Department of Public Health

IPLAN Community Health Needs Assessment and Plan

Submitted in fulfillment of the requirement for Illinois local health department certification

July 20, 2011
The Village of Oak Park
Health Department

IPLAN
2011-2016

Documentation of Review and Adoption by Board of Health

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June 28, 2011

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

Dear Mr. Szpyrka,

This letter will serve as documentation that the Oak Park Board of Health has completed the required review of the Oak Park Health Department IPLAN for 2011-2016, specifically,

- The Board of Health has reviewed the Organizational Capacity self-assessment of the Oak Park Health Department which was completed by staff, and

- The Board of Health has completed a review of the IPLAN Community Health Plan for 2011-2016.

At the June 28, 2011 meeting of the Oak Park Board of Health, members voted to adopt the IPLAN Community Health Plan and to assist the Health Department, in every way possible, to move toward achieving the objectives identified in it.

If you have any questions or concerns, please feel free to contact the Health Director, Margaret Provost-Fyfe, at the Health Department, 708.358.5492.

Sincerely,

The Village Of Oak Park
Board of Health

[Signature]

Frank Vozak, III, LCSW
Chair
Executive Summary

The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and strategic planning tool required of a certified health department in Illinois every five years (77 ILL. Adm. Code 600). The IPLAN process is a series of activities including an organizational capacity assessment that addresses the Health Department’s strengths and areas for improvement; a community health needs assessment in which a representative group of community stakeholders reviews health data to assist in identifying community health priorities; and a community health planning process which results in evidenced based strategies to address the community health priorities.

The Oak Park Health Department has maintained State certification as a local health department since 1948. As such, the Department carries out an array of health protection and health promotion programs. The IPLAN organizational capacity assessment identified that the Department possesses the capacity to adequately and effectively administer programming. However, the Department did identify the need, over the next five years, to assure a diverse funding base in order to avoid possible disruption of services.

After review of community health data, and deliberation and discussion by the stakeholders group, five health community specific health priorities for Oak Park, over the next five years, were identified: obesity, teen alcohol and drug use, mental health for all ages, chronic disease and the inability to access adequate health and dental care.

Teen alcohol and drug use, as well as mental health for all ages, are currently addressed in the Strategic Plan of the Oak Park Mental Health Board and Thrive Counseling Center. The Health Department will continue to monitor the status of both of these areas of interest and assist the community, and the agencies directly addressing these health priorities, to move toward achieving the objectives outlined in their strategic plans.

The five year objective to address obesity, in Oak Park, is focused on reducing the proportion of 2 - 5 year olds in local child care centers who are obese, by 2016. The shorter term objective is to address improving the nutrition of pre-schoolers and reducing ‘screen time’ in local child care facilities, by 2013. In order to achieve these objectives, the strategy will including strengthening local child care ordinances in addition to educating parents, providers and policy makers on the benefits of both. The Health Department will be assisted in this effort by a number of local entities, including the Collaboration for Early Childhood Care and Education and Pioneering Healthier Communities, a local initiative addressing childhood obesity.

According to the Centers for Disease Control, four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness, suffering, and early death
related to chronic diseases. In order to best impact chronic disease in Oak Park, the objective will be to increase by 5% the number of 10th graders who report not having used cigarettes in the past year, as reported in the Oak Park-River Forest High School Illinois Youth Survey, by 2016. In the short term, the objective will be to increase teen participation in Health Department smoking cessation programs, by 50% and initiate smoking prevention education strategies with primary and middle school-age students, by 2013.

Although a 2008 community survey of Oak Park residents indicated that 59% believed the availability of affordable quality health care in Oak Park was ‘excellent’ or ‘good’, the recent economic downturn has resulted in increased needs for affordable, accessible health and dental care. The long term objective to address the need for care is to increase the proportion of residents who have a specific source of ongoing medical care from 86.4% to 90%, by 2016 and to increase the proportion of persons age 2 and older who had a dental visit in the past 12 months from 44.5% to 49%, by 2016. In the short term, the objective will be to increase the proportion of people who are knowledgeable about their options under the recent Affordable Care Act, and about local medical and dental resources available to them, by 2013. Communication strategies, as recommended by the Centers for Disease Control, will be utilized to achieve the objectives including the use of mass media, small media and social networking.

What impact can Oak Park residents expect as a result of the IPLAN process? Despite rapid advances in medical technology over the past fifty years, Oak Park residents are still succumbing to the effects of diseases caused by preventable risk behaviors, primarily poor nutrition, lack of physical activity and tobacco use. Public health policy and preventive strategies are most effective in addressing preventable diseases ‘upstream’, before unhealthy behaviors start, rather than ‘downstream’ when the physical, emotional and monetary costs have already taken their toll.

IPLAN requires that the community, first and foremost, comes together to determine which health problems are most important. And it is the community, with the assistance of the Health Department, that determines how public health strategies, including policy change, education and health communication, can best be utilized to address the health priorities ‘upstream’, with limited resources.
Purpose

The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and strategic planning tool required of every certified health department in Illinois every five years (77 ILL. Adm. Code 600).

The IPLAN process is a series of activities, under the leadership of the local health department, requiring the participation of a representative group of community stakeholders to assist the Health Department in identifying community health priorities and planning to address the identified health priorities over the next five years. The three essential elements of IPLAN are 1) the Organizational Capacity Assessment, 2) the Community Needs Assessment, and 3) the Community Health Plan.

The Organizational Capacity Assessment is an internal review of a local health department. It provides for an assessment of a health department’s basic administrative capacity in order to determine strengths and areas for improvement. It is conducted by the health department director and a team of key staff members.

The Community Health Needs Assessment is a public endeavor involving key members – stakeholders – of a community as well as Department staff in assessing the health of the community and identifying the role of the health department in relation to community strengths and health problems. The purpose of the Assessment is to provide both objective health data to assist in identifying community health priorities for the next five years; to provide documentation of the health concerns of a representative group of community stakeholders; and to serve as a record of the process by which community health priorities were identified.

The Community Health Plan is a five year strategy to address the identified community health priorities. In addition to fulfilling the statutory requirement for local health department certification, the Village of Oak Park Health Department’s 2011-2016 Community Health Plan provides documentation of a systematic and deductive way in which the selected health priorities were analyzed and contributing factors, specific to the community, were identified. Evidenced based strategies are identified as well as objectives that will provide ‘guideposts’ for progress over the next five years.
Background

The Village Oak Park is located immediately west of Chicago, at 41° 53’ 6” north latitude, 87° 47’ 3” west longitude. The boundary between the two municipalities is Austin Boulevard on the east side of Oak Park and North Avenue on the north side. Oak Park also borders Cicero along its southern border, Roosevelt Road, from Austin to Lombard Avenue, and Berwyn from Lombard to Harlem Avenue. Harlem also serves as Oak Park’s western border. On its west, Oak Park borders Forest Park along Harlem between Roosevelt and South Boulevard, and River Forest between North Boulevard and North Avenue. The total land area of Oak Park is approximately 4.7 square miles.

The Village of Oak Park was incorporated in 1902 and a health department was established on January 9, that same year. A health commissioner was appointed to ‘give advice and investigate contagion.’ In 1905 a part-time advisory health board was appointed. In 1948, the Oak Park Health Department became a State of Illinois certified health department. The Department remains one of only five certified municipal health departments in suburban Cook County.

The Health Department is part of the municipal government structure. The Village of Oak Park operates under the Village Manager form of government, in which an elected legislative body, consisting of the President and a Board comprised of six Trustees, hires a professional manager to oversee the day-to-day operation of government services and programs, and to carry out the policy directives set out by the elected officials. The Oak Park Board of Health is composed of seven commissioners, including the chair, appointed by the Village Board for staggered three year terms. The Board of Health is appointed by the Village Board. The Board of Health serves as an advisory body to the Director of Public Health and may make recommendations on issues related to disease prevention and health promotion (Oak Park Village Code, Chapter 20, Article 2), www.sterlingcodifiers.com/codebook/index.php?book_id=459. The Board of Health meets monthly.

As a certified health department in Illinois, the Oak Park Health Department provides Local Health Protection services – communicable disease control and food protection - as well as an array of additional public health programs and services. The Health Department currently has 9.4 FTE on staff; another .5 FTE staff comprises the Farmers Market Managers, also supervised by the Environmental Health Supervisor. (Organizational Chart, Appendix A). The Department houses four separate direct service divisions: Community Health Services, Environmental Health; Emergency Preparedness; and Animal Control. Health Department Administration includes the Health Director, the Administrative Assistant and a part-time Grants Coordinator. Medical Consultation is provided, by contract, from the PCC Community Wellness Center in Oak Park. The following public health programs are administered by each of the divisions:

- Community Health Services
  - Communicable Disease Control, including STD and HIV/AIDS
- Immunizations including vaccinations via the Vaccine for Children (VFC) Program and seasonal flu vaccinations
- HIV counseling and testing for at-risk individuals
- Family Case Management (maternal and child health) and Teen Pregnancy Prevention programming
- Long term care and child care facility surveillance
- Dental sealant programming for income eligible children
- Tobacco cessation programming
- Employee wellness programs

- Environmental Health Services
  - Food protection (also by contract to The Village of River Forest)
  - Rodent control
  - Nuisance investigations
  - Clean Indoor Air Act enforcement
  - Child care environmental inspections
  - Swimming pool inspections
  - Tanning and body art facilities inspection
  - West Nile virus prevention

- Emergency Preparedness
  - NIMS training of Village staff
  - Strategic National Stockpile dispensing/drilling
  - Medical Reserve Corps training and oversight
  - Pandemic preparedness planning

- Animal Control
  - Animal licensing
  - Capturing and impounding of stray animals
  - Wildlife management and leasing of traps

- Farmers Market
  - Planning, development and oversight of seasonal Oak Park Farmers Market, May – October 31.
Organizational Capacity Assessment

In August, 2010, a select group of Health Department staff met to complete the Organizational Capacity Assessment tool. Included among the staff were the Health Director, Environmental Health Supervisor, a Sanitarian (LEHP), Public Health Nurse and Administrative Assistant. The Director initiated the process by providing a brief presentation on the process and the responsibilities of the group members. The group then divided into two subgroups: the Director and Environmental Health Supervisor evaluated organizational capacity indicators by their perceived importance group; the Sanitarian, Public Health Nurse and Administrative Assistant comprised the current status group. Each group met separately to evaluate the Department on each indicator.

Upon completion of the Organizational Capacity worksheets by each group, the perceived importance rating was compared to the current status rating using a scoring matrix. Those indicators which had been given an importance score of high, medium or low but were considered not relevant, (0) rating, were discussed among the group. Often, these particular indicators were judged to be relevant to only a county health department, not necessarily to a municipal health department. Those indicators identified to be a definite strength or weakness were listed on the Organizational Strengths and Problems worksheets.

Weaknesses identified in the process were discussed further, by the group. Many of the indicators that scored out as weaknesses were, upon discussion, found to not necessarily be weaknesses of this health department, for example, indicator I. C. 4. Procedures for the enforcement of board authorities and responsibilities are documented and are reviewed at least biennially with legal counsel. In fact, the Oak Park Board of Health is advisory only and has no legal authority. Therefore, there is no necessity to review the Board’s legal authority with Village legal counsel.

The main weakness identified by the organizational capacity assessment was indicator VI. B. 3: The Health Department has a diverse funding base to lessen disruption of services caused by withdrawal of funds from any one source. The goal of the Health Department, over the next five years, will be to maintain its current funding base, at a minimum, with the objective to continue to assure that all revenue opportunities are explored in order to help assure a diverse funding base. The responsibilities and methods were documented on the Organizational Action Plan worksheets.

