Community Wellness Report

alliance
for building community
invest yourself.

Adams County, IL
Revised March 2009

Table of Contents

Appropriate and affordable housing exists for all residents

Residents have access to health and social services

Individuals and families lead healthy lifestyles

All residents live in a safe environment

Residents are engaged civic participants

Appendix

Alliance for Building Community

Community Wellness Report

This report provides information on the community indicators developed by the Alliance for Building Community (ABC). A description of the process that led to development of the indicator set in its initial iteration is included in the Appendix. A graphic depiction of that process is included on the following page. The graphic suggests the iterative nature of the process in which the various groups and individuals involved with ABC have, and will continue to have, input into the indicator set. This iterative process makes the Wellness Report a "living document" that changes over time to reflect what community members feel are priorities for measuring the health and well-being of the community.

Since the first iteration of the Report, ABC has adopted a community-wide approach to planning for improving community health called MAPP- Mobilizing for Action through Planning and Partnerships. MAPP was developed through the efforts of several major health-related organizations including the National Association of City and County Health Officials (NACCHO), the Centers for Disease Control and Prevention (CDC), the American Public Health Association (APHA), the National Association of Local Boards of Health (NALBOH) and others. MAPP is a process designed to help communities organize; assess community health, community themes and strengths, and forces of change; and to identify strategic issues for improvement efforts and monitor the progress of their efforts.

The MAPP model is depicted in the graphic on page 6. It includes four assessments. The Wellness Report corresponds to the Community Health Status Assessment. As one element in an iterative assessment and planning process, the Wellness Report will inform the choice of strategic issues and serve as a tool to monitor the health of the community and progress on improvement efforts.

Figure 1

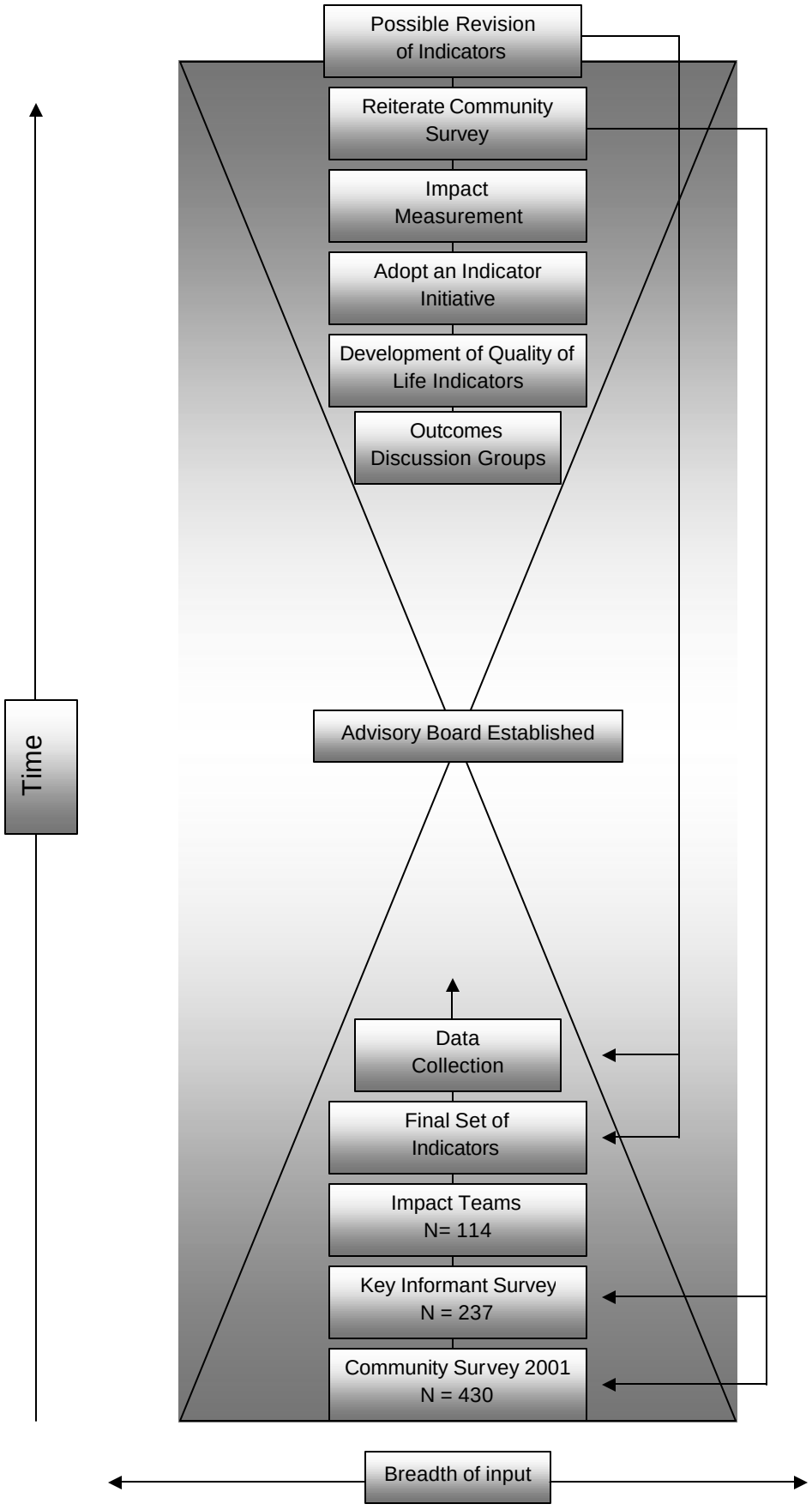
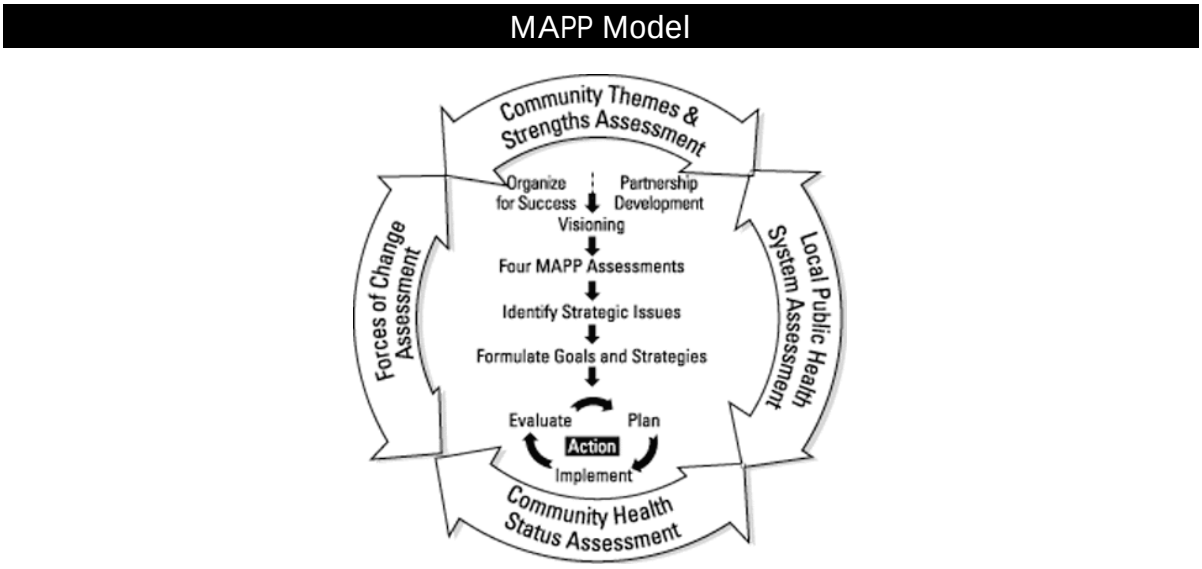

Possible Revision of Indicators
Reiterate Community Survey
Impact Measurement
Adopt an Indicator Initiative
Development of Quality of Life Indicators
Outcomes Discussion Groups
Advisory Board Established
Data Collection
Final Set of Indicators
Impact Teams N= 114
Key Informant Survey N = 237
Community Survey 2001 N = 430
Time
Breadth of input

Figure 2: MAPP Model



In total, there are 54 indicators included in this report. The indicators are organized under the eight outcome areas including:

A. Residents live in a state of economic well being
B. Residents possess the skills to be successful in school and work
C. Community infrastructure supports health and economic well-being
D. Appropriate and affordable housing exists for all residents
E. Residents have access to health and social services
F. Individuals and families lead healthy lifestyles
G. All residents live in a safe environment
H. Residents are engaged civic participants

Each indicator includes data for Adams County and, where applicable and available, data for one or more comparison jurisdictions (e.g. Illinois, US). For each indicator a statement about how the Adams County value differs from the comparison is included. Information on the source of the data and temporal availability are included where available. Definitions of the indicators are included. Following most indicators there is

additional narrative information about why it is important to measure the indicator and how it has been shown to affect health.

The set of indicators included in this report represents the culmination of the work of many people over a time period that as of the Fall of 2006 now spans more than five years (since the 2001 United Way Community Survey) as depicted in Figure 1. The extensive participation that led to the indicator set included in the Wellness Report has benefited from the input of community members and professionals alike and suggests that the Report is truly a *community* wellness report representing the thoughts and hopes of a broad cross-section of the population.

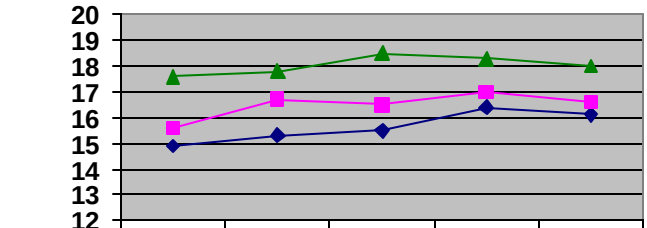
Outcome Area A
Residents live in a state of economic well-being

Indicator A1.1: Percentage of children living below the federal poverty level

Description: Percentage of the population age 0-17 living below the federal poverty level

Data Source: US Census Small Area Income & Poverty Estimates

Data availability: Yearly estimates (with a 2-3 year lag)



	2003	2004	2005	2006	2007
AC	14.9	15.3	15.5	16.4	16.1
IL	15.6	16.7	16.5	17	16.6
US	17.6	17.8	18.5	18.3	18

The Adams County rate for children living below the federal poverty level is lower (better) than the state and national rates.

Numerous studies have shown a relationship between measures of poverty (both relative and absolute) and poor health outcomes (Benzeval and Judge, 2001; Mullahy, Robert, and Wolfe, 2001). Poverty in childhood may be particularly detrimental to developmental, cognitive and health outcomes (Smith, 1999; Marmot and Wilkinson, 1999).

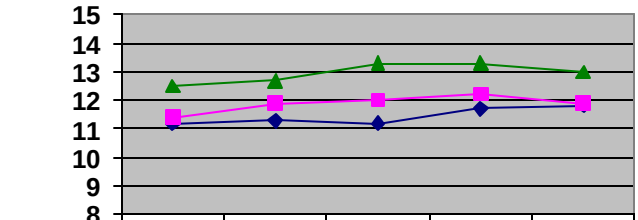
Outcome Area A
Residents live in a state of economic well-being

Indicator A1.2: Percentage of the total population living below the federal poverty level

Description: Percentage of the population all ages living below the federal poverty level

Data Source: US Census Small Area Income & Poverty Estimates
http://www.census.gov/cgi-bin/saipe/saipe.cgi

Data availability: Yearly estimates (with a 2-3 year lag)



	2003	2004	2005	2006	2007
AC	11.2	11.3	11.2	11.7	11.8
IL	11.4	11.9	12	12.2	11.9
US	12.5	12.7	13.3	13.3	13

The Adams County rate for the percentage of the total population living below the federal poverty level is about the same as the state rate and lower (better) than the national rate.

See information above under childhood poverty.

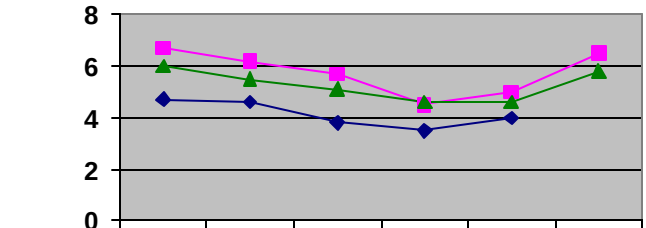
Outcome Area A
Residents live in a state of economic well-being

Indicator A1.3: Percentage of residents unemployed

Description: Annual average unemployment rate

Data Source: Illinois Department of Employment Security- Local Area Unemployment Statistics
http://lmi.ides.state.il.us/laus/lausmenu.htm

Data availability: Annual averages (with a 2-3 year lag)



	2003	2004	2005	2006	2007	2008
AC	4.7	4.6	3.8	3.5	4	NA
IL	6.7	6.2	5.7	4.5	5	6.5
US	6.0	5.5	5.1	4.6	4.6	5.8

The Adams County rate of unemployment in 2007 was lower (better) than the state and national rates.

The 2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

Unemployment may lead to lack of financial resources for the necessities of life (e.g. food, shelter, clothing, access to health care), to a diminished sense of control and social inclusion.

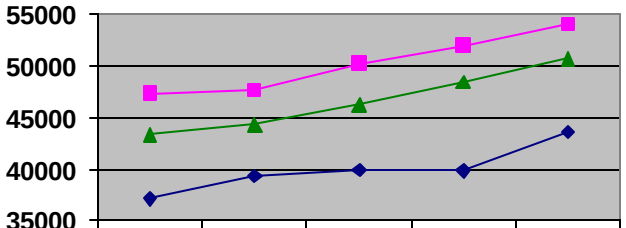
Outcome Area A
Residents live in a state of economic well-being

Indicator A1.4: Median household income

Description: Median household income

Data Source: US Census Small Area Income & Poverty Estimates
http://www.census.gov/cgi-in/saipe/saipe.cgi

Data availability: Yearly estimates (with a 2-3 year lag)



	2003	2004	2005	2006	2007
AC	37097	39304	39945	39859	43602
IL	47367	47711	50270	52012	54141
US	43318	44334	46242	48,451	50740

The median household income for Adams County is below (worse than) the state and national median.

Lower income in general has been shown to be associated with poor health outcomes (see information included above under Childhood poverty).

