

The 2015 Community Health Assessment. Final edition completed April, 2016. This Health Assessment not only provides an assessment of the overall health of Champaign county, but also targets four geographics areas in the county that have higher health disparities.

# Champaign County Community Health Assessment Report 2015



**Champaign Health District**  
Prevent. Promote. Protect

# Champaign County 2015 Community Health Assessment

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## **Introduction**

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community health assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function (NAACHO, 2015).

As local health departments move towards accreditation (some in the state of Ohio may already be accredited by the Public Health Accreditation Board (PHAB)), conducting and disseminating a CHA focused on population health status and public health issues facing the community is a key process in which these health departments will need to participate. If used appropriately, this assessment in conjunction with several processes outlined in this text should complete all requirements of Domain 1: Conducting and disseminating assessments focused on population health status and public health issues facing the community. This process should be collaborative and should have participation of representatives from the variety of sectors of the local community. All methodology in this assessment should be approved by these partners and results of the assessment should be regularly communicated to these partners. If it is unclear which representatives from populations that are at higher health risks should participate in the process, it is recommended that populations which have poorer health outcomes as indicated by this assessment should fall into this category. The results of these assessments are to be used to help guide health-related policies and focus but should by no means be the sole resource. It is recommended this resource be used as a starting point for an improvement process with further input from appropriate partners as well as the community. This feedback should help fulfill the qualitative data portion of Domain 1, which is lacking in this resource.

While a CHA should be part of an ongoing broader community health improvement process, the purpose of this report will be to identify vulnerable populations using comparable and valid data within Champaign County and to subsequently identify trends in health problems, environmental public health hazards, and social and economic factors that affect these populations' health. This data will be used to identify priority issues among these communities, develop strategies for action, and establish accountability to ensure measurable health improvement. This will be outlined in the form of a community health improvement plan (CHIP) (NAACHO, 2015). By focusing on the most vulnerable populations and developing recommendations regarding public health policy, processes, programs, or interventions among these communities, this report aims to accelerate the local health department's health impact in the Champaign County population and to eliminate health disparities for these vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations identified as at-risk for health disparities.

Data in this report are organized into topic areas which can be located by referring to the table of contents. The report begins in this introduction with some recent health-related statistics on the county. The report is then broken down into sections starting with a description of Champaign County, providing a basic overview of the County's demographic and socioeconomic makeup. The report then transitions to a more detailed analysis of health data. Narrative and graphics are used to highlight key findings; for additional data see the appendices following the report.

## **Methods**

This section will outline the methodology for the identification of priority health issues and collection of data. Throughout the report, concerning statistics for the county and its populations will be outlined in tables such as Table 1. The goal was to identify the health risks at a macro level and then pinpoint the vulnerable populations and areas using the macro-level data. By getting to the root problems and targeting priorities to address it, limited resources can be utilized in an optimal manner. Data which were examined and analyzed include: demographics, market potential data, food access, school data, birth, death, cancer, and infectious disease data. Also included in the data analysis were primary data collection through the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factors Surveillance System (BRFSS). Once target areas were identified the Community Health Assessment and Group Evaluation (CHANGE) tool was used

to gather more data on the most at-risk areas. Further methodology and explanations are included later in the report in the appropriate sections.

## **Demographics**

Demographical data came primarily from the most recent (2013) American Community Survey (ACS) data. The ACS is a relatively new survey conducted by the U.S. Census Bureau. It uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The ACS includes people living in both housing units and group quarters. The ACS is conducted throughout the United States and in Puerto Rico, where it is called the Puerto Rico Community Survey (PRCS) (Torrieri, 2014). For further information on the ACS design and methodology, please see [http://www.census.gov/acs/www/methodology/methodology\\_main/](http://www.census.gov/acs/www/methodology/methodology_main/).

## **Market Potential Data**

There are many methods to estimate market and sales potential. This report looked specifically at market potential. Market potential looks at total potential sales of a product within a given period of time and for a given geographic area. This is an optimum figure representing the total sales of all prospects that could use the product. Market potential is a macro number and is only used as a benchmark. It is always higher than sales potential (Kraemer & Detrick, 1998). This report uses the most recent market potential data available (2013). For more information on the methodology of market potential analysis, please see <https://escholarship.org/uc/item/39s5f10c#page-1>.

## **Food Access**

To conduct the analysis of the extent of food deserts, a comprehensive database was developed by the United States Department of Agriculture (USDA) that identified the location of supermarkets and large grocery stores within the continental United States. Food access was estimated as the distance to the nearest supermarket or large grocery store (Ver Ploeg, 2009). The analysis was refined by examining households without vehicles and specific socio-demographic subpopulations drawn from the 2000 Census. Multivariate statistical analysis was applied to identify the key determinants of areas with low access to supermarkets and large grocery stores. For more information on how the USDA collects food access data, please see [http://www.ers.usda.gov/media/242675/ap036\\_1\\_.pdf](http://www.ers.usda.gov/media/242675/ap036_1_.pdf).

## **School Data**

More information on the data and statistics collected by the Ohio Department of Education (ODE) and the Ohio Department of Health (ODH) are included in later sections of the report. These data were provided by ODH and ODE. The Departments specifically disclaim responsibility on any analyses, interpretations or conclusions. For more information on how data are collected at the state level, please see <http://education.ohio.gov/> for school data and <http://www.odh.ohio.gov/default.aspx> for health data.

## **Rankings Methodology**

After data had been collected and analyzed by the program, statistics which were deemed to be causing the most health disparities and affecting individual areas and populations the most are analyzed separately. These statistics were collected in a ranking system similar to the ranking methods utilized by the County Health Rankings. The rankings in this report, deemed “Concerning Statistics”, were compiled using census

tract-level measures from the data sources already mentioned. These measures were standardized (explained in more detail in individual sections for each data group) and combined using the scientifically-informed scores (borrowed from the weighting system utilized in County Health Rankings). For more information on the ranking system utilized by County Health Rankings, please see the County Health Rankings working paper Different Perspectives for Assigning Weights to Determinants of Health at <http://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf>.

Each data point in this assessment was compared to each other comparable data point in the state. First, the averaged rate (averaged for each year it is available) was ranked according to each other county's rate for that particular Measure (for this example we looked at age adjusted mortality rate of Nutritional deficiencies from the Death dataset). If the county ranked in the worst quartile (the higher the average age adjusted mortality rate for nutritional deficiencies in the state, the worse the ranking), this measure was analyzed further for consideration for a Concerning Statistic. Now that we have the age-adjusted death rate for the male population in census tract 101 for nutritional deficiencies, this measure was ranked according to the Age and Population group. In this instance, the age was all ages in the county and the population was the male population. If it ranked in the worst quartile when compared to the other counties in the state for all variables, it was considered a Concerning Statistic.

Each of these Concerning Statistics were grouped according to the County Health Rankings Ranking System by a Topic, Focus, and Measure. Overall topics included Health Outcomes and Health Factors. Topics included Health Outcomes (Focuses for this group were Length of Life and Quality of Life), Health Behaviors (Focuses for this group were Tobacco Use, Diet and Exercise, Alcohol and Drug Use, Sexual Activity), Clinical Care (Focuses for this group were Access to Care, Quality of Care), Social and Economic Environment (Focuses for this group were Education, Employment, Income, Family and Social Support, Community Safety), and Physical Environment (Focuses for this group were Air and Water Quality, Housing and Transit, Communicable Disease). For the Ranked Measure Sources and Years with descriptions of each please see the Appendix. After the Topic Area, Focus, and Measure have been determined, Area, Age, and Population were determined for each data point. Based on the Topic, Focus, and Measure variables, a score for that data point was calculated. The score was the weight (as deemed by the Ranking System from County Health Rankings) converted to a score (for example, the weight of 2.5% for a measure will have a score of 2.5). The scores for the Topic, Focus, Measure, as well as a Bonus Score (if the county has a Concerning Statistic in which they rank in the worst quartile from the County Health Rankings, that datapoint will receive a Bonus Score of 10 - this is explained in more detail in the Morbidity section) was summed and an overall score calculated. See below for an example of a data point in the Concerning Statistics and the scoring for that data point.

Social and Economic Environment, Length of Life, Nutritional deficiencies, 101, All, Male

The higher the overall score, the worse the health for an area. Thus, all Areas, Age groups, and Populations included in this master table will be the "unhealthiest". These populations should be the focus of improvement efforts as improving the health of these populations will bring up the overall score for the county on County Health Rankings and should, theoretically over time, improve the overall health of the community. Focusing on these most at-risk groups should help communities with limited resources for improving health use those resources in the most optimal manner. There will always be Concerning Statistics, even if each data point never ranks in the worst quartile when compared to the other counties in the state, as the data will then be compared within the county itself rather than the other counties. Thus, there should always be room for improvement. Each algorithm for this assessment process was defined within the program source code and will always be publically available (excepting data which requires special privileges such as cancer and infectious disease data). The Concerning Statistics are discussed in more detail in the Discussion/Conclusion section of the report.

## **Youth Risk Behavior Survey**

The YRBS was conducted among 7th through 12th grade students in multiple middle and high schools in (Champaign) County. In order to obtain a better sample, all students were surveyed in participating schools

and samples were weighted according to student body size. For more information on the methodology of the YRBS, please see the Methodology of the Youth Risk Behavior Surveillance System at <http://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf>.

## **Behavioral Risk Factor Surveillance System**

The 2015 BRFSS consisted of a survey of Champaign County adults. The assessment was based upon questions from the BRFSS survey conducted annually by the Centers for Disease Control and Prevention (CDC), as well as community health assessments conducted by neighboring communities and priority health needs within the county. For more information on the BRFSS as well as the full report, please see the Appendix.

## **Community Health Assessment and Group Evaluation**

The CHANGE tool was conducted among several neighborhoods throughout the county as identified through the risk assessment. These were deemed as the areas with the most at-risk population and the most health disparities. The Community-At-Large questions were asked from an environmental and policy perspective. Key stakeholders in these areas were interviewed and an environmental scan was conducted in order to answer and score the questions. For more information on how the CHANGE tool was conducted, please see the CHANGE Action Guide at <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change/pdf/changeactionguide.pdf>.

## **Morbidity**

The following statistics come from most recent data from sources such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Chronic Condition Warehouse (CCW). The data was pulled from most recent data collected by the Robert Wood Johnson Foundation for the County Health Rankings (CHR). Looking first at health outcomes, the rate of premature death in Champaign was 7890.8 per 100,000 population. Those who said they had fair or poor health was 13 percent. When adults were asked 'Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?', the average number of days reported was 4 days. The average number of reported mentally unhealthy days per month among adults was 3.7 days. In the county, the percentage of low birth weight infants born in the most recent year measured was 8 percent.

Getting into health behaviors, the percentage of adults who smoke was 19.1 percent. The percent of adults who were obese was 34.6 percent. The food environment index, the index of factors that contribute to a healthy food environment, was 8. The percent of adults who reported no leisure time physical activity was 28.4. The percent of adults who have access to exercise facilities or a place to participate in leisure time physical activity was 60.1. Those who reported excessive drinking was 16.9 percent. The percent of driving deaths with alcohol involvement for the county was 20.68966 percent. The chlamydia rate for the county at the time of this report was 189.6 per 100,000 population. The teen birth rate for the county was 36.7 per 1,000 population.

Looking at the clinical care, the percent of uninsured residents in the county was 13.1 percent. The ratio of population to primary care physicians was 22.7. The ratio of population to dentists was 32.9. The ratio of population to mental health providers was 83.6. The hospitalization rate for ambulatory-care sensitive conditions was 74.3 per 1,000 Medicare enrollees. The percent of diabetic Medicare enrollees that receive HbA1c screening was 87.1 percent. The percent of female Medicare enrollees that receive mammography screening was 57.1 percent.

Some social and economic environment conditions which impact overall health will be looked at next. The graduation rate for the county was 85.4 percent. The percent of residents with some college was 52.9 percent.

The percent unemployed for the county was 6.7 percent. The percent of children in poverty was 18.5 percent. The percent of adults who said they have no social or emotional support was 13.9 percent. The percent of households in the county in which there are single-parent families was 27.9 percent. The violent crime rate for the county was 76.3 deaths per 100,000 population. The injury death rate for the county was 73 deaths per 100,000 population.

Lastly, looking at the physical environment, the average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) was 13.4. The percent of population potentially exposed to water exceeding a violation limit in the past year of this report was 0.4 percent. The percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities was 10.7 percent. The percent of workforce that drives alone to work was 85 percent. Finally, among workers who commute in their car alone, the percent that commute more than 30 minutes was 37 percent.

Concerns	Percent	Obese
Food	Environment	Index
Diabetic	Screening	
Injury	Death	Rate

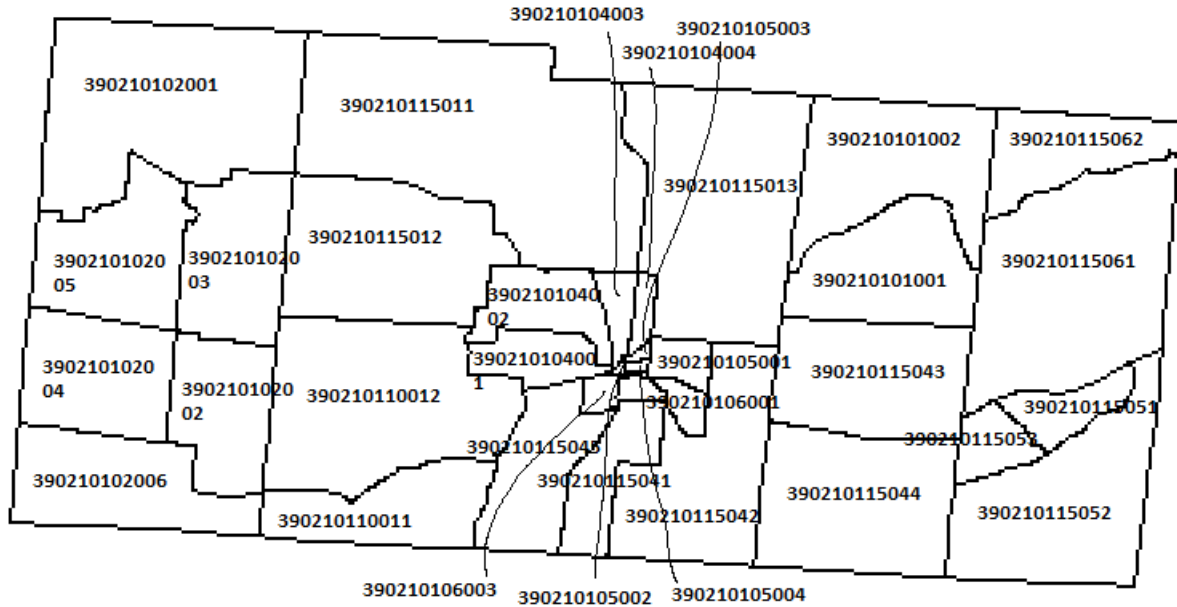
Table 1: Concerning Statistics

This table shows the indicators in which Champaign County ranked in the worst quartile for the state when compared to other counties for which there was data available. These statistics will be saved throughout the report as driving statistics for targeting at-risk populations.

## Demographics

Below are details of Champaign County that show the demographic and socioeconomic data by Block Group. A Census Block Group is a geographical unit used by United States Census Bureau which is between the Census Tract and the Census Block. Please see Appendix for detailed maps for each variable. Each set of data is plotted in color increments depending on count or percentage of each indicator. The scale of increments is located in the lower left corner of each map displaying the increments. All data comes from the American Community Survey (ACS). The ACS produces population, demographic and housing unit estimates. It is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties (Torrieri, 2014).





The Census Bureau uses a set of monetary income thresholds that vary by family size and composition to determine who is in poverty. The official poverty thresholds do not vary geographically. The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

If total family income is less than the threshold appropriate for that family: the family is in poverty and all family members have the same poverty status. If total family income equals or is greater than the threshold, the family is not in poverty. The areas which ranked in the worst quartile for the percent of families in poverty were 104.

For these individuals who do not live with family members, their own income is compared with the appropriate poverty threshold. If total income equals or is greater than the threshold, the unrelated individual is not in poverty. The areas which ranked in the worst quartile for this measure were 104, 105.

The percent of families with no earnings was looked at next. The areas which ranked in the worst quartile for this measure were 104, 105. The percent of families on some form of public assistance was also analyzed. The areas which ranked in the worst quartile for this measure were 104, 105.

The percentage of homes that were vacant was looked at next. The areas which ranked in the worst quartile for this measure were 104, 105. The percent of the population for Champaign County that is unemployed was analyzed. The areas which ranked in the worst quartile for this measure were 115.04. The percentage of population that was renting their home rather than owning was looked at and the areas which ranked in the worst quartile for this measure were 104, 104, 105. The median house value was analyzed and the areas which ranked in the worst quartile for this measure were 104, 104, 104, 104, 105, 106.

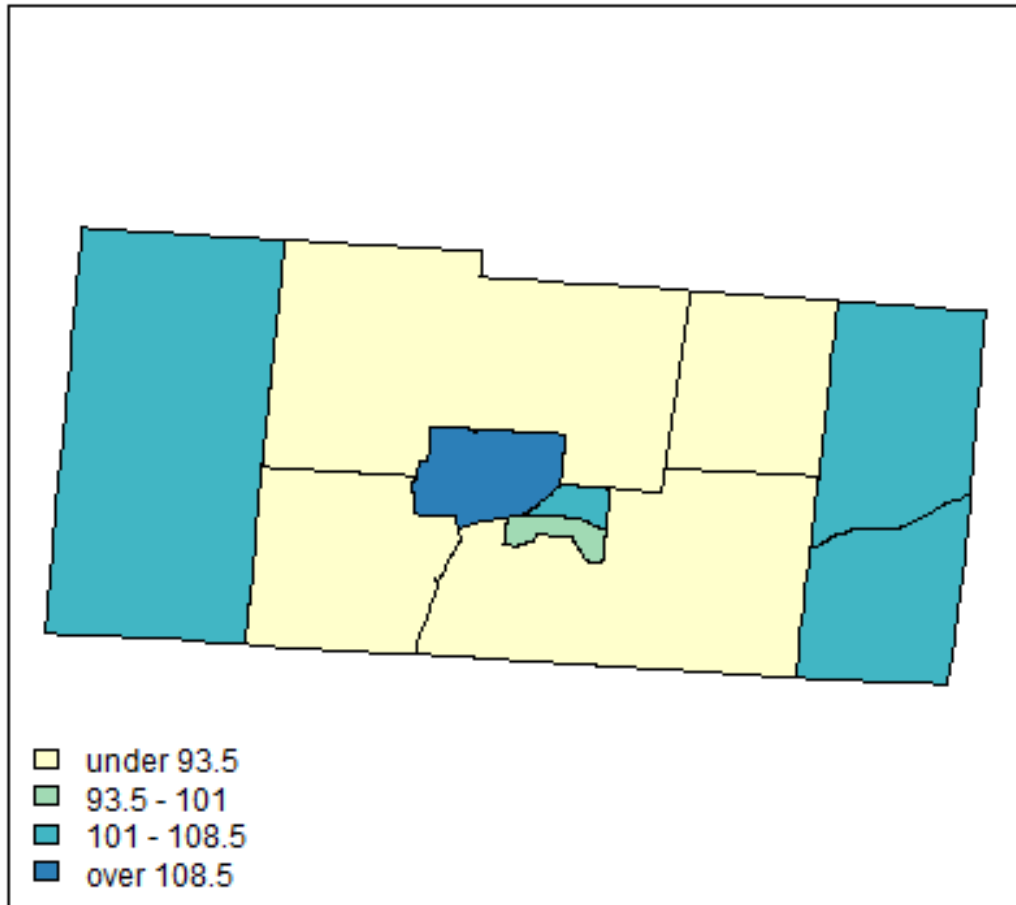
The last two areas looked at were the percent of the population who did not complete high school and the percent of the population who were limited in their English. The areas which ranked in the worst quartile for the education measure were 104. The areas which ranked in the worst quartile for the speaking limited English measure were 110.01.

## Market Potential Data

Market potential (MP) data measures the likely demand for a product or service in an area. The data includes an expected number of consumers and a Market Potential Index (MPI) for each product or service. An MPI compares the demand for a specific product or service in an area with the national demand for that

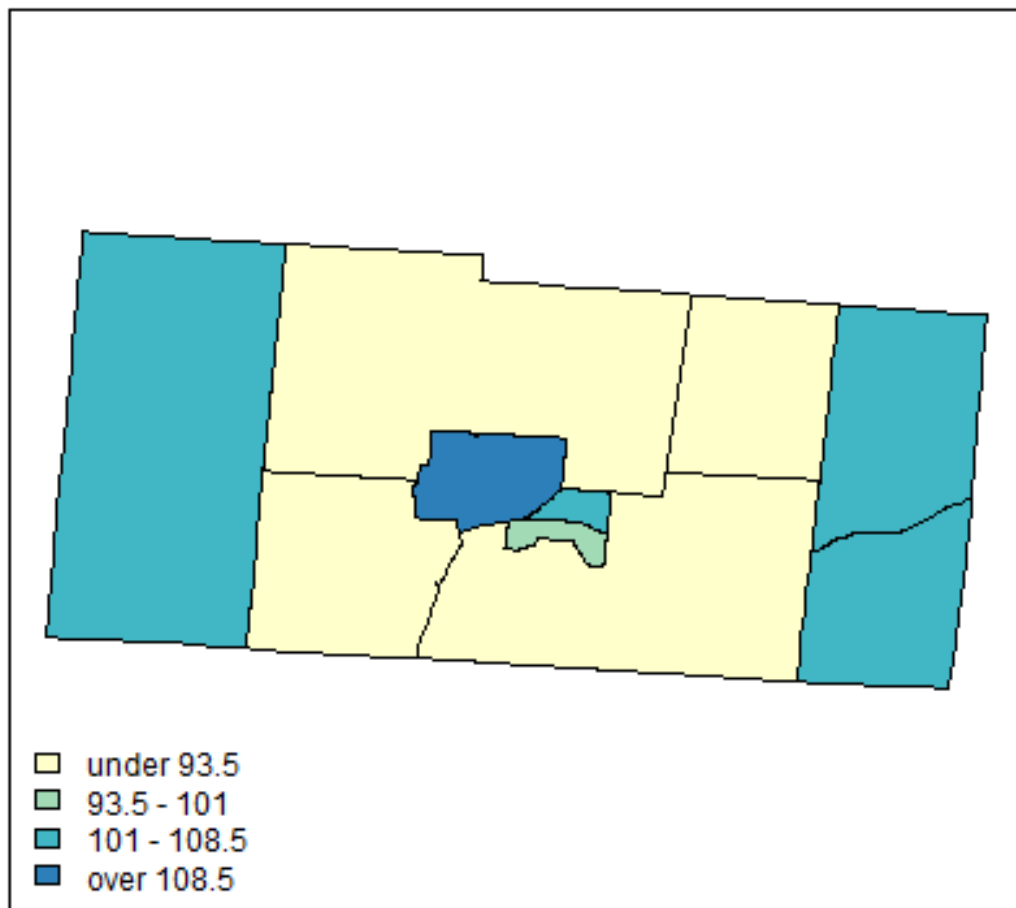
product or service. The MPI values at the US level are 100, representing overall demand. A value of more than 100 represents higher demand, and a value of less than 100 represents lower demand. For example, an index of 120 implies that demand in the area is likely to be 20 percent higher than the US average; an index of 85 implies a demand that is 15 percent lower. The following maps display data geospatially mapped for Census Tracts in Champaign County. Census Tracts are small, relatively permanent statistical subdivisions of a county that are updated by local participants prior to each decennial census as part of the Census Bureau's Participant Statistical Areas Program.

### Champaign County MP Smoke 1 Week



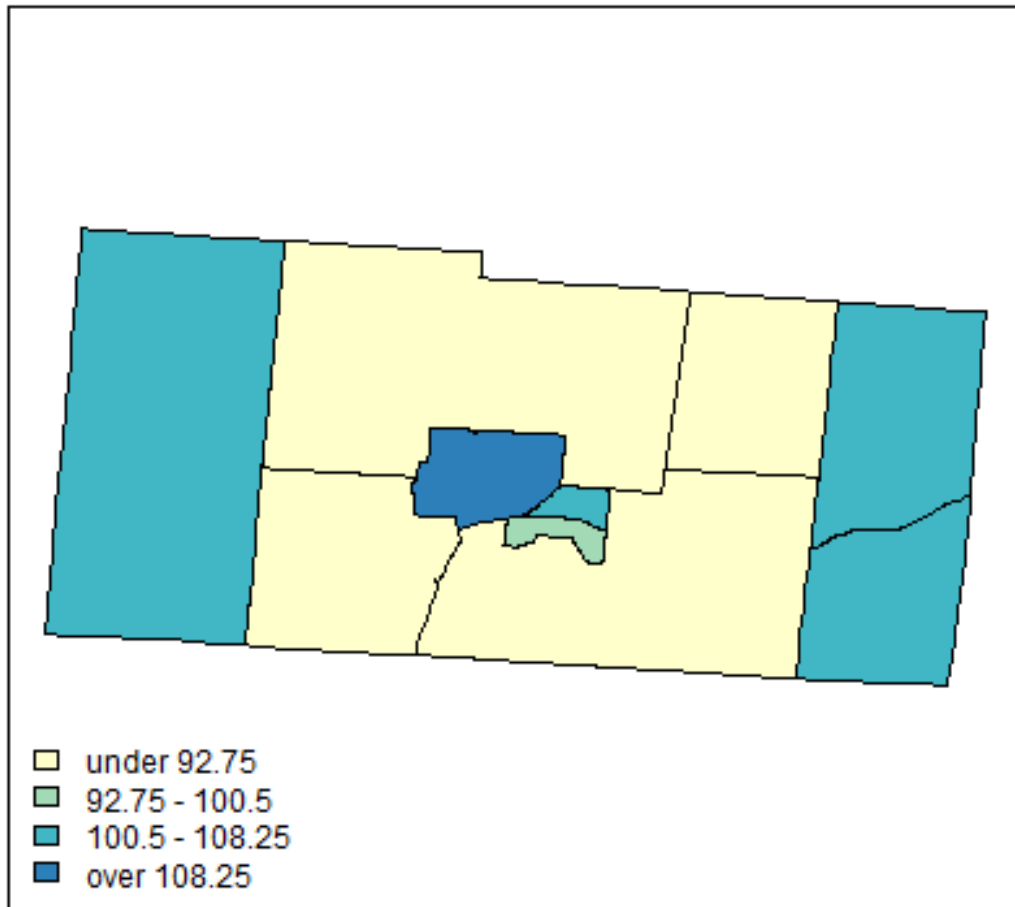
This map displays the MP for smoking cigarettes in the county in 1 week. The higher the MP, the more likely that people in the area will purchase cigarettes in 1 week. This indicator would fall under the Topic of Health Behaviors, the Focus would be Tobacco Use, and the measure would be Smoking. The areas which were in the worst quartile for this indicator were 104.

## Champaign County MP Smoke 1 Year



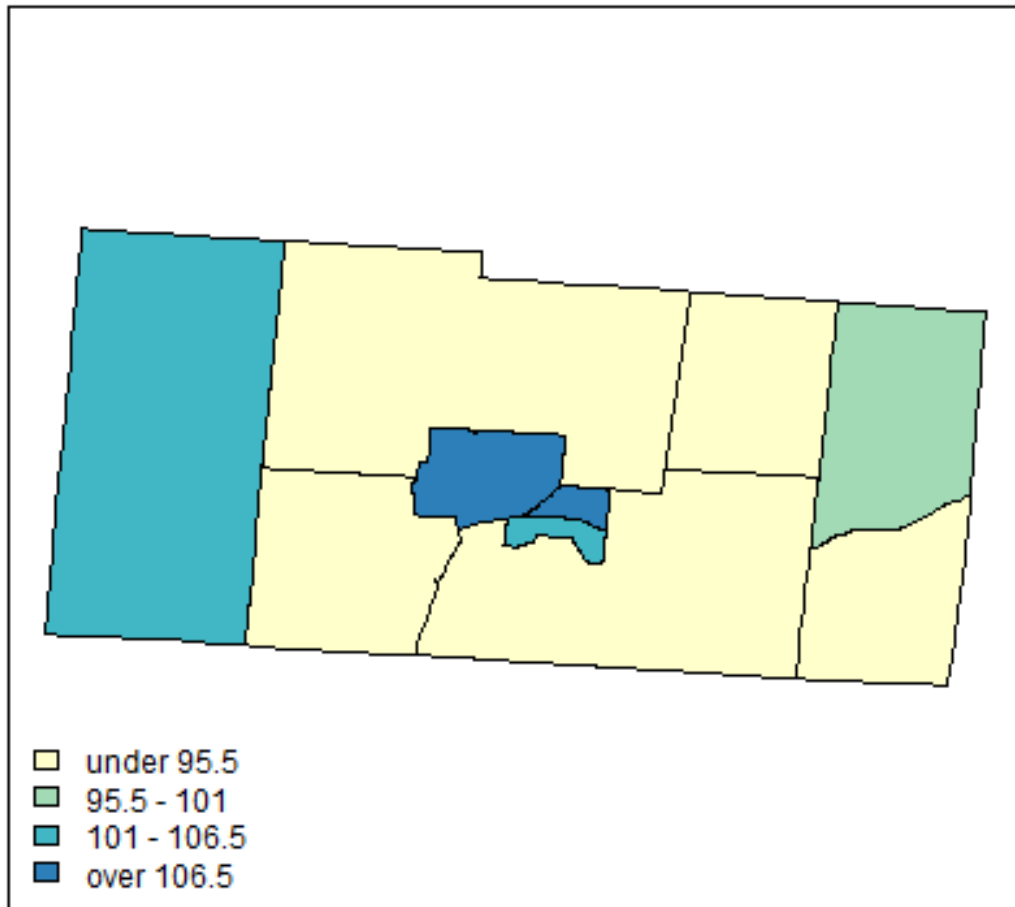
This map displays the MP for smoking cigarettes in the county in 1 year. The higher the MP, the more likely that residents in the Census Tract will purchase cigarettes throughout the year. This would fall under the Topic Health Behaviors, the Focus Tobacco Use, and the Measure Smoking. The areas which were in the worst quartile for this indicator were 104.

## Champaign County MP Smoke 7 Packs



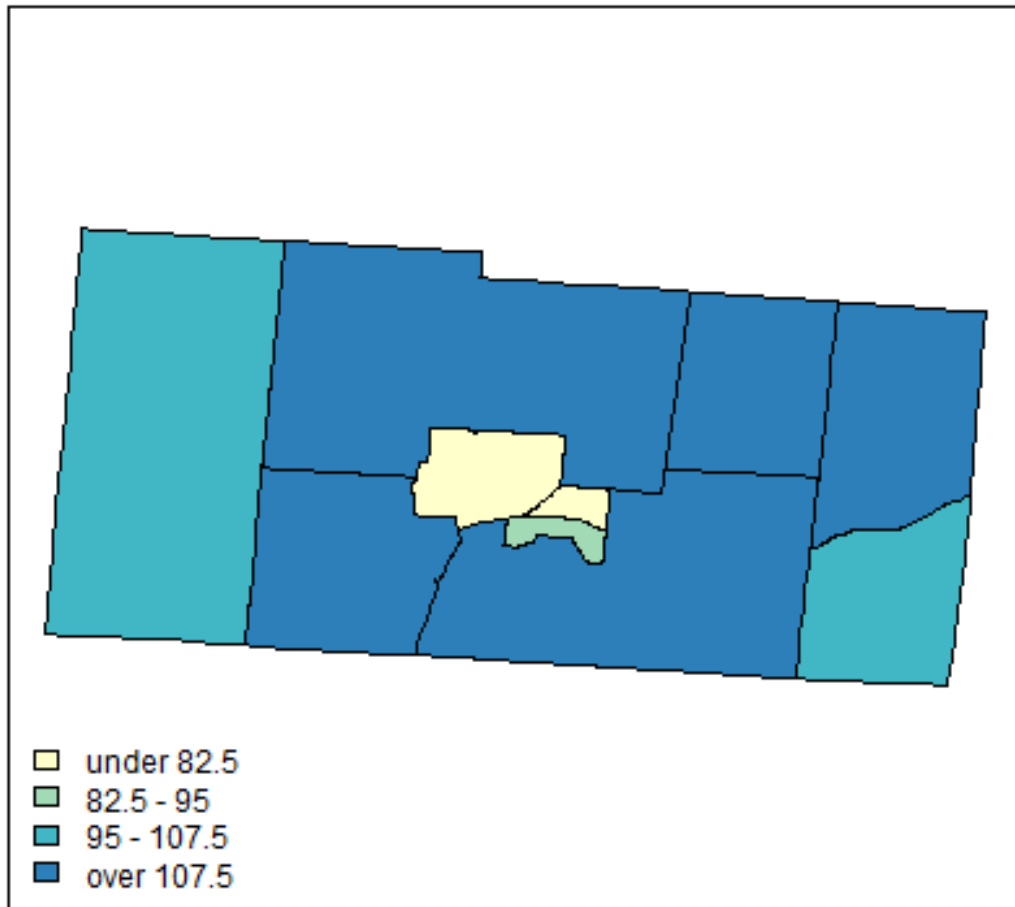
This map displays the MP for smoking 7 packs of cigarettes. The higher the MP, the more likely that residents in the area will purchase 7 packs of cigarettes. This would fall under the Topic of Health Behaviors, the Focus of Tobacco Use, and the Measure of Smoking. The areas which were in the worst quartile for this were 104.

## Champaign County MP Smoke Cessation



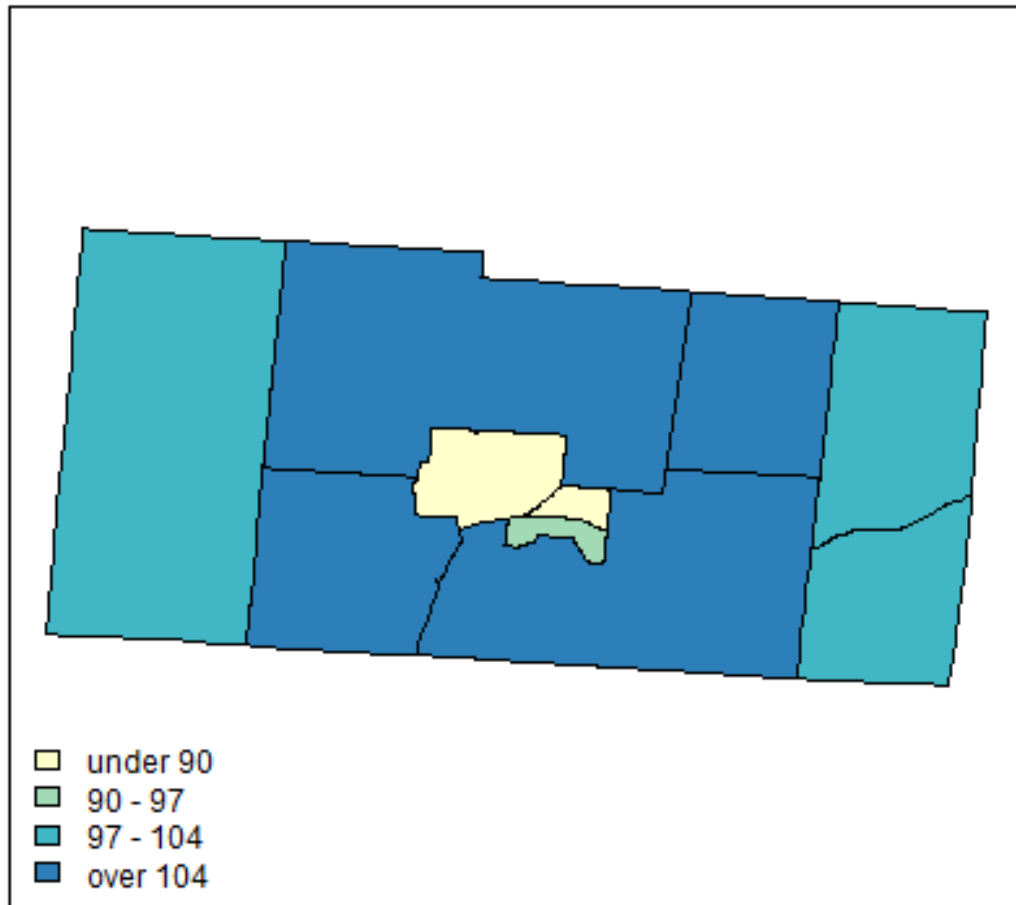
This map displays the MP for smoking cessation products. The higher the MP, the more likely that these residents will purchase a smoking cessation product. Of course, they have to be smoking in the first place so it is likely that the higher MP areas will have more smokers residing in them. This would fall under the indicator Health Behaviors, the Focus of Tobacco Use, and the Measure of Smoking. The areas which were in the worst quartile for this were 104, 105.

## Champaign County MP Exercise 2 Plus Times



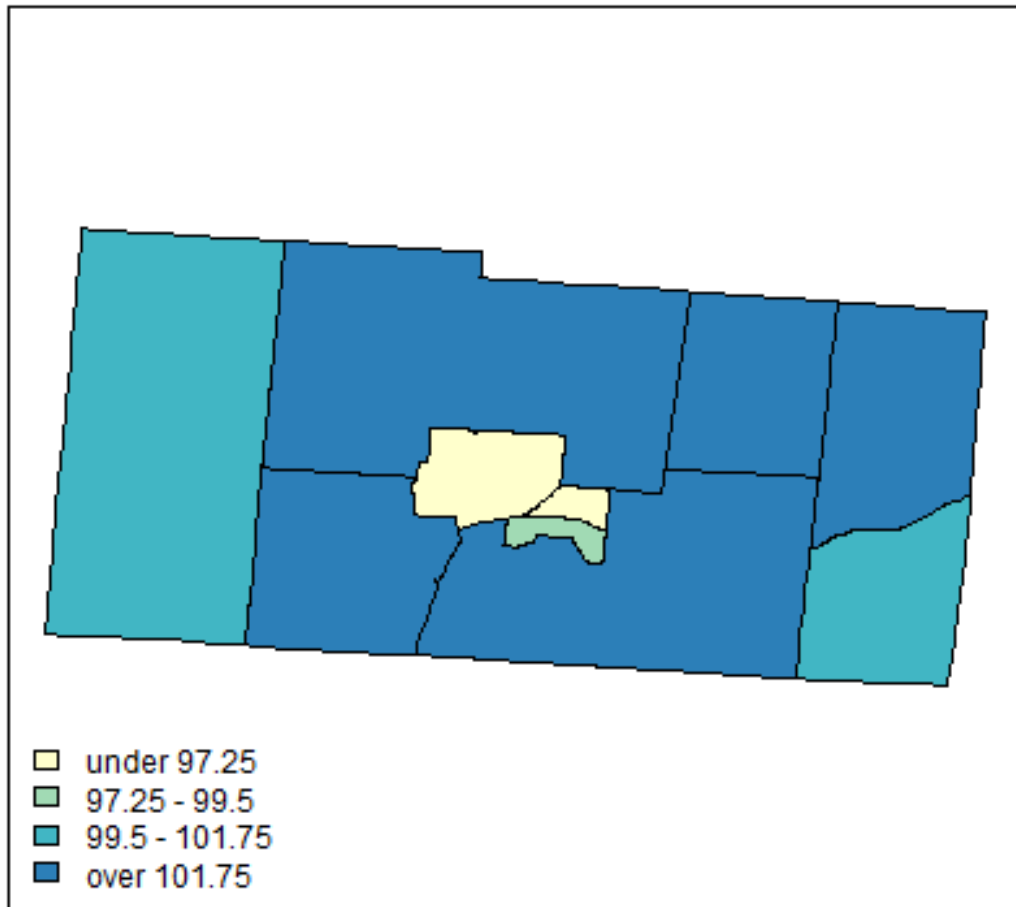
This map displays the MP for exercising 2 or more times per week. The higher the MP, the higher the likelihood the residents in the Census Tracts will exercise or purchase exercise products. This would fall under the Topic of Health Behaviors, the Focus of Diet and Exercise, and the Measure of Exercise. The areas which were in the worst quartile for this were 104, 105.

## Champaign County MP Regular Exercise



This map displays the MP for participating in regular exercise. This would fall under the Topic of Health Behaviors, the Focus of Diet and Exercise, and the Measure of Exercise. The areas which were in the worst quartile for this were 104, 105.

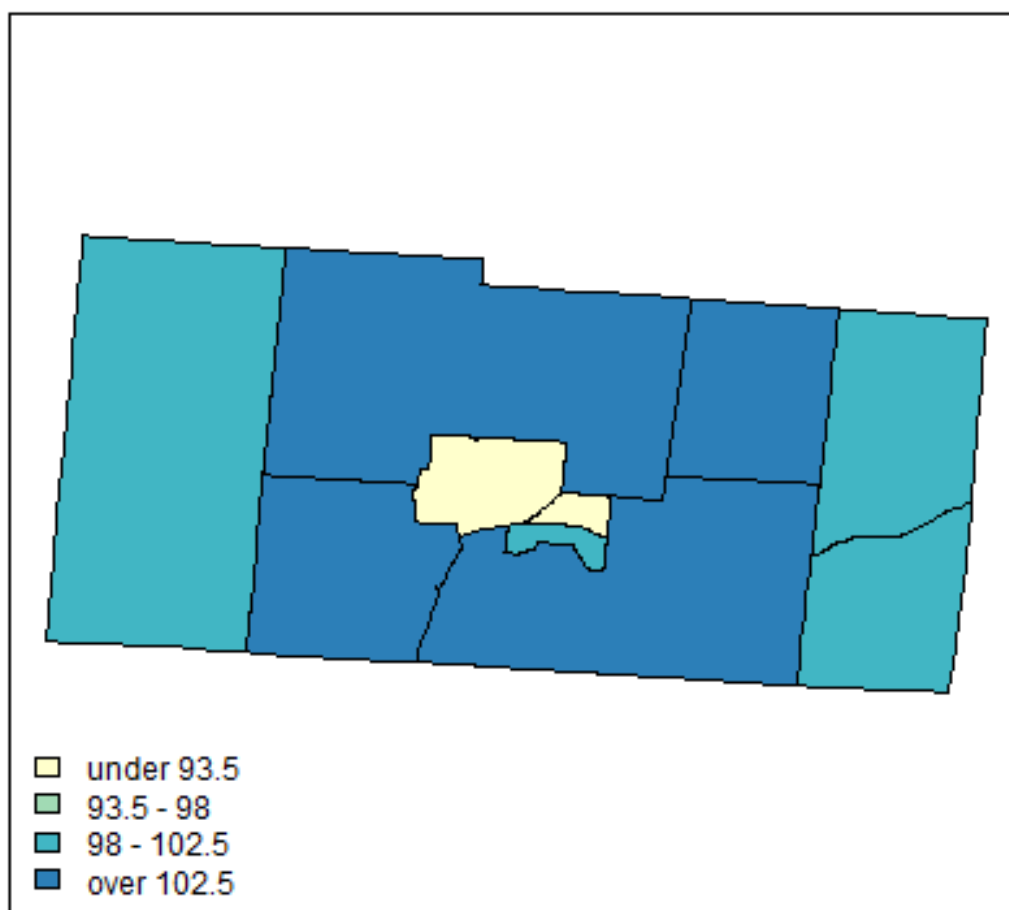
## Champaign County MP Fruits and Vegetables



This map displays MP for fruits and vegetables consumption. The higher the MP, the more likely that area will purchase fruits and vegetables. This would fall under the Topic of Health Behaviors, the Focus of Diet and Exercise, and the Measure of Diet. The areas which were in the worst quartile for this were 104, 105.



## Champaign County MP Check Ingredients



This last map displays MP for checking ingredients of food products purchased. The higher the MP, the more likely those in these areas will check the ingredients of their food prior to purchase or consumption. This would fall under the Topic of Health Behaviors, the Focus of Diet and Exercise, and the Measure of Diet. The areas which were in the worst quartile for this were 104, 105.

## Food Access

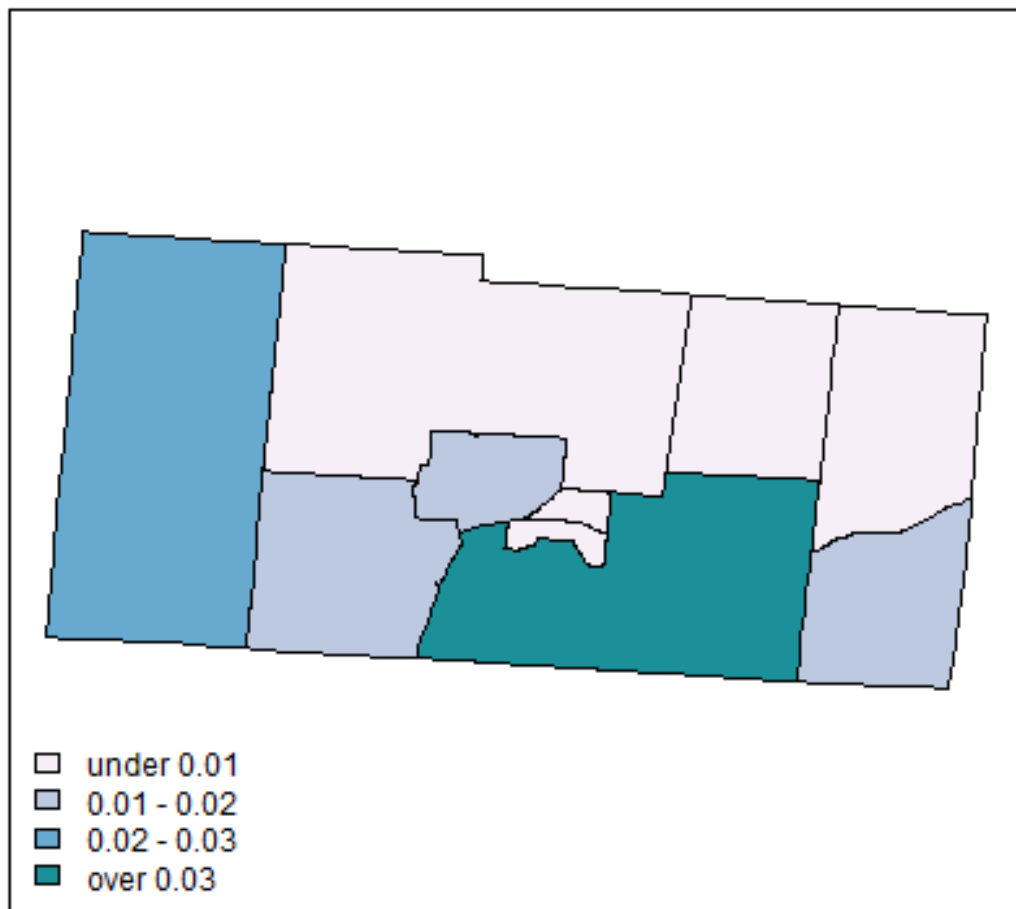
Limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food retailers may make it harder for some Champaign County residents to eat a healthy diet. There are many ways to measure food store access for individuals and for neighborhoods, and many ways to define which areas are food deserts - neighborhoods that lack healthy food sources. Most measures and definitions take into account at least some of the following indicators of access:

Accessibility to sources of healthy food, as measured by distance to a store or by the number of stores in

an area. Individual-level resources that may affect accessibility, such as family income or vehicle availability. Neighborhood-level indicators of resources, such as the average income of the neighborhood and the availability of public transportation.

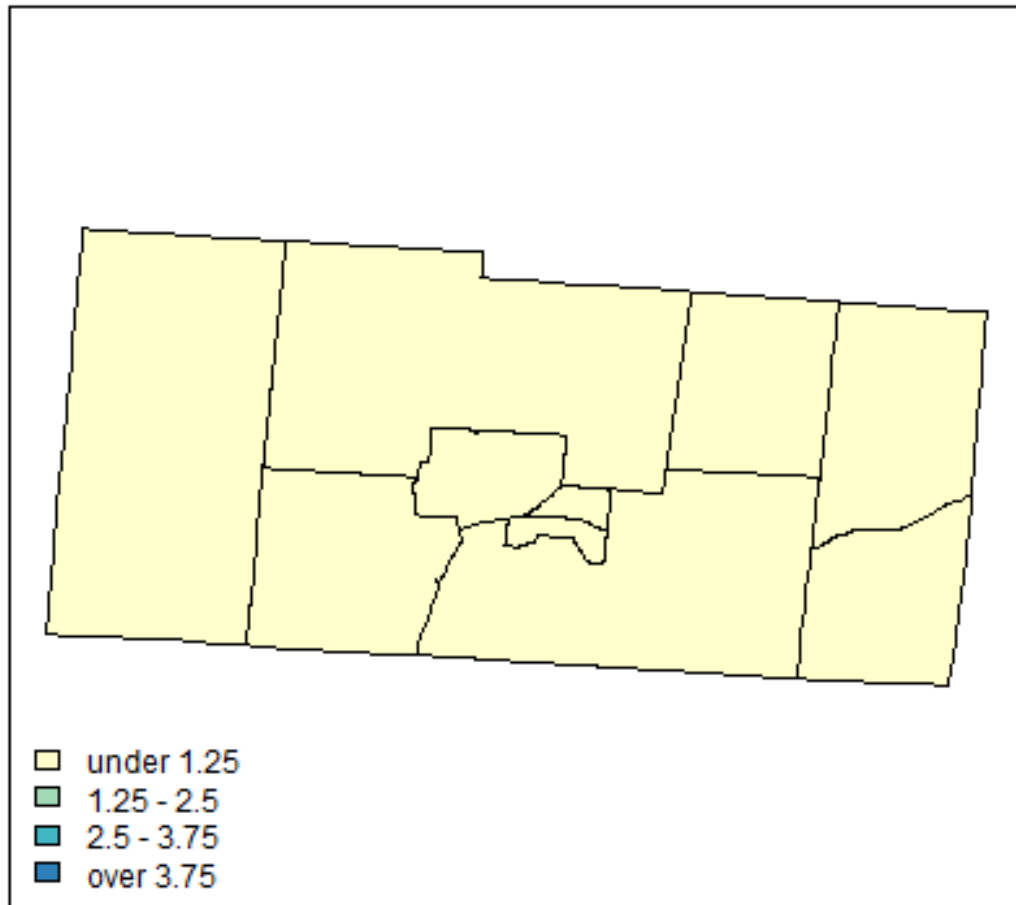
Low access to healthy food is defined as being far from a supermarket, supercenter, or large grocery store (“supermarket” for short). A census tract is considered to have low access if a significant number or share of individuals in the tract is far from a supermarket. These four indicators will fall under the Topic Health Behaviors, the Focus Diet and Exercise, and the Measure Food Access.

