WE CHOOSE HEALTH

Transforming Communities Across Illinois

IDPH
Illinois Department of Public Health

We CHOOSE Health

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INTRODUCTION

This report is a resource for organizations and communities across Illinois wishing to improve their population's health through proven strategies informed by local experience. It describes evidence-based approaches, success stories, and lessons learned from the We Choose Health initiative.

While the funding supporting We Choose Health ended in 2014, the legacy of its projects lives on in communities across the state. These strategies provide a foundation for meaningful, effective, low-cost health improvement that can be pursued by any collaborative community coalition.

HISTORY OF WE CHOOSE HEALTH

In 2011, the Centers for Disease Control and Prevention (CDC) announced a new Community Transformation Grant (CTG) opportunity using funds made available through the Affordable Care Act of 2009. With this round of CTG funding, the CDC targeted both larger municipal areas and groups of smaller communities supported by larger entities such as state health departments. The programmatic focus was the implementation of evidence-based policies in support of healthy eating, physical activity, smoke-free living, and access to safe built environments. A further goal was to bring such interventions to underserved populations, particularly in rural areas.

In light of this extraordinary opportunity, the Illinois Department of Public Health (IDPH) formed a multi-sector team of key leaders from health care organizations, public health advocacy groups, and health departments. This leadership team defined the state's goals, drawn from CDC-approved strategies, and proposed a CTG project to support local community coalitions across Illinois through a competitive sub-award process. The local community grantees would be provided with not only funding, but also strategy-specific technical assistance through a network of organizations providing resources, training opportunities, and individual consultation.

Due to CDC restrictions, IDPH had to omit coverage for communities in Illinois pursuing their own CTG funding. As a result, Chicago, Cook County, and the collar counties were all deemed ineligible for the sub-award process. However, IDPH also proposed two statewide initiatives, Healthy Hearts and Healthy Childcare, to reach communities everywhere in the state.

IDPH and the leadership team called this local effort We Choose Health.

IDPH received its CTG funding from CDC at the end of 2011, anticipating a five-year project. In 2014, CDC announced an early end to the CTG funding, forcing IDPH to bring its project to a close two years ahead of schedule.

WE CHOOSE HEALTH SUB-AWARD PROCESS

In the first half of 2012, IDPH worked with the MidAmerica Center for Public Health Practice (MCPHP) at the University of Illinois at Chicago to design and execute its sub-award process. Potential grantees could apply to pursue a minimum of two and a maximum of eight interventions within their communities, with at least one strategy selected from each of two categories:

HEALTHY EATING AND ACTIVE LIVING*	TOBACCO PREVENTION
Coordinated School Health	Smoke-Free Multi-Unit Housing
Safe Routes to School	Smoke-Free Outdoor Public Places
Complete Streets	
Baby-Friendly Hospitals	
Worksite Wellness	

* Joint Use Agreements were a strategy under Healthy Eating and Active Living but were later dropped from the project.

In advance of the request for applications, IDPH and MCPHP helped communities prepare to apply through a series of webinars and educational events at conferences.

The request for applications drew 35 applications from across the state, each of which was peer reviewed by teams of volunteers assembled by MCPHP. Applications were scored for quality and assessed for other characteristics, including geographic scope and demographic reach. The final selection process balanced these considerations to ensure that IDPH could meet the health equity goals required in its original application to CDC.

In September of 2012, IDPH awarded $4.8 million in sub-awards to 21 local grantees (20 of which were local health departments) conducting work in 60 Illinois counties. Work commenced with a kickoff "Action Institute" held in Springfield. The grantees all met again in Effingham in the spring of 2013, and at regional meetings in Dixon, Champaign, and Carbondale that fall. In September of 2013, 19 of the original 21 grantees received continued funding for a second year of work.

Using a separate competitive process, IDPH also awarded contracts to statewide experts to serve as technical assistance providers. These experts provided local health department grantees and their coalitions with one-on-one support, group training, and a variety of resources in order to increase their ability to implement effective, community-driven initiatives.

EVALUATION AND PERFORMANCE MONITORING

IDPH partnered with the Institute for Health Research and Policy (IHRP) at the University of Illinois at Chicago to evaluate specific components of We Choose Health. IHRP also worked with their colleagues at MCPHP to develop performance monitoring systems to help keep local grantees on track with their work, and to facilitate reporting back to CDC.

Adding to these efforts, IHRP is developing numerous manuscripts reporting on the outcomes and processes of We Choose Health. Members of the evaluation team also disseminated findings in presentations at the American Public Health Association's 2013 and 2014 annual meetings.

THIS REPORT AND THE WE CHOOSE HEALTH LEGACY

This report has the twin goals of sharing the accomplishments of the local grantees and providing practical information about the seven strategies they used to help transform their communities. Although these communities had financial help to implement strategies through We Choose Health, all of the approaches used are within reach for well-functioning community coalitions, often requiring only a modest financial investment.

The findings in this report are based on We Choose Health evaluation and performance management systems. We Choose Health grantees self-reported their local accomplishments, including policies and activities adopted and implemented by community partners. Grantees and community partners compiled detailed data reports to assess the activities conducted and the nature of policy changes achieved during We Choose Health; however, it is not possible to determine that the resulting changes were solely related to We Choose Health interventions. IDPH and its partners used grantee reporting and CDC guidance for all assessments and estimates of the number of people affected by each strategy.

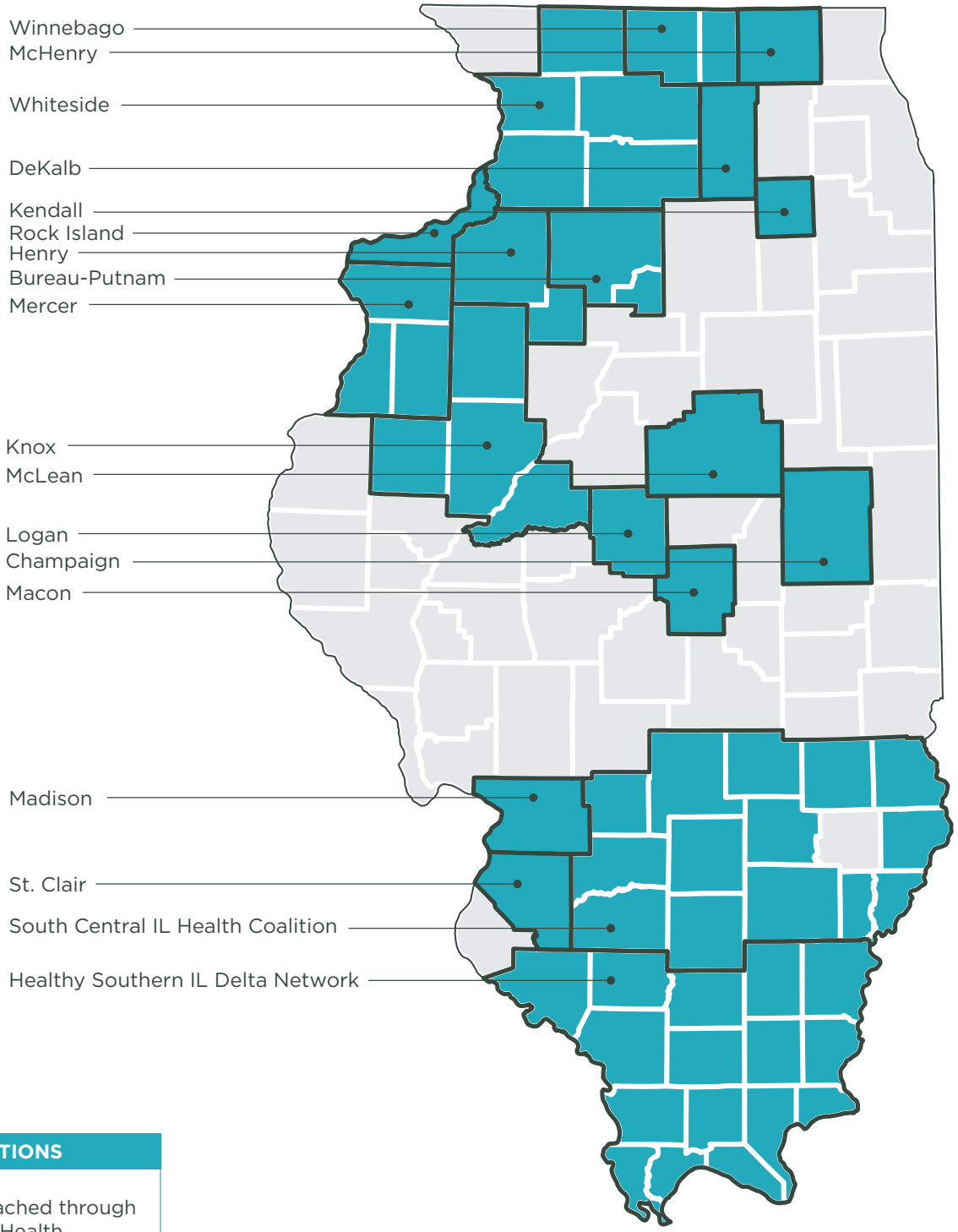
The We Choose Health story also involves three components not covered in this report:

- The Joint Use Agreement intervention, intended to expand physical activity opportunities by opening closed facilities to outside groups, posed too many challenges for local grantees under the narrow approaches outlined by the CDC, and was ultimately dropped from We Choose Health. However, other forms of this approach might be appropriate for some Illinois communities. Interested readers may learn more at ChangeLab Solutions.

- The two statewide initiatives Health Hearts and Healthy Childcare continue to be sustained by IDPH and its partners. For more information about Healthy Hearts, click here. For more information about Healthy Childcare, click here.

Additional resources and information not included in this report can be found at www.wechoosehealth.illinois.gov.

ILLINOIS COUNTIES REACHED THROUGH WE CHOOSE HEALTH STRATEGIES*



GRANTEE COALITIONS

- Counties reached through We Choose Health
- Counties not participating in We Choose Health

*Outlined areas represent funded We Choose Health grantee counties or coalitions. Listed on this map are the lead agencies for each grantee county or coalition. Partner agencies, as well as names of the counties reached in each area, can be found in the Project Profile section for each specific grantee.

STRATEGY:
COORDINATED SCHOOL HEALTH

THE EVIDENCE

Most American children and adolescents do not meet guidelines for a healthy diet or daily physical activity [1]. This has resulted in increasing rates of overweight and obesity in children and adolescents, and has contributed to an adult epidemic of overweight and obesity [1, 2]. Obesity is associated with negative effects on children's social and emotional well-being and academic performance [1, 2]. Poor diet and lack of moderate to vigorous physical activity also place children at future risk of heart disease, cancer, and diabetes, and contribute to abnormal development and poor dental health [1, 2].

The more than 2 million children who attend Illinois public schools could benefit from policy changes intended to improve health [1, 3, 4]. Schools have the ability to improve child and adolescent health because school-age children spend much of their time there. Children may eat up to two meals at school daily, and in the 2010-2011 school year, nearly 1 million Illinois children depended on free or reduced-price lunch at school [4].

