

DEKALB COUNTY HEALTH DEPARTMENT

Illinois Project for Local Assessment of Needs (IPLAN)

Community Health Needs Assessment and Plan

*Presented to
The DeKalb County Board of Health
November 27, 2007*



**by
The Community Health Committee**

*Promoting Good Health for the County's
Most Valuable Resource – Its People*

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EXECUTIVE SUMMARY

The DeKalb County Community Health Committee conducted a systematic process to assess health needs and determine priority health problems for the county. This process, the Illinois Project for Local Assessment of Needs (IPLAN), resulted in a determination of these three top priority health problems:

INADEQUATE ACCESS TO PRIMARY HEALTH CARE

TYPE II DIABETES

CARDIOVASCULAR DISEASE

Highlights of relevant population changes in DeKalb County include double-digit population growth since 1990. DeKalb County was the sixth fastest growing county in Illinois from 2005 to 2006, with population surpassing 100,000 in 2006.

The presence of a large college age population is reflected in many social, economic and health indicators. For instance, median age in the county is younger than the nation. In addition, poverty is more common in the county (16.7 %) than in the state (12.0 %) and the nation (13.3 %).

The largest change in race and ethnicity was in the Hispanic population. Hispanics constituted 8.5 percent of the population in 2005, up from 6.6 percent in 2000 and 3.0 percent in 1990.

Many health status indicators for the county compare favorably to the state and nation. Variation is described in the needs assessment report that follows.

Considering the current national health care debate, it is not surprising that inadequate access to primary health care monopolized much of the committee discussion, and led all other health problems as the number one priority issue. The other two health problems, diabetes and cardiovascular disease, are also prevalent chronic health issues nationally. There is widely publicized concern about major risk factors for these illnesses, overweight and obesity, rising sharply in the last decade in the United States.

The Community Health Committee chose to address these immensely challenging issues by an emphasis on primary prevention. Clearly, screening and early identification are not feasible options when populations at risk do not have adequate access to health care. The other focus of intervention strategies was on collaboration. Improving these problems, which become increasingly difficult over time, requires a long-term collaborative commitment from many.

It is the hope of the committee that this IPLAN is the catalyst for working effectively toward improved health in DeKalb County.

PURPOSE

Illinois Project for Local Assessment of Needs (IPLAN) is a planning process that is based on the Assessment Protocol for Excellence in Public Health (APEXPH). APEXPH was developed through a collaborative effort involving many state and national public health organizations.

The purpose of this Plan is to meet the requirements of Section 600.400 of the Certified Local Health Department Administrative Code, which requires a community health needs assessment that systematically describes the prevailing health status and health needs of the population in DeKalb County.

With community input, the process leads the committee through review and analysis of objective and subjective data impacting health status, including, but not limited to information about health indicators contained in the IPLAN data set. The committee then prioritizes health problems and establishes a plan to address the three top priority problems. The community health plan includes an analysis to establish risk factors and contributing factors for each priority health need, and results in objectives and strategies for community intervention for each priority health need.

In addition to meeting the requirements of the Administrative Code, IPLAN facilitates a shared focus and commitment of limited resources among varied organizations that have a stake in the health of the county. It serves as a guide to help the Health Department, as well as the community, prioritize health problems and determine how to address the many and often complex needs that are identified.

COMMUNITY PARTICIPATION

A sixteen-member Community Health Committee was named to conduct the needs assessment and plan. Members were volunteers who agreed to serve on the Committee. They donated a great deal of time and provided valuable expertise. They were chosen based on the following attributes:

- Commitment to improving the health of the county
- Knowledge about the county
- Willingness to maintain a county-wide perspective
- Ability to represent an important perspective, organization, or sector of the county
- Willingness to provide the required time

Specifically they were asked to function in the following roles:

- Identify and prioritize health problems in accordance with the IPLAN process
- Present their perspective in discussions, balancing those views with a county-wide perspective
- Participate in the development and recommendation of a health plan for the county

Also participating at the meetings from the DeKalb County Health Department were conveners, Karen Grush, R.N., M.S., Public Health Administrator, and Jane Lux, R.N., M.P.H., Assistant Administrator.

Data necessary for the decision-making process was provided by the Health Systems Research unit of the University of Illinois College of Medicine at Rockford and presented by Deborah Lischwe and Assistant Dean Joel Cowen, who also facilitated the IPLAN process.

See Attachment A for a listing of committee members.

PROCESS AND METHODS

Convening the Community Health Committee

The committee was selected based on representation of multiple sectors and interests in the community. The needs assessment and plan process, including the role of the committee, was explained in advance. Meeting dates and times were provided upon requesting the committee's commitment. Members are named in Attachment A.

The full committee met on June 27th, July 11th, August 22nd and October 24th. In addition, four subcommittees met between August and October to work on specifics of the intervention strategies.

Analysis of Health Problems and Health Data

Joel Cowen, Health Systems Research consultant, presented and led a discussion of a broad data set describing socio-demographic and health status data for the county. This included the following topics: population, race, ethnicity, language and ancestry, gender, household characteristics, marital status, marriage/divorce, housing, education and employment, income and poverty, births (natality), deaths (mortality), health status and behaviors, health resources and utilization and crime and violence.

Based on this discussion, the committee identified eleven topics to be considered for potential priorities. These topics, listed in alphabetical order, were:

1. Access to Care
(Includes uninsured population, Hispanic Access, transportation, provider capacity, Medicaid changes and "Illinois Health Connect" impact)
2. Birth Defects
3. Childhood Immunizations
4. Chlamydia
5. Dental
6. Diabetes
7. Infant Mortality
8. Medication affordability
9. Mental Health Treatment, "Psychoses"
10. Overweight, Obesity (including youth), and Physical Activity
11. Suicide

Mr. Cowen then prepared an in-depth supplementary data set to facilitate further discussion of the above items. Some of the topics were discussed as risk factors or subsets of larger health status problems, and additional topics warranting discussion were added.

Prioritization of Community Health Problems

The above discussion culminated with the committee members individually scoring nine selected health problems utilizing a modified Hanlon tool (see Attachment B). Each health problem was scored for the following:

1. Size of the problem in terms of the percent of the population affected.

2. Seriousness of the problem in terms of morbidity, mortality, hospitalization, economic loss and community impact.
3. Current actions needed, in terms of whether or not new actions were needed.
4. Intervention potential, in terms of the effectiveness of interventions.

