

*The
McLean County
Community Health Plan
(2007-2012)*

Executive Summary



Prepared by

The McLean County Health Department

And

The Community Health Advisory Committee

May 2007

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Community Health Plan
(2007-2012)*

Executive Summary

Purpose of the Community Health Plan

In July 2007, McLean County Health Department submitted its third 5-year community health plan (for 2007-2012) to the Illinois Department of Public Health (IDPH) as part of the Illinois Project for Local Assessment of Need (IPLAN) and as a required component of the certification process for local health departments. The purpose of the county-wide community health plan (CHP) is to improve the health of McLean County residents by developing partnerships to implement CHP strategies, encourage health awareness, and promote healthy lifestyle choices which can reduce the risk of death and disability and improve health.

For over fourteen years, the McLean County Health Department's Community Health Advisory Committee (Attachment #1) has worked to build partnerships among public and private health care providers, community agencies, health-related organizations, schools, businesses, the faith community and the media. It meets to study and understand the health status of the county, identify priority health problems, set goals and objectives, as well as to develop and implement strategies to address the health problems with the assistance of these community partners.

Background and Forces of Change

In the thirteen years since the McLean County Health Department's submission of its first IPLAN community health plan in 1994, many changes have taken place at local, state, and national levels:

- A. IPLAN Data Set: The Illinois Department of Health (IDPH) maintained IPLAN data set went from hard copy only with just a few years of data, to Internet accessible with approximately fourteen years of data for various jurisdictional levels across the state.

- B. Healthy People 2010: The 1994 and 1999 McLean County CHPs used the Healthy People 2000 goals. In January 2000, the U.S. Department of Health and Human Services released the Healthy People 2010 document, which modified many of the health objectives in use by the county during the 1999-2007 CHP period. The transition from Healthy People 2000 to Healthy People 2010 is addressed in the "Annual Progress Report for the McLean County Community Health Plan—July 2000 to June 2001", distributed in October 2001.

- C. U.S. Census 2000: The acquisition of new census data from 2000, revealed that the county population had grown by 14% since the 1990 census. In addition, results from 2 special census undertaken in Bloomington and Normal, revealed that the population of McLean County continues to grow and went from 150,433 in 2000 to approximately 165,700 by mid-decade.
- D. ICD-9 Changes: The International Classification of Diseases (ICD) went through a re-classification process. The ninth revision (ICD-9), with its 4,000 codes was in use from 1979-1998. Starting with 1999 deaths, the newest revision (ICD-10), with about 8,000 codes, has been in use. The modifications have resulted in changes in how deaths are categorized, resulting in increases in some health indicator categories and decreases in others. The federal government and the state have been trying to assist health planners and data analysts by publishing comparability ratios for selected causes of death.
- E. Smoking Cessation Efforts: Beginning with the dissemination of a report, developed by the CHP 1999 implementation task forces, entitled, “Addressing Tobacco’s Leading Role in Disease and Death” (2001), the campaign to reduce use of tobacco products by youth and adults and to eliminate exposure to second-hand smoke in public places began in earnest. Five years later, a smoke-free ordinance in Bloomington and Normal (most notably in restaurants and bars) was successfully passed in their respective jurisdictions.
- F. Collaborative Activities: Many of the collaborative activities and information sharing channels initiated at the beginning of each of the previous CHPs (1994; 1999) remain intact and are now routine components of the public health system in McLean County.
- G. BRFS: Continued funding at the state level to carry on the conduct of county-specific behavioral risk factor surveys (BRFS) has now provided McLean County with four BRFS of McLean County adults (ages 18 and older), completed in 1997, 2002, 2004, and 2006. As of May 2007, the results of the 2006 BRFS were not yet available. These landline telephone surveys are commissioned and overseen by IDPH and are conducted by Northern Illinois University. Interpretations of BRFS data will need to be modified in coming years as the use of cell phones accelerates and the use of home landline phones decreases.
- H. CHP Extension: After the terrorist events of 9/11/01 and the subsequent anthrax attacks in the U.S. mail in October of 2001, bioterrorism preparedness funding was given to local health departments to improve public health emergency preparedness. The state acknowledged this new priority, as well as the demands it placed on local health departments, and decided to extend second-round CHPs across the state. For McLean County, this changed the CHP Round 2 coverage from 1999-2004 to 1999-2007. The expectation is that after submission of the McLean County Health

Department's Round 3 CHP (2007-2012), the 5-year interval for CHPs will again be enforced.

- I. State Health Improvement Plan (SHIP): In August 2004, Gov. Rod R. Blagojevich signed the SHIP Act (PA 93-0975), which required Illinois to develop a state health improvement plan every four years. The Illinois State Board of Health and a planning team unveiled the new SHIP in December 2006 (officially published in May 2007). In addition to six strategic issues, four key health concerns were identified: 1) decrease use of alcohol, tobacco and illegal drugs, and the misuse of legal drugs; 2) reduce the proportion of children and adolescents who are overweight or obese, and the proportion of adults who are obese; 3) improve the physical activity level of Illinois residents; and, 4) reduce violence and exposure to violence. Within the plan, strategies to be taken by each "sector" (partner)—most of which are represented on the McLean County Community Health Advisory Committee (CHAC)—are identified. How these strategies should be integrated at the local level will need to be pursued by the CHAC.

- J. Approval of New Community Health Planning Approaches: In 2006, local health departments were informed by IDPH that, in addition to IPLAN (APEX-PH), two other community health planning methods were approved for use in meeting the *Certified Local Health Department Code* requirements for an internal organizational capacity assessment, health needs assessment, and community health plan every five years. It was determined that the Mobilizing for Action Through Planning and Partnerships (MAPP) process fully met the criteria, and that the Healthy Communities process would meet the criteria if an organizational capacity assessment was also conducted. If either of these processes is used, a "request for approval of an equivalent process" must be submitted to IDPH. For McLean County's Round 4 CHP, due in 2012, a decision will need to be made regarding whether the IPLAN (APEX-PH) process will continue to be used or whether one of the two new options will be chosen.

Over the years, these changes have had to be incorporated into the CHAC's activities and the planning process for the new community health plan.

The New McLean County Community Health Plan (2007-2012)

As the previous community health plan (CHP), Round 2 for 1999-2007, neared its completion, preparations for McLean County's Round 3 CHP (2007-2012) began in the spring of 2006. Because the CHP is also used by local health departments to meet certification requirements in Illinois, as indicated in Section 600.410 Requirements for IPLAN or an Equivalent Planning Process, Title 77 (Public Health) of the *Illinois Administrative Code*, Chapter 1 (Department of Public Health), SubChapter H (Local Health Departments), Part 600 Certified Local Health Department Code, one of three state-approved methods had to be chosen for CHP development: 1) Assessment Protocol for Excellence in

Public Health (APEX-PH); 2) Mobilizing Action through Planning and Partnerships (MAPP); or, 3) Healthy Communities. Any method chosen must result in the production of three documents in order to meet certification requirements:

1. An Internal Organizational Capacity Assessment of the local health department
2. A Needs Assessment of health indicators
3. A Community Health Plan

In McLean County, the eight-step APEX-PH process has been the method used to develop the previous two CHPs and was chosen again to be used for the third CHP, due July 16, 2007. Appendix E of the APEX-PH manual contains a description of *The Hanlon Method for Prioritizing Health Problems*. This method, modified by APEX-PH from the process developed by J. J. Hanlon, has been used during the development of each CHP to prioritize the list of county health problems. It establishes priorities based on the size and seriousness of the problem as well as the effectiveness of the available interventions. Prioritization of the multiple health problems identified is necessary so that community resources can be directed appropriately. An overview of how McLean County proceeded through the eight steps of the APEX-PH process is provided in the “Overview of the Community Health Plan Process” document (Attachment #2).

Summary of Each Key Document

1. **The Internal Organizational Capacity Assessment:** The McLean County Health Department organizational capacity assessment was conducted from May of 2006 through June of 2006. Department heads chose to utilize the APEX-PH organizational capacity assessment worksheets as well as newly adopted *Operational Definitions for a Functional Local Health Department* worksheets to assess the health department. The APEX-PH process entailed the assessment of key indicators of organizational capacity by management staff, who then determined the perceived importance of each indicator. In addition, strengths and weaknesses were identified. This process yielded eleven major objectives. The assessment of the *Operational Definitions for a Functional Local Health Department* was conducted by the coordinators group and it yielded two major objectives. The final report, *The McLean County Health Department Internal Capacity Assessment—IPLAN 2007 (July 2006)*, listed all the objectives to address weaknesses. The letter from the McLean County Board of Health accepting the internal organizational capacity assessment is located in Attachment #3a, and the discussion of the report findings with the Board of Health is documented on page two of the Board of Health meeting minutes for 3/7/07 (Attachment #3b).
2. **The Needs Assessment of Health Indicators:** Collection, review and analysis of McLean County health indicators and other health-related data occurred from May 2006 through January 2007. Many sources of county-specific data were utilized, including: 1) the IPLAN data set; 2) the *Assessment 2005* report (published in August 2004) prepared for the Community Advocacy Network (CAN), which contained a community analysis, focus group report, key informant study and household survey; 3) BRFSS survey data from

1997, 2002, and 2004; and, 4) the *Community Report Card for McLean County, Illinois (July 2004)*, produced by the McLean County Health Department All Our Kids: Early Childhood Network. On 12/5/06, the CHAC reviewed and discussed preliminary findings from the health indicator data assessment. Among the findings: McLean County's top 10 leading causes of death have varied little over the past ten years. The list of leading causes of death, using the most current available IPLAN data (2004), includes the following: diseases of the heart (27% of all deaths); cancer/malignant neoplasms (22%); coronary heart disease (19%); lung cancer (6%); cerebrovascular diseases (6%); accidents (5%); chronic lower respiratory diseases (5%); diabetes (3%); lymphatic and hematologic cancers (3%); and nephritis (2%). The analysis and subsequent decisions at the 1/16/07 CHAC meeting produced a list of 18 preliminary health concerns:

- | | |
|--|----------------------------|
| 1) Access to Care: Dental Care | 10) Heart Disease |
| 2) Access to Care: Undocumented People | 11) Infant Mortality |
| 3) Acute/Binge Drinking | 12) Lead Poisoning |
| 4) Cancer | 13) Low Birth Weight |
| 5) Cerebrovascular Disease | 14) Perinatal Conditions |
| 6) Child Abuse/Neglect | 15) Sexual Assault |
| 7) Chlamydia | 16) Suicide (older adults) |
| 8) Congenital Anomalies | 17) Unintentional Injuries |
| 9) Diabetes | 18) Very Low Birth Weight |

These 18 preliminary health concerns were thoroughly discussed by the CHAC in order to reduce the list in preparation for the health problem prioritization process, the Hanlon Method, set for February 2007. Some of the health problems were combined into categories, and others were set aside. The final list of the county's top eight health problems was determined on January 16, 2007:

- | | |
|----------------------------|---------------------------|
| 1) Cancer | 5) Infant Mortality |
| 2) Cerebrovascular Disease | 6) Intentional Injuries |
| 3) Chlamydia | 7) Suicide (older adults) |
| 4) Heart Disease | 8) Unintentional Injuries |

The list of eight health problems above was then used in February 2007 when the CHAC applied the Hanlon Method to the eight health problems to determine the county's top three health problem priorities. Among the eight, priority scores ranged from a low of 48 to a high of 210. The size and seriousness of 3 health concerns in particular, clearly rose to the top of the priority list:

HEART DISEASE

(Hanlon Priority Score = 210)

CEREBROVASCULAR DISEASE

(Hanlon Priority Score = 175)

CANCER

(Hanlon Priority Score = 168)

Effective interventions for all three of these health problems have been in use across the nation for many years. In addition, BRFSS data for McLean County indicate that Healthy People 2010 objectives for adult residents are not met for many of the risk factors (such as cigarette smoking; obesity; high cholesterol; alcohol over-consumption) for heart disease, cerebrovascular disease, and cancer. These three health problems were then chosen as McLean County's top three health priorities and became the basis for the Round 3 McLean County Community Health Plan for 2007-2012.

3. **The Round 3 McLean County Community Health Plan (CHP) for 2007-2012:** The CHP, submitted to IDPH during the first week of July 2007, identifies the county's top 3 health problem priorities, the risk factors that contribute to them, and the effective intervention strategies that will be used to reduce their negative impact on the health status of the community. Mortality and morbidity data, as well as a risk factor analysis of McLean County's Behavioral Risk Factor Survey (BRFS) results, contributed to the choice of heart disease, cerebrovascular disease, and cancer as the 3 priority health problems to be addressed in the CHP for 2007-2012. This document consists of three key components for each health priority: 1) a narrative; 2) a "Health Priority Summary Worksheet"; and, 3) a "Direct/Indirect Contributing Factors" chart. In the fall of 2007, the CHAC will begin to form an implementation task force which will then move forward with community partners/stakeholders to address the interventions identified in the CHP.

Summary

To address the multiple challenges inherent in attempts to improve health outcomes in the three priority health problem areas, McLean County will need to maintain and expand its partnerships, continue to seek out alternative funding sources, focus on risk factor reduction, and utilize the most recent data available to influence: a) policy changes, b) choice of interventions; and, c) behavior/lifestyle changes in the community. The implementation task force and the on-going dedicated efforts of the Community Health Advisory Committee will continue to meet the challenge of improving the health of all residents in McLean County. Working together, the county will be healthier by the year 2012.

Resources

<http://www.idph.state.il.us>

<http://app.idph.state.il.us> (for the IPLAN Data Set)

<http://app.idph.state.il.us/brfss> (for BRFSS Data Set)

<http://www.mcleancountyil.gov/health>

<http://www.allianceforbuildingcommunity.org>

<http://www.iphionline.org>

“Illinois State Health Improvement Plan”, State Board of Health, May 2007

Community Health Advisory Committee

Community Members **1/01/06 to 6/30/07**

Lucinda Beier Illinois State University	Bruce Boeck Chestnut Health Systems
Michelle Brown American Red Cross of the Heartland	Diana Cristy BroMenn Regional Medical Center
Sharon Gatto OSF St. Joseph Medical Center	Joe Gibson Bloomington Township
Tamara Guy Prevent Child Abuse Illinois	Sue Henkel BroMenn Regional Medical Center
Lyn Hruska American Red Cross of the Heartland	Cindy Kerber Illinois Wesleyan University
Beth Kimmerling McLean County Coroner's Office	Barb McLaughlin-Olson Heartland Community College
Michael Meece United Way	Terry Meisner Katie's Kids
Jenny Messier BroMenn Regional Medical Center	Marion Micke Illinois State University
H. Catherine Miller Heartland Community College	James Williams Agrability Unlimited

McLean County Health Department Staff CHAC Liaisons **2006 and 2007**

Sue Albee	Cathy Coverston Anderson (IPLAN Co-coordinator)
Heidi German	Walt Howe
Bob Keller	Jackie Lanier
Karen Mayes	Jan Morris (IPLAN Co-coordinator)
Maureen Sollars	Jan Weber
Additional Staff Assistance:	Trish Cleary; Denise Hunt; Connie Montague; Linda Nolen; Chris Shadewaldt; Annette Thoennes.
Additional Volunteer Assistance:	Faith Givan (AmeriCorps); Pamela Solowski (IWU intern); Megan Trainor (ISU intern).

**McLean County Community Health Plan
(2007-2012)**

***Overview
of
The Community Health Plan Process***

Introduction

Current Application Due Date: July 16, 2007
Current Certificate Expiration Date: September 14, 2007

County-specific community health plans (CHPs) in Illinois are used by local health departments to guide local public health systems in addressing health concerns and to meet certification requirements in Illinois. As indicated in Section 600.410 Requirements for IPLAN or an Equivalent Planning Process, Title 77 (Public Health) of the *Illinois Administrative Code*, Chapter 1 (Department of Public Health), SubChapter H (Local Health Departments), Part 600 Certified Local Health Department Code, local health departments must petition to have a CHP development methodology approved by the state or else choose one of two state-approved methods for CHP development: 1) the Assessment Protocol for Excellence in Public Health (APEX-PH); or, 2) Mobilizing Action through Planning and Partnerships (MAPP). All methods must result in the production of three documents in order to meet certification requirements:

4. An Internal Capacity Assessment of the local health department
5. A Needs Assessment of health indicators
6. A Community Health Plan

In McLean County, the eight-step APEX-PH process has been the method used to develop the previous two CHPs and was chosen again to be used for the third CHP, due July 16, 2007. Provided below is an overview of how McLean County Health Department (MCHD) and its Community Health Advisory Committee (CHAC) applied the APEX-PH process to complete the three documents listed above to meet certification requirements.

Process

The McLean County Health Department began the development of its Illinois Project for Local Assessment of Needs (IPLAN) Community Health Plan during the spring of 2006 by initiating the community health needs assessment process. A core team of fourteen Health Department administrative and program staff began the process of identifying data sources and community

health problems in their respective areas of expertise. Three additional individuals were utilized at various points in the CHP development process: 1) an intern from Illinois State University (spring 2006); 2) an intern from Illinois Wesleyan University (fall of 2006); and, 3) an AmeriCorps volunteer assigned to the McLean County Health Department. In addition, the county's CHAC was asked to provide additional data and suggest other data sources for analysis. The department's co-coordinators for IPLAN assisted with moving the team and the CHAC through the eight steps of the APEX-PH process, which occurred over a thirteen-month period: from May 2006, when the needs assessment was initiated through June 2007, when the CHP received final approval by the McLean County Board of Health. The document was then provided via e-mail and hard copy to the Division of Health Policy of the Illinois Department of Public Health during the first week of July 2007 to meet the submission deadline of July 16, 2007.

STEP #1: *Self-Assessing Organizational Capacity*

The McLean County Health Department internal organizational capacity assessment was conducted from May of 2006 through June of 2006, with the assistance of a student intern from the Health Promotion Department at Illinois State University. Department heads chose to utilize the APEX-PH organizational capacity assessment worksheets as well as newly adopted *Operational Definitions for a Functional Local Health Department* worksheets to assess the health department. The APEX-PH process entailed the assessment of key indicators of organizational capacity by management staff, who then determined the perceived importance of each indicator. In addition, strengths and weaknesses were identified. This process yielded eleven major objectives. The assessment of the Operational Definitions for a Functional Local Health Department was conducted by the coordinators group and it yielded two major objectives. The final report, *The McLean County Health Department Internal Capacity Assessment—IPLAN 2007 (July 2006)*, listed all the objectives to address weaknesses. The letter from the McLean County Board of Health accepting the internal organizational capacity assessment is located in Attachment #3a of the Executive Summary of the McLean County Community Health Plan for 2007-2012, and the discussion of the report findings with the Board of Health is documented on page two of the Board of Health meeting minutes for 3/7/07 (Attachment #3b of the Executive Summary).

STEP #2: *Convening the Community Health Committee*

The McLean County Approach to Community Health (McCATCH) governing board, established in 1989, had provided the community with an initial identification of county health problems through *McCATCH: The Final Report*, distributed in March 1993. Members of that board became the first members of the IPLAN Community Health Advisory Committee (CHAC), which held its initial meeting in August 1993. The CHAC has continued to meet three to four times per year since its inception, and meets more frequently during the 13-month interval needed for CHP preparation. Advisory Committee Bylaws permit 15 members, and 30-40

people from the community were members of the CHAC's three implementation task forces for the Round 2 CHP (1999-2004). The CHAC list of members during 2006/2007 is included as Attachment #1 of the Executive Summary of the CHP 2007-2012 document.