The Community Preventive Services Task Force of the U.S. Public Health Service recommends that schools implement curricula that promote healthy eating and physical activity, and allow more time during the school day for noncompetitive physical activity [5]. Popular programs like Coordinated Approach to Child Health (CATCH) can slow weight gain and risk of overweight [6]. Exercise promotes children's academic performance by helping them concentrate and behave appropriately in class [1, 7, 8]. Multiple studies have found that changes to school curricula and menus can improve factors related to children's diet, including knowledge of nutrition, increased consumption of fruits and vegetables, and reduced consumption of sweetened beverages [4]. Validated national programs such as CATCH have been shown to reduce children's risk of becoming overweight even when adapted by schools locally [6].

THE APPROACH

Under We Choose Health, local health department grantees engaged with teachers and administrators to implement Coordinated School Health policies and programs to increase physical activity and healthy eating within schools and improve the social and emotional wellness of students.

Coordinated School Health brings together school administrators, teachers and other staff, students, families, and community members to assess health needs; set priorities; and plan, implement, and evaluate school health activities to promote healthy behaviors in the school environment. The program connects health with education, focusing on school-based efforts to improve health. Schools and school districts are encouraged to update school wellness policies to incorporate moderate to vigorous physical activity into physical education courses and healthier food into school meals, celebrations, and vending.

Coordinated School Health begins with the CDC's School Health Index (SHI), a process to identify strengths and weaknesses in health programming and curriculum. From there, schools/school districts develop and implement a school health improvement plan to address needs identified by the SHI. Under We Choose Health, local health department grantees assisted schools and school districts with these processes, and encouraged them to adopt systemic changes to increase and sustain progress.

STATEWIDE RESOURCES

We Choose Health grantees had access to a range of statewide school health resources and expertise. For example, with support from EverThrive Illinois, Jeff Franklin of Southern Illinois University's Center for Rural Health and Social Service Development provided one-on-one support to local health department grantees and their partner schools, guiding them through the complex components of Coordinated School Health. The health departments

received hands-on instruction in conducting the SHI assessment and implementing evidence-based curricula such as CATCH, creating local expertise throughout the state for ongoing Coordinated School Health efforts.

ACCOMPLISHMENTS

School Health Teams

We Choose Health grantees helped to create 211 new school health teams, bringing together key stakeholders to complete school health assessments and provide critical insight and coordination for the wellness needs of students and staff.

School Health Index

Through We Choose Health, 296 schools participated in SHI assessments at the school or district level, identifying strengths and opportunities for improving school wellness. On completion of the assessments, 251 schools created School Health Improvement Plans to outline and prioritize next steps for promoting health as identified in the SHI.

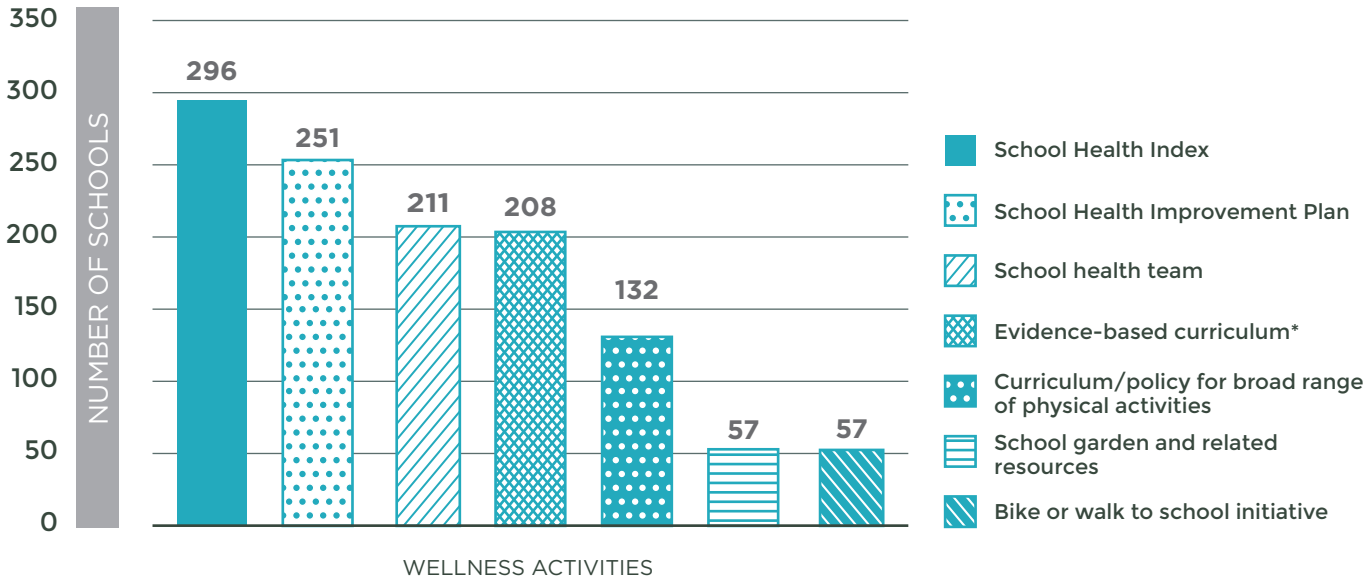
Wellness Activities

To improve school health and wellness, 208 schools implemented evidence-based curricula for nutrition and physical activity. These curricula, which include CATCH and Sports, Play, and Active Recreation for Kids (SPARK), promote healthy nutrition in the classroom and the cafeteria, provide instruction and programming for physical education classes, and incorporate physical activity into the classroom with an emphasis on increasing moderate to vigorous activity levels. Of the We Choose Health schools, 132 also have policies or curricula that promote physical activity — both competitive and noncompetitive — to support lifelong engagement. And 57 schools now have gardens to foster healthy eating habits and walk to school programs to incorporate active transportation.

138,468
Number of students
reached through School Health Index assessments in schools and districts statewide

The table below gives an overview of We Choose Health accomplishments through the Coordinated School Health strategy.

TOP WELLNESS ACTIVITIES IN WE CHOOSE HEALTH SCHOOLS

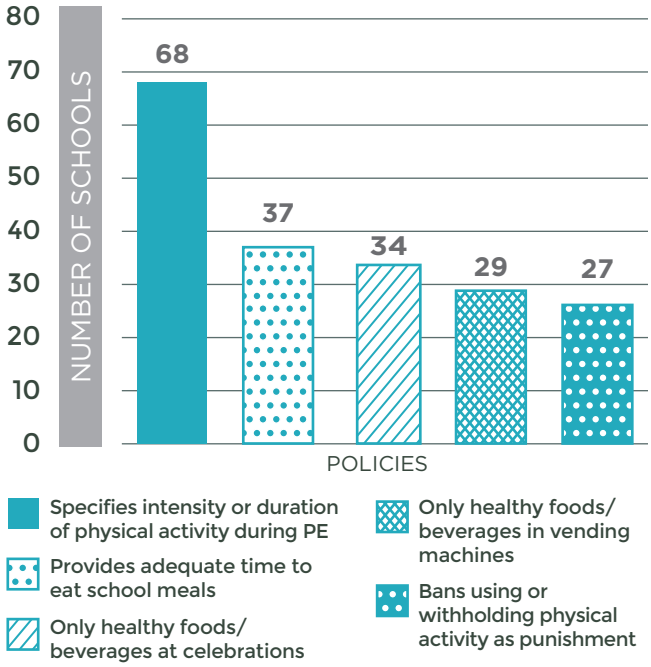


*Evidence-based curricula supported through We Choose Health included CATCH and SPARK comprehensive school health programs

Policy Changes

To promote sustainable change, grantees helped schools create health and wellness policies — specifically promoting physical activity and healthy nutrition. The top policies supported through We Choose Health are presented in the table below.

TOP POLICY PROVISIONS IN WE CHOOSE HEALTH SCHOOLS



LESSONS LEARNED

Through quarterly reports, grantees provided insight into their experiences with the We Choose Health initiative. A qualitative analysis of Coordinated School Health final summary reports revealed key lessons learned. Grantees describe these important lessons, in their own words, below.

1. Don't pressure schools. Be patient and let them take the lead.
   - "It is important to work with schools and not make them feel as though you are pressuring them to do Coordinated School Health. We need to convince them how these efforts can strengthen their school and improve grades and student behavior. Schools struggle with meeting state education standards, dwindling budgets, etc. They want to know how Coordinated School Health can help them overall without it seeming like extra work."
   - "Do not try to force too much on the school... Be patient and flexible and supportive of their commitments."
2. Building relationships and training school staff are key to achieving buy-in.
   - "Community partnership is a must! It brings more ideas and creativity, and it made some of our workload much lighter. Community partnerships helped us to connect with the right resources for what we were trying to accomplish."
   - "It is important to train all the faculty in CATCH or any [Coordinated School Health] program... Every member of the faculty needs to have the same message."
3. It is important to get to know each school and to be flexible. All schools are unique and therefore require different approaches.
   - "Remember, each school is unique. There is no one right way to encourage a school to implement a health improvement plan. It may take time to find what works best for them."
   - "Once we were able to gain a better understanding of the 'politics' for the individual school districts, we were able to build a more productive relationship and saw more activity occur."

[1] Centers for Disease Control and Prevention (CDC). School health guidelines to promote healthy eating and physical activity. MMWR Recomm Rep. 2011 Sep 16;60(RR-5):1–76.

[2] Waters E, de Silva-Sanigorski A, Burford BJ, Brown T, Campbell KJ, Gao Y, et al. Interventions for preventing obesity in children [Internet]. Cochrane Collaboration; 2011 [cited 2014 Sep 9]. Available from: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001871.pub3/abstract

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[5] Katz DL, O'Connell M, Yeh M-C, Nawaz H, Njike V, Anderson LM, et al. Public health strategies for preventing and controlling overweight and obesity in school and worksite settings: A report on recommendations of the Task Force on Community Preventive Services. MMWR Recomm Rep. 2005 Oct 7;54(RR-10):1–12.