Overall, the process of moving through the organizational capacity assessment was helpful to the staff, providing an insight to the system, structure and support necessary to carry out public health programming effectively and efficiently. With budget cuts and resultant staff reductions in public health generally, over the past few years, as a result of a national economic crisis, it was not surprising that maintenance of a strong public health funding base was identified as a primary focus for the Department over the next five years.
Community Health Need Assessment

Community Health Data

Demographics

Race

According to the 2010 US Census, the population declined slightly since 2000 with the current population listed as 51,878, down from 52,524. Of the 96.4% identifying as ‘one race’, the racial make-up was White 67.7%; Black or African American 21.7%; Asian 4.8%; American Indian/Alaskan Native (AI/AN) 2%; Some Other race 2.0%. Those identifying as ‘two or more races’ was 3.6%. Six and eight-tenths percent identified as Hispanic or Latino of any race.
Since 2000, the percent identifying as White declined slightly from 68.8% to 67.7%; the percent identifying as Black/African American declined .7% from 22.4% to 21.7%; Asians increased by .6%; AI/AN remained the same; Some Other race increased by .4%. The percent of those identifying as Two or More Races increased by .8%, from 2.8% to 3.6%. Individuals identifying as Hispanic or Latino (of any race) increased from 4.5% to 6.8%. A comparison with racial groups in the State of Illinois is as shown below. Oak Park has a slightly higher percentage of Blacks/African Americans and those identified as Two or More Races; conversely, Oak Park has a smaller percentage of Hispanic or Latino residents than the State, overall.

![Oak Park/State of Illinois 2010 those identifying as 'one race'

Source: US Census Bureau](image1)

At this writing, 2010 US Census data does not yet contain age groupings for Oak Park residents. The US Census 2005-2009 estimates, however, are available and are compared, below, to 2000 US Census data for age.

![Hispanic or Latino of Any Race

Source: US Census Bureau](image2)
The age groupings of Oak Park residents did make some notable changes from 2000. The population grouping of 25-44 is estimated to have decreased by 5% from 35% to 30% by the end of 2009; the population grouping of 45 to 64 is estimated to have increased by 5% from 24% of the population to 29%. Although these shifts are small, they are indicative of the aging of the US population, overall. More than 37 million people in this group (60 percent) will manage more than 1 chronic condition by 2030.¹ According to the Centers for Disease Control and Prevention, older adults are at high risk for developing chronic illnesses and related disabilities including diabetes, arthritis, congestive heart failure and dementia.

The Oak Park population groupings are fairly comparable to the Statewide estimates.

<table>
<thead>
<tr>
<th>Age Grouping</th>
<th>2005-09</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>5 to 14</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>15 to 24</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>25 to 44</td>
<td>30%</td>
<td>35%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>29%</td>
<td>24%</td>
</tr>
<tr>
<td>65 to 84</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>85+ years</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau

¹Source: Centers for Disease Control and Prevention, "Chronic Conditions".
Village of Oak Park vs State of Illinois, by age, 2005-09 (est.)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Oak Park</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>8 %</td>
<td>8.3 %</td>
</tr>
<tr>
<td>5 to 14</td>
<td>13 %</td>
<td>12.9 %</td>
</tr>
<tr>
<td>15 to 24</td>
<td>10 %</td>
<td>9.8 %</td>
</tr>
<tr>
<td>25 to 44</td>
<td>30 %</td>
<td>30.3 %</td>
</tr>
<tr>
<td>45 to 64</td>
<td>29 %</td>
<td>28.9 %</td>
</tr>
<tr>
<td>65 to 84</td>
<td>9 %</td>
<td>8.6 %</td>
</tr>
<tr>
<td>85 +</td>
<td>1 %</td>
<td>1.3 %</td>
</tr>
</tbody>
</table>

Source: US Census Bureau

**Socioeconomic**

Within the past five years, significant economic changes have occurred nationally, statewide and locally affecting many residents of the Oak Park. These changes have included a decline in the value of housing stock, an increase in foreclosure rates, increased unemployment and loss of health care.

In 2005, the average annual unemployment rate for Oak Park was 4.2%, an increase from 3.3% in 2000. In 2008, the National Citizens Survey was carried out by the National Research Council for the Village of Oak Park. At that time, survey results indicated that 68% of Oak Park residents were employed full-time. In 2008, according to the Illinois Department of Employment Security, the unemployment rate for Oak Park was at 4.3%. However, by the end of 2010, the unemployment rate had reached 7.2%.

Source: Bureau Illinois Department of Labor, Local Area Unemployment Statistics

For comparison, the average annual unemployment rate for 2010 for selected suburban Cook County communities, Chicago, Cook County and the State of Illinois are charted below. Oak Park’s unemployment rate in 2010 was lower than ‘like-communities’ of Evanston, Skokie and DesPlaines as well as Chicago, Cook County (as a whole) and the State of Illinois. As compared to similar communities, Oak Park
fared slightly better than all others, having a lower annual average unemployment rate for 2010.

![Unemployment rate, 2010 annual average, Oak Park, Cook County, Illinois 2010](image)

Source: Bureau Illinois Department of Labor, Local Area Unemployment Statistics

The estimated median household income for Oak Park in 2010, according to the Metro Chicago Information Council (MCIC), was $77,602. The percent of eligible students for free and reduced lunch programs in Oak Park School District #97 was 21.26% in April 2010, according to District #97 staff. According to the Department of Agriculture, the guidelines for free meals and milk and reduced price meals were obtained by multiplying the year 2011 Federal income poverty guidelines by 1.30 and 1.85, respectively, and by rounding the result upward to the next whole dollar.

The percent of births to Oak Park residents who are eligible for the Health Departments’ State of Illinois Family Case Management (FCM) program, increased slightly from 2008, at 16.8% to 17.4% in 2009. Pregnant women and infants are eligible for FCM when the household income is at 200% of federal levels, poverty or less.

In regard to crime in the Village of Oak Park, the Oak Park Police Crime Analyst reports that the numbers of many types of criminal activity have declined in the Village since 2005 including murder, criminal sexual assault, aggravated assault and battery, burglary, motor vehicle theft and arson.
General Health and Access to Care

In a 2008 survey of Oak Park residents, individuals were asked to rate the community’s health services as well as the availability of health care. The availability of affordable quality health care was rated as “excellent” or “good” by 6 in 10 respondents, and was higher than the benchmark. Ratings for health services were rated above the benchmarks, as well; these ratings have remained stable over time.²

Oak Park residents can choose from among 35 hospitals within a five mile radius. The two hospitals located directly in Oak Park are West Suburban Medical Center and Rush Oak Park Hospital.

Oak Park is home to the PCC Wellness Center, a federally qualified health center providing comprehensive primary health care to the uninsured and under-insured. PCC Wellness Center has two offices located in Oak Park with additional sites in Chicago and throughout the western suburbs.

The Children’s Clinic of the Oak Park and River Forest Infant Welfare Society has provided low cost medical and dental services to Oak Park children for over 100 years.

The Thrive Counseling Center provides family counseling and mental health services, at low or no cost, to Oak Park residents.

Residents without health insurance can apply for Illinois All Kids, which provides coverage for medical and dental care for children from birth to 18 years old.
- Moms & Babies covers healthcare for women while they are pregnant and for 60 days after the baby is born. Moms & Babies covers both outpatient healthcare and inpatient hospital care, including delivery. Medicaid Presumptive Eligibility (MPE) offers immediate, temporary coverage for outpatient healthcare for pregnant women.
- Residents can apply on-line for All Kids and the Health Department can assist women with application for the MPE and Moms and Babies Program through the Family Case Manager.

Access to Care® is a primary health care program serving low-income uninsured individuals in suburban Cook County, including residents of Oak Park. The Access to Care program is a unique public/private partnership making primary health care and the ancillary pharmacy, laboratory and radiology services available to those individuals caught in the gap between eligibility for public health insurance programs (All Kids, FamilyCare, Medicaid, Medicare) and having private insurance. The program provides affordable diagnosis and treatment to individuals and families for a small co-payment per visit, procedure or prescription medication. Eligibility screening is determined by the following criteria: family incomes below 200% of the federal poverty level, with no health insurance (or a deductible of $500 or more per person); ineligible for All Kids, Family Care, Medicaid, or Medicare and residence in suburban Cook County or northwest Chicago. The Oak Park Health Department serves as an enrollment site for Access To Care, where residents can be assisted with making application for the program.

Dental resources are fairly abundant in the Oak Park, however dental care at a reduced fee or covered by Medicaid is somewhat more difficult to access.

- Children up to age 18 may be seen for preventive and curative dental care at the Children’s Clinic of Oak Park of River Forest at a reduced rate, dependent on income or with All Kids insurance. In addition, there are a small number of dentists who accept All Kids coverage.
- Dental care for adults at a free or reduced rate is less available than for children. Area resources for preventive and curative care for these individuals may be restricted to residents of specific communities. However, the Chicago Dental Society does provide a list of all dental care resources for low income individuals in the Chicago metro area on their website, http://www.cds.org/
An additional resource available to adults is the University of Illinois Dental Clinic, http://dentistry.uic.edu/.

Chronic Disease

Leading Causes of Death
The leading causes of death for Oak Park residents stayed consistent from 2004 – 2005, the last full year for which data is available. Diseases of the heart has continued to rank first, with malignant neoplasm (cancer) the second leading cause of death. Cerebrovascular disease (stroke) remains the third leading cause of death, although the rate is much lower than either the first or second leading cause of
death. The rate of heart disease as a cause of death among Oak Park residents appears to have declined slightly since 2004, however, because of the small population size it is difficult to come to any conclusion. However, data from the US Public Health Service indicates that the rates of both heart disease and cancer, as causes of death, have declined since around 1990.³

<table>
<thead>
<tr>
<th>Disease</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease of the heart</td>
<td>30%</td>
<td>24%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Malignant neoplasm</td>
<td>25%</td>
<td>23%</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>7%</td>
<td>5%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Accidents</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Nephritis</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Septicemia</td>
<td>2%</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td>2%</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td></td>
<td></td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Alzheimers</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health, IPLAN data set

When compared to the leading causes of death for the State of Illinois, Oak Park seems to mirror the State rates.

![Leading causes of death, Oak Park/State of Illinois, 2007](image)

Source: Illinois Department of Public Health
Years of Potential Life Lost (YPLL)

The methodology used by APEXPH emphasizes premature mortality in identifying major causes of death in a community. Death before age 65 is considered “premature”. The measure of premature mortality used is called years of potential life lost (YPLL) and is the number of years between the age at death and age 65, that is, the number of years which are ‘lost’ by persons who die before age 65.

The last YPLL calculations for Oak Park, and the State of Illinois, were done in 2006 by the Illinois Department of Public Health for the IPLAN data site. The corresponding YPLL are as below. The YPLL should be viewed with the caveat that, with a small population, even a slight change in one of the multipliers can change the ranking for a cause of YPLL. For example, because ‘perinatal conditions’ as a cause of death would only apply to infants, almost 65 years of potential life could be lost as a result of one perinatal death. Therefore, perinatal deaths could rank high on a YPLL ranking yet only be reflective of a very small number of (infant) deaths.

<table>
<thead>
<tr>
<th>Oak Park</th>
<th>YPLL</th>
<th>State of Illinois</th>
<th>YPLL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant neoplasm</td>
<td>235</td>
<td>Accidents</td>
<td>85,216</td>
</tr>
<tr>
<td>Perinatal conditions</td>
<td>194</td>
<td>Malignant Neoplasms</td>
<td>73,388</td>
</tr>
<tr>
<td>Diseases of the heart</td>
<td>193</td>
<td>Disease of the heart</td>
<td>54,579</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>124</td>
<td>Perinatal conditions</td>
<td>45,158</td>
</tr>
<tr>
<td>HIV disease</td>
<td>89</td>
<td>Coronary heart disease</td>
<td>36,136</td>
</tr>
<tr>
<td>Firearms</td>
<td>89</td>
<td>Motor vehicle accidents</td>
<td>31,128</td>
</tr>
<tr>
<td>Homicide</td>
<td>89</td>
<td>Homicide</td>
<td>27,677</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>63</td>
<td>Firearms</td>
<td>27,275</td>
</tr>
<tr>
<td>Accidents</td>
<td>61</td>
<td>Congenital malformations</td>
<td>19,618</td>
</tr>
<tr>
<td>Cirrhosis of the liver</td>
<td>54</td>
<td>Suicide</td>
<td>17,193</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health, IPLAN data set
The YPLL would indicate that, other than perinatal conditions, malignant neoplasm and heart disease have the greatest impact on premature mortality in Oak Park.
Maternal and Child Health

Births
The total number of Births to Oak Park residents has been on a slight decline since 2005. From 2005 to 2009, the number of births to Oak Park residents has decreased by approximately 3%.

