

The mission of the Vermilion County Health Department is to improve the quality of life for all residents of Vermilion County, Illinois, utilizing disease prevention, health protection and health promotion programs designed to provide a healthier life and environment through enhanced community collaboration, cooperation and communication.



Vermilion County Illinois Community Health Plan 2007-2012



Submitted: December 2007

**Community Health Needs
Assessment and Community
Health Plan
for
Vermilion County, Illinois**

2007-2012

**Submitted to the
Illinois Department of Public Health**

**By the
Vermilion County Health Department
and
Vermilion County Board of Health**

**As prepared by the
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Statement of Purpose

In accordance with requirements set by the Illinois Department of Public Health rules, Title 77:Part 600.400:Public Health Practice Standards, we submit the 2007-2012 Vermilion County Community Health Plan. This document was designed under the guidance structure provided by the Illinois Project for Local Assessment of Needs (IPLAN). The plan is the result of a comprehensive, community-based public health needs assessment, including reviews of relevant data, collective perceptions of the community participants, and dialogue about the overall health of Vermilion County. This document is presented as a guidance structure to improve the overall health and well being of Vermilion County residents over the next five years, by setting attainable goals with measurable outcomes.

Executive Summary

The health of a community determines its future. The overall health of the population is as critical to the future of a community as is its economic and social well being. Industry cannot fill jobs with unhealthy people. Community groups, organizations and the faith-based community cannot experience growth without healthy people. Schools cannot effectively teach sick children. Recent efforts at the local, state and national levels have been focused upon increasing the quality and quantity of healthy life in America.

At the national level, Healthy People 2010 has been the leader in setting goals and objectives for the country as a whole. Healthy People 2010 identified 28 focus areas reflecting its vision of healthy communities, involving broad-based prevention efforts and moving beyond only what happens in the traditional medical care system, to help build healthier lives in the neighborhoods, schools, workplaces, and families where people live, and where prevention can occur every day.

At the state level, the Illinois State Health Improvement Plan (SHIP) visions optimal physical, mental and social well being for all people in Illinois through a high-functioning public health system comprised of active public, private, and voluntary partners. SHIP is not designed as a plan for government action, but for the entire public health system to join together strategically to improve the health of the citizens of Illinois.



At the local level, we are charged, as the certified local public health department for Vermilion County, Illinois to assess the health and well being of our community by retrieving and presenting relevant data, seeking community input, generating dialogue, and identifying existing and needed resources that lead to the development of strategies with measurable outcomes to address the identified priorities, in compliance with Title 77; Part 600.400; Public Health Practice Standards.

As a local public health department charged with facilitating the IPLAN process for Vermilion County, we began with an internal Organizational Capacity Assessment to determine the health and well being of Vermilion County Health Department (VCHD), in terms of financial health, staffing, the structure in which the VCHD offers programs and services to the community, and the effectiveness of VCHD communication with staff, the Board of Health, local government, and the public. At the same time, the internal assessment provides administration with an opportunity to set goals, strategies, and outcomes for the department as a whole during the coming five years. This VCHD Internal Organizational Assessment was submitted to and accepted by the Vermilion County Board of Health in May, 2007.

The community phase of the process began during the latter part of 2006, as staff worked to compile relevant data for the community advisory group to review during its assessment of needs. An array of representative community leaders were identified and invited to join in the IPLAN process. The community phase of the IPLAN process officially began in February 2007. Our meetings were facilitated by an outside contractor. Pam Burgoyne, is a former employee of Provena USMC, and has worked on previous IPLAN efforts. Ms Burgoyne provided a neutral, objective facilitation of community input and dialogue throughout our spring 2007 meetings.

A great deal of committee and staff efforts went into identifying three community health priorities. There was extended discussion about increasing the number of priorities to be identified in the plan. However, without a dedicated IPLAN funding stream, and in the face of increasing demands on VCHD staff, as well stagnant or decreasing revenue in many areas of public health, administration strongly encouraged the group to focus on only three priorities in this plan. It is the hope of staff and the committee that what we present in this plan includes attainable goals with measurable outcomes; not a document that meets state requirements, but sits on the shelf gathering dust.

The committee expressed many concerns about the future of our community. There was extended dialogue about how much our challenges are inter-related,



with education at the core of many of our challenges and at the very heart of all of our hopes and dreams as a community. Vermilion County remains somewhat stagnated by economic challenges. Though progress has been made during the last twenty years to shift the community's economic focus away from heavy industry, efforts are ongoing to improve the county's overall economic health and well being.

The community – especially the city of Danville - has been challenged by an influx of new residents from public housing in Chicago that has occurred over the last few years. This issue has been the source of controversy, discussion, distress, anger and frustration. The impact of this influx is documented by the demands placed upon Danville District 118 schools, when they experienced an influx of nearly 200 new and unexpected students, most requiring special assistance that created a burden the district was not prepared to handle. In addition to impacting the school system, the arrival of some of these new residents has significantly increased the drain on services and programs across the community without new or added revenue. The Advisory Committee voiced sincere concern about the toll this increase in need for services is taking on the community as a whole, without appropriate added resources to address the challenges.

During our discussions, there was discourse over two specific areas of concern to the overall health of the community: violence and access to care. These issues stimulated extensive dialogue. Some opposed identifying violence as a community health priority, struggling with ways in which public health can set attainable goals with measurable outcomes in terms of such a large issue. Others felt violence is at the core of many community health issues.

Access to care also stimulated extensive discussion. Identified as a community health priority by the Provena USMC in its health planning group, it was suggested that access to care should be a priority for the county plan, also. While agreeing access to care is a component of the overall health issues facing the community, much like violence, access to care presents a seemingly overwhelming issue that public health can address in very limited ways. Retired physicians participating in the dialogue noted that the healthcare system itself can have more of a significant influence and impact on this issue; although the consensus was that it is incumbent upon the entire community to support such efforts to increase access to care.

In the end, not everyone was pleased, but consensus was reached to make violence – in terms of community behaviors - a community health priority, and identify access to care issues within the plan's goals and outcomes.



As a community, and as a committee, we are cognizant of the fact that being able to access healthcare resources, assistance, and education/information are critical components of planning a healthier community and building healthier lives. A critical component of healthy lives is accessing healthcare in general, especially preventative care.

As the planning process moved forward, we identified, and reached consensus upon, the following three community health priorities to be addressed by setting attainable goals with measurable outcomes throughout the 2007-12 plan:

- **Reduce the percentage of births to teens in Vermilion County**
 - Reduce the percentage of youths reporting sexual intercourse before age 17
 - Assess the need to enhance and/or increase educational opportunities for parents/guardians and children to learn about sexuality and decision-making, self esteem, etc
 - Evaluate need for enhancing mentoring and after school programs
 - Increase opportunities for youth and community forums to focus on complexities and consequences of adolescent sex
 - Engage an alliance of youths and community members to create problem-solving at the community level, focusing on youth issues and parental involvement

- **Reduce the incidence of premature deaths (<age 65) due to diseases of the heart in Vermilion County**
 - Increase by 2% the number of Vermilion County adults 18 years of age and older who report having their blood pressure taken within the year
 - Establish accessible and effective opportunities for people under age 65 to get their blood pressure checked
 - Raise public awareness about heart health
 - Seek reliable age-specific data about VCHD blood pressure screening clinics and educational opportunities
 - Decrease the percentage of Vermilion County adults reporting being at risk for health problems related to being overweight
 - Put in place public service campaign about opportunities for healthier lifestyles
 - Pilot a community event connecting families of different cultures and faiths to physical activity and healthier eating
 - Expand existing opportunities within VCHD programs and services to heighten awareness about healthier living
 - Increase the percentage of Vermilion County adults under age 65 who report having their cholesterol checked
 - Increase opportunities for adults under age 64 to have their cholesterol checked
 - Put in place public service campaign about cholesterol checks



