



Illinois Project for Local Assessment of Needs (IPLAN)

Community Health Needs Assessment and Plan

*Presented to
The DeKalb County Board of Health
March 26, 2013*

by
The Community Health Committee

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

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EXECUTIVE SUMMARY

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

CANCER

CARDIOVASCULAR DISEASE

DIABETES

Highlights of relevant population changes in DeKalb County include an expanding minority population, along with a higher proportion of low-income persons. .

The presence of a large college age population is reflected in many social, economic and health indicators. For instance, median age in the county (29.3) is younger than the nation (37.2). However, from 2000-2010 baby boomers aged 55-64 expanded by 66.4%. In addition, poverty is more common in the county (16.3 %) than in the state (13.8%) and the nation (14.4%).

The largest change in race and ethnicity was in the Hispanic population. Hispanics constituted 10.1% of the population in 2010, up from 6.6% in 2000 and 3% in 1990.

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

Chronic conditions are the leading causes of death and disability in the United States. They also cause major limitations in daily living, impacting significant health functions. Many persons have multiple chronic conditions. Thus, these major conditions – cancer, cardiovascular disease, and diabetes – that were chosen as priorities for DeKalb County seem entirely appropriate especially since the impact of these diseases on the population was shown clearly in the needs assessment.

The Community Health Committee chose to address these immensely challenging issues through an emphasis on primary and secondary prevention. The other focus of intervention strategies was on collaboration. Improving these problems, which become increasingly difficult over time, requires a long-term collaborative commitment from many organizations working together.

The hope of the committee is that this IPLAN is the catalyst for moving effectively toward improved health for all DeKalb County residents.

PURPOSE

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

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

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

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

COMMUNITY PARTICIPATION

A 32-member Community Health Committee was named to conduct the needs assessment and plan. Members were volunteers who agreed to serve on the Committee. They donated a great deal of time and provided valuable expertise. Members were chosen based on the following attributes:

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

Specifically, they were asked to function in the following roles:

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

Four members came from the DeKalb County Health Department, including Jane Lux, R.N., M.P.H., Administrator, who convened the meetings.

Data necessary for the decision-making process was provided by consultant Joel Cowen, who also facilitated the IPLAN process for all prior plans.

A seven-member Steering Committee was formed to receive the DeKalb County needs assessment data prepared by Mr. Cowen and to choose a set of preliminary priorities for presentation to and consideration by the full Community Health Committee.

See Attachment A for a listing of committee members.

PROCESS AND METHODS

Steering Committee

The Steering Committee met six times to receive and discuss the needs assessment data and to choose the preliminary priorities. Meetings were held as follows:

April 11, 2012: Introduction, discussion of data sources and potential issues

June 5, 2012: DeKalb County Demographics

July 3, 2012: Vital Statistics

August 7, 2012: Social and Health Indicators

September 4, 2012: Preliminary priorities chosen

December 4, 2012: Finalization of Community Health Plan

At the meetings on June 5, July 3 and August 7, the Steering Committee received data presentations by Joel Cowen, the needs assessment consultant.

Convening the Community Health Committee

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

The full committee met on October 2 and November 6, 2012. In the first meeting the preliminary priorities were presented along with data supporting each. The prioritization method was introduced.

Prior to the first meeting, a Powerpoint was sent to each member summarizing county data for the following topics: population, race, ethnicity, language and ancestry, gender, household characteristics, marital status, marriage/divorce, housing, education and employment, income and poverty, births (natality), deaths (mortality), health status and behaviors, health resources and utilization and crime and violence.

The potential priorities considered, in alphabetical order, were:

1. Cancer
2. Cardiovascular Disease
3. Diabetes
4. Maternal and Child Health
5. Older Adult Health
6. Oral Health
7. Respiratory Disease

Following discussion of the priorities, the session culminated with the committee members individually scoring the seven preliminary health problems utilizing a modified Hanlon tool (see Attachment B). Each health problem was scored for the following:

1. Size of the problem in terms of the percent of the population affected.
2. Seriousness of the problem in terms of morbidity, mortality, hospitalization, economic loss and community impact.
3. Current actions needed, in terms of whether or not new actions were needed.
4. Intervention potential, in terms of the possible effectiveness of interventions in terms of the current environment for change.

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

1. Cancer
2. Cardiovascular Disease
3. Diabetes

In the Modified Hanlon voting, a fourth priority, Maternal and Child Health, also received significant support from the Community Health Committee. Several members advocated formally recognizing that a healthy start is essential for later good health. Good preventive efforts were said to yield considerable benefit. Also noted was that populations at risk for poorer outcomes are expanding in the county. Whereas DeKalb County historically has recorded favorable infant mortality, the infant death rate has exceeded the state and nation for five of the last ten years. DeKalb County is in the middle third of counties in the state for preterm births. Racial and ethnic disparities were shown in the data analysis for several indicators while minority births are growing. Additionally, the unmarried mother percentage is at a record high - almost four times the 1980 level, and moving toward resembling the nation. Similarly, 42.5 % of total births were to women on Medicaid (2005 to 2009), doubling the percentage since 1993. Lastly, smoking by mothers during pregnancy is well above the state level.

As the American Academy of Pediatrics indicated in their January 2012 policy statement, “disease prevention policies focused largely on adults would be more effective if evidence-based investments were also made to strengthen the foundations of health in the prenatal and early childhood periods.”

Analysis of Community Health Problems

At the second meeting of the full committee, members discussed the reasons that may cause or contribute to each of the priority health problems. “Health Problem Analysis Worksheets” (see Attachment C) for each problem are included which note the following:

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

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

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

The committee discussed available community health resources to address the priority problems. In addition, the committee discussed potential barriers to action.