![Oak Park births - 2005-2009](image)

Source: Illinois Department of Public Health

<table>
<thead>
<tr>
<th>Total Births, Illinois and Cook County, 2005-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Illinois</td>
</tr>
<tr>
<td>Cook County</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health

According to the Centers for Disease Control and Prevention, nationally, from 2007 through 2009, births fell 4 percent to 4,131,019; and the provisional count of births through June 2010 indicated continued declines 4. In Illinois, the number of births declined from 2007 to 2008 by 2% and in Cook County by slightly less than 2%. The 2009 birth data for the State of Illinois and Cook County are not available at this time.

The crude birth rate for Oak Park - the number of births per 1000 population - has also been on a slight decline since 2005. The crude birth rate takes into account changes in the total population and can be benchmarked against other communities with varying population numbers.
In this case, when measured against the State of Illinois and Cook County, in 2008, the crude birth rate of 12.93 births per 1000 population was lower than Cook County at 13.7 births per 1000 population and the State of Illinois at 14.0 births per 1000 population. A declining crude birth rate is reflective of an aging population.

![Crude birth rate (births per 1000 population)](image)

In 2005, 35% of Oak Park women giving birth were over the age of 35. In 2008, 33% were over the age of 35.

**Age of mother at birth, Oak Park, 2005-2008**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>14</td>
<td>14</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>20-24</td>
<td>49</td>
<td>38</td>
<td>52</td>
<td>51</td>
</tr>
<tr>
<td>25-29</td>
<td>116</td>
<td>150</td>
<td>117</td>
<td>113</td>
</tr>
<tr>
<td>30-34</td>
<td>261</td>
<td>236</td>
<td>234</td>
<td>257</td>
</tr>
<tr>
<td>35-39</td>
<td>198</td>
<td>196</td>
<td>199</td>
<td>174</td>
</tr>
<tr>
<td>40-44</td>
<td>34</td>
<td>33</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>45+</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health
Births to teens, i.e. women under the age of 20, in Oak Park have ranged from 2%, in 2005, to 3% of all births, in 2008. The Oak Park teen birth rate in 2008 was 22.15 births per 1000 population; the State of Illinois teen birth rate was 38.1 births per 1000 population; the US teen birth rate was 41.5 births per 1000 population.

According to the Centers for Disease Control, the birth rate for U.S. teenagers fell 6 percent in 2009 according to preliminary data, the lowest level ever recorded in nearly seven decades of tracking teenage childbearing. The number of births to teenagers under age 20 also fell 6 percent.  

<table>
<thead>
<tr>
<th>Births to Oak Park women less than 20 years old</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>15-19</td>
<td>14</td>
<td>14</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Total births</td>
<td>677</td>
<td>675</td>
<td>664</td>
<td>662</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health
Marital status has been identified as a risk factor during pregnancy. Nonmarital births are at higher risk of having adverse birth outcomes such as low birth weight, preterm birth, and infant mortality than are children born to married women. Children born to single mothers typically have more limited social and financial resources.

The percent of married births appears to have been consistent since 2005, ranging from 14.6% in 2005 to 17.9% of all births in 2007.

Births to married women, Oak Park, 2005-2008

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total births</td>
<td>677</td>
<td>675</td>
<td>664</td>
<td>662</td>
</tr>
<tr>
<td>Married</td>
<td>578</td>
<td>562</td>
<td>545</td>
<td>559</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health
Infants born at low birth weight - <2500 grams (5.8lbs) - are more likely than heavier infants to experience delayed motor and social development. Low birth weight increases a child’s likelihood of having a school-age learning disability, being enrolled in special education classes, having a lower IQ, and dropping out of high school. Enormous economic costs, including higher medical expenditures, special education and social service expenses, and decreased productivity in adulthood are linked to low birth weight.9

Infants at very low birth weight - less than 1,500 grams (3 lb, 4 oz) – have a 24-percent greater chance of dying within their first year. Risk factors for low and very-low birth weight include smoking, low maternal weight gain or low pre-pregnancy weight, maternal or fetal stress, infections, and violence. Research indicates that the overall increase in low birth weight rates is in part the result of an increase in multiple births after 1980.10 In addition, improvements in technologies used to monitor at-risk pregnancies may have contributed to an increase in Cesarean section deliveries and the number of low-weight infant births. 11

The Healthy People 2020 goal for low birth weight infants is not more than 7.8% of all births; the goal for percent at very low birth weight is not more than 1.4% of all births.

In Oak Park, in 2008, 8.61% of all live births were classified as low birth weight; 1.5% of all live births were very low birth weight.
The infant mortality rate is one of the most important indicators of the health of a nation. Infant mortality rate is defined as the number of infant deaths per 1,000 live births. Infant mortality rate is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices. The Healthy People 2020 goal for infant mortality rate is no more than 6.0 infant deaths per 1000 live births. The most recent infant mortality rate for Oak Park births was 4.5 infant deaths per 1000 live births; this compares to an infant mortality rate for the State of Illinois of 6.6 infant deaths per 1000 live births in 2007.
Infectious Disease

As a local certified health department in Illinois, the Oak Park Health Department investigates all reports of communicable disease. Reportable communicable diseases are defined in Illinois Administrative Code, Title 77, Chapter I, Section k, Section 690.100.

The Department receives reports via the State INEDDS computer system as well as directly from physicians, offices and laboratories. A public health nurse completes an epidemiologic investigation of each reported case; the nature of the investigation is determined by the Illinois Department of Public Health Rules and Regulations for Control of Communicable Diseases. The Department is also responsible for management of communicable disease outbreaks in the Village which would include any outbreaks related to food borne pathogens, vaccine preventable diseases and other enteric pathogens.

Reports of communicable diseases, other than sexually transmitted diseases, have ranged from a total of 52 cases reported in 2006 to 86 total cases in 2007. The most commonly reported disease since 2005 has been Hepatitis C Infection, chronic or resolved. Chronic hepatitis C is reportable because approximately 75%–85% of people infected with Hepatitis C develop chronic infection. Of every 100 people infected with the Hepatitis C virus, about 75–85 people will develop chronic Hepatitis C virus infection; of those, 60–70 people will go on to develop chronic liver disease, 5–20 people will go on to develop cirrhosis over a period of 20–30 years, 1–5 people will die from cirrhosis or liver cancer. A total of 103 reports of Hepatitis C, chronic or resolved were received from 2005 through 2010.
### Reportable Communicable Disease – Oak Park, 2005-2010

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<td>1</td>
<td>3</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Campylobacteriosis</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Bact CNS Infection</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
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<td></td>
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<tr>
<td>Cryptosporidiosis</td>
<td>5</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>Giardiasis</td>
<td>1</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>HIB Invasive Disease</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
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<td>Hepatitis A</td>
<td>1</td>
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<tr>
<td>Hepatitis B - acute</td>
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<tr>
<td>Hepatitis B - chronic</td>
<td>13</td>
<td>8</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Hepatitis B - unspecified</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hepatitis C - acute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C - chronic/resolved</td>
<td>8</td>
<td>12</td>
<td>38</td>
<td>17</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Histoplasmosis</td>
<td>1</td>
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<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Legionella</td>
<td>1</td>
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<tr>
<td>Lyme</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
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<tr>
<td>Malaria</td>
<td>2</td>
<td></td>
<td>1</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>MRSA - infant &lt; 61 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Novel influenza H1N1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Pertussis</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Q fever</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rabies, potential exposure</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Rocky Mountain Spotted Fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>7</td>
<td>4</td>
<td>4</td>
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<tr>
<td>E-coli 0157:H7</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shigellosis</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strep - Group A Invasive</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Strep - Group B Invasive - newborn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Strep - Toxic Shock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Strep Pneumonia - Invasive</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Varicella</td>
<td>1</td>
<td>9</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vibrio Paralyticus</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>West Nile</td>
<td>2</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Yersiniosis</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health

### Sexually Transmitted Diseases

Gonorrhea, Chlamydia, Syphilis and HIV/AIDS are reportable sexually transmitted diseases (STDs) in Illinois. In 2005, ‘risky sexual behavior, was identified as one of four IPLAN health priorities because the high rates of STD. In 2010, 221 cases of Chlamydia and 52 cases of Gonorrhea were reported to the Health Department. The case rate – new cases per 100,000 population – for Chlamydia was 425 per 100,000; the case rate for Gonorrhea was 100 per 100,000.
According to the Illinois Department of Public Health, of the 2010 Chlamydia reports, 73% of the cases were female; 70% were between the ages of 15 and 25 years old. Of the 2010 Gonorrhea reports, 69% were female and 76% were between the ages of 15 and 25.

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia can be easily treated and cured with antibiotics. Women whose sex partners have not been appropriately treated are at high risk for re-infection. Having multiple infections increases a woman's risk of serious reproductive health complications, including infertility. The surest way to avoid transmission of STDs is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Chlamydia continues to increase among Oak Park residents. The number of reported cases of Chlamydia in 2010 (221) is triple the number of cases reported in 2006 (76).
The case rate for Chlamydia in 2010 was 425 cases per 100,000 population. The case rate for Chlamydia among Oak Park residents, in 2009, was 352.8 cases per 100,000. This rate was lower than the Chicago-Naperville MSA case rate of 486 cases per 100,000 and the case rate for the State of Illinois, at 469 cases per 100,000. However, Oak Park’s 2009 Chlamydia case rate was higher than the State of Minnesota’s, at 272 cases per 100,000.\textsuperscript{14}
Environmental/Occupational/Injury Control

Lead Poisoning

The Oak Park Health Department is a delegate agency for the State of Illinois to carry out lead poisoning prevention programming under the State Lead Poisoning Prevention Act (410 ILCS 45/). All children entering child care or kindergarten, in a ‘high-risk’ Illinois zip code, must show evidence of a blood lead screening test. Oak Park zip codes – 60301, 02, 02 and 04 – are considered to be ‘high-risk’ zip codes.

The Health Department regularly receives reports of children under the age of 6 years old who have been tested for elevated blood lead. Children under the age of three years old with a blood lead level of 10 mcg/dl of blood or greater, and children over the age of three years with a blood lead level of 20 mcg/dl or greater are considered to have blood lead levels that are toxic. Lead poisoning can affect nearly every system in the body. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized.

Since 2005, the number of elevated blood lead tests among young children has remained relatively low, other than in 2007 when 11 cases of blood lead greater than 10 Mcg/dl were reported in children under three years of age.

Blood lead level reports, age 1 to 6 years, Oak Park, 2005-2010

Source: STELLAR, Oak Park Health Department
Water Quality

Oak Park began receiving drinking water from Lake Michigan via the City of Chicago in 1912. Lake Michigan is the sole source of drinking water which arrives pretreated via pipelines from the City of Chicago’s Jardine Water Purification Plant. To assure purity, water samples are routinely gathered throughout the water system. The City of Chicago Department of Water Management routinely monitors for contaminants in the drinking water according to Federal and State Laws. The Village of Oak Park collects 60 bacteriological samples each month along with quarterly disinfectant bi-product sampling. The Illinois EPA requires the Village to monitor for certain substances less than once per year because of concentrations of these substances do not change frequently. The most recent sample data are included in the Village’s 2009 Annual Water Quality Report along with the year in which the sample was taken. All of the substances listed are under the Maximum contaminant Level (MCL) set by the U.S. EPA.\textsuperscript{15}

In 2009, Oak Park sampled 30 homes with lead service lines and analyzed them for lead and copper content with all locations below the action levels. There was no detectable amount of lead in the water. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing fixtures.\textsuperscript{15}

Waste Management/Sewage

The Village of Oak Park does not allow private wells. The Village is served by the Metropolitan Water Reclamation District. The Village Public Works Division repairs and maintains sanitary and storm sewers that transport Village sewerage into the Water Reclamation District interceptors.

