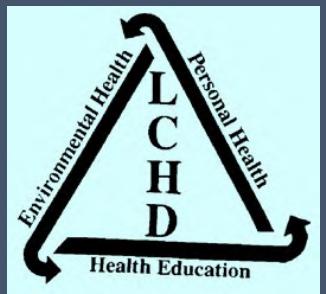


# LASALLE COUNTY HEALTH DEPARTMENT

Community Health Needs Assessment  
Community Health Plan 2017-2022



**LASALLE COUNTY**  
**COMMUNITY HEALTH NEEDS ASSESSMENT**  
**COMMUNITY HEALTH PLAN**  
**2017-2022**

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**Springfield, Illinois**

**September 17, 2017**

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## **EXECUTIVE SUMMARY**

A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. The purpose of the community health improvement plan is to describe how the health department and the community it serves will work together to improve the health of the population of the community that the health department serves. The planning and implementation process is community-driven. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. The plan is more comprehensive than the roles and responsibilities of the health department alone, and the plan's development must include participation of a broad set of stakeholders and partners. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. The plan reflects the results of a participatory planning process that includes significant involvement by a variety of community sectors. Stakeholders and partners can use a solid community health improvement plan to set priorities, direct the use of resources, and develop and implement projects and programs.<sup>123</sup>

The LaSalle County 2017-2022 Community Health Plan is a public health approach to improving the quality of life for the citizens of LaSalle County. This is the fifth needs assessment and health plan for the county coordinated by the LaSalle County Health Department. Past community health plans share some similarities, but allow for growth, expansion, evaluation, and improvement. Past priorities addressed family violence, substance abuse, mental health, access to in-patient treatment centers, and access to dental care. The priorities identified in the 2017-2022 Community Health Plan continue to build on past priorities and there is a familiar theme in relation to the past plans. The issues and their associated risk factors continue to challenge the county in improving the health of residents.

Statistical data was obtained from a variety of sources. Sources included the United States Census data, Illinois Department of Public Health vital statistics and I-Query system. In addition, the Robert Woods Johnson County Health Rankings Report, along with the Illinois Behavioral Risk Factor Surveillance Survey were also utilized. Furthermore, an online survey was developed so LaSalle County residents had the opportunity to identify health issues they face in their communities. LaSalle County residents rated factors that influence a healthy community, including safe neighborhoods, affordable housing, the environment and healthy living. The survey was promoted through a media release to local newspaper and radio stations, in addition to highlighting the survey on the health department's Facebook page. The survey was open from July through October and there were over 130 responses. Lastly, three of our local hospitals had recently completed their Community Needs Assessments as stipulated by the Patient Protection and Affordable Care Act which requires tax exempt hospitals to conduct a needs assessment and develop an implementation strategy every three years. These reports highlight findings from the data collected, and identifies community health needs and actions to address these needs. The

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<sup>1</sup> Adapted from: United States Department of Health and Human Services, Healthy People 2010. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, [www.cdc.gov/nphpsp/FAQ.pdf](http://www.cdc.gov/nphpsp/FAQ.pdf).

<sup>2</sup> National Association of County and City Officials, [www.naccho.org](http://www.naccho.org)

<sup>3</sup> Public Health Accreditation Board, Domains and Standards, Standard 5.2.

information presented in the hospital reports was reviewed and considered in determining priorities for LaSalle County.

Agencies were identified as stakeholders in addressing the health of LaSalle County citizens. Invitations were sent to twenty-nine individuals representing a broad cross section of the county's services and medical providers. Twenty individuals attended the Community Health Committee meeting on April 11, 2017 with the majority representing social service agencies. Agency representatives attending the meeting are in leadership positions in their organizations and offer a diverse viewpoint. Health Department staff including management and health education were present and served as a resource, without unduly influencing the outcome of the meeting. A nominal group process was utilized with Ms. Julie Kerestes, Administrator, LaSalle County Health Department serving as the facilitator of the forum.

Priorities identified with the nominal group process were:

Mental Health  
Obesity  
Substance Abuse

The Community Health Committee, along with health department staff strategized on resources available to address the priorities, noting that no one agency can meet the needs of LaSalle County citizens without cooperation and collaboration of agencies. The committee will play a key role in the development, adoption and implementation of the county health plan. In addition, the LaSalle County Board of Health received regular updates on the status of IPLAN and is in full concurrence with the priorities set by the Community Health Committee.

## **STATEMENT OF PURPOSE AND BACKGROUND**

This is the fifth Community Health Needs Assessment and Community Health Plan developed by the LaSalle County Health Department. This fulfills the certification requirement for local health departments by completing the Illinois Project for Local Assessment of Needs (IPLAN). This document will cover the years of 2017-2022. The past experiences and partnerships will continue to plan an integral role in the development of this assessment and health plan.

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

Public health has always been a strong advocate for prevention, especially the population based services. Prevention decreases the economic and emotional burden of health conditions. Education teaches citizens healthy lifestyle choices, thus impacting health problems in the county. Prevention is a

logical method to assist in addressing the health problems of the county's citizens and improving the quality of life in LaSalle County.

With the current economic situation in Illinois and the changes with the Affordable Health Care Act, our health department programs have to transition with the times and meet the needs of our citizens. As funds continue to dwindle from the state, all resources need to be leveraged to meet the needs of our citizens. Prioritizing needs will allow strategic planning for the best use of limited resources. A committee approach prevents duplication of services and fosters collaboration. With the current economy, these resources will continue to become even more stressed and likely limited in scope. Prevention is challenging to prove short term benefits and make the case for continued funding during an economic crisis. Often the benefits of prevention are overlooked and implementation is delayed until the future. This procrastination with the allocation of resources impacts everyone in the future. It is difficult to offer population based services to make a difference in the health status of our county without appropriate resources. It is equally important to maintain the public health infrastructure so when a communicable disease crisis occurs, such as Ebola or pandemic flu, there are the resources to respond. There are many competing facets of health problems the health department and our community partners could focus on, however limitations are often set by funding availability which impacts personnel available to provide the service. Innovative measures and creative thinking must be a utilized component for effective solutions.

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

## **SELF-ASSESSMENT OF THE ORGANIZATIONAL CAPACITY OF THE LASALLE COUNTY HEALTH DEPARTMENT**

To initiate the 2017-2022 IPLAN process, an assessment of the organizational capacity of the LaSalle County Health Department was completed. The Apex model for assessment was followed. The goal of the assessment was to determine the internal capabilities of the health department in regards to: Authority to Operate, Community Relations, Community Health Assessment, Public Policy Development, Public Health

Service, Financial Management, Personnel Management, Program Management and Policy Board Procedures.

The Apex Model for the Assessment of Organizational Capacity was completed by twenty-two employees of the three divisions of the LaSalle County Health Department In February and March 2017. The Apex worksheets were reviewed by the Health Department Administrator and Division Directors. The APEX worksheets showed a consensus of staff viewed indicators for; authority to operate as high importance and being fully met, for community relations as high importance and being fully met, for community health assessment as medium importance and being fully met, public policy development as medium importance and being fully met, for assurance of public health services as high importance and being fully met, for financial management as high importance and fully being met and for personnel management as high importance being fully met.

## **COMMUNITY PARTICIPATION**

### **A. Community Survey**

A survey was developed by Alison Kerestes, a public health intern from the University of Illinois with input from Julie Kerestes, Administrator, Jenny Barrie, Health Educator, and Leslie Dougherty, Health Educator after researching several similar survey questions and formats. The survey was developed as an online tool in order to promote the survey on the health department's website and Facebook page. Paper copies were available at the reception area of the health department and also available at our WIC clinic sites throughout the county. The survey was distributed by email to Community Health Committee members and they were asked to promote survey completion in their agencies. Additionally, the survey was promoted through a media release to local newspaper and radio stations.

LaSalle County residents rated factors that influence a healthy community, including safe neighborhoods, affordable housing, the environment and healthy living. The survey was open from July through October and there were over 130 responses. The survey questions and data compiled from the Community Survey are included in the Health Statistics booklet that was provided to Community Health Committee members prior to the April meeting. The information included in the Health Statistics booklet can be found in the Data Analysis section of this plan.

### **B. Community Involvement**

Prior to the planning meeting, individuals were identified from various agencies and invited to attend the Community Health Committee meeting on April 11, 2017. Representatives were solicited from medical providers, local hospitals, mental health agencies, social service organizations, schools, elected officials, and governing boards. Many have served on the Community Health Committee in the past and are knowledgeable about our county and the IPLAN process. Invitations were sent to twenty-nine individuals and twenty individuals attended the Community Health Committee meeting on April 11, 2017 with the majority representing social service agencies (Appendix A).

The purpose of the meeting was to solicit input on what the health problems are in LaSalle County, prioritize these problems, discuss potential solutions to impact the problems and achieve consensus on the priorities to be addressed (Appendix B). Preceding the meeting committee members received a brief overview of the priorities set in the 2012-2017 IPLAN, as well as a current health statistic booklet that was utilized as part of the committee data analysis. Committee members were given time to review statistical data and were then asked to prioritize and submit three health problems for the county. The health problems received were compiled into a master list (Appendix C) and were narrowed down to five priority health problems (Appendix D).

At the April meeting the committee was presented with an overview of the Illinois Project for Local Assessment of Needs (IPLAN). Committee members were also made aware of the required components of IPLAN. A requirement in the IPLAN is a community needs assessment that describes the prevailing health status and health needs of the population within LaSalle County. This plan describes the community participation process and lists the community groups involved in the process to define these needs. The plan states the following: the importance of the priority health need and why it is selected, summary of the data and information on which the priority is based, analysis to identify the population groups at risk of poor health status within the jurisdiction, the relationship of the priority to Healthy People 2020 National Health Objectives, and factors influencing the level of the problem. Next, the complete list of health problems submitted by committee members was shared with the group, along with the top five health problems derived from the list considered to be the most concerning for the county. The top five priorities presented to the committee were substance abuse, obesity, mental health, family violence, and access to health care.

As the meeting continued, hospital representatives provided updates on their community needs assessment processes. In addition, committee members presented updates regarding the previously identified health priorities from the 2012-2017 plan, which were substance abuse, family violence and obesity. After lengthy discussion on the top community health problems, each committee member voted for his or her individual top three priorities. The results were Mental Health, Obesity, and Substance Abuse.

In the afternoon, committee members worked in groups to discuss each problem and brainstorm resources needed to address these issues and what was currently available. In addition, the groups determined risk factors, barriers, direct/indirect contributing factors, and objectives for the three priorities. Each group presented their information to the committee and further discussion followed. See Appendix E, F, and G to view the Health Problem Analysis Worksheet and Community Health Plan Worksheet for each health priority.

As determined by the LaSalle County Community Health Committee, priorities for the 2017-2022 LaSalle County Needs Assessment will be as follows:

Mental Health  
Obesity  
Substance Abuse

These priorities will be addressed in the LaSalle County Health Plan. To read the minutes from the LaSalle County Community Health Committee meeting please see Appendix H.

## **DATA ANALYSIS**

### Statistical Indicators for LaSalle County

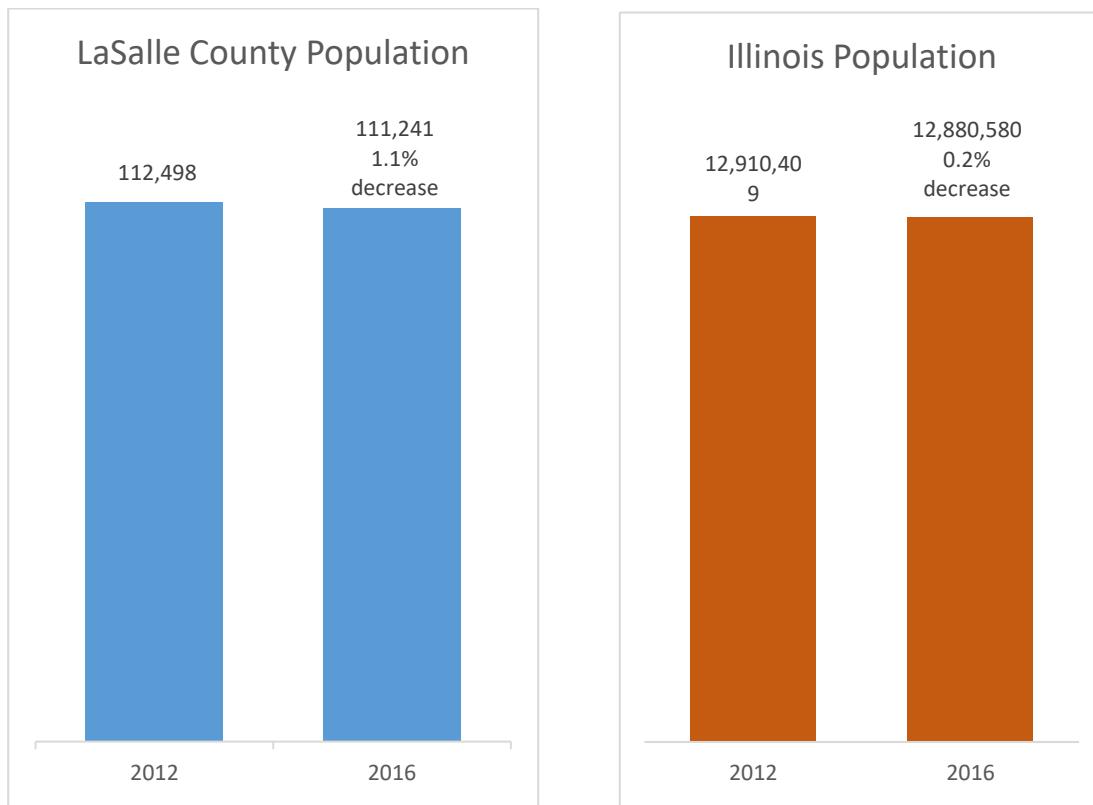
- Population
- Age, Gender, and Race Distribution
- Household/Family
- Economic Information
- Leading Causes of Mortality
- Community Health Needs Survey 2017
- Illinois Behavioral Risk Factor Surveillance System
  - Accessibility
  - Wellness
  - Women's Health
  - Healthy Lifestyle
  - Health Status
  - Tobacco Use
  - Drug and Alcohol Abuse
  - Overweight and Obesity
  - Predictors of Heart Disease
  - Healthy Babies
  - Respiratory
  - Cancer
  - Diabetes
  - Infectious Diseases
  - Injuries
- County Health Ranking Reports 2012-2017

## **Population**

*Importance of the measure:* Population data characterize individuals residing in LaSalle County. Population data provide an overview of population growth trends and build a foundation for additional analysis of data.

### **Population Growth**

Data indicates the population of LaSalle County has slightly decreased (1.1%) between 2012 and 2016.



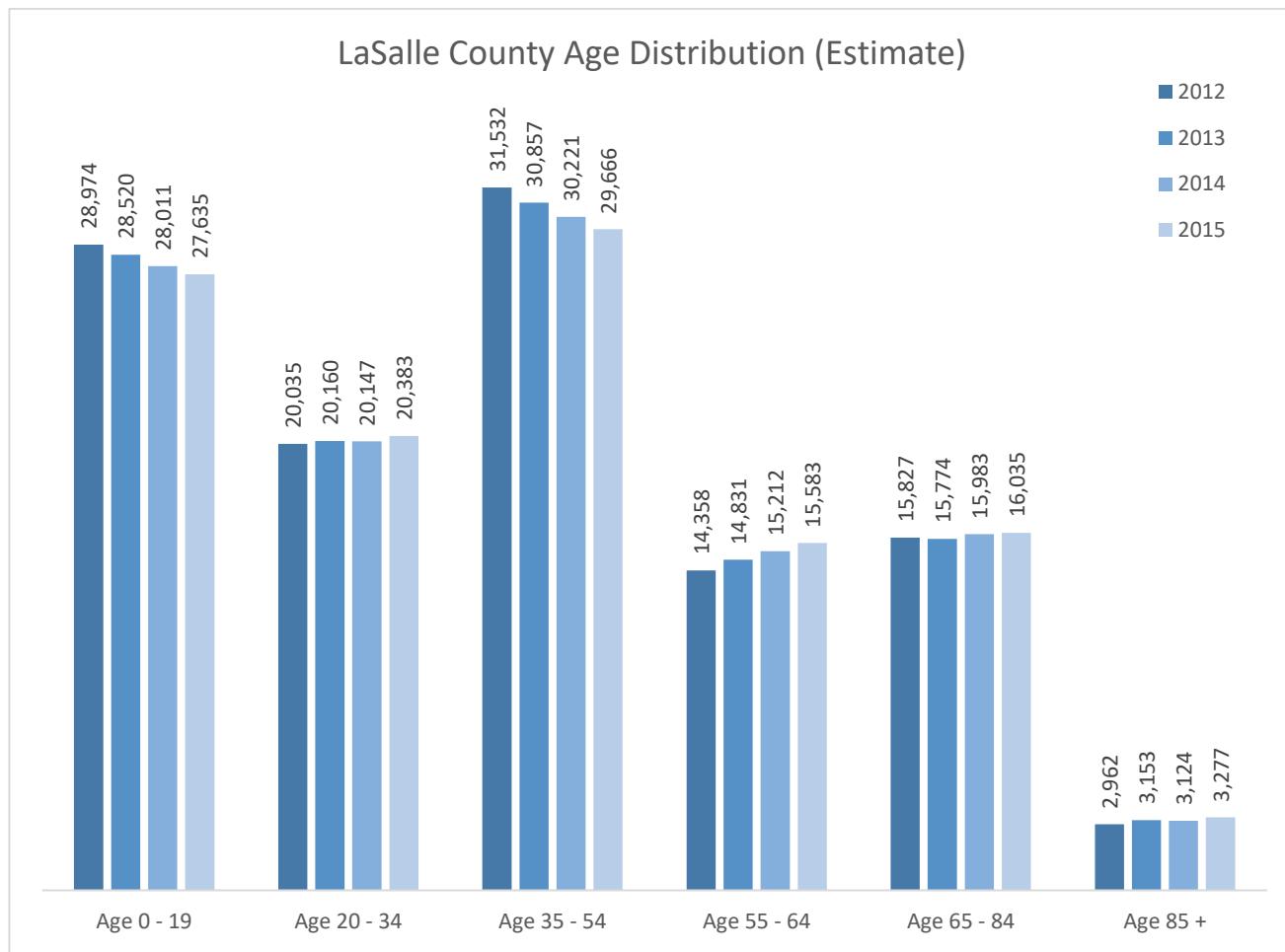
Source: County Health Rankings/US Census

## **Age, Dependency Indicators, Gender, and Race Distribution**

*Importance of the measure:* Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth and the distribution of healthcare services. Understanding the cultural diversity of communities is essential when considering healthcare infrastructure and service delivery systems.

### **Age**

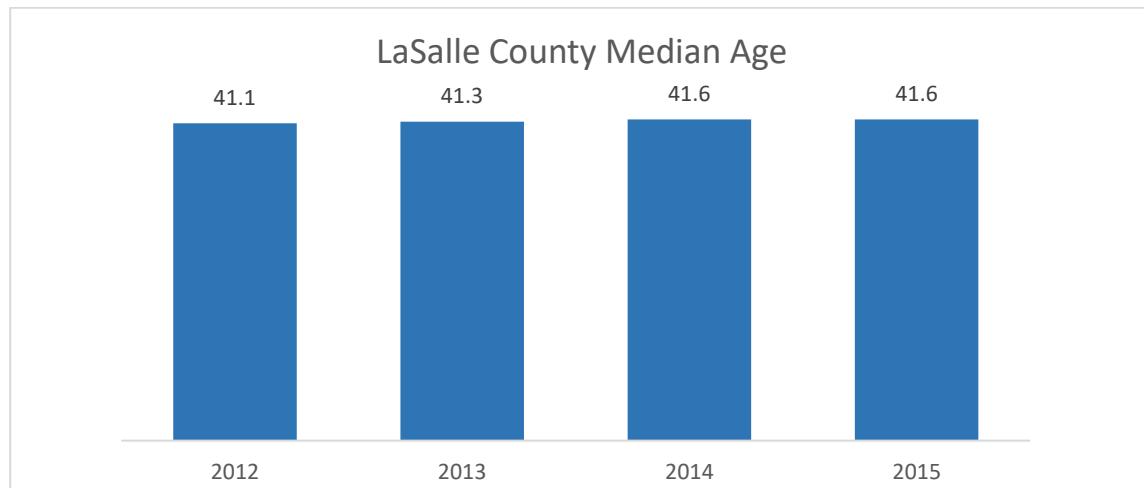
As indicated in the graph below, the percentage of individuals in LaSalle County aged 55-64 increased between 2012-2015, as well as slightly in those aged 65 and older.



Source: U.S. Census/American Community Survey Five Year Estimate

## Median Age

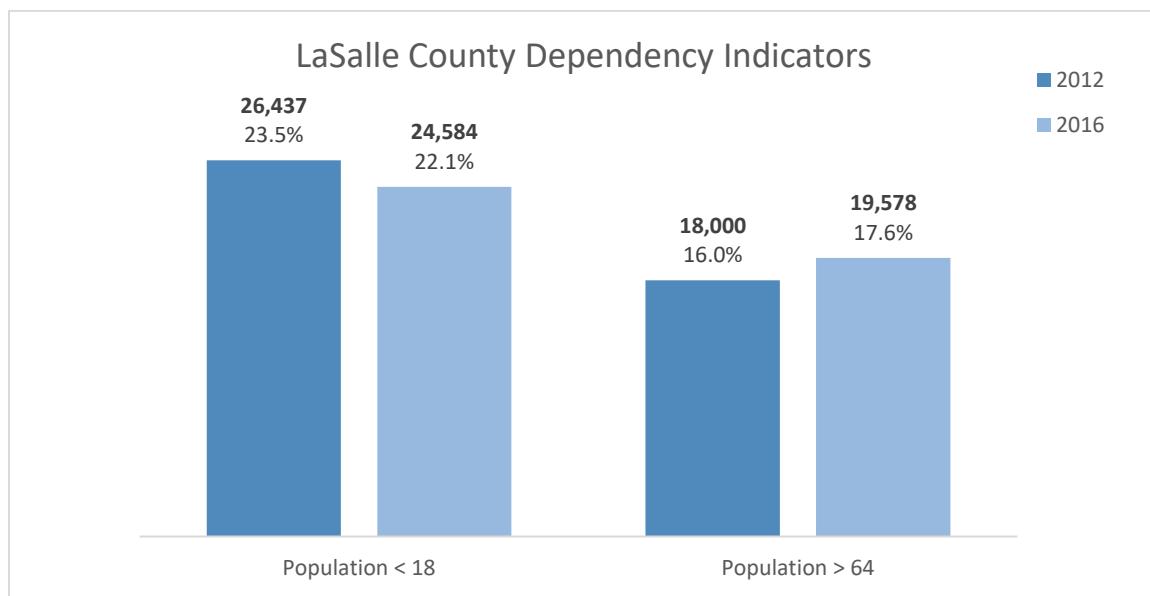
The median age in LaSalle County remained consistent from 2012-2016.



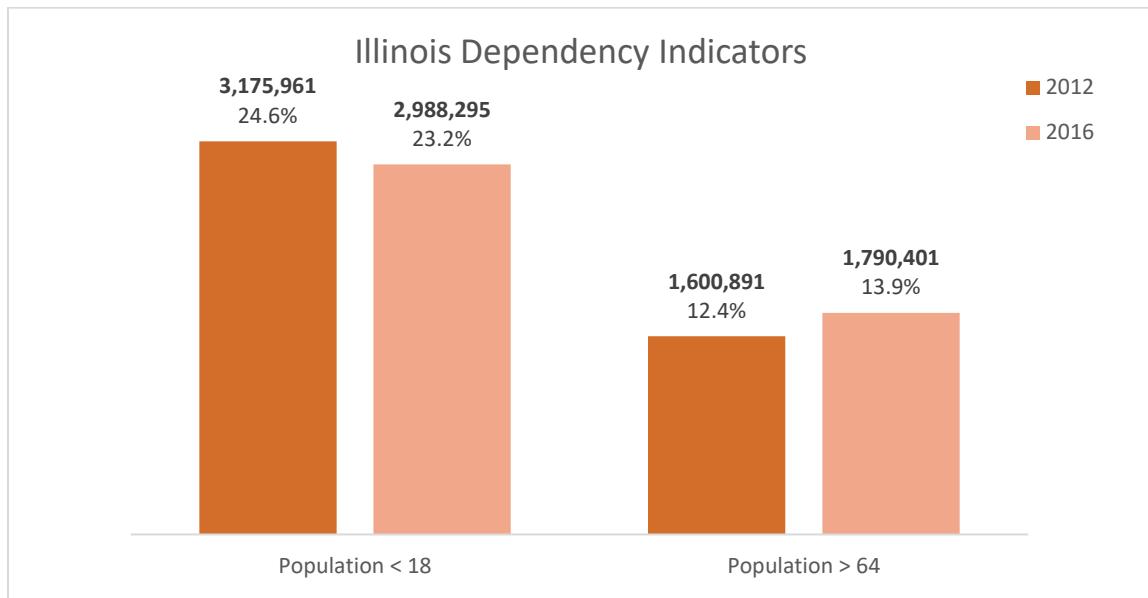
Source: U.S. Census

## Dependency Indicators

Dependency is defined as a population of non-working, either pre-productive or post productive individuals (generally defined as <18 or >64) who are dependent on the productive population for social and economic support. When compared to state percentages, LaSalle County's indicators are slightly higher in those > 64.



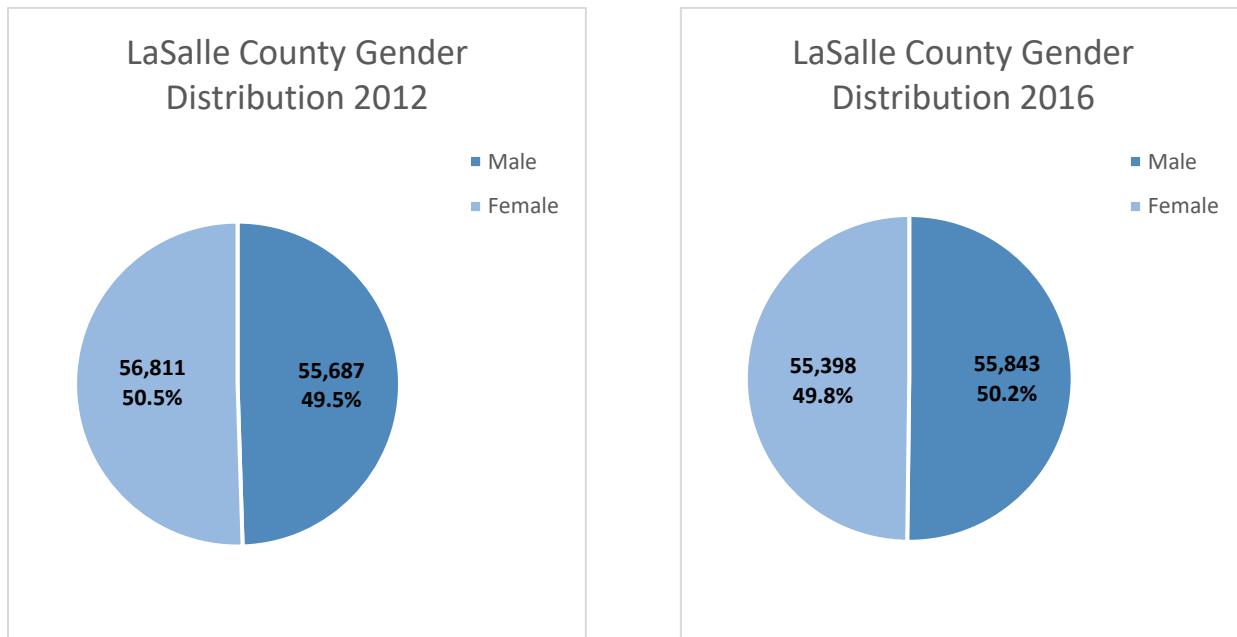
Source: County Health Rankings



Source: County Health Rankings

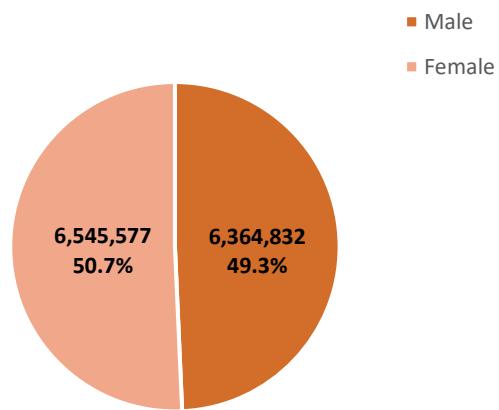
## Gender Distribution

The gender distribution of LaSalle County residents has remained relatively consistent from 2012-2016 and is also comparative to the state's distribution.

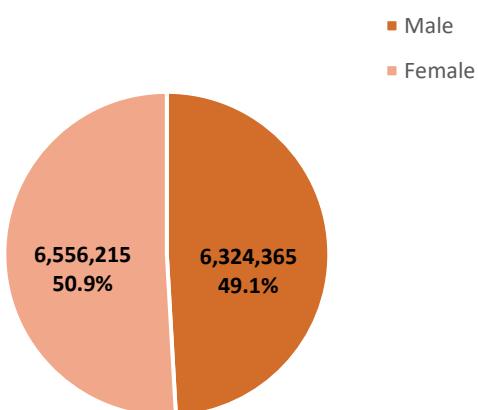


Source: County Health Rankings

Illinois Gender Distribution  
2012



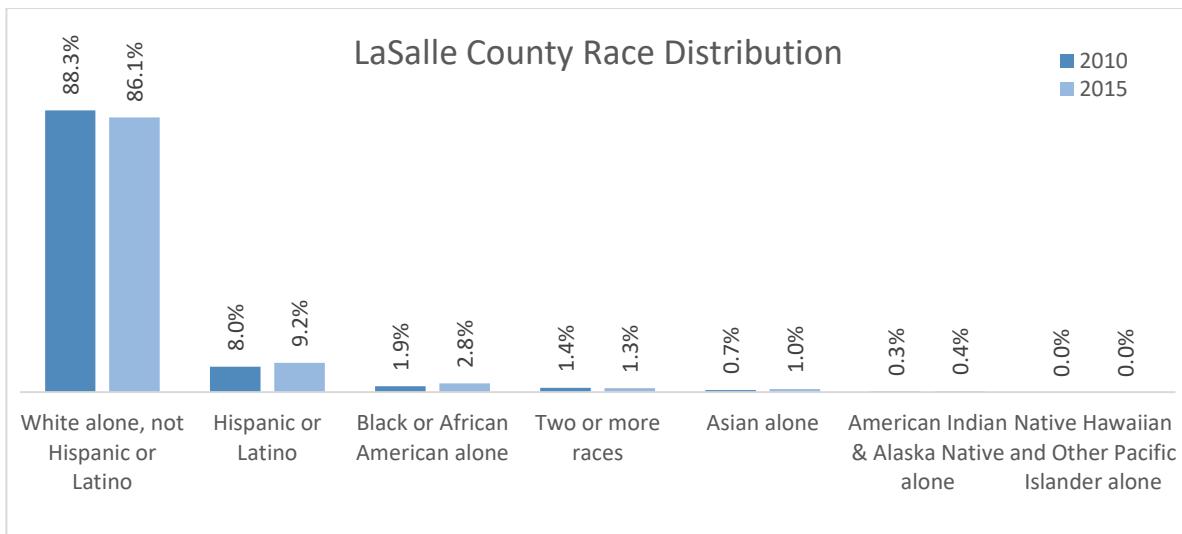
Illinois Gender Distribution  
2016



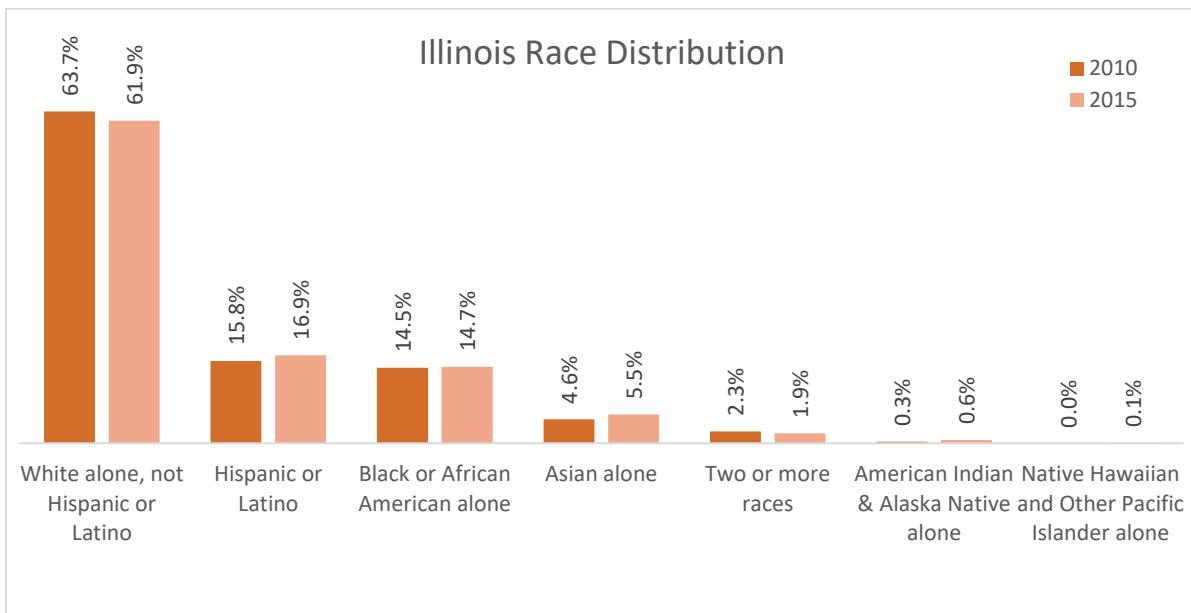
Source: County Health Rankings

## Race

With regard to race and ethnic background, LaSalle County is largely consistent, however in recent years, the county is becoming more diverse. Data from 2010 indicates that White ethnicity comprises slightly over 88% of the population of LaSalle County. However, the non-White population of LaSalle County has been increasing (from 12.3% to 14.7% in 2014), with Black ethnicity comprising 2.8% of the population, Asian ethnicity comprising 1.0% of the population, and Hispanic/Latino ethnicity steadily increasing, now comprising 9.2% of the population.



Source: U.S. Census Bureau Quick Facts

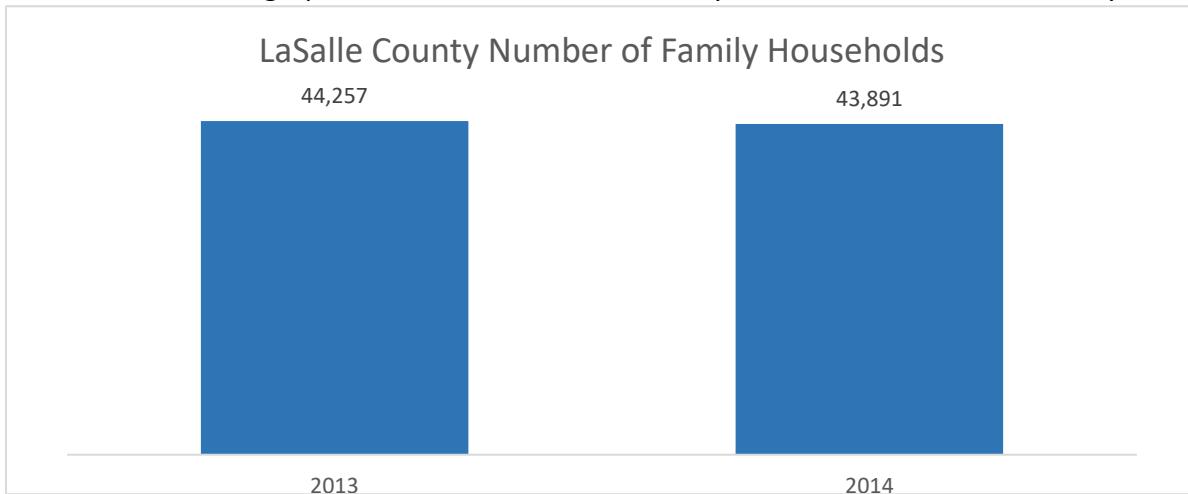


Source: U.S. Census Bureau Quick Facts

## Household and Family Information

*Importance of the measure:* Families are an important part component of a robust society in LaSalle County, as they dramatically impact the health and development of children and provide support and well-being for older adults.

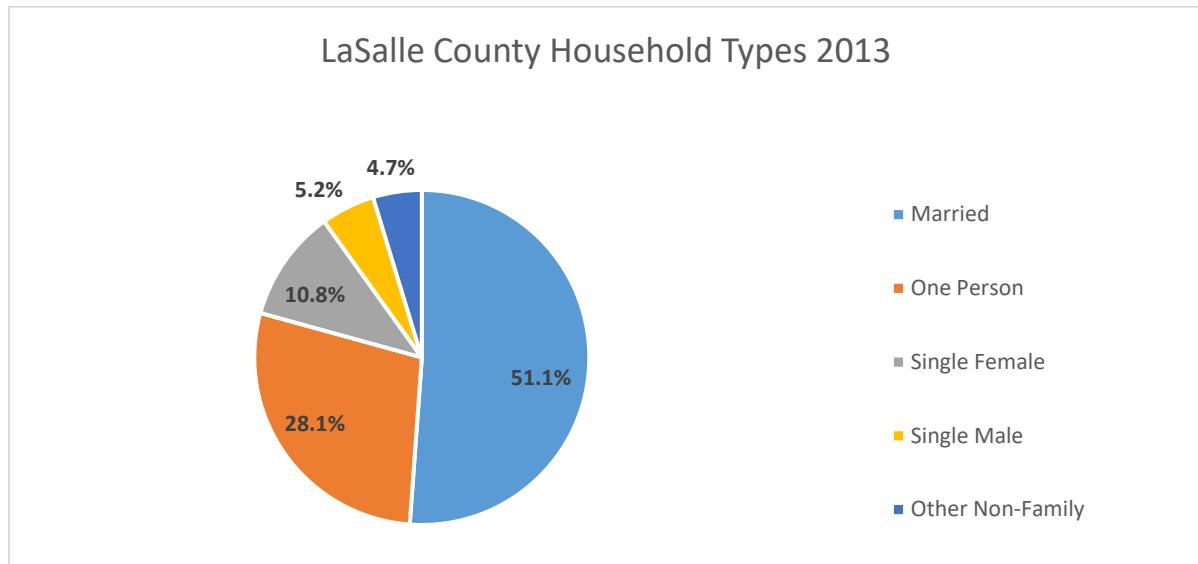
As indicated in the graph below, the number of family households in LaSalle County decreased slightly.



