



Boone County 2012

IPLAN

Community Health Needs Assessment and Community Action Plan



Public Health
Prevent. Promote. Protect.

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Community Health Needs Assessment

Executive Summary

The Illinois Project for Local Assessment of Needs (IPLAN) is a series of planning activities within the local health departments. Review of the planning process is conducted every five years. The Boone County IPLAN Community Health Committee conducted a systematic process to assess health needs and determine priority health problems for the county. Results from the needs assessment were used to identify and prioritize health problems, analysis of the problems, and the setting of measurable goals and objectives for strategies in addressing the identified health issues. The committee for the review process was formed as part of the statewide IPLAN and resulted in a prioritization of four significant health problems:

- 1. Obesity**
- 2. Type II Diabetes**
- 3. Chronic Disease Screening**
- 4. Access to Health Care Information**

Purpose Statement

The purpose of the Boone County IPLAN is to meet the requirements of Section 600.400 of the Certified Local Health Department Administrative Code, which requires a community health needs assessment that logically describes the prevailing health needs and health status of the residents of Boone County.

The committee determined locally relevant health priorities in order to better serve the residents of Boone County. Utilizing existing community knowledge and support the committee worked collaboratively to identify local health problems to develop a community health plan.

The community health plan includes an analysis to establish risk factors, contributing factors, objectives, and strategies for community intervention for each of the four health priorities.

Community Participation

A community health committee was formed by Boone County Health Department (BCHD) staff which incorporated twenty-seven participating organizations and members. The recruitment process consisted of personal communication including emails and phone calls which were systematically charted. BCHD staff worked to incorporate recommended IPLAN community sites (i.e. education, health care facilities, law enforcement, political bodies, and etcetera). Members were volunteers, who agreed to serve on the committee with a commitment of attending meetings from April, 2012 to July, 2012. They gave time and offered valuable insight into their area of expertise for Boone County.

Committee members were chosen based on demonstrating certain criteria:

- Commitment to improving the health of Boone County and its residents
- Knowledge of the Boone County community
- Willingness to maintain a county-wide perspective
- Ability to represent an important perspective, organization, or sector of Boone County
- Willingness to encourage other partners in the community to become actively involved in the community IPLAN process
- Willingness and ability to provide the required amount of time involved in the planning process of IPLAN

Committee members were asked to perform in the following roles:

- Advise, consult, and make recommendations for setting IPLAN objectives and identifying objectives for 2012-2017
- Present the unique outlook that the member represents and, balancing those views with a county-wide perspective
- Attend all meetings and/or submit comments/suggestions via email

See attachment in Appendix B for a listing of committee members and the agencies they represent.

Description of Boone County & Data Results

Boone County is a predominantly rural community in Northern Illinois located between Winnebago, McHenry and DeKalb counties. Boone County covers an area of 280.72 square miles; there are approximately 193 persons per square mile. According to the U.S. Census Bureau, the 2011 census for Boone County reached a population of 54,367. The city of Belvidere remains the largest community in Boone County having a population of 25,585

people. The population between men and women is almost equally comprised at 50.1% females and 49.9% males. The breakdown of population by race and ethnicity is as follow: 75% Caucasian, 20.3% Hispanic or Latino descent, 2.5% Black, 1.4% Asian, and 0.8% American Indian/Pacific Islander. There has been a rise in the number of people who have English as a second language in Boone County and according to the U.S. Census Bureau, language other than English spoken at home is at 18.9%. The proportion of Boone County residents living below the federal poverty level is lower than the state average (10.4% vs. 12.6%) (U.S. Census Bureau, 2011).

Data analysis was based on various supportive sources including: Community Guide (CDC), County Health Rankings, SAMHSA, Healthy People 2020, American Cancer Society, and Illinois Department of Public Health (Illinois Behavioral Risk Surveillance Survey- BRFSS). Please refer to Appendix C for additional data utilized during analysis and prioritization.

Selected data and information included for obesity:

- More than one-third of U.S. adults (35.7%) are obese.
- No state has met the nation's Healthy People 2010 goal to lower obesity prevalence to 15%.
- The number of states with an obesity prevalence of 30% or more has increased to 12 states in 2010.
- In 2000, no state had an obesity prevalence of 30% or more.
- In 2009, nine states had obesity rates of 30% or more.
- Obesity related conditions include some of the leading causes of death; heart disease, stroke, type II diabetes and certain types of cancer.
- According to the Illinois Department of Public Health, Illinois Behavioral Risk Surveillance Survey, 31.2% of Boone County residents were considered obese in 2007 and Illinois had an obesity rate of 27.6%.
- According to the Illinois Department of Public Health, Illinois Behavioral Risk Surveillance Survey, 27% of Boone County residents eat more than two servings of fruits and vegetables per day which is under the Illinois benchmark at 32.8%.
- According to the Illinois Department of Public Health, Illinois Behavioral Risk Surveillance Survey, 56.7% of Boone County residents engage in physical activity which is under the Illinois benchmark at 63.1%.

Selected data and information included for Type II Diabetes:

- Based on 2010 statistics, 25.8 million people or 8.3% of the U.S. population, have diabetes.
- Boone County adults, ages 45-64, who have reported they have been diagnosed with diabetes has reached 10.1%.
- Boone County adolescents, ages 18 years and younger who have been diagnosed with diabetes has reached 26%.

Selected data and information included for Chronic Disease Screenings:

- Chronic diseases are the leading causes of death and disability in the U.S.
- 7 out of 10 deaths among Americans each year are from chronic diseases.
- In 2005, 133 million Americans – almost 1 out of every 2 adults – had at least one chronic illness.
- Cancer ranks 1st among Boone County’s 2007 death causes.
- In Boone County, 9.0 % of women have not had a mammogram.
- 37% of Boone County residents over 50 yrs. have not had a colonoscopy screening.

Selected data and information included for Access to Healthcare:

- Persons with no health insurance, aged 65 and under was at 17% nationally and 18% for the state of Illinois.
- Persons with no health insurance, aged 20 to 24 years, was 40% nationally and 40% for the state of Illinois.
- Persons with no health insurance with Hispanic/Latino descent was at 35% nationally and 43% for the state of Illinois.
- 17.2% of residents said that they have avoided the doctor in the past year because of cost (at a record high level).
- Uninsured residents in Boone County have reached 15%.

Process and Prioritization Methods

In order to meet section 600.400 (a), an Organizational Capacity Assessment (OCA) was conducted with Boone County staff. Specifically, the McKinsey OCA was utilized and questionnaires were distributed to staff in April of 2012. All staff chose to participate and was able to submit their responses anonymously. The assessment was submitted and approved by the Boone County Board of Health during a meeting on June 25th, 2012.

During this process, a community IPLAN committee was formulated for Boone County. Personal communication was sent out to community leaders and to local county agencies serving Boone County. Members came from a variety of community organizations and were dedicated to the committee.