The committee then discussed total and average scores calculated from the tool. The top four average scores were for Access to Medical and Dental Care (35.4), Diabetes (32.5), Mental Health (30.9) and Cardiovascular Disease (27.1). In order to further prioritize the top three health problems for the community health plan, the committee refined the health problem descriptions and judged each for the factors of propriety (is there a program for the health problem that is suitable?), economics (what are the economic benefits and risks associated with addressing or not addressing the problem?), acceptability (will the community accept the program?), resources (is there potential funding?) and legality. This is known as the PEARL assessment.

This committee prioritization process resulted in selection of these three top priority health problems:

1. Inadequate access to primary health care
2. Type II Diabetes
3. Cardiovascular Disease

Analysis of Community Health Problems

The committee jointly discussed the reasons that may cause or contribute to each of the priority health problems. “Health Problem Analysis Worksheets” (see Attachment C) for each problem are included that note the following:

Risk factors: Scientifically established factors (determinants) that relate directly to the level of the health problem.

Direct contributing factors: Scientifically established factors that directly affect the level of a risk factor.

Indirect contributing factors: Community-specific factors that directly affect the level of the direct contributing factors.

Inventory of Community Health Resources

The committee discussed available community health resources to address the priority problems. In addition, the committee discussed potential barriers. The committee agreed that collaboration of multiple resources would be necessary.

Development of a Community Health Plan

Upon completion of the analysis of the priority health problems, the committee determined how to best address the problems in a plan. The community health plan is detailed in the “Community Health Plan Worksheets,” and the accompanying “Further Explanation” for each health problem.

The plan documents a description of the health problems, including risk factors and contributing factors, corrective actions, including an estimate of needed funding, the community organizations that will participate in intervention strategies and the evaluation plan to track progress.

The committee identified an outcome objective, impact objective and at least one proven intervention strategy for each health problem. The outcome objectives indicated the desired level of change in the health problem over a five- year time frame. The impact objectives indicated the desired level of change in a risk factor over a two to three year time frame. The proven intervention strategy described the short- term strategy for impacting the contributing factors. In addition, resources and barriers were outlined.

At the final meeting, the committee jointly reviewed the proposed plan that was the result of all the work thus far. Members suggested changes and additions to refine the final plan to be presented to the Board of Health.

The Community Health Needs Assessment and Plan was presented to the Board of Health on November 27, 2007, and adopted following a report of the process and contents.

COMMUNITY HEALTH PLAN WORKSHEET

<p>Health Problem: Inadequate access to primary health care</p>	<p>Outcome Objective: Reduce the number of adults in DeKalb County who avoided the doctor due to cost from 11.2% (2004 IDPH BRFS) to 7.2% by the end of 2012. (Healthy People 2010 Objectives 1-4, 1-5 and 1-6 deal with sources of primary care.)</p>
<p>Risk Factor(s) (may be many):</p> <ol style="list-style-type: none"> 1. Limited primary care providers (physicians, mid-levels) for uninsured residents or for those on Medicaid. 2. Lack of accessible and acceptable (with regards to appointment times, language and cultural barriers) primary care services for this population. 3. Lack of adequate health insurance for low-income population. 	<p>Impact Objective(s): Increase the number of DeKalb County primary care providers who accept new Medicaid patients from 3 (7% of total) to 8 (10% of total) by the end of 2010. (Information source: Telephone survey of primary care providers 10/07)</p>
<p>Contributing Factors (Direct/Indirect; may be many):</p> <ol style="list-style-type: none"> 1. Few providers want to serve uninsured patients or to participate in the Illinois Medicaid Program due to delayed reimbursement, under-reimbursement and bureaucratic barriers. 2.a. There have been sociodemographic changes in population with an increased number of those identifying as Hispanic. (Hispanic population is disproportionately low-income and either uninsured or on Medicaid.) 2.b. There have been sociodemographic changes in population with an increased number of persons on Medicaid. 	<p>Proven Intervention Strategies: The Access to Health Care Task Force will establish a planning methodology and investigate options for serving the uninsured and those on Medicaid for primary health care by the end of 2009.</p>
<p>Resources Available (governmental and non-governmental): A Task Force has been formed (see Attachment D) comprised of health care leaders and decision-makers with a shared interest in this problem. They bring significant clinical and financial knowledge and experience in providing health care services to the target population. They represent both the private and the public sector, and all of their respective organizations have felt the impact of inadequate access to health care in DeKalb County.</p>	<p>Barriers:</p> <ol style="list-style-type: none"> 1. Locating providers for uninsured residents and those on Medicaid will be a challenge. 2. The financial viability of providing primary health care to this population, even with a government subsidy, is questionable. 3. Some residents may be reluctant to attend a “low-income” clinic due to stigma.

<p>Health Problem: Type II Diabetes</p>	<p>Outcome Objective: Reduce the percentage of DeKalb County adults, ages 45 to 64 who report they have been diagnosed with diabetes from 5.7% (2004 IDPH BRFSS) to 4.7% by the end of 2012. (Healthy People 2010 Objective 5-2)</p>
<p>Risk Factor(s) (may be many):</p> <ol style="list-style-type: none"> 1. Overweight 2. Heredity 	<p>Impact Objective(s): In that primary prevention targeting youth can successfully impact the risk factor of overweight, and ultimately the health problem of Type II Diabetes in adulthood, Objective and Strategy #1 target youth in order to prevent overweight in adulthood.</p> <ol style="list-style-type: none"> 1. Reduce the proportion of DeKalb County children and adolescents who are overweight or obese to below 17% (2003-2004 National Health and Nutrition Examination Survey) based on body mass index. Target date: by the end of 2010. NOTE: County-level pediatric baseline unavailable. (Healthy People 2010 Objective 19-3) 2. Reduce the proportion of DeKalb County adults who report they are overweight or obese from 38.4% and 20.9% respectively (2004 IDPH BRFSS) to no more than 36% and 18% respectively by 2010. (Healthy People 2010 Objective 19-2)
<p>Contributing Factors (Direct/Indirect; may be many):</p> <ol style="list-style-type: none"> 1. Poor diet negatively impacts overweight due to lack of knowledge and skills, available food choices, dietary choices and portions and poor nutrition in school lunches and vending machines. 2. Lack of physical activity impacts weight due to sedentary lifestyle, lack of opportunity / skills and lack of time. 	<p>Proven Intervention Strategies:</p> <ol style="list-style-type: none"> 1. Expand CATCH (Coordinated Approach to Child Health) to include all nine DeKalb School District elementary schools by the end of 2009. CATCH is an evidence-based school health program that coordinates four component areas: <ul style="list-style-type: none"> A. School nutrition (involves food service staff and food choices). B. Classroom teaching on healthy eating and physical activity. C. Physical education to increase physical activity. D. Family participation to reinforce health messages. <p>The goal of CATCH is to immerse students in a school environment that supports and encourages a healthy lifestyle. Programming seeks to affect childrens' attitudes and behaviors toward nutrition and physical activity. Studies have shown that CATCH improves childrens' food and activity behaviors, increases levels of activity in PE classes, and reduces the fat content of school lunches. (Baseline: CATCH was piloted in one elementary school in 2006-07)</p> 2. KishHealth System Diabetes Education Program will offer a Diabetes Prevention health promotion session in Spanish targeting the Hispanic population due to their increased risk for Diabetes. (Rationale further explained later.) The local Latino Action Group / Hispanic Health Initiative Coalition will provide input into a place and time that will effectively reach the target population.

