

East Side Health District



Health Priority Areas 2017-2022:

ENVIRONMENT

SEXUALLY TRANSMITTED INFECTIONS

HIV/AIDS

OBESITY

CANCER

For
Illinois Department of Public Health
Springfield, IL

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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 12/2017 to 12/2022

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, Elizabeth Patton-Whiteside, **IPLAN Coordinator** if you have questions or additional requirements pursuant to this recertification. (Elizabeth Patton-Whiteside 618-271-8722 Ext 102 email: epatton-whiteside@eshd.org)

Sincerely,

Elizabeth Patton-Whiteside
Public Health Administrator

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 2017-2022 IPLAN. It is our hope that the 2017-2022 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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Illinois Department of Public Health

Regional Health Officer

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University of Illinois, Urbana-Champaign

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Executive Summary

Background

The East Side Health District (ESHD) services a unique population within St. Clair County, Illinois that includes 4 townships: East St. Louis Township, Canteen Township, Centreville Township, and Stites 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 2016-2017 was **57,297** according to <https://suburbanstats.org>. East Side Health District offers a comprehensive array of services to the residents of its jurisdiction. The 2017 *County Health Rankings & Roadmaps Building a Culture of Health, County by County* ranks St. Clair County **93** out of 102 counties in Illinois for **Health Outcomes** and **93** 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 2012– 2016 there were a total of **1,339** births in the service area. From 2013-2016 the percentage of teen birth rates ranged from a high of 52% in 2013 to 45% in 2016. There were a total of **2,549 deaths** in 2012 and 2016. In St. Clair County the top two chronic disease and cancer causes of death from 2012-2016 were diseases of the heart and malignant neoplasms. Diseases of the heart had a total number of 2,185 deaths from 2012-2015. The highest amount of deaths occurred in 2013 with 558 deaths for diseases of the heart. Malignant neoplasms had a total number of 2,284 deaths from 2012-2015.

According to the IDPH STD Section, August 2017, the Chlamydia rate in the East Side Health District jurisdictional area (1,019) is **approximately 2.5 times greater** than the Chlamydia rate of the United States (478.8) in 2015; East Side Health District had **64%** of the Gonorrhea **442 cases** in St. Clair County, Illinois in 2015; the Gonorrhea rate in the East Side Health District area (442) was **approximately 4 times greater** than the rate in the United States (123.9) in 2015; and, the Syphilis rate in the East Side Health District area was more than **2 times greater** than the rate in St. Clair County (12.0) in 2014.

There are also environmental impacts of air pollutants in the East Side Health District area from stationary industrial and mobile sources. There continues to be a number of brownfields and superfunds in the area. With a total of 21 census tracts in the area nearly half are food deserts. While a number of recreation and park amenities have been identified in the area, maintenance and care continue to be 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. Among all the areas, East St. Louis had the greatest number of murders, which was **86**, and a total of 763 robberies from 2012-2016.

The IPLAN 2017-2022 was completed between September 2016-August 2017 to assess the community needs and establish health priorities for the 5 year planning period. Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages. Thereby, causing the 2012-2017 IPLAN priority areas to continue for the 2017-2022 IPLAN.

Methods of Community Participation

Input Sessions

Several community members representing a variety of business/civic organizations and neighborhoods from the East Side Health District service area participated in community input sessions during the months of January through August of 2017. Due to the staffing reduction and fiscal crisis caused by the lack of a State budget for several years, various measures were instituted to complete the IPLAN. ESHD belongs to several organizations that cross the broad spectrum of community leadership and citizenry. The knowledge gained from these associations and meetings formed the core basis of the priorities for the 2017-2022 IPLAN.

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. A total of 719 surveys were collected.

Results

Input Sessions

The top 10 ranked health concerns that were derived from the input sessions/community surveys included: community, environmental (crime), 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 results from the community surveys continues to 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 continue to:

- (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. The 6 individual rankings were further compiled into one list to establish the health priorities for 2017-2022.

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

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 2017-2022 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 2017-2022 IPLAN covering East Side Health District’s jurisdictions. (East St. Louis Township, Centreville Township, Canteen Township, and Stites Township) stipulating the following health priorities:

- ENVIRONMENT (Housing/Violence/Crime)
- SEXUALLY TRANSMITTED INFECTIONS
- HIV/AIDS
- OBESITY
- CANCER

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 _____

Alvin Parks, Board Member _____

Norman Miller, Board Member _____

Curtis McCall, Board Member _____

SEAL

Timeline

TIMEFRAME

STEPS TO PROCESS

December 2016

Develop I-Plan Strategy and Implementation Process
 Strategic Plan – Interviews with ESHD Senior Staff, reviewed mission, vision, and guiding principles, and survey Program
 June 2017 Finalize Strategic goals, objectives, and priorities Managers.
 Strategic Plan – SWOT analysis and finalize external trends, events, or factors that impact community health or ESHD

January –August 2017

Community Participation – Input Sessions

February 2017

Inventory Community Health Resources

April – May 2017

Community Participation – Survey

May & August 2017

Analysis of Health Priorities and Health Data

May 2017 – June 2017

Conduct Detailed Analysis of Community Health Problems

August 2017

Prioritize Community Health Priorities
 Develop Community Health Plan

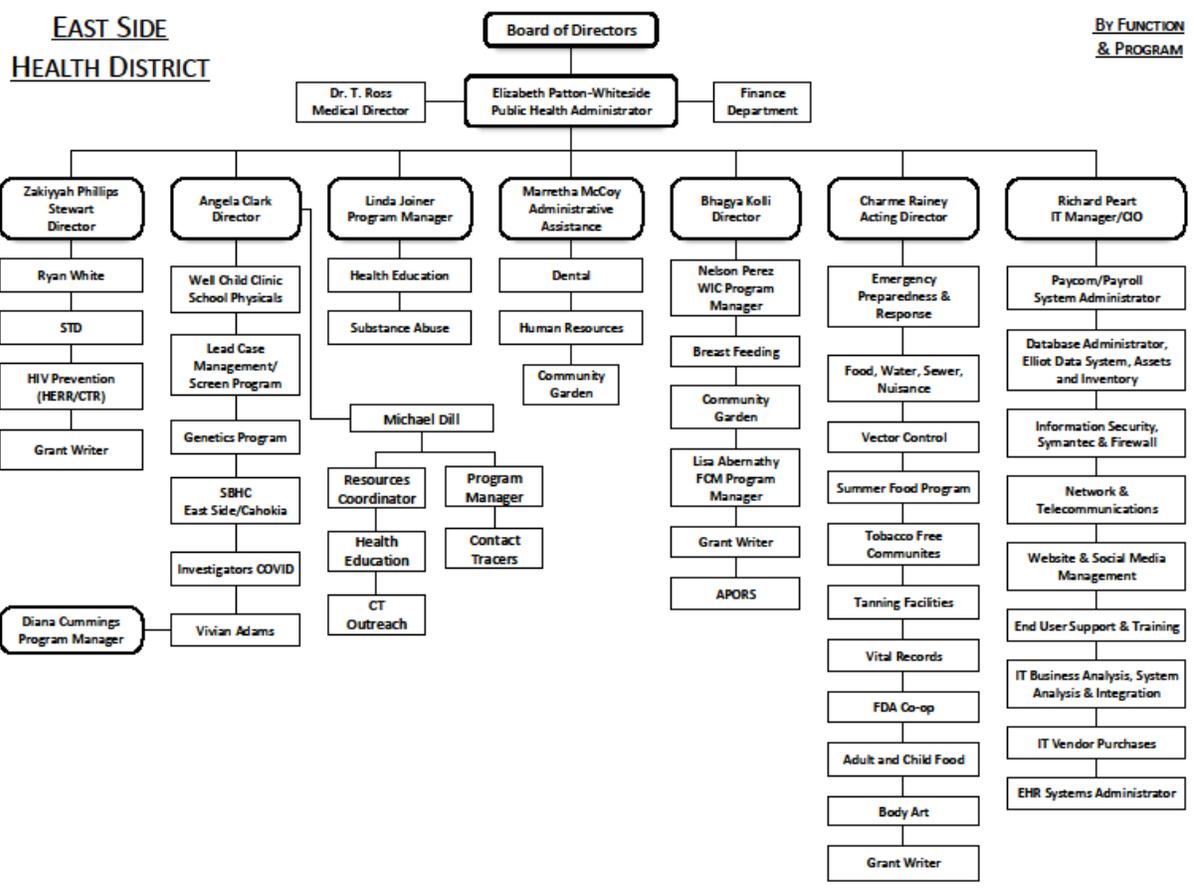
September 2017

ESHG Strategic Plan Complete

October 2017

Adopted by the Board of Health
 Submit Recertification Application

ORGANIZATIONAL CHART



Revised June 06, 2022

Organizational Overview Self Assessing Organizational Capacity

SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN INFANTS & CHILDREN

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

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 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 Breast Feeding 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.

	2012	2013	2014	2015	2016
Clients Certified	7548	7425	3757	5268	4896
Food Instruments Issued	47823	43920	45624	42504	37800
Clients Receiving Group/ Individual Sessions	4923	10056	9852	9768	9828
Internet Education	246	65	45	29	15

COMMUNITY PARTNERSHIPS PROGRAM

The U.S. Centers for Disease Control recently paid for a grant through the National WIC Association to improve access to healthy foods and increase opportunities for disease prevention in the East St. Louis area. East Side Health District is one of 17 agencies nationwide participating in the development and implementation of community-driven plans to reduce and prevent chronic disease in high-risk areas.

As part of the Community Partnerships for Healthy Mothers and Children Grant project, each awardee, with help from their coalition, will conduct a community health needs assessment. This assessment will ultimately be translated into a community action plan. ESHD has a long history of collaborating with various organizations to provide interventions to improve health and wellness in East St. Louis. As nutrition experts, this puts East Side Health District in a great position to play a leadership role.

One of the project's nutrition goals is to help all residents raise their level of awareness that their diets are linked directly to their overall health. The target population for this project include women, infants and children. It is important that the community is aware of this nationwide health crisis and know that the National WIC Association, CDC and East Side Health District care about the health outcomes in East St. Louis.

ILLINOIS WIC/SR FARMER'S MARKET NUTRITION PROGRAM (FMNP)

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

- Provide WIC/SR participants with a chance to improve their health by eating tasty and nutritious fresh fruits and vegetables
- Introduce WIC/SR 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), seniors and the public. ESHD hosts the Farmer's market at the main clinic located at 638 N. 20th Street East St. Louis, IL.

LINK UP ILLINOIS

East Side Health District participates in the LINK UP Illinois program that supports farmers markets to increase access for Supplemental Nutrition Assistance Program (SNAP) participants to healthy foods. This is achieved through the SNAP Support and Link Match Program that allows EBT usage at local farmers markets.

2012				
WIC Vouchers	Received	Issued	Redeemed	Value
Time Frame- June	825	825	663	\$1,989
Full Season				
Senior Vouchers	Received	Issued	Redeemed	Value
Time Frame- June	725	725	689	\$14,469
2013				
WIC Vouchers			Redeemed	Value
Time Frame- June			384	\$1,989
Full Season	-	-	-	-
Senior Vouchers	Received	Issued	Redeemed	Value
Time Frame- June	725	725	1692	\$14,469
CUP Vouchers			374	
Cash/Credit/Debit Transaction			\$2,475.09	
LINK Transaction			\$ 594.50	
LINK Double Up Transaction			\$ 268.00	

2014	
WIC Vouchers Redeemed	\$794.00
Senior Vouchers Redeemed	\$1525.00
CUP Vouchers Redeemed	\$315.00
Cash/Credit/ Debit	\$2096.05
LINK Transaction	\$123.75
2015	

WIC Vouchers Redeemed	\$2828.00
Senior Vouchers Redeemed	\$1525.00
CUP Vouchers Redeemed	\$315.00
SNAP/LINK Transactions	\$696.00
Double Value Link Program	\$737.00
Average Number of Vendors	2
Average Daily Attendance	100
Average Season Total Attendance	2,896
2016	
WIC Vouchers Redeemed	\$1,865.00
Senior Vouchers Redeemed	\$3,310.00
Fresh Bucks	\$435.00
SNAP/LINK Transactions	\$424.00
Double Value Link Program	\$373.00
Average Number of Vendors	2
Average Daily Attendance	100
Average Season Total Attendance	2896

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

(Due to the decreased funding by the State of Illinois programs were halted and/or significantly reduced due to staffing shortages.)

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. 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.

The grand opening was held on May 18, 2012. It is a distinguished First Lady Obama, Let’s Move Garden; a USDA People’s Initiative Garden and winner of the 2012 Illinois Governor’s Home Town Award. Due to the hard work of the citizens and students, the teaching garden currently consists of 28 community beds, three herb gardens, numerous fruit trees, ¼ acre row crop planting, three grape trellises, miniature berry patch, children’s garden, children’s play area, walking trail, three compost demonstration sites, twenty tire plant containers, fifteen ironing board tables, five benches, a miniature green house, a 14x20 pavilion and an expansive flower garden at the entrance to the Community Teaching Garden. Classes are held throughout the summer on various gardening techniques. It is open to the public Monday – Saturday from March through October every year.

LOVING SUPPORT PEER COUNSELOR PROGRAM

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

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 increased from 35% initially to 62% in 2017.

FAMILY CASE MANAGEMENT

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

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.

Health works is an interim medical Case Management Program that provides case management to Department of Children and Family Services wards. Health works 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.

		2012	2013	2014	2015	2016
DCFS	Children	61	85	75	102	49
	Enrolled					

Better Birth Outcomes	217	244	252	252	-
Pregnant Women & Infants	1465	1222	1278	1829	1164
APORS	87	89	53	144	72
Home Visits	120	188	176	192	17
Screening Development	804	550	651	1039	686
Screening Perinatal				1278	1102

HEALTH EDUCATION

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

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. Over the past ten years ESHD staff have offered a variety of programs and services but due to the fiscal crisis of the State of Illinois, funding cut backs necessitated focusing on the issues facing our middle school and high school age children to offset the high rate of these issues in the future of our community.

The program currently offered is Substance Abuse Prevention (SAP). SAP has been able to provide over twelve (12) years of successful preventative health education to the schools in East St. Louis School District 189. Curriculums are currently in both middle schools, Lincoln and Mason Clark. The Botvin's curriculum is an evidence based curriculum that promotes health and personal development of its participants as well as promoting a healthy lifestyle without drugs and violence. Since 2005 the health education department has worked diligently with the E. St. Louis Police Department to provide compliance checks with the local establishments in an attempt to identify places that serve alcohol and tobacco to youth. The health education department has hosted a variety of city-wide talent shows in which students performed spoken work, songs, and other oral art forms about remaining drug free. The department also participates in the Red Ribbon Rally and many other community events to inform children of the dangers of drugs and alcohol and to encourage them to live drug and alcohol free lifestyles. A communication campaign focused on underage drinking was created at the high school level in past years. For the first time since implementation of the program, the middle school children

will be conducting their own communication campaign this upcoming school year. 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 ESHD offers.

Previously the Prostate Cancer Awareness Program provided screenings for 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. Due to the lack of funding we no longer provide screenings for elevated PSA levels but we continue to offer educational information regarding prostate cancer.

	2012	2013	2014	2015
PSA Screenings	200	40	156	108
Prostate & Testicular Cancer Education and Awareness Program	596	305	1165	3258
Illinois Prostate Cancer Communities of Color Initiative	596	305	No Longer Received	No Longer Received

SUBSTANCE ABUSE PREVENTION

(Due to the decreased funding by the State of Illinois programs were halted and/or significantly reduced due to staffing shortages.)

	2012	2013	2014	2015	2016
Students Served	1254	800	800	800	800
Health Festival Participants	1200	1103	900	Not recorded	Not recorded
Community Organizations/Agencies	100	65	0	0	0

SEXUALLY TRANSMITTED INFECTIONS (STI)

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

ESHG has a STI clinic that provides confidential services, 5 days a week with express hours, to individuals who either suspect/have a STI or who have had contact with an infected person. The

clinic offers diagnosis, treatment, education, and condoms. Services were decreased due to funding shortages causing staffing reductions.

Test Performed	2012	2013	2014	2015	2016
Chlamydia	1792	1887	1875	1675	1571
Herpes Culture	79	23	16	0	Discontinued
Hepatitis A Vaccine	110	213	182	Discontinued	Discontinued
Hepatitis B Vaccine	363	140	48	Discontinued	Discontinued
Gonorrhea	1792	1887	1875	1675	1571
Syphilis	2017	1934	1773	1675	1554

HIV HEALTH EDUCATION/RISK REDUCTION

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

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 STI'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+ client's partners. The outreach staff provides capacity building to organizations, clinics, drug recovery centers, low income housing developments, motels, beauty shops, barbershops, 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, Orr Weathers, Norman E. Owens, John Robinson and Greystone low income housing projects. Brooklyn Book Store, Larry Flynt's Hustler Club, beauty and barbershops, PT's strip club, motels, local grocery stores, drop-in centers, homeless shelters, Flying J's truck stop, Lessie Bates Davis Neighborhood House, Emerson Park Development Corporation and local strolls.