Source: U.S. Census

## Family Composition

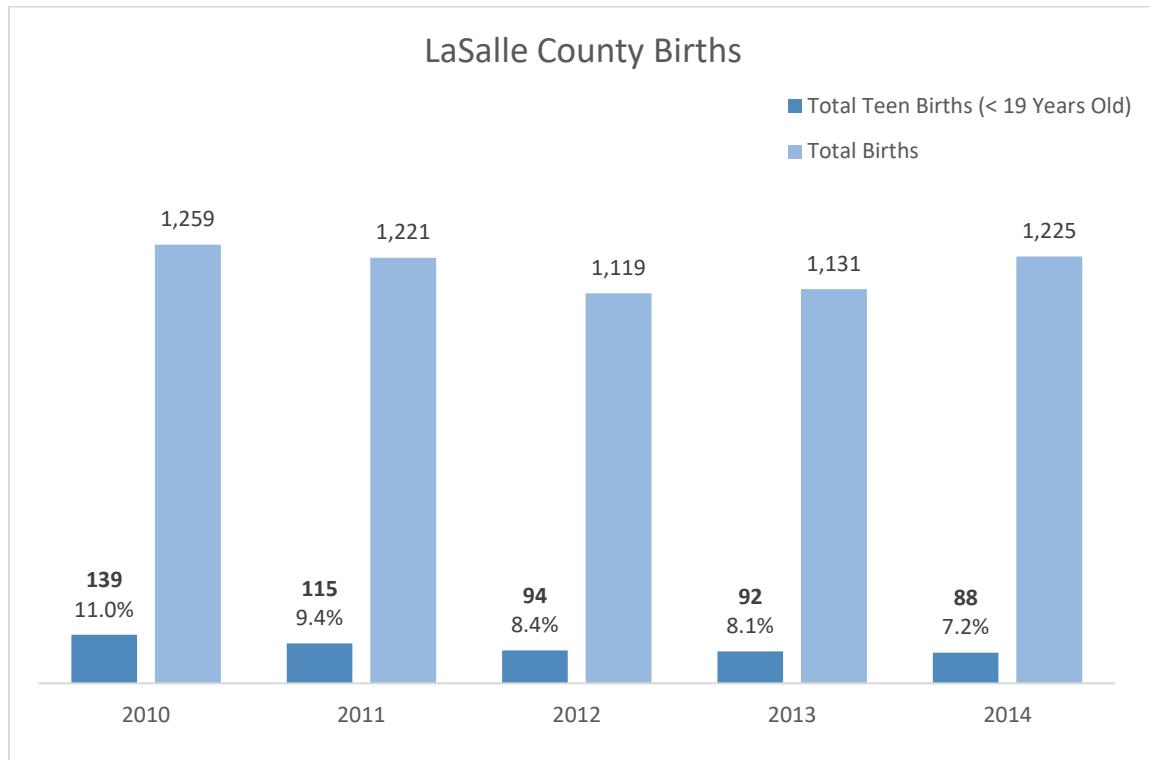
In LaSalle County, data from 2013 suggest the percentage of two-parent families in LaSalle County is just over 50%. One person household's represent 28.1% of the county population. Single female head of household represents 10.8% of the population.



Source: 2013 Statisticalatlas.com

## Early Sexual Activity Leading to Births from Teenage Mothers

LaSalle County experienced a decrease in the number of teenage births from 2010-2014.



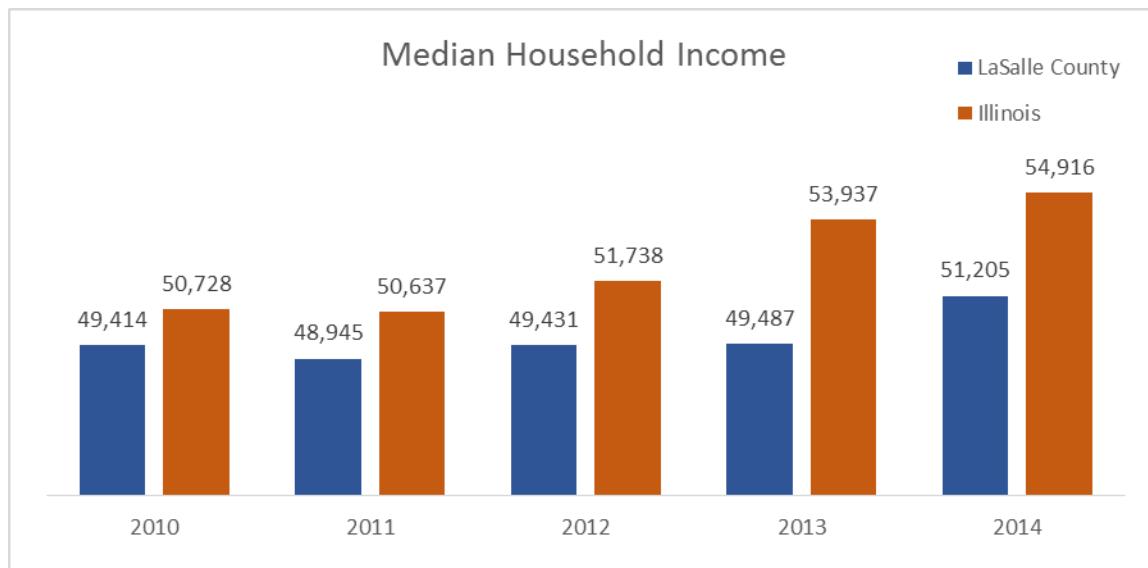
Source: Illinois Department of Public Health

## Economic Information

*Importance of the measure:* Median income divides households into two segments with one half of households earning more than the median income and the other half earning less. Because median income is not significantly impacted by unusually high or low income values, it is considered a more reliable indicator than average income. To live in poverty means to lack sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education, and employment conditions.

### Median Income Level

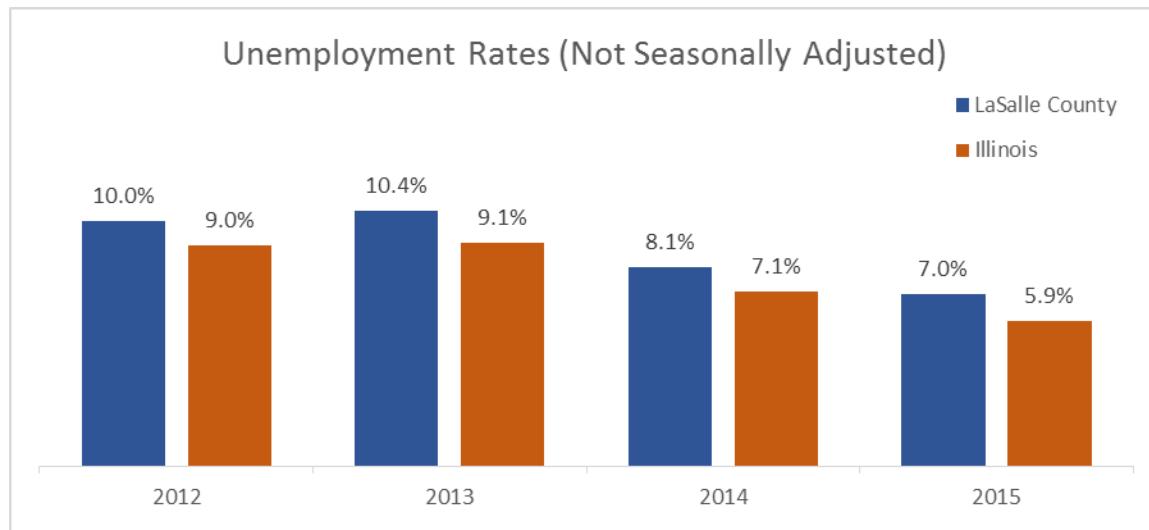
For 2010-2014, the median household income in LaSalle County was lower than the State of Illinois.



Source: U.S. Census

## Unemployment

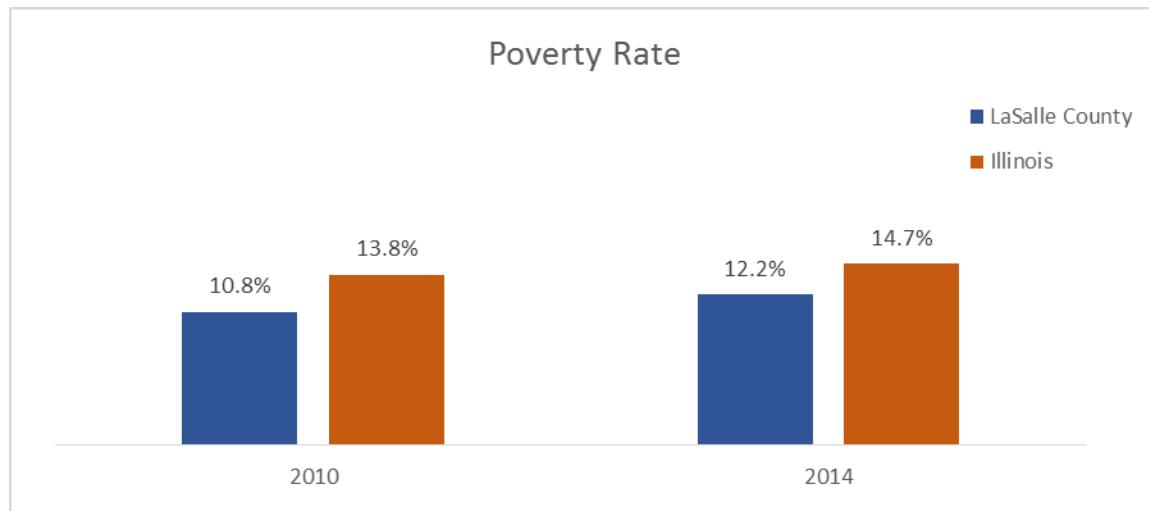
For the years 2012 to 2015, the LaSalle County unemployment rate has been slightly higher than the State of Illinois unemployment rate. Between 2012-2015, unemployment decreased from 10.0% to 7.0%.



Source: Bureau of Labor Statistics

## Families in Poverty

Poverty has a significant impact on the development of children and youth. In LaSalle County, the percentage of families living in poverty between 2010 and 2014 increased. The poverty rate in LaSalle County remains lower than the State of Illinois poverty rate.

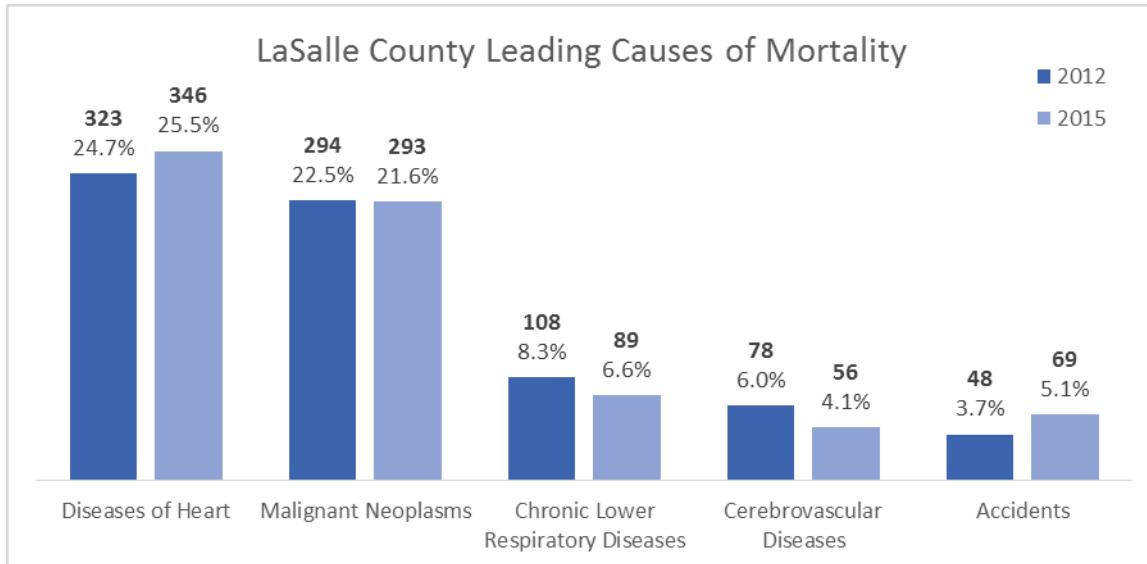


Source: U.S. Census

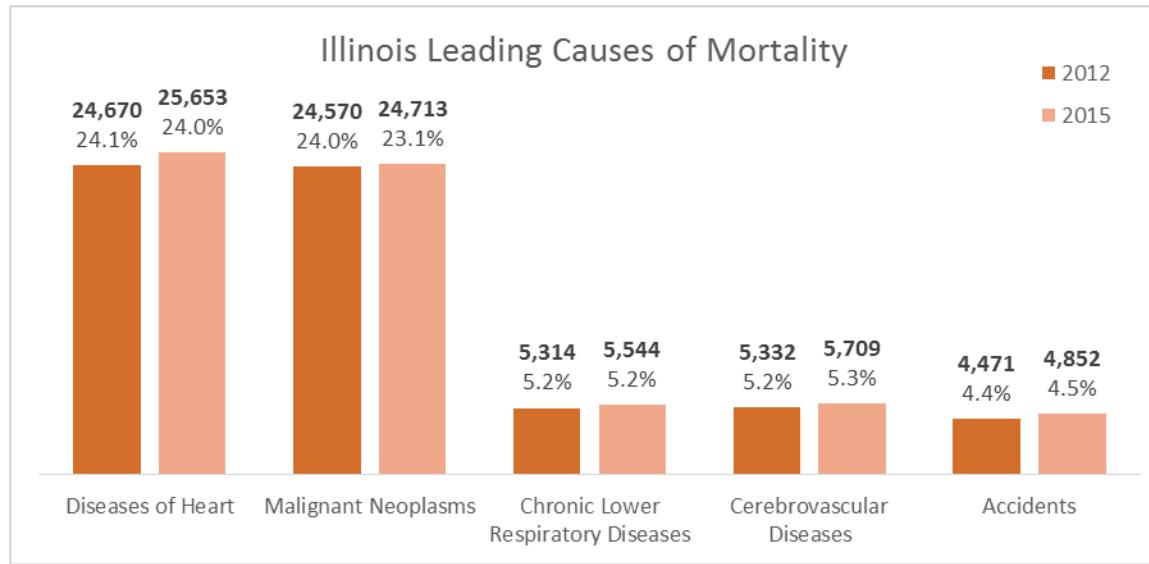
## Leading Causes of Mortality

*Importance of Measure:* Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths.

The top two leading causes of death in the State of Illinois and LaSalle County are similar as a percentage of total deaths in 2015. Diseases of the Heart are the cause of 25.5 % of deaths in LaSalle County and Cancer is the cause of 21.6 % of deaths in LaSalle County. In 2015, Diseases of the Heart, Chronic Lower Respiratory Disease, and Accidents are the leading causes of death in LaSalle County with higher percentages when compared to the State of Illinois.



Source: Illinois Department of Public Health Vital Statistics



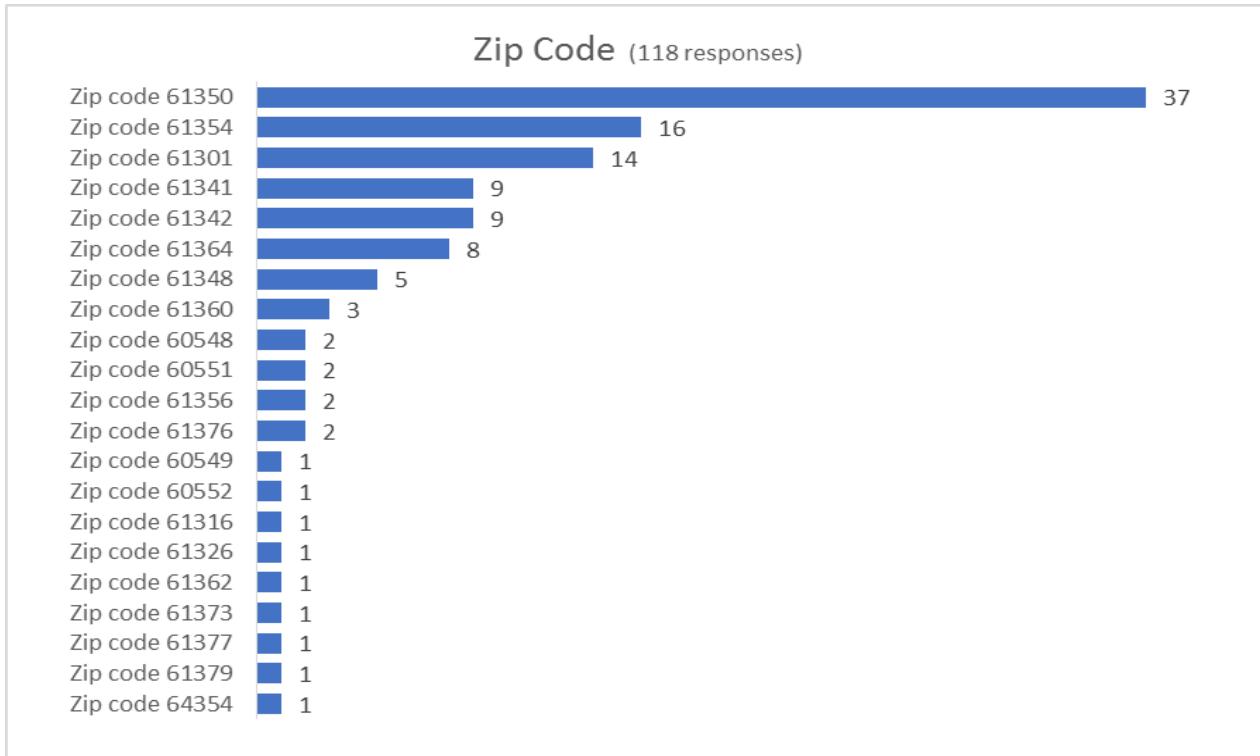
Source: Illinois Department of Public Health Vital Statistics

## **Community Health Needs Assessment (CHNA) Survey 2017**

In July, 2016 LaSalle County residents had the chance to identify some of the health issues they face in their communities. An online survey allowed people to rate factors that influence a healthy community, including safe neighborhoods, affordable housing, the environment and healthy living. The survey was promoted through a media release to local newspaper and radio stations, in addition to highlighting the survey on the Health Department's facebook page. The survey was open until October and there were over 130 responses.

### **Responses by Zip Code**

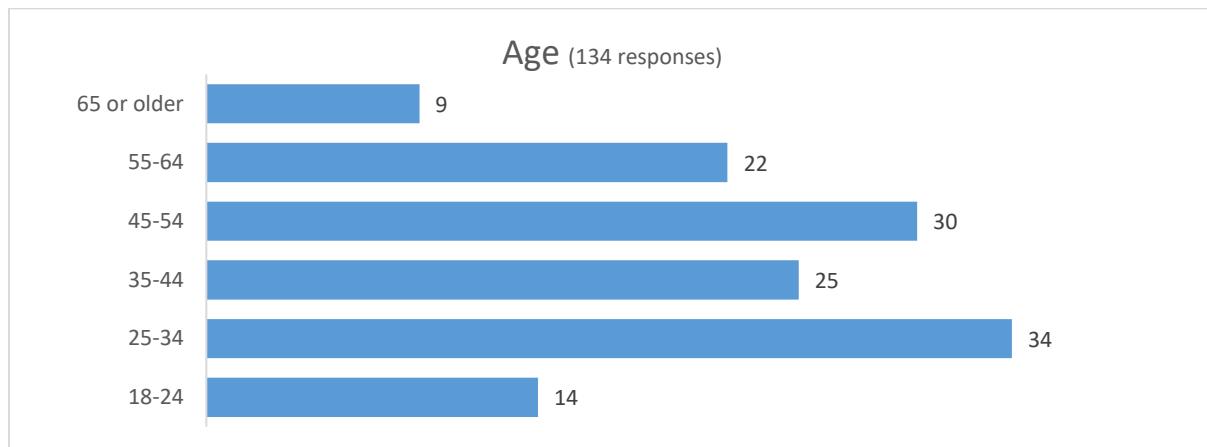
There were 118 participants who noted their zip code. Over half of the responses were from larger towns in LaSalle County, such as Ottawa, Peru, LaSalle, Marseilles, Mendota, and Streator.



Source: LaSalle County CHNA Survey, 2016

## Age

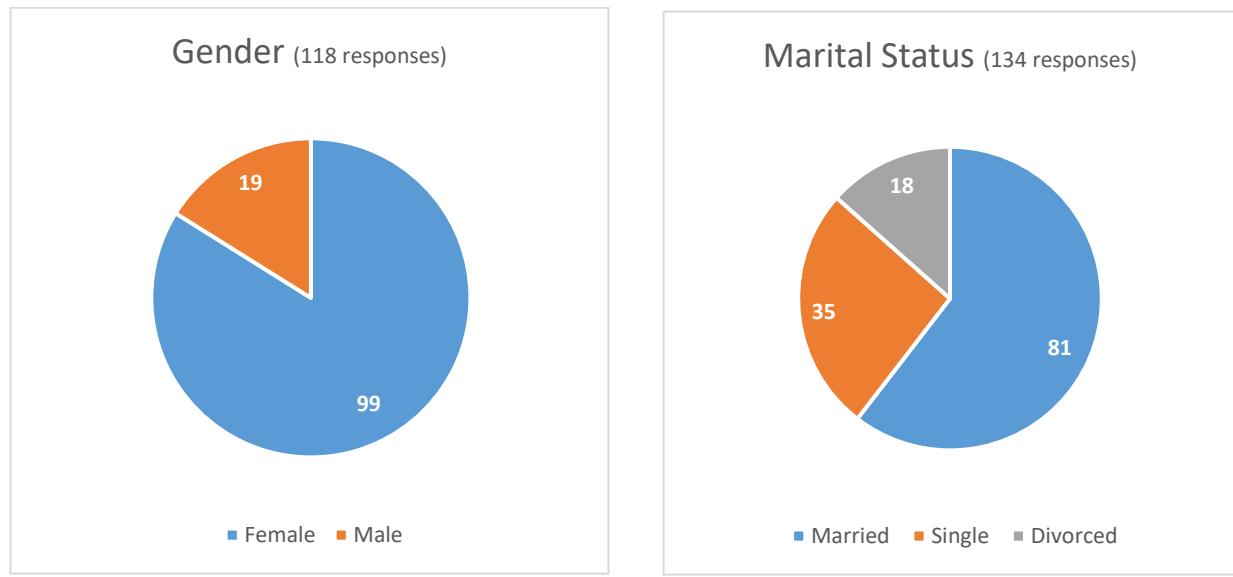
The majority of responses came from LaSalle County residents aged 25-64.



Source: LaSalle County CHNA Survey, 2016

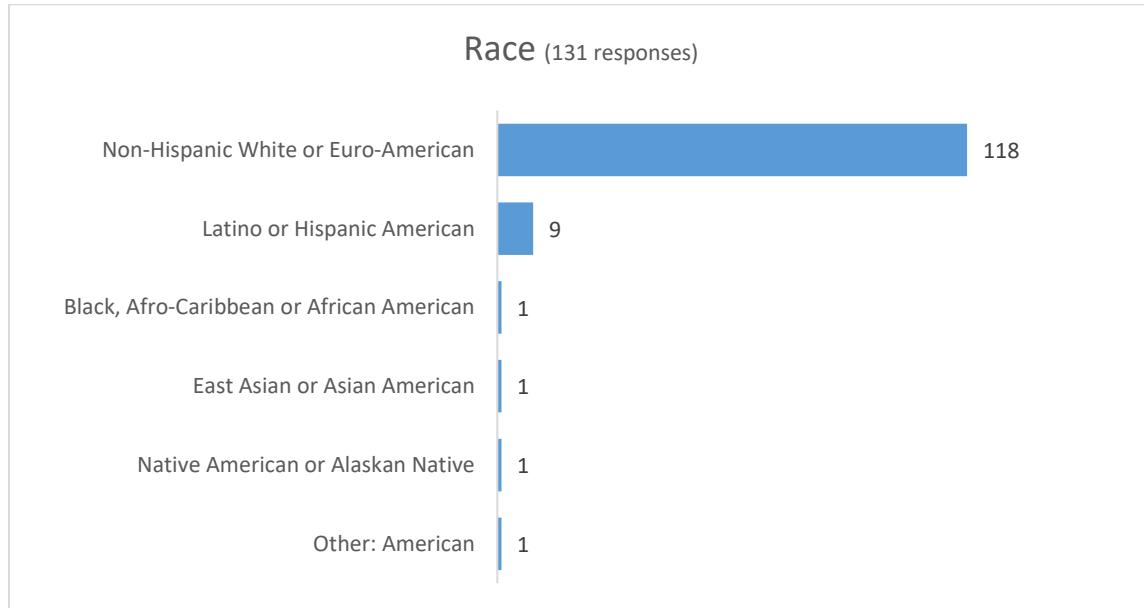
## Gender and Marital Status

Married females were the most common respondents to the Community Health Needs Assessment Survey.



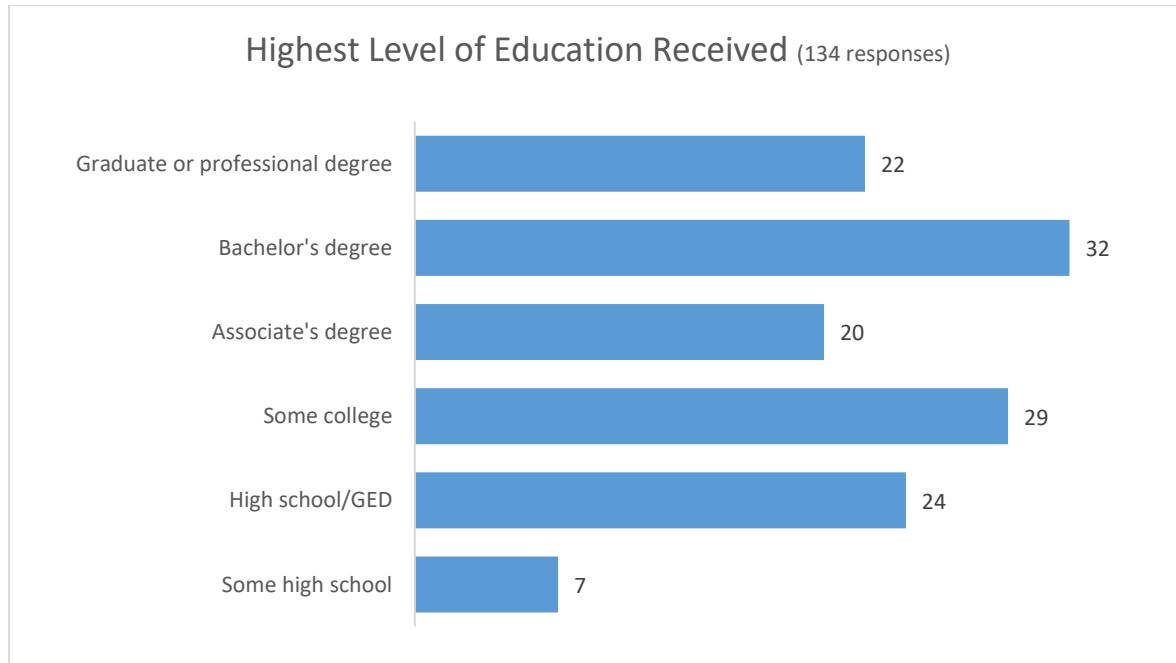
Source: LaSalle County CHNA Survey, 2016

## Race



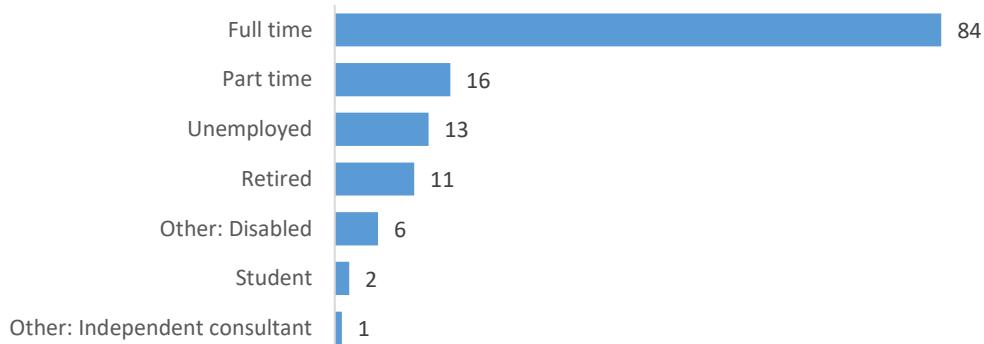
Source: LaSalle County CHNA Survey, 2016

## Education, Employment, and Household Information



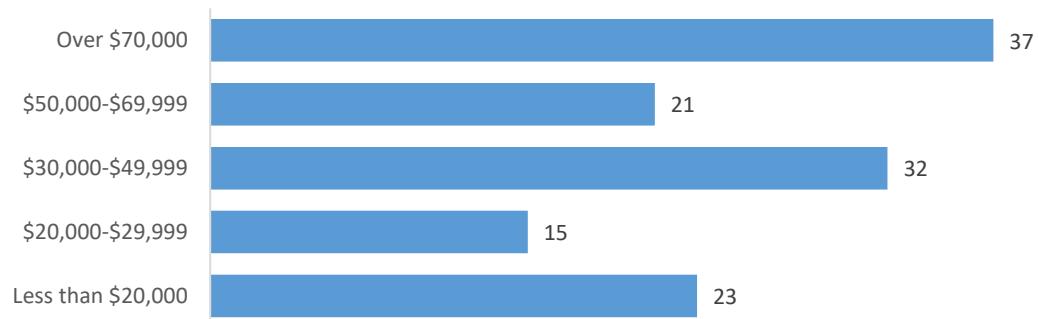
Source: LaSalle County CHNA Survey, 2016

### Employment Level (133 responses)



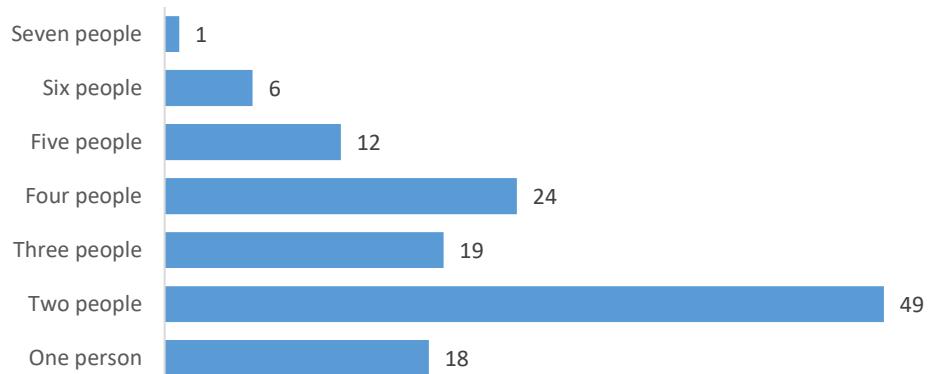
Source: LaSalle County CHNA Survey, 2016

### Household Income (128 responses)



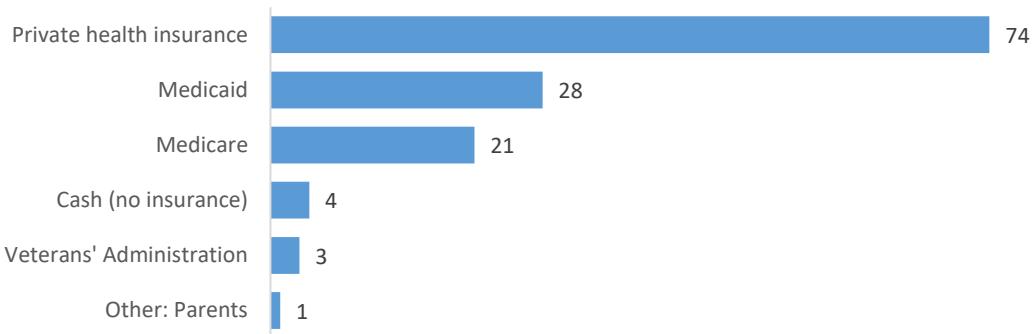
Source: LaSalle County CHNA Survey, 2016

### Number of People in Household (129 responses)



Source: LaSalle County CHNA Survey, 2016

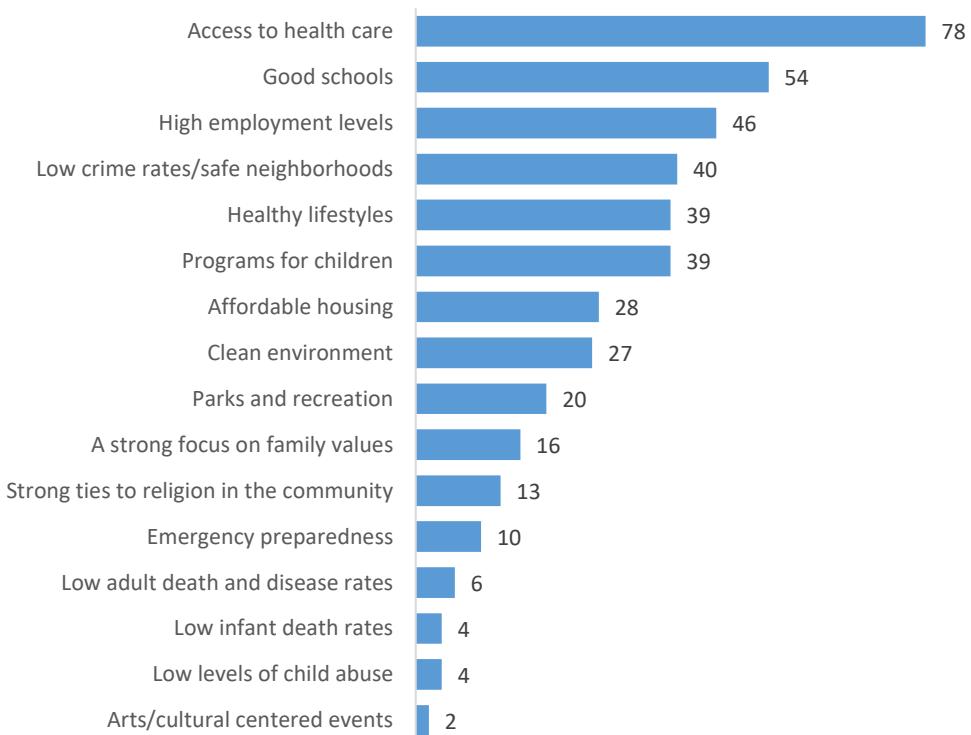
### Payment Method for Health Care (131 responses)



Source: LaSalle County CHNA Survey, 2016

### Community Strength and Weaknesses

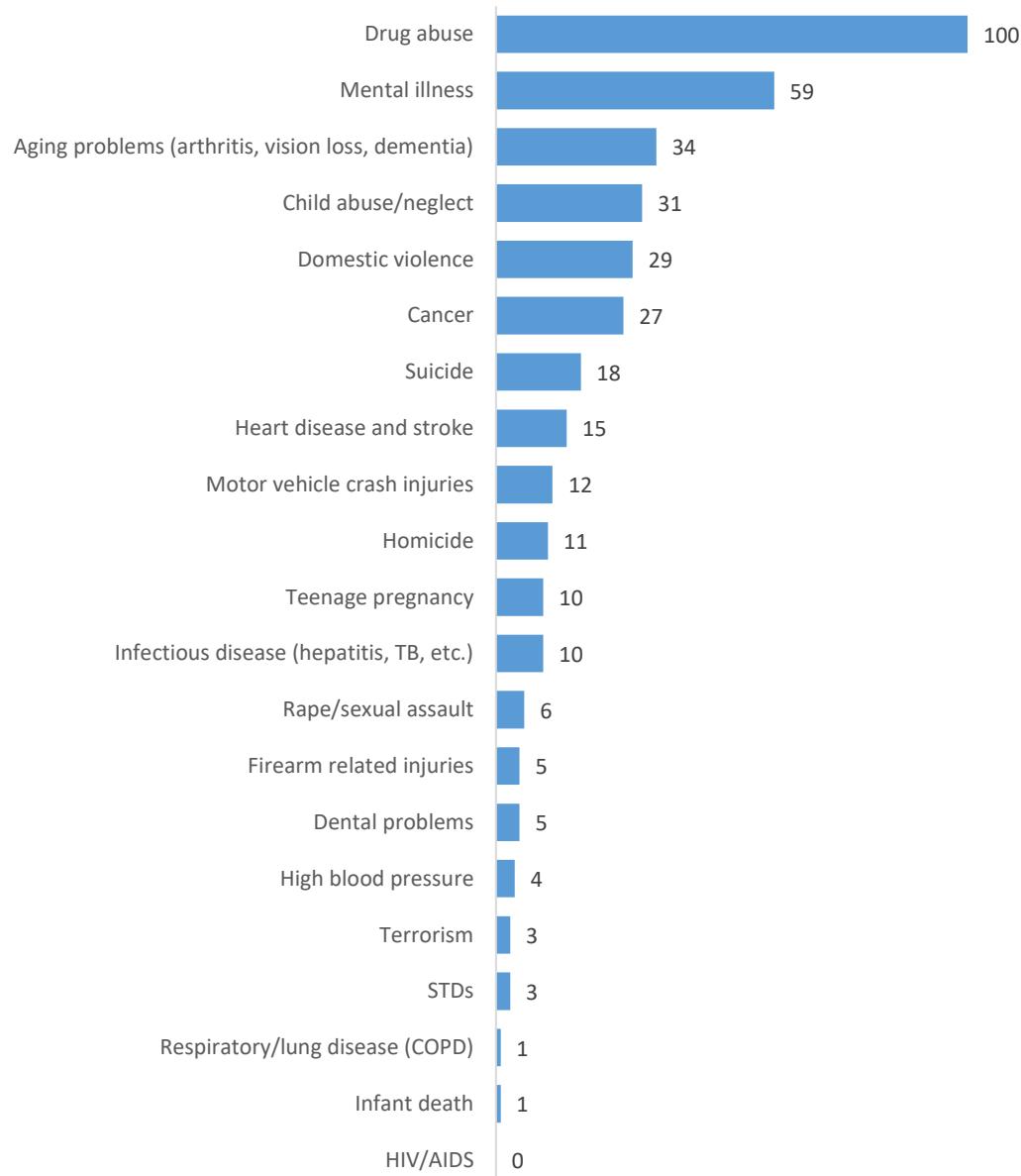
#### Factors that Influence a Community's Health and Improve Its Quality of Life (131 respondents)