<h2>Type II Diabetes</h2>	<p><u>Strategy #2 continued:</u> The objective of this session is to enhance healthy lifestyle skills, including nutrition, weight reduction and exercise / physical activity. Target date: by the end of 2009.</p>
<p>Resources Available (governmental and non-governmental):</p> <p><u>For Strategy #1:</u></p> <ol style="list-style-type: none"> 1. IDPH CATCH staff 2. DCHD Health Education Division staff 3. DeKalb School District 428 Assistant Superintendent of Curriculum and Instruction 4. DeKalb School District wellness committee 5. DeKalb School District 428 elementary school staff 6. DeKalb YMCA <p><u>For Strategy #2:</u></p> <ol style="list-style-type: none"> 1. KishHealth System Diabetes Education Program staff 2. KishHealth System medical interpreter staff 3. County Latino Action Group (LAG) / Hispanic Health Initiative (HHI), a “DeKalb County Partnership for a Safe, Active and Family Environment (DCP/SAFE)” Action Group sponsored by Ben Gordon Community Mental Health Center. 	<p>Barriers:</p> <p><u>For Strategy #1:</u> The main barrier to implementing this strategy is funding. The DeKalb County Health Department and DeKalb School District have committed resources in preparation for implementation. In addition, the DeKalb School District has submitted a funding proposal to the DeKalb County Community Foundation. The parties may need to seek additional funding resources.</p> <p><u>For Strategy #2:</u></p> <ol style="list-style-type: none"> 1. The target population may not choose to participate. 2. KishHealth System (KHS) Diabetes Education Program and interpreter staff resource limitations

<p>Health Problem: Cardiovascular disease</p>	<p>Outcome Objective: Reduce the age-adjusted death rate for heart disease in DeKalb County from 234.0 (2004 Rate Per 100,000 Population) to 219.2 (2004 Illinois Rate) by the end of 2012.</p>
<p>Risk Factor(s) (may be many):</p> <ul style="list-style-type: none"> • High Cholesterol • Hypertension • Smoking • Diabetes 	<p>Impact Objective(s): Reduce the proportion of DeKalb County adults that were told by a health professional that they have high cholesterol from 26% (2004 IDPH BRFS) to 23% by the end of 2010.</p>
<p>Contributing Factors (Direct/Indirect; may be many):</p> <ul style="list-style-type: none"> • Diet / overweight • Lack of knowledge / skills • Lack of behavior change • Dietary choices / portions • Lack of physical activity • Sedentary lifestyle 	<p>Proven Intervention Strategies: KishHealth System (KHS) Community Wellness Department will implement a pilot project with a local church to provide KCH “Understanding Cholesterol” class at the church by the end of 2009. Objective: Enhance healthy lifestyle skills, including a healthy diet, exercise, maintaining a healthy weight and not smoking in order to maintain a healthy cholesterol level. (Healthy People 2010 Objectives 22-2 and 22-3 on adult physical activity and 19-5 through 19-11 on diet and activity).</p>
<p>Resources Available (governmental and non-governmental):</p> <ul style="list-style-type: none"> • Pastoral Network • KishHealth System Community Wellness Department and staff • Neighboring county structure in place (Kane County “Faith Health Partnership”) for consultation 	<p>Barriers:</p> <ul style="list-style-type: none"> • The target population may choose not to participate. • KishHealth System Community Wellness Department staff resource limitations

COMMUNITY HEALTH PLAN FURTHER EXPLANATION

Inadequate Access to Primary Health Care

Description

Access to health care was a primary focus of discussion by the Community Health Committee, since access impacts all other health problems, and has been anecdotally identified by many health and social service agencies. In addition, health care access was identified in December of 2006 as the top priority problem by the focus group conducted for the “Collaborative Assessment of Key Strategic Issues Facing the Human Services System in DeKalb County,” a project of five funding organizations in the county.

Data on this topic is limited and out-dated. Even so, the Illinois County Behavioral Risk Factor Survey (BRFS) reported an increase in adults who avoided seeing a doctor due to cost from 7.4 percent in 2002 to 11.2 percent in 2004. It has become increasingly difficult for those who are uninsured or receive Medicaid to get established with a primary care provider in DeKalb County over the last two years. Many physicians have limited or closed their practices to these patients due to barriers explained in the Community Health Plan Worksheet.

DeKalb County Health Department, in collaboration with local primary care providers, coordinated the “Partners in Health” referral program for children and adult Medicaid recipients (for thirteen years), and the “Prenatal Referral Program” for pregnant women Medicaid recipients (for over twenty years). These programs, along with the Rural Health Clinic, TriCounty Community Health Center, met the access needs for these residents in the county. The Health Department referral programs both collapsed in 2005. At that point, the majority of participating physicians cited long delays in reimbursement and under-reimbursement from Medicaid as business and financial constraints. Many kept their established Medicaid patients, but no longer accepted new Medicaid patients.

Illinois Health Connect, implemented in 2007 by the state to link Medicaid recipients with a medical home for primary health care, presented additional constraints, including regulations that were unacceptable to some providers. Thus, new Medicaid recipients have very few options for care in the county (see Community Health Plan Worksheet). The Rural Health Clinic, with one provider, has limited capacity, and along with many other primary care providers, has reached capacity for new Medicaid patients. In addition, transportation is a potential barrier since the clinic is located in Malta, six miles west of the city of DeKalb, the main population center for low-income residents. Thus, with an increase in subpopulations that are uninsured or receive Medicaid, the county is facing a crisis in access to health care, with resulting overuse of the Emergency Department for non-emergency care.