HUMAN IMMUNODEFICIENCY VIRUS /ACQUIRED IMMUNODEFICIENCY SYNDROME

(Due to the decreased funding by the State of Illinois programs were halted and/or significantly reduced due to staffing shortages.)

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.

	2012	2013	2014	2015	2016
HIV Counseling & Testing Encounters	1438	1682	920	920	222
Respect Risk Reduction Counseling			2500	2500	71
Client's Case Managed	125	120	123	118	119
Program Contacts	1677	943	870	1371	2220

PARTNER COUNSELING & REFERRAL (PCR) SERVICES

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

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 as bars and clubs at non-traditional hours to reach clients that may otherwise be difficult to reach.

NURSING DIVISION

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

Immunizations:

The Immunization clinic provides immunizations for infants/children ages 2 months through 18 years. Some adult vaccines are also provided. TB testing is offered at nominal fee to children and adults. We do daycare, school, sports and work physicals for all ages. Children can get tested for lead poisoning. On Fridays, we have “Get Fit Fridays” where blood pressure, BMI, height and weight are done on a walk-in basis. Some services require appointments and a fee may be required. No child will be denied immunizations for inability to pay.

LEAD Program

Children 6 months of age through the age of six can be screened for lead poisoning. If a child is identified with an elevated level, we then provide medical case management, education and home inspection. The program provides community education on lead poisoning.

Communicable Disease

The program investigates all cases in our jurisdiction as reported by MD, lab and hospital per IDPH guidelines. Prevention education and specific diagnostic services are provided. The program manages outbreaks and responds to any public health threat.

Genetics

Follow up is provided for infants that had an abnormal newborn screening test or abnormal hearing test results per IDPH guidelines. A registered nurse also follows all reported SIDS cases. Clients fill out a genetic screening tool at clinic service and any positive indicators are addressed and education/referral is provided. Community education on inherited conditions is offered.

SCHOOL BASE HEALTH CENTERS (3)

Vivian Adams Pre School clinic- provides immunizations, school physicals and treatment of minor illnesses for students enrolled in District 189 only. Services are free. Must prove enrollment in district. Cahokia and East Side School Based clinics provide physicals, immunizations, STD testing and treatment of minor illness.

All three centers provide student health education.

	2012	2013	2014	2015	2016
Hepatitis A	-	-	-		
Hepatitis B	11	7	-	11	19
Hepatitis C	58	50	71	71	61
Meningitis	-	-		-	
Yersubua	-	-	-	-	
Salmonellosis	2	6	37	7	8
Shigellosis	1	1		37	
Strep Pneumonia	1	4	-		
West Nile Virus 1	-	-	-	1	
Campylobacteriosis	-	-	-	-	1
Varicella (Chicken pox)	-	-	-	-	1
West Nile Fever				2	
Giardiasis	0	-	-	-	
Legionellosis	-	1	-	-	
Haemphilus Influenza, Invasive	1	1	-	-	1
MRSA Infant <61 days old	-	2	-	-	
Group A Strep	-	2	-	-	
Shiga-toxin producing E. coli	-	1	-	-	1
Vibriosis (non cholera)	-	1	-	-	
Cryptosporidiosis	-	-	-	-	1
Histoplasmosis	-	-	-	-	
Pertussis	1	2	1	2	
Potential Human Rabies Exposure	-	1	-	-	
Strp TSS W/Nec. Fascitis	-	-	-	-	
Ecoli 0157 H7	-	1	-	-	
Listeria	-	-	-	-	
Lyme Disease	1	1	-	-	
Legionnaires Disease	-	-	1	6	6
MRSA Community Cluster Case	-	-	2	-	
Mumps	-	-	1	-	

Strep Invasive Group A	-	-	1	1	
Spotted Fever Rickettsioses	-	-	1	1	
Psittacosis	-	-	-	2	
Staph aureus (VISA)	-	-	-	2	
Influenza w/ICU Admit	-	-	-	1	3

GENETICS

	2012	2013	2014	2015	2016
Family Referral/Follow up		142	231	86	50
Screening Tools Completed		754	860	522	781
Positive Indicators		539	557	225	285

IMMUNIZATIONS

Service	2012	2013	2014	2015	2016
Ages 0-2	280	275	312	225	163
Ages 3-18	802	1763	1240	663	443
Ages 19 & Older	560	460	560	486	463
TB Tests	920	674	665	525	578
School Physicals	480	520	505	402	435
H1N1 Vaccines	-	-	-	-	-

LEAD PROGRAM

	2012	2013	2014	2015	2016
Clients Screened for Lead	2311	1913	2180	1228	1465
Number Elevated	53	34	39	18	14

(10 and above)					
Environmental Inspections	10	2	8	4	4

SCHOOL BASED CLINICS

	2012	2013	2014	2015	2016
East St. Louis High School					
Physical Exams	280	277	463	184	230
Sports Physicals	360	225	352		230
Complaints of Illness	280	226	280	92	76
Accidental Injuries	-	-	-	-	
Behavioral Health	32		55	17	
Cahokia High School					
Physical Exams	156	392	171	171	249
Sports Physicals	214	429	262	-	249
Complaints of Illness	508	489	326	117	73
Accidental Injures	-		-	-	
Behavioral Health	15	25	91	20	
Vivian Adams					
Physical Exams	292	315	291	272	239
Sick Visits	298	184	135	111	186

BREAST AND CERVICAL CANCER PROGRAM

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

The Breast and Cervical Cancer program provided 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. Due to funding cuts, the Breast and Cervical Cancer Program was discontinued in 2015.

	2012	2013	2014	2015	2016
New patients	47	36	23	12	N/A
Established Patients	155	136	75	43	N/A
Pap Test	98	61	27	23	N/A
Clinical Breast Exams	184	151	66	48	N/A

VITAL RECORDS

The Vital Records Program at East Side Health District is an important resource to the citizens of Canteen, Centreville, East St. Louis, and Stites township(s). East Side Health District is a local registrar of death and births and is a 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 an internet connection. The 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 within the East Side Health District service area, as well as Fairview Heights, Caseyville, and Dupou. Death and birth certificates are available (to authorized persons) for a fee. The State of Illinois, Department of Vital Records, determines the eligibility criteria of persons who may obtain birth and death certificates.

	2012	2013	2014	2015	2016
Deaths	537	502	519	520	471
Births	294	282	291	259	213

- **2016 date is preliminary; not confirmed**

DENTAL HEALTH PROGRAM

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

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.

	2012	2013	2014	2015	2016
Number of Clinic Exams & Prophylaxes	436	235	286	152	0
Clinic Fluoride Treatments	222	168	178	154	0
Number of Clinic Prophylaxes	-	-	206	199	0
Number of Clinic Sealants	-	-	356	348	0
Number of Clinic Sealants Patients	-	-	84	70	0
Number of School	945	685	698	654	429

Exams & Prophylaxes					
School Fluoride Treatments	918	627	489	399	129
Number of School Sealants	1025	1248	1360	1380	816
Number of School Sealant Patients	250	358	407	415	254

ENVIRONMENTAL HEALTH PROGRAM

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

The Environmental Health Division is comprised of multiple programs, encompassing a wide range of services and disciplines, which are both regulatory and educational in nature. The Environmental Health staff are required to complete continuing education courses to keep current with new technology and changing laws. Below is a brief overview of the Environmental Health programs offered by East Side Health District:

The Food Program is responsible for issuing Retail Food Service Establishment permits and inspecting food service facilities, including restaurants, schools, day-care centers, mobile vendors, bars, and temporary vendors. All Category I & II food service facilities are required to have at least one Food Service Sanitation Manager (FSSM), who holds a certificate from the Illinois Department of Public Health.. Food handlers are required to obtain a Hepatitis-A vaccination and complete a Food Handler training course in an effort to reduce the potential for disease transmission to the public. East Side Health District currently uses the Digital Health Department to document food inspections. The Digital Health program is web-based and allows for electronic record keeping and analysis. Temporary event vendors are required to attend a food safety education course provided by the District, if they do not have a FSSMC.

Food Program Standards works at achieving national uniformity among regulatory programs responsible for retail food protection in the United States. The topic has long been a subject of debate among industry, regulators and consumers. Adoption of the Food & Drug Administration (FDA) Food Code at the state, local and tribal level(s) 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, the 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.

	2012	2013	2014	2015	2016
Food Inspections	738	728	679	647	630
Summer Food Inspections	26	22	25	32	38

Private Sewage Systems Inspections	20	7	4	5	6
Temporary Food Establishment Training & Inspections	-	-	76	64	60
Well Inspections	4	3	120	19	10
Water Samples	11	12	37	18	15
Mosquito Batch Testing for WNV & SLE	113	64	80	51	43
Vector/Nuisance Inspections	20	16	37	55	17
Tobacco Cessation Education and Outreach Events	41	50	50	55	40
Body Art Inspection	-	1	-	-	-

The FDA Program Standards serve as a guide for regulatory, retail food program managers in the design and management of retail food programs. In addition, the framework provides a means of recognition for those programs that meet these Program Standards. Program managers 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 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

East Side Health District is currently receiving funding from the FDA to assist in implementing the FDA Food Code in its jurisdiction. The District currently meets two of the nine Program Standards.

The District responds to a variety of Nuisance complaints, which cover 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. Complaint resolution 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. Local churches, schools, and community-based organizations receive funding to provide breakfast and lunch to persons under the age of 18, when school is not in session. This program targets children who may not otherwise have access to a nutritional meal. East Side Health District inspects these summer food sites to ensure that the food being served is done so in a safe manner. The District also inspects food sites identified as part of the Child & Adult Care Program, which is similar in scope and function to the Summer Food Program.

The 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 the West Nile Virus (WNV). 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. Environmental Health staff apply larvicide to areas of standing water within its jurisdiction, potentially eliminating new mosquitoes while in the larval stage. During the 2015 and 2016 fiscal years, staff applied over 500 units of larvicide in the District's service area.

The Safe Drinking/Ground 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 water well.

Illinois Tobacco Free-Communities (ITFC) Program is responsible for the enforcement of the Smoke-Free Illinois Act (SFIA), 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 public’s knowledge of tobacco and its negative health effects. The ITFC staff routinely engage the community at medical provider clinics/offices, as well as during health fairs and community events.

EMERGENCY PREPAREDNESS PROGRAM

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

The East Side Health District (ESHD) Emergency Preparedness Program (EPP) is funded by the Illinois Department of Public Health (IDPH), with federal funding from the Centers for Disease Control (CDC). The ESHD EPP is involved in many activities that are designed to increase public health preparation and the response capabilities of the community, response partners, and the District itself. The ESHD staff members are trained in the Incident Command (IC) methodology, using web- based and classroom training. Staff members are required to take the courses based on the Incident Command job function(s) they may perform, per IDPH guidelines. The following narratives describe the various planning and response initiatives that ESHD have been involved in from 2012 -2016:

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 for East Side Health District to operationalize essential duties and tasks. To accomplish this task, East Side Health District has assembled a working “COOP” committee to create and update plans to ensure continuation of operations during emergency events. These events may include severe weather, earthquakes, flooding, and terrorist events. East Side Health District has equipment placed in off-site locations to allow for continued operations of essential services, during such an event. Generators, computers, and office supplies are available if needed, during an emergency. In addition, East Side Health District has off-site data back-up capabilities to allow for access to data in the case of a failure of the current computer server. These capabilities allow East Side Health District to connect to a virtual server from any location to retrieve and work with data.

The **Local Emergency Planning Committee (LEPC)** is made up of several response and planning partner organizations in St. Clair County, that include private business, volunteer 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 bi-monthly meetings and is involved in St. Clair County emergency preparedness and response planning. Planning topics include sheltering, Medical Reserve Corps, special needs populations, natural and man-made disasters, Strategic National Stockpile (SNS) planning, preparedness training, communications, 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 week-long power outage that affected the area. The system is tested annually by each health department.

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.

HOPE Coalition is comprised of regional Health Departments, Hospitals, Long Term Care Agencies and Emergency Medical Services (EMS). The coalition meets quarterly to discuss, develop and implement planning initiatives on a regional scale.

Emergency Preparedness Exercises are an important part of the preparedness program. East Side Health District is involved in the planning and execution of multiple local and regional emergency preparedness exercises, covering a range of topics, each year. These exercises are designed to test the ESHD emergency plans as well as response partners' plans and collaborative partnerships. 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.

ESHG conducts communication and staff notification drills on a quarterly basis. These drills measure the staff's response time for mobilization and accuracy of phone lists. In addition, communication drills test ESHD's ability to complete notifications using redundant communication and after- hours response capabilities. These drills are documented on required

forms and sent to IDPH. Quarterly alert drills are also required by IDPH and CDC when completing the CDC's Operational Readiness Review (ORR).

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. The State of Missouri Department of Health & Senior Services (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. These assessments assist with conducting 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>.

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.

IT MANAGEMENT

(Due to the decreased funding by the State of Illinois, programs were halted and/or significantly reduced due to staffing shortages.)

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 to perform tasks such as Word processing documents, spreadsheets, PowerPoint presentation, email and internet connections. The IT Administrator configures all computers purchased and connected to the network. Personal private 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. The IT Administrator can unlock the account should the individual put in the wrong password too many times and get locked out. The IT administrator can reset passwords and force the individuals to create a new password. The privacy, protection, and confidentiality of important information are held to the highest standard.

FIBER OPTICS

Fiber optics provide better transfer of voice and internet products. East Side Health District has installed and maintained fiber optics in the organization. The main advantages of fiber optics offered to the East Side Health District are the speed and reliability. The greater speed provides the District with the ability to increase productivity.

BACK-UP AND RECOVERY

Software Centre provides recovery of all data files and server function in the event of a disaster. All data files are backed up to a remote location which can be accessed with the proper login, should the need arise. In addition to the remote server, data is backed up locally for faster access to files (data) and other programs on a password protected server. If that need should arise, a virtual server can be established using the recovery location.

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.

**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 Administrator, and Management Team assembled on May 3, 2017 and August 2 & 23, 2017 to complete the self-assessment. Each

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

indicator was given a score by the health department administrators and a discussion with a rationale to support the score took place. 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.

Essential Public Health Service	ESH Capacity
<p align="center">Essential Service I</p> <p>Monitor health status and understand health issues facing the community</p>	3.8 Optimal
<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 	
<p>Comments:</p> <ul style="list-style-type: none"> • 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 – that is typically the role of IDPH. • The local health department has recognized that the community appreciates pictures instead of graphs and tables. • WIC/FCM program routinely collect data on health status of pregnant, postpartum, breastfeeding women and children under the age of 5. The data is entered into the state Cornerstone System and used for data analysis and sharing with community partners and to design programs to address the issues. 	
<p align="center">Essential Service II</p> <p>Diagnose and investigate health problems and health hazards in the community</p>	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 bio stats resources • Capacity for emergency communications and data exchange 	
<p>Comments:</p> <ul style="list-style-type: none"> • INEDSS reporting for LHD, labs, hospitals and providers for CD. • ESSENCE for syndromic surveillance. • ORS for outbreak reporting to IDPH/CDC, county, regional, state emergency response including St. Louis, Mo. • Numerous exercises and events demonstrated. • Communication –PIO • Unified command • The State health department has the responsibility to access available laboratory capacity when needed in response to an outbreak. 	

<p style="text-align: center;">Essential Service III Inform, educate, and empower people about health issues</p>	3.75 Optimal
<ul style="list-style-type: none"> • Develop and implement media strategies • General data and information exchange on issues affecting population health • Provide health information to individuals for behavior change • Health promotion programs for behavior and environmental/community change 	
<p>Comments:</p> <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 – Health fairs, newspaper, flyers, website, radio, television, monthly health observances and health awareness 	
<p style="text-align: center;">Essential Service IV Engaged the community partnerships to identify and solve health problems</p>	3.75 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 	
<p>Comments:</p> <ul style="list-style-type: none"> • ESHD employees belong to collaborating coalitions with community agencies, i.e., local pharmacies, hospitals, other LHDs, area providers, schools. • WIC/FCM/BFPC/STD programs are an integral part of many coalitions and community partnerships which work towards understanding health issues and what measures to employ to address the issue • ESHD is an active member of the Healthy Start Coalition, Make Health Happen Coalition, Breastfeeding Coalition, East Side Aligned, St. Clair County Health Care Coalition, etc. and works closely with SIUE, Washington University and University of Illinois. 	
<p style="text-align: center;">Essential Service V Develop public health policies and plans</p>	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 	
<p>Comments:</p> <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. 	

