



TENTATIVE A g e n d a
President and Board of Trustees
Monday, May 14, 2007
Village Hall
123 Madison Street

Executive Session at 7:00 p.m. To Discuss Personnel in Room 130

Special Meeting at 8:00 p.m., Room 101

Call to Order

- A. Motion to Receive the Community Health Improvement Plan, Entitled Mapping a Healthy Oak Park (MHOP), Submitted by the Oak Park Department of Public Health in Fulfillment of the Requirement for the Certification by the Illinois Department of Public Health from 2006-2011**

As part of the state's certification process every 5 years the Health Department is required to perform a community health assessment. The chair of the board of health will present the results of this process.

- B. Resolution Granting a License for the Use and Benefit of a Portion of the Public Alley Adjacent to 115 North Oak Park Avenue**

The property owner of 115 North Oak Park Avenue has requested an easement to construct an accessible ramp leading to their building. This ramp would be constructed in the public alley commonly known as Hunter Court.

- C. Calendars**

Adjourn

For more information regarding Village Board meetings and agendas, please contact the Village Manager's Office at 708.358.5773.

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**MAPPING A HEALTHY OAK PARK (MHOP) PLAN
2006-2011**



**COMMUNITY HEALTH ASSESSMENT
AND
PLANNING REPORT**

**Submitted in fulfillment of IDPH Requirement for
Certification July, 2006
Oak Park Health Department
Oak Park, IL**

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I. BACKGROUND

The Oak Park Department of Public Health (OPDPH) has been a certified local health department in the state of Illinois since 1945. It serves the approximately 52,000 residents of the Village of Oak Park, which is located ten miles west of downtown Chicago. The mission of the OPDPH is to assure the health of all members of the community by preventing disease, injury and disability, and by promoting a healthy community.

The Village of Oak Park has developed remarkably as a community dedicated to the well-being of its residents. It encompasses an area of only 4 ½ square miles and is known for its racial diversity, historical architecture, progressive outlook, and spirit of involvement. 22.4% of its population is made up of African Americans, with 36% of the total population classified as racial minorities. Although recognized for its progressiveness, the Village of Oak Park nevertheless is confronted with urban concerns and issues, many of which impact the health and wellbeing of Oak Park residents.

In order to effectively identify and address these issues systematically and as a community, as well as to fulfill the *Illinois Administrative Code* Section 600.410 regarding community participation in a health plan, the Oak Park Department of Public Health presents the Mapping a Healthy Oak Park (MHOP) plan 2006-11.

II. SUMMARY OF MHOP

MHOP is Oak Park's community health assessment based on the MAPP (Mobilizing for Action through Planning and Partnerships) model. The **MHOP Plan 2006-2011** summarizes the process of assessment – a systematic collection and analysis of data in order to provide a basis for decision making – and community strategic planning undertaken by the OPDPH in partnership with the **MHOP** Steering Committee and many community and provider voices. Furthermore, this document provides a compilation of data and analysis, measurable objectives, available resources, interventions and preliminary implementation steps for the two local public health system priorities and three health status priorities identified through the process:

1. Improving the **connectivity** of the local public health system in Oak Park
2. Improving the **visibility** of the local public health system in Oak Park
3. Reducing **substance abuse**
4. Reducing **STDs, HIV and encouraging responsible sexual behavior**
5. Reducing **obesity and obesity-related diseases**

While these issues were identified as the Oak Park local public health system's top priorities for the next 5 years, there were other issues that were identified as being important to pay attention to as well as well. These issues include **improving oral health, mental health, asthma in children, and pedestrian safety for the elderly**. Steps should be taken to increase Oak Park's capacity and resources to address these issues.

III. STRUCTURE OF MHOP

MHOP was carried out by a planning committee, an advisory committee, a steering committee and an independent facilitator. The MHOP planning committee consisted of the Public Health Director, an epidemiologist and two interns.

This **planning committee** was responsible for ensuring that the process was on track, identifying participants, setting up meetings, developing data gathering tools, writing up reports, compiling data for the assessments and presenting the compiled data and findings to the steering committee and advisory committee.

The **steering committee** consisted of representatives from various local public health system entities, including schools, health care providers, police, fire, service organizations, citizens' organizations, business, mental health and social service agencies, and long term care facilities. It was responsible for developing a vision for the Oak Park local public health system, reviewing data presented by the planning committee, conducting a local public health system standards assessment, and finally identifying strategic issues and goals based on the results of the assessments.

The **advisory committee** consisted of board of health members, who reviewed findings and progress of the MHOP process, offered suggestions for carrying out MHOP activities and approved reports/ priorities set by the MHOP steering committee.

The **independent facilitator** was an Oak Park resident who is also vice-president of a large public relations company. She was responsible for ensuring clear communication between the planning committee and the steering committee and taking the steering committee through its responsibilities during each meeting.

IV. THE MAPP MODEL

The MAPP tool is a strategic approach to community health improvement developed by the National Association of County and City Health Officials (NACCHO). Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them. It is a perpetually ongoing process consisting of an organization phase, visioning phase, assessment phase, a phase where strategic issues are identified and goals are set, and finally the action phase where program planning, implementation and evaluation occur regularly.

- A. **The organization phase** lays out a planning process that builds commitment, engages participants, uses participants' time well, and results in a plan that can be implemented successfully. The **visioning phase** guides the community through a collaborative and creative process that leads to a shared community vision and common values. Next, in **the assessment phase**, MAPP brings four assessments together to drive the development of a community strategic plan — four unique and comprehensive assessments gather information to drive the identification of strategic issues:
- The **Local Public Health System Assessment (LPHSA)** focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"
 - The **Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered here include, "How healthy are our residents?" and "What does the health status of our community look like?"
 - The **Community Themes and Strengths Assessment** provides a deep understanding of the issues residents feel are important by answering the questions, "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"
 - The **Forces of Change Assessment** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions, "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Figure 1a. The MAPP Model



The MHOP process used this model to guide its assessment and planning activities, while tailoring the model to the unique character and needs of the Oak Park community. The rest of the report outlines the MHOP process and its findings.

V. OUR VISION

On October 27, 2005, the MHOP steering committee assembled for the first time in order to get orientated to their task, as well as to develop a vision for the future of Oak Park's public health system. This vision was intended to provide focus, purpose, and direction to the MAPP process. The facilitator asked the MHOP steering committee to develop a compelling and inspiring image of a desired and possible future that our public health system seeks to achieve so that participants collectively achieve a shared vision of the future.

4 brainstorming questions were asked in order to guide the visioning process:

- What community values promote a healthy Oak Park?
- What should our common goal be as a local Public Health System?
- What adjectives would you use to describe the optimal local public health system?
- In a given year, what activities should be conducted in order for the local public health system to be as effective as possible?

After brainstorming, a vision was put together by the MHOP steering committee using the ideas set forth, then fine-tuned by the MHOP planning committee, resulting in the following:

MHOP VISION

The Mapping a Healthy Oak Park (M-HOP) Steering committee's vision for a healthy Oak Park is a community that values health, education, safety, social justice, collaboration, and views health as physical, mental, social and spiritual wellness.

The M-HOP Steering committee's vision for Oak Park's public health system is one that is proactive, accessible, collaborative, data-driven, and offers best in class services. It serves and empowers every member of the Oak Park community by promoting a safe and healthy environment and is responsive to each individual's well being. Entities within this system are coordinated, informed, and effective as they improve access to quality health care; increase knowledge among the Oak Park community about wellness; motivate and engage community and business participation in improving health; and promote Oak Park's community values.

These entities will

- ***Communicate frequently and effectively with each other as well as with the public;***
- ***Conduct activities to improve visibility of the public health system within Oak Park;***
- ***Conduct activities including community outreach, regular presentations for the community residents and local businesses, annual health fairs, and a comprehensive and interactive website;***
- ***Have strong linkages and networks that will facilitate prompt and reliable services to Oak Park community members;***
- ***Share goals, resources and data with other public health partners on a regular basis.***

This vision was to be referred back to at the beginning of each MHOP meeting.

VI. MAPP ASSESSMENTS

In order to guide the MAPP process, 4 assessments were conducted in order to answer the questions proposed by the visioning process. The identification of strategic issues present a summary report of the subcommittee meetings. The following sections describe the methodology used to conduct the assessments and the results.

A. LOCAL PUBLIC HEALTH ASSESSMENT REPORT

B. COMMUNITY HEALTH ASSESSMENT REPORT

C. COMMUNITY THEMES AND STRENGTH ASSESSMENT REPORT

D. SUMMARY OF FORCES OF CHANGE ASSESSMENT REPORT

E. IDENTIFICATION OF STRATEGIC ISSUES

A. LOCAL PUBLIC HEALTH ASSESSMENT

The **Local Public Health System Assessment** (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The Oak Park Board of Health conducted a similar Local Public Health Governance assessment 2 years prior to the MHOP process, where they found that the essential services that were in most need of improvement were as follows:

- 1) Monitoring the health status of the community
- 2) Linking people needed personal health services and
- 3) Assuring a competent public health and personal care workforce.

Since that particular assessment focused on the Board of Health and the Oak Park Department of Public Health, steps were taken to assure that measures were put in place to improve the implementation three essential services by these two entities.

On January 23, 2006, the Mapping a Healthy Oak Park steering committee was charged with identifying the 3 essential public health services (based on the *10 Essential Public Health Services*) in Oak Park that were in most need of improvement in terms of the Board of Health, the Oak Park Department of public health and all of their partners. Before this meeting, several steps were taken to systematically research which essential public health services were being conducted by the 6 leading health care providers in Oak Park.

Several months prior to the Local Public Health System Assessment meeting, the MAPP planning committee developed an interviewing tool for eliciting information regarding activities being conducted related to the 10 Essential Public Health Services. Using this tool, key informant interviews were conducted with the 6 major health care providers in Oak Park:

- The Infant Welfare Clinic
- PCC Wellness Center
- West Suburban Hospital
- RUSH Oak Park Hospital
- Family Service & Mental Health Center of Oak Park & River Forest
- The Oak Park Department of Public Health

The 6 major health care providers were exclusively interviewed due to the fact that prior to the formation of the M-HOP committee, they had identified themselves, primarily, as health providers. Therefore, they are a major part of Oak Park's public health system and are a good indication of the extent to which the essential public health services are being performed in Oak Park.

Using the results from these interviews, Oak Park Department of Public Health staff conducted the Local Public Health System Assessment to get an idea of how and to what extent the essential services are being performed. Each essential service was broken down into several indicators and sub indicators.

The MAPP planning committee gave each indicator and sub indicator a score that reflected to what extent the essential service that we described is met within Oak Park's local public health system, from our perception. The scores are as follows:

4 (Yes): Greater than 75% of the activity described within the question is met within Oak Park's local public health system

3 (High Partially): Greater than 50%, but no more than 75% of the activity described within the question is met within Oak Park's local public health system

2 (Low Partially): Greater than 25%, but no more than 50% of the activity described within the question is met within Oak Park's local public health system.

1 (No): No more than 25% of the activity described within the question is met within Oak Park's local public health

The scores from each sub indicator were averaged into Indicator Scores (ISCORES) and essential service Total Scores (ES Total Scores). Before the M-HOP meeting on January 23, 2006, an initial report was sent out to the M-HOP committee members that gave them an opportunity to review the scores given and what Oak Park's 6 major health care providers are currently doing to meet each essential public health service.

At the meeting, the M-HOP committee was briefed on the methods used to come up with the ISCORE and the ES Total Score. Next, each essential service was discussed individually, and M-HOP committee members were given an opportunity to voice their opinion on what was being overlooked and what they did not think was an accurate representation of the activities being performed.

At the end of each discussion, the committee voted on whether they agreed with the score assigned to the essential service. After consensus was reached, the committee was asked to rank the essential services in order of most in need of improvement in Oak Park. The following services were identified by the MHOP steering committee as those services that are in most need of improvement in Oak Park.

SUMMARY OF LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

3 ESSENTIAL PUBLIC HEALTH SERVICES IN MOST NEED OF IMPROVEMENT IN OAK PARK:

#1 (Monitoring Health Status)

This includes:

- **Indicator 1.1 Community Health Profile:** An accurate, periodic assessment of the community's health status, which identifies health risks and determination of health service needs, paying special attention to high risk groups, and identification of community assets and resources that support the local public health system **(ISCORE: 83%)**
- **Indicator 1.2 Access to and Utilization of Current Technology:** Use of appropriate methods and technology to interpret and communicate data to diverse audiences. This indicator reflects whether the data that we collect is presented in a manner that can be understood by the public and to everyone involved in improving public health. **(ISCORE: 50%)**
- **Indicator 1.3 Maintenance of Population Health Registries:** Collaboration among all members of the local public health system components to establish and use population health information systems, such as disease or immunization registries. **(ISCORE: 56.67%)**

#4 (Mobilizing community partnerships)

This includes:

- **Indicator 4.1 Constituency Development:** Establish collaborative relationships among the LPHS and all current and potential constituents by identifying key constituents, encouraging participation by all constituents in community health activities, establish and maintain a comprehensive directory of constituents, and use broad-based communication strategies **(ISCORE 71.53%)**
- **Indicator 4.2 Community Partnerships:** Establish community partnerships to assure a comprehensive approach to improving community health, assure the establishment of a broad-based community health improvement committee, and assess the effectiveness of community partnerships **(ISCORE 56.82%)**

#9 (Evaluate effectiveness, accessibility and quality of personal health services)

This includes:

- **Indicator 9.1 Evaluation of Population-Based Health Services** The LPHS evaluates population based services against established criteria for performance, assesses community satisfaction with population based services and programs, identifies gaps in the provision of population-based health services and uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs **(ISCORE: 65.38%)**
- **Indicator 9.2 Evaluation of Person Health Services** LPHS Organizations evaluate the accessibility, quality and effectiveness of personal health services; evaluates personal health services against established criteria; assesses the satisfaction of clients;uses information technology to assure quality of personal health services and uses evaluation findings to improve services and programs **(ISCORE: 63.89 %)**
- **Indicator 9.3 Evaluation of the Local Public Health System** The LPHS identifies community organizations or entities that contribute to the delivery of the essential public health services, evaluates the comprehensiveness of LPHS activities against established criteria, assesses the effectiveness of communication, coordination and linkage; and uses the info from the evaluation to refine existing community health programs and to establish new ones **(ISCORE: 88.36%)**

CONCLUSION

The MHOP steering committee felt that there was in a need to increase efforts to evaluate public health programs and to monitor the local public health system's progress in addressing key issues. The participants of this process also felt that there was a need to improve and enhance community partnerships. It was decided that these issues should be kept in mind when developing our goals and priorities for the 2006-2011 period.

B. COMMUNITY HEALTH ASSESSMENT

The MAPP planning committee compiled data from a variety of data sources in order to conduct the MHOP community health status assessment. Oak Park data regarding various health status indicators were compared with Healthy People 2010 objectives, Illinois and Nationwide statistics. The following are data sources that were used in the Community Health Status Assessment:

Data Sources used for MHOP Community Health Status Assessment

- Oak Park Department of Public Health Surveillance data
 - STD cases (ongoing)
 - HIV/AIDS cases (ongoing)
 - Behavioral Risk Factor Surveillance Data (2000,2005)
 - Communicable Disease surveillance data (ongoing)
 - Community Complaint databases (ongoing)
 - Immunization data
 - Lead poisoning data
- Village of Oak Park data
 - US Census data (2000)
 - Community Services' Community Profile (2005)
 - Village of Oak Park Community Survey (2004)
 - Village of Oak Park Housing Data
 - Village of Oak Park Police Data (ongoing)
- IDPH Data
 - Vital statistics data for Oak Park
 - Birth data
 - Death data
 - Hospitalization data for Oak Park
 - IPLAN Data System
 -

The following is the community health status assessment report.

SECTION 1: OAK PARK DEMOGRAPHIC/SOCIOECONOMIC CHARACTERISTICS

This section includes measures of total population, as well as percent of total population by age group; gender; race and ethnicity; and where these populations and subpopulations are located. It also includes socioeconomic characteristics, which are measures that have been shown to affect health status, such as income; education; employment; and the proportion of the population represented by various levels of these variables.

Table 1a. Oak Park Demographics, 1990 and 2000

| | 1990 | | 2000 | | Percent Change |
|-------------------------|----------------|-------------|---------------|-------------|----------------|
| Total Population | 53, 648 | | 52,524 | | -0.02 |
| Sex | No. | Pct. | No. | Pct. | |
| Male | 24,978 | 46.60% | 24,414 | 46.48% | -2.26 |
| Female | 28,670 | 53.40% | 28,110 | 53.52% | -1.95 |
| Age | No. | Pct. | No. | Pct. | |
| Under 5 years | 3,880 | 7.20% | 3636 | 6.92% | -6.29 |
| 5 to 14 | 6,668 | 12.40% | 7,011 | 13.35% | 5.14 |
| 15 to 24 | 6,496 | 12.10% | 5,581 | 10.62% | -14.09 |
| 25 to 44 | 21,368 | 39.80% | 18,478 | 35.18% | -13.52 |
| 45 to 64 | 9,053 | 16.90% | 12,811 | 24.39% | 41.51 |
| 65 to 84 | 5,317 | 9.90% | 4,413 | 7.89% | -17.00 |
| 85 years + | 866 | 1.60% | 864 | 1.64 | -0.23 |
| Median age in years | -- | | 36 yrs | | |
| Race/Ethnicity | No. | Pct. | No. | Pct. | |
| White | 40,140 | 74.80% | 36124 | 68.78% | -10.00 |
| Black | 9,651 | 18% | 11788 | 22.44% | 22.14 |
| Asian/Pacific Islander | 1,748 | 3.30% | 2178 | 4.15% | 24.60 |
| American Indian | --- | --- | 81 | 0.51% | |
| Other | 194 | 0.40% | 857 | 1.63% | 341.75 |
| Two or more races | --- | --- | 1480 | 2.82% | |
| Hispanic | 1,915 | 3.60% | 2374 | 4.52% | 23.97 |

Between 1990 and 2000, Oak Park's population has substantially declined, and from current estimates has continued to decline. Oak Park has also increased in diversity, as African American, Asian and Hispanic populations have grown by large amounts. Additionally, Oak Park's "middle age" population (those between the ages of 45 and 64) has grown by 41.51%, while the proportion of younger population groups (ages 15 to 24) and older population groups (ages 65 to 84) have declined.

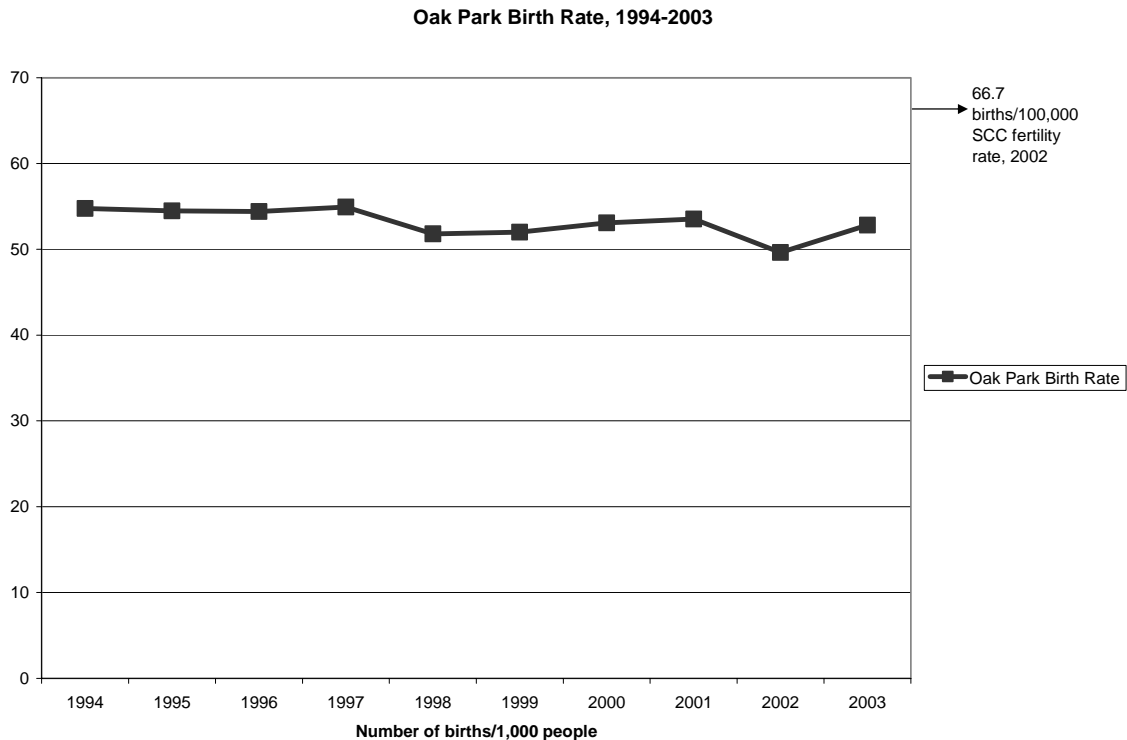
GENERAL HEALTH INDICATORS

Fertility Rate

From 1995 to 2003, Oak Park fertility rates have remained for the most part stable. The fertility rate between 1995 and 1997 was 54 births/1,000 females age 15 to 44, but then decreased slightly to an average of 52 births/1,000 during 1998-2000 and remained at approximately the same level from 2001-2003.

Oak Park's fertility rate has consistently been lower than Suburban Cook County's fertility rate, which from 2000 to 2002 held steady at about 66.7 births/1,000 females age 15 to 44. Illinois birth rate is about the same as SCC's birth rate at 66.1 births/1,000 females age 15 to 44.

Figure 1a. 1995 to 2003 Oak Park Fertility Rates (Number of births per 1,000 Females age 15-44).



Mortality Rate

Mortality data are useful in identifying conditions that severely affect persons within a community. Limitations in mortality data are acknowledged in that they do not represent the full burden of disease morbidity in the community, reflecting only the most serious outcome of the disease process. Death data also do not provide information about the duration of disability caused by disease.

However, because of the consistency with which death data are collected, they are useful as indicators of the much larger number of disease events occurring in the community. In addition, variations in mortality rates between regions and different demographic groups may be indicative of elements in the community, such as access to healthcare resources, and personal or social determinants of health, which may increase the risk of adverse outcomes.

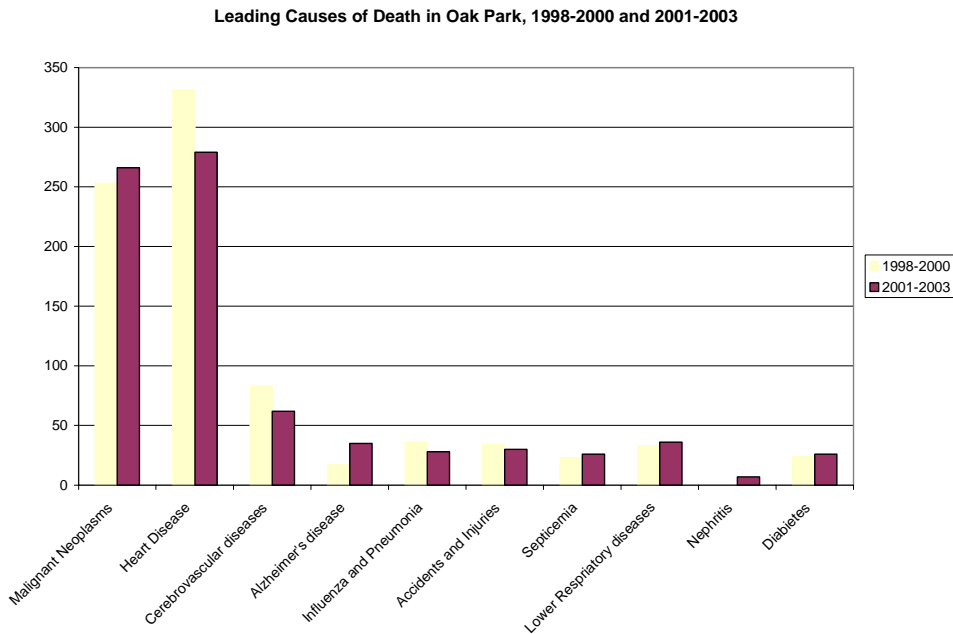
In 2003, 324 Oak Park residents died, giving us a crude mortality rate of 634.52 deaths/100,000 Oak Park residents. The top 4 causes of death were cancer (Malignant Neoplasm), heart disease, stroke (cerebrovascular disease), and Alzheimer's disease. These deaths accounted for 63.8% of all deaths in Oak Park.

Figure 1b compares the leading causes of death between two periods of time, 1998-2000 and 2001- 2003. The cause that had the largest percent increase in deaths was Alzheimer's disease, which increased by 34.62% between the two periods. The cause of death that had the largest percent decrease in deaths was cerebrovascular disease (stroke).

Table1b. Leading Causes of Death, Oak Park and Illinois 2003.

| | Oak Park, 2003 deaths | % of all OP deaths | Illinois, 2003 deaths | % of all Illinois deaths |
|-------------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------------|
| Malignant Neoplasm | 90 | 27.78 | 24412 | 22.98 |
| Heart Disease | 87 | 26.85 | 29704 | 28.31 |
| Cerebrovascular disease | 15 | 4.63 | 6883 | 6.48 |
| Alzheimer's disease | 15 | 4.63 | 2623 | 2.47 |
| Influenza and Pneumonia | 11 | 3.40 | 2868 | 2.70 |
| Accidents and Injuries | 10 | 3.09 | 3908 | 3.68 |
| Septicemia | 10 | 3.09 | 2047 | 1.93 |
| Lower respiratory diseases | 9 | 2.78 | 4849 | 4.57 |
| Nephritis | 7 | 2.16 | 2293 | 2.16 |
| Diabetes Mellitus | 5 | 1.54 | 3043 | 2.87 |

Figure 1b. Number of deaths from leading causes of death in Oak park, 1998-2003.



SOCIOECONOMIC INDICATORS

According to the Center for Disease Control and Prevention (CDC), “social determinants of health are factors in the social environment that contribute to or detract from the health of individuals and communities”. Disparities in health status are often due in large part to the varying socioeconomic conditions under which people and communities exist. Among the factors examined in this analysis were measures of socioeconomic status including income, poverty and unemployment.

The median household income for Oak Park, as reported in the 2000 Census, was \$59,183. This is slightly higher than Suburban Cook County’s median household income (\$58,212) and significantly higher than the household income for Illinois (\$46,392).

The proportion of the population living in poverty in the region, as defined by federal guidelines, was 5.60%, or 2902 persons. This is higher than the rate of 4.60% identified in the 1990 Census. In contrast, 11.3% of the US population and 9.9% of the Illinois population were living in poverty in 2000. Further analysis shows that 5.97% of Oak Park children (people <18 years of age) were living in poverty in 2000.

According to the 2000 Census, Oak Park has a very educated population, with 61.91% of the 25 and over population having its bachelors degree or higher. This is compared to 26.1% of the Illinois 25 and over population.

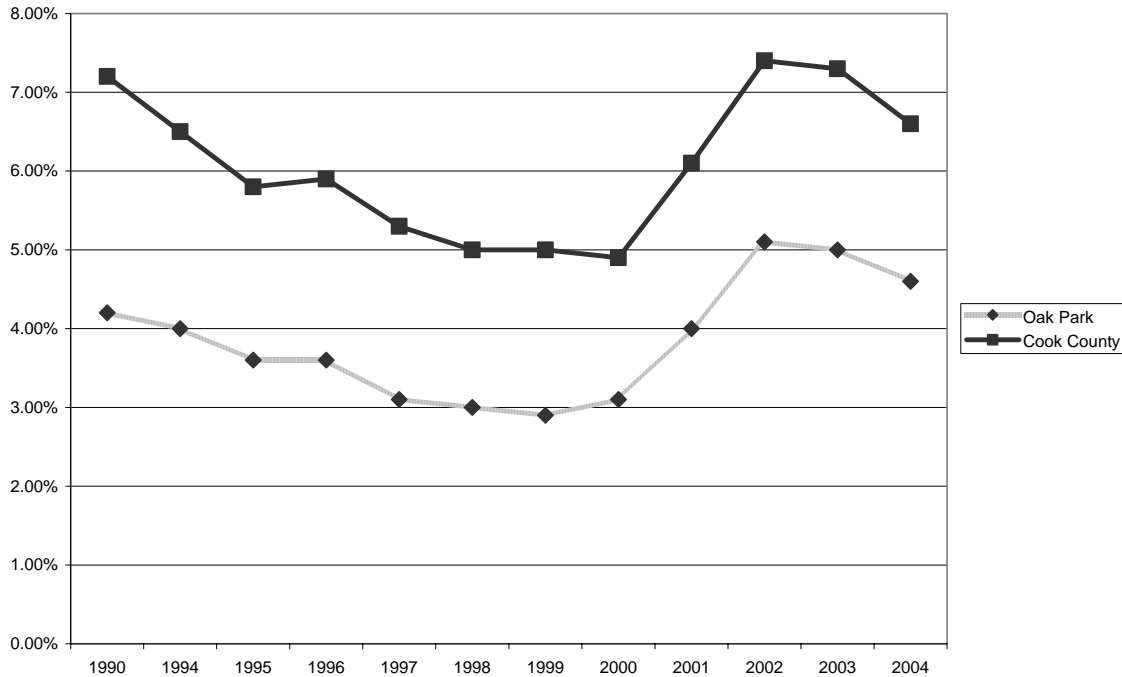
Table 1c. Socioeconomic Indicators for Oak Park, 1990 and 2000.

| | 1990 | | 2000 | |
|--|-------|------|--------|-------|
| Income | | | | |
| Median Household Income | 40453 | | 46590 | |
| | (n) | (%) | (n) | (%) |
| Persons living in poverty | | | | |
| All persons | 2425 | 4.6 | 2902 | 5.6 |
| Children (<18 yrs) | 594 | 5.7 | 760 | 0 |
| Households with Social Security Income | 4497 | 19.9 | 3967 | 12.56 |
| Households with Public Assistance Income | 632 | 2.8 | 311 | 3.289 |
| Household Composition | | | | |
| Total Family Households | 13364 | | 12980 | |
| Female-headed, No Spouse, With Children | 1531 | 0 | 1444 | 0 |
| Persons 65 years and older living alone | 2337 | 37.8 | | |
| Educational Attainment | | | | |
| 11th to 12th grade, no diploma | --- | | 1,330 | 3.45 |
| High School graduate | --- | | 3,777 | 9.79 |
| Some college, no degree | --- | | 6,192 | 16.05 |
| Associate Degree | --- | | 1,791 | 4.64 |
| Bachelor's degree | --- | | 11,387 | 29.51 |
| Masters | --- | | 6,871 | 17.81 |
| Professional School degree | --- | | 2,781 | 7.21 |
| Doctorate Degree | --- | | 1,598 | 4.14 |

Oak Park Unemployment Rate

Oak Park's unemployment rate has risen since 2000, going up 1.7% from 2000 to 2004. However, since Oak Park's unemployment rate reached a high in the year 2002, it has been decreasing. Oak Park has consistently had a lower unemployment rate than Cook County.