Development of the Community Health Plan

Upon completion of the analysis of the priority health problems by the Community Health Committee, the Steering Committee met one last time to determine how to best address the priorities in a plan. The Community Health Plan is detailed in the Community Health Plan Worksheets and the accompanying “Further Explanation” for each health problem.

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

An outcome objective, impact objectives and at least one proven intervention strategy is shown for each health problem. The outcome objectives indicate the desired level of change in the health problem over a five- year time frame. The impact objectives indicate the desired level of change in a risk factor over a two to three year time frame. The proven intervention strategy describes the short- term strategy for impacting the contributing factors. In addition, needed resources and possible barriers are outlined.

The Community Health Needs Assessment and Plan was presented to the Board of Health on March 26, 2013 for adoption.

COMMUNITY HEALTH PLAN WORKSHEET

<p>Health Problem: Cancer</p>	<p>Outcome Objective: 1.1 Reduce the DeKalb County lung cancer death rate from an age-adjusted 2007-2009 death rate of 41.5 per 100,000 by 10% to 37.3 in 2013-2015. (CDC WONDER) 1.2 Reduce the DeKalb County incidence of lung cancer from an age-adjusted rate of 61.2 per 100,000 in 2004-2008 (Illinois Cancer Registry) by 10% to 55.1 in 2013-2017.</p>
<p>Risk Factor(s) (may be many): 1. Smoking. 2. Exposure to second hand smoke.</p>	<p>Impact Objective(s): 1.1 Reduce the proportion of DeKalb County adult smokers from 29.5% in 2009 (BRFSS) to the 2009 Illinois rate of 16.9% by 2014. 1.2 Reduce the percentage of DeKalb County 12th graders who report cigarette use from 25% (2012) to 15 % by 2015 (DeKalb County Illinois Youth Survey, September 2012).</p>
<p>Contributing Factors (Direct/Indirect; may be many): 1. Absence of smoke-free policies in public places. 2. Marketing/peer influence. 3. Addiction to nicotine.</p>	<p>Proven Intervention Strategies: 1. DCHD will collaborate with multi-unit housing entities to implement smoke-free policies. 2. DCHD will engage youth in a project to advocate for smoke-free public places in collaboration with the DeKalb Park District. 3. Kishwaukee Community Hospital (KCH) will conduct a series of onsite "Courage to Quit" American Lung Association smoking cessation classes in two DeKalb County Housing Authority housing sites. 4. DCHD will promote use of the Illinois Tobacco Quitline that provides free counseling and nicotine replacement products to assist individuals to quit smoking. 5. KCH will provide the evidence-based Tar Wars education program in one DeKalb County elementary classroom in spring 2013 and one in fall 2013..</p>
<p>Resources Available (governmental and non-governmental): Strategy #1: DeKalb County Health Dept.; DeKalb County Housing Authority; Respiratory Health Association of Metropolitan Chicago. Strategy #2: DCHD; DeKalb Park District. Strategy #3: Kishwaukee Community Hospital; American Lung Association. Strategy #4: DCHD; Illinois Tobacco Quitline. Strategy #5: KCH; local elementary schools.</p>	<p>Barriers: 1. The targeted smoking population may choose not to participate. 2. Sustaining needed funding. 3. Willingness of organizations to address smoking.</p>

<p>Health Problem: Cardiovascular Disease</p>	<p>Outcome Objective: 2.1 Reduce the DeKalb County age-adjusted coronary heart disease death rate from 168.9 per 100,000 in 2007-2009 to 148.9 in 2013-2015. (CDC WONDER).</p>
<p>Risk Factor(s) (may be many):</p> <ul style="list-style-type: none"> • High Cholesterol • Hypertension • Diabetes 	<p>Impact Objective(s):</p> <p>2.1 Reduce the risk of overweight/obesity by increasing the breastfeeding level at Kishwaukee Community Hospital from 83.7 % in 2011 (IDPH Hospital Report Card) to 88.7 % in 2015.</p> <p>2.2 Increase physical activity by making three outdoor leisure system and environmental changes by 2015 leading to increased usage of biking and walking trails in DeKalb County</p>
<p>Contributing Factors (Direct/Indirect; may be many):</p> <ol style="list-style-type: none"> 1. Overweight 2. Lack of knowledge/skills for community activities 3. Lack of physical activity 	<p>Proven Intervention Strategies:</p> <ol style="list-style-type: none"> 1. Kishwaukee Community Hospital (KCH) will work toward achievement of Baby-Friendly Designation, a UNICEF and World Health Organization initiative promoted by the CDC and accredited by Baby-Friendly USA. 2 DCHD will explore opportunities to increase breastfeeding initiation and duration rates for participants in the WIC Program by exploring counseling methods, collaborating with the KCH Baby-Friendly team, and promoting use of the KCH Breastfeeding Center and services. 3. The Active Transportation subcommittee of Live Healthy DeKalb County (LHDC) will meet monthly to: Create and distribute trail maps; purchase, design and place trail signage and kiosks; recommend and promote repair of trails; increase the number of bike racks available; plan and implement public events and awareness of the benefits of biking and walking.
<p>Resources Available (governmental and non-governmental):</p> <p>Strategy #1: KCH; DCHD, BFUSA, CDC Strategy #2: DCHD; KCH Strategy #3: LHDC with participating individuals and organizations; DCHD</p>	<p>Barriers:</p> <ol style="list-style-type: none"> 1. The target population may choose not to participate. 2. Sustaining needed funding. 3. Strategy #3: Sustainability, in terms of keeping interested volunteers engaged, especially for long-term goals, projects and people resources, in terms of continually building the required base of voluntary participants.