<ul style="list-style-type: none"> • ESHD collaborates with various community coalitions to advocate for health improvement by working on policy change for food outlets in the community. • ESHD serves as an advocate for public health services to meet the needs of its clients. However, due to recent fiscal challenges resulting from the State budget crisis for the last 3.5 years, the District has operated with reduced staff. The reduction in manpower has negatively affected the impact the Health Department has in terms of large scale planning and implementation. 	
Essential Service VI Enforce laws and regulations that protect and ensure safety	3.75 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 	
<p>Comments:</p> <ul style="list-style-type: none"> • Local Health Department is independent of any local jurisdiction. • Modifications and/or formulations of laws are conducted at the State level. • Knowledge of disease trends, best practices and current public health science for legal reviews are conducted at the State level. • School immunization, communicable disease administrative code, lead testing requirements, TB testing and referrals, Hepatitis A/B to local employees and establishments, heat safety, winter safety, mosquito illness and prevention, water safety and food safety codes are enforced. • Due to the budget fiasco of the State of Illinois, ESHD had to downsize drastically thereby reducing its capacity to adequately enforce all regulations and enforce a priority hierarchy for compliance issues. With the passage of a State budget, employees will be hired for better enforcement. 	
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 	
<p>Comments:</p> <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 	

<ul style="list-style-type: none"> partnerships. ESHD was an integral partner in the updating of the local community resource guide 	
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 	
Comments: <ul style="list-style-type: none"> The local health department does not participate in Grand Rounds at the local hospitals with physician committees. ESHD promotes on site internships, student practicum/clinical with the local universities – nutritionists, nurses, social workers and case managers 	
Essential Service IX Evaluate effectiveness, accessibility, and quality personal and population-based health services	3.75 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 	
Comments: <ul style="list-style-type: none"> 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. State health department evaluation process includes quality improvement programs and corrective actions. 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	3.75 Optimal
<ul style="list-style-type: none"> Participate in research activities Disseminate research findings Apply research results in local health department activities 	
Comments: <ul style="list-style-type: none"> ESHD collaborates with area colleges and agencies – EPA, CDC, IDPH, ACIP. 	

East Side Health District Demographic and Socioeconomic Characteristics

The East Side Health District services a 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 Stites Township along with such cities as Alorton, Brooklyn, Centreville, Cahokia, East St. Louis, Fairmont City, Sauget, and Washington Park. According to the Suburban Stats St. Clair County, IL. Population data determination, the total population of East Side Health District service area as of 2016-2017 was **57,297**. The population decreased by **8,052** between 2010 (65,349) and present. The population is **53%** (30,516) females and **47%** (26,781) males or a ratio of 1.1:1.

- The total population in ESHD service area (57,297) is **21.22%** of the population in St. Clair County, Illinois (270,056) as of 2016-2017.
- White or Caucasian persons living in the East Side Health District service area are **3.925%** (6,846) of all the White or Caucasian persons (174,458) in St. Clair County, Illinois as of 2016-2017.
- The Black or African American population living in the East Side Health District service area is **57.53%** (47,349) of all the Black or African Americans (82,302) in St. Clair County, Illinois as of 2016-17.
- Persons of Hispanic/Latino origin living in the East Side Health District service area are **27.62%** (2,428) of all the Hispanics/Latinos (8,785) in St. Clair County, Illinois as of 2016-2017.

Demographic Characteristics for ESHD Service Area Quick Facts	2010	2016-2017
Total Population	65349	57,297
% Male	47.2% (30,817)	47% (26,781)
% Female	52.8% (34,532)	53% (30,516)
Population Race*		
% White	21.4% (14,001)	11.95% (6,846)
% Black or African American	74.1% (48,445)	82.6% (47,349)
% Asian	.2% (126)	
% Amer. Indian/Alaskan Native	.2% (149)	
% Native Hawaiian and Other Pacific Islander	.01% (7)	
% Other	2.6% (1,663)	1.18% (674)
Hispanic or Latino (of any race)	5.0% (3,246)	4.24% (2,428)

2010 Population by One Race total 64,391 **Source:** 2010 US Census

Demographic Characteristics for ESHD Service Area Quick Facts	2010		2016-2017
Total Population	65,349	Total Population	57,297
Age Categories		Age Categories	
<5	8.0% (5,234)	<5	8.21% (4701)
5-17	24.4% (15,940)	5-19	21.72% (12447)
18-21	7.0% (4,592)	20-24	6.38% (3651)
22-29	6.6% (4,300)	25-29	10.27% (5882)
30-39	11.9% (7,753)	30-39	11.49% (6585)
40-49	12.4% (8,126)	40-49	11.64% (6666)
50-64	17.9% (11,689)	50-64	16.71% (9576)
>65	11.8% (7,715)	>65	11.18% (6405)

2016-2017 Population Source: Suburban Stats 2016-2017 <https://suburbanstats.org> Retrieved August 2017

Demographic Characteristics for ESHD Service Area Quick Facts	2016-2017
Total Households	20,336
<i>Family Households</i>	<i>66.44% (13,511)</i>
<i>Nonfamily Households</i>	<i>33.56% (6,825)</i>
Households with individuals <18	38.88% (7,907)
Households with individuals > 60	37.59% (7,644)

Source: 2010 US Census

2016-2017 Population Source: Suburban Stats 2016-2017 <https://suburbanstats.org> Retrieved August 2017

There were a total of **20,336 households** of which **66.44%** were family households.
38.88% of the total households have individuals under 18 years of age.
37.59% of the total households have individuals over 60 years of age.

Data used from *2-I-1 counts* provides a snapshot of community specific needs by the area codes East Side Health District Serves. Those areas include 4 townships: East St. Louis Township, Canteen Township, Centreville Township, and Stites Township along with such cities as Alorton, Brooklyn, Centreville, Cahokia, East St. Louis, Fairmont City, Sauget, and Washington Park. With the area codes combined, the rate of unemployment, High School Diploma and rental housing are all **8** times higher than the rate of the State of Illinois. The rate of poverty is 17 times higher than the rate of the State of Illinois.

ESHD Snapshot of Community specific needs by the Area Code/State				
Area Code/State	Poverty	Unemployed	H.S. Diploma	Rental housing
62059	45.3%	15.8%	16.6%	59.9%
62203	28.8%	7.4%	20.3%	32.6%
62204	49.7%	8.6%	29.4%	55%
62205	42.5%	10.6%	21.7%	46.4%
62206	36.7%	8.6%	15.8%	45.4%
62207	44.1%	9.3%	23.8%	57.4%
<i>Illinois</i>	<i>14.1%</i>	<i>6.9%</i>	<i>14.7%</i>	<i>35.5%</i>

Source: 211 counts. <http://211mo.211counts.org/>. Retrieved July 31, 2017

General Health and Access to Care

The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation report, 2017 *County Health Rankings & Roadmaps Building a Culture of Health, County by County* 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
93 out of 102 counties in Illinois for *Health Outcomes*
93 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. 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.

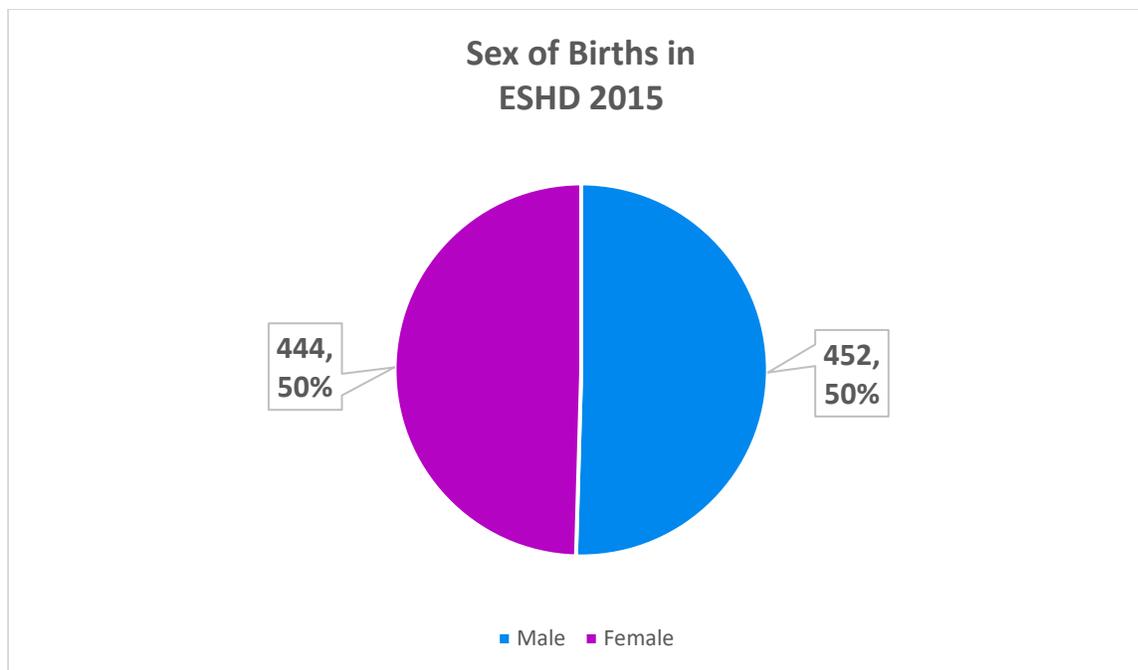
Health Measure	Description	St. Clair County, IL Rank
Health Outcomes	Mortality and Morbidity	93 out of 102 counties in IL
Mortality	Premature Death or the years of potential life lost prior to age 75	87 out of 102 counties in IL
Morbidity	Self-reported fair or poor health, Poor physical health days, Poor mental days, and Low birth weight	97 out of 102 counties in IL
Health Factors	Health Behaviors, Clinical Care, Social and Economic Factors, Physical Environment	93 out of 102 counties in IL
Health Behaviors	Smoking, Diet and Exercise, Alcohol use, High risk sexual behavior	97 out of 102 counties in IL
Clinical Care	Access to care and Quality of Care	44 out of 102 counties in IL
Social and Economic Factors	Education, Employment, Income, Family and Social Support, and Community Safety	93 out of 102 counties in IL
Physical Environment	Air Quality and Built Environment	85 out of 102 counties in IL

Source: University of Wisconsin Population Health Institute. *County Health Rankings 2016*.

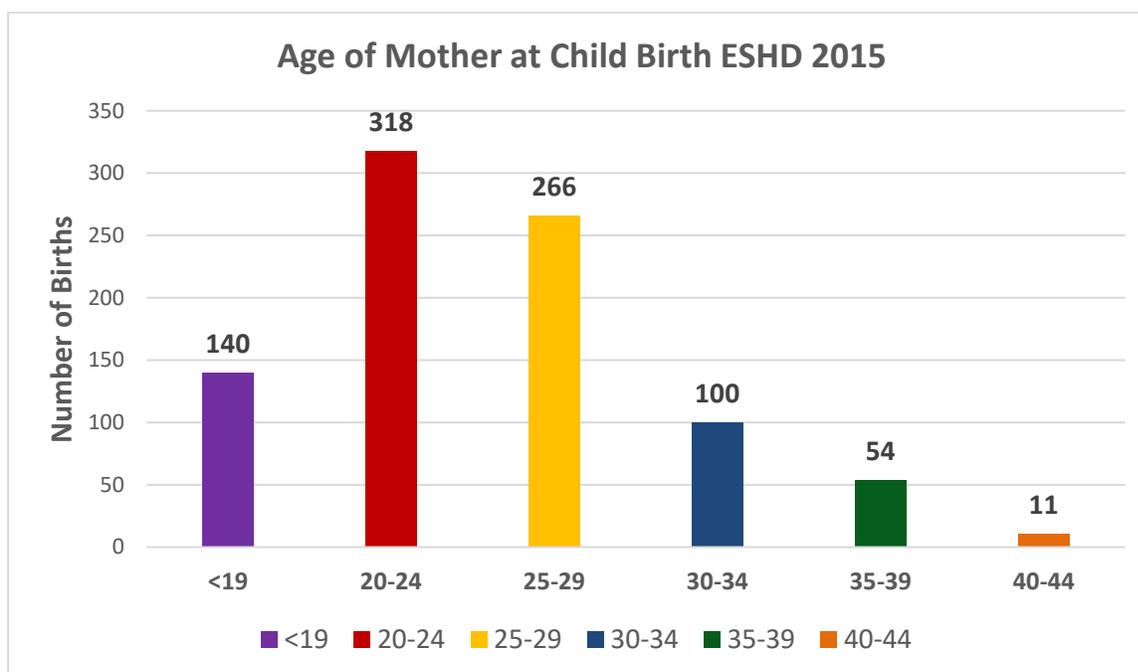
Some of the major providers of health care in the East Side Health District service area are: East Side Health District in East St. Louis, St. Clair County Health Department in Belleville, Southern Illinois Healthcare Foundation in various communities, Southern Illinois Regional Wellness Center at 100 N. 8th St. Suite 232 in downtown East St. Louis and 1825 Kingshighway in Washington Park, and Touchette Regional Hospital at 5900 Bond Avenue in Centreville. 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.

Maternal and Child Health

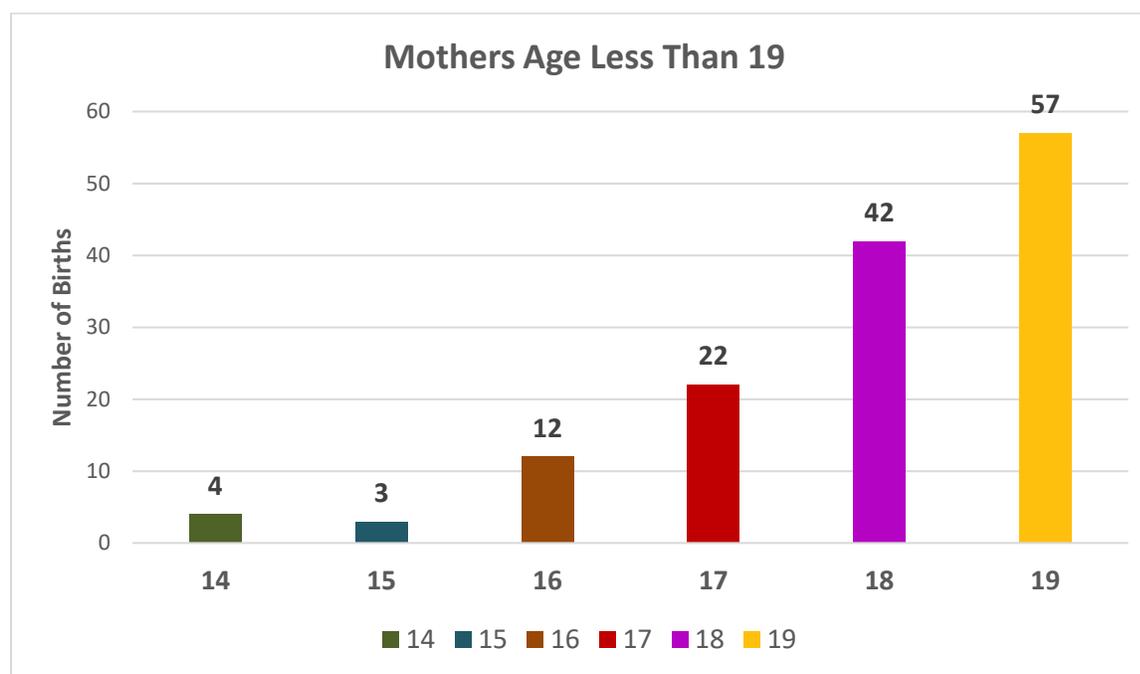
The Illinois Department of Public Health and the East Side Health District, Vital Statistics, provided birth data for the East Side Health District service area. The total births by place of residence are in the following areas: Alorton, Brooklyn, Cahokia, Canteen Township, Centreville, Centreville Township, East St. Louis, Fairmont City, and Washington Park. Available data for 2015 from the IDPH Vital Records division documented **896** births. Below are characteristics of the 2015 births in the East Side Health District service area.



In 2015, there were a total of 896 births in the East Side Health District catchment area. Of these **140** teenage births (<19) or 15.8% were denoted. Women ages 20-24 had the greatest number of births in 2015, 318 total or 35.80%.



The 140 teenage births in 2015 denoted that 4 were born to 14 year olds; 3 were born to 15 year olds; 12 were born to 16 year olds; 22 were born to 17 year olds; 42 were born to 18 year olds; and 57 were born to 19 year olds.



Illinois Department of Public Health, Vital Statistics

Birth data available for 2015

Chronic Disease and Cancer Incidence

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 cause of deaths for chronic disease and cancer have been displayed for St. Clair County and the State of Illinois in the tables below from 2012-2016. From 2012-2015, heart disease and cancer had the highest death occurrences among the different causes of death in St. Clair County. There were 588 cancer deaths in 2015 and 558 Diseases of the heart in 2013. Heart disease and cancer had the highest death occurrences for the State of Illinois as well. In 2015 there were 25,653 deaths due to diseases of the heart and 25,504 cancer deaths in 2014. Although 2015 data for chronic liver disease and cirrhosis was unavailable it was the least cause of death for Illinois and St. Clair County. There were a total of 1,189 Chronic Liver Disease and Cirrhosis deaths in Illinois and 15 in St. Clair County.