### Champaign County Percent\_Low\_Access\_No\_Vehicle\_1\_Mile



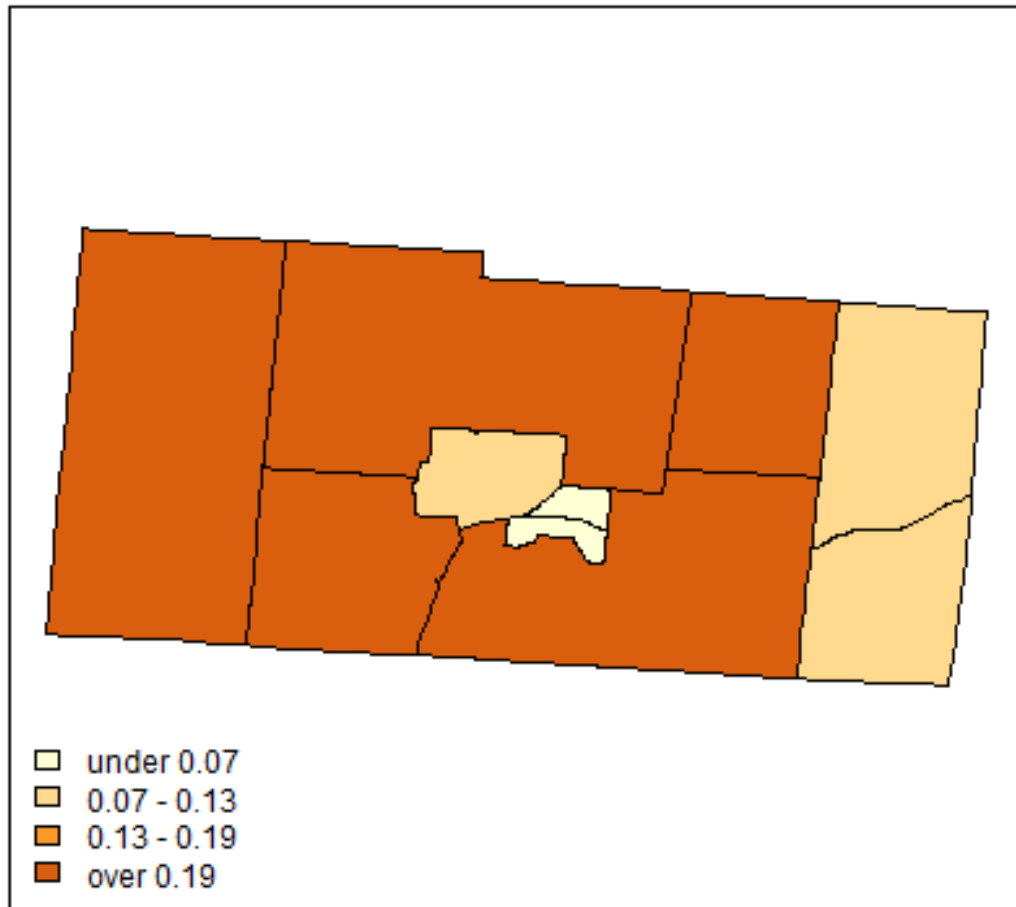
This map shows the percentage of housing units in an urban tract located at least 1 mile from the nearest supermarket, supercenter, or large grocery store and reporting no access to a vehicle. Note that if the census tract is not considered urban then it will not be considered in this indicator.

## Champaign County Percent\_Low\_Access\_No\_Vehicle\_10\_Mile



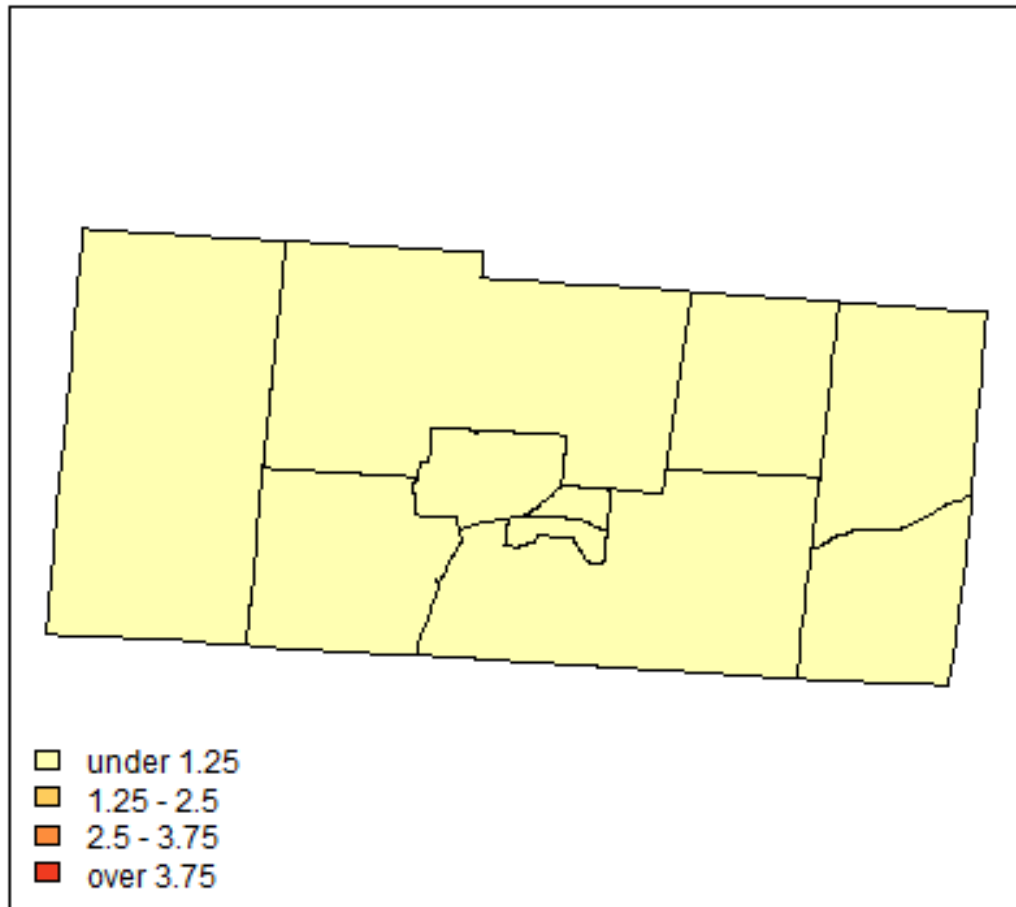
This map shows the percentage of housing units in a rural tract located at least 10 miles from the nearest supermarket, supercenter, or large grocery store and reporting no access to a vehicle. Note that if the census tract is not considered rural then it will not be considered in this indicator.

## Champaign County Percent\_Low\_Access\_Low\_Income\_1\_Mile



This map shows the percentage of individuals in an urban tract with low income and living more than 1 mile from the nearest supermarket, supercenter, or large grocery store. Low income is defined as annual family income at or below 200 percent of the Federal poverty threshold for family size. Note that if the census tract is not considered urban then it will not be considered in this indicator.

## Champaign County Percent\_Low\_Access\_Low\_Income\_10\_Mile

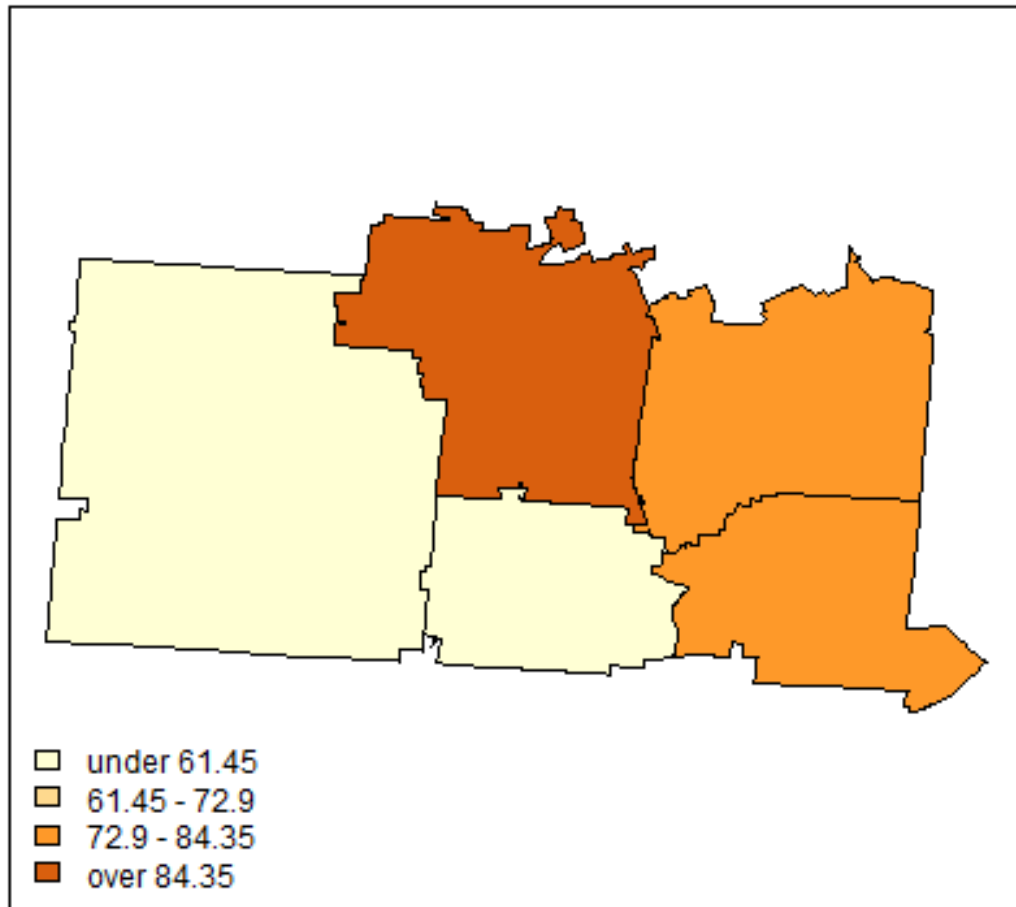


This map shows the percentage of individuals in a rural tract with low income and living more than 10 miles from the nearest supermarket, supercenter, or large grocery store. Note that if the census tract is not considered rural then it will not be considered in this indicator. These indicators would fall under the Topic of Health Behaviors, the Focus of Diet and Exercise, and the Measure of Food Access.

### School Data

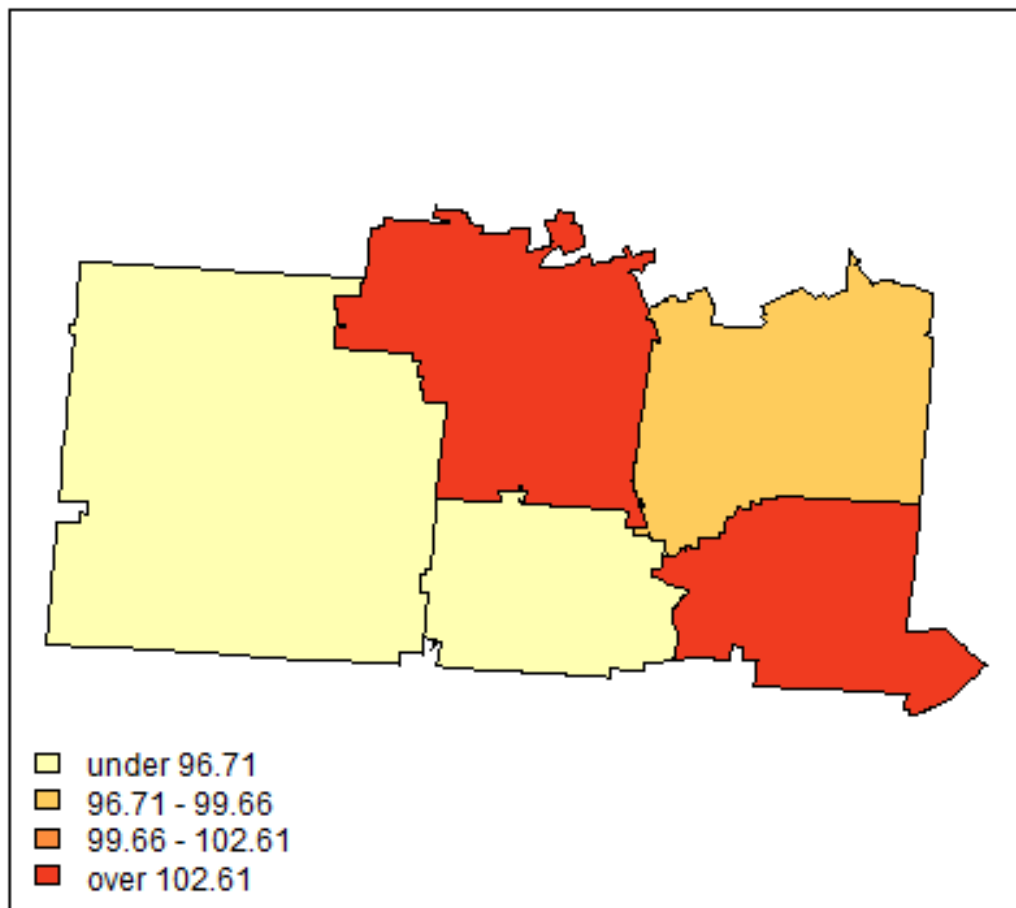
The following data comes from the Ohio Department of Education (ODE) School Report Cards. Data was downloaded from <http://reportcard.education.ohio.gov/Pages/Download-Data.aspx>. This data shows statewide district and building data available for multiple years that could be used for analysis. The following maps display District Rating Data by public school districts in Champaign County.

## Champaign County Percent\_Of\_Standards\_Met\_By\_School\_District



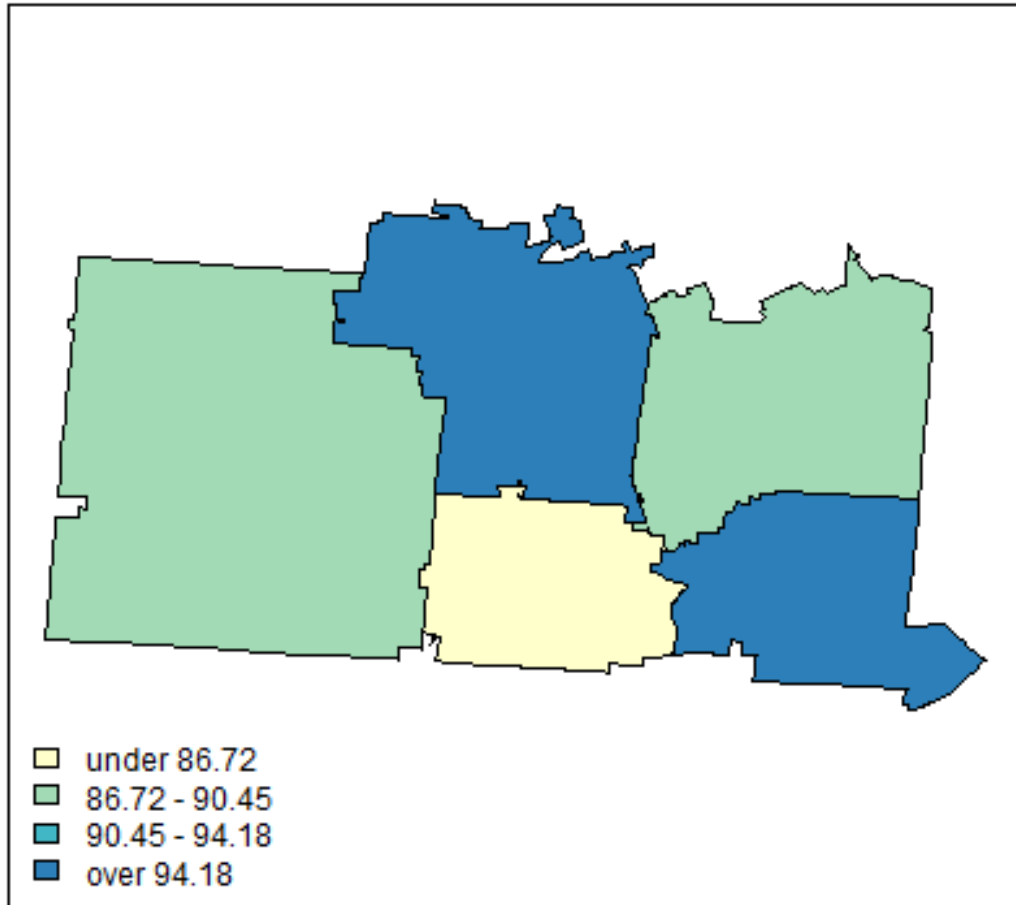
This map displays the percentage of standards met by each public school district in the county. In June 2010, the State Board of Education adopted Ohio's New Learning Standards in English language arts and mathematics. The board also has adopted Ohio's New Learning Standards in science, social studies, fine arts, world languages, and several other subjects. These are the standards represented in this map. For more information on these standards visit <http://education.ohio.gov/Topics/Ohio-s-New-Learning-Standards/Ohios-New-Learning-Standards>. This indicator would fall under the Topic Social and Economic Environment, the Focus of Education, and the Measure of Standards.

## Champaign County Performance\_Index\_Score\_By\_School\_District



The Performance Index (PI) Score measures the achievement of every student regardless of their level of proficiency. Schools receive points for every level of achievement, with more points being awarded for higher passing scores. Untested students are also included in the calculation and schools and districts receive zero points for them. This map shows these scores by school district. This falls under the Topic of Social and Economic Environment, the Focus of Education, and the Measure of Performance Index Score.

## Champaign County Graduation\_Rate\_By\_School\_District

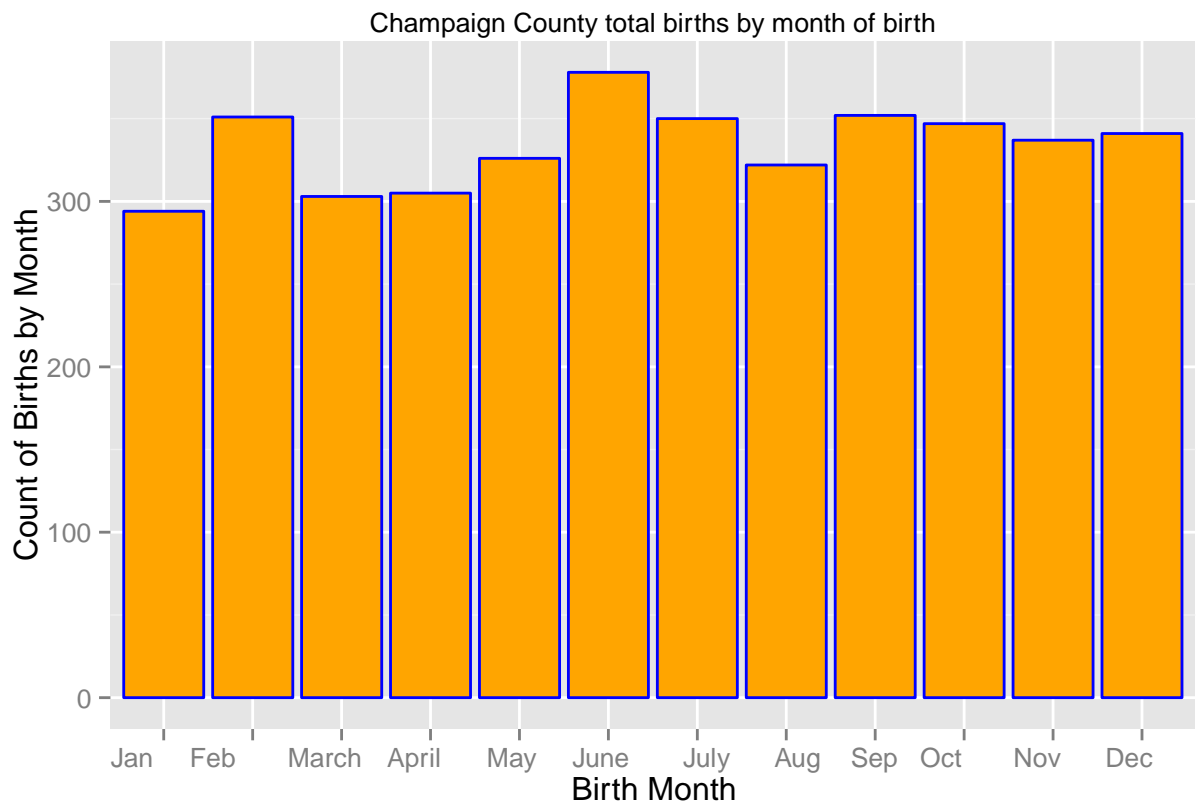


This map displays the graduation rate by school district in Champaign County. The graduation rate is calculated by dividing the number of students who graduate in four years or less with a regular or honors diploma by the number of students who form the final adjusted cohort for the graduating class. The final adjusted cohort includes students who are identified as first-time 9th graders four years earlier. This would fall under the Topic of Social and Economic Environment, the Focus of Education, and the Measure of High School Graduation.

## Birth

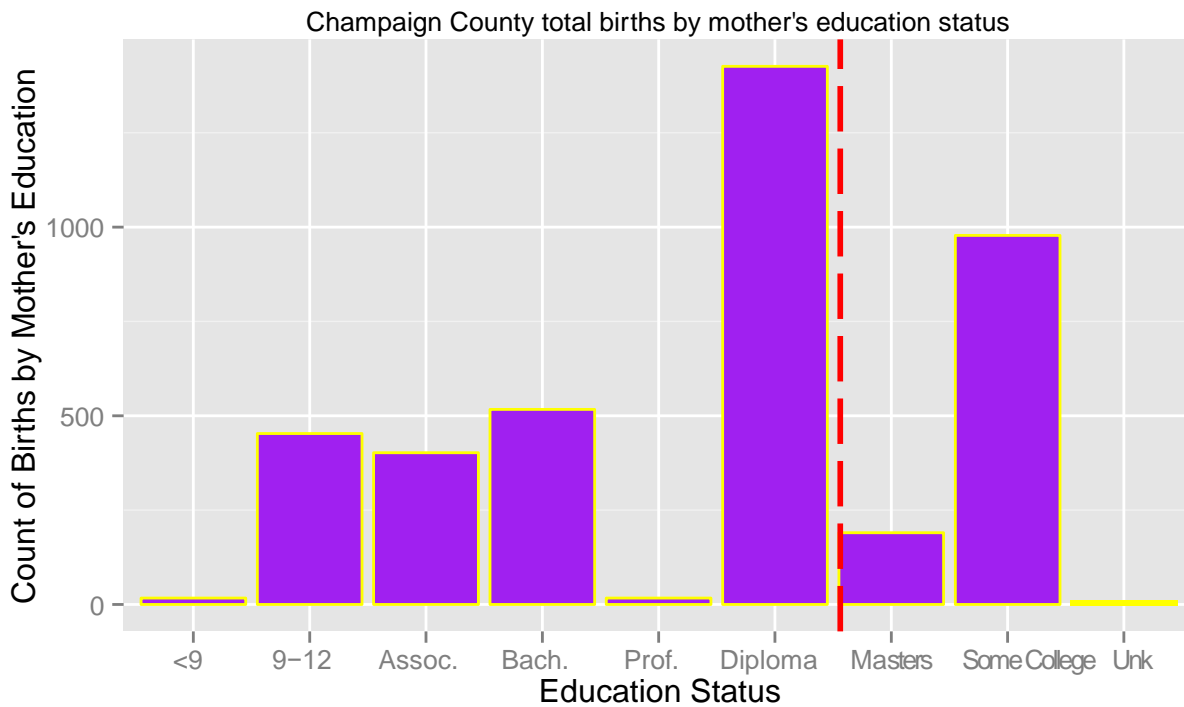
The following data comes from birth data from the Ohio Department of Health (ODH). For more information on ODH please visit <http://www.odh.ohio.gov/>. Many important public health indicators are derived from birth certificates. ODH receives birth certificates from all births occurring in the state and also for births to Ohio residents outside the state. A variety of measures that relate to maternal and infant characteristics are



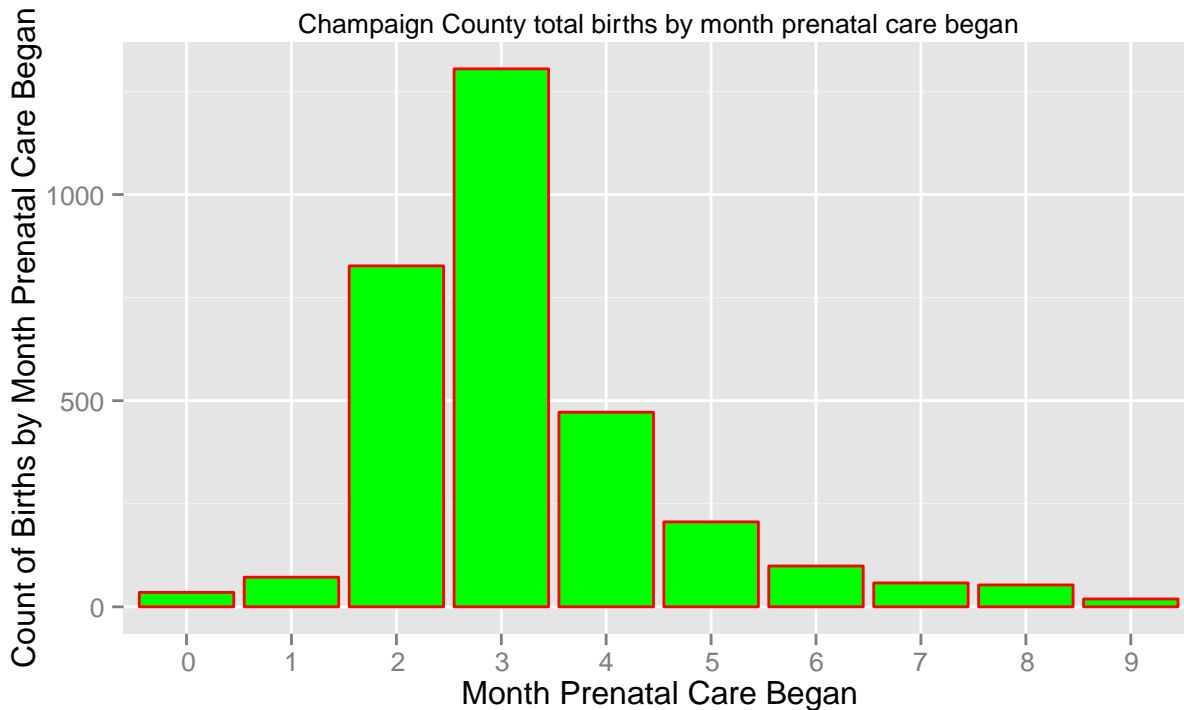


included.

This is a histogram displaying the total number of births by month of birth to Champaign County mothers. The data is pulled from 2006 to 2014. The month that had the greatest number of births was June at 378.



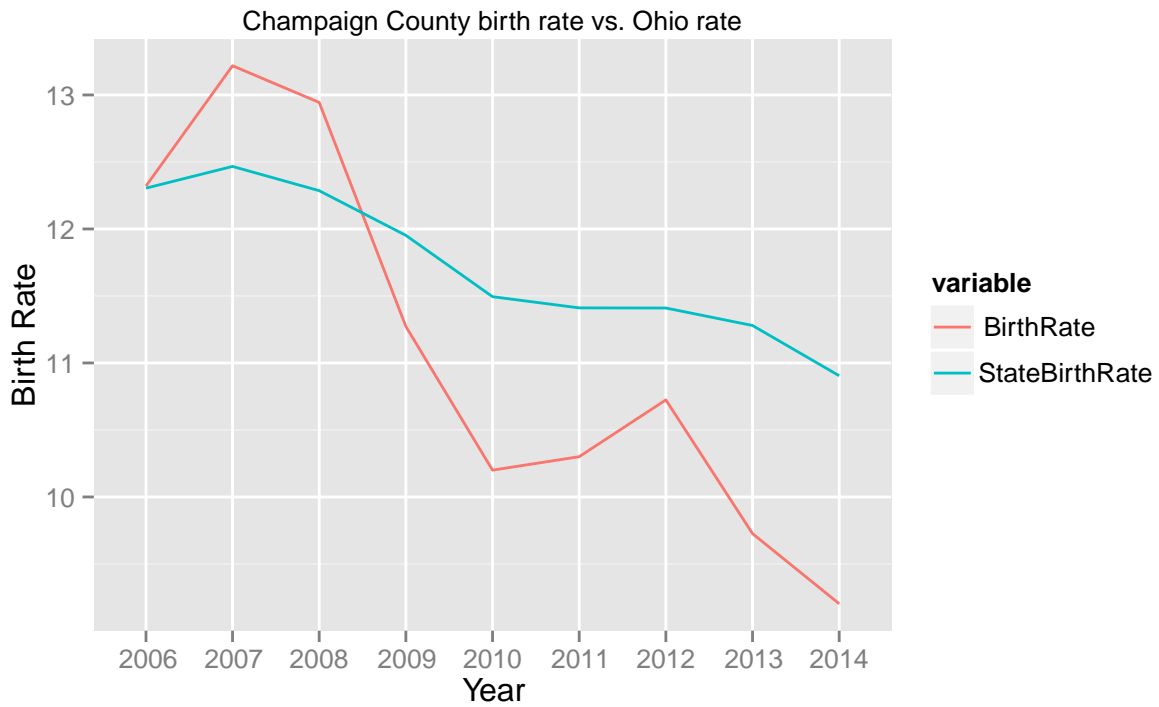
This is a histogram displaying the number of births by the mother's education status. The education status that had the greatest number of births was High School graduate or GED completed at 1426

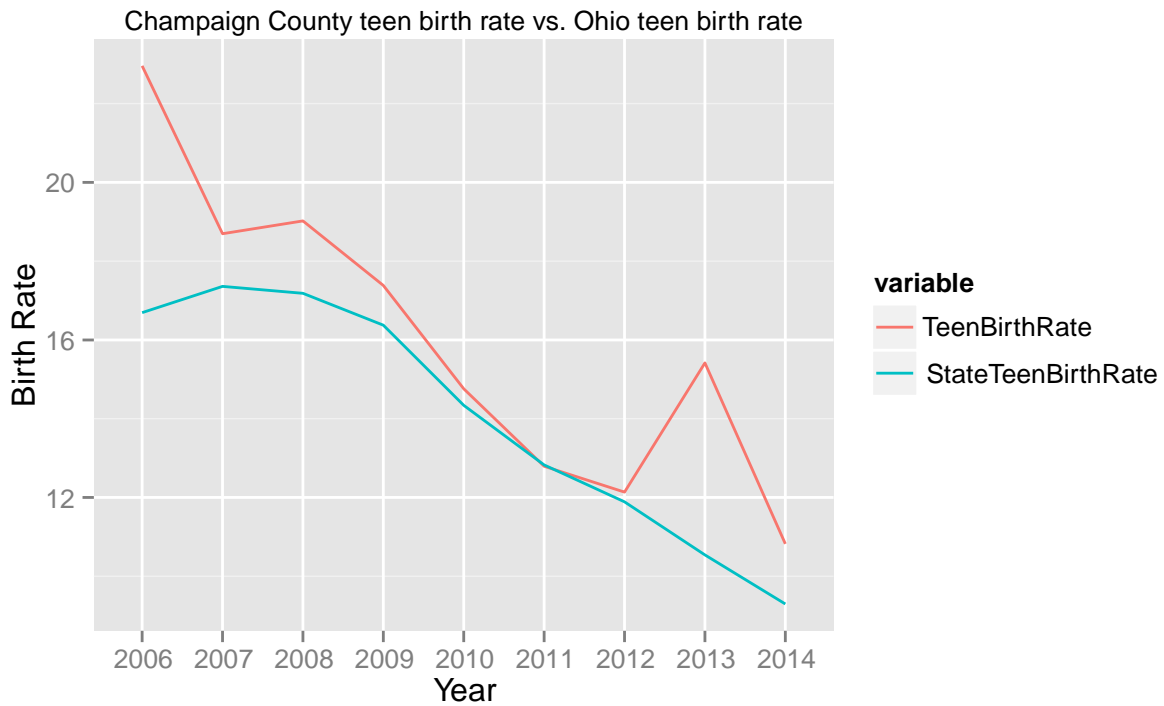
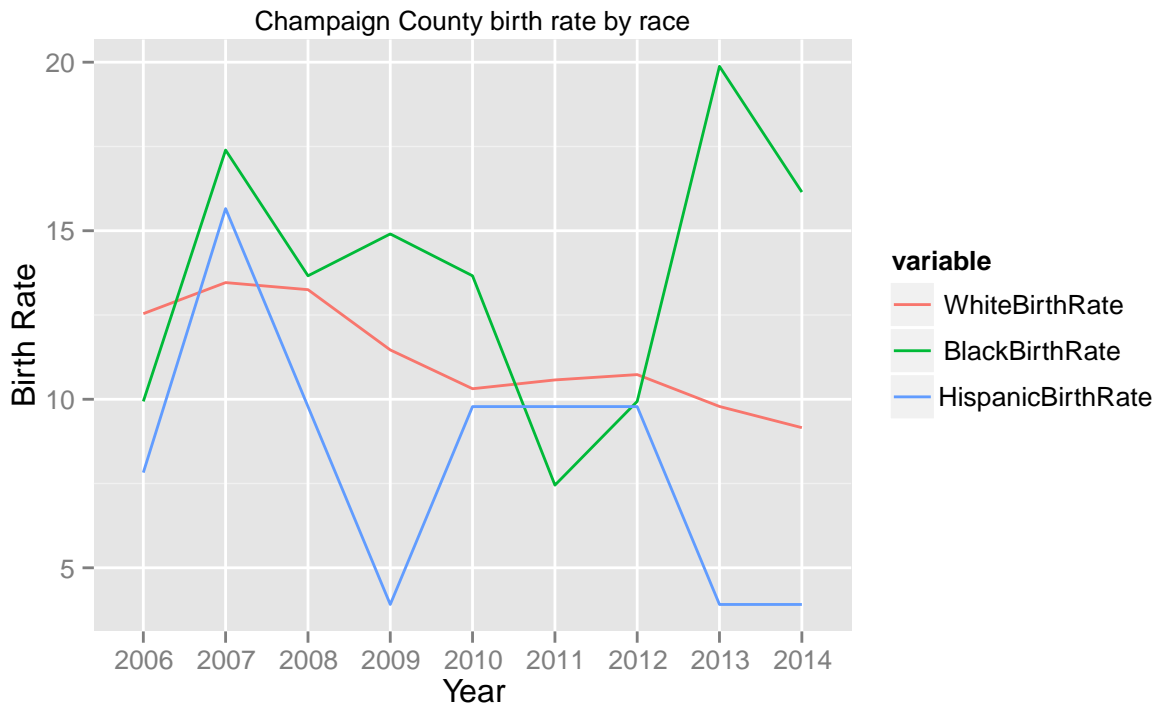


This is a histogram showing the total births by the month prenatal care began. Seeking prenatal care early is an important indicator for birth outcomes and often the earlier you seek care the better the birth outcome.

It is recommended that mothers seek prenatal care during the first trimester (months 1 through 3). Most mothers in Champaign County sought prenatal care in month number 3.

The birth rate (technically, births/population rate) is the total number of live births per 1,000 of a population in a year. The following plots show the Champaign County birth rate versus the state birth rate over the years. Also displayed are the birth rates by race over the years as well as the teen birth rate versus the state teen birth rate. Teen births are often associated with worse outcomes when compared to births to post-teen mothers.





The following tables display the birth counts by year and by race as well as the percent of low births by race. The third table shows the percent of mothers who sought prenatal care in the first trimester.

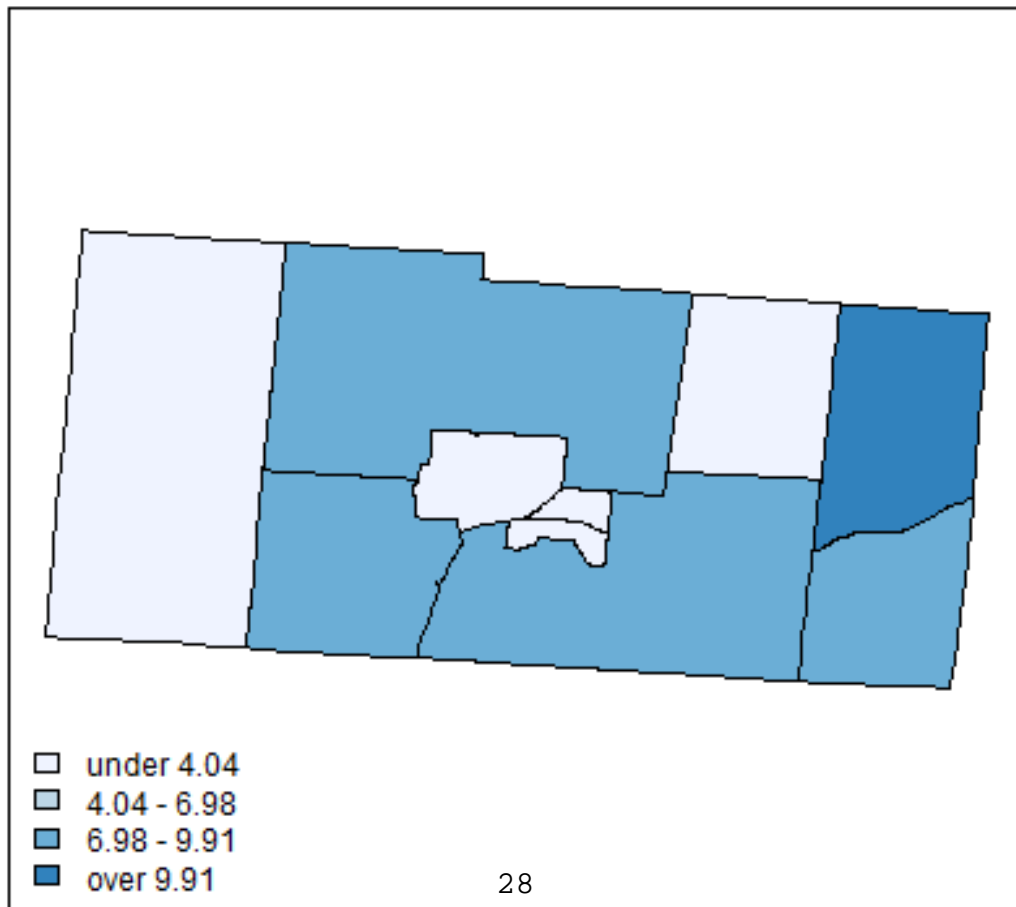
Year	White	Black	Hispanic
2006	478	8	4
2007	513	14	8
2008	505	11	5
2009	437	12	2
2010	393	11	5
2011	403	6	5
2012	409	8	5
2013	373	16	2
2014	349	13	2

Table 2: Birth Counts by Year

Year	White	Black	Hispanic
2006	8.20	25.00	0.00
2007	8.20	7.10	0.00
2008	7.30	18.20	40.00
2009	7.60	25.00	0.00
2010	9.70	0.00	0.00
2011	6.70	33.30	40.00
2012	7.30	0.00	0.00
2013	5.60	18.80	0.00
2014	5.20	7.70	0.00

Table 3: Percent Low Birth Weight by Race

### Champaign County birth rates average (births/1,000 population)

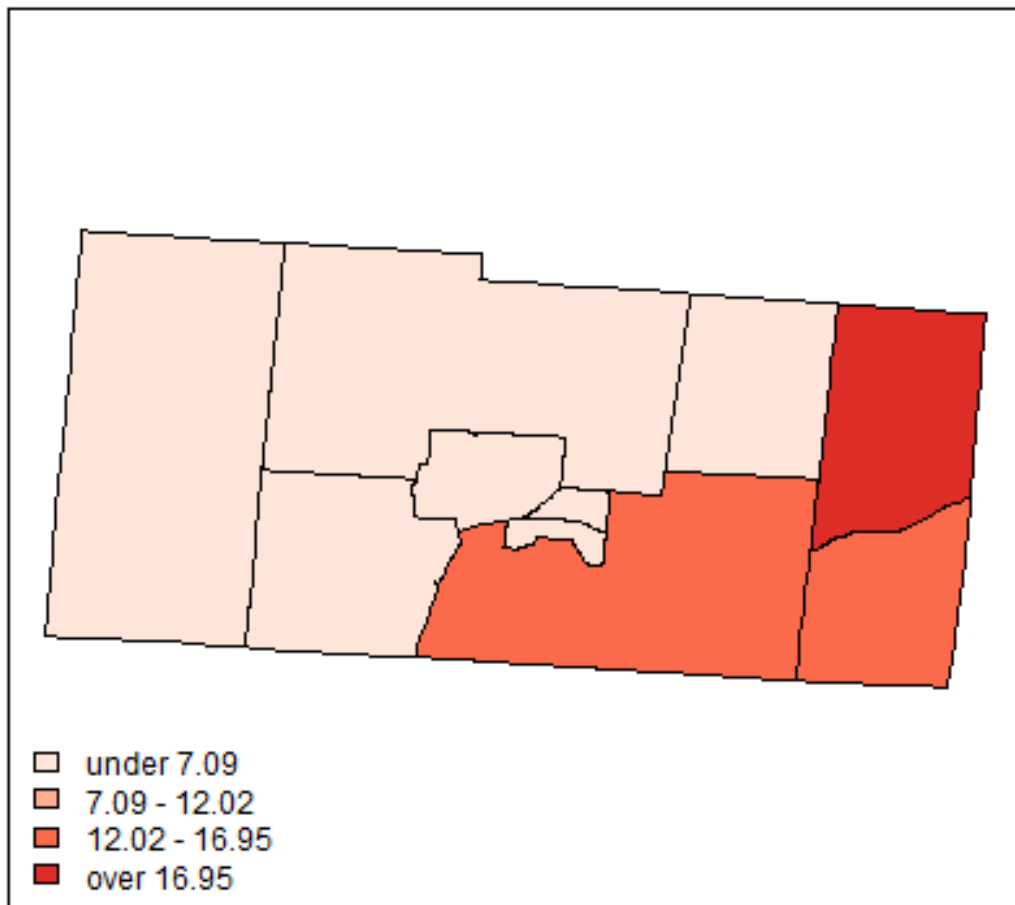


Year	White	Black	Hispanic
2006	30.30	75.00	25.00
2007	42.30	21.40	37.50
2008	46.30	18.20	40.00
2009	39.40	83.30	0.00
2010	46.80	18.20	40.00
2011	46.70	66.70	40.00
2012	47.70	87.50	80.00
2013	50.40	68.80	50.00
2014	47.90	61.50	50.00

Table 4: Percent mothers not seeking prenatal care in first trimester

This map displays the birth rates averaged from 2006 to 2014 by Census Tract in the county.

### Champaign County teen birth rates average (births/1,000 populatio



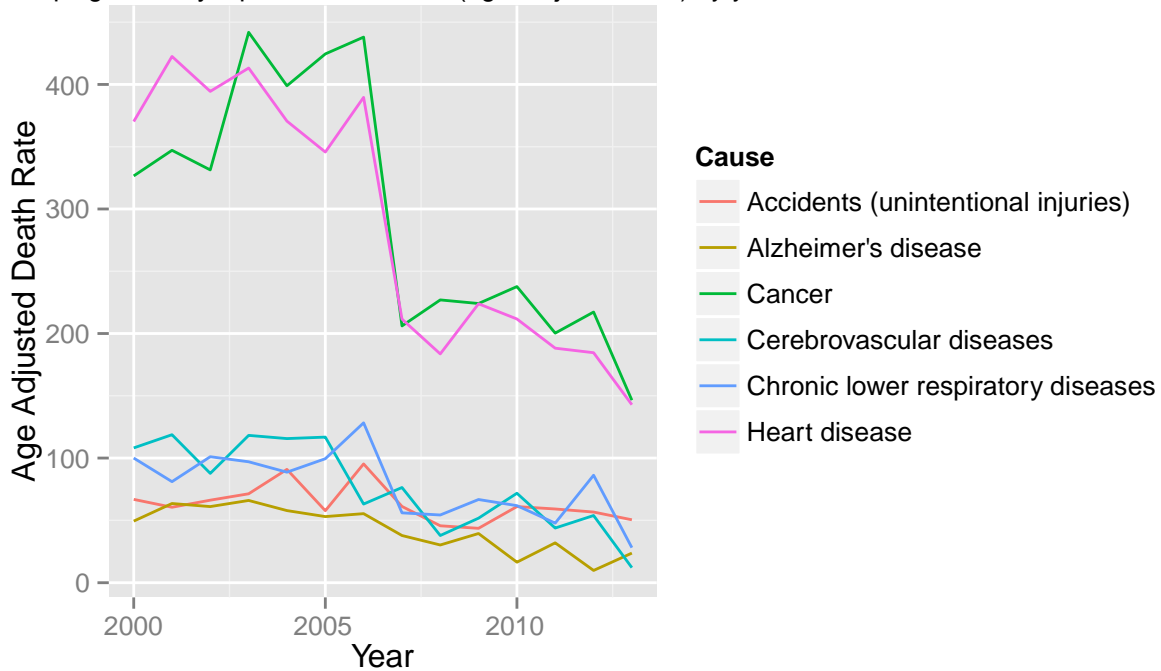
This map displays the teen birth rates averaged from 2006 to 2014 by Census Tract in the county.

The indicators in this section which were pulled out and put into the Concerning Statistics report were based on Teen Births, Low Birthweight, and the number of Prenatal Visits. If a population had a high teen birth rate, then those populations who ranked in the worst quartile were put into the report under the Topic of Health Behaviors, the Focus of Sexual Activity, and the Measure of Teen Births. If a population had a high low birthweight percentage, when compared to similar populations across the state, those in the worst quartile were put into the report under the Topic of Health Outcomes, the Focus of Quality of Life, and the Measure of Low Birthweight.

## Death

Many important health indicators are derived from death certificates. ODH receives certificates for all deaths occurring in the state and also for deaths to Ohio residents which occurred outside the state. Mortality data are usually presented as counts or population-based rates. The number of deaths in a demographic subgroup or geographic area can be determined from a rate if the population is known. For example, if a county's average heart disease death rate is 40.0 per 100,000, this means there were 40 deaths from heart disease in the county per year for every 100,000 people. Mortality statistics are an important component of public health surveillance and assessment.

Champaign County top causes of death (age-adjusted rate) by year



This plot displays the top causes of death in Champaign County going back as far as possible. This plot specifically shows the age-adjusted rates for the county. Age adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable.

