Oak Park and River Forest Community Health Plan

September 2017

Prepared by Leading Healthy Futures

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1) Executive Summary

The purpose of this community health needs assessment is to identify health needs, inform health planning, and ultimately improve the health of the communities of Oak Park, Illinois and River Forest, Illinois. The assessment was conducted in keeping with the Illinois Project for Local Assessment of Needs (IPLAN), required of Illinois certified health departments every five years.

In addition, to bring greater value to the health of the community, the Oak Park Public Health Department partnered on the 2017 needs assessment with the Community Mental Health Board of Oak Park Township, River Forest Township, Oak Park Township, and the Rotary Club of Oak Park-River Forest (collectively referred to as the "Steering Committee"). Therefore, the resulting Community Health Plan includes community health data, planning processes, and strategies around three major focus areas of importance to the partners and the community: public health, behavioral health, and developmental disabilities.

The needs assessment portion of this report incorporated quantitative data from the American Community Survey 5-year estimates 2011-2015, Behavioral Risk Factor Surveillance System (BRFSS), UDS Mapper, CDC Wonder, Illinois Youth Surveys 2016, D90, D97, and OPRF, Substance Abuse and Mental Health Services Administration (SAMHSA) 2014-2015 National Survey on Drug Use and Health, CDC Development Disabilities Data and Statistics, Illinois State Board of Education Special Education Profiles, Sarah's Inn (Oak Park), and other sources. Where data were not available at the municipal or zip code level, an extrapolation methodology was used to estimate the level of disease or condition in those communities. The needs assessment also integrated perceptions of community members about their health, healthy practices, community health, and quality of life, collected through a survey fielded from February through April 2017.

Following the completion of the needs assessment, stakeholders across various sectors and perspectives were invited to be part of a community participation process. They reviewed the needs assessment data and utilized the Assessment Protocol for Excellence in Public Health (APEX-*PH*) planning process to prioritize problems, identify risk factors and contributing factors, inventory resources, and develop evaluation objectives. From this process, a total of six prioritized problems emerged, spanning the three focus areas of public health, behavioral health, and developmental disability:

1. Public Health:
   o Problem 1: Obesity prevalence;
   o Problem 2: Chronic disease;
2. Behavioral Health:
   o Problem 1: Under-addressed behavioral health needs;
   o Problem 2: Youth alcohol and substance abuse;
   o Problem 3: Illicit opioid abuse; and
3. Developmental Disability:
   o Problem 1: Under-addressed needs of people with developmental disabilities.

These areas will serve as priorities for the Public Health Department, Steering Committee, and participating stakeholders from 2017 through 2021. All priorities will be approached with a lens towards health equity, addressing the needs of the greater Oak Park and River Forest communities and the communities' most vulnerable populations.

2) Purpose

The purpose of this community health needs assessment is to identify health needs, inform health planning, and ultimately improve the health of the communities of Oak Park, Illinois and River Forest, Illinois.

The assessment was conducted in keeping with the Illinois Project for Local Assessment of Needs (IPLAN), a community health assessment and strategic planning process that is conducted by local health jurisdictions in Illinois. The completion of IPLAN is required of every certified health department in Illinois every five years under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The IPLAN process is grounded in the core functions of public health and incorporates robust participation of community stakeholders to assist the local health department in identifying community health priorities and planning strategies to address these priorities.

In 2016, the Village of Oak Park determined that collaborating with local partners who are also required to do periodic community needs assessments and strategic planning processes during its IPLAN process would bring greater value to the health of the community. Thus, starting in 2016, the Village of Oak Park through the Village's Public Health Department partnered with the Community Mental Health Board of Oak Park Township, River Forest Township, Oak Park Township, and the Rotary Club of Oak Park-River Forest to engage in this community health needs assessment and planning process. The resulting Community Health Plan includes community health data, planning processes, and strategies around three major focus areas of importance to the partners and the community: public health; behavioral health, and developmental disabilities.

This plan contains three main sections that are essential components of an IPLAN:

1. *An organizational assessment of the Oak Park Public Health Department's basic administrative capacity*, conducted by the public health department director and an internal team to identify strengths, weaknesses and areas for improvement;

2. *A community health needs assessment*, which contains an analysis of quantitative and qualitative data on the health status of and health problems within the community, forming a foundation upon which community stakeholders can identify community health priorities and make planning decisions; and

3. *A community health plan*, which documents the systematic way in which community stakeholders selected health priorities, analyzed contributing factors, and planned goals, objectives, and strategies to address these priorities over the next five years. This plan fulfills the statutory requirement for local health department certification, and also fulfills the statutory requirement for the Community Mental Health Board, which must compile a three year plan. It will guide the Oak Park Public Health Department's and Community Mental Health Board's 2017-2021 strategic plan efforts, as well as inform planning in River Forest Township, Oak Park Township, and the Rotary Club of Oak Park-River Forest.

3) Background

1. Village of Oak Park

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

The Village of Oak Park is a community well known for its architectural heritage, diverse population, and strong sense of community pride. Oak Park was originally a settlement of the Pottawatomie, Sac, and Fox Indians and has developed into a thriving community of approximately 52,000 individuals. In the 1830's, the Kettlestring family purchased about 170 acres of land just west of Chicago. This quarter section of land was known as the Kettlestrings Grove, Oak Ridge, and/or Harlem. In the 1850's, the family began to sell off parcels of the large land holdings to those who followed the first train to run west of Chicago. The railway station was eventually named Oak Park. While Oak Park became the official name of the area, it was still unincorporated and officially part of Cicero Township until 1902. Oak Park was designated a township by the Cook County Board on November 17, 1902. The incorporation of Oak Park Township followed the formal incorporation of the Village of Oak Park by nearly a year. Although the governments have shared the same boundaries since that time, the services that each provide are unique, and unduplicated.

Oak Park experienced significant development as residents left Chicago to build in the suburbs after the Chicago Fire in 1871. The Village of Oak Park had a population of about 500 the year of the fire, and grew to about 4,500 by 1890. The next 60 years saw the construction of almost all of the housing stock in the village, and most of Oak Park's current buildings. During the 1920's, major department stores such as Marshall Fields and The Fair opened stores on Lake Street in Oak Park, and the Lake Theatre opened in 1936. By the 1930's the village had a population of approximately 64,000, even larger than its current population. The Village of Oak Park continued to grow as vacant land was filled with homes, churches, businesses, and schools. As an established community, Oak Park enjoyed its rich heritage and prominent legacy bestowed upon the community by Frank Lloyd Wright, Percy Julian and Ernest Hemingway, among many others. Few communities have been as successful as Oak Park at preserving its history and translating it into an asset for long-term quality of life. The community is sought after for its housing, diversity, culture, vibrant commercial areas, multi-modal transportation, open spaces, and other unique amenities.

Oak Park Township delivers transparent and fiscally responsible public services administration to Oak Park taxpayers. The Township has received the Government Finance Officers Association (GFOA) award for Distinguished Budget Presentation for fourteen consecutive years. The Township has also received the GFOA Certificate of Achievement for Excellence in Financial Reporting for the last eleven years and was the first Illinois Township to receive the distinction.

Oak Park Township provides essential human services for Township residents through direct services to youth, seniors, people with disabilities, and those in financial need. The Township supports and funds community agencies to assure access to quality services for the benefit of behavioral health consumers and youth. The Assessor's Office provides professional, ethical, and efficient tax assistance to Oak Park property owners.

As a local government, the Township always seeks to develop and foster partnerships and collaborations for the benefit of the public. The board, staff, and volunteers are committed to the shared values of Service, Community, and Caring on behalf of the constituents, clients, and neighbors.

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

The Public Health Department is part of the municipal government structure. The Village of Oak Park operates under the Council Manager form of government, in which an elected legislative body, consisting of the President and a Board comprised of six Trustees, hires a professional manager to oversee the day-to-day operation of government services and programs, and to carry out the policy directives set out by the elected officials. The Oak Park Board of Health is composed of seven members, including the chair, all appointed by the President with the consent of the Village Board for staggered three year terms. The Board of Health meets monthly. The Board of Health serves as an advisory body to the Public Health Department and the Board of Trustees, and as such has the authority to make recommendations as to such rules, regulations and orders as it may deem necessary for the preservation and improvement of public health and the prevention of disease. (Oak Park Village Code, Chapter 20, Article 2, www.sterlingcodifiers.com/codebook/index.php?book_id=459.)

As a certified health department in Illinois, the Village of Oak Park Public Health Department provides Local Health Protection services (communicable disease control and food protection), as well as an array of additional public health programs and services. The Public Health Department currently has 6.75 FTE on staff. In addition, the Farmers' Market is managed within the Public Health Department and includes four part-time contract staff. The Department houses three separate direct service divisions: Community Health Services, Environmental Health, and Animal Control. The Public Health Department also works closely with the Emergency Preparedness Coordinator position, currently under the Police Department.

The Public Health Department Administration includes the Public Public Health Director, an Administrative Assistant and a part-time Grants Coordinator. Medical Consultation is provided, through contractual agreements, from the PCC Community Wellness Center in Oak Park. The following public health programs are administered by each of the divisions:
- Community Health Services:
  - Communicable Disease Control, including STD and HIV/AIDS;
  - Immunizations, including seasonal flu vaccinations of Village staff;
  - HIV/AIDS surveillance, counseling and referral for testing for at-risk individuals;
  - Family Case Management (maternal and child health);
  - Tobacco cessation programming; and
  - Childhood Lead Program;
- Environmental Health Services:
  - Food protection;
  - Rodent control;
  - Nuisance investigations;
  - Clean Indoor Air Act enforcement;
  - Child care environmental inspections;

- o Body art facilities inspection; and
- o West Nile virus prevention;
- Emergency Preparedness, in collaboration with the Emergency Preparedness Coordinator:
  - o NIMS training of Village staff;
  - o Strategic National Stockpile dispensing/drilling;
  - o Medical Reserve Corps training and oversight; and
  - o Pandemic preparedness planning;
- Animal Control:
  - o Animal licensing;
  - o Capturing and impounding of stray animals;
  - o Wildlife management and leasing of traps;
  - o Animal bite follow-up; and
  - o Nuisance complaint investigations; and
- Farmers Market:
  - o Planning, development and oversight of seasonal Oak Park Farmers Market, May – October 31.

3. Community Mental Health Board of Oak Park Township

The Community Mental Health Board of Oak Park Township (CMHB) is located within the same geographic boundaries as the Village of Oak Park. The Community Mental Health Board was created in 1973 through the passage of a township referendum which created a taxing body to serve as the Local Mental Health Authority (708 Board). The CMHB's authority is defined in Illinois Statute 405 ILCS 20 and is charged with planning, developing coordinating, evaluating, and funding services for persons with mental illness, alcohol or other drug dependence disorders, and developmental disabilities. The CMHB currently contracts with twenty one (21) non-profits which comprise the systems of care for behavioral health and developmental disability service delivery for Oak Park residents.

The mission of the CMHB is to:
- Enhance the mental health and developmental potential of Oak Park residents,
- Establish an appropriate continuum of community support service, and
- Manage local resources in a fiscally responsible manner.

The CMHB is part of the Township government structure. The Township is an elected legislative body, consisting of the Supervisor and a Board of four Trustees. The Supervisor and Board of Trustees appoints the Community Mental Health Board, composed of nine directors, including one liaison from the Township Board, for staggered two and four-year terms. The Community Mental Health Board hires an executive director to oversee the day-to-day operations and to carry out the policy directives set out by the appointed officials. The Community Mental Health Board meets monthly and has powers and duties which include:
- Review and evaluate community mental health services and facilities, including services and facilities for the treatment of alcoholism, drug addiction, developmental disabilities, and intellectual disabilities;
- Authorize the disbursement of money from the community mental health fund for payment for the ordinary and contingent expenses of the board; and
- Submit to the appointing officer and members of the governing body a written plan for a program of community mental health services and facilities for persons with a mental illness, a developmental disability, or a substance use disorder. The plan is for the ensuing 12 month

period. In addition, a plan is developed for the ensuing three year period, then the plan is reviewed at the end of every 12 month period and is modified as necessary.

4. River Forest Township

River Forest, population approximately 11,000, is a village located in the near west suburbs of Chicago. River Forest is bordered on its east side by Oak Park. Comprising 2.5 square miles, River Forest is also bordered by the Des Plaines River, the Cook County Forest Preserve, Elmwood Park and Forest Park. First settled in 1835, River Forest attracted Chicagoans leaving the city after the Great Chicago Fire of 1871, due to its accessibility by railroad and close proximity to the city. The Village of River Forest was incorporated in 1880. River Forest is known for its unique architecture, strong sense of community, and excellent school system.

River Forest enjoys a strong partnership with the neighboring community Oak Park. The two share a high school, as well as a number of organizations, programs, and services. Government entities across both communities often work together; this Community Health Needs Assessment is an excellent example of that collaboration.

River Forest Township is a local government taxing body serving the residents of River Forest. The Township distinguishes itself by:
- Funding and directing human services for youth, seniors, and those with mental health needs & developmental disabilities, and
- Providing assessor services to River Forest property owners.

River Forest Township was founded in 1917, and this Community Health Needs Assessment is one of the hallmarks of its 100th anniversary year. With its unique focus on human services, the Township fulfills its mission of enhancing community well-being, connection, and caring. The Township, although supported almost exclusively from property tax revenue, comprises only 1% of a River Forest property tax bill. The Township ensures that funds are set aside exclusively in support of human services.

While the Township focuses equally on the areas of youth, seniors and mental health, this document provides a strategic framework for the Township's work in mental health, including: behavioral health, developmental disabilities, and substance abuse. Special consideration was taken in this needs assessment process for both the mental and physical health needs of River Forest seniors.

The River Forest Township Mental Health Committee (MHC) plays a large role in the Township's mental health activities. The MHC consists of volunteers with vast experience in the fields of behavioral health and developmental disabilities. MHC members review grants and make funding recommendations to the Township Board of Trustees. This document will be instrumental to the MHC as they advise the Board in the funding of local programs and develop strategies for the future.

5. Rotary Club of Oak Park and River Forest

The Rotary Club of Oak Park and River Forest has been serving the communities since its charter as the "Oak Park Rotary Club" in 1919. One of over 35,000 Rotary Clubs worldwide, the club supports the humanitarian efforts of Rotary International. Local businesswomen and men commit to doing good globally and locally in the spirit of the organization's motto: Service Above Self. OPRF Rotarians make community grants to local non-profits, present Service Awards to assist college-bound students with educational expenses, participate in hands-on service projects, and often respond to emerging needs.

Club members bring international students to Oak Park and River Forest for a cultural immersion each year as part of the Youth Exchange program. On the international front, members support the renowned Rotary Foundation, which underwrites numerous projects and initiatives making a difference for humanity. Since 1985, the club has supported End Polio Now, Rotary's effort to eradicate polio. Plans are underway for the club's centennial celebration in 2019, A Century of Service: Local Action, Global Impact.

6. Other Contributors
This report, as well as the Community Health Needs Assessment and facilitation of stakeholders and the steering committee were prepared by Leading Healthy Futures, Inc., under contract and with oversight from the Village of Oak Park. Additionally, over 50 stakeholders participated in the community participation stakeholders meetings. These meetings are explained in Section 6: Community Participation Process below.

4) Organizational Capacity Assessment

In July of 2017, Public Health Department staff met to complete the APEXPH Organizational Capacity Assessment tool. Included among the staff were the Public Health Director, Public Health Nurses, Sanitarians (LEHP), the Grants Coordinator, and the Administrative Assistant. The Director initiated the process by providing a brief presentation on the process and the responsibilities of the group members. The group then divided into two subgroups: 1) perceived importance group and 2) current status group. The perceived importance group with the Director evaluated organizational capacity indicators by their "*perceived importance*" assigning each indicator an "importance rating" of either:

- High Importance,
- Moderate Importance,
- Low Importance, or
- Not Relevant.

The Director then met with the remaining staff or "*current status*" group. This group assigned one of the following scores to each indicator:

- Fully met by the Public Health Department,
- Partially met by the Public Health Department,
- Not met by the Public Health Department,
- Not relevant, or
- Status unknown.

Upon completion of the Organizational Capacity worksheets by each group, the *perceived importance* rating was compared to the *current status* rating using a scoring matrix. The outcome of this comparison identified that almost all indicators were identified as strengths, with a few specific weaknesses/problems identified.

Strengths

The Public Health Director working with health staff reviewed the **strengths** or the areas that the Public Health Department were doing well. The sources of each strength were documented on the Analysis of Organizational Strengths worksheet. Each indicator identified as a strength was carefully examined by the Public Health Director and staff to understand why the indicator was a strength and to identify the positive factors of each strength. If applicable, positive factors were used as a tool for improving how the Public Health Department will improve the indicators identified as problems/weaknesses during this process. The identification of strengths provided an opportunity to celebrate the successes of the Public Health Department and were motivation for health staff to continue building upon those successes.

Weaknesses/Problems

Weaknesses identified in the process were discussed by the Public Health Director and staff. Many of the indicators that were initially scored out as weaknesses were, upon discussion, found to not necessarily be weaknesses and were updated to strengths. Weaknesses were documented on the Analysis of Organizational Weaknesses/Problems (Appendix f). An Organizational Action Plan Worksheet (Appendix g) was also completed for each identified weakness. For each identified weakness, a problem, goal, objective and responsibility/method were identified. The weakness identified as the number one priority for the Public Health Department was Indicator VI. B. 3:

1. Indicator VI. B. 3: The Public Health Department has a diverse funding base to lessen disruption of services cause by withdrawal of funds from any one source.

a. **Problem:** Funds rely heavily on the local tax base. Currently, the Department receives approximately $275,000 in budget reimbursed by grant funding from Cook County, IDHS & IDPH. The Department continually seeks additional sources of outside revenue.
b. **Goal:** Continuously seek out grant funding opportunities to support existing core health department functions.
c. **Objective:** Identify new grant opportunities to support existing core programs and ensure that current grant deliverables are met, so grant funding continues for existing grants.
d. **Responsibilities and Methods**: Director, Grant Coordinator and other Health staff to continually seek out grant funding opportunities to support existing core programs. Continuous.

The Public Health Department will start implementing actions immediately to address the identified weaknesses using the tools and resources available to the Department. Progress towards addressing the weaknesses/problems will be continuously evaluated highlighting the achievements and correcting the weaknesses. Frequent evaluation and measurement by key staff will be used to measure progress and establish whether each goal and/or objective is met.

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

5) Community Needs Assessment

Executive Summary

This Executive Summary identifies key findings from a public health assessment that was conducted for Oak Park and River Forest communities. This assessment addresses population demographics; population health status compared to national benchmarks; behavioral health and domestic violence. This assessment was conducted through statistical analyses and a Community Survey that tapped a convenience sample with a 2 percent response rate from the total population. The Survey respondents were <u>not</u> a representative sample of the total population; therefore, the Survey results do not reflect actual health conditions in the two communities. However, the Survey results do provide insight into community members' experiences accessing health services, their health-related behaviors and their perspectives regarding Oak Park and River Forest as places to live and work.

Population Health Status

Population health data revealed the following health disparities in Oak Park and River Forest. These are classified as disparities because the conditions in Oak Park and/or River Forest are estimated to exceed national and/or severe benchmarks as established by the U.S. Department of Health and Human Services.

Oak Park Health Disparities	River Forest Health Disparities
Diabetes Prevalence	Diabetes Prevalence
Diabetes Mortality Rate	
Heart Disease Mortality	Heart Disease Mortality
Cerebrovascular Mortality	
Women age 18+ with no pap test in 3 years	Women age 18+ with no pap test in 3 years
Women age 50+ with no mammogram in past 2 years	Women age 50+ with no mammogram in past 2 years
Adults age 50+ with no fecal occult blood test in past 2 years	Adults age 50+ with no fecal occult blood test in past 2 years
Colorectal Cancer Mortality	Colorectal Cancer Mortality
Low Birth Weight	
Pediatric Asthma Hospital Admission Rate	Pediatric Asthma Hospital Admission Rate
Childhood Obesity	Childhood Obesity
	Percent of total population that is elderly
Influenza and Pneumonia Mortality	Influenza and Pneumonia Mortality
Linguistically Isolated Population	Linguistically Isolated Population
Adults 65+ with No Flu Shot	Adults 65+ with No Flu Shot

Mental Health and Substance Abuse

This report captures national and local data on alcohol use, including use among youth; smoking; and other substance use. It also presents data on the prevalence of mental illness, serious thoughts of suicide, and having a major depressive episode within the past year based on 2014-2015 national data. Overall, in both communities, key indicators of behavioral health are better than national and severe benchmarks, with the exception of 12th grade self-reported alcohol use in the past thirty days.

- Among adults, the incidence of binge alcohol consumption (5 or more drinks in one sitting) dropped slightly in both communities over the period 2011-2015.
- Among youth:
  - Twelfth grade student rates of cigarette use in both communities (12%) approaches adult rates, which are close to 16 percent.
  - Oak Park & River Forest High School (OPRF) students report depression at similar rates when compared to students at the same grade levels in Illinois (29% to 32%).
  - Twenty-five percent of OPRF 10th graders self-report using alcohol in the past thirty days, on par with Illinois. By 12th grade, the percent rises to 56% in OPRF compared to 44% statewide.

Developmental Disabilities

In this report, developmental disabilities are defined using the definition provided by the Center for Disease Control (CDC) which states, "Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime." This report identifies national and local Special Education Profile data, the number of individuals potentially in need of service, and includes perceptions of the Survey respondents in their experience of having a member of the household with developmental disabilities. For Attention Deficit and Hyperactivity Disorder, as one example, this report estimates 623 children in Oak Park and 142 children in River Forest are affected. Also, individuals with disabilities who are on an active waiting list managed by the State of Illinois for Prioritization of Urgency of Needs for Services total 97 in Oak Park and 14 in River Forest.

Domestic Violence
Nationally, one in four women (25%) and one in seven men (14%) have experienced severe physical violence by an intimate partner during their lifetime. During 2016, a total of 61 adults and 20 children received face-to-face services from Sarah's Inn, the largest provider of domestic violence services in the two communities.

Community Health and Quality of Life
The Survey explored respondents' experiences on a variety of factors. For both Oak Park and River Forest: top stressors were time pressures; the clear majority of respondents reported no instances of feeling unsafe in the past 12 months; and community assets were listed as:
- Extremely available: Good K-8, Good High School, Parks/recreational facilities, Healthy/fresh foods, Art, culture & music; and
- Not very available: Adequate adult education, Good jobs, Affordable housing.

Agreement on most common issues in both communities
The Survey polled respondents regarding their perceptions of how common various issues are in their communities. Four issues were reported as most common: Alcohol abuse, Drug abuse, Low wages or unemployment, Interpersonal violence

Perceptions of unfair treatment of community members
- Between 69 and 88 percent of all the Survey respondents believe that it is "not very" or "not at all" common for community members to be treated unfairly on the following issues: race/ethnicity, gender, age, sexual orientation, or the way they speak English.

- However, 33 percent of the Oak Park respondents and 26 percent of the River Forest respondents believe that it is "very" or "extremely" common for community members to be treated unfairly based on race/ethnicity.

Perceptions of quality of public transportation

The Survey respondents who answered this question rated the same four qualities of public transportation at the top, although in slight different priority order among Oak Park and River Forest respondents. The top four qualities are: Stops/timing convenience, Affordability of fares, Reliability, and Quality of sidewalks.

Neighborhood cohesion

The Survey respondents from Oak Park and River Forest Strongly Agreed and Agreed on the top three measures of neighborhood cohesion, although in slightly different priority order. The top factors are: My neighbors get along, My neighbors can be trusted, and Neighbors trust neighbors.

Healthy Community

When asked to identify **five most important factors for a community to be healthy**, both Oak Park and River Forest respondents identified same top three factors: Strong educational system/institutions, Low crime/safe neighborhoods, and Access to affordable health care.

Methods

This report, prepared in June 2017 by Leading Healthy Futures, includes recent data of benchmark health conditions in Oak Park and River Forest, Illinois and integrates perceptions of community members about their health, healthy practices, community health and quality of life collected through the Survey fielded in March-April 2017.

Data are incorporated from the American Community Survey 5-year estimates 2011-2015, Behavioral Risk Factor Surveillance System (BRFSS), UDS Mapper, CDC Wonder, Illinois Youth Surveys 2016, D90, D97, and OPRF, Substance Abuse and Mental Health Services Administration (SAMHSA) 2014-2015 National Survey on Drug Use and Health, CDC Development Disabilities Data and Statistics, Illinois State Board of Education Special Education Profiles, Sarah's Inn (Oak Park), and other online sources.

Where data were not available at the municipal (Oak Park or River Forest) or zip code level, a methodology recommended by the Health Resources and Services Administration (HRSA) was used to estimate the percent of a population with a certain disease or condition in those communities. This methodology allows health data only available at the County level, for example, to be reliably extrapolated down to a smaller geography, such as Oak Park or River Forest. This methodology is fully described on page 21.

This report begins with a description of the Oak Park-River Forest area including population characteristics, such as race and ethnicity, age, and gender. In addition, the report includes statistics on:
- Low-income and poverty status;
- Insurance status;
- Population statistics related to percentage of individuals who are:
  - Foreign born,
  - Speak a language other than English at home, and
  - Unemployed, and

- Educational attainment of the population within the area.

Sources are identified within this report.

Next, this report discusses population health status through three sections: (1) General Health Status, Behaviors, and Literacy; (2) Mental Health and Substance Abuse; and (3) Developmental Disabilities. These sections include the data sources and reports listed above.

Throughout these sections, the report also includes relevant findings from the recent *Oak Park & River Forest Community Health Needs Assessment Survey* (Survey). The Survey was conducted online and widely distributed through online and mailed newsletters in Oak Park and River Forest, at libraries, senior centers and other sources. Respondents also had the option to complete a paper version and 37 chose to do so. Their responses are included in the analysis. Overall, 869 Oak Park residents responded, and 199 River Forest residents responded.

The Survey was a self-report survey conducted by a self-selected convenience sample, not a controlled random sample of the Oak Park and River Forest communities. It is important to note that convenience samples are vulnerable to hidden biases and systematic bias, where the results from the sample consistently differ from the theoretical results from the entire population. In the case of the Survey, it is unknown all the ways in which the individuals that answered it may differ from the whole Oak Park and River Forest population. Graphs below detail some of the ways that those who answered the Survey differed demographically from the population as a whole; they may also differ in other hidden ways, such as by being healthier, more concerned about health, and/or more actively involved in health-related activities. Despite these limitations, the Survey responses provide valuable insight into community members' perspectives and experiences around health and wellness and will be informative for the Oak Park and River Forest planning process.

The graphs below show data for race/ethnicity, sex, educational attainment and foreign born population, comparing reliable census data (left graph) on the actual percent of the populations of Oak Park and River Forest compared to the Survey respondents (right graph). The difference between the two graphs in every instance affirms that the convenience survey, while helpful, should not be taken as a representative sample of all Oak Park and River Forest residents. The Survey respondents had to be 18 years or older.

As shown below, White Non-Hispanic respondents were overrepresented in the Survey. While there was participation from all other race and ethnicities, they were all underrepresented in the Survey results.
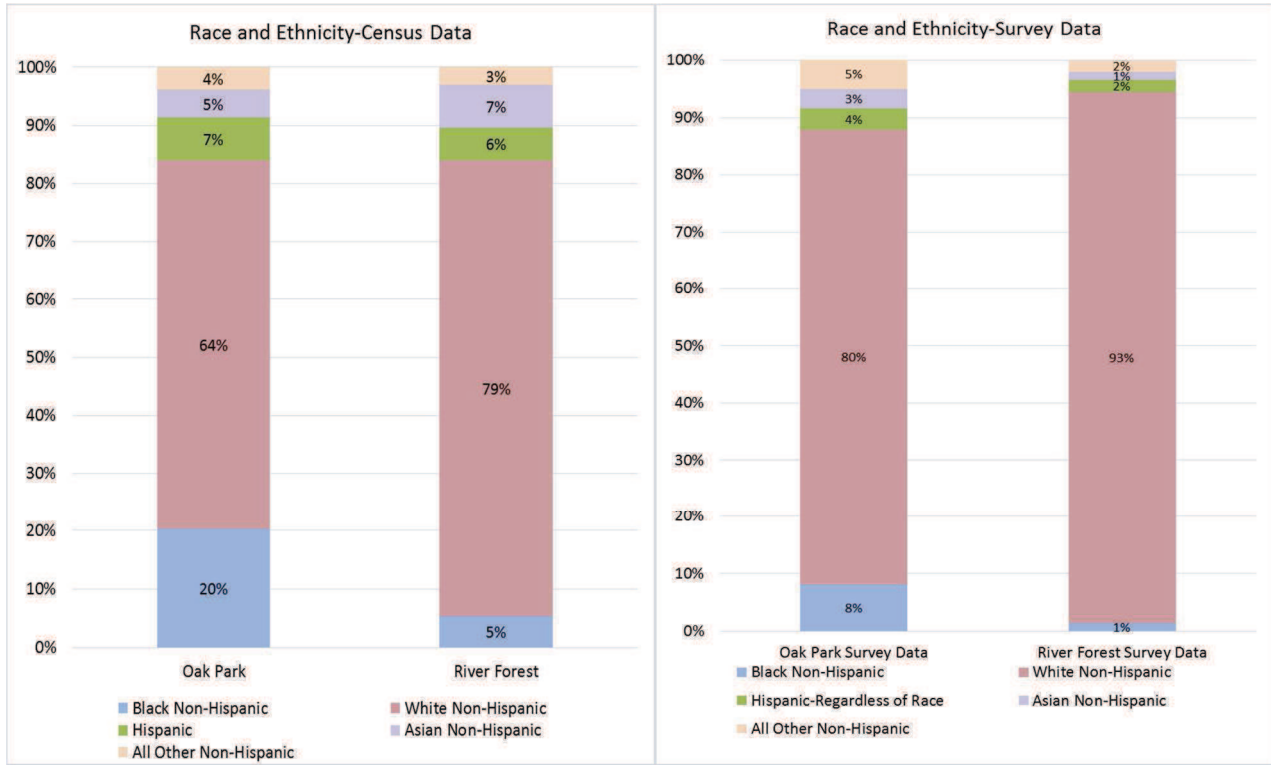
As illustrated below, female respondents were overrepresented in the Survey results. According to census data, the distribution between males and females is roughly equal. However, in the Survey females were overrepresented, with more than three-quarters of respondents being female.
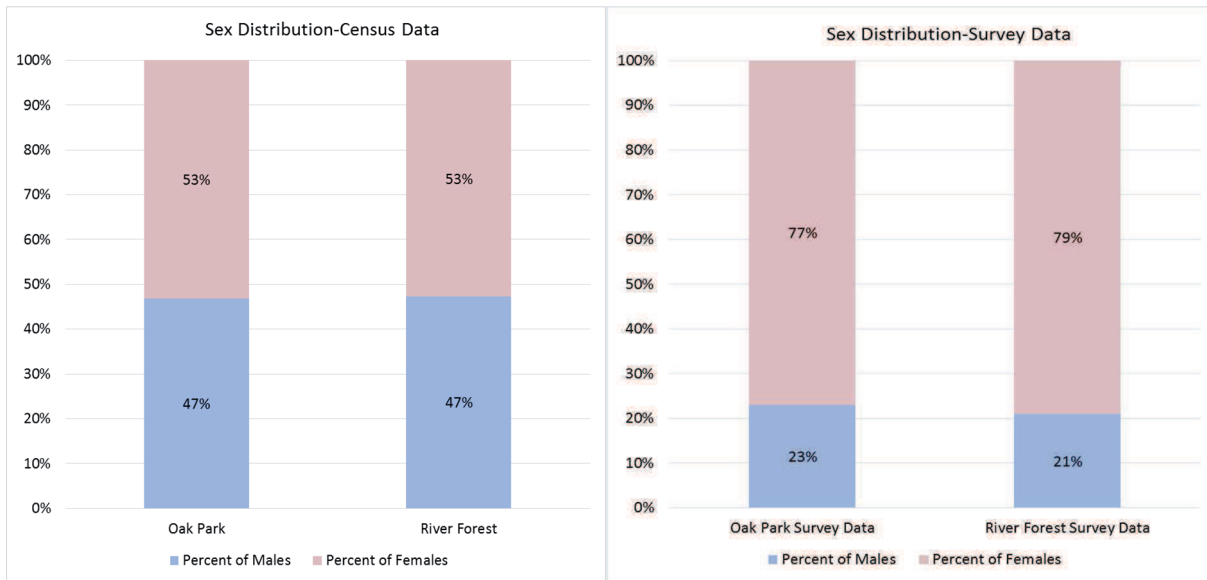
The Survey data also differed from census data in the area of educational attainment. The Survey respondents were more highly educated than the actual population in both Oak Park and River Forest. The Survey respondents were more likely to have a college or advanced degree (over 90%), which is not consistent with the actual population of Oak Park and River Forest, where only around three-quarters of the population have a higher education degree.
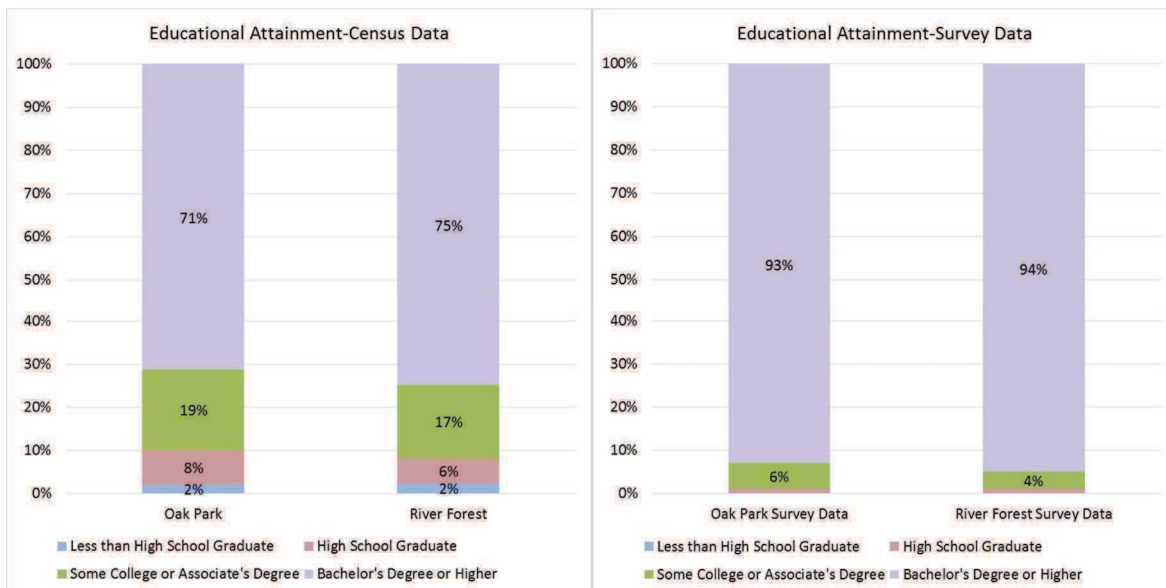
As shown in the graphs below, the population that is foreign born was underrepresented in the Survey compared to the actual percent of the population that is foreign born in both Oak Park and River Forest.
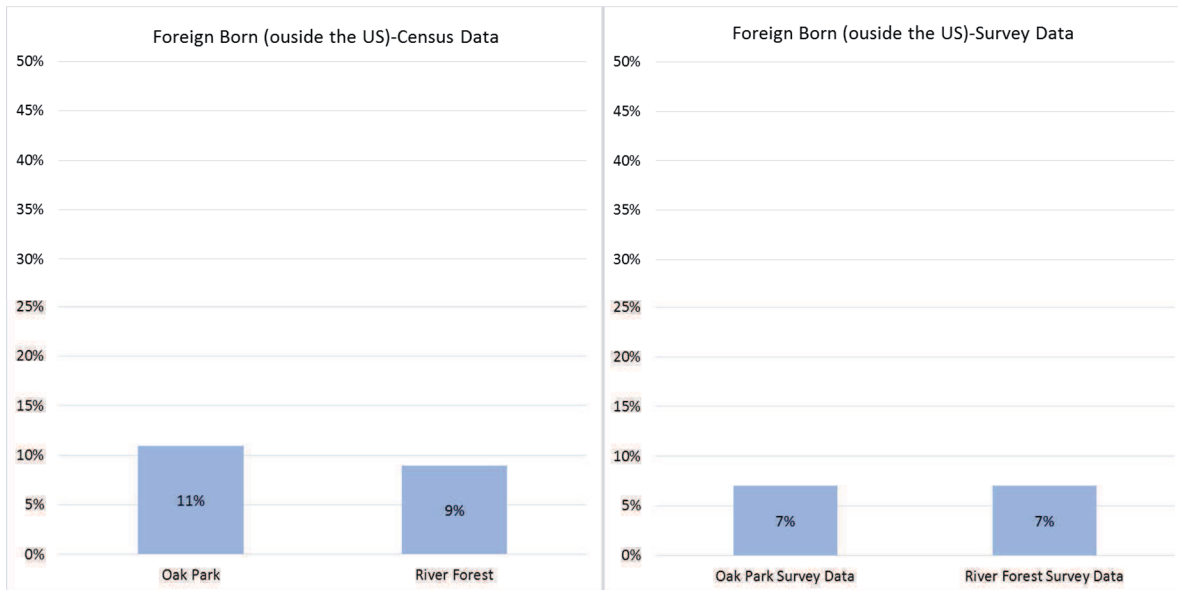
Not only were the Survey respondents more highly educated, less racially diverse, and less likely to be foreign born than would be expected in a representative sample, individuals who responded to the Survey were also less likely to report being unemployed than would be expected. This indicates that unemployed individuals were also underrepresented among the Survey respondents.