The committee members met four times on April 12th, May 17th, June 28th, and July 26th. Each meeting consisted of introductions to remind members of which agency each person represented and time was allotted for questions. Members decided that in addition to these meetings, they

would meet on an annual basis to evaluate the effectiveness of the proposed objectives and intervention strategies.

During the initial meeting held in April, an overview was given on IPLAN, Boone County demographics and data were reviewed, and the process of IPLAN was discussed. When confirming their participation in the IPLAN meeting process, participants were asked to submit a confirmation postcard via mail and list three health priorities they believed were a concern for Boone County. Please refer to Appendix D. Some of the criteria for narrowing down the health issues included:

- Health priorities that affected the largest population in Boone County
- Health priorities that may have the largest public health impact
- Health priorities that involve the most community partners to promote collaboration
- Health priorities that could be effectively addressed by the IPLAN participants

The initial alphabetized list compiled by the committee members included:

- Access to healthcare
- Affordable dental care
- Chronic disease screenings
- Depression
- Mental health
- Nutritional planning
- Obesity
- Smoking
- Teen pregnancy

Please refer to Appendix D for additional topics that were considered, but not chosen, for the final health priorities.

Upon completion of the ranking process, the group members came to a consensus that the following be ranked as the most important health concerns for Boone County:

- 1. Obesity**
- 2. Type II diabetes**
- 3. Chronic disease screenings**
- 4. Access to healthcare information**

The second committee meeting included discussion of the four identified health problems and reviewing data and statistics on the priorities. Basic IPLAN worksheets were also discussed, including risk factors and direct/indirect contributing factors. Participants gathered into group

breakout sessions where members discussed possible risk factors, and both direct/indirect contributing factors for two of the four priorities, obesity and type II diabetes.

The other two concerns, chronic disease screening and access to healthcare information, were later discussed via email and again at the third meeting. Worksheets for identifying resources were emailed to committee members in order to shorten the length of the third meeting. Members emailed back the worksheets and results were compiled into a resource list. Please see Appendix E.

During the third IPLAN committee meeting, the results from the combined group worksheets were reviewed and deliberated (both the risk factors and resources identified). Specifics on the health concerns were presented including statistics and data for Boone County. Group breakout sessions were conducted again to brainstorm and identify additional resources not yet mentioned from the prior emailed results. All worksheet results were handed out to each committee member for their review and approval. Committee members had input in the community analysis worksheets, however, BCHD staff made minor adjustments based on feedback from the members.

During the final meeting, a draft of the 2012 IPLAN report was reviewed by committee members and objectives and intervention strategies were discussed. Final objectives and intervention strategies were formed prior to the last meeting and reviewed by the Administrator, Director of Personal Services, and Health Educator. Handouts of the objectives and intervention strategies were dispersed to members for review and feedback was welcomed informally during the presentation.

Boone County Community Health Plan

Purpose Statement

The purpose of the community health plan is to identify priority health needs of people residing in Boone County, as determined through the community health needs assessment. This community health plan will serve as a guide for the BCHD and other Boone County organizations (included in the previously mentioned committee appendix). This health plan will help aid in developing grant proposals and programs that will target the needs of the residents in Boone County. The ultimate goal of the community health plan is to improve the health of Boone County residents and provide targeted services to the county.

Process

The community health plan was developed after compiling data and analyzing health priorities, from which IPLAN committee members came to a consensus of the previously mentioned action items (risk factors, contributing factors, resources, etcetera). In addition to the analysis of each of the four health priorities for Boone County, measurable outcome and impact objectives were formulated for all priorities. The community health plan was submitted via computerized presentation during a Board of Health meeting and constructive criticism was welcomed. Based on Board of Health feedback, minor adjustments were made and the Board of Health approved the 2012 community health plan. A letter was later submitted to IDPH stating the board's review and approval of the health plan.

Analysis of Priorities

The IPLAN committee cooperatively discussed and reviewed both direct and indirect contributing potential risk factors for each of the four health priorities. It should be noted that several risk factors and contributing factors were suggested.

Committee members identified the risk factors and contributing factors during two of the committee meetings. Risk factors are identified as established factors, or determinants that relate directly to the level of the health priority. Direct contributing factors were established as those that directly affect the level of a risk factor. Indirect contributing factors influence the level of the direct contributing factors and are community-specific. Please refer to the Health Problem Analysis Worksheets in Appendix F.

Obesity

Risk factors for obesity included poor nutrition (diet high in fat, processed foods, carbohydrate heavy foods) and inactivity (lack of movement, sedentary lifestyle, lack of exercise). Direct contributing factors included diet, stress, and sedentary lifestyle. Indirect contributing factors included lack of skills, knowledge, availability of food choices, dietary choices/portions, absence of coping skills, inadequate counseling, social related stress (work, family, friends, and community), a lack of behavioral changes in community and self, and a shortage of available community resources.

Type II Diabetes

Risk factors for type II diabetes included high blood pressure and being overweight. Direct contributing factors associated with the risk were lack of physical activity, stress, and poor diet. Indirect contributing factors discussed were perceived lack of time, sedentary lifestyle, perceived barriers (including resources), lack of coping skills, lack of knowledge, stress eating, lack of behavioral change, limited access to care, and lack of opportunity/skills/time.

Chronic Disease Screening

Risk factors identified for chronic disease screening included unhealthy lifestyle (lack of preventative care) and poor nutrition. Direct contributing factors were lack of physical activity, lack of preventative services, and diet. Indirect contributing factors included sedentary lifestyle, lack of access to facilities, lack of transportation, lack of offered screenings, lack of resources, dietary choices, availability of foods, and high lipids in food intake.

Access to Healthcare

Two identified risk factors were lack of health literacy/education/direction and not having health insurance. Direct contributing factors include language barriers and loss of jobs/unemployment; indirect factors include lack of resources, lack of access, financial cost, and lack of services.

Objectives, Strategies, Resources, & Barriers

Please refer to Appendix G.

Health Priority: Obesity

Outcome Objective(s):

Decrease the percentage of Boone County residents who are obese from 31.2% (Boone County Baseline) to the Illinois benchmark of 27.6% by December 2017 (IDPH Illinois Behavioral Risk Factor Surveillance Survey (BRFS)).

Impact Objective(s):

- Increase the percentage of Boone County adults who eat more than 2 servings of fruits and vegetables per day to the national benchmark of 32.8% (baseline is 27% for the Boone County population) by December 2015. (BRFSS, 2007 (accessed through CDC)).
- Increase the number of Boone County residents who engage in physical activity to 63.1% (baseline is 56.7% for the Boone County population) by December 2017. Based on the Illinois State data retrieved from CDC.

