



EPLAN 2011-2016

Evanston Project for the Local Assessment of Needs

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May 17, 2011

Tom Szpyrka, IPLAN Administrator
Illinois Department of Public Health
525 West Jefferson
Springfield, IL 62761-001

Dear Mr. Szpyrka:

Evanston Health Advisory Council (EHAC) acknowledges that the Evanston Health Department has duly completed an organizational capacity self-assessment.

EHAC approves and adopts the enclosed Evanston Project for the Local Assessment of needs 2011-2016 as of May 17, 2011.

Please Contact Evonda Thomas, Evanston Health Director, at 847/866/2957 with any questions or concerns.

Sincerely,

Natasha Deutsch
Chair of Evanston Health Advisory Council

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Introduction

Letter from Health Department Director
July 14, 2011

To: City Manager Wally Bobkiewicz,
Honorable Mayor Elizabeth Tisdahl
Members of City Council

The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards.

In 1988, the Illinois public health community adopted the Public Health Charter for Illinois, establishing that the mission of public health in the state is to fulfill society's interest in assuring conditions in which people can be healthy. Governmental public health agencies have a specific responsibility to ensure that a system is in place to allow the public health mission to be achieved. The Illinois Department of Public Health has taken a leadership role in redirecting the Illinois public health system to focus on achieving successful implementation of the core public health functions at the community level. These three functions follow the basic premise set forth in the Institute of Medicine's report, *The Future of Public Health*, and the Illinois Public Health Charter. They are assessment, policy development and assurance.

In addition to defining the public health mission and describing core functions, the Public Health Charter establishes several important principles, among which is the need for reform and restructuring of public health services in Illinois to improve our ability to achieve the public health mission. In this system, a certified local health department (LHD) is a local governmental agency, which carries out the core functions of public health within its jurisdiction. The LHD leads its community in articulating and meeting the health needs of the population it serves. The development and assurance of public health programs that maintain or improve the health of the population, whether targeted to individuals or the entire community, is the responsibility of the Evanston Health Department.

As a certified local health department in the State of Illinois, the Evanston Department of Health is required to periodically assess the needs of the community we serve and plan new service priorities accordingly. This Evanston Project for Local Assessment of Needs (EPLAN)

document represents over a year's worth of effort by staff of the Department of Health, our Evanston Community Health Advisory Board, and our many public health partners throughout the community.

The process for developing this document allowed us to analyze the health needs of our community in a comprehensive manner not attempted in Evanston previously. We developed a survey which over 1,000 Evanston residents completed. Our department convened a number of special meetings and focus groups all aimed at soliciting input on the health of Evanston. Finally, our staff sought out and analyzed every bit of available data on the demographics, illnesses, lifestyles, risk factors, and accidents of Evanston residents. Any review of our community's health must recognize that we are a part of a very large metropolitan area. Our population reflects national and regional health issues. We are not immune for example, from the national trends regarding obesity and fitness.

Nonetheless, we did try to identify problems which if not unique to Evanston, do reflect local areas of importance. Our community has always been a leader in recognizing the impact of social factors such as income and housing on health.

I want to thank everyone in the community who helped us develop this plan and its priorities. I want to particularly recognize *Sree Pilla* Environmental Health Intern and *Carl Caneva* Environmental Health Division Manager of our department who devoted many hours to the production of this document. We look forward to your continued partnership and participation as we work together to improve Evanston's health and well being.

Evonda Thomas RN MSN DHA (c)
Director of Evanston Health Department

Executive Summary

The Evanston Health Department is proud to complete its third round of the IPLAN process as mandated by the Illinois Department of Public Health to maintain its certified status. In Evanston, the local IPLAN process is referred to as the EPLAN, Evanston Project for the Local Assessment of Needs. The purpose of the Evanston Project of Local Assessment of Needs is to meet the requirements of Section 600.400 of the Certified Local Health Department Administrative Code, which requires a periodic community health needs assessment that systematically describes the prevailing health status and health needs of Evanston residents.

The mission of the Evanston Health Department is as follows:

“Protect, preserve and promote wellness for people who live, work, and play in Evanston through creative and sustainable partnerships.”

The current EPLAN represents two years worth of efforts of the Health Department staff and community partners. The process kicked off with data collection efforts spanning over 18 months. Adequate care was taken to ensure representation of all sectors of the community. Strong partnerships were formed with local educational institutions. Evanston Health Advisory Council was vital in providing guidance and assistance while drafting the Community Health Plan.

The three priority issues chosen were as follows:

- 1) Access to Health Care
- 2) Chronic Health Conditions
- 3) Obesity

The voice of the community strongly resonated in the selection of the above health priorities. The Community Health Plan is strongly rooted in evidence based practices. We placed strong emphasis on making the most of available community resources and engaging community partners. EPLAN champions the needs of the community and has evolved into a common strategic plan for all our allies. We hope to achieve a healthier Evanston thus making Evanston, the most livable city in America.

Acknowledgements

A list of participants is available in the Appendix.

Evanston Health Advisory Council Member List (EHAC)

Natasha Deutsch
Chair
Evanston Advisory Council

Evonda Thomas, RN, MSN DHA(c)
Director
Evanston Health Department

Bruce Doblin, MD
Medical Director
Evanston Health Department

Karen Chavers
District Director
Cook County Commissioners/Larry Suffredin

Mary Daley
Community Advocate

Kim Fisher
Evanston Mental Health Board Member

Avery Hart, MD
Chief Medical Officer
Cermak Health-Cook County Jail

Delores Holmes
5th Ward Alderman
City of Evanston

Edward Hughes, MD, MPH
Professor
Kellogg School of Management/Northwestern University

Mary Larson, CSN
Coordinator of Health Services
Evanston/Skokie School District 65

Louis Rowitz, PhD
Director Leadership Institute
University of Illinois Chicago

**Evanston Health Advisory Council
(EHAC)**

Bonnie Lockhart, RN
School Board Member

Angelique Richards PhD, RN
Vice President Patient Care Services
Saint Francis Hospital

Jennifer Vyenelo
Administrative Assistant
Saint Francis Hospital

Paul Luning, MD, MPH
Chief Medical Officer
PCC Community Wellness Center

Woody McCally
President
Finnegan Family Foundation

Julianne Russell
APN/CNP
ETHS School-Based Health Center

Mark Schroeder
Director, Community Relations
NorthShore University HealthSystems

Marybeth Schroeder
Senior Program Officer
Evanston Community Foundation

C. Louise Brown, RN
Community Advocate

Donald W. Zeigler, PhD
Director, Prevention and Healthy Lifestyles
American Medical Association

Judith Simon, RN
Community Advocate

Tanille Baaske-Smith
Associate Executive Director, Healthy Living
McGaw YMCA

Statement of Purpose-Community Health Needs Assessment

Evanston Health Department has a rich history spanning more than a 100 years and is the first City health department in Illinois. The Department has gone through several modifications in organizational structure and evolved each time adapting to the needs of Evanston residents. The EPLAN from its inception has strived to bring community partners together as well as engage residents thus strengthening the public health infrastructure.

A community based assessment promotes ownership, reduces gaps and barriers and streamlines health and social services leading to the best use of available resources. The current EPLAN placed emphasis on local data collection to examine prevalent risk factors, health behaviors and health related knowledge among residents. This method was chosen to promote ownership of the project through the active participation of the residents as witnessed by 416 responses to the EPLAN Survey conducted in 2010.

Several other data sources were used in the formulation of the Needs Assessment part of the EPLAN in order to provide a clear picture of the local health status. No amount of public health enterprise and planning would be meaningful unless the community itself lends a voice in planning its future health. Developing strong partnerships and collaborations is the ultimate key to developing a balanced needs assessment and a robust health plan for the community.

The Evanston Health Advisory Council provided feedback by voting for and identifying priority health issues in the community which are as follows:

- 1) Access to Health Care
- 2) Chronic Health Conditions
- 3) Obesity

Every assessment conducted over the past two years consistently exposed the increasing need for efforts to mitigate the current priorities. The three health issues have also been a part of the previous round of priorities EPLAN and it only reiterates the importance of streamlining efforts in this direction.

IPLAN Data Summary

I. Demographic and Socioeconomic Characteristics:

The City of Evanston is located within Cook County just north of Chicago. According to the American Communities Survey, the 2005-2009 population estimates were 76,599. The most populous age group is 25 to 34 years comprising 15.1% of the population. 11.4% of the population is aged 65 and above. The Median age observed was 34.3 years.

The following are some of the fast facts that describe the socioeconomic status of Evanston residents.

- 93.9% of the residents have a high school diploma or a higher level of education achievement. 36.7% of the population has a graduate or professional degree.
- 4.8% of the population constitutes families and people whose income in the past 12 months was below the poverty level.
- Median household income was \$69,544 according to the American Community Survey, 2005-2009. Mean household income was \$106,552 according to the same.
- 3.9% of the population received supplemental income in the form of Food Stamps/SNAP benefits in the past 12 months.

More detailed information is presented in tables below.

1.01 Population by Age and Gender: This indicator reports population by age and gender

Source: Evanston, Illinois. ACS Demographic and Housing Estimates: 2005-2009.

ACS Demographic and Housing Estimates	Estimate	Margin of Error	Percent	Margin of Error
SEX AND AGE				
Total population	76,599	+/-59	76,599	(X)
Male	37,251	+/-895	48.6%	+/-1.2
Female	39,348	+/-892	51.4%	+/-1.2
Under 5 years	5,815	+/-465	7.6%	+/-0.6
5 to 9 years	4,126	+/-395	5.4%	+/-0.5
10 to 14 years	3,083	+/-360	4.0%	+/-0.5
15 to 19 years	7,397	+/-901	9.7%	+/-1.2
20 to 24 years	7,161	+/-771	9.3%	+/-1.0
25 to 34 years	11,582	+/-635	15.1%	+/-0.8
35 to 44 years	10,509	+/-618	13.7%	+/-0.8
45 to 54 years	10,081	+/-608	13.2%	+/-0.8
55 to 59 years	4,559	+/-401	6.0%	+/-0.5
60 to 64 years	3,565	+/-324	4.7%	+/-0.4
65 to 74 years	4,023	+/-376	5.3%	+/-0.5
75 to 84 years	2,795	+/-299	3.6%	+/-0.4
85 years and over	1,903	+/-281	2.5%	+/-0.4
Median age (years)	34.3	+/-0.8	(X)	(X)
18 years and over	61,061	+/-669	79.7%	+/-0.9
21 years and over	53,977	+/-877	70.5%	+/-1.1
62 years and over	10,530	+/-643	13.7%	+/-0.8
65 years and over	8,721	+/-608	11.4%	+/-0.8
18 years and over	61,061	+/-669	61,061	(X)
Male	28,808	+/-923	47.2%	+/-1.3
Female	32,253	+/-734	52.8%	+/-1.3
65 years and over	8,721	+/-608	8,721	(X)
Male	3,523	+/-358	40.4%	+/-2.6
Female	5,198	+/-403	59.6%	+/-2.6

1.03 Race/Ethnicity Distribution:

Source: Evanston, Illinois. ACS Demographic and Housing Estimates: 2005-2009.

Caucasians comprise a majority of the population at 70.9%, African Americans, Hispanics and Asians constituting the rest of the major racial groups.

ACS Demographic and Housing Estimates	Estimate	Margin of Error	Percent	Margin of Error
Race alone or in combination with one or more other races				
Total population	76,599	+/-59	76,599	(X)
White	54,280	+/-1,447	70.9%	+/-1.9
Black or African American	15,443	+/-1,216	20.2%	+/-1.6
American Indian and Alaska Native	535	+/-226	0.7%	+/-0.3
Asian	6,516	+/-904	8.5%	+/-1.2
Native Hawaiian and Other Pacific Islander	30	+/-46	0.0%	+/-0.1
Some other race	2,620	+/-638	3.4%	+/-0.8
HISPANIC OR LATINO AND RACE				
Total population	76,599	+/-59	76,599	(X)
Hispanic or Latino (of any race)	5,799	+/-953	7.6%	+/-1.2
Mexican	3,539	+/-893	4.6%	+/-1.2
Puerto Rican	361	+/-143	0.5%	+/-0.2
Cuban	236	+/-125	0.3%	+/-0.2
Other Hispanic or Latino	1,663	+/-436	2.2%	+/-0.6
Not Hispanic or Latino	70,800	+/-949	92.4%	+/-1.2
White alone	48,832	+/-1,291	63.8%	+/-1.7
Black or African American alone	14,027	+/-1,185	18.3%	+/-1.5
American Indian and Alaska Native alone	42	+/-41	0.1%	+/-0.1
Asian alone	5,516	+/-798	7.2%	+/-1.0
Native Hawaiian and Other Pacific Islander alone	0	+/-119	0.0%	+/-0.1
Some other race alone	224	+/-120	0.3%	+/-0.2
Two or more races	2,159	+/-483	2.8%	+/-0.6
Two races including Some other race	58	+/-55	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	2,101	+/-483	2.7%	+/-0.6

1.05 Population 25+ who are Non-High School Graduates:

Source: 2005-2009 American Community Survey 5-Year Estimates

Survey: American Community Survey

Selected Social Characteristics in the United States	Estimate	Margin of Error	Percent	Margin of Error
EDUCATIONAL ATTAINMENT				
Population 25 years and over	49,017	+/-959	49,017	(X)
Less than 9th grade	1,232	+/-321	2.5%	+/-0.7
9th to 12th grade, no diploma	1,741	+/-340	3.6%	+/-0.7
High school graduate (includes equivalency)	5,575	+/-510	11.4%	+/-1.0
Some college, no degree	6,467	+/-540	13.2%	+/-1.1
Associate's degree	1,783	+/-304	3.6%	+/-0.6
Bachelor's degree	14,252	+/-773	29.1%	+/-1.5
Graduate or professional degree	17,967	+/-812	36.7%	+/-1.5
Percent high school graduate or higher	93.9%	+/-0.9	(X)	(X)
Percent bachelor's degree or higher	65.7%	+/-1.6	(X)	(X)

1.07 Population in Poverty:

Data Source: 2005-2009 American Community Survey 5-Year Estimates. Survey: American Community Survey

Selected Economic Characteristics	Estimate	Margin of Error	Percent	Margin of Error
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	4.8%	+/-1.1	(X)	(X)
With related children under 18 years	7.3%	+/-2.0	(X)	(X)
With related children under 5 years only	6.9%	+/-3.9	(X)	(X)
Married couple families	2.3%	+/-0.8	(X)	(X)
With related children under 18 years	3.1%	+/-1.5	(X)	(X)
With related children under 5 years only	2.9%	+/-1.8	(X)	(X)
Families with female householder, no husband present	14.5%	+/-4.6	(X)	(X)
With related children under 18 years	20.1%	+/-7.1	(X)	(X)
With related children under 5 years only	24.0%	+/-25.8	(X)	(X)
All people	9.7%	+/-1.2	(X)	(X)
Under 18 years	8.1%	+/-2.6	(X)	(X)
Related children under 18 years	7.6%	+/-2.6	(X)	(X)
Related children under 5 years	6.1%	+/-2.8	(X)	(X)
Related children 5 to 17 years	8.5%	+/-3.4	(X)	(X)
18 years and over	10.2%	+/-1.1	(X)	(X)
18 to 64 years	10.8%	+/-1.2	(X)	(X)
65 years and over	6.4%	+/-1.9	(X)	(X)
People in families	4.9%	+/-1.3	(X)	(X)
Unrelated individuals 15 years and over	23.8%	+/-2.4	(X)	(X)

Indicators 1.08 Population receiving Food Stamps and 1.13 Per capita Personal Income:

Data Source: 2005-2009 American Community Survey 5-Year Estimates Survey: American Community Survey

Selected Economic Characteristics	Estimate	Margin of Error	Percent	Margin of Error
INCOME AND BENEFITS (IN 2009 INFLATION-ADJUSTED DOLLARS)				
Total households	29,608	+/-682	29,608	(X)
Less than \$10,000	2,050	+/-322	6.9%	+/-1.0
\$10,000 to \$14,999	1,305	+/-255	4.4%	+/-0.9
\$15,000 to \$24,999	1,829	+/-318	6.2%	+/-1.1
\$25,000 to \$34,999	2,258	+/-337	7.6%	+/-1.1
\$35,000 to \$49,999	3,357	+/-406	11.3%	+/-1.3
\$50,000 to \$74,999	4,676	+/-446	15.8%	+/-1.5
\$75,000 to \$99,999	3,467	+/-369	11.7%	+/-1.2
\$100,000 to \$149,999	4,805	+/-389	16.2%	+/-1.3
\$150,000 to \$199,999	2,330	+/-229	7.9%	+/-0.8
\$200,000 or more	3,531	+/-313	11.9%	+/-1.1
Median household income (dollars)	69,544	+/-4,774	(X)	(X)
Mean household income (dollars)	106,552	+/-5,063	(X)	(X)
With earnings	24,494	+/-611	82.7%	+/-1.2
Mean earnings (dollars)	106,573	+/-4,845	(X)	(X)
With Social Security	6,254	+/-397	21.1%	+/-1.2
Mean Social Security income (dollars)	16,394	+/-666	(X)	(X)
With retirement income	4,026	+/-277	13.6%	+/-0.9
Mean retirement income (dollars)	35,014	+/-5,588	(X)	(X)
With Supplemental Security Income	474	+/-127	1.6%	+/-0.4
Mean Supplemental Security Income (dollars)	8,145	+/-1,686	(X)	(X)
With cash public assistance income	347	+/-119	1.2%	+/-0.4
Mean cash public assistance income (dollars)	3,150	+/-967	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	1,140	+/-236	3.9%	+/-0.8

II. General Health and Access to Care

2.01 Mortality Rates (rates per 100,000)

Number of deaths reported from Evanston and Illinois during the year 2006:

	Evanston	Illinois
Crude Number	554	102,122
Asian/Pacific Islander	8	1,239
Black	130	15,786
White	416	85,013

2.01.02 Leading Causes of Mortality, ICD-10 2006

Cause of Death	Evanston Number	Evanston Percentage	Illinois Number	Illinois Percentage
Total Number	554		120,122	
Diseases of Heart	132	24%	27,002	26%
Malignant Neoplasm	132	24%	24,052	24%
Coronary Heart Disease	92	17%	19,210	19%
Influenza and Pneumonia	41	7%	2,671	3%
Chronic Lower Resp. Disease	36	6%	4,725	5%
Lung Cancer	32	6%	6,663	7%
Cerebrovascular Disease	31	6%	5,974	6%
Lymph and Hemato Cancer	15	3%		
Accidents	11	2%	4,401	4%
Cirrhosis of Liver	9	2%		
Diabetes Mellitus	N/A	N/A	2,794	3%
Colo-rectal Cancer	N/A	N/A	2,507	2%

Heart disease, Cancer and Lung diseases account for majority deaths occurring in Evanston. This is an indicator of the chronic disease burden in the community. Primary prevention efforts and changes in lifestyle are the key to reducing morbidity and mortality from chronic health conditions. Increasing awareness of available resources and reducing barriers to access to care are other factors that influence the health of the community.

2.01.02 Race/Ethnicity Breakdown of Leading Causes of Mortality, ICD-10, 2006.

Cause of Death	Asian/PI	Black	White
Total	8	130	416
Malignant Neoplasm	3 (38%)	33 (25%)	96 (23%)
Diseases of Heart	1 (13%)	29 (22%)	102 (25%)
Coronary Heart Dis.	N/A	23 (18%)	69 (17%)
Lung Cancer	1 (13%)	13 (10%)	18 (4%)
Influenza and Pneumonia	N/A	10(8%)	31 (7%)
Cerebrovascular Dis.	N/A	7 (5%)	24 (6%)
Chr. Lower Resp. Dis.	N/A	5 (4%)	31 (7%)
Nephritis etc.	N/A	4 (3%)	N/A
Lymph & Hemato Cancer	N/A	4 (3%)	11 (3%)
Accidents	2 (25%)	4 (3%)	N/A
Diabetes Mellitus	N/A	N/A	7 (2%)
Falls	2 (25%)	N/A	N/A
Suicide	1 (13%)	N/A	N/A
Cirrhosis of Liver	N/A	N/A	7 (2%)
Colo-rectal Cancer	1 (13%)	N/A	N/A

2.06.02 Cause-Specific Years of Potential Life Lost, ICD-10, 2006.

Cause of Death	Evanston Number	Illinois Number
Diseases of Heart	186	54,579
Malignant Neoplasm	352	73,388
Coronary Heart Disease	124	36,136
Influenza and Pneumonia	81	N/A
Chronic Lower Resp. Disease	91	N/A
Congenital Malformations	129	19,618
Firearms	92	27,275
Suicide	111	17,193
Accidents	92	85,216
Cirrhosis of Liver	76	N/A
Perinatal Conditions	N/A	45,158
Motor Vehicle Accidents	N/A	31,128
Homicide	N/A	27,677

As witnessed in the table above cancer and heart disease are the major health conditions responsible for loss of productive life years. Chronic health conditions also have financial implications such as loss of productivity at both individual and community levels, raised treatment costs and compromised general quality of life.

2.06.02 Race/Ethnicity Breakdown of Cause Specific Years of Potential Life Lost, ICD-10, 2006

Cause of Death	Asian/PI	Black	White
Malignant Neoplasm	21	80	250
Diseases of Heart	N/A	93	93
Coronary Heart Dis.	N/A	65	58
Lung Cancer	7	36	N/A
Influenza and Pneumonia	N/A	61	27
Chr. Lower Resp. Dis.	N/A	N/A	76
Lymph & Hemato Cancer	N/A	N/A	29
Accidents	N/A	92	N/A
Firearms	N/A	92	N/A
Suicide	30	40	40
Cirrhosis of Liver	N/A	N/A	76
Colo-rectal Cancer	7	N/A	N/A
Congenital Malformations	N/A	64	72
Homicide	N/A	62	N/A
Diabetes Mellitus	N/A	N/A	34

Cancer is the leading cause for loss of life years among Caucasians while Heart disease plays a predominant role among African Americans. Lung cancer is a leading cause of death among both genders. Breast cancer among women and prostate cancer among men are also the most commonly diagnosed cancers. Smoking, alcoholism, and increased consumption of fatty foods are proven direct contributing factors to cancer. Early detection is key to reducing treatment costs, as well as reducing mortality and morbidity from cancer.

III. Maternal and Child Health Indicators

Pregnancy and childbirth have an enormous impact on the physical, mental, emotional, and socioeconomic health of women and their families. Improving the well-being of mothers, infants, and children is an important public health goal for the United States. The Office of Vital Records located within the health department issues certified copies of birth and death certificates for births or deaths occurring in Evanston with certain restrictions. The following data was generated from the IPLAN website.

3.01 Live Births-Years 2004-2006

	Evanston Number 2004	Evanston Number 2005	Evanston Number 2006	Evanston Percent 2006	Illinois Percent	Illinois Number
Total	1,065	1,096	1,044			180,503
Asian/Pacific Islander	97	124	122	11.7%	5.2%	9,427
Black	232	190	181	17.3%	17.4%	31,469
White	729	778	739	70.8%	77.0%	138,936
Other	7	4	2	0.2%	0.4%	671

According to the Healthy People 2020 Objectives 6.7 deaths per 1000 live births occurred within the first year of life in 2006. 8.2% and 1.5% of live births were classified as low birth weight and very low birth weight respectively in 2007. While data on infant mortality rates are not available for Evanston, the rates of low birth weight (6.9%) and very low birth weight (0.9%) are better compared to US statistics.

3.02 Infant Mortality Rate (Rates per 1,000 live births) Year 2006

Infant Mortality Rate			
	Evanston Number	Illinois Rate	Illinois Number
Asian/Pacific Islander	0	3.5	33
Black	1	14.4	452
White	1	6.1	850
Post Neonatal Mortality Rate			
	Evanston Number	Illinois Rate	Illinois Number
Asian/Pacific Islander	0	N/A	7
Black	1	5.9	186
White	1	1.6	226

3.03 Low Birth Weight Year 2006

Low Birth Weight				
	Evanston Rate	Evanston Number	Illinois Rate	Illinois Number
Total	6.6%	69	8.6%	15,607
Asian/Pacific Islander	8.2%	10	9.0%	805
Black	9.9%	18	14.4%	4,525
White	5.5%	41	7.3%	10,176
Very Low Birth Weight				
	Evanston Rate	Evanston Number	Illinois Rate	Illinois Number
Total	0.9%	9	1.6%	2,964
Asian/Pacific Islander	0.8%	1	1.3%	119
Black	1.7%	3	3.3%	1,031
White	0.7%	5	1.3%	1,806

3.07 Mothers begin prenatal in 1st trimester

	Evanston Percent	Evanston Number	Illinois Percent	Illinois Number
Total	68.7%	717	82.5%	148,860
Asian/Pacific Islander	70.5%	86	82.2%	7,748
Black	53.0%	96	73.5%	23,115
White	72.3%	534	84.5%	117,461
Other	50.0%	1	79.9%	536

3.12 Percent births to teens (2006)

	Evanston Number	Illinois Number
Total	17	6,395
Age 10-14	1	275
Age 15-17	16	6120

Healthy People 2010 objectives FP-8.1 and 8.2 are related to reducing teen pregnancy rates. FP 8.1 states that 40.2 pregnancies occurred per 1000 females aged 15-17 years in 2005 and aims to reduce it by 10% i.e. to 36.2.

FP-8.2 states that 111.7 pregnancies occurred per 1000 females aged 18-19 years in 2005 and aims to reduce it to 105.9 pregnancies per 1000.

Teenage pregnancy rates are not available for Evanston, the number of pregnancies occurring in age groups 10-14 and 15-17 in 2006 have been tabulated in the table above.

IV. Chronic Disease Indicators

According to National Vital Statistics System–Mortality, there were 126 coronary heart disease deaths per 100,000 population 2006. Healthy people 2020 objective is to reduce this by 20%, i.e. to 100.8 deaths per 100,000 population. According to the IPLAN data system, 92 deaths occurred due to coronary heart disease in Evanston during 2006.

4.01.02 Coronary Heart Disease Mortality Rates, ICD-10				
Year 2006	Evanston Rate	Evanston Number	Illinois Rate	Illinois Number
Total: Age Adjusted	N/A	N/A	145.0	N/A
Crude	N/A	92	149.0	19,120
Premature (<65)	N/A	17	34.2	3,862
Asian/PI				
Crude	N/A	0	N/A	221
Premature (<65)	N/A	0	N/A	50
Black				
Crude	N/A	23	N/A	2,927
Premature (<65)	N/A	9	N/A	1,046
White			139.2	
Crude	N/A	69	155.8	15,957
Premature (<65)	N/A	8	30.9	2,760

According to National Vital Statistics System–Mortality, there were 42.2 stroke deaths per 100,000 population occurred in 2007. Healthy people 2020 objective is to reduce this burden by 20%, i.e. to 33.8 stroke deaths per 100,000 population. During the year 2006, 31 cerebrovascular deaths occurred in Evanston according to the IPLAN data system.

4.02.02 Cerebrovascular Disease Mortality Rates, ICD-10				
Year 2006	Evanston Rate	Evanston Number	Illinois Rate	Illinois Number
Total: Age Adjusted	N/A	N/A	45.2	N/A
Crude	N/A	31	46.6	5,974
Premature (<65)	N/A	3	6.7	761
Asian/PI				
Crude	N/A	0	N/A	89
Premature (<65)	N/A	0	N/A	16
Black				
Crude	N/A	7	N/A	848
Premature (<65)	N/A	2	N/A	260
White			43.5	
Crude	N/A	24	49.2	5,036

Premature (<65)	N/A	1	5.4	484
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According to the CDC, 9.1 cirrhosis deaths per 100, 000 population occurred in 2007. Healthy people objectives aim to reduce this by 20% which translates to a rate of 8.2 deaths per 100, 000 population. According to the IPLAN database, 9 deaths occurred in Evanston during 2006.