The Survey results address residents' perceptions of the following topic areas:
  a. Health Care;
  b. Health Information;
  c. Preventive Health;
  d. Physical Health and Chronic Health Conditions;
  e. Behavioral Health (Smoking, Alcohol);
  f. Mental Health;
  g. Developmental Conditions;
  h. Domestic Abuse;
  i. Quality of Life;
  j. Community Health; and
  k. Eating Habits.

The full Survey results are included in Appendices to this report, with separate reports for Oak Park and River Forest. Supplemental reports are also attached, aggregating Oak Park and River Forest Survey results on the topics of Mental Health, Developmental Disabilities, and Domestic Abuse.

Significant differences based on the race of the respondents are highlighted in the report. All significant differences are at the 95% confidence level. To find specific data or more details in the Appendix, note the Question Number in parentheses following summary comments in the text of this report. For example, (Q89) will indicate the question related to self-reports of respondent household income levels.

Demographics

The total population in Oak Park and River Forest has remained stable, with slight and continued growth between 2011 and 2015 with a total increase of 448 and 69 individuals, respectively.
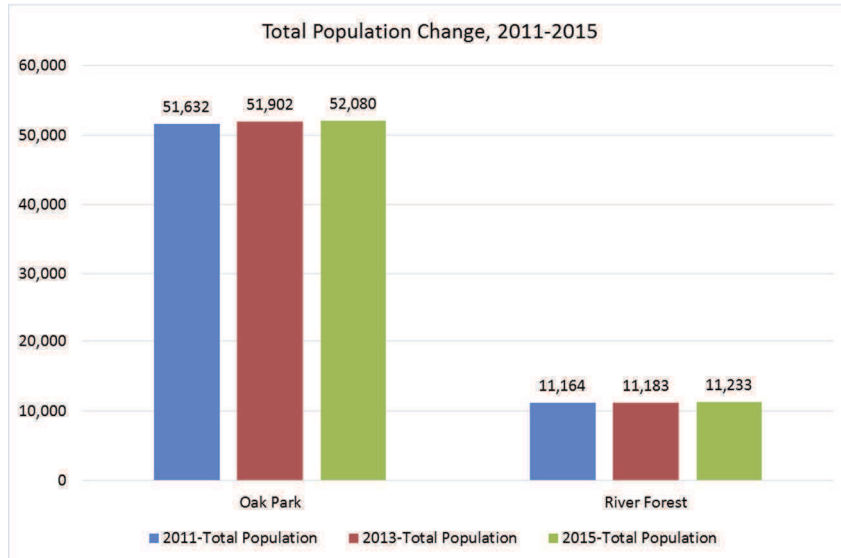
Source: American Community Survey 5-year estimates 2011-2015

Top Priorities for Physical Health

The following section details the population health status in Oak Park and in River Forest by examining the prevalence or rate of chronic disease and other health conditions within each community. These rates were calculated per the methodology recommended by the Health Resources and Services Administration (HRSA), which is outlined below.

To estimate the percent of a population with a certain disease or condition in a community, the first step is to gather data about the rate of the disease or condition for the smallest possible geographic area. Some data are available at the zip code level, some at the county level, and others at the state level. This data is gathered from sources such as the Behavioral Risk Factor Surveillance System, the Center for Disease Control, and the Agency for Healthcare Research and Quality, among others. The rate of the disease or condition is also collected for a differentiating factor, such as age range, or race and ethnicity.

Next, an extrapolation method is used. Extrapolation determines the rate of the disease or condition by applying the rates of disease at the larger geography to the smaller geography. For example, for the indicators below, race and ethnicity was used as the differentiating factor. The rates of disease by race and ethnicity at the larger geographies was applied to the race and ethnicity of people living in Oak Park and in River Forest (which is gathered from Census data). This rate gives us the most accurate estimate of the number of people living in a community with any given disease or health condition.

The rate of all diseases and conditions described below were calculated using this method. Once the rates are known they are compared to benchmarks, also set forth by HRSA. HRSA lists a national benchmark, which is the national median, or 50th percentile of the rate of any disease (also called a health indicator),

and a severe benchmark, which is the 75th percentile for each health indicator. When the rate for Oak Park and River Forest is below the national benchmark, meaning better than the national rate of disease, it is shaded green. When the rate of a disease or condition is between the national and severe benchmark – or between 50th and 75th national percentile – it is shaded yellow. When the indicator is above the severe benchmark it is shaded red. A visual guide to these numbers is listed below for reference.

In the tables below, shaded indicators mean:

Color	Meaning
Green	Rate of indicator better than national and severe benchmark
Yellow	Rate of indicator worse than national but better than severe benchmark
Red	Rate of indicator worse than both national and severe benchmark

Source: BRFSS, UDS Mapper, CDC Wonder

The table below lists all indicators for each community that are shaded either yellow or red (as shown in the detailed tables below), meaning they are above either the national or severe benchmark. These health status indicators can help identify the areas of health that Oak Park and River Forest should be most mindful of going forward.

Oak Park Health Disparities	River Forest Health Disparities
Diabetes Prevalence	Diabetes Prevalence
Diabetes Mortality Rate	
Heart Disease Mortality	Heart Disease Mortality
Cerebrovascular Mortality	
Women age 18+ with no pap test in 3 years	Women age 18+ with no pap test in 3 years
Women age 50+ with no mammogram in past 2 years	Women age 50+ with no mammogram in past 2 years
Adults age 50+ with no fecal occult blood test in past 2 years	Adults age 50+ with no fecal occult blood test in past 2 years
Colorectal Cancer Mortality	Colorectal Cancer Mortality
Low Birth Weight	
Pediatric Asthma Hospital Admission Rate	Pediatric Asthma Hospital Admission Rate
Childhood Obesity	Childhood Obesity
	Percent of total population that is elderly
Influenza and Pneumonia Mortality	Influenza and Pneumonia Mortality
Linguistically Isolated Population	Linguistically Isolated Population
Adults 65+ with No Flu Shot	Adults 65+ with No Flu Shot

Source: BRFSS, UDS Mapper, CDC Wonder

Race and Ethnicity

During this 4-year period, the two communities' racial and ethnic minority populations increased.

- In Oak Park, the White Non-Hispanic population decreased from 66 percent to 64 percent of total population, with increases in the Hispanic population (6% to 7%) and Other Non-Hispanic populations (27% to 29%).

- This shift was more pronounced in River Forest, where the White Non-Hispanic population decreased from 85 percent to 79 percent and the largest increases occurred among the Non-Hispanic Asian population (4% to 7%) and the Hispanic population (4% to 6%).
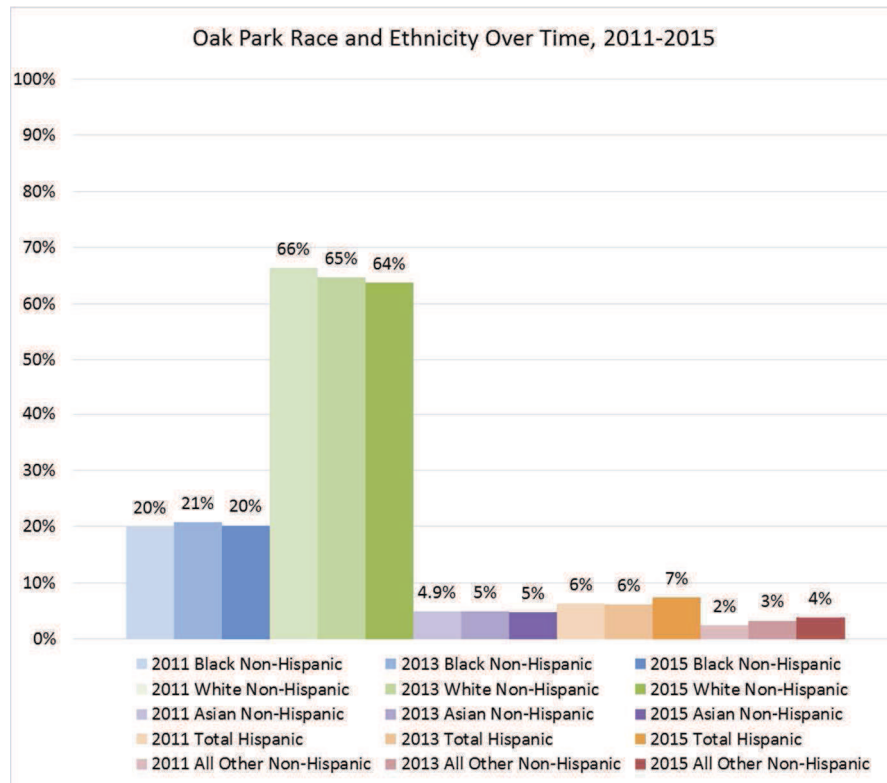
Source: American Community Survey 5-year estimates 2011-2015
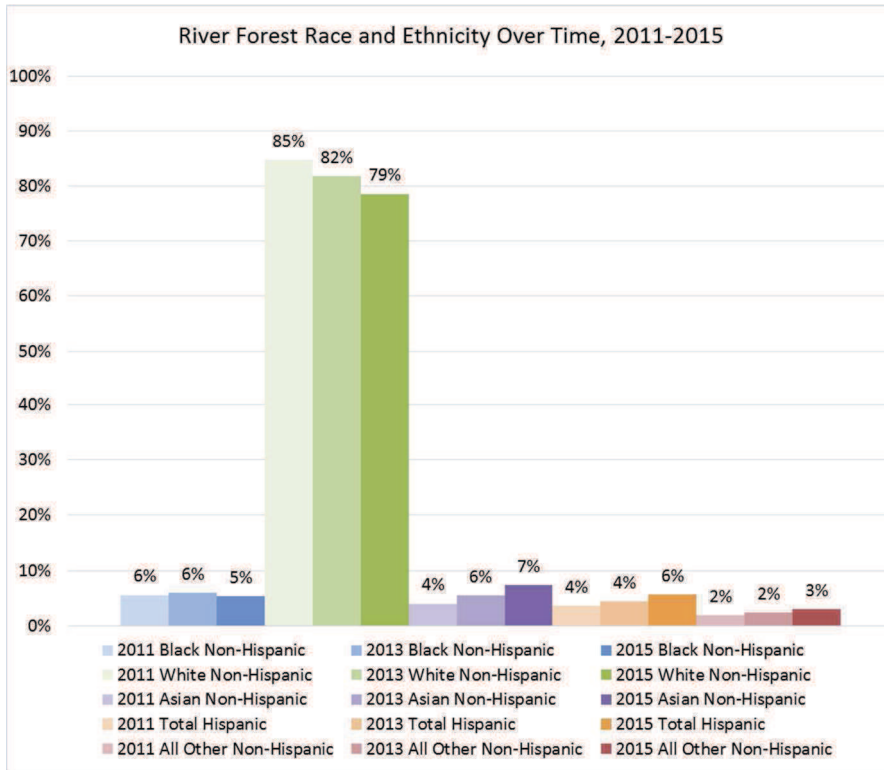
Source: American Community Survey 5-year estimates 2011-2015

When compared to Cook County and the State of Illinois, as of 2015, Oak Park and River Forest had:

- Greater percentages of the total population that is White Non-Hispanic (64% and 79%, respectively, compared to 43% for Cook County and 62% for Illinois);
- Much smaller proportions of Hispanic populations (7% and 5%, respectively, compared to 25% for Cook County and 16% for Illinois); and
- Similarly small percentages of Other Non-Hispanic populations.

In addition:

- Oak Park's percent of total population that is Black Non-Hispanic (20%) is less than Cook County (24%) and more than Illinois (14%). River Forest's Black Non-Hispanic population is only five percent of the total population.
- The Asian Non-Hispanic Population is similar across all geographies: Oak Park (5%), River Forest (7%), Cook County (7%) and Illinois (5%); as shown below.
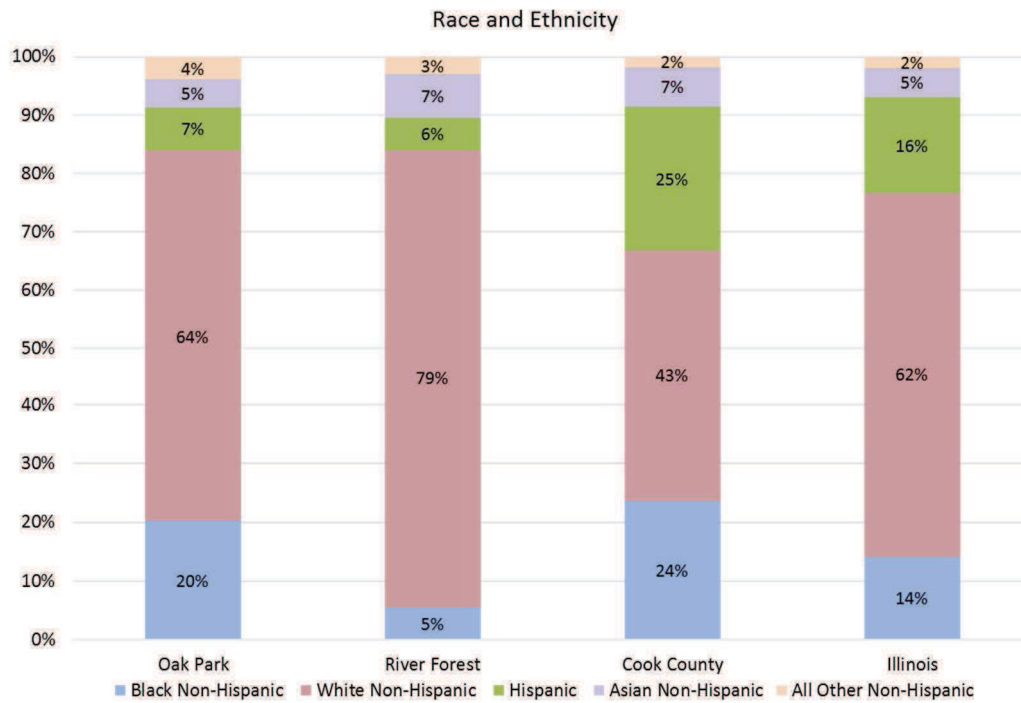
Source: American Community Survey 5-year estimates 2011-2015

Age Distribution

Oak Park is on par with both Cook County and Illinois totals for age distribution among residents, with 64 percent of the population between ages 18 and 64, 24 percent under that age of 18, and 12 percent aged 65 or more.

In contrast, River Forest's population aged 18 to 64 is only 57 percent, attributable to higher percentages of younger and older populations: 28 percent of River Forest's population is between ages 0 to 17, and 16 percent over 65.
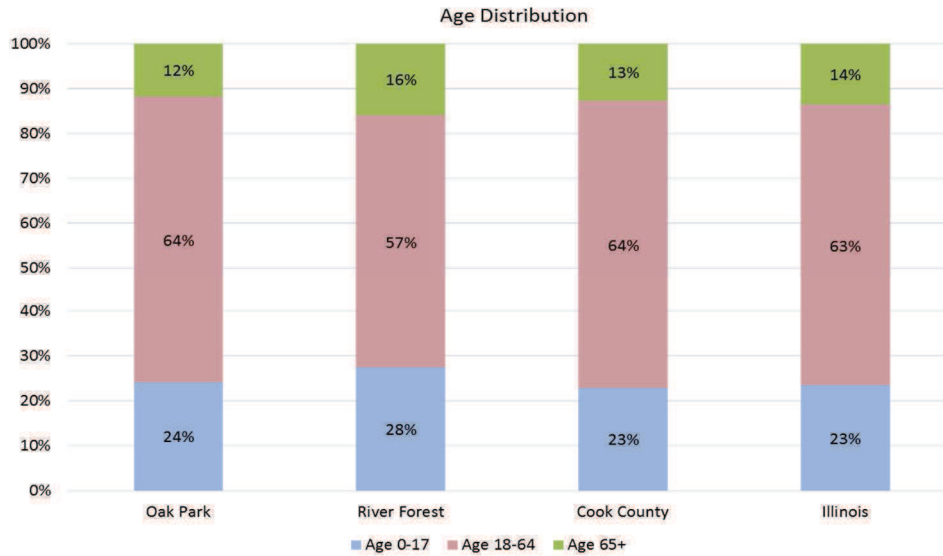

Source: American Community Survey 5-year estimates 2011-2015

Gender Distribution

In line with both Cook County and Illinois, both Oak Park and River Forest's female population is at 53 percent.
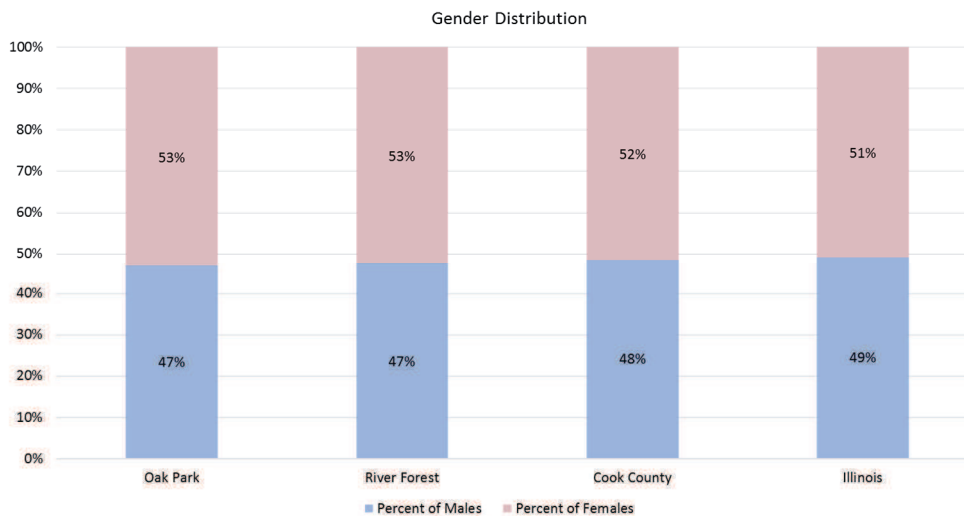
Source: American Community Survey 5-year estimates 2011-2015

Low-Income and Poverty

Overall, as illustrated below, there has been little change in Oak Park between 2011 and 2015 regarding the percent of total population living at the four tiers of income as a percent of the federal poverty level (FPL).[1] These tiers are: extreme poverty (below 50% of FPL), poverty (between 51% and 100% of FPL), low income (between 101% and 200% FPL), and non-low income (at or above 201% of FPL).

In Oak Park, five percent of the population is living in extreme poverty; another four percent is living in poverty, eight percent are low income, and the remaining population (83%) is non-low income. Changes during the five-year period were one percent or less in any category.
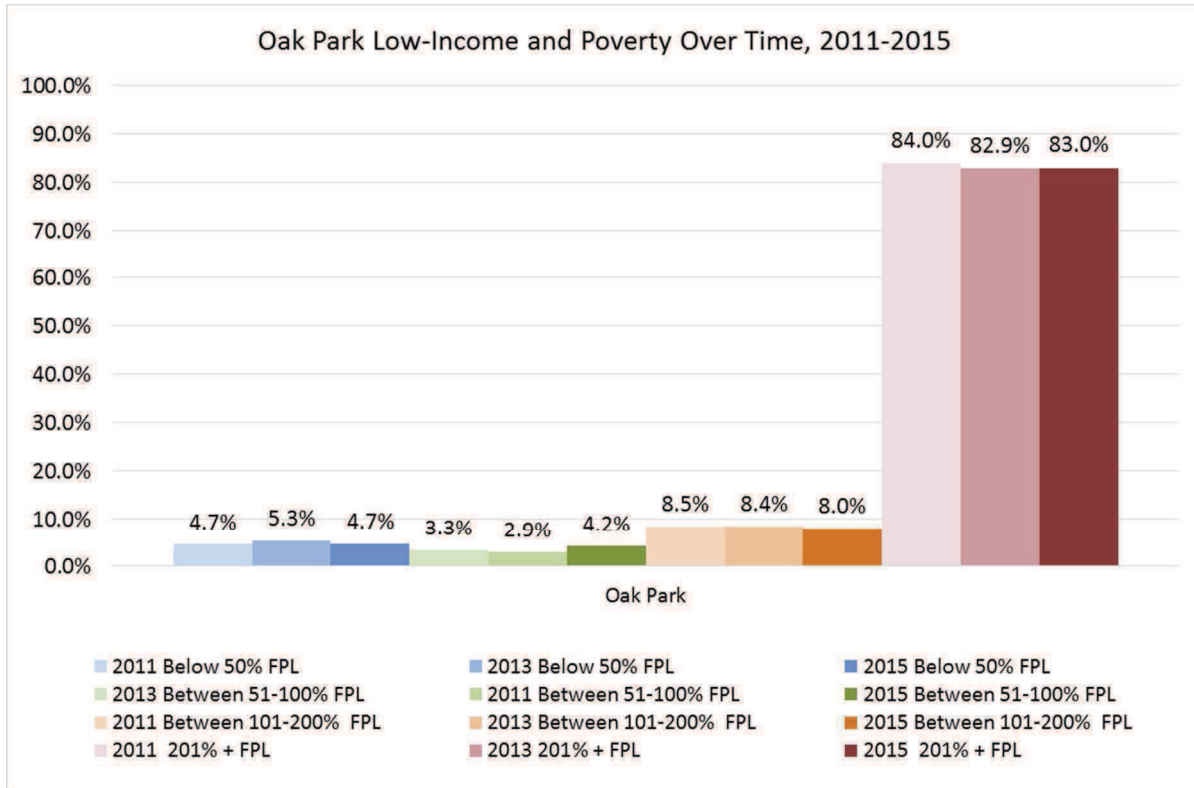
Source: American Community Survey 5-year estimates 2011-2015

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[1] In 2017, 100 percent of the Federal Poverty Level (FPL) is $24,300 for a family of four. A family of four at 200 percent of FPL is $48,600. Source: Low-Income Home Energy Assistance Program (LIHEAP). (July 1, 2016). *HHS Releases Notice Concerning 2017 Federal Poverty Guidelines*. Accessed on April 27, 2017 at https://liheapch.acf.hhs.gov/news/july16/FPG.htm

On the other hand, in River Forest, over the same period of time, the percent of population living in the non-low income tier decreased from 92 to 87 percent, and the percent of population living in extreme poverty decreased from 4 to 2 percent. The greatest increase is seen in low income population, moving from 2 to 9 percent of the total population.
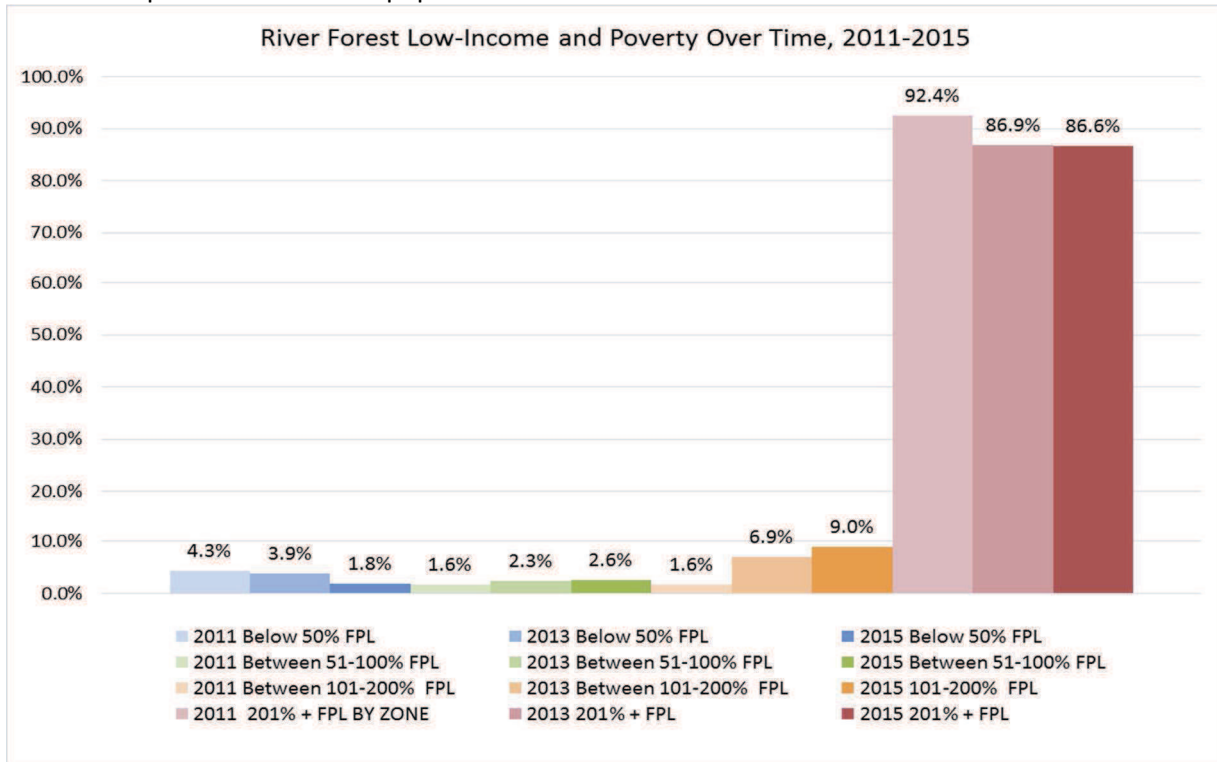
River Forest Low-Income and Poverty Over Time, 2011-2015

Legend:
- 2011 Below 50% FPL
- 2013 Below 50% FPL
- 2015 Below 50% FPL
- 2011 Between 51-100% FPL
- 2013 Between 51-100% FPL
- 2015 Between 51-100% FPL
- 2011 Between 101-200% FPL
- 2013 Between 101-200% FPL
- 2015 101-200% FPL
- 2011 201% + FPL BY ZONE
- 2013 201% + FPL
- 2015 201% + FPL

Data values: 4.3%, 3.9%, 1.8%, 1.6%, 2.3%, 2.6%, 1.6%, 6.9%, 9.0%, 92.4%, 86.9%, 86.6%

Source: American Community Survey 5-year estimates 2011-2015

When compared to Cook County and Illinois, poverty and low Income tiers are far less prevalent in Oak Park and River Forest.
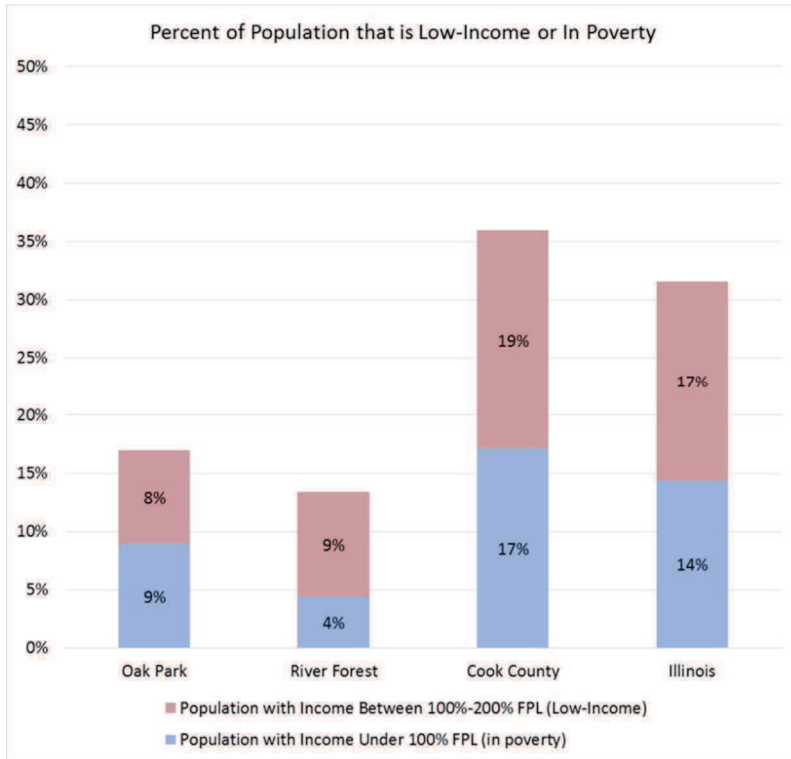
Source: American Community Survey 5-year estimates 2011-2015

Insurance Status

Oak Park and River Forest residents are insured in nearly the same ways at the same rates, with around 75% of the population with private insurance either through an employer or purchased through the Marketplace. Twelve percent of the population in both Oak Park and River Forest have other insurance, which is made up of Military or VA Healthcare, or a combination of more than one type of insurance.

The percentages of population that is either uninsured or enrolled in Medicaid are consistent with the income levels described above, and noticeably lower than the corresponding rates of uninsured and Medicaid enrollees for each of Cook County and Illinois:

- In Oak Park, five percent of the population is enrolled in Medicaid and six percent is uninsured;
- In River Forest, two percent is enrolled in Medicaid and three percent is uninsured;
- In Cook County, 17 percent is enrolled in Medicaid and 14 percent is uninsured; and
- In Illinois, 15 percent is enrolled in Medicaid and 11 percent is uninsured.
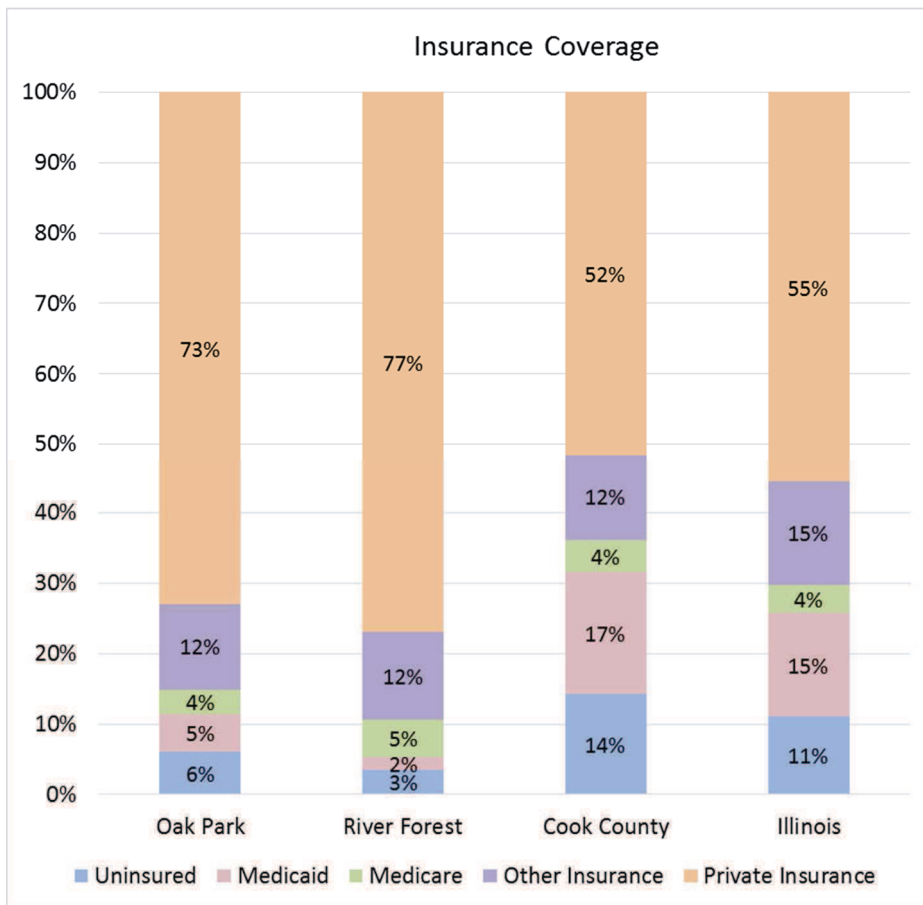
Source: American Community Survey 5-year estimates 2011-2015

Foreign Born

Fewer of the area's residents are foreign born when compared to both Cook County and Illinois. The two communities are similar, at 11 percent foreign born in Oak Park and nine percent in River Forest.
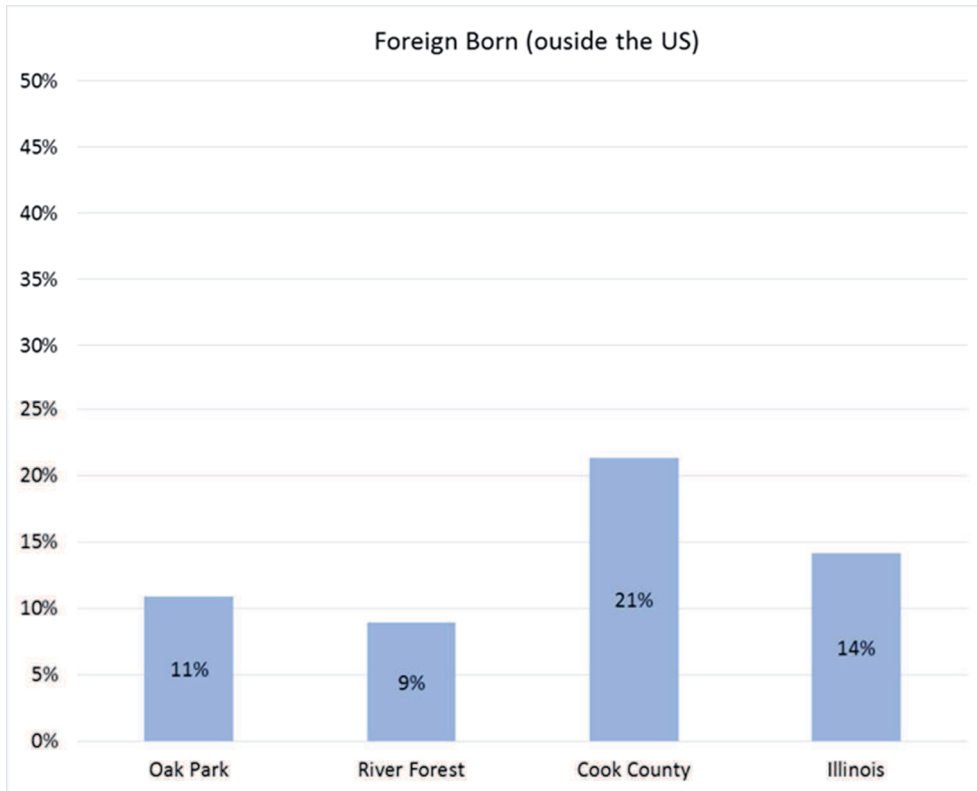
Source: American Community Survey 5-year estimates 2011-2015

Languages Spoken at Home

Linguistic diversity is reflected by the percent of individuals aged five or more who speak a language other than English at home, the percent who speak Spanish at home, and the percent who speak a language other than English or Spanish at home (the difference between the first two percentages). For example, in Cook County, 35 percent of the population at least five years old speak a language other than English at home, 21 percent speak Spanish at home, indicating that 14 percent speak a language other than English or Spanish at home. In Illinois, there is less linguistic diversity than in Cook County, with 23 percent of the population speaking a language other than English at home, 13 percent speaking Spanish at home, and 10 percent speaking a language other than English or Spanish at home.