Intervention Strategies:

- Increase adolescent participation in school-based health programs (through the We Choose Health grant), in collaboration with community partners
- Encourage physical activity and proper diet through educational programs
- Promote community activity through the Women Out Walking program (WOW)
- Educate the community on healthy dieting, nutrition, and the importance of physical activity
- Encourage and inform the residents of the numerous parks and facilities available, including the local YMCA and Belvidere Park District

Resources Available (Government & Non-government):

- Agencies and organizations in Boone County involved in IPLAN
- Boone County Health Department
- We Choose Health grant funding
- Women Out Walking funding
- Boone County Council on Aging
- Boone County Crusader Clinic
- Boone County Youth Services Network

Barriers:

- Target population may choose not to participate
- Funding
- Staff limitations to take on new programs
- Collection of data by IDPH Behavioral Risk Surveillance Survey

Health Priority: Type II Diabetes

Outcome Objective(s):

Reduce the percentage of Boone County adults, ages 45-64 who report they have been diagnosed with diabetes from 10.1% to 9.1% by the end of December, 2017. (Healthy People 2020 Objectives)

Reduce the percentage of Boone County adolescents, ages 18 years and younger who have been diagnosed with diabetes from 26% (baseline calculated based on the CDC prevalence of diabetes in the U.S.) to 16% (based on Healthy People 2020 D-1 objective of 10% improvement among adults), by December 31, 2017.

Impact Objective(s):

- Offer low cost or free blood glucose screenings to 1,000 people (estimated 200 persons per year) at the health department and/or other community screening sites by July 1, 2016.
- Increase the number of Stanford Chronic Disease Self-Management Programs offered to Boone County residents to ten offered programs by December 31, 2017.
- Reduce the number of Boone County adults who are overweight or obese from 31.2% to below 27.6% based on body mass index, by the end of December 2017.

Intervention Strategies:

- To increase the adolescent participation in school-based health programs (through the We Choose Health grant)
- Collaborate with the Boone County Council on Aging and the Northwestern Illinois Chapter to provide the proven Stanford Chronic Disease Self-Management Program
- Promote and market physical fitness, exercise, and diet through a media and marketing campaign utilizing our community partners (i.e. YMCA, Belvidere Park District)
- Educate Boone County residents about the importance of diabetic screenings
- Increase the number of Boone County residents being screened at the health department and community screening sites

Resources Available (Government & Non-government):

- Agencies and organizations in Boone County involved in IPLAN
- We Choose Health grant funding
- Boone County Council on Aging
- Crusader Community Health-Belvidere
- Boone County Health Department
- Boone County Youth Services Network
- Local Cosmopolitan Club

Barriers:

- Funding
- Target populations may choose not to participate
- Staff limitations

Health Priority: Chronic Disease Screening

Outcome Objective(s):

Increase the number of Boone County women who receive mammogram screenings from 67.4% (baseline for Boone County population) to 74% (national benchmark) by December 31, 2017. Baseline data based on the Illinois Behavioral Risk Factor Surveillance System (BRFS).

Increase the number of Boone County men and women, ages 50 and older, who receive colorectal cancer screening exams from 60.6% (baseline for Boone County population) to 62% by December 31, 2017. (Illinois Behavioral Risk Factor Surveillance System (BRFS)).

Increase the number of adults having their blood glucose screened from 64% (baseline for Boone County population) to the Illinois state benchmark of 66% by December 31, 2017. Baseline data based on the Illinois Behavioral Risk Factor Surveillance System (BRFS) and Illinois state benchmark based on County Health Rankings.

Impact Objective(s):

- Provide low cost or free blood glucose screenings to 200 persons per year at the health department and other community screening sites by July 1, 2013.
- Increase the number of Stanford Chronic Disease Self-Management Programs offered to Boone County residents to ten offered programs by December 31, 2017.
- Promote the importance of colorectal cancer screening in both early detection and prevention of colorectal cancer within the community by December 31, 2017.
- Increase community awareness of the importance of glucose screenings for detecting elevated blood pressure levels by December 31, 2017.
- Provide access to information to the community of resources available for accessing affordable screenings by December 31, 2017.

Intervention Strategies:

- Collaborate with the Boone County Council on Aging and the Northwestern Illinois Chapter to provide the proven Stanford Chronic Disease Self-Management Program
- Encourage chronic disease screenings to high risk populations through education programs and material promotions.

- Collaborate with community partners to provide affordable or free blood pressure and blood glucose screenings throughout Boone County.
- Promote physical activity and well balanced nutrition through educational programs and activities

Resources Available (Government & Non-government):

- Boone County Park District
- Boone County Council on Aging
- Boone County Health Department
- Community foundations
- Belvidere Family YMCA
- Screening Availability- Boone County Health Department, Crusader Community Health-Belvidere
- SwedishAmerican Medical Center/Belvidere

Barriers:

- Funding
- Target populations may choose not to participate
- Staff limitations

Health Priority: Access to Healthcare

Outcome Objective(s):

To reduce the number of adults in Boone County who avoided the doctor due to cost from 17.2% to 13% (2009-2010 Illinois Department of Public Health Behavioral Risk Factor Surveillance System, IDPH BRFSS) by the end of December 2017.

To implement and streamline the 2-1-1, 24 hour service line, to Boone County residents in order to access healthcare and human services information (as measured by pilot counties using 2-1-1) by the end of December 2017.

Impact Objective(s):

- Create a Boone County Directory of Services for residents by July 31, 2015.
- Educate the importance of seeing a physician and the options for both insurance holders and non-insurance holders hosted at the health department by July 31, 2016.
- Provide marketing materials that explain where a resident in Boone County may obtain services by July 31, 2016.

- Increase the number of people in Boone County who receive appropriate evidence-based preventative services through a 2-1-1 hotline by December 31, 2017

Intervention Strategies:

- To implement the 2-1-1 hotline, increasing access to public health information in Boone County.

Resources Available (Government & Non-government):

- Agencies and organizations in Boone County involved in IPLAN
- Boone County Council on Aging
- Crusader Community Health-Belvidere

Barriers:

- Locating providers for uninsured/underinsured Boone County residents
- Target population may choose not to participate
- Funding
- Stigma associated with clinics
- Language Barriers

Summary

The Boone County Health Department received outstanding support from the community and from members on the IPLAN committee. BCHD staff would like to thank all of the individuals who willingly served on the health committee for their time and their commitment to improving the overall health of Boone County residents. BCHD staff and members on the committee believe that IPLAN 2012 will serve as a guide for public health agencies in Boone County. BCHD staff and IPLAN committee members hope to meet annually to measure and evaluate the objectives and intervention strategies in order to move toward the goal of improving the health of Boone County residents.