Cause	Champaign	Ohio	Rank
Cancer	297.66	182.83	77
Heart disease	296.39	206.49	74
Chronic lower respiratory diseases	74.32	47.58	74
Cerebrovascular diseases	68.75	45.16	75
Accidents (unintentional injuries)	63.35	37.94	65
Alzheimer's disease	42.87	24.18	77
Diabetes mellitus	40.04	26.66	72
Influenza and pneumonia	34.44	16.09	79
Intentional self-harm (suicide)	21.29	11.03	75
Nephritis, nephrotic syndrome and nephrosis	21.14	14.09	76
Septicemia	14.48	11.13	66
Hypertension	13.40	8.14	74
In situ neoplasms, benign neoplasms	10.67	4.89	77
Parkinson's disease	10.14	6.38	70
Chronic liver disease and cirrhosis	10.06	8.37	61
Certain conditions originating in the perinatal period	10.02	5.68	76
Other diseases of circulatory system	9.37	4.44	78
Congenital malformations	9.28	4.01	76
Pneumonitis due to solids and liquids	6.93	5.70	58
Atherosclerosis	5.48	3.05	66
Anemias	4.83	1.64	77
Nutritional deficiencies	4.61	1.28	76
Assault (homicide)	4.35	5.24	49
Peptic ulcer	4.03	1.11	67
Tuberculosis	4.03	0.14	51
Complications of medical and surgical care	3.27	0.98	61
Infections of kidney	3.27	0.19	60
Pregnancy with abortive outcome	3.20	0.23	57
Other acute lower respiratory infections	3.15	0.13	47
Human immunodeficiency virus (HIV) disease	2.92	1.66	54
Meningitis	2.92	0.20	49
Cholelithiasis and other disorders of gallbladder	2.84	0.99	62
Viral hepatitis	2.75	1.21	55
Hernia	2.40	0.59	56
Diseases of appendix	2.30	0.11	46
Hyperplasia of prostate	2.30	0.19	49

Table 5: Age Adjusted Death Rate Comparison and Ranking

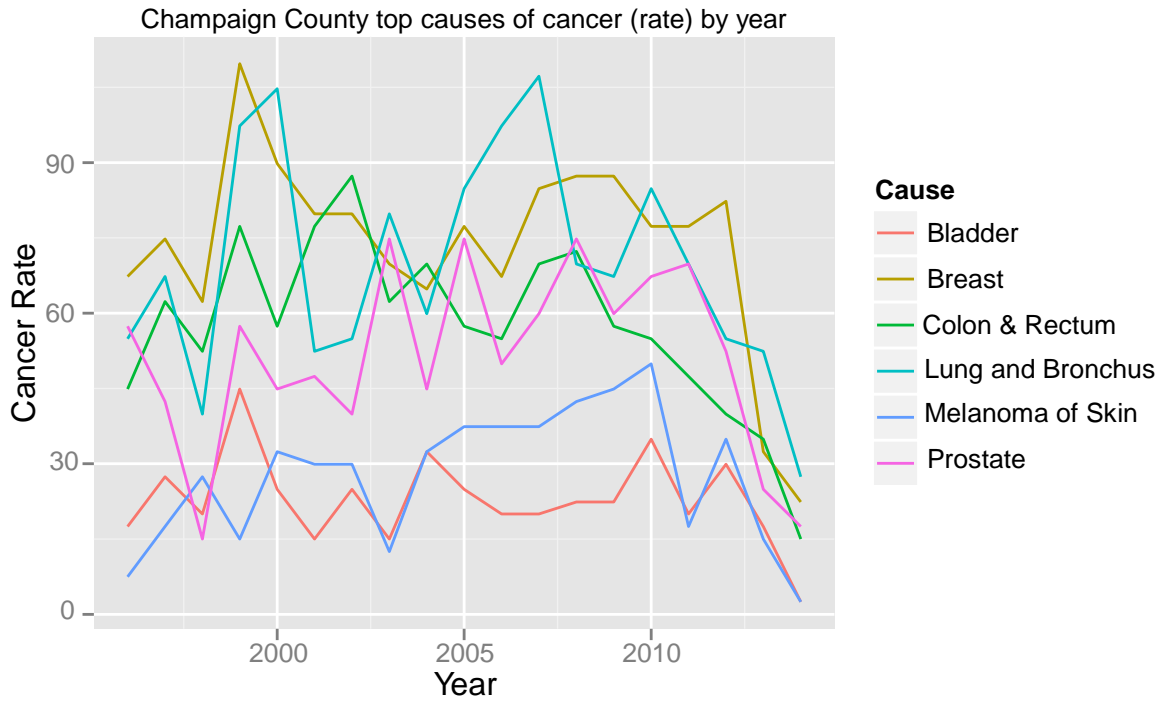
This table displays the top causes of death for the county and their average age-adjusted rates. This rate is also compared to the state rate and ranked compared to the rates of the other counties for the same causes of death. The lower the rank, the worse the comparison. There are 88 counties in the state of Ohio. For those causes of death in which the ranking was greater than 66 (the worst quartile) the cause was pulled out of the data and considered a “Concerning Statistic” and put into the Concerning Statistic report.

Once a cause of death was considered a Concerning Statistic, individual populations were analyzed to see which areas and populations this particular cause was affecting most. Those who ranked in the worst quartile were put into the Concerning Statistic report, which is analyzed and discussed later in the report. In this report, all of these indicators will fall under the Topic of Health Outcomes, the Focus of Length of Life, and the Measure being whatever the cause of death is for that population.



# Cancer

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Anyone can develop cancer, but risk increases with age. About 77% of all cancers are diagnosed at 55 and older. The cancer rates in this report represent the number of new invasive cancer cases (incidence). The rate is calculated per 100,000 population.



This plot shows the top causes of cancer by year in Champaign County.

Cause	Champaign	Ohio	Rank
Breast	71.40	78.74	38
Lung and Bronchus	69.83	70.77	33
Colon & Rectum	57.24	51.89	51
Prostate	51.63	59.57	31
Melanoma of Skin	25.88	25.01	54
Bladder	22.97	21.07	56
Uterus	18.43	14.49	78
Non-Hodgkins Lymphoma	16.72	18.04	26
Kidney & Renal Pelvis	16.59	13.77	66
Brain and Other CNS	10.91	10.70	37
Pancreas	9.99	10.73	29
Leukemia	9.67	10.60	20
Oral Cavity & Pharynx	9.44	9.83	25
Ovary	7.99	6.80	58
Thyroid	7.64	8.33	24
Stomach	7.17	6.06	66
Larynx	6.94	4.61	71
Cervix	6.25	3.83	65
Esophagus	6.20	5.29	44
Multiple Myeloma	5.54	5.18	39
Hodgkins Lymphoma	4.55	2.52	64
Liver & Intrahepatic Bile Duct	4.50	4.57	32
Testis	3.59	2.31	56

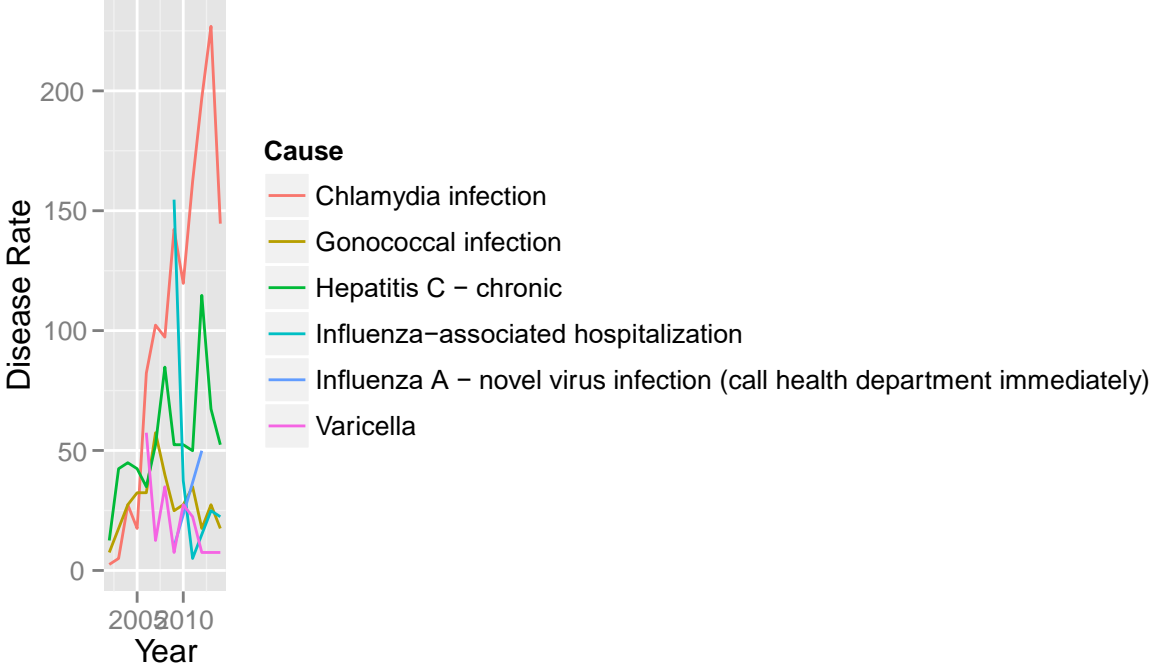
Table 6: Cancer Rate Comparison and Ranking

This table shows the top cancers in the county averaged from 1996 to 2014. These rates are compared to the state and the other counties for each specific cause and ranked. The higher the rank, the higher the rate for that cause. If a cancer was ranked higher than 66 (in the bottom quartile), then it was considered a “Concerning Statistic”. Individual populations for these statistics were then analyzed and grouped according to ranking. Those data points included in the Concerning Statistics fell under the Topic of Health Outcomes, the Focus of Quality of Life, and the Measure being the cause of cancer for that population.

## Infectious Disease

Infectious diseases, also known as transmissible or communicable diseases, comprise clinically evident illness (i.e., characteristic medical signs and/or symptoms of disease) resulting from an infection, presence and growth of pathogenic biological agents in an individual host organism. Infections are caused by infectious agents such as viruses, viroids, and prions, microorganisms such as bacteria, nematodes such as roundworms and pinworms, arthropods such as ticks, mites, fleas, and lice, fungi such as ringworm, and other macroparasites such as tapeworms. Local health departments and the Ohio Department of Health gather information on over 100 infectious conditions of public health concern from doctors, hospitals, and laboratories.

Champaign County top causes of infectious disease by year



This plot displays the top causes of infectious disease by year in Champaign County.

Cause	Champaign	Ohio	Rank
Chlamydia infection	102.06	124.87	33
Hepatitis C - chronic	54.11	62.66	46
Influenza-associated hospitalization	43.22	16.39	85
Chlamydia infection - cervicitis	40.42	7.99	62
Influenza A - novel virus infection (call health department immediately)	29.95	1.50	77

Table 7: Infectious Disease Rate Comparison and Ranking

Similar to the death and cancer sections, this table displays the “concerning statistics” for the causes of infectious disease in which the county was in the worst quartile when ranked and compared to the other counties in the state. Only the top five causes are printed in this table. Please see the appendix for the rest of the infectious diseases.

Also similar to the death and cancer sections, data points in the worst quartile when compared to other counties and respective populations were included in the Concerning Statistics. These would either fall under the Topic of Physical Environment and the Focus of Communicable Disease or the Topic of Health Behaviors and the Focus of Sexual Activity. The Measures for those data points included in the Concerning Statistics were the type of communicable disease.

### Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including - behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary

behaviors; and inadequate physical activity. The YRBS also measures the prevalence of obesity and asthma among youth and young adults.

The YRBS was designed to determine the prevalence of health risk behaviors, assess whether health risk behaviors increase, decrease, or stay the same over time, examine the co-occurrence of health risk behaviors, and provide comparable national, state, and local data.

These surveys are conducted every two years. Champaign County has been conducted the survey since 2013. This section will cover only the statistically significant data points from the most recent survey. Only one significant result will be highlighted for each section (Safety; Violence-Related Behaviors; Bullying; Depression and Suicide; Tobacco; Alcohol; Drugs; Sexual Behavior; Body Weight; Dietary Behaviors; Physical Activity; Other Health-Related Topics; Preventative Health Care). Because this was the first year the YRBS was conducted in the middle school and because middle school results are not published by the CDC, only high school results will be examined in this section. For the full survey results for both middle and high school, please see the Appendix.

The percent of students who rarely or never wore a seatbelt when riding in a car driven by someone else was significantly higher in the county (15.5%) than the state and nation (8.4% and 7.6%, respectively).

The percent of students who have ever been physically forced to have sexual intercourse when the student did not want to was significantly higher in the county (12%) than state and nation (7.5% and 7.3%, respectively).

The percent of students who ever felt sad or hopeless almost every day for 2 weeks or more during the past 12 months was significantly higher in the county (31%) than the state and nation (25.8% and 29.9%, respectively).

The percent of students who ever smoke at least one cigarette every day for 30 days was significantly higher in the county (12.7%) than the nation (8.8%).

The percent of students who drank alcohol for the first time before the age of 13 years was significantly higher in the county (16.3%) than the state (12.7%).

The percent of students who have ever used heroin one or more times was significantly higher in the county (7.6%) than the state and nation (2.0% and 2.2%, respectively).

The percent of students who have ever had sexual intercourse was significantly higher in the county (51.5%) than the state (42.7%).

The percent of students who are overweight or obese was significantly higher in the county (40.3%) than the state and nation (28.9% and 30.3%, respectively).

The percent of students who did not eat fruit during the past 7 days was significantly higher in the county (14.2%) than the state and nation (5.1% and 5.0%, respectively).

The percent of students who were physically active at least 60 minutes per day on less than 5 days (during the past 7 days) was significantly higher in the county (58.6%) than the state and nation (52% and 52.7%, respectively).

Finally, the percent of students who never wear sunscreen with an SPF of 15 or higher when outside for more than one hour on a sunny day was significantly lower in the county (71.6%) than the nation (89.9%).

## **Behavioral Risk Factor Surveillance System**

The Behavioral Risk Factor Surveillance System (BRFSS) is a system of health-related surveys that collect data about residents regarding their health-related risk behaviors, chronic health conditions, and use of preventative services.

By collecting behavioral risk data at the state and local level, BRFSS has become a powerful tool for targeting and building health promotion activities. As a result, BRFSS users have increasingly demanded

more data and asked for more questions on the survey. Questions in the county survey were developed by partner agencies in order to determine the biggest needs in the community.

The overall goal of the BRFSS was to perform an assessment that would lead to improved quality of public and private health services. In addition, the BRFSS could be used for a variety of purposes such as the following: to assess the distribution of disease and behavioral risk factors; to assess broad community health issues and shape a broader definition of community health; to monitor the impact of community health action plans and trends in behavior risk modifications; to provide a vehicle to discuss ways to improve community health. The study can assist stakeholders working collaboratively in the community to address issues that affect health.

Below are the significant results from the most recent BRFSS. For the full survey and final report, please see the Appendix.

Key Variable	Champaign County 2015		Champaign County 2012		State of Ohio		Nationwide	
	Percent	Sample Size	Percent	Sample Size	Percent	Sample Size	Median	Balance
<b>Weight-Overweight or Obese</b>	73.60%	450	70.40%	390	70.40%	9310	64.5%*	35.50%
<b>Do Not Currently Smoke</b>	91.50%	450	73.8%*	409	77.5%*	9804	82.7%*	17.30%
<b>Did Not Drink Alcohol - Past Month</b>	55.30%	450	56.20%	403	46.8%*	9694	45.4%*	54.60%
<b>Binge Drinking (5 or more)</b>	8.80%	450	14.9%*	409	17.2%*	9605	15.1%*	84.90%
<b>General Health - Fair or Poor</b>	20.20%	450	23.60%	407	16.1%*	9816	14.7%*	85.30%
<b>High Cholesterol</b>	46.10%	400	35.6%*	302	39.6%*	8476	37.5%*	62.50%
<b>High Blood Pressure - Ever Told</b>	46.70%	450	36%*	406	31.7%*	9749	28.7%*	71.30%
<b>Diabetes</b>	17.80%	450	16.10%	409	10.1%*	1569	8.7%*	89.10%
<b>Heart Attack (myocardial infarction) - Ever Told</b>	9.40%	450	5.5%*	409	4.3%*	9802	4.2%*	95.80%
<b>Angina or Coronary Heart Disease - Ever Told</b>	10.90%	450	4.2%*	409	4.3%*	9735	4.1%*	95.90%
<b>Stroke - Ever Told</b>	5.20%	450	3.3%*	409	3%*	9826	2.7%*	97.30%

## Community Health Assessment and Group Evaluation

The CHANGE tool helps community teams develop their community action plan. This tool walks community team members through the assessment process and helps define and prioritize possible areas of improvement. Having this information as a guide, community team members can create sustainable, community-based improvements that address the root causes of chronic diseases and related risk factors. It can be used annually to assess current policy, systems, and environmental change strategies and offer new priorities for future efforts.

The purpose of the CHANGE tool is to: identify community strengths and areas for improvement; identify and understand the status of community health needs; define improvement areas to guide the community

towards population-based strategies that create a healthier environment (e.g, increased physical activity, improved nutrition, reduced tobacco use and exposure, and chronic disease management); assist with priori- tizing the community needs and consider appropriate allocation of available resources.

This assessment focuses on the Community-At-Large Sector, which includes communitywide efforts that impact the social and built environments, such as improving food access, walkability or bikeability, tobacco use and exposure, or personal safety.

CHANGE is a data-collection tool that allows community team members to track progress across a five- point scale, so incremental changes can be noted. As problem areas are identified, health-related policies are implemented, and systems and environmental change strategies are put in place, team members can document the community-level changes.

Below are the scores for the areas identified as the most at-risk areas in Champaign County. For the full report please see the Appendix.

Additional information about the community can be included in the comment box denoted by the red

COMMUNITY'S NAME: CT 106 BG 2

Module Score Summaries		
Policy	Environment	Module
61.76%	61.76%	Physical Activity
50.75%	56.06%	Nutrition
49.09%	56.36%	Tobacco Use
64.44%	64.44%	Chronic Disease Management
60.00%	65.45%	Leadership

#### GENERAL INSTRUCTIONS

Please indicate your answer by typing an 'X' or the correct information in the appropriate box for your response. Additional information can be included in each comment box denoted by the red corner tab.

#### DEMOGRAPHIC INFORMATION

##### Community density:

Approximate number of people who reside in the community (population):	1362
Approximate size of the area (square miles):	1 square mile

Best description of the community setting (choose ONE only):	
Rural	<input type="checkbox"/>
Suburban	<input checked="" type="checkbox"/>
Urban	<input type="checkbox"/>

The approximate percentage of people in the community with no high school diploma (choose the best estimated category):	
< 5%	<input type="checkbox"/>
5 - 9%	<input type="checkbox"/>
10 - 14%	<input checked="" type="checkbox"/>
15 - 19%	<input type="checkbox"/>
≥ 20%	<input type="checkbox"/>

The median household income of the community (choose the best estimated category):	
< \$25,000	<input type="checkbox"/>
\$25,000 - \$34,999	<input type="checkbox"/>
\$35,000 - \$49,999	<input checked="" type="checkbox"/>
\$50,000 - \$74,999	<input type="checkbox"/>
≥ \$75,000	<input type="checkbox"/>

The approximate percentage of people in the community who are living in poverty (choose the best estimated category):	
< 5%	<input type="checkbox"/>
5 - 9%	<input checked="" type="checkbox"/>
10 - 14%	<input type="checkbox"/>
15 - 19%	<input type="checkbox"/>
≥ 20%	<input type="checkbox"/>

The approximate percentage of people in the community who are currently unemployed (choose the best estimated category):	
< 5%	<input checked="" type="checkbox"/>
5 - 9%	<input type="checkbox"/>
10 - 14%	<input type="checkbox"/>
15 - 19%	<input type="checkbox"/>
≥ 20%	<input type="checkbox"/>

Additional information about the community can be included in the comment box denoted by the red corner tab.  
**COMMUNITY'S NAME:** CT 110.01 BG 1

Module Score Summaries		
Policy	Environment	Module
0.00%	45.90%	Physical Activity
0.00%	40.54%	Nutrition
0.00%	48.89%	Tobacco Use
0.00%	64.44%	Chronic Disease Management
0.00%	40.00%	Leadership

**GENERAL INSTRUCTIONS**

Please indicate your answer by typing an 'X' or the correct information in the appropriate box for your response. Additional information can be included in each comment box denoted by the red corner tab.

**DEMOGRAPHIC INFORMATION**

<i>Community density:</i>	
Approximate number of people who reside in the community (population):	1126
Approximate size of the area (square miles):	2 square miles

<i>Best description of the community setting (choose ONE only):</i>	
Rural	X
Suburban	
Urban	

<i>The approximate percentage of people in the community with no high school diploma (choose the best estimated category):</i>	
< 5%	
5 - 9%	
10 - 14%	X
15 - 19%	
≥ 20%	

<i>The median household income of the community (choose the best estimated category):</i>	
< \$25,000	
\$25,000 - \$34,999	
\$35,000 - \$49,999	X
\$50,000 - \$74,999	
≥ \$75,000	

<i>The approximate percentage of people in the community who are living in poverty (choose the best estimated category):</i>	
< 5%	X
5 - 9%	
10 - 14%	
15 - 19%	
≥ 20%	

<i>The approximate percentage of people in the community who are currently unemployed (choose the best estimated category):</i>	
< 5%	
5 - 9%	X
10 - 14%	
15 - 19%	
≥ 20%	

Additional information about the community can be included in the comment box denoted by the red

COMMUNITY'S NAME: CT 115.04 BG 1

Module Score Summaries		
Policy	Environment	Module
0.00%	47.69%	Physical Activity
0.00%	58.33%	Nutrition
0.00%	42.00%	Tobacco Use
11.11%	46.67%	Chronic Disease Management
0.00%	32.00%	Leadership

### GENERAL INSTRUCTIONS

Please indicate your answer by typing an 'X' or the correct information in the appropriate box for your response. Additional information can be included in each comment box denoted by the red corner tab.

### DEMOGRAPHIC INFORMATION

<i>Community density:</i>	
Approximate number of people who reside in the community (population):	1360
Approximate size of the area (square miles):	2 square miles

<i>Best description of the community setting (choose ONE only):</i>	
Rural	X
Suburban	
Urban	

<i>The approximate percentage of people in the community with no high school diploma (choose the best estimated category):</i>	
< 5%	
5 - 9%	
10 - 14%	X
15 - 19%	
≥ 20%	

<i>The median household income of the community (choose the best estimated category):</i>	
< \$25,000	
\$25,000 - \$34,999	X
\$35,000 - \$49,999	
\$50,000 - \$74,999	
≥ \$75,000	

<i>The approximate percentage of people in the community who are living in poverty (choose the best estimated category):</i>	
< 5%	
5 - 9%	
10 - 14%	X
15 - 19%	
≥ 20%	

<i>The approximate percentage of people in the community who are currently unemployed (choose the best estimated category):</i>	
< 5%	
5 - 9%	
10 - 14%	
15 - 19%	
≥ 20%	X

## References

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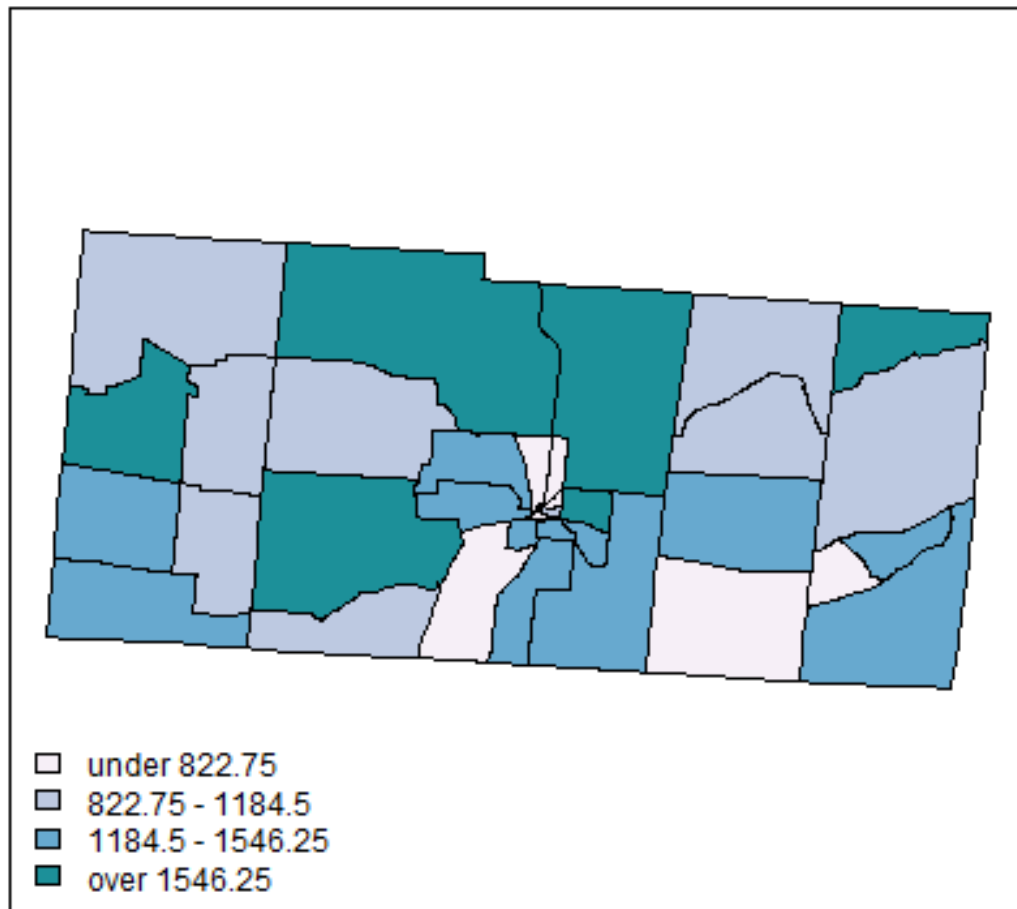


Deserts and Their Consequences. Retrieved March 3, 2015, from <http://www.ers.usda.gov/publications/ap-administrative-publication/ap-036.aspx>

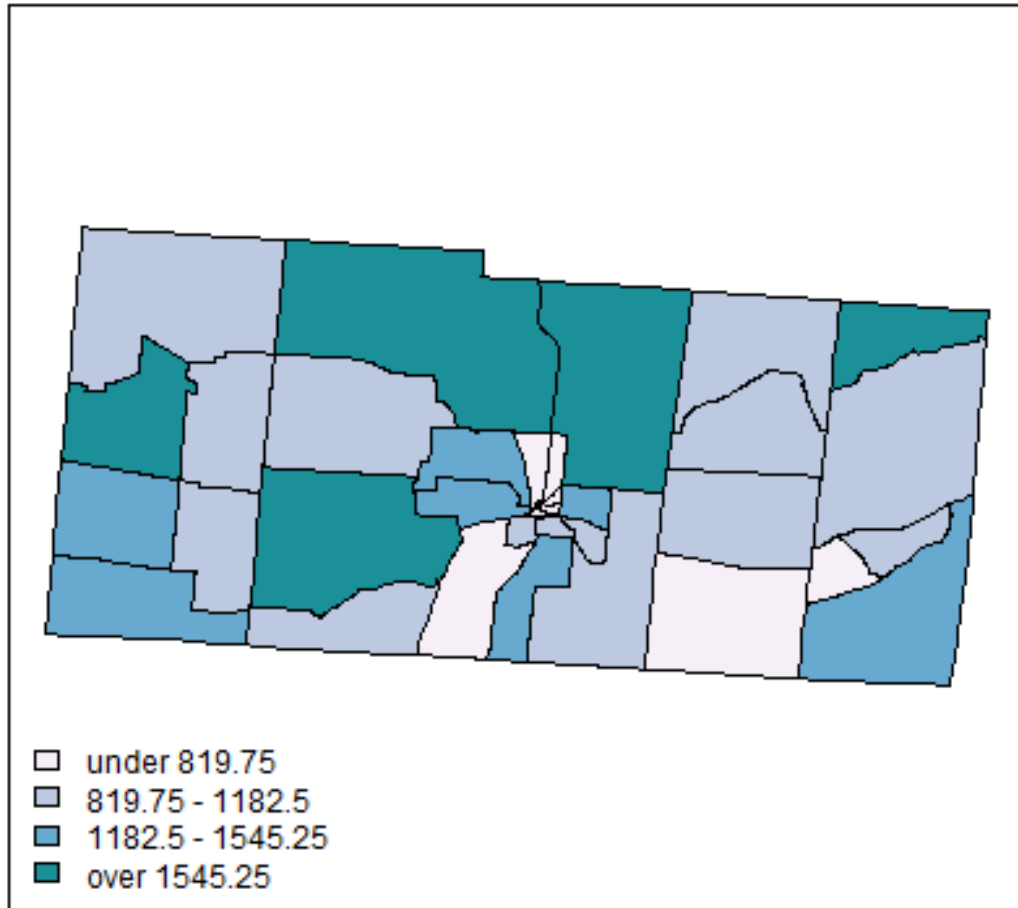
## Appendix

### Demographics

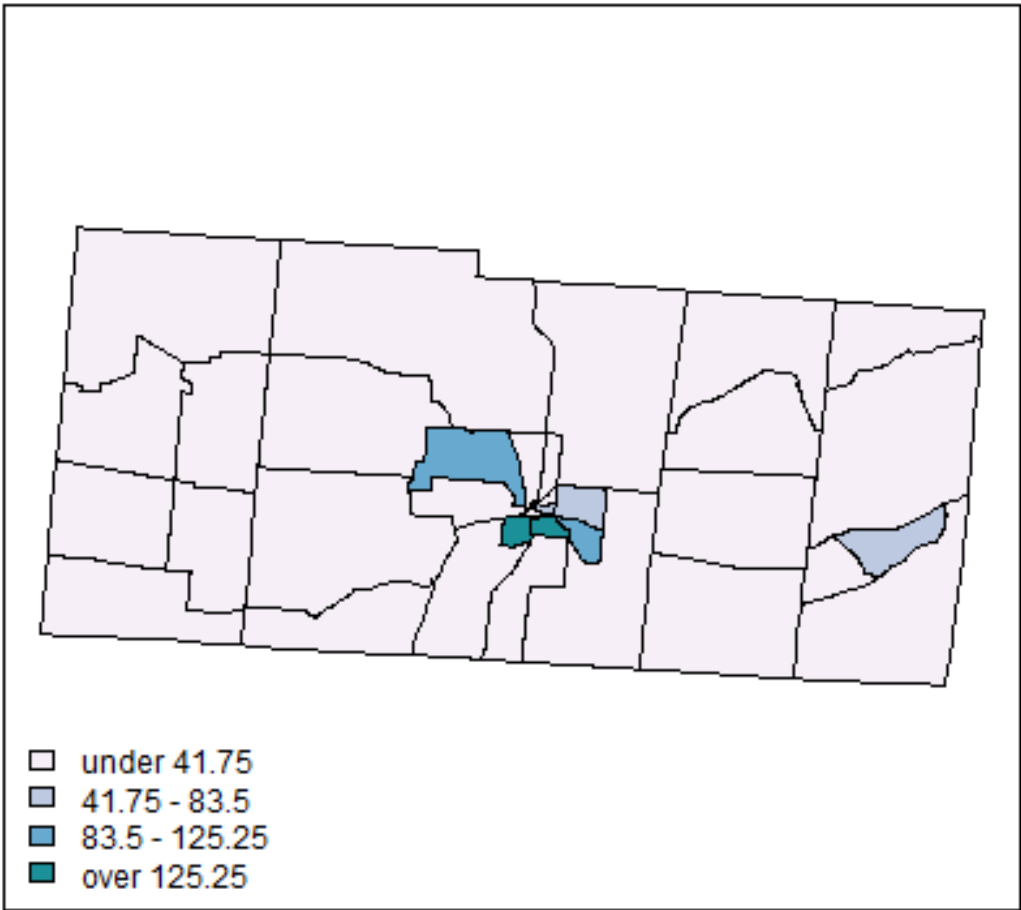
#### Champaign County Total\_Population



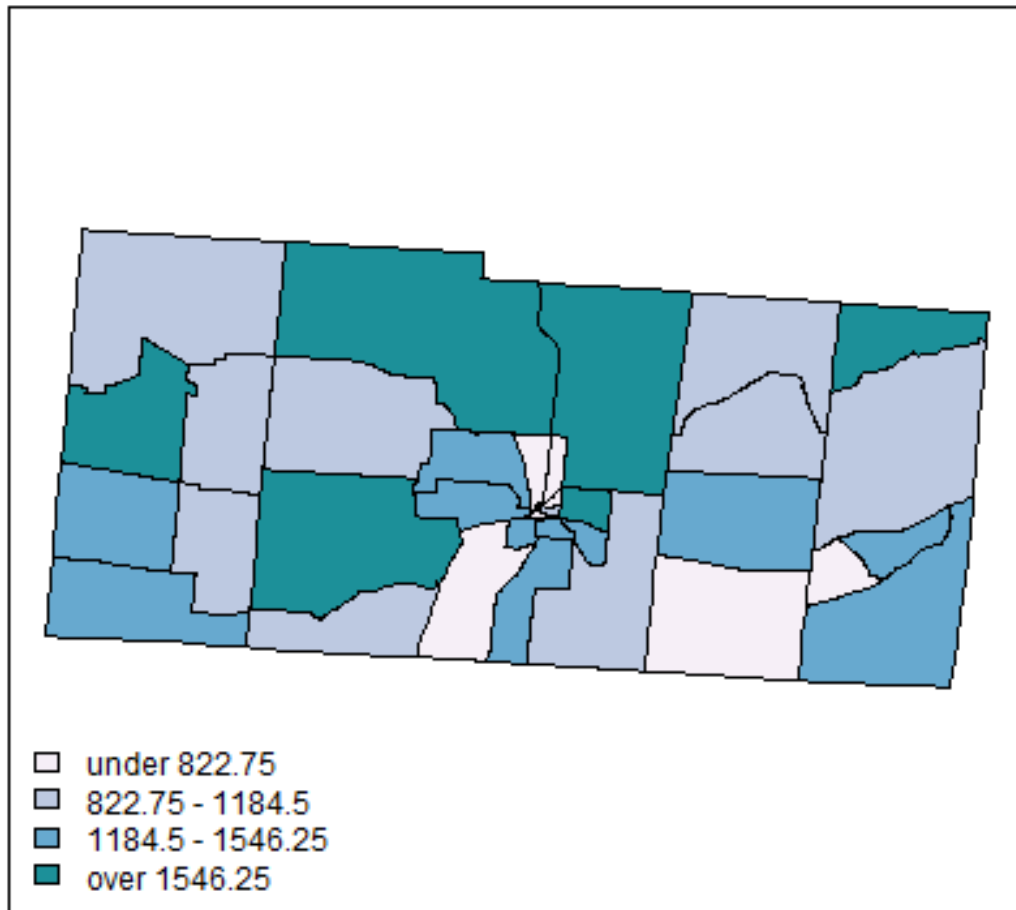
### Champaign County White



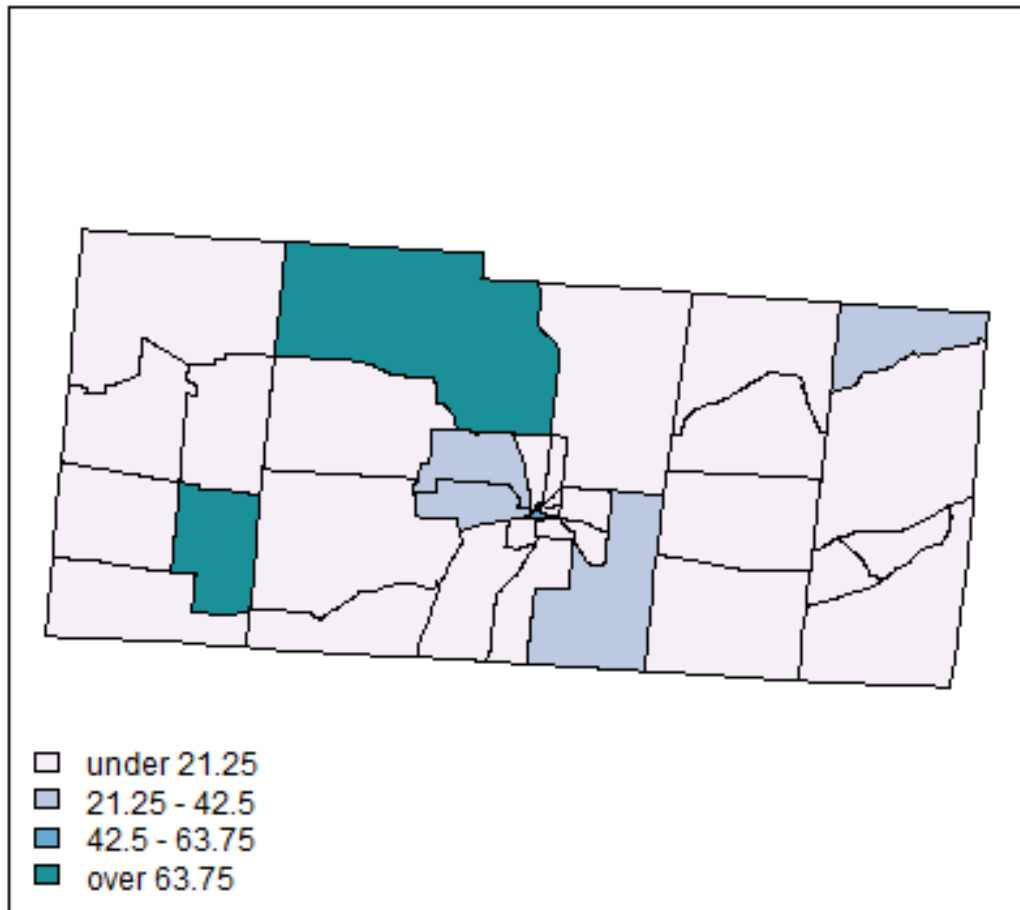
# Champaign County Black



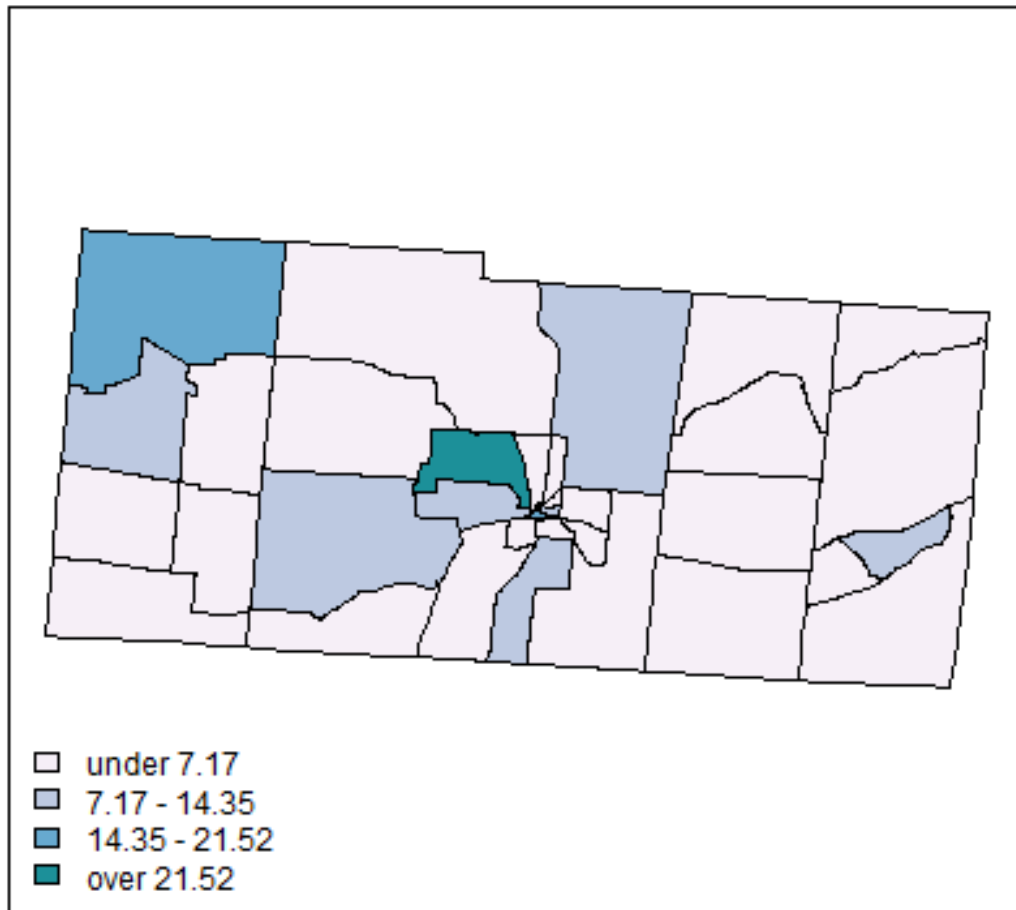
### Champaign County Non\_Hispanic



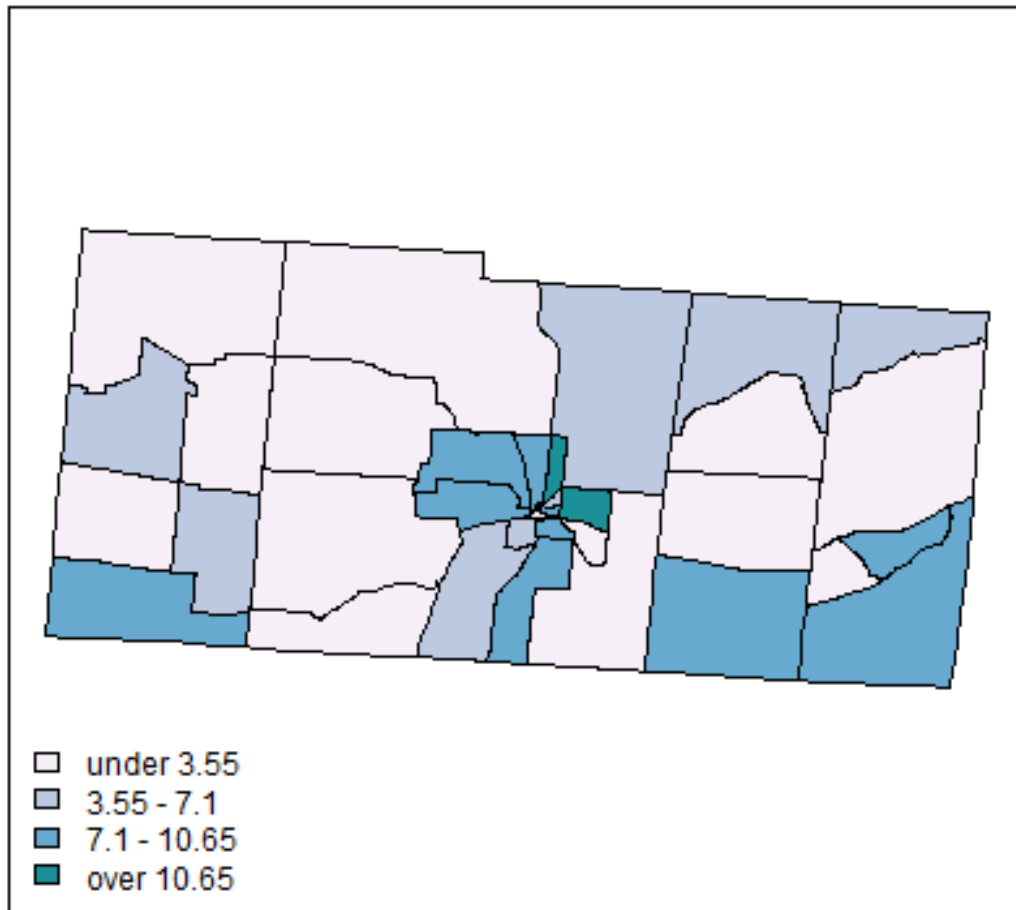
## Champaign County Hispanic



### Champaign County Percent Families\_In\_Poverty



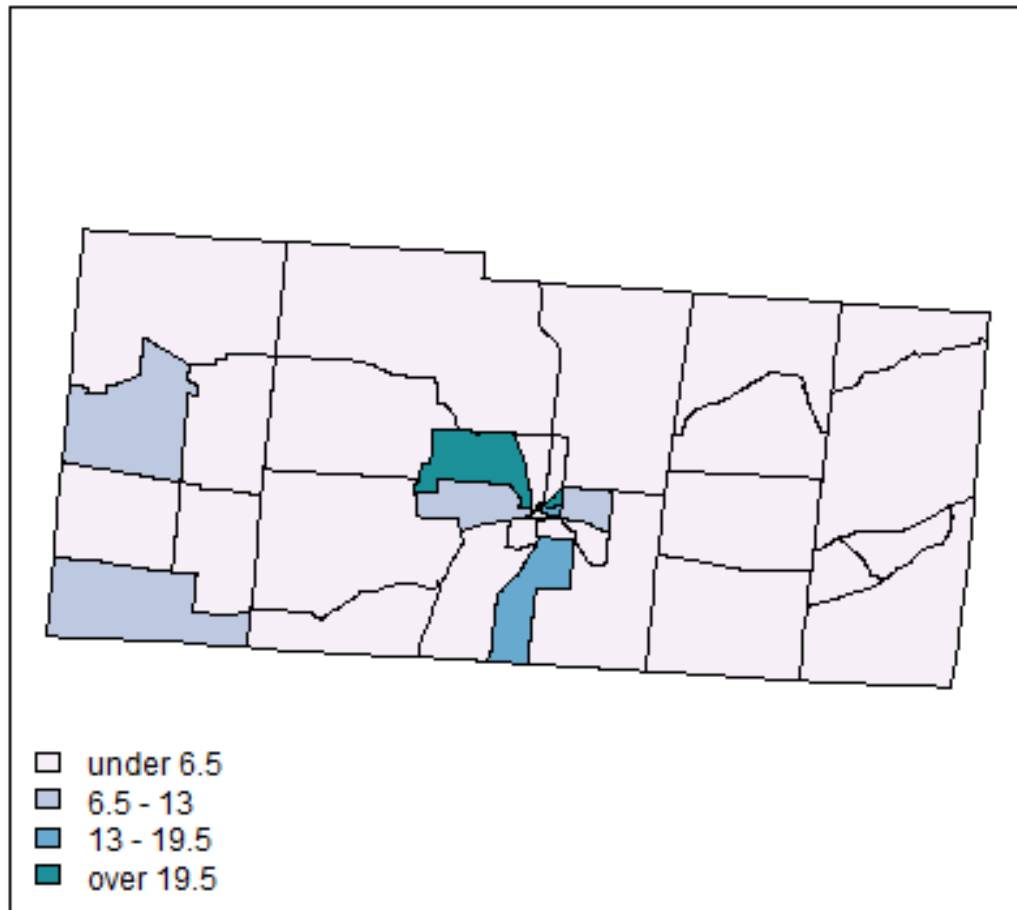
### Champaign County Percent\_Nonfamilies\_In\_Poverty



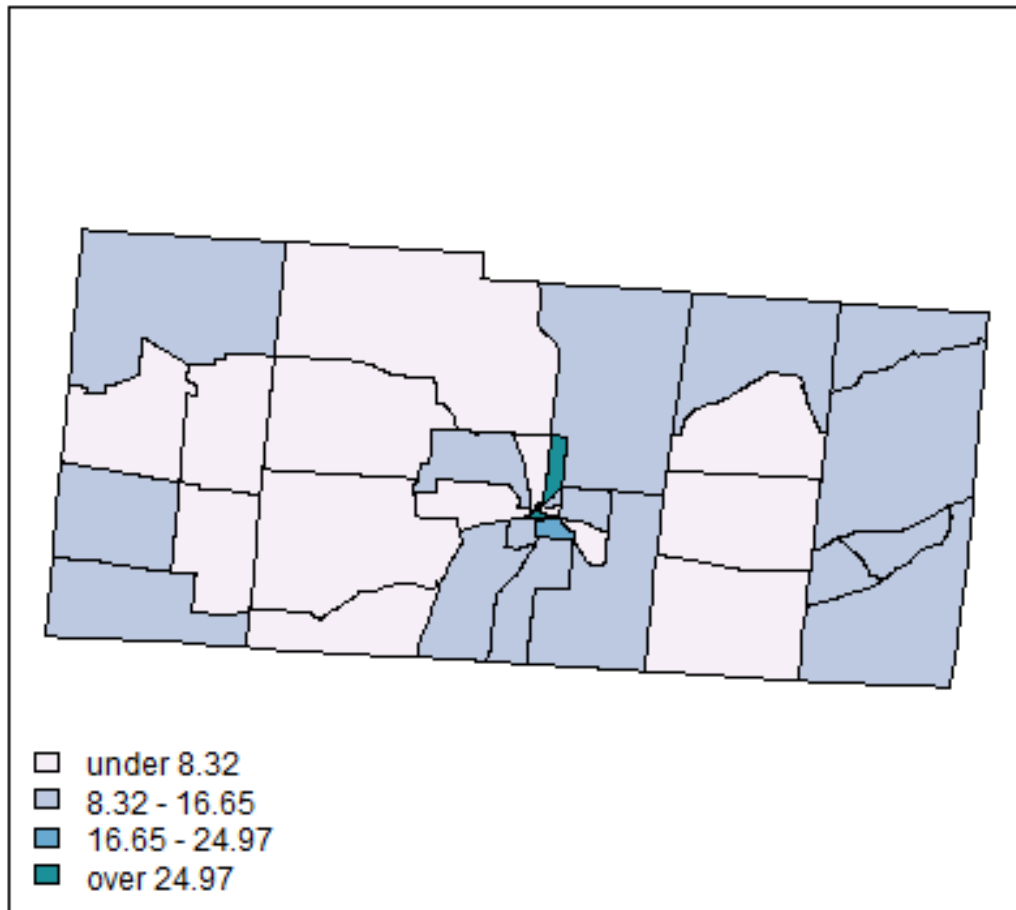




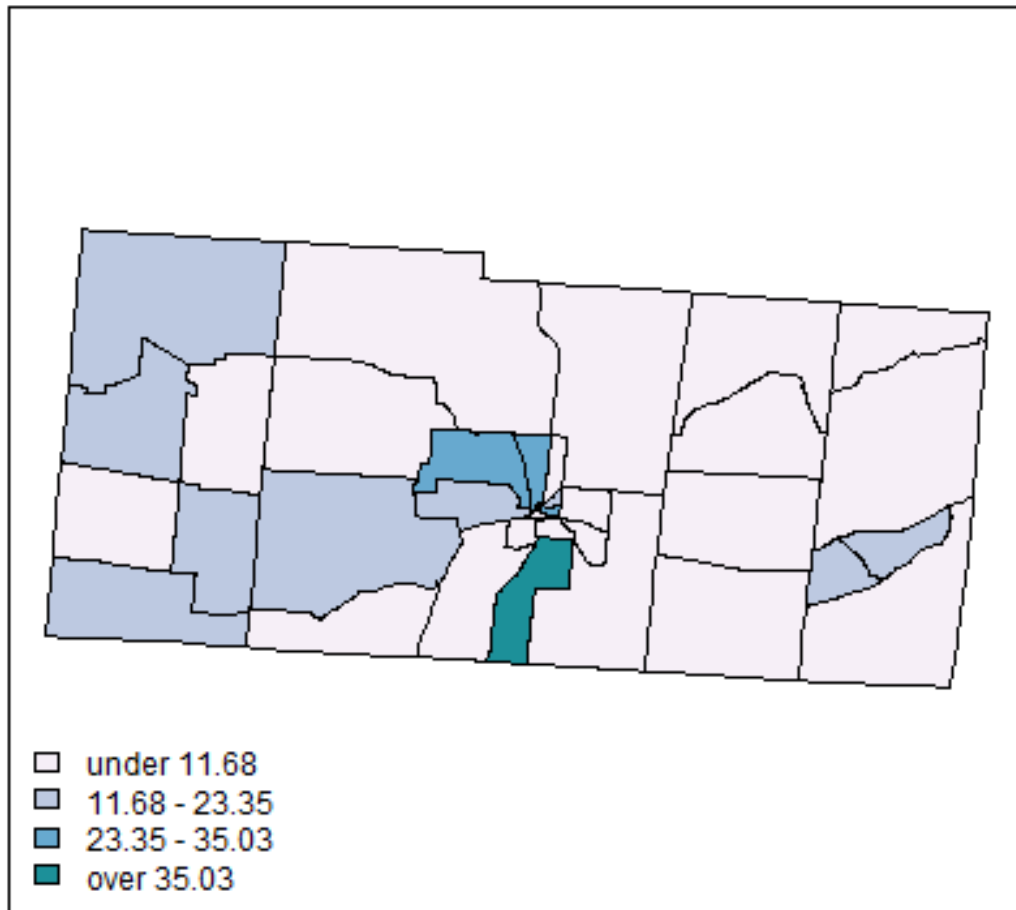
## Champaign County Percent Families\_With\_Public\_Assistance