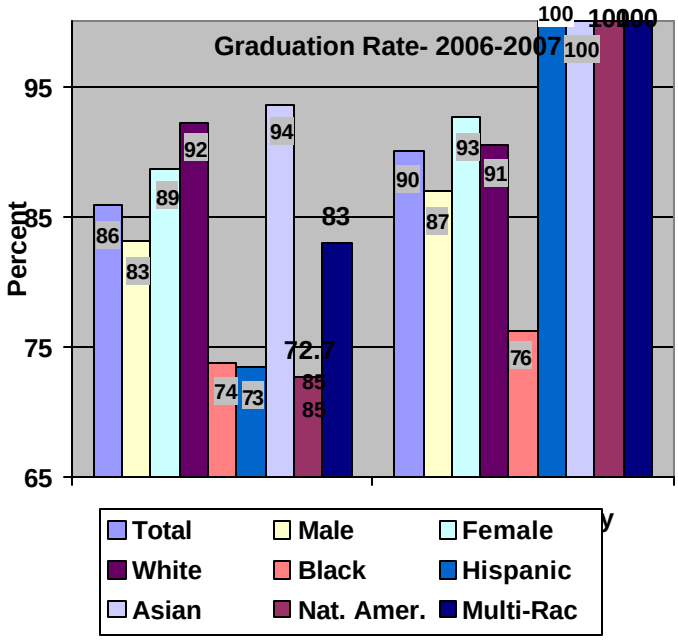
Outcome Area B
Residents possess the skills to be successful in school and work

Indicator B1.1: High School graduation rate

Description: Percentage of students that graduate in four years (public schools)

Data Source: Adams County Report available from Regional Office of Education. Individual school district data available from Illinois State Board of Education School Report Cards http://www.isbe.state.il.us/

Data availability: Yearly (2004-05 first year data available aggregated for Adams County).



Adams County graduation rates by gender, racial and ethnic categories are higher (better) than the Illinois rates in all categories. As a result of relatively small numbers in all the racial and ethnic categories except for White, rates should be interpreted with care.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

Education shapes the personal growth and life chances of children, as well as the economic and social progress of our Nation. Early educational experiences of young children, such as being read to daily, encourage the development of essential skills and prepare children for success in school.[1] Later aspects of academic performance, such as mastering mathematics, reading, and other core subjects, as well as completing high school, open opportunities for higher education and future employment. (2006 Federal Interagency Forum on Child and Family Statistics)
Childstat.gov http://www.childstats.gov/americaschildren/edu.asp

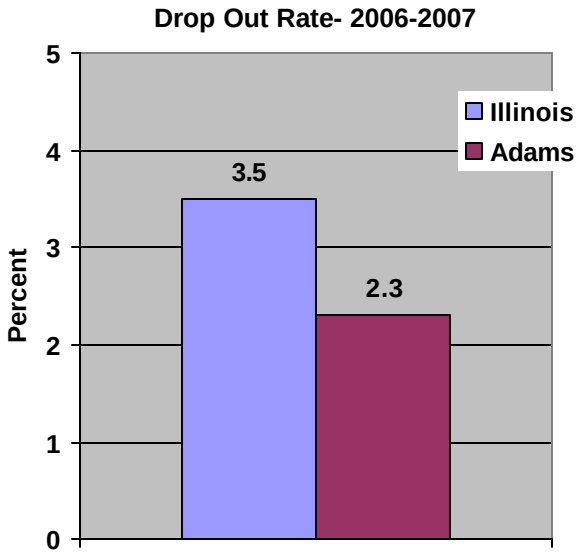
Outcome Area B
Residents possess the skills to be successful in school and work

Indicator B1.2: High school drop out rate

Description: Percentage of students who drop out (public schools)

Data Source: Illinois State Board of Education School Report Cards http://www.isbe.state.il.us/

Data availability: Yearly (2004-05 first year data available aggregated for Adams County).



The Adams County drop out rate is lower (better) than the Illinois rate.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

Education shapes the personal growth and life chances of children, as well as the economic and social progress of our Nation. Early educational experiences of young children, such as being read to daily, encourage the development of essential skills and prepare children for success in school (Snow, Burns and Griffin, 1998). Later aspects of academic performance, such as mastering mathematics, reading, and other core subjects, as well as completing high school, open opportunities for higher education and future employment. (Source: 2006 Federal Interagency Forum on Child and Family Statistics)
Childstat.gov http://www.childstats.gov/americaschildren/edu.asp

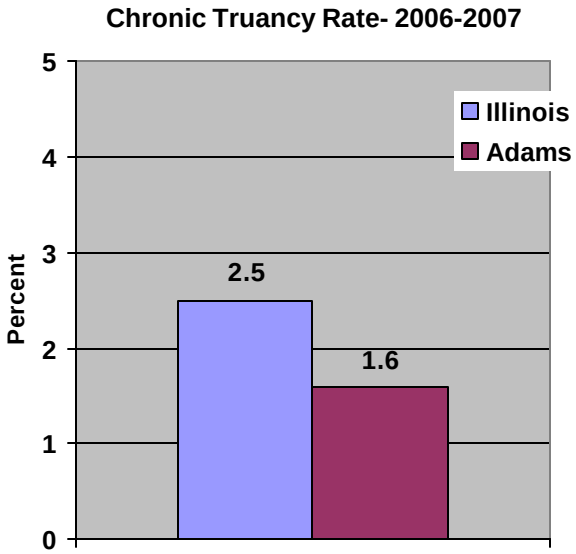
Outcome Area B
Residents possess the skills to be successful in school and work

Indicator B1.3: Chronic truancy rate

Description: Students who are absent from school without valid cause for 18 or more of the last 180 days (public schools)

Data Source: Illinois State Board of Education School Report Cards http://www.isbe.state.il.us/

Data availability: Yearly (2004-05 first year data available aggregated for Adams County).



The Adams County chronic truancy rate is lower (better) than the Illinois rate.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

What Is Truancy?
Truancy refers to students' unexcused absences from school. Concern about truancy typically focuses on these unexcused absences. However, any school absence—excused or unexcused—as well as missed classes and tardy arrivals can affect students negatively.

There is no universal definition of truancy [see Illinois definition above]. It is defined differently by each state's compulsory school attendance laws and local and school district policies. Truancy affects students of all ages, from all types of communities and socioeconomic backgrounds.

What Causes Truancy?
Students miss school for different reasons, depending on the age and circumstances of each student. Research shows that factors contributing to truancy stem from three areas: school, family and community, and student characteristics. For example—
School Factors
- Inconsistent and ineffective school attendance policies.

- Poor record keeping.
- Not notifying parents/guardians of absences.
- Unsafe school environment.
- Poor school climate.
- Inadequate identification of special education needs.

Family and Community Factors

- Negative peer influences, such as other truant youth.
- Financial, social, medical, or other problems that pressure students to stay home to help the family.
- Child abuse and neglect.
- Family disorganization
- Teen pregnancy or parenthood.
- Lack of family support for educational and other goals.
- Violence in or near the home or school.

Student Characteristics

- A lack of personal and educational ambition.
- Poor academic performance.
- Lack of self-esteem.
- Unmet mental health needs.
- Alcohol and drug use and abuse.

What Are the Impacts of Truancy?

For decades, educators, researchers, and social reformers have recognized the link between truancy and delinquency.

Truant students are at risk for many negative outcomes, including—

- Educational failure.
- Social isolation.
- Substance abuse.
- Low self-esteem.
- Unwanted pregnancy.
- Unemployment.
- Violence.
- Adult criminality and incarceration.

In addition to placing students at risk, truancy has harmful social and financial consequences. Communities with high rates of truancy are likely to have corresponding rates of daytime criminal activity and vandalism. High school dropouts claim more in government-funded social services than high school graduates. (Source: The Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice. http://www.ojjdp.ncjrs.org/truancy/index.html

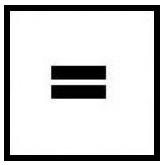
Outcome Area B
Residents possess the skills to be successful in school and work

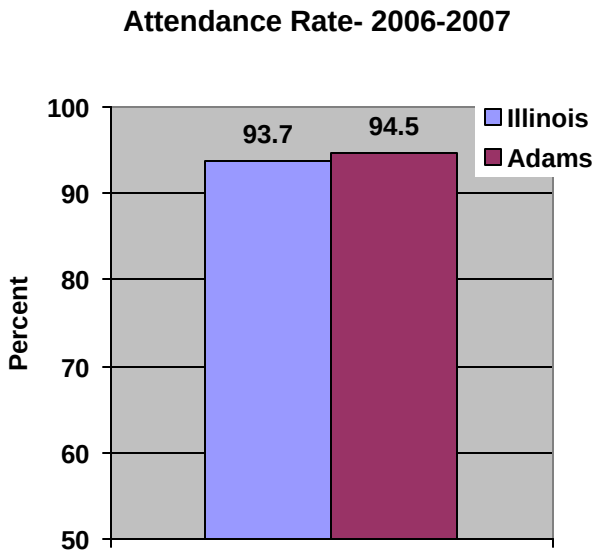
Indicator B1.4: Attendance rate

Description: Number of days of attendance divided by total days (public schools)

Data Source: Illinois State Board of Education School Report Cards http://www.isbe.state.il.us/

Data availability: Yearly (2004-05 first year data available aggregated for Adams County).





The Adams County attendance rate is almost identical to the state average.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

See information above under truancy for discussion of causes and consequences of poor attendance.

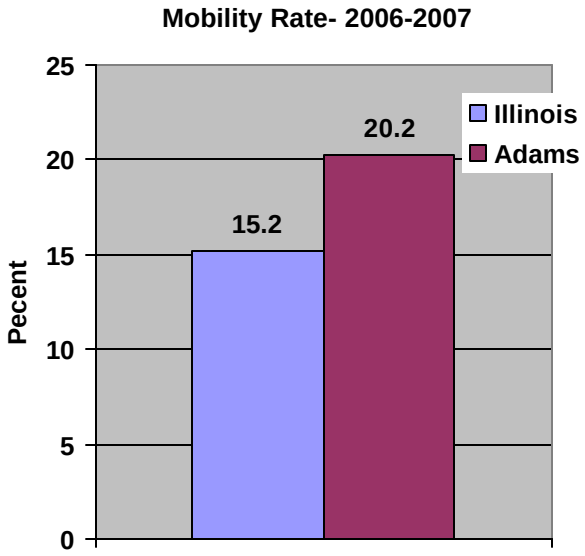
Outcome Area B
Residents possess the skills to be successful in school and work

Indicator B1.5: Mobility rate

Description: Based on the number of times students enroll in or leave school during the school year (public schools)

Data Source: Illinois State Board of Education School Report Cards http://www.isbe.state.il.us/

Data availability: Yearly (2004-05 first year data available aggregated for Adams County).



The Adams County mobility rate is higher (worse) than the Illinois rate.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

Research on Mobility

Studies of the effects of mobility on student learning show that:

- Mobility is associated with lower student achievement;
- Mobility is associated with low test scores regardless of the quality of the school's instructional programs; and
- Mobility affects the student movers the most, but also parents, teachers, school personnel and classmates at both the departing and receiving school, according to the report, "Student Mobility, Academic Performance, and School Accountability" published by the Educational Research Service. Government Accounting Office studies of student mobility demonstrate how the odds of student performance are stacked against urban schools and urban school children. Those studies show that "children who are from low income families (most frequently these are minority children) or attend inner-city schools are more likely than others to have changed school frequently."

The GAO further asserts that "within each income group, children who change schools frequently are more likely to be low achievers--below grade level--in reading than children who have never changed schools. (Fowler-Finn, 2001 p. 37).

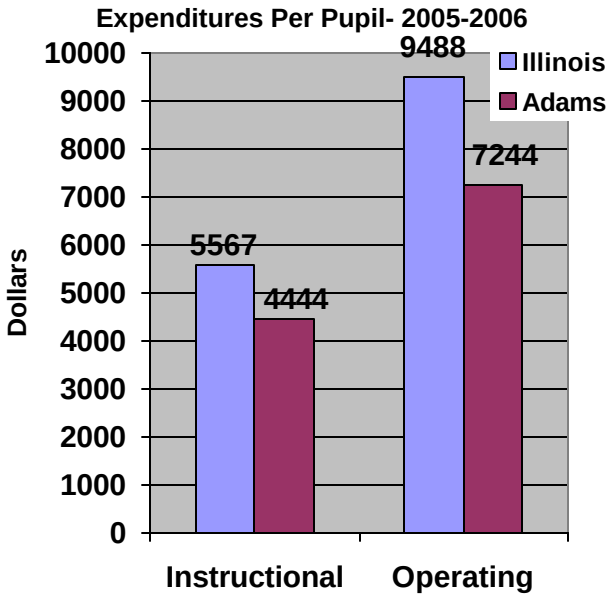
Outcome Area B
Residents possess the skills to be successful in school and work

Indicator B1.6: Public school expenditure per pupil

Description: Instructional expenditure per pupil includes the direct cost of teaching pupils or the interaction between teachers and pupils. Operating expenditure per pupil includes the gross operating cost of a school district excluding summer school, adult education, bond principal retired and capital expenditures (public schools)

Data Source: Adams County Report available from Regional Office of Education. Individual school district data available from Illinois State Board of Education School Report Cards http://www.isbe.state.il.us/

Data availability: Yearly



Expenditures per pupil in Adams County are lower (worse) than the Illinois average for both the instructional and operating categories.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

The research regarding the relationship between funding and academic performance is mixed. Some research suggests that higher levels of funding are associated with better student outcomes while other studies suggest no such relationship.

Outcome Area B

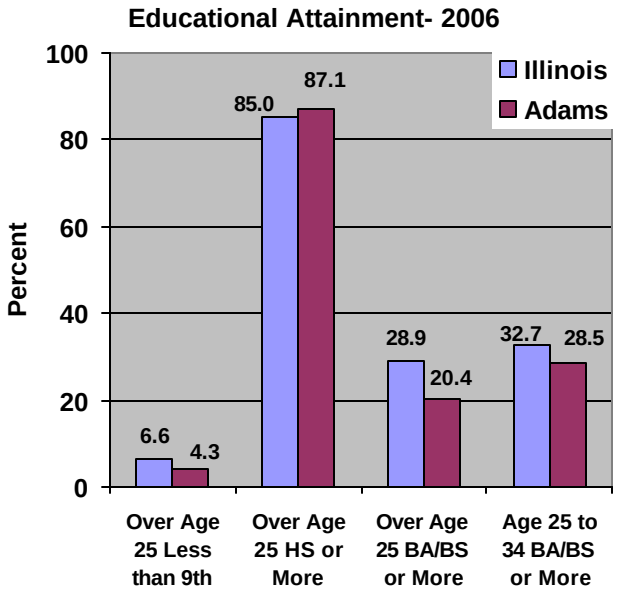
Residents possess the skills to be successful in school and work

Indicator B1.7: Educational attainment

Description: Percentage of persons in each education category (public schools)

Data Source: Illinois State Board of Education School Report Cards
http://www.isbe.state.il.us/

Data availability: Decennial census US Census Bureau.
www.factfinder.census.gov



The Adams County percentages in three of four educational attainment categories are below (worse than) the Illinois percentages, the exception being for the category over 25 years of age with a high school diploma or more.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

A number of studies have suggested a strong relationship between education, wages and life time earnings and have shown the benefits to society from increased productivity (Angrist & Krueger, 1991; Ashenfelter and Krueger, 1994; Blundell, Dearden and Sianesi, 2005; Card, 1995).