Oak Park Unemployment rates, 1990-2004



Housing

In the year 2004, Oak Park's average home sale price was \$394,522, with condominiums selling for an average of \$171,644 per unit. There were approximately 23,723 housing units, of which \$23,079. Oak Park meets HUD's "affordable" criteria, which is that at least 10% of housing stock should be "affordable", however, between 1992 and 2002, the average sales price of a single-family home approximately doubled and still seems to be on the rise.

Approximately 93% of the existing housing units were constructed before 1978, and thus are subject to lead-based paint hazards. 53% of renter housing units were built prior to 1940.

SECTION 2: MORTALITY

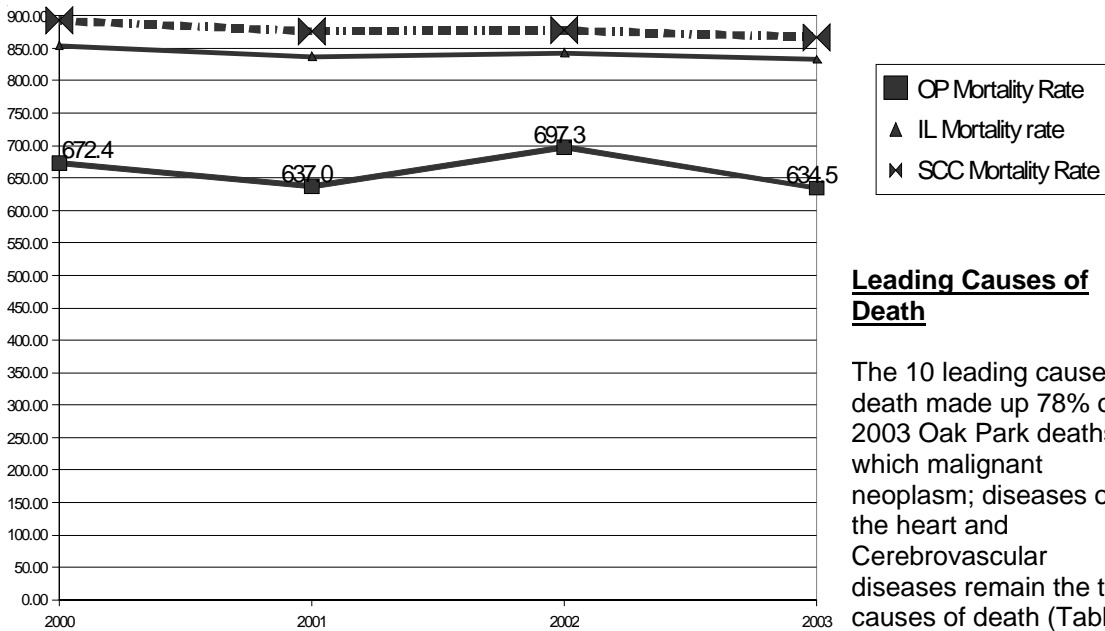
This section includes mortality rates, leading causes of death and infant mortality rates.

Mortality Rate

In 2003, Oak Park had 352 deaths, bringing its crude mortality rate to 637 deaths/ 100,000 residents, which is significantly lower than Illinois' crude mortality rate of 832 deaths/100,000 residents and Suburban Cook County's mortality rate of 867 deaths/100,000 residents.

From 1991 to 2001, Oak Park had an age adjusted mortality rate of 791 deaths/100,000 which is quite lower than Suburban Cook County's age adjusted mortality rate of 844 deaths/100,000 and Illinois' age adjusted mortality rate of 881.3 deaths/100,000

Figure 1. Crude death rate for Oak Park, Suburban Cook County and Illinois, 2000-2003.



Leading Causes of Death

The 10 leading causes of death made up 78% of all 2003 Oak Park deaths, of which malignant neoplasm; diseases of the heart and Cerebrovascular diseases remain the top 3 causes of death (Table 1a). However, in contrast

to the state of Illinois, Alzheimer's disease tied with cerebrovascular diseases as the number 3 cause of death in Oak Park in 2003, while Influenza and Pneumonia ranked number 4. Suburban Cook County did not have the 10 leading causes of death available for 2003.

Table 1B. Ten leading Causes of Death in Oak Park and Illinois (percent of deaths)

| CAUSE | Oak Park ranking (% of deaths) | Illinois ranking (% of deaths) |
|------------------------------------|--------------------------------|--------------------------------|
| Diseases of Heart | 2 (26.85%) | 1 (28.3%) |
| Malignant Neoplasm | 1 (27.8%) | 2 (22.98) |
| Cerebrovascular diseases | 3 (4.63%) | 3 (6.48%) |
| Chronic Lower Respiratory Diseases | 7(2.77%) | 4 (4.56%) |
| Accidents | 5 (3.09%) | 5 (3.68%) |
| Diabetes Mellitus | 8 (1.5%) | 6 (2.86%) |
| Influenza and Pneumonia | 4 (3.4%) | 7 (2.7%) |
| Alzheimer's disease | 3 (4.63%) | 8(2.47%) |
| Nephritis | 7 (2.16%) | 9(2.15%) |
| Septicemia | 6(3.09%) | 10 (1.93%) |

INFANT MORTALITY

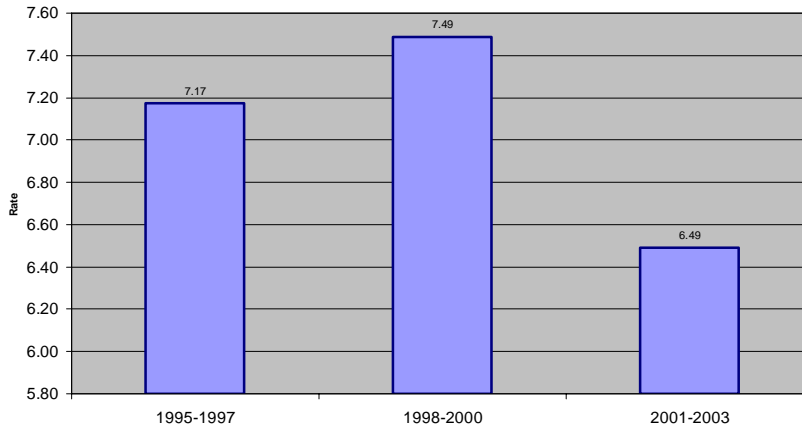


HP2010 Objective 16-1c: *Reduce all infant deaths.*

Target: 4.5 infant deaths/ 1,000 live births.

Data: From 2001 to 2003, Oak Park's infant mortality rate was 6.5 infant deaths/1,000 live births, with a total of 14 infant deaths during this period. In 2003, Suburban Cook County reported an infant mortality of 7.2 infant deaths/1,000 live births, as did Illinois.

Figure 2. Infant mortality rate from 1995 to 2003, Oak Park



SUMMARY:

Oak Park has consistently had a lower crude mortality rate than the state of Illinois and Suburban Cook County as a whole. This holds after age-adjusting the mortality rate. The top 5 leading causes of death are similar to the top 5 leading causes of death for Illinois, but deaths from Alzheimer's disease, influenza and pneumonia account for a greater proportion of deaths in Oak Park than they do in Oak Park. These are all diseases that usually claim lives of senior citizens. It should be noted that senior citizens make up 12% of Illinois' population, but only 9.5% of Oak Park's population.

Oak Park has experienced a significant decline in infant mortality in the last few years and has a lower infant mortality rate than both the state of Illinois and Suburban Cook County.

SECTION 3: THE TEN LEADING HEALTH INDICATORS

The Leading Health Indicators are a set of 10 high priority public health issues in the United States. The indicators are intended to help everyone more easily understand how healthy we are as a nation and which are the most important changes we can make to improve our own health, as well as the health of our families and communities. The Leading Health Indicators represent the most important determinants of health for the full range of issues in the 28 focus areas of Healthy People 2010. These specific objectives are used to track progress toward meeting Healthy People 2010 goals. The Ten Leading Health Indicators are:

1. **Physical Activity**
2. **Overweight and Obesity**
3. **Tobacco Usage**
4. **Substance Abuse**
5. **Responsible Sexual Behavior**
6. **Mental Health**
7. **Injury and Violence**
8. **Environmental Quality**
9. **Immunizations**
10. **Access to Health Care**

PHYSICAL ACTIVITY



Background:

Regular physical activity is associated with lower death rates for adults of any age, even when only moderate levels of physical activity are performed. Regular physical activity throughout life is important for maintaining a healthy body, enhancing psychological well being and preventing premature death.

Physical activity has been broken down into moderate activities and vigorous activities. Moderate activities cause small increases in breathing or heart rate and include activities such as brisk walking, bicycling, vacuuming, and gardening. Vigorous activities cause large increases in breathing and heart rate and include activities such as running, aerobics, and heavy yard work.

Healthy People 2010 Objective 22-2:

Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

Target: 30 percent

Data: In 2005, 41.4% of Oak Park adults claimed that they engaged in moderate activities 5 or more days a week for 30 or more minutes. 35.5% of Oak Park adults reported that they engage in vigorous activities for 3 or more days a week for 20 minutes a day.

OVERWEIGHT AND OBESITY



Background:

Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem.

Healthy People 2010 Objective 19-2:

Reduce the proportion of adults who are Obese

Target: 15 percent.

Data: In 2005, 18.3 percent of Oak Park adults were obese or morbidly obese, defined as a BMI of 30 or more. This is unchanged from 18.63 percent in 2000. While slightly higher than the HP2010 target, it is still lower than suburban cook county, where 21% of respondents were found to be. (22% Illinois)

TOBACCO USAGE



Background:

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases, which are all leading causes of death. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes and fires combined.

Healthy People 2010 Objective 27-1a:

Reduce cigarette smoking by adults.

Target: 12 percent.

Data: In Oak Park in 2005, 11.5 percent of adults were current cigarette smokers. Of these current smokers, 61.5% percent consider themselves to be heavy smokers. This is down from the 16.4 % of Oak Park residents who identified themselves as “current smokers” in 2000. In a BRFSS survey conducted by the state of Illinois in 2004 of adults identified themselves as current smokers.

SUBSTANCE ABUSE



Background:

Alcohol and illicit drug use are associated with many of this country’s most serious problems, including violence, injury and HIV infection. Alcohol and illicit drug use are associated with child and spousal abuse; sexually transmitted diseases, including HIV infection; teen pregnancy, school failure; motor vehicle crashes; escalation of health care costs, low worker productivity; and homelessness. Alcohol and illicit drug use also can result in substantial disruptions in family work, and personal life.

Healthy People 2010 Objective 26-11c:

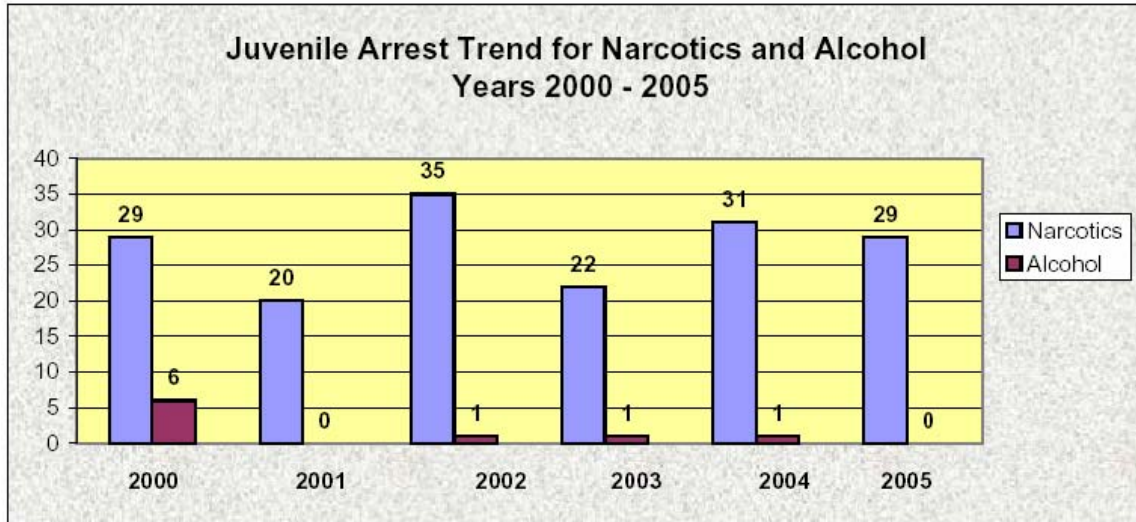
Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.

Target: 6 percent.

Data: In Oak Park in 2000, more than 14.4 percent of adults consumed five or more drinks on one occasion, which is said to put people at risk for binge drinking. This rate is slightly lower than the state rate of 16.8 percent in 2005, but greatly exceeds the HP2010 Objective of 6 percent.

One issue that many are concerned about is substance abuse among youth. While there is limited data available on substance abuse among youth, the number of juvenile arrests for narcotics and alcohol has been holding steady at around 30 arrests per year for the fast couple years.

Figure 3a. Number of Juvenile arrests for narcotics and alcohol.



RESPONSIBLE SEXUAL BEHAVIOR ☺

Background:

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs.

Healthy People 2010 Objective 13-6a: *Increase the proportion of sexually active persons who use condoms.*

Target: 50 percent (for unmarried females aged 18-44.)

Data: In 2005, 53.5% percent of all unmarried females in Oak Park aged 18-44 reported using some form of birth control, including condoms, birth control pill, diaphragm or any other way to prevent pregnancy. These were all females between the ages of 18 and 44, regardless of their marital status.

MENTAL HEALTH ☺

Background:

Approximately 20 percent of the U.S. population is affected by mental illness during a given year; no one is immune. Of all mental illnesses, depression is the most common disorder. More than 19 million adults in the United States suffer from depression. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year.

Healthy People 2010 Objective 18-1. *Reduce the suicide rate.*

Target: 4.8 suicides per 100,000 population

Data: From 2001 to 2003, there were 9 suicides total in Oak Park, giving an average suicide death rate of 5.8 suicides per 100,000 population during this time span. The suicide rate has stayed the same since the period of 1998 to 2000, during which there were also 9 suicides. It is less than Suburban Cook County's suicide rate of 7.8 suicide deaths/100,000 people. However, this is still above the target for HP 2010.

INJURY AND VIOLENCE ☺

Background:

More than 400 Americans die each day from injuries due primarily to motor vehicle crashes, firearms, poisonings, suffocation, falls, fires, and drowning. The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Motor vehicle crashes are the most common cause of serious injury and the most common cause of death in the 15 to 24 age group.

Healthy People 2010 Objective 15-15a: *Reduce deaths caused by motor vehicle crashes.*

Target: 9.2 percent.

Data: Oak Park has had very few deaths caused by motor vehicle crashes since the late 1990s. From 2000 to 2003, there were 2 deaths by motor vehicle crashes, accounting for 1% of all deaths during that time period.

Healthy People 2010 Objective 15-32: *Reduce homicides.*

Target: 3 percent.

Data: Oak Park has consistently had a low homicide rate. From 2000 to 2003 there were 10 homicides, accounting for .98% of all deaths during that time period.

ENVIRONMENTAL QUALITY ☺

Background:

The health effects of poor air quality are well documented. Air pollution continues to be a widespread public health and environmental problem in the United States, causing premature death, cancer, and long-term damage to respiratory and cardiovascular systems.

Part of the air quality is determined by environmental tobacco smoke levels. Health officials are trying to reduce ETS levels by reducing both the number of people in Oak Park who smoke and the number of public areas where smoking is allowed.

Healthy People 2010 Objective 8-1a: *Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.*

Target: 0 percent.

Data: Ozone and Particulate Matter are measured used to determine an areas Air Quality Index (AQI). According to the Illinois Environmental Protection Agency, in 2004 air quality In Illinois was either good or moderate more than 98% of the time throughout Illinois. This year marked the best air quality that Illinois has experienced since the EPA began monitoring air pollutants. Additionally, 2004 was the first year in which none of the air quality monitors in Illinois recorded levels above the federal eight-hour standard ozone.

ACCESS TO CARE



Healthy People 2010 Objective 1-1:

Increase the proportion of persons with health insurance.

Target: 100%

Data: In 2005, 95.2% of all BRFSS respondents stated that they do have some form of health insurance, which does not reflect a change in 2000 coverage levels (as measured by the last BRFSS survey). This is a high proportion compared to the state of Illinois, where only 85.6% of BRFSS respondents stated that they have health insurance.

However, and 9.5% of the population said that they cannot afford a dentist, which suggests that there may be a greater need for affordable oral health care. Additionally, there are 35 doctors in Oak Park that accept Medicaid and Kid Care.

IMMUNIZATIONS



Healthy People 2010 Objective 14-24a:

Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.

Target: 80 percent.

Data: The Oak Park Department of Public Health monitors the immunization status of its Family Case Management children on a monthly basis. During the year of 2005, 86% of Family Case Management children were up to date for their 3-2-2 Immunizations for their age.

SECTION 4: CHRONIC CONDITIONS

Chronic diseases such as diseases of the heart, cancer and cerebrovascular disease are the leading causes of death and disability for Americans, including Oak Park residents. Other chronic conditions including diabetes, kidney disease, arthritis, osteoporosis and respiratory diseases decrease the quality of life of many residents and are leading causes of hospitalizations and mortality. As the county's population of individuals age 65 and older increases, the burden of these chronic conditions will be felt by the local public health system.

Healthy People 2010 established goals for many of these chronic conditions. Each goal is worthy of consideration even if local data is unavailable for setting targets and establishing morbidity and mortality baselines. HP 2010 objectives covering chronic illnesses are analyzed in the following pages.

HEART DISEASE



Background:

Heart Disease remains the second leading cause of death in Oak Park. In 2003, diseases of the heart accounted for 26.85% percent of all deaths. Heart disease continues to be a major cause of disability and a significant contributor to increases in health care costs.

HP 2010 Objective: 12-1. *Reduce coronary heart disease deaths.*

Target: 166 deaths per 100,000 population.

Data: Oak Park's age-adjusted mortality rate for coronary heart disease was 169.4 CHD deaths per 100,000 population from 1999 to 2001. This is significantly less than the state of Illinois (201.5 CHD deaths/100,000) and Suburban Cook County (204.9 CHD deaths/100,000). It is also slightly higher than the HP2010 Objective.

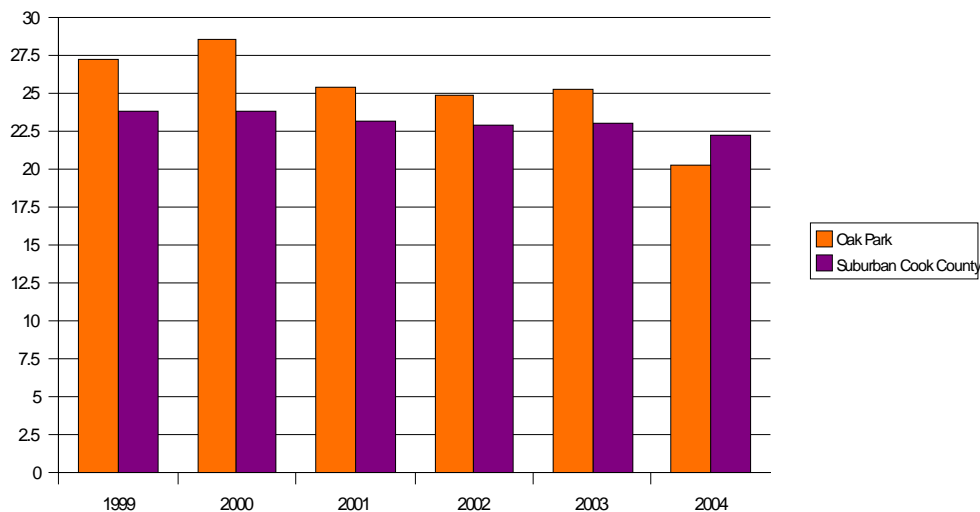
HOSPITALIZATION



HP 2010 Objective 12-6: *Reduce hospitalizations of older adults with congestive heart failure as the principal diagnosis.*

Data: In 2004, Oak Park had a hospitalization rate of 20.2 adults 65 or older hospitalized with congestive heart failure as principle diagnosis/ 1000 persons. This is lower than suburban cook county's rate of 22.2; also, there has been a downward trend in this rate since 1999.

Figure 4a. Hospitalization rates of adults 65+ with congestive heart failure as principle



**diagn
osis.**

STROKE

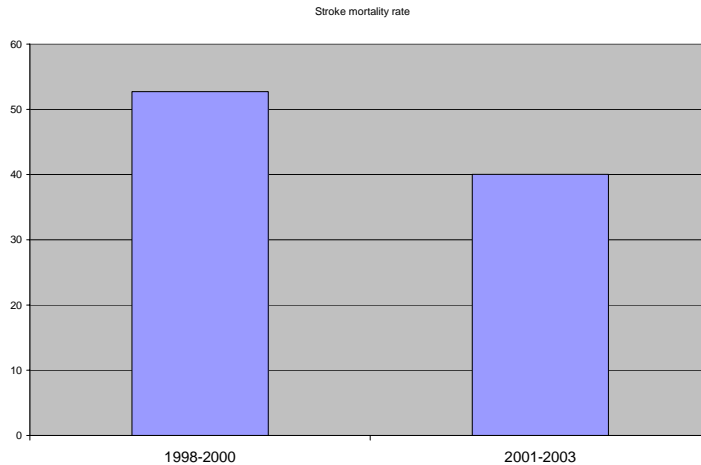


HP 2010 Objective: 12-7. Reduce Stroke Deaths.

Target: 16.2 deaths from stroke per 100,000 population.

Data: Oak Park's crude stroke mortality rate has decreased since 1998 from 52 deaths/100,000 population to 40 deaths/100,000 population. However, it is still above the HP2010 objective of 16.2 deaths/100,000 population. Suburban Cook County's stroke mortality rate is currently 51.8 deaths/100,000 population.

Table 4b. Stroke death rate, Oak Park 1998-2003.



BLOOD PRESSURE



HP 2010 Objective: 12-9. Reduce the proportion of adults with high blood pressure.

Target: 16%

Data: In 2005, 19.7% of Oak Park adults were told that they had high blood pressure. This is slightly lower than in 2000, when 23.5% of Oak Park adults surveyed reported having high blood pressure. When Illinois conducted their BRFSS survey in 2005, they found that 25.5% of adults had ever been told that they have high blood pressure.

BLOOD PRESSURE



HP 2010 Objective: 12-10: Increase the proportion of adults with high blood pressure whose blood pressure is under control.

Target: 50%

Data: In 2005, 77.2% of Oak Park adults who had been told that they have high blood pressure reported taking medication. This indicates that they are taking steps towards controlling it, but we are unable to tell if their blood pressure is actually under control. We are also lacking data that indicates whether they are also taking action by other means, such as limiting sodium intake, losing weight, and exercising.

CHOLESTEROL ☹️

HP 2010 Objective 12-14: *Reduce the proportion of adults with high total blood cholesterol levels.*

Target: 15.7%

Data: In 2005, 25.2% of Oak Park adults surveyed indicated that they had at some point in their life been told by a doctor, nurse or other health professional that their blood cholesterol was high. In 2003, a survey conducted by the Illinois Department of Public Health found that 33.6% of adults surveyed had at some point in their life been told that they had high blood cholesterol levels. In 2005, Illinois BRFSS data concluded that 36.2% of people have been told their cholesterol was high.

TOBACCO 😊

HP2010 Objective 27-1: *Reduce tobacco use by adults.*

Target: 12%

Data: In Oak Park in 2005, 11.5 percent of adults were current cigarette smokers. Of these current smokers, 61.5% percent consider themselves to be heavy smokers. This is down from the 16.4 % of Oak Park residents who identified themselves as “current smokers” in 2000. In a BRFSS survey conducted by the state of Illinois in 2005, 19.9 % of adults identified themselves as current smokers.

OBESITY ☹️

HP2010 Objective 19-2: *Reduce the proportion of adults who are obese.*

Target: 15 %

Data: In 2005, 18.3 percent of Oak Park adults were obese or morbidly obese, defined as a BMI of 30 or more. This is unchanged from 18.63 percent in 2000. While slightly higher than the HP2010 target, it is still lower than suburban cook county, where 21% of respondents were found to be. (22% in the state of Illinois)

CANCER ☹️

Background:

Cancer is the leading cause of death in Oak Park, and the second leading cause of death in Illinois and the United States. Although recent data shows that the death rate from all

cancers has been falling in the US since 1991, it is important to remember that one out of two men and one out of three women in the United States will develop some type of cancer during their lifetime.

In 2006, approximately 1.4 million Americans will be diagnosed with cancer and 565, 000 will die of the disease. About a third of these deaths will be related to tobacco use, and another third will be related to nutrition, physical activity, or being overweight or obese. Almost all of these deaths could be prevented.

One third of all cancer deaths are related to diet and activity factors.

HP2010 Objective 3-1: *Reduce the overall cancer death rate.*

Target: 159.9 deaths per 100,000 population.

Data: Oak Park has an age-adjusted cancer death rate of 197.4 deaths/100,000 persons/year. While not meeting the HP2010 standards, it is still lower than the State of Illinois and Suburban Cook County, who have rates of 208.9 and 206.0 cancer deaths/100,000 people, respectively.

In 2003, cancer claimed the lives of 90 Oak Park Residents, making up 27.78% of all deaths in 2003. The same year, cancer accounted for 22.98% of all Illinois deaths. The 4 "main" cancers made up 43% of Oak Park cancer deaths between 2001 and 2003:

Table 4e. Number of cancer deaths by specific site.

| | Breast Cancer | Prostate Cancer | Lung Cancer | Colorectal Cancer | Percent attributable |
|-----------|---------------|-----------------|-------------|-------------------|----------------------|
| 2001-2003 | 20 | 11 | 59 | 26 | 43.61 |
| 1998-2000 | 34 | 14 | 57 | 29 | 52.96 |
| 1995-1997 | 25 | 22 | 58 | 34 | 53.05 |

MAMMOGRAM Not comparable.

HP2010 Objective 3-13: *Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.*

Target: 70%

Data: In 2005, 93.3% of Oak Park female residents 40 and older reported having ever had a mammogram. This is compared to 90.1% of Illinois female residents 40 and older who had ever had a mammogram as of 2004. This does not indicate whether they have had a mammogram in the last 2 years.

PAP TEST ☺

HP2010 Objective 3-11a: *Increase the proportion of women who receive a Pap test.*

Target: 97%

Data: In 2005, 95.6% of Oak Park women 18 years and over reported having ever had a pap test. This is slightly lower than the HP2010 target, but about the same as Illinois 2005 data, where 95.9% of women 18 and over reported having ever had a pap test.

HP2010 Objective 3-11b: *Increase the proportion of women who receive a Pap test within the 3 preceding years. ☺*

Target: 90%

Data: In 2005, 89.3% of Oak Park women 18 years and over reported having had a pap test within the preceding 3 years. This is close to hitting the HP2010 target.

ARTHRITIS ☺

Background:

In 2002, 43 million American adults (about 1 in 5) reported doctor-diagnosed arthritis. Another 23 million people reported chronic joint symptoms but had not been told by a doctor that they had arthritis. These data indicate that arthritis is one of the nation's most common health problems. As the U.S. population ages, these numbers are likely to increase dramatically. For example, the number of people aged 65 or older who have doctor-diagnosed arthritis is projected to more than double, from 15.7 million in 2002 to 33.3 million in 2030.