Source: LaSalle County CHNA Survey, 2016

## Problems that Have the Greatest Impact on the Community

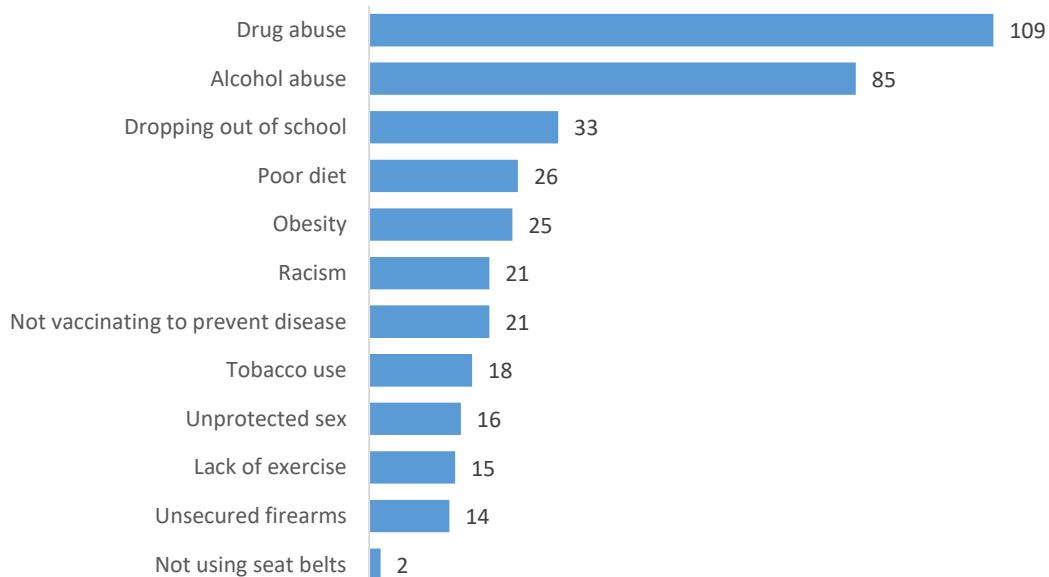
(130 respondents)



Source: LaSalle County CHNA Survey, 2016

## Behaviors that Have the Greatest Impact on the Community

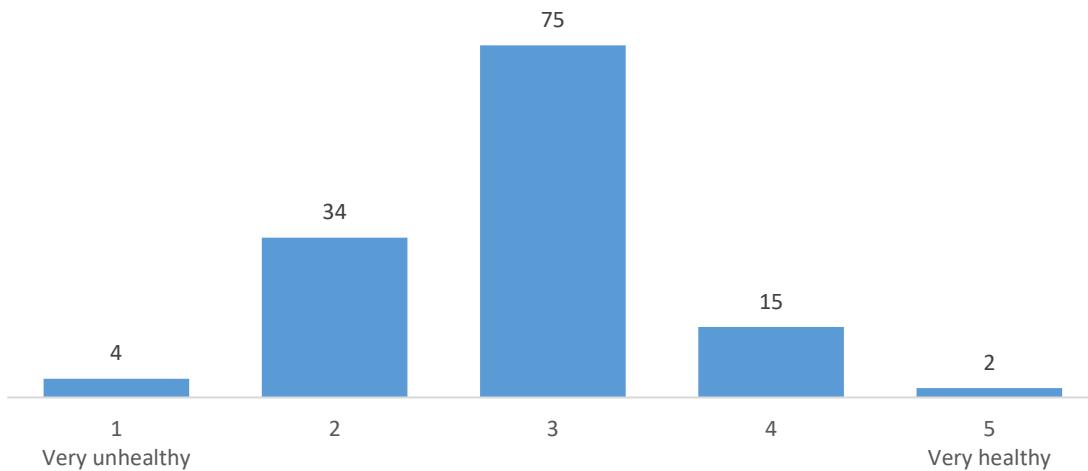
(128 respondents)



Source: LaSalle County CHNA Survey, 2016

## How Would You Rate the Community's Overall Health?

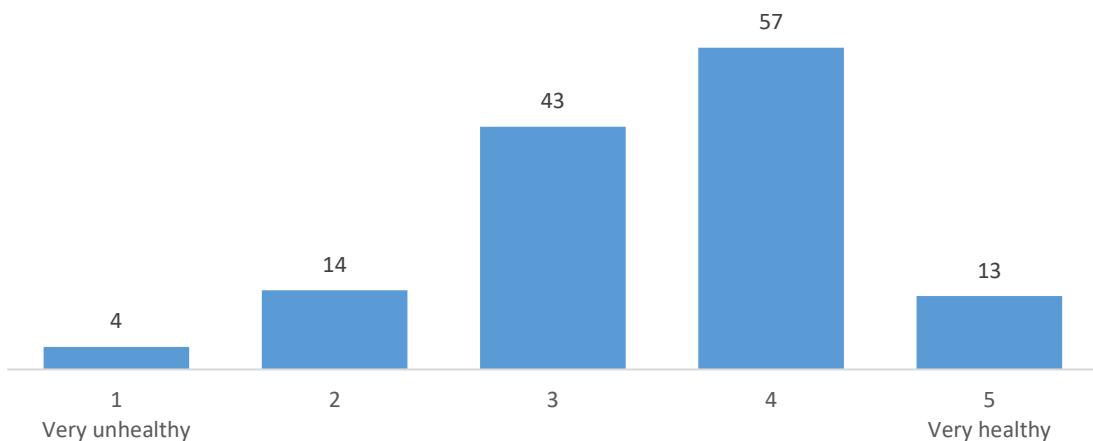
(130 responses)



Source: LaSalle County CHNA Survey, 2016

### How Would You Rate Your Own Health?

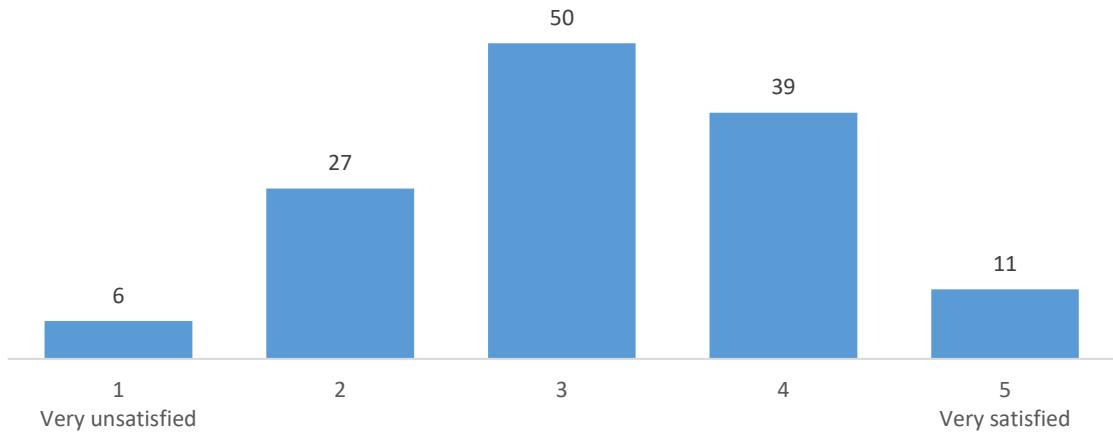
(131 responses)



Source: LaSalle County CHNA Survey, 2016

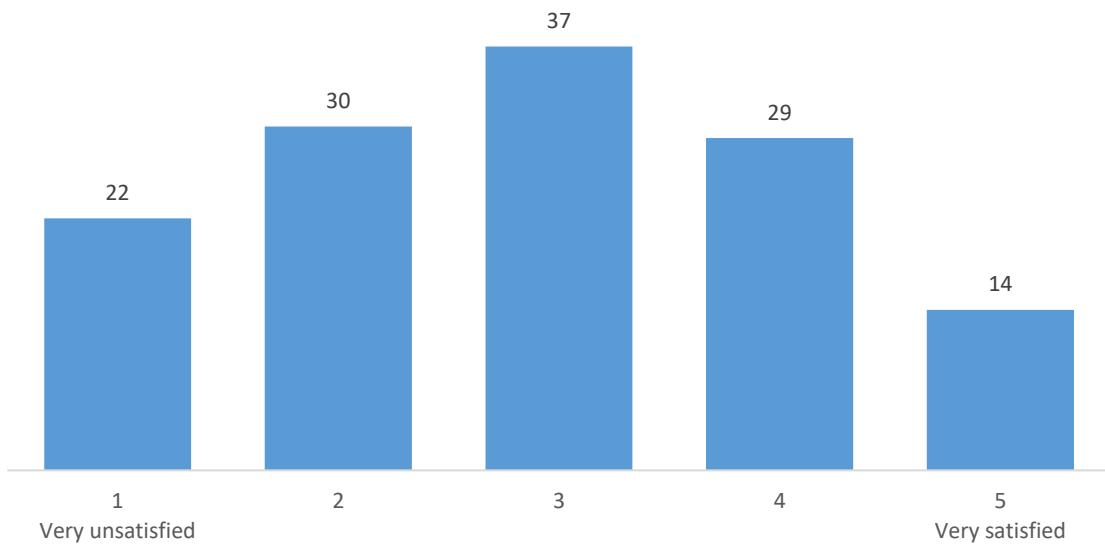
### Quality of Life

#### Are You Satisfied with the Quality of Life in Your Community? (133 responses)



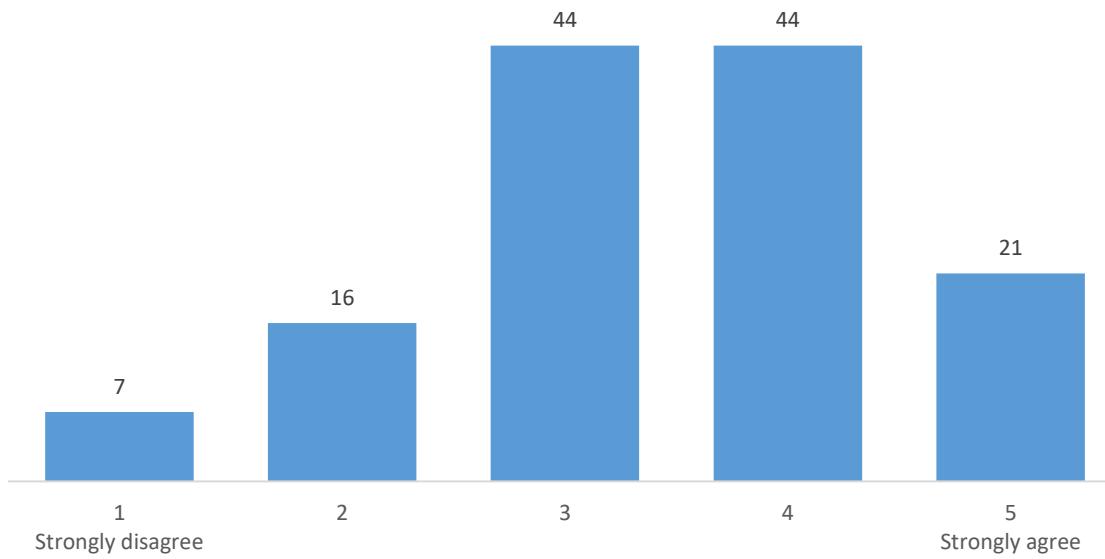
Source: LaSalle County CHNA Survey, 2016

### Are You Satisfied with Your Community's Health Care System? (132 responses)



Source: LaSalle County CHNA Survey, 2016

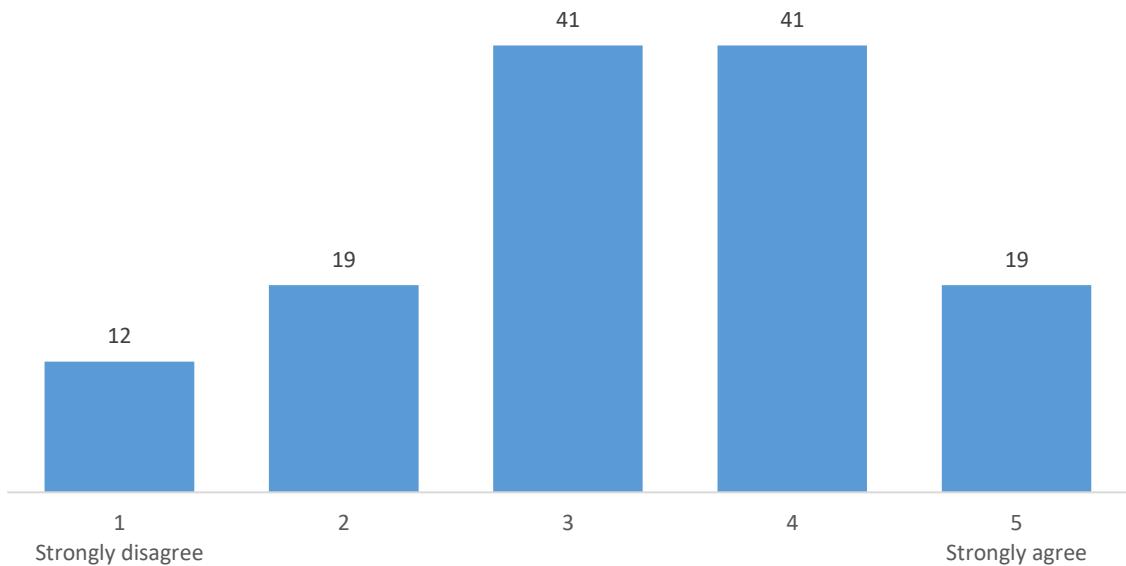
### Your Community Is a Good Place to Raise a Family. (132 responses)



Source: LaSalle County CHNA Survey, 2016

### Your Community Is a Good Place to Grow Old.

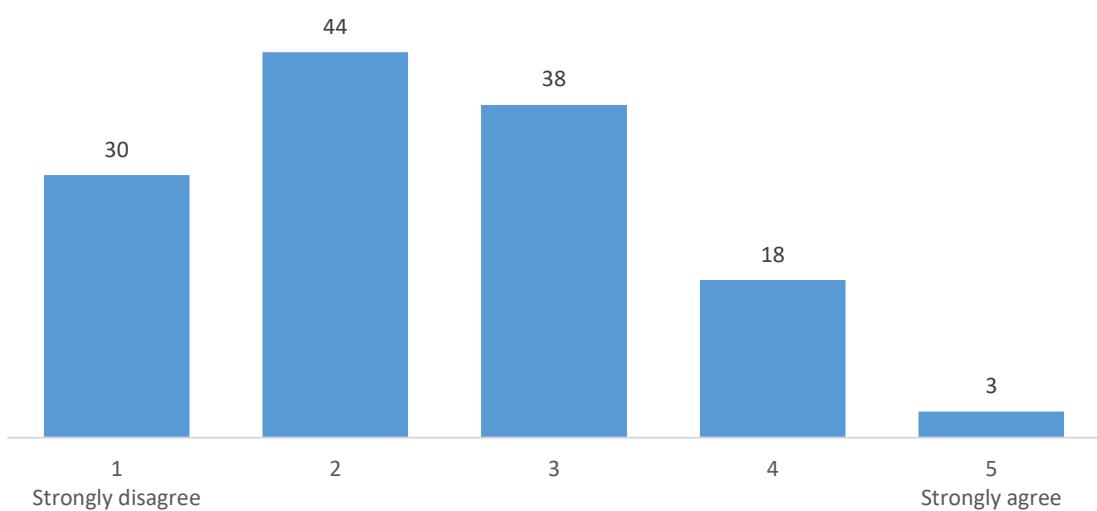
(132 responses)



Source: LaSalle County CHNA Survey, 2016

### There Is Economic Opportunity in Your Community.

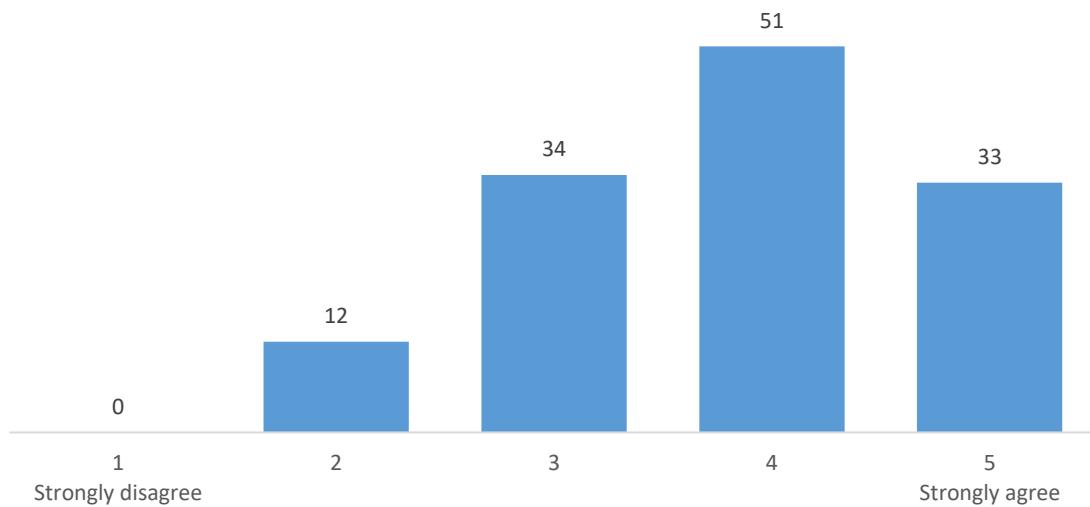
(133 responses)



Source: LaSalle County CHNA Survey, 2016

### You Feel Safe Living in Your Community.

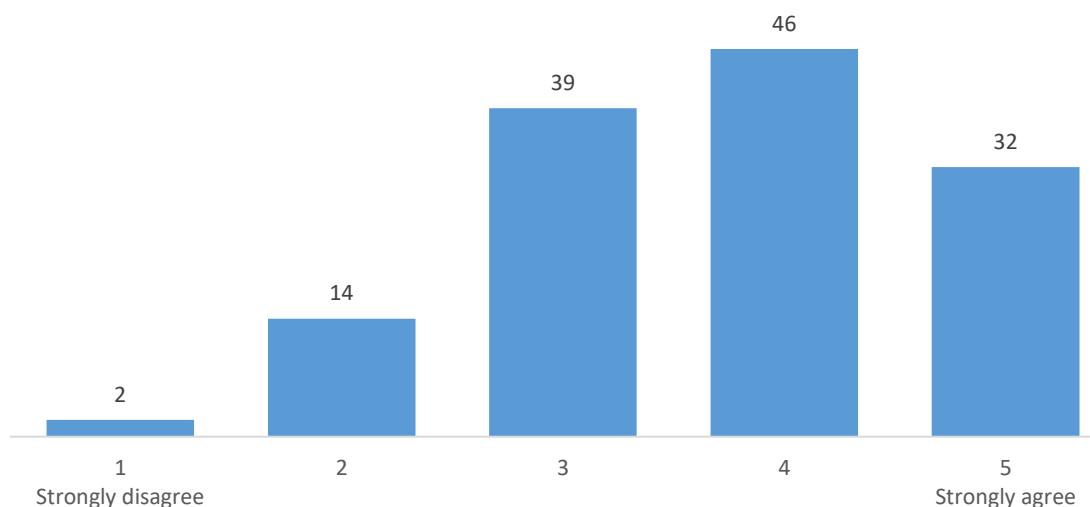
(130 responses)



Source: LaSalle County CHNA Survey, 2016

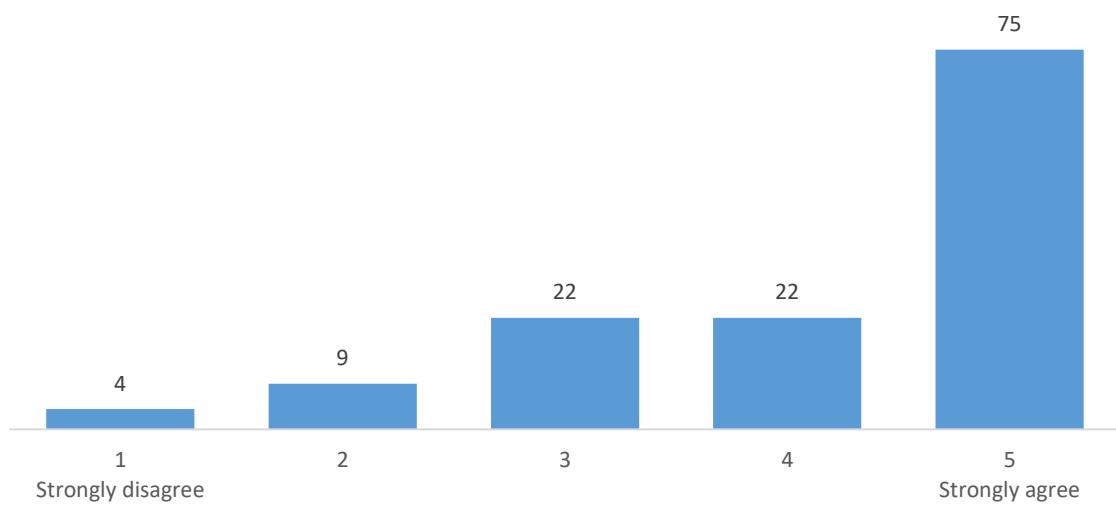
### Your Community Has Clean Air and Water.

(133 responses)



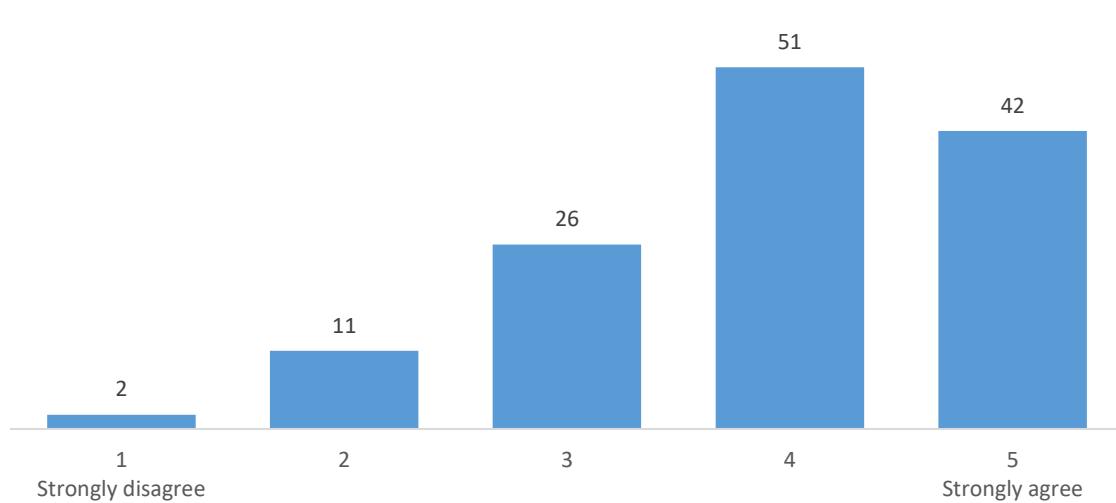
Source: LaSalle County CHNA Survey, 2016

You Have Reliable Means of Transportation to and from Your Health Care Appointments.  
(132 responses)



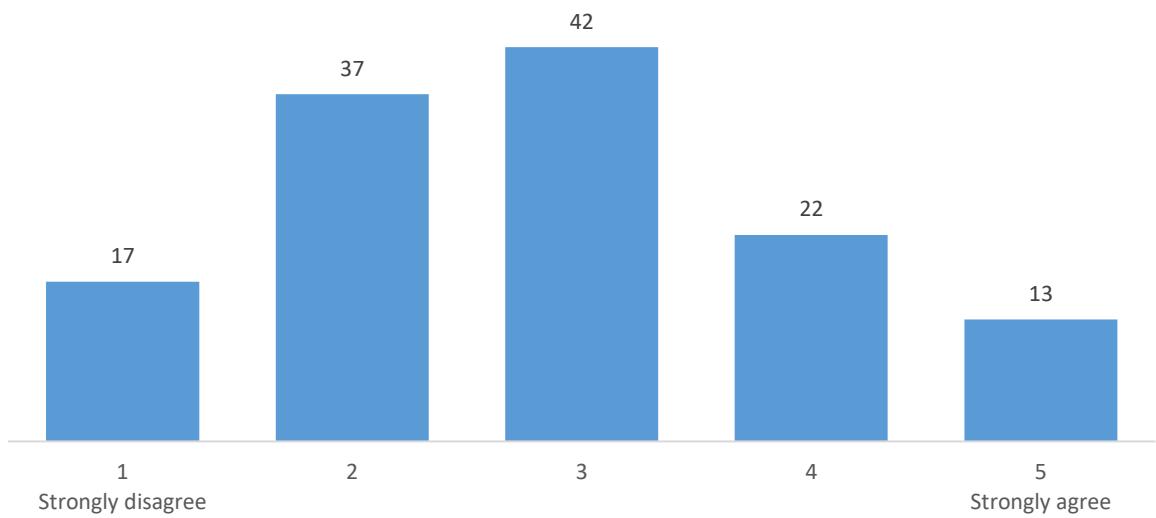
Source: LaSalle County CHNA Survey, 2016

Most Members of Your Community Believe that Your Community Can Improve.  
(132 responses)



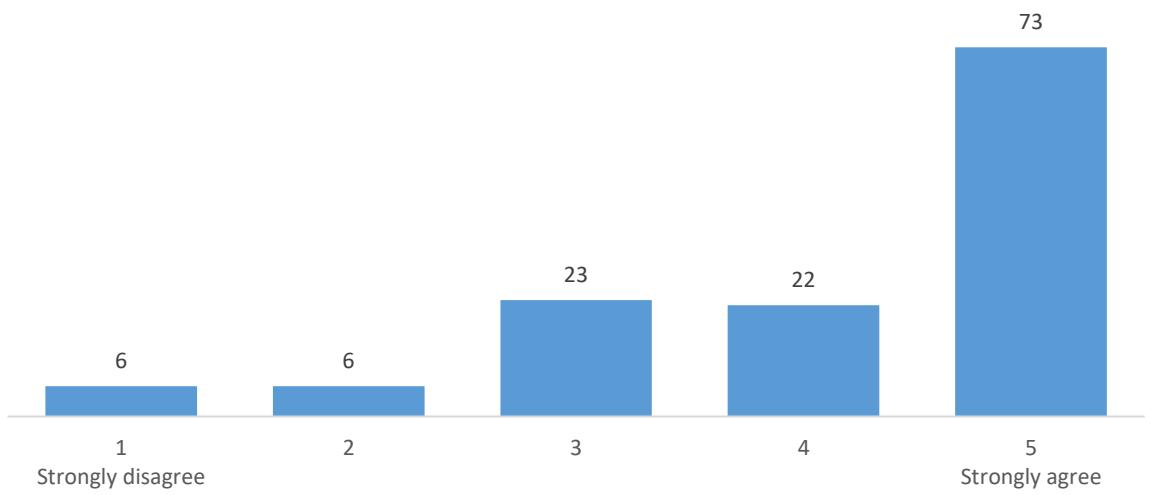
Source: LaSalle County CHNA Survey, 2016

Your Community Has a Sufficient Number of Health and Social Services.  
(131 responses)



Source: LaSalle County CHNA Survey, 2016

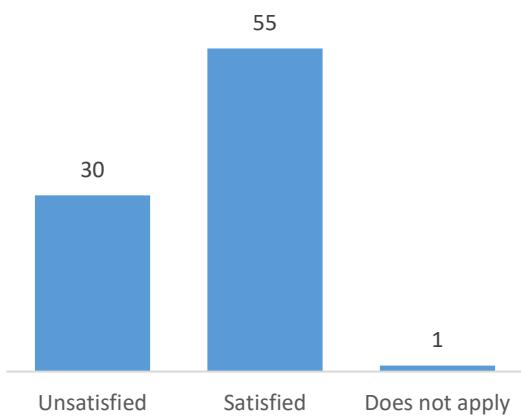
You Have Reliable Means of Transportation to Get the Things You Need (Grocery, Pharmacy, Fuel, Clothing, etc.) (130 responses)



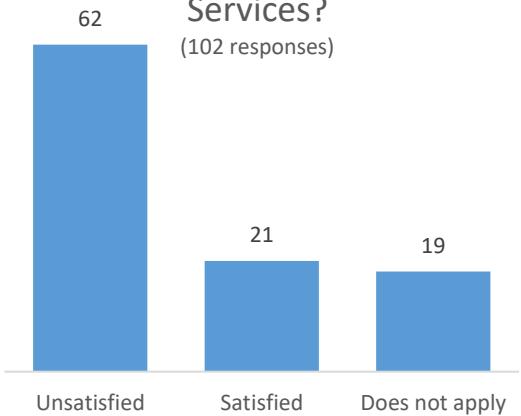
Source: LaSalle County CHNA Survey, 2016

## Health Care and Mental Health Services

### Are You Satisfied with Health Care Services? (86 responses)

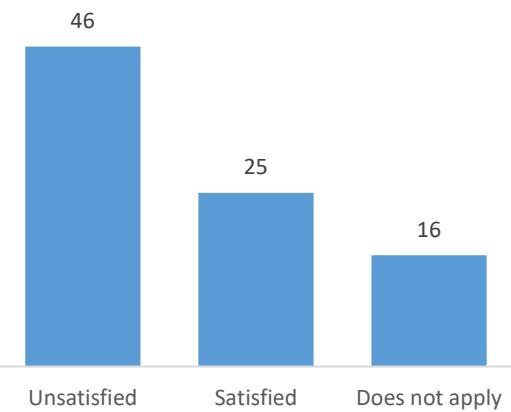


### Are You Satisfied with Mental Health Care Services? (102 responses)

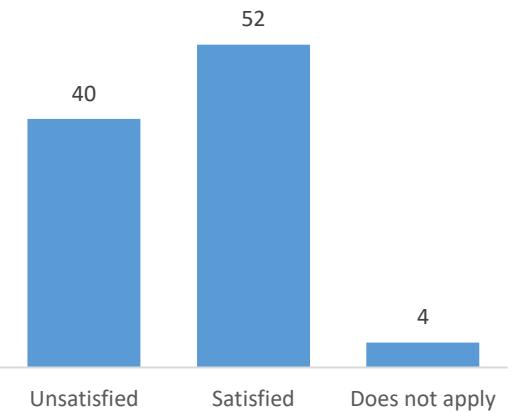


Source: LaSalle County CHNA Survey, 2016

### Are You Satisfied with Social Services? (87 responses)



### Are You Satisfied with Dental Care Services? (96 responses)

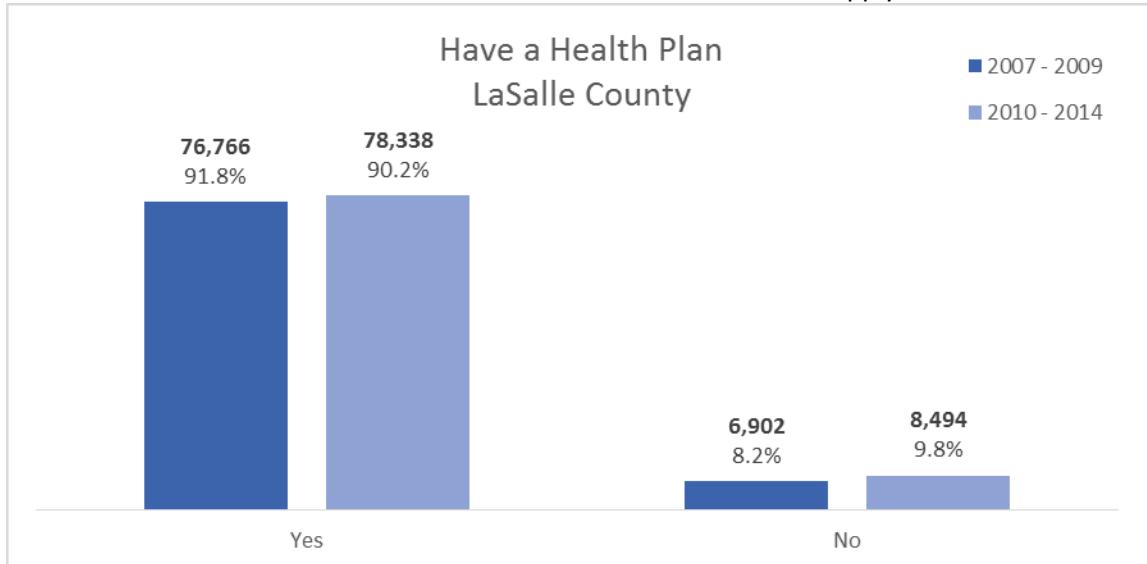


Source: LaSalle County CHNA Survey, 2016

## Illinois Behavioral Risk Factor Surveillance System

### Accessibility

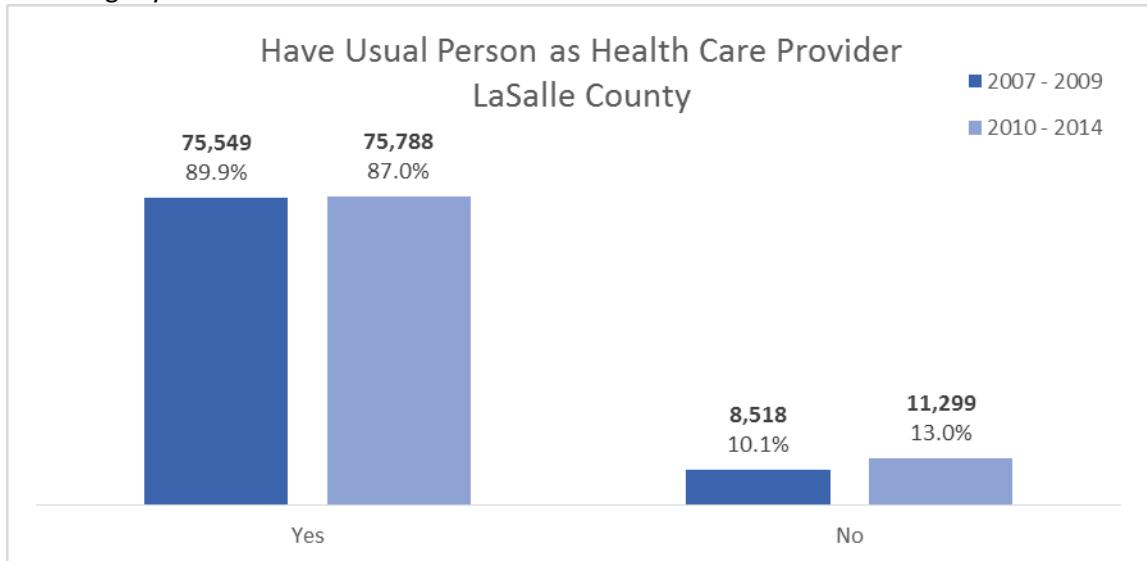
*Importance of the measure:* It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.



Source: Illinois Behavioral Risk Analysis Surveillance System

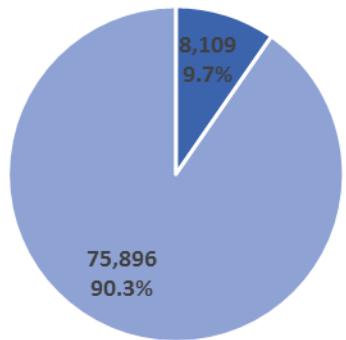
### Usual Healthcare Provider

In LaSalle County, the most recent secondary data indicate 87% of residents utilize a regular healthcare provider, down slightly from 2007-2009.