4.03.02 Chronic Liver Disease and Cirrhosis Mortality Rates, ICD-10				
Year 2006	Evanston Rate	Evanston Number	Illinois Rate	Illinois Number
Total: Age Adjusted	N/A		8.2	
Crude	N/A	9	8.3	1.070
Premature (<65)	N/A	5	6.1	685
Asian/PI				
Crude	N/A	0	N/A	11
Premature (<65)	N/A	0	N/A	5
Black				
Crude	N/A	2	N/A	138
Premature (<65)	N/A	0	N/A	103
White			8.5	
Crude	N/A	7	9.0	920
Premature (<65)	N/A	5	6.5	576

Cancer Incidence Data 2003-2007

Cancer is the second most common cause of death in Illinois and the United States, and the leading cause of death for Illinois citizens aged 45-64. According to the CDC, lung cancer is the most common cause for cancer related deaths among both genders while prostate cancer is the leading cause of cancer related deaths among men and breast cancer among women. Cigarette smoking, increased intake of fatty foods, and excessive consumption of alcohol have been related to increased risk for cancer. Genetic abnormalities, environmental exposure and personal behaviors can also cause cancer. Identifying cancer in its earliest stage possible and altering health behaviors in reducing cancer related mortality.

The following table represents the data from the IPLAN website, Cancer in Illinois database. Evanston Cancer Incidence Data 2003-2007 reports all the new cancer cases that have been registered over a 5 year period. The rest of the tables represent data reports generated from the IPLAN website.

Cancer group	Male count	Female Count	Total Count
Oral Cavity	19	13	32
Colorectal Cancer	79	73	152
Lung and Bronchus	80	117	197
Breast (invasive)	0	297	297
Breast in situ	0	73	73
Cervical Cancer	N/A	17	17
Prostate Cancer	259	N/A	259
Urinary System	94	33	127
Nervous System	10	18	28
Leukemia's and Lymphomas	82	70	152

All other cancers	178	293	371
ll cancers combined	801	1004	1805

4.09.02 Childhood Cancer (Under Age 15) Mortality Rates, ICD-10				
Year 2006	Evanston Rate	Evanston Number	Illinois Rate	Illinois Number
Total:	N/A			
Age 0-4	N/A	0	1.9	17
Age 5-14	N/A	0	2.1	38
Asian/PI				
Age 0-4	N/A	0	N/A	0
Age 5-14	N/A	0	N/A	0
Black				
Age 0-4	N/A	0	N/A	4
Age 5-14	N/A	0	N/A	9
White				
Age 0-4	N/A	0	1.9	13
Age 5-14	N/A	0	2.1	29
Other				
Age 0-4	N/A	0	N/A	0
Age 5-14	N/A	0	N/A	0

Evanston Health Department HIV/AIDS Data 2005-2009

Year	Reported HIV cases	Diagnosed HIV cases	Reported AIDS cases	Diagnosed AIDS cases
2005	16	N/A	12	N/A
2006	17	7	6	3
2007	17	7	7	8
2008	7	6	5	6
2009	8	7	2	2
2010	N/A	11	N/A	2

The cumulative number of HIV cases diagnosed in Evanston since 2005 is 42.
The cumulative number of AIDS cases diagnosed in Evanston since 2005 is 38.

Evanston Health Department Sexually Transmitted Diseases Data 2005-2010

Year	Chlamydia Cases	Gonorrhea Cases	Early Syphilis Cases
2005	227	75	3
2006	234	89	5
2007	244	75	4
2008	231	56	4
2009	197	51	1
2010	214	63	2

Data Source: Illinois HIV/STD/AIDS Monthly Surveillance Updates 2005-2010. IDPH.

STD Data Analysis:

Sexually Transmitted Diseases reported in Evanston from 2006 to 2009 were analyzed by age groups and gender. The results have been depicted graphically.

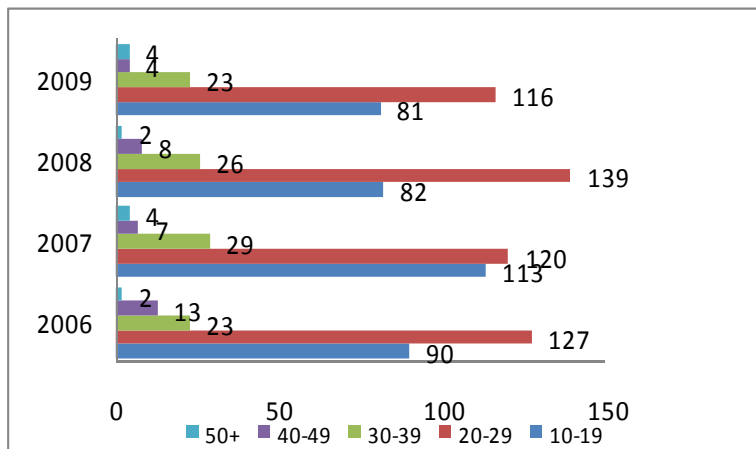
Chlamydia:

Chlamydia trachomatis, a bacterium causes Chlamydia which is transmitted during oral, vaginal or anal contact with an infected person. Chlamydia is the most frequently reported sexually transmitted infection, with an estimated 4 million new cases each year. In Illinois, there were 50,559 cases of Chlamydia reported in 2005. Most of these cases--71 percent--occurred among persons 15- to 24-years-old.

Chlamydial infections are characterized by a delayed onset of symptom if any and by a high incidence of late onset complications such as Pelvic Inflammatory Disease among women and Epididymitis in men which can both potentially lead to infertility.

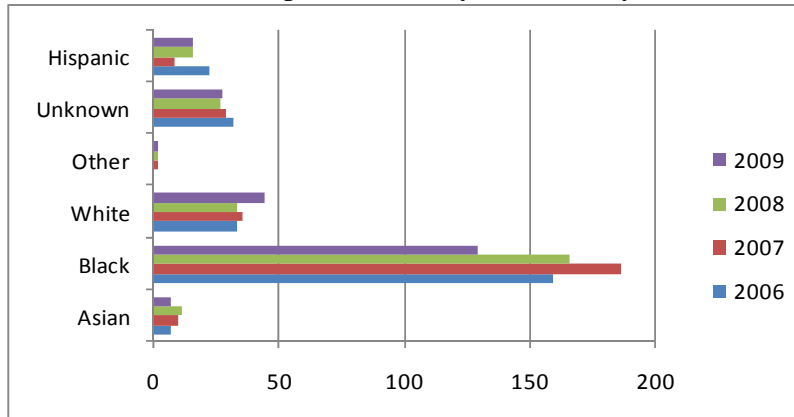
The National Institute of Allergy and Infectious Diseases estimate that the cost of chlamydial infections and subsequent complications exceeds \$2 billion annually.

Annual Number of Reported Chlamydia Cases by Age Group in Evanston 2006-2009.



As evident from the graph, the highest incidence of cases is among individuals less than 30 years of age, a majority of the reproductive age group.

Annual Number of Reported Chlamydia Cases by Race in Evanston 2006-2009.

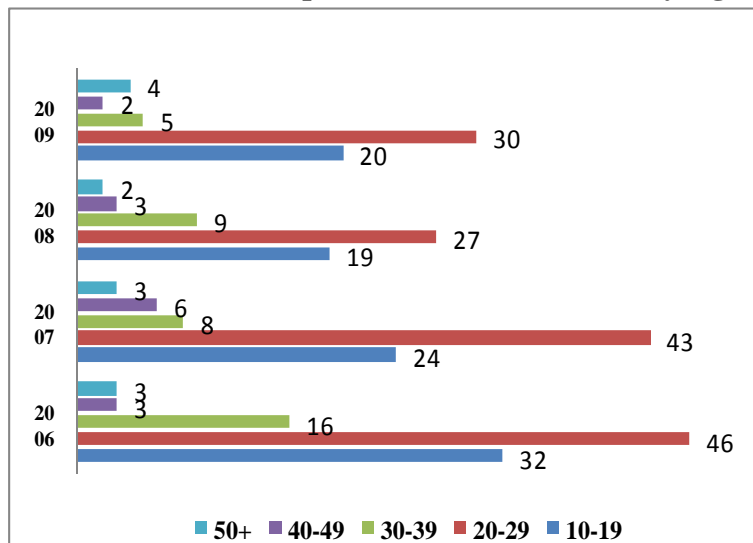


The highest number of cases has been reported among African Americans as seen in the graph. Additional analyses revealed that a greater number of cases were reported among women than men, which can be attributed to the more symptomatic nature of the disease among women and greater screening rates among women.

Gonorrhea:

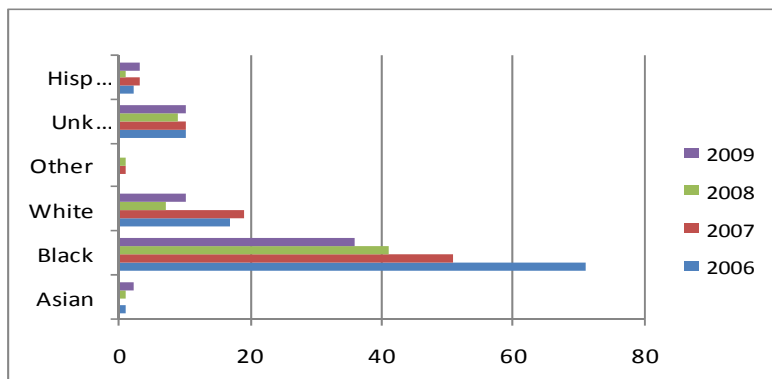
Gonorrhea is caused by *Neisseria gonorrhoeae*, a bacterium that can be transmitted during sexual contact and also from mother to child during vaginal birth of the mother is infected. Gonorrhea can lead to Pelvic Inflammatory Disease and can cause ectopic pregnancies among women. Among men a late complication is infertility as a result of untreated gonorrheal Epididymitis. The approximate annual cost of gonorrhea and its complications in Illinois is over \$3 million.

Annual Number of Reported Gonorrhea Cases by Age Group in Evanston 2006-2009.



Similar to Chlamydia, the highest number of cases of Gonorrhea occur among individuals aged 29 and below. IDPH estimates that at least 20,000 cases mostly among teenagers and young adults go undiagnosed each year.

Annual Number of Reported Gonorrhea Cases by Race in Evanston 2006-2009.



The case rate is highest among African Americans consistently from 2006 to 2009. The gender difference observed in Chlamydia was not evident when Gonorrhea data was analyzed.

6.03.02 Motor Vehicle Accidents Mortality Rates, ICD-10				
	Evanston Rate	Evanston Number	Illinois Rate	Illinois Number
Total: Age Adjusted	N/A		10.7	
Crude	N/A	3	10.8	1,389
Premature (<65)	N/A	1	10.4	1,170
Asian/PI				
Crude	N/A	0	N/A	15
Premature (<65)	N/A	0	N/A	14
Black				
Crude	N/A	1	N/A	194
Premature (<65)	N/A	1	N/A	178
White			11.3	
Crude	N/A	2	11.5	1,177
Premature (<65)	N/A	0	10.9	975

6.04.02 Homicide Rates, ICD-10				
	Evanston Rate	Evanston Number	Illinois Rate	Illinois Number
Total: Age Adjusted	N/A		6.6	
Crude	N/A	1	6.7	859
Premature (<65)	N/A	1	7.3	826
Asian/PI				
Crude	N/A	0	N/A	2
Premature (<65)	N/A	0	N/A	2
Black				
Crude	N/A	1	N/A	577
Premature (<65)	N/A	1	N/A	562
White			2.7	
Crude	N/A	0	2.7	278
Premature (<65)	N/A	0	2.9	260

6.05.02 Suicide Rates, ICD-10				
	Evanston Rate	Evanston Number	Illinois Rate	Illinois Number
Total: Age Adjusted	N/A		7.8	
Crude	N/A	8	7.8	1,007
Premature (<65)	N/A	7	7.7	870
Asian/PI				
Crude	N/A	1	N/A	19
Premature (<65)	N/A	1	N/A	17
Black				
Crude	N/A	2	N/A	93
Premature (<65)	N/A	2	N/A	87
White			8.5	
Crude	N/A	5	8.7	893
Premature (<65)	N/A	4	8.6	764

Suicide, firearm violence, accidents were also leading causes of loss of potential life years in Evanston community. Educating the public is vital in promoting road safety, seat belt use, and appropriate use of car seats for children. Strict laws against driving under the influence of alcohol and other drugs are proven strategies to reduce mortality from motor vehicle accidents. Prevention of substance abuse is also key to reducing mental health problems and reducing suicide rates.

6.09 Blood Lead Levels in Children

Approximately 250,000 U.S. children aged 1-5 years have blood lead levels greater than 10 micrograms of lead per deciliter of blood, the level at which CDC recommends public health actions be initiated. Lead poisoning can affect nearly every system in the body. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Evanston zip codes 60201 and 60202 have been identified as high risk zip codes for Childhood Blood Lead Poisoning. Consistent surveillance and follow-up efforts are necessary in tackling this preventable health condition.

Childhood Blood Lead Testing Evanston-IL 2005-2010											
Year	No result	Venous	Elevated Venous	Capillary	Elevated Capillary	Unknown	Elevated Unknown	Total	Elevated Total	Confirmatory	Elevated Confirmatory
2005	2	1,019	10	545	10	2	0	1,587	20	1,019	9
2006	0	986	14	530	4	1	0	1535	18	986	12
2007	0	1,131	11	285	5	1	0	1,417	16	1,130	11
2008	0	975	6	457	9	1	0	1,433	15	974	6
2009	0	1,103	3	469	3	1	0	1,573	6	1,066	3
2010	0	935	6	356	2	0	0	1,291	8	558	5

7.02 Sentinel Events – Cancer

Sentinel health events are those indicators that serve as a warning signal that the quality of care may need to be improved. They assume that unnecessary disease, unnecessary disability and unnecessary untimely death would have been prevented or managed if the health care system had functioned satisfactorily. This indicator reports the 5 year total number of cases and age-adjusted rate (US 2000) for females with late stages (regional and late) cervical cancer and in situ breast cancer, by race.

Cancer Incidence Data 2003-2007

	Evanston 2003-2007	Illinois 2003-2007
Breast Cancer (invasive)	297	42,460
Breast Cancer in situ	73	10,478
Cervical Cancer	17	2901

Note: Illinois had 331 male cases of invasive breast cancer during 2003-2007.

Summary

Examination of data from IPLAN data system sheds light on the chronic disease burden in Evanston. Heart Disease, Cancer, and Lung disease are the major health problems prevalent in the community. Other areas of concern are road safety, firearm violence and maternal health. Only 68.7% of pregnant women reported prenatal health care in the first trimester compared to 82.5% in Illinois during 2006. Sexually Transmitted Disease rates are comparable to Illinois rates. Data comparisons have been difficult since incidence/prevalence rates are not always available for Evanston.

Hospital Discharge Database Statistics 2003-2009

Illinois Department of Public Health collects and distributes hospital discharge statistics for Illinois zip codes. This data is useful for researchers to elicit trends in a vast spectrum of health conditions and surgeries. Data is compressed and presented in such a way as to ensure patient privacy and confidentiality. No indentifying information is made available to the public.

The following tables represent emergency department admission data, inpatient and outpatient discharge data. Emergency department data is available only for the year 2009, while inpatient and outpatient data are available for years 2003 to 2009.

The data is raw numbers and incidence and prevalence rates have not been calculated for the reason that case reporting is done using diagnosis related group codes which are constantly updated and revised for insurance purposes.

Outpatient Emergency Dept. Discharge data	2009
Other upper respiratory infections	1252
Sprains and strains	1054
Superficial injury; contusion	880
Abdominal pain	761
Nonspecific chest pain	733
Other injuries and conditions due to external causes	708
Open wounds of head; neck; and trunk	672
Open wounds of extremities	604
Fracture of upper limb	495
Spondylosis; intervertebral disc disorders; other back problems	452
Viral infection	449
Headache; including migraine	413
Skin and subcutaneous tissue infections	400
Fever of unknown origin	377
Other lower respiratory disease	372
Asthma	371
Other connective tissue disease	346
Urinary tract infections	341
Syncope	176
Otitis media and related conditions	173
Cardiac dysrrhythmias	164
Alcohol-related disorders	158

In Patient Diagnosis	2003	2004	2005	2006	2007	2008	2009
Acute Myocardial Infarction	69	68	0	109	63	56	0
Acute Cerebrovascular disease	121	110	113	124	50	142	123
Asthma	113	109	66	65	0	0	0
Biliary tract disease	117	0	0	46	50	0	0
Cardiac dysrhythmias	147	85	156	135	154	157	141
Complications of surgical procedures or medical care	98	44	104	0	59	0	103
Congestive heart failure; nonhypertensive	247	218	209	216	180	235	195
COPD and Bronchiectasis	59	0	0	0	0	111	55
Coronary atherosclerosis and other heart disease	126	117	42	63	0	0	0
Diabetes mellitus with complications	121	125	56	109	50	0	55
Fluid and electrolyte disorders	142	120	120	0	111	121	57
Fracture of Neck of femur	59	70	0	0	0	0	0
Live born	889	933	976	989	984	904	831
Mood disorders	281	381	362	319	395	413	488
Nonspecific chest pain	207	212	94	80	60	67	0
OB-related trauma to perineum and vulva	273	275	334	329	329	337	141
Osteoarthritis	82	144	177	175	168	180	166
Other complications of birth; puerperium affecting management of mother	171	168	211	184	197	161	148
Other complications of pregnancy	106	0	44	0	47	0	0
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	332	275	323	300	262	220	202
Schizophrenia and other psychotic disorders	431	322	432	415	338	410	276
Septicemia (except in labor)	106	55	139	151	246	223	95
Skin and subcutaneous tissue infections	138	160	155	129	131	126	138
Spondylosis; intervertebral disc disorders; other back problems	106	139	128	122	123	121	48
Syncope	114	44	0	0	0	0	0
Urinary tract infections	131	147	126	130	122	159	133
Intestinal Obstruction without hernia	0	108	0	0	0	51	61
Substance related disorders	0	0	93	97	74	74	152
Complications of device, implant and graft	0	0	116	104	64	113	58
Aspiration pneumonitis	0	0	0	59	64	0	45
Acute unspecified renal failure	0	0	0	0	171	145	65
Alcohol related disorders	0	0	0	0	0	0	69
Other nervous system disorders	0	0	0	0	0	0	54

Outpatient discharge diagnosis	2003	2004	2005	2006	2007	2008	2009
Abdominal hernia	159	209	193	205	198	171	149
Abdominal pain	79	0	51	0	0	0	0
Anal and rectal conditions	134	117	128	145	68	0	0
Cancer of breast	82	54	46	59	0	51	142
Cataract	417	487	482	461	463	464	406
Diverticulosis and diverticulitis	264	282	313	295	224	0	81
Esophageal disorders	176	197	106	207	191	0	162
Fracture of upper limb	57	146	177	307	288	408	325
Gastritis and duodenitis	128	147	126	128	143	0	0
Gastrointestinal hemorrhage	101	101	51	0	0	0	0
Hemorrhoids	115	175	213	272	199	0	0
Joint disorders and dislocations; trauma-related	156	177	185	202	185	195	217
Nonmalignant breast conditions	67	41	0	0	0	59	140
Open wounds of extremities	33	153	201	364	381	447	370
Open wounds of head; neck; and trunk	37	82	117	430	444	541	447
Other and unspecified benign neoplasm	862	1028	1051	1013	946	264	471
Other connective tissue disease	97	52	107	141	109	163	162
Other gastrointestinal disorders	152	175	136	183	147	49	161
Other screening for suspected conditions (not mental disorders or infectious disease)	219	250	243	208	388	187	776
Other skin disorders	35	0	0	0	45	47	0
Other upper respiratory disease	32	49	43	0	58	131	126
Otitis media and related conditions	46	0	0	0	49	0	0
Spondylosis; intervertebral disc disorders; other back problems	49	65	57	58	50	137	378
Sprains and strains	97	84	106	359	441	446	402
Fracture of lower limb	0	49	0	129	134	191	150
Skin and subcutaneous infections	0	0	0	70	76	180	196
Other female genital disorders	33	0	41	51	0	43	68
Acute and Chronic tonsillitis	0	43	0	105	49	0	0
Other aftercare	0	0	0	0	54	46	0
Other injuries and conditions due to external	0	0	0	0	50	137	65
Other eye disorders	0	0	0	0	0	56	0
Induced abortion	0	0	0	0	0	60	59
Other non traumatic joint disorders	0	0	0	0	0	54	0
Superficial Injury/contusions	0	0	0	0	0	50	0
Chronic Ulcer of skin	0	0	0	0	0	0	77
Other complications of pregnancy	0	124	110	0	0	0	0

EPLAN Survey 2010

Survey development. The EPLAN Survey consisted of 93 questions, the majority of which were adopted from previously established questionnaires, such as the 2009 BRFSS (Behavioral Risk Factor Surveillance System) questionnaire, FightBAC!TM Food Safety Survey, and 2001 Health Care Quality Survey prepared by Princeton Survey Research Associates for the Commonwealth Fund. Additional questions deemed pertinent to the Evanston community by health department personnel were also adopted for the EPLAN survey.

Pilot testing. Prior to distributing the EPLAN survey, pilot testing was conducted from July 2010 to September 2010 in order to assess the time needed to complete the survey, feasibility of survey administration, and the perceived appropriateness of the survey questions by Evanston residents. Pilot surveys were administered in various community gatherings such as the Evanston Community picnic, the health department dental clinic, and Salvation Army meetings. Reusable water bottles bearing the City of Evanston logo were offered as a participation incentive. Posters and pamphlets explaining the purpose of the survey and encouraging participation were displayed in the Evanston Civic Center building to advertise the process. The EPLAN survey was also advertised in the Evanston Substance Abuse Prevention Council July-September 2010 newsletter. A total of 91 surveys were collected by the end of September 2010. The data collected during this phase is reported and referred to subsequently as the nonrandom data sample in Appendix A.

Survey distribution. After examining the pilot study feedback, and accounting for survey length, health department personnel decided that mailing paper copies of the survey to Evanston residents would be the most effective means of survey administration. A mailing list of 30,285 addresses from the 60201 and 60202 zip codes was purchased from a local vendor. An online sample size calculator (<http://www.surveysystem.com/sscalc.htm>) was used to generate the required sample size to ensure statistical reliability of results. As per the calculator results, a sample size of 383 would have been sufficient to yield representative results with a 5% chance of error.

Advised by Dr. Diane Rucinski, University of Illinois Chicago professor, 1,200 surveys were determined as a sufficient number to distribute that would most likely generate 383 responses. This was done to account for low response rates usually associated with mailed in surveys. Microsoft Excel was used to generate a list of random numbers ranging from 1 to 30,285. Each number was then sequentially associated with an address. Every 25th number was then sorted which yielded a list of 1,211 addresses. Finally, the Information Technology Division of the City of Evanston utilized Geographic Information Systems software to map the addresses according to their ward location, producing a 3.5%-4.3% distribution of addresses to each ward. This procedure was chosen to ensure the heterogeneity of the randomly surveyed Evanston residents. The surveys along with a cover letter (see Appendix B) and a pre-paid return envelope were mailed to residents during the last week of September 2010. A follow-up reminder to boost response rates was published in the City of Evanston website and in Evanston Now, a local news and information site for Evanston residents.

Response rate. Three hundred and seven responses were returned to the health department by mail. In addition, Dr. Rucinski instructed her undergraduate students to go out in to the community and follow up with Evanston residents regarding survey completion, yielding an additional 18 survey responses. Data collection was ended December 31, 2010 with a total number of 328 responses. For further information regarding the distribution of responses by ward, please refer to Appendix C.

The following section describes the findings of the EPLAN survey. Unless otherwise noted, all graphs and charts represent percentage points for its associated topic. Because the EPLAN survey elicited a limited number of responses, some caution should be exercised when interpreting the survey findings. To provide a point of comparison data from other survey sources are presented when available.

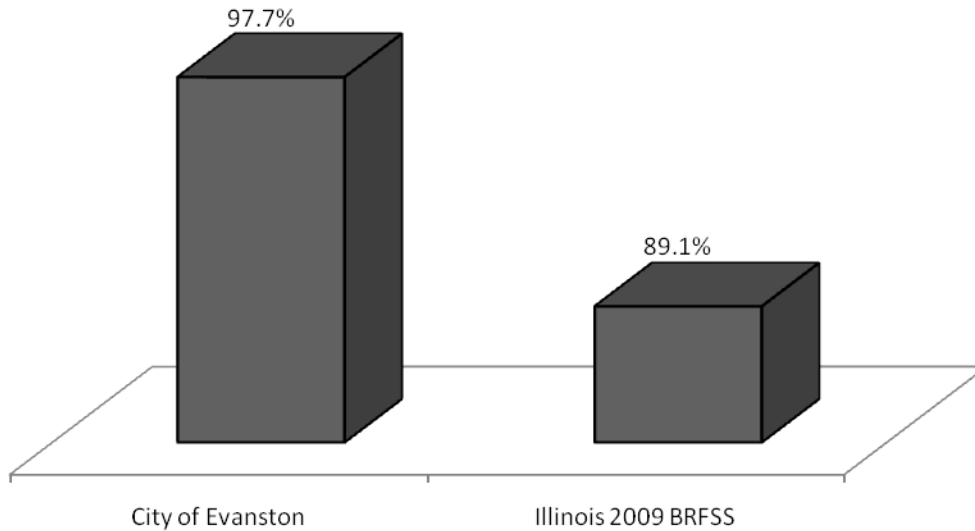
SURVEY FINDINGS

Survey Participant Demographics

Participant sex and race. Of the randomly selected sample of Evanston citizens, 328 persons returned their survey to the health department, representing approximately a 27% response rate distributed across the 60201 ($n = 184$) and 60202 ($n = 142$) zip codes. Those who returned the survey included 101 (30.8%) self-identified men, 215 (65.5%) women, and 11 (3.4%) unidentified individuals. The average age of the survey participant was 54.4 years with 68% of these participants ranging in age from 37.4 to 71.4 years. Participants also self-identified their race, with 260 persons identified as White, followed by African American ($n = 27$), Multiple or mixed race ($n = 9$), Asian/Pacific Islander ($n = 8$), Other race ($n = 7$), and Hispanic/Latino ($n = 3$); fourteen individuals declined to identify themselves.

Household type, income, and health coverage. Each household was also varied, with 177 (54%) participants being married, 16 (4.9%) cohabitating, 100 (30.5%) single, and 21 (6.4%) as having another type of relational status. In addition, a plurality of participants ($n = 114$, 34.8%) stated that their income was \$100,000 or more, while 89 (27.1%) participants earned \$50,000-\$99,000, 34 (10.4%) participants earned \$25,000-\$49,999, and 26 (7.9%) earned less than \$25,000 a year; sixty-five participants declined to answer this question. Finally, of those who responded, 207 (63.1%) claimed that their health care costs were handled through private insurance (e.g., HMO, PPO, Blue Shield), 20 (6.1%) through Medicare, 9 (2.7%) through some other insurance, 7 (2.1%) with a cash payment, 5 (1.5%) by Medicaid/Public Aid, 2 (.6%) through the Veterans Administration, and 61 (18.6%) through some combination of the above. Seventeen (5.2%) participants did not specify how their health care costs were managed. The 2009 Illinois BRFSS also asked whether its survey participants had some type of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare. 89.1 percent of 2009 Illinois BRFSS respondents indicated that they did indeed have some type of medical coverage.