- Pilot a community event connecting families of different cultures and faiths to physical activity and healthier eating
 - Reduce the percentage of Vermilion County adults who report they smoke
 - Work to support/assist the transition to smoke free Illinois
 - Provide cessation classes and free patches, as funding allows
 - Expand partnership with Illinois Quitline and continue to provide free patches to Vermilion County Quitline participants, as long as funding allows
 - Continue school presentations and participation (using the Monster Cigarette) in the Provena USMC Foundation BodyWalk
 - Increase the percentage of Vermilion county adults under age 65 who report they have had their blood sugar checked
 - Establish a baseline of adults under age 65 getting their blood sugar checked through VCHD programs and increase that number
 - Put in place a public service campaign to raise awareness about blood sugar screenings
 - Expand educational opportunities addressing having blood sugar checked, and identify access to care barriers that might impede referral
- **Reduce violent and abusive behaviors in Vermilion County**
 - Expand and enhance a comprehensive program to reduce, address and prevent family and community violence and abusive behaviors
 - Support and enhance best practices programs in schools that build character and teach alternatives to violence
 - Explore opportunities to include such character-building programs in its programs and services, and in its partner agencies
 - Work with local media to establish a public service campaign that raises awareness across the lifespan about positive role modeling, character building and non violent behaviors
 - Assist partner agencies that service women, youths, families and the elderly to gain funding to offer programs to reduce violent behaviors
 - Expand VCHD partnership with Illinois Family Violence Council
 - Enhance opportunities to raise awareness among VCHD staff about violence
 - Work to ensure appropriate training for health care providers to identify, intervene, and prevent reoccurrence of elderly, domestic, and sexual violence in Vermilion County
 - Work with health organizations who serve women, youth, families and the elderly to identify violence and ensure connections to services
 - Work with health care organizations to systemically develop protocols to identify, intervene, and prevent the re-occurrence of elderly, domestic, and sexual violence



- Develop local public awareness/education materials about elderly domestic, and sexual violence to be available in health care settings
- Assess the need to expand/enhance services and programs to the victims of, and families affected by violence
- Work collaboratively to assess the need to expand/enhance programs and services providing anger management education for our youth

Following assessment, input and dialogue that concluded May 16th, a draft of the plan was undertaken. That process was then delayed as staff was diverted into planning and facilitating a mass immunization exercise that engaged the entire VCHD staff for most of the summer.

Now that the plan is complete, staff members of the Vermilion County Health Department and its community partners on the IPLAN Advisory Committee, join the Vermilion County Board of Health in submitting for approval this 5-year plan to improve the health of the residents of the Vermilion County community.



IPLAN 2007 Community Advisory Committee

Pamela Burgoyne, Facilitator
 John Alexander, Director, Danville
 Family YMCA
 Edmund Andracki, MD
 Kay Banta, President, Vermilion County
 Board of Health
 David Bertauski, President, CEO Central
 Region Provena
 Kristin Dellavis. Grants, Danville Area
 Community College
 Sue Davis, Legal Advocate, Your
 Family Resource Center
 Lori DeYoung, member, Vermilion
 County Board
 John Dreher, Community Development, City
 of Danville
 Melissa Edington, Danville Polyclinic
 Melody Ehrlich
 Scott Eisenhauer, Mayor, City of Danville
 Tamera Forthenberry, Danville Housing
 Authority
 Ginger Garner
 Vicki Haugen, President Vermilion
 Advantage
 Chad Hays, Director, Provena United
 Samaritans Medical Center
 Foundation
 John Heckler, Director, Development
 Services, City of Danville
 Lon Henderson, Director, Special
 Education, Danville District 118
 Amy Henkleman, Director, CRIS Senior
 Services
 William Hensold, MD
 Rose Henton, Director Big Brothers/Big
 Sisters
 Charlie Hyde, Victim's Assistance,
 Vermilion County State's
 Attorney's Office
 Alice Marie Jacobs, President, Danville
 Area Community College
 Jackie Johnson, Administrator, Hoopeston
 Community Hospital
 Joseph Karinattu, MD
 Glenda Kietzmann, Chamber of
 Commerce/Vermilion Advantage
 Alice Kirby, Aunt Martha's Community
 Health Center
 Todd Lee, Illinois Opportunity Returns
 John Mason, MD
 Amy McFadden, Lakeview College of
 Nursing
 Dottie McLaughlin, Director, I Sing the
 Body Electric, Provena Foundation
 Jim McMahon, County Board Chairman
 Mike Metzen, Vermilion County Regional
 Superintendent of Schools
 Ed Michaels, Director, Center for
 Children's Services
 Thomas Miller, Pastor, New Life Church of
 Faith
 Jeanne Mulvaney, Director, Danville
 Area United Way
 Holly Norton, Nurse Supervisor, Danville
 District 118
 Charlotte Peverly, Parish Nurse, St.
 James United Methodist Church
 Judith Phillips, VA Illiana Health Care
 System
 Michelle Pride, U of I Cooperative Extension
 Bob Richard, Deputy Chief, Danville
 Police Department
 Kathryn Richard, Director HALO,
 Provena Foundation
 Dee Ann Ryan, Director 708 Mental
 Health Board
 Carolyn Schwauber
 Betty Seidel, Marketing, Prairie Center
 Tina Sekimi, Department of Human
 Services
 Betty Schaffer, Hoopeston Multi Agency
 Jim Snider, DEO Carle Clinic, Danville
 Patt Tarr, Director Faith in Action
 Larry Thomason, Danville Public Safety
 Director
 Corey Warner MD
 Gretchen Wesner, Manager,
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 Donna Wilkerson, Aunt Martha's Community
 Health Center
 Heidi Wilson, Danville Housing Authority



A large number of community representatives were asked to participate in the IPLAN process. The list (page 12) includes representatives from local government, the Board of Health, the medical community, social service agencies, education, business, and community residents. Nearly all of those who were asked gave willingly of their time, talents, and their perspectives to ensure the IPLAN process was successfully completed by producing a practical five year plan that can be realistically implemented. In a time of limited funding and increased need for programs and services, the plan includes practical, attainable goals to bring about change and improve the overall health of the community as a whole. The staff of the Vermilion County Health Department would like to extend appreciation for the assistance provided by the committee in this project.

The Process

Dialogue

Meetings began in February, 2007 (Appendix B). At the first meeting, Ms. Pam Burgoyne, the facilitator, placed a drawing on the wall – a classic home complete with blue skies and a picket fence, saying while it may not represent the community as a whole, it represents a healthier future for the community; this picture of a 'healthy community' was placed on the wall at each of the ensuing meetings as a reminder of purpose and focus.

At this meeting, the committee talked about the IPLAN re-certification process, and viewed the IPLAN video explaining how the process works, since many of the participants in this year's planning have not been part of IPLAN in the past.

The committee was provided with a general synopsis of the 1999 plan and its process; however the priorities from 1999 were not discussed, as Ms Burgoyne did not want to impact their initial brainstorming discussion about health needs in the community. At the end of the meeting, the committee was provided a hard copy report indicating previous health needs and a report of outcomes (Appendix A).

Ms. Burgoyne lead an open discussion with those present about what actually makes up a healthy community, and then gave them a few minutes to list their identified health needs. That project resulted in 65 identified health needs in Vermilion County (Appendix C). Committee participants then were asked to identify their top three (3) priorities. And at the conclusion of the meeting, they were advised they would be sent the list of top priority rankings, and additional data for their review prior to the next meeting.