STEP #3: Analysis of the Health Data and Health Priorities

Collection, review and analysis of McLean County health indicators and other health-related data occurred from May 2006 through January 2007. Many sources of county-specific data were utilized, including: 1) the IPLAN data set; 2) the *Assessment 2005* report (published in August 2004), prepared for the Community Advocacy Network (CAN), which contained a community analysis, focus group report, key informant study and household survey; 3) BRFS survey data from 1997, 2002, and 2004; and, 4) the *Community Report Card for McLean County, Illinois (July 2004)*, produced by the McLean County Health Department All Our Kids: Early Childhood Network. On 12/5/06, the CHAC reviewed and discussed preliminary findings from the health indicator data assessment. Among the findings: McLean County's top 10 leading causes of death have varied little over the past ten years. The list of leading causes of death, using the most current available IPLAN data (2004), includes the following: diseases of the heart (27% of all deaths); cancer/malignant neoplasms (22%); coronary heart disease (19%); lung cancer (6%); cerebrovascular diseases (6%); accidents (5%); chronic lower respiratory diseases (5%); diabetes (3%); lymphatic and hematologic cancers (3%); and nephritis (2%). The analysis and subsequent decisions at the January 16, 2007, CHAC meeting produced the following list of 18 preliminary health concerns:

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| 5) Cerebrovascular Disease | 14) Perinatal Conditions |
| 6) Child Abuse/Neglect | 15) Sexual Assault |
| 7) Chlamydia | 16) Suicide (older adults) |
| 8) Congenital Anomalies | 17) Unintentional Injuries |
| 9) Diabetes | 18) Very Low Birth Weight |

These 18 preliminary health concerns were thoroughly discussed by the CHAC on January 16, 2007, in order to reduce the list in preparation for the health problem prioritization process, the Hanlon Method, set for February 21, 2007. Some of the health problems were combined into categories, and others were set aside. The final list of the county's top 8 health problems was determined on January 16, 2007:

- | | |
|----------------------------|---------------------------|
| 1) Cancer | 5) Infant Mortality |
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| 3) Chlamydia | 7) Suicide (older adults) |
| 4) Heart Disease | 8) Unintentional Injuries |

STEP #4: Prioritize Community Health Problems

Appendix E of the APEX-PH manual contains a document describing *The Hanlon Method for Prioritizing Health Problems*. This method, modified by APEX-PH from the process developed by J. J. Hanlon, has been used during the development of each previous CHP to prioritize the list of county health problems. It establishes priorities based on the size and seriousness of the problem as well as the effectiveness of the available interventions. Prioritization of the multiple health problems identified is necessary so that community resources can be directed appropriately. Additional information for each of the eight health problems was provided in the document, *The Size of McLean County Health Problems—February 2007*, (Attachment A), which was essential as an aid in the analysis of two of the three Hanlon Method factors:

- 1) the size of the problem: with consideration given to the number of community residents **with** the problem, but with emphasis on the proportion of the population **at risk** for the disease or condition; and,
- 2) the seriousness of the problem: or the degree to which the problem causes death, hospitalization, disability, and economic loss; and, the degree to which this is an emergent problem or one where there is an urgency for intervention.

A third Hanlon Method factor was also utilized:

- 3) the effectiveness of the intervention to address the health problem: or, the degree to which an intervention is available to prevent the health problem.

The “PEARL Test” was then applied to the interventions for each health problem, evaluating the factors of **P**ropriety, **E**conomics, **A**ceptability, **R**esources, and **L**egality. All 8 health problems passed the PEARL Test and all interventions conceived by the CHAC were judged to be proper, economical, acceptable, legal and, to some degree, feasible given available resources. Among the eight, Hanlon priority scores ranged from a low of 48 to a high of 210. The size and seriousness of 3 health concerns in particular, clearly rose to the top of the priority list:

HEART DISEASE

(Hanlon Priority Score = 210)

CEREBROVASCULAR DISEASE

(Hanlon Priority Score = 175)

CANCER

(Hanlon Priority Score = 168)

Effective interventions for all three of these health problems have been in use across the nation for many years. Of special concern was the finding in the community health needs assessment that, although mortality rates may have decreased or fallen below the Healthy People 2010 target

for some components of these health concerns, Behavioral Risk Factor Survey (BRFS) data for McLean County indicate that Healthy People 2010 objectives for adult residents are not met for many of the risk factors (such as cigarette smoking; obesity; high cholesterol; alcohol over-consumption) for heart disease, cerebrovascular disease, and cancer. These three health problems, heart disease, cerebrovascular disease, and cancer, were then chosen as McLean County's top three health priorities and became the basis for the Round 3 McLean County Community Health Plan for 2007-2012.

Step #5: *Conduct Detailed Analysis of Community Health Problems*

Using APEX-PH, the detailed analysis of community health problems was completed by identifying the risk factors for those health problems and the direct and indirect contributing factors. In preparation for the March 15, 2007, CHAC meeting, Health Department staff and an AmeriCorps volunteer developed charts depicting the relationship of the direct and indirect contributing factors to each risk factor for the three priority health problems. At the CHAC meeting, these documents were reviewed and additions made to them. Intervention strategies were discussed, including the community resources and stakeholders available to implement them. In preparation for the April 24, 2007, meeting, a CHP "Health Priority Summary Worksheet", based on modified APEX-PH templates, were completed for each of the three health priorities. Each worksheet contained: a description of the health problem; list of risk factors and direct and indirect contributing factors; barriers to improvements; community stakeholders; community health improvement outcome goals and impact objectives (based primarily on Healthy People 2010); community health plan strategies/interventions; and, community health plan evaluation considerations. In these worksheets, the interventions identified at the March CHAC meeting were linked with the outcome and impact objectives for each health priority. At the April CHAC meeting, the intervention strategies were re-assessed to assure that they adequately addressed the impact objectives and a measurable direct or indirect contributing factor. In addition, community resources and funding options available to assist with implementation of interventions for each of the health problem priorities were reviewed and/or identified for pursuit by the implementation task force. The CHAC discussed CHP evaluation needs and agreed to pursue the discussion further in greater detail in subsequent meetings. Evaluation is a critical component of the CHP implementation process and the CHAC is responsible for the on-going monitoring and evaluation of the intervention strategies (process evaluation) and progress toward meeting impact and outcome objectives (outcome evaluation). A *Community Program Logic Model* (adapted from *Measuring Program Outcomes: A Practical Approach*) by the United Way (1996) will be reviewed as one possible framework for evaluation.

Step #6: *Inventory Community Health Resources*

In the process of developing the Community Health Plan, the McLean County Health Department stressed that the product is a **community** plan, not merely the province of the McLean County Health Department; therefore, community participation and ownership in the

CHP development *process* is an integral component of assuring the success of *implementation*. Stakeholders, local agencies or entities who, a) participated in Round 3 CHP development; b) expressed an interest in working on the Community Health Plan; and/or, c) will be asked to participate, are listed in each “Health Priority Summary Worksheet”. Barriers to reducing indirect and direct contributing factors, including lack of some resources, are identified within the CHP. In addition, funding needs and possible sources were discussed and documented in the narrative pages of each health problem priority section of the CHP.

Step #7: *Develop a Community Health Plan*

At the conclusion of the April 24, 2007, CHAC meeting, a draft of the Community Health Plan was essentially completed. The three key components for each health priority were reviewed and approved by the CHAC: 1) a narrative; 2) a “Health Priority Summary Worksheet” containing objectives and intervention strategies; and, 3) a “Direct/Indirect Contributing Factors” chart. Intervention strategies appropriate for the community were re-assessed and stakeholders with an investment in achieving the identified outcome and impact objectives were identified and listed within the Community Health Plan.

The McLean County Community Health Plan document in its entirety follows the Executive Summary and the Community Health Needs Assessment in the bound document, *The McLean County IPLAN Community Health Plan and Needs Assessment (June 2007)*, submitted to IDPH during the first week of July 2007.

Step #8: *Submit Recertification Application*

For Round 3 community health plans, the Illinois Department of Public Health Division of Health Policy prefers that electronic versions of each county’s community health plan be e-mailed to the Division prior to the plan due date. McLean County’s Round 3 CHP due date is July 16, 2007. *The McLean County IPLAN Community Health Plan and Needs Assessment (June 2007)* was submitted via e-mail and hard copy during the first week of July to the Division of Health Policy at the Illinois Department of Public Health, in compliance with the *Illinois Administrative Code* in consideration of recertification requirements for local health departments promulgated by IDPH.

McLean County
Community Health Problems
The Size of McLean County Health Problems
February 2007

Overview

This document was developed to provide additional analysis of McLean County's eight areas of health concerns, identified in January 2007 from an initial list of eighteen health problems, by focusing on obtaining an estimate of the percent of the county population **at risk** for the health problem, and the percent of the population **with** the health problem. Review of this information assisted with the analysis of the size and seriousness of the health problem. It became instrumental during the application of the *Hanlon Method for Prioritization of Health Problems*, conducted in February 2007.

This document contains the following eight components, with each section headed by one of the eight health problems (listed alphabetically):

1. ***Health Problem: Cancer***

- Cancer (general)
- Breast
- Colorectal
- Lung
- Prostate

2. ***Health Problem: Cerebrovascular Disease***

3. ***Health Problem: Chlamydia***

4. ***Health Problem: Heart Disease***

- Heart Disease (general)
- Coronary Heart Disease

5. ***Health Problem: Infant Mortality***

- Infant Mortality (general)
- Low Birth Weight and Very Low Birth Weight
- Congenital Anomalies

6. ***Health Problem: Intentional Injuries***

- Intentional Injuries (general)
- Child Abuse and Neglect
- Sexual Assault
- Suicide (see separate listing)

7. ***Health Problem: Suicide***

8. ***Health Problem: Unintentional Injuries***

- Unintentional Injuries (general)
- Lead Poisoning
- Motor Vehicle Accidents
- Hip Fractures and Falls

McLean County
Community Health Problems
The Size of McLean County Health Problems
February 2007

1. Health Problem: Cancer

A. % Population at Risk: 23% - 46% for males; 20% - 38% for females

- ◆ Incidence: Lifetime probability for males = **45.67%**
Lifetime probability for females = **38.09%**
- ◆ Mortality: Lifetime probability for males = **23.56%**
Lifetime probability for females = **19.93%**
- ◆ Behavioral Risk Factor Survey (BRFS) of 08/2004: (2004 pop. est. = 157,847)
21.2 % sedentary lifestyle = 33,463 (157,847 x .212)
20.7% obesity = 32,832 (157,847 x 0.207)
20.8% smoking = 32,832 (157,847 x 0.208)
48.5% consumed < 3 servings of fruits/vegetables per day = 76,555 (157,847 x 0.485)

B. % Population with this Health Problem: 0.22% - 0.24%

- ◆ A total of 1,145 deaths from cancer (all types) occurred during the five year period of 2000-2004 in McLean County. The average is 229 per year (1,145/5 years = 229).