Percent of those with Health Coverage

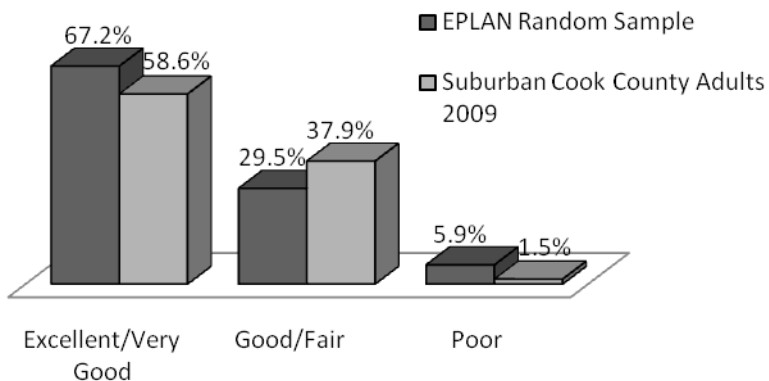


For further information regarding the demographic characteristics of the EPLAN survey participants, please see Appendix D.

Access to Health Services

Self-Perceived Health Status When asked to describe their own health, 27.3% of Evanston respondents rated their health as excellent while 39.9% rated their health as very good. Another 26.8% reported that their health was good. 3.7% rated their health as only fair, and 1.5% rated their health as poor. The following graph illustrates the comparison between the responses from the EPLAN survey and 2009 Suburban Cook County data from the Illinois BRFSS database. Response categories from the EPLAN survey have been collapsed to allow for comparison.

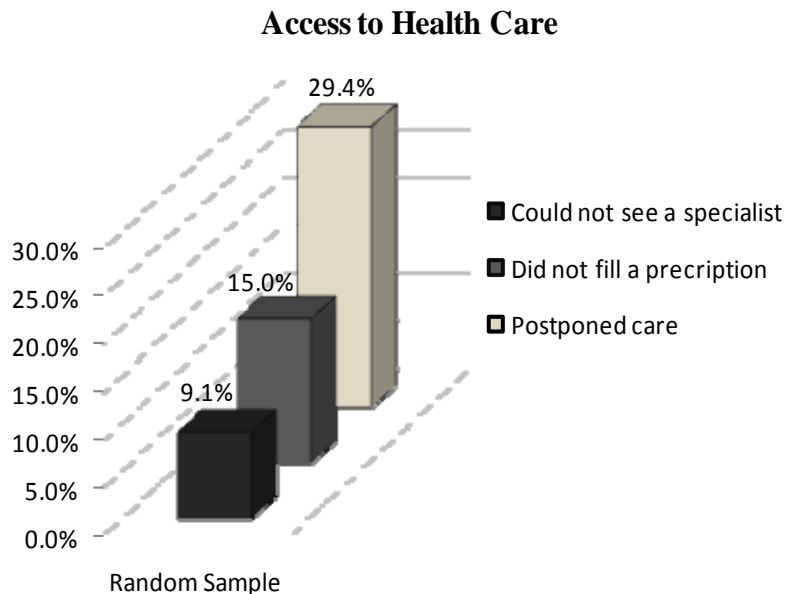
Self-Perceived Health Status



Health Care Utilization. A number of questions were included in the survey to discern patterns in accessing health care services. 92.7 percent of survey participants revealed that they had visited a doctor, medical clinic or a hospital in the last 12 months, the majority of respondents, 90.2%, indicating that they usually received care through a doctor’s office or private clinic. However, a number of persons had other sources of medical care or did not indicate where they received treatment, including 2.1% of residents who claimed that they usually received treatment during emergency room visits while 3.4% of survey participants indicated that they had no regular place of care. The remaining survey participants disclosed that they usually visited a community/public clinic, an outpatient department, or had another source for medical care.

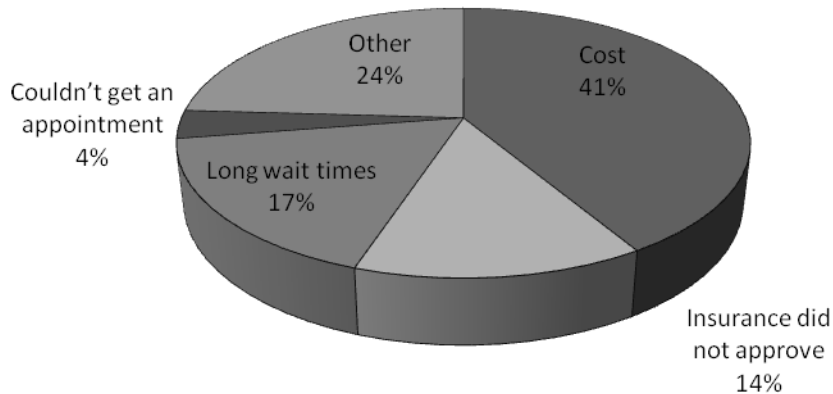
When asked if they had a regular doctor or a health care professional to go to when sick, 92.3% of random sample participants responded in the affirmative. According to Illinois BRFSS 2009, 86.8% of Suburban Cook County adults responded that they had one person they usually thought of as their personal doctor or health care provider.

Medical Care Postponement. Survey participants were also asked if they had postponed medical treatment and their reasons for postponing access to medical services. Results indicated that 29.4% of respondents claimed to have postponed seeking health care during the past 12 months. 47.8 percent of participants who postponed seeing a doctor did so because of cost issues. Illinois BRFSS 2009 also questioned respondents if they ever postponed seeing a doctor because of cost issues and 12.6% of Suburban Cook County adults reported that they did in fact postpone seeing a doctor because of the costs involved. Further, the EPLAN survey revealed that 15.6% of respondents did not fill a prescription during the past 12 months, 58.3% of whom reported that it was due to cost issues while 41.7% said they did not fill a prescription due to some other reason.



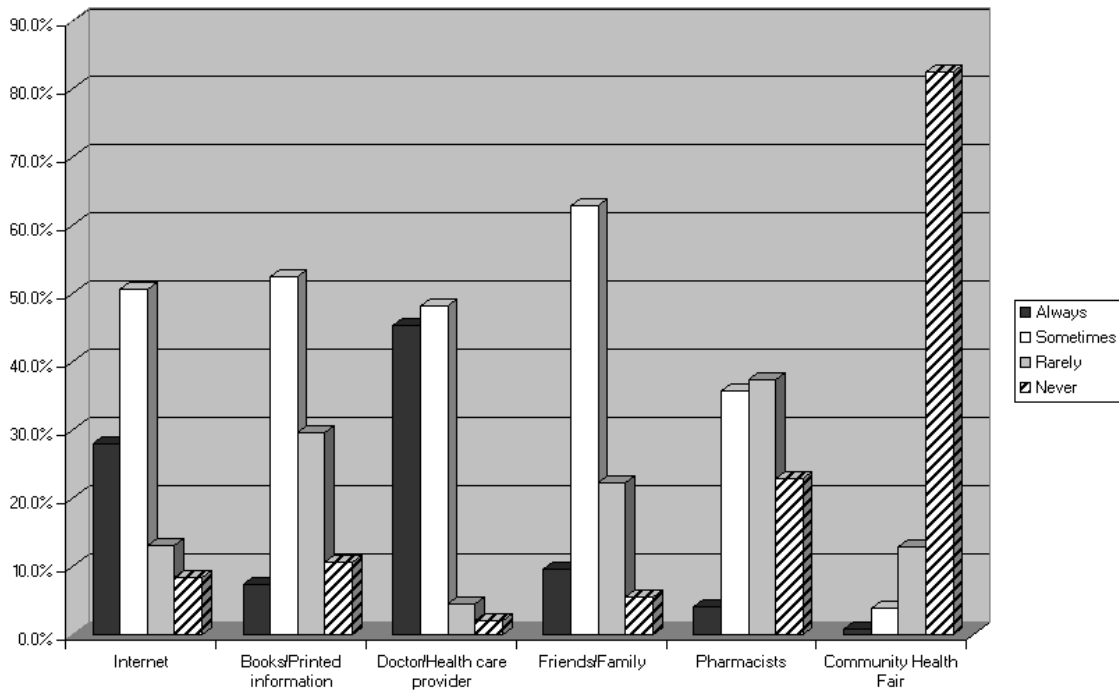
Additionally, 9.1% of sample respondents claimed that they could not see a specialist when required by their regular doctor. 41.4 percent of this group attributed it to cost, 13.8% to insurance issues, 17.3% to long wait times, 3.4% could not get an appointment, and 24.13% claimed other reasons.

Reasons for not Seeing a Specialist when Required



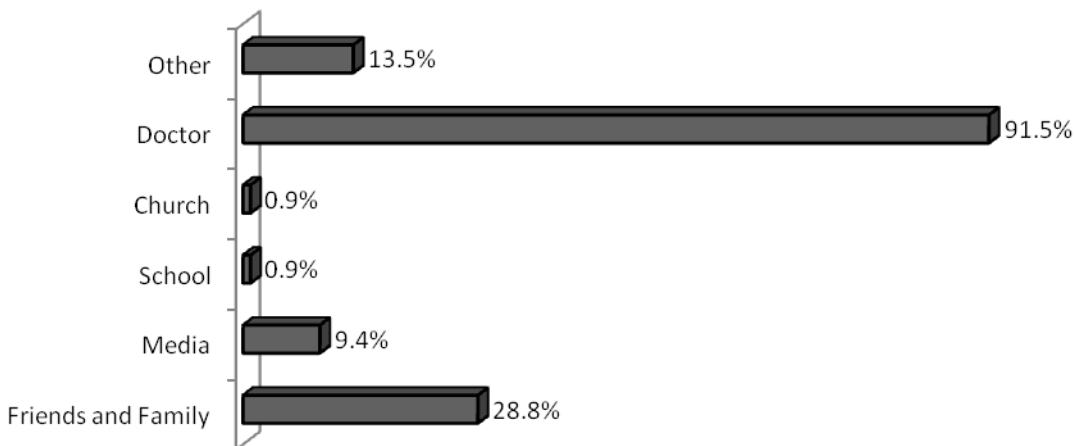
Health Care Information. Residents were asked to rate how often they used various sources of health information. Health care information usage patterns are important to understand in order to better communicate with the public. Additionally, understanding effective methods of communication permits the efficient use of health department resources. As can be observed from the graph below, internet (27.9%) and one's doctor/health care provider (45.5%) were the leading sources of information. In addition, those sources of information that were sometimes used included friends and family (62.8%), books or other printed material (52.5%), as well as the internet (50.6%). Sources of information that were most frequently identified as never being used were community health fairs (82.6%) and pharmacists (22.9%).

Frequency Of Use of Health Care Information Resources



Trusted Sources of Health Information. When asked to indicate all the sources of health care information that were trusted, a majority of participants, 91.5%, indicated that doctors were the most trusted source for health information. Additional information regarding trust levels observed in the random data sample can be found in the graph below:

Trusted Sources for Health Information

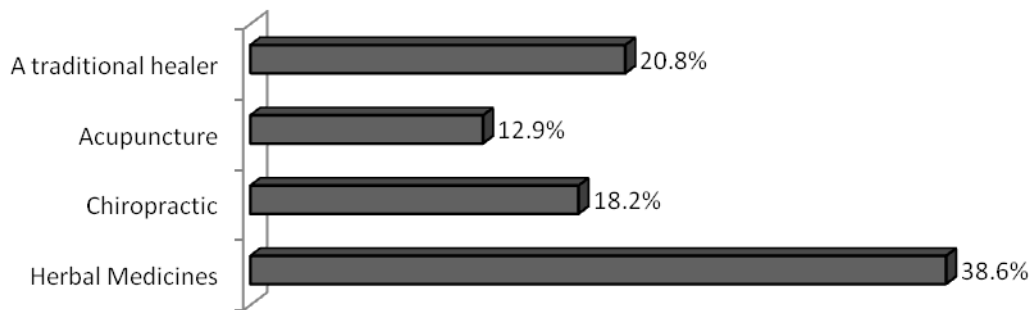


Satisfaction with Quality of Health Care. In response to an assessment regarding the level of satisfaction with their health care services during the previous two years, 62.8% of survey participants claimed to be very satisfied with the quality of their health care, 29.0% claimed to be

somewhat satisfied, 6.3% indicated that they were somewhat dissatisfied, and 1.9% reported being very dissatisfied.

Use of Alternative Health Services. To explore whether survey participants utilized other sources for their health needs, survey participants were asked if they ever used herbal medicines, acupuncture, or chiropractic and indigenous medicine. As demonstrated in the graph below, the majority of survey participants, 38.6%, disclosed that they had used herbal medicines, followed by a traditional healer (20.8%), a chiropractor (18.2%), and acupuncture (12.9%) over the last 2 years.

Percent of Residents Using Alternative Care Methods



Primary prevention practices and screening rates among survey respondents

Complete Physical Exam. 58.4 percent of the respondents in the random sample claimed to have had a complete physical exam in the past 12 months. Another, 25.9% of survey participants responded that they had a physical exam 1-2 years ago while 1.9% reported that they never had a physical exam. According to the 2009 Illinois BRFSS data, 65.6% of Suburban Cook County adults indicated that they visited a doctor for a routine checkup during the last 12 months, 18.0% had a routine checkup during the last 1-2 years, and 16.4% responded that they either never had a routine checkup or their last checkup was more than two years ago.

Blood Pressure Checked. 87.0 percent of the survey participants stated that they had their blood pressure measured during the past year.

Dental Exam. 83.4 percent of the respondents in the random sample claimed to have had a dental exam in the last year. According to the 2008 BRFSS Chronic Disease Indicators, 64.4% of adults in Cook County, IL visited a dental clinic or a dentist during the last year and 70% of the adults in the United States saw a dentist or visited a dental clinic.

Mammogram. 66.7 percent of respondents in the random sample who were female and aged over 40 years had a mammogram during the last year. In contrast, 1.8% of the female respondents who were older than 40 years of age reported that they did not ever have a mammogram.

Colon Cancer Screening. 22.7 percent of survey participants over the age of 50 had colon cancer screening during the last year and 13.4% claimed that they never had colon cancer screening.

Pap Smear. In the random sample, 55.9% of female respondents had a pap smear during the last 12 months. Only 2.3% claimed to never have had a pap smear in the past.

Prostate Exam. 68.6 percent of male respondents who were older than 40 years of age had a prostate exam during the last year. In contrast, 8.6% of male respondents' age 40 years and above claimed to have never had a prostate exam.

Chronic Health Conditions

Diabetes Mellitus. A number of questions were presented to survey participants to assess the prevalence and management of diabetes mellitus. Eleven of the 326 survey participants reported that they had Diabetes. The median age at which survey participants were diagnosed with Diabetes was 62.5 years. All participants claimed that they had received formal diabetes education from their health care advisor and took additional action to manage their diabetes. Two of the eleven diagnosed participants claimed to use insulin, the rest of the participants employed medication, exercise, or changes to their diets to manage their diabetes. In addition, five of the eleven diagnosed with diabetes also claimed to use a blood glucose meter every day, two reported use more than once a day, and four disclosed that they did not have a blood glucose meter. Moreover, four out of the eleven diabetics claimed to have cataracts in the eye. Also, two of the eleven participants claimed to have been told by their doctor that they had peripheral neuropathy.

Hypertension. Participants were asked if they were ever told by a health professional that they had high blood pressure and to list all the control measures they practice for their condition. 33.0 percent of survey participants claimed to have been told that they had high blood pressure. In addition, 72.0% of survey participants who had high blood pressure also confirmed that they used medication to keep their blood pressure under control, while 72.0% reported the use of exercise, and 60.4% indicated that they restricted their salt intake. Only 3.8% of those who had been told they have high blood pressure claimed to not use any method to manage their blood pressure.

Additionally, the frequency with which survey participants checked their blood pressure was also appraised. Please refer to the table below for the participants' self reported blood pressure test frequency.

Frequency	Percentage of respondents.
Everyday	11.4%
Every week	12.4%
Once a month	39.0%
Once a year	34.3%
More than once a year	2.9%

Heart Attack and Stroke Awareness. In addition to access to health services and timely medical treatment, prompt recognition of the signs and symptoms associated with heart attack and stroke is an integral component that saves lives, lowers the probability of future heart attacks or strokes, reduces medical costs, and moderates or prevents potential disabilities related to a heart attack or stroke. Thus, survey participants were asked to identify the signs and symptoms of a heart attack and a stroke from a comprehensive list. 17.4% and 10.4% were unable to identify all the symptoms and signs of a heart attack and a stroke, respectively. The symptoms that most frequently went unidentified as associated with heart attack was jaw, neck, or back discomfort as well as feeling faint or lightheaded, while the least recognized symptoms of stroke was the presence of headaches and vision problems.

Environmental Health and Food Safety

West Nile Virus Transmission. 94.1 percent of survey participants were aware that mosquitoes transmitted the West Nile virus. However, 4.3% identified ticks, 1.2% identified bed bugs, and 0.9% identified rodents as also being responsible for West Nile virus transmission.

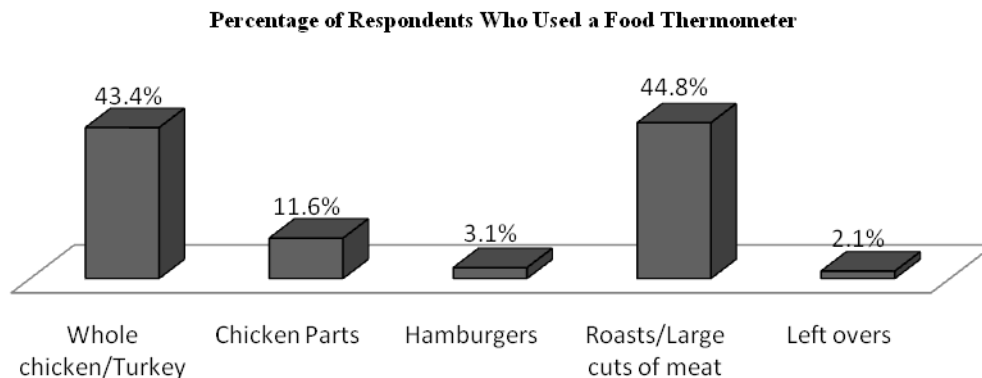
Food Safety. According to the best available estimates by public health and food safety experts, millions of illnesses and thousands of deaths each year in this country can be traced to contaminated food. For example, the Centers for Disease Control and Prevention (CDC) estimates that food borne microorganisms cause 48 million illnesses, 128,000 hospitalizations and 3,000 deaths. Therefore, six questions were adopted from the FightBAC!TM Food Safety Survey to elicit trends in food handling behaviors and practices within the Evanston community. In some cases, the data summary presented below reflect aggregated survey values to broadly identify safe and unsafe food practices and simplify the interpretation of the data.

57.1 percent of survey participants claimed to wash their hands with soap and water all the time before handling food and 34.4% said that they often followed this practice. Participants were also asked specifically what they did immediately after handling raw meat, poultry, sea food, or eggs. 80.8 percent of survey participants indicated that they washed their hands with soap and water and 19.2% of the survey participants either continued cooking or rinsed hands without using soap. Survey participants were further questioned as to how they disinfected a cutting board after prepping raw meat, poultry, sea food or eggs. Most respondents, 86.5%, affirmed that they either washed the cutting board with soap and water or used a new one to continue prepping other food items. However, 13.6% of the survey participants either rinsed the board with water or continued to prep food on the same board or counter top without rinsing or wiping the surface.

Similarly, survey participants were asked how they disinfected cookware while grilling or barbecuing meat, poultry, sea food, or eggs. Although 21.1% of the participants indicated that they do not grill or barbecue the aforementioned food items, the majority, 74.7%, of the participants either disinfected the cookware with soap and water or used a different dish. In contrast, 4.1% of the participants either used the same dish or rinsed the cookware with plain water.

Participants were also asked how they stored leftovers from soups or stews containing meat, poultry, seafood, or eggs. Answers varied, indicating that 21.9% of the survey participants refrigerated leftover food in containers less than 2 inches deep, 58.7% refrigerated leftovers in containers more than 2 inches deep, and 7.9% refrigerated the leftovers in the same cookware in which they were cooked. Only 0.6% participants answered that they did not refrigerate the leftovers, but ate them later in the day.

Finally, survey participants were asked if they used a food thermometer to check the internal temperatures of various food items the last time they cooked them. The percentage of survey participants who indicated that they had indeed used a thermometer is illustrated below:



Obesity

Physical Activity

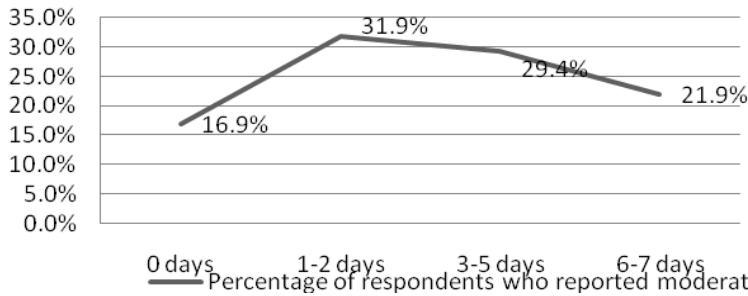
Any exercise. Survey participants were asked if they engaged in any physical activities or exercise during the past 30 days apart from their regular job and 89.8% of participants confirmed that they had engaged in some type of physical activity. According to the 2009 BRFSS survey, 76.0% of Suburban Cook County adults likewise reported that they had participated in some form of physical activity in the past month apart from their regular job.

Vigorous Exercise. BRFSS states the acceptable standard for vigorous physical activity levels as participation in vigorous activities or exercise for at least 20 minutes three times a week. 28.3 percent of survey participants claimed to have partook in vigorous activity for at least 20 minutes 1-2 days a week, 37.9% of survey respondents indicated that they had participated in vigorous physical activity 3-7 days a week, and 26.5% of respondents said that they had not participated in vigorous physical activity at all during the last week. Data from the 2009 BRFSS indicated that 24.6% of Suburban Cook County adults engaged in vigorous physical activity the week prior to their survey participation.

Moderate Exercise. BRFSS identifies the acceptable standard for moderate physical activity levels as participation in moderate activities or exercise for at least 30 minutes five times a week.

Prior to taking the survey, 31.9% of respondents reported that they participated in moderate physical activity for 1-2 days, 29.4% participated in moderate activity for 3-5 days, and 21.9% participated in moderate physical activity for 6-7 days. A total of 16.9% of the survey participants disclosed that they did not participate in moderate physical activity during the previous 7 days. Please refer to the graph below for an illustration regarding the daily participation in moderate physical activities:

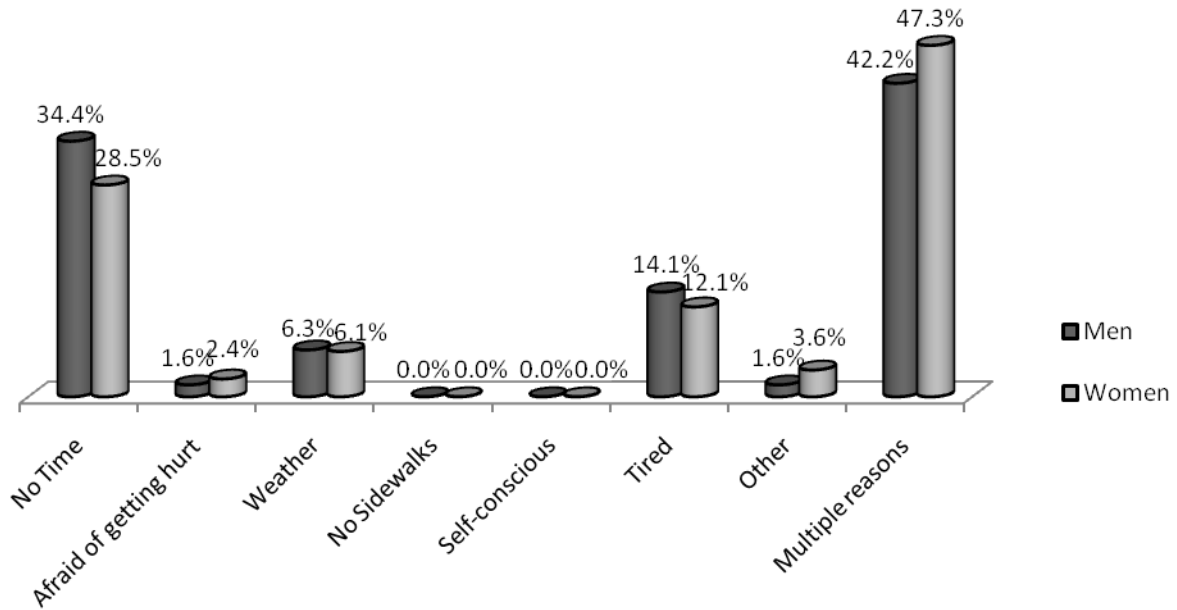
Percentage of Respondents Who Reported Moderate Physical Activity Levels



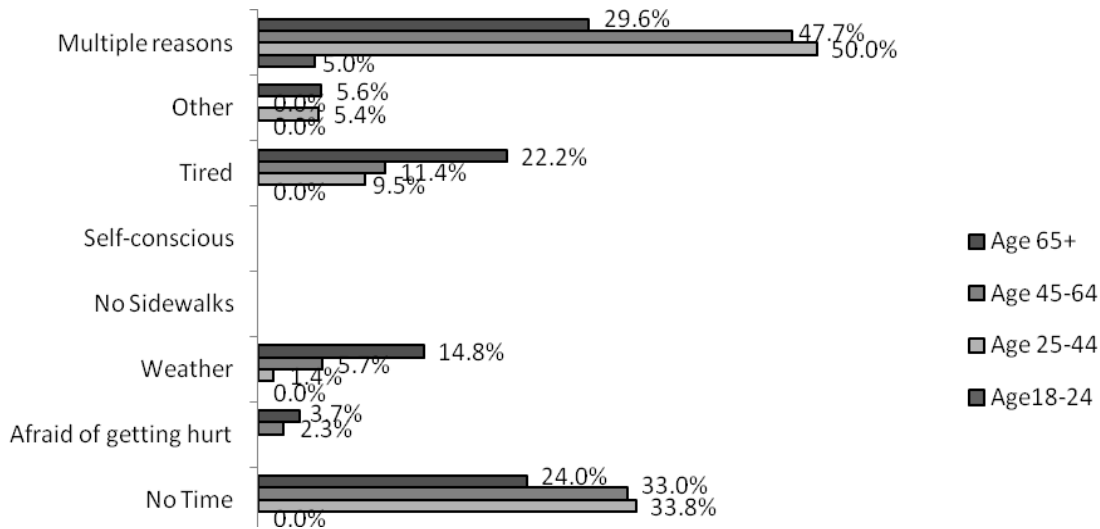
The moderate rate of exercise reported by Evanston residents can be compared to the 20.8% of adults in Suburban Cook County who met moderate activity standards (30 minutes, five times a week) according to BRFSS 2009.

Perceived Barriers to Exercising. Participants were also asked to identify all the reasons for not exercising that applied to them. The following charts depict these reasons for not exercising by age and gender.