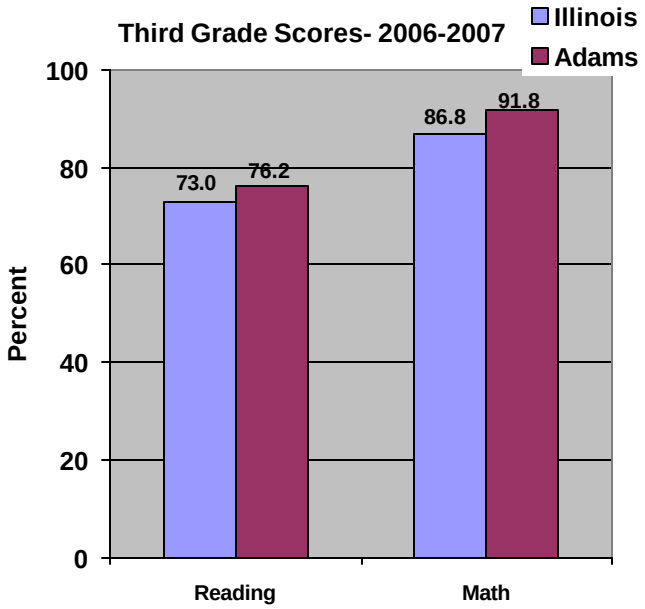
Outcome Area B
Residents possess the skills to be successful in school and work

Indicator B1.8: Percentage of third graders meeting or exceeding standards for reading and math

Description: Percentage of 3rd grade students meeting or exceeding standards for reading and math (public schools)

Data Source: Adams County Report available from Regional Office of Education. Individual school district data available from Illinois State Board of Education School Report Cards http://www.isbe.state.il.us/

Data availability: Yearly (2004-05 first year data available aggregated for Adams County).



The percentages of Adams County third graders meeting or exceeding standards for reading and math are higher (better) than the Illinois percentages.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

WHAT ARE THE ILLINOIS LEARNING STANDARDS?

The Illinois Learning Standards are statements which define a core of essential knowledge and skills that all Illinois students enrolled in public schools are expected to know and be able to do.

WHAT IS A STANDARDS-BASED EDUCATION SYSTEM?

Standards-based education uses standards to help educators and their communities identify explicitly what students must know and be able to do. It brings what is to be learned into focus and holds learning as a constant while treating other traditional constants (time, location, instructional materials, etc.) as variables.

WHY DO WE NEED STANDARDS?

Among the reasons we need standards are:

- To set uniform high expectations for all students;
- To provide a basis for equal opportunity to learn;

• To clarify the intended results of schooling for all audiences;
• To ease transitions for students who move from school to school and from grade to grade;
• To specify exactly what will be assessed in order to return more useful information about student achievement;
• To establish criteria for a meaningful accountability system;
• To provide a foundation for defining the knowledge and skills teachers need in order to provide instruction for students.

Illinois State Board of Education *Standards - Questions and Answers*
http://www.isbe.net/ils/Default.htm

Outcome Area B
Residents possess the skills to be successful in school and work

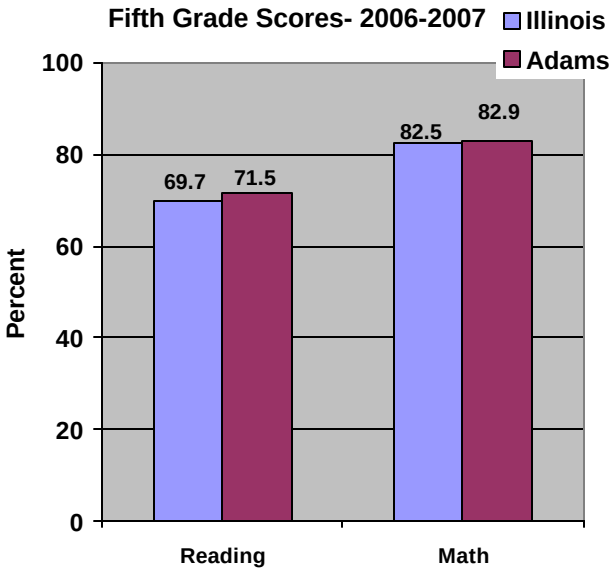
Indicator B1.9: Percentage of fifth graders meeting or exceeding standards for reading and math

Description: Percentage of fifth grade students meeting or exceeding standards for reading and math (public schools)

Data Source: Adams County Report available from Regional Office of Education. Individual school district data available from Illinois State Board of Education School Report Cards http://www.isbe.state.il.us/

Data availability: Yearly (2004-05 first year data available aggregated for Adams County).

=



The percentages of Adams County fifth graders meeting or exceeding standards for reading and math are almost identical to the Illinois percentages.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

See information above under B1.8 regarding the definition of and need for tracking achievement against standards.

Outcome Area B
Residents possess the skills to be successful in school and work

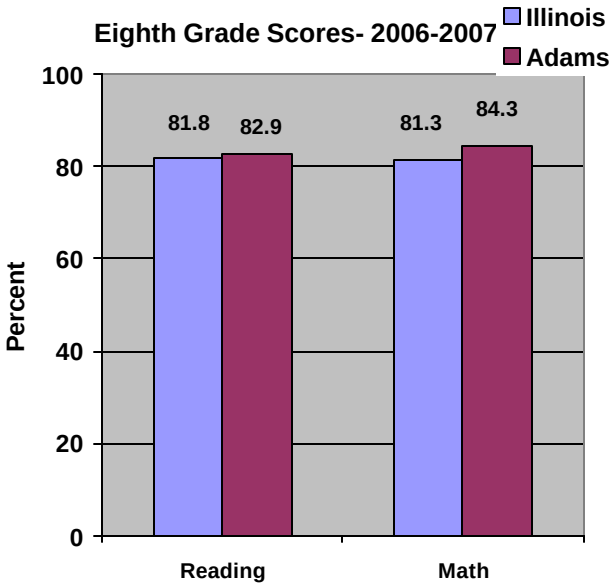
Indicator B1.10: Percentage of eighth graders meeting or exceeding standards for reading and math

Description: Percentage of eighth grade students meeting or exceeding standards for reading and math (public schools)

Data Source: Adams County Report available from Regional Office of Education. Individual school district data available from Illinois State Board of Education School Report Cards http://www.isbe.state.il.us/

Data availability: Yearly (2004-05 first year data available aggregated for Adams County).

=



The percentage of Adams County eight graders meeting or exceeding standards for reading and math is virtually identical to the state averages.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

See information above under B1.8 regarding the definition of and need for tracking achievement against standards.

Outcome Area B
Residents possess the skills to be successful in school and work

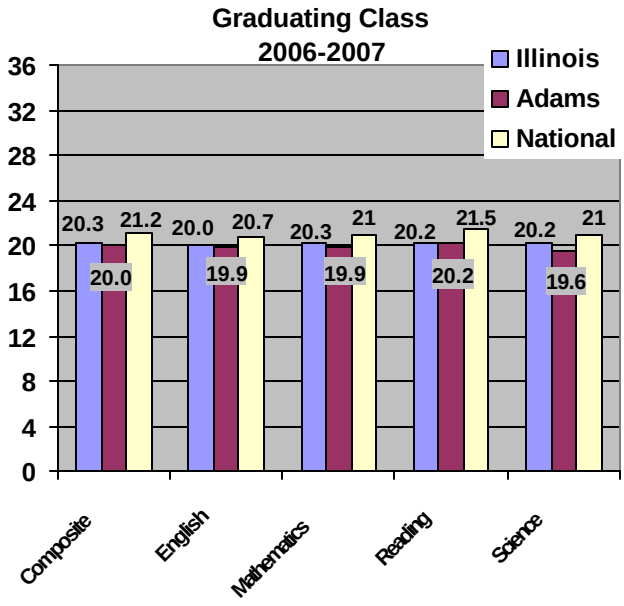
Indicator B1.11 ACT Assessment

Description: ACT assessment includes graduating students' most recent ACT Assessment scores from an ACT national test date or PSAE testing. Excludes the scores of students who took the test with special accommodations. State averages for ACT data are based on regular public schools and do not include private and special purpose schools (public schools)

Data Source: Illinois State Board of Education School Report Cards
http://www.isbe.state.il.us/

Data availability: Yearly for state and national data. Adams data available upon request from Regional Office of Education.

=



The average ACT scores for graduating students in Adams County were virtually identical to the state and national average scores.

The 2007-2008 Adams County data was not available at the cited source at the time of the March 2009 revision of the Adams County Wellness Report. As soon as this data is made available, this indicator will be updated.

About the ACT Assessment

The ACT is a curriculum-based achievement test made up of four separate exams in English, reading, mathematics, and science, plus an optional writing test which was introduced in February 2006. The average national scores for each subject test included in the ACT in 2005 were: English, 20.4; Math, 20.7; Reading, 21.3; and Science, 20.9. Composite score was 20.9. These scores are unchanged from 2004. Scores for the ACT Writing Test will be reported for the first time next year.

The ACT is scored on a scale of 1 to 36, with 36 being the highest possible score. ACT scores are accepted at virtually all colleges and universities across the nation. The test is administered in all 50 states and is the predominant college entrance exam in 25 states. Of the nearly 1.2 million 2005 high school graduates who took the ACT® test nationally, only 51% percent met the college readiness benchmark score of 21 on the Reading Test. Students who reach or exceed that score are likely ready to handle the reading requirements for typical credit-bearing, first-year college social science courses. (*Activity.* Autumn 2005, Volume 43/ Number 3. Copy right © 2006 by ACT, Inc.)

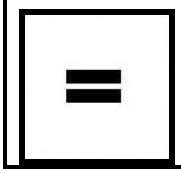
Outcome Area C
The community infrastructure supports health and economic well-being

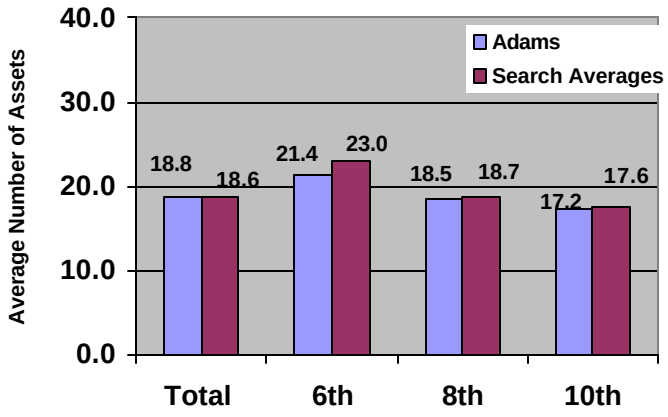
Indicator C1.1: Average number of developmental assets reported by youth (by grade)

Description: A measure of student responses to items developed by the Search Institute

Data Source: 2006 survey of 6th, 8th and 10th grade students in participating Adams County Schools.

Data availability: Dependent upon surveys. (Search Survey is done every 2 years.)





A 2006 survey conducted in Adams County schools showed that overall 6th, 8th and 10th grade students reported about 19 of a possible 40 Developmental Assets™ that the Search Institute suggests are correlated with lower alcohol, tobacco and other drug use and better grade point average. The Adams County averages are very similar to the averages reported by the Search Institute.

The Search Institute suggests that youth who report greater numbers of 40 Developmental Assets™ are less likely to use alcohol, tobacco and other drugs and to have higher grade point averages (see Search Institute http://www.search-institute.org/research/). Publications by Search Institute researchers state that the averages reported by the Institute are not representative of the US student population (Scales 1999 and http://www.search-institute.org/research/assets/UpdatedData.html)

Outcome Area C
The community infrastructure supports health and economic well-being

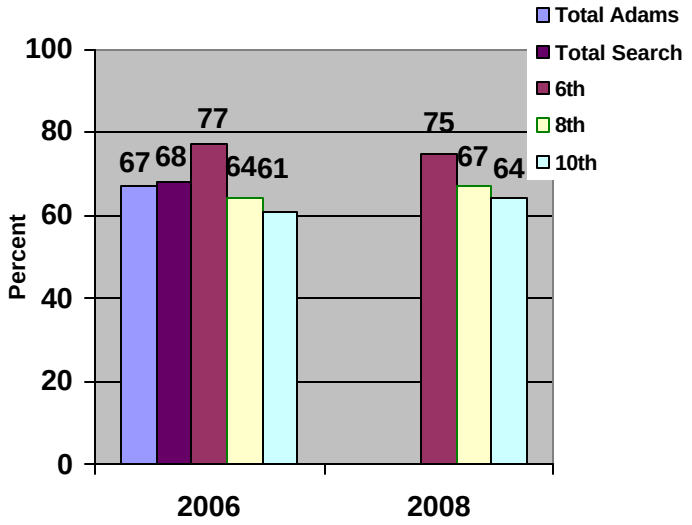
Indicator C1.2: Percentage of students who report that family life provides high level of love and support (by grade)

Description: A measure of student responses to items developed by the Search Institute

Data Source: 2006 survey of 6th, 8th and 10th grade students in participating Adams County Schools.

Data availability: Dependent upon surveys. (Search Survey is done every 2 years.)

=



A 2006 survey conducted in Adams County schools showed that overall 67% of 6th, 8th and 10th grade students reported that their family life provides a high level of love and support. The Adams County percentage is very similar to the percentage reported by the Search Institute for all the students they have surveyed.

See information above under Indicator C1.1

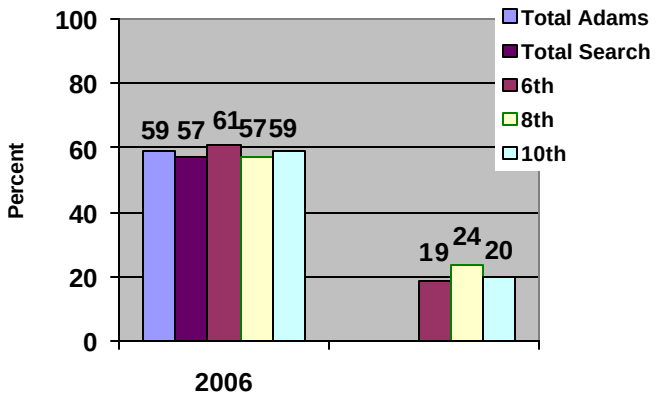
Outcome Area C
The community infrastructure supports health and economic well-being

Indicator C1.3: Percentage of youth reporting spending 3 or more hours per week in sports, clubs, or organizations at school and/or in the community organizations (by grade)

Description: A measure of student responses to items developed by the Search Institute

Data Source: 2006 survey of 6th, 8th and 10th grade students in participating Adams County Schools.

Data availability: Dependent upon surveys. (Search Survey is done every 2 years.)



=

A 2006 survey conducted in Adams County schools showed that overall 59% of 6th, 8th and 10th grade students reported spending 3 or more hours per week in sports, clubs, or organizations at school and/or in the community organizations. The Adams County percentage is very close to the percentage reported by the Search Institute for all the students they have surveyed.

