

East Side Health District



Health Priority Areas 2012-2017:

Sexual Transmitted Diseases

HIV/AIDS

OBESITY

CANCER

ENVIRONMENT

**For
Illinois Department of Public Health
Springfield, IL
June 2012**

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Letter from the Administrator

Tom Szpyrka, IPLAN Administrator
Division of Health Policy
Illinois Department of Public Health
525 West Jefferson Street
Springfield, IL 62761-0001

RE: East Side Health District 376001944 IPLAN Recertification 12/2012 to 12/2017

Dear Mr. Szpyrka:

East Side Health District is hereby requesting Local Health Department recertification covering the referenced years.

We are enclosing the complete IPLAN document as stipulated in the steps for the IPLAN Process:

- Step 1. Self-Assessing Organization Capacity
- Step 2. Convening the Community Health Committee
- Step 3. Analysis of Health Priorities and Health Data
- Step 4. Prioritize Community Health Problems
- Step 5. Detailed Analysis of the Community Health Problems
- Step 6. Inventory of Community Health Resources
- Step 7. Develop a Community Health Plan and Worksheets

These documents reflect our recording and analysis of Health Data to include periodic evaluation of community health needs and services, health education and information, supervision and regulation, administration of personal health services, operations of health facilities (Administration & Clinics) and the coordination of activities and resources.

We would appreciate your contacting me or Hardy Ware, IPLAN Coordinator if you have questions or additional requirements pursuant to this recertification. (Elizabeth Patton-Whiteside 618-271-8722 Ext 102 email: epatton@eshd.org Hardy Ware 618-271-8722 Ext 103 email: hware@eshd.org)

Sincerely,

Elizabeth Patton-Whiteside
Public Health Administrator

cc: Hardy Ware, IPLAN Coordinator

Acknowledgements

The East Side Health District is an integral part of the community and continues to promote, protect, and serve the citizens. It is with great pleasure that the staff of East Side Health District and the IPLAN Team extend a sincere “THANK YOU” to the community, various organizations, agencies, and individuals who have provided assistance, time, knowledge, and resources to the East Side Health District 2012-2017 IPLAN. It is our hope that the 2012-2017 IPLAN will assist to improve the health and well-being of all the citizens within the jurisdiction.

East Side Health District Administration & Administrators

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Executive Summary

Background

The East Side Health District services a unique population within St. Clair County, Illinois that includes 4 townships: East St. Louis Township, Canteen Township, Centreville Township, and Stities Township along with such cities as Alorton, Brooklyn, Centreville, Cahokia, East St. Louis, Fairmont City, Sauget, and Washington Park. The total population of East Side Health District service area as of 2010 was **65,349**. The East Side Health District offers a comprehensive array of services to the residents of its jurisdiction. The *County Health Rankings Mobilizing Action Toward Community Health 2011 Illinois* ranks St. Clair County **94** out of 102 counties in Illinois for **Health Outcomes** and **100** out of 102 counties in Illinois for **Health Factors** and 24% of the population in St. Clair County residents in the East Side Health District service area.

Between 2007 – 2009 there were a total of **3,272** births in the service area. In 2009, the percentage of **teen births was 25.5% and 12% were low-weight**. There were a total of **1,367 deaths** in 2007 and 2008. There was a cancer rate of 236 per 100,000 population in 2007 and 246 in 2008. **Bronchus and lung cancer** had the highest rate per 100,000 at **83** followed by **34** cases per 100,000 of **colorectal cancer** in 2007. The rate of **cardiovascular disease deaths** were **311 and 234** per 100,000 population in 2007 and 2008, respectively. Moreover, the rate of **diabetes deaths** were **75 and 66** per 100,000 in 2007 and 2008, respectively.

The Chlamydia rate in the East Side Health District area (2,079.6) is nearly **5 times greater** than the Chlamydia rate of the United States (426.0) in 2010. The East Side Health District had **59% (1,359 cases)** of the Chlamydia cases in St. Clair County in 2010. The Gonorrhea rate in the East Side Health District area (633.5) was more than **6 times greater** than the rate in the United States (100.8) in 2010. The East Side Health District had **67% (414 cases)** of the Gonorrhea cases in St. Clair County in 2010. The East Side Health District area had **67% (414 cases)** of the Gonorrhea cases in St. Clair County in 2010. The Syphilis rate in the East Side Health District area (49.0) was more than **3 times greater** than the rate in the United States (14.9) in 2010. The East Side Health District had **63% (32 cases)** of the Syphilis cases in St. Clair County.

There are also environmental impacts of air pollutants in the East Side Health District area from stationary industrial and mobile sources. There are also a number of brownfields and superfunds in the area. With a total of 21 census tracts in the area area nearly half are food deserts. While a number of recreation and park amenities have been identified in the area maintenance and care of have been challenges.

Rates of intentional homicide and robbery per 100,000 people have been used as a proxy for the incidence of violent crime; for the occurrence of homicide is related to the occurrence of other crimes of violence and robbery has a dual trauma, physical and psychological. Robberies are also related to property and associated with violence (Fajnzylber, P. et al. 2002). Among all the areas, East St. Louis had the greatest number of number of murders, **95** with approximately **20%**

of all murders resulting in arrests and a total of **1,801** robberies with a total of **171** arrests, between 2006-2009.

The IPLAN 2012-2017 was completed between September 2011-June 2012 to assess the community needs and establish health priorities for the 5 year planning period.

Methods of Community Participation

Input Sessions

Fifty-two community members representing a variety of business/civic organizations and neighborhoods from the East Side Health District service area participated in 5 community input sessions of 10 groups during the months of October and November 2011 using the ORID (Objective, Reflective, Interpretive, Decisional) process with a script themed, **“Identifying social determinants of health that limit or promote healthy living within our community,”** in 4 locations throughout the community.

Survey

A community survey was developed and distributed throughout the East Side Health District service area to rank and list those health determinants in their community between September and November 2011. A total of 870 surveys were collected.

Results

Input Sessions

The top 10 ranked health concerns that were derived from the input sessions included: community, environmental, youth awareness, substance abuse, infrastructure, chronic disease, access to health care, care for vulnerable populations, research and prevention, and food deserts.

Survey

The qualitative results derived from the surveys were: STD, HIV/AIDS, cancer, diabetes, high blood pressure, obesity, heart disease, asthma, teen pregnancy, crime, nicotine, health systems, mental health, social determinants, and dental health. The **quantitative results** from the community surveys show that the ESHD is the safety-net of the community and serves as the entrance for community members into the health system. Moreover, increase presence of ESHD in the community would:

- (1) create greater health savings in decreasing emergency room usage and
- (2) increase consumer usage of clinics for health related issues
- (3) increase the health information and dissemination within the community.

Each participating IPLAN team member ranked the health priorities using the 3 sources of data. The 6 individual rankings were further compiled into one list to establish the health priorities for 2012-2017.

Five Health Priorities were established: **Sexually Transmitted Diseases, HIV/AIDS, Obesity, Cancer, and Environment**

Community Health Needs Assessment -Statement of Purpose

The community health needs assessment will serve as guiding principles for the implementation of programs and services in the East Side Health District service area. The profile of health outcomes and description of services offered by the East Side Health District can be used to acquire funding to improve the quality of health in the community; moreover, the data can be used as evaluations measures for programs and services. The IPLAN 2012-2017 will be placed on the East Side Health District website in an effort to facilitate community collaboration with stakeholders to address the health priorities, as a knowledge builder, and a tool to disseminate information.

Board of Directors

IPLAN Resolution #1

East Side Health District Board of Health

Pursuant to a duly made, seconded and unanimously carried motion, the Board of Health of East Side Health District adopted the following measure and resolution.

East Side Health District Board of Health acknowledges that the Organizational Capacity Self-Assessment was conducted and reviewed. Furthermore, the Board of Health hereby adopts the 2012- 2017 IPLAN covering East Side Health District’s jurisdictions. (East St. Louis Township, Centreville Township, Canteen Township, and Stites Township) stipulating the following health priorities:

- SEXUALLY TRANSMITTED DISEASES
- HIV/AIDS
- OBESITY
- CANCER
- ENVIRONMENT

The undersigned, _____, certifies that he or she is duly appointed Chairman of the Board of Health of East Side Health District and that the above is true, accurate and correct copy of a resolution duly adopted at a meeting of the Directors thereof, convened and held in accordance with law on _____,(Date), and that such resolution is now in full force and effect.

IN WITNESS THEREOF, I have affixed my name as Chairman of East Side Health District and have attached the Seal of East Side Health District to this resolution.

Dated: _____

Mark Kern, Chairman of the Board _____

Vanessa Chapman, Treasurer _____

Oliver Hamilton, Board Member _____

Willie McIntosh, Board Member _____

Curtis McCall, Board Member _____

SEAL:

Timeline

TIMEFRAME	STEPS TO PROCESS
September 2011	Develop I-Plan Strategy and Implementation Process
September 2011	Strategic Plan – Interviews with ESHD Senior Staff, developed mission, vision, and guiding principles, and survey Program Managers.
September – November 2011	Community Participation - Survey
October 2011	Finalize mission, vision, and guiding principles
October 11, 2011 – November 10, 2011	Community Participation – Input Sessions
October 11, 2011, October 12, 2011	
October 19, 2011, October 25, 2011 and November 10, 2011	
October 2011	Analysis of Health Priorities and Health Data
November 2011	Finalize Strategic goals, objectives, and priorities
November 30, 2011 – January 11, 2012	National Association of City & County Health Officials (NACCHO) Local Health Department (LHD) Self-Assessment Tool, Operational Definition of a Functional Local Health Department Capacity Assessment for Accreditation Preparation Tool
November 30, 2011, December 14, 2011 and January 11, 2012	
December 2011	Strategic Plan – SWOT analysis and finalize external trends, events, or factors that impact community health or ESHD
March 2012 – April 2012	Conduct Detailed Analysis of Community Health Problems
March 6, 2012	East Side Health District Strategic Plan Complete
March 2012	Inventory Community Health Resources
May 2012	Develop Community Health Plan
May 2, 2012	Prioritize Community Health Priorities
June 11, 2012	Adopted by the Board of Health Submit Recertification Application

Organizational Overview Self Assessing Organizational Capacity

(SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN INFANTS & CHILDREN)

WIC is a Federal grant program with funding authorized by Congress each year. WIC participants receive monthly coupons to purchase specific foods such as: infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, and canned fish. Soy-based beverages, fruits and vegetables, baby foods, whole-wheat bread, and other whole-grain options designed to supplement their diets with specific nutrients that benefit WIC's target population. Different food packages are provided for different categories of participants. WIC also provides iron-fortified infant formula. WIC participants receive a number of benefits: supplemental nutritious foods, nutrition education and counseling at WIC clinics, and screening and referrals to other health, welfare, and social services. Loving Support Peer Counselors, breastfeeding education and support, are provided to participants at WIC clinics.

East Side Health District (ESHD) provides Peer Counselor services to eligible participants at all WIC clinics.

The Supplemental Nutrition Program for Women Infants & Children serves the low-income, nutritionally at risk:

- Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends).
- Breastfeeding women (up to infant's 1st birthday)
- Non-breastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends)
- Infants (up to 1st birthday).
- Children up to their 5th birthday.

	2007	2008	2009	2010	2011
Clients Certified	8,922	7,344	8,796	8,472	7,998
Food Instruments Issued	53,400	53,232	50,494	52,200	50,121
Clients Receiving Group/ Individual Sessions	9,600	6,300	7,406	7,548	8,340
Internet Education	-	975	750	1,132	585

ILLINOIS WIC FARMER'S MARKET NUTRITION PROGRAM (FMNP)

The purpose of the Farmer's Market Nutrition Program is to:

- Provide WIC participants with a chance to improve their health by eating tasty and nutritious fresh fruits and vegetables
- Introduce WIC participants to farmers' markets and teach them to select and prepare many different kinds of locally grown produce.
- Support local agriculture by increasing sales at farmers' markets.
- Promote growth of family farms by creating a market for fresh fruits and vegetables.
- Encourage growth of more varieties of fruits and vegetables.
- FMNP operates from July 1st to October 31st.

The FMNP is offered to eligible WIC program participants (pregnant, postpartum, breastfeeding women and children 1-5 years of age) and the public. ESHD hosts the Farmer's market at the main clinic located at 656 N. 20th Street East St. Louis, IL.

F.R.E.S.H. COMMUNITY TEACHING GARDEN

To fulfill the ESHD service areas need for fresh produce in 2010, ESHD with the collaboration of the Illinois Department of Agriculture, Illinois Environmental Protection Agency, Illinois Department of Transportation and the Illinois Department of Naturalization under Governor Pat Quinn's Administration's Mud to Community Garden Project and various community supporters established a community teaching garden, Foods Raised at East Side Health. The premise of the teaching garden was to address the lack of education of citizens in healthy eating habits.

Therefore, F.R.E.S.H. was initiated as an education tool for local families and individuals. It is located at 656 N. 20th Street, adjacent to the ESHD Administration Building, on ½ acre of ground with raised & keyhole gardens, flower beds, an outdoor classroom, child play area with a children's garden, handicap accessible garden beds, twenty-eight community garden beds, a walking path, various fruit trees, a small green house and compost piles. The garden has specific goals:

- Educate people on the health benefits of locally grown fruits and vegetables
- Encourage garden participation among children and adults of the East Side Health District service area
- Introduce fruits and vegetables into the diets the community
- Teach participants how to enjoy the "fruits of their labor" by learning how to grow, pick, cook, and can produce
- Turn ESHD into a "Healthy Campus" by being the pioneer of change within the community
- Be a model teaching demonstration garden for innovative organic gardening practices
- Promote entrepreneurship

- Create job opportunities

The teaching garden utilizes a unique feature called upcycling, the process of converting waste materials or useless products into new materials or products of better quality or a higher environmental value, through the use of materials like old tires, bricks, concrete blocks, ironing boards, burlap bags, etc. There are a multitude of community benefits in the creation of the teaching garden: self sufficiency, sustainability, productive use of open space, engagement of those with mental and physical limitations, healthy eating, teaching and demonstration, and physical activity.

In addition to the F.R.E.S.H. Community Teaching Garden, ESHD maintains a partnership with Cahokia School District #187 for the Lalumeir School Garden (2009) and the Green Partnership collaborative initiative (2010).

HEALTHY STREET

“Healthy Street” a unique community health fair originated in 2007 and has continued annually. It is designed to promote awareness of health and wellness services that are available to the citizens throughout the metro-east community by utilizing the “block party” concept. Each year vendors from throughout the community provide FREE services and educational sessions that promote health education, healthier eating habits, increased physical activity and overall healthy lifestyle changes for individuals and families by utilizing health screenings as: diabetes, cholesterol checks, blood pressure, breast exams, prostate PSA’s, STD/HIV testing, hearing/vision/dental exams, and BMI’s. In addition free haircuts, manicures, cooking demonstrations, physical activities, food and gifts are available. Annually, approximately 800 residents attend “Healthy Street.”

EAST SIDE HEALTH DISTRICT CLOTHING GIVEAWAY

East Side Health District initiated its first clothing giveaway in 2008 as a way to give back to the Family Case Management and WIC clients served. Donations were solicited from staff, from their family, friends, and neighbors.

The success was so overwhelming the following year we decided to open the drive to the community. For the second giveaway ESHD advertised in the local paper, put up posters, and distributed flyers. New York Cleaners in East St. Louis became the main benefactor through the generosity of N.Y. Cleaners, ESHD was able to provide a wider variety of clothing articles to more individuals. Each year the clothing drive has expanded to include household items such as dishes, curtain, toys, furniture, etc. and become an annual event. Any left over items are donated to Catholic Charities (St. Vincent De Paul).

LOVING SUPPORT PEER COUNSELOR PROGRAM

Since 2005, Illinois WIC programs have been implementing the Loving Support Peer Counselor program in their agencies.

Following USDA's Loving Support guidelines and parameters, the Peer Counselor Program provides specialized breastfeeding education, encouragement and support to pregnant and breastfeeding women and their infants. Peer Counselors do home visits, telephone consultations, hospital visits, and lead support groups. Peer Counselors also assist participants with breast pump use and provide outreach to hospitals and physicians on breastfeeding services.

The program was implemented to improve breastfeeding support, initiation and duration rates, to reduce infant mortality, to improve cognitive abilities and overall long term health benefits of infants and children, and to reduce the incidence of obesity in childhood and later life.

The peer counselors have become an integral part of the WIC program. Staff refers clients to the Breastfeeding Peer Counselor for ongoing breastfeeding support and education.

Peer Counselors improve breastfeeding initiation rates: the breastfeeding initiation rate for women receiving Peer Counselor services was 83.3% compared to 30% for women without Peer Counselor services.

DIABETES PROGRAM

The goals of the Diabetes Program are to improve the long-term health outcomes related to diabetes and the prevention of complications, potential reduction of conversion from pre-diabetes to diabetes, reduction of diabetes risk factors and reduction of healthcare costs due to the development of diabetes and /or its chronic complications.

The diabetes self-management program in community settings provide opportunities for self-management for people with diabetes that would not normally exist. A multi-dimensional approach consisting of schools, WIC moms, churches, healthcare providers and employees in local businesses will be used to reach the populace.

The workshops will be offered in the following groups:

- School personnel
- Healthcare providers
- Participants with diabetes
- Participants at risk for diabetes

FAMILY CASE MANAGEMENT

Family Case Management (FCM) provides professional Case Management Services to pregnant women, infants, and children which includes: the development of an overall care plan for each client, linking clients to services and entitlements available to meet their needs on an ongoing basis.

Targeted Intensive Case Management provides professional Case Management Services to high risk pregnant women via Registered Nurses and Social Workers with an aim to reduce infant mortality by intensive follow-up of women who may be: at risk for delivering still births, low birth weight babies or premature infants due to medical and/or social needs.

Healthworks is an interim medical Case Management Program that provides case management to Department of Children and Family Services wards. Healthworks prepares and ensures that the substitute care giver selects a HWIL Primary Care Physician, that the health care history is gathered from Initial Health Screenings and that the comprehensive Health Evaluation is complete. After the Comprehensive Health Evaluation is completed, the Case Manager will monitor all well child visits, immunizations, and contact client within the FCM scheduled guidelines.

Adverse Pregnancy Outcome Reporting System is staffed by RN Case Managers who case manage high risk infants. Referrals are received from the hospital on infants that meets one of the criteria set forth either from birth defects or other occurrences prior to being discharged from newborn hospitalization. The nurse contacts the client within 72 hours after receiving the referral to ensure prompt assessments, intervention, and continuity of care and service.

	2007	2008	2009	2010	2011
DCFS Children Enrolled	69	78	86	80	54
Targeted Intensive Prenatal Clients	494	489	493	476	404
Teen Parenting Clients	190	186	199	203	-
Newborn Services Referrals	-	-	-	-	96
Pregnant Women and Infants	-	-	-	-	1,487
Children 1-5	-	-	-	-	946

	2007	2008	2009	2010	2011
New Clients (Referrals*)	90	95	90*	90	-
Family Referral/Follow up	60	45	55	67	54
Screening Tools Completed	1,197	937	738	1,101	1,053
Positive Indicators	316	316	317	566	402

*Referrals

HEALTH EDUCATION

The Health Education department provides preventative health education services to the community of East St. Louis and surrounding cities. Early on an assessment was conducted that resulted in the need to address such areas as: high obesity rates, high acceptance and usage of alcohol and other drugs, high rates of violence in the community, high rates of teenage pregnancy, and high STD/ STI rates.. A variety of programs were researched, selected, and implemented by ESHD staff to offset the high rates of these issues.

Two of the programs that are currently offered are Substance Abuse Prevention (SAP) and Coordinated Approach to Child's Health (C.A.T.C.H.)/ Coordinate School Health Program (CSHP). SAP has been able to provide over eight (8) years of successful preventative health education to the schools in District 189. Curriculums are currently in elementary, middle schools, and the local high school. Elementary and middle schools use the Botvin's Life Skill curriculum. The Botvin's curriculum is an evidence based curriculum that promotes health and personal development of its participants. The high school curriculum is Too Good for Drugs and Violence which is also evidence based curriculum designed to promote a healthy lifestyle without drugs and violence. In 2005, the health education department also worked diligently with the East St. Louis Police Department to provide compliance checks with the local establishments in an attempt to identify places that served alcohol and tobacco to the youth. In 2008, the health education department hosted a city-wide talent show in which participants performed spoken word, songs, and other oral art forms about remaining drug free. The department also participates in the Red Ribbon Rally every year to inform children of the dangers of drugs and alcohol and encourage them to live drug and alcohol free lifestyles. A communication campaign focused on underage drinking was created. The SAP program has been very successful with changing the lives of many students in our community and continues to be one of the most successful programs that we offer.

The Coordinated Approach to Child's Health (C.A.T.C.H.)/Coordinate School Health Program (CSHP) has been a part of the ESHD health education efforts for 8 years. The program provides a holistic approach to child health through information on healthy eating, physical activity, family fun days, and a yearly health fair for the community to incorporate the family and staff. In 2008, ESHD was chosen by General Mills as a model program and the staff was invited to

Minnesota to showcase the work that was done in our community. C.A.T.C.H. boast such successes as: providing C.A.T.C.H. curriculums to a number of schools, purchasing over \$12,000.00 in physical education equipment, and training of District 189 staff for implementation in local elementary schools. The C.A.T.C.H./CSHP program targets elementary schools that do not have the resources or staff available to provide physical education to students. ESHD has currently provided services to six (6) schools in our community.

Health Educators facilitated the Heart Smart For Teens Programs for 5th -9th grade girls in School District 189, School District 188, and Cahokia School District 187. This 9 week program focuses on the importance of physical activity and good nutrition for heart health.

The Prostate Cancer Awareness Program provided screenings for over **600** men for elevated PSA levels. Several education and testing sites were set up throughout the community, such as McDonalds, Senior Citizen Centers, Churches, Schools, East St. Louis City Hall and Outreach Centers. The men watched a prostate cancer educational presentation and were given the opportunity to ask questions at the end of the presentation while information was disseminated in such places as Senior Citizens Residential Facilities, Barbershops, Supermarkets and Pharmacies.

	2007	2008	2009
PSA Screenings	300	480	600
Prostate & Testicular Cancer Education and Awareness Program	-	-	513
Illinois Prostate Cancer Communities of Color Initiative	-	-	92

The Ticket for the Cure Community Grant Awareness educates women in the East St. Louis area over the importance of breast health and early detection. Emphases on living healthier lifestyles and activities that will increase awareness of breast cancer risk factors are also influential. Over **600** women participated in the program and have received care for breast health. Education sites were set up at Outreach Centers, Women Shelters, Community Centers, Women's Clothing Stores, Churches, East Saint Louis City Hall, and other places women frequently visit.

Abstinence Program

	2007	2008
Schools Served	7	7
Students Served in School	250	400
Students Served after School	100	100
Parent Participants	45	45

Heart Smart for Teens

	2007	2008	2009	2010	
Schools Served	5	7	7	-	-
Students Served	320	320	320	-	74

Coordinated School Health

	2007	2008	2009	2010	2011
Students Served	465+	465+	465+	1,254	1,434
Health Festival Participants	150+	150+	150+	1,200	-
Community Organizations/Agencies	55	55	55	100	100
Staff Served	-	-	-	-	159

Substance Abuse Prevention

	2010	2011
Students Served	1,500	1,254
Health Festival Participants	1,363	1,200
Community Organizations/Agencies	100	100

SEXUALLY TRANSMITTED DISEASE (STD)

ESHD has a STD clinic that provides confidential services, 5 days a week with express hours, to individuals who either suspect/have a STD or who have had contact with an infected person. The clinic offers diagnosis, treatment, education, and condoms.

Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was enacted on August 18, 1990. An Act of the Congress named in honor of Ryan White, an Indiana teenager who contracted AIDS through a tainted hemophilia treatment in 1984, and was expelled from school because of the disease. White became a well-known advocate for AIDS research and awareness, until his death on April 8, 1990. The act is the United States largest federally funded program for people living with HIV/AIDS. The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act allocates funds for the residents of St Clair County who present documented proof of their HIV status. The residents are enrolled in such case management services as: counseling, dental care, housing assistance, legal assistance, medications, transportation, nutritional assistance and supplements, outpatient primary care and lab services, emergency financial assistance, and transportation. Funds are also provided for AIDS Drug Assistance Programs (ADAP) which provides FDA approved prescription medication.

HIV HEALTH EDUCATION/RISK REDUCTION

ESHD provides HIV prevention services to persons at increased risk, defined as partners of clients who are HIV +, High Risk Heterosexuals (HRH) (female and male heterosexuals with high risk sexual partners), Men Who Have Sex With Men (MSM), clients with two or more STD's and sex workers. ESHD's goal is to reach high risk populations by scheduling special programs, and visiting locations where clients frequent. Another strategic strategy is to educate HIV+ clients partners. The outreach staff provides capacity building to organizations, clinics, drug recovery centers, low income housing developments, motels, beauty shops, barber shops, drop in centers, methadone centers, adult book stores, dance clubs, massage parlors and gay bars. One-on-one educational sessions are provided, and educational presentations to assure that the potential stakeholders understand the outreach strategies and ways to identify high risk clients. They also help clients understand new resources that are available in the community. This allows for stake holders to make possible referrals for counseling and testing and risk reduction.

Site locations for services are as follow:

Venice Projects, Gateway Truck Stop, Pink Slip, Roosevelt Holmes, John DeShields low income housing, Brooklyn Book Store, Larry Flynt's Hustler Club, Alorton Park, 50th and Bond, Orr Weathers low income housing, PT's strip club, Norman E. Owens low income housing, John Robinson low income homes, motels, local grocery stores, drop in centers, homeless shelters, truck stops, and local strolls.

Test Performed	2007	2008	2009	2010	2011
Chlamydia	1,220	1,209	2,203	2,247	2,086
Herpes Culture	-	-	-	61	88
Hepatitis A Vaccine	-	-	-	-	7
Hepatitis A/B Vaccine	-	-	-	-	467
Hepatitis B Vaccines	298	304	374	515	-
Gonorrhea	1,220	1,209	2,203	2,247	2,086
Syphilis	1,220	1,209	2,359	2,487	2,209
Total Seen in STD Clinic	1,518	2,200	2,585	2,762	2,691

	2007	2008	2009	2010	2011
HIV Counseling & Testing Encounters	1,272	1,417	1,740	1,759	2,659
Clients Case Managed	82	95	103	134	105
Program Contacts	4,320	4,715	5,124	2,588	1,378

PARTNER COUNSELING & REFERRAL (PCR) SERVICES

Partner Counseling and Referral (PCR) services are ongoing and comprehensive activities to reach, support and serve sex and/or needle-sharing partners of HIV infected persons. PCR services are offered in a confidential or anonymous setting early after a person's diagnoses.

Counseling and Testing is an anonymous and confidential service that assesses the client's risk for infection and risk reduction measures. Counseling is done both before and after HIV testing. The session includes an assessment of the patient's risk for infection and risk reduction measures. **Pretest counseling** includes an assessment of the patient's risk for infection and risk reduction measures. **Post-test counseling- HIV negative** is told by a person who can explain the need to reduce unsafe behaviors, and ways to modify risky practices to eliminate risks. **Post-test counseling- HIV positive** results are told by a person who is able to discuss the multifaceted implications of HIV infection with referrals for services. Post-test counseling may require multiple sessions. **HIV outreach** provides medical services, appropriate linkages, and referrals to HIV care systems, for persons living with HIV disease not in care.

The East Side Health District staff conducts HIV and STD outreach in non-traditional settings such bars and clubs at non-traditional hours to reach clients that may otherwise be difficult to reach.

FAMILY PLANNING

The ESHD Family Planning program provides contraceptive education and counseling as well as contraceptive devices to those clients of reproductive age who qualify by meeting the financial criteria for the program. The program offers comprehensive examinations to both males and females. Studies have shown that men usually do not receive routine preventive screenings and examination outside of what is required for school. Along with their exams they are counseled on sexual responsibility, relationships, STD's, preconception planning, abstinence and adolescent counseling if they are below the age of 18. Contraceptive devices are dispensed on-site with counseling on correct use of the device, which increases compliancy rates.

The Family Planning Program also provides group health education sessions in the schools and other community organizations. Individual reproductive health education is available upon request. Besides the comprehensive exam and educational counseling pertaining to contraception and sexually transmitted diseases, the program screens young people for safe relations (sexual coercion), alcohol and drug abuse, and lifestyle habits. The full scope of services for the program includes pregnancy testing, STD/HIV diagnosis and treatment, emergency contraceptives, medical and psycho-social referral, infertility counseling, option counseling and prenatal referrals.

The Family Planning Programs works closely with the STD Program, WIC, Well Child Clinic, and case management to offer a holistic approach to health care, allowing our clients the opportunity to avoid unintended pregnancies, plan desired pregnancies, provide adequate spacing between intended pregnancies, and sterilization referrals.

	2010	2011
Visits	457	549
New Patients	251	264
Contraceptives Dispensed	279	365
Counseling/Education Sessions	438	1,523

Tests Performed	2010	2011
Pregnancy Tests	238	268
Gonorrhea/Chlamydia Tests	-	349
Syphilis Tests	-	237

NURSING DIVISION

The **immunization** clinic services infants/children ages 2 months through 18 years in addition to some adult vaccines. Daycare, school, sports and work physicals for all ages are provided as well. **Get Fit Fridays** began in 2010 and the program provides blood pressure, cholesterol/glucose screening, height, weight, BMI, and blood draws for PSA, all of which are free of charge to community residents on a walk-in basis every Friday during the immunization clinic hours. Well Child Clinic /Immunization Clinic provides school/daycare physicals for children 2 months through 18 years by appointment. Work/school physicals for adults are also available to those in need. Immunizations for all ages provided, TB testing, lead testing, and developmental screening. These services are provided during immunization clinic hours and it is on a walk-in basis. Some services have fees required. No child will be turned away for inability to pay. Children 6 months through six years of age can be screened for **lead poisoning**. Child identified with an elevated lead level are provided medical case management, education and a home inspection. Investigation of all **communicable diseases** reported by a physician, lab, or hospital in the ESHD jurisdiction are conducted. Outbreaks and response to public health threats are managed. Clients at the ESHD can complete a **genetic screening** tool. Positive indicators are addressed and education/referral is provided with follow up for an abnormal newborn screening or abnormal hearing test result. Sudden Infant Death Syndrome cases are followed by a registered nurse. ESHD also has **school based health centers** for students of East St. Louis High School, Cahokia High School, and Vivian Adams Early Childhood Center . The clinics at East St. Louis High School and Cahokia High School provide physicals, immunizations, STD testing and treatment of minor illness while the clinic at Vivian Adams Early Childhood Center offers immunizations, school physicals, and treatment of minor illnesses for students. Health education is also an integral part of services at all three schools.

ESHD was the only institution in the State of Illinois to receive \$408,935 by the Affordable Care Act School Based Health Centers Capital Program grant through the U.S. Department of Health and Human Services. This grant will enable ESHD the opportunity to purchase a mobile health van and provide services to various locations within School District 189, 187, and 188.

	2007	2008	2009	2010	2011
Hepatitis A	2	-	-	2	-
Hepatitis B	22	19	20	18	2
Hepatitis C	112	90	77	102	70
Meningitis	1	-	-	-	-
Yersubua	3	-	-	-	-
Salmonellosis	9	12	6	16	4
Shigellosis	6	3	5	80	5
Strep Pneumonia	9	4	-	-	-
West Nile Virus	3	-	-	-	-
Giardiasis	0	-	-	1	-
Legionellosis	1	1	-	-	1
Haemphilus Influenza, Invasive	57	-	-	1	1
MRSA Infant <61 days old	-	2	2	-	-
Group A Strep	-	1	1	-	1
Shiga-toxin producing E. coli	-	1	-	-	-
Vibriosis (non cholera)	-	1	1	-	-
Cryptosporidiosis	-	-	1	5	1
Histoplasmosis	-	-	1	-	-
Pertussis	-	-	-	1	1
Potential Human Rabies Exposure	-	-	-	2	1
Strp TSS W/Nec. Fascitis	-	-	-	1	-
Ecoli 0157 H7	-	-	-	-	2

Immunizations

Service	2007	2008	2009	2010	2011
Ages 0-2	420	393	350	303	257
Ages 3-18	773	881	727	589	831
Ages 19 & Older	580	625	575	490	557
TB Tests	820	913	1042	937	894
School Physicals	347	448	394	376	401
H1N1 Vaccines	-	-	3800	3800	-

School Based Clinics

	2007	2008	2009	2010	2011
East St. Louis High School					
Physical Exams	894	351	351	335	373
Sports Physicals	490	642	907	904	756
Complaints of Illness	359	828	292	887	114
Accidental Injuries	50	43	20	60	7
Behavioral Health	-	35	74	61	54
Cahokia High School					
Physical Exams	313	389	398	284	124
Sports Physicals	199	201	282	454	279
Complaints of Illness	803	603	430	644	327
Accidental Injures	78	44	27	9	5
Behavioral Health	-	25	34	49	29
Vivian Adams					
Physical Exams	441	485	385	287	256
Sick Visits	143	153	202	298	326
WIC Visits	247	214	186	-	-

The **Breast and Cervical Cancer program** provides free breast cancer screening for uninsured women 40-64 years of age as well as free cervical screenings to uninsured women 35-64 with case management services.