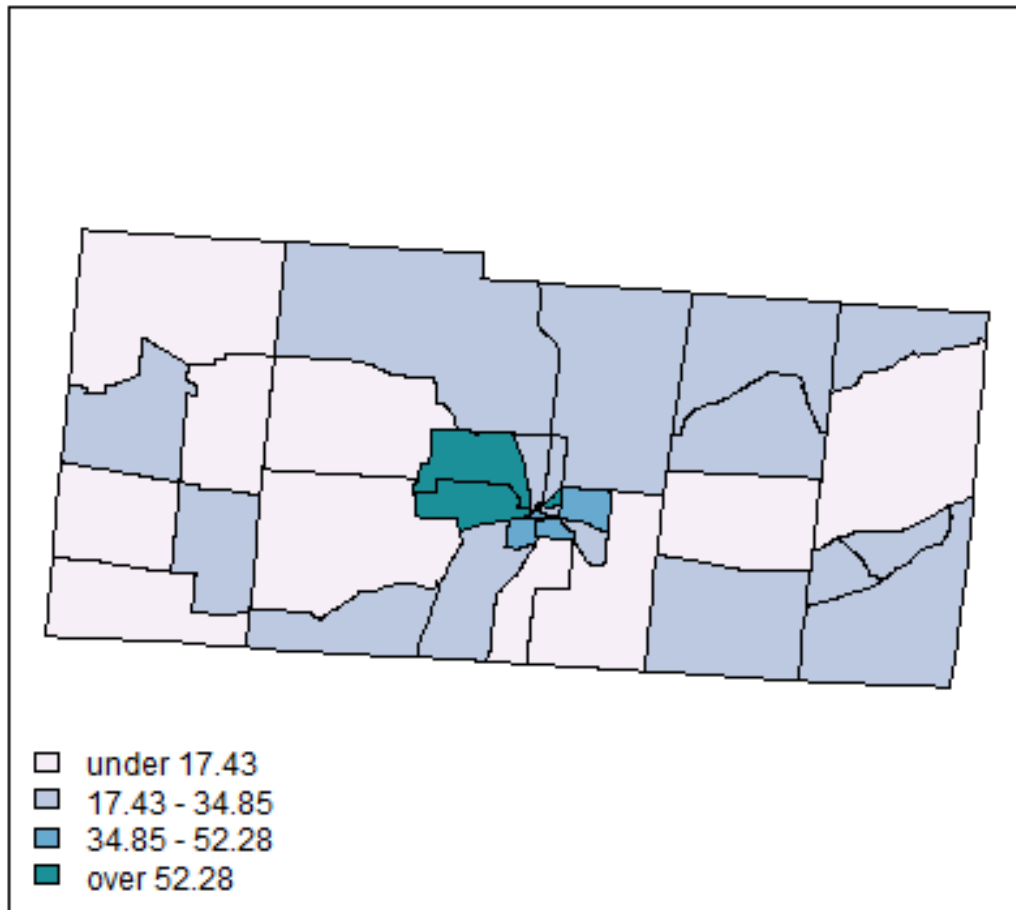
## Champaign County Percent\_Vacant\_Homes



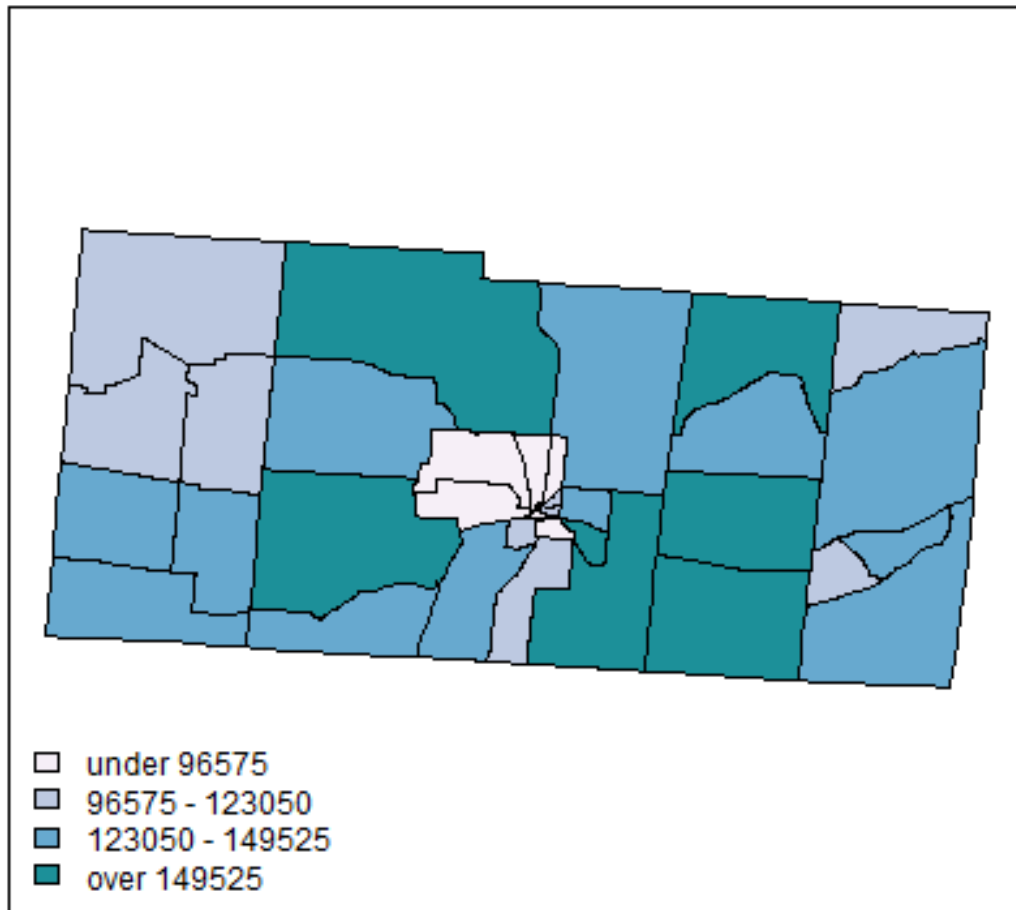
### Champaign County Percent\_Unemployed



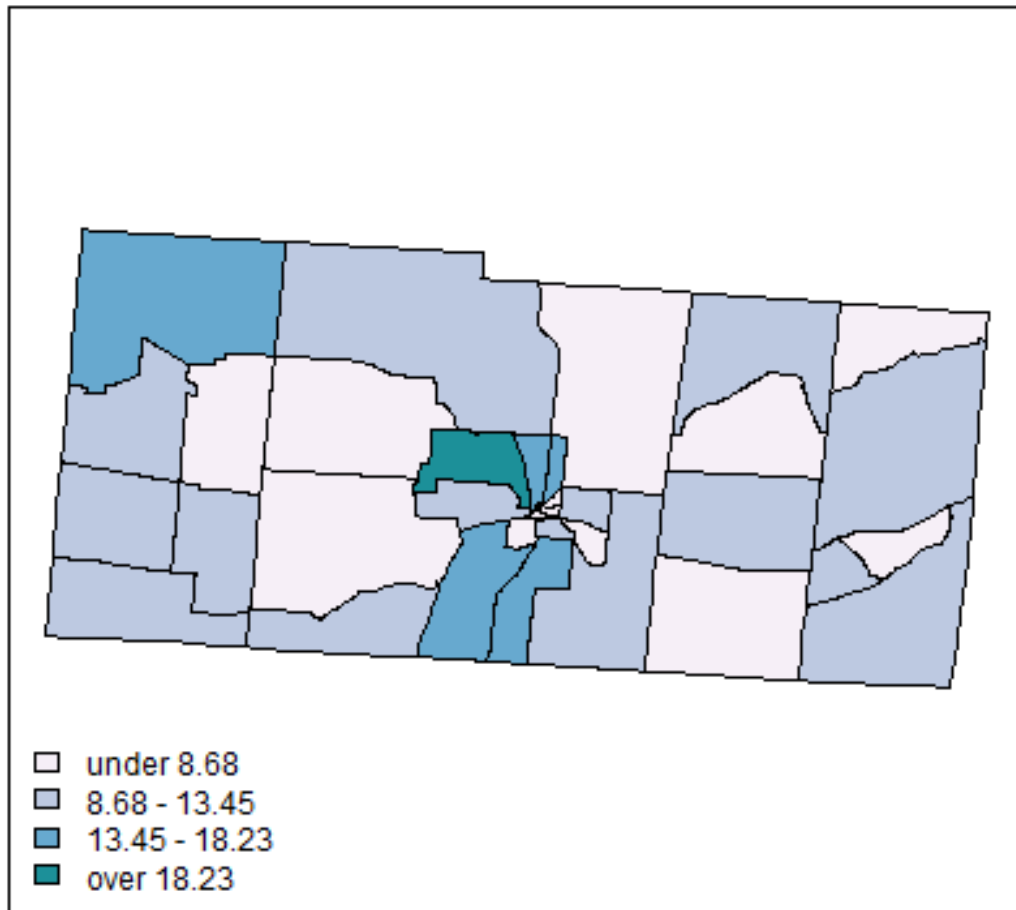
### Champaign County Percent\_Renting



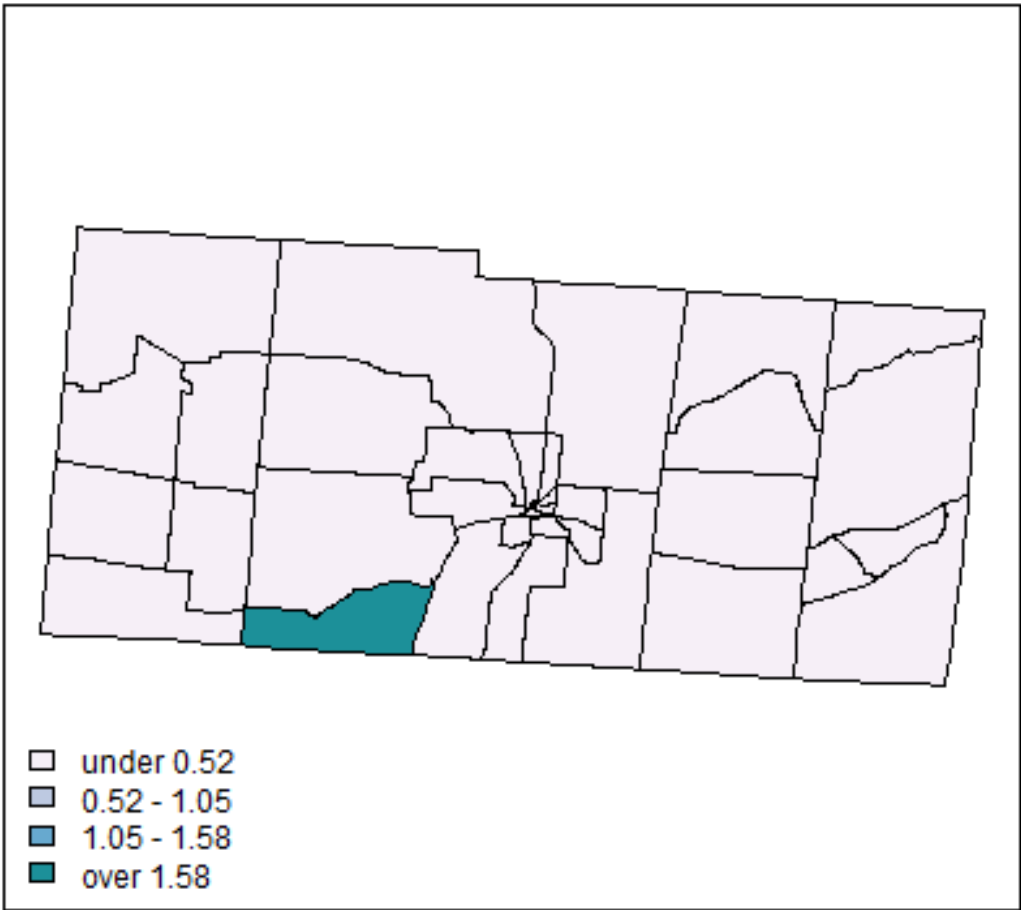
## Champaign County Median\_House\_Value



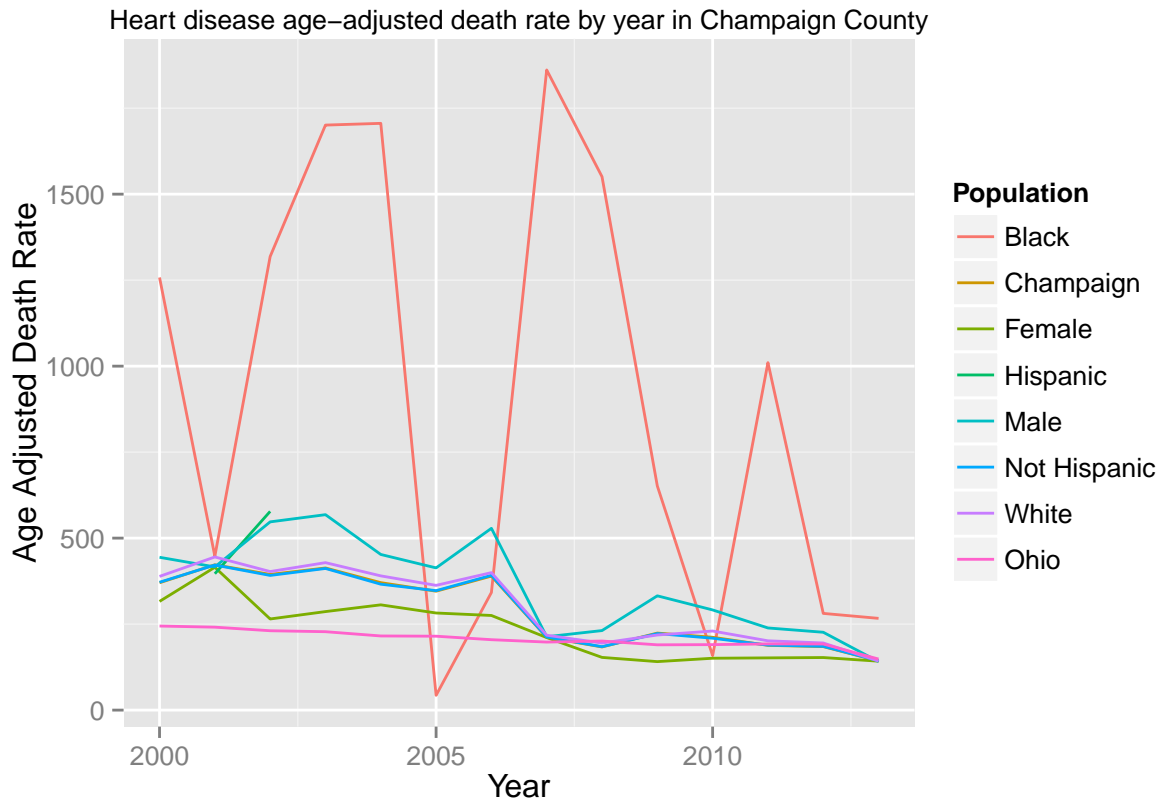
### Champaign County Percent\_No\_High\_School



### Champaign County Percent\_Limited\_English

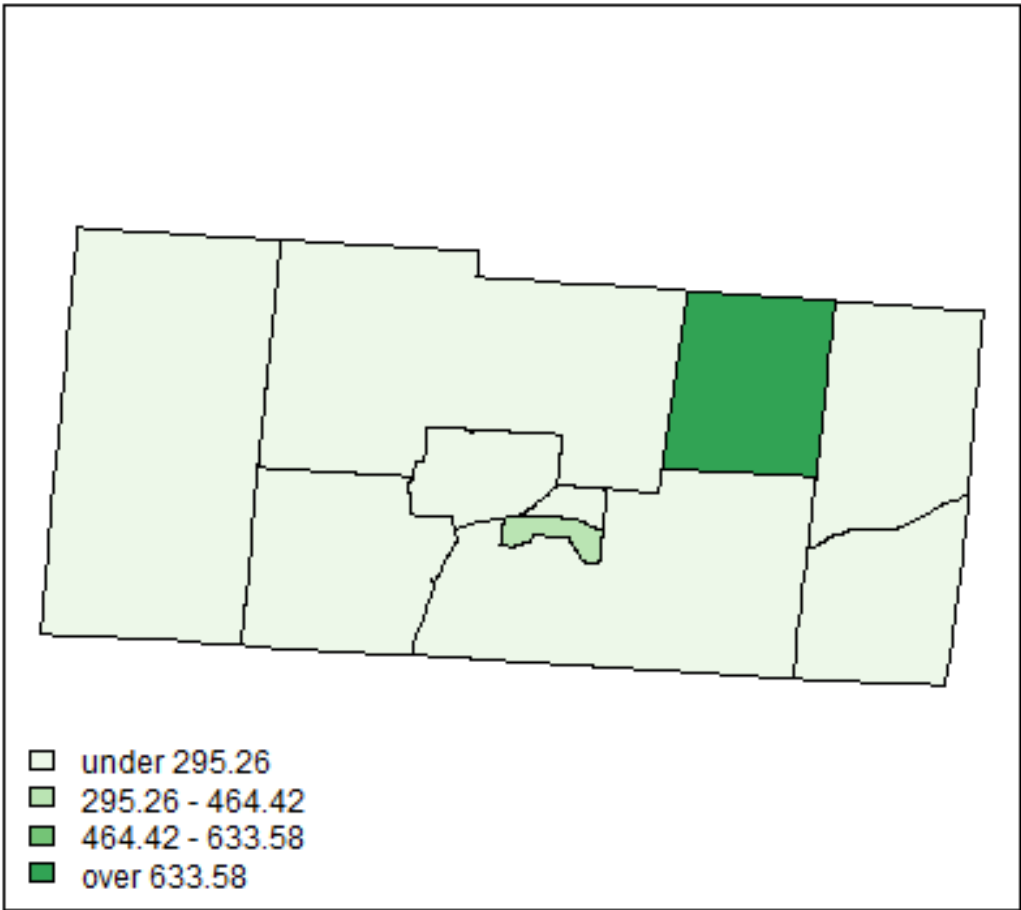


# Death

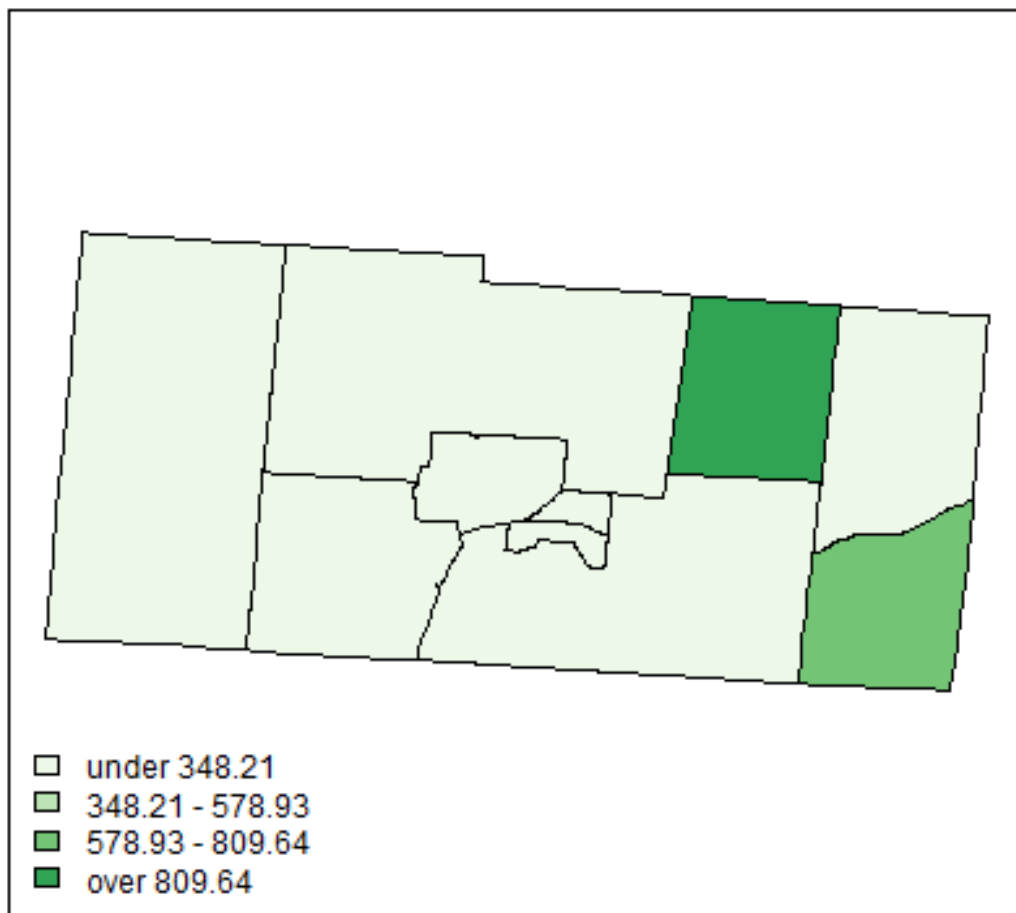




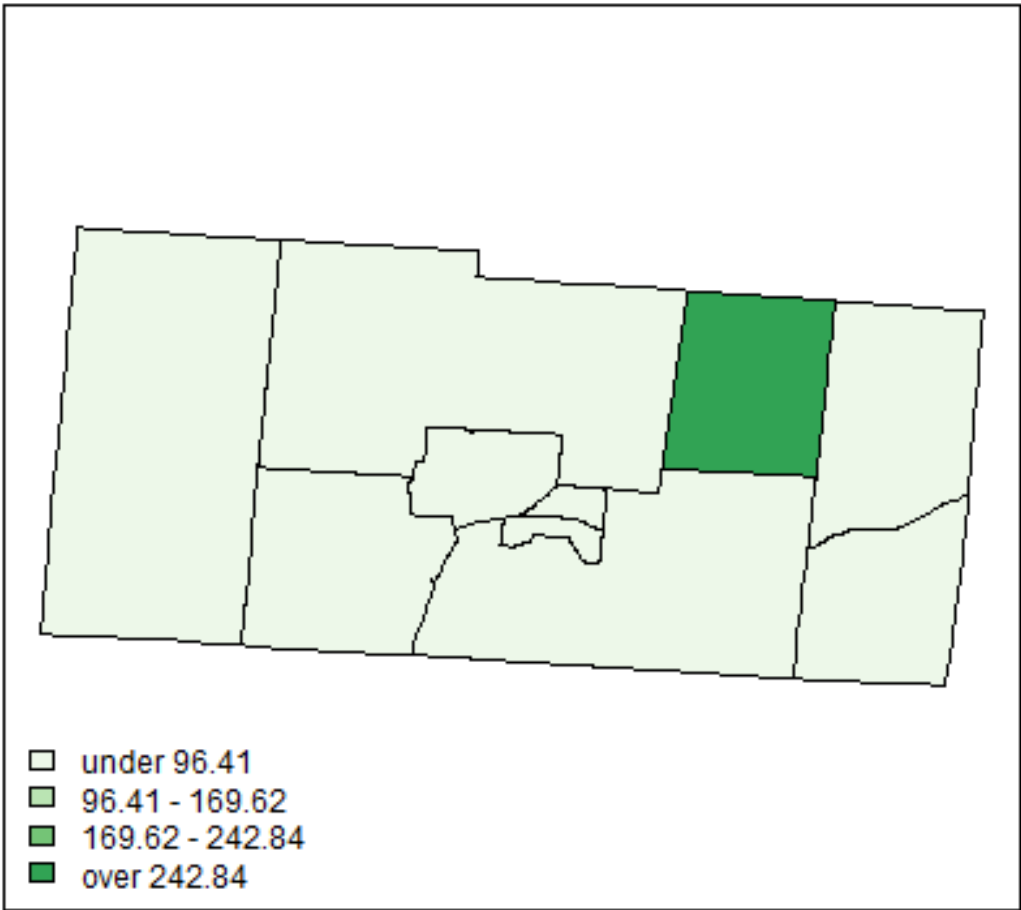
### Champaign County Heart disease age-adjusted death rates



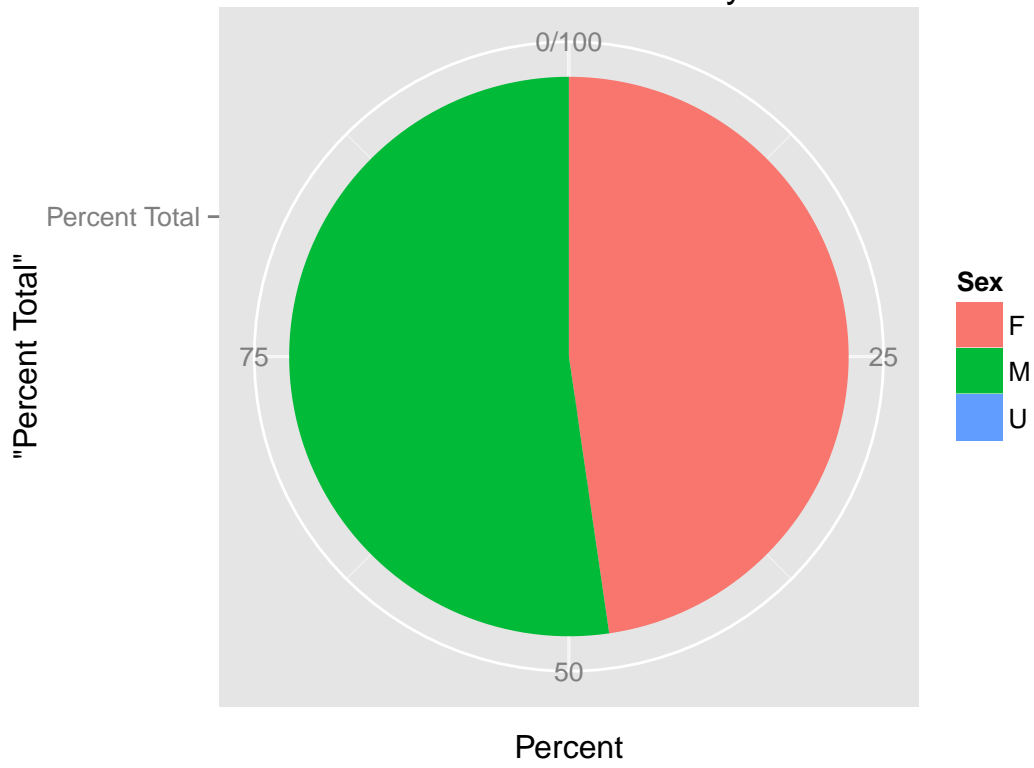
### Champaign County Cancer age-adjusted death rates



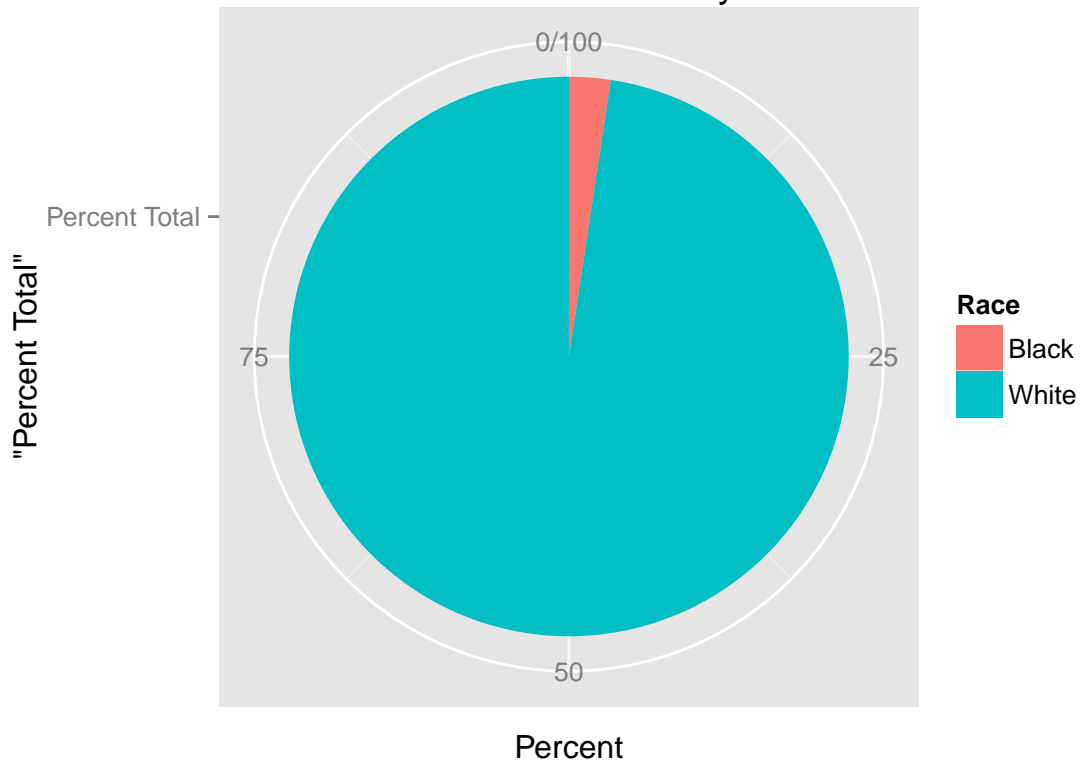
**Champaign County Cerebrovascular diseases age-adjusted death ra**