<p>Health Problem: Diabetes</p>	<p>Outcome Objective(s): 3.1 Reduce the prevalence of diabetes in DeKalb County persons 65+ from 18.9% currently (2009 BRFSS) by 10% to 17% by 2015. 3.2 Reduce the DeKalb County diabetes age-adjusted death rate from 25.6 per 100,000 in 2007-2009 to the US 2007-2009 rate of 21.7 by 2015. (CDC WONDER)</p>
<p>Risk Factor(s) (may be many): 1. Overweight 2. Heredity</p>	<p>Impact Objective(s): 3.1 Reduce the proportion of overweight or obese DeKalb County residents from 64.4% (BRFS 2009) to the state 2009 level of 61.5% by 2015.</p>
<p>Contributing Factors (Direct/Indirect; may be many): 1. Diet 2. Lack of physical activity, sedentary lifestyle 3. Lack of knowledge/awareness of genetic predisposition.</p>	<p>Proven Intervention Strategies: 1. Kishwaukee Community Hospital (KCH) will expand the Coordinated Approach to Child Health (CATCH) program in the County by conducting the program in two schools in addition to the DeKalb School District by the end of 2014. Additionally, DCHD will expand the Coordinated School Health (CSH) model in the County by adding two additional school districts to the DeKalb School District by the end of 2015. The CSH model will support expansion and sustainability of CATCH. 2. Kishwaukee YMCA will increase participation in the Diabetes Prevention Program for at risk persons aged 18+ from 14 to 28 persons per year by 2015. 3. Live Healthy DeKalb County (LHDC) and the participating organizations will explore and pursue avenues to fund scholarships for eligible low-income persons to participate in the YMCA Diabetes Prevention Program.</p>
<p>Resources Available (governmental and non-governmental): Strategy #1: KCH; IDPH CATCH staff; DCHD Health Education Division staff; DeKalb School District 428 and other local school districts. Strategy #2: DCHD; Kishwaukee YMCA. Strategy #3: DCHD; Live Healthy DeKalb County committee and its participating organizations.</p>	<p>Barriers: 1. The targeted at-risk population may be difficult to reach or choose not to participate. 2. Sustaining needed funding.</p>

COMMUNITY HEALTH PLAN FURTHER EXPLANATION

Cancer

Description

Cancer was the second leading cause of death in DeKalb County in 2007-2009, as it was for the nation. The rate of cancer deaths overall, for DeKalb County (168.8) is below the nation (185.8). However, the rate for colorectal, the second most common cancer site, is one-fourth higher than the U.S. For persons aged 45-64 and 65-74 cancer is the leading cause of death in DeKalb County. The proportion of DeKalb County adults who currently smoke is 29.5%, much higher than previous rates and 75% higher than the 16.9% level for the state.

Corrective Actions and Estimated Funding

The Respiratory Health Association of Metropolitan Chicago will assist with policy development, collaboration with partners and local implementation of smoke-free policies for multi-unit housing entities. The total cost of this strategy is estimated to be \$46,600, broken down as follows: RHAMC (\$9,800); DCHD staff (\$21,800); DeKalb County Housing Authority staff (\$15,000).

DCHD will engage youth in a project to advocate for smoke-free public places in collaboration with the DeKalb Park District. The estimated cost of this strategy is \$20,000 for DCHD staff.

Kishwaukee Community Hospital (KCH) will conduct a series of onsite “Courage to Quit” American Lung Association smoking cessation classes in two DeKalb County Housing Authority housing sites. The cost estimate is \$2,000 for KCH staff to facilitate two five-week sessions plus materials.

DCHD will promote use of the Illinois Tobacco Quitline that provides free counseling and nicotine replacement products to assist individuals to quit smoking. Estimated cost: Media campaign (\$5,000).

KCH will provide the evidence-based “Tar Wars” education program in one DeKalb County elementary classroom in the spring and one next fall. Total cost is estimated to be \$7,000 for KCH staff.

Community Organizations

See Community Health Plan worksheet.

Evaluation

DeKalb County Health Department will periodically review data related to the five strategies and measure progress of program creation, enrollment and individuals who quit smoking.

Cardiovascular Disease

Description

Heart disease was the leading cause of death in DeKalb County in 2007-2009, as well as for the nation, with 441 deaths and a death rate of 168.9 per 100,000 population. The death rate for heart disease is higher for men (148.3) than women (135.4). According to the 2009 BRFS, over one-fourth (25.9%) of DeKalb County adults suffer from diagnosed high blood pressure or high cholesterol (27.3%). The proportion for high blood pressure rises to 55.9% for persons aged 65 and older.

Almost two-thirds (64.4%) of DeKalb County adults are overweight or obese based on body mass index (BMI) calculated from height and weight, a level above the state which is 61.5%. The proportion of obese individuals (26%) has risen substantially since 2001, when obesity stood at 18.8%.

Due to the size of this health problem (the large number affected), and the fact that the modifiable risk and contributing factors overlap those for diabetes, the Community Health Committee chose cardiovascular disease as a priority health problem, with the understanding that intervention strategies focused on prevention for heart disease and diabetes are complementary.