In addition to primary health care, the Community Health Committee discussed difficulty for the same population in accessing dental care and mental health care. It is difficult to

prioritize these when the need for all is great. However, a reasonable starting point is primary health care. The Executive Director of the Community Mental Health Board indicated that Board intends to undergo a needs assessment to gather more data specific to mental health needs in the county. It should be noted the committee's desire that both dental and mental health care should be included in any long-term solution eventually reached on the access problem.

Corrective Actions and Estimated Funding

An Access To Health Care Task Force comprised of health care leaders and decision-makers has been formed to study options and models for primary health care (see Community Health Plan Worksheet) for those unable to access care. IPLAN findings and recommendations to address this issue will further support recognition of the seriousness of the problem by these health care leaders. The committee recommends continuation of efforts by the task force with enhanced focus on the urgency of a resolution.

The participating organizations will each provide in-kind services of approximately \$4000 per year for time to cover meetings and research (\$24,000 per year total for six organizations).

It is the hope of the committee that the long- term outcome of the work of the task force provides accessible and acceptable health care for currently underserved residents that is located in the county. Hopefully, the outcome will include a public-private partnership. This would be a monumental task that would require a collaboration of significant public and private resources.

Community Organizations

See Community Health Plan worksheet.

Evaluation

DeKalb County Health Department will periodically, in two- year intervals, review BRFSS data in addition to a community survey of providers.

The Task Force will informally evaluate their process.

Type II Diabetes

Description

While the percentage of adults in DeKalb County reporting they had been diagnosed with diabetes was lower than the state percentages (5.7 percent of adults ages 45 to 64 in DeKalb County and 12.3 percent for that age group in Illinois, according to the 2004 BRFS), the County age-adjusted death rate due to diabetes in 2004 (40.5 per 100,000) exceeded state and national rates by more than 65 percent. Moreover, both the rate and proportion of deaths due to diabetes in DeKalb County doubled from the rate and proportion of ten years earlier.

It is difficult to interpret these two indicators together, however, the lower prevalence may be due to undiagnosed cases, as it is well known that many individuals with type II diabetes have not been screened, and do not know they have the condition. In any case, the death rate data indicate this is a significant county concern.

Additionally, county data regarding overweight and obesity, risk factors for diabetes, follow state and national trends of steep increases. Moreover, levels of physical activity for DeKalb County adults, a contributing factor, are similar to those of the state with 50 percent reporting they exercise regularly, and 24.9 percent reporting they perform regular vigorous activity, according to the 2004 BRFS.

As overweight, obesity and level of physical activity are modifiable risk factors, the Community Health Committee feels strongly that the plan should adopt prevention strategies, and should include youth in the strategy, since early lifestyle and behavior change can have a potentially positive impact on adult behavior and health. Another rationale for the focus on youth is that lasting behavior change may be more effective the earlier it begins, especially before established behavior patterns become inflexible.

The Hispanic population is at higher risk for diabetes than the general population, and this population has grown in DeKalb County. According to the Federal National Diabetes Information Clearinghouse (NDIC), after adjusting for population age differences, Mexican Americans, the largest Hispanic/Latino subgroup, are 1.7 times as likely to have diabetes as non-Hispanic whites. Thus, the committee also supports a targeted prevention strategy for Hispanics.

Corrective Actions and Estimated Funding

Coordinated Approach To Child Health (CATCH), was selected as the youth strategy because it is a multi-component strategy addressing the major risk factors leading to diabetes, and it is an environmental approach in schools where children are a captive population (see Community Health Plan Worksheet for explanation).

Moreover, the Illinois Department of Public Health promotes the program because it has been scientifically demonstrated that CATCH:

1. Reduced total fat and saturated fat content of school lunches

2. Increased moderate-to-vigorous physical activity (MVPA) during PE classes
 3. Improved students' self-reported eating and physical activity behaviors
- (Published in JAMA, 1996; also, a subsequent 1999 article published in the Archives of Pediatric & Adolescent Medicine, demonstrated the effects of the CATCH Main Trial persisted over three years without continued intervention).

After a one- year trial in an elementary school, the DeKalb School District, the largest district in the county, made a vital commitment to expanding the program district-wide without certainty of funding resources for the seven remaining schools, at a total cost of \$21,000 for equipment (\$3000 per school). IDPH funding was obtained to add one additional school in the 2007-08 school year, but DeKalb would like to be able to offer CATCH district-wide due to the health benefits. Schools recognize that healthy children are better prepared to learn.

The DeKalb School District has submitted a funding proposal to the DeKalb County Community Foundation to fund the remaining seven elementary schools.

Both the DeKalb County Health Department and the DeKalb School District are willing to commit additional in-kind costs for staff time to maintain programming.

The project thus far has involved collaboration of several organizations. DeKalb County Health Department made a commitment to in-kind staff time to coordinate and participate in training activities, and the YMCA donated space for teacher training. With the addition of IDPH training staff, the additional costs of staff training were approximately \$3250.

The DeKalb School District includes the highest percentage of Hispanic students, thus the potential to reach this target population as well. The district's Hispanic population grew from 4.2 percent to 9.5 percent in the 1990's, and was at 15.9 percent in 2006.

It should be noted there is interest in the community to expand CATCH even further. As of the final meeting, the committee learned that the Illinois Department of Public Health committed funding DeKalb County Health Department to implement CATCH at Southeast elementary school in the Sycamore School District. In addition, there is an after school CATCH program component that the YMCA would be interested in pursuing contingent upon funding.

The committee expressed a strong interest in recommending and facilitating expansion of CATCH to include all eight school districts for the greatest potential impact on health status in the county. The DeKalb County Health Department is willing to promote the program, based on the experience of participating schools, to all districts, and in collaboration with the Regional superintendent of schools. While the possibility of a further public-private partnership for development of funding resources was discussed, the personnel resources are currently insufficient for this activity. The committee agreed it would be ideal to pursue this direction in order to achieve the desired expansion.

This plan also includes a second prevention strategy targeting the adult Hispanic population. The Kish *Health* System Diabetes Education Program will develop and offer a health promotion session that specifically addresses the role of modifiable risk factor reduction in the prevention of diabetes. Furthermore, a certified medical interpreter will conduct the session in Spanish to reduce language and cultural barriers.

This represents a commitment by the Diabetes Education Program to expand the scope of their current services. The program currently focuses on providing assistance and education to persons that have been diagnosed with diabetes so they are better able to manage their illness and reduce complications. The program will be expanding the prevention component for the IPLAN strategy.