See information above under Indicator C1.1

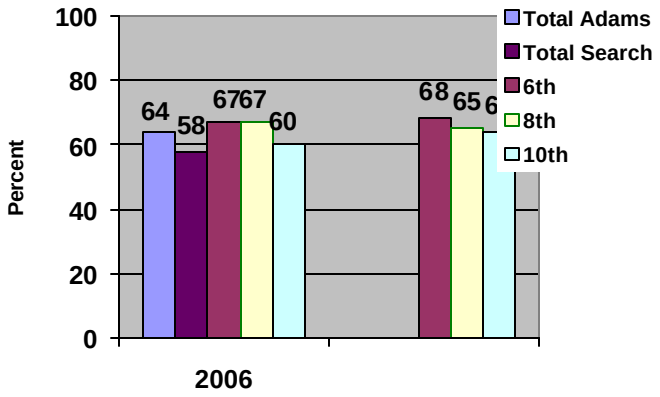
Outcome Area C
The community infrastructure supports health and economic well-being

Indicator C1.4: Percentage of youth who spend one or more hours per week in activities in a religious institution (by grade)

Description: A measure of student responses to items developed by the Search Institute

Data Source: 2006 survey of 6th, 8th and 10th grade students in participating Adams County Schools.

Data availability: Dependent upon surveys. (Search Survey is done every 2 years.)



A 2006 survey conducted in Adams County schools showed that overall 64% of 6th, 8th and 10th grade students reported spending 1 or more hours per week in activities in a religious institution. The Adams County percentage is higher (better) than the percentage reported by the Search Institute for all the students they have surveyed.

See information above under Indicator C1.1

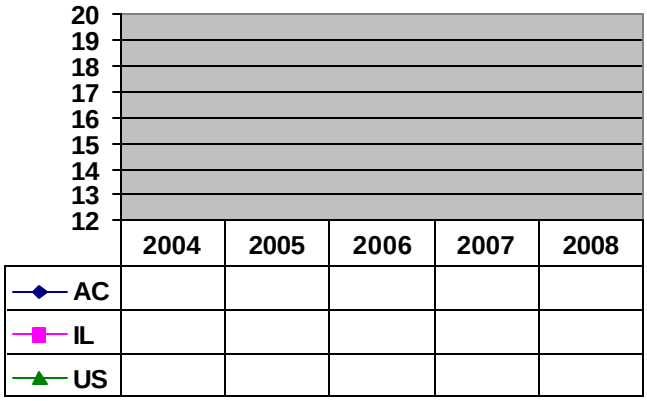
Outcome Area C
The community infrastructure supports health and economic well-being

Indicator C1.5: Percentage of population reporting access to affordable, reliable transportation

Description:

Data Source: Primary data collection will be needed to obtain this data.

Data availability:



No local data available on this indicator at this time. The Adams County Transit System team has established 90-day and 12-month goals and plans to assess transportation needs and develop plans to meet these needs in our area. After an assessment the team will work with community partners to break down transportation barriers so that everyone throughout the county has the ability to move about for work, medical appointments, services, shopping, and family, religious and social activities. One goal is to establish an Area Transportation Planning Council that can work together to accomplish a countywide transit system for Adams County.

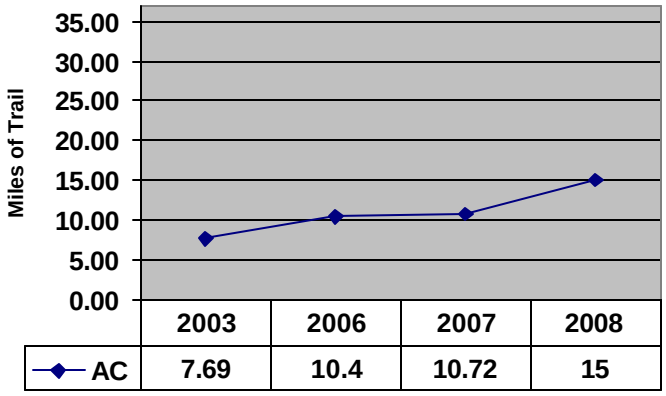
Outcome Area C
The community infrastructure supports health and economic well-being

Indicator C1.6: Total miles of trails

Description: Total miles of existing trails (Quincy area)

Data Source: Friends of the Trails; Adams County Land Atlas and Plat Book 2003

Data availability: Yearly



The proposed trail system in and around Quincy consists of 37 miles of trail. By the end of 2008, 15.0 miles have been completed.

Research has shown that aspects of the built environment (access to green space, sidewalks, bike trails) are important determinants of increased physical activity and better health.

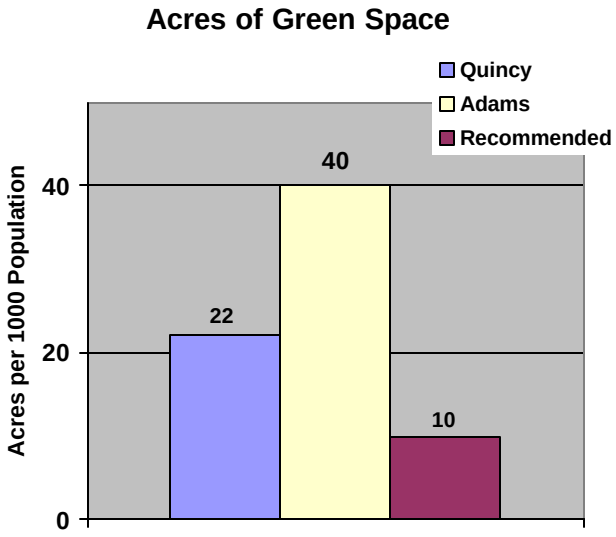
Outcome Area C
The community infrastructure supports health and economic well-being

Indicator C1.7: Total acres of green space per capita

Description: Total area of green space divided by county population (recommended amount is 10 acres per 1000 population

Data Source: Quincy Park District, Adams County Land Atlas and Plat Book 2003; Illinois Department of Natural Resources

Data availability: Published every 3 years



The city of Quincy has 883 acres of green space and population of approximately 40,000 for a total of 22 acres per 1000 population. Adams County has 2690 acres of space and a population of approximately 67000 for a total of 40 acres per 1000 population which is much higher than the recommended amount of green space.

See information above under Indicator C1.6.

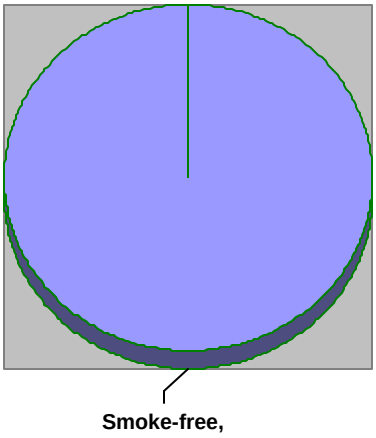
Outcome Area C
The community infrastructure supports health and economic well-being

Indicator C1.8: Percentage of smoke free restaurants

Description: Number of restaurants that are completely smoke free.

Data Source: Adams County Health Department

Number and Percentage of Smoke-free Restaurants 2006



Due in part to the efforts of the Coalition for a Smoke-free Adams County, Illinois passed the Smoke Free Illinois Act, effective January 1, 2008. All restaurants in Adams County and Illinois are now 100% smoke-free.

Second hand smoke (also called environmental tobacco smoke, ETS or passive smoking), is a known carcinogen[1] associated with a number of poor health outcomes. ETS is a risk factor for heart disease[2] and causes an "estimated 3000 cases of lung cancer each year".[2 (p. 16)] Recent research has shown passive smoking increases the risk of coronary heart disease by 25%-30% and that higher exposure increased risk by 50%-60%.[3] In children, hundreds of thousands, perhaps millions of cases of ear infections, asthma and lower respiratory infections are either caused or aggravated by exposure to ETS.[4-6] Reducing the number of people who use tobacco or are exposed to environmental tobacco smoke are "essential public health objectives for communities" [7 (p.10)] that require a multi-faceted approach. The Task Force for Community Preventive Services provides recommendations on the effectiveness of public health interventions in their publication, the *Community Guide to Preventive Services.* One approach strongly recommended by the Task Force is the implementation of smoking bans in all public places, including restaurants and bars. (1. U.S. Department of Health and Human Services, 2000; 2. The Task Force on Community Preventive Services. 2001; 3. Whinicup, et al., 2004; 4. California Environmental Protection Agency, 1997; 5. Centers for Disease Control and Prevention, 1999; 6. U.S. Environmental Protection Agency, 1992.)

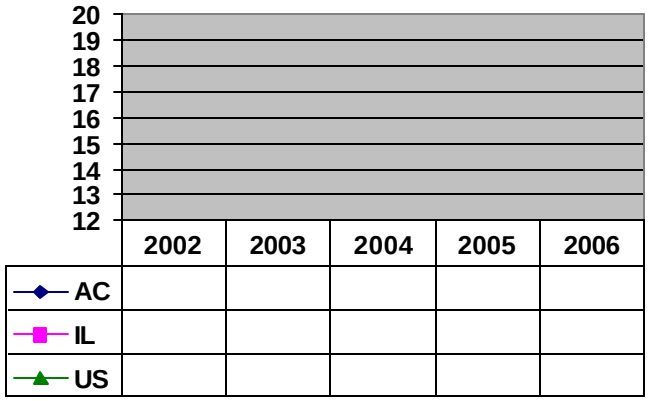
Outcome Area C
The community infrastructure supports health and economic well-being

Indicator C1.9: Total dollars invested in the community by private philanthropic organizations annually

Description:

Data Source: Primary data collection will be needed to obtain this data.

Data availability:



No local data available on this indicator at this time.

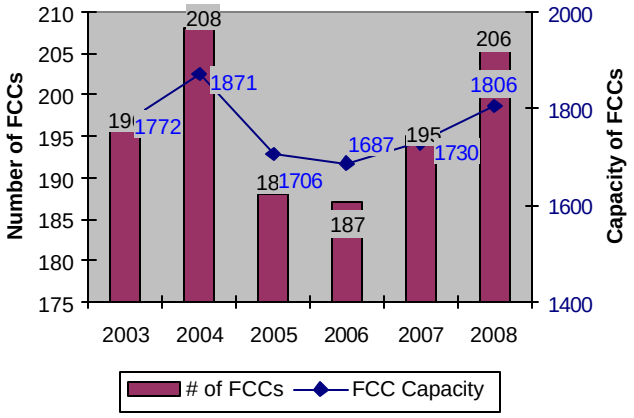
Outcome Area C
The community infrastructure supports health and economic well-being

Indicator C1.10: Number of licensed day care openings (FCCs)

Description: Number of Family Child Care (FCC, in-home care) providers; capacity of FCC providers

Data Source: West Central Child Care Connection

Data availability: Yearly



The number of licensed child care openings has held relatively steady in Adams County when considering Family Child Care openings (FCCs, in-home care).

Availability of high quality, affordable child care is important for the health and development of children and as a necessity to allow residents to be productive members of the workforce.

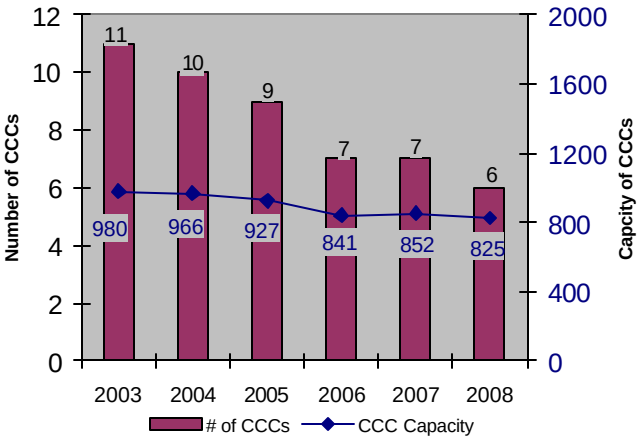
Outcome Area C
The community infrastructure supports health and economic well-being

Indicator C1.11: Number of licensed day care slots (CCCs)

Description: Number of Child Care Center providers; capacity of CCC providers

Data Source: West Central Child Care Connection

Data availability: Yearly



The number of Child Care Centers (CCCs) has diminished over the past six years from 11 centers to 6 centers and from a high of 980 openings in 2003 to 825 openings in 2008.

Outcome Area D

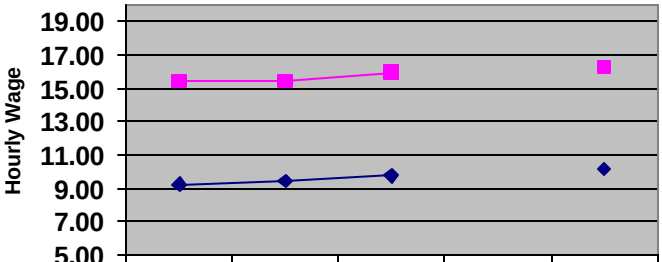
Appropriate and affordable housing exists for all residents

Indicator D1.1: Hourly wage needed to afford 2 bedroom rental

Description: Hourly wage needed (at 40 hours per week) to afford a two bedroom at the fair market rent

Data Source: National Low Income Housing Coalition
http://www.nlihc.org/research/index.htm

Data availability: Yearly



	2004	2005	2006	2007	2008
AC	9.25	9.46	9.75	NA	10.15
IL	15.44	15.43	15.95	NA	16.23

Approximately one in four (26%) households in Adams County is a renter household. In 2008 the hourly wage needed to afford a 2 bedroom apartment at Fair Market Rent (FMR) in Adams County was $10.15. The estimated hourly wage for renters in Adams County was $9.50. A person working at the renter wage in Adams County would need to work 43 hours per week to afford a two bedroom apartment at the FMR. A person working at the Illinois minimum wage ($7.50) would need to work 87 hours per week to afford a two bedroom apartment at the FMR in Adams County. (Source: National Low Income Housing Coalition, *Out of Reach 2005.)*

Housing is an integral component to creating economic opportunities and healthy communities. Neighborhoods without a stable and vibrant housing stock cannot attract economic development and investment. Children in precarious housing situations suffer from health problems that include asthma and lead poisoning. In many instances, families without stable housing are unable to access quality health care, educational and employment opportunities. (*Out of Reach 2005*, Preface p. 1).

The Fair Market Rent is HUD's best estimate of what a household seeking a modest rental unit can expect to pay in the private market for rent and utilities in the current local economy. Thus, Fair Market Rents differ from other measures of rent levels in two important ways: they include expected utility costs, and they reflect what a family moving into an apartment today can expect to pay, not what those already settled are currently paying. The general standard for affordability established by Congress and the Department of Housing and Urban Development (HUD) is housing costs at 30 percent of income (*Out of Reach 2005*, Introduction p. 1).