Corrective Actions and Estimated Funding

Kishwaukee Community Hospital (KCH) will work toward achievement of Baby-Friendly Designation, a UNICEF and World Health Organization initiative promoted by the CDC and accredited by Baby-Friendly USA (BFUSA). The Baby-Friendly Hospital Initiative (BFHI) is an evidence-based process to increase breastfeeding initiation in the hospital following delivery. An abundance of scientific evidence points to lower risks for certain diseases, including cardiovascular, reduction in obesity, and improved health outcomes for both mothers and babies who breastfeed. With the correct information and the right supports in place, most women who breastfeed are able to successfully achieve their goal (BFUSA website). The total cost of this strategy is estimated to be \$30,300 as follows: Designation fees (\$12,000, including annual designation fee for 3 years); travel for two BFUSA assessors (\$1,500); KCH staff time for meeting, planning, and training (\$16,800).

The DeKalb County Health Department will explore effective ways to increase breastfeeding initiation and duration rates for participants in the Women, Infants and Children (WIC) Program through professional and peer counseling methods, collaborating with the KCH BFHI team, and promoting use of the KCH Breastfeeding Center services. The cost of this strategy is estimated to be \$16,000 for DCHD staff time.

The Active Transportation subcommittee of Live Healthy DeKalb County will meet monthly to:

- Create and distribute trail maps
- Purchase, design and place trail signage and kiosks
- Recommend and promote repair of trails
- Increase the number of bike racks available
- Plan and implement public events and awareness of the health benefits of biking and walking.

The total expected costs for this strategy are \$74,200 broken down as follows:

- \$400 per meeting (12 meetings) for in-kind services, i.e., space and co-facilitators
- \$15,000 for trail signs and kiosks
- \$5,200 for maps and special events
- \$6,000 for in-kind labor and materials to install signs and kiosks

However, costs are unsure at this time for various projects which could include small community gatherings, larger community events, or construction of trails and purchase of bike racks. These costs will be better known as Active Transportation Subcommittee implements community actions. Local governments have agreed to fund and install some of the trail signs.

Community Organizations

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

Evaluation

DeKalb County Health Department will periodically review cardiovascular and heart disease crude death rates along with age-adjusted death rates, as well as County BRFSS for high blood pressure and cholesterol, and obesity data.

The evaluation guidelines established by BFUSA for Baby-Friendly designation will be followed.

The Active Transportation Subcommittee of Live Healthy DeKalb County will monitor and report accomplishment of short and long-term goals.

Diabetes

Description

While the percentage of adults in DeKalb County reporting they had been diagnosed with diabetes was lower than the state percentages (4.4% of adults aged 18+ in DeKalb County and 8.2% for Illinois, according to the 2009 BRFSS), this chronic condition is still a significant county concern. The County age-adjusted death rate due to diabetes in 2007-2009 (25.6 per 100,000) exceeded the national rate (21.7). Moreover, 12.3% of diabetes deaths are to individuals under the age of 65.

Additionally, BRFSS county data regarding overweight and obesity, key risk factors for diabetes, have seen steep increases. In 2009, almost two-thirds (64.4%) of DeKalb County adults were overweight or obese based on BMI, compared to 56.8% in 2001. The 2009 proportion is also above the state level of 61.5%. Moreover, just 38.7% of DeKalb County adults report they exercise regularly, and just 38.3% said they perform regular vigorous activity, according to the 2009 BRFSS.

As overweight, obesity and level of physical activity are modifiable risk factors, IPLAN seeks to adopt prevention strategies, including youth in the strategy, since early lifestyle and behavior change can have a potentially positive impact on adult behavior and health. Another rationale for the focus on youth is that lasting behavior change may be more effective when begun earlier, especially before established behavior patterns become inflexible.

DeKalb County includes a rapidly growing population which is prone to obesity and being overweight, poor dietary practices and diabetes. Demographic trends point to an expansion of diabetes in the county. Minorities, notably black and Hispanic, are far more frequently affected by diabetes. In the past decade, the DeKalb County Hispanic population grew by 82.6%, while the black population was up 62.8%. Weight is a strong risk factor for diabetes and nearly two-thirds of county adults are overweight or obese. The prevalence of diabetes is also more common with aging, reaching nearly one in five senior citizens. During the last decade, the greatest cohort growth was among persons 55-64, which was 66.1% greater in 2010 than 2000, portending a considerable expansion of the elderly in DeKalb County.

Corrective Actions and Estimated Funding

Kishwaukee Community Hospital (KCH) will expand the Coordinated Approach to Child Health (CATCH) program in the County by conducting the program in two schools in addition to the DeKalb School District by the end of 2014. CATCH is an evidence-based school health program that coordinates four component areas:

- A. School nutrition (involves food service staff and food choices).
- B. Classroom teaching on healthy eating and physical activity.
- C. Physical education to increase physical activity.
- D. Family participation to reinforce health messages.

The goal of CATCH is to immerse students in a school environment that supports and encourages a healthy lifestyle. Programming seeks to positively affect children's attitudes

and behaviors toward nutrition and physical activity. Studies have shown that CATCH improves children's food and activity behaviors, increases levels of activity in PE classes, and reduces the fat content of school lunches. Moreover, the Illinois Department of Public Health promotes the program because it has been scientifically demonstrated that CATCH: Reduced total fat and saturated fat content of school lunches; increased moderate-to-vigorous physical activity (MVPA) during PE classes; and improved students' eating and physical activity behaviors.

After a one-year trial in an elementary school, the DeKalb School District, the largest district in the county, now conducts CATCH district-wide. DCHD and KCH would like to expand CATCH even further, taking the program to two additional schools in other county school districts. Estimated cost of this strategy is \$10,000 as follows: Equipment/supplies (\$6,000); KCH staff (\$4,000).