**# Cancer Deaths (all types)
Identified in "Leading Causes of Mortality" (IPLAN Data Set)**

	Malignant Neo. (Total)	Lung / Bronchus	Colo-Rect.	Breast Canc.	Prostate	Leukemia	Other Malignant Neo.	% w/ Health Prob.
2000	226	55	26	20	10	8	107	.23
2001	224	56	24	13	15	6	110	.22
2002	235	67	28	24	15	14	87	.24
2003	241	67	20	12	14	9	119	.23
2004	219	63	17	20	9	9	101	.22
Total	1145	308	115	98	63	46	524	

% with health problem column: # total cancer deaths in a year/total # deaths in that same year.

Sources: IPLAN Data Set 07/06; BRFS 08/04; Census Data and Estimates 2000-2004. U.S. National Cancer Institute (SEER) Database based on incidence and mortality data for the US from 2000 through 2002 (2/06) www.cancer.org/docroot/CRI

Health Problem: Breast Cancer

A. **% Population at Risk: 51.0% (all females)
14.0% (women age 65 and over at most risk)**

- ◆ # of all females in McLean County = 81,096 (51% of the 2005 population of 159,013)
- ◆ Estimated 212,920 females cases diagnosed in 2006 and 40,970 women die per year in the U.S..
- ◆ Estimated 1720 males cases diagnosed in 2006, and 460 men die per year; of new cases identified, less than 1% are male.
- ◆ 1 in every 8 women will be diagnosed with breast cancer in their lifetime: **10137** (6.3%)
- ◆ Risk by age: by age 20: 1 in 1,985
30: 1 in 229
40: 1 in 68
50: 1 in 37
60: 1 in 26
70: 1 in 24
Ever: 1 in 8
- ◆ Most at risk: 8,843 (age 65 and above)/63,198 (ages 15 and over) = 0.1399 x 100 +14%

B. **% Population with the Health Problem: 0.007% - 0.018% (total population)
0.015% - 0.036% (female population)**

- ◆ From 1997-2004, a total of 147 deaths from breast cancer were reported in the IPLAN Data Set.
- ◆ # Deaths per year: Based on total female populations in 1990 and 2000 census
1997: 16 /67,526 x 100% = 0.024%
1998: 24 /67,526 x 100% = 0.036%
1999: 18/67,526 x 100% = 0.027%
2000: 20/77,702 x 100% = 0.026%
2001: 13/77,702 x 100% = 0.016%
2002: 24/77,702 x 100% = 0.030%
2003: 12/77,702 x 100% = 0.015%
2004: 20/77,702 x 100%= 0.026%

Sources: American Cancer Society Surveillance Research, 2006; IPLAN data set of 1/25/07; IPLAN Data set lists only female deaths.

Health Problem: Colorectal Cancer

A. **% Population at Risk: 18% - 29%**
(Most at risk: males and females age 50 and over)

- ◆ Colorectal cancer is the third most common cancer in both men and women. The risk of colon cancer increases with age; more than 90% of cases are diagnosed in individuals older than age 50.
- ◆ The cancer incidence rates have been decreasing since 1985, from 66 to 52 per 100,000 in 2002.
- ◆ McLean County adults age 50 and above: 18% to 29% of 2005 population x 159,013 = 28,622 to 46,114.
- ◆ From 2000 – 2004, a total of 115 deaths were reported in McLean County in the IPLAN Data Set

B. **% Population with Health Problem: 0.01% - 0.02%**

- ◆ From 2000 – 2004, a total of 115 deaths were reported in McLean County in the IPLAN Data Set. # Deaths per year:

2000:	26/150,433 x 100%	=	0.02%
2001:	24/152,406 x 100%	=	0.02%
2002:	28/155,233 x 100%	=	0.02%
2003:	20/156,781 x 100%	=	0.01%
2004 :	17/157,847 x 100%	=	0.01%

Sources: IPLAN Data Set; U.S. Census for 2000.

Health Problem: Lung Cancer

A. **% Population at Risk: 20.8% (adults), 29% (adolescents)**

- ◆ Smoking: Adult smokers (BRFS 8/04): 20.8% (158,006 x 20.8) = 32,865
- ◆ Smoking: Adolescent smokers (2006):
 - 14.0% (8th grade)
 - 21.0% (10th grade)
 - 29.0% (12th grade)

B. % Population with the Health Problem: 0.037% to 0.043%

- ◆ Illinois estimate: 7,290 new cases in 2006
- ◆ # new cases: not available by county; (see # deaths)
- ◆ Illinois estimate: 6,790 deaths in 2006
- ◆ # deaths from lung cancer 2000 - 2004: 308
- ◆ % with health problem (deaths/pop. per year):
 - 2000: $55/150,433 \times 100\% = 0.037\%$
 - 2001: $56/152,406 \times 100\% = 0.037\%$
 - 2002: $67/155,233 \times 100\% = 0.043\%$
 - 2003: $67/156,781 \times 100\% = 0.043\%$
 - 2004: $63/157,847 \times 100\% = 0.040\%$

Sources: Behavioral Risk Factor Survey (BRFS) of 8/04 (N = 405); Heartland Coalition Youth Survey (2006); IPLAN data set of 02/06: "Leading Causes of Mortality" data; ACS Cancer Facts and Figures (2006).

Health Problem: Prostate Cancer

A. % Population at Risk: 7.9% - 27%

- ◆ # All males, all ages: 72,731
- ◆ # males ages 45-64 years in McLean County: 14,061 (19.3% of all males)
- ◆ # males ages 65 and over: 5,778 (7.9% of all males)
- ◆ Most at risk: more than 65% of all prostate cancer cases are diagnosed in men ages 65 and older.
- ◆ Estimate of total # males at most risk for prostate cancer (assume ages 45 and over): 19,839 (14,061 + 5,778 = 19,839; and, $19,839/72,731 = 27\%$ of the male population)

B. % Population with Health Problem: 0.16% - 0.26%

- ◆ Prostate cancer is the leading cause of cancer death in adult males. More than 65% of all prostate cancer cases are diagnosed in men 65 and older.
- ◆ Sixty-three deaths were reported in McLean County between the years of 2000 and 2004.
- ◆ # deaths based on the 2000 census population for males 65 and over:
 - 2000: $10/5,778 \times 100\% = 0.17\%$
 - 2001: $15/5,778 \times 100\% = 0.26\%$
 - 2002: $15/5,778 \times 100\% = 0.26\%$
 - 2003: $14/5,778 \times 100\% = 0.246\%$
 - 2004: $9/5,778 \times 100\% = 0.16\%$

Sources: IPLAN Data Set as of 07/06; American Cancer Society, 2006; U.S. Census 2000.

2. **Health Problem:** *Cerebrovascular Disease (Stroke)*

A. **% Population at Risk:** **14.5 % - 22.4%**

- ◆ Every year 700,000 people suffer a stroke.
- ◆ $700,000/281,000,000$ (U.S. population in 2000) x 100 = 0.25% (of U.S. population experiences a stroke).
- ◆ Population of men at risk in McLean County over 25: $41,655(.25) = 10,414$
- ◆ Population of women at risk in McLean County over 25: $45,486(.25) = 11,372$
- ◆ Men at risk + Women at risk: $10,414 + 11,372 = 21,786/150,433$ (population of McLean County in 2000) x 100 = **14.5%**
- ◆ Lifestyle Risk Factors (from BRFS 2004) in adults ages 18 and above:

Hypertension: **22.4%**
Diabetic: 3.6 %
Smoking (Smoking + former smoker)
 $20.8\% + 20\% = 40.8\%$
Obesity: 20.7%

B. **% Population with the Health Problem:** **0.037% to 0.61%**

- ◆ Cerebrovascular Disease mortality:
(# of deaths/population x 100 = %)

1990	75/129,180	=	0.058%	1997	71/141699	=	0.050%
1991	55/131,800	=	0.042%	1998	70/143366	=	0.049%
1992	75/133,200	=	0.056%	1999	89/145477	=	0.061%
1993	80/135,600	=	0.059%	2000	83/150433	=	0.055%
1994	60/136,800	=	0.044%	2001	65/152406	=	0.043%
1995	73/138,900	=	0.053%	2002	60/155233	=	0.039%
1996	68/139,400	=	0.049%	2003	85/157847	=	0.054%
				2004	58/157847	=	0.037%

Sources: IPLAN data set as of 2/2/2007: "Leading Causes of Mortality" 1990 - 2004); Heart Disease and Stroke update of 2005, published by the American Heart Association; The Internet Stroke Center Website at <http://www.strokecenter.org/pat/stats.htm> .

3. Health Problem: Chlamydia

A. % Population at risk: 22.4% - 80.1%

- ◆ # people aged 15 - 24: $(33656/150433) \times 100 = 22.4\%$
- ◆ # people aged 25- 44: $(43896/150433) \times 100 = 29.2\%$
- ◆ # people aged 45 or older: $(43245/150433) \times 100 = 28.7\%$
- ◆ # people aged 15 - 44: $(77552/150433) \times 100 = 51.6\%$
- ◆ # people aged 15 and over: $(120797/150433) \times 100 = 80.1\%$

- ◆ BRFs of 2002: **3.9%** of those surveyed answered “yes” to the question of whether or not they engaged in risky sexual activity. N = 6,054 (155,233 x 0.039 = 6,054)

B. % Population with this Health Problem: 0.23% - 0.33%

◆ Cases of Chlamydia:

1991	419/129,180	=	0.32%	1998	314/143366	=	0.22%
1992	419/131,800	=	0.31%	1999	483/145000	=	0.33%
1993	370/133,200	=	0.27%	2000	398/150433	=	0.26%
1994	391/135,600	=	0.29%	2001	340/152406	=	0.22%
1995	464/136,800	=	0.33%	2002	434/155233	=	0.28%
1996	336/138,900	=	0.24%	2003	482/156781	=	0.31%
1997	321/140,797	=	0.23%	2004	482/157847	=	0.31%

Sources: McLean County Health Department Communicable Disease Section Reports -- in the MCHD 51st Annual Report (January 1, 1997 to December 31, 1997); IPLAN Data set as of 2/2/2007; Behavioral Risk Factor Survey of 2002 (of 401 persons aged 18 and older in McLean County).