Arthritis is the nation's leading cause of disability, limiting everyday activities for 16 million Americans. Among adults with arthritis, 31% report arthritis-related work limitations. Each year, arthritis results in 750,000 hospitalizations and 36 million outpatient visits.

There are effective ways to prevent arthritis and to reduce the symptoms, lessen the disability, and improve the quality of life for people with arthritis. For example, weight control and injury prevention measures can lower the risk for osteoarthritis.

The pain and disability that accompany arthritis can be decreased through early diagnosis and appropriate management, including self-management activities such as weight control and physical activity.

HP 2010 Objective 2-7: *Increase the proportion of adults who have seen a health care provider for their chronic joint symptoms.*

Data: 24.7% of Oak Park adults surveyed in 2005 reported having been told by a health professional that they have arthritis. Of those, only 41.6% reported currently being treated by a doctor for arthritis.

DIABETES ☺

Background:

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can lead to serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.

According to the CDC, from 1997 through 2004, the number of new cases of diagnosed diabetes increased by 54%. It is estimated that 7.3% of all Americans have diabetes, but certain racial groups, namely American Indians, African Americans and Hispanics have a greater prevalence and incidence of the disease than others.

There are several complications of diabetes, including heart disease, blindness, kidney disease, nervous system disease, amputations, dental disease and pregnancy complications. Diabetes is also the 6th leading cause of death in the United States.

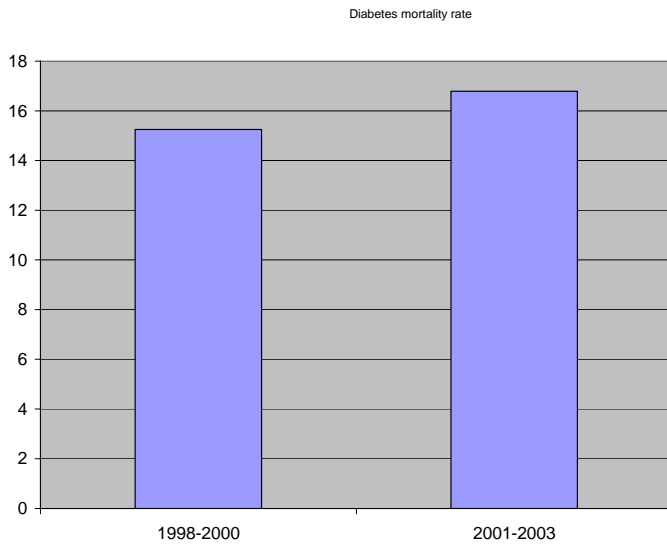
Some risk factors for diabetes are a family history of diabetes, low activity level, poor diet, and excess body weight (especially around the waist), age greater than 45 years, high blood pressure, low HDL cholesterol, and being previously identified as having impaired glucose tolerance by your doctor.

HP 2010 Objective 5-5: *Reduce the diabetes death rate.*

Target: 7.8 deaths per 100,000

Data: Between the years 2001-2003, Oak Park had 16.79 diabetes deaths/100,000 persons/year. This was slightly higher than the previous 3 years' rate of 15.24 diabetes deaths/100,000 persons/year. This was lower than Cook County's diabetes mortality rate of 22.3 diabetes deaths/ 100,000/ year, but still higher than the HP2010 target.

Figure 4c. Diabetes mortality rate, Oak Park, 1998-2003.



Also, in, 2005 4.3% of Oak Park adults reported having ever been told by a doctor that they have diabetes. This is comparable to Suburban Cook County, where in 2004, 4.9% of all adults surveyed reported this, and significantly lower than in Illinois, where in 2005, 7.9% of all adults surveyed reported having ever been told by a doctor that they have diabetes.

ASTHMA

Background:

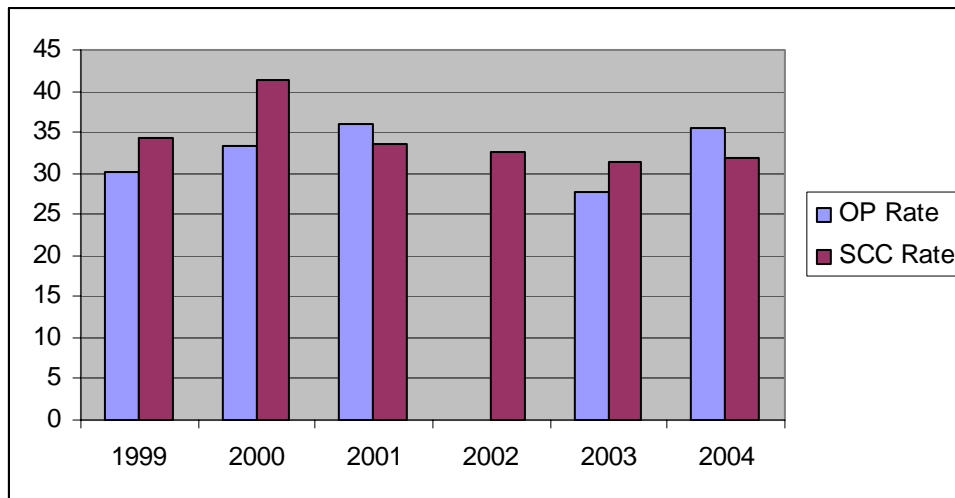
Asthma is a common, chronic disorder of the airways resulting in recurrent attacks of breathlessness, generally accompanied by wheezing, chest tightness and cough, which varies in severity over time. Asthma is due to inflammation of the air passages in the lungs. This inflammation becomes chronic which causes the nerve endings in the airways to become hypersensitive so that the lungs are easily irritated. From 1980 through 1996, the number of Americans afflicted with asthma more than doubled to almost 15 million. Learning how to manage asthma as a chronic disease is a major challenge for people with asthma and their families.

HP 2010 Objective 24-2a: *Reduce hospitalizations for asthma among children under age 5 years.* ☹

Target: 25 hospitalizations/ 10,000 children

Data: In 2004, Oak Park had an asthma hospitalization rate of 36 hospitalizations/10,000 children. This is compared to Suburban Cook County's asthma hospitalization rate of 32 hospitalizations/10,000 children. This is above the HP2010 target of 25 hospitalizations/10,000 children.

Figure 4d. Hospitalization rate for asthma among children under age 5 years (# per 10,000), Oak Park and Suburban Cook County 1999 to 2004.

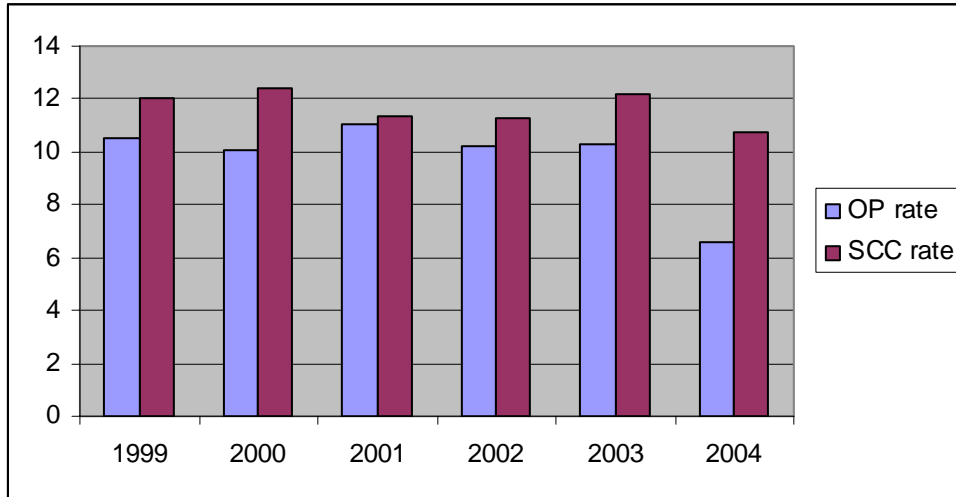


HP 2010 Objective 24-2b: *Reduce hospitalizations for asthma among children and adults between ages 5 to 64 years.* ☺

Target: 7.7. Hospitalizations/10,000 children and adults.

Data: Between the years of 1999 and 2004, Oak Park had an asthma hospitalization rates consistently less than the Suburban Cook County hospitalization rates for children and adults 5 to 64. In 2004, Oak Park's rate (6.6 hospitalizations/10,000 children and adults) went below the HP2010 rate for the first time.

Figure 4e. Asthma hospitalization rate for children and adults age 5 to 65, Oak Park and Suburban Cook County, 1999 to 2004.

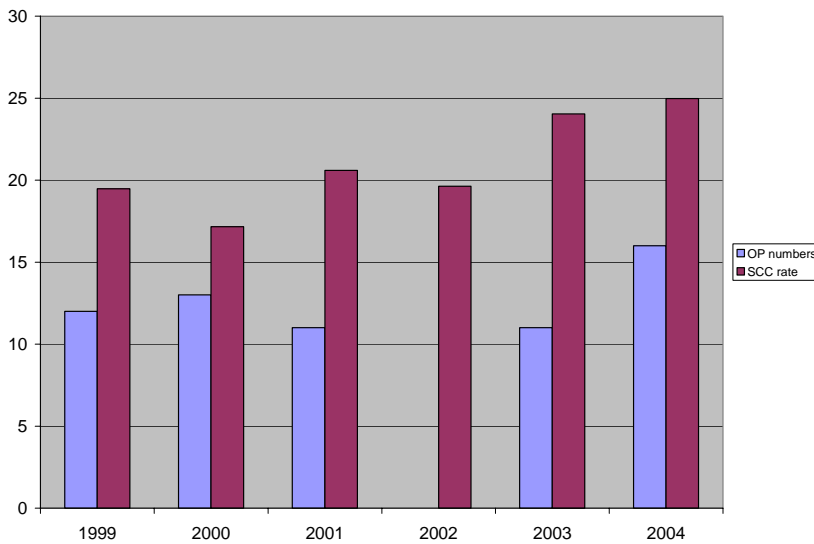


HP 2010 Objective 24-2b: *Reduce hospitalizations for asthma among adults age 65 and older.* ☺

Target: 60 hospitalizations/10,000 adults.

Data: Oak Park has consistently had senior citizen asthma hospitalization rates below the HP2010 target and Suburban Cook County rates. However, in 2004 Oak Park’s hospitalization rate increased slightly to 25 hospitalizations per 10,000 adults 65 and over.

Figure 4f. Asthma hospitalization rate for adults age 65 and older, Oak Park and Suburban Cook County, 1999 to 2004.



SECTION 5: COMMUNICABLE DISEASES

Communicable diseases, as defined by the National Association of City and County Health Officials (NACCHO), include diseases that are usually transmitted through person-to-person contact or shared use of contaminated instruments/materials. Many of these diseases can be prevented through the use of protective measures, such as a high level of vaccine coverage of vulnerable populations. In recent years the United States has experienced new and emerging infectious diseases such as West Nile Virus, Severe Acute Respiratory Syndrome (SARS) and Avian Flu. These conditions capture headlines and raise the public's awareness. This section will focus on other communicable diseases having a larger impact on community health at this point in time.

The following are the communicable diseases that most affected Oak Park from 2001 to 2004. In 2004 there was a major outbreak of Pertussis, where Oak Park had 72 cases of the disease after years of having only 1-2 cases.

Table 5a. Major Communicable Diseases reported in Oak Park from 2001 to 2004.

| | Amebiasis | Campylobacter | CNS Meningitis | Giardiasis | GBS | Malaria | Pertussis | Salmonella | Shigella | WNV | E. coli 0157 H7 | Group A Strep |
|------|-----------|---------------|----------------|------------|-----|---------|-----------|------------|----------|-----|-----------------|---------------|
| 2001 | 1 | 4 | 6 | 1 | 1 | 3 | 1 | 5 | 3 | 0 | 1 | 0 |
| 2002 | 0 | 6 | 3 | 1 | 0 | 1 | 0 | 10 | 6 | 3 | 0 | 0 |
| 2003 | 1 | 2 | 6 | 1 | 0 | 0 | 0 | 7 | 3 | 0 | 0 | 1 |
| 2004 | 1 | 0 | 6 | 1 | 0 | 1 | 72 | 11 | 2 | 0 | 0 | 1 |

SEXUALLY TRANSMITTED DISEASES (STDs) ☹

Background:

STDs include several diseases that are all transmitted from person to person through sexual contact. The most commonly reported STDs are Chlamydia, Gonorrhea and Syphilis. These diseases are usually not fatal and easily treated. However, these diseases can result in several complications and can only be prevented by safe sexual practices such as abstinence and condom use.

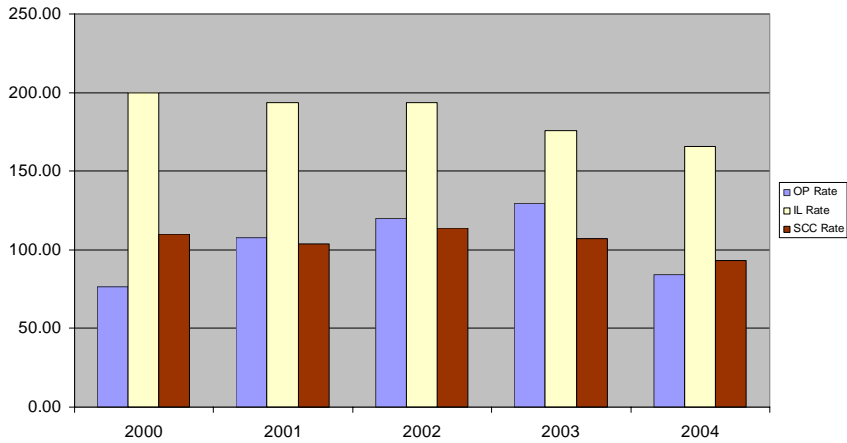
GONORRHEA

HP2010 Objective 25-2: *Reduce gonorrhea.*

Target: 19 new cases/100,000 population

Data: In 2004, Oak Park had 43 cases of gonorrhea. While Oak Park's gonorrhea rates are well below the state of Illinois, it still hovers above Suburban Cook County and well above the HP2010 Target. From 2000 to 2003 there was an increase in Oak Park gonorrhea rates, which then fell in 2004 to 84.3 cases per 100,000 people. Illinois' gonorrhea rates have been decreasing steadily since 2000.

Figure 5a. Gonorrhea Rate (# of cases per 100,000 people), 2001 to 2004



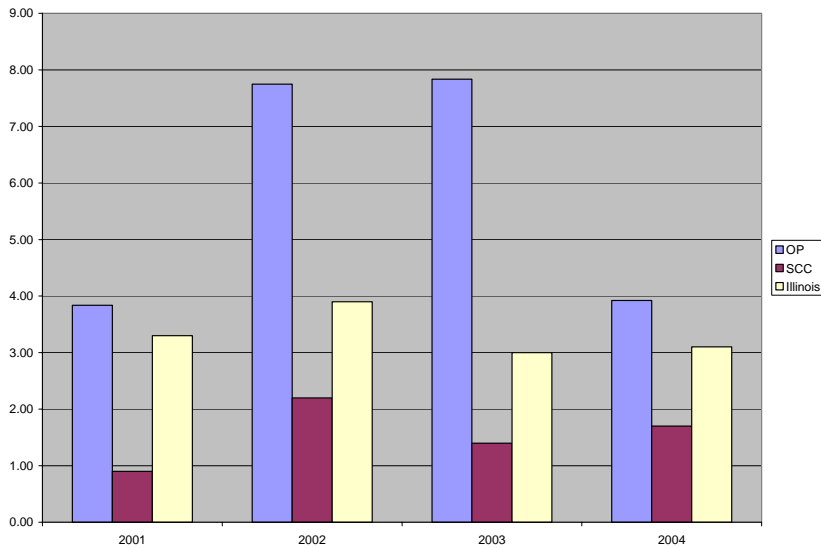
SYPHILIS

HP2010 Objective 25-3: Eliminate sustained domestic transmission of primary and secondary syphilis.

Target: .2 cases/100,000 population

Data: In 2004, Oak Park had 2 primary and secondary cases of syphilis and a syphilis rate of 3.92 cases/100,000 population. In 2002 and 2003, there were 8 cases of syphilis. Oak Park’s syphilis rate has been consistently higher than Illinois’ and Cook County’s rates, as well as the Healthy people 2010 target.

Figure 5b. Primary and secondary syphilis rates for OP, SCC and Illinois, from 2001 to 2004.



HIV/AIDS



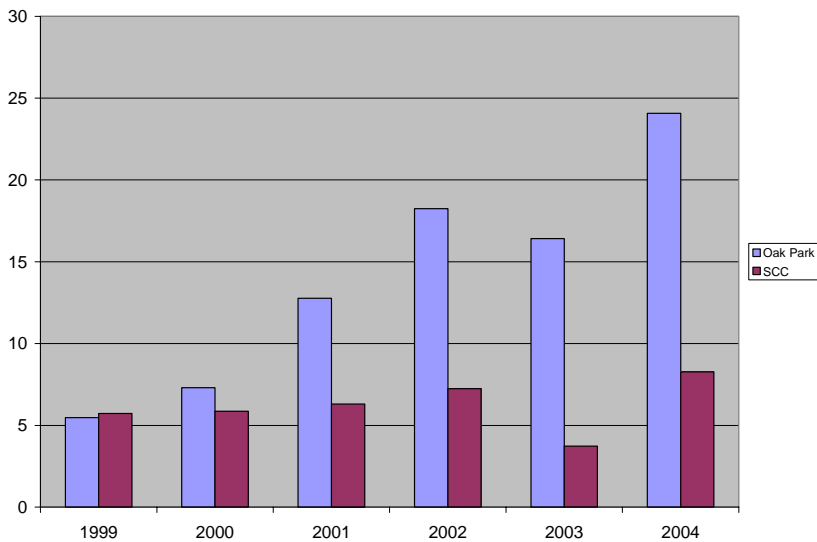
Background:

While AIDS has been on the decline in the United States due to increased awareness and more effective treatment, it is still prevalent in our society. At least one half of all new HIV infections are estimated to be among those under the age of 25. The CDC estimates that almost 1 million Americans are currently living with HIV.

HP2010 Objective 25-3: Reduce the number of cases of HIV infection among adolescents and adults.

Data: In 2004, 13 HIV infections and 7 AIDS cases were reported in Oak Park. 56 people are currently estimated to be living in Oak Park with HIV infections and 103 are currently estimated to be living with AIDS. Oak Park has consistently had a higher HIV infection rate than Suburban Cook County. ***Oak Park's reported HIV infection rate seems to be on the rise, however, this rise may be simply due to increased reporting by physicians.***

Figure 5c. HIV rate, Oak Park and Suburban Cook County, 1999 to 2004.



SECTION 6: MATERNAL, INFANT, AND CHILD HEALTH

The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the U.S. population and as a predictor of the health of the next generation. This section addresses a range of indicators of maternal, infant, and child health—those primarily affecting pregnant women and those that affect infants' health and survival (including infant mortality rates; access to preventive care; and fetal, prenatal, and other infant deaths).

Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. Despite the United State's technology and prosperity, a 1999 report from the National Center for Health Statistics at the CDC stated that the US ranked only 28th among 37 nations in terms of infant mortality. Between 2001 and 2002, the number of US infants dying within their first year for every 1000 live births climbed from 6.8 to 7.0, says another CDC report. That is equivalent to nearly 500 additional infant deaths.

In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW) actually have increased in the United States. In addition, the disparity in infant mortality rates between whites and specific racial and ethnic groups (especially African Americans, American Indians or Alaska Natives, Native Hawaiians, and Puerto Ricans) persists. Although the overall infant mortality rate has reached record low levels, the rate for African Americans remains twice that of whites.

INFANT DEATHS

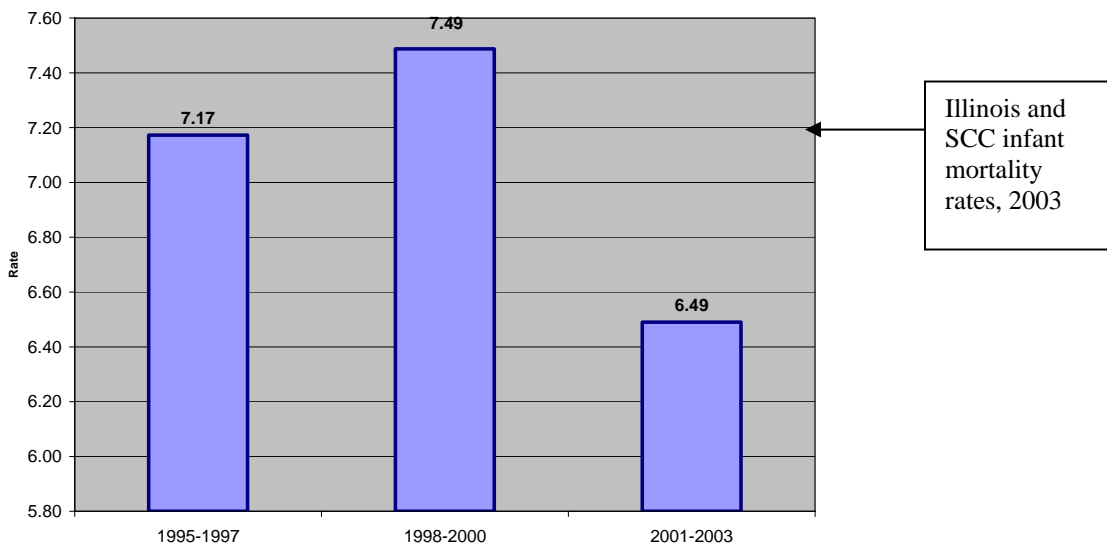


HP2010 Objective 16-1c: *Reduce all infant deaths.*

Target: 4.5 infant deaths/ 1,000 live births.

Data: In general, Illinois' infant mortality rates have been on a decline in Illinois since 1991. From 2001 to 2003, Oak Park's infant mortality rate was 6.5 infant deaths/1,000 live births, with a total of 14 infant deaths during this period. This rate was lower than the last 6 years. In 2003, Suburban Cook County reported an infant mortality of 7.2 infant deaths/1,000 live births, as did Illinois.

Figure 6a. Oak Park infant mortality rates from 1995 to 2003.



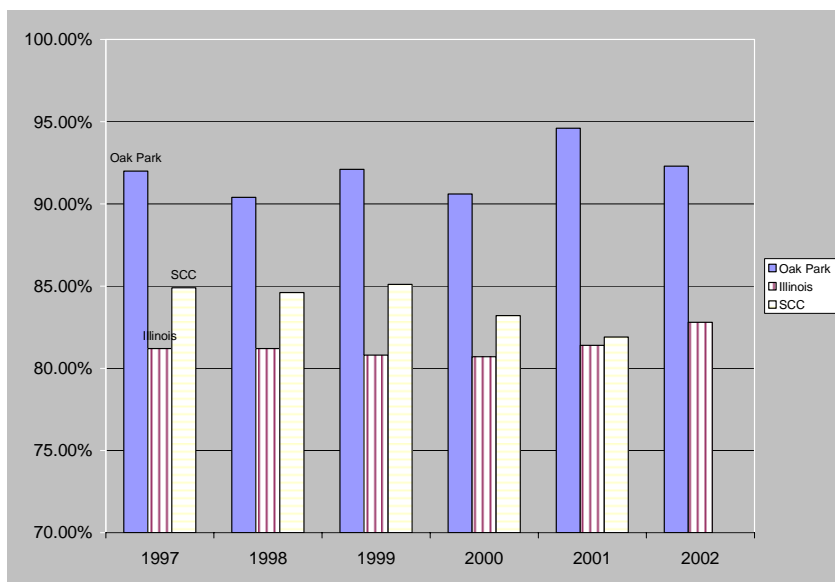
ADAQUATE CARE ☺

HP2010 Objective 16-6: *Increase the proportion of pregnant women who receive early and adequate prenatal care.*

Target: 90% of live births

Data: Oak Park has consistently fared well in terms of the percent of pregnant receiving early and adequate prenatal care and has been exceeding the target for the last several years. In 2002, 92.3% of Oak Park pregnant women started prenatal care in the first trimester. In Illinois as a whole, only 82.8% of 2002 pregnant women began prenatal care in the first trimester.

Figure 6b. Percent of pregnant women beginning prenatal care in the first trimester of pregnancy. (2002 SCC data missing)



LOW BIRTH WEIGHT ☹

HP2010 Objective 16-6: *Reduce low birth weight (≤ 5.8 pounds) and very low birth weight (≤ 3.4 lbs) babies.*

Target: 5% (LBW) and 0.9% (VLBW)

Data: Oak Park has yet to meet the Healthy People 2010 target of 5% low birth weights and 0.9% very low birth weight babies. In 2002, 8.90% of Oak Park births were low birth weight babies, while 2.3% were very low birth weight babies. From 1998, there seemed to be a downwards trend for low birth weight babies, while Illinois' low birth weight proportion remained the same; however, in 2002 Oak Park exceeded Illinois and Suburban Cook County in its percentage of low birth weight babies.

Figure 6c. Percent of Oak Park, Suburban Cook County and Illinois births that are low birth weight (LBW) babies, 1997 to 2002. (2002 SCC data missing)

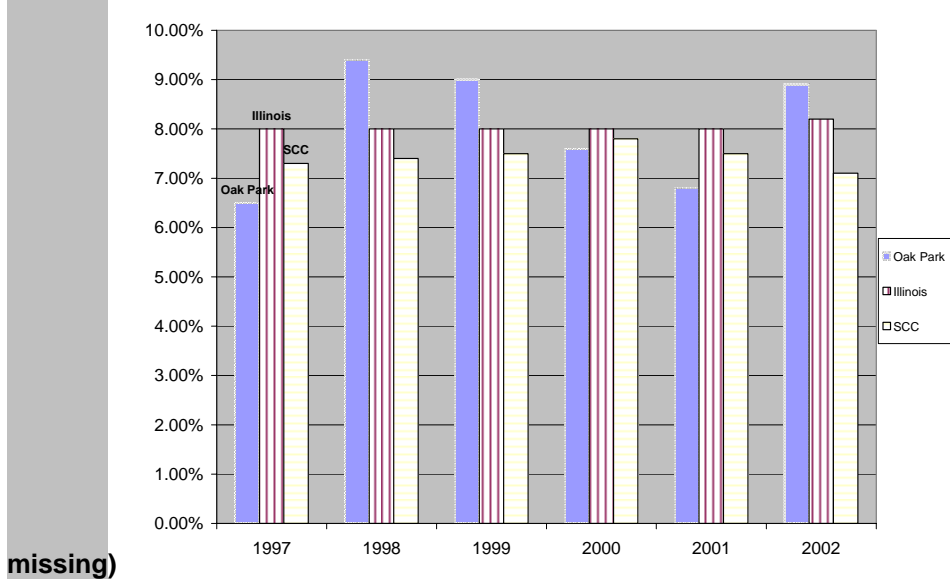
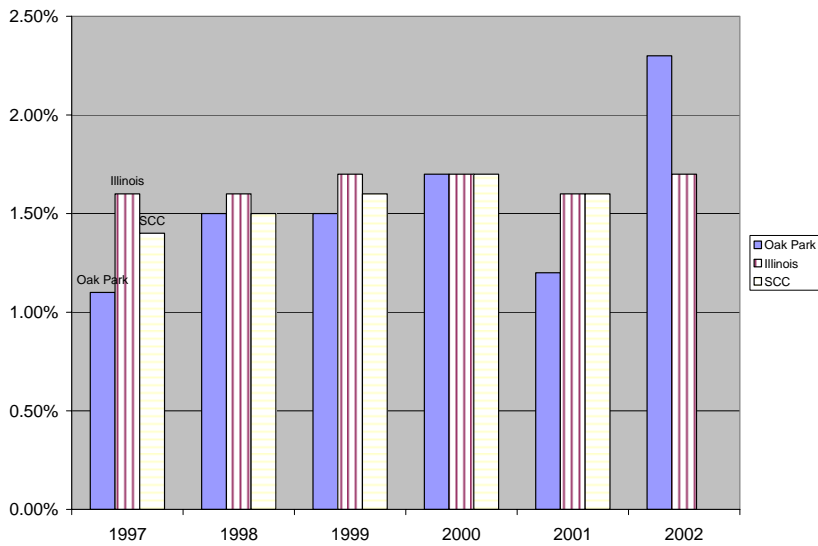


Figure 6c. Percent of Oak Park and Illinois births that are very low birth weight (VLBW) babies, 1997 to 2002. (2002 SCC data missing)

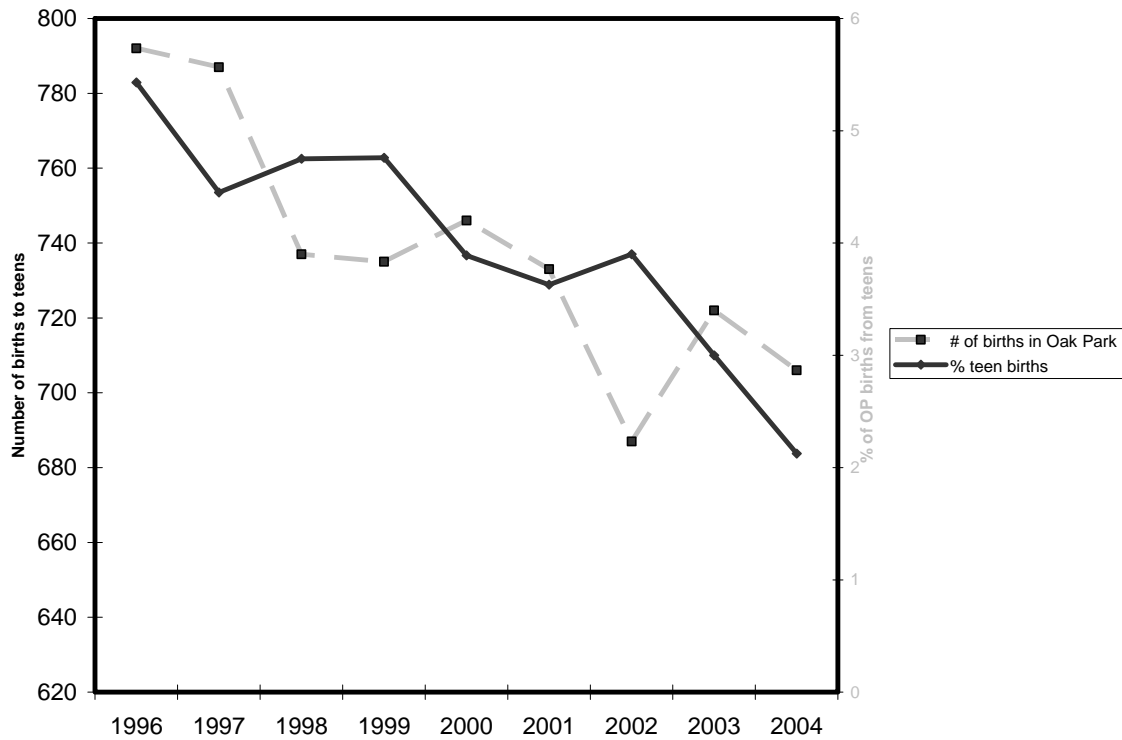


ADOLESCENT PREGNANCIES ☺

Oak Park Objective: *Reduce adolescent pregnancies.*

Target: No HP2010 target.