In Oak Park and River Forest, there are similar rates of linguistic diversity, with 13 percent of the population aged at least five years speaking a language other than English at home, between four and five percent speaking Spanish at home, and between eight and nine percent speaking a language other than English or Spanish at home.

Notably, in Oak Park and River Forest among individuals who speak a language other than English at home, the majority speak a language other than Spanish, unlike Cook County and Illinois.
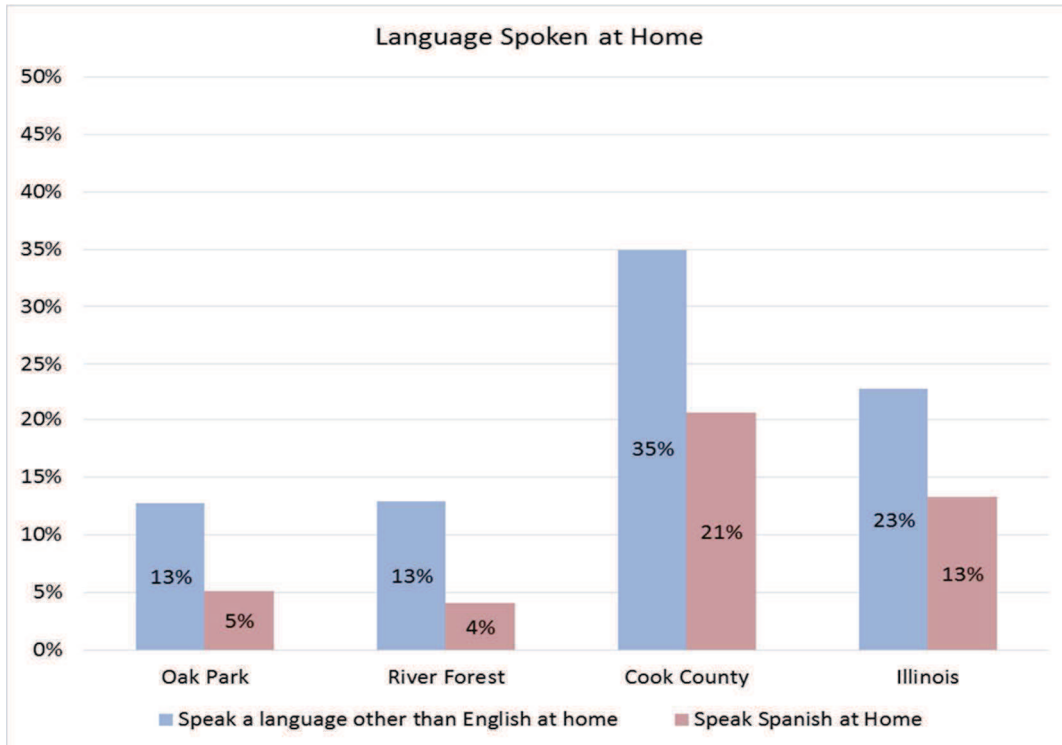
Source: American Community Survey 5-year estimates 2011-2015

Highest Level of Educational Attainment, Ages 25-64

Among individuals aged 25 to 64, Oak Park and River Forest residents' highest levels of educational attainment far exceed those held by residents of Cook County and Illinois overall. Census data show that Oak Park (71%) and River Forest (75%) have nearly double the percentage of total population who hold a Bachelor's Degree or higher, when compared to Cook County (38%) and Illinois (35%). Adults with only a high school degree and no college is eight percent and six percent of the total adult population in Oak Park and River Forest, respectively. There are very small percentages of adults without a high school degree in Oak Park and River Forest (2% in each).
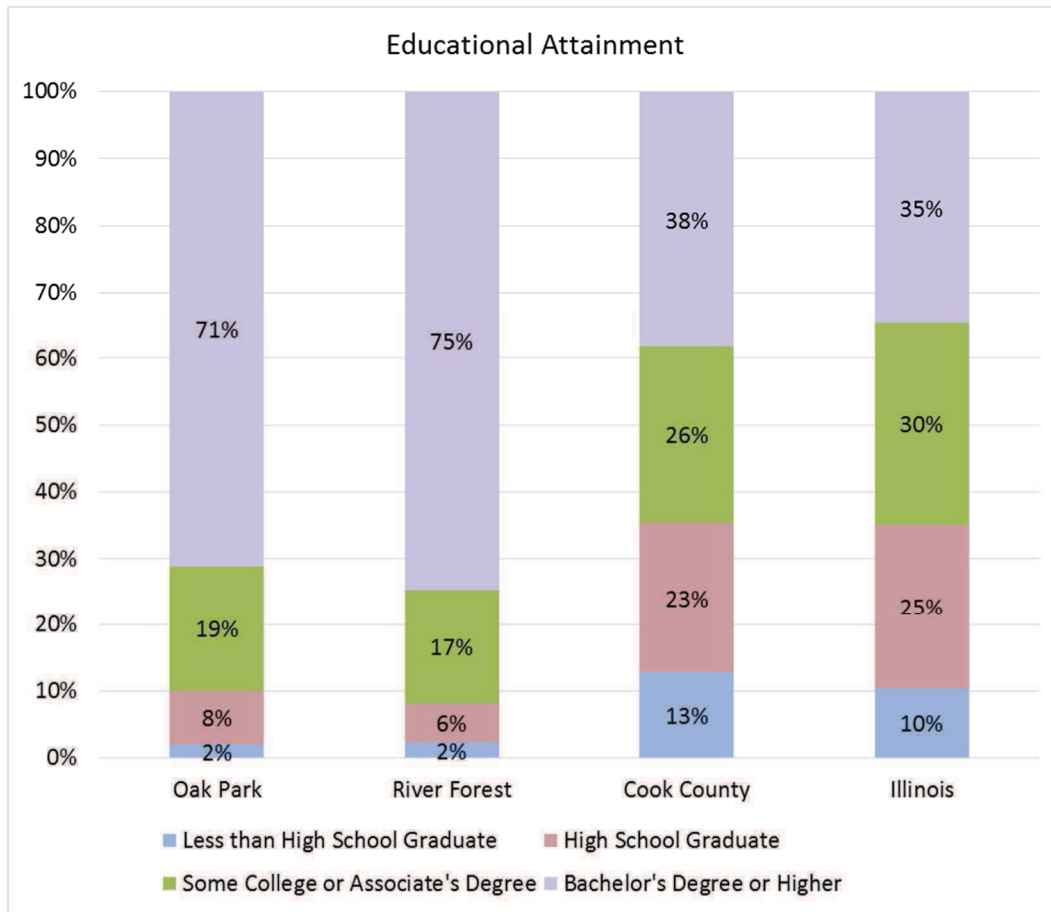
Source: American Community Survey 5-year estimates 2011-2015

Unemployment

Overall unemployment rates are lower in both Oak Park (7%) and River Forest (5%) than in Cook County (11%) and Illinois (9%) based on 5-year estimates from the American Community Survey.
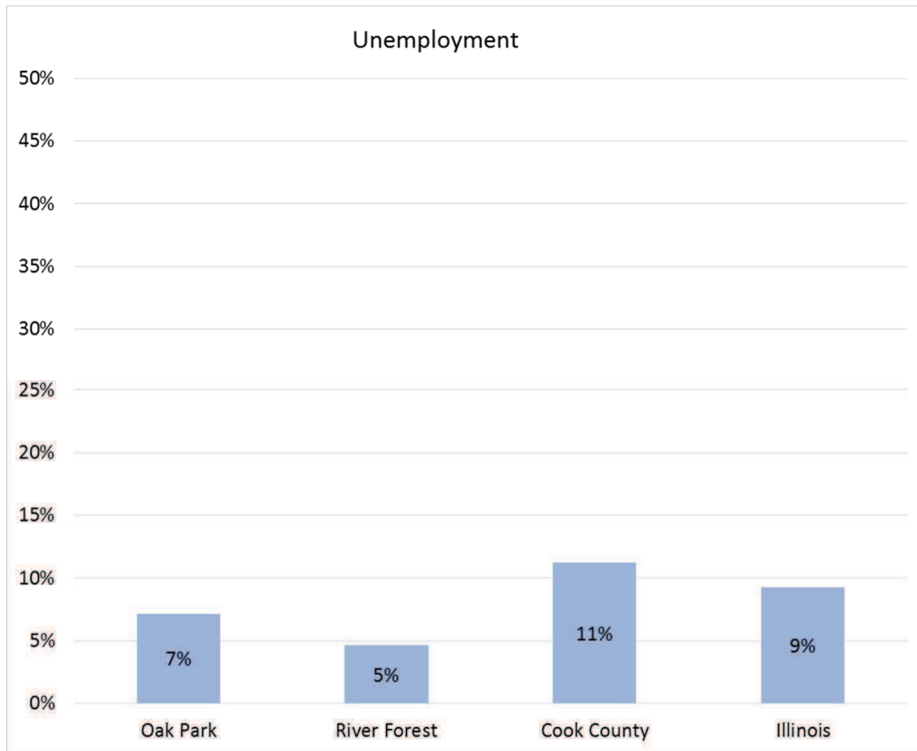
Source: American Community Survey 5-year estimates 2011-2015

Population Health Status

General Health Status, Behaviors, Literacy

Diabetes Indicators

There are three population health status indicators that are related to diabetes: (1) diabetes prevalence, (2) adult obesity prevalence, and (3) diabetes mortality rate. Although, in Oak Pak and is River Forest adult obesity prevalence is better than the national benchmark, the prevalence of diabetes is worse than the severe benchmark in both communities. In Oak Park, the diabetes mortality rate is worse than the national benchmark; however, in River Forest it is better than the national benchmark.

Oak Park	River Forest
Diabetes Prevalence	Diabetes Prevalence
Adult Obesity Prevalence	Adult Obesity Prevalence
Diabetes Mortality Rate	Diabetes Mortality Rate

Source: BRFSS, UDS Mapper, CDC Wonder

In 2015, diabetes prevalence was estimated at 11 percent of the total population in Oak Park and 10 percent in River Forest, showing slight increases over time in both communities.
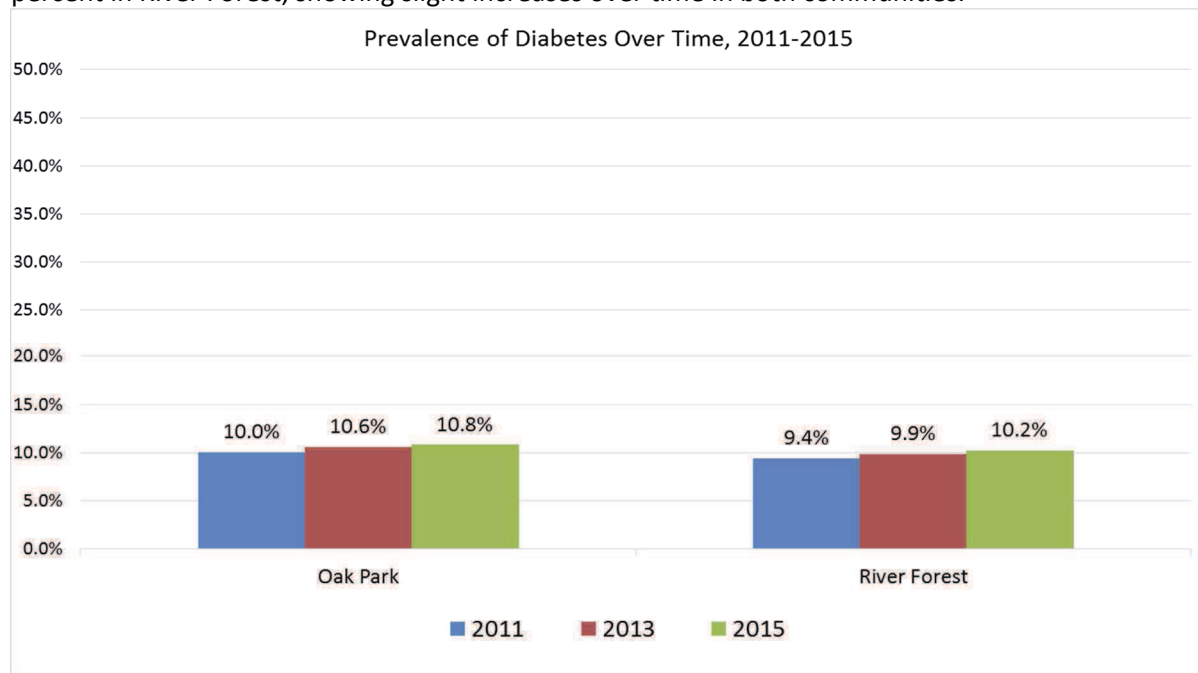
Source: BRFSS, extrapolated based on race and ethnicity.

Cardiovascular Indicators

In Oak Park and in River Forest, heart disease mortality exceeds the severe benchmark of 203.2 deaths per 100,000, at 219.4 and 206.1 deaths per 100,000, respectively. Mortality rates for cerebrovascular diseases exceed the national benchmark in Oak Park, but not in River Forest. Both communities are better than the national benchmark for prevalence of high blood pressure and getting cholesterol levels checked within the past 5 years.

Oak Park	River Forest
Heart Disease mortality	Heart Disease mortality
Adults with High Blood Pressure	Adults with High Blood Pressure
Adults with no cholesterol check in last 5 years	Adults with no cholesterol check in last 5 years
Cerebrovascular Disease Mortality	Cerebrovascular Disease Mortality

Source: CDC Wonder, UDS Mapper, BRFSS, CDC Wonder

A closer look at the data shows that the percentage of adults that did not get their cholesterol checked in the last five years (2011-2015) has steadily decreased in both communities.
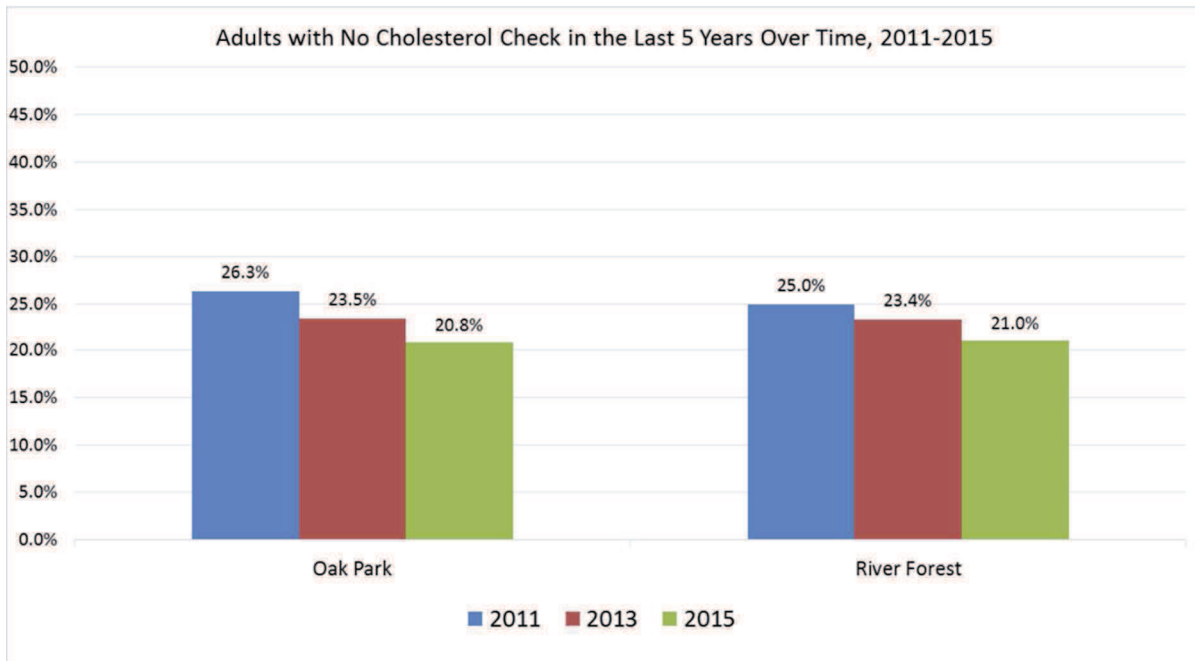
Source: BRFSS, extrapolated based on race and ethnicity.

Cancer Indicators

Among population health indicators that are related to cancer, Oak Park and River Forest are similar. Both communities fare worse than the severe benchmark for colorectal cancer mortality rates and the lack of fecal occult blood testing (FOBT), a screening test for colorectal cancer. For women's cancer screenings, both communities are below the severe benchmark for pap test rates and below the national benchmark for mammogram rates.

Oak Park	River Forest
Women age 18+ with no pap test in 3 years	Women age 18+ with no pap test in 3 years
Women age 50+ with no mammogram in past 2 years	Women age 50+ with no mammogram in past 2 years
Adults age 50+ with no FOBT in past 2 years	Adults age 50+ with no FOBT in past 2 years
Adults who smoke cigarettes	Adults who smoke cigarettes
Breast Cancer Mortality	Breast Cancer Mortality
Colorectal Cancer Mortality	Colorectal Cancer Mortality

Source: BRFSS, CDC Wonder, CDC Wonder

Among The Survey Respondents...

*...one-quarter (25%) reported ever having been told they have **cancer**.*
- *White/Caucasian respondents in **Oak Park** were statistically more likely to report having ever been told they had cancer (29%) than Black/African-American respondents (13%).*
- *In **River Forest**, 30 percent of respondents reported having ever been told they had cancer. There were no other statistical differences among **River Forest** respondents for the response to this question.*

(Q20)

Prenatal and Perinatal Health Indicators

With the sole exception of Low Birth Weight in Oak Park, both communities are healthier than the national benchmark for all prenatal and perinatal indicators. In Oak Park, the percentage of births with low birth weight is 8.6 percent, worse than the national benchmark of 7.9 percent.

Oak Park	River Forest
Low Birth Weight	Low Birth Weight
Infant Mortality Rate	Infant Mortality Rate
Births to Teenage Mothers	Births to Teenage Mothers
Late entry to prenatal care	Late entry to prenatal care
Cigarette use during pregnancy	Cigarette use during pregnancy
Preterm Births	Preterm Births

Source: UDS Mapper, CDC Wonder

Child Health Indicators

The two indicators of child health, pediatric asthma hospital admissions and childhood obesity, indicated unfavorable rates in both Oak Park and River Forest. In each community, pediatric hospital admissions for asthma exceed the severe benchmark and childhood obesity exceeds the national benchmark.

Oak Park	River Forest
Pediatric Asthma Hospital Admission Rate	Pediatric Asthma Hospital Admission Rate
Children who are obese	Children who are obese

Source: UDS Mapper, all others CDC Wonder

Among The Survey Respondents...

*...from over a quarter to nearly a quarter indicated that they or a family member has ever been told they have **asthma**.*

- *Among **Oak Park** respondents, 29 percent reported asthma in themselves or a family member.*
- *Among **River Forest** respondents, 23 percent reported asthma in themselves or a family member.*

(Q20)

Other Health Indicators

Oak Park and River Forest have favorable population health status for overall mortality, adult asthma prevalence, deaths due to unintentional injury, and access to doctors and dentists.

Both communities are shown to have high rates of adults aged 65+ without a flu shot and high rates of mortality due to flu and pneumonia. Additionally, River Forest's percent of total population that is elderly exceeds the national benchmark. In Oak Park and in River Forest, the percent of population that is linguistically isolated exceeds the national benchmark.

Oak Park	River Forest
Overall Mortality Rate	Overall Mortality Rate
Percent of Population Elderly	Percent of Population Elderly
Influenza and Pneumonia Mortality Rate	Influenza and Pneumonia Mortality Rate
Adult Asthma Prevalence	Adult Asthma Prevalence
Unintentional Injury Deaths	Unintentional Injury Deaths
Population linguistically isolated	Population linguistically isolated
Adults who couldn't see a doctor in the past year due to cost	Adults who couldn't see a doctor in the past year due to cost
Adults 65+ with no flu shot	Adults 65+ with no flu shot
Adults with no visit to a dentist in the past year	Adults with no visit to a dentist in the past year

Source: UDS Mapper, American Community Survey 5-year estimates 2011-2015, BRFSS, CDC Wonder
Please note: No severe benchmark exists for the indicators listed in the table above.

Among The Survey Respondents...

*... nearly two-thirds (65%) reported ever being told by a health professional that they or a family member have a **chronic health condition** (diabetes, high blood pressure, heart disease, cancer, asthma, etc.).* (Q19)

Self-Reported Overall Health and Health Behaviors

In this section, the Survey respondents' results are reviewed. The topics following topics are reviewed: physical health, exercise, eating habits, healthcare access, health literacy, and childhood vaccinations. While the Survey results provide insight into community members' experiences, the Survey respondents are <u>not</u> representative of the total population.

Self-Assessment of Physical Health

The Survey respondents in the two communities were asked to rate their overall physical health.

> *Among The Survey Respondents...*
>
> *...when asked to rate their overall health,*
> - *Twenty percent of **Oak Park** respondents reported their physical health as Excellent, and 65 percent reported it as Good.*
> - *Among **Oak Park** respondents, there is a statistical difference such that Black/African American respondents reported their overall health less favorably than White/Caucasian respondents.*
>   - *Reporting their health as Good: White/Caucasian (66%) and Black/African-American (54%)*
>   - *Reporting their health as Fair: White/Caucasian (12%) and Black/African-American (21%).*
>
> - *Compared to Oak Park, a greater proportion of **River Forest** respondents were positive in their self-assessment with 38 percent describing their physical health as Excellent and 54 percent reporting it as Good.*
>
> (Q18)

Exercise

Survey respondents were asked to self-report on their physical activity and exercise habits.

> *Among The Survey Respondents...*
>
> *... the two communities had slightly different results when reporting if they get the recommended 150 minutes of moderate to intense **exercise** per week (30 minutes per day for at least five days per week).*
> - *For **Oak Park**, over half the respondents (56%) reported that they did not exercise that often.*
> - *On the other hand, over half (57%) of **River Forest** respondents reported that they do exercise the recommended amount.* (Q14)
>
> *For all those who do not exercise, reasons were similar: Physical condition; Medical condition; and Other (No time; Too tired; and Laziness) was selected by equal numbers in both communities.* (Q15)

Eating Habits and Access to Healthy Food

The Survey respondents in the two communities showed overall similarities regarding eating habits. However, there were some differences based on race in Oak Park.

Among The Survey Respondents ...

*…over a third (Oak Park: 38% and River Forest: 37%) reported **eating fruit** once a day over the past 30 days, with another third (Oak Park: 32% and River Forest: 30%) reporting eating fruit twice a day.*

*A slightly greater proportion of **River Forest** respondents (47%) reported **eating vegetables** twice a day compared to 41 percent of those from **Oak Park**.*

There are statistical differences among Oak Park respondents such that:
- *More Black/African American respondents (6%) reported eating fruit five times a day in the last 30 days, when compared to White/Caucasian respondents (1%).*
- *Likewise, more Black/African American respondents (6%) reported eating vegetables 5 times a day, when compared to White/Caucasian respondents (2%).*

(Q75, 76)

*Reporting of daily consumption of **carbonated soft drinks** was similar between the two communities:*
- *In **Oak Park**, 85 percent of respondents indicated they drank a soft drink less than once a day;*
- *Similarly, 84 percent of **River Forest** respondents reported this as well.*
- *Only 9 percent and 8 percent of respondents indicated having a soft drink one time a day in the past 30 days in **Oak Park** and **River Forest**, respectively.*

(Q77)

*Among **Oak Park** respondents, 59 percent see the community as having healthy fresh food "Extremely" available, whereas 75 percent of **River Forest** respondents provided this rating.*

*Nearly all other respondents in both communities rated healthy fresh food as "Very" available, with only one (1) percent of **River Forest** respondents saying "Not Very" and two (2) percent of **Oak Park** respondents saying "Not Very."* (Q68)

Access to Healthcare and Management of Health Conditions

The Survey respondents were asked a variety of questions about their experience accessing healthcare and managing health conditions, including what barriers were faced in accessing needed medical care or prescriptions.

> **Among The Survey Respondents…**
>
> … A **smaller** proportion of **River Forest** respondents (17%) reported **delaying getting needed medical care** than **Oak Park** respondents (27%). (Q6)
>> **Cost** was the prevailing reason for delaying care among all other choices in the Survey for both Oak Park (52%) and River Forest (68%). (Q7)
>
> About the same proportion of the **Oak Park** (86%) and the **River Forest** (90%) Survey respondents indicated that they **did not delay in getting a needed prescription**. Among Oak Park residents indicating "Yes" they delayed, there is a statistical difference, where White/Caucasian respondents were less likely (12%) than Black/African-American respondents (22%) to say they had ever delayed getting needed prescriptions. White/Caucasian respondents were also statistically more likely to say they did not delay (87%) compared to Black/African-American respondents (78%). (Q8)
>> Among those who delayed getting needed prescriptions, respondents from both communities reported similarly, with **"Cost"** selected by most in Oak Park (70%) and in River Forest (69%). (Q9)
>
> All the Survey respondents had similar answers to how they or an immediate family member was **managing the health condition**(s). Overwhelmingly, respondents selected Medication, Diet, and Physical activity. (Q21)
>
> Both communities had similar responses to **how much the chronic health condition they reported interferes with usual daily activities**. Over a third of respondents (Oak Park: 40% and River Forest: 35%) reported **Minimal interference**. The proportion of responses indicating **Serious interference** was alike as well (Oak Park: 12% and River Forest: 14%). (Q22)

Health Literacy and Health Information Access

The Survey respondents were asked about their level of health literacy and where they get health information.

> ### *Among The Survey Respondents...*
>
> *... Most reported they were **confident filling out medical forms** by themselves. Among **Oak Park** respondents, 60 percent reported being "Extremely" confident; 34 percent reported "Quite a bit" confident. Likewise, 66 percent of **River Forest** respondents were "Extremely" confident and 27 percent reported "Quite a bit" confident.* (Q10)
>
> *This confidence is reflected with **most respondents reporting that they never have someone help them read** health or medical materials. (Oak Park: 73% and River Forest: 81%). Around a fifth of respondents reported that they occasionally have someone help them (Oak Park: 23% and River Forest: 17%).* (Q11)
>
> *For the most part, both communities had **similar patterns about where the Survey respondents go to find information about their health**, including behavioral or mental health information.*
> - *Most respondents get their health information from a Health professional (Oak Park: 87% and River Forest: 88%). The next most frequently chosen sources were the Internet (Oak Park: 79% and River Forest: 75%) and Friends and family (Oak Park: 55% and River Forest: 49%).*
> - *There were statistically significant differences in **Oak Park** based on the race of the respondent:*
>   - *The White/Caucasian respondents were more likely to report getting information from a Health professional (88%) compared to the Black/African-American respondents (79%); and*
>   - *The Black/African-American respondents were more likely to report getting information from a Church/faith community (9%) compared to the White/Caucasian respondents (2%).*
>
> (Q12)
>
> *WebMD was the most common Internet source identified by **Oak Park** respondents (58%) followed by Mayo Clinic (44%). **River Forest** respondents most often identified Mayo Clinic (42%) and WebMD (40%).*
> (Q13)

Childhood Vaccinations

Survey respondents were asked about the immunization status of their children.

> ### *Among The Survey Respondents...*
>
> *...**nearly all reported that their children received all recommended vaccines** (97% of those responding from **Oak Park** and 98% of those responding from **River Forest**).* (Q16)
>
> *However, the **reasons provided by the few whose children did not receive all recommended vaccines varied**. In **River Forest**, one (1) reported "Vaccine's necessity" and one (1) reported a medical exemption. There was a greater mix of reasons from the **Oak Park** respondents for their children not getting all recommended vaccines, including Medical exemption, vaccine safety/side effects, vaccine schedule too aggressive.* (Q17)

Mental Health and Substance Abuse

This section of this report will examine extrapolated mental health and substance abuse data and the Survey results. While the extrapolated data show the overall community status, the Survey results show common community experiences.

Overall, in both communities the extrapolated data show key indicators of mental health are better than the national and severe benchmarks, including binge alcohol use in the last month.

Oak Park	River Forest
Suicide Rate	Suicide Rate
Binge alcohol use in the last month	Binge alcohol use in the last month
Overdose mortality	Overdose mortality

Source: CDC Wonder, BRFSS, CDC Wonder

However, alcohol use represents a higher percentage of substance use in both Oak Park (45.4%) and River Forest (43.7%) compared to other drugs as seen in data from the 2014-2015 National Survey on Drug Use and Health. The table below shows the data from the 2014-2015 National Survey on Drug Use and Health for both communities. The ages for each question from the Nation Survey is also noted.

National Survey on Drug Use and Health Question	Oak Park		River Forest	
	Number	% of total population	Number	% of total population
Alcohol use disorder in past year (12+)	1,112	4.6%	211	2.0%
Alcohol use in the past 30 days (12+)	23,439	45.4%	4,509	43.7%
Any Tobacco product use in the past 30 days (12+)	10,118	19.6%	1,944	18.8%
Marijuana use in the past 30 days (12+)	3,092	6.0%	600	5.8%
Cocaine use in the past year (12+)	696	1.3%	133	1.3%
Heroin Use in the past month (12+)	137	0.3%	26	0.3%
Any mental illness in past year (18+)	6,242	12.1%	1,192	11.5%
Had serious thoughts of suicide in the past year (18+)	1,250	2.4%	237	2.3%
Had a major depressive episode in the past year (12+)	2,719	5.3%	546	5.3%
Had Serious Mental Illness in the Past Year (12+)	1354	2.6%	258	2.5%

Source: SAMHSA, 2014-2015 National Survey on Drug Use and Health; extrapolated from state level data on age.

Depression Among Oak Park and River Forest Students

Recent data show that students in Oak Park and in River Forest report experiencing depression at the same rate or slightly below the rate reported by other students at the same grade levels in Illinois, with younger students faring slightly better.
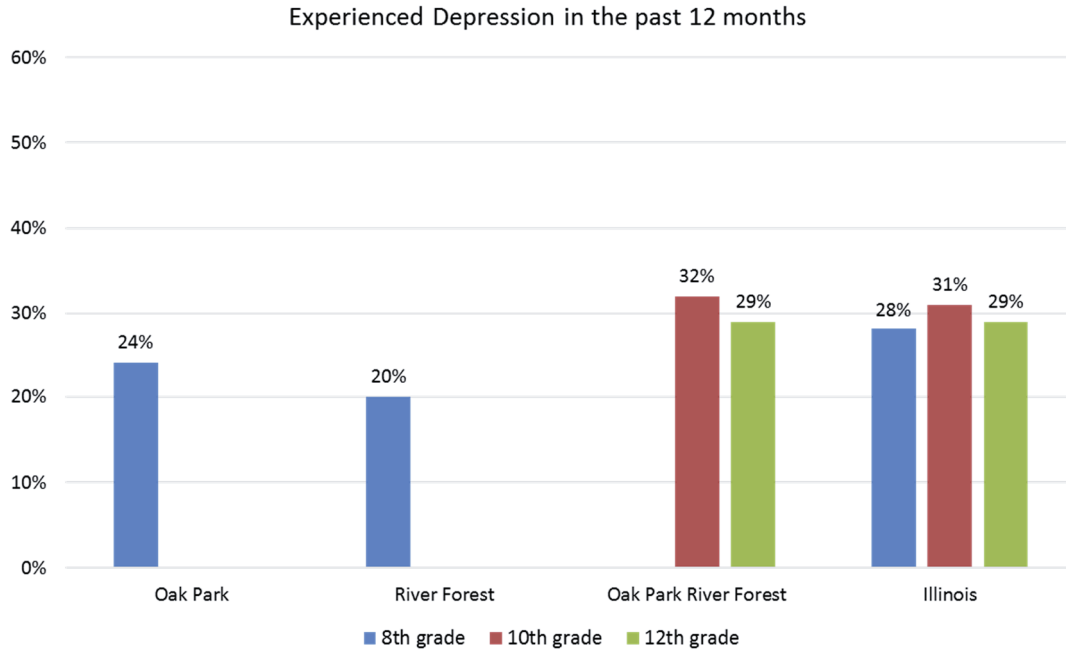
Experienced Depression in the past 12 months

Source: Illinois Youth Surveys 2016, D90, D97, and OPRF High School

The Survey respondents were also asked to rate their mental health and share experiences around mental health issues and services. All respondents were asked to rate their mental health, but only those individuals who reported that they or a family member experienced mental health issues in the past 12 months were asked to answer additional questions about experiences with mental health services.

Among The Survey Respondents…

…most (Oak Park: 87% and River Forest: 92%) **rated their current <u>mental health</u> as Very Good or Good**. (Q32)

Nearly half of the Survey respondents reported that, **over the past twelve months, they or a family member experienced a mental health issue that caused significant distress** *(e.g., depression, stress, family problems, and substance abuse problems); for* **Oak Park** *respondents 48 percent responded affirmatively; and* **River Forest** *respondents 41 percent answered Yes.* (Q33)

Fewer than half of all respondents went on to provide more detail to follow up questions. *Of the 40 percent of all respondents who did answer questions related to mental health…*
- *the* **leading issue causing significant distress was Anxiety or excessive worry** *(Oak Park: 74% and River Forest: 69%); and*
- *the* **second most reported issue was also the same in both communities: Depression/feeling sad, blue, or depressed for more than two weeks** *(Oak Park: 65% and River Forest: 58%).*

There were some differences in the issue identified based on race of the respondent in **Oak Park**.
- *The Black/African-American respondents were statistically more likely to report family problems (37%) compared to the White/Caucasian respondents (21%).*
- *The Black/African-American respondents were statistically more likely to report bereavement (23%) than the White/Caucasian respondents (11%).*
- *The Black/African-American respondents were statistically more likely to report sexual problems (20%) than the White/Caucasian respondents (5%).*

(Q34)

Of the 40 percent of all respondents who answered questions related to mental health…
- **most identified themselves as the individual in the household who experienced these issues** *(Oak Park: 68% and River Forest: 49%).*
- *the proportion of Adult children (over 20 years of age) that the Survey respondents identified as experiencing the problem was about twice as high among the River Forest respondents (36%) as the proportion reported by the Oak Park respondents (17%).*

(Q35)

Effect on Daily Activities

*Respondents' reports about the **impact of the mental health issues that concerned them on their daily activities was nearly the same in both communities**. Oak Park respondents reported Minimal (40%) or Moderate (33%) interference with daily activities. River Forest respondents also reported Minimal (39%) or Moderate (30%) interference.* (Q36)

*When reporting about the impact on another family member's experience with mental health issues and their interference with daily activities, respondents changed their perspective. **Both communities' respondents more often noted serious interference with daily activities when considering a family member's experience compared to their own experience**. (Oak Park: 16% compared to 6% and River Forest: 22% compared to 2%).* (Q37)

Seeking Help

Most respondents answering this question indicated that they or a household member sought help for a mental health condition (Oak Park and River Forest, both 74%). (Q38)

***Individual therapy** (Oak Park: 63% and River Forest: 66%) and **Medication** (Oak Park: 49% and River Forest: 51%) were the kinds of help most often sought by the Survey respondents.* (Q39) *When asked where they received help, respondents overwhelmingly chose **Private practice** (84% in both communities).* (Q41)

***Cost of treatment** was the most frequent reason given that kept respondents or household member from seeking needed services (Oak Park: 19% and River Forest: 13%).* (Q40)

Experiences with Care

Among respondents who received services for a mental health condition, strong agreement with the following statements about their care was similar across the two communities: Recommend to a friend (Oak Park: 56% and River Forest: 59%); Providers were knowledgeable (Oak Park: 56% and River Forest: 54%); and Mental health improved (Oak Park: 36% and River Forest: 33%). (Q42)

Stigma

Nearly half of those responding from Oak Park (49%) reported that they or a household member Occasionally experienced negative reactions from others because of having a mental health condition. Only 10 percent reported they Often experienced a negative reaction. For River Forest respondents, the proportion of those answering this question in the same ways was about the same: They reported experiencing negative reactions Often (12%) and Occasionally (42%), too. (Q43)

Alcohol Use in Past 30 Days Among Oak Park and River Forest Students

The National Survey on Drug Use and Health reports that 9.88% of 12 to 17 year olds in Illinois have used alcohol in the past 30 days. (Source: SAMHSA, 2014-2015 National Survey on Drug Use and Health). However, locally reported data in the 2016 Illinois Youth Surveys show much higher rates: a greater use of alcohol: 14 percent of 8th graders in River Forest, 25 percent of 10th graders at OPRF, and 56 percent of 12th graders at OPRF.