	2007	2008	2009	2010	2011
New patients	106	102	100	83	80
Established Patients	156	178	164	142	174
Pap Test	156	164	160	134	164
Clinical Breast Exams	-	-	242	205	235
Mammograms	159	159	-	-	-

VITAL RECORDS

The East Side Health District Vital Records Program is an important resource to the citizens of the four townships of Canteen, Centreville, East St. Louis, and Stites. East Side Health District is a local registrar of death and births within this area and is part of the Illinois Department of Public Health Illinois Vital Records System (IVRS). The IVRS is an electronic birth and death certificate registration system that originates and certifies certificates at the local level. The system allows direct contact with the State of Illinois and allows multiple users to simultaneously process birth and death certificates around the state 24 hours a day 7 days a week from any computer with internet connection. The East Side Health District vital records office serves as the conduit between area hospitals, coroners, funeral homes, and the Illinois Department of Public Health for registering births and deaths that occur in the East Side Health District service area.

The district provides official certificates of births & deaths for occurrences in the service area. In addition to the four townships, East Side Health District is responsible for certification of deaths that occur in Fairview Heights, Caseyville, and Dupo. Death and birth certificates are available to authorized persons at the 20th Street Administration building for a fee. The State of Illinois Department of Vital Records determines the eligibility of persons who may obtain birth and death certificates.

	2007	2008	2009	2010	2011
Deaths	639	525	512	522	552
Births	569	523	504	509	349

DENTAL HEALTH PROGRAM

ESHD provides dental exams, cleanings, fluoride treatments, sealants, and referrals for children 2-19 years of age in various schools in districts 189 and 187. The dental department has been renovated with the ability to perform extractions and fillings.

	2007	2008	2009	2010	2011
Number of Clinic Exams & Prophylaxes	693	694	697	601	632
Clinic Fluoride Treatments	693	694	697	601	632
Number of School Exams & Prophylaxes	1,051	1,312	1,198	977	995
School Fluoride Treatments	1,051	1,312	1,198	977	995
Number of Sealants	243	497	505	205	185
Number of Sealant Patients	57	112	113	45	24

The Oral Cancer Program

In 2003, East Side Health District partnered with the Health Research & Policy Centers of the University of Illinois on an Oral Cancer Prevention and Early Detection project, which is known as the Partnership for Oral Cancer Prevention and Early Detection (POCPED). This project addressed the high incidence of oral cancer and late stage diagnosis of oral cancer among predominately African-American males ages 45 -74 in St. Clair County. Tobacco use of which smoking, chewing tobacco and snuff along with drinking alcohol are the most prominent risk factors.

The East Side Health District has received a total of \$452,000 over the past eight years. \$412,000 while a grantee under the Illinois Department of Public Health Oral Health Division and \$40,000 while under IDPH Health Promotions for oral health.

The Oral Cancer Program has worked with numerous partners including SIU School of Dental Medicine, St. Clair County Dental Society, Tobacco Program, University of Illinois Chicago, and many others to heighten community and provider awareness about oral health in East Saint Louis, screening events, and to strengthen the partnerships.

In 2011, the Oral Cancer Coordinator / Tobacco Coordinator integrated services. Since the inception of the Illinois Oral Cancer Program another crucial component affecting the increase in Oral Cancer is HPV among younger males and females.

ENVIRONMENTAL HEALTH PROGRAM

The Environmental Health Division includes several programs encompassing a wide range of services and disciplines which include regulatory and educational responsibilities. The Environmental Health staff are required to complete continuing education trainings and classes to keep up with new technology and changing laws. Below is a brief overview of the programs conducted by East Side Health District:

Educational programs are a critical part of public health awareness. At ESHD, the Environmental Health Division offers several Educational training opportunities which include Student/Daycare Hand-Washing Training, Daycare Staff Training, Certified Food Managers Course, Food Safety for non-food service employees, Food Safety for Seniors and Tobacco education.

The Food Program is responsible for issuing Food Service Permits and inspecting food service facilities, including restaurants, schools, day-care centers, mobile vendors, bars, and temporary vendors. Each food service facility is required to have at least one Certified Food Manager (CFM) and all food-handlers are required to obtain Hepatitis-A vaccine in an effort to reduce the transmission of disease to the public. Currently, ESHD offers the Illinois Certified Food Manager Course to assist area restaurants in meeting this requirement. ESHD currently uses the Digital Health Department to complete food inspections. This program is web based and allows for electronic record keeping and tracking.

Food Program Standards works at achieving national uniformity among regulatory programs responsible for retail food protection in the United States has long been a subject of debate among the industry, regulators and consumers. Adoption of the FDA Food Code at the state, local and tribal level has been a keystone in the effort to promote greater uniformity. However, a missing piece has been a set of widely recognized standards for regulatory programs that administer the Food Code. To meet this need FDA has developed the Voluntary National Retail Food Regulatory Program Standards (Program Standards) through ideas and input from federal, state, and local regulatory officials, industry, trade and professional associations, academia and consumers on what constitutes a highly effective and responsive retail food regulatory program.

	2007	2008	2009	2010	2011
Food Inspections	786	791	772	805	683
Summer Food Inspections	35	46	51	9	33
Private Sewage Systems Inspections	6	5	10	28	21
Well Inspections	5	10	8	4	3
Water Samples	14	15	29	45	17
Mosquito Batch Testing for WNV & SLE	110	111	131	119	102
Vector Inspection	29	17	17	31	13
Nuisance Investigations	55	35	19	16	14
Educational Training	-	-	-	-	31

The Program Standards serve as a guide to regulatory retail food program managers in the design and management of a retail food regulatory program and provide a means of recognition for those programs that meet these standards. Program manager and administrators may establish additional requirements to meet individual program needs. The Program Standards are designed to help food regulatory programs enhance the services they provide to the public. When applied in the intended manner, the Program Standards should:

- Identify program areas where an agency can have the greatest impact on retail food safety
- Promote wider application of effective risk-factor intervention strategies
- Assist in identifying program areas most in need of additional attention
- Provide information needed to justify maintenance or increase in program budgets
- Lead to innovations in program implementation and administration
- Improve industry and consumer confidence in food protection programs by enhancing uniformity within and between regulatory agencies

Each standard has one or more corresponding appendices that contain forms and worksheets that facilitate the collection of information needed to fully assess a retail program. Regulatory

agencies may use existing, available records or may choose to develop and use alternate forms and worksheets that capture the same information.

Standards:

Standard 1: Regulatory Foundation

Standard 2: Trained Regulatory Staff

Standard 3: Inspection program based on HACCP principles

Standard 4: Uniform Inspection Program

Standard 5: Foodborne Illness and Food Defense Preparedness and Response

Standard 6: Compliance and Enforcement

Standard 7: Industry and Community Relations (MET)

Standard 8: Program Support and Resources

Standard 9: Program Assessment

During 2010 the ESHD Food Program conducted a self assessment of the FDA standards. After the assessment concluded ESHD had met Standard 7 “Industry and Community Relations”. In 2011 ESHD has received a mini-grant to meet Standard 5 “Foodborne Illness and Food Defense Preparedness and Response.

The Nuisance Program covers a wide range of citizen complaints involving conditions that pose a threat to public health and well being. The majority of complaints received involve vacant homes, illegal dump sites, and surfacing sewage from broken sewer lines. Getting complaints resolved is a collaborative effort between property owners, villages, cities, and ESHD.

The Summer Food Program is funded by IDPH through the Illinois Board of Education who runs the program. Local churches, schools, and community based organizations receive funding to provide breakfast and lunch to person under the age of 18 when school is not in session. This is aimed at children who may not otherwise have access to a nutritional meal. ESHD inspects these summer food sites to ensure that the food being served is done so in a safe manner.

Private Sewage Program is responsible for inspecting and issuing permits for new, renovated, and existing private sewage disposal systems. A permit is required before installing or repairing any private sewage disposal system.

The Vector Program is part of a state- wide disease surveillance program. The Environmental Health Division Staff collect and test mosquitoes for West Nile virus (WNV) and St. Louis Encephalitis. Another part of the Disease Surveillance Program includes collecting dead birds and shipping them to the state laboratory for WNV testing. In addition to surveillance activities, informational materials are provided to the public to educate people on methods that can be used to reduce the mosquito population and prevent mosquito bites. The Environmental Health Division also investigates mosquito nuisance complaints and tire dump sites by working with property owners and the court system to remove mosquito harborages.

The Water Program is responsible for permitting, inspecting, and testing newly constructed water wells. In addition, any old wells that are no longer in use, or are considered abandoned, must be sealed. Sealing abandoned wells can decrease the risk of contamination of the ground water that is used for drinking. This program also includes the routine monitoring and testing of wells that serve “non-community” water supplies such as a bar or restaurant that is served by a private well.

The Animal Control Program contracts with the St. Clair County Animal Control Department for Animal Control services. The Animal Control officer is employed by ESHD but works out of the county office. The job duties include investigating bite cases, picking up stray and abandoned dogs, issuing citations, investigating complaints, and assisting law enforcement.

The Environmental Lead Program is responsible for conducting lead paint risk assessments at homes where children with Elevated Blood Lead levels have been identified. The comprehensive inspections determine the lead paint risks of the home and require the owner or landlord to make repairs to protect children from lead based paint poisoning. The East Side Health District staff work with the children’s caregivers, homeowners, and landlords to educate and improve the knowledge of lead based paint hazards and prevention methods. Lead Risk Assessors are required to be licensed by the Illinois Department of Public Health.

Lead Poisoning Prevention Program

	2007	2008	2009	2010	2011
Clients Screened for Lead	2,631	2,290	2,757	2,210	2,818
Number Elevated (10 and above)	102	134	63	74	76
Environmental Inspections	-	22	19	25	19

Illinois Tobacco Free-Communities Program is responsible for the enforcement of the Illinois Smoke-Free Act which prohibits smoking in all public and private businesses. In addition to enforcement duties the program also offers cessation opportunities for smokers who want to quit and educational programs to increase the knowledge of tobacco and the negative health effects. ITFC staff routinely engage the community at medical provider clinics and offices as well as during health fairs and community events.

EMERGENCY PREPAREDNESS PROGRAM

The East Side Health District (ESHHD) emergency preparedness program is funded by the Illinois Department of Public Health (IDPH) with Federal funding from the Centers for Disease Control (CDC). The ESHHD emergency preparedness program is involved in many activities that are designed to increase the public health preparation and response levels of the community,

response partners, and the District itself. The ESHD staff are trained in the Incident Command (IC) training using web based training and some classroom training. Staff is required to take the courses based on the job function they perform as per IDPH guidelines. The following narrative describes the various planning and response activities that ESHD has been involved in from 2008 -2011.

Continuity of Operations Planning (COOP)

Emergencies can occur at any time, without warning. In the event of an emergency, taking all necessary steps to protect the staff, equipment, and information of East Side Health District is essential. After an event, recovery time is needed to get East Side Health District in operation to perform essential duties and tasks. To do this East Side Health District has assembled a working “COOP” committee to create and update plans to assure continuation of operations during emergency events including severe weather, earthquakes, flooding, and terrorist events. East Side Health District has equipment in place in offsite locations to allow for continued operations of essential services from an offsite location. Generators, computers, and office supplies are available if needed during an emergency. In addition, East Side Health District has offsite data back-up capabilities to allow for data access in the case of a failure of the current computer server. The capabilities allow East Side Health District to connect to a virtual server from any location to retrieve and work with data.

The **County Emergency Planning Committee (CEPC)** is made up of several response and planning partner organizations in St. Clair County that includes faith based organizations, volunteers organizations, local government, hospitals, Scott Air Force Base, police, fire, public works, EMS, and local health departments. East Side Health District is active in this group attending quarterly meetings and involved in St. Clair County emergency preparedness and response planning. Planning topics include sheltering, volunteers, special needs populations, natural and man-made disasters, preparedness training etc.

The **St. Louis Area Regional Response System (STARRS)** is part of the East West Gateway Council of Governments. The monthly work group plans and participates in bi-state emergency preparedness efforts. It is made up of representatives of local health departments as well as hospitals from Madison, Monroe and St. Clair Counties in Illinois and St. Louis, St. Charles, Jefferson, Franklin, and the City of St. Louis in Missouri.

Illinois Public Health Mutual Aid System (IPHMAS) was developed to allow local health departments in Illinois to request and ask for public health volunteers from other Illinois health departments during an emergency or disaster. East Side Health District first used this system in 2006 during a weeklong power outage that affected the area.

First Med Program, funded via STARRS, allows ESHD to pre-position antibiotics for use by first responders in our service area in the case of a biological event that would require the prophylaxis of the population. ESHD has available enough doses for all the first responders and their families for a 10 day period. This will allow the first responders to perform their duties while ESHD prepares to receive shipments for the citizens.

Medical Reserve Corps ESHD participates on the St. Clair County **Medical Reserve Corps** committee. The committee is responsible for the recruitment and training of volunteers to serve in St. Clair County during emergency events. ESHD collaborates with the St. Clair County Health Department in recruitment and training efforts.

The Faith Based Initiative is part of a statewide coordination of churches from all denominations to plan for emergency events. ESHD planned and held two faith based emergency preparedness summits on May 22, 2008 and September 29, 2009. These were held at the Clyde Jordan Senior Center in East St. Louis, Illinois. Several representatives from IDPH and local churches participated in an event aimed at education and community involvement in planning and preparedness activities.

Emergency Preparedness Exercises Are an important part of the preparedness program and East Side Health District is involved in the planning and participation of local and regional emergency preparedness exercises. The exercises are designed to test the ESHD emergency plans as well as response partner's plans. The exercises are used to build and improve upon existing plans. All planning and exercises follow the Homeland Security Exercise and Evaluation Program (HSEEP) which includes after action reports and improvement plans.

Exercise/Drill Date	Exercise/Drill Description
Antibiotic Dispensing 3/18/2008	ESHHD assisted in the planning and participated with the St. Clair County Health Department (SCCHD) and Scott Air Force Base in an exercise designed to measure patient throughput.
Pandemic Influenza tabletop exercise 9/24/2008	ESHHD participated in a regional pandemic influenza tabletop exercise with local health departments, hospitals, fire, polices, EMS, and elected officials
Strategic National Stockpile (SNS) receipt, stage, and store (RSS) exercise 10/07/2008	ESDH and SCCHD partnered to test the St. Clair County RSS drop site plan in a functional exercise using the combined ESHD and SCCHD team.
Bi-State Strategic National Stockpile CRI/SNS tabletop exercise 6/17/2009	ESDH assisted in the planning and participated in a Cities Readiness Initiative (CRI) regional SNS exercise designed to test the regions ability to respond to a local anthrax attack and prophylaxis of the public and first responders

RSS warehouse staff notification and assembly drill 11/04/2009	ESHD tested the notification process and timed response to assemble of the ESHD RSS team.
Point of Distribution (POD) strike team clinic set up functional exercise 7/23/2010	ESHD tested the clinic set up time of the ESHD medication dispensing strike teams
Illinois State Level tabletop exercise (SLE) 11/09/2010	ESHD participated in the regional SLE earthquake exercise designed to test the response to a major earthquake. Participating agencies included local health, local EMA, IDPH, Illinois Dept. of Transportation, and hospitals.
ESHD Strike Team Dispensing functional exercise 03/03/11	ESHD planned and completed a functional exercise testing the ESHD strike team plans including clinic set up, just in time training and ESHD staff patient throughput in an anthrax prophylaxis scenario.
CRI/National Level earthquake exercise 5/17-18/11	ESHD assisted in the planning and participated in the National Level earthquake exercise with the St. Louis UASI region health departments in a tabletop exercise designed to test the regions ability to receive and deliver medical supplies after an earthquake event.
State Level earthquake exercise 11/15-11/18/11	ESHD assisted in the planning and participated in the National Level earthquake exercise with the Illinois Department of Public Health and southern region health departments in a tabletop exercise designed to test the regions ability to receive and deliver medical supplies after an earthquake event.

In addition to the above exercises ESHD conducts communication and staff notification drills on a quarterly basis. These drills measure staff response time for mobilization, contact time and accuracy of phone lists. In addition, communication drills test ESHD's ability to complete notifications using redundant communication and after hours response. These drills are documented on required forms and sent to IDPH. These quarterly drills are also required by IDPH and CDC when completing the LTAR.

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) software is a system that inputs electronic emergency department (ED) data for the purpose of syndromic surveillance. **Syndromic surveillance** is the use of non-traditional data sources in order to detect public health events earlier than possible with other methods (laboratory confirmed diagnosis, physician diagnosis). Examples of syndromic surveillance data include over-the-counter drug sales, laboratory report orders, and absenteeism rates. Missouri

conducts syndromic surveillance using electronic hospital emergency department (ED) visits. DHSS receives data from hospitals meeting certain criteria under 19 CSR 10-33.040 specifically for syndromic surveillance. Three Illinois counties (St. Clair, Madison and Monroe) participate in Missouri's ESSENCE surveillance system as a result of a bi-state cooperative agreement. Information is used to determine if the number of visits is greater than expected for that facility based on historical data and statistical analyses to conduct early event detection. Syndrome groups used are: botulism-like, fever, gastrointestinal, hemorrhagic illness, neurological, rash, respiratory, and shock/coma.

ESSENCE can also be used for situational awareness during known health events by querying all ED visits for a particular syndrome or by keyword (such as carbon monoxide, animal bite, injury, etc.). For additional information about ESSENCE, you may visit <http://health.mo.gov/data/essence/index.php>.

IT MANAGEMENT

Learning Management Service

East Side Health District IT management consists of a Local Area Network where computers are connected via cables to a central server(s). This allows personnel to login into the network perform tasks such as Word processing documents, spreadsheets, PowerPoint presentation, email and internet connections. Management backs up all data onto tape drives plus transfers data to an off-site location for disaster recovery solutions. Management configures all computers purchased and connected to the network. Individual folders are established to store data created by each person.

SECURITY

Personnel log-in to the network must use a password associated with their account. Each person must change their password on a regular basis. IT personnel can unlock the account should the individual put in the wrong password three times. IT personnel can re-assign passwords and force the individuals to create a new password. The privacy, protection, and confidentiality of important information is held to the highest standard

FIBER OPTICS

Fiber optics offers better transfer of voice and internet products. The East Side Health District has installed and maintain fiber optics in the organization. The main advantage of fiber optics is the speed offered for the East Side Health District. The greater speed will provide the District with the ability for greater productivity.

VOICE PRO AND VIRTUAL SERVER

A contract with Voice Pro has been established to provide recovery of all data files and server function in the event of disaster. All data files are backed up to a remote location which can be accessed with the proper login, also should the need arise a virtual server can be established using the recover location. A virtual server acts just like a physical piece of equipment, it allows for access to files (data) and other program just as if the server still exists.

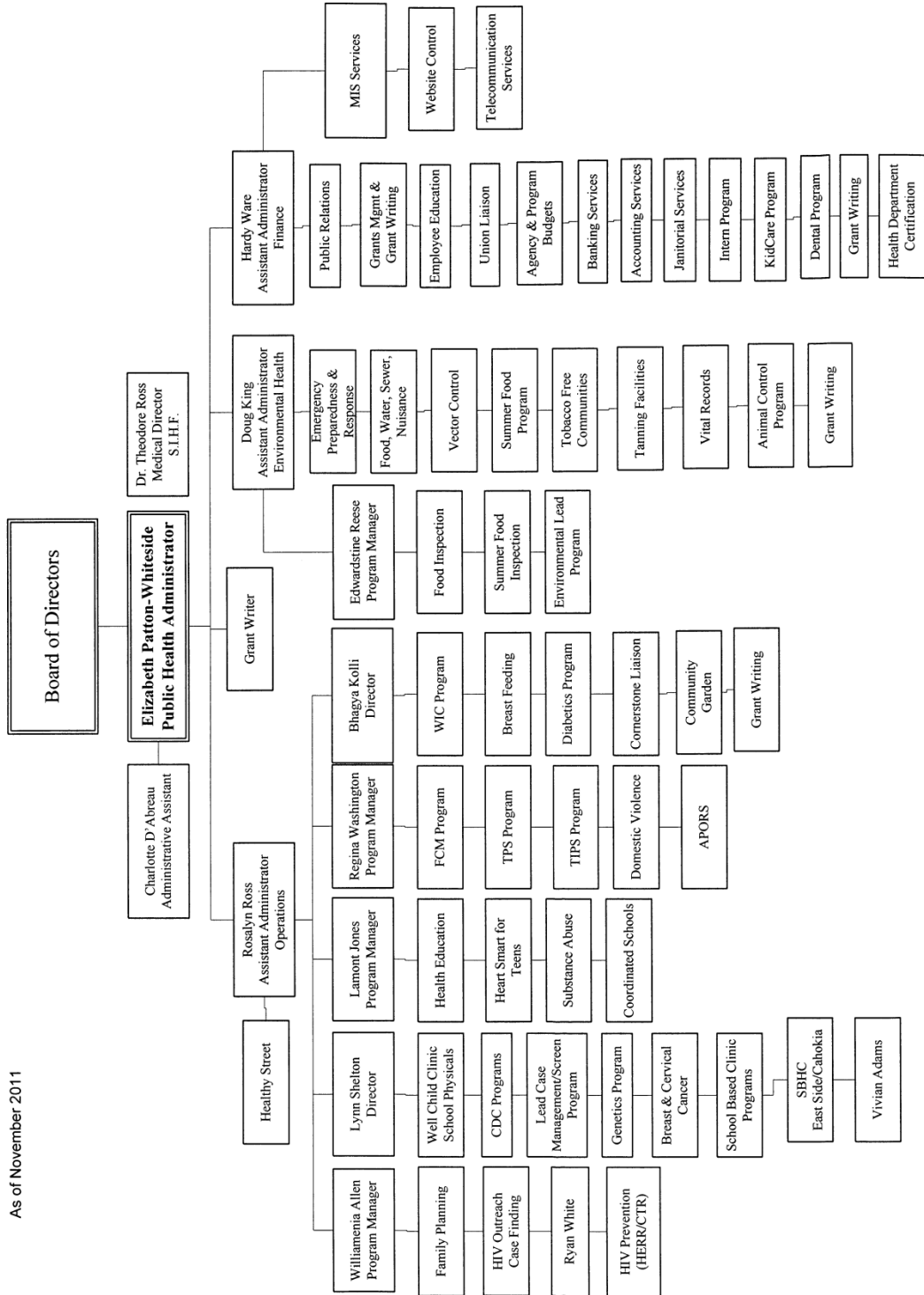
LEARNING AND TRAINING

East Side Health District provides opportunities for learning and training through collaborations and partnerships with the following academic institutions: University of Missouri St Louis, University of Illinois, Southern Illinois University, Washington University, McKendree University, St Louis University, Southwestern Illinois College, and Sanford-Brown College.

ORGANIZATIONAL CHART

East Side Health District

As of November 2011



**National Association of City & County Health Officials
Local Health Department Self-Assessment Tool
East Side Health District**

The National Association of City & County Health Officials (NACCHO) developed the, *Local Health Department Self-Assessment Tool, Operational Definition of a Functional Local Health Department Capacity Assessment for Accreditation Preparation Tool*. “The self-assessment tool allows local health departments (LHDs) to measure ... against the Operational Definition and subsequently identify areas of strength and areas for improvement.” The tool is comprised of the 10 Essential Services with specific areas of focus and operational definition indicators that allow the user to score the areas of competence with *0-No capacity, 1-Minimal capacity, 2-Moderate capacity, 3-Significant capacity, and 4-Optimal capacity*. The Administrator of the East Side Health District, Assistant Administrators, and IPLAN Team assembled on *Wednesday, November 30th, 2011, Wednesday, December 14th, 2011, and on Wednesday, January 11th, 2012* to complete the self-assessment. Each indicator was given a score by the health department administrators and a discussion with a rationale to support the score took placed. The scores were averaged for each indicator and the capacity description is provided below.

The NACCHO, LHD Self-Assessment Tool, Operational Definition of a Functional Local Health Department Capacity Assessment for Accreditation Preparation Tool allowed the East Side Health District to identify strengths in the Essential Public Health Services. These strengths include: diagnosis and investigate health problems and hazards; inform, educate, and empower people about the health problems; engage partnerships, enforce laws and regulations; linkage to health services and assurance of health care; and evaluation of health services. Conversely, areas of improvement that were identified include: data analysis and the routine flow of data; training and development for staff; assessment of community satisfaction; and research translation activities.

Score	Description
0	No capacity: There is no capacity, planning, staff, resources, activities, or documentation to fulfill the indicator
1	Minimal capacity: There is minimal planning and staffing capacity to fulfill the indicator but no implementation activity or documentation
2	Moderate capacity: There is moderate planning, staffing and other resources to fulfill the indicator but only minimal activity and/or documentation
3	Significant capacity: There is significant planning, staffing, and other resources and a moderate amount of activity and/or documentation
4	Optimal capacity: There is significant planning, staffing and resources and significant to optimal activity and/or documentation to fulfill the indicator

Essential Public Health Service	ESHD Capacity
Essential Service I	
Monitor health status and understand health issues facing the community	3 Significant
<ul style="list-style-type: none"> • Data collection, Processing and Maintenance • Disease reporting relationships; Make data and information flow routine • Conduct or contribute expertise to periodic community health assessments • Integrating data/data sharing with community partners • Data analysis 	3 Significant 2 Moderate 4 Optimal 4 Optimal 2 Moderate
Comments: <ul style="list-style-type: none"> • Staff will be encouraged to utilize the on-line training service offered by the state more frequently. • A violence registry does not exist. • Providers and other appropriate health care system partners are contacted but not educated or trained. • In the process of acquiring funding to conduct quality improvement • The local health department does not have an epidemiologist on staff. Informed by State Epidemiologist about trends. • The analysis and identification of patterns in data is an external process. • The local health department has recognized that the community appreciates pictures instead of graphs and tables. • GIS software exists at the local health department; however, the use of the software is low due to lack of knowledge. 	
Essential Service II	
Diagnose and investigate health problems and health hazards in the community	4 Optimal
<ul style="list-style-type: none"> • Routine outbreak investigations • Alleviate health problems and adverse health events • Working with other governmental agencies on routine investigation and response • Take lead in emergencies that are public health in nature • Participate when other agencies are in the lead • Access to lab and biostats resources • Capacity for emergency communications and data exchange 	4 Optimal 4 Optimal 4 Optimal 4 Optimal 4 Optimal 4 Optimal 4 Optimal
Comments: <ul style="list-style-type: none"> • The local health department needs to bolster efforts to recruit, train, and retain volunteers. • The State health department has the responsibility to access available laboratory capacity when needed in response to an outbreak. 	
Essential Service III	
Inform, educate, and empower people about health issues	4 Optimal
<ul style="list-style-type: none"> • Develop and implement media strategies • General data and information exchange on issues affecting population health 	4 Optimal 4 Optimal

<ul style="list-style-type: none"> • Provide health information to individuals for behavior change • Health promotion programs for behavior and environmental/community change 	4 Optimal 4 Optimal
Comments: <ul style="list-style-type: none"> • The local health department works closely with a variety of forms media to inform, educate, and empower the community. 	
Essential Service IV	
Engaged the community partnerships to identify and solve health problems	4 Optimal
<ul style="list-style-type: none"> • Community planning process engaging systems partners • Raise awareness & gain general public support for the plan and a deeper understanding of public health issues • Support partners to implement action • Develop partnerships to support public health • Reporting progress, Advocating for resources to implement priorities 	4 Optimal 4 Optimal 4 Optimal 4 Optimal 4 Optimal
Comments: <ul style="list-style-type: none"> • The local health department has community partnerships and includes various partners in the Illinois Project for Local Assessment of Needs (IPLAN) Process. 	
Essential Service V	
Develop public health policies and plans	3 Significant
<ul style="list-style-type: none"> • Primary scientific resource for policy change in public health • Policy advocacy for health improvement • Local health department role in implementing community health improvement plan 	3 Significant 3 Significant 4 Optimal
Comments: <ul style="list-style-type: none"> • Maintains a relationship with a policy partner who has a directory of other partners. • A major strategic plan is updated every 5 years with periodic annual reviews. 	
Essential Service VI	
Enforce laws and regulations that protect and ensure safety	4 Optimal
<ul style="list-style-type: none"> • Review and update public health authority • Link local health department practice to existing law and regulation in an appropriate way • Communication with and education of regulated entities on how to comply with laws • Tracking and understanding patterns of compliance with regulation • Competent and fair enforcement actions • Notify other government agencies of enforcement violations 	3 Significant 4 Optimal 4 Optimal 4 Optimal 4 Optimal 4 Optimal
Comments: <ul style="list-style-type: none"> • Local Health Department is independent of any local jurisdiction. • Regular reviews of rules, regulations, and ordinances occur, but the local health department will keep record of reviews in the future that pertain to the jurisdiction. • Modifications and/or formulations of laws are conducted at the State level. 	

<ul style="list-style-type: none"> • Knowledge of disease trends, best practices and current public health science for legal reviews are conducted at the State level. • The local health department plans to document dates of the reviews. 	
Essential Service VII	
Link people to needed personal health services and assure the provision of health care when otherwise unavailable	4 Optimal
<ul style="list-style-type: none"> • Community-oriented program planning • Prevention and personal healthcare system building • Individual-focused linkages to needed care 	4 Optimal 4 Optimal 4 Optimal
Comments:	
<ul style="list-style-type: none"> • The local health department has community (health) partnerships and includes various partners in the Illinois Project for Local Assessment of Needs (IPLAN) Process. • The local health department provides linkage to care via established partnerships. 	
Essential Service VIII	
Assure a competent public health and personal health care workforce	4 Optimal
<ul style="list-style-type: none"> • Overall human resources function/workforce capacity • Public health competencies of existing workforce • Developing the future workforce • Effective public health practices used by other practitioners • Adequate resources (educational & equipment) for job performance 	4 Optimal 4 Optimal 4 Optimal 3 Significant 3 Significant
Comments:	
<ul style="list-style-type: none"> • The local health department does not participate in Grand Rounds at the local hospitals with physician committees. • Funding to receive discipline-specific journals is limited. 	
Essential Service IX	
Evaluate effectiveness, accessibility, and quality personal and population-based health services	4 Optimal
<ul style="list-style-type: none"> • Local health department evaluation strategy focuses on community outcomes • Use of evidence-based methodology for evaluation • Evaluate local health department programs • External evaluation of other's programs 	4 Optimal 4 Optimal 4 Optimal 4 Optimal
Comments:	
<ul style="list-style-type: none"> • Seeks various grants that address access to care to improve health outcomes and reduce gaps in access. • LHD follows federal and state framework and evaluation process for programs and services. • Evidence based evaluation process are performed by IDPH. • Local health department conducts satisfaction surveys annually for each department. Local health department will develop a satisfaction survey for overall services. • State health department evaluation process includes quality improvement programs and corrective actions. This process will be conducted at the 	

local health department <ul style="list-style-type: none"> Local health department has partnerships with agencies in the area to maintain resources available in the community. 	
Essential Service X	
Research for new insights and innovative solutions to health problems	3 Significant
<ul style="list-style-type: none"> Participate in research activities Disseminate research findings Apply research results in local health department activities 	3 Significant 4 Optimal 3 Significant
Comments: <ul style="list-style-type: none"> Local health department has policies and actions that endorse participatory research, but written evidence of the policies are needed to support actions. Green Partnership and St. Clair County Health Care Commission are examples of research partnerships with the local health department. The local health department has not had the opportunity to participate in research translation activities, but welcomes the opportunity. 	

East Side Health District Demographic and Socioeconomic Characteristics

The East Side Health District services an unique population within St. Clair County, Illinois. Per the 2010 US Census data, there are 21 census tracts in the service area that includes 4 townships: East St. Louis Township, Canteen Township, Centreville Township, and Stities Township along with such cities as Alorton, Brooklyn, Centreville, Cahokia, East St. Louis, Fairmont City, Sauget, and Washington Park. The total population of East Side Health District service area as of 2010 was **65,349**. The population decreased by **-15.51%** between 2000 (77,346) and 2010 (65,349). The population is **53%** (34,532) females and **47%** (30,817) males or a ratio of 1.1:1.

- The total population in ESHD service area (65,349) is **24.20%** of the population in St. Clair County, Illinois (270,056) as of 2010.
- White or Caucasian persons living in the East Side Health District service area are **8.03%** (14,001) of all the White or Caucasian persons (174,458) in St. Clair County, Illinois as of 2010.
- The Black or African American population living in the East Side Health District service area is **58.86%** (48,445) of all the Black or African Americans (82,302) in St. Clair County, Illinois as of 2010.
- Persons of Hispanic/Latino origin living in the East Side Health District service area are **36.95%** (3,246) of all the Hispanics/Latinos (8,785) in St. Clair County, Illinois as of 2010.
 - Among all of the Hispanic/Latino population (3,246) in the East Side Health District service area **87.28%** (2,833) are Mexican.