Perceived Barriers for Physical Activity by Gender

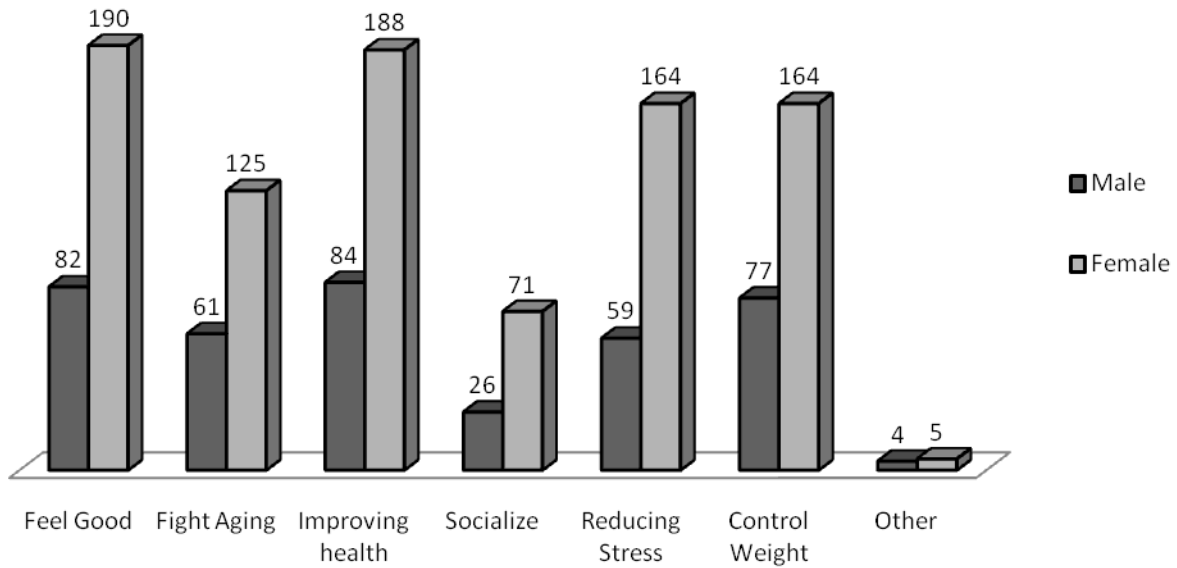


Perceived Physical Barriers to Activity by Age

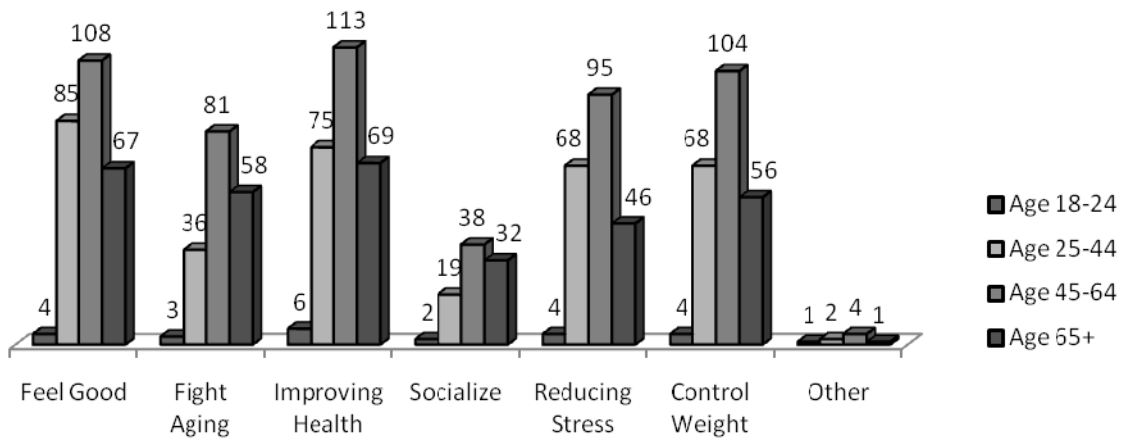


Perceived Benefits of Exercise. In addition, participants were asked to indicate all the benefits that they received from exercise. The following charts illustrate the analysis of these perceived benefits by age as well as gender. Because respondents were asked to disclose all the benefits that applied to them, these analyses do not use report percentages, but rather the number of people who selected a particular response.

Perceived benefits of Exercise by Gender



Perceived Benefits of Exercise by Age

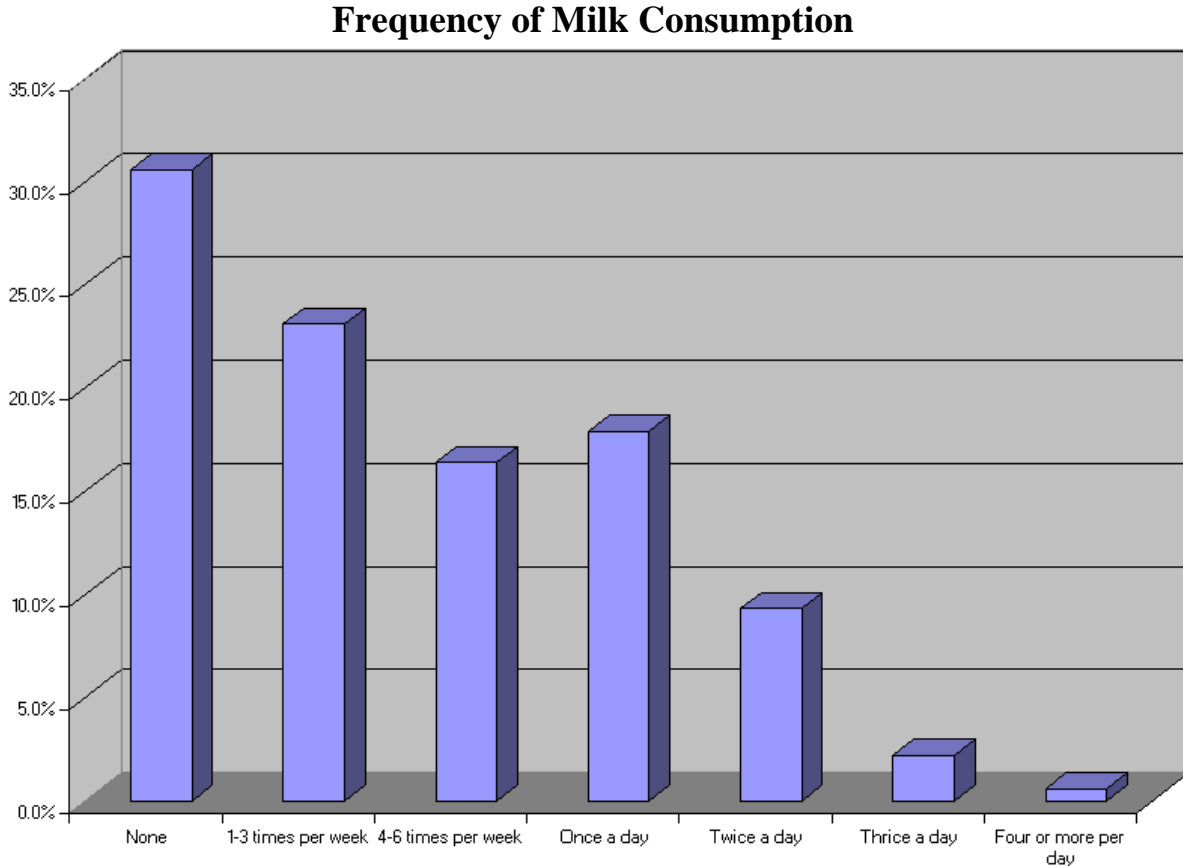


Television Viewing. Respondents were asked how many hours they spent watching television or playing video games. 12.3 percent responded that they did not watch television or played video games on an average weekday. 23.6 percent of survey participants that they watched television for less than hour per day. A plurality of survey participants, 47.2%, indicated that they watched 1-2 hours of television per day while 16.9% responded that they watched 3-5 hours of television per day. As a point of comparison, the U.S. Bureau of Labor Statistics also reports that 81.8% of the population watches television each day, for an average of 2.8 hours a day for the U.S. civilian

population. However, the U.S. Bureau of Labor Statistics finds that the average number of television hours watched per day increases to 3.5 hours if only those identified as television watchers are considered.

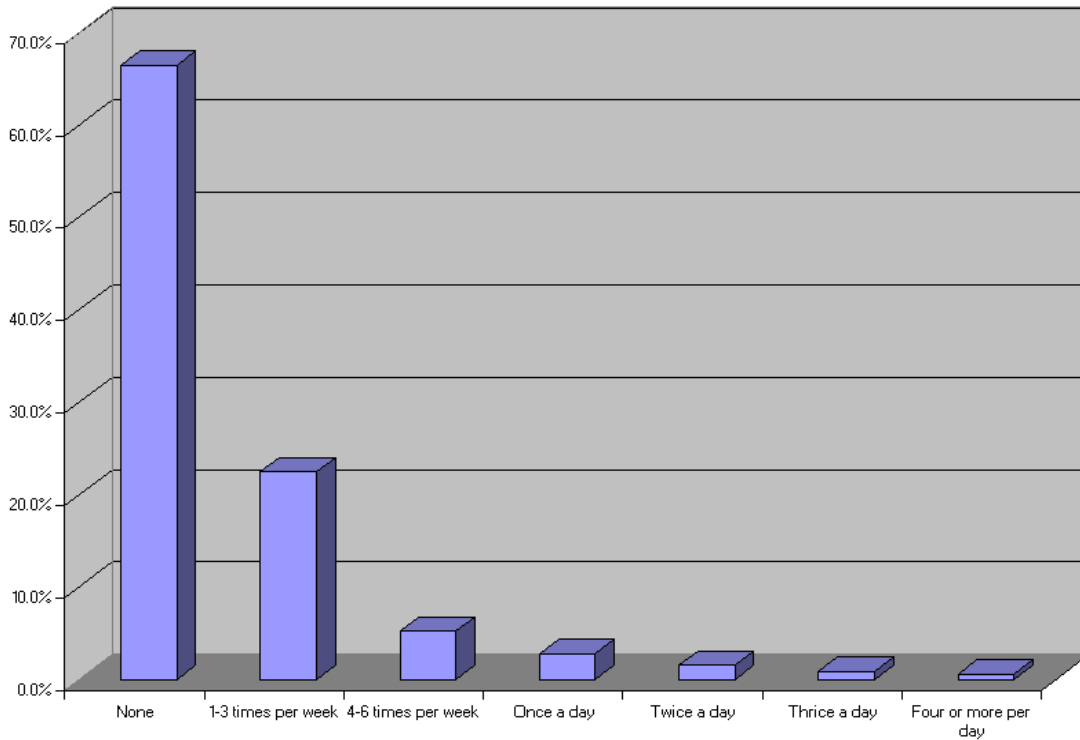
Nutrition

Milk Consumption. Participants were asked how many glasses of milk they consumed during the past week. The following graph represents the obtained responses.



Soda/Pop Consumption. Participants were asked how many times they consumed soda or pop (diet soda excluded) during the previous 7 days. The following graph represents the percentage of people and the number of times they drank soda/pop.

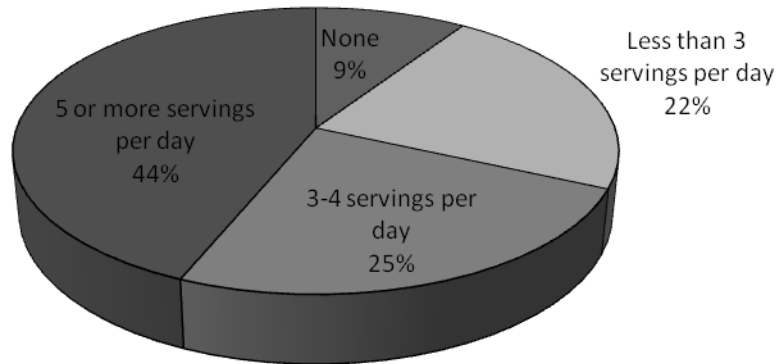
Frequency of Soda/Pop Consumption



Fruit and Vegetable Consumption. The frequency that survey participants consumed various vegetables, fruits, and fruit juices during the last 7 days was also examined. Responses were collapsed into 4 categories to enable comparison with BRFSS 2009 data. In sum, 39.9% of respondents reportedly consumed less than 3 servings of fruits and vegetables per day, 34.4% of respondents indicated that they consumed 3-4 servings of fruits and vegetables per day, and 43.7% consumed 5 or more servings per day. This can be compared to the 25.7% of adults in Suburban Cook County who reported consuming 5 or more servings of fruits and vegetables per day according to BRFSS 2009.

The following pie chart represents the percentage of random sample survey participants who consumed the corresponding number of servings of fruits and vegetables per day.

Daily Fruit and Vegetable Consumption



Quality of Life

Health Impairments. 29.2 percent of the random sample, with a median age of 65 years, reported that they had an impairment or health problem that limited their activity. Of those who were limited in activity, the most frequently reported causes were 26.9% arthritis/rheumatism, 16.1% a back or neck problem, and 10.8% a fracture, bone, or joint injury. 20.2 percent reported having more than one health problem. In addition, these health problems generally persisted over time, with 63.6% of survey participants reporting that they had experienced this impairment for years, 27.3% for months, 8.0% for weeks, and only 1.1% over a period of days.

Safety Perception. To assess their appraisal of safety, survey participants were asked whether they had felt unsafe at any time during the last 12 months in Evanston. 34.6 percent of survey participants responded that they had indeed felt unsafe in the last 12 months.

Motor Vehicle, Pedestrian, Bicycle Accident Frequency. Survey participants were also asked whether they had been involved in a motor vehicle, pedestrian, or bicycle accident within the last 12 months. 90.8 percent of respondents indicated that they had not been involved in such an accident.

Seat Belt Safety. In addition, participants were also asked how often they wore seat belts when they either drove or rode in a car. Although 96.6% reported that they always wore their seat belt, 1.8% reported that they sometimes wore their seat belt, while 0.6% reported that they rarely used their seatbelt, while 0.9% indicated that they never wore their seat belt.

Alcohol and driving. 85.9 percent of respondents reported that they did not drink and drive within 30 days of participating in the EPLAN survey. 13.1 percent of respondents, with an

average of 2.4 days, reported drinking and driving between 1-7 days, while 1.0% of respondents claimed to drink and drive between 8-15 days with an average of 12.7 days.

Child Restraint System and Driving. When asked whether participants used a child restraint system while driving with a child in the car, 96.6% of participants replied that they always did so, with 1.4% claiming that they sometimes did so, 0.7% rarely did so, and 1.4% reporting that they had never done so.

Fire Alarm Safety. The frequency that survey participants checked their fire alarms was also assessed. 42.1 percent of survey participants reported that they checked their fire alarms once a year, 23.6% once every 6 months, 22.5% less than once a year, 7.9% once every 3 months, 3.6% once a month, and 0.4% twice a month. 3.1 percent reported that they didn't know how to check their fire alarm. In addition, when asked how often survey participants changed the batteries in their fire alarms, 51.1% reported once a year, 27.7% less than once a year, 17.9% once in 6 months, 2.9% once in three months, and 0.3% once a month.

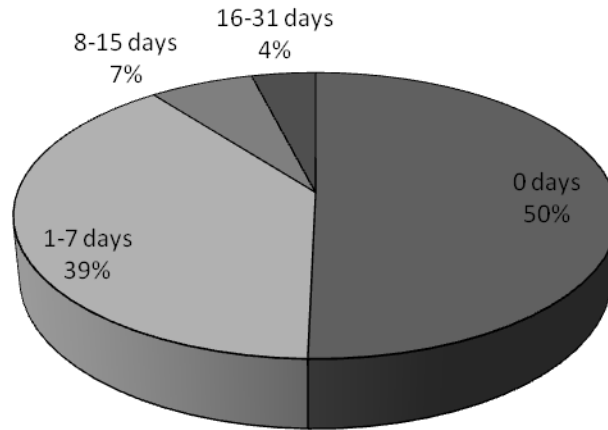
Illinois BRFSS. In comparison, the 2009 Illinois BRFSS assessed quality of life by asking a number of questions, some of which examined survey participants' physical health as well as to what extent their activity was limited due health status or some type of impairment. Results from the 2009 BRFSS indicate that 63.0% of survey participants experienced no days of poor physical health, accounting for physical illness and injury, in the last 30 days. However, 25.4% of survey participants disclosed that they had experienced between 1-7 days of poor physical health while 11.5% of survey participants reported experiencing between 8 and 30 days of poor physical health. In addition, the 2009 BRFSS explored whether one's physical or mental health kept survey participants from engaging in their usual activities. 60.1 percent of survey participants indicated that their physical or mental health did not detour them from engaging in their usual activities during the prior 30 days. However, 27.4% of participants reported that their usual activities were disrupted between 1 and 7 days while 12.5% reported that their usual activities were disrupted between 8 and 30 days during the last 30 days. Similarly, survey participants were also asked whether their activities were limited due to an impairment and 13.9% indicated that their activities were indeed limited while 86.1% responded that this was not the case.

Mental Health

To assess mental health, survey participants were asked how many days within the last 30 days they experienced sadness, feelings of tension, no rest, and energy. For each indicator of health, a graph is provided with additional information the measure of interest and age group.

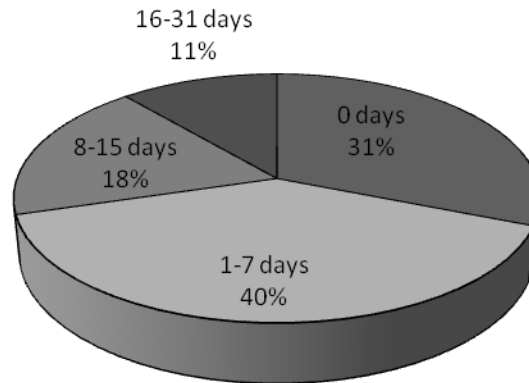
Dysphoria. 50.4 percent of participants reported feeling sad zero of the last 30 days, while 39.2% reported feeling sad between 1-7 days (3.28 day average), while 6.5% reported feeling sad between 8-15 (11.4 day average), and 4.0% claimed feeling sad 16-31 days (26.6 day average). See the graph below.

Distribution of Dysphoria



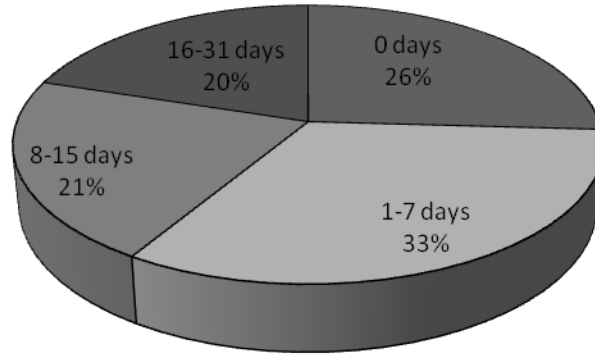
Anxiety. Participants were asked how many days they felt tense, worried, or anxious within the previous 30 days. 31 percent reported that they did not feel tense, anxious, or worried within the previous 30 days, 39.4% reported 1-7 days (3.8 day average), 18.3% reported 8-15 days (11.0 day average), and 11.3% reported feeling that way between 16-31 days (26.7 day average).

Distribution of Anxiety



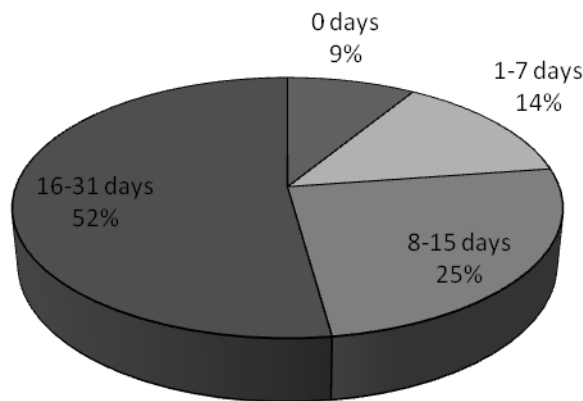
Lack of Sleep/Rest. In addition, participants were also asked for how many of the previous 30 days that they had not received enough sleep or rest. Data collected from the random sample found that 25.9% of participants received enough rest and sleep, 32.8% felt restless between 1-7 days (4.1 day average), 21.2% reported feeling restless between 8-15 days (21.6 day average), while 20.1% reported feeling that way between 16-31 days (24.9 day average). For a summary, please refer to the below pie chart.

Distribution of Lack of Sleep/Rest



Well-Being. Finally, participants were asked how many of the previous 30 days they felt very healthy or full of energy. Although 52.2% of participants reported feeling healthy and energetic between 16-31 days (24.8 day average), 25.1% claimed to feel that way between 8-15 days (11.3 day average), while 13.9% of participants felt this way from 1-7 days (4.5 day average). 8.8 percent of participants reported feeling healthy or full of energy for zero of the last 30 days. Using this data, 54.7% of participants were determined to be experiencing poor health according to the CDC prevalence indicator reflecting the mean number of physically unhealthy days during the last 30 days, age-adjusted.

Distribution of Status of Well-being



Illinois BRFSS. In contrast, the Illinois BRFSS assessed mental health status by asking survey participants how many days during the past 30 days that their mental health was not good, taking into account stress levels, depression, and emotional problems. According to the 2009 BRFSS, 62.9% of survey participants reported feeling no days of negative or poor mental health while 22.0% reported feeling negative mental health for 1-7 days and 15% disclosed that they were of negative mental health for 8-30 days.

Immunization and Infectious Disease

Questions were asked of survey participants to ascertain the extent to which they had been vaccinated to a number of different infectious diseases. The type of vaccination and its prevalence are described below.

Seasonal Influenza Vaccine. In response to the question assessing whether survey respondents had received a flu vaccination in the past 12 months, only 56.0% of survey participants answered yes.

Pneumonia Vaccine. 36.5 percent of the survey participants indicated that they had received a pneumonia vaccine sometime during the past. According to the 2009 Illinois BRFSS database, 24.7 per cent of adults in Suburban Cook County reported to have received a pneumonia vaccine.

Tetanus Vaccine. 81.5 percent of the survey participants reported that they had received a tetanus shot during the last 10 years.

HPV Vaccine. CDC recommends that the HPV vaccine be given to females aged 12-26 years. Gardasil can be given to males aged 9 to 26 years to prevent genital warts. Only 4.7% of eligible survey participants (females age 18-26 years) received an HPV vaccine.

H1N1 Vaccine. 42.7 percent of the survey participants claimed to have received an H1N1 vaccine during the past year.

Vaccine Refusal. 5.4 percent of survey participants, or nine persons, who had children answered that they opted out of vaccinations for their children. Four of these nine persons indicated that they opted out of vaccinations for their children due to medical reasons. The rest of the group offered no reason for refusal.

Hepatitis B Vaccine. 40.3 percent of the survey participants answered that they received the full Hepatitis B vaccine series while only 5.5% responded that they received one to two doses of the vaccine. This finding can be compared to the 2007 Illinois BRFSS which indicates that 28.0% of its respondents received the full Hepatitis B vaccine series.

Tobacco and Alcohol Use

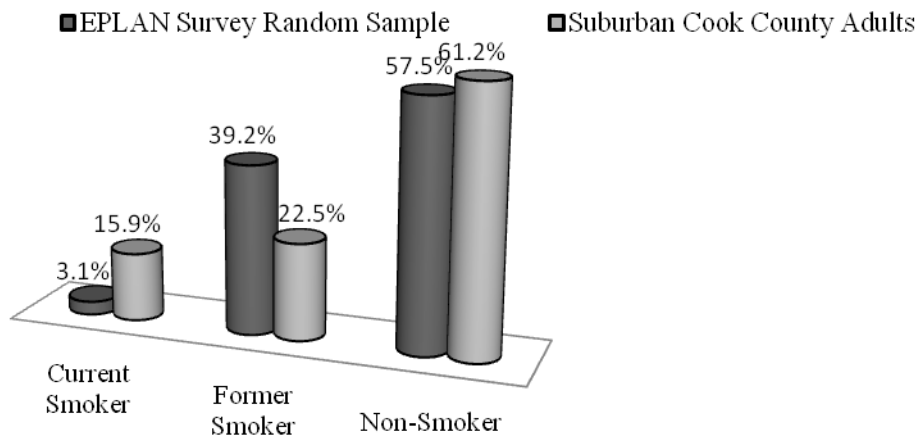
Smoking Status. Current Smokers were defined as the survey participants who smoked at least 100 cigarettes in their life time and now smoked either every day or on some days. Former smokers were defined as those respondents who smoked at least 100 cigarettes in their life time but do not currently smoke.

Although 41.2% of the survey participants answered that they smoked at least 100 cigarettes in their lifetime, only 3.1% of respondents claimed to be smoke everyday or on some days. Hence

the prevalence of smoking among the random sample of survey participants is 3.1%. However, 10.4% of respondents also answered yes when they were asked if they had stopped smoking during the past year for one day or longer because they were trying to quit smoking.

The graph below compares smoking rates between random sample respondents and adults in Suburban Cook County as taken from 2009 BRFSS data.

Comparison of Prevalence Rates of Smoking

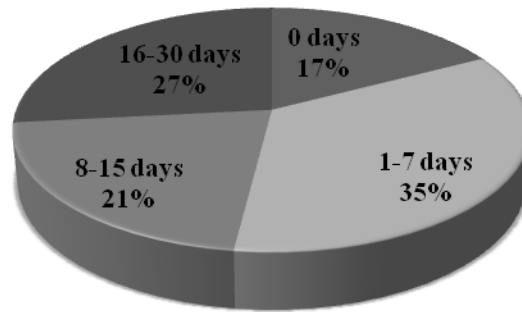


Alcohol Consumption. According to Dietary Guidelines for Americans, drinking in moderation is defined as having no more than 1 drink per day for women and no more than 2 drinks per day for men. This definition is not intended as an average over several days but only refers to the amount of alcohol consumed on any single day. Heavy drinking among men is defined as consuming an average of more than 2 drinks per day while consuming more than an average of one drink per day is defined as heavy drinking among women.

Asked whether they had at least one drink of alcohol within the past 30 days, 79.8% of the survey participants responded yes. The corresponding rate for the state of Illinois during the year 2009 was 56.5% according to BRFSS.

Average Number of Days of Alcohol Consumption. Participants were requested to indicate the number of days during the last 30 days they had consumed at least one drink of any alcoholic beverage. Their responses have been charted below:

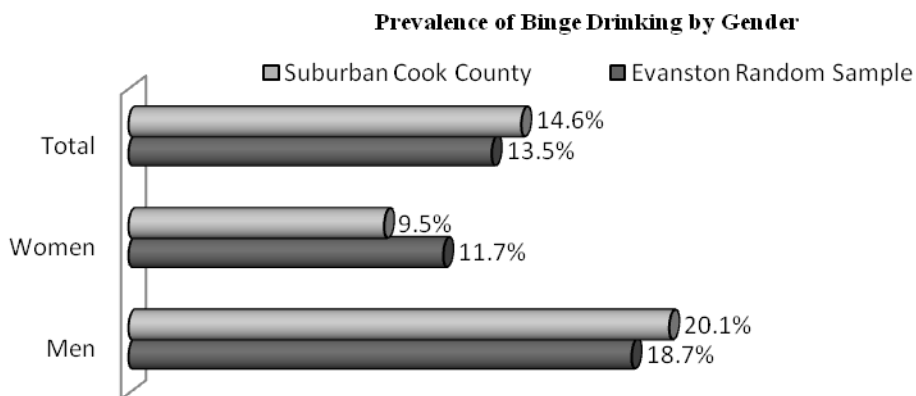
Average Number of Days of Alcohol Consumption



Binge Drinking. Binge drinking is defined as consuming 5 or more drinks on a single occasion for men and 4 or more drinks on a single occasion for women, within approximately 2 hours according to the National Institute on Alcohol Abuse and Alcoholism. When survey participants were asked to indicate the largest number of drinks they had on any one occasion during the past month, responses from the random sample indicated that 13.5% of the survey participants met the criteria set for acute or binge drinking. This finding can be compared to the 14.6% of Suburban Cook County adults who met the criteria for binge drinking according to BRFSS 2009 data.