Data: Since 1996, births to teens have been on the decline both in Oak Park and statewide.



SECTION 7: MENTAL HEALTH

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 adversity. Mental health is indispensable to personal wellbeing, family and interpersonal relationships, and contribution to community or society.

Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death.

Mental illness is the term that refers collectively to all diagnosable mental disorders. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the United States—occurs most frequently as a consequence of a mental disorder.

Unfortunately, Oak Park is lacking in mental health data and is only able to estimate the extent to which Oak Park residents are affected by mental health. Hospitalization and Suicide rates, while available, only reflect the most severe cases of mental illnesses.

ESTIMATED PREVALENCE

In 2004, Oak Park was estimated to have approximately **50,993** people. It is estimated that...

9.5% of the adult US population has a mood disorder, include major depressive disorders, dysthymic disorders and bipolar disorders. This is approximately **4,844** Oak Park residents.
6.7% of the adult US population has a depressive disorder. This is approximately **3,416** Oak Park residents.

1.5% of the adult US population has a dysthymic (Chronic, mild depression for at least 2 years) disorder. This is approximately **765** Oak Park residents.

2.6% of the adult US population has bipolar disorder. This is approximately **1,326** Oak Park residents.

1.1% of the adult US population has schizophrenia. This is approximately **561** Oak Park residents.

18.1% of the adult US population has anxiety disorder. This is approximately **9,230** Oak Park residents.

2.7% of the adult US population has panic disorder. This is approximately **1,376** Oak Park residents.

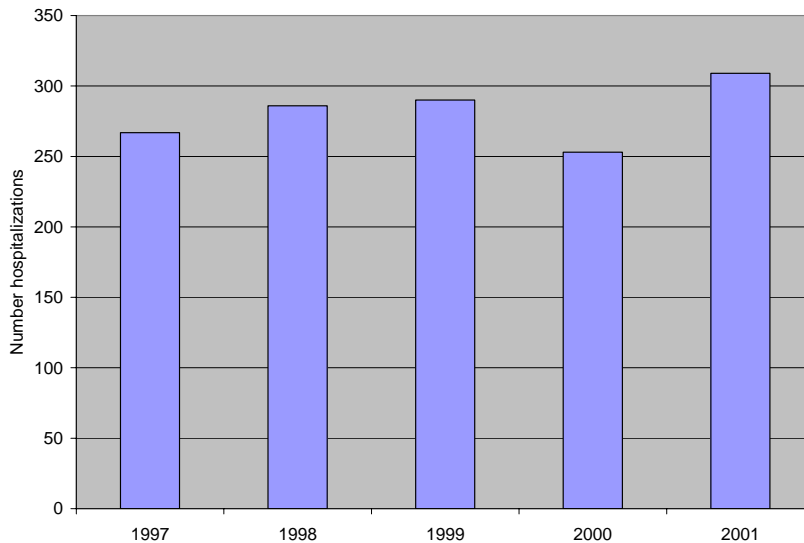
1% of the adult US population has panic disorder. This is approximately **510** Oak Park residents.

These statistics may or may not be representative of Oak Park.

HOSPITALIZATIONS FOR PSYCHOSES ☹

Data: Since 1997, the number of OP hospitalizations for psychoses seems to be on the rise. Note that psychosis is not pathognomonic (a sign or symptom *specific* to a disease or condition) of psychiatric illness. It is simply a nonspecific cluster of signs and symptoms that may occur in a broad array of medical, neurological and surgical disorders, or as a consequence of pharmacologic treatment, substance abuse or the withdrawal of drugs and alcohol.

Figure 7a. Number of Oak Park resident hospitalizations for psychoses, 1997 to 2001.



SUICIDE RATE ☹

Background:

Approximately 20 percent of the U.S. population is affected by mental illness during a given year; no one is immune. Of all mental illnesses, depression is the most common disorder. More than 19 million adults in the United States suffer from depression. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year.

Healthy People 2010 Objective 18-1. *Reduce the suicide rate.*

Target: 4.8 suicides per 100,000 population

Data: From 2001 to 2003, there were 9 suicides total in Oak Park, giving an average suicide death rate of 5.8 suicides per 100,000 population during this time span. This is lower than Illinois' rate of 8.73 suicides per 100,000 population. The suicide rate has stayed the same since the period of 1998 to 2000, during which there were also 9 suicides. However, this is still above the target for HP 2010.

SECTION 8: ENVIRONMENTAL HEALTH

According to the World Health Organization, "In its broadest sense, environmental health comprises those aspects of human health, disease, and injury that are determined or influenced by factors in the environment. Because the impact of the environment on human health is so great, protecting the environment has long been a mainstay of public health practice. National, State, and local efforts to ensure clean air and safe supplies of food and water, to manage sewage and municipal wastes, and to control or eliminate vector-borne illnesses have contributed a great deal to improvements in public health in the United States.

ISSUES

Environmental factors play a central role in human development, health, and disease. Broadly defined, the environment, including infectious agents, is one of three primary factors that affect human health. The other two are genetic factors and personal behavior. Human exposures to hazardous agents in the air, water, soil, and food and to physical hazards in the environment are major contributors to illness, disability, and death.

OUTDOOR AIR QUALITY ☺

Healthy People 2010 Objective 8-1a:

Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.

Target: 0 percent.

Data: Ozone and Particulate Matter are measured used to determine an areas Air Quality Index (AQI). According to the Illinois Environmental Protection Agency, in 2004 air quality in Illinois was either good or moderate more than 98% of the time throughout Illinois. This year marked the best air quality that Illinois has experienced since the EPA began monitoring air pollutants. Additionally, 2004 was the first year in which none of the air quality monitors in Illinois recorded levels above the federal eight-hour standard ozone.

WATER QUALITY ☺

Background:

Providing drinking water free of disease-causing agents, whether biological or chemical is the primary goal of all water supply systems. Contamination of water can come from both point (for example industrial sites) and non-point (agricultural or septic run off) sources.

Healthy People 2010 Objective 8-5:

Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.

Target: 95%

Data: 100% of Oak Park residents are served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act. Lake Michigan is a surface water supply that provides drinking water for Oak Park, Chicago and 120 other suburban communities.

The Village purchases the water from the City of Chicago. Water samples are routinely tested every step of the way - from the source of the water, to Oak Park's

three pumping stations, right into randomly selected individual homes. The water is checked for purity, compliance with state and federal drinking water standards and to correct potential problems. During the last full year for which testing was conducted (2004), the water delivered to Oak Park homes and businesses met or exceeded all state and federal drinking water requirements

TOXICS AND WASTE



Background:

Lead is a highly toxic substance, exposure to which can produce a wide range of adverse health effects. Both adults and children can suffer from the effects of lead poisoning, but childhood lead poisoning is much more frequent. Over the many years since we have known about the hazards of lead, tens of millions of children have suffered its health effects. Even today, in 2004, there are still at minimum more than four hundred thousand children under the age of six who have too much lead in their blood.

In 2005, Oak Park's 4 zip codes were placed in the "high risk" category for lead poisoning by the state of Illinois due to the age of its housing.

Healthy People 2010 Objective 8-11:

Eliminate elevated blood lead levels in children.

Target: **0%**

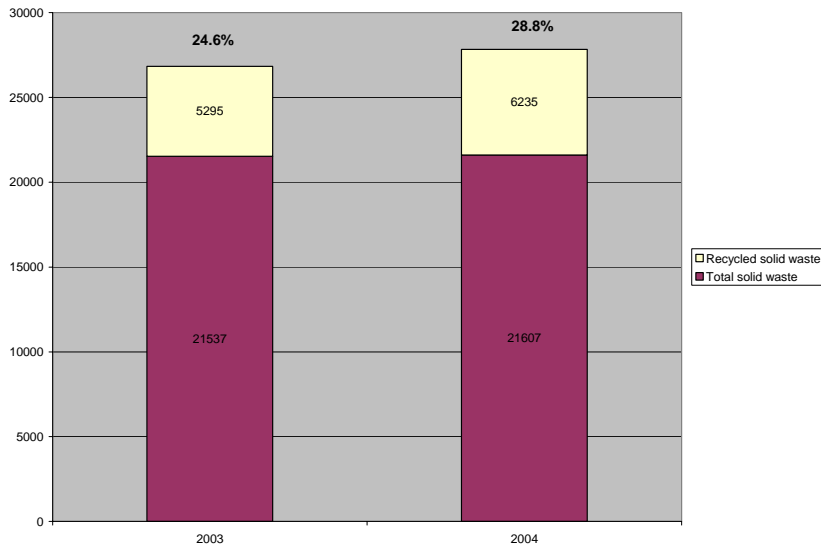
Data: In 2004, 7 out of 315 children (2.2%) had elevated (>15 mcg/dL) levels. In 2005, 9 out of 439 (2.02%) children tested had elevated levels of lead. This increase in testing may be due to the fact that Oak Park was placed in the "high risk" category in 2005 and therefore doctors may have been testing for lead more vigilantly than before. In 2002, the 2.2% of all children in Illinois tested for lead had elevated levels.

Healthy People 2010 Objective 8-15:

Increase recycling of municipal solid waste.

Target: **38% of sold waste recycled**

Data: Between 2002 and 2004, the proportion of solid waste recycled went up by 4%. However, this still does not meet the HP2010 target of 38% and is lower the Illinois' 2004 recycling rate of 35%



FOODBORNE ILLNESSES (Campylobacter/ Salmonella)

Background:

Foodborne illnesses are illnesses that are Foodborne illness incidence is usually difficult to track due to the fact that so many foodborne illnesses go unreported to local health officials. It is also difficult to draw conclusions about Oak Park's environmental health from foodborne illness rates alone, due to our extremely mobile community; foodborne illnesses may be acquired within Oak Park, or from an establishment in one of the many surrounding cities and towns that surround us. However, it does give us some indication of the sanitation practices that are taking place in our communities and surrounding communities. Foodborne illnesses are prevented by good food handling practices, cooking food to a high temperature and good hygiene.

Campylobacteriosis and salmonellosis are the most frequently reported foodborne illnesses in the United States. They are both more common in the summer months than the winter months. Campylobacter is estimated to affect 0.5% of the general population and is isolated from infants and young adults more frequently than from any other age group. Every year, approximately 40,000 cases of salmonella are reported in the United States. Young children, the elderly and the immunocompromised are most likely to have severe infections.

CAMPYLOBACTER

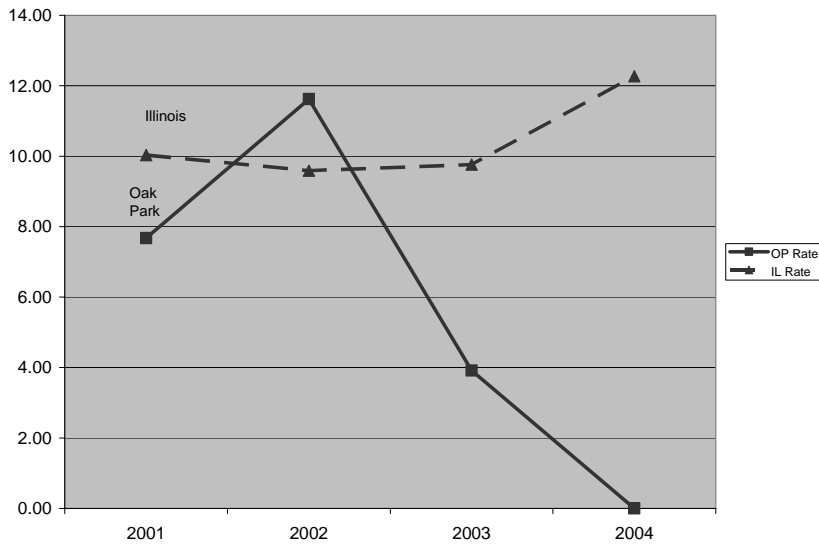


HP2010 Objective 10-1a: *Reduce infections caused by Campylobacter.*

Target: 12.3 cases/100,000 population

Data: Oak Park's campylobacter rate has been on the decline in recent years, while Illinois' Campylobacter rate has remained steady. However, from 2003 to 2004 there was a slight increase in Illinois' campylobacter rate.

Figure 8a. Campylobacter rate (cases per 100,000), 2000 to 2004



SALMONELLA

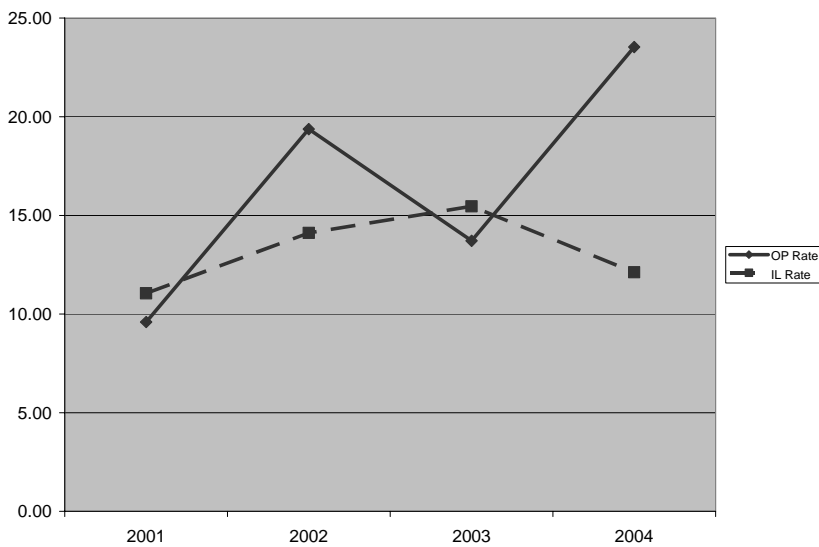


HP2010 Objective 10-1d: *Reduce infections caused by Salmonella.*

Target: 6.8 cases/100,000 population

Data: From 2001 to 2004, Oak Park's Salmonella rate doubled from 9.59 to 23.53 cases/100,000 persons. It must be noted that this only represents an increase of 7 cases of salmonella (from 5 to 12 cases), but it is a trend that should be paid attention to. Illinois' salmonella rate was on the rise since 2001, but decreased in 2004.

Table 8b. Salmonella rate (cases per 100,000), 2000 to 2004



SECTION 9: INJURY AND VIOLENCE

The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable “accidents.” In fact, many injuries are not “accidents,” or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

People die from injuries due to a variety of causes such as motor vehicle crashes, firearms, poisonings, suffocations, falls, fires, and drowning. In the United States, about 400 persons die from injuries each day, including 55 children and teenagers. One death out of every 17 in the United States results from injury. Of these deaths, 63 percent are classified as unintentional and 34 percent as intentional. Unintentional injury deaths include approximately 42,000 resulting from motor vehicle crashes per year.

For ages 1 through 44 years, deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than 43 percent of all deaths among children aged 1 through 4 years. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.

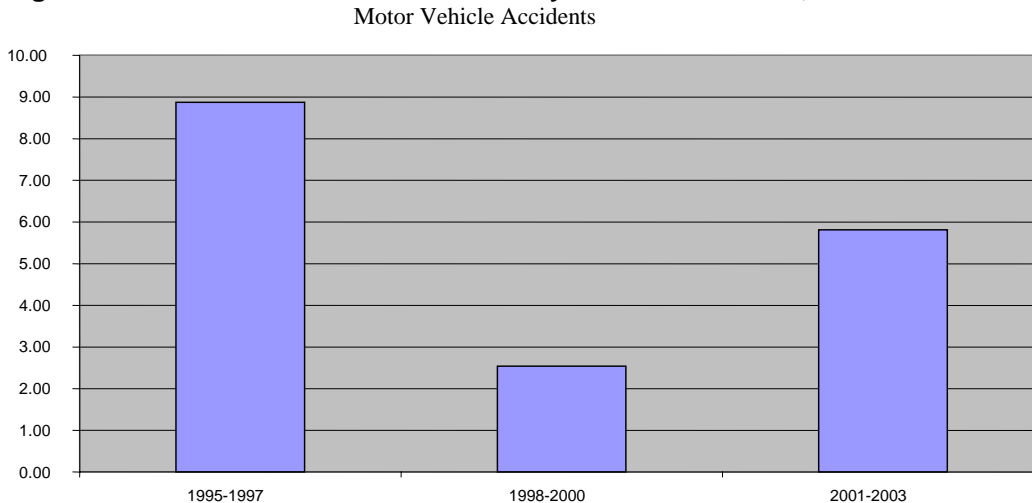
MOTOR VEHICLE ACCIDENTS ☺

HP 2010 Objective 15-15: *Reduce deaths caused by motor vehicle accidents.*

Target: *9.2 per 100,000 population.*

Data: From 2001 to 2003, there were 9 deaths by motor vehicle accidents among Oak Park residents. Oak Park’s MVA mortality rate has been below the HP2010 target for the past 10 years. Most recent data shows that Oak Park has an MVA mortality rate of 5.81 deaths/100,000 persons. This is less than Suburban Cook County’s rate of 9.1 MVA deaths/ 100,000 persons.

Figure 10a: Motor vehicle accident mortality rates for Oak Park, 1995 to 2003.

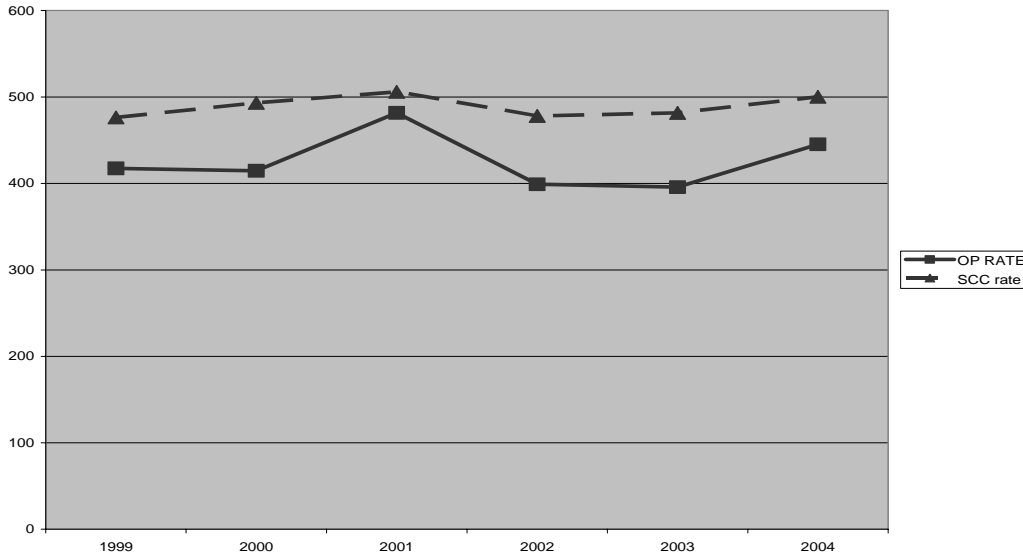


UNINTENTIONAL INJURIES ☹

HP 2010 Objective 15-15: Reduce emergency department visits for nonfatal unintentional injuries.

Data: Oak Park's nonfatal injury hospitalization rate has remained under 450 hospitalizations per 100,000 population except for a spike in 2001. It remains below Suburban Cook County's nonfatal injury hospitalization rate.

Figure 10b: Nonfatal Injury hospitalization rate for Oak Park and Suburban Cook County, 1999 to 2004.



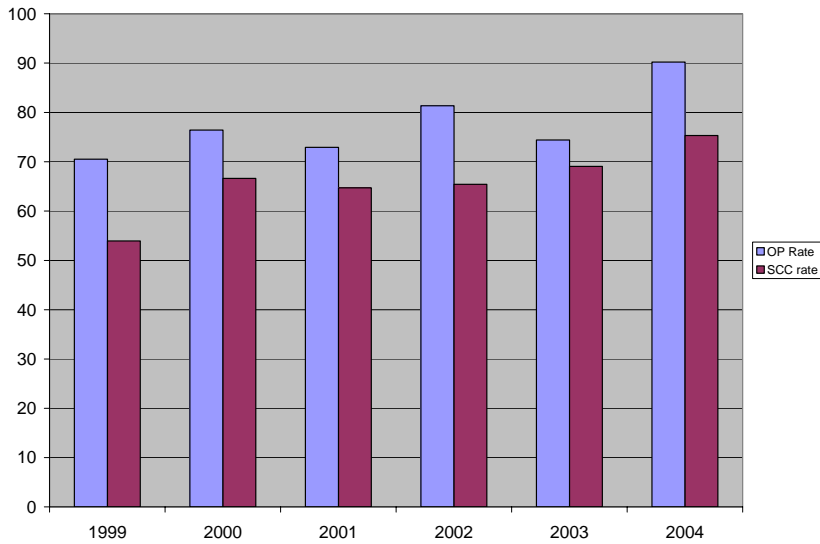
POISONING ☹

HP 2010 Objective 15-7: Reduce nonfatal poisonings.

Target: 292.0 per 100,000 population.

Data: On average, there are 78 hospitalizations for non-fatal poisonings each year in Oak Park. Oak Park has consistently had a higher hospitalization rate than Suburban Cook County for the past 6 years. In 2004, 90 people were hospitalized for nonfatal poisonings.

Figure 10d: Hospitalization rates for nonfatal poisonings, Oak Park and Suburban Cook County, 1999 to 2004.



HIP FRACTURES

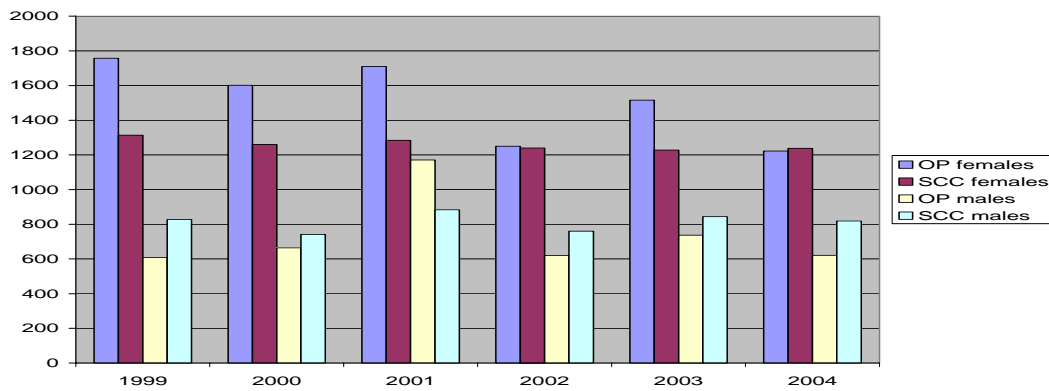


HP 2010 Objective 15-28: *Reduce hip fractures.*

Target: 416.0 per 100,000 females 65 and older, 475 per 100,000 males 65 and older.

Data: Every year, there is an average of 61 hospitalizations for hip fractures among Oak Park senior citizens. As expected, females have significantly higher hospitalization rates than males in both Oak Park and Suburban Cook County as a whole. In 2004, there were 1,221 hospitalizations per 100,000 Oak Park females 65 and older and 620 hospitalizations per 100,000 Oak Park males 65 and older. These numbers are much greater than the HP2010 objective.

Figure 10e: Hospitalization rates for hip fractures among senior citizen males and females, Oak Park and Suburban Cook County, 1999 to 2004.



HOMICIDES

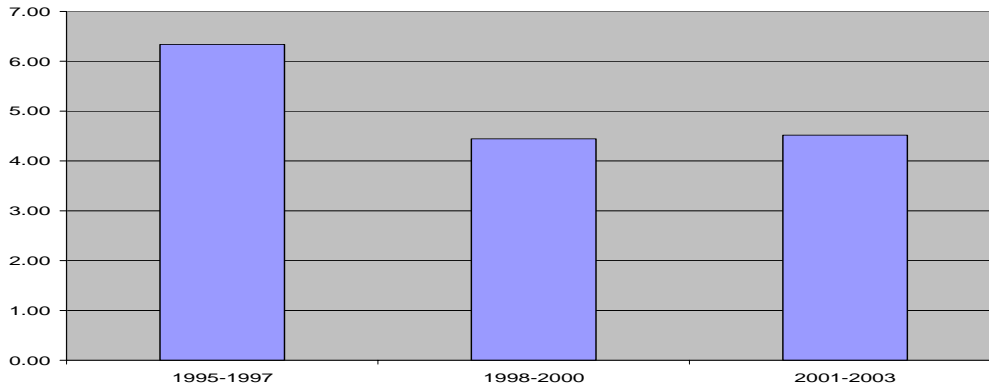


HP 2010 Objective 15-32: *Reduce homicides.*

Target: 3 per 100,000 population.

Data: Oak Park's homicide rate (6.34 per 100,000 population) is slightly above the HP2010 target of 3 homicides per 100,000 population, and slightly above Suburban Cook County's rate of 5.9 homicides/ 100,000 population. The homicide rate has stabilized in Oak Park over the last 6 years.

Figure 10c: Homicide rate for Oak Park, 1995 to 2003.



PHYSICAL ASSAULT

No comparable goal.

HP 2010 Objective 15-32: *Reduce the rate of physical assault by current or former Intimate partners.*

Target: 3.3 per 100,000 population.

Data: In 2005, 4.2% of Oak Park residents 18 and over admitted to have been hit, slapped, kicked and otherwise physically hurt by someone.

SECTION 10: ACCESS TO CARE

Access to a continuum of quality health care services is an important determinant of health. Healthy People 2010 focus on four access components of the health care system: clinical preventive care, primary care, emergency services, and long-term and rehabilitative care. Local indicators measuring all these components of the continuum are not readily available. The indicators included in this section reflect measures that are more readily available in our local public health system. Strong predictors of access to quality health care include having a higher income level, health insurance, and a regular primary care provider or other source of ongoing health care. Use of clinical preventive services, such as early prenatal care, can serve as indicators of access to quality health care services.

Health Insurance

The health services research published over the last 25 years clearly documents that having health insurance or using more medical care improves health. For example, a comprehensive review of 94 studies of the association between health outcomes and either insurance coverage or medical use, published by the Kaiser Commission on Medicaid and the Uninsured in 2002, concludes that:

- The uninsured receive less preventive care, are diagnosed at more advanced disease stages, and, once diagnosed, tend to receive less therapeutic care, such as drugs or surgical interventions;
- Receiving less care increases risk of death and likelihood of poor health status (phrased positively, having health insurance reduces mortality rates by 10-15 percent); and
- Poor health status affects educational attainment, ability to work, and productivity, which reduces earnings and earnings potential (phrased positively, “better” health improves annual earnings by 10-30 percent (depending on measures and specific health condition) and increases educational attainment).

Health insurance provides access to health care. Persons with health insurance are more likely to have a primary care provider and to have received appropriate preventive care such as a recent Pap test, immunization, or early prenatal care. Adults with health insurance are twice as likely to receive a routine check-up as are adults without health insurance.

HEALTH INSURANCE ☺

Healthy People 2010 Objective 1-1: ***Increase the proportion of persons with health insurance.***

Target: **100%**

Data: In 2005, 95.2% of all BRFSS respondents stated that they do have some form of health insurance, which does not reflect a change in 2000 coverage levels (as measured by the last BRFSS survey). This is a high proportion compared to the state of Illinois, where only 85.6% of BRFSS respondents stated that they have health insurance.