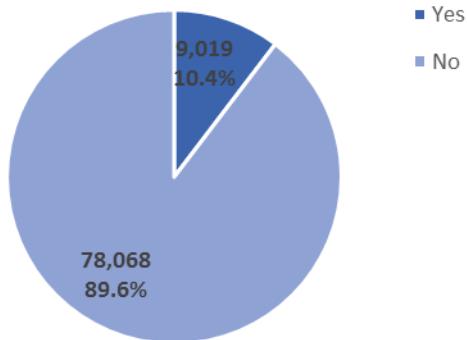


Source: Illinois Behavioral Risk Analysis Surveillance System

No Doctor Visit in Last  
Twelve Months Due to Cost  
LaSalle County 2007 - 2009

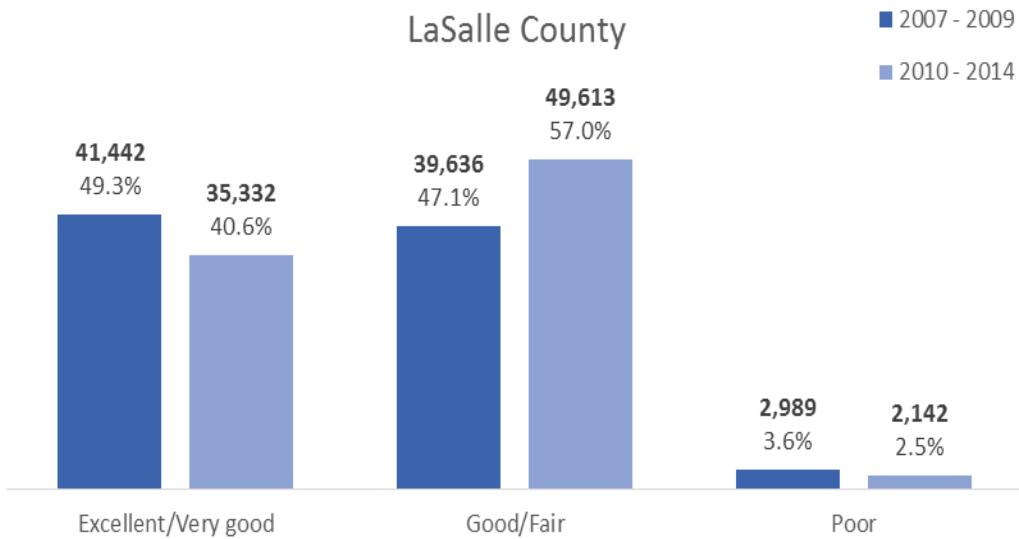


Unable to Go to Doctor Due  
to Cost  
LaSalle County 2010 -2014



Source: Illinois Behavioral Risk Analysis Surveillance System

General Health  
LaSalle County



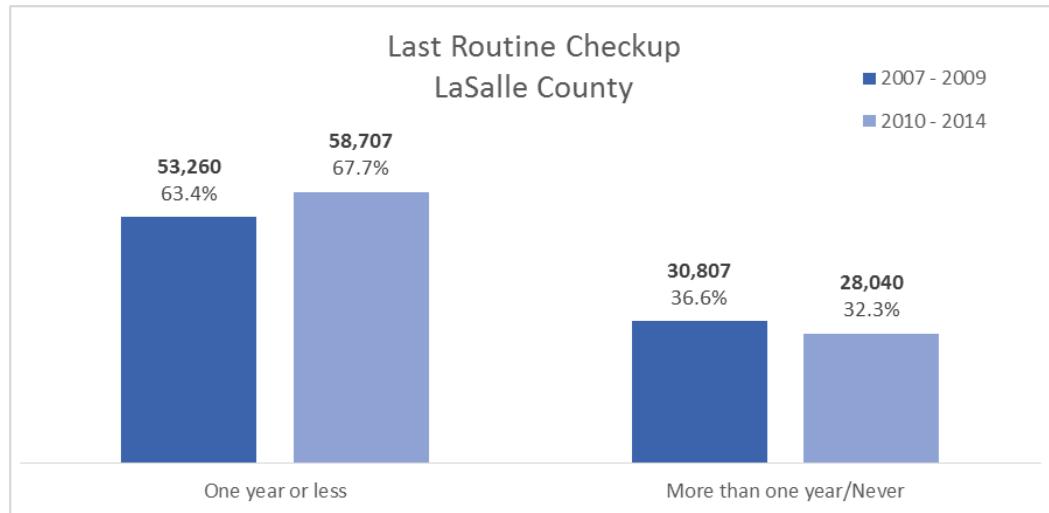
Source: Illinois Behavioral Risk Analysis Surveillance System

## Wellness

*Importance of the measure:* Preventative healthcare measures, including scheduling a routine well-visit, getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.

### Frequency of Checkup

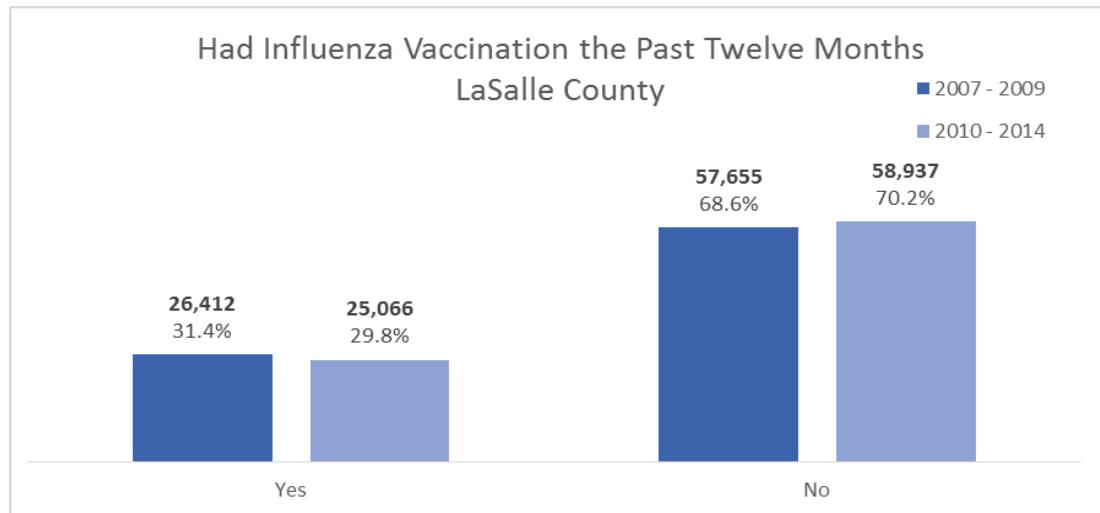
Numerous health problems can be minimized when detected early. Therefore, regularly scheduled checkups can be very important. According to the latest data from the Illinois BRFSS, 67.7% of residents in LaSalle County report having had a routine checkup within the last year.



Source: Illinois Behavioral Risk Analysis Surveillance System

### Frequency of Flu Shots

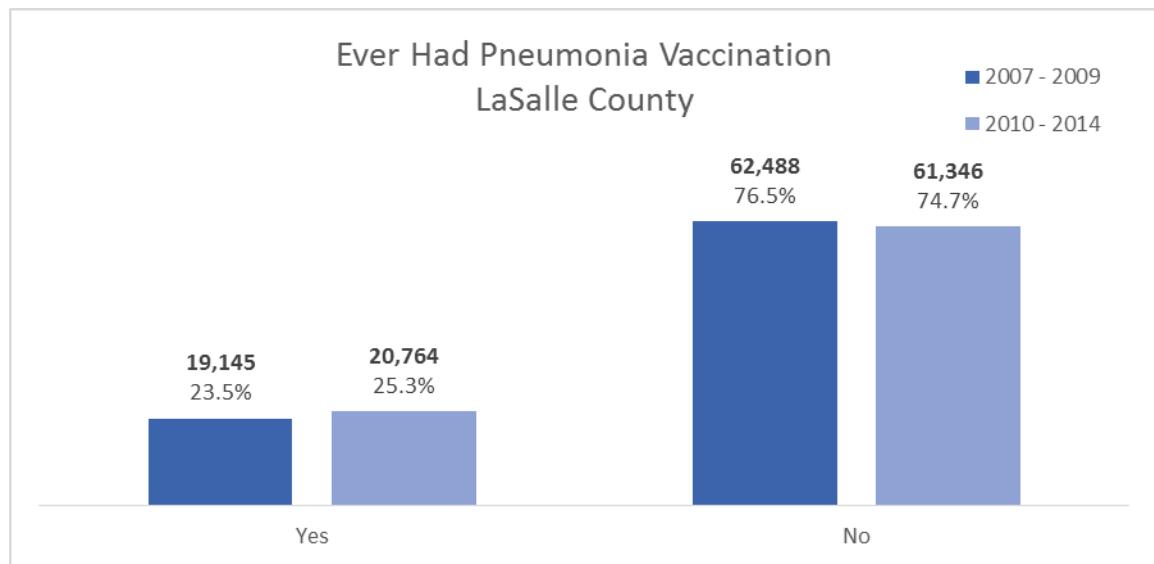
The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year is 29.8% for LaSalle County in 2010-2014 compared to 31.4% for 2007-2009.



Source: Illinois Behavioral Risk Analysis Surveillance System

## Frequency of Pneumonia Vaccination

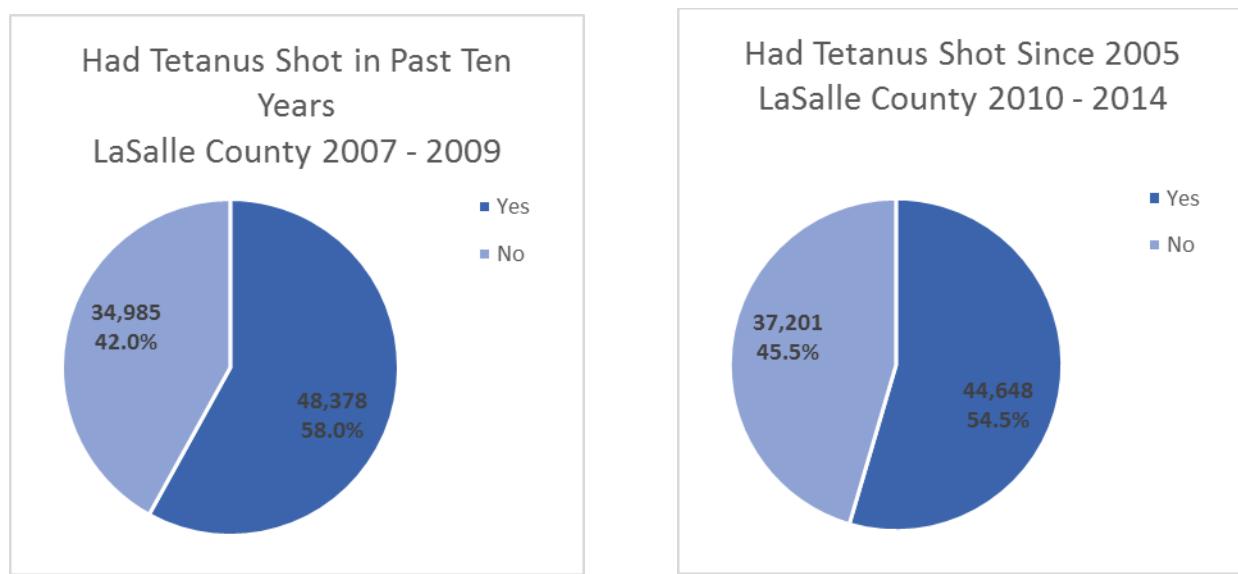
The chart below shows that the percentage of people who have had a pneumonia shot in the past year is 25.3% for LaSalle County in 2010-2014 compared to 23.5% for 2007-2009.



Source: Illinois Behavioral Risk Analysis Surveillance System

## Frequency of Tetanus Vaccination

The chart below shows that the percentage of people who have had a tetanus shot in the past year is 54.5% for LaSalle County in 2010-2014 compared to 58.0% for 2007-2009.

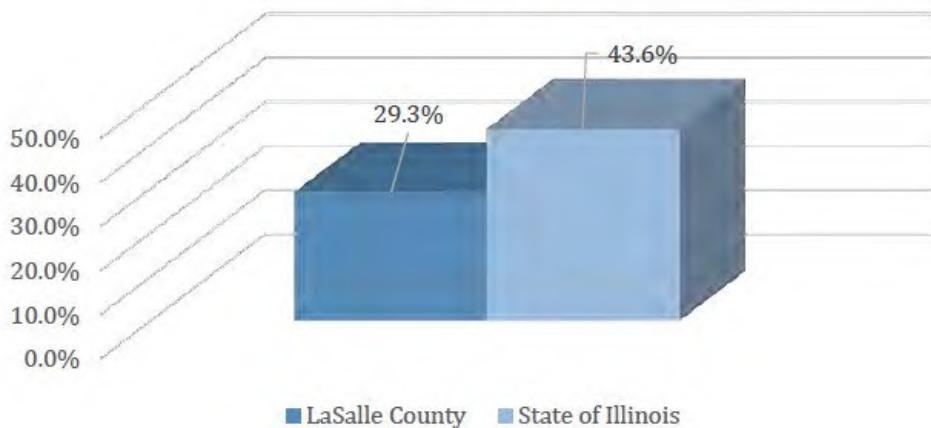


Source: Illinois Behavioral Risk Analysis Surveillance System

## Women's Health

Using the most recent available data from 2007-2009, 29.3% of residents from LaSalle County reported they had not had a mammogram within the last year.

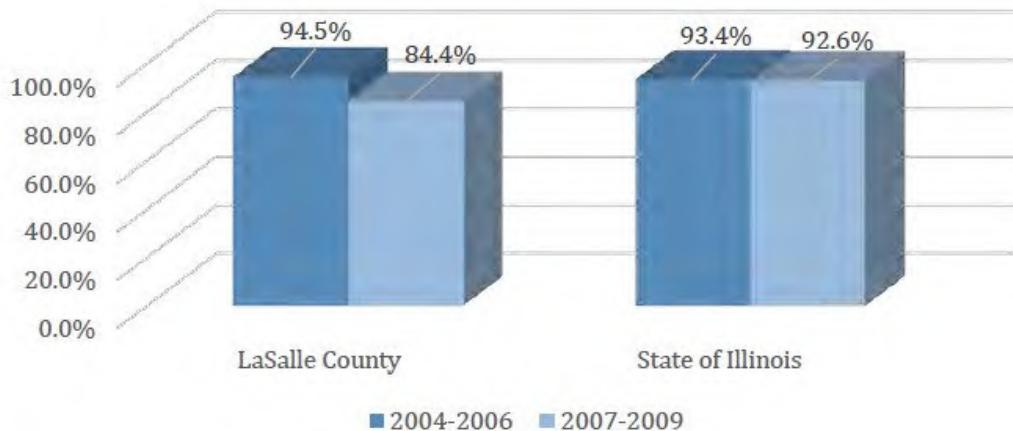
### No Mammogram in Last Year - LaSalle County 2007-2009



Source: Illinois Behavioral Risk Analysis Surveillance System

Research suggests pap smears are important in detecting pre-cancerous cells in the uterus and cervix. The percentages of women who have ever had a pap smear has decreased between 2004-2006 and 2007-2009. Compared to the State of Illinois, LaSalle County is lower.

### Pap Smear in Lifetime - LaSalle County 2004-2009



Source: Illinois Behavioral Risk Analysis Surveillance System

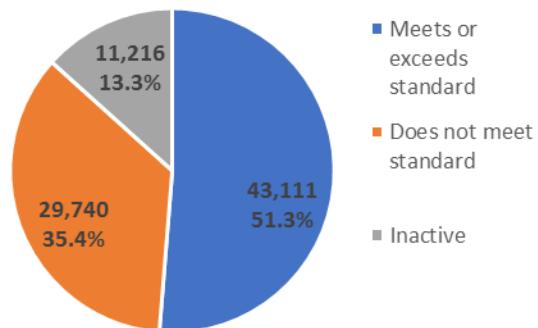
## Healthy Lifestyle

A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being.

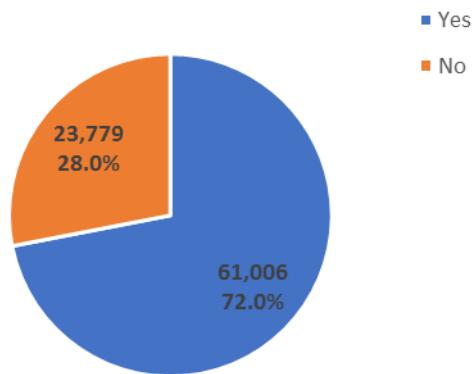
### Physical Exercise

According to recent data, almost 72% of the residents in LaSalle County exercise. The percentage of individuals who exercise in LaSalle County is higher than the State of Illinois.

#### Regular Sustained Physical Activity Guidelines LaSalle County 2007 - 2009

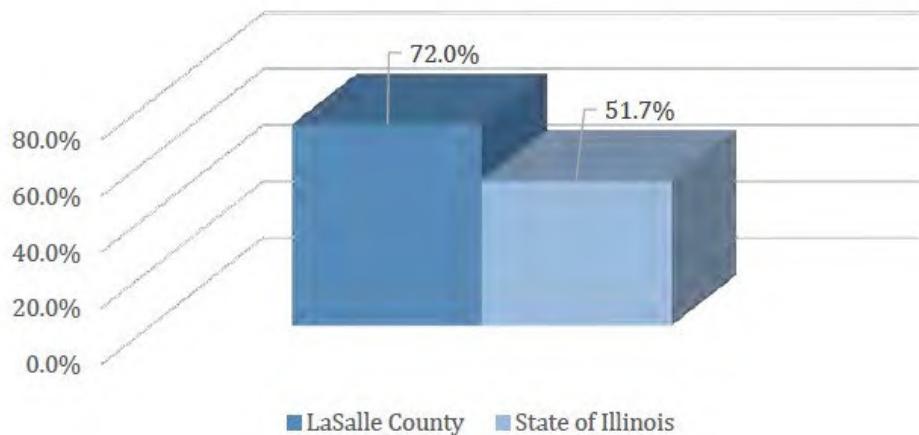


#### Do You Get Any Exercise LaSalle County 2010 - 2014



Source: Illinois Behavioral Risk Analysis Surveillance System

#### Regular Exercise - LaSalle County 2010-2014



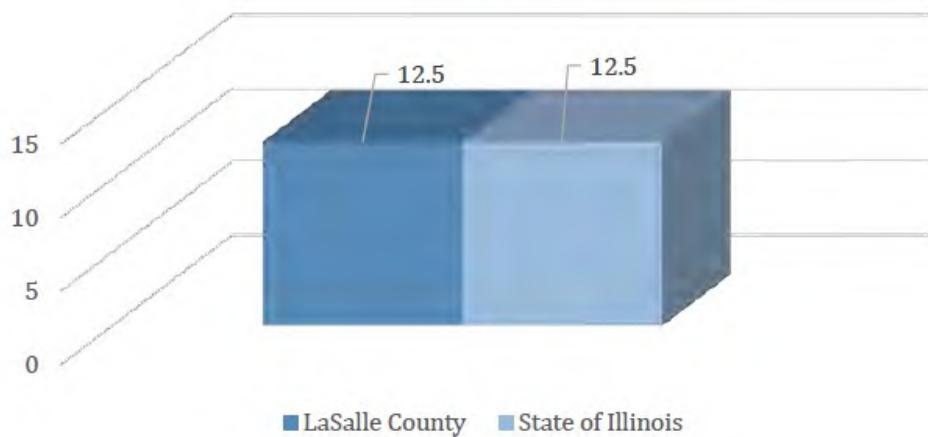
Source: Illinois Behavioral Risk Analysis Surveillance System

## Physical Environment

*Importance of the measure:* According to the County Health Rankings, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles.

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The APPM for LaSalle County (12.5) is equal to the State average of 12.5.

### Air Pollution Pariculate Matter - LaSalle County 2011



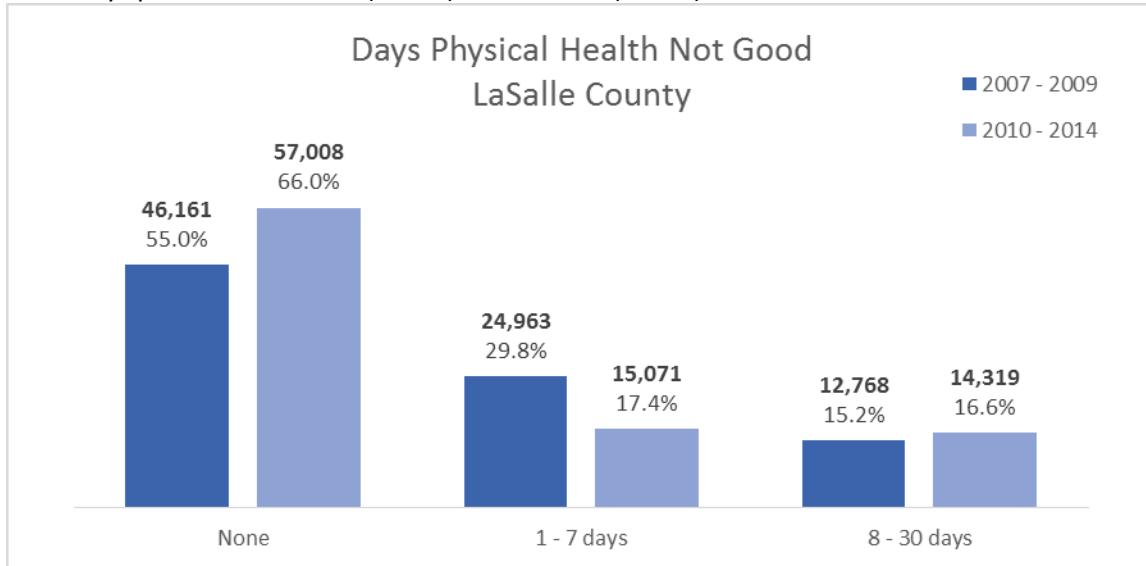
Source: County Health Rankings 2011 Data

## Health Status

*Importance of the measure:* Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

### Physical Health

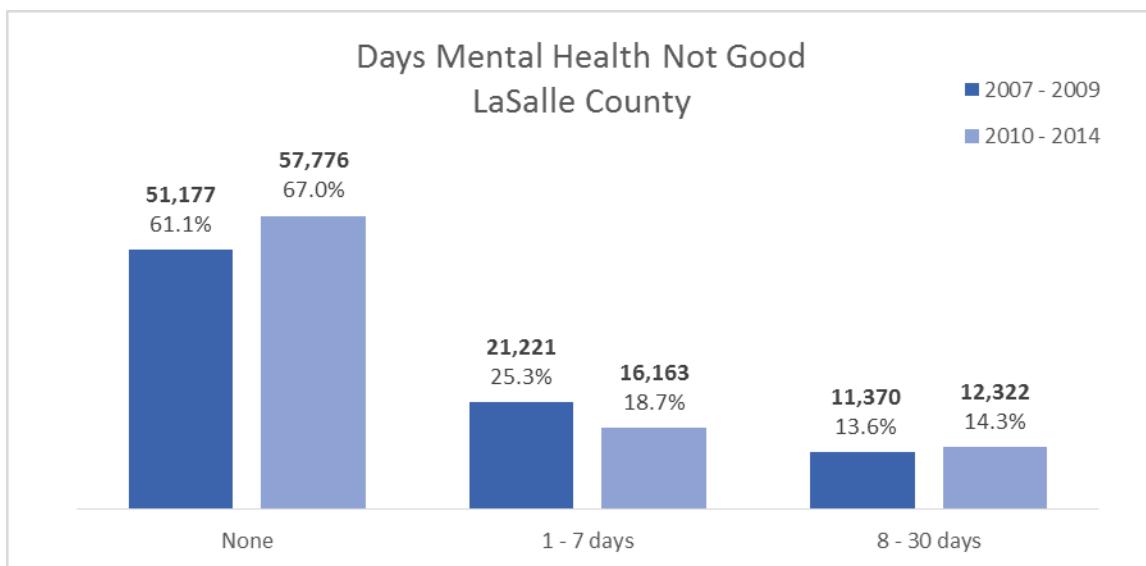
There was an increase in the percentage of LaSalle County residents reporting they felt physically unhealthy on 8 or more days per month in 2009 (15.2%) versus 2014 (16.6%).



Source: Illinois Behavioral Risk Analysis Surveillance System

### Mental Health

In 2009, just over 25% of residents in LaSalle County reported they had experienced 1-7 days with poor mental health per month, and 13.6% felt mentally unhealthy on eight or more days per month. In 2014, there was a moderate decrease in the number of people that reported poor mental health for 1-7 days (18.7%) and a slight increase people that reported poor mental health 8 or more days per month (14.3%).

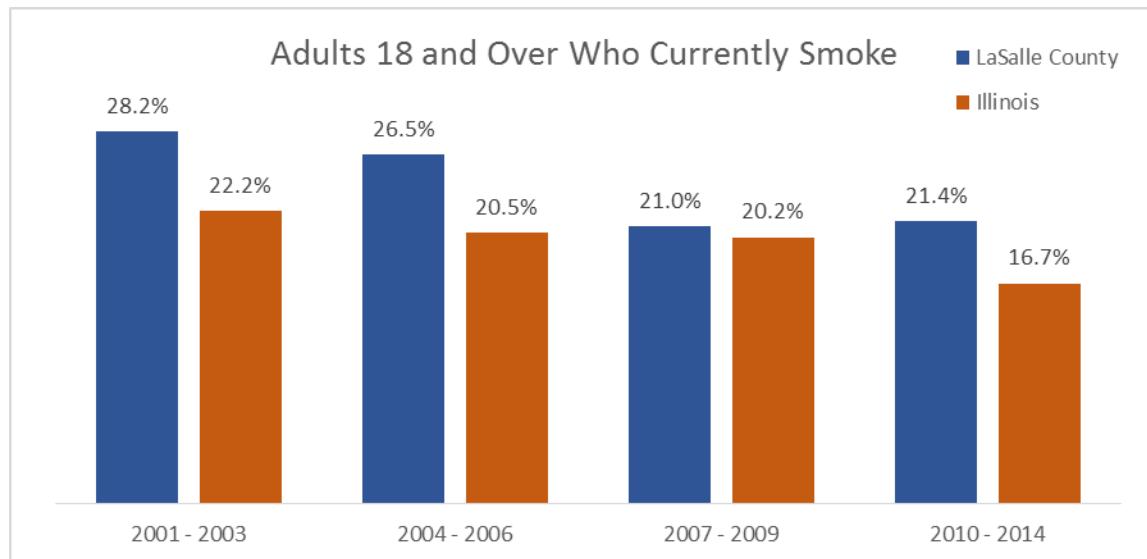


Source: Illinois Behavioral Risk Analysis Surveillance System

## Tobacco Use

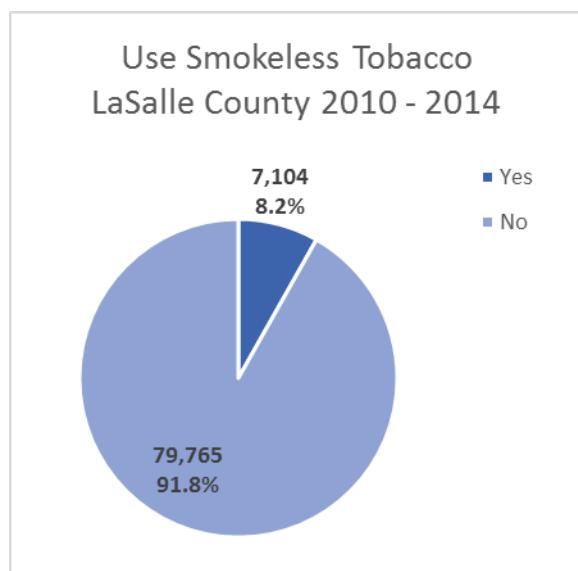
*Importance of the measure:* In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions.

Smoking rates have held steady in LaSalle County and remain above the State of Illinois averages. There was a slight increase in the percentage of LaSalle County residents reporting they were current smokers between 2007-2009 (21%) and 2010-2014 (21.4%). The percentage of smokers in LaSalle County is higher than the State.



Source: Illinois Behavioral Risk Analysis Surveillance System

The majority of residents in LaSalle County are not using smokeless tobacco.



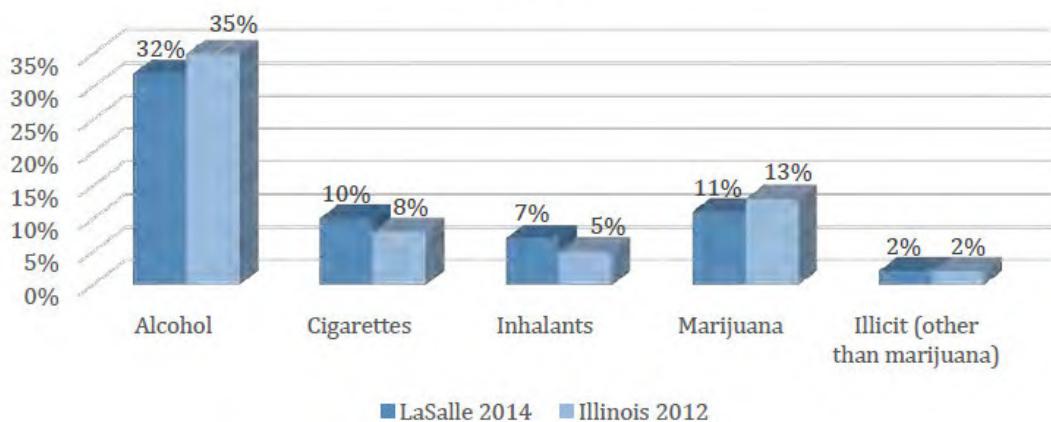
Source: Illinois Behavioral Risk Analysis Surveillance System

## Drug and Alcohol Abuse

*Importance of the measure:* Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years.

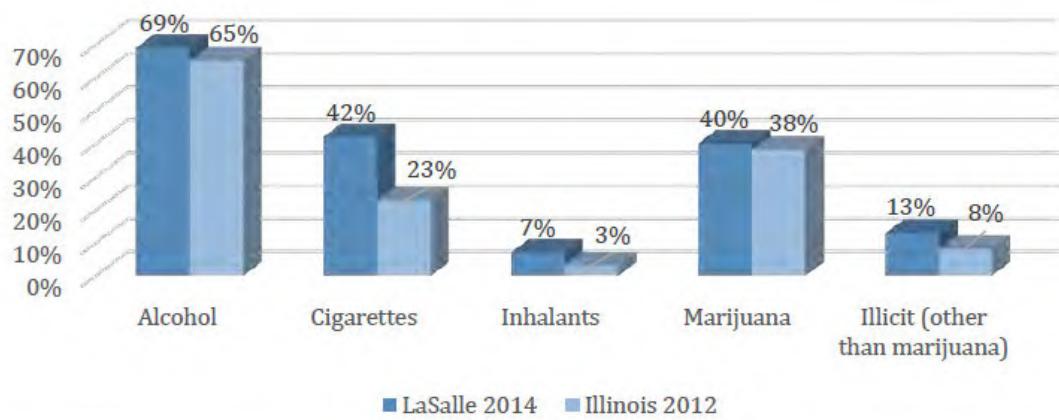
Data from the 2014 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. LaSalle County is at or above State averages in all categories among 8th graders except for alcohol and marijuana. For 12th graders, LaSalle County is at or above the State in all categories. Note that data are not available for Illinois in 2014; therefore, 2012 benchmarks are used.

### Substance Abuse in 8<sup>th</sup> Grade - LaSalle County 2014



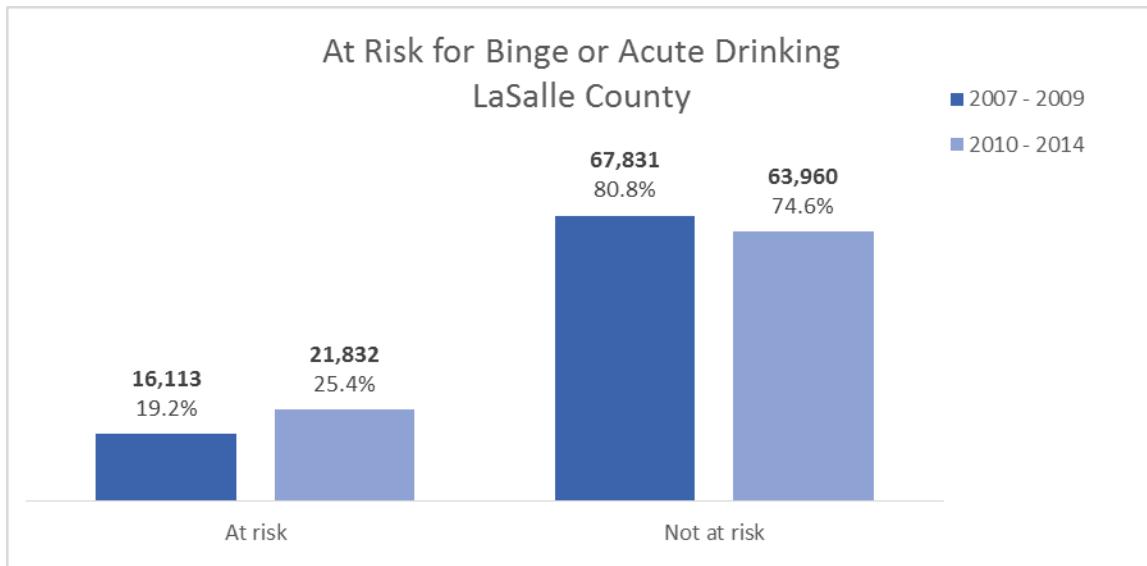
Source: Illinois Behavioral Risk Analysis Surveillance System

### Substance Abuse in 12th Graders - LaSalle County 2014



Source: Illinois Behavioral Risk Analysis Surveillance System

The risk for binge or acute drinking in LaSalle County increased from 19.2 % (2007-2009) to 25.4% (2010-2014).

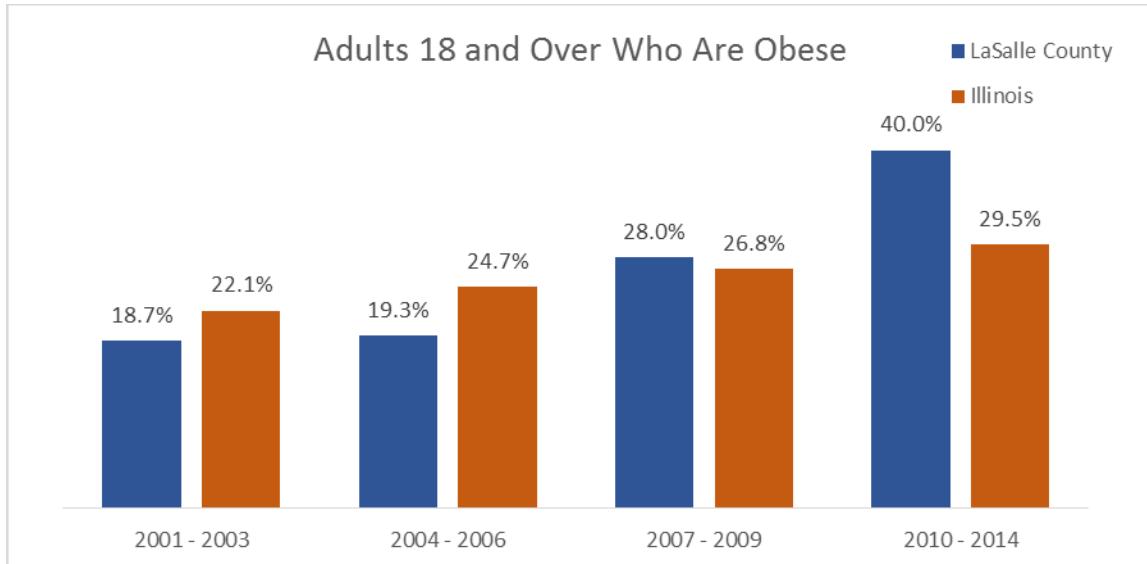


Source: Illinois Behavioral Risk Analysis Surveillance System

## Overweight and Obesity

*Importance of the measure:* Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within LaSalle County.

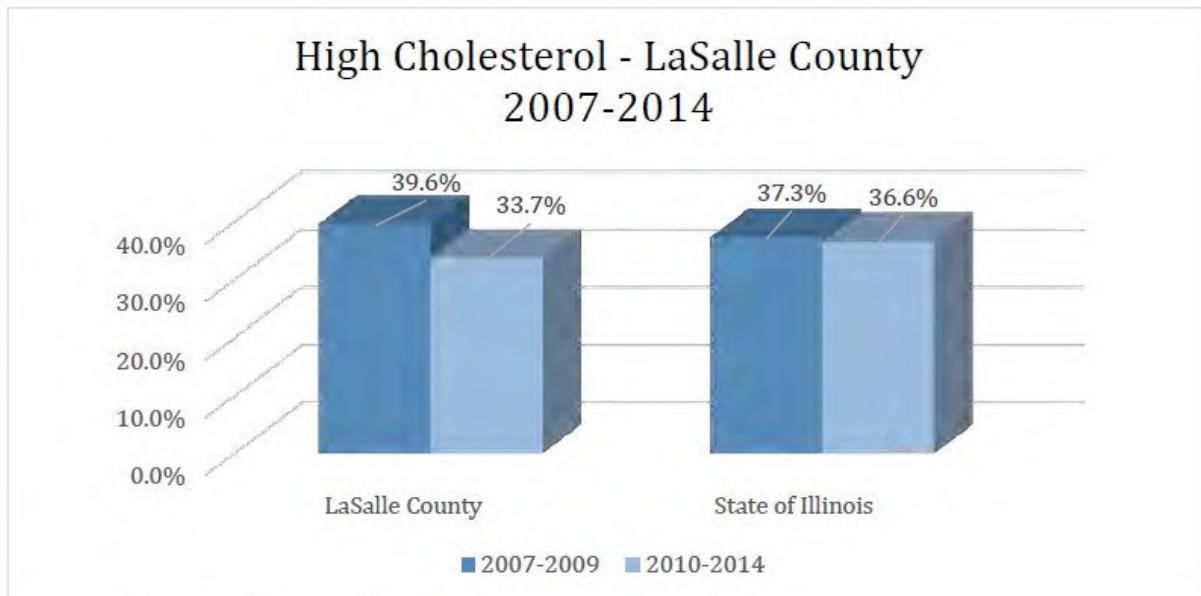
In LaSalle County, the number of people diagnosed with obesity and being overweight has significantly increased over the years from 2007-2009 to 2010-2014.



Source: Illinois Behavioral Risk Analysis Surveillance System

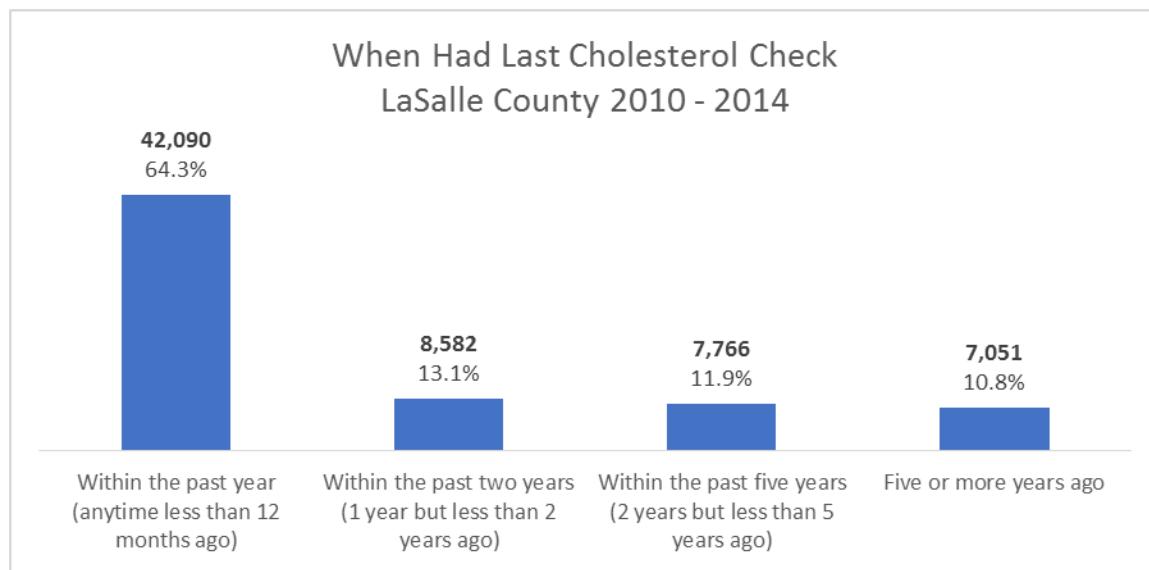
## Predictors of Heart Disease

Residents in LaSalle County report a lower than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is lower in LaSalle County (33.7%) than the State of Illinois average of 36.6%.