Demographic Characteristics for ESHD Service Area Quick Facts	2000	2010
Total Population	77,346	65,349
% Male	46.6% (36,073)	47.2% (30,817)
% Female	53.4% (41,273)	52.8% (34,532)
Population Race*		
% White	25.1% (19,984)	21.4% (14,001)
% Black or African American	69.3% (55,205)	74.1% (48,445)
% Asian	.2% (154)	.2% (126)
% Amer. Indian/Alaskan Native	.2% (197)	.2% (149)
% Native Hawaiian and Other Pacific Islander	.03% (22)	.01% (7)
% Other	1.2% (997)	2.6% (1,663)
Hispanic or Latino (of any race)	3.0% (2,350)	5.0% (3,246)

*2000 Population by Race total 79,696 and 2010 Population by One Race total 64,391

Source: 2000 US Census and 2010 US Census

Data for Census Tracts 5006 and 5042.01 was unavailable for 2010.

Centreville Township is **41.0%** (26,805) of the population in the East Side Health District service area while East St Louis is approximately **38.6%** (25,222) of the total population according to the 2010 US Census.

Stites Township had a population of 2,582 or **4.0%** of the total population in the East Side Health District service area according to the 2010 US Census.

Census Tract Number, County	City/Township	2000 Population	2010 Population
Census Tract 5004, St. Clair County	East Saint Louis	2,341	1,826
Census Tract 5005, St. Clair County	East Saint Louis	3,099	2,685
Census Tract 5006, St. Clair County	East Saint Louis	1,198	*
Census Tract 5009, St. Clair County	East Saint Louis	4,271	3,813
Census Tract 5011, St. Clair County	East Saint Louis	2,055	1,777
Census Tract 5012, St. Clair County	East Saint Louis	4,298	3,464
Census Tract 5013, St. Clair County	East Saint Louis	4,522	3,782
Census Tract 5014, St. Clair County	East Saint Louis	3,407	2,790
Census Tract 5015.01, St. Clair County	Canteen Township	1,960	1,812
Census Tract 5021, St. Clair County	Madison/Fairmont City Stites Township	2,412	2,582
Census Tract 5022, St. Clair County	Washington Park	3,390	2,101
Census Tract 5023, St. Clair County	Sauget/Cahokia Centreville Township	7,152	6,415
Census Tract 5024.01, St. Clair County	Washington Park	1,955	1,394
Census Tract 5024.04, St. Clair County	Collinsville/Caseyville Canteen Township	3,961	4,161
Census Tract 5025, St. Clair County	Alorton	2,145	1,272
Census Tract 5026.02, St. Clair County	Centreville Township	6,199	5,884
Census Tract 5026.03, St. Clair County	Centreville Township	4,964	4,210
Census Tract 5027, St. Clair County	Centreville Centreville Township	1,371	1,251
Census Tract 5028, St. Clair County	Centreville Centreville Township	2,590	2,713
Census Tract 5029, St. Clair County	Centreville Centreville Township	2,667	2,085
Census Tract 5032.11, St. Clair County	Centreville Township	4,642	4,247
Census Tract 5042.01, St. Clair County	East Saint Louis	894	*
Census Tract 5045, St. Clair County	East Saint Louis	5,853	5,085
Total Population		77,346	65,349

Source: 2000 US Census and 2010 US Census

Demographic Characteristics for ESHD Service Area Quick Facts	2000		2010
Total Population	77,346		65,349
Age Categories		Age Categories	
<5	8.2% (6,317)	<5	8.0% (5,234)
5-17	24.2% (18,721)	5-19	24.4% (15,940)
18-21	5.7% (4,393)	20-24	7.0% (4,592)
22-29	10.3% (7,950)	25-29	6.6% (4,300)
30-39	13.2% (10,194)	30-39	11.9% (7,753)
40-49	13.4% (10,393)	40-49	12.4% (8,126)
50-64	13.0% (10,079)	50-64	17.9% (11,689)
>65	12.0% (9,299)	>65	11.8% (7,715)

Demographic Characteristics for ESHD Service Area Quick Facts	2010
Total Households	23,583
<i>Family Households</i>	66.3% (15,629)
with own children <18	45.5% (7,113)
<i>Nonfamily Households</i>	33.7% (7,954)
Households living alone	86.7% (6,896/7,954)
Households with individuals <18	37.5% (8,850/23,583)
Households with individuals > 65	25.9% (6,114/23,583)

There were a total of **23,583 households** of which **66.3%** were family households. **37.5%** of the total households have individuals under 18 years of age. **25.9%** of the total households have individuals over 65 years of age.

Demographic Characteristics for ESHD Service Area Quick Facts	2010
Total Housing units	27,926
Occupied housing units	84.4% (23,583)
<i>Owner occupied</i>	46.0% (12,850)
Population in owner occupied housing	51.9% (33,897/65,349)
<i>Renter occupied</i>	38.4% (10,733)
Vacant housing units	15.5% (4,343)
Renter occupied housing units	(10,733)
Population in renter-occupied housing	46.0% (30,042/65,349)
For rent	(1,177)
Rented, not occupied	(91)
For Sale Only	(532)

There are a total of **27,926** housing units of which **84.4%** (23,583) are occupied and **15.5%** (4,343) are vacant housing units.

The mean (average) income in the past 12 months for people living in the East Side Health District service area was **\$36,373.57** with lowest in **Census Tract 5004, \$19,220**

(East St. Louis) and the highest in **Census Tract 5032.11, \$81,761**, (Centreville Township) according to the 2010 census.

General Health and Access to Care

The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation report, *County Health Rankings Mobilizing Action Toward Community Health 2011 Illinois* provides a ranking for the 102 counties in the State of Illinois using measures of health outcomes and health factors. Health outcomes are characterized by mortality and morbidity while the health factors by health behaviors, clinical care, social and economic factors, and physical environment. Although, the population of East Side Health District service area is **24%** of the total population in St. Clair County; the *County Health Rankings* for St. Clair County is the most comprehensive measure of health outcomes and factors available that are applicable to the East Side Health District service area.

St. Clair County is ranked
94 out of 102 counties in Illinois for Health Outcomes
100 out of 102 counties in Illinois for Health Factors

Health related data specific to the various communities that comprise the East Side Health District service area is delayed and fragmented. The most recent available vital statistics data on births, particularly maternal/child health is 2009, while the most recent death data available from the Illinois Department of Public Health is 2008. Sexually transmitted disease data is generally available by county; however, a specific request was made to the Illinois Department of Public Health for East Side Health District service area data. HIV/AIDS was only available for St. Clair County. East Side Health District service area specific data would display that the burden of health outcomes and factors in St. Clair County are largely situated in the East Side Health District service area.

Health Measure	Description	St. Clair County, IL Rank
Health Outcomes	Mortality and Morbidity	94 out of 102 counties in IL
Mortality	Premature Death or the years of potential life lost prior to age 75	96 out of 102 counties in IL
Morbidity	Self-reported fair or poor health, Poor physical health days, Poor mental days, and Low birthweight	93 out of 102 counties in IL
Health Factors	Health Behaviors, Clinical Care, Social and Economic Factors, Physical Environment	100 out of 102 counties in IL
Health Behaviors	Smoking, Diet and Exercise, Alcohol use, High risk sexual behavior	101 out of 102 counties in IL
Clinical Care	Access to care and Quality of Care	25 out of 102 counties in IL
Social and Economic Factors	Education, Employment, Income, Family and Social Support, and Community Safety	99 out of 102 counties in IL
Physical Environment	Air Quality and Built Environment	64 out of 102 counties in IL

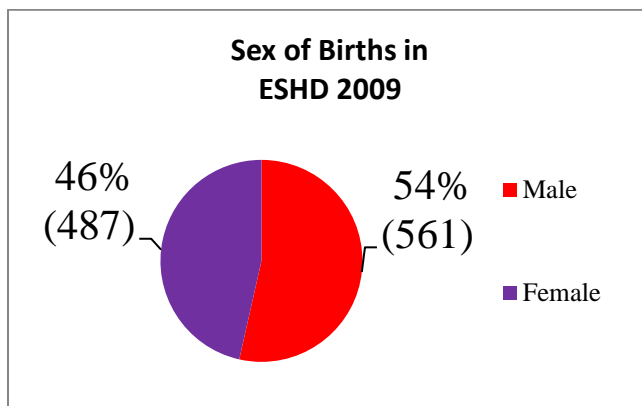
Source: University of Wisconsin Population Health Institute. *County Health Rankings 2011*.

Some of the major providers of health care in the East Side Health District service area are: East Side Health District in East St. Louis, St. Clair County Health Department in Belleville, Southern Illinois Healthcare Foundation in various communities, Southern Illinois Regional Wellness Center at 100 N. 8th St. Suite 232 in downtown East St. Louis and 1825 Kingshighway Washington Park, and Touchette Regional Hospital at 5900 Bond Avenue in Centreville. In June of 2011, Kenneth Hall Regional Hospital located in East St. Louis closed its emergency room and mental health services. The geographic location of East St. Louis and its surrounding communities allows residents to seek specialized health care with providers in Missouri cities like St. Louis and Cape Girardeau.

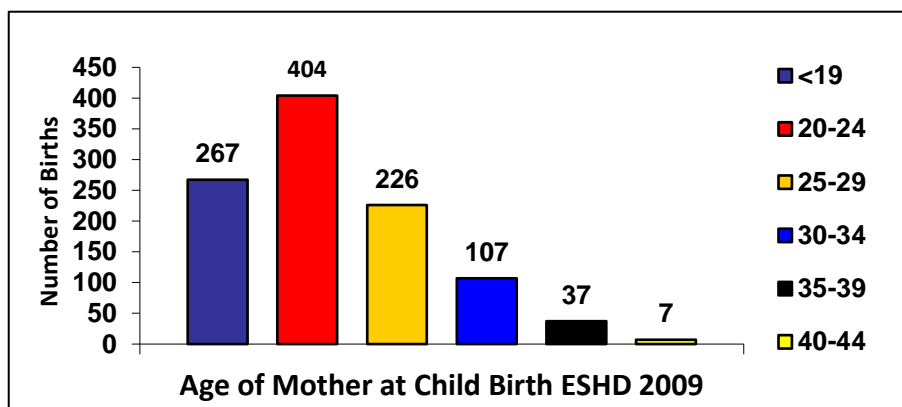
Source: Emergency room at Kenneth Hall is now closed. St. Louis Today. June 7, 2011.
http://www.stltoday.com/news/local/illinois/article_84fd68fa-911f-11e0-a13a-001a4bcf6878.html Retrieved May 28, 2012.

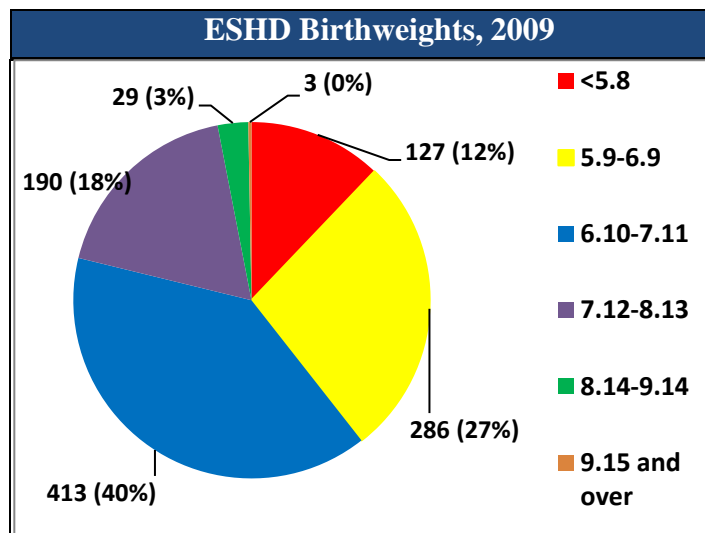
Maternal and Child Health

The Illinois Department of Public Health and the East Side Health District, Vital Statistics, provided birth data for the East Side Health District service area. The total births by place of residence are in the following areas: Alorton, Brooklyn, Cahokia, Canteen Township, Centreville, Centreville Township, East St. Louis, Fairmont City, and Washington Park. Available data between 2007-2009 documented **3,272** births, respectively **1,091, 1,133, and 1,048**. The number of births decreased by **43** between 2007 and 2009. The most recent data available is 2009. Below are characteristics of the 2009 births in the East Side Health District service area.



In 2009, there were a total of **267** teenage births (<19) or **25.5%** of all births in the ESHD service area. Women ages 20-24 had the greatest number of births in 2009, **404** total or **38.5%**. Of the **1,048** births in 2009, **85.7% (898)** were to unmarried couples.





Twelve percent (127) of the births in 2009 were low-weight, below 5 lbs 8 ounces. The births weighting between 6 lbs 10 ounces to 7 lbs 11 ounces had the greatest number of births at **413** or **40%** of all the births in 2009.

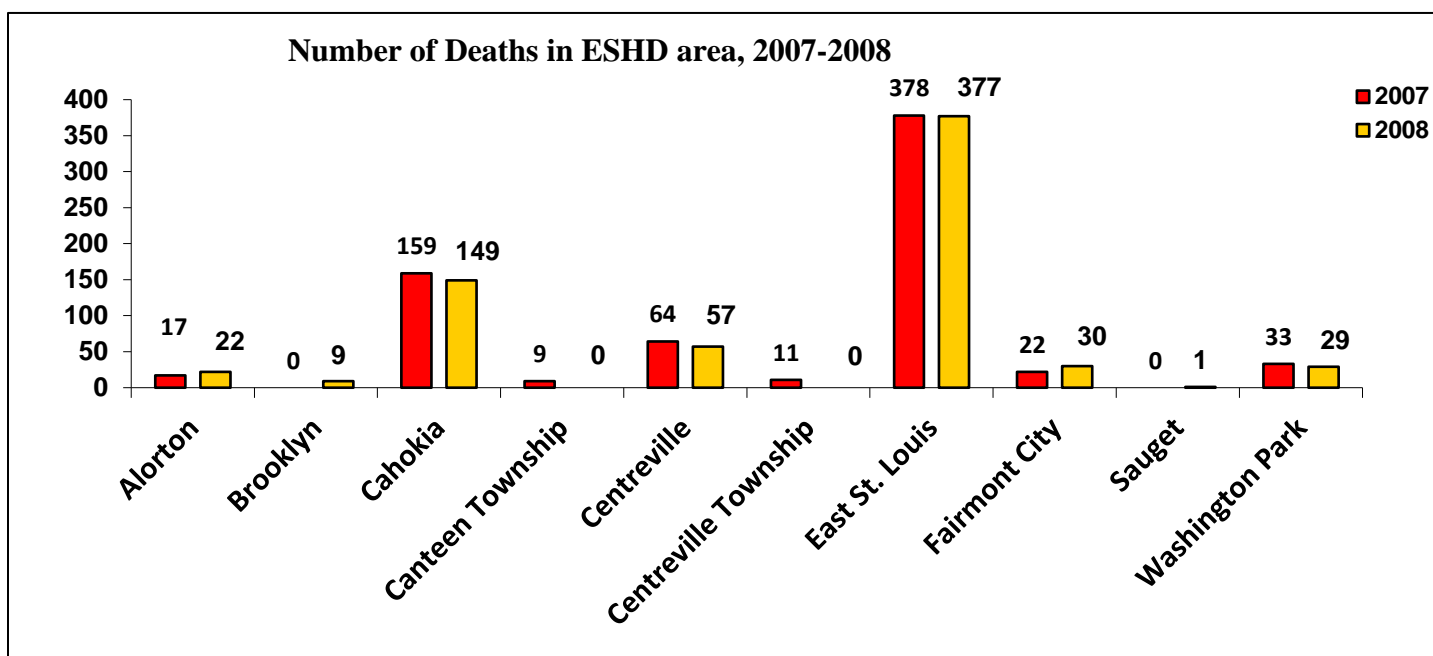
Illinois Department of Public Health, Vital Statistics

Birth data available for 2007, 2008, and 2009

Death data available for 2008 and 2009

Chronic Disease and Cancer Incidence

The numbers and causes of death in the East Side Health District for 2007 and 2008 were obtained from vital statistics reports. There were a total of **693** deaths (**1,060** deaths per 100,000 population) in 2007 and **674** deaths (**1,031** deaths per 100,000 population) in 2008. Data for 2009, 2010, and 2011 are not available.



Notes: Please note that Alorton, Cahokia, and East St. Louis were listed as the decedent's residence, but also indicated that he/she lived outside of the city limits.

Centreville data is for 2007 while Centreville Township is for 2008.

According to the Centers for Disease Control and Prevention, chronic diseases such as cancer and diabetes are the leading causes of death and disability. The number and rate per 100,000 of deaths for cancer, cardiovascular diseases, and diabetes for 2007 and 2008 are displayed in the tables below. Data for specific types of cancers were available for 2007. There were a total of **154** cancer deaths (**236** cancer deaths per 100,000) in 2007. The rate of bronchus and lung cancer was the highest among the types of cancers at **83** deaths per 100,000 population in the East Side Health District service area followed by the rate of colorectal cancer, **34** deaths per 100,000. The rate of cancer deaths was **246** per 100,000 in 2008.

Malignant Neoplasms – Cancer Deaths ESHD service area, 2007										
Residence Area	Lip, Oral Cavity and Pharynx	Colorectal	Bronchus and Lung	Skin	Female Breast	Cervical	Prostate	Leukemia	Other Malignant Neoplasms	Total
Alorton			1						1	2
Cahokia	2	4	11	1	5		1		13	37
Centreville		2	5		1	1	3		4	16
East St. Louis	2	14	29		3	1	5	1	26	81
Washington Park	1		3		1			1	1	7
Fairmont City		1	1	1					2	5
Canteen Township		1	2		1					3
Centreville Township			2							3
Total	5	22	54	2	11	2	9	2	47	154
Rate per 100,000	8	34	83	3	17	3	14	3	72	236

*Total population 65,349

Malignant Neoplasms – Cancer Deaths ESHD service area, 2008	
Residence Area	Total
Alorton	3
Brooklyn	2
Cahokia	42
Centreville	13
East St. Louis	90
Washington Park	3
Fairmont City	8
Total	161
Rate per 100,000	246

Cardiovascular diseases or diseases of the heart were among the greatest causes of deaths in the East Side Health District service area. The rate of cardiovascular disease deaths were **311** and **234** per 100,000 population in 2007 and 2008, respectively. Moreover, the rate of diabetes deaths were **75** and **66** per 100,000, respectively in 2007 and 2008.

Area	Major Cardiovascular Diseases 2007	Diseases of the heart 2008
Alorton	4	3
Brooklyn	-	2
Cahokia	48	23
Centreville	19	12
East St. Louis	113	85
Washington Park	9	8
Fairmont City	7	7
Canteen Township	2	NA
Centreville	1	12
Sauget	NA	1
Total	203	153
Rate per 100,000	311	234

Area	Diabetes 2007	Diabetes 2008
Alorton	0	2
Brooklyn	NA	0
Cahokia	9	5
Centreville	3	4
East St. Louis	32	23
Washington Park	4	2
Fairmont City	0	3
Canteen Township	0	NA
Centreville Township (Centreville)	1	4
Sauget	NA	0
Total	49	43
Rate per 100,000	75	66

Sources: Illinois Department of Health, Vital Statistics 2007 and 2008

Sexually Transmitted Diseases

East Side Health District Service Area Chlamydia, Gonorrhea, and Syphilis Cases and Rates, 2007-2011

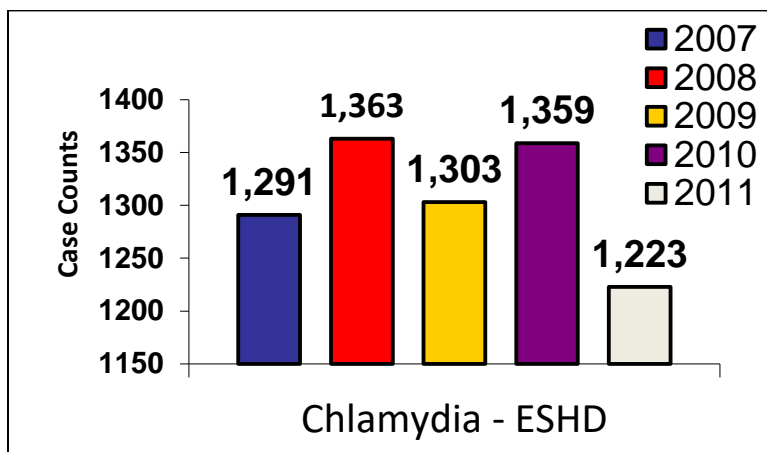
Year	Chlamydia		Gonorrhea		Syphilis	
	Cases	Rates	Cases	Rates	Cases	Rates
2007	1,291	1,975.5	714	1,092.6	16	24.5
2008	1,363	2,085.7	639	977.8	18	27.5
2009	1,303	1,993.9	431	659.5	17	26.0
2010	1,359	2,079.6	414	633.5	32	49.0
2011*	1,223	1,871.5	448	685.5	18	27.5

*2011 data is provisional

*Population statistics 65,349 (2010) were used to calculate rate per 100,000 for 2007-2011

CHLAMYDIA

The 5 year (2007-2011) average of Chlamydia Cases in the East Side Health District service area is 1,308 cases. This is a rate of 2,001 rate per 100,000 residents in the area. African Americans were **95.4%** (5,338 cases) of the Chlamydia cases with known race in ESHD over the 5 year period.

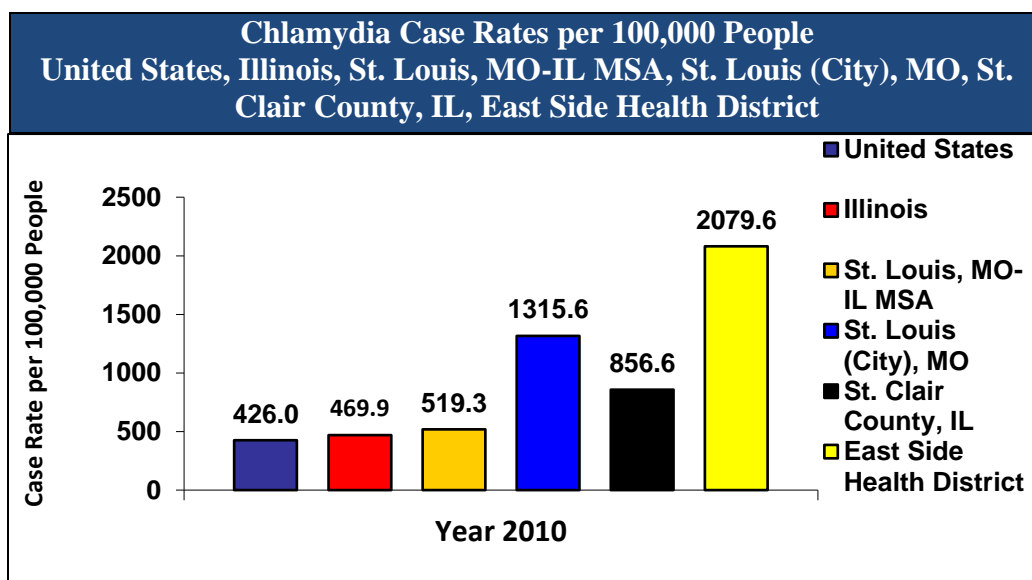


Chlamydia is diagnosed more in women than in men. The ratio of Chlamydia between women and men for the 5 year average was **2.8:1**. The greatest ratio between women and men was in 2007 – 3.3:1.

Year	Female	Male	Ratio
2007	992	299	3.3:1
2008	1011	352	2.9:1
2009	959	344	2.8:1
2010	981	378	2.6:1
2011	895	325	2.8:1
5 year average	967.6	339.6	2.8:1

Age group 15-19 had an average of **594.8** cases (45.5%) of Chlamydia during the 5 year period (2007-2011).

Age Group	5 year (2007-2011) Average	
0-4	2.4	(.2%)
5-9	.6	(.04%)
10-14	30.6	(2.3%)
15-19	594.8	(45.5%)
20-24	428.6	(32.8%)
25-29	150.4	(11.5%)
30-34	57.4	(4.4%)
35-39	22.2	(1.7%)
40-44	8.8	(.7%)
45-49	6.6	(.5%)
50+	5.2	(.4%)
Unknown	.2	(.02%)
Total	1308	



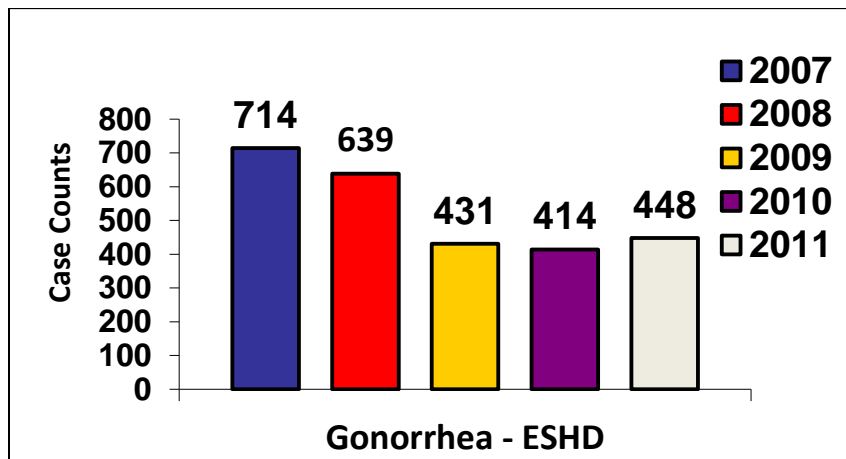
In 2010, there were 426.0 cases of Chlamydia per 100,000 people in the United States, while there was a slightly greater rate of 469.9 cases per 100,000 people in the State of Illinois and St. Louis, MO-IL MSA 519.3 cases per 100,000 people. The Chlamydia rate per 100,000 people in the City of St. Louis, MO was more than triple the rate of the United States. The Chlamydia rate per 100,000 people in the East Side Health District area was 2,079.6. The Chlamydia rate in the East Side Health District area is nearly **5 times greater** than the Chlamydia rate of the United States in 2010.

- The East Side Health District had **59% (1,359 cases)** of the Chlamydia cases in St. Clair County in 2010.

Area	2007		2008		2009		2010	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
United States	1,108,374	367.5	1,210,523	398.1	1,244,180	405.3	1,307,893	426.0
Illinois	55,470	431.6	59,169	458.6	60,542	468.9	60,672	469.9
St. Louis, MO-IL MSA	13,170	489.0	14,092	500.3	14,546	514.2	14,691	519.3
St. Louis City, MO	4,392	1,228.9	4,298	1,201.7	4,390	1,253.6	4,516	1,315.6
St. Clair County, IL	2,316	904.4	2,284	891.9	2,255	880.6	2,313	856.6
East Side Health District	1,291	1,975.5	1,363	2085.7	1,303	1,993.9	1,359	2,079.6

GONORRHEA

The 5 year (2007-2011) average of Gonorrhea Cases in the East Side Health District service area is 529 cases. This is a rate of 809.5 cases per 100,000 people in the area. African Americans were **97.5%** (2,265 cases) of the Gonorrhea cases with known race in ESHD over the 5 year period.

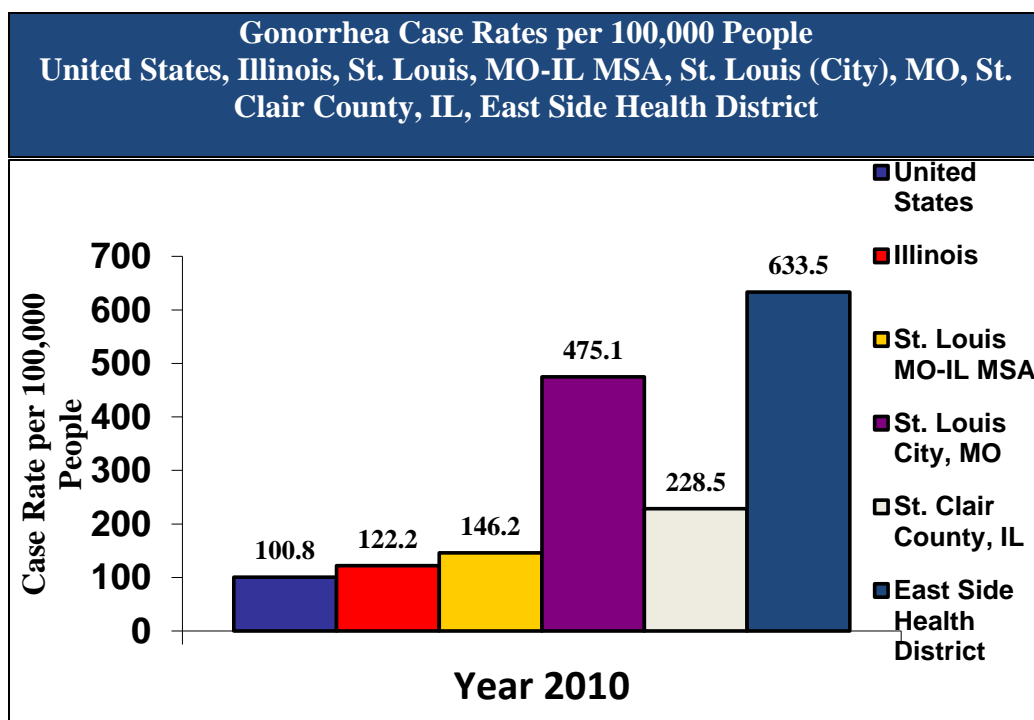


Year	Female	Male	Ratio
2007	404	310	1.3:1
2008	348	291	1.2:1
2009	245	186	1.3:1
2010	227	187	1.2:1
2011	269	179	1.5:1
5 year (2007-2011) average	298.6	230.6	1.3:1

The 5 year average of ratio of Gonorrhea is **1.3:1** between women and men. The greatest ratio was in 2011 – 1.5:1.

Age group 15-19 had an average of **192.6** cases (36.4%) of Chlamydia during the 5 year period.

Age Group	5 year (2007-2011) Average	
0-4	0.6	(.1%)
5-9	0.8	(.2%)
10-14	9	(1.7%)
15-19	192.6	(36.4%)
20-24	184.8	(34.9%)
25-29	73	(13.8%)
30-34	30.8	(5.8%)
35-39	16.2	(3.1%)
40-44	9	(1.7%)
45-49	6.8	(1.3%)
50+	5.6	(1.0%)
Unknown	0	(0%)
Total	529.2	

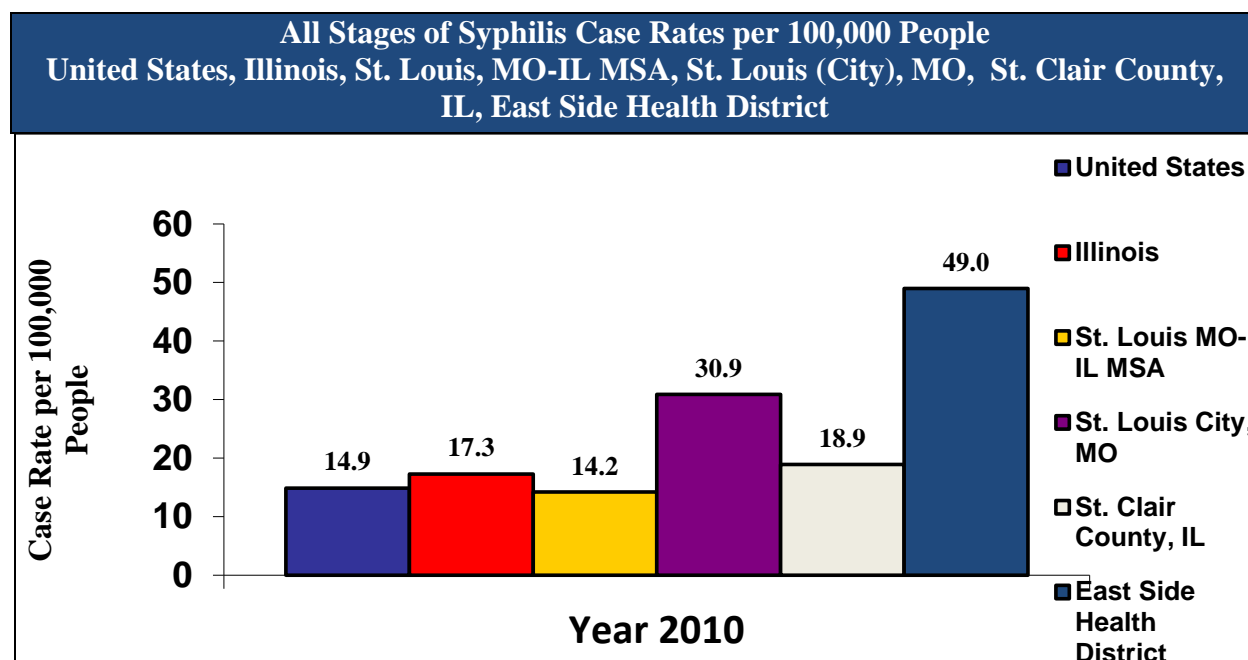


In 2010, there were 100.8 cases of Gonorrhea per 100,000 people in the United States, while there was a slightly greater rate of 122.2 cases per 100,000 people in the State of Illinois and St. Louis, MO-IL MSA 146.2 cases per 100,000 people. The rate per 100,000 people in the City of St. Louis, MO was more than 4 times the rate of the United States. The rate of Gonorrhea per 100,000 people in the East Side Health District area was 633.5. The Gonorrhea rate in the East Side Health District area was more than **6 times greater** than the rate in the United States in 2010.

- The East Side Health District had **67% (414 cases)** of the Gonorrhea cases in St. Clair County, Illinois in 2010.