4. Health Problem: Heart Disease

A. % Population at Risk: 80.3% (Persons 15 and over)

◆ Lifestyle Risk Factors (2004 BRFs) in McLean County adults (ages 18 and over):

22.4% hypertension (N =35,357)
9.5% sedentary lifestyle (N =14,995)

20.7%	obesity	(N =32,674)
20.8%	smoking	(N =32,832)
3.6%	diabetes	(N = 5,682)

B. % Population with the Health Problem: 0.16% - 0.20%

- ◆ In McLean County, heart disease has been the leading cause of death every year from 1995 until 2004, accounting for 26% to 41% of adult deaths.
- ◆ Heart disease mortality: (#deaths per year/total population x 100%)

1999	288/145,477 x 100%	=	0.20%
2000	298/150,433 x 100%	=	0.20%
2001	290/152,406 x 100%	=	0.19%
2002	252/155,233 x 100%	=	0.16%
2003	264/156,781 x 100%	=	0.17%
2004	271/157,847 x 100%	=	0.17%

Source: IPLAN Data Set; U.S. Census 2000; BRFSS of 2004.

Health Problem: Coronary Heart Disease

A. % Population at Risk: 80.3%

- ◆ Population age 15 years and above 80.3% (120,797 according to 2000 census)
- ◆ Lifestyle Risk Factors (2004 BRFSS) in adults ages 18 and over:

22.4%	hypertension	(N =35,357)
9.5%	sedentary lifestyle	(N =14,995)
20.7%	obesity	(N =32,674)
20.8%	smoking	(N =32,832)
3.6%	diabetes	(N = 5,682)

B. % Population with the Health Problem: 0.12% - 0.16%

- ◆ Coronary Heart Disease is the 2nd to 3rd leading cause of death from 1995 to 2004, accounting for 18% to 26% of all adult deaths.

◆ CHD mortality:

1997	233/141,699	x 100%	=	0.16%
1998	206/143,366	x 100%	=	0.14%
1999	204/145,477	x 100%	=	0.14%
2000	215/150,433	x 100%	=	0.14%
2001	212/152,406	x 100%	=	0.14%
2002	187/155,233	x 100%	=	0.12%
2003	186/156,781	x 100%	=	0.12%
2004	187/157,847	x 100%	=	0.12%

Sources: IPLAN Data Set; U.S. Census; 2004 BRFSS.

5. **Health Problem:** *Infant Mortality*

A. **% Population at Risk:** **1.3%-1.4% (of total population)**

◆ # and % of live births (1990 – 2004):

1990:	1817	(1817 live births/129,180 total population x 100% = 1.4%)
1991:	1854	(1854/131,800 x 100% = 1.4%)
1992:	1801	(1801/133,200 x 100% = 1.3%)
1993:	1864	(1864/135,600 x 100% = 1.4%)
1994:	1898	(1898/136,800 x 100% = 1.4%)
1995:	1951	(1951/138,900 x 100% = 1.4%)
1996:	1857	(1857/139,400 x 100% = 1.3%)
1997:	1978	(1978/141,699 x 100% = 1.4%)
1998:	1921	(1921/143,366 x 100% = 1.3%)
1999:	1948	(1948/145,477 x 100% = 1.3%)
2000:	1990	(1990/150,433 x 100% = 1.3%)
2001:	2041	(2041/152,406 x 100% = 1.3%)
2002:	2100	(2100/155,233 x 100% = 1.4%)
2003:	2133	(2133/156,781 x 100% = 1.4%)
2004:	2215	(2215/157,847 x 100% = 1.4%)

B. **% Population with the Health Problem:** **0.003% - 0.016% (of total pop.)**

◆ # and % infant deaths:

1990:	8	(8/129,180 x 100% = 0.0062%)
1991:	11	(11/131,800 x 100% = 0.0083%)
1992:	10	(10/133,200 x 100% = 0.0075%)
1993:	12	(12/135,600 x 100% = 0.0088%)
1994:	14	(14/136,800 x 100% = 0.010%)
1995:	15	(15/138,900 x 100% = 0.011%)

1996:	15	(15/139,400 x 100% = 0.011%)
1997:	15	(15/141,699 x 100% = 0.011%)
1998:	19	(19/143,366 x 100% = 0.013%)
1999:	12	(12/145,477 x 100% = 0.0082%)
2000:	6	(6/150,433 x 100% = 0.0040%)
2001:	18	(18/152,406 x 100% = 0.012%)
2002:	8	(8/155,233 x 100% = 0.0052%)
2003:	25	(25/156,781 x 100% = 0.016%)
2004:	20	(20/157,847 x 100% = 0.013%)
2005:	12	(12/159,013 x 100% = 0.0075%)
2006:	5	(5/165,700 x 100% = 0.0030%)

- ◆ Infant Mortality in McLean County: Total of 94 deaths (from 2000-2006)/10,479 live births (2000-2006) x 1,000 = 8.97 = 9 deaths/1000 live births

Sources: IPLAN data set as of January 2007; MCHD birth and death certificates.

Health Problem: Low Birthweight and Very Low Birthweight

A. % Population at Risk: 1.3%-1.4% (of total population)

- ◆ # and % of live births (1990 – 2004):

1990:	1817	(1817 live births/129,180 total population x 100% = 1.4%)
1991:	1854	(1854/131,800 x 100% = 1.4%)
1992:	1801	(1801/133,200 x 100% = 1.3%)
1993:	1864	(1864/135,600 x 100% = 1.4%)
1994:	1898	(1898/136,800 x 100% = 1.4%)
1995:	1951	(1951/138,900 x 100% = 1.4%)
1996:	1857	(1857/139,400 x 100% = 1.3%)
1997:	1978	(1978/141,699 x 100% = 1.4%)
1998:	1921	(1921/143,366 x 100% = 1.3%)
1999:	1948	(1948/145,477 x 100% = 1.3%)
2000:	1990	(1990/150,433 x 100% = 1.3%)
2001:	2041	(2041/152,406 x 100% = 1.3%)
2002:	2100	(2100/155,233 x 100% = 1.4%)
2003:	2133	(2133/156,781 x 100% = 1.4%)
2004:	2215	(2215/157,847 x 100% = 1.4%)
- ◆ Approx. 1:8 infants is born premature in the U.S. (March of Dimes, 2006).
- ◆ 1999-2002: March of Dimes estimated that 10.8% – 12.3% of live births in McLean County were preterm. (12% of the 2100 live births in 2002 = 252 preterm births).

- ◆ McLean County (1996 – 2006): In this eleven-year period, prematurity was the leading cause of infant mortality for 5 years, and the second leading cause of infant mortality for 4 years.

**B. % Population with the Health Problem: 0.073% - 0.12% (LBW in total pop.)
 6.3% - 8.2% (LBW of total births)
 0.010% - 0.026% (VLBW in total pop.)
 0.8% - 1.65 (VLBW of total births)**

- ◆ # and % low birthweight (LBW) births in total population: 0.073% - 0.12%

1990:	94	(94/129,180 x 100% = 0.073%)
1991:	120	(120/131,800 x 100% = 0.091%)
1992:	99	(99/133,200 x 100% = 0.074%)
1993:	110	(110/135,600 x 100% = 0.081%)
1994:	121	(121/136,800 x 100% = 0.088%)
1995:	145	(145/138,900 x 100% = 0.10%)
1996:	141	(141/139,400 x 100% = 0.10%)
1997:	132	(132/141,699 x 100% = 0.093%)
1998:	132	(132/143,366 x 100% = 0.092%)
1999:	122	(122/145,477 x 100% = 0.084%)
2000:	126	(126/150,433 x 100% = 0.084%)
2001:	140	(140/152,406 x 100% = 0.092%)
2002:	139	(139/155,233 x 100% = 0.090%)
2003:	164	(164/156,781 x 100% = 0.11%)
2004:	182	(182/157,847 x 100% = 0.12%)

- ◆ % LBW births out of total births (1997 – 2004): 6.3% - 8.2%

1997:	6.7%	2001:	6.9%
1998:	6.9%	2002:	6.6%
1999:	6.3%	2003:	7.7%
2000:	6.3%	2004:	8.2%

- ◆ # and % very low birthweight (VLBW) births in total pop.: 0.010% - 0.026%

1990:	19	(19/129,180 x 100% = 0.015%)
1991:	18	(18/131,800 x 100% = 0.014%)
1992:	16	(16/133,200 x 100% = 0.012%)
1993:	15	(15/135,600 x 100% = 0.011%)
1994:	35	(35/136,800 x 100% = 0.026%)
1995:	32	(32/138,900 x 100% = 0.023%)
1996:	30	(30/139,400 x 100% = 0.022%)
1997:	30	(30/141,699 x 100% = 0.02%)
1998:	24	(24/143,366 x 100% = 0.017%)
1999:	15	(15/145,477 x 100% = 0.010%)
2000:	15	(15/150,433 x 100% = 0.01%)

2001: 28 (28/152,406 x 100% = 0.018%)
 2002: 26 (26/155,233 x 100% = 0.017%)
 2003: 34 (34/156,781 x 100% = 0.022%)
 2004: 35 (35/157,847 x 100% = 0.022%)

◆ % VLBW births out of total births (1997-2004): 0.8% - 1.6%

1997: 1.5%	2001: 1.4%
1998: 1.2%	2002: 1.2%
1999: 0.8%	2003: 1.6%
2000: 0.8%	2004: 1.6%

Sources: IPLAN data set as of January 2007; March of Dimes web site at www.marchofdimes.com/prematurity/21219.asp.