Chronic Disease and Cancer Causes of Death 2012-2015						
Residence (Year)	Disease of Heart	Malignant Neoplasms (Cancer)	Cerebrovascular Disease (Stroke)	Chronic Lower Respiratory Disease	Diabetes Mellitus (Diabetes)	Chronic Liver Disease and Cirrhosis
St. Clair (2012)	549	578	124	157	120	25
Illinois 2012	24,670	24,570	5,332	5,314	2,705	1,189
St. Clair (2013)	558	561	127	144	106	22
Illinois 2013	24,843	24,490	5,296	5,531	2,789	1,279
St. Clair (2014)	556	557	130	158	91	15
Illinois (2014)	25,020	25,504	5,490	5,633	2,712	1,321
St. Clair (2015)	522	588	136	139	86	-
Illinois (2015)	25,653	24,713	5,709	5,544	2,818	-

Illinois Department of Public Health, Vital Statistics

Death data available

for 2012-2015

Sexually Transmitted Diseases and HIV/AIDS

According to the Illinois Department of Public Health similar to the U.S., half of the STDs cases in Illinois are in **people under 25 years of age**. Young people ages 15-24, gay, bisexual, men who have sex with men, and some minority groups have a higher risk of becoming infected with an STD. According to the CDC, both young men and young women are heavily affected with STDs – but young women face the most serious long-term health consequences. It is estimated that undiagnosed STDs cause infertility in more than 20,000 women each year. STDs are preventable. The following statistics will highlight the growing problem of STDs in the East Side Health District service area.

Source: IDPH Sexually Transmitted Diseases On The Rise, 4th April 2016
 CDC Fact Sheet, Reported STDs in the United States, October 2016

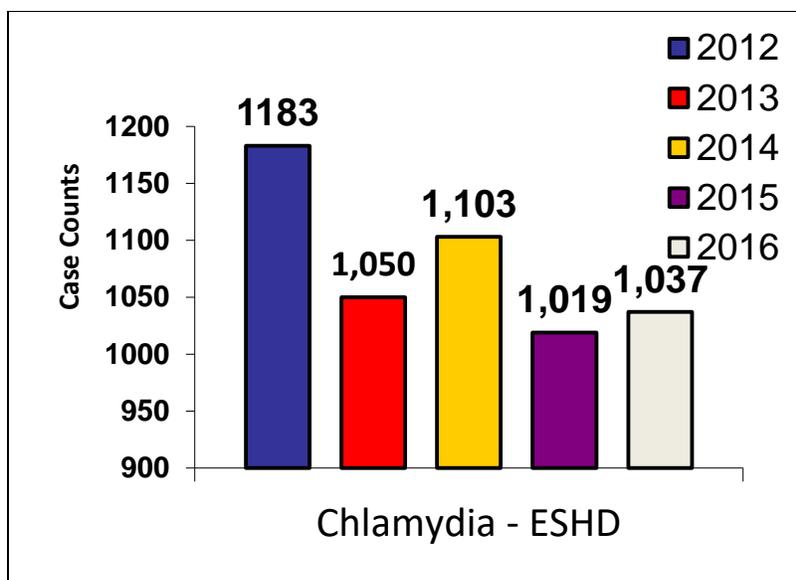
**East Side Health District Service Area
Chlamydia, Gonorrhea, and Syphilis Cases and Rates, 2012-2016**

Year	Chlamydia		Gonorrhea		Early & P/S Syphilis	
	Cases	Rates	Cases	Rates	Cases	Rates
2012	1,183	1,810.3	430	658.0	4	6.1
2013	1,050	1,608.8	322	508.0	9	13.8
2014	1,103	1,687.9	416	636.6	28	42.8
2015	1,019	1,559.3	442	676.4	13	19.9
2016	1,037	1,586.9	496	759.0	17	20.5

*Population statistics 65,349 (2010) were used to calculate rate per 100,000 for 2012-2016

CHLAMYDIA

The 5 year (2012-2016) average of Chlamydia Cases in the East Side Health District service area is 879.80 cases.



Illinois Reported STD Cases per 100,000 Population by Sex 2012-2016

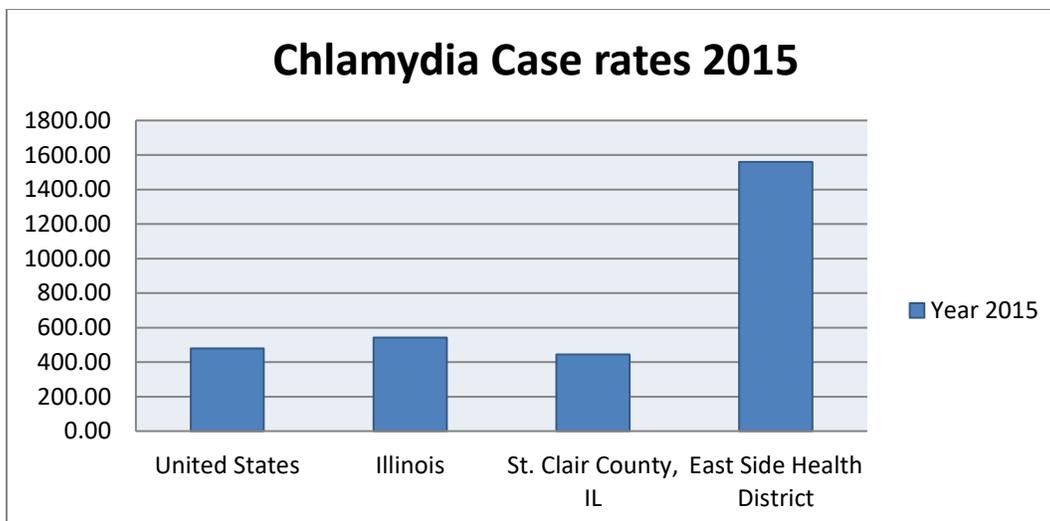
Year	Female	Male
2016	48128	24008
2015	47268	21966
2014	46564	19917
2013	45764	17943
2012	48575	18977
5 year average	47,259.80	20,562.20

Illinois Reported Chlamydia Cases per 100,000 Population by Age 2012-2016

Age Group	2012	2013	2014	2015	2016
0-4	50	37	22	16	17
5-9	9	10	13	4	
10-14	785	675	643	537	558
15-19	23,274	20,434	19,550	19,260	19,513
20-24	25,627	24,839	26,257	27,210	27,406
25-29	9,853	9,661	10,923	12,358	13,223
30-34	4,265	4,132	4,689	5,159	5,579
35-39	1,864	1,931	2,136	2,449	2,799
40-44	979	1,058	1,144	1,220	1,401
45-49	502	549	544	682	783

50+	491	469	670	714	912
Unknown	2	2	2	1	0
Total	67701	63797	66593	69610	72201

**Chlamydia Case Rates per 100,000 People
United States, Illinois, St. Louis, MO-IL MSA, St. Louis (City), MO, St.
Clair County, IL, East Side Health District**



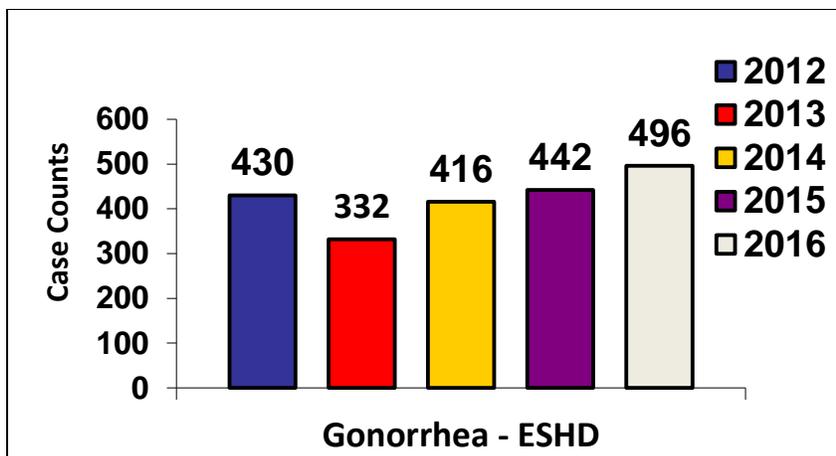
In 2015, there were 478.8 cases of Chlamydia per 100,000 people in the United States, while there was a higher rate of 542.5 cases per 100,000 people in the State of Illinois and St. Louis, MO-IL MSA 533.1 cases per 100,000 people. The Chlamydia rate per 100,000 people in the East Side Health District area was 1,559.3, which is nearly **3 times greater** than the Chlamydia rate of the United States in 2015.

- The East Side Health District had **52.35% (1947 cases)** of the Chlamydia cases in St. Clair County in 2015 and **50.17% (2067 cases)** in 2016..

Area	2013		2014		2015		2016	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Illinois	63,797	497.2	66,593	519	69,610	542.5	72,201	562.7
St. Louis, MO-IL MSA	14,783	527.8	14,711	525.2	14,961	533.1	-	-
St. Clair County HD, IL	934	464.5	849	422.2	893	444.1	998	496.3
East Side Health District	1050	1,606.8	1,103	1,687.9	1,019	1,559.3	1,037	1,586.9
United States	1,401,906	446.6	1,441,798	456.1	1,526	478.8	-	-

GONORRHEA

The 5 year 2012-2016 average of Gonorrhea Cases in the East Side Health District service area is 423 cases.



Illinois Reported Gonorrhea Cases per 100,000 Population by Sex 2012-2016

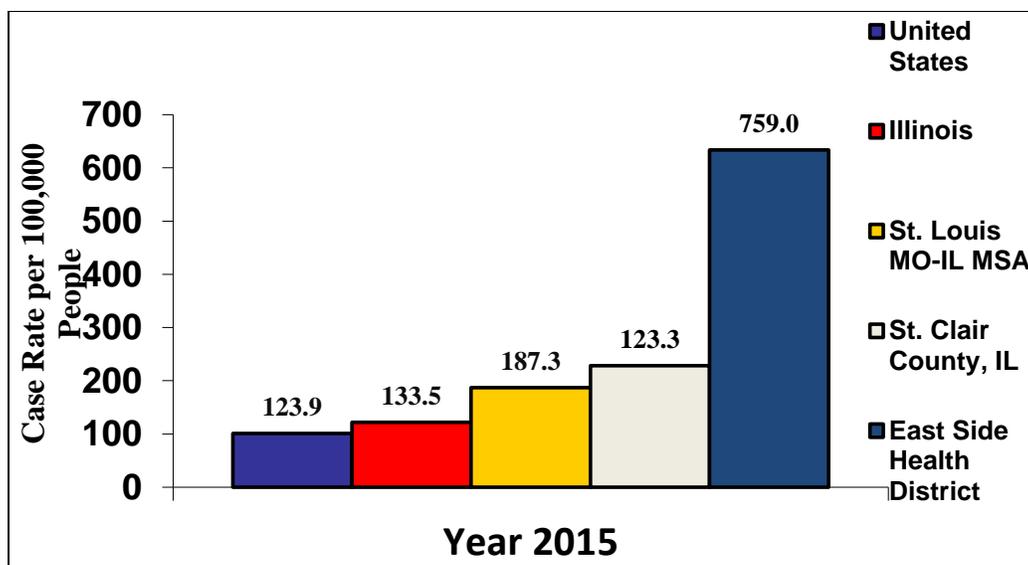
Year	Female	Male
2012	9837	8283
2013	8574	7872
2014	7559	8387
2015	7698	9335
2016	8920	12255
5 year (2012-2016) average	8,517.6	9,226.4

Age Group	2012	2013	2014	2015	2016
0-4	11	10	5	4	14
5-9	8	4	6	1	3

10-14	233	199	154	150	156
15-19	5549	4753	4069	4013	4505
20-24	6297	5815	5692	5897	6847
25-29	2887	2677	2806	3380	4436
30-34	1413	1318	1418	1666	2174
35-39	667	652	719	830	1242
40-44	466	445	459	487	672
45-49	308	291	278	304	500
50+	308	300	364	398	650
Unknown	2	0	1	0	0
Total	18149	16464	15971	17130	21199

Illinois Reported Gonorrhea Cases per 100,000 Population by Age 2012-2016

**Gonorrhea Case Rates per 100,000 People
United States, Illinois, St. Louis, MO-IL MSA, St. Louis (City), MO, St.
Clair County HD, IL, East Side Health District**

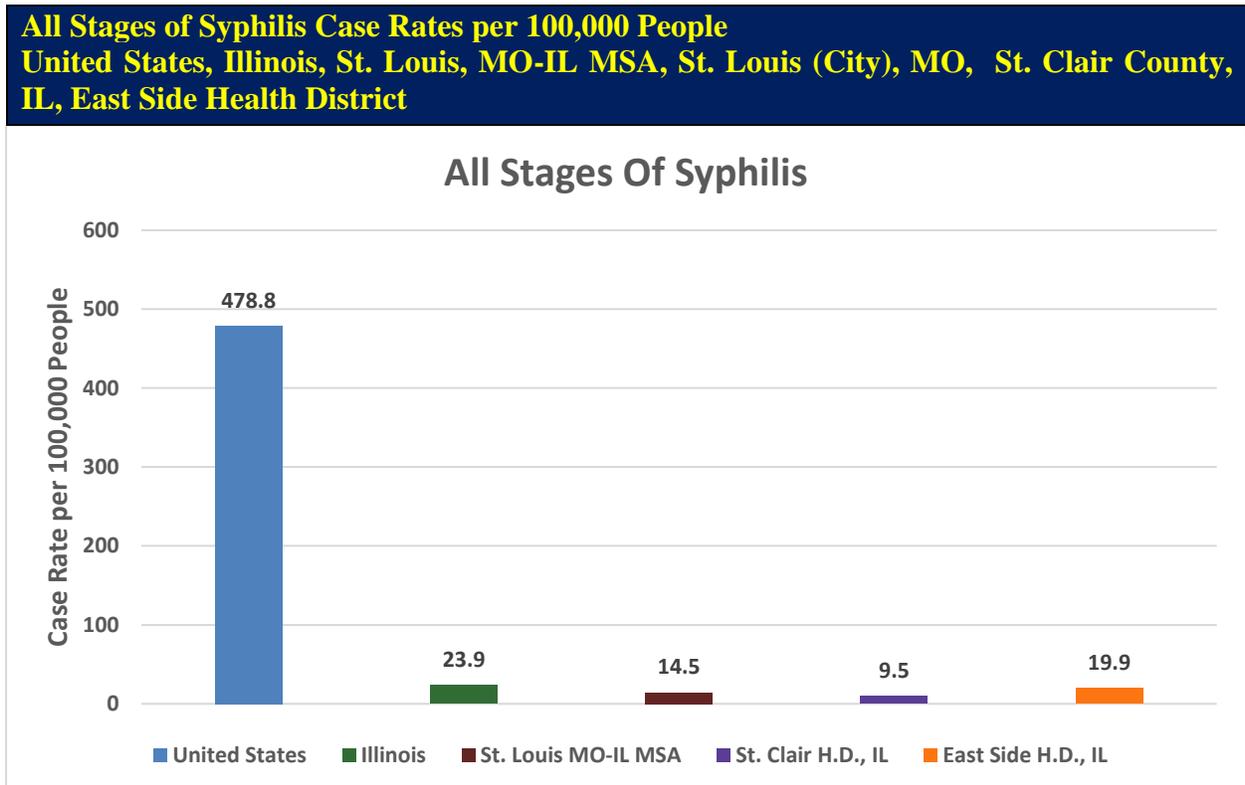


In 2015, there were 123.9 cases of Gonorrhea per 100,000 people in the United States, while there was a slightly greater rate of 133.5 cases per 100,000 people in the State of Illinois and St. Louis, MO-IL MSA 187.3 cases per 100,000 people. The rate of Gonorrhea per 100,000 people in the East Side Health District area was 759.0. The Gonorrhea rate in the East Side Health District area was more than **6 times greater** than the rate in the United States in 2015.

- The East Side Health District had **63.78% (693 cases)** of the Gonorrhea cases in St. Clair County, Illinois in 2015.

Area	2012		2013		2014		2015	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
United States	334,826	107.5	33,004	106.1	350,062	110.7	395,216	123.9
Illinois	18,149	141.5	16,464	128.3	15,971	124.5	17,130	133.5
St. Louis, MO-IL MSA	4,810	172.0	4,492	160.4	4,346	155.2	5,257	187.3
St. Clair County HD, IL	228	113.4	197	98.0	210	104.4	248	123.3
East Side Health District	430	658.0	332	508.0	416	636.6	442	676.4

ALL STAGES OF SYPHILIS



In 2015, there were 23.9 cases of Syphilis per 100,000 people in the State of Illinois. The rate of Syphilis per 100,000 people in the East Side Health District area was 13.0 cases per 100,000 people

- The East Side Health District service area had **41% (32 cases)** of the Syphilis cases in St. Clair County, Illinois in 2015.