Area	2007		2008		2009		2010	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
United States	355,991	118.0	336,742	110.7	301,174	98.1	309,341	100.8
Illinois	20,813	161.9	20,674	160.2	19,962	154.6	15,777	122.2
St. Louis, MO-IL MSA	6,483	231.2	5,003	177.6	3,620	128.0	4,137	146.2
St. Louis City, MO	2,577	718.4	1,890	525.3	1,296	370.1	1,694	475.1
St. Clair County, IL	1,059	413.5	911	355.7	659	257.3	617	228.5
East Side Health District	714	1,092.6	639	977.8	431	659.5	414	633.5

ALL STAGES OF SYPHILIS



In 2010, there were 14.9 cases of Syphilis per 100,000 people in the United States, while there was a slightly greater rate of 17.3 cases per 100,000 people in the State of Illinois. The St. Louis, MO-IL MSA had 14.2 cases per 100,000 people, lower than both the Nation and State of Illinois. The rate per 100,000 people in the City of St. Louis, MO was nearly double the rate of the United States (30.9 cases). The rate of Syphilis per 100,000 people in the East Side Health District area was 49.0 cases per 100,000 people. The Syphilis rate in the East Side Health District area was more than **3 times greater** than the rate in the United States in 2010.

- The East Side Health District area had **63% (32 cases)** of the Syphilis cases in St. Clair County, Illinois in 2010.

Area	2007		2008		2009		2010	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
United States	40,925	13.6	46,292	15.2	44,830	14.9	45,834	14.9
Illinois	1,220	9.5	1,565	12.1	1,915	17.3	2,236	17.3
St. Louis, MO-IL MSA	252	9.0	322	11.4	294	14.2	403	14.2
St. Louis City, MO	79	23.4	97	26.4	95	30.9	106	30.9
St. Clair County, IL	37	14.4	34	13.3	29	11.3	51	18.9
East Side Health District	16	24.5	18	27.5	17	26.0	32	49.0

Sources:

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; 2011. Table 3. Chlamydia – Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2006-2010 Pg. 90.

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; 2011. Table 6. Chlamydia – Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs)* in Alphabetical Order, United States, 2006-2010 Pg. 93.

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; 2011. Table 9. Chlamydia – Counties and Independent Cities* Ranked by Number of Reported Cases, United States, 2010 Pg. 96.

Illinois Department of Public Health

Sexually Transmitted Diseases In the City of St. Louis, MO Five Year Summary 2005 to 2009 City of St. Louis Department of Health 2011, Kelly Krahl Zara, MPH Chlamydia, Gonorrhea and Syphilis Cases and Rates per 100,000 by Year City of St. Louis, Reported 1994 to 2009, Pg 38. Retrieved March 4, 2012 from <http://stlouis-mo.gov/government/departments/health/documents/upload//STD-Summary-2005-to-2009.pdf>

Annual Report Reported STDs to St. Clair County Health Department. Sexually Transmitted Diseases in St. Clair County. Pg.2 Retrieved on March 3, 2012 from <http://health.co.st-clair.il.us/NR/rdonlyres/87F360D4-6578-4C27-BA8D-98EEE64DD4EB/0/annualsummary2011forweb.pdf>

East Side Health District: Population data for Census Tracts 5006 and 5042 is not available, To calculate rate the population data size for 2007-2011 was 65349

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; Table 14. Gonorrhea-Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2006-2010 Pg 102; 2011.

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; Table 14. Gonorrhea-Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2006-2010 Pg 102; 2011.

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; Table 17. Gonorrhea-Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs)* in Alphabetical Order, United States, 2006-2010 Pg 105; 2011.

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; Table 20. Gonorrhea-Counties and Independent Cities* Ranked by Number of Reported Cases, United States, 2010 Pg 108; 2011.

Sexually Transmitted Diseases In the City of St. Louis, MO Five Year Summary 2005 to 2009 City of St. Louis Department of Health 2011, Kelly Krahl Zara, MPH Chlamydia, Gonorrhea and Syphilis Cases and Rates per 100,000 by Year City of St. Louis, Reported 1994 to 2009, Pg 38. Retrieved March 4, 2012 from <http://stlouis-mo.gov/government/departments/health/documents/upload//STD-Summary-2005-to-2009.pdf>

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; 2011. Table 23. All Stages of Syphilis*-Reported Cases and Rates by State/Area and Region in Alphabetical Order, United States and Outlying Areas, 2006-2010 Pg. 112.

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services; 2011. Table 24. All Stages of Syphilis*-Reported Cases and Rates in Selected Metropolitan Statistical Areas (MSAs) in Alphabetical Order, United States, 2006-2010 Pg. 113.

Sexually Transmitted Diseases In the City of St. Louis, MO Five Year Summary 2005 to 2009 City of St. Louis Department of Health 2011, Kelly Krahl Zara, MPH Chlamydia, Gonorrhea and Syphilis Cases and Rates per 100,000 by Year City of St. Louis, Reported 1994 to 2009, Pg 38. Retrieved March 4, 2012 from <http://stlouis-mo.gov/government/departments/health/documents/upload//STD-Summary-2005-to-2009.pdf>

HIV/AIDS incidence, prevalence, and mortality data from 2007-2010 for St. Clair County, Illinois were obtained from the Illinois Department of Public Health. East Side Health District service area specific data was unavailable. The East Side Health District had **67% (414 cases)** of the Gonorrhea, **59% (1,359 cases)** of the Chlamydia, and **63% (32 cases)** of the Syphilis cases in St. Clair County, Illinois in 2010. The distribution of HIV/AIDS cases between St. Clair County and the East Side Health District area may likely be comparable to the sexually transmitted diseases with nearly **60%** of the cases in the ESHD area.

INCIDENCE (NEW CASES of HIV/AIDS) St Clair County												
RACE/ETHNICITY	HIV	AIDS	2010	HIV	AIDS	2009	HIV	AIDS	2008	HIV	AIDS	2007
White	6	<5		9	7		9	<5		<5	<5	
Black	37	14		43	19		40	16		22	11	
Hispanic	<5	<5		<5	<5			0		0	0	
Multi/Other/Unk	<5	6		<5	5		*	*		<5	<5	
Missing	0	0		8	<5		<5	0		<5	0	
SEX												
Female	17	13	30	26	13	39	31	12	44	13	9	22
Male	31	11	42	40	22	62	34	14	56	16	8	24
Total	48	24	72	66	35	101	65	26	100	29	17	46
AGE												
13-19	5	*		<5	0		<5	0		<5	<5	
20-24	7	<5		8	<5		11	<5		11	<5	
25-29	7	<5		18	<5		12	<5		<5	0	
30-39	17	14		15	10		17	9		10	6	
40-49	8	5		13	9		15	8		<5	6	
50-59	<5	<5		5	5		5	<5		5	<5	
60 and over	<5	<5		<5	<5		<5	0		0	0	
RISK												
Male-Male Sex (MSM)	16	6		19	9		19	6		8	<5	
Injection Drug Use (IDU)	<5	<5		0	<5		<5	<5		<5	<5	
Heterosexual Contact	11	6		13	<5		7	0		5	<5	
MSM/IDU	0	0		0	<5		<5	<5		<5	<5	
Undetermined	*	*		34	19		37	15		14	8	

Cases counts <5 are not reported as to protect confidentiality.

Prevalence (People Living with HIV Disease) St Clair County												
RACE/ETHNICITY	HIV	AIDS	2010	HIV	AIDS	2009	HIV	AIDS	2008	HIV	AIDS	2007
White	122	186		116	64		107	57		99	54	
Black	381	66		347	173		307	156		274	145	
Hispanic	11	6		10	<5		8	<5		8	<5	
Multi/Other/Unk	53	*		51	28		47	*		34	*	
Missing	23	<5		21	<5		13	0		10	0	
SEX												
Female	204	101	305	188	89	277	163	76	239	134	65	199
Male	386	194	580	357	183	540	319	163	482	291	154	445
Total	590	295	885	545	272	817	482	239	721	425	219	644
AGE												
5 yrs - 12 yrs	<5	0		<5	0		<5	0		<5	0	
13-19	*	0		*	0		*	<5		*	<5	
20-24	39	6		33	5		35	*		30	*	
25-29	64	16		72	18		55	14		48	13	
30-39	169	75		152	65		136	57		117	50	
40-49	188	108		176	110		160	102		146	96	
50-59	94	65		80	52		68	42		57	37	
60 and over	26	25		22	22		17	16		15	15	
RISK												
Male-Male Sex (MSM)	225	125		210	118		192	109		175	104	
Injection Drug Use (IDU)	33	21		30	20		30	18		31	18	
Heterosexual Contact	97	46		87	40		75	37		19	38	
MSM/IDU	19	13		19	13		19	13		70	12	
Perinatal	<5	0		<5	0		<5	0		<5	0	
Other	<5	<5		<5	<5		<5	<5		<5	<5	
Undetermined	211	*		194	*		161	*		125	*	

Cases counts <5 are not reported as to protect confidentiality.

Mortality (Deaths) St Clair County, Illinois

RACE/ETHNICITY	HIV	AIDS	2010	HIV	AIDS	2009	HIV	AIDS	2008	HIV	AIDS	2007
White	0	0	0	0	0	<5	<5	<5	<5	<5	<5	<5
Black	<5	<5	<5	<5	<5	*	*	11	*	11	*	*
Hispanic	0	0	0	0	0	0	0	0	0	0	0	0
Multi/Other/Unk	0	0	0	0	0	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0	0	<5	0	<5	0
SEX												
Female	<5	<5	<5	0	<5	<5	<5	<5	5	<5	5	<5
Male	<5	<5	<5	<5	<5	*	*	8	*	8	*	*
Total	<5	<5	<10	<5	<5	<10	8	9	17	13	10	23
AGE												
5 yrs -12 yrs	0	0	0	0	0	0	0	<5	<5	<5	<5	<5
13-19	0	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	<5	<5	<5	<5	<5	0	0
25-29	0	0	0	0	0	0	<5	<5	<5	<5	<5	<5
30-39	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5
40-49	<5	<5	<5	0	<5	<5	<5	<5	<5	<5	<5	<5
50-59	0	0	0	0	0	<5	<5	<5	<5	<5	<5	<5
60 and over	<5	<5	0	0	0	0	0	0	0	0	0	0
RISK												
Male-Male Sex (MSM)	<5	<5	<5	0	<5	<5	<5	<5	<5	<5	<5	<5
Injection Drug Use (IDU)	0	0	0	0	0	<5	<5	<5	<5	<5	<5	<5
Heterosexual Contact	<5	0	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5
MSM/IDU	0	0	0	<5	<5	<5	<5	0	<5	0	<5	<5
Perinatal	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	<5	<5	<5	<5	<5
Undetermined	<5	<5	<5	0	<5	<5	0	<5	0	<5	<5	<5

Cases counts <5 are not reported as to protect confidentiality.

Source: Illinois Department of Public Health STD/HIV/AIDS

Environmental, Occupational, and Injury control

AIR QUALITY

The Illinois Environmental Protection Agency (IEPA) has an Air Monitoring in East St. Louis 13th & Tudor RAPS Trailer Geographical Coordinates (Latitude +38.61203448, Longitude -90.16047663) that monitors CO, NO₂, Ozone, PM₁₀, PM_{2.5}, SO₂, TSP Pb, and Metals. The Site ID for the location in East St. Louis is 171630010.

Sources and impacts of each air pollutant are detailed below:

There are also environmental impacts of air pollutants in the East Side Health District service area. These impacts are stationary industrial sources and mobile sources which have a great impact in urban areas.

Carbon Monoxide A source of carbon monoxide is vehicle exhaust and industrial activities. It is a gas that does not have an odor or smell. It limits oxygen to the tissues and organs in the body. Carbon can also cause cardiovascular diseases to worsen, impaired vision, limited capacity to work, and problems with learning ability.

Nitrogen Dioxide Like Carbon Monoxide, fuel combustion or vehicle exhaust is a source of nitrogen dioxide. Electricity production, industrial boilers, and wood burning are additional sources of nitrogen dioxide. Nitrogen Dioxide limits the function of the lungs that results in bronchitis and pneumonia. It also aids to the formation of ozone and particle formation.

Sulfur Dioxide The burning of coal is the largest source of sulfur dioxide. Electric utilities, industrial processes, and volcanoes produce sulfur dioxide while fuel combustion is a source of sulfur dioxide like carbon monoxide and nitrogen dioxide. It can cause an increase in respiratory concerns and emergency room and hospital admissions.

Particulate Matter (PM_{2.5}) Particulate Matter (PM_{2.5}) results from chemical reactions, fuel combustion, electricity generation, industrial processes, agriculture, the burning of wood and leaves as well as fuel combustion. It impact local visibility and be a contributor to lung cancer, asthma, cardiovascular disease, limit lung function, and early death.

Ozone Ozone is created by the chemical reaction of Volatile Organic Compounds and NO_x in sunlight. It can increase respiratory conditions, impair lung function, and worsen cardiovascular disease.

Lead The source of lead can include metal refineries and industries, leaded gasoline combustion, and waste incinerators. Lead can also be found in paint particularly in older housing stock. Lead can lead to neurological impairments and the nervous system. For example, it can cause seizures, mental retardation, IQ loss, and behavioral disorders.

Heat Island Effects Areas in the city that are built up are hotter than rural areas.

East St. Louis 13 th & Tudor RAPS Trailer	Nitrogen Dioxide	Sulfur Dioxide	Particulate Matter (PM _{2.5})	Ozone 4 th High 8-hour Concentrations (ppm)	Lead Maximum 3- Month Rolling Mean
2010	12 ppb	31 ppb	13.0 ug/m ³	0.072 ppm	0.03 ug/m ³
2009	14 ppb	30 ppb	11.7 ug/m ³	0.069 ppm	0.02 ug/m ³
2008	14 ppb	35 ppb	12.5 ug/m ³	0.064 ppm	0.04 ug/m ³
2007	16 ppb	33 ppb	15.6 ug/m ³	0.077 ppm	0.05 ug/m ³

Source: Illinois Annual Air Quality Report 2010, Illinois Environmental Protection Agency

The University of Illinois' Illinois Action Research's, *Metro East Citizens Air Project*, "aims to promote community-based efforts to address air pollution by empowering members as citizen scientists with the knowledge and skills to advocate for improved air quality in their neighborhoods." The project has compiled a profile entitled, *St. Louis Metro East Facility Air Profiles A guide to facilities that create air pollution in your community*, of air quality among a total of 43 facilities in the St. Louis Metro East area, in the following counties: Madison, Monroe, and St. Clair. **Fifteen (or 35%) of the 43 facilities** are in St. Clair County, Illinois. Of the 15 facilities in St. Clair County, **9 (or 60%)** are in the East Side Health District service area with 2 in East St. Louis, 1 in Cahokia, and 6 in Sauget. **The facilities in the East Side Health District service area are 21% (9/43) of all the facilities profiled.** Profiles of the facilities were obtained from the Clean Air Act Permit Program (CAAPP) while the 2010 Annual Emission Reports were obtained from the Illinois Environmental Protection Agency (IEPA). The pollutants identified in the report include: CO, lead, NOX, PM, PM10, PM2.5, SO2, and VOM. Below is a profile of the 9 facilities in the East Side Health District taken from the profile compiled by Metro East Citizens Air Project:

Afton Chemical Corporation

501 Monsanto Avenue
Sauget, Illinois
St. Clair County

Solutia, Inc. (W.G. Krummrich Plant)

500 Monsanto Ave.
Sauget, Illinois
St. Clair County

Pollutant	Afton Chemical Corporation 2010 Emissions (tons)
CO	9.55
Lead	-
NOx	26.11
PM	4.27
PM10	4.27
PM2.5	4.27
SO2	106.08
VOM	37.51

Pollutant	Solutia, Inc. (W.G. Krummrich Plant) 2010 Emissions from Facility Annual Emission Reports (tons)
CO	1.12934
Lead	-
NOx	1.28239
PM	6.65788
PM10	5.85041
PM2.5	0.89899
SO2	1.13639
VOM	19.43103

Rockwood Pigments NA, Inc.

2001 Lynch Avenue
East St Louis, Illinois
St. Clair County

Pollutant	Rockwood Pigments NA, Inc. 2010 Emissions from Facility Annual Emission Reports (tons)
CO	0.684096
Lead	0
NOx	0.8144
PM	0.557281
PM10	0.557281
PM2.5	0.557281
SO2	0.012045
VOM	-

Big River Zinc Corporation

Route 3 & Monsanto Avenue
Sauget, Illinois
St. Clair County

Pollutant	Big River Zinc Corporation 2010 Emissions from Facility Annual Emission Reports (tons)
CO	-
Lead	0.017
NOx	-
PM	1
PM10	0.89
PM2.5	-
SO2	-
VOM	-

Milam Recycling & Disposal Facility

601 Madison Road
East St. Louis, Illinois
St. Clair County

Pollutant	Milam Recycling & Disposal Facility 2010 Emissions from Facility Annual Emission Reports (tons)
CO	223.62
Lead	-
NOx	75.13
PM	56.89
PM10	18.47
PM2.5	8.62
SO2	16.16
VOM	11.75

Cerro Flow Products, LLC

3000 Mississippi Avenue
Sauget, Illinois
St. Clair County

Pollutant	Cerro Flow Products, LLC 2010 Emissions from Facility Annual Emission Reports (tons)
CO	2.5816
Lead	-
NOx	3.0734
PM	11.1479
PM10	3.0007
PM2.5	0.5283
SO2	0.0184
VOM	39.9179

Joint American Bottoms & Sauget Treatment Facility

#1 American Bottoms Road
Sauget, Illinois
St. Clair County

Pollutant	Joint American Bottoms & Sauget Treatment Facility 2010 Emissions from Facility Annual Emission Reports (tons)
CO	0.169
Lead	-
NOx	0.202
PM	0.017
PM10	0.016
PM2.5	0.016
SO2	0.001
VOM	33.2

Conoco Phillips Pipe Line Company

3300 Mississippi Avenue
Cahokia, Illinois
St. Clair County

Pollutant	Conoco Phillips Pipe Line Company 2010 Emissions from Facility Annual Emission Reports (tons)
CO	37.24
Lead	-
NOx	14.9653
PM	-
PM10	-
PM2.5	-
SO2	-
VOM	66.1362

Environmental Management Corp.

2301 Falling Springs Road
Sauget, Illinois 62206
St. Clair County

Pollutant	Environmental Management Corp. 2010 Emissions from Facility Annual Emission Reports (tons)
CO	7.07
Lead	-
NOx	18.04
PM	1.34
PM10	0.88
PM2.5	0
SO2	0.11
VOM	-

Source: St. Louis Metro East Facility Air Profiles A guide to facilities that create air pollution in your community. Metro East Citizens Air Project Action Research. ILLINOIS. College Fine and Applied Arts. University of Illinois Urbana-Champaign.

BROWNFIELDS AND SUPERFUNDS

A Brownfield is an area that may be compromised by hazardous substance, pollutant, or contaminant. A program to target abandoned hazardous sites is a Superfund. A number of Brownfields and Superfunds exist in the East Side Health District service area. The Superfund Alternative Sites are: **Old American Zinc Plant Site (Fairmont City), Sauget Area 1 and Area 2 (Sauget and Cahokia), Solutia Inc. (Sauget), ALOCA Properties (East St. Louis).**

MOBILE SOURCES

Mobile sources are responsible for much of the air pollution in the United States with vehicles being the primary source. Technological advances in vehicles have decreased the amount of air pollution from vehicles; nonetheless, vehicles remain largely responsible for air pollution. The pollutant that vehicles are responsible for include: volatile organic compound (VOC) emissions, nitrogen oxides (NOX) emissions, carbon monoxide (CO) emissions, and hazardous air pollutants in urban areas. The East Side Health District area has mobile source air pollution from various major roadways – Illinois Interstate 55, 64, 255, and Illinois/Missouri Interstate 70.

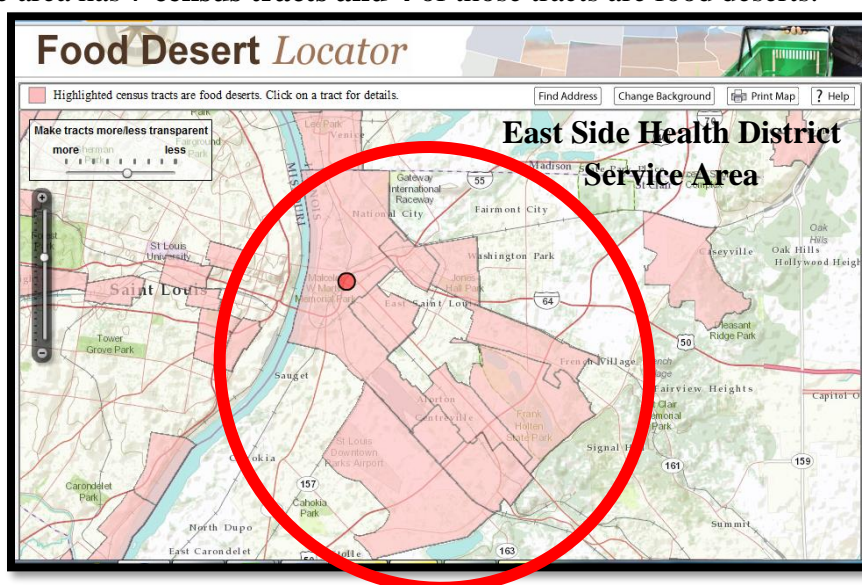
Source: U.S. Environmental Protection Agency. Air Pollution Control Orientation Course. Sources of Pollutants in the Ambient Air – Mobile Sources. <http://www.epa.gov/apti/course422/ap3a.html>

Nutrition Environment, Built Environment, and Physical Activity

The National Prevention Strategy America's Plan for Better Health and Wellness released by the National Prevention Strategy in June 2011 was prepared by the National Prevention, Health Promotion, and Public Health Council and chaired by US Surgeon General, Regina M. Benjamin. The strategy has a focus of wellness and prevention for the country with its 4 strategic directions: *Healthy and Safe Community Environments, Clinical and Community Prevention Services, Empowered People, and Elimination of Health Disparities* and 7 priorities: *Tobacco Free Living, Preventing Drug Abuse and Excessive Alcohol Use, Health Eating, Active Living, Injury and Violence Free Living, Reproductive and Sexual Health, and Mental and Emotional Well-being*. The strategies, "overarching goal is increase the number of Americans who are healthy at every stage of life." The nutrition environment, built environment, and opportunities to facilitate physical activity are important characteristics of wellness in a community.

NUTRITION ENVIRONMENT

The nutrition environment is a complex set of environmental variables that influence eating patterns. The National Prevention Strategy documents, "over 23 million people, including 6.5 million children, live in "food deserts" – neighborhoods that lack access to stores where affordable, healthy food is readily available." According the USDA Food Desert Locator, several census tracts in the East Side Health District Service Area are identified as "food deserts" or "a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store," (ERS, 2011). There are a total of 21 census tracts in the service area of which **nearly half (10)** of the census tracts are **food deserts** (*East St Louis -5004, 5009, 5013, 5042.01, 5045, Alorton- 5025, Centreville - 5026.03, 5027, 5028, 5029*). East St Louis with a population of **25,222** or **38.6%** of the service area, has **5 of its 10** census tracts identified as food deserts. Moreover, Centreville Township with a population of **26,805** or **41%** in the service area has **7 census tracts and 4** of those tracts are food deserts.

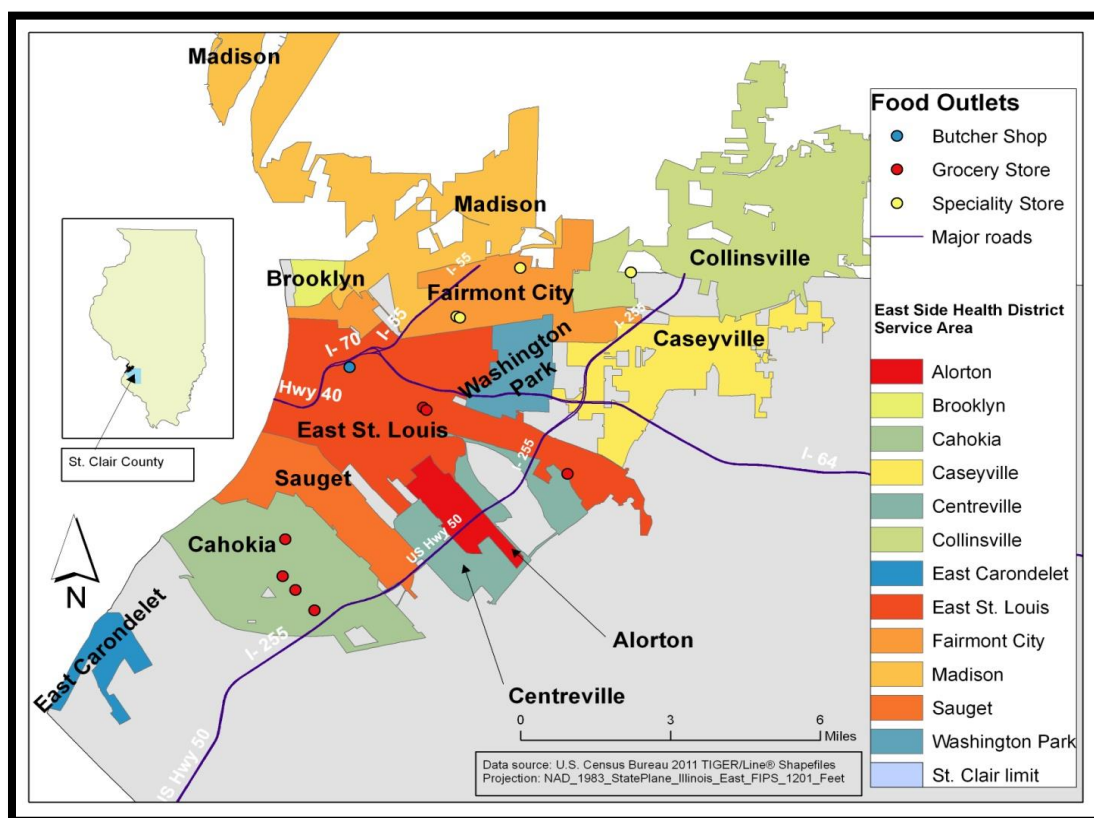


Source: National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

Retrieved March 12, 2012 <http://www.ers.usda.gov/Data/FoodDesert/fooddesert.html>

A list of food outlets that serve as grocery stores was obtained from the Environmental Health Section of the East Side Health District. These food outlets are routinely inspected by the Environmental Health Section. The IPLAN Team, ESHD Director, and Administrators reviewed the list and identified outlets that serve as grocery stores for residents. Of the 18 stores identified, 6 were excluded from the list, 7 were classified as grocery stores, 4 as speciality stores, and 1 as a butcher shop. The speciality stores largely sell ethnic foods. The store locations were geocoded using GIS.

Food Outlet	Address	Type of Store
Aldi Foods	1233 Camp Jackson Cahokia, IL 62206	Grocery Store
Schnucks Grocery Co	1615 Camp Jackson Cahokia, IL 62206	Grocery Store
Shop & Save Grocery	1028 Camp Jackson Cahokia, IL 62206	Grocery Store
Schnuck Markets, Inc	2511 State St East St Louis, IL 62205	Grocery Store
Save A Lot	2600 State St East St Louis, IL 62205	Grocery Store
Gateway Market	7600 State St. East St Louis, IL 62203	Grocery Store
Cahokia Mor Food For Less	800 Upper Cahokia Cahokia, IL 62206	Grocery Store
Mi Tiera	3121 Collinsville Rd Fairmont City, IL 62201	Speciality Store
El Cerrito Meat Market	5370 Collinsville Rd Fairmont City, IL 62201	Speciality Store
Tienda El Ranchito Grocery	2565 N 32 nd St Fairmont City, IL 62201	Speciality Store
Tienda El Maguey	8402 Collinsville Rd Collinsville, IL 62234	Speciality Store
East Side Meat Company	514 M L King Dr. East St Louis, IL 62201	Butcher Shop



BUILT ENVIRONMENT AND PHYSICAL ACTIVITY

The **Metro East Park and Recreation District (MEPRD)** has the duty to develop trails and trail facilities in Madison and St. Clair County, Illinois providing support to local governments and jurisdictions. The districts mission is to, “have as its primary duty the development, operation, and maintenance of a public system of interconnection trails and parks through the counties comprising the district.” The Metro East Park and Recreation District has identified 2,700 park amenities in the counties of Madison and St Clair. Some of these park amenities are located in the East Side Health District service area. <http://www.meprd.org/index.html>

MEPRD is continuously compiling a map of every park amenity and structure in Madison and St. Clair that currently boasts over 2,700 amenities. A far of the amenities identified on this interactive map include: restrooms, pavilions, sport activity fields, and playgrounds. <http://www.meprd.org/mapping-project.html>

Malcolm W. Martin Memorial National Park

The Malcolm W. Martin Memorial National Park opened to the public in the Spring of 2009. It is located on the East St. Louis Riverfront and features the Mississippi River Overlook and the Gateway Geyser. The Mississippi River Overlook provides picturesque views of the Mississippi and Skylines in St. Louis. Moreover, the Gateway Geyser is encapsulated by a small lake and four fountains. The geyser reaches heights of 630 feet, releasing 7,500 gallons of water per minute four times a day in the Spring and Summer. <http://www.meprd.org/mmmp.html>

The **MEPRD** has funded projects within the East Side Health District Service Area. In 2007, park lighting improvements were made in Cahokia, IL at the Cahokia Community Park around the asphalt walking park. There was also the installation of park benches at this same park. In 2010, upgrades were made to Lincoln Park in East St. Louis. These improvements included various renovations to the pool-house and the improvement/construction of various structures within the park. <http://www.meprd.org/projects.html> The parks and recreation facilities in East St. Louis could benefit from continued funding from the **MEPRD** to improve amenities as there are a number of opportunities for recreation and physical activity in the East St. Louis area. These parks and the amenities have been identified below:

- **Frank Holten Park** is a State of Illinois recreation area and is approximately 1,080 acres with a 18-hole golf course (Grand Marais Golf Course), football-soccer field, cross country track, basketball, and baseball diamonds, fishing, and launch ramps for boat at Wispering Willow and Grand Marais Lakes, and picnic facilities. <http://www.dnr.state.il.us/lands/landmgt/parks/r4/frank.htm>
- **Jones Park** is located in Census Tract 5004 and is approximately 130.5 acres. It is the largest park in the East St. Louis. The park has such amenities as 8 tennis courts, 6 baseball fields, 1 fountain, 1 waterpark, 2 playgrounds, 1 lagoon/lake, 3 pairs of restrooms, a recreation center that is only open in the summer, 2 basketball courts, and a garden.
- **Lincoln Park** is located in Census Tract 5009 and is approximately 14.2 acres. This park has 1 basketball court, 4 tennis courts, 3 baseball/softball fields, a concession center, a swimming pool for both children and adults, 2 playgrounds, and a picnic area.
- **Virginia Park** is located in Census Tract 5011 and is approximately 8 acres. This park has 1 tennis court, .5 of a basketball area, a picnic table with cover, a flower bed area, 2 playground areas, several park benches, and a baseball area.

- **Carver Park** is located in Census Tract 5042.01 and is approximately 3 acres. There is playground equipment, 1 baseball/softball field, a fieldhouse with restrooms, a basketball court, and a picnic area.
- **Cannady Park** is located in Census Tract 5024.01 and is approximately 3 acres. It has 2 playgrounds and a basketball court.
- **77th & State Street Park** is located in Census Tract 5014 and is approximately 4 acres. This park has a picnic area and pavilion, 1 playground, 2 baseball fields, 1 basketball court, and 1 free play area.
- **Williams Park** is located in Census Tract 5012 and is .8 acres. It has a softball field, a playground, and a free play area.
- **McBride Park** is located in Census Tract 5011 and is 3.5 acres. This park has 2 swing sets, a baseball field, and an open play area.
- **Sunken Garden Park** is located in Census Tract 5006 and is 1.9 acres. It has a slide and 5 swings.
- **Joyner Park** is another park in East St. Louis which has 1 baseball/softball field, 1 basketball court, 1 tennis court, 1 picnic pavilion and a swing set.
- **Sportsman Park** is located in Washington Park and houses a playground and a baseball/softball field.

Citation: <http://www.eslarp.uiuc.edu/ntac/resources/ParkReport01/pdf/appE.pdf>

In addition to the parks in the East St. Louis, football and track fields provide opportunities for physical activity such as: Clyde C. Jordan Center football and track, the Cahokia High School football and track fields, and the Cahokia Area YMCA. The Jackie Joyner Kersee Center provides opportunities to serve youth and encourage physical activity through its facilities. Skate City Roller Skating Rink located in East St. Louis is a venue that can promote physical activity.

CRIME DATA

The annual uniform crime reports (2006-2009) from the Illinois State Police were used to describe crime in the East Side Health District service area. The data for the reports were obtained from Illinois Uniform Crime Reporting (I-UCR) Program that highlights more than 900 agencies. Agencies in the East Side Health District service area reporting crime data include: Alorton, Cahokia, Caseyville, Centreville, East St. Louis, Washington Park, Brooklyn, Fairmont City, and Sauget. Offenses and arrests, both reported and rates per 100,000 population are displayed in the annual reports.