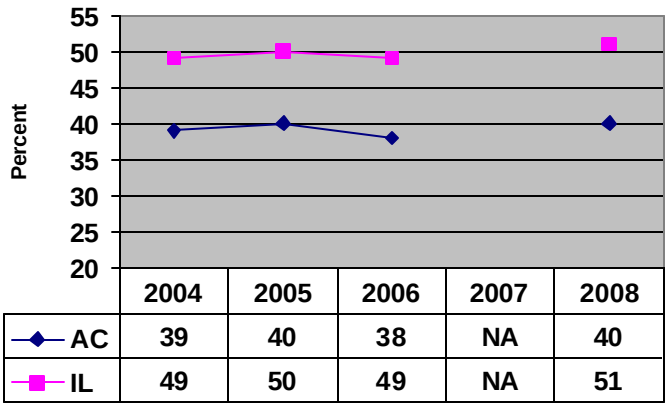
Outcome Area D
Appropriate and affordable housing exists for all residents

Indicator D1.2: Percentage of median income needed to afford 2 bedroom rental

Description: Percentage of family area median income (AMI) needed to afford 2 bedroom rental at the fair market rent (30% is considered "affordable").

Data Source:
http://www.nlihc.org/research/index.htm

Data availability: Yearly



	2004	2005	2006	2007	2008
AC	39	40	38	NA	40
IL	49	50	49	NA	51

The percentage of family median income needed to afford a two bedroom apartment at Fair Market Rent (FMR) in Adams County was 40% in 2008, which is lower (better) than the Illinois percentage but still above the recommended 30%.

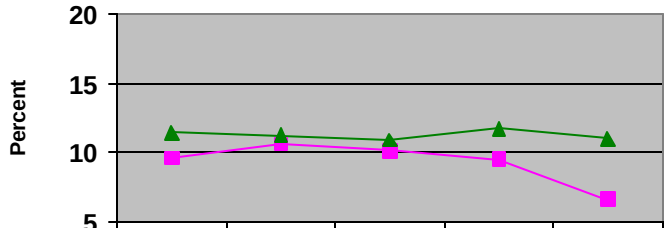
See information above under Indicator D.1.1.

Outcome Area E
Residents have access to health and social services

Indicator E1.1: Percentage of children without health insurance

Description: Estimated percentage of persons under 18 without health insurance or other public coverage

Data Source:
http://www.census.gov/hhes/www/hlthins/reports.html
Data availability: National and state data is available at the above site. County level data available from http://www.voices4kids.org at each census.



	2003	2004	2005	2006	2007
AC	NA	NA	NA	NA	NA
IL	9.6	10.6	10.1	9.5	6.6
US	11.4	11.2	10.9	11.7	11

The estimated percentage of uninsured children in Adams County was lower (better) than the percentage in Illinois and the nation in 2000.

Access to health services—including preventive care, primary care, and tertiary care—often depends on whether a person has health insurance. Uninsured people are less than half as likely as people with health insurance to have a primary care provider; to have received appropriate preventive care, such as recent mammograms or Pap tests; or to have had any recent medical visits. Lack of insurance also affects access to care for relatively serious medical conditions. Evidence suggests that lack of insurance over an extended period significantly increases the risk of premature death and that death rates among hospitalized patients without health insurance are significantly higher than among patients with insurance. As demonstrated by a study of data from the National Health Interview Survey (NHIS), Medicaid expansions that increase the proportion of a State's population eligible for Medicaid lead to increases in enrollment, enhanced utilization of medical services, and lower child death rates. Another study showed that, among those without insurance, chronically ill persons are even less likely than those with acute conditions to get health care services they need. (HP 2010)

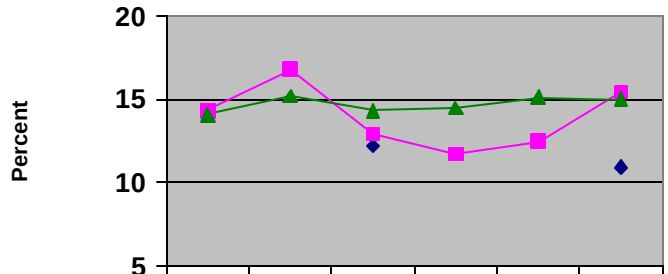
Outcome Area E
Residents have access to health and social services

Indicator E1.2: Percentage of adults without health insurance

Description: Percentage of respondents answering No to the BRFSS question, "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare"?

Data Source: Behavioral Risk Factor Surveillance System, Illinois Department of Public Health
http://app.idph.state.il.us/brfss/

Data availability: Every 4 years for county level data



	2002	2003	2004	2005	2006	2007
AC	NA	NA	12.2	NA	NA	10.9
Rural IL	14.3	16.8	12.9	11.7	12.5	15.4
IL	14.1	15.2	14.3	14.5	15.1	15

The percentage of Adams County adults without health insurance in 2007 was lower (better) than the state and national percentages in recent years.

See information under Indicator E1.2.

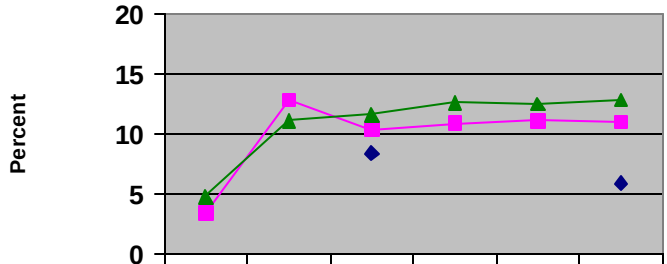
Outcome Area E
Residents have access to health and social services

Indicator E1.3: Percentage of population who did not access health care services due to cost in the last year

Description: Percentage of respondents answering Yes to the BRFSS question, "Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

Data Source: Behavioral Risk Factor Surveillance System, Illinois Department of Public Health
http://app.idph.state.il.us/brfss/

Data availability: Every 4-5 years for county level data



	2002	2003	2004	2005	2006	2007
AC	NA	NA	8.4	NA	NA	5.9
Rural IL	3.4	12.8	10.4	10.9	11.1	11
IL	4.8	11.1	11.6	12.6	12.5	12.8

The percentage of Adams County adults who reported not accessing needed health care service in 2007 because of cost was less (better) than the state and national percentages.

See information under Indicator E1.2.

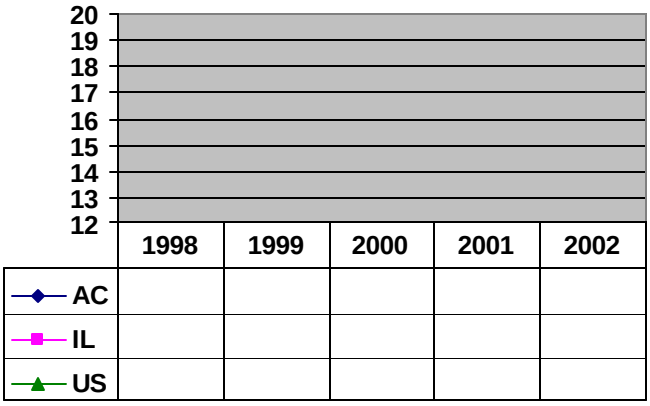
Outcome Area E
Residents have access to health and social services

Indicator E1.4: Measure of access to mental health services

Description:

Data Source: A source for this indicator has not been identified

Data availability:



No local data available on this indicator at this time.

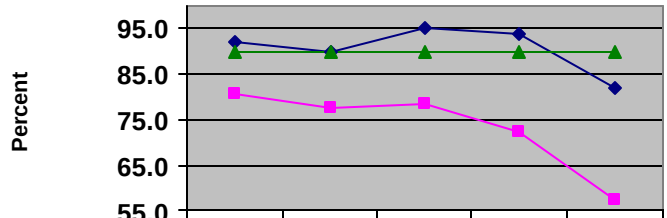
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.1: Percentage of two year olds fully immunized

Description: The percent of 2 year olds who, prior to their 2nd birthday, received the Basic Series Vaccination (or 4:3:1 vaccine coverage level)

Data Source: IPLAN Data system, Illinois Department of Public Health
http://app.idph.state.il.us/
HP 2010: Health People 2010 Goals
http://www.healthypeople.gov/document

Data availability: Yearly



	1998	1999	2000	2001	2002
AC	92.0	90.0	95.0	94.0	82.0
IL	80.8	77.6	78.8	72.4	57.8
HP 2010	90.0	90.0	90.0	90.0	90.0

The percentage of two year olds fully immunized has been above (better than) the state percentage and equal to or above the HP 2010 goal. In 2002 the Adams County percentage dipped slightly below the HP 2010 goal of 90%.

Vaccination coverage levels of 90 percent are, in general, sufficient to prevent circulation of viruses and bacteria-causing vaccine-preventable diseases (VPDs). Maintenance of high vaccination coverage levels in early childhood is the best way to prevent the spread of VPDs in childhood and to provide the foundation for controlling VPDs among adults. The measles epidemic of 1989–91 demonstrated that achievement of high coverage levels at the time of school entry was insufficient to control VPD outbreaks. Although coverage levels currently are the highest ever recorded, the United States must continue to ensure that each new cohort of children is fully vaccinated with all recommended vaccine doses.

Although national coverage levels may exceed 90 percent, variation in the level of coverage among smaller areas may include subgroups of the population at substantially lower levels of protection. These subgroups or pockets of undervaccinated persons make the population vulnerable to major outbreaks of VPDs. Monitoring of coverage at smaller geographic levels within the United States helps ensure that these potential pockets of children are identified to target interventions and reduce the risk of future disease outbreaks. In addition, each State and major urban area should aim to achieve 90 percent coverage to ensure uniformly high vaccination coverage. (HP 2010)

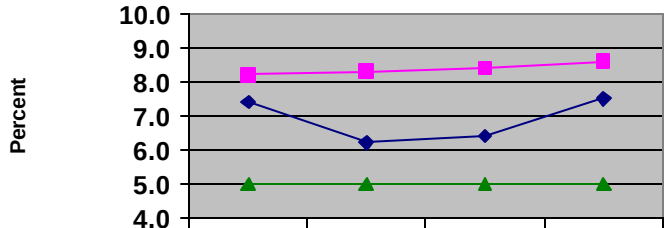
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.2: Low Birth Weight percent

Description: Percentage of total births at weight less than 2500 grams

Data Source: IPLAN Data system, Illinois Department of Public Health
http://app.idph.state.il.us/
HP 2010: Health People 2010 Goals
http://www.healthypeople.gov/document

Data availability: Yearly



	2002	2003	2004	2005
AC	7.4	6.2	6.4	7.5
IL	8.2	8.3	8.4	8.6
HP 2010	5.0	5	5	5

The percentage of low birth weight births in Adams County has been consistently below (better than) the Illinois percentage but above the HP 2010 goal.

Data for this indicator at the cited source is only available through 2005.

LBW is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities. Despite the low proportion of pregnancies resulting in LBW babies, expenditures for the care of LBW infants total more than half of the costs incurred for all newborns. In 1988, the cost of a normal, healthy delivery averaged $1,900, whereas hospital costs for LBW infants averaged $6,200.

The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low prepregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor. (HP 2010)

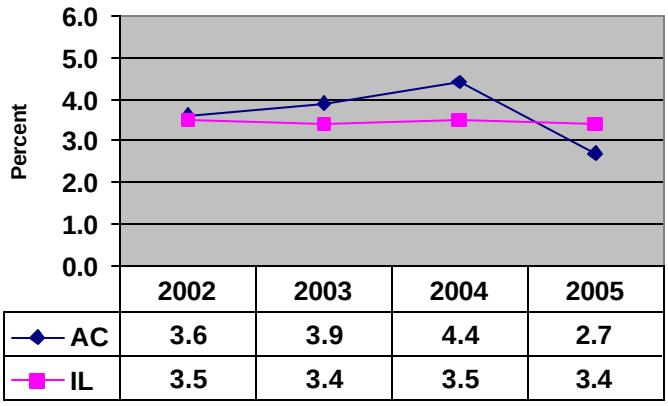
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.3: Teen birth percent

Description: Percentage of total births to women under age 18

Data Source: IPLAN Data system, Illinois Department of Public Health
http://app.idph.state.il.us/

Data availability: Yearly



	2002	2003	2004	2005
AC	3.6	3.9	4.4	2.7
IL	3.5	3.4	3.5	3.4

The percentage of births to teens was higher (worse) than the state percentage from 2002 to 2004. However, in 2005 the Adams County percentage was lower (better) than the state percentage.

Data for this indicator at the cited source is only available through 2005.

The teenage pregnancy rate in the United States is much higher than in many other developed countries—twice as high as in England and Wales, France, and Canada and nine times as high as in the Netherlands or Japan. Teenage pregnancy remains an intense national issue, within the context of public health and welfare reform, concerning the optimum potential of the Nation's youth and the growth and development of newborns. Most adolescent childbearing occurs outside marriage, a trend that has increased markedly during the past two decades. In 1997, 78 percent of births to adolescent females (under age 20 years) were out of wedlock, compared to 44 percent two decades earlier (1977).

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenaged mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States. Clearly, the solution to the problem needs to be found. HP 2010)

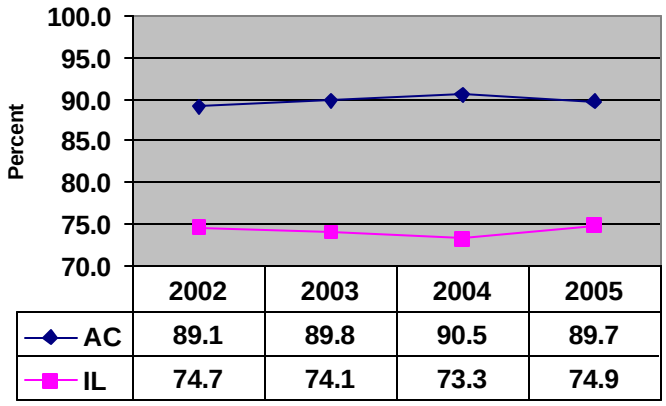
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.4: Percentage of pregnant women receiving adequate prenatal care

Description: Percentage of pregnant women who receive Adequate or Adequate Plus prenatal care as measured by the Kotelchuck Index

Data Source: IPLAN Data system, Illinois Department of Public Health
http://app.idph.state.il.us/

Data availability: Yearly



	2002	2003	2004	2005
AC	89.1	89.8	90.5	89.7
IL	74.7	74.1	73.3	74.9

The percentage of pregnant women receiving adequate prenatal care has been higher (better) than the state percentage.

Data for this indicator at the cited source is only available through 2005.