Appendices

Appendix A: Boone County Board of Health Letter to IDPH

Appendix B: IPLAN Committee List

Appendix C: Boone County Community Health Plan Data

Appendix D: Ranking of Health Priorities

Appendix E: Resource List

Appendix F: Health Problem Analysis Worksheets

Appendix G: Community Health Plan Worksheets

Appendix H: References

Appendix A:
Boone County Board of Health Letter to IDPH



Boone County
DEPARTMENT OF
PUBLIC HEALTH

1204 Logan Avenue ♦ Belvidere, Illinois 61008

Main Office: 815-544-2951 ♦ Clinic: 815-544-9730
Fax: 815-544-2050 www.boonehealth.org

The mission of the BCDPH is to protect and promote health in Boone County.

July 27, 2012

Tom Szpyrka
IPLAN Administrator
Illinois Department of Public Health
525 West Jefferson, Street, 2nd Floor
Springfield, Illinois 62711

Dear Mr. Szpyrka,

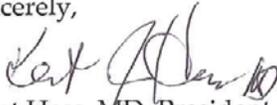
It is with pleasure to inform you that the Boone County Board of Health has reviewed the department's IPLAN Phase One- Internal Organizational Capacity Assessment and has approved the report during our Board of Health meeting on June 25th, 2012.

The McKinsey Organizational Capacity Assessment was utilized in order to assist in assessing our department's organizational capacity. The McKinsey Organizational Capacity Assessment has a ranking scale of 1-4, 4 being the highest level of capacity. We recognize that our score is above average, but also displays room for improvement.

In addition, the Boone County Board of Health has reviewed the attached Community Health Needs Assessment and plan for Boone County. The Boone County Board of health endorses the IPLAN content and will be working over the next five years to ensure that the goals and objectives are met to the best of our ability.

We look forward to the Illinois Department of Public Health's August site visit as we continue with the IPLAN process.

Sincerely,


Kent Hess, MD, President
Boone County Board of Health

**Appendix B:
IPLAN Committee List**

Agency	Committee Member	Title
Belvidere Community School District 100	Michael Houselog Jody Dahlseng	Superintendent, School District 100 Principal, Perry Elementary, Chairmen of District 100 Wellness Committee
Belvidere/ Boone County Food Pantry	Annette Gustofson	
Belvidere Park District	Dan Roddewig	Director
Belvidere Family YMCA	Jen Jacky	Chief Executive Officer
Belvidere Police Department	Jan Noble	Police Chief
Boone County Council on Aging	John Slattengren	Executive Director
Boone County Government	Ken Terrinoni	Manager of County Board Office Administration
Boone County Health Department	Cynthia Frank Ellen Genrich Bill Hatfield Amanda Mehl Melissa McAvoy	Administrative Director Health Education & Health Outreach Coordinator Environmental Health Director Personal Health Services Director Preceptorship Student
Boone County Board of Health	Kathy Taylor	Secretary of Board of Health
Boone County Housing Authority	Alan Zais Vince Gulotta	Executive Director Resident Service Coordinator
CASA	Shannon Marian-Krahn	Executive Director
Catholic Charities	Laurie Larsen	Manager
Children Home and Aid Society	Jackie Weber	
Crusader Clinic	Susie Bernardi	Site Manager
Dean Foods	Neil Rote	Compliance Coordinator
LaVoz Latina	Sandra Belman	Program Director
The Literacy Council	Debbie Lindley	Program Director
Lutheran Child & Family Services at Immanuel Lutheran	Christine Spuhler	Bilingual Clinical Social Worker

North Boone Community District 200	Barb Sager	Director of Health Services, North Boone Dist. 200
Northwestern IL Area Agency On Aging	Donna Bileto	Community Service Specialist
OSF Lifeline Ambulance	Jenny Tirado	EMT
RAMP	Rebecca Maggio Molly Waller	Independent Living Advocate
Rockford Sexual Assault Counseling	Paula DiCaprio	Counselor
Rock River Valley Blood Center	Lisa Entrikin Heidi Ognibene	Director of Operations Director of Operations
Rosecrance Belvidere Clinic	Collene Taylor	Clinic Manager
SwedishAmerican Medical Center/Belvidere	Helen Lawhorn	
United Way of Boone County	Teri Carter	Executive Director
Youth Services Network	Susan Rader	Administrative Director

**Appendix C:
Boone County Community Health Data**

Boone County Population, U.S. Census 2011

Boone County	#	%
Total Population	54,367	100%
Male	27,130	49.9%
Female	27,237	50.1%

Boone County Births, 2001-2009

Year	Number	Change
2009	622	- 16.4%
2005	744	+ 15.5%
2001	629	

**Appendix C:
Boone County Community Health Data
Continued**

Socioeconomic Indicators

	Boone County		Illinois	
	#	%	#	%
Population (2005)	50,483		12,763,371	
Persons Below Poverty (2005)	3,887	7.7%	1,455,024	11.4%
Medicaid Recipients (2006)	5,646	11.2%	1,905,743	14.9%
Food Stamp Recipients (2006)	2,777	5.5%	1,241,259	9.7%

Hospitalization and Mortality, 2001 and 2008-2009

Table 12.8
WINNEBAGO AND BOONE COUNTIES AND ILLINOIS
SELF-REPORTED HEALTH BEHAVIORS: 2001 AND 2008 - 2009

Health Behaviors	Percent of Population 18 & Older					
	Winnebago County		Illinois 2008	Boone County		Illinois 2009
	2001	2008		2001	2009	
Obesity						
Underweight/normal	41.0%	37.6%	37.3%	38.3%	31.8%	36.1%
Overweight	37.3%	30.9%	36.3%	40.5%	37.0%	37.2%
Obese	21.8%	31.4%	26.4%	21.2%	31.2%	26.8%

**Appendix C:
Boone County Community Health Data
Continued**

Potential Life Lost, 2006

**Table 11.26
BOONE COUNTY
YEARS OF POTENTIAL LIFE LOST FOR SELECTED DEATH CAUSES: 2006**

Cause	Total ¹
Cancer (malignant neoplasms)	270
Accidents (unintentional injuries)	173
Heart disease	167
Congenital malformations	64
Diabetes	43

¹Before age 65.

Source: Illinois Department of Public Health,
IPLAN Data System

Leading Causes of Death, 2007

**Table 11.10
BOONE COUNTY, ILLINOIS, AND U.S.
LEADING CAUSES OF DEATH: 2007**

Cause	Boone County		Illinois Rate ¹	U.S. Rate ¹
	Number	Rate ¹		
All Causes	342	643.3	784.5	803.6
Cancer (malignant neoplasms)	86	161.8	188.5	186.6
Heart disease	82	154.2	201.6	204.3
Stroke (cerebrovascular diseases)	25	47.0	45.8	45.1
Accidents (unintentional injuries)	18	33.9	33.8	41.0
Chronic lower respiratory diseases ²	17	32.0	37.0	42.4
Alzheimer's disease	14	26.3	21.4	24.7

¹Rate per 100,000 population. Boone County rate based on 2007 estimated population of 53,162. Not age-adjusted.

²Previously known as chronic obstructive pulmonary disease (COPD).