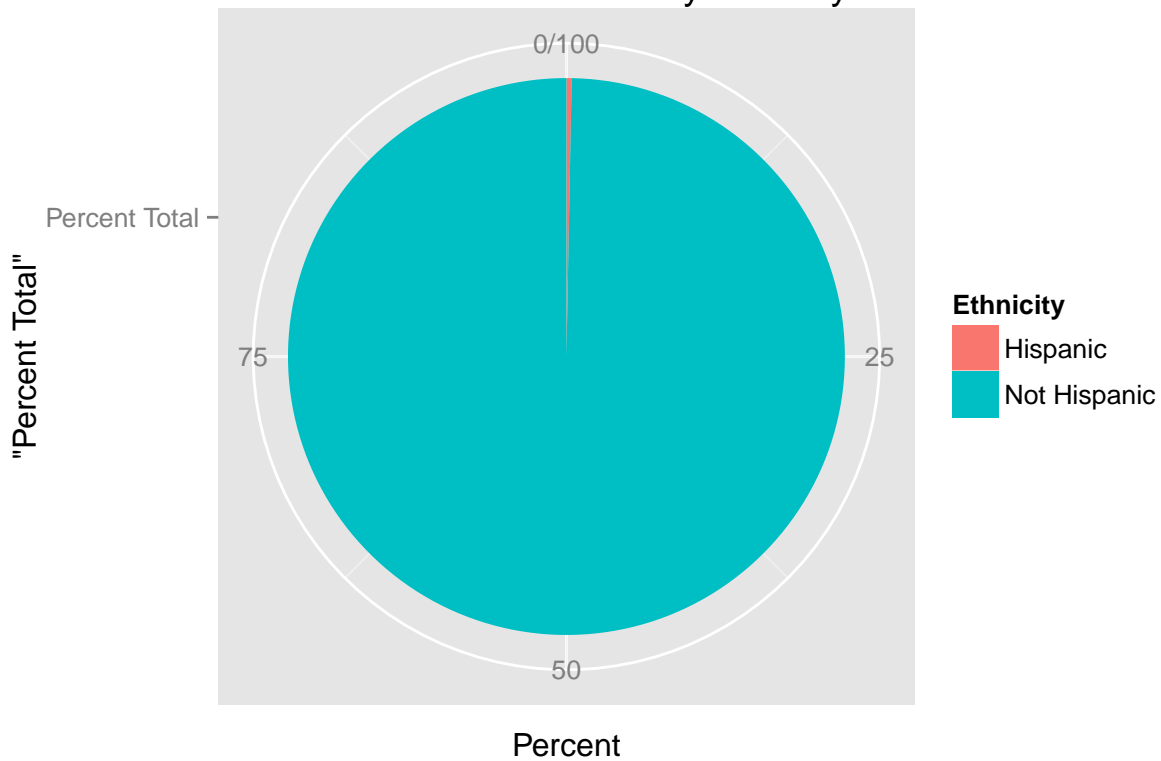
Percent Heart disease by sex



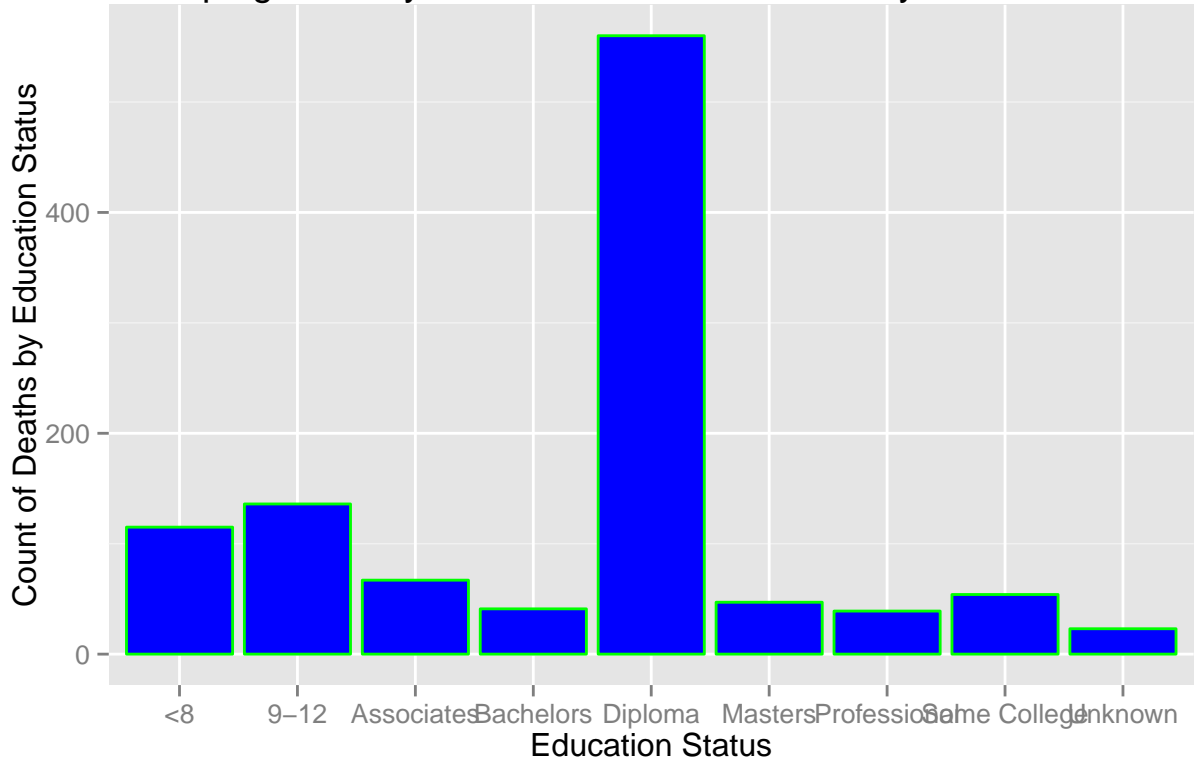
Percent Heart disease by race



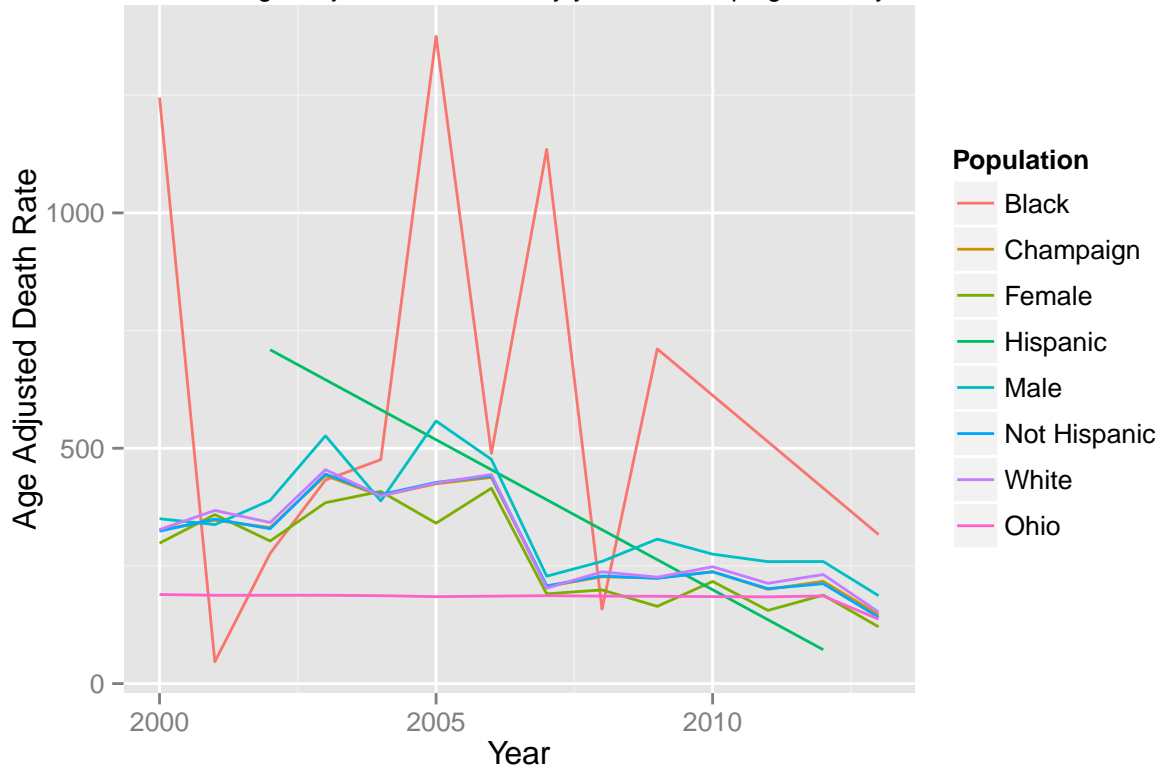
Percent Heart disease by ethnicity



Champaign County total Heart disease deaths by education status

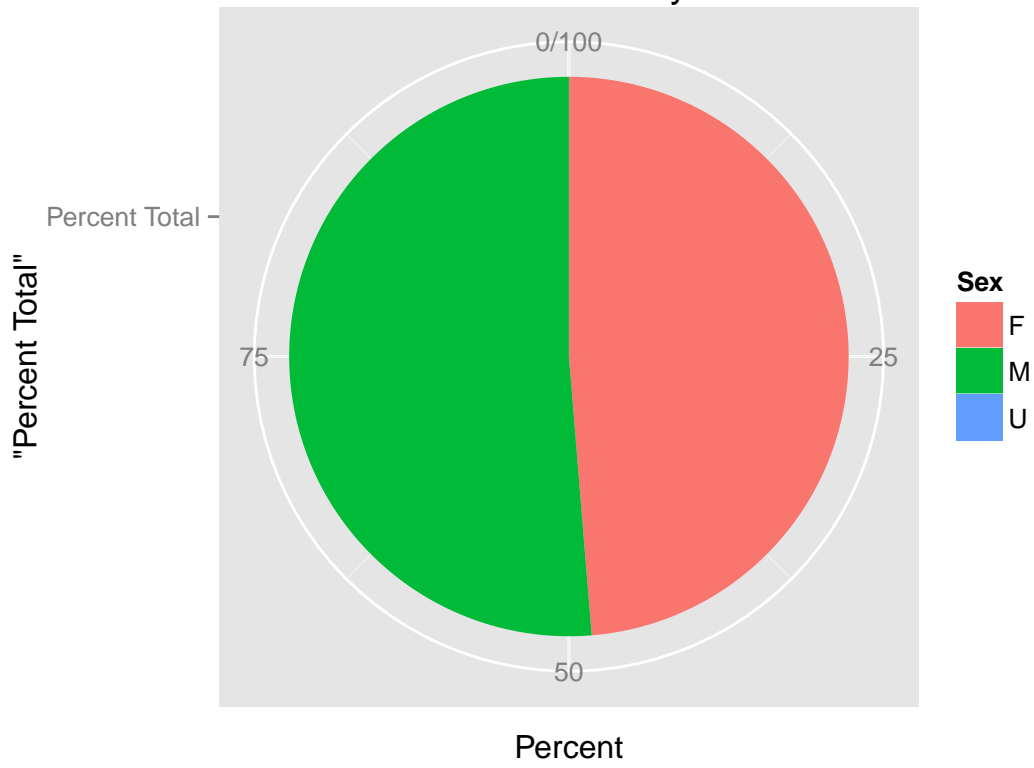


Cancer age-adjusted death rate by year in Champaign County

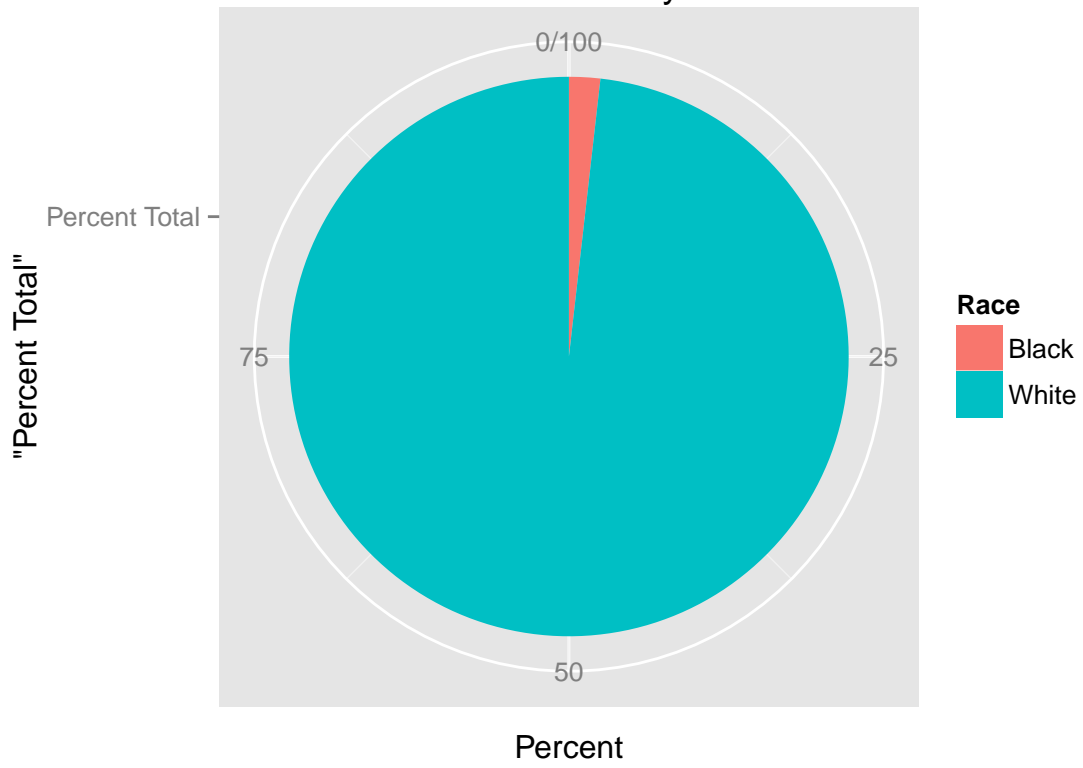




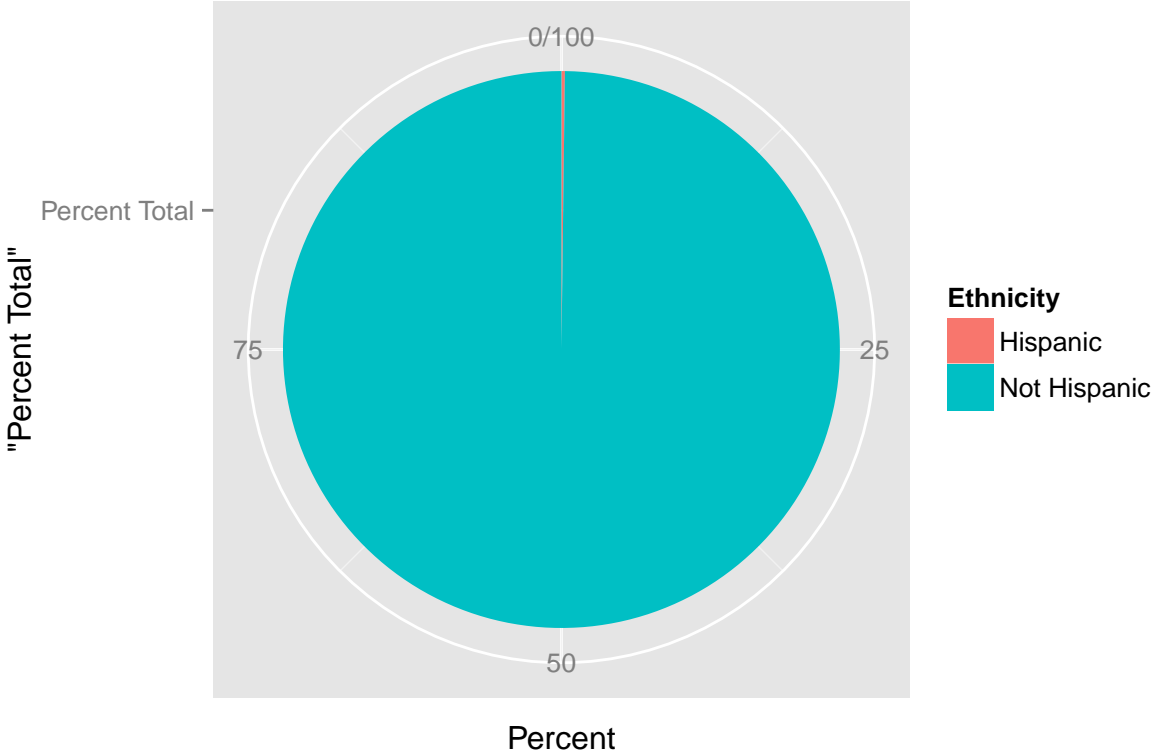
Percent Cancer by sex



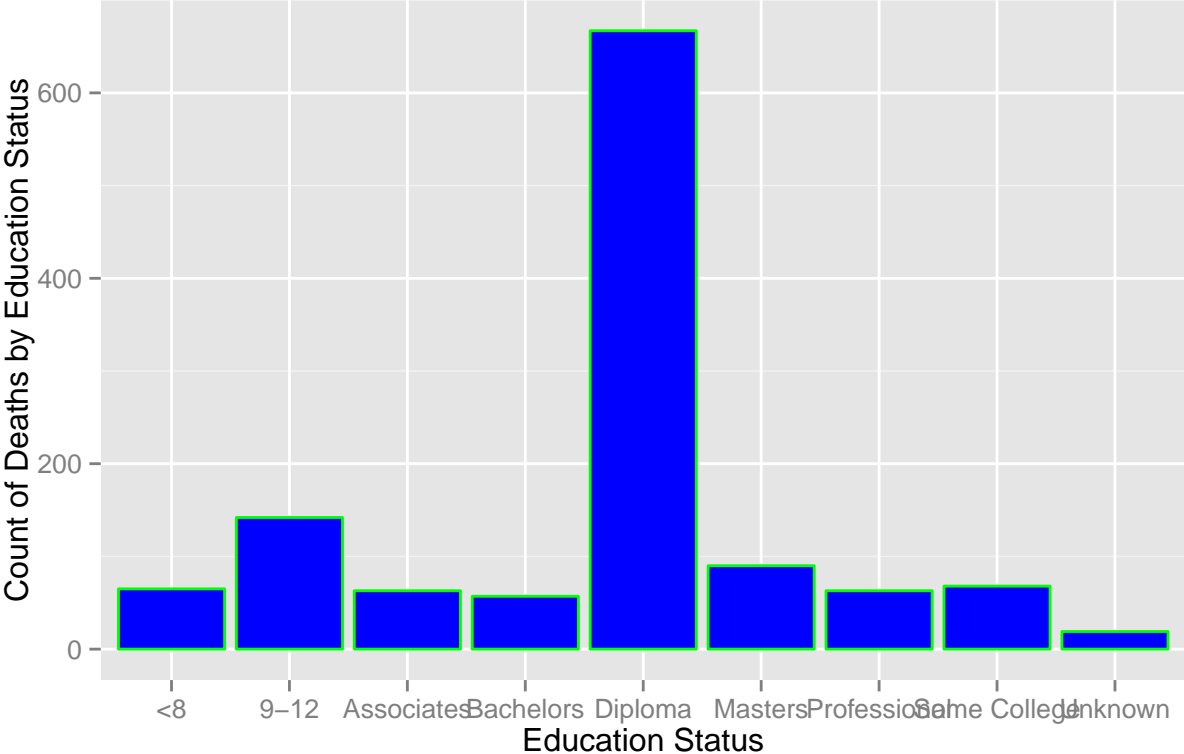
Percent Cancer by race



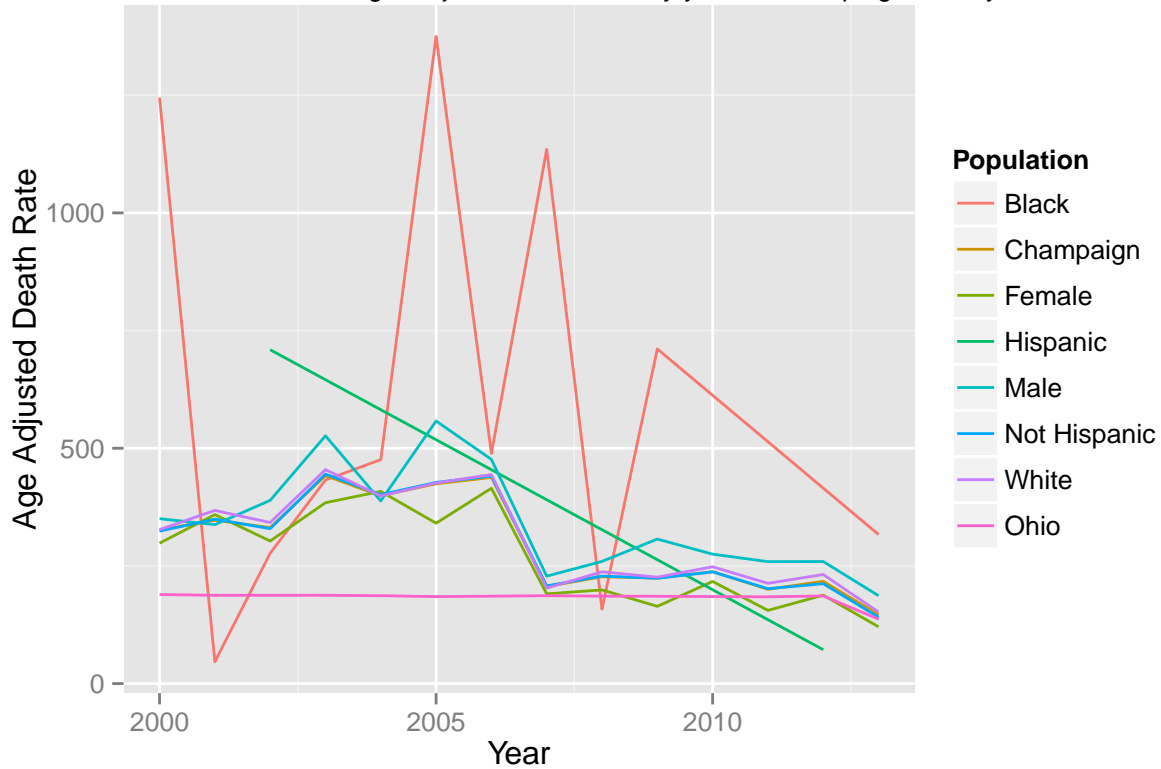
### Percent Cancer by ethnicity



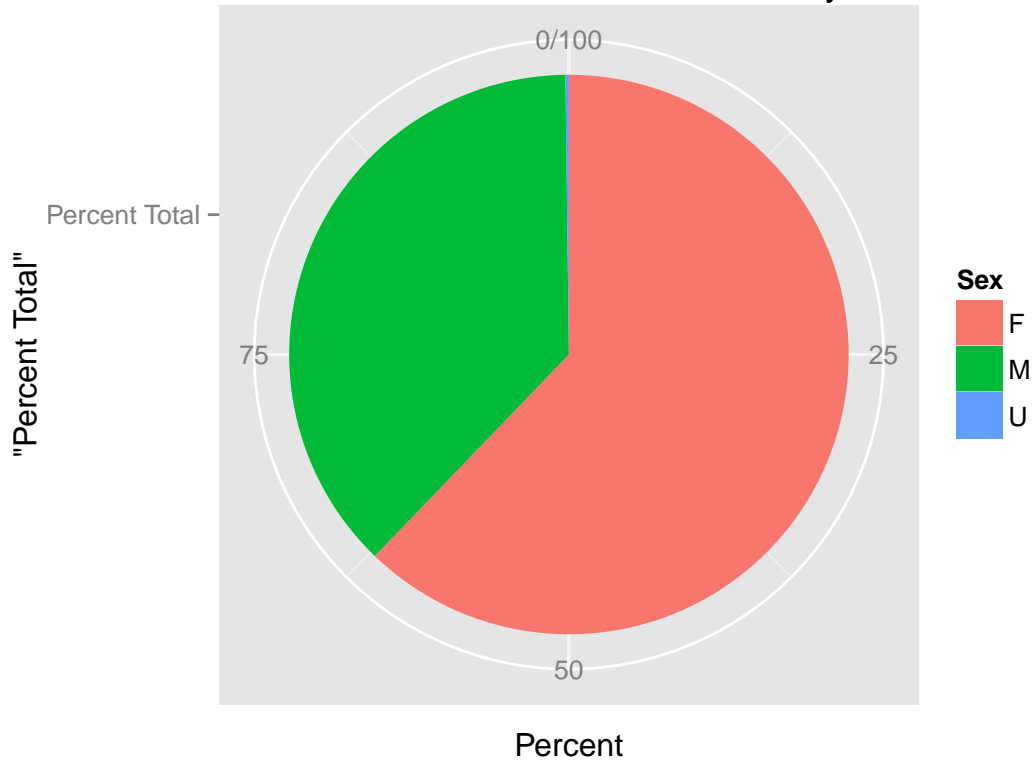
Champaign County total Cancer deaths by education status



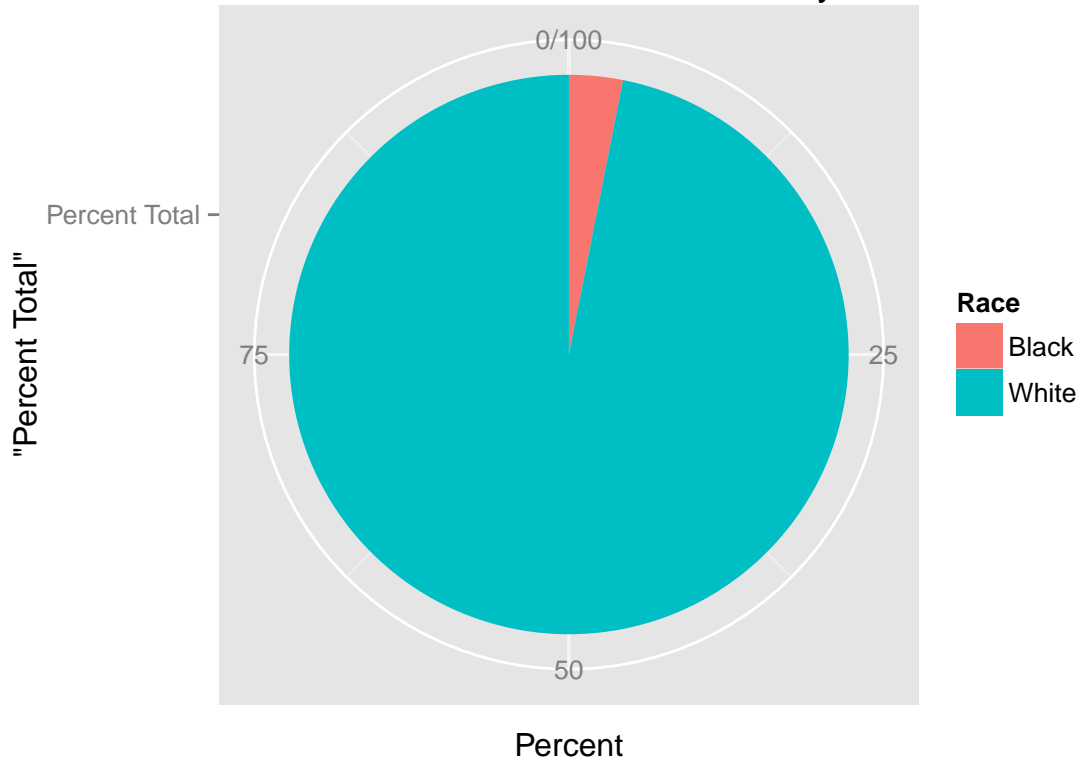
Cerebrovascular diseases age-adjusted death rate by year in Champaign County



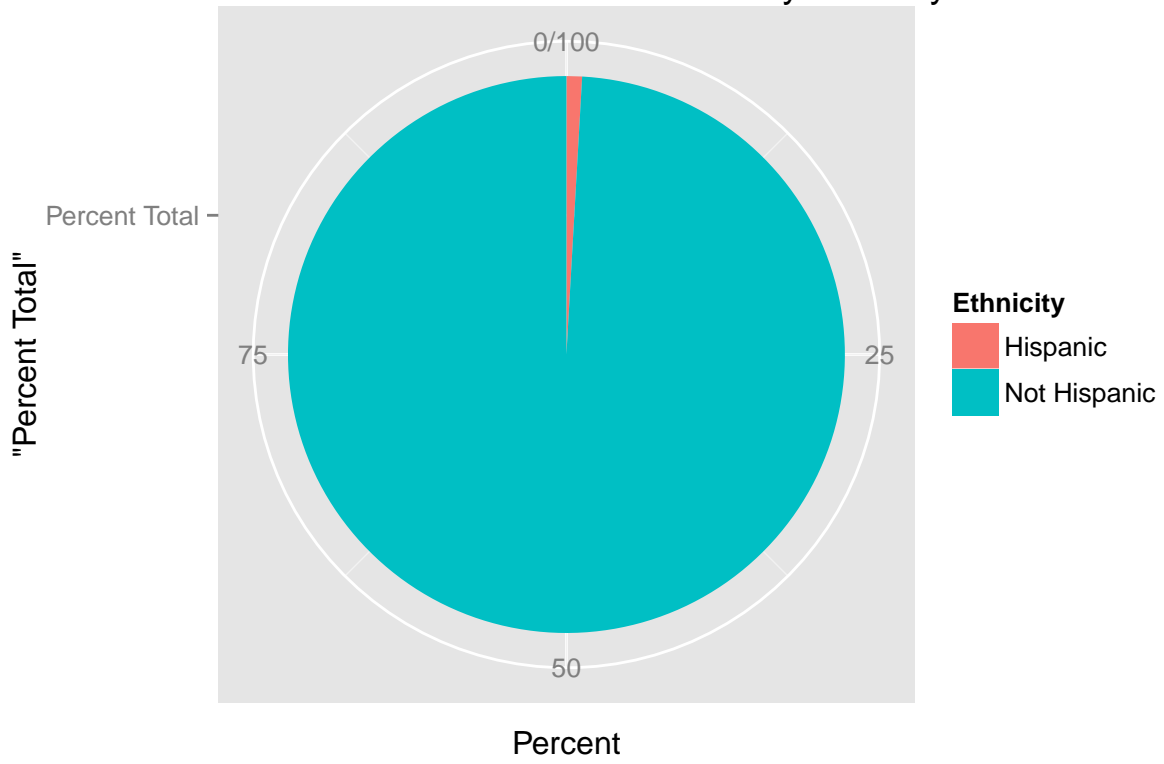
Percent Cerebrovascular diseases by sex



Percent Cerebrovascular diseases by race

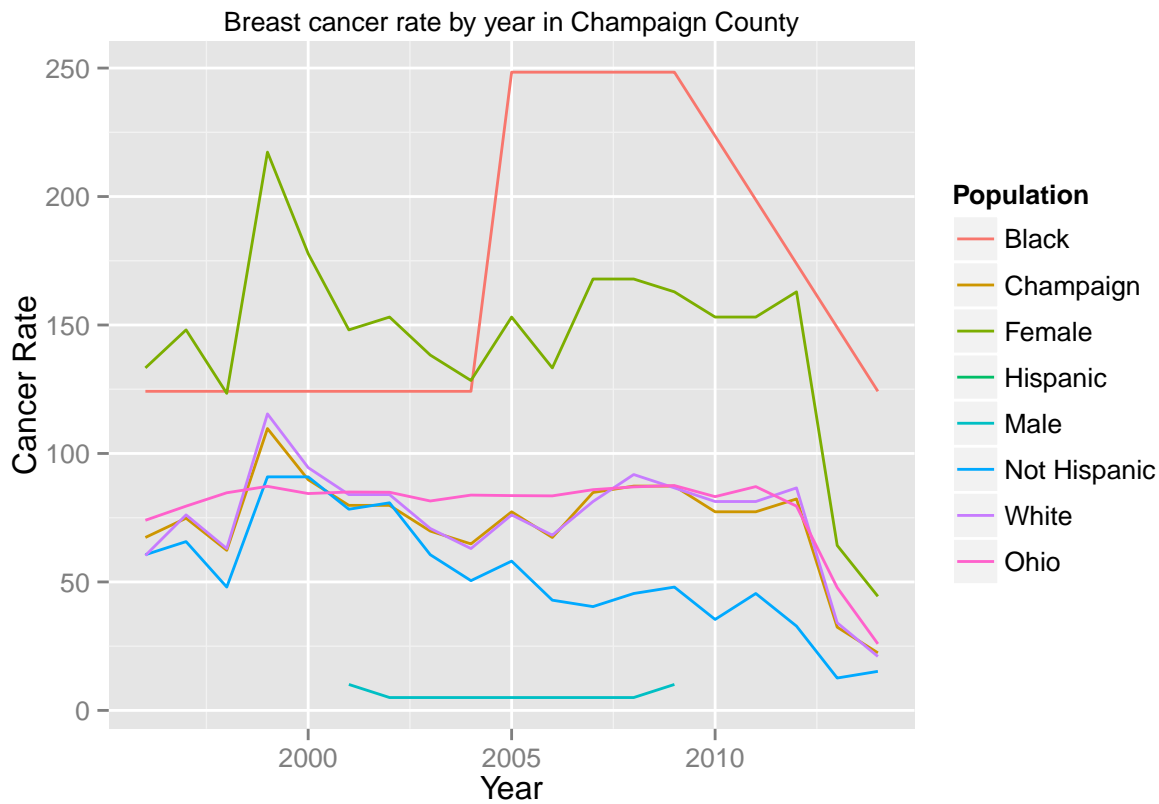


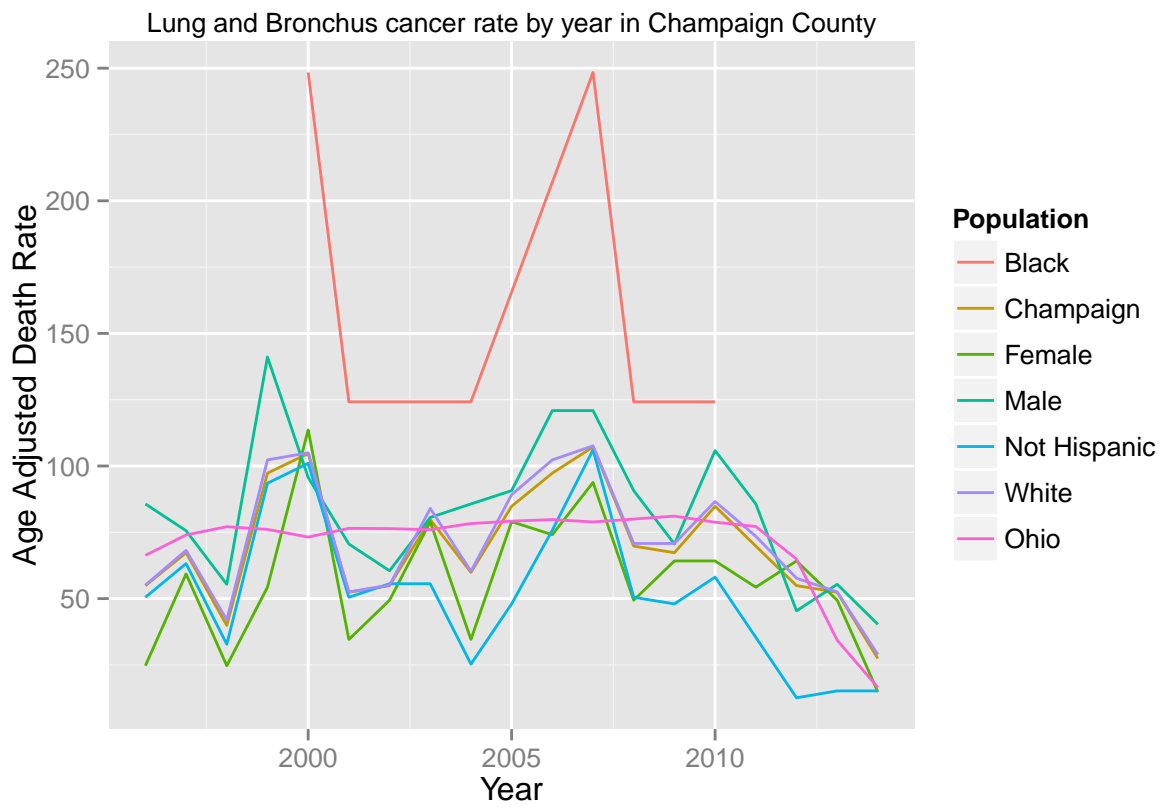
# Percent Cerebrovascular diseases by ethnicity

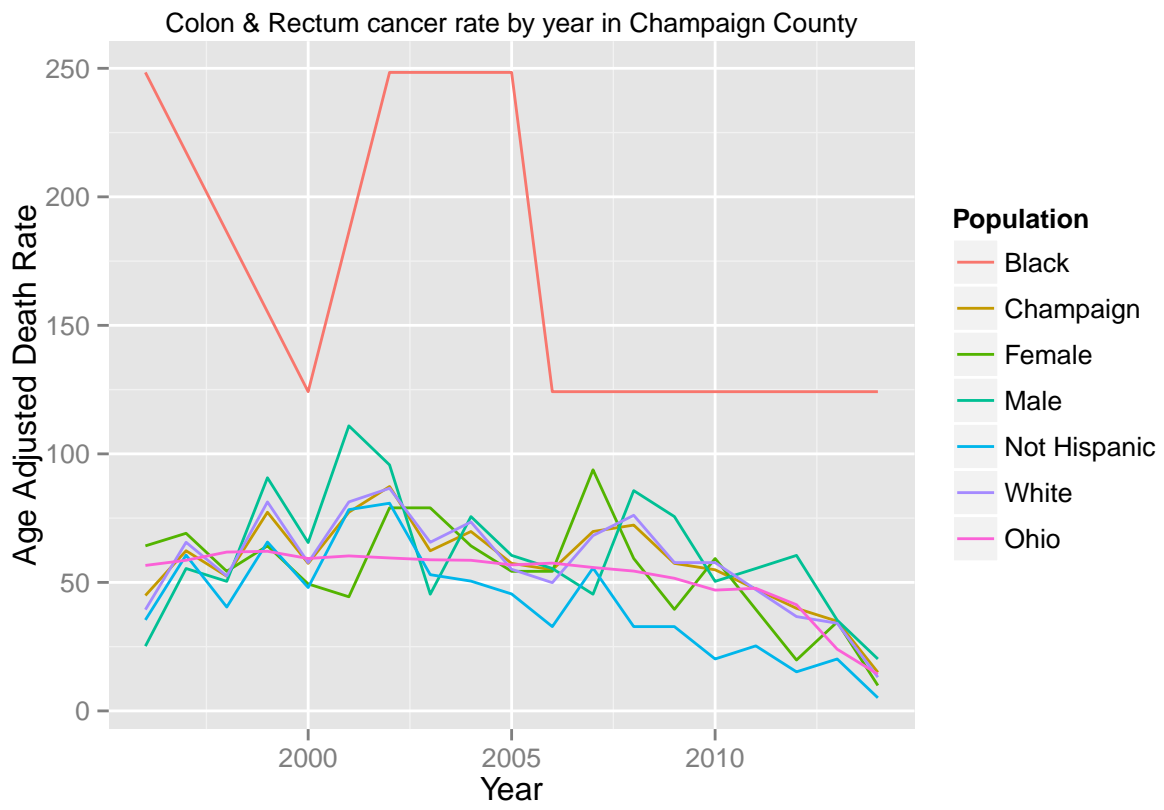




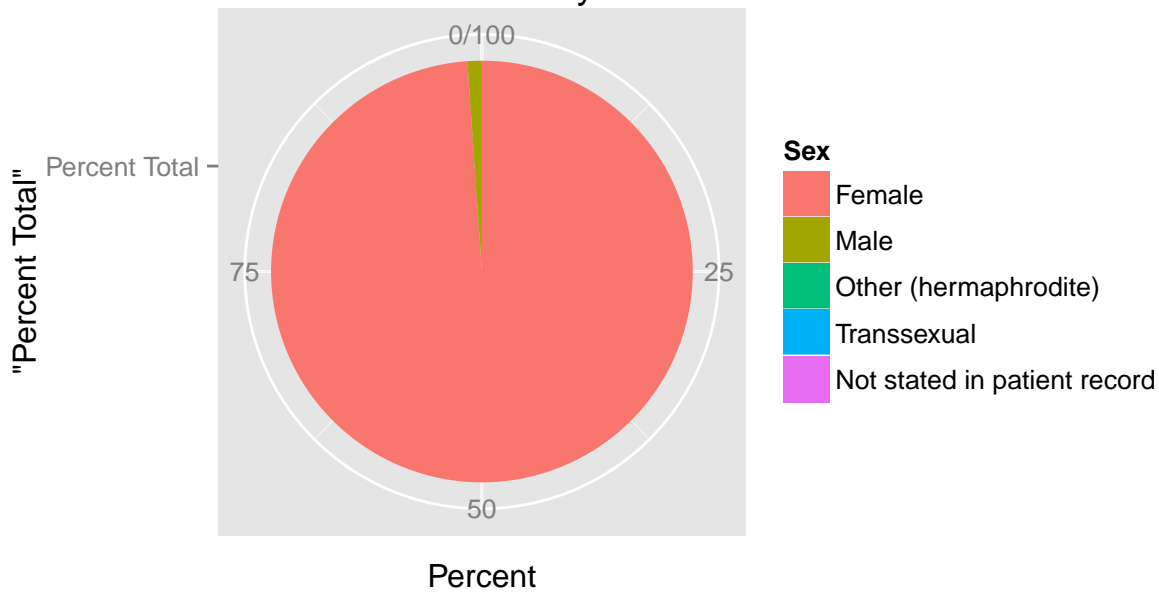
# Cancer

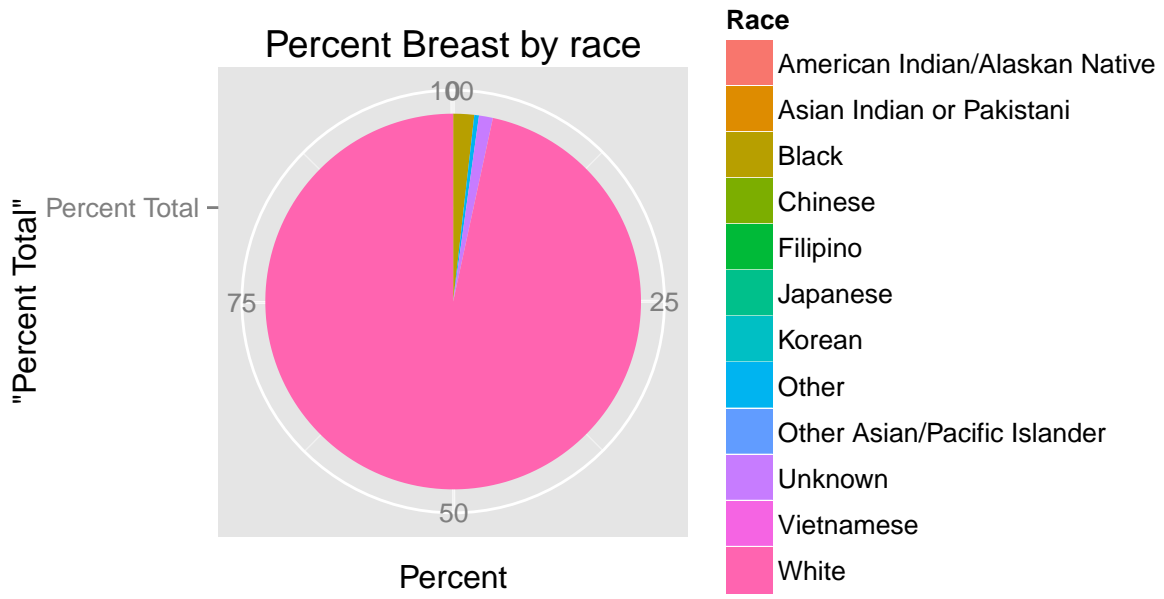




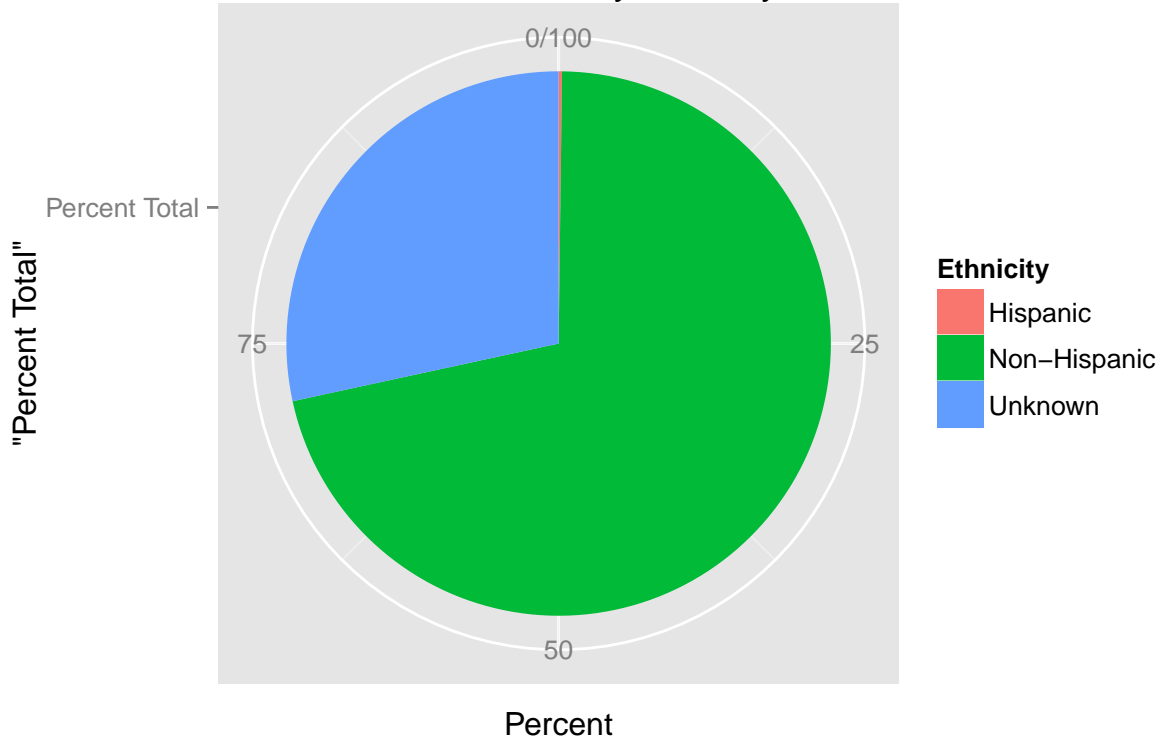


Percent Breast by sex

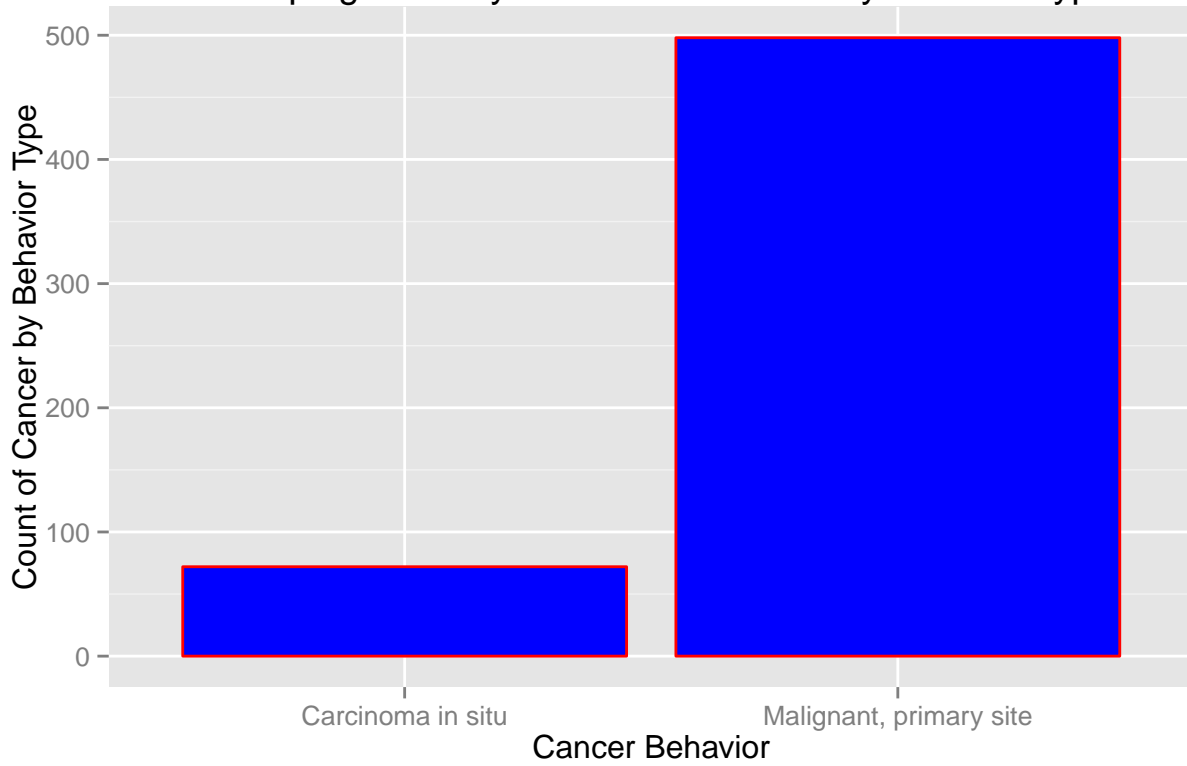




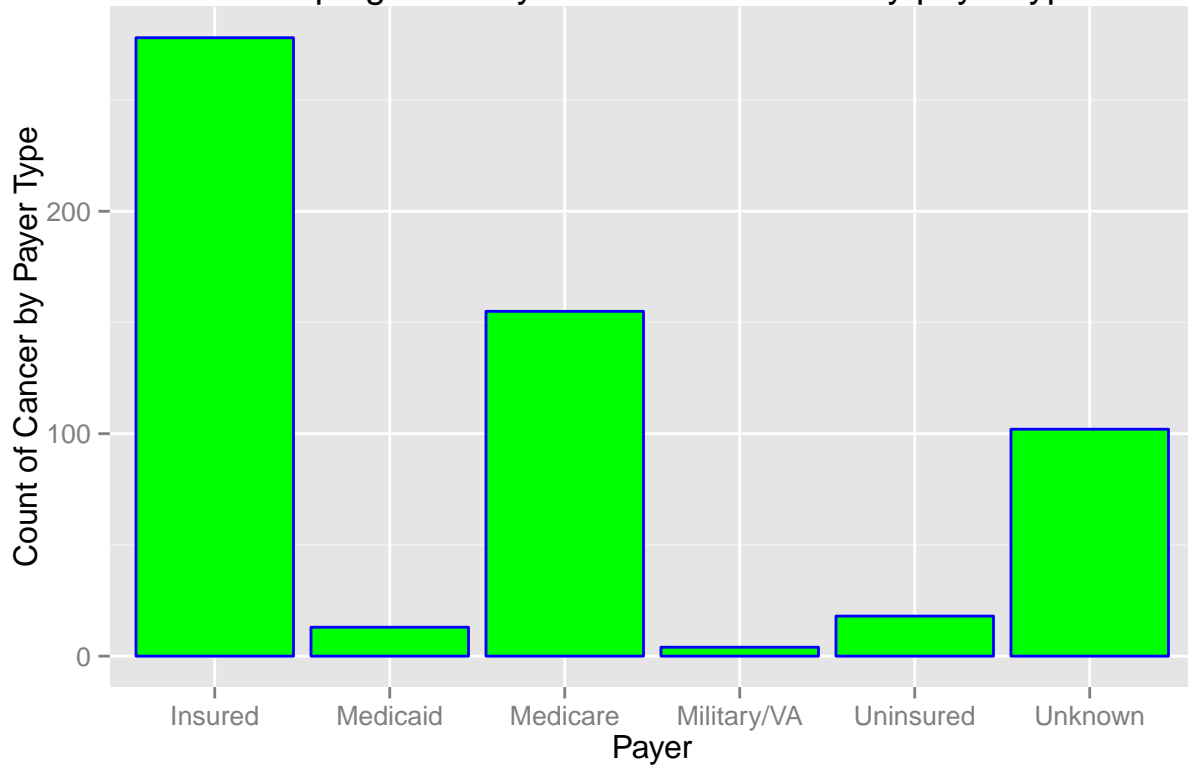
Percent Breast by ethnicity



Champaign County total Breast cancer by behavior type

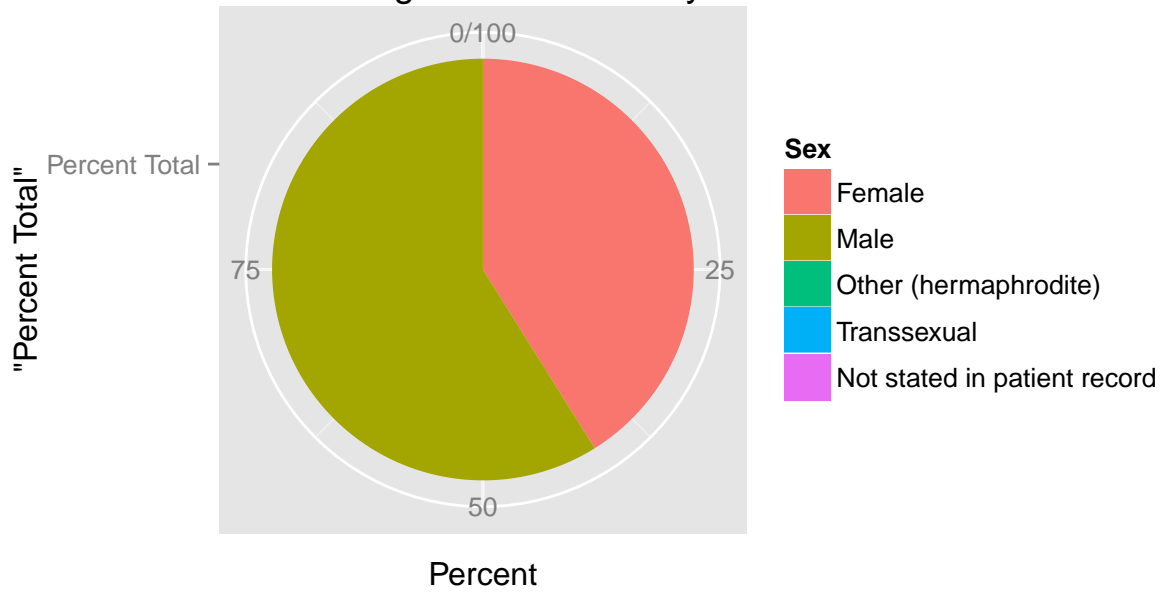


Champaign County total Breast cancer by payer type

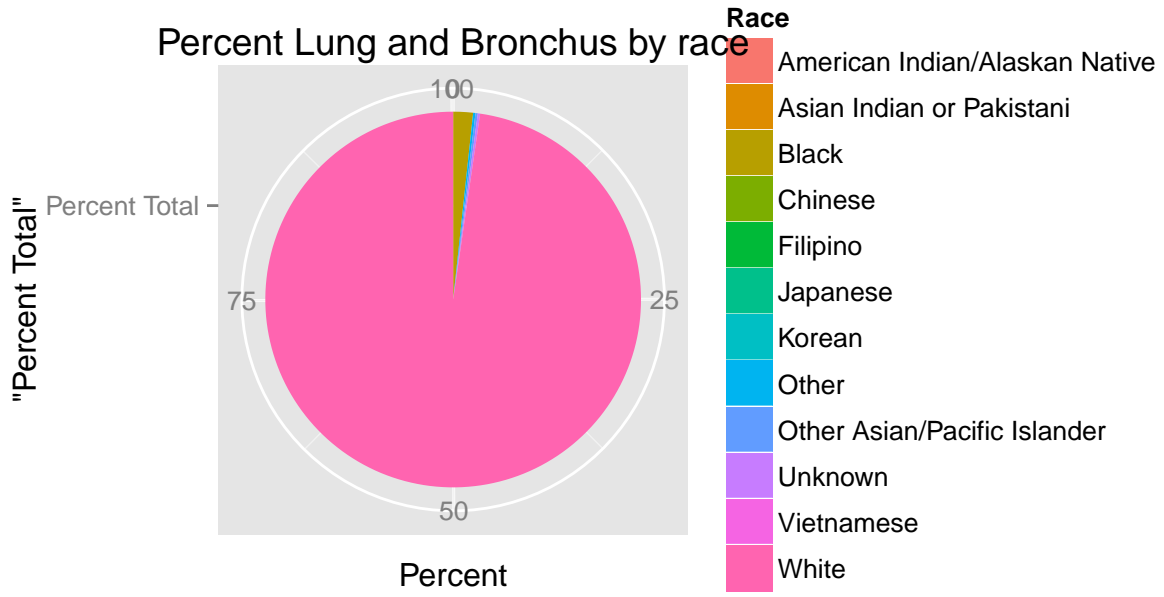




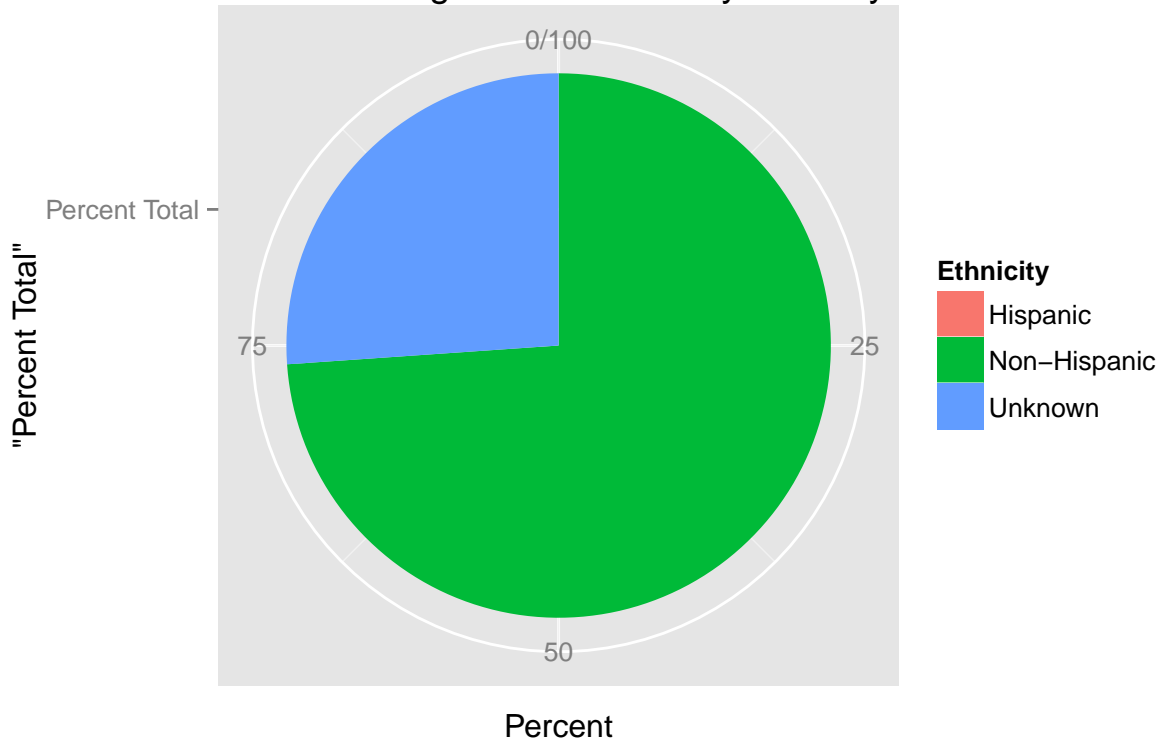
### Percent Lung and Bronchus by sex



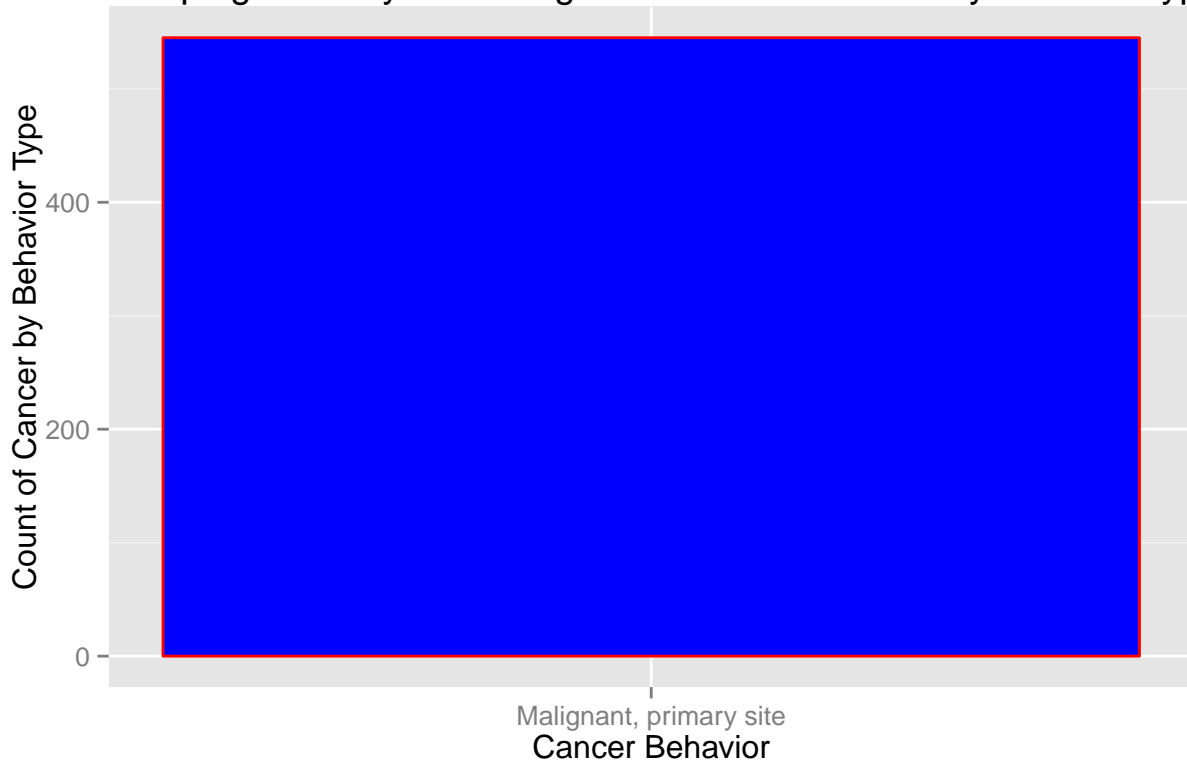
Percent Lung and Bronchus by race



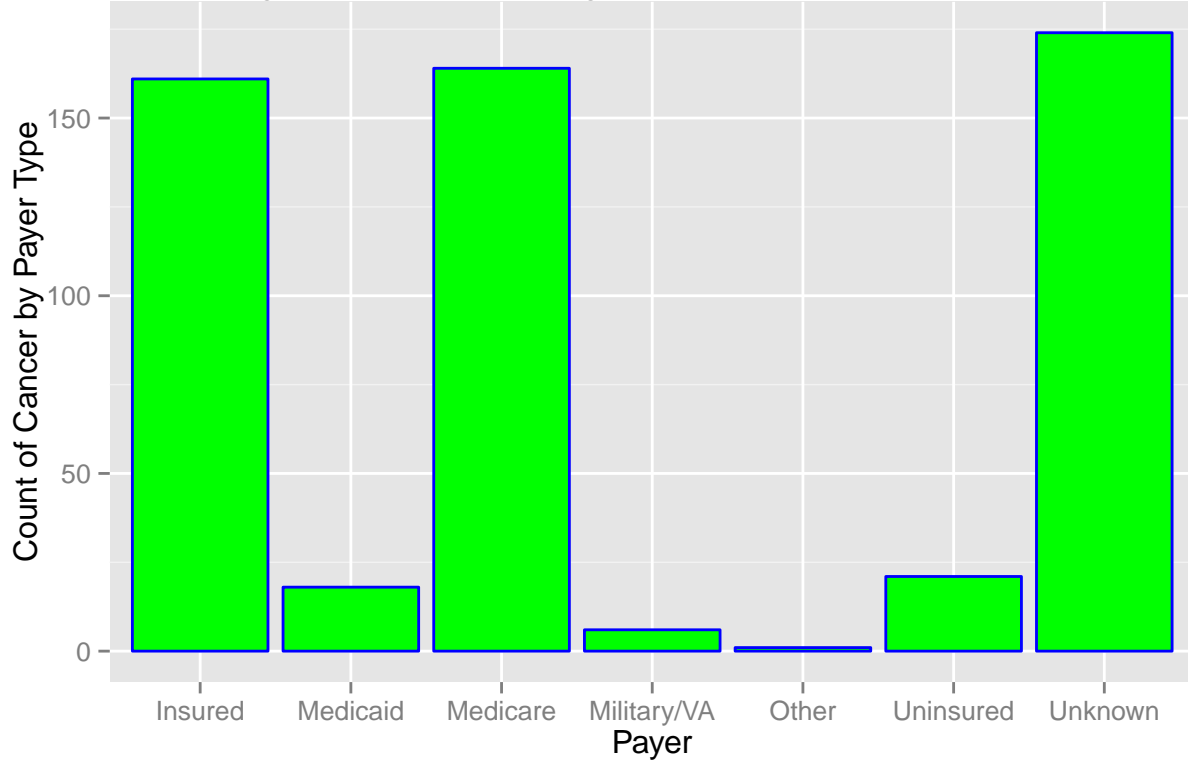
Percent Lung and Bronchus by ethnicity



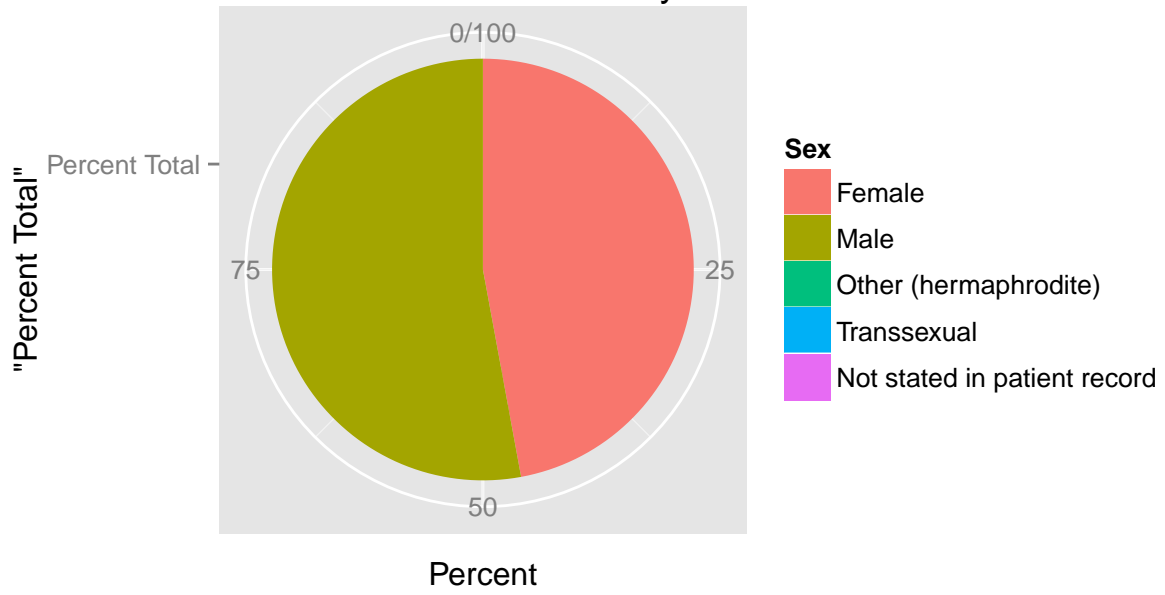
Champaign County total Lung and Bronchus cancer by behavior type