However, and 9.5% of the population said that they cannot afford a dentist, which suggests that there may be a greater need for affordable oral health care.

Additionally, there are 35 doctors in Oak Park that accept Medicaid and Kid Care.

SECTION 11: RACIAL HEALTH DISPARITIES

The following summarize some of the racial disparities that exist in Oak Park with respect to some of the Leading Health Indicators.

PHYSICAL ACTIVITY

White Oak Park residents are extremely physical activity compared to the state of Illinois and United States. However, Black Oak Park residents are severely lagging behind the rest of the state and the nation in the amount of physical activity that they need to get.

Table 11a. Racial disparities for physical activity. % of BRFSS participants with 20+ minutes of vigorous physical activity 3 or more days per week, by race, 2005.

| | White | Black |
|----------------------|--------------|--------------|
| Oak Park | 35.79% | 10.79% |
| Illinois | 24.20% | 19.20% |
| United States | 26.90% | 18.10% |

OVERWEIGHT AND OBESITY

33.4% of African Americans in Oak Park were found to be obese, while only 15.7% of Caucasian Americans in Oak Park were found to be obese.

Table 11b. Racial disparities for obesity. % of BRFSS participants found to be obese, by race, 2000 and 2005.

| | White | Black |
|----------------------|--------------|--------------|
| Oak Park | 15.70% | 33.40% |
| Illinois | 22% | 33.10% |
| United States | 21.70% | 31.10% |

TOBACCO USAGE

There is an enormous disparity in tobacco usage between White Oak Park residents and Black Oak Park residents. Only 8.6% of White respondents in the BRFSS survey said that they were current smokers, while 23.9% of Black respondents said that they were current smokers.

Table 11c. Racial disparities for tobacco usage, % of BRFSS participants who admitted to smoking currently, 2005.

| | White | Black |
|----------------------|--------------|--------------|
| Oak Park | 8.6% | 23.9% |
| Illinois | 21.20% | 26.20% |
| United States | 20.90% | 20.30% |

SUBSTANCE ABUSE

Locally and nationwide, white Americans seem to be more at risk for binge drinking than black Americans. In Oak Park, 16.67% of BRFSS participants admitted to consuming 5 or more drinks in one occasion in the past 30 days, while only 7% of African Americans admitted to this.

Table 11d. Racial Disparities for binge drinking, % of BRFSS participants who said that in the past 30 days they had consumed more than 5 drinks in one occasion.

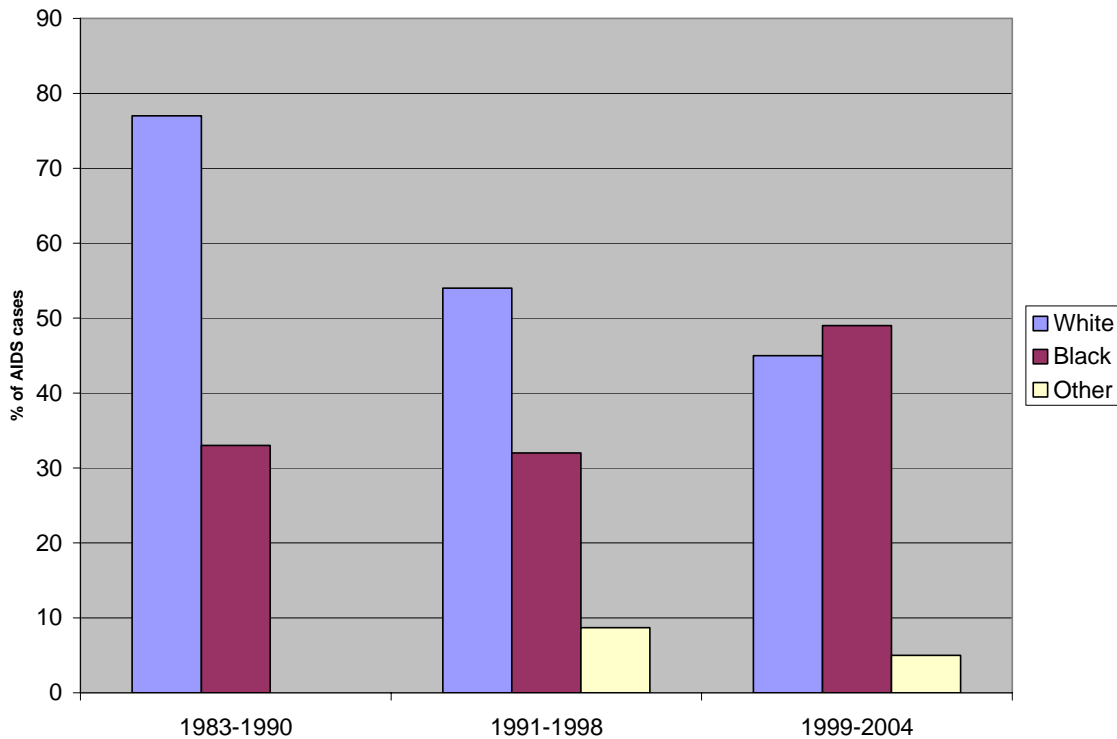
| | White | Black |
|----------------------|--------|--------|
| Oak Park | 16.67% | 7% |
| Illinois | 18.40% | 12.20% |
| United States | 15.50% | 8.60% |

RESPONSIBLE SEXUAL BEHAVIOR

A couple ways that responsible sexual behavior can be tracked is through HIV/AIDS rates, STD rates, and teen pregnancy rates.

From 1983 to 2004, African Americans have increasingly made up greater proportions of AIDS cases. They also account for 57% of syphilis cases in Oak Park from 2000 to 2004 even though they only account for 22% of Oak Park's total population. There are also large disparities among Oak Park youth. African American youth make up 69% of all teen STD cases.

Table 11e. Racial disparities for Oak Park, % cases from 1983-2004.



COMMUNITY HEALTH STATUS ASSESSMENT SUMMARY

☺= Did well, exceeding goal ☹= Did poorly or did not meet goal
☺= Did ok; some good, some bad ○ = No comparable HP2010 goal

| Health Indicator | Meeting HP2010 Goal | Better than Peers |
|-----------------------------|---------------------|-------------------|
| Physical Activity | ☺ | ☺ |
| Overweight/Obesity | ☹ | ☺ |
| Tobacco Usage | ☺ | ☺ |
| Substance Abuse | ☹ | ☺ |
| Responsible Sexual Behavior | ☹ | ☺ |
| Mental Health | ☹ | ☺ |
| Environmental Quality | ☺ | ☺ |
| Mortality Rate | ○ | ☺ |
| Infant Mortality Rate | ☹ | ☺ |
| Heart Disease | ☹ | ☺ |
| Stroke | ☹ | ☺ |
| High Blood Pressure | ☹ | ☺ |
| Cholesterol | ☹ | ☺ |
| Cancer | ☹ | ☺ |
| Diabetes | ☹ | ☺ |
| Asthma (Children) | ☹ | ☺ |
| Asthma (Adults) | ☺ | ☺ |
| Prenatal care | ☺ | ☺ |
| Low Birth Weight | ☹ | ☺ |
| Teen Pregnancy | ○ | ☺ |
| Foodborne Illnesses | ☺ | ☺ |
| Injuries | ○ | ☺ |
| Nonfatal Poisonings | ☹ | ☹ |
| Violence | ☺ | ☺ |
| STDs | ☹ | ☺ |
| Access to care | ☹ | ☺ |
| HIV | ○ | ☹ |

The following chart summarizes the results of the community health status assessment. With respect to Healthy People 2010 objectives, Oak Park residents seem to be faring better than the state and the rest of the country. However, there are still several health status indicators that have not met Healthy People 2010 objectives. When developing strategic issues, the MHOP subcommittee was asked to keep this summary in mind.

C. COMMUNITY THEMES AND STRENGTH ASSESSMENT

The purpose of this assessment is to elicit information regarding:

- What is important to our community?"
- "How is quality of life perceived in our community?"
- "What assets do we have that can be used to improve community health?"

In order to explore these issues, a citizens' survey was sent out with health department staff and partners to be distributed and filled out by Oak Park residents, as well as given to board and commission members. Also, the results of the 2004 community survey were examined to look at quality of life issues in Oak Park and 2 focus groups were conducted with Oak Park minorities and Oak Park seniors in order to get additional input from these subgroups.

This survey found that overall, people were happy with the quality of life in Oak Park. 94% of those surveys, regardless of race, felt that quality of life in this community was excellent or good and a great place to raise children. Those surveyed felt that parking, traffic, drugs and crime were moderate problems in Oak Park.

DEMOGRAPHICS (of 101 respondents)

Demographic information was collected to identify the age, gender, ethnicity, education level and household information of the respondents and to attempt to have a representative sample of Oak Park Residents. The following charts summarize the characteristics of the respondents by:

| Age Group | Responders |
|------------|------------|
| 25 or less | 4 (4%) |
| 26-39 | 12 (11.9%) |
| 40-54 | 41 (40.6%) |
| 55-64 | 20 (19.8%) |
| 65+ | 24 (23.8%) |

| Gender | Responders |
|---------|------------|
| Male | 35 (34.7%) |
| Female | 63 (62.4) |
| Missing | 3 (3%) |

| Ethnicity | Responders |
|------------------------|------------|
| African American/Black | 15 (14.9%) |
| Asian | 1 (1%) |
| Hispanic | 6 (5.9%) |
| Native American | 1 (1%) |
| White | 78 (77.2%) |
| Other | 0 |

| Education Level | Responders |
|-----------------------|------------|
| Less than high school | 0 |

| | |
|--------------------------|------------|
| High school or GED | 14 (13.8%) |
| College degree or higher | 75 (74.3%) |
| Other | 9 (8.9%) |
| Missing | 3 (3%) |

| Level | Responders |
|--------------------|------------|
| Less than \$25,000 | 13 (12.9%) |
| \$25,000 – 49,999 | 12 (11.9%) |
| \$50,000 – 74,000 | 18 (17.8%) |
| \$75,000 – 99,999 | 13 (12.9%) |
| \$100,000 or more | 35 (34.7%) |
| Missing | 10 (9.9%) |

RISKY BEHAVIORS

The survey asked participants to choose the three most important “risky behaviors” in Oak Park that have the greatest impact on overall community health. The following chart indicates the responses in rank order from highest to lowest.

Table: Most important risky behaviors in Oak Park (101 surveys)

| Problem | Number of responses | Percent |
|---|---------------------|---------|
| Being overweight | 29 | 28.7 |
| Lack of exercise | 27 | 26.7 |
| Alcohol abuse | 23 | 22.8 |
| Racism | 21 | 20.8 |
| Drug abuse | 20 | 19.8 |
| Poor eating habits | 18 | 17.8 |
| Tobacco use | 17 | 16.8 |
| Dropping out of school | 14 | 13.9 |
| Unsafe sex | 13 | 12.9 |
| Not using seat belts / child safety seats | 8 | 7.9 |
| Not using birth control | 4 | 4 |

Other responses: Financial pressures, Poor driving, Poor school controls, Lack of parental involvement in school, Income inequalities, Family violence, Loitering, Rude people, Homophobia, Not getting shots

COMMUNITY HEALTH PERSPECTIVES

The following are results of the analysis for three open ended questions asked to citizens of Oak Park. The FIVE questions addressed in this section are:

1. What do you feel Oak Park's strengths are as a community?
2. What are some specific examples of people or groups working together to improve the health and quality of life in Oak Park?
3. What specific factors do you believe are keeping Oak Park from doing what needs to be done to improve health and quality of life?

4. What actions, policy or funding priorities would you support to build a healthier community?
5. What types of activities would excite you enough to become involved (or more involved) in improving the health in our community?

STRENGTHS

1. When asked about Oak Park's strengths, the following themes were revealed, presented in rank order from highest to lowest.

Table: Strengths

| Ranking | Theme | Number of respondents | Illustrative Quote |
|----------------|---|------------------------------|--|
| 1. | Diversity | 53 (52.5%) | " concerns about diversity" "embracing ideals of diversity" "Our progressive history in promoting diversity" "the variety of people and acceptance of that variety, the constant efforts to make sure that acceptance is real not just lip service" |
| 2. | Services – commercial and municipal | 39 (38.6%) | "Those people concerned are doing a good job." "Try to make downtown work" "The Village staff who are truly dedicated to Oak Park" |
| 3. | Sense of Community/ Resident Involvement | 34 (33.7%) | " We are always trying to improve" "Oak Park is a very "active" community, keeps involved politically for community development." "strong community participation in boards, committees, etc" "The many opportunities to serve the community and the great response of the citizens to get involved." |
| 4. | Schools | 32 (31.7%) | "The high school & neighborhood elementary schools bring the community together" "That culturally we offer good/great schools along with a fairly vibrant array of cultural activities." |
| 5. | Culture | 17 (16.8%) | "Architecture, history, F.L. Wright, Eric Hemingway" "Public art program" |
| 6. | Aesthetics | 15 (14.9%) | "it's just so quaint" "cleanliness of the community and easy access to public transportation" |
| 7. | Proximity to Chicago | 13 (12.9%) | " it's location and proximity to city of Chicago's loop" "urban feel and proximity to Chicago" "Good Transportation to downtown Chicago and access to expressways" |
| 8. | Open-minded | 10 (9.9%) | "Open minded liberal community that attempts to meet human needs" |
| 9. | Activities | 6 (5.9%) | "opportunities for many kinds of activities" Variety of activities available for adults & children |
| 10. | Parks | 5 (5%) | " good park program" "green space /parks" |

*Other aspects mentioned by less than 5 people include safety, stability, reputation, health institutions, housing stock, property values, and accessibility.

IMPROVE HEALTH

2. When asked about people who are working to improve health, there were several different responses to this question which is likely influenced by the experiences of the individual answering the question.

Table: Working Together to Improve Health

| Ranking | Group | Number of respondents | Quote |
|----------------|---|------------------------------|--|
| 1. | Oak Park Health Department and programs | 18 (16.8%) | "I called the health department, they were helpful." |
| 2. | Park District | 13 (12.9%) | "The park districts efforts to provide recreation and exercise" |
| 3. | Boards and commissions | 11 (10.9%) | "All of the boards and commissions, specific recent accomplishments by the library board and Barrie park neighbors." |
| 4. | Social Clubs | 11 (10.9%) | i.e. walking, bike, women's guild, YMCA |
| 5. | Churches | 10 (9.9%) | "Oak Park Walk-in ministry (1st united church)" |
| 6. | OPALGA & affiliates | 10 (9.9%) | "OPALGA supports youth, and adults and is a valuable asset to the community" |
| 7. | Housing Center / Authority | 9 (8.9%) | "Oak Park Housing Authority" |
| 8. | Hospitals and Health outreach | 9 (8.9%) | "Oak Park Hospital seminar in 19th century club" "Having two quality hospitals in a community this size is quite fortunate" |
| 9. | Family Services & WIC | 8 (7.9%) | "The cedar WIC Program" |
| 10. | Schools | 8 (7.9%) | "use of schools for a variety of events" |
| 11. | PADS | 7 (6.9%) | PADS |
| 12. | Neighborhood alliances | 7 (6.9%) | "There is a positive feeling that people care about people" |
| 13. | Charitable organizations | 6 (5.9%) | "The united way of OP, RF and FP and all the agencies it supports." |
| 14. | Arts council | 5 (5%) | "public art advisory commission, Oak Park area arts council" |
| 15. | Senior Programs | 5 (5%) | "Senior Programs are very good" |
| 16. | Smoking ban | 5 (5%) | "the anti-smoking group" |
| 17. | Racial cooperation | 5 (5%) | Black/white dialogue, project unity |

*Four people identified youth programs. Other examples that three people identified were seminars and Mental Health Services. Examples identified by 2 people were the no cost shuttle, business people, police, and farmers market. Examples given by only one respondent were remedy the dog park problem, civic groups, economy shop, Inner Peace, friends of OP conservatory, community centers, group against the tower in downtown, and beautify sidewalks, people care, 7 generations, APPLE, NLC, day in our village committee, VMA, and vital bridges.

FACTORS ON IMPROVEMENT PROGRESS

3. When asked about factors that keep Oak Park from improving, the following themes were the most prominent.

Table: Factors Keeping Oak Park from Improving

| Ranking | Issue | Number of respondents | Quote |
|----------------|--|------------------------------|--|
| 1. | Political issues | 31 (30.7%) | “Political corruption and cronyism that keeps Oak Park from healthier environment and meeting the needs of teens” “The village trustees seem to have too much infighting to accomplish much for the community; the new members do not seem to have a vision and the ability to compromise to move projects forward” |
| 2. | Resource appropriation | 17 (16.8%) | “lack of resources to continuously distribute information regarding health issues” “Money. Oak Park is great. Could it be better sure, but the question is how much can we afford.” |
| 3. | Inflated housing cost/ cost of living | 14 (13.9%) | “Cost of homes too high - I live in a condo, but would like a little house with a little yard. Can't afford one” “Taxes are becoming way too high- impacting citizens' quality of life” |
| 4. | General lack of space - density (including parking) | 12 (11.9%) | “Too much new housing- too many more people, cars, pollution, crime, not enough parking” |
| 5. | Issues with services – i.e. cost, location, times | 11 (10.9%) | “Swimming hours are limited, inconvenient, especially to seniors” |
| 6. | Lack of info about ethnic groups/sharing with/ segregation / participation | 10 (9.9%) | “lack of actual diversity, (we're bunch of white people who like the idea of diversity)” |
| 7. | People problems – involvement, informed | 7 (6.9%) | “I can't think of any negative on the part of the village but people do have to educate themselves and participate” “greater involvement of citizen- good - can be better” “not taking time to get to know neighbors” |
| 8. | Real estate issues - brokers / too many condos | 7 (6.9%) | “The excessive influence of real estate brokers and developers” “be sure to stick to the zoning code & ordinances- a developer to put a 4-story, 17-unit condo in a predominantly single family neighborhood” |
| 9. | Smoke free restaurants | 4 (4%) | “we have a board that is too weak to pass a nonsmoking ban in restaurants” |
| 10. | School issues | 3 (3%) | “School resources to go beyond the basic requirements of classroom instruction and reach families who need support and guidance to good physical and social health” |

*Other items mentioned by 2 respondents were too much reliance on cars, cap the Ike, help for the homeless, education on unhealthy practices and old housing eliminated.

Items suggested by one respondent were restaurant heart smart menus, drunk drivers, improve park, improve Madison, social factors, commissions not marketed, divisiveness over downtown, no cohesive mission about health, adverse to change, individual freedom, and uninsured issues.

PRIORITIES

4. What actions, policy or funding priorities would you support to build a healthier community?
(This question had several answers that included several very different issues and the agreement was less than with the previous questions. There were 19 respondents from this sub-sample.)

Table: Priorities Supported

| Ranking | Issue | Number of respondents | Examples |
|---------|--|-----------------------|--|
| 1. | Community resources and improvement | 10 (52.6%) | i.e. bike paths, dog parks, more open spaces... |
| 2. | Traffic & parking issues | 8 (42.1%) | i.e. Cap Bike, traffic redirection, change parking |
| 3. | Programs for underserved | 8 (42.1%) | i.e. Clinic for uninsured, youth substance abuse programs |
| 4. | Health education / prevention programs | 7 (36.8%) | i.e. Preventative health care, education on children's health issues, smoking prevention |
| 5. | School resources | 4 (21.1%) | i.e. Resources to improve health, after school programs, arts programs |
| 6. | Affordable Housing | 3 (15.8%) | |
| 7. | Public safety | 3 (15.8%) | i.e. gang control, armed robberies |

INVOLVEMENT

5. What types of activities would excite you enough to become involved (or more involved) in improving the health in our community?

Table: Activities Excite You

| Ranking | Issue | Number of respondents | Examples |
|---------|---------------------------------|-----------------------|---|
| 1. | Fitness initiatives | 6 (31.6%) | i.e. bike lanes, group exercise, cycle/running clubs |
| 2. | Community service opportunities | 5 (26.3%) | i.e. Emergency planning, serve on school board, commissions, build partnerships. |
| 3. | Health services and education | 4 (21.1%) | i.e. Hospitals fund public health issues, free clinic, improve youth health, education re: smoking ban. |
| 4. | Transportation issues | 2 (10.5%) | i.e. alternative transportation, traffic redirections |
| 5. | Housing issues | 2 (10.5%) | i.e. SRO housing, affordable housing |

The responses to this question were very similar to those found in question 1. The main themes expressed were that of commitment to broad diversity, educated and involved citizens and activism, lots of community resources and services, clean appearance, location and a progressive attitude.

SUMMARY OF COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The following were identified by adult Oak Park residents as the 5 most important risky behaviors and social problems in Oak Park:

- Being overweight
- Lack of exercise
- Alcohol abuse
- Racism
- Drug abuse

The following were identified by adult Oak Park residents as the Oak Park's 5 biggest strengths:

- Diversity
- Services – commercial and municipal
- Sense of Community/ Resident Involvement
- Schools
- Culture

The following are groups of people that were identified as working together to improve the health of Oak Park residents

- Oak Park Health Department
- Park District
- Boards and commissions
- Churches
- OPALGA & affiliates
- Housing Center / Authority
- Family Services & WIC
- Hospitals
- Charitable organizations
- Neighborhood alliances
- Arts council
- Clubs
- Senior Programs
- Schools
- PADS

The following were identified as factors that are keeping Oak Park from improving.

- Political issues
- Resource appropriation
- Inflated housing cost/ cost of living
- General lack of space - density (including parking)
- Issues with services – i.e. cost, location, times
- Lack of info about ethnic groups/sharing with/ segregation / participation
- People problems – involvement, informed
- Real estate issues - brokers / too many condos
- moke free restaurants
- School issues

MINORITIES IN OAK PARK

The surveys completed by the participants identified as racial or ethnic minorities may have different perspectives on the Health of Oak Park that should be considered. These surveys were analyzed separately to identify these differences. There were 23 respondents in this sub-sample.

For the most part, minorities felt that Oak Park's strengths lie in its diversity, schools, openness, services and citizens' involvement. They mentioned several community organizations were working together to improve Oak Park's health, as well as Social Services organizations, and the Village. They felt that lack of communication to low income residents about the services that are available in the village, expensive housing and racial inequalities are barriers keeping Oak Park from becoming healthier.

A focus group was also conducted with 8 Oak Park minority residents in order to further explore concerns of minorities in Oak Park. The individuals in the group seemed to be concerned about the minority achievement gap in schools, and the need for summer jobs to keep youth occupied and off the street. They also felt that there was a general lack of awareness regarding what health services/public health activities are in Oak Park.

ELDERLY IN OAK PARK

A focus group was also conducted with 10 Oak Park senior citizen residents at Oak Park Township Senior Services. These individuals seemed to be concerned with walking in Oak Park; several comments were made about too much traffic, unclear traffic signals and security after dark. They were also concerned about nutrition issues and felt that they needed more guidance about what to eat and cook if they had chronic diseases. However, they did feel that there were lots of activities for them as a whole and that there were lots of opportunities to exercise and eat well. Some of them seemed to be unaware of health services that are offered around the Village.

YOUTH IN OAK PARK

As part of the Community Themes and Strengths Assessment, a youth survey was conducted with students who attend the Oak Park River Forest High School. There were 45 youth surveys completed. The sample included students with ages ranging from 15 – 18 (mean 16.48, 1 missing). They were 53% female (24) and 47% male (21). The majority of the sample identified themselves as White/Caucasian (39), with 3 Hispanic/Latino, 1 Native American and 1 Asian/Pacific Islander (1 missing). This is not representative of the youth population in Oak Park, but may offer some insight into the concerns of Oak Park youth.

These youth felt that the biggest problems facing Oak Park are drug abuse (69%), alcohol abuse (62%), poor eating habits (31%) and lack of exercise (29%). They felt that the biggest assets that Oak Park had to offer were its schools (70%), its proximity to the city (36%), its diversity (31%) and its sense of community (29%), answers which are similar to those adults that were surveyed. Finally, when asked about what factors were keeping Oak Park from being a healthier suburb, their answers reflected that unhealthy eating and exercise habits, teen alcohol abuse and drugs, and congestion were problems that needed to be addressed before Oak Park could be a healthier suburb.

D. FORCES OF CHANGE

The goals of the MHOP Forces of Change Assessment were to:

1. Identify what is occurring or might occur that will affect the health of Oak Park residents or the local public health system
2. Identify the specific threats and opportunities that were generated by these occurrences.

This assessment addresses the fact that while it may not seem obvious at first, the broader environment is constantly affecting communities and local public health systems.

The Village of Oak Park has 25 citizens' boards and commissions that advise the Village Board of Trustees on a wide variety of issues. The Oak Park Department of Public Health identified these citizens as good candidates to fill out the Forces of Change Worksheet due to the fact that they are likely to be aware of local, regional and national issues and happenings that affect Oak Park.

Methods:

A modified version of the Forces of Change "Threats and Opportunities" worksheet was sent out to the board and commission chairs on January 20th along with the "Community Themes and Strengths" surveys, who were instructed in a cover letter to distribute the worksheets to their fellow board/commission members (241 total) and to ensure that they returned the completed worksheet to the health department by February 10th.

The following questions were used to guide the participants through the worksheet:

- 1) What has occurred recently that may affect the health (positively or negatively) of our community?
- 2) What may occur in the future that may affect the health of our community?
- 3) Are there any trends occurring that will have an impact? If so, please describe these trends.
- 4) What characteristics of our jurisdiction or state may pose an opportunity or threat?

After February 10th, the board and commission chairs were followed up with twice by health department staff and village staff liaisons. 17 worksheets were returned by board and commission members, giving a return rate of only 7%. Subsequently, a focus group of local partners/agencies who work to improve public health in Oak Park was conducted; 14 of these focus group participants returned the "Forces of Change" worksheet to the local health department.

Results:

The following were identified by Oak Park Board and Citizen Commission members and local agencies as events and trends that are currently affecting Oak Park residents' health or are likely to affect it in the future: Social, Economic, Political, Environmental, and Health. The following page lists each specific aspect in further detail.

SOCIAL

- Increasing school achievement gap/isolation between minorities and whites
- Lack of relevancy of education to real world context
- Increase in amount of teens having unprotected sex/teen pregnancy
- Increase in arrests of young minority males
- Increase in youth volunteerism
- Increase in technology use, especially by youth- “Cocooning effect”
- Increase in isolation of the elderly and the poor
- Cultural tendency to sensationalize self-destructive behavior
- “Broke back Mountain” effect – increase in awareness/acceptance of homosexuality
- Increase in drug use
- An aging population

ECONOMIC

- Increase in property taxes and loss of affordable housing, leads to more affluent older population.
 - Threat posed: Leads to a decline in youth population and fewer advocates for youth spending
- Local Hospital Closings
- Increase in health insurance/health care costs
- People are getting deeper into debt with student loans
- Weak economy

POLITICAL/POLICIES

- New village leadership
- Increase in Homeland security/Disaster preparedness efforts
- Public transportation cuts/ increasingly inconvenient public transportation
- Smoking Ordinance may go into affect
- “Continued expansion of local government”
- Reduction in funding for health and human services
- Reduction in education funding
- Increasing influence of managed care and its polices, e.g., “medical necessity”
- Increase in fiscal and human resources being spent on war

ENVIRONMENTAL

- Increase in traffic
- Increasingly scarce parking
- Increase in Environmental pollution, turning back of environmental policies
- Increase in Urban Sprawl
- Efforts to “Cap the Ike”

HEALTH

- Increase in obesity
- West Nile Virus prevention efforts

The most frequently mentioned "Forces of Change" were

- The minority youth achievement gap
- Increase in environmental pollution
- Funding cuts (education, health and human services)
- Increase in property tax/housing costs
- Increasing cost of health care
- The effects of the ongoing Iraqi war
- Increase in technology use by youth.

E. IDENTIFICATION OF STRATEGIC ISSUES

Methods

Upon compilation of the results of the 4 assessments, MHOP committee members were sent the compilation to review. They were also invited to attend a meeting during which they were to identify 2 system wide strategic issues and 3 health status strategic issues that, based on the assessment results, needed to be addressed during the next five years.

To clarify the process, the facilitator presented information regarding the various MAPP components (Strategic issues, goals, strategies, actions, the vision) and how they related. Next, the results of the four assessments were reviewed and participants were encouraged to discuss the results and their implications. Next, the participants were given guidance before they were charged with developing the strategic issues.

They were advised to:

1. Pay attention to recurring themes that they found throughout the assessment results.
2. Pay attention to overlapping relationships
3. Focus on what is critically important to the health of the community and fundamental to the MHOP vision
4. Keep in mind that there is tension and conflict in all of these issues and that some problems may have no obvious best solution
5. Make sure that the strategic issues that they choose can feasibly be addressed by the local public health system.

After much discussion, the MHOP committee came up with the following strategic issues for the time period 2006 through 2011:

System issues:

1. How do we work to improve visibility of the local public health system in the Oak Park Community?
2. How do we work to improve the connectivity of the local public health system in the Oak Park Community?

Health status issues:

3. How can we reduce STDs, HIV/AIDS and encourage responsible sexual behavior?
4. How can we reduce obesity and obesity-related diseases?
5. How can we reduce substance abuse, including and especially the abuse of alcohol?