Prenatal care should begin early and continue throughout pregnancy, according to accepted standards of periodicity. Prenatal care includes three major components: risk assessment, treatment for medical conditions or risk reduction, and education. Each component can contribute to reductions in perinatal illness, disability, and death by identifying and mitigating potential risks and helping women to address behavioral factors, such as smoking and alcohol use, which contribute to poor outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy. (HP 2010)

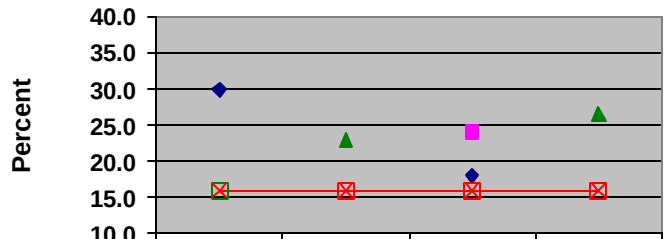
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.5: Percentage of high school students who have smoked cigarettes in past 30 days

Description: Percentage of 12th graders that responded "1 or More Days" to the question, "During the past 30 days, on how many days did you smoke cigarettes?"

Data Source: School Substance Abuse Survey (Adams County data); Youth Risk Behavior System (Illinois and US data)

Data availability: First Adams County survey fielded January 2005; YRBS data available yearly



	2004	2005	2006	2007
AC	29.9	NA	18	NA
IL	NA	NA	24	NA
US	NA	23	NA	26.5
HP2010	16.0	16	16	16

The percentage of 12th graders reporting current cigarette smoking was lower (better) than the sate percentage in 2006 but higher (worse) than the Healthy People 2010 goal.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States, representing more than 5 million years of potential life lost. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964. Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. (HP 2010)

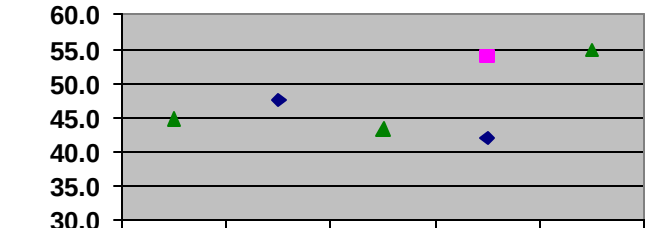
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.6: Percentage of high school students who have used alcohol in past 30 days

Description: Percentage of 12th graders that responded "1 or More Days" to the question, "During the past 30 days, on how many days did you have at least one drink of alcohol?"

Data Source: School Substance Abuse Survey (Adams County data); Youth Risk Behavior System (Illinois and US data)

Data availability: First Adams County survey fielded January 2005; YRBS data available yearly.



	2003	2004	2005	2006	2007
AC	NA	47.6	NA	42	NA
IL	NA	NA	NA	54	NA
US	44.9	NA	43.3	NA	54.9

The percentage of 12th graders reporting alcohol use in Adams County in 2006 was lower (better) than the state percentage in 2006.

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption.

Alcohol use and alcohol-related problems also are common among adolescents. Age at onset of drinking strongly predicts development of alcohol dependence over the course of the lifespan. About 40 percent of those who start drinking at age 14 years or under develop alcohol dependence at some point in their lives; for those who start drinking at age 21 years or older, about 10 percent develop alcohol dependence at some point in their lives. Persons with a family history of alcoholism have a higher prevalence of lifetime dependence than those without such a history. . The perception that alcohol use is socially acceptable correlates with the fact that more than 80 percent of youth in the United States consume alcohol before their 21st birthday, whereas the lack of social acceptance of other drugs correlates with comparatively lower rates of use. Similarly, widespread societal expectations that young persons will engage in binge drinking may encourage this highly dangerous form of alcohol consumption. (HP 2010)

Note: 8th grade data available for Adams County also

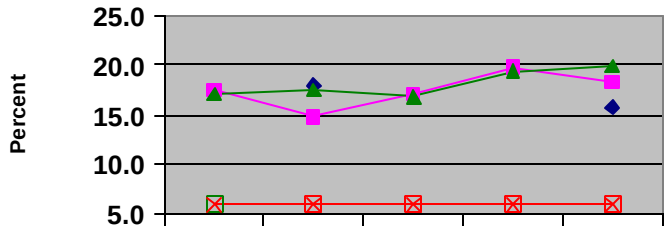
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.7: Percentage of adults at risk for acute/binge drinking

Description: Respondents who report they did drink in the past 30 days and had five or more drinks on one or more occasions in the past month.

Data Source: Behavioral Risk Factor Surveillance System, Illinois Department of Public Health
http://app.idph.state.il.us/brfss/

Data availability: Every 4 years for county level data



	2003	2004	2005	2006	2007
AC	NA	18.0	NA	NA	15.8
Rural IL	17.5	14.8	17.1	19.8	18.3
IL	17.1	17.5	16.8	19.4	19.9
HP2010	6.0	6.0	6	6	6

The percentage of adults at risk for binge drinking in Adams County was lower (better) than in the state, other rural counties and nationally in 2007.

Binge drinking is a national problem, especially among males and young adults. Nearly 15 percent of persons aged 12 years or older reported binge drinking in the past 30 days, with young adults aged 18 to 25 years more likely (27 percent) than all other age groups to have engaged in binge drinking. In all age groups, more males than females engaged in binge drinking: among adults, the ratio was two or three to one. Rates of binge drinking varied little by educational attainment. People with some college, however, were more likely than those with less than a high school education to binge drink.

Binge drinking among women of childbearing age (defined as 18 to 44 years) also is a problem because of the risk for prenatal alcohol exposures. Approximately half of the pregnancies in the United States are unintended, and most women do not know they are pregnant until after the sixth week of gestation. Such prenatal alcohol exposures can result in fetal alcohol syndrome and other alcohol-related neurodevelopmental disorders. (HP 2010)

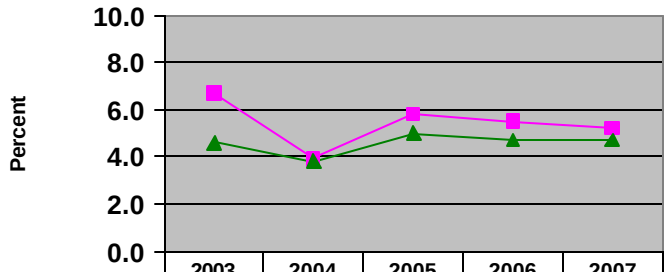
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.8: Percentage of adults at risk for chronic drinking

Description: Respondents who report they had an average of two or more drinks per day or 60 or more per month (based on total number of drinks per month).

Data Source: Behavioral Risk Factor Surveillance System, Illinois Department of Public Health
http://app.idph.state.il.us/brfss/

Data availability: Every 4 years for county level data



	2003	2004	2005	2006	2007
AC	NA	NA	NA	NA	NA
Rural IL	6.7	3.9	5.8	5.5	5.2
IL	4.6	3.8	5	4.7	4.7

The percentage for Adams County adults at risk for chronic drinking has been above (worse than) state and national percentages in the recent past.

Sustained heavy alcohol consumption is the leading cause of cirrhosis, 1 of the 10 leading causes of death in the United States. Per-person consumption of beer, wine, and distilled spirits declined during the 1990s. The sharpest decline occurred for distilled spirits, down by more than 40 percent since its peak in the 1970s. The downward trend in alcohol consumption can be attributed to a variety of factors, including changing lifestyles and heightened awareness of the health and safety risks of excessive alcohol consumption.

Consumption of alcohol can be influenced by laws and regulations, particularly minimum drinking age laws and those that affect the prices of alcoholic beverages. A substantial and growing body of economic research has established that consumption of beer, wine, and distilled spirits declines in response to increases in the prices or taxes associated with these beverages. Most studies have found that demand for beer is less responsive to price changes than are demands for wine and distilled spirits. In addition, evidence suggests important differences in the price responsiveness of light, moderate, and heavy drinkers. The heaviest-drinking 5 percent of drinkers (who report about four or more standard drinks per day and consume 36 percent of all alcohol) and heavy drinkers who are ill-informed about health problems associated with heavy drinking may not respond significantly to price changes. These findings suggest the importance of using a range of effective prevention and treatment interventions. (HP 2010)

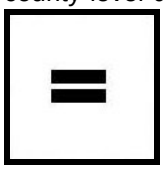
Outcome Area F
Individuals and families lead healthy lifestyles

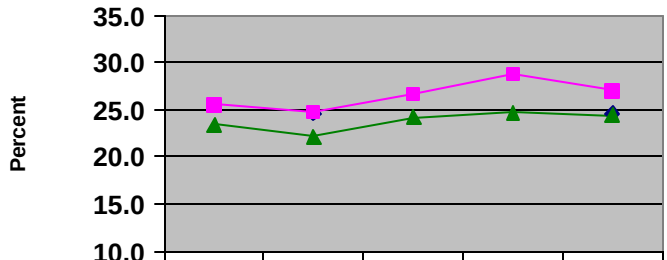
Indicator F1.9: Adult obesity rate

Description: Percentage of adults classified as obese according to derived variable utilized in BRFSS

Data Source: Behavioral Risk Factor Surveillance System, Illinois Department of Public Health
http://app.idph.state.il.us/brfss/

Data availability: Every 4 years for county level data





	2003	2004	2005	2006	2007
AC	NA	24.6	NA	NA	24.6
Rural IL	25.5	24.7	26.6	28.8	27
IL	23.4	22.1	24.2	24.7	24.4

The percentage for Adams County adults who are obese was lower (better) than in the state and about the same as in rural Illinois counties in 2007.

Overweight and obesity affect a large proportion of the U.S. population—55 percent of adults. Between 1976 and 1994, the number of cases of obesity alone increased more than 50 percent—from 14.5 percent of the adult population to 22.5 percent. A concerted public effort will be needed to prevent further increases of overweight and obesity. Health care providers, health plans, and managed care organizations need to be alert to the development of overweight and obesity in their clients and should provide information concerning the associated risks. These groups need to provide guidance to help consumers address this health problem. To lose weight and keep it off, overweight persons will need long-term lifestyle changes in dietary and physical activity patterns that they can easily incorporate into their lives. Patterns of healthful eating behavior need to begin in childhood and be maintained throughout adulthood. These patterns can be encouraged through nutrition education at schools and worksites that takes into account cultural and other factors influencing diet. Persons should be aware of the impact that away-from-home eating can have on weight management. In order to address physical activity needs, changes in the physical environment—such as access to walkways and bicycle paths—and the social environment—through social support and safe communities—will be needed to achieve long-term success.

There is much concern about the increasing prevalence of obesity in children and adolescents. Overweight and obesity acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases later in life. (HP 2010)

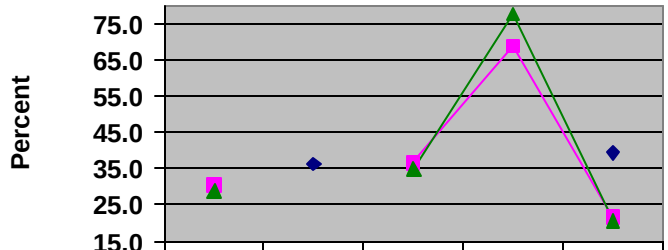
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.10: Percentage of adult population that meet recommended guidelines for moderate physical activity

Description: Percentage of adults classified as meeting guidelines for moderate physical activity according to derived variable utilized in BRFSS

Data Source: Behavioral Risk Factor Surveillance System, Illinois Department of Public Health
http://app.idph.state.il.us/brfss/

Data availability: Every 4 years for county level data



	2003	2004	2005	2006	2007
AC	NA	36.2	NA	NA	39.4
Rural IL	30.5	NA	36.6	68.7	21.5
IL	28.8	NA	34.9	77.6	20.6

The percentage of Adams County adults who meet the recommended guidelines for moderate physical activity was higher (better) than the state and other rural Illinois counties in 2007.

*****In 2006, the Illinois Department of Public Health changed the wording of this data set from "meet recommended guidelines for moderate physical activity" to "get any physical activity". This change in wording explains the drastic change in statistical data from 2005 to 2006.

* In 2007, the wording was changed again, this time back to "meet recommended guidelines for moderate physical activity".

The adoption and maintenance of regular physical activity represent an important component of any health regime and provide multiple opportunities to improve and maintain health. Because the highest risk of death and disability is found among those who do no regular physical activity, engaging in any amount of physical activity is preferable to none. While moderate physical activity for at least 30 minutes a day is preferable, intermittent physical activity also increases caloric expenditure and may be important for those who cannot fit 30 minutes of sustained activity into their daily schedules. For even greater health benefits, vigorous physical activity is necessary.

Engaging in moderate physical activity for at least 30 minutes per day will help ensure that sufficient calories are used to provide health benefits. A minimum level of intensity (for example, a brisk walk for 30 minutes per day) would, for most persons, result in an energy expenditure of about 600 to 1,100 calories per week. If calorie intake remains constant, this expenditure translates into a weight loss of roughly one-sixth to one-third pound per week. Increases in daily activity to ensure a weekly expenditure of 1,000

calories would have significant individual and public health benefit for CHD prevention and deaths from all causes, especially for persons who are sedentary. Furthermore, this level of activity is feasible for most people even though the relative intensity of any activity will vary by age. Starting out slowly and gradually increasing the frequency and duration of physical activity is the key to successful behavior change. (HP 2010)

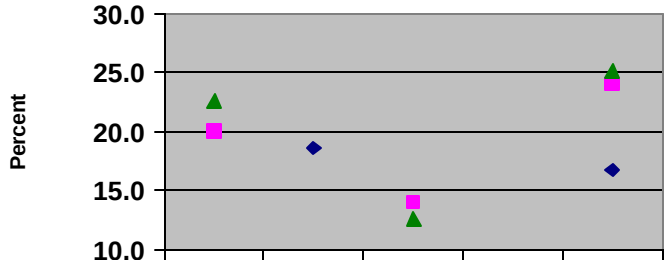
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.11: Percentage of residents who report eating 5 servings of fruits and vegetables a day

Description: Percentage of respondents classified as eating 5 or more fruits and vegetables according to derived variable utilized in BRFSS

Data Source: Behavioral Risk Factor Surveillance System, Illinois Department of Public Health
http://app.idph.state.il.us/brfss/

Data availability: Every 4 years for county level data



	2003	2004	2005	2006	2007
AC	NA	18.6	NA	NA	16.7
Rural IL	20.0	NA	14	NA	24
IL	22.6	NA	12.6	NA	25.1

The percentage for Adams County adults who report eating 5 or more fruits and vegetables a day was lower (worse) than the state and other rural Illinois counties in 2007.

The *Dietary Guidelines for Americans* recommend that Americans choose a variety of grains daily, especially whole grains, and a variety of fruits and vegetables daily. In the United States, persons of all ages eat fewer than the recommended number of servings of grain products, vegetables, and fruits. Vegetables, fruits, and grains are good sources of vitamins and minerals, carbohydrates, and other substances that are important for good health. Dietary patterns with higher intakes of vegetables, fruits, and grains are associated with a variety of health benefits, including a decreased risk for some types of cancer.

