sharing information in emergency situations. Description of strategies to be utilized
c) Enhance recruitment of volunteers utilizing Nursing school partnerships. By 2016, provide 1-3 presentations annually at schools/colleges of nursing	# presentations # of volunteers added
d) Seek new partnerships with School Districts including Dist 118 and county schools to enhance emergency preparedness efforts	# of presentations or collaborative meetings, emails, etc provided to school districts
a. By fall 2016, explore utilization of established school communication systems with parents and family to “blast” or share information in emergency situations and to promote VCHD in general with at least 1 school district. By 2018, make contact will all county schools.	# and list of partnering schools Description of how communications are shared with and throughout each school district



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**Appendices**

**A-1.1 .....SWOT Analysis/Strengths & Weaknesses**

**A-1.2.....SWOT Analysis/ Opportunities & Threats**

**APPENDICES – A-1.1**

**SWOT Analysis**

<p><b>Strengths</b></p> <p>What do we do well?</p>	<p><b>Weaknesses</b></p> <p>What could we improve?</p>
<ul style="list-style-type: none"> <li>A. Efficient/ Knowledgeable Staff / Dedicated Staff</li> <li>B. Long-tenured Key Staff</li> <li>C. Staff are able to multi-task</li> <li>D. Professionalism</li> <li>E. Strong Fiscal Management</li> <li>F. Ongoing quest for quality (staff do ongoing training &amp; education)</li> <li>G. Partner well with community organizations/agencies &amp; other LHD’s (spec. Presence Foundation, CUPHD)</li> <li>H. Work well with 3 schools of nursing in our area (we have MOU’s with all 3 schools)</li> <li>I. Credibility with stakeholders/ including having a “neutrality” that stakeholders find beneficial (Health Dept can be the “Switzerland for the community</li> <li>J. Good reputation in the community</li> <li>K. Good media and public relations</li> <li>L. Overall community support of programs (we don’t do everything, but people seem to like what we do)</li> <li>M. Integrity</li> <li>N. Accessible Physical Plant (building)</li> <li>O. Building maintenance / improved upkeep/improved relations</li> <li>P. Volunteerism</li> <li>Q. Engaged Board of Health</li> <li>R. Starting to use Social Media to educate and market Health Dept and its services</li> <li>S. Recently were able to start accepting payment by credit card</li> <li>T. Currently have “synergy” with County Board that we have not had for awhile</li> <li>U. We do community assessment well</li> </ul>	<ul style="list-style-type: none"> <li>1. Availability of Grants and Programs</li> <li>2. Comm. Assessment process is time consuming/labor intensive; we have limited staff who know how to do this</li> <li>3. Too dependent on grant funding/grant funding is program specific/ tax levy too low</li> <li>4. Under-staffed</li> <li>5. Less off-site program opportunities (tied to understaffing and diminished programs)</li> <li>6. Lack of programs to address community needs (i.e., smoking, obesity, alcohol related problems)</li> <li>7. Due to diminished staff size/ lack of redundancy/sometimes programs or services may be temporarily unavailable due to staff off</li> <li>8. Salaries are too low/ Benefits continue to be reduced making it challenging to hire qualified staff / difficulty attracting medical providers and/or professional staff</li> <li>9. Decreased time for training due to funding/time and limited staff (If we send staff to necessary training do we shut down services?)</li> <li>10. Outdated resources/technology (need updated billing systems, electronic health record systems, EH online systems)</li> <li>11. We do not promote the Health as well as we could (website, Facebook, media)/ Limited staff time to move forward with promotion)</li> <li>12. Categorical funding inhibits “system thinking”</li> <li>13. Reluctance to embrace change on part of some staff</li> <li>14. Do not have a Health Educator to implement programs/provide education for community, etc</li> <li>15. Diminished ability to respond to emergencies/disasters due to limited nursing staff. We have a limited volunteer pool at this time</li> <li>16. Do not have a nursing leader (DON position unfilled d/t funding)</li> <li>17. Difficulty adapting to changing community needs</li> <li>18. Lacking a community liaison</li> <li>19. Reliance on paper records solely in some areas</li> </ul>



**APPENDICES – A-1.2**

<p><b>Opportunities</b>                      What opportunities are open to VCHD?                      What trends could we take advantage of?                      How can we turn our strengths into opportunities?</p>	<p><b>Threats</b>                      What obstacles do we face?  <i>Italicized bullet points indicate threats over which VCHD does not have control</i></p>
<p><b>0-1</b> Grant opportunities still exist/ especially with community collaborations and partnerships. Trend is for grants to be less “silo” and more collaborative efforts</p> <p><b>0-2</b> Opportunity for new grants and programs</p> <p><b>0-3</b> Opportunity to meet community needs by adding programs and services for issues such as smoking, obesity, STDs</p> <p><b>0-4</b> Opportunity for more collaboration</p> <p><b>0-5</b> More open to services/activities &amp; “outside of the box” thinking than in the past. We have had to look at more partnerships to accomplish goals (ex: U of I extension w/WIC; HALO, etc)</p> <p><b>0-6</b> Improved community partnerships</p> <p><b>0-7</b> Opportunity to increase revenue with billing for Immunizations due to Affordable Care Act changes</p> <p><b>0-8</b> Trend is for use of social media to reach populations. Health Dept does have website; &amp; 2 Facebook pages)</p> <p><b>0-9</b> Opportunity for Media and Community Relations</p> <p><b>0-10</b> Opportunity for communication training for staff (how to deal with media/ promote VCHD)</p> <p><b>0-11</b> Opportunity to have a more dynamic website</p> <p><b>0-12</b> VCHD can be the “thread” that connects health resources in the community</p> <p><b>0-13</b> Better utilization of available floor space in building</p>	<p><i>T-1 Funding/ Reduced revenue stream specifically from grants.</i></p> <p><i>T-2 State of Illinois Fiscal Crisis</i></p> <p><b>T-3</b> Wave of staff eligible for retirement in the next 1-5 years. Will reduce our “institutional knowledge” considerably. This is a double hit in that many of the staff wear multiple, multiple hats! We will need to replace an employee who is currently doing 3 people’s jobs</p> <p><b>T-4</b> Competition to hire qualified employees due to lower salaries/ continually reduced benefits</p> <p><b>T-5</b> We still do not know full impact that Affordable Care Act will have on Health Department business. The need for VCHD to be more “business” like and less public health focused may greatly impact what services we provide and how we provide them. Or may eliminate some services all together</p> <p><b>T-6</b> Financial restrictions on headcount</p> <p><b>T-7</b> Difficulty in locating qualified candidates for certain jobs</p> <p><b>T-8</b> Community expectations of services from VCHD during a public health crisis, despite reduction in the number of nurses employed here</p> <p><b>T-9</b> Local Media</p> <p><i>T-10 Unknown Pandemics</i></p> <p><i>T-11 Community Economic Development</i></p> <p><i>T-12 Transient Population (Due to Prison &amp; closing of Section 8 Housing in Chicago Area)</i></p> <p><i>T-13 Affordable Care Act – Access to Care</i></p> <p><i>T-14 Large Geographical County</i></p>