Goals, Objectives and Activities to address each Strategic Issue

After deciding on the strategic issues, the MHOP committee convened once more as a whole in order to begin developing goals, objectives and activities for each issue, as well as identifying resources that should be tapped and barriers that needed to be kept in mind while addressing each issue.

Next, the MHOP planning committee formed subcommittees who were charged with planning, overseeing and evaluating the efforts to address each issue. 4 subcommittees were formed in all, with one committee charged with addressing the two system issues (visibility and connectivity). Health department staffs were assigned to identify potential candidates, recruit for and facilitate each of these subcommittees.

During the month of May, each subcommittee had an orientation meeting where they began the planning process by developing a goal, strategy, deciding on an activity that they wanted to conduct, and also identifying potential process and outcome objectives for each activity. The following are the reports outlining the MHOP subcommittees' initial plans for addressing the 5 strategic issues for 2006-2011.

1. Visibility and Connectivity Subcommittee Meeting Report

Summary: On May 23, 2006 the Mapping a Healthy Oak Park Obesity Subcommittee conducted their first meeting, where they were oriented to their task and began the planning process to address the strategic issue: *How do we work to improve visibility and connectivity of the local public health system in the Oak Park community?*

Attendees: Subcommittee Head: Georgeen Polyak, Ranjana Das
Avis Rudner (Community Mental Health Board), Aida Hill (West Suburban Medical Center), Elizabeth Lippitt (Infant Welfare Clinic), Steve Castle (Oak Park Elementary District 97), Katherine Foran (Oak Park District 200), Janet Holden (Board of Health, OP), Barbara Usmial (West Creek Y.M.C.A.), Cedric Melton (VOP), Kathryn Fox (Intern).

Goal: To increase the local public health system's interaction with policy makers

Strategy: The strategy chosen by this subcommittee was to share the MHOP report with policy makers.

Evidence-base :The Future of the Public's Health. Institute of Medicine.2003. Community-Based Collaboration, pp180-205.

Activity: Several activities were proposed to accomplish our goal including the creation of a unified forum of the health oriented organizations in Oak Park; presenting the MHOP report to various Boards and Committee; and create ties to the business community; developing a professional/social network among health-contributing organizations similar to the Chamber of commerce *Business After Hours*. The main activity chosen was to develop and create presentation materials of the MHOP report. The presentation will be given to local government and main organization policymakers in the community.

End Product: A report and presentation materials regarding the MHOP process, results, goals and strategies and their relevance to policymakers.

Process Objectives for the chosen activity:

1. The short term objectives would consist of identifying key community organizations and local governing bodies that the MHOP report should be presented to and also developing the report/presentation materials.
2. The mid term objectives are to send these key organizations and governing bodies the MHOP report or to present the findings to them as a team.
3. The long term objectives are to continue to communicate the progress of the MHOP committee activities to these key organizations and governing bodies.

Outcomes: We expect that if we accomplish this activity, then we would expect to see the following changes:

By 2007, 50% of the identified key entities will be aware of the MHOP committee and the issues it addresses
By 2008, there will be some form of regular communication between the identified entities and the MHOP committee.
By 2009, 5% of the key entities will be involved in MHOP committee activities.

2. Obesity Subcommittee Meeting Report

Summary: On May 17, 2006 the Mapping a Healthy Oak Park Obesity Subcommittee conducted their first meeting, where they were oriented to their task and began the planning process to address the strategic issue: *How can we reduce obesity and obesity-related diseases?*

Attendees: Subcommittee head: Catherine McNamara Liz Visteen (Park Districts), Janet Holden (representing Weight Watchers), Barb Usmail (YMCA), Ranjana Das (Health Dept) and Kathryn Fox (intern)

Goal: To increase physical activity and decrease poor eating habits among Oak Park residents.

Strategy: The strategy chosen by this subcommittee is a combination of the following: Finding ways to increase pedestrian and bicycle safety, developing an evidence-based community-wide campaign that would target younger children and adults; regularly disseminate information on physical activity through district 97 (all schools).

Evidence-base: *BMJ* 1999;318:647-649 (6 March) Information in practice: Published criteria for evaluating health related web sites: review . **Paul Kim**, *research assistant*,^a **Thomas R Eng**, *study director*,^a **Mary Jo Deering**, *director*,^a **Andrew Maxfield**, *research fellow*.^b

Activities: Several activities were proposed to accomplish our goal including developing partnerships with key organizations in Oak Park (such as the PTO and APPLE, Seven Generations Ahead) and researching evidence-based practices, but there was one main activity that was chosen for the purpose of the exercise.

This activity is to develop a "Health and Wellness" webpage on the Village of Oak Park website that would give Oak Park residents a clearinghouse that contains resources and links to organizations and community programs within Oak Park that promote health and wellness.

End product: A comprehensive, up-to-date, well-publicized and well-linked health and wellness website where residents can get information regarding resources that they can use to become healthy in Oak Park.

Process Objectives for the chosen activity:

1. The short term objectives would consist of identifying community resources and gathering evidence-based information practices and get approval for the project
2. The mid term objectives would be to develop the website
3. The long term goals are to promote the website as the comprehensive guide to healthy living in Oak Park.

Outcomes: We expect that if we accomplish this activity, then we would expect to see the following changes in 1-3 years:

By 2008, one comprehensive and up to date Health and Wellness website will have been developed and 50% of our partners will be aware that the website exists. We would also gather a baseline measure of people visiting the website.

By 2010, 30% of Oak Park residents surveyed will have knowledge of the Health and Wellness website and 15% of Oak Park residents surveyed will have used the Health and Wellness website at least once.

By 2013, 60% of Oak Park residents surveyed will have heard of the health and wellness website and 30% of Oak Park residents surveyed will have used the health and wellness website at least once. 75% of Oak Park residents surveyed will feel that they know about existing Oak Park resources that can help them stay fit.

Data source: An annual or biannual survey.

Person or agency: hits on website", % residents aware of website

3. STDs/HIV/Responsible Sexual Behavior Subcommittee Meeting Report

Summary: On May 22, 2006 the Mapping a Healthy Oak Park Subcommittee conducted their first meeting, where they were oriented to their task and began the planning process to address the strategic issue: *How can we reduce STDs, HIV/AIDS and encourage responsible sexual behavior?*

Attendees: Subcommittee heads: Margaret Provost-Fyfe and Floyd Garrett Kristen Ellensohn (PCC Wellness Center), Jen Bonhard (Family Services) Sandi St.Pierre (Infant Welfare Clinic), Wanda McDonald (Health Department), Ranjana Das (Health Department), and Kathryn Fox (Intern).

Goal: To reduce STDs and HIV transmission in Oak Park.

Strategy: The comprehensive strategy chosen was to educate the community through various agencies and entities (such as health care practitioners, family services, doctors, police, parents, and schools) regarding risky sexual behavior and how to prevent it.

Evidence-base: Effects of a Televised Two-City Safer Sex Mass Media Campaign Targeting High Sensation-Seeking and Impulsive Decision-Making Young Adults
Seth M. Noar, Ph.D. Assistant Professor Department of Communication
University of Kentucky. This project was funded by the National Institute of Mental Health (NIMH), grant 1-R01-MH63705.

Activities: The main activities proposed were

- a. To develop an Oak Park “media campaign” addressing risky sexual behavior.
- b. Develop a comprehensive resource guide for existing resources that can be used to address and prevent risky sexual behavior.

End Product: A Video, posters and a comprehensive resource guide.

Process Objectives for chosen activity-Media Campaign:

By **June of 2007**, we will have

1. Identified funds for developing and carrying out the media campaign
2. Identified the message that we want to convey with the media campaign, and our target population
3. Identified people that will be responsible for developing the video and posters.

By **June of 2008**, we will have

1. Developed the media campaign materials
2. Identified where and how often the media materials will be displayed
3. Conducted a village wide survey regarding knowledge about risky sexual behavior and knowledge of resources that address this issue

By **June of 2009**, we will have

1. Begun distributing and displaying the media campaign materials through our Oak Park partner

Outcomes: We expect to see the following changes:

By December of 2009, we will find a 15% increase from the baseline in awareness regarding sexual health issues and resources available to address these issues.

By December of 2011, we will find a 15% increase in utilization of STD testing services at the PCC Wellness center in Oak Park from the baseline

By December of 2012, we will find a 20% decrease in STD and HIV incidence, and teen pregnancy rates from baseline.

Performance measure:

The percent change in awareness and resource availability among various agencies, the percent of STDs and HIV transmission over time and the percentage of referral and organization/agency utilization.

Data Source: HIV, STD surveillance data, A biannual survey

4. Substance Abuse Subcommittee Meeting Report

Summary: On May 23, 2006 the Mapping a Healthy Oak Park Substance Abuse Subcommittee conducted their first meeting, where they were oriented to their task and began the planning process to address the strategic issue: *How can we reduce substance abuse, including and especially the abuse of alcohol?*

Attendees: Subcommittee head: Tameka Barnett, Floyd Garrett
Margo Bristow (Family Services), Bert Patania (Youth Township), Gale Spencer (Volunteer Center), Ranjana Das (Health Department), Jori Swift (Health Department), Jen Bonhard (Family Services)

Goal: To increase knowledge among youth and families within our community about the impact of ATOD abuse.

Strategy: The strategy chosen by this subcommittee is: To provide substance abuse \ education to the youth and families in the Oak Park community

Evidence-base: Preventing Drug Use among Children and Adolescents, A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition, National Institute on Drug Abuse, 2003.

Activities: Several activities were proposed to accomplish our goal including:
1). Promoting and supporting existing programs in the community that address substance abuse;
2a). Provide education to children beginning at the elementary level and their families;
2b). Provide continuing education for all school administration and teachers.

The activity chosen for the exercise was to provide continuing education for elementary school administration and teachers through an e-newsletter/list-serve.

Process Objectives for chosen activity:

1. By December 2006: Identify community members that are willing to facilitate the list serve and identify schools to pilot this email list-serve.
2. By May 2007: Get approval from the school administration to send out this list serve.
3. By August 2007: Begin piloting this email list-serve at one school. The first email will be a baseline survey.
4. By August 2008: 50% of Oak Park schools will be on this email list-serve. The first email will be a baseline survey. Additional baseline data will be collected.

Outcomes: If the above activities are completed and carried out, then we expect to see the following changes:

1. By 2008: There will be a 20% increase in key substance abuse knowledge among school administrators in participating schools.
2. By 2010: There will be a 20% increase in school administrators who feel confident that they can help to prevent or stop substance use by their students.
3. By 2015: There will be a 20% reduction in substance-related juvenile arrests in Oak Park from baseline.

Data source: Juvenile arrest data, surveys

Person or agency responsible: Village of Oak Park

5. CONCLUSION

The MHOP process will be on going during the next 5 years, with the subcommittees initially meeting on a quarterly basis in order to monitor progress towards their goals. The Oak Park Department of Public Health will continue to work with its local public health partners to accomplish these goals and will make these strategic issues priorities during their strategic planning sessions, program planning efforts and when seeking funds.

APPENDIX A: MHOP MEETING ATTENDANCE LIST

| ORGANIZATION | ORIENTATION/ VISIONING MEETING | LOCAL PUBLIC HEALTH ASSESSMENT MEETING | STRATEGIC ISSUES MEETING | GOALS & STRATEGIES MEETING |
|--|--------------------------------------|---|--------------------------------|-------------------------------|
| RUSH Oak Park Hospital | X | X | X | |
| APPLE, Julian Middle School | | | | |
| APPLE, Oak Park River Forest High School | | | | |
| Belmont Village of Oak Park | | | | |
| Board of Health | | X | | |
| Board of Trustees | | | | |
| Family Service and Mental Health Center | | | X | X |
| Fillmore Oak Park | X | | | |
| Hephzibah | | | | |
| Heritage House | | | | |
| Holley Court Terrace | X | | | |
| Infant Welfare Clinic | X | X | X | |
| Mills Park Tower | | | | |
| New Fellowship Church | X | X | | X |
| Oak Park Arms | | | | |
| Oak Park Community Relations | | | | |
| Oak Park Department of Public Health | X | | | |
| Oak Park Department of Public Health | X | | | |
| Oak Park Department of Public Health | X | X | X | |
| Oak Park Department of Public Health | X | X | | |
| Oak Park Department of Public Health | X | X | | |
| Oak Park Development | | X | | |
| Oak Park District 97 Schools | X | | X | |
| Oak Park Fire Department | | | X | X |
| Oak Park Housing Authority | X | X | X | X |
| Oak Park Housing Programs | X | X | | |
| Oak Park Police Department | | X | X | |
| Oak Park River Forest High School | X | X | | |
| Oak Park Township Senior Service | | X | X | |
| Oak Park Township Senior Service | X | X | | |
| Oak Park Township Youth Service | X | | | |
| Oak Park YMCA | X | X | X | X |
| Oak Park Health Care | X | | | |
| OPALGA | X | | | X |

| | | | | |
|---|---|---|---|---|
| Parenthesis | X | | | |
| Park District of Oak Park | X | | | |
| Park District of Oak Park | X | X | | X |
| PCC Wellness Center | X | | | |
| PCC Wellness Center | X | | | |
| RUSH Oak Park Hospital | X | | | |
| Sarah's Inn | X | X | X | X |
| Seven Generations Ahead | X | | | |
| The Oaks | | | | |
| The Woodbine | | | X | |
| Vital Bridges | | | | |
| Volunteer Center | | | | |
| West Suburban Medical Center | X | X | | |
| West Suburban PADS | | | | |
| Youth Connect | | | | |
| United Way of Oak Park and River Forest | | | | |
| West Cook YMCA | X | | | |
| WIC Public Health Student | | X | X | |
| Oak Park Bold | | | | X |

APPENDIX B:

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT QUESTIONNAIRE

**OAK PARK DEPARTMENT OF PUBLIC HEALTH
LOCAL PUBLIC HEALTH SYSTEM QUESTIONNAIRE**

Thanks for taking the time to go through this questionnaire. Your answers will enable us to assess the capabilities and practices of our public health partners with respect to the 10 Essential Public Health services. They will also help determine what gaps need to be addressed in order for Oak Park's public health partners to function together better as a local public health system. Please feel to call Ranjana Das at (708) 358-5490 or email her at das@oak-park.us if you have any questions. **Either email your answers back to das@oak-park.us or fax this form to (708) 358-0851, ATTN: Ranjana Das, by December 28, 2005.**

Thinking about your organization,

ESSENTIAL SERVICE 1: Monitor Health Status to identify community health problems.

- 1) What information sources do you use to identify and monitor health status problems in the community?
 - a. Databases
 - b. Reports
 - c. Registries
 - d. HEDIS
 - e. Surveys
 - f. Community Assessments
 - g. Other. If other, please specify _____.

- 2) Do you graph your data?
 - a. Yes
 - b. No

- 3) With what populations do you benchmark your data?
 - a. _____
 - b. _____
 - c. _____

- 4) Do you set goals based on your data?
 - a. Yes
 - b. No

- 5) Do you use geographic information systems to map your data?
 - a. Yes
 - b. No

- 6) How do you disseminate these data to the community?
 - a. Annual Reports
 - b. Website
 - c. Mailings
 - d. Other. If other, please specify _____

ESSENTIAL SERVICE #2: Diagnose and investigate health problems and health hazards in the community.

- 1) Do you have an organization plan to prepare for and respond to emergencies and disasters in the community?
 - a. Yes
 - b. No

ESSENTIAL SERVICE #3: Inform, educate, and empower people about health issues.

- 1) Do you provide the general public with information on community health?
 - a. yes
 - i. If yes, please provide examples : _____

 - b. No
- 2) Do you provide policy leaders with information on community health?
 - a. Yes

- i. If yes, please provide examples: _____

 - b. No
 - 3) Do you identify health issues associated with demographic subpopulations such as race, age, gender, etc.?
 - a. Yes
 - i. If yes, please provide examples: _____

 - b. No
 - 4) Do you use local media to improve health?
 - a. Yes
 - i. If yes, please provide examples: _____

 - b. No
 - 5) What health promotion programs do you offer to the community and at what locations?
 Program 1: _____ Location: _____
 Program 2: _____ Location: _____
 Program 3: _____ Location: _____
 Program 4: _____ Location: _____
 - 6) How do you assess the effectiveness of your health promotion activities?

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

- 1) What key constituents in the community do you work with to improve community health?
 - a. _____
 - b. _____

- c. _____
- d. _____
- e. No constituents

2) What mechanisms do you use to collect community input on health issues?

- a. Surveys
- b. Focus groups
- c. Forums
- d. None
- e. Other _____

3) What do you use as a directory of health and social services for Oak Park?

- a. Oak Park Department of Public Health Community Health Services Directory or Teen Resource Directory
- b. The Answer Book
- c. Other _____
- d. Do not have access to a directory of health and social services directory for Oak Park

4) What inter-agency meetings do you attend in Oak Park?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. None

5) Do you feel that there is a comprehensive approach to improving community health in Oak Park?

- a. Yes
- b. No

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

1) Do you participate in state or national health boards or panels?

a. Yes

i. If yes, which boards or panels? _____

b. No

2) Have you given public testimony or met with lawmakers on community health issues in the last 2 years?

a. Yes

i. If yes, please give examples _____

ii. Have any of these activities resulted in change in public health policy?

1. Yes

a. If yes, which ones and what change resulted?

2. No

b. No

3) Does your organization conduct a strategic planning process?

a. Yes.

i. If yes, how often? _____

b. No

4) Do you review your strategic plan to determine how it can best be aligned with an overall community health improvement process?

a. Yes

b. No

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

1) On a scale of 1 to 6, how familiar are you with local public health regulations?

1 2 3 4 5 6
Not familiar Somewhat familiar Very familiar

2) On a scale of 1 to 6, how familiar are you with state and federal public health regulations?

1 2 3 4 5 6
Not familiar Somewhat familiar Very familiar

3) On a scale of 1 to 6, how often does your staff receive regular training in enforcing health laws

1 2 3 4 5 6
Never Sporadically Regularly

4) What entities regulate your agency’s activities?

- a. _____
- b. _____
- c. _____

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

1) What populations encounter barriers to receiving personal health services in Oak Park?

- a. Children? (less than 18 years of age)
- b. Persons 65 years of age and older?
- c. Persons who may encounter barriers due to a lack of education
- d. Persons with low income?
- e. Persons with cultural or language barriers?

- f. Persons who may encounter barriers because of their race or ethnicity?
- g. Persons with physical disabilities?
- h. Persons with mental illness?
- i. Uninsured or under-insured persons?
- j. Persons who may encounter barriers due to geographic location?

2) Have you assessed what health services are provided and those still needed in Oak Park?

- a. Yes
- b. No

3) What do you do to assure culturally and linguistically appropriate health services?

- a. _____
- b. _____
- c. _____
- d. _____

4) How do you meet the transportation needs of your patients/clients?

- a. _____
- b. _____
- c. _____
- d. _____

5) Give examples of how you coordinate the delivery of health services with other agencies in Oak Park.

6) What organizations representing subgroups in the community have you met with in the last year?

- a. _____
- b. _____
- c. _____

d. _____

- 7) Have you assessed the age-specific participation in your preventive services within the last 3 years?
- a. Yes
 - b. No

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

- 1) Have you conducted a health workforce assessment within the last 3 years?
- a. Yes
 - b. No
- 2) Do you have written job descriptions for all staff and volunteers?
- a. Yes, we have up to date written job descriptions for all staff and volunteers
 - b. Yes we have job description for all staff and volunteers, but they are not up to date
 - c. For all staff, but not for all volunteers
 - d. For all volunteers, but not for all staff
 - e. No, we do not have written job descriptions for any of our positions
 - f. Other _____
- 3) In your job descriptions, are job performance expectations and measures included?
- a. Yes, we include these in all of our job descriptions
 - b. Yes, we include these in some of our job descriptions
 - c. No, we do not include these in any of our job descriptions
 - d. N/A (Don't have written job descriptions for our positions)
 - e. Other _____
- 4) How often are job descriptions reviewed?
- a. On a yearly basis
 - b. Every 2-5 years
 - c. Whenever a new person is hired for the position

- d. Whenever there is a need.
- e. Other _____

5) What community health training is offered to your staff?

- a. No community health training is offered to our staff.
- b. The community health training offered to our staff is:
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____

6) What distance learning is offered to your staff?

- a. No distance learning is offered to our staff.
- b. The distance learning offered to our staff is:
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____

7) Is your staff trained in the 10 Essential Public Health Services?

- a. Yes
- b. No

8) What incentives do you offer for continuing education?

- a. None
- b. Tuition reimbursement
- c. Flexible schedule
- d. Continuing education credits
- e. Certificates/awards
- f. Monetary incentives
- g. Other _____

- 9) How does your agency interact with academic and research institutions?
 - a. Collaboration on projects
 - b. Accepts interns from academic institutions
 - c. Through forums
 - d. No interaction with academic or research institutions
 - e. Other _____

- 10) What leadership training do you offer your staff?
 - a. No leadership training is offered to staff
 - b. The leadership training offered to our staff consists of:
 - i. _____
 - ii. _____
 - iii. _____

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

1) On a scale of 1 to 6, when designing and evaluating primary prevention work, how often do you use The Guide to Community Preventive Practices?

| | | | | | |
|-------|---|-----------|---|---|--------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Never | | Sometimes | | | Always |

2) On a scale of 1 to 6, while setting or evaluating goals, how often do you use Healthy People 2010?

| | | | | | |
|-------|---|-----------|---|---|--------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Never | | Sometimes | | | Always |

3) Do you evaluate primary prevention programs?

- a. Yes, regularly

- b. Yes, we have evaluated our primary prevention programs, but not a regular basis
 - c. No, we do not regularly evaluate our primary prevention programs.
- 4) How do you evaluate the quality and effectiveness of personal health services?
- a. _____
 - b. _____
 - c. _____
- 5) What client/patient satisfaction information do you collect?
- a. _____
 - b. _____
 - c. _____
- 6) Do you assess client/patient satisfaction with payers?
- a. Yes
 - b. Sometimes
 - c. No
- 7) Do you use computerized medical records?
- a. Yes, our records are completely computerized
 - b. Our records are partially computerized
 - c. Most of our records are not computerized
 - d. None of our records are computerized
- 8) On a scale of 1 to 6, how would you assess the strength of the relationship among contributors to the community health system in Oak Park?

| | | | | | |
|-----------|---|-------------------|---|---|-------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Very weak | | Moderately Strong | | | Very Strong |

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

- 1) What innovative solutions to health problems have been found in Oak Park within the last 3 years?
 - a. No innovative solutions have been found that I know of in the last 3 years
 - b. Some innovative solutions that have been found are:
 - i. _____
 - ii. _____
 - iii. _____

- 2) How do you monitor “best practices”?
 - a. No work is done to monitor “best practices”
 - b. Regular Web searches
 - c. List-serves
 - d. Other _____

- 3) Do you offer internships or other training experiences?
 - a. Yes, we offer internships for students
 - b. Yes, we offer training experiences
 - c. No, we do not offer any internships or training experiences.

- 4) What kinds of research expertise do you employ?
 - a. No research expertise is employed
 - b. We employ the following research expertise:
 - i. _____
 - ii. _____
 - iii. _____

- 5) What educational opportunities do you offer to other agencies in Oak Park?
 - a. Trainings in: _____
 - b. Satellite Broadcasts
 - c. Conferences regarding: _____
 - d. Other _____

e. We do not offer any educational opportunities to agencies in Oak Park

6) In what research studies have you participated?

a. We have not participated in any research studies

b. We have participated in ___ research studies, namely:

i. _____

ii. _____

iii. _____

7) What research studies have you published?

a. We have not published any studies

b. We have published the following studies:

i. _____

ii. _____

iii. _____

APPENDIX C:

Community Themes and Strengths Assessment Questionnaire



M-HOP Citizen's Survey

If you are an Oak Park resident, please take a minute to complete the survey below. The purpose of this survey is to find out what is important to you as an Oak Park resident and to find out from you what assets that Oak Park has that can be used to improve the health of the community. The Mapping a Healthy Oak Park (M-HOP) Steering Committee will use the results of this survey and other information to identify Oak Park's most pressing problems which can be addressed through community action.

1. **What makes you most proud of the Oak Park community?** (This can be any people, physical structures, natural resources, institutions, businesses or informal organizations that you feel make Oak Park unique and a great place to live. **Please be specific.**)
 - a) _____
 - b) _____
 - c) _____

2. **What are some specific examples of people or groups working together to improve the health and quality of life in Oak Park?**
 - a) _____
 - b) _____
 - c) _____

3. **What specific factors do you believe are keeping Oak Park from doing what needs to be done to improve health and quality of life?** (This can include political factors, physical barriers, lack of resources, or social factors. **Please be specific**)
 - a) _____
 - b) _____
 - c) _____

4. **What actions, policy or funding priorities would you support to build a healthier community?**
 - a) _____

APPENDIX D

Forces of Change Questionnaire



M-HOP Forces of Change Worksheet Explanation

As leaders of the Oak Park community, we realize that you are very aware of the local, national and global issues that are affect Oak Park residents.

The purpose of this exercise is to identify these issues, or “Forces of Change” that are currently affecting the local public health system and the health of the community or may affect them in the next 5 years. These forces of change can be local (Eg., Smoking ordinance in Oak Park), national (Eg., Reduced federal funding for health and human services or a bad economy), and global (Eg., Terrorism, Iraqi war) and can fall into any of the following categories:

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

The forces that you identify will be taken into consideration as we develop our goals and strategies for improving the health of the Oak Park community.

Please identify these forces to the best of your abilities on the attached “Forces of Change: Threats and Opportunities” worksheet. Explain each force clearly, then indicate what threat it poses and what opportunity it creates.

Can't think of anything off the top of your head? Use the following questions to help you think of these forces and what they mean!

1) What has occurred recently that may affect the health (positively or negatively) of our community?

Locally:

Nationally:

Globally:

2) What may occur in the future that may affect the health of our community?

Locally:

Nationally:

Globally:

3) Are there any trends occurring that will have an impact? If so, please describe these trends:

Locally:

Nationally:

Globally:

4) What characteristics of our jurisdiction or state may pose an opportunity or threat?

Locally:

Nationally:

Globally:

Forces of Change - Threats and Opportunities Worksheet

List the major categories identified in Step 2 of the Forces of Change phase in the left-hand column (“Forces”). Then, for each category, identify the threats and opportunities for the public health system or community created by each. Continue onto another page if needed.

| Forces (Trend, Events, Factors) | Threats Posed to health of Oak Park | Opportunities Created to improve health |
|---------------------------------|-------------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
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| | | |
| | | |

APPENDIX E

Asset Mapping Adult Resources

Physical Activity Resources

Public Pools
Dance Classes
YMCA
66 Gyms and Fitness Centers
Dole Learning Center
Ridgeland Commons
Heart Smart for Women
Oak Park Walking Club
2 Bicycle Groups
West Suburban Special Recreation Association
Heritage House (Older Adults)
Oak Park Township Senior Services (Older Adults)
RUSH Oak Park Hospital – Matter of Balance

Environmental Resources

Bike Paths
Parks
Sidewalks on every street



**Physical Activity and
Nutrition Resources**

Nutrition

Oak Park Township Senior Services (Older Adults)
Anorexia Nervosa and Associated Disorders (ANAD) Hotline
Alexian Brothers Behavioral Health Hospital (Hoffman Estates)
Overeaters Anonymous (North Suburban Inter Group)
UIC Eating Disorder Clinic
Hunger Task Force/ Food Pantry
Community of Congregations Food Pantry

Oral Health

**Cook County Department of Public Health
UIC
OPDOH Oral Health Referral Program
Donated Dental Services hotline
Dental House Call Program**

Preventative Care

**PCC Wellness Center
Oak Park Department of Public Health Flu Clinics
West Suburban Hospital
RUSH Oak Park Hospital
Wellness on Wheels
Family Case Management (Prenatal Care)
Austin Family Health Care Center**



**Health Care
Resources for
Adults**

Mental Health

**Family Services and Mental Health Center
West Suburban Medical Center
National Alliance for the Mentally Ill (NAMI)
Unified Services Plan
Community Care Options
Alexian Brothers Behavioral Health Hospital
Lutheran Social Services of Illinois
MacNeal Hospital Behavioral Health
Oak Park Veterans Center
Way Back Inn**

Violence

**Family Services and Mental Health Center
Community Care Options
Sarah's Inn
The Pillars Community Services
Chicago Rape Crisis Hotline
Domestic Violence Hotline
Wayback Inn/Grateful House**

Affordable Housing Resources

**Oak Park Regional Housing Center
Oak Park Residence Corporation
Village of Oak Park Housing**

Sexual Health

**OPDOH
Sarah's Inn
Family Services and Mental Health Center**



**Behavioral Health
Resources/ Social
Services**

Substance Abuse and Tobacco

**Oak Park Department of Public Health
Family Services and Mental Health Center
Community Care Options
MacNeal Hospital
Alexian Brothers Hospital
Riveredge Hospital
Al-Anon**

APPENDIX F

ASSET MAPPING YOUTH RESOURCES

Physical Activity Resources

Park District Programs
Mandatory Gym Class in School
Public Pools
Dance Classes
YMCA
66 Gyms and Fitness Centers
Dole Learning Center
Ridgeland Commons
Youth Football, Baseball, Soccer
Oak Park Township Youth Services
West Suburban Special Recreation
Association

Environmental Resources

Bike Paths
Parks
Sidewalks on every street



Physical Activity and Nutrition Resources

Nutrition

Infant Welfare Clinic
Action for Healthy Kids
Seven Generations Ahead
Anorexia Nervosa and Associated Disorders (ANAD) Hotline
Alexian Brothers Behavioral Health Hospital (Hoffman Estates)
Overeaters Anonymous (North Suburban Inter Group)
UIC Eating Disorder Clinic
Hunger Task Force/ Food Pantry
WIC Supplemental Food Program

Oral Health

**Infant Welfare Clinic
Cook County Department of Public Health
UIC
OPDOH Oral Health Referral Program
Donated Dental Services hotline**



Preventative Care

**PCC Wellness Center
44 Physicians that take Kid Care
Family Case Management
OPDOH Immunization clinic**

Health Care Resources for Youth

Mental Health

**Family Services and Mental Health Center
Hephzibah
West Suburban Medical Center
National Alliance for the Mentally Ill
Unified Services Plan
Community Care Options
Alexian Brothers Behavioral Health Hospital
Lutheran Social Services of Illinois**

APPENDIX G
BOARD OF HEALTH MINUTES

The regular Village of Oak Park Board of Health meeting was called to order at 6:06 PM, May 25, 2006, by Dr. Holden.