At the second meeting, Ms. Burgoyne reminded the committee about the picture representing the ultimate goal of building a healthy community. Staff then presented supplemental information about the data before the committee, including the dynamics of the counties selected for data comparison; Adams, Knox, Kankakee, Macon, LaSalle, and Champaign were basically selected on the demographics shown in the data sheets provided to members (Appendix E). Champaign was included, despite dissimilarities, because of its proximity to Vermilion and the historical pattern of comparison that normally occurs between Champaign and Vermilion counties.

Ms. Burgoyne encouraged the committee to begin discussing the data presented to them, noting the need to focus on the variances in health issues between the comparison counties and the state averages, so that the committee could begin narrowing the list of priorities. Ms. Burgoyne noted everyone present was aware of the existing funding challenges and limited revenue streams, emphasizing the need to maximize the use of limited dollars.

Healthy dialogue and discussion followed about health needs and issues within the community and their root causes, as well as how to address them (

Ms Burgoyne opened the third meeting with a reminder that many things contribute to the health of a community, including poverty, economic health, education, violence, etc, and all of these individual issues are a part of what we are presenting as proposed priorities in this community health plan. Staff talked about a recent public health conference in Springfield which included significant emphasis on chronic disease and the toll it takes on individual health as well as its economic burden. Speakers at the event repeatedly pointed to the need to 'get out of the box' in how we approach heart and related diseases and focus on some of the root causes which can include lack of money to buy healthier foods and unsafe neighborhoods that prevent children and adults from getting appropriate amounts of physical exercise.

Ms Burgoyne acknowledged the need everyone often has to "spotlight" specific issues that could help with funding, but reminded everyone that the health department must focus on those issues which are within their circle of influence. She encouraged the committee to begin focusing on the IPLAN worksheets before them, suggesting many of these bigger, community issues would surface during that process to identify direct and indirect contributing factors.

There was discussion about IPLAN priorities in the past, and whether additional funding has ever been provided to address them; no additional funding has ever been provided. A healthy and lengthy dialogue about issues, including access to care and violence followed. The committee did not reach consensus on a third



priority; they generally embraced teen pregnancy and heart disease for the other two, however.

At the fourth meeting, Ms Burgoyne facilitated consensus on the third priority. Information was provided to the group about the potential for seeking a delay in the date for plan submission to the state, as the health department staff time would be drawn away for a mass immunization exercise to be held in late summer. Another lengthy discussion ensued, as participants, staff and Ms Burgoyne attempted to reach agreement by the committee as a whole on the third priority. In the end, altering/reducing violent behaviors was identified as the third priority. Ms Burgoyne encouraged the committee to share existing resources and identified gaps with staff, as work on the plan develops. Staff will plan at least one additional, unofficial meeting with a handful of committee members to focus on the violence priority, to ensure appropriate goals and outcomes are identified. Various committee members met with staff during informal brainstorming sessions to identify objectives and strategies, as well as discuss resources.

The Advisory committee provided input throughout the process on available Community Resources to assist with achieving goals. The objectives and strategies were designed to provide realistic approaches to the identified needs with limited or no additional revenue; the health department will seek grant funding whenever possible to enable implementation of identified strategies, and/or will collaborate in such funding efforts with our community partners.

During the meeting to accept/approve the final plan draft, the Advisory Committee committed to continuing to meet on a quarterly basis, to provide oversight and support for the plan's implementation and evaluation.

Following is the 2007-2012 Community health plan as proposed for Vermilion County and accepted by the Advisory Committee on November 19, 2007.



Community Health Priority: Reduce the percentage of births to teens in Vermilion County

As we look at this community health priority, we offer some considerations.

While births to teenagers may not always be viewed as a community health problem, it is in reality an economic, social, and emotional issue that negatively impacts the health and well being of our entire community.

In Vermilion County, we are seeing the immense toll taken by over 3 decades of young girls having babies; teen pregnancy has become institutionalized and multi-generational; it is socially acceptable and societally supported within our community.

The reasons teenagers become pregnant are varied and diverse; the outcome of their actions, however, are almost always disadvantageous to the young girl, her baby, and the community environment which surrounds her.

As adults, we may too often view this issue as being only about sex and morals; but in reality, it is about lives impacted; education interrupted; hopes lost; and futures limited.

Vermilion County has struggled through economically challenging years, straining to raise education levels across economic boundaries. Partnerships between business and education work tirelessly to motivate our children to set higher goals, attempting to engage them in setting goals for their futures. But until these young people have hope, and believe they can set and reach attainable goals, we will not overcome this challenge.

We would suggest that until we, as a community- every parent, every neighborhood, every business, every school, civic group, the social service community, mental health, substance abuse, the medical community, the justice system, and the faith community - view teen pregnancy as a community health priority, we will attain limited success in our growth and development as a healthy community.



In 1994, the Vermilion County Community Health Committee was prohibited (by the state) from identifying teen pregnancy as a community health priority. However, in choosing instead to focus on reducing the incidence of Sexually Transmitted Diseases as a health priority in 1994, noting that identifying this priority "...could also collaterally help reduce births to teens in Vermilion County" (35 year teen birth chart-Appendix F).

By 1999, reducing teen pregnancy was acknowledged by the state to be a risk to community health, and the Community Advisory Committee identified the reduction of births to teens as its number one health priority. In that IPLAN, the committee recognized the issue entails more than health risks to mother and child, identifying the educational, social, and economic toll teen births take on young girls. It was also noted in the 1999 plan that the sexual predation (older men developing sexual relationships with younger girls) may have been a contributing factor to teen pregnancy. The plan cites a 1999 Alan Guttmacher report as stating that only about 7% of sexually active girls (ages 15-17) had partners who were six or more years older than they were, but these same girls accounted for 19% of the teen pregnancies. Further, the plan warned that if the historical trend of high numbers of births to teens continued, unabated, it would have far-reaching educational, social, emotional, and economical implications.

As a result of the 1999 IPLAN, Provena United Samaritans Medical Center Foundation – a partner in the IPLAN process – funded an economic impact study of teen births by the Center for Governmental Studies at Northern Illinois University (Appendix G). Their report provides at least a summary view of the economic and social impact of teen births in Vermilion County. In their conclusions, they estimate teen motherhood in the county results in annual financial costs surpassing \$12,000,000. Based on 1999/00 data and dollars, that means \$145.00 for every man, woman and child in Vermilion County, or \$380.99 per household in the year 2000 went towards financial support and the cost of programs for teen moms, their babies, and/or teen birth prevention. These are direct costs.

Indirectly, the economic loss is staggering, even at 1999/2000 dollars. Lost economic activity from the lower wages teen mothers are anticipated to earn (from lower education levels) would be about \$7,400 annually for 66% of the county's teen mothers. The NIU study says if only teen mothers for the period of 1990-97 were accounted for, the annual loss in business output/sales activity would be approximately \$9,000,000 or \$5,500 per business in Vermilion County each year. Economically, we cannot afford to lose these dollars; as a community, we cannot afford to see our children miss out on futures filled with opportunities.



For the purposes of this community health plan we will use Illinois Department of Public Health (IDPH) teen birth statistics, which reflect the percentage of births to young girls up to the age of 20, calculated by use of the total live births in the county. The IPLAN Data System reports births to girls ages 10 to 14, and ages 15 to 17.

To provide an example of the variance of these two data systems, we can look at the most recent year available: 2005. IDPH reports 1,112 live births to women in Vermilion County; 180 of those were to youths under the age of 20, for a percentage of 16.2%. Using the IPLAN Data System, in 2005 there were 3 births to youths ages 10-14, and 57 to youths ages 15-17, for a total of 60 births to girls under the age of 18, or a rate of 0.05 per 1,112 live births.

The challenge of this community health issue is that it is often not perceived as impacting the community as a whole; it is seen as an individual or family 'problem'. And attitude changes have removed much of the stigma related to teenage girls having babies. Walking through the health department's Family Planning/STD waiting area recently, the department's Nurse Practitioner overheard a young, teenage girl saying she would rather have a baby than an STD.