The *Dietary Guidelines for Americans* recommend three to five servings from various vegetables and vegetable juices and two to four servings from various fruits and fruit juices, depending on calorie needs. Consumers can select from a plentiful supply of fresh, frozen, dried, and canned products throughout the year to obtain five or more servings of fruits and vegetables daily. The *Dietary Guidelines for Americans* recommend that persons choose dark green leafy vegetables, orange vegetables and fruits, and dry beans and peas often. (HP 2010)

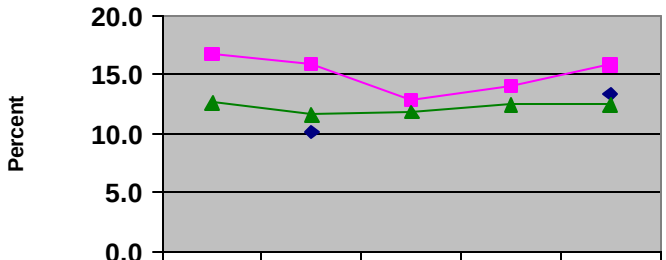
Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.12: Days physical health not good

Description: Percentage of respondents answering "More than 7" to the BRFSS question "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good"?

Data Source: Behavioral Risk Factor Surveillance System, Illinois Department of Public Health
http://app.idph.state.il.us/brfss/

Data availability: Every 4 years for county level data



	2003	2004	2005	2006	2007
AC	NA	10.1	NA	NA	13.3
Rural IL	16.7	15.9	12.8	14	15.8
IL	12.6	11.6	11.8	12.4	12.4

=

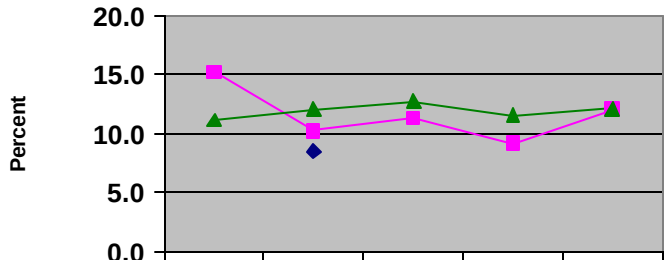
In 2007, the percentage of adults in Adams County who reported that their physical health was not good on 7 or more days in the past month has been near or lower (better) than the state and other rural Illinois counties.

Outcome Area F
Individuals and families lead healthy lifestyles

Indicator F1.13: Days mental health not good

Description: Percentage of respondents answering "More than 7" to the BRFSS question "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good"?

Data Source: Behavioral Risk Factor Surveillance System, Illinois Department of Public Health
http://app.idph.state.il.us/brfss/



	2003	2004	2005	2006	2007
AC	NA	8.5	NA	NA	12.1
Rural IL	15.2	10.2	11.3	9.1	12
IL	11.1	12	12.7	11.5	12.1

=

In 2007, the percentage of adults in Adams County who reported that their mental health was not good on 7 or more days in the past month has been about the same as in the state and other rural Illinois counties.

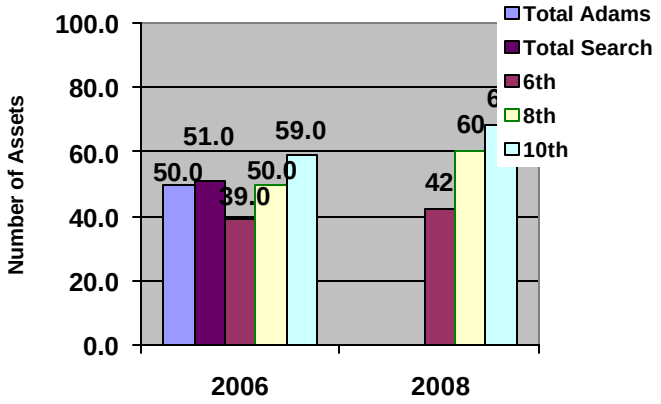
Outcome Area G
All residents live in a safe environment

Indicator G1.1: Percentage of youth who report feeling safe at home, school, and in the neighborhood (by grade)

Description: A measure of student responses to items developed by the Search Institute

Data Source: 2006 survey of 6th, 8th and 10th grade students in participating Adams County Schools.

Data availability: Dependent upon surveys. (Search Survey is done every 2 years.)



A 2006 survey conducted in Adams County schools showed that overall 50% of 6th, 8th and 10th grade students reported they feel safe at home, school, and in the neighborhood. The Adams County percentage is similar to the percentage reported by the Search Institute for all the students they have surveyed.

See information above under Indicator C1.1

Outcome Area G
All residents live in a safe environment

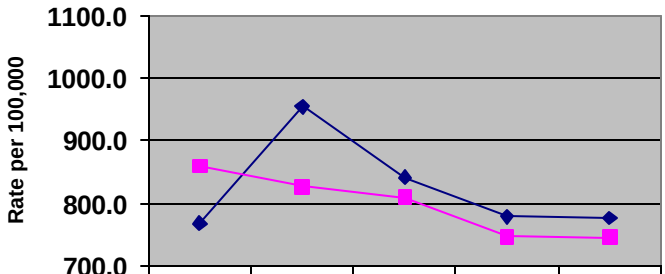
Indicator G1.2: Total Crime Index arrest rate

Description: Total crime index arrest rate per 100,000 population

Data Source: Illinois Uniform Crime Reporting System
http://www.isp.state.il.us/crime/ucrhome.cfm

Data availability: Yearly

=



	2003	2004	2005	2006	2007
AC	768.6	954.4	841.4	778.6	776.5
IL	859.1	827.1	809.4	747.1	746.4

The total crime index rate per 100,000 in Adams County has been similar to the rate in the state for the past three years.

The Illinois Uniform Crime Reporting (I-UCR) Program's crime index consists of the following offenses:
1. Murder and Nonnegligent Manslaughter
2. Forcible Rape
3. Robbery Aggravated Assault
4. Property Crimes
5. Burglary
6. Theft
7. Motor Vehicle Theft
8. Arson

The crime rate indicates the prevalence of crime occurring across a given population. It is defined as the total number of index crimes per 100,000 inhabitants and is given by:

Crime Index Count x 100,000 = Crime Rate/ Jurisdictional Population

The jurisdictional population can be that of a city, town, village, state, or nation. Adapted from the Introduction to *Crime in Illinois 2005.*

Outcome Area G
All residents live in a safe environment

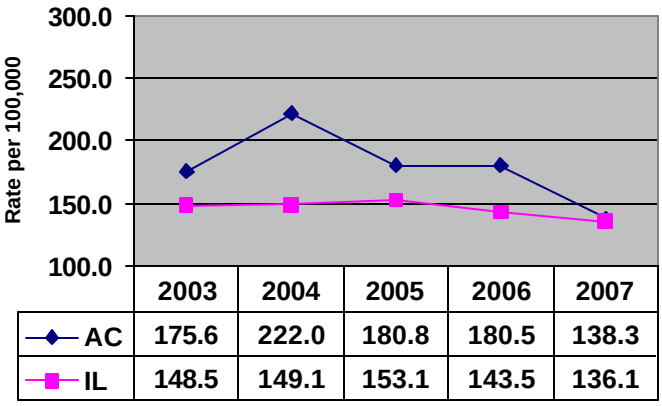
Indicator G1.3: Aggravated assault/Battery arrest rate

Description: Aggravated assault and battery arrest rate per 100,000 population

Data Source: Illinois Uniform Crime Reporting System
http://www.isp.state.il.us/crime/ucrhome.cfm

Data availability: Yearly

=



	2003	2004	2005	2006	2007
AC	175.6	222.0	180.8	180.5	138.3
IL	148.5	149.1	153.1	143.5	136.1

The rate of arrests for aggravated assault/battery was about the same in Adams County as in the state for the past five years.

Aggravated Assault - The intentional causing of serious bodily harm or the intentional attempt or threat of serious bodily injury or death - includes aggravated battery, attempted murder, and ritual mutilation.

Outcome Area G
All residents live in a safe environment

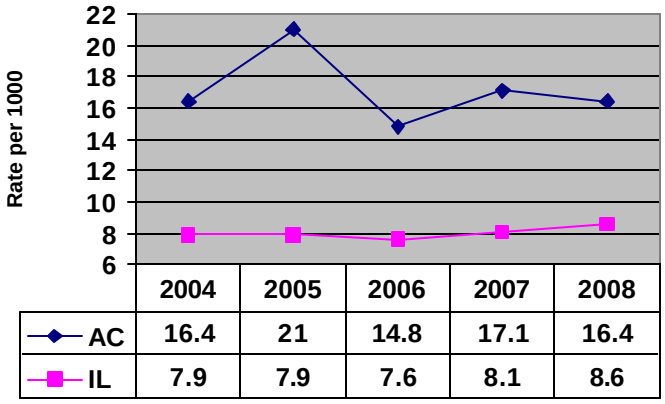
Indicator G1.4: Child abuse rate

Description: Rate of Indicated Reports of child abuse per 1000 population

Definition of Indicated Report: An investigation of suspected child abuse/neglect has revealed credible evidence that the abuse/neglect occurred.

Data Source: Department of Children and Family Services
http://www.state.il.us/dcfs/library/index.shtml

Data availability: Yearly



	2004	2005	2006	2007	2008
AC	16.4	21	14.8	17.1	16.4
IL	7.9	7.9	7.6	8.1	8.6

The rate of indicated reports of child abuse per 1000 population has been higher (worse) than the Illinois rate for the past five years.

The 1997 Child Maltreatment report from the States to the National Child Abuse and Neglect Data System found there were approximately 984,000 victims of maltreatment, a decrease from more than 1 million victims in 1996 in the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. The rate of child victims was 13.9 per 1,000 children in the general population in 1997, which is slightly higher than the rate of 13.4 victims per 1,000 children in 1990. There were an estimated 1,196 fatalities due to child maltreatment in the 50 States and the District of Columbia. The findings regarding the types of maltreatment were as follows: 55.9 percent neglect, 24.6 percent physical abuse, 12.5 percent sexual abuse, and 6.1 percent emotional abuse. It is also important to note that 58.8 percent of the substantiated or indicated reports of maltreatment were from professional sources: legal, medical, social service, or education professionals. Based on data from 39 States, 75.4 percent of the perpetrators were the victim's parents, 10.2 percent were relatives, and 1.9 percent were individuals in other caretaking relationships.

Information needs to be collected about new cases and causes of maltreatment. National surveys of new cases are needed to describe the magnitude of the problem. In addition, existing interventions and their impact need to be evaluated. Some long-term studies on home-visitation programs for young mothers have shown potential for preventing child abuse and neglect. (HP 2010)

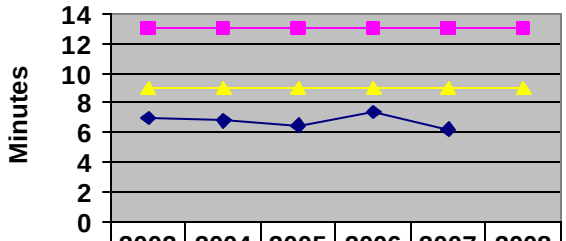
Outcome Area G
All residents live in a safe environment

Indicator G1.5: Average response time for emergency services

Description: Calculated from the time the person dials 911 to the time personnel arrive at the caller's door.

Data Source: Adams County ambulance service

Data availability: Yearly



	2003	2004	2005	2006	2007	2008
AC	7	6.8	6.5	7.4	6.2	6.o
Rural target	13	13	13	13	13	13
Urban target	9	9	9	9	9	9

The local ambulance service suggests that a benchmark for response times in urban areas is approximately 8 minutes and 13 minutes for rural areas. The Adams County ambulance response times have been below (better than) the 8 minute benchmark.

The outcome of many medical emergencies depends on the prompt availability of appropriately trained and properly equipped prehospital emergency medical care providers. In urban areas, this capability is defined by an interval of less than 5 minutes from the time an emergency call is placed to arrival on the scene for at least 90 percent of first-responder emergency medical services and less than 8 minutes for at least 90 percent of transporting EMS. In rural areas, this capability is defined as an interval of less than 10 minutes from the time an emergency call is placed to arrival on the scene for at least 80 percent of EMS responses.

Assuring a prompt response requires a well-coordinated system of care involving a variety of organizations and agencies, some of which are outside the traditional health care arena. The components include public awareness of how and whom to call for emergency assistance and public education concerning initial lifesaving emergency care procedures to be followed until the arrival of EMS providers. They also include access via a 911 or enhanced 911 system or, in rural areas, a uniform addressing system that allows emergency responders to locate the person requesting emergency assistance quickly; the availability of well-trained and appropriately certified response personnel, who are frequently from law enforcement or fire services; transportation (ground, air, or water ambulance); medical direction and oversight; and destination hospitals that are well-equipped and appropriately staffed. (HP 2010)

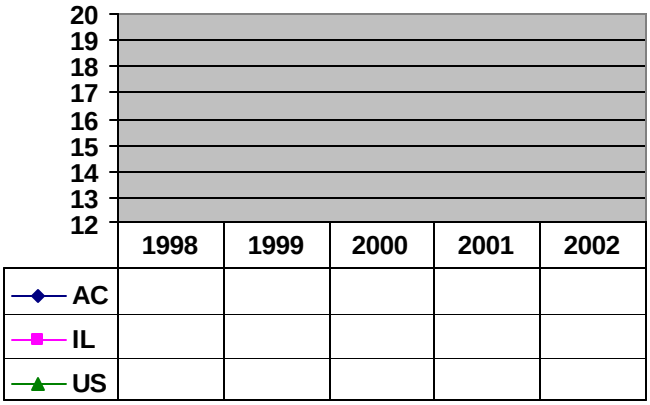
Outcome Area H
Residents are engaged civic participants

Indicator H1.1: Percentage of youth who report volunteering in last 12 months

Description:

Data Source: Primary data collection will be needed to obtain this data.

Data availability:



No local data available on this indicator at this time.

The University of Illinois Extension 4-H Program has begun collecting baseline data for this indicator and will be included in the 2010 revision of the Adams County Wellness Report.

The percentage of youth who spend time volunteering can be seen as a measure of civic engagement or involvement. In addition, participation in community groups has been linked to lower likelihood of alcohol, tobacco and other drug use and higher grade point average (Search Institute). Also see information under Indicator C1.1.

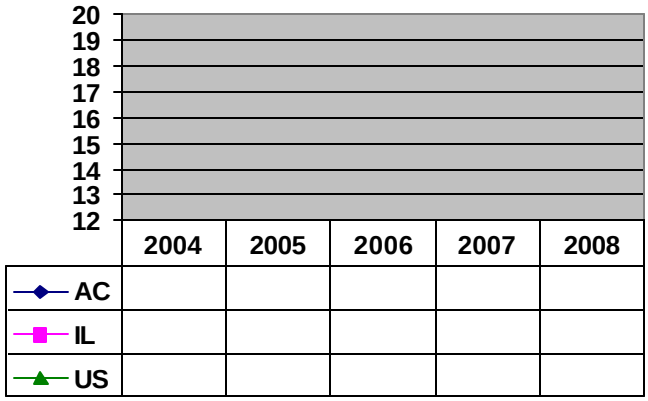
Outcome Area H
Residents are engaged civic participants

Indicator H1.2: Percentage of adults who report volunteering in last 12 months

Description:

Data Source: Primary data collection will be needed to obtain this data.