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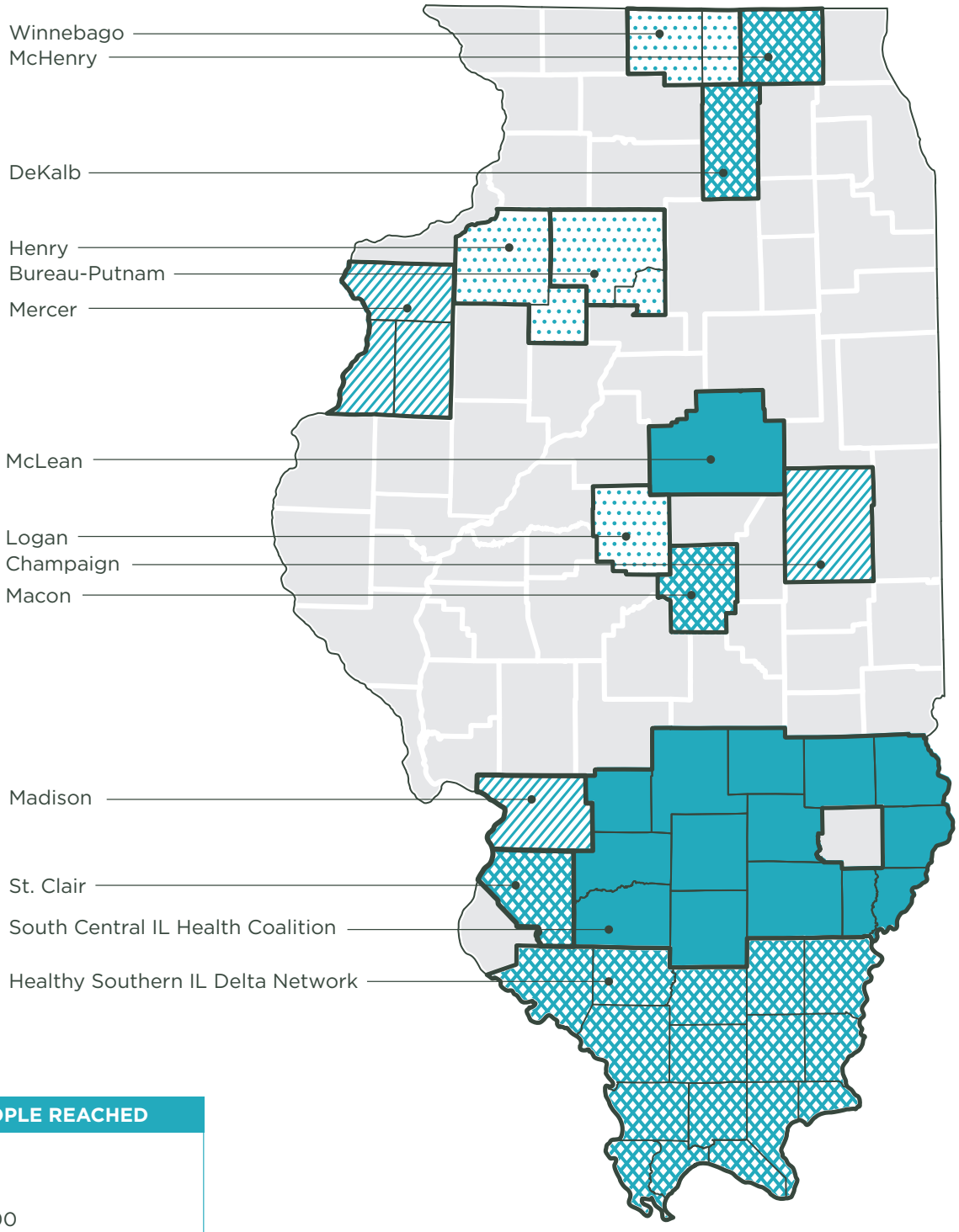
[7] Jarrett OS, Maxwell DM, Dickerson C, Hoge P, Davies G, Yetley A. Impact of Recess on Classroom Behavior: Group Effects and Individual Differences. J Educ Res. 1998 Nov 1;92(2):121–6.

[8] Murray R, Ramstetter C, Devore C, Allison M, Ancona R, Barnett S, et al. The Crucial Role of Recess in School. Pediatrics. 2013 Jan 1;131(1):183–8.

NUMBER OF STUDENTS WHOSE SCHOOL/DISTRICT COMPLETED THE SCHOOL HEALTH INDEX*



NUMBER OF PEOPLE REACHED

- 1 – 3,000
- 3,001 – 8,000
- 8,001 – 16,000
- 16,001 – 32,626

*Outlined areas represent funded We Choose Health grantee counties or coalitions.

STRATEGY: WORKSITE WELLNESS

THE EVIDENCE

Chronic disease is a significant cause of death and disability in Illinois. In 2012, more than 900,000 people in Illinois were diagnosed with diabetes, more than 400,000 with coronary heart disease, and 63% of the population were overweight or obese [1]. Heart disease and diabetes caused more than 27,000 deaths in Illinois in 2011 [2]. The burden of chronic disease is increasing, and as the U.S. workforce ages, it will carry significant costs not only for individuals and the health care system, but for private employers and insurers as well [3].

Worksites are a promising avenue for reducing rates of chronic health problems: Around 6 million employed Illinois residents could benefit, as they spend significant time at their worksites and often obtain health insurance through their employers. Worksite Wellness programs encourage employees to make positive changes to improve their health. Programs commonly focus on a combination of diet, physical activity, and smoking cessation, and may provide incentives such as discounts on employer-provided health insurance.

Because the Affordable Care Act encourages expanding worksite wellness interventions, there are numerous resources for employers looking to design new programs [3–5]. Illinois employers can pursue the Illinois Healthy Worksite Designation to gain recognition for their efforts [6]. Employer interventions that focus on diet, physical activity, or both are recommended by the Community Preventive Services Task Force because they can successfully reduce employee body mass index (BMI) [7, 8]. The American Heart Association also recommends screening for measures such as BMI, blood pressure, cholesterol, and blood glucose [9]. These programs are cost effective, but even very low-cost changes such as signs encouraging stair use can have positive effects on physical activity and health [3, 10].

THE APPROACH

Under We Choose Health, local health department grantees worked with local business leaders to initiate and strengthen Worksite Wellness programs and policies.

Comprehensive Worksite Wellness programs focus on improving nutrition, increasing physical activity, reducing tobacco use, and managing weight and disease. They also include policies to create and sustain a culture of health and well-being within the work environment, which may also lead to healthy behavior changes at home.

To implement these programs, employers develop a wellness committee comprised of employees, managers, and leadership. The committee works to systematically identify needs as well as gaps in any existing Worksite Wellness programs or policies. A plan is then developed to create new — or enhance existing — programs and policies to increase opportunities and incentives for employees to engage in healthier behaviors. The committee then implements and promotes the Worksite Wellness programs and policies, regularly evaluating and adapting them to increase effectiveness.

STATEWIDE RESOURCES

We Choose Health grantees had access to a range of statewide Worksite Wellness experts and resources. The Illinois Chamber of Commerce and its partners provided one-on-one support to local health department grantees and their partners to create wellness committees to incorporate wellness into employee workdays.

Other resources were created specifically for the We Choose Health initiative:

- ***We Choose Health 365:*** This online tool provides organizations and their employees with access to a variety of wellness competitions, self-directed health tools and trackers, education materials, and other resources.
- ***Illinois Healthy Worksite Designation:*** This three-year, three-level award recognizes efforts

by employers to create cultures of health within their workplaces. The program includes a criteria guide, evaluation tips, promotional resources, and sample certificates.

ACCOMPLISHMENTS

During We Choose Health, 170 worksites across Illinois partnered with 13 local health department grantees to identify health priorities and implement Worksite Wellness policies and activities. Initiatives fell into six broad categories:

- **General Worksite Wellness:** Policies and activities that focus on nutrition, physical activity, smoking cessation, and weight and disease management.
- **Smoke-Free/Tobacco-Free Workplaces:** Policies prohibiting cigarette and tobacco use in areas not covered by the Smoke-Free Illinois Act — e.g., outdoor areas at hospital campuses, higher education institutions, and entertainment venues.
- **Physical Activity:** Policies to promote employee engagement in physical activity during the workday or as part of an active lifestyle. Examples include flexible break time for physical activity, physical activity "competition" programs, and provision of exercise equipment.
- **Healthy Nutrition:** Programs or policies that institute healthier vending options for employees, customers, and visitors. Standards typically include increasing fresh and/or less-processed food options while reducing calorie, fat, sodium, and sugar content of vended items.
- **Family Friendly Supports:** Policies promoting supportive environments for breastfeeding mothers, such as schedule accommodations and space designated for pumping and safe storage of breast milk that is both private and clean (i.e., not a restroom).
- **Employee Benefit Plans:** Policies that give employees broader health insurance options, including health savings plans.

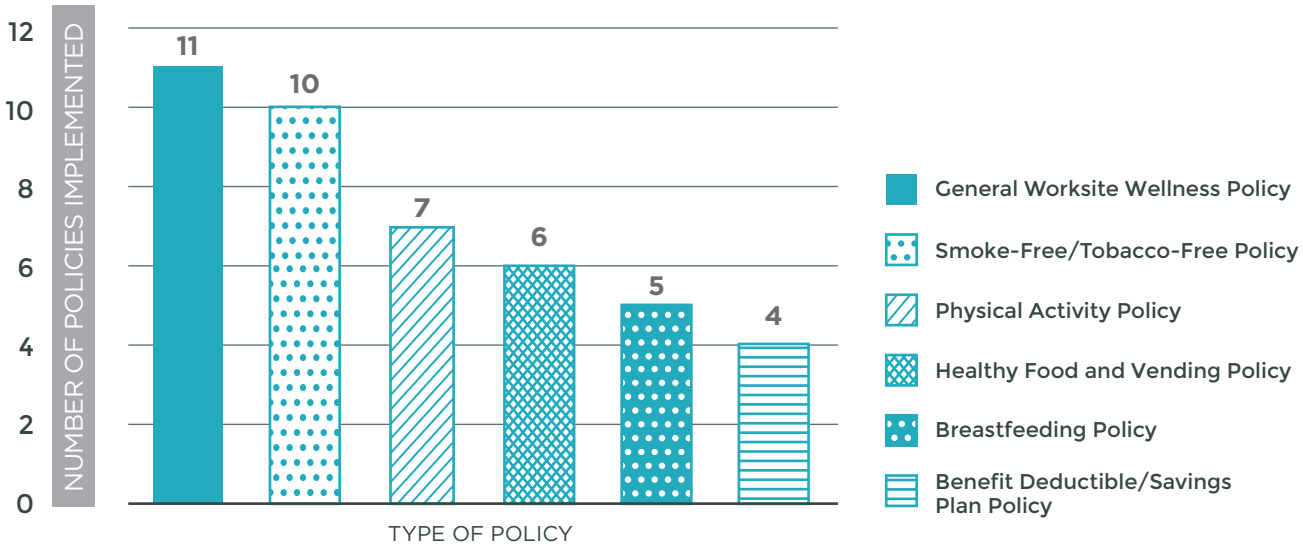
Policy Implementation

In all, We Choose Health grantees implemented 43 Worksite Wellness policies in 33 worksites, reaching 11,821 employees. The chart below shows the breakdown by type of policy.

Activity Implementation

Of greater significance, We Choose Health grantees provided support toward a total of 1,493 specific Worksite Wellness-related activities, reaching 57,929 employees across the state. The table on the next page lists the most frequent types of activities that occurred but were not part of the organization's official policy or plan.

WORKSITE WELLNESS POLICY IMPLEMENTATION



MOST FREQUENT WORKSITE WELLNESS ACTIVITIES ENGAGED IN AT 170 WORKSITES	
Type of Activity	**Number/% of Employers Engaged in Activity**
Nutrition	
Access to free drinking water	**135/79%**
Healthy food available onsite	**71/42%**
Onsite equipment for preparation and storage of food	**63/37%**
Prompts encourage healthy eating	**54/32%**
Physical Activity	
Promotion of safe walking routes near worksite	**74/44%**
Promotion of walking, stretching, or other physical activity breaks	**70/41%**
Provision of onsite exercise equipment or fitness classes	**65/38%**
Provision of well-lit and accessible stairwells	**54/32%**
General Worksite Wellness	
Promotion of hygiene and self-care practices	**66/39%**
Provision of a safe working environment	**58/34%**
Incentives to encourage participation in wellness	**51/30%**
Flexible work schedule to allow for participation in wellness	**42/23%**
Family-Related Wellness	
Private room available for nursing mothers	**74/44%**
Maternity/paternity support beyond the FMLA	**25/18%**
Wellness program available to dependent family members	**21/12%**
Employee daycare provided or costs subsidized by worksite	**2/1%**
Worksite Organization	
Communications plan to promote program to all employees	**42/25%**
New employees provided information on wellness program	**39/23%**
Worksite budget includes funding for wellness	**30/18%**
Goals of wellness program measured annually	**27/16%**

57,929

employees were reached by Worksite Wellness-related activities

LESSONS LEARNED

Through quarterly reports, grantees provided numerous insights into their experiences with the We Choose Health initiative. An analysis of Worksite Wellness final summary reports revealed key lessons learned. Grantees describe these important lessons, in their own words, below.