Health Problem: Congenital Anomalies

A. **% Population at Risk: 1.3% - 1.4% (of total population)**

◆ # and % of live births (1990 – 2004):

1990: 1817 (1817 live births/129,180 total population x 100% = 1.4%)
 1991: 1854 (1854/131,800 x 100% = 1.4%)
 1992: 1801 (1801/133,200 x 100% = 1.3%)
 1993: 1864 (1864/135,600 x 100% = 1.4%)
 1994: 1898 (1898/136,800 x 100% = 1.4%)
 1995: 1951 (1951/138,900 x 100% = 1.4%)
 1996: 1857 (1857/139,400 x 100% = 1.3%)
 1997: 1978 (1978/141,699 x 100% = 1.4%)
 1998: 1921 (1921/143,366 x 100% = 1.3%)
 1999: 1948 (1948/145,477 x 100% = 1.3%)
 2000: 1990 (1990/150,433 x 100% = 1.3%)
 2001: 2041 (2041/152,406 x 100% = 1.3%)
 2002: 2100 (2100/155,233 x 100% = 1.4%)
 2003: 2133 (2133/156,781 x 100% = 1.4%)
 2004: 2215 (2215/157,847 x 100% = 1.4%)

B. **% Population with the Health Problem: 0.071% - 0.10% (% per year; cases of congenital anomalies)**

0% - 63% (% of infant deaths each year due to cong. anomalies)

◆ Cases (average #/year using moving 5-year intervals): 99-130 cases/year

1989-1993:	99 cases/yr	(99/129,180 total 1990 pop. x 100% = 0.077%)
1990-1994:	106 cases	(106/129,180 x 100% = 0.082%)
1991-1995:	113 cases	(113/129,180 x 100% = 0.087%)
1992-1996:	123 cases	(123/129,180 x 100% = 0.095%)
1993-1997:	131 cases	(131/129,180 x 100% = 0.10%)
1994-1998:	130 cases	(130/129,180 x 100% = 0.10%)
1995-1999:	124 cases	(124/129,180 x 100% = 0.096%)
1996-2000:	115 cases	(115/150,433 total 2000 pop. x 100% = 0.076%)
1997-2001:	112 cases	(112/150,433 x 100% = 0.075%)
1998-2002:	110 cases	(110/150,433 x 100% = 0.073%)
1999-2003:	106 cases	(106/150,433 x 100% = 0.071%)
2000-2004:	111 cases	(111/150,433 x 100% = 0.074%)

◆ Cases: 1:33 babies in the U.S. are born each year with birth defects (approximately 120,000).

◆ 2002: March of Dimes reported that birth defects account for 1:5 infant deaths in IL.

◆ Deaths (% of infant deaths due to congenital anomalies): 0% - 63%

1996:	5	(5 deaths due to congenital anomalies/15 infant deaths in McLean County this year x 100% = 33%)
1997:	7	(7/15 x 100% = 47%)
1998:	6	(6/19 x 100% = 32%)
1999:	3	(3/12 x 100% = 25%)
2000:	2	(2/6 x 100% = 33%)
2001:	6	(6/18 x 100% = 33%)
2002:	5	(5/8 x 100% = 63%)
2003:	6	(6/25 x 100% = 24%)
2004:	0	(0/20 x 100% = 0%)
2005:	4	(4/12 x 100% = 33%)
2006:	1	(1/5 x 100% = 20%)

Sources: IPLAN data set as of February 2007; March of Dimes web site, www.marchofdimes.com/peristats.

6. Health Problem: Intentional Injuries

A. % Population at Risk: 0.82% - 43.5%

◆ # children aged 0-17 = 35,292 (35,292/150,433) x 100 = 23%

◆ An estimated 0.82% of the total population is at risk for child abuse or neglect.

- ◆ An estimated 10.6% - 43.5% of the total population is at risk for sexual assault.
- ◆ An estimated 2.5% of the total population is at highest risk for suicide.

B. % Population with the Health Problem: **0.03% - 0.55%**

- ◆ Child abuse/neglect: 0.30% - 0.55% of the total population has been abused (per reports of “founded” child abuse cases only. Elder abuse cases are not included in this count).
- ◆ Sexual assault: 0.078% - 0.16% per year (1990 – 1998) of the total population has experienced criminal sexual assault.
- ◆ Suicide: 0.03% - 0.13% per year of the total population has committed suicide (1990 – 2004).
- ◆ Homicide: 1 to 6 deaths occur per year (1990 – 2004) in McLean County.

Sources: IPLAN Data Set; statistics taken from the following sections in this document: Child Abuse and Neglect, Sexual Assault, and Suicide.

Health Problem: Intentional Injuries: Child Abuse and Neglect

A. % Population at Risk: **0.82%**

- ◆ # children aged 0-17 = 35292 $(35,292/150,433) \times 100 = 23\%$
- ◆ In 60% to 75% of families in which the woman is battered, children are also battered: There were 105 domestic violence cases filed at the McLean County Sheriff’s Department in 2006 and 1,697 cases filed with the Bloomington Police Department $(1802 \times 0.75 = 1,351)$ as a gross estimate of the # of abused children; $1,352/165,700 \times 100\% = \mathbf{0.82\%}$). In Normal there were 839 calls made that were domestic in nature.

B. % Population with the Health Problem: **0.30% - 0.55%**

- ◆ # “founded” child abuse cases (only 1990-1997 available in IPLAN Data Set) :

1990:	390	$(390/129,180 \times 100\% = 0.30\%)$
1991:	504	$(504/131,800 \times 100\% = 0.38\%)$
1992:	573	$(573/133,200 \times 100\% = 0.43\%)$
1993:	623	$(623/135,600 \times 100\% = 0.46\%)$
1994:	696	$(696/136,800 \times 100\% = 0.51\%)$
1995:	762	$(762/138,900 \times 100\% = 0.55\%)$
1996:	756	$(746/139,400) \times 100\% = 0.54\%$
1997:	726	$(726/141699) \times 100\% = 0.51\%$

Sources: IPLAN data set of 2/2/07; U.S. Census Data; “Children Safe and Secure” document published by Texas Department of Family and Protective Services; 2006 Annual Report from McLean County Sheriff’s Department; 2006 annual report from Bloomington Police Department; 2006 annual report from Normal Police Department.

Health Problem: Intentional Injuries: Sexual Assault

A. % Population at Risk: 10.6% - 43.5%

- ◆ Women ages 15 - 24 : 17,712 (17,712/150,433 x 100% = **11.8%**)
- ◆ Women ages 25 - 44 : 22,080 (22,080/150,433 x 100% = 14.7%)
- ◆ Women ages 45 - 64 : 14,563 (14,564/150,433 x 100% = 9.7%)
- ◆ Women ages 65 + : 8,843 (8,843/150,433 x 100% = 5.9%)
- ◆ Total females ages 15 and above: 63,198 (63,198/150,433)x 100% = **43.5%**)
- ◆ 61% of female victims of sexual assaults are under age 18: N = 17,224
- ◆ 9.43% (almost 1 in 10) of sexual assaults are perpetrated against male victims.
- ◆ Males ages 15 – 24: 15,944 (**10.6%** of the total population)

B. % Population with the Health Problem: 0.078% - 0.16%

- ◆ # Criminal sexual assaults:
 - 1990: 85 (85/129,180 x 100% = 0.065%)
 - 1991: 81 (81/131,800 x 100% = 0.061%)
 - 1992: 75 (75/133,200 x 100% = 0.056%)
 - 1993: 119 (119/135,600 x 100% = 0.08%)
 - 1994: 126 (126/136,800 x 100% = 0.092%)
 - 1995: 226 (226/138,900 x 100% = 0.16%)
 - 1996: 168 (168/139,400 x 100% = 0.12%)
 - 1997: 110 (110/141,699 x 100% = 0.078%)
 - 1998: 103 (103/143,366 x 100% = 0.072%)

Sources: IPLAN data set on 2/2/07; “The Public’s Health Newsletter” published by the Los Angeles Department of Health Services - website: <http://www.ladhs.org/media/tph/TPH06/TPHApril-2006.pdf> ; National Crime Victimization survey 1996 published by Texas Department of Family and Protective Services.

7. Health Problem: Suicide

A. % Population at Risk: 0.012% - 0.03%
% Population aged 65 and over at Risk: 2.5%

- ◆ The number of suicides has ranged from 5 (in 1998 [0.03%]) to 17 (in 1993 [0.012%]) between the years of 1993 and 2004.
150,433(0.03) N = 4,513 150,433(0.012) N = 1,805
- ◆ According to the 2002 BRFS, 11.2% of the population had 8-30 days during which their mental health was not good.
- ◆ In McLean County, suicide rates are higher in adults ages 65 and above.
- ◆ According to the 2004 BRFS, 22.4% of the population surveyed had more than two days in the past month that they were depressed, sad, and/or blue.
- ◆ Assumption: there is an increased risk that those persons who are depressed, sad, and/or blue, and are in the age range of 65 and over, may commit suicide.
- ◆ # of people aged 65 and over: 14,621 $(14,621/150,433) \times 100 = 9.7\%$

14,621(.224) N = 3,725 (number of population 65+ that is at risk)

$(3,725/150,433) \times 100 = 2.5\%$ (age 65 and over population that is at risk)

B. % Population with the Health Problem: 0.003% - 0.013%

1990:	8	$(8/129,180) \times 100\% = 0.006\%$
1991:	10	$(10/131,800) \times 100\% = 0.007\%$
1993:	17	$(17/135,600) \times 100\% = 0.013\%$
1994:	7	$(7/136,800) \times 100\% = 0.005\%$
1995:	10	$(10/138,900) \times 100\% = 0.007\%$
1996:	10	$(10/139,400) \times 100\% = 0.007\%$
1997:	6	$(6/141,699) \times 100\% = 0.004\%$
1998:	5	$(5/143,366) \times 100\% = 0.003\%$
1999:	13	$(13/145,477) \times 100\% = 0.009\%$
2000:	7	$(7/150,433) \times 100\% = 0.005\%$
2001:	14	$(14/152,406) \times 100\% = 0.009\%$
2002:	16	$(16/155,233) \times 100\% = 0.010\%$
2003:	13	$(13/156,781) \times 100\% = 0.008\%$
2004:	15	$(15/157,847) \times 100\% = 0.009\%$

Sources: 2002 BRFS; 2004 BRFS; IPLAN Data set as of 2/2/07.