Percent of OPRF Students who Used Alcohol in the Past 30 days
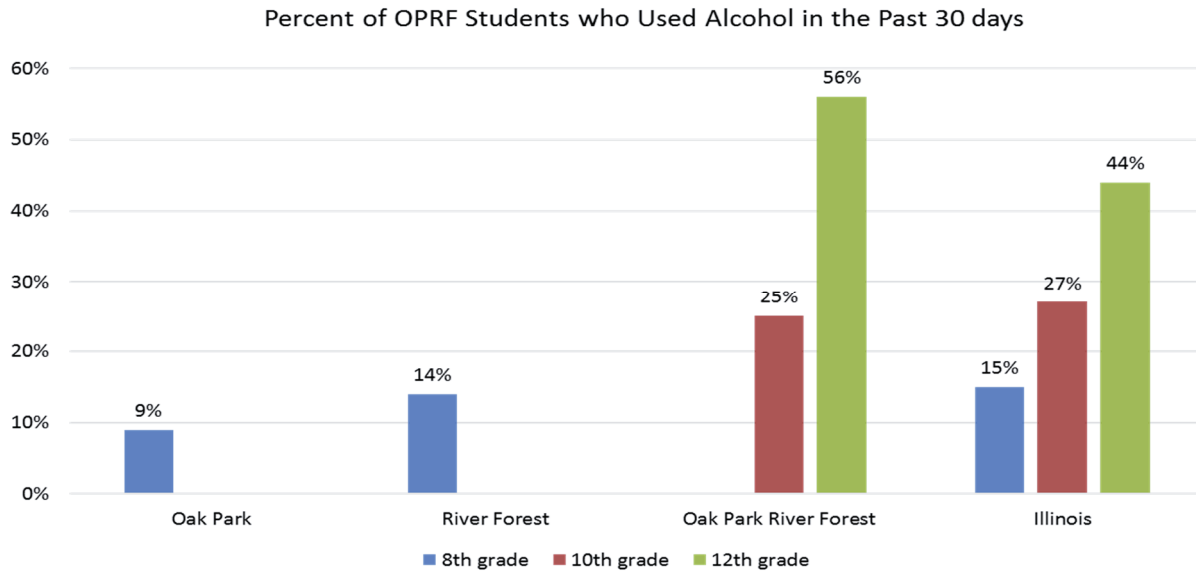
Source: Illinois Youth Surveys 2016, D90, D97, and OPRF High School

Binge Drinking in the Past 30 Days

Binge drinking is defined as consuming five or more alcoholic beverages in one sitting for men and four or more for women. In addition to high rates of alcohol use, the prevalence of binge drinking is higher among OPRF 12th grade students (32%) than all 12th grade students in Illinois (26%).

Prevalence of Binge Drinking in the Past 30 Days
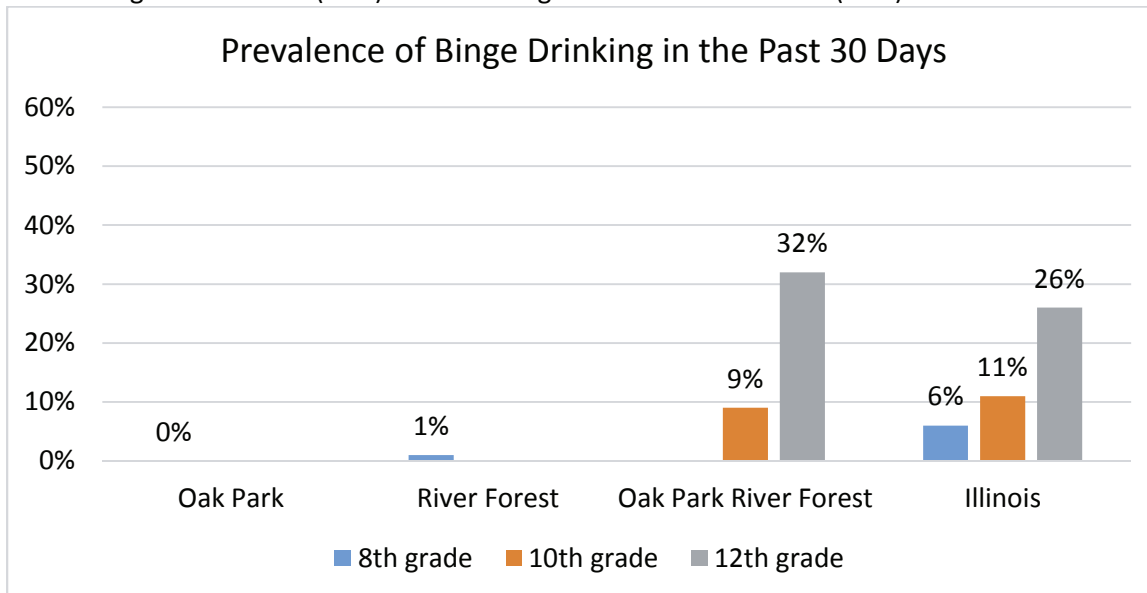
Source: Illinois Youth Surveys 2016, D90, D97, and OPRF High School

These findings are consistent with the report Underage Drinking Needs Assessment Report, published in January 2017 by Vicki Scaman, "30% of Oak Park [and] River Forest 8th-12th graders consumed alcohol in the past 30 days, at rates consistently above the state average, resulting in citations for possession of alcohol by a minor."

For adults, binge alcohol use is on a downward trend in both communities.
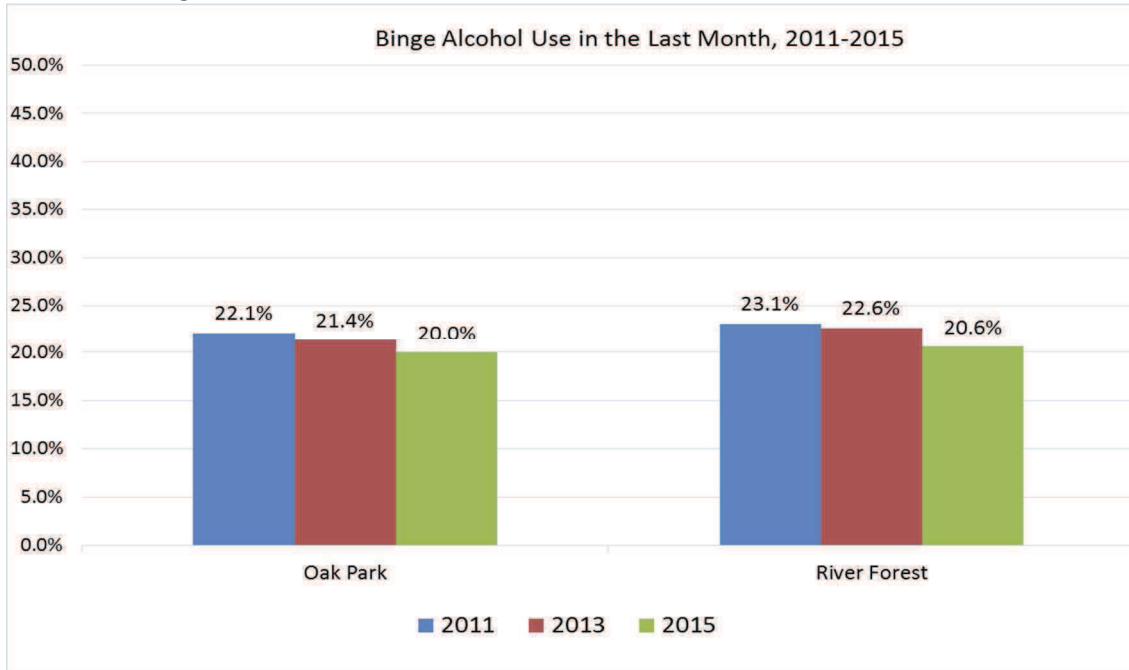
Source: BRFSS extrapolated based on race and ethnicity

Among The Survey Respondents...

*…in **Oak Park** and **River Forest**, three (3) percent and five (5) percent (all 18 years and older) respectively, reported they drank 4 to 5 drinks per day in the past month.* (Q26)

*A fifth (20%) of **Oak Park** respondents reported they had no drinks on any day in the past month; for **River Forest**, it was 17 percent of respondents. Of the **Oak Park** respondents, there is a statistical difference, wherein Black/African-American respondents were more likely (38%) to report not drinking in the past month as compared to White/Caucasian respondents (17%).* (Q25)

Cigarette Use

The National Survey on Drug Use and Health reports 4.4% of 12-17 year olds in Illinois have used cigarettes in the past 30 days. However, the 2016 Illinois Youth Surveys shows large variances in cigarette use between 8th to 12th graders. The 8th graders in both communities report zero percent cigarette use, while 12th graders in OPRF report cigarette use at 12 percent. The 12th graders percentage approaches the most recent adult rates (close to 16%) in these two communities.
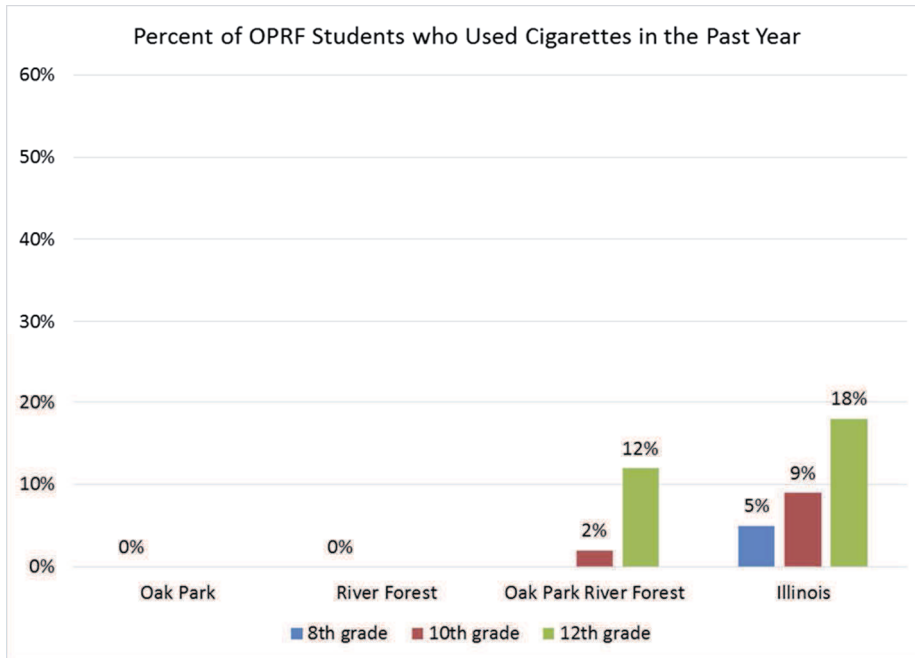
Source: Illinois Youth Surveys 2016, D90, D97, and OPRF High School

The Survey respondents were also asked about their smoking habits.

> ### Among The Survey Respondents...
>
> *…97 percent reported that the **do not currently smoke**.* (Q23)
>
> ***Among those who reported that they do smoke**, half of the **Oak Park** respondents and all of the **River Forest** respondents reported that they smoked everyday in the past month.* (Q24)

Opioid Use

According to data from the Oak Park Fire Department, between February and May of 2017 there were 21 opioid overdoses treated with Narcan (a prescription medicine that blocks the effects of opioids and reverses an overdose) by the Village. Of those 21 overdoses, 6 were Oak Park residents (28.57%), 12 were Non-Oak Park residents (57%) and 3 were unknown residency (14%). Although a small sample size, the data shows that most overdoses are non-Oak Park residents. In 2016, there were 76 opioid overdoses in Oak Park. Through extrapolation, it is estimated that 22 were for Oak Park residents. Additionally, between 2015 and 2016, the number of individuals treated for opioid overdose rose significantly, from 44 cases to 76 cases, and is on pace for levels similar to 2016 again this year. While this data represents a small sample size, without comparison to other villages, it does demonstrate that the problem of opioid

overdoses is present and growing in Oak Park. Similar data for opioid use in River Forest was not available at the time this report was prepared.

Developmental Disabilities

Data shown below indicate an estimated number of individuals with ADHD, Autism Spectrum Disorder, Cerebral Palsy, Fragile X Syndrome, and Muscular Dystrophy in Oak Park (OP) and in River Forest (RF) based on national estimates. This section identifies Special Education Profile data, the number of individuals potentially in need of developmental disabilities services, and summarizes the experience and perceptions related to developmental disabilities of the Survey respondents.

National Estimates of Developmental Disabilities

The CDC provides data on the nationwide number of children and adults with various developmental disabilities. From this data, approximate estimates of prevalence in Oak Park and in River Forest have been extrapolated.

- ADHD: 5% of all children
    - Oak Park estimate:623
    - River Forest estimate: 142
- Autism Spectrum Disorder: 1 in 68 children
    - Oak Park estimate: 183
    - River Forest estimate: 42
- Cerebral Palsy: 1 in 323 children
    - Oak Park estimate: 39
    - River Forest estimate: 9
- Fragile X Syndrome: 1 in 5000 males
    - Oak Park estimate: 5
    - River Forest estimate: 1
- Muscular Dystrophy: 1 in every 1,750 males age 5-24
    - Oak Park estimate: 3
    - River Forest estimate: 1

Source: CDC Developmental Disabilities Data and Statistics

Special Education Profiles

The tables below show the number and percentage of enrolled students with Individual Education Programs (IEPs) in each District. The overall percentage of students with IEPs enrolled in both River Forest (21.5%) and Oak Park (15.5%) exceed those enrolled throughout Illinois (14%). It is important to note that not all students with IEPs have conditions that fall under the CDC's definition of a developmental disability.

Students with IEPs-Elementary and Middle School

Student Population	Total Enrollment	Enrollment of students with IEPs	Percent of all students with IEPs
District 90 (RF)	1371	295	21.5%
District 97 (OP)	5922	920	15.5%
State	2,069,520	289,733	14.0%

Source: Illinois State Board of Education, Special Education Profiles, 2013-2014

Black students in elementary and middle school tend to have a disproportionately higher number of IEPs in both communities than the percentage of black students represented in the total school population (Oak Park: 33% compared to 22.7% and River Forest: 8.1% compared to 6.9%). Similarly, Hispanic students in Oak Park are overrepresented among those with IEPs (7.7%) compared to their proportion of the total student population (5.4%).

District and Student categories		White	Black	Hispanic	Asian	Two or More Races
District 90 (RF)	All Students	73.3%	6.9%	8.5%	4.7%	6.5%
	All Students with IEPs	77.3%	8.1%	6.8%	4.1%	3.1%
District 97 (OP)	All Students	55.8%	22.7%	5.4%	4.4%	11.2%
	All Students with IEPs	46.8%	33.0%	7.7%	3.7%	8.2%
State	All Students	49.7%	17.6%	24.7%	4.5%	3.1%
	All Students with IEPs	52.3%	20.5%	21.2%	2.2%	3.1%

Source: Illinois State Board of Education, Special Education Profiles, 2013-2014

The percentage of students with Autism or Developmental Delay in each District at the elementary and middle school percentage is the same as or slightly exceeds the State percentage. Other developmental disabilities may not be captured in the categories below, which include conditions such as cerebral palsy, and fetal alcohol syndrome, among others.

Percent of Students in Each Disability Category-Elementary and Middle School

Disability Category	District 97 (OP)	District 90 (RF)	State
Autism	1.4%	1.0%	1.0%
Developmental Delay	1.7%	1.8%	1.5%
Intellectual Disability	0.4%	0.2%	0.9%

Source: Illinois State Board of Education, Special Education Profiles, 2013-2014

The percentage of all students with IEPs at OPRF exceeds the proportion of high school students enrolled statewide with IEPs.

Students with IEPs – OPRF

Student Population	Total Enrollment	Enrollment of students with IEPs	Percent of all students with IEPs
OPRF	3,255	551	16.9%
State	2,069,520	289,733	14.0%

Source: Illinois State Board of Education, Special Education Profiles, 2013-2014

As noted for elementary and middle school, Black students at the high school level are also disproportionately overrepresented in the number of students with IEPs at 38.5 percent as compared to 25.5 percent of the total student population.

		White	Black	Hispanic	Asian	Two or More Races
District	All Students	53.1%	25.5%	11.0%	3.3%	7.0%
	All Students with IEPs	46.3%	38.5%	6.4%	3.1%	5.4%
State	All Students	49.7%	17.6%	24.7%	4.5%	3.1%
	All Students with IEPs	52.3%	20.5%	21.2%	2.2%	3.1%

Source: Illinois State Board of Education, Special Education Profiles, 2013-2014

The percentage of students at OPRF with Autism (1.4%) and Developmental Delay (1.7%) slightly exceeds the State level.

Percent of Students in Each Disability Category – OPRF

Disability Category	OPRF High School	State
Autism	1.4%	1.0%
Developmental Delay	1.7%	1.5%
Intellectual Disability	0.4%	0.9%

Source: Illinois State Board of Education, Special Education Profiles, 2013-2014

Prioritization of Urgency of Needs for Services Data by Zip Code

Prioritization of Urgency of Needs for Service (PUNS) is a statewide database that records information about individuals with developmental disabilities who are in need of services maintained from Illinois Department of Human Services, Division of Developmental Disabilities (IDHS DD). Data from IDHS DD showed a total of 264 individuals enrolled in PUNS in Oak Park and 43 in River Forest, as of May 2017. Enrolling in PUNS ensures that the IDHS DD knows about an individual's need for services.

Unfortunately, less than half of those currently enrolled in PUNS are Active PUNS (those who are receiving funding to obtain services); in May 2017, only 108 individuals in Oak Park and 20 in River Forest were

receiving funding to pay for needed services. More than half of the total PUNS are on the waiting list, awaiting the funding that would allow for placement in appropriate services. Furthermore, the waiting list has grown over time. In May 2017, the PUNS waiting list numbers are up compared to 2010, when there were only 97 individuals waiting in Oak Park (compared to 156) and 14 in River Forest (compared to 23).

PUNS: Prioritization of Urgency of Needs for Services

Zip Code	Total PUNS	Active PUNS	Waiting List
60301 (Oak Park)	11	4	7
60302 (Oak Park)	154	53	101
60304 (Oak Park)	99	51	48
60305 (River Forest)	43	20	23

Source: Illinois Department of Human Services, accessed May 2017.
http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactivects05102016.pdf

Developmental Condition Concerns, Perceptions, and Experiences

As with mental health, the Survey respondents were also asked to share experiences around developmental disabilities and services. Only those individuals who reported that they or a family member had a developmental condition were asked to answer additional questions about experiences. Fewer than 20 percent of all respondents answered these questions related to developmental conditions.

Among The Survey Respondents…

Most of the Survey respondents (over 80%) reported neither they nor a household member had a developmental condition.

However, in Oak Park, 11 percent (78 individuals) reported that they or a household member had a developmental condition, and among River Forest respondents 18 percent (29 individuals) reported that they or a household member had a developmental condition.

> *In Oak Park, there was a statistical difference wherein Black/African-American respondents were more likely to report a household member having a developmental condition than (23%) White/Caucasian (11%) respondents.*

(Q44)

Autism spectrum was the most frequently reported condition by River Forest respondents *(32% or about 10 people). It was 38 percent of respondents (about 35 people) in Oak Park.* ***In Oak Park, the most frequently selected option was Developmental delay****, selected by 43 percent of respondents (about 40 people) to that question.* (Q45)

Both communities reported similar members of the household experiencing these issues, although twice as many in Oak Park (26%) identified an Adult child (over age 20) compared to River Forest (13%). Most often, the household member was a Young child (under age 12) in both communities (Oak Park: 46% and River Forest: 45%). (Q46)

Seeking Help

Most households who reported a developmental condition reported seeking help for it (82% of Oak Park respondents to this question; 94% of River Forest respondents to this question). (Q47)

The most frequently identified option for help was School-based services (61% Oak Park; 64% River Forest). The next most frequently identified option was Individual therapy, with over half the respondents to this question. (51% Oak Park; 58% River Forest). (Q48) Private practice and school were the places where help was most frequently sought. (Q50)

*Cost of treatment and not knowing where to go for services were most often identified as the reason why a household did not seek help. (Q49)***Experiences with Care**

Among respondents who received services for a developmental condition, strong agreement with the following statements about their care was similar across the two communities: Recommend to a friend (Oak Park: 56% and River Forest: 54%); Providers were knowledgeable (Oak Park: 53% and River Forest: 48%); Developmental condition improved (Oak Park: 30% and River Forest: 22%). (Q51)

Stigma

Half of those responding from Oak Park (51%) reported that they or a household member Occasionally experienced negative reactions from others because of having a developmental condition. As many as 23 percent reported they Often experienced a negative reaction.

For River Forest respondents, the proportion of those answering this question in the same ways was about the same: They experienced negative reactions Often (23%) and Occasionally (53%), too.

(Q52)

Domestic Violence

Limited local data are available to capture the experience of domestic abuse and the extent of resources available to address it in Oak Park and in River Forest. Therefore, the data of the services provided by the domestic violence service provider in Oak Park is examined. The recent service statistics below from Sarah's Inn reflect 2016 activity for face-to-face services and crisis line services and show services to Adults and Children.

Domestic Violence – 2016 Only	Oak Park	River Forest
2016 – Adults receiving face-to-face services	53	8
2016 – Children receiving face-to-face services	17	3
2016 – Victims receiving crisis line services	340	26
2016 – Community members receiving information and referral over crisis line	61	2

Source: Sarah's Inn, Oak Park

"Nationally, one in four women (25%) and one in seven men (14%) have experienced severe physical violence by an intimate partner during their lifetime. Severe physical violence includes being hit with a fist or something hard, kicked, hurt by pulling hair, slammed against something, tried to hurt by choking or suffocating, beaten, burned on purpose, [or the abuser] used a knife or gun."[2]

Among The Survey Respondents who reported they or an immediate family member has been affected by domestic abuse...

*...there were some **differences in the nature of abuse experienced**. Among those who responded to this question:*

- *In **Oak Park, the most frequently identified abuse was Verbal abuse** (90%) followed by Physical abuse (77%) and Excessive controlling behavior (56%).*
- *In **River Forest, equal proportions reported Physical abuse (88%) and Verbal abuse (88%)**. The next most frequent abuse in River Forest was Financial (25%).*

(Q54)

*In this small group of Survey respondents reporting domestic abuse, **there were statistical differences between racial/ethnic group respondents in Oak Park**: the respondents who said they or a family member **has been affected** by domestic abuse: White/Caucasian seven percent and Black/African-American 21 percent.* (Q53)

Who is involved?
*For both communities, the **most frequently identified perpetrator of the abuse was Spouse/partner** (Oak Park: 61% and River Forest: 75%).*

- *A Parent and Ex-partner (not in the house) were the next most frequently identified perpetrators among the Oak Park respondents, each at 23 percent.*
- *In River Forest, the next most often identified perpetrators were Sibling and Ex-partner (not in the house), each having 13 percent of responses.*

(Q55)

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[2] (Source: *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report.* (2017) Atlanta, GA. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Infographic accessed on May 11, 2017 https://www.cdc.gov/violenceprevention/pdf/NISVS-infographic-2016.pdf)

<div style="border:1px solid black; padding:10px;">

Seeking help

Many who reported experiencing domestic abuse are not seeking help. *Over a third (36%) of the Oak Park respondents to this question and half (50%) of the River Forest respondents reported that they nor the family member sought outside help, support, or counseling for domestic abuse.* (Q56)

*Some examples of impact these respondents reported are **delays in getting medical care** (41%) and **delays in getting prescriptions** (29%).* (Q6 and Q8)

Outside help took different forms for those who sought it. *River Forest respondents who sought outside help more often turned to a Mental Health Professional (57%) than the Oak Park respondents (43%). The Oak Park Survey respondents answering this question reported more often turning to Police (23%) than the River Forest (14%). None of the River Forest respondents identified Sarah's Inn as a resource; only 15 percent of Oak Park respondents did so.* (Q57)

Split views regarding the effectiveness of outside help…
- *65 percent of the Oak Park respondents provided favorable ratings to characterize their choice of help or support in resolving their or their family member's domestic abuse issue.*
- *40 percent of the River Forest respondents provided favorable ratings.*

(Q58)

</div>

These national data further emphasize that the Survey results in the convenience sample shown below are not representative of the incidence of domestic violence in Oak Park or River Forest. The Survey asked about a wider range of domestic abuse experiences including: physical abuse, verbal abuse, financial abuse, excessive controlling behavior, and stalking. Overall, 68 individuals (7.6%) from both communities combined reported they or an immediate family member has been affected by domestic abuse. The percentage distribution of responses in each community was similar ("No" for 91 percent in Oak Park and 95 percent in River Forest). There were 61 (or 8%) Oak Park respondents and 7 (or 4%) in River Forest indicating "Yes." (Q53)

The Survey responses from those experiencing domestic abuse are captured separately in the Appendix. Key points are highlighted below.

Community Health and Quality of Life

Quality of Life

The Survey explored several facets of the respondents' perspectives on how they experience living in Oak Park and River Forest, including: stressors, characteristics of housing status that affect their quality of life, access to food and nutrition, and feeling safe. This section examines those questions and addresses perceptions about Oak Park and River Forest's assets, issues, and civic engagement. As noted earlier, the Survey is not a representative sample of the population; therefore, should not be interpreted as such.

Sources of Stress

The Survey respondents agreed…

…the top stressor in their day-to-day life was Time pressures, with 44 percent of those who responded from Oak Park and 42 percent from River Forest selecting this answer.

- *For more than a third of the Oak Park respondents, Financial situation (41%) and Caring for children (40%) filled out the top three concerns. Of 52 "Other" responses in Oak Park, 29 were politics/election.*
- *For the River Forest respondents, more than a third of respondents reported the greatest stress from Caring for children (41%) and Family's Mental Health/Developmental issue (36%).*

And there were differences, too…

For the Oak Park respondents identifying their greatest stressors as…

- *Caring for others (23% overall), there is a statistical difference between the White/Caucasian respondents (23%) and the Black/African-American respondents (35%);*
- *Housing (7% overall), there is a statistical difference between the White/Caucasian respondents (6%) and the Black/African-American respondents (14%); and*
- *Discrimination (7% overall), there is a statistical difference between the White/Caucasian respondents (4%) and the Black/African-American respondents (26%).*

(Q59)

Housing Status

The Survey respondents agreed...

*...on home ownership and condition of their homes. **Most of the respondents own their home**, but there are differences based on race/ethnicity.*

- *Among the **Oak Park** respondents, **80.3 percent reported owning their home**, with a statistical difference between the White/Caucasian respondents (82%) and the Black/African-American respondents (35%). For those in Oak Park reporting that they Rent, there is a statistical difference between the White/Caucasian respondents (17%) and the Black/African-American respondents (35%).*
- *The **River Forest** respondents indicated that **95 percent own their home**.*

(Q60)

***More than half the respondents indicated their homes were not affected by the hazards** listed in the Survey. The hazards include, but are not limited to: Outside air leaks in; Paint peeling (pre-1978 home); No carbon monoxide alarms; Water leaks (last 9 months). More than half (57%) of the Oak Park respondents said that none of the hazards listed describes their home, and nearly two-thirds (63%) of the River Forest respondents indicated that none of the hazards describes their home.*(Q61)

***Both communities have long-standing residents of more than 15 years.** Slightly less than half (47%) of the Oak Park respondents reported living in Oak Park for more than 15 years, and more than half (66%) of the River Forest respondents reported living in River Forest more than 15 years.* (Q90)

Food Access

> ## The Survey respondents agreed...
>
> *...that in the past 12 months, **they Never worried about whether food would run out before they had money to buy more**. This is the experience reported by 92 percent of the Oak Park respondents and nearly all (99%) the River Forest respondents. There were differences based on race/ethnicity for Oak Park.*
>
> **For Oak Park respondents worrying about food running out...**
> *...**Often worrying**, there is a statistical difference between the White/Caucasian respondents (1%) and the Black/African-American respondents (3%);*
> *...**Occasionally worrying**, there is a statistical difference between the White/Caucasian respondents (5%) and the Black/African-American respondents (21%); and*
> *...**Never worrying**, there is a statistical difference between the White/Caucasian respondents (94%) and the Black/African-American respondents (74%).*
>
> <div align="right">(Q62)</div>
>
> ***Few respondents reported participating in supplemental food programs.** Only three percent of the Oak Park respondents reported currently participating in the Supplemental Nutrition Assistance Program benefit program (also known as Illinois Link card, SNAP, or food stamps). For the Don't know/not sure option, there was a statistical difference between the White/Caucasian respondents (1%) and the Black/African-American respondents (4%) among the Oak Park respondents. None of the River Forest respondents reported participating in SNAP.* (Q63)
>
> *While overall, 99 percent of the Oak Park respondents reported not participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (also known as WIC), there are some differences in replies based on race/ethnicity. Among participants in WIC, there is a statistical difference between the White/Caucasian respondents (0%) and the Black/African-American respondents (3%). One of the River Forest Respondents reported participating in WIC and one respondent reported not knowing if they were a participant.* (Q64)

Community Ratings

The Survey respondents rated their own civic engagement and their community on a variety of dimensions from assets to issues and discrimination to transportation.

Feeling Safe

> ## The Survey respondents agreed...
>
> *Over two-thirds (68%) of the Oak Park respondents and four-fifths (82%) of the River Forest respondents reported "No" instance **when they felt physically unsafe in either community in the past 12 months.*** (Q65)
>
> ***Reports of crime was the most often cited reason why a respondent felt unsafe**. Reports of crime was selected by 20 percent of the Oak Park respondents and 11 percent of the River Forest respondents as the reason why they felt unsafe in the past 12 months.* (Q66)

A good place to…

The Survey respondents agreed…
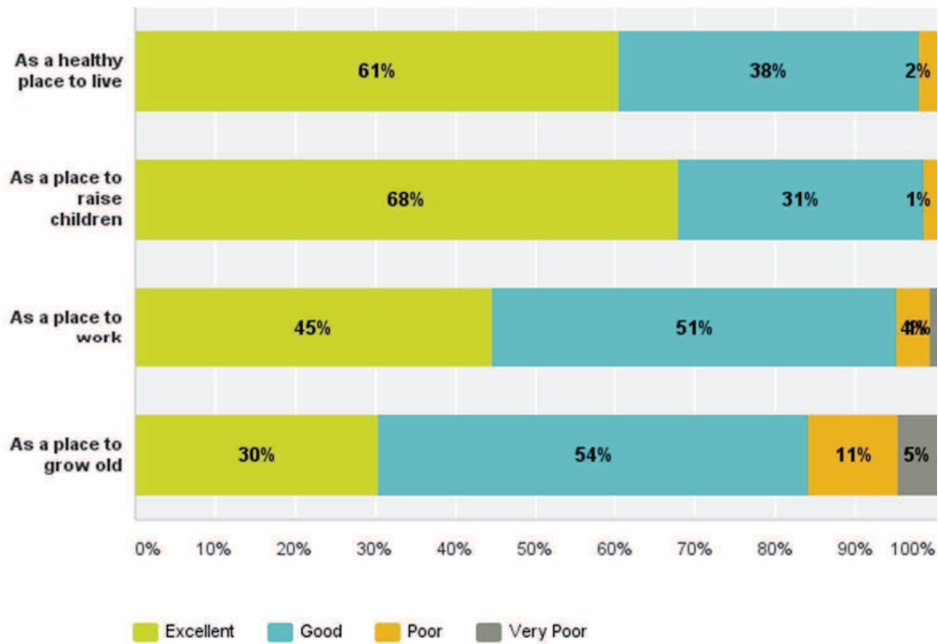
… Oak Park and River Forest are preferred as places to raise children more than as a place to grow old, and favored more as a healthy place to live than as a place to work. (Q78)

Oak Park
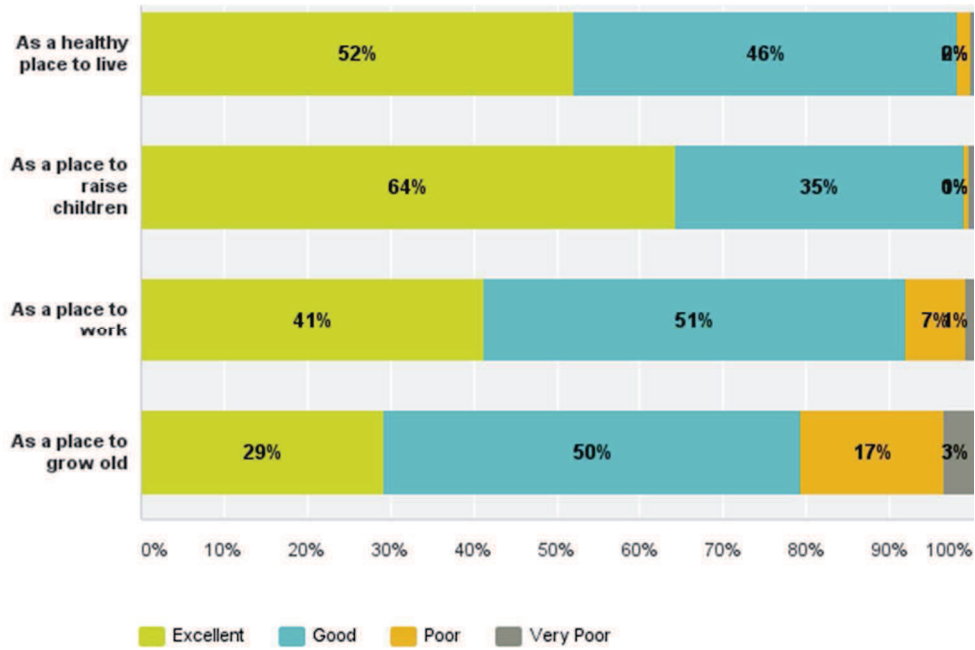
River Forest

Good parks, schools and more….

The Survey asked respondents to rate the availability of community assets such as schools, parks, art, culture, music, adult education, and jobs.

The Survey respondents agreed...

*…on their ratings of these assets as **Extremely available:** Good K-8, Good High School, Parks/recreational facilities, Healthy/fresh foods; and Art, culture & music.*

*There was also agreement that these assets are **Not Very available:** Adequate adult education; Good jobs; and Affordable housing.*

*There were **different perspectives about the availability of these assets** based on race/ethnicity in the **Oak Park** responses...*

- *When Healthy/fresh food is rated Not at All available, there is a statistical difference between the White/Caucasian respondents (0%) and the Black/African-American respondents (3%).*
- *When Arts, culture & music is rated Extremely available, there is a statistical difference between the White/Caucasian respondents (56%) and the Black/African-American respondents (42%).*
- *When Good high school is rated Extremely available, there is a statistical difference between the White/Caucasian respondents (48%) and the Black/African-American respondents (34%).*

(Q68)

Common community issues…

The Survey respondents were asked about their perception of how common specific issues are in the community including: Alcohol abuse; Drug abuse; Low wages or unemployment; Interpersonal violence; Homelessness; and Hunger.

The Survey respondents agreed…

…on the **top four issues in both communities**:
- Alcohol abuse,
- Drug abuse,
- Low wages or unemployment, and
- Interpersonal violence.

For the issue of **School dropout**, there is a statistical difference between the White/Caucasian respondents (92%) and the Black/African-American respondents (84%) among **Oak Park** respondents selecting "Not very common."

(Q69)

Unfair treatment of community members based on…

The Survey respondents rated how common it is for community members to be treated unfairly based on **Race/ethnicity; The way they speak English; Gender; Age; and Sexual orientation**.