Kishwaukee YMCA's Diabetes Prevention Program helps those at high risk of developing Type 2 diabetes adopt and maintain healthy lifestyles by eating healthier, increasing physical activity and losing a modest amount of weight in order to reduce their chances of developing the disease. Based on research funded by the National Institutes of Health and the Centers for Disease Control and Prevention, the program reduces the risk of developing Type 2 diabetes by 58%. The program has been shown to be successfully implemented by the YMCA. A trained lifestyle coach facilitates a small group of participants in learning about healthier eating, physical activity and other behavior changes over the course of 16 one-hour sessions. After the initial 16 core sessions, participants meet monthly for added support to help them maintain their progress. By 2015, Kishwaukee YMCA will increase participation in the Diabetes Prevention Program for at-risk adults from 14 to 28 participants per year. Estimated cost is \$21,300 (YMCA staff and supplies at \$17,500; KHC in-kind staff at \$3,800).

Live Healthy DeKalb County (LHDC) and the participating organizations will explore and pursue avenues to fund scholarships for eligible low-income persons to participate in the YMCA Diabetes Prevention Program. Members of LHCD will contribute their time. LHCD is a group of organizations and individuals working toward positive health policy, system, and environmental change in DeKalb County.

Community Organizations

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

Evaluation

DeKalb County Health Department will periodically review diabetes prevalence data and reporting of overweight and obesity in the BRFSS.

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

The CATCH program has a standardized evaluation component.

ATTACHMENT A

**Illinois Project for Local Assessment of Needs (IPLAN)
Community Health Committee**

Erica Barnes	Counselor/Outreach Coordinator	NIU Counseling & Student Development
Beth Busching *	Manager, Community Wellness	Kishwaukee Community Hospital
Cindy Capek	Executive Director	DeKalb Park District Hopkins Office
Bette Chilton	Dean of Health & Education	Kishwaukee College
Kathy Countryman	Superintendent	Sycamore School District #427
Brenda Courtney	Director of Administrative Services	DeKalb County Health Department
Lisa Cumings*	Community Health Liaison	Kishwaukee Community Hospital
Kim Jass-Ramirez*	Senior Director of Healthy Living	Kishwaukee YMCA
Shelly Johnson*	Director of Community Wellness	KishHealth System
Michael Kokott	Assistant Vice President Marketing & Planning	KishHealth System
Dawn Littlefield	Executive Director	Kishwaukee United Way
Jane Lux*	Public Health Administrator	DeKalb County Health Department
Cristy Meyer	Principal	Jefferson Elementary School
Donna Moulton	Executive Director	Community MHB & Community Services
Gabriela Ortiz	Public Health Nurse	DeKalb County Health Department
Kevin Poorten	President & CEO	KishHealth System
Mary Pritchard	Professor & Associate Dean	College of Health & Human Sciences
Dawn Roznowski*	Community Engagement Specialist	KishHealth System
Ted Strack	President	Sycamore Park District
Rob Wilkinson	CEO	Kishwaukee YMCA
Marcy Zanellato*	Director, Health Education/ Emergency Preparedness	DeKalb County Health Department
Anita Zurbrugg	Program Director	DeKalb County Community Foundation

*Steering Committee Member

ATTACHMENT B

**DEKALB COUNTY IPLAN COMMUNITY COMMITTEE
PRIORITY SELECTION - MODIFIED HANLON**

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

Potential Priority	Size of Problem	Seriousness of Problem	Current Actions Needed	Intervention Potential	TOTAL
Cancer					
Cardiovascular Disease					
Diabetes					
Maternal & Child Health					
Older Adult Health					
Oral Health					
Respiratory Disease					

*** Size of Problem:**

- Number of people
- Proportion of population affected

*** Seriousness of Problem:**

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

*** Current Actions Needed:**

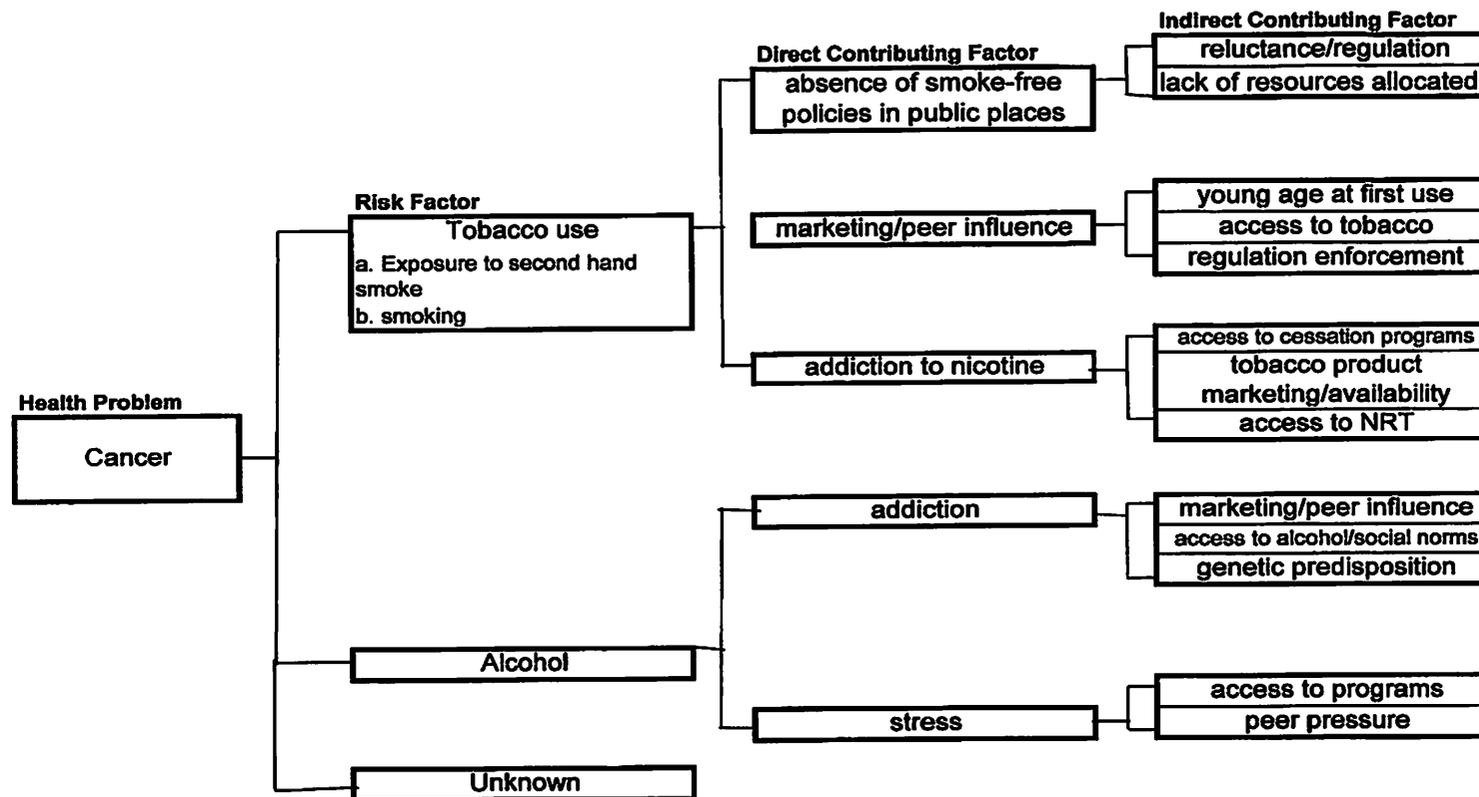
- Actions already underway?
- Does problem need new activity?
- Others on right track with sufficient resources?