No public comment.

Minutes of the April 27, 2006 meeting were approved unanimously with typographical corrections.

Work Plan 2006:

Dr. Holden the Clean Indoor Air Ordinance Task Force met on May 24, 2006. They reached agreement on a 15 foot distance from business entrances as nonsmoking, and exempting outdoor dining tables from the smoke free restriction. The final recommendation is to be on the June 5, 2006 agenda for the Board of Trustees. A July 1, 2006, effective date is still anticipated.

Dr. Polyak said there was no further information on the recommendations to the Village Board regarding the code revisions for Adult Day Care, Assisted Living or Service Animals. Dr. Holden will request an update from the Board of Trustees and copy the Village Manager's office.

Dr. Holden said there is nothing new to report with community hospitals.

Ms. Das presented the MAPP Committee's list of priority issues, goals, strategies, initial action plans and objectives (attachment) for the next five years developed by the four subcommittees. The priority issues are:

- Increasing the visibility and connectivity of the local public health system
- Reducing the incidence of HIV and other Sexually Transmitted Diseases
- Reducing the incidence of alcohol and other drug abuse
- Reducing the incidence of obesity and related diseases

Mr. Vozak suggested adding the Village Boards and Commissions and the political parties in Oak Park to the list of policymakers receiving the MHOP report. The Board would like to see health issues more prominently on the agenda of the Village Board and other policymaking bodies. They suggested a police department representative be included on the substance abuse committee.

A motion was made by Mr. Vozak and seconded by Dr. DeChristopher to approve the plan with one change; moving teen pregnancy from part of the responsible sexual behavior goal section to the indicators section. The Board felt that based on the available data, concentrating on HIV and other sexually transmitted diseases was warranted. Teen births will continue to be monitored. The motion passed unanimously.

Mr. Crawford and Mr. Vozak are planning to contact legislators after the spring session to invite them to the Board of Health meeting in August. Mr. Vozak had a conversation with Sen. Harmon.

Staff Reports: Ms. Provost-Fyfe highlighted trends in Community Health Services. Syphilis incidence is up among men who have sex with men. The Health Department is addressing this through an agreement with PCC Wellness Center to provide comprehensive HIV and STD testing and treatment funded by two IDPH grants. Fewer flu shots were given by the Health Department because of limited supplies. The Department is exploring additional opportunities to partner for flu, childhood and other vaccinations. The Department is trying to link clients with medical homes and insurance where possible. The Know Your Numbers program at the library, a response to the previously identified priority health issue of chronic diseases, has been very successful. Ms. Provost-Fyfe has started a new program for persons living with chronic diseases.

Board Reports: Mr. Crawford raised the possibility of the YMCA relocating and using the building for a homeless shelter. PADS may be invited to a future meeting.

The meeting adjourned at 7:36PM.

Respectfully submitted,

Georgeen Polyak, Director of Public Health

APPENDIX H
HEALTH DEPARTMENT 2006 STRATEGIC PLAN

Appreciative Inquiry Strategic Plan 2006

Oak Park Department of Public Health

December 21, 2005

Protect Prevent Promote

The appreciative eye

- Art is a beautiful idea translated into a concrete form

Protect Prevent Promote

The Art of the Question

- What's the biggest problem here?
- Why did I have to be born in such a troubled family?
- Why do you blow it so often?
- Why do we still have those problems?
- What possibilities exist that we have not thought about yet?
- What's the smallest change that could make the biggest impact?
- What solutions would have us both win?
- What makes my work inspiring, energizing, and mobilizing?

Doing more of what works

- Remembering the best of the past
- Visualizing the best future

Protect Prevent Promote

Remembering the Past

- Describe a time when you feel the Department performed really well
- Describe a time when you felt most effective and engaged at work
- What do you value most about being a member of this Department?

■ PAIR – SHARE

Protect Prevent Promote

Themes

- Teamwork
- Community Involvement
- Client relations
- Making a difference
- Communication
- Learning Environment
- Support
- Motivation
- Camaraderie
- Using skills
- Developing skills

■ Group

Protect Prevent Promote

Future

- Describe an ideal set of circumstances that fosters the climate that creates possibilities to do more of what works
 - Education
 - Presence community
 - Teambuilding
 - Recognize accomplishments
 - Creative team
 - Cross team program promotion
 - Team meetings include part-timers
 - Communication among staff
 - Build on core programs
 - Recognize program differences

■ Small groups

Protect Prevent Promote

Public Health Department Strategic Plan 2006

- What did we do?
 - Secured permanent Animal shelter
 - Finished MAPP
 - Developed a more cohesive understanding group
 - Flu distribution ran smoothly
 - Computerized inspections and analysis
 - Reorganized website

- Completed disaster drill
- Education

- How did we do?
 - Support and communication increased
 - Workload maintained with less staff
 - Worked well as a team

 - Rated ourselves 8/10

- Group

- How do we know?
 - Animal shelter built
 - Department was recertified
 - Team building exercises successful
 - Met demand for flu shots on time
 - Computerized analysis of inspection data
 - Website organized for users
 - Community Health Profile
 - Immunization Clinic times
 - Timely maintenance
 - Health alerts
 - Educational campaigns
 - After-action drill report
 - 6 in-service trainings

- Staff Support/Communications Committee Report
- Comparison of annual productivity reports
- Comparison of annual staff surveys
- - Department rating based on key indicators

Mission Statement

- *The mission of the Oak Park Department of Public Health is to assure the health of all members of the community by*
 - *maintaining or improving health*
 - *preventing disease, injury, and disability*
 - *promoting a healthy community*

Protect Prevent Promote

Vision Statement

- The Oak Park Department of Public Health will be viewed as*
- *the leader in health promotion and protection in Oak Park and*
 - *recognized as a model for the public health community*

Protect Prevent Promote

What does Oak Park need from us in 2006?

- Programs
- Services
- Policies
- Collaborations
- Information
- Other

Protect Prevent Promote

What does the Department need to accomplish our mission in 2006?

- Positions
- Training
- Support
- Policies
- Equipment
- Consulting
- Collaborations
- Other

Protect Prevent Promote

Department Goals and Objectives 2006 -1

- 1. Animal Shelter **MC**
 - A Assure continued temporary shelter
 - B Provide statistical information
 - C Reduce shelter days through adoptions
- 2. Department Recertification **RD**
 - A Complete MAPP assessment and plan
 - B Enhance Annual Report
 - C Complete program reviews
- 3. Cohesive team **CS**
 - A Form a staff support/communications committee
 - B Offer team building in-service
 - C Identify cross-disciplinary projects

Protect Prevent Promote

Department Goals and Objectives 2006 -2

- 4. Met demand for flu shots on time **MPF**
 - A Begin planning in first quarter
 - B Explore partnering with PCC
 - C Explore clearinghouse approach
- 5. Computerized analysis of inspection data **RD MC MPF**
 - A Complete Access database
 - B Provide quarterly reports
 - C Plan education around findings
- 6. Website organized for users **RD**
 - A Assign web management
 - B Plan seasonal material
 - C Post Community Health Profile/MAPP

Department Goals and Objectives 2006 -3

- 7. Completed disaster drill **CS**
 - A Involve DPH staff in drill
 - B Involve DPH staff in after-action review
 - C Drill DPH staff on communications technology
- 8. Completed 6 in-service trainings **GP**
 - A Applying Computer Skills D
 - B Social Marketing E
 - C Community Mobilizing F
- 9. Lead Program Evaluated and Modified (2005) **YC**
 - A Develop program plan and evaluation form - all
 - B Meet with staff, Dr. Binns, Housing, BPS
 - C Develop awareness campaign for screening

Department Goals and Objectives 2006 -4

- 10. Environmental Community Assessment (PACE) **MC**
 - A Initiate modified PACE process
 - B Identify human resources
 - C Meet with community one time re rodents and food
- 11. Integrate public health with land use **MC**
 - A Present in-service
 - B Meet with planning staff
 - C Participate in planning meetings
- 12. Animal temperament testing **MC**
 - A Identify contractor
 - B Continuing education
 - C Develop criteria

Department Goals and Objectives 2006 -5

13. Chronic Disease Self Management Group MPF

- A Begin group
- B Evaluate series
- C Identify partners

14. HIPAA policies MPF

- A Write security policy
- B Implement confidentiality agreements
- C Evaluate physical security

December 15, 2004

Village of Oak Park

Department of Public Health

Strategic Planning Review

2004 Accomplishments

- drilled and developed Operational SNS plan
- acquired mass sheltering sights
- INEDS system reporting – state disease reporting system
- Developed strategic alliances district 200, dist 97, park district for Preparedness
- Completed assesment barriers and support to aging in place in oak park
- Animal control volunteer program – day to day volunteers & emergency
- Environmental health new complaint database – food inspection tracking
- Started Plan review for Nail facilities
- Youth intervention program with police dept.
- Increased visibility in community due to pertussis and flu vaccine shortage
- Temporary food database
- Protocol for condom distribution
- Successfully contained pertussis outbreak
- Successfully completed surveillance for WNV, education of nursing homes & camps
- Individual education of restaurants
- Hand washing campaign implemented
- Successfully taken 10 food establishments to court
- Continued expanding volunteer base –MRC
- C. Amato a ward from IWC – FCM
- 2nd place FCM program in state
- Fred Blakey – developed education & support group of HIV in long term care facility

- Village(?) – children and lead paint, no food borne illnesses
- Pregnancy education excellent –
- Improved networking/alliances in animal control
- Increased animal license purchasing in 2004
- Animal control code enforcement up – more visibility, more staff
- Day care – increased consistency of code compliance with largest day care provider in village (hepzibah)
- Members of wellness team instituted walking program – pedometers given out (200) and walking event in June
- Wellness team employee event – most cross-department event
- Resolved dilemma community had about animal limitations
- Blood pressure checks for village employees
- BT drill coordinated w/flu clinic

Internal Strengths and Weaknesses:

| | Strengths | Weaknesses |
|-------------------|------------------|--|
| People | | <ul style="list-style-type: none"> • <u>Data Analyst</u> |
| Training | | <ul style="list-style-type: none"> • <u>Excel, Access, EpiInfo</u> |
| Equipment | | <ul style="list-style-type: none"> • HOTV cards (V&H), • identification on van (animal control for more visibility in community), • CARS-sanitarians be involved in purchase-back pain & tiny trunk |
| Facilities | | <ul style="list-style-type: none"> • <u>lack of meeting space,</u> • <u>lack of quiet space, lack of 320 lake st. employee parking (meters are full),</u> • <u>field work parking for employees,</u> • need more presence for services, community mobilizing in S.E. Oak Park, • need animal shelter (care and storage of animals), • lack of cleaning by cleaning service (VH) • 320 lake St. phone call transfers; different phones w/different features, poor phones |

| | | |
|--|--|---|
| | | <ul style="list-style-type: none"> • clean carpeting at VH • 320 lake st. computers are poor, slow |
| Funding | | |
| Information Access | • | <ul style="list-style-type: none"> • Advertising: more routine advertising to local media for health dept., • lack of info to public on “what does health • Webpage, |
| 10 Essential Public Health Services | Survey: Highest: Promote healthy behaviors; prevent epidemics; policies & plans (2003) | Survey results: Overall average 3.12 (3.10 in 1999) Lowest: Prevent injuries; Evaluate services; Disaster recovery (2003) |
| 1. prevents epidemics and the spread of disease: | | |
| 2: protects against environmental hazards | | |
| 3: Prevents injuries | | |
| 4: Promotes & encourages healthy behavior | | <ul style="list-style-type: none"> • Programs need to reach more people |
| 5: Responds to disasters & assists communities in recovery | | drills Train all staff |
| 6: Assures the quality & accessibility of health services | | |
| 7: Monitor health status to identify community problems | | |
| 8: diagnose & investigate health problems & health hazards in community | | |
| 9: Inform, educate & empower people about health issues | | |
| 10: Mobilize | | <ul style="list-style-type: none"> • Schools |

| | | |
|---|--|--|
| community partnerships & action to identify & solve health problems | | <ul style="list-style-type: none"> • Businesses • Hospitals • Food Safety • Rodent Control • STOP • HOP |
| 11: Develop policies & plans that support individual & community health efforts | | Smoke Free Oak Park Cats & Dogs-ordinance |
| 12: Ensure safety – enforce ordinances | | |
| 13: Assure the provision of health care when otherwise unavailable | | |
| 14: Assure a competent public health & personal health care workforce | | |
| 15: Evaluate effectiveness, accessibility and quality of personal & population-based services | <p>Difficult to assess</p> <p>No \$\$ or highly trained staff for evaluation</p> | <p>Evaluating the service & getting the word out</p> <p>Evaluate lead program</p> <p>All staff – program evaluation tutorial</p> <p>MAPP and PACE processes</p> |
| 16: Research for new insights & innovative solutions to health problems | | |
| Board of Health | | <ul style="list-style-type: none"> • Pictures & bios of BOH members - post |
| Other Village Departments | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • Human being answer main phone |

Board of Trustees: Priorities

- Improve economic development
- Improve communications
- Reduce tax burden
- Resolve Barrie Park
- Influence Ike expansion
- Improve public safety

- Improve the environment

Integrate Public Health with Board priorities

External Threats and Opportunities:

| | Threats | Opportunities |
|----------------------------------|---------------------------------------|--|
| Economy | | |
| Population | | Need to champion low income residents as affluent sector grows |
| Technology | | Use Large Print Update website |
| Natural/Built Environment | | |
| Culture | | Liberal mindset of population for public health issues/social issues – changing to more self and work oriented |
| Community Themes | | |
| Community Assets | | |
| Politics | | New Board of Trustees; more accountability and quality indicators |
| Health Status | Disparity of economic & ethnic groups | Repeat BRFSS – find funds |

| | |
|--|-----------------------------|
| c. Assure quality and accessibility of health care services | |
| | |
| Identify gaps in health services | Board Work Plan 2004-2005 |
| Plan one joint activity | Health Fair – Rush Oak Park |
| d. Disaster Recovery | |
| | ARC training 2005 |

| | |
|-------------------------------------|-------------|
| 3. Reduce health disparities | 2005 |
| Collect program and census data | |

| | |
|---|--|
| 4. Expand environmental health scope | |
|---|--|

| | |
|--|------|
| Complete PACE EH process | 2005 |
| Learn about public health and land use | 2005 |

| | |
|---|---------------------------|
| 5. Increase distribution of successful programs | |
| Assure 100% Smokefree Workplaces | BOH Recommendation to BOT |
| Screen 200 adults for chronic disease risk factors | 134/200 = 67% in 2004 |
| Initiate one chronic disease management peer help group | 2005 |
| Health Educate 50 high school students | 11/50 = 22% in 2004 |

| | |
|---|-------------------------------|
| Secure outside funding | VNA, BRFSS, Physical Activity |
| Develop Public Health System – Major Partners | BOH invite hospitals |

| |
|------------------------------------|
| 2005 Strategic Plan Summary |
|------------------------------------|

Staff Training Goals

All: Excel advanced
 Word advanced
 Managing Folders
 Nextel: phone and direct connect
 Emergency Preparedness – Mini-drill SNS
 AED/CPR Refresher

HIS: Program Evaluation
 Social Marketing
 Community Mobilizing
 Access advanced– 2 staff

CHS: Program Evaluation
 Community Mobilizing
 Access advanced– 2 staff

EHS: Land Use
 PACE EH
 Food/Water Security
 Access advanced– 2 staff

Guiding Principles and Indicators (Department) 2005

- Customer satisfaction - Formalizing and documenting customer feedback
 - Participate in Village organization quality indicators tracking system
 - Human being answer main phone line
- Communication

- Increase use of website
- Use nontraditional sources – e.g. church bulletins, schools, beat officers
- Accessibility
 - Deliver services in southeast Oak Park
 - Use large print
- Core business
 - Inservice – Public Health 101
- Continuous improvement –program & individual
 - Review quality indicators at all staff meetings
 - Formally evaluate lead program
 - Individual staff development indicators on all individual workplans

DIVISION GOALS 2005

- Evaluate Lead program first 6 months;
- Evaluate division programs second 6 months
- CHS – Chronic Disease Self-management groups
- HIS – Smokefree Public/ Workplaces
- Standardization of Data Collection
- EHS – PACE
- AC – Temperament testing
- ADM - MAPP
- EP – Public Health Ready

December 18, 2003
Village of Oak Park
Department of Public Health
Strategic Planning Review

Facilitator: Lisa Shelley, Village Manager's Office

1999-2003

What have we accomplished?

Move HIV clinic to PCC
 Syphilis elimination grant
 Medical Reserve Corps
 Integration into Village Emergency Preparedness Plan
 Know Your Numbers
 BT Planning Team
 Stop Tobacco in Oak Park
 West Nile Virus
 CCDPH Pb Prevention grant
 Education of food handlers
 HIS, environmental health educator

Adolescent Health staff and OPRF project
Dental volunteer program
Walking Clubs
In-home child care consulting
HIPPA compliance Health n Hoops, Spikin for Health
St. Catherine's Teen Aware
68% Smokefree Restaurants
Reduction in euthanasia rate to 5%
Increased media coverage
TV6 Videos
New relationship with D97
30% grant and fee funding
STOP
HOP
HIV Advisory Group
Health & Safety Committee leadership
Youth Network Council leadership
Oral Health Coalition
Food Safety Coalition
Rodent Control Coalition
Flu Campaign Coalition
Older Adult Case Management
Family Case Management ranking
Dental grants

What have we not accomplished?

Asthma grant
Using animal control for pet store inspections
Village won't charge for childhood immunization
Permanent animal shelter
MAPP – postponed
Smokefree Workplaces

What didn't we know about in 1999? WNV, SARS, syphilis outbreak, monkeypox, 9/11, bioterrorism, anthrax, new trustees, Animal Control, HIPPA, heroin increase

Strategic Plan 2004-2006

Review Vision Statement

The Oak Park Department of Public Health will be viewed as

- *the leader in health promotion and protection in Oak Park and recognized and as*
- *a model for the public health community by 2004*

Who else would residents consider to be a leader in health promotion and protection in Oak Park? Hospitals, Fire Department/Paramedics, Park District.

Are we considered a “model for the public health community”? Most of the answers indicate we are a model. Personal customer service, Family Case Management being ranked first in its reporting indicators, efforts towards preparedness, developing a model bioterrorism plan, forensic epidemiology training, partnering with OPALGA, working for smokefree workplace ordinances, and Dr. Whitaker choosing to visit us were given as examples of why we are a model health department.

Are we considered a leader? The consensus was that we are considered a leader, but many of our services and accomplishments are not well publicized. Residents receive “so much for their dollar” but don’t know it.

Review Mission Statement

The mission of the Oak Park Department of Public Health is to assure the health of all members of the community by

- *maintaining or improving health*
- *preventing disease, injury, and disability*
- *promoting a healthy community*

Vision 2006?

Guiding Principles and Values: How are we doing?

| | Strengths | Weaknesses |
|--------------------------------|--|--|
| Communication | | Local media – advertising Village FYI, consider other means of communication, internally – tendency to avoid conflict, big picture not always communicated |
| Customer Service | Excellent | |
| Fiscal Stewardship | Successful in pursuing grants | Some grants may be discontinued, eg BT |
| Diversity | Internally good | Services – health disparities |
| Integrity | | |
| Learning Organization | More evident with LMS Satellite downlinks | |
| Recognition | | “People could use more pats on the back” \$\$\$, food, verbal recognition formal and informal, gift certificate |
| Professional Management | | Some unhappiness within department and Village. |

| | | |
|-----------------------------|------------|---|
| | | Feel overburdened, timeframes too much. |
| Team Work | Excellent! | |
| Pleasant environment | | |

Internal Strengths and Weaknesses:

| | Strengths | Weaknesses |
|-------------------|---|---|
| People | <ul style="list-style-type: none"> • tenure, • highly educated, • expert resources, • dedicated, • quality, | <ul style="list-style-type: none"> • Small staff for services provided, • future positions needed? |
| Training | <ul style="list-style-type: none"> • High access to training, • lots of distance learning (downloads), • pursue benefits of individual certifications (eg: LMS system) | <ul style="list-style-type: none"> • Time for training, prioritizing (what do we want to spend the time on), • don't know what training is out there to plan for training, • not enough opportunity for technology training, |
| Equipment | <ul style="list-style-type: none"> • emergency communication equipment, • available funds, • HIV grant for equipment upgrades | <ul style="list-style-type: none"> • Noise meter use, • calibration program for: barometer, laser thermometer, anemometers, • more professional educational displays, • slow replacement uniforms, • HOTV cards (V&H), • lack of vehicle • identification on van (animal control for more visibility in community), • FLASHLIGHTS!, |
| Facilities | <ul style="list-style-type: none"> • 320 Lake st. facility: office space efficient, no heat/cold issues, have office furniture, "works | <ul style="list-style-type: none"> • Summer: heat problem upstairs, • lack of lighting, lack of meeting space, |

| | | |
|-----------------------|---|---|
| | <p>really well”</p> | <ul style="list-style-type: none"> • lack of quiet space, lack of 320 lake st. employee parking (meters are full), • field work parking for employees, • not enough village hall parking, security inside village hall, • after hours security procedures (gate openings, • directing people to meetings), computer security (Joyce’s computer unplugged), • high demand for parking due to regional meetings, • better lighting for evening parking in lot, bathrooms: lack of cleanliness, • need hot water, • need more maintenance, • dirty in corners, “yucky”, • need more presence for services, community mobilizing in S.E. Oak Park, • need animal shelter (storage of animals), • lack of cleaning by cleaning service, • 320 lake St. phone call transfers; different phones w/different features |
| <p>Funding</p> | <ul style="list-style-type: none"> • Solid grant funding, pursue funding relations w/Chicago based agencies, | <ul style="list-style-type: none"> • CDC: bio-terrorism funding may end/dwindle in next few years (depending what happens in the world), |

| | | |
|---|---|--|
| | | <ul style="list-style-type: none"> • funding for teenager/young woman programs (funding w/Chicago based agency), • more funding for asthma & air quality issues, |
| Information Access | <ul style="list-style-type: none"> • Use of Village TV programming, • proper signage, brochures, • two highly read local newspapers, • library usage, • leader to major agencies in area, • use of fax transmittals, • FYI, • Webpage, • TV6, • regional cable station to reach more people | <ul style="list-style-type: none"> • Advertising: more routine advertising to local media for health dept., • lack of info to public on “what does health dept do?” (formal program and/or plan), • increase brochure usage, • increase signage and displays, portable banners • FYI: doesn’t serve all purposes for health info, • Webpage, • video about “a day in the life of health dept. professional” |
| 10 Essential Public Health Services | Survey: Highest: Promote healthy behaviors; prevent epidemics; policies & plans | Survey results: Overall average 3.12 (3.10 in 1999) Lowest: Prevent injuries; Evaluate services; Disaster recovery |
| 1. prevents epidemics and the spread of disease: | Excellent follow up on restaurants | |
| 2: protects against environmental hazards | | Narrowly focused |
| 3: Prevents injuries | <ul style="list-style-type: none"> • Childcare center surveillance • Car seats | Not much activity; leading cause of mortality in some age groups |
| 4: Promotes & encourages healthy behavior | <ul style="list-style-type: none"> • Smoking cessation • Know your numbers • Walking club • HIV education | <ul style="list-style-type: none"> • Programs need to reach more people |

| | | |
|---|--|---|
| | <ul style="list-style-type: none"> • Programs work | |
| 5: Responds to disasters & assists communities in recovery | <ul style="list-style-type: none"> • Plans & documentations are in place • Work w/Red Cross, shelter, hospitals | <p>Unable to test it other than drills</p> <p>Train all staff</p> |
| 6: Assures the quality & accessibility of health services | <p>Proactive:</p> <ul style="list-style-type: none"> • access to care • kid care • dental program • smoking cessation • informal referrals • nurses accessible by phone • influence over daycare & other agencies • More active/working w/other agencies | <ul style="list-style-type: none"> • Public doesn't know all this • Merger of hospitals • Immediate outpatient care unavailable • Adult care unavailable, the middle age group, 18-64 |
| 7: Monitor health status to identify community problems | <p>New resources: SPSS software and training</p> | <ul style="list-style-type: none"> • Monitoring: don't consistently have people to monitor • Access to data sources; dependent on other agencies for data |
| 8: diagnose & investigate health problems & health hazards in community | <ul style="list-style-type: none"> • Improving on food borne illnesses • Informal networking | <ul style="list-style-type: none"> • monitoring |
| 9: Inform, educate & empower people about health issues | <p>Bringing forward issues: smoke free workplace</p> | <p>Not sure how it's received</p> |
| 10: Mobilize community partnerships & action to identify & solve health problems | <ul style="list-style-type: none"> • youth township services • family services • WIC • IWC • Food safety coalition | <ul style="list-style-type: none"> • Schools • businesses |
| 11: Develop policies & plans that support individual & community health efforts | <p>Board of Health: have follow through & take on policy issues</p> | |
| 12: Ensure safety – enforce ordinances | <ul style="list-style-type: none"> • animal control, food inspections, • opportunity for public | |

| | | |
|--|--|---|
| | <p>safety via bioterrorism</p> <ul style="list-style-type: none"> • work with police & fire departments | |
| 13: Assure the provision of health care when otherwise unavailable | Done with limited resources | |
| 14: Assure a competent public health & personal health care workforce | Refer to quality section above | |
| 15: Evaluate effectiveness, accessibility and quality of personal & population-based services | <p>Difficult to assess</p> <p>No \$\$ or highly trained staff for evaluation</p> <p>MAPP and PACE process</p> | Evaluating the service & getting the word out |
| 16: Research for new insights & innovative solutions to health problems | <p>Innovative solutions:</p> <ul style="list-style-type: none"> • West Nile virus • HIV program • STD program | |
| Board of Health | Has become a strength, | <ul style="list-style-type: none"> • Health dept. be more aware of what issues BOH is working on, • bring BOH in on coalitions, • dept., know who the BOH members are, |
| Other Village Departments | <ul style="list-style-type: none"> • Cell phones, • police dept relations (forensic epi training), • fire dept (mask fit test), • employees willing to help each other • New Village departmental structure – deputy managers | <ul style="list-style-type: none"> • Better communication w/others, • better coordination, • share info, |

Board of Trustees: Priorities

- **Improve economic development**
- **Improve communications**
- **Reduce tax burden**
- **Resolve Barrie Park**

- **Influence Ike expansion**
- **Improve public safety**
- **Improve the environment**

External Threats and Opportunities:

| | Threats | Opportunities |
|--------------------------------------|--|---|
| Economy | Less funding, more people loss of jobs → lack of money & insurance, no access to care. Rise in tax dollars demand more/higher services | Educate and exposure for H.D. |
| Population | Population of oak park require high level of service(s), high expectations, population increase (in some age and SE groups) and our staff is not increased, increasingly affluent population: cigs, high fat meals, stress, still have middle class community, environmental issues w/people living so close to each other | Population takes initiative, |
| Technology | People have access to media but do not always receive accurate info. Communication via e-mail (not all things are digitally based) Too much email | Access to media, communication via e-mail, seniors use e-mail more, |
| Natural/Built Environment | Density Mixed use developments | Opportunity to educate on green space, land use decisions, healthy living lifestyles, influence new construction and ensure safety Park District Plan |
| Culture | Increasingly affluent community: money → drug use, lack of supervision Low income groups have less visibility | Ability to influence youth |

| | | |
|-------------------------|--|--|
| Community Themes | Diverse population, vocal minority → cost/benefit analysis of special interest groups and single issue demands | Diverse population, |
| Community Assets | No overall organization | Partner organizations, volunteers, |
| Politics | Small interest groups, time consuming, population vocal but don't show up to vote | Liberal mindset of population for public health issues/social issues |
| Health Status | Disparity of economic & ethnic groups | |