Kish *Health* System estimates a cost of \$300 per session that they will incur for staff time and materials.

Community Organizations

See the Community Health Plan Worksheet for listing of organizational resources for CATCH.

As noted in the Community Health Plan Worksheet, in addition to Kish *Health* System, the Latino Action Group/Hispanic Health Initiative Coalition is a resource for the second intervention. This is an existing community collaborative group that seeks to address the needs of the Hispanic population in the county. They have specific knowledge regarding how best to reach the population, and also can assist with promoting the intervention.

Evaluation

DeKalb County Health Department will periodically, in two- year intervals, review diabetes prevalence data and reporting of overweight and obesity in accordance with the BRFSS.

Health Department staff will encourage county school districts to participate in the “Illinois Youth Survey.” This is a data survey similar to the BRFSS conducted by IDPH, but this survey is conducted by the Illinois State Board of Education to measure and document youth data. This information would give the IPLAN committee a pediatric baseline and subsequent comparisons for countywide youth overweight and obesity data.

The CATCH program has a standardized evaluation component conducted by IDPH staff. The SOFIT (System for Observing Fitness Instruction Time) tool is a validated instrument designed to determine the level of moderate to vigorous physical activity (MVPA) and the context of the lesson at Pre and Post observations.

IDPH is also considering Pre and Post body mass index (BMI) data measurements and tracking for some participating schools and students to strengthen the evaluation component.

Cardiovascular Disease

Description

Heart disease was easily the leading cause of death in DeKalb County in 2004, as it was for the nation. However, DeKalb County's age-adjusted death rate due to heart disease exceeded that of the US.

Due to the size of this health problem (the large number affected), and the fact that the modifiable risk and contributing factors overlap those for type II diabetes, the committee chose this as the third priority health problem, with the understanding that intervention strategies focused on prevention for heart disease and type II diabetes are complimentary.

Corrective Actions and Estimated Funding

The Kish *Health* System Community Wellness Department offers an array of educational programs designed to help community members prevent and manage health problems. Currently, participants must go to a *Health* System location in order to attend the programs. Thus, the participants are self-selected and potentially already more motivated toward lifestyle changes.

For this IPLAN intervention strategy, Kish *Health* System Community Wellness Department will instead take their program to the participants, offering an outreach class on "Understanding Cholesterol" at a local church. The intent is to reach persons who otherwise might not be reached. In addition, theoretically, individuals are more likely to make and sustain behavior changes in the context of social support. Faith communities often offer such social support.

The outreach class will be considered a pilot program, and if successful, will be offered to other faith communities through the pastoral network. The potential for positive impact of the intervention is related to the numbers of persons reached.

Kish *Health* System estimates a cost of \$300 per session that they will incur for staff time and materials.

Community Organizations

See the Community Health Plan Worksheet for a listing of resource organizations.

Reverend Joe Gastiger, community committee participant, offered a communication mechanism with the county's pastoral network. In addition, there is the potential for a more formalized collaboration between the health and faith communities, such as the "Faith Health Partnership" in neighboring Kane County. This organization offered consultation regarding development and funding to sustain a collaboration of this type to address health issues in the faith community.

Evaluation

DeKalb County Health Department will periodically, in two- year intervals, review cardiovascular and heart disease death rates and age-adjusted death rates, as well as the BRFSS for reporting of high cholesterol.

Attachment A

2007 IPLAN COMMUNITY HEALTH COMMITTEE

Andrea Diedrich

Director, Outpatient Clinics
KishHealth System

Bette Chilton

Director of Personal Health Services
DeKalb County Health Department (DCHD)

Bev Espe

Director of Nursing
NIU Health Service
Northern Illinois University

Bob Rosemier, Chairperson

Health & Human Services Committee
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Brad Jourdan

Director of Rehabilitation
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Dan Templin

Program Development Specialist
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David Phillips, M.D.

DeKalb Clinic Chartered

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Kishwaukee College
Latino Action Group/Hispanic Initiative member

Jesus Romero

DeKalb County Board of Health member
Latino Action Group/Hispanic Initiative member

Mary Olson

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Michael Thornton, M.D.

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Pat Boudet, P.A.

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Linda Heinisch

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The Reverend Joe Gastiger

First Congregational United Church of Christ,
DeKalb

Elizabeth Carney

Executive Director
DeKalb County Mental Health Board

Rob Wilkinson

Executive Director
Kishwaukee Family YMCA

Attachment B

DEKALB COUNTY IPLAN COMMUNITY COMMITTEE
 PRIORITY SELECTION -- MODIFIED HANLON

For each potential priority, give the four factors a score of 1 to 10 and then compute total score.

Potential Priority	Size of Problem	Seriousness of Problem	Current Actions Needed	Intervention Potential	TOTAL
Access to Medical and Dental Care					
Uninsured					
Hispanic Access					
Medication Affordability					
Dental Care Utilization					
Childhood Immunizations					
Chlamydia					
Diabetes					
Obesity and Physical Activity					
Infant Health					
Infant Mortality					
Birth Defects					
Mental Health					
"Psychoses" Hospitalizations					
Suicide					
<i>Hospitalization, Death Rates 65+</i>					
<i>Cardiovascular Disease</i>					
<i>Accidents</i>					

MODIFIED HANLON FACTORS

•**Size of Problem**

- Number of people
- Proportion of population affected

•**Seriousness of Problem**

- How significant?
- Urgent community intervention needed?
- What will happen if no action?