The Survey respondents agreed…

…that it is Not very common for community members to be treated unfairly on any of these factors (between 62% and 82% selected "Not very common" for each factor)

However, 29% of Oak Park respondents and 26% of River Forest respondents expressed that it is Very common for community members to be treated unfairly based on Race/ethnicity.

In addition, among Oak Park respondents, there is a statistical difference in seeing that unfair treatment based on Race/ethnicity is…
- *…Very common (White/Caucasian: 27% and Black/African-American: 43%); and*
- *…Not Very common (White/Caucasian: 65% and Black/African-American 49%.*

(Q70)

Public Transportation quality…

The Survey respondents from both communities **agreed on Excellent and Good ratings to identify the top four items related to the public transportation system in the community**, although they prioritized their favored items differently. (Q71)

Rating	Priority order, Oak Park	Priority order, River Forest
Stops/timing convenience	1	4
Affordability of fares	2	3
Reliability	3	1
Quality of sidewalks	4	2

There were also statistical differences among the respondents for rating the public transportation system in their community in Oak Park's responses based on race/ethnicity.
- Reliability – rated Good: White/Caucasian (72%), Black/African-American (85%).
- Bike lanes – rated Excellent: White/Caucasian (7%), Black/African-American (16%).
- Bike lanes – rated Good: White/Caucasian (53%), Black/African-American (67%).
- Bike lanes – rated Poor: White/Caucasian (33%), Black/African-American (16%).
- Quality of sidewalks – rated Excellent: White/Caucasian (12%), Black/African-American (23%).

Neighborhood cohesion

The Survey respondents from **both communities Strongly Agreed and Agreed on the top three measures of neighborhood cohesion**, although in slightly different priority order. (Q72)

Measure of cohesion	Priority order, Oak Park	Priority order, River Forest
My neighbors get along	1	3
My neighbors can be trusted	2	1
Neighbors trust neighbors	3	2

There were also statistical differences in how respondents rated these measures in Oak Park's responses.
- Neighborhood is close knit – Strongly Agree: White/Caucasian (23%), Black/African-American (12%).
- My neighbors can be trusted – Disagree: White/Caucasian (4%), Black/African-American (13%).
- My neighbors can be trusted – Strongly Disagree: White/Caucasian (1%), Black/African-American (3%).
- Neighbors trusts neighbors – Disagree: White/Caucasian (6%), Black/African-American (17%).
- Neighbors share values – Disagree: White/Caucasian (14%), Black/African-American (27%).

Healthy communities…

The Survey respondents were asked to identify the five (5) most important factors from an extensive list. (Q73) At least **half of all respondents to this question in both communities agreed on the top three (3) most important factors for a community to be healthy**:
- Strong educational system/institutions,
- Low crime/safe neighborhoods, and
- Access to affordable health care.

The next two top factors for **Oak Park** were **Positive race relations**, which ranked 11th for River Forest, and **Active citizen participation**, which ranked fourth for River Forest. **River Forest**'s fifth-ranked factor was **Clean environment.**

In addition, among Oak Park's responses, there are statistical differences based on race/ethnicity:
- For Low crime, White/Caucasian (54%), Black/African-American (73%);
- For Affordable health care, White/Caucasian (57%), Black/African-American (42%); and
- For Positive race relations, White/Caucasian (41%), Black/African-American (63%).

Civic engagement

The Survey asked respondents to show their level of agreement with the statement, "**I have opportunities to participate in my local government's decision making.**" (Q74)

Both communities Strongly Agreed (Oak Park, 16%; River Forest, 23%), and **Agreed** in greater proportions (Oak Park: 65% and River Forest: 59%). In both communities, only 3 percent **Strongly disagreed** that they have opportunities to participate.

6) Community Participation Process

a) Description of the community participation process

Following the completion of the needs assessment in the prior section, the Steering Committee (consisting of representation from the Village of Oak Park Public Health Department, Community Mental Health Board of Oak Park Township, River Forest Township, Oak Park Township, and the Rotary Club of Oak Park-River Forest) invited a broad range of stakeholders to be part of a community participation process. The Steering Committee sought representation from both the Oak Park and River Forest communities, and a wide range of sectors, including: governmental and non-governmental organizations; health care organizations such as primary care providers, hospitals, and Federally Qualified Health Centers; behavioral health providers, mental health providers, and substance abuse treatment programs; developmental disability organizations; the Oak Park Board of Health and the Community Mental Health Board of Oak Park; schools, youth programs, and the park district; senior services providers; police and fire departments; community coalitions and advocacy groups; and Oak Park and River Forest residents.

Participation in the process afforded organizations the opportunity to establish and/or enhance relationships with local public health, behavioral health, and developmental disability stakeholders. It also was intended to provide those stakeholders both a greater say in and a greater understanding of the community's health priorities, allowing them to act as ambassadors over the course of implementation within their own organizations.

## b) Community Health Committee Stakeholders List

The community organizations that participated in the process included:

- Arbor West Neighbors
- Chicago Health Medical Group
- Collaboration for Early Childhood
- Community Support Services
- Cook County Dept. of Public Health
- District 90 Director of Special Education
- Hephzibah
- Housing Forward
- IMPACT
- Illinois Children's Mental Health Partnership (ICMHP)
- MENTA
- National Alliance on Mental Illness (NAMI)
- Oak Park Board of Health
- Oak Park Community Mental Health Board
- Oak Park Public Health Department
- Oak Park Park District
- Oak Park Public Library
- Oak Park Township
- Oak Park Township Senior Services
- Presence Health
- Pillars
- Respiratory Health Association
- River Edge Hospital
- River Forest Public Library
- River Forest Township
- Riverdale
- Rosecrance
- Rotary Club of Oak Park and River Forest
- Rush Oak Park Hospital
- Sarah's Inn
- School District 90 (River Forest)
- School District 97
- Smart Love
- Success of All Youth (Foundation)
- Treatment Alternatives for Safe Communities (TASC)
- The Way Back Inn
- Thresholds
- Thrive Counseling Center
- Trinity High School
- United Cerebral Palsy (UCP) Seguin

- Oak-Leyden Developmental Services
- Opportunity Knocks
- Oak Park-River Forest Community Foundation
- OP and RF Infant Welfare Society (Children's Clinic)
- Oak Park River Forest High School D200
- Parents Allied with Children and Teachers for Tomorrow (PACTT)
- Parenthesis Family Center
- PCC Wellness Center

- Village of Oak Park
- Village of Oak Park Fire Department
- Village of Oak Park Police Department
- West Cook YMCA
- West Suburban Medical Center
- West Suburban Special Recreation Association (WRSSA)
- Westlake Hospital

c) Community Needs Assessment Methods and Process Summary

The Steering Committee began its collaboration in 2016, issuing a joint RFP for consultation services in late 2016, and selecting Leading Healthy Futures in early 2017. The quantitative data analysis and community survey were conducted from February through April of 2017. Invitations to participate in the planning process were then sent to 90 individuals and organizations in the community in May 2017. These invited stakeholders were also sent the needs assessment report which appears in Section 5 to inform them of the results of the data analysis and feedback from the community survey.
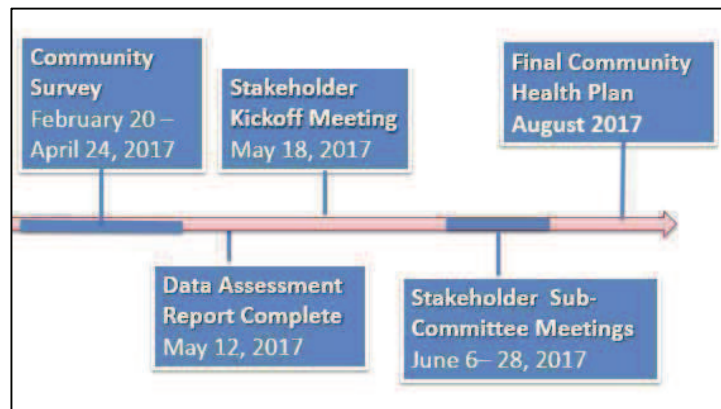
To organize the planning meetings, the Steering Committee and Leading Healthy Futures utilized the Assessment Protocol for Excellence in Public Health (APEX-*PH*) planning tool, including its definitions and worksheets. The APEX-PH process has three steps:
1. Prioritization of problems;
2. Identify risk factors and contributing factors; and
3. Inventory resources and develop evaluation objectives.

Stakeholders were initially invited to a kickoff meeting to accomplish the first step: prioritization of problems. A total of 57 stakeholders attended this meeting on May 18, 2017. At this meeting, the Steering Committee and Leading Healthy Futures:
- Reviewed the overall purpose of the project and role of stakeholders;
- Delivered a PowerPoint presentation on the community needs assessment data and responded to questions about methods and results;
- Reviewed an initial list of problems identified from the data (see Appendix d); and
- Prioritized the problems through voting, ultimately determining the top several prioritized problems for the health of the Oak Park and River Forest communities.

The problems prioritized in this process were segmented into the key areas of public health, behavioral health, and developmental disabilities and were as follows:

Public Health:
1. Obesity prevalence (adult and pediatric);
2. Cardiovascular disease and mortality;
3. Diabetes prevalence and mortality;
4. Chronic Disease; and
5. Fragile elderly, some with mental health needs;

Behavioral Health:
1. Youth alcohol and substance abuse;
2. Access to mental and behavioral health for minority populations;
3. Access to mental and behavioral health for all ages;
4. Under addressed Mental and Behavioral Health Conditions;
5. Limited parenting skills/need for parenting support; and
6. Overuse of opiates among adults;

Developmental Disability (DD):
1. Aging caregivers of persons with DD; and
2. Access to services for persons with DD over the age of 22.

The Steering Committee reviewed these prioritized problems to consolidate where possible and to assure alignment with the APEX definition of problem: "a situation or condition of people which is considered undesirable, is likely to exist in the future and is measured as death, disease, or disability." Priorities that did not meet this definition were reclassified as risk factors or contributing factors, as appropriate.

Following the all-stakeholder kickoff meeting, subsequent community participation was segmented into three smaller committees: a public health committee, a behavioral health committee, and a developmental disability committee. Each committee contributed towards the overall planning process, focusing specifically on those health priorities within the specific topic area. All stakeholders were welcome to participate in as many of the committees as were relevant to their work, so each group did have some crossover participation. Supplemental invitations were sent to several organizations that had not been invited to the kickoff meeting, to widen participation in the subsequent meetings.

Five subsequent meetings were held during June 2017, where each committee met once or twice to achieve the remaining steps of the APEX-PH process: analyze priorities and develop solutions for priorities. Evaluations were conducted at the end of each meeting and across all six meetings (the all-stakeholder kick-off and the five committee meetings), 98% of participants rated the meeting positively and only 2% negatively.
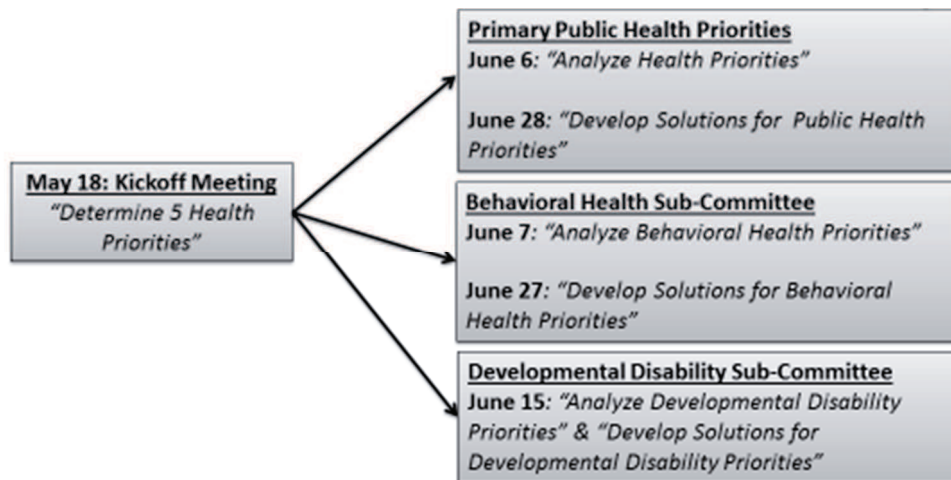
Between 16 and 31 individuals attended each of the five committee meetings. The meetings achieved the following outcomes:
- Reviewed, refined, and confirmed prioritized problems (from those prioritized in May and consolidated by Steering Committee);
- Identified risk factors;
- Identified direct and indirect contributing factors;
- Identified community barriers and resources; and
- Identified objectives, strategies (called corrective actions by APEX-PH), and evaluation plans to address contributing factors and measure progress.

The final prioritized six problems were as follows:
Public Health:
1. Obesity prevalence;
2. Chronic disease;
Behavioral Health:
3. Under-addressed behavioral health needs;
4. Youth alcohol and substance abuse;
5. Illicit opioid abuse; and
Developmental Disability:
6. Under-addressed needs of people with developmental disabilities.

The resulting analysis of risk factors, direct and indirect contributing factors, barriers and resources, and objectives and strategies that emerged from the stakeholder committees is detailed in Section 7.

7) Results of Process/Community Health Plan

From the stakeholder process emerged six prioritized problems, spanning public health, behavioral health, and developmental disability. They are as follows:

1. Public Health:
   o Problem 1: Obesity prevalence;
   o Problem 2: Chronic disease;
2. Behavioral Health:
   o Problem 1: Under-addressed behavioral health needs;
   o Problem 2: Youth alcohol and substance abuse;
   o Problem 3: Illicit opioid abuse; and
3. Developmental Disability:
   o Problem 1: Under-addressed needs of people with developmental disabilities.

For each of these six problems, the following components of the plan were developed and are outlined in this section of the report:

- The importance of the problem and alignment with Healthy People 2020 and 2030 goals;
- The measurable, long-term outcome objective;
- One or more main risk factors and contributing factors to be addressed;
- One or more impact objectives (3-5 years) for each risk factor;
- One or more process objectives (1-2 years) to measure intermediary steps and progress towards addressing contributing factors;
- Suggested strategies to be used to achieve the process and impact objectives; and
- Collaborators and evaluation methods envisioned.

It is anticipated that the first six months of the five-year period will be a planning phase, focusing on identification of which collaborators will lead and be responsible for completion of each objective, identification of resources available for these strategies, and development of a more detailed implementation plan. It is also expected that some additional baseline data and specificity around process and impact objectives will be developed during this initial phase. It should also be noted that the long-term outcome objectives, in keeping with APEX-PH's definition, extend beyond the five-year period of this plan. In fact, all goals were set for 2030 to align with Healthy People 2030. Thus, it is not anticipated that related outcome objectives would be fully achieved by 2021.

Finally, one additional note: all problems were approached with a lens towards health equity and towards addressing the needs of the greater Oak Park and River Forest communities, and specifically vulnerable populations such as youth, seniors, individuals with disabilities, individuals experiencing domestic violence, homeless individuals, and low-income individuals. Many of the identified strategies list one or more specific vulnerable populations. However, even where no specific vulnerable population is listed, it should be noted that all strategies are intended to be developed, implemented, and evaluated with an eye towards health equity, ensuring that these populations are included in and well-served by this community health plan.

a) Public Health Problem 1: Obesity Prevalence

According to Healthy People 2020, the United States has experienced a dramatic increase in obesity, with approximately 1 in 3 adults (34.0%) and 1 in 6 children and adolescents (16.2%) currently obese. This leads to a variety of obesity-related conditions such as: cardiovascular disease and type 2 diabetes, as well as

increase medical costs.[3] As demonstrated in the needs assessment, while adult obesity prevalence in Oak Park and River Forest does not yet exceed the national benchmark[4], childhood obesity does exceed the national benchmark in both communities, and obesity-related conditions such as diabetes have been increasing over time.

During the planning process, stakeholders established the following:

Outcome Objective (Long Term): By 2030, the Oak Park and River Forest child and adult obesity rates will be below Healthy People 2030 goals.
Risk Factor 1a: Physical inactivity and sedentary lifestyle[5]
Contributing factors: • Awareness of importance of physical activity. • Convenience/ease of physical activity.
Impact Objectives (Medium Term)*: • 100 participants will participate in summer fit tracking program by December 31, 2020. • Identify residents who are homebound, and share age appropriate exercises for them by December 31, 2020. • Develop at least two senior-related fitness programs by December 31, 2018. • Reach 25 homebound residents with a fitness plan by December 31, 2019.
Process Objectives (Short Term)*: • By December 2019, develop two fitness programs that can be viewed online or via DVD available from library or Park District geared toward seniors/offices/moms, with handouts and instructions for individuals to continue exercise on their own. • By December 2019, develop one senior friendly and one family friendly variant of passport program for physical activity. • By December 2019, build awareness through attractive programing and incentive programs towards residents, create at least one program similar to the "Bingo" program.
Strategies: • Develop a community exercise program, modeled after the already successful summer reading program. • Develop specific fitness activities for seniors, e.g., movement & memory, ping pong, yoga. • Develop outreach fitness activities for those who are homebound, with education on how to exercise at home. • Create walking and biking groups. • Develop a method of sharing different community physical activity opportunities.

Some of the collaborators identified for these strategies include: Hephzibah, YMCA, New Moms Inc., Chamber of Commerce (employee wellness)-yearly health fair, Oak Park and River Forest Township Senior Services, assisted care facilities, park districts, River Forest Community Center, the Early Childhood Collaboration, local hospitals (Gottlieb, West Suburban, Rush Oak Park, Westlake).

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[3] Healthy People 2020, Leading Health Indicators: Nutrition, Physical Activity, and Obesity. Accessed July 27, 2017 at www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity

[4] As noted in the needs assessment, the Health Resources and Services Administration (HRSA) sets benchmarks. The national benchmark is the national median, or 50th percentile of the rate of any health indicator. The severe benchmark is the 75th percentile for each health indicator. Those indicators for which the community exceeds the national and severe benchmark are those where the community is in the worst half or quarter of the nation.

[5] *Physical inactivity and unhealthy diets were also seen as major risk factors for public health problem 2: chronic diseases. Thus the same strategies listed here are expected to contribute to chronic disease reduction as well.*

Evaluation methods will include tracking classes offered and participation rates, including evaluating based on age and other categories. Stakeholders also expressed interest in acquiring private health club data to supplement park district data, and to evaluate mechanisms for greater River Forest engagement, recognizing that River Forest lacks its own health department.

Outcome Objective (Long Term): By 2030, the Oak Park and River Forest child and adult obesity rates will be below Healthy People 2030 goals.
Risk Factor 1b: Unhealthy Diet **Contributing factors:** • Accessibility of nutritious foods (cost, availability). • Changes in dietary habits (due to mental health, medication, etc.).
Impact Objectives (Medium Term): • By 2021, increase the number of servings of fruits and vegetables as self-reported on three surveys: community survey, Illinois Youth Survey, and Nutrition Risk Assessment (seniors).
Process Objectives (Short Term): • By 2019, expand outreach to school age children and their parents by 25% by: o Improving/implementing data collection for OP and RF schools, and o Increase collaboration with partner organizations for education/programming for vulnerable populations. • Provide Township senior bus service to OP Farmers Market at least 3 times by October 2018. • Increase Dine-Out Program participation by 15% by December 2018.
Strategies: • Hold fruit of the week tastings. • Implement and increase community gardens and farmer's markets. • Adopt/implement the CDC's Whole School/Whole Community/Whole Child model. • Increase linkage and coordination among community-based organizations who are working on healthy eating initiatives. • Integrate and involve parents in healthy eating programs in early childhood settings. • Subsidize vending machines that have healthy options in schools and workplaces. • Enhance transportation options to enable seniors to attend OP Farmers Market and/or other healthy food opportunities. • Enhance marketing and promotion to seniors of Dine-out Program and other healthy dining options.

Some collaborators identified include: farmer's markets, schools, early childhood education programs, senior services, and the villages/townships.

Evaluation methods will include tracking the daily servings of fruits and vegetables that survey respondents self-report on surveys such as: the next Oak Park River Forest Community Survey (to be conducted in approximately 2020), the Illinois Youth Survey, and the Nutrition Risk Assessment delivered to seniors. Other evaluation mechanisms include acquiring River Forest childhood obesity data from schools (which is already available from Oak Park) and evaluating other mechanisms for greater River Forest engagement in evaluation despite limited resources and lack of a separate health department.

b) Public Health Problem 2: Chronic Disease

Chronic disease morbidity and mortality is among the most significant health issues facing Oak Park and River Forest, as well as the nation. According to the Centers for Disease Control and Prevention (CDC), heart disease is the leading cause of death, with cancer second, stroke fifth, and diabetes seventh.[6] The needs assessment data presented in Section 5 demonstrates that numerous chronic disease indicators, including diabetes prevalence, diabetes mortality, heart disease mortality, colorectal cancer mortality, lack of cancer screenings (mammogram, pap test, or colorectal cancer screening), and pediatric asthma hospital admissions rate, exceed the national and/or severe benchmarks in either Oak Park, River Forest, or both communities. Heart disease mortality, for example, is currently more than double the Healthy People 2020 target of 103 deaths per 100,000, at 219 per 100,000 in Oak Park and 206 per 100,000 in River Forest.[7]

During the planning process, stakeholders established the following:

Outcome Objective (Long Term): By 2030, mortality rates for diabetes, cardiovascular disease, breast cancer, cervical cancer, colorectal cancer, and pediatric asthma hospitalizations will be reduced to below Healthy People 2030 goals.
***Risk Factor 2a: Exposure to tobacco products (including second and third hand smoke) *** **Contributing factors:** • Mental health (stress, substance use, ending substance use). • Access (access to tobacco and to cessation resources).
Impact Objectives (Medium Term): • By 2022, decrease youth and adult tobacco use by 10% as measured by the Illinois Youth Survey, BRFSS, and informed by a community survey. • By 2022, decrease the use of e-cigarettes among youth and adults by 10% as measured by the Illinois Youth Survey.
Process Objectives (Short Term): • By December 31, 2019, ten Oak Park and River Forest organizations will be trained in a brief clinical tobacco intervention to identify tobacco users and refer for treatment services. • By December 31, 2019 develop a coordinated communication network amongst the Oak Park and River Forest communities address tobacco use and smoke-free policies.
Strategies: • Advocate for smoke-free multi-family housing. • Greater enforcement of tobacco sales laws/ordinances. • Advocate for stronger state-level legislation regarding purchase age, smoke-free environments, and local authority to tax tobacco products. • Develop point-of-sale strategies like flavored tobacco restrictions. • Develop partnerships with retailers to explore voluntary sales restrictions. • Expand cessation programs through funding and access.

Note: Physical inactivity and unhealthy diets were also seen as major risk factors for chronic diseases; however, stakeholders developed strategies for these under the problem of obesity above. Thus, they are not repeated here.

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[6] Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed July 27, 2017 at https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm.
[7] Healthy People 2020, Topics and Objectives: Heart Disease & Stroke. Accessed July 27, 2017 at https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives.

Collaborators might include: the Illinois Tobacco Free Communities initiative (IDPH); the Illinois Coalition Against Tobacco (ICAT) partners (Respiratory Health Association, American Cancer Society, American Hospital Association, American Lung Association, and American Academy of Pediatrics); multi-family properties; researchers; schools; and the village and townships.

Evaluation tools may include the Illinois Youth Survey, Village of Oak Park multi-family housing smoke-free data, and school discharge data. As with other areas, consideration must also be given to how to best incorporate River Forest engagement in evaluation, understanding the limitation that River Forest lacks its own health department.

Outcome Objective (Long Term): By 2030, mortality rates for diabetes, cardiovascular disease, breast cancer, cervical cancer, colorectal cancer, and pediatric asthma hospitalizations will be reduced to below Health People 2030 goals.
Risk Factor 2b: Uncontrolled co-morbidities
Contributing factors: - Lack of knowledge regarding health system navigation (health literacy, insurance, and community resources).   - Lack of knowledge of importance of primary care and disease self-management.
Impact Objectives (Medium Term):   - By December 31, 2021, develop online resource directory related to chronic disease/primary care cancer screening and prevention education.   - By December 31, 2020 establish a chronic disease workgroup.
Process Objectives (Short Term):   - By 2019 hold eight educational programs regarding the management of chronic disease.   - By Fall 2019, develop and implement asthma education program for school faculty and staff in elementary, junior high, and high school (with a goal to reach 90% of faculty/staff).   - Develop at least one new transportation program for a target groups seeking screening, prevention and treatment, by December 2018.
Strategies: - Develop an online resource directory related to chronic disease, primary care, and prevention programs.   - Develop education programs around the management of chronic diseases.   - Ensure school staff and faculty are trained in asthma via an appropriate asthma education curriculum evaluated.   - Increase transportation options for target groups such as seniors seeking screening, prevention and treatment.

Collaborators identified for inclusion are: hospitals, primary care providers and organizations (including Federally Qualified Health Centers), community organizations, emergency medical services (EMS), organizations that hold events or health fairs that could include greater information about prevention, and the park district.

Evaluation mechanisms may include using CDC prevalence data for diabetes, using existing 2013 data as a baseline, and using existing pre- and post-tests for evaluating asthma education programs. Collaborators will determine the best mechanisms by which to measure progress in screening rates within Oak Park and River Forest.

c) Behavioral Health Problem 1: Under-Addressed Behavioral Health Needs

According to Healthy People 2020, the disease burden resulting from mental illness is among the highest of all diseases: "[i]n any given year, an estimated 18.1% (43.6 million) of U.S. adults ages 18 years or older suffered from any mental illness and 4.2% (9.8 million) suffered from a seriously debilitating mental illness."[8]

While local Oak Park and River Forest data on suicide, depression, and serious mental illness shown in Section 5 did not indicate that these communities experience a higher burden of mental and behavioral health needs than other communities, a compelling need was evident. Approximately 12% of the adult population of each community experienced mental illness in the past year and 2.5% experienced serious mental illness. Feedback from the community survey indicated that many respondents reported experiencing anxiety or depression that caused them significant distress. Substance use, especially alcohol use, was also a concern (see also Behavioral Health Problem 2: Youth Alcohol and Substance Abuse).

During the planning process, stakeholders established the following:

Outcome Objective (Long Term): By 2030, 95% of Oak Park and River Forest residents with behavioral health needs will have their needs met.
Risk Factor 1a: Under-utilization of existing behavioral health services **Contributing factors:** • Difficulty navigating the behavioral health system (especially for seniors). • Lack of screening at point-of-entry settings (primary care, ER).
Impact Objectives (Medium Term): • Increase provider screenings by 25% by 2020 in non-traditional settings such as schools, primary care, and emergency departments. • Increase provider collaboration (inter-agency referrals) by 2020, as reported by utilization from Network of Care site.
Process Objectives (Short Term): • By December 2018, research gap analysis to determine barriers to screenings. • By December 2019, find appropriate tools (common, community-wide, OP/RF) or standardized package. • Provide mental health training (including that for dementia and suicide prevention) for 100% of first responders, by December 2019. • Develop at least two new mental health community partners (including that for dementia) by December 2018. • Collaborate with first responders to more effectively identify those with behavioral health needs and dementia, to increase safety and referrals, by December 2019. • Develop at least one new transportation program for a target groups seeking screening, prevention and treatment, by December 2018.

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[8] Healthy People 2020, Topic and Objectives: Mental Health and Mental Disorders: Accessed July 27, 2017 at https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders.

Strategies:

- Identify point-of-entry settings to target, conduct a gap analysis to identify barriers to screening, find appropriate screening tools and develop a standardized approach to screening in these settings, offering provider trainings on this approach.
- Secure funding and develop a system to show real-time capacity of existing mental health providers.
- Conduct parent education, senior education, and other education to raise community awareness and destigmatize behavioral health services.
- Collaborate more effectively with local hospitals, agencies and associations (e.g. Alzheimer's Association) to bring their prevention and support programs to targeted populations.
- Provide education and outreach to caregiver support groups and systems.
- Increase mental health training for first responders, including that for dementia and suicide prevention.
- Partner more effectively with local hospitals, agencies and associations to bring their existing programs and services to targeted populations.
- Collaborate with first responders to promote ID program for those with behavioral health needs and dementia.
- Increase transportation options for target groups such as seniors seeking screening, prevention and treatment.

Collaborators include: primary care settings, hospitals, existing mental health agencies, first responders (police, fire, paramedics), faith-based organizations, schools, senior services, and agencies focused on vulnerable populations (e.g., homeless, domestic violence).

Evaluation methods may include using Community Mental Health Board data on the number of successful linkages to care, and having Network of Care agencies populate real-time numbers of capacity to identify where people could be referred for service provision.

Outcome Objective (Long Term): By 2030, 95% of Oak Park and River Forest residents with behavioral health needs will have their needs met.

Risk Factor 1b: Lack of available behavioral health services

Contributing factors:

- Funding gaps (types of services and providers) and cost.
- Inadequate diversity of providers, cultural competency.
- Capacity/provider shortage.

Impact Objectives (Medium Term):

- By December 2020, increase focused funding to gap areas including coordination of care, universal screening and parenting services.
- By 2020, increase inter-agency partnerships by 10% (Continuum of Care, share client records, etc.)

Process Objectives (Short Term):
- Starting in 2018, hold two trainings/year with physician and mental health professionals.
- Starting in 2018, hold three cultural competency trainings for staff within each agency, using train the trainer model, with at least 25 physicians participating in the trainings (provide CME credits).
- By December 2019, increase psycho-educational groups by 25%.
- By December 2019, establish at least one partnership with universities to address capacity/provider shortages.

Strategies:
- Implement physician collaborations with mental health professionals.
- Use a train the trainer model (perhaps with social workers or care coordinators as trainers) to deliver cultural competency trainings for agency staff.
- Bring more behavioral health students, trainees, and providers into the community by developing partnerships with universities.
- Introduce loan repayment options like the National Healthcare Service Corps (NHSC).
- Develop other incentives for licensure, leadership, job diversity via partnerships.

Collaborators might include: physicians, nurses, social workers, care coordinators, behavioral health agencies, organizations that train on cultural competency, PCC Wellness (including their training on sexual orientation), universities, local hospitals, first responders, associations (e.g. Alzheimer's Association), and caregiver support groups.

Evaluation approaches could include tracking the number of people trained in cultural competency and measuring any change at the agency level following these trainings, as well as tracking the number of specific types of behavioral health providers.

d) Behavioral Health Problem 2: Youth Alcohol and Substance Abuse

An estimated 22 million Americans struggle with a drug or alcohol problem. In recent years, progress has been made in addressing the issue of substance abuse among youth. Data from the National Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey has indicated that between 2004 and 2009 there was a decrease in past-year use of methamphetamine for all grades, a significant decrease in lifetime use of methamphetamine among 8th graders, significant declines in past-year use of cocaine among 12th graders, and decreases in lifetime, past-year, past-month, and binge use of alcohol across all grades (8th, 10th, and 12th) surveyed.[9]

Local Oak Park and River Forest data on youth substance use shown in Section 5 indicates rate at or above state and national averages, particularly in alcohol use. According to the Illinois Youth Survey, among 12th graders in Oak Park and River Forest, 56% reported using alcohol in the last 30 days compared to 44% of 12th graders statewide; and, 32% of 12th graders reported binge drinking in the last 30 days compared to 26% statewide. The 2017 Underage Drinking Needs Assessment Report similarly showed teen alcohol use rates consistently above the state average.

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[9] Healthy People 2020, Topic and Objectives: Substance Abuse: Accessed July 31, 2017 at https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse.

During the planning process, stakeholders established the following:

Outcome Objective (Long Term): By 2030, reduce underage drinking and substance use to consistently below state average.

Risk Factor 2a: Social Norms

Contributing factors:

- Parent support and education (attitudes, behaviors, coping mechanisms, etc.).
- Lower perceived risk of marijuana (variety of reasons).

Impact Objectives (Medium Term):

- Develop and deliver one coordinated communication campaign using school posters, website and newspaper for 10th and 12th graders at OPRF High School by December 31, 2020.
- Develop one parent education program and offer 5 parent cafes focused on substance abuse of youth to be offered for parents of 8th-12th grade parents by December 31, 2020.
- By December 2020, increase access and strengthen the Continuum of care prevention, intervention treatment, and recovery support.

Process Objectives (Short Term):

- By December 2018, increase percentage of 9th, 10th and 12th grade students (at OPRFHS) who perceive marijuana use to be risky.
- By December 2018, increase parent disapproval of children (8th graders) using marijuana.
- Survey at least 400 parents of youth in Oak Park and River Forest regarding youth drinking, by December 2018.
- Host at least two parent focus groups to discuss teens and underage drinking, by December 2019.
- Identify all parent groups and/or existing organizations that may have an interest and/or current goal of reducing youth substance abuse, by December 2019.

Strategies:

- Communication campaigns (directed towards adults, parents, youth).
- Parent cafes and other parent educational forums and timely events (around prom, graduation, etc.)
- Day in Our Village.
- Community policy and education.
- Surveys.

A wide range of collaborators might include: schools, parents, NAMI (for education), Success of All Youth Community Foundation, churches and faith communities, IMPACT Coalition, YMCA, Liquor Boards, I-Search (River Forest), Positive Youth Workgroup (prevention grant for underage alcohol use), police, villages, and townships, and other leaders (such as Kiwanis, Rotary, etc.).

Evaluation methods could include tracking the number of people attending education sessions, parent cafes, etc; the number of people reached through campaigns; the number of NAMI presentations; and the pre- and post-test results from this evidence-based curriculum.

Outcome Objective (Long Term): By 2030, reduce underage drinking and substance use to consistently below state average.
Risk Factor 2b: Lack of mental wellness **Contributing factors:** • Stigma. • Lack of outreach and awareness of support services to specific youth populations.

Impact Objectives (Medium Term):
• By 2020:
    o Increase education of mental health symptoms and risk factors.
    o Increase awareness and knowledge of services and resources.
    o Identify underserved populations.
    o Increase inter-agency partnerships by 10% (Continuum of Care, share client records, etc.)

Process Objectives (Short Term): • By December 2019, implement at least three programs which are culturally competent, serving at least 50 individuals under age 18. • Conduct market research report to identify appropriate paths of communication and reach youth and parents, including underserved populations.
Strategies: • Prevention education around mental health symptoms and risk factors (for both youth and parents). • Resource fairs and parent forums to increase knowledge of services and resources. • Market research to identify and communicate with underserved populations. • Culturally competent programs that can address the lack of mental wellness.

Collaborators might include: schools, parents, NAMI, faith-based communities, the Oak Park Community Mental Health Board and River Forest Township mental health committee, and community mental health agencies.

Evaluation methods could include: tracking the number of culturally competent programs and number of participants, the number of prevention education programs and number of participants, the number of community partners collaborating and which sectors they are from, and the number of focus groups held and people in focus groups.

e) Behavioral Health Problem 3: Illicit Opioid Abuse

According to the CDC, opioid-involved deaths are on the rise and the majority of drug overdose deaths involve an opioid. Since 1999, the number of overdose deaths involving opioids quadrupled. Ninety-one Americans die every day from an opioid overdose (both prescription opioids and heroin). Overdoses from prescription opioids are a major contributing factor to the opioid crisis.[10] Healthy People 2020 has

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[10] Centers for Disease Control and Prevention. Opioid Overdose: Understanding the Epidemic. Accessed July 31, 2017 at https://www.cdc.gov/drugoverdose/epidemic/index.html.

identified adolescent abuse of prescription drugs, like Vicodin and OxyContin, as an emerging issue in substance abuse.[11]

Data from the Oak Park Fire Department shown in Section 5 indicates that in recent years, there has been a rise in individuals treated for opioid overdose in Oak Park. While the data contained no comparison to other villages (and no data for River Forest), it did indicate that opioid abuse is a problem. Stakeholders prioritized illicit opioid abuse to stay ahead of this rising national issue.