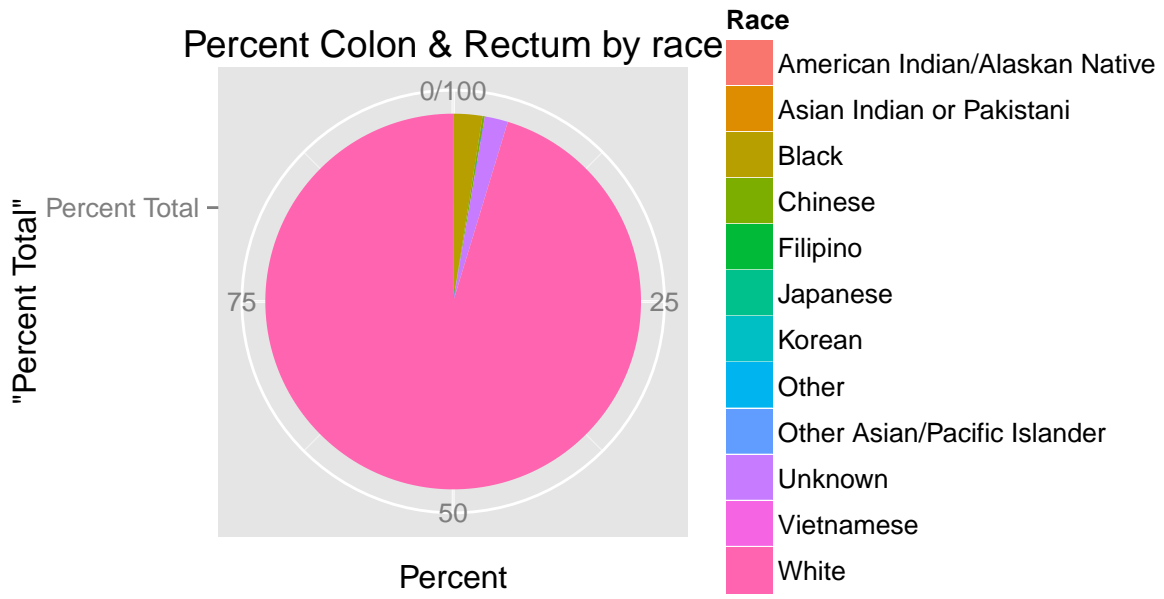


Champaign County total Lung and Bronchus cancer by payer type

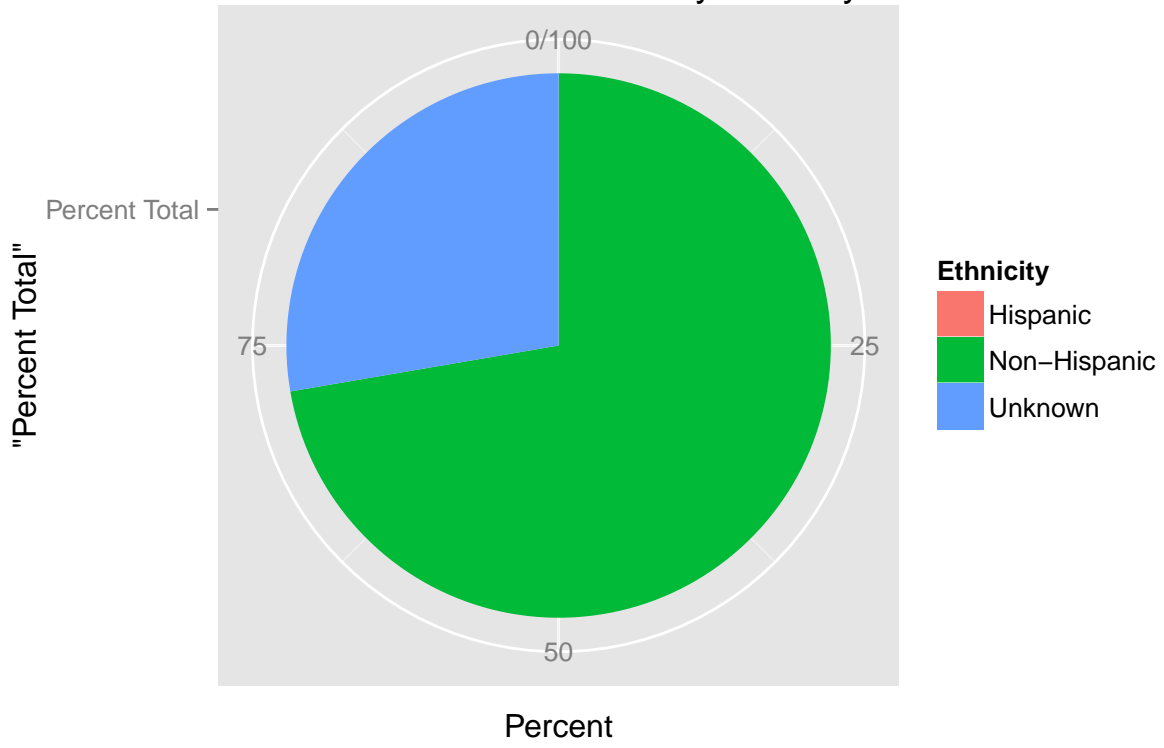


Percent Colon & Rectum by sex



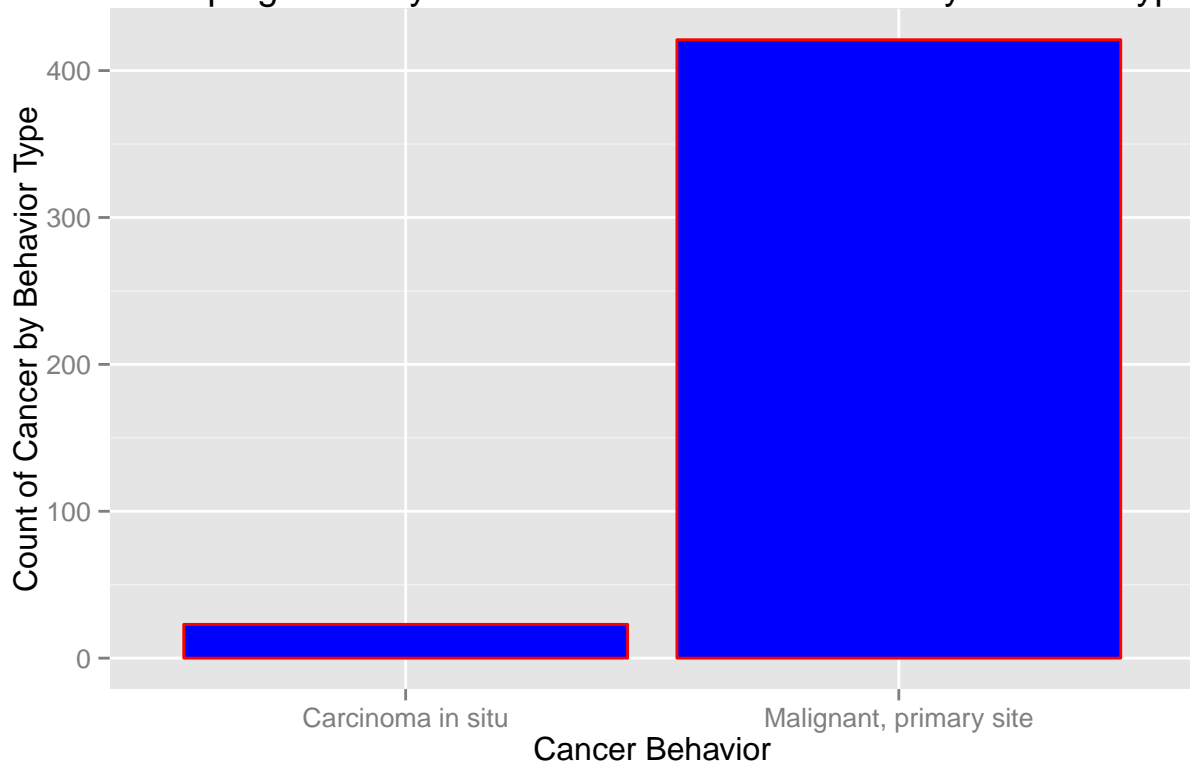


Percent Colon & Rectum by ethnicity

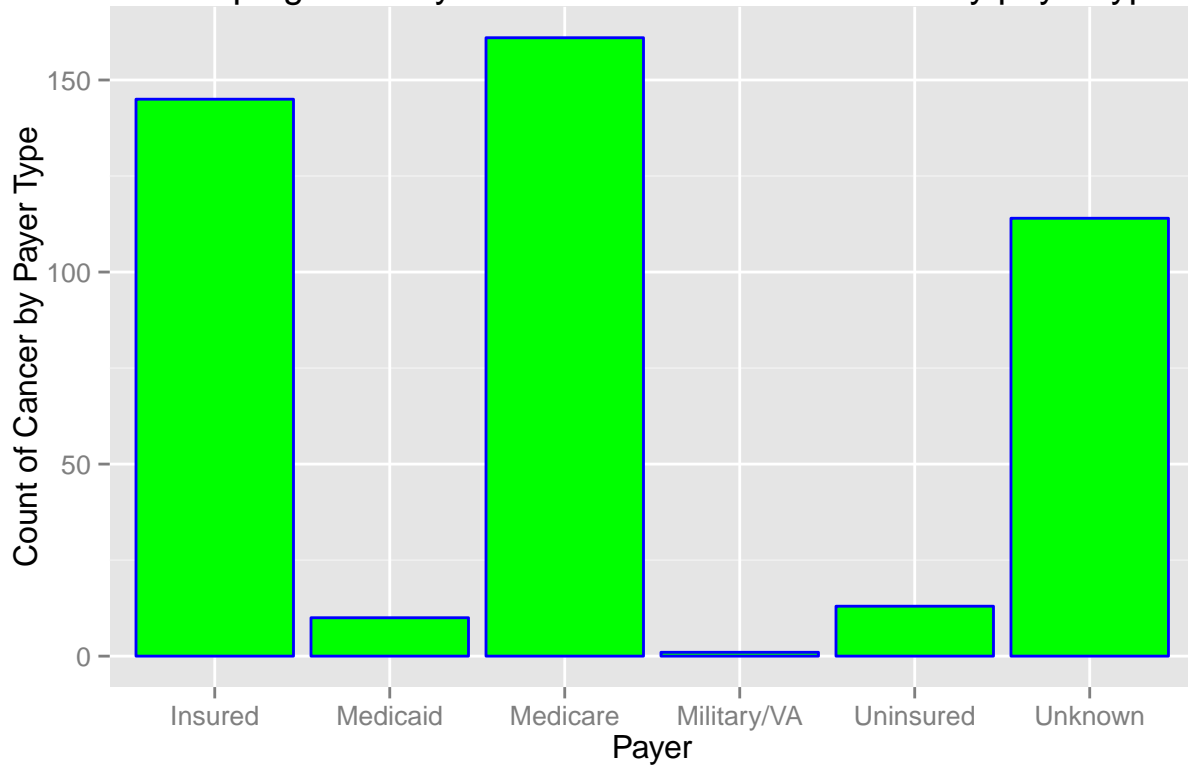




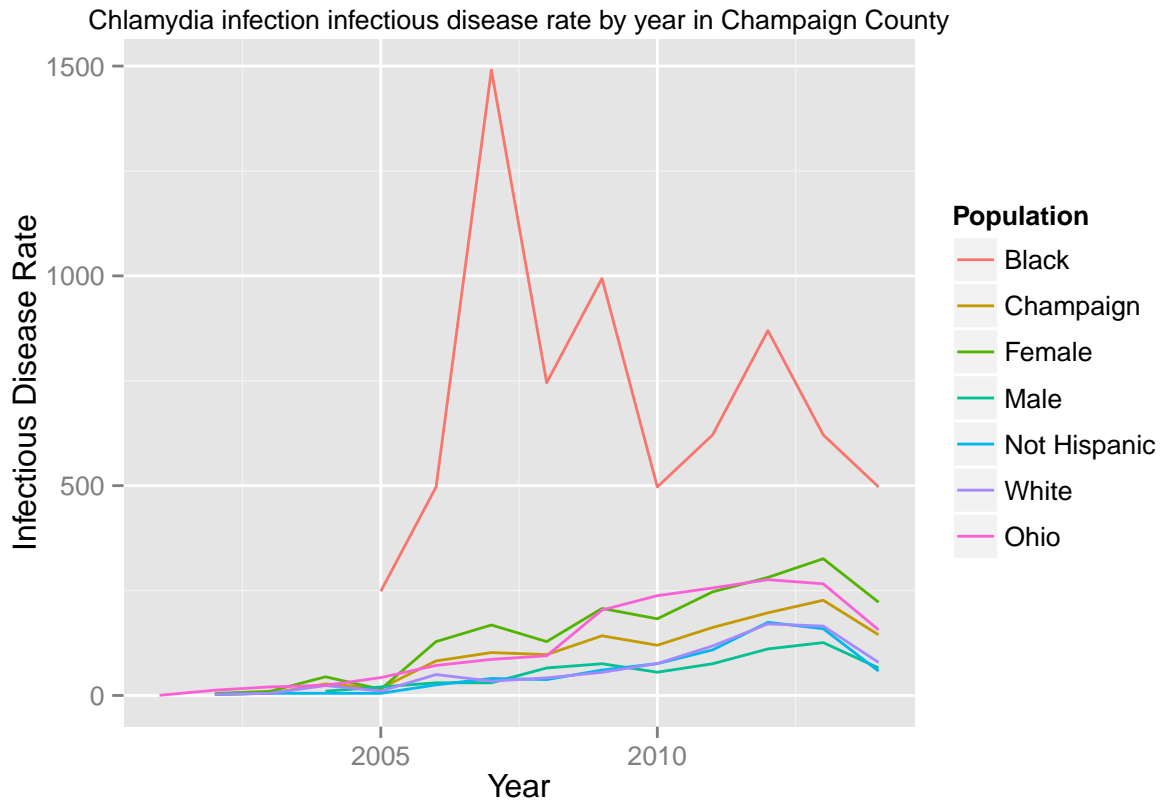
Champaign County total Colon & Rectum cancer by behavior type



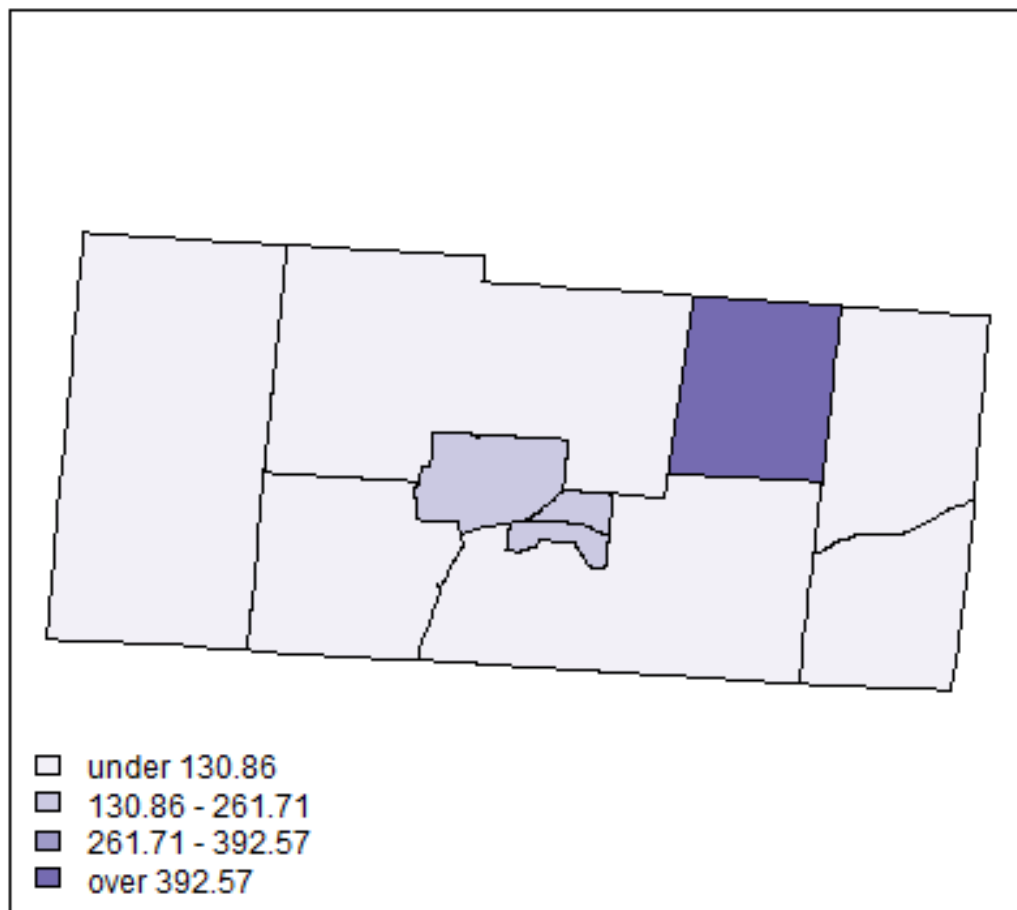
Champaign County total Colon & Rectum cancer by payer type

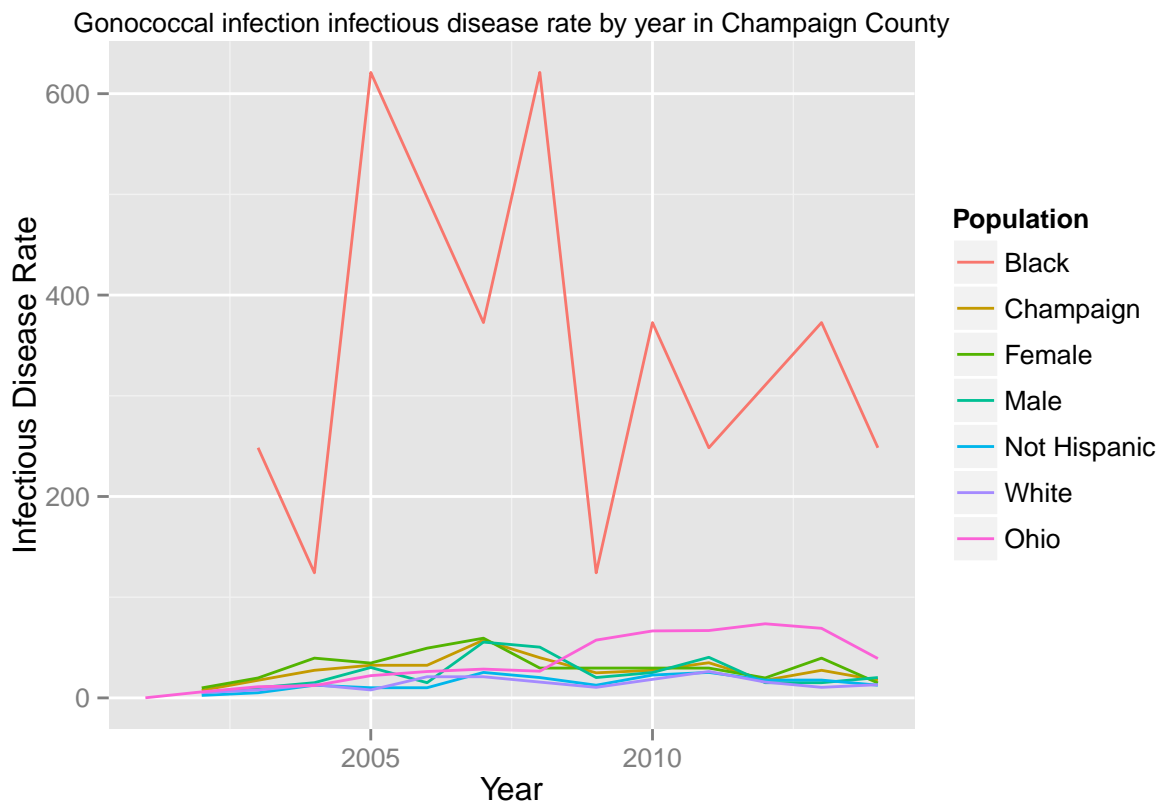


# Infectious Disease

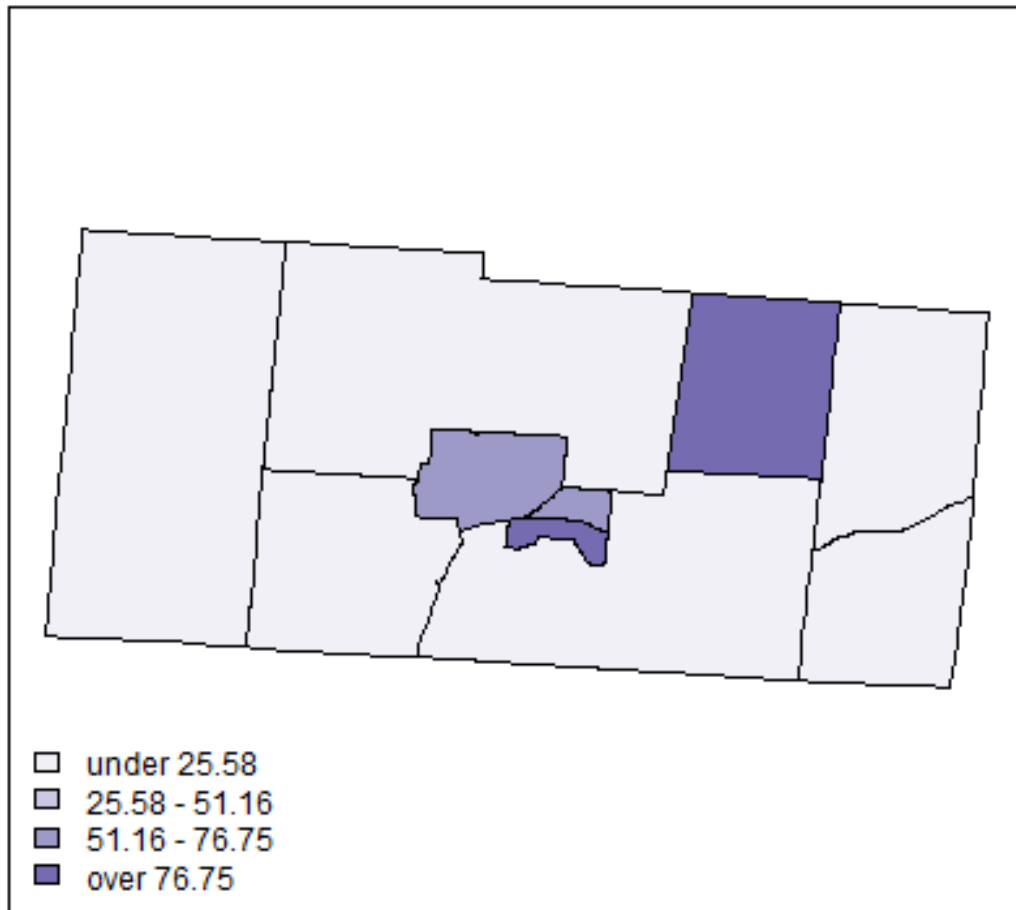


## Champaign County Chlamydia infection infectious disease rates

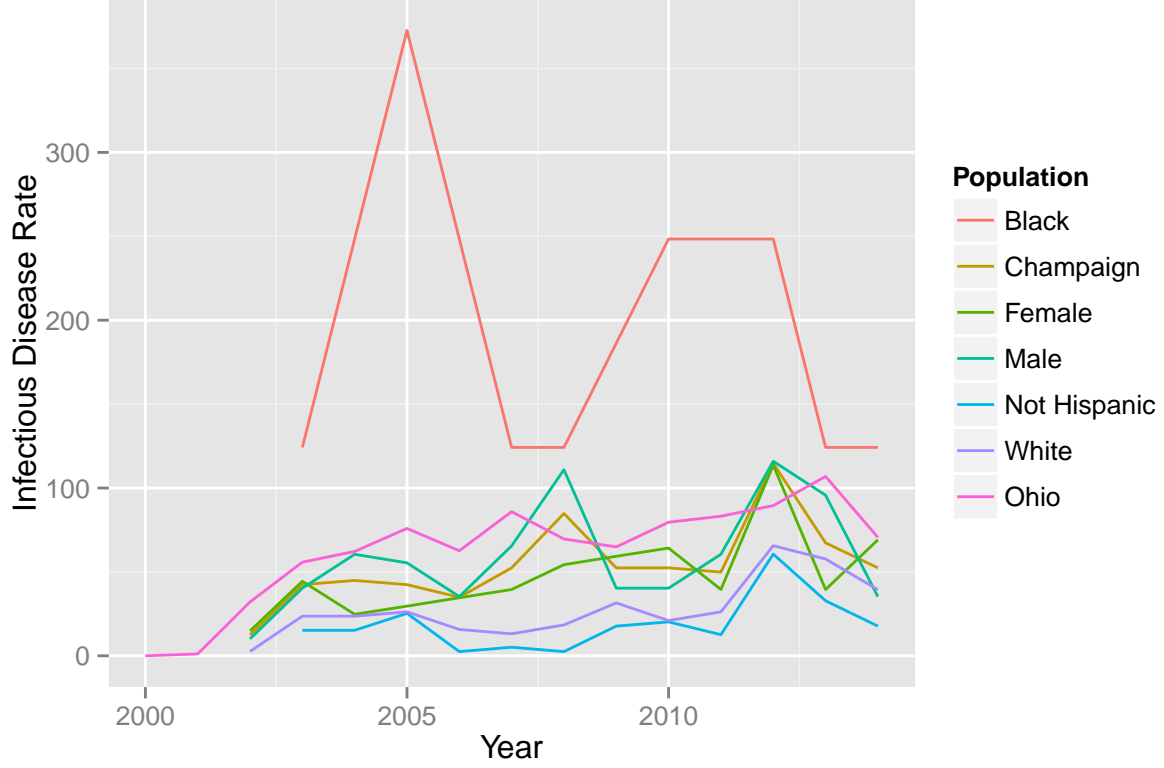




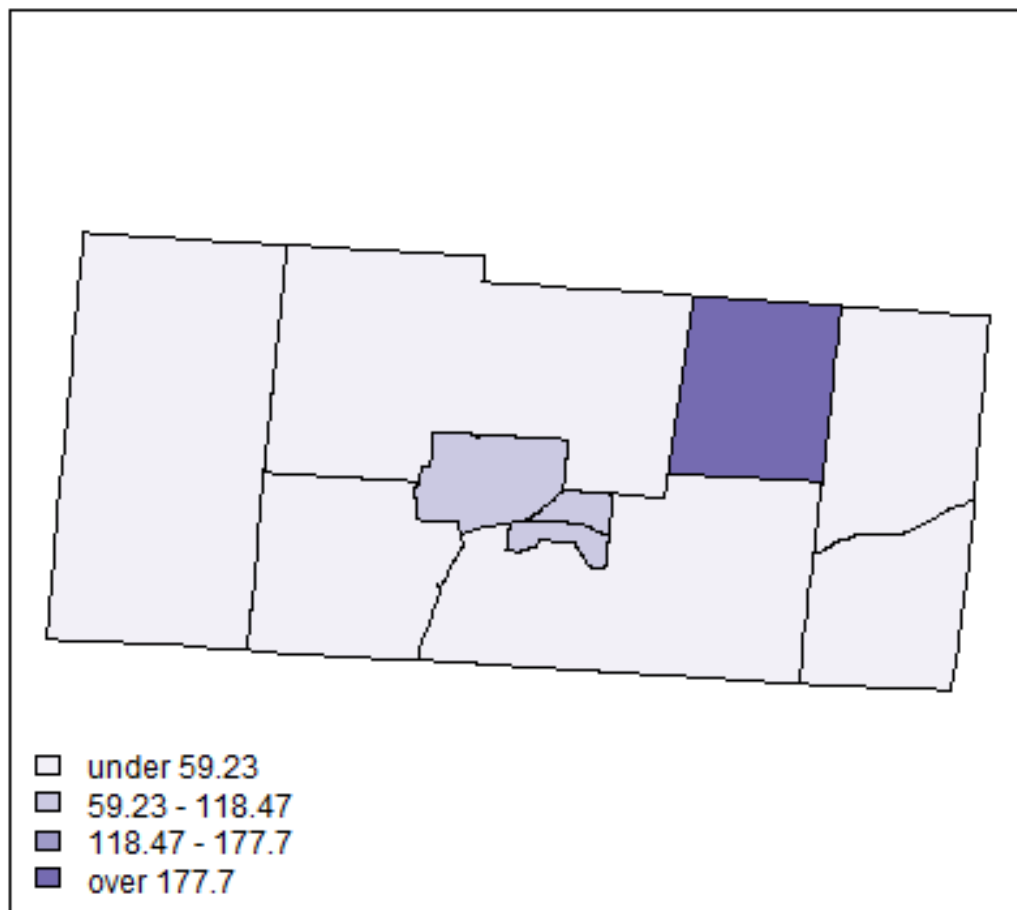
## Champaign County Gonococcal infection infectious disease rates