8. **Health Problem:** *Unintentional Injuries*

A. **% Population at Risk:** **100%**
6.5% - 10% are at highest risk

◆	# children < 1 year:	1,939	(1,939/150,433 x 100% = 1.3%)
◆	# children aged 1-4 years	7,807	(7,807/150,433 x 100% = 5.2%)
◆	# children aged 5-14 years:	19,890	(19,890/150,433 x 100% = 13.2%)
◆	Total # children ages 0 - 14:	29,636	(29,636/150,433 x 100% = 19.7%)
◆	# aged 15 – 24 years	33,656	(33,656/150,433 x 100% = 22.4%)
◆	# aged 65 and over:	14,621	(13,453/150,433 x 100% = 9.7%)

- ◆ Emergency room visits due to falls are more common in children under age 5 (7,807 children under 1 year + 1,939 children ages 1 to 4 = 9,746; 6.5% of the total population) and adults age 65 and older (N = 14,621; 9.7% of the total population).
- ◆ Falls account for 70% of accidental deaths in individuals > 75 years of age and older.
- ◆ 60% of nursing home residents fall each year; one-third of the elderly living out in the community fall.
- ◆ More than 90% of hip fractures occur as a result of a fall.

B. **% Population with the Health Problem:** **0.019% - 0.033%**

- ◆ # deaths from unintentional injuries:
1990: 34 (34/129,180 x 100% = 0.026%)
1991: 30 (30/131,800 x 100% = 0.023%)
1992: 34 (34/133,200 x 100% = 0.026%)
1993: not in the 10 leading causes of death
1994: 35 (35/136,800 x 100% = 0.026%)
1995: 30 (30/138,900 x 100% = 0.022%)
1996: 29 (29/139,400 x 100% = 0.021%)
1997: 31 (31/141,699 x 100% = 0.022%)
1998: 46 (46/143,366 x 100% = 0.032%)
1999: 27 (27/145,477 x 100% = 0.019%)
2000: 34 (34/150,433 x 100% = 0.023%)
2001: 34 (34/152,406 x 100% = 0.022%)
2002: 41 (41/155,233 x 100% = 0.026%)
2003: 40 (40/156,781 x 100% = 0.026%)
2004: 52 (52/157,847 x 100% = 0.033%)
- ◆ # deaths from Motor Vehicle Accidents (MVA): 9 - 25/year (1990 – 2004)
- ◆ # premature deaths (< age 65) from MVAs: 8 – 21/year (1990 – 2004)

Sources: IPLAN data set as of December 2006; American Family Physician website article at www.aafp.org/afp/20000401/2159.html from *American Family Physician*, April 1, 2000.

Health Problem: Unintentional Injuries: Lead Poisoning

A. % Population at Risk: 9.2% (of total population)

- ◆ highest risk: # McLean County children ages 0-6 = 13,763
(13,763/150,433 x 100% = 9.15%)

B. % Population with the Health Problem:

0.23% - 0.64% (of children age 0 – 6, with BLL >10 mcg/dl)

0.008% - 0.15% (of total population, with BLL >15 mcg/dl)

0.0015% - 0.045% (of total population, with BLL >25 mcg/dl)

- ◆ Total # children with BLL >10 mcg/dl (1999 – 2004): 0.23% - 0.64%
1999: 78 (78/12,280 pop. children age 6 and under, 1990 x 100% = 0.64%)
2000: 80 (80/13,763 pop. children age 6 and under, 2000 x 100% = 0.58%)
2001: 74 (74/13,763 x 100% = 0.54%)
2002: 60 (60/13,763 x 100% = 0.44%)
2003: 50 (50/13,763 x 100% = 0.36%)
2004: 32 (32/13,763 x 100% = 0.23%)
- ◆ # children with blood lead level (BLL) > 15 mcg/dl: 0.008% - 0.15%
1990: 197 (197/129,180 x 100% = 0.15%)
1992: 29 (29/133,200 x 100% = 0.022%)
1993: 38 (38/135,600 x 100% = 0.028%)
1994: 11 (11/136,800 x 100% = 0.008%)
1995: 70 (70/138,900 x 100% = 0.05%)
1996: 65 (65/139,400 x 100% = 0.047%)
1997: 70 (70/141,699 x 100% = 0.05%)
1998: ***
1999: 70 (70/145,477 x 100% = 0.048%)
2000: 74 (74/150,433 x 100% = 0.049%)
2001: 62 (62/152,406 x 100% = 0.041%)
2002: 56 (56/155,233 x 100% = 0.036%)
2003: 44 (44/156,781 x 100% = 0.03%)
2004: 25 (25/157,847 x 100% = 0.016%)

◆	# children with BLL > 25 mcg/dl:	0.0015% - 0.045%
	1990: 58 (58/129,180 x 100% = 0.045%)	
	1992: 11 (11/133,200 x 100% = 0.0083%)	
	1993: 10 (10/135,600 x 100% = 0.074%)	
	1994: 2 (2/136,800 x 100% = 0.0015%)	
	1995: 17 (17/138,900 x 100% = 0.012%)	
	1996: 8 (8/139,400 x 100% = 0.0057%)	
	1997: 14 (14/141,699 x 100% = 0.0099%)	
	1998: ***	
	1999: 8 (8/145,477 x 100% = 0.0055%)	
	2000: 6 (6/150,433 x 100% = 0.004%)	
	2001: 12 (12/152,406 x 100% = 0.0079%)	
	2002: 4 (4/155,233 x 100% = 0.0026%)	
	2003: 6 (6/156,781 x 100% = 0.0038%)	
	2004: 7 (7/157,847 x 100% = 0.0044%)	

Source: IPLAN data set as of January 2007; IDPH Lead Program data; Census data.

Health Problem: Unintentional Injuries: Motor Vehicle Accidents

A. **% Population at Risk: 100%**
Approx. 22.4% are at highest risk (ages 15-24 years old)

◆	# children < 1 year:	1,939	(1,939/150,433 x 100% = 1.3%)
◆	# children aged 1-4 years	7,807	(7,807/150,433 x 100% = 5.2%)
◆	# children aged 5-14 years:	19,890	(19,890/150,433 x 100% = 13.2%)
◆	Total # children ages 0 - 14:	29,636	(29,636/150,433 x 100% = 19.7%)
◆	# aged 15 – 24 years	33,656	(33,656/150,433 x 100% = 22.4%)
◆	# aged 65 and over:	14,621	(13,453/150,433 x 100% = 9.7%)

B. **% Population with the Health Problem: 0.006% - 0.017%** (of total pop.)

◆	# deaths from Motor Vehicle Accidents (MVA):	9 - 25/year (1990 – 2004)
◆	# premature deaths (< age 65) from MVAs:	8 – 21/year (1990 – 2004)
◆	# and % of deaths due to motor vehicle accidents:	
	1990: 15 (15/129,180 x 100% = 0.012%)	
	1991: 15 (15/131,800 x 100% = 0.011%)	
	1992: 16 (16/133,200 x 100% = 0.012%)	
	1993: 13 (13/135,600 x 100% = 0.010%)	

1994:	23	(23/136,800 x 100% = 0.017%)
1995:	14	(14/138,900 x 100% = 0.010%)
1996:	17	(17/139,400 x 100% = 0.012%)
1997:	15	(15/141,699 x 100% = 0.011%)
1998:	18	(18/143,366 x 100% = 0.013%)
1999:	9	(9/145,477 x 100% = 0.006%)
2000:	13	(13/150,433 x 100% = 0.0086%)
2001:	16	(16/152,406 x 100% = 0.011%)
2002:	25	(25/155,233 x 100% = 0.016%)
2003:	17	(17/156,781 x 100% = 0.011%)
2004:	22	(22/157,847 x 100% = 0.014%)

Source: IPLAN data set as of January 2007; Census data.

Health Problem: Unintentional Injuries: Hip Fractures and Falls

**A. % Population at Risk: 100%
6.5% - 9.7% are at highest risk**

◆	# children < 1 year:	1,939	(1,939/150,433 x 100% = 1.3%)
◆	# children aged 1-4 years	7,807	(7,807/150,433 x 100% = 5.2%)
◆	# children aged 5-14 years:	19,890	(19,890/150,433 x 100% = 13.2%)
◆	Total # children ages 0 - 14:	29,636	(29,636/150,433 x 100% = 19.7%)
◆	# aged 15 – 24 years	33,656	(33,656/150,433 x 100% = 22.4%)
◆	# aged 65 and over:	14,621	(13,453/150,433 x 100% = 9.7%)

- ◆ Emergency room visits due to falls are more common in children under age 5: **6.5%** of population at risk for falls (7,807 children under 1 year + 1,939 children ages 1 to 4 = 9,746; 6.5% of the total population) and adults age 65 and older (N = 14,621; **9.7%** of the total population).
- ◆ More than 90% of hip fractures occur as a result of a fall.
- ◆ Falls account for 70% of accidental deaths in individuals > 75 years of age and older.
- ◆ 60% of nursing home residents fall each year; one-third of the elderly living out in the community fall.

B. % Population with the Health Problem: 0.00094% - 0.10%

- ◆ Falls account for 70% of accidental deaths in individuals > 75 years of age and older.
- ◆ # hip fractures at age 65 and older:

1990:	130	(130/129,180 x 100% = 0.10%)
1991:	127	(127/131,800 x 100% = 0.096%)
1992:	138	(138/133,200 x 100% = 0.0010%)
1993:	109	(109/135,600 x 100% = 0.0008%)
1994:	133	(133/136,800 x 100% = 0.00097%)
1995:	131	(131/138,900 x 100% = 0.00094%)
1996:	118	(118/139,400 x 100% = 0.00085%)
1997:	127	(127/141,699 x 100% = 0.090%)
1998:	144	(144/143,366 x 100% = 0.10%)
1999:	135	(135/145,477 x 100% = 0.093%)
2000:	108	(108/150,433 x 100% = 0.072%)
2001:	129	(129/152,406 x 100% = 0.085%)

Sources: IPLAN data set as of December 2006; Census data; American Family Physician website article at www.aafp.org/afp/20000401/2159.html from *American Family Physician*, April 1, 2000.