The Solid Waste Division of the Public Works Department manages the Villages solid waste collection and a comprehensive recycling program. Waste collection and recycling is provided through contract services for single-family units and multi-unit residents up to five unit buildings. Currently, residents dispose of nearly one million pounds of recyclables per month, or 11 million pounds per year. According to the Environmental Protection Agency, this means that Oak Park residents are helping to conserve over 40,000 trees, one million gallons of fuel and 19 million gallons of water each year.

Air Quality

The Air Quality Index (AQI) is based on the short-term Federal National Ambient Air Quality Standards (NAAQS), the Federal episode criteria, and the Federal Significant Harm levels for six of the "criteria pollutants", namely:

- Ozone (O3)
- Sulfur dioxide (SO2)
- Carbon monoxide (CO)
- Particulate matter (PM10)
- Particulate matter (PM2.5)
- Nitrogen dioxide (NO2)

In each case (except PM2.5 which uses a lower value), the short-term primary NAAQS corresponds to an AQI of 100 and a descriptor of Unhealthy for Sensitive Groups. Once all the subindices for the various pollutants have been computed, the highest is chosen by inspection. That is the AQI for the area, and the pollutant giving rise to it is the "critical pollutant". The Illinois EPA issues the AQI for 14 areas, or Sectors, in Illinois (Table 4). These correspond to metropolitan areas with populations greater than 100,000.

According to the Illinois Environmental Protection Agency 2009 Illinois Air Quality Report, Oak Park is located in the Chicago Sector- North and West Suburbs as well as South and West Suburbs, because of being situated in both north and south of the Eisenhower Expressway. According to the report, in 2009, the air quality for the Chicago Sector- North and West Suburbs was good for 63% of the time; moderate for 35.3% of the time; and unhealthy for sensitive group’ 1.6% of the time. In 2009, the air quality for the Chicago Sector- South and West Suburbs was good for 61.4% of the time; moderate for 37% of the time; and unhealthy for sensitive groups 1.6% of the time. 16

**Occupational/Injury Control**

The Health Department is not able to collect data on occupational or other injuries locally nor is timely data available in the current IPLAN data set.

**Sentinel Events**

The Health Department is not able to collect sentinel event data for Oak Park nor is the data available in the current IPLAN data set.
Description of Community Participation in Health Needs Assessment

Participants in the health needs assessment process were selected to assure representation from all aspects of the community including governmental and non-governmental organizations, health care organizations, Village staff, the Board of Health, schools, community coalitions addressing local health-related issues, local advocacy groups and residents. Specifically included were representatives of two groups that have organized, within the past year, around issues of great interest to the community, the Parent Action Committee for Prevention of Teen Drug Use and the Pioneering Healthier Communities Initiative, a local Robert Wood Johnson funded initiative focused on impacting childhood obesity. These groups have been addressing two of the 2005 IPLAN identified health priorities – obesity and substance abuse - and the Health Department is included among the organizations represented on both groups.

Invitations and a meeting agenda were sent to thirty individuals and organizations: seventeen individuals responded to the invitation and attended the community stakeholders meeting on May 4, 2010 in the Oak Park Village Hall (Appendix F). Individuals attending included representatives the following:

- West Suburban Hospital
- Oak Park River Forest High School, District #200
- American Cancer Society, Chicago Region
- Oak Park Board of Health
- Oak Park Township, Senior Services
- Pioneering Healthier Communities (Robert Wood Johnson)
- Village of Oak Park, Housing Division
- Village of Oak Park, Village Clerk
- Village of Oak Park, Sustainability Coordinator
- Village of Oak Park, Village Manager’s Office
- Oak Park-River Forest Parent Action Committee for Prevention of Teen Drug Use
- West Cook YMCA
- Oak Leyden Developmental Services
- Older Adult Advocate, Oak Park
- Children’s Clinic of Oak Park and River Forest Infant Welfare
- Collaboration for Early Childhood Care and Education
- Oak Park Health Department, Community Health Services

Methods

Participants were provided with a Power Point presentation which included all of the community health data required by IPLAN. (Appendix B).
Participants were invited to ask questions about the data during the presentation.

After a break, the Health Director led the group through the nominal group process in order to identify the health priorities.

- Participants were given slips of paper and asked to write down 3 – 5 health priorities for the next five years, based upon either the community health data presentation or on their own perceptions of health priorities in the community.
- Participants were then asked to read aloud the health priorities they had listed, to the group, with minimal discussion. This proceeded in a round-robin fashion until all participants had an opportunity to read their list aloud.
- Staff listed each health priority, as it had been read, on flip chart sheets.
- Participants were then given the opportunity to ask questions about each of the health priorities listed on the flip chart for clarification.
- Each health priority listed was numbered.
- After all questions had been addressed, participants were given a second slip of paper and asked to vote for the 3-5 health priorities to be addressed over the next five years, by its number.
- All the slips of paper, with the votes, were collected. Staff read aloud each vote, by its number, as a second staff person placed a hash mark next to the numbered health priority for each vote.

Results

Eighteen local public health priorities, were identified and discussed by the Community Stakeholders, these were:

1. Teen drug/alcohol use
2. Teen STDs
3. Childhood obesity
   - This is a community problem, not just a pediatric program. There is a healthcare crisis associated with this.
4. Obesity
5. Inability to access healthcare
   - Students visit doctor with illness and are not aware of how to access healthcare. Some children will visit Cook County in lieu of using one of the local resources.
6. Smoking
7. Physical activity
8. Chronic diseases
   - Diabetes, heart disease, cancer
9. Teen pregnancy
10. Mental health issues
11. Senior Population
    - Health issues are significant in the senior population
12. Accidental Death
    - Bike Safety, Teen distracted driving
13. Alzheimer/Dementia
14. Adequate dental care
   • Relation between mental well being, getting a job
15. Housing conditions
   • Lack of a house, childhood lead, people paying too much for housing
     leaving them less for childcare/healthy foods, overcrowding,
     foreclosures (mental health)
16. Vaccination/Immunizations
17. Accidents from firearms
18. Developmental disabilities

Health Priorities

The health priorities receiving the greatest number of votes were:

- Obesity
- Teen alcohol and drug use
- Mental health for all ages
- Chronic disease
- Inability to access adequate health (and dental) care *

Upon review of the five health priorities, and discussion, the questions was raised as to whether Inability to access adequate health care should be amended to include adequate dental care. *The stakeholders agreed unanimously that the health problem should be changed to Inability to access adequate health and dental care.
Community Health Plan

Participants

The Community Health Plan was developed as a result of combined efforts by both Health Department staff and the community stakeholders group. The Health Director, with the participation of two staff public health nurses, researched the risk factors and direct contributing factors for each health priority. Staff also discussed possible indirect – community specific – contributing factors, based upon their knowledge of the community. Stakeholders were also given the opportunity to provide their input as to the presence or status of contributing factors in the community. Staff drafted long and short term objectives and possible evidenced based strategies for review by the stakeholders.

Tools/Methodology

Staff utilized the APEXPH Health Problem Analysis worksheet and Community Health Plan worksheet to assist in development of the plan. Staff met regularly to review the progress of their research and analysis. Trusted sources for assistance in health problem analysis, development of long and short term objectives and research on evidenced based strategies included the following;

- The Centers for Disease Control and Prevention
- American Cancer Society
- American Lung Association
- Healthy People 2020
- Institute of Medicine, National Academies
- Illinois Youth Survey

The community stakeholders reconvened on June 14, 2011 in Village Hall in Oak Park. Sixteen individuals participated in addition to Department staff. The purpose of the meeting was to review and contribute to the draft Community Health Plan and to vote on adoption of the Plan.

A Power Point presentation was presented to the stakeholders group by the Health Director. The presentation included a review of the health priorities and staff recommendations as to how each health priority might be addressed over the next five years.
Results

Areas of Interest

The first recommendation made by Health Department staff was that two health priorities, *Mental health for all ages* and *Teen alcohol and drug use* be identified as *areas of interest*.

- **Mental Health for All Ages** was identified by the stakeholders group as one of the five health priorities. Data regarding mental health issues was not among the health data presented to the stakeholders group, however the concerns of some stakeholders that mental health concerns might be more pervasive in the community, than generally thought to be, gave rise to the issue being placed on the list of health problems for consideration.

  The Oak Park Township Mental Health Board and Thrive Counseling Center of Oak Park provide funding for mental health services, and direct mental health and counseling services, respectively. Both the Mental Health Board and Thrive Counseling Services have documented strategic plans for community mental health services.

- **Teen Alcohol and Drug Use** was identified by the stakeholders group as one of the five health priorities. Data regarding teen alcohol and drug use had not been provided to the stakeholders group. However, this health issue has been a concern in the community for several years. The Oak Park-River Forest Parent Action Committee for Prevention of Teen Drug Use (IMPACT) has been very proactive in the community, recently, addressing this issue.

  Included in the Oak Park Township Community Mental Health Board Strategic Plan is the objective, ‘Reduce youth alcohol and substance abuse through evidenced based strategies’.

The Health Director advised that these two health priorities are currently being directly addressed by organizations and agencies in the community. The Health Department does not currently have the capacity to address these issues programmatically. However, the Director proposed that the Health Department would continue to monitor the status of both of these ‘areas of interest’ and assist the community, and the agencies directly addressing these health priorities, to move toward achieving the objectives outlined in their strategic plans. The Stakeholders agreed upon the proposal recommended by the Health Director.
Obesity

According to the Centers for Disease Control, approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese. Since 1980, obesity prevalence among children and adolescents has almost tripled. Obesity is primarily the result of taking in too many calories and not enough physical activity. Factors that contribute to a high caloric intake and inactivity may include a lack of knowledge, lack of food prep skills, societal and cultural norms that may tolerate or encourage poor eating habits, food policies in schools and child care or government food assistance programs. Factors contributing to inactivity may include a lack of exercise facilities (particularly low-cost), low motivation, the perception of great effort needed for exercise, poor health or disability and fear of injury. 17

The May, 2010 Report to the President from the Childhood Obesity Task Force 18 documents that:

- Obesity rates among preschoolers ages 2 to 5 have doubled in the past four decades.
- One in five children are overweight or obese by the time they reach their 6th birthday.
- Over half of obese children first become overweight at or before age two.
- Only 25% of children ages 2 to 11 years consume three servings of vegetables a day, and less than 50% consume two daily servings of fruit.
- Preschool children spend over four hours a day watching television and videos, including time in child care.
- Sixty percent of children under 5 are in some form of child care, spending an average of 29 hours/week in that care.
- A 2008 survey by the National Association of Child Care Resource and Referral Agencies reported that 93% of parents thought existing health and safety standards for child care should be improved.

In order to impact obesity in Oak Park, the Health Department staff proposed, and the stakeholders group, agreed upon a long term objective adapted from Healthy People 2020: 19

Reduce the proportion of 2 - 5 year olds in local child care facilities, who are obese, from 10.7% to 10.2% by 2016.

The short term objective, agreed upon by the stakeholders group, is:

Address improving the nutrition of pre-schooler and reducing screen time in local child care facilities, as recommended in the guidelines of the Childhood Obesity Task Force Report, May, 2010, and Let’s Move Child Care, June, 2011 18, by 2013.
The long and short term objectives to address obesity will be achieved through strategies involving strengthening the local ordinance regulating licensed child care facilities in Oak Park, in regard to improving nutrition and reducing ‘screen time’ of young children. Educating child care providers, parents and policy makers about the benefits of these changes will be essential in helping to move these objectives forward.

The Health Department will look to collaboration with the local Collaboration for Early Childhood Care and Education, as well as the partners in the local Pioneering Healthier Communities Initiative for assistance with these strategies.