Hepatitis C – chronic infectious disease rate by year in Champaign County

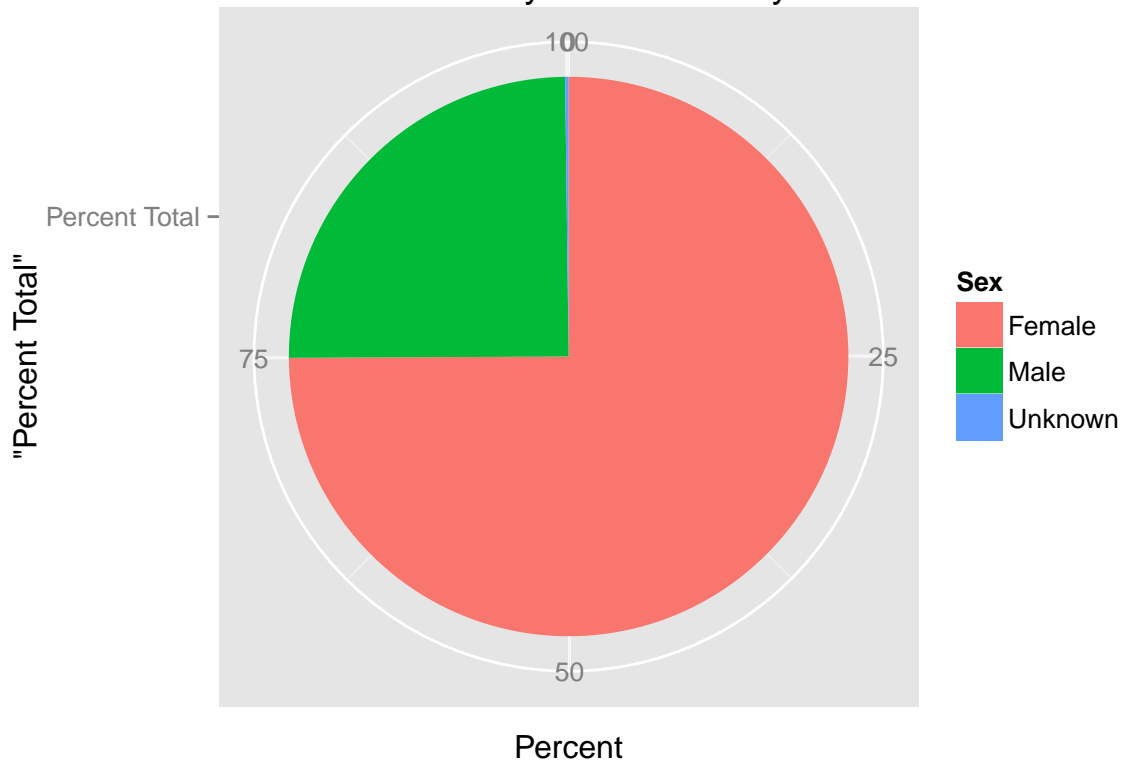


## Champaign County Hepatitis C - chronic infectious disease rates

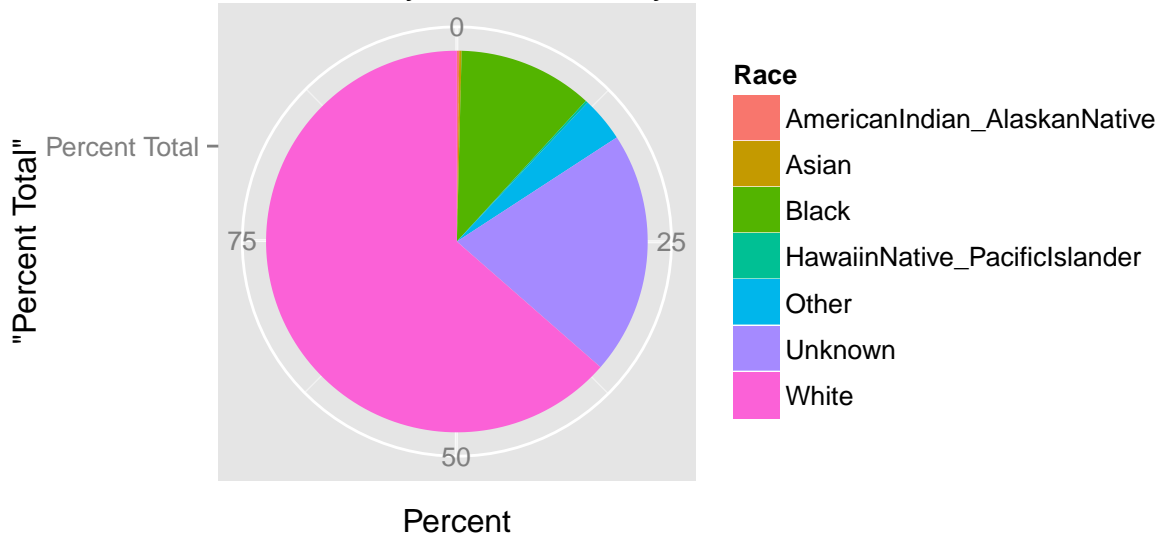




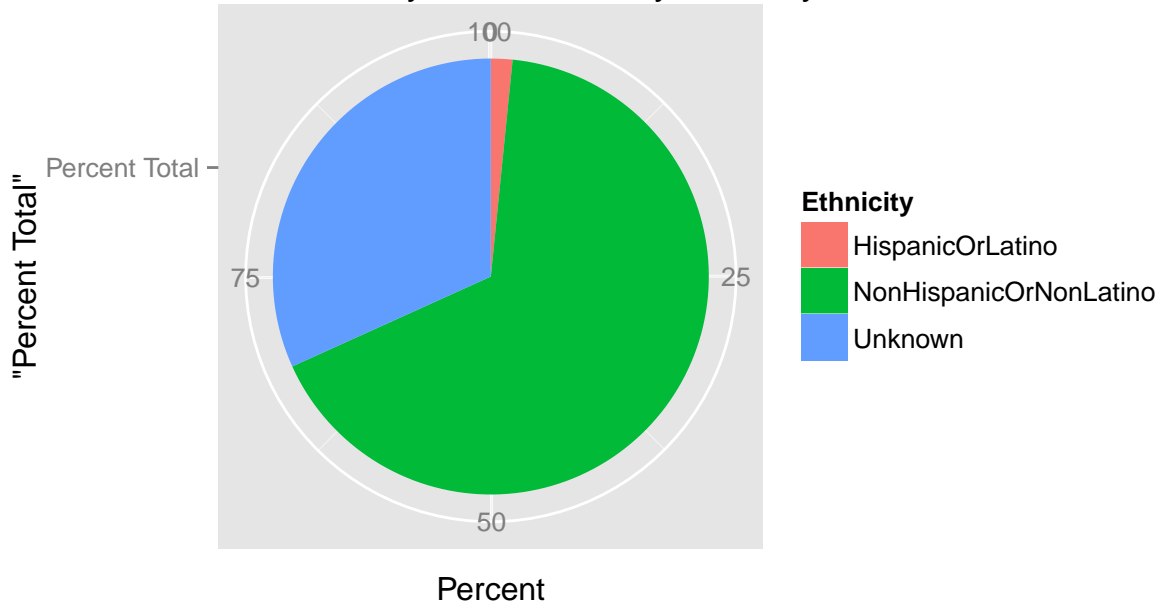
Percent Chlamydia infection by sex

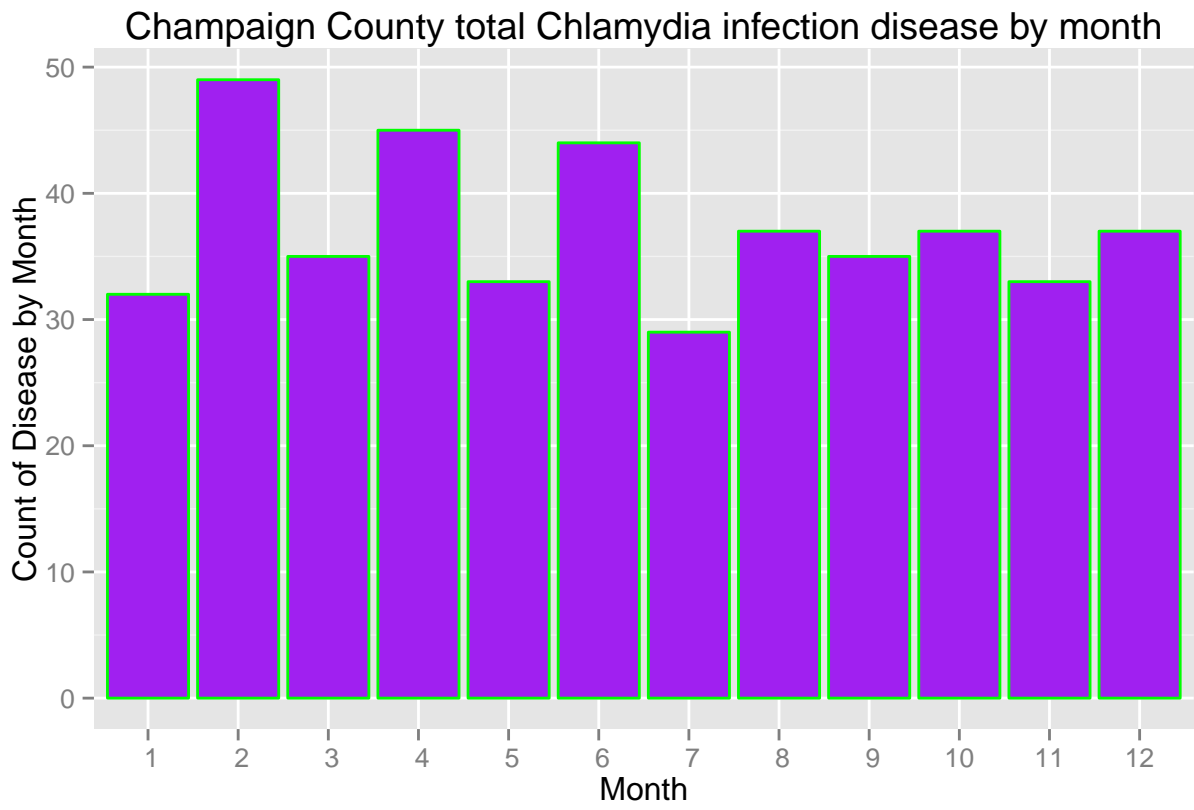


Percent Chlamydia infection by race

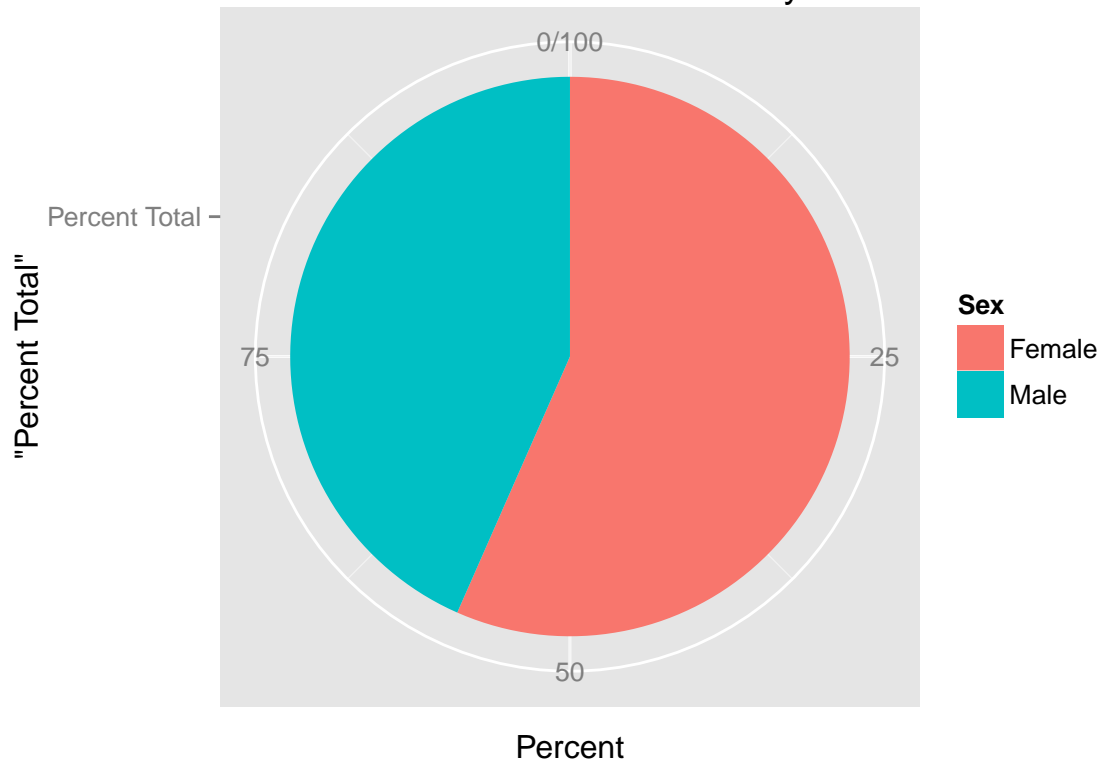


Percent Chlamydia infection by ethnicity

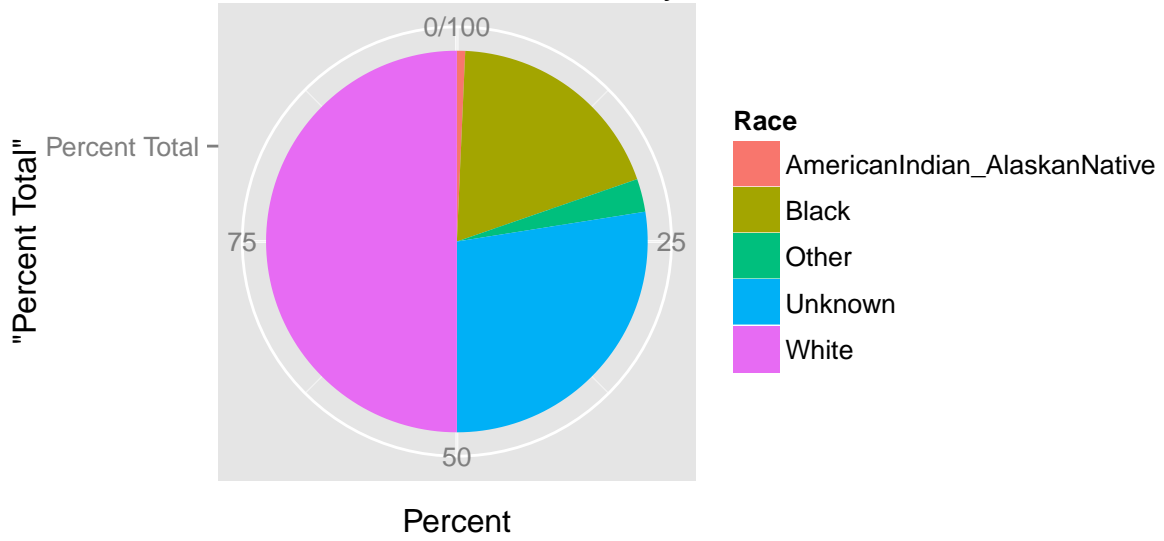




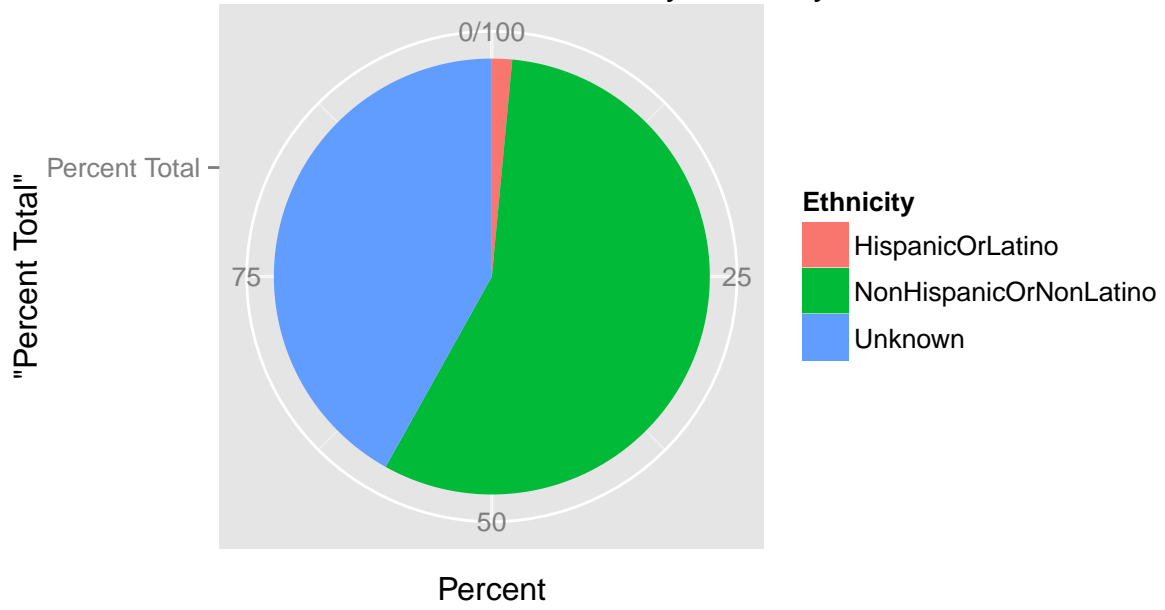
Percent Gonococcal infection by sex



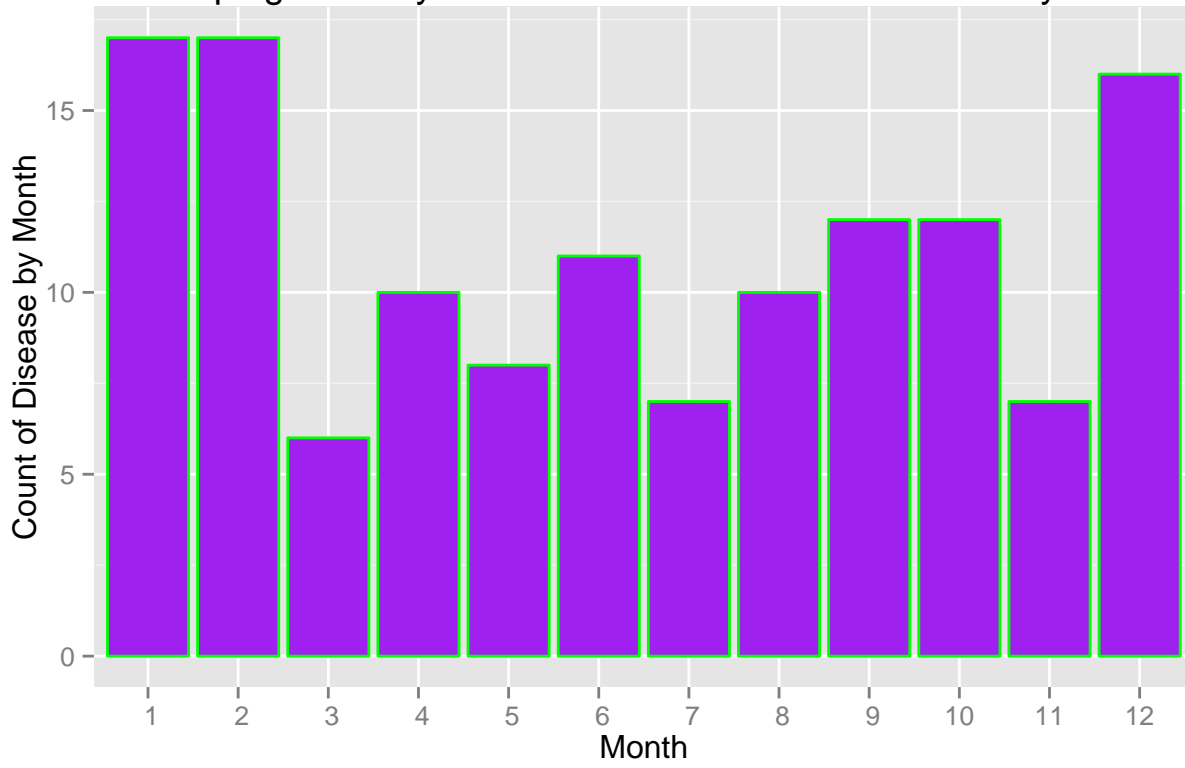
Percent Gonococcal infection by race



Percent Gonococcal infection by ethnicity

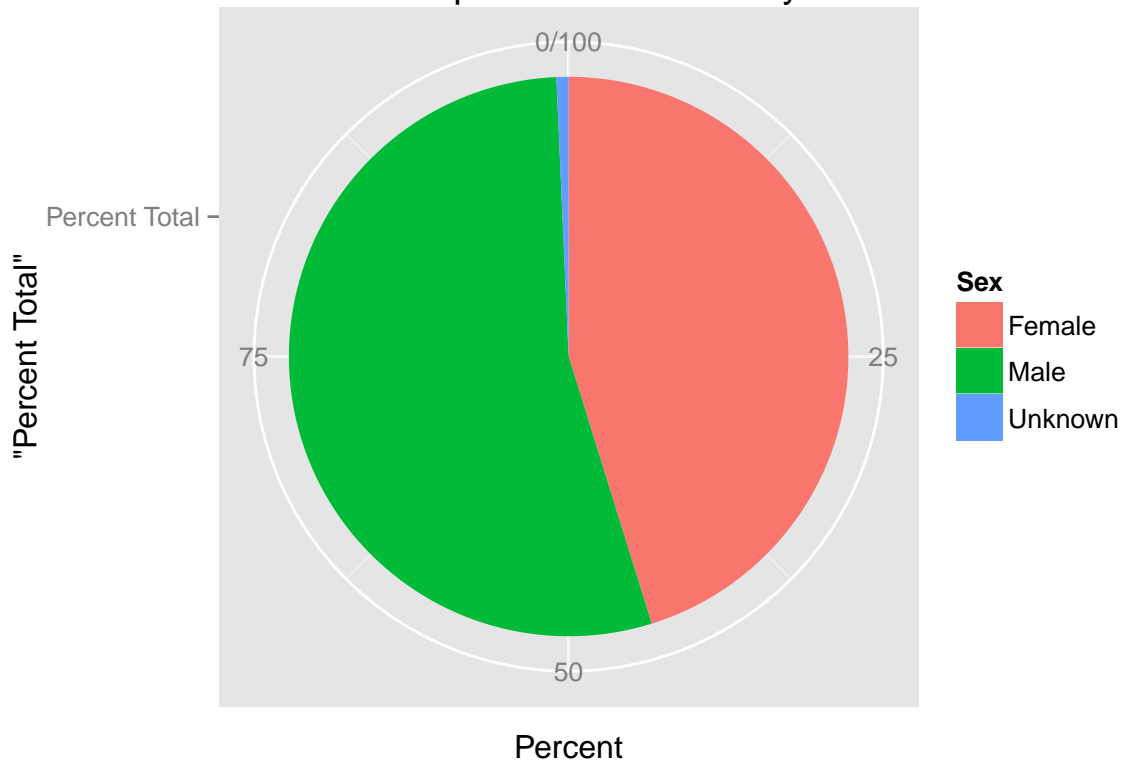


Champaign County total Gonococcal infection disease by month

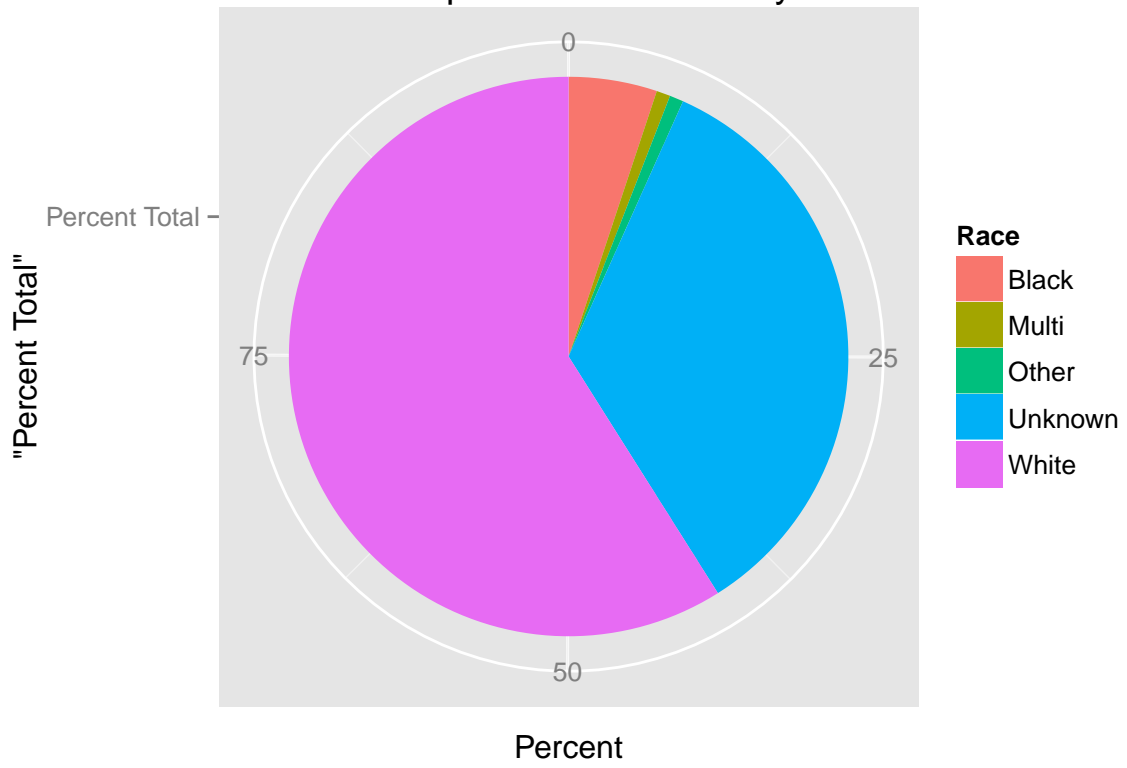




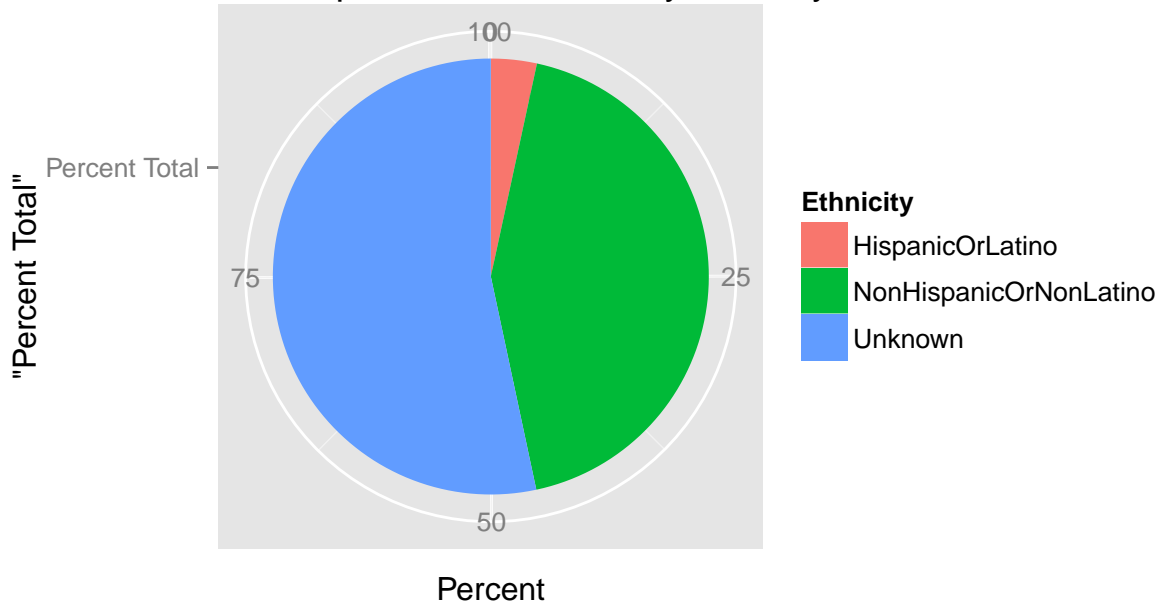
Percent Hepatitis C – chronic by sex



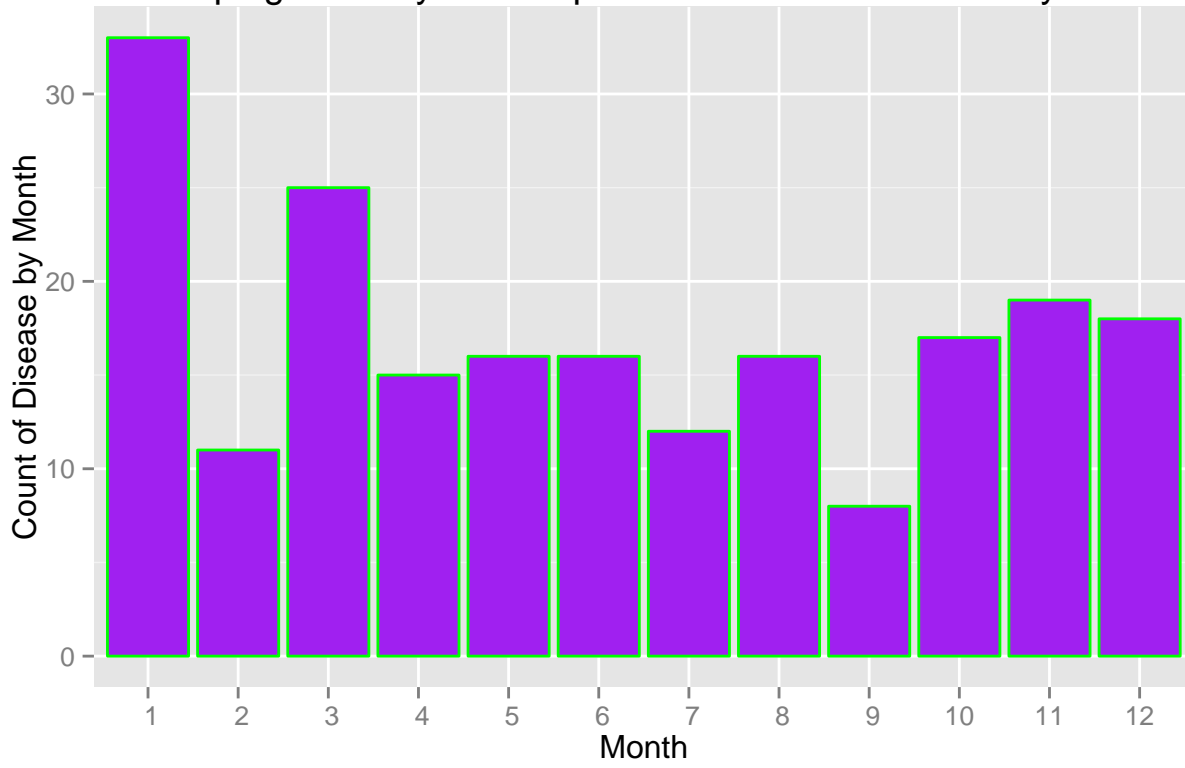
Percent Hepatitis C – chronic by race



Percent Hepatitis C – chronic by ethnicity



Champaign County total Hepatitis C – chronic disease by month



Cause	Champaign	Ohio	Rank
Chlamydia infection	102.06	124.87	33
Hepatitis C - chronic	54.11	62.66	46
Influenza-associated hospitalization	43.22	16.39	85
Chlamydia infection - cervicitis	40.42	7.99	62
Influenza A - novel virus infection (call health department immediately)	29.95	1.50	77
Gonococcal infection	28.01	36.10	62
Varicella	22.14	19.24	29
Pertussis	17.24	9.18	63
Campylobacteriosis	11.06	8.99	48
Salmonellosis	10.53	8.92	39
Chlamydia infection - non specific urethritis	10.00	2.00	53
Shigellosis	9.98	3.33	78
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	8.27	5.45	56
Hepatitis B (including delta) - chronic	8.21	10.81	38
Hepatitis C - acute/chronic status not determined	7.50	14.27	34
Giardiasis	7.12	4.94	60
Meningitis - aseptic/viral	6.36	6.19	40
Mycobacterial disease - other than tuberculosis	6.36	5.39	50
Hepatitis B (including delta) - acute	5.92	2.53	64
Legionellosis - Legionnaires' Disease	5.71	1.71	81
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	5.62	2.10	76
Hepatitis B (including delta) - acute/chronic status not determined	5.00	4.50	40
West Nile virus disease (also current infection)	4.38	0.99	60
E. coli - enterohemorrhagic (shiga toxin producing) O157:H7	4.17	0.94	65
Hepatitis C - acute	4.06	0.86	51
Mumps	4.00	0.67	64
Cryptosporidiosis	3.93	3.11	38
Streptococcal - Group A -invasive	3.93	1.74	61
Hepatitis B - Perinatal Infection	3.89	1.38	70
Enterococcus - vancomycin resistant (VRE)	3.75	9.00	12
Hepatitis A	3.75	1.94	45
Herpes - congenital	3.75	0.14	52
Lyme Disease	3.75	1.96	46
Haemophilus influenzae (invasive disease)	3.57	0.91	68
Amebiasis	2.50	0.14	40
Brucellosis	2.50	0.12	46
Coccidioidomycosis	2.50	0.26	47
Creutzfeldt-Jakob Disease	2.50	0.21	48
Cytomegalovirus -congenital (CMV)	2.50	0.10	45
E. coli - enterohemorrhagic (shiga toxin producing) - Not O157:H7	2.50	0.29	51

Table 8: Infectious Disease Rate Comparison and Ranking

**Champaign County - Middle School Youth Risk Behavior Survey 2015 - County Results**

**N=1159, n=329, 95% confidence level**

<b>Question</b>	<b>Champaign County 2015</b>
<b>Safety</b>	
Percent of students who rarely or never wore a helmet when riding a bicycle	<b>84%</b> (79.3-87.7) 293
Percent of students who rarely or never wore a helmet when rollerblading or skateboarding	<b>88.7%</b> (82.3-92.9) 141
Percent of students who rarely or never wore a seatbelt when riding in a car	<b>7.9%</b> (5.4-11.3) 330
Percent of students who rode in a car or other vehicle being driven by someone who had been drinking alcohol one or more times	<b>24.7%</b> (20.3-29.6) 328
<b>Violence-Related Behaviors</b>	
Percent of students who have ever carried a weapon	<b>43.2%</b> (37.9-48.5) 329
Percent of students who were in a physical fight	<b>49.8%</b> (44.5-55.2) 329
Percent of students who were in a physical fight in which they were injured and had to be treated by a doctor or nurse	<b>5.8%</b> (3.8-8.9) 327
Percent of students who were physically harmed by parents, guardian, or other adult in home	<b>16.2%</b> (12.6-20.5) 328
<b>Bullying</b>	
Percent of students who have ever been bullied on school property	<b>57.8%</b> (52.3-62.9) 329
Percent of students who have ever been electronically bullied	<b>34%</b> (29.1-39.3) 329
Percent of students who have ever been the victim of teasing or name calling because of their weight, size, or physical appearance	<b>44.5%</b> (39.3-49.9) 330
<b>Family Interaction and Support</b>	
Percent of students who disagreed or strongly disagreed that their parents or other adults in their family have clear rules and consequences for their behavior	<b>7%</b> (4.7-10.3) 328
Percent of students who did not eat dinner at home with their family with at least one of their parents or guardians during the past 7 days	<b>6.7%</b> (4.4-9.9) 329
Percent of students who would not feel comfortable seeking help from any adults if they had an important question affecting their life	<b>17.4%</b> (13.7-21.9) 327
<b>Depression and Suicide</b>	
Percent of students who seriously considered attempting suicide	<b>28.8%</b> (24.2-33.9) 330
Percent of students who made a plan about attempting suicide	<b>20.6%</b> (16.5-25.3) 330
Percent of students who attempted suicide one or more times	<b>11.9%</b> (8.8-15.8) 328
<b>Tobacco</b>	
Percent of students who have tried cigarette smoking, even one or two puffs	<b>17.6%</b> (13.8-22) 357

Percent of students who smoked a whole cigarette for the first time before the age of 13	<b>8%</b> (5.5-11.4) 327
Percent of students who smoked cigarettes on at least 1 day during the past 30 days	<b>6.1%</b> (3.9-9.2) 330
Percent of students who ever smoked at least one cigarette every day for 30 days	<b>1.8%</b> (0.8-3.9) 330
Percent of students who obtained their own cigarettes by buying them in a store or gas station in the past 30 days	<b>1.5%</b> (0.6-3.6) 329
Percent of students who smoked cigarettes daily, that is, at least one cigarette every day for 30 days	<b>4%</b> (2.3-6.7) 326
Percent of students who used chewing tobacco, snuff, or dip on at least 1 day	<b>2.4%</b> (1.2-4.7) 329
Percent of students who smoked cigars, cigarillos, or little cigars on at least 1 day in the past 30 days	<b>4%</b> (2.3-6.6) 328
<b>Alcohol</b>	
Percent of students who have ever had at least one drink of alcohol on at least 1 day	<b>28.4%</b> (23.7-33.5) 328
Percent of students who drank alcohol for the first time before the age of 13 years	<b>19.6%</b> (15.7-24.3) 321
<b>Drugs</b>	
Percent of students who have ever used marijuana one or more times	<b>8.5%</b> (5.9-12.1) 328
Percent of students who tried marijuana for the first time before age 13 years	<b>4.3%</b> (2.6-7.1) 326
Percent of students who have ever used any form of cocaine one or more times	<b>4.6%</b> (2.8-7.4) 327
Percent of students who have ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high	<b>7.3%</b> (4.9-10.7) 328
Percent of students who have ever taken steroid pills or shots without a doctor's prescription one or more times	<b>6.7%</b> (4.5-9.9) 327
Percent of students who have ever taken a prescription drug without a doctor's prescription one or more times	<b>8.9%</b> (6.2-12.5) 326
<b>Sexual Behavior</b>	
Percent of students who have ever had sexual intercourse	<b>10.3%</b> (7.5-14.1) 329
Percent of students who had sexual intercourse for the first time before the age of 13 years	<b>5.8%</b> (3.7-8.8) 329
Percent of students who had sexual intercourse with four or more persons	<b>2.8%</b> (1.5-5.2) 326
Percent of students who did not use a condom during last sexual intercourse	<b>3.1%</b> (1.7-5.6) 326
<b>Body Weight</b>	
Percent of students who described themselves as slightly or very overweight	<b>33.5%</b> (28.6-38.8) 322
Percent of students who went without eating for 24 hours or more to lose weight or to keep from gaining weight during the past 30 days	<b>19.8%</b> (15.8-24.5) 323
Percent of students who took diet pills, powders, or liquids to lose weight or to keep from gaining weight	<b>6.2%</b> (4.0-9.3) 325

Percent of students who vomited or took laxatives to lose weight or to keep from gaining weight during the past 30 days	<b>4.7%</b> (2.8-7.6) 319
Percent of students who are overweight	<b>15.5%</b> (12.0-19.8) 328
Percent of students who are obese	<b>12.8%</b> (9.7-16.8) 328
Percent of students who are overweight or obese	<b>28.4%</b> (23.7-33.5) 328
<b>Dietary Behaviors</b>	
Percent of students who did not eat breakfast during the past 7 days	<b>9.3%</b> (6.6-12.9) 322
<b>Physical Activity</b>	
Percent of students who were physically active at least 60 minutes per day on less than 5 days (during the past 7 days)	<b>36.1%</b> (31.1-41.5) 321
Percent of students who watched television 3 or more hours per day	<b>27.1%</b> (22.5-32.2) 325
Percent of students who played video or computer games or such a computer for something that is not school work 3 or more hours per day	<b>48.1%</b> (42.7-53.6) 322
Percent of students who did not attend physical education classes in an average week	<b>33.5%</b> (28.6-38.9) 322
Percent of students who did not play on sports teams during the past 12 months	<b>27.9%</b> (23.3-33.0) 326
<b>Other Health-Related Topics</b>	
Percent of students who were never taught in school about AIDS or HIV infection	<b>28.4%</b> (23.8-33.5) 327
Percent of students ever told by a doctor or nurse that they had asthma	<b>18.8%</b> (14.8-23.4) 325



Champaign County - High School Youth Risk Behavior Survey 2015 - County, State and Nation Comparison			
*Statistically significant difference - 95% probability that difference is not due to chance alone			
A green box indicates a statistically significant difference in 2015 that is positive in terms of risky behavior			
A yellow box is a statistically significant difference in 2015 that is positive vs. one category and negative vs. another			
A red box indicates a statistically significant difference in 2015 that is negative in terms of risky behavior			
N=1437, n=353 95% confidence level			
Question	Champaign County 2015	State of Ohio 2013	United States 2013
<b>Safety</b>			
Percent of students who rarely or never wore a helmet when riding a bicycle in the past 12 months	92.4% (88.1- 95.2) 224	-	87.9%*
Percent of students who rarely or never wore a seatbelt when riding in a car driven by someone else	15.5% (12.1-19.6) 354	8.4%*	7.6%*
Percent of students who rarely or never wore a seatbelt when driving a car	11.2% (7.9-15.6) 258	-	-
Percent of students who rode in a car or other vehicle being driven by someone who had been drinking alcohol one or more times during the past 30 days	23.2% (19-27.8) 354	17.4%*	21.90%
Percent of students who drove a car or other vehicle one or more times during the past 30 days when the student had been drinking alcohol	12.9% (9.2-17.5) 249	4%*	10.00%
Percent of students who texted or e-mailed on at least one day while driving a car or other vehicle	48% (41.7-54.2) 244	45.60%	41.4%*
<b>Violence-Related Behaviors</b>			
Percent of students who carried a weapon on at least one day during the past 30 days	24.7% (20.4-29.4) 352	14.2%*	17.9%*
Percent of students who carried a gun on at least one day in the past 30 days	12.7% (9.6-16.6) 353	-	5.5%*
Percent of students who carried a weapon on school property at least one day during the past 30 days	9.9% (7.2-13.5) 352	-	5.2%*
Percent of students who did not go to school because the student felt unsafe at school or on the way to or from school in the past 30 days	7.4% (5-10.6) 352	5.1%*	7.10%
Percent of students who were threatened or injured with a weapon on school property one or more times during the past 12 months	9.1% (6.4-12.5) 353	-	6.90%
Percent of students who were in a physical fight in the past 12 months	24.1% (19.9-28.8) 353	19.8%*	24.70%
Percent of students who were in a physical fight in which they were injured and had to be treated by a doctor or nurse in the past 12 months	4.3% (2.5-6.9) 352	-	3.10%
Percent of students who were in a physical fight on school property one or more times in the past 12 months	9.9% (7.2-13.5) 352	6.2%*	8.10%
Percent of students who were physically harmed by parents, guardian, or other adult in home in the past 12 months	9.5% (6.8-12.9) 349	-	-

Percent of students who have ever been physically forced to have sexual intercourse when the student did not want to	<b>12% (9-15.8)</b> 349	<b>7.5%*</b>	<b>7.3%*</b>
Percent of students who were hit, slapped, or physically hurt by a boyfriend/girlfriend in the past 12 months	<b>11.4% (8.4-15.1)</b> 351	-	<b>10.30%</b>
Percent of students who were forced to do sexual things that they did not want to do by someone they were dating or going out with in the past 12 months	<b>17.2% (13.1-22.2)</b> 261	<b>9.7%*</b>	<b>10.4%*</b>
<b>Bullying</b>			
Percent of students who have ever been bullied on school property in the past 12 months	<b>22.5% (18.4-27.1)</b> 351	<b>21%</b>	<b>20%</b>
Percent of students who have ever been electronically bullied in the past 12 months	<b>18.2% (14.5-22.6)</b> 351	<b>15%</b>	<b>15%</b>
Percent of students who have ever been the victim of teasing or name calling because of their weight, size, or physical appearance in the past 12 months	<b>30.4% (25.8-35.3)</b> 352	-	-
<b>Family Interaction and Support</b>			
Percent of students who disagreed or strongly disagreed that their parents or other adults in their family have clear rules and consequences for their behavior	<b>13.5% (10.3-17.4)</b> 348	-	-
Percent of students who did not eat dinner at home with their family with at least one of their parents or guardians during the past 7 days	<b>10.8% (7.9-14.4)</b> 352	-	-
Percent of students who would not feel comfortable seeking help from any adults if they had an important question affecting their life	<b>12.8% (9.7-16.7)</b> 351	-	-
<b>Depression and Suicide</b>			
Percent of students who ever felt sad or hopeless almost every day for 2 weeks or more during the past 12 months	<b>31% (26.4-36)</b> 348	<b>25.8%*</b>	<b>29.90%</b>
Percent of students who seriously considered attempting suicide in the past 12 months	<b>20% (16.1-24.5)</b> 350	<b>14.3%*</b>	<b>17.00%</b>
Percent of students who made a plan about attempting suicide during the past 12 months	<b>15.4% (15.4-23.6)</b> 349	<b>11.1%*</b>	<b>13.6%*</b>
Percent of students who attempted suicide one or more times during the past 12 months	<b>14.1% (10.8-18.1)</b> 347	<b>6.2%*</b>	<b>8%*</b>
Percent of students who had an attempted suicide treated by a doctor or nurse during the past 12 months	<b>7.7% (5.3-10.9)</b> 350	<b>1.4%*</b>	<b>2.7%*</b>
<b>Tobacco</b>			
Percent of students who have tried cigarette smoking, even one or two puffs	<b>39.9% (34.8-45.1)</b> 346	-	<b>41.10%</b>
Percent of students who smoked a whole cigarette for the first time before the age of 13	<b>10.7% (7.8-14.3)</b> 346	-	<b>9.30%</b>
Percent of students who smoked cigarettes on at least 1 day during the past 30 days	<b>18.2% (14.4-22.5)</b> 347	<b>15.10%</b>	<b>15.70%</b>
Percent of students who smoked more than 10 cigarettes per day during the past 30 days	<b>13.1% (9.9-17)</b> 344	-	<b>8.6%*</b>

Percent of students who obtained their own cigarettes by buying them in a store or gas station in the past 30 days	<b>3.5%</b> (1.9-5.9) 346	-	<b>18.1%*</b>
Percent of students who smoked cigarettes on school property on at least 1 day in the past 30 days	<b>8.9%</b> (6.3-12.4) 347	-	<b>3.80%</b>
Percent of students who ever smoked at least one cigarette every day for 30 days	<b>12.7%</b> (9.5-16.5) 347	-	<b>8.8%*</b>
Percent of students who used chewing tobacco, snuff, or dip on at least 1 day	<b>13.3%</b> (10.1-17.2) 346	-	<b>8.8%*</b>
Percent of students who smoked cigars, cigarillos, or little cigars on at least 1 day in the past 30 days	<b>12.4%</b> (9.3-16.2) 347	-	<b>12.60%</b>
<b>Alcohol</b>			
Percent of students who have ever had at least one drink of alcohol on at least 1 day	<b>63.6%</b> (58.4-68.4) 349	-	<b>66.20%</b>
Percent of students who drank alcohol for the first time before the age of 13 years	<b>16.3%</b> (12.7-20.5) 350	<b>12.7%*</b>	<b>18.60%</b>
Percent of students who had at least one drink of alcohol on at least one day in the past 30 days	<b>31.4%</b> (26.7-36.4) 344	<b>29.50%</b>	<b>34.90%</b>
Percent of students who had five or more drinks of alcohol in a row within a couple of hours on at least one day during the past 30 days	<b>22.6%</b> (18.5-27.3) 345	<b>16.1%*</b>	<b>20.80%</b>
Percent of students who had 1 or 2 drinks in a row, that is, within a couple hours in the past 30 days	<b>32.8%</b> (28-37.8) 348	-	-
Percent of students who usually obtained the alcohol they drank by someone giving it to them during the past 30 days	<b>9.3%</b> (6.6-12.8) 343	<b>37.9%*</b>	<b>41.8%*</b>
<b>Drugs</b>			
Percent of students who have ever used marijuana one or more times	<b>35.9%</b> (31-41.1) 345	<b>35.70%</b>	<b>40.70%</b>
Percent of students who tried marijuana for the first time before age 13 years	<b>10.4%</b> (7.6-14.1) 345	<b>5.8%*</b>	<b>8.60%</b>
Percent of students who used marijuana one or more times in the past 30 days	<b>23.5%</b> (19.3-28.2) 345	<b>20.70%</b>	<b>23.40%</b>
Percent of students who have ever used any form of cocaine one or more times	<b>9.8%</b> (7-13.3) 347	<b>3.8%*</b>	<b>5.5%*</b>
Percent of students who have ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high	<b>10.8%</b> (7.9-14.5) 343	<b>8.80%</b>	<b>8.90%</b>
Percent of students who have ever used heroin one or more times	<b>7.6%</b> (5.2-10.9) 342	<b>2%*</b>	<b>2.2%*</b>
Percent of students who have ever used methamphetamines one or more times	<b>8.1%</b> (5.6-11.4) 347	-	<b>3.2%*</b>
Percent of students who have ever used ecstasy one or more times	<b>9%</b> (6.4-12.5) 343	-	<b>6.60%</b>
Percent of students who have ever used hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms one or more times	<b>11.4%</b> (8.4-15.1) 343	-	<b>7.1%*</b>
Percent of students who have ever taken steroid pills or shots without a doctor's prescription one or more times	<b>7.6%</b> (5.2-10.8) 344	<b>2.7%*</b>	<b>3.2%*</b>

Percent of students who have ever taken a prescription drug without a doctor's prescription one or more times	<b>19.6%</b> (15.7-24.1) 341	-	<b>17.80%</b>
Percent of students who have ever used a needle to inject any illegal drug into his/her body one or more times	<b>6.4%</b> (4.2-9.4) 344	<b>2.2%*</b>	<b>1.7%*</b>
Percent of students who were offered, sold, or given an illegal drug on school property	<b>21.2%</b> (17.1-25.8) 340	<b>19.90%</b>	<b>22.10%</b>
Percent of students who took over the counter drugs one or more times to get high	<b>10.8%</b> (7.9-14.5) 342	-	-
Percent of students who took an over the counter or someone else's prescription drugs to get high without knowing the name or possible side effects of that drug	<b>9.2%</b> (6.5-12.7) 338	-	-
<b>Sexual Behavior</b>			
Percent of students who have ever had sexual intercourse	<b>51.5%</b> (46.1-56.7) 336	<b>42.7%*</b>	<b>46.80%</b>
Percent of students who had sexual intercourse for the first time before the age of 13 years	<b>8.7%</b> (6-12.1) 335	<b>3.7%*</b>	<b>5.6%*</b>
Percent of students who had sexual intercourse with four or more persons	<b>16.4%</b> (12.7-20.7) 336	<b>11.5%*</b>	<b>15.00%</b>
Percent of students who had sexual intercourse with at least one person during the past 3 months	<b>43.3%</b> (38.1-48.6) 337	<b>30.8%*</b>	<b>34%*</b>
Percent of students who drank alcohol or used drugs before the last time he/she had sexual intercourse	<b>9.2%</b> (6.5-12.7) 337	<b>18.4%*</b>	<b>22.4%*</b>
Percent of students who did not use a condom during last sexual intercourse	<b>29.6%</b> (24.9-34.7) 331	<b>49.2%*</b>	<b>40.9%*</b>
Percent of students who did not use any method to prevent pregnancy	<b>9%</b> (6.4-12.6) 332	<b>12.00%</b>	<b>13.7%*</b>
Percent of students who have ever had oral sex	<b>52.7%</b> (47.3-57.9) 334	-	-
Percent of students who never or rarely used a condom when having sexual intercourse during the last 3 months	<b>20.2%</b> (16.3-24.8) 341	-	-
<b>Body Weight</b>			
Percent of students who described themselves as slightly or very overweight	<b>37.1%</b> (32.1-42.4) 334	<b>28.2%*</b>	<b>31.1%*</b>
Percent of students who went without eating for 24 hours or more to lose weight or to keep from gaining weight during the past 30 days	<b>17.2%</b> (13.5-21.6) 331	<b>10%*</b>	<b>13%*</b>
Percent of students who took diet pills, powders, or liquids to lose weight or to keep from gaining weight	<b>9.3%</b> (6.6-12.9) 332	<b>4.5%*</b>	<b>5%*</b>
Percent of students who vomited or took laxatives to lose weight or to keep from gaining weight during the past 30 days	<b>6.5%</b> (4.3-9.6) 337	<b>4.70%</b>	<b>4.40%</b>
Percent of students who are overweight	<b>16.6%</b> (12.8-21) 320	<b>15.90%</b>	<b>16.60%</b>
Percent of students who are obese	<b>23.8%</b> (19.4-28.7) 320	<b>13%*</b>	<b>13.7%*</b>

Percent of students who are overweight or obese	<b>40.3% (35-45.7)</b> 320	<b>28.9%*</b>	<b>30.3%*</b>
<b>Dietary Behaviors</b>			
Percent of students who did not drink 100% fruit juices during the past 7 days	<b>33.2% (28.3-38.4)</b> 334	<b>5.1%*</b>	<b>5%*</b>
Percent of students who drank a can, bottle, or glass of an energy drink, such as Red Bull or Jolt during the past 7 days	<b>65.1% (59.7-69.9)</b> 332	-	-
Percent of students who did not eat fruit during the past 7 days	<b>14.2% (10.8-18.4)</b> 324	<b>5.1%*</b>	<b>5%*</b>
Percent of students who did not eat green salad during the past 7 days	<b>37% (31.9-42.2)</b> 330	-	-
Percent of students who did not eat potatoes during the past 7 days	<b>28.5% (23.8-33.5)</b> 330	-	-
Percent of students who did not eat carrots during the past 7 days	<b>47.7% (42.3-53.1)</b> 327	-	-
Percent of students who did not eat other vegetables (not including potatoes, green salad, or carrots) during the past 7 days	<b>21.1% (17-25.7)</b> 332	<b>5.8%*</b>	<b>6.6%*</b>
Percent of students who drank a can, bottle, or glass of soda or pop at least one time per day during the past 7 days	<b>73.6% (68.5-78.1)</b> 326	<b>20.5%*</b>	<b>27%*</b>
Percent of students who did not drink milk during the past 7 days	<b>21.4% (17.2-26.1)</b> 323	<b>18.40%</b>	<b>19.40%</b>
Percent of students who did not eat breakfast during the past 7 days	<b>22% (17.8-26.8)</b> 323	<b>15%*</b>	<b>13.7%*</b>
<b>Physical Activity</b>			
Percent of students who exercised or participated in physical activity for at least 20 minutes that made them sweat and breathe hard on less than 5 days (during the past 7 days)	<b>53.4% (47.9-58.7)</b> 324	-	-
Percent of students who were physically active at least 60 minutes per day on less than 5 days (during the past 7 days)	<b>58.6% (53.1-63.8)</b> 326	<b>52%*</b>	<b>52.7%*</b>
Percent of students who watched television 3 or more hours per day	<b>23.1% (18.7-27.9)</b> 321	<b>28.2%*</b>	<b>32.5%*</b>
Percent of students who played video or computer games or such a computer for something that is not school work 3 or more hours per day	<b>39.8% (34.6-45.2)</b> 324	<b>37.3%*</b>	<b>41.30%</b>
Percent of students who did not attend physical education classes in an average week	<b>79.2% (74.4-83.2)</b> 322	-	<b>70.6%*</b>
Percent of students who did not play on sports teams during the past 12 months	<b>38% (32.9-43.4)</b> 326	<b>37.80%</b>	<b>46%*</b>
<b>Other Health-Related Topics</b>			
Percent of students who were never taught in school about AIDS or HIV infection	<b>20.2% (16.2-24.9)</b> 326	-	-
Percent of students who never wear sunscreen with an SPF of 15 or higher when outside for more than one hour on a sunny day	<b>71.6% (66.4-76.1)</b> 327	-	<b>89.9%*</b>
Percent of students who used an indoor tanning device one or more times in the past 12 months	<b>26.8% (22.2-31.8)</b> 321	-	<b>12.8%*</b>

Percent of students ever told by a doctor or nurse that they had asthma	<b>23.3%</b> (18.9-28.2) 318	-	<b>21.00%</b>
Percent of students ever told by a doctor or nurse that he/she had asthma and still have asthma	<b>14%</b> (10.6-18.2) 321	-	-
Percent of students who get less than 7 hours of sleep on an average school night	<b>48.2%</b> (42.7-53.7) 313	-	<b>68.3%*</b>
<b>Preventative Health Care</b>			
Percent of students who did not see a doctor or nurse for a check-up or physical exam when he/she was not sick or injured during the past 12 months	<b>41.4%</b> (36.1-46.7) 324	-	-
Percent of students who did not see a dentist for a check-up, exam, teeth cleaning, or other dental work during the past 12 months	<b>37.9%</b> (32.7-43.4) 311	-	-

# Community Health Needs Survey

The health and well being of the residents of Champaign County is our top priority at Mercy Memorial Hospital. In partnership with the Champaign Health District, we're conducting this survey to learn more, prioritize efforts and improve the health of our community.

All information you provide will be confidential. The questions about your background will be used only to describe the types of residents completing the survey. The information will not be used to find out your name. No names will ever be reported. Do not write your name on the survey. You don't have to answer every question, and you can end the survey at any time.

If you have any questions about the survey, please call the Champaign Health District at 937-484-1667.

Be sure to read every question. Fill in the ovals completely. When finished, please return the completed survey in the envelope provided by June 15, 2015.

## SECTION 1: DEMOGRAPHICS

### 1. Age:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

### 2. Sex:

- male
- female

### 3. Ethnic group you most identify with:

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

### 4. Marital status:

- married/cohabitating
- not married/single

### 5. Education:

- less than high school
- high school diploma or GED
- college degree or higher
- other

### 6. Number of persons in household:

- 1
- 2
- 3
- 4
- 5 or more

### 7. Household income:

- Less than \$10,000
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$25,000
- \$25,000-\$50,000
- \$50,000-\$75,000
- \$75,000-\$100,000
- \$100,000 or more

### 8. How do you pay for your health care? (check all that apply)

- cash (no insurance)
- health insurance (e.g., private insurance)
- Medicaid
- Medicare
- Veterans' Administration
- other

## SECTION 2: HEALTH STATUS

9. About how much do you weigh without your shoes on?

\_\_\_\_\_ pounds

10. About how tall are you without your shoes on?

\_\_\_\_\_ feet \_\_\_\_\_ inches

11. Do you currently smoke cigarettes?

- every day
- some days
- not at all

12. During the past 30 days, how many days per week did you have at least one drink of any alcoholic beverage, such as beer, wine or liquor?

- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

13. On the days when you did drink, about how many did you have on average? (Note: a drink is one can or bottle of beer, one glass of wine, one cocktail or one shot of liquor).

- 1-2 drinks
- 3-4 drinks
- 5 or more

14. How would you describe your general health?

- excellent
- very good
- good
- fair
- poor

Have you EVER been told by a doctor, nurse or other healthcare professional...

15. Your blood cholesterol is high?

- yes
- no
- don't know/not sure

16. You have high blood pressure?

- yes
- no
- don't know/not sure

17. You have diabetes?

- yes
- no
- don't know/not sure

18. You've had a heart attack (also called a myocardial infarction)?

- yes
- no
- don't know/not sure

19. You have angina or coronary heart disease?

- yes
- no
- don't know/not sure

20. You've had a stroke?

- yes
- no
- don't know/not sure

Thank you for your help!

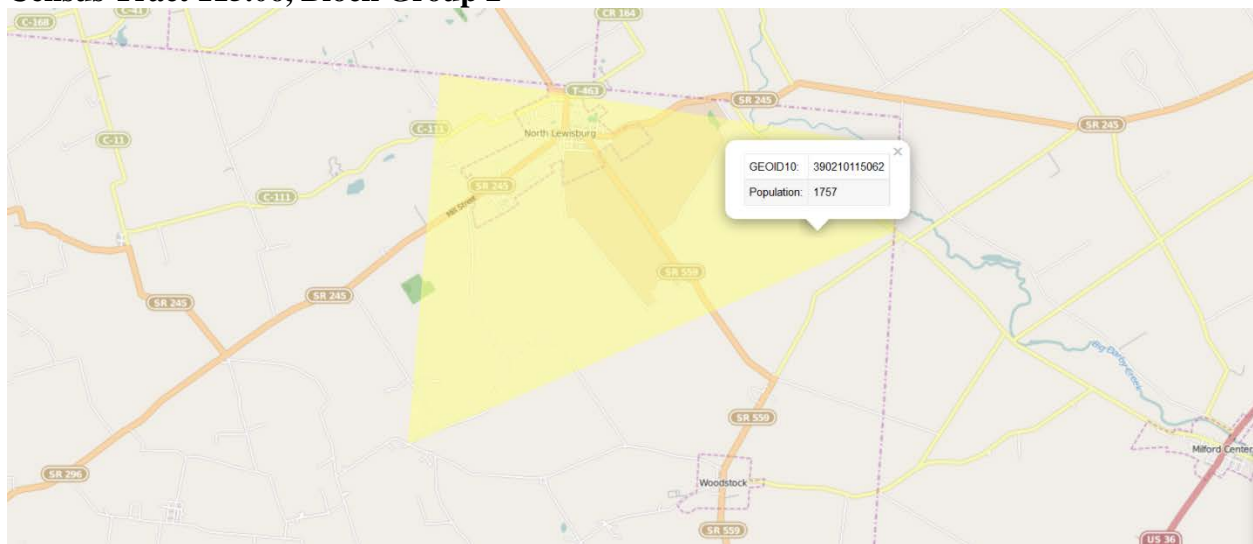


## **Champaign Block Groups for CHANGE Tool**

Below are descriptions of the block groups in which the CHANGE Tool will be conducted. Descriptions include the health indicators for which the block group scored poorly, basic demographics, and tapestry segmentation descriptions.

Esri's Tapestry Segmentation system divides U.S. residential areas into 65 distinctive segments based on socioeconomic and demographic characteristics to provide an accurate, detailed description of U.S. neighborhoods. Tapestry Segmentation can help you to identify your best markets, find the most profitable consumer types, tailor marketing messages to fit your audience, and define product and service preferences. Here's a brief description of a Tapestry segment.

### **Census Tract 115.06, Block Group 2**



#### **Description**

##### **Topic**

- Health outcomes

##### **Focus**

- Length of life
- Quality of life

##### **Measure**

- Cancer
- Cerebrovascular disease
- Chronic lower respiratory diseases
- Diabetes mellitus
- Heart disease
- In situ neoplasms, benign neoplasms
- Intentional self-harm (suicide)
- Prenatal visits

## Demographics

Total Population	1757
White	1663
Black	11
Non-Hispanic	1727
Hispanic	30
Percent Families In Poverty	4.4
Percent Nonfamilies In Poverty	3.6
Percent Families No Earnings	23.9
Percent Families With Public Assistance	2
Percent Vacant Homes	9.4
Percent Unemployed	6.9
Percent Renting	30.4
Median House Value	108400
Percent No High School	7.8
Percent Limited English	0

## Tapestry Segmentation: Rustbelt Traditions

### Demographic

These neighborhoods are primarily a mix of married-couple families, single parents, and singles who live alone. With a population of 8.4 million, this segment is one of Tapestry Segmentation's largest. The median age is 36.7 years, just below the US median. There is little diversity in these communities.

### Socioeconomic

The median household income is \$51,378, slightly below that of the US median. Half of the employed residents work in white-collar jobs. For years, these residents sustained the manufacturing industry that drove local economies. Now, the service industry predominates, followed by manufacturing and retail trade. The median net worth is \$82,469. Their education attainment is improving; more than 84 percent of residents aged 25 years and older have graduated from high school, 15 percent hold a bachelor's or graduate degree, and 44 percent have attended college.

### Residential

The backbone of older industrial cities in the Great Lakes border states, residents of these neighborhoods live in modest, single-family homes. Home ownership is 72 percent. The relatively low median home value of \$94,696 is because nearly two-thirds of the housing was built before 1960.

### Preferences

These residents stick close to home; for years, they've lived, worked, shopped, and played in the same area. Not tempted by fads, they stick to familiar products and services. They drive domestic cars. They will spend money on their families, yard maintenance, and home improvements. They will hire contractors for special projects such as the installation of roofing, carpet, and flooring. These financially conservative residents prefer to bank at a credit union and have personal savings. They might carry a personal loan and hold low-value life and homeowner's insurance policies. They're frugal and shop for bargains at Sam's Club, JCPenney, and Kmart. They go online weekly to play games and shop. They go bowling, fishing, and hunting and attend car races, country music shows, and ice hockey games. They're big TV fans; they watch sitcoms and sports events. They also subscribe to cable and watch it regularly. Favorite channels are truTV, the Game Show Network, and the Disney Channel.

## Census Tract 106.00, Block Group 2



### Description

#### Topic

- Health outcomes
- Physical environment
- Social and economic environment

#### Focus

- Communicable disease
- Education
- Housing and transit
- Length of life

#### Measure

- High school graduation
- House value

### Demographics

Total Population	1362
White	1135
Black	128
Non-Hispanic	1362
Hispanic	0
Percent Families In Poverty	6.7
Percent Nonfamilies In Poverty	10.1
Percent Families No Earnings	26.2
Percent Families With Public	5.7

Assistance	
Percent Vacant Homes	24.1
Percent Unemployed	2.1
Percent Renting	40.9
Median House Value	94900
Percent No High School	11.7
Percent Limited English	0

## Tapestry Segmentation: Prosperous Empty Nesters

### Demographic

Approximately 6 in 10 householders in Prosperous Empty Nesters neighborhoods are aged 55 years or older. Forty percent of the households are composed of married couples with no children living at home. Residents are enjoying the move from child-rearing to retirement. The median age is 48.9 years. Population in this segment is increasing slowly, at 0.53 percent annually; however, the pace will probably accelerate as the Baby Boomers mature. Prosperous Empty Nesters residents are not ethnically diverse; approximately 90 percent are white.

### Socioeconomic

With a median net worth of \$261,595, Prosperous Empty Nesters invest prudently for the future. The median household income is \$67,295. Although 71 percent of the households earn income from wages and salaries, 59 percent receive investment income, 30 percent collect Social Security benefits, and 28 percent receive retirement income. Forty one percent of residents aged 25 years and older hold bachelor's or graduate degrees; nearly 70 percent have attended college. Many residents who are still working have solid professional and management careers, especially in the education and health care industry sectors.