HANLON METHOD CHART

ATTACHMENT #3a
Of the Executive Summary

June 6, 2007

Tom Szyrka
IPLAN Administrator
Illinois Department of Public Health
Division of Health Policy
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Szyrka:

At its meeting on Wednesday, June 6, 2007, the McLean County Board of Health reviewed and approved the *McLean County Community Health Plan and Needs Assessment (2007-2012)*, prepared by the McLean County Health Department and the Community Health Advisory Committee, for submission to the Illinois Department of Public Health, Division of Health Policy, by July 16, 2007. At its meeting on Wednesday, March 7, 2007, the McLean County Board of Health reviewed the results of the McLean County Health Department *Internal Organizational Capacity Assessment*, conducted between May 2006 and June 2006, with the assistance of an Illinois State University Health Promotion Department intern. Please find attached a copy of the minutes of the March 17th meeting, documenting the discussion.

This letter confirms the McLean County Board of Health's adoption of the *McLean County Community Health Plan and Needs Assessment (2007-2012)* and the *Internal Organizational Capacity Assessment (2006)*, in fulfillment of the requirements identified in *Illinois Administrative Code*, Section 600.410 Requirements for IPLAN or an Equivalent Planning Process, Title 77 (Public Health), Chapter 1 (Department of Public Health), SubChapter H (Local Health Departments), Part 600 Certified Local Health Department Code.

Thank you for your attention.

Sincerely,

Dan Steadman, DDS
President

cc: Robert Keller, Director

MINUTES
McLEAN COUNTY BOARD OF HEALTH
REGULAR MEETING – MARCH 7, 2007

MEMBERS PRESENT: Steadman, Hon, Kerber, Moss, Powell, Tello, and Turley

MEMBERS ABSENT: Willey

STAFF PRESENT: Keller, Anderson, Howe, Mayes, and Voss

PUBLIC PRESENT: Mina Kasturi, UIC Student

CALL TO ORDER: Steadman called the Board of Health meeting to order at 5:42 p.m., with no corrections to the agenda.

MINUTES: Steadman requested approval for the minutes of February 7, 2007.

Moss/Kerber moved and seconded the approval for the minutes of February 7, 2007. Motion carried.

CONSENT AGENDA:

1. Bills to be Paid (End of 2006)

Health Department	112-61	\$ 70,319.64
Dental Sealant	102-61	3,202.62
WIC	103-61	9,310.98
Preventive Health	105-61	3,938.49
Family Case Mngmt	106-61	19,608.36
AIDS/CD Program	107-61	4,709.63

2. Bills to be Paid (January 2007)

Health Department	112-61	\$299,276.27
Dental Sealant	102-61	15,657.34
WIC	103-61	20,303.82
Preventive Health	105-61	7,080.82
Family Case Mngmt	106-61	51,424.96
AIDS/CD Program	107-61	11,133.50

Powell/Turley moved and seconded the approval of the Consent Agenda as printed. Motion carried.

COMMITTEE REPORTS: None

OLD BUSINESS: Keller requested approval for the FY08 West Nile virus protection grant, which is a CONTINUING GRANT, in the amount of \$36,220.70. The total award will be used to continue the department's larvicide program with governmental entities and conduct a WNV prevention effort through public information and marketing. The award runs April 1, 2007 through March 31, 2008. The amount of funding for each jurisdiction selected is based upon numbers of positive birds tested for WNV, the number of positive mosquito pools and the number of human cases. During 2006, the department had one bird test positive, several mosquito pools and three human cases.

Moss/Powell moved and seconded the approval for the FY08 West Nile virus protection grant, which is a CONTINUING GRANT in the amount of \$36,220.70. Motion carried.

Keller requested approval for the Ticket for a Cure budget amendment, Fund 0105, in the amount of \$32,000, which was submitted to the Illinois Department of Public Health during the late fall. The grant application was approved by the Board of Health in January. The award is for \$32,000 and will cover the time period March 1, 2007 through June 30, 2008. The budget amendment was submitted to the McLean County Board Finance Committee to effect an amendment to the current County budget in Fund 0105.

Kerber/Hon moved and seconded approval for the budget amendment, Fund 0105, Ticket for a Cure in the amount of \$32,000. Motion carried.

Keller noted that the FY08 Mental Health, Developmental Disabilities, and Substance Abuse Review Books were distributed during the 377 Board meeting.

5:47 p.m. Tello arrived.

Keller reviewed the department's internal organizational capacity assessment; which was included in the packet. The exercise was conducted during the summer of 2006 through the efforts of an Illinois State University health promotion intern. Management and coordinator level staff took part in the exercise. The internal organizational capacity assessment is a required prelude to completion of the department's community health needs assessment and community health plan. The department utilized both the Approach to Excellence in Public Health (APEXph) and the Operational Definitions for a Functional Local Health Department as assessment tools. Page 2 of the abstract outlines areas to consider for attention. Many of the identified weaknesses are tied to a lack of real time data and epidemiological capacity at the state level. The results of the operational definitions assessment were shared previously with the Board.

Included in the packet was a copy of the 2006 McLean County Wellness Program which was sent to the County Board Finance Committee. Keller noted that the 2007 wellness program is now underway. McLean County government employees are one out of eight pilot sites involved in the wellness program coordinated through the Health Department and Health Alliance. Each enrollee is required to complete a computerized health risk appraisal in order to receive \$500 rebate under the current health plan and if it is not completed will only receive

\$250. Keller reported that 90% of the Health Alliance enrollees completed the plan.

Steadman inquired about Health Alliance and the evaluation process. Keller remarked that the County had previously worked with the department on a unilateral basis. The data for the last seven years has shown progress. Since this is the first year for the Health Alliance project, no data are available. Participants will be eligible for incentives to participate and the goal is to keep insurance rates down and be proactive on employee health. Keller stated that the County being involved with Health Alliance is a win/win situation for both organizations.

NEW BUSINESS: None

DIRECTOR'S REPORT: Keller asked Howe to speak about the economic interest statements. Howe mentioned that Voss has the statements, fill them out and return by May 1st to the County Clerk's office. Voss will send any statements completed tonight over to the Clerk's office through the County's inter-office system.

Keller reported that at the April meeting he will bring for Board approval a grant in the amount of \$10,000 from NACo for Medical Reserve Corps (MRC) training and materials. Currently the department has 59 MRC volunteers which include nurses, doctors, pharmacists, etc.

STAFF REPORTS: Howe reported for the Animal Control program pointing out that the year-end numbers for 2006 are close to the numbers from 2005 in the quarterly report. However, Howe noted that the number of bite/rabies investigations were up from 444 in 2005 to 503 in 2006. He distributed a copy of a report prepared by Peggy Gibson, animal control coordinator, which showed data on rabies/bite investigations from 1998 through 2006. Howe indicated that the category bite investigation mean all follow-up activity on both bites and specimen preparation/submission. Howe noted that a substantial portion of the increased activity is related to bat activity and the submission of bat specimens for testing over the past couple of years.

Tello inquired if domestic animals can get rabies. Howe noted that they can anytime they may have an opportunity to come in contact with an infected animal. We are finding more cases of cats coming in contact with bats in residences. Therefore, domestic pets can encounter potentially rabid carriers even if they don't leave the confines of their dwellings due to potential of a rabid gaining entrance. Keller noted that this was thought to be the case several years ago in a home in Bloomington where preliminary tests showed that a house cat was positive for rabies and had not been outside the home.

Steadman inquired about bats inside a home and how to remove them. Howe stated that the animal control program will help remove bats from within living quarters of homes if there is a potential for human exposure. However, the program is not designed to substitute for licensed trappers and exterminators. When a live specimen can be obtained from a home the Health Department will submit it for testing based upon a potential exposure. The State encourages the testing of bats and skunks. Powell inquired if animal control would remove the bats. Howe responded, again, that when there is a potential for human exposure that the effort is made to remove a bat.

Tello inquired about who is more likely to come in contact with bats. Howe explained that children have a tendency to play and poke at bats. However, animals can also come in contact with them and bring disease to the family members.

Howe reported for the Administration Division noting that packet pages 10-21 contain the quarterly report. He explained that the revenues were up and that the expenses were down in all tax funds due to the fiscally conservative budget projection approaches used in the development process. Howe pointed out that all three Tax Funds ended the year revenue over expenses and added additional monies to their respective fund balances. The Health fund added \$270,097, TB \$13,248 and Persons with DD \$3,073.

Mayes reported for the Personal Health Services Division noting that the quarterly report was included on pages 23-28 in the packet. Mayes mentioned that the dental programs are going well, the first vacancy for the children's dentist is April 2nd, the hygienist is March 19th, and the adult dentist is March 23rd. Mayes also reported that there is an opening for a nurse in the family case management program.

Anderson noted that the Environmental Health quarterly report was contained on pages 30-33 in the packet. Anderson stated that the food program continues to grow this year and ended 2006 with a record 744 active food establishments. To-date, the division has 26 pending permit applications and reported that 12 large food establishments will be opening in the area during 2007.

Anderson reported that the private sewage numbers continue to decline due to slumping home sales and construction, noting that numbers for both the new systems and replacements fell. Anderson also mentioned that tanning facilities numbers are down. Anderson stated that the geothermal system registrations are up but with the price of electricity raising the payback won't be as quick.

BOARD ISSUES: Hon inquired about the number of food complaints being up for the quarter. Anderson explained that most complaints are from customers observing perceived violations or commenting on poor sanitation practices, such as lack of gloves. Several complaints are filed by disgruntled former employees.

ADJOURN: Kerber moved and the Board of Health meeting was adjourned at 6:23 p.m.