Area	2012		2013		2014		2015	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
United States	15,667	5.0	56,471	18.0	63,450	20.1	1,526,658	478.8
Illinois	2,303	18	2405	18.70	2545	19.80	3059	23.90
St. Louis, MO-IL MSA	280	10.0	338	12.1	412	14.7	417	14.5
St. Clair County HD, IL	8	4.0	7	3.5	24	12.0	19	9.5
East Side Health District	4	5.11	9	13.8	28	42.8	13	19.9

HIV/AIDS incidence cases for East Side health District, Illinois were obtained from the Illinois Department of Public Health. The table below lists the 2013-2016 HIV/AIDS cases for the end of each year. The East Side Health District had **63.78% (693 cases)** of the Gonorrhea, **50.35% (1,947 cases)** of the Chlamydia, and **41% (32 cases)** of the Syphilis cases in St. Clair County, Illinois in 2015.

HIV/AIDS

East Side Health District HIV/AIDS Incidence cases 2012-2017				
Year	HIV Incidence case	Aids case	HIV (non-aids) cases living	AIDS cases living
December 2013	3	6	203	196
December 2014	11	3	201	198
December 2015	4	1	196	180
December 2016	2	3	189	180
March 2017	2	1	192	181

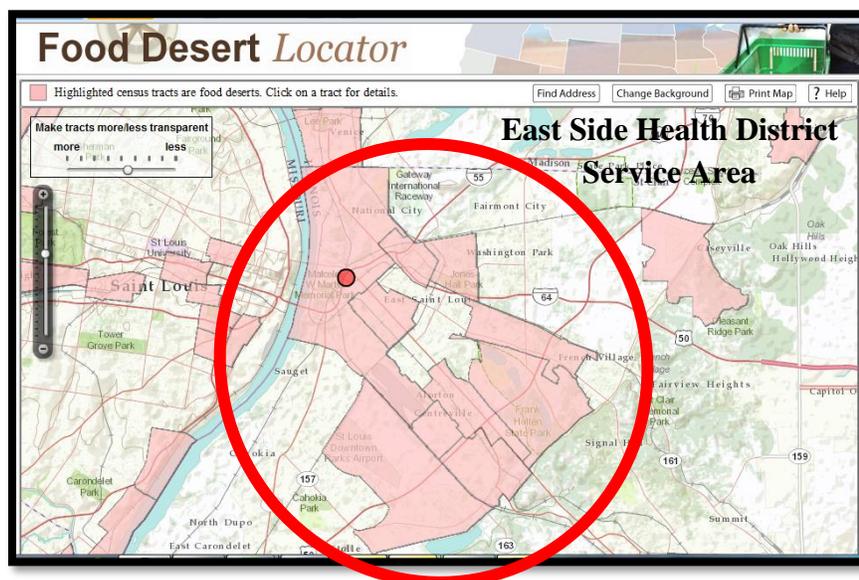
HIV/AIDS 2017

Area	Year	HIV Incidence case	Aids case	HIV (non-aids) cases living	AIDS cases living
St. Clair County	March 2017	10	2	411	358
St. Clair County Health Department	March 2017	8	1	219	177

Source: Illinois Department of Public Health HIV/AIDS Surveillance Unit

Nutrition Environment

The nutrition environment is a complex set of environmental variables that influence eating patterns. 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*). According to the USDA Economic Research Service, 5/18/17, an average of 15.10% of individuals in the ESHD service area reside in a food desert denoted by low income, low access and without vehicles that are greater than ½ miles from a supermarket.



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

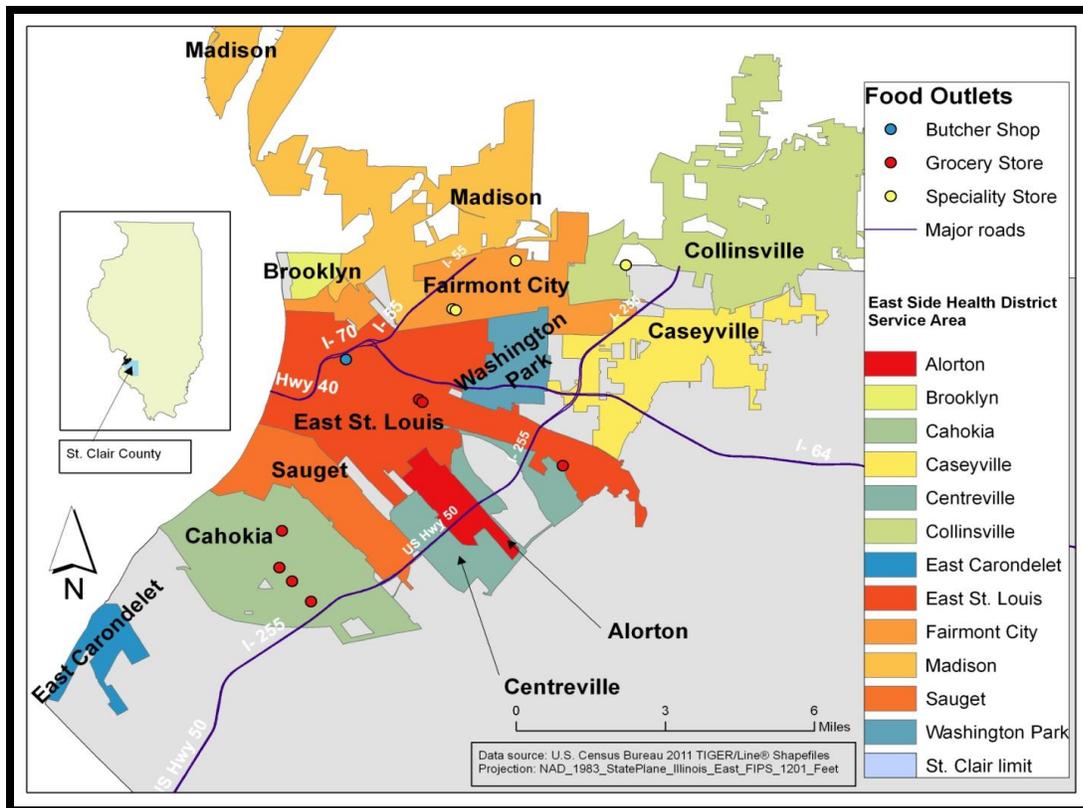
Retrieved March 12, 2012 <http://www.ers.usda.gov/Data/FoodDesert/fooddesert.html>

A list of food outlets that serve as grocery stores was obtained from the Environmental Health Department of the East Side Health District. These food outlets are routinely inspected by the Environmental Health Department. The IPLAN Team, ESHD Director, and Administrators

reviewed the list and identified outlets that serve as grocery stores for residents. Of the 19 stores identified, 6 were excluded from the list, 8 were classified as grocery stores, 4 as specialty stores, and 1 as a butcher shop. The specialty 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
Save A Lot	2600 State St East St Louis, IL 62205	Grocery Store
Save A Lot	4 Vieux Carre Dr. East St. Louis, IL 62204	Grocery Store
Gateway Market	2511 State St. East St. Louis, IL 62205	Grocery Store
Gateway Market	7600 State St. East St Louis, IL 62203	Grocery Store
Cahokia More Food For Less	800 Upper Cahokia Cahokia, IL 62206	Grocery Store
Mi Tiera	3121 Collinsville Rd Fairmont City, IL 62201	Specialty Store
El Cerrito Meat Market	5370 Collinsville Rd Fairmont City, IL 62201	Specialty Store
Tienda El Ranchito Grocery	2565 N 32 nd St Fairmont City, Il 62201	Specialty Store
Tienda El Maguey	8402 Collinsville Rd Collinsville, IL 62234	Specialty Store
East Side Meat Company	514 M L King Dr. East St Louis, IL 62201	Butcher Shop

The addresses denoted above indicate that the grocery stores are located on the main thoroughfare in the city.



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 district's 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. The amenities identified on this interactive map include: restrooms, pavilions, sport activity fields, and playgrounds. <http://www.meprd.org/mapping-project.html>

The **MEPRD** has funded projects within the East Side Health District Service Area. Some projects to be completed in 2017/2018 include Walking Trail Phase 1 in Jones Park (\$10,251) and the Pop Myles Pool and Bathhouse Renovations (\$300,000). 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:

- **Malcolm W. Martin Memorial National Park**
185 W. Trendley Avenue East St. Louis, IL 62201
 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>
- **Frank Holten Park**
4500 Pocket Road East St Louis, IL. 62205
 The Frank Holten Park is a State of Illinois recreation area and is approximately 1,080 acres with an 18-hole golf course (Grand Marais Golf Course), football-soccer field, cross country track, basketball, and baseball diamonds, fishing, and launch ramps for boats at Whispering Willow and Grand Marais Lakes, and picnic facilities.
<http://www.dnr.state.il.us/lands/landmgt/parks/r4/frank.htm>
- **Jones-Hall Park**
2919 Caseyville Ave. East St. Louis, IL. 62204
 Jones-Hall Park is approximately 130.5 acres. It is the largest park in East St. Louis. The park has such amenities as baseball fields, 1 (inoperable) fountain, 1 waterpark, 2 playgrounds, 1 lagoon/lake, 3 pairs of restrooms (in need of repair), a recreation center that is only open in the summer, 2 basketball courts, a garden and a green house.
- **Lincoln Park**
600 S. 15th St. East St. Louis, IL.
 Lincoln Park is approximately 14.2 acres. This park has 1 basketball court, 4 tennis courts, 3 baseball/softball fields, a concession center, an inoperable swimming pool for children and adults, 2 playgrounds, and a picnic area.
- **Virginia Park**
Bond Ave. and S. 35th St. East St Louis, IL. 62207
 Virginia Park is approximately 8 acres. This park has .5 of a basketball area, a picnic table with cover, a flower bed area, 2 playground areas, several park benches, and a baseball area.
- **Cannady Park**
Lake Avenue and N. 15th St. East St. Louis, IL. 62205
 Canady Park is approximately 3 acres. It has 2 playgrounds and a basketball court.
- **77th & State Street Park**
 77th & State Park is approximately 4 acres. This park has 1 playground

- **Centreville Park**
5431 Nelson Ave. East St. Louis, IL 62207
Centreville Park is .8 acres. It has a softball field, a playground, basketball court and a free play area.
- **Officer-McBride Park**
2233 St. Louis Ave.
Officer-McBride Park is 3.5 acres. This park has 2 swing sets, a baseball field, and an open play area.
- **Sunken Garden Park**
Summit & Pennsylvania Avenue
The Sunken Garden Park is 1.9 acres. It has a slide, 5 swings and picnic area.
- **41st St. Arboretum**
4100 Cookson Road Fairmont City, IL 62201
41st St. Arboretum has a pavilion and picnic tables
- **Fairmont City Park**
Cohn Ave. and Kinder St. Fairmont City, IL 62201
Fairmont City Park has playgrounds
- **Granby Park**
2500 N. 44th St. Fairmont City, IL 62201
Granby Park has baseball and basketball facilities
- **Cahokia Community Park**
350 Cahokia Park Drive Cahokia, IL. 62206
Cahokia community Park has fishing, playground and running/walking facilities.
- **Sauget Mini Park**
2700 Ogden Ave. Sauget, IL 62206
Sauget Mini Park has pavilions, playgrounds, running/walking trails
- **Sauget Park**
1400 Little Ave. Sauget, IL. 62206
Sauget Park has baseball field and concession stand
- **Brooklyn Community Park**
794 Madison St. Brooklyn, IL 62059
Brooklyn Community Park has baseball, basketball, BBQ grills, Pavilion(s), Playground(s), and Running/Walking Paths

In addition to the parks in the East St. Louis area, football and track fields provide opportunities for physical activity such as: Clyde C. Jordan Center football and track fields, the Cahokia High

School football and track fields, Lincoln Middle School football and track field, and the Cahokia Fitness Center and Sports Complex. 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 (2012-2015) 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 populations are displayed in the annual reports.

From 2012 to 2015, the total reported index crime offenses in the ESHD were **7,251**. The highest number of total index crimes reported was **3,214** in East St. Louis, 2012. Sauget had a total index crime rate of 71,612.9 per 100,000 population in 2013. The 2008 total reported crime index rate per 100,000 in Sauget was the highest among all the ESHD areas between 2012 and 2015. Fairmount City had the lowest total index crime arrests reported and rater per 100,000 from 2012-2015.

Total Index Crime Rates per 100,000 Population (Total Index Crimes Reported)

Agency	2012 Rates	2012 Reported	2013 Rates	2013 Reported	2014 Rates	2014 Reported	2015 Rates	2015 Reported
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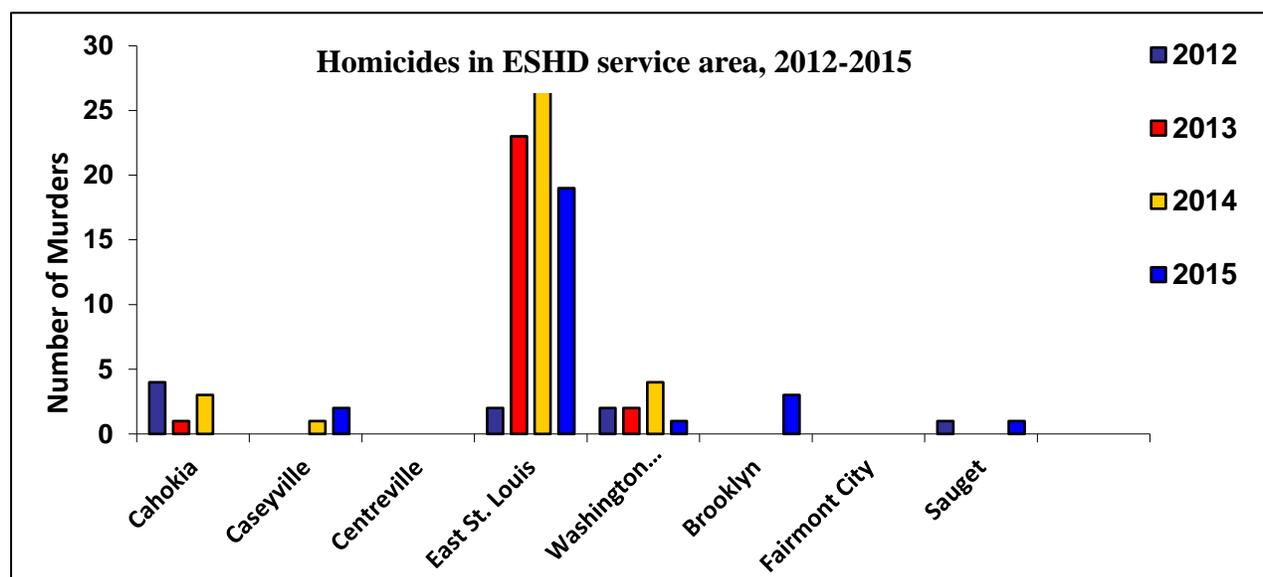
East Side Health District 2017-2022

June 2017

Alorton	-	-	-	-	-	-	-	-
Cahokia	5,466.0	834	5,088.1	754	3,571.4	522	4,039.6	583
Caseyville	3,458.8	147	4,197.5	176	3,259.8	133	4,073.1	165
Centreville	-	-	-	-	-	-	5,861.3	295
East St. Louis	11,886.1	3,214	10,711.6	252	7,842.3	2,080	6,405.9	1,705
Washington Park	6,736.5	283	6,153.8	538	5,783.5	234	5,495.9	220
Brooklyn	-	-	-	-	-	-	8,368.2	60
Fairmont City	2,044.8	53	2,019.0	51	1,292.9	32	854.0	21
Sauget	60,625.0	97	71,612.9	111	48,051.9	74	54,605.3	83
Total		4,628		1,882		3,075		3,123

Source: Illinois State Police. Illinois Uniform Crime Reporting (I-UCR) 2012-2015. 2011/2012 Crime Index Offense & Arrest Database <http://www.isp.state.il.us/crime/cii2009.cfm>, 2012/2013 Crime Index Offense & Arrest Database <http://www.isp.state.il.us/crime/cii2013.cfm>, 2013/2014 Crime Index Offense & Arrest Database <http://www.isp.state.il.us/crime/cii2015.cfm>.

The numbers of homicides in the ESHD service area from 2012-2015 are displayed in a graph and table below. Among all the areas, East St. Louis had the greatest number of murders from 2012-2015, with 27 being the highest number of homicides in 2014. Fairmont City was the only area to have **zero** murders from 2012-2015.