1. Programs must be tailored to each worksite's specific interests and abilities.
   - "It is essential to complete an assessment and from that a plan. The committee then can brainstorm and prioritize the goals. Since each worksite is so different, it is important that each chooses for itself what direction to take with Worksite Wellness."

2. Building relationships, identifying champions, and creating a wellness committee are key for success and sustainability.
   - "Building strong professional relationships can benefit any Worksite Wellness initiative. Doing this is the first step toward a policy and a sustainable change."
   - "Wellness committees are extremely important. Without a committee, programs tend to fizzle out unless there is a full-time Worksite Wellness employee at the worksite."
   - "Find champions and build relationships with them. Stay connected, brainstorm together, introduce champions from various worksites to each other to strengthen each other's programs."

3. It was most effective to build up to policy implementation and focus first on easy wins.
   - "Small changes in the worksites were effective and laid the groundwork for more permanent policy change."
   - "Employers and employees need to buy in to the wellness commitment before they agree to policy."

4. Worksite Wellness implementation is a long process and requires patience and persistence.
   - "Changes will not occur overnight. Persistence and determination are key components to assisting a worksite in implementing a successful Worksite Wellness program."
   - "It takes time to work a company through the process. Groundwork has to be laid first with the owners/managers of a company, and then discussed with the employees."

> "Wellness committees are extremely important. Without a committee, programs tend to fizzle out unless there is a full-time Worksite Wellness employee at the worksite."

[1] Illinois Behavioral Risk Factor Surveillance System [Internet]. [cited 2014 Aug 6]. Available from: http://app.idph.state.il.us/brfss/default.asp

[2] Illinois Department of Public Health. Leading Causes of Death, Illinois, 2011 [Internet]. [cited 2014 Oct 24]. Available from: http://www.idph.state.il.us/health/bdmd/leadingdeaths11.htm

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[6] We Choose Health. Illinois Healthy Worksite Designation - Recognizing Workplaces That Make Employee Health a Priority. Springfield, IL: Illinois Department of Public Health; 2014.

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[8] A Recommendation to Improve Employee Weight Status Through Worksite Health Promotion Programs Targeting Nutrition, Physical Activity, or Both. Am J Prev Med. 2009 Oct;37(4):358–9.

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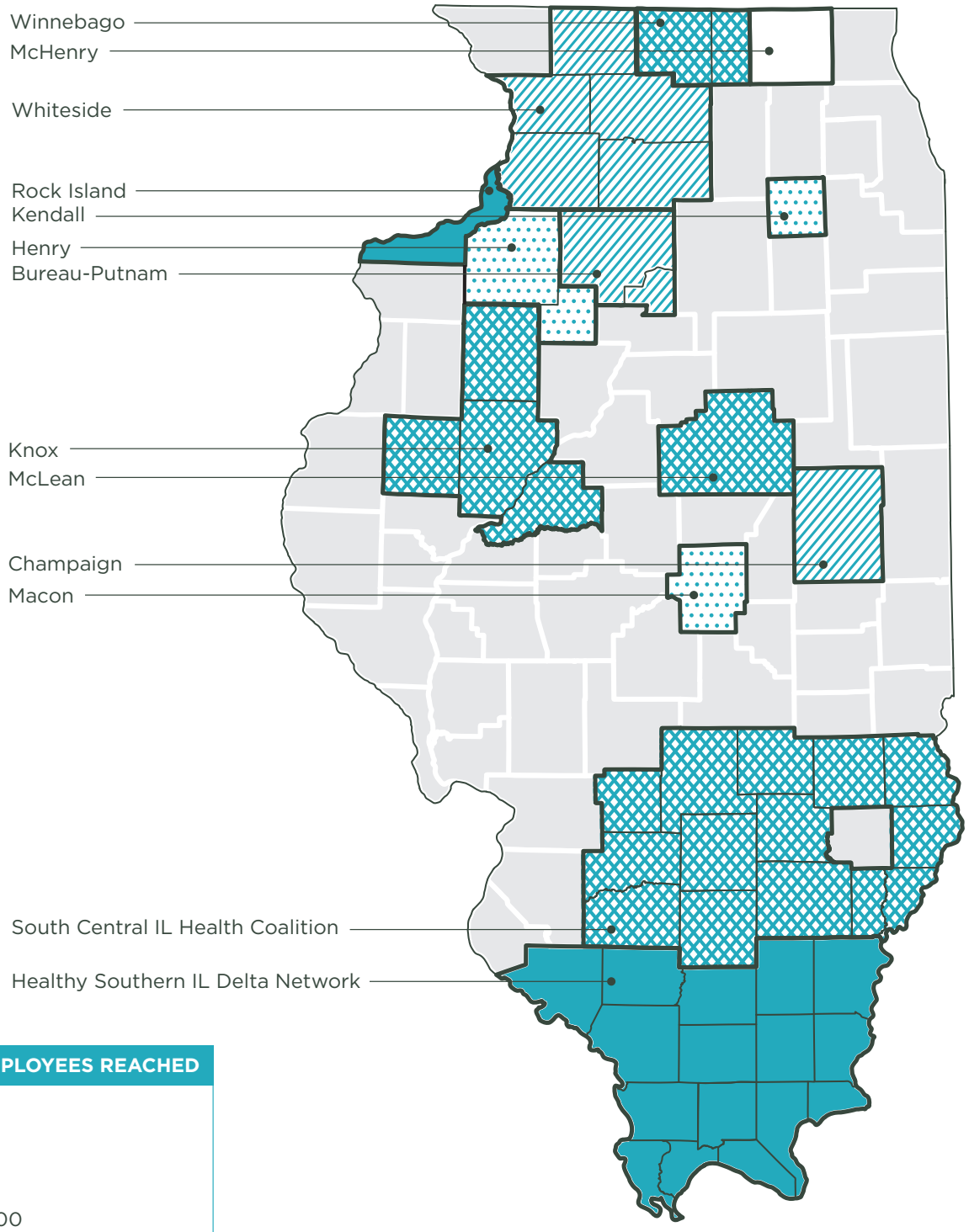
NUMBER OF EMPLOYEES REACHED THROUGH WE CHOOSE HEALTH WORKSITE WELLNESS POLICIES*



NUMBER OF EMPLOYEES REACHED

- 0
- 1 – 1,000
- 1,001 – 4,000
- 4,001 – 8,000
- 8,001 – 11,072

*Outlined areas represent funded We Choose Health grantee counties or coalitions.

STRATEGY:
BABY-FRIENDLY HOSPITALS

THE EVIDENCE

Breastfeeding is one of the best ways to improve both maternal and child health [1]. Breastfed infants have a lower risk of serious respiratory infections and SIDS, and are less likely to be obese [2, 3]. Mothers who breastfeed have reduced risk of developing type 2 diabetes and breast cancer. Breastfeeding can also help mothers space their pregnancies [1].

The Surgeon General's Call to Action to Support Breastfeeding — which calls breastfeeding a highly effective preventive measure for protecting the health of both mothers and infants — states that an environment that supports breastfeeding influences a mother's ability to begin and continue its practice [4].

The Baby-Friendly Hospital initiative was launched in 1991 by the United Nations Children's Fund and the World Health Organization to increase the rate of breastfeeding initiation and uptake by making hospital environments especially conducive and supportive of breastfeeding. Research shows that instituting these Baby-Friendly practices within hospitals has led to increased rates of breastfeeding and has promoted a healthier start for infants.

A study that evaluated the impact of Baby-Friendly Hospital practices on new mothers found that those who experienced four of the six practices assessed in the study (breastfeeding initiation within one hour, only breast milk given, breastfeeding on demand, and no pacifiers given) were less likely to end breastfeeding before six weeks [5]. The same study found that, compared to mothers who experienced all six Baby-Friendly practices, mothers who experienced no Baby-Friendly practices were 13 times more likely to quit breastfeeding by six weeks [6].

The breastfeeding initiation rate in Baby-Friendly Hospitals in 2001 was found to be 83.8%, compared to the national level of 69.5% [7]. Philipp et al. [8] noted that the "successful implementation of Baby-Friendly policies is associated with an increase in breastfeeding rates across all ethnic and socioeconomic groups."

THE APPROACH

Through We Choose Health, local health department grantees partnered with hospitals to help them achieve Baby-Friendly Hospital designation.

The Baby-Friendly Hospital initiative outlines specific steps and policies that aim to help mothers begin and continue breastfeeding through the first six months of their infants' lives. Hospitals earn Baby-Friendly Hospital designation when they have implemented the Ten Steps to Successful Breastfeeding. The 4-D Pathway — which includes the four phases of Discovery, Development, Dissemination, and Designation — is designed to guide hospitals in achieving the Ten Steps.

Hospitals enter the Discovery Phase when they register with Baby-Friendly USA (the accrediting body for the Baby-Friendly Hospital initiative in the United States) and learn about the process. During the Development Phase, hospitals commit to the process, receive a registry of intent certificate, and receive a comprehensive set of plans for implementation. During the Dissemination Phase, hospitals implement their plans. Finally, during the Designation Phase, hospitals review their progress and an onsite assessment takes place to confirm successful implementation of the Ten Steps to Successful Breastfeeding.

Under We Choose Health, hospitals worked with local health departments to establish multidisciplinary committees of hospital staff and community partners to guide the process of becoming Baby-Friendly. Committees assessed current breastfeeding support practices and policies, and then developed plans to overcome gaps in implementing the Ten Steps to Successful Breastfeeding. Strategies to address areas of need included training of hospital staff, development and adoption of new policies, and enhancements in patient-provider communication.

STATEWIDE RESOURCES

The Illinois Chapter of the American Academy of Pediatrics (ICAAP) provided technical assistance to both local health department grantees and partnering hospitals through in-person trainings, regular networking webinars, and one-on-one support. In November 2014, ICAAP released *Ten Steps Forward: Creating Baby-Friendly Communities in Illinois.* This guide highlights the unique assets that local health departments provided for hospitals pursuing Baby-Friendly Hospital designation during We Choose Health.

ACCOMPLISHMENTS

During We Choose Health, nine local health department grantees worked in collaboration with 15 hospitals to implement the Baby-Friendly Hospital initiative. All 15 hospitals are currently in the second, third, or fourth phase of the 4-D Pathway. Based on previous birth rates, more than 13,000 babies born per year will benefit from improved breastfeeding policies and practices at these hospitals.