Data availability:



No local data available on this indicator at this time.

The percentage of individuals who spend time volunteering in the community can be seen as a measure of civic engagement or involvement.

Outcome Area H
Residents are engaged civic participants

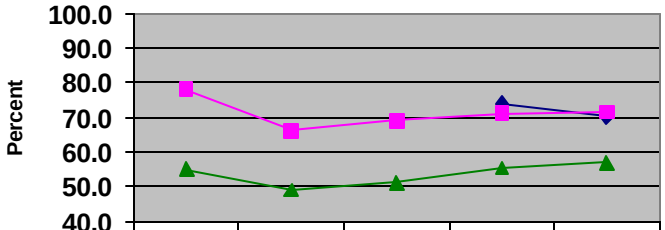
Indicator H1.3: Percentage of eligible population who vote

Description: Percentage turnout of voting-age population in general election years

Data Source:
Adams: Adams County Clerk
http://www.co.adams.il.us/county_clerk/
Illinois: Illinois State Board of Elections
http://www.elections.state.il.us/
US: Information Please Almanac
http://www.infoplease.com/ipa/A0764586.html

Data availability: Subsequent to elections

=



	1992	1996	2000	2004	2008
AC	NA	NA	NA	74.0	70.2
IL	78.0	66.0	69.0	71.0	71.6
US	55.0	49.0	51.0	55.3	56.8

Adams County voter participation has been similar to state levels and higher (better) than national percentages.

The percentage of individuals who vote can be seen as a measure of civic engagement or involvement.

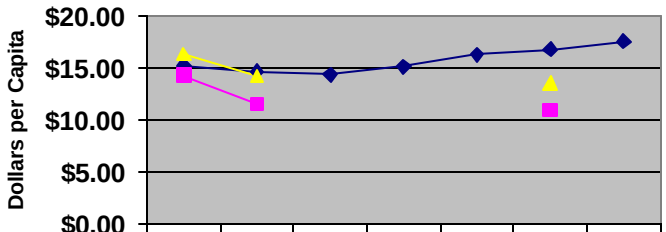
Outcome Area H
Residents are engaged civic participants

Indicator H1.4: Amount raised by United Way per capita

Description: Dollars raised per capita by local United Way

Data Source: United Way

Data availability: Yearly



	2001	2002	2003	2004	2005	2006	2007
AC	15.2	14.6	14.3	15.1	16.2	16.7	17.5
IL	14.2	11.5	NA	NA	NA	10.9	NA
US	16.3	14.2	NA	NA	NA	13.5	NA

The amount of giving per capita to the Adams County United Way has been similar to or higher (better) than the state and national averages.

The amount of giving per capita to philanthropic organizations (like United Way) can be seen as a measure of civic engagement or involvement.

Appendix

Introductory Material to Original Report

Alliance for Building Community
Initial Indicator Set

This report provides information on the community indicator set that has been developed through the work of the Alliance for Building Community (ABC) over the past 18 months. A brief description of the process that led to the indicator set is included below. Following that, a description of and information on most of the indicators is provided including a description of the indicator, data sources and data availability (excluding the indicators that require primary data collection, all data sources are provided for but one of the indicators). Where secondary resources were readily accessible, data for recent years are included.

In total, there are 52 indicators. Nine of the indicators will likely require some type of primary data collection (this is noted on each indicator). Of the 43 remaining indicators, all but one (E1.4: Measure of access to mental health services) have a data source identified. Of the 43 indicators not requiring primary data collection, 30 have data included in this report. Of the 13 indicators that do not have data included, 8 are related to education (Outcome Area B) and may need some revision (see note on page 13); therefore the data was not included. The remaining 5 indicators without data did not have secondary data readily available but will require contact with various agencies.

Development of the Indicators

The process for developing the indicators began with the formation of four Impact Teams focused on Nurturing Children and Youth, Building Self Sufficiency, Strengthening Families and Individuals and Fostering Health and Well-being. The genesis of the areas of focus for the Impact Teams extends back to the 2001 United Way community survey that gathered information from community members, service

providers and key community informants. These Impact Teams developed mission and vision statements regarding their area of focus, logic models that explicated inputs, outputs and outcomes designed to actualize the vision and brainstormed indicators that would effectively measure the desired outcomes.

In total, over 100 people from more than 60 organizations took part in one or more of 14 meetings. The teams developed four separate sets of indicators totaling over 200 possible measures for the outcomes of their logic models.

The ABC Solutions Team worked with the staff from the Medical Foundation (TMF) to merge the four sets of indicators, reducing duplication across teams, clarifying the availability of data, the feasibility of collecting the data and the relevance of each indicator. A set of approximately 70 unduplicated indicators emerged from this work.

A second review then compared the reduced set of indicators to those included in the United Way of America State of Caring Index (SOI) and the National Association of Planning Councils Core Indicator set. This work resulted in the current version of the indicator set. The indicators clustered into categories for which the ABC Solutions Team and TMF staff developed outcome statements.

Those statements include:

1. Residents live in a state of economic well being
2. Residents possess the skills to be successful in school and work
3. Community infrastructure supports health and economic well-being
4. Appropriate and affordable housing exists for all residents
5. Residents have access to health and social services
6. Individuals and families lead healthy lifestyles
7. All residents live in a safe environment
8. Residents are engaged civic participants

The set of indicators included in this report represents the culmination of the work described above. Obviously the indicators included here are only one of an innumerable possible number of sets. The strength of this indicator set is the process through which it was developed. Starting with input from a very broad cross section of the community (the United Way community survey), supplemented by the Key Informant survey, the work of the Impact Teams and the consultation of the Medical Foundation the resulting indicator set has benefited from the input of community members and professionals alike.

The indicators included in this report adhere quite closely to those that surfaced during the process of working with the Impact Teams. Consideration should be given to inclusion of some additional indicators that were *not* identified during the process. In particular, there are a number of health-related indicators that should be considered for inclusion under Outcome Area F: *Individuals and families lead healthy lifestyles* (see note following Focus Area F). Of course striking an appropriate balance between including a broad enough set of indicators to accurately measure the health and well-being of the community and keeping the indicator set manageable is always a struggle.

Suggestions for Future Needs/Additional Analyses

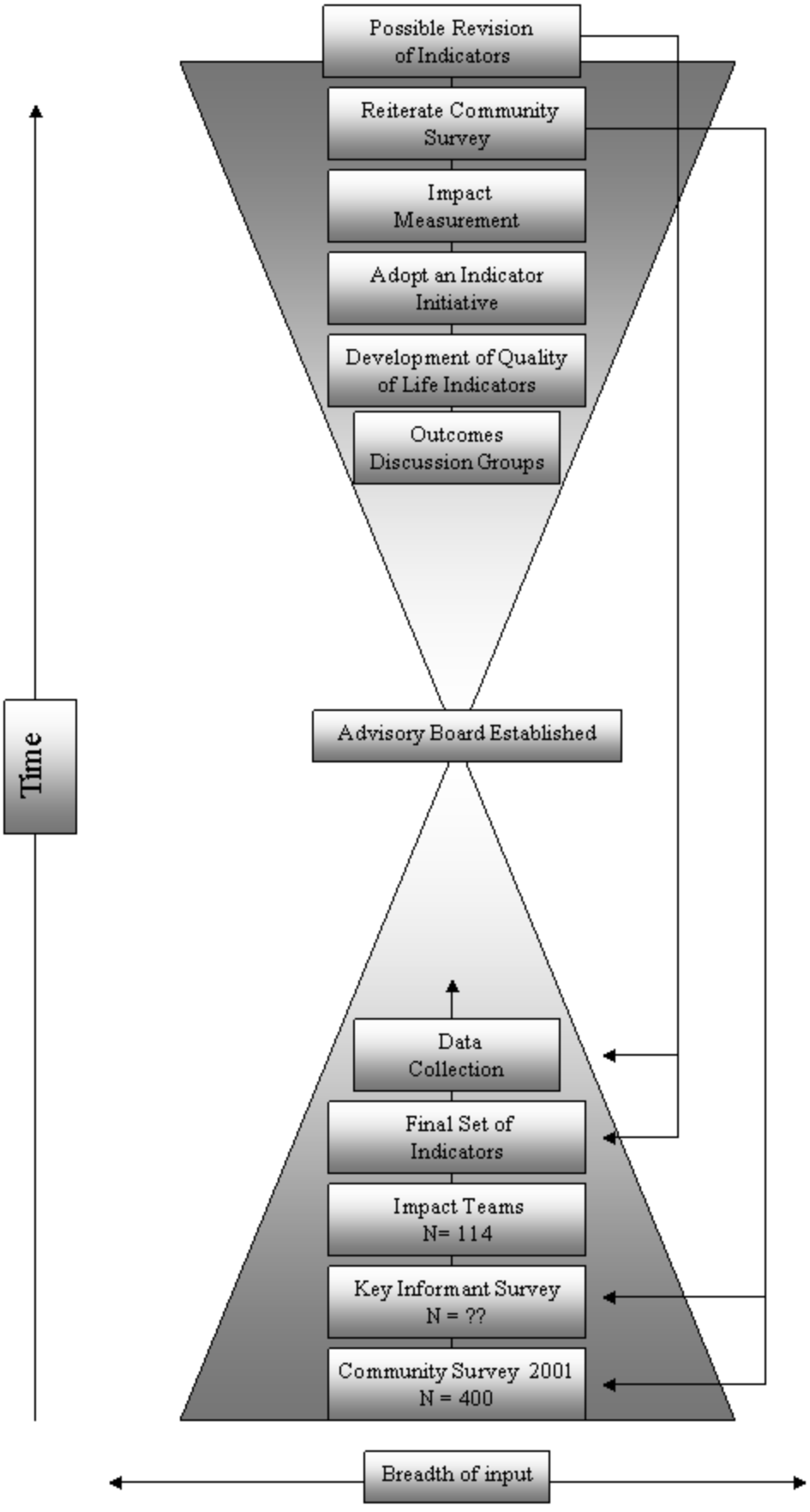
A substantial amount of work has gone into developing this first iteration of a set of indicators to help measure the health and well-being of the community. More work is needed to collect the secondary and primary data identified by the indicators. Consistency of data collection and analysis, over time, will be required for the information embedded in the data to be useful and relevant. However, the indicator set should be viewed as a dynamic entity to be reviewed and revised as appropriate. Figure 1, below, graphically depicts the process of the development of the indicator set to date and associated activities. Reiteration of the process should be viewed as indispensable to keeping the indicator set relevant.

The level of analysis included in this report is purely descriptive with comparison data included where available. More work is needed to complete the secondary data collection for each indicator. Once the full data set has been “fleshed out” and data for

each indicator collected, the process of updating the data set should be relatively easy. A part time employee with the requisite understanding of the data sources and access to a serviceable computer and to the Internet could keep this descriptive data set up to date from year to year with little trouble. An understanding of survey methodology, data management and cleaning will be essential for the indicators that require primary data collection and for future community surveys. Access to and familiarity with statistical software such as SPSS or SAS and data base software will be required for analysis of primary data. Software to support these activities could be purchased for less than $2000. This would allow an in-house person with the appropriate knowledge to manage and analyze the data. The ability to post the data to a web site and establish a "data warehouse" with the ability to output the data for various community stakeholders might require additional software and an enhanced skill set on the part of the individual managing the data, however recommendations regarding these types of capabilities would require substantial research and are beyond the scope of this report. A decision will need to be made regarding whether to hire an in-house staff person and purchase the necessary hardware and software or to rely upon outside consultants to supply the expertise and tools to complete the work.

A more refined analysis of the indicators, beyond the purely descriptive, would include the investigation of whether the Adams County data differs significantly from the comparison data and whether statistically significant trends are evident. This type of analysis would require an understanding of inferential statistics in addition to survey methodology and access to and familiarity with statistical software. In addition, a detailed analysis that parses the data by race and investigates the role of economic and geographic variables on the health of the community would be a valuable addition.

Figure 1


Possible Revision of Indicators
Reiterate Community Survey
Impact Measurement
Adopt an Indicator Initiative
Development of Quality of Life Indicators
Outcomes Discussion Groups
Advisory Board Established
Data Collection
Final Set of Indicators
Impact Teams N= 114
Key Informant Survey N = ??
Community Survey 2001 N = 400
Time
Breadth of input

References

Angrist, J. D., & Krueger, A. B. (1990). Does Compulsory School Attendance Affect Schooling and Earnings*? National Bureau of Economic Research*, NBER Working Papers: 3572 1990;

Ashenfelter, O. & Krueger, A. (1994). Estimates of the economic return to schooling from a new sample of twins. *American Economic Review*, 84(5), 1157-1173; Card, D. (1995). Earnings, schooling & ability revisited. *Research in Labor Economics*, 14, 23-48;

Blundell, R. Dearden, L., & Sianesi, B. (2005). Evaluating the Effect of Education on Earnings: Models, Methods and Results from the National Child Development Survey. *Journal of the Royal Statistical Society: Series A* (Statistics in Society) 168(3): 473-512).

California Environmental Protection Agency. (1997*). Health Effects of Exposure to Environmental Tobacco Smoke - final report and appendices*. California Environmental Protection Agency, Office of Environmental Health Hazard Assessment. Sacramento, CA:

Card, D. (1995). Earnings, schooling & ability revisited. *Research in Labor Economics*, 14, 23-48.

Centers for Disease Control and Prevention. (1999). Best practices for comprehensive tobacco control programs-August 1999. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Atlanta: GA.

Fowler-Finn, T. (2001). Student stability vs. mobility. *School Administrator* v. 58 no. 7, p. 36-40

Snow, C. E., Burns, M. S. & Griffin, P. (Eds.). (1998). *Preventing reading difficulties in young children*. National Academy Press. Washington, DC:

Task Force on Community Preventive Services. (2001). Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental smoke. *American Journal of Preventive Medicine, 20*.

U.S. Department of Health and Human Services. (2000). Environmental Tobacco Smoke: First listed in the Ninth Report on Carcinogens, U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program.

U.S. Environmental Protection Agency. (1992*). Respiratory Health Effects of passive smoking: lung cancer and other disorders*. Environmental Protection Agency, Office of Research and Development, Office of Research and Development, Office of Health and Environmental Assessment. Washington, DC: U.S.

Whinicup, P. H., Gilg, J. A., Emberson, J. R., Jarvis M. J., Feyerabend, C., Bryant, A., Walker, M. & Good, D. G. (2004). Passive smoking and risk of coronary heart disease and stroke: Prospective study with cotinine measurement. *BMJ Online First*, British Medical Journal.