*** Intervention Potential:**

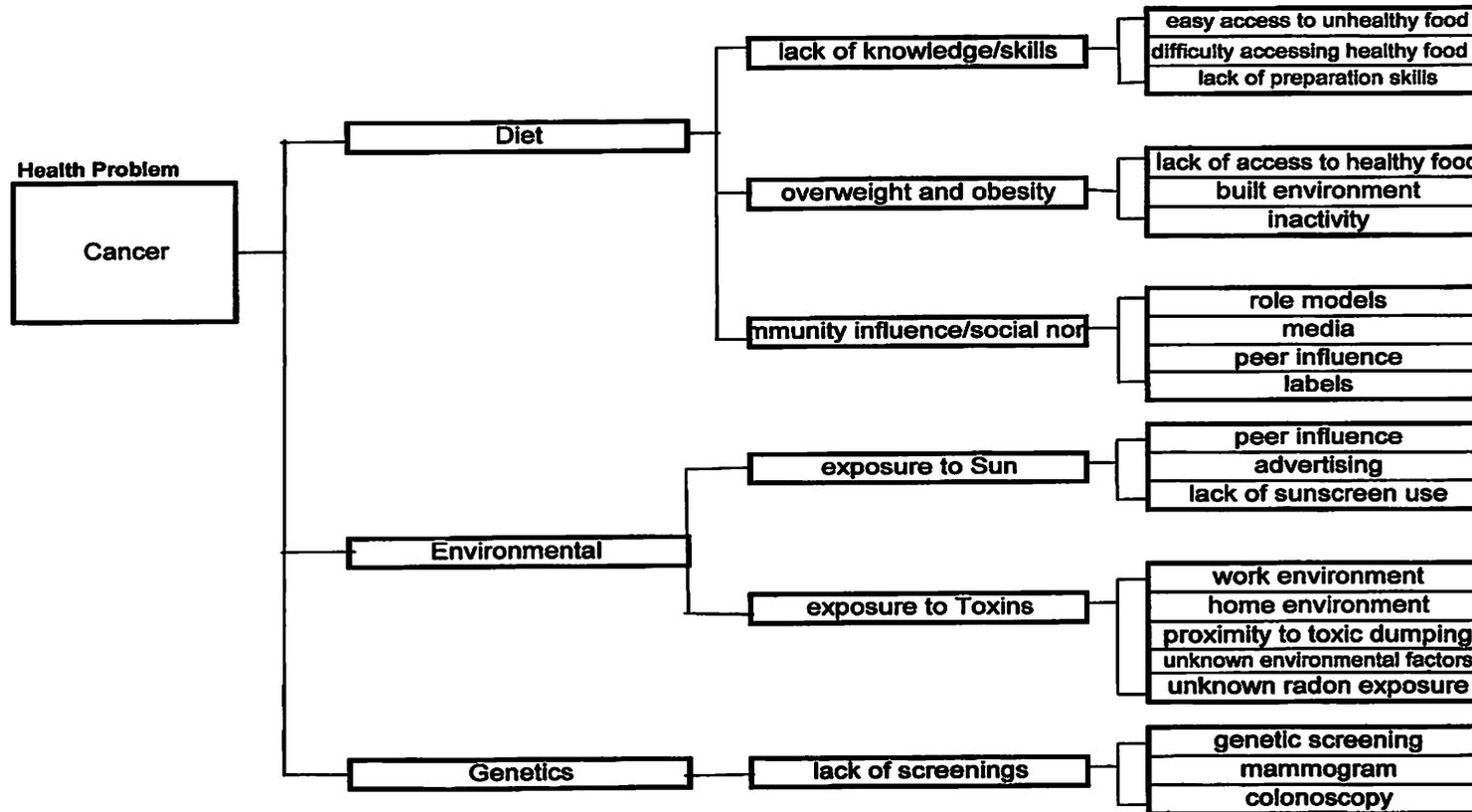
- Can anything be done?
- Do we know enough to act?
- Are known interventions effective?
- Any political, social, economic factors prohibiting action?