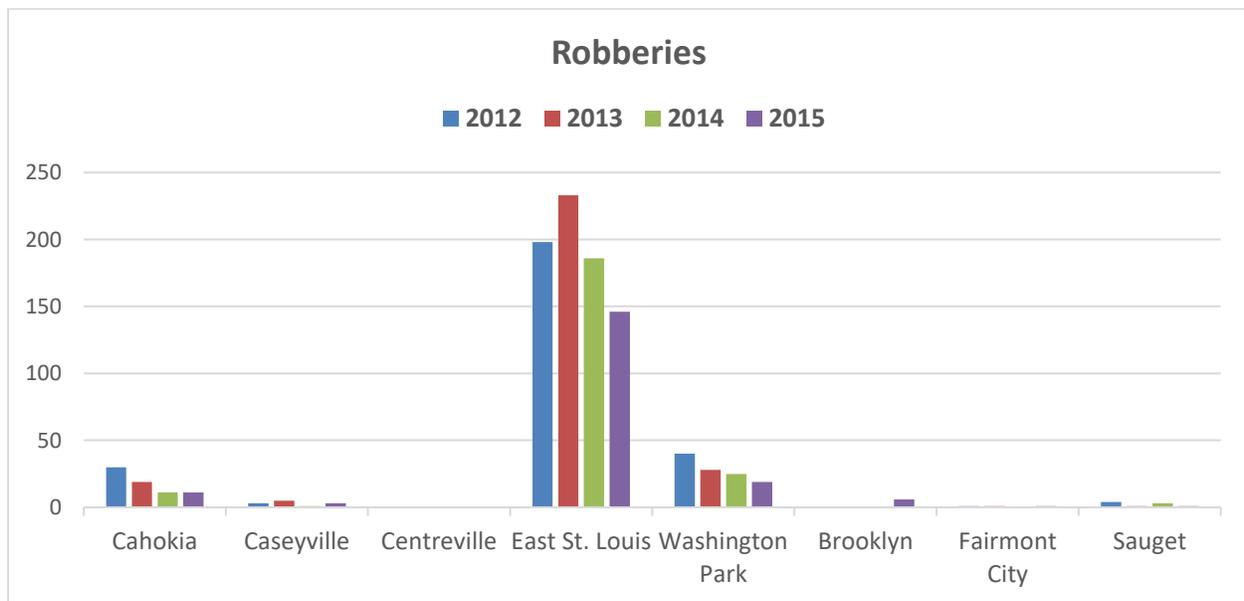


Numbers of homicides and arrests in ESHD service area, 2012-2015

Agency	2012 offenses	2013 offenses	2014 offenses	2015 offenses
Cahokia	4	1	3	0
Caseyville	0	0	1	2
Centreville	-	-	-	0
East St. Louis	17	23	27	19
Washington Park	2	2	4	1
Brooklyn	-	-	-	3
Fairmont City	0	0	0	0
Sauget	1	0	0	1
Total	24	26	35	26

As one of two proxies' for the incidences of violent of crimes, there were a total of **986** robberies in the ESHD service area between 2012 and 2015. East St. Louis had the greatest number of robberies **763** while Fairmont City had the least number of robberies **3** during this time period.

Number of Robberies in ESHD service area, 2012-2015



Agency	2012 robberies	2013 robberies	2014 robberies	2015 robberies
Cahokia	30	19	11	11
Caseyville	3	5	1	3

Centreville	-	-	-	10
East St. Louis	198	233	186	146
Washington Park	40	28	25	19
Brooklyn	-	-	-	6
Fairmont City	1	1	0	1
Sauget	4	1	3	1
Total	276	287	226	197

The numbers of drug crimes and aggravated assault/battery offenses in St. Clair county service area from 2012-2015 are displayed in the table below.

St. Clair County Drug Crime Arrest 2012-2015 (Rates per 100,000)							
Year	Cannabis Control Act	Controlled substance act	Hypodermic Syringes	Drug Paraphernalia	Methamphetamine Act	Rate per 100,000	Total Drug Arrest
2012	1,486	748	139	848	21	1,205.8	3,242
2013	1,229	585	160	675	23	1,000.9	2,672
2014	972	531	86	637	25	843.2	2,251
2015	922	451	96	611	29	793.7	2,109

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/send/index.htm	62207

The Eagle's Nest/Joseph's Center

Its' mission is 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 for 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

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

Its mission is to promote and protect the health of the residents of St. Clair County in partnership with the people they 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

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

East St. Louis Sr. High School School Base Health Center in conjunction with East Side Health
District - 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; OB/GYN & Family Medicine; Behavioral Health

Centreville Locations
Adult Care Center
Monday-Friday 8:30-5:00pm Saturday 9:00am-12:00pm

Mother & Child Center
Monday, Wednesday, Thursday, Friday 8:30am-5:00pm
Tuesday 8:30am-6:30pm

Cahokia Locations
Cahokia Health Center
Monday-Friday 8:30am-5:00pm
Quick Care Hours
Wednesday 5:00pm-7:00pm

Cahokia High School School Base Health Center in conjunction with East Side Health District-
800 Range Lane Cahokia, IL 62206
Monday-Friday 8:30am-4:30pm

Washington Park Location
 Southern Illinois Regional Wellness Center
 1736 Kingshighway
 Washington Park, IL. 62204
 Mon, Wed-Fri 8:15 am – 4:45 pm
 Tuesday 8:15 am – 6 pm
 Saturday 8:30 am – 12:30 pm

IPLAN PROCESS

In September 2016 some members of the IPLAN Team met with Elizabeth Patton-Whiteside, Public Health Administrator. Leatha Dilworth, IPLAN Intern met on May 9, 2017 to discuss the strategy to conduct the IPLAN. The meeting resulted in the review 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 information gathered from specific business/civic leaders during meetings of the East Side Aligned and Make Health Happen Coalition.

Following the meeting with various members of the IPLAN Team, a second meeting was held with the additional Management team to describe the IPLAN and process. Ms. Ross stated the purpose of the IPLAN was to provide a community-wide needs assessment of East Side Health District's jurisdiction 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 two-part community driven strategy for the IPLAN process of surveys and input sessions was presented.

Community Input Sessions

Community members representing a variety of business/civic organizations and neighborhoods from the East Side Health District area of service participated in the input sessions at the East Side Health District and SIU-E ESL Center. The top 10 health concerns were prioritized from the community input sessions. 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, 719 surveys were returned. Details about the Community Survey are in the section entitled Community Participation – Survey.

COMMUNITY PARTICIPATION - INPUT SESSIONS

Community members representing organizations and communities from the East Side Health District area of service participated in eight community input sessions on the following dates:

Community Business/Civic Leaders	
August 5, 2016	East Side Aligned
December 8, 2016	East Side Aligned
December 15, 2016	East Side Aligned
March 1, 2017	East Side Aligned
March 31, 2017	East Side Aligned
May 11, 2017	Make Health Happen
July 13, 2017	Make Health Happen
August 1, 2017	Make Health Happen

The individuals who participated in the community input sessions represented various sectors of the community.

Community Leaders/Citizens

Name	Organization/Area
Caroline Mitchell	YMCA
Mariel Buckrop	University of Illinois Extension
Jeffery Jones	Well Care Healthplan
Nzinga Medley	CAC
Bhagya Kolli	East Side Health District
Erin Stafford	Molina
Sheron Stepney	East St. Louis Housing Authority
Nelson Perez	East Side Health District
Leatha Dilworth	East Side Health District
Reagan Nelson	AAPA-STL
Elizabeth Brookshire	East Side Aligned
Sharon Ward	Caritas
Elizabeth Whiteside	East Side Health District
Tourrie Frazier	Citizen
Greg Witherspoon	New Life Evan. Church
Laquitsha Bejoile-Hayes	UIUC Extension
Damon Broadus	American Heart Association
Robin Conrad	Citizen
Denise Brown	SIUE Headstart

Tamara Foote	AgeSmart Community Resources
Amy Funk	U of I Extension
Marla Goodwin	Jeremiah's Food Pantry
Cheryl Jackson	SIUE Nursing
Erin McNamara-Stafford	Molina
Desiree Tyus	Kid Friendly Network
Melissa Vetterott	Food Policy Coalition, Mo Coalition for Env.
Paula Willis	Health Visions Midwest
Lori Winkler	Cardinal Glennon
Nina Bocchini	Allergy & Asthma Foundation, STL
David Desai-Ramirez	IFF
Kaleena Zhang	WU student
Jennifer Zuercher	SIUE
Hannah Allee	ESA
Rob Aspholm	SIUE
Deleshia Washington	ESL Housing Authority
Stephanie Bush	Community Development
Terrance Taylor	Community Development
Renaë Storey	CH&A
Lexie Walsh	ESA
Dan Lewis	State's Attorney Office
Chief Michael Hubbard	ESL PD

Ten themes were derived during the community input 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. It should be noted that the ten top health concerns were a repeat of the same concerns as the 2012-2017 IPLAN. Although progress has been made in some areas, the overarching concerns remain the same.

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 continued need for an improved community image. Community awareness campaigns and social marketing strategies were identified. Education on family and norms around healthy eating and the benefits of gardens in facilitating physical activity and improved nutrition were noted to have improved but more is still needed. 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. More local school and 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. Air quality, water sewage, lead and mold, and animal, vector control continued to be identified as areas of concern. The participants expressed the need for enforcement of regulations for physical and environmental safety. Vacant plants that have unknown environmental dangers continue to be a problem. Sewage in the basements of homes or poor sanitation continue to be 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 continue to be nuisances in the community.

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 who 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. 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 impedes the healthy and successful development of youth. Poverty encompasses the lack of clothes, jobs, insurance, and help from the community and government. Youth homelessness was stated to be a growing factor in the community.

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 effects on the community. Alcohol abuse and the abundance of its availability contribute to drunk driving which is an issue in the community. Illicit drug use among teens was emphasized.

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, street signs, repaired sidewalks and streets, and walking/biking trails would facilitate improved health in the community. Increasing the parks and recreational opportunities in the parks can be beneficial in a number of ways: physical activity, safety, and beautifying the community. Other infrastructure concerns also encompass environmental and community issues like sewage, sanitation, illegal dumping, and abandoned property. Slum landlords was discussed with emphasis on the cities needing to enforce their housing regulations.

Chronic Disease

More traditional physical health concerns such as a variety of chronic diseases were identified as a problem. These health concerns continue to include: obesity, diabetes, high blood pressure,

heart attacks, hypertension, stroke, cardiovascular disease, cancers (breast, prostate, and lung), asthma and sexual transmitted diseases (STDs) including HIV/AIDS.

Access to Health Care

Access to health services and insurance was expressed as a priority by the community. It was noted that with the Affordable Care Act in place insurance was available but the ability to afford it remained an issue. 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 continue to be needed. The need for dental care and eye care resonated in a number of the community input sessions. The limited access of twenty-four-hour emergency services and the limited ambulance service with EMTs was discussed. 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 great need.

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, transgenders 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 – service stations, mom & pop stores. 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. The closure of Schnucks grocery store and the opening of a new Sav-A-Lot grocery store was discussed. The quality of food in the local grocery stores was discussed. It was noted that transportation remains an issue to get to the stores and the lack of a grocery store in the outer communities of Alorton, Centreville, Brooklyn, Fairmont City, Sauget and Washington Park.

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 community input sessions 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). Although some progress has been made within the ESHD service area to affect sustainable change, a major overhaul of the political, economic, and health care system would have to be instituted.

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.

East Side Health District



I-PLAN

Identifying the Health Concerns of the Community

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. Health disparities and inequalities are gaps in health or health determinants between segments of the population. According to the World Health Organization, the social determinants of health – the conditions in which persons are born, grow, live, work, and age – are mostly responsible for health inequities. 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 791 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; East Side 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. The total population in ESHD service area (57,297) is **21.22%** of the population in St. Clair County, Illinois (270,056) as of 2016-2017.

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.

Vision

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.

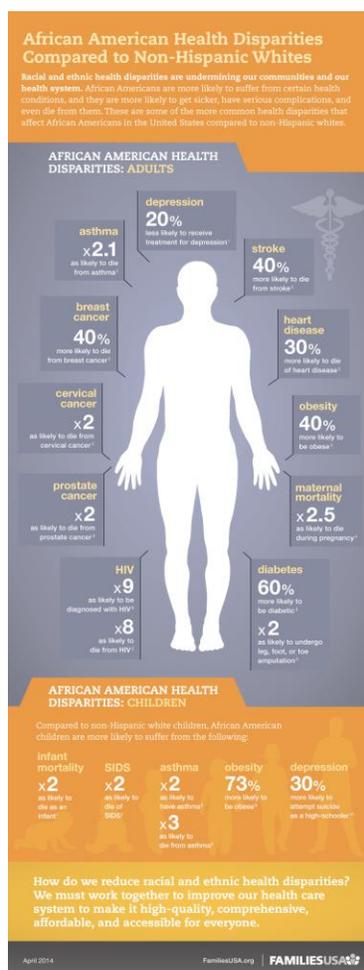
Brief description of the programs

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, Partner Counseling and Referral, HIV Health Education/Risk Reduction, Sexually Transmitted Infections (STI's), Health Education, Family Case Management, and (Please see Appendix A).

East Side Health District has 8 locations for the convenience of those it serves – East Side Health Administration (Environmental Health Division), East St. Louis Clinic, Washington Park STI Clinic, Cahokia WIC Clinic, Fairmont City WIC Clinic, Cahokia School Base Health Center, East Side High School Base Clinic, and Vivian Adams School Base Health Clinic

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, etc.), 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 began cutting salaries of employees, lost 25% of its education staff, and will likely lose more fire and police patrols in the coming years (Associated Press, 2010). The destabilization of the State of Illinois funding for the past three years have transitioned into ESHD's budget, having to lay off up to sixty-five percent of their personnel due to budget cuts in 2015. (E. Whiteside, personal communication August 1, 2015). 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 population data from the Suburban Stats 2016-2017 for the catchment area of ESHD, there are approximately 57,297 residents, 82.6% African American, 4.24% Hispanic (mostly reside in Canteen Township); 36.31% are under the age of 21; 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 2017, ranked 93rd out of 102 in health outcomes, and 93 out of 102 in health factors for the counties in Illinois (www.countyhealthrankings.org/illinois).

Service Area Quick Facts	2010	
Total Population	65,349	57,297
% Male	47.2% (30,817)	47% (26,781)
% Female	52.8% (34,532)	53% (30,516)
Population Race*		
% White	21.4% (14,001)	11.95% (6,846)
% Black or African American	74.1% (48,445)	82.6% (47,349)
% Asian	.2% (126)	
% Amer. Indian/Alaskan Native	.2% (149)	
% Native Hawaiian and Other Pacific Islander	.01% (7)	
% Other	2.6% (1,663)	1.18% (674)
Hispanic or Latino (of any race)	5.0% (3,246)	4.24% (2,428)

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, Southern Illinois regional Wellness Center, Lessie Bates and Catholic Charities that serve the Medicaid community, but are limited in serving the under-insured and noninsured population. With the closure of Kenneth Hall Regional Hospital in 2011, the East St. Louis community was left without a stabilizing support to the health safety-net. Touchette Regional hospital has continued to improve with renovation of its facility and upgrade to its provisions. 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 so, 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 STIs & HIV/AIDS Obesity, Cancer, and Environment, (ESHD I-PLAN, 2012).

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 how do we prioritize those identified health concerns?

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 are 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 2011 to inform the 2017-2022 IPLAN.

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).

Sample

Target Client Sample Population/Collection of Data:

The population of Canteen, Centreville, East St. Louis and Stites Township is 57,297 residents. 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.

Surveys

To provide an in-depth understanding of social determinants of health in the ESHD catchment area a survey instrument was constructed, containing twenty-three 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.

A pilot test of the survey was given to 5 (five) people March 2017. 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. No other modifications were made. The survey closely resembles the survey administered in 2012.

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.

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 were collected once a week from the clinics on Thursdays and Health Education classes at the local School District 189. Surveys were distributed 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 Administrator office, Elizabeth Patton-Whiteside, 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 STATA 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.

Description of Sample

The sample size included 719 people (n=719) who were involved in the survey from April/2017 to May/2017. The sample was primarily female (69.56%) and African American (91.13%). Approximately 80 percent of the participants were single and 32.07% fell between the ages of 12-18.

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?

Health care usage within the community ESHD serves resulted in approximately 63% went to the Emergency Room, 32% went to the Doctor's Office, 5% went to the Urgent care Center and <5% went to ESHD.

The top three sources participants received their health information from were Physicians/Nurse practitioner (20.8%), Internet (11.3%), and Family (8.5%).

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.

It was determined 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) family. Those not receiving services from ESHD were more likely to receive their health information from (1) physician/nurse practitioner, (2) internet, and (3) family.

Participants continue to seek emergency room services over doctor visits. 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. It should be noted that in roads into the male community was thwarted by the cessation of funding for the Prostate program due to the cessation of State of Illinois funding. ESHD has lessened its impact in providing dental care for the community. The need remains for continuing and/or building the dental services for the adult population of the service area.

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.