Unsurprisingly, and thankfully, births to girls 18-19 years of age have always been higher in number than births to younger girls. In years past, it was not uncommon for 18 and 19 year old girls to marry and start families. But economic times have changed, as have attitudes. Having a baby at age 18 or 19 today may arguably be more life-altering than perhaps it was in 1970. Greater economic challenges exist for our youth today. College degrees and/or advanced technical training and education are critical to building the future careers that are necessary in today's world. Dropping out of school in 2007— whether to have a baby as a single parent, or to get married and have a baby — is life-altering. Good-paying jobs with benefits are no longer easily within the grasp of most high school drop-outs; heavy industry jobs are in short supply; those that exist often require specialized training. Because of this reality, we have chosen to include births to 18 and 19 year old girls as we explore the data of teen births.

Also to be considered in this issue is the impact on the health and well being of the child. As we look at data, we can see a correlation between shifts in infant mortality rates in Vermilion County and higher numbers of births to teens (appendix F). While existing data may or may not lead to specific conclusions about Vermilion County babies in the first six months of their lives, teenagers having babies may frequently result in unhealthy babies. Observationally, we would argue that teen mothers are more likely to have subsequent pregnancies, often occurring while the mother is still a teenager, greatly reducing the



opportunities the mother may have to find economic, social and emotional security.

The number of live births in Vermilion County has been in decline for over thirty years. In 1970, 1,785 babies were born in the county; by 2005, the number had fallen to 1,112. At the same time, the percentage of babies born to girls under the age of 20 has also decreased. In 1973, 377 babies (23.3%) were born to girls age 19 and under; by 2002, the number of teen births was 170, or 15.5% of all births that year. As numbers often do, the percentage jumped up again in 2003 before declining again, reaching 16.2% in 2005 (the state remains at its lowest percentage of births to teens in decades at 9.7%).

Despite recent declines in teen births at both the state and national levels, the National Campaign to Prevent Teen and Unplanned Pregnancy cites the following:

- The United States has the highest rates of teen pregnancy and births in the western industrialized world. Teen pregnancy costs the United States at least \$9 billion annually.¹
- Thirty-one percent of young women become pregnant at least once before they reach the age of 20² -- about 750,000 a year.³ Eight in ten of these pregnancies are unintended⁴ and 81 percent are to unmarried teens.
- The younger a teenage girl is when she has sex for the first time, the more likely she is to have had unwanted or non-voluntary sex. Close to four in ten girls who had first intercourse at 13 or 14 report it was either non-voluntary or unwanted.⁶
- Nationally, one of every 3 girls has had sex by age 16; 2 out of 3 by age 18; two of 3 boys have had sex by age 18.

Vermilion County teens reflect much the same data, in the I Sing the Body Electric Risk Behavior Survey for 2006 (appendix H) of nine of the twelve public and private high schools in Vermilion County – 2,537 9th – 12th graders). ISBE Coordinator Dottie McLaughlin reports good news, in that 47.8% of our youth say they have not had sexual intercourse. However, the percentages of Vermilion County youth who say they have had sexual intercourse have remained virtually unchanged in 4 years; however, for the first time in 4 years, the number of males reporting sexual activity in high school increased over the number of females reporting sexual activity:

- High school students reporting sexual activity nationally – 46.8%
- East Central Illinois (Coles County ISBE program survey) – 45.9%
- Vermilion County -
 - 2002 – 53.3%
 - 2004 – 54.9%
 - 2006 – 52.8%



- Vermilion County female teens – 52.2%
- Vermilion County male teens – 53.4%
- The ISBE survey data indicates the younger the student, the less sexually active he or she may be:
 - 9th grade males – 42.0%
 - 9th grade females – 39.3%
 - 10th grade males – 47.7%
 - 10th grade females – 47.2%
 - 11th grade males – 63.0%
 - 11th grade females – 62.6%
 - 12th grade males – 68.3%
 - 12th grade females – 66.7%
- 9.4% of our children say they had sexual intercourse for the first time before the age of 13. Mrs. McLaughlin notes that is a 25.3% increase from 2002; nationally, the percentage is 6.3%.
 - 5.4% of VC females report early sexual activity
 - 13.7% of VC males report early sexual activity
- 62.9% of 12th graders report sexual intercourse in the three months prior to the survey (63.3% of males and 62.5% of females)
- 17.9% of our teens in Vermilion County have had more than 4 sexual partners in their lifetimes
- 51.5% of sexually active teens say they used condoms to prevent pregnancy
 - 7.4% of sexually active females report having had unprotected sex
 - 7.2% of sexually active males report having had unprotected sex
 - 5.8% of VC female teens say they have been pregnant once in their lifetimes
 - 4.3% of VC males say they have fathered a child once in their lifetimes
- In their lifetimes, 13.1% of VC female teenagers report they have been physically forced to have sexual intercourse when they did not want to
 - Nationally, 11.5% of youth reported they had been forced to have sexual intercourse when they did not want to
- In Vermilion County, 13.5% of our teens report alcohol or drug use before sexual intercourse
 - In East Central Illinois (Coles County ISBE) 12.1% of teens reported the same behavior
 - Nationally, 10.6% of teens say they used alcohol or drugs before sexual intercourse
 - 10.8% of females
 - 16.5% of males
- 75.0% of Vermilion County youths asked said they have had at least one drink of alcohol in their life
 - Nationally, 74.3% of youths responded they have had a drink



- In East Central Illinois (Coles County ISBE) 72.7% said they have had a drink
- More than half (50.9%) of Vermilion County youths surveyed in 2006 said they had their first drink (more than a few sips) by the time they were 14 years of age
- Binge drinking (5 or more drinks in a row) by Vermilion county male youths has declined, but at 34.1%, the percentage is higher than the national average, 25.5%; for VC females, the percentage is 29.5%, which is above the national percentage, 23.5%

Education is often a liability of teen pregnancy. Even without the impact of teen pregnancy, there are too many reasons why our children do not complete their public school educations today, let alone seek higher learning. Recent local media attention has focused on No Child Left Behind testing and dropout rates. Fairly or not, an October 2007 Associated Press story cited a Johns Hopkins University research study, saying that 1,676 high schools nationwide (called "dropout factories") held on to only 60% or less of their students from freshman to senior year over three years. Danville High School was on the list, with a retention rate, according to the research, of 59%; that would mean 4 every 10 students who enroll as freshmen drop out before graduation. The story does not indicate if the district's high mobility rate (roughly 34%) was taken into account. The stories initiated some community dialogue, but few offers to help; as is often the case, fingers were pointed and anger was voiced without offering solutions.

Education is a reflection of the community. If it is challenged or overwhelmed, then the community must step up to help. Problems must be identified, and workable solutions must be found. Even without media hype, it can be argued that many of the school districts in Vermilion County face challenges. The Vermilion County Regional Office of Education reports (Appendix I) 9.9% of Danville High

School's students dropped out in FY 2006; that is about three times the state dropout average of 3.5. But Danville is not alone in its challenges.

Children often drop out before they reach high school. In reality, many children become disengaged long before they leave the system. As a community, perhaps we should begin to look at why that disengagement occurs, and ask ourselves what we, as parents and the adult leaders of the community, can do to ensure our children are educated.

Every child that disconnects from the education system impacts the entire community's future. Whatever drop out or graduation numbers are used is almost immaterial in the face of so many youths unable or unwilling to see a future of hope. Lost education is a risk factor of teen pregnancy; multiple



generations of births to teens in our county may be a significant contributing factor to low graduation rates. These intertwined issues require parental involvement, and a community that is actively engaged in helping school systems build healthier futures.

