Oak Park and River Forest IPLAN

Community Health Assessment and Improvement Plan 2022–2027

October 2022

Village of Oak Park
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Letter from Dr. Noel Chavez

Dear Ms. Bardwell,

This letter will serve as documentation that the Village of Oak Park Board of Health has completed the required review of the Oak Park Department of Public Health IPLAN Community Health Plan for 2022–2027 specifically,

- The Board of Health has reviewed the organizational capacity self-assessment of the Village of Oak Park Department of Public Health, which was completed by staff as part of the Local Public Health System Assessment within the enclosed IPLAN Community Health Plan; and
- The Board of Health has completed a review of the enclosed IPLAN Community Health Plan for 2022–2027.

At the September 29, 2022, meeting of the Oak Park Board of Health, members voted to adopt the IPLAN Community Health Plan and to assist the Department of Public Health and its many partners in every way possible toward fulfillment of the goals and strategies identified in it.

If you have any questions or concerns, please feel free to contact Health Department Director Dr. Theresa Chapple at tchapple@oak-park.us or 708-358-5482 or, in her absence, Public Health Education Manager Sara Semelka at ssemelka@oak-park.us or 708-358-5496.

Sincerely,

Noel Chavez
Chair, Village of Oak Park Board of Health

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Letter from Dr. Theresa Chapple

Dear community members and partners,

The Oak Park River Forest IPLAN was created by the IPLAN core team, and I would like to thank each member for their leadership and dedication to the process and product. This community health needs assessment and community health improvement plan is the culmination of a long, community-driven process. The purpose of this process was to identify and prioritize the health issues of greatest importance to our community and formulate a plan to address them together over the next five years.

In keeping with the Oak Park Equity, Diversity, and Inclusion Statement, this plan is guided by an overarching vision of equity. It is a vision of an Oak Park and River Forest where all people can truly experience optimal health outcomes, not just gain access to health information or services. It is a vision of a community that promotes these optimal health outcomes not just for residents but for everyone who is part of the fabric of the community — the people who work, shop, play, go to school, receive health care, and more within our borders.

All four strategic issues prioritized in the plan — the natural and built environment, mental health and substance use, gun violence, and access to care — tie back to this overarching vision of equity. They all are areas where we know structural barriers and social determinants of health have left some community members marginalized. We recognize that structural and systemic changes in all four of these priority areas hold great potential for reducing inequities and improving the health of everyone.

As noted, the Oak Park River Forest IPLAN plan could not have been completed without the IPLAN core team — our collaborative leadership group, which includes representatives from key partner organizations such as the Community Mental Health Board of Oak Park Township, River Forest Township, Oak Park Township, Park District of Oak Park, and Rush Oak Park Hospital. The plan also would not have been possible without the many hundreds of individuals who live, work, and play in Oak Park and River Forest — community residents, health care providers, social service leaders, volunteers, and more — who participated throughout the process. We greatly appreciate the input and expertise of all the individuals and organizations who contributed to this plan and ensured that it is a plan for the whole community.

I am grateful to my team at the Oak Park Department of Public Health, all my colleagues on the IPLAN core team, our consultants at Leading Healthy Futures, and all the community partners and residents who contributed to this process. I look forward to our continued work together to improve the health of our communities and achieve this vision of equity for Oak Park and River Forest.

Dr. Theresa Chapple
Director, Oak Park Department of Public Health

I. Executive Summary

The purpose of this community health needs assessment and community health improvement plan is to identify health needs, inform health planning, and ultimately improve the health of the communities of Oak Park and River Forest, Illinois. The assessment was led by the Oak Park Department of Public Health and conducted in keeping with the Illinois Project for Local Assessment of Needs (IPLAN), which requires such a process every five years for local health departments certified by the Illinois Department of Public Health.

While the process was led by the Oak Park Department of Public Health, this IPLAN is truly for the whole Oak Park and River Forest community. The plan was developed in partnership with a core planning team that includes representatives from River Forest Township, Oak Park Township, the Oak Park Community Mental Health Board, the Park District of Oak Park, Rush University Medical Center, and the Oak Park Board of Health. It also collected input and garnered participation from many other organizations, health care providers, social service agencies, and community groups, as well as over 750 individuals who live, work, and play in Oak Park and River Forest. With this broad participation, the resulting plan aims to improve the local public health system for the whole community, as expressed in its vision:

> *We envision a safe, thriving, and inclusive Oak Park and River Forest, where everyone who lives, works, and plays in our communities can attain optimal health through proactive community strategies that promote equitable health outcomes.*

This IPLAN used the Mobilizing for Action Through Planning and Partnerships (MAPP) process, created by the National Association of County and City Health Officials. The MAPP process includes four assessments, which were conducted by the IPLAN core team and consultant Leading Healthy Futures during 2022. These assessments help determine the community's health status, community member perspectives on health, forces of change influencing the community's health, and the local public health system's capacity to improve health for all.

Based on the findings of the four MAPP assessments, the IPLAN core team and other partners convened to identify key cross-cutting strategic issues affecting community health. Four strategic issues were prioritized:

- *Natural and Built Environment*
- *Mental Health and Substance Use*
- *Gun Violence*
- *Access to Care*

Using diversity, equity, and inclusion as a lens, the IPLAN core team and other partners developed several goals under each prioritized health issue and formulated strategies, desired outcomes, and indictors to track progress. Goals and strategies considered not just how to increase access to health services, but how to make structural and systemic improvements designed to promote equitable health outcomes for all community members.

The Oak Park and River Forest IPLAN core team and partners look forward to working proactively over the next five years to fulfill the vision of this plan and create optimal and equitable health outcomes for all who live, work, and play in Oak Park and River Forest.

II. Introduction and MAPP Process

A. Oak Park Department of Public Health

The Village of Oak Park was incorporated in 1902, and a public health department was established on January 9 of the same year. A health commissioner was appointed to “give advice and investigate contagion." In 1905, a part-time advisory health board was appointed. In 1948, the Oak Park Department of Public Health became a State of Illinois certified health department. It remains one of only four certified municipal health departments in suburban Cook County, in addition to the Cook County Department of Public Health. The Oak Park Board of Health serves as an advisory body to the Oak Park Department of Public Health.

As a certified health department in Illinois, the Village of Oak Park Department of Public Health provides several local health protection services (communicable disease control and food protection), as well as an array of additional public health programs and services. The following public health programs are administered by each of the divisions:

- Community Health and Nursing Services
    - Communicable disease control, including STD and HIV/AIDS
    - Immunizations, including seasonal flu vaccinations and COVID-19 vaccinations
    - HIV/AIDS surveillance, counseling, and referral for testing for at-risk individuals
    - Family case management (maternal and child health)
    - Tobacco cessation programming
    - Childhood lead program
- Environmental Health Services
    - Food protection
    - Nuisance investigations
    - Childcare environmental inspections
    - Foodborne illness and outbreak investigations
    - Preoperational restaurant inspections
    - Body art and tanning facilities inspection
    - West Nile virus prevention
- Emergency Preparedness, in collaboration with the Emergency Preparedness Coordinator
    - NIMS training of Village staff
    - Strategic National Stockpile dispensing/drilling
    - Medical Reserve Corps and Community Response Team training and oversight
    - Pandemic preparedness planning
- Animal Control
    - Animal licensing
    - Capturing and impounding of stray animals
    - Wildlife management and leasing of traps
    - Rodent control
    - Animal bite follow-up
    - Nuisance complaint investigations
- Farmers Market
    - Planning, oversight and weekly on-site management of seasonal Oak Park Farmers Market
    - Administering LINK program for Market customers

B. IPLAN Requirements

Every five years, Illinois law requires each local health department to complete an Illinois Project for Local Assessment of Needs (IPLAN), which is a community health assessment and health improvement process. This fulfills the requirements of the Illinois Administrative Code, Title 77, Subsection 600.410 for certification for local public health departments by the Illinois Department of Public Health (IDPH). The IPLAN process is grounded in the core functions of public health and incorporates robust participation of community stakeholders to assist the local health department in identifying community health priorities and planning strategies to address them.

The essential elements of an IPLAN, all contained within this plan, are:

1. An organizational capacity assessment (fulfilled by the Local Public Health System Assessment on pages 51–52)
2. A community health needs assessment (fulfilled by the other three assessments)
3. A community health plan, focusing on a minimum of three priority health problems

Oak Park's prior IPLAN, completed and accepted by IDPH in 2017, covered the period of 2017–2022. Six health issues were prioritized in that plan under three topic areas:

<u>Public Health</u>

1. Obesity prevalence
2. Chronic disease

<u>Behavioral Health</u>

3. Under-addressed behavioral health needs
4. Youth alcohol and substance abuse
5. Illicit opioid abuse

<u>Developmental Disability</u>

6. Under-addressed needs of people with developmental disabilities

C. The MAPP Framework

To complete this planning process, the Oak Park Department of Public Health and its partners utilized the nationally recognized model Mobilizing for Action through Planning and Partnerships (MAPP). Developed by the National Association of County and City Health Officials (NACCHO), MAPP is a Centers for Disease Control and Prevention–approved planning process which IDPH accepts as an equivalent process for IPLAN in Illinois.

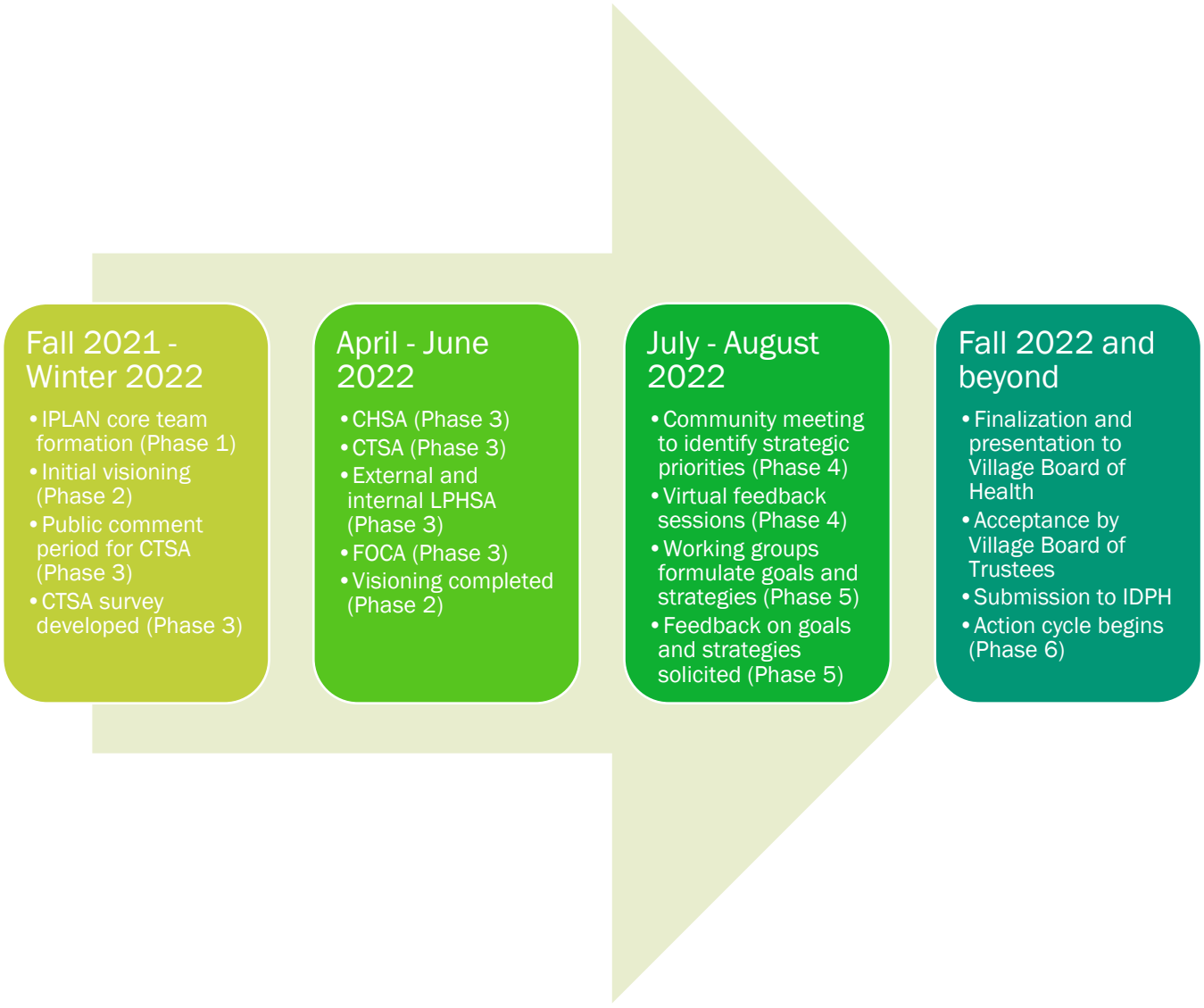
MAPP takes a strategic approach to community health improvement, using a community-driven process to understand community needs, prioritize public health issues, and identify resources to address them. The process includes six phases: engaging partners and organizing the process; completing a collaborative visioning process; conducting four separate community assessments that each answer a different set of questions about the health of the community; identifying and prioritizing strategic issues; formulating goals and strategies; and developing a plan for evaluation and implementation.

D. Oak Park River Forest IPLAN Planning Process and Timeline

The MAPP process begins with partnership development. In Oak Park, this process began in Fall 2021 with the initial formation of the IPLAN core team, which helped define and lead the planning process. The many organizations on the core team have committed time and resources into the IPLAN process, meeting every other week since January 2022.

The IPLAN core team began by working on its initial visioning, organizing the MAPP process, and developing its approach to the Community Themes and Strengths Assessment (CTSA). During Spring 2022, the team engaged consulting firm Leading Healthy Futures (LHF) to support completion of the other three MAPP assessments, including facilitating meetings to complete the Local Public Health System Assessment (LPHSA) and Forces of Change Assessment (FOCA).

In July 2022, the core team hosted a community stakeholder meeting to review the results of the four assessments and identify strategic issues of greatest priority. Additional virtual sessions were held to solicit feedback on these priorities. Working groups were formed around each priority and met virtually in August 2022 to formulate goals and strategies. The resulting plan was finalized and presented to the Village Board of Health and Board of Trustees during Fall 2022.



III. Phase One: Organize for Success / Partnership Development

PURPOSE

In Phase One of the MAPP process, the facilitating organization brings together key community partners, builds commitment among these partners, and engages in the initial organization and design of the process for the MAPP assessment. This lays the foundation for the work ahead and ensures that the MAPP process is manageable and collaborative.

PROCESS

As the facilitating organization, the Oak Park Department of Public Health convened an IPLAN core team with participation from key municipal, community, and health partners. These included: River Forest Township, Oak Park Township, the Oak Park Community Mental Health Board, the Park District of Oak Park, Rush Oak Park Hospital, and the Oak Park Board of Health. The team met for the first time in September 2021 and then began meeting every other week as of January 2022. The IPLAN core team also helped build relationships with other stakeholders and community partners listed throughout this plan.

IPLAN core team members were instrumental in all subsequent phases of the process, including visioning, completing assessments, identifying priorities, and formulating goals and strategies. Core team members anticipate being highly engaged with the action cycle as well.

The Oak Park Department of Public Health is tremendously grateful to these partners for their support. Without the commitment of time and resources of these organizations, none of this IPLAN process would have been possible.

IPLAN Core Team

Jan Arnold, Executive Director, Park District of Oak Park
Dr. Theresa Chapple, Director, Oak Park Department of Public Health
Dr. Noel Chavez, Chair, Board of Health, Village of Oak Park
Vanessa De La Mora, Community Health Advisor, Oak Park Department of Public Health
Caroline Heskett, Program Manager, Office of Community Health Equity and Engagement, Rush Oak Park Hospital
Maureen McCarthy, Superintendent of Recreation, Park District of Oak Park
Gavin Morgan, Township Manager, Oak Park Township
Kelly O'Connor, Prevention Services Manager, Youth and Family Services, Oak Park Township
Cheryl Potts, Executive Director, Community Mental Health Board of Oak Park Township
Dr. Dino Rumoro, President and CEO, Rush Oak Park Hospital
Sarah Schwarting, Mental Health Administrator, River Forest Township
Sara Semelka, Public Health Education Manager, Oak Park Department of Public Health
Carla Sloan, Supervisor, River Forest Township

Community Partner Acknowledgements

The IPLAN core team would like to thank all the community organizations and partners who participated in the visioning, four assessments, strategic issue identification, and goal and strategy formulation.

Beyond Hunger
Collaboration for Early Childhood
Community Mental Health Board, Oak Park Township
Dominican University
Epilepsy Foundation of Greater Chicago
Fenwick High School
Oak Park Department of Public Health
Oak Park Residence Corporation
Oak Park River Forest Chamber of Commerce
Oak Park Township
Oak Park Township Senior Services
Oak Park Village
OPRF Infant Welfare Society
Pace Bus
Pillars Community Health
Park District of Oak Park
River Forest District 90
River Forest Fire Department
River Forest Police
River Forest Township
Rush Oak Park Hospital/Rush University Medical Center
Sarah's Inn
Thrive Counseling Center
Village of Oak Park
Way Back Inn
West Cook YMCA
West Suburban Special Recreation Association (WSSRA)
YEMBA Inc. (Youth Educational Mentoring Basketball Association)

The IPLAN core team also thanks Leading Healthy Futures for supporting the assessments, facilitating the planning process, and leading the report development.

IV. Phase Two: Visioning

PURPOSE

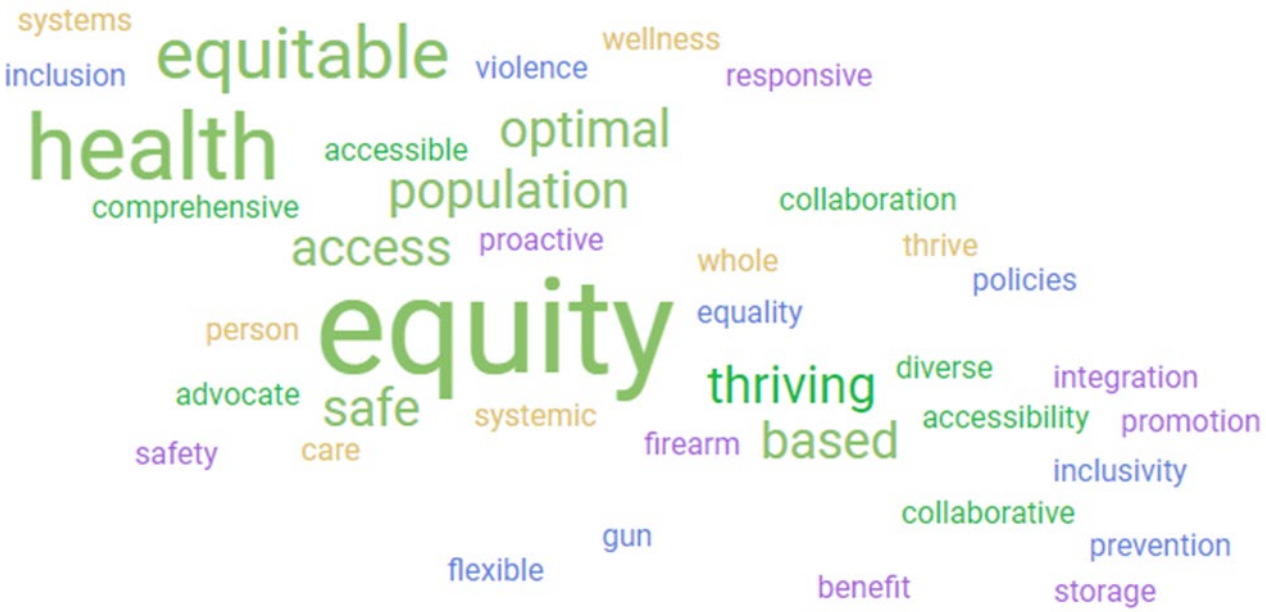
In Phase Two of the MAPP process, community members and local public health system partners collaboratively create a shared vision.

PROCESS

IPLAN core team members began the initial discussion of their collective vision during the initial organizing of the planning process and conversations with the Board of Health.

To create a shared vision with a broader range of community stakeholders, at a meeting in June 2022, community members and public health system partners brainstormed words that they wanted to see in a vision statement for the IPLAN and for the community. The word cloud below shows some of the words that came up most often, such as *equity*.

The IPLAN core team then worked together in a facilitated meeting to develop a collective vision statement that reflected this feedback from community stakeholders. The resulting vision statement was shared at the strategic issues identification meeting in July 2022 and in virtual community feedback sessions in August 2022 for additional feedback.



VISION STATEMENT

We envision a safe, thriving, and inclusive Oak Park and River Forest, where everyone who lives, works, and plays in our communities can attain optimal health through proactive community strategies that promote equitable health outcomes.

Through the visioning process, the IPLAN core team affirmed their commitment to diversity, equity, and inclusion, consistent with the Oak Park Equity, Diversity, and Inclusion Statement, last revised on October 7, 2019:

Oak Park Equity, Diversity, and Inclusion Statement

The people of Oak Park choose this community, not just as a place to live, but as a way of life and as a place to seek shelter, refuge, and acceptance. Oak Park commits itself to equity, diversity, and inclusion because these values make us a desirable and strong community for all people. Creating a mutually respectful, multicultural, and equitable environment does not happen on its own; it must be intentional.

We believe in equity. By embracing equity, with an explicit but not exclusive focus on racial equity, we work to break down systems of oppression, including racism, sexism, homophobia, xenophobia, and other forms of bias and hate to achieve a society where race no longer determines one's outcomes, where everyone has what they need to thrive. This is both a process and a goal. We reject racial barriers that limit and divide us, and we reject bias towards any group of people.

We believe in diversity because our commonalities and differences are both assets. Oak Park is a dynamic community that welcomes, respects, and encourages the contributions of all people, in all our rich variety by race, color, ethnicity, ancestry, national origin, religion, age, sex, sexual orientation, gender identity or expression, marital and/or familial status, language, mental and/or physical impairment and/or disability, military status, economic class, immigration status, foster status, body size, criminal history, or any of the other characteristics that are often used to divide people.

We acknowledge intersectionality and the compounding effect of multiple forms of discrimination that many in our community experience. We affirm all people as members of the human family. Our goal is for people of widely differing backgrounds to do more than live next to one another. Through intentional interaction and fair treatment, we can respect our differences while fostering unity and developing a shared, intersectional vision for the future.

We believe in inclusion because we need to go beyond numerical diversity and strive for authentic representation, empowered participation, full access, and a true sense of belonging for all people. Oak Park recognizes that a free, open, and inclusive community is achieved through full and broad participation of all community members and the ongoing commitment to active and intentional engagement across lines of difference. We believe the best decisions are made when everyone is authentically represented in decision-making and power is shared collectively.

The Village of Oak Park commits itself to a future ensuring equity, diversity, and inclusion in all aspects of local governance and community life. We strive to make these values aspirational and operational, reflected in our everyday practices and priorities. This includes fair treatment, equal access, and full participation in all of the Village's institutions and programs, and the goal of racial equity in all Village operating policies. The Village of Oak Park must continue to support its fair housing philosophy that fosters integration and unity in our community. Our intention is that such principles will be a basis for policy and decision making in Oak Park. The President and Board of Trustees of the Village of Oak Park reaffirm their dedication and commitment to these precepts.

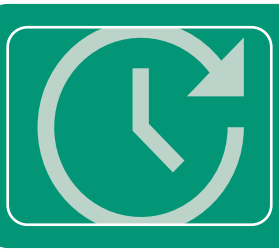
V. Phase Three: Four MAPP Assessments

In Phase Three of the MAPP process, four different assessments are conducted to paint a comprehensive picture of health in the community.

The **Community Health Status Assessment** assesses the health status of the population through a quantitative analysis of a variety of population and health indicators.

The **Community Themes and Strengths Assessment** provides community members' perceptions of leading health issues, quality of life needs, and community assets.

The **Local Public Health System Assessment** identifies strengths and weaknesses of the local public health system, including its capacity to advance health equity.



The **Forces of Change Assessment** identifies threats and opportunities based on trends, patterns, and events that are impacting or may impact the community.

The IPLAN core team, in partnership with Leading Healthy Futures and with the support of a variety of community organizations, conducted these four assessments between April and June 2022. This section summarizes the purpose, methods, and results or findings of each assessment.

A. Community Health Status Assessment

PURPOSE

The Community Health Status Assessment (CHSA) uses quantitative data and health indicators to understand the health status of the community. It answers questions like:

- How healthy is our community?
- What does health status look like for community members?
- What health conditions and social determinants of health impact our community?

PROCESS

Leading Healthy Futures worked with the IPLAN core team to identify demographic and health indicators for analysis and to conduct the CHSA during April and May 2022. Data was collected using the most recently available data sets as of April 2022 from the American Community Survey (ACS) 2016–2020 five-year estimates; CDC Wonder, the Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Survey (YRBS); Data Resource Center for Child and Adolescent Health; UDS Mapper: Policy Map; CDC PLACES; and other publicly available online sources.

At times, the best available data is only available at county or state levels rather than zip code level. In these cases, a standard extrapolation methodology was used to estimate the percent of a population with a certain disease or condition in each zip code. This methodology allows health data only available at the state or county level to be reliably extrapolated down to a smaller geography, such as zip code, using data breakouts available by race and ethnicity or age. Extrapolations were either provided by CDC PLACES or conducted by Leading Healthy Futures.

The analysis covered zip codes 60301, 60302, 60304 (Oak Park), and 60305 (River Forest) and compared to relevant benchmarks such as Cook County, Illinois, or national averages as appropriate. Data is also occasionally shown by municipality or census tract if that is the most current and relevant data available.

This report is organized around the five key areas of social determinants of health (SDOH) identified by Healthy People 2030. These five key determinants are:

1. Social and Community Context
2. Economic Stability
3. Education Access and Quality
4. Neighborhood and Built Environment
5. Health Care Access, Quality, and Disparities

The section on Health Care Access, Quality, and Disparities also describes morbidity, mortality, and other health indicators in the jurisdiction, including for diabetes, cardiovascular disease, cancer, prenatal and perinatal health, child health, behavioral health, and other health indicators, with comparisons to national and state averages. Health indicators are color-coded based on whether the area is better than both the state and nation, in between, or worse than both the state and nation.

RESULTS

Community Overview

Oak Park and River Forest are located in the near west suburbs of Chicago, within suburban Cook County, Illinois. Oak Park and River Forest are coterminous municipalities, meaning that within the same geographic boundaries of each community, there is both a village government and a township, each responsible for particular municipal services. The townships provide services and programming for youth and older adult populations. Because Oak Park and River Forest share a high school (Oak Park River Forest High School), health programs that serve the youth and families of Oak Park also serve the youth and families of River Forest. Coordination between the two townships also provides services for older adults in both communities. For these reasons, both Oak Park and River Forest populations are considered and included in this IPLAN.

The Village of Oak Park has a total population of 52,233. It is bordered by the city of Chicago's Austin community area and the suburban municipalities of River Forest, Elmwood Park, Berwyn, and Cicero. There are three residential zip codes and a PO box-only zip code that comprise Oak Park: 60301, 60302, 60303 (PO box-only), and 60304.

River Forest has a total population of 10,970. It is bordered by the suburban municipalities of Oak Park, Elmwood Park, River Grove, Melrose Park, Maywood, and Forest Park. River Forest has a single zip code: 60305.

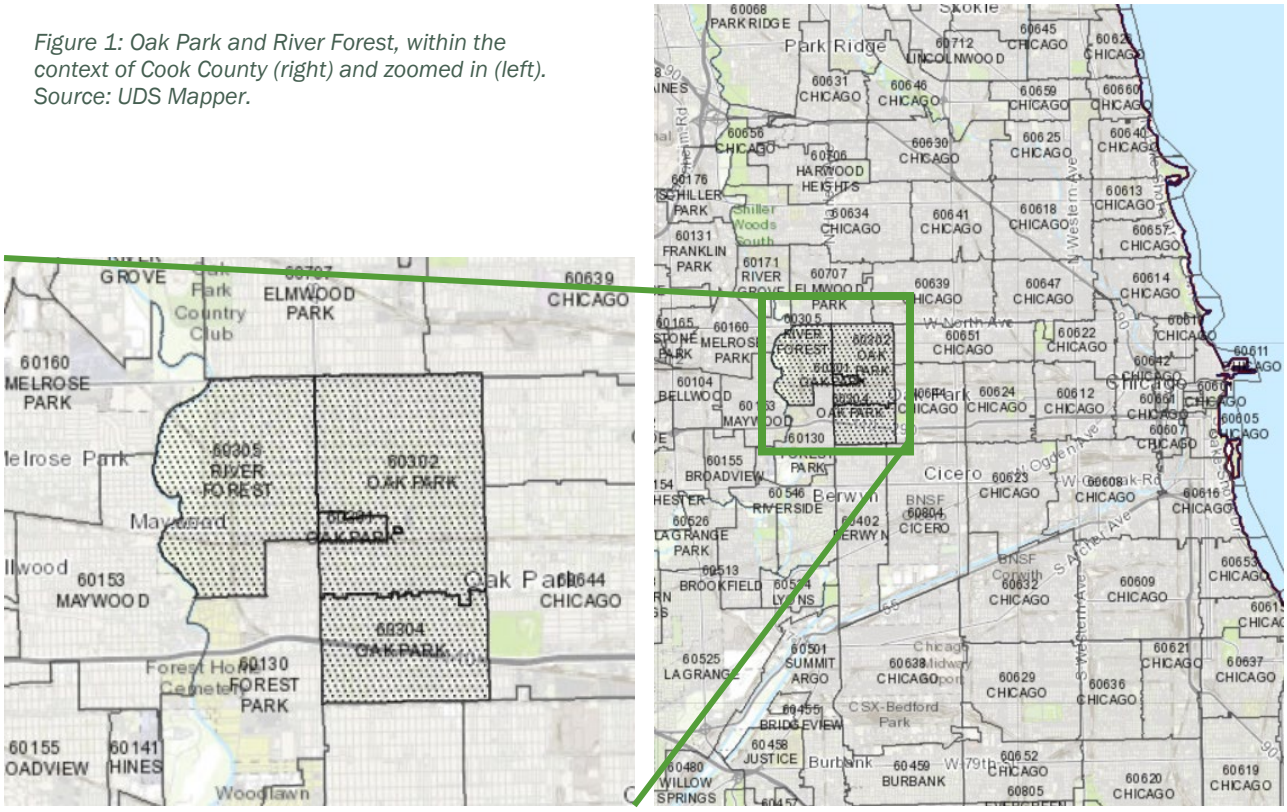


Figure 1: Oak Park and River Forest, within the context of Cook County (right) and zoomed in (left). Source: UDS Mapper.

Overall, Oak Park and River Forest are demographically diverse communities. Although more affluent and educated than other parts of Cook County, they include pockets of poverty and socioeconomic need. The community also fares well on many indicators of morbidity, mortality, and health access, but there are some indicators for which the community is doing worse than state or national averages. There is also some variability across census tracts for certain indicators, which may point to disparities in access or other underlying root causes of inequity.

Race/Ethnicity

Oak Park and River Forest have smaller proportions of residents that identify as racial or ethnic minorities than Cook County as a whole, but both communities are still highly diverse. In Oak Park, nearly 40% of residents identify as a person of color: 18% of residents identify as Black non-Hispanic and 9% as Hispanic. River Forest is marginally less racially diverse, with 6% each of Black non-Hispanic and Hispanic. In both communities, 4% to 5% of residents identify as Asian.

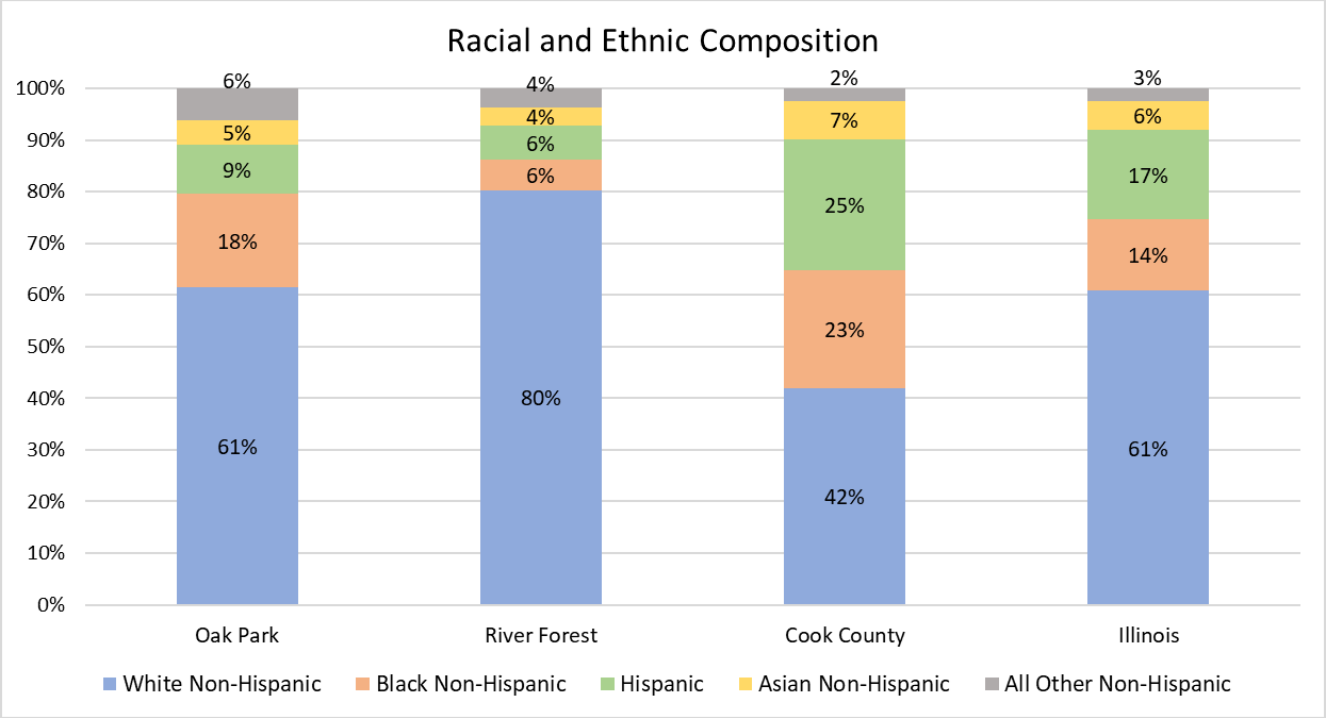


Figure 2: Racial and ethnic composition. Source: ACS 2016–2020 five-year estimates.

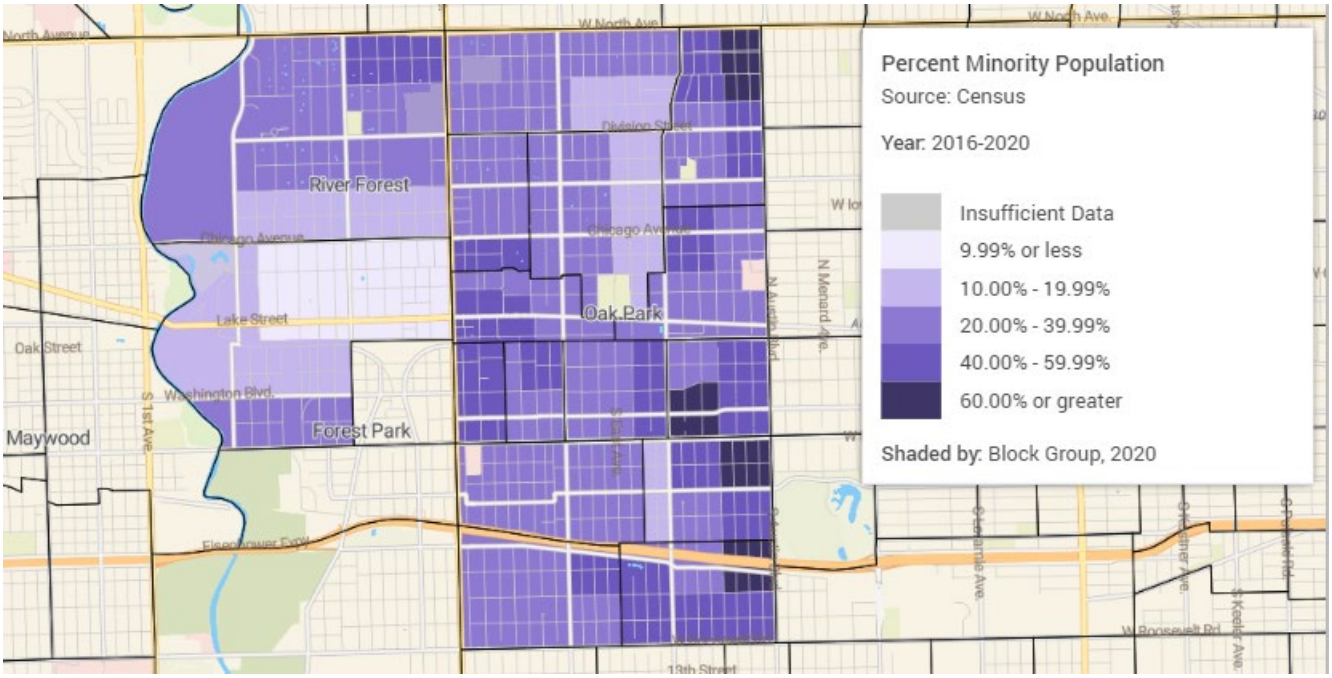


Figure 3: Percent of population that identify as a racial or ethnic minority by census block group. Source: Policy Map.

Age

Both Oak Park and River Forest have a higher proportion of children aged 0 to 17 years than Cook County or Illinois (24% and 25% respectively, compared to 22% in the county and state). Simultaneously, both communities have higher proportions of older adults aged 65 years and older than Cook County and Illinois (16% and 17% respectively, compared to 15% to 16%). This indicates that Oak Park and River Forest are both young communities as well as aging communities.

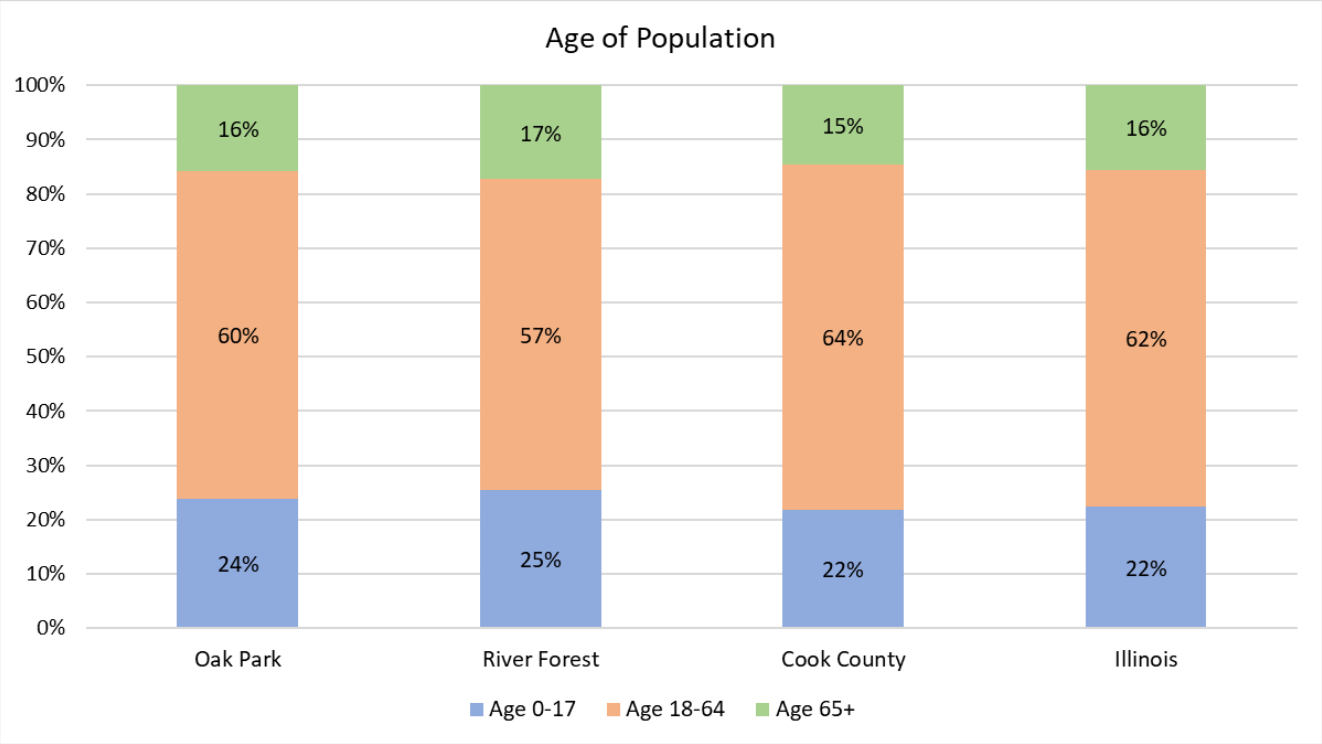


Figure 4: Age of population. Source: ACS 2016–2020 five-year estimates.

International Born

Oak Park and River Forest also both have a smaller proportion of residents who were born outside the United States than do Cook County or Illinois. However, the population born outside the US still makes up roughly 10% of the total population of each municipality.

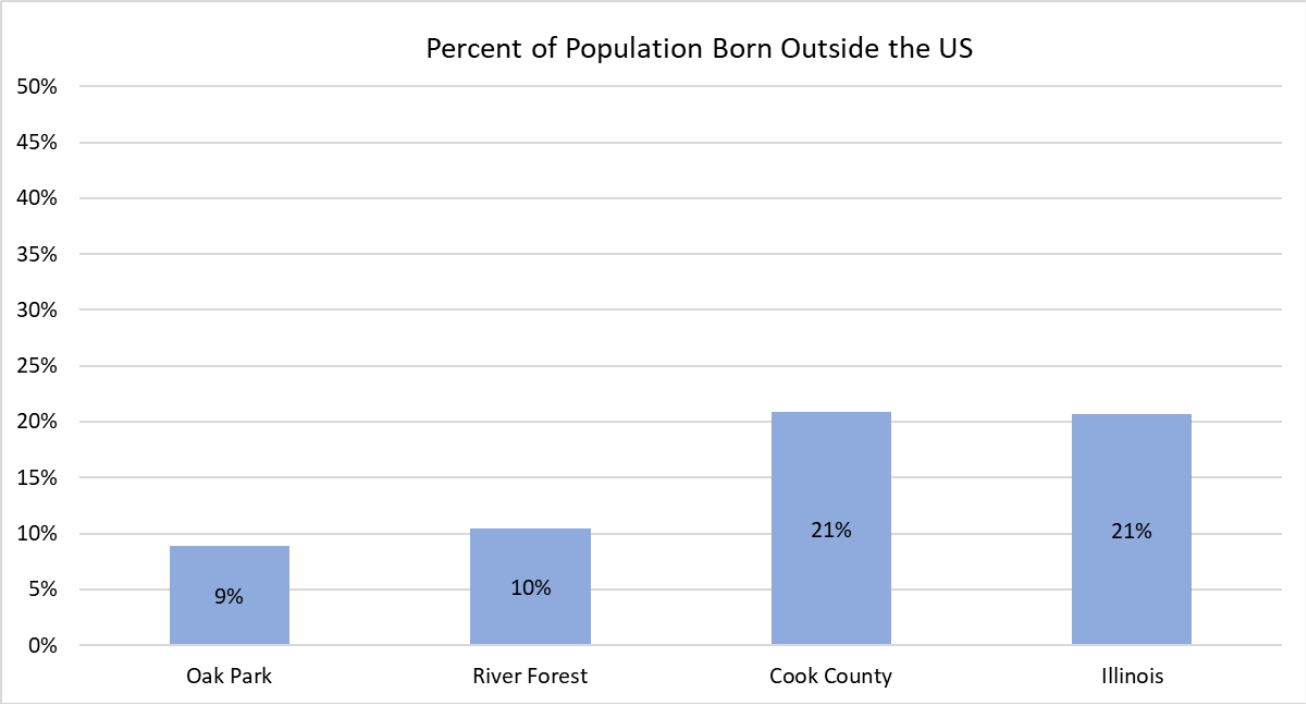


Figure 5: Percent of population born outside the US. Source: ACS 2016–2020 five-year estimates.

Common countries of origin for residents born outside the US include Mexico, China, India, Poland, Romania, Croatia, Vietnam, Israel, Iran, Barbados, the United Kingdom, and Canada.

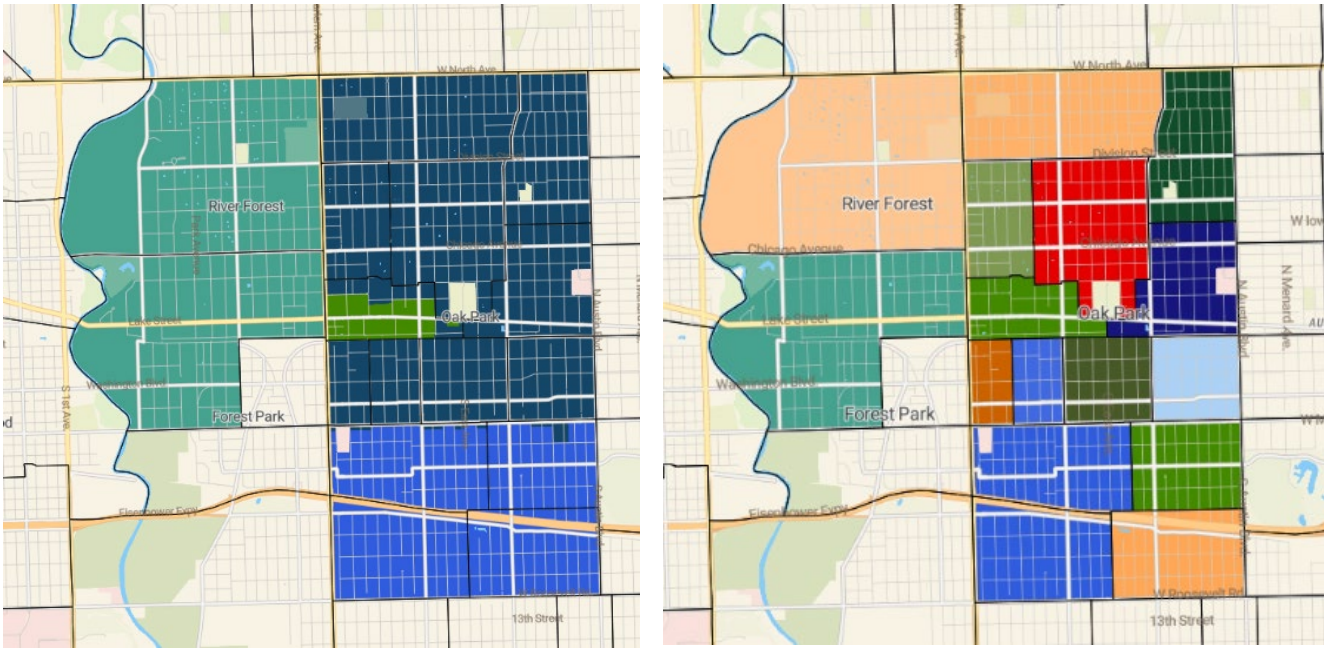


Figure 6: Predominant country of birth, not including US, by zip code (left) and census tract (right). Blues represent Asia, purples represent Middle East and Africa, greens represent Latin America, and reds/oranges represent Europe. Top countries by zip code include China, Mexico, India, and Canada. Top countries by census tract include Barbados, Israel, Vietnam, Mexico, Poland, India, Iran, Croatia, United Kingdom, Romania, Ukraine, and Canada. Source: Policy Map.

Language Spoken at Home

The proportion of residents over the age of 5 years who speak a language other than English at home is smaller in Oak Park and River Forest than in Cook County and Illinois, but still comprises 12% to 13% of the overall community. This includes both multilingual households that prefer to speak their native language at home and households that have more limited English proficiency.

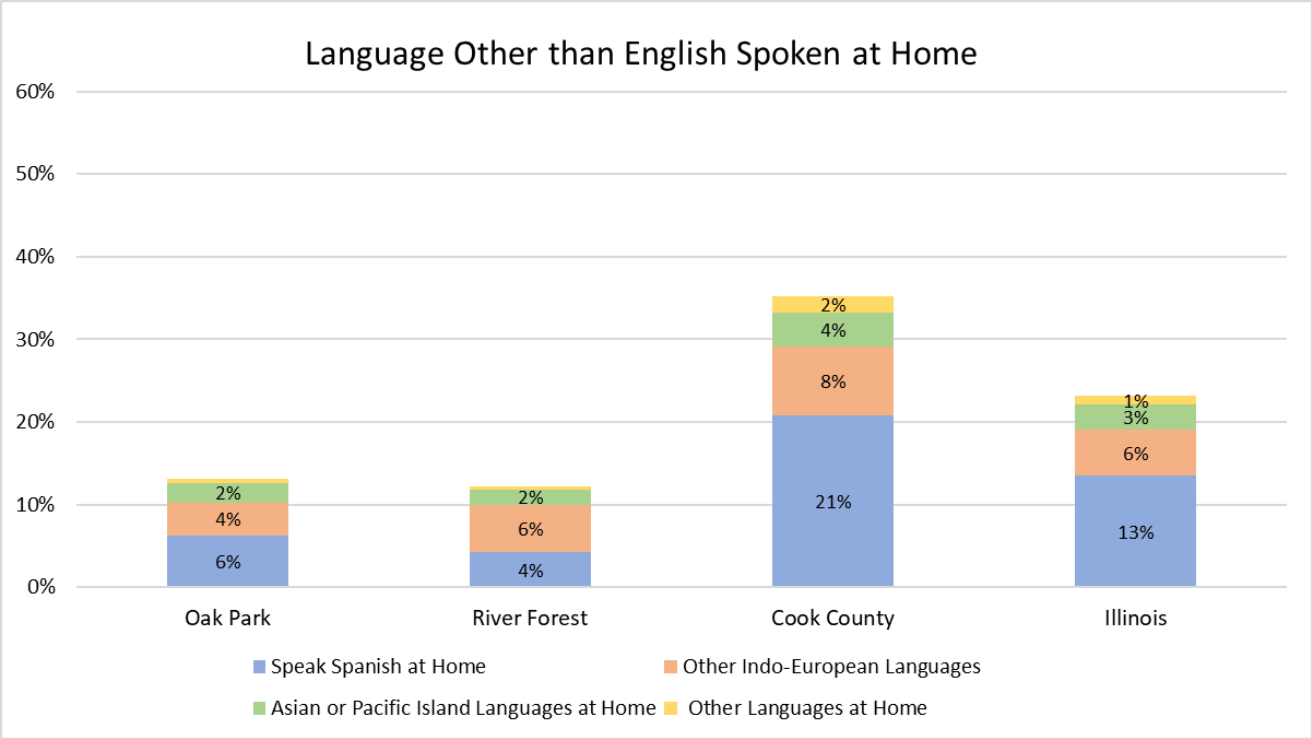


Figure 7: Percent of population age 5 and older who speak a language other than English at home. Source: ACS 2016–2020 five-year estimates

Approximately 6% of Oak Park residents and 4% of River Forest residents speak Spanish at home. Other commonly spoken languages include Arabic, Polish, Russian, German, Chinese, Japanese, and Tagalog.

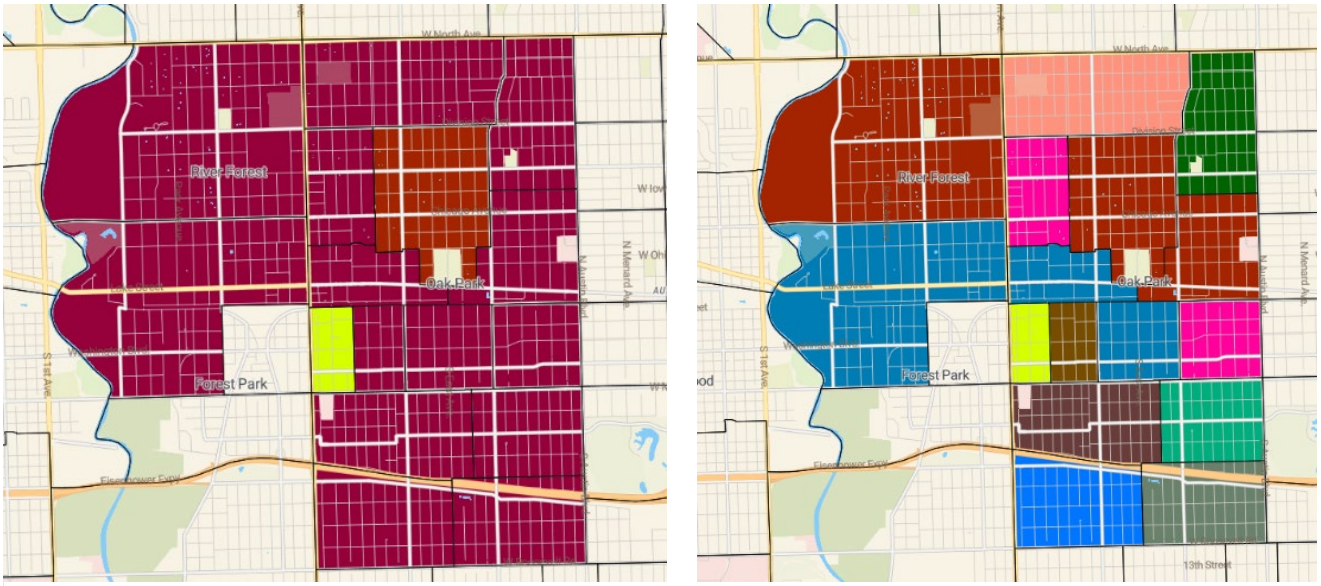


Figure 8: Predominant language spoken at home, not including English (left) and not including English or Spanish (right) by census tract. Top languages include Spanish, Arabic, and Polish; after excluding Spanish, other top languages include Chinese, Japanese, Tagalog, Russian, German, French, and other Asian, African, and Indo-European languages. Source: Policy Map.

Economic Stability

Income and Poverty

Both Oak Park and River Forest have a lower proportion of residents who are living in poverty (below 100% of the Federal Poverty Level) or who are considered low-income (below 200% of the Federal Poverty Level) than Cook County or Illinois.

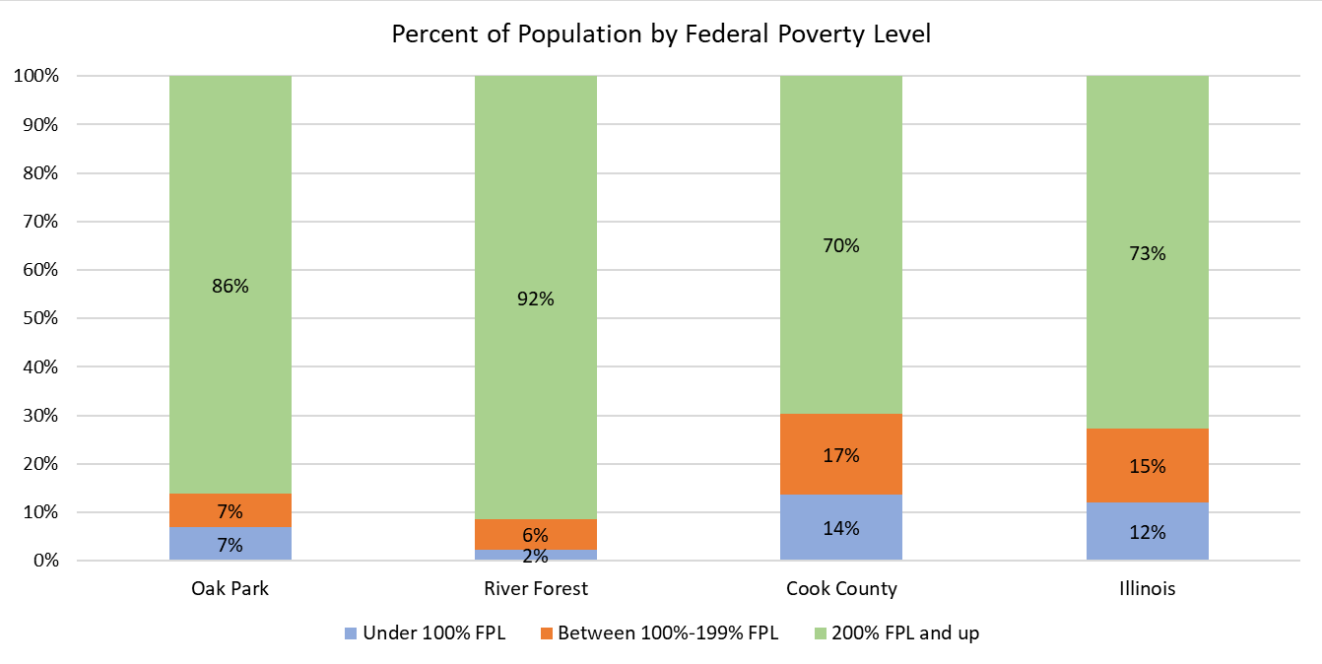


Figure 9: Percent of population by Federal Poverty Level. Source: ACS 2016–2020 five-year estimates.

Nonetheless, 14% of Oak Park and 8% of River Forest are considered low-income. The proportion of low-income residents varies considerably by census tract, from as few as 2.5% of residents in one Oak Park census tract to nearly 18% of residents in another.

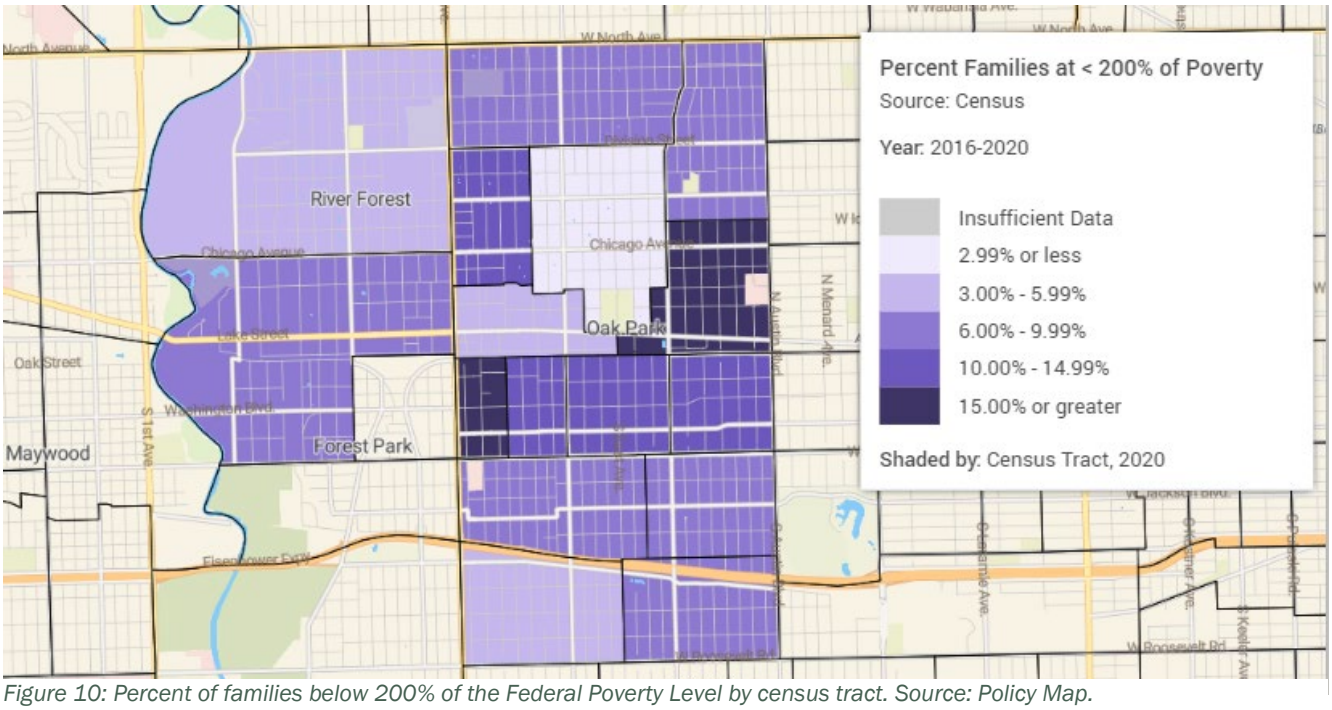


Figure 10: Percent of families below 200% of the Federal Poverty Level by census tract. Source: Policy Map.