ILLINOIS HOSPITALS PURSUING BABY-FRIENDLY DESIGNATION THROUGH WE CHOOSE HEALTH

County	Hospital
Clinton	St. Joseph's Hospital-Breese and Greenville Regional Hospital
Champaign	Carle Foundation Hospital and Presence Covenant Medical Center
DeKalb	Kishwaukee Hospital and Valley West Hospital
Jackson	Carbondale Memorial Hospital
Macon	St. Mary's Hospital
Madison	Alton Memorial Hospital
McLean	OSF St. Joseph Medical Center
Whiteside	CGH Medical Center, KSB Hospital, and FHN Memorial Hospital
Winnebago	Swedish American Hospital and OSF Saint Anthony Medical Center

ILLINOIS HOSPITALS PURSUING BABY-FRIENDLY DESIGNATION BY PHASE

11 HOSPITALS
in Development Phase

3 HOSPITALS
in Dissemination Phase

1 HOSPITAL
in Designation Phase

LESSONS LEARNED

Through quarterly reports, grantees provided numerous insights into their experiences with the We Choose Health initiative. A qualitative analysis of Baby-Friendly final summary reports revealed key lessons learned. Grantees describe these important lessons, in their own words, below.

1. A positive partnership with the hospital, particularly the OB/GYN staff, is key.
   - "Buy-in from hospital administration is essential."
   - "The Baby-Friendly process needs to encompass the OB/GYN staff from the beginning."

2. Educating clinic staff, hospital staff, and patients was useful for achieving buy-in.
   - "Most women and families were aware that breastfeeding was the 'best option' but did not understand what their child would be lacking if given only formula."
   - "Educating the OB/GYN and Pediatric clinics should have been one of the first steps…because it is ideal to discuss breastfeeding with the clients before the baby arrives and to have resources in place for help after the mom and baby leave the hospital."

3. Communication is essential for initiative success.
   - "Talk about your partnership and your team members. Many of our accomplishments can be traced back to just sharing what we are trying to do."
   - "Effective communication about expectations and roles is important for getting projects off on the right foot."

TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in — allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

—From Baby-Friendly USA [babyfriendlyusa.org]

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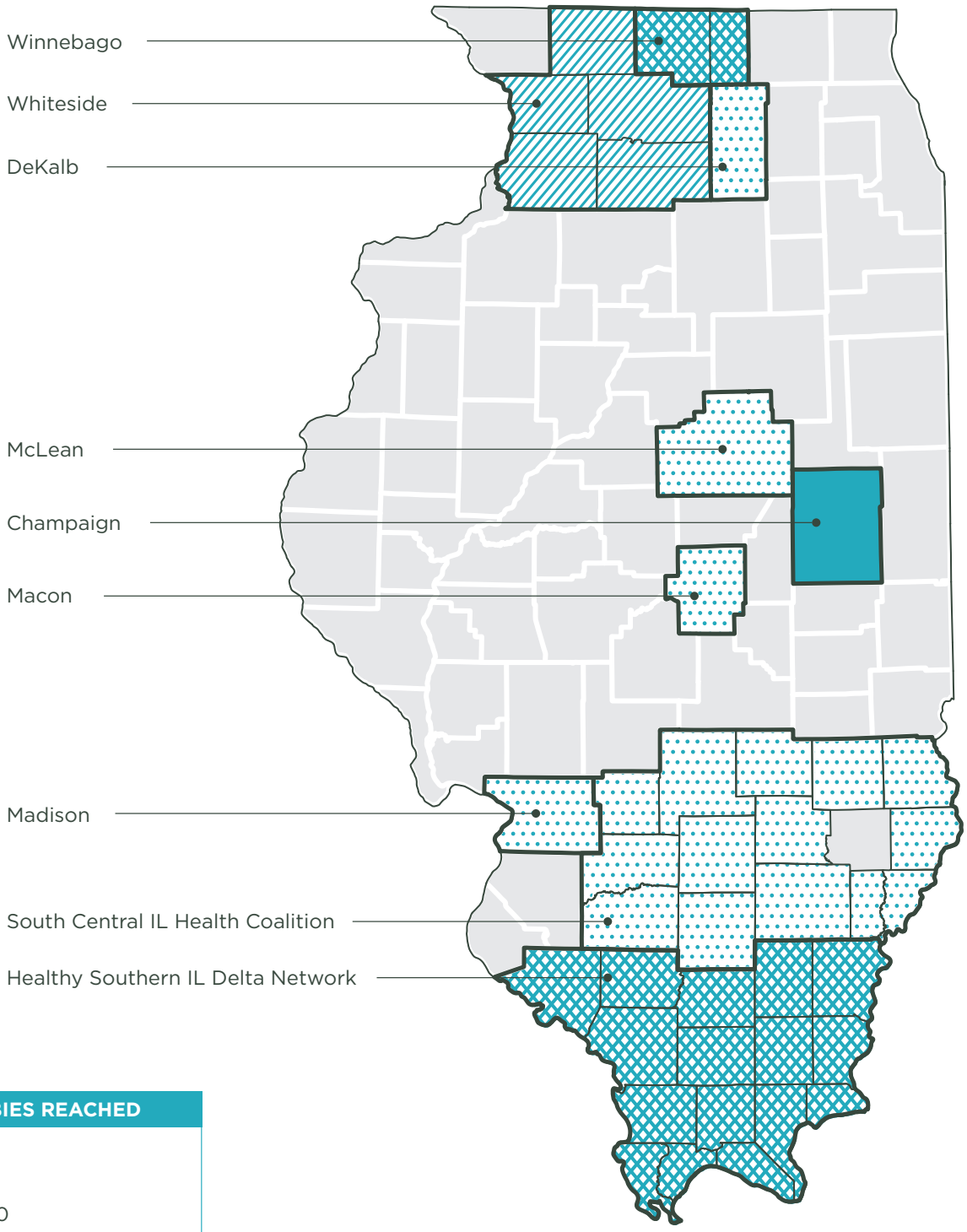
NUMBER OF BABIES REACHED THROUGH WE CHOOSE HEALTH BABY-FRIENDLY INITIATIVES*



NUMBER OF BABIES REACHED

- 1 – 1,000
- 1,001 – 2,000
- 2,001 – 3,000
- 3,001 – 3,400

*Outlined areas represent funded We Choose Health grantee counties or coalitions.

STRATEGY: COMPLETE STREETS

THE EVIDENCE

Getting regular exercise can reduce the risk of heart disease, diabetes, cancer, injury, and depression [1]. In 2012, people in rural Illinois counties were less likely than Illinoisans in general to have exercised in the past 30 days, and more likely to be overweight or obese [2]. Being overweight increases a person's risk of heart disease by 1.25–1.6 times, and being significantly overweight increases a woman's risk of endometrial cancer sixfold [3]. Walking or bicycling is an effective way to get regular exercise, but many residents of rural areas lack safe ways to travel to school, work, or errands without a car [4–6].

To increase physical activity, the Community Preventive Services Task Force recommends making walking easier through changes to street design and zoning. One way to do this is through Complete Streets, a planning and policy approach that provides for the needs of all users in the design of community streets.

Complete Streets projects make improvements such as adding sidewalks and bicycle lanes that can increase frequency of exercise by 48.4% and promote weight loss when combined with health education [1, 7]. Narrowing traffic lanes and adding bike lanes and trees increase safety for pedestrians by making safe crossing easier and calming traffic [8, 9].

Many residents of rural areas believe improvements to neighborhood streets are important because they are child friendly, allow older people to live independently, promote economic development, and can revitalize historic downtowns [4, 6, 10]. Moreover, pedestrian and cycling projects in rural areas tend to benefit from strong local participation, resulting in high-quality plans that preserve local character and the environment while advancing residents' goals for their towns [4, 6, 11–13].

THE APPROACH

Under We Choose Health, local health department grantees engaged municipal planners, engineers, and officials in the development and adoption of Complete Streets policies to increase opportunities for residents to be physically active.

When a community adopts a Complete Streets policy, it is committing to providing safe access to community destinations for everyone, regardless of age, ability, or mode of transportation. This means that every transportation project in a jurisdiction will make the street network better and safer for drivers, public transit users, pedestrians, and bicyclists. Municipalities, townships, or counties that adopt Complete Streets policies commit to accommodating pedestrian and bicycle traffic in all new or substantially rehabbed transportation projects, whenever appropriate, through infrastructure improvements like new sidewalks, additional crosswalks, bicycle lanes, bicycle parking, and facilities for pedestrians who need to rest.

Complete Streets policies are realized through the institution of a long-term vision, often coupled with significant training and reform of internal agency practices. A jurisdiction first establishes goals for Complete Streets policies through the involvement of residents to assess transportation needs. Such assessments can be done through walking audits, which provide residents and decision-makers the opportunity to walk through a neighborhood and experience firsthand the accessibility gaps and safety concerns. Using community input, jurisdictions create or update existing transportation plans based on Complete Streets principles.

STATEWIDE RESOURCES

We Choose Health grantees had access to statewide technical assistance from the Active Transportation Alliance (ATA), which provided customized support

and guidance on Complete Streets concepts. ATA participated in site visits, developed and delivered presentations and webinars, conducted one-on-one trainings, and provided toolkits. ATA also developed a resource for rural communities working toward Complete Streets policies. *Rural Contexts* supplements ATA's manual *Complete Streets Complete Networks*.