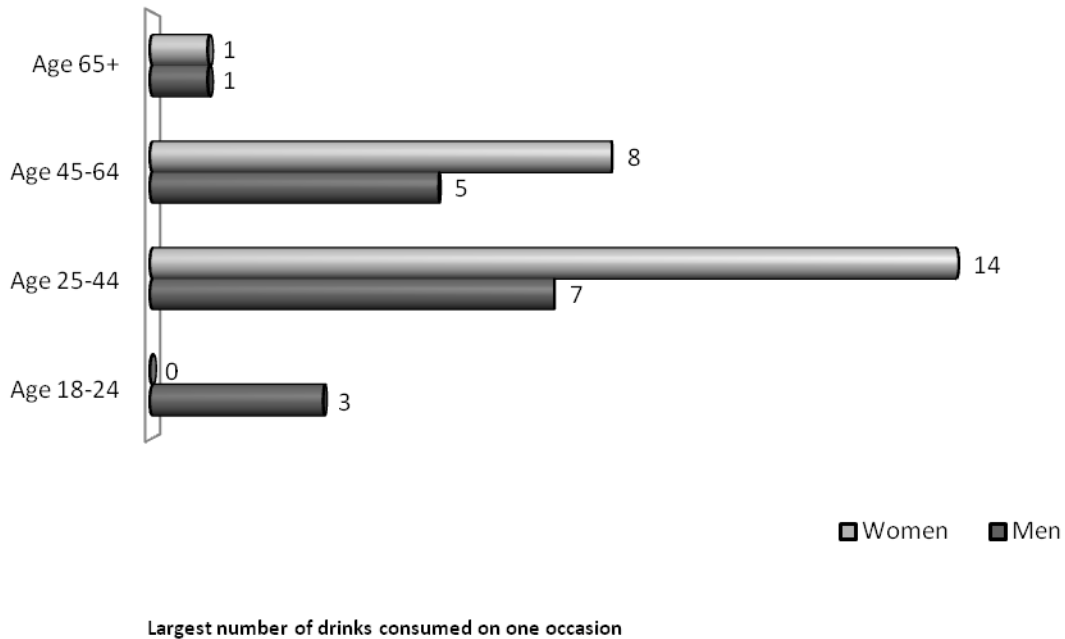
Examining the prevalence of binge drinking for men and women, male survey participants had a prevalence level of 18.7%, this finding can be compared to a prevalence of 20.1% among Suburban Cook County residents as reported by the 2009 BRFSS survey. Prevalence among female respondents was 11.7% compared to 9.5% at the Suburban Cook County level according to 2009 BRFSS data.

The prevalence rates are represented graphically below:



Age Trends in Binge Drinking. When the number of respondents who met the criteria for binge drinking was plotted against their age groups, the following trends were observed.

Age Trends in Binge Drinking



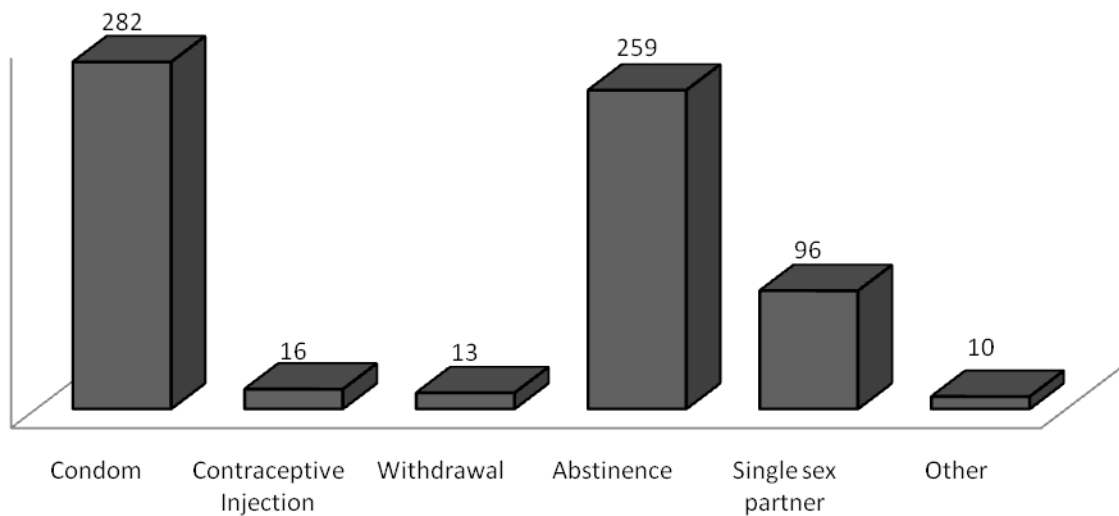
Sexual Health

Sexual Activity and Preventative Behavior. 97.1 percent of sexually active survey participants in the random sample indicated that they had sexual intercourse with only one partner within the previous 3 months. Of those who had been sexually active in the random sample (either within the last three months or longer), 20.5% indicated that either they or their partner had used a condom the last time they had sexual intercourse while 79.5% reported that they had not used a condom. When asked what method was used to prevent pregnancy the last time survey participants had sexual intercourse, 41.6% said that no method was used while 14.4% indicated birth control pills, 16.7% condoms, 0.4% birth control injections, 2.7% withdrawal, and 25.7% said some other method was used.

Sexually Transmitted Disease and Knowledge. When asked whether the survey participants had ever contracted a sexually transmitted disease, only 10.9% reported that they had, 75.0% of those who did have a STD also reported being treated for it, while 24.4% indicated that they had not been treated. An overwhelming majority of participants shared similar views on which sexual practices could transmit a STD when either partner was unprotected, 99.3% indicating vaginal sex, 94.5% indicating oral sex, 98.9% suggesting anal sex, and only 3.5% claiming that abstinence was responsible. When asked which practices were effective in preventing STD

transmission, 91.9% agreed that using a condom was sufficient, 84.1% abstinence, 31.2% having sex with one partner at a time, and 3.2% suggested that some other method was useful. The count of each option is listed in the table below. Lastly, 91.4% of participants reported that there is a link between STDs and HIV.

Responses for Effective Methods of STD Prevention



Northwestern University Health Service-Evanston Campus Health Statistics

Northwestern University Health Service serves the health needs for 19,000 students annually. The system strives to provide quality medical care and effective health education programs for students to maintain optimal health status while training and educating future health professionals. The following is a tabulation of annual estimates of the most common diagnoses as provided by Dr. John Alexander MD. (Acting Executive Director and Medical Director)

Calendar Year 2008 -2010 Number of Visits - Top 20 Diagnoses			
Principal Dx	Visit Count 2008	Visit Count 2009	Visit Count 2010
UPPER RESPIRATORY INFECTION	1746	1867	1364
TUBERCULOSIS SCREENING	1243	1170	1102
INFLUENZA VACCINE	1170	1491	1124
ROUTINE GYNE EXAM, WITH/WITHOUT PAP	879	856	789
ALLERGY DESENSITIZATION	849	511	732
ACUTE PHARYNGITIS	598	509	557
BIRTH CONTROL PILL REFILL	363	311	343
IMMUNIZATION	345	0	311
RASH	335	334	329
COUGH	311	405	400
CYSTITIS/UTI, ACUTE	309	313	316
COUNSELING, STD/SEX	290	0	n/a
SINUSITIS, ACUTE	283	308	401
ABDOMINAL PAIN	272	231	209
HUMAN PAPILLOMA VIRUS VACCINE	260	0	0
WARTS	236	0	0
VIRAL ILLNESS, ACUTE	227	296	0
KNEE PAIN	226	239	263
PHYSICAL EXAM, OTHER SPECIFIED	221	0	0
POSITIVE PPD	215	236	196
BRONCHITIS, ACUTE	215	0	0
INFLUENZA-LIKE SYNDROME	0	337	0
TRAVEL ADVICE	0	260	0
LAB TEST	0	257	236
ASTHMA	0	209	219
CONJUNCTIVITIS	0	201	209
ACUTE TONSILLITIS	0	0	259
ALLERGIC RHINITIS	0	0	225
SCREENING STD/VENEREAL DISEASE	0	0	198
ANKLE SPRAIN	0	0	198

EPLAN Community Survey 2009 Results

EPLAN Community Survey was conducted in December 2009 during the H1N1 flu clinics conducted by the Evanston Health Department. The survey was administered with an objective to delineate the perceived needs of the community. The survey utilized was a slightly modified version of the 2005 EPLAN survey. A copy of the survey has been attached in Appendix. English and Spanish versions of the surveys were given to residents waiting for the vaccine. 135 Evanston residents completed the survey and the highlights of the results are as follows:

I. The three most important factors for a healthy community are:

1. Easy access to affordable health care
2. Low crime/safe neighborhoods
3. Good jobs and healthy economy

II. The three most important health problems in Evanston are:

1. Obesity
2. Substance abuse
3. Injury/violence prevention

III. The three most important risky behaviors in Evanston are:

1. Being overweight
2. Drug abuse
3. Poor eating habits

IV. Respondents were given a list of 10 health programs needed in Evanston and were asked to rate the programs in order of importance. The results were as follows:

1. Nutrition services and promotion of physical activity
2. Immunization services
3. Mental Health
4. Senior Services
5. Emergency preparedness
6. Substance abuse prevention
7. Family planning services
8. Climate Change Initiatives
9. Adolescent health promotion
10. Smoking cessation programs

Analyses of the additional questions posed in the survey are presented in Appendix.

Prioritization Process

Evanston Health Advisory Council was established in December 2010 with a mission to assess, encourage, evaluate and advocate for community health goals. Membership of the council primarily consisted of representatives of the general public of Evanston. A list of council members has been attached in Appendix.

A blend of Nominal Group Technique and Prioritization Matrix was used to finalize the list of priority issues for EPLAN 2011-2016. Links to the guidance documents for the prioritization process have been referenced in Appendix.

Council members were familiarized with the EPLAN process and were informed of the ongoing community assessment efforts. An email survey of council members was conducted during February, 2011. Members were provided with a list of the most prevalent health issues chosen from the strongest themes observed from the Community Health Needs Assessment and EPLAN Survey list. Additional topics were also included from a list of Healthy People 2010 topic areas to ensure an umbrella representation of health problems.

Members were asked to rank three priority areas from 1 to 3 (1 being most important and 3 being least important) from a list of 10 health issues. The number of votes received for each priority was multiplied with 100, 50 and 25 depending on whether they were ranked 1, 2 or 3 respectively. Final scores were calculated and the results are as follows:

Health Problem	Rank 1 Weight 100	Rank 2 Weight 50	Rank 3 Weight 25	Score (No. of votes x weight)
Access to Health Services	8	5	0	1050
Adolescent Health	0	0	2	50
Chronic Health Problems	0	5	7	425
Environmental Health	0	0	0	0
Immunization and Infectious Diseases	0	1	0	50
Injury and Violence Prevention	0	0	0	0
Mental Health Issues	2	2	1	325
Physical Activity and Nutrition	4	1	2	500
Sexual Health	0	0	1	25
Substance Abuse	0	0	1	25

The three priority issues (in bold) were consistent with the themes observed in the other two assessments and were unanimously chosen as the priorities for the final EPLAN document.

Statement of Purpose- Evanston Community Health Plan- 2011-2016

The dynamics of the health status of a population are ever changing and subject to innumerable factors both known and unknown. A comprehensive health plan is one that serves to establish a baseline, set evaluation points as well as chart progress. Evanston Health Department has experienced restructuring twice in the past five years and has emerged a stronger advocate of community health each time.

Evanston is served by two major hospitals and with the anticipated return of clinical services to the Department in the near future, our partnerships within the community have allowed the department to continue with our mission. Components of the EPLAN serve to establish benchmarks in the community health status, available services and include periodic evaluation resulting in a plan that is fluid, resilient and amenable to change.

The current plan analyzes each priority health area chosen by community representatives and partners while using appropriate tools. The health plan serves to provide residents with knowledge of the current health status of the community, shed light on priority health areas that need to be focused on, thus enhancing a sense of shared community responsibility in addressing unmet needs.

Identification of all available services in the community is crucial to spread knowledge and prevent duplication thus ensuring optimal utilization of resources. The plan also serves to improve community collaborations targeted at priority health areas thus reducing disparities in the health status of residents.

Health needs of each population are as unique as the residents that comprise the population itself. Public health challenges arise while tending to those varied needs with the limited resources that are available. The Health Department and Community partners developed the current health plan to focus on priority health areas and sets objectives to tend to the most vulnerable groups of the population while advancing the health of community as a whole.

Together we will strive to make Evanston the most livable city in America.

Access to Health Care

Background-The number of persons with in the United States who have had no health insurance coverage in the recent years is increasing. This eventually leads to increased levels of forgone health care. According to the CDC, analysis of National Health Interview Survey 2009 data revealed that an estimated 58.7 million people of all ages did not have health insurance for at least part of the preceding year. 82.8% of this population was aged 18-64 years and 16.2 % were persons aged ≤ 17 years. In the first quarter of 2010, the estimated number of persons without coverage for at least part of the year increased by 400,000 (0.7%) from 2009 to 59.1 million.

Persons aged 18-64 years with chronic conditions and without consistent health insurance coverage are much more likely to forgo needed medical care than persons with the same conditions and continuous coverage. Providing continuous health insurance coverage can reduce the number of instances that persons forgo needed health care, which can reduce complications from illness and avoidable long-term expenditures.

The goal set by Healthy People 2020 in the Access to Health Care category is to improve access to comprehensive and quality health care services.

Objective AHS-1.1 aims to increase medical insurance coverage to 90.0% from 82.8% in 2008.

Evanston Service Area Census tract 8094 has been identified as a Medically Underserved Area since 5/18/1994 by US Department of Health and Human Services, Health Resources and Services Administration. Evanston Health Department identified the barriers to health care which have been listed in the worksheets below. Evanston Health Department is partnering with Erie Family Health Center to open a Federally Qualified Health Center to provide health care to low income families of Evanston-Skokie area.

Outcome Objective EPLAN 2011-2016 Access to Health Care:

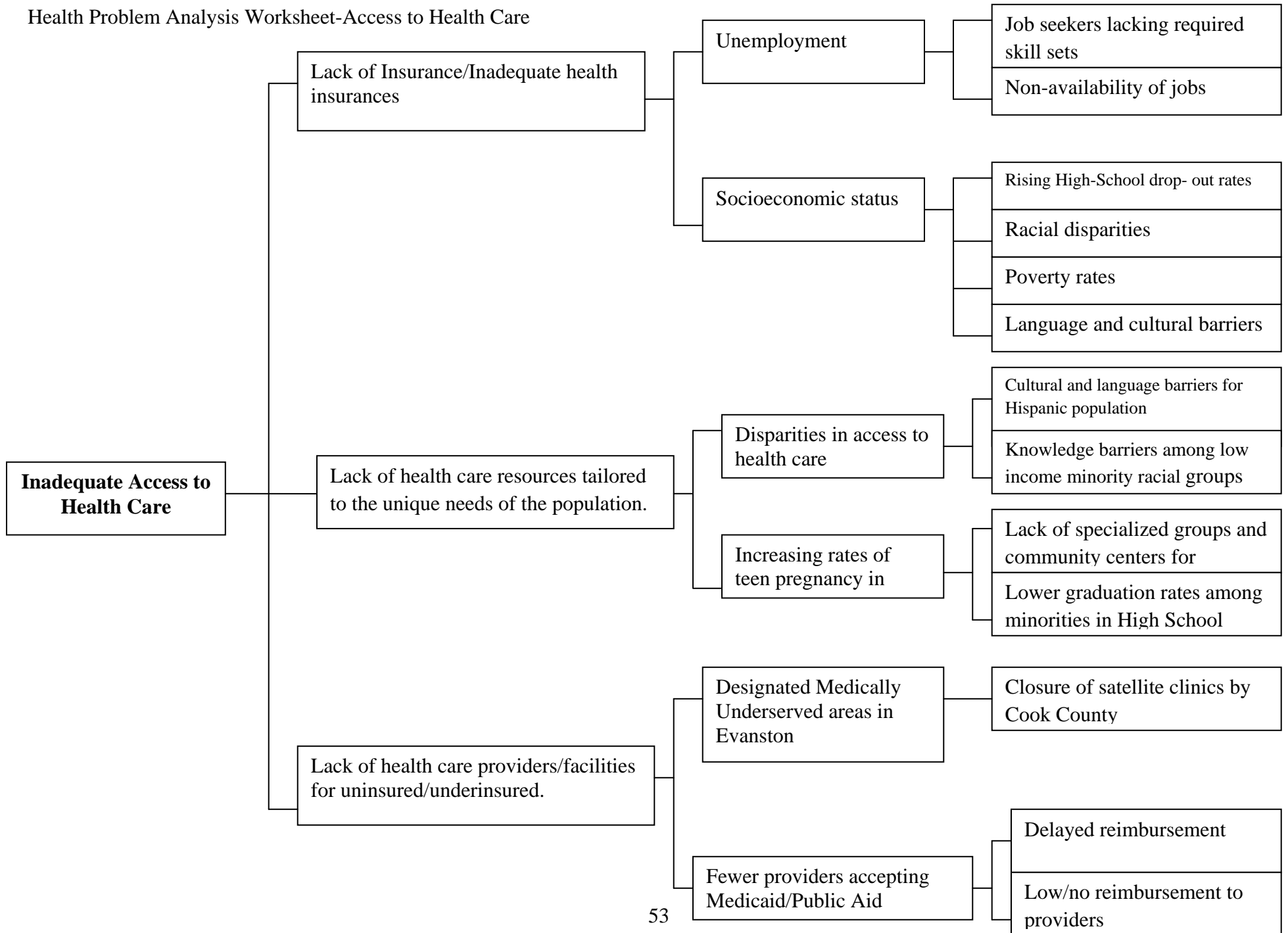
By 2015, decrease the number of residents reporting postponement of medical treatment (29.4%) to 20%.

Impact Objective EPLAN 2011-2016 Access to Health Care:

By 2013, establish a Federally Qualified Health Center to provide primary health care and cater to needs of 5,516 unduplicated patients within 2 years of establishment.

Funding for the new health center is expected from Erie Family Health Center or through federal grant funding.

Health Problem Analysis Worksheet-Access to Health Care



Community Health Plan Worksheet-Access to Health Care

<p>Health Priority/Problem Access to Health Care Healthy People 2020 Objective AHS-1.1 aims to increase medical insurance coverage to 100% from 82.8% in 2008</p>	<p>Outcome Objective By 2015, increase medical insurance coverage to 90.0% from 82.8% in 2008 for Evanston Residents.</p> <p>By 2015, decrease the number of residents reporting postponement of medical treatment (29.4%) to 20%.</p> <p>Percentage of families below poverty level-4.8% Percentage of individuals below poverty level-9.7% (2005-2009 ACS Survey, US Census)</p>
<p>Risk Factor(s) Lack of insurance or inadequate health insurance Lack of health care resources tailored to the unique needs of the community Lack of health care providers /facilities for uninsured/underinsured</p>	<p>Impact Objectives By 2013, establish a Federally Qualified Health Center to provide primary health care and cater to needs of 5,516 unduplicated patients within 2 years of establishment.</p>
<p>Contributing Factors (direct or indirect) See Health problem analysis worksheet</p>	<p>Intervention Strategies Social Marketing to increase knowledge and awareness of clinic services, including Evanston Roundtable (newspaper), City of Evanston Website (cityofevanston.org), City of Evanston YouTube Channel.</p> <p>Collaboration of FQHC and Health Center to achieve the goals.</p> <p>Annual Community Health Report Card Public Meeting with partners to discuss opportunities, meeting held at central City of Evanston location, partners from hospitals, business communities, and faith based organizations.</p>
<p>Resources Available Evanston Health Department Erie Family Health Center North Shore University Health System St. Francis Hospital Local social service agencies</p>	<p>Barriers/Challenges Transportation Perceived susceptibility Perceived threat Cues to action</p>

Community Health Plan-Access to Health Care

<p><u>Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends)</u></p> <p>Healthy People 2020 Goal</p> <p>Improve access to comprehensive, quality health care services.</p>
<p><u>Corrective actions to reduce the level of the indirect contributing factors</u></p> <p>By 2013, establish a Federally Qualified Health Center to provide primary health care and cater to needs of 5,516 unduplicated patients within 2 years of establishment.</p> <p>By 2015, decrease the number of residents reporting postponement of medical treatment (29.4%) to 20%.</p> <p>By 2015, provide access to comprehensive health care services to low income families in Evanston. Percentage of families below poverty level-4.8% Percentage of individuals below poverty level-9.7% (2005-2009 ACS Survey, US Census)</p>
<p><u>Proposed community organization(s) to provide and coordinate the activities</u></p> <p>Evanston Health Department Erie Family Health Center North Shore University Health System St. Francis Hospital Local social service agencies</p>
<p><u>Evaluation plan to measure progress towards reaching objectives</u></p> <p>A community survey will be repeated every two years to track data. Annual report of Evanston Health Department/FQHC/Erie Family Health Center will be used to evaluate the various objectives set in the EPLAN.</p>

Chronic Health Conditions

Chronic diseases – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly, and preventable of all health problems in the U.S. 7 out of 10 deaths among Americans each year are from chronic diseases. Heart disease, cancer and stroke account for more than 50% of all deaths each year. Health care expenditures are rising rapidly due to chronic health conditions. United States spends more than \$7000 per person on health care, more than twice the average of 29 other developed countries. Cardiovascular disease and stroke accounted for \$313.8 billion in health care costs during 2009 according to the National Center for Chronic Disease Prevention and Health Promotion. Cancer and smoking accounted for \$89.0 billion (2007) and \$96 billion (2004) respectively.

Four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness, suffering, and early death related to chronic diseases. Lung cancer is the leading cause of cancer death, and cigarette smoking causes almost all cases. Excessive alcohol consumption is associated with increased rates of primary liver cancer, breast cancer and colorectal cancer.

District 65 (Primary Schools) reported 2133 visits related to asthma in their Health Office (8/30/2010-05/19/2011) and in their 15 locations there were a total 227 inhalers onsite.

Reducing tobacco use has been classified as a “Winnable Battle” by the CDC. Use of tobacco has been proved to cause several diseases such as Lung Cancer, Heart disease, Stroke, Atherosclerosis, Chronic lung disease etc.

Healthy People 2020 Goal for Tobacco use: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.

Healthy People 2020 TU-1.1 objective is to reduce the percentage of current smokers to 12% from the current prevalence rate of 20.6 per cent observed among adults aged 18 years and older during 2008.

Outcome Objective EPLAN 2011-2016 Chronic Health Conditions

By 2015 improve Chronic Health Conditions by raising awareness, providing screenings, and initiating programs of service.

Impact Objectives 2011-2016 Chronic Health Conditions

Increase the number of Quitline calls by 10 annually by 2016 (Current 20 annual calls).

By 2015 perform research assessing the effectiveness of local smoking laws Cardiology related Emergency Room Admissions.

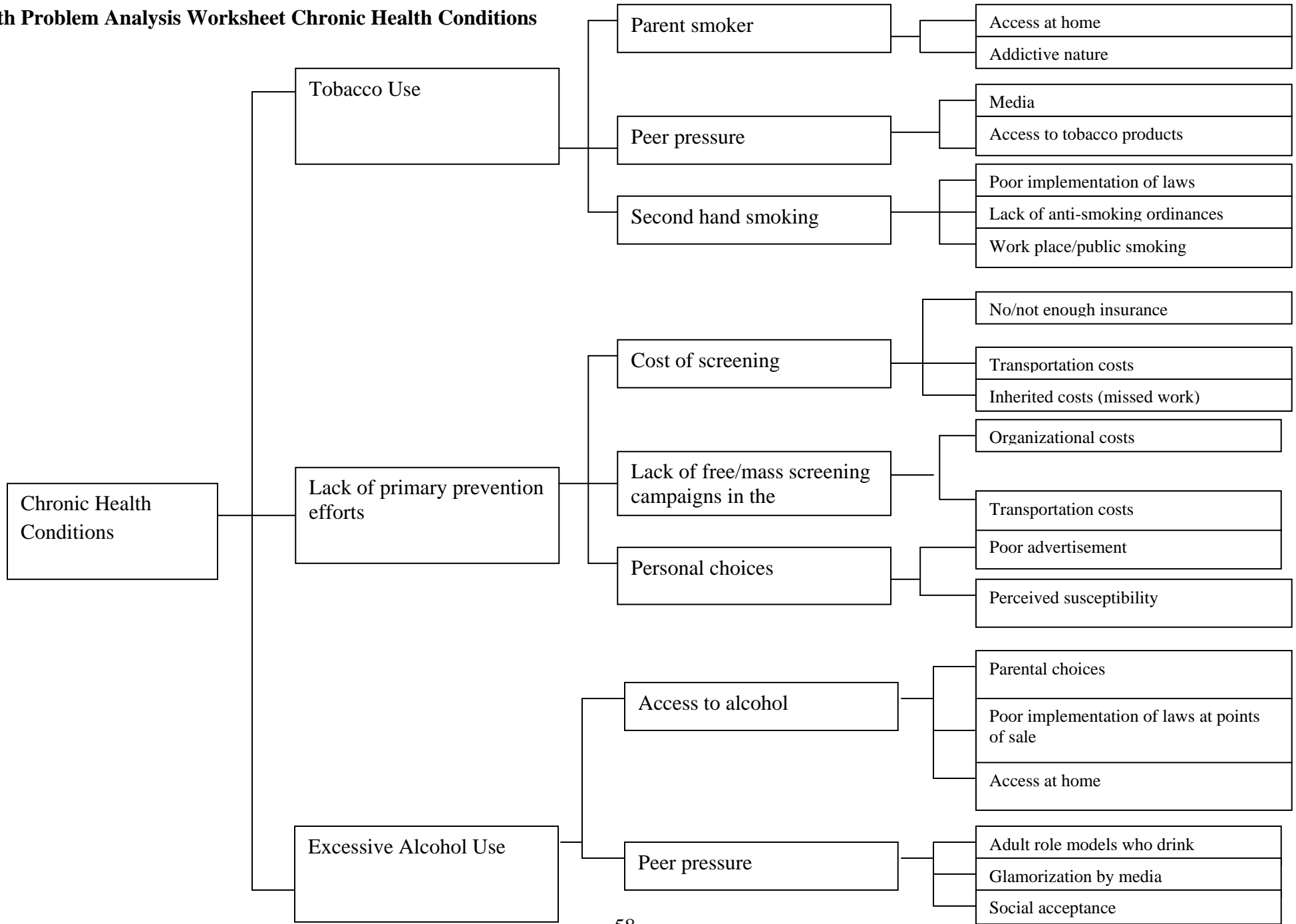
By 2013 reduce the number of District 65 Health Center Visits by 20% (from 2133 baseline) regarding asthma by initiating Healthy Homes Initiative Pilot focusing on children in early

childhood at risk (enrolled in Head Start and All Kids). Program will provide education and home evaluation for asthma triggers as well as the 7 principles of healthy homes.

By 2014 Reduce the percentage of individuals reporting binge drinking from 13.5% to 8%. Collaborate with local partners to establish social norms marketing anti-binge drinking campaign. Information booths will be set up at local festivals, ads to be provided to restaurants with liquor licenses.

By 2015 increase the number of residents participating in Kick Butts Day (Baseline 50, program start in 2011), the Great American Smokeout (Baseline 0), and Break the Habit (Baseline 0) programs by 20 annually.