Education Access and Quality

Educational Attainment

Oak Park and River Forest both are highly educated communities, with a much higher proportion of their residents over age 25 years with a bachelor's degree or higher (71% and 80%, respectively) than in Cook County (41%) or Illinois (37%). Both communities also have a much lower proportion of residents without a high school diploma or equivalent, with only a high school degree, or with some college.

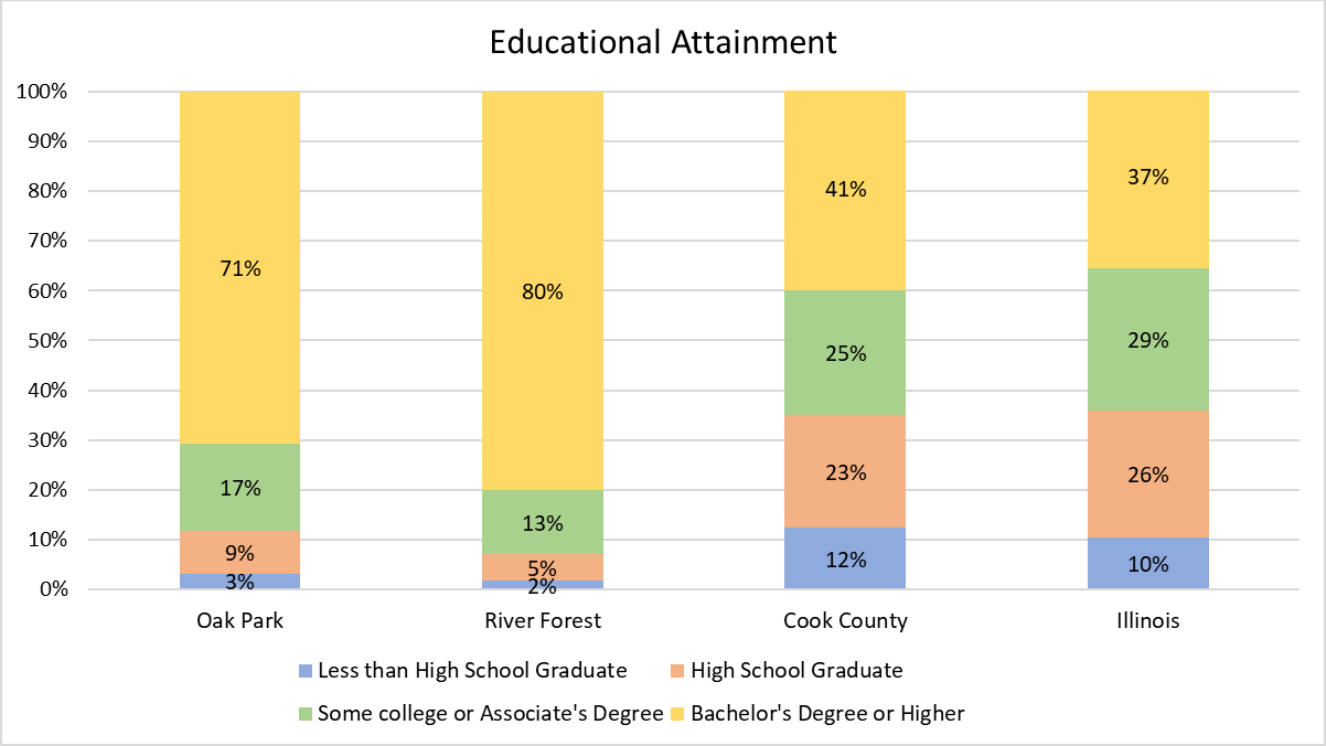


Figure 11: Population age 25 and older by level of educational attainment. Source: ACS 2015–2020 five-year estimates.

Housing Burden

A high percent of Oak Park and River Forest residents are considered housing cost–burdened, which means that their housing costs more than 30% of their income. Roughly one-quarter of homeowners in Oak Park and River Forest are housing cost–burdened, but 41% of renters in Oak Park and 54% of renters in River Forest are housing cost–burdened.

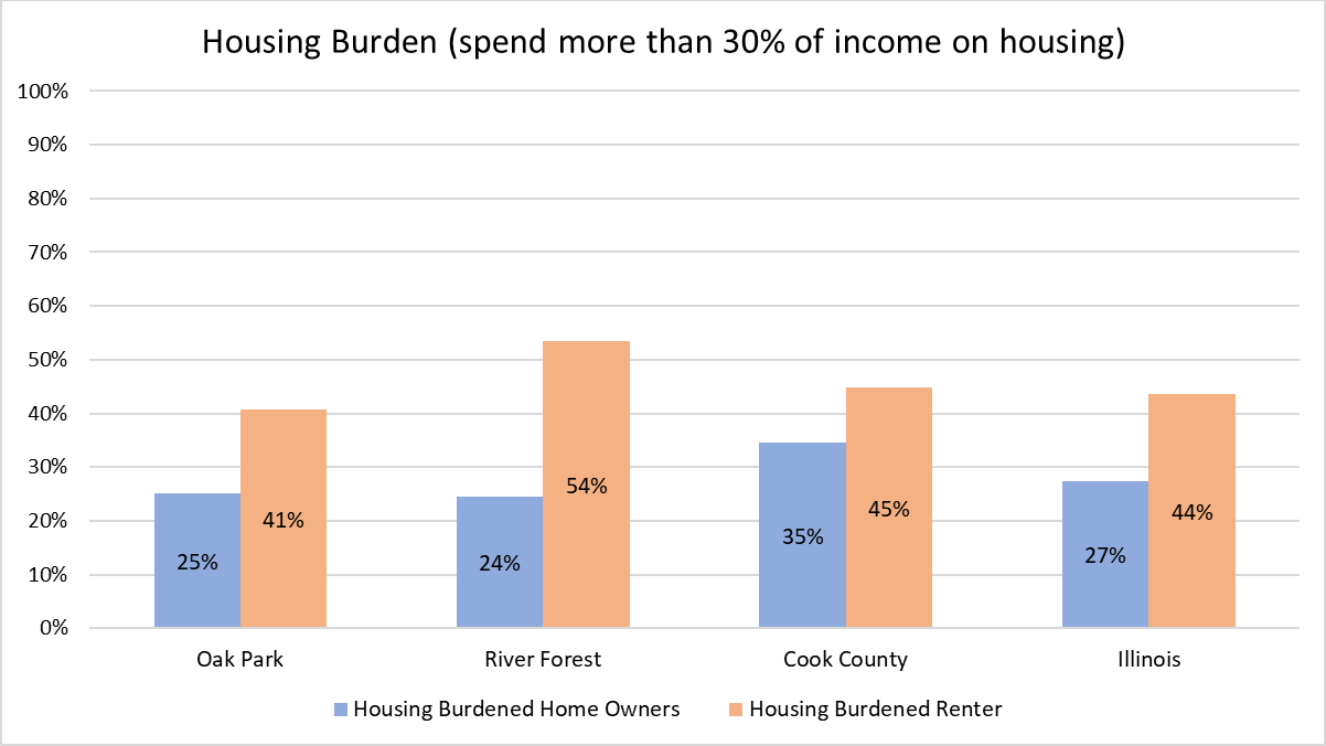


Figure 12: Percent of housing cost burdened homeowners (blue) and housing cost–burdened renters (orange), or individuals who spend more than 30% of their income on housing. Source: ACS 2016–2020 five-year estimates.

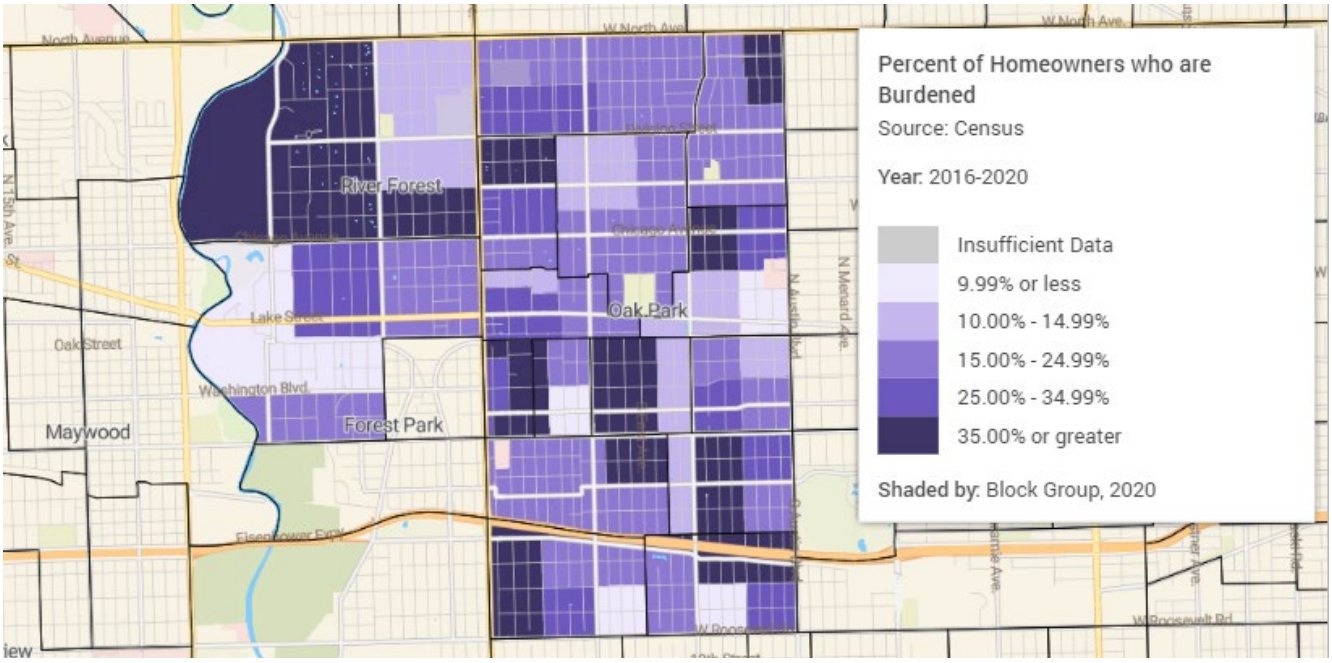


Figure 13: Percent of homeowners who are housing cost burdened, by census block group. Source: Policy Map.

Climate Hazards

According to the Existing Conditions and Vulnerability Assessment conducted by the Village of Oak Park as part of its 2022 Climate Plan, climate hazards and vulnerability are not spread evenly across the community. There are wide disparities in the degree of tree canopy cover, for example, in Oak Park, with some areas of Oak Park having up to 23% tree canopy cover, while others have as little as 0%. Areas with less tree canopy have a greater risk for extreme heat and local flooding and receive fewer of the documented benefits for human mental health and well-being provided by trees.

Similarly, land surface temperature is another climate indicator that shows considerable variability across the community. The adjacent map shows "hot spots" in Oak Park where temperatures are as high as 84.6 degrees Fahrenheit on a hot day; research suggests that the "urban heat island effect" can lead to temperatures of more than 130 degrees Fahrenheit on a record heat day in the Midwest. Extreme heat can be associated with heat-related deaths, illness, and health impacts.

Air pollution is another existing hazard associated with negative health impacts. Although Oak Park meets the US Environmental Protection Agency (EPA) air quality standards for 2.5-micorn particulate matter levels (PM 2.5), the south and west areas of Oak Park have slightly higher levels of PM 2.5 pollution.

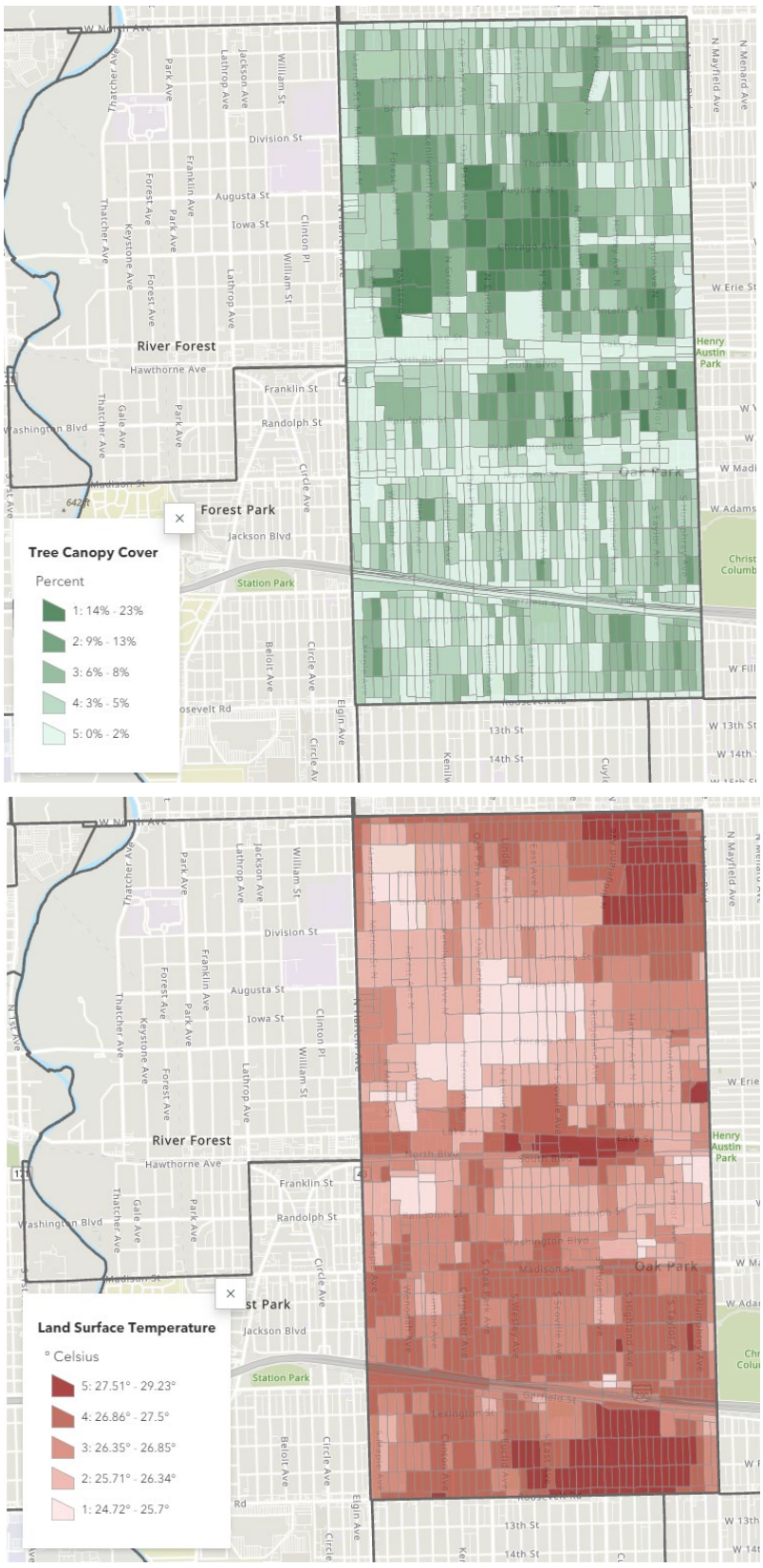


Figure 14: Tree canopy cover (top) and land surface temperature on a sunny day (bottom), by block in Oak Park. These are two of several climate hazards with impacts on human health and wellbeing. Source: Climate Ready Oak Park Existing Conditions and Vulnerability Assessment, 2022.

Transportation Hazards

In addition to identifying environmental hazards such as tree canopy, land surface temperature, and air quality, Oak Park's Existing Conditions and Vulnerability Assessment also identified transportation hazards. In particular, although there are relatively few traffic fatalities annually, community members report many transportation hazards. These are concentrated along Harlem Avenue, throughout north Oak Park, and in the south-southeast areas of Oak Park.

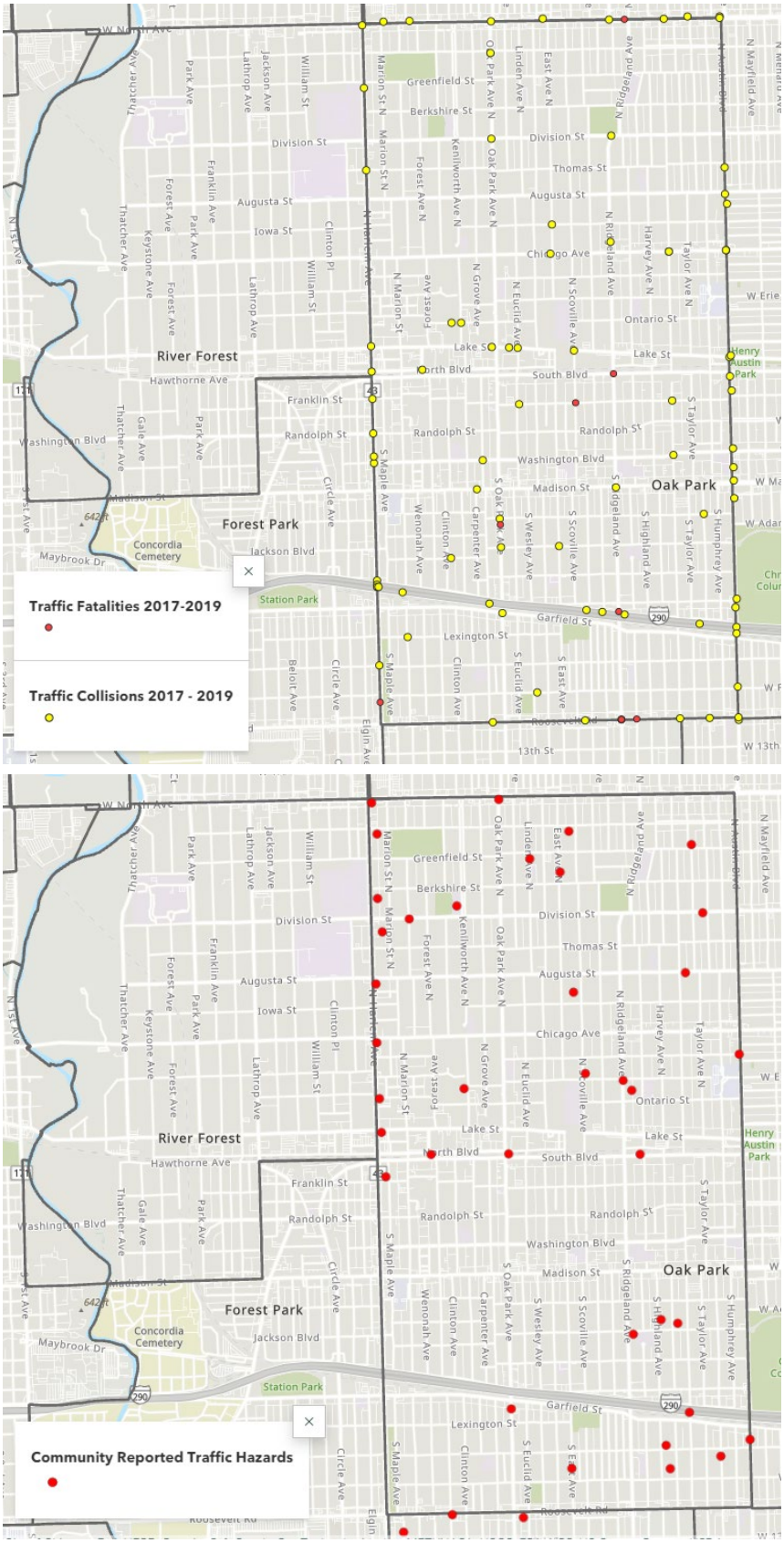


Figure 15; Traffic fatalities and collisions (top) and community reported traffic hazards (bottom) in Oak Park. Source: Climate Ready Oak Park Existing Conditions and Vulnerability Assessment, 2022.

Insurance Status

Approximately 93% of Oak Park residents and 95% of River Forest residents have some form of health insurance, just above the county or state numbers of 91% and 93% respectively. However, there remain 7% of Oak Park residents and 5% of River Forest residents who are not insured.

Roughly 10% of Oak Park residents and 7% of River Forest residents are on Medicaid or other public insurance, such as the Children's Health Insurance Program (CHIP). Although this is less than in the state or county, it represents an important population to consider when it comes to access to care. The remainder of the insured population has either Medicare or private insurance.

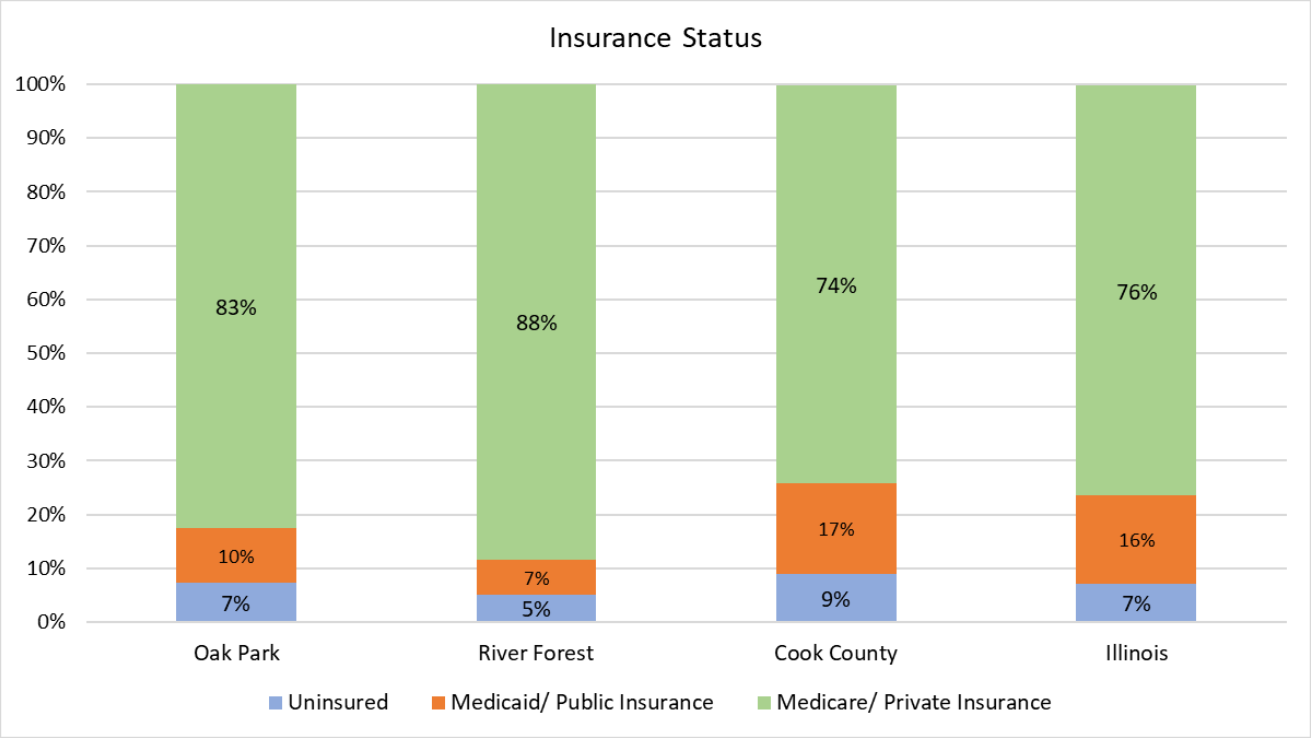


Figure 17: Population by insurance status. Source: UDS Mapper.

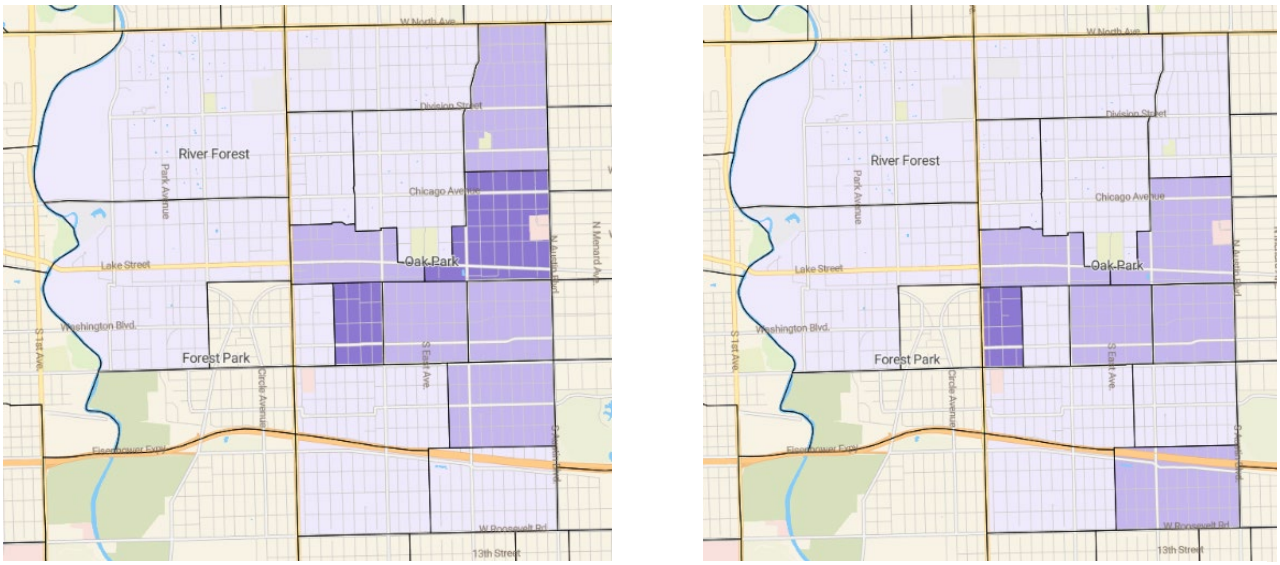


Figure 16: Percent of population without insurance (left) or with public insurance (right) by census tract. Source: Policy Map.

Diabetes and Cardiovascular Disease

Oak Park and River Forest fare well on most diabetes and cardiovascular indicators compared to both the state and national average.

However, there are a few indicators on which the community is doing a bit worse. Diabetes mortality is slightly elevated in Oak Park compared to the state average. Heart disease prevalence and mortality are both elevated in Oak Park and River Forest compared to the state and nation.

Health Indicator	Oak Park	River Forest	State Average	National Average
Diabetes & Cardiovascular Disease				
Diabetes prevalence among adults	7.6%	6.9%	11.3%	10.7%
Diabetes mortality rate (per 100k)	21.9	19.5	21.2	22.6
Adult obesity prevalence	25.6%	22.2%	31.6%	32.1%
Adults who have been told they have high blood pressure	27.1%	26.1%	32.2%	32.3%
Adults that have not had cholestrol checked within past 5 yrs	10.2%	9.8%	12.3%	13.4%
High cholesterol prevalence among adults	28.5%	29.9%	31.5%	33.1%
Heart disease mortality rate (per 100k)	205.5	200.7	198.1	194.0
Coronary heart disease prevalence among adults	3.9%	4.3%	3.6%	3.9%
Cerebrovascular (stroke) mortality rate (per 100k)	43.2	40.9	44.8	43.6

Figure 18: Select diabetes and cardiovascular indicators, estimated by municipality. Sources: BRFSS, CDC Wonder, CDC PLACES.

There are also differences within Oak Park and River Forest for many indicators. For example, high cholesterol prevalence is highest in the south census tract of River Forest and the northwest census tracts of Oak Park.

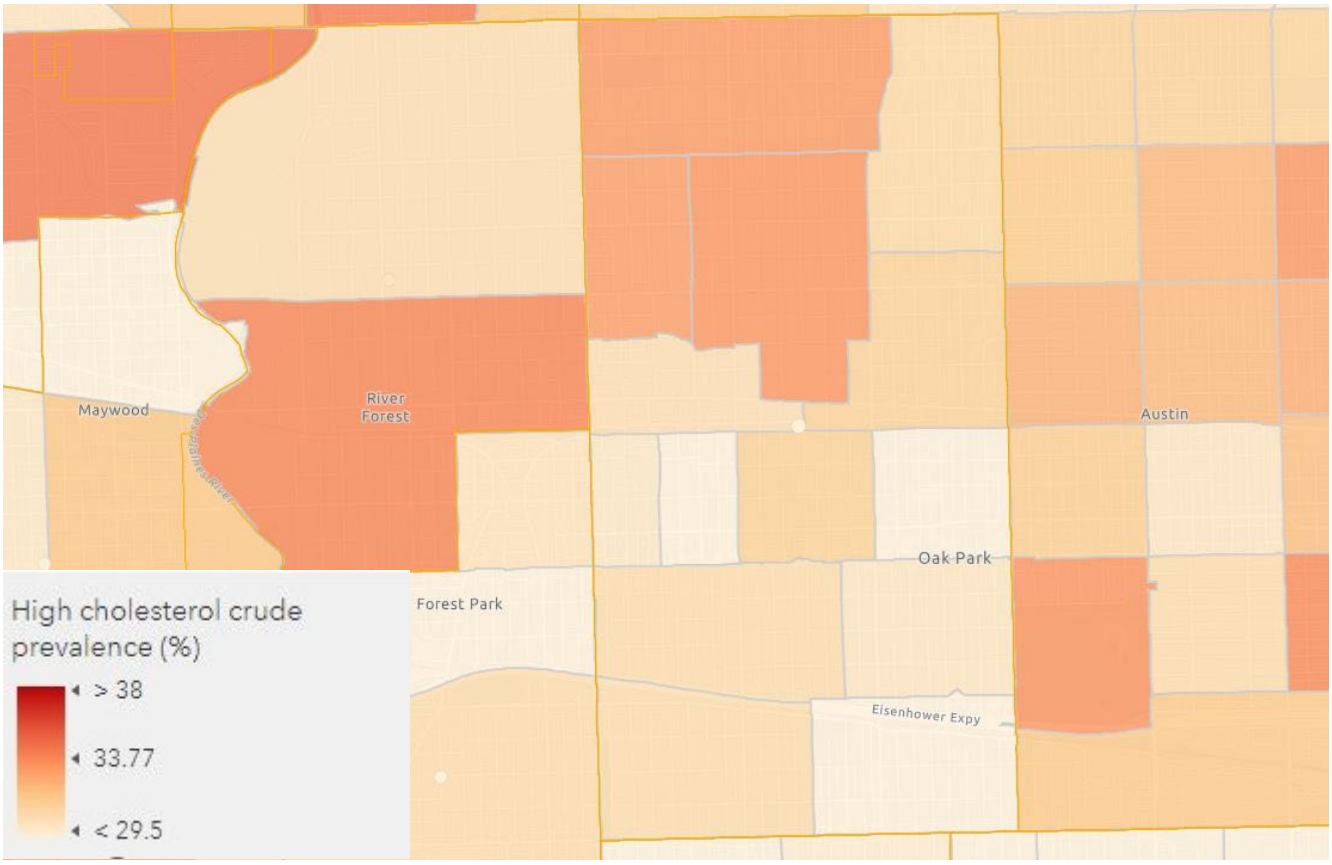


Figure 19: High cholesterol crude prevalence by census tract. Darker colors denote a higher proportion of the population with high cholesterol. Source: CDC PLACES.

For stroke, census tracts in the center of Oak Park have the most elevated stroke prevalence, as indicated by the darker orange. However, the highest stroke prevalence in the area are the adjacent communities of Austin (Chicago) to the east and Maywood to the west. These are communities where many residents may work, play, go to school, or otherwise engage with services and business in Oak Park and River Forest.

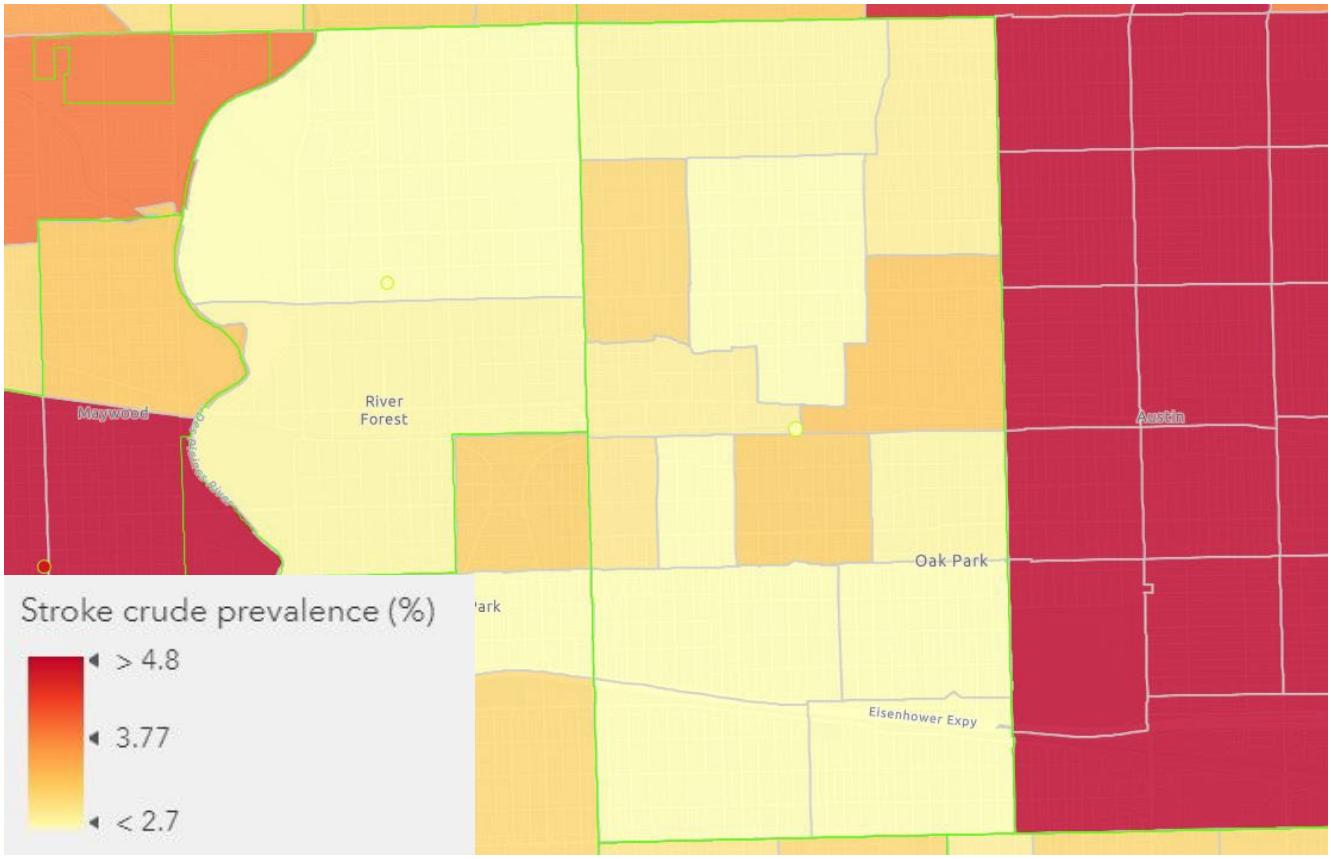


Figure 20: Stroke crude prevalence by census tract. Darker colors denote a higher proportion of the population with stroke. Source: CDC PLACES.

Cancer

Both Oak Park and River Forest fare well on preventive cancer screenings for cervical cancer (Pap tests) and breast/chest cancer (mammograms). However, for cancer mortality, both communities have elevated rates of breast/chest cancer mortality, as well as colorectal cancer mortality.

Health Indicator	Oak Park	River Forest	State Average	National Average
Cancer				
No Pap test in the past three years	13.0%	13.4%	20.7%	19.8%
No mammogram in the past two years	18.5%	20.0%	21.3%	21.7%
Breast/chest cancer mortality rate (per 100k)	14.7	14.0	13.5	12.5
Colorectal cancer mortality (per 100k)	18.6	17.7	17.8	16.2

Figure 21: Select cancer indicators, estimated by municipality. Sources: BRFSS, CDC Wonder, CDC PLACES.

The map below show variability across the community in prevalence of all cancer except for skin cancer. As shown, the south census tract of River Forest and the northwest census tracts of Oak Park have the highest crude cancer prevalence. This may be confounded by age (a risk factor for cancer) and access to cancer screening and diagnosis. It is possible that communities with lower cancer prevalence rates may have more undiagnosed cancers or early death from other causes.

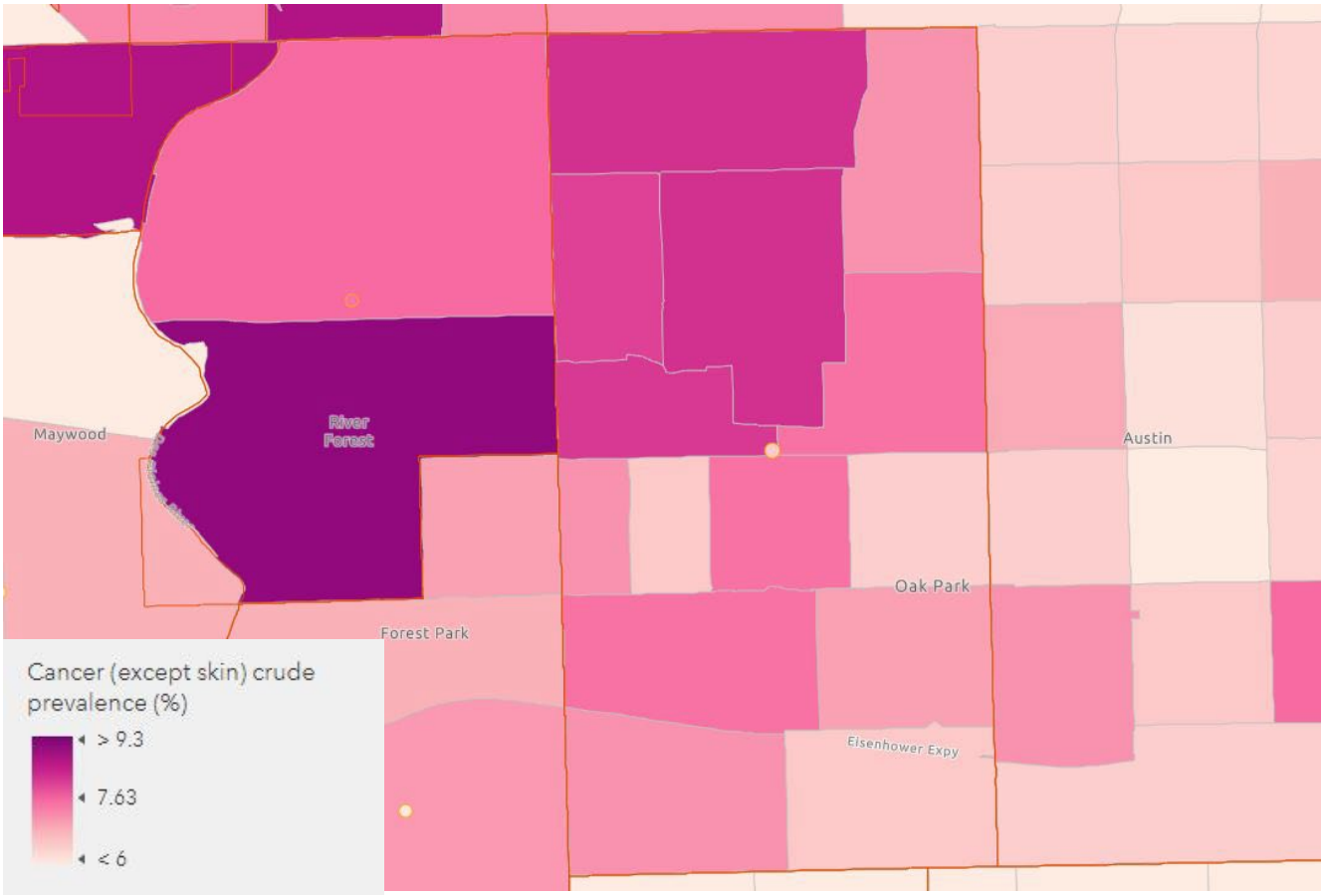


Figure 22: Cancer crude prevalence by census tract. Darker colors denote a higher proportion of the population with cancer. Source: CDC PLACES

Although cancer screening rates overall are better than in many other communities, there remain differences across Oak Park and River Forest. For both cervical cancer screening and colorectal cancer screening, the centrally located census tracts in Oak Park and the north census tract in River Forest have lower screening rates than others. However, adjacent communities have even lower screening rates.

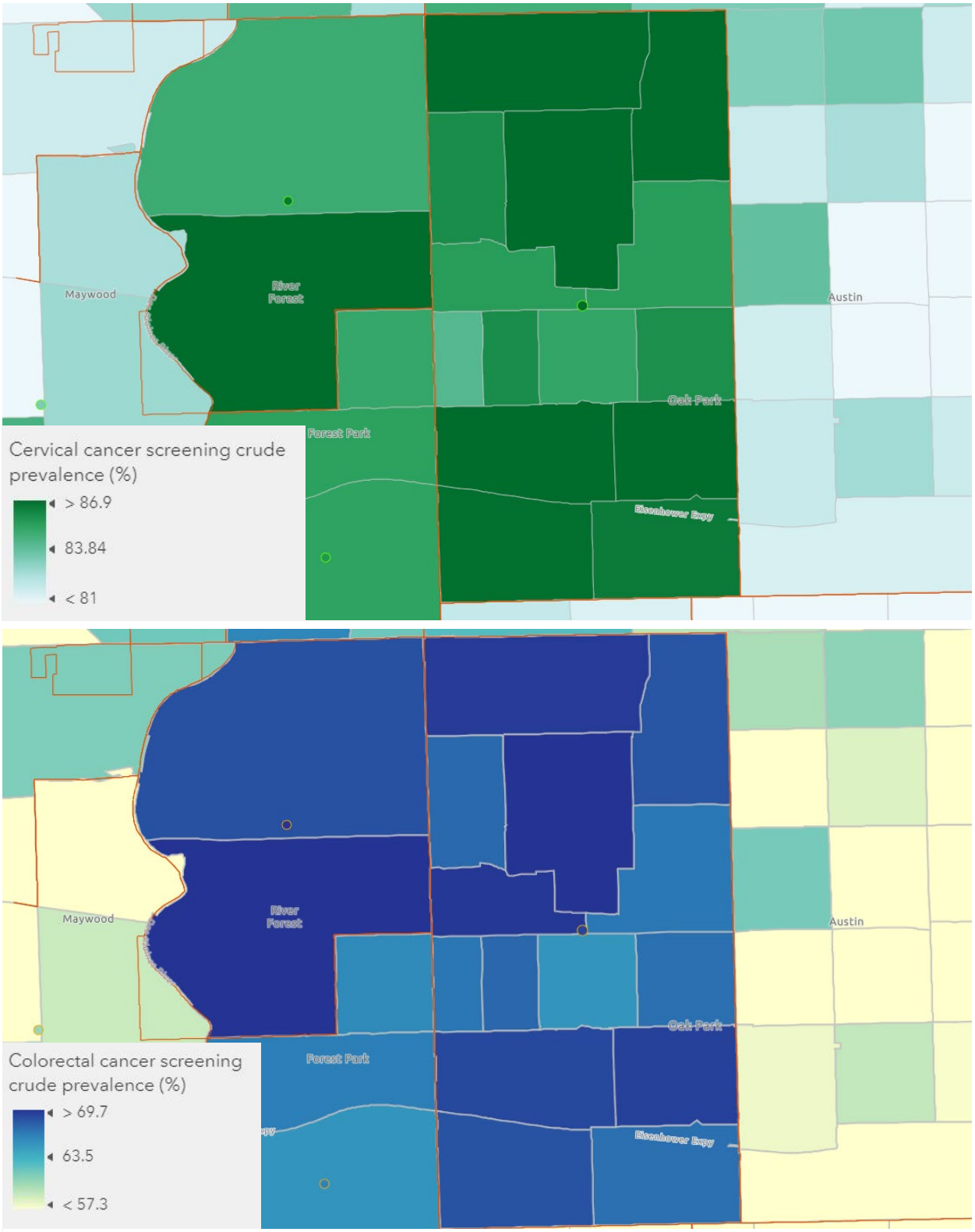


Figure 23: Cancer screening rates by census tract for cervical cancer (top) and colorectal cancer (bottom). Darker colors denote a higher proportion of the population screened. Source: CDC PLACES.

Prenatal, Perinatal and Pediatric Health

Oak Park and River Forest generally fare well on prenatal and perinatal indicators. As shown below, all listed indicators are better in both communities than the state or nation, including low birth weight births, preterm births, infant mortality, birth to teenage mothers, and late entry into prenatal care.

Health Indicator	Oak Park	River Forest	State Average	National Average
Prenatal, Perinatal, and Pediatric Health				
Low birth weight (<2500 grams) births	7.2%	6.1%	8.3%	8.2%
Percent of births that are preterm	9.0%	8.2%	11.7%	12.0%
Infant mortality rate per 1,000	3.8	2.9	6.6	5.7
Births to teenage mothers	1.5%	0.5%	4.0%	4.4%
Late entry into prenatal care (after first trimester)	17.4%	14.2%	20.7%	21.8%
Percent of children (10-17) who are obese	16.5%	13.7%	17.4%	16.2%
Percent of high school students with less than 1 hour of physical activity in last week	12.5%	11.2%	12.3%	17.0%
Percent of high school students with no visit to a dentist in last year	23.7%	21.7%	23.8%	24.1%
Pediatric asthma prevalence	21.4%	20.4%	20.5%	21.8%

Figure 24: Select prenatal, perinatal, and pediatric indicators, estimated by municipality. Sources: BRFSS, CDC Wonder, Youth Risk Behavior Survey, CDC PLACES.

For pediatric indicators, there are several for which Oak Park is doing worse than either the state or nation. These include the percent of children ages 10 to 17 who are obese, the percent of high school students with less than an hour of physical activity in the last week, and the pediatric asthma prevalence.

Behavioral Health

Oak Park and River Forest fare better than the state or nation on many behavioral health indicators, such as current adult smoking rate and adult depression prevalence.

Health Indicator	Oak Park	River Forest	State Average	National Average
Behavioral Health				
Adults ever told they have a form of depression	17.9%	18.0%	18.3%	19.9%
Suicide rate	8.7	9.7	9.5	12.2
Binge alcohol use	24.2%	23.8%	19.9%	16.8%
Overdose mortality rate	14.3	13.3	12.0	13.1
Adults who currently smoke cigarettes	11.1%	9.1%	14.5%	16.0%

Figure 25: Select behavioral health indicators, estimated by municipality. Sources: BRFSS, CDC Wonder, CDC PLACES

However, both communities experience elevated rates of binge alcohol use and overdose mortality compared to the state and nation. The map below shows the higher binge-drinking crude prevalence rates. River Forest also has a slightly elevated suicide rate compared to the state average.

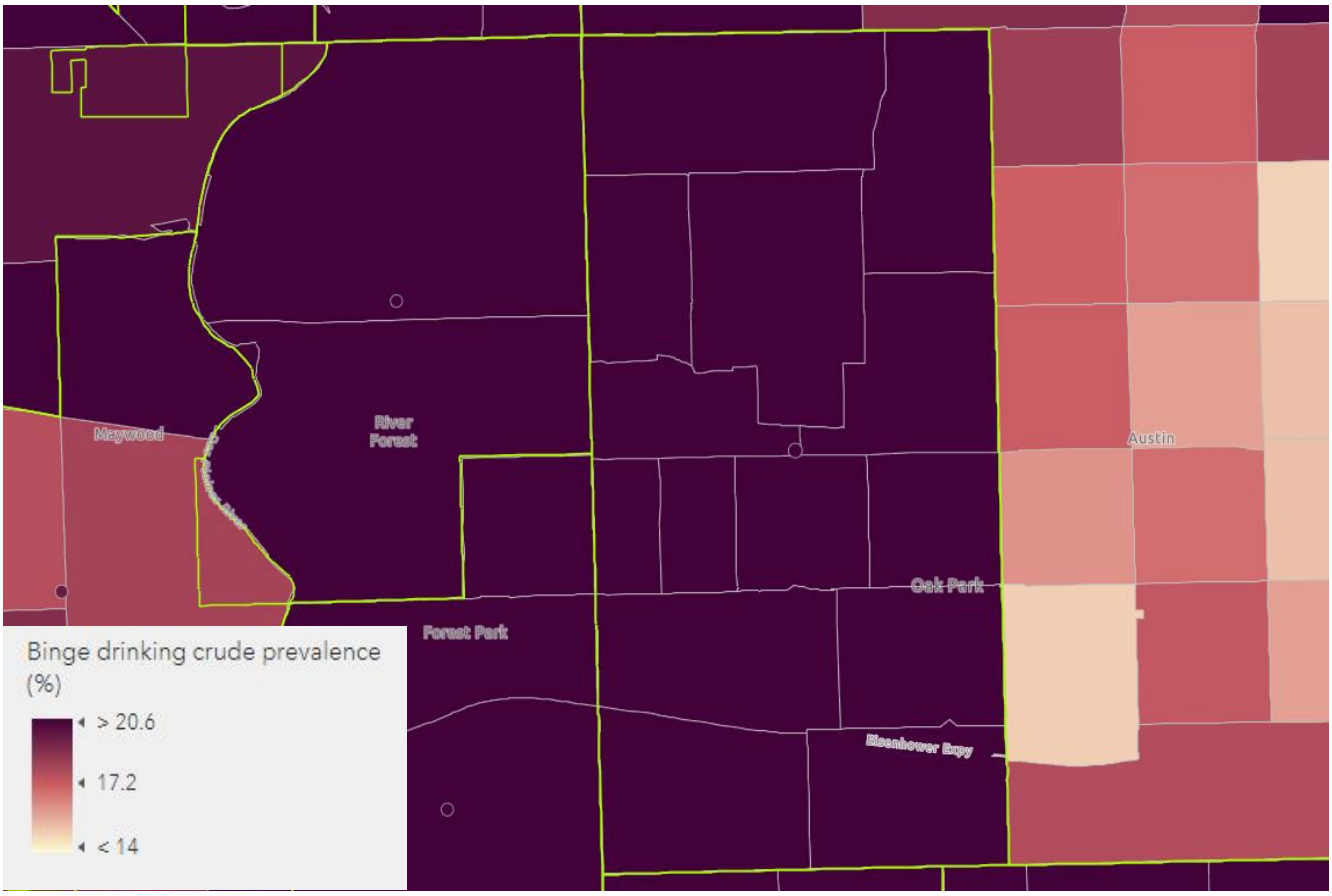


Figure 26: Binge drinking crude prevalence by census tract. Darker colors denote a higher proportion of the population that engages in binge drinking, defined in BRFSS as males having five or more drinks on one occasion and females having four or more drinks on one occasion. Source: CDC PLACES.

Infectious Disease Indicators

Oak Park and River Forest fare worse than many other communities for vaccination against flu and pneumonia among older adults. The flu and pneumonia death rate in Oak Park is also slightly higher than the national average.

Health Indicator	Oak Park	River Forest	State Average	National Average
Infectious Disease				
Flu and pneumonia death rate (per 100k)	18.9	18.7	20.3	18.8
Flu shot in the past year (age 65+)	72.5%	72.5%	72.1%	67.9%
Pneumonia vaccine (age 65+)	64.9%	64.9%	64.1%	72.2%

Figure 27: Select infectious disease indicators, estimated by municipality. Source: BRFSS.

The COVID-19 pandemic has also had a significant impact on the community. According to the Illinois Department of Public Health, as of September 2022, Oak Park has had more than 13,000 cumulative diagnosed cases of COVID-19 and River Forest has had more than 2,500.

Vaccination rates against COVID-19 are high within the community. An estimated 91% of Oak Park residents have received an initial dose of COVID-19 vaccine, and 83% have completed their vaccine series as of September 2022. Per the Cook County Department of Public Health, in River Forest, more than 90% of the population has at least one vaccine dose and an estimated 82% have a completed vaccine series.

Other Health Indicators

The age-adjusted death rate and the unintentional injury death rate are elevated in both communities compared to the state and nation. This is notable, as typically more affluent communities experience lower age-adjusted death rates.

Health Indicator	Oak Park	River Forest	State Average	National Average
Other Health Indicators				
Age-adjusted death rate (per 100k)	771.3	742.9	726.9	729.2
Unintentional injury death rate (per 100k)	45.6	41.2	35.1	40.7
Adult asthma prevalence	8.5%	8.1%	8.2%	9.7%
Adults with a visit to a dental clinic during the past year	76.5%	80.6%	68.1%	67.6%

Figure 28: Select other indicators, estimated by municipality. Source: BRFSS.

Additionally, the adult asthma rate, similar to the pediatric one, is slightly elevated in Oak Park relative to the state. Several census tracts to the east and center of Oak Park have the highest adult asthma prevalence rates.

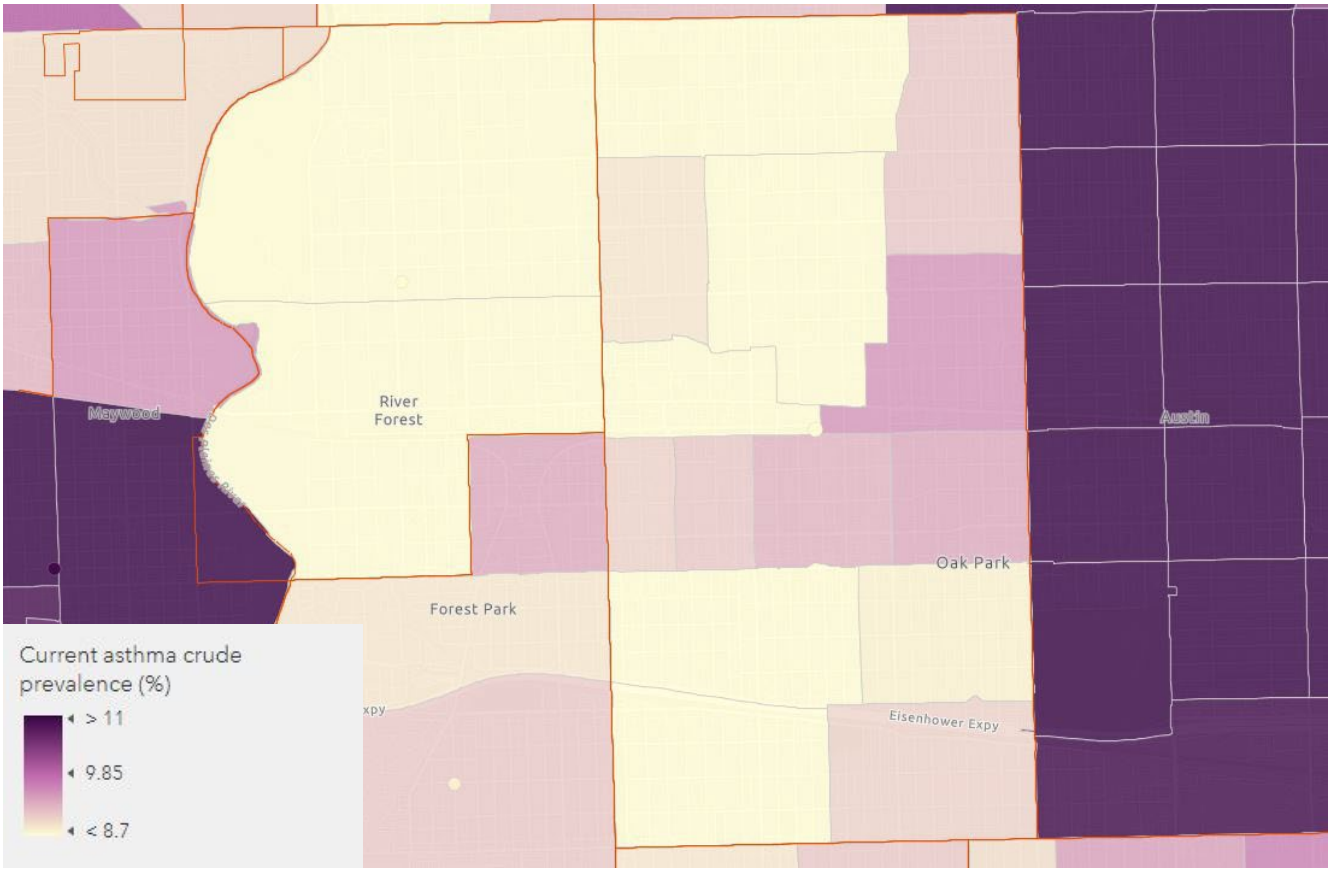


Figure 29: Adult asthma crude prevalence by census tract. Source: CDC PLACES.

B. Community Themes and Strengths Assessment

PURPOSE

The Community Themes and Strengths Assessment (CTSA) gathers perspectives from community members using qualitative approaches. It answers questions like:

- What is important to community members?
- How is quality of life perceived in the community?
- What assets and barriers exist in the community?

PROCESS

The IPLAN core team used several methods to gather community perspectives. The primary approach was an online community survey conducted between April and June 2022 which was distributed widely throughout Oak Park, River Forest, and neighboring communities. Community members were asked questions about themselves, their families, and the overall community. Questions covered overall health, access to care, mental health, substance use, disabilities, safety, and climate change, with additional optional sections on nutrition, maternal health, transportation, COVID-19, and violence. The survey totaled nearly 100 questions in length.

It should be noted that this was a self-reported survey conducted by a self-selected convenience sample and may therefore be vulnerable to hidden and systemic biases. It is therefore unknown how responses in this convenience sample survey may differ from the whole service area population. Despite such limitations, the survey responses provide valuable insight into community member perspectives.

Self-identified demographics of survey respondents

62% from Oak Park, 8% from River Forest, 30% other/unknown

78% white, 8% Black/African American, 8% Asian

13% Hispanic/Latino

74% female, 22% male, 1% nonbinary, 1% gender fluid

5% transgender

83% heterosexual, 7% gay/lesbian, 5% bisexual, 1% pansexual

Mix of ages from 20 to 80+

Mix of incomes from <$40,000 to >$130,000

A total of 751 respondents took the survey. Respondents were demographically diverse and came from across Oak Park, River Forest, and other adjacent communities.

In addition, the IPLAN core team gathered open-ended feedback through a public comment period on the health department's website during Fall 2021, several one-on-one phone interviews conducted during June and July 2022, and a brainstorming activity on community assets and barriers at an in-person meeting in July 2022. The team also incorporated findings from the Community Mental Health Board of Oak Park Township's separate community needs assessment survey, conducted from May to July 2022 in partnership with Northern Illinois University.