According to the 2006 American Community Survey of the U.S. Census, Vermilion County has 7,023 residents who are 18 to 24 years of age; 29.5% of them have less than a high school education; 33.6% are high school graduates, or have equivalency. Of the population of individuals age 25 and up (55,327), 40.6% are high school graduates or have equivalency; 12.0% have education at the 9th to 12th grade levels, without diplomas (Appendix I).

The Illinois State Board of Education reported a 78% graduation rate average for Vermilion County schools in 2004-2005 (state percentage is 87.4%, as reported in the 2004 Illinois Report on Poverty).

The Vermilion County Regional Office of Education reports high school drop out percentages for the state of Illinois:

- FY03 – 4.9%
- FY04 – 4.6%
- FY05 – 4.0%
- FY06 – 3.5%

Individual statistics for Danville District 118 (the largest public school system in the county) as reported by the Vermilion County Regional Office of Education:

- FY03 – 8.5%
- FY04 – 7.6%
- FY05 – 8.0%
- FY06 – 9.9%

The three other larger districts in the county also report drop out rates above state averages:

<p>Westville:</p> <ul style="list-style-type: none"> FY03 – 5.25% Fy04 – 3.8% Fy05 – 5.6% Fy06 – 2.3% 	<p>Georgetown:</p> <ul style="list-style-type: none"> FY03 – 7.5% FY04 – 4.0% FY05 – 6.8% FY06 – 5.6% 	<p>Hoopeston:</p> <ul style="list-style-type: none"> FY03 – 9.3% FY04 – 4.2% FY05 – 5.9% FY06 – 7.3%
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But education is not in this battle alone over drop out rates and test scores. Educators must have parents working with them. Parental involvement in children’s lives is critical. On a national level, the National Campaign to



Prevent Teen and Unplanned Pregnancy reports that when asked why teen girls have babies, 78 percent of white and 70 percent of African-American teenagers reported that lack of communication between a girl and her parents is often a reason.

Vermilion County high school students who participated in the I Sing the Body Electric in years 2002 to 2006 report the following responses to questions about the extent of parental involvement in their lives, and their perception of communication with their parents(Appendix H):

- Asked how often parents, step parents, or guardians help teens with their homework
 - 2002 – 34.8% say never
 - 2004 – 38.0% say never
 - 2006 – 40.0% say never
- Asked how often parents, step parents, or guardians limit the amount of time spent watching TV:
 - 2002 – 66.8% say never
 - 2004 – 70.1% say never
 - 2006 – 67.4% say never
- Asked how often parents, step parents or guardians allow teens to go out on school nights with friends:
 - 2002 - 42.9% say often
 - 2004 – 39.5% say often
 - 2006 – 38.2% say often

Our community's future hinges on keeping our children in school and making them believe they can set attainable goals; education and parental involvement are critical to accomplishing this.

**COMMUNITY HEALTH PRIORITY:**

Reduce the percentage of births to teens in Vermilion County

OUTCOME OBJECTIVE: By 2011, reduce the percentage of births to Vermilion County youths under age 20 to 13% (Baseline: 16.2/1,112 live births in Vermilion County, 2005, Illinois Department of Public Health)

Impact Objective:

By 2009, reduce the percentage of Vermilion County high school students who report they had sexual intercourse before the age of 17 to 35%. (Baseline: 41.1%, Vermilion County I Sing the Body Electric Behavior Risk Factor Surveillance System 2006)

Community Intervention Strategies:

- Assess and identify existing gaps across Vermilion County in educational opportunities for parents/guardians and children to learn about puberty, sexuality, self esteem, decision-making, self concept, stages of development, and communication
- As needed, increase the educational opportunities for parents/guardians and children to learn about puberty, sexuality, self esteem, decision-making, self concept, stages of development, education completion, and communication
- Assess the need for expansion/enhancement of existing mentoring, after school, and extra curricular programs across Vermilion County

Impact Objective:

By 2009, establish a mechanism for the regular convening of youth and community forums to raise awareness across Vermilion County about the complexities and consequences of adolescent sex, teen pregnancy and other related youth issues (Baseline: none exists)

Community Intervention Strategies:

- Establish an alliance of youths and community members to undertake a coordinated approach to obtaining funding and create regular public – youth and adult - forums that allow dialogue and problem solving at the community level, focusing on youth issues and parental involvement



Community Resources: Partners would include schools, faith based and community organizations, Parish Nurses; the Danville Family YMCA; Your Family Resource Connection; CRIS Senior Services, Project Success, Teen Reach, Big Brothers/Big Sisters, United Way, Danville Mayor's Youth Council, Hoopston Mayor's Youth Council, Peer Court, HALO, I Sing the Body Electric, Prairie Center, Crosspoint, University of Illinois Cooperative extension – Vermilion County and Regional offices, Center for Children's Services, 708 Mental Health, local media, Young Men/Young Women Aware, Laura Lee, Positive Youth Development, Chamber of Commerce/Vermilion Advantage Character Counts, Regional Office of Education, Danville Area Community College, Boys and Girls Club, Provena USMC Foundation, Women's Care Center



**COMMUNITY HEALTH PRIORITY:
Reduce premature deaths due to diseases of the heart**

The United States has a history of wealth and health – in comparison with the rest of the world; at least it has, until now. In the year 2007, we find that in terms of our health, we are losing ground, as a nation.

We appear to be on a downward trend spiraling toward becoming less and less healthy in our lifestyles, instead of working to become healthier. We are overweight and inactive; we consume rather than cut down; our children are becoming diabetic at young ages; and we are dying from diseases of the heart at younger ages, often believing that what we choose to eat and how active we choose to be will not impact our health.

But living healthy is not always about choice; for many in our community it is about survival. Economics and access to care play enormous roles in the extent of healthy living for many in a community that remains economically challenged. As a community, we cannot indict those who do not take walks, if they live in dangerous neighborhoods; we cannot fault parents for not sending their children to play in dangerous streets; we can ill afford to chastise parents who buy only the food they can afford, rather than foods that while healthier, may be more expensive.

Preventive medicine may not always be accessible to everyone who needs it. An overburdened healthcare system and limited access affects the health of the community. Lines are long and services limited for those with little or no insurance. Medical, dental and vision services are almost non-existent for the uninsured. Frequently in our community, the lack of preventative care results in emergency room care, further burdening a strained system.

As a community, once again, we must face and overcome the barriers presented by the economic and social challenges of our community.

Just as with teen pregnancy and community violence, there is no quick fix, nor are there simple explanations as to why we continue to grow unhealthier.



According to the Centers for Disease Control and Prevention, chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation’s leading killers.

In 1994’s IPLAN, coronary heart disease was identified as the number one health priority. The objective for this priority was to reduce the rate of premature death due to coronary heart disease to no more than 60.1 per 100,000 by 1999, using IPLAN baseline data of 63.2% for 1990.

We did not achieve our goals (appendix A) for reducing coronary heart disease, because when we identified this priority in the 1999 IPLAN, the goal was to reduce premature deaths due to coronary heart disease to no more than 55/100,000, using an IPLAN baseline data of 63.3% (IPLAN data for 1995).

And now in 2007, we again target diseases of the heart. According to IPLAN data for the year 2005, 937 Vermilion County residents died; of that total, 30% of those deaths (all races) were attributed to diseases of the heart, with another 21% identified as being due to coronary heart disease. In comparison, 27% of the entire population of Illinois (all races) died in 2005 from diseases of the heart, and 19% died from coronary heart disease (Appendix J).

In 1994, we identified smoking, high cholesterol and uncontrolled hypertension as the risk factors to coronary heart disease. The same risk factors were again identified in 1999. The direct contributing factors mirror each other for both community health plans, citing nicotine addiction, lack of knowledge about risks, including nutrition, and access to care. In 2007, the range of risk factors has grown, rather than dwindled, as obesity and diabetes are now highlighted as significant contributors to this health problem.