From 2006 to 2009, the total reported index crime offenses in the ESHD were **25,550**. East St. Louis had the greatest number of total reported crime index offenses, **16,840** during the time period. The highest number of total index crimes reported was **4,492** in East St. Louis, 2007. Sauget had a total index crime rate of **59,832.6** per 100,000 population in 2008. The 2008 total reported crime index rate per 100,000 in Sauget was the highest among all the ESHD areas between 2006 and 2009.

Washington Park had **29** index crimes reported in 2009, the lowest number during the time period as well as lowest rate of **521.8** per 100,000 population in the same year.

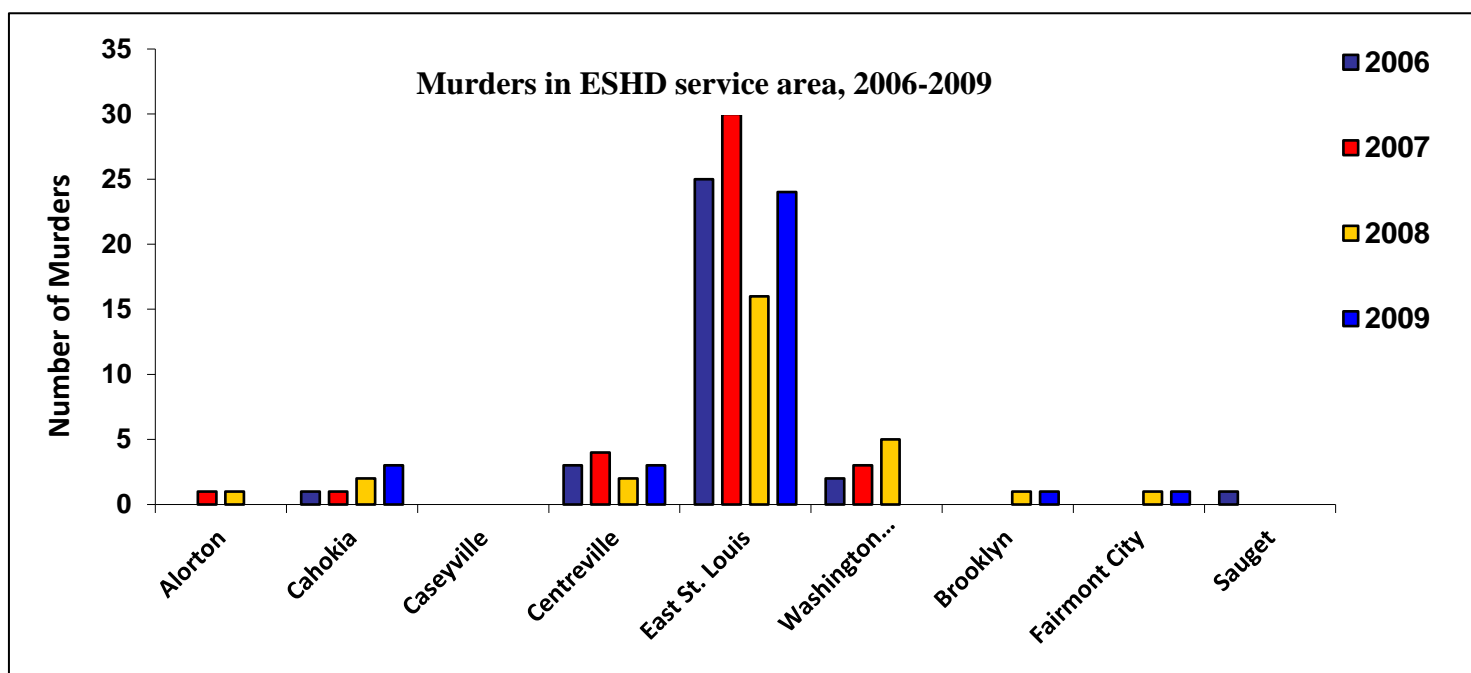
Total Index Crime Rates per 100,000 Population (Total Index Crimes Reported)								
Agency	2006 Rates	2006 Reported	2007 Rates	2007 Reported	2008 Rates	2008 Reported	2009 Rates	2009 Reported
Alorton	9,160.3	240	7,137.3	184	10,788.5	275	9,699.1	245
Cahokia	4,337.8	677	3,739.5	577	4,052.8	617	4,979.1	752
Caseyville	2,559.9	110	2,771.9	118	2,941.9	127	2,219.6	95
Centreville	6,475.9	378	9,596.4	554	10,320.5	586	10,452.5	589
East St. Louis	15,035.4	4,487	15,254.0	4,492	14,550.3	4,219	12,657.7	3,642
Washington Park	8,310.1	477	9,480.2	538	8,696.4	487	521.8	29
Brooklyn	6,220.8	40	12,755.9	81	19,808.3	124	11,451.6	71
Fairmont City	2,661.4	61	2,606.0	59	1,658.4	37	3,030.3	67
Sauget	51,851.9	126	55,371.9	134	59,832.6	143	47,257.4	112
Total		6,596		6,737		6,615		5,602

Source: Illinois State Police. Illinois Uniform Crime Reporting (I-UCR) 2006-2009. 2009/2008 Crime Index Offense & Arrest Database <http://www.isp.state.il.us/crime/cii2009.cfm>, 2008/2007 Crime Index Offense & Arrest Database <http://www.isp.state.il.us/crime/cii2008.cfm>, 2007/2006 Crime Index Offense & Arrest Database <http://www.isp.state.il.us/crime/cii2007.cfm>.

The numbers and rates of total index crime arrests are listed below in the table below by area within the East Side Health District, from 2006 to 2009. The total index crime arrests reported in the ESHD service area were **4,070**. East St. Louis had the greatest number of total index crime arrests, **1,214** among those agencies in the service area. The highest number of total index crime arrests reported was **462** in East St. Louis, 2009. Moreover, Sauget had the highest total index crime arrests per 100,000 population in 2007, at **26,859.5** arrests per 100,000 population. Washington Park had the lowest total index crime arrests reported and rater per 100,000 in 2009, **5** and **90.0** total index crime arrests per 100,000 population, respectively.

Total Index Crime Arrests per 100,000 Population (Total Index Crime Arrests Reported)								
Agency	2006 Arrests Rates	2006 Arrests Reported	2007 Arrests Rates	2007 Arrests Reported	2008 Arrests Rates	2008 Arrests Reported	2009 Arrests Rates	2009 Arrests Reported
Alorton	5,648.9	148	2,366.2	61	3,295.4	84	2,454.5	62
Cahokia	1,172.5	183	1,399.9	216	1,701.3	259	1,774.5	268
Caseyville	768.0	33	422.8	18	509.6	22	607.5	26
Centreville	3,255.1	190	4,555.7	263	4,385.3	249	4,241.3	239
East St. Louis	847.8	253	961.0	283	744.9	216	1,605.7	462
Washington Park	1,411.1	81	1,409.7	80	946.4	53	90.0	5
Brooklyn	2,332.8	15	3,464.6	22	2,076.7	13	2,903.2	18
Fairmont City	479.9	11	750.9	17	672.3	15	904.6	20
Sauget	18,518.5	45	26,859.5	65	17,573.2	42	13,924.1	33
Total		959		1,025		953		1,133

Rates of intentional homicide and robbery per 100,000 people have been used as a proxy for the incidence of violent crime; for the occurrence of homicide is related to the occurrence of other crimes of violence and robbery has a dual trauma, physical and psychological. Robberies are also related to property and associated with violence (Fajnzylber, P. et al. 2002). The numbers and arrests of murders in the ESHD service area between 2006-2009 are displayed in a graph and table below. Among all the areas, East St. Louis had the greatest number of murders, **95** with approximately **20%** of all the murders resulting in arrests between 2006-2009. Caseyville was the only area to have **zero** murders while Alorton, Centreville, and Brooklyn each had 2 numbers during the time period.

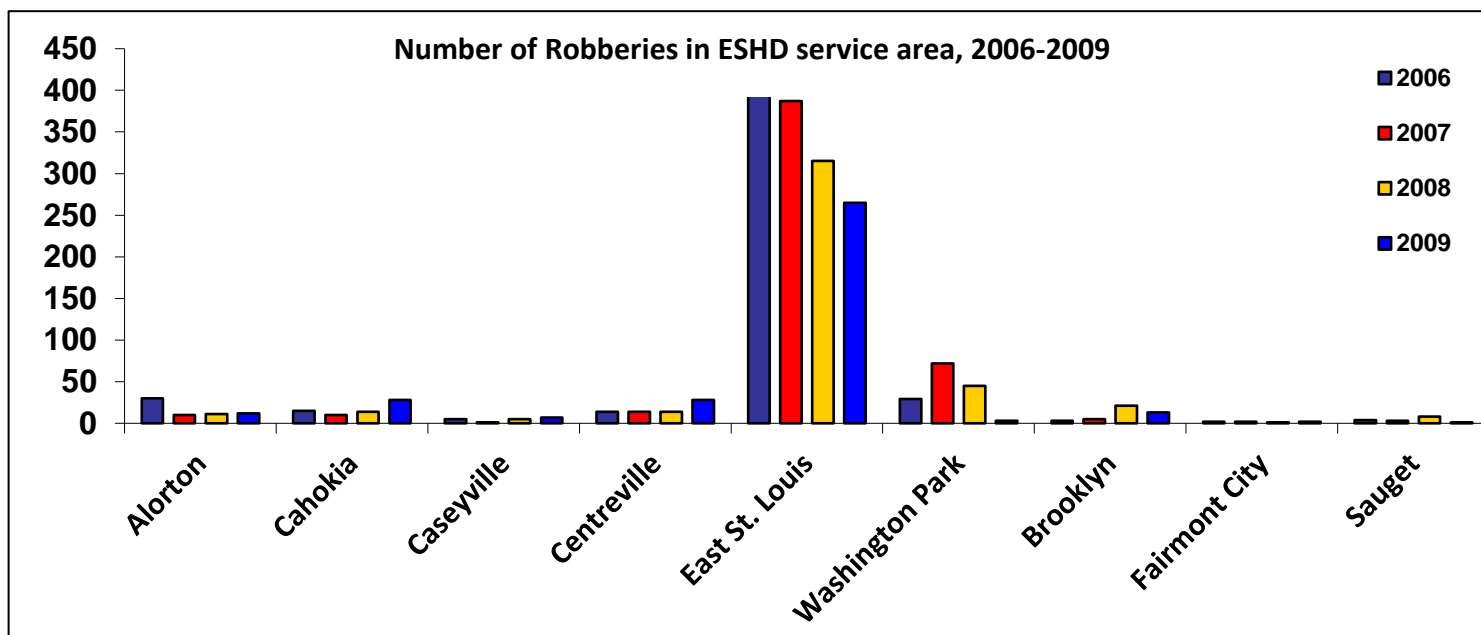


Numbers of Murders and arrests in ESHD service area, 2006-2009

Agency	2006	2006 Arrests	2007	2007 Arrests	2008	2008 Arrests	2009	2009 Arrests
Alorton	0	0 (0%)	1	0 (0%)	1	0 (0%)	0	0 (0%)
Cahokia	1	1(100%)	1	0 (0%)	2	2 (100%)	3	3 (100%)
Caseyville	0	0 (0%)	0	0 (0%)	0	0 (0%)	0	0 (0%)
Centreville	3	3(100%)	4	1 (25%)	2	2 (100%)	3	2 (67%)
East St. Louis	25	7 (28%)	30	0 (0%)	16	5 (31%)	24	8 (33%)
Washington Park	2	0 (0%)	3	0 (0%)	5	0 (0%)	0	0 (0%)
Brooklyn	0	0 (0%)	0	0 (0%)	1	0 (0%)	1	0 (0%)
Fairmont City	0	0 (0%)	0	0 (0%)	1	0 (0%)	1	1 (100%)
Sauget	1	1(100%)	0	0 (0%)	0	0 (0%)	0	0 (0%)
Total	32	12(38%)	39	1 (2%)	28	9 (32%)	32	14 (44%)

Source: Fajnzylber, P. et al. (2002). Inequality and Violent Crime. *Journal of Law and Economics*, vol. XLV.

As one of two proxys for the incidences of violent of crimes, there were a total of **1,801** robberies and a total of **171** robbery arrests in the ESHD service area between 2006 and 2009. East St. Louis had the greatest number of robberies **1,369** while Fairmont City had the least number of robberies **7** during this time period.



Numbers of Robberies and arrests in ESHD service area, 2006-2009								
Agency	2006	2006 Arrests	2007	2007 Arrests	2008	2008 Arrests	2009	2009 Arrests
Alorton	30	13(43%)	10	3 (30%)	11	6 (54%)	12	0 (0%)
Cahokia	15	5 (33%)	10	5 (50%)	14	7 (50%)	28	20 (71%)
Caseyville	5	2 (40%)	1	0 (0%)	5	0 (0%)	7	3 (43%)
Centreville	14	2 (14%)	14	4 (28%)	14	4 (28%)	28	9 (32%)
East St. Louis	402	8 (2%)	387	5 (1%)	315	9 (3%)	265	41 (15%)
Washington Park	29	7 (24%)	72	8 (11%)	45	2 (4%)	3	2 (67%)
Brooklyn	3	2 (67%)	5	0 (0%)	21	0 (0%)	13	1 (8%)
Fairmont City	2	NA	2	0 (0%)	1	0 (0%)	2	2 (0%)
Sauget	4	0 (0%)	3	1 (33%)	8	0 (0%)	1	0 (0%)
Total	504	39 (8%)	504	26 (5%)	434	28 (6%)	359	78 (22%)

Total Aggravated Assault/Battery Offenses (Total aggravated assault/battery arrests reported)

Agency	2006 Offenses	2006 Arrests	2007 Offenses	2007 Arrests	2008 Offenses	2008 Arrests	2009 Offenses	2009 Arrests
Alorton	79	53 (67%)	21	15 (71%)	97	58 (60%)	57	40 (70%)
Cahokia	27	18 (67%)	13	13 (100%)	17	17 (100%)	44	18 (41%)
Caseyville	6	6 (100%)	3	3 (100%)	6	4 (67%)	13	9 (69%)
Centreville	169	98 (58%)	209	114 (54%)	161	64 (40%)	195	72 (37%)
East St. Louis	1,745	138 (8%)	1,762	157 (9%)	1,584	92 (6%)	1,348	176 (13%)
Washington Park	157	50 (32%)	179	46 (26%)	130	36 (28%)	5	2 (40%)
Brooklyn	10	7 (70%)	35	20 (57%)	34	8 (24%)	14	10 (71%)
Fairmont City	1	1 (100%)	1	1 (100%)	1	1 (100%)	2	2 (100%)
Sauget	46	37 (80%)	61	51 (84%)	51	37 (72%)	31	25 (81%)
Total	2,240	408 (18%)	2,284	456(20%)	2,081	317 (15%)	1709	354(21%)

Total drug crime arrests reported (Total drug crime arrests per 100,000 population)

Agency	2006 Rates	2006 Reported	2007 Rates	2007 Reported	2008 Rates	2008 Reported	2009 Rates	2009 Reported
Alorton	1,717.6	45	3,064.4	79	3,216.9	82	1,346.0	34
Cahokia	333.2	52	356.4	55	394.1	60	331.1	50
Caseyville	2,583.2	111	1,432.9	61	1,413.0	61	1,799.1	77
Centreville	531.1	31	675.6	39	757.3	43	443.7	25
East St. Louis	2,472.9	738	3,198.9	942	3,462.5	1,004	3,506.8	1,009
Washington Park	365.9	21	405.3	23	589.3	34	0.0	0
Brooklyn	5,754.3	37	8,346.5	53	4,153.4	26	4,032.3	25
Fairmont City	1,265.3	29	618.4	14	672.3	15	361.8	8
Sauget	18,107.0	44	10,743.8	26	8,368.2	20	4,641.4	11
Total		1,108		1,292		1,345		1,239

Inventory Community Health Resources

The Metro East Park and Recreation District (MEPRD) has the duty to develop trails and trail facilities in Madison and St. Clair County, Illinois providing support to local governments and jurisdictions. The districts mission is to, “have as its primary duty the development, operation, and maintenance of a public system of interconnection trails and parks through the counties comprising the district.”

Clyde C. Jordan Senior Citizens Center 6755 State St. East St. Louis, IL 62203

Neighborhood Organizations

East St. Louis has a number of active and determined neighborhood organizations:

Organization/Area	Zip Code
Fairlawn Neighborhood Association	62205
East Saint Louis Consortium Development Group	62205
Concerned Citizens for Precinct 12	62204
Dayton Wedgewood Neighborhood Association, East Saint Louis, IL	62203
South End New Development Organization (SENDO) http://www.eslarp.uiuc.edu/ntac/sendo/index.htm	62207

The Eagle’s Nest/Joseph’s Center

a mission to empower homeless military Veterans to achieve their highest level of self-sufficiency and economic independence, and rejoin the community as productive members of society. The Joseph Center, which is a full-service living center providing supportive housing to up to 26 homeless Veterans, is the only one of its kind in the entire St. Louis metropolitan area.
<http://www.thejosephcenter.org/>

Faith-Based Organizations

Lessie Bates Davis Neighborhood House

is a multi-purpose, faith-based community center whose mission is to help move individuals and families out of poverty by helping to improve the educational outcomes of children and youth, and by providing comprehensive support services to individuals and parents in obtaining and maintaining needed employment.

Catholic Charities of Southern Illinois Catholic Urban Program

St. Clair County Health Department

19 Public Square, Suite 150
Belleville, IL 62220-1624
618-233-7703 clinic phone 618-233-6170

Mission of the St. Clair County Health Department is to promote and protect the health of the residents of St. Clair County in partnership with the people we serve.

Four functional divisions related to a variety of public health services: Administration Division, Health Protection Division, Community Health Division, and Personal Health Division

Touchette Regional Hospital

Primetime Touchette is open seven days a week with no appointment necessary. Health care services are available for the entire family and include minor illnesses, minor injuries, cold, flu, upper respiratory infections, skin infections, urinary tract infections, STDs, sprains, strains, and minor burns. The facility is staffed with experienced providers and accepts most insurances, Medicare, Medicaid, and All Kids. A sliding fee scale is available for uninsured patients.

Primetime Touchette 5900 Bond Avenue Centreville, IL 62207

located inside Touchette Regional Hospital

Monday-Wednesday 9:00am-9:00pm

Thursday-Sunday 9:00am-8:00pm

618-332-5479

Southern Illinois Healthcare Foundation

Fairmount City Location – 2568 North 41st Street Fairmont City, IL 62201 with bilingual staff

Monday, Tuesday, Wednesday, and Friday 8:30am – 5:00pm Thursday 9:30am – 6:00pm

618-482-4015

East St. Louis Locations – 2001 State Street Center East St. Louis, IL 62205

Monday-Friday 8:30am – 5:00pm

Quick Care Hours

Monday – Friday 5:00pm-8:30pm Saturday 9:00am-12:30pm

618-271-9191

Christian Activity Health Center 540 N 6th Street East St. Louis, IL 62201

Tuesday, Thursday, Friday 8:30am-5:00pm

618-875-9815

School Based Clinic East St. Louis Sr. High School 4901 State Street East St Louis, IL 62205

Monday-Friday 8:30am – 4:30pm

618-482-4562

Windsor Health Center 100 North 8th Street East St. Louis, IL 62201

Monday-Friday 8:30am-5:00pm

Prime Time Hours: Monday, Wednesday, Friday 6:00pm-10:00pm

Internal Medicine (Suite 238) 618-274-9105

OB/GYN & Family Medicine (Suite 200) 618-271-7691

Behavioral Health (Suite 256) 618-271-0130

Windsor Urgent Care 100 North 8th Street East St. Louis, IL 62201

Monday-Friday Noon-8:00pm Saturday-Sunday 10:00am-6:00pm 618-482 7100

Services include: Sprains & strains, Strep throat, Earaches, Rashes, Pregnancy Test, X-rays, Lab

Centreville Locations Adult Care Center 6010 Bond Avenue Centreville, IL 62207

Monday-Friday 8:30-5:00pm Saturday 9:00am-12:00pm

Phone 618-337-8153

Mother & Child Center 6000 Bond Avenue Centreville, IL 62207

Monday, Wednesday, Thursday, Friday 8:30am-5:00pm

Tuesday 8:30am-6:30pm

618-332-2740

Cahokia Health Center 818 Upper Cahokia Road Cahokia, IL 62206

Monday-Friday 8:30am-5:00pm

Quick Care Hours

Wednesday 5:00pm-7:00pm

618-337-2597

School Based Clinic-Cahokia Cahokia High School 800 Range Lane Cahokia, IL 62206

Monday-Friday 8:30am-4:30pm

618-337-3117

Southern Illinois Regional Wellness Center

Downtown East St. Louis

100 N. 8th St. Suite 232

East St. Louis, IL 62201

618-874-3120

Washington Park

1825 Kingshighway

Washington Park, IL 62204

618-482-7922

IPLAN PROCESS

On September 7th, 2011 the IPLAN Team met with Elizabeth Patton-Whiteside, Public Health Administrator and Hardy Ware, Assistant Administrator and IPLAN Coordinator, to discuss a strategy to conduct the IPLAN. The meeting resulted in the review/approval of the Community Survey and Community Input Session held to gather community voice and support for the IPLAN. The Community Survey was distributed to a variety of locations throughout the East Side Health District area of service to ensure participation from the various sectors of the community. The Community Input Sessions were held with two groups of the community, business/civic leaders and residents. The group brainstormed about specific business/civic leaders as well as locations and agencies to maximize community support for input.

Following the meeting with the IPLAN Team, Public Health Administrator, and Assistant Administrator a second meeting was held with the additional Assistant Administrators and Managers to describe the IPLAN and process. Hardy Ware stated the purpose of the IPLAN was to provide a community-wide needs assessment of East Side's jurisdictions which include: Brooklyn (62059), Fairmont City (62201), Alorton (62207), Centreville (62207), Washington Park (62204), State Park (62234), Caseyville (62232), Signal Hill (62223), Sauget (62201), Belleville (62226) and East St. Louis (62207 and 62201). It was emphasized that community participation is paramount in the IPLAN process. Each Director and Manager gave a brief synopsis of their respective job title, duties, and program description. The IPLAN Team was introduced and provided details about their experiences and responsibilities associated with the IPLAN. The two-part community driven strategy for the IPLAN process of surveys and input sessions was presented.

Community Input Sessions

Fifty-two community members representing a variety of business/civic organizations and neighborhoods from the East Side Health District area of service participated in 5 community input sessions of 10 groups during the month of October and November of 2011 using the ORID (Objective, Reflective, Interpretive, Decisional) process with a script themed, ***“Identifying social determinants of health that limit or promote healthy living within our community,”*** at the East Side Health District, the Lessie Bates Neighborhood House Mary Brown Center, and Cahokia High School. The top 10 health concerns were prioritized during a final community input session by 5 participants. Their responses were prioritized and resulted in the following 10 health concerns: community, environmental, youth awareness, substance abuse, infrastructure, chronic disease, access to health care, care for vulnerable populations, research and prevention, and food deserts.

Community Survey

A community survey was developed and distributed throughout the East Side Health District area of service. Approximately, 870 surveys were returned. Details about the Community Survey are in the section entitled Community Participation – Survey.

COMMUNITY PARTICIPATION - INPUT SESSIONS

Fifty-two community members representing organizations and communities from the East Side Health District area of service participated in 5 community input sessions of 10 groups on the following dates and at the following locations:

Community Business/Civic Leaders	
Tuesday, October 11 th , 2011	East Side Health District
Wednesday, October 12 th , 2011	East Side Health District

Community Residents Leaders	
Wednesday, October 19 th , 2011	Lessie Bates Neighborhood House Mary Brown Center
Tuesday, October 25 th , 2011	Cahokia High School

Final Community Input Session	
Thursday, November 10 th , 2011	East Side Health District

Billie Turner, Strategic Plan Neighborhood Consultant, was diligent in canvassing neighborhoods to acquire community participation through flyers, phone calls, word of mouth, and attending strategic community meetings where she shared the purpose, date, and location of the community input sessions. The community input sessions were facilitated by the members of the IPLAN Team, Stanford S. Cooper, Shanell L. McGoy, Natalie Self, Billie Turner, and Hardy Ware, using an evidence based practice to engage communities, the ORID (Objective, Reflective, Interpretive, Decisional) process. The IPLAN Team was instructed on the value and facilitation of the ORID process.

The ORID process of strategic questioning has been used in, “community organizations, businesses, government,” as a structured methodology to make a decision or obtain consensus. The process is most useful in settings where a group is asked to logically contemplate a topic or issue. A script was developed to guide both the IPLAN Team and the community in the ORID process with a theme of, *“Identifying social determinants of health that limit or promote healthy living within our community.”* During each of the community input sessions the community members were separated into small group break-out sessions to individually engage in the process of **brainstorming** about the top 10 health concerns in the community. The community members were asked to record these health concerns on paper that was provided to them. Each member was asked by the facilitator to take turns sharing the health concerns recorded while the facilitator listed the concerns on a flip chart one by one.

The facilitator led the community members in forming consensus and relationships between items by placing symbols on items that are alike or **clustering** the health concerns listed. Some items had more than one symbol or were included in more than one theme. Many of the health concerns overlapped. The community members were encouraged to derive the top

10 themes or **discerning the consensus** using the ORID process. Using the themes that were derived the community members were asked to identify the top 10 health concerns for the community through the 4 stages of questioning of the ORID process:

- Objective: What words or phrases jumped out at you?
 Reflective: Which health determinant are you drawn too?
 Interpretive: Which health determinant do you see yourself helping to resolve?
 Decisional: What are the ten (10) most important health concerns for the community?

Each of the small group break-out sessions were given the opportunity to report the themes that were derived to all attending the community input session. A select number of community members from each community input session were asked to participate in a final community input session to ascertain the top community health concerns using the themes derived in the previous community input sessions.

The final community input session was held on November 10th, 2011 at the East Side Health District. The facilitators listed all the themes that were derived from both the business/civic leader and resident input sessions on a flip chart. The process of **clustering** and **discerning the consensus** occurred with six community business/civic leaders and residents that attended the final community input session. The six individuals who participated in the final community input session represented various sectors of the community.

East Side Health District

November 10th, 2011

Name	Title	Organization/Area	Zip Code
Paula Brodie	Sr Operations Director	Southern Illinois Healthcare Foundation	62203
Dr. Pam Manning	Superintendent	Cahokia School District 187	62206
Alicia Johnson	Resident	Cahokia	62206
Vera Jones	Development Director	Lessie Bates Neighborhood House Mary Brown Center	62221
Lauren Parks	Assistant to Mayor	City of East Saint Louis Mayor's Office	62203
Lillie Butler Lawrence	President	Dayton Wedgewood Neighborhood Association, East Saint Louis, IL	62203

Ten themes were thoughtfully debated and derived during this final community input session using all the themes from previous sessions. Each community member was asked by the facilitators to rank the ten themes in order of importance. All the ten ranked themes were again ordered in importance.

Ranked Top 10 Health Concerns	
1.	Community
2.	Environmental
3.	Youth Awareness
4.	Substance Abuse
5.	Infrastructure
6.	Chronic Disease
7.	Access to Health Care
8.	Care for Vulnerable Populations
9.	Research and Prevention
10.	Food Deserts

“Social Determinants of Health are the economic and social conditions that influence the health of people and communities as a whole,” (Beltran, V.M. et al., 2011). Of five determinants of population health, social and physical environment and health services are affiliated with the Social Determinants of Health (Beltran, V.M. et al., 2011). The World Health Organization, Commission on Social Determinants of Health (CSDH) final report recommendations include three key points: improve daily living conditions; tackle the inequitable distribution of power, money, and resources; measure and understand the problem and assess the impact of action (WHO, 2005). The top 10 health concerns that were derived by the community business/civic leaders and community residents of the East Side Health District service area are indicative of the Social Determinants of Health.

Community

Community was identified as the top health concern. Community was broadly yet specifically described by the participants. They described the need for an improved community image. Community awareness campaigns, social marketing strategies, and education on family and norms around healthy eating and the benefits of gardens in facilitating physical activity and improved nutrition were identified. The attendees discussed the need for more community development initiatives that address the clean-up of vacant and abandoned properties, community crime reduction that can also address fear of retaliation, and economic development in the form of job training and engagement of gang leaders. Sustained community centered leadership that allows decisions to be made from neighborhoods as well as community investment from residents born in the respective communities is needed. Church involvement in health was suggested as a medium to facilitate healthy behaviors.

Beltran, V.M. et al. (2011). Collection of Social Determinant of Health Measures in U.S. National Surveillance Systems for HIV, Viral Hepatitis, STDs, and TB. Public Health Reports, 3:126.

World Health Organization (WHO), Social determinants of health, Closing the gap in a generation-how? Improve daily living conditions (2005). Retrieved on November 28, 2011 from http://www.who.int/social_determinants/thecommission/finalreport/closethegap_how/en/index1.html.

Environmental

A broad range of environmental issues were identified by the participants. Air quality, water sewage, lead and mold, and animal, vector control were identified. The participants expressed the need to enforce regulations of physical and environmental safety. Vacant plants that have unknown environmental dangers was identified as a problem. Sewage in the basements of homes or poor sanitation were concerns for a number of community residents. Abandoned tires that harbor mosquitoes and potentially West Nile were expressed as problems in the community. It was observed that dumping of trash and other items in the community serve as environmental problems. The need for proper living conditions that lacked lead and mold was articulated by the participants. Wooded, uncut weeded areas, and over grown tracks of land are nuisances in the community. Moreover, stray dogs create fear for many residents particularly, mature aged woman and children who expressed being held “hostage” in their homes and cars for fear of being attacked by these dogs.

Youth Awareness

Youth Awareness was of sexual and behavioral health. Efforts to educate and make aware of risky sexual behaviors, sexuality, overall sexual health, and teen pregnancy were important concerns as well as knowledge of pregnancy prevention methods. Teaching respect for one’s body was emphasized for youth in the community. Teens were model healthy behaviors for other youth was mentioned as an opportunity to encourage healthy behavior. Prenatal care, infant mortality, and quality childcare were needs identified in the community among youth. Support for grandparents caring for children and those caring for both their parents and their children were needed. Access to services and insurance for youth was identified, particularly school-age immunizations. Implementing programs around risky behavioral health activities like smoking/drug use, crime/violence, and relationships (bullying) can improve the health of the youth. Healthy lifestyle choices around food and exercise that can reduce obesity were expressed. Finally, poverty was observed as a factor that embeds the healthy and successful development of youth. Poverty encompasses the lack of clothes, jobs, insurance, and help from the community and government.

Substance Abuse

Substance abuse was yet another health concern identified by the community. Legal and illegal drug abuse and overdose was viewed as a concern. Tobacco use and smoking was identified as having harmful health efforts on the community. Alcohol abuse and the abundance of its availability contribute to drunk driving which is an issue in the community.

Infrastructure

Infrastructure concerns primarily dealt with the built environment. Gas lines in homes that need to be checked and the enforcing of regulations were expressed by the community. Safe streets that included working street lights, signs, repaired sidewalks, and walking trails would facilitate improved health in the community. Increasing the parks and recreation opportunities in the such

parks can be beneficial in a number of ways: physical activity, safety, and beautifying the community. While other infrastructure concerns also encompass environmental and community issues like sewage, sanitation, illegal dumping, and abandoned property.

Chronic Disease

More traditional physical health concerns such as a variety of chronic diseases were identified as a problem. These health concerns included: obesity, diabetes, high blood pressure, heart attacks, hypertension, stroke, cardiovascular disease, cancers (breast, prostate, and lung). Asthma and sexual transmitted diseases (STDs) were expressed as concerns as well.

Access to Health Care

Access to health services and insurance was expressed as a priority by the community. They articulated the need for consolidated and coordinated services that are not duplicative with communication between agencies. Enhancing services and resources that are provided while addressing the gaps of services in the community are needed. More information about free clinics, options, services, and resources could be provided to the community. The need for dental care and eye care resonated in a number of the community input sessions. The low number of doctors available coupled with the need for a hospital in the community was identified as a factor that embeds the health of the community. Twenty-four hours emergency services aid the health of the community. Transportation was a barrier to access of health care. Reducing racial stigma around health care and issues was also a health concern. Increasing mental behavioral health services was described as a need. The individuals expressed the need for a strategic plan to develop a healthy community agenda.

Care for Vulnerable Populations

The care for and of vulnerable populations is a priority for the community. Vulnerable populations were considered seniors, children (child care), infants, people with disabilities, and inmates. The care was inclusive of health, but also safety/crime and the enforcement of regulations that protect these populations in housing.

Research and Prevention

The use of best practices in research and prevention efforts was identified as a means to address the health concerns. Early education and education training programs about the health concerns are needed with emphasis on those related to family structure and community norms about healthy lifestyles.

Food Deserts

Food Deserts have been vastly defined in the literature. Food deserts are simply the lack of availability and accessibility to healthy food options. The participants in the community input sessions observed the abundance and easy access to unhealthy foods in the community. Cost of healthy food is a barrier to healthy eating along with the limited availability of farmer markets

and gardens. Marketing and advertising of healthy foods in socioeconomic disadvantaged communities was recommended as a way to increase consumption. Training regarding healthy eating and healthy cooking could increase nutritional health. Community gardens can serve multiple purposes in advancing the health of the community, from health lifestyle to improving community images.