Note: Causes with fewer than 12 deaths not shown.

Sources: Illinois Department of Public Health for county and state data. Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics Reports, *Deaths: Final Data for 2007* for U.S. data

**Appendix C:
Boone County Community Health Data
Continued**

Deaths for Leading Causes, 1994-1996 and 2004-2006

Table 11.17
BOONE COUNTY
DEATHS FOR LEADING CAUSES AS PERCENT OF ALL: 1994-1996 AND 2004-2006

Cause	2004-2006		1994-1996	
	Number	Percent	Number	Percent
All Causes	1,043	100.0%	812	100.0%
Heart disease	274	26.3%	251	30.9%
Cancer (malignant neoplasms)	249	23.9%	184	22.7%
Stroke (cerebrovascular disease)	58	5.6%	52	6.4%
Chronic lower respiratory diseases	55	5.3%	36	4.4%
Alzheimer's disease	30	2.9%	8	1.0%
Accidents (unintentional injuries)	45	4.3%	38	4.7%
Diabetes mellitus	38	3.6%	28	3.4%
Influenza & pneumonia	28	2.7%	28	3.4%
Nephritis, nephrotic syn., and nephrosis	19	1.8%	21	2.6%
Septicemia	18	1.7%	10	1.2%
Chronic liver disease & cirrhosis	12	1.2%	11	1.4%
Suicide	5	0.5%	8	1.0%
Congenital malformations	3	0.3%	7	0.9%
Atherosclerosis	4	0.4%	5	0.6%
Perinatal conditions	4	0.4%	0	0.0%
Homicide	2	0.2%	4	0.5%
HIV infection	0	0.0%	3	0.4%
All other causes	199	19.1%	115	14.2%

Source: Percents computed based on data from Illinois Department of Public Health

**Appendix C:
Boone County Community Health Data
Continued**

Information accessed from CDC	National Data	Illinois State Data
Persons with no health insurance (aged 65 & under)	17%	18%
Persons with no health insurance (aged 20 to 24)	40%	40%
Persons with no health insurance of Hispanic & Latino descent	35%	43%

Source: Center for Disease Control and Prevention

**Appendix D:
Ranking of Health Priorities**

Form Distributed to Committee Members for Ranking Health Priorities



Boone County Health Department

IPLAN COMMUNITY HEALTH COMMITTEE

Top Three Health Priorities

1. _____

2. _____

3. _____

Ranking Results

Access to Care

- Cost of healthcare (5)
- Preventative healthcare for children (4)
- Preventative healthcare for adults(screenings) (3)
- Preventative dental care for children (3)
- TB screening
- Lack of Medicaid providers
- Access to care for special needs population
- Healthcare for the unemployed
- Affordable healthcare insurance
- Lack of prenatal care
- Transportation (3)
- Lack of insurance (2)
- Low Income

• Affordable medications

Mental Health & Substance Abuse

- Depression (3)
- Suicide & attempts
- Mental health
- Anxiety
- Medicaid & Medicare
- Behavioral health
- Teen alcohol/drug abuse (2)

Health Communication

- Information in Spanish about healthcare
- Health education on infectious disease
- Healthy lifestyle (5)
- Knowledge of available services
- Health literacy

Issues among Elderly Population

- Elder abuse
- Aging – 20% population over 65
- Diabetes (5)
- Obesity (11)
- Bed bug infestation (2)
- Well-balanced diet (4)
- Insufficient food supplies
- Insufficient daily essentials
- Increase in cancer
- Potable water safety
- Infectious disease control
- Cardiovascular disease(3)
- Teen pregnancy (2)
- Prescription drug abuse
- Allergies
- Abstinence education
- Immunizations

Appendix E: Resource List

Health Priority: Obesity

- Belvidere Community School District 100
- North Boone Community District 200
- Belvidere/Boone County Food Pantry
- Belvidere Park District
- Belvidere Family YMCA
- Boone County Health Department
- We Choose Health grant funding
- Women Out Walking funding
- Boone County Council on Aging
- Boone County Crusader Clinic
- Boone County Youth Services Network
- Farmer's Markets
- SwedishAmerican Medical Center/Belvidere

Health Priority: Diabetes

- Belvidere Community School District 100
- North Boone Community District 200
- SwedishAmerican Medical Center/Belvidere
- We Choose Health grant funding
- Boone County Council on Aging
- Crusader Community Health - Belvidere
- Boone County Health Department
- Boone County Youth Services Network
- Local Cosmopolitan Club
- American Diabetes Association
- Belvidere Park District
- Belvidere Family YMCA
- Farmer's Markets