Chronic Disease

According to the Centers for Disease Control, four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness, suffering, and early death related to chronic diseases.20

Lung cancer is the leading cause of cancer death, and cigarette smoking causes almost all cases. Cancer (malignant neoplasm) continues to rank second among the leading causes of death among Oak Park residents and first in the ranking of Years of Potential Life Lost (YPLL). Compared to nonsmokers, men who smoke are about 23 times more likely to develop lung cancer and women who smoke are about 13 times more likely. Smoking causes about 90% of lung cancer deaths in men and almost 80% in women. Smoking also causes cancer of the voicebox (larynx), mouth and throat, esophagus, bladder, kidney, pancreas, cervix, and stomach, and causes acute myeloid leukemia. 20

Tobacco use continues to be the single leading preventable cause of death and disease in the United States.21 According to Healthy People 2020, 26.0 percent of adolescents in grades 9 through 12 used cigarettes, chewing tobacco, snuff, or cigars in the past 30 days in 2009. In 2010, according to the Illinois Youth Survey, 88% of 10th graders at Oak Park-River Forest High School reported not having used cigarettes in the past year22, i.e. 12% reported having used cigarettes in the past year. This rate reflects a smaller proportion, locally, than that identified by Healthy People 2020. Because the Illinois Youth Survey better reflects local youth behavior, the Health Department chose to base the long term objective on this data.

In order to impact chronic disease in Oak Park, Health Department staff proposed, and the stakeholders agreed, upon a long term objective:

The Oak Park-River Forest High School Illinois Youth Survey will reflect a 5% increase in the number of 10th graders who report not having used cigarettes in the past year, by 2016.

The short term objective, agreed upon by the Stakeholders Group, is:

Increase teen participation in Health Department smoking cessation programs, by 50 % and initiate smoking prevention education strategies with primary and middle school-age students, by 2013.
The long and short term objectives to address smoking among youth in Oak Park will be addressed using the recommended evidenced based smoking prevention and cessation programs:

- Not on Tobacco (N-O-T), American Lung Association
- Tar Wars, American Academy of Family Physicians
- Kicking Nicotine, Channing Bete

The Health Department will look for collaboration with schools, substance abuse counselors, parents and youth advocacy organizations, locally, to assist with moving toward these objectives.

**Inability to Access Adequate Health and Dental Care**

Oak Park residents have access to a wealth of medical facilities and health care providers locally, as well as regionally. However, reports from Health Department staff and from Stakeholders, including representatives of local social service organizations and providers of care to low-income residents, indicate a growing number of families without an ongoing source of medical and dental care, primarily as a result of economic issues. Although the unemployment rate in Oak Park over the past 12-15 months has been better than in some other communities, the annual average unemployment rate in 2010, of 7.2%, supports the conclusion that the cost of medical and dental care for the uninsured locally is increasingly more problematic.

Uninsured children in Illinois have access to the Illinois ‘All Kids’ program; The Children’s Clinic of Oak Park-River Forest Infant Welfare Society also provides low-cost medical and dental care to eligible children. However, the options for uninsured, low income adults are limited. The PCC Wellness Center, a Federally-Qualified-Health-Center (FQHC) is available locally, providing comprehensive adult primary care services; the Access To Care Program, of suburban Cook County, also enables income eligible residents, over 18 years old, to be linked with a private physician willing to provide primary care at a reduced fee. Dental care, both preventive and curative, is limited in its availability to adults, although some resources do exist, regionally.

The Affordable Care Act, which was signed into law in March, 2010, may provide some additional opportunities for individuals to access health care.

The Health Department does not have any survey data on the proportion of residents without adequate medical and dental care. However, the 2008 National Citizens Survey\(^2\) indicated that 59% of residents reported the availability of affordable quality health care as excellent or good. Healthy People 2020 objectives indicate an overall proportion of Americans with an ongoing source of medical care at 86.4%, with a 10 year objective of increasing the proportion to 95%. In addition, Healthy People 2020 objectives indicate that 44.5 % of persons aged 2 years and older had a dental visit in the past 12 months in 2007 with a 10 year objective of increasing the rate to 49%.
In order to impact the inability to access adequate health and dental care in Oak Park, the Health Department staff proposed, and the stakeholders group, agreed upon a long term objective:

Increase the proportion of Oak Park residents who have a specific source of ongoing medical care from 86.4% to 90%, by 2016.

Increase the proportion of persons age 2 and older who had a dental visit in the past 12 months by from 44.5% to 49%, by 2016.

Since these objectives were drawn not from local data, but based upon benchmarks provided by Healthy People 2020, the Health Department will be looking towards a better way of gathering data which is reflective of the need in this community.

The short term objective agreed upon by the stakeholders is:

Increase the proportion of people who are knowledgeable about their options under the Affordable Care Act and about local medical and dental resources available to them, by 2013.

The long and short term objectives to address the inability to access adequate health and dental care will be addressed using communication tools recommended by the Centers for Disease Control including mass media, small media and social media. The Health Department will look to the Village’s Communications Department to assist in developing these communication strategies.
Footnotes


2. 2008 National Citizen Survey™, The Village of Oak Park, National Research Center, ICMA


11. Mathews, T.J., MacDorman, M.F., 2005


13. www.cdc.gov/hepatitis/C/cFAQ.htm#cFAQ03

14. www.cdc.gov/std/stats09/tables/2.htm


21. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a2.htm

Appendix A

The Village of Oak Park
Health Department
Organizational Chart

Village Board

Village Manager

Medical Consultant

Health Director

Community Health Services
2 PHNs

Environmental Health/Animal Control Supervisor

Animal Control Officer

2 FT LEHP

P-T Grants Coordinator

Administrative Assistant

Emergency Preparedness and Response Manager

2 PT Farmers Market Managers

Created on 6/23/2011 4:07:00 PM
IPLAN 2011

Source: The Historical Society of Oak Park and River Forest
IPLAN 2011

- 1902 – The Village of Oak Park incorporated
  - January 9, 1902 – Health Department established and a Health Commissioner is appointed to give advice and investigate ‘contagion’
  - 1905 – A part-time advisory Health Board is established
  - 1907 – A Scarlet Fever epidemic closes all school, churches and the library
DIRECT PRIMARIES

H. K. MISENHIMER SEeks to Have Other Precincts Adopt Plan Tried in the Eighth

H. K. MISENHIMER is interesting himself for the adoption throughout the village this spring of the open primary plan of making municipal nominations, which was used so successfully in the eighth precinct two years ago. There were several candidates for village trustee in that precinct at that time and it was arranged that the contest should be decided by a direct primary or referendum vote. A ballot was prepared containing the name of each candidate and a blank space for the writing in of an extra name, all after the style of the Australian ballot. A copy of the ballot was mailed to every voter in the precinct and on the date of the primary the polls were open from 4 till 9:30 o'clock, with the result that there were cast 166 ballots, against a total vote at the preceding election of a few over 200. This plan is to be tried again in the eighth precinct this year on both the trusteeship and the presidency, whether other precincts adopt it or not, and if the village convention is held the eighth precinct delegates will be bound in the convention by the result of the precinct primary.

Mr. MISENHIMER is endeavoring to get other precincts to adopt the plan, at least on the presidency question.

Grace Hall Hemingway Program

NOTWITHSTANDING the snowstorm of Tuesday afternoon, over a hundred ladies, members of the Three o’clock club, and their guests, gathered in the spacious home of Mrs. George W. Park of Park avenue, Austin. The affair was the annual “guest day,” and the attraction was Mrs. Grace Hall Hemingway in one of her charming and versatile programs.

Mrs. Hemingway was assisted by her pupils, two of whom, Miss Florence Pettibone and Miss Margarette Haertel, won marked enthusiasm in their groups of songs. Two of the numbers were so persistently encored that a repetition was graciously concedewed. They were “The Legend of the Chimes” from the opera “Robin Hood” given with chorus and orchestral effect, and the “Air for the G String,” composed by Mrs. Hemingway, and dedicated to Irving Clague, who played it exquisitely. Miss Ruth Simmons played Mrs. Hemingway’s and Mr. Clague’s accompaniments.

Refreshments and a social hour followed the program.

The library will remain closed the coming week and will probably reopen February 18. So lines will be charged for books until the library is open. Those having books out are requested to return them promptly at that time.

The University of Illinois has issued a twenty-four page bulletin on the national mood today which will

TO REMAIN CLOSED

No Public Worship Tomorrow in Any of the Churches—Schools Are Closed This Week

The health department feels that it is still the part of wisdom to use every precaution to prevent the further spread of disease. The situation looks to be well in hand. Only about an average of two cases a day have been reported during the week. The churches will remain closed tomorrow for all services. Elsewhere in this issue is published a form of family worship urging the community to set apart the regular hour for Sunday service and all join in following the general order as published. The schools will remain closed all next week, and if it is found necessary to continue the order of the health department longer than another week the principal and teachers of the high school may decide to send out an other communication outlining any prescribing work for the advance classes. The public library will also remain closed and the meetings of all societies held in Scoville institute will be necessarily dropped.

The conditions in Chicago have also been improving the last few days and indications point to a return to normal conditions at an early date.
1948 – The Health Department becomes a full time, state-certified health department

Certification is granted to local health departments that meet the IDPH's requirements for employing a qualified executive officer and public health practice standards (completion of an internal organizational capacity assessment and a community health needs assessment, development of a community health plan and compliance with required activities). Requirements for provisional certification and certification are contained in the Certified Local Health Department Code, 77 Ill. Adm. Code 600.
IPLAN 2011

- Purpose of IPLAN
  - Provides a rich source of health and demographic data
  - Facilitates a ‘community’ process to discuss, identify and prioritize health problems, locally
  - Provides ‘a roadmap’ to address causes of morbidity and mortality, locally
IPLAN 2011

I. Organizational Capacity Assessment

II. Community Process

III. Completing the Cycle
IPLAN 2011

The Community Process
IPLAN 2011

- Health Data
  - Demographic
  - Socioeconomic
  - Mortality
  - Births
  - Health Department program data
Demographics

Source: The Historical Society of Oak Park and River Forest
## IPLAN 2011

<table>
<thead>
<tr>
<th>Population Category</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population, 2010</td>
<td>96.4%</td>
<td>51,878</td>
</tr>
<tr>
<td>One race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>67.7%</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>21.7%</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>.2%</td>
<td></td>
</tr>
<tr>
<td>Some Other race</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>Two or More races</td>
<td>3.6%</td>
<td></td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2010
Hispanic or Latino of any race 6.8%

Source: U.S. Census Bureau, 2010
Oak Park, 'One Race', 2000 - 2010

Source: U.S. Census Bureau, 2010
IPLAN 2011

Oak Park, 'Two or More Races', 2000_2010

- 2000: 2.80%
- 2010: 3.60%

Source: U.S. Census Bureau, 2010
IPLAN 2011

Oak Park, Hispanic or Latino, of Any Race, 2010_2000

Source: U.S. Census Bureau, 2010
Oak Park/State of Illinois _2010_ those identifying as 'one race'

- **Oak Park**
  - 96.4% One Race
  - 67.7% White
  - 21.7% Black or AA
  - 14.5% Asian
  - 4.6% AI/AN
  - 2% Some Other Race

- **State of Illinois**
  - 97.6% One Race
  - 71.5% White
  - 21.7% Black or AA
  - 14.5% Asian
  - 4.6% AI/AN
  - 2% Some Other Race

Source: U.S. Census Bureau, 2010
Hispanic or Latino of Any Race

Oak Park, 2010: 6.8%
Illinois, 2010: 15.8%

Source: U.S. Census Bureau, 2010
## Oak Park, by Age, 2005-09

<table>
<thead>
<tr>
<th>Age</th>
<th>2005-09 est.</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>5 to 14</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>15 to 24</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>25 to 44</td>
<td>30%</td>
<td>35%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>29%</td>
<td>24%</td>
</tr>
<tr>
<td>65 to 84</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>85+ years</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau
IPLAN 2011