Summary

The 10 prioritized health concern themes (community, environmental, youth awareness, substance abuse, infrastructure, chronic disease, access to health care, care for vulnerable populations, research and prevention, and food deserts) were derived through the ORID process among community business/civic and resident leaders in the service of the East Side Health District service area. The 10 themes are inclusive of the three key points of World Health Organizations, Commission on Social Determinants of Health (CSDH). To improve daily living conditions, “equity from the start, healthy places-healthy people, fair employment and decent work, social protection throughout life, and universal health care,” encompasses the 10 themes in a variety of forms (WHO, 2011).

World Health Organization (WHO), Social determinants of health, Closing the gap in a generation-how? Improve daily living conditions (2005). Retrieved on November 28, 2011 from http://www.who.int/social_determinants/thecommission/finalreport/closesthegap_how/en/index1.html.

Community Participation Input Session

Identifying social determinants of health that limit or promote healthy living within our community.

Focus Group Agenda

Welcome and Introductions

Small Group Break-Out Session

- Brainstorming
- Clustering
- Discerning the Consensus

Session Closure

Welcome and Introductions

Theme: Identifying social determinants of health that limit or promote healthy living within our community. Outlining what keeps people healthy or unhealthy in the community.

Small Group Break-Out Session Break down into smaller groups of eight (8).

Explain outcome: Identify the five most important health concerns in the Fairmont City, Brooklyn, Alorton, Centreville, Cahokia, Washington Park, State Park, Caseyville, Signal hill, Sauget and East St. Louis.

Brainstorming individually within smaller groups:

Objective: Brainstorm individually on the top 10 health concerns of the community, individually write ideas on cards.

[Purpose: Involve all participants in contributing insight; give individuals time to do their own thinking]

1. Brainstorm individually
2. Individuals will select their best ideas and record them on the paper provided. Have them number each item for easy identification.
3. Go around the room and get each person's idea, one at a time, and print it on a flip chart for the group.

Clustering responses from participants:

Objective: Forming consensus and relationships between items. Some item may have more than one symbol.

[Purpose: When clustering we are looking beyond simply organizing data to looking at underlying patterns]

1. Give first item a symbol
2. Ask if second item is the same, if not, place a different symbol beside it.
3. Continue through the list using various symbols until all the items have a symbol.
4. Read all items with same symbol. Ask what that symbol group should be called.

Discerning the consensus:

Objective: Out of the themes given identifying the top ten (10) health concerns for the community.

[Purpose: facilitate in-depth dialogue to clarify the consensus]

Objective Question: What words or phrases jumped out at you?

[Purpose: Get participants attention with easy questions, invite participation]

(Record answers)

Reflective Question: Which health determinant are you drawn too?

[Purpose: Evoke the use of one's imagination; reflect on the theme of the focus group, enables participants to become personally engaged in the dialogue]

(Record answers)

Interpretive Question: Which health determinant do you see yourself helping to resolve?

[Purpose: Connect the theme to the participant's community, empower participants to identify with others, help participants internalize the themes]

(Record answers)

Decisional Question: What are the ten (10) most important health concerns for the community?

[Purpose: Reveal relationship of the theme to the health of the community]

(Record answer)

Session Closure

Ask for final thoughts. Thank everyone for their participation and let know we are done.

Community Business/Civic Leaders Attendees

East Side Health District

October 11th, 2011

Name	Title/Position	Organization/Area	Zip Code
Antoinette Cult	Secretary	Concerned Citizens for Precinct 12	62204
Barbara Levin	Coordinator	Washington University Alliance for Building Capacity	
Nevido Turner	Resident	Centreville	62203
Anthony Vinson	Director	Emergency Services East Saint Louis	62201
Frederick Riley	Executive Director	Cahokia YMCA	62206
Willa Kimbrough	Member	Fairlawn Neighborhood Association	62205
Louise Booker	Member	Pilgrim Temple CME Church	62207
Karen Hubbard	Member	Fairlawn Neighborhood Association	62205
Reba Crawford	Member/ Resident	Pilgrim Temple CME Church	62203
Martha Watts	Executive Director	The Eagle's Nest/Joseph's Center	62205
Ruby Allen-Ellis		East Side Health District	
John Vicker	Treasurer	Concerned Citizens for Precinct 12	62204
Anna Hardy	Nurse	East Side Health District	
Harold Lawry	Executive Director	Writers, Planners and Trainers	62205
Jorge Perez	President/ CEO	YMCA of Southwest Illinois	62226
Angela Perry	Member	East Saint Louis Consortium Development Group	62205
Anita Brandon	Director	East Saint Louis Community College Center	62201
Reginald Petty	Member	Concerned Citizens for Precinct 12	62204

Community Business/Civic Leaders Themes

East Side Health District

October 11th, 2011

Group 1

Lack of consolidated and coordinated health care services	Drugs/Alcohol
Lack of Healthy Early Interventions and Educational Training Programs	Family Structure and Community norms around healthy eating including faith-based
Community Awareness Campaign	Reducing the racial stigma and stereotypes associated with community health care
Teen Pregnancy	Sexuality
Food Desert	High Blood Pressure

Group 2

Cardiovascular Disease	Obesity
Regulations not enforces: physical and environmental safety	Access to Health care
Legal/Illegal Substance Use	Education/Communication of resources
Behavioral/Relational Health	Crime/Safety/Violence
Teen Pregnancy/Sexual Health	Care of Vulnerable populations (seniors, infants, and people with disabilities)

Group 3

Community Education/Engagement Change	Economic Development
Accountability-Community Centered Leadership (Sustained) Policy	Use of Best Practices-Measure Success
Prevention/Treatment – Special Populations	Resources
Food/Exercise – Healthy Lifestyle	Research
Economic Development	Community Image

Community Business/Civic Leaders Attendees

East Side Health District

October 12th, 2011

Name	Title/Position	Organization/Area	Zip Code
Leverne Backstrom	President	Olivet park Neighborhood Association	62205
Erica M Brooks	Photographer	Business Plusstt Photography	62201
Vanessa Chapman	Supervisor Treasurer	Stites Township East Side Health District Board	62204
Marilyn Green	Regional Health Officer	Illinois Department of Public Health	62025
Paula Brodie	Sr Operations Director	Southern Illinois Healthcare Foundation	62205
Vera Jones	Development Director	Lessie Bates Neighborhood House Mary Brown Center	62207
Lauren Parks	Assistant to Mayor	City of East Saint Louis Mayor's Office	62201
K. Loveless	Volunteer	East Side Health District	62206

Community Business/Civic Leaders Themes

Community Perceptions	Economic Distress
Geographic Aesthetics and Responsibility	Education
Violence and Abuse	Environmental Health
Sociological Mores	Children and Youth Issues
Collaboration among agencies, partners, and stakeholders	Mental Health
STD/HIV	Chronic Disease/Lifestyle Choices
Food	

Community Resident Leader Attendees

Lessie Bates Neighborhood House/Mary Brown Center October 19th, 2011

Name	Title/Position	Organization/Area	Zip Code
Catherine Eaton	-	City Hall, East Saint Louis, IL	62203
Lillie Butler Lawrence	President	Dayton Wedgewood Neighborhood Association, East Saint Louis, IL	62203
Waulean Gaitlin	Member	Dayton Wedgewood Neighborhood Association, East Saint Louis, IL	62203
Alicia Johnson	Resident	Cahokia	62206
Chris Hiller	Resident	East Saint Louis	62207
Myra Coates	Choir Member	Pilgrim Temple CME Church Fairview Heights	62208
Jesse Lofton	-	CORE St. Louis	62205
Duanette Turner	Choir Member	Pilgrim Temple CME Church	62205
Florethia Clemons	Usher	Pilgrim Temple CME Church	62205
Jeanne Faulkner	Member	South End New Development Organization	62207
Ernestine Walker	Secretary	South End New Development Organization (SENDO)	62207
John Robinson	Member	South End New Development Organization (SENDO)	62207
Ethel Robinson	Asst. Secretary	South End New Development Organization (SENDO)	62207
Georgia Grant	Resident	South End neighborhood	62207
Barbara Bowdry	Resident	South End neighborhood	62207
Jennifer Ross	-	City Hall, East Saint Louis	62205
-	-	East Saint Louis	62205
Valerie Winslow	Choir Director	Pilgrim Temple CME Church	62205
Keith Pendergrass	Resident	East Saint Louis	62204
Chris Hibbler	Resident	East Saint Louis	62207
Paul Johnson	Resident	East Saint Louis	62203
Nicholas Powell	Member	Alpha Phi Alpha Fraternity	62201

Community Resident Leader Themes

Group 1

Air Quality	Vector Control (Tires) West Nile Virus
Water (drinking) and Sewage	Slum Lords
Police Protection	Safe Streets (Street Lights)
Animal Control	Flood Waters
Life and Health Insurance	Gas lines checked (homes)
Recycle Operations (Communication)	Community Garden (Vacant Lots)
STD's	

Group 2

Obesity	Lack of access to services and insurance
Environmental	Lack of education about sexual health
Safety/Crime	Poverty
Cancer	Lack of school age immunizations

Group 3

Lack of education	Environmental
Home Habits	

Community Resident Leader Attendees

Cahokia High School October 25th, 2011

Name	Title	Organization/Area	Zip Code
Vickie Ridgway	School Nurse	Cahokia High School, Cahokia	62206
Dr. Pamela Manning	Superintendent	Cahokia School District 187	62206
Terrance Gaddy	Principal	Cahokia High School, Main	62206
Anna Hardy	Nurse	East Side Health District	62206

Community Resident Leader Themes

Teen Pregnancy	Access to Healthcare
Family History	Teen Parenting
Peer to Peer Communication and Awareness	

Community Input Session Invitations

Serving the
Townships of:
Canteen
Centreville
East St. Louis
Stites



EAST SIDE HEALTH DISTRICT
preventive health & education services

Members of Board:
Mark Kern
Vanessa Chapman
Oliver Hamilton
Willie McIntosh
Curtis McCall
Attorney Phillip Rice

September 26, 2011

Dear Community Leader:

You are cordially invited to participate in East Side Health District's IPLAN focus group to provide input on health initiatives for the community. Your participation will help take our agency and its programs to newer heights as we focus on the needs of the community.

We will be successful with your input and insight. Your opinion(s) are valuable and needed.

Dates: Tuesday, October 11, 2011 or Wednesday October 12, 2011

Time: 12:00 Noon – 2:00 P.M.

Place: East Side Health District (Administration Building)

650 North 20th Street

East St. Louis, IL 62205-1812

Please let us know what date you prefer **Tuesday, October 11, 2011 or Wednesday, October 12, 2011.**

Please **RSVP no later than October 5, 2011.** RSVP to hware@eshd.org or call 618-271-8722 Ext 102 or 103.

(Lunch will be provided for all participants).

Sincerely,

Elizabeth Patton-Whiteside

Elizabeth Patton-Whiteside, RN, BSN, MBA
Public Health Administrator

East Saint Louis Monitor

Dear Community Stakeholders:

Eastside Health District (ESHD) is currently in the process of assessing your community health needs and we need your help to do it. In this effort, we are conducting focus groups and handing out assessment surveys to get a better picture of the health concerns you are facing in your communities. The surveys will allow us an opportunity to outline health initiatives, barriers to health, and their effectiveness in meeting the health needs to create a medical-safety-net for your communities. In addition, ESHD will hold community focus groups at the Mary Brown Community Center located at 606 South 15th Street, East St. Louis, IL, on Wednesday, October 19, 2011 from 5:30pm-7:00pm.

At this informal setting we are interested in hearing your concerns surrounding the health of the metropolitan communities-at-large. We would love to hear from our seniors, parents, young adults, mentally and/or physically challenged individuals and/or their advocates. If you think you would like to attend the focus group meeting and you, or someone you know needs special accommodations, please contact Ms. Charlotte D'Abreu at (618) 874-4713 ext. 102. A translator will be present to assist the Hispanic residents. If you have any questions about the focus groups or surveys, please contact Mr. Hardy Ware, Assistant Administrator at the same number.

We are asking all those who work and/or live in the Fairmont City, Brooklyn, Alorton, Centreville, Cahokia, Washington Park, State Park, Caseyville, Signal Hill, Sauget, and East St. Louis areas to please let us hear from you. We really are listening! You can participate by either attending the focus group meeting or just by simply stopping by our main clinic building located at 648 North 20th Street, East St. Louis, IL; Ask for the community assessment survey; take a few minutes to complete and place in the available box. We will be responsible for documenting all responses. They will help ESHD close the health disparity gap facing our communities. Remember, "Healthy individuals create healthy communities."

Respectfully,

Elizabeth Patton-Whiteside

Elizabeth Patton-Whiteside, R.N. BSN, MBA,
Public Health Administrator

East Side Health District



I-PLAN; Identifying the Health Concerns of the Community

Stanford Cooper

Abstract

Although there is growing documentation of health disparity in America with increase cost upon our health care system as well as the increase morbidity of those most vulnerable in this inequality, health disparities continue to exist. This disparity is quantified into primary determinants that effect whether an individual and/or community can stay healthy or become ill. Social Determinants (SD) of health are circumstances surrounding the environment children, youth and families reside outside the health care infrastructure that influences directly an individual's health, well-being, knowledge, attitude, belief, or behavior towards their wellbeing (World Health Organization, 2010). In this research of assessing the social determinants of health for the East Side Health District's (ESHD) community, a participatory engagement of the community was warranted. This project consisted of a needs assessment that surveyed a sample of the community ESHD serves in order to rank and list those health determinants in their community directing future programs and services appropriate for the well-being of the community and the individuals it comprises. In this study 857 people living, working, or receiving services from ESHD completed a survey measuring SD of health. This measurement focused on two domains: Self-perceived health and perceived community health concerns. From the research several determinants of health emerged and were ranked in order of importance to the ESHD community. The results also showed that both individual and community perceptions of barriers to health were significantly associated. Implications of this study for enhancing the well-being of the ESHD community were discussed.

Key Words: I-PLAN; Eastside Health District; health; social determinant of health;

Brief description of the agency

The East Side Health District (ESHD) is devoted to improving public health and the environment for residents of Canteen, Centreville, East St. Louis and Stites Township located in Lovejoy, Illinois by providing appropriate and preventive health care (East Side Health District, 2009). To improve public health and the environment, the purpose and essential function of the East Side Health District centers around three core principles: assessment, policy development and assurance (East Side Health District, 2007; Healthy People 2000). The total population in ESHD service area (65,349) is **24.20%** of the population in St. Clair County, Illinois (270,056) as of 2010.

Mission

The East Side Health District is devoted to empowering residents to live healthy lifestyles through promoting good health practices, protecting communities from disease and preventing illness and injuries in Canteen, Centreville, East St. Louis and Stites Township (East Side Health District, 2010).

Vision

The East Side Health District will serve as a catalyst in the communities in which it works by cultivating wellness, efficiency, education, preparedness, policy change, community resiliency and collaboration in all that it does (East Side Health District, Strategic Plan 2011).

Brief description of the programs

East Side Health District's programs and services follow their mission in accordance with the federal and state mandates for the local public health department to assure accurate data collection, policy enforcement, and addresses the health needs surrounding health related issues. Since each public health department is different according to the communities they represent and serve, latitude is given to local public health departments in providing programs and services that focus on promoting health and preventing disease that directly affect their community. The following programs and services listed are the umbrella for which ESHD is able to fulfill their mission: Emergency Preparedness, Environmental Health, Oral Cancer, Dental Health, Vital Records, Nursing Division, Family Planning, Partner Counseling and Referral, HIV Health Education/Risk Reduction, Sexually Transmitted Infections (STI's), Health Education, Family Case Management, and Diabetes Program (Please see Appendix A).

East Side Health District has 8 locations for the convenience of those it serves.

Literature Review

African Americans historically "have had the worst health care, the worst health status, and the worst health outcome of any racial or ethnic group in the U.S." (Byrd & Clayton, 2000, p.33). Emphatically, experts in every field of medicine agree that African Americans have experienced the most appalling health care creating a degrading health profile within the U.S., resembling the health care and profile of a third world country, as a result; medical apartheid (Washington, 2008). Nevertheless, with this information minorities continue being underserved and as a result, experience chronic illnesses (asthma, diabetes, cardiovascular disease, stroke), obesity, cancer, infant mortality, and mental illness disproportionately to the general American population (National Center on Minority Health Disparities & The Institute of Medicine).

Although there is growing documentation of health disparity in America with increase cost upon our health care system as well as the increase morbidity of those most vulnerable in this inequality, health disparities continue to exist. This disparity is quantified into primary determinants that effect whether an individual and/or community can stay healthy or become ill. Social Determinants (SD) of health are circumstances surrounding the environment children, youth and families reside outside the health care infrastructure that influences directly an individual's health, well-being, knowledge, attitude, belief, or behavior towards their wellbeing (World Health Organization, 2010).

The existence of health and health care disparities within any community reflect social inequalities that are systemic in policy development, governance, and implementation as well as biological, environmental, and health provider factors. (Center for Health Equity Research and Promotion) These Differences in health outcomes speak to a structural racism creating barriers to goods, services, and opportunities of society.

East St. Louis and the surrounding townships were developed in the great American Bottom Flood Plain creating a unique environment battling nature and the mighty Mississippi River. These townships served the purpose of providing a safe haven for industrial and business ventures serving St. Louis under flexible regulations that allowed growth of industry without accountability to the community (Theising, 2003).

As seen on the national level, many communities affected by deindustrialization have found that relying on the municipal government to address issues is a challenge (Reardon, 2005). The city of East St. Louis recently cut salaries of employees, lost 25% of its education staff, and will likely lose more fire and police patrols in the coming year (Associated Press, 2010). These cuts have also transitioned into ESHD's budget, having to layoff five percent of their personnel due to budget cuts (E. Whiteside, personal communication January 18, 2012). These cuts leave fewer employees to implement government programs, therefore, transitioning the burden of being the health safety-net of the community back upon the community. The main focus of the health

department in any community is to address and assure a healthy standard for their community (U.S. Department of Health and Human Services).

Combining zip code data from the 2010 U.S. Census for the catchment area of ESHD, there are approximately 65,349 residents, 74% African American, 5% Hispanic (mostly reside in Canteen Township); 32% are under the age of 19; approximately half of the residents live below the federal poverty line. Using the Population Health Improvement Model, which is the basis of the county health rankings in the U.S., St. Clair County in 2011, ranked 94th out of 102 in health outcomes, and 100 out of 102 in health factors for the counties in Illinois (www.countyhealthrankings.org/illinois).

Demographic Characteristics for ESHD Service Area Quick Facts	2000	2010
Total Population	77,346	65,349
% Male	46.6% (36,073)	47.2% (30,817)
% Female	53.4% (41,273)	52.8% (34,532)
Population Race*		
% White	25.1% (19,984)	21.4% (14,001)
% Black or African American	69.3% (55,205)	74.1% (48,445)
% Asian	.2% (154)	.2% (126)
% Amer. Indian/Alaskan Native	.2% (197)	.2% (149)
% Native Hawaiian and Other Pacific Islander	.03% (22)	.01% (7)
% Other	1.2% (997)	2.6% (1,663)
Hispanic or Latino (of any race)	3.0% (2,350)	5.0% (3,246)

Even though there are other health care delivery organizations in their catchment area, ESHD is the only health organization that addresses the health safety-net of the community and the surrounding communities through their programs and services. The health safety-net, by design, provides services to the uninsured, under-insured and Medicaid population as a community's response in "delivering health services to persons experiencing cultural, linguistic, geographic, financial or other barriers to accessing appropriate, timely, affordable and continuous health care services" (National Health Care Safety Net, 2000).

Within ESHD's community, there are additional well known health delivery organizations, Southern Illinois Health Care Foundation, Lessie Bates and Catholic Charities that serve the Medicaid community, but are limited in serving the under-insured and noninsured population. Along with the recent closure of Kenneth Hall Regional Hospital in 2011, the East St. Louis community was left without a stabilizing support to the health safety-net. Medical safety-net providers frequently have lower quality of care than non-medical safety-net providers; safety-net

hospitals are less likely to have high performance, smaller gains in quality performance and smaller improvement over time (Werner, 2008). These market-based bench marks have continued to retain and/or intensify the health and health care disparity in this country among race, ethnicity, and economic class. ESHD continues to offer, free of charge, health services immediately available to those who take advantage and has positioned itself by default as the primary support of the health care safety-net in the community.

The Department of Health and Human Services released *Healthy People 2020*, a national campaign to promote health and disease prevention, as a strategy to improve the health of Americans by 2020. The objective specifically calls for 90% of the population served by the local public health departments should be effective in their three core principles. In doing do, an evaluation of the nation's public health departments was warranted. Collaboration between Center for Disease Control and Prevention, Public Health Practice Program Office, and the Association of Schools of Public Health through the University of Illinois in Chicago Public Health Department analyzed the effectiveness of the Local Public health Departments (LPD) in their three core principles: Assessment, Policy Development, and Assurance. Responses to their study suggested that LHD's could improve in all three principles and increase their effectiveness. These efforts were noted and planned for improvement in meeting the Healthy People 2010 & Healthy People 2020 objectives. The health priorities identified in the previous I-PLAN were Childhood/Adolescent Obesity, Immunizations, Infant Mortality, STIs & HIV/AIDS (ESH D-PLAN, 2007).

Project charge

The project charge is to evaluate the health concerns of the residents in the various communities East Side Health District serves. The need for this initiative is outlined in the Healthy People 2020 objectives, Illinois Project for Local Assessment of Needs (I-PLAN), in building a collaborative model that promotes stakeholder involvement, and systemic implementation of the health initiatives into the community. For this particular aspect of the I-PLAN, spotlight is given to the health concerns of the community.

Research Question

As stated in the background review, the Illinois Project for Local Assessment of Needs (I-PLAN) is a required community assessment for local public health departments in Illinois. The community assessment is completed every five years fulfilling the requirements for the local health department certification. In line with the I-PLAN, a community health needs assessment was completed. Through focus groups, surveys, and academic research the following questions were raised: What are the health concerns of the community ESHD serves and prioritizing those identified health concerns.

Logic Model

See attachment.

Methodology

The project charge is to identify and prioritize the health concerns of the communities ESHD serves as outlined in the Healthy People 2020 Illinois Project for Local Assessment of Needs (I-PLAN), through focus groups, surveys, and academic research.

In outlining the health concerns of the community, a needs assessment will be conducted involving focus groups and surveys. As the charge of this project is to assess the health concerns of the community and the effectiveness of ESHD in addressing those health initiatives the instruments (Focus Groups, and Surveys) used in compiling this information is crucial in accurately recording the voice of those who are most vulnerable.

The scope of the project is twofold. First, a healthcare needs and opinions survey will be given to residents living, employed and/or acquiring services from East Side Health District. This survey is designed as a follow up to the previous survey completed in 2006 to inform the 2007-2012 IPLAN (East Side Health District, 2007).

The second part of the project is conducting focus groups of key informants from the community. Key Informants are defined as individuals who hold a leadership role in the community and have interest in supporting or opposing the strategy of the local health department (Mendelow, 1991). As seen in Table 1, Stakeholder Matrix for Focus Group Participants. This table illustrates the different levels of stakeholder participation and effectiveness they bring to focus groups. In defining Key Informants, invitation is given to those individuals who comprise a high level of interest coupled with power. Power is defined as one's ability or capacity to perform or act effectively in the community.

Table 1

Stakeholder Matrix for Focus Group Participants

	Level of Interest in Supporting the Services of ESHD		
		Low	High
Power	Low	A Minimal effort	B Keep informed
	High	C Keep satisfied	D Key Informant

Table 1

Source: Adapted from A. Mendelow, Proceedings of the Second International Conference on Information Systems, Cambridge, MA, 1991.

Sample

Target Client Sample Population/Collection of Data:

The population of Canteen, Centreville, East St. Louis and Stites Township is 65,349 residents. Raosoft Sample Calculation suggested a minimum sample size of 382 with a 5% error and 95% confidence level (Raosoft, 2012). For this project a non-probability convenience sampling from individuals who are receiving services or employed in the ESHD catchment area (can include employees of ESHD) will be administered surveys as well as randomly selected community members who are not engaged in services or employed through ESHD. A qualitative interactive interviewing through focus groups will be used in collecting the primary data as well.

Surveys

To provide an in-depth understanding of social determinants of health in the ESHD catchment area a survey instrument was constructed, containing fifteen questions including Likert Scale, check all that apply, and a free response query. Since this was a needs assessment, the goal of the survey was to identify and prioritize the social determinants of health. The first three questions were Likert scale responses to list their usage of Emergency Room, primary care physician or nurse practitioner and dental care. The following three questions (four through six) are 'check all that apply'. Question seven is a yes/no (yes=1/no=0) response regarding receiving services from ESHD, and question eight participants were asked to rate the degree of each social health determinant on a Likert scale from not a problem (=0), to most urgent (=4). Question nine, research participants were then asked to list in order of importance their top five health concerns. The remaining six questions were demographic and borrowed from the Current Population Survey Annual Social and Economic Supplement (CPS ASEC)- September 2010 administered by the Census Bureau. All interest questions were closed-ended followed by an 'other' choice so that respondents could make additional comments. The exception was Q1-3, Q8 and Q9 (qualitative response) which was a 5-point Likert scale format. Every question in the survey was based on information in the literature, meeting content validity. See 'Literature Review' section.

A pilot test of the survey was given to eleven (11) people August/2011. It was suggested and adapted that changes to the number of questions be modified to shorten the time for completion and limited to one page. It was also noted and modified that clarity was needed for question 9, prioritizing the health concerns. No other modifications were made. The survey closely resembles the survey administered in 2006.

Demographic, health service usage, and health concerns will be compiled into a quantitative data file and analyzed within SPSS statistical analysis. Every response in the 'check all that apply' questions in the survey was based on information in the literature outlining social determinants of health, meeting content validity. Question nine encouraged the perspective of the participant

and gathered a full range of responses that were compiled in a qualitative data file recording and weighting the health concerns listed.

Individuals receiving services from ESHD were asked to participate in the survey as well as those who reside or employed in the ESHD catchment area.

The primary data collection using the surveys are anonymous, general demographic (race, gender, age, zip code) are collected without personally identifying the participants.

Surveys are collected once a week from the clinics on Thursdays (see attachment C, ESDH Clinics, for listings and addresses of clinics). Surveys are distributed to neighborhood associations and collected the same day as well as administered into the community at local stores, parks, restaurants, etc. To insure an equal representation among the communities within the ESHD catchment area, the surveys were directly distributed within each neighborhood community as well as zip code area representing the catchment area of ESHD with the intent of surveying those who reside, employed and/or consume ESHD services. All completed surveys were stored in the Assistant Administrator office, Mr. Hardy Ware, in a secure file cabinet.

Data Analysis

The data was transferred from a paper survey format into a Microsoft excel spreadsheet where it was recoded and uploaded into SPSS statistical analysis software. Each survey was given a specific identification number. The accuracy of the data-transfer from paper survey into an excel spreadsheet was verified through reviewing 100 random surveys selected through random.org using an atmospheric noise method to generate 100 true random numbers to verify the accuracy of transferring the data from the specified surveys identified.

'Check all that apply' questions were recoded into Yes=1, No=0 answers. Five point Likert scale questions were left as ordinal data. Missing answers were recoded as 998. Collected data was analyzed with SPSS. General descriptive analysis was conducted on all the relevant variables. More specifically, n, the mean, median, mode, range, SD were run on every variable. Univariate frequency distribution analysis was conducted for questions 1 through 15 to produce frequency in the form of percentages. Inferential analysis was conducted using Pearson's chi-square and an independent t-test.

Perception of identified social determinants were rated on the scale of most urgent (=4), to not a problem (=0) in question eight. Question 9, qualitative data, asked for participants to rank their top five health concerns for the community ESHD serves. The data was weighted according to order of importance and transferred into a Microsoft excel spreadsheet for compilation.

Description of Sample

The sample size included 870 people (n=870) who were involved in the survey from September/2011 to November/2011. The sample was primarily female (71.3%) and African

American (84.4%). Approximately 73 percent of the participants were single and 39.3% fell between the ages of 12-18. A quarter of the sample (25%) received services from ESHD, but lived outside the catchment area.

The results for the hypothesis and the statistical tests that were performed will be described below. For more information about the sample demographics, please see table 1 in Appendix B.

Findings

Hypothesis (Needs Assessment): What are the Social Determinants of Health affecting the ESHD community?

The qualitative data portion of the survey was aggregated and weighted to rank the order of importance of the participant identified social determinants of health. The results outlining the Health Concerns of the Community were: STD (616), HIV/AIDS (604), Cancer (570), Diabetes (479), High Blood Pressure (431), Obesity (425), Heart Disease (395), Asthma (367), Teen Pregnancy (333), Crime (315), Nicotine (219), Health Systems (155), Mental Health (150), Social Determinants (135), and Dental Health (127). For further explanation please see table 1 in Appendix D.

Additional Findings:

A Pearson's chi-square test of independence was performed to examine the relationship between those receiving services from ESHD within the past five years and seeing a doctor/nurse practitioner outside of the emergency room. The statistical significant difference was $X^2(24, N=844) = 43.56, p=.009$. In addition, chi-square test found statistical significance in those receiving services from ESHD and where they acquire their health information: ESHD $X^2(9, N=844) = 91.00, p=.000$; physician $X^2(12, N=844) = 24.51, p=.017$; health care workers $X^2(9, N=844) = 19.31, p=.023$. Visiting a dentist or dental clinic within the past year was statistically significant among all age ranges $X^2(54, N=844) = 124.85, p=.000$.

Those falling between the age ranges of 19-49 were more likely to receive services from ESHD within the community $X^2(18, N=844) = 56.23, p=.000$, with the greatest disparity falling between the 25-34 age range. For further explanation please see appendix G, table 2. There were no statistical significance between the other social determinants of health and the outlined demographics.

Health care usage within the community ESHD serves resulted 46.72% went to the Emergency Room within the past year (see table 2 Appendix D), 79.21% visited a doctor/nurse practitioner for any reason within the past year (see table 1, Appendix E), and 50.60% visited a dentist or dental clinic for any reason within the past year (see table 2, Appendix E).

The top three sources participants received their health information from were Physicians/Nurse practitioner (58.26%), Hospital (44.13%), Family (31.91%), Parent (31.87%), and ESHD (31%) see table 2, Appendix F for details.

The perception of twenty-five identified social determinants of health from environmental, biological, and healthcare system factors overall mean was 2.23 (Somewhat Urgent), with a SD .47 on a Likert scale (0-4). See appendix H for the perceived urgency of all twenty-five identified social determinants of health.

Discussion

Data from the needs assessment effectively answered the question of outlining and prioritizing the social determinants of health that affect the ESHD community. Categorical indices of Social determinants were significantly related to income level. Data was less clear in terms of relationship between gender, age, education and social determinants. An association between females and breast cancer as a social determinant was significant, however, overall difference in gender did not result a perceived difference in social determinants.

Although the data failed to show a causal relationship between gender, age, education and perception of social determinants, participants who described themselves as receiving services from ESHD within the last five years were 2:1 ratio of also visiting a doctor/nurse practitioner within the past year or 2 years.

The data also found that ESHD has an impact on those whom they serve in regards to where they receive their health information. Those receiving services from ESHD prefer receiving their information from: (1) ESHD, (2) physician, (3) health care workers. Those not receiving services from ESHD were more likely to receive their health information from (1) hospital, (2) family, and (3) parent.

Participants not receiving services from ESHD within a five year period were 2:1 for using emergency room within the past year. ESHD serving as the safety-net of the community can be the entrance for community members into the health system.

Although the background literature states education and age are factors that can influence the perception of social determinants. The limited variety of individuals within the population filling certain ranges in age and education appear to limit the diversity of the community response, but reflective of the urgency of addressing the social determinants as it relates to education, employment, and individual longevity in the community.

Implications of the study would suggest that an increase presence of ESHD in the community would: (1) Create greater health savings in decreasing emergency room usage and increase consumer usage of clinics for health related issues; (2) Increase the health information and dissemination within the community.

This study also suggests that men are under-utilizing and under-served by ESHD and that a possible campaign to include that consumer group could have additional impact in decreasing the health disparity within the community. ESHD has made an impact in providing dental care for the community, continuing and/or building the dental services could have a greater impact on the community.

Additional questions to follow from this project are evaluating the current programs and services as they relate to the SD of health in the ESHD community and identifying possible updates or changes that can be implemented in meeting those identified SD of health.

Conclusion

The results of the needs assessment have outlined the social determinants of health and the impact ESHD has on the community. The results exhibit areas of concern in developing the range of individuals living in the community and the projection of environmental concerns being a social determinant within the community.