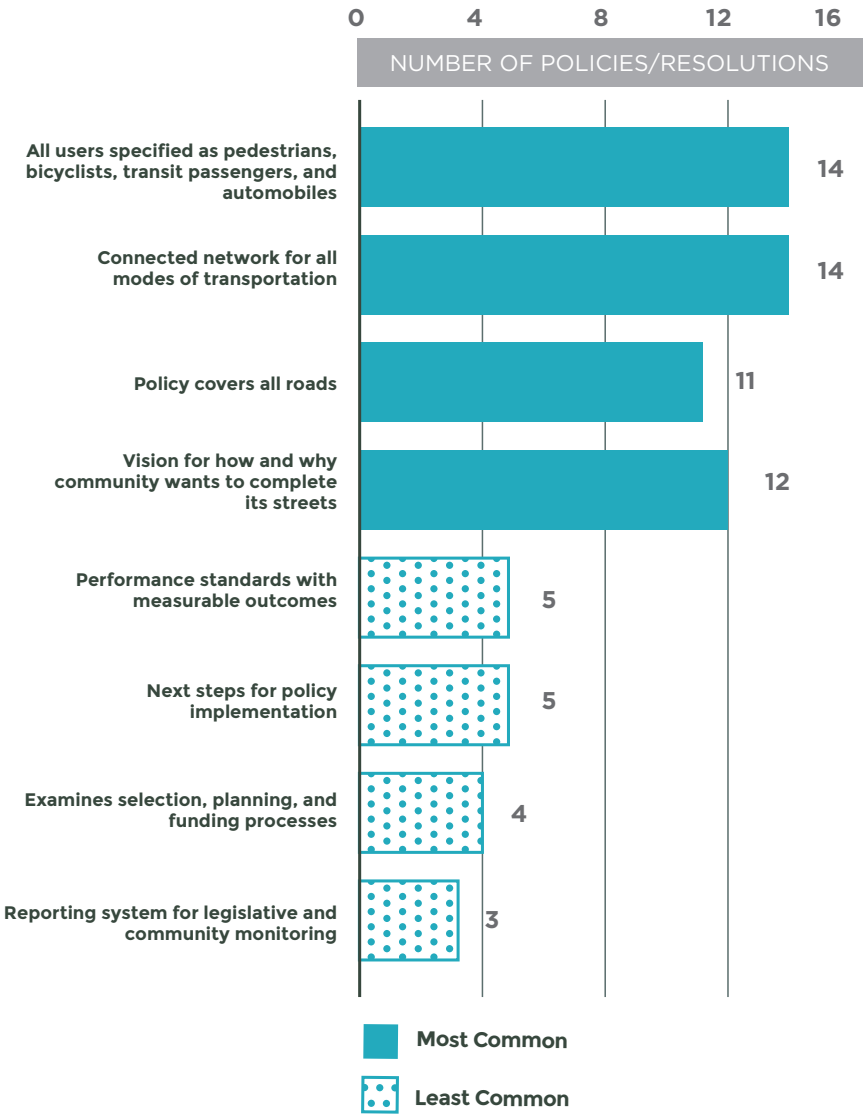
219,267

Illinois residents were reached with Complete Streets policies or resolutions

ACCOMPLISHMENTS

We Choose Health grantees made significant progress in furthering Complete Streets across four counties. Ten Complete Streets policies or resolutions were adopted, reaching 219,267 Illinois residents. An additional 102,918 residents will be reached when another six policies or resolutions written during We Choose Health are adopted. In addition to focusing on specific engineering improvements such as bike paths, crosswalks, and traffic calming areas, the Complete Streets policies and resolutions were strengthened through the incorporation of explicit provisions, such as those shown in the table at right.

COMPONENTS OF 16 COMPLETE STREETS POLICIES/RESOLUTIONS ESTABLISHED DURING WE CHOOSE HEALTH



LESSONS LEARNED

Through quarterly reports, grantees provided insight into their experiences with the We Choose Health initiative. A qualitative analysis of Complete Streets final summary reports revealed key lessons learned. Grantees describe these important lessons, in their own words, below.

1. Multiple partnerships are key for success. Focus on promotion to achieve buy-in.
   - "Complete Streets is a project that requires major buy-in from a city's main players. If the city engineer, city council and other influential individuals do not get on board, the path to [Complete Streets] will be much more difficult."
   - "Pitching the idea of [Complete Streets] is truly a sales job."
   - "Positive, accurate information about the work will go a long way to gathering support…Any information that outlines the long-lasting benefits of such work can go a long way. Demonstrate a need and this will help a great deal. Trainings and materials with concrete examples of designs are very helpful."
   - "Research funding and transit opportunities. Honing in on how you can help with funding or partner agencies together really perks up the ears of municipalities."

2. Take time and focus on easy wins.
   - "Be prepared to take the time to develop the necessary relationships and avoid trying to rush people. Take your time and move at the pace that is comfortable for your partners."
   - "Being able to incorporate small changes into existing projects is very effective in both cost and impact."

3. Tailor the initiative to each community.
   - "Each municipality has its own unique identity and functions differently. Using a cookie-cutter approach does not work; instead, allow each municipality the freedom to create the policy in a format that complements its own procedures."

> "Each municipality has its own unique identity and functions differently. Using a cookie-cutter approach does not work."

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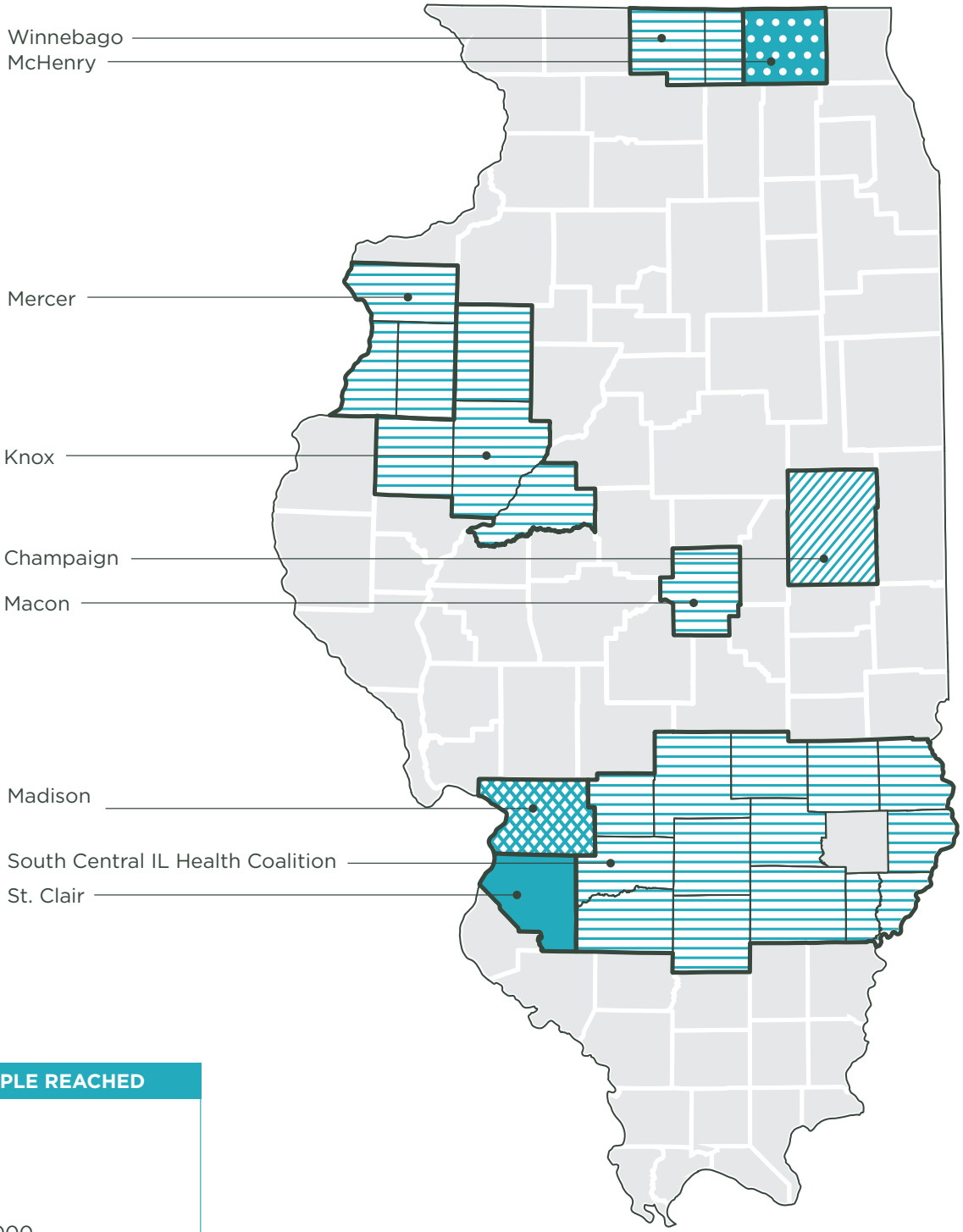
NUMBER OF PEOPLE REACHED THROUGH WE CHOOSE HEALTH COMPLETE STREETS POLICIES*



NUMBER OF PEOPLE REACHED

- 0
- 1 – 15,000
- 15,001 – 30,000
- 30,001 – 65,000
- 65,001 – 84,984

*Outlined areas represent funded We Choose Health grantee counties or coalitions.

STRATEGY:
SAFE ROUTES TO SCHOOL

THE EVIDENCE

Most American children and adolescents do not meet national guidelines for daily physical activity [1]. Walking or biking to school is a routine source of physical activity, but children today are much less likely to walk or bike to school than they were in 1969 and more likely to travel in a private car [2]. When children are dependent on a car or bus to get to school, they may be less able to join extracurricular physical activities or take advantage of recreational facilities [3, 4]. Neighborhood features like distance to school and presence of sidewalks or bike paths affect the travel options of both children and adults [5–8]. However, children also need permission from parents to walk or play outside. When parents believe their neighborhood is safe or have time to supervise a trip, children are more likely to walk or bike to school [9–11, 12].

Safe Routes to School programs encourage children to be active by providing opportunities for them to walk or bike to school safely. This also establishes healthy habits that can extend into adulthood.

Programs can include mapping safe routes, improving sidewalks and safety features near schools to create new routes, educating children and parents, and holding events that encourage active travel. Walking or biking to school can add almost as much activity to a child's day as mandatory physical education, with both immediate and long-term benefits to children who participate [1]. Exercise promotes academic performance by helping children concentrate and behave appropriately in class [8]. It also reduces the risk of cancer, diabetes, and obesity, and children who are active on their way to school have better heart health than children who do not [7, 8]. Safe Routes to School projects may also improve traffic safety, both through direct improvements to streets and by reducing traffic congestion as fewer children are driven to school.

THE APPROACH

Under We Choose Health, local health department grantees engaged with schools to initiate and develop Safe Routes to School programs, focusing on improving both the built and social environments around walking and bicycling.

In action, Safe Routes to School brings together schools, local health departments, and municipal planners and engineers to develop school travel plans that assess the safety and accessibility needs of students to walk and bicycle to and from school. Through school travel plans, communities create policies and engage in a variety of activities to improve the built environment surrounding the school and address community needs to comfortably take part in Safe Routes to School programming. School travel plans can provide incentives for students to walk or bike to school; teach students and parents about safety in active transportation; and enforce rules for safe walking, biking, and driving.

STATEWIDE RESOURCES

We Choose Health grantees had access to statewide technical assistance from the Active Transportation Alliance (ATA), which provided customized support and guidance on Safe Routes to Schools implementation. ATA conducted in-person site visits, gave presentations and webinars, participated in one-on-one phone calls, provided resources, and more. ATA also developed a *Safe Routes to School Toolkit* through funds administered by the Illinois Department of Transportation.

6,000+ students now have increased opportunities to walk and bike to school

ACCOMPLISHMENTS

Eight grantee agencies spanning 16 Illinois counties engaged with local partners to implement the Safe Routes to School initiative as part of We Choose Health. Twenty-nine schools in 13 school districts across eight counties (Champaign, Knox, Logan, McDonough, McHenry, Rock Island, St. Clair, and Winnebago) showed measured progress in Safe Routes to School programs, reaching more than 10,000 students across the state of Illinois.

Through the adoption of a Safe Routes to School plan/policy at 18 Illinois schools, more than 6,000 enrolled students now have increased opportunities to walk and bike to school. Grantees adopted a range of policies and supports in five categories: school travel plans, education and encouragement, enforcement, engineering, and evaluation. Relevant findings for each category are presented below. In addition, 29 schools conducted Safe Routes to School events/programs (e.g., a walking school bus) to encourage 10,734 enrolled students to live a healthy and active lifestyle.

School Travel Plans

Five of the participating schools in McHenry County (Alden-Hebron Middle School, Mary Endres Elementary School, Nippersink Middle School, Northwood Middle School, and the Verda Dierzen Early Learning Center) now have school travel plans in place, reaching a total of 2,544 students. Two additional schools (Alden-Hebron Elementary School and Richmond Grade School) have written travel plans that, when implemented, will reach another 449 students.