RESULTS

Common themes emerged from the survey and other qualitative feedback methods around barriers to accessing health care, traffic safety and community violence, the impact of mental health, substance use, and climate change, and concerns about service availability, awareness, and coordination.

Chronic Diseases

When asked about if they had been told by a provider that they have any of the following conditions, 54% of survey respondents selected no health conditions. Among those who did select one or more conditions, 55% selected high cholesterol and 53% selected high blood pressure. Diabetes was the third most common response at 19%.

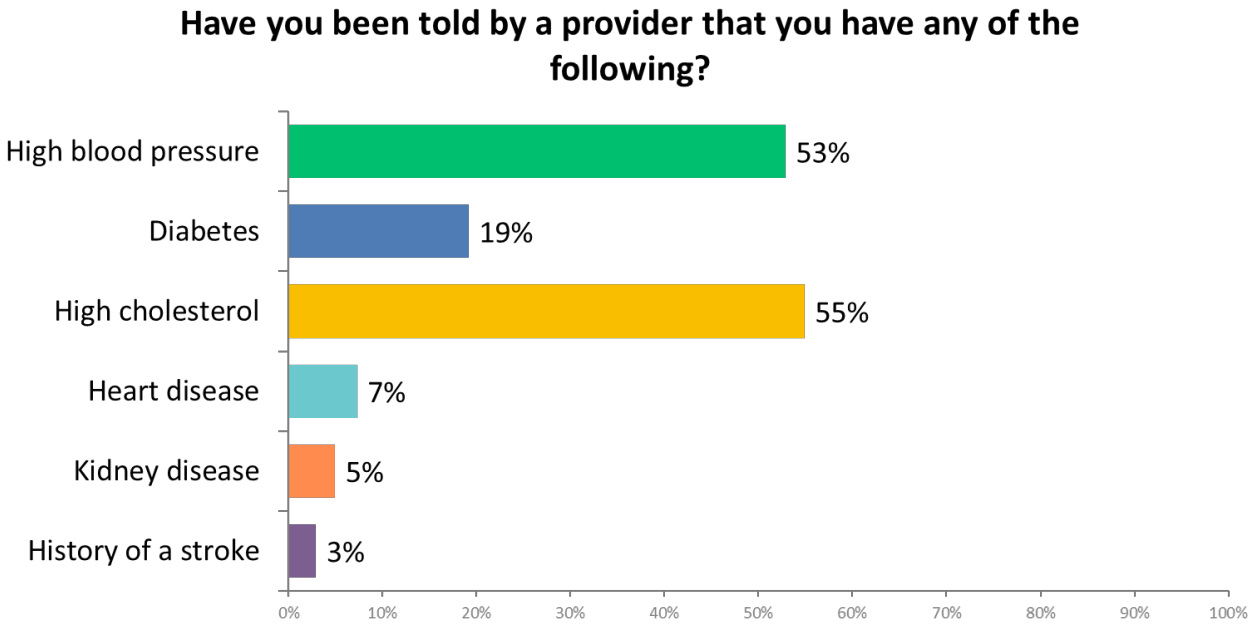


Figure 30: Community survey responses to the question "Have you been told by a provider that you have any of the following?" N=344 (skipped by those with no conditions)

In terms of chronic disease control, 37% of respondents said that their health conditions were under control, while 4% said that none of their health conditions were under control and another 10% said that one or more were under control, implying some may not be in good control.

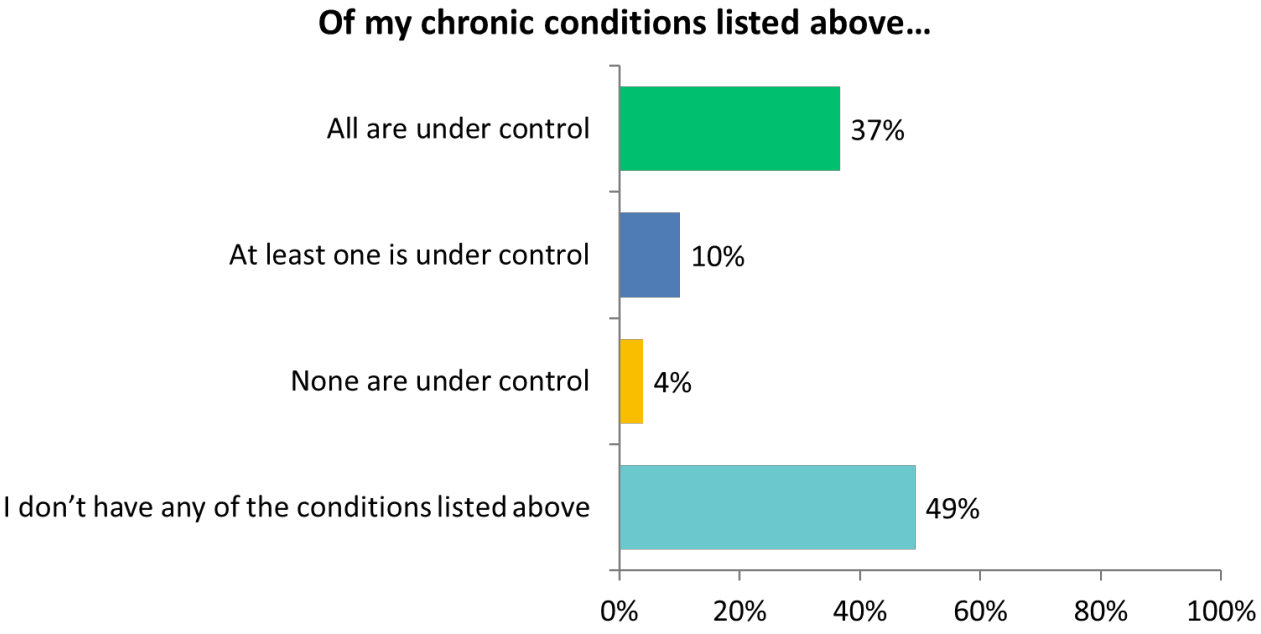


Figure 31: Community survey responses to the question "Of my chronic conditions listed above…" N=738

Access to Health Care

When asked about barriers to accessing health care, 11% of respondents report not having time to see a health care provider. Other barriers include COVID-related concerns (6%), being uninsured or underinsured (6%), not having access to a provider (5%), and not trusting the health care system (5%). Selecting "I do not have time to see a provider" response was more common among 20- to 59-year-olds and less common among 60-plus-year-olds. Lack of adequate transportation and being uninsured or underinsured was most commonly reported as a barrier among people with household incomes under $40,000.

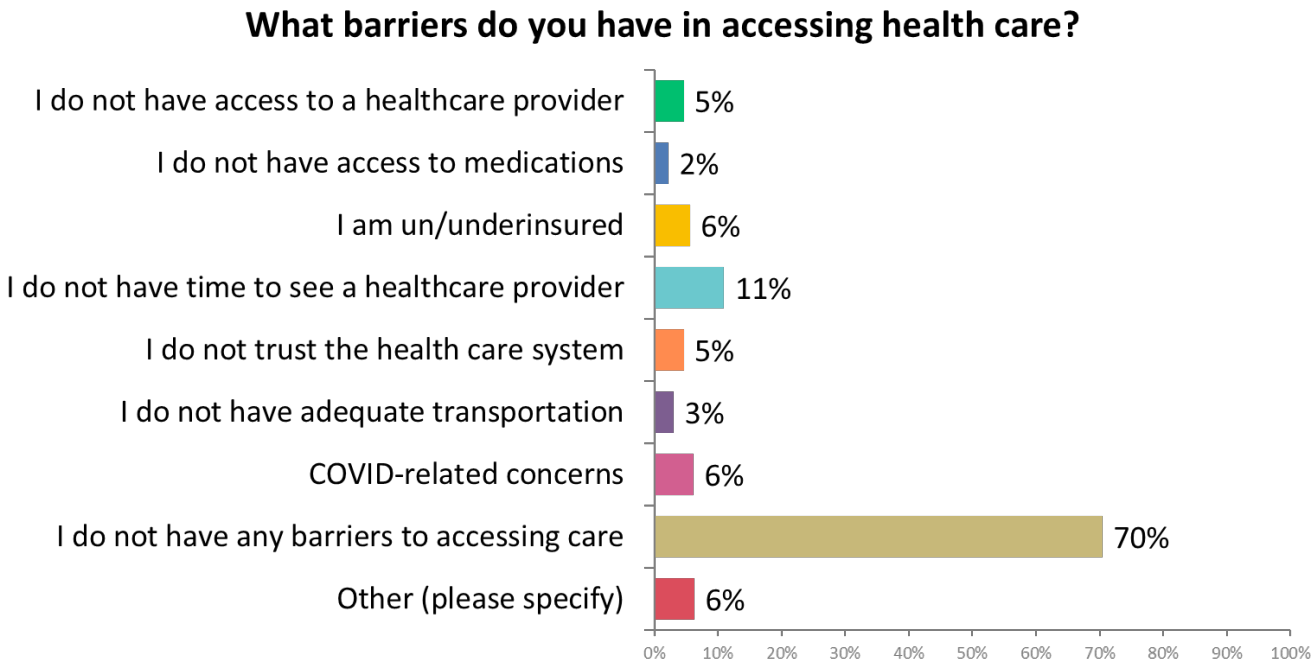


Figure 32: Community survey responses to the question "What barriers do you have in accessing health care?" N=710

Additionally, 6% report another barrier, including high cost of care, complexity of insurance, finding providers that take their insurance, and finding specialists.

Figure 33: Word cloud of open-ended responses among those selecting "other" for barriers to accessing health care

Disabilities

When asked if anyone in their household had a disability, 9% of respondents reported that they themselves have a disability and 16% reported that a member of their household has a disability.

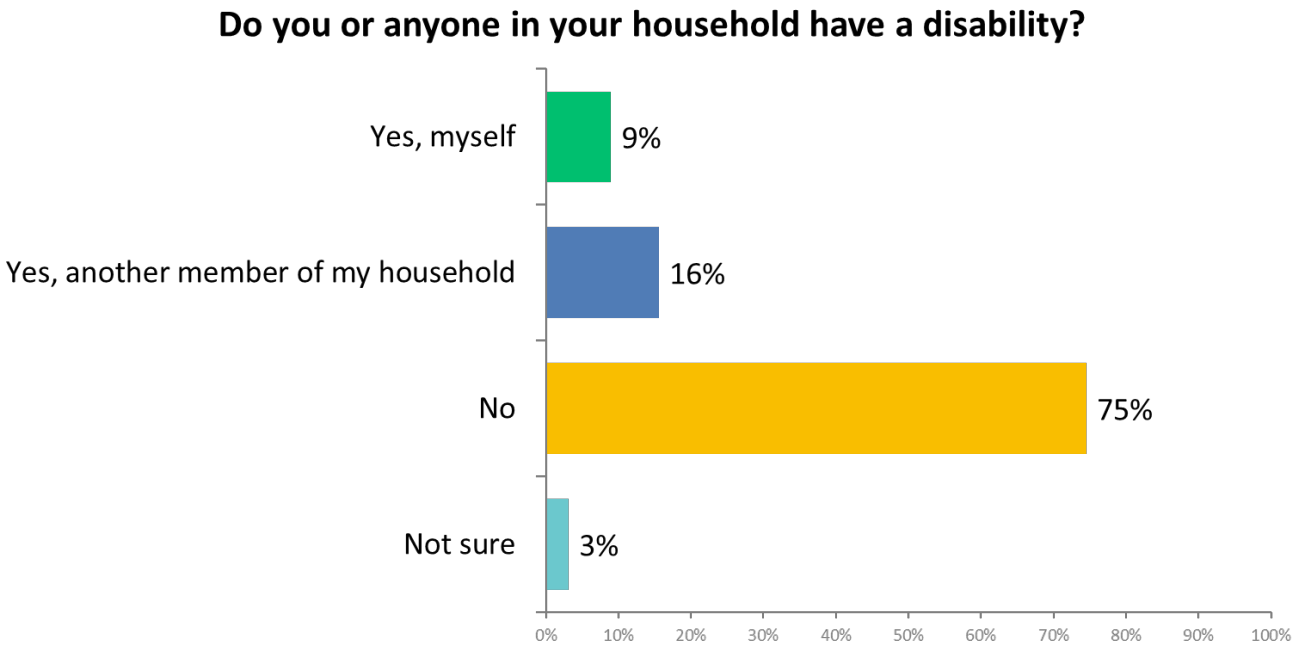


Figure 34: Community survey responses to the question "Do you or anyone in your household have a disability? Please check all that apply." N=648

The types of disabilities ranged, with 38% of respondents who have a disability present in their household reporting an intellectual or developmental disability, 54% reporting a physical disability, and 22% reporting other disabilities like mental health or psychiatric disorders, attention-deficit/hyperactivity disorder (ADHD), chronic fatigue, or seizure disorders.

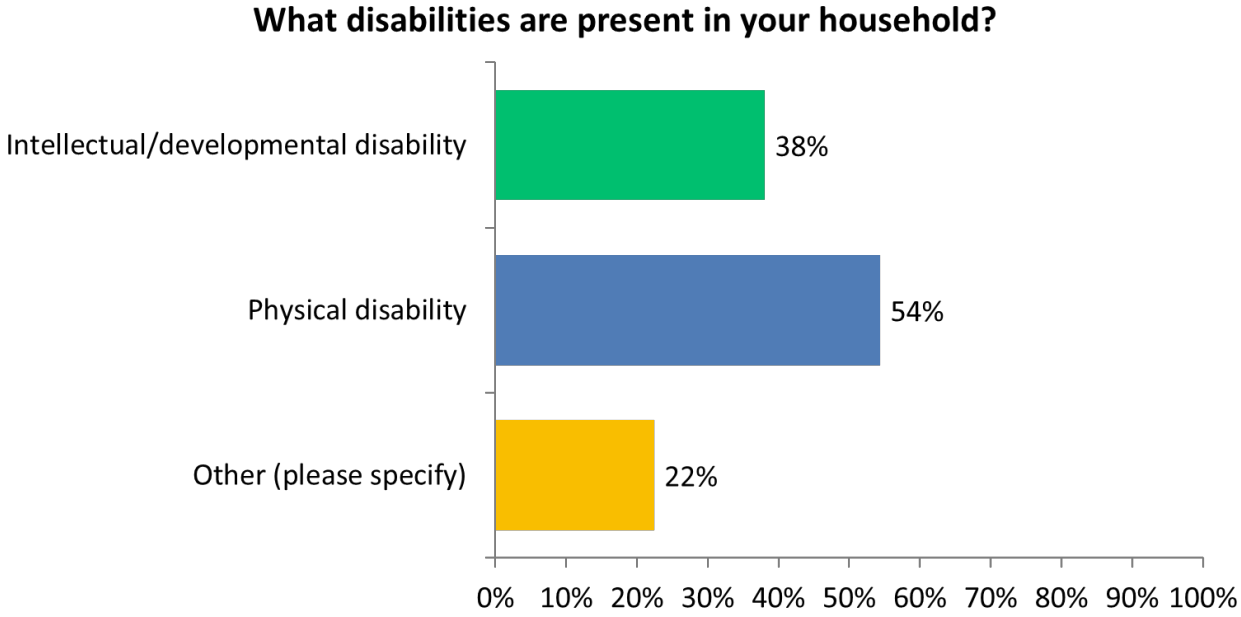


Figure 35: Community survey responses to the question "What disabilities are present in your household? Please check all that apply." N=147 (skipped by those without disabilities in their household)

Mental Health and Substance Use

When asked about how mental health has affected their daily activities, 29% of respondents report their mental health significantly impacting their daily activities over the last four weeks either very or somewhat often.

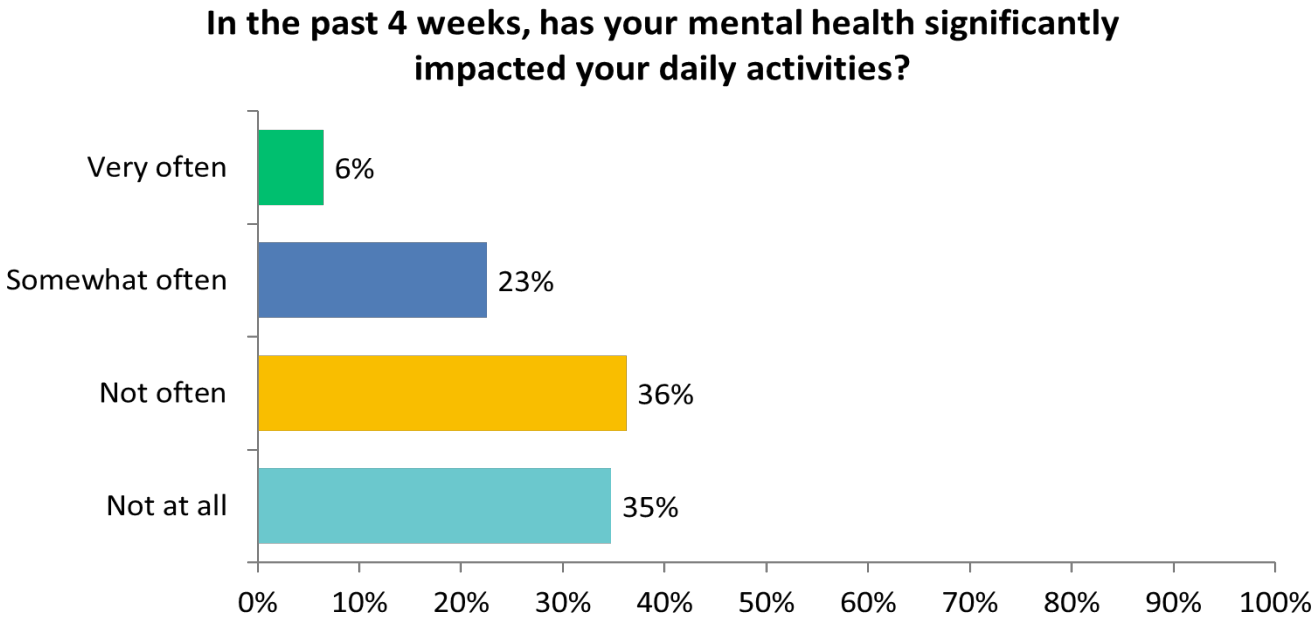


Figure 36: Community survey responses to the question "In the past 4 weeks, has your mental health significantly impacted your daily activities?" N=604

Additionally, 27% report that someone in their household had experienced symptoms related to a mental health or substance use challenge in the last six months. For 20% of respondents, they themselves had experienced such a challenge, and 24% report that someone in their family had had such a challenge.

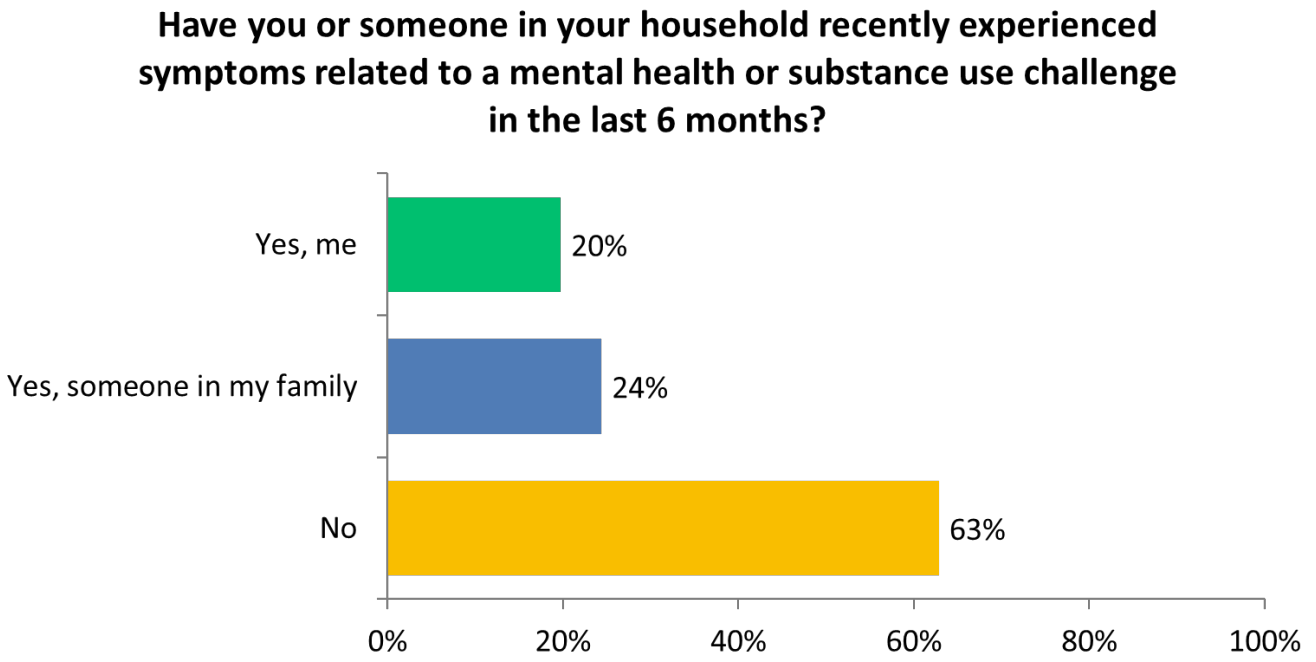


Figure 37: Community survey responses to the question "Have you or someone in your household recently experienced symptoms related to a mental health or substance use challenge in the last six months?" N=603

When asked about alcohol consumption, 21% of respondents report not consuming alcohol and 55% consume alcohol only at social outings. However, 18% report drinking after a hard day, 17% drink daily or out of habit, 5% drink when struggling emotionally, and 3% drink when feeling lonely.

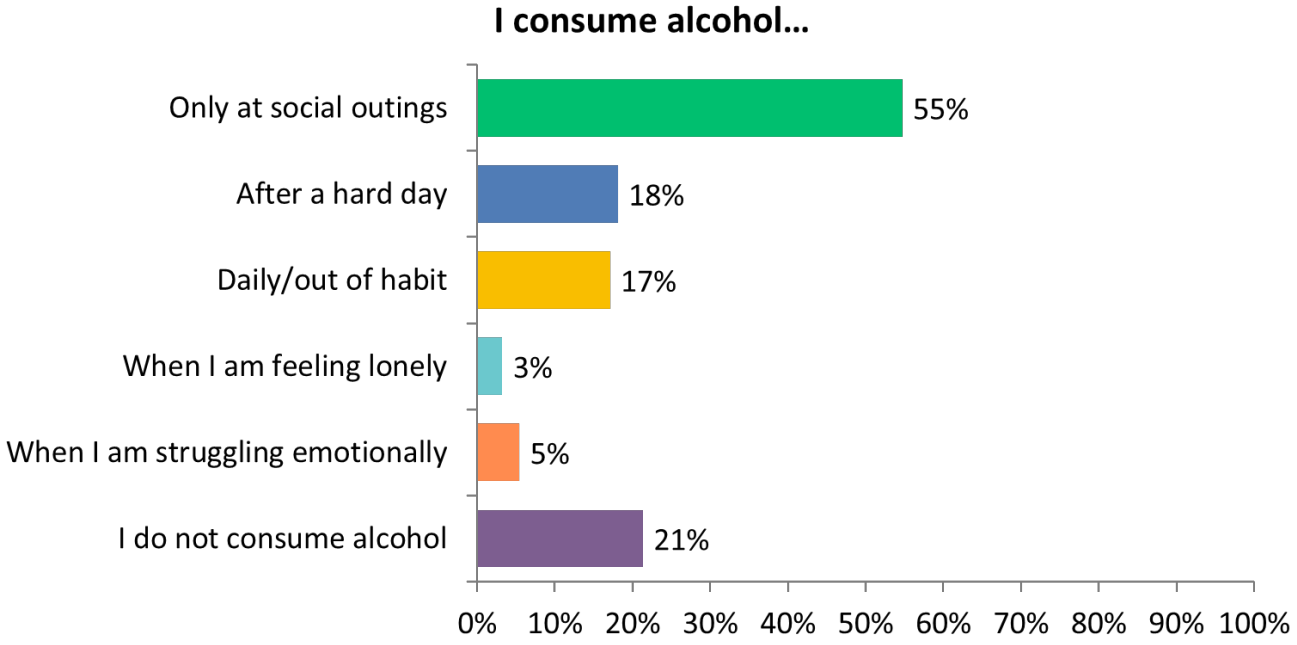


Figure 38: Community survey responses to the question "I consume alcohol... (check all that apply)." N=590

When asked about if anyone in their household struggles with or misuses any substances, 10% of respondents report that they or someone in their household struggles with alcohol, 7% struggle with marijuana, 5% struggle with tobacco, and 1% to 2% each with stimulants and opioids.

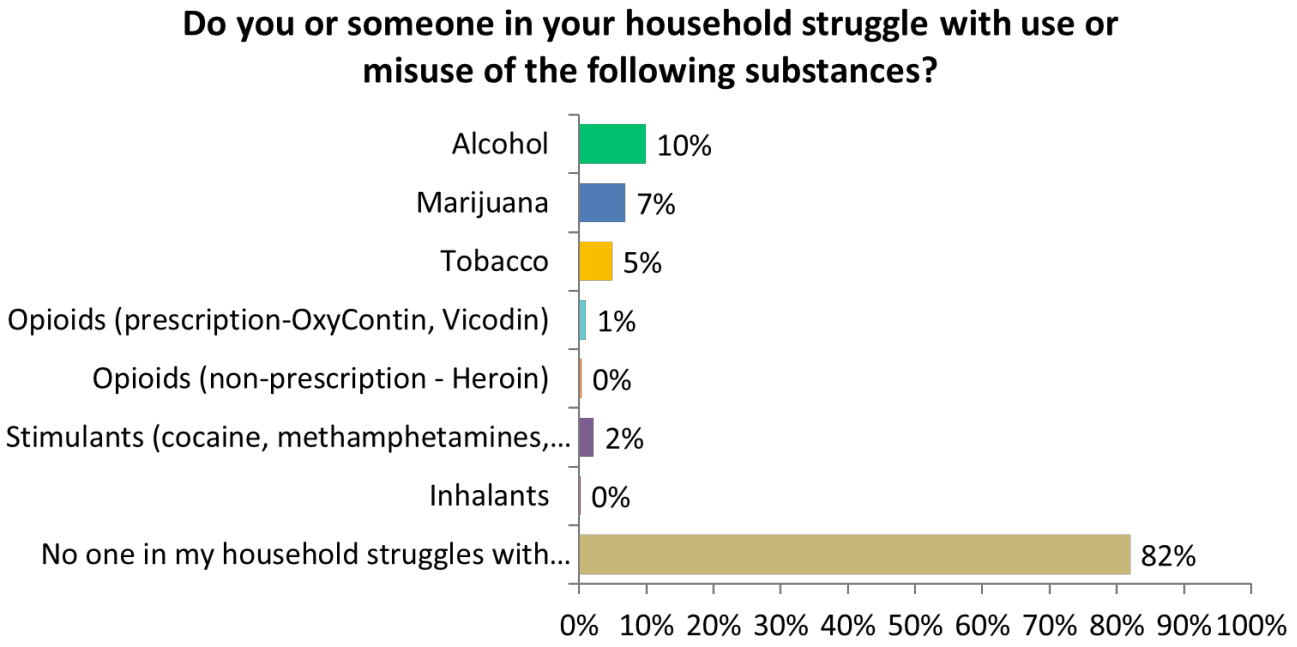


Figure 39: Community survey responses to the question "Do you or someone in your household struggle with use or misuse of the following substances?" N=594

Physical Activity and Food

Respondents were asked if they had participated in physical activity outside of work during the past month, and if they had not, they were asked about their reasons why. Among the 42% of respondents to whom this applied, the most common reasons reported for not getting physical activity were "I don't have enough time," bad weather, and feeling too tired to exercise.

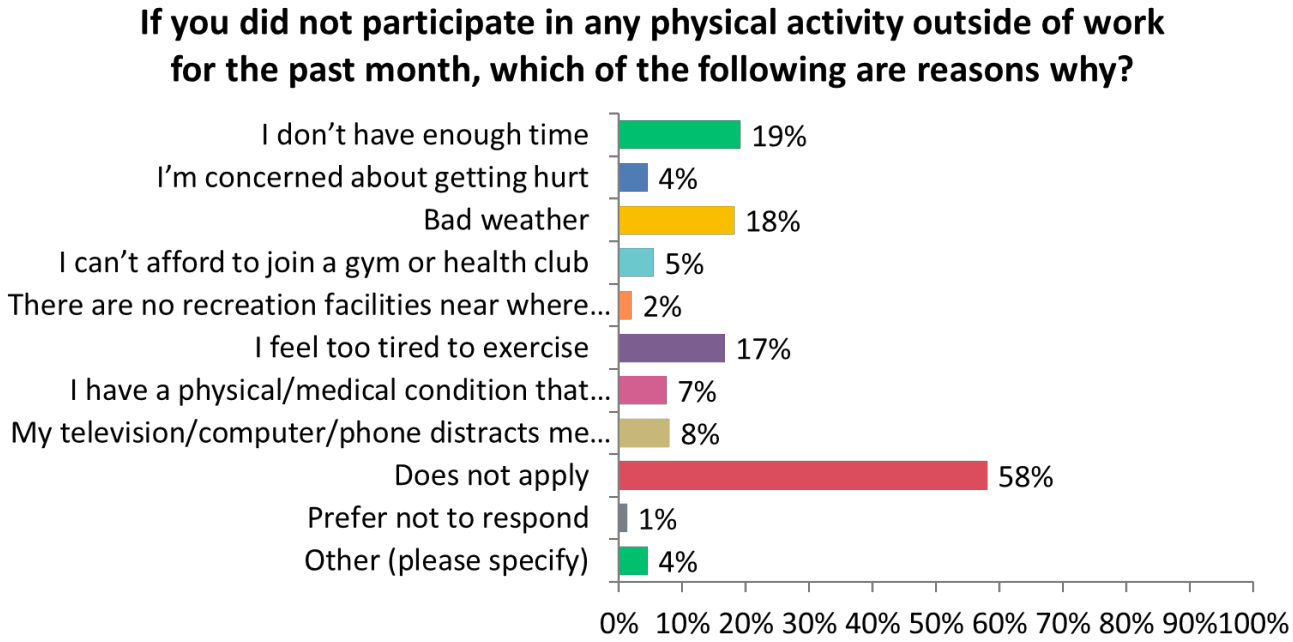


Figure 40: Community survey responses to the question "If you did not participate in any physical activity outside of work for the past month, which of the following are reasons why? Select all that apply." N=401

Respondents were also asked how often they had worried in the past year about whether their food would run out before they had the money to buy more. Nearly 12% of respondents report having been in this situation in the past year: 10% about one-quarter of the time and just under 2% half or three-quarters of the time.

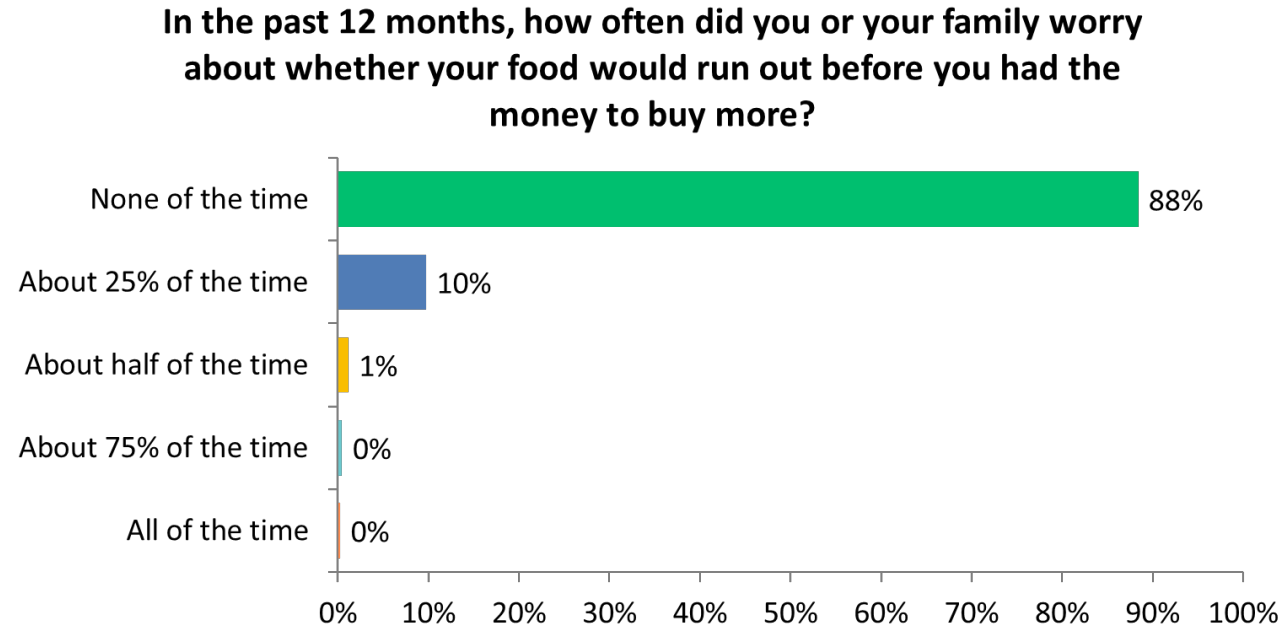


Figure 41: Community survey responses to the question "In the past 12 months, how often did you or your family worry about whether your food would run out before you had the money to buy more?" N=440

Maternal Health

Among respondents answering optional questions about maternal health, 20% said that they had depression during their most recent pregnancy. This was more than the 15% who said they had gestational diabetes and 14% who said that they had high blood pressure, pre-eclampsia, or eclampsia.

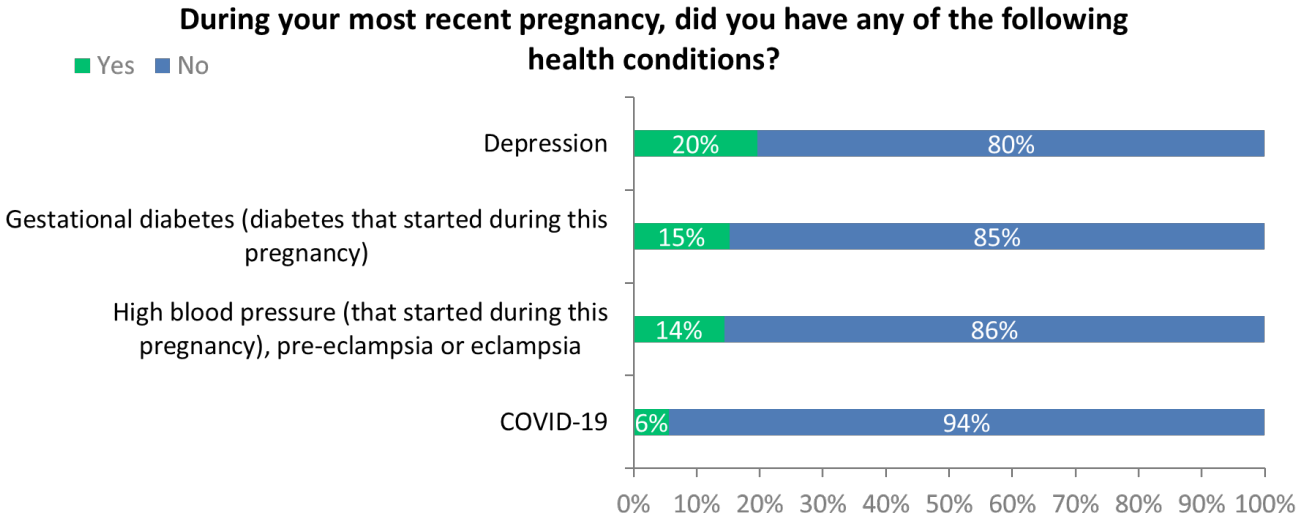


Figure 42: Community survey responses to the question "During your most recent pregnancy, did you have any of the following health conditions?" N=257

Since their newest baby was born, 13% of respondents had always or often felt down, depressed, or helpless, and 30% had sometimes felt that way.

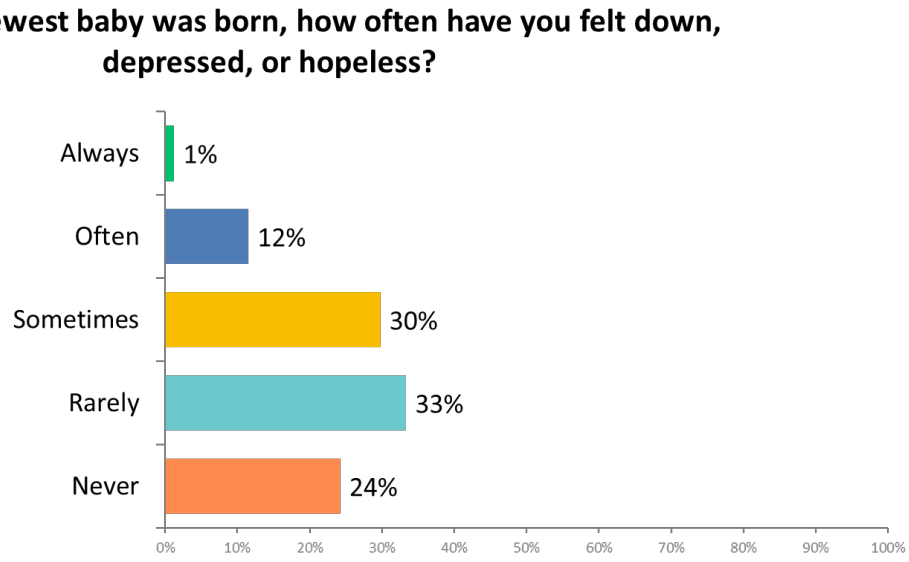


Figure 43: Community survey responses to the question "Since your newest baby was born, how often have you felt down, depressed, or hopeless?" N=252

When asked about how they felt just before they became pregnant with their newest baby, 56% of survey respondents wanted to be pregnant then and 26% wanted to be pregnant sooner than then. However, 7% of respondents wanted to be pregnant later than they got pregnant, and 11% did not want to be pregnant at all. It seems notable that 18% of all respondents to this question — nearly 50 individuals — did not want to be pregnant at the time they became pregnant.

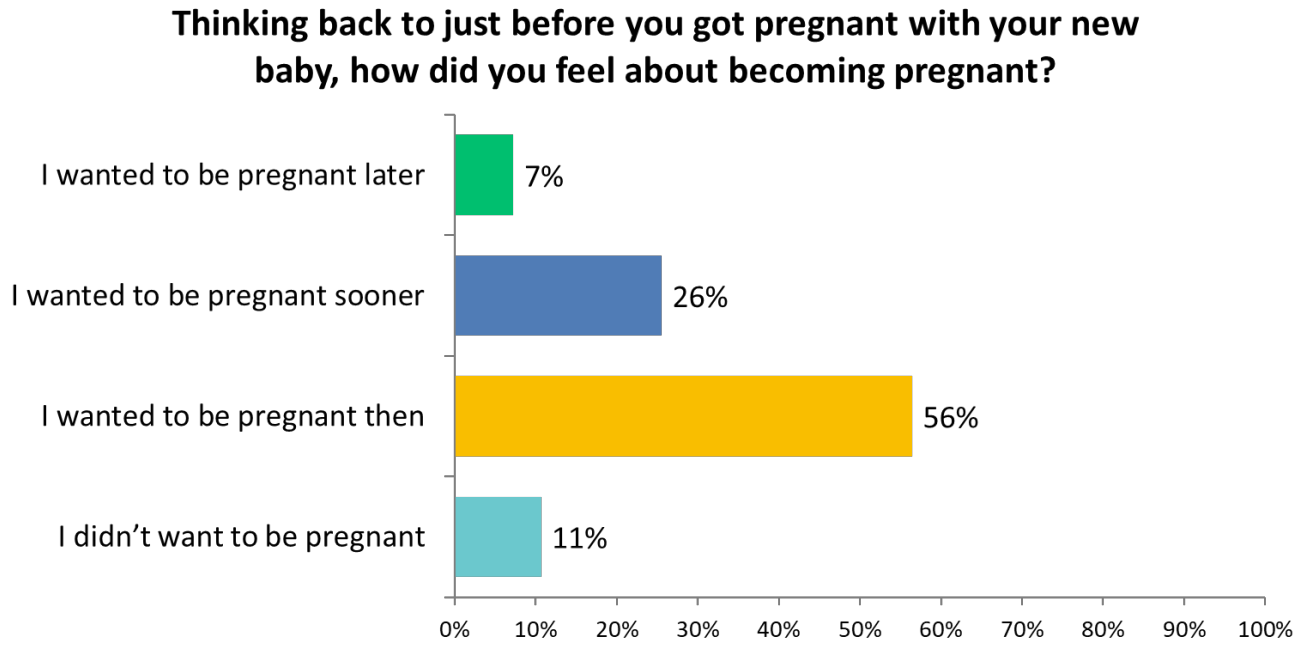


Figure 44: Community survey responses to the question "Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? Check ONE answer." N=262

Climate Change

When asked about the impacts of climate change, 46% of respondents report currently or already having faced negative impacts of climate change, such as flooding, increased costs, or heat sickness.

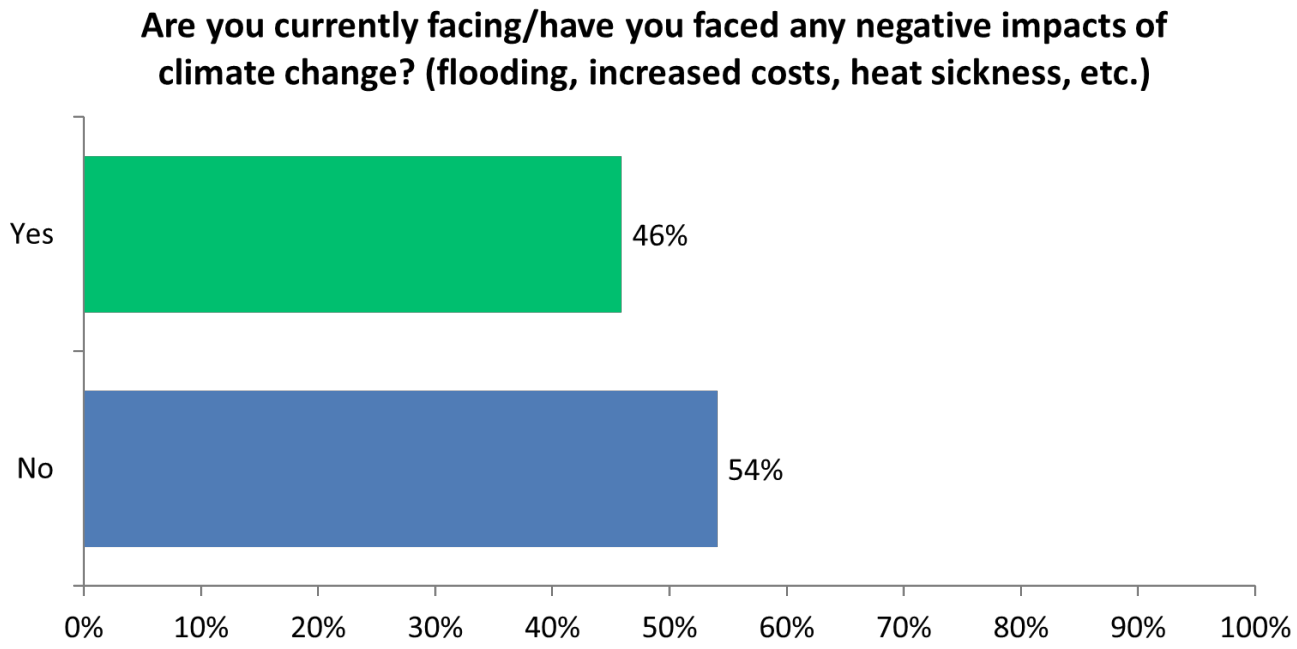


Figure 45: Community survey responses to the question "Are you currently facing/have you faced any negative impacts of climate change (flooding, increased costs, heat sickness, etc.)?" N=627

Additionally, 47% of respondents report feeling extremely unprepared or unprepared to face the impacts of climate change on the community; 35% feel neutral, and fewer than 20% feel prepared or extremely well prepared to face the impacts of climate change.

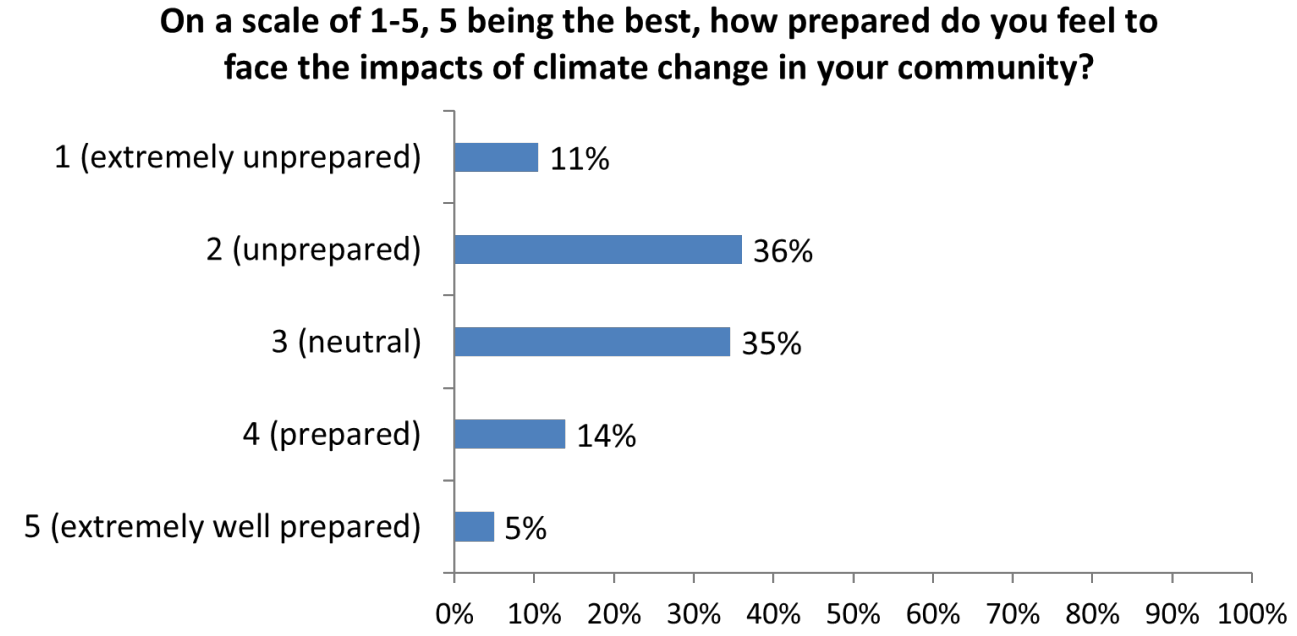


Figure 46: Community survey responses to the question "On a scale of 1-5, 5 being the best, how prepared do you feel to face the impacts of climate change in your community?" N=627

Community Safety

Regarding community safety, 15% of respondents feel safe all of the time and 71% feel safe most of the time. Just 13% feel safe only some of the time, and under 2% never or rarely feel safe.

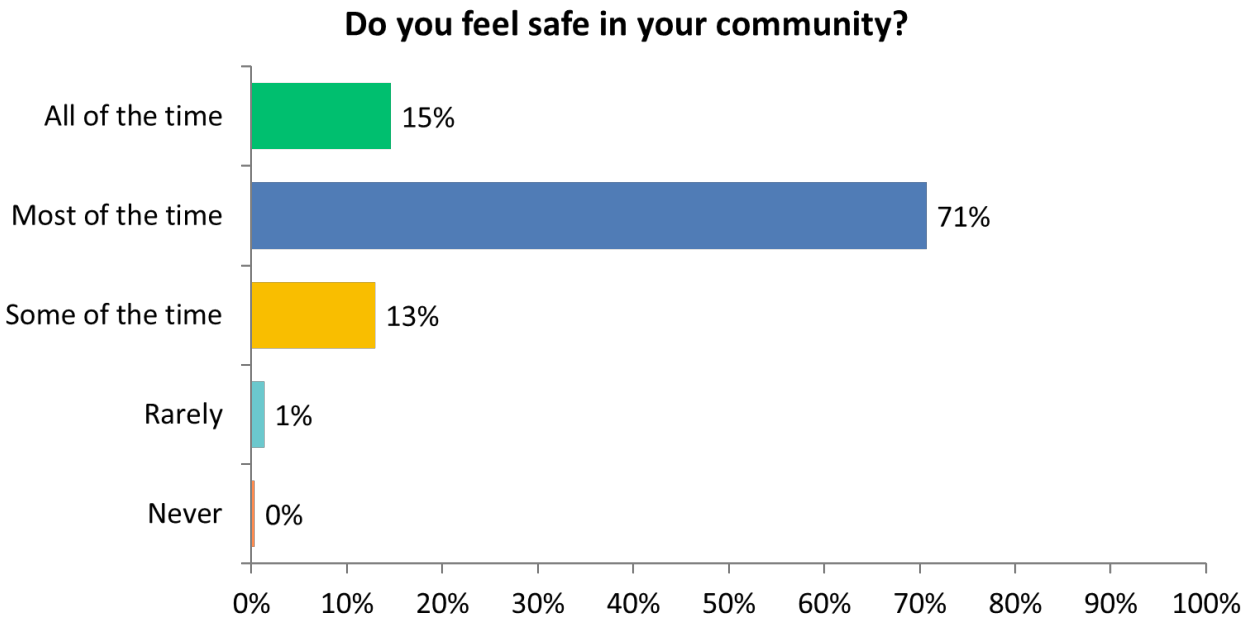


Figure 47: Community survey responses to the question "Do you feel safe in your community?" N=608

For the types of safety concerns, 66% of respondents report being concerned about community violence, such as gun violence, drug-related crime, or auto thefts, while 11% are concerned about interpersonal violence like domestic violence, child abuse, or sexual assault. Approximately 18% of respondents are concerned about both types, and 12% are concerned about neither. Concern about community violence only was more commonly reported among respondents who were male, white, or 50 to 79 years old. Concern about both types of violence was more commonly reported among respondents who were female or had incomes below $100,000.

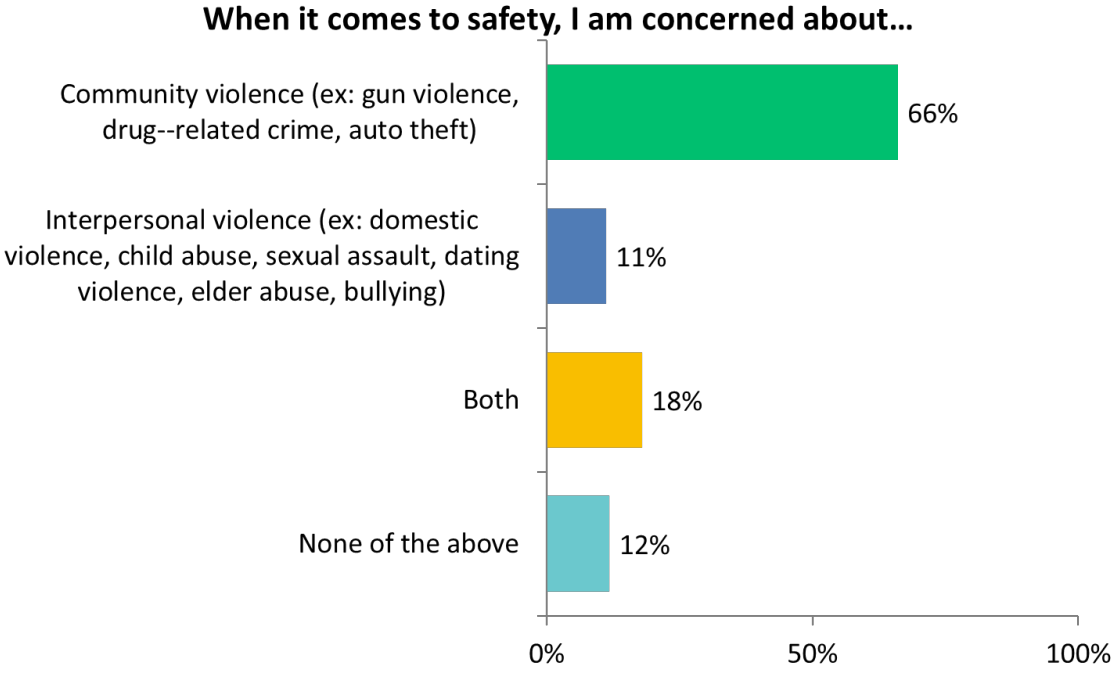


Figure 48: Community survey responses to the question "When it comes to safety, I am concerned about…" N=607

More than 75% of respondents report being somewhat or a good deal concerned about carjacking, gun violence, and property crime, with slightly fewer concerned about being chased or followed in public or drug activity.

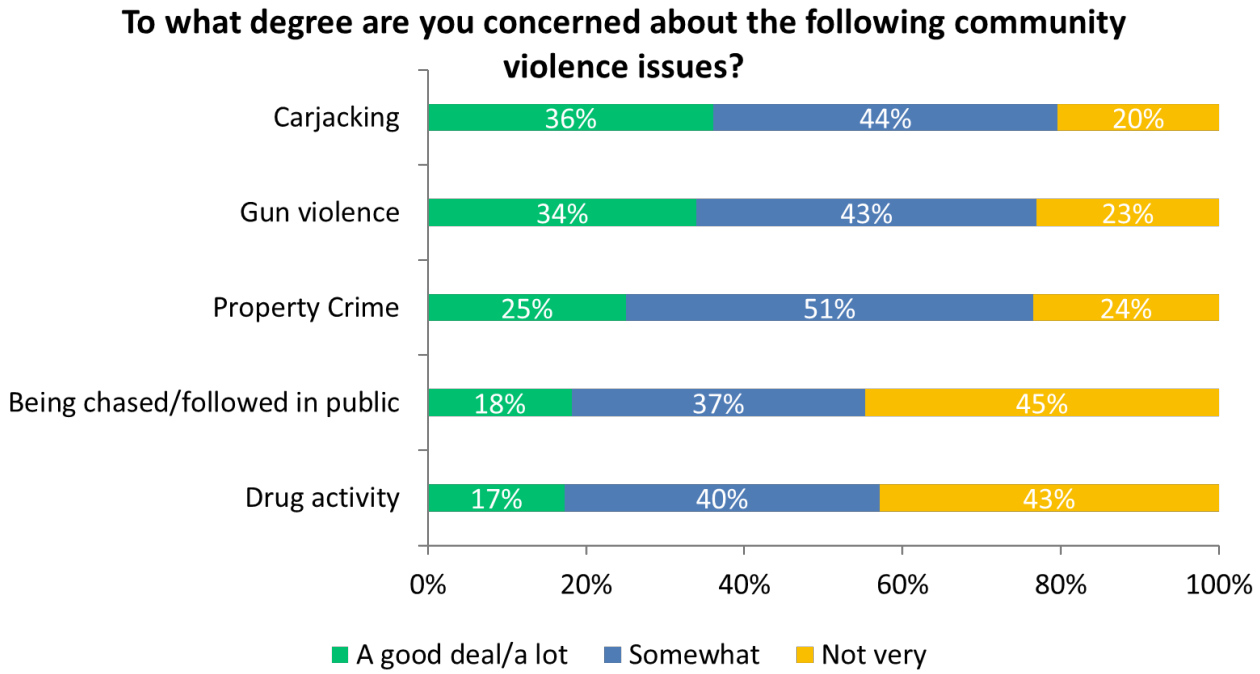


Figure 49: Community survey responses to the question "To what degree are you concerned about the following community violence issues?" N=516

The interpersonal violence issues that respondents were most concerned about were bullying, sexual assault, and teen violence, followed by child abuse, domestic partner violence, and elder abuse.

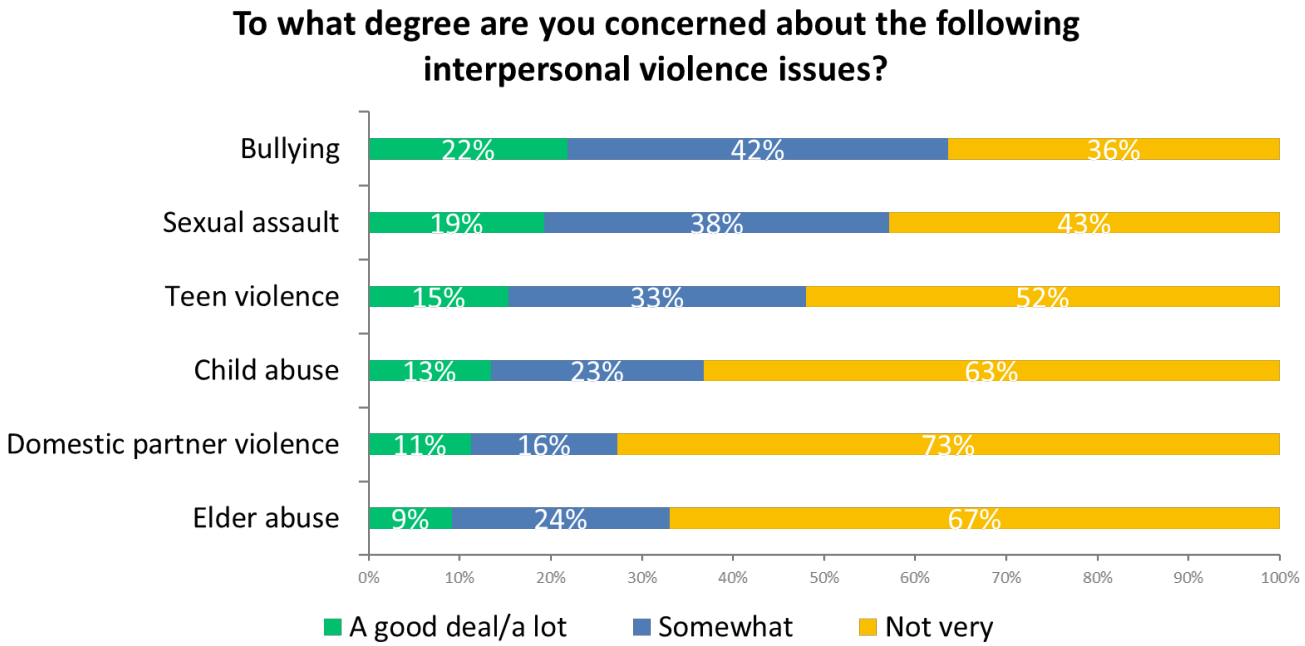


Figure 50: Community survey responses to the question "To what degree are you concerned about the following interpersonal violence issues?" N=508

When asked about the main concerns participants experienced related to walking or using a wheelchair out in the community, the top safety concerns included particular intersections (40%), crime/physical safety (38%), and not feeling safe crossing busy streets (31%). A smaller number of respondents noted the poor quality of sidewalks. Open-ended comments under "other" primarily focused on driver behaviors such as speeding and not paying attention, with some additional comments about bicyclists on sidewalks and icy or unplowed streets in the winter.