References

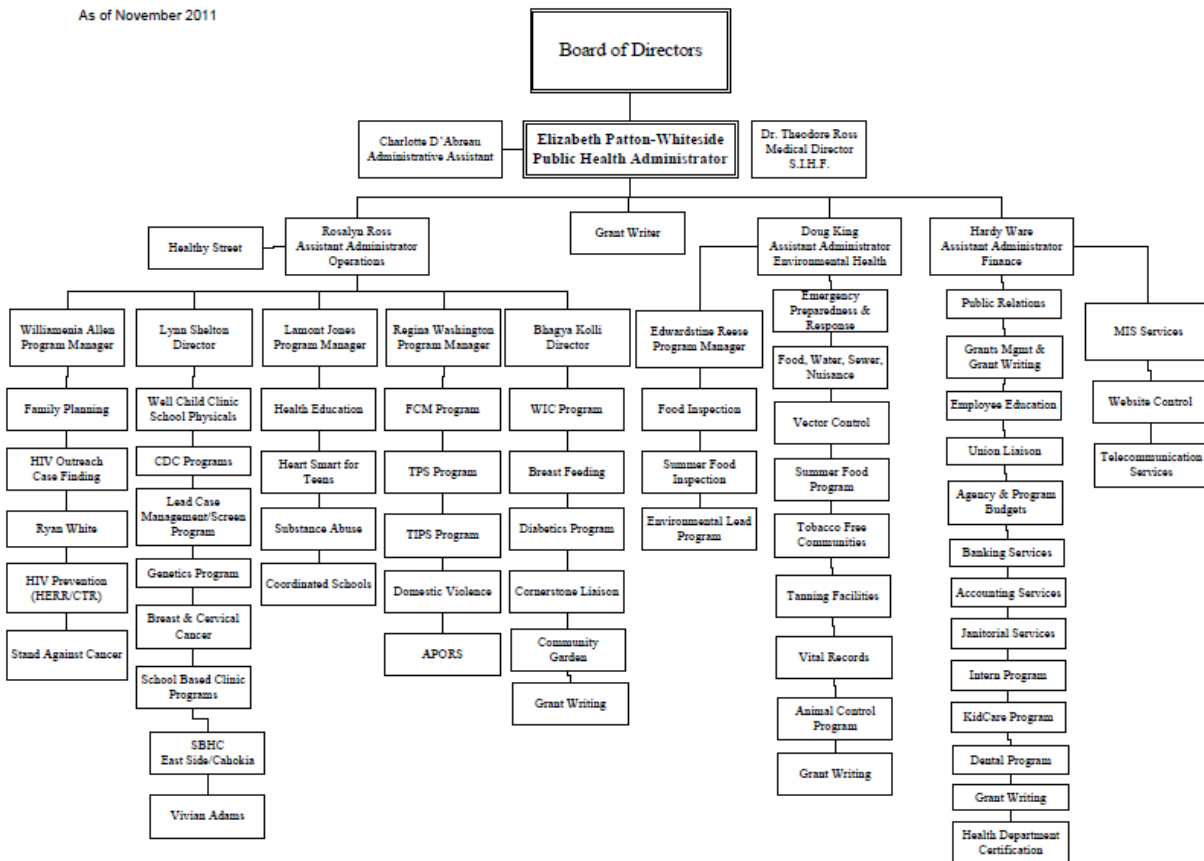
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Appendix A

East Side Health District

As of November 2011



Appendix C

N=870

Table 1: Baseline characteristics of all Participants

Gender (n=787)	
Female	71.3 %
Male	28.2 %
Other	.5 %
Age (n=782)	
12-18	39.3 %
19-24	19.7 %
25-34	19.3 %
35-45	11.1 %
46-64	6.6 %
65-over	4.0 %
Marital Status (n=754)	
Single	72.9 %
Married	13.5 %
Separated/Divorced/Widowed	13.6 %
Race (n=789)	
African American	84.4%
Caucasian	7.5%
Other	4.1%
Preferred not to answer	1.6%
Latino	1.1%
Native American	.9 %
Asian/Pacific Islander	.4 %
Household Income (n=515)	
Below 10,000	33.6%
10,001-15,000	8.5%
15,001-25,000	8.9 %
25,001-35,000	6.0 %
35,001-50,000	3.4 %
Over 50,000	9.3 %
Prefer not to Answer	30.3%
Education (n=679)	
Less than High School	25.1 %
High School Diploma/GED	51.5 %
Associates Degree/Trade	12.6 %
Bachelor's Degree	6.5%
Master's Degree or higher	4.1 %

Appendix D
Table 1

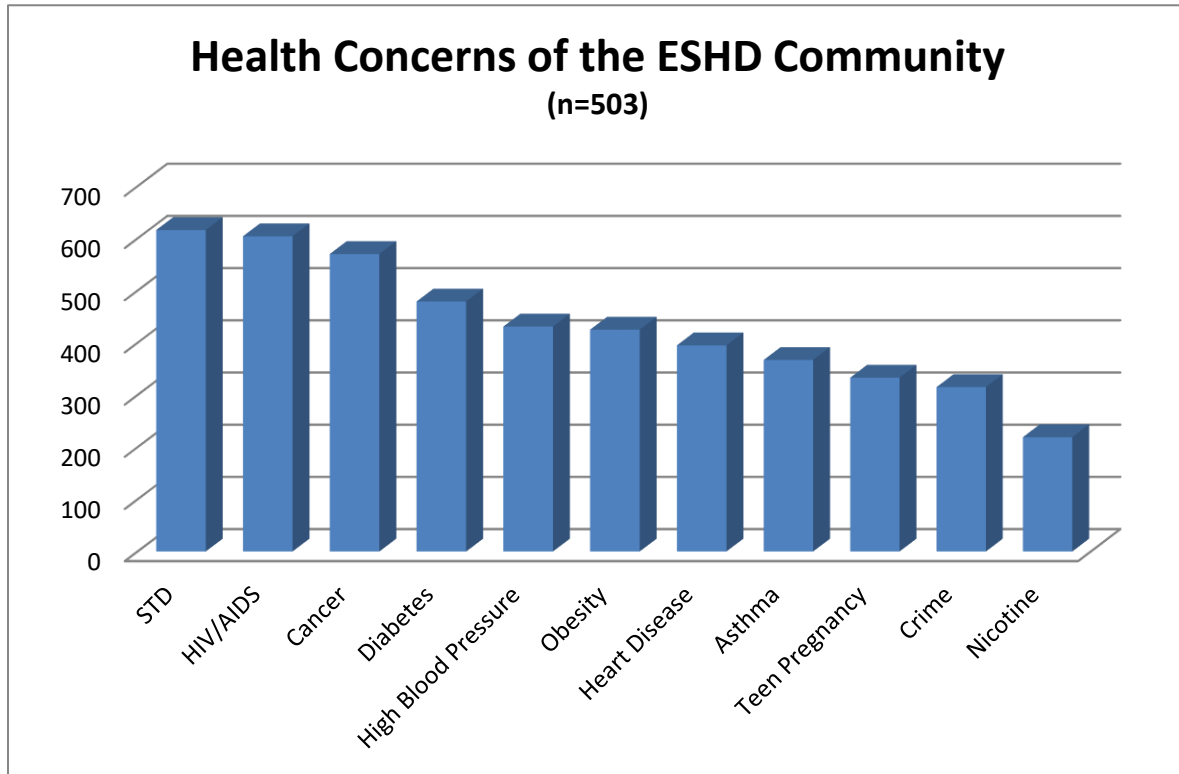
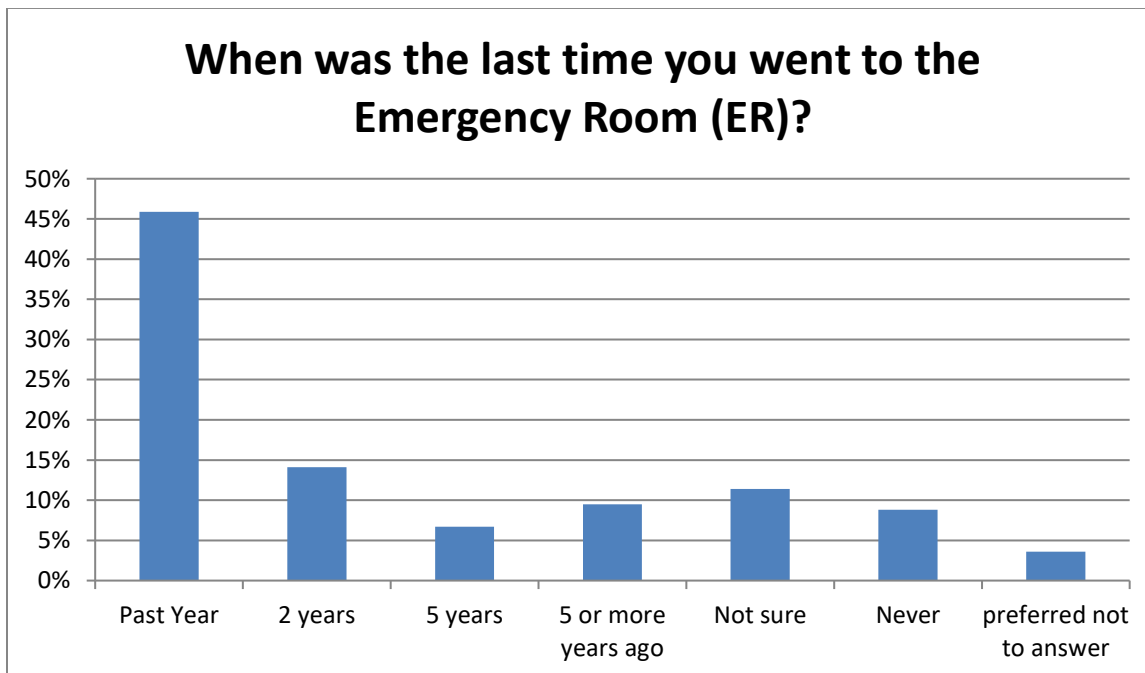


Table 2



Appendix E

Table 1

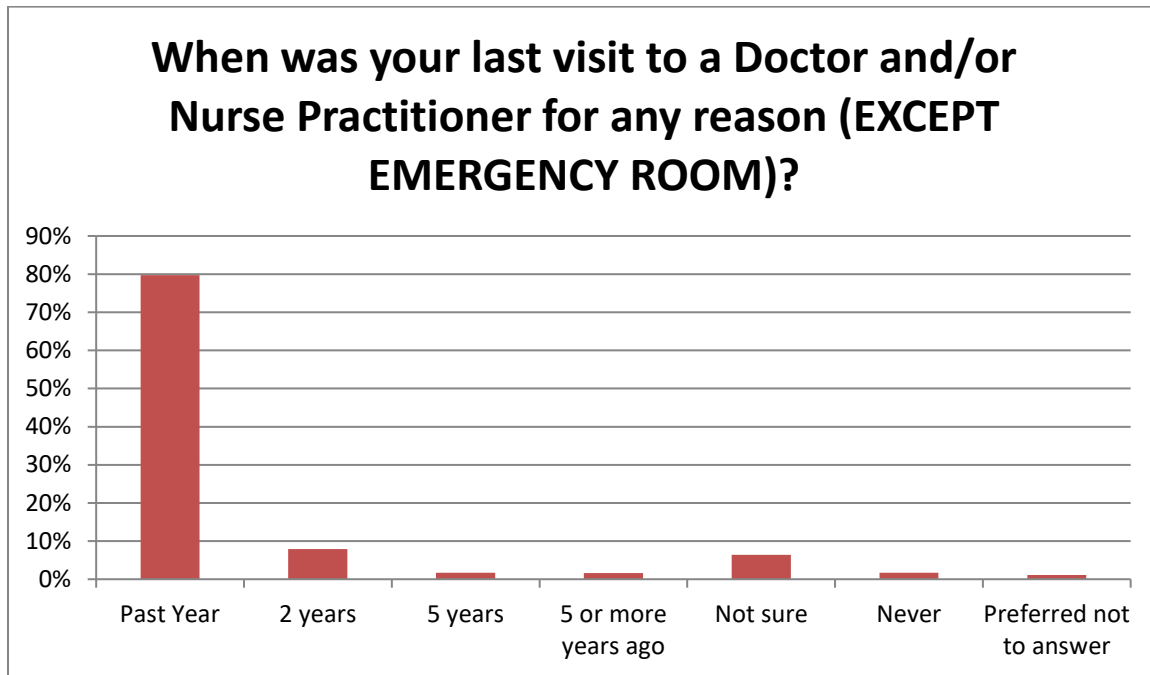
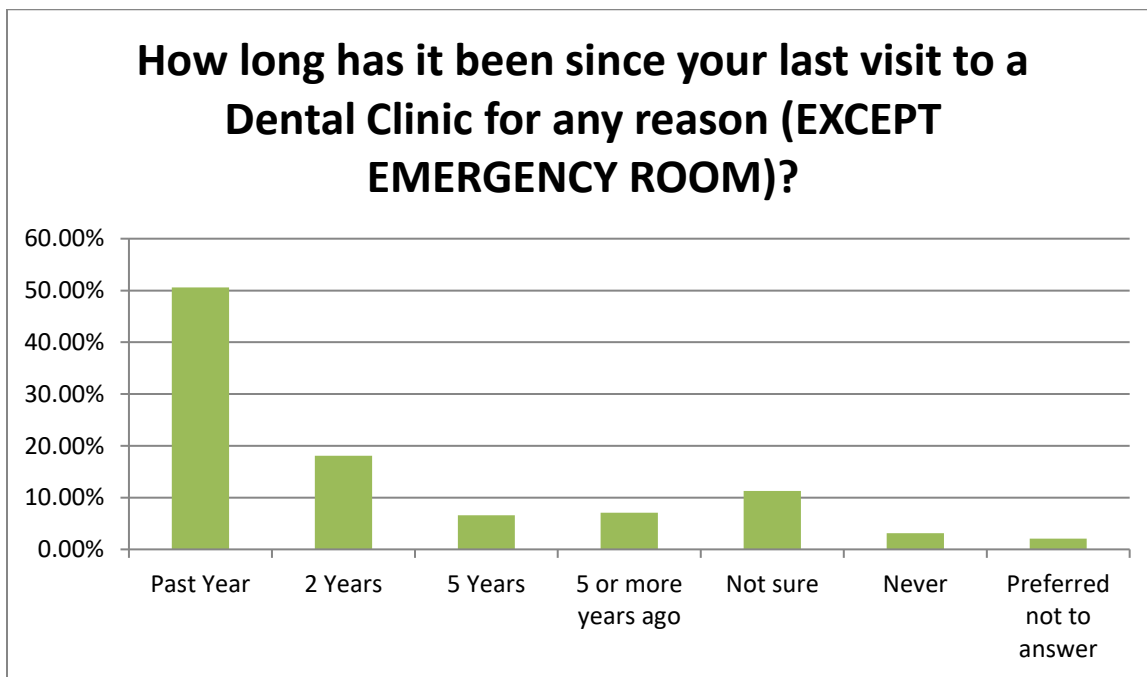


Table 2



Appendix F

Table 1

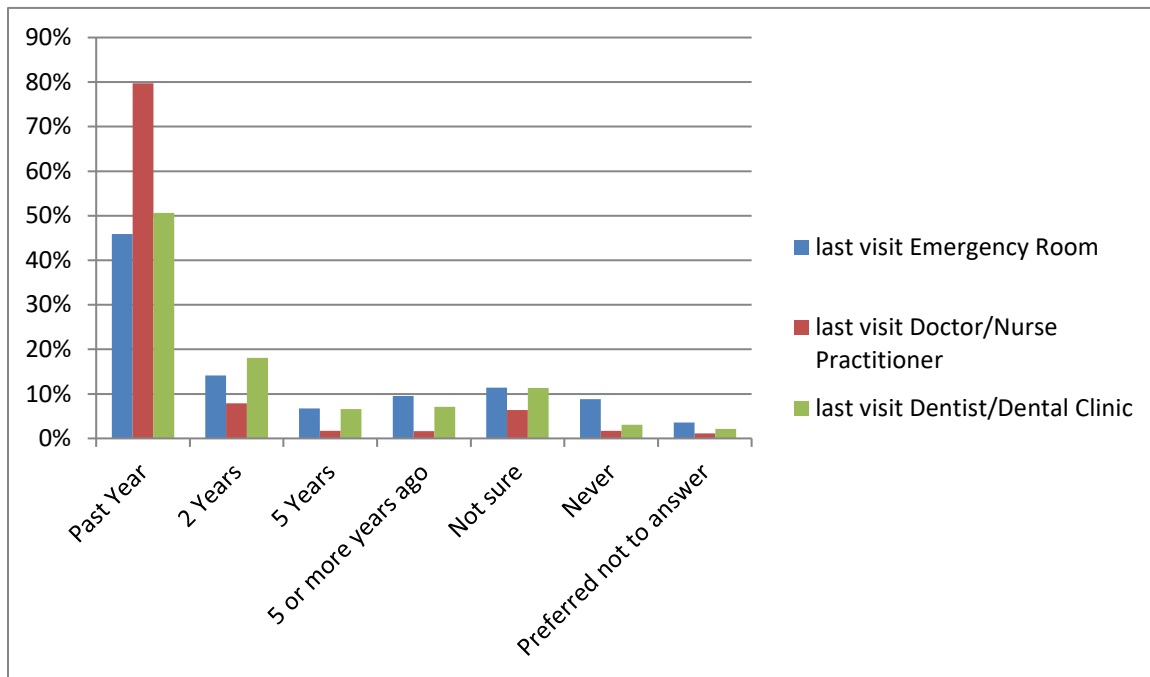
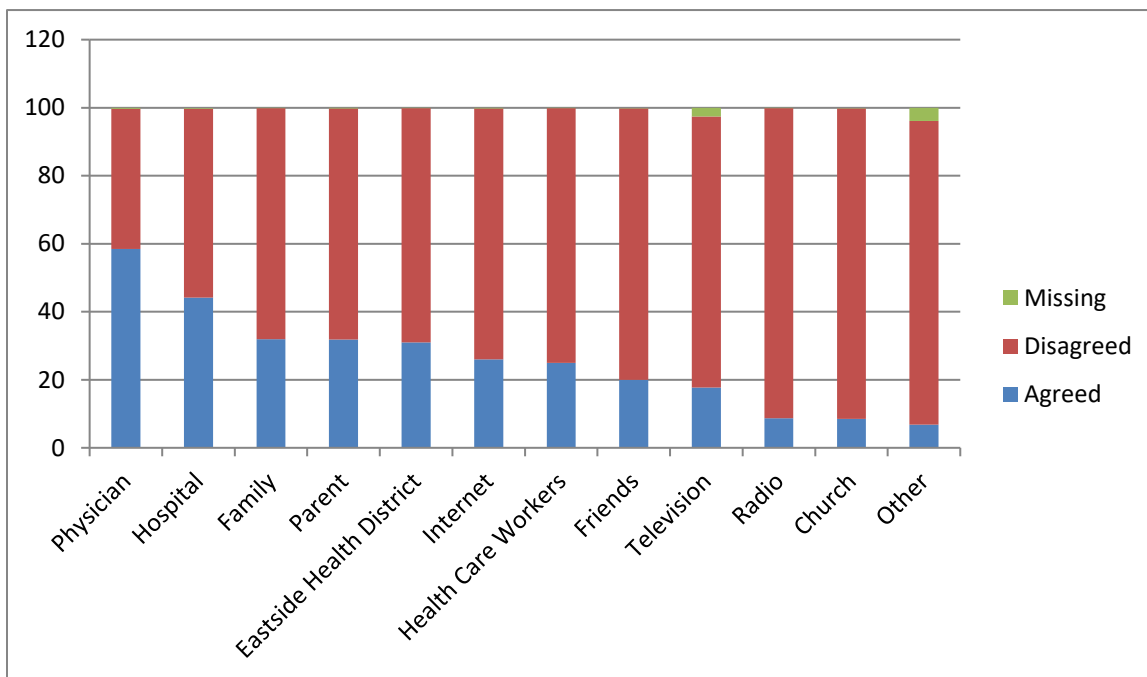


Table 2

Where do you get your Health Information? (n=843)



Appendix G

Table 1

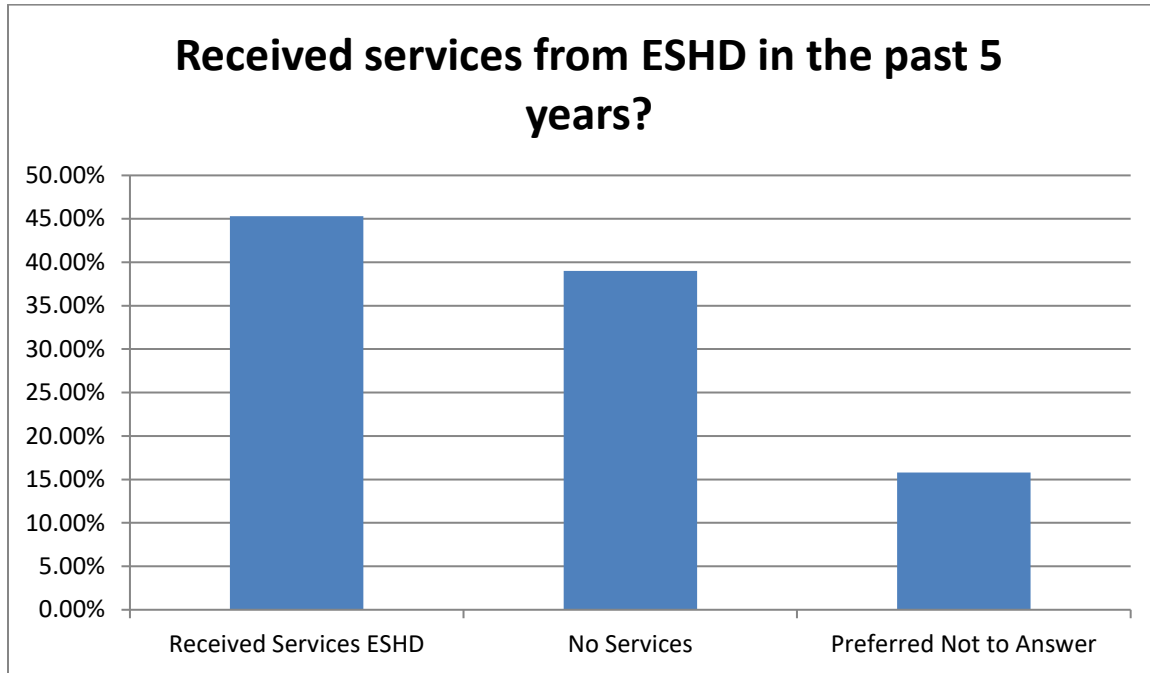
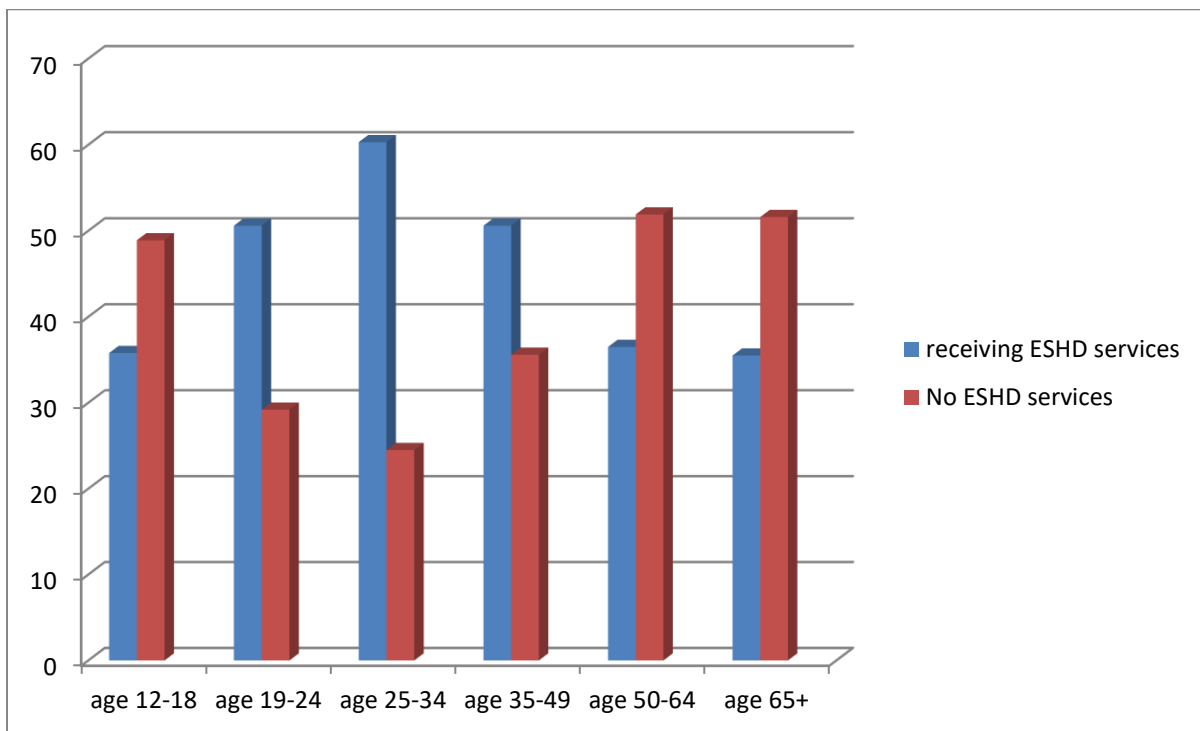


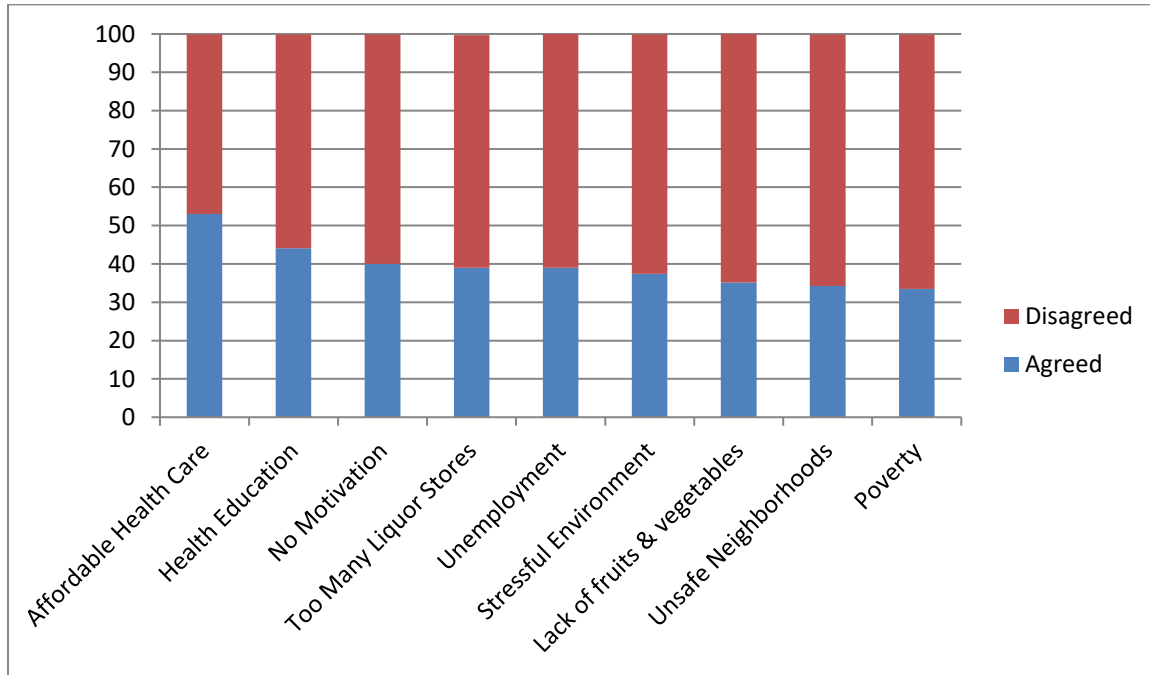
Table 2

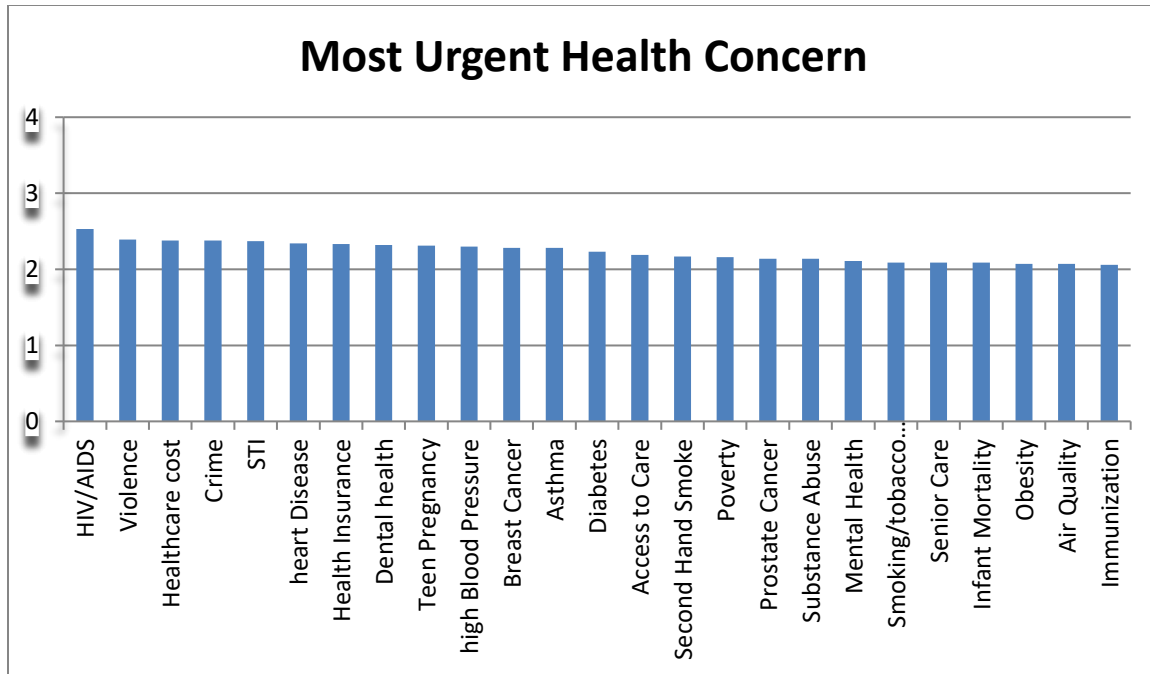


ppendix H

Table 1

What keeps people in your area from being Healthy?





Community Survey

Zip Code of Residence _____

Zip Code of Employment _____

East Side Health District Community Health Survey

For Fairmont City, Brooklyn, Alorton, Centreville, Cahokia, Washington Park, State Park, Caseyville,
Signal Hill, Sauget and East St. Louis

1. When was the last time you went to the Emergency Room (ER)?

- | | |
|--|--|
| <input type="checkbox"/> Within the past year | <input type="checkbox"/> 5 or more years ago |
| <input type="checkbox"/> Within the past 2 years | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Within the past 5 years | <input type="checkbox"/> Never |

2. When was your last visit to a Doctor and/or a Nurse Practitioner for any reason (Except Emergency Room)?

- | | |
|--|--|
| <input type="checkbox"/> Within the past year | <input type="checkbox"/> 5 or more years ago |
| <input type="checkbox"/> Within the past 2 years | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Within the past 5 years | <input type="checkbox"/> Never |

3. How long has it been since your last visit to a Dentist or a Dental Clinic for any reason (Except Emergency Room visit)?

- | | |
|--|--|
| <input type="checkbox"/> Within the past year | <input type="checkbox"/> 5 or more years ago |
| <input type="checkbox"/> Within the past 2 years | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Within the past 5 years | <input type="checkbox"/> Never |

4. Where do you get your health information (check **all** that apply):

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Church | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Health Care workers | <input type="checkbox"/> Television | <input type="checkbox"/> Hospital |

- East Side Health District Radio Parent(s)
 Friends Family Other _____

5. Insurance Status (check all that apply):

- I have health insurance I have Medicare
 I do not have health insurance I have Medicaid
 I have health insurance, High deductible I have All-Kids for my child/children
 Other _____

6. What keeps people in your area from being healthy (check all that apply)?

<input type="checkbox"/> Lack of Affordable Healthcare	<input type="checkbox"/> Limited Transportation	<input type="checkbox"/> Location of Health Services
<input type="checkbox"/> Lack of Health Education	<input type="checkbox"/> Communication	<input type="checkbox"/> Lack of Social Support
<input type="checkbox"/> Limited Programs/Services	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Unsafe Neighborhoods
<input type="checkbox"/> Lack of Health Education	<input type="checkbox"/> No Motivation	<input type="checkbox"/> Stressful Environment
<input type="checkbox"/> Poverty	<input type="checkbox"/> Lack of Social Support	<input type="checkbox"/> Physical Environment
<input type="checkbox"/> Genetics		
<input type="checkbox"/> Limited Parks Services	<input type="checkbox"/> Air/ Water/soil polluted	<input type="checkbox"/> Difficulty getting Health Services
<input type="checkbox"/> Lack of fruits & vegetables	<input type="checkbox"/> Lack of Recreational Center	<input type="checkbox"/> Working Conditions
<input type="checkbox"/> Lack of Affordable Housing	<input type="checkbox"/> Culture	<input type="checkbox"/> Social Environment
<input type="checkbox"/> Lack of Time	<input type="checkbox"/> Child Development	<input type="checkbox"/> Personal Income
<input type="checkbox"/> Lack of Healthy Restaurants	<input type="checkbox"/> Too Many Liquor Stores	<input type="checkbox"/> Other _____
<input type="checkbox"/> Media (advertisement on Television, Radio, Billboards)		

7. Have you ever received services from East Side Health District in the past 5 years?

____ YES ____ NO

8. Please rate the following health related concerns on a scale of Most Urgent to Not a Problem.

	Most Urgent	Urgent	Somewhat Urgent	Least Urgent	Not a Problem
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Mortality (Baby Deaths)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Quality/Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Hand Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking/Chew/Snuff (tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Health Needs Assessment

On Wednesday, May 2nd, 2012, the IPLAN Team and East Side Health District Administrators met to establish priorities for the IPLAN 2012-2017. Multiple sources of data were used to establish the final priorities: ranked top 10 health concerns from **5 community input sessions** as well as qualitative and quantitative results from the **870 community surveys**. The stakeholders used the top 10 health concerns that were derived at the final community input session held on November 10th, 2011 with 6 community partners from a variety of agencies: Southern Illinois Healthcare Foundation, Cahokia School District 187, Cahokia resident, Lessie Bates Neighborhood House Mary Brown Center, City of East St. Louis Mayor's Office, and Dayton Wedgewood Neighborhood Association.