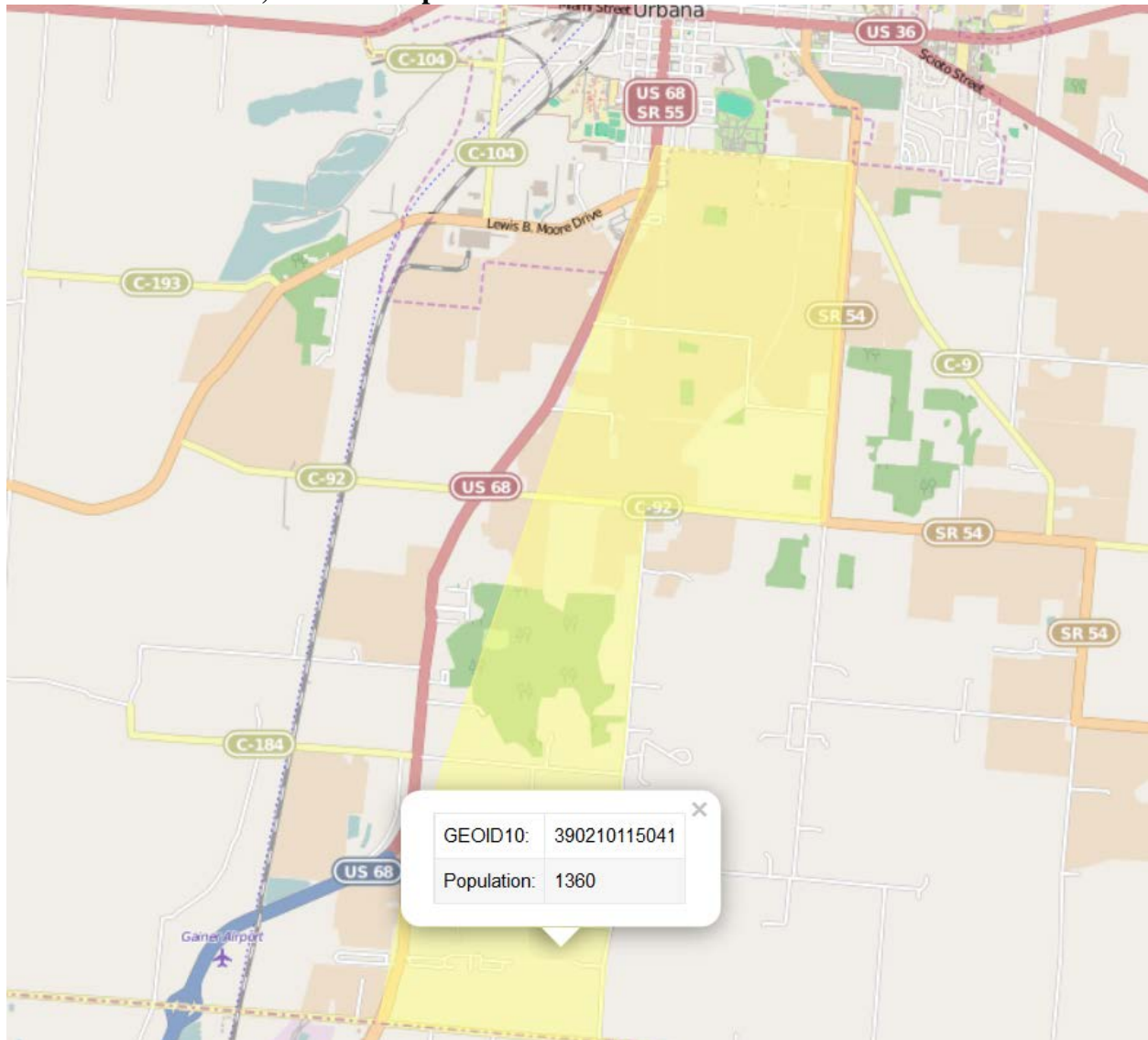
### Residential

These residents live in established neighborhoods located throughout the United States; approximately one-third of these households are found on the East Coast. These neighborhoods experience little turnover from year to year. Seventy-seven percent of the housing was built before 1980. Most of the housing is single-family, with a median home value of \$193,784.

### Preferences

Prosperous Empty Nesters residents value their health and financial well-being. Their investments include annuities, certificates of deposit held longer than six months, mutual funds, money market funds, tax-exempt funds, and common stock. They hold universal life insurance policies. Residents exercise regularly and take a multitude of vitamins. They refinish furniture and play golf. They also attend golf tournaments and sports events, particularly baseball games and college football games. They order by phone from catalogs and use coupons. Households are likely to own or lease a luxury car. Prosperous Empty Nesters residents take pride in their homes and communities, so home remodeling, improvements, and lawn care are priorities. Residents will join a civic club or charitable organization, help with fund-raising, write to a radio station or newspaper editor, and volunteer. They travel extensively in the United States and abroad. They read biographies, mysteries, and history books; two or more daily newspapers; and business or fitness magazines. They watch golf, news, and talk programs on TV.

## Census Tract 115.04, Block Group 1



### Description

#### Topic

- Health behaviors
- Health outcomes
- Social and economic environment

#### Focus

- Diet and exercise
- Education
- Employment
- Length of life
- Quality of life

#### Measure

- Diet

- Exercise
- Food access
- High school graduation
- Performance index score
- Prenatal visits
- Standards
- Unemployed

### Demographics

Total Population	1360
White	1360
Black	0
Non-Hispanic	1360
Hispanic	0
Percent Families In Poverty	9.9
Percent Nonfamilies In Poverty	8.2
Percent Families No Earnings	37
Percent Families With Public Assistance	13.9
Percent Vacant Homes	11.9
Percent Unemployed	46.7
Percent Renting	0
Median House Value	99300
Percent No High School	14.3
Percent Limited English	0

### Tapestry Segmentation: Green Acres

#### Demographic

Seventy-one percent of the households in Green Acres neighborhoods are married couples with and without children. Many families are blue-collar Baby Boomers, many with children aged 6–17 years. With more than 10 million people, Green Acres represents Tapestry Segmentation's third largest segment, currently more than 3 percent of the US population and growing by 1.92 percent annually. The median age is 41 years. This segment is not ethnically diverse; 92 percent of the residents are white.

#### Socioeconomic

Educated and hard-working, more than one-fourth of Green Acres residents hold a bachelor's or graduate degree; more than half have attended college. Labor force participation is 67.5 percent, with higher employment concentrations in the manufacturing, construction, health care, and retail trade industry sectors. Occupation distributions are similar to those of the United States. Seventeen percent of the households earn income from self-employment ventures. The median household income is \$63,430; the median net worth is \$174,417

#### Residential

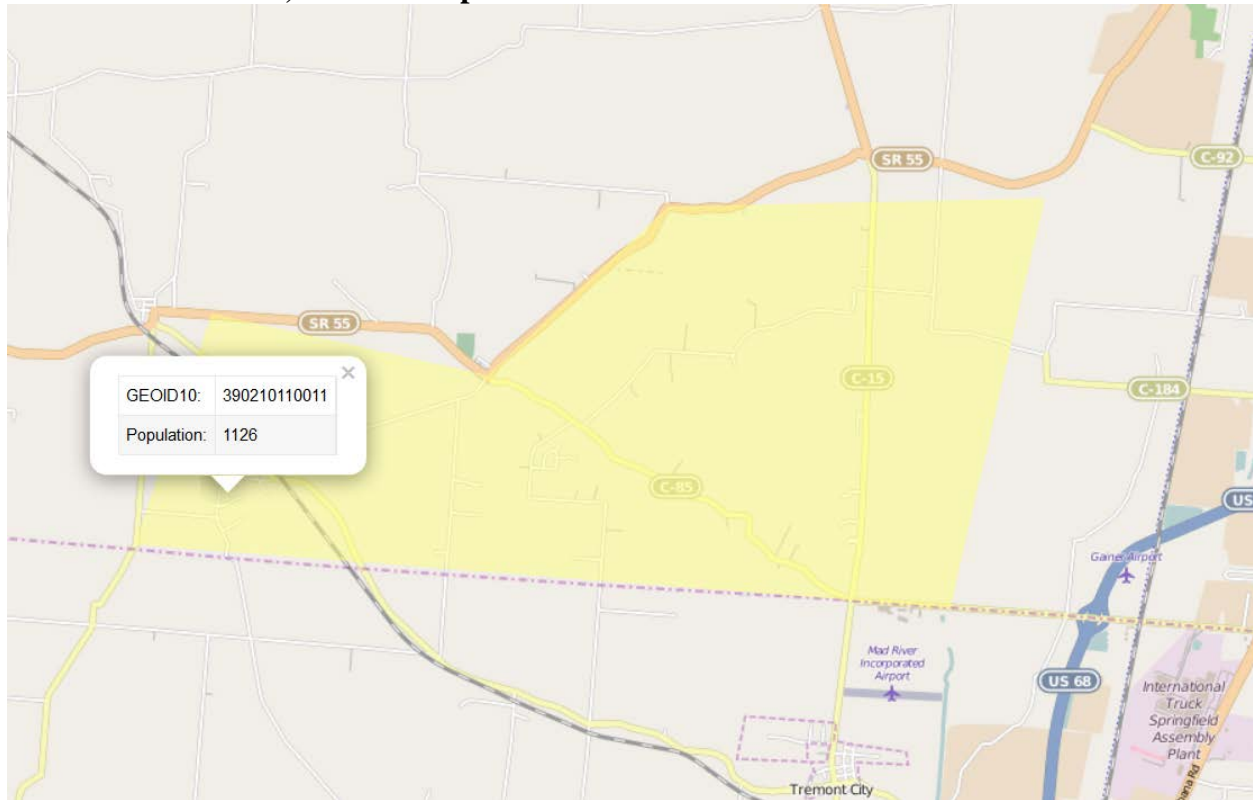
Although Green Acres neighborhoods are located throughout the country, they are found primarily in the Midwest and South, with the highest concentrations in Michigan, Ohio, and Pennsylvania. A "little bit country," these residents live in pastoral settings of developing suburban fringe areas. Home ownership is at 86 percent, and median home value is \$179,073. Typical of rural residents, Green Acres households own multiple vehicles; 78 percent own two or more vehicles.

#### Preferences

Country living describes the lifestyle of Green Acres residents. Pet dogs or cats are considered part of the family. These do-it-yourselfers maintain and remodel their homes; projects include roofing and installing carpet or insulation. They own all the necessary power tools, including routers, welders, sanders, and various saws, to finish their projects. Residents also have the right tools to maintain their lawns, flower gardens, and vegetable gardens. They own riding lawn mowers, garden tillers, tractors, and even separate home freezers for the harvest. Continuing the do-it-yourself mode, it is not surprising that Green Acres is the top market for owning a sewing machine. A favorite pastime is using their ice cream maker to produce homemade ice cream. They prefer motorcycles and full-size pickup trucks. For exercise, Green Acres residents ride their mountain bikes and go fishing,

canoeing, and kayaking. They also ride horseback and go power boating, bird watching, target shooting, hunting, motorcycling, and bowling. They listen to auto racing and country music on the radio and read fishing and hunting magazines. Many own satellite dishes so they can watch news programs, the Speed Channel, and auto racing on TV. A favorite channel is Country Music Television.

## Census Tract 110.01, Block Group 1



### Description

#### Topic

- Health behaviors
- Health outcomes
- Social and economic environment

#### Focus

- Diet and exercise
- Education
- Family and social support
- Length of life

#### Measure

- Diet
- Exercise
- Food access
- High school graduation
- Limited English
- Performance index score
- Standards

## Demographics

Total Population	1126
White	1126
Black	0
Non-Hispanic	1126
Hispanic	0
Percent Families In Poverty	4.7
Percent Nonfamilies In Poverty	0
Percent Families No Earnings	16.1
Percent Families With Public Assistance	0
Percent Vacant Homes	0
Percent Unemployed	5.1
Percent Renting	19.4
Median House Value	144600
Percent No High School	10.6
Percent Limited English	2.1

## Tapestry Segmentation: Green Acres

### Demographic

Seventy-one percent of the households in Green Acres neighborhoods are married couples with and without children. Many families are blue-collar Baby Boomers, many with children aged 6–17 years. With more than 10 million people, Green Acres represents Tapestry Segmentation's third largest segment, currently more than 3 percent of the US population and growing by 1.92 percent annually. The median age is 41 years. This segment is not ethnically diverse; 92 percent of the residents are white.

### Socioeconomic

Educated and hard-working, more than one-fourth of Green Acres residents hold a bachelor's or graduate degree; more than half have attended college. Labor force participation is 67.5 percent, with higher employment concentrations in the manufacturing, construction, health care, and retail trade industry sectors. Occupation distributions are similar to those of the United States. Seventeen percent of the households earn income from self-employment ventures. The median household income is \$63,430; the median net worth is \$174,417

### Residential

Although Green Acres neighborhoods are located throughout the country, they are found primarily in the Midwest and South, with the highest concentrations in Michigan, Ohio, and Pennsylvania. A "little bit country," these residents live in pastoral settings of developing suburban fringe areas. Home ownership is at 86 percent, and median home value is \$179,073. Typical of rural residents, Green Acres households own multiple vehicles; 78 percent own two or more vehicles.

### Preferences

Country living describes the lifestyle of Green Acres residents. Pet dogs or cats are considered part of the family. These do-it-yourselfers maintain and remodel their homes; projects include roofing and installing carpet or insulation. They own all the necessary power tools, including routers, welders, sanders, and various saws, to finish their projects. Residents also have the right tools to maintain their lawns, flower gardens, and vegetable gardens. They own riding lawn mowers, garden tillers, tractors, and even separate home freezers for the harvest. Continuing the do-it-yourself mode, it is not surprising that Green Acres is the top market for owning a sewing machine. A favorite pastime is using their ice cream maker to produce homemade ice cream. They prefer motorcycles and full-size pickup trucks. For exercise, Green Acres residents ride their mountain bikes and go fishing, canoeing, and kayaking. They also ride horseback and go power boating, bird watching, target shooting, hunting, motorcycling, and bowling. They listen to auto racing and country music on the radio and read fishing and hunting magazines. Many own satellite dishes so they can watch news programs, the Speed Channel, and auto racing on TV. A favorite channel is Country Music Television.



**Community Health Assessment and Group Evaluation**

**COMMUNITY-AT-LARGE**

Additional information about the community can be included in the comment box denoted by the red tab.

**COMMUNITY'S NAME:** CT 115.04 BG 1

Module Score Summaries		
Policy	Environment	Module
61.76%	47.69%	Physical Activity
50.75%	58.33%	Nutrition
49.09%	42.00%	Tobacco Use
64.44%	46.67%	Chronic Disease Management
60.00%	32.00%	Leadership

**GENERAL INSTRUCTIONS**

Please indicate your answer by typing an 'X' or the correct information in the appropriate box for your response. Additional information can be included in each comment box denoted by the red corner tab.

**DEMOGRAPHIC INFORMATION**

**Community density:**

Approximate number of people who reside in the community (population):	1360
Approximate size of the area (square miles):	2 square miles

**Best description of the community setting**  
(choose ONE only):

Rural	<b>X</b>
Suburban	
Urban	

**The approximate percentage of people in the community with no high school diploma**  
(choose the best estimated category):

< 5%	
5 – 9%	
10 – 14%	<b>X</b>
15 – 19%	
≥ 20%	

**The median household income of the community**  
(choose the best estimated category):

< \$25,000	
\$25,000 – \$34,999	<b>X</b>
\$35,000 – \$49,999	
\$50,000 – \$74,999	
≥ \$75,000	

**The approximate percentage of people in the community who are living in poverty**  
(choose the best estimated category):

< 5%	
5 – 9%	
10 – 14%	<b>X</b>
15 – 19%	
≥ 20%	

**The approximate percentage of people in the community who are currently unemployed**  
(choose the best estimated category):

< 5%	
5 – 9%	
10 – 14%	
15 – 19%	
≥ 20%	<b>X</b>

### Community-At-Large: Physical Activity

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Require sidewalks to be built for all developments (e.g., housing, schools, commercial)?	3	2
2. Adopt a land use plan?	5	3
3. Require <u>bike facilities</u> (e.g., bike boulevards, <u>bike lanes</u> , bike ways, multi-use paths) to be built for all developments (e.g., housing, schools, commercial)?	1	1
4. Adopt a <u>complete streets</u> plan to support walking and biking infrastructure?	1	1
5. Maintain a network of walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?	2	2
6. Maintain a network of biking routes (e.g., institute a bike lane program to repave bike lanes when necessary)?	1	1
7. Maintain a network of parks (e.g., establish a program to repair and upgrade existing parks and playgrounds)?	4	1
8. Provide access to parks, <u>shared-use paths and trails</u> , or open spaces within <u>reasonable walking distance</u> of most homes?	2	2
9. Institute <u>mixed land use</u> ?	5	3
10. Require sidewalks to comply with the <u>Americans with Disabilities Act (ADA)</u> (i.e., all routes accessible for people with disabilities)?	5	3
11. Provide access to <u>public recreation facilities</u> (e.g., parks, play areas, community and wellness centers) for people of all abilities?	2	2
12. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within <u>reasonable walking distance</u> ?	4	4
13. Provide street <u>traffic calming measures</u> (e.g., road narrowing, central islands, roundabouts, speed bumps) to make areas (e.g., neighborhoods, major intersections) where people are or could be physically active (e.g., walk, bike) safer?	3	3
14. Adopt <u>strategies</u> (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., playgrounds, parks, <u>bike lanes</u> , walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike)?	4	3
<b>COLUMN TOTAL:</b>	<b>42</b>	<b>31</b>
<b>PHYSICAL ACTIVITY SCORE:</b>	<b>61.76%</b>	<b>47.69%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Nutrition

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Adopt <u>strategies</u> to encourage food retailers (e.g., grocery, corner or convenience stores; bodegas) to provide <u>healthy food and beverage options</u> (e.g., fresh produce) in <u>underserved areas</u> ?	2	99
2. Encourage <u>community gardens</u> ?	3	1
3. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) to <u>supermarkets</u> and <u>large grocery stores</u> ?	4	3
4. Provide <u>access to farmers' markets</u> ?	3	1
5. Accept <u>Women, Infants and Children (WIC)</u> Farmers' Market Nutrition Program vouchers or Food Stamp Benefits at local farmers' markets?	5	99
6. Connect locally grown foods to local restaurants and food venues?	5	99
7. Promote (e.g., signage, product placement, <u>pricing strategies</u> ) the purchase of fruits and vegetables at local restaurants and food venues?	3	99
8. Institute <u>healthy food and beverage options</u> at local restaurants and food venues?	1	99
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at local restaurants and food venues?	1	99
10. Provide smaller <u>portion sizes</u> at local restaurants and food venues?	1	99
11. Ban local restaurants and retail food establishments from cooking with trans fats?	1	99
12. Adopt <u>strategies</u> to recruit <u>supermarkets</u> and <u>large grocery stores</u> in <u>underserved areas</u> (e.g., provide financial incentives, lower operating costs, provide job training services)?	1	1
13. Provide <u>comfortable, private spaces</u> for women to nurse or pump in public places (e.g., government buildings, restaurants, retail establishments) to support and encourage residents' ability to breastfeed?	1	4
14. <u>Protect a woman's right to breastfeed</u> in public places?	3	4
<b>COLUMN TOTAL:</b>	<b>34</b>	<b>14</b>
<b>NUTRITION SCORE:</b>	<b>50.75%</b>	<b>58.33%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Tobacco

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Institute a <u>smoke-free policy 24/7 for indoor public places</u> ?	5	5
2. Institute a <u>tobacco-free policy 24/7 for indoor public places</u> ?	1	1
3. Institute a <u>smoke-free policy 24/7 for outdoor public places</u> ?	1	1
4. Institute a <u>tobacco-free policy 24/7 for outdoor public places</u> ?	1	1
5. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)?	1	1
6. Ban tobacco promotions, promotional offers, and prizes?	1	1
7. Regulate the number, location, and density of tobacco retail outlets?	1	1
8. Restrict the placement of tobacco vending machines (including self-service displays)?	5	5
9. Enforce the ban of selling single cigarettes?	1	1
10. Increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)?	5	99
11. Provide access to a <u>referral system</u> for tobacco cessation resources and services, such as a <u>quitline</u> (e.g., 1-800-QUIT-NOW)?	5	4
<b>COLUMN TOTAL:</b>	<b>27</b>	<b>21</b>
<b>TOBACCO USE SCORE:</b>	<b>49.09%</b>	<b>42.00%</b>

Please remember to answer every item. Do not leave any item blank.

**Community-At-Large: Chronic Disease Management**

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Enhance access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)?	3	2
2. Adopt <u>strategies</u> to educate its residents on the importance of obesity prevention?	3	2
3. Adopt <u>strategies</u> to educate its residents on the importance of controlling high blood pressure?	3	2
4. Adopt <u>strategies</u> to educate its residents on the importance of controlling cholesterol?	3	2
5. Adopt <u>strategies</u> to educate its residents on the importance of controlling blood sugar or insulin levels?	3	2
6. Adopt <u>strategies</u> to educate its residents on heart attack and stroke symptoms and when to call 9-1-1?	3	2
7. Adopt <u>strategies</u> to educate its residents on the importance of preventive care?	3	2
8. Provide emergency medical services (e.g., 9-1-1, transport system)?	5	5
9. Adopt <u>strategies</u> to address chronic disease <u>health disparities</u> ?	3	2
<b>COLUMN TOTAL:</b>	<b>29</b>	<b>21</b>
<b>CHRONIC DISEASE MANAGEMENT SCORE:</b>	<b>64.44%</b>	<b>46.67%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Leadership

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment		
1	Not identified as problem	Elements not in place		
2	Problem identification/gaining agenda status	Few elements in place		
3	Policy formulation and adoption	Some elements are in place		
4	Policy implementation	Most elements are in place		
5	Policy evaluation and enforcement	All elements in place		
99	Not applicable	Not applicable		
<b>To what extent does the community:</b>			<b>Policy Response #</b>	<b>Environment Response #</b>
1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?			5	2
2. Participate in the <u>public policy process</u> to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?			3	2
3. Finance public <u>shared-use paths or trails</u> (by passing bonds, passing millages, levying taxes or getting grants)?			2	1
4. Finance <u>public recreation facilities</u> (by passing bonds, passing millages, levying taxes or getting grants)?			3	1
5. Finance public parks or <u>greenways</u> (by passing bonds, passing millages, levying taxes or getting grants)?			2	1
6. Finance public sports facilities (by passing bonds, passing millages, levying taxes or getting grants)?			3	99
7. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements)?			3	2
8. Finance bicycle enhancements (e.g., bike lanes, bike parking, <u>road diets</u> )?			2	1
9. Address the community's operating budget to make walking, bicycling, or other physical activities a priority?			2	2
10. Promote <u>mixed land use</u> through regulation or other <u>incentives</u> ?			4	2
11. Institute a management program to improve safety within the transportation system?			4	2
<b>COLUMN TOTAL:</b>			<b>33</b>	<b>16</b>
<b>LEADERSHIP SCORE:</b>			<b>60.00%</b>	<b>32.00%</b>
			<b>Please remember to answer every item. Do not leave any item blank.</b>	

**Community Health Assessment and Group Evaluation**

**COMMUNITY-AT-LARGE**

Additional information about the community can be included in the comment box denoted by the red tab.

**COMMUNITY'S NAME:** CT 110.01 BG 1

Module Score Summaries		
Policy	Environment	Module
61.76%	45.90%	Physical Activity
50.75%	40.54%	Nutrition
49.09%	48.89%	Tobacco Use
64.44%	64.44%	Chronic Disease Management
60.00%	40.00%	Leadership

**GENERAL INSTRUCTIONS**

Please indicate your answer by typing an 'X' or the correct information in the appropriate box for your response. Additional information can be included in each comment box denoted by the red corner tab.

**DEMOGRAPHIC INFORMATION**

**Community density:**

Approximate number of people who reside in the community (population):	1126
Approximate size of the area (square miles):	2 square miles

**Best description of the community setting**  
(choose ONE only):

Rural	<b>X</b>
Suburban	
Urban	

**The approximate percentage of people in the community with no high school diploma**  
(choose the best estimated category):

< 5%	
5 – 9%	
10 – 14%	<b>X</b>
15 – 19%	
≥ 20%	

**The median household income of the community**  
(choose the best estimated category):

< \$25,000	
\$25,000 – \$34,999	
\$35,000 – \$49,999	<b>X</b>
\$50,000 – \$74,999	
≥ \$75,000	

**The approximate percentage of people in the community who are living in poverty**  
(choose the best estimated category):

< 5%	<b>X</b>
5 – 9%	
10 – 14%	
15 – 19%	
≥ 20%	

**The approximate percentage of people in the community who are currently unemployed**  
(choose the best estimated category):

< 5%	
5 – 9%	<b>X</b>
10 – 14%	
15 – 19%	
≥ 20%	

### Community-At-Large: Physical Activity

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Require sidewalks to be built for all developments (e.g., housing, schools, commercial)?	3	2
2. Adopt a land use plan?	5	4
3. Require <u>bike facilities</u> (e.g., bike boulevards, <u>bike lanes</u> , bike ways, multi-use paths) to be built for all developments (e.g., housing, schools, commercial)?	1	1
4. Adopt a <u>complete streets</u> plan to support walking and biking infrastructure?	1	1
5. Maintain a network of walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?	2	2
6. Maintain a network of biking routes (e.g., institute a bike lane program to repave bike lanes when necessary)?	1	1
7. Maintain a network of parks (e.g., establish a program to repair and upgrade existing parks and playgrounds)?	4	1
8. Provide access to parks, <u>shared-use paths and trails</u> , or open spaces within <u>reasonable walking distance</u> of most homes?	2	1
9. Institute <u>mixed land use</u> ?	5	4
10. Require sidewalks to comply with the <u>Americans with Disabilities Act (ADA)</u> (i.e., all routes accessible for people with disabilities)?	5	3
11. Provide access to <u>public recreation facilities</u> (e.g., parks, play areas, community and wellness centers) for people of all abilities?	2	2
12. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within <u>reasonable walking distance</u> ?	4	99
13. Provide street <u>traffic calming measures</u> (e.g., road narrowing, central islands, roundabouts, speed bumps) to make areas (e.g., neighborhoods, major intersections) where people are or could be physically active (e.g., walk, bike) safer?	3	2
14. Adopt <u>strategies</u> (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., playgrounds, parks, <u>bike lanes</u> , walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike)?	4	4
<b>COLUMN TOTAL:</b>	<b>42</b>	<b>28</b>
<b>PHYSICAL ACTIVITY SCORE:</b>	<b>61.76%</b>	<b>45.90%</b>

Please remember to answer every item. Do not leave any item blank.



### Community-At-Large: Nutrition

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Adopt <u>strategies</u> to encourage food retailers (e.g., grocery, corner or convenience stores; bodegas) to provide <u>healthy food and beverage options</u> (e.g., fresh produce) in <u>underserved areas</u> ?	2	2
2. Encourage <u>community gardens</u> ?	3	2
3. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) to <u>supermarkets</u> and <u>large grocery stores</u> ?	4	99
4. Provide <u>access to farmers' markets</u> ?	3	99
5. Accept <u>Women, Infants and Children (WIC)</u> Farmers' Market Nutrition Program vouchers or Food Stamp Benefits at local farmers' markets?	5	99
6. Connect locally grown foods to local restaurants and food venues?	5	2
7. Promote (e.g., signage, product placement, <u>pricing strategies</u> ) the purchase of fruits and vegetables at local restaurants and food venues?	3	2
8. Institute <u>healthy food and beverage options</u> at local restaurants and food venues?	1	2
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at local restaurants and food venues?	1	2
10. Provide smaller <u>portion sizes</u> at local restaurants and food venues?	1	2
11. Ban local restaurants and retail food establishments from cooking with trans fats?	1	1
12. Adopt <u>strategies</u> to recruit <u>supermarkets</u> and <u>large grocery stores</u> in <u>underserved areas</u> (e.g., provide financial incentives, lower operating costs, provide job training services)?	1	99
13. Provide <u>comfortable, private spaces</u> for women to nurse or pump in public places (e.g., government buildings, restaurants, retail establishments) to support and encourage residents' ability to breastfeed?	1	99
14. <u>Protect a woman's right to breastfeed</u> in public places?	3	99
<b>COLUMN TOTAL:</b>	<b>34</b>	<b>15</b>
<b>NUTRITION SCORE:</b>	<b>50.75%</b>	<b>40.54%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Tobacco

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Institute a <u>smoke-free policy 24/7 for indoor public places</u> ?	5	5
2. Institute a <u>tobacco-free policy 24/7 for indoor public places</u> ?	1	1
3. institute a <u>smoke-free policy 24/7 for outdoor public places</u> ?	1	1
4. Institute a <u>tobacco-free policy 24/7 for outdoor public places</u> ?	1	1
5. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)?	1	1
6. Ban tobacco promotions, promotional offers, and prizes?	1	1
7. Regulate the number, location, and density of tobacco retail outlets?	1	99
8. Restrict the placement of tobacco vending machines (including self-service displays)?	5	5
9. Enforce the ban of selling single cigarettes?	1	5
10. Increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)?	5	99
11. Provide access to a <u>referral system</u> for tobacco cessation resources and services, such as a <u>quitline</u> (e.g., 1-800-QUIT-NOW)?	5	2
<b>COLUMN TOTAL:</b>	<b>27</b>	<b>22</b>
<b>TOBACCO USE SCORE:</b>	<b>49.09%</b>	<b>48.89%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Chronic Disease Management

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #	
1. Enhance access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)?	3	3	
2. Adopt <u>strategies</u> to educate its residents on the importance of obesity prevention?	3	3	
3. Adopt <u>strategies</u> to educate its residents on the importance of controlling high blood pressure?	3	3	
4. Adopt <u>strategies</u> to educate its residents on the importance of controlling cholesterol?	3	3	
5. Adopt <u>strategies</u> to educate its residents on the importance of controlling blood sugar or insulin levels?	3	3	
6. Adopt <u>strategies</u> to educate its residents on heart attack and stroke symptoms and when to call 9-1-1?	3	3	
7. Adopt <u>strategies</u> to educate its residents on the importance of preventive care?	3	3	
8. Provide emergency medical services (e.g., 9-1-1, transport system)?	5	5	
9. Adopt <u>strategies</u> to address chronic disease <u>health disparities</u> ?	3	3	
<b>COLUMN TOTAL:</b>	<b>29</b>	<b>29</b>	<b>Please remember to answer every item. Do not leave any item blank.</b>
<b>CHRONIC DISEASE MANAGEMENT SCORE:</b>	<b>64.44%</b>	<b>64.44%</b>	

### Community-At-Large: Leadership

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment		
1	Not identified as problem	Elements not in place		
2	Problem identification/gaining agenda status	Few elements in place		
3	Policy formulation and adoption	Some elements are in place		
4	Policy implementation	Most elements are in place		
5	Policy evaluation and enforcement	All elements in place		
99	Not applicable	Not applicable		
<b>To what extent does the community:</b>			<b>Policy Response #</b>	<b>Environment Response #</b>
1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?			5	99
2. Participate in the <u>public policy process</u> to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?			3	99
3. Finance public <u>shared-use paths or trails</u> (by passing bonds, passing millages, levying taxes or getting grants)?			2	99
4. Finance <u>public recreation facilities</u> (by passing bonds, passing millages, levying taxes or getting grants)?			3	99
5. Finance public parks or <u>greenways</u> (by passing bonds, passing millages, levying taxes or getting grants)?			2	2
6. Finance public sports facilities (by passing bonds, passing millages, levying taxes or getting grants)?			3	99
7. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements)?			3	3
8. Finance bicycle enhancements (e.g., bike lanes, bike parking, <u>road diets</u> )?			2	1
9. Address the community's operating budget to make walking, bicycling, or other physical activities a priority?			2	2
10. Promote <u>mixed land use</u> through regulation or other <u>incentives</u> ?			4	99
11. Institute a management program to improve safety within the transportation system?			4	99
<b>COLUMN TOTAL:</b>			<b>33</b>	<b>8</b>
<b>LEADERSHIP SCORE:</b>			<b>60.00%</b>	<b>40.00%</b>
			<b>Please remember to answer every item. Do not leave any item blank.</b>	

**Community Health Assessment and Group Evaluation**

**COMMUNITY-AT-LARGE**

Additional information about the community can be included in the comment box denoted by the red tab.

**COMMUNITY'S NAME:** CT 106 BG 2

Module Score Summaries		
Policy	Environment	Module
61.76%	61.76%	Physical Activity
50.75%	56.06%	Nutrition
49.09%	56.36%	Tobacco Use
64.44%	64.44%	Chronic Disease Management
60.00%	65.45%	Leadership

**GENERAL INSTRUCTIONS**

Please indicate your answer by typing an 'X' or the correct information in the appropriate box for your response. Additional information can be included in each comment box denoted by the red corner tab.

**DEMOGRAPHIC INFORMATION**

**Community density:**

Approximate number of people who reside in the community (population):	1362
Approximate size of the area (square miles):	1 square mile

**Best description of the community setting**  
(choose ONE only):

Rural	
Suburban	<b>X</b>
Urban	

**The approximate percentage of people in the community with no high school diploma**  
(choose the best estimated category):

< 5%	
5 – 9%	
10 – 14%	<b>X</b>
15 – 19%	
≥ 20%	

**The median household income of the community**  
(choose the best estimated category):

< \$25,000	
\$25,000 – \$34,999	
\$35,000 – \$49,999	<b>X</b>
\$50,000 – \$74,999	
≥ \$75,000	

**The approximate percentage of people in the community who are living in poverty**  
(choose the best estimated category):

< 5%	
5 – 9%	<b>X</b>
10 – 14%	
15 – 19%	
≥ 20%	

**The approximate percentage of people in the community who are currently unemployed**  
(choose the best estimated category):

< 5%	<b>X</b>
5 – 9%	
10 – 14%	
15 – 19%	
≥ 20%	

### Community-At-Large: Physical Activity

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Require sidewalks to be built for all developments (e.g., housing, schools, commercial)?	3	3
2. Adopt a land use plan?	5	5
3. Require <u>bike facilities</u> (e.g., bike boulevards, <u>bike lanes</u> , bike ways, multi-use paths) to be built for all developments (e.g., housing, schools, commercial)?	1	1
4. Adopt a <u>complete streets</u> plan to support walking and biking infrastructure?	1	1
5. Maintain a network of walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?	2	3
6. Maintain a network of biking routes (e.g., institute a bike lane program to repave bike lanes when necessary)?	1	1
7. Maintain a network of parks (e.g., establish a program to repair and upgrade existing parks and playgrounds)?	4	5
8. Provide access to parks, <u>shared-use paths and trails</u> , or open spaces within <u>reasonable walking distance</u> of most homes?	2	2
9. Institute <u>mixed land use</u> ?	5	5
10. Require sidewalks to comply with the <u>Americans with Disabilities Act (ADA)</u> (i.e., all routes accessible for people with disabilities)?	5	2
11. Provide access to <u>public recreation facilities</u> (e.g., parks, play areas, community and wellness centers) for people of all abilities?	2	3
12. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within <u>reasonable walking distance</u> ?	4	4
13. Provide street <u>traffic calming measures</u> (e.g., road narrowing, central islands, roundabouts, speed bumps) to make areas (e.g., neighborhoods, major intersections) where people are or could be physically active (e.g., walk, bike) safer?	3	3
14. Adopt <u>strategies</u> (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., playgrounds, parks, <u>bike lanes</u> , walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike)?	4	4
<b>COLUMN TOTAL:</b>	<b>42</b>	<b>42</b>
<b>PHYSICAL ACTIVITY SCORE:</b>	<b>61.76%</b>	<b>61.76%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Nutrition

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Adopt <u>strategies</u> to encourage food retailers (e.g., grocery, corner or convenience stores; bodegas) to provide <u>healthy food and beverage options</u> (e.g., fresh produce) in <u>underserved areas</u> ?	2	2
2. Encourage <u>community gardens</u> ?	3	2
3. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) to <u>supermarkets</u> and <u>large grocery stores</u> ?	4	4
4. Provide <u>access to farmers' markets</u> ?	3	4
5. Accept <u>Women, Infants and Children (WIC)</u> Farmers' Market Nutrition Program vouchers or Food Stamp Benefits at local farmers' markets?	5	5
6. Connect locally grown foods to local restaurants and food venues?	5	5
7. Promote (e.g., signage, product placement, <u>pricing strategies</u> ) the purchase of fruits and vegetables at local restaurants and food venues?	3	3
8. Institute <u>healthy food and beverage options</u> at local restaurants and food venues?	1	1
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at local restaurants and food venues?	1	1
10. Provide smaller <u>portion sizes</u> at local restaurants and food venues?	1	1
11. Ban local restaurants and retail food establishments from cooking with trans fats?	1	1
12. Adopt <u>strategies</u> to recruit <u>supermarkets</u> and <u>large grocery stores</u> in <u>underserved areas</u> (e.g., provide financial incentives, lower operating costs, provide job training services)?	1	2
13. Provide <u>comfortable, private spaces</u> for women to nurse or pump in public places (e.g., government buildings, restaurants, retail establishments) to support and encourage residents' ability to breastfeed?	1	2
14. <u>Protect a woman's right to breastfeed</u> in public places?	3	4
<b>COLUMN TOTAL:</b>	<b>34</b>	<b>37</b>
<b>NUTRITION SCORE:</b>	<b>50.75%</b>	<b>56.06%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Tobacco

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Institute a <u>smoke-free policy 24/7 for indoor public places</u> ?	5	5
2. Institute a <u>tobacco-free policy 24/7 for indoor public places</u> ?	1	1
3. institute a <u>smoke-free policy 24/7 for outdoor public places</u> ?	1	1
4. Institute a <u>tobacco-free policy 24/7 for outdoor public places</u> ?	1	1
5. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)?	1	1
6. Ban tobacco promotions, promotional offers, and prizes?	1	1
7. Regulate the number, location, and density of tobacco retail outlets?	1	1
8. Restrict the placement of tobacco vending machines (including self-service displays)?	5	5
9. Enforce the ban of selling single cigarettes?	1	5
10. Increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)?	5	5
11. Provide access to a <u>referral system</u> for tobacco cessation resources and services, such as a <u>quitline</u> (e.g., 1-800-QUIT-NOW)?	5	5
<b>COLUMN TOTAL:</b>	<b>27</b>	<b>31</b>
<b>TOBACCO USE SCORE:</b>	<b>49.09%</b>	<b>56.36%</b>

Please remember to answer every item. Do not leave any item blank.



**Community-At-Large: Chronic Disease Management**

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #	
1. Enhance access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)?	3	3	
2. Adopt <u>strategies</u> to educate its residents on the importance of obesity prevention?	3	3	
3. Adopt <u>strategies</u> to educate its residents on the importance of controlling high blood pressure?	3	3	
4. Adopt <u>strategies</u> to educate its residents on the importance of controlling cholesterol?	3	3	
5. Adopt <u>strategies</u> to educate its residents on the importance of controlling blood sugar or insulin levels?	3	3	
6. Adopt <u>strategies</u> to educate its residents on heart attack and stroke symptoms and when to call 9-1-1?	3	3	
7. Adopt <u>strategies</u> to educate its residents on the importance of preventive care?	3	3	
8. Provide emergency medical services (e.g., 9-1-1, transport system)?	5	5	
9. Adopt <u>strategies</u> to address chronic disease <u>health disparities</u> ?	3	3	
<b>COLUMN TOTAL:</b>	<b>29</b>	<b>29</b>	<b>Please remember to answer every item. Do not leave any item blank.</b>
<b>CHRONIC DISEASE MANAGEMENT SCORE:</b>	<b>64.44%</b>	<b>64.44%</b>	

### Community-At-Large: Leadership

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #	
1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?	5	5	
2. Participate in the <u>public policy process</u> to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?	3	3	
3. Finance public <u>shared-use paths or trails</u> (by passing bonds, passing millages, levying taxes or getting grants)?	2	2	
4. Finance <u>public recreation facilities</u> (by passing bonds, passing millages, levying taxes or getting grants)?	3	4	
5. Finance public parks or <u>greenways</u> (by passing bonds, passing millages, levying taxes or getting grants)?	2	4	
6. Finance public sports facilities (by passing bonds, passing millages, levying taxes or getting grants)?	3	4	
7. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements)?	3	3	
8. Finance bicycle enhancements (e.g., bike lanes, bike parking, <u>road diets</u> )?	2	1	
9. Address the community's operating budget to make walking, bicycling, or other physical activities a priority?	2	2	
10. Promote <u>mixed land use</u> through regulation or other <u>incentives</u> ?	4	4	
11. Institute a management program to improve safety within the transportation system?	4	4	
<b>COLUMN TOTAL:</b>	<b>33</b>	<b>36</b>	<b>Please remember to answer every</b>
<b>LEADERSHIP SCORE:</b>	<b>60.00%</b>	<b>65.45%</b>	<b>item. Do not leave any item blank.</b>

**Community Health Assessment aNd Group Evaluation**

**COMMUNITY-AT-LARGE**

Additional information about the community can be included in the comment box denoted by the red tab.

**COMMUNITY'S NAME:** CT 115.06 BG 2

Module Score Summaries		
Policy	Environment	Module
43.33%	54.29%	Physical Activity
24.56%	24.56%	Nutrition
44.00%	38.00%	Tobacco Use
37.78%	37.78%	Chronic Disease Management
48.57%	50.00%	Leadership

**GENERAL INSTRUCTIONS**

Please indicate your answer by typing an 'X' or the correct information in the appropriate box for your response. Additional information can be included in each comment box denoted by the red corner tab.

**DEMOGRAPHIC INFORMATION**

<b>Community density:</b>	
Approximate number of people who reside in the community (population):	1757
Approximate size of the area (square miles):	2 sq miles

<b>Best description of the community setting</b> (choose ONE only):	
Rural	<b>X</b>
Suburban	
Urban	

<b>The approximate percentage of people in the community with no high school diploma</b> (choose the best estimated category):	
< 5%	
5 – 9%	<b>X</b>
10 – 14%	
15 – 19%	
≥ 20%	

<b>The median household income of the community</b> (choose the best estimated category):	
< \$25,000	
\$25,000 – \$34,999	
\$35,000 – \$49,999	<b>X</b>
\$50,000 – \$74,999	
≥ \$75,000	

<b>The approximate percentage of people in the community who are living in poverty</b> (choose the best estimated category):	
< 5%	<b>X</b>
5 – 9%	
10 – 14%	
15 – 19%	
≥ 20%	

<b>The approximate percentage of people in the community who are currently unemployed</b> (choose the best estimated category):	
< 5%	
5 – 9%	<b>X</b>
10 – 14%	
15 – 19%	
≥ 20%	

### Community-At-Large: Leadership

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

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2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #	
1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?	2	1	
2. Participate in the <u>public policy process</u> to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?	1	1	
3. Finance public <u>shared-use paths or trails</u> (by passing bonds, passing millages, levying taxes or getting grants)?	4	4	
4. Finance <u>public recreation facilities</u> (by passing bonds, passing millages, levying taxes or getting grants)?	4	4	
5. Finance public parks or <u>greenways</u> (by passing bonds, passing millages, levying taxes or getting grants)?	99	99	
6. Finance public sports facilities (by passing bonds, passing millages, levying taxes or getting grants)?	4	4	
7. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements)?	1	99	
8. Finance bicycle enhancements (e.g., bike lanes, bike parking, <u>road diets</u> )?	99	99	
9. Address the community's operating budget to make walking, bicycling, or other physical activities a priority?	99	99	
10. Promote <u>mixed land use</u> through regulation or other <u>incentives</u> ?	99	99	
11. Institute a management program to improve safety within the transportation system?	1	1	
<b>COLUMN TOTAL:</b>	<b>17</b>	<b>15</b>	<b>Please remember to answer every item. Do not leave any item blank.</b>
<b>LEADERSHIP SCORE:</b>	<b>48.57%</b>	<b>50.00%</b>	

**Community-At-Large: Chronic Disease Management**

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Enhance access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)?	2	2
2. Adopt <u>strategies</u> to educate its residents on the importance of obesity prevention?	1	1
3. Adopt <u>strategies</u> to educate its residents on the importance of controlling high blood pressure?	1	1
4. Adopt <u>strategies</u> to educate its residents on the importance of controlling cholesterol?	1	1
5. Adopt <u>strategies</u> to educate its residents on the importance of controlling blood sugar or insulin levels?	1	1
6. Adopt <u>strategies</u> to educate its residents on heart attack and stroke symptoms and when to call 9-1-1?	2	2
7. Adopt <u>strategies</u> to educate its residents on the importance of preventive care?	2	2
8. Provide emergency medical services (e.g., 9-1-1, transport system)?	5	5
9. Adopt <u>strategies</u> to address chronic disease <u>health disparities</u> ?	2	2
<b>COLUMN TOTAL:</b>	<b>17</b>	<b>17</b>
<b>CHRONIC DISEASE MANAGEMENT SCORE:</b>	<b>37.78%</b>	<b>37.78%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Tobacco

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

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4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Institute a <u>smoke-free policy 24/7 for indoor public places?</u>	4	3
2. Institute a <u>tobacco-free policy 24/7 for indoor public places?</u>	1	1
3. institute a <u>smoke-free policy 24/7 for outdoor public places?</u>	1	1
4. Institute a <u>tobacco-free policy 24/7 for outdoor public places?</u>	1	1
5. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)?	1	1
6. Ban tobacco promotions, promotional offers, and prizes?	99	99
7. Regulate the number, location, and density of tobacco retail outlets?	1	1
8. Restrict the placement of tobacco vending machines (including self-service displays)?	4	4
9. Enforce the ban of selling single cigarettes?	4	4
10. Increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)?	1	1
11. Provide access to a <u>referral system</u> for tobacco cessation resources and services, such as a <u>quitline</u> (e.g., 1-800-QUIT-NOW)?	4	2
<b>COLUMN TOTAL:</b>	<b>22</b>	<b>19</b>
<b>TOBACCO USE SCORE:</b>	<b>44.00%</b>	<b>38.00%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Nutrition

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #
1. Adopt <u>strategies</u> to encourage food retailers (e.g., grocery, corner or convenience stores; bodegas) to provide <u>healthy food and beverage options</u> (e.g., fresh produce) in underserved areas?	99	99
2. Encourage <u>community gardens</u> ?	1	1
3. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) to <u>supermarkets</u> and <u>large grocery stores</u> ?	1	1
4. Provide <u>access to farmers' markets</u> ?	1	1
5. Accept <u>Women, Infants and Children (WIC)</u> Farmers' Market Nutrition Program vouchers or Food Stamp Benefits at local farmers' markets?	1	1
6. Connect locally grown foods to local restaurants and food venues?	1	1
7. Promote (e.g., signage, product placement, <u>pricing strategies</u> ) the purchase of fruits and vegetables at local restaurants and food venues?	1	1
8. Institute <u>healthy food and beverage options</u> at local restaurants and food venues?	1	1
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at local restaurants and food venues?	1	1
10. Provide smaller <u>portion sizes</u> at local restaurants and food venues?	1	1
11. Ban local restaurants and retail food establishments from cooking with trans fats?	1	1
12. Adopt <u>strategies</u> to recruit <u>supermarkets</u> and <u>large grocery stores</u> in underserved areas (e.g., provide financial incentives, lower operating costs, provide job training services)?	1	1
13. Provide <u>comfortable, private spaces</u> for women to nurse or pump in public places (e.g., government buildings, restaurants, retail establishments) to support and encourage residents' ability to breastfeed?	1	1
14. <u>Protect a woman's right to breastfeed</u> in public places?	2	2
<b>COLUMN TOTAL:</b>	<b>14</b>	<b>14</b>
<b>NUTRITION SCORE:</b>	<b>24.56%</b>	<b>24.56%</b>

Please remember to answer every item. Do not leave any item blank.

### Community-At-Large: Physical Activity

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

<i>To what extent does the community:</i>	Policy Response #	Environment Response #	
1. Require sidewalks to be built for all developments (e.g., housing, schools, commercial)?	99	99	
2. Adopt a land use plan?	99	99	
3. Require <u>bike facilities</u> (e.g., bike boulevards, <u>bike lanes</u> , bike ways, multi-use paths) to be built for all developments (e.g., housing, schools, commercial)?	99	99	
4. Adopt a <u>complete streets</u> plan to support walking and biking infrastructure?	99	99	
5. Maintain a network of walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?	99	99	
6. Maintain a network of biking routes (e.g., institute a bike lane program to repave bike lanes when necessary)?	3	4	
7. Maintain a network of parks (e.g., establish a program to repair and upgrade existing parks and playgrounds)?	99	4	
8. Provide access to parks, <u>shared-use paths and trails</u> , or open spaces within <u>reasonable walking distance</u> of most homes?	3	4	
9. Institute <u>mixed land use</u> ?	99	99	
10. Require sidewalks to comply with the <u>Americans with Disabilities Act (ADA)</u> (i.e., all routes accessible for people with disabilities)?	99	99	
11. Provide access to <u>public recreation facilities</u> (e.g., parks, play areas, community and wellness centers) for people of all abilities?	3	4	
12. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within <u>reasonable walking distance</u> ?	1	1	
13. Provide street <u>traffic calming measures</u> (e.g., road narrowing, central islands, roundabouts, speed bumps) to make areas (e.g., neighborhoods, major intersections) where people are or could be physically active (e.g., walk, bike) safer?	1	1	
14. Adopt <u>strategies</u> (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., playgrounds, parks, <u>bike lanes</u> , walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike)?	2	1	
<b>COLUMN TOTAL:</b>	<b>13</b>	<b>19</b>	<b>Please remember to answer every item. Do not leave any item blank.</b>
<b>PHYSICAL ACTIVITY SCORE:</b>	<b>43.33%</b>	<b>54.29%</b>	