Major Goals and Strategies: 2004-2006

| | |
|---|---|
| 1. Increase job satisfaction | |
| a. increase communication | Measure? |
| a. director-division meetings | Met with all divisions – varying frequencies |
| b. staff committee | Staff felt not necessary |
| c. replace and maintain equipment | Replaced CHS and EHS equipment |
| 2. Improve EPHS | Access database implemented |
| 3. Injury Prevention | |
| Meet with Fire, Police, Traffic Engineering, Schools – Assess Public Health System in place for injury prevention – identify gaps | Conducted meeting – gaps identified – to be implemented with Emergency Preparedness Coordinator |
| 4. Program Evaluation | |
| Inservice supervisors | Inservice done |
| Evaluate Lead program first 6 months; | 2005 |
| Evaluate division programs second 6 months | Dental Referral OPRFHS Adolescent Health Project Standardization of Data Collection |
| CHS – Older Adult Clinics | 2005 |
| HIS – Walking Clubs | 2005 |
| EHS – Rodent Control | 2005 |
| | |
| | |

| | |
|--|---|
| c. Assure quality and accessibility of health care services | |
| Meet with all providers regularly | Rush Oak Park Hospital, Older Adults, HIV, School Nurses, OPRFHS, |

| | |
|--|---|
| | Emergency Preparedness Team, Cook County DPH, EDPH, SDPH, STDPH, Infection Control Nurses, Youth Network Council, PHREPPA7, |
| Identify gaps in health services | Board Work Plan 2004-2005 |
| Plan one joint activity | Health Fair – Rush Oak Park |
| d. Disaster Recovery | |
| All staff complete Learning Management System competencies and American Red Cross training | LMS completed ARC training 2005 |

| | |
|--|-------------|
| 3. Reduce health disparities | 2005 |
| Collect program and census data | |
| Write and implement program parallel plans to reduce disparities | |
| Public Health Week focus and awards | |

| | |
|---|-------------------------|
| 4. Expand environmental health scope | |
| Complete PACE EH process | 2005 |
| Learn about public health and land use | 2005 |
| Develop permanent Animal Shelter | Moved to BOT Task Force |

| | |
|---|---------------------------|
| 5. Increase distribution of successful programs | |
| Assure 100% Smokefree Workplaces | BOH Recommendation to BOT |
| Recruit 500 Consistent Walkers | 215/500 = 43% in 2004 |
| Screen 200 adults for chronic disease risk factors | 134/200 = 67% in 2004 |
| Initiate one chronic disease management peer help group | 2005 |
| Health Educate 50 high school students | 11/50 = 22% in 2004 |

| | |
|---|---|
| 6. Secure core services | 2005 Budget accepted |
| Review fees | Reviewed Animal Control fees |
| Secure outside funding | New: Minority AIDS, Dental?, VNA? (\$418,000 total) |
| Develop Public Health System – Major Partners | BOH Assessment |

2004 GOALS

Satisfied workers

Fewer injuries

Program Results

Health Services System

Health Parity

Public Health Ready

**Environmental Health Improvement
Plan**

Healthy Land Use

Healthify Oak Park

Save Core

MSOFFICE savvy
2004 Staff Training Goals

All: MSOFFICE
Emergency Preparedness
Basic Public Health - LMS
AED/CPR Refresher

Administration: SPSS, Planned Parenthood

HIS: Program Evaluation
Social Marketing
Community Mobilizing

CHS: HIPPA
INEDSS
Community Mobilizing

EHS: Land Use
PACE EH
Food/Water Security

Strategic Planning Update 2003

Oak Park Department of Public Health and the Essential Public Health Services 012703

| | | | Goals 2003 |
|--|-----------------------|-----------------------------|---|
| | Month | Responsible | |
| Prevents epidemics and the spread of disease | 4 9 3 | GC JH MPF ML | WNV campaign Animal Shelter Smallpox vaccinations |
| Protects against environmental hazards | 5 | RM | WNV source reduction |
| Promotes and encourages healthy behaviors | 6 4 | MPF MPF | Clinical screenings Chronic disease management |
| Responds to disasters and assists communities in recovery | 4 3 | GC GP | Medical Reserve Corps R911 |
| Assures the quality and accessibility of health services | 6 | GC | Expand dental referrals |
| Monitor health status to identify community problems | 6 9 6 7 | RM MPF GC GC | EHS MIS INEDSS HIS data analysis MAPP |
| Diagnose and investigate health problems and health hazards in the community | 3 | GC | Teen Pregnancy |
| Inform, educate and empower people about health issues | 6 5 4 6 4 | BM MPF GC JH GP | EHS education: restaurants, lead, rodents, mold Child day Care consultations Website development Animal control education West Nile virus forum |

| | | | |
|---|------------------|-----------------------|--|
| | | BOH | |
| Mobilize community partnerships and action to identify and solve health problems | 6 9 7 9 | WM GP BOH GC | Older adult case management MAPP – commissions connections MAPP LPHS Assessment Schools Health and Safety Committee |
| Develop policies and plans that support individual and community health efforts | 6 4 | GC BOH | Smokefree Establishments Public Health legislation and awards |
| Enforce laws and regulations that protect health and ensure safety | 5 5 6 9 | RM BOH RM JH | EHS AL/SHE/ADC ordinances EHS MIS Evaluate after-hours animal control |
| Link people to needed personal health services and assure the provision of health care when otherwise unavailable | 6 6 | GP ML | PCC linkage – STD/HIV, Family Planning, school-linked, adult referrals |
| Assure a competent public health and personal health care workforce | 4 | MPF | HIPAA |
| Evaluate effectiveness, accessibility, and quality of personal and population-based health services | 9 6 | MPF RM | Compare 320 v. PCC HIV/STD Track EHS enforcement |
| Research for new insights and innovative solutions to health problems | 9 11 | WM BOH | Active Living Assessment Adolescent Health Study |

Mission Statement

The mission of the Oak Park Department of Public Health is to assure the health of all members of the Oak Park community by

- *preventing disease, injury, and disability*
- *maintaining or improving individual health*
- *promoting a healthy community*

Vision Statement

The Oak Park Department of Public Health will be regarded as the leader in health promotion and protection in Oak Park and as a model for the public health community by 2004

Action Plan for 2002

Guiding Principles and Values

1. Communications
 - a. Train all staff to be comfortable using email for rapid simultaneous communications.
 - b. Encourage divisions to send periodic updates on their programs and activities via email
 - c. Administrative Support Staff will meet with Director regularly
2. Teamwork
 - a. Establish a "Teamwork Award"
 - b. Encourage, each quarter, staff to submit a project for the intradepartmental award – lunch for the team members.
 - c. Criteria include number of staff; staff who have not worked together previously or regularly; uniqueness; innovation; public health impact; intradepartmental impact.
 - d. Activities may be community-oriented or department oriented.
3. Customer Service
 - a. Rearrange the first floor to create a more customer service orientation

- b. Cross-train front desk staff
- c. The Director's Administrative Assistant will move upstairs
- d. Reevaluate the phone menu for customer ease of use
- e. Improve the clinic phone system

Human Resources

1. Recruit a full or part time nurse to work with child care issues
2. Explore contractual arrangements for social work
3. Recruit additional student interns for environmental, animal control, etc.
4. Study the optimal number of FTE's for similar sized jurisdictions
5. Develop career paths

Funding

1. Each professional staff will research and pursue one new grant

Training

1. EHS Database
2. Access
3. Word, Excel, Outlook
4. Public Health Marketing
5. Program Evaluation
6. Institutional Consulting and Regulation
7. Indoor Air Quality
8. Building and Sustaining Coalitions

Equipment

1. Obtain 3 personal computers: Sanitarians; Animal Control Officers; Clinic
2. Store vision and hearing equipment downstairs
3. Obtain a copier for upstairs

Facilities

1. Assertively participate in Village-wide space needs study
2. Improve animal sheltering

Information Access

1. Implement an automated EHS tracking system
2. Export all VAX programs to the network system
3. Obtain and analyze complete timely birth record data
4. Obtain and analyze complete STD data
5. Submit monthly press releases to local papers
6. Send quarterly health department updates to gatekeepers
7. Send annual report to gatekeepers
8. Purge information files twice a year
9. Participate in at least 10 block parties
10. Participate in 8 neighborhood meetings

Internal Culture

1. Repeat 1999 10 Essential Public Health Services survey and review results
2. Repeat 1999 Internal Culture Survey with modifications
3. Staff Committee review results and make recommendations
4. Submit HR policy questions to new HR Director for clarification
5. Explain employee corrective action plans clearly

External Environment

Implement programs:

1. Coordinated School Health Plan
2. Know Your Numbers Program
3. Walking Clubs
4. In home day care education and consultation
5. Study of medical service gaps
6. Continued Bioterrorism and Other Disaster Preparedness
7. Healthy by Design
8. Public Health influence on Land Use
9. Develop *Local Public Health System*
10. Community Services Website

Review of Year 2000
110900

Mission Statement

The mission of the Oak Park Department of Public Health is to assure the health of all members of the community by

- Maintaining or improving health
- Preventing disease, injury and disability
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Values

Staff operationalized the *Village of Oak Park Organizational Guiding Principles* and set goals for implementation in 2000 (Attachment)

Partial: See "yearbook"

Guiding Principles

- Communication
 - 320 Lake should be connected to e-mail
 - Staff should be accessible by portable phones when out of the office
 - Outlook calendars should be shared among staff
 - Accurate sign out system should be maintained at VH and developed at 320 Lake
- Customer service
 - Staff should make an effort to follow-up with a letter to agencies visited for outreach activities
 - Phone coverage issue should be resolved
- Diversity – no comments
- Fiscal – no comments
- Integrity – no comments
- Learning
 - Continue to increase computer skills (see below)
 - May want to have consultants come in around LTC and CC
- Management
 - Need to improve the time frame on getting supplies
- Recognition
 - Should move the HD bulletin board to where recognition of employees is more visible
 - Should make more of an effort to recognize part-timers
 - Team work – no additional comments

Internal Strengths and Weaknesses

Human Resources

Increasing capacity:

In 1999, customer service orientation was addressed through two inservices arranged by Margaret Provost-Fyfe (Ron Marr, IDPH) and Mary Williams (VOP Human Resources).

Financial accounting was addressed with the hiring of Administrative Assistant Mary Williams who is responsible for all grant tracking and reporting, billing, invoicing for fees.

Capacity for tracking health data was not addressed completely in 1999. This will be a goal for 2000. The Behavioral Risk Factor Surveillance System (BRFSS) will be completed in 2000 with a joint contract between the Health Department and West Suburban Hospital and Northern Illinois University.

Done

Contracting for collection, analysis and reporting of routine community health indicators will be explored with UIC School of Public Health or other entities in 2000. Done – hired G. Castro 11/00.

Health education was addressed in 1999 with the hiring of Environmental Health Educator Bryan Smith. Kim Russet, RN,MPH was reassigned to the IPLAN objectives around chronic health. A goal for 2000 will be to organize and systematize health education and health promotion efforts.

DONE – New division “Health Information Services”; hire full-time health educator with Women’s Health Grant 11/00. two additional part-time staff; student intern prepared Community Health Profile and analyzed BRFSS.

Clean indoor air is being addressed through the tobacco coalition staffed by Catherine McNamara , Bryan Smith and Paulene Hubbard. A goal for 2000 is to pursue significant outside funding for a comprehensive community tobacco prevention and control program.

Tobacco Coordinator will be working with “smoking” restaurants to encourage them to go smoke-free in 2001.

Partial– IDPH grant \$44,000 for tobacco prevention; \$2,500 grant for retailer education. B. Smith will apply for an asthma grant in 2001. Asthma grant applied for in 2000 was not approved by granting agency; and partnership with University of Illinois Asthma grant was also not approved.

Minimal – asthma grant not funded; co-sponsored Dr. Abrams on asthma with Lincoln School.

A grant to increase use of lead screenings was secured by B. Smith in 1999 and will be implemented in 2000 along with more structured follow through on lead cases

through regular meetings and the involvement of Medical Consultant Dr. Loafman. This program will continue in 2001 although grant funds are exhausted.

Done – lead brochure developed in new Village format; training on lead prevention with Public Works and Building and Property Maintenance; grant fulfilled. Regular Lead Roundtable meetings reinstated; lead cases reviewed with Dr. Loafman; billings updated; all staff trained on Stellar; Environmental policies and procedures updated and reviewed; EHS staff trained on and using IDPH XRF.

Education of food handlers was addressed in 1999 by Bob Mathis and B. Smith with the initiation of continuing education classes offered at Village Hall. These will continue. Done: 6 classes; 81 students; \$3,185 revenue.

A goal for 2000 and beyond is to increase and systematize the practice of B. Smith providing regular back-up for sanitarians Gerry Stephen and Kathy Berens-Haas in handling complaints during vacation or sick time.

Reevaluated - Not done: Bryans wasn't used by EHS. Found better use as backup for B. Mathis in office. Workload of sanitarians reduced by transferring non-food establishment solid waste and weeds complaints to Building and Property Maintenance at their request. Increased EHS capacity focused on aggressive rats and restaurants prevention and control.

Vacancies in Community Health Services were filled although one nurse is unable to work because of illness. A goal for 2000 is to determine the best use of additional hours. Partial: Determined best use of position for a paraprofessional to do vision & hearing screenings, based at clinic, increased KidCare applications, etc. Fill position 11/00.

Fatherhood Case Manager Floyd Garrett was hired through a demonstration grant from IDHS. The goal for 2000 is to demonstrate and document the need and success of this activity and then secure continued funding from some source.

Partial: Secured additional funding from police grant for Health n Hoops – 100 participants. 11/00 writing grant for afterschool program pilot at St. Catherines, repeat Health n Hoops, add Health n Moves for girls. Assigned direct supervision to oversee program.

An agreement with the public elementary school district was accomplished with the help of Village Manager Carl Swenson. The new agreement will allow us to approach public and private schools in a way that will allow better use of school health resources. A goal for 2000 is meeting with parochial schools and development of a cooperative comprehensive health plan for school age children.

Partial: Transition with private schools went very well; all schools have own record reviewer trained by health dept.; vision and hearing screening continues; school health day 9/00 attended by 60 with good evaluations. District 97 – one meeting

with N. Law and school nurses; school board pres. Lippitt attended Board of Health meeting and endorsed concept; continued barriers.

Done: Full-time Health Educator will work with Community Health services in implementing a cooperative comprehensive health plan for school age children.

Additional duties have been assigned to Public Health Assistant Joyce Brown to make better use of paraprofessional resources.

Done: Joyce has taken on access enrollments, STD tracking, most vision and hearing screening; does excellent work

In 1999, health education for child care centers was enhanced by a survey developed with student nurses and C. McNamara. A goal for 2000 will be to address educational needs of adult long term care facilities. A comprehensive plan for health information distribution will be implemented in 2000.

The health information distribution plan has been ongoing throughout 2000 and will continue in 2001. A survey of participating sites demonstrates that they are using the information that is sent to them. Goal for 2001 is to make the program more efficient, using more color fliers, etc.

Partial: Education for child care centers is minimal; need to re-evaluate. 20 sites receive regular drop offs of health information

IPLAN community assessment process was carried out with existing staff led by Director Georgeen Polyak. K. Russet was reassigned to chronic health with assistance from Dr. Loafman. G. Polyak will continue to support the mental health objective and look for a community partner to take the lead in 2000.

Done: Partnered with OPRF Community Mental Health Board on series of ads addressing mental health stigma paid for by CMH Board.

Substance abuse was addressed with a juvenile justice grant for a court alternative drug education program awarded in 1999 and to be implemented in 2000 through a contract with the Volunteer Center.

Done: Program was implemented with limited success due to decrease in court referrals and arrests. UIC contracted to reevaluate strategy.

The tobacco coalition will also continue to address the IPLAN objectives. A goal for 2000 is to develop community coalitions and identify funding sources for some phases of implementation for specific activities. The coalition is now using CDC's Comprehensive Tobacco Guidelines and has incorporated this concept into STOP.

Done: Obtained \$44,000 tobacco grant. Part-time educator hired 11/00. Continue push for tobacco settlement funds for health activities. STOP Coalition meets regularly. Tobacco introduced in Red Ribbon Week.

At least one additional position will be developed in 2000 funded with a combination of internal and external sources. At a minimum school health will be addressed through additional capacity. Data collection and analysis will be considered as a contracted option.

Done: 1.5 additional health educator position and .5 data analyst added with Women's Health and Tobacco \$\$\$.25 health educator time and .25 nurse time dedicated to school health.

- o Fill the ½ time PHPA position
- o May want to use the additional ½ time position for MCH; cc surveillance RN

Use Animal Control for pet store inspections and bird control

Training

Goals for 2000 are to have every staff person trained in basic office management skills; every staff member demonstrate the application of that learning.

Partial: 13/16 staff trained in basic skills.

At least five public health specific inservices will occur in 2000. These will include at least the model health department.

Exceeded: 9 inservices held: lead poisoning, asthma, hepatitis, infectious diseases, vectorborned illnesses, older adults, foodborne illnesses, sexually transmitted diseases.

UIC professor Dr. Turnock spoke on model health department; IDPH Director Dr. Lumpkin scheduled 11/21/00 and BOH 12/00 on model health department.

- o Catherine Amato needs all computer training classes
- o Joyce Brown needs Excel
- o All staff want to take Power Point
- o Nursing staff could benefit from LTC/CC consultation
- o Health Inform. Staff needs to be trained in phones
- o P. Hubbard needs basic computer training in Word, Excel and Outlook
- o Lisa P. needs advanced training in computer skills
- o Catherine M. needs training in PowerPoint

CEUs for license renewals (lead, LEHP, PCO)

Equipment and Supplies

The clinic location has been supplied with a computer, copier and fax. **An additional computer and a printer will be located in the clinic in the next few months.**

Done.

Clinic staff are obtaining supplies when they come to Village Hall for meetings.

All persons who requested new chairs were supplied in 1999. **Phones and voicemail routing will be accomplished organizationwide in the first quarter of 2000. Four additional computers have been ordered.**

Done.

Equipment to be considered in 2000 include copier, fax and printer for main office. Done.

A decision needs to be made on lead detection equipment and vision and hearing equipment.

Done. Old xrf returned, reducing liability and cost. Staff trained on new state xrf, at no cost, liability for equipment, updated equipment. New lightweight hearing equipment purchased.

- o Fatherhood and FCM – would like additional videos for clients
- o Hearing and Vision – needs some forms NCR'd
- o Older Adult – would like updated patient education materials for clients
- o HIV – needs a rolling file cabinet

- Wanda McD. Needs a desk for 320 Lake
- Need another printer upsatiars
- New banner or tablsetop display advertising health department at hgealth fairs, etc.
- Additional pool kit
- Palm Computers
- Digital camera for CHS
- Metal clip boards

Facilities

Increased use of clinic space was partially addressed with the Fatherhood program in 1999. In 2000, the court alternative program is planned to be housed there.

Neither of these contribute to overhead costs. This goal is carried over to 2000.

Done.

Mass clinics were assisted in 1999 with the help of the fire department facilities and paramedics. M. Provost-Fyfe will work on more community based sites in 2000.

Done Signage improvement will be carried over to 2000. Not done.

The appearance of the main office was addressed in 1999 with significant cleanup and rearrangement on the first and second floor. An enclosed space for accounting activities will be accomplished in 2000.

Done. Mary Williams moved into office.

Support staff now face the public and sanitarians have more privacy.

Done.

Additional space and overall appearance improvement will be tied to overall organizational goals. Our goal for 2000 will be to assure health department input. Minimal: cleanup 12/00.

- Improve the signage at 320 Lake
- Identify a space for the ½ time PHPA assistant

Funding

Local funding remains stable for 2000. Budget objectives were met for 1999. \$55,000 in external grants was secured in 1999. Environmental fees which had not been billed in the previous year were billed.

Exceeded: \$90,000 in new grant \$\$\$. New fees for pneumococcal vaccinations were added.

A study of childhood immunization services was conducted and revealed that most users would be able to pay at least a nominal fee. This will be explored in 2000.

Partial: Board of Health approved 10/00.

Each division will be asked to apply for at least two new grants in 2000.

- May need transportation funds for some clients without alternatives – staff need to assess need and amount of \$ needed

Information Access

One additional internet line was made available to all staff in 1999. More connections will be sought in 2000 through IDPH and VOP IT. The new PHIN is expected in early 2000.

Partial: All professional staff have internet search and email access in Village Hall.

All staff should have external email capabilities

All staff (including part-time) should have access to internet browsing

Additional environmental education

Partial: Lead detection training

Both divisions will be asked for a written continuing education plan in 2000.

Partial: Professional development goals were included in all division staff workplans

Internet access in Environmental Health Division to reference Village Code

Culture

The internal culture is seen as essentially the same as last year; a sense of negativity persists although it is no worse. The impact of new staff is just beginning to be felt. There is more structure to the work of the department. Team building continues to be a goal for 2000. Staff agreed to having an inservice on team building and to doing at least one joint non-work event together; a charitable activity during work time. Another goal for 2000 is to introduce strategic thinking into the work environment. All staff inservices that span divisions will be offered in 2000. An anonymous staff survey (attached) indicates areas needing most improvement are shared decisionmaking, communications and overall enjoyment of the work culture. Strongest areas are getting along with each other, a sense of achievement, and feeling comfortable in asking for help.

- Need to increase shared decision making
- Some feel that 'quantity' is valued more than 'quality'; some feel that their overall workload may be too great and that quality may be compromised – FCM, Fatherhood, Clinical Services Coord.
- Breaks/rest periods should be encouraged – some staff did not know that they were entitled to breaks

- Management are sometimes too 'task-oriented' and not enough 'people-oriented' – "needs to come from the top down"
- Team building events (i.e. Adopt-a-family) be voluntary and more options

Policies

Environmental services ordinances were updated in 1999 and will be proposed as revisions to the Village Code in 2000. Recommended changes in general sanitation inspections and fees will be presented to the Board of Health for their input. The interpretation of local nuisances and which department has jurisdiction was reviewed and clarified with Code Administration. Issues around lead poisoning prevention will be reviewed in 2000 in the re-energized Lead Roundtables. Policies on indoor air related to tobacco smoke will be addressed through the tobacco coalition S.T.O.P. and a grant application related to asthma. A goal for 2000 will be the updating of community health services ordinances including inspection of child care and long term care facilities. The Director of Public Health is reviewing state policy on vision and hearing screening through the Local Health Liaison Committee and locally with public and private schools. The feasibility of a modest user fee for immunizations will be studied in 2000. Attempts will continue in 2000 to stimulate interest in the Department, Board of Health, and Board of Trustees about state and national policies with significant impact at the local level. Local legislators will be invited again to Board of Health meetings in 2000.

10 Essential Public Health Services

A staff survey (attached) indicates services in which we are strongest are preventing epidemics and spread of disease, diagnosing and investigating health hazards, and enforcing laws and regulations that protect health and ensure safety. Services needing improvement are preventing injuries, responding to disasters, and developing policies and plans that support individual and community health efforts.

External Threats and Opportunities

Economy appears to be even stronger than it was last year. Additional food establishments increase the workload of sanitarians, although the new restaurants (5 added; 1 closed) are fairly sophisticated in food handling practices.

- May see a need for more KC/ATC for more uninsured if the economy flattens out
- May be increased stress, homelessness
- Immz. Clinic clients may not be able to pay for immz.

Population trends remain the same. Some new immigrants with language barriers from middle eastern countries were noted. There seem to be fewer but frailer older persons. An assessment of needs of the elderly by Wanda McDonald, BSN, will continue in 2000. Concern for adolescent health issues, including mental health and

substance abuse, was strongly identified in the Community Needs Assessment. The prevalence of Spanish speaking workers in the Village, particularly in food establishments, indicates the need to improve our communication skills.

Technology continues as an opportunity. Individual staff workplans will include competency in basic office software and internet use. The Village website and local cable will be prominent in education efforts. Hardware has been supplied to all staff in 1999.

Natural Environment has become an issue in 1999 with the investigation of toxic wastes under Barrie Park. Leaking underground storage tanks may be an issue we need to prepare for in the future. Bryan S. will complete an environmental health assessment in 2000. We will look at cars and air pollution through our asthma initiative in 2000. Injuries, including those related to traffic, need to be tracked in 2000.

Culture in the form of block parties, neighborhood and business association events will be the centerpiece for health education and promotion efforts in 2000. Health Department staff will work with Community Relations and Beat Officers on this opportunity.

- There are still 'turf' issues with some other agencies in the Village who may be holding on to clients rather than making referrals, e.g. fatherhood/male involvement

Expertise, abundant in Oak Park, is seen as an opportunity in building coalitions around health issues such as asthma, chronic disease, immunizations, rodent and garbage control, mental health and substance abuse. The role of the Health Department is increasingly as convener and catalyst. A goal for 2000 is to incorporate this thinking in all staff members.

Politics continue to play a significant though undefined role in health issues. Health is not at the top of the political agenda currently. Elections in 2000 may have an impact not predictable at this time.

- With an election in the spring of 2001, there will be need for Board members to be oriented to PH

Note: The vision statement drafted by staff sets a very high goal for the health department. Over the next year we will develop a clearer picture of what a "model health department" is and will assign resources to publicizing the excellent work done by the health department staff.

Georgeen Polyak, Department of Public Health

Goals for 2001

Improve quality

Expand scope

Upgrade skills

Cement relationships in community

Increase visibility

Quantify results

Build team spirit

Demonstrate relationship of health to broader Village goals

New Objectives

1. Involve direct service staff in planning operationalizing one priority Village

Guiding Principle

2. Implement environmental health assessment plan
3. Target problem areas: rats and restaurants
4. Develop at least three brochures in new Village format
5. Develop adolescent health services
6. Use VOPTV6 to destigmatize mental illness
7. Explore health issues in all child care settings
8. Provide at least 6 inservices on skills and processes
9. Update and improve clinical preventive services
10. Target conference training resources on skill building

11. Integrate Animal Control and explore regional contracting
12. Increase visibility with information and service
13. Improve children's health
14. Reduce tobacco use Develop older adult coalition

Department of Public Health

Significant Accomplishments Of 2000

- Organizational restructuring
We did two internal promotions to management positions to better balance the organizational chart; provide on-site supervision at the satellite clinic; strengthen tobacco prevention, health education and epidemiology; and fulfill new grant requirements. These infrastructure improvements position us to improve our effectiveness
- Increase in external funding
We applied for and were awarded \$97,000 in new grants from Illinois Department of Public Health and \$12,500 in criminal justice funds
- Successful Health n Hoops
We collaborated with the Police Department and OPRF High School in offering a basketball clinic and health education event attended by 100 youth and parents
- Timely and expanded Flu and Pneumonia Clinics
We avoided the delays in offering flu and pneumonia vaccinations experienced by most other providers by ordering vaccine through a purchasing consortium. We collaborated with Fire Department Paramedics and flu vaccinations increased by 46% over last year
- Successful Barrie Park Area 1 Sampling
We were able to arrange soil sampling of 27 of 34 residents' properties immediately surrounding Barrie Park and continue to provide staff support to this project
- Aggressive rat control
We identified target areas of consistently higher rat infestations through data analysis and completed comprehensive property by property surveys to identify need for aggressive abatement. We formed a community coalition to initiate preventive measures in problem areas

- Bioterrorism Plan
 We completed a *Domestic Preparedness and Response Plan* with a \$12,000 grant. We formed a community team to develop the plan specific to Oak Park and as a model for other similar size jurisdictions. We were featured on WBBM and WBEZ radio, and WTTW TV. The grant money will allow us to purchase state of the art communications devices for staff

- New relationship with Private schools
 We successfully trained and continue to support private schools in maintaining their health records as most schools do. We offered a school health institute attended by 100 faculty and administration

- Improved accounting
 We initiated an internal tracking system for grant and fee revenues to improve collections, and automated our payroll reporting

- Improved workplace culture
 Based on personal interviews with every professional staff member, grievance resolution, and observation of supervisors, conflicts have decreased

- First Oak Park Risk Factor Study
 We completed the first statistically valid comprehensive community behavioral risk factor survey in Oak Park with West Suburban Hospital contributing half of the cost

- Community coalitions involving 70+ participants
 We have involved community members and agencies in meaningful, specific, task-oriented coalitions including tobacco prevention and control, environmental health assessment, food safety, rodent control, oral health, older adults, substance abuse, teen pregnancy, flu vaccination, health services, chronic disease, HIV/AIDS, Barrie Park, and bioterrorism

- Meeting with hospital/medical providers
 We met with the major medical providers in the community, hospitals, health centers, to initiate discussion on developing a community health system

- First Annual Public Health Awards
 We involved the local arts community in publicizing Public Health Week and were recognized in a national public health publication for the novel approach. We recognized 13 individuals and agencies from the community for outstanding contributions to the public's health

- First comprehensive environmental health assessment
We initiated the first Oak Park specific comprehensive assessment of environmental health issues including air quality, water, urban structures, etc. This will address issues raised by Village Board in 2000.
- Food Managers Recertification classes
We initiated onsite and self-supporting refresher courses at Village Hall for food service managers
- Lead Poisoning Prevention
We enlisted Public Works, Housing, and Building and Property Maintenance in disseminating information on preventing lead poisoning in children through a \$5,000 USEPA grant
- Board of Health Reassessment
We did a study of Board of Health functions, mission and role; reviewed areas of past conflict; attempted to bring in new members; and will identify future options