During the planning process, stakeholders established the following:

Outcome Objective (Long Term): By 2030, maintain or reduce Oak Park and River Forest resident opioid use levels (using 2016 baseline data).
Risk Factor 3a: Availability of illicit opioids
Contributing factors: • Lack of awareness of consequences of not sharing prescriptions.   • Lack of awareness of treatment options.
Impact Objectives (Medium Term):   • By 2022, establish reporting systems for illicit opioid availability within Oak Park and River Forest.
Process Objectives (Short Term):   • By 2020, implement a coordinated communication campaign on opioids overuse, with a focus on young adults, and prevention for teens and senior adults.   • By December 2018, increase volume of safe disposal medications by 20%.
Strategies: • Identify organizations already committed to dealing with the issue.   • Work with Heroin Task Force in Chicago.   • Identify and collect data on opioid overdose.   • Review successful evidence-based strategies from other communities and develop a pilot program.   • Work with D200 to develop a prevention program for high school seniors.   • Develop data sharing agreements with hospitals and the State of Illinois.   • Actively promote safe disposal of medications through increased outreach, education, and promotion.   • Advocate for adoption of CDC guidelines for opioid prescriptions.   • Coordinate referrals for treatment.

Collaborators identified for inclusion are: villages and townships, police and fire departments, other first responders, hospitals and hospital ERs, treatment providers, high schools and school districts, Positive Youth Workgroup, IMPACT, and faith-based communities.

Evaluation data could include IDPH syndromic surveillance data from hospitals, emergency overdose data from the Fire Department, and Uniform Crime Data reporting data. A graduate student working on a capstone project (e.g. UIC School of Public Health, Dominican School of Social Work) could possibly delve more deeply into surveillance data. It was suggested that data focus primarily on overdoses by residents, not all overdoses that occur within the communities.

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[11] Healthy People 2020, Topic and Objectives: Substance Abuse: Accessed July 31, 2017 at
https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse.

f) Developmental Disability Problem 1: Under-addressed needs of people with developmental disabilities

According to the CDC, developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. About one in six children in the U.S. have one or more developmental disabilities or other developmental delays.[12] Healthy People 2020 recognizes that the health outcomes and quality of life of individuals with disabilities are influenced heavily by their communities. In keeping with this, the Oak Park and River Forest communities have prioritized meeting the needs of individuals with developmental disabilities, including more than 150 individuals who await funded services, as shown on the Prioritization of Urgency of Needs for Service (PUNS) waiting list, and those who require a higher level of care.

During the planning process, stakeholders established the following:

Outcome Objective (Long Term): By 2030, 95% of Oak Park and River Forest residents with developmental disabilities will have their needs met through seamless, coordinated services between organizations.
Risk Factor 1a: Limitations of caregivers of persons with developmental disabilities   **Contributing factors:**   • Lack of family support, training, and education, including support for the aging caregivers.
Impact Objectives (Medium Term):   • By December 2022, 75% of Oak Park River Forest families will be educated on accessing available services.
Process Objectives (Short Term):   • By December 2020, Oak Park and River Forest will develop a model to educate families and caregivers addressing the needs of developmentally disabled individuals.
Strategies: • Host regularly scheduled informational meetings/seminars for families.   • Build support groups for aging caregivers.   • Review, revise, and disseminate the community resource guide onto other websites.   • Offer group respite services.   • Deploy case management resources to work with families, ensure they are aware of services and funding opportunities available to them.

Collaborators may include: school districts, CMHB, senior services, developmental disability agencies, sibling workshops, PUNS agency, organizations that offer transition planning around adult services, Early Childhood Collaboration, and the River Forest Township Mental Health Committee.

Evaluation approaches might include: measuring how much training is happening, measuring the number of families on respite in terms of caregiver support, gathering information from exit interviews regarding transition planning, and measuring the roll out of putting the community resource guide onto other websites. It was also suggested that schools can call families up to a year after aging out of the school system, and that such follow up calls might be a way to evaluate transition success, unmet needs, and acquire data on who is and isn't accessing services.

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[12] Centers for Disease Control and Prevention. National Center on Birth Defects and Developmental Disabilities. Accessed July 31, 2017 at https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html.

Outcome Objective (Long Term): By 2030, 95% of Oak Park and River Forest residents with developmental disabilities will have their needs met through seamless, coordinated services between organizations.

Risk Factor 1b: Access to services for people with developmental disabilities over age 22

Contributing factors:

- Integration of services (collaboration, cross-training, awareness).
- Lack of funding/funding flexibility for higher needs care, including more complex cases and co-morbidities.

Impact Objectives (Medium Term):

- By December 2020, increase by 20% the number of families that have all services needed, regardless of functioning level or age.

Process Objectives (Short Term):

- Create a tool that will identify residents with developmental disabilities who require a higher level of care than they are currently getting and populate it by March 2018.
- By December 2018, conduct assessment of funds available to Oak Park and River Forest agencies.
- By December 2018, survey population with developmental disabilities over age 22 to understand their needs.
- By December 2017, have at least one meeting of a collaborative group of mental health and developmental disability providers and develop annual meeting schedule.

Strategies

- Assess unmet needs among people with developmental disabilities over age 22, especially those with a need for a higher level of care.
- Evaluate Network of Care-user friendliness and effectiveness to link families and referral sources to appropriate services.
- Bring mental health and developmental disability providers together (perhaps alternating which organizations host) to educate and discuss specific cases.
- Create a focus on collaboration so agencies develop greater knowledge of each other's services.
- Build discrepancy reserve (endowment) to support cost of higher needs care.
- Resolve funding limits by:
  - Assessing available funding,
  - Advocating for and lobbying for increased funding,
  - Coordinating funding across agencies to use funds more efficiently/effectively, and
  - Increasing funding flexibility for case consultation across agencies for specific clients.

Collaborators may include: CMHB (who could be flexible in funding to support different types of programs and greater collaboration), UCP Seguin, CSS (Community Support Services), Opportunity Knocks, Oak-Leyden, other agencies that work with those with developmental disabilities, the River Forest Township Mental Health Committee, and Suburban Access.

Evaluation approaches might include: various baseline assessments of needs, capacity, and gaps; measuring the number of cross-referrals that agencies make and the number of people that sign up for the police department's bracelet program; and measuring those on the PUNS list as an imperfect measure of how many people still need services. There may also be a way to evaluate how many of those with unmet needs require a higher level of care that can only be provided by certain agencies.

g) Resources and Barriers

During the stakeholder meetings, participants identified community resources and assets that could aid in implementation of the community health plan and support achieving its objectives. Stakeholders also identified barriers that may serve as hindrances during implementation of the community health plan, posing challenges to full achievement of the objectives. The resources and barriers identified are listed below for each of the three focus areas: public health, behavioral health, and developmental disability.

Public Health

Resources:

- Park District of Oak Park Programming
- Rush Oak Park Hospital
- West Suburban Hospital
- YMCA
- Strong Schools
- Tobacco 21 policy
- Oak Park Public Health Department
- PCC Wellness Center
- Collaboration for Early Childhood
- American Cancer Society
- Primary Care Providers
- School District 90
- School District 200
- Faith-based organizations/churches
- Concordia University Chicago
- Dominican University
- Village policies/ordinances
- Respiratory Health Association
- River Forest Community Center
- Township Senior Services
- Children's Clinic
- Illinois Coalition Against Tobacco
- American Lung Association
- Public/Private Grants/Grant Opportunities
- School District 97

Barriers:

- Turnover
- Inequitable conditions for residents
- Department of Human Services application and processing process
- Available data sources for benchmarking
- Community Resources/Collaboration

Behavioral Health

Resources:

- Local schools/universities
- Library
- Way Back Inn
- NAMI
- Riveredge Hospital
- Pillars
- Thrive
- SmartLove
- Doctors/Hospitals
- Parent Groups
- CIT Training
- Community of Churches
- West Cook YMCA
- Oak Park Community Mental Health Board
- IMPACT
- OPRF Workgroup for Positive Youth Development
- Faith-based communities
- Park Districts
- Police/Fire Departments
- Community Policing
- School Resource Officers
- Network of Care
- Oak Park and River Forest Foundation
- Presence Health
- Rosecrance
- New Moms
- Success of All Youth (SAY)
- Mental Health First Aid Trainer
- Thresholds
- Housing Forward
- PCC Community Wellness
- Oak Park Liquor Board
- River Forest Township/ Mental Health Committee
- Suicide Prevention Education Task Force

Barriers:

- Permissive community norms
- Education
- Avoiding blame
- Lack of Community Mental Health Center (facility)
- Avoidance/defensiveness
- Lack of awareness of resources
- Closures and decrease in community mental health and psychiatrists
- Services for all, regardless of race, ethnicity, poverty, religion, intact family
- Reticence to seek treatment
- Long wait times for appointments
- Access from affluence
- Transportation-accessibility
- Understanding current provider availability
- Lack of prevention/early intervention in middle/high schools
- Stigma
- Competing agendas
- Lack of psychiatrists willing to treat those with Medicaid
- Access to prescription medications
- Insufficient insurance coverage
- Lack of technology to access information

Developmental Disability

Resources:

- Village of Oak Park
- River Forest Township/Mental Health Committee
- PACTT
- River Forest Township
- Strong leadership at the local HS (connect pre-22 to post-22)
- Rotary Club of Oak Park and River Forest
- West Suburban Special Recreation Association
- Suburban Access
- Oak-Leyden Developmental Services
- Park District of Oak Park
- Hephzibah
- Opportunity Knocks
- School Districts 90, 97, and 200
- Community Support Services
- Developmental Disabilities Consortium of Oak Park and River Forest
- Collaboration for early childhood

- Parks and recreation facilities
- Strong leadership at select providers
- Two universities (under tapped, perhaps)
- Supportive Police Departments
- Community Mental Health Board

- Active families
- Active non-profit community
- UCP Seguin
- Abundance of local businesses with social awareness
- Open minded supportive community
- Oak Park Township
- The Arc
- Aspire
- Oak Park-River Forest Community Foundation

Barriers:

- Cost, scholarship availability
- Limited coordination between agencies
- State funding cuts/inadequate state funding
- Lack of a state budget
- General cost of living
- Alignment between programs and needs

- Volume of NPOs in the area
- Correlation between benefits/funding and ability to hold a job w/ living wage
- Paratransit

- Developmental level
- Opportunities for community living
- Availability of staff
- Residential placement opportunities
- Effectiveness of transition planning at HS
- Complicated nature of I/DD benefits (i.e. PUNS, Medicaid, Medicare, HCBS, CILA, SSI, SSDI)

- Affordability of staff
- State of Illinois' Developmental Training Workshop & day program guidelines

8) Conclusion

As a result of this mixed-methods community needs assessment and robust, collaborative community participation process, the Oak Park and River Forest communities will focus on six prioritized problems spanning public health, behavioral health, and developmental disability during the 2017 to 2021 planning period. These priorities are: obesity prevalence, chronic disease, under-addressed behavioral health needs, youth alcohol and substance abuse, illicit opioid abuse, and under-addressed needs of people with developmental disabilities.

While the Village of Oak Park Public Health Department, Steering Committee, and participating agencies took the lead in the development of these priorities, it is hoped that this prioritized problems will be a focus for the entire Oak Park and River Forest communities over the coming years. It is also hoped that all stakeholders will approach these priorities with a lens towards health equity, addressing the needs of the greater Oak Park and River Forest communities and the communities' most vulnerable populations.

Appendix A: Organizational Chart

**Village of Oak Park
Public Health Department**

Organizational Chart
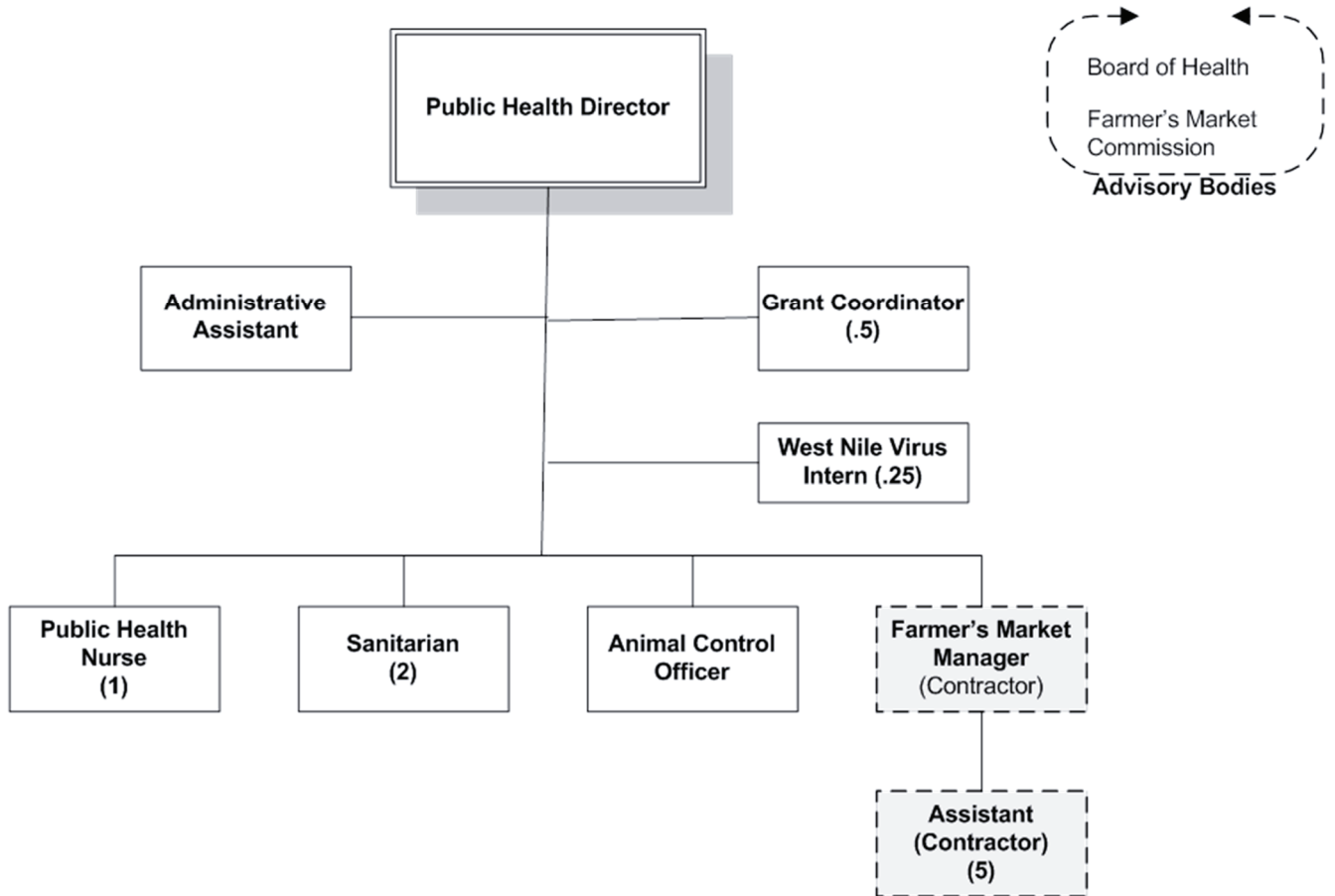
Appendix B: Meeting Minutes

All Stakeholder's Meeting Summary-May 18, 2017

Attendees: Candice Martin, Marta Alvarado, Kelli Bosak, Felicia Owens, Mary Egan, Diane Farina-White, Terry Herbstritt, Bertha Magana, Mike Carmody, Lynn Hopkins, Linda Francis, Jeanne Griffin, Gail Shelton, Laura Olzewski, Carla Sloan, Carey Carlock, Mike Padavic, Elizabeth Stewart, Ed Condon, Carol Gall, Alexis Witkowski, Mike Charley, John Meister, Vanessa Matheny, Rachel Wood, Avis Rudner, Carla Beatrici, Michael Zakalik, Debra Howard-Frye, Gavin Morgan, Carolyn Newberry-Schwartz, Rob Simmons, Marianne Birko, Lucy Flores, Florence Miller, Lori Opiela, Nikki Paplaczyk, Carol Kelly, Maureen McCarthy, Anita Pindiur, Colette Lueck, Christopher Fox, Jim Haptonstahl, Cara Pavlicek, Denise Wienand, Sue Warwik, Shaun Lane, Sue Quinn, Vicki Scaman, Elizabeth Chadri, Kimberly Knake, Rory Conran, Lynda Schueler, Anna Padron-Sikora, Amy Hill, Noreen Powers, Tammie Grossman.

LHF presented an overview of the demographic and health-related data about Oak Park and River Forest presented in the Needs Assessment.

Initial Problems Presented and voted on:
Community Health

- Access to adequate health (and dental) care
- Obesity prevalence (adult and pediatric)
- Diabetes prevalence and mortality
- Cardiovascular disease mortality
- Asthma prevalence
- Access to cancer screenings
- Colorectal cancer mortality
- Low birth weight incidence
- Influenza prevention and mortality
- Linguistically isolated population

Behavioral Health

- Youth alcohol and substance abuse
- Access to mental and behavioral health for all ages
- Access to mental and behavioral health for minority populations

Developmental Disability

- Access to services for persons with DD over the age of 22
- Aging caretakers of persons with DD

Through a system of voting, the following problems were prioritized:

<u>Physical Health</u>
Obesity prevalence (adult and pediatric)
Cardiovascular disease and mortality
Diabetes prevalence and mortality
Chronic Disease
Fragile elderly, some with mental health needs

<u>Mental Health</u>
Youth alcohol and substance abuse
Access to mental and behavioral health for minority populations
Access to mental and behavioral health for all ages
Under addressed Mental and Behavioral Health Conditions
      Factors; insufficient capacity, underutilization, not culturally or linguistically competent
Limited parenting skills/need for parenting support
Overuse of opiates among adults??

<u>Developmental Disability</u>
Aging caregivers of persons with DD
Access to services for persons with DD over the age of 22

Physical Health Meeting #1 Summary- June 6, 2017

Attendees: Rachel Wood, Betsy Rogers, Theresa Havalad, Cynthia Fisch, Florence Miller, Jenny Kraak, Laura Olzewski, Tony Barrett, Cathaleen Roach, John Meister, Laura Palmer, Elizabeth Stewart, Amy O'Rourke, Carol Gall, Avis Rudner, Celeste Duignan, Denise Wienand, Louise Corzine, Maureen McCarthy, Anna Sikora, Lisa DeVivo, Marta Alvarado, Rahel Woldemichael, Mike Charley, Pamela Mahn, Maria Cardenas, Carla Sloan.

Purpose and Desired Outcomes: Confirm physical health priorities and identify risk factors and direct and indirect contributing factors for each priority.

Activities: Facilitators from LHF reviewed the planning process to this point and defined terms. Participants confirmed the physical health problems prioritized at the May meeting and identified risk factors. Breakout groups then worked on developing direct and indirect contributing factors under each risk factor as part of the root cause analysis. Contributing factors with asterisks indicate priority.

Outcomes:

Problem #1: Obesity Prevalence

- **Risk Factor #1A:** Physical Inactivity and sedentary lifestyle
  - Direct Contributing Factor: Access
    - Indirect Contributing Factors
      - Transportation
      - Cost
      - Physical barriers/accessibility (e.g. weather)
      - Awareness*
  - Direct Contributing Factor: Facilities/built environment
    - Indirect Contributing Factors:
      - Awareness*
      - Bike trails/walking paths
      - Time/convenience*
      - Health education
      - Delayed benefits/not instant gratification
      - Targeted classes/programs (older adults)*
      - Misconceptions about ability to exercise
  - Direct Contributing Factor: Prioritization/lack motivation (lifestyle)
    - Indirect Contributing Factors:
      - Awareness*
      - Community support
      - Safety for outdoor exercises*
      - Societal norms (busy)
      - Time management
      - Not motivated until a wake up call
      - Sedentary occupations

- Reliance on medicine to solve health issues
- Sleep
- **Risk Factor #1B:** Unhealthy Diet
  - Direct Contributing Factor: Decreased accessibility to food
    - Indirect Contributing Factors:
      - School lunches
      - Food cost*
      - Transportation
      - Lack of food vendors healthy options
  - Direct Contributing Factor: Changes in dietary habits
    - Indirect Contributing Factors:
      - Life changes
      - Mental health issues: stress/depression, trauma
      - Physical changes
      - Medication
      - Taste
  - Direct Contributing Factors: Limited education or lack of generalized education
    - Indirect Contributing Factors:
      - Generational/cultural
      - Social isolation
      - Lack of resources
      - Exposure to healthy foods

Problem #2: Chronic Disease

- **Risk Factor #2A:** Uncontrolled co-morbidities
  - Direct Contributing Factor: Lack of use of/access to primary care
    - Indirect Contributing Factors:
      - Health Literacy issues around insurance*
      - Primary care not a priority (too many other concerns)
      - Need for extended hours at MD offices
      - Lack of knowledge regarding the importance of disease management
  - Direct Contributing Factor: Lack of supportive preventative services
    - Indirect Contributing Factors:
      - Lack of community based health education services
      - Lack of access to free and simple health screenings
      - Lack of resource information upon hospital discharge
      - Lack of list of community resources (even by hospital staff)
  - Direct Contributing Factor: Social Isolation (inability to access resources)
    - Indirect Contributing Factors:
      - High percentage of those with no family/no resources
      - Lack of access to safe public/disability transportation
      - Lack of help with confusing medication and regime
      - Inability to navigate complex healthcare system alone

- **Risk Factor #2B:** Use of an exposure to tobacco products (including exposure to second-hand and third-hand smoke)
  - Direct Contributing Factor: Socioeconomic status, gender, age, educational level
    - Indirect Contributing Factors:
      - Onset age of 1st tobacco use
      - Socioeconomic status
      - Exposure to behaviors (e.g. parent/social network)
  - Direct Contributing Factor: Mental Health
    - Indirect Contributing Factors:
      - Stress
      - Substance use and ending substance abuse
  - Direct Contributing Factor: Access
    - Indirect Contributing Factors:
      - Access to tobacco products*
      - Density of tobacco retailers
      - Enforcement of tobacco policies/laws
      - Youth programming
      - Tobacco advertising (youth-focused)
      - Access to cessation resources*
      - Smoke-free policies

Behavioral Health Meeting #1 Summary-June 7, 2017

Attendees: Molly Reynolds, Maureen McCarthy, Pamela Mahn, Shawn Lome, Christopher Fox, Stephen Jackson, Matthew Quinn, Megan Salisbury, John Meister, Kim Knake, Vicki Scaman, Gail Shelton, Brenda Riarden, Warren Hend, Rachel Wood, Candice Martin, Jennifer Little, Ruth Reko, Amy Starin, Mike Carmody, Anita Pindiur, Florence Miller, Mike Charley, Kelly O'Connor, Lisa DeVivo, Carla Sloan

Purpose and Desired Outcomes: Confirm behavioral health priorities and identify risk factors and direct and indirect contributing factors for each priority.

Activities: Facilitators from LHF reviewed the planning process to this point and defined terms. Participants confirmed the behavioral health problems prioritized at the May meeting and identified risk factors. Breakout groups then worked on developing direct and indirect contributing factors under each risk factor as part of the root cause analysis. Contributing factors with asterisks indicate priority.

Outcomes:

Problem #1: Youth Alcohol and Substance Abuse

- **Risk Factor #1A:** Mental Illness
  - Direct Contributing Factor: Homelessness
    - Indirect Contributing Factors
      - Mix drugs with alcohol
      - Self-medicating
      - Affordable housing
      - Family issues/lack of support
      - Lack of outreach* (alcohol and substance use education)
      - Inadequate Info
  - Direct Contributing Factor: Lack of Access to mental health services
    - Indirect Contributing Factors:
      - Lack of location
      - Lack of assessment
      - Stigma (including where you get services)*
      - Services in schools
      - More case workers
  - Direct Contributing Factor: Toxic Stress, Trauma, society pressures, bullying, pressure for success/meeting expectations.
    - Indirect Contributing Factors:
      - Lack of support* (Lack of parent/family skills/resources)
      - Lack of assessment
      - Peer pressure
      - Cultural Competency training
- **Risk Factor #1B:** Social Norms
  - Direct Contributing Factor: Permissive parent/adult attitudes/behaviors
    - Indirect Contributing Factors:
      - Parent providing*
      - Obtaining without permission

- Social Hosting*
- Parent past use (we drank as teens and turned out fine)*
- Rite of passage
- Lack of understanding of effect on brain development
- Legalization of marijuana (lowered perceived risk)*
  - Direct Contributing Factor: Peer influence/acceptance
    - Indirect Contributing Factors:
      - Lack of confidence
      - Peer pressure
      - Wanting acceptance
      - Living up to reputation
      - Legalization of marijuana*
      - Lack of understanding or effect on brain development
  - Direct Contributing Factor: Community Culture of Use
    - Indirect Contributing Factors
      - Use at events by adults*
      - Number of bars, pubs, etc.
      - Sending message that its ok to use, youth feel parents think it's ok to use*
      - Not carding

Problem #2: Under-Addressed Mental and Behavioral Health Needs

- **Risk Factor #2A:** Lack of available behavioral health services
  - Direct Contributing Factor: Gaps in the array of services
    - Indirect Contributing Factor:
      - Lack of evidence based services
      - Training for professionals
      - Mentoring
      - Case management/care coordination/outreach
      - Home based services
      - Culturally/ethnically adequate
      - Groups-i.e. anger management and social skills
      - Funding* -Insurance/deductibles/co-pays
      - Capacity*
  - Direct Contributing Factor: Lack of specialty mental health professionals
    - Indirect Contributing Factor:
      - Age specific
      - Racially/culturally/ethnically adequate
      - Infant/Child
      - Psychiatry (child)
      - Funding/deductibles/co-pays, etc.

- **Risk Factor#2B:** Under-utilization of existing behavioral health services
  - Direct Contributing Factor: Lack of knowledge of mental health (signs and symptoms)
    - Indirect Contributing Factors:

- Signs and symptoms
- No primary care doctor screenings*
- Teacher/school education, systems,
- Parent knowledge/support skills
- Community Awareness
  - o Direct Contributing Factor: Stigma
    - ▪ Indirect Contributing Factors
      - History of mental health (how it was dealt with in the past)
      - Self stigma/fear*
      - Media/Social Media
      - Cultural
  - o Direct Contributing Factor: Access and Navigating
    - ▪ Indirect Contributing Factors
      - Integration of mental health in community settings (schools, senior centers, library, etc.)
      - Cost and Insurance*
      - No wrong door
      - Tech barriers for seniors* (phone, computers, etc.)

Problem #3: Overuse of Opioids

- **Risk Factor #3A:** Availability of opioids
  - o Direct Contributing Factor: Availability of prescription opiates
    - ▪ Indirect Contributing Factors:
      - Lack of talk
      - Lack of awareness of consequences*
      - Mismanagement of pain
  - o Direct Contributing Factor: "Heroin Highway"
    - ▪ Indirect Contributing Factors:
      - Inexpensive
      - Proximity
      - Lack of access to treatment*
      - Lack of referral to treatment*
  - o Direct Contributing factors: Social Norms
    - ▪ Indirect Contributing Factors:
      - Socially acceptable to share prescriptions*
      - It's legal-less stigma
      - Keeping pills in home
      - Lack of knowledge re disposal

Developmental Disabilities Meeting Summary- June 15, 2017

Attendees: James Conyers, Rachel Wood, LaTonya Roberson, Nikki Paplaczyk, Maureen McCarthy, Tony Barrett, Bianca Ingwersen, Bill Wallace, Laura Gonzalez, Jennifer Doyle, Amber Grzeda, Terry Herbstritt, Colleen Madej, Lisa DeVivo, Florence Miller, Shannon Ellison, Diane Farina-White, Mike Charley, Carla Sloan, Mike Carmody

Purpose and Desired Outcomes: Confirm developmental disability health priorities and identify risk factors and direct and indirect contributing factors for each priority. Identify barriers and resources, objectives, corrective actions, and evaluation plan.

Part 1 Activities:

Facilitators from LHF reviewed the planning process to this point and defined terms. Participants confirmed the developmental disability health problems prioritized at the May meeting and identified risk factors. Breakout groups then worked on developing direct and indirect contributing factors under each risk factor as part of the root cause analysis. Contributing factors with asterisks indicate priority.

Part 1 Outcomes:

Problem #1: ***Needs of people with developmental disabilities are under-addressed.***

- **Risk Factor #1A:** Limitations of caregivers of people with DD
    - Direct Contributing Factor: Aging
        - Indirect Contributing Factors
            - Lack of support
            - Lack of finances
            - Change in family dynamics
            - Knowledge of resources
            - Qualify for funding
            - Future planning/legal
            - Lack of services
            - Training for caregivers, staffing crisis
    - Direct Contributing Factor: Illness
        - Indirect Contributing Factors:
            - Lack of emergency respite
            - Lack of/inconsistent training of first responders
    - Direct Contributing Factor: Fatigue
        - Indirect Contributing Factors:
            - Lack respite
            - Navigating public benefits
            - Parental involvement/collaboration/trust
            - Lack of case management for adults

- **Risk Factor #1B:** Access to Services for persons with DD ages 22 and up
    - Direct Contributing Factor: Funding
        - Indirect Contributing Factors:

- PUNS
- Employment
- Transportation
- Client openings/staff openings
- Higher needs care
- Direct Contributing Factor: Advocacy and Guidance
  - Indirect Contributing Factors:
    - Up to family
    - Lack of support
    - Denial by family support system
    - Lack the long view
    - Appropriate advocacy
    - Higher needs care
- Direct Contributing Factor: Integration of services
  - Indirect Contributing Factors
    - Collaborative efforts-system
    - Community awareness
    - Cross training of staff

Final prioritized contributing factors:

- Risk Factor: Limitations of caregivers of persons with DD.
  - *Contributing Factor: Lack of family support/training/education*
- Risk Factor: Access to services for people with DD over the age of 22
  - *Contributing Factor: Integration of services (collaboration, cross-training, awareness)*
  - *Contributing Factor: Lack of funding/funding flexibility for higher needs care.*

Part 2 Activities

During a break, participants added to a list of assets and barriers in the community.

Part 2 Outcomes:

Assets:

- Village of Oak Park
- River Forest Township/Mental Health Committee
- River Forest Township
- Community Mental Health Board
- Collaboration for early childhood
- Developmental Disabilities Consortium of OP-RF
- Rotary Club
- WSSRA
- Oak Leyden
- Park District of Oak Park
- Parks and recreation facilities
- Strong leadership at select providers
- 2 universities (under tapped, perhaps)
- Supportive Police Departments
- Strong leadership at the local HS (connect pre-22 to post-22)
- Abundance of local businesses with social awareness
- Active families
- Active non-profit community
- Oak Park-River Forest Community Foundation

- Hephzibah
- Opportunity Knocks
- Sequin
- CSS
- Aspire

- Open minded supportive community
- Oak Park Township
- The Arc
- UCP Seguin
- PACTT

Barriers:

- Cost, scholarship availability
- State funding cuts/inadequate state funding
- Lack of a state budget
- Alignment between programs and needs
- Residential placement opportunities
- Volume of NPOs in the area
- Availability of staff
- General cost of living
- Paratransit
- Developmental level
- Affordability of staff

- Opportunities for community living
- Limited coordination/collaboration between agencies
- Effectiveness of transition planning at HS
- Complicated nature of I/DD benefits (i.e. PUNS, Medicaid, Medicare, HCBS, CILA, SSI, SSDI)
- Stigma
- Correlation between benefits/funding and ability to hold a job with a living wage
- State of Illinois' DT Workshop & day program guidelines

Part 3 Activities

Facilitators from LHF then worked with the group to solicit ideas for an outcome objective, and explained the impact objectives, process objectives, and corrective actions. Breakout groups then completed the objectives grid for each prioritized contributing factor.

Part 3 Outcomes:

Problem 1: Needs of people with developmental disabilities are under-addressed	**Outcome Objective**: By 2030, 95% of Oak Park and River Forest residents with developmental disabilities will have their needs met through seamless, coordinated services between organizations.
Risk Factor 1a: Limitations of caregivers of persons with DD.	**Impact Objective**: By December 2022, 75% of Oak Park River Forest families will be educated on accessing available services.
Contributing Factors: Lack of family support/training/education	**Process Objective:** By December 2020, OP and RF will develop a model to educate families and caregivers-addressing the needs of developmentally disabled individuals.
Corrective Actions: • Host regularly scheduled informational meetings/seminars • Build support group for aging caregivers • Review/revise and put on the website community resource guides • Group respite services • Case management resource to work with families (ensuring they are aware of services and funding opportunities available to them)	

• **Collaborators:** • School districts • Community mental health board • Senior services • DD agencies • Sib shops • Transition planning about adult services • PUNS agency? • Already have a community resource guide • River Forest Township/Mental Health Committee	**Evaluation Plan:** • Baseline of how much training is happening • Measure number of families on respite in terms of caregiver support • Exit interviews and services for transition planning • School can call families up to a year after leaving to see if they have everything they need - can get data on who is and isn't accessing services • Could measure roll out of community resource guide onto other website
Problem 2: Needs of people with developmental disabilities are under-addressed	**Outcome Objective**: By 2030, 95% of Oak Park and River Forest residents with developmental disabilities will have their needs met through seamless, coordinated services between organizations.
Risk Factor 1b: Access to services for people with DD over the age of 22	**Impact Objective**: 90% of all families/adults have access to the services they need no matter what their functioning level.
Contributing Factors: Integration of services (collaboration, cross-training, awareness)	**Process Objective**: Create a tool that will assess the needs of OP and RF that higher level of care than they are currently getting and populate it by March 31, 2018

Corrective Actions:
- Evaluate Network of Care-user friendliness and effectiveness to link families and referral sources to appropriate services by Dec 31, 2018. Who: Committee of consortium and parents.
- Bring MH/DD providers together-alternating organizations host to educate and discuss specific cases. By Dec 31 2017 have at least 1 meeting and develop annual schedule.
- Funding flexibility for case consultation across agencies for specific clients.
- Create a focus on collaboration to develop greater knowledge among programs/agencies of each other's services

Collaborators: • Community Mental Health Board-Be flexible in funding to support different types of things, bring people together • Early Childhood Collaboration - to teach preschool teachers about screening/signs • UCP Seguin • CSS • Opportunity Knocks • Oak-Leyden • River Forest Township/Mental Health Committee, Suburban Access	**Evaluation Plan:** • 90% their needs will be addressed • Of people who screen positive for needing higher level of care via the tool • PUNS list is a good way to measure how many people need services • Number of cross-referrals that agencies make • Number of people that sign up for the police department's bracelet program.

Problem 3: Needs of people with developmental disabilities are under-addressed	**Outcome Objective:** By 2030, 95% of Oak Park and River Forest residents with developmental disabilities will have their needs met through seamless, coordinated services between organizations.
Risk Factor 1c: Access to services for people with DD over the age of 22	**Impact Objective:** Continuum of services from early childhood through adulthood.
Contributing Factors: Lack of funding/funding flexibility for higher needs care, including more complex cases and co-morbidities.	**Process Objective:** By Dec 31, 2018 conduct assessment of available funds to OP and RF orgs By 12/31/18 survey DD population over age 22 to understand needs Build discrepancy reserve (endowment) to support cost of higher needs care.

Corrective Actions:
- Coordinate funding across agencies to use funds more efficiently/effectively
- Advocate, lobby, go after more funding
- Assessment of available funding
- Assessment of needs of over 22 DD population

| **Collaborators:**
• Community mental health board
• Agencies that work with people with Development Disabilities
• River Forest Township/Mental Health Committee, Suburban Access | **Evaluation Plan:**
• Assess needs
• Assess capacity (funding and providers)
• Assess gaps (cannot supplement Medicaid)
• Develop specialized services at the impact objective level |

Behavioral Health Meeting #2-Summary- June 27, 2017

Attendees: Maureen McCarthy, Sue Warwik, Rachel Wood, Florence Miller, Sandra Montes, Mike Charley, Anita Pindiur, Gail Shelton, Lisa DeVivo, Midge Ruhl, Rob Simmons, Carla Beatrici, Michael Zakalik, Anthony Ambrose, John Meister, Laura Palmer, Christopher Fox, Tom Ebsen, Karen Boozell, Megan Salisbury, Carey Carlock, Pamela Mahn, Matt Quinn, Cara Pavlicek, Vicki Scaman, Kelly O'Connor, Anna Padron Sikora, Gavin Morgan, Candice Martin, Carla Sloan, Avis Rudner

Purpose and Desired Outcomes: Identify barriers and resources, objectives, corrective actions, potential collaborators, and evaluation plan.

Activities:

Facilitators from LHF worked with the group to solicit ideas for an outcome objectives for each problem, and explained the impact objectives, process objectives, and corrective actions. Breakout groups then completed the objectives grid for each prioritized contributing factor.