Health information is available today as never before through broadcast and print media as well as the Internet. There is a plethora of information available, such as helpful hints, tips, ideas, and suggestions focusing on ways in which to live healthier lives. But the old adage about leading a horse to water, but being unable to make him drink, may well apply.

For most people, living healthier lives means making choices: choosing to eat healthier; choosing to live less sedentary lives, and choosing to get regular preventative checkups. For some, however, economic and social circumstances may inhibit a person’s ability to make those choices. Working at multiple jobs to



feed the family may limit the amount of free time an individual has to get regular physical exercise; living in an unsafe neighborhood may prevent children from going outside to play and get exercise; living in poverty may mean choosing healthier foods is not an option; living without insurance may mean fewer options for preventative healthcare and a greater reliance on crisis medical care. Diseases of the heart take a toll in lives lost or altered, and in economic costs. The Centers for Disease Control and Prevention projected that in 2006, heart disease would cost \$142.5 billion, including health care services, medications, and lost productivity.

According to the Centers for Disease Control and Prevention's Chronic Disease website, "...studies among coronary heart disease patients have shown that 90% have prior exposure to at least 1 of these heart disease risk factors: high blood cholesterol or taking cholesterol-lowering drugs, high blood pressure or taking blood pressure-lowering drugs, current cigarette use, or clinical report of diabetes." For our IPLAN committee, heart disease was an immediate choice for this 2007 plan; their awareness of the inherent dangers of uncontrolled heart disease and the toll it takes on the overall health of the Vermilion County community was obvious after reviewing the Illinois Behavior Risk Factor Surveillance (BRFSS) survey data, 2001-2003, and 2004-2006, for Vermilion and its 6 comparison counties. (Appendix K)

- 30.6% of Vermilion County BRFSS respondents identified themselves as smokers, a higher percentage than the comparison counties
- 87.8% of Vermilion County respondents report they are taking medication for high blood pressure; on average, this is a higher percentage than comparison counties
- 35.8% of Vermilion county respondents report they have been told their cholesterol is high; this is higher than residents of comparison counties
- 15.9% of Vermilion respondents identify themselves as being inactive ; this is higher than residents of comparison counties
- 4.5% of Vermilion respondents report their perception of their health as being poor; on average this is higher than residents of comparison counties
- (59.3%) of Vermilion respondents reported as 'none' the number of days when their physical health was not good; on average this is a lower percentage than residents of comparison counties
- 10.5% of Vermilion residents report they avoided the doctor due to high costs; only Champaign, 13.3%, was higher among the comparison counties
- At 14.5%, Vermilion respondents report less likelihood that they consume 5 or more daily servings of fruits and vegetables than the average of comparison counties
- 9.6% of Vermilion respondents report they have diabetes, which is on average similar to comparison counties, but higher than the state (8.2%)



Moving upstream to the youth of our community, I Sing the Body Electric survey data indicates our children may not be growing up healthy (Appendix H).

- ISBE reports that since 2003-04, there has been an increasing trend nationally and in Vermilion County youth to report they are not eating healthy
 - 18.6% of youths nationally and 25.9% of VC youth report no intake of 100% juice in 7 days
 - 14.7% of youths nationally and 20.6% of VC youth had not eaten any fruit in 7 days
 - 34.4% of youths nationally and 41.6% of VC youths report they had not eaten any salad in 7 days
 - 16.5% of youths nationally and 15.2% of VC youths did not drink any milk in the past 7 days
 - 13.4% of VC youths fasted (24 hours or more) to lose weight
 - 32.3% of VC youth surveyed said they were slightly or very overweight; nationally, it is 31.5%; and in East Central Illinois (Coles County ISBE) it is 31.7%
 - 68.3% of VC youths went to a physical education class or one or more days in an average week; nationally, it is 54.2%; in East Central Illinois (Coles County ISBE) it is 84.5%
 - When VC youths are in physical education classes almost one third of them (32.7%) spend 30 minutes or less actually exercising or playing sports during that class period; nationally, it is 17.6%; in East Central Illinois (Coles County ISBE) it is 37.9%
 - 37.2% of youths nationally watch 3 or more hours of television on an average school day; over one third of Vermilion County youths (38.0%) watch 3 or more hours of TV on an average day

The Vermilion County community and its children continue to face economic challenges (Appendix E).

COMMUNITY HEALTH PRIORITY:

Reduce premature deaths due to diseases of the heart

OUTCOME OBJECTIVE: By 2011, reduce the incidence of premature deaths due to coronary heart disease in Vermilion County to 53/100,000 (Baseline: 58.3/100,000, Illinois Project for Local Assessment of Needs, 2004)

**Impact Objective:**

By 2010, increase by 2% the number of Vermilion County adults 18 years of age and older who report having their blood pressure taken within the year (Baseline: 73.1%, Illinois Behavior Risk Factor Surveillance System 1999)

Community Interventions Strategies:

- By 2008, establish accessible and effective opportunities for blood pressure screenings and education that specifically targets that portion of the population under age 65 (No baseline currently exists)
- Work collaboratively with community partners to raise public awareness about heart health, including developing community-wide activities, public service announcements, worksite programs, faith based activities and other events focusing on heart health
- Obtain reliable, measurable, age-specific data about blood pressure screenings – through VCHD blood pressure screenings and through the IL BRFSS, and explore opportunities to increase education and identify access to care barriers that might impede referrals

Community Resources: Partners will include local media, Provena USMC, Vermilion County medical community (Provena, Carle, Christie, Polyclinic, etc), American Heart Association, Vermilion Advantage, Carle Clinic, Parish Nurses, faith based groups, BRFSS, Aunt Martha's, University of Illinois Cooperative Extension – Vermilion County and Regional offices

Impact Objective:

By 2010, decrease to 34% the number of Vermilion County adults who report being at risk for health problems related to being overweight (based on BMI calculated from height and weight) (Baseline: 37.2% BRFSS 2004)

COMMUNITY INTERVENTION STRATEGIES:

- By 2008 have in place a public awareness campaign for the adult population of Vermilion County that will raise awareness about the need to incorporate healthy lifestyle changes at home, work and school



- By 2009 coordinate a pilot community event connecting families, cultures, and churches/faith based groups to physical activities and healthy eating, and if successful, replicate in county communities
- By spring of 2008 explore opportunities to expand existing, and develop new, educational opportunities for healthy living for children and youth through VCHD programs and services, as well as community groups and organizations

Community Resources: Local media, faith based groups, Danville Family YMCA, Laura Lee Fellowship House Danville District 118 North East Magnet School, Danville Parks Summer programs, Danville Housing Authority summer programs, and the Boys and Girls Club summer programs, Teen Reach, Young Men aware, Young Women Aware, United Way, Laura Lee Fellowship, faith-based groups, after school programs/activities, Danville Area Community College, Aunt Martha's, Your Family Resource Connection, U of I Cooperative Extension – Vermilion County and Regional offices

Impact Objective:

By 2010 increase by 3.5% the number of Vermilion County adults under the age of 65 who report they have had their cholesterol checked within the last year. (Baseline: 69.6% BRFSS 2004 ages 25 to 64)

COMMUNITY INTERVENTION STRATEGIES:

- By 2009 increase opportunities for Vermilion County adults ages 18 to 64 to have their cholesterol levels checked through VCHD programs and services, and community events; explore opportunities to increase education and identify access to care barriers that might impede referrals
- By the fall of 2008 have in place a campaign in the local media to promote awareness among Vermilion County residents about the importance of accessing opportunities to get their cholesterol checked
- By 2009 coordinate a pilot community event connecting families, cultures, and churches/faith based groups to physical activities and healthy eating, and if successful, replicate in county communities