Education and Encouragement

Of the 29 participating schools, 24% now have policies to publish walking or biking route maps showing preferred ways to get to school, reaching a total of 3,329 students. In addition, 24% of the sites began conversations necessary to educate parents about active modes of transportation, reaching a total of 3,196 students. And 24% of the schools now provide safe driving education or outreach for neighbors through public awareness campaigns, signage, neighborhood meetings, flyers, and/or websites, reaching a total of 3,019 students.

Very few of the participating schools instituted park and walk programs, which are another option for families that live too far away to walk or bike to school. By providing an off-site location for parents to park and walk to school with their children, traffic congestion around a school is reduced and parents and children are encouraged to engage in physical activity together [13].

Enforcement

Safe Routes to School enforcement strategies deter unsafe behaviors by drivers, bicyclists, and pedestrians, and encourage all road users to share the road and obey traffic laws. Enforcement is accomplished through safety awareness, education, and, where necessary, ticketing for dangerous behaviors. Enforcement requires students, parents, adult school crossing guards, and school and neighborhood watch personnel all working in conjunction with law enforcement [14]. In general, there were very few changes in the Safe Routes to School enforcement category through We Choose Health.

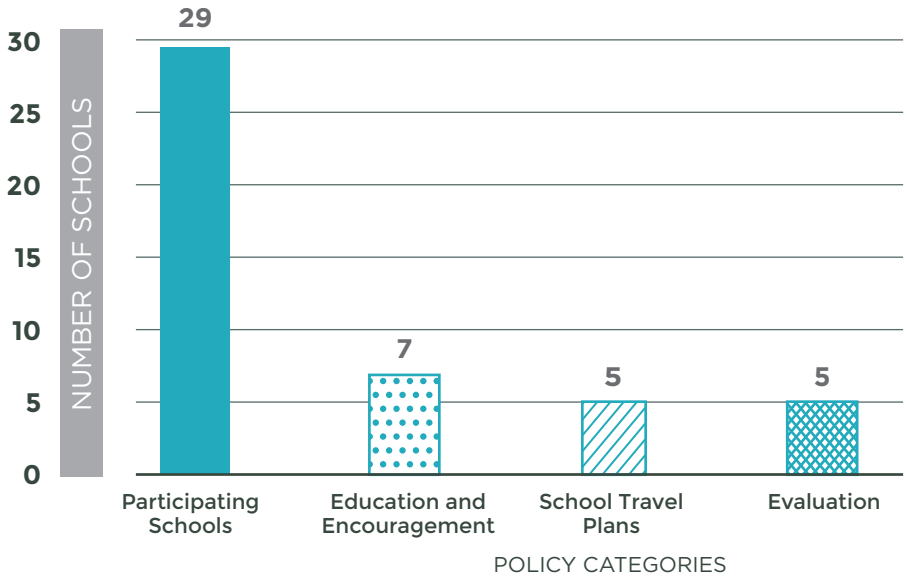
Engineering

Safe Routes to School engineering strategies enable more children to walk and bicycle to school safely. Engineering is a broad concept used to describe the design, implementation, operation, and maintenance of traffic control devices or physical measures, including low- and high-cost capital measures, all of which can improve children's safety and enable more bicycling and walking [15]. There were no changes in the Safe Routes to School engineering category through We Choose Health.

Evaluation

Evaluation is an important component of any Safe Routes to School program and is used to determine if strategy aims are being met and ensure that resources are directed toward efforts offering the greatest likelihood of success [16]. Of the 29 participating schools, nearly one-fifth (17%) adopted and implemented policies to collect student travel, crash, and traffic citation data and to survey parents about their safety concerns related to walking and biking to school, reaching a total of 2,889 students.

CATEGORIES OF SAFE ROUTES TO SCHOOL POLICIES ADOPTED THROUGH WE CHOOSE HEALTH



LESSONS LEARNED

Through quarterly reports, grantees provided insight into their experiences with the We Choose Health initiative. A qualitative analysis of Safe Routes to School final summary reports revealed key lessons learned. Grantees describe these important lessons, in their own words, below.

1. Stakeholder buy-in is essential, and active and compelling promotion is key to achieving it.
   - "The biggest lesson learned is how difficult it is to mobilize underserved populations. It is not as simple as calling a meeting or inviting people to come. It takes time and genuine effort to build trust."
   - "We learned that [Safe Routes to School] can be a difficult initiative to move forward with if the correct stakeholders have not been engaged and are not advocating for change."
   - "We learned that it is important to let stakeholders know exactly what the benefits of this initiative are and how it can benefit everyone — despite the time it takes and costs that may be incurred."
2. Community readiness must be assessed when planning and strategizing.
   - "Parents are much more involved after a traffic crash. When a student was struck by a car in fall 2013, parents advocated to the city council to install engineering improvements and a crossing guard."

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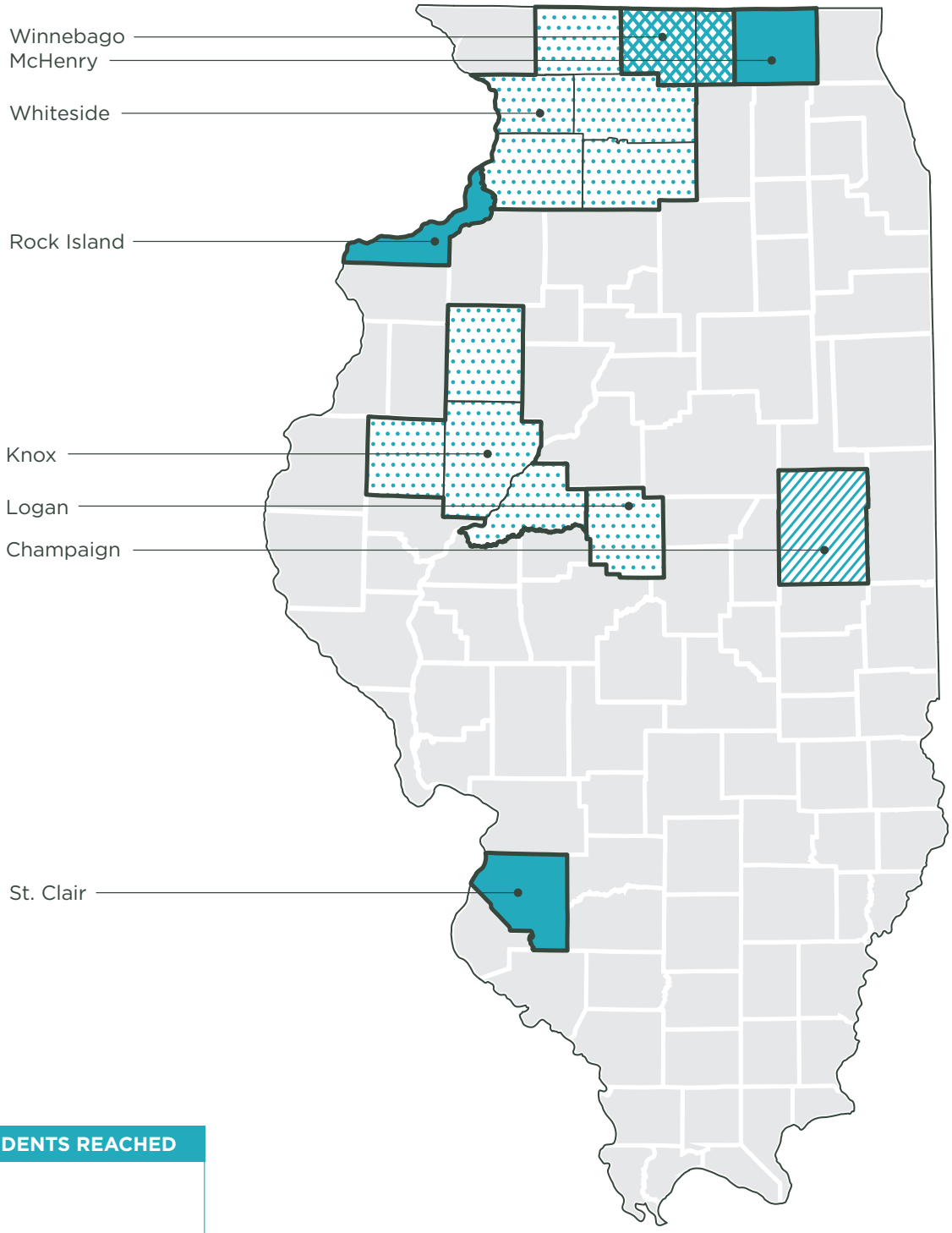
NUMBER OF STUDENTS REACHED THROUGH WE CHOOSE HEALTH SAFE ROUTES TO SCHOOL POLICIES OR SCHOOL TRAVEL PLANS*



NUMBER OF STUDENTS REACHED

- 0
- 1 – 500
- 501 – 1,000
- 1,001 – 3,500

*Outlined areas represent funded We Choose Health grantee counties or coalitions.

STRATEGY:
SMOKE-FREE MULTI-UNIT HOUSING

THE EVIDENCE

Non-smokers who breathe secondhand smoke are at risk of respiratory disease, heart disease, and cancer [1–4]. The 2008 Smoke-Free Illinois Act protects people from breathing hazardous secondhand smoke in some public places and workplaces, but secondhand smoke can still endanger people in private spaces, including homes. Smoke can move between units in apartment buildings and cannot be adequately removed by ventilation, leaving individuals living in multi-unit housing at higher risk [5–8]. For example, children who live in multi-unit housing show evidence of secondhand smoke exposure even when their parents do not smoke, and many residents report smelling smoke at least some of the time [6–9].

Smoke-free policies in multi-unit housing are a way to protect residents from the risks of secondhand smoke [10]. The Community Preventive Services Task Force found that smoke-free policies can reduce secondhand smoke exposure by 50% and asthma-related hospital admissions by 20% [11]. Restrictions also benefit smokers by increasing quit rates and reducing consumption by an average of 1.2 cigarettes per day. Non-smokers consistently say they prefer to live in smoke-free buildings, and surveys have also found support among up to 30% of smokers [9, 12]. Smoke-free policies in multi-unit housing are legal, and market demand exists for housing that offers smoke-free policies. The policies also benefit property owners by reducing the risk of fire and the cost of cleaning when tenants move [10].

THE APPROACH

As part of We Choose Health, local health department grantees pursued policies and programs to encourage public and private multi-unit housing facilities to go smoke free.

Smoke-Free Multi-Unit Housing policies put limits on the places where residents, employees, and visitors can smoke. The strongest policies completely forbid smoking on housing premises. Smoke-Free Multi-Unit Housing policies, which are voluntarily adopted by property owners and managers, expand upon the Smoke-Free Illinois law that took effect in 2008.

Smoke-Free Multi-Unit Housing policies reduce tobacco exposure by encouraging housing managers and property owners to implement policies that restrict smoking in all individual residences; in additional areas such as balconies, patios, and common areas; and within 15 feet of entrances, windows, and air intake ducts. Managers first define a set of smoke-free policies for the property and develop a timeline for implementation that gives adequate notice to residents, employees, and others. Next, they update existing agreements, including resident leases, and establish procedures to ensure compliance. Finally, they promote the property's non-smoking status to both existing and potential residents.