Outcomes:

Problem 1: Under-Addressed Behavioral Health Needs	Outcome Objective: 95% of Oak Park and River Forest residents with behavioral health needs will have their needs met by 2030.
Risk Factor 1a: Under-utilization of existing behavioral health services	**Impact Objective:** • Increase provider screenings by 25% by 2020 in non-traditional settings such as schools, primary care, and emergency departments. • Increase provider collaboration (inter-agency referrals) by 2020, as reported by utilization from Network of Care site
Contributing Factors: • Difficulty navigating the behavioral health system (especially for seniors) • Lack of screening in point-of-entry settings (primary care, ER staff, etc.)	**Process Objective:** • Research gap analysis to determine barriers to screenings • Find appropriate tools (common, community-wide, OP/RF) or standardized package • Develop application for funds to pay for real time capacity of area mental health providers
Strategies: • Parent education • Provider trainings-identify barriers • Determine point-of-entry • Community Awareness-Holistic wellness (not stigmatized) • Additional utilization of Network or Care	
Collaborators: • Primary care • Schools • Hospitals • Existing mental health agencies • Faith-based organizations	**Evaluation Plan:** • Use CMHB data-number of successful linkages to care • Use Network of care for agencies to populate real time numbers for capacity and service provision

- Agencies focused on vulnerable populations (e.g. homeless, etc.) - Township Senior Services - First Responders (police, fire, paramedics)	
Risk Factor 1b: Lack of available behavioral health services	**Impact Objective**: - Increase funding to existing agencies - Increase psycho-educational groups - More focused funding to existing agencies - Partnerships
Contributing Factors: - Funding gaps (types of services and providers) and cost of services - Inadequate diversity of providers and cultural competency training - Capacity/provider shortage	**Process Objective**: - MD collaborations with mental health professionals - Cultural competency trainings for staff within each agency, use train the trainer model. Could use Social workers/care coordinators as trainers - Partner with universities to address capacity/provider shortages.
Corrective Actions: - Loan repayment: $ for year of service, partnership with National Healthcare Service Corps (NHSC) - Incentives for licensure, leadership, job diversity via partnerships - More trainees, students, interns	
Collaborators: - Physicians, Nurses, Advance Practice Providers - Agencies - Social Workers - Care Coordinators - Organizations that train on cultural competency - PCC Wellness training on sexual orientation - Universities	**Evaluation Plan:** - Track number of people trained in cultural competency-aim to increase - Measure if things change at an agency level after these trainings

Problem 2: Youth Alcohol and Substance Abuse	**Outcome Objective: Reduce underage drinking and substance use to consistently below state average by 2030.**
Risk Factor 2a: Social Norms	**Impact Objective:** By 2030: - Increase perception of harm - Reduce perception of peer use - Reduce perception of "coolness" according to IYS data 2016
Contributing Factors:	**Process Objective:** Meet campaign goals (from IYS)

• Parent support and education (attitudes, behaviors, coping mechanisms, etc.) • Lower perceived risk of marijuana for a variety of reasons	• Number of different messages for communication • # of people reached via campaigns • Hold 5 Parent Cafes by… • Day in Our Village

Strategies:
- Communication campaigns (adults, parents, youth) i.e. Parent educational forums, timely events (prom, graduation, etc.)
- Community policy and education

Collaborators:	**Evaluation Plan:**
• Schools • Parents • NAMI (for education) • Success of all youth community foundation • Churches and faith communities, • IMPACT Coalition • YMCA • Liquor Boards • I-Search (RF) • Police/Villages • Townships • Other leaders (Kiwanis, Rotary, etc.) • Positive Youth Workgroup (prevention grant for underage alcohol use)	• Number of people attending education sessions, parent cafes, etc. • Number of people reached through campaigns • Number of NAMI presentations • All evidence-based curriculum • Pre and post tests

Risk Factor 2b: Lack of mental wellness	**Impact Objective:**
	By 2020:
	    • Increase education of mental health symptoms and risk factors
	    • Increase awareness and knowledge of services and resources
	    • Identify underserved populations

Contributing Factors:
    • Stigma
    • Lack of outreach and awareness of support services to specific youth populations
	Process Objective:
	    • Create culturally competent programs, number of classes and individuals served
	    • Increase number of community partners across sectors
	    • Conduct market research to identify appropriate paths of communication and reach underserved populations
	    • Focus groups

Strategies:
- Prevention education, including parental involvement
- Social Norms campaign
- Resource fairs, parent forums
- Education related to effective parenting

Collaborators:	Evaluation Plan:
• Schools • Parents • NAMI • Faith-based communities • Oak Park Community Mental Health Board • River Forest Township/Mental health committee • Mental health agencies	•

Problem 3: Illicit Opioid Abuse	Outcome Objective: Maintain or reduce OP and RF resident opioid use levels by 2030 (using 2016 baseline data)
Risk Factor: Availability of illicit opioids	**Impact Objective:** By 2022 establish reporting systems for illicit opioid availability within OP and RF.
Contributing Factors: • Awareness (of consequences, of not sharing prescriptions, treatment options)	**Process Objective:** • By 2020, develop coordinated communication campaign on opioids overuse with all OP/RF agencies to address contributing factors
Strategies: • Identify and collect data on opioid overdose • Data sharing agreement with hospitals/state • Education about safe disposal • Advocate for adopting CDC guidelines for opioid prescriptions • Coordinated referral/treatment	
Collaborators: • Hospitals • Village and township • Police and Fire Dept. • Treatment providers • First responders • Hospital ER • High schools and school districts • Positive Youth Workgroup (if comprehensive Substance prevention grant awarded) • IMPACT • Faith-based communities	**Evaluation Plan:** • IDPH-syndromic surveillance data from hospitals • Emergency overdose data from Fire Dept.- providing monthly reports • Uniform Crime Data reporting, for minors there are limitations-mostly aggregate data. • Work with someone who understands data for surveillance data-capstone projects with UIC, Dominican Social work. • Focus on overdoses by residents

Identify Assets and Barriers

During a break, participants added to a list of assets and barriers in the community.

Outcomes:

Assets:

- Local schools/universities
- Library
- Way Back Inn
- NAMI
- Riveredge Hospital
- Pillars
- West Cook YMCA
- Thrive
- SmartLove
- Doctors/Hospitals
- Parent Groups
- Suicide Prevention Education Task Force
- Community of Churches
- CIT Training
- Oak Park Community Mental Health Board
- Thresholds
- Park Districts
- Police/Fire
- Community Policing
- School Resource Officers
- Network of Care
- Oak Park-River Forest Community Foundation
- Presence Health
- Rosecrance
- New Moms
- PCC Community Wellness (primary care, BH, and Psych)
- Housing Forward
- Mental Health First Aid Trainer
- River Forest Township/ Mental Health Committee

Barriers:

- Permissive Community Norms
- Education
- Lack of Community Mental Health Center (facility)
- Avoiding blame
- Lack of technology to access information
- Avoidance/defensiveness
- Lack of awareness of resources
- Closures and decrease in community mental health and psychiatrists
- Services for all, regardless of race, ethnicity, poverty, religion, intact family, etc.
- Access from affluence
- Transportation-accessibility
- Understanding current provider availability
- Lack of prevention/early intervention in middle/high schools
- Stigma
- Competing agendas
- Lack of psychiatrists willing to treat those with Medicaid
- Access to meds

Physical Health Meeting #2 Summary-June 28, 2017

Attendees: Rachel Wood, Theresa Havalad, Mike Charley, Carla Sloan, Maureen McCarthy, Ed Condon, Cathleen Roach, Pamela Mahn, Florence Miller, Kiran Joshi, Bertha Magana, Amy O'Rourke, Denise Wienand, Elizabeth Chadri, Anna Padron Sikora, Mike Carmody

Purpose and Desired Outcomes: Identify barriers and resources, objectives, corrective actions, potential collaborators, and evaluation plan.

Activities:

Facilitators from LHF worked with the group to solicit ideas for an outcome objectives for each problem, and explained the impact objectives, process objectives, and corrective actions. Breakout groups then completed the objectives grid for each prioritized contributing factor.

Outcomes:

Problem 1: Obesity Prevalence	Outcome Objective: By 2030, the Oak Park and River Forest child and adult obesity rates will be below Healthy People 2030 goals.
Risk Factor 1a: Physical Inactivity and sedentary lifestyle	**Impact Objective***: • X # of participants participate in summer fit tracking program (similar to library summer reading program) • Identify those that are homebound, and modify exercises for them
Contributing Factors: • Awareness of importance of physical activity • Convenience/ease of physical activity (classes, outdoor safety, etc.)	**Process Objective***: • Outreach classes geared toward seniors/offices/ moms (agencies could take turns) • Exercise based with leave-behinds for folks to continue on their own • Passport program
Strategies: • Develop a method of sharing opportunities • Walking/biking groups • Exercise program similar to Summer reading program	
Collaborators: • Hephzibah • YMCA • New Moms Club • Chamber (employee wellness)- yearly health fair • OP Township Senior Services • Assisted Care Facilities • Park Districts • River Forest Community Center	**Evaluation Plan:** • Number of classes offered • Participation rates • Evaluate classes based on age and other categories • Could get private health club data? • Evaluate path and resources for River Forest engagement

• Early Childhood Collaboration • Township Senior Services	
Risk Factor 1b: Unhealthy diets	**Impact Objective**: • By 2021 increase the number of servings of fruits and vegetables as measured by: Community survey, IYS, and the Nutrition Risk Assessment (seniors)
Contributing Factors: • Increased accessibility of nutritious foods (cost, availability) • Changes in dietary habits (due to mental health, physical changes, medications, etc.)	**Process Objective**: By 2019 expand outreach by 25% by: • Improving/implementing data collection for OP and RF schools, • Increase collaboration with partner organizations for education/programming for vulnerable populations
Strategies: • Fruit of the week tasting • Community garden • Workplace wellness policies and practices • Linkage and coordination between community-based organizations • River Forest Farmers Market • Early childhood education-get parents involved as well • Possible adoption/implementation of CDC's Whole School/Whole Community/Whole Child model • Subsidize vending machines for health options	
Collaborators: • Early Childhood Education • Farmer's Markets • Senior Services • Schools • River Forest schools-data collection • Villages • Township Senior Services	**Evaluation Plan:** • River Forest-obesity data collection • Evaluate path and resources for River Forest engagement

Problem 2: Chronic Disease	**Outcome Objective: By 2030, mortality rates for diabetes, cardiovascular disease, breast cancer, cervical cancer, colorectal cancer, and pediatric asthma hospitalizations will be reduced to below Health People 2030 goals.**
Risk Factor 2a: Exposure to tobacco products (including 2nd and 3rd hand smoke)	**Impact Objective:** By 2030: • By December 2022, decrease youth and adult tobacco use by 10% as measured by IYS, BRFSS data, and informed by a community survey. • By December 2022, decrease the use of e-cigarettes among youth and adults by 10% as measured by IYS.

Contributing Factors:	Process Objective:
• Mental Health (stress, substance use and ending substance use) • Access (limit access to tobacco, increase access to cessation resources)	• By 2019, organizations will be trained to provide easily accessible cessation programs with implementation in both Oak Park and River Forest • By 2019 communication strategies will be developed to address tobacco use and smoke-free policies

Strategies:
- Advocate for smoke-free multi-family housing
- Active enforcement of tobacco sales laws/ordinances
- Advocate for stronger state-level legislation regarding purchase age, smoke free environments, and local authority to tax tobacco products
- Point-of-Sale strategies (flavored tobacco restrictions, restrictions on price discounting, etc.)
- Develop partnerships with retailers to explore voluntary sales restrictions to young adults
- Expand cessation programs through funding and access

Collaborators:	Evaluation Plan:
• Illinois Tobacco Free Communities (IDPH) • Illinois Coalition Against Tobacco (ICAT) partners (RHA, ACS, AHA, ALA, AAP) • Multi-family properties • Researchers • Schools • Villages • Townships	• Illinois Youth Survey Data • Village of Oak Park Multi-family Housing Smoke-Free Data • School Discharge Data • Evaluate path and resources for River Forest engagement

Risk Factor 2b: Un-controlled co-morbidities	Impact Objective:
	• By 2021 increase screening for breast, cervical and colorectal cancer by 5% • By 2021, increase diabetes screening by 5% • By 2021, decrease number of kids sent home from school and emergency calls related to asthma by 5%

Contributing Factors:	Process Objective:
• Lack of knowledge regarding system navigation (health literacy, insurance and community resources) • Lack of knowledge of impo0rtance of primary care and disease self-management	• By December 2018, develop online resource directory related to chronic disease/primary care/cancer screening and prevention education. • By December 2019 hold 8 education programs regarding the management of chronic disease • By Fall 2019, develop and implement asthma education program for school faculty and staff in elementary, junior high and high school (goal-reach 90% of faculty/staff)

Strategies:
- Online resource directory
- education programs
- asthma education program for faculty and staff, reach 90% of faculty and staff

• Staff and faculty required to be trained in asthma evaluate with pre and post tests	
Collaborators:	**Evaluation Plan:**
• Hospitals • Primary care • Community organizations • EMS • Orgs that hold events or fairs would have someone there that talks about prevention • Park district	• Collaborators will determine a way to measure progress for screenings for Oak Park and River Forest • Evaluate CDC prevalence data for diabetes, using existing 2013 data as a baseline. • Pre and post tests for asthma education program • Evaluate path and resources for River Forest engagement

Identify Assets and Barriers

Assets

- Park District fitness classes
- Oak Park Public Health Department
- Rush Oak Park Hospital
- West Suburban Hospital
- YMCA
- Strong Schools
- Tobacco 21 policy
- Township Senior Services

- Faith-based organizations and churches
- Concordia
- Dominican
- Village policies/ordinances
- Respiratory Health Association
- River Forest Community Center

Barriers:

- Turnover
- Inequitable conditions for residents
- DHS application and processing process

- Available data sources for benchmarking
- Community Resources/Collaboration

Appendix C: Community Health Committee Stakeholders List

The following individuals participated in the All Stakeholder and/or Committee meetings:

- Alexis Witkowski, OP and RF Infant Welfare Society aka "Children's Clinic"
- Amber Grzeda, UCP Seguin
- Amy Hill, OPRFHS D200
- Amy O'Rourke, Respiratory Health Association
- Anita Pindiur, The Way Back Inn
- Anna Padron Sikora, Pillars
- Village of Oak Park Police Department
- Avis Rudner, River Forest Township
- Bertha Magana, Oak-Leyden Developmental Services
- Betsy Rogers, Housing Forward
- Bianca Ingwersen, Oak Park Township
- Bill Wallace, Thrive Counseling Center
- Candice Martin, TASC
- Cara Pavlicek, Village of Oak Park
- Carey Carlock, River Edge Hospital
- Carla Beatrici, Smart Love
- Carla Sloan, River Forest Township
- Carol Gall, Sarah's Inn
- Carol Kelley, School District 97
- Carolyn Newberry-Schwartz, Collaboration for Early Childhood
- Cathleen Roach, River Forest Township
- Celeste Duignan, Oak Park Township
- Christopher Fox, Thrive Counseling Center
- Colette Lueck, JCMHP
- Colleen Madej , PACTT Learning Center
- Cynthia Fisch, Rush Oak Park Hospital
- Debra Howard-Frye, Thresholds
- Denise Wienand, Rush Oak Park Hospital
- Diane Farina-White, Community Support Services

- Kimberly Knake, NAMI
- Kiran Joshi, Cook County Dept of Public Health
- LaTonya Roberson, UCP Seguin
- Laura Gonzalez, UCP Seguin
- Laura Olszewski, West Cook YMCA
- Laura Palmer, Thrive Counseling Center
- Linda Francis, Success of All Youth (Foundation)
- Lisa DeVivo, Oak Park Community Mental Health Board
- Lori Opiela, UCP Seguin
- Louise Corzine, Arbor West Neighbors
- Lucy Flores, PCC Wellness Center
- Lynda Schueler, Housing Forward
- Lynn Hopkins, PCC Wellness Center
- Maria Cardenas, Chicago Health Medical Group
- Marianne Birko, West Suburban Special Recreation Association
- Marta Alvarado, Westlake Hospital
- Mary Egan, Rosecrance
- Matt Quinn, Rosecrance
- Maureen McCarthy, Oak Park Park District
- Megan Salisbury, Oak Park Township Senior Services
- Michael Zakalik, Smart Love
- Midge Ruhl, Oak Park Community Mental Health Board
- Mike Carmody, Opportunity Knocks
- Mike Charley, Oak Park Public Health Department
- Mike Padavic, School District 97
- Nikki Paplaczyk, MENTA
- Noreen Powers, Trinity High School
- Pamela Mahn, Oak Park Township Senior Services
- Rachel Wood, Oak-Leyden Developmental Services

- Ed Condon, School District 90 (River Forest) and OP and RF Rotary
- Elizabeth Chadri, Oak Park-River Forest Community Foundation
- Elizabeth Stewart, Pillars
- Felicia Owens, Smart Love
- Florence Miller, Oak Park Board of Health

- Gail Shelton, Parenthesis Family Center
- Gavin Morgan, Oak Park Township
- James Conyers, Oak-Leyden Developmental Services
- Jeanne Griffin, West Suburban Medical Center
- Jennifer Doyle, Riverdale
- Jenny Kraak, West Cook YMCA
- Jim Haptonstahl, UCP Seguin
- John Meister, Thrive Counseling Center

- Karen Boozell, District 90 Director of Special Education
- Kelli Bosak, PCC Wellness Center
- Kelly O'Connor, IMPACT

- Rahel Woldemichael, Village of Oak Park
- Rob Simmons, Oak Park Public Library
- Rory Conran, MENTA
- Sandra Montes, PCC Wellness Center
- Shannon Ellison, Collaboration for Early Childhood
- Shaun Lane, Hephzibah
- Sue Quinn, River Forest Public Library
- Sue Warwik, Presence Health
- Tammie Grossman, Village of Oak Park
- Terry Herbstritt, PACTT
- Theresa Havalad, Rush Oak Park Hospital
- Tom Ebsen, Village of Oak Park Fire Dept
- Tony Barrett, Oak-Leyden Developmental Services
- Vanessa Matheny, Oak Park Community Mental Health Board
- Vicki Scaman, Oak Park Township

Appendix D: Initial List of Problems from Data

Initial List of 15 Identified Health Problems

Community Health

- Access to adequate health (and dental) care
- Obesity prevalence (adult and pediatric)
- Diabetes prevalence and mortality
- Cardiovascular disease mortality
- Asthma prevalence
- Access to cancer screenings
- Colorectal cancer mortality
- Low birth weight incidence
- Influenza prevention and mortality
- Linguistically isolated population

Behavioral Health

- Youth alcohol and substance abuse
- Access to mental and behavioral health for all ages
- Access to mental and behavioral health for minority populations

Developmental Disability

- Access to services for persons with DD over the age of 22
- Aging caretakers of persons with DD

Appendix E: Organizational Capacity Assessment: Analysis of Organizational Strengths

ANALYSIS OF ORGANIZATIONAL <u>STRENGTHS</u>
WORKSHEET

Indicators	Defnition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
I. Indicators for Authority to Operate		
A. Legal Authority		
1. The Health Department has clear authority to act as a law enforcement office for public health problems.	Authority identified in VOP municipal code (20-1-6), by state statutes for local certified health departments.	
2. The Health Department has authority to develop and introduce local regulations when needed.	Authority identified in VOP municipal code (20-1-6), by state statutes for local certified health departments.	
5. The health department exercises authorities delegated to it by the state or federal government.	Authority by state statutes; Identified also in LHP grant rules. Grant Agreements	
B. Intergovernmental Relations		
2. At least biennially, the health department reviews and discusses its formal relationship with the state health authority to identify problems, propose solutions and look for areas for further improvement.	The Health Department maintains approximately 8 State of Illinois grants that are reviewed annually.	
4. Units of government within the jurisdiction of the health department are represented on a committee, subcommittee or other body advisory to the local health department.	On the positive note, we have a BOH. The BOH will occassionally invite other government and other public health organizations to participate in BOH meetings. The Health Department has also been invited to participate in YMCA strategic planning and to work on the Townships Strategic planning team for reducing youth alcohol consumption. In addition, the Health Department invites all community stakeholders into their IPLAN process as stakeholders. The stakeholders do serve in an advisory capacity to the Health Department.	
5. The health department is regularly consulted by the local elected officials about aspects of local policy related to health issues.	The HD has been consulted in the past on beekeeping; H1H1 policy; the impact of handguns; West Nile prevention. Staff sit on the PRT and BIC.	
7. The director or a representative communicates appropriately and regularly with the Village Board who represent the Village the health department serves.	The director meets with the Village Board when necessary.	
8. The health department is regularly consulted by the local schools when setting health policy.	The HD has been consulted on H1N1; communicable disease; substance abuse prevention; pregnancy prevention; and food protection.	

Indicators	Defnition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
9. The health department has a formal and productive working relationship with the state health authority.	We are a delegate agency for CD, Food, Childhood Lead, Body Art, etc. The HD receive s grant funding for LHP, ITFC, FCM, TPP, WNV; Body Art; Tanning. Regularly consults on STD; Lead' air quality; vector control	
C. Legal Counsel		
1. The health department has legal counsel sufficient to provide advice as needed on administrative practices; department powers, duties, policies and procedures; relevant laws and ordinances; contracts; and other legal matters.	Legal staff assist with agreements and contracts; changes in Village code including bees, Animal Control; Environmental health fees; isolation and quarantine; adjudication; citations; fines' FOIA requests; consultations on local ordinance violations	
2. The health department maintains a current file or library of all relevant federal, state and local statutes and regulations.	The HD has access to the VOP code; LHP grant rules; Administrative rules for LHDs; State Food Code; CD Rules and Regs; Lead Poisoning Act & Code; Body Art Codes; Animal Control and Animal Welfare Act, Day Care Licensing Standards.	
3. At least biennially, the director and the management staff of the health department review with legal counsel the specific authorities of the department to operate public health programs and to enforce public health laws, ordinances and regulations; as well as the specific responsibilities in these entail	Ordinances should be reviewed and if applicable updated.	
b. The director and management staff of the health department continuously maintain documentation of the scope of the department's powers to adopt its own regulations and the specific responsibilities these entail.	This is primarily a Law Department function.	
II. Indicators for Community Relations		
A. Constituency Development		
1. The health department has a system that actively involves individuals and groups affected by its planning of services, its methods of service delivery and its service results.	IPLAN, BOH, more collaboration between IPLAN meetings	
2. At least every five years, the health department actively involves all key individuals and organizations within its jurisdiction that might be engaged in public health related activities to determine their goals and perceptions of their roles, authorities and needs including:	IPLAN process, every 5 years	
a. Units of local government with authority within the jurisdiction of the health department, including the governmental unit from which the department derives its basic authority.	Invited are the Board of Trustees; Commission members; Village Manager's Office; OP Township; Schools; Parks.	

Indicators	Defnition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
b. The general public of the community, at least through some form of community health committee or representation on an advisory board	Board of Health	
c. Interest groups, such as environmental protection and conservation groups, local business organizations, the local medical and dental societies, religious organizations, an other key organizations in the community.	Invited religious community to partcipate in IPLAN. Regularly interact with churches with Emergency Preparedness.	
d. Representatives from hospitals, community centers, the Visiting Nurse Association, and other health and human service agencies.	IPLAN process, every 5 years	
e. Educational Institutions, such as university schools of public health, medicine and nursing; colleges private schools, and local school districts.	IPLAN process, every 5 years	
3. The health department cooperates and collaborates with other community agencies that have similar or overlapping missions.	Collaborated on most recent IPLAN with Mental Health Board of Oak Park Township & River Forest Mental Health Committee. Collaborating with CCDPH and IPHI on WNV, CD; NIPHC on Emergency response and CD Control; PCC on health services; CEDA WIC with FCM; Township Senior Services', Thrive Mental Health Center, Collaboration for Early Childhood.	
4. The health department cooperates and collaborates with other agencies that deliver similar programs in the same service area.	Collaborated on most recent IPLAN with Mental Health Board of Oak Park Township & River Forest Mental Health Committee. Collaborating with CCDPH and IPHI on WNV, CD; NIPHC on Emergency response and CD Control; PCC on health services; CEDA WIC with FCM; Township Senior Services', Thrive Mental Health Center, Collaboration for Early Childhood.	
5. The health department has formed a citizens' or community committee or has established another formal method of involving the people it serves in the identification of community health problems and the development of a community health plan.	IPLAN Stakeholder Committee	
6. The health department has established mechanisms to guide and ensure active and cooperative relationships with community and professional groups	Emailed 'health alerts' to MD community, Infection Control; Schools and social service agencies.	
7. Health department staff are aware of relevant programs, policies and priorities of the federal Department of Health and Human Services (HHS), Environmental Protection Agency (EPA) and other federal agencies.	The health department regularly reviews federal codes and rules as they pertain to the Village of Oak Park.	
8. The health department has a physician health officer, medical adviser or consultant to assist in maintaining relationships with the private medical community.	Dr. Luning, PCC Wellness Center, Medical Director.	
B. Constituency Education		

Indicators	Defnitition of Stregh & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
1. The health department has a documented plan for informing the public above the current health status of the community	Programmatic: WNV; Foodborne Illness communication plans. Also, the Health Department web page; FYI, print and online; Press releases, as needed; I-PLAN and annual reports posted on the website.	
2. The local media looks to the health department as a source of information about the health of the community.	Regularly contacted by the Wednesday Journal and Oak Leaves.	
3. The health department regularly provides background information and news information to the media.	Information posted on website	
5. Professional staff members of the health department participate in or serve on councils, boards or committees of public-health-related organizations at the state of local level.	IEHA, Interact with IDPH, IDHS, Cook County monthly meetings.	
6. The health department has current mailing list (no older than 1 year) of the directors, chairs and other officials of all citizen groups, service organizations, health care professional organizations, business groups and other community groups in its jurisdiction.	Mailing lists are managed and updated by the Emergency Response Manager	
7. The health department has a means of regular public communication, such as regular newsletter of column in a community newspaper.	Through Village vehicles including the FYI, website, Breaking News, E-News	
8. The health department makes its own information systems and databases available to interested community groups for their health-related activities.	I-PLAN and annual reports are on-line. HD has responded to citizens requests for information, directly.	
9. The health department has an established program for community volunteers and student interns in department programs.	Health Department hires Environmental Health Intern annually. In past has hosted nursing students. Students regularly attend BOH meetings.	
10. The health department widely disseminates reports regarding public health issues to the community.	The Health Department disseminates information WNV, Rabies/Dog Bites, emergency preparedness.	
C. Documentation		
1. The health department maintains files documenting relations and communications with other organizations related to public health.	Blast emails to MDs; recalls; all are archived.	
2. The health department maintains current information on the needs of health-related organizations.	IPLAN process encourages participation from all health-related organizations and encourages them to share their needs for IPLAN priority setting.	
3. In all cases in which a potential duplication of significant public health activities might exist between the health department and another local organization the director has established a written agreement with the executive officer or board of that organization clarifying functional relationships and identifying areas of collaboration.	We have an agreement with the Collaboration for Early Childhood with the Family Case Management Program (case referrals). The health department doesn't duplicate servcies with other agencies.	
III. Indicators for Community Health Assessment		

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
A. Mission & Role		
1. The health department has a clear and concrete mission statement that all staff are capable of stating and explaining in relation to duties.	Statement is written and has been posted.	
2. The health department has established a process for community health assessment and the development of a community health plan.	IPLAN process	
3. At least every five years, the health department conducts a public review and discussion of its mission and role, its public health goals, its accomplishments, past activities, and plans in relation to community health.	IPLAN process, annual budget document, planning for grants	
4. At least every two years, the health department formally requests all units of government within its jurisdiction to comment on the department's programs, plan and budget.	Units of local government perceived as other Village Departments and Grantors	
6. The health department maintains a current description (no older than two years) of the public health services, programs, and authorities of the Village.	Budget document	
B. Data Collection and Analysis		
1. The health department maintains a database of existing health resources and community health status.	IPLAN, other databases, information on website	
2. The health department receives reports of communicable disease in the community on a daily basis.	I-NEDDS, directly from W. Suburban and OP Hospital and physicians, HIV/Syphilis through confidential US Mail.	
3. The health department has qualified professionals to review and analyze reported morbidity and mortality data.	CD Nurse, Health Director, Paul Luning, M.D. consultant for the Village	
4. Morbidity and mortality data are reviewed and analyzed for appropriate action on a regular schedule.	Every 5 years through the IPLAN process	
6. The health department conducts appropriate statistical analysis of birth and death records and reports these results to the policy board, staff and community on a regular basis.	IPLAN is only time we would look at this information.	
7. The health department conducts or support periodic risk factor surveys to identify community risk factors, their prevalence and interrelationships.	IPLAN Community Survey	
C. Resource Assessment		
1. The health department has joint powers agreements with other units of government in neighboring jurisdictions or within its own jurisdiction of the shared funding and operation of enforcement and service delivery programs where economies of scale and efficiency are possible.	State Delegate and grant agreements, Indirectly Fire and Police (Emergency Preparedness) with other municipalities.	
2. The health department maintains a current roster of qualified health professionals employed by units of government within its jurisdiction for reference in the development of technical study groups, activities, related to professional development, ant other personnel-related purposes.	The Health Department has a list of current qualified personnel. IPLAN.	

Indicators	Defnition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
3. The health department participates in joint efforts to pool training needs with neighboring health agencies.	Partnership with Collaboration for Early Childhood. Routinely provide referrals to other health-related organizations in Oak Park.	
4. The health department has agreements with health related organizations operating programs within hits jurisdiction for sharing staff expertise.	State delegate and grant agreements	
5. The health department annually compiles or updates a listing of health-related information systems and database maintained by community organizations that operate within its jurisdiction.	Really only our databases apply	
6. The health department has an established program for the development of in-kind contributions from private industry, private not-for-profit organizations, churches and other community organizations.	Emergency Response Manager has agreements for us of space from local organizations.	
D. Planning and Development		
1. The health department has staff with education and experience in planning and evaluation.	Health Director & Support Staff	
2. The health department uses health data, including vital records, in its community health planning process.	IPLAN process every 5 years and as needed	
3. The health department has standard, ongoing process to examine internal and external trends, to make forecasts and to systematically develop long term plans for its future.	The Village budget process and the I-PLAN process.	
4. The health department has a published strategic plan that includes the current year.	The Village budget process and the I-PLAN process.	
E. Evaluation and Assurance		
1. The health department monitors program impact indicators on a regular basis.	The Health Department collects data from all programs and evaluates program data at least monthly.	
2. The health department has community health objectives that are timed, limited and measurable.	IPLAN Process includes measurable strategies and goals.	
3. The health department reviews and revises community health programs on the basis of the community health plan.	The Health Department will take the lead on priority areas where Village resources make the Health Department the lead agency. On other issues such as mental health and developmental disabilities the Health Department collaborates with outside organizations.	
IV. Indicators for Public Policy Development		
A. Community Health Assessment and Planning		
1. The health department director assures and facilitates the completion of a community health assessment process.	The IPLAN every 5 years	
2. The health department and the community identify and set priorities for addressing health problems based on the results of the community health assessment.	The IPLAN every 5 years	

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
3. The health department and the community develop a community health plan based on the results of the community health assessment and priority-setting processes.	The IPLAN every 5 years	
4. The health department director and the community involve the policy board in the review and revision, if necessary, of the proposed community health plan.	Board of Health reviews and approves IPLAN. BOH Chair participates in the stakeholder meetings portion of the IPLAN process.	
5. The policy board adopts the community health plan	Board of Health reviews and approves IPLAN. BOH Chair participates in the stakeholder meetings portion of the IPLAN process.	
6. The policy board acts as an advocate on behalf of the health department for allocation of resources needed to implement the community health plan.	Board of Health reviews and approves IPLAN. BOH Chair participates in the stakeholder meetings portion of the IPLAN process.	
7. The policy board monitors the implementation of the community health plan.	The Health Department works collaboratively with the Policy Board. The Director must identify Health Department resource needs and clearly communicate those needs using the IPLAN as a tool. The BOH approves the IPLAN.	
B. Community Health Policy		
1. The policy board obtains information from an established citizens' advisory group and from the health department regarding public policy issues affecting the public.	The Board of Health advises on the Board of Trustees on bees; WNV issues; handgun laws, emergency preparedness.	
2. The policy board identifies any additional public polity issues affecting public health and analyzes those issues.	Village Board of Trustees and the Board of Health analyze public policy issues affecting public health.	
3. The policy board establishes priorities and formulates strategies for action on high priority health policy issues.	Village Board of Trustees and the Board of Health analyze public policy issues affecting public health.	
4. The health department facilitates the formulation of public health policy in the community.	The IPLAN conducted every five years formulates health policy, as well as day-to-day/month-to-month needs of the Village as identified by Staff, the Village Board and the Board of Health.	
5. The policy board and the health department director monitor and evaluate the impact of public policy on specific health concerns	The IPLAN conducted every five years formulates health policy, as well as day-to-day/month-to-month needs of the Village as identified by Staff, the Village Board and the Board of Health.	
6. The policy board advocates changes in public policy to correct the public health problems in the community.	The IPLAN conducted every five years formulates health policy, as well as day-to-day/month-to-month needs of the Village as identified by Staff, the Village Board and the Board of Health.	
C. Public Health Policy and Public Health Issues		

Indicators	Defnition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
1. The local governmental unit collaborates with the policy board and the health department director in developing public polity which may impact public health.	The IPLAN conducted every five years formulates health policy, as well as day-to-day/month-to-month needs of the Village as identified by Staff, the Village Board and the Board of Health.	
2. The elected officials at the local level actively solicit the opinions of the professional staff and/or health department director on scientific issues in policy development.	The IPLAN conducted every five years formulates health policy, as well as day-to-day/month-to-month needs of the Village as identified by Staff, the Village Board and the Board of Health.	
V. Indicators for Assurance of Public Health Services		
A. Public Policy Implementation		
1. The policy board uses its authority to assure necessary services to reach agreed upon goals for its constituents.	Village Board reviews and approves Health Department budget annually.	
2. The policy board assists the health department in utilizing all resources in the community to assure the desired services for all its citizens.	The BOH routinely invites outside organizations to BOH meetings. Village Board approves Health budget and set's policy.	
4. The health department assures and implements legislative mandates and statutory responsibilities.	Services are provided directly or through agreements with vendors/grantors; follow the certified local health department grant rules.	
5. The health department maintains a level of service without interruption to avoid crises affecting the health of the community.	Staff are on-call and available to respond to emergencies 24 hours/day.	
B. Personal Health Services		
2. The health department seeks to assure that all citizens receive the level of personal health services referred to in B1 above, regardless of their ability to pay.	The HD assists residents with enrollment in Healthcare; All Kids; Family Case Management; WIC. Refers to PCC; Children's Clinic; refer parents and children to Collaboration for Early Childhood.	
4. The health department provides the services necessary to assure a clean, safe and secure environment in the community.	Food protection, CD Surveillance. Childhood Lead - We do these programs well.	
C. Involvement of Community in the Public Health Delivery System		
3. The policy board and the health department director assure health protection and health promotion services utilizing community-based organizations.	The HD assists residents with enrollment in Healthcare; All Kids; Family Case Management; WIC. Refers to PCC; Children's Clinic; refer parents and children to Collaboration for Early Childhood.	
VI. Indicators for Financial Management		
A. Budget Development and Authorization		

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
1. A department budget is adopted annually by the policy board.	The Village has an annual budget process. The Health Department works closely with a centralized Finance Department when preparing and submitting the annual budget which includes General Fund, Grant and Farmers' Market expenditures and revenue	
2. A budget accurately reflects the priorities established in the organizational action plan.	The Village has an annual budget process. The Health Department works closely with a centralized Finance Department when preparing and submitting the annual budget which includes General Fund, Grant and Farmers' Market expenditures and revenue	
3. Budget justifications reflect health department programs and health problems within its jurisdictions.	The Health Department provides for the core programs for a certified health department. Additional grant funded programs are also provided. The Village Manager and Village Board review and approve all Health Department budget expenditures.	
4. Professional or community groups help the health department present and justify its budget.	Through the IPLAN process, partnerships with outside organizations such as PCC, IDPH, Cook County, IDHS	
5. Health department management staff are involved in developing the proposed budget.	The Village has an annual budget process. The Health Department works closely with a centralized Finance Department when preparing and submitting the annual budget which includes General Fund, Grant and Farmers' Market expenditures and revenue	
6. The health department receives locally assessed tax funds from the unit of government to which it is responsible.	The Village has an annual budget process. The Health Department works closely with a centralized Finance Department when preparing and submitting the annual budget which includes General Fund, Grant and Farmers' Market expenditures and revenue	
7. The health department has the authority to recommend and charge fees for the services it provides.	The Village has an annual budget process. The Health Department works closely with a centralized Finance Department when preparing and submitting the annual budget which includes General Fund, Grant and Farmers' Market expenditures and revenue	
8. The health department has an adequate contingency fund for dealing with public health emergencies.	The Village supports the Health Department through tax dollars. The Health Department has grants with State agencies that may be used in times of emergencies (PHEP, CRI-Ebola)	
B. Financial Planning and Financial Resource Development		

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
1. The health department has a predictable source of funds to allow the development and implementation of a long range plan (minimum 5 years).	General Fund monies for core PH programs. Food protection, rats, animal control, farmers' market	
2. The health department has a financial management capacity that provides for securing funding for, or the orderly phasing out of, discretionary programs, for which funds are not available.		
4. The health department maintains or has access to a foundation directory and other information about sources of public and private funding for public health activities.	State grant program databases	
5. The health department has a current description of state and federal funding sources available to it and to organizations within its jurisdiction.	The health department can access lists of grants through government websites.	
7. The health department has staff skilled in writing successful grant applications.	The Health Director, Emergency Preparedness Coordinator and Grant Coordinator.	
C. Financial Reporting and Financial Management		
1. Expenditures follow the budget and financial plan of the health department.	The Health Department has access to BS&A and keeps a shadow system to track expenditures and revenues for both the general fund and grants.	
2. A description of the health department financial management system is a part of orientation for new policy board members.	The Village Board is responsible for all budgeting review and approval.	
3. Financial reports are understood by polity board members and administrative and supervisory staff.	Staff receive regular financial reports and have a good relationship with the Finance Department	
4. The financial position of the health department is routinely reviewed by the policy board and the administrative and supervisory staff.	A Finance Committee of the Village Board regularly reviews the financial position of all departments	
5. An administrative officer or finance director is designated by the policy board to oversee all finances of the health department, including meeting all legal financial documents, adherence to department fiscal policies, and reporting to the policy board regular on financial matters.	The Finance Director oversees all finances	
6. The policy board and staff understand their legal accountability and liability, as well as their general responsibility to the public for wise financial management.	The Village is required to issue annually a report of its financial position and activity presented in conformance with generally-accepted accounting principles (GAAP) and audited in accordance with generally accepted auditing standards by an independent firm of certified public accountants (CPA).	
D. Audit		

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
1. The health department has an independent, outside, annual financial and performance audit which conforms with the requirements stipulated by the general accounting principles.	The Village is required to issue annually a report of its financial position and activity presented in conformance with generally-accepted accounting principles (GAAP) and audited in accordance with generally accepted auditing standards by an independent firm of certified public accountants (CPA).	
2. The annual audit is reviewed and clearly understood by the policy board and key department staff.	The audits are reviewed by the Village Board of Trustees, the Finance Director and is available for review by the Director and Grants Coordinator.	
E. Documentation		
1. A written standard budget development and review procedure is authorized by the policy board, and is available to staff and the public.	The health department must follow clear rules and procedures with developing and submitting a budget.	
2. Appropriate journals, ledgers, registers and financial reports are kept, using generally accepted accounting procedures.	The Finance and Health Department utilize generally Accepted accounting procedures.	
3. Copies of the health department annual financial audit area available to policy board members, department staff and the public.	The audits are reviewed by the Village Board of Trustees, the Finance Director and is available for review by the Director and Grants Coordinator.	
4. A written procedure for participating in state and federal grants, and public and private foundation funding awards, is authorized by the policy board and available to department staff and the public.	The Health Department follows the written procedures from grantors' Notice of Funding Opportunities and application directions. Grant application and execution is authorized by the Village Board of Trustees.	
VII. Indicators for Personnel Management		
A. Policy Development and Authorization		
1. A written job description, including minimum qualifications, exists for each position in the health department.	Human Resources has job descriptions on file.	
2. Written personnel policies and procedures are developed or revised with staff input.	The Village has written personnel policies.	
3. Personnel recruitment, selection and appointment procedures are documented	The Human Resources Department maintains records.	
5. if labor unions represent department staff, there is an established working relationship and labor contract between the health department policy board and each respective labor union.	SEIU union agreement with Village. Four health department staff are SEIU members.	
6. Both the policy board and senior management of the health department have input into any labor union contract negotiations.	The Board of Trustees and senior management are able to provide input into contract negotiations.	