ATTACHMENT C

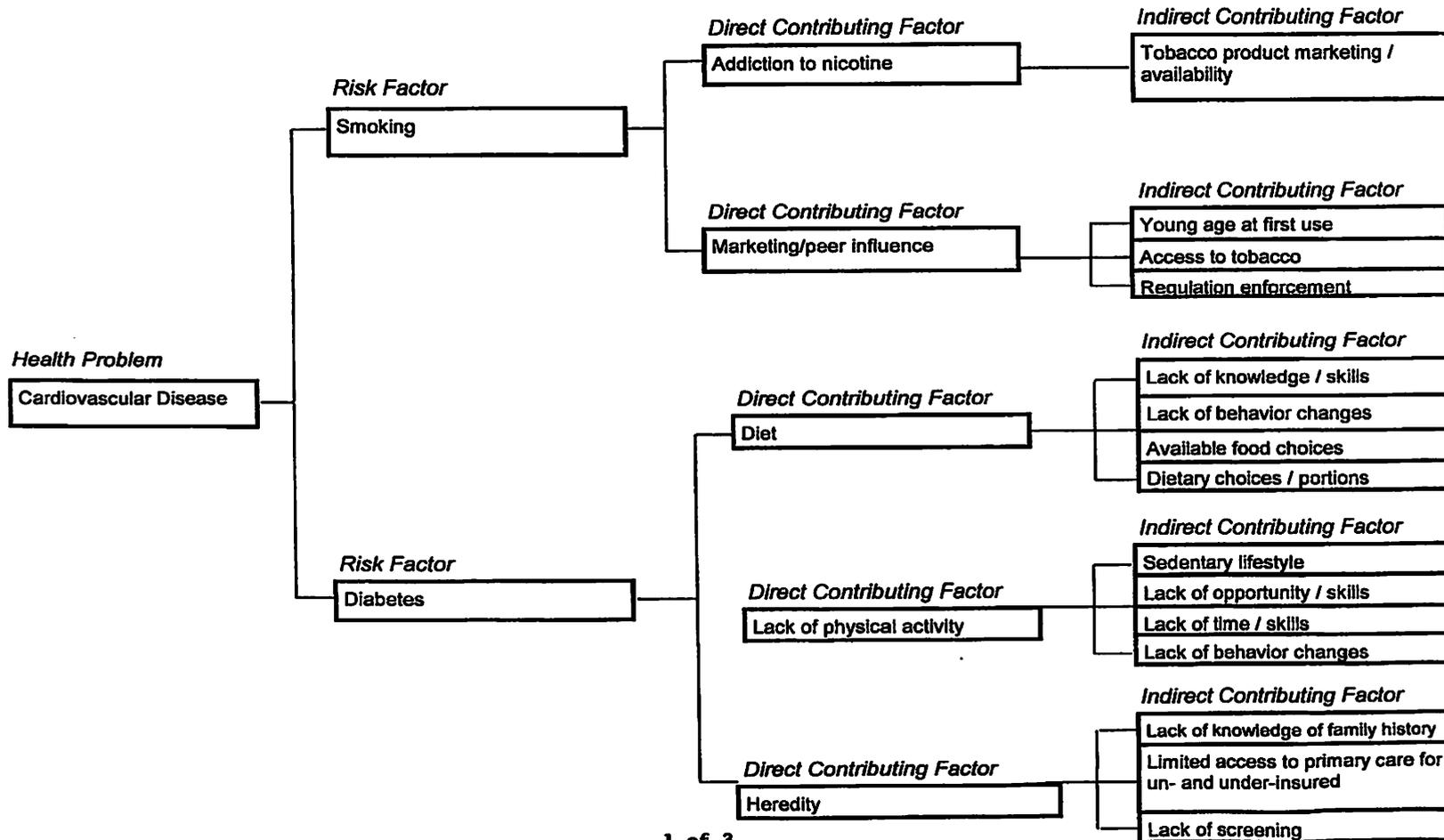
HEALTH PROBLEM ANALYSIS WORKSHEET

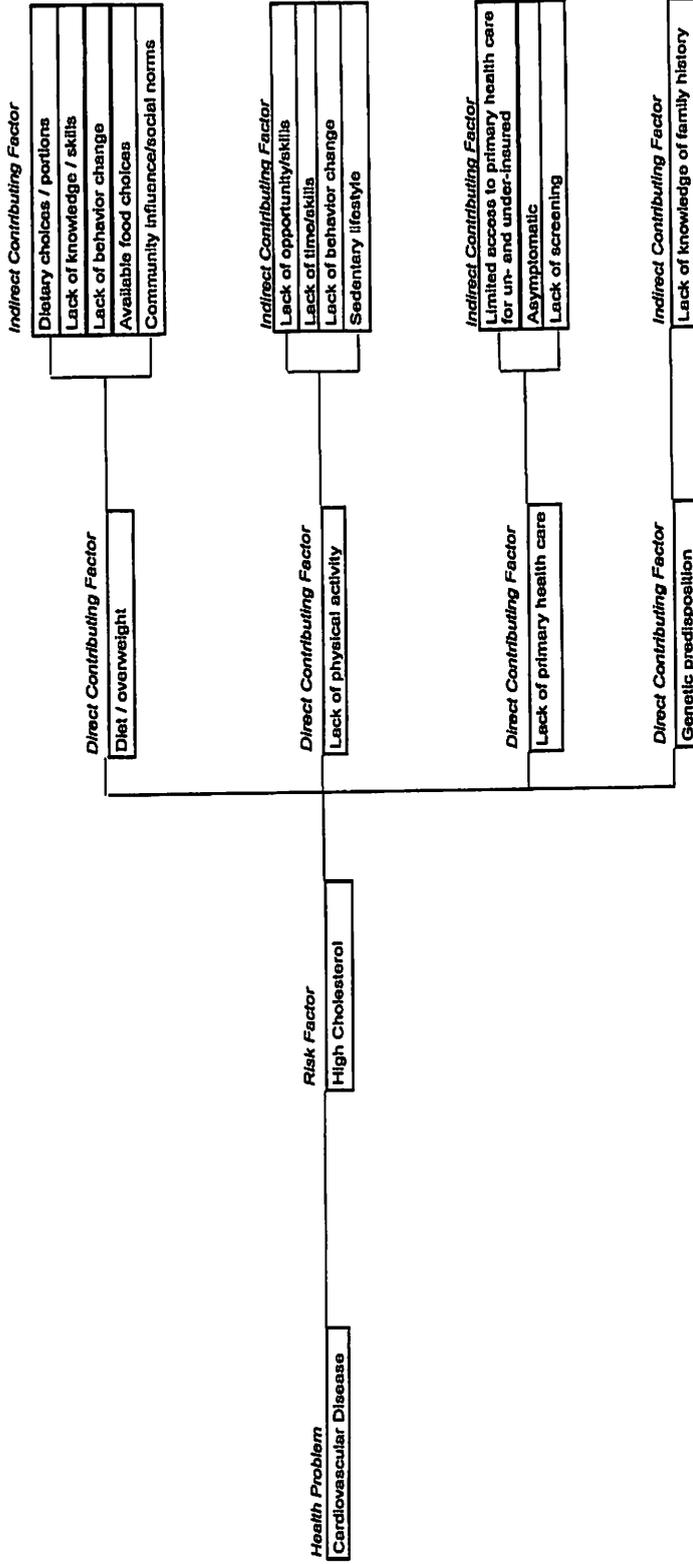