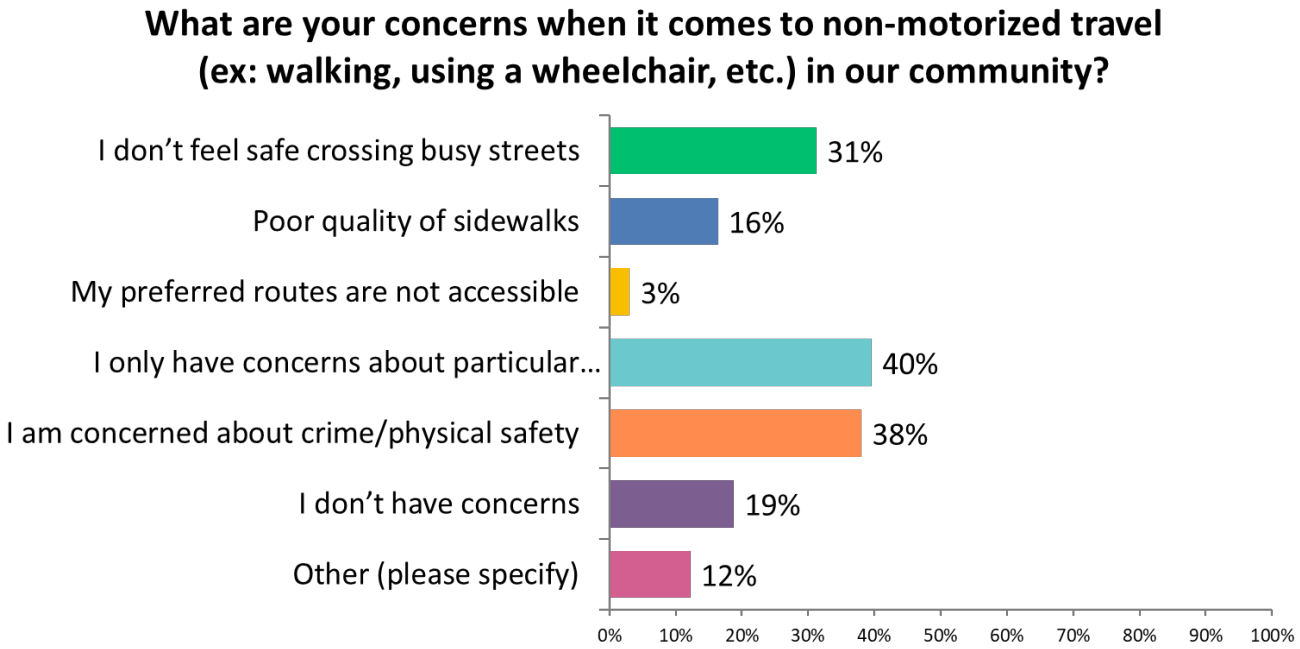


Figure 51: Community survey responses to the question "What are your concerns when it comes to nonmotorized travel (ex: walking, using a wheelchair, etc.) in our community? (Check all that apply.)" N=457

For bicyclists who feel unsafe biking in the community, the top safety concerns included car traffic (77%), lack of bike lanes (30%), crime/physical safety (23%), and poorly maintained bike lanes (14%). Comments under "other" primarily focused on driver behaviors.

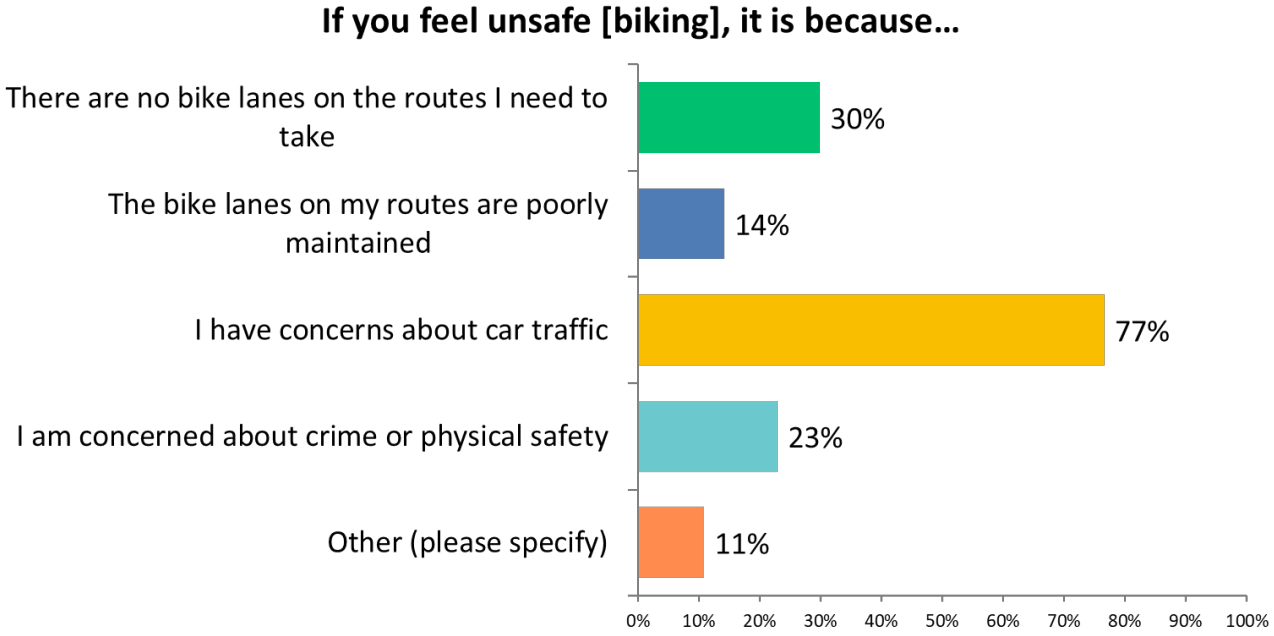


Figure 52: Community survey responses to the question "If you feel unsafe [biking], it is because... (Check all that apply.)" N=274

COVID-19

When asked about the impacts of COVID-19, 12% of survey respondents report that they or a member of their household experienced long COVID symptoms.

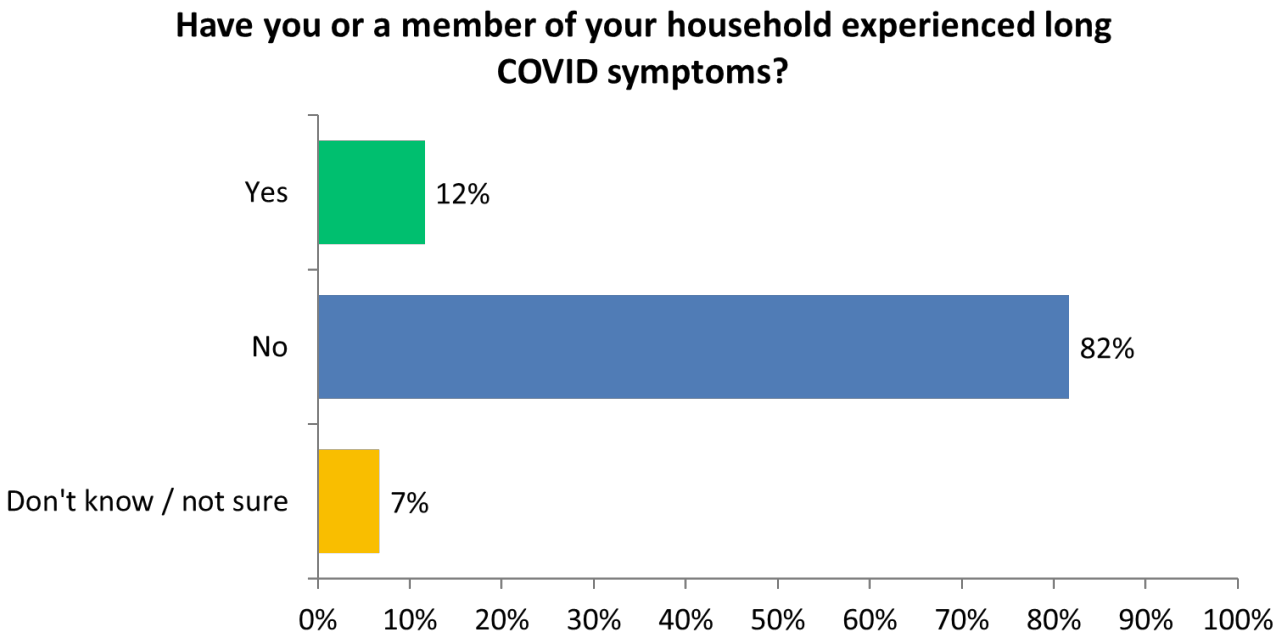


Figure 53: Community survey responses to the question "Have you or a member of your household experienced long COVID symptoms?" N=628

Additionally, 5% of survey respondents report that someone in their household was hospitalized as a result of COVID.

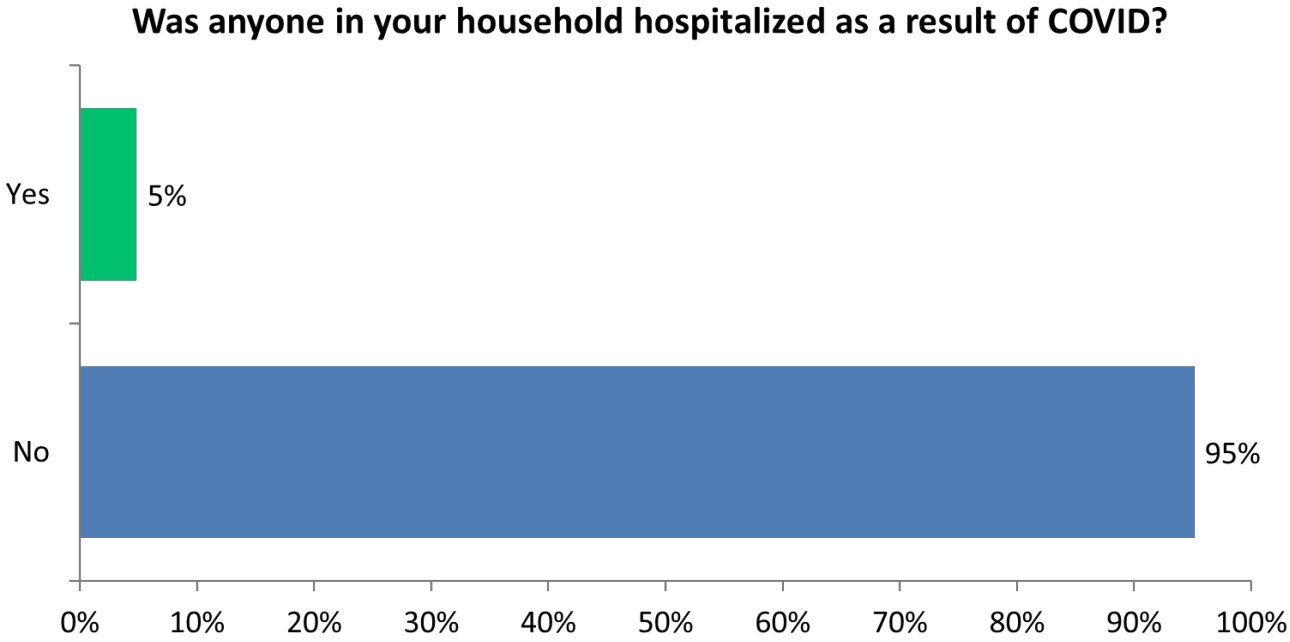


Figure 54: Community survey responses to the question "Was anyone in your household hospitalized as a result of COVID?" N=206

Finally, 9% of survey respondents note that someone in their household had gone to the emergency department because of COVID.

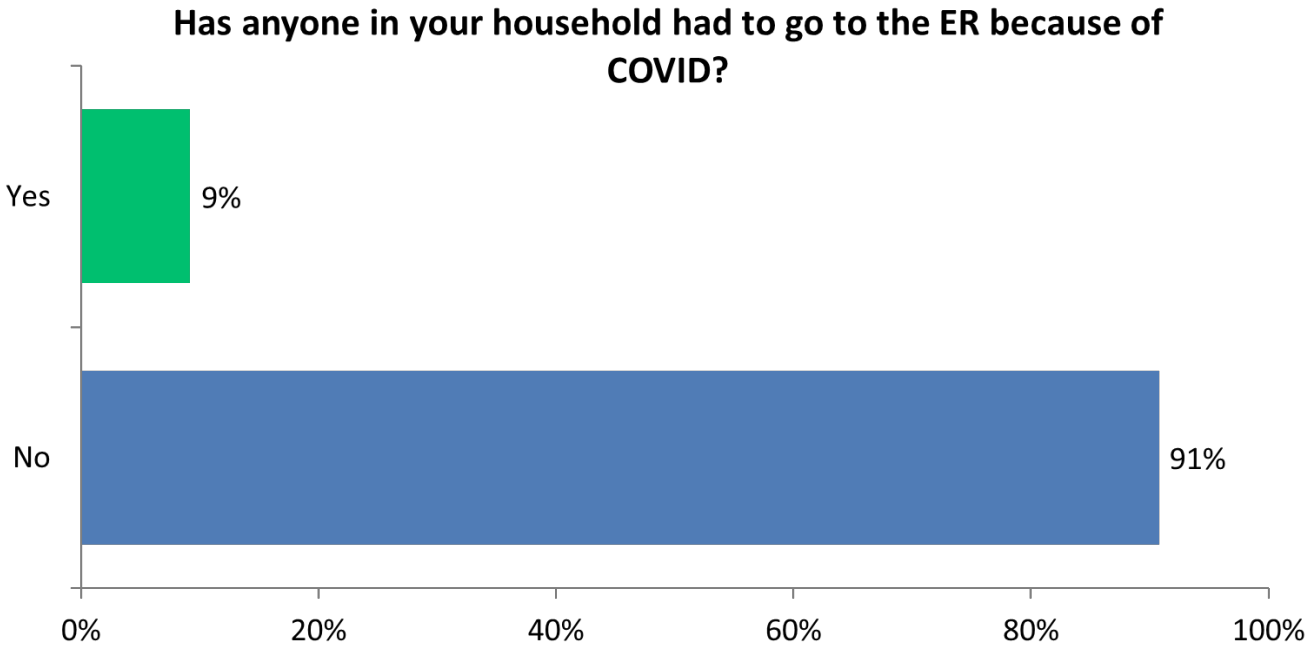


Figure 55: Community survey responses to the question "Has anyone in your household had to go to the ER because of COVID?" N=206

When asked whether they think community-wide mitigations are necessary while we are living in a pandemic, 65% of respondents said that yes, community mitigations are necessary to prevent surges; 19% of respondents said yes, but only necessary during surges; and 11% said no community mitigations are necessary, but individual mitigations are appropriate. Only 5% of respondents said no mitigations are necessary.

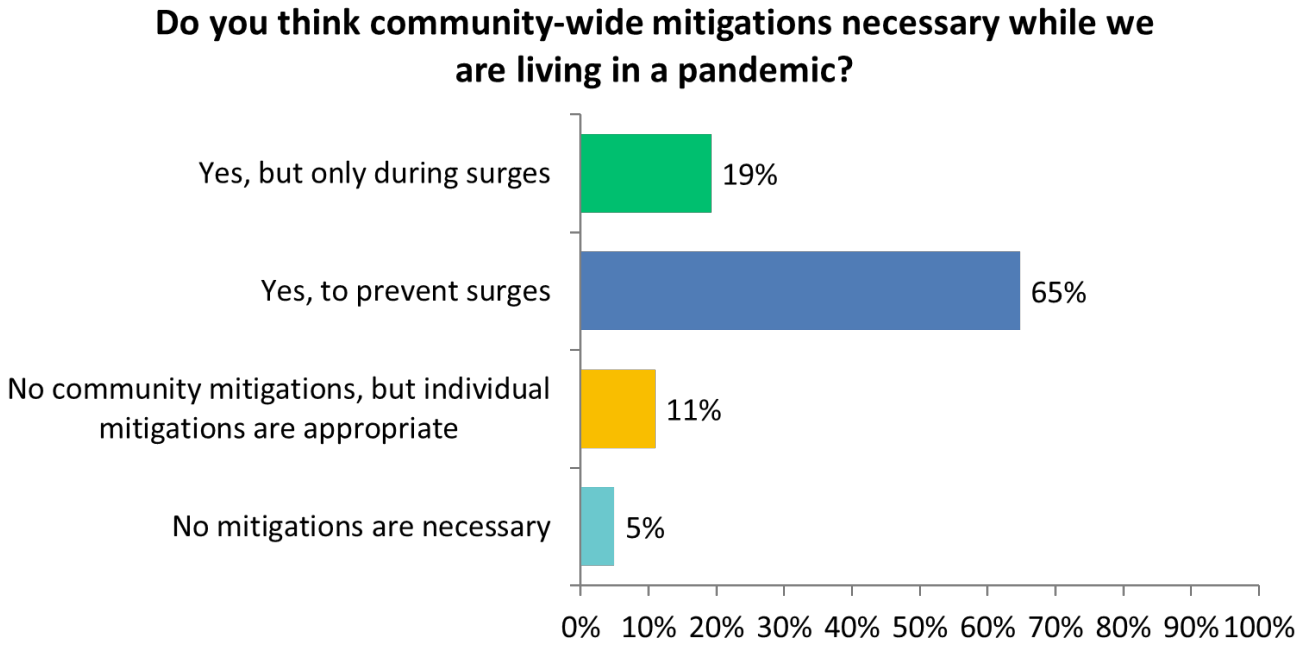


Figure 56: Community survey responses to the question "Do you think community-wide mitigations necessary while we are living in a pandemic?" N=483

Mental Health Board Survey Findings

Findings from the survey conducted by the Community Mental Health Board of Oak Park Township also pointed to a number of access and awareness challenges in the community.

Information and Awareness

- Nearly 66% of respondents think it would be very or somewhat easy to get information about mental health services available in Oak Park/River Forest.
- More than 62% of respondents think it would be very easy or somewhat easy to get information about substance use services available in Oak Park/River Forest.
- More than 64% of respondents think it would be very or somewhat easy to get information about intellectual or developmental disability services available in Oak Park/River Forest.
- Respondents had high awareness of many local services, including Sarah's Inn (70%), Senior Services of Oak Park and River Forest Township (67%), Oak Leyden Developmental Services (63%), Thrive Counseling (61%), and Housing Forward (53%). However, less than half are aware of the other six mental health services, six substance-use services, and seven intellectual or developmental disability services raised in the survey.

Availability of Services

When asked about which services are not available in Oak Park/River Forest:

- For mental health services, respondents believe that intensive outpatient, partial hospitalization, and psychiatry are not available for adults, teens, and children, nor is inpatient hospitalization available for children.
- For substance use disorder services, respondents indicate that intensive outpatient, partial hospitalization, and inpatient treatment are not available for adults, teens, and children.
- For intellectual or developmental disability services, respondents report that respite care is not available for adults, teens, and children, adult transition/job training programs are not available for adults, and day treatment programs are not available for children.

Greatest Needs and Gaps

- Nearly 22% of respondents state better communication of available resources is needed
- Almost 7% of respondents indicate that more psychiatry services are needed, 5% say crisis services are needed, and 5% report child/adolescent services are needed.
- Approximately two-thirds of respondents report the following barriers to accessing services: don't know where to go for services (66%); cost of treatment/service (65%), and lack of insurance/insurance does not cover service (65%).
- Half (51%) of respondents cite long wait times for an appointment as a barrier.
- Almost all respondents (97%) think substance use prevention programs are important, with 75% indicating they are very important.
- The biggest needs related to mental health, substance use, and intellectual or developmental disabilities reported by respondents include availability of services/resources (17%), lack of awareness of services/resources (14%), access to services (12%), cost of services/affordability (11%), and children/adolescent issues/services/resources (11%).
- The most frequently given recommendations for addressing mental health needs/gaps are more children/adolescent services/services in school (10%), increased awareness/education of available services/resources (9%), and virtual/telehealth services (8%).

Other Themes

From the other open-ended methods of community feedback, some themes emerged around community assets and barriers.

Community Assets

Community assets mentioned in qualitative feedback include senior services, library services, other government services, schools, parks/green spaces. In addition, many individuals highlighted the assets of the population itself, including general population affluence, high levels of education, and the racial, ethnic, and other forms of diversity present in the community.

Community Barriers

Some community challenges reported in open-ended feedback included youth substance use, substance use in neighboring communities, traffic safety, and crime, particularly gun violence and carjackings. Many structural barriers and lack of community supports were also noted, including lack of affordable housing, insufficient awareness of services available, lack of adequate access to mental health and substance use services, and inequities in neighboring communities. Community members also noted the need for greater services for young people as well as for older adults, and the need for vaccination efforts for all age groups, from infants and young children to adolescents to adults. In addition, community members expressed a need for more coordination across agencies and municipalities.

Figure 57: Word cloud of open-ended feedback from public comment period on health department website, Fall 2021

C. Local Public Health System Assessment

PURPOSE

The Local Public Health System Assessment (LPHSA) evaluates the activities, competencies, and capacities of the local public health system, broadly defined. It answers questions like:

- How are the 10 Essential Public Health Services being provided to our community?
- What weaknesses must be improved and what strengths can be leveraged?
- What opportunities are there to improve local public health system performance, with an eye toward advancing health equity?

PROCESS

The IPLAN core team used the framework of the 10 Essential Public Health Services (EPHS) to structure its LPHSA and assess how the local public health system broadly defined (including but not limited to the Oak Park Department of Public Health) protects and promotes the health of all people in all communities. The team used the updated 2020 version of the framework, which puts equity at the center of all 10 EPHS.

A facilitated in-person meeting was held with IPLAN core team members and other partners on June 2, 2022, in which participants worked in small groups to discuss and rate two of the 10 EPHS and all sub-elements within those two services. In addition, a self-evaluation version of the assessment was conducted among all health department staff, during which all 10 EPHS were rated. This enabled the core team to capture both internal and external perspectives. The internal self-evaluation also fulfills IPLAN requirements for an internal organizational capacity assessment.

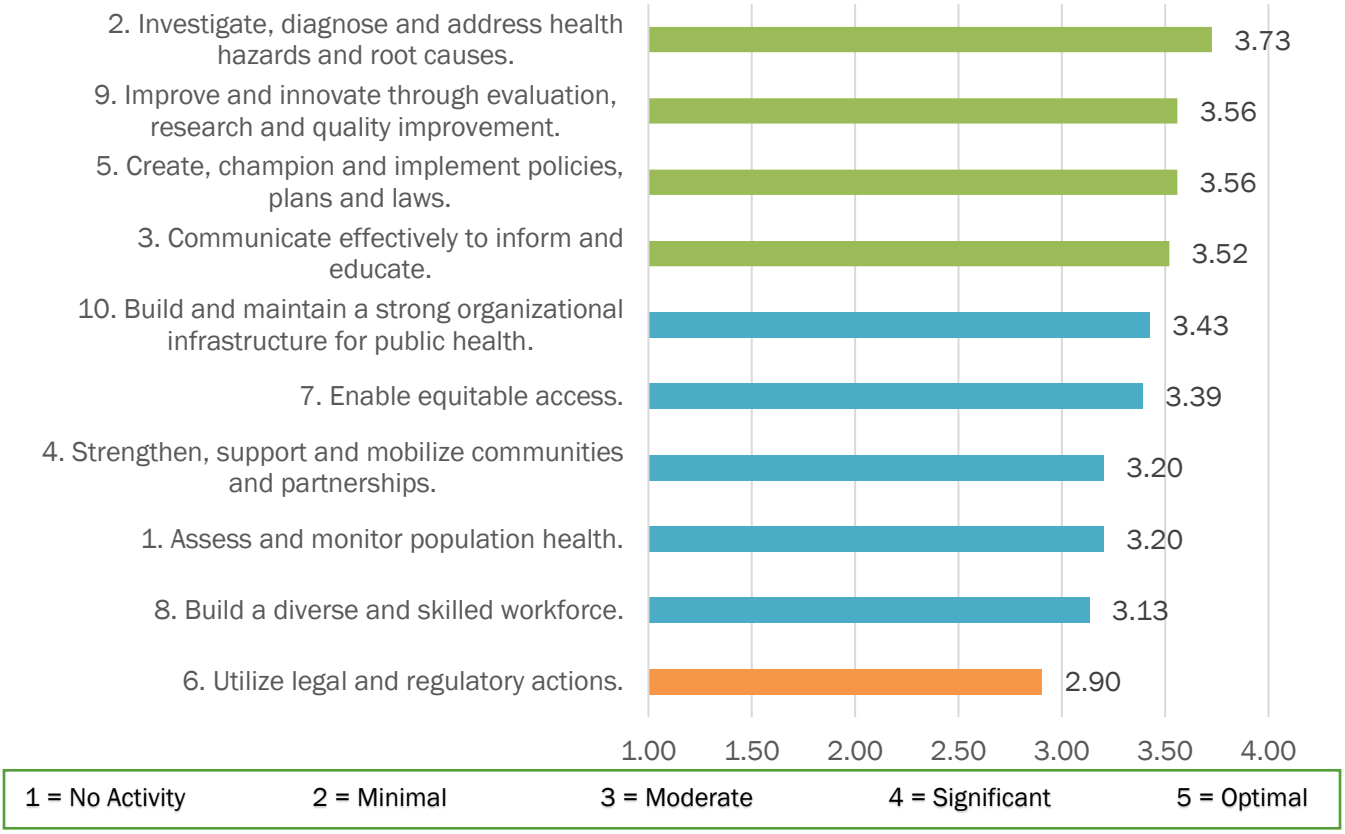
The assessment used a modified version of the National Public Health Performance Standards Program (NPHPS) methodology recommended in the MAPP handbook. Both at the meeting and in the self-assessment, each individual rated EPHS sub-element on a scale from 1 to 5, where 1 meant the local public health system had no activity in that area and 5 meant it had an optimal level of activity in that area. The average scores were then compiled and opportunities for improvement discussed, based on the results.

RESULTS

After averaging the ratings of each EPHS sub-element among those who discussed and voted, the EPHS where the local public health system was seen as performing best was investigating, diagnosing, and addressing health hazards and root causes. Other particularly strong areas included:

- Improving and innovating through evaluation, research, and quality improvement
- Creating, championing, and implementing policies, plans, and laws
- Communicating effectively to inform and educate

The EPHS that was seen as the weakest — and the only one that averaged below a "moderate" level of activity — was utilizing legal and regulatory actions, reflecting the fact that some regulatory activities discussed in this element, such as licensing nursing homes and reviewing drug or biologic applications, occur at the county, state, or national level and not locally.



From discussions around all 10 EPHS, some opportunities for systems improvement emerged:

Local Public Health System Strengths/Successes to Build Upon

- Many community partners, new relationships formed during COVID
- Many community resources
- Very successful at COVID outbreak investigation, vaccination efforts, policy work
- Opportunity to build on awareness of public health

Local Public Health System Weakness/Challenges to Overcome

- Staff retention, recruitment, diversity
- Negative effects of staff turnover on relationship-building
- Local health department has more limited role/control in some areas
- Challenges with overlapping jurisdictions with state, county, and other agencies

D. Forces of Change Assessment

PURPOSE

The Forces of Change Assessment (FOCA) identifies forces, trends, factors, events, or other changes that affect the health of the community and the local public health system. It answers the questions:

- What is occurring or might occur that will affect the local public health system or community?
- What specific threats or opportunities are generated by these forces?

PROCESS

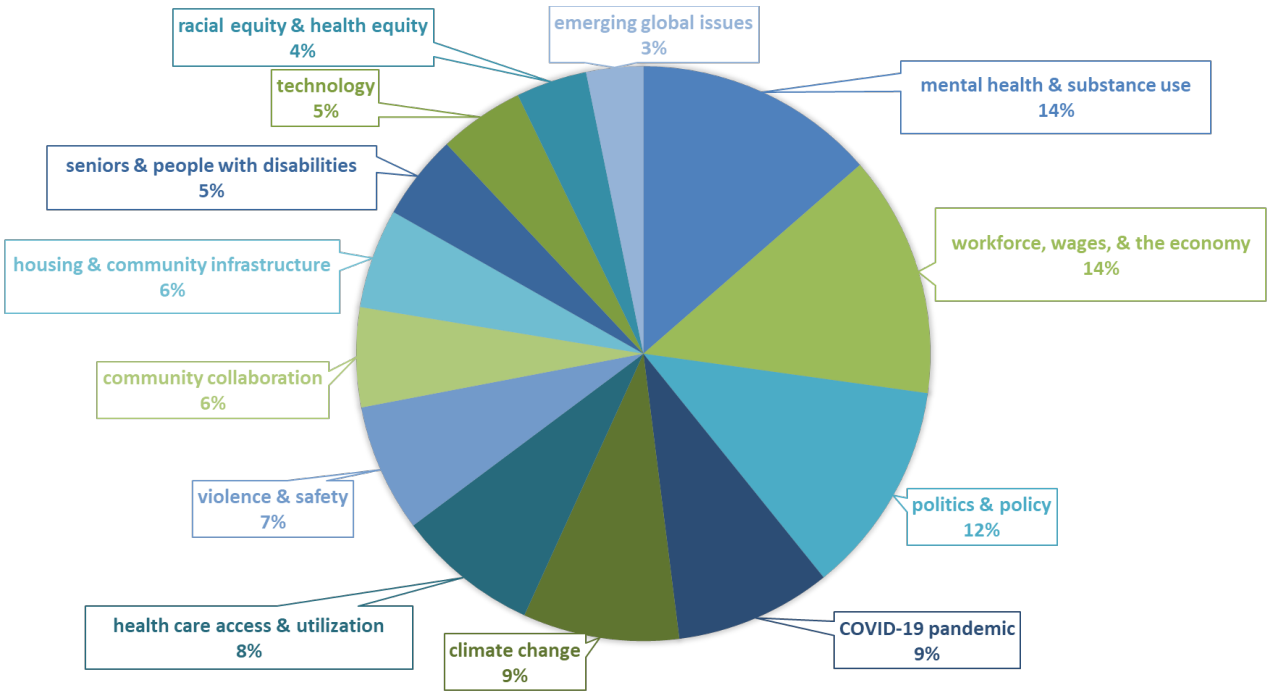
To conduct the FOCA, the IPLAN core team first sought to identify and brainstorm all the forces of change affecting the community, including patterns, trends, factors, or events. This brainstorming was first conducted through an online survey shared with community partners between May 17, 2022, and June 22, 2022. The IPLAN core team also met on June 16, 2022, to generate additional possible forces of change.

Out of these two brainstorming methodologies, 125 total forces of change emerged. These were then categorized into 13 high-level categories. The IPLAN core team met again on June 23, 2022, to identify specific threats posed and opportunities created by each force or collection of forces and to consider cross-cutting priorities among these threats and opportunities.

RESULTS

Based on the survey results, additional brainstorming meeting, and consolidation of findings, a total of 13 high-level forces were identified that affect Oak Park and River Forest's communities and public health system. These were:

1. Mental health and substance use (14%)
2. Workforce, wages, and the economy (14%)
3. Politics and policy (12%)
4. COVID-19 pandemic and its impact (9%)
5. Climate change (9%)
6. Health care access and utilization (8%)
7. Violence and safety (7%)
8. Community collaboration (6%)
9. Housing and community infrastructure (6%)
10. Seniors and people with disabilities (5%)
11. Technology (5%)
12. Racial equity and health equity (4%)
13. Emerging global issues and their local impact (3%)



For each category, threats and opportunities were discussed, with seven key cross-cutting threats and six key cross-cutting opportunities identified.

Threats Posed

- Weakening of public health laws, willingness of public to listen
- Workforce shortages, the great resignation
- Inability for people to meet basic needs, need for social/public services
- Limited safety net providers/access
- Heightened grief, anxiety, hopelessness (COVID, climate change, gun violence)
- Spread of misinformation online
- Racism, stereotyping, stigma

Opportunities Created

- Greater awareness of public health
- New funding for mental health, public health
- New programs and modalities (988, telehealth, senior housing, community center, CHWs)
- Greater activism around gun violence, climate, abortion policy
- Greater interest in collaboration
- Increased attention to equity, systemic/institutional racism

VI. Phase Four: Identify Strategic Issues

PURPOSE

In Phase Four of the MAPP process, findings that emerge out of the assessments in Phase Three are used to identify common strategic issues crucial to achieving the vision defined in Phase Two. These issues can be particular health conditions or broader root causes or challenges that need to be addressed collectively.

PROCESS

The IPLAN core team held a meeting in July 2022 with community members and health system partners to affirm the vision, review the findings from all four MAPP assessments, identify common themes that emerged out of the assessments, and go through a structured process to prioritize three to four key strategic issues that will advance this vision of equity.

Based on the assessments, a total of 15 cross-cutting potential strategic issues were identified:

- Mental health
- Substance use, including drinking
- Obesity, diabetes, and chronic disease
- Access to care
- Senior isolation/aging population
- Gun violence
- Reproductive care access/abortion care
- Current/emerging communicable diseases
- Homelessness/housing
- Public health workforce
- Trauma/fear
- Climate change/environmental health
- Emergency preparedness
- Healthy lifestyles
- Systems coordination/collaboration

To prioritize these issues, meeting participants voted for their top issues through each of three different lenses, using three questions:

1. Which issues are most aligned with advancing our vision?
2. Which issues will cause the greatest long-term negative consequences if we do not address them?
3. Which issues are most feasible to address?

After all participants voted on their top three issues, the group discussed the areas that received the most votes and combined or reworked each area until consensus was achieved. Additional virtual sessions were held in August 2022 to elicit additional feedback on the priorities and ensure community consensus.

RESULTS

Through this facilitated process, four areas were chosen as strategic priorities, all of which are crucial to addressing racial health equity and structural barriers to health in the community:

- *Natural and Built Environment*
- *Mental Health and Substance Use*
- *Gun Violence*
- *Access to Care*

This section summarizes each strategic issue, why it is a priority for the Oak Park and River Forest communities, how it connects to the findings of the four MAPP assessments, and how focusing on this issue is important to addressing structural inequities and improving health for all who live, work, and play in these communities.

A. Natural and Built Environment

Both the natural environment (air, water, and green space) and the built environment (homes, schools, streets, and workspaces) contribute meaningfully to the health, safety, and well-being of community members. Data from the CHSA point to a number of different environmental hazards in the community, such as inequitably distributed climate and traffic hazards, lack of physical activity among youth, and elevated pediatric and adult asthma prevalence. Similarly, findings from the CTSA suggest that having and engaging with safe and hazard-free environments is a priority for community members, who are concerned about climate change, pedestrian and bicyclist safety, and lack of affordable and accessible housing and infrastructure. Furthermore, feedback from the FOCA indicates that stakeholders view climate, safety, and community infrastructure as growing concerns in the future.

Focusing on the natural and built environment is crucial to addressing structural inequities in health outcomes. As noted in the CHSA, climate vulnerability from lack of tree canopy cover and urban heat island hot spots are not equally distributed across the community. Rather, these environmental hazards are concentrated among more vulnerable populations, including low-income populations, communities of color, immigrant communities, people living with disabilities, and seniors. This puts these communities at greater risk of the harms of climate change. Furthermore, what many consider individual decisions about choosing to engage in outdoor physical activity, bike or walk in the community, or eat healthier foods are heavily impacted by systemic and structural barriers, such as whether there are safe and accessible green spaces, protected bike lanes, affordable access to fruits and vegetables, and clean indoor and outdoor air. Improving the accessibility to and health of the natural and built environment will support better health outcomes for all who live, work, and play in Oak Park and River Forest.

B. Mental Health and Substance Use

Mental health and substance use were among the most frequently identified priorities across all four MAPP assessments. Data from the CHSA points to high rates of binge alcohol use and overdose mortality, and findings from the CTSA suggest that community members are also negatively impacted by behavioral health challenges that affect their daily activities, such as depression, postpartum depression, anxiety, and substance use disorders. Mental health and substance use were also the most common forces of change mentioned in the FOCA, with many themes around youth alcohol and tobacco use, increased isolation and loneliness, and access barriers to behavioral health services.

Mental health and substance use challenges can affect anyone but can disproportionately impact marginalized populations and compound other social, economic, and health challenges they experience. For example, individuals experiencing homelessness or domestic violence may face greater structural barriers to accessing behavioral health services. People of color may experience challenges finding a mental health provider that looks like them, speaks their language, or is able to provide trauma-informed care. Stigma, lack of awareness of services, insurance and cost barriers, long wait lists, and lack of coordination across systems further gaps and inequities in who receives care. Reducing stigma and structural barriers to the full continuum of behavioral health services is important to improving mental health and well-being for all who live, work, and play in these communities.

C. Gun Violence

Community violence in general and gun violence specifically emerged as public health problems of significant concern to community members. As noted in the CHSA, the unintentional injury death rate, which includes firearm deaths, is elevated in Oak Park and River Forest relative to the state and nation. More than 75% of survey respondents in the CTSA are somewhat or a good deal concerned about gun violence, more than are concerned about almost any other type of community or interpersonal violence. Increasing gun violence and mass shootings were also mentioned repeatedly within the FOCA, as were policies and legislation around gun safety.

Mortality and trauma from gun violence disproportionately impact under-resourced and marginalized members of the community, including low-income populations and communities of color within Oak Park and River Forest and in neighboring areas. Youth from these communities may have higher exposure to gun violence and higher risk of either being involved in, a witness to, or a victim of gun violence. Other individuals at higher risk of firearm injury or death, intentional or unintentional, include those with mental health needs, those experiencing domestic violence, children, and seniors. Focusing community efforts on prevention as well as support to survivors, without revictimizing or retraumatizing marginalized communities, is essential to ensuring those who live, work, and play in Oak Park and River Forest can be safe from gun violence.

D. Access to Care

Access to health care is one of the five core social determinants of health defined by Healthy People 2030, and one that emerged in several of the MAPP assessments. Maps in the CHSA show the variability and unequal distribution of insurance coverage, preventive cancer screening rates, and vaccine uptake across the Oak Park and River Forest communities. Survey respondents in the CTSA pointed to a variety of barriers to accessing care, including time, cost, transportation, insurance status, insurance complexity and limitations, and trust. Several forces mentioned in the FOCA echo these concerns, including increasing costs of health care, dwindling safety net access points in the community, trends towards telehealth, and concerns about future access to comprehensive reproductive health care and abortion.

Inequitable access to health care puts vulnerable populations at increased risk of preventable morbidity, mortality, and suffering. Seniors, people with disabilities, those who primarily speak languages other than English, and those with no insurance or public insurance may find accessing comprehensive, quality services from trusted, culturally appropriate providers to be difficult. This may put them at risk for delaying care, relying on emergency department care, or falling victim to health misinformation. People with co-occurring health and mental health, substance use, or social needs like housing or food insecurity may be at particular risk for experiencing barriers to appropriate follow-up care and not always receiving the comprehensive and integrated services and referrals that could better support their overall well-being. Working toward a more coordinated, trusted, and accessible health care system will help break down some barriers to care for those who live, work, and play in Oak Park and River Forest.

VII. Phase Five: Formulate Goals & Strategies

PURPOSE

In Phase Five of the MAPP process, assessment data from Phase Three is used to help formulate goals and strategies for each of the strategic issues prioritized in Phase Four. The goals point to the long-term results to achieve, and the strategies point to concrete activities the community can undertake to make progress toward these goals.

PROCESS

The IPLAN core team convened four working groups, one on each of the four identified strategic issues. These groups met virtually during August 2022 in order to develop goals, outcomes, strategies, and indicators.

In addition to meeting virtually, the draft materials were circulated to subject matter experts, Village commissions, and other key stakeholders, in order to ensure a wide range of feedback and perspectives. Existing plans from other groups were also reviewed and areas of potential alignment, such as existing activities or indicators, identified. These include:

- *Climate Ready Oak Park: Community Sustainability, Climate Action, and Resilience Plan,* Village of Oak Park, 2022
- *Community Voices*, a report from the Oak Park-River Forest Community Foundation, 2022
- *Stronger Together: Advancing Equity for All, A Community Health Needs Report and Action Plan*, FY2022 CHNA + FY2023–2025 CHIP, Rush University Medical Center/Rush Oak Park Hospital
- *Let's End Homelessness*, Oak Park Homelessness Coalition Strategic Plan 2021
- *PlanItGreen 2021 Work Plan*, Oak Park–River Forest Community Foundation
- *River Forest Forward, Village of River Forest Comprehensive Plan and Action Matrix*, 2019
- *Envision Oak Park, A Comprehensive Plan for the Oak Park Community*, 2014

The IPLAN core team also shared these goals, outcomes, strategies, and indicators with the leaderships of their organizations in order to ensure support and identify additional strategies.

RESULTS

For each of the four prioritized strategic issues, the working groups and IPLAN core team developed a descriptor or vision statement for the overall priority and goals, outcomes, strategies, indicators, and potential partners that fall under that priority.

This section includes a table describing the following for each of the four priority areas:

- Two to three high-level goals to achieve over the long term
- One or more outcomes under each goal, which define the results seen if successful
- Strategies under each outcome, which are concrete activities planned to advance the goals
- Indicators under each outcome, which are metrics to help track progress toward the goals
- Potential partners who can participate in implementation

PRIORITY AREA: ***Natural and Built Environment***

Everyone who lives, works, and plays in Oak Park and River Forest will engage with a safe and healthy natural and built environment.

GOAL #1: Ensure a safe and hazard-free natural and built environment

OUTCOMES	STRATEGIES	INDICATORS
Reduction in environmental hazards	• Study local environmental hazards (e.g., 290, factories) adversely affecting health • Partner on policy solutions to address identified hazards • Encourage building electric car charging stations (including at multiunit buildings) • Work with schools to improve air quality through ventilation and filtration • Work with senior housing, nursing homes, and congregate living settings to improve air quality through ventilation and filtration • Promote access to safe housing (e.g., lead-free) • Reduce use of pesticides in the community through education, policy solutions, and community incentives	• Decrease percent of poor air quality days over baseline • Increase number of schools and congregate living settings participating in air quality efforts • Increase community uptake of incentives for pesticide-free gardening
Enhanced natural spaces in the community	• Support efforts to establish green infrastructure such as rain gardens and use of native plants that reduce flooding risk • Increase tree canopy cover and urban forestry in high vulnerability areas in coordination with Climate Ready Oak Park plan • Pilot publicly accessible community gardens and expand based on success • Identify underutilized areas for green and natural spaces, such as along 290 or on rooftops • Create green and natural spaces accessible to people with disabilities, seniors, and others	• Increase percent tree canopy in high-vulnerability areas identified by Climate Ready Oak Park • Increase total green space consistent with Climate Ready Oak Park's green space access goal
Increased access to healthy and sustainable food production, practices, and usage	• Educate around growing food sustainably at home • Preserve and expand the LINK program at farmers market for increased affordability • Educate community members about farmers market and about cooking with produce • Connect neighborhoods/underserved groups to farmers market, farm shares, etc. • Explore avenues to partner with grocery stores to increase food access for vulnerable populations	• Twice-monthly educational programming demonstrations or activities at the Farmers Market during the market season. • Decrease percent of adults who ate fruits and vegetables less than once per day according to BRFSS

PRIORITY AREA: ***Natural and Built Environment***

Everyone who lives, works, and plays in Oak Park and River Forest will engage with a safe and healthy natural and built environment.

GOAL #2: Create a safe environment for walking, biking, and physical activity

OUTCOMES	STRATEGIES	INDICATORS
Built environment conducive for walking, biking, and rolling	• Evaluate pedestrian intersections to gauge user friendliness and safety, and identify opportunities for improvement in traffic calming measures, pedestrian signals, curb cuts, bus stop accessibility, and more • Add physical structures such as barrier-protected bike lanes and other traffic-calming measures that protect cyclists, pedestrians, and others • Introduce greenways and linear parks to connect neighborhoods to key points around the community • Increased bike parking and other bike infrastructure (e.g., covered bike parking, bike parking at schools) • Connect bike lanes with public transit • Revisit bike sharing, scooter sharing, e-bike, and other ride-sharing options, including those for people with disabilities • Develop plans for downtown sidewalk snow removal and salting to promote safer winter walking for seniors, people with disabilities, parents with strollers, and others	• Increase number of miles/blocks of protected bike lanes and greenways • Increase number of bike parking spaces at schools • Increase number of bike parking spaces in commercial districts
Increased community engagement in walking, biking, rolling, and other outdoors activities	• Educate bikers and walkers about safety practices • Educate drivers on sharing the road • Educate seniors on fall prevention • Introduce “walking school bus” and other programs that encourage physical activity for children • Expand bike helmet awareness, education, and requirements (including expansion of existing laws/requirements) • Engage schools around bike access, parking, use, and safety • Utilize air quality index as a way to promote outdoor activities by having public facing air quality monitors • Work with schools on tracking childhood physical activity and health indicators	• Increase number of walking school buses over baseline • Increase percent of youth who were physically active for at least 60 minutes per day on the last seven days according to YRBS

Potential partners to be involved in implementation:

- Active Transportation Alliance
- Bike Walk Oak Park
- Oak Park Community Mental Health Board
- Oak Park Disability Access Commission
- Oak Park Environment & Energy Commission
- Oak Park Public Works Department
- Oak Park Township
- Oak Park Transportation Commission
- Park District of Oak Park
- PlanIt Green
- River Forest Park District
- River Forest Sustainability Commission
- River Forest Township
- Rush Oak Park Hospital
- Seven Generations Ahead
- Sugar Beet Food Co-Op

PRIORITY AREA: ***Mental Health and Substance Use***

Everyone who lives, works, and plays in Oak Park and River Forest will experience increased mental wellness and reduced risk of substance use.

GOAL #1: Increase promotion and awareness of mental wellness and resiliency

OUTCOMES	STRATEGIES	INDICATORS
Increased education about mental wellness	• Launch public awareness campaign regarding protective factors and community strengths • Educate community on self-care, mental wellness, stress reduction, and other lifestyle factors • Conduct parent education, senior education, and other education to raise community awareness and destigmatize behavioral health services • Provide education and outreach to caregiver support groups and systems • Offer Mental Health First Aid training, especially targeting youth and other key populations • Expand suicide prevention training programs (QPR, ASIST, Talk Safe Live) to broader audience (adults, middle school) • Increase community involvement in Illinois Youth Survey data sharing, collection, and analysis • Offer resiliency and life skills training for parents to reduce teen drinking • Engage business community in awareness, education, and connection to behavioral health resources	• Increase in number of people trained in Mental Health First Aid and other topics • Change in knowledge based on pre/post evaluations of trainings • Decrease in percent of youth who currently drink alcohol per YRBS

GOAL #2: Engage communities in prevention activities and connect to resources

OUTCOMES	STRATEGIES	INDICATORS
Greater engagement in focused prevention and harm reduction	• Conduct behavioral health screenings in nontraditional settings such as schools, primary care, emergency departments, libraries, and interactions with first responders • Educate community members about risks associated with fentanyl and the prevalence of it in other illicit substances. • Distribute Narcan and fentanyl test strips (Opioid Task Force)	• Increase number of behavioral health screenings conducted in nontraditional settings • Decrease in percent of youth who have ever used select illicit drugs per YRBS
Connection of community members to care and resources	• Develop list of key individuals at social service, behavioral health, and other agencies for referrals • Collaborate with local hospitals, agencies, and associations (e.g., Alzheimer's Association) to bring their prevention and support programs to targeted populations. • Create seamless care coordination for post traumatic violence response and for post crisis intervention. • Evaluate the impact of the Health Connection HUB at aiding the referral process and make improvements where necessary.	• Increase percent of Health Connection HUB behavioral health referrals that are close looped

PRIORITY AREA: ***Mental Health and Substance Use***

Everyone who lives, works, and plays in Oak Park and River Forest will experience increased mental wellness and reduced risk of substance use.

GOAL #3: Ensure access to an equitable continuum of care for mental health and substance use disorder services

OUTCOMES	STRATEGIES	INDICATORS
Stronger mental health and substance use disorder continuum of care based on level of need	• Open Living Room Program in Oak Park • Establish programs that respond to trauma, such as restorative justice programs • Expand access to intensive outpatient programs (IOPs) and partial hospitalization programs (PHPs) to ensure smooth transitions from hospital settings to community stability. • Develop a plan to reduce wait lists for psychotherapy and group treatment services, including addressing funding and workforce challenges • Offer interim or short-term services for individuals on treatment wait lists • Increase access points for medication-assisted therapies/recovery (MAT/MAR) • Support increased inpatient beds for youth behavioral health	• Open a Living Room Program in Oak Park • Increase number of local sites offering MAT/MAR
Expanded behavioral health workforce appropriate to meet community needs	• Expand recovery specialist training/internship program • Support efforts to hire individuals with lived experience within the behavioral health workforce • Develop partnerships with universities to bring behavioral health students, nurses, trainees, and providers into the community. • Use physician assistants, nurse practitioners, prescribing psychologists, collaborative care models, and telepsychiatry to help reduce wait times for psychiatry services. • Introduce loan repayment options like the National Healthcare Service Corps • Develop other creative incentives for licensure, leadership, mentorship, job sharing, partnerships, etc. to aid in retention. • Conduct outreach in high school to discuss and encourage pursuit of job opportunities within the behavioral health field • Conduct an assessment to determine diversity and cultural appropriateness of current behavioral health workforce and identify key gaps • Seek funding to support recruitment, retention, and professional development of safety net behavioral health workforce	• Increase number of individuals achieving CRSS credential • Decrease average wait list duration for psychiatry services over baseline

PRIORITY AREA: ***Mental Health and Substance Use***

Everyone who lives, works, and plays in Oak Park and River Forest will experience increased mental wellness and reduced risk of substance use.

Continuum of effective crisis response	• Build community awareness of 988 program and what to do for someone in crisis • Engage community members in volunteer emergency response efforts/roles • Evaluate police response to crisis calls. • Expand continuum of crisis response that includes 911/988, mobile crisis teams, non-hospital diversion programs (i.e., Living Room Programs), and post-crisis follow-up/stabilization. • Conduct street outreach for people who have fallen through the cracks post-crisis	• Decrease percent of rehospitalizations for repeat behavioral health crises

Potential partners to be involved in implementation:

- Ascension Illinois Center for Mental Health
- Beyond Hunger
- Community Support Services
- FRED Parent Support Group
- Hephzibah
- Housing Forward
- Infant Welfare Society
- NAMI Metro Suburban
- New Moms
- Oak-Leyden Developmental Services
- Oak Park Community Mental Health Board
- Oak Park Police Department
- Oak Park Public Library
- Oak Park Township
- Parents Allied with Children and Teachers for Tomorrow (PACTT)
- Park District of Oak Park
- Positive Youth Development
- Progress Center for Independent Living
- Riveredge Hospital
- River Forest Township
- Rosecrance Health Network
- Rush Oak Park Hospital
- Sarah's Inn
- Smart Love
- Thrive Counseling Center
- Way Back Inn
- West Suburban Special Recreation Association
- YEMBA

PRIORITY AREA: *Gun Violence*

Everyone who lives, works, and plays in Oak Park and River Forest will be safe from gun violence.

GOAL #1: Increase public awareness about gun violence prevention as public health issue

OUTCOMES	STRATEGIES	INDICATORS
Improved secure gun/firearm storage	• Use social media to educate about secure firearm storage • Use health department and other government channels (e.g., website) to educate about secure firearm storage and gun violence as a public health issue • Educate health care providers re: asking about guns • Partner with schools and childcare settings to educate parents, caregivers, and other adults on secure gun storage (bilingual Be SMART program from Moms Demand Action) • Expand Be SMART program to farmers market, park district, Day in Our Village, and other community-wide activities • Host Be SMART education sessions for law enforcement • Promote awareness of availability of and distribute gun safety locks in partnership with libraries, Townships, schools, and police department • Incorporate secure firearm storage messaging into block party sign-up request form • Require Be SMART training of government vendors/partners	• Increase in number of agencies engaged in gun safety education • Increase in number of gun safety presentations delivered • Increase in number of social media or website posts from government agencies or departments
Improved awareness of about firearm restraining order (FRO)	• Host FRO education sessions for law enforcement • Host FRO education sessions for behavioral health and domestic violence service providers • Partner with domestic violence, mental health, senior-serving organizations, etc. on targeted awareness and education to bring materials to their constituents and support in filing • Conduct a community education and social media campaign about the process to file FRO	• Increase in number of FRO presentations for law enforcement • Increase in number of FRO presentations for community partners • Increase in number of filed FROs
Public awareness on emergency and crisis response best practices	• Connect local businesses with organizations that offer safety trainings, such as on de-escalation, crisis response, mental health first aid, and active shooter situations • Raise awareness of 211 line for access to information on prevention prior to a crisis • Build community awareness of 988 suicide prevention line and what to do for someone in crisis	• Increase in number of crisis response trainings

PRIORITY AREA: *Gun Violence*

Everyone who lives, works, and plays in Oak Park and River Forest will be safe from gun violence.

GOAL #2: Support survivors of trauma and others at risk of violence

OUTCOMES	STRATEGIES	INDICATORS
Reduced youth exposure to gun violence	• Invest in youth after-school programs, including mentorship, sports, music, and other programs that are open to youth from neighboring communities • Create internship programs, paid job opportunities, and other engaging opportunities and recruit youth at risk of gun violence involvement • Connect local businesses via the Chamber of Commerce with existing mentorship/training programs to hire youth at risk of gun violence involvement • Partner with neighboring communities via established organizations to implement violence interrupter programs	• Increase in youth placements in internships/jobs • Increase in established partnerships with organizations in neighboring communities
Increased support to survivors of violence and trauma	• Offer grief and trauma counseling for gun violence victims and survivors • Partner with adjacent communities on trauma-informed care initiatives • Connect victims of trauma in Oak Park, River Forest, and neighborhood communities with material/financial support • Partner with adjacent communities to implement community gardens or other healing green spaces	• Increase in number of grief/trauma counseling sessions

GOAL #3: Educate around policy and advocacy efforts

OUTCOMES	STRATEGIES	INDICATORS
Greater engagement in gun violence prevention policy and advocacy	• Explore local ordinances to reduce gun sales, increase safe gun storage, and otherwise reduce gun violence • Support statewide efforts to pass broader gun safety legislation • Connect residents with gun buy-back programs • Collaborate with and promote awareness of longstanding coalitions and organizational partners in neighboring communities and their advocacy efforts	• Change in number of local policies or ordinances pertaining to gun safety

Potential partners to be involved in implementation:

- Austin Coming Together
- Early Childhood Collaborative
- Moms Demand Action
- NAMI Metro Suburban
- Oak Park Community Mental Health Board
- Oak Park Police Department
- Oak Park Township
- Park District of Oak Park
- River Forest Township
- Rush Oak Park Hospital
- Sarah's Inn
- Thresholds
- Thrive Counseling Center

PRIORITY AREA: *Access to Care*

Everyone who lives, works, and plays in Oak Park and River Forest will have quality, accessible health care.

GOAL #1: Ensure access to care at the right time, location, and setting for different populations

OUTCOMES	STRATEGIES	INDICATORS
Increased awareness of access points for health care and information	• Raise awareness of community health centers and other access points for those without insurance or on Medicaid • Educate public on where and how to access different types of care (e.g., emergency department vs. immediate care vs. primary care) • Facilitate conversations between community and safety net providers to identify and close gaps in hours or locations • Educate the public about telehealth and promote patient portals, remote monitoring, and other virtual services for those with identified medical homes/primary care providers • Provide health literacy education and promote community members participating in health care decision making • Educate the public on how to identify trusted sources of information	• Increase in number of educational meetings and presentations • Administration of a provider survey regarding accessibility issues
Increased availability and accessibility of telehealth	• Support Village-wide Wi-Fi and other efforts to address digital divide • Facilitate older adults using telehealth, especially for follow-up care after hospital discharge, through assistance from home health workers or other allied health professionals.	• Decrease percent of community members who lack internet access, per CMAP data snapshot • Change in number of telehealth visits
Reduced barriers to care	• Partner with disability experts to identify how well existing spaces are meeting disability and mobility needs • Evaluate the accessibility of current public transit and paratransit services in helping populations reach care • Explore door-to-door transportation services for seniors, people with disabilities, and others with mobility needs to assist in moving around the community • Assess the linguistic appropriateness of existing health care settings, including availability of ASL, other non-English languages, and plain-language materials • Conduct an evaluation of other social determinants of health that pose barriers to accessing care • Expand use of mobile services to reach community members in non-clinical settings	• Report on identified gaps with recommendations for improvement • Increase number of community events with mobile health services • Increase in percent of residents with an annual check-up, per BRFSS/CDC PLACES

PRIORITY AREA: *Access to Care*

Everyone who lives, works, and plays in Oak Park and River Forest will have quality, accessible health care.

GOAL #2: Connect community members to comprehensive care that addresses social determinants of health

OUTCOMES	STRATEGIES	INDICATORS
More integrated and coordinated care across providers	• Encourage and educate health and social service providers on conducting social determinants of health (SDOH) screenings • Train providers on where and how to make appropriate referrals for patients screening positive for SDOH • Partner with NowPow (a Unite Us Company), Health Connection HUB, others to make closed-loop referrals to social service partners such as housing agencies • Encourage "prescription" of food or community care • Convene interagency/inter-hospital conversations about addressing high-need patients/patient groups and coordinated discharge planning	• Increase percent of Health Connection HUB and NowPow (a Unite Us Company) SDOH referrals that are close-looped • Increase number of providers conducting SDOH screenings, per public ACO data and Rush University Medical Center data

GOAL #3: Develop a trusted health care workforce that reflects the community

OUTCOMES	STRATEGIES	INDICATORS
Trusted relationships between community members and a health care workforce that reflects the community	• Assess the diversity and cultural and linguistic competencies of health care workforce compared to community served and identify key gaps • Develop tailored resources for local providers to improve cultural appropriateness for this community • Offer trainings on disability cultural humility and clinical skills (e.g., recognizing ableism in medicine, understanding impact of language, how to transfer patients or conduct certain screenings on disabled patients) • Promote hiring of social workers, community health workers, and peer health navigators from within underrepresented populations • Partner with schools to develop pipeline of health workers from within the community • Engage trusted partners such as community health workers or peer navigators in health education and outreach activities • Explore opportunities to connect with and build trust with informal networks such as mutual aid societies and others	• Increase number of trainings on specific topics (e.g., cultural humility, disability services) • Increase number of students participating in health pipeline programs • Increase total number of CHWs, peer health navigators, and similar roles working in local community

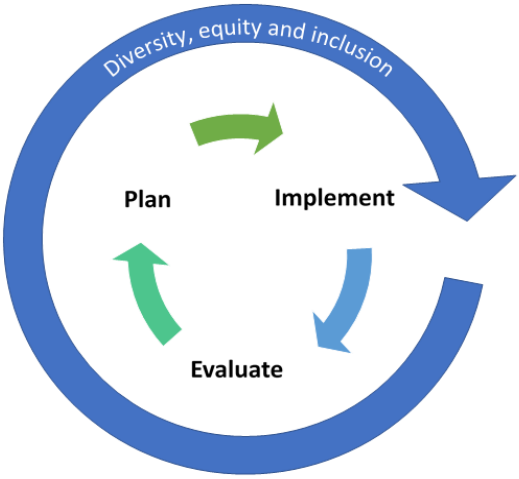
Potential partners to be involved in implementation

- Access Living
- Age Options
- Beyond Hunger
- Health Connection HUB
- Housing Forward
- Infant Welfare Society
- New Moms
- NowPow (a Unite Us Company)
- Oak Park Aging in Place Commission
- Oak Park Community Mental Health Board
- Oak Park Disability Access Commission
- Oak Park Homelessness Coalition
- Oak Park Police Department
- Oak Park Township
- Opportunity Knocks
- Park District of Oak Park
- PCC Community Wellness Center
- Pillars Community Health
- Progress Center for Independent Living
- River Forest Township
- Rush Oak Park Hospital
- West Cook YMCA
- West Suburban Hospital

VIII. Phase Six: Action Cycle

PURPOSE

Phase Six of the MAPP process is the Action Cycle. This phase involves planning, implementation, and evaluation of the many goals and strategies defined in the plan. This work — planning, implementation, and evaluation — is intended to be iterative and ongoing. The expectation is that the action cycle is cyclical and that the goals and strategies evolve over time.