Final Community Input Session Ranked Top 10 Health Concerns
1. Community
2. Environmental
3. Youth Awareness
4. Substance Abuse
5. Infrastructure
6. Chronic Disease
7. Access to Health Care
8. Care for Vulnerable Populations
9. Research and Prevention
10. Food Deserts

Moreover, the **qualitative results** from the community surveys distributed from September 2011 to November 2011 were used to establish the final priorities.

Qualitative Results of Community Surveys n=870	
STD	(616) 70.8%
HIV/AIDS	(604) 69.4%
Cancer	(570) 65.5%
Diabetes	(497) 57.1%
High Blood Pressure	(431) 49.5%
Obesity	(425) 48.8%
Heart Disease	(395) 45.4%
Asthma	(367) 42.2%

Qualitative Results of Community Surveys n=870	
Teen Pregnancy	(333) 38.3%
Crime	(315) 36.2%
Nicotine	(219) 25.2%
Health Systems	(155) 17.8%
Mental Health	(150) 17.2%
Social Determinants	(135) 15.5%
Dental Health	(127) 14.6%

The **quantitative results** from the community surveys show that the ESHD is the safety-net of the community and serves as the entrance for community members into the health system.

Moreover, increase presence of ESHD in the community would:

- (4) create greater health savings in decreasing emergency room usage and
- (5) increase consumer usage of clinics for health related issues
- (6) increase the health information and dissemination within the community.

Each participating IPLAN team member ranked the health priorities using the 3 sources of data. The 6 individual rankings were further compiled into one list to establish the health priorities for 2012-2017.

East Side Health District

Health Priorities 2012-2017

- SEXUALLY TRANSMITTED DISEASES
- HIV/AIDS
- CANCER
- OBESITY
- ENVIRONMENT

Statement of purpose: The community health needs assessment will serve as guiding principles for the implementation of programs and services in the East Side Health District service area. The profile of health outcomes and description of services offered by the East Side Health District can be used to acquire funding to improve the quality of health in the community; moreover, the data can be used as evaluations measures for programs and services. The IPLAN 2012-2017 will be placed on the East Side Health District website in an effort to facilitate community collaboration with stakeholders to address the health priorities, as a knowledge builder, and a tool to disseminate information.

<p>HEALTH PROBLEM</p> <ul style="list-style-type: none"> • STD’S • HIV/AIDS 	<p>OUTCOME OBJECTIVE</p> <p>By the year 2017, reduce the Chlamydia rate to 1,800 cases per 100,000 in the East Side Health District service area.</p> <p>By the year 2017, reduce the Gonorrhea rate to 400 cases per 100,000 in the East Side Health District service area.</p> <p>By the year 2017, reduce All Stages of Syphilis rate to 25 cases per 100,000 in the East Side Health District service area.</p>
<p>RISK FACTOR(S)</p> <p>Unprotected Sex</p> <p>Lack of Knowledge</p>	<p>IMPACT OBJECTIVE(S)</p> <p>By the year 2014, reduce the rates of STI’s among African Americans ages 15-24 (Chlamydia), ages 15-24 (Gonorrhea), ages 20-29 and 35-39 (Syphilis), and ages 30 to 60 (HIV/AIDS) living in East St. Louis and Cahokia, so that the overall rate in the East Side Health District is 1,900 cases of Chlamydia per 100,000 population, 450 cases of Gonorrhea per 100,000 population, and 35 cases of Syphilis per 100,000 population. Relative to the Unprotected sex risk factor, by the year 2014 East Side Health District heighten awareness through community health fairs and events emphasizing the life changing dangers STD/HIV/AIDS education throughout the East Side Health District service area to include the dissemination of condoms at community health fairs and other appropriate venues</p>
<p>CONTRIBUTING FACTORS</p> <p>DIRECT</p> <p>Multiple Sex Partners Alcohol and Drug Use Not Seeking Information Cultural Stigma</p> <p>INDIRECT</p> <p>Survival Sex – Exchange Sex for Money Age Discordant Partnerships Low Self Esteem Late Night Entertainment Liquor Stores Does not apply to me – “I’m not high risk” Adolescent and Adult Lack of Education Language Barriers Religious Views Fear of Not Being Accepted</p>	<p>INTERVENTION STRATEGIES</p> <p>Clinical Recommendations WIC from Healthy People 2020 suggests screening for chlamydial infection for all <i>pregnant</i> women aged 24 and younger, older pregnant women, sexually active <i>non-pregnant</i> women aged 24 and younger, and older <i>non-pregnant</i> women who are at increased risk.</p> <p>Community Interventions from Healthy People 2020 suggests prevention of HIV/AIDS, other STIs and Pregnancy via Group-based Comprehensive Risk Reduction Interventions for Adolescents include comprehensive risk reduction (CRR) promotes behaviors that prevent or reduce the risk of pregnancy, HIV, and other sexually transmitted infections (STIs), <i>culturally and age appropriate</i>. Outreach efforts are conducted in non-traditional settings like strip clubs, gay</p>

	<p>bars, at non-traditional hours to aggressively seek individuals in locations that they frequent.</p> <p>Consumer Information from Healthy People 2020 suggests STD Testing: Conversation starters with partners, get tested events, and HPV vaccine talks with physicians about getting children vaccinated.</p>
<p>COMMUNITY STAKEHOLDERS & RESOURCES</p> <p>East Side Health District St. Clair County Health Department Southern Illinois Healthcare Foundation School Districts’ Illinois Department of Public Health Centers for Disease Control and Prevention Touchette Regional Medical Center Local Community Outreach Organizations Local Radio and TV Stations Faith Based Community</p>	<p>BARRIERS TO BE ADDRESSED</p> <p>Funding for proposed programs Staffing to facilitate programs Establishing new and strengthen existing collaborations with agencies that provide services to people ages 15-29. Access to a comprehensive sex education program in the school districts.</p>

<p>Description of the health problem, risk factors and contributing factors</p> <p>Sexually Transmitted Infections (Chlamydia, Gonorrhea, All Stages of Syphilis, and HIV/AIDS) rates per 100,000 in the East Side Health District service area are higher than the United States, State of Illinois, St. Louis MO-IL Metropolitan Statistical Area, the City of St. Louis, Missouri, and St. Clair County in Illinois. In 2010, the rate of Chlamydia was 2,079.6 cases per 100,000 population, the rate of Gonorrhea was 633.5 cases per 100,000 population, the rate of All Stages of Syphilis was 49.0 cases per 100,000 population. Risk factors related sexually transmitted infections identified by the group are unprotected sex and lack of knowledge. The direct contributing factors are: multiple sex partners, alcohol and drug use, not seeking information, and cultural stigma. The indirect contributing factors are: survival sex – exchange sex for money, age discordant partnerships, low self esteem, late night entertainment that includes bars, clubs, and adult gentlemen clubs, liquor stores, does not apply to me – “I’m not high risk”, adolescent and adult lack of education, language barriers, religious views, and fear of not being accepted.</p>
<p>Related Healthy People 2020 Objectives</p> <p>STD-1: Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.</p> <p>STD-2: Reduce Chlamydia rates among females aged 15 to 44 years.</p> <p>STD-3: Increase the proportion of sexually active females ages 24 years and under enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year.</p> <p>STD-4: Increase the proportion of sexually active females aged 24 years and under enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year.</p> <p>STD-5: Reduce the proportion of females ages 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID).</p> <p>STD-6: Reduce gonorrhea rates.</p>

STD-7: Reduce sustained domestic transmission of primary and secondary syphilis.

STD-8: Reduce congenital syphilis

STD-9: Reduce the proportion of females with human papillomavirus (HPV) infection

STD-10: Reduce the proportion of young adults with genital herpes infection due to herpes simplex type 2.

Corrective actions to reduce the level of the indirect contributing factors

Clinical recommendations increase screening for chlamydial infection for all woman at risk, pregnant, and sexually active under age 24. Facilitate partnerships for screening with non-traditional settings such as faith based communities, correctional facilities, job training programs, late night entertainment, liquor stores, and with sex workers.

Community Interventions increase the number of Group-based Comprehensive Risk Reduction Interventions for Adolescents that are culturally appropriate with school based community programs and non-traditional settings.

Outreach efforts are conducted in non-traditional settings like strip clubs, gay bars, at non-traditional hours to aggressively seek individuals in locations that they frequent.

Consumer Information increase culturally appropriate bilingual services and sexual health education materials as well as age appropriate materials.

Proposed community organizations to provide and coordinate the activities

East Side Health District, St. Clair County Health Department, Southern Illinois Healthcare Foundation, School Districts', Illinois Department of Public Health, Centers for Disease Control and Prevention, Touchette Regional Medical Center, Local Community Outreach Organizations, Local Radio and TV Stations, Faith Based Community, and Southern Illinois Regional Wellness Center

Evaluation plan to measure progress towards reaching objectives

Utilize the IDPH surveillance and reporting system of STI's and HIV/AIDS statistics by race, sex, age, zip code, mode of transmission, and at risk behaviors that is compiled and distributed quarterly to monitor trends. Establish a comprehensive evaluation plan of clinical recommendations, community interventions, and consumer information that includes community support.

Anticipated sources of funding and/or in kind support

Illinois Department of Public Health
Center for Minority Health Services at IDPH
HRSA – Ryan White Funding

<p>HEALTH PROBLEM</p> <ul style="list-style-type: none"> CANCER 	<p>OUTCOME OBJECTIVE</p> <p>By the year 2017, reduce the number of cancer deaths to 161 cases or 246 cases per 100,000 population in the East Side Health District service area.</p>
<p>RISK FACTOR(S)</p> <p>Environmental Tobacco and Alcohol Inadequate Nutrition Hereditary and Genetics Age (Growing Older) Sunlight (Ultraviolet UV Radiation)</p>	<p>IMPACT OBJECTIVES(S)</p> <p>By the year 2014, reduce the number of cancer deaths to 170 cases or 260 cases per 100,000 with a focus on colorectal, bronchus and lung, and female breast cancer in East St. Louis, Cahokia, and Centreville through the continuation of tobacco cessation programs, nutrition education, farmer's market, gardening efforts, environmental health programs to include the Healthy Home Project with community and academic partners such as SIUE. Also increase screenings of the aforementioned cancers at churches, schools, senior citizen buildings and other appropriate venues.</p>
<p>CONTRIBUTING FACTORS</p> <p>DIRECT</p> <p>Contamination of Industrial Sites Mobile Sources Lack of Physical Activity Smoking and Chewing Mental Health Food Deserts Proper Food Preparation Lack of Screening</p> <p>INDIRECT</p> <p>Soil Transportation ie. Interstate Traffic Safe Parks and Recreation Facilities Secondhand Smoke Media Depression Socio-Economic Status Coping and Self Medicating Corner Stores Contaminated Soil Access to Transportation Not knowing how to cook Cultural aspects of food Not familiar with Fruits and Vegetables Cultural bias, mistrust, and fear Unaware of Services Available & Family History</p>	<p>INTERVENTION STRATEGIES</p> <p>Clinical Recommendations</p> <p>Screening for Breast Cancer, Cervical Cancer, and Colorectal Cancer</p> <p>Community Interventions</p> <p>Cancer Prevention & Control, Client-oriented Screening Interventions via client reminders, one-on-one education, reducing out-of-pocket costs, reducing structural barriers, small media, provider assessment and feedback, provider reminder and recall systems, and health communication & social marketing.</p> <p>Consumer Information</p> <p>Clients develop questions for the doctor about when and how to screen for cancer as well as get tested for cancers.</p>

<p>COMMUNITY STAKEHOLDERS & RESOURCES Illinois Department of Public Health Hope Light Foundation Foundations that support cancer initiatives Faith based organizations Illinois Tobacco Free-Communities Program Illinois Comprehensive Cancer Control Program</p>	<p>BARRIERS TO BE ADDRESSED Funding for proposed programs Staffing to facilitate programs Cultural stigma and fear about cancer Lack of legal representation for enforcement of tobacco policies through the State of Illinois Attorney's office and on other environmental hazards Lack of specialized medical care in East St. Louis Illinois Department of Public Health, Vital Statistics is behind in compiling and returning data</p>
<p>Description of the health problem, risk factors and contributing factors The total number of Cancer deaths in the East Side Health District service area were 154 (or 235 cases per 100,000 population) in 2007 and 187 (or 283 cases per 100,000 population) in 2008 based on data from the Illinois Department of Public Health Vital Statistics. In 2007, the rate of bronchus and lung cancer was 83 cases per 100,000 while the rate of colorectal cancer was 34 cases per 100,000 population followed by 17 cases per 100,000 of female breast cancer. Risk factors related to cancer were environmental, tobacco and alcohol, inadequate nutrition, hereditary, and genetics. The direct contributing factors are: contamination of industrial sites, mobile sources, lack of physical activity, smoking and chewing, mental health, food deserts, proper food preparation, and lack of screening. The indirect contributing factors are: soil, transportation ie. interstate traffic, safe parks and recreation facilities, secondhand smoke, media, depression, socio-economic status, coping and self medicating, corner stores, contaminated soil, access to transportation, not knowing how to cook, cultural aspects of food, not familiar with fruits and vegetables, cultural bias, mistrust, fear, unaware of services available, and unaware of family history.</p>	
<p>Related Healthy People 2020 Objectives C-1: Reduce the overall cancer death rate C-2: Reduce the lung cancer death rate C-3: Reduce the female breast cancer death rate C-4: Reduce the death rate from cancer of the uterine cervix C-5: Reduce the colorectal cancer death rate C-6: Reduce the oral pharyngeal cancer death rate C-7: Reduce the prostate cancer death rate C-8: Reduce the melanoma cancer death rate C-9: Reduce invasive colorectal cancer C-10: Reduce invasive uterine cervical cancer C-11: Reduce late-stage female breast cancer C-13: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis C-14: Increase the mental and physical health-related quality of life of cancer survivors C-15: Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines C-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines C-17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines C-18: Increase the proportion of adults who were counseled about cancer screening consistent with</p>	

<p>current guidelines – mammograms, pap tests, and cancer screening</p> <p>C-19: Increase the proportion of men who have discussed with their health care provider whether or not to have a prostate-specific antigen (PSA) test to screen for prostate cancer</p> <p>C-20: Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn</p> <p>PA-15: Increase policies for the built environment that enhance access to and availability of physical activity opportunities – community-scale and street-scale policies</p> <p>TU-1-2: Reduce tobacco use by adults and adolescents</p> <p>TU-3: Reduce the initiation of tobacco use among children, adolescents, and young adults</p> <p>TU-4: Increase smoking cessation attempts by adult smokers</p> <p>TU-11: Reduce the proportion of nonsmokers exposed to secondhand smoke</p> <p>TU-15: Increase tobacco-free environments</p> <p>TU-18: Reduce the proportion of adolescents and young adults grades 6 through 12 who are exposed to tobacco advertising and promotion</p> <p>TU-19: Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors</p>
<p>Corrective actions to reduce the level of the indirect contributing factors</p> <p>Identify and promote safe parks and recreational facilities for physical activity among the community residents. Continue IDPH programs that address smoking and tobacco use. Identify and collaborate with EPA efforts to address environmental threats. Use the F.R.E.S.H. Community Teaching Garden as a venue to promote fresh produce, healthy food preparation, and address cultural aspects of healthy eating. Develop social marketing and health promotion effects to promote community trust, reduce cultural bias, and promote screening and testing services. Encourage knowledge of family medical history through community and faith based organizations.</p> <p>Grant funding for breast cancer and prostate cancer</p> <p>Clinical Recommendations</p> <p>Screening for Breast Cancer, Cervical Cancer, and Colorectal Cancer. Continue the oral cancer program.</p> <p>Community Interventions</p> <p>Cancer Prevention & Control, Client-oriented screenings, health communication, and social marketing.</p> <p>Consumer Information</p> <p>Clients develop questions for the doctor about when and how to screen for cancer as well as get tested for cancers.</p>
<p>Proposed community organizations to provide and coordinate the activities</p> <p>Illinois Department of Public Health Hope Light Foundation Foundations that support cancer initiatives Faith based organizations</p>
<p>Evaluation plan to measure progress towards reaching objectives</p> <p>Establish surveillance and reporting system to compile and distribute yearly reports of leading causes of death with emphasis on specific types of malignant neoplasms or cancers. Establish a comprehensive evaluation plan of clinical recommendations, community interventions, and consumer information that includes community support of cancers.</p>
<p>Anticipated sources of funding and/or in kind support</p> <p>Illinois Department of Public Health Foundations that support cancer initiatives</p>

<p>HEALTH PROBLEM</p> <ul style="list-style-type: none"> • OBESITY 	<p>OUTCOME OBJECTIVE</p> <p>Healthy People 2020 objectives for obesity are used because obesity data for the East Side Health District service area was not available. By 2017, reduce the proportion of persons aged 20 and over who are obese to 30% and children and adolescents aged 2 to 19 who are obese to 15% as well as prevent inappropriate weight gain in youth and adults</p>
<p>RISK FACTOR(S)</p> <p>Behavioral Components Inadequate Nutrition High Blood Pressure (Hypertension) High LDL (Bad) Low HDL (Good)</p>	<p>IMPACT OBJECTIVE(S)</p> <p>Healthy People 2020 objectives for obesity are used because obesity data for the East Side Health District service area was not available. By 2014, reduce the proportion of person aged 20 and over who are obese to 40% and children and adolescents aged 2 to 19 who are obese to 25% as well as , and adults who are considered obese and the prevent inappropriate weight gain in youth and adults. Promote physical fitness programs in schools, nutrition education, famers market, gardening efforts and eating habits.</p>
<p>CONTRIBUTING FACTORS</p> <p>DIRECT</p> <p>Lack of Nutritious Food Choices Lack of Physical Activity Food Deserts Proper Food Preparation Smoking</p> <p>INDIRECT</p> <p>Prices Transportation ie Interstate Traffic Safe Parks and Recreation Facilities Corner Stores Access to Transportation Not knowing how to cook Cultural aspects of food Not familiar of Fruits and Vegetables</p>	<p>INTERVENTION STRATEGIES</p> <p>Clinical Recommendations</p> <p>Screening for obesity in adults, children, and adolescents</p> <p>Community Interventions</p> <p>Obesity prevention and control interventions in community and worksite settings via nutrition and physical activity programs. Reduce screen time through behavioral interventions.</p> <p>Consumer Information</p> <p>Healthy snack/meal preparation education, healthy shopping, and access to fruits and vegetables via the community garden</p>
<p>COMMUNITY STAKEHOLDERS & RESOURCES</p> <p>East Side Health District Arthur M. Jackson Jr. M.D. Health Care Foundation (AMJHCF) Illinois Department of Natural Resources Illinois Department of Transportation Illinois Department of Agriculture Get Up and Go Green Partnership</p>	<p>BARRIERS TO BE ADDRESSED</p> <p>Funding for proposed programs Obtaining East Side Health District service area specific data on obesity</p>

<p>Park District Metro East Park and Recreation District (MEPRD) Southern Illinois Healthcare Foundation School Districts' Illinois Department of Public Health Centers for Disease Control and Prevention Local Community Outreach Organizations Local Radio and TV Stations Faith Based Community</p>	
<p>Description of the health problem, risk factors and contributing factors Healthy People 2020 suggest 34.0 percent of persons aged 20 years and over and 16.2 percent of children and adolescents aged 2 to 19 years were considered obese in 2005-08. Specific East Side Health District service area obesity data were not readily available. Risk factors for obesity are: behavioral components and inadequate nutrition. The direct contributing factors of obesity are: lack of nutritious food choices, lack of physical activity, food deserts, and proper food preparation. The indirect contributing factors of obesity are: prices, transportation ie. interstate traffic, safe parks and recreation facilities, corner stores, access to transportation, not knowing how to cook, cultural aspects of food, and not familiar with fruits and vegetables</p>	
<p>Related Healthy People 2020 Objectives NWS-1: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals NWS-2: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals NWS-4: Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans NWS-8: Increase the proportion of adults who are at a healthy weight NWS-9: Reduce the proportion of adults who are obese NWS-10: Reduce the proportion of children and adolescents who are considered obese NWS-11: Prevent inappropriate weight gain in youth and adults NWS-14: Increase the contribution of fruits to the diets of population ages 2 years and older NWS-15: Increase the variety and contribution of vegetables to the diets of the population age 2 years and older NWS-16: Increase the contribution of whole grains to the diets of the population aged 2 years and older PA-15: Increase policies for the built environment that enhance access to and availability of physical activity opportunities – community-scale and street-scale policies</p>	
<p>Corrective actions to reduce the level of the indirect contributing factors Identify and promote safe parks and recreational facilities for physical activity among the community residents. Use the F.R.E.S.H. Community Teaching Garden as a venue to promote fresh produce, healthy food preparation, and address cultural aspects of healthy eating. Encourage knowledge of family medical history through community and faith based organizations. The indirect contributing factors of obesity are: prices, transportation ie. interstate traffic, safe parks and recreation facilities, corner stores, access to transportation, not knowing how to cook, cultural aspects of food, and not familiar with fruits and vegetables</p> <p>Clinical Recommendations Screening for obesity in adults, children, and adolescents.</p> <p>Community Interventions Obesity prevention and control interventions in community and worksite settings via nutrition and physical activity programs. Reduce screen time through behavioral interventions.</p> <p>Consumer Information</p>	

Healthy snack/meal preparation education, healthy shopping, and access to fruits and vegetables via the community garden.

Proposed community organizations to provide and coordinate the activities

East Side Health District, Arthur M. Jackson Jr. M.D. Health Care Foundation (AMJHCF), Illinois Department of Natural Resources, Illinois Department of Transportation, Illinois Department of Agriculture, Get Up and Go, Green Partnership, Park District, School Districts, and Metro East Park and Recreation District (MEPRD), Southern Illinois Healthcare Foundation, Illinois Department of Public Health, Centers for Disease Control and Prevention, Local Community Outreach Organizations, Local Radio and TV Stations, and Faith Based Community

Evaluation plan to measure progress towards reaching objectives

Establish surveillance and reporting system to compile and distribute data on obesity in the East Side Health District service area. Establish a comprehensive evaluation plan of clinical recommendations, community interventions, and consumer information that includes community support to reduce obesity.

Anticipated sources of funding and/or in kind support

East Side Health District, Arthur M. Jackson Jr. M.D. Health Care Foundation (AMJHCF), Illinois Department of Natural Resources, Illinois Department of Transportation, Illinois Department of Agriculture, Get Up and Go, and Green Partnership

<p>HEALTH PROBLEM</p> <p>• ENVIRONMENT</p>	<p>OUTCOME OBJECTIVE</p> <p>Air By 2017, improve air quality by having 50% of schools participate in the no idle zones at schools program, decrease illegal burning, promotion of the National Clean Diesel Campaign and reducing indoor tobacco smoke.</p> <p>Sewer By 2017 improve existing public sewer service to East Side Health District citizens and make public sanitary sewer service available to 50% of residents of Black and Level Streets between Forest Blvd. and Bunkum Road.</p> <p>Built By 2017 reduce the dumping of illegal tires in the East Side Health District service area by 75%, reduce EBLL cases >5mcg/dL to 5% of population 6months to 7 years of age, increase inaccessibility of derelict structures by 25% while increasing the number of sustainable and equitable housing, facilitate the opening of 5 additional community-run gardens</p>
<p>RISK FACTOR(S)</p> <p>Crime Built/Infrastructure Air/Water Lack of Policy/Code Enforcement Nutrition</p>	<p>IMPACT OBJECTIVES(S)</p> <p>Air By 2014 establish coalition of community members and stakeholder agencies to examine existing laws and programs and improve/create new objectives to meet 2017 outcomes for illegal burning, increase the number of multi unit housing tenants that choose to become smoke-free discontinue smoking in homes, 25% of schools participate in the no idle zone program.</p> <p>Sewer Create action plan with community stakeholders and the City of East St. Louis to improve public sewer service, make public sanitary sewer service available to 25% of residents of Black and Level Streets between Forest Blvd. and Bunkum Road.</p> <p>Built By 2014 reduce illegal tire dumping by 50%, reduce EBLL's >10mcg/dl to 1% of population 6 months to 7 years, transition all lead case management cases to healthy housing cases, educate and teach residents and community groups on how to grow vegetables and eat healthy, create</p>

	2 new community run gardens, actively participate in coalition that increases the number of sustainable and equitable housing and decreasing the number of dwellings that are hazards to individuals, families and community wellness.
<p>CONTRIBUTING FACTORS</p> <p>DIRECT</p> <p>Poverty Violence Illegal Drug Activity Inadequate Sanitation and Sewer Vacant Houses- Outmigration Substandard Housing Stock Abandoned and Vacant Homes Industry Abandoned Tires Geographic Location Food Deserts</p> <p>INDIRECT</p> <p>Lack of Jobs Unemployment High School Dropouts/Education Lack of Security and Police Protection Drug Associated Domestic Violence Unemployment Socio-Economic Status Lack of Enforcement Lack of Funding Lack of Policy Lack of Advocacy Drug use safety, Crimes, and Slum Lords West Nile Lack of Grocery Stores Abundance of Corner Stores</p>	<p>INTERVENTION STRATEGIES</p> <p>Clinical Recommendation Screening for lead poisoning and asthma in children < 7 years old, healthy housing case management guidelines per HUD/CDC/National Center for Human Health. Educate and improve the knowledge of lead based paint hazards and prevention methods.</p> <p>Community Recommendations Policy development, enforcement of regulations, community partnerships, collaboration, and advocacy, marketing strategies promoting access to healthy foods, community gardens, pursuit of sustainable environmental health program funding, provide staff training on community health issues.</p> <p>Consumer Information Health effects of environmental toxins, standing water, connection between built environment and public health</p>
<p>COMMUNITY STAKEHOLDERS & RESOURCES</p> <p>Illinois Department of Public Health Environmental Protection Agency Illinois Environmental Protection Agency University of Illinois at Urbana-Champaign, Metro East Citizens Air Project, Action Research, Illinois</p>	<p>BARRIERS TO BE ADDRESSED</p> <p>Funding for proposed programs Staffing to facilitate programs Cooperation to identify and address substandard housing stock via lead based paint</p>
<p>Description of the health problem, risk factors and contributing factors The EPA, IEPA, and the University of Illinois at Urbana-Champaign, Metro East Citizens Air Project,</p>	

Action Research, Illinois have compiled extensive data on environmental health in the East Side Health District service area. The East Side Health District service area has been home to a number large of industrial sites; many of which have closed and several sites have posed environmental threats to the community. **Air quality** (CO, Lead, NOX, PM, PM10, PM2.5, SO2, and VOM) **of 9 industrial facilities** (Afton Chemical Corporation, Solutia, Inc. (W.G. Krummrich Plant), Rockwood Pigments NA, Inc., Big River Zinc Corporation, Milam Recycling & Disposal Facility, Cerro Flow Products, LLC, Joint American Bottoms & Sauget Treatment Facility, Conoco Phillips Pipe Line Company, and Environmental Management Corp.) in the area have been compiled in a report by the Metro East Citizens Air Project. The Illinois Environmental Protection Agency produces annual air quality reports that specify Air Monitoring at site ID 171630010 in **East St. Louis 13th & Tudor RAPS Trailer** Geographical Coordinates (Latitude +38.61203448, Longitude -90.16047663). An older (prior to 1978), dilapidated housing stock presents **health risks** for children associated with substandard housing. East St. Louis' location along a major highway transportation route where three major interstates converge makes it vulnerable for **mobile source** hazards which increase carbon monoxide levels and particulates around the highways where many residential homes and schools are located. Due to lack of enforcement many people from around the metro east come to East St. Louis to dump tires illegally. These tires are a breeding ground for mosquitoes that carry West Nile virus and St. Louis Encephalitis as well as a risk for fire which produces a noxious smoke. **Risk factors** for environmental health are: crime, built/infrastructure, air/water, lack of policy/code enforcement, and Nutrition. The **direct contributing factors** of environmental health are: poverty, violence, illegal drug activity, inadequate sanitation and sewer, vacant houses- outmigration, substandard housing stock, abandoned and vacant homes, industry, abandoned tires, geographic location, and food deserts. The **indirect contributing factors** of environmental health are: lack of jobs, unemployment, high school dropouts/education, lack of security and police protection, drug association, domestic violence, unemployment, socio-economic status, lack of enforcement, lack of funding, lack of policy, lack of advocacy, drug use safety, crimes, slum lords, West Nile, lack of grocery stores, and abundance of corner stores.

Related Healthy People 2020 Objectives

EH-1: Reduce the number of days the Air Quality Index (AQI) exceeds 100

EH-2: Increase use of alternative modes of transportation for work

EH-3: Reduce air toxic emissions to decrease the risk of adverse health effects caused by airborne toxics

EH-8: Reduce blood lead levels in children

EH-9: Minimize the risk to human health and the environment posed by hazardous sites

EH-11: Reduce the amount of toxic pollutants released into the environment

EH-12: Increase recycling of municipal solid waste

EH-13: Reduce indoor allergen levels

EH-14: Increase the number of homes with an operating radon mitigation system for persons living in homes at risk for radon exposure

EH-17: Increase the proportion of persons living in pre-1978 housing that has been tested for the presence of lead-based paint or related hazards

EH-18: Reduce the number of U.S. homes that are found to have lead-based paint or related hazards

EH-19: Reduce the proportion of occupied housing units that have moderate or severe physical problems

IVP- 1: Reduce fatal and nonfatal injuries

IVP-2: Reduce fatal and nonfatal traumatic brain injuries

IVP-9: Prevent an increase in the rate of poisoning deaths

IVP-10: Prevent an increase in the rate of nonfatal poisonings

- IVP-11:** Reduce unintentional injury deaths
IVP-12: Reduce nonfatal unintentional injuries
IVP-28: Reduce residential fire deaths
IVP-29: Reduce homicides
IVP-30: Reduce firearm-related deaths
IVP-31: Reduce nonfatal firearm-related injuries
IVP-32: Reduce nonfatal physical assault injuries
IVP-33: Reduce physical assaults
IVP-37: Reduce child maltreatment deaths
IVP-38: Reduce nonfatal child maltreatment
IVP-39: Reduce violence by current or former intimate partners
IVP-40: Reduce sexual violence
IVP-42: Reduce children's exposure to violence
RD-1: Reduce asthma deaths
RD-2: Reduce hospitalizations for asthma
RD-3: Reduce hospital emergency department visits for asthma
RD-4: Reduce activity limitations among persons with current asthma
RD-5: Reduce the proportion of persons with asthma who miss school or work days
RD-6: Increase the proportion of persons with current asthma who receive formal patient education
RD-7: Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines
MHMD-6: Increase the proportion of children with mental health problems who receive treatment
MHMD-9: Increase the proportion of adults with mental health disorders who receive treatment
MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
NWS-13: Reduce household food insecurity and in doing so reduce hunger
NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older
NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older
NWS-16: Increase the contribution of whole grains to the diets of the population aged 2 years and older
NWS-17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older
NWS-18: Reduce consumption of saturated fat in the population aged 2 years and older
NWS-19: Reduce consumption of sodium in the population aged 2 years and older
NWS-20: Increase consumption of calcium in the population aged 2 years and older
NWS-21: Reduce iron deficiency among young children and females of childbearing age
Social Determinants of Health topic, however this topic has no specific objectives to date

Corrective actions to reduce the level of the indirect contributing factors

Continue community and consumer education about lead risk assessments for home built before 1978 as well as increased lead testing for children. Educate community and consumers on allergies and asthma. Work with neighborhood associations to respond to environmental inquires.

Proposed community organizations to provide and coordinate the activities

East Side Health District, Illinois Department of Public Health, Environmental Protection Agency
 Illinois Environmental Protection Agency, and University of Illinois at Urbana-Champaign, Metro East
 Citizens Air Project, Action Research, Illinois

Evaluation plan to measure progress towards reaching objectives

Foster and strengthen relationships with the Environmental Protection Agency, Illinois Environmental Protection Agency, and the University of Illinois at Urbana-Champaign, Metro East Citizens Air Project, Action Research, Illinois to monitor and distribute environmental health data, particularly lead, air quality, and allergy/asthma related data. Establish a comprehensive evaluation plan of community interventions and consumer information that includes community support to improve environmental health.

Anticipated sources of funding and/or in kind support

Illinois Department of Public Health

Environmental Protection Agency

Illinois Environmental Protection Agency

University of Illinois at Urbana-Champaign, Metro East Citizens Air Project, Action Research, Illinois