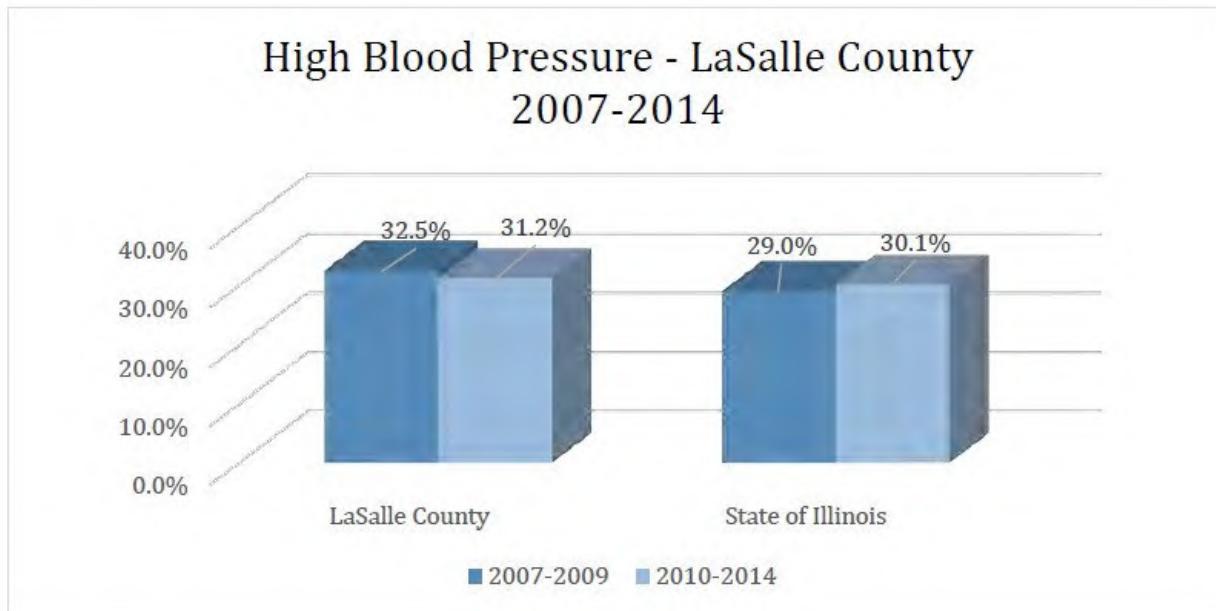
Source: Illinois Behavioral Risk Analysis Surveillance System

Most residents of LaSalle County report having their cholesterol checked within the past year.



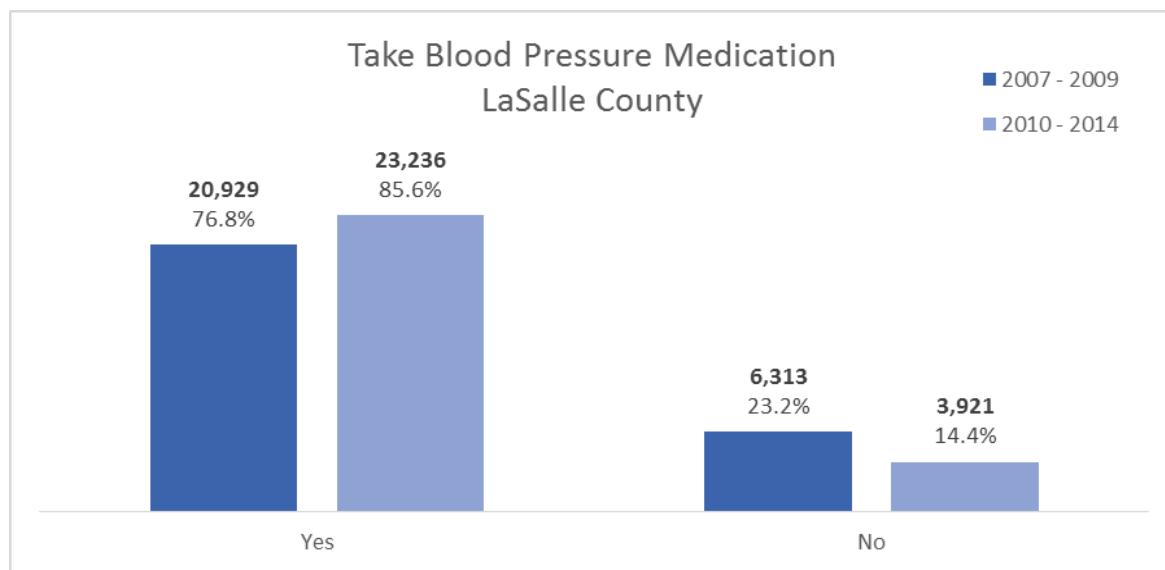
Source: Illinois Behavioral Risk Analysis Surveillance System

With regard to high blood pressure, LaSalle County has a slightly higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of LaSalle County residents reporting they have high blood pressure in 2014 decreased from 32.5% to 31.2%.



Source: Illinois Behavioral Risk Analysis Surveillance System

The percentage of LaSalle County residents who take blood pressure medication has increased from 76.8% in 2009 to 85.6% in 2014.



Source: Illinois Behavioral Risk Analysis Surveillance System

## Healthy Babies

*Importance of the measure:* Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of prenatal care. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies. Prenatal care can provide health risk assessments for the mother and fetus, early intervention for medical conditions and education to encourage healthy habits, including nutritional and substance-free health during pregnancy.

### Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in LaSalle County increased slightly from 2010 (7.2%) to 2014 (7.8%).

### Low Birth Weight - LaSalle County 2010-2014



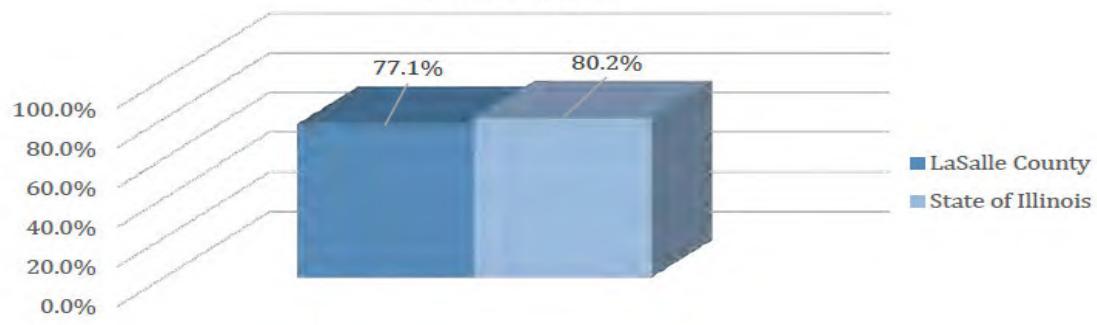
Source: <http://www.countyhealthrankings.org>

### Initiation of Prenatal Care

Prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with adverse birth outcomes. Kotelchuck Index Scores are used to determine the quantity of prenatal visits received between initiation of services and delivery. Adequate (80%-109% of expected visits) and Adequate Plus (receiving 110% of recommended services) of received services is compared to the number of expected visits for the period when care began and the delivery date.

Of the babies born in 2009 in LaSalle County, 77.1% were born with "Adequate" or "Adequate Plus" prenatal care. This figure is lower than the State of Illinois average of 80.2% of babies born with similar prenatal care. These are the most recent data, and have not been updated since 2009.

## Adequate or Adequate Plus Kotelchuck Scores - LaSalle County 2007-2009



Source: Illinois Department of Public Health

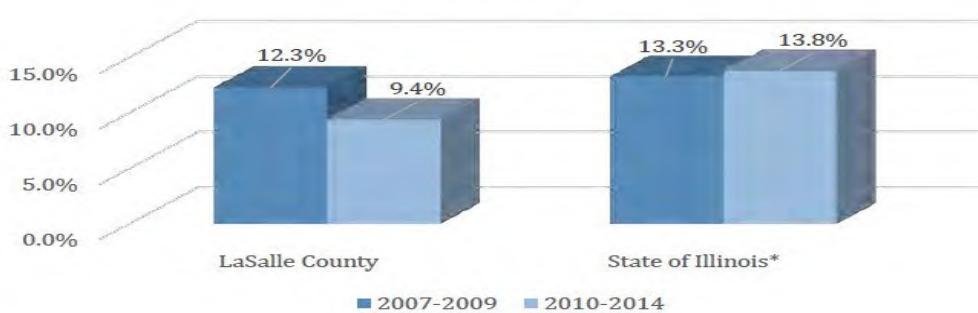
## Respiratory

*Importance of the measure:* Disease of the respiratory system includes acute upper respiratory infections such as influenza, pneumonia, bronchitis, asthma, emphysema, and Chronic Obstructive Pulmonary Disease (COPD). These conditions are characterized by breathlessness, wheezing, chronic coughing, frequent respiratory infections, and chest tightness. Many respiratory conditions can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes, trips to the emergency room and absences from school and work. Hospitalization rates illustrate the worst episodes of respiratory diseases and are a proxy measure for inadequate treatment.

## Asthma

The percentage of residents that have asthma in LaSalle County has decreased between 2007-2009 and 2010-2014, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in LaSalle County (9.4%) are lower than the State of Illinois (13.8%).

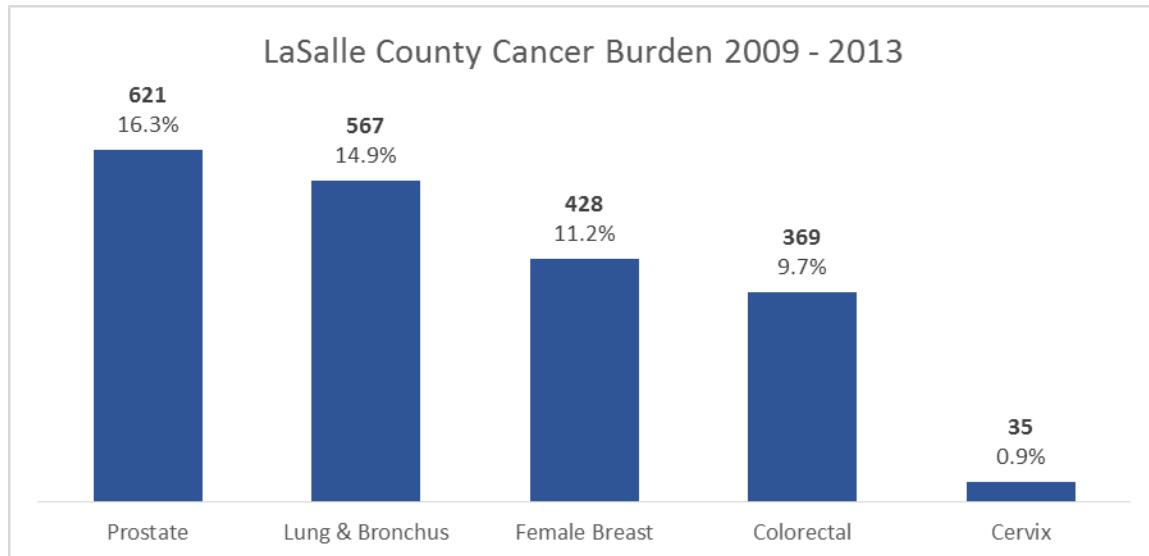
### Asthma - LaSalle County 2007-2014



Source: Illinois Behavioral Risk Analysis Surveillance System

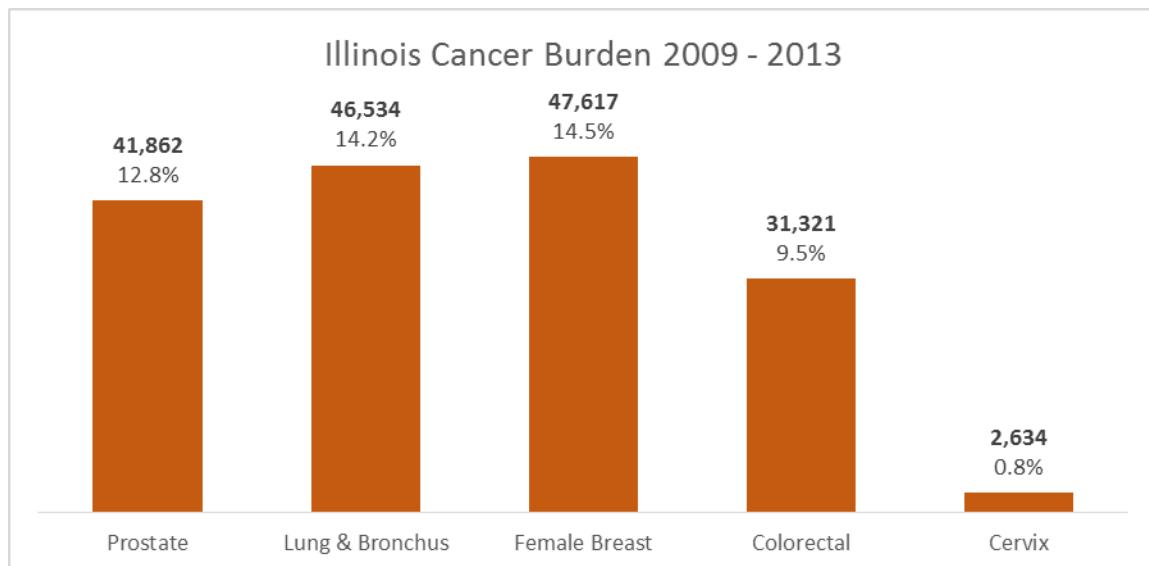
## Cancer

*Importance of the measure:* Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in LaSalle County. For the top five prevalent cancers in LaSalle County, comparisons can be seen below. Collectively, the cancer rates in LaSalle County are higher than the State.



Source: IL Department of Public Health Vital Statistics & IQQuery, IL State Cancer Registry, & IL Behavioral Risk Factor Survey

The top five cancers by treatment in the State of Illinois for 2009-2013 can be seen below. The most prevalent cancers in the State of Illinois are breast cancer, lung and bronchus cancer, and prostate cancer respectively.

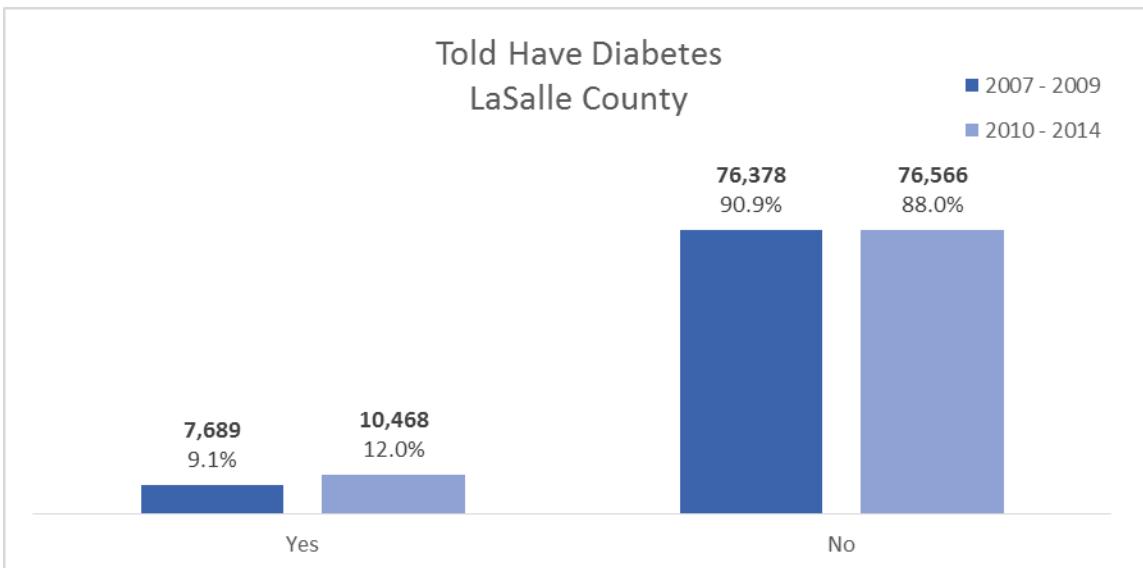


Source: IL Department of Public Health Vital Statistics & IQQuery, IL State Cancer Registry, & IL Behavioral Risk Factor Survey

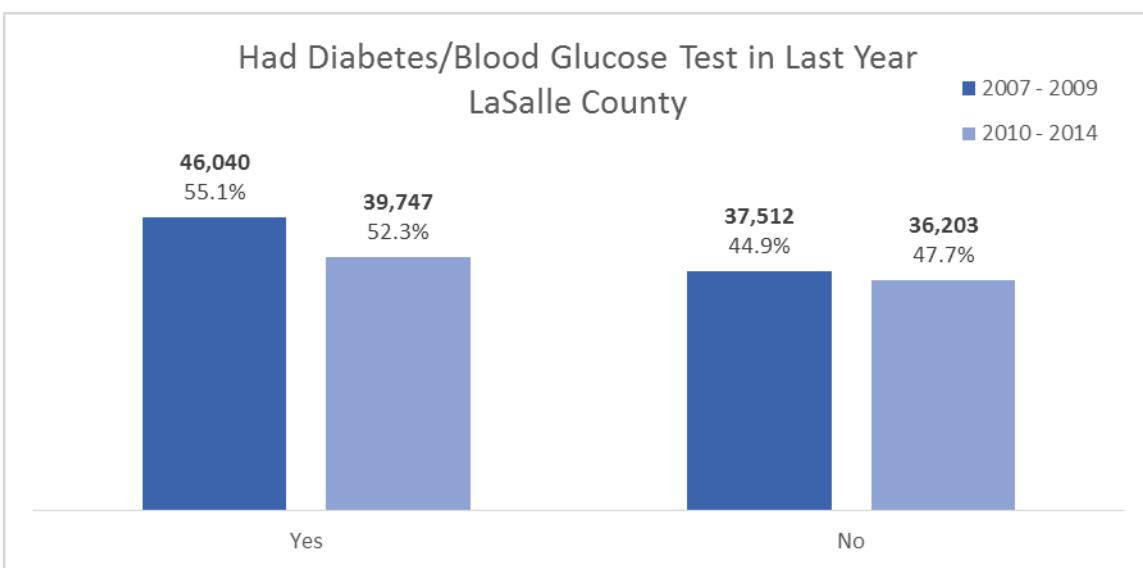
## Diabetes

*Importance of the measure:* Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks.

The number of LaSalle County residents who were told they have diabetes increased from 9.1% in 2009 to 12.0% in 2014.



Source: Illinois Behavioral Risk Analysis Surveillance System



Source: Illinois Behavioral Risk Analysis Surveillance System

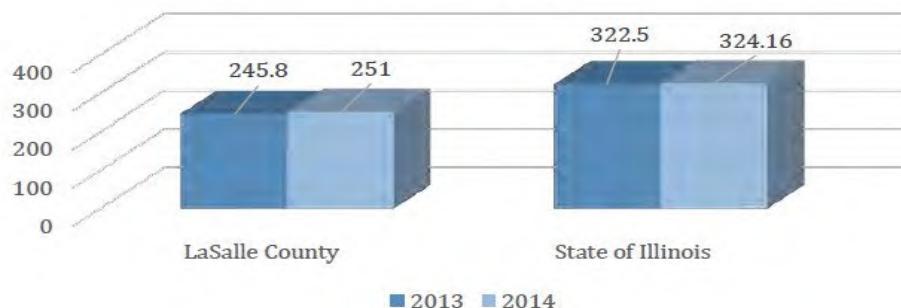
## Infectious Diseases

*Importance of the measure:* Infectious diseases, including sexually transmitted infections and hepatitis, are related to high-risk sexual behavior, drug and alcohol abuse, limited access to healthcare, and poverty. It would be highly cost-effective for both individuals and society if more programs focused on prevention rather than treatment of infectious diseases.

### Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in LaSalle County from 2013-2014 indicate that rates are unchanged. There is a slight increase of incidence of chlamydia across the State of Illinois. Rates of chlamydia in LaSalle County are considerably lower than State averages.

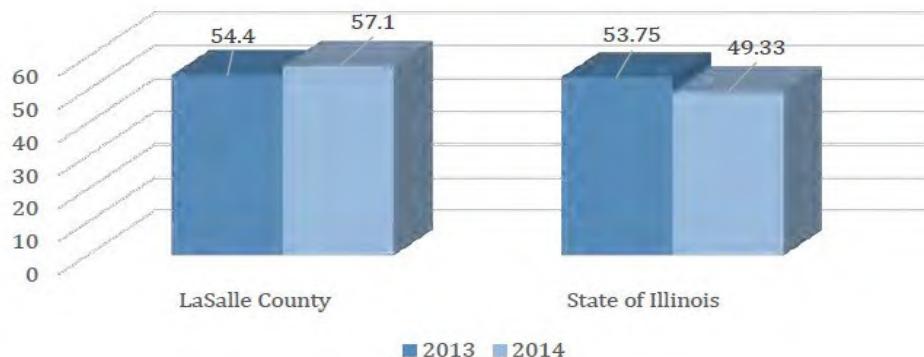
#### Chlamydia Incidence (per 100,000)- LaSalle County 2013-2014



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in LaSalle County indicate an increase from 2013- 2014 compared to decrease across the State of Illinois from 2013-2014.

#### Gonorrhea Incidence (per 100,000)- LaSalle County 2013-2014



Source: Illinois Department of Public Health

## Vaccine preventable diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. According to the Illinois Public Health Department, the most common and serious vaccine-preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubella), Mumps, Rubella (German measles), Diphtheria, Hepatitis B, and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. (1)

### Vaccine Preventable Diseases 2011-2014 LaSalle County Region

Mumps	2011	2012	2013	2014
LaSalle County	0	1	0	0
State of Illinois	78	32	26	142

Pertussis	2011	2012	2013	2014
LaSalle County	4	29	32	2
State of Illinois	1509	2026	785	764

Varicella	2011	2012	2013	2014
LaSalle County	14	20	16	10
State of Illinois	881	898	731	598

Source: <http://iquery.illinois.gov/DataQuery/Default.aspx>

### Tuberculosis 2011-2014 LaSalle County Region

Tuberculosis	2011	2012	2013	2014
LaSalle County	3	1	1	1
State of Illinois	358	347	327	320

Source: Illinois Electronic Disease Surveillance System (I-NEDSS)

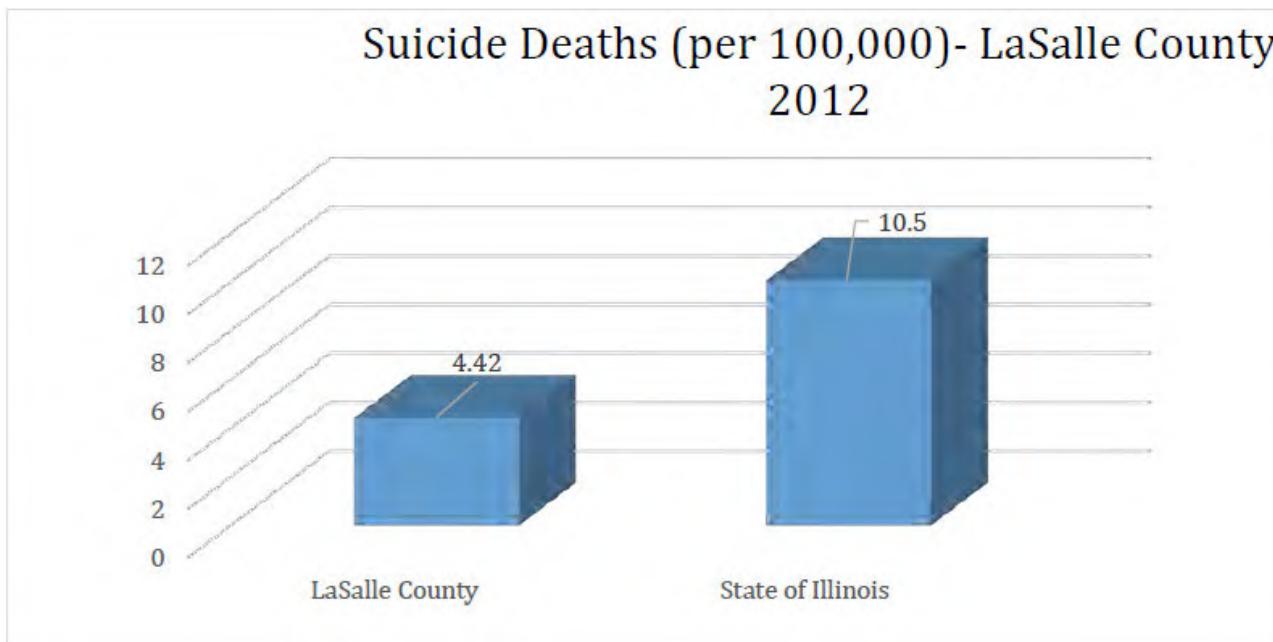
(1) Source: <http://www.idph.state.il.us/about/vpcd.htm>

## Injuries

*Importance of the measure:* Unintentional injuries are injuries or accidents resulting from car accidents, falls and unintentional poisonings. In many cases, these types of injuries—and the deaths resulting from them—are preventable. Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues.

## Intentional – Suicide

The number of suicides in LaSalle County indicate lower incidence than State of Illinois averages, as there were approximately 4.4 per 100,000 people in LaSalle County in 2012.

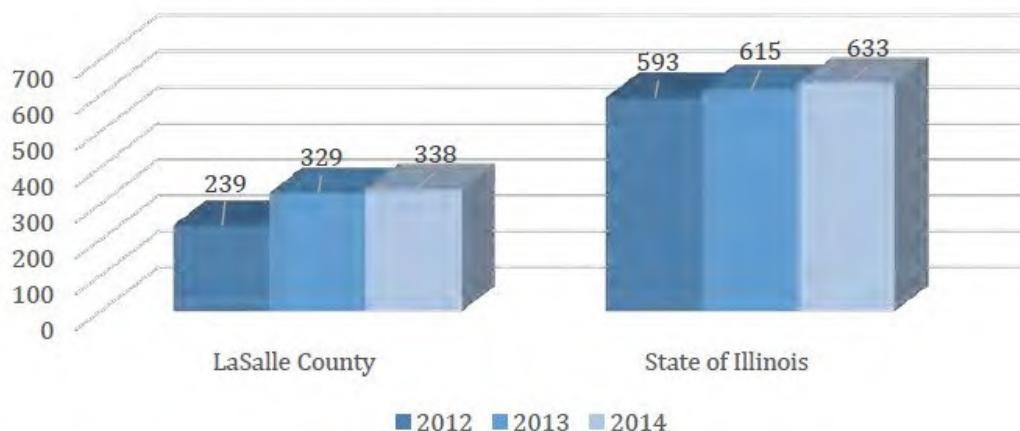


Source: Illinois Department of Public Health

## Unintentional – Motor vehicle

Research suggests that car accidents are a leading cause of unintentional injuries. In LaSalle County, the number of incidents between 2012 and 2014 for several types of motor vehicle collisions including vehicle overturn, railroad train, sideswipe, angle, parked motor vehicle, turning, and rear-end accidents has increased but is significantly lower than State of Illinois averages.

Growth Rates for Motor Vehicle  
Collision Incidents per 100,000 cases 2012-2014

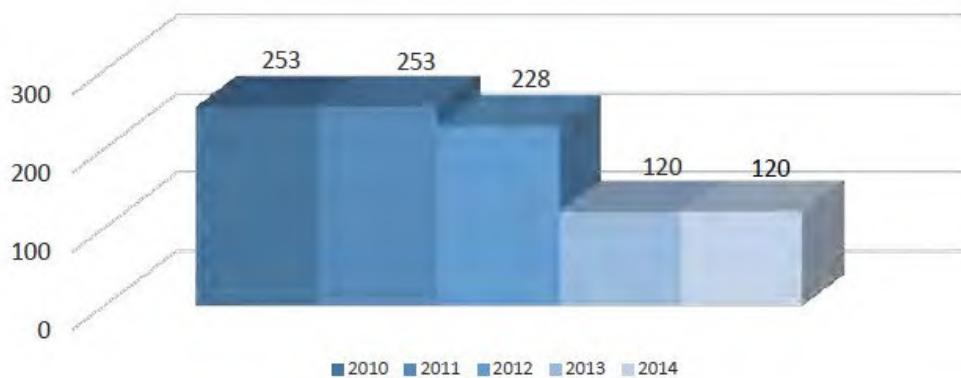


Source: Illinois Department of Transportation

## Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has decreased significantly for 2010-2014 in LaSalle County.

Violent Crimes Rate (per 100,000)-  
LaSalle County  
2011-2014

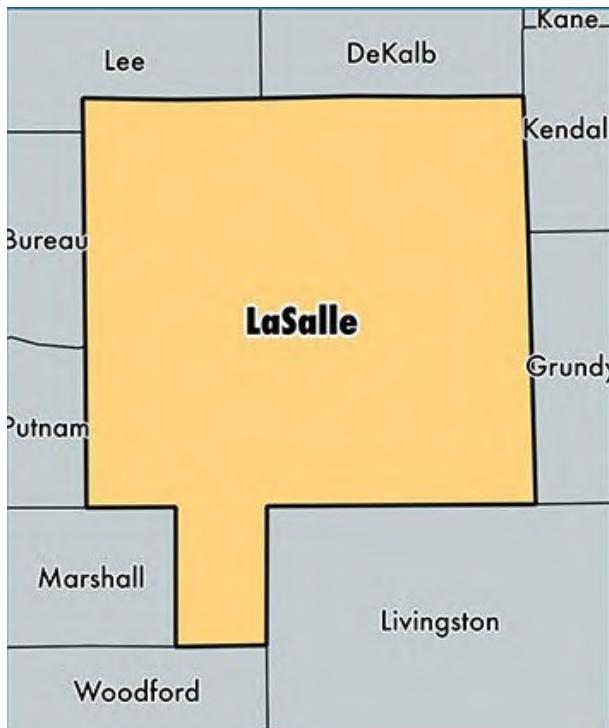


Source: Illinois County Health Rankings and Roadmaps

## County Health Ranking Reports 2012-2016

The *County Health Rankings* provide a snapshot of a community's health and a starting point for investigating and discussing ways to improve health. The County Health Rankings & Roadmaps program brings actionable data and strategies to communities to make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the County Health Rankings illustrate what we know when it comes to what is making people sick or healthy. The Roadmaps show what we can do to create healthier places to live, learn, work, and play. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

The County Health Ranking Reports for LaSalle County from 2012-2016 are included.



## LaSalle (LS)

	LaSalle County	Error Margin	Top U.S. Performers <sup>^</sup>	Illinois	Rank (of 102)
Health Outcomes					66
Length of life					69
Premature death	7,928	7,335-8,522	5,466	6,728	
Quality of Life					59
Poor or fair health	16%	12-20%	10%	16%	
Poor physical health days	4.1	3.0-5.1	2.6	3.3	
Poor mental health days	3.1	2.3-4.0	2.3	3.2	
Low birthweight	7.5%	7.0-8.0%	6.0%	8.4%	
Health Factors					83
Health Behaviors					97
Adult smoking	29%	23-35%	14%	20%	
Adult obesity	30%	25-35%	25%	27%	
Physical inactivity	27%	22-32%	21%	25%	
Excessive drinking	24%	18-30%	8%	19%	
Motor vehicle crash deaths	20	17-23	12	11	
Sexually transmitted infections	219		84	469	
Teen births	37	35-40	22	40	
Clinical Care					64
Uninsured	13%	11-14%	11%	15%	
Primary care physicians	1,978:1		931:1	976:1	
Preventable hospital stays	95	91-100	49	77	
Diabetic monitoring	82%	78-87%	89%	82%	
Mammography screening	65.2%	60.3-69.2%	74.5%	65.6%	
Social & Economic Factors					79
High school graduation	83%			84%	
Some college	58.0%	54.9-61.0%	68.4%	64.8%	
Unemployment	13.1%		5.4%	10.3%	
Children in poverty	18%	13-22%	13%	19%	
Inadequate social support	18%	13-23%	14%	21%	
Children in single-parent households	27%	24-30%	20%	31%	
Violent crime	228		73	532	
Physical Environment					5
Air pollution-particulate matter days	0		0	3	
Air pollution-ozone days	0		0	4	
Access to recreational facilities	13		16	10	
Limited access to healthy foods	1%		0%	4%	
Fast food restaurants	39%		25%	51%	

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

2012

**LaSalle (LS)**

	LaSalle County	Error Margin	Top U.S. Performers <sup>^</sup>	Illinois	Rank (of 102)
<b>Health Outcomes</b>					77
Length of Life					77
Premature death	7,817	7,208-8,426	5,317	6,604	
Quality of Life					72
Poor or fair health	17%	12-23%	10%	15%	
Poor physical health days	4.3	3.2-5.3	2.6	3.4	
Poor mental health days	3.2	2.3-4.0	2.3	3.3	
Low birthweight	7.6%	7.1-8.2%	6.0%	8.4%	
<b>Health Factors</b>					81
<b>Health Behaviors</b>					94
Adult smoking	27%	21-33%	13%	19%	
Adult obesity	30%	25-35%	25%	27%	
Physical inactivity	27%	22-32%	21%	25%	
Excessive drinking	23%	18-30%	7%	20%	
Motor vehicle crash deaths	17	14-20	10	10	
Sexually transmitted infections	223		92	473	
Teen births	36	34-39	21	38	
<b>Clinical Care</b>					65
Uninsured	13%	12-15%	11%	16%	
Primary care physicians **	2,277:1		1,067:1	1,292:1	
Dentists **	2,372:1		1,482:1	1,592:1	
Preventable hospital stays	87	82-91	47	75	
Diabetic monitoring	82%	78-86%	90%	84%	
Mammography screening	65.2%	60.7-69.6%	73.0%	65.5%	
<b>Social &amp; Economic Factors</b>					69
High school graduation **	83%		93%	82%	
Some college	57.0%	54.0-60.0%	69.5%	65.6%	
Unemployment	11.5%		5.0%	9.8%	
Children in poverty	18%	13-22%	14%	21%	
Inadequate social support	18%	13-23%	14%	21%	
Children in single-parent households	27%	24-30%	20%	31%	
Violent crime	120		66	486	
<b>Physical Environment</b>					72
Air pollution - particulate matter	12.0	11.9-12.1	8.8	12.3	
Drinking water violations	23%		0%	3%	
Access to recreational facilities	11		16	10	
Limited access to healthy foods **	6%		1%	4%	
Fast food restaurants	39%		27%	50%	

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 due to changes in definition/methods

2013

## LaSalle (LS)

	LaSalle County	Error Margin	Top U.S. Performers^	Illinois	Rank (of 102)
<b>Health Outcomes</b>					
Length of Life					67
Premature death	7,817	7,208-8,426	5,317	6,604	77
Quality of Life					
Poor or fair health	15%	11-21%	10%	15%	54
Poor physical health days	3.8	2.8-4.7	2.5	3.4	
Poor mental health days	2.7	2.0-3.5	2.4	3.3	
Low birthweight	7.8%	7.3-8.4%	6.0%	8.4%	
<b>Health Factors</b>					
<b>Health Behaviors</b>					
Adult smoking	22%	17-28%	14%	18%	
Adult obesity	29%	24-35%	25%	28%	
Food environment index	8.1		8.7	8.0	
Physical inactivity	27%	22-33%	21%	24%	
Access to exercise opportunities	78%		85%	86%	
Excessive drinking	24%	18-31%	10%	20%	
Alcohol-impaired driving deaths	41%		14%	38%	
Sexually transmitted infections	226		123	505	
Teen births	37	35-39	20	36	
<b>Clinical Care</b>					
Uninsured	12%	11-14%	11%	15%	
Primary care physicians	2,226:1		1,051:1	1,270:1	
Dentists	2,259:1		1,392:1	1,496:1	
Mental health providers	1,793:1		521:1	844:1	
Preventable hospital stays	83	78-87	46	73	
Diabetic monitoring	83%	79-88%	90%	84%	
Mammography screening	64.7%	60.4-69.0%	70.7%	64.0%	
<b>Social &amp; Economic Factors</b>					
High school graduation	83%		93%	84%	
Some college	58.0%	54.9-61.1%	70.2%	66.4%	
Unemployment	10.9%		4.4%	8.9%	
Children in poverty	21%	17-25%	13%	21%	
Inadequate social support	18%	13-23%	14%	21%	
Children in single-parent households	29%	26-32%	20%	32%	
Violent crime	120		64	457	
Injury deaths	73	66-80	49	50	
<b>Physical Environment</b>					
Air pollution - particulate matter	12.5		9.5	12.5	
Drinking water violations	12%		0%	3%	
Severe housing problems	12%	11-13%	9%	18%	
Driving alone to work	84%	83-85%	71%	73%	
Long commute - driving alone	28%	26-30%	15%	39%	

Areas to Improve / Areas of Strength

<sup>^</sup> 10th/90th percentile, i.e., only 10% are better.  
Note: Blank values reflect unreliable or missing data

2014

**LaSalle (LS)**

	LaSalle County	Error Margin	Top U.S. Performers <sup>^</sup>	Illinois	Rank (of 102)
<b>Health Outcomes</b>					47
Length of Life					55
Premature death	7,212	6,635-7,789	5,200	6,349	
Quality of Life					44
Poor or fair health	15%	11-21%	10%	15%	
Poor physical health days	3.8	2.8-4.7	2.5	3.4	
Poor mental health days	2.7	2.0-3.5	2.3	3.3	
Low birthweight	7.6%	7.0-8.1%	5.9%	8.4%	
<b>Health Factors</b>					75
<b>Health Behaviors</b>					43
Adult smoking	22%	17-28%	14%	18%	
Adult obesity	30%	24-36%	25%	27%	
Food environment index	7.8		8.4	7.8	
Physical inactivity	23%	18-28%	20%	23%	
Access to exercise opportunities	78%		92%	89%	
Excessive drinking	24%	18-31%	10%	20%	
Alcohol-impaired driving deaths	38%		14%	37%	
Sexually transmitted infections	259		138	526	
Teen births	36	34-38	20	35	
<b>Clinical Care</b>					69
Uninsured	12%	11-14%	11%	15%	
Primary care physicians	2,354:1		1,045:1	1,266:1	
Dentists	2,077:1		1,377:1	1,453:1	
Mental health providers	1,368:1		386:1	604:1	
Preventable hospital stays	82	78-86	41	65	
Diabetic monitoring	82%	78-87%	90%	85%	
Mammography screening	62.9%	58.6-67.3%	70.7%	64.4%	
<b>Social &amp; Economic Factors</b>					75
High school graduation	84%		93%	82%	
Some college	58.3%	55.2-61.5%	71.0%	66.7%	
Unemployment	11.4%		4.0%	9.2%	
Children in poverty	20%	16-24%	13%	21%	
Income inequality	4.4	4.1-4.6	3.7	4.8	
Children in single-parent households	31%	28-35%	20%	32%	
Social associations	13.6		22.0	9.9	
Violent crime	118		59	430	
Injury deaths	71	64-77	50	50	
<b>Physical Environment</b>					60
Air pollution - particulate matter	12.5		9.5	12.5	
Drinking water violations	1%		0%	2%	
Severe housing problems	13%	11-14%	9%	19%	
Driving alone to work	85%	83-86%	71%	74%	
Long commute - driving alone	30%	28-32%	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

2015

**LaSalle (LS)**

	LaSalle County	Error Margin	Top U.S. Performers <sup>^</sup>	Illinois	Rank (of 102)
<b>Health Outcomes</b>					40
Length of Life					46
Premature death	6,900	6,300-7,400	5,200	6,300	
Quality of Life					39
Poor or fair health **	14%	13-14%	12%	17%	
Poor physical health days **	3.5	3.3-3.7	2.9	3.8	
Poor mental health days **	3.4	3.3-3.6	2.8	3.6	
Low birthweight	7%	7-8%	6%	8%	
<b>Health Factors</b>					70
<b>Health Behaviors</b>					30
Adult smoking **	16%	15-17%	14%	17%	
Adult obesity	29%	24-34%	25%	27%	
Food environment index	7.5		8.3	7.8	
Physical inactivity	26%	21-30%	20%	22%	
Access to exercise opportunities	75%		91%	89%	
Excessive drinking **	21%	20-21%	12%	21%	
Alcohol-impaired driving deaths	33%	27-39%	14%	36%	
Sexually transmitted infections	247.8		134.1	495.5	
Teen births	35	33-38	19	33	
<b>Clinical Care</b>					70
Uninsured	15%	11-14%	11%	15%	
Primary care physicians	2,490:1		1,040:1	1,240:1	
Dentists	2,020:1		1,340:1	1,410:1	
Mental health providers	1,240:1		370:1	560:1	
Preventable hospital stays	73	69-77	38	59	
Diabetic monitoring	83%	79-87%	90%	86%	
Mammography screening	63%	59-68%	71%	65%	
<b>Social &amp; Economic Factors</b>					75
High school graduation	83%		93%	83%	
Some college	59%	56-62%	72%	67%	
Unemployment	8.3%		3.5%	7.1%	
Children in poverty	29%	14-25%	13%	20%	
Income inequality	4.5	4.2-4.8	3.7	4.9	
Children in single-parent households	32%	29-36%	21%	32%	
Social associations	13.6		22.1	9.9	
Violent crime	118		59	430	
Injury deaths	73	66-80	51	50	
<b>Physical Environment</b>					86
Air pollution - particulate matter	12.5		9.5	12.5	
Drinking water violations	Yes		No		
Severe housing problems	12%	11-14%	9%	19%	
Driving alone to work	84%	83-85%	71%	73%	
Long commute - driving alone	29%	27-31%	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 due to changes in definition/methods

2016

# **LASALLE COUNTY COMMUNITY HEALTH PLAN**

## **Priority Area 1 – Mental Health**

***Healthy People 2020 Goal*** – Improve Mental health through prevention and by ensuring access to appropriate, quality mental health services.