As illustrated in the adjacent graphic, diversity, equity, and inclusion (DEI) are embedded into every step of the action cycle. Incorporating DEI into the action cycle demonstrates how the IPLAN will be accountable to marginalized communities by creating actionable steps to address DEI implications.

PROCESS

Following approval of this plan by the Village Board of Health and Village Board of Trustees, the IPLAN core team will kick off the action cycle. The hope is that this plan and activities to advance it will be a focus for the entire Oak Park and River Forest community over the coming years.

As noted above, with the assistance of the Oak Park Diversity, Equity, and Inclusion Officer and other community stakeholders, a DEI lens will be applied at every step of the action cycle. The process of incorporating DEI will follow the Racial Equity Toolkit from the Government Alliance on Race and Equity (GARE) (see version adapted by Oak Park in appendix D). The toolkit takes an intersectional approach and incorporates DEI considerations for all underserved communities. This six-step framework will be used in every phase of the action cycle. This commitment also centers on transparency and accountability. In order to foster stronger community ties, it is paramount that the IPLAN core team be intentional in these elements and seek to build trust in order to better serve the underserved.

One of the initial activities during the action cycle will be the development of a communications plan that informs how the IPLAN will be rolled out to the community and partners. This may include social media, websites, newsletters, inserts in Village mailers, and public meetings.

The planning component of the action cycle will begin with a prioritization process and exercises to determine the capacity, resources, and ability of community stakeholders to move forward strategies under the four priority areas in the first implementation year (2023). Community stakeholders will include but not be limited to organizations represented on the IPLAN core team and those already identified in this plan. The goal is for each of the four priority areas to be led by a community of stakeholders that meet on a regular basis over the five-year plan to evaluate progress, troubleshoot and share knowledge, and to prioritize activities for the coming year.

Implementation and evaluation are the other components of the action cycle. The Oak Park Department of Public Health will conduct an annual evaluation of progress in each of the four priority areas and make updates available to the public and community partners. This will help the IPLAN core team identify which strategies are being implemented and to what effect, as well as which strategies require renewed attention or modification going forward.

IX. Appendices

A. Working Group Participants

The IPLAN core team would like to thank all the community members and organizational partners who participated in virtual working groups around the four prioritized strategic issues.

Natural and Built Environment Working Group

Vanessa De La Mora, Community Health Advisor, Oak Park Department of Public Health
Laura Derks, Chair, Environment and Energy Commission, Village of Oak Park
Deana Herrman, Resident
Gavin Morgan, Township Manager, Oak Park Township
David Pope, Executive Director, Oak Park Housing Authority
Sarah Schwarting, Mental Health Administrator, River Forest Township
Sara Semelka, Public Health Education Manager, Oak Park Department of Public Health
Carla Sloan, Supervisor, River Forest Township
Carrol Smith, Resident

Mental Health and Substance Use Working Group

Vanessa De La Mora, Community Health Advisor, Oak Park Department of Public Health
Kelly O'Connor, Prevention Services Manager, Youth and Family Services, Oak Park Township
Sean O'Connor, Drop-In Center Coordinator, NAMI Metro Suburban
Jean Meister, FRED Leadership Team
Cheryl Potts, Executive Director, Community Mental Health Board of Oak Park Township
Jennifer Rook, President/Executive Director, Thrive Counseling Center
Susan Scherer, Past President, Illinois Psychiatric Society and Illinois Council of Child and Adolescent Psychiatry
Sarah Schwarting, Mental Health Administrator, River Forest Township
Sara Semelka, Public Health Education Manager, Oak Park Department of Public Health
Gail Shelton, Director of Family Support, New Moms
Lyn Wilder-Dean, DFC Project Coordinator, Oak Park Township

Gun Violence Working Group

Jenna Leving Jacobson, Local Lead for MOMS Demand Action
Kelly O'Connor, Prevention Services Manager, Youth and Family Services, Oak Park Township
Sarah Schwarting, Mental Health Administrator, River Forest Township
Sara Semelka, Public Health Education Manager, Oak Park Department of Public Health
Celine Woznica, Austin-Oak Park MOMS Demand Action

Access to Care Working Group

Vanessa De La Mora, Community Health Advisor, Oak Park Department of Public Health
Deana Herrman, Resident
Caroline Heskett, Program Manager, Office of Community Health Equity and Engagement, Rush Oak Park Hospital
Phillip Jimenez, President and CEO, West Cook YMCA
Sarah Schwarting, Mental Health Administrator, River Forest Township
Sara Semelka, Public Health Education Manager, Oak Park Department of Public Health
Gary Wainer, Retired Physician/Healthcare Management Consultant

B. IPLAN Community and Partner Meetings

The following is a list of community, partner, and other stakeholder meetings held over the course of the IPLAN process. In addition to all the meetings listed below, the IPLAN core team (listed on page 9) met regularly, at least twice per month, over the course of January through October 2022.

Local Public Health System Assessment Facilitation
Thursday, June 2, 2022 — Oak Park Public Library

Forces of Change Assessment Facilitation
Thursday, June 23, 2022 — Virtual

IPLAN Community Priorities Meeting
Tuesday, July 19, 2022 — Oak Park Public Library

IPLAN Feedback Sessions for Community
Tuesday, August 9, 2022 — Virtual
Monday, August 23, 2022 — Virtual

Natural and Built Environment Working Group Meetings
Tuesday, August 2, 2022 — Virtual
Tuesday, August 23, 2022 — Virtual

Mental Health and Substance Use Working Group Meetings
Wednesday, August 3, 2022 — Virtual
Wednesday, August 24, 2022 — Virtual

Gun Violence Working Group Meetings
Thursday, August 4, 2022 — Virtual
Thursday, August 25, 2022 — Virtual

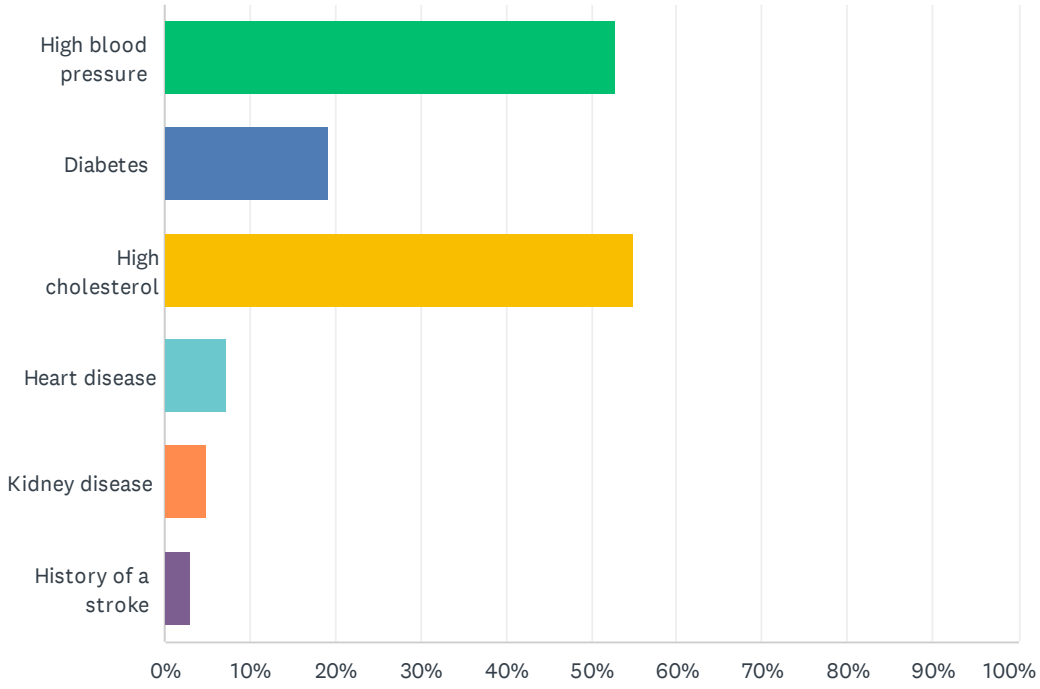
Access to Care Working Group Meetings
Thursday, August 4, 2022 — Virtual
Thursday, August 25, 2022 — Virtual

Village of Oak Park Board of Health Meeting
Thursday, September 29, 2022 — Virtual

Village of Oak Park Board of Trustee Meeting
Monday, October 17, 2022 — Oak Park Village Hall

Q1 Have you been told by a provider that you have any of the following? (check all that apply)

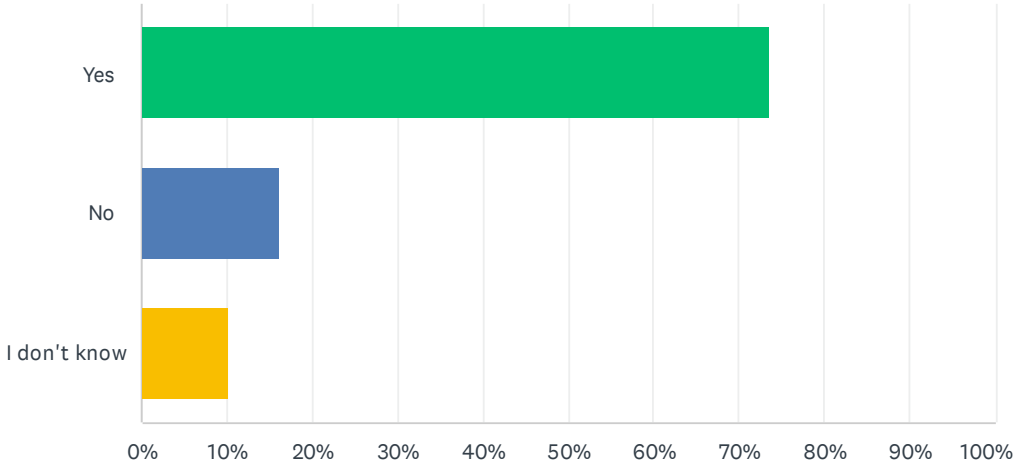
Answered: 344 Skipped: 407



ANSWER CHOICES	RESPONSES	
High blood pressure	52.91%	182
Diabetes	19.19%	66
High cholesterol	54.94%	189
Heart disease	7.27%	25
Kidney disease	4.94%	17
History of a stroke	2.91%	10
Total Respondents: 344		

Q2 Are your cholesterol levels within the normal range?

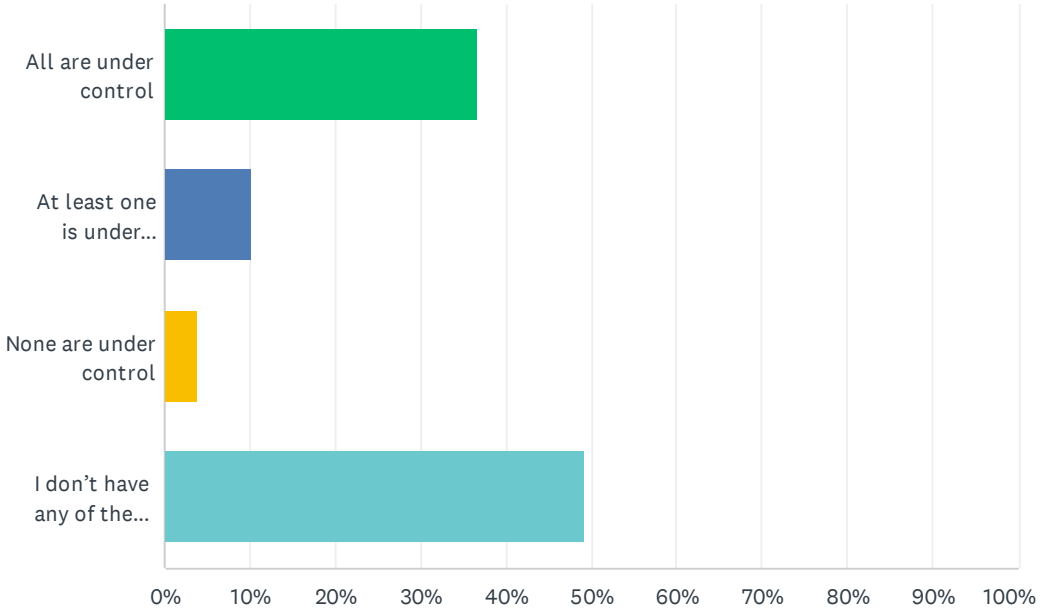
Answered: 737 Skipped: 14



ANSWER CHOICES	RESPONSES	
Yes	73.54%	542
No	16.28%	120
I don't know	10.18%	75
TOTAL		737

Q3 Of my chronic conditions listed above …

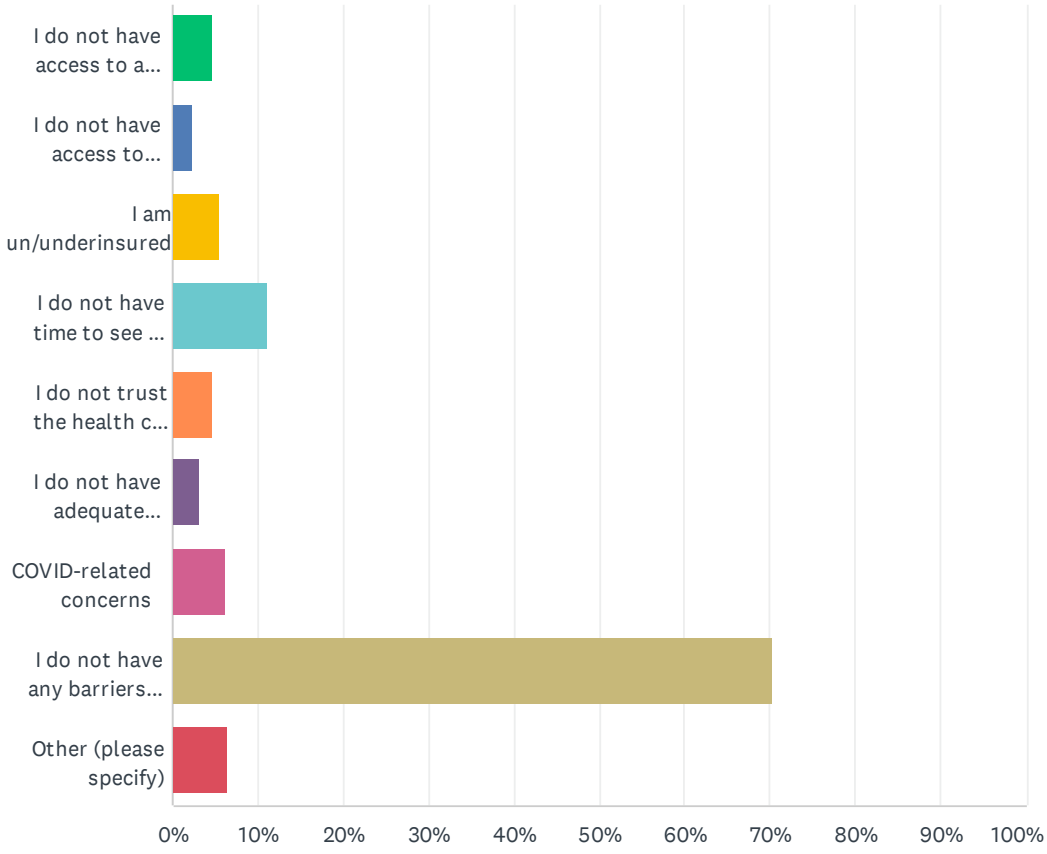
Answered: 738 Skipped: 13



ANSWER CHOICES	RESPONSES	
All are under control	36.72%	271
At least one is under control	10.16%	75
None are under control	3.93%	29
I don't have any of the conditions listed above	49.19%	363
TOTAL		738

Q4 What barriers do you have in accessing health care? (select all that apply)

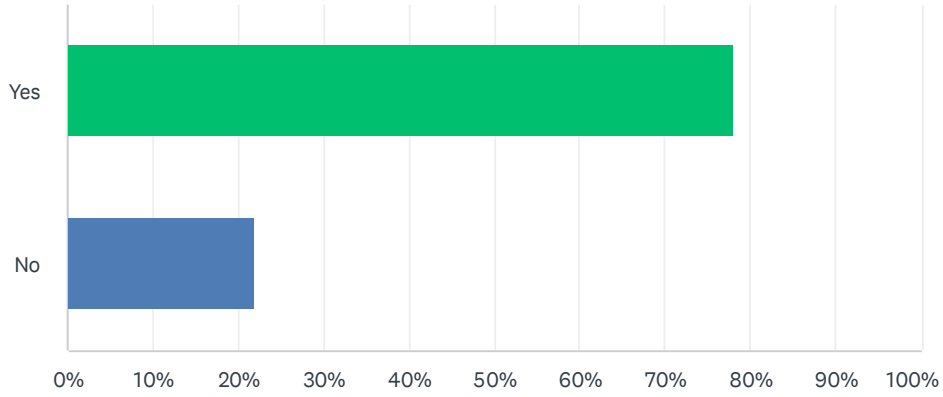
Answered: 710 Skipped: 41



ANSWER CHOICES	RESPONSES	
I do not have access to a healthcare provider	4.65%	33
I do not have access to medications	2.25%	16
I am un/underinsured	5.63%	40
I do not have time to see a healthcare provider	10.99%	78
I do not trust the health care system	4.65%	33
I do not have adequate transportation	3.10%	22
COVID-related concerns	6.20%	44
I do not have any barriers to accessing care	70.42%	500
Other (please specify)	6.34%	45
Total Respondents: 710		

Q5 During the past week, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise for at least 30 minutes 3 times during the week?

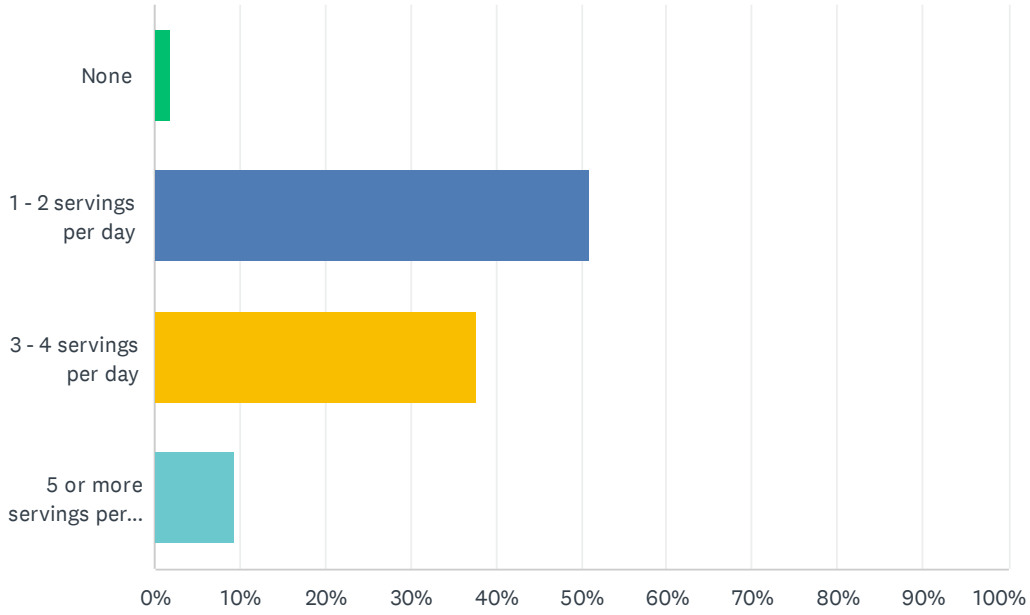
Answered: 716 Skipped: 35



ANSWER CHOICES	RESPONSES	
Yes	77.93%	558
No	22.07%	158
TOTAL		716

Q6 How many servings of fruits and vegetables do you typically consume each day? (One serving is typically 1 cup of 100% juice/fruit/vegetables or 2 cups of leafy greens)

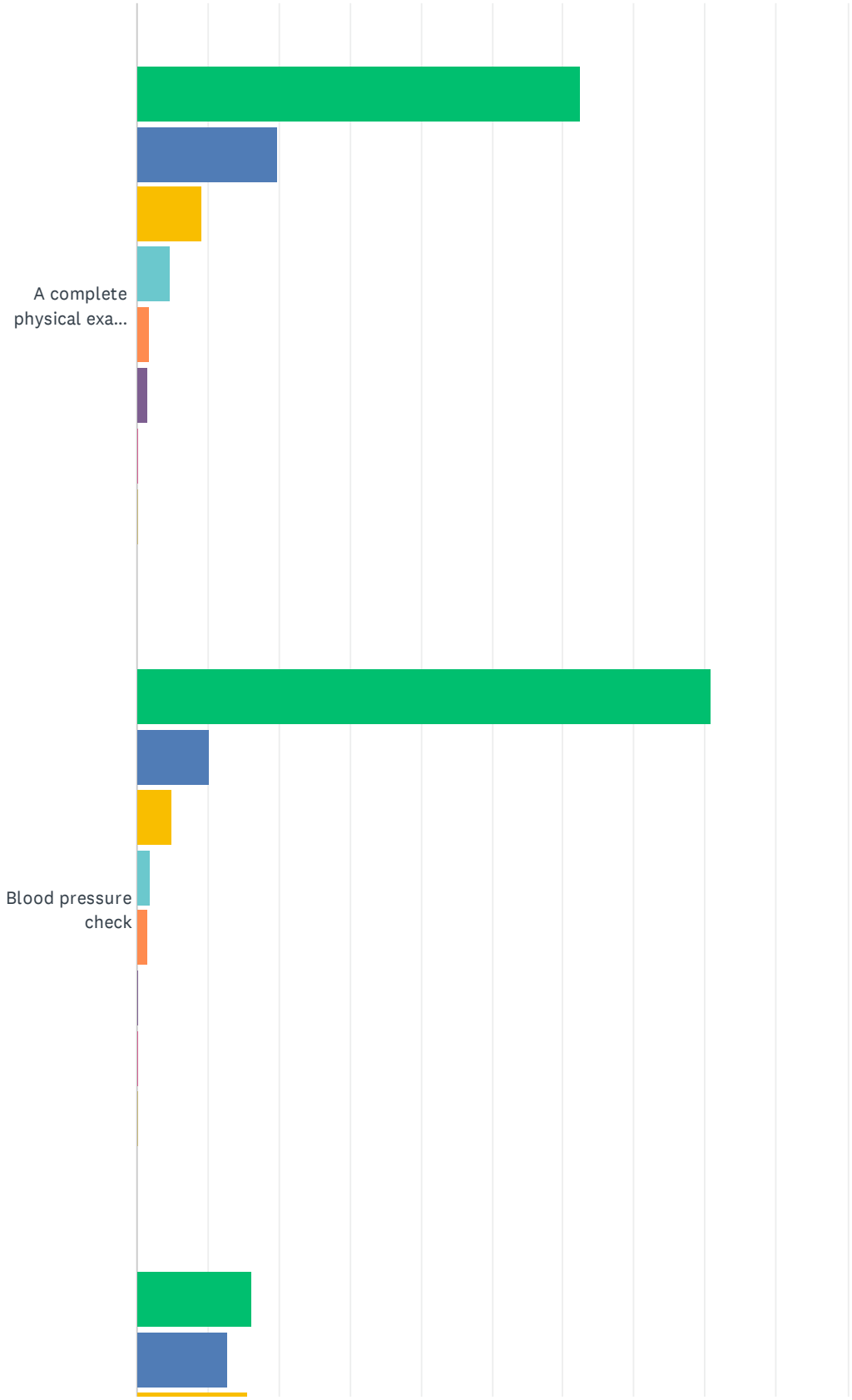
Answered: 717 Skipped: 34

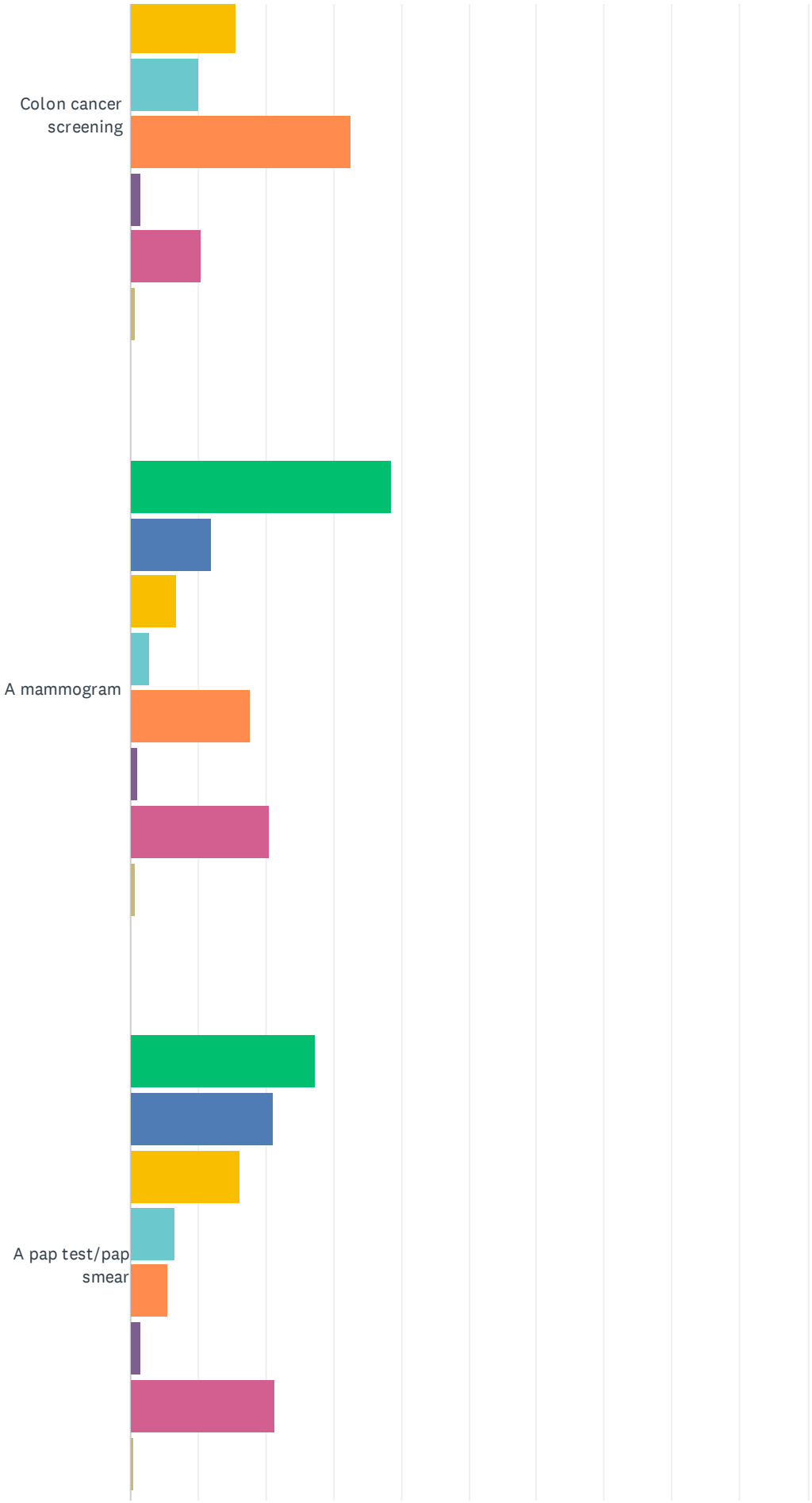


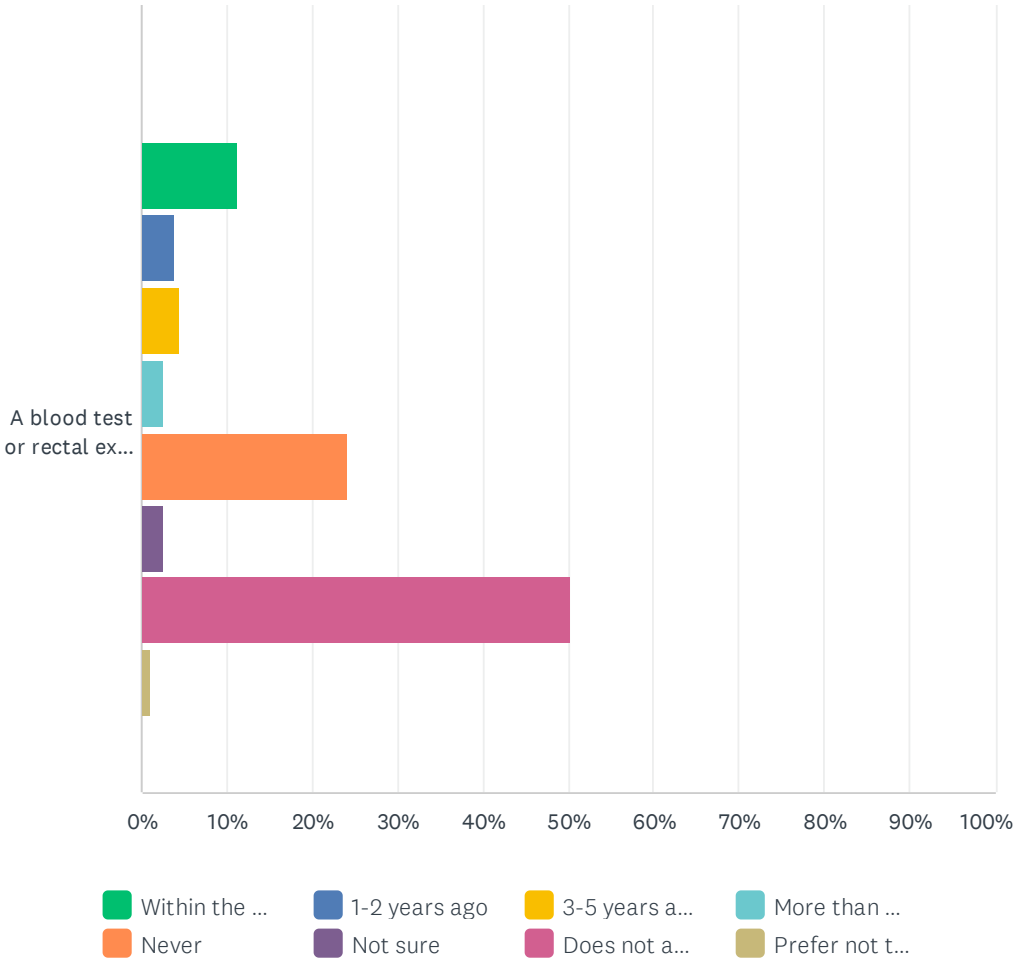
ANSWER CHOICES	RESPONSES	
None	1.81%	13
1 - 2 servings per day	51.05%	366
3 - 4 servings per day	37.80%	271
5 or more servings per day	9.34%	67
TOTAL		717

Q7 When did you last receive the following services

Answered: 701 Skipped: 50



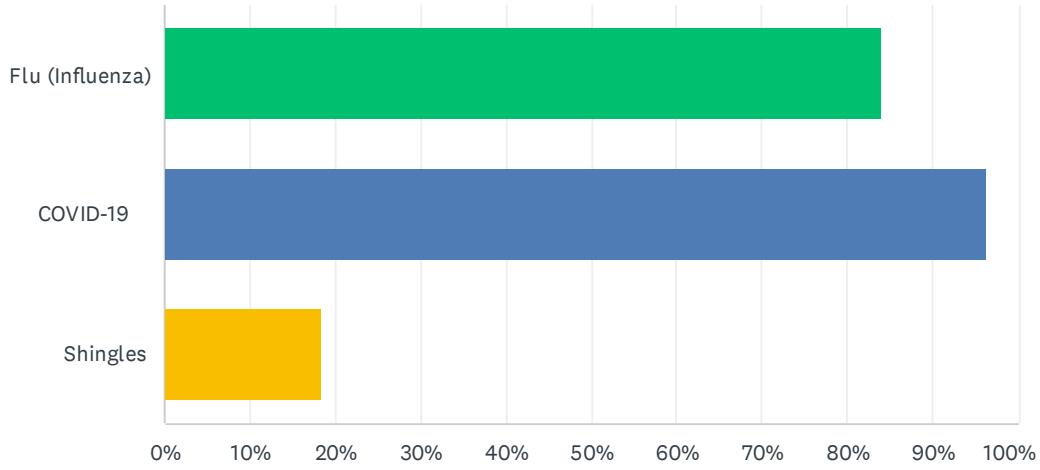

Colon cancer screening
A mammogram
A pap test/pap smear



	WITHIN THE PAST YEAR	1-2 YEARS AGO	3-5 YEARS AGO	MORE THAN 5 YEARS AGO	NEVER	NOT SURE	DOES NOT APPLY	PREFER NOT TO RESPOND	TOTAL
A complete physical exam	62.48% 438	19.83% 139	9.27% 65	4.71% 33	1.71% 12	1.43% 10	0.29% 2	0.29% 2	701
Blood pressure check	80.83% 565	10.16% 71	4.86% 34	1.86% 13	1.57% 11	0.29% 2	0.29% 2	0.14% 1	699
Colon cancer screening	16.19% 113	12.89% 90	15.62% 109	10.03% 70	32.66% 228	1.43% 10	10.46% 73	0.72% 5	698
A mammogram	38.51% 268	11.93% 83	6.75% 47	2.87% 20	17.67% 123	1.15% 8	20.55% 143	0.57% 4	696
A pap test/pap smear	27.27% 189	21.21% 147	16.16% 112	6.64% 46	5.48% 38	1.44% 10	21.36% 148	0.43% 3	693
A blood test or rectal exam for prostate cancer	11.22% 78	3.74% 26	4.46% 31	2.59% 18	24.03% 167	2.59% 18	50.36% 350	1.01% 7	695

Q8 Which of the following immunizations have you received in the past year? (please check all that apply)

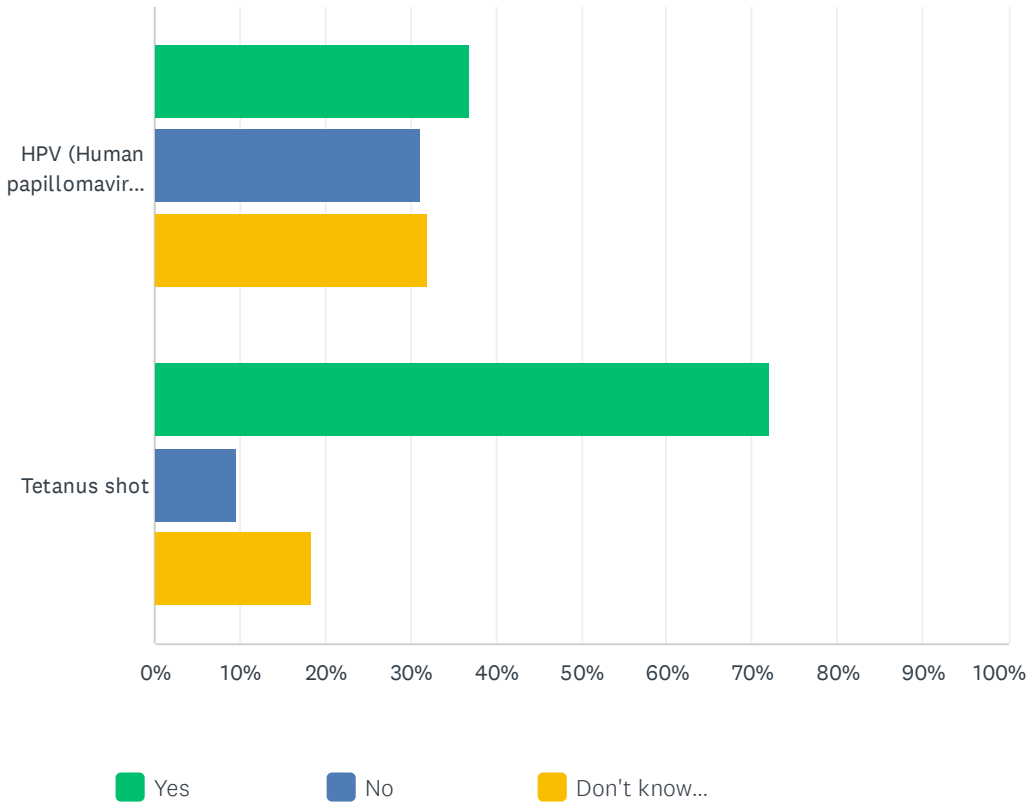
Answered: 680 Skipped: 71



ANSWER CHOICES	RESPONSES	
Flu (Influenza)	83.97%	571
COVID-19	96.47%	656
Shingles	18.24%	124
Total Respondents: 680		

Q9 Are you up-to-date on the following vaccines/shots?

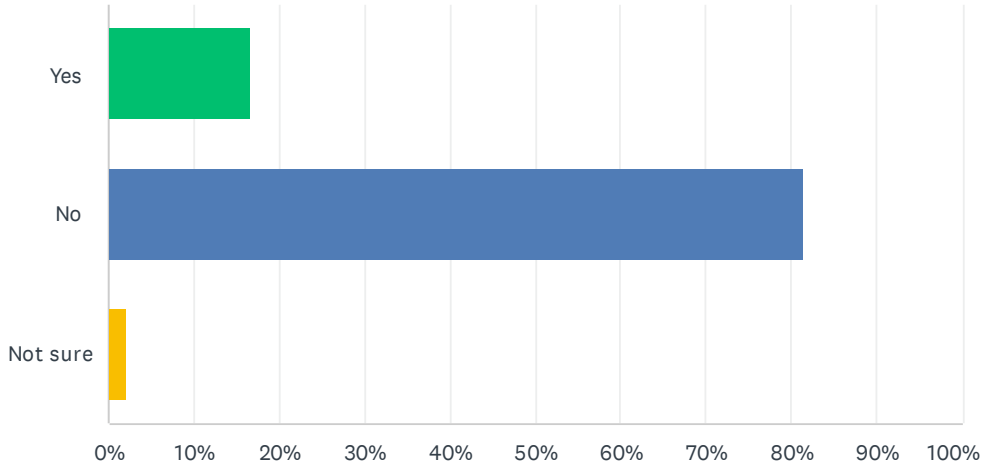
Answered: 686 Skipped: 65



	YES	NO	DON'T KNOW/NOT SURE	TOTAL
HPV (Human papillomavirus infection	36.85% 248	31.20% 210	31.95% 215	673
Tetanus shot	72.08% 493	9.65% 66	18.27% 125	684

Q10 Have you received any vaccines (not COVID-related) for travel-related reasons in the past 5 years?

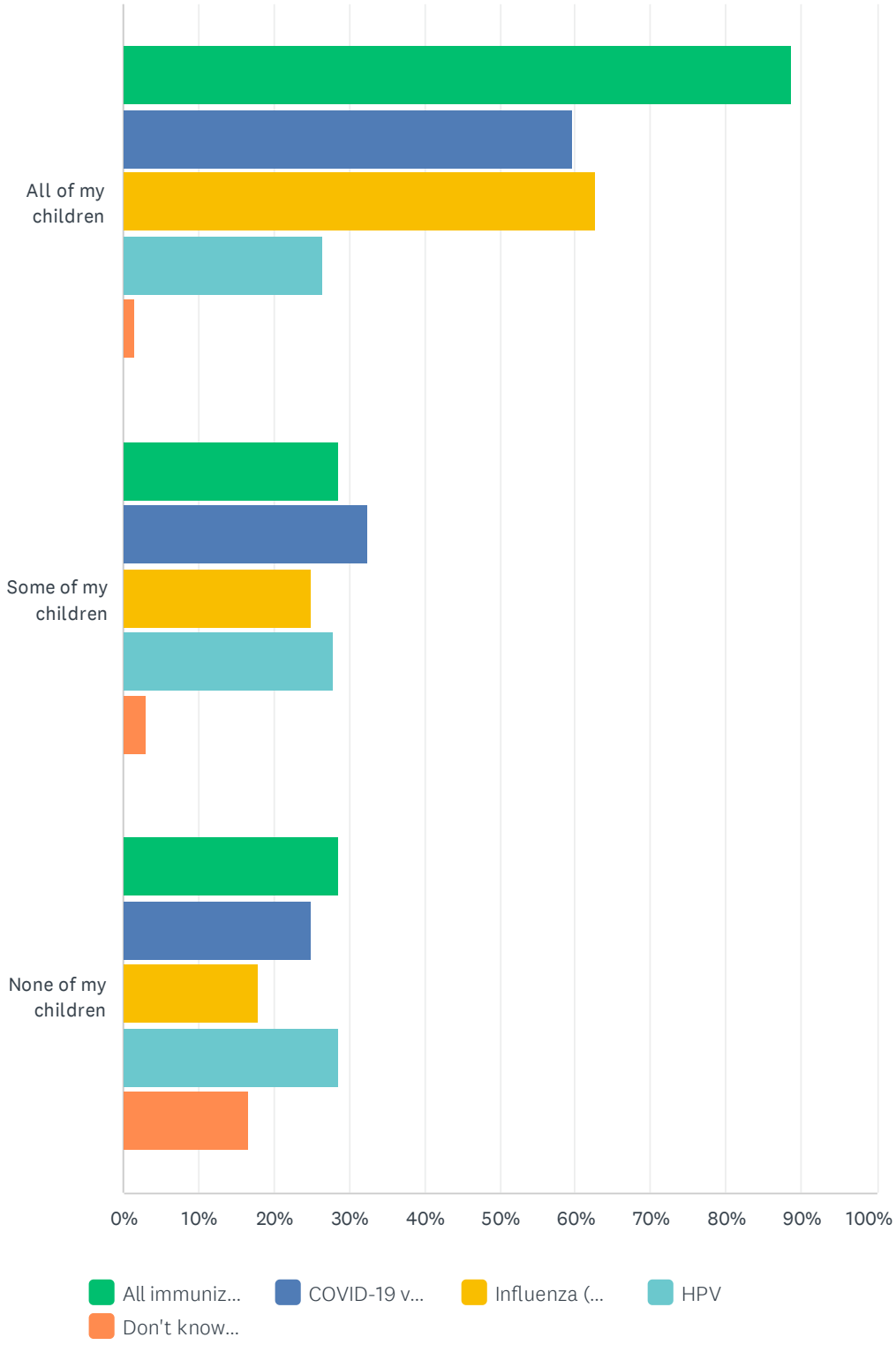
Answered: 687 Skipped: 64



ANSWER CHOICES	RESPONSES	
Yes	16.59%	114
No	81.37%	559
Not sure	2.04%	14
TOTAL		687

Q11 If you have children under the age of 18, what immunizations have they received? (select all that apply)

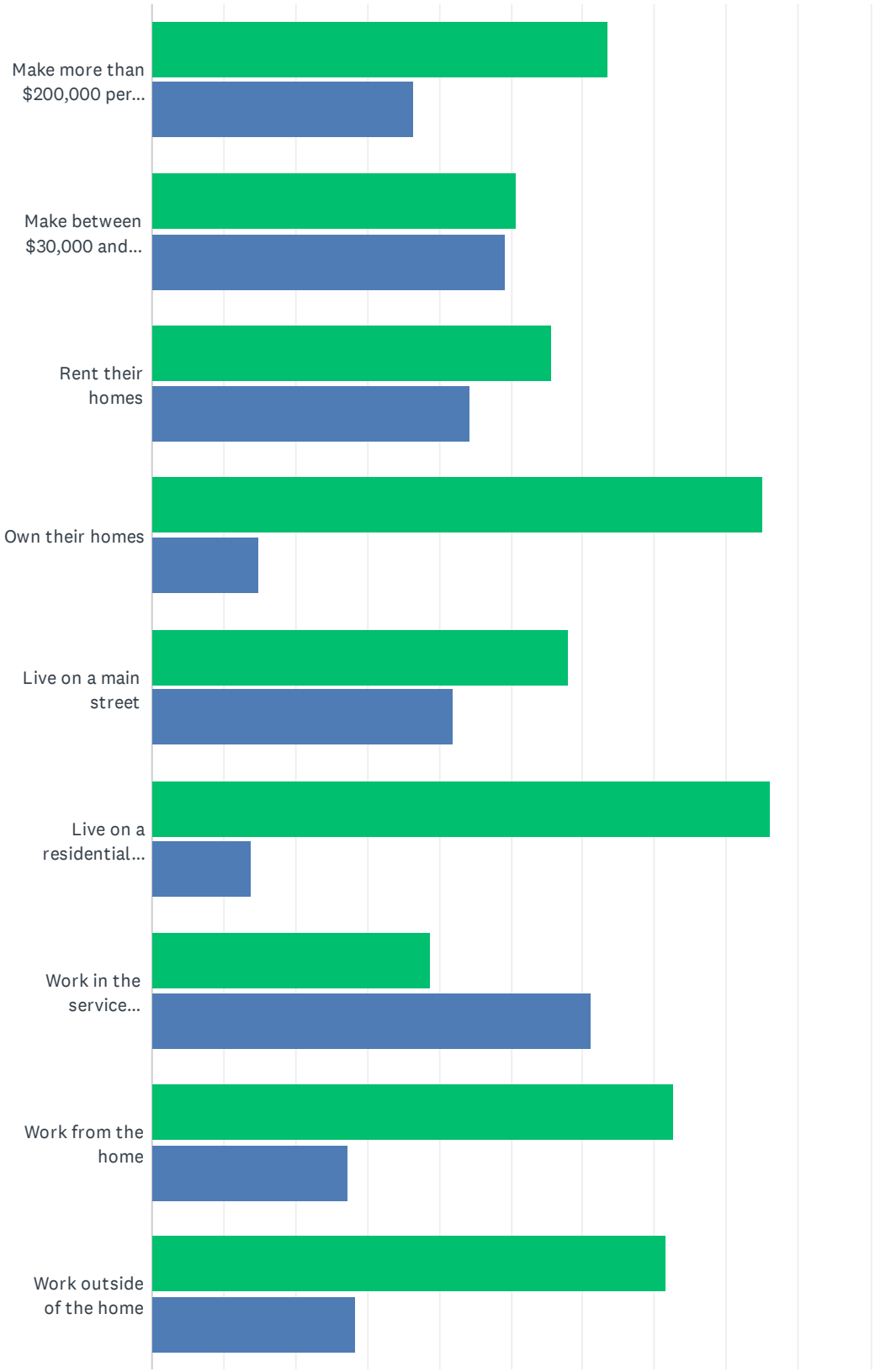
Answered: 414 Skipped: 337

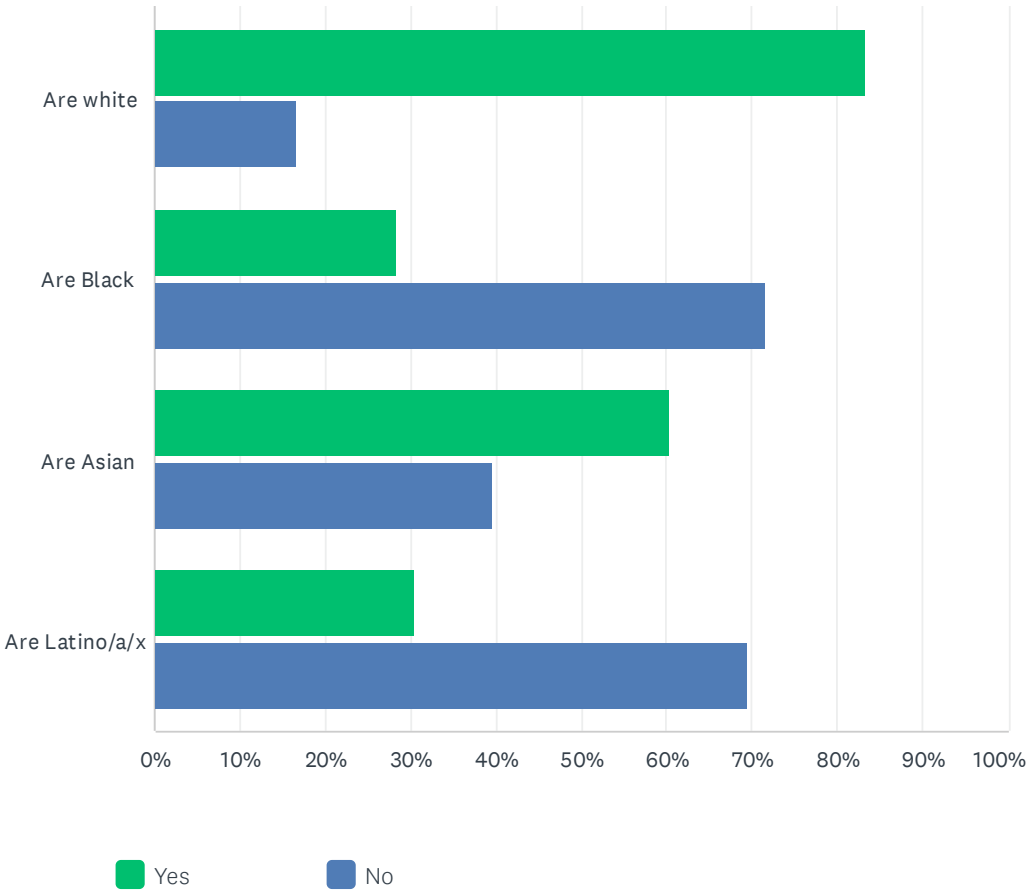


	ALL IMMUNIZATIONS REQUIRED FOR ATTENDING SCHOOL	COVID-19 VACCINE	INFLUENZA (FLU)	HPV	DON'T KNOW/NOT SURE	TOTAL RESPONDENTS
All of my children	88.78% 356	59.60% 239	62.59% 251	26.43% 106	1.50% 6	401
Some of my children	28.68% 39	32.35% 44	25.00% 34	27.94% 38	2.94% 4	136
None of my children	28.57% 24	25.00% 21	17.86% 15	28.57% 24	16.67% 14	84

Q12 Do you feel your health status is the same as other people your age that:

Answered: 637 Skipped: 114

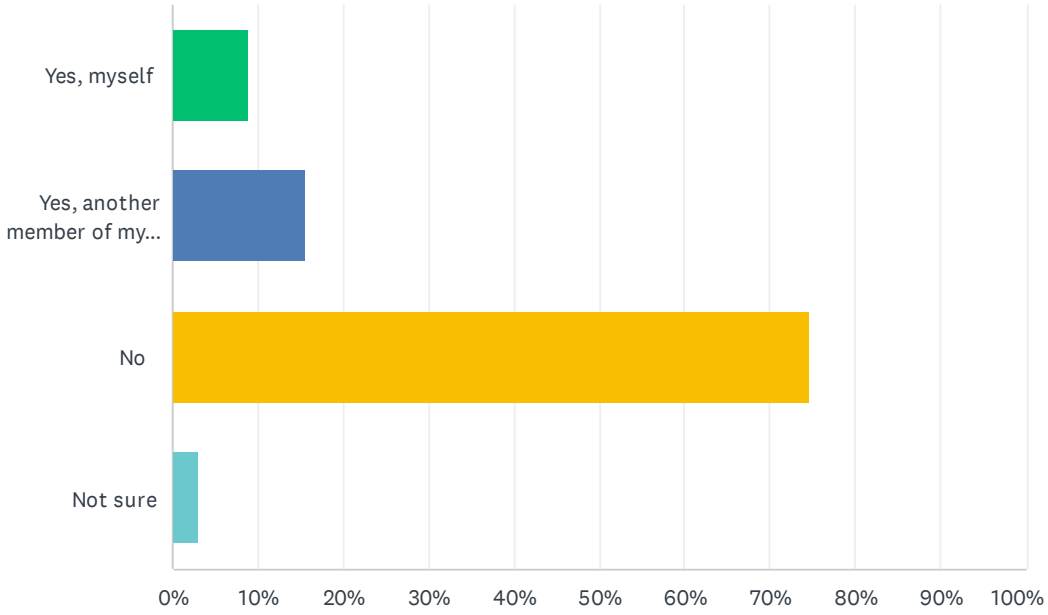



Are white
Are Black
Are Asian
Are Latino/a/x
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Yes
No

	YES	NO	TOTAL	WEIGHTED AVERAGE
Make more than $200,000 per year	63.56% 389	36.44% 223	612	1.36
Make between $30,000 and $80,000 per year	50.75% 306	49.25% 297	603	1.49
Rent their homes	55.59% 328	44.41% 262	590	1.44
Own their homes	85.14% 527	14.86% 92	619	1.15
Live on a main street	57.89% 341	42.11% 248	589	1.42
Live on a residential street	86.16% 523	13.84% 84	607	1.14
Work in the service industry	38.79% 230	61.21% 363	593	1.61
Work from the home	72.68% 431	27.32% 162	593	1.27
Work outside of the home	71.69% 423	28.31% 167	590	1.28
Are white	83.42% 503	16.58% 100	603	1.17
Are Black	28.32% 164	71.68% 415	579	1.72
Are Asian	60.28% 340	39.72% 224	564	1.40
Are Latino/a/x	30.51% 173	69.49% 394	567	1.69

Q13 Do you or anyone in your household have a disability? Please check all that apply

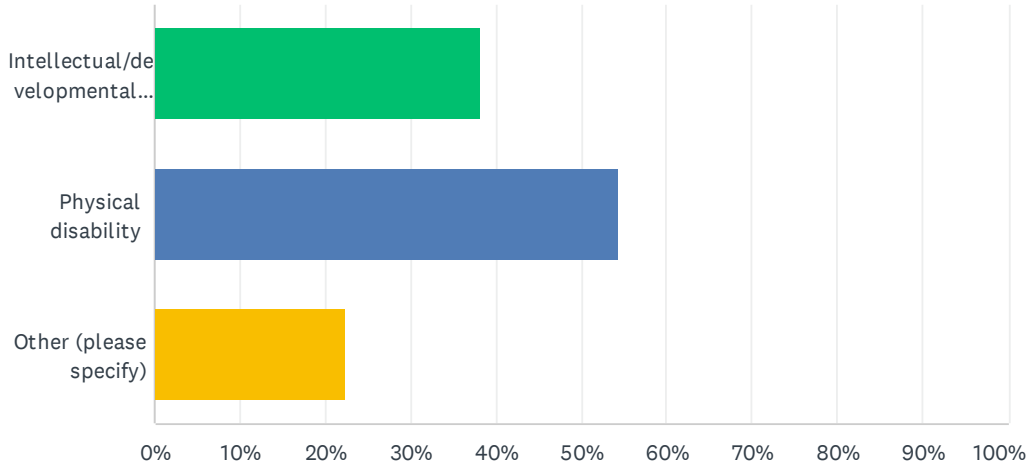
Answered: 648 Skipped: 103



ANSWER CHOICES	RESPONSES	
Yes, myself	8.95%	58
Yes, another member of my household	15.59%	101
No	74.54%	483
Not sure	3.09%	20
Total Respondents: 648		

Q14 What disabilities are present in your household? Please check all that apply.

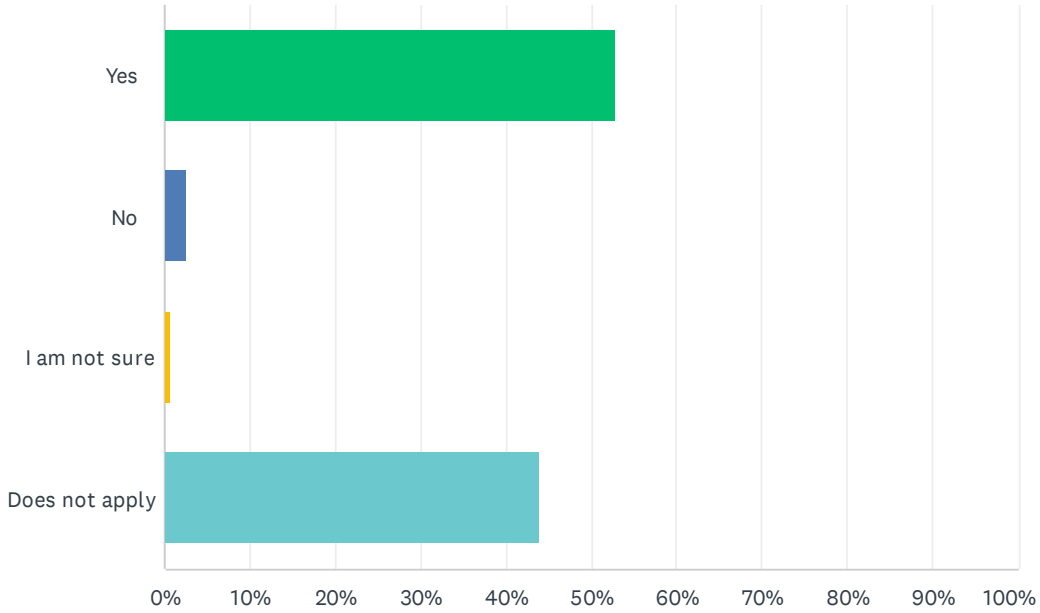
Answered: 147 Skipped: 604



ANSWER CHOICES	RESPONSES	
Intellectual/developmental disability	38.10%	56
Physical disability	54.42%	80
Other (please specify)	22.45%	33
Total Respondents: 147		

Q15 Does your child (older than age 1, younger than age 19) get annual check-ups from their medical provider?

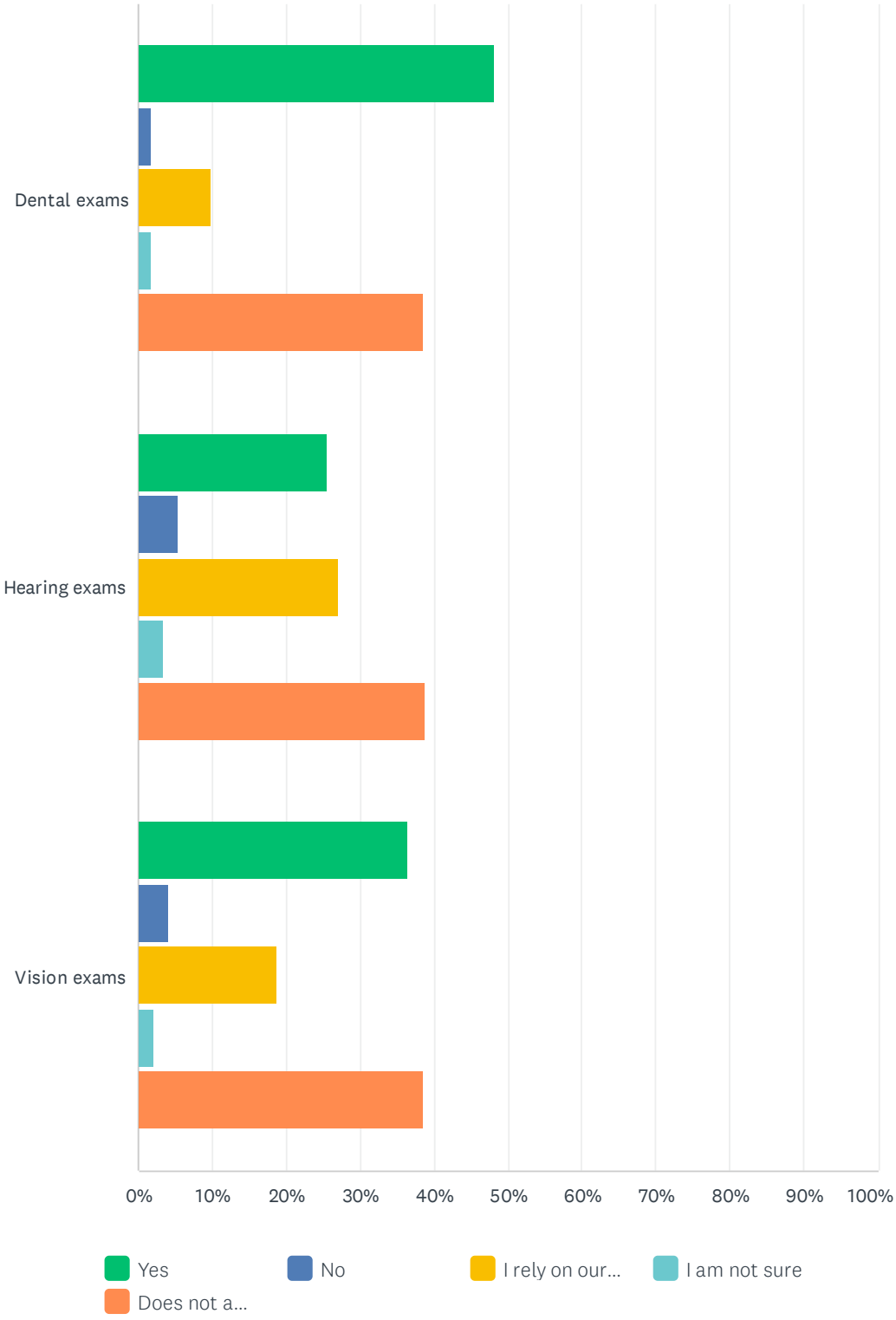
Answered: 638 Skipped: 113



ANSWER CHOICES	RESPONSES	
Yes	52.82%	337
No	2.66%	17
I am not sure	0.63%	4
Does not apply	43.89%	280
TOTAL		638

Q16 Do you know how often your child (older than age 1, younger than age 19) should receive the following screenings?