Oak Park, by age groupings, 2005-09 (est.) vs. 2000

Source: US Census Bureau
Village of Oak Park vs State of Illinois, by age, 2005-09 (est.)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Oak Park</th>
<th>Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>8 %</td>
<td>8.3 %</td>
</tr>
<tr>
<td>5 to 14</td>
<td>13 %</td>
<td>12.9 %</td>
</tr>
<tr>
<td>15 to 24</td>
<td>10 %</td>
<td>9.8 %</td>
</tr>
<tr>
<td>25 to 44</td>
<td>30 %</td>
<td>30.3 %</td>
</tr>
<tr>
<td>45 to 64</td>
<td>29 %</td>
<td>28.9 %</td>
</tr>
<tr>
<td>65 to 84</td>
<td>9 %</td>
<td>8.6 %</td>
</tr>
<tr>
<td>85 +</td>
<td>1 %</td>
<td>1.3 %</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2009
IPLAN 2011

Socioeconomic

Source: The Historical Society of Oak Park and River Forest
Oak Park unemployment rate, annual average, 1990-2010

Source: Illinois Department of Labor, Local Area Unemployment Statistics
### 2008 Survey of 425 Oak Park residents

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently employed for pay?</td>
<td>Yes, full time</td>
<td>68%</td>
</tr>
<tr>
<td>How many years lived in Oak Park?</td>
<td>Less than 5</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>More than 20</td>
<td>21%</td>
</tr>
<tr>
<td>Rent or own?</td>
<td>Rent</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>Own</td>
<td>60%</td>
</tr>
</tbody>
</table>
IPLAN 2011

Unemployment rate, 2010 annual average, Oak Park, Cook County, Illinois

<table>
<thead>
<tr>
<th>Location</th>
<th>Unemployment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evanston City</td>
<td>7.7%</td>
</tr>
<tr>
<td>Des Plaines City</td>
<td>10.2%</td>
</tr>
<tr>
<td>Oak Park Village</td>
<td>7.2%</td>
</tr>
<tr>
<td>Skokie Village</td>
<td>8.3%</td>
</tr>
<tr>
<td>Chicago City</td>
<td>11.0%</td>
</tr>
<tr>
<td>Cook County</td>
<td>10.5%</td>
</tr>
<tr>
<td>Illinois</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

Estimated Median Household Income 2010 = $77,602.

Unemployment rate, 2010 = 7.2 (Average, annual)

District 97 students eligible for free or reduced lunch – 21.26%
Source: School District #97, April, 2011
Household income (est.) for the Village of Oak Park, Cook County and Illinois, 2010

IPLAN 2011

Percent of infants eligible for Family Case Management in Oak Park, 2008-2010

Household income at or below 200% of poverty level

2008: *16.8% (111) **Illinois (47.5%)

2009: *17.4% (114)

2010: NA (111)

*Source: Oak Park Health Department, Family Case Management Program

**Source: The Henry Kaiser Family Foundation, www.statehealthfacts.org
IPLAN 2011

Oak Park Police / CAU
Part 1 Offenses * Years 2005 - 2010

<table>
<thead>
<tr>
<th>PART ONE OFFENSES</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>MURDER</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>CRIMINAL SEXUAL ASSAULT</td>
<td>11</td>
<td>13</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>ROBBERY</td>
<td>130</td>
<td>150</td>
<td>113</td>
<td>160</td>
<td>142</td>
<td>133</td>
</tr>
<tr>
<td>AGGRAVATED ASSAULT/BATTERY</td>
<td>58</td>
<td>39</td>
<td>37</td>
<td>46</td>
<td>35</td>
<td>44</td>
</tr>
<tr>
<td>BURGLARY</td>
<td>437</td>
<td>351</td>
<td>343</td>
<td>425</td>
<td>576</td>
<td>380</td>
</tr>
<tr>
<td>THEFT</td>
<td>1160</td>
<td>1365</td>
<td>1389</td>
<td>1327</td>
<td>1332</td>
<td>1268</td>
</tr>
<tr>
<td>MOTOR VEHICLE THEFT</td>
<td>165</td>
<td>98</td>
<td>86</td>
<td>102</td>
<td>74</td>
<td>70</td>
</tr>
<tr>
<td>ARSON</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1970</td>
<td>2018</td>
<td>1980</td>
<td>2066</td>
<td>2168</td>
<td>1904</td>
</tr>
</tbody>
</table>
IPLAN 2011

Leading Causes of Mortality

Source: The Historical Society of Oak Park and River Forest

<table>
<thead>
<tr>
<th>Disease</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease of the heart</td>
<td>30%</td>
<td>24%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Malignant neoplasm</td>
<td>25%</td>
<td>23%</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>7%</td>
<td>5%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Accidents</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Nephritis</td>
<td></td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Septicemia</td>
<td></td>
<td>2%</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td>2%</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>Homicide</td>
<td></td>
<td></td>
<td></td>
<td>1%</td>
</tr>
<tr>
<td>Alzheimers</td>
<td></td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health
## Death Rates by Cause of Death, 1900-2005

(per 100,000 population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Tuberculosis, all forms</th>
<th>Malignant neoplasms (cancer)</th>
<th>Major cardiovascular diseases</th>
<th>Influenza and pneumonia</th>
<th>Motor vehicle accidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>194.4</td>
<td>64.0</td>
<td>345.2</td>
<td>202.2</td>
<td>n.a.</td>
</tr>
<tr>
<td>1910</td>
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<td>2004</td>
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<td>2005</td>
<td>0.2</td>
<td>188.7</td>
<td>288.8</td>
<td>21.3</td>
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</table>

Leading causes of death, 2004-2007, Oak Park residents

- Disease of the heart
- Malignant neoplasm
- Cerebrovascular disease
- Chronic lower respiratory disease
- Diabetic mellitus
- Influenza and pneumonia
- Septicemia
- Nephritis
- Suicide
- Homicide
- Diabetes mellitus
- Hypertension
- Alzheimer's
- Accidents
- AIDS
- Other

Source: Illinois Department of Public Health
IPLAN 2011

Leading causes of death, Oak Park/State of Illinois, 2007

Source: Illinois Department of Public Health
Years of potential life lost (YPLL)

- The number of years between the age at death and age 65
- A measure of premature mortality
## IPLAN 2011

<table>
<thead>
<tr>
<th>Condition</th>
<th>Oak Park</th>
<th>2006</th>
<th>YPLL</th>
<th>State of Illinois</th>
<th>2006</th>
<th>YPLL</th>
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<td>Malignant neoplasm</td>
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<td>235</td>
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<td>Perinatal conditions</td>
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<td>194</td>
<td></td>
<td>Malignant Neoplasms</td>
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<td>73,388</td>
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<tr>
<td>Diseases of the heart</td>
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<td>193</td>
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<td>Disease of the heart</td>
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<td>Coronary heart disease</td>
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<td>124</td>
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<td>Perinatal conditions</td>
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<td>HIV disease</td>
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<td>Coronary heart disease</td>
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<tr>
<td>Firearms</td>
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<td>89</td>
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<td>Motor vehicle accidents</td>
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<td></td>
<td>Homicide</td>
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<td>Lung cancer</td>
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<td>63</td>
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<td>Accidents</td>
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<td>61</td>
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<td>Congenital malformations</td>
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<td>Cirrhosis of the liver</td>
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<td>54</td>
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<td>Suicide</td>
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<td>17,193</td>
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</table>

Source: Illinois Department of Public Health
IPLAN 2011

YPPL – Oak Park, 2006

- Cirrhosis of the liver
- Accidents
- Lung cancer
- Homicide
- Firearms
- HIV disease
- Coronary heart disease
- Diseases of the heart
- Perinatal conditions
- Malignant neoplasm

Source: Illinois Department of Public Health, IPLAN data base
IPLAN 2011

- **YPPL – State of Illinois, 2006**

![Bar chart showing various causes of death and diseases with their respective statistics](image)

- Suicide
- Congenital malformations
- Firearms
- Homicide
- Motor vehicle accidents
- Coronary heart disease
- Perinatal conditions
- Disease of the heart
- Malignant Neoplasms
- Accidents

Source: Illinois Department of Public Health, IPLAN data base
IPLAN 2011

Births

Source: The Historical Society of Oak Park and River Forest
IPLAN 2011

- Births to Oak Park residents, 2005-09

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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</thead>
<tbody>
<tr>
<td>Total births</td>
<td>677</td>
<td>675</td>
<td>664</td>
<td>662</td>
<td>*655</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health

* - not yet released to the media
IPLAN 2011

Oak Park births - 2005-2009

Source: Illinois Department of Public Health
Crude birth rate (births per 1000 population)

Source: Illinois Department of Public Health; Kaiser Foundation
I-PLAN 2011

Births to Oak Park women, By age, 2005-2009

Source: Illinois Department of Public Health
Births to married women - 2005-2008

Source: Illinois Department of Public Health
IPLAN 2011

Percent of births to women less than 20 years

Source: Illinois Department of Public Health
‘U.S. Teen Birth Rate Hits Record Low in 2009, CDC Report Finds’

*Total births and fertility rate also down*

Source: CDC National Center for Health Statistics, Dec 21, 2010
Low birth weight/very low birth weight births, 2005-2008, Oak Park

Source: Illinois Department of Public Health
Infant mortality rate, Oak Park v.s. State of Illinois, 2005-07

Source: Oak Park Health Department
IPLAN 2011

Health Department Program Data

Source: The Oak Park Health Department
## IPLAN 2011

### Reportable Communicable Disease – Oak Park, 2005-2010

<table>
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<tr>
<th>Disease</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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<td>Blastomycosis</td>
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<td>3</td>
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<tr>
<td>Campylobacteriosis</td>
<td>3</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Non-Bact CNS Infection</td>
<td>1</td>
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<td>2</td>
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<td>Cryptosporidiosis</td>
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<tr>
<td>Giardiasis</td>
<td>1</td>
<td>7</td>
<td>6</td>
<td>8</td>
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<tr>
<td>HIB Invasive Disease</td>
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<tr>
<td>Hepatitis A</td>
<td>1</td>
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<tr>
<td>Hepatitis B - acute</td>
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<td>Hepatitis B - chronic</td>
<td>13</td>
<td>8</td>
<td>5</td>
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<td>6</td>
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<td>Hepatitis B - unspecified</td>
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<tr>
<td>Hepatitis B - chronic/resolved</td>
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<td>Histoplasmosis</td>
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<td>Lyme</td>
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<td>Novel influenza H1N1</td>
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<tr>
<td>Strep - Toxic Shock</td>
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<td>Yersiniosis</td>
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</table>

Source: Illinois Department of Public Health
IPLAN 2011

Communicable Disease Reports, Oak Park, 2005-2010

Source: Illinois Department of Public Health
Hepatitis C, chronic or resolved

- Approximately 70%–80% of people with acute Hepatitis C do not have any symptoms.
- Approximately 75%–85% of people infected with Hepatitis C develop chronic infection.
- Of every 100 people infected with the Hepatitis C virus, about 75–85 people will develop chronic Hepatitis C virus infection; of those,
  - 60–70 people will go on to develop chronic liver disease
  - 5–20 people will go on to develop cirrhosis over a period of 20–30 years
  - 1–5 people will
  - die from cirrhosis or liver cancer
Chlamydia and Gonorrhea reports, Oak Park residents, 2010

Source: Illinois Department of Public Health
IPLAN 2011

- 2010 Chlamydia reports
  - Females 73%
  - 15-25 years old 70%

- 2010 Gonorrhea reports
  - Females 69%
  - 15-25 years old 67%
Reported cases of STD, Oak Park residents, 2005 - 2009

Source: Illinois Department of Public Health
Case rates for Chlamydia, 2009

Source: Illinois Department of Public Health; Centers for Disease Control and Prevention
IPLAN 2011

Environmental Investigations for Lead Poisoning, Oak Park, (2005 to 2010)

Source: The Oak Park Health Department
IPLAN 2011

IPLAN 2006-2011

Priority Health Issues

☑ Obesity

☑ Responsible Sexual Behavior

☑ Substance Abuse

☑ Visibility and Connectivity of the Health Department

Working toward a healthier Oak Park

2006 - 2011 Priority Issues

The Oak Park Department of Public Health, an Illinois certified local health department since 1948, serves the more than 50,000 residents of the Village of Oak Park to assure the health of all members of the community by preventing disease, injury and disability. MIOP, or Mapping a Healthier Oak Park, outlines the four greatest issues concerning Oak Park and its residents presently and in the future: obesity, responsible sexual behavior, substance abuse and visibility and connectivity within the overall community.