Community Resources: VCHD staff and programs/services, local media, partner agencies/groups, Vermilion Advantage, faith-based/churches, Danville Family YMCA, Your Family Resource Connection, U of I Cooperative Extension – Vermilion County and Regional offices, Danville Area Community College

Impact Objective:

By 2010 reduce the percentage of Vermilion County adults over age 18 who report they smoke to 25% (baseline: 30.6% BRFSS 2004)

COMMUNITY INTERVENTION STRATEGIES:

- Work proactively within the community to support/assist the transition into compliance with the state smoke free policy, upon it being signed into law
- Continue to provide health department smoking cessation classes, and with available funding, continue to offer class participants limited access to free nicotine replacement patches
- Expand/enhance existing partnership between VCHD and the Illinois Quitline by: promoting the phone counseling service through VCHD brochures and promotional materials; promoting the Quitline in free and paid advertising; continue to make referrals to the Quitline at every available opportunity, including all calls to the health department for cessation information; providing Vermilion County residents who use the Quitline with limited access to free nicotine replacement patches, as funding allows
- Work collaboratively with Vermilion County schools to include anti-tobacco presentations in elementary through high schools including the Monster Cigarette in Provena USMC BodyWalks for 2nd graders

Community Resources: Provena USMC, Vermilion County schools, Danville Area Community College, Illinois Quitline, Illinois Tobacco-free funding

Impact Objective:

By 2010 increase the number of Vermilion County adults under the age of 65 who report they have had their blood sugar checked through VCHD programs and services (No existing baseline)



COMMUNITY INTERVENTION STRATEGIES:

- By 2010 increase to 225 the number of Vermilion County adults ages 18-64 who report having had their blood sugar checked within the past year (Baseline to be established)
- By 2008 have in place a public service marketing campaign to raise awareness in Vermilion County about opportunities for blood sugar screenings and information
- Explore opportunities to increase education and identify access to care barriers that might impede referrals

Community Resources: VCHD, Provena USMC, schools, worksites, Vermilion Advantage, local healthcare providers, United Way, Danville Family YMCA, faith-based/churches, Aunt Martha's, Danville Area Community College, U of I Cooperative Extension – Vermilion County and Regional offices, Your Family Resources Connection



Community Health Priority: Reduce violent and abusive behaviors in Vermilion County

As we set our objectives and identify expected outcomes for this health priority, we must first acknowledge, as the Vermilion County community, that we are not equipped to adequately respond to the changes we are experiencing within our county, resulting in an escalating level of violence across our community. We cannot address problems we do not face. Violence is not confined to Vermilion County; it permeates communities across the nation. This is not an issue to ignore in hopes it will go away or be offset by good public relations. Violence exists within our community and our schools.

By acknowledging this community health issue, and recognizing our limitations to address it, we are moving forward to explore the means and methods we can utilize to assess and evaluate our current status and begin to approach a shift in our attitudes and in our culture that will result in a healthier and safer community in which we can live and raise our families.

Public health encourages the community to accept and acknowledge that each of us, one person at a time, can make a difference in our attitudes and actions toward each other. As a community we must learn to build our trust in and respect for, each other. And as a community we must teach our children to respect each other, their schools and the community.

However, public health, even with engaged agency partners, cannot stop violence. It is not our arena. But we can, as a community, impact violent attitudes, violent reactions, violent behaviors, and the contributing factors to violence. This, also, is an economic, social, and emotional issue that affects the future growth of the community, our children, and our families.

Let us, as a community, face the challenges before us, find the components we can address, and move our community toward a healthier future.



The World Health Organization defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person or living being, or against a group or community that either results in or has a high likelihood of resulting in injury or death, psychological harm, maldevelopment or deprivation.

According to the Encyclopedia of Public Health the public health approach to the study and prevention of interpersonal violence was given formal recognition in 1984 when Surgeon General C. Everett Koop, stated: "Violence is every bit as much a public health issue for me and my successors in this century as smallpox, tuberculosis, and syphilis were for my predecessors in the last century." Now 23 years later and into another century, Dr. Koop's words ring uncomfortably true for public health officials.

While public health in recent years has focused its limited resources on preventing disease and promoting good health practices, the world and community expectations have been changing. The Vermilion County community, like countless others across Illinois and the nation at large, are facing the risks and challenges presented by violence. Regrettably, even when it is identified as a public health risk, violence cannot be immunized or hand-washed away; there is no anti-viral to cure violence. Violence now lives within our communities. No single factor causes violent individuals, relationships, communities, or societies.

There is no single solution; it will take all of us working together to find the solutions. The first step we must take, as a community, is to recognize the heavy toll violence is taking on our families, our schools, our neighborhoods, our our economy, and our future.

The IPLAN Advisory committee struggled with naming violence as a community health priority, because it does not sit easily within a community health priority worksheet. There was energetic dialogue as community partners and health department staff struggled to understand what portion of this immense issue can be undertaken and then move to resultant measurable outcomes. But in light of Dr Koop's comment above and the Healthy People 2010 violence objectives cited in the State Health Improvement Plan Final Report released last fall, there is some realization that violence is no longer only something for just law enforcement to deal with, or only the courts; nor is violence something that only impacts strangers down the street or across town; violence impacts everyone.

The Center for Disease Control and Prevention says the total costs associated with nonfatal injuries and deaths due to violence in 2000 were more than \$70 billion; \$64.8 billion (or 92%) was due to lost productivity; an estimated \$5.6



billion was spent on medical care for the more than 2.5 million injuries due to interpersonal and self-directed violence. Whatever fractions of these enormous national costs were experienced here in Vermilion County, their total was more than our community should have to bear, both in monetary loss and in personal pain. And these national statistics should raise our concern:

- Homicide and suicide are the second and third leading causes of death, respectively, among Americans aged 15-34.
- People aged 15 to 44 years comprise 44 percent of the population, but account for nearly 75 percent of injuries and 83 percent of costs due to interpersonal violence.
- Victims of violence are more likely to experience a broad range of mental and physical health problems not reflected in these estimates from post-traumatic stress disorder to depression, cardiovascular disease and diabetes.

Here in Vermilion County, the level of violence within our community is alarming, when looking at the Illinois State Police Crime Report for 2005 (appendix L)

- Crime Index Offenses for the county as a whole totaled 3,662 – for a rate per 100,000 population of 4,423.5
 - For the county, based on a population of 24,750, the rate per 100,000 population was 2,884.8
 - For Danville, based on a population of 33,069, the rate per 100,000 population was 7,417.8
- In Vermilion County during 2005 there were 5 murders, 72 criminal sexual assaults, 337 aggravated assault/battery
- Crime Index Arrests totaled 801 – for a rate of 967.6 per 100,000 population
- 21 crimes against school personnel
- 347 crimes against children
- 1,031 domestic crimes
- 4 hate crimes
- There were 498 total drug arrests – for a rate of 601.6 per 100,000 population
- 14.2% of adults age 18 and older responding to the Behavior Risk Factor Survey indicate they are at risk to binge drinking

The impact of violence within our adult community has filtered into our schools, just as it has in other communities. The 2006 I Sing the Body Electric health survey of students in nine of the twelve high schools in Vermilion County (Appendix H) shows:

- 4.5% of Vermilion County high school students say they there were days they did not go to school because they felt unsafe; nationally that percentage is 6%