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EAST SIDE HEALTH DISTRICT COMMUNITY HEALTH SURVEY 2017

CITY: _____

ZIP CODE: _____

QUALITY OF LIFE:

Statement	Yes	No	Not sure
1. There is good healthcare in my community.			
2. My community is safe and is a good place to raise children.			
3. I have received services from East Side Health District in the past 5 years			

COMMUNITY IMPROVEMENT:

4. List top 3 community problems that affect your life.

5. List top 3 services that need improvement in your community

HEALTH INFORMATION:

6. What health related information does your community need?

7. Where do you get most of your health information from?

PERSONAL HEALTH:

8. Your general health is: Good Fair Poor

9. Do you or your family members have any of the health conditions listed below?

	Yes	No	Don't know
Asthma			
Overweight/obesity			
High blood pressure			
Diabetes			
Heart disease			
COPD			

21. Educational level: Less than High School High School/GED Associate /Trade
 Bachelor's Degree Master's Degree or higher

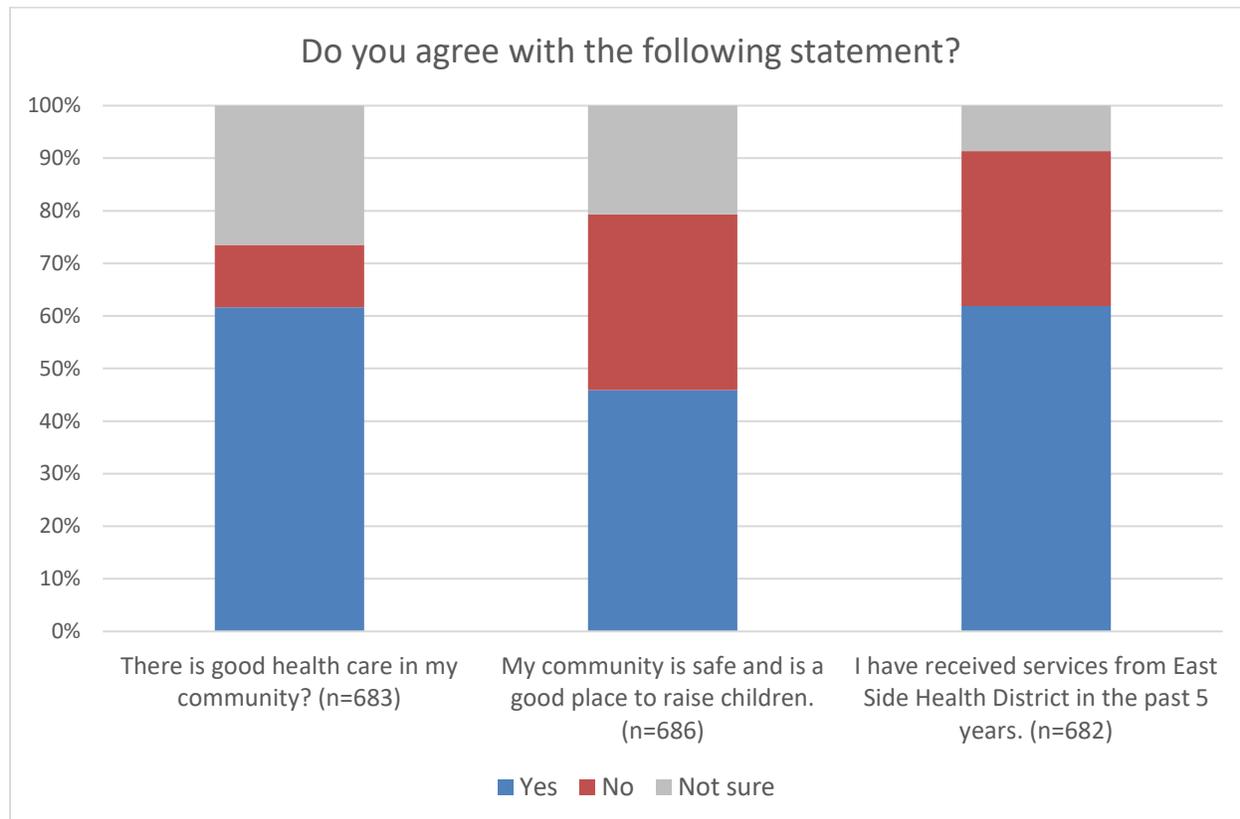
22. Annual Household Income: < \$10,000 \$10,000-\$15,000 \$15,000-\$25,000
 \$25,000- \$35,000 \$35,000-\$50,000 \$50,000-75,000
 \$75,000 or more

23. What other services can East Side Health District offer for the community?

Appendix B**N=719****Table 1: Baseline characteristics of all Participants 2017****DEMOGRAPHIC INFORMATION (N=719)**

Age (n= 661)	
12-18	32.07%
19-24	21.03%
25-34	29.65%
35-49	10.44%
50-64	3.94%
65-over	2.87%
Gender (n =657)	
Female	69.56%
Male	30.44%
Marital status (n= 640)	
Divorced	2.03%
Live-in Partner	3.44%
Married	10.47%
Separated	2.03%
Single	80.47%
Widowed	1.56%
Race (n= 654)	
African American	91.13%
American Indian	0.15%
African American/American Indian	0.61%
Asian	0.15%
Caucasian/white	0.31%
Latino/Hispanic	5.66%
Black	0.92%
Other	1.07%
Educational level (n= 633)	
Less than high school	30.65%
High school / GED	50.39%
Associate Degree/Trade	12.16%
Bachelor's Degree	3.95%
Master's Degree or higher	2.85%
Annual household income (n=530)	
Below \$10,000	51.51%
\$10,000-\$15,000	13.77%
\$15,000-\$25,000	11.89%
\$25,000-\$35,000	10.75%
\$35,000-\$50,000	6.79%
\$50,000-\$75,000	1.52%
\$75,000 or more	3.77%

QUALITY OF LIFE



COMMUNITY IMPROVEMENT

Top three community problems that affects the residents personal life (n=523)

Top 3 community problems that affect your life n=523	
1. Violence	23.5%
2. Environment	17.8%
3. Crime	14.0%
Total:	55.3%

Violence: gangs, thugs, attacks, gun, shooting, bullying, killing, fighting and loitering abuse.

Environment: cleanliness and clean water

Crime: kidnapping, robbery, murder, vandalism, prostitution, home intrusion, homicide, theft etc;

Top three services that need improvement in the community (n=510)

Top 3 services that need improvement in the community N=510	
1. Environment/ housing	38.8%
2. Government/ police	14.3%
3. Access to healthcare	14.1%
Total	67.2%

Environment/housing: cleanliness, pollution, infrastructure, and lack of housing

Government/police: Lack of policeman, policemen's leadership

Access to healthcare: In need of more Doctors, Doctors' offices, hospitals and information regarding health concerns

HEALTH INFORMATION

Health related information the community needs? (n=436)

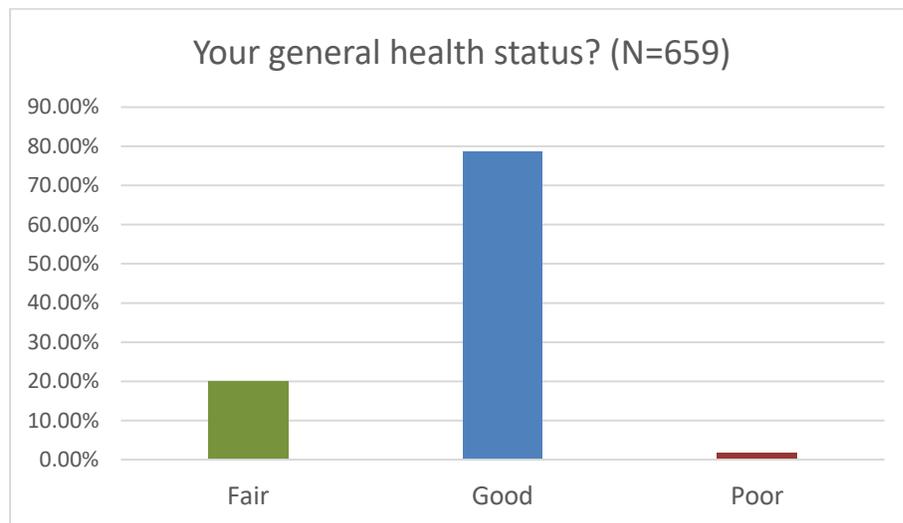
Health related information the community needs? (n=436)	
1. STD/HIV/AIDS	10.6 %
2. Food nutrition	8.0%
3. Access to healthcare resources	7.8%
Total	26.4%

Where residents receive most of their health information from? (n=567)

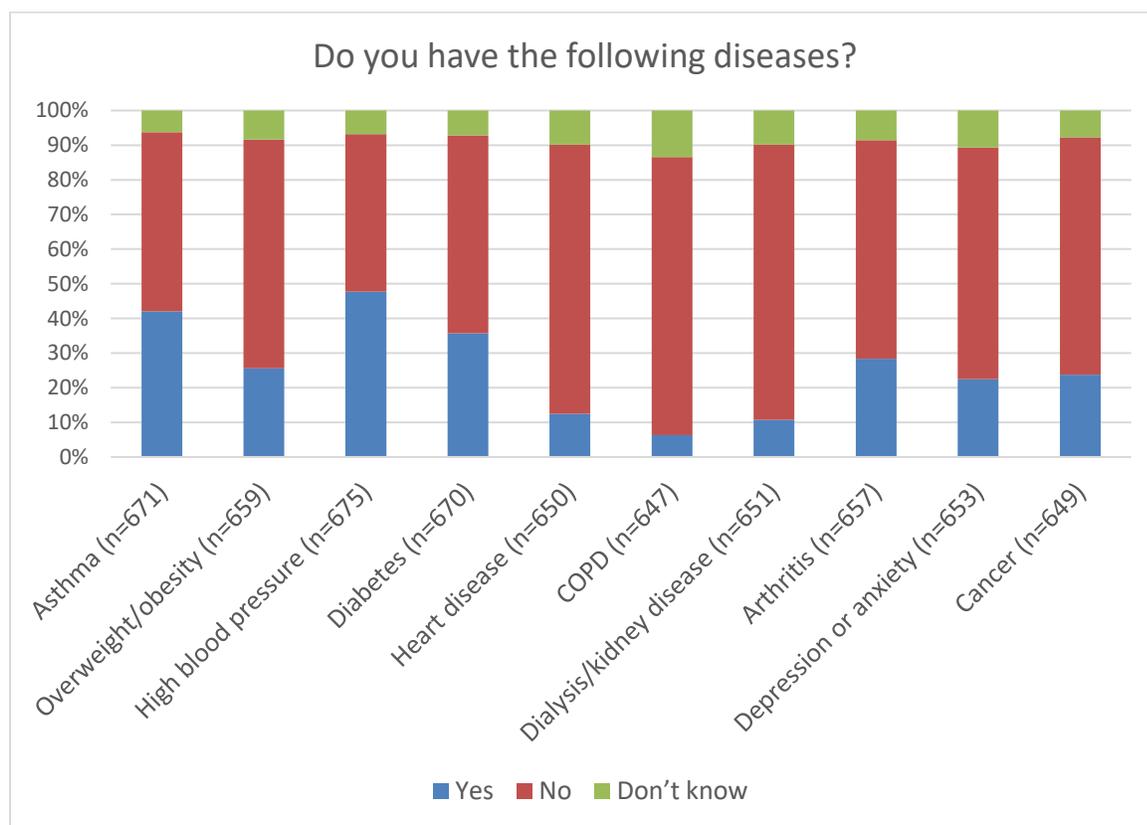
Where residents receive most of their health information from? (n=567)	
1. Doctors/Physician	20.8%
2. Internet	11.3%
3. Family members	8.5%
Total	40.6%

PERSONAL HEALTH

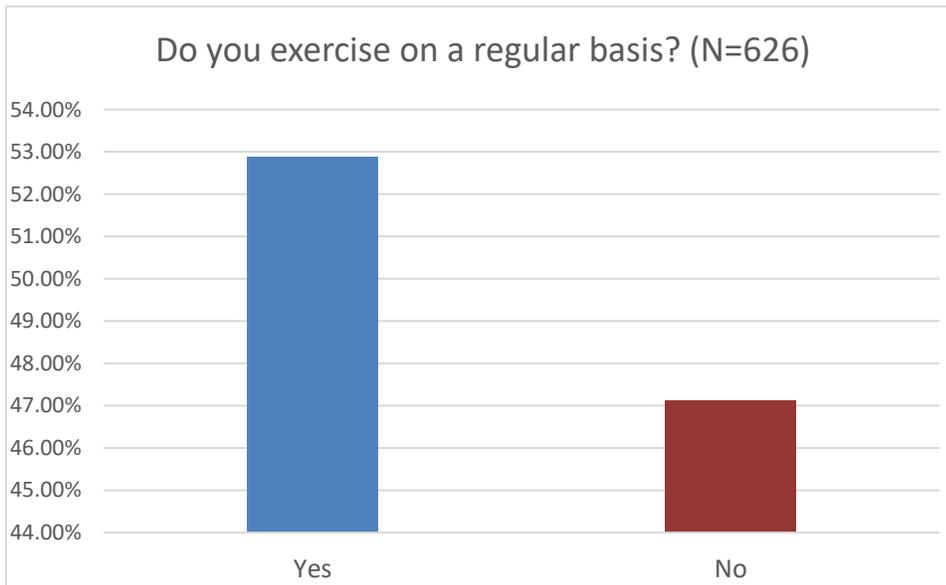
General health status:



Health conditions:



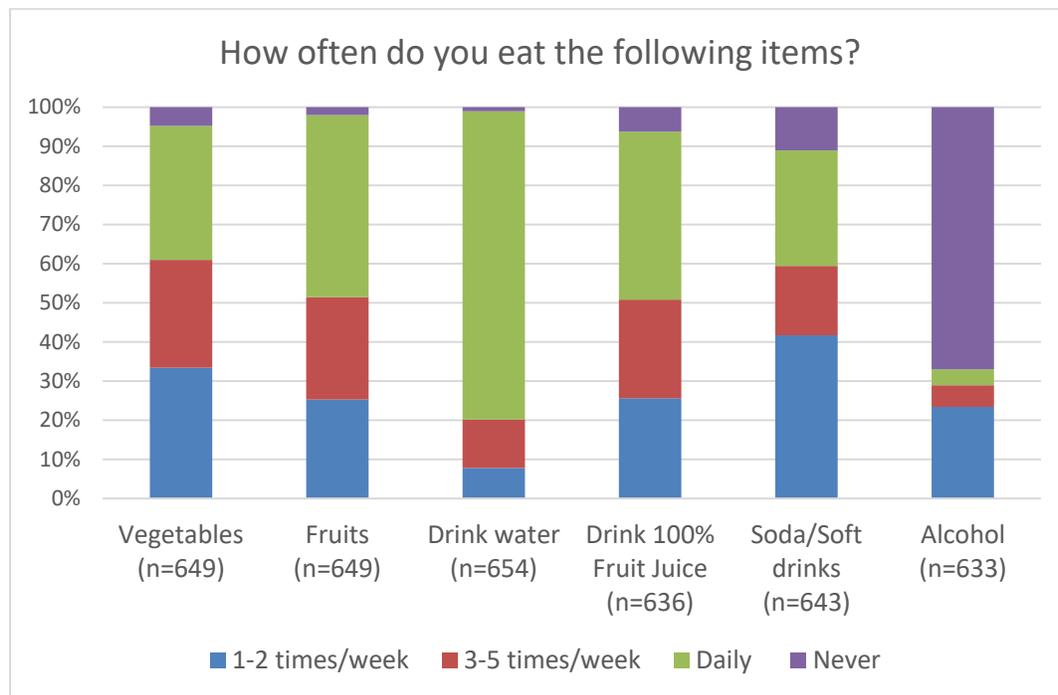
Exercise frequency:



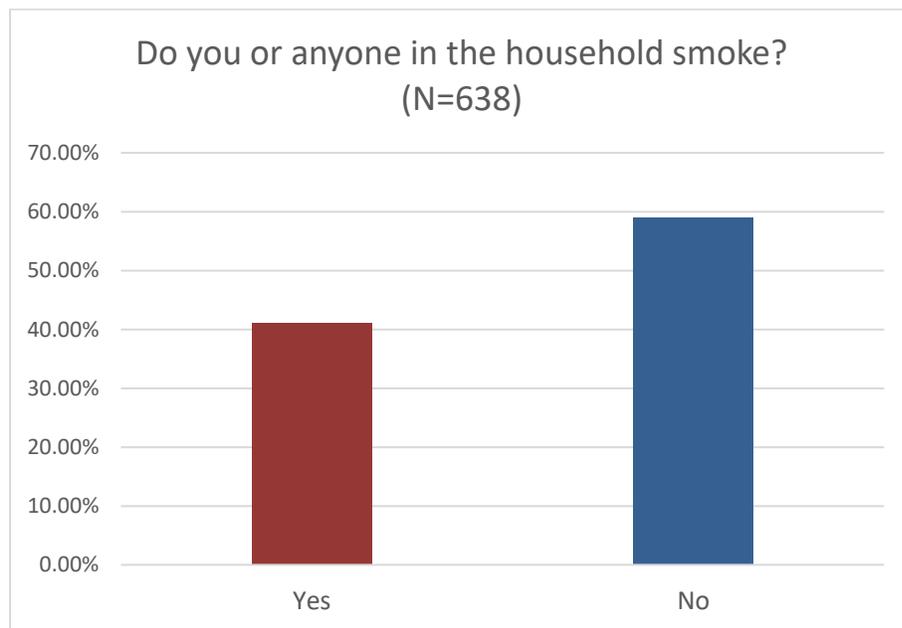
Top 3 reasons residents do not exercise (n=180)	
Busy/time	17.2%
Do not like or care to exercise	12.2%
Lazy/tired	6.1%