Obesity

Obesity has quickly become the second leading cause of preventable death in the United States and is expected to pass the mortality rates of smoking within this lifetime. If current trends continue, the nation’s younger generation may be the first in American history to have shorter and less healthy lives than their parents. To raise public awareness on the importance of obesity prevention, the Oak Park Department of Public Health plans to initiate an exercise and nutrition campaign in early 2008.

Responsible Sexual Behavior

Unintended pregnancies and sexually transmitted diseases (STDs) including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. The Oak Park Public Health Department promotes solutions such as abstinence and education about safe sexual practices including proper condom use and regular testing for STDs both in the community as a whole as well as in the local high school.

Visibility & Connectivity

Oak Park’s local public health system is a network of individuals, institutions, organizations and agencies that contribute to the collective health of Oak Park community members. The Department of Public Health supports community-based collaborative initiatives to improve overall health. This approach ensures that our community remains aware of our programs and services, and that members of the system practice efficient use of resources.

Substance Abuse

Alcohol and illicit drug use are associated with many of this county’s most serious problems, including child and spousal abuse, sexually transmitted diseases (including HIV), teen pregnancy, poor school performance, motor vehicle crashes, escalation of health care costs, low worker productivity and homelessness. The Oak Park Department of Public Health strives to educate Oak Parkers on the resources that are locally avail-
‘Health Problem’:

“A situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured as death, disease or disability.”

(APEXPH, National Association of City and County Health Officials, 1996)
IPLAN 2011

- What are the 3 - 5 priority health issues to be addressed in the next 5 years?
9:00 am  Introduction of Community Stakeholders Group members

9:08 am  Introduction to the IPLAN Process

9:11 am  Community Health Data Presentation: Margaret Provost-Fyfe facilitated a presentation of community health data.

10:15  Stretch Break

10:30  Identification of Community Health Problems – Stakeholders

The stakeholders provided the following potential public health priorities:

- Teen Drug/Alcohol abuse
- Teen STD’s
- Working on public health curriculum K-12 that targets both students and parents
- Obesity: Prevention and relation to physical education and healthy eating possibilities
- Health safety and nutrition issues from birth, prenatal and up looking at schools and in homes (exercise, obesity, safety, etc.)
- Collecting BMI data so we have information as to where we are
- Lack of education of students and parents in regards to health issues.
- Inability to access health care
- Both prescription and illegal drug abuse
- Smoking cigarettes
- Obesity, physical activity, smoking etc all lead to the chronic conditions of heart disease, etc.
- How can families use what they have for healthy meal preparation
- Heart disease and cancer
- Teen pregnancy
- Mental health issues
- Aging population affect developmental disabilities
- Teen distracted driving
- All age groups distracted driving
- Healthy food options in vending machines
- Education through cooking classes
- Bike Safety
- Alzheimer and dementia
- Diabetes education
- Independent home care assistance so people can stay at home longer with the necessary help.
- Adequate oral health care for children and adults, how to access care
- Lack of ways to identify mental health issues in children and how to get them help
- Housing conditions: lead based paint
- Immunizations are important
- How do we frame this in terms of food nutrition, healthy eating by default
- We have to identify the problem with obesity and children and address it head on, many people get defensive and will not acknowledge obesity as an issue, especially with their children
- Lack of housing, nutrition for the increasing elderly population. What happens when you are immobile and don’t have the healthy food opportunities
- Global increased cost in remaining healthy. Fewer people will have health insurance effecting prevention and treatment
- Food stamp cuts, increase cost of healthy foods
- Will increase fire arms in Village increase accidents?

Lisa Lowery, OP-RF Initiatives to Prevent Teen Alcohol and Substance Use gave a presentation on what the group is doing to combat teen alcohol/drug abuse:

- Illinois Youth Survey showed students used alcohol and drugs at twice the National average
- Her group found the need to respond as a community
- What have they done?
  - They have a leadership group with community stakeholders
  - Have had parent cafes
  - Oak Park Youth services have received an increase in calls for help
  - Teens have been admitted at greater numbers in Oak Park into rehab
  - Forum at High School tomorrow night with an ER physician, police, parent’s of students with drug/alcohol abuse problems

10:45 Discussion of Community Health Problems

The list of priorities above was narrowed down to 18 public health priorities and were discussed amongst the group:
1. Teen drug/alcohol use
2. Teen STDs
3. Childhood obesity
   • This is a community problem, not just a pediatric program. There is a healthcare crisis associated with this.
4. Obesity
5. Inability to access healthcare
   • Students visit doctor with illness and are not aware of how to access healthcare. Some children will visit Cook County in lieu of using one of the local resources.
6. Smoking
7. Physical activity
8. Chronic diseases
   • Diabetes, heart disease, cancer
9. Teen pregnancy
10. Mental health issues
11. Senior Population
    • Health issues are significant in the senior population
12. Accidental Death
    • Bike Safety, Teen distracted driving
13. Alzheimer/Dementia
14. Adequate dental care
    • Relation between mental well being, getting a job
15. Housing conditions
    • Lack of a house, childhood lead, people paying too much for housing leaving them less for childcare/healthy foods, overcrowding, foreclosures (mental health)
16. Vaccination/Immunizations
17. Accidents from firearms
18. Developmental disabilities

Rob Cole recommended coming up with strategies for specific populations/age groups.

Elizabeth Lippitt: Community Coach of Pioneering Healthy Communities
- Reduce childhood obesity, increase physical activity
- Group of policy leaders meeting to create community strategies
- Currently in process of establishing overall goals

11:15 Voting on Community Health Priorities

<table>
<thead>
<tr>
<th>Health Priority</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Health Priority</td>
<td>Score</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Obesity</td>
<td>11</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>10</td>
</tr>
<tr>
<td>Teen drug/alcohol use</td>
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</tr>
<tr>
<td>Chronic diseases</td>
<td>7</td>
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<tr>
<td>Inability to access healthcare</td>
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<td>Adequate dental care</td>
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<td>Teen STD's</td>
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<td>Senior Population</td>
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<td>Smoking</td>
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<td>Vaccination/Immunizations</td>
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<td>Accidents from firearms</td>
<td>0</td>
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<tr>
<td>Developmental disabilities</td>
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</tbody>
</table>

The five health priorities to be addressed over the next five years are obesity, mental health issues for all ages, teen drug/alcohol use, chronic disease and ‘inability to access health care.’ There was consensus from the group to amend the final priority to ‘inability to access health and dental care.’

11:30 Next Steps:

- Community Health Problem Analysis
- Community Health Plan for 2011-2016

11:45 Adjourn

Respectfully submitted,

Mike Charley
EH Supervisor
Village of Oak Park
Attendees: Margaret Provost-Fyfe, Health Director
Mike Charley, Oak Park EH Supervisor
Elisabeth Bacani, Oak Park Public Health Nurse
Cathy Amato, Oak Park Public Health Nurse
Fourteen (14) Community Stakeholders

10:00  Review of IPLAN community health planning process: Margaret Provost-Fyfe provided an overview of the IPLAN process to attendees.

10:15  Health Department’s draft plan to address the five health priorities in the next five years:

- Teen Alcohol and Drug Use:
  Margaret Provost-Fyfe communicated that there are three Village stakeholders that have community-wide strategic plans that set short-term and long-term goals for teen alcohol and drug use. The authors of the plans are the OPRF Parent Action Committee for Prevention of Teen Drug Use, the Oak Park Township Youth Services and Mental Health Board and the Thrive Counseling Center.

- Mental Health for All Ages
  Margaret Provost-Fyfe communicated that the Community Mental Health Board of Oak Park Township has a “Strategic Planning Goals and Objectives - Three Year Plan” for FY 2011-2013 that already set goals and objectives for mental health throughout Oak Park.

- Obesity
  - Margaret Provost-Fyfe provided an overview of the Health Problem analysis for obesity including risk factors,
contributing factors, community resources, short and long term objectives, proven intervention strategies and barriers.

- Several of the stakeholders questioned whether the data regarding 10% of the children being obese provided by Margaret-Provost-Fyfe was a low figure.

- **Chronic Disease**
  - Elisabeth Bacani provided an overview of the Health Problem analysis for chronic disease including risk factors, contributing factors, community resources, short and long term objectives, proven intervention strategies and barriers.
  - The group recommended reaching out to all age groups, all grades in Oak Park regarding smoking.

- **Inability to access adequate health and dental care**
  - Cathy Amato provided an overview of the Health Problem analysis for chronic disease including risk factors, contributing factors, community resources, short and long term objectives, proven intervention strategies and barriers.
  - A stakeholder stated that the West Suburban Medical Center has the Reach Out program that is a referral same to primary care and other resources.

Margaret Provost-Fyfe asked for agreement from the Stakeholders Group that the Community Plan as outlined adequately addressed the five health priorities. The Group agreed.

**11:30 Adjourn**

Respectfully submitted,

Mike Charley, Environmental Health Supervisor
Health Problem Analysis Worksheet

Health Problem: Obesity

Risk Factor: *Inactivity

- Lack of facilities
  - Y
  - No indoor community facility
- Lack of social support
  - N
  - Possibly
- Cost of programs
  - Y
  - Programs may be costly for some
- Low motivation
  - Y
  - Possibly
- Perception of great effort needed for exercise
  - Y
  - Possibly
- Poor health/disability
  - Y
  - No facility for older or impaired residents
- Fear of injury
  - Y
  - Possibly

Risk Factor: *Poor diet

Direct Contributing Factor:
- Knowledge and attitudes
  - Y
  - Possibly
- Societal and cultural norms
  - Y
  - Possibly
- Food Policies
  - Y
  - Yes - in some areas
- Pricing systems
  - Y
  - Possibly higher cost for some
- Skills (food prep)
  - Y
  - Possibly

* Centers for Disease Control
Health Problem Analysis Worksheet

Health Problem: Physical inactivity

Risk Factor:
- Tobacco Use at early age
  - Contributing Factors:
    - Parents smoke: Yes - difficult to impact
    - Advertising targeting teens: Yes - difficult to impact locally
    - Peer pressure: Yes - Targeted tobacco education
    - Teens asserting independence/rebelling: Yes - Targeted tobacco education

- Poor Nutrition
  - See 'Obesity' Analysis

Chronic Disease

*Centers for Disease Control and Prevention
Health Problem Analysis Worksheet

**Inability to access adequate health and dental care**

- **Scientifically established risk factor**
  - Lack of resources/facilities
  - Location (rural;)
  - Motivation to seek preventive care/awareness
  - Knowledge; attitudes; beliefs
  - Lack of transportation**
  - Expense of car ownership; high price of gas; lack of adequate public transit
  - Lack of medical/dental providers accepting Public Insurance**
  - Stigma re individuals on PA
  - Inability to pay out-of-pocket costs for care
  - Unemployment
  - Low income
  - High cost of care needs
  - Lack of insurance coverage
  - Unaffordable cost

**If YES, what specifically about OP makes it a problem here?**

- No
- Lack of knowledge of resources
- Maybe - difficult to determine
- Yes - difficult to impact locally
- Yes - difficult to impact locally
- Yes - difficult to impact locally
- Yes - difficult to impact locally
- Yes - difficult to impact locally
- Yes - Health Care Reform?