- 9.7% of our youth say they have been threatened or injured with a weapon at school (a 47% increase from 2002)
 - Of that 9.7%, 11.9% of male high school students say they were threatened or injured with a weapon at school – up 48.7% in four years
 - 7.2% of female students say they were threatened/injured with a weapon at school; that is up 38.4% since 2002
- 18.3% of our youth say they carried weapons (gun, knife or club) in the 30 days prior to the survey, which is comparable to the national percentage of 18.5%
- 6.4% of our youth say they carried a gun in the past 30 days
- 27% of students say they have had property stolen or deliberately damaged at school
- 31.9% of high school students in Vermilion County say were in a physical fight during the past year; in 2004 the percentage was 29.0
 - 38.7% of male students were in fights
 - 25.3% of females say they were in physical fights
- 4.7% of our high students say they were in a fight that sent them for medical care; more boys than girls were in such fights, but the percentage of girls seeking medical care as a result of fighting in 2006 was 3.2%
- 12.0% of our youth reported having at least one physical fight on school property
- 14.6% of youth say they were physically hurt by a boyfriend or girlfriend, while nationally, that number is 9.2%
- 11.5% of our high school students say they have been forced to have sexual intercourse when they did not want to; nationally, 7.5% of youth report being raped
- Vermilion County students in the 12th grade reported the highest incidence of rape over other grade levels

The potential impact of violence upon our schools is troublesome, when viewed with data from the Vermilion County Regional Office of Education (appendix L):

- The number of students in Danville District 118 that have been suspended for violence (fighting/weapons) has gone from 141 in 2003 to 424 in 2006; the number expelled for violence (fighting/weapons) climbed from 10 in 2003 to 46 in 2006
- In Vermilion County schools, the number of students suspended for violence (fighting/weapons) in 2003 was 110; in 2006 that number soared to 317, although the number expelled from county schools for violence dropped from 4 in 2003 to 2 in 2006

Reports of abuse/neglect from the state involved (appendix L) 1,161 (unduplicated) children in Vermilion County during 2005 resulted in a rate 66.1



per 1,000. The rate of Department of Children and Family Services indicated investigations is 19.7 (410 unduplicated).

The city of Danville experienced seven homicides (Appendix L) from December 1, 2006 to August, 2007. Danville Police indicate a total of 1,364 battery reports in 2006.

- 189 were reported as aggravated battery
- 536 were reported as battery
- 635 were reported as domestic battery
- 41 total batteries were reported in the city (battery, aggravated battery, and domestic battery) to victims age 60 and over

Your Family Resource Connection (YFRC) reports 9Appendix L) 972 new domestic violence victims sought their assistance from January 2005 to March 2007. YRFC faced 327 new sexual assault victims during the same time period.

- In 2005, 109 women and 96 children were housed in their homeless shelter – there were 273 turn aways
- In 2006, 99 women and 85 children were housed – there were 371 turn aways
- As of May, 2007 the shelter had housed 83 women and 95 children – there had been 983 turn aways

Provena United Samaritans Medical Center reports they had 37,458 visits to their Emergency Room during 2006; they anticipate just over 40,000 visits in 2007, with that number estimated to go to 43,000 in 2008. The hospital has only sketchy information as to ER visits directly related to violence, but in 2006, they have identified 621 of the 37,458 that were due to violence, however hospital officials say they believe the number of violence-related visits to the emergency room is much higher.

A survey of Vermilion Advantage business/industry done in May 2007 indicates that of the 76 surveys returned, 58 say workplace violence is not much of a concern; 10 stated it is a growing concern; 1 stated workplace violence is big problem.

The State Health Improvement Plan Final Report, October 2006, identified violence as a priority health condition, referencing some of the Healthy People 2010 indicators in the state health plan objectives addressing violence:

- Reduce maltreatment of children (HP 2010a 15-33a) and maltreatment fatalities (HP 2010a 15-33)



- Reduce the annual rate of rape, attempted rape, (HP2010 15-35), sexual assault (HP 2010 15-36) and physical assault by current or former intimate partners (HP 2010 15-34)
- Reduce physical assaults (HP 2010 15-37) and homicides (HP 2010 15-31)
- Reduce physical fighting (HP 2010 15-38) and weapon carrying among adolescents

As we have seen, at the national, state and local levels, violence can no longer be ignored as a problem for someone else to worry about. Violence permeates the environment, touching the lives of too many of our community families. Local organizations, churches and other faith-based groups are taking to the streets to call for an end to the violence. We submit our community advisory group's health plan for reducing violent and abusive behaviors in Vermilion County.

Community Health Priority: **Reduce violent and abusive behaviors in Vermilion County**

OUTCOME OBJECTIVE: By 2010 reduce the number of violence-related calls for help to 9-1-1- in Vermilion County (Baseline: Domestic, 5,495; battery, 1,262; assault, 1900 calls to Vermilion County's 9-1-1 in 2006).

Impact Objective: Expand and enhance a comprehensive program to reduce, address, and prevent family and community violence and abusive behaviors

Community Intervention Strategies:

- Work collaboratively with local schools to support and enhance/expand best practices programming that build character and teaches alternatives to violence, including, Vermilion Advantage's Character Counts program currently offered in Vermilion County schools, and Danville District 118's Positive Behavior Interventions; VCHD will explore opportunities to incorporate such programs in its programs and services, client contacts and throughout its employee base, as well as among its partner agencies across Vermilion County
- Work in partnership with local media to develop a public service campaign that raises general public awareness across the life span about Character Counts and/or other positive role modeling, as well as encouraging the general public to engage in behavior to reduce/eliminate violence from the Vermilion County community



- Work jointly with community organizations and agencies that serve women, youth, families, and the elderly to seek funding that will empower local programs and services in their efforts prevent/reduce violent behaviors
- Expand VCHD partnership with Illinois Family Violence Council
- Enhance opportunities within VCHD programs and services to raise staff awareness about violence and prioritize anti-violence education opportunities during their interactions with clients
- Work collaboratively to ensure appropriate training for health care providers and personnel to identify, intervene and prevent re-occurrence of elderly, domestic and sexual violence in Vermilion County
- Work jointly with community health organizations (i.e. clinics, hospitals, private providers, etc) who serve women, youth, families and the elderly to identify elderly, sexual and domestic violence and ensure connections to appropriate services and intervention to prevent the re-occurrence of violence in Vermilion County
- Work collaboratively with health care organizations to systemically develop protocols (i.e. forms, charts, questionnaires, etc) to identify, intervene, and prevent the re-occurrence of elderly violence, domestic violence, and sexual violence e in Vermilion County
- Develop and localize public awareness/ education materials about elderly, domestic and sexual violence in Vermilion County to be available in health care offices, waiting rooms and other health-related areas of the community
- Working collaboratively, assess the need within our community to expand/enhance services and programs to the victims of, and families affected by, violence, including the opportunities for funding
- Working collaboratively, assess the need to expand/enhance programs and services providing anger management education for our youth

Community Resources:

VCHD programs, services and staff, Vermilion Advantage/Chamber of Commerce, Provena USMC Foundation and HALO, Illinois Family Violence Council, Your Family Resource Center (Women's Shelter, Rape Crisis, Domestic Abuse, Homeless Shelter), CRIS Senior Services, Danville Police Department, Vermilion County Sheriff's Department, Danville and Hoopeston Mayor's Youth Councils, United Way, Young Men/ Young Women Aware, Teen Reach, Local Media, Big Brothers/Big Sisters, Danville Housing Authority, Boys and Girls Club, Danville Family YMCA, Faith based community, Laura Lee Fellowship, Regional Office of Education, Danville Area Community College, Illinois Violence Prevention Authority, Illinois Department of Public Health, Mental Health Board, Character Counts, Peer Court, Crosspoint, Prairie Center, Center for Children's Services, Aunt Martha's, Boys/Girls Club, U of I Cooperative Extension, Catholic Charities



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APPENDICES



Appendix A



Appendix B



Appendix C



Appendix D



Appendix E



Appendix F



Appendix G



Appendix H



Appendix I



Appendix J



Appendix K



Appendix L