**LaSalle County Goal** - Improve the Mental health of LaSalle County adults and youth through prevention and by ensuring access to appropriate, quality mental health services.

**Description** – *Healthy People 2020* provides the following description:

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. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. In any given year, an estimated 18.1% (43.6 million) of U.S. adults ages 18 years or older suffered from any mental illness and 4.2% (9.8 million) suffered from a seriously debilitating mental illness. Neuropsychiatric disorders are the leading cause of disability in the United States, accounting for 18.7% of all years of life lost to disability and premature mortality. Moreover, suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 43,000 Americans in 2014. Mental health disorders also affect children and adolescents at an increasingly alarming rate; in 2010, 1 in 5 children in the United States had a mental health disorder, most commonly attention deficit hyperactivity disorder (ADHD). It is not unusual for either adults or children to have more than one mental health disorder.

Mental health is essential to a person's well-being, family and interpersonal relationships, and the ability to live a full and productive life. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide – the 10<sup>th</sup> leading cause of death in the United States for all age groups and the second leading cause of death among people age 25-34.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental health disorders have a serious impact on physical health and are associated with the prevalence, progression, and outcome. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. Mental health disorders can have harmful and long-lasting effects – including high psychosocial and economic costs – not only for people living with the disorder, but also for their families, schools, workplaces, and communities.

New mental health issues have emerged among some special populations, such as veterans who have experienced physical and mental trauma, people in communities with large-scale psychological trauma caused by natural disasters, and older adults, as the understanding and treatment of dementia and mood disorders continues to improve. As the Federal Government begins to implement the health reform legislation, it will give attention to providing services for individuals with mental illness and substance use disorders, including new opportunities for access to and coverage for treatment and prevention services.

Fortunately, a number of mental health disorders can be treated effectively, and prevention of mental health disorders is a growing area of research and practice. Early diagnosis and treatment can decrease the disease burden of mental health disorders as well as associated chronic diseases. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available. Assessing and addressing mental health remains important to ensure that all Americans leave longer, healthier lives.

### **Healthy People 2020 Outcome Objective**

**MHMD-1** Reduce the suicide rate

### **LaSalle County Outcome Objective**

**MHMD-1** Reduce the number of suicides in LaSalle County to 20 by 2022 [Baseline: 23 suicides in 2016 – LaSalle County Coroner]

### **Healthy People 2020 Impact Objective**

**MHMD-4.2** Reduce the proportion of adults aged 18 years and older who experience major depressive episodes (MDE's)

## **LaSalle County Impact Objectives**

**MHMD-1.1** Reduce to 13.5% the proportion of adults age 18 and over who report 8-30 “Days of Mental Health Not Good” in the past 30 days by 2022. [Baseline: 14.3% of adults age 18 and over reported 8-30 “Days of Mental Health Not Good” in the past 30 days – BRFSS 2010-2014].

**MDMD-1.2** Reduce to 17.5% the proportion of adults age 18 and over who report 1-7 “Days of Mental Health Not Good” in the past 30 days by 2022 [Baseline: 18.7% of adults age 18 and over reported 1-7 “Days of Mental Health Not Good” in the past 30 days – BRFSS 2010-2014].

## **Intervention Strategies/Evaluations**

1. The LaSalle County Health Department Family Case Management (FCM) and Women Infants and Children’s (WIC) clinics will continue screening clients for perinatal and postnatal depression. Postpartum depression is the most common complication of childbearing. Clinic staff utilize the Edinburgh Depression Scale, which is a 10-question self-rating scale that has been proven to be an efficient and effective way of identifying patients at risk for depression. While this test was specifically designed for women who are pregnant or have just had a baby, it has also been shown to be an effective measure for general depression in the larger population. Clinic staff discuss the results with the client and a referral is made to their physician if deemed necessary. Clients found to be at risk and referrals made are tracked in charts and the Cornerstone program and followed up by a nurse case manager. *The U.S. Preventative Services Task Force recommends screening adults for depression when staff-assisted depression care supporters are in place to assure accurate diagnosis, effective treatment, and follow-up (HP2020).*
2. The Health Promotions Department through North Central Behavioral Health Systems, Inc. (NCBHS) offer school based prevention programs for grades K-8. Students are taught the importance of self-esteem, goal setting and making healthy life choices while receiving prevention messages in regards to alcohol, tobacco, and other drugs. The Health Promotion Department also focuses on community collaboration. Assistance is provided to help existing community groups organize their efforts by determining their goals and encouraging collaboration with other existing community groups or resources. In addition, NCBHS develops seminars for businesses, community service organizations, school administrators, teachers, parents, youth or seniors that cover topics such as alcohol, tobacco, and other drugs, violence prevention, coping with stress, or parenting issues.
3. Mental Health First Aid is an evidence-based public education and prevention tool – it improves the public’s knowledge of mental health and substance use problems *and* connects people with care for their mental health or substance use problems. The

National Council for Behavioral Health – a national trade group with more than 2,500 member organizations serving millions of Americans nationwide – helped bring Mental Health First Aid to the United States in 2008 with the goal of making it as common as traditional First Aid and CPR are today. Mental Health First Aid has strong evidence backing it. Three quantitative and one qualitative studies have shown that the program: (1) improves people's mental health, (2) increases understanding of mental health issues and treatments, (3) connects more people with care, and (4) reduces stigma. Trainees go through an 8-hour training program that teaches them a five-step action plan to (1) assess a situation, (2) select and implement appropriate interventions, and (3) secure appropriate care for an individual experiencing a mental health or substance use problem. Trainees also learn risk factors and warning signs of mental illness and addiction, and about available treatments. Upon completion, participants better understanding the impact mental illnesses and addictions have on a person, their family and communities. Trainees are from all walks of life and include school personnel, law enforcement, faith-based communities, hospital and nursing home staff, families and young people.

North Central Behavioral Health Systems, Inc. (NCBHS) has made this training available to LaSalle County residents since 2008. They currently have four instructors certified to conduct the training. Since 2008, they have completed 55 trainings and trained over 600 participants to be Mental Health First Aiders. *Collaborative care for the management of depressive disorders is recommended based on strong evidence of effectiveness in improving depression symptoms, adherence to treatment, response to treatment, and remission and recovery from depression. The Task Force also finds that collaborative care models provide good economic value based on the weight of evidence from studies that assessed both cost and benefits. [Recommendation from the Community Preventive Services Task Force for use of collaborative care for the management of depressive disorders].*

4. The purpose of the 13<sup>th</sup> Judicial Circuit Family Violence Prevention Council is to improve institutional, professional and community responses to forms of violence such as child abuse, youth dating violence, adult partner abuse, and elder abuse; to engage in education and prevention; to coordinate intervention and services for victims and perpetrators; and to contribute to the improvement of the legal system and the administration of justice. The Council consists of representatives from the State's Attorney Office, Probation and Court Services, Detention Home, County Clerk's office, the Illinois Valley Crime Prevention Commission, the LaSalle/Marshall/Putnam County Regional Office of Education, LaSalle County Health Department, and North Central Behavioral Health Systems, Inc. By bringing in national speakers and tapping local talent, the Council has developed the reputation as a leading provider of workshops on topics related to mental health and interpersonal violence. Their vision is to establish a community where everyone not only feels safe, but is safe. Examples of educational seminars can be found in the Appendix section (Appendix I).

5. Teen Showcase is an annual event hosted by NCBHS. The event is supported by a committee of representatives from local hospitals, health departments, and law enforcement agencies. Each year, there are over 600 junior high and high schools students in attendance. The students spend the day engaged by dynamic speakers who present on topics such as mental health, suicide, bullying, self-esteem, substance abuse, peer pressure, positive choices, and healthy behaviors. Examples of the Showcase Agendas can be found in the Appendix section (Appendix J).
6. The LaSalle County Health Department supports social service agencies, schools, businesses, and community service organizations in their efforts to increase awareness of mental health disorders.
7. Mental health task forces and community groups meet on a regular basis and will monitor and evaluate the mental health needs of LaSalle County. Representatives from these groups will provide updates to the LaSalle County Community Health Committee.

### **Community Resources for Implementation**

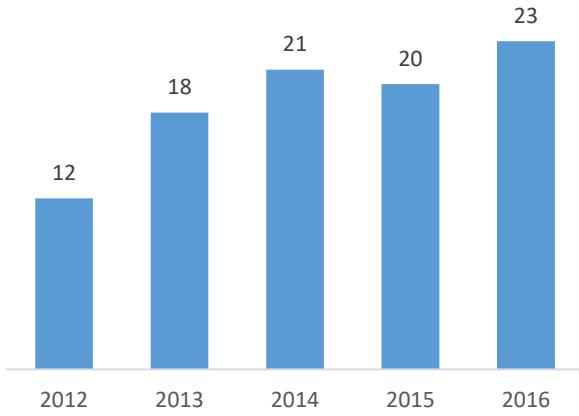
North Central Behavioral Health Systems, Inc.  
OSF St. Elizabeth  
OSF St. Paul  
Illinois Valley Community Hospital  
LaSalle County Health Department

### **Funding**

Since Interventions fall within the missions of stakeholder agencies, funding for implementation of interventions will come from those agencies. Fees for service will be applied as appropriate.

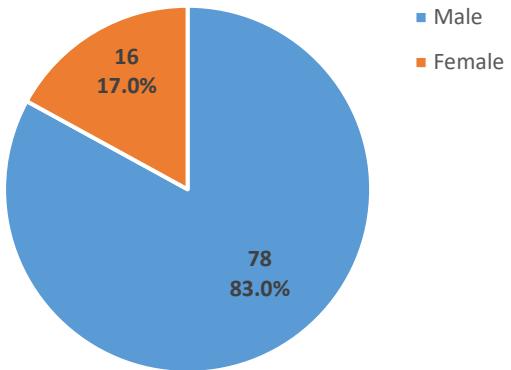
## Additional Statistics

LaSalle County Total Number of Suicides 2012 - 2016



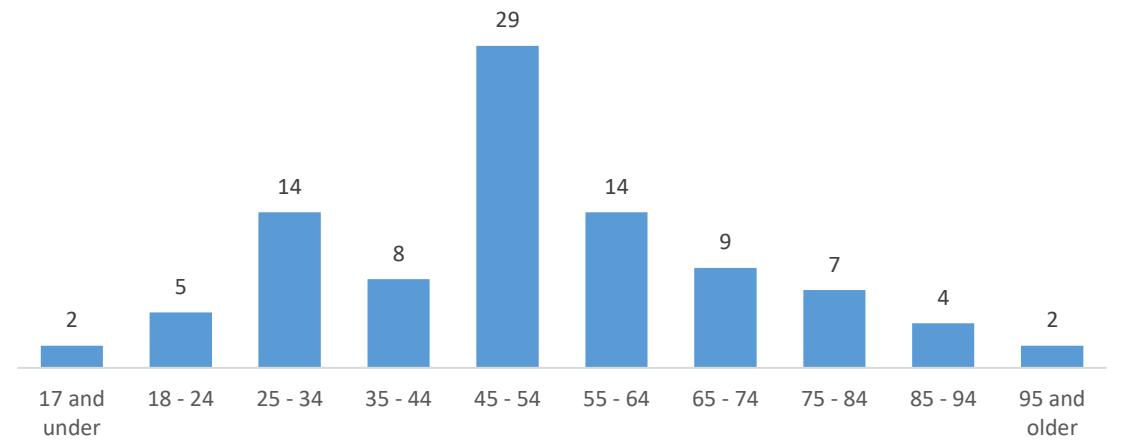
Source: LaSalle County Coroner

LaSalle County Suicide Gender Distribution 2012 - 2016



Source: LaSalle County Coroner

### LaSalle County Suicide Age Range 2012 - 2016



Source: LaSalle County Coroner

## **Priority Area 2 – Obesity**

### ***Healthy People 2020 Goals***

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

Improve health, fitness, and quality of life through daily physical activity.

Improve health, productivity, wellness, quality of life, and safety on roads and in the workplace through public knowledge of the importance of adequate sleep and treatment of sleep disorders.

### **LaSalle County Goal**

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

Improve health, fitness, and quality of life of LaSalle County citizens through daily physical activity.

Improve health, productivity, wellness, quality of life, and safety on roads and in the workplace through public knowledge of the importance of adequate sleep and treatment of sleep disorders.

**Description –** *Healthy People 2020* provides the following description:

Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time. A healthful diet and regular physical activity can also help people strengthen muscles, bones, joints, improve mood and energy levels. In addition to grave health consequences, overweight and obesity significantly increase medical costs and pose a staggering burden on the U.S. medical care delivery system. Ensuring that all Americans eat a healthful diet, participate in regular physical activity, and achieve and maintain a healthy body weight is critical to improving the health of Americans at every age.

## **Children**

- Children and adolescents who eat a healthful diet are more likely to reach and maintain a healthy weight, achieve normal growth and development, and have strong immune systems.
- Children and adolescents who get regular physical activity have improved muscle development, bone health, and heart health.
- Children and adolescents who are overweight or obese are at increased risk for developing diabetes and heart disease; they are also likely to stay overweight or obese into adulthood, placing them at increased risk for serious chronic diseases.

## **Adults**

- Adults who eat a healthful diet and stay physically active can decrease their risk of a number of adult-onset health conditions and diseases, including heart disease and diabetes.
- Regular physical activity can lower an adult's risk of depression.
- Adults who maintain a healthy weight are less likely to die prematurely.

## **Pregnant Women**

- Good nutrition helps pregnant women support the healthy development of their infants.
- Regular physical activity throughout pregnancy can help women control their weight, make labor more comfortable, and reduce their risk of postpartum depression.<sup>3</sup>
- Staying at a healthy body weight can help women reduce their risk of complications during pregnancy.

A number of factors affect a person's ability to eat a healthful diet, stay physically active, and achieve or maintain a healthy weight. The built environment has a critical impact on behaviors that influence health. For example, in many communities, there is nowhere to buy fresh fruit and vegetables, and no safe or appealing place to play or be active. These environmental factors are compounded by social and individual factors—gender, age, race and ethnicity, education level, socioeconomic status, and disability status—that influence nutrition, physical activity, and obesity. Addressing these factors is critically important to improving the nutrition and activity levels of all Americans; only then will progress be made against the Nation's obesity epidemic and its cascading impact on health.

Breastfeeding offers numerous health benefits for mother and baby, including prevention of infections such as ear infections, diarrhea, and other bacterial and viral infections. One important health benefit of breastfeeding is prevention of obesity. Obesity is one of the most serious health problems facing both children and adults today. Childhood obesity often leads to adult obesity, which causes many health problems including heart disease, diabetes, and even early death. Researchers continue to learn more about how breastfeeding can help prevent obesity. Breast milk provides a baby with food that is easy to digest and very nutritious, and the child helps decide how much to eat and when to eat. Both the breast milk itself and the way the baby feeds

helps to develop healthy eating patterns. Breastfed babies seem to be better able to regulate their food intake and thus are at a lower risk for obesity.

Sleep like nutrition and physical activity, is a critical determinant of health and well-being. Sleep is a basic requirement for infant, child, and adolescent health and development. Sleep loss and untreated sleep disorders influence basic patterns of behavior that negatively affect family health and interpersonal relationships. Adequate sleep is necessary to support the metabolism of sugar to prevent diabetes. Sleep timing and duration affect a number of endocrine, metabolic, and neurological functions that are critical to the maintenance of individual health. If left untreated, sleep disorders and chronic short sleep are associated with an increased risk of: heart disease; high blood pressure; obesity; and diabetes (HP2020)

### **Healthy People 2020 Outcome Objective**

**NWS-8** Increase the proportion of adults who are at a healthy weight.

**NWS-9** Reduce the proportion of adults who are obese.

**MICH-21** Increase the proportion of infants who are breastfed.

### **LaSalle County Outcome Objective**

**O-1a** Increase the proportion of LaSalle County adults who are at a healthy weight to 46.1% by 2022 [Baseline: 44.1% of adults at a healthy weight – BRFSS 2013]

**O-1b** Reduce the proportion of LaSalle County adults who are overweight to 29.6% by 2022 [Baseline: 31.6% of adults overweight – BRFSS 2013]

**O-1c** Reduce the proportion of LaSalle County adults who are obese to 22.3% [Baseline: 24.3% of adults obese – BRFSS 2013]

**MICH-21.1** Increase the proportion of LaSalle County infants enrolled in Women, Infant, and Children (WIC) who are ever breastfed to 72% [Baseline: 69% of infants breastfed – Cornerstone Report July 2016-April 2017]

### **Healthy People 2020 Impact Objective**

**PA-1** Reduce the proportion of adults who engage in no leisure-time physical activity

**PA-2.3** Increase the proportion of adults who perform muscle-strengthening activities on 2 or more days of the week

**MICH-21.2** Increase the proportion of infants who are breastfed at 6 months

***MICH-21.3*** Increase the proportion of infants who are breastfed at 1 year

***SH-4*** Increase the portion of adults who get sufficient sleep

### **LaSalle County Impact Objectives**

***PA-1.1*** Reduce the proportion of LaSalle County adults who report getting no exercise to 27% by 2022 [Baseline: 28% of adults reported getting no exercise – BRFSS 2010-2014]

***PA-1.2*** Increase the proportion of LaSalle County adults who report exercising for strength to 30% by 2022 [Baseline: 28.1% of adults reported exercising for strength – BRFSS 2013]

***MICH-21.2*** Increase the proportion of LaSalle County infants enrolled in Women, Infant, and Children (WIC) who are breastfed at 6 months to 23% [Baseline: 20% of infants breastfed at 6 months – Cornerstone Report July 2016-April 2017]

***MICH-21.3*** Increase the proportion of LaSalle County infants enrolled in Women, Infant, and Children (WIC) who are breastfed at 1 year to 15% [Baseline: 12% of infants breastfed at 1 year – Cornerstone Report July 2016-April 2017]

***SH-1.3*** Increase the proportion of adults who get 7 or more hours of sleep per night to 66% by 2022 [Baseline: 64.7% of adults get 7 or more hours of sleep per night – BRFSS 2013]

### **Intervention Strategies/Evaluations**

1. The LaSalle County Health Department Family Case Management (FCM) and Women Infants and Children's (WIC) clinics will continue screening clients for overweight/obesity. All clients with an appointment are weighed and measured, the information is plotted in their chart. Clients are screened for risk on their parents Body Mass Index (BMI) and their height/weight ratio. Client education focuses on food choice and activity level. In recent years the WIC program has made adjustments to counseling and food packages. Food packages now include low-fat milk, options for fruits, vegetables, and whole grains (bread, brown rice, and corn tortillas) and less juice. Percent of clients who are overweight will be tracked in charts and the Cornerstone program and followed up by a nurse case manager. *The U.S. Preventative Services Task Force (USPSTF) recommends screening for all adults for obesity.*
2. Local medical providers will screen adults for obesity and refer obese adults to nutrition counseling. *The U.S. Preventative Services Task Force recommends that clinicians screen*

*all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.*

3. Locally, University of Illinois Extension serves LaSalle County, along with Bureau, Marshall and Putnam Counties. The mission of University of Illinois Extension is to provide practical education to help people, businesses, and communities solve problems, develop skills and build a better future. In response to the National health concern of obesity, University of Illinois Extension has made healthy lifestyle education for youth and adults a priority.

University of Illinois Extension serves individuals and families in communities around the state of Illinois. To decrease the obesity rate and promote health, programs include the Illinois Nutrition Education Program (INEP) and Nutrition and Wellness. Together these programs offer residents in LaSalle County evidence-based education to make healthier choices through participation in nutrition education and cooking classes, interactive displays, and online resources. To help in reducing the rate of diabetes and cardiovascular disease, University of Illinois Extension offers chronic disease management classes. Other focus areas are food safety and food preservation. University of Illinois Extension offers classes to prepare and preserve food safely as well as online resources.

University of Illinois Extension partnerships includes early childhood centers, schools, faith-based organizations, park districts, libraries and community agencies/organizations to provide evidence-based education and skill building.

4. LaSalle County Health Department recommends that moms choose breastfeeding as the preferred method of infant feeding. The Health Department has trained staff available to provide accurate breastfeeding information and to offer support for breastfeeding moms. WIC eligible women are able to receive WIC benefits for herself and her baby. Breast pumps are also available for WIC moms through local pharmacies or medical supply companies. WIC eligible moms are educated on the importance of breastmilk to their baby's health. Educational topics on breast milk include; specially made to meet a baby's needs, changing as the baby grows, and all a baby needs for the first six months. Breast milk alone gives babies everything they need to grow and develop, help prevent illnesses like ear infections and diarrhea, protects from chronic health problems like diabetes, obesity and some allergies, reduces the chance of Sudden Infant Death Syndrome, and gives a baby the best start to a healthy life. As hard as formula companies try, they can never duplicate breast milk or the benefits that breastfeeding provides to mom and baby. The benefits to moms are also stressed during WIC education and counseling sessions. Benefits to moms include; getting back down to pre-pregnancy weight much faster because it takes an additional 500 calories a day to make breast milk; breast milk is always the right temperature; convenience of not having to mess with bottles; makes traveling

much easier only needing diapers and wipes; an increased protection against breast and cervical cancers; and the bond established with the baby is one that no one else will have.

5. LaSalle County Health Department strongly recommends that moms choose breastfeeding as the preferred method of infant feeding because of strong evidence supporting the long-term benefit related to obesity. According to the World Health Organization (WHO), the precise protective effect of breastfeeding on overweight and obesity remains unknown, however several plausible mechanisms have been proposed. Exclusive breastfeeding precludes inappropriate complementary food that could lead to unhealthy weight gain. Protein and total energy intake, as well as the amount of energy metabolized, are higher among formula-fed infants relative to breastfed, leading to increased body weight during the neonatal period and data suggests that both higher protein intake and weight gain early in life is positively associated with the development of obesity later in childhood. Differences in the release of insulin and other pancreatic and gut hormones have also been observed between breastfed and formula-fed infants, with formula feeding leading to higher plasma levels of insulin which in turn would stimulate fat deposition and early development of adipocytes, the cells that store fat. Breast milk itself contains hormones and other biological factors involved in the regulation of food intake and energy balance which may help shape long-term physiological processes responsible for maintaining energy balance. By moderating the impact of physiological processes that promote weight gain during infancy, breastfeeding may assist in “programming” an individual to be at a reduced risk for overweight and obesity later in life.
6. Encourage collaboration among community organizations including the health department, La Leche League Chapters, hospitals, and primary care providers in order to share resources and encourage continuity of skilled breastfeeding support at birth, throughout the early postpartum period, and as needed thereafter.
7. The LaSalle County Health Department will promote the awareness of common sleep disorders and the importance of getting at least seven hours of sleep each night. Health Department staff will utilize educational and promotional materials at community health fairs and employee worksite health fairs to educate on the benefits of a good night's sleep. Educational information will also be promoted on the health department's social media accounts. *Healthy People 2020 – Health education and promotion programs can increase awareness of common sleep disorders, such as insomnia, restless leg syndrome, and SDB. Sleep health education programs in workplaces can promote better work schedule patterns and motivate managers and workers to adopt strategies that reduce risk to health and safety.*

8. The LaSalle County Health Department supports social service agencies, schools, businesses, and community service organizations in their efforts to improve health, fitness, and quality of life of LaSalle County citizens through daily physical activity.
9. Obesity task forces and community groups meet on a regular basis and will monitor and evaluate the needs of LaSalle County. Representatives from these groups will provide updates to the LaSalle County Community Health Committee.

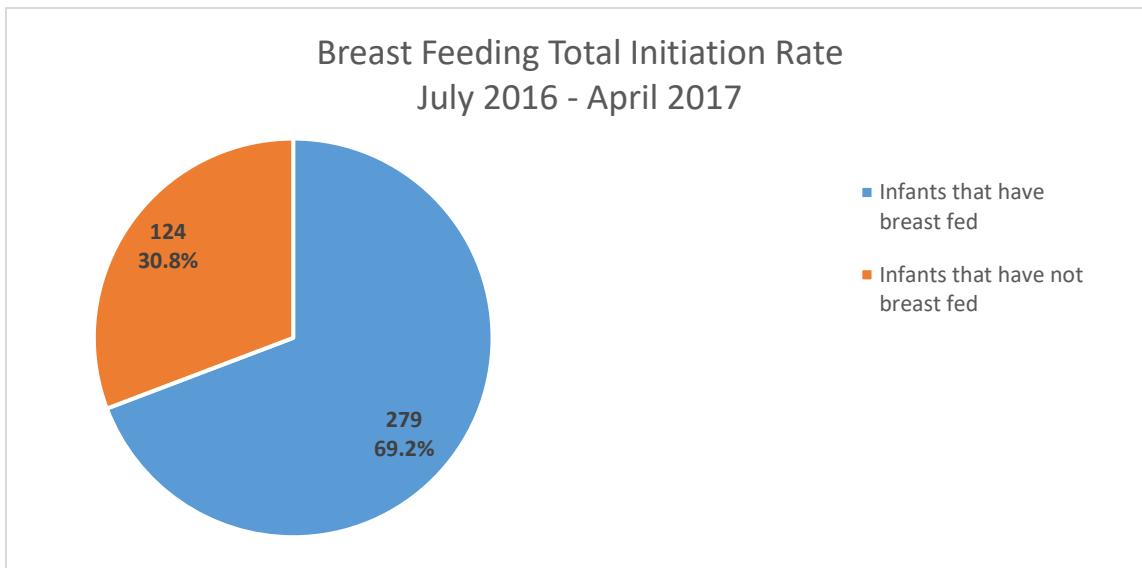
### **Community Resources for Implementation**

LaSalle County Health Department  
 LaSalle County Medical Providers  
 University of Illinois Extension Office

### **Funding**

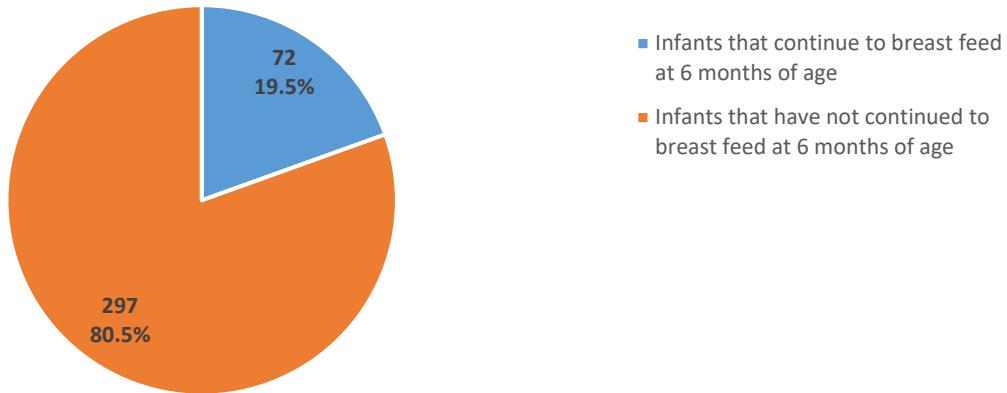
Since Interventions fall within the missions of stakeholder agencies, funding for implementation of interventions will come from those agencies. Fees for service will be applied as appropriate.

### **Additional Statistics**



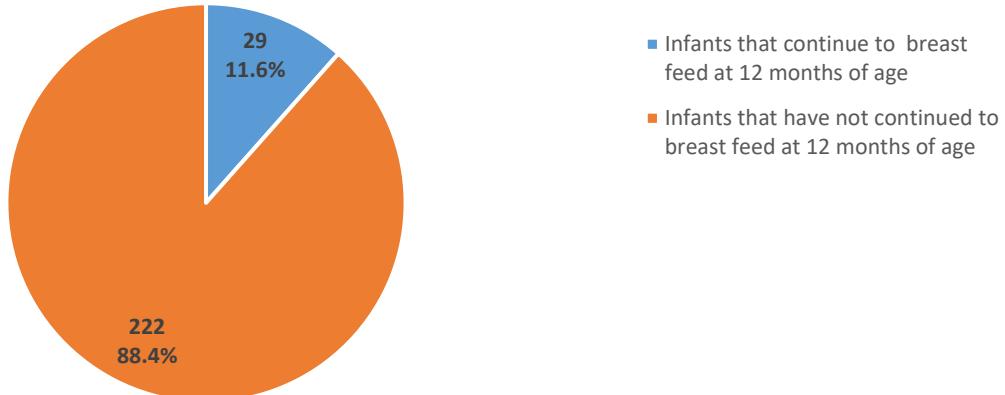
Source: LaSalle County Health Department Women, Infants and Children (WIC) Program

Breast Feeding Six Month Duration  
July 2016 - April 2017



Source: LaSalle County Health Department Women, Infants and Children (WIC) Program

Breast Feeding Twelve Month Duration  
July 2016 - April 2017



Source: LaSalle County Health Department Women, Infants and Children (WIC) Program

## **Priority Area 3 – Substance Abuse**

### ***Healthy People 2020 Goals***

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

Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.

### **LaSalle County Goal**

Reduce substance abuse to protect the health, safety, and quality of life for all LaSalle County residents.

Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure for LaSalle County residents.

**Description –** *Healthy People 2020* provides the following description:

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include: teenage pregnancy; sexually transmitted diseases (STDs); domestic violence; child abuse; motor vehicle crashes; physical fights; crime; homicide and suicide.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice. Advances in research have led to the development of evidence-based strategies to effectively address substance abuse.

Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

In recent years, the impact of substance and alcohol abuse has been notable across several areas, including the following:

1. Adolescent abuse of prescription drugs has continued to rise over the past 5 years. The 2007 MTF survey found high rates of nonmedical use of the prescription pain relievers Vicodin and OxyContin. It is believed that 2 factors have led to the increase in abuse. First, the availability of prescription drugs is increasing from many sources, including the family medicine cabinet, the Internet, and doctors. Second, many adolescents believe that prescription drugs are safer to take than street drugs.
2. Military operations in Iraq and Afghanistan have placed a great strain on military personnel and their families. This strain can lead to family disintegration, mental health disorders, and even suicide. Data from the Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health indicate that from 2004 to 2006, 7.1 percent of veterans (an estimated 1.8 million people) had a substance use disorder in the past year.
3. In addition, as the Federal Government begins to implement health reform legislation, it will focus attention on providing services for individuals with mental illness and substance use disorders, including new opportunities for access to and coverage of treatment and prevention services.

Tobacco use is the single most preventable cause of disease, disability, and death in the United States, yet more deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined. In 2009, an estimated 20.6% of all American adults age 18 and older—46.6 million people—smoked, and every day another 850 young people age 12 to 17 began smoking on a daily basis. As a result of widespread tobacco use, approximately 443,000 Americans die from tobacco-related illnesses, such as cancer and heart disease, each year. An estimated 49,000 of these deaths are the result of secondhand smoke exposure. For every person who dies from tobacco use, another 20 suffer from at least one serious tobacco-related illness.

Tobacco use causes: cancer; heart disease; lung diseases (including emphysema, bronchitis, and chronic airway obstruction); and premature birth, low birth weight, stillbirth, and infant death. There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS). Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung. Tobacco use poses a heavy burden on the U.S. economy and medical care system. Each year, cigarette smoking costs more than \$193 billion in medical care costs, while secondhand smoke costs an additional \$10 million. Tobacco use is thus one of the Nation's deadliest and most costly public health challenges.

Healthy People 2020 provides a framework for action to reduce tobacco use to the point that it is no longer a public health problem for the Nation. Research had identified a number of effective strategies that will contribute to ending the tobacco use epidemic. Based on more than 45 years of evidence, it is clear the toll tobacco use takes on families and communities can be significantly reduced by; fully funding tobacco control programs, increasing the price of tobacco products, enacting comprehensive smoke-free policies; controlling access to tobacco products; reducing tobacco advertising and promotion; implementing anti-tobacco media campaigns; and encouraging and assisting tobacco users to quit.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

#### **Healthy People 2020 Outcome Objective**

**SA-2** Increase the proportion of adolescents never using substances

**SA-4** Increase the proportion of adolescents who perceive great risk associated with substance abuse

**SA-14** Reduce the proportion of persons engaging in binge drinking of alcoholic beverages

**TU-1** Reduce tobacco use by adults

**TU-11** Reduce the proportion of nonsmokers exposed to secondhand smoke

#### **LaSalle County Outcome Objective**

**SA-1** Increase the proportion of LaSalle County adolescents never using substances

**SA-2** - Increase the proportion of LaSalle County adolescents who perceive great risk associated with substance abuse

**SA-3** Reduce the proportion of LaSalle County adults engaging in excessive drinking of alcoholic beverages to 17% [Baseline 19% of LaSalle County adults engaged in binge drinking in 2017 - County Health Rankings 2017]

**TU-1** Reduce cigarette smoking by adults in LaSalle County to 15% by 2020 [Baseline: 17% of adults in LaSalle County smoke - County Health Rankings 2017]

**TU-11** Reduce the proportion of nonsmokers exposed to secondhand smoke in LaSalle County

#### **Healthy People 2020 Impact Objective**

**SA-2.1** Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using alcohol for the first time

**SA-2.2** Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using marijuana for the first time

**SA-4.1** Increase the proportion of at risk adolescents aged 12 to 17 perceiving great risk associated with substance abuse – consuming five or more alcoholic drinks at a single occasion once or twice a week

**SA-4.2** Increase the proportion of at risk adolescents aged 12 to 17 perceiving great risk associated with substance abuse – smoking marijuana once per month

**TU-2.1** Reduce use of tobacco products by adolescents (past month)

**TU-4** Increase smoking cessation attempts by adult smokers

**TU-13.4** Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in bars

#### **LaSalle County Impact Objectives**

**SA-2.1a** Increase the percent of 8<sup>th</sup> grade students who have not used alcohol in the past year to 75% by 2022. [Baseline: 67% have not used in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-2.1b** Increase the percent of 12<sup>th</sup> grade students who have not used alcohol in the past year to 50% by 2022. [Baseline: 44% have not used in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-2.2a** Increase the percent of 8<sup>th</sup> grade students who have not used marijuana in the past year to 89% by 2022. [Baseline: 84% have not used in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-2.2b** Increase the percent of 12<sup>th</sup> grade students who have not used marijuana in the past year to 78% by 2022. [Baseline: 73% have not used in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-4.1a** Increase the percent of 8<sup>th</sup> grade students who have not engaged in binge drinking in the past two weeks to 96% by 2022. [Baseline: 93% have not engaged in binge drinking in the past two weeks – Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-4.1b** Increase the percent of 12<sup>th</sup> grade students who have not engaged in binge drinking in the two weeks to 85% by 2022. [Baseline: 79% have not engaged in binge drinking in the past two weeks – Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-1a** Increase the percent of 8<sup>th</sup> grade students who have not used prescription drugs not prescribed to them in the past year to 96% by 2022. [Baseline: 93% have not used in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-1b** Increase the percent of 12<sup>th</sup> grade students who have not used prescription drugs not prescribed to them in the past year to 94% by 2022. [Baseline: 91% have not used in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-4.2a** Decrease the percent of 8<sup>th</sup> grade students who think it is not at all wrong for someone their age to smoke marijuana to 7% by 2022. [Baseline: 9% of students thought it was not at all wrong for someone their age to smoke marijuana – Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-4.2b** Decrease the percent of 12<sup>th</sup> grade students who think it is not at all wrong for someone their age to smoke marijuana to 18% by 2022. [Baseline: 20% of students thought it was not at all wrong for someone their age to smoke marijuana – Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-4.1c** Decrease the percent of 8<sup>th</sup> grade students who think it is not at all wrong for someone their age to drink beer, wine, or hard liquor to 0% by 2022. [Baseline: 1% of students thought it was not at all wrong for someone their age to drink beer, wine, or hard liquor – Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-4.1d** Decrease the percent of 12<sup>th</sup> grade students who think it is not at all wrong for someone their age to drink beer, wine, or hard liquor to 13% by 2022. [Baseline: 15% of students thought it was not at all

wrong for someone their age to drink beer, wine, or hard liquor – Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-1c** Increase the percent of parents/guardians who have talked to their 8<sup>th</sup> grade student about not using alcohol to 57% by 2022 [Baseline: 54% of 8<sup>th</sup> grade students reported parents/guardians talking to them about not using alcohol in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-1d** Increase the percent of parents/guardians who have talked to their 12<sup>th</sup> grade student about not using alcohol to 53% by 2022 [Baseline: 50% of 12<sup>th</sup> grade students reported parents/guardians talking to them about not using alcohol in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-4.2c** Increase the percent of parents/guardians who have talked to their 8<sup>th</sup> grade student about not using marijuana to 56% by 2022 [Baseline: 53% of 8<sup>th</sup> grade students reported parents/guardians talking to them about not using marijuana in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**SA-4.2d** Increase the percent of parents/guardians who have talked to their 12<sup>th</sup> grade student about not using marijuana to 49% by 2022 [Baseline: 46% of 12<sup>th</sup> grade students reported parents/guardians talking to them about not using marijuana in the past year – Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**TU-2.1a** Increase the percent of 8<sup>th</sup> grade students who have not used any tobacco product in the past year to 92% by 2022. [Baseline: 89% have not used in the past year - Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**TU-2.1b** Increase the percent of 12<sup>th</sup> grade students who have not used any tobacco product in the past year to 91% by 2022. [Baseline: 88% have not used in the past year - Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**TU-2.1c** Increase the percent of parents/guardians who have talked to their 8<sup>th</sup> grade student about not using tobacco to 57% by 2022 [Baseline: 54% of 8<sup>th</sup> grade students reported parents/guardians talking to them about not using tobacco in the past year - Illinois Youth Survey 2016 LaSalle County] *Note: 282 8<sup>th</sup> grade students from 3 schools participated in the survey.*

**TU-2.1d** Increase the percent of parents/guardians who have talked to their 12<sup>th</sup> grade student about not using tobacco to 45% by 2022 [Baseline: 42% of 12<sup>th</sup> grade students reported parents/guardians talking to them about not using tobacco in the past year - Illinois Youth Survey 2016 LaSalle County] *Note: 317 12<sup>th</sup> grade students from 3 schools participated in the survey.*

**TU-1** Increase the number of adult LaSalle County smokers who are 'new' callers to the Illinois Tobacco Quitline County each year to 93 by 2022 [Baseline: 88 new adult callers from LaSalle County to the Illinois Tobacco Quitline in Illinois FY16.]