Health Problem Analysis Worksheet Chronic Health Conditions



Community Health Plan Work Sheet-Chronic Health Conditions

<p>Health Priority/Problem Chronic Health Conditions</p>	<p>Outcome Objective By 2016 improve Chronic Health Conditions by raising awareness, providing screenings, and initiating programs of service.</p>
<p>Risk Factor(s) Tobacco use Excessive alcohol consumption Lack of primary prevention efforts</p>	<p>Impact Objectives Increase the number of Quitline calls by 10 annually by 2016 (Current 20 annual calls). By 2015 perform research assessing the effectiveness of local smoking laws Cardiology related Emergency Room Admissions.</p> <p>By 2013 reduce the number of District 65 Health Center Visits by 20% (from 2133 baseline) regarding asthma by initiating Healthy Homes Initiative Pilot focusing on children in early childhood at risk (enrolled in Head Start and All Kids). Program will provide education and home evaluation for asthma triggers as well as the 7 principles of healthy homes.</p> <p>By 2014 Reduce the percentage of individuals reporting binge drinking from 13.5% to 8%. Collaborate with local partners to establish social norms marketing anti-binge drinking campaign. Information booths will be set up at local festivals, ads to be provided to restaurants with liquor licenses.</p> <p>By 2015 increase the number of residents participating in Kick Butts Day (Baseline 50, program start in 2011), the Great American Smokeout (Baseline 0), and Break the Habit (Baseline 0) programs by 20 annually.</p>

<p>Contributing Factors (direct or indirect) See Health problem analysis worksheet</p>	<p>Intervention Strategies</p> <p>Reducing client out-of pocket costs for smoking cessation therapies, by continuing to collaborate with the American Cancer Society’s Break the Habit Program. City of Evanston will utilize grant funding (Illinois Tobacco Free Communities Grant) to provide residents wanting to quit 1 month of free nicotine gum.</p> <p>Social Norms Marketing targeted at Evanston Township High School Students through collaboration with PEER Services.</p> <p>Build on current relationships with Evanston Childcare network to establish Healthy Homes Initiatives.</p> <p>Review and adopt progressive lead legislation aimed at preventing childhood exposure to lead.</p>
<p>Resources Available Evanston Health Department North Shore University Health System St. Francis Hospital The YMCA PEER Services Northwestern University</p>	<p>Barriers/Challenges Addictive nature Second hand smoke exposure Access to tobacco/alcohol at home</p>

Community Health Plan-Chronic Health Conditions

<p>Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends)</p>
<p>Healthy People 2020 Goal for Diabetes: Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM. Healthy People 2020 Objective for Hypertension: Reduce the proportion of adults with hypertension. Healthy People 2020 Goal for Tobacco Use: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure. Healthy People 2020 Goal for Alcohol Misuse: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.</p>
<p>Corrective actions to reduce the level of the indirect contributing factors Increase the number of Quitline calls by 10 annually by 2016 (Current 20 annual calls). By 2015 perform research assessing the effectiveness of local smoking laws Cardiology related Emergency Room Admissions.</p> <p>By 2013 reduce the number of District 65 Health Center Visits by 20% (from 2133 baseline) regarding asthma by initiating Healthy Homes Initiative Pilot focusing on children in early childhood at risk (enrolled in Head Start and All Kids). Program will provide education and home evaluation for asthma triggers as well as the 7 principles of healthy homes.</p> <p>By 2014 Reduce the percentage of individuals reporting binge drinking from 13.5% to 8%. Collaborate with local partners to establish social norms marketing anti-binge drinking campaign. Information booths will be set up at local festivals, ads to be provided to restaurants with liquor licenses.</p> <p>By 2015 increase the number of residents participating in Kick Butts Day (Baseline 50, program start in 2011), the Great American Smokeout (Baseline 0), and Break the Habit (Baseline 0) programs by 20 annually.</p>
<p>Proposed community organization(s) to provide and coordinate the activities Evanston Health Department North Shore University Health System St. Francis Hospital The YMCA PEER Services Northwestern University</p>
<p>Evaluation plan to measure progress towards reaching objectives Evaluation of community programs-by annual reports and data trends.</p>

Obesity

Background: Overweight and obesity are among the most urgent health challenges facing our country today. Excess weight contributes to many of the leading causes of death in the United States, including heart disease, stroke, diabetes, and some types of cancer. More than a third of adults in the U.S. – over 72 million people – and 17% of children in the U.S. are obese. From 1980 to 2000, obesity rates for adults doubled and rates for children tripled. More than one third of U.S. adults—more than 72 million—people and 17% of U.S. children are obese. According to the 2009 Behavioral Risk Factor Surveillance System report, from 2006 through 2008, blacks were 51% more likely and Hispanics were 21% more likely than non-Hispanic whites to be obese.

Nutrition, Physical Activity, Obesity and Food Safety are been classified by the CDC as a “Winnable Battle”.

Healthy People 2020 Goal for Nutrition and Weight Status: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

Healthy People 2020 objective NWS-8 aims to increase the percent of persons aged 20 years and over were at a healthy weight in 2005–08 by 10% to 33.9% compared to the current rate of 30.8%

Healthy People 2020 Goal for Physical Activity: Improve health, fitness, and quality of life through daily physical activity.

Healthy People 2020 objective PA-1 states that 36.2 per cent adults engaged in no leisure time activity in 2008. The objective is to reduce it by 10 percent to 32.6 percent.

Outcome Objective EPLAN 2011-2016 Obesity

By 2015, decrease the percentage of residents (16.9%) not participating in moderate physical activity in the last seven days to 10%

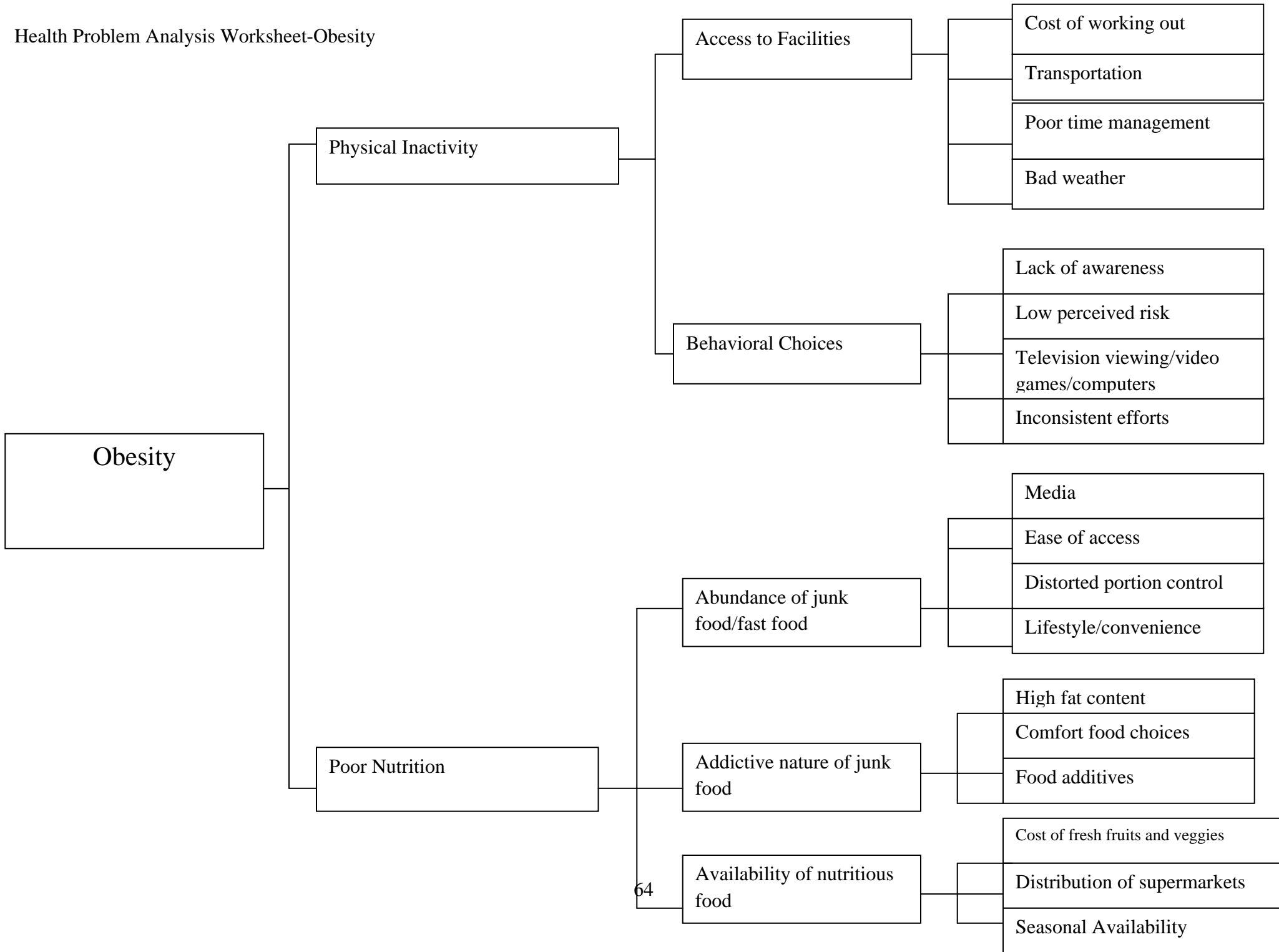
Impact Objective EPLAN 2011-2016 Obesity

By 2012 Implement Youth In Motion program focusing on physical activity and nutrition for elementary and middle school youths in Evanston target 700 Middle School-Aged Youth (baseline 0).

By 2013, extend the Women out Walking (W.O.W.) program to a year long or offer the program multiple times. (Participants in 2009 550, 2010 1100, 2011 800)

By 2014, with primary/middle schools (District 65) collaborate with PTA and Northwestern University to implement Healthy Food Islands Initiative increasing access to healthy foods during primary school lunches. Objective, construct and implement 5 Food Island Stations (mobile food carts storing fruits and healthy lunch alternatives). Provide nutrition training to 25 foodservice workers.

Health Problem Analysis Worksheet-Obesity



Community Health Plan Worksheet-Obesity

<p>Health Priority/Problem Obesity</p>	<p>Outcome Objective By 2015, decrease the percentage of residents (16.9%) not participating in moderate physical activity in the last seven days to 10%</p>
<p>Risk Factor(s) Physical Inactivity Poor Nutrition</p>	<p>Impact Objective By 2012 Implement Youth In Motion program focusing on physical activity and nutrition for elementary and middle school youths in Evanston target 700 Middle School-Aged Youth (baseline 0).</p> <p>By 2013, extend the Women out Walking (W.O.W.) program to a year long or offer the program multiple times. (Participants in 2009 550, 2010 1100, 2011 800)</p> <p>By 2014, with primary/middle schools (District 65) collaborate with PTA and Northwestern University to implement Healthy Food Islands Initiative increasing access to healthy foods during primary school lunches. Objective, construct and implement 5 Food Island Stations (mobile food carts storing fruits and healthy lunch alternatives). Provide nutrition training to 25 foodservice workers.</p>
<p>Contributing Factors (direct or indirect) See Health problem analysis worksheet</p>	<p>Intervention Strategies 2011 Evanston Let's Move Dance Video on Youtube, Evanston Cable Television Network, and City of Evanston Website designed to engage students in the Youth in Motion campaign.</p> <p>Health Journey, periodic show on Evanston Community Television featuring Health Director and residents on a Health Journey.</p>

	<p>Women Out Walking (WOW) events focused on improving health.</p> <p>Collaboration with PTA groups and Northwestern University Volunteers to produce Healthy Mobile Food Stations.</p>
<p>Resources Available Evanston Health Department City of Evanston Northwestern University Evanston Chamber of Commerce Evanston 150 Rotary International Evanston Public Library</p>	<p>Barriers/Challenges Bad weather Poor time management Cost of gym memberships</p>

Community Health Plan-Obesity

<p>Description of the health problem, risk factors and contributing factors (including high risk populations, and current and projected statistical trends):</p> <p>Healthy People 2020 Goals for Physical Activity and Nutrition:</p> <ul style="list-style-type: none"> • Improve health, fitness, and quality of life through daily physical activity. • Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.
<p>Corrective actions to reduce the level of the indirect contributing factors</p> <p>By 2012 Implement Youth In Motion program focusing on physical activity and nutrition for elementary and middle school youths in Evanston target 700 Middle School-Aged Youth (baseline 0).</p> <p>By 2013, extend the Women out Walking (W.O.W.) program to a year long or offer the program multiple times. (Participants in 2009 550, 2010 1100, 2011 800)</p> <p>By 2014, with primary/middle schools (District 65) collaborate with PTA and Northwestern University to implement Healthy Food Islands Initiative increasing access to healthy foods during primary school lunches. Objective, construct and implement 5 Food Island Stations (mobile food carts storing fruits and healthy lunch alternatives). Provide nutrition training to 25 foodservice workers.</p>
<p>Proposed community organization(s) to provide and coordinate the activities</p> <p>Evanston Health Department City of Evanston Northwestern University Evanston Chamber of Commerce Evanston 150 Rotary International Evanston Public Library</p>
<p>Evaluation plan to measure progress towards reaching objectives</p> <p>Annual evaluation of Women out walking program and analysis of data from program annual report.</p>

APPENDIX

Appendix A: EPLAN Community Survey Dec 2009



Health and Human Services
2100 Ridge Avenue
Evanston, IL 60120-4114-2790
Telephone: 847.316.2543
Fax: 847.945-0134

EPLAN Community Health Survey

Please take a minute to complete the following survey.

The City of Evanston Department of Health and Human Services requests your opinions about community health concerns in Evanston. The results of this survey would be used to identify pressing issues which can be addressed through city and community action. If you have any questions, call (847) 866-2947 or email health&humansvc@cityofevanston.org.

1. In the following list, what do you think are the **three most important factors** for a “Healthy Community?” (Factors which most improve the quality of life in a community.) **Check only three:**

- | | |
|--|---|
| <input type="checkbox"/> Easy access to affordable health care | <input type="checkbox"/> Health education |
| <input type="checkbox"/> Community participation | <input type="checkbox"/> Excellent race relations |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Healthy behaviors and lifestyle |
| <input type="checkbox"/> Good place to grow old | <input type="checkbox"/> Good jobs and healthy economy |
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Social networks and trust in community |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Childhood and adolescent health |

2. In the following list, what do you think are the **three most important “Health Problems”** in our community? (Problems which would have the greatest impact on overall community health.) **Check only three:**

- | | |
|--|--|
| <input type="checkbox"/> Aging problems (Arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Injury/violence prevention |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Infectious diseases (e.g. hepatitis, TB etc.) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Heart Disease/Stroke | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Teenage Pregnancy |
| <input type="checkbox"/> Infant Deaths | <input type="checkbox"/> Others |

3. In the following list, what do you think are the **three most important “risky behaviors”** in our community? (Behaviors which have the greatest impact on overall community health.) **Check only three:**

- | | | |
|---|--|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Poor personal hygiene | <input type="checkbox"/> Not using seat belts/child seats |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not getting “shots”
to prevent disease | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Racism | |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Tobacco use | |
| <input type="checkbox"/> Lack of regular physical exams | | |

4. Which of the following screening services have you received in the last year?

- | | |
|--|---|
| <input type="checkbox"/> Blood Pressure check | <input type="checkbox"/> Blood Sugar check |
| <input type="checkbox"/> Cholesterol screening | <input type="checkbox"/> Blood in stool/urine test |
| <input type="checkbox"/> Infectious diseases (e.g. Hepatitis B.) | <input type="checkbox"/> Cancer screening (Pap smear, Colonoscopy, Prostate screening etc.) |

5. How would you rate our community as a “Healthy Community?”

Very Unhealthy Unhealthy Somewhat Unhealthy Healthy Very Healthy

6. How would you rate your own personal health?

Very Unhealthy Unhealthy Somewhat Unhealthy Healthy Very Healthy

7. Please rank the following programs in order of importance to you. Place a number from 1 to 10 in the column on the left. 1 being a program you feel is most important and 10 being the program you feel is least important.

	Climate Change/Global Warming
	Senior Services
	Mental Health
	Nutrition Services and Physical Activity
	Substance Abuse
	Smoking Cessation
	Immunization and Vaccines
	Family Planning/Birth Control
	Emergency Preparedness
	Adolescent Health

8. Overall, Evanston has good environmental quality: (Check one)

Strongly disagree Disagree Undecided Agree Strongly agree

9. The best way to improve the environment is to (check all that apply)

<input type="checkbox"/>	Pass Laws	<input type="checkbox"/>	Offer Incentives
<input type="checkbox"/>	Provide Education	<input type="checkbox"/>	Provide Technical Assistance
<input type="checkbox"/>	Charge Fines	<input type="checkbox"/>	Other

Please answer questions #10-17 so we can see how different types of people feel about local health issues.

10. Zip code where you live: _____

11. Age: _____ years

12. Gender: Male Female

13. Ethnic group you most identify with:

African American/Black Hispanic/Latino
 Asian/Pacific Islander Native American
 White/Caucasian
 Other _____

14. Marital Status:

Married / co-habiting Not married / Single

16. Household income

Less than \$25,000 \$25,000 to 49,999
 \$50,000 to \$99,999 \$Over 100,000

17. How do you pay for your health care?

(Check all that apply)
 Pay cash (no insurance)
 Medicaid/Public aid
 Medicare
 Veterans Administration
 Indian Health Services
 Health Insurance (e.g. HMO/Blue Shield)
 Other

15. Education:

Less than high school
 High school diploma or GED
 Some College
 College degree or higher
 Advanced degree

Thank you for your participation. Results will be posted on www.cityofevanston.org.

Appendix B EPLAN Community Survey 2009 Results

How would you rate our community as a “Healthy Community?”

Very unhealthy	2%
Healthy	64%
Somewhat unhealthy	32%
Unhealthy	2%
Very healthy	1%

Overall, Evanston has good environmental quality:

Strongly disagree	0%
Agree	75%
Undecided	15%
Strongly agree	8%
Disagree	3%

The best way to improve the environment is to

Pass laws	20%
Provide education	25%
Offer incentives	23%
Provide technical assistance	16%
Charge fines	13%
Other	3%

Gender:

Male	49
Female	69
Missing	17

Race/Ethnicity:

Black/African American	9
White/Caucasian	88
Hispanic/Latino	6
Asian/Pacific Islander	10
Native American	0
Other	0
Missing/No response	22

Marital Status:

Married/Cohabiting	82
Not married/single	35
Other	1

Note: Questions 4,6,10, 11, 15 and 16 were not analyzed due to too many missing data values.

Appendix C EPLAN Survey Cover Letter



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Civic Center
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Dear Evanston Resident,

Public health by its very nature is community-driven. Even the best media campaigns and evidence-based practices will fail in the absence of community support. We have learned and embraced the importance of engaging you as a partner in our work. The Evanston Health Department needs your help, every five years the City of Evanston Health Department surveys residents about their health knowledge and health behaviors. Your answers help us design our programs as a true response to needs that you assist us in identifying.

As we strive to meet program outcomes as efficiently and effectively as possible how do we know we can produce the results for our local community? How do we identify the essential ingredients when we are trying to create the most livable city in America...it is with your assistance. We ask that you take the time and complete the enclosed survey. We assure you that all the information collected in this survey is anonymous, confidential and private. Your participation in our survey is **voluntary** but greatly appreciated.

The enclosed survey should be completed by an adult, 18 years or older in your household. Please complete the survey and return it in the pre-paid envelope provided.

We appreciate your time and effort and if you or a family member has any questions regarding the survey or need help completing the survey, you can reach us at 847-859-7831.

Sincerely,

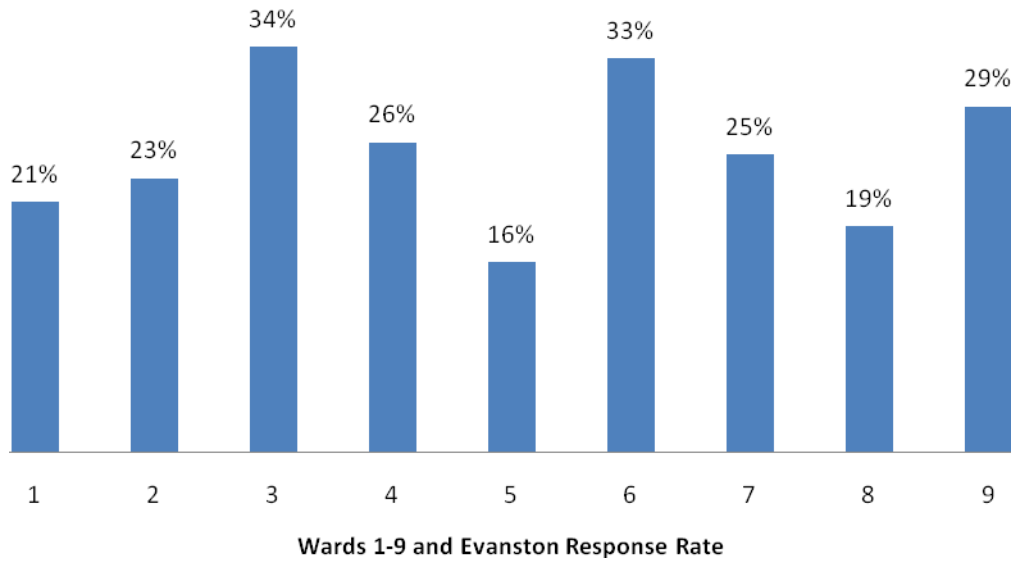


Evonda Thomas MSN, RNA, DHA(c)

Director, Health Department

Appendix D EPLAN Random Sample Address List Ward Distribution

Response Rates of Individual Wards Returned by Mail



Distribution of Sample and Responses Returned by Mail

Ward	Sample Address Count	Responded Addresses	Address Count	Percentage of households surveyed	Response Rate
1	120	25	2995	4%	21%
2	110	25	2895	3.70%	23%
3	173	58	4599	3.70%	34%
4	154	40	3867	3.90%	26%
5	125	20	2903	4.30%	16%
6	151	50	3697	4.08%	33%
7	110	27	2523	4.30%	25%
8	123	23	3452	3.50%	19%
9	133	39	3353	3.90%	29%
Totals	1199	307	30284	35%	26%

Appendix E Descriptive Statistics

Introduction to the survey questions and results: Please note that while the frequencies indicate the degree of agreement, for example, by indicating Yes (Y) or No (N), the percentages calculated in this document do not account for missing data, no response, prefer not to answer, or don't know/unsure responses. All data is unweighted.

Access to Health Services

In general how would you describe your own health? (Question 1)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Excellent	89 (27.3%)	8 (8.8%)	97 (23.9%)
Very good	131 (39.9%)	38 (41.8%)	169 (41.6%)
Good	88 (26.8%)	269 (28.6%)	104 (25.6%)
Only fair	12 (3.7%)	14 (15.4%)	26 (6.4%)
Poor	5 (1.5%)	5 (5.5%)	10 (2.5%)
Don't know	3	-	3
Prefer not to answer	-	-	-
Missing	-	-	-

In the last 12 months, have you a visited a doctor or medical clinic for any reason, including check-ups or visits to the emergency room or hospital outpatient department or have been admitted to the hospital? (Question 2)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	304 (92.7%)	74 (83.1%)	378 (90.9%)
No	24 (7.3%)	15 (16.9%)	39 (9.1%)
Don't Know	-	1	1
Prefer not to answer	-	1	1
Missing	-	-	-

Where do you usually go when you are sick or need health care? (Question 3)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Doctor's office or private clinic.	294 (90.2%)	60 (65.9%)	354 (84.9%)
Community health center or other public clinic.	1 (0.3%)	3 (3.3%)	4 (1.0%)
Hospital outpatient department.	6 (1.8%)	7 (7.7%)	13 (3.1%)
Hospital emergency room.	7 (2.1%)	13 (14.3%)	20 (4.8%)
Some other place.	7 (2.1%)	3 (3.3%)	10 (2.4%)
No regular place of care.	11 (3.4%)	5 (5.5%)	16 (3.8%)
Don't know.	-	-	-
Prefer not to answer.	-	-	-
Missing	1	-	1

Do you have a regular doctor or other health professional, such as a nurse or a midwife; you usually go to when you are sick or need health care? (Question 4)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	301 (92.3%)	67 (75.3%)	368 (88.7%)
No	25 (7.7%)	22 (24.7%)	47 (11.3%)
Don't know	2	2	4
Prefer not to answer	-	-	-

During the past 12 months was there any time when you had a medical problem, but put off, postponed or did not seek medical care when you needed to? (Question 5a)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	93 (29.4%)	38 (43.2%)	131 (32.4%)
No	223 (70.6%)	50 (56.8%)	273 (67.6%)
Don't know	2	1	3
Prefer not to answer	1	1	2
Missing	9	1	10

Reasons for postponing seeking medical care: (Question 5b)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Cost	43 (47.8%)	21 (56.8%)	64 (50.4%)
Some other reason	47 (52.2%)	16 (43.2%)	63 (49.6%)
Don't know	1	-	1
Prefer not to answer	2	-	2
Missing	4	2	6

During the past 12 months was there any time when you did not fill a prescription for medication? (Question 6a)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	49 (15.6%)	20 (23.3%)	69 (17.2%)
No	266 (84.4%)	66 (76.7%)	332 (82.8%)
Don't know	-	1	1
Prefer not to answer	2	3	5
Missing	-	-	-

Reasons for not filling a prescription (Question 6b)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Cost	28 (58.3%)	13 (72.2%)	41 (62.1%)
Some other reason	20 (41.7%)	5 (27.8%)	25 (27.9%)
Don't know	-	-	-
Prefer not to answer	1	-	1
Missing	5	3	8

During the past 12 months was there any time when you or your doctor thought you needed to see a specialist and were not able to see one? (Question 7a)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	29 (9.1%)	19 (22.1%)	48 (11.9%)
No	290 (90.9%)	67 (77.9%)	357 (88.1%)
Don't know	-	1	1
Prefer not to answer	-	8	8
Missing	9	1	10

Reasons for not seeing a specialist (Question 7b):

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Cost	12 (41.4%)	10 (52.6%)	22 (45.8%)
Insurance did not approve	4 (13.8%)	2 (10.5%)	6 (12.5%)
Couldn't find a specialist	-	1 (5.3%)	1 (2.1%)
The wait was too long	5 (17.3%)	2 (10.5%)	7 (14.6%)
Couldn't get an appointment	1 (3.4%)	1 (5.3%)	2 (4.2%)
Other	7 (24.1%)	3 (10.3%)	10 (20.8%)
Don't know	-	-	-
Prefer not to answer	-	-	-
Missing	5	1	6

How often have you referred to the following sources of information about health and medicine? (Question 8)

Internet

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Always	87 (27.9%)	30 (37.5%)	117 (29.8%)
Sometimes	158 (50.6%)	30 (37.5%)	188 (48.0%)
Rarely	41 (13.1%)	8 (10.0%)	49 (12.5%)
Never	26 (8.3%)	12 (15.0%)	38 (9.7%)
Missing	16	11	27

Books/printed information

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Always	22 (7.3%)	9 (11.3%)	31 (8.1%)
Sometimes	158 (52.5%)	38 (47.5%)	196 (51.4%)
Rarely	89 (29.6%)	16 (20.0%)	105 (27.6%)
Never	32 (10.6%)	17 (21.3%)	49 (12.9%)
Missing	27	11	38

Doctor/Health Care Provider

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Always	143 (45.5%)	33 (40.7%)	176 (44.4%)
Sometimes	151 (48.1%)	41 (50.6%)	192 (48.5%)
Rarely	15 (4.5%)	5 (6.2%)	20 (5.1%)

Never	6 (1.9%)	2 (2.5%)	8 (2.0%)
Missing	13	10	23

Friends/Family

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Always	28 (9.5%)	16 (21.1%)	43 (11.6%)
Sometimes	186 (62.8%)	41 (53.9%)	227 (61.2%)
Rarely	66 (22.3%)	12 (15.8%)	78 (21.0%)
Never	16 (5.4%)	7 (9.2%)	23 (6.2%)
Missing	32	5	37