•**Current Actions Needed**

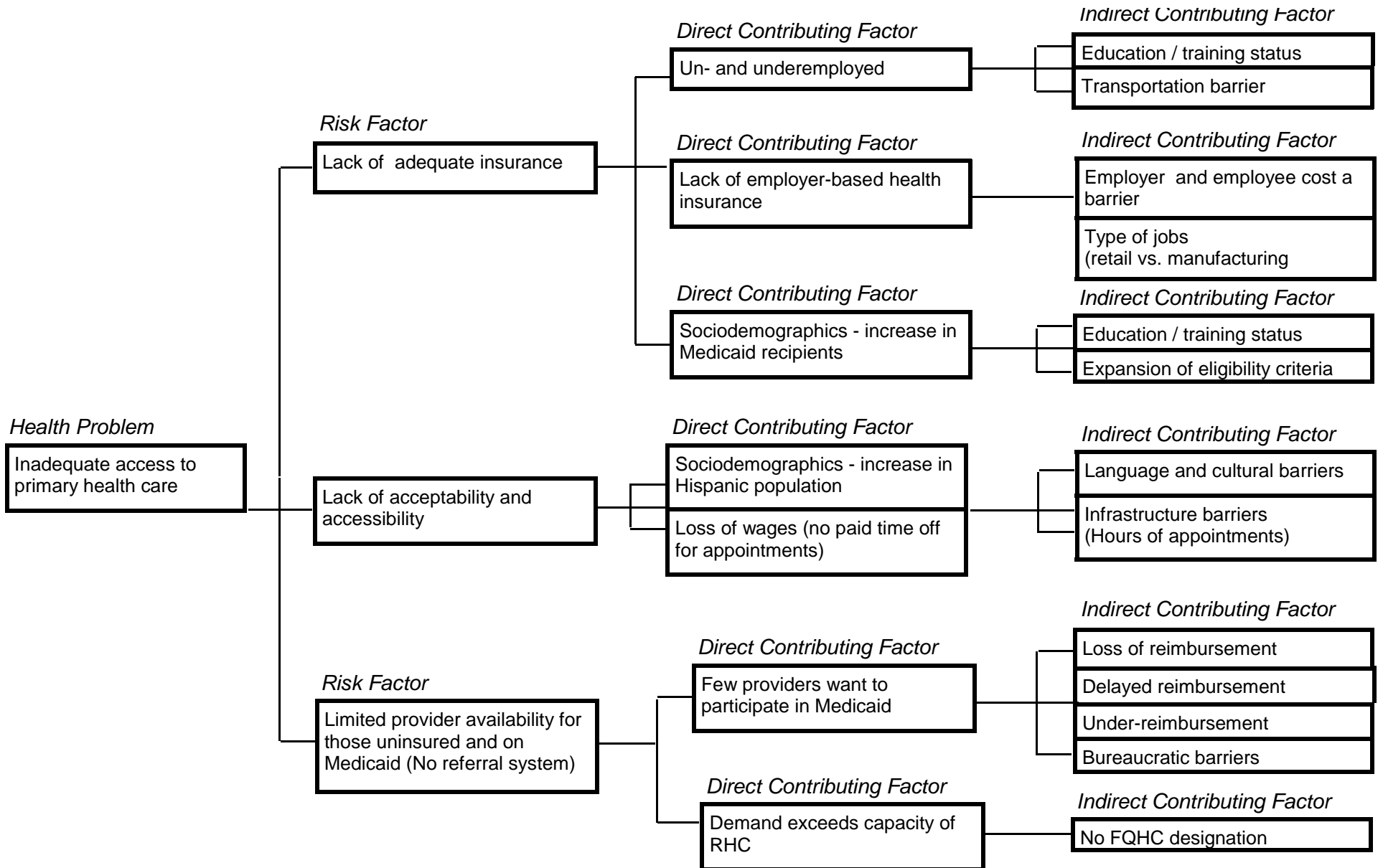
- Actions already underway?
- Does problem need new activity?
- Others on right track with sufficient resources?

•**Intervention Potential**

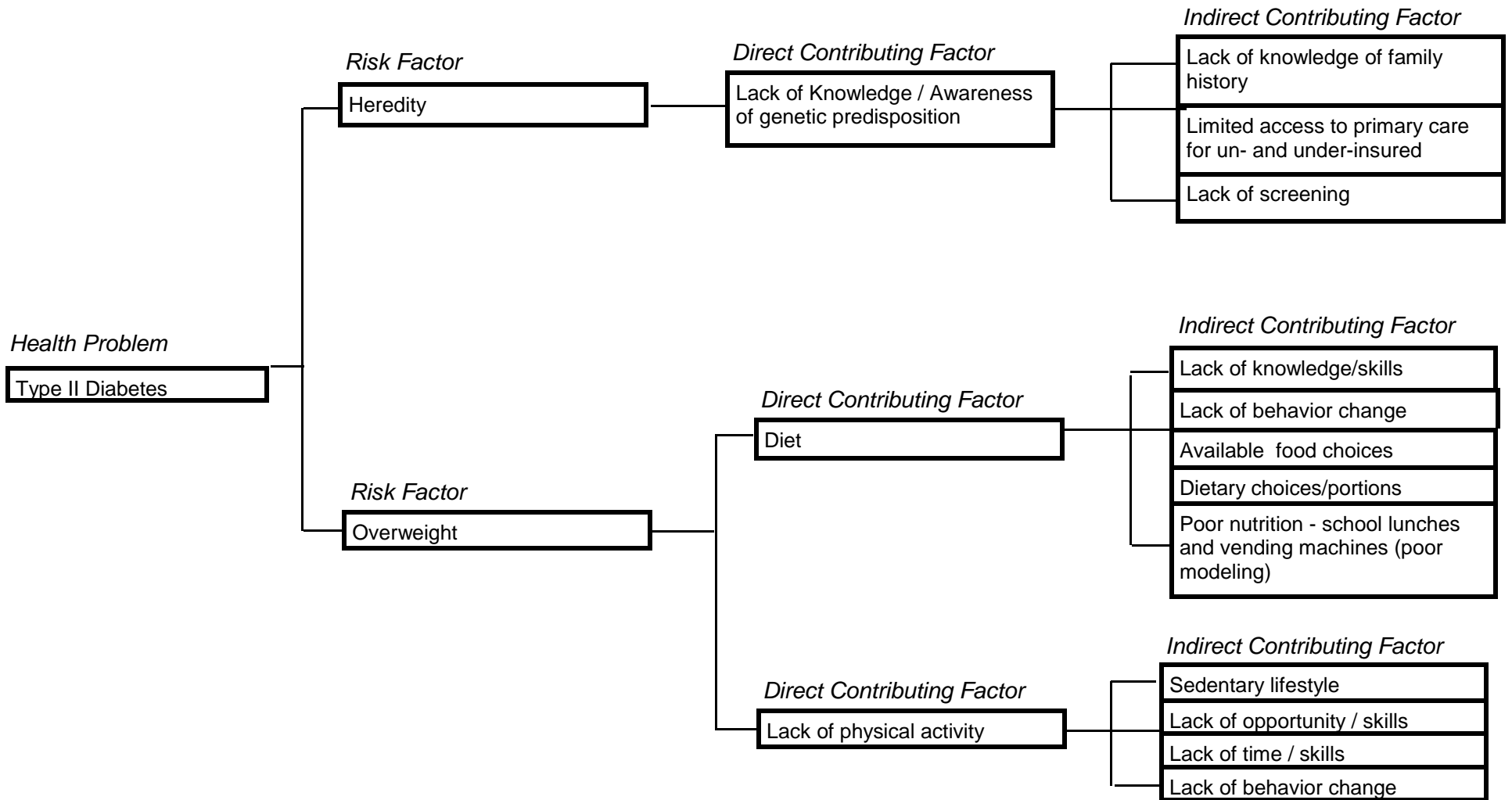
- Can anything be done?
- Do we know enough to act?
- Are known interventions effective?
- Any political, social, economic factors prohibiting action?