Appendix E: Continued

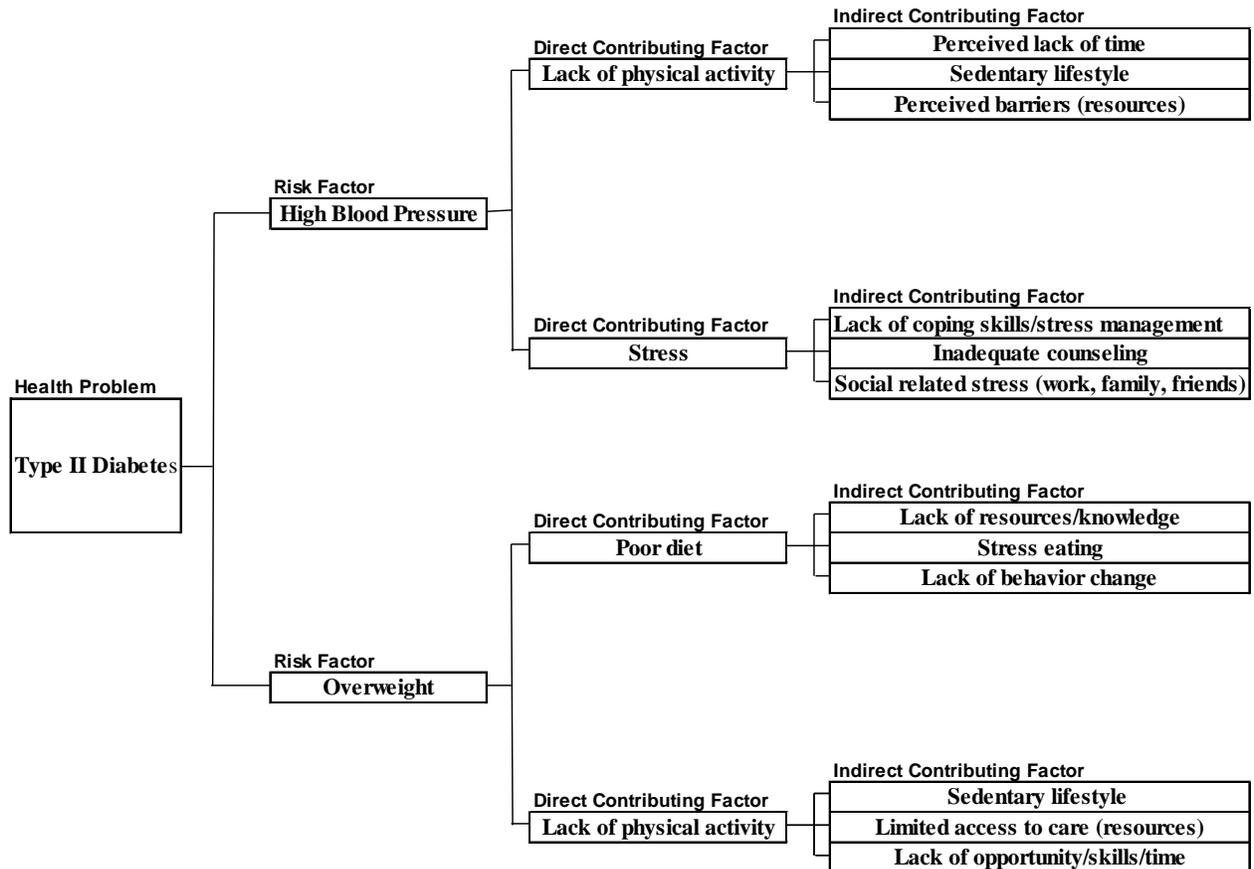
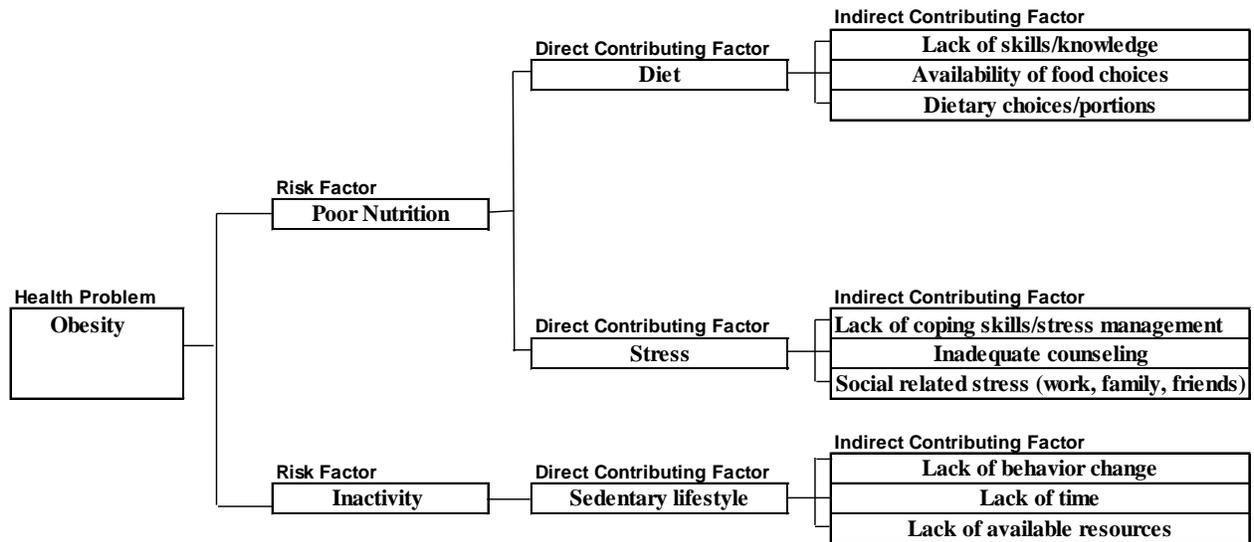
Health Priority: Chronic Disease Screening

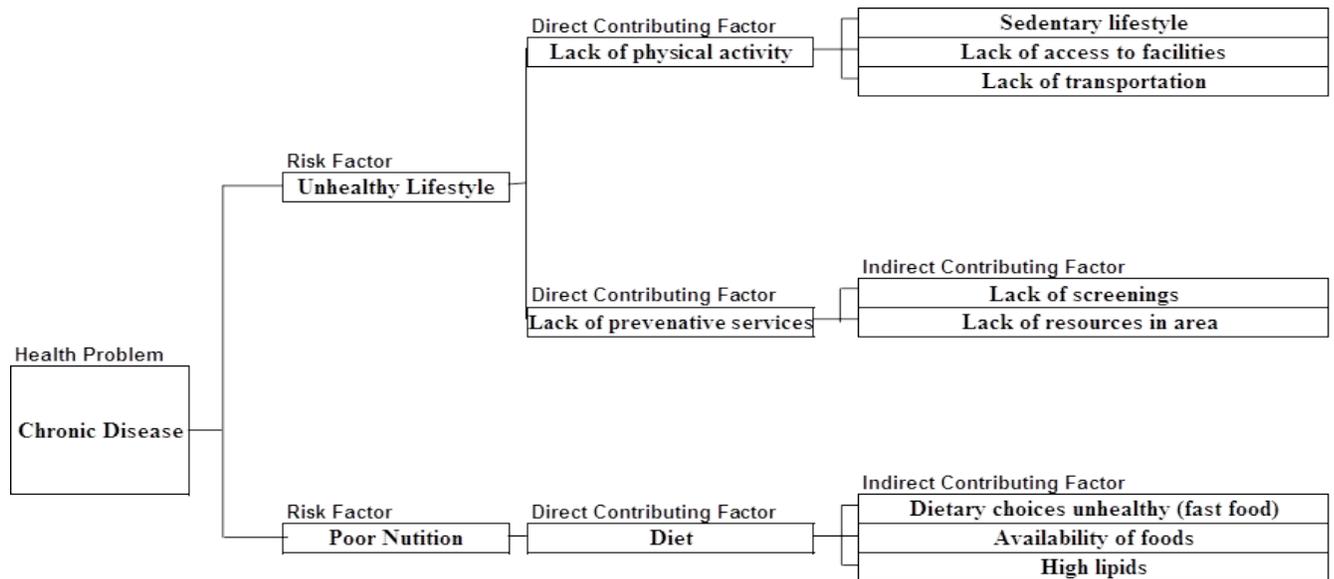
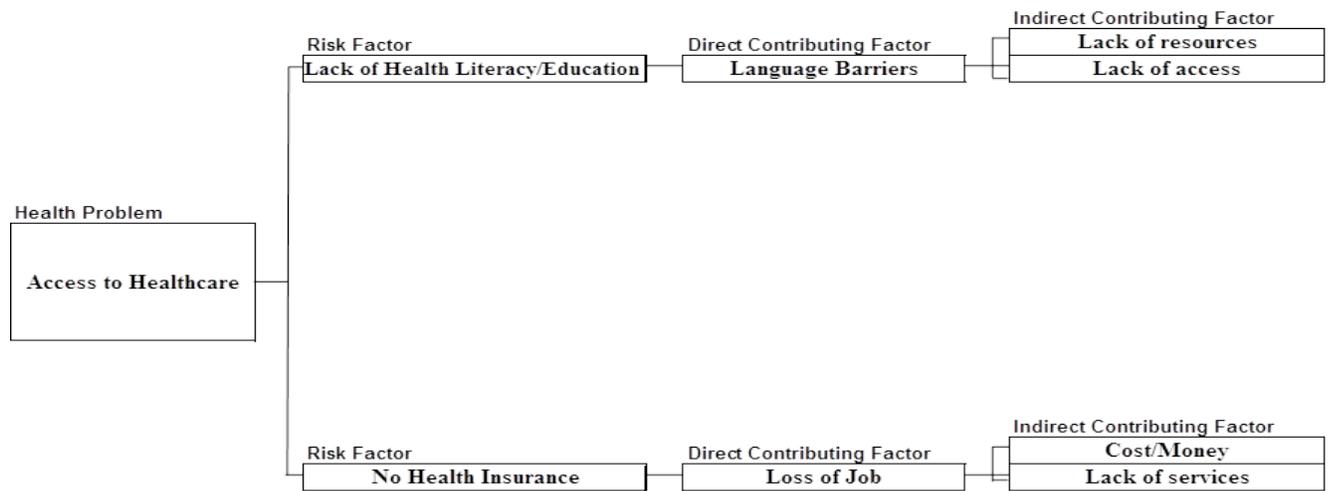
- Boone County Park District
- Boone County Council on Aging
- Boone County Health Department
- Community Foundations
- Belvidere Family YMCA
- Screening Availability- BCHD, Crusader Community Health - Belvidere
- SwedishAmerican Medical Center/Belvidere
- American Cancer Society
- American Heart Association
- American Diabetes Association
- Women Out Walking Program