Pharmacist

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Always	12 (4.0%)	9 (11.7%)	21 (5.6%)
Sometimes	106 (35.7%)	33 (42.9%)	139 (37.2%)
Rarely	111 (37.4%)	17 (22.1%)	128 (34.2%)
Never	68 (22.9%)	18 (23.4%)	86 (23.0%)
Missing	31	14	45

Community Health Fair

	Random Sample (n=328)	Non Random Sample (n=91)	Total (n=419)
Always	2 (0.7%)	4 (5.3%)	6 (1.7%)
Sometimes	11 (3.8%)	11 (14.7%)	22 (6.1%)
Rarely	37 (12.9%)	16 (21.3%)	53 (14.6%)
Never	237 (82.6%)	44 (58.7%)	281 (77.6%)
Missing	41	16	57

Who do you trust most about information regarding health? (Question 9)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes	No	Yes	No	Yes	No
Friends and Family	92 (28.8%)	227 (71.2%)	34 (37.8%)	56 (62.2%)	126 (30.8%)	283 (69.2%)
Media	30 (9.4%)	289 (90.6%)	8 (8.9%)	82 (91.1%)	38 (9.3%)	371 (90.7%)
School	3 (0.9%)	316 (99.1%)	2 (2.2%)	88 (97.8%)	5 (1.2%)	404 (98.8%)
Church	3 (0.9%)	316 (99.1%)	6 (6.7%)	83 (93.3%)	9 (2.2%)	399 (97.8%)
Doctor	292 (91.5%)	27 (8.5%)	75 (83.3%)	15 (16.7%)	367 (89.7%)	42 (10.3%)
Other	43 (13.5%)	276 (86.5%)	12 (13.3%)	78 (86.7%)	55 (13.4%)	354 (86.6%)

Overall, how satisfied or dissatisfied are you with the quality of health care you have received during the last 2 years? (Question 10)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Very satisfied	199 (62.8%)	39 (44.3%)	238 (58.8%)
Somewhat satisfied	92 (29.0%)	35 (39.8%)	127 (31.4%)
Somewhat dissatisfied	20 (6.3%)	10 (11.4%)	30 (7.4%)
Very dissatisfied	6 (1.9%)	4 (4.5%)	10 (2.5%)
Don't know	2	2	4
Prefer not to answer	1	1	2
Missing	8	-	8

In the last two years have you used any of the following services? (Place a check mark in the applicable box.) (Question 11)

Random Data (n = 328)	Yes	No	Don't know	Prefer not to answer	Missing
Herbal medicines	123 (38.6%)	190 (59.6%)	3	1	11
A chiropractor	57 (18.2%)	257 (81.8%)	1	2	11
Acupuncture	36 (12.9%)	243 (87.1%)	1	2	16
A traditional healer	62 (20.8%)	236 (79.2%)	12	2	11

Nonrandom Data (n = 91)	Yes	No	Don't know	Prefer not to answer	Missing
Herbal medicines	26 (31.7%)	56 (68.3%)	3	-	6
A chiropractor	13 (15.9%)	69 (84.1%)	1	1	7
Acupuncture	5 (6.3%)	74 (93.7%)	1	1	10
A traditional healer	9 (11.1%)	72 (88.9%)	4	1	5

All Data (n = 419)	Yes	No	Don't know	Prefer not to answer	Missing
Herbal medicines	149 (37.7%)	246 (62.3%)	3	1	11
A chiropractor	70 (17.7%)	326 (82.3%)	1	2	11
Acupuncture	41 (11.5%)	317 (88.5%)	1	2	16
A traditional healer	71 (18.7%)	308 (81.3%)	12	2	11

Chronic Health Conditions

About how long ago, if ever, did you have any of the following services? (Place a check mark in the applicable box.) (Question 12)

Random Sample:	Less than a year ago	1-2 years ago	3-5 years ago	More than 5 years ago	Never	Don't know	Prefer not to answer	N/A	Total Response
Complete Physical Exam	185 (58.4%)	82 (25.9%)	21 (6.6%)	23 (7.3%)	6 (1.9%)	2	-	-	328

Blood Pressure Checked	280 (87.0%)	35 (10.9%)	5 (1.6%)	2 (0.6%)	-	1	-	-	328
Dental Exam	267 (83.4%)	30 (9.4%)	17 (5.3%)	5 (1.6%)	1 (0.3%)	2	1	1	328
Mammogram	121 (65.4%)	33 (17.8%)	18 (9.7%)	8 (4.3%)	5 (2.7%)	1	2	132	328
Colon Cancer Screening	50 (24.2%)	40 (19.3%)	60 (29.0%)	21 (10.1%)	36 (17.4%)	-	2	107	328
Pap Smear	123 (55.9%)	52 (23.6%)	25 (11.4%)	15 (6.8%)	5 (2.3%)	4	-	96	328
Prostate Exam	53 (67.1%)	12 (15.2%)	3 (3.8%)	3 (3.8%)	8 (10.1%)	1	-	242	328

Nonrandom Sample:	Less than a year ago	1-2 years ago	3-5 years ago	More than 5 years ago	Never	Don't Know	Prefer not to answer	N/A	Total Response
Complete Physical Exam	46 (52.3%)	31 (35.2%)	5 (5.7%)	4 (4.5%)	2 (2.3%)	2	1	-	91
Blood Pressure Checked	69 (78.4%)	15 (17.0%)	3 (3.4%)	1 (1.1%)	-	-	1	-	91
Dental Exam	49 (55.7%)	20 (22.7%)	9 (10.2%)	8 (9.1%)	2 (2.3%)	1	-	-	91
Mammogram	21 (50.0%)	12 (28.6%)	2 (4.8%)	3 (7.1%)	4 (9.5%)	-	-	48	91
Colon Cancer Screening	9 (19.6%)	12 (26.1%)	8 (17.4%)	5 (10.9%)	12 (26.1%)	-	1	40	91
Pap Smear	29 (50.9%)	15 (26.3%)	5 (8.8%)	6 (10.5%)	2 (3.5%)	-	-	33	91
Prostate Exam	9 (45.0%)	5 (25.0%)	-	-	6 (30.0%)	1	1	69	91

All data:	Less than a year ago	1-2 years ago	3-5 years ago	More than 5 years ago	Never	Don't know	Prefer not to answer	N/A	Total Response
Complete Physical Exam	231 (57.0%)	113 (27.9%)	26 (6.4%)	27 (6.7%)	8 (2.0%)	4	1	-	419
Blood Pressure Checked	349 (85.1%)	50 (12.2%)	8 (2.0%)	3 (0.7%)	-	1	1	-	419
Dental Exam	316 (77.5%)	50 (12.3%)	26 (6.4%)	13 (3.2%)	3 (0.7%)	3	1	1	419
Mammogram	142 (62.6%)	45 (19.8%)	20 (8.8%)	11 (4.8%)	9 (4.0%)	1	2	180	419
Colon Cancer Screening	59 (23.3%)	52 (20.6%)	68 (26.9%)	26 (10.3%)	48 (19.0%)	-	3	147	419
Pap Smear	152 (54.9%)	67 (24.2%)	30 (10.8%)	21 (7.6%)	7 (2.5%)	4	-	129	419
Prostate Exam	62 (62.6%)	17 (17.2%)	3 (3.0%)	3 (3.0%)	14 (14.4%)	2	1	311	419

Have you ever been diagnosed with Diabetes Mellitus? (Question 13)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	11 (3.4%)	6 (6.9%)	17 (4.1%)
No (Skip to Question #20)	313 (96.6%)	81 (93.1%)	394 (95.9%)
Don't know	2	1	3
Prefer not to answer	-	1	1

How old were you when you were diagnosed with Diabetes? (Question 14)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Average age:	62.3	49.5	58.0
Median Age	62.5	50.0	59.5
n	8	4	12

What measures do you take to manage Diabetes? (Mark all that are applicable.) (Question 15)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Use Medication	7	4	11

Use Insulin	2	1	3
Diet Restriction	9	3	12
Physical Activity	8	4	12
All of the above	-	1	1

**Do you receive formal diabetes education from your health care provider?
(Question 16)**

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	11	5	16
No	1	2	3
Don't know	-	-	-
Prefer not to answer	-	1	1

Have you had the following tests in the past 12 months? (Place a check mark in the appropriate box.) (Question 17)

Random Data:	Yes	Don't know	Prefer not to answer
Urinary Microalbumin Test	9	2	-
Glycosylated Hemoglobin	8	3	-
Foot Exam	8	-	-
Dental Exam	8	-	-
Dilated eye exam	9	2	-

Nonrandom Data:	Yes	Don't know	Prefer not to answer
Urinary Microalbumin Test	1	2	-
Glycosylated Hemoglobin	4	2	-
Foot Exam	4	1	-
Dental Exam	-	1	1
Dilated eye exam	4	1	-

All Data	Yes	Don't know	Prefer not to answer
Urinary Microalbumin Test	10	4	-
Glycosylated Hemoglobin	12	5	-
Foot Exam	12	1	-
Dental Exam	9	1	1
Dilated eye exam	13	3	-

**If you use a self-monitored blood glucose meter, how often do you use it?
(Question 18)**

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Once a day	5	1	6

Alternate days	-	2	2
Once a week	-	-	-
Once a month	1	1	2
Do not have one	4	2	6
More than once a day	2	-	2

Has your doctor ever told you that you had: (Question 19)

Random Data	Yes	No	Don't know
Pregnancy induced Diabetes? (women only)	-	9	-
Food ulcers due to diabetes?	-	12	-
Cataracts in the eye?	4	8	-
Peripheral Neuropathy?	2	7	-

Nonrandom Data	Yes	No	Don't know
Pregnancy induced Diabetes? (women only)	-	5	-
Food ulcers due to diabetes?	-	8	-
Cataracts in the eye?	-	8	-
Peripheral Neuropathy?	1	7	-

All Data	Yes	No	Don't know
Pregnancy induced Diabetes? (women only)	-	14	-
Food ulcers due to diabetes?	-	20	-
Cataracts in the eye?	4	16	-
Peripheral Neuropathy?	3	14	-

Has your doctor ever told you that you had high blood pressure? (Question 20)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	108 (33.0%)	26 (29.5%)	134 (32.3%)
No	219 (67.0%)	62 (70.5%)	281 (67.7%)

Please select all the measures you are taking to keep your high blood pressure under control (Mark all that are applicable.) (Question 21)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes	No	Yes	No	Yes	No
I take medication.	77 (72.0%)	30 (28.0%)	14 (50.0%)	14 (50.0%)	91 (67.4%)	44 (32.6%)
I exercise to keep my blood pressure under control.	77 (72.0%)	30 (28.0%)	14 (50.0%)	14 (50.0%)	91 (67.4%)	44 (32.6%)
I restrict my salt intake	64 (60.4%)	42 (39.6%)	20 (71.4%)	8 (28.6%)	84 (62.7%)	50 (37.3%)
I don't do anything	4 (3.8%)	100 (96.2%)	3 (10.7%)	25 (89.3%)	8 (6.0%)	125 (94.0%)

How often do you get your blood pressure checked? (Mark all that are applicable.) (Question 22)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes	No	Yes	No	Yes	No
Everyday	12 (11.4%)		6 (22.2%)		18 (13.6%)	
Every week	13 (12.4%)		-		13 (9.8%)	
Once a month	41 (39.0%)		9 (33.3%)		50 (37.9%)	
Once a year	36 (34.3%)		11 (40.7%)		47 (35.6%)	
More than once a year	3 (2.9%)		1 (3.7%)		4 (3.0%)	

What are the signs and symptoms of heart attack? (Check all that apply.) (Question 23)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes	No	Yes	No	Yes	No
Shortness of breath	99 (88.4%)	13 (11.6%)	36 (80.0%)	9 (20.0%)	135 (86.0%)	22 (14.0%)
Arm or shoulder pain/discomfort	99 (89.2%)	12 (10.8%)	32 (71.1%)	13 (28.9%)	131 (84.0%)	25 (16.0%)
Feeling weak, faint, lightheadedness	82 (75.2%)	27 (24.8%)	31 (68.9%)	14 (31.1%)	113 (73.4%)	41 (26.6%)
Jaw, neck or back pain/discomfort	57 (52.3%)	52 (47.7%)	22 (48.9%)	23 (51.1%)	79 (51.3%)	75 (48.7%)
Chest Pain	95 (86.4%)	15 (13.6%)	39 (86.7%)	6 (13.3%)	134 (86.5%)	21 (13.5%)
All of the above	261 (82.6%)	55 (17.4%)	67 (77.0%)	20 (23.0%)	328 (81.4%)	75 (18.6%)

What are the signs and symptoms of stroke? (Check all that apply.) (Question 24)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes	No	Yes	No	Yes	No
Weakness/numbness in face, arm, leg	55 (82.1%)	12 (17.9%)	20 (83.3%)	4 (16.7%)	75 (82.4%)	16 (17.6%)
Sudden confusion or difficulty speaking	63 (95.5%)	3 (4.5%)	13 (56.2%)	10 (43.5%)	76 (85.4%)	13 (14.6%)
Dizziness or loss of	55	11	17	6	72	17

coordination or balance	(83.3%)	(16.7%)	(73.9%)	(26.1%)	(80.9%)	(19.1%)
Headache	33	35	7	16	40	51
	(48.5%)	(51.2%)	(30.4%)	(69.6%)	(44.0%)	(56.0%)
Vision problems	48	20	7	16	55	36
	(70.6%)	(29.4%)	(30.4%)	(69.6%)	(60.4%)	(39.6%)
All of the above	285	33	74	13	359	46
	(89.6%)	(10.4%)	(85.1%)	(14.9%)	(88.6%)	(11.4%)

Environmental Health and Food Safety

West Nile Virus is caused by: (Question 25)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes	No	Yes	No	Yes	No
Ticks	14 (4.3%)	309 (95.7%)	3 (3.3%)	88 (96.7%)	17 (4.1%)	397 (95.9%)
Mosquitoes	304 (94.1%)	19 (5.9%)	85 (93.4%)	6 (6.6%)	389 (94.0%)	25 (6.0%)
Bed bugs	4 (1.2%)	319 (98.8%)	2 (2.2%)	89 (97.8%)	6 (1.4%)	408 (98.6%)
Rodents	3 (0.9%)	320 (99.1%)	-	91 (100%)	3 (0.7%)	411 (99.3%)

When preparing and cooking food at home, how often do you wash your hands with soap and water before you handle the food? (Question 26)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Never	1 (0.3%)	1 (1.1%)	2 (0.5%)
Rarely	5 (1.5%)	1 (1.1%)	6 (1.4%)
Sometimes	22 (6.7%)	3 (3.3%)	25 (6.0%)
Often	112 (34.4%)	35 (38.9%)	147 (35.3%)
All the time	186 (57.1%)	50 (55.6%)	236 (56.7%)
Missing	2	1	3

Think about the last time that you handled raw meat, poultry, seafood, or eggs. Which of the following did you do immediately after handling these raw foods? (Question 27)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Continued cooking without wiping, rinsing, or washing hands.	11 (3.5%)	3 (3.4%)	14 (3.4%)
Wiped hands or rinsed with water without using soap.	50 (15.7%)	26 (29.5%)	76 (18.7%)
Washed hands with soap or	257 (80.8%)	59 (67.0%)	316 (77.8%)

water.

Think about the last time that you prepared raw meat, poultry, seafood, or eggs using a cutting board or countertop. Which of the following did you do before preparing the next food product? (Question 28)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Used cutting board or countertop again without wiping, rinsing, or washing it.	4 (1.3%)	2 (2.3%)	6 (1.5%)
Wiped or rinsed cutting board or countertop without using soap and/or bleach and continued to use it.	39 (12.3%)	21 (24.1%)	60 (14.8%)
Washed cutting board or countertop with soap and/or bleach and continued to use it.	147 (46.2%)	48 (55.2%)	195 (48.1%)
Used different cutting board or countertop or did not use the original one for preparing the next food product.	128 (40.3%)	16 (18.4%)	144 (35.6%)

Now think about the last time that you cooked raw meat, poultry, or seafood on an indoor or outdoor grill or barbecue. What did you do when the dish (plate, knife, or other cookware) that held the raw meat, poultry or seafood? (Question 29)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Used cutting board or countertop again without wiping, rinsing, or washing it.	1 (0.3%)	3 (3.4%)	4 (1.0%)
Wiped or rinsed cutting board or countertop without using soap and/or bleach and continued to use it.	12 (3.8%)	9 (10.3%)	21 (5.3%)
Washed cutting board or countertop with soap and/or bleach and continued to use it.	35 (11.1%)	20 (23.0%)	55 (13.8%)
Used different cutting board or countertop or did not use the original one for preparing the next food product.	199 (63.6%)	43 (49.4%)	242 (60.5%)
Do not cook raw meat, poultry, or seafood on the grill or barbecue	66 (21.1%)	12 (13.8%)	78 (19.5%)

Now think about the last time that you prepared food and had a large amount (more than four servings) of leftovers such as soups or stews containing meat, poultry, seafood, or eggs. What did you do with the leftovers? (Question 30)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Did not refrigerate leftovers and ate them later in the day.	2 (0.6%)	10 (11.5%)	12 (3.0%)
Refrigerated all of the leftovers in the same cookware in which they were cooked.	25 (7.9%)	9 (10.3%)	34 (8.5%)
Put leftovers in one or more deep (more than 2 inches) containers and then refrigerated.	185 (58.7%)	43 (49.4%)	228 (56.7%)
Put leftovers in one or more shallow (2 inches or less) containers and then refrigerated.	69 (21.9%)	17 (19.5%)	86 (21.4%)
Other	11 (3.4%)	3 (3.4%)	14 (3.5%)
Do not save leftovers	1 (0.3%)	4 (4.6%)	5 (1.2%)
Have never prepared a meal that has a large amount of leftovers	22 (7.0%)	1 (1.1%)	23 (5.7%)
Missing	13	4	17

Did you use a food thermometer the last time you cooked the following? (Question 31)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes/No N/A		Yes/No N/A		Yes/No N/A	
Whole chickens/ turkey	129 (43.4%)/168 (56.6%)	62	34 (44.7%)/42 (55.3%)	9	163 (48.9%)/170 (51.1%)	71
Chicken parts such as breasts/thighs	32 (11.6%)/245 (88.4%)	35	10 (13.5%)/64 (86.5%)	6	42 (12.0%)/309 (88.0%)	41
Hamburgers	8 (3.1%)/253 (96.9%)	49	8 (11.0%)/65 (89.0%)	8	16 (4.8%)/318 (55.2%)	57
Roasts/Large pieces of meat such as pork/beef/lamb/veal	108 (44.8%)/133 (55.2%)	77	26 (36.6%)/45 (63.4%)	10	134 (42.9%)/178 (57.1%)	87
Leftovers, soups, stew with meat, poultry, seafood, eggs	6 (2.1%)/282 (97.9%)	24	7 (9.2%)/69 (90.8%)	4	13 (3.6%)/351 (96.4%)	28

Physical Activity and Nutrition

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (Question 32)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	290 (89.8%)	72 (81.8%)	362 (88.1%)
No	33 (10.2%)	16 (18.2%)	49 (11.9%)
I don't know/Not sure	1	1	2

On how many of the past 7 days did you exercise or participate in vigorous physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities? (Question 33)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 days	109 (26.5%)	32 (36.0%)	141 (34.3%)
1-2 days	91 (28.3%)	26 (29.2%)	117 (28.5%)
3-5 days	92 (28.6%)	21 (23.6%)	113 (27.5%)
6-7 days	30 (9.3%)	10 (11.2%)	40 (9.7%)

On how many of the past 7 days did you exercise or participate in physical activity for at least 30 minutes that did not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, gardening, pushing a lawn mower, or mopping floors? (Question 34)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 days	54 (16.9%)	20 (22.5%)	74 (18.1%)
1-2 days	102 (31.9%)	32 (36.0%)	134 (32.8%)
3-5 days	94 (29.4%)	24 (26.7%)	118 (28.9%)
6-7 days	70 (21.9%)	13 (14.4%)	83 (20.3%)

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads as part of your work? (Question 35)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 days	78 (24.2%)	22 (24.7%)	100 (24.3%)
1-2 days	93 (28.9%)	31 (34.8%)	124 (30.2%)
3-5 days	87 (27.0%)	22 (24.7%)	109 (26.5%)
6-7 days	64 (19.9%)	14 (15.7%)	78 (19.0%)

The following is a list of reasons that people often give for not exercising. (Please check all that apply to you.) (Question 36)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes	No	Yes	No	Yes	No
I don't have enough time	159 (66.8%)	79 (33.2%)	50 (64.1%)	28 (35.9%)	209 (66.1%)	107 (33.9%)
I'm afraid of getting hurt	22 (9.2%)	216 (90.8%)	8 (10.3%)	70 (89.7%)	30 (9.5%)	286 (90.5%)
Bad weather	54 (22.7%)	184 (77.3%)	15 (19.2%)	63 (80.8%)	69 (21.8%)	247 (78.2%)
I don't have sidewalks or streets to walk or bike	4 (1.7%)	234 (98.3%)	1 (1.3%)	76 (98.7%)	5 (1.6%)	310 (98.4%)
I feel self conscious	13 (5.5%)	225 (94.5%)	6 (7.7%)	72 (92.3%)	19 (6.0%)	297 (94.0%)
I feel tired or lack energy	111 (46.6%)	127 (53.4%)	42 (53.8%)	36 (46.2%)	153 (48.4%)	163 (51.6%)
Other	12 (5.0%)	228 (95.0%)	6 (7.6%)	73 (92.4%)	18 (5.6%)	301 (94.4%)

The following is a list of benefits that people say they get from exercise. (Please check all that apply to you.) (Question 37)

	Randomized Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes	No	Yes	No	Yes	No
Feeling good about yourself	282 (89.5%)	33 (10.5%)	68 (75.6%)	22 (24.4%)	350 (86.4%)	55 (13.6%)
Fighting aging	194 (61.4%)	122 (38.6%)	33 (36.7%)	57 (33.3%)	227 (55.9%)	179 (44.1%)
Improving your health	284 (90.2%)	31 (9.8%)	73 (81.1%)	17 (18.9%)	357 (88.1%)	48 (11.9%)
Socializing	102 (32.5%)	212 (67.5%)	28 (31.1%)	62 (68.9%)	130 (32.2%)	274 (67.8%)
Reducing stress	231 (73.1%)	85 (26.9%)	63 (70.0%)	27 (30.0%)	294 (72.4%)	112 (27.6%)
Controlling your weight	250 (79.4%)	65 (20.6%)	61 (67.8%)	28 (32.2%)	311 (77.0%)	93 (23.0%)
Other benefit	9 (2.8%)	307 (97.2%)	12 (13.3%)	78 (86.7%)	21 (5.2%)	385 (94.8%)

On an average weekday, how many hours do you spend watching TV or playing video games? (Question 38)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
I do not watch TV or play video games on an average weekday	40 (12.3%)	15 (16.7%)	55 (13.2%)
Less than 1 hour per day	77 (23.6%)	20 (22.2%)	97 (23.3%)
1 to 2 hours per day	154 (47.2%)	34 (37.8%)	188 (45.2%)

3 to 5 hours per day

55 (16.9%)

21 (23.3%)

76 (18.3%)

During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not include punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.) (Question 39)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
I did not drink 100% fruit juice.	120 (36.9%)	23 (25.6%)	143 (34.5%)
1 to 3 times	107 (32.9%)	33 (36.7%)	140 (33.7%)
4 to 6 times	37 (11.4%)	9 (10.0%)	46 (11.1%)
1 time per week	44 (13.5%)	14 (15.6%)	58 (14.0%)
2 times per day	13 (4.0%)	5 (5.5%)	18 (4.3%)
3 times per day	1 (0.3%)	3 (3.3%)	4 (1.0%)
4 or more times per day	3 (0.9%)	3 (3.3%)	6 (1.4%)

During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.) (Question 40)

	Randomized Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
I did not eat fruit	13 (4.0%)	8 (8.9%)	22 (5.3%)
1 to 3 times	68 (21.0%)	21 (23.3%)	89 (21.5%)
4 to 6 times	69 (21.0%)	21 (23.3%)	90 (21.7%)
1 time per week	54 (16.8%)	15 (16.7%)	69 (16.7%)
2 times per day	84 (25.9%)	17 (18.9%)	101 (24.4%)
3 times per day	26 (8.0%)	5 (5.6%)	31 (7.5%)
4 or more times per day	10 (3.1%)	3 (3.3%)	13 (3.1%)

During the past 7 days, how many times did you eat green salad? (Question 41)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
I did not eat green salad	34 (10.5%)	17 (18.7%)	51 (12.3%)
1 to 3 times	114 (35.2%)	35 (38.5%)	149 (35.9%)
4 to 6 times	103 (31.8%)	22 (24.2%)	125 (29.8%)
1 time per week	59 (18.2%)	11 (12.1%)	70 (16.9%)
2 times per day	11 (3.4%)	4 (4.4%)	15 (3.6%)
3 times per day	1 (0.3%)	1 (1.1%)	2 (0.5%)
4 or more times per day	2 (0.6%)	1 (1.1%)	3 (0.7%)

During the past 7 days, how many times did you eat potatoes? (Do not count French fries, fried potatoes or potato chips.) (Question 42)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
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I did not eat potatoes	92 (28.3%)	26 (28.9%)	118 (28.4%)
1 to 3 times	213 (65.5%)	46 (51.1%)	259 (62.4%)
4 to 6 times	15 (4.6%)	10 (11.1%)	25 (6.0%)
1 time per week	3 (0.9%)	4 (4.4%)	7 (1.7%)
2 times per day	2 (0.6%)	1 (1.1%)	3 (0.7%)
3 times per day	-	2 (2.2%)	2 (0.5%)
4 or more times per day	-	1 (1.1%)	1 (0.2%)

During the past 7 days, how many times did you eat carrots? (Question 43)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
I did not eat carrots	77 (23.7%)	35 (38.9%)	112 (27%)
1 to 3 times	166 (51.1%)	37 (41.1%)	203 (48.9%)
4 to 6 times	61 (18.8%)	9 (10.0%)	70 (16.9%)
1 time per week	18 (5.5%)	6 (6.7%)	24 (5.8%)
2 times per day	2 (0.6%)	3 (3.3%)	5 (1.2%)
3 times per day	1 (0.3%)	-	1 (0.2%)
4 or more times per day	-	-	-

During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.) (Question 44)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
I did not eat other vegetables	7 (2.2%)	2 (2.2%)	9 (2.2%)
1 to 3 times	98 (30.2%)	38 (42.2%)	136 (32.8%)
4 to 6 times	90 (27.7%)	29 (32.2%)	119 (28.7%)
1 time per week	60 (18.5%)	13 (14.4%)	73 (17.6%)
2 times per day	58 (17.8%)	5 (5.6%)	63 (15.2%)
3 times per day	7 (2.2%)	2 (2.2%)	9 (2.2%)
4 or more times per day	5 (1.5%)	1 (1.1%)	6 (1.4%)

During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.) (Question 45)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
I did not drink soda or pop	216 (66.5%)	26 (28.9%)	242 (58.3%)
1 to 3 times	73 (22.5%)	37 (41.1%)	110 (26.5%)
4 to 6 times	17 (5.2%)	13 (14.4%)	30 (7.2%)
1 time per day	9 (2.8%)	8 (8.9%)	17 (4.1%)
2 times per day	5 (1.5%)	4 (4.4%)	9 (2.2%)
3 times per day	3 (0.9%)	1 (1.1%)	4 (1.0%)
4 or more times per day	2 (0.6%)	1 (1.1%)	3 (0.7%)

During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal.) (Question 46)