Top 3 Exercise locations (n=198)	
Home	23.7%
Gym	17.7%
Outside/Park/Street	12.1%

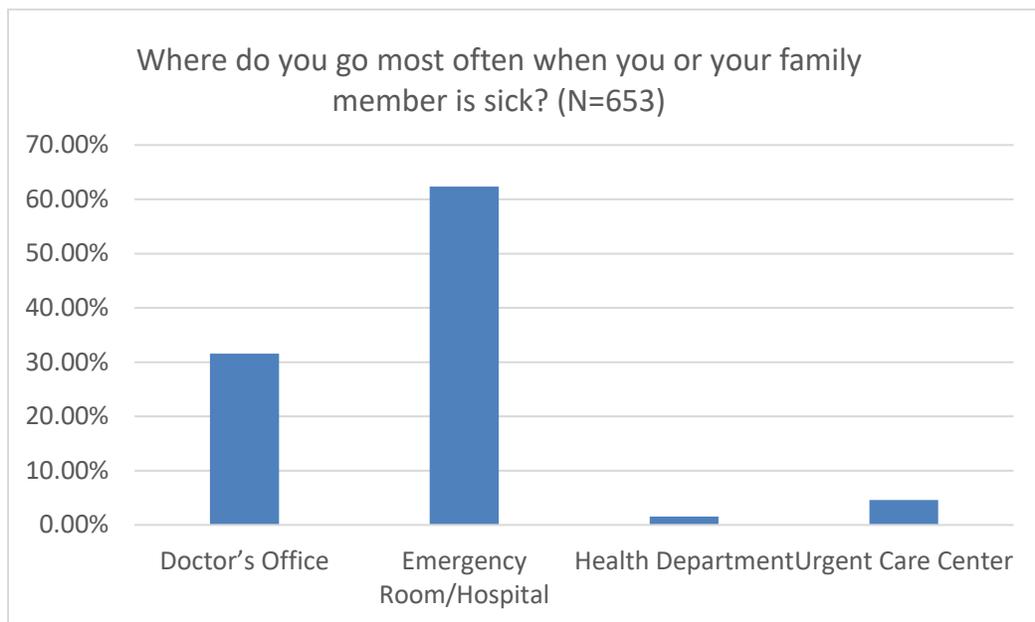
Eating habits



Smoking habits



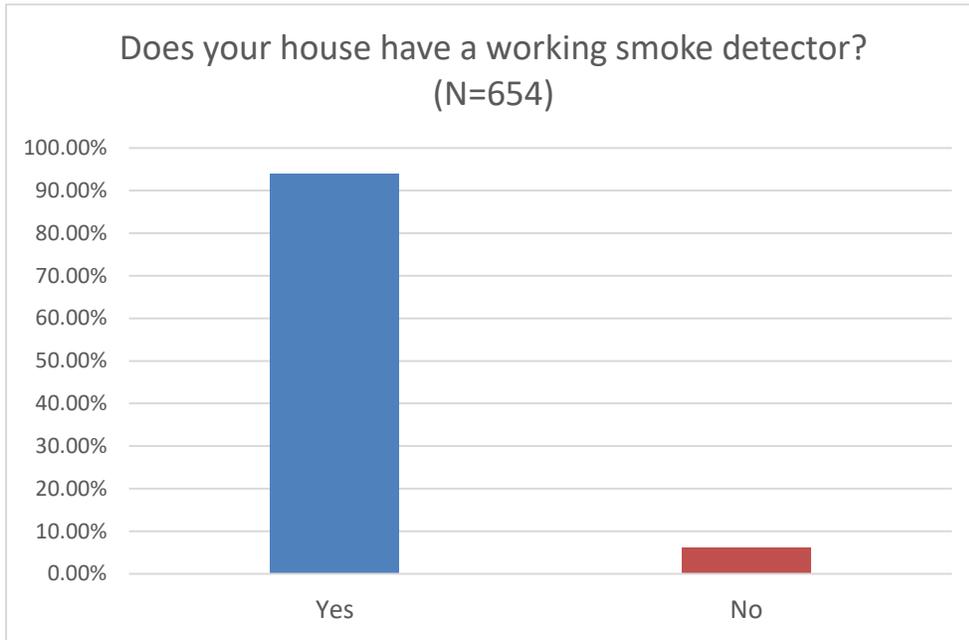
ACCESS TO HEALTHCARE



Top three health insurances residents obtain? (n=516)	
Molina	15.7%
Medicaid	13.6%
Meridian health insurance	9.7%

These three health insurances are 39% of the population in total.

EMERGENCY PREPAREDNESS



The top 3 best forms of communication in case of an emergency. (n=558)	
Phone call	18.5%
Parents	6.1%
Email	28.2%

These three ways are 28.2% of the population in total.

Community Survey 2012

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
<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"/>				
Sexually Transmitted Diseases	<input type="checkbox"/>				
Infant Mortality (Baby Deaths)	<input type="checkbox"/>				
HIV/AIDS	<input type="checkbox"/>				
Crime	<input type="checkbox"/>				
Immunization	<input type="checkbox"/>				
Substance Use/Abuse	<input type="checkbox"/>				
Diabetes	<input type="checkbox"/>				
Violence	<input type="checkbox"/>				
High Blood Pressure	<input type="checkbox"/>				
Poverty	<input type="checkbox"/>				
Mental Health	<input type="checkbox"/>				
Prostate Cancer	<input type="checkbox"/>				
Teen Pregnancy	<input type="checkbox"/>				
Senior Care	<input type="checkbox"/>				
Air Quality/Environment	<input type="checkbox"/>				
Health Insurance	<input type="checkbox"/>				
Dental Health	<input type="checkbox"/>				
Breast Cancer	<input type="checkbox"/>				
Access to Care	<input type="checkbox"/>				
Second Hand Smoke	<input type="checkbox"/>				
Smoking/Chew/Snuff (tobacco products)	<input type="checkbox"/>				
Healthcare Costs	<input type="checkbox"/>				

Community Health Needs Assessment

For the 2012-2017 the IPLAN Team and East Side Health District Administrators met on May 2, 2012 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 community input sessions.

The 2017-2022 contributing IPLAN Team and East Side Health District Administrator met on August 2017 to establish priorities for the IPLAN 2017-2022. Multiple sources of data were used to establish the final priorities: ranked top 10 health concerns from 8 community input sessions as well as qualitative and quantitative results from the 719 community surveys. The stakeholders used the top 10 health concerns that were derived at the community input sessions.

It should be noted that the health priorities of the East Side Health District service area were virtually unchanged from the 2012-2017 IPLAN. This is attributed to the cessation or limited funding to support local programs and staffing shortages created by the non-existent State of Illinois budget for three years of the previous IPLAN period. East Side Health District had to reprioritize its limited funds to keep the core functions of the health department in operation. With that being noted, East Side Health District will strive to address the priorities more aggressively during the next five year span.

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

The 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 10 individual rankings were further compiled into one list to establish the health priorities for 2017-2022.

East Side Health District

Health Priorities 2017-2022

ENVIRONMENT

SEXUALLY TRANSMITTED INFECTIONS

HIV/AIDS

CANCER

OBESITY

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.

HEALTH PROBLEM	OUTCOME OBJECTIVE
<ul style="list-style-type: none"> • STD'S • HIV/AIDS 	<p>By the year 2022, reduce the Chlamydia rate to 1,800 cases per 100,000 in the East Side Health District service area.</p> <p>By the year 2022, reduce the Gonorrhea rate to 400 cases per 100,000 in the East Side Health District service area.</p> <p>By the year 2022, 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 2022, 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. Relative to the unprotected sex risk factor, by the year 2022 East Side Health District will heighten awareness through community health fairs and other coordinated community events with the City of East St. Louis and the St. Clair County Health Department emphasizing the life-changing dangers of having unprotected sex along with increasing the number of condoms being distributed throughout the community (particularly bars and nightclubs) on an annual basis. Relative to lack of knowledge risk factor, by the year 2022 focus on full utilization of IDPH brochures which include: Condom Basics, STD Facts for Young Women, Condom Hot Tips and STD Facts. Additionally, with permission work closely with East St. Louis Township and School Districts 187 & 189 produce and show semi-annually a sex education PowerPoint presentation focusing on teens, adults and seniors throughout the East Side Health District service area showing from an epidemiology viewpoint the proportion of the population in our jurisdiction with the disease and the associated risk factors.</p>
<p>CONTRIBUTING FACTORS</p> <p>DIRECT</p> <p>Multiple Sex Partners</p> <p>Alcohol and Drug Use</p> <p>Not Seeking Information</p> <p>Cultural Stigma</p> <p>INDIRECT</p> <p>Survival Sex – Exchange Sex for Money</p> <p>Age Discordant Partnerships</p> <p>Low Self Esteem</p> <p>Late Night Entertainment</p> <p>Liquor Stores</p> <p>Does not apply to me – “I’m not high risk”</p> <p>Adolescent and Adult Lack of Education</p> <p>Language Barriers</p> <p>Religious Views</p> <p>Fear of Not Being Accepted</p>	<p>INTERVENTION STRATEGIES</p> <p>Clinical Recommendations 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 bars, at</p>

	<p>non-traditional hours to aggressively seek individuals in locations that they frequent. 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 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 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 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. 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 STD-1: Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections. STD-2: Reduce Chlamydia rates among females aged 15 to 44 years. 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. 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. STD-5: Reduce the proportion of females ages 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID). STD-6: Reduce gonorrhea rates. 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</p>

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 2022, 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 2022, reduce the number of cancer deaths 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 with community and academic partners such as SIUE and Washington University. Also increase screenings of the aforementioned cancers at churches, schools, senior citizen buildings and other appropriate venues. By the year 2022, while working closely with the Illinois Cancer Partnership to create a PowerPoint presentation for teens and adults to be shown at least annually at schools, churches, city hall and other similar venues reflecting the volatile nature of smoking and drinking alcohol which ultimately creates a high risk for oral cancer, bronchus and lung cancer. Eating Smart segment encourages the school food service to provide tasty lower saturated fat and lower sodium school meals, drinking water and juices instead of soda and sugary beverages and above all provide and maintain nutritious meals utilizing the skills of a professional Nutritionist. Offer the services of ESHD Registered Dieticians to help with meal planning innovations for the schools</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, i.e., Interstate Traffic</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>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>Consumer Information 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 Side Health District, Vital Statistics is behind in compiling and returning data</p>
<p>Description of the health problem, risk factors and contributing factors Risk factors related to cancer were environmental, tobacco and alcohol, inadequate nutrition, hereditary, and genetics. The direct contributing factors are: contamination of industrial sites, mobiles 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</p>	

- 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 current guidelines – mammograms, pap tests, and cancer screening
- 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
- C-20:** Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn
- PA-15:** Increase policies for the built environment that enhance access to and availability of physical activity opportunities – community-scale and street-scale policies
- TU-1-2:** Reduce tobacco use by adults and adolescents
- TU-3:** Reduce the initiation of tobacco use among children, adolescents, and young adults
- TU-4:** Increase smoking cessation attempts by adult smokers
- TU-11:** Reduce the proportion of nonsmokers exposed to secondhand smoke
- TU-15:** Increase tobacco-free environments
- TU-18:** Reduce the proportion of adolescents and young adults grades 6 through 12 who are exposed to tobacco advertising and promotion
- TU-19:** Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors

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. 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.

Grant funding for breast cancer and prostate cancer

Clinical Recommendations

Screening for Breast Cancer, Cervical Cancer, and Colorectal Cancer.

Community Interventions

Cancer Prevention & Control, Client-oriented screenings, health communication, and social marketing.

Consumer Information

Clients develop questions for the doctor about when and how to screen for cancer as well as get tested for cancers.

Proposed community organizations to provide and coordinate the activities

Illinois Department of Public Health

Hope Light Foundation

Foundations that support cancer initiatives

Faith based organizations

<p>Evaluation plan to measure progress towards reaching objectives 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 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 Healthy People 2020 objectives for obesity are used because obesity data for the East Side Health District service area was not available. By 2022, 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) Healthy People 2020 objectives for obesity are used because obesity data for the East Side Health District service area was not available. By 2022, reduce the proportion of person 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 , and adults who are considered obese and the prevent inappropriate weight gain in youth and adults. Promote physical fitness programs in schools, nutrition education, family support and participation, utilizing East Side Health District's Nutritionists to create nutritious meals from the East Side Health Districts F.R.E.S.H. Community Teaching Garden and weekly farmer's market. The weekly farmer's market provides fresh fruits and vegetable to the family for approximately 5 months throughout the year that include cooking demonstrations and healthy recipes. The F.R.E.S.H. Community Teaching Garden is open 8 months out of the year and provide various nutrition classes monthly. Medical problems which include Type 2 Diabetes and High Blood Pressure are risk factors that can be eliminated with a nutritious diet, maintaining reasonable physical activity throughout the day, month and year.</p>

<p>CONTRIBUTING FACTORS</p> <p>DIRECT Lack of Nutritious Food Choices Lack of Physical Activity Food Deserts Proper Food Preparation Smoking</p> <p>INDIRECT Prices Transportation, i.e., 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 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. Continued support of the Make Health Happen corner store initiative.</p> <p>Consumer Information 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 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>BARRIERS TO BE ADDRESSED</p> <p>Funding for proposed programs Obtaining East Side Health District service area specific data on obesity</p>
<p>Description of the health problem, risk factors and contributing factors</p> <p>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, i.e., 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>	

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

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, promote exercise 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, i.e., 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

Clinical Recommendations

Screening for obesity in adults, children, and adolescents.

Community Interventions

Obesity prevention and control interventions in community and worksite settings via nutrition and physical activity programs. Reduce screen time through behavioral interventions.

Consumer Information

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, 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, and Get Up and Go,

<p>HEALTH PROBLEM</p> <p>● ENVIRONMENT</p>	<p>OUTCOME OBJECTIVE</p> <p>Air By 2022, 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 2022 encourage local municipalities to improve existing public sewer service to East Side Health District citizens.</p> <p>Built By 2022 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 6 months to 7 years of age. Encourage municipalities to decrease derelict structures by 25% while increasing the number of sustainable and equitable housing. Facilitate the opening of 2 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 2022 establish coalition of community members and stakeholder agencies to examine existing laws and programs. By 2022 utilizing input for the Community Coalition write a Code Enforcement Ordinance to fully address enforcement issues throughout East Side Health District’s jurisdiction. We have submitted a request for assistance from Washington University George Warren Brown School of Social Work and the Gephardt Institute of Public Service to survey the community residents and facilitate focus groups pertaining to our environment Infrastructure. By 2022, improve and create new objectives to meet 2017 outcomes for illegal burning, increase the number of multi unit housing</p>

	<p>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.</p> <p>Built By 2022 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 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> <p>Code Enforcement By 2022 create an action plan with the City of East St. Louis, Washington Park and Centreville code enforcement programs to strengthen current municipal ordinances that will increase code violation compliance. Additionally, we will work closely with Washington University to assist us with community stakeholder involvement throughout this process.</p>
<p>CONTRIBUTING FACTORS</p> <p>DIRECT 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 Lack of Jobs Unemployment</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>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>Consumer Information Health effects of environmental toxins, standing water, connection between built environment and public health</p>
<p>COMMUNITY STAKEHOLDERS & RESOURCES 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 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, 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</p>	

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

<p>MHMD-9: Increase the proportion of adults with mental health disorders who receive treatment</p> <p>MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders</p> <p>NWS-13: Reduce household food insecurity and in doing so reduce hunger</p> <p>NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older</p> <p>NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older</p> <p>NWS-16: Increase the contribution of whole grains to the diets of the population aged 2 years and older</p> <p>NWS-17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older</p> <p>NWS-18: Reduce consumption of saturated fat in the population aged 2 years and older</p> <p>NWS-19: Reduce consumption of sodium in the population aged 2 years and older</p> <p>NWS-20: Increase consumption of calcium in the population aged 2 years and older</p> <p>NWS-21: Reduce iron deficiency among young children and females of childbearing age</p> <p>Social Determinants of Health topic, however this topic has no specific objectives to date</p>
<p>Corrective actions to reduce the level of the indirect contributing factors</p> <p>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.</p>
<p>Proposed community organizations to provide and coordinate the activities</p> <p>East Side Health District, Illinois Department of Public Health, Environmental Protection Agency and Illinois Environmental Protection Agency,</p>
<p>Evaluation plan to measure progress towards reaching objectives</p> <p>Foster and strengthen relationships with the Environmental Protection Agency, and Illinois Environmental Protection Agency 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.</p>
<p>Anticipated sources of funding and/or in kind support</p> <p>Illinois Department of Public Health Environmental Protection Agency Illinois Environmental Protection Agency</p>