Health Priority: Access to Healthcare

- Agencies and organizations in Boone County involved in IPLAN
- Boone County Council on Aging
- Crusader Community Health - Belvidere
- SwedishAmerican Medical Center/Belvidere
- American Cancer Society
- American Heart Association
- American Diabetes Association

Appendix F: Health Problem Analysis Worksheets





**Appendix G:
Community Health Plan Worksheets**

<p><u>Health Problem:</u></p> <p>OBESITY</p>	<p><u>Outcome Objective (s):</u></p> <ul style="list-style-type: none"> • Decrease the percentage of Boone County residents who are obese from 31.2% (Boone County Baseline) to the Illinois benchmark of 27.6% by December 2017, as measured by the IDPH Illinois Behavioral Risk Factor Surveillance Survey (BRFS).
<p><u>Risk Factor (s):</u></p> <ul style="list-style-type: none"> • Improper nutrition <ul style="list-style-type: none"> •Diet- high in fat •Processed foods •Carb heavy foods • Lack of movement • Sedentary lifestyle •Lack of exercise 	<p><u>Impact Objective (s):</u></p> <ul style="list-style-type: none"> • Increase the percentage of Boone County adults who eat more than 2 servings of fruits and vegetables per day to 32.8% (baseline is 27% for the Boone County population) by December 2015. Based on the National benchmark according to BRFSS, 2007 (accessed through CDC). • Increase the number of Boone County residents who engage in physical activity to 63.1% (baseline is 56.7% for the Boone County population) by December 2017. Based on the Illinois State data retrieved from CDC.
<p><u>Contributing Factors (Direct/Indirect):</u></p> <ul style="list-style-type: none"> • Financial resources/issues • Lack of education/knowledge • Depression • Socio-economic • Lack of time management • Anxiety • Rx influence • Safety • Lack of Access 	<p><u>Intervention Strategies:</u></p> <ul style="list-style-type: none"> • Increase adolescent participation in school-based health programs (through the We Choose Health grant), in collaboration with community partners • Encourage physical activity and proper diet through educational programs • Promote community activity through the Women Out Walking program (WOW) • Educate the community on healthy dieting, nutrition, and the importance of physical activity • Encourage and inform the residents of the numerous parks and facilities available, including the local YMCA
<p><u>Resources Available (Government & Non-government):</u></p> <ul style="list-style-type: none"> • Agencies and organizations in Boone County involved in IPLAN • We Choose Health grant funding • Boone County Council on Aging • Boone County Crusader Clinic • Boone County Youth Services Network 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> • Target population may choose not to participate • Funding • Staff limitations to take on new programs • Collection of data by IDPH Behavioral Risk Surveillance Survey

Appendix G: Continued

<p><u>Health Problem:</u></p> <p>TYPE II DIABETES</p>	<p><u>Outcome Objective (s):</u></p> <ul style="list-style-type: none"> • Reduce the percentage of Boone County adults, ages 45-64 who report they have been diagnosed with diabetes from 10.1% to 9.1% by the end of December 31, 2017. (Healthy People 2020 Objectives) • Reduce the percentage of Boone County adolescents, ages 18 years and younger who have been diagnosed with diabetes from 26% (baseline calculated based on the CDC prevalence of diabetes in the U.S.) to 16% (based on Healthy People 2020 D-1 objective of 10% improvement among adults), by December 2017.
<p><u>Risk Factor (s):</u></p> <ul style="list-style-type: none"> • Obesity <ul style="list-style-type: none"> • Diet (high carbs/sugar) • Unhealthy lifestyle • Lack of physical activity • Fat distribution • Unable to purchase healthy foods • Family history • Ethnicity barriers 	<p><u>Impact Objective (s):</u></p> <ul style="list-style-type: none"> • Offer low cost or free blood glucose screenings to 1,000 people (estimated 200 persons per year) at the health department and/or other community screening sites by July 1st, 2017. • Increase the number of Stanford Chronic Disease Self-Management Programs offered to Boone County residents to ten offered programs by December, 2017. • Reduce the number of Boone County adults who are overweight or obese from 31.2% to below 27.6% based on body mass index, by the end of December 2017.
<p><u>Contributing Factors (Direct/Indirect):</u></p> <ul style="list-style-type: none"> • Lack of education • Pre-packaged foods • Socioeconomic status • Sedentary lifestyle • Lack of access • Lack of family activities • Don't know how to cook • Lack of personal responsibility • Poor school lunches • Lack of experience • Technology • Social norms 	<p><u>Intervention Strategies:</u></p> <ul style="list-style-type: none"> • To increase the adolescent participation in school-based health programs (through the We Choose Health grant) • Collaborate with the Boone County Council on Aging and the Northwestern Illinois Chapter to provide the proven Stanford Chronic Disease Self-Management Program • Promote and market physical fitness, exercise, and diet through a media and marketing campaign utilizing our community partners (i.e. YMCA) • Educate Boone County residents about the importance of diabetic screenings • Increase the number of Boone County residents being screened at the health department and community screening sites
<p><u>Resources Available (Government & Non-government):</u></p> <ul style="list-style-type: none"> • Boone County Park District • Boone County Council on Aging • Social network (media) • Community foundations • Boone County YMCA <ul style="list-style-type: none"> • Screening Availability- BCHD, Crusader Community Health-Belvidere • SwedishAmerican Medical Center/Belvidere 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> • Funding • Target populations may choose not to participate • Staff limitations