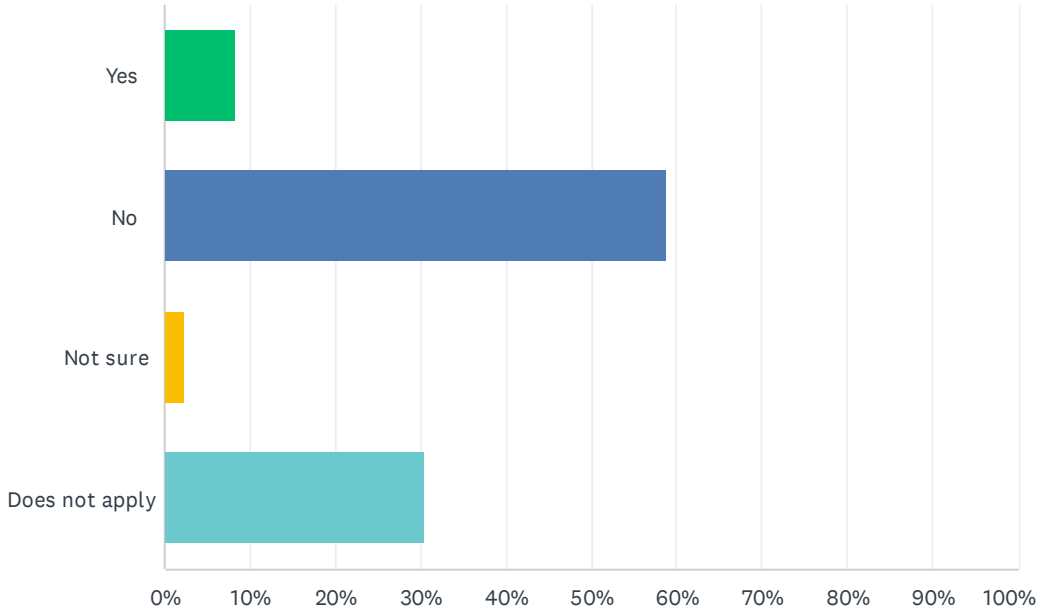
Answered: 599 Skipped: 152



	YES	NO	I RELY ON OUR HEALTH CARE PROVIDERS TO KEEP US ON TRACK	I AM NOT SURE	DOES NOT APPLY	TOTAL	WEIGHTED AVERAGE
Dental exams	48.24% 288	1.68% 10	9.72% 58	1.68% 10	38.69% 231	597	2.81
Hearing exams	25.50% 152	5.37% 32	27.01% 161	3.36% 20	38.76% 231	596	3.24
Vision exams	36.39% 218	4.01% 24	18.86% 113	2.17% 13	38.56% 231	599	3.03

Q17 Are you pregnant or do you plan to become pregnant within the next 12 months?

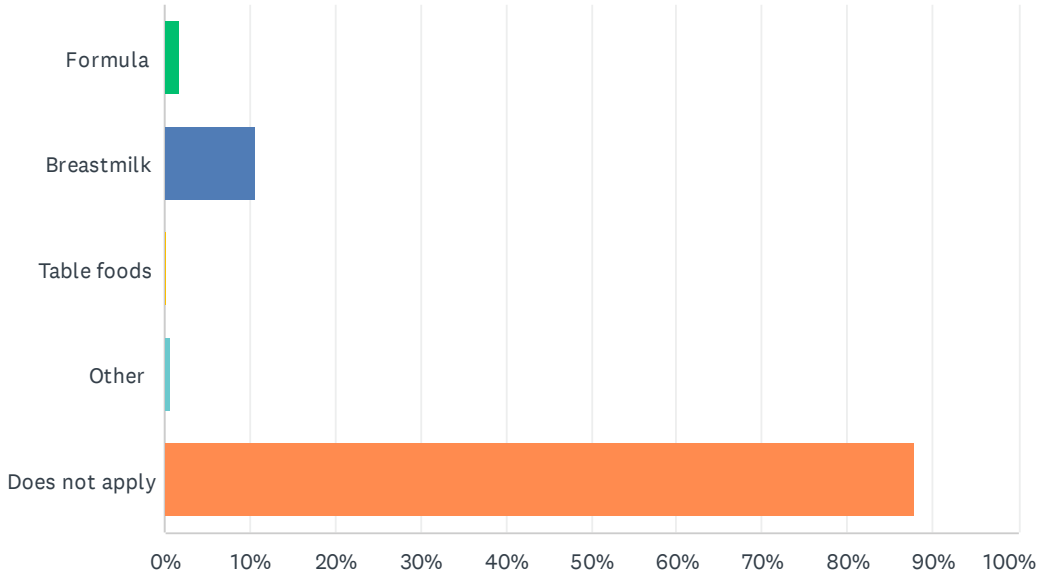
Answered: 636 Skipped: 115



ANSWER CHOICES	RESPONSES	
Yes	8.33%	53
No	58.81%	374
Not sure	2.36%	15
Does not apply	30.50%	194
TOTAL		636

Q18 If you have a baby that is less than 6 months old, how do you feed that baby? Please check all that apply

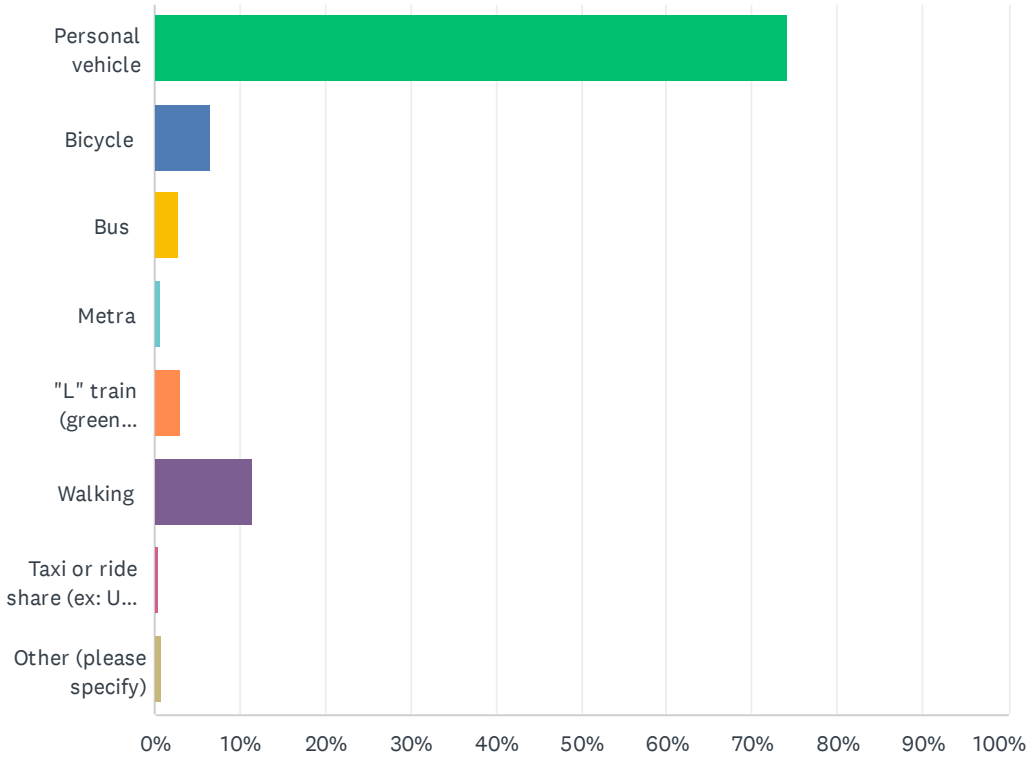
Answered: 627 Skipped: 124



ANSWER CHOICES	RESPONSES	
Formula	1.75%	11
Breastmilk	10.69%	67
Table foods	0.32%	2
Other	0.64%	4
Does not apply	87.88%	551
Total Respondents: 627		

Q19 What is your typical form of transportation to get from point A to point B on most days?

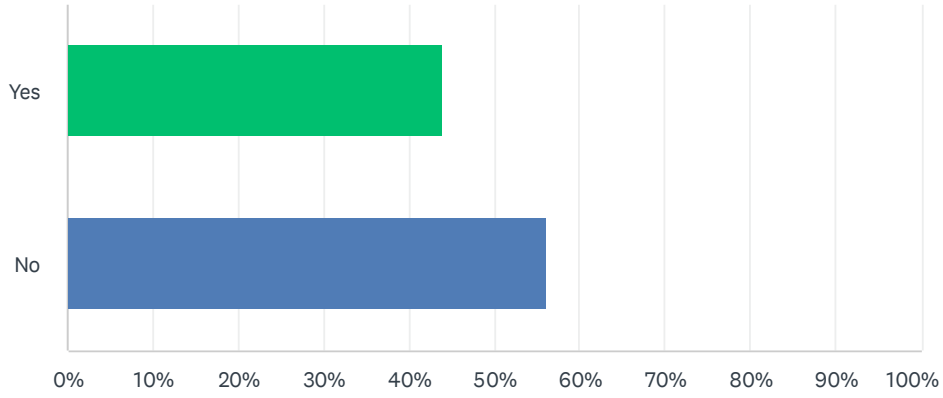
Answered: 633 Skipped: 118



ANSWER CHOICES	RESPONSES	
Personal vehicle	74.25%	470
Bicycle	6.64%	42
Bus	2.69%	17
Metra	0.63%	4
"L" train (green line/blue line)	3.00%	19
Walking	11.53%	73
Taxi or ride share (ex: Uber or Lyft)	0.47%	3
Other (please specify)	0.79%	5
TOTAL		633

Q20 Have you used public transportation (bus, Metra, ridesharing, or “L” train) within the last 30 days?

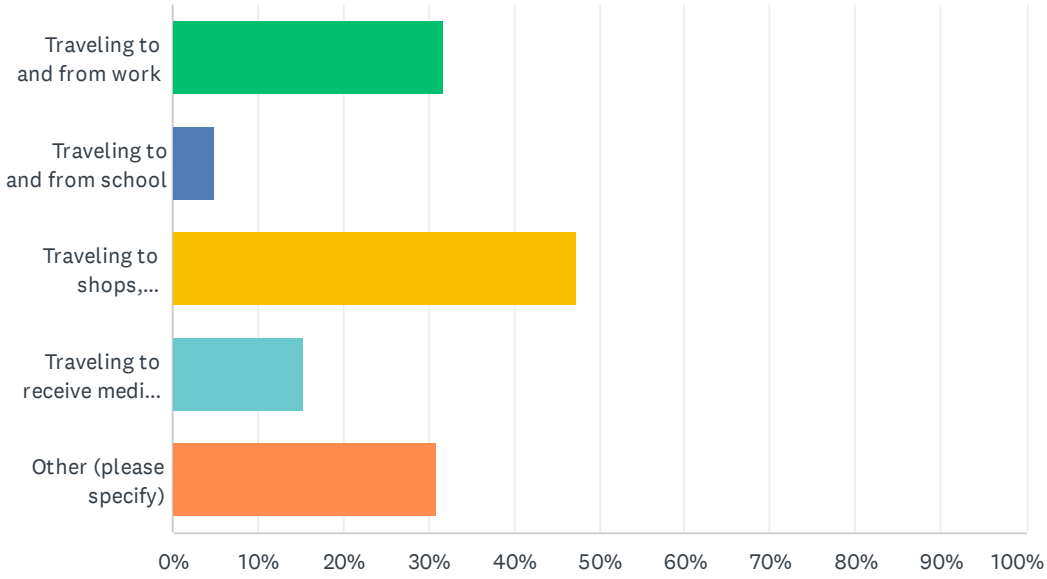
Answered: 632 Skipped: 119



ANSWER CHOICES	RESPONSES	
Yes	43.83%	277
No	56.17%	355
TOTAL		632

Q21 in what situations do you use public transportation? (please check all that apply)

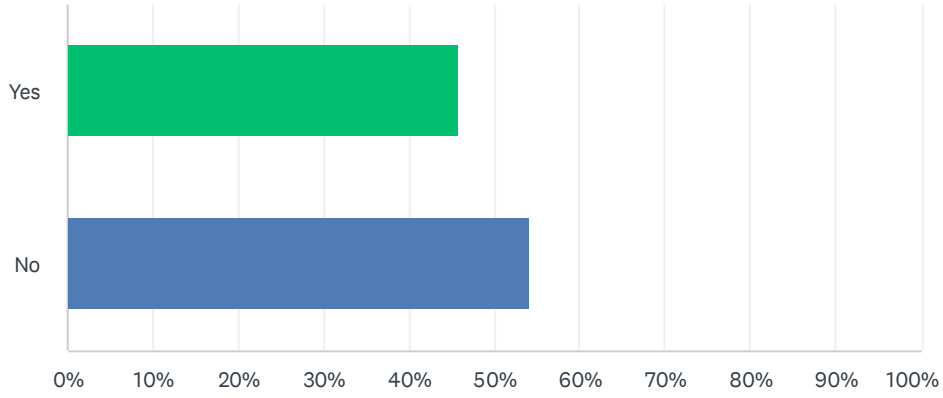
Answered: 510 Skipped: 241



ANSWER CHOICES	RESPONSES	
Traveling to and from work	31.76%	162
Traveling to and from school	4.90%	25
Traveling to shops, restaurants and other businesses	47.25%	241
Traveling to receive medical care	15.29%	78
Other (please specify)	30.98%	158
Total Respondents: 510		

Q22 Are you currently facing/have you faced any negative impacts of climate change? (flooding, increased costs, heat sickness, etc.)

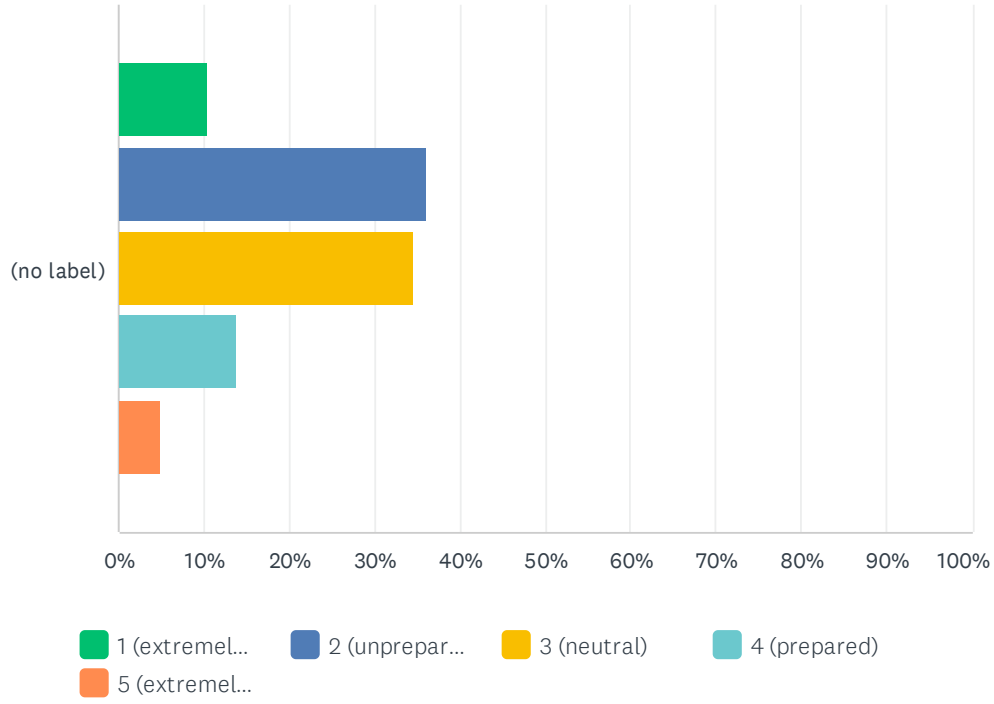
Answered: 627 Skipped: 124



ANSWER CHOICES	RESPONSES	
Yes	45.93%	288
No	54.07%	339
TOTAL		627

Q23 On a scale of 1-5, 5 being the best, how prepared do you feel to face the impacts of climate change in your community?

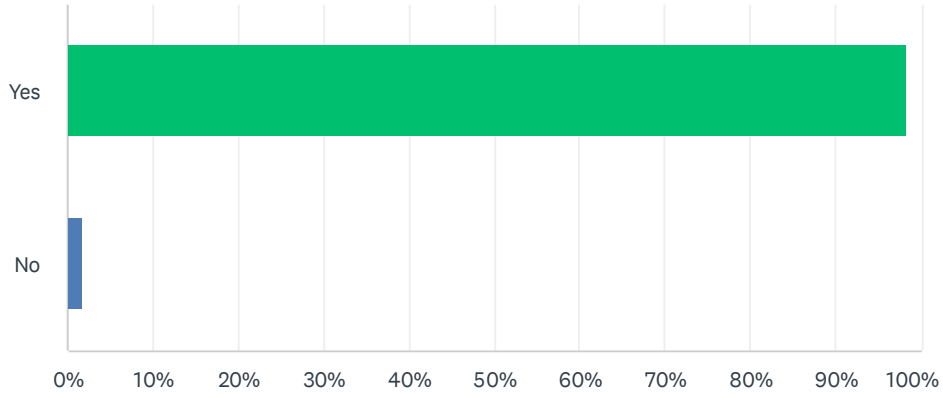
Answered: 627 Skipped: 124



	1 (EXTREMELY UNPREPARED)	2 (UNPREPARED)	3 (NEUTRAL)	4 (PREPARED)	5 (EXTREMELY WELL PREPARED)	TOTAL	WEIGHTED AVERAGE
(no label)	10.53% 66	36.04% 226	34.61% 217	13.88% 87	4.94% 31	627	2.67

Q24 If eligible, did you receive a full course of the COVID-19 vaccine (2 doses of Pfizer or Moderna, or one dose of the Johnson & Johnson)?

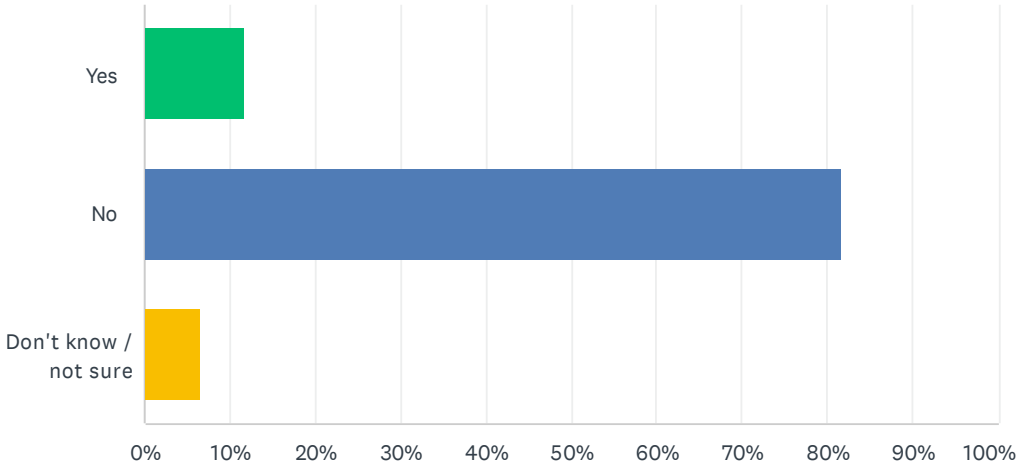
Answered: 627 Skipped: 124



ANSWER CHOICES	RESPONSES	
Yes	98.25%	616
No	1.75%	11
Total Respondents: 627		

Q25 Have you or a member of your household experienced long COVID symptoms?

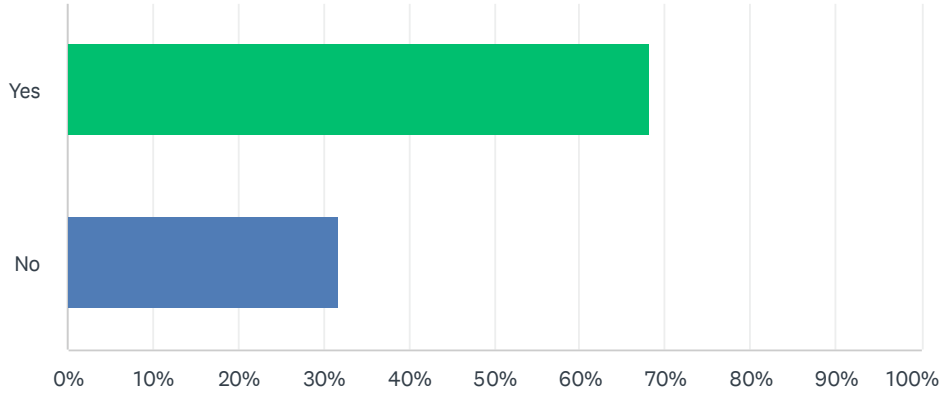
Answered: 628 Skipped: 123



ANSWER CHOICES	RESPONSES	
Yes	11.62%	73
No	81.69%	513
Don't know / not sure	6.69%	42
TOTAL		628

Q26 Have you been sexually active within the past 3 months?

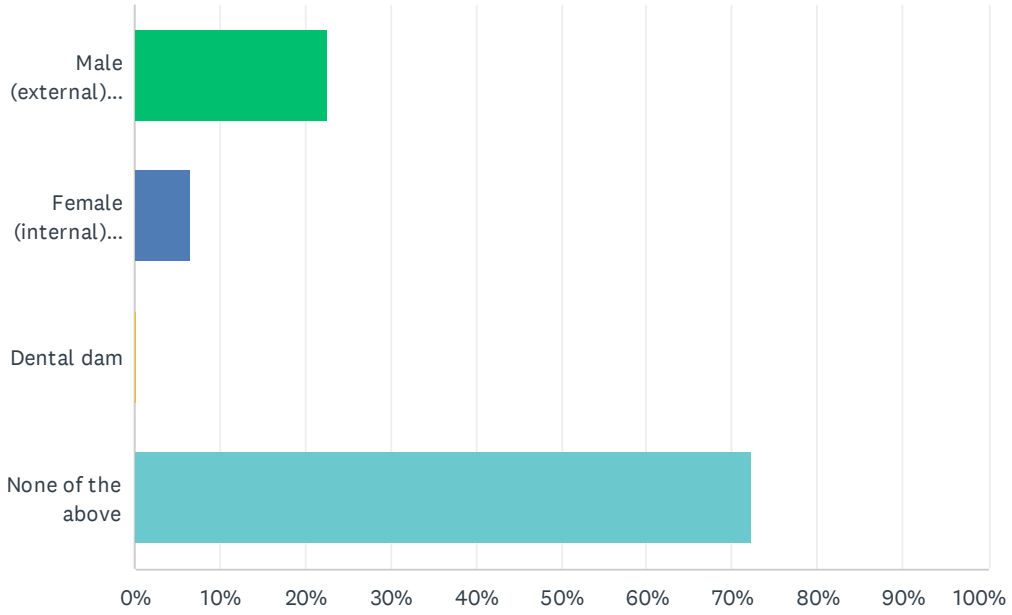
Answered: 611 Skipped: 140



ANSWER CHOICES	RESPONSES	
Yes	68.25%	417
No	31.75%	194
TOTAL		611

Q27 Which of the following forms of (barrier method) protection did you use? (check all that apply)

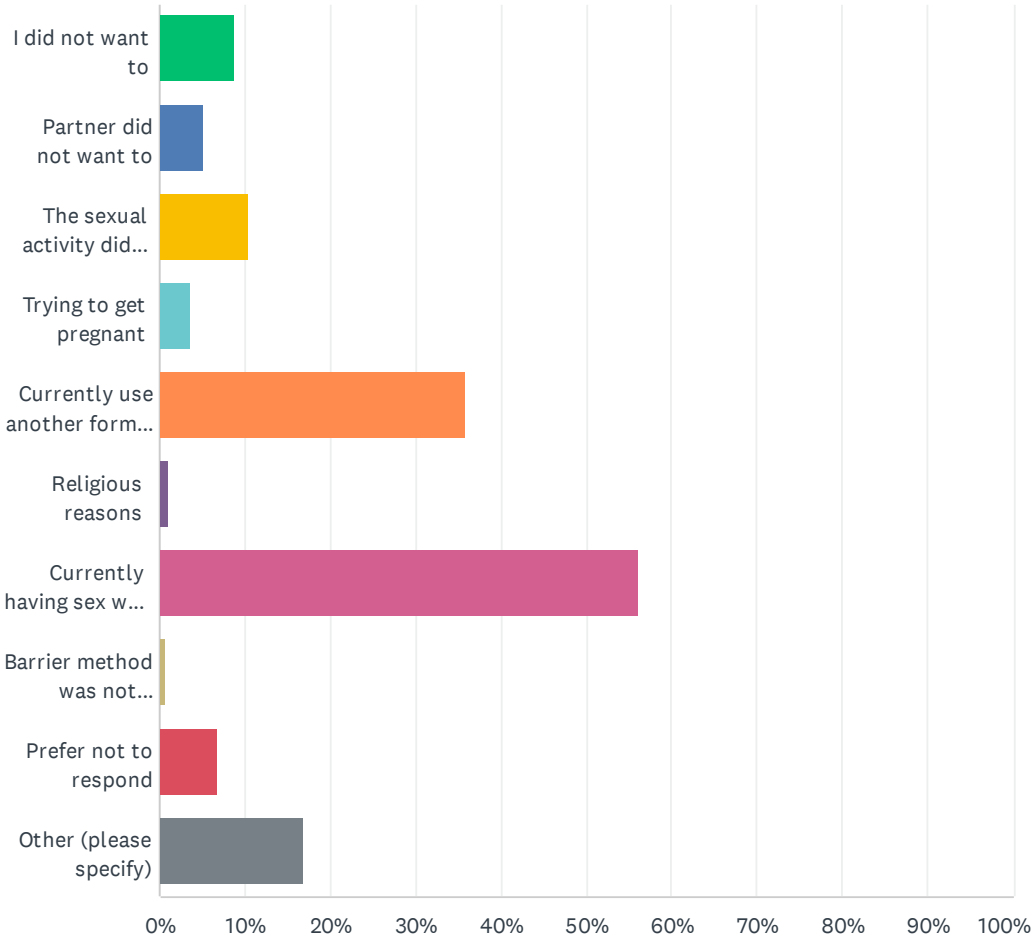
Answered: 414 Skipped: 337



ANSWER CHOICES	RESPONSES	
Male (external) condom	22.71%	94
Female (internal) condom	6.52%	27
Dental dam	0.24%	1
None of the above	72.22%	299
Total Respondents: 414		

Q28 If you did not use one or more of these barrier methods each time, what was the reason? (Select all that apply)

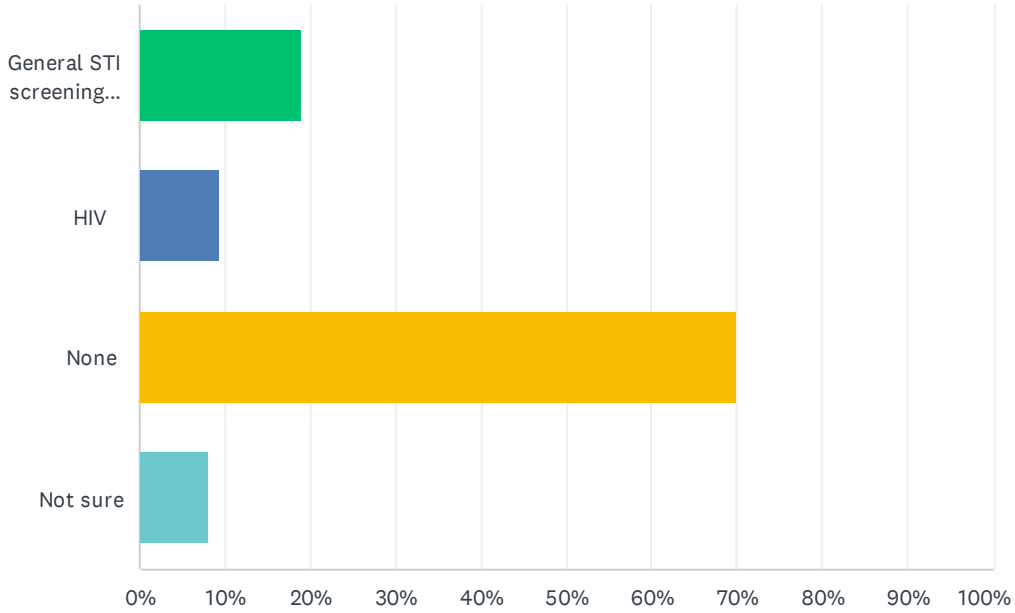
Answered: 296 Skipped: 455



ANSWER CHOICES	RESPONSES	
I did not want to	8.78%	26
Partner did not want to	5.07%	15
The sexual activity did not need a barrier method	10.47%	31
Trying to get pregnant	3.72%	11
Currently use another form of birth control	35.81%	106
Religious reasons	1.01%	3
Currently having sex with only one partner	56.08%	166
Barrier method was not available	0.68%	2
Prefer not to respond	6.76%	20
Other (please specify)	16.89%	50
Total Respondents: 296		

Q29 Which sexually transmitted infections (STIs) have you been screened for in the past year? Check all that apply.

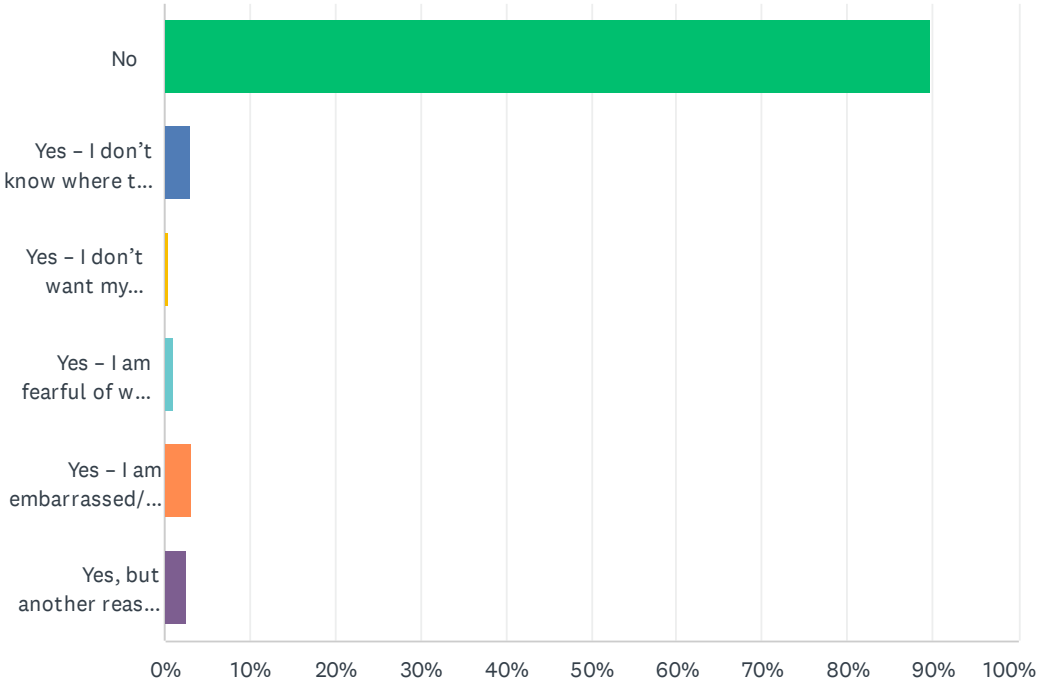
Answered: 597 Skipped: 154



ANSWER CHOICES	RESPONSES	
General STI screening (typical panel includes Herpes, Hepatitis, Gonorrhea, Chlamydia and Syphilis)	18.93%	113
HIV	9.38%	56
None	70.02%	418
Not sure	8.21%	49
Total Respondents: 597		

Q30 Are there any barriers keeping you from getting screened?

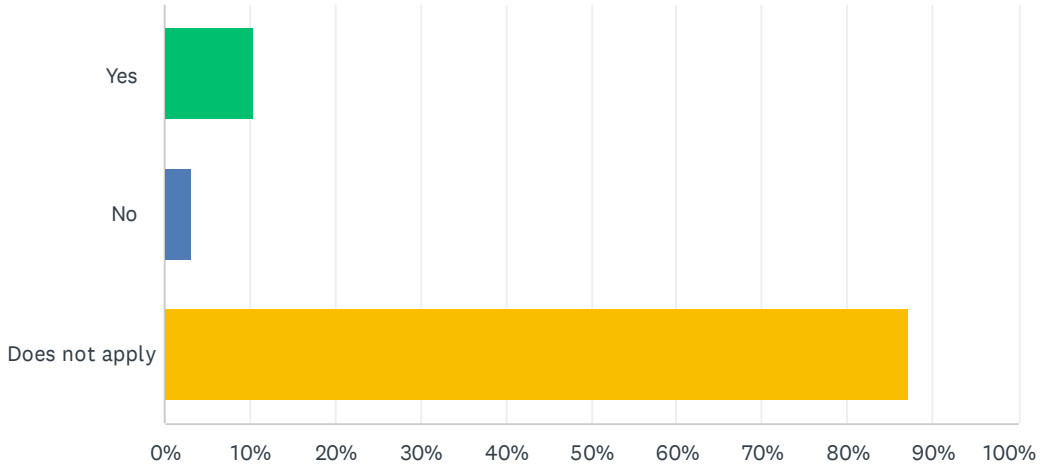
Answered: 594 Skipped: 157



ANSWER CHOICES	RESPONSES	
No	89.73%	533
Yes – I don't know where to go	3.03%	18
Yes – I don't want my partner/family/parents to know that I am getting screened	0.51%	3
Yes – I am fearful of what the results might say	1.01%	6
Yes – I am embarrassed/uncomfortable with the idea of getting screened	3.20%	19
Yes, but another reason not listed above	2.53%	15
TOTAL		594

Q31 If you tested positive for HIV or another STI, did you receive timely treatment?

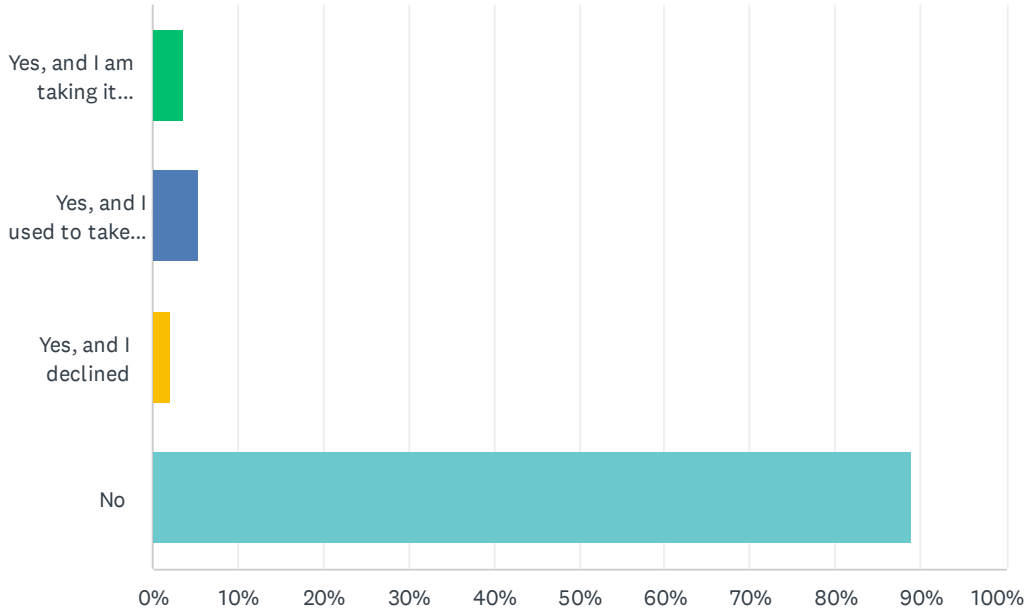
Answered: 599 Skipped: 152



ANSWER CHOICES	RESPONSES	
Yes	10.35%	62
No	3.17%	19
Does not apply	87.31%	523
Total Respondents: 599		

Q32 Have you ever been counseled about PrEP (pre-exposure prophylaxis) by a provider?

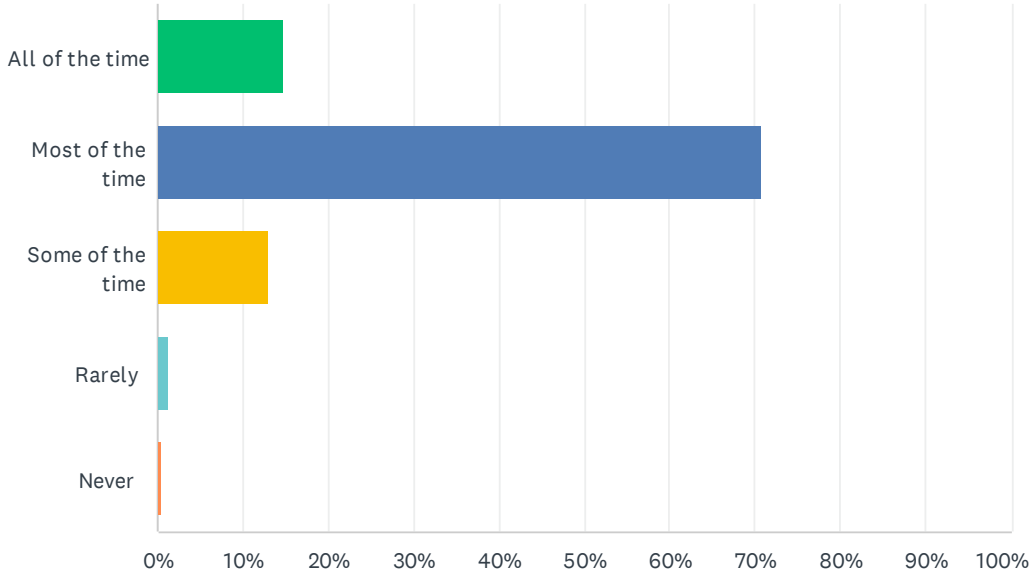
Answered: 591 Skipped: 160



ANSWER CHOICES	RESPONSES	
Yes, and I am taking it currently	3.55%	21
Yes, and I used to take it	5.41%	32
Yes, and I declined	2.20%	13
No	88.83%	525
TOTAL		591

Q33 Do you feel safe in your community?

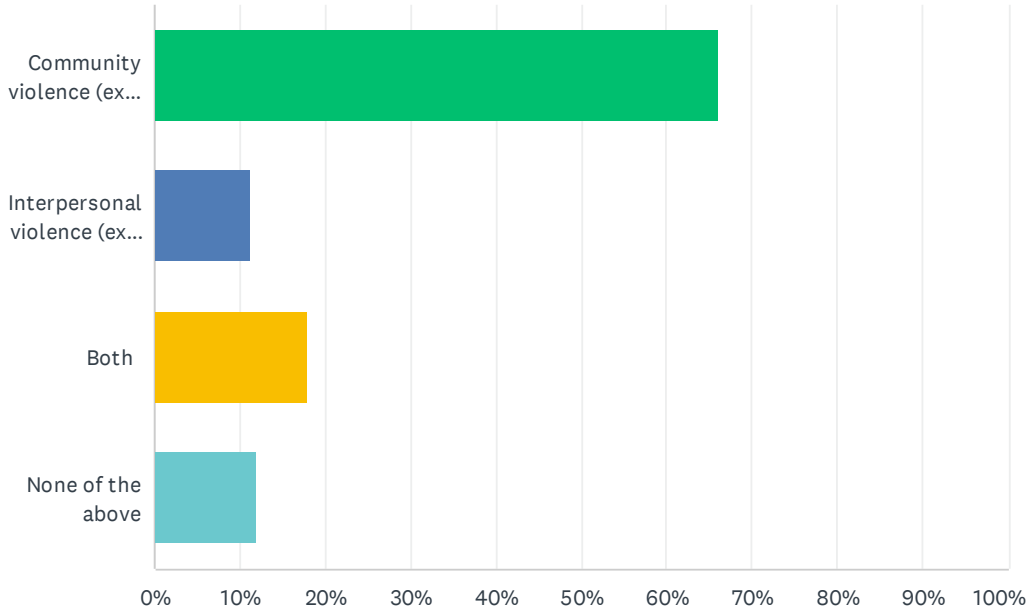
Answered: 608 Skipped: 143



ANSWER CHOICES	RESPONSES	
All of the time	14.64%	89
Most of the time	70.72%	430
Some of the time	12.99%	79
Rarely	1.32%	8
Never	0.33%	2
TOTAL		608

Q34 When it comes to safety, I am concerned about ... (check all that apply)

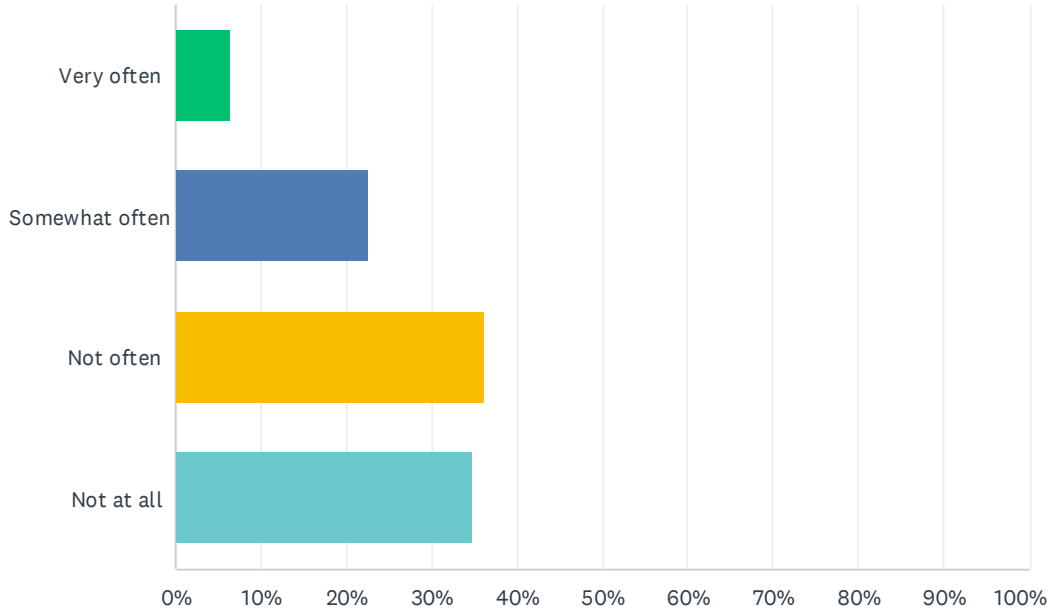
Answered: 607 Skipped: 144



ANSWER CHOICES	RESPONSES	
Community violence (ex: gun violence, drug-related crime, auto theft)	66.06%	401
Interpersonal violence (ex: domestic violence, child abuse, sexual assault, dating violence, elder abuse, bullying)	11.20%	68
Both	17.96%	109
None of the above	11.86%	72
Total Respondents: 607		

Q35 In the past 4 weeks, has your mental health significantly impacted your daily activities?

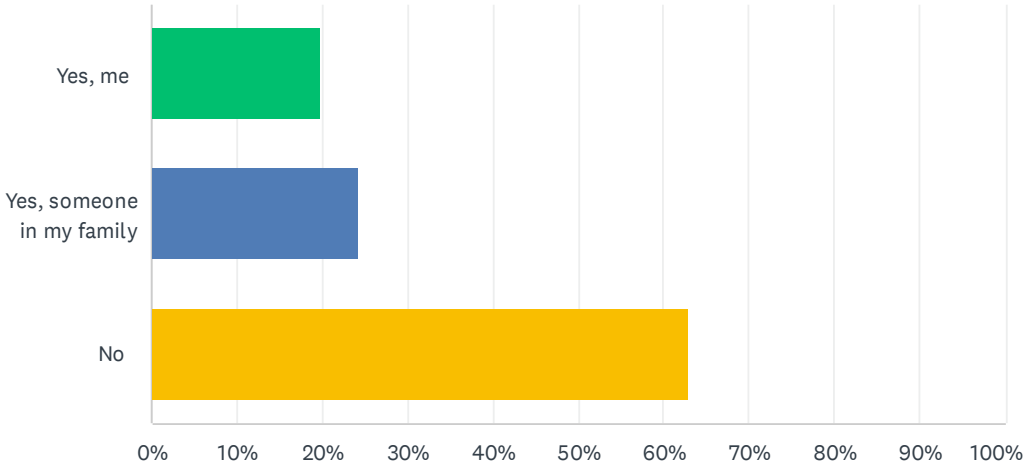
Answered: 604 Skipped: 147



ANSWER CHOICES	RESPONSES	
Very often	6.46%	39
Somewhat often	22.52%	136
Not often	36.26%	219
Not at all	34.77%	210
TOTAL		604

Q36 Have you or someone in your household recently experienced symptoms related to a mental health or substance use challenge in the last 6 months? (check all that apply)

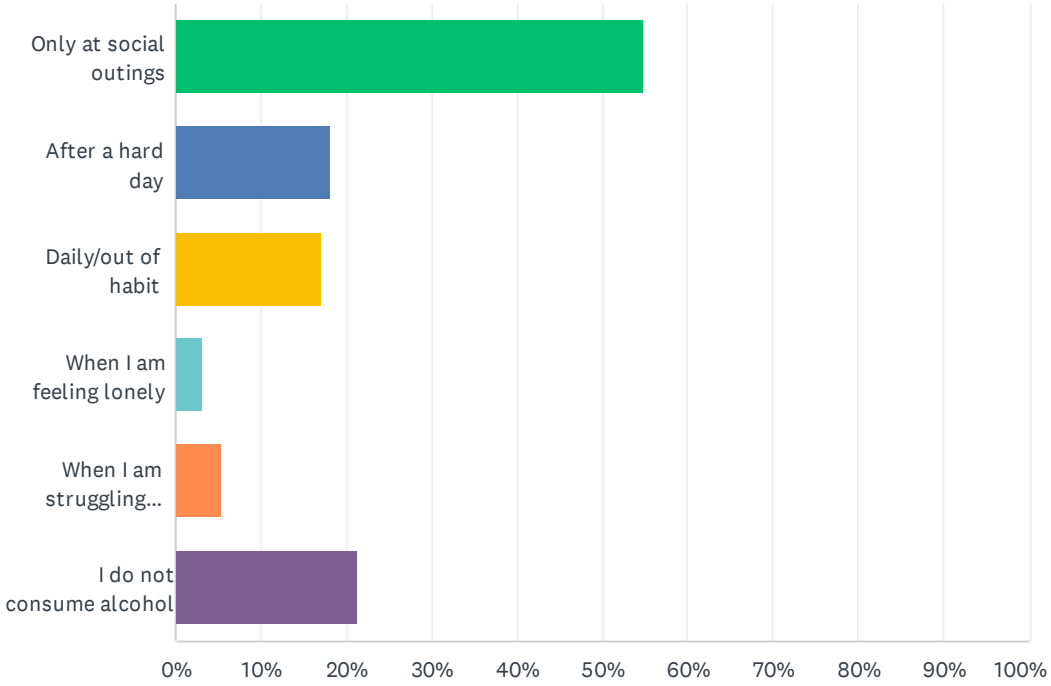
Answered: 603 Skipped: 148



ANSWER CHOICES	RESPONSES	
Yes, me	19.73%	119
Yes, someone in my family	24.38%	147
No	62.85%	379
Total Respondents: 603		

Q37 I consume alcohol…. (check all that apply)

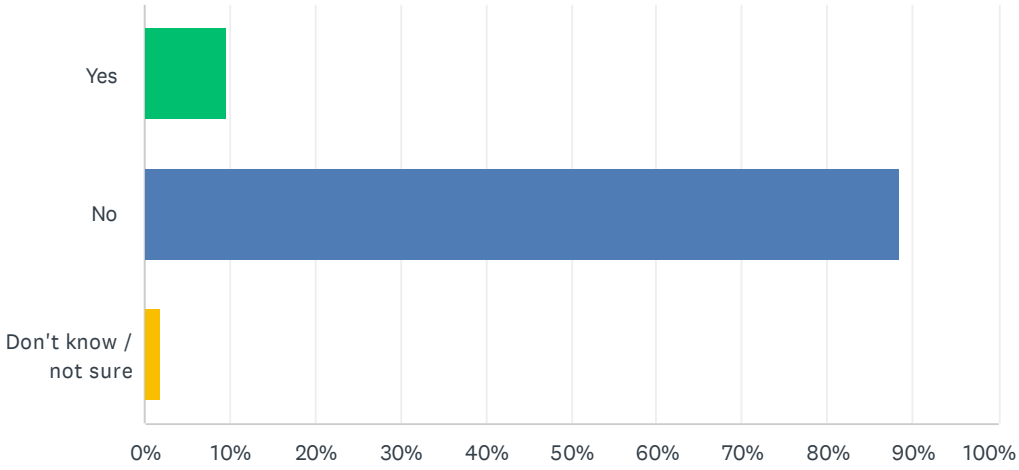
Answered: 590 Skipped: 161



ANSWER CHOICES	RESPONSES	
Only at social outings	54.75%	323
After a hard day	18.14%	107
Daily/out of habit	17.12%	101
When I am feeling lonely	3.22%	19
When I am struggling emotionally	5.42%	32
I do not consume alcohol	21.36%	126
Total Respondents: 590		

Q38 Do you, or does someone in your household vape or use any Electronic Delivery System (ex: JUUL, other e-cigarettes)

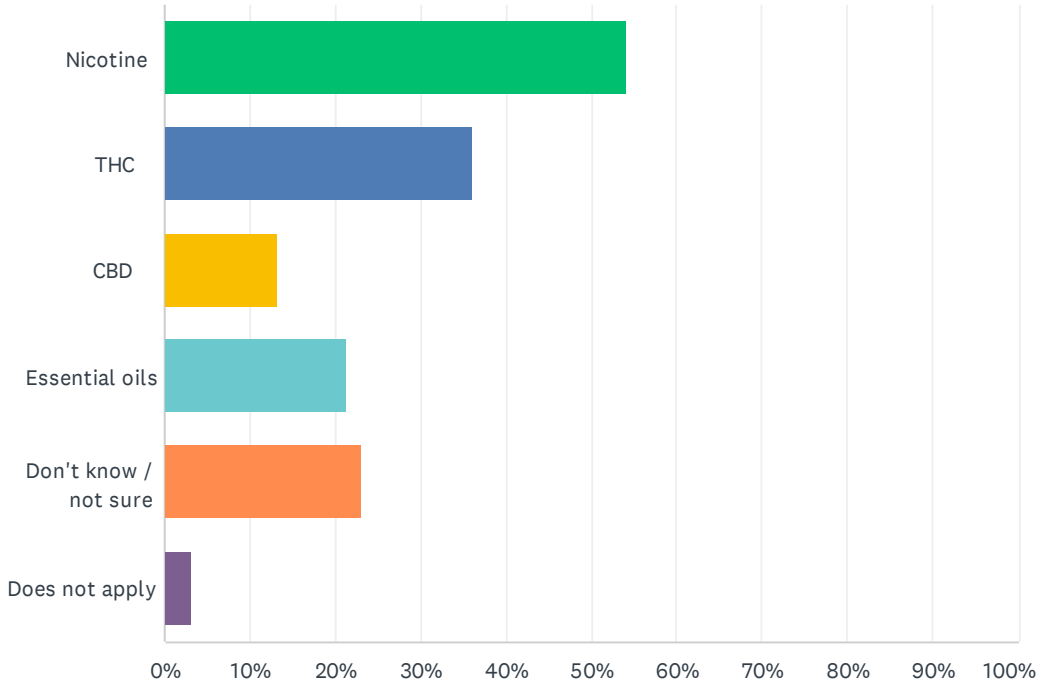
Answered: 603 Skipped: 148



ANSWER CHOICES	RESPONSES	
Yes	9.62%	58
No	88.56%	534
Don't know / not sure	1.82%	11
TOTAL		603

Q39 Which substances are used in the vape pen/e-cigarette? please check all that apply

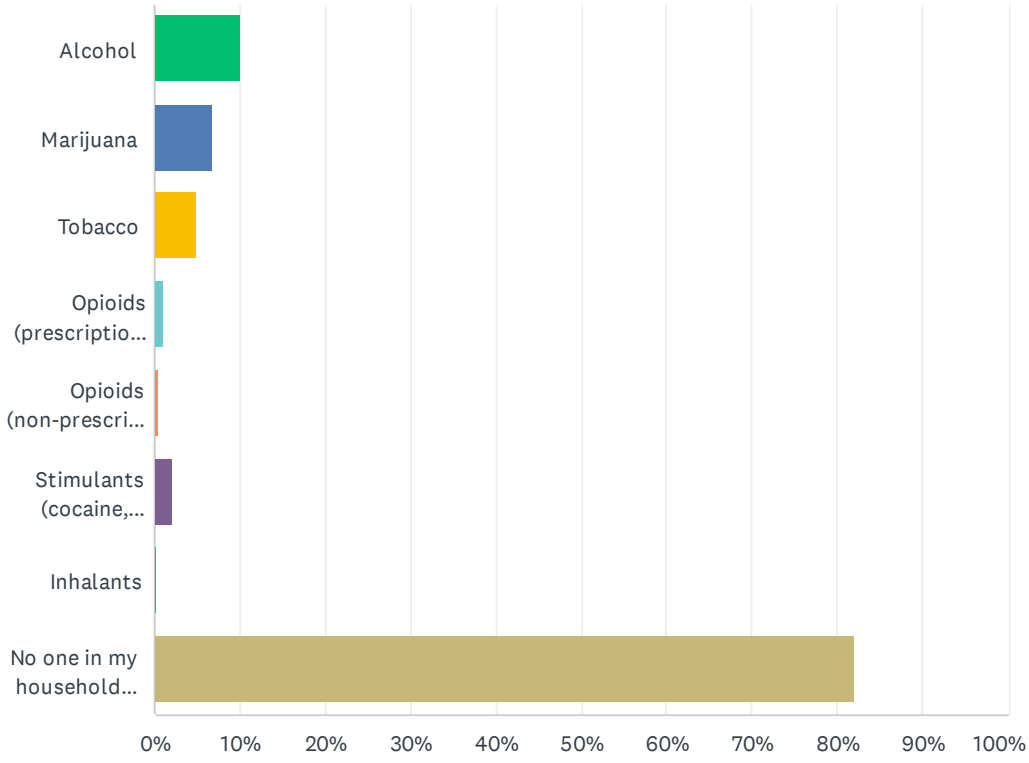
Answered: 61 Skipped: 690



ANSWER CHOICES	RESPONSES	
Nicotine	54.10%	33
THC	36.07%	22
CBD	13.11%	8
Essential oils	21.31%	13
Don't know / not sure	22.95%	14
Does not apply	3.28%	2
Total Respondents: 61		

Q40 Do you or someone in your household struggle with use or misuse of the following substances? (Check all that apply)

Answered: 594 Skipped: 157



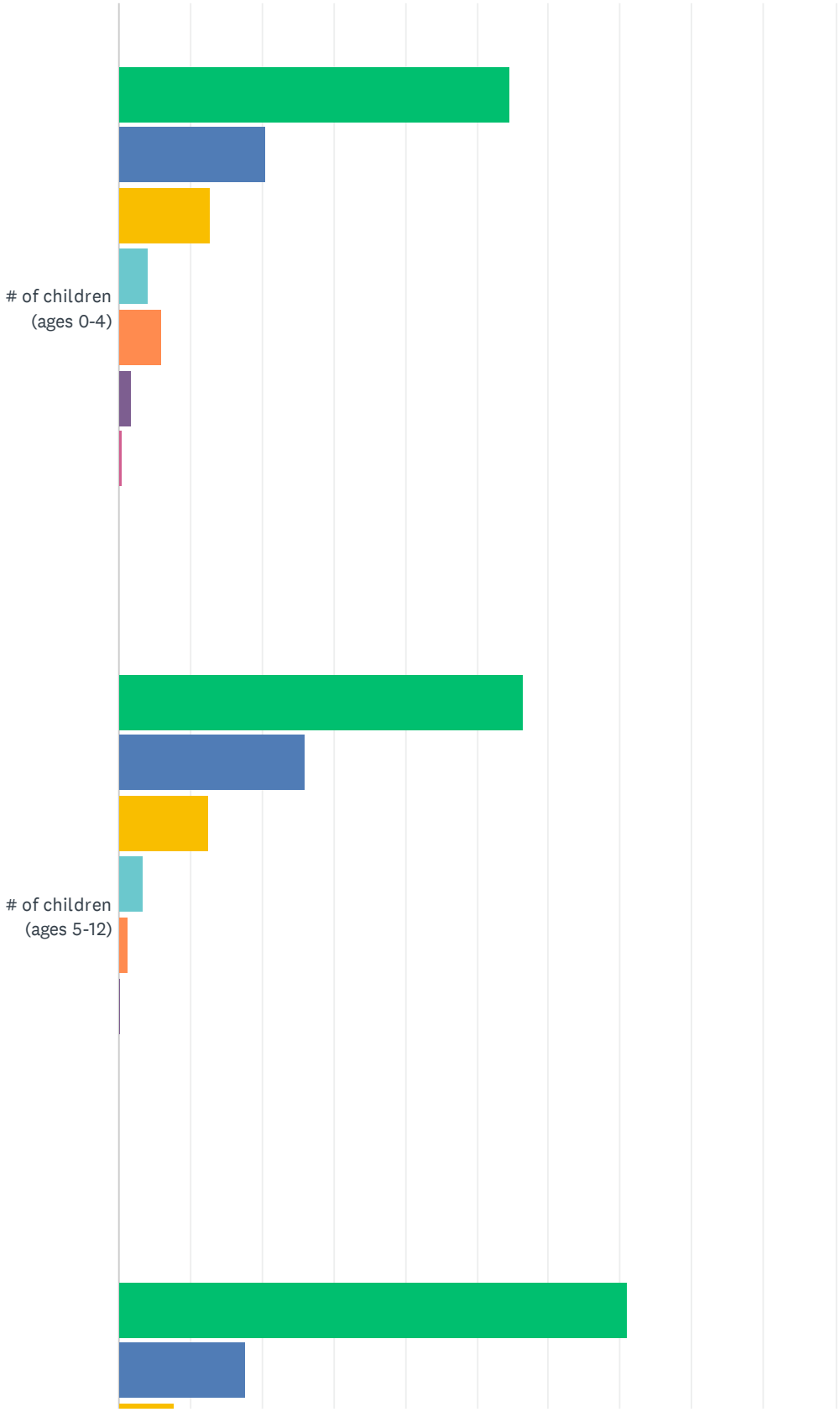
ANSWER CHOICES	RESPONSES	
Alcohol	9.93%	59
Marijuana	6.90%	41
Tobacco	4.88%	29
Opioids (prescription-OxyContin, Vicodin)	1.01%	6
Opioids (non-prescription - Heroin)	0.34%	2
Stimulants (cocaine, methamphetamines, Adderall)	2.19%	13
Inhalants	0.17%	1
No one in my household struggles with these substances	81.99%	487
Total Respondents: 594		

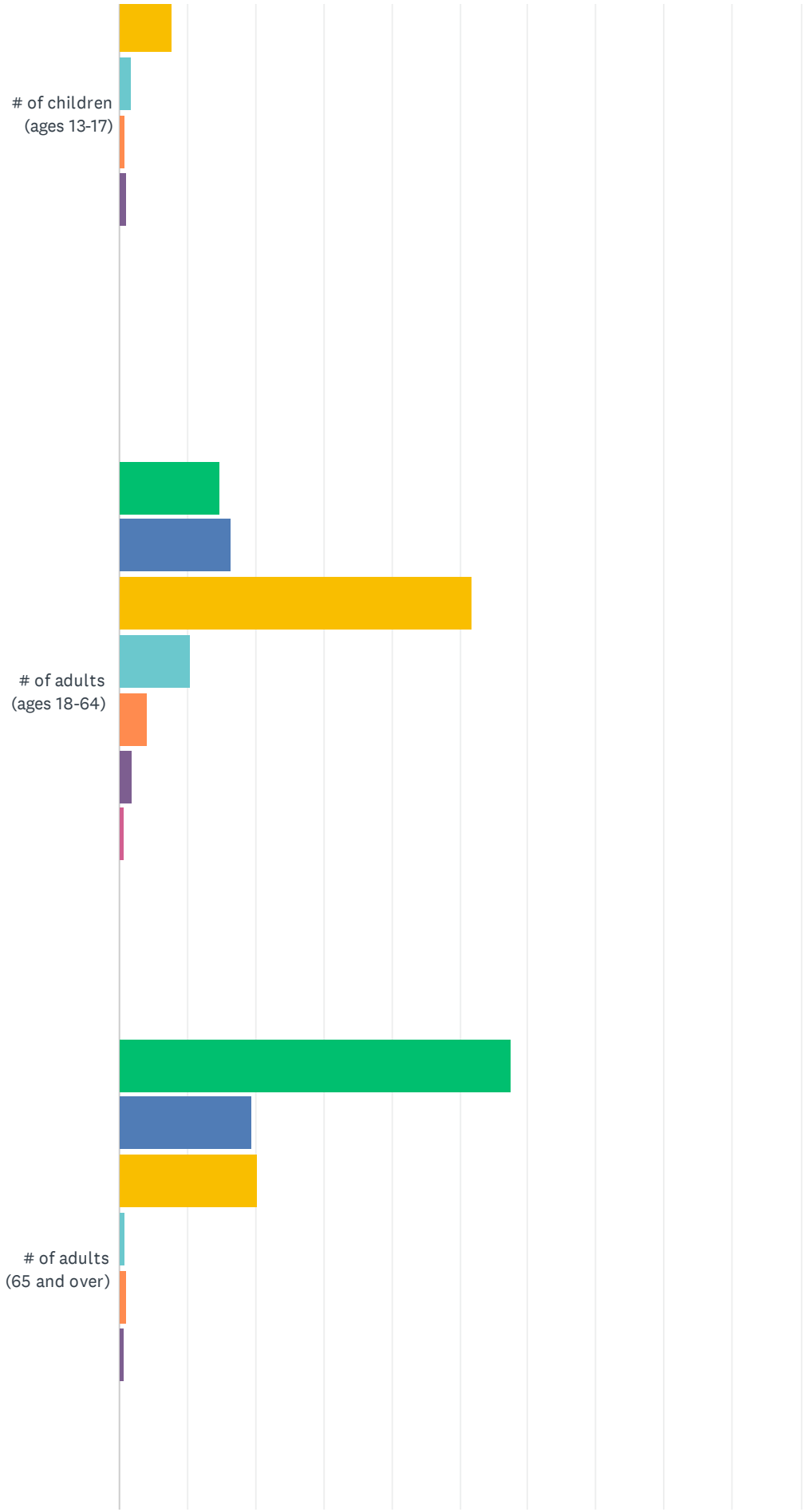
Q41 ZIP code in which your home is located

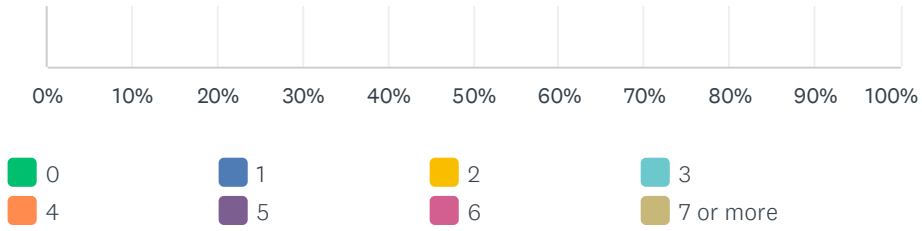
Answered: 589 Skipped: 162

Q42 Including yourself, how many people are in your household?