**TU-2** Attempt to maintain 100% compliance with the Smoke-Free Illinois Act section that prohibits smoking in food service establishments and bars [Baseline: 13 citations were issued in 2016 to food service establishments and bars who were found to be in violation of the Smoke-Free Illinois Act – LaSalle County Health Department]

### **Intervention Strategies/Evaluations**

1. The Health Promotions Department through North Central Behavioral Health Systems, Inc. (NCBHS) offer school based prevention programs for grades K-8. Students are taught the importance of self-esteem, goal setting and making healthy life choices while receiving prevention messages in regards to alcohol, tobacco, and other drugs. The Health Promotion Department also focuses on community collaboration. Assistance is provided to help existing community groups organize their efforts by determining their goals and encouraging collaboration with other existing community groups or resources. In addition, NCBHS develops seminars for businesses, community service organizations, school administrators, teachers, parents, youth or seniors that cover topics such as alcohol, tobacco, and other drugs, violence prevention, coping with stress, or parenting issues. Number and sites of programs will be tracked by NCBHS and changes in Youth Behavior Risk Survey responses will be followed. *The National Institute on Drug Abuse (NIDA) has identified 16 key principles for prevention programs based on risk and protective factors, the type of program, and the delivery of the program. There is a multitude of effective substance abuse prevention interventions that may have different areas of focus and can be implemented in a variety of settings. Interventions can involve the family, school, and community and may provide substance abuse prevention for an individual or a population of youth by focusing on environmental and community factors and policies, developmental factors, or skill development.*
2. Mental Health First Aid is an evidence-based public education and prevention tool – it improves the public's knowledge of mental health and substance use problems and connects people with care for their mental health or substance use problems. The National Council for Behavioral Health – a national trade group with more than 2,500 member organizations serving millions of Americans nationwide – helped bring Mental Health First Aid to the United States in 2008 with the goal of making it as common as traditional First Aid and CPR are today. Mental Health First Aid has strong evidence backing it. Three quantitative and one qualitative studies have shown that the program: (1) improves people's mental health, (2) increases understanding of mental health issues and treatments, (3) connects more people with care, and (4) reduces stigma. Trainees go through an 8-hour training program that teaches them a five-step action plan to (1) assess

a situation, (2) select and implement appropriate interventions, and (3) secure appropriate care for an individual experiencing a mental health or substance use problem. Trainees also learn risk factors and warning signs of mental illness and addiction, and about available treatments. Upon completion, participants better understanding the impact mental illnesses and addictions have on a person, their family and communities. Trainees are from all walks of life and include school personnel, law enforcement, faith-based communities, hospital and nursing home staff, families and young people.

North Central Behavioral Health Systems, Inc. (NCBHS) has made this training available to LaSalle County residents since 2008. They currently have four instructors certified to conduct the training. Since 2008, they have completed 55 trainings and trained over 600 participants to be Mental Health First Aiders. *Collaborative care for the management of depressive disorders is recommended based on strong evidence of effectiveness in improving depression symptoms, adherence to treatment, response to treatment, and remission and recovery from depression. The Task Force also finds that collaborative care models provide good economic value based on the weight of evidence from studies that assessed both cost and benefits. [Recommendation from the Community Preventive Services Task Force for use of collaborative care for the management of depressive disorders].*

3. The purpose of the 13<sup>th</sup> Judicial Circuit Family Violence Prevention Council is to improve institutional, professional and community responses to forms of violence such as child abuse, youth dating violence, adult partner abuse, and elder abuse; to engage in education and prevention; to coordinate intervention and services for victims and perpetrators; and to contribute to the improvement of the legal system and the administration of justice. The Council consists of representatives from the State's Attorney Office, Probation and Court Services, Detention Home, County Clerk's office, the Illinois Valley Crime Prevention Commission, the LaSalle/Marshall/Putnam County Regional Office of Education, LaSalle County Health Department, and North Central Behavioral Health Systems, Inc. By bringing in national speakers and tapping local talent, the Council has developed the reputation as a leading provider of workshops on topics related to mental health and interpersonal violence. Their vision is to establish a community where everyone not only feels safe, but is safe. Examples of educational seminars can be found in the Appendix section (Appendix I).
4. Teen Showcase is an annual event hosted by NCBHS. The event is supported by a committee of representatives from local hospitals, health departments, and law enforcement agencies. Each year, there are over 600 junior high and high schools students in attendance. The students spend the day engaged by dynamic speakers who present on topics such as mental health, suicide, bullying, self-esteem, substance abuse, peer pressure, positive choices, and healthy behaviors. Examples of the Showcase Agendas can be found in the Appendix section (Appendix J).

5. Adult Redeploy Illinois was established by the Crime Reduction Act (Public Act 96-0761) to provide financial incentives to local jurisdictions for programs that allow diversion of non-violent offenders from state prisons by providing community-based services. Grants are provided to counties, groups of counties, and judicial circuits to increase programming in their areas, in exchange for reducing the number of people they send to the Illinois Department of Corrections.

The Crime Reduction Act is based on the premise that crime can be reduced and the costs of the criminal justice system can be controlled by understanding and addressing the reasons why people commit crimes. It is also based on the premise that local jurisdictions (judicial circuits or counties) know best what resources are necessary to reduce crime. Rigorous evaluation processes with standardized performance measurements are required to confirm the effectiveness of services in reducing crime.

The Adult Redeploy Illinois program is an example of a national best practice called "performance incentive funding," which other states are adopting in different ways. Adult Redeploy Illinois is based on the successful juvenile model which has been operating since 2004 with positive results. In the first three years of the juvenile Redeploy Illinois program, four pilot sites reduced the number of youth sent to the Department of Juvenile Justice by 51 percent (well above the 25 percent goal), which represents potential youth incarceration cost avoidance to the state of nearly 19 million.

Results expected with Adult Redeploy Illinois include reduced prison overcrowding (based on other states' experiences, with no increase in crime); lowered cost to taxpayers (\$24,899 a year for prison vs. less than \$200 total for drug school for first offenders or \$3,500 on average for drug treatment); an end to the expensive vicious cycle of crime and incarceration.

As of August 2016, Adult Redeploy Illinois has 19 sites, implementing 38 programs, across 39 Illinois counties, which includes LaSalle County. The LaSalle County Court Services and Probation Department heads up the program. Most participants in the program are heroin users and have been sentenced to 30 months' probation. The LaSalle County Court Services and Probation Department also contract with North Central Behavioral Health Systems, Inc. (NCBHS) to provide mental health and substance abuse counseling. At the time of enrollment each participant is assessed by probation and NCBHS to determine what services are needed. Treatment options include inpatient, outpatient, cognitive behavioral therapy, and moral reconation therapy. There have been 178 clients screened/served by the program since inception. There have been 6 successful graduates and only 3 who have failed to complete the program and were sentenced to the Department of Corrections.

6. The LaSalle County Naloxone Program began in 2016 and was initiated due to a training request from the LaSalle County Sheriff's Office to the LaSalle County Health Department. The request was taken on by the LaSalle County Medical Reserve Corps, a volunteer organization administered through the Health Department. After months of research and data gathering, the unit coordinator submitted the training guideline and presentation for approval through the Illinois Department of Human Services Division of Alcoholism and Substance Abuse. Once that approval was attained it was requested by the county Sheriff that the program also go through the approval process with the Illinois Law Enforcement Training and Standards Board. That approval came in January and the first class was held shortly after the approval. Less than one month after the first class had been taught, the program had its first save using the nasal naloxone.

The Opioid Overdose 101 classes are two hours long; include all of the necessary elements provided by both approval agencies and a hands-on portion. Along with the class a pre-test, post-test, and evaluation are required of each participant. After each officer is trained through the Opioid Overdoses 101 course and pass the post-test with a minimum of a 70%, they qualify to be able to carry the nasal naloxone.

In April 2016, the LaSalle County Medical Reserve Corps was awarded a \$15,000 2016 Challenge Award grant that was put together to fund this program specifically. The grant money allowed the unit to purchase needed training materials and doses of nasal naloxone to be given out on a donation basis to officers in LaSalle County. The LaSalle County MRC has been able to donate over 70 doses of nasal naloxone to area officers in LaSalle County. The main purpose of this program is not only to educate law enforcement in the use of nasal naloxone, but to also work to save the lives of those suffering from an overdose. The program saved twelve lives in 2016. LaSalle County Medical Reserve Corps volunteers have been able to train 103 police officers from ten different departments throughout LaSalle and other surrounding counties. The LaSalle County Naloxone Program has a total of eight participating program sites with their program and a total of twelve lives were saved in 2016.

The LaSalle County Medical Reserve Corps is required to track their activities, volunteer hours, and the economic impact that they have for NACCHO (National Association of County and City Health Officials), MRC Program Office, and LaSalle County Board of Health requirements.

7. The LaSalle County Health Department Family Case Management (FCM) and Women Infants and Children's (WIC) clinics will continue screening clients for misuse of alcohol, illegal/recreational drugs, and tobacco use. Client counseling will be documented in charts and the Cornerstone program and followed up by a nurse case manager. *The U.S.*

*Preventative Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.*

8. The LaSalle County Health Department will promote the Illinois Tobacco Quitline. Health Department staff will utilize educational and promotional materials at community health fairs and employee worksite health fairs to educate on the resources available through the Quitline. Quitline information will also be promoted on the health department's social media accounts. The number of new callers to the Quitline will be tracked. *Increasing Tobacco Use Cessation: Quitline Interventions (Community Guide Recommendation) particularly proactive Quitline (i.e. those which offer follow-up counseling calls), are recommended based on strong evidence of effectiveness in increasing tobacco cessation among clients interested in quitting.*
9. Routinely conduct Smoke-Free Illinois Act (SFIA) compliance checks through routine inspections and checks on any establishment that receives a violation complaint on the SFIA public complaint web-site. Routine inspections and complaint driven inspections, their results, and any citations issued will be tracked. *The Community Preventive Services Task Force recommends smoke-free policies to reduce secondhand smoke exposure and tobacco use on the basis of strong evidence of effectiveness. Evidence is considered strong based on results from studies that showed effectiveness of smoke-free policies in: reducing exposure to secondhand smoke; reducing the prevalence of tobacco use; increasing the number of tobacco users who quit; reducing the initiation of tobacco use among young people; and reducing tobacco-related morbidity and mortality, including acute cardiovascular events. Economic evidence indicates that smoke-free policies can reduce healthcare cost substantially. In addition, the evidence shows smoke-free policies do not have an adverse economic impact on businesses, including bars and restaurants.*
10. The LaSalle County Health Department supports social service agencies, schools, businesses, and community service organizations in their efforts to increase awareness of substance abuse.
11. Substance abuse task forces and community groups meet on a regular basis and will monitor and evaluate the substance abuse needs of LaSalle County. Representatives from these groups will provide updates to the LaSalle County Community Health Committee.

## **Community Resources for Implementation**

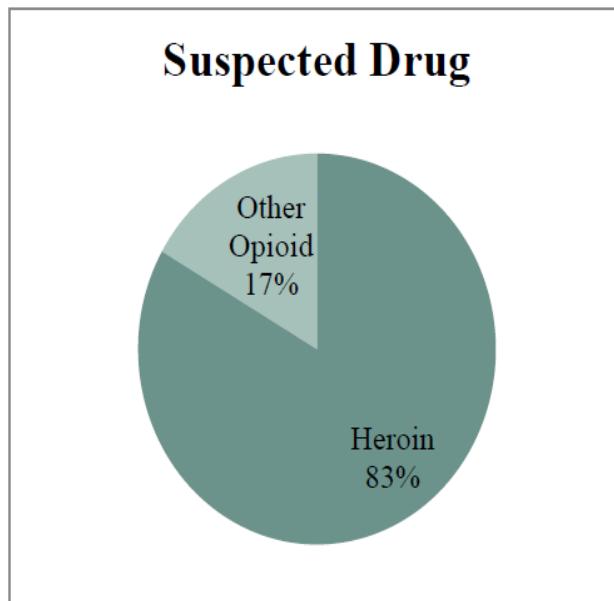
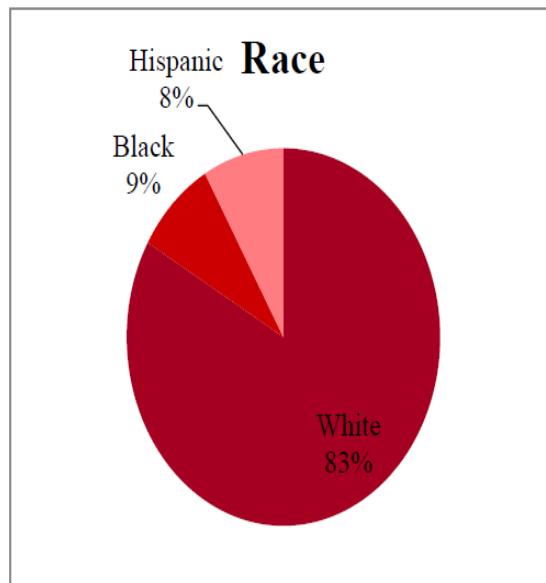
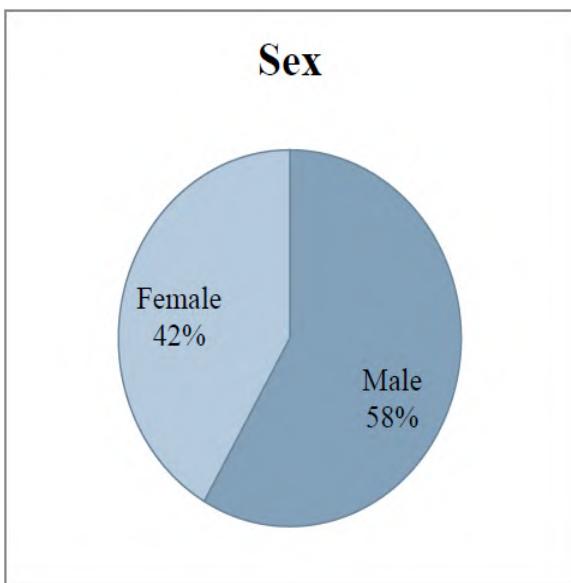
North Central Behavioral Health Systems, Inc.  
LaSalle County Probation and Court Services  
LaSalle County Health Department  
LaSalle County Medical Reserve Corps.  
LaSalle County Sheriff's Department  
Local Police Departments

## **Funding**

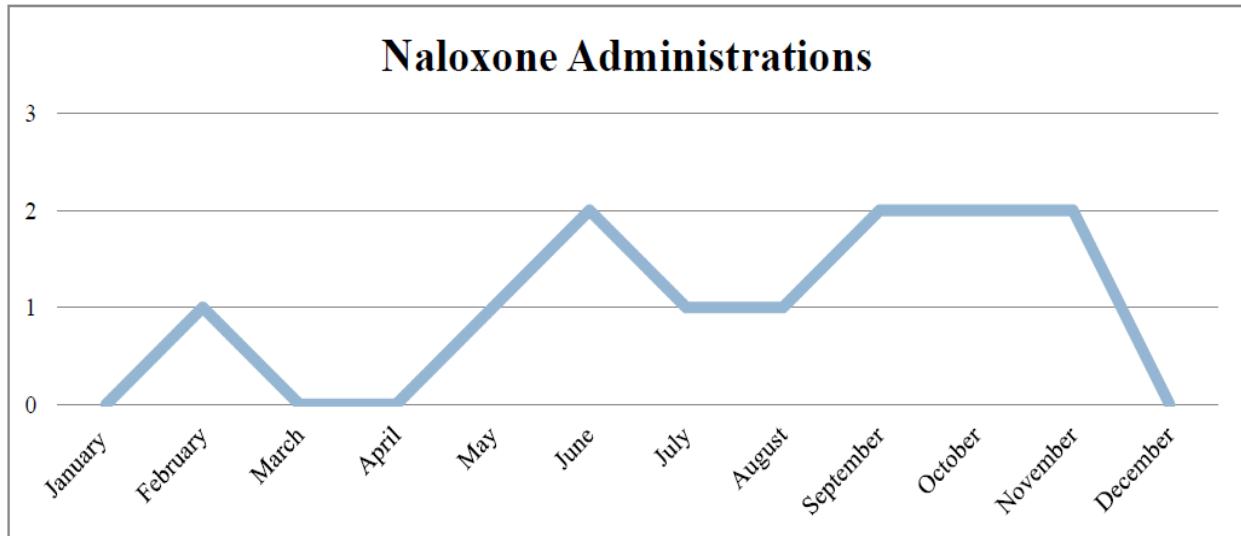
Since Interventions fall within the missions of stakeholder agencies, funding for implementation of interventions will come from those agencies. Fees for service will be applied as appropriate.

## Additional Statistics

The LaSalle County Naloxone Program saved a total of twelve lives in 2016. The statistics related to the lives saved are included below. The Naloxone Administration graph illustrates the frequency the naloxone was used throughout the 2016 calendar year.



Source: LaSalle County Medical Reserve Corps



Source: LaSalle County Medical Reserve Corps

## **LASALLE COUNTY HEALTH COMMITTEE ADOPTION**

The LaSalle County Health Committee met on June 20, 2017 to review and discuss the LaSalle County Community Health Plan (Appendix K). Prior to the meeting all committee members received the document electronically to review. Committee members discussed and reviewed each priority health problem, in addition to the objectives and intervention strategies set forth in the plan. Committee members voted to adopt the Community Health Plan.

## **LASALLE COUNTY BOARD OF HEALTH ADOPTION**

Julie Kerestes, BS, LEHP, Health Department Administrator presented an overview of the entire LaSalle County Needs Assessment and Community Health Plan to the LaSalle County Board of Health on July 27, 2017. The Board accepted the Community Health Plan and Health Priorities. The President of the Board of Health signed a letter to the IPLAN Administrator, Division of Health Policy of the Illinois Department of Public Health acknowledging the process was completed and meet the requirements for health department certification (Appendix L).

## **FUTURE PLANS**

The Illinois Project for Local Assessment of Needs (IPLAN) document will be submitted to the Illinois Department of Public Health for acceptance of certification criteria. The next five years will be utilized for implantation activities within community organizations. The LaSalle County Health Committee will play a key role in the implementation of the county health plan. In addition, the LaSalle County Health Committee will meet on a semi-annual basis to receive organizational updates on the status of health priorities in the county.

## APPENDIX A - Community Health Committee Meeting Sign-In Sheet and Community Health Committee Member List

COMMUNITY HEALTH COMMITTEE MEETING  
IPLAN DEVELOPMENT PROCESS  
April 11, 2017

**SIGN-IN SHEET**

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## **APPENDIX B - Community Health Committee Meeting Agenda**

**Community Health Committee Meeting**

**IPLAN Development Meeting**

**April 11, 2017**

### **AGENDA**

<b>10:00-10:10</b>	<b>Introduction</b>
<b>10:10-10:15</b>	<b>Overview of IPLAN (Illinois Project for Local Assessment of Needs)</b> <b>Review Top 5 Community Health Problems</b>
<b>10:15-10:30</b>	<b>Updates from Local Hospitals Regarding Their Community Needs Assessment Process</b>  1. Illinois Valley Community Hospital 2. OSF St. Paul/OSF St. Elizabeth
<b>10:30-10:45</b>	<b>Updates from Local Agencies Based on Past Identified Health Problems</b>  1. Substance Abuse 2. Family Violence 3. Obesity
<b>10:45-11:30</b>	<b>Discussion/Nominal Process to Determine Top 3 Community Health Problems</b>
<b>11:30-11:45</b>	<b>Vote – Top 3 Community Health Problems</b>
<b>11:45-12:15</b>	<b>Lunch</b>
<b>12:15-12:20</b>	<b>Present Top 3 Community Health Problems</b>
<b>12:20-2:00</b>	<b>Health Problem Analysis</b>
<b>2:00-2:45</b>	<b>Health Problem Analysis Presentations</b>
<b>2:45-3:00</b>	<b>What Happens Next?</b>
	<b>Community Health Committee Meetings/How often?</b>
<b>3:00-3:15</b>	<b>Next Meeting Date</b>

## **APPENDIX C - Community Health Problems**

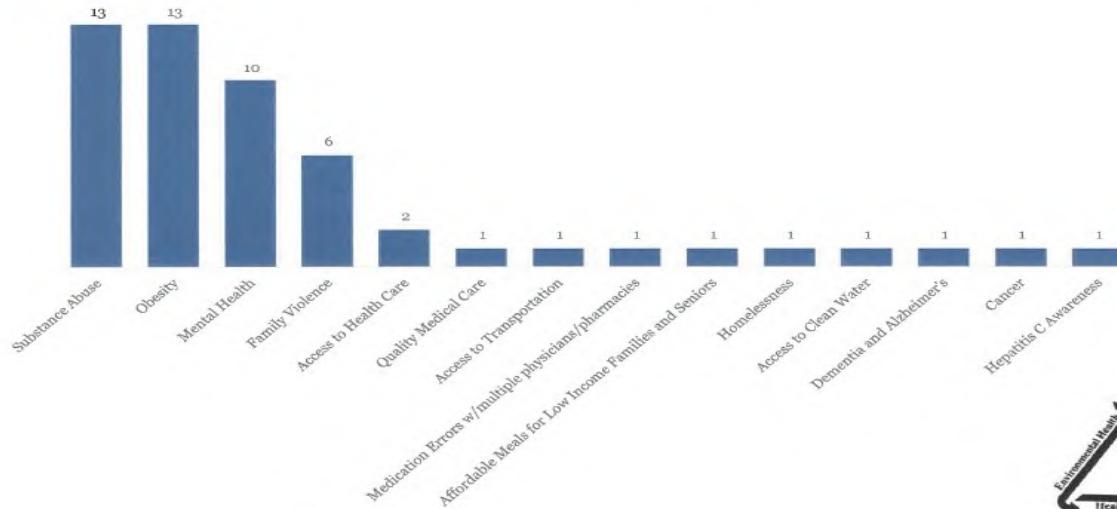
1. Substance Abuse: Alcoholism and other drugs (prescription and illegal)
2. Interpersonal abuse and violence: including domestic violence, sexual assault, dating violence, bullying, stalking, child abuse, all forms of emotional and psychological, and spiritual abuse
3. Mental Health disorders and diseases including: depression, anxiety, PTSD, and suicide. Many mental health issues are directly related to past and present interpersonal violence and substance abuse
4. Access to transportation to medical appointments especially those that are out of the area
5. Affordable meals for low income families and seniors
6. Medication errors/multiple physicians and pharmacies
7. Opioid Use/Drug Use
8. Access to clean water
9. Hepatitis C awareness
10. Access to Health Care
11. Obesity
12. Drug Use
13. Major Depression
14. Anxiety
15. Mental Illness – uncontrolled depression (DPN), unintentional overdoses, no resources, unable to care for themselves.
16. Obesity – child and adult, more resources for children (grant programs), activities to keep kids active.
17. Diabetes – patients lack the knowledge and foresight to eat healthy. Meal planning and shopping. Managing a budget. Education based on learning ability and income.
18. Opioid Use
19. Access to mental health services
20. Quality medical care
21. Obesity/overweight, lack of exercise, and healthy eating
22. Substance abuse
23. Mental health
24. Dementia/Alzheimer's
25. Substance Abuse
26. Obesity
27. Family Violence
28. Obesity

29. Cancer
30. Substance Abuse
31. Substance Abuse
32. Obesity
33. Family Violence
34. Substance Abuse
35. Family Violence
36. Access to Healthcare
37. Obesity/Overweight
38. Healthy Lifestyle, Lack of Activity/Exercise
39. Diabetes, Chronic Disease Management
40. Healthy Behaviors – active living, healthy eating and subsequent obesity
41. Behavioral Health – mental health and substance abuse
42. Tobacco usage
43. Healthy Behaviors – active living, healthy eating, and subsequent obesity
44. Behavioral Health – mental health and substance abuse
45. Mental Illness
46. Substance Abuse
47. Domestic Violence
48. Drug Abuse/ Addiction = higher crime rate, loss of employment, danger to self and others (i.e. driving impaired, effect on family, dealing with the issue and stress, guilt, overdose leading to death, costly medical care, Hepatitis C, drug addicted babies)
49. Mental Health – lack of resources, limited in-patient care and long term care treatments, family not able to care for family members with mental health issues
50. Homelessness – PADS house families with children, limited time frame its' open – families are homeless year round. Increased mental health stress, communicable disease transmission in a residential setting
51. Domestic Violence against all ages and sexual violence (especially of teens). Related to this, we are hearing about a growing issue with sexting.
52. Substance Abuse issues (heroin, prescription medication, etc.)
53. Lack of healthy eating patterns and lack of exercise, whether or not that results in obesity

## APPENDIX D - Community Health Committee's Top Five Priorities

### Top 5 Community Health Problems

Community Health Problems  
(by number of votes)



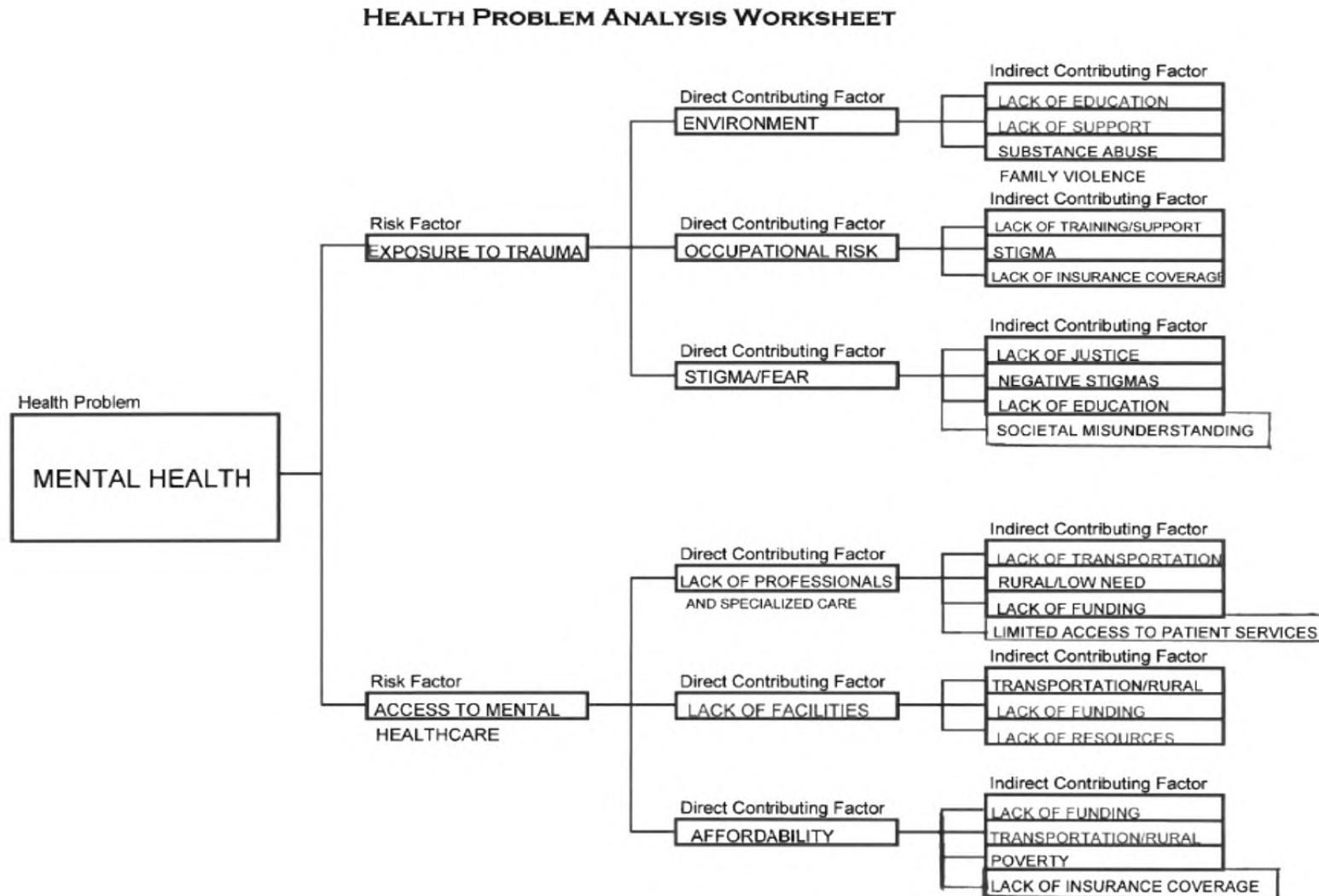
### Top 5 Community Health Problems

- **SUBSTANCE ABUSE**
- **OBESITY**
- **MENTAL HEALTH**
- **FAMILY VIOLENCE**
- **ACCESS TO HEALTHCARE**



## APPENDIX E – Health Problems Analysis Worksheet/Community Health Plan Worksheet

### Priority 1- Mental Health



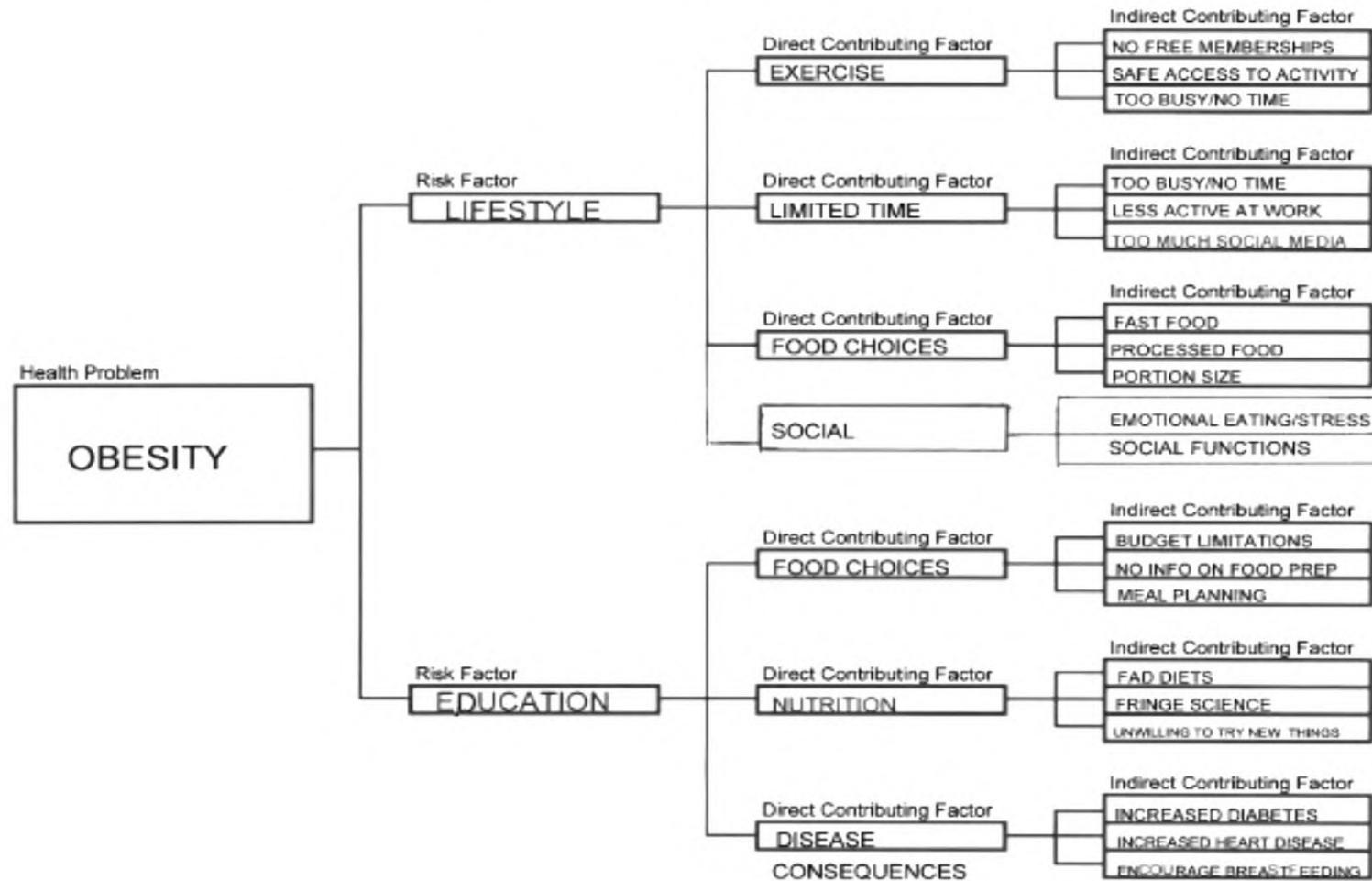
## COMMUNITY HEALTH PLAN WORKSHEET

<b>Health Problem:</b>  <b>MENTAL HEALTH</b>	<b>Outcome Objective:</b> Increase mental health awareness and education utilizing community partnerships while focusing on available resources.
<b>Risk Factor(s) (may be many):</b> Lack of Access Exposure to trauma Genetics Chronic Medical Condition Stressful life situations Brain injury Abuse or neglect as a child Use of alcohol or recreational drugs Lack of support systems	<b>Impact Objective(s):</b> Implement mental health awareness in schools.  Implement mental health awareness in public service agencies.  Implement interdisciplinary care teams.  <u>Create updated community resource list and distribute to community agencies.</u>
<b>Contributing Factors (Direct/Indirect; may be many):</b> Lack of services/facilities Affordability Lack of professionals Environment Occupational risk Fear/stigma Transportation Limited access to in patient and out patient Lack of coverage Poverty Funding	<b>Proven Intervention Strategies:</b>  Increase knowledge, attitudes, and behaviors  Utilize existing trainings and programs
<b>Resources Available (governmental and nongovernmental):</b> Crossroads North Central Behavioral Health Systems Illinois Valley Counseling Services Choices (In-Patient/Out-Patient) Youth Service Bureau School Counselors Hospitals Community Agencies that focus on financial counseling	<b>Barriers:</b>  Community Agency engagement/cooperation School Cooperation/scope of objective Funding Who leads the effort? Lack of support