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
7. There is a documented procedure, authorized by the policy board and developed with input from senior management of the health department and staff where appropriate, for employee grievances, reprimands, suspensions and dismissals.	Disciplinary procedures are documented in the SEIU Agreement and the VOP Personnel handbook	
8. There is a documented, structured salary administration plan that is authorized by the policy board and that is designed to attract and retain competent staff.	There is a plan in place that is managed by Human Resources and the Finance Departments.	
B. Personnel Administration and Reporting		
1. The health department director is responsible for internal administration of the department.	The Health Department follows the policy and procedures of the Village's Human Resources in selecting and evaluating staff and in managing personnel records.	
3. Written staff performance appraisals area conducted by supervisors with employees at established intervals.	The Health Department follows the policy and procedures of the Village's Human Resources in selecting and evaluating staff and in managing personnel records.	
4. The performance appraisal system is monitored by the health department director.	The Health Department follows the policy and procedures of the Village's Human Resources in selecting and evaluating staff and in managing personnel records.	
5. Union contract provisions are administered in a well-coordinated manner with documented provisions for non-union employees.	The Health Department follows the policy and procedures of the Village's Human Resources in selecting and evaluating staff and in managing personnel records.	
6. Health department announcements and program information are distributed to all employees via a standard mechanism.	The Health Department follows the policy and procedures of the Village's Human Resources in selecting and evaluating staff and in managing personnel records.	
7. There are regularly scheduled meeting by work group, work site, division and department.	The Health Department follows the policy and procedures of the Village's Human Resources in selecting and evaluating staff and in managing personnel records.	
9. the health department director selects qualified individuals as staff for the department.	The Health Department follows the policy and procedures of the Village's Human Resources in selecting and evaluating staff and in managing personnel records.	
10. The health department provides appropriate credentialed for all personnel records.	The Health Department follows the policy and procedures of the Village's Human Resources in selecting and evaluating staff and in managing personnel records.	
C. Staffing Plan and Development		
1. Staffing patterns and levels match policy board authorized programs and services and current levels of demand for services.	Staffing id determined by the Director based upon programmatic needs.	
2. The health department has a written plan or policy regarding staff recruitment, selection, development and retention.	Human Resources.	

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
3. All employees have structured, routine, group opportunities to discuss program methods and procedures, current levels of demand for services, and quality of work issues with their respective supervisors.	The Director meets with staff regularly.	
4. The health department staff have access to training provided by the state health authority in areas relevant to local health departments.	Health department staff participate in state training regularly.	
5. The health department has access to staff development resources of a school of public health or of other relevant educational institutions.	Health will contact local universities when positions open up. Health markets open positions to universities.	
6. The health department has clearly expressed its staff development needs to school of public health or to other educational institutions.	Health will contact local universities when positions open up. Health markets open positions to universities.	
7. The health department uses volunteers to support programs where possible, and manages its volunteer program through clearly defined policies and procedures.	Medical Reserve Corp, CERT Team, Board of Health	
8. There are adequate provisions for liability insurance protection for the department board members, staff and volunteers.	Law Department, VMO maintain provisions for insurance	
9. The health department has documented staff development program, monitored by the department director, which includes employee-supervisor annual plan development and cost projections with routine review and update.	We can work on this more. Strategic planning with staff.	
11. The health department encourages and supports staff participation in professional organizations.	Staff participate in the Illinois Environmental Health Association, Illinois Public Health Association, Northern Illinois Public Health Consortium, National Association of City and County Health Professionals, National Environmental Health Association	
12. The health department staffing plan includes provisions for "backup staff" to enable critical scheduled operations to continue without interruption when temporary vacancies occur.	The Health Department has staffing plans.	
13. The health department has the ability to fill new and vacant positions in a timely manner.	HR Function working with health department	
10. The health department personnel administration system and personnel policies and procedures are reviewed with each new policy board member and department staff member.	SEIU agreement, Personnel Policies, IT PoliciesHR, VMO, IT and Health	
D. Personnel Policy and Procedure Audit		
1. A periodic personnel administration audit is performed by a department team to determine if authorized personnel policies and procedures are being followed.	Annual Appraisals, Grant deliverables, Review of monthly/annual employee stats	
E. Documentation		
1. There is a standard, written description of the health department personnel management system which is available to policy board members, department staff and the public.	Personnel Manual, SEIU Agreement	

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
2. All personnel transactions are documented.	Human Resources working with Health Department	
3. An up-to-date coordinated, structured and confidential file is maintained for every employee and volunteer.	Human Resources function	
4. All job descriptions, policies and procedures are consolidated and available to policy board members, department staff and the public.	Human Resources function	
5. All recruitment, selection, appointment and applicant grievance procedures are available in writing to policy board members, department staff and the public.	Human Resources function	
6. The salary administration plan is written and available to policy board members, department staff and the public.	Human Resources function	
VIII. Indicators for Program Management		
A. Organizational Structure		
1. Operating programs are authorized by the policy board.	The Village Board of Trustees reviews the Health Department Budget annually.	
3. There is a current organizational chart which shows all functional elements of the organization and their relationship to each other.	We have a current organizational chart within the Village budget.	
4. Staff meetings are held at reasonable frequencies, include appropriate staff, and are called and structured by appropriate individuals.	Department staff meetings are held at least monthly.	
5. The health department maintains emergency contact staff (on site or on call) to respond to local public health emergencies.	The Village and Health Department maintain emergency contact for all staff. Staff are available 24 hours per day 7 days per week.	
B. Evaluation		
1. The health department collects and regularly analyzes information describing program administration and funding, program activities, workload, client characteristics and services cots needed to evaluate the process of program activities.	Each Division prepares monthly statistical data and a summary is prepared for the Board of Health and the Village Manager's Office, monthly.	
2. The health department collects and regularly analyzes information that is needed to evaluate the impact and outcome of program activities on risk factors and health status.	Done on a regular basis utilizing objective and qualitative data.	
3. Program objectives are time limited and measurable.	Programs have been eliminated and/or expanded based on IPLAN and routine monitoring of the Health Department programs.	
4. Operating programs are reviewed or reviewed on a regular periodic scheduled.	Programs have been eliminated and/or expanded based on IPLAN and routine monitoring of the Health Department programs.	
C. General Information Systems		

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
1. The health department has a management information system that allows the analysis of administrative, demographic, epidemiologic and utilization data to provide information for planning, administration and evaluation.	The health department has numerous datasets both internal and external to manage data. The health department uses web-based systems managed by state agencies including childhood lead, FCM, Provide project, INEDDS, etc.	
2. The health department has a plan for the introduction and/or expansion of computer based systems.	The Health Department works collaboratively with the IT Department.	
3. The health department has a technical library of books and other publications relevant to its public health activities for immediate reference by its staff, and a method for keeping materials current.	The Health Department maintains public health publications, however the health department has utilized the web to access current publications available to the health department.	
4. The health department subscribes to an on-line computer-based data system that provides direct access to health-related data or that has direct access to public health and population data compiled by state agencies.	The state of Illinois publishes PH Data on their websites. Health-related data is also available on the CDC website and Healthily People 2020, among others.	
5. The health department subscribes to an on-line computer-based data system that provides direct access to health-related data or that has direct access to public health and population data compiled by state agencies.	I-Plan Data System, Stellar, INEDDS, etc.	
6. The health department maintains current information on federal data bases and information systems relevant to its programs.	We don't maintain any information on Federal Databases	
D. Shared Resources		
2. The health department participates in shared service or purchase agreements where volume purchasing can reduce costs, such as for printing, supplies, and other materials.	Flu vaccine, don't have many opportunities for this.	
IX. Indicators for Policy Board Procedures		
1. Health department policy board members attend policy board and committee meetings.	There are monthly Board of Health meetings. BOH members attend Village Trustee meetings as necessary.	
2. New policy board members routinely receive orientation through an established and documented orientation program of the health department.	Clerk's office and Citizens Involvement Commission provide orientation.	
3. Policy board meetings are scheduled on a regular basis, with sufficient frequency to ensure board control and direction of the health department.	Village Board. BOH is an Advisory board only.	
4. Policy board materials, including agenda and study documents, are mailed to members no less than three days in advance of board meetings.	Documents are emailed to BOH members, VMO, Clerk's Office. Documents posted at Village Hall and on Village website.	
5. Policy board meetings deal primarily with policy determination, review of plans, making board authorizations and evaluating the work of the health department.	Village Board.	

Indicators	Defnitition of Stregth & Related Factors	Action Priority
	Briefly state any strengths suggested by the scoring of the indicators & describe the sources of each strength. Listing of resources.	I=Top II=Middle III=Lowest
6. There are written board and administrative policies consistent with the Mission Statement.	Village Board had goals, objectives and mission. Community Involvement Commission policies for all Boards and Commissions.	
7. The health department publishes the schedule of regular policy board meetings in local news media.	BOH on website, posted at Village Hall	
8. Minutes of board and committee meetings are written and circulated to board members and the health department staff and are available to the public.	Documents are emailed to BOH members, VMO, Clerk's Office. Documents posted at Village Hall and on Village website.	

Appendix F: Organizational Capacity Assessment: Analysis of Weaknesses/Problems

ANALYSIS OF ORGANIZATIONAL PROBLEMS/WEAKNESSES WORKSHEET

Indicators	Definition of Strength & Related Factors	Action Priority
	Briefly state any weaknesses suggested by the scoring of the indicators & briefly describe the sources of each weakness/problem, list barriers to the solution of each problem	I=Top II=Middle III=Lowest
II. Indicators for Community Relations		
A. Constituency Development		
9. The health department has established relationships with a university school of public health, medicine or nursing or with other educational institutions within or near its jurisdiction for staff development, internships, consultation, and other capacity-building purposes.	Have relationships for EH, we can build collaboration with the PH Nursing schools.	III
B. Constituency Education		
4. At least once a year, the director or a representative of the director meets with representatives of health related community organizations to define inter-organizational roles and responsibilities.	The Health Director meets regularly with some organizations, but not all.	II
III. Indicators for Community Health Assessment		
A. Mission & Role		
5. The health department has an uses a prepared presentation for informing the community and community groups of its role and authority in relation to the communities health.	Must update this presentation after new IPLAN process is complete.	II
V. Indicators for Assurance of Public Health Services		
A. Public Policy Implementation		
3. The health department assures or provides direct services for priority health needs identified in the community health assessment.	The health department provides direct services with Food Protection, CD, rats, public health nuisances and animal control. There are priorities identified within the IPLAN where the health department does not provide direct service through the Health Department, but will work with external partnering organizations to assure services are provided in some form or fashion.	II
VI. Indicators for Financial Management		

B. Financial Planning and Financial Resource Development		
3. The health department has a diverse funding base to lessen disruption of services caused by withdrawal of these funds.	Funds rely heavily on the local tax base. Currently, the Department receives approximately $275,000 in budget reimbursed by grant funding from Cook County, IDHS & IDPH. The Department continually seeks additional sources of outside revenue.	I

Appendix G: Organizational Capacity Assessment: Organizational Action Plan Worksheets

Organizational Action Plan Worksheet

Develop an action plan for each of the top priority problem areas (weaknesses) identified on the Analysis of Organizational Problems Worksheet. Initially, address the top priorities weaknesses only.

Problem Area: <u>Contituency Development</u>   **APEXPH Indicator Reference No: <u>II-A-9</u>**

The health department has established relationships with a university school of public health, medicine or nursing or with other educational institutions within or near its jurisdiction for staff development, internships, consultation, and other capacity-building purposes.

Goals and Objectives *Define the goals and objectives for the problem area indicated above.*	Responsibilities and Methods *For each goal or objective indicate: 1) What individual or work team is rsponsible and 2) what methods wil be used and 3) when it will be accomplished.*
Goal: Creat a stronger relationship with local universities and public health education programs by December 31, 2018. Objective: A new process will be established so that the health department regularly interacts with public health professionals at local univerisities.	1) Health Director, public health nurse and if applicable health educator position to contact all local universities to stregthen relationships by December 31, 2018. 2) Health Director to meet with staff to create a reasonable plan with existing staffing limitations. Schedule first meeting by July 1, 2018.

Evaluation Date: July 25, 2017

Organizational Action Plan Worksheet

Develop an action plan for each of the top priority problem areas (weaknesses) identified on the Analysis of Organizational Problems Worksheet. Initially, address the top priorities weaknesses only.

Problem Area: <u>Constituency Education</u>   **APEXPH Indicator Reference No: <u>II-B-4</u>**

At least once a year, the director or a representative of the director meets with representatives of health related community organizations to define inter-organizational roles and responsibilities.

Goals and Objectives *Define the goals and objectives for the problem area indicated above.*	Responsibilities and Methods *For each goal or objective indicate: 1) What individual or work team is rsponsible and 2) what methods wil be used and 3) when it will be accomplished.*
Goal: Create a stronger working relationship with Oak Park public health organizations by December 31, 2018 Objective: 1) Health Director to meet with health department staff to identify all public health partners by December 31, 2018. Objective: 2) Health Director to create a working group of local public health professional organizations and/or identify existing meetings to participate in.	1) Health Director and if applicable health educator position to reach out to all public health partners in Oak Park and inform each organization of interest in their work by December 31, 2018. 2) Health director or appointed liaison to attend organizations' meetings by December 31, 2018.

Evaluation Date: July 25, 2017

Organizational Action Plan Worksheet

Develop an action plan for each of the top priority problem areas (weaknesses) identified on the Analysis of Organizational Problems Worksheet. Initially, address the top priorities weaknesses only.

Problem Area: <u>Mission &Role</u>   **APEXPH Indicator Reference No: <u>III-A-5</u>**

The health department has an uses a prepared presentation for informing the community and community groups of its role and authority in relation to the communities health.

Goals and Objectives *Define the goals and objectives for the problem area indicated above.*	Responsibilities and Methods *For each goal or objective indicate: 1) What individual or work team is rsponsible and 2) what methods wil be used and 3) when it will be accomplished.*
Goal: Create a health role presentation for future use with community meetings by December 31, 2018. Objective: 1) Create a public health presentation and identify stakeholders in community for presentation.	1) Public Health Director to work with Health staff to draft and finalize a presentation that will not only communicate health department role, but cater to identified audience by December 31, 2018.

Evaluation Date: July 25, 2017

Organizational Action Plan Worksheet

Develop an action plan for each of the top priority problem areas (weaknesses) identified on the Analysis of Organizational Problems Worksheet. Initially, address the top priorities weaknesses only.

Problem Area: <u>Public Policy Implementation</u>   **APEXPH Indicator Reference No: <u>V-A-3</u>**

The health department assures or provides direct services for priority health needs identified in the community health assessment.

Goals and Objectives *Define the goals and objectives for the problem area indicated above.*	Responsibilities and Methods *For each goal or objective indicate: 1) What individual or work team is rsponsible and 2) what methods wil be used and 3) when it will be accomplished.*
Goal: The Health Department will take a more active role in ensuring IPLAN priorities, strategies and objectives are completed through collaboration with partnering agencies by 2020.	1) Health Director to work with staff and outside Oak Park organizations to meet IPLAN goals and objective by 2022.
Objective: Identify stakeholders that have resources and expertise to assure priority needs of IPLAN priority health needs are addressed in the community. Objectives to be met by December 31, 2018.	2) Director or appointed staff to contact stakeholders identified in IPLAN and arrange meetings to meet IPLAN priority objectives by December 31, 2018.

Evaluation Date: July 25, 2017

Organizational Action Plan Worksheet

Develop an action plan for each of the top priority problem areas (weaknesses) identified on the Analysis of Organizational Problems Worksheet. Initially, address the top priorities weaknesses only.

**Problem Area: <u>Financial Planning & Financial
Resource Development</u>** **APEXPH Indicator Reference No: <u>VI-B-3</u>**

 The health department has a diverse funding base to lessen disruption of services caused by withdrawal of these funds.

Goals and Objectives *Define the goals and objectives for the problem area indicated above.*	Responsibilities and Methods *For each goal or objective indicate: 1) What individual or work team is rsponsible and 2) what methods wil be used and 3) when it will be accomplished.*
Goal: Continue to seek out grant funding opportunities. Continuous. Objective: Identify new grant opportunities to support existing core programs and ensure that current grant deliverables are met so that grant funding continues for existing grants.	1) Director, Grant Coordinator and other Health staff to continually seek out grant funding opportunities to support existing core programs. Continuous

Evaluation Date: July 25, 2017

Appendix H: Community Mental Health Board of Oak Park: Strategic Plan

Goal 1: Address under-utilization of existing behavioral health services in order to meet the behavioral health needs of Oak Park residents

Objective 1.1: Increase provider collaboration (inter-agency referrals) by 2020, as reported by utilization from Network of Care site.

ACTION STEPS:
- By December of 2018, secure funding and identify a system to show real-time capacity of existing mental health providers
- By December of 2019, develop a system to show real-time capacity of existing mental health providers.
- Conduct parent education, senior education, and other education to raise community awareness and destigmatize behavioral health services.
- Collaborate more effectively with local hospitals, agencies and associations (e.g. Alzheimer's Association) to bring their prevention and support programs to targeted populations.
- Provide education and outreach to caregiver support groups and systems
- Partner more effectively with local hospitals, agencies and associations to bring their existing programs and services to targeted populations.
- Collaborate with 1st responders to promote ID program for those with behavioral health needs and dementia

TIMELINE:
Start date: October 1, 2017
Completion date: December 31, 2021

POTENTIAL AGENCIES RESPONSIBLE:
- Community Mental Health Board to take the lead
- River Forest Township
- Network of Care
- Referrers:
  - Medical partners such as West Lake, West Suburban, Rush Oak Park, Loyola, Lake Street Physicians, etc.
  - Schools: D97 and D200
  - Residents
- Sources to which to refer: all funded agencies and referral sources (which would be responsible for getting the data to the system)

MEASURES:
- Develop at least two new mental health community partners (including that for dementia) by December 2018.
- Develop real-time NOC capacity to identify where people can be referred for services and have operational by December of 2019.
- Pilot and do coordinated community education/awareness by December 2020.
- By December 2020, establish baseline data on successful linkages to care.
- By December 2021, demonstrate decrease in wait times and/or increase in linkages to care over baseline.

Objective 1.2: Increase provider screenings by 25% by 2020 in non traditional settings such as schools, primary care, emergency departments, and interactions with first responders.

ACTION STEPS:
- Identify point-of-entry settings to target
- Conduct a gap analysis to identify barriers to screening
- Find appropriate screening tools and develop a standardized approach to screening in these settings
- Offering provider trainings on this approach
- Increase mental health training for first responders, including that for dementia and suicide prevention
- Increase transportation options for target groups such as seniors seeking screening, prevention and treatment

TIMELINE:
Start date: October 1, 2017
Establish baseline data and identify point-of-entry settings to target by April 2018
Begin providing mental health training for first responders by December 2019
Completion date: December 31, 2020

POTENTIAL AGENCIES RESPONSIBLE:
- Managed care agencies
- Village of Oak Park + River Forest Township+ Oak Park Township
- Police and other first responders
- West Lake and West Suburban hospitals
- Schools: D97 and D200
- Other primary care partners such as Rush Oak Park, Loyola, Lake Street Physicians
- Senior Services
- YMCA
- Walgreens clinics and other urgent care/minute clinic settings
  Public awareness groups to be held by non-traditional partners like Park District, Thrive, PCC Wellness, etc.

MEASURES:
- Establish baseline level of screenings in specific settings (e.g. hospitals, hospital-affiliated/employed primary care practices, school districts) by April 1, 2018.
- By December 2018, research gap analysis to determine barriers to screenings.
- By December 2019, find appropriate tools (common, community-wide, OP/RF) or standardized package.
- Provide mental health training (including that for dementia and suicide prevention) for 100% of 1st responders by December 2019.
- Collaborate with 1st responders to more effectively identify those with behavioral health needs and dementia, to increase safety and referrals, by December 2019.
- Develop at least one new transportation program for a target groups seeking screening, prevention and treatment, by December 2018.
- By December 2019, hold community wellness series with different agencies and non-traditional providers for community awareness/education. (e.g., stress, anxiety, depression, suicide)

Goal 2: Address lack of available behavioral health services in order to meet the behavioral health needs of Oak Park residents

Objective 2.1: By December 2020, increase focused funding to gap areas including coordination of care, universal screening, and parenting services.

ACTION STEPS:
- Conduct gap analysis of continuum of services to identify holes by July 1, 2018.
- Prioritize funding strategies to address gap areas by October 1, 2018.
- Fund according to focused funding priorities by April 1, 2019.
- Bring more behavioral health students, nurses, trainees, and providers into the community by developing partnerships with universities.
- Introduce loan repayment options like the National Healthcare Service Corps (NHSC).
- Develop other incentives for licensure, leadership, job diversity via partnerships.

TIMELINE:
Start date: January 1, 2018
Completion date: March 31, 2020

POTENTIAL AGENCIES RESPONSIBLE:
- CMHB-OP to lead/spearhead
- Village of Oak Park + River Forest Township+ Oak Park Township
- Oak Park River Forest Community Foundation- Success of All Youth
- Funders Collaboration
- Hospitals
- Universities (Dominican, etc.)

MEASURES:
- Include gaps as funding priorities in FY 2020 application process.
- By December 2019, establish at least one partnership with universities to address capacity/provider shortages.

Objective 2.2: By 2020, increase inter-agency partnerships by 10% (Continuum of Care, share client records, etc.)

ACTION STEPS:
- Collect baseline on existing coordinated care partnerships in community (e.g. PCC Wellness and River Edge psychiatry partnering with behavioral health service partners; YEMBA and BUILD mentoring partnership, TASC Care Coordination and D97 partnership, etc.)
- Encourage providers to share client records, engage in care coordination/linkage
- Implement physician collaborations with mental health professionals.
- Use a train-the-trainer model (perhaps with social workers or care coordinators as trainers) to deliver cultural competency trainings for agency staff.
- Train agencies on what the continuum of care looks like (visual model of prevention, early intervention, etc.) with information on successful models/case studies in community, via consortium meetings.
- Establish at least one partnership with a managed care company by December 2018 (inter-governmental partnerships)

TIMELINE:
Start date: October 1, 2017
Completion date: December 31, 2020

POTENTIAL AGENCIES RESPONSIBLE:
- CMHB-OP to convene/lead
- Primary care, hospitals like West Suburban and West Lake, FQHCs like PCC wellness
- After care support services, support groups, wrap around care
- All behavioral health agencies
- All coalitions (homelessness, etc.)
- NAMI to lead psycho-educational groups
- Managed care companies (CMHB to establish a partnership w/ at least one MCO)

MEASURES:
- Starting in 2018, hold two trainings/year with physician and mental health professionals.
- Starting in 2018, hold three cultural competency trainings for staff within each agency, using train the trainer model, with at least 25 physicians participating in the trainings (provide CME credits).
- By December 2019, increase psycho-educational groups and presentations by 25%.
- By December 2020, ensure at least one consortium meeting covers successful continuum of care models.

Goal 3: Address social norms among parents and youth in order to reduce underage drinking and substance abuse.

Objective 3.1: Develop and deliver one coordinated communication campaign using school posters, website, and newspaper for 10th and 12th graders at OPRF High School by December 31, 2020.

ACTION STEPS:
- Implement communication campaigns directed towards adults, parents, youth.
- Implement evidence-based curriculum
- Implement binge drinking intervention

TIMELINE:
Start date: October 1, 2017
Completion date: December 31, 2020

POTENTIAL AGENCIES RESPONSIBLE:
- Substance use and mental health agencies
- School districts
- CMHB-OP
- River Forest Township
- Oak Park Township-SPF-PFS
- IMPACT
- MBHAC
- Non-traditional partners that reach youth to run PSAs etc.

MEASURES:
- By December 2018, increase percentage of 9th, 10th and 12th grade students (at OPRFHS) who perceive marijuana use to be risky (per IYS).
- By December 2020, decrease percentage of 12th grade students (at OPRFHS) who engaged in binge drinking (per IYS) by at least 10%.
- By December 2019, see positive change in outcomes according to Project Towards No Drug Abuse data.
- By December 2019, implement at least three programs which are culturally competent, serving at least 50 individuals under age 18.
- Conduct market research to identify appropriate paths of communication and reach youth and parents, including underserved populations (e.g., minority, LGBTIA, and homeless youth).

Objective 3.2: Develop parent education opportunities that include substance abuse of youth to be offered for parents of 8th-12th grade parents by December 31, 2020.

ACTION STEPS:
- Survey at least 400 parents of youth in Oak Park and River Forest regarding youth drinking, by December 2018.
- Host at least two parent focus groups to discuss teens and underage drinking, by December 2019.
- Identify all parent groups and/or existing organizations that may have an interest and/or current goal of reducing youth substance abuse, by December 2019.
- Implement evidence based parent cafes and other parent educational forums and timely events (around prom, graduation, etc.)
- Reach parents at existing parent nights by infusing youth drinking and substance use content into existing activities and workshops, using targeted opportunities during the school year (e.g. homecoming).
- Target education towards dangerous behavior (e.g. binge drinking, daily marijuana use, use by youth at high risk) based on existing public awareness campaigns (e.g. Australia).
- Develop and implement a binge drinking education program for parents.

TIMELINE:
Start date: October 1, 2017
Completion date: December 31, 2020

POTENTIAL AGENCIES RESPONSIBLE:
- OP Township's underage drinking grant (SAMHSA) to take lead in implementing action steps (SPF-PFS)
- IMPACT
- CMHB-OP to take lead on infusing youth alcohol and substance use content into existing parent nights *in partnership with D97 and D200*
- School districts
- Business partners
- Village of OP Public Health Department

MEASURES:
- By December 2018, increase parent disapproval of children (8th graders) using marijuana.
- Decrease binge drinking among 12th graders (per IYS) by at least 10% by December 2020.

Objective 3.3: By December 2020, increase access and strengthen the Continuum of care prevention, intervention treatment, and recovery support.

ACTION STEPS:
- Provide information at Day in Our Village and at least three other community-wide events (including media) per year.
- Hold at least 2 networking consortium meetings of DD and BH providers per year
- Support different coalitions (e.g. addiction recovery team, etc.) to strengthen the continuum of care
- Strengthen adjudication assessment and linkage protocols in collaboration with police, Rosecrance, and other partners.
- Establish who is part of full continuum of care for youth alcohol and substance use.
- Train agencies on what the continuum of care looks like (visual model of prevention, early intervention, etc.) with information on successful models/case studies in community, via consortium meetings.

TIMELINE:
Start date: October 1, 2017
Completion date: December 31, 2020

POTENTIAL AGENCIES RESPONSIBLE:
- Police, judges, Village of Oak Park
- Rosecrance
- CMHB-OP
- OP and RF Townships
- Youth Substance Use Coalitions
- All partner and affiliate substance use and mental health agencies
- Hospitals and primary care partners
- Other System of Care Coalitions, e.g., ART; MBHAC)

MEASURES:
- Increase screenings and linkages to appropriate services at adjudication from current baseline number
- Increase networking and informational events for continuum of care partners by indicators mentioned above

Goal 4: Address the availability of illicit opioids in order to reduce resident opioid use levels.

Objective 4.1: By 2022, establish reporting systems for illicit opioid availability within Oak Park and River Forest.

ACTION STEPS:
- Identify organizations already committed to dealing with the issue.
- Work with Heroin Task Force in Chicago.
- Identify and collect data on opioid overdose.
- Review successful evidence-based strategies from other communities and develop a pilot program.
- Work with D200 to develop a prevention program for high school seniors.
- Develop data sharing agreements with hospitals and the State of Illinois.
- Actively promote safe disposal of medications through increased outreach, education, and promotion.
- Advocate for adoption of CDC guidelines for opioid prescriptions.
- Coordinate referrals for treatment.

TIMELINE:
Start date: January 1, 2018
Completion date: December 31, 2022

POTENTIAL AGENCIES RESPONSIBLE:
- Village of Oak Park takes the lead
- River Forest Township, Oak Park Township
- Police departments
- Fire department
- Hospitals
- CMHB-OP to partner with schools on prevention programs, etc.

MEASURES:
- By 2020, implement a coordinated communication campaign on opioids overuse, with a focus on young adults, and prevention for teens and senior adults.
- By December 2018, increase volume of safe disposal medications by 20%.
- Track progress using IDPH syndromic surveillance data from hospitals, emergency overdose data from the Fire Department, and Uniform Crime Data.

Goal 5: Support caregivers of persons with developmental disabilities in order to ensure residents with developmental disabilities have their needs met.

Objective 5.1: By December 2022, 75% of Oak Park River Forest families will be educated on accessing available services.

ACTION STEPS:
- Host regularly scheduled informational meetings/seminars for families.
- Build support groups for aging caregivers.
- Review, revise, and disseminate the community resource guide onto other websites.
- Offer group respite services.
- Deploy case management resources to work with families, ensure they are aware of services and funding opportunities available to them.
- Conduct survey of parents through D97 and D200 about their support needs.

TIMELINE:
Start date: October 1, 2017
Completion date: December 31, 2022.

POTENTIAL AGENCIES RESPONSIBLE:
- All DD consortium members (approx. 10-12 agencies)
- School districts
- CMHB-OP
- Village of Oak Park, Oak Park Township, River Forest Township
- Support groups for developmental conditions (Down Syndrome group, Autism group)

MEASURES:
- By December 2020, Oak Park and River Forest will develop a model to educate families and caregivers addressing the needs of developmentally disabled individuals.
- By December 2019, at least one family training will be held around family support services/resources (and continue beyond 2019).
- By December 2020, increase the availability of the right respite models (including CSS staffed respite, group respite, vouchers, etc.) to the right families.

Goal 6: Increase access to services for people with developmental disabilities over the age of 22 to ensure residents with developmental disabilities have their needs met.

Objective 6.1: By December 2020, increase by 20% the number of families that have all services needed, regardless of functioning level or age.

ACTION STEPS:
- Assess unmet needs among people with developmental disabilities over age 22, especially those with a need for a higher level of care and seniors with DD.
- Evaluate Network of Care-user friendliness and effectiveness to link families and referral sources to appropriate services.
- Bring mental health and developmental disability providers together (perhaps alternating which organizations host) to educate and discuss specific cases.
- Create a focus on collaboration so agencies develop greater knowledge of each other's services.
- Use follow-up calls from schools to families who have aged out of school system to evaluate transition success, unmet needs, and acquire data on who is and isn't accessing services.
- Build discrepancy reserve (endowment) to support cost of higher needs care.
- Train respite workers on higher needs care
- Resolve funding limits by:
  - Assessing available funding,
  - Advocating for and lobbying for increased funding,
  - Coordinating funding across agencies to use funds more efficiently/effectively, and
  - Increasing funding flexibility for case consultation across agencies for specific clients.

TIMELINE:
Start date: October 1, 2017
Completion date: December 31, 2020

POTENTIAL AGENCIES RESPONSIBLE:
- All DD agencies
- Schools
- CMHB-OP
- River Forest Township
- Oak Park Township
- Equip for Equality
- State or regional DD representatives
- Managed care companies
- DORS

MEASURES:

- By December 2017, have at least one meeting of a collaborative group of mental health and developmental disability providers and develop annual meeting schedule.

- Create a tool that will identify residents with developmental disabilities who require a higher level of care than they are currently getting and populate it by December 2018.
- By December 2018, conduct assessment of funds available to Oak Park and River Forest agencies.
- By December 2018, survey population with developmental disabilities over age 22 to understand their needs.