Answered: 592 Skipped: 159



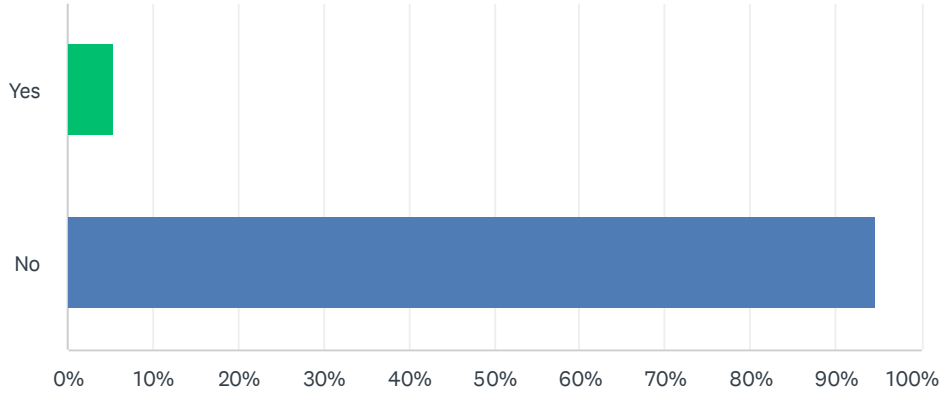

# of children
(ages 13-17)
# of adults
(ages 18-64)
# of adults
(65 and over)



	0	1	2	3	4	5	6	7 OR MORE	TOTAL	WEIGHTED AVERAGE
# of children (ages 0-4)	54.64% 271	20.56% 102	12.70% 63	4.03% 20	6.05% 30	1.61% 8	0.40% 2	0.00% 0	496	1.93
# of children (ages 5-12)	56.53% 277	25.92% 127	12.65% 62	3.47% 17	1.22% 6	0.20% 1	0.00% 0	0.00% 0	490	1.68
# of children (ages 13-17)	70.98% 318	17.63% 79	7.59% 34	1.79% 8	0.89% 4	1.12% 5	0.00% 0	0.00% 0	448	1.47
# of adults (ages 18-64)	14.70% 81	16.33% 90	51.91% 286	10.34% 57	3.99% 22	2.00% 11	0.73% 4	0.00% 0	551	2.81
# of adults (65 and over)	57.54% 248	19.49% 84	20.19% 87	0.93% 4	1.16% 5	0.70% 3	0.00% 0	0.00% 0	431	1.71

Q43 Do you identify as transgender?

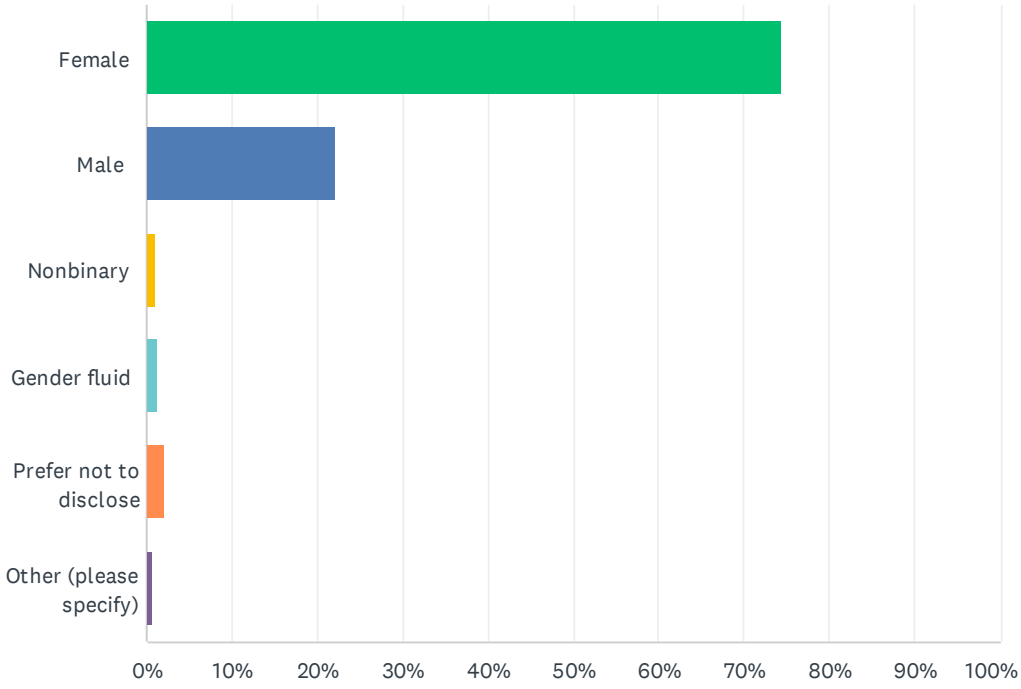
Answered: 589 Skipped: 162



ANSWER CHOICES	RESPONSES	
Yes	5.26%	31
No	94.74%	558
TOTAL		589

Q44 Please select one or more options from the list below to best describe your gender

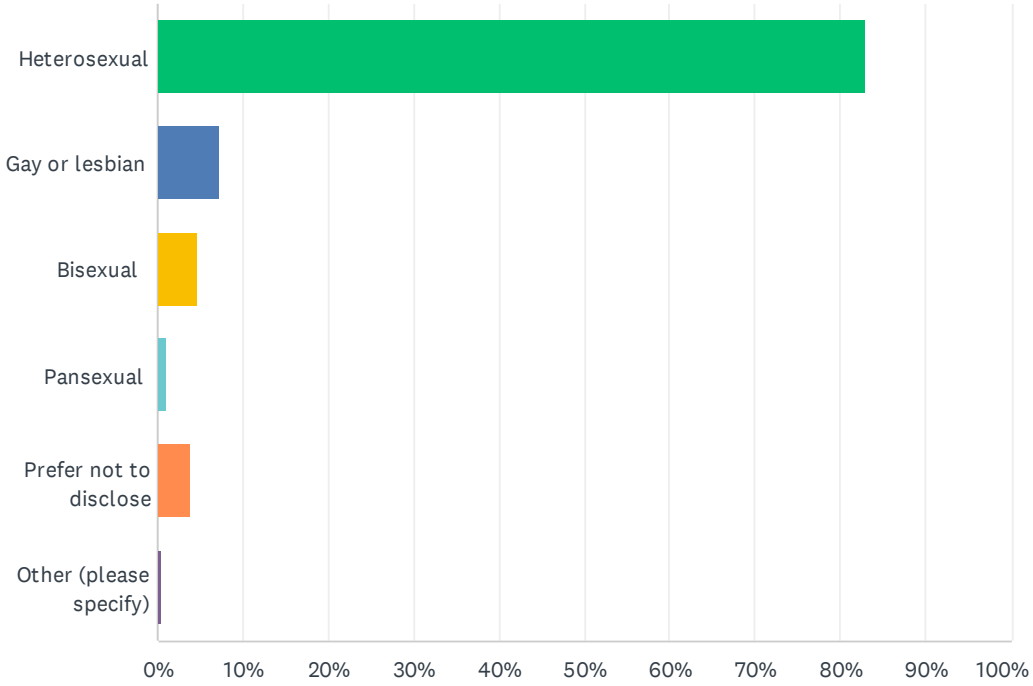
Answered: 589 Skipped: 162



ANSWER CHOICES	RESPONSES	
Female	74.36%	438
Male	22.24%	131
Nonbinary	1.02%	6
Gender fluid	1.36%	8
Prefer not to disclose	2.04%	12
Other (please specify)	0.68%	4
Total Respondents: 589		

Q45 What is your sexual orientation?

Answered: 587 Skipped: 164



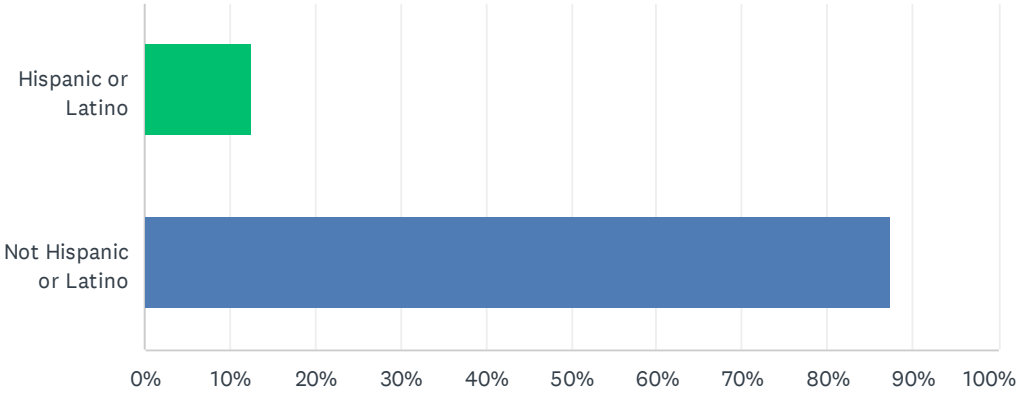
ANSWER CHOICES	RESPONSES	
Heterosexual	82.96%	487
Gay or lesbian	7.16%	42
Bisexual	4.60%	27
Pansexual	1.02%	6
Prefer not to disclose	3.75%	22
Other (please specify)	0.51%	3
TOTAL		587

Q46 What is your age?

Answered: 574 Skipped: 177

Q47 What is your ethnicity?

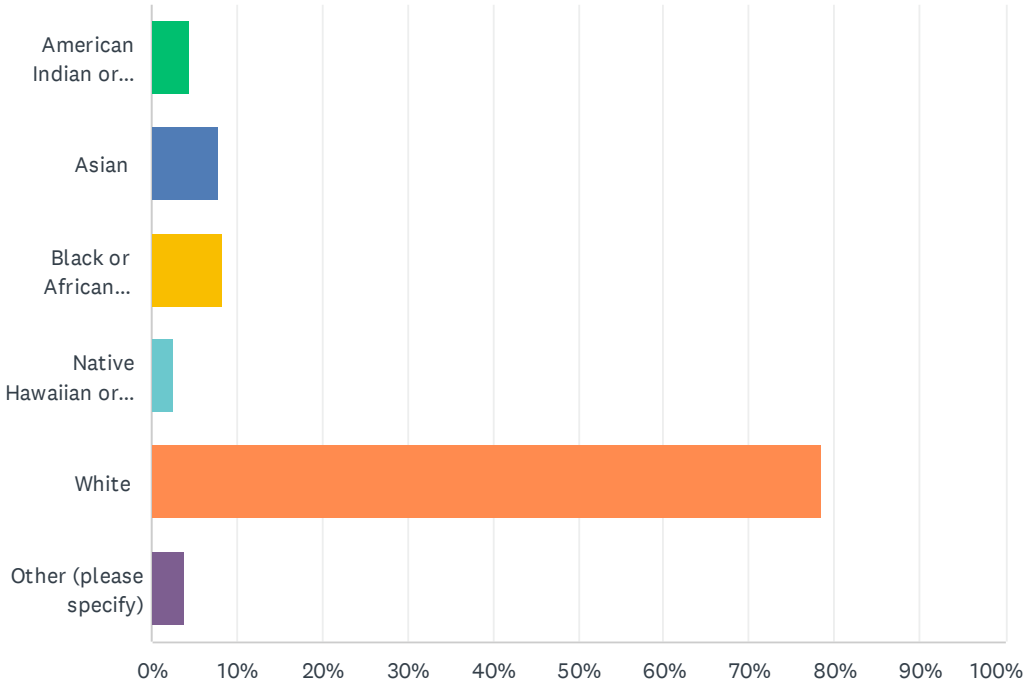
Answered: 584 Skipped: 167



ANSWER CHOICES	RESPONSES	
Hispanic or Latino	12.67%	74
Not Hispanic or Latino	87.33%	510
TOTAL		584

Q48 Please select one or more of the following categories that best describes your race (select all that apply)

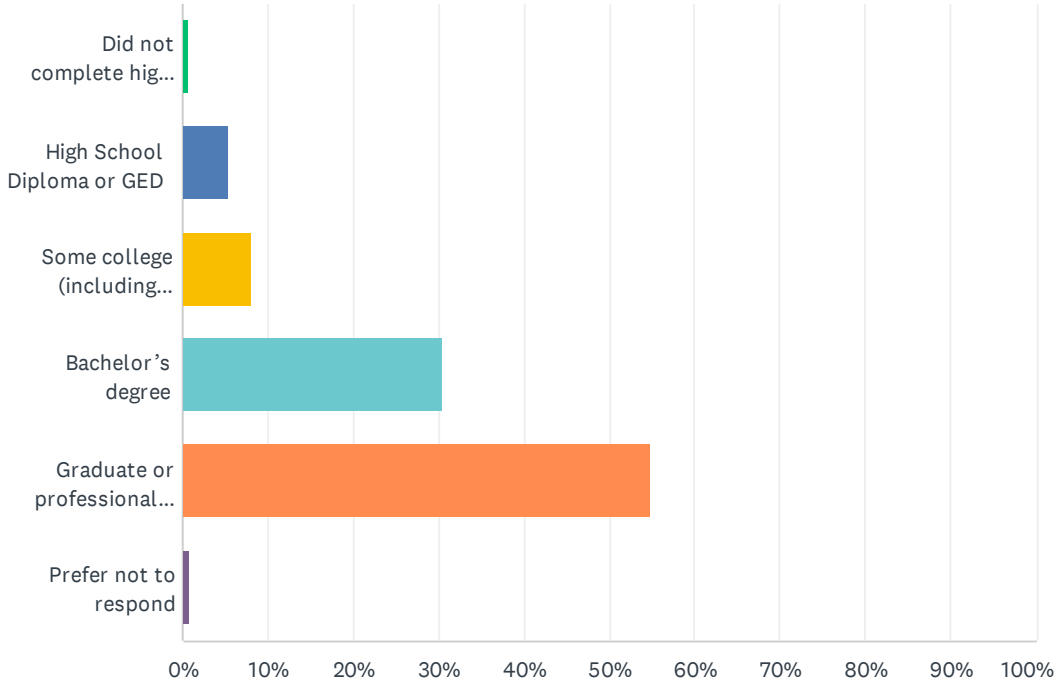
Answered: 580 Skipped: 171



ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native	4.48%	26
Asian	7.93%	46
Black or African American	8.28%	48
Native Hawaiian or Other Pacific Islander	2.59%	15
White	78.45%	455
Other (please specify)	3.79%	22
Total Respondents: 580		

Q49 Highest level of education attained

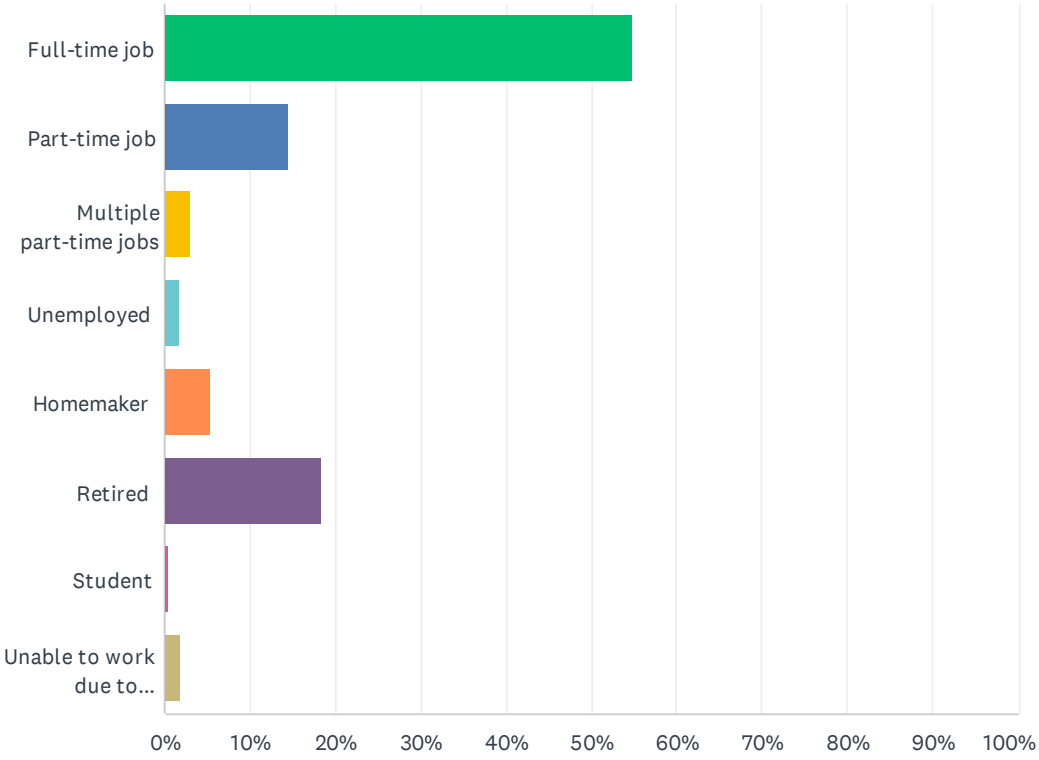
Answered: 592 Skipped: 159



ANSWER CHOICES	RESPONSES	
Did not complete high school	0.68%	4
High School Diploma or GED	5.24%	31
Some college (including certificate or Associate's Degree programs)	8.11%	48
Bachelor's degree	30.41%	180
Graduate or professional degree	54.73%	324
Prefer not to respond	0.84%	5
TOTAL		592

Q50 Employment status

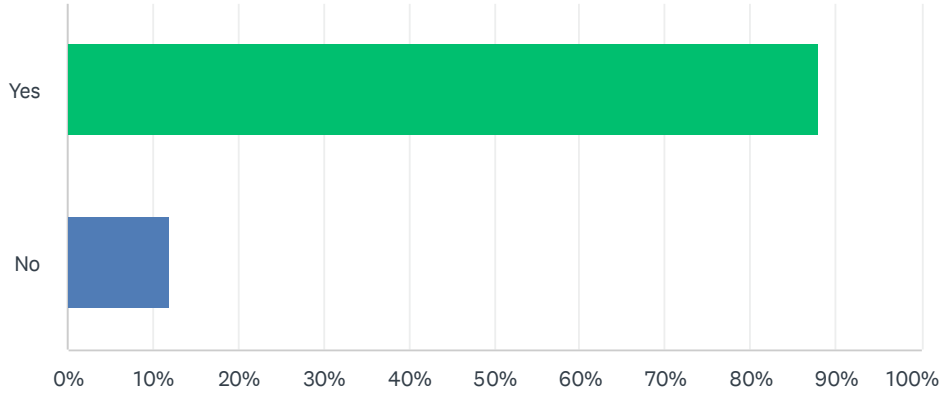
Answered: 587 Skipped: 164



ANSWER CHOICES	RESPONSES	
Full-time job	54.86%	322
Part-time job	14.48%	85
Multiple part-time jobs	2.90%	17
Unemployed	1.70%	10
Homemaker	5.28%	31
Retired	18.40%	108
Student	0.51%	3
Unable to work due to disability	1.87%	11
TOTAL		587

Q51 Is this your preferred employment status?

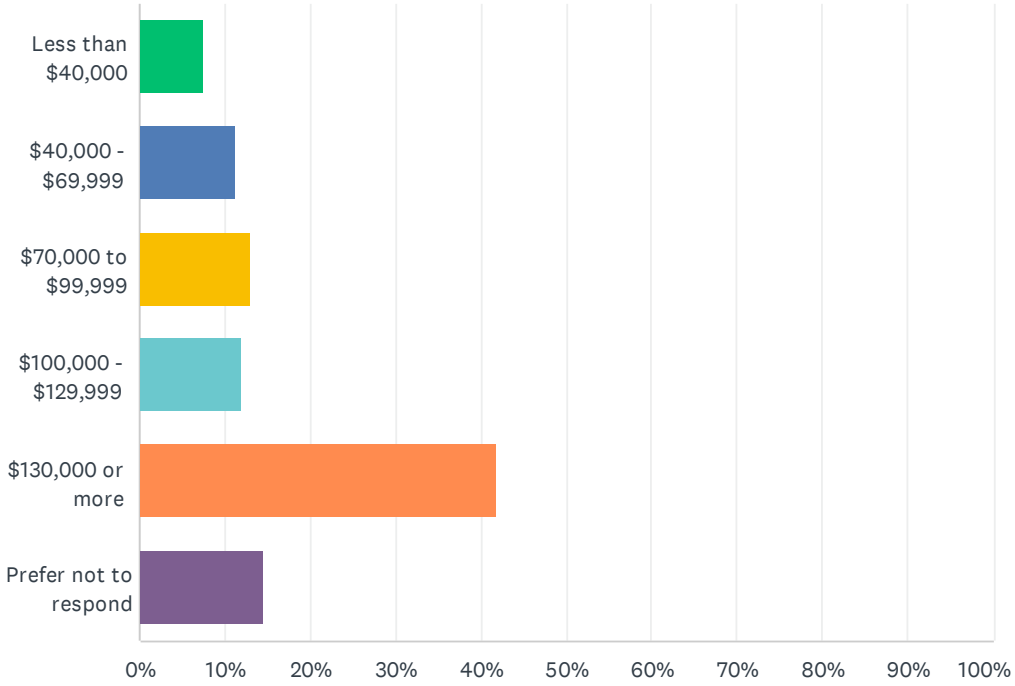
Answered: 582 Skipped: 169



ANSWER CHOICES	RESPONSES	
Yes	88.14%	513
No	12.03%	70
Total Respondents: 582		

Q52 Annual household income

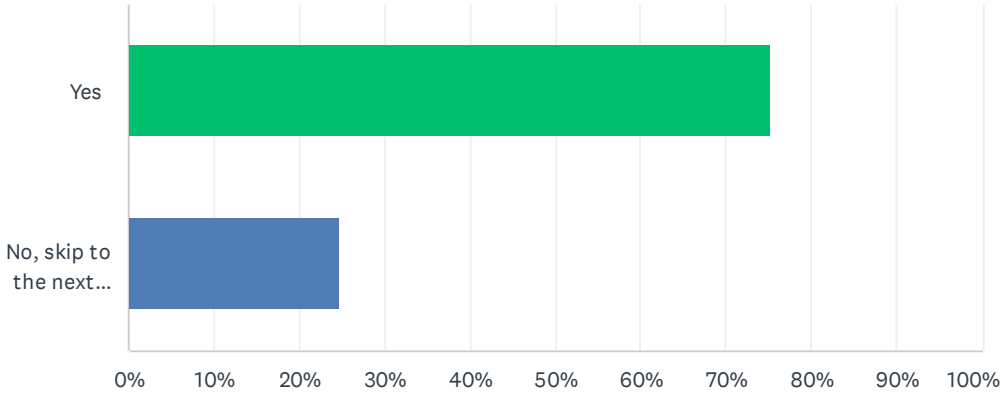
Answered: 588 Skipped: 163



ANSWER CHOICES	RESPONSES	
Less than $40,000	7.48%	44
$40,000 - $69,999	11.39%	67
$70,000 to $99,999	12.93%	76
$100,000 - $129,999	11.90%	70
$130,000 or more	41.84%	246
Prefer not to respond	14.46%	85
TOTAL		588

Q53 Would you like to answer a series of questions related to health and nutrition?

Answered: 592 Skipped: 159



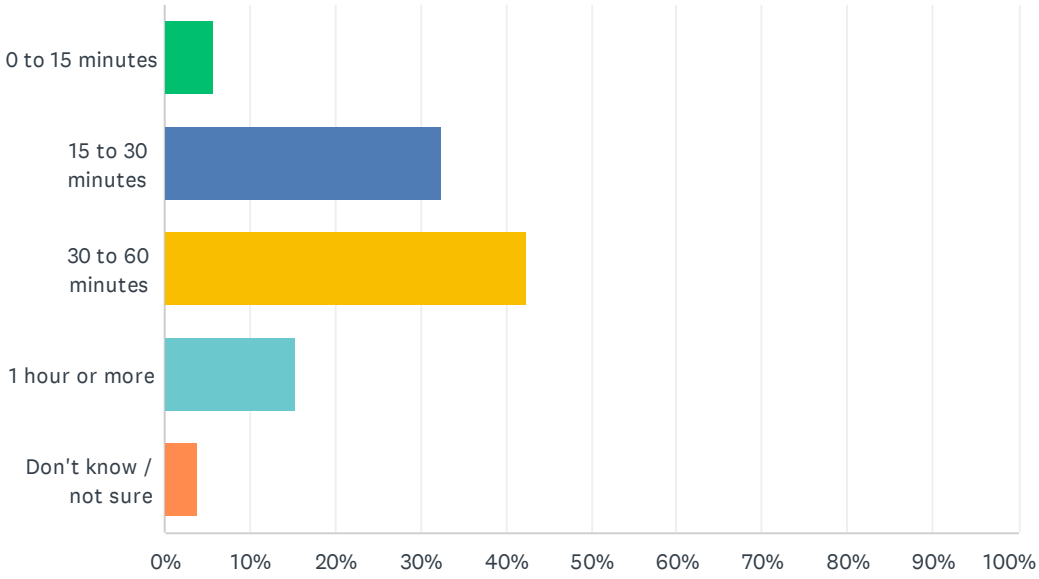
ANSWER CHOICES	RESPONSES	
Yes	75.17%	445
No, skip to the next section	24.83%	147
TOTAL		592

Q54 In the past month, how many times did you take part in physical activities outside of work?

Answered: 429 Skipped: 322

Q55 when you took part in physical activity, for how many minutes did you usually keep at it?

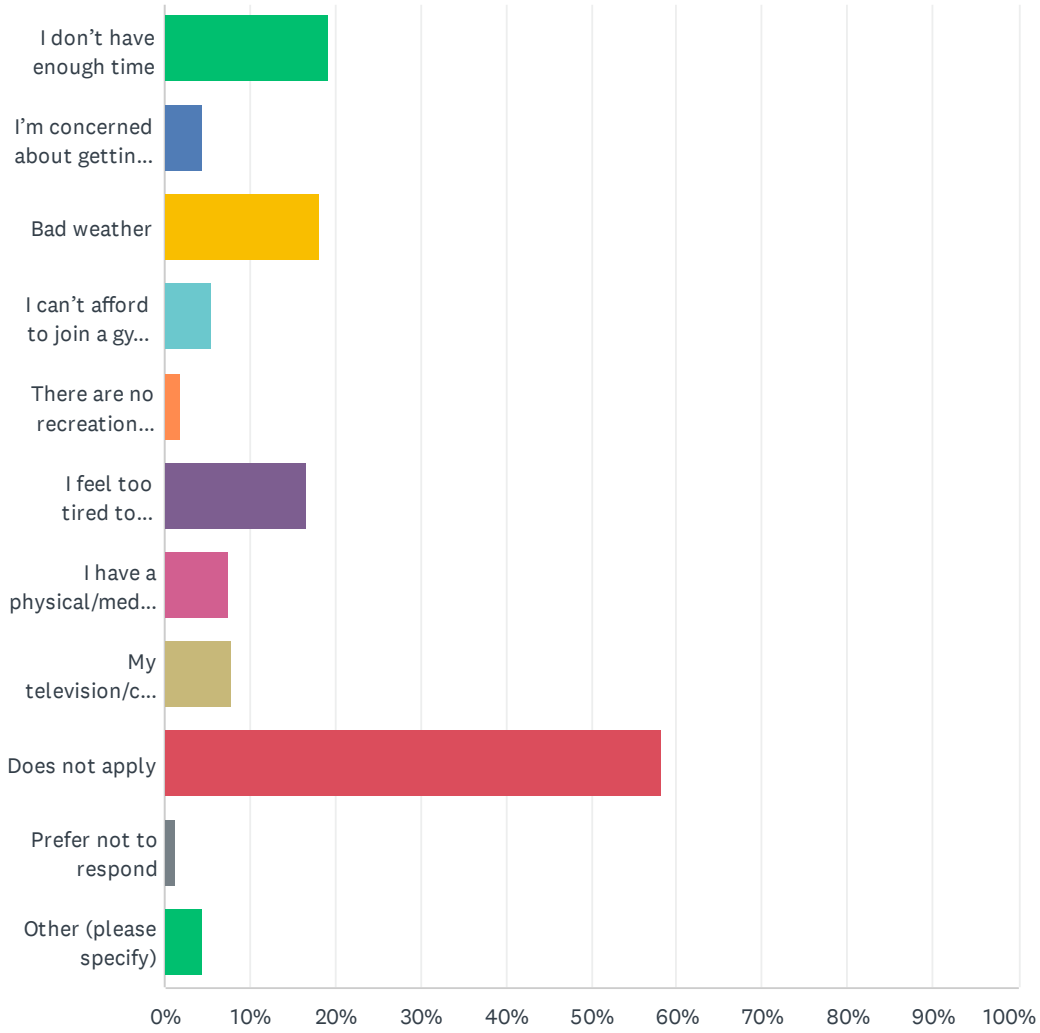
Answered: 434 Skipped: 317



ANSWER CHOICES	RESPONSES	
0 to 15 minutes	5.76%	25
15 to 30 minutes	32.49%	141
30 to 60 minutes	42.40%	184
1 hour or more	15.44%	67
Don't know / not sure	3.92%	17
TOTAL		434

Q56 If you did not participate in any physical activity outside of work for the past month, which of the following are reasons why? Select all that apply.

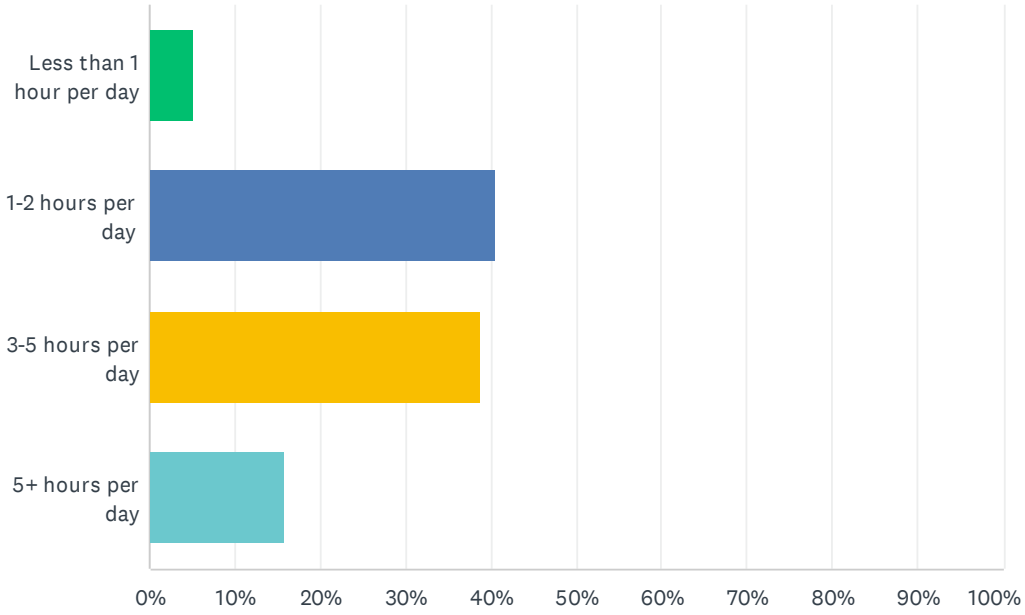
Answered: 401 Skipped: 350



ANSWER CHOICES	RESPONSES	
I don’t have enough time	19.20%	77
I’m concerned about getting hurt	4.49%	18
Bad weather	18.20%	73
I can’t afford to join a gym or health club	5.49%	22
There are no recreation facilities near where I work/live	2.00%	8
I feel too tired to exercise	16.71%	67
I have a physical/medical condition that makes it difficult for me to exercise	7.48%	30
My television/computer/phone distracts me from exercising	7.98%	32
Does not apply	58.10%	233
Prefer not to respond	1.25%	5
Other (please specify)	4.49%	18
Total Respondents: 401		

Q57 Outside of activities for work and school, how many hours do you spend looking at a screen (screen time) such as your computer, smartphone, tablet or television in an average day?

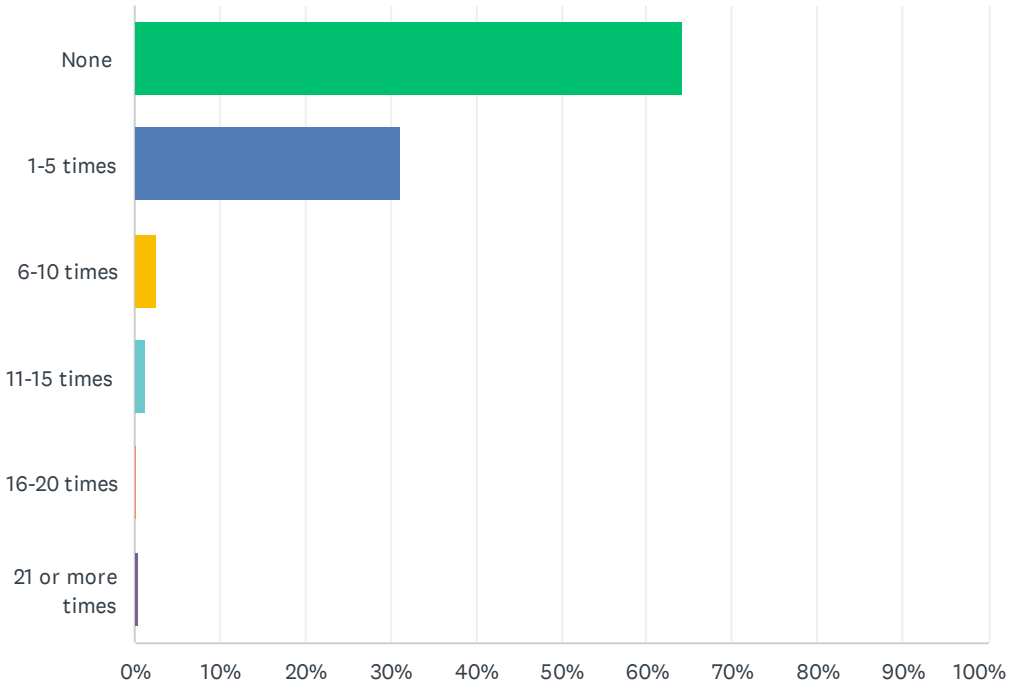
Answered: 438 Skipped: 313



ANSWER CHOICES	RESPONSES	
Less than 1 hour per day	5.02%	22
1-2 hours per day	40.41%	177
3-5 hours per day	38.81%	170
5+ hours per day	15.75%	69
TOTAL		438

Q58 During the past 7 days, how often did you drink sugar-sweetened beverages? This includes regular soda, sugar- sweetened fruit drinks (such as Kool-Aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull). Do not include diet soda, 100% fruit juice, or artificially sweetened drinks.

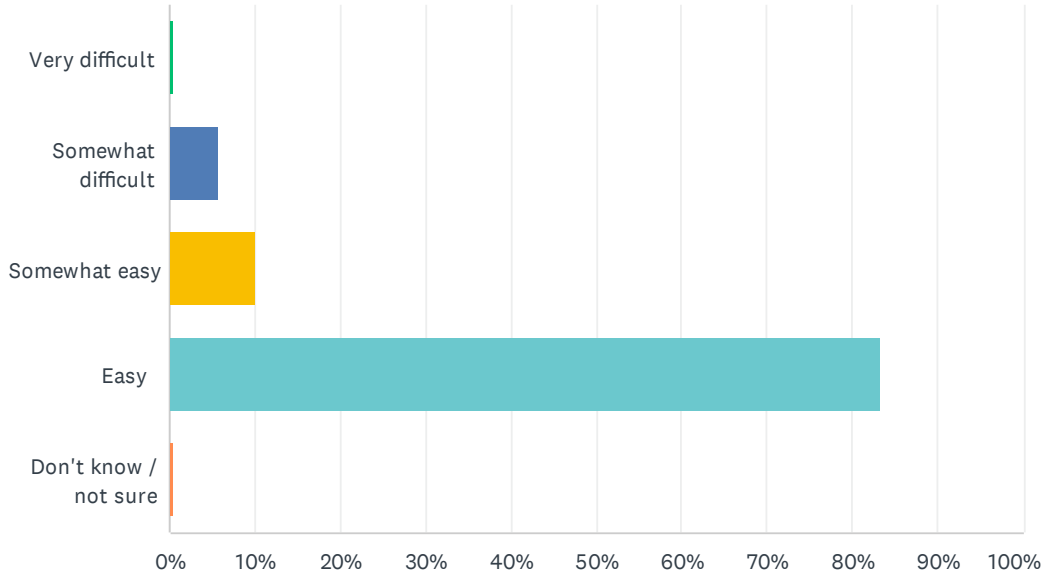
Answered: 439 Skipped: 312



ANSWER CHOICES	RESPONSES	
None	64.24%	282
1-5 times	31.21%	137
6-10 times	2.51%	11
11-15 times	1.37%	6
16-20 times	0.23%	1
21 or more times	0.46%	2
TOTAL		439

Q59 How easy or difficult is it for you to get fresh produce (fruits and vegetables)?

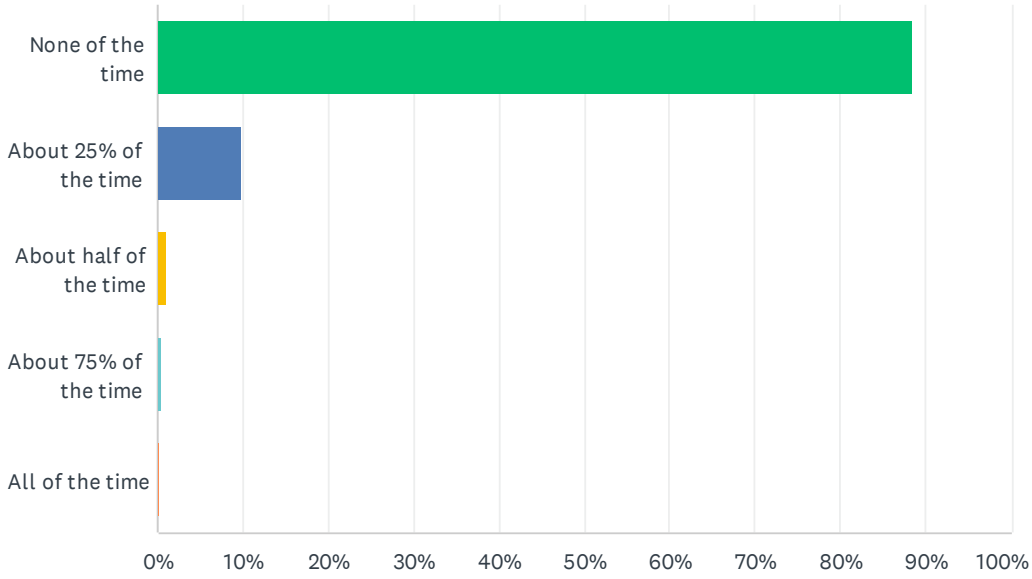
Answered: 438 Skipped: 313



ANSWER CHOICES	RESPONSES	
Very difficult	0.46%	2
Somewhat difficult	5.71%	25
Somewhat easy	10.05%	44
Easy	83.33%	365
Don't know / not sure	0.46%	2
TOTAL		438

Q60 In the past 12 months, how often did you or your family worry about whether your food would run out before you had the money to buy more?

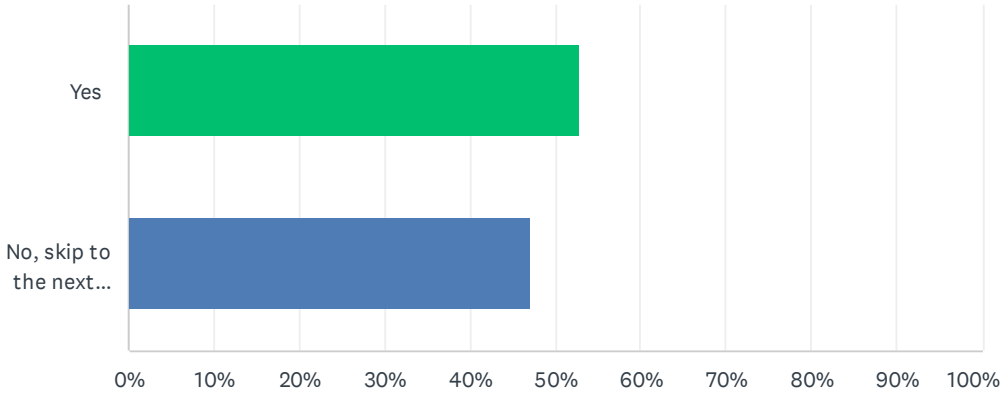
Answered: 440 Skipped: 311



ANSWER CHOICES	RESPONSES	
None of the time	88.41%	389
About 25% of the time	9.77%	43
About half of the time	1.14%	5
About 75% of the time	0.45%	2
All of the time	0.23%	1
TOTAL		440

Q61 Would you like to answer a series of questions related to maternal health?

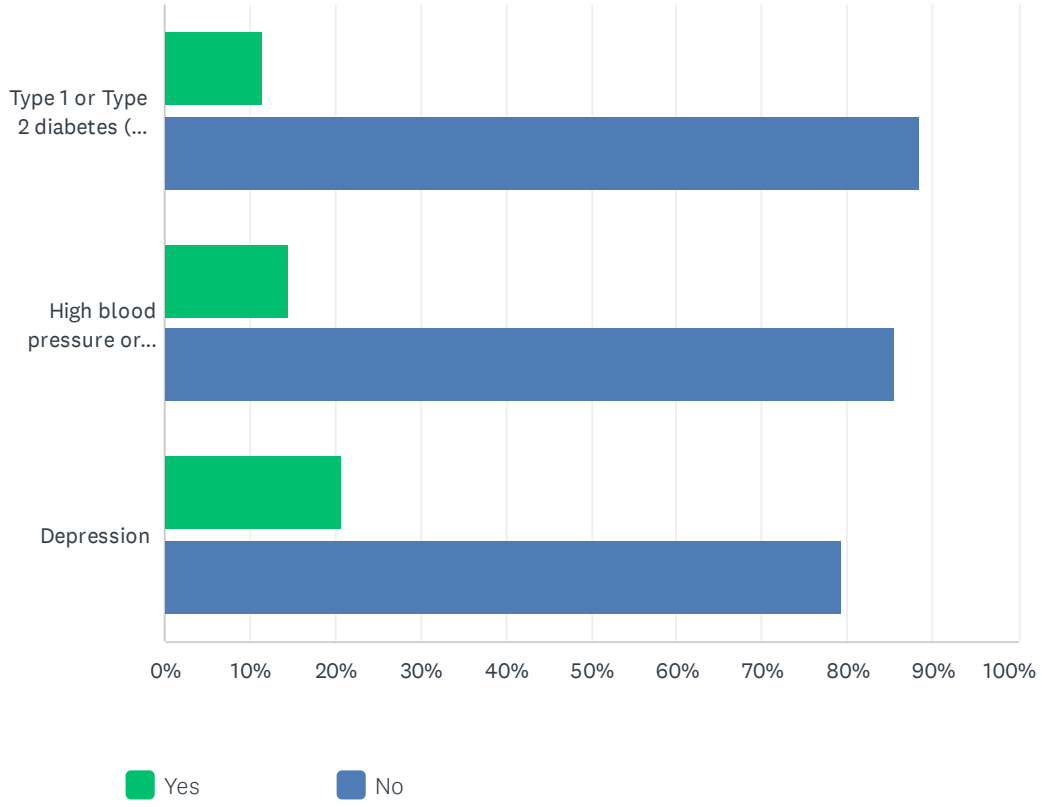
Answered: 440 Skipped: 311



ANSWER CHOICES	RESPONSES	
Yes	52.95%	233
No, skip to the next section	47.05%	207
TOTAL		440

Q62 During the 3 months before you got pregnant with your newest baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

Answered: 281 Skipped: 470



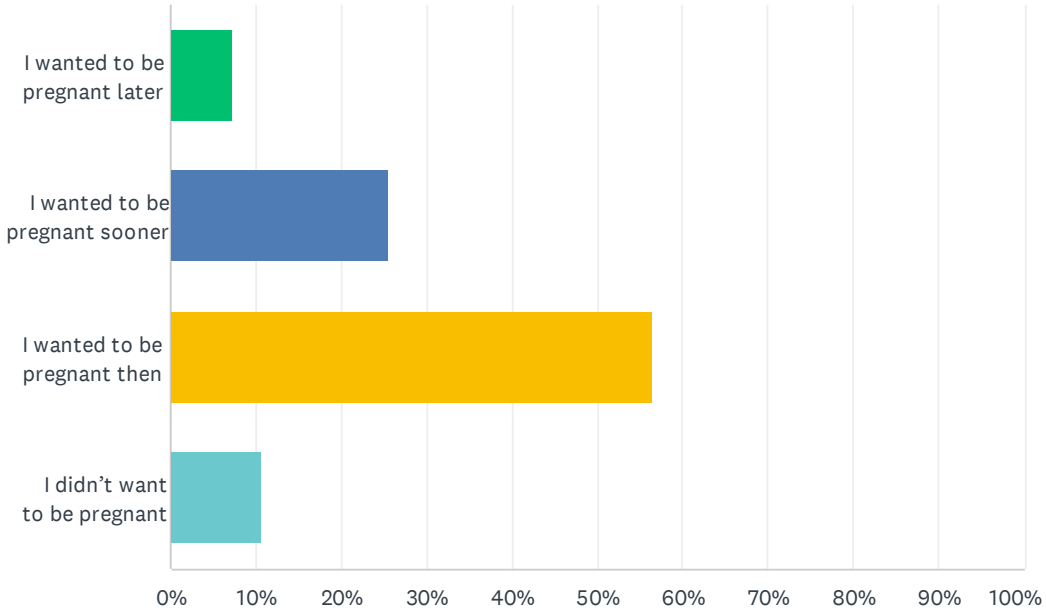
	YES	NO	TOTAL
Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)	11.55% 32	88.45% 245	277
High blood pressure or hypertension	14.49% 40	85.51% 236	276
Depression	20.59% 56	79.41% 216	272

Q63 During the month before you got pregnant with your newest baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

Answered: 256 Skipped: 495

Q64 Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? Check ONE answer

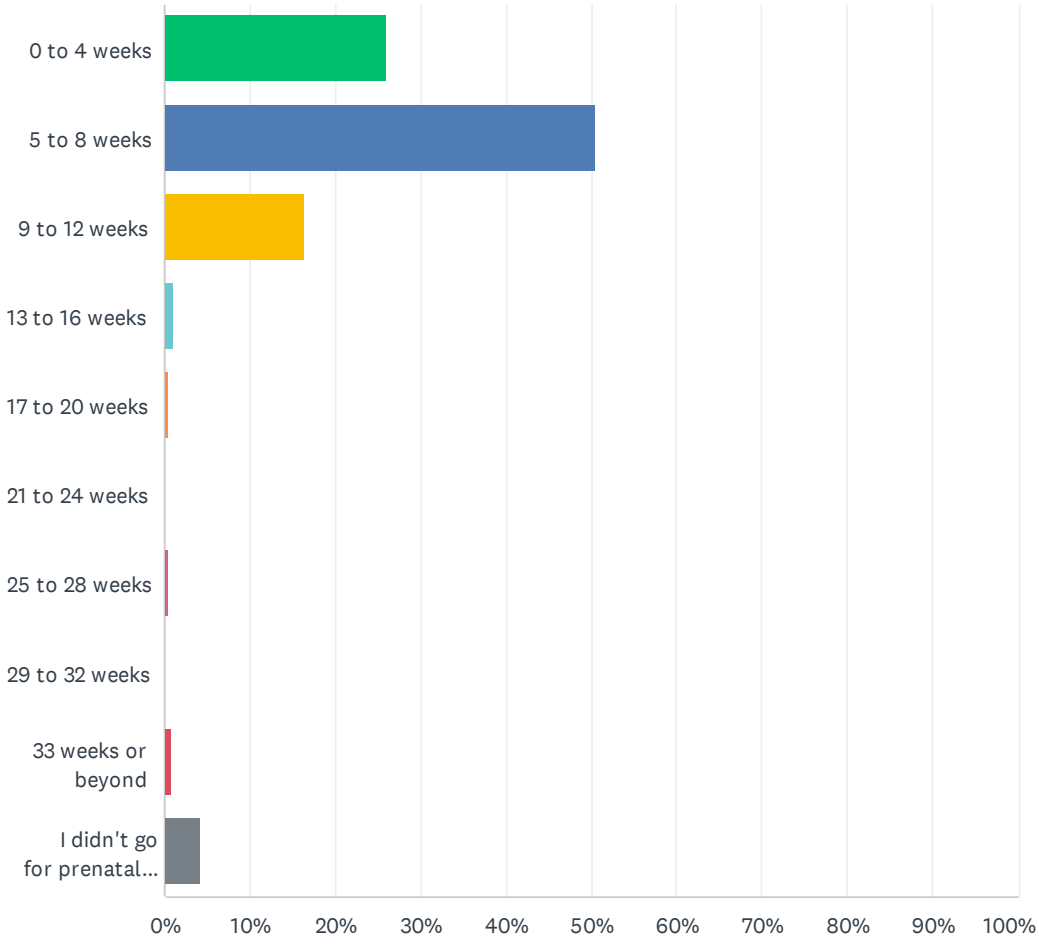
Answered: 262 Skipped: 489



ANSWER CHOICES	RESPONSES	
I wanted to be pregnant later	7.25%	19
I wanted to be pregnant sooner	25.57%	67
I wanted to be pregnant then	56.49%	148
I didn't want to be pregnant	10.69%	28
TOTAL		262

Q65 How many weeks or months pregnant were you when you had your first visit for prenatal care?

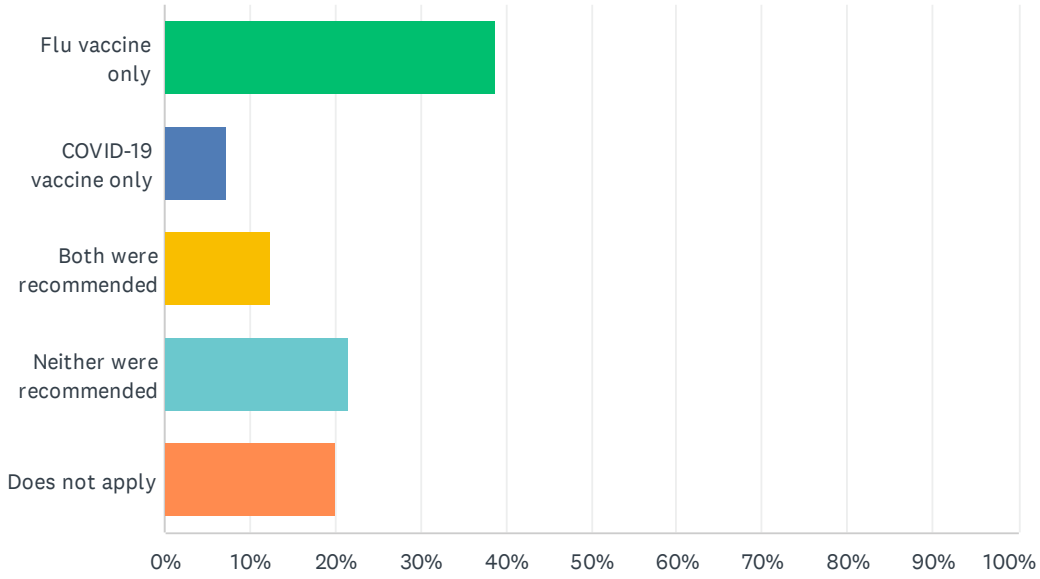
Answered: 257 Skipped: 494



ANSWER CHOICES	RESPONSES	
0 to 4 weeks	26.07%	67
5 to 8 weeks	50.58%	130
9 to 12 weeks	16.34%	42
13 to 16 weeks	1.17%	3
17 to 20 weeks	0.39%	1
21 to 24 weeks	0.00%	0
25 to 28 weeks	0.39%	1
29 to 32 weeks	0.00%	0
33 weeks or beyond	0.78%	2
I didn't go for prenatal care	4.28%	11
TOTAL		257

Q66 During your pregnancy, did a doctor or medical provider encourage you to get the flu shot and the COVID vaccine?