	Randomized Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
I did not drink milk	99 (30.6%)	29 (32.2%)	128 (30.9%)
1 to 3 times	75 (23.1%)	32 (35.6%)	107 (25.8%)
4 to 6 times	53 (16.4%)	10 (11.1%)	63 (15.2%)
1 time per week	58 (17.9%)	12 (13.3%)	70 (16.9%)
2 times per day	30 (9.3%)	3 (3.3%)	32 (7.7%)
3 times per day	7 (2.2%)	2 (2.2%)	9 (2.2%)
4 or more times per day	2 (0.6%)	2 (2.2%)	4 (1.0%)

Quality of Life

Are you limited in any way in any activities because of any impairment or health problem? (Question 47)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	94 (29.2%)	32 (37.2%)	126 (30.9%)
No	228 (70.8%)	54 (62.8%)	282 (69.1%)
I don't know/Not sure	-	3	3
Missing	5	2	7

What is the major impairment or health problem that limits your activities? (Select only one.) (Question 48)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Arthritis/Rheumatism.	25 (26.9%)	8 (22.9%)	33 (25.8%)
Back/neck problem.	15 (16.1%)	3 (8.6%)	18 (14.1%)
Fractures, bone or joint injury.	10 (10.8%)	-	10 (7.8%)
Walking problem.	2 (2.2%)	2 (5.7%)	4 (3.1%)
Breathing/Lung problem	3 (3.2%)	2 (5.7%)	5 (3.9%)
Hearing problem.	2 (2.2%)	-	2 (1.6%)
Eye/vision problem.	1 (1.1%)	2 (5.7%)	3 (2.3%)
Heart problem.	1 (1.1%)	1 (2.9%)	2 (1.6%)
Stroke problem.	-	1 (2.9%)	1 (0.8%)
Hypertension/high blood pressure	1 (1.1%)	2 (5.7%)	3 (2.3%)
Diabetes	-	-	-
Cancer	-	-	-
Depression/Anxiety/emotional problems	4 (4.3%)	2 (5.7%)	6 (4.7%)
Don't know/Not Sure	3 (3.2%)	1 (2.9%)	4 (3.1%)
Prefer not to answer	2 (2.2%)	1 (2.9%)	3 (2.3%)
Multiple Health problems	19 (20.4%)	9 (25.7%)	28 (21.9%)
Other	5 (5.4%)	1 (2.9%)	6 (4.7%)

For how long have your activities been limited because of your major impairment or health problem? (Question 49)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Days	1 (1.1%)	1 (3.7%)	2 (1.7%)
Weeks	7 (8.0%)	4 (14.8%)	11 (9.6%)
Months	24 (27.3%)	4 (14.8%)	28 (24.3%)
Years	56 (63.6%)	18 (66.7%)	74 (64.3%)
Don't know/Not sure	3	8	11
Missing	7	3	10

How often do you check the fire alarms in your house? (Question 50)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Twice a month	1 (0.4%)	4 (5.6%)	5 (1.4%)
Once a month	10 (3.6%)	10 (14.1%)	20 (5.6%)
Once every three months	22 (7.9%)	5 (7.0%)	27 (7.7%)
Once every 6 months	66 (23.6%)	14 (19.7%)	80 (22.8%)
Once a year	118 (42.1%)	25 (35.2%)	143 (40.7%)
Less than once a year	63 (22.5%)	13 (18.3%)	76 (21.7%)
I don't know how to check them	9	12	21

How often do you change the batteries of the fire alarms in your house? (Question 51)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Once a month	1 (.3%)	4 (4.9%)	5 (1.3%)
Once in three months	9 (2.9%)	8 (9.8%)	17 (4.4%)
Once in 6 months	55 (17.9%)	16 (19.5%)	71 (18.3%)
Once a year	157 (51.1%)	37 (45.1%)	194 (49.9%)
Less than once a year	85 (27.7%)	17 (20.7%)	102 (26.2%)

In the past 12 months were there any instances when you felt unsafe in Evanston? (Question 52)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	109 (34.6%)	36 (41.4%)	145 (36.1%)
No	206 (63.4%)	51 (58.6%)	257 (63.9%)
Prefer not to answer	7	2	9

In the past 12 months, were you in a motor vehicle accident/pedestrian/bike accident? (Question 53)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	30 (9.2%)	6 (6.9%)	36 (8.7%)
No	295 (90.8%)	81 (93.1%)	376 (91.3%)

How often do you use seat belts when you drive or ride in a car? (Question 54)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Always	315 (96.6%)	79 (88.8%)	394 (94.9%)
Sometimes	6 (1.8%)	7 (7.9%)	13 (3.1%)
Rarely	2 (0.6%)	1 (1.1%)	3 (0.7%)
Never	3 (0.9%)	2 (2.2%)	5 (1.2%)

In the past 30 days, how many times have you driven when you have had been drinking alcohol? (Question 55)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 days	255 (85.9%)	68 (91.9%)	323 (87.1%)
1 to 7 days	39 (13.1%)	2 (2.7%)	41 (11.1%)
8 to 15 days	3 (1.0%)	3 (4.1%)	6 (1.6%)
16 to 30 days	-	1 (1.4%)	1 (0.3%)
Prefer not to answer	10	2	12
I don't own or drive a car	13	8	21

How often do you use a child restraint system when driving with a child in your car? (Question 56)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Always	142 (96.6%)	41 (85.4%)	183 (93.8%)
Sometimes	2 (1.4%)	1 (2.1%)	3 (1.5%)
Rarely	1 (.7%)	2 (4.2%)	3 (1.5%)
Never	2 (1.4%)	4 (8.4%)	6 (3.0%)
Not applicable	177	40	217

Mental Health**In the past 30 days, for about how many days have you felt sad, blue, or depressed? (Question 57)**

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 days	140 (50.4%)	35 (46.1%)	175 (49.4%)
1 to 7 days	109 (39.2%)	22 (28.9%)	131 (37.0%)
8 to 15 days	18 (6.5%)	8 (10.5%)	26 (7.3%)
16 to 31 days	11 (4.0%)	11 (14.5%)	22 (6.2%)
Don't know/not sure	44	11	55

In the past 30 days, for about how many days have you felt worried, tense or anxious? (Question 58)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 days	88 (31.0%)	25 (32.9%)	113 (31.4%)
1 to 7 days	112 (39.4%)	26 (34.2%)	138 (38.3%)
8 to 15 days	52 (18.3%)	5 (6.6%)	57 (15.8%)
16 to 31 days	32 (11.3%)	20 (26.3%)	52 (14.4%)
Don't know/not sure	39	10	49

In the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (Question 59)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 days	76 (25.9%)	23 (25.3%)	99 (25.8%)
1 to 7 days	96 (32.8%)	27 (29.7%)	123 (32.0%)
8 to 15 days	62 (21.2%)	10 (11.0%)	72 (18.8%)
16 to 31 days	59 (20.1%)	31 (34.0%)	90 (23.4%)
Don't know/not sure	29	3	32

In the past 30 days, for about how many days have you felt very healthy or full of energy? (Question 60)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 days	26 (8.8%)	13 (17.1%)	39 (10.5%)
1 to 7 days	41 (13.9%)	16 (21.1%)	57 (15.4%)
8 to 15 days	74 (25.1%)	13 (17.1%)	87 (23.5%)
16 to 31 days	154 (52.2%)	34 (44.7%)	188 (50.7%)
Don't know/not sure	26	11	37

Immunizations and Infectious Disease

During the last 12 months, have you had a seasonal flu vaccine? (Question 61)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	182 (56.0%)	40 (46.5%)	222 (54.0%)
No	143 (44.0%)	46 (53.5%)	189 (46.0%)
I don't know/Not sure	2	3	5
Missing	1	2	3

Have you ever had a pneumonia vaccine? (Question 62)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	105 (36.5%)	34 (41.0%)	139 (37.5%)
No	183 (63.5%)	49 (59.0%)	232 (62.5%)

I don't know/Not sure	36	6	42
Missing	4	2	6

Have you received a tetanus shot in the last 10 years? (Question 63)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	246 (81.5%)	57 (67.9%)	303 (78.5%)
No	56 (18.5%)	27 (32.1%)	83 (21.5%)
I don't know/Not sure	25	5	30
Missing	1	2	3

Have you ever had an HPV vaccine? (HPV vaccine is offered for girls and women aged 11-26). (Question 64)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	9 (4.7%)	9 (16.3%)	18 (7.3%)
No	184 (97.3%)	46 (83.7%)	230 (92.7%)
I don't know/Not sure	6	2	8
Not applicable to gender/age	123	32	155

Have you received an H1N1 vaccination in the last 12 months? (Question 65)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	134 (42.7%)	30 (36.1%)	164 (41.3%)
No	180 (57.3%)	53 (63.9%)	233 (58.7%)
I don't know/Not sure	11	5	16
Missing	3	3	6

Do you opt out of vaccinations for your children? (Question 66)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	9 (5.4%)	8 (13.6%)	17 (7.5%)
No	159 (94.6%)	51 (86.4%)	210 (92.5%)
I don't have children (Skip to Question #68)	157	29	186
Missing	3	3	6

If your children have not received their childhood vaccines (Injectable polio vaccine, DTaP, Varicella, MMR, etc.) please indicate your reason for refusal. (Question 67)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Religious	-	1 (25.0%)	1 (12.5%)
Medical	4 (100%)	3 (75.0%)	7 (87.5%)
Other	-	-	-

Have you ever received the Hepatitis B vaccine? (The Hepatitis B vaccine is complete after the third shot is given.) (Question 68)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	95 (40.3%)	36 (53.7%)	131 (43.2%)
No	128 (54.2%)	30 (44.8%)	158 (52.1%)
I received one/two doses	13 (5.5%)	1 (1.5%)	14 (4.6%)
Not sure	67	20	87

Tobacco & Alcohol Use

Have you smoked at least 100 cigarettes in your entire life? (Question 69)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	137 (42.5%)	42 (47.7%)	179 (43.7%)
No	185 (57.5%)	46 (52.3%)	231 (56.3%)
I don't know	3	2	5
Prefer not to answer	-	1	1

Do you now smoke cigarettes every day, some days, or not at all? (Question 70)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Every day	6 (1.9%)	15 (17.0%)	21 (5.1%)
Some days	4 (1.2%)	7 (8.0%)	11 (2.7%)
Not at all	313 (96.9%)	66 (75%)	379 (92.2%)
Prefer not to answer	4	3	7

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quite smoking? (Question 71)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	19 (10.4%)	17 (26.2%)	36 (14.5%)
No	164 (89.6%)	48 (73.8%)	212 (85.5%)
I don't know	-	2	2
Prefer not to answer	7	3	10
Not applicable	138	21	159

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (Question 72)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	257 (79.8%)	54 (62.8%)	311 (76.2%)

No	48 (14.9%)	25 (29.0%)	73 (17.9%)
I don't know	-	4	4
I don't drink alcoholic beverages (skip to question #75)	17 (5.3%)	7 (8.1%)	24 (5.8%)
Prefer not to answer	3	1	4

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage? (Question 73)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 days	52 (17.3%)	23 (30.7%)	75 (20.0%)
1 to 7 days	104 (34.7%)	27 (36.0%)	131 (34.9%)
8 to 15 days	64 (21.3%)	16 (21.3%)	80 (21.3%)
16 to 30 days	80 (26.7%)	9 (12.0%)	89 (23.7%)
Don't know/not sure	7	9	16
Prefer not to answer	5	5	10

During the past 30 days, what is the largest number of drinks you had on any occasion? (Question 74)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
0 drinks	53 (18%)	27 (35.0%)	80 (21.5%)
1 to 5 drinks	224 (avg# 4.5) (75.9%)	43 (avg# 4.5) (55.8%)	267 (avg# 4.5) (71.8%)
6 to 10 drinks	16 (avg# 6.9) (5.4%)	6 (avg# 7.5) (7.8%)	22 (avg# 7.2) (5.9%)
11 to 15 drinks	1 (avg# 15) (0.3%)	1 (avg# 11) (1.3%)	2 (avg# 13) (0.5%)
Don't know/not sure	11	11	22
Prefer not to answer	10	2	12

Sexual Health

During the past 3 months, with how many people did you have sexual intercourse? (Question 75)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
I have never had sexual intercourse.	18 (6.3%)	5 (6.1%)	23 (8.6%)
I have had sexual intercourse, but not during the past 3 months.	93 (32.6%)	15 (18.3%)	108 (29.4%)
1 person	169 (59.3%)	55 (67.1%)	224 (61.0%)
2 people	3 (1.1%)	3 (3.7%)	6 (1.6%)
3 people	1	2 (2.4%)	3 (0.8%)
4 people	-	-	-
5 people	-	1 (1.2%)	1 (0.3%)

6 people	1 (0.4%)	1 (1.2%)	2 (0.5%)
Prefer not to answer	43	9	52

Did you or your partner use a condom the last time you had sexual intercourse? (Question 76)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	52 (20.5%)	19 (25.7%)	71 (21.6%)
No	202 (79.5%)	55 (74.3%)	257 (18.4%)
Prefer not to answer	59	11	70

The last time you had sexual intercourse, which method did you or your partner use to prevent pregnancy? (Select only one response.)? (Question 77)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes	No	Yes	No	Yes	No
No method was used to prevent pregnancy	103 (42.4%)	140 (57.6%)	27 (39.7%)	41 (60.3%)	130 (41.8%)	181 (58.2%)
Birth control pills	37 (15.2%)	207 (84.8%)	5 (7.4%)	63 (92.6%)	42 (13.5%)	270 (86.5%)
Birth control injections (e.g., Depo-Provera)	1 (.4%)	243 (99.6%)	5 (7.4%)	63 (92.6%)	6 (1.9%)	306 (98.1%)
Condoms	43 (17.6%)	201 (82.4%)	14 (20.6%)	54 (79.4%)	57 (18.3%)	255 (81.7%)
Withdrawal	7 (2.9%)	237 (97.1%)	8 (11.8%)	60 (88.2%)	15 (4.8%)	297 (95.2%)
Some other method	66 (27%)	178 (73%)	18 (26.5%)	50 (73.5%)	84 (26.9%)	228 (73.1%)
Prefer not to answer	63		16		79	
Not sure	3		1		4	

Do you think there is a link between sexually transmitted diseases and HIV? (Question 78)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	266 (91.4%)	74 (93.7%)	340 (93.7%)
No	25 (8.6%)	5 (6.3%)	30 (6.3%)
I don't know	16	10	26

Have you ever contracted a sexually transmitted disease? (Question 79)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	33 (10.9%)	18 (20.5%)	51 (13%)
No (skip to question 81)	270 (89.1%)	70 (79.5%)	340 (77%)
Prefer not to answer	24	3	27

Have you ever been treated for a sexually transmitted disease? (Question 80)

	Random Sample (n = 328)	Nonrandom Sample (n = 91)	All Data (n = 419)
Yes	31 (75.6%)	15 (78.9%)	46 (76.7%)
No	10 (24.4%)	4 (20.1%)	14 (23.3%)
I don't know	21	1	22
Not applicable	266	70	336

Which of the following practices can lead to the transmission of sexually transmitted diseases when the person is unprotected? (Question 81)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes/No (%)	I don't know	Yes/No (%)	I don't know	Yes/No (%)	I don't know
Vaginal sex	293/2 (99.3%/0.7%)	4	80/4 (95.2%/4.8%)	1	373/6 (98.4%/1.6%)	5
Oral sex	260/15 (94.5%/5.5%)	17	72/8 (90%/10%)	1	332/23 (93.2%/6.8%)	18
Anal sex	280/3 (98.9%/0.1%)	13	74/4 (94.9%/5.1%)	2	354/7 (98.1%/1.9%)	15
Abstinence	9/251 (3.5%/96.5%)	8	6/52 (10.3%/89.7%)	6	15/303 (4.7%/95.3%)	14

Which of the following practices are effective in preventing the transmission of sexually transmitted diseases? (Check all that apply.) (Question 82)

	Random Sample (n = 328)		Nonrandom Sample (n = 91)		All Data (n = 419)	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Using a condom	282 (91.9%)	25 (8.1%)	74 (83.1%)	15 (16.9%)	356 (89.9%)	40 (10.1%)
Using a pill, contraceptive injection . (e.g., Depo-Provera)	16 (5.2%)	292 (94.8%)	9 (10.1%)	80 (89.9%)	25 (6.3%)	372 (93.7%)
Withdrawal	13 (4.2%)	295 (95.8%)	4 (4.5%)	85 (95.5%)	17 (4.3%)	380 (95.7%)
Abstinence	259 (84.1%)	49 (15.9%)	64 (71.9%)	25 (28.1%)	323 (81.4%)	74 (18.6%)
Having a single sex partner at a time	96 (31.2%)	212 (68.8%)	24 (27%)	65 (73%)	120 (30.2%)	277 (69.8%)
Other	10 (3.2%)	298 (96.8%)	89 (100%)	- (0%)	10 (2.5%)	387 (97.5%)

Demographic Comparisons

	Random Sample	Non Random Sample	All Data	Census Bureau Data ¹
Number of responses	328	91	419	77,869
Responses by zip code				
60201	184 (56.4%)	54 (69.2%)	238 (57.5%)	-
60202	142 (43.6%)	34 (30.8%)	176 (42.5%)	-
Gender				
Men	101 (32.0%)	32 (35.6%)	133 (32.8%)	37,211 (47.8%)
Women	215 (68.0%)	58 (64.4%)	273 (67.2%)	40,658 (52.2%)
Age Group				
18-24	6 (2.0%)	8 (9.4%)	14 (3.6%)	11,060 (14.2%)
25-44	90 (29.7%)	33 (38.8%)	123 (31.7%)	21,992 (28.2%)
45-64	119 (39.3%)	32 (36.4%)	151 (38.9%)	18,427 (23.6%)
65+	88 (29.0%)	12 (13.6%)	100 (32.5%)	9,827 (12.6%)
Median age	55	46	53	35.3
Race				
White/Caucasian	260 (82.8%)	27 (31.0%)	287 (71.6%)	50,218 (64.5%)
African American/Black	27 (8.6%)	34 (39.1%)	61 (15.2%)	19,489 (25.0%)
Asian/Pacific Islander	8 (2.5%)	10 (11.5%)	18 (4.5%)	5,496 (7.1%)
Hispanic/Latino	3 (1.0%)	8 (9.2%)	11 (2.7%)	5,194 (6.7%)
Native American	0 (0.0%)	0 (0.0%)	0 (0.0%)	-
Other	7 (2.2%)	2 (2.3%)	9 (2.2%)	-
Mixed/multiple Race	9 (2.9%)	6 (6.9%)	15 (3.7%)	1,096 (1.4%)
Marital status				
Single	100 (31.8%)	37 (42.5%)	137 (34.2%)	-
Married	177 (56.4%)	44 (50.6%)	221 (55.1%)	11,728 (40.3%)
Cohabiting	16 (5.1%)	3 (3.4%)	19 (4.7%)	-
Other	21 (5.2%)	3 (3.4%)	24 (6.0%)	-
Education				
Less than high school	3 (1.0%)	6 (7.0%)	9 (2.3%)	1,345 (2.7%) ²
High school diploma or GED	13 (4.2%)	18 (20.9%)	31 (7.8%)	-
Some college education	27 (8.7%)	18 (20.9%)	45 (11.3%)	5,769 (11.5%)
College degree	97 (31.1%)	24 (28.0%)	121 (30.4%)	16,720 (33.3%)
Advanced degree	172 (55.1%)	20 (23.3%)	192 (48.2%)	17,319 (35.5%)
Income				
Less than \$25,000	26 (9.9%)	26 (33.8%)	52 (15.3%)	\$69,544 ³
\$25,000 to \$49,999	34 (12.9%)	15 (19.5%)	49 (14.4%)	-
\$50,000 to \$99,000	89 (33.8%)	22 (28.6%)	111 (32.6%)	-
Over \$100,000	114 (43.3%)	14 (18.2%)	128 (37.6%)	-
Insurance				
No insurance	7 (2.2%)	10 (11.9%)	17 (4.3%)	-
Medicaid/Public Aid	5 (1.6%)	16 (19.0%)	21 (5.3%)	-
Veterans Administration	2 (0.6%)	3 (3.6%)	5 (1.3%)	-
Medicare	20 (6.4%)	4 (4.8%)	24 (6.1%)	-
Indian Health Services	0 (0.00%)	0 (0.00%)	0 (0.00%)	-

Private Health Services	207 (66.6%)	36 (42.9%)	243 (61.5%)	-
Other	9 (2.9%)	5 (6.0%)	14 (3.5%)	-
Combination of the above	61 (19.6%)	10 (11.9%)	71 (18.0%)	-
BMI				
Men	25.0	25.7	25.1	-
Women	23.7	25.7	24.4	-

¹Census Bureau data reflects one year 2009 American Community Survey for Evanston, IL. When necessary, some Census categories and data were aggregated to reflect the classifications used in the current report.

² Education attainment based on those in population age 25 and over.

³ Median income for those 16 years of age and over.

Appendix F: EHAC Meeting Minutes



MEETING MINUTES

EVANSTON HEALTH ADVISORY COUNCIL

Tuesday, March 15, 2011

5:00 p.m.

Lorraine H. Morton Civic Center, 2100 Ridge Avenue, Council Chambers

Members Present: Karen Chavers, Julie Russell, Kim Fisher, Tanille Smith, Don Ziegler, Judith Simon, Woody McCally, Dr. Avery Hart, Tasha Deutsch, Mark Schroeder, Marybeth Schroeder, Mary H. Larson, C. Louise Brown, Mary Daley, Delores Holmes, Dr. Paul Luning, Diane Latta

Members Absent: Angelique Richards, Bonnie Lockhart, Dr. Edward Hughes, Dr. Ghassan Souri, Irene Pierce, Jennifer Vyeniell, Louis Rowitz

Staff Present: Evonda Thomas, Nicola Whyte, Jonathan Webb, Sree Pilla, Dr. Bruce Doblin, Devon Woodard

Presiding Member: Tasha Deutsch

Chairman Deutsch called the meeting to order at 5:13 p.m.

ITEMS FOR DISCUSSION

Dr. Doblin gave an update on the FQHC; the plans with Erie and the FQHC will move forward regardless of approval of the application submitted to the Federal government. Erie has committed to opening up a clinic at the Lorraine H. Morton Civic Center but the ideal location would be somewhere more accessible to public transportation. The sites under consideration in order of preference are the plaza located at the intersection of Dempster and Dodge, the vacated CVS building at the intersection of Asbury and Oakton and the vacated Blockbusters on Chicago Avenue one block south of Main Street.

Dr. Doblin also requested the EHAC members to refer agencies within their associations who would be compatible for partnerships.

A fact sheet of the FQHC will be given to EHAC members to pass the word. Suggestions for saturating the community with the news about the FQHC were the local newspapers and the LAN (via Sol Anderson).

Jonathan Webb gave a presentation on the outcome of the community survey and how it fits into the EPLAN for 2011-2016.

Devon Woodard, Development Officer for the City of Evanston reported on the Mayor's fundraising efforts for the FQHC. The City has pledge zero dollars towards bringing the FQHC to Evanston and Erie has not requested any contribution from the City; however, the Mayor's effort for fundraising ensures the success of the FQHC in Evanston.

A fundraising meeting is forthcoming within the next six weeks. If a committee member would like to be a part of the fundraising efforts they should contact Mr. Woodard.

The draft bylaws were reviewed and changes were suggested, a three member ad hoc committee was formed to review and revise Articles 3 and 4 of the EHAC bylaws.

The next meeting is scheduled for Tuesday May 17th at 7:30 a.m. in room 2402.

ADJOURNMENT

The meeting was adjourned at 6:39 p.m.

Respectfully Submitted,
Nicola Whyte
Executive Secretary, Health Department

Acknowledgements

Dianne Rucinski, Ph.D.
Health Evaluation Collaborative &
Institute for Health Research and Policy

John Alexander, MD
Medical Director and Interim Executive Director
Northwestern University Health Service

Rebecca Wurtz MD, MPH
Director, MPH Program
Department of Preventive Medicine
Northwestern University

Felicia Morgan
Social Services
Salvation Army

EPLAN Survey Volunteers

Dr. Avinash Pasam
Dr. Kalyan Nadiminti
Diane Keenan
Ben Diapola
Sandra Waggoner
Robyn Nisi
Teisha Lightbourne
Jessica Gottesman
Katie Raynolds
Swen Hendrickson

Community Health Intern
St. Francis Hospital
Community Health Intern
Northwestern University
Community Health Intern
Community Health Intern
Northwestern University
Northwestern University
Northwestern University
Northwestern University

Northwestern University Student Volunteers-

Lauren Slubowski (Teaching Assistant)

Sana Ali

Sarah Basore

Sophia Blachman-Biatch

Laura Booth

Chelsea Cooper

Lauren Dawson

Blake Erickson

Allison Finn

Jennifer Hemesath

Jenna Kastan

Ummul-Kiram Kathawalla

Lindsey Kreutzer

Allison Lazarus

Joanne Maliekel

Anna Messier

Marielle Meurice

Kathryn Nathanson

Christopher Oh

Sojung Park

Lakshmi Ramachandran

Alexandra Rivkin

Emily Roskey

Jay Shiao

Ritika Singh

Meera Sriram

Matthew Stephens

Leah Thomas

Sandeep Tummala

Katherine Wang

Alexandra Wong

Evanston Health Department Staff

Evonda Thomas	Health Department Director
Bruce Doblin, MD	Medical Director
Carl Caneva	Environmental Health Division Manager
Jonathan Webb	Community Health Division Manager
Mayda Figueroa	Environmental Health Secretary
Nicola Whyte	Executive Secretary
Dorothy Thrower	Executive Secretary
Phillip King	Health Inspector
Ikenga Ogbo	Health Inspector
Christina Ferguson	Health Inspector
Margaret Mathias	Communicable Disease Surveillance Specialist
A-Ruem Han	Emergency Response Coordinator
Vacant	Health Licensing Coordinator
Denise Cobb	Dental Clerk
Ana Renteria	Dental Assistant
Ksenia Andronova, DDS	Dentist
Maleeha Amin, DDS	Dentist
Cheryl Henley	Vital Records
Georgina Valle-Starling	Vital Records
Anne Purdy	Adolescent Health Coordinator

City of Evanston Staff Contribution

Milcah Baraona	Secretary II
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Past Staff Contribution

Sree Pilla	EPLAN Intern
Whitney Jones	Tobacco Grant Assistant
Ann Stuart	Health Licensing Coordinator

Resource Websites:

- <http://app.idph.state.il.us/>
- <http://app.idph.state.il.us/brfss/>
- <http://www.cdc.gov/nchs/nhis.htm>
- <http://www.cdc.gov/>
- <http://www.cdc.gov/vitalsigns/HealthcareAccess/>
- <http://www.cdc.gov/chronicdisease/index.htm>
- <http://www.cdc.gov/physicalactivity/professionals/data/index.html>
- <http://www.cdc.gov/winnablebattles/>
- <http://www.healthypeople.gov/2020/default.aspx>
- <http://www.idph.state.il.us/>
- <http://www.idph.state.il.us/cancer/index.htm>
- <http://app.idph.state.il.us/hospitaldischarge/>
- <http://iquery.illinois.gov/>
- <http://www.idph.state.il.us/aids/stats.htm>
- <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- <http://quickfacts.census.gov/qfd/states/17/1724582.html>
- <http://www.census.gov/acs/www/>
- <http://www.naccho.org/>
- <http://chfs.ky.gov/NR/rdonlyres/B070C722-31C1-4225-95D5-27622C16CBEE/0/PrioritizationSummariesandExamples.pdf>
- <http://www.countyhealthrankings.org/illinois/cook>
- www.idphnet.com