**Institute of Medicine, April 2011**
## Community Health Plan Worksheet - Obesity

<table>
<thead>
<tr>
<th>Health Problem:</th>
<th>Outcome Objective(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>Reduce the proportion of 2-5 year-olds, in Oak Park child care facilities, who are obese, from 10.7% to 10.2% by 2016. (Healthy People 2020)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Factor(s) (may be many):</th>
<th>Impact Objective(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor nutrition</td>
<td>Improve nutrition of pre-schoolers in child care, per guidelines in the Childhood Obesity Task Force and ‘Let’s Move Child Care, June 2011. Limit screen time of children aged &gt; 2 years, in licensed child care facilities, per guidelines in the Childhood Obesity Task Force*</td>
</tr>
<tr>
<td>Inactivity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contributing Factors (Direct/Indirect; may be many):</th>
<th>Proven Intervention Strategy(ies):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition: knowledge and attitudes; Skills</td>
<td>Local Village ordinance/ public policy changes to strengthen Chapter 8, Article 14 of municipal code.</td>
</tr>
<tr>
<td>social support; societal and cultural norms;</td>
<td>Educational campaign with child care providers, parents and policy makers</td>
</tr>
<tr>
<td>food policies; food assistance programs;</td>
<td></td>
</tr>
<tr>
<td>Inactivity: lack of facilities; lack of social support;</td>
<td></td>
</tr>
<tr>
<td>cost of programs; low motivation; perception of</td>
<td></td>
</tr>
<tr>
<td>great effort needed for exercise; poor health;</td>
<td></td>
</tr>
<tr>
<td>disabled; fear of injury</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources Available: (governmental and nongovernmental)</th>
<th>Barriers: Financial constraints as a result of a challenged local, state and national economy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Village of Oak Park: Health Department; Board of Health; Board of Trustees</td>
<td></td>
</tr>
<tr>
<td>Collaboration for Early Childhood Care and Education</td>
<td></td>
</tr>
</tbody>
</table>
Community Health Plan - Obesity

Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends):
According to the CDC, Approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese. Since 1980, obesity prevalence among children and adolescents has almost tripled. Obesity is primarily the result of taking in too many calories and inactivity. Factors that contribute to a high caloric intake and inactivity include a lack of knowledge, lack of food prepskills, societal and cultural norms that may tolerate or encourage poor eating habits, food policies in schools and child care or government food assistance programs. Factors contributing to inactivity may include a lack of exercise facilities (particularly those at a lower cost), low motivation, perception of great effort needed for exercise, poor health or disability and fear of injury.

Corrective actions to reduce the level of the indirect contributing factors:
In order to impact obesity in children in Oak Park long term objective will be to reduce the proportion of 2-5 year olds in local child care facilities, who are obese, from 10.7% to 10.2% by 2016. The short term objective will be to address improving the nutrition of pre-schooler in local child care facilities, and to reduce screen time as recommended in the guidelines of the Childhood Obesity Task Force Report, May, 2010, and ‘Let’s Move Child Care’, June, 2011.

The long and short term objectives will be achieved through strategies involving strengthening local ordinances regarding child care licensing requirements and an educational campaign with provider, parents and policy makers.

Proposed community organization(s) to provide and coordinate the activities:
The Oak Park Health Department
The Collaboration for Early Childhood Care and Education
Oak Park ‘Pioneering Healthier Communities’, Robert Wood Johnson Initiative

Evaluation plan to measure progress towards reaching objectives:
Random records of 2-5 year olds in local child care facilities will be surveyed to collect height and weight data. BMI and height and weight data will be compared pre and post intervention.
### Community Health Plan Worksheet – Chronic Disease

<table>
<thead>
<tr>
<th>Health Problem:</th>
<th>Outcome Objective(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease</td>
<td>By 2016 the OPRF Illinois Youth Survey will reflect a 5% increase in the number of 10th graders who have NEVER USED CIGARETTES in the past year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Factor(s) (may be many):</th>
<th>Impact Objective(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Teen Tobacco Use</td>
<td>By 2013, initiate tobacco education program in D97 elementary schools.</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>By 2013 increase teen participation in OPHD sponsored smoking programs by 50%.</td>
</tr>
<tr>
<td>Excessive Alcohol Consumption</td>
<td></td>
</tr>
<tr>
<td>Poor Nutrition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contributing Factors (Direct/Indirect; may be many):</th>
<th>Proven Intervention Strategy(ies):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents smoke</td>
<td>Kicking Nicotine, Channing-Bete</td>
</tr>
<tr>
<td>Advertising targeting teens</td>
<td>*Not on Tobacco (N-O-T), ALA (D200)</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>*Tar Wars, AAFP (D97)</td>
</tr>
<tr>
<td>Teens asserting independence/ rebelling</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources Available: (governmental and nongovernmental)</th>
<th>Barriers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oak Park Health Department</td>
<td>Teen attitudes</td>
</tr>
<tr>
<td>Oak Park Police Department</td>
<td>Program acceptance in schools</td>
</tr>
<tr>
<td>American Lung Association</td>
<td></td>
</tr>
<tr>
<td>American Cancer Society</td>
<td></td>
</tr>
<tr>
<td>Pediatricians</td>
<td></td>
</tr>
</tbody>
</table>
Community Health Plan – Chronic Disease

**Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends):**

Chronic diseases, including coronary artery disease, cancer and stroke continue to be the three leading causes of death among Oak Park residents. Risk factors include tobacco use, inactivity, poor nutrition and excessive alcohol intake. Factors which contribute to chronic disease include those associated with obesity – knowledge deficits; food policies, low motivation to increase activity; and early use of tobacco, initiated because of peer pressure, parents who smoke, advertising targeting teens and teens asserting independence. A small number of youth continue to report tobacco use. According to the CDC, smoking behavior is almost always initiated and established in the teen years.

**Corrective actions to reduce the level of the indirect contributing factors:**

Evidenced based smoking prevention programs on the primary and middle schools and smoking cessation programs in the high schools:

*Not On Tobacco (N-O-T), American Lung Association (High school)*

*Tar Wars, American Academy of Family Physicians (Primary and middle school)*

*Kicking Nicotine, Channing Bete (High School)*

**Proposed community organization(s) to provide and coordinate the activities:**

*Oak Park Health Department*
*Oak Park Police Department*
*D200*
*D97*

**Evaluation plan to measure progress towards reaching objectives:**

*Use the OPRF Youth Survey Data to measure progress towards reducing the level of 10th graders who have never smoked.*
## Community Health Plan Worksheet – Inability to Access Adequate Health and Dental Care

<table>
<thead>
<tr>
<th>Health Problem:</th>
<th>Outcome Objective(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to adequately access adequate health and dental care</td>
<td>Increase the proportion of persons who have a specific source of ongoing care from 86.4% to 90%</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of persons age 2 and older who had a dental visit in the past 12 months by from 44.5% to 49%.</td>
</tr>
<tr>
<td></td>
<td>(Adapted from Healthy People 2020)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Factor(s) (may be many):</th>
<th>Impact Objective(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of resources or facilities</td>
<td>Increase the proportion of people who are knowledgeable about their options under the Health Care Reform Act and local resources available to them</td>
</tr>
<tr>
<td>Lack of motivation to seek preventive care</td>
<td></td>
</tr>
<tr>
<td>Lack of transportation</td>
<td></td>
</tr>
<tr>
<td>Lack of medical providers</td>
<td></td>
</tr>
<tr>
<td>Inability to pay out-of-pocket expenses</td>
<td></td>
</tr>
<tr>
<td>Lack of insurance coverage</td>
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</tr>
</tbody>
</table>

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<tr>
<th>Contributing Factors (Direct/Indirect; may be many):</th>
<th>Proven Intervention Strategy(ies):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location; Knowledge, attitudes and beliefs; Expense of car ownership</td>
<td>Health communication and social marketing</td>
</tr>
<tr>
<td>Lack of public transportation</td>
<td>Mass media; small media; Social medial</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Per CDC Health Communication strategies</td>
</tr>
<tr>
<td>Low income</td>
<td></td>
</tr>
<tr>
<td>High cost of care</td>
<td></td>
</tr>
<tr>
<td>Low reimbursement rates for providers</td>
<td></td>
</tr>
<tr>
<td>Stigma of Medicaid</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources Available: (governmental and nongovernmental)</th>
<th>Barriers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Children’s Clinic</td>
<td>Human /financial resources to assist with health communication campaign.</td>
</tr>
<tr>
<td>PCC Wellness Center (FQHC)</td>
<td></td>
</tr>
<tr>
<td>Illinois All Kids and Family Care</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Care Centers of Cook County</td>
<td></td>
</tr>
<tr>
<td>UIC College of Dentistry</td>
<td></td>
</tr>
<tr>
<td>Small numbers of dentists accepting Medicaid</td>
<td></td>
</tr>
<tr>
<td>IBCC Screening Program</td>
<td></td>
</tr>
</tbody>
</table>
## Community Health Plan –
Inability to Access Adequate Health and Dental Care

### Description of the health problem, risk factors and contributing factors
(including high risk populations, and current and projected statistical trends):
For a number of reasons, primarily economic, some residents of Oak Park are among those who are unable to adequately access health and dental care. The average annual unemployment rate in Oak Park rose to 7.2% in 2010. Some medical care resources are available locally and regionally for low income residents including Access To Care and PCC Wellness Clinics. However, reports from Stakeholders and Health Department staff indicate that adult dental care is still extremely difficult to access. The Affordable Care Act may help to improve access to medical care, if residents are aware of their options. The forecast for the economy indicates that unemployment rates, and household incomes, may be slow to improve. Therefore, residents will need as much information and assistance as possible in accessing what medical and dental services are available to them, regardless of income.

### Corrective actions to reduce the level of the indirect contributing factors:
The objective for 2016 will be to increase the proportion of person who have a specific source of ongoing care from 86.4% to 90%. This target is drawn from the Healthy People 2020 objective. The objective for 2013 will be to increase the proportion of residents who are knowledgeable about their options under the Health Care Reform (Affordable Care Act) and the local resources available to them.

The Health Department will look to assistance from the Village of Oak Park Communications Department and The Centers for Disease Control Health Communication and Social Marketing for developing communication strategies including mass media, small media and Social media.

### Proposed community organization(s) to provide and coordinate the activities:
The Village of Oak Park Health and Communication Departments
The Children’s Clinic
PCC Wellness Center

### Evaluation plan to measure progress towards reaching objectives:
The Health Department proposes to survey residents about whether they have an ongoing source of medical and/or dental care every two years.
Appendix F

Community Stakeholders Group Participants

Rhoda Bernstein, MPH, Commissioner, Oak Park Board of Health
Jan Pate, Executive Director, West Cook YMCA
Elizabeth Lippitt, Community Chair, Pioneering Healthier Communities/
Executive Director, The Children’s Clinic
Celeste Duignan, Oak Park Township Senior Services
Patricia Koko, Older Adult Representative
Mary Ellen Sjostrom, RN, School Health, Oak Park River Forest High School
Sandra Noel, Retired Elementary Health Teacher
Deb Giacalone, Oak Leyden Developmental Services
Tammie Grossman, Village of Oak Park, Housing Services
Carolyn Newberry Schwartz, Collaboration For Early Childhood Care and
Education
Diane Rosenbrock, Collaboration for Early Childhood Care and Education
Amy Jo Gladfelter, Community Outreach, West Suburban Hospital
Jackie-Burgess Bishop, FACHE, Regional Vice President, American Cancer
Society (Oak Park resident)
Teresa Powell, Village of Oak Park, Clerk (elected)
KC Poulos, Village of Oak Park, Sustainability Coordinator
Lisa Lowry, LCSW, Parent Action Committee for Prevention of Teen Drug Use
Rob Cole, Assistant Village Manager, Village of Oak Park
Thomas Huggett, MD, MPH, Health Advisor to State Representative Lashawn Ford
Lisa Devivo, LCSW, Executive Director, Community Mental Health Board, Oak Park Township
Christopher Fox, LCSW, Thrive Counseling Center