Appendix G: Continued

<p><u>Health Problem:</u></p> <p>Chronic Disease Screening</p>	<p><u>Outcome Objective (s):</u></p> <ul style="list-style-type: none"> • Increase the number of Boone County women who receive mammogram screenings from 67.4% (baseline for Boone County population) to 74% (national benchmark) by December 2017. Based on the Illinois Behavioral Risk Factor Surveillance System (BRFS). • Increase the numbers of Boone County men and women, ages 50 and older, who receive colorectal cancer screening exams from 60.6% (baseline for Boone County population) to 62% by December 2017. Baseline data based on the Illinois Behavioral Risk Factor Surveillance System (BRFS). • Increase the number of adults having their blood glucose screened from 64% (baseline for Boone County population) to the Illinois state benchmark of 66% by December 2017. Baseline data based on the Illinois Behavioral Risk Factor Surveillance System (BRFS) and Illinois state benchmark based on County Health Rankings.
<p><u>Risk Factor (s):</u></p> <ul style="list-style-type: none"> • Obesity • Diet (high carbs/sugar) <ul style="list-style-type: none"> • Poor Nutrition • Unhealthy lifestyle • Lack of physical activity • Fat distribution <ul style="list-style-type: none"> • Unable to purchase healthy foods • Elevated BMI <ul style="list-style-type: none"> • Family history & genetics • Ethnicity barriers • Lack of understanding of health issues, how to prevent diseases, how to control diseases • Not participating in preventative screening • Stress • Diabetes • Age • Tobacco use/smoking • Lack of health care • Late diagnosis 	<p><u>Impact Objective (s):</u></p> <ul style="list-style-type: none"> • Establish a men’s public health council by December 2017, in order to represent chronic disease specifically for men’s health. • Provide low cost or free blood glucose screenings to 200 persons per year at the health department and other community screening sites by July 1st, 2013. • Increase the number of Stanford Chronic Disease Self-Management Programs offered to Boone County residents to ten offered programs by December, 2017. • Promote the importance of colorectal cancer screening in both early detection and prevention of colorectal cancer within the community by December 2017. • Increase community awareness of the importance of glucose screenings for detecting elevated blood pressure levels by December 2017. • Provide access to information to the community of resources available for accessing affordable screenings by December 2017.
<p><u>Contributing Factors (Direct/Indirect):</u></p> <ul style="list-style-type: none"> • Life Style • Non compliances with health care plan: example diabetic may develop heart disease • Low literacy skills • No medical insurance • Lack of healthcare services- no primary care provider • Lack of affordable work out facilities • Sedentary Lifestyle • Lack of education/knowledge • Diet/overweight • Lack of transportation • Cultural resistance to health care 	<p><u>Intervention Strategies:</u></p> <ul style="list-style-type: none"> • Collaborate with the Council on Aging in Boone County and the Northwestern Illinois Chapter to provide the proven Stanford chronic disease self-management program • Encourage chronic disease screenings to high risk populations through education programs and material promotions. • Collaborate with community partners to provide affordable or free blood pressure and blood glucose screenings throughout Boone County. • Promote physical activity and well balanced nutrition through educational programs and activities
<p><u>Resources Available (Government & Non-government):</u></p> <ul style="list-style-type: none"> • Boone County Park district • Boone County Council on Aging • Community foundations • Boone County YMCA • Screening Availability- BCHD, Boone County Crusader Clinic • SwedishAmerican Medical Center/Belvidere 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> • Funding • Target populations may choose not to participate • Staff limitations

Appendix G: Continued

<p><u>Health Problem:</u></p> <p>Access to Healthcare</p>	<p><u>Outcome Objective (s):</u></p> <ul style="list-style-type: none"> • To reduce the number of adults in Boone County who avoided the doctor due to cost from 17.2% to 13% (2009-2010 Illinois Department of Public Health Behavioral Risk Factor Surveillance System, IDPH BRFS) by the end of December 2017. • To implement and streamline the 2-1-1, 24 hour service line, to Boone County residents in order to access healthcare and human services information (as measured by pilot counties using 2-1-1) by the end of December 2017.
<p><u>Risk Factor (s):</u></p> <ul style="list-style-type: none"> • Limited primary care providers • Lack of providers that accept Medicaid • Lack of accessible care • Wheel chair accessible exam tables, diagnostic machines • Low socioeconomic levels • Lack of health insurance 	<p><u>Impact Objective (s):</u></p> <ul style="list-style-type: none"> • Create a Boone County Directory of services for residents by July 2015. • Educate the importance of seeing a physician and the options for both insurance holders and non-insurance holders hosted at the health department by July 2016. • Provide marketing materials as to where a resident in Boone County may obtain services by July 2016. • Increase the number of people in Boone County who receive appropriate evidence-based preventative services through the 2-1-1 hotline by December 2017.
<p><u>Contributing Factors (Direct/Indirect):</u></p> <ul style="list-style-type: none"> • Loss of health insurances • Low literacy Skills/Language barriers • Lack of transportation • Lack of funding • Rural areas with limited availability <p>Few providers serve underinsured patients</p> <ul style="list-style-type: none"> • Lack of knowledge 	<p><u>Intervention Strategies:</u></p> <ul style="list-style-type: none"> • To implement the 2-1-1 hotline, increasing access to public health information in Boone County.
<p><u>Resources Available (Government & Non-government):</u></p> <ul style="list-style-type: none"> • Agencies and organizations in Boone County involved in IPLAN • Boone County Council on Aging • Boone County Crusader Clinic 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> • Locating providers for uninsured/underinsured Boone County residents • Target population may choose not to participate • Funding • Stigma associated with clinics

Appendix H: References

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- Illinois Youth Survey. 2011 County Report: Boone County.
- National Association of County Health Officials (1991). APEXPH. Assessment Protocol for Excellence in Public Health.
- 2-1-1, developed by United Way, is for times of non-emergency crisis as well as for everyday needs. The 2-1-1 call specialists are available to help individuals locate health and human service assistance, on everything from food and shelter, to job counseling services and health resources.
- U.S. Census Bureau, State & County QuickFacts, Boone County, Illinois. 2011.
- We Choose Health grant-Funded through the Illinois Department of Public Health (IDPH)-a statewide initiative to reduce chronic diseases such as heart disease, stroke and diabetes.
- Winnebago and Boone Counties Healthy Community Analysis. Health System Research (2010).
- WOW-Women out Walking-funding through the Illinois Department of Public Health (IDPH) is a 12-week walking challenge for women.