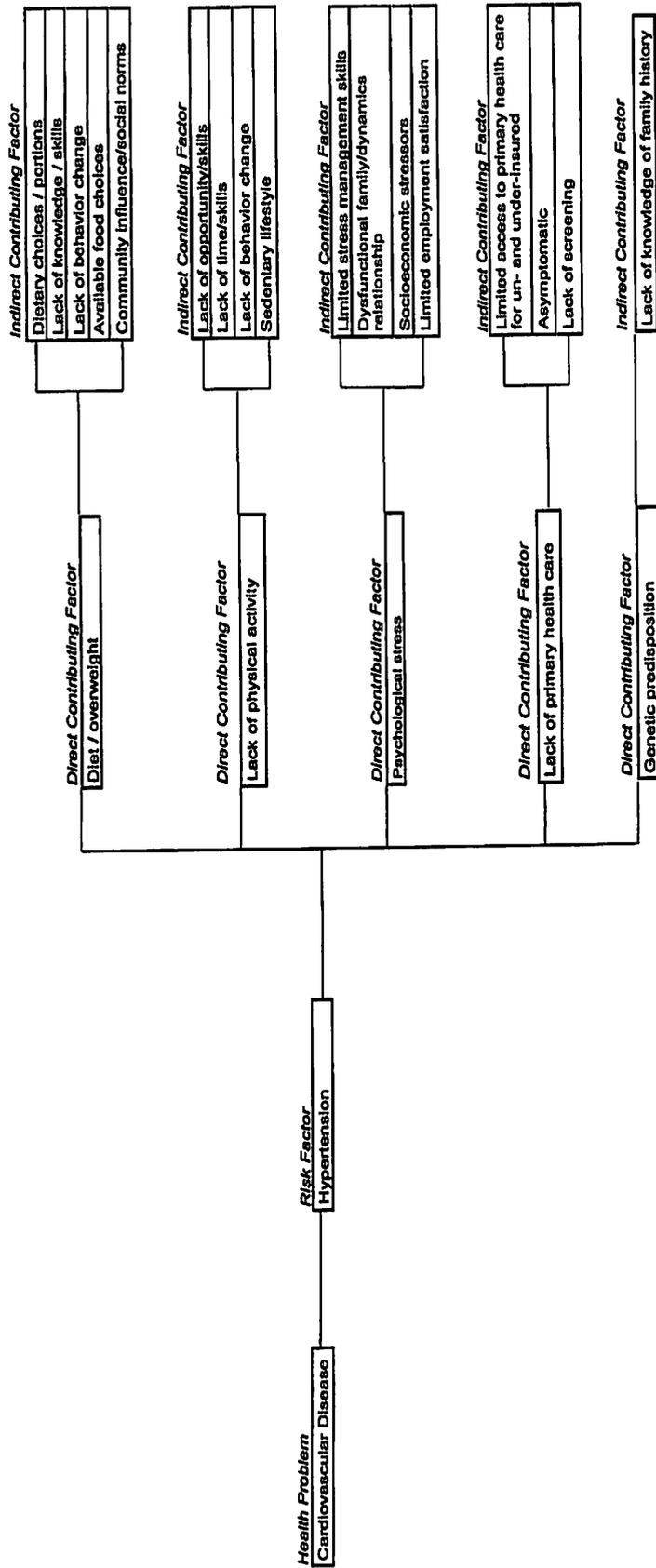
HEALTH PROBLEM ANALYSIS WORKSHEET



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