Attachment C

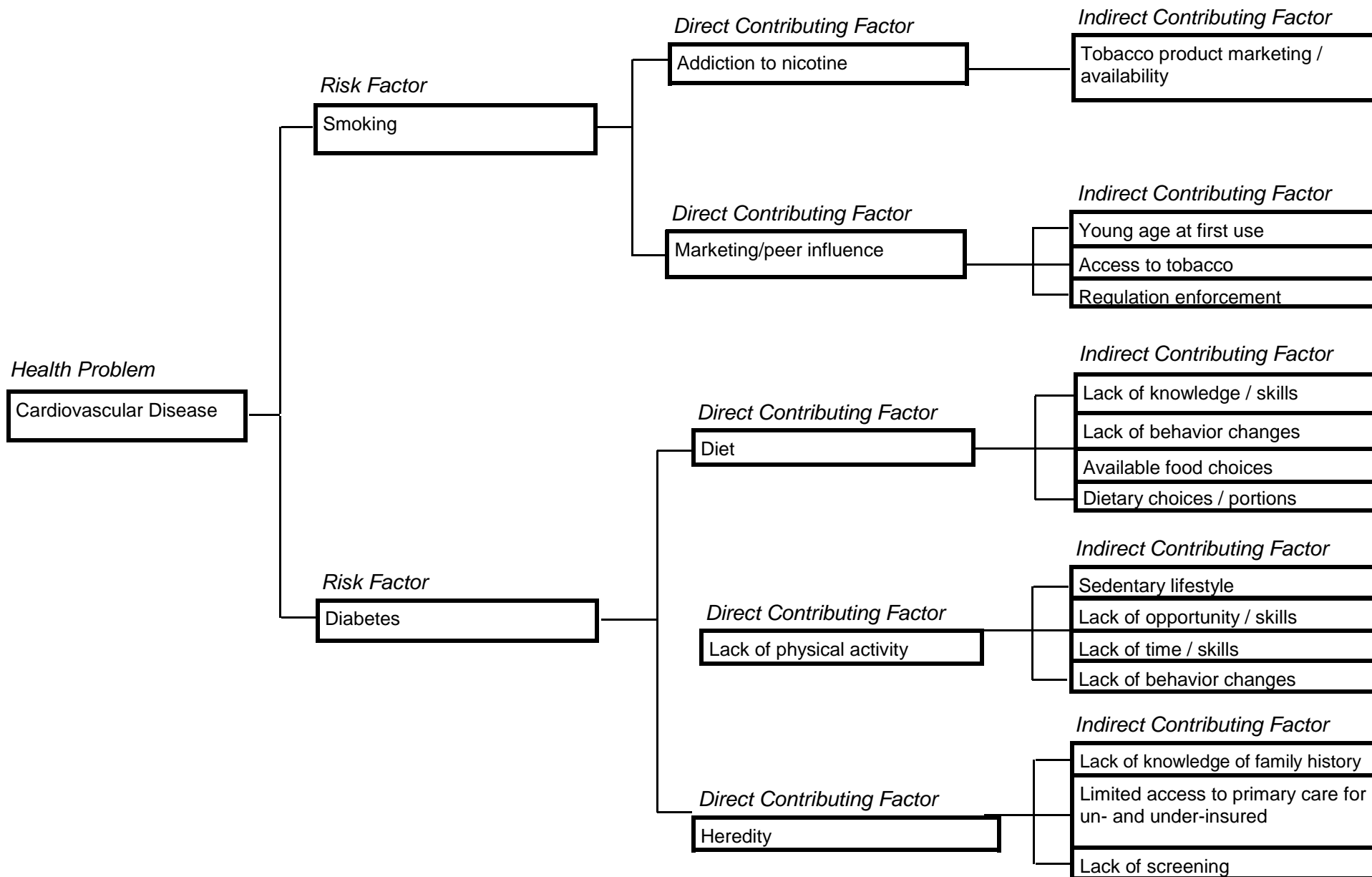
HEALTH PROBLEM ANALYSIS WORKSHEET

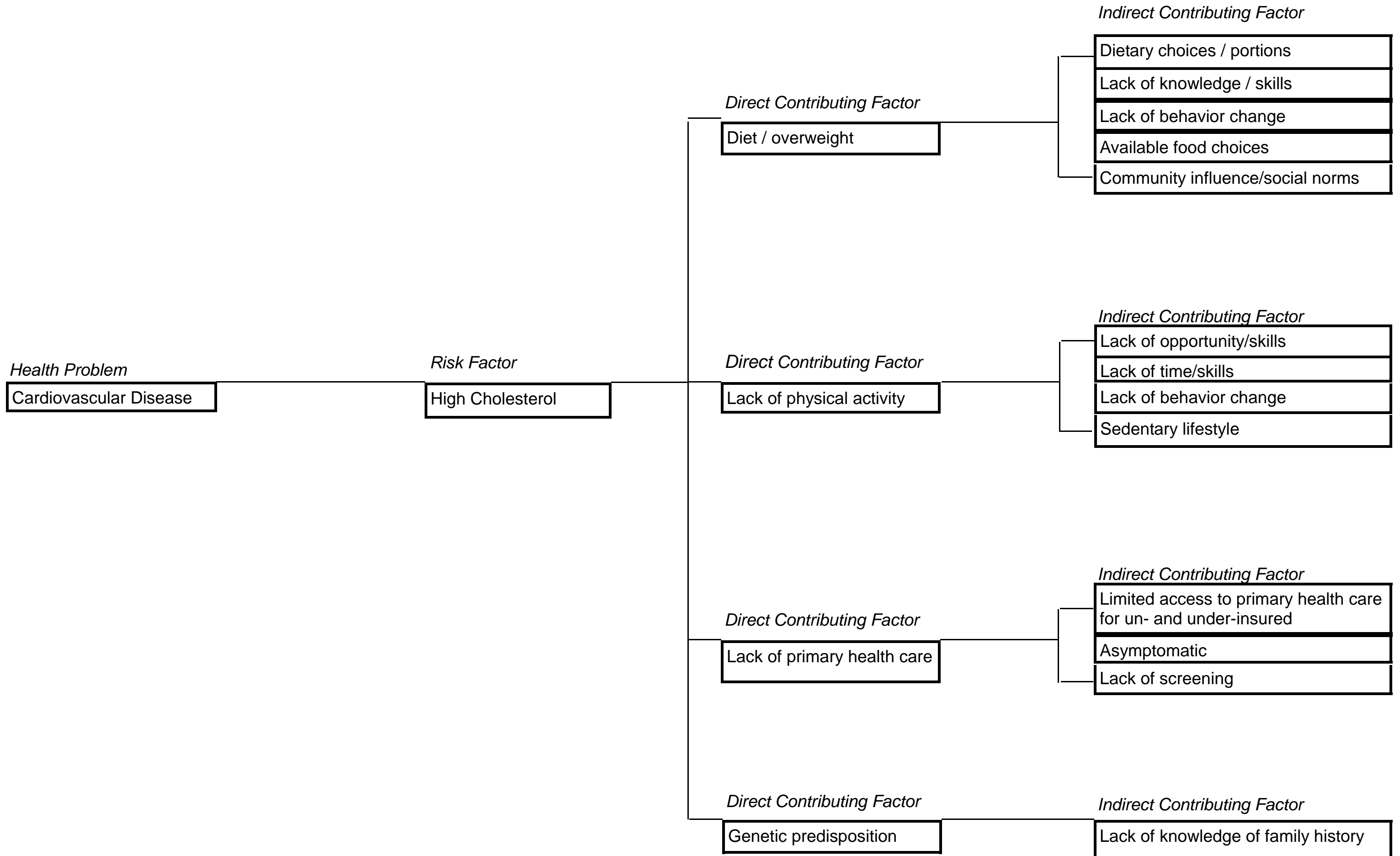


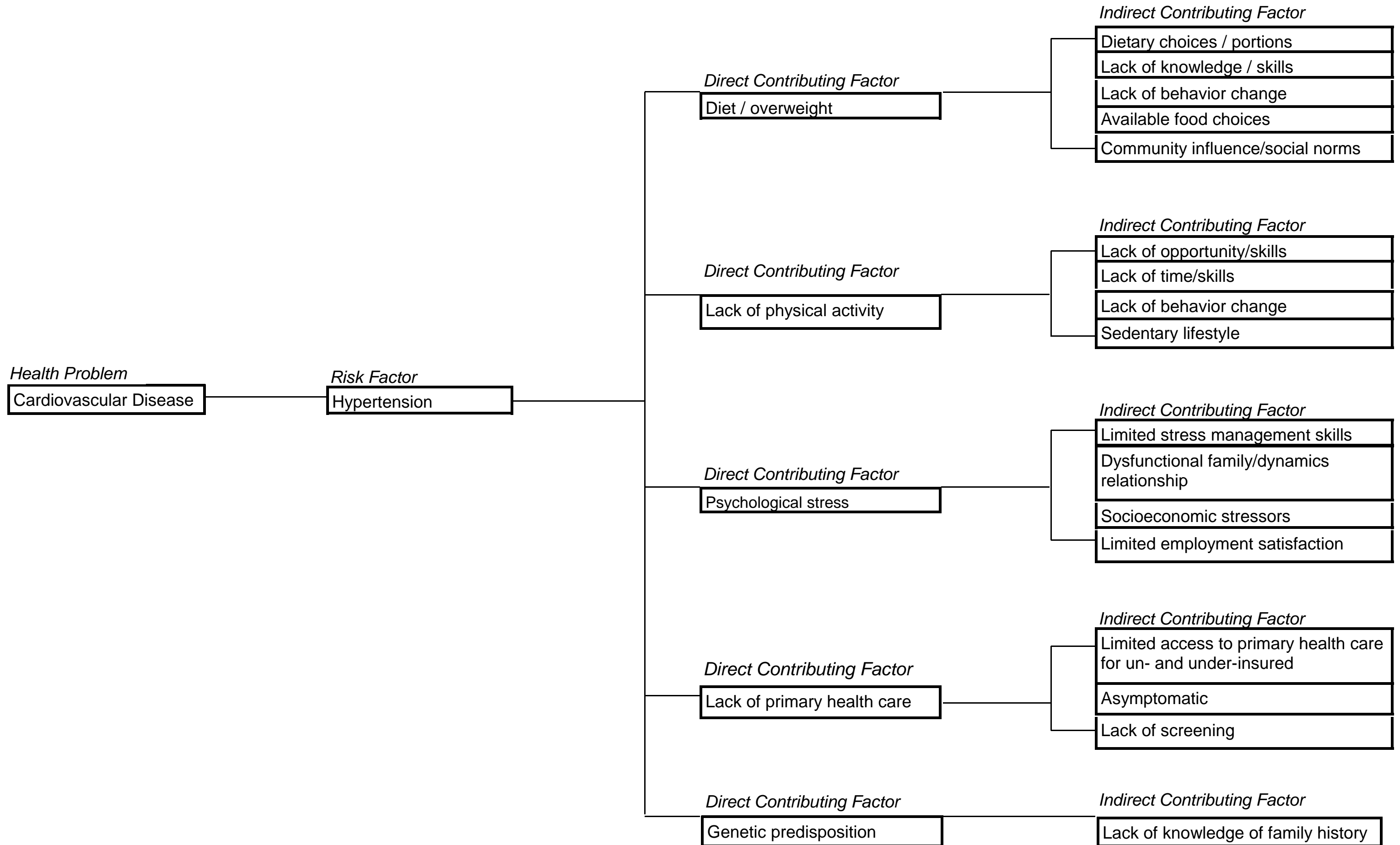
HEALTH PROBLEM ANALYSIS WORKSHEET



HEALTH PROBLEM ANALYSIS WORKSHEET







Attachment D

Access to Health Care Task Force

Robert W. Pritchard
Representative District 70
Illinois State Representative

Kevin Poorten, CEO
Kish*Health* System

Shirley Richmond, Director
TriCounty Community Health Center
NIU

Alice Frier, CEO
DeKalb Clinic Chartered

Ruth Anne Tobias, Chairperson
DeKalb County Board

Karen Grush, Public Health Administrator
DeKalb County Health Department

Elizabeth Carney, Executive Director
DeKalb County Community Mental Health Board

Michael Flora, Executive Director
Ben Gordon Community Mental Health Center