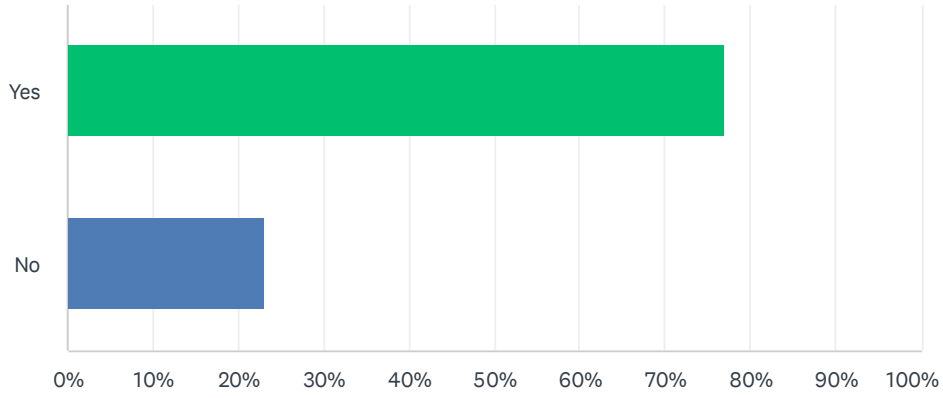
Answered: 250 Skipped: 501



ANSWER CHOICES	RESPONSES	
Flu vaccine only	38.80%	97
COVID-19 vaccine only	7.20%	18
Both were recommended	12.40%	31
Neither were recommended	21.60%	54
Does not apply	20.00%	50
TOTAL		250

Q67 During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

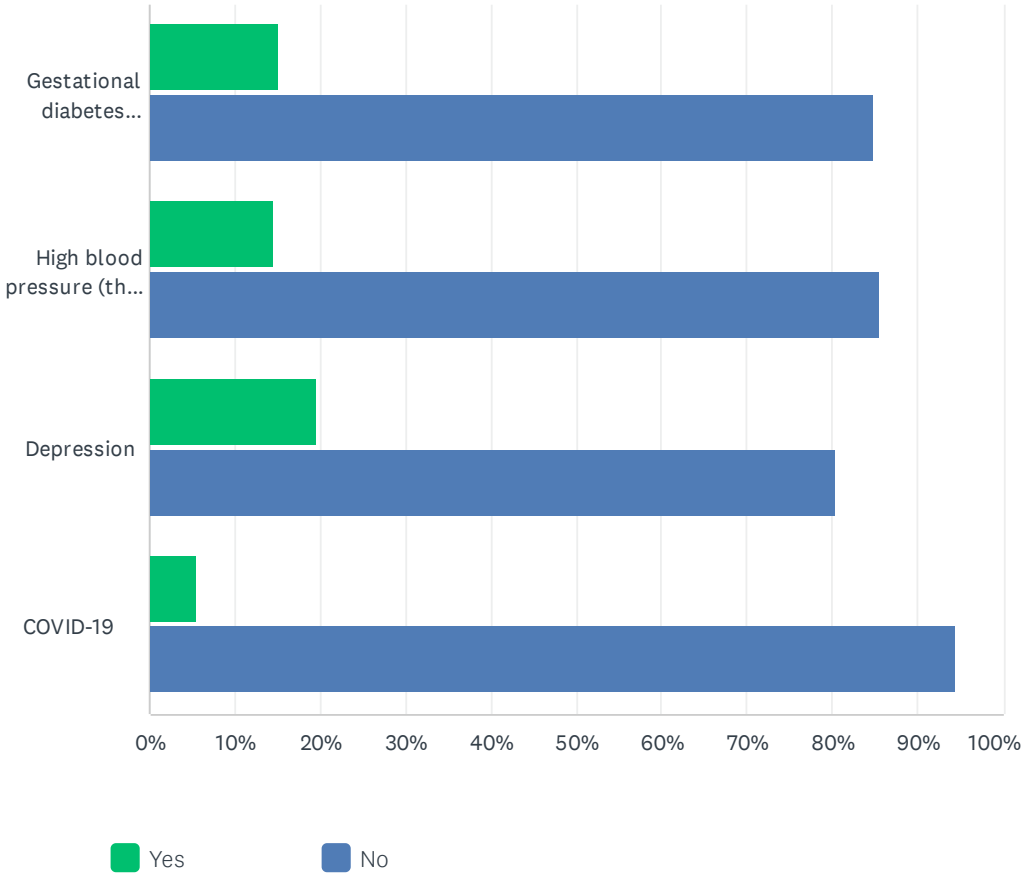
Answered: 256 Skipped: 495



ANSWER CHOICES	RESPONSES	
Yes	76.95%	197
No	23.05%	59
TOTAL		256

Q68 During your most recent pregnancy, did you have any of the following health conditions? For each one, select No if you did not have the condition or Yes if you did.

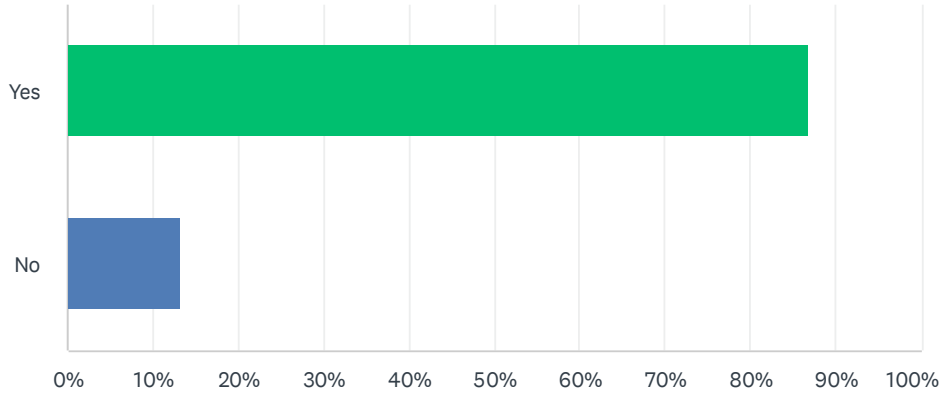
Answered: 257 Skipped: 494



	YES	NO	TOTAL
Gestational diabetes (diabetes that started during this pregnancy)	15.23% 39	84.77% 217	256
High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia	14.40% 37	85.60% 220	257
Depression	19.69% 50	80.31% 204	254
COVID-19	5.58% 14	94.42% 237	251

Q69 Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink)

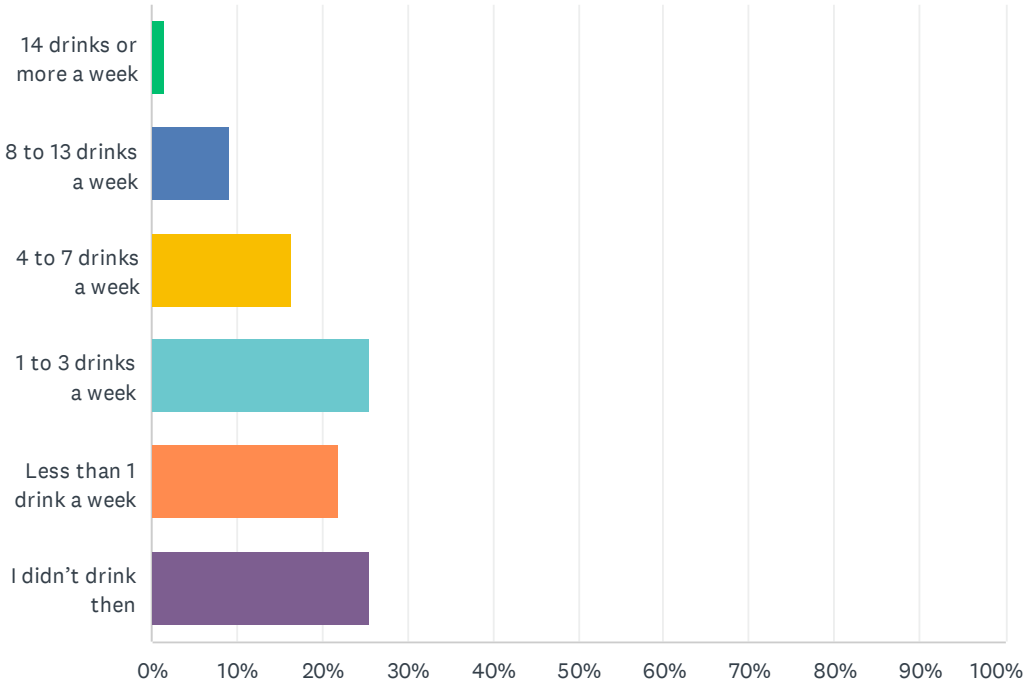
Answered: 264 Skipped: 487



ANSWER CHOICES	RESPONSES	
Yes	86.74%	229
No	13.26%	35
TOTAL		264

Q70 During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

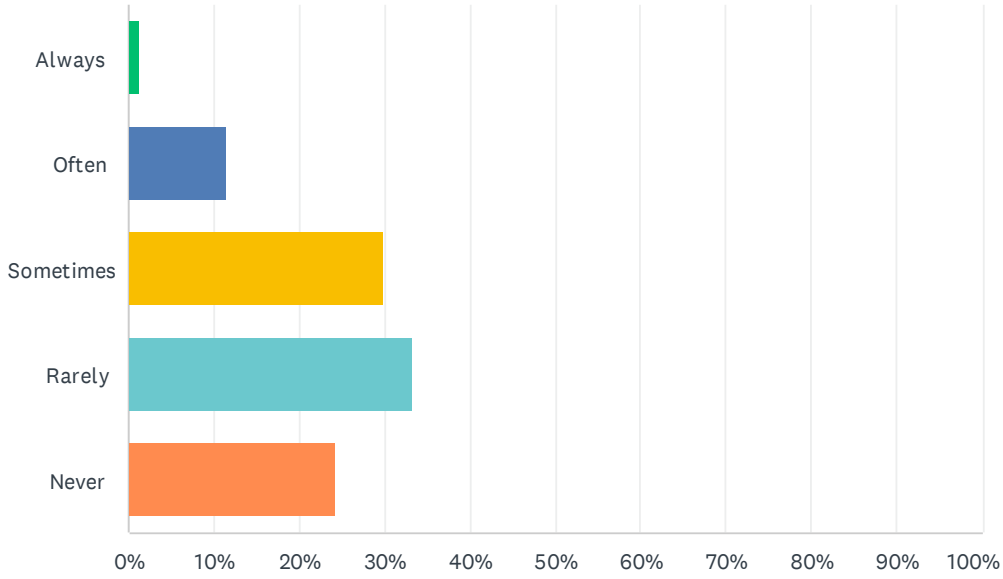
Answered: 251 Skipped: 500



ANSWER CHOICES	RESPONSES	
14 drinks or more a week	1.59%	4
8 to 13 drinks a week	9.16%	23
4 to 7 drinks a week	16.33%	41
1 to 3 drinks a week	25.50%	64
Less than 1 drink a week	21.91%	55
I didn't drink then	25.50%	64
TOTAL		251

Q71 Since your newest baby was born, how often have you felt down, depressed, or hopeless?

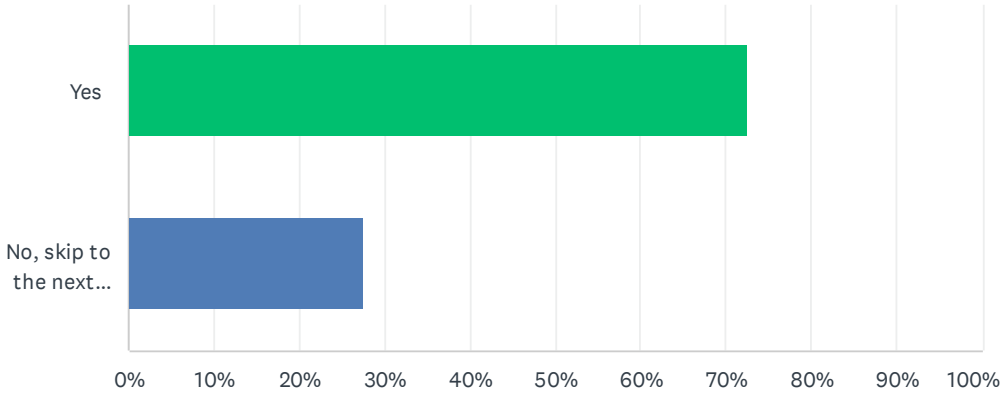
Answered: 252 Skipped: 499



ANSWER CHOICES	RESPONSES	
Always	1.19%	3
Often	11.51%	29
Sometimes	29.76%	75
Rarely	33.33%	84
Never	24.21%	61
TOTAL		252

Q72 Would you like to answer a series of questions related to biking, walking, wheelchair use and public transportation?

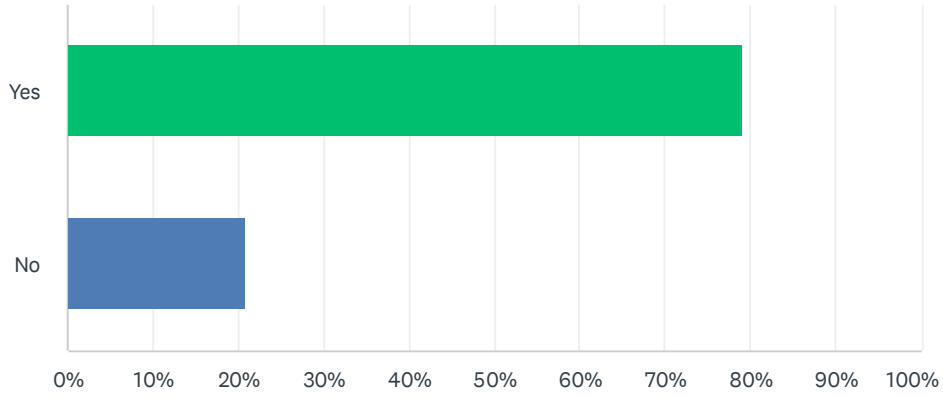
Answered: 355 Skipped: 396



ANSWER CHOICES	RESPONSES	
Yes	72.39%	257
No, skip to the next section	27.61%	98
TOTAL		355

Q73 As a pedestrian, do you feel safe getting from place to place in our community?

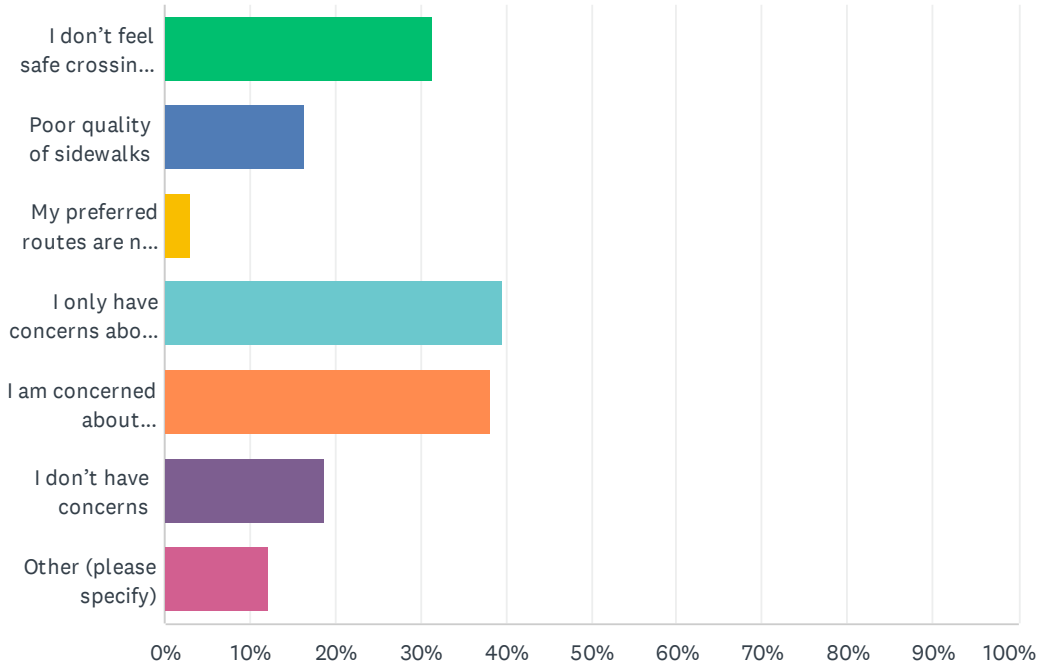
Answered: 456 Skipped: 295



ANSWER CHOICES	RESPONSES	
Yes	79.17%	361
No	20.83%	95
TOTAL		456

Q74 What are your concerns when it comes to non-motorized travel (ex: walking, using a wheelchair, etc.) in our community? (check all that apply)

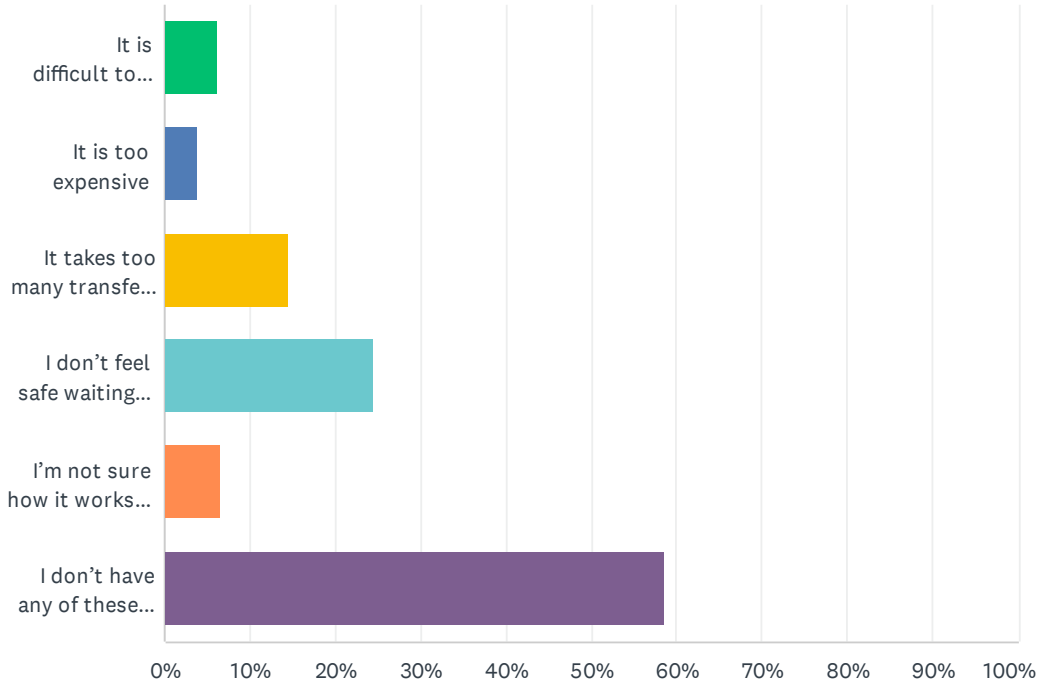
Answered: 457 Skipped: 294



ANSWER CHOICES	RESPONSES	
I don't feel safe crossing busy streets	31.29%	143
Poor quality of sidewalks	16.41%	75
My preferred routes are not accessible	3.06%	14
I only have concerns about particular intersections	39.61%	181
I am concerned about crime/physical safety	38.07%	174
I don't have concerns	18.82%	86
Other (please specify)	12.25%	56
Total Respondents: 457		

Q75 Which of the following concerns do you have about public transportation? (select all that apply)

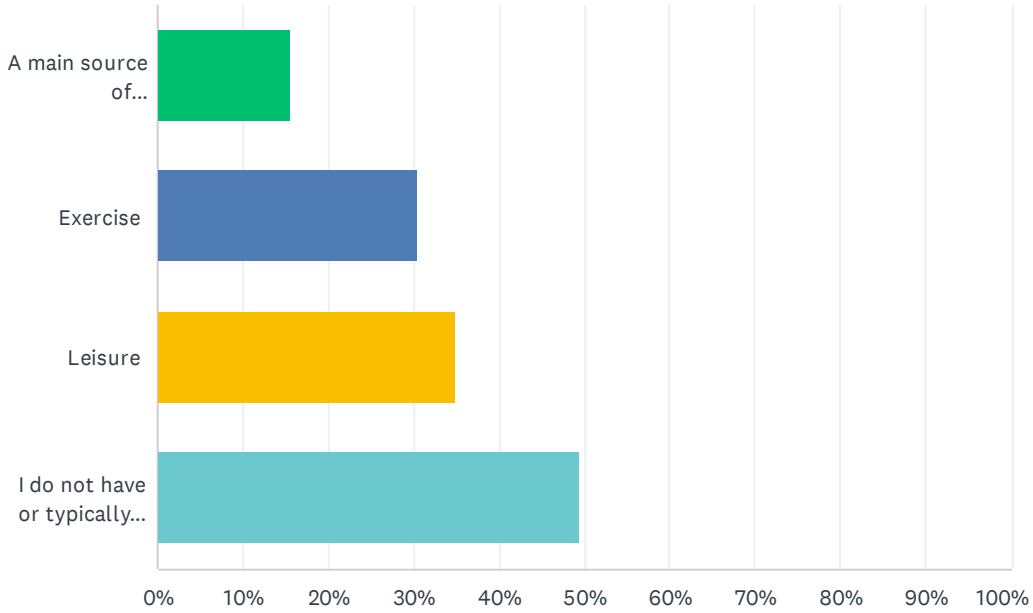
Answered: 451 Skipped: 300



ANSWER CHOICES	RESPONSES	
It is difficult to access where I live	6.21%	28
It is too expensive	3.77%	17
It takes too many transfers to reach my destinations	14.41%	65
I don't feel safe waiting until it arrives	24.61%	111
I'm not sure how it works (how to pay, scheduling, etc.)	6.65%	30
I don't have any of these concerns	58.54%	264
Total Respondents: 451		

Q76 If you regularly use a bicycle to get from place to place, for what purposes do you ride? (check all that apply)

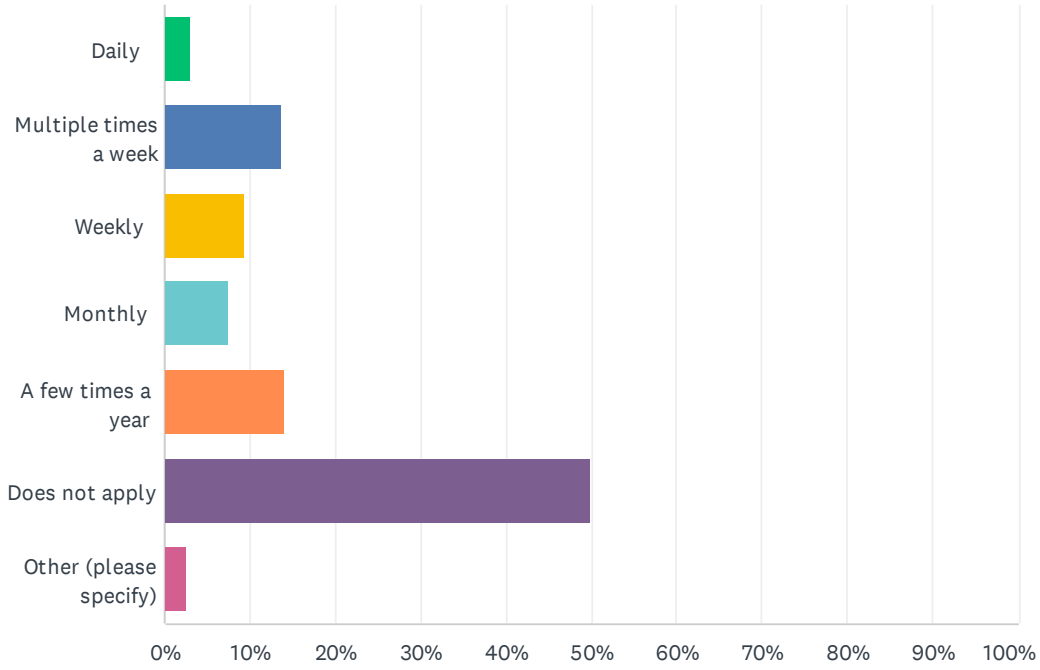
Answered: 458 Skipped: 293



ANSWER CHOICES	RESPONSES	
A main source of transportation/an alternative to my vehicle	15.50%	71
Exercise	30.57%	140
Leisure	34.93%	160
I do not have or typically use a bicycle	49.56%	227
Total Respondents: 458		

Q77 If you use a bicycle to get from place to place, how often do you use your bicycle for transportation?

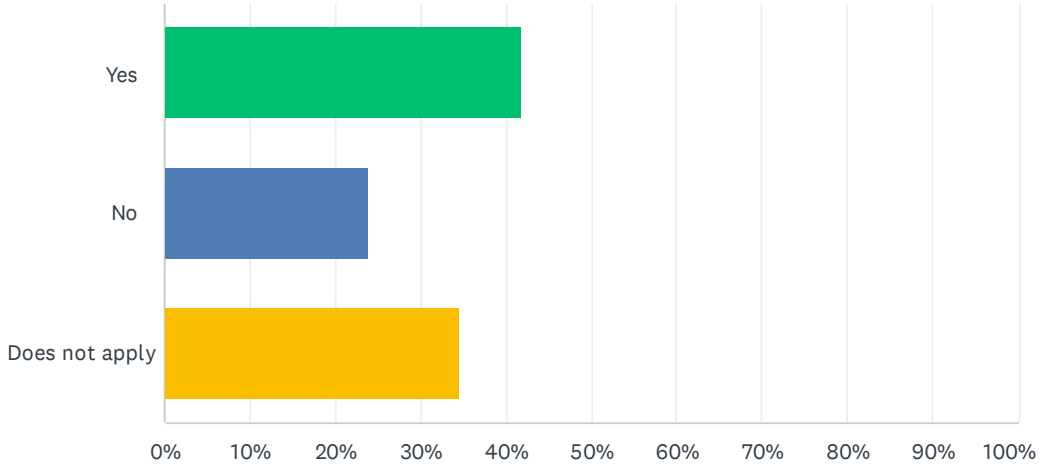
Answered: 451 Skipped: 300



ANSWER CHOICES	RESPONSES	
Daily	2.88%	13
Multiple times a week	13.75%	62
Weekly	9.31%	42
Monthly	7.54%	34
A few times a year	13.97%	63
Does not apply	49.89%	225
Other (please specify)	2.66%	12
TOTAL		451

Q78 Do you feel safe when riding your bicycle in our community?

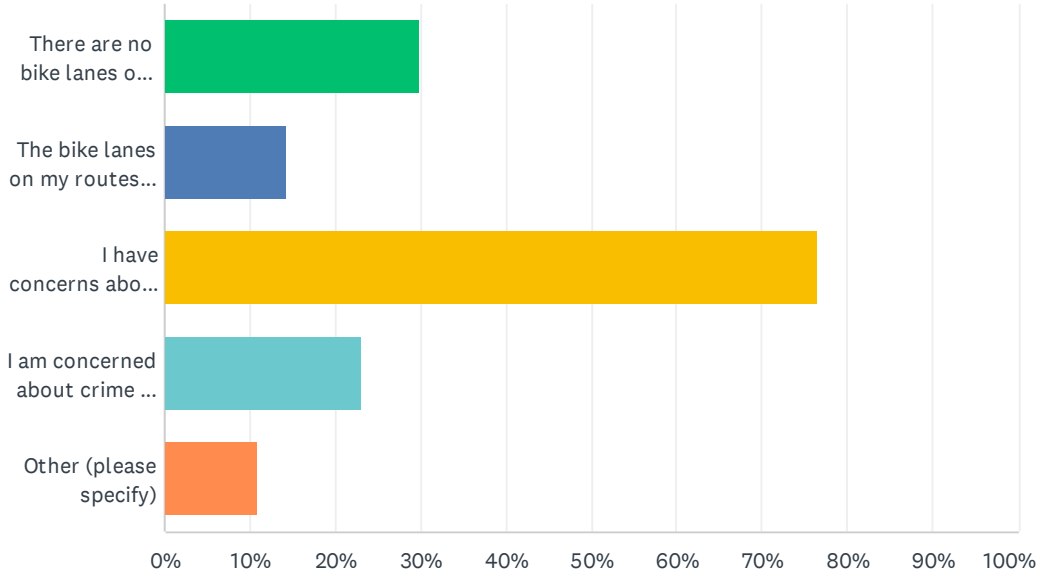
Answered: 453 Skipped: 298



ANSWER CHOICES	RESPONSES	
Yes	41.72%	189
No	23.84%	108
Does not apply	34.44%	156
TOTAL		453

Q79 If you feel unsafe, it is because … (check all that apply)

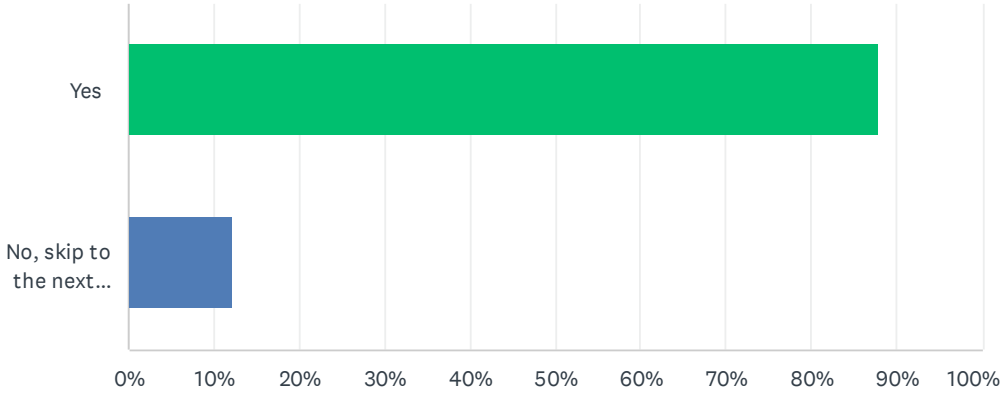
Answered: 274 Skipped: 477



ANSWER CHOICES	RESPONSES	
There are no bike lanes on the routes I need to take	29.93%	82
The bike lanes on my routes are poorly maintained	14.23%	39
I have concerns about car traffic	76.64%	210
I am concerned about crime or physical safety	22.99%	63
Other (please specify)	10.95%	30
Total Respondents: 274		

Q80 Would you like to answer a series of questions related to COVID-19?

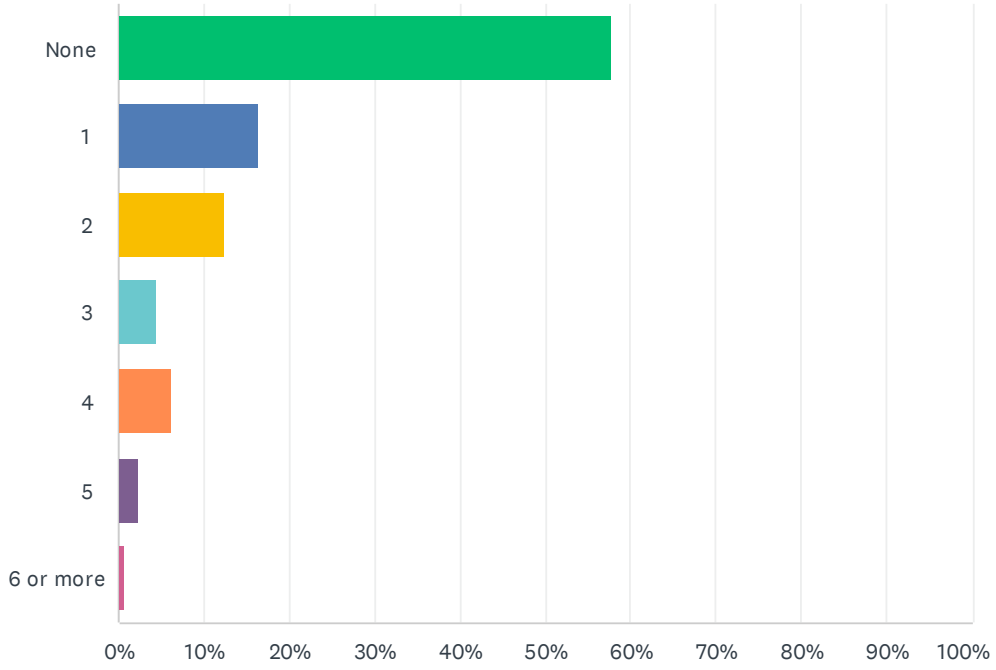
Answered: 556 Skipped: 195



ANSWER CHOICES	RESPONSES	
Yes	87.77%	488
No, skip to the next section	12.23%	68
TOTAL		556

Q81 How many people in your household have contracted COVID-19?

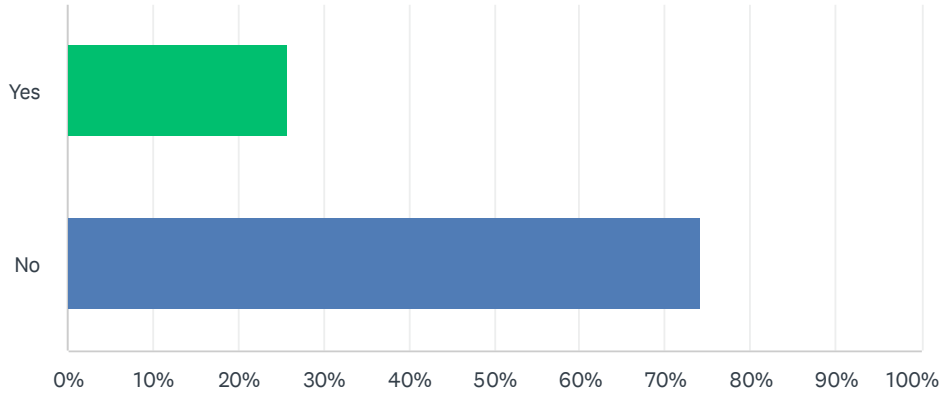
Answered: 487 Skipped: 264



ANSWER CHOICES	RESPONSES	
None	57.70%	281
1	16.43%	80
2	12.32%	60
3	4.52%	22
4	6.16%	30
5	2.26%	11
6 or more	0.62%	3
TOTAL		487

Q82 Has anyone in your household had effects or symptoms of COVID-19 last longer than 3 weeks?

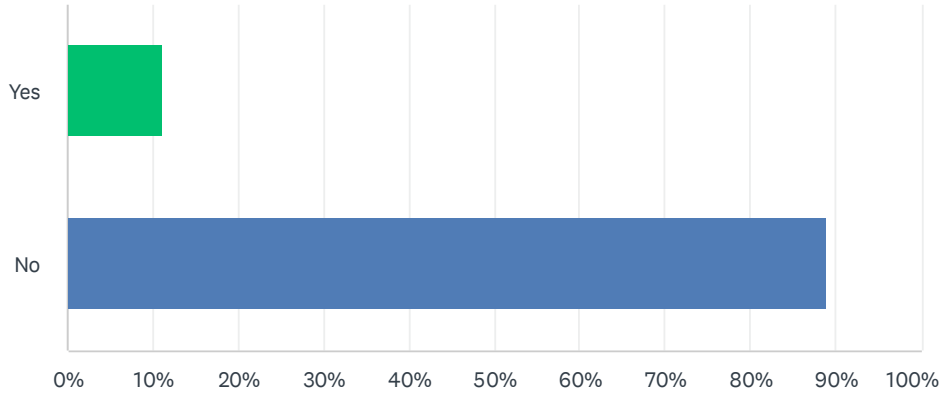
Answered: 206 Skipped: 545



ANSWER CHOICES	RESPONSES	
Yes	25.73%	53
No	74.27%	153
TOTAL		206

Q83 Are any members of your household taking new medications related to their COVID more than 10 days after their positive test?

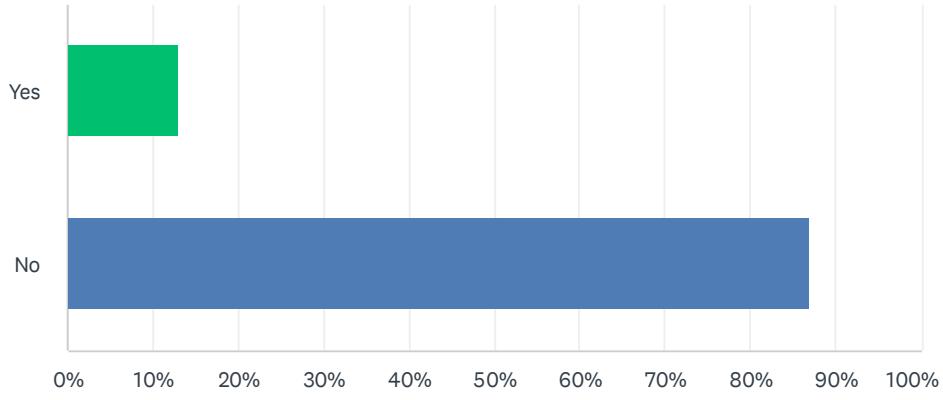
Answered: 206 Skipped: 545



ANSWER CHOICES	RESPONSES	
Yes	11.17%	23
No	88.83%	183
TOTAL		206

Q84 Has anyone in your household had increased contact with the medical system after completing their COVID isolation period?

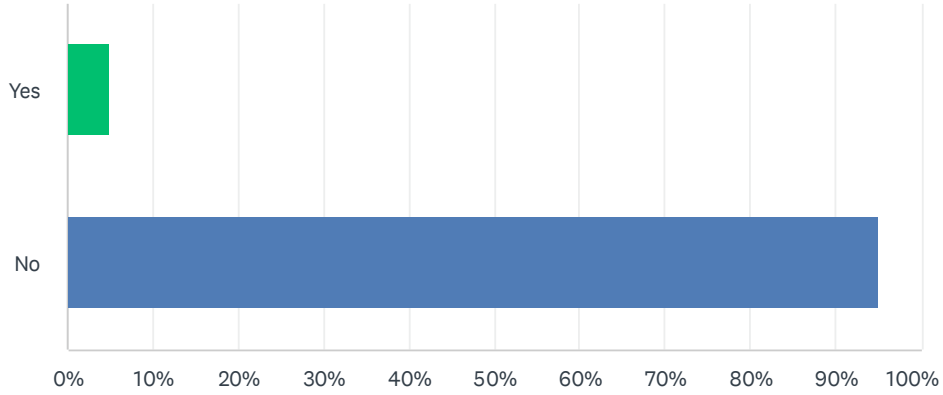
Answered: 206 Skipped: 545



ANSWER CHOICES	RESPONSES	
Yes	13.11%	27
No	86.89%	179
TOTAL		206

Q85 Was anyone in your household hospitalized as a result of COVID?

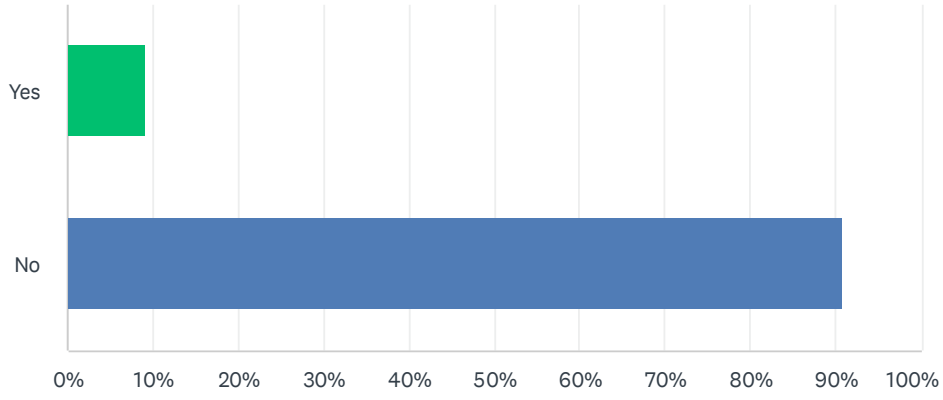
Answered: 206 Skipped: 545



ANSWER CHOICES	RESPONSES	
Yes	4.85%	10
No	95.15%	196
TOTAL		206

Q86 Has anyone in your household had to go to the ER because of COVID?

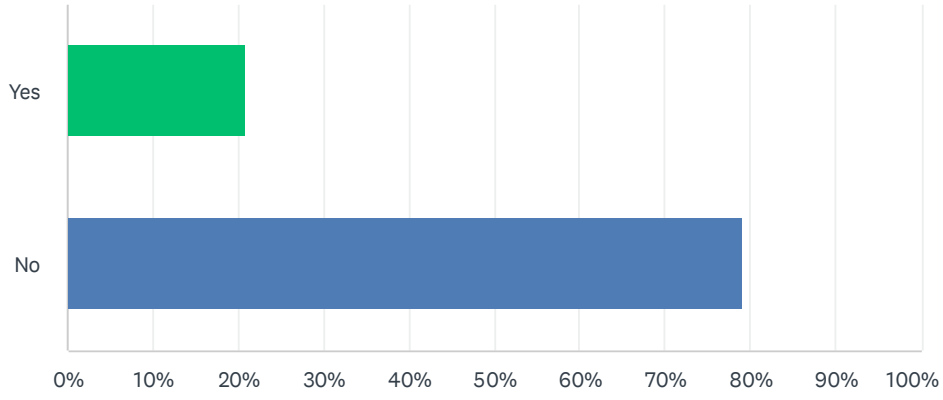
Answered: 206 Skipped: 545



ANSWER CHOICES	RESPONSES	
Yes	9.22%	19
No	90.78%	187
TOTAL		206

Q87 Has anyone in your household sought physician/medical treatment (not testing) because of COVID?

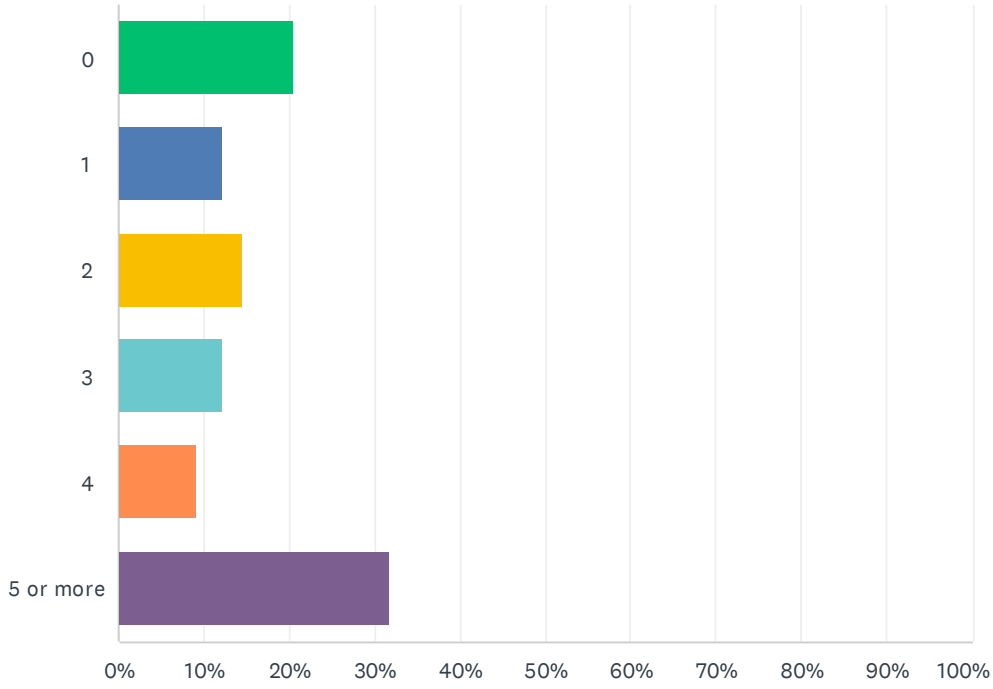
Answered: 206 Skipped: 545



ANSWER CHOICES	RESPONSES	
Yes	20.87%	43
No	79.13%	163
TOTAL		206

Q88 How many times have you sought a COVID-19 test due to exposure or symptoms (not routine testing for surveillance purposes)?

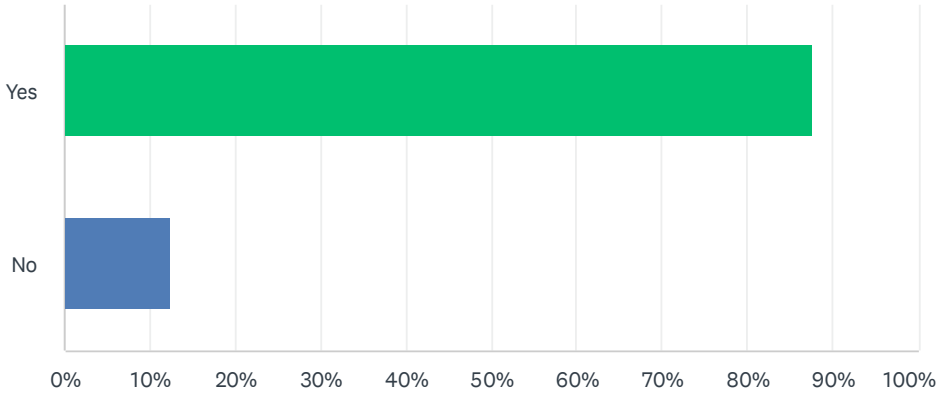
Answered: 485 Skipped: 266



ANSWER CHOICES	RESPONSES	
0	20.41%	99
1	12.16%	59
2	14.43%	70
3	12.16%	59
4	9.07%	44
5 or more	31.75%	154
TOTAL		485

Q89 Do community-wide mitigations (such as masking indoors and social distancing in public) remind you that we are in a pandemic?

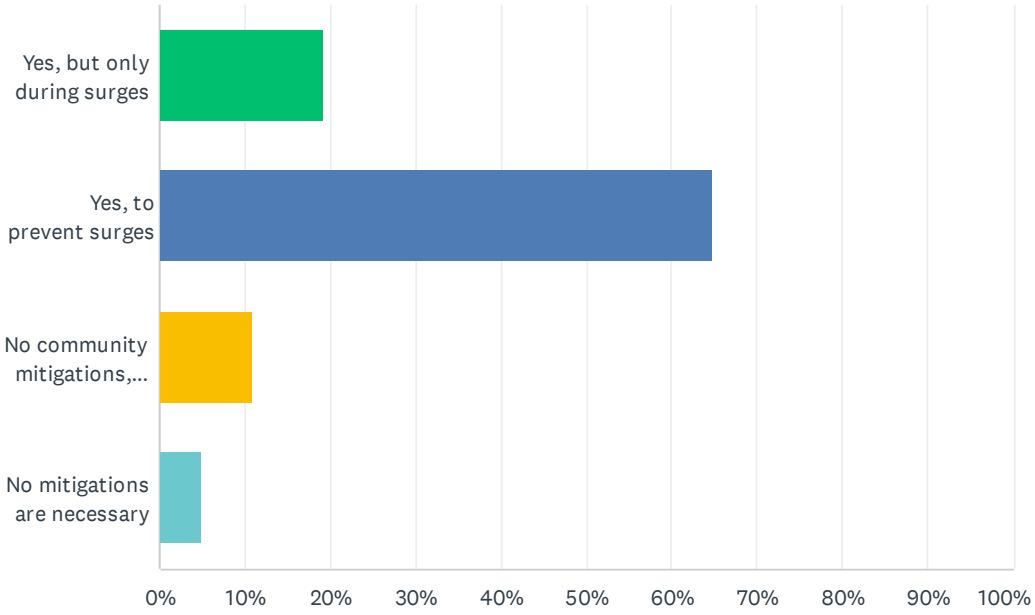
Answered: 482 Skipped: 269



ANSWER CHOICES	RESPONSES	
Yes	87.55%	422
No	12.45%	60
TOTAL		482

Q90 Do you think community-wide mitigations necessary while we are living in a pandemic?

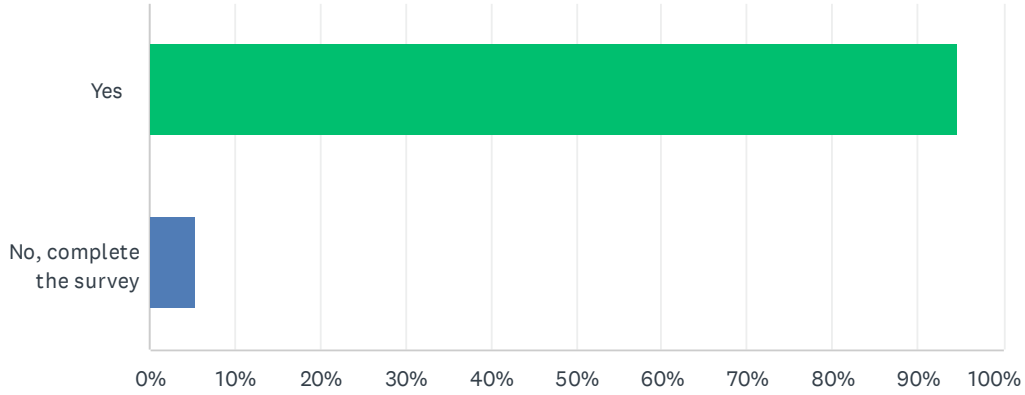
Answered: 483 Skipped: 268



ANSWER CHOICES	RESPONSES	
Yes, but only during surges	19.25%	93
Yes, to prevent surges	64.80%	313
No community mitigations, but individual mitigations are appropriate	10.97%	53
No mitigations are necessary	4.97%	24
TOTAL		483

Q91 Would you like to answer a series of questions related to safety?

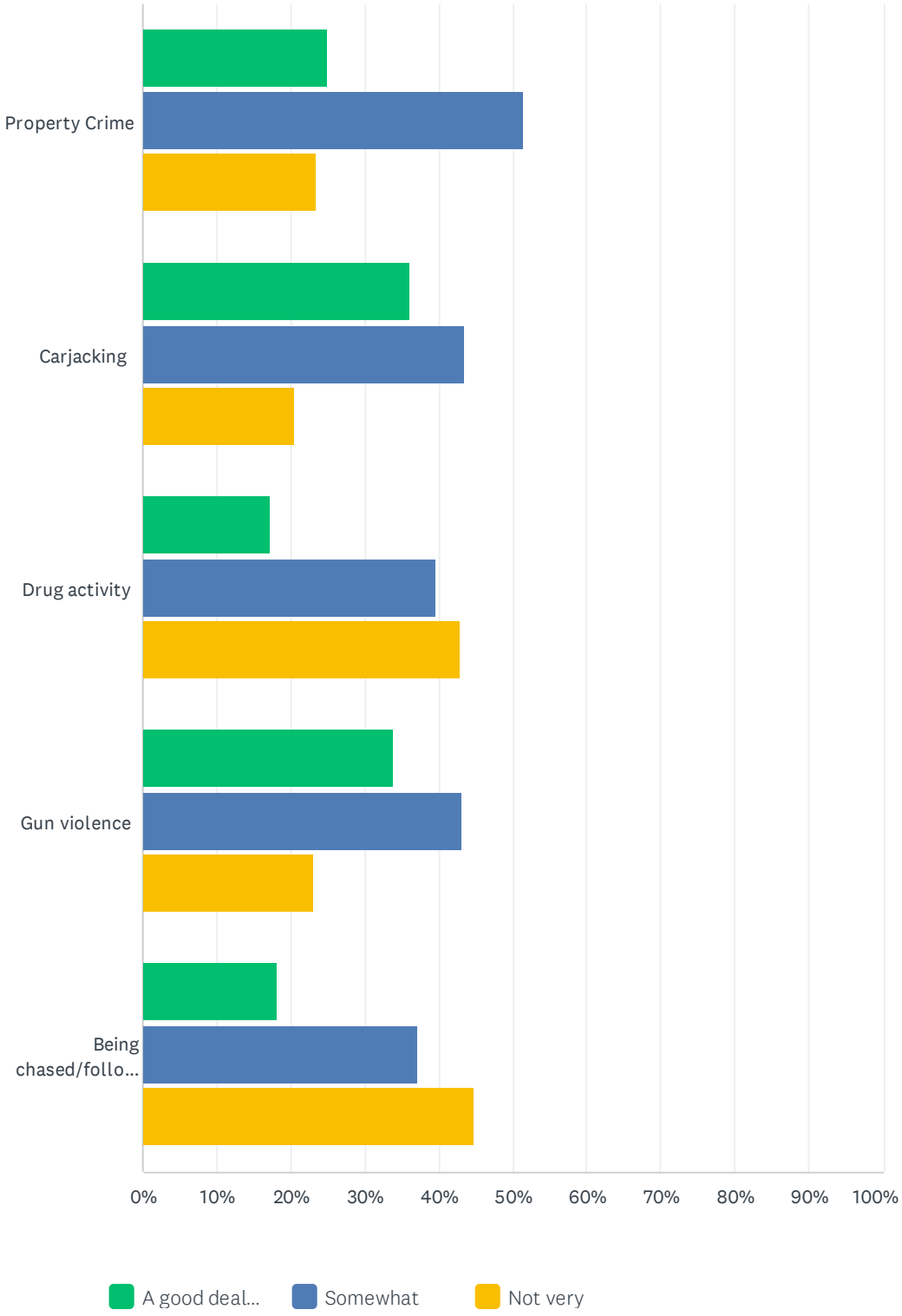
Answered: 484 Skipped: 267



ANSWER CHOICES	RESPONSES	
Yes	94.63%	458
No, complete the survey	5.37%	26
TOTAL		484

Q92 To what degree are you concerned about the following community violence issues?

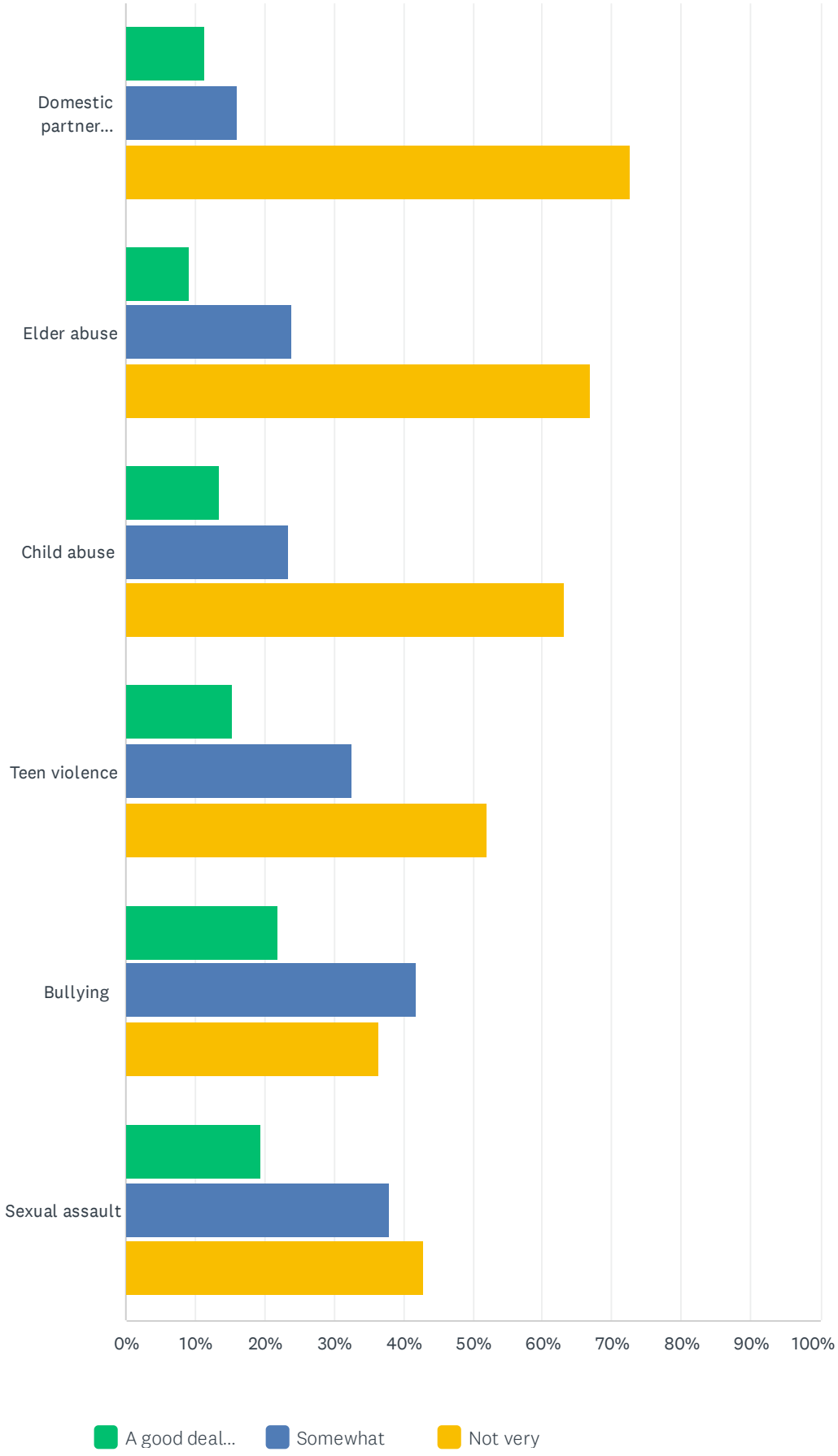
Answered: 516 Skipped: 235



	A GOOD DEAL/A LOT	SOMEWHAT	NOT VERY	TOTAL
Property Crime	25.05% 129	51.46% 265	23.50% 121	515
Carjacking	36.12% 186	43.50% 224	20.39% 105	515
Drug activity	17.32% 88	39.76% 202	42.91% 218	508
Gun violence	33.98% 174	42.97% 220	23.05% 118	512
Being chased/followed in public	18.16% 93	37.11% 190	44.73% 229	512

Q93 To what degree are you concerned about the following interpersonal violence issues?

Answered: 508 Skipped: 243


Domestic partner...
Elder abuse
Child abuse
Teen violence
Bullying
Sexual assault
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
A good deal...
Somewhat
Not very

	A GOOD DEAL/A LOT	SOMEWHAT	NOT VERY	TOTAL
Domestic partner violence	11.26% 57	16.01% 81	72.73% 368	506
Elder abuse	9.11% 46	23.96% 121	66.93% 338	505
Child abuse	13.40% 67	23.40% 117	63.20% 316	500
Teen violence	15.40% 77	32.60% 163	52.00% 260	500
Bullying	21.87% 110	41.75% 210	36.38% 183	503
Sexual assault	19.32% 97	37.85% 190	42.83% 215	502

Q94 For every 50 participants who complete the survey and enter an email address, we will draw a name to win a $50 gift card for Downtown Oak Park businesses. Please enter your email address here to be entered into the raffle (updated April 29)

Answered: 386 Skipped: 365

Racial Equity Tool

Step 1: What is your proposal and the desired results and outcomes?

1. Describe your policy, program, practice or budget decision:

2. What are the intended results within the Village of Oak Park?

3. What is the intended outcome within this organization?

4. What does this proposal have an ability to impact?

Children and youth	Health
Community Engagement	Housing
Contracting Equity	Human Services
Criminal Justice	Jobs
Economic Development	Parks and recreation
Education	Planning and Development
Environment	Transportation
Food access and affordability	Utilities
Government Practices	Workforce Equity
Other: _____	

Step 2: What's the data? What does the data tell us?

1. Will the proposal have impacts on specific neighborhoods, areas, or regions? What are the racial demographics of those living in the area?

2. What does the population level data, including quantitative and qualitative, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?

3. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies?

4. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?

Step 3: How have communities been engaged? Are there opportunities to expand engagement?

1. Who are the most affected community members who are concerned with or have experiences related to this proposal? How have you involved these community members in the development of this proposal?

2. What has your engagement process told you about the burdens or benefits for different groups?

3. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this proposal?

Step 4: What are your strategies for advancing racial equity?

1. Given what you have learned from research and stakeholder involvement, how will the proposal increase or decrease racial equity? Who would benefit from or be burdened by your proposal?

2. What are potential unintended consequences? What are the ways in which your proposal could be modified to enhance positive impacts or reduce negative impacts?

3. Are there complementary strategies that you can implement? What are ways in which existing partnerships could be strengthened to maximize impact in the community/ How will you partner with stakeholders for long-term positive change?

4. Are the impacts aligned with your community outcomes defined in Step 1?

Step 5: What is your plan for implementation?

1. Describe your plan for implementation.

2. Is your plan:

   Realistic

   Adequately funded

   Adequately resourced with personnel?

   Adequately resourced to ensure on-going data collection, public reporting and community engagement?

   If the answer to any of these questions is no, what resources or actions are needed?

Step 6: How will you ensure accountability, communicate, and evaluate results?

1. How will impacts be documented and evaluated? Are you achieving the anticipated outcomes? Are you having impact in the community?

2. What are your messages and communication strategies that will help advance racial equity?

3. How will you continue to partner and deepen relationships with communities to make sure your work to advance racial equity is working and sustainable for the long haul?