## APPENDIX F – Health Problems Analysis Worksheet/Community Health Plan Worksheet

### Priority 2- Obesity

#### **HEALTH PROBLEM ANALYSIS WORKSHEET**

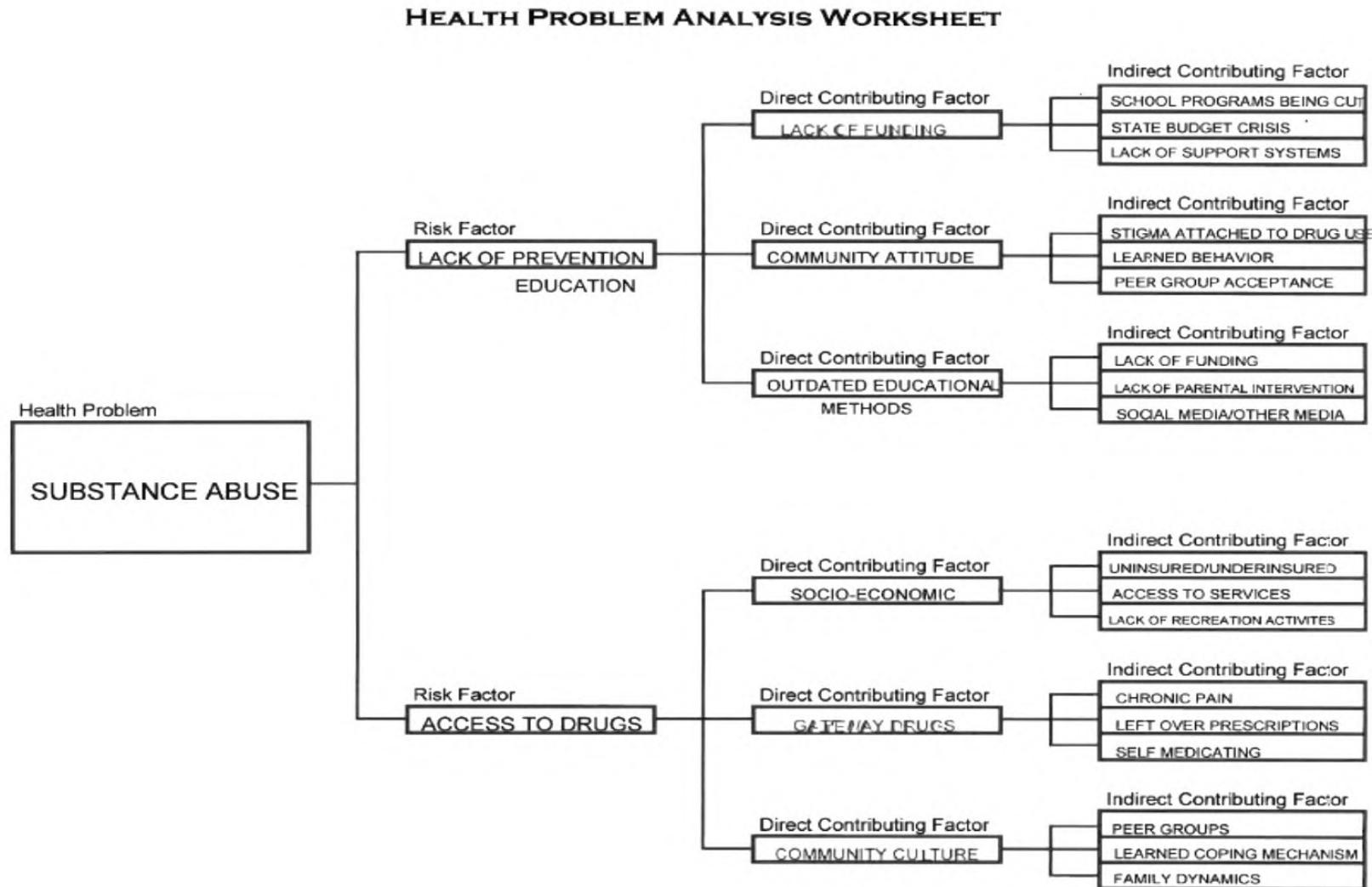


## COMMUNITY HEALTH PLAN WORKSHEET

<b>Health Problem:</b>  <b>OBESITY</b>	<b>Outcome Objective:</b>  By 2022, LaSalle County will reduce its obesity rate.
<b>Risk Factor(s)</b> (may be many): Lifestyle Education Unhealthy Diet Genetics Inactivity Social and Economic Issues Age Quitting Smoking Medical Conditions Certain Medications	<b>Impact Objective(s):</b>  By 2022, increase access to nutritional and physical activity options for LaSalle County residents.
<b>Contributing Factors</b> (Direct/Indirect; may be many): Exercise No free memberships Lack of safe places Limited time Food choices (fast food, processed food, portion size) Nutrition (fad diets, fringe science) Disease consequences Social (stress eating, social functions)	<b>Proven Intervention Strategies:</b>  Community Education Programs Directing patients to the appropriate community health resources
<b>Resources Available</b> (governmental and nongovernmental): Local YMCA's Fitness Centers Personal Trainers U of I Extension Office Local Health Department "211" Social Service Resource Hotline	<b>Barriers:</b>  Education Scope of Awareness Fear of Unknown Cultural/Language

## **APPENDIX G – Health Problems Analysis Worksheet/Community Health Plan Worksheet**

### **Priority 3- Substance Abuse**



## COMMUNITY HEALTH PLAN WORKSHEET

<b>Health Problem:</b>  <b>SUBSTANCE ABUSE</b>	<b>Outcome Objective:</b>  Decrease by 2% the number of 8th and 12th graders reporting substance abuse.
<b>Risk Factor(s) (may be many):</b>  Lack of prevention Access to drugs Stress Chronic Illness Mental health issues Social complacency Peer Pressure	<b>Impact Objective(s):</b>  Expand Youth Prevention Groups  Utilize innovative education activities  County Education on prescription drug take back programs  Create evidence based education program on coping mechanisms
<b>Contributing Factors (Direct/Indirect; may be many):</b>  Lack of funding Community attitude Outdated educational methods Socio-economic Gateway drugs Community culture Family tolerance Self-esteem	<b>Proven Intervention Strategies:</b>  Research-evidence based programs  Community education through established task forces and community groups
<b>Resources Available (governmental and nongovernmental):</b>  IVCC human services Hospitals Health Department Media North Central Behavioral Health Syst Youth Service Bureau School districts and colleges Social Service agencies	<b>Barriers:</b>  Funding Compliance Denial there is a problem Transportation Lifestyle change Stigma

## **APPENDIX H – Community Health Committee Meeting Minutes**

### **COMMUNITY HEALTH COMMITTEE MEETING**

#### **MINUTES**

April 11, 2017

The first meeting of the 2017 Community Health Committee was held at 10:00 a.m. on Tuesday, April 11, 2017, at the LaSalle County Emergency Management Agency. Julie Kerestes, LaSalle County Health Department Public Health Administrator, called the meeting to order.

The following were present:

Cindy Bantista, Illinois Valley Community Hospital  
Emily Bantista, Illinois Valley Community Hospital  
Jackie Barry, North Central Behavioral Health Systems  
Jean Batson-Turner, Illinois Valley Community College  
Amanda DeGrush, Alternatives for the Older Adult  
Reggie Gerdig, Youth Service Bureau of Illinois Valley  
Susan Glassman, University of Illinois Extension  
Jennifer Junis, OSF St. Paul Medical Center  
Fred Moore, LaSalle County Emergency Management Agency  
Stacy Neill, OSF St. Paul Medical Center  
Angela O'Bryant, Illinois Valley Community Hospital  
Shelly Ocepek, United Way of Eastern LaSalle County  
William Pfalzgraf, LaSalle County Probation and Court Services  
Cortnie Riordan, ADV/SAS  
Cindy Slagle, Illinois Valley Counseling Services

The following staff from the LaSalle County Health Department were present: Julie Kerestes, Public Health Administrator; Cathy Larsen, Director of Personal Health; Chris Pozzi, Director of Environmental Health; Jenny Barrie, Health Educator; Leslie Dougherty, Health Educator; and Elaine Roemer, Financial Officer. Ms. Kerestes welcomed everyone and thanked them for attending the meeting.

Ms. Kerestes and Ms. Barrie presented an overview of the Illinois Project for Local Assessment of Needs (IPLAN). The IPLAN is a series of planning activities that is conducted every five years. It's developed in collaboration with health departments and other public health system partners. It was launched in 1994 by the Illinois Department of Public Health, and developed to meet requirements that are set in the Certified Local Health Department Codes. This is the fifth round for LaSalle County. A requirement in the IPLAN is a community needs assessment that describes the prevailing health status and health needs of the population within LaSalle County.

This plan describes the community participation process and lists the community groups involved in the process to define these needs. The plan states the following: the importance of the priority health need and why it is selected, summary of the data and information on which the priority is based, analysis to identify the population groups at risk of poor health status within the jurisdiction, the relationship of the priority to Healthy People 2020 National Health Objectives, and factors influencing the level of the problem. Ms. Barrie previously provided Health Statistics to the committee members. She included results of a Community Health Needs Assessment (CHNA) Survey. The CHNA gave LaSalle County residents the chance to identify some of the health issues they face in their communities. The online survey was available from July until October, 2016. Ms. Barrie asked each committee member to submit what he or she consider to be three community health problems. The members submitted a total of 53 community health problems. Ms. Barrie condensed them into five top priorities: substance abuse, obesity, mental health, family violence and access to health care. The committee members then determine the top three community health problems for LaSalle County at the first meeting of the 2017 Community Health Committee.

Ms. Kerestes asked the hospital representatives to give updates on their community needs assessment processes.

Angela O'Bryant, Illinois Valley Community Hospital (IVCH), stated their community needs assessment was completed in 2015. The seven top concerns of the focus groups are: affordable health care, affordable insurance, quality health care, affordable prescriptions, dental care, aging and elderly, and mental health. IVCH representatives considered quality health care, and aging and elderly to be vague. The representatives asked the community for more input. Additional information for quality health care is the following: providers not spending enough time with patients, not enough providers, not enough specialty services, lack of transportation, and concerns about seeing a hospitalist. Additional information for aging and elderly is the following: cost of medication/prescriptions, transportation and in-home services.

Stacy Neill and Jennifer Junis, OSF St. Paul Medical Center, stated their community needs assessment was completed in 2016. OSF St. Paul and OSF St. Elizabeth partnered with statisticians from Bradley University. They utilized primary data from surveys and secondary data from sources such as CDC. They focused on underserved populations for the surveys by utilizing electronic surveys, and providing surveys at senior centers and homeless shelters in LaSalle County. 730 surveys were returned. With the help of focus groups, the two top priorities are: behavioral health, including substance abuse and mental health; and healthy behaviors, including cardiac health, cancer risk and obesity. The summary and full report are available online at [www.osfhealthcare.org/about/community-health](http://www.osfhealthcare.org/about/community-health).

OSF is transforming the former St. Mary's Hospital in Streator into a rural health center. The focus is on healthy behaviors. OSF also has a team based care model including social workers, RNs, pharmacists and physicians; including more time with patients for education.

Ms. Kerestes requested that committee members present updates regarding the previously identified health problems in 2012, which are: substance abuse, family violence and obesity.

**Substance abuse:**

Ms. Kerestes stated that the LaSalle County Sheriff approached the Health Department to inquire about training the deputies regarding the use of Narcan to reverse opioid overdoses. She suggested that the LaSalle County Medical Reserve Corps (MRC) implement this program for the Sheriff and other law enforcement agencies. There are nine participating agencies, and two more upcoming. The program has been extremely successful. A week or two after the first training session, a law enforcement official used Narcan to save the first life. Nine lives were saved in 2016, and three have been saved so far in 2017. MRC uses a federal grant to purchase the Narcan. A committee member added that each time a person overdoses, it takes a greater amount of Narcan to reverse the overdose. Another committee member stated that there is a support group that provides Narcan to family members of opioid users.

Ms. Larsen informed the committee members of the Health Department's Adverse Pregnancy Outcomes Reporting System (APORS), which includes children from birth to two years of age. Over 60% of those children are born with a drug addiction. She also stated that most of the inmates that Health Department staff see at the LaSalle County jail are in for drug related crimes.

William Pfalzgraf, LaSalle County Probation and Court Services, talked about an alternative to the Department of Corrections (DOC) for drug offenders. They are sentenced to 30 months' probation. Also, they are enrolled in inpatient or outpatient services. North Central Behavioral Health Systems partners with this program. Most of the participants are heroin users. There are 40 people in the program. Four people have successfully graduated. Six or eight have failed, and have been sentenced to DOC.

The committee members discussed education and treatment options as follows:

OSF St. Elizabeth has the only inpatient treatment center in LaSalle County. It can accept 12 – 13 patients and the beds are always full. The patient must be medically cleared before he or she can enter inpatient treatment. If St. Elizabeth is full, staff try to find another facility for the patient.

North Central Behavioral Health Systems provides substance abuse support groups. They also provide education at the schools. An OSF assessment shows that a significant number of 6<sup>th</sup> through 8<sup>th</sup> graders have drank alcohol and/or smoked marijuana.

A doctor on the south side of Ottawa provides a drug addiction clinic.

**Family violence:**

Cortnie Riordan, ADV/SAS, stated that her organization provides legal advocacy, prevention education programs for kindergarten through college, and counseling.

The committee members discussed statistics as follows:

LaSalle County domestic violence incidents reported to law enforcement decreased for 2014 – 2015. Other incidents for 2014 – 2015 increased. On average, victims go back to their abusers seven times before they leave. Fear and the economy could play roles on why victims don't report domestic violence or return to their abusers. Also, victims may not be aware of services available to help them.

Rapes and sexual assaults reported to law enforcement have increased; however, people going to prison for rape and sexual assault have decreased.

The Family Violence Prevention Council developed protocols for law enforcement to follow in domestic violence situations. Unfortunately, the Council disbanded after funding was depleted.

The Probation Department may determine that an abuser needs to take a domestic violence class. An anger management class does not meet the standards of a domestic violence class. Risk assessments are completed on domestic violence offenders before they are released on bond.

Emergency shelters are seeing an increase in the number of adults, double the number of children, and more male clients.

There is a large increase in sexting, especially among 5<sup>th</sup> graders. Technology has an influence.

### **Obesity:**

Susan Glassman, University of Illinois Extension, informed the committee that obesity is a priority in the Extension's health education programs. 40% of LaSalle, Bureau and Putnam County residents are obese. The Extension accesses resources for obesity, cardiovascular disease and diabetes. They will implement a pilot project for Hispanic diabetes this summer. Additionally, the Extension provides nutrition programs for families with limited resources and promotes farmers markets. She stated that a significant number of people that go to food pantries don't know how to prepare healthy foods such as vegetables. Quick videos or recipes at the food pantries, cooking classes and online resources could be provided to educate people.

Stacy Neill and Jennifer Junis, OSF St. Paul Medical Center, stated that OSF, for the past two years, has focused on its employees' health, exercise and mental health. They are beginning to see some rewards on that endeavor. Approximately a third of the OSF employees have signed up for the program. They can take classes, view webinars, and track food and exercise data.

Additionally, OSF Mendota is doing outreach work with schools and the Hispanic population. Nutrition and exercise are promoted at the OSF children's hospital. OSF representatives also attend health fairs, and present a wellness program at the Peru Mall.

Jackie Barry, North Central Behavioral Health Systems, stated that obesity is common with the mentally ill. North Central provides an education program on obesity.

Ms. Barrie informed the committee that there is a large increase in company health fairs. Ms. Larsen stated that the Health Department's WIC program gives families an early start on a healthy lifestyle and nutrition. Children are assessed based on their parents' BMI. Whole milk is available only to ages 1 – 2 through the WIC program.

The Blue Zones Project looks at communities with longevity, and what they are doing to achieve longevity. A common trait of these communities is that they have natural movement, such as walking to school and working in fields. More information can be found online at [www.bluezonesproject.com](http://www.bluezonesproject.com).

Ms. Kerestes requested that committee members present updates regarding mental health and access to health care.

#### **Mental health:**

Jean Batson-Turner, Illinois Valley Community College, stated anxiety and depression are a result of abuse and trauma. Also, school bullying contributes to suicides. She promotes mindfulness programs in her classes. Mindfulness programs in schools and colleges provide students opportunities and time to de-stress. Another committee member added that kids have no down time any more.

Stacy Neill and Jennifer Junis, OSF St. Paul Medical Center, stated that OSF is developing apps and technology for mental health programs. OSF also has Silver Lining counseling to prevent crisis situations. Additionally, Resource Link is open to all providers for navigation of services for children.

Cindy Slagle, Illinois Valley Counseling Services, informed committee members that anxiety and depression are most commonly seen in counseling for children and adults. Another committee member added that children as young as 3<sup>rd</sup> graders have notes for school from their doctors regarding anxiety.

Committee members stated that telepsychiatry appeals to younger people. Additionally, in March, there were 74,000 google searches on how to kill yourself. Overall, committee members agreed that mental illness should be seen as important, not a stigma.

#### **Access to health care:**

Angela O'Bryant, Illinois Valley Community Hospital, said that seniors without family support have transportation issues. There is limited public transportation. Another committee member added that Medicaid people have transportation issues also. Angela also stated that education is needed on when to go to the emergency room, a convenient/urgent care center and a primary care provider. Another committee member added that in 1994, access to health care was the number one priority in IPLAN. Emergency rooms were flooded back then. Not so much anymore with convenient/urgent care centers.

Jackie Barry, North Central Behavioral Health Systems, informed committee members that North Central reaches out to community hospitals to provide services.

Committee members also stated that insurance coverage, too long of wait to get in, and not knowing where to go for resources were issues.

After much discussion on the top community health problems, each committee member voted for his or her individual top three priorities. The results are:

Substance abuse - 18

Mental health - 17

Obesity - 15

Access to health care - 5

Family violence - 4

Ms. Barrie then directed the committee to determine the top two risk factors, then discuss barriers, and direct and indirect contributing factors for the top three priorities: substance abuse, mental health and obesity. Ms. Dougherty provided further details of how the direct and indirect contributing factors, outcome objectives and impact objectives are defined. The following are the results:

### **Health problem: Substance abuse**

Risk factors:

- 1) Lack of prevention
- 2) Access to drugs

Contributing factors (direct):

- 1) Lack of funding
- 2) Community attitude
- 3) Outdated educational methods

Contributing factors (indirect):

- 1) Socio-economic
- 2) Gateway drugs
- 3) Community culture

Resources available:

- 1) IVCC human services
- 2) Hospitals
- 3) Health department
- 4) North Central
- 5) Occupational health
- 6) YSB

- 7) Schools – districts, colleges
- 8) Social service agencies
- 9) Media

Outcome objective:

Decrease by 2% the number of 8<sup>th</sup> graders and 12<sup>th</sup> graders reporting substance use.

Impact objectives:

- 1) Expand youth prevention group
- 2) Utilize innovation education activities
- 3) County education on prescription drug take back programs
- 4) Create evidence based education program on coping mechanisms

Proven intervention strategy:

Research – evidence based programs

Barriers:

- 1) Funding
- 2) Compliance
- 3) Denial that there is a problem

### **Health problem: Mental health**

Risk factors:

- 1) Lack of access
- 2) Exposure to trauma

Contributing factors (direct):

- 1) Lack of services/facilities
- 2) Affordability
- 3) Lack of professionals
- 4) Environmental
- 5) Occupational risk
- 6) Fear/stigma

Contributing factors (indirect):

- 1) Transportation
- 2) Limited access to inpatient and outpatient services
- 3) Lack of coverage
- 4) Poverty
- 5) Government funding
- 6) Rural health setting
- 7) Lack of education
- 8) Justice support

Resources available:

- 1) Crossroads
- 2) North Central
- 3) Illinois Valley Counseling Services
- 4) Choices (inpatient/outpatient)
- 5) YSB
- 6) School counselors
- 7) Hospitals
- 8) Community agencies – counseling, financial

Outcome objective:

Increase mental health awareness and education utilizing community partnerships while focusing on available resources.

Impact objectives:

- 1) Implement mental health awareness in schools
- 2) Implement mental health awareness in public service agencies
- 3) Implement interdisciplinary care teams
- 4) Create updated community resource list and distribute to community agencies

Proven intervention strategies:

- 1) Increase knowledge, attitudes and behaviors
- 2) Utilize existing trainings and programs

Barriers:

- 1) Community agency engagement/cooperation
- 2) School cooperation/scope of objective
- 3) Funding
- 4) Who leads the effort
- 5) Lack of support

## **Health problem: Obesity**

Risk factors:

- 1) Lifestyle
- 2) Education

Contributing factors:

- 1) Exercise – memberships, safe places
- 2) Limited time
- 3) Food choices – fast food, processed food, portion size
- 4) Nutrition – fad diets, “fringe science”
- 5) Disease consequences – diabetes, heart disease
- 6) Social – stress eating, social functions

Resources available:

- 1) Local health department
- 2) YMCA
- 3) U of I Extension Office
- 4) #211 Social Services

Outcome objective:

By 2022, LaSalle County will reduce its obesity rate.

Impact objective:

By 2022, LaSalle County will have access to more nutrition and physical activity options.

Proven intervention strategies:

- 1) Community education programs
- 2) Directing patients to appropriate community health resources

Barriers:

- 1) Education
- 2) Scope of awareness
- 3) Fear of unknown
- 4) Cultural/language

Shelly Ocepek, United Way of Eastern LaSalle County, informed the committee members that #211 is now available for LaSalle County. This is a toll free non-emergency health line available 24/7/365. It connects service providers and the public to resources for those in need. It's updated annually. It is also available online at [www.pathcrisis.org](http://www.pathcrisis.org). To enroll an organization, go to the Community Resources tab at the top of the page. Select Agency Data Form. An organization representative can enroll the organization online, or download the agency data form to complete, then mail or fax the form.

Ms. Kerestes explained that the Health Department will develop a document based on input from today's meeting. Ms. Barrie will email the preliminary plan to all committee members when completed for their review, and a date for the next meeting will be set for June. The meeting was adjourned at 2:45 p.m.

## APPENDIX I – LaSalle County Juvenile Justice Council Educational Seminar Agendas from 2015 and 2017



### **SUPPORTING PARENT CHILD RELATIONSHIPS IN FAMILIES UNDER STRESS**

John W. Rooth, M.Ed.; Director-Early Childhood Mental Health Services, Chaddock

**Speaker:** John Rooth, M.Ed. is a parent, stepparent, foster parent, and educator who has worked professionally with children and families for over thirty years. He is currently the Director of the *Caregiver Connections* Early Childhood Mental Health Consultation program, and Director of Early Childhood Mental Health Services at Chaddock in Quincy, Illinois. As a presenter, John delivers useful information in a lively package.

**Description:** One of the most difficult aspects of working with families at risk is supporting the inevitable growth and developmental needs of young children while there are so many pressing needs and observable chaos in the family system. This session will focus on how those of us working with at risk families can support the development of parent-child relationships that can offer children what they need, even where challenges for the family exist.

### **CURRENT TRENDS IN DRUG ABUSE**

Sergeant Bruce Talbot, MPA, Bruce R. Talbot and Associates

**Speaker:** Sergeant Bruce R. Talbot retired in 2002 after 25 years of police service and has become a noted national speaker on the topic of gateway drugs. He was the charter drug and alcohol instructor for the Suburban Police Academy at the College of DuPage. Sergeant Talbot has been qualified in criminal court as an expert witness in the field of drug and alcohol impairment DUI trials in Illinois and Texas.

**Description:** This course addresses the latest trends in substance abuse, including the dramatic shift towards recreational prescription drug use and addiction known as "Poly-pharming." Special emphasis will be placed on new state drug laws, drug user demographics (with emphasis on juveniles), concealment techniques, and enforcement recommendations.

Sponsored by: 13th Judicial Circuit Family Violence Prevention Council, La Salle County Juvenile Justice Council, The Illinois Valley Crime Prevention Commission & La Salle County Regional Office of Education

#### **Who should attend?**

Law Enforcement, Schools, Social Workers,  
Probation Officers, Detention Officers,  
Attorneys, Government Officials  
& the Community





## SEMINAR

Thursday, May 21, 2015

8:00 Registration

8:30 - 3:30 Seminar

Continental Breakfast,  
Lunch & Beverages included

Mendota Civic Center

1901 Tom Merwin Drive, Mendota, IL 61342

**Cost**

**\$25.00 per person**

**Registration Deadline is May 4, 2015**

**After May 4, 2015 Cost per person is \$35.00**

Checks made out to:

Youth Service Bureau

6 hour CEUs available

**Mail registration & check to:**

**13th Judicial Circuit**

**Family Violence Prevention Council**

**Attn: Julie Rashid**

**P.O. Box: 141**

**Streator, IL. 61364**

**Phone: 815-683-8221**

**E-mail: [FVCC13@gmail.com](mailto:FVCC13@gmail.com)**

## REGISTRATION FORM

Names: \_\_\_\_\_

Names: \_\_\_\_\_

Organization: \_\_\_\_\_

Type of CEU requested \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_





## CHILDREN, TEENS, AND THE EFFECTS OF DOMESTIC VIOLENCE ON OUR YOUTH

### Jessica Kush

**Speaker:** Jessica Kush M.A., L.P.C. earned her M.A. in Mental Health Counseling from Lewis University in 2015. She obtained her state licensure in early 2017. She is the Children's Counselor in the Groundwork Program for Guardian Angel Community Services located in Joliet, IL. Her passion lies in working with children and teen survivors of trauma to better understand themselves and the adversities faced in their lives. Jessica strives to provide her client's with the tools necessary to empower life changes as well as to encourage the effective management of each client's mental, emotional and physical well-being.

**Description:** This workshop will provide information about the effects of domestic violence on youth and teens today. The facilitator will cover important information and techniques related to working with this diverse, ever changing population. Attendees will engage in discussion about trauma and its effects on youth currently receiving services within the juvenile justice system. Attendees will work together in pairs as well as groups to engage in developmentally appropriate activities/interventions which may be utilized when working with children and teens. Attendees will also participate in safety planning for both adolescents and teens. Handouts and resources will be provided.

## FROM DUST TO HOPE

### Tim Ryan

**Speaker:** As a heroin addict and alcoholic, ultimately serving prison time, Tim Ryan had once lost the will to live. Now he's addressing the addiction epidemic at its core—joining law enforcement and legislators. He's helped raise awareness, teach relapse prevention techniques, host forums, encourage treatment, and institute programs to help addicts end up in recovery instead of prison. He's passionate about placing any willing addict with a need, regardless of insurance, into a recovery program. Tim has the unique ability to reach addicts with brutal honesty and compassion, because he was once on the edge himself. His story is real, his style is raw, and his ability to ignite hope in others is unprecedented. That's why so many, including thought-leaders and national media, have named him The Hope Dealer.

**Description:** In this workshop Tim will be sharing his journey, and with a few short videos he will be getting into the depths and causes of addiction. He will go over what is working for people in our system and what is not working, such as lack of treatment, sober homes, funding, and why people come in and out of the system. Tim will delve into what staff can do to better work with people who are in addiction and that HOPE is just around the corner

Thursday, May 18, 2017

Illinois Valley Community College  
815 N Orlando Smith St.  
Oglesby, IL 61348

Sponsored by: 13th Judicial Circuit Family Violence Prevention Council, La Salle County Juvenile Justice Council, The Illinois Valley Crime Prevention Commission, La Salle/Marshall/Putnam County Regional Office of Education, LaSalle County Health Department, and North Central Behavioral Health Systems

### Who should attend?

Law Enforcement, Schools, Social Workers,  
Probation Officers, Detention Officers,  
Attorneys, Government Officials  
& the Community





CPASA presents

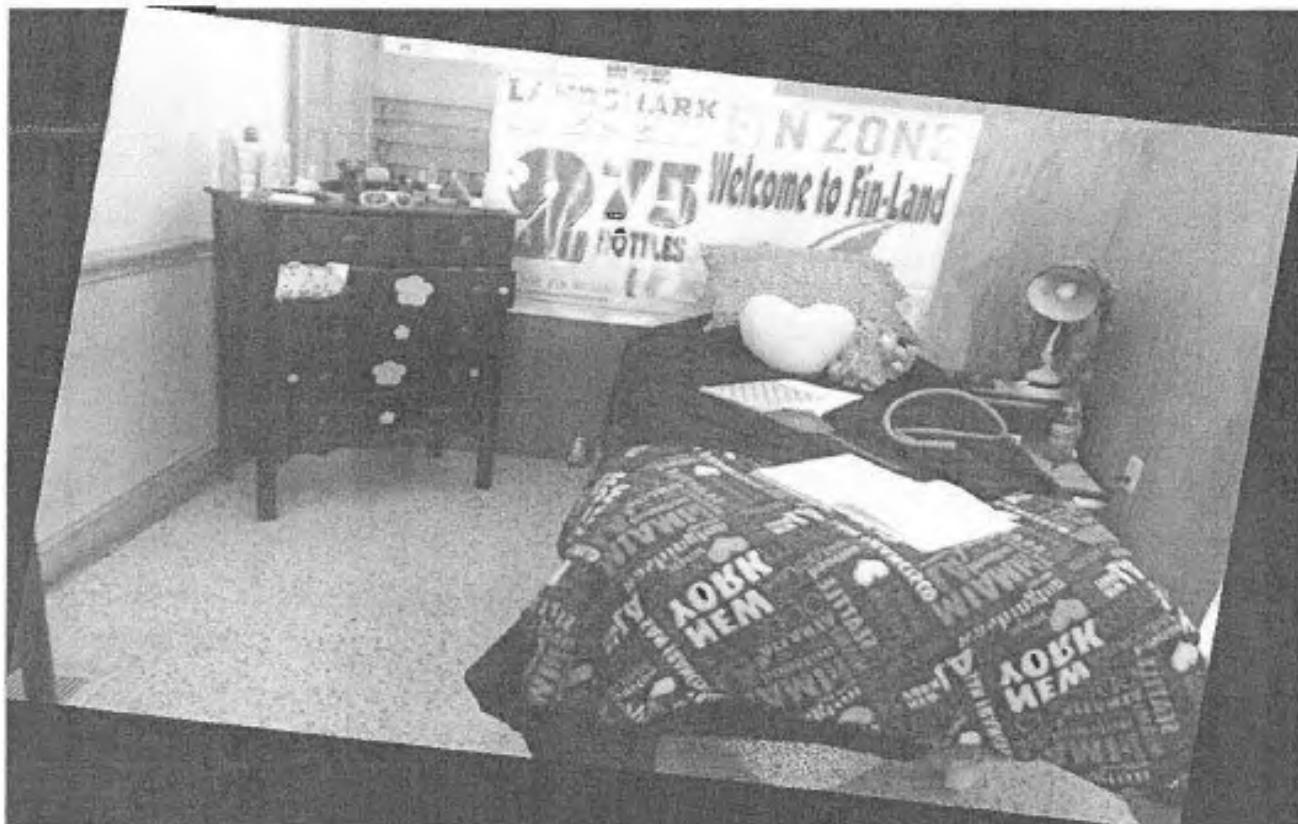
## HIDDEN IN PLAIN SIGHT

\*Free interactive live display

\*Discussion about local trends

\*Learn signs of substance abuse and depression that could be found in your child's room

\*Access to the live display will be available on stage over the lunch break



## APPENDIX J – Teen Showcase Agendas from 2016 and 2017



### **31<sup>st</sup> Annual Teen Showcase**

Thursday, April 7, 2016

8:00 a.m. – 2:00p.m.

**Illinois Valley Community College Cultural Center**

\$7.00 per person (includes lunch)

#### **AGENDA**

8:00-8:45 **Registration**

9:00-10:00 **Keynote: Gail Sullivan – “Be Part of the Solution”**

Gail has worked in the fields of psychology and criminal justice for the past three decades. This presentation has been designed with the purpose of addressing the ever changing face of bullying in schools. An overview of bullying will be presented as well as definitions of types of bullying activities. Effective tools that the participants can utilize will be discussed. A brief review of newly established Illinois laws regarding bullying will be presented.

10:00-10:05 **Ron Jakubisin – Director of Program, Illinois Alcoholism and Drug Dependence Association, Cebrin Goodman Teen Institute (CGTI)**

10:05-11:20 **MWAH! - “Messages Which Are Hopeful!”**

MWAH! is an experience that delivers inspirational messages of hope and love from young people to young people, empowering them with the knowledge, courage, and strength to deal with life's challenges. Through words, music, and dance, we are changing lives and saving lives, one performance at a time!

11:20-11:55 **LUNCH - IVCC Gym provided by Country Catering**

12:00-1:00 **Brad Hurtig – “Find A Way”**

Brad was a student-athlete in a small town in Northwest Ohio, days after finishing his sophomore year of high school, a devastating accident resulted in the amputation of Brad's left hand and half of his right arm. Through hard work and determination Brad soon rejoined his high school football team. In his senior year, Brad led his team in tackles and received all-state honors all while playing with no hands. Now Brad shares his inspirational story and how we either find a way or we find an excuse. He discusses the need to be able to adapt and persist in pursuing our goals.

1:00-2:00 **Molly Kennedy - “Creating the Champion Within”**

Molly empowers students to create a positive mind set by looking at their circumstances from a new perspective. Through personal stories and appropriate humor, your students will learn real world strategies to take responsibility for their choices and success in school and life.

2:00-2:05 **Evaluations & Closing**

# TEEN SHOWCASE 2017

## 32<sup>nd</sup> Annual Teen Showcase

Thursday, March 30, 2017

8:00 a.m. – 2:00p.m.

Illinois Valley Community College Cultural Center

### AGENDA

8:00-8:45      **Registration**  
8:50 – 8:55      Welcoming remarks  
8:55-9:00      Introduction of 1<sup>st</sup> speaker

9:00-10:20      **Keynote: Jeff Yalden**  
He is a celebrity Teen & Family Life Coach. He's an author, Radio Show Host of the "Jeff Yalden Show" and a passionate Youth Mentor. He's an expert of Teen Mental Health, Suicide Prevention and Crisis Intervention. His work has been featured in numerous newspapers across the country, the Oprah Network, USA Today, TIME Magazine, and the Harley Davidson Magazine once referred to him as "The Teen Whisperer!"  
Since 1992, Jeff Yalden, has traveled all 50 states and 48 different countries addressing over 4 Million people.

10:25-11:10      **Christine Feller, Internet Safety Specialist of the High Tech Crimes Bureau, Office of the Illinois Attorney General**  
This workshop will challenge students to think critically about who is part of their online world is, what they post and how they treat others online. Digital footprints will be discussed in the context of their impact on future relationships and opportunities. Likewise, the need for respect and responsibility within a public, permanent platform are discussed throughout.

11:20-11:55      **LUNCH - IVCC Gym provided by Country Catering**

12:00-1:00      **3screens.com**  
Three massive screens bring together a powerful message: we all have the ability to do something extraordinary, something *epic!* Through popular music and movie clips, "Epic Ability" will inspire, motivate, and challenge young people to make healthy choices, develop strong character, and utilize who they are.

1:00-2:00      **Eddie Slowikowski**  
One of the most innovative and creative speakers out there, Eddie uses music, sound effects, and amazing dance moves that bring his memorable presentations to life. His dynamic approach creates an interactive experience for the audience that is unforgettable!

2:00-2:05      **Evaluations & Closing**

## **APPENDIX K – Community Health Committee Meeting Agenda, Sign-In Sheet and Meeting Minutes**



### **Community Health Committee Meeting IPLAN Development Meeting**

**June 20, 2017**

**2:00 p.m.**

### **AGENDA**

- 1. Introductions**
- 2. Comments and Questions**
- 3. Funding and Resource Discussion**
- 4. What Happens Next?**
- 5. Next Meeting Date**

## **APPENDIX K – Community Health Committee Meeting Agenda, Sign-In Sheet and Meeting Minutes**

## COMMUNITY HEALTH COMMITTEE MEETING

## IPLAN DEVELOPMENT PROCESS

June 20, 2017

**SIGN-IN SHEET**

## **APPENDIX K – Community Health Committee Meeting Agenda, Sign-In Sheet and Meeting Minutes**

### **COMMUNITY HEALTH COMMITTEE MEETING**

#### **MINUTES**

June 20, 2017

The second meeting of the 2017 Community Health Committee was held at 2:00 p.m. on Tuesday, June 20, 2017, at the LaSalle County Emergency Management Agency. Julie Kerestes, LaSalle County Health Department Public Health Administrator, called the meeting to order.

The following were present:

Susan Glassman, University of Illinois Extension  
Christine Kohut, North Central Behavioral Health Systems  
Shelly Ocepak, United Way of Eastern LaSalle County  
Jean Batson-Turner, Illinois Valley Community College  
Connie Brooks, LaSalle County EMA  
Cindy Slagle, Illinois Valley Counseling Services

The following staff from the LaSalle County Health Department were present: Julie Kerestes, Public Health Administrator; Cathy Larsen, Director of Personal Health; Chris Pozzi, Director of Environmental Health; Jenny Barrie, Health Educator; Leslie Dougherty, Health Educator; and Lora Alexander, Administrative Manager. Ms. Kerestes welcomed everyone and thanked them for attending the meeting.

Julie Kerestes confirmed that everyone received a copy of the drafted Community Health Plan 2017-2022, that was created from the April 11, 2017 meeting. She explained the purpose of this meeting was to review the plan and accept any changes, grammatical errors or misinterpretations that might have occurred when drafting the document. She informed committee members that once the changes have been made, it will be presented to the Board of Health, with their approval it will then be sent to the Illinois Department of Public Health. The Community Health Plan is due, to IDPH, on September 17, 2017.

Jenny Barrie informed attendees that some members, not being able to attend the meeting, have already emailed mostly grammatical errors for editing. Jenny then opened up discussion for attending members to respond to any changes that need to be corrected. Susan Glassman stated that she would like to edit the University of Illinois Extension strategy portion to flow better, and requested if you could email those changes to Jenny. Jenny Barrie and Julie Kerestes commented about breast feeding in the obesity section, stating a confusion whether the statistics were on the mother or baby. This will be edited by the Health Department. Julie also brought attention to the future plans including possibly meeting annually instead of every five years. These meetings could include funding opportunities, grant options, and collaboration of efforts. Jean Batson-Turner suggested it might be beneficial for expertise review of data and intervention on substance abuse. All changes should be submitted to Jenny by July 6, 2017.

Julie thanked the members for their participation and interest in annual meetings. The Community Health Plan will be edited after July 6, 2017, and will go to a committee at IDPH for approval. After approval, Jenny will send a digital copy and a paper copy to committee members.

## APPENDIX L – LaSalle County Board of Health Approval Letter



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

Julie Kerestes, BS, LEHP, Administrator

William Johnson, President  
Jack Wayland, Vice President  
Don Kamiensky, Secretary  
Steven Gonzalo, Treasurer  
Mark Bensvides, DDS  
Lou Anne Corretto  
Robert B. Maguire, MD  
Bruce Boaz

July 27, 2017

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

Dear Mr. Szpyrka,

On July 27, 2017, the LaSalle County Board of Health met and gave approval to the Organizational Capacity Self-Assessment and Community Health Plan for the three health problems identified by the Community Health Committee:

MENTAL HEALTH  
OBESITY  
SUBSTANCE ABUSE

Thank you for your review and subsequent approval of this plan.

Sincerely,

William Johnson, President  
LaSalle County Board of Health

## **APPENDIX M – Pictures from the April 11, 2017 IPLAN Development Meeting**