STATEWIDE RESOURCES

We Choose Health grantees were supported through two state resources:

- ***Illinois Tobacco-Free Communities:*** This initiative provided training and resources to align tobacco-free programming with policy development activities, specifically aimed at educating property managers and owners about increasing smoke-free units while supplying residents with tools to quit using tobacco.

- *Smoke-Free Living Networking Group:* Co-chaired by the Illinois Tobacco-Free Communities program and the American Lung Association, this group gave local health departments and other stakeholders the opportunity to participate in quarterly calls to share and learn about new resources and best practices related to smoke-free living.

ACCOMPLISHMENTS

Nineteen Smoke-Free Multi-Unit Housing policies were adopted through the efforts of 11 We Choose Health grantees. With implementation of these policies, 9,562 Illinois residents living in 4,274 housing units will have access to smoke-free air. Of these residents, 72% live in public housing.

The table below depicts the range of smoking restrictions, documentation, and supportive services that were adopted by housing authorities and private management companies through We Choose Health.

Common Restriction Types

The majority (53%) of these no-smoking policies include smoking bans on the entire property (all units, balconies, and grounds are non-smoking). Six properties are now smoke-free in all units but not smoke-free on the entire grounds. Three sites adopted policies with other types of smoking restrictions, such as policies prohibiting smoking on specified floors.

Policy Documentation

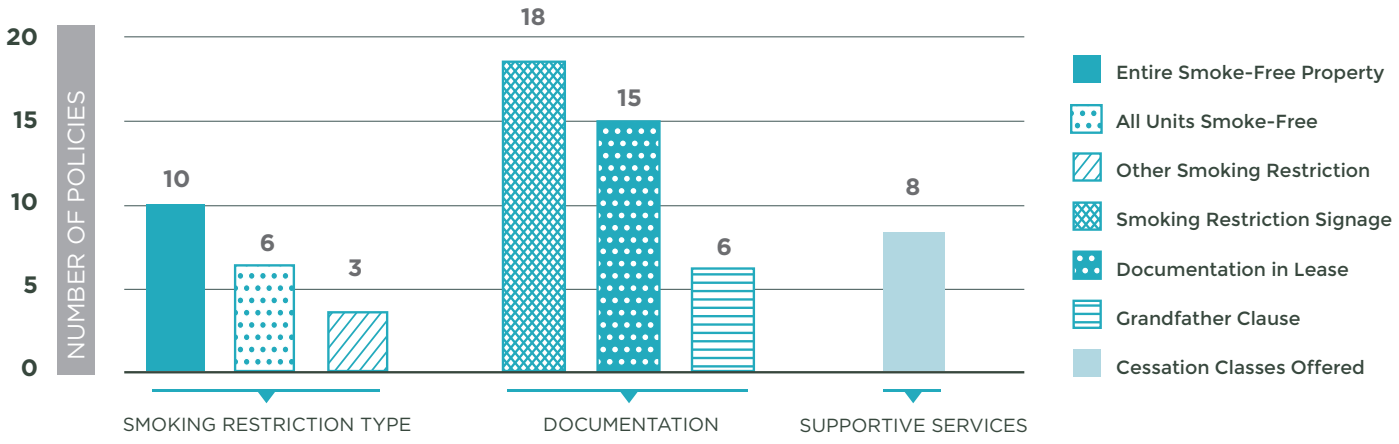
Nearly all (95%) sites have installed smoking restriction signage through We Choose Health, and 79% of restrictions were documented in residents' leases. Most We Choose Health grantees worked toward policies that did not include grandfather clauses; 68% of policies go into effect for all residents at the same time. However, 32% of policies include grandfather clauses. While the details of these clauses vary, they generally include a transition period for existing residents to comply with the non-smoking regulation, while all new residents must refrain from smoking on the property.

Supportive Services

In addition to reducing exposure to secondhand smoke, 42% of the multi-unit housing sites now offer smoking cessation classes to support their residents.

Smoke-free multi-unit housing policies adopted: ▲19

SMOKE-FREE POLICIES AND SUPPORTS IN 19 WE CHOOSE HEALTH MULTI-UNIT HOUSING SITES



LESSONS LEARNED

Through quarterly reports, grantees provided numerous insights into their experiences with the We Choose Health initiative. A qualitative analysis of Smoke-Free Multi-Unit Housing final summary reports revealed key lessons learned. Grantees describe these important lessons, in their own words, below.

1. One-on-one communication was more successful than larger meetings in communicating with multi-unit housing staff and residents.
   - "It is necessary to have personal, one-on-one communication with property owners to really get their attention on the importance of implementing smoke-free policies."
   - "Bigger events are not always successful. At housing forums and educational sessions, many residents have utilized these events as outlets to complain… Staff must not forget that the reason they are there is to obtain input regarding…change in tobacco policy and not to create a negative space for residents to vent about landlords."
2. When approaching housing managers, emphasize outcomes that match existing priorities and use real success stories.
   - "Leaders are going to be most concerned with the bottom line, so tailoring messages that address cost-saving benefits of this initiative will be most effective."
   - "The more examples of places that have successfully implemented Smoke-Free Multi-Unit Housing that you can provide, the better."
   - "When communicating your message, it's important to listen to what [property owners and managers] are most concerned about and most receptive to, and use that to your advantage. For example, if they are interested in improving the health of tenants, discuss the reduction of secondhand smoke between apartments and offer their tenants smoking cessation help..."
3. Be realistic about the time needed to complete the process.
   - "This is a process that takes time. It is not an easy process and there are many layers that must be worked through in order for a policy to be successfully passed. By having open, continuous dialogues, success can be found."
4. Connect housing managers with local experts in smoke-free living policy.
   - "Most housing managers already know about the negative impact of smoking on their properties, but they may not be aware of their right to implement smoke-free policies. Local health department partners can provide education, resources, and tools to help housing managers make both the business case and the health improvement rationale for going smoke-free. In particular, local health departments can offer model policies and enforcement strategies to managers, combined with cessation resources for residents."
5. Leverage relationships to effect change.
   - "In Illinois, the majority of local health department staff reside in the communities they serve. As a result, staff members may already have strong, existing relationships with community residents and agencies, particularly in smaller and rural communities. Personal connections with housing managers and owners offer ideal opportunities to engage partners in pursuing smoke-free housing policies."

[1] U.S. Office on Smoking and Health. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2006 [cited 2014 Jul 24]. Available from: http://www.ncbi.nlm.nih.gov/books/NBK44324/

[2] Illinois Department of Public Health. The Burden of Tobacco in Illinois: Prevalence, Impact and Cost. Springfield, IL; 2013.

[3] Flouris AD, Koutedakis Y. Immediate and short-term consequtences of secondhand smoke exposure on the respiratory system. Curr Opin Pulm Med. 2011 Mar;17(2):110–5.

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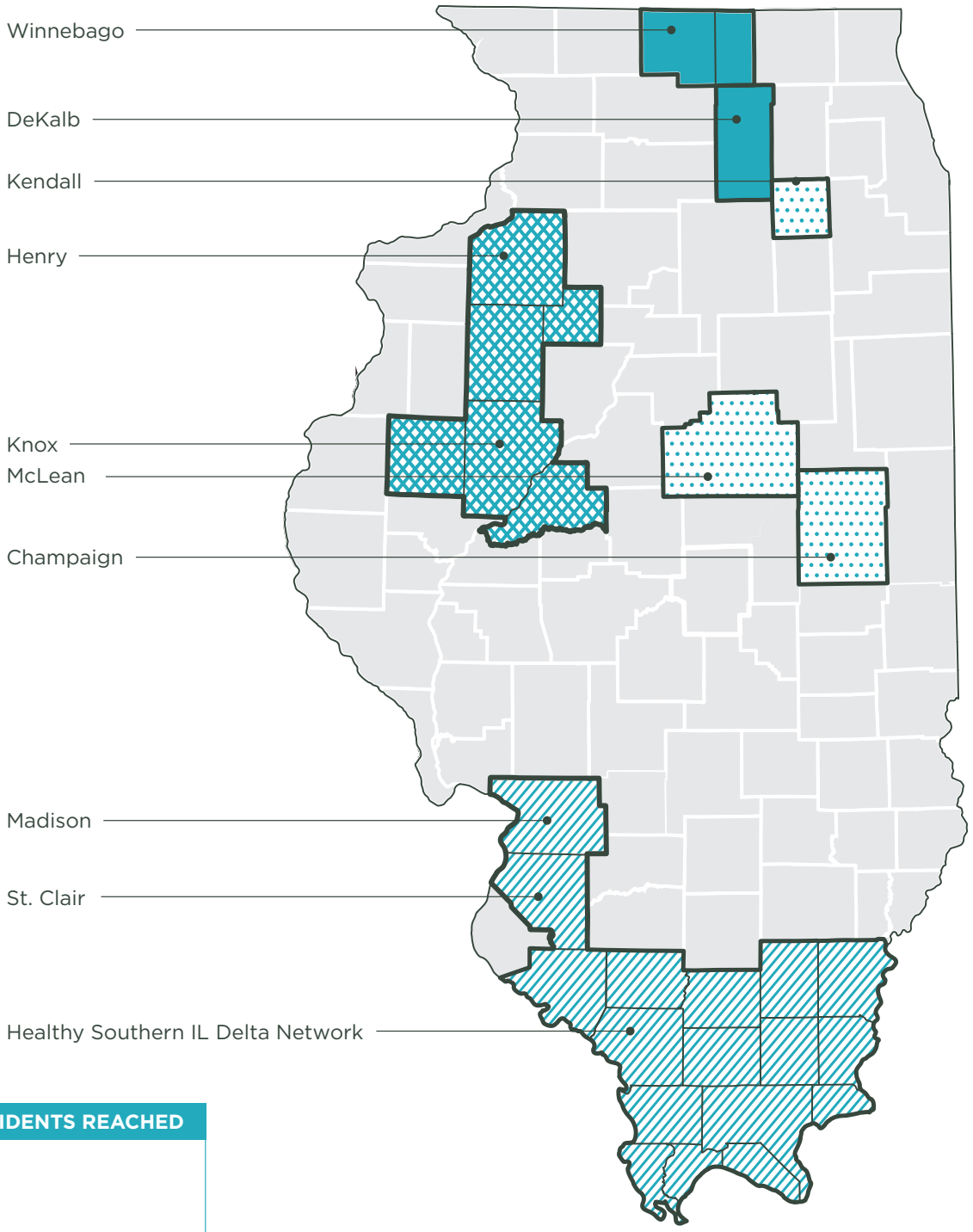
RESIDENTS REACHED THROUGH WE CHOOSE HEALTH SMOKE-FREE MULTI-UNIT HOUSING POLICIES*



NUMBER OF RESIDENTS REACHED

- 1 – 250
- 251 – 750
- 751 – 1,500
- 1,501 – 3,530

*Outlined areas represent funded We Choose Health grantee counties or coalitions.

STRATEGY:
SMOKE-FREE OUTDOOR PUBLIC PLACES

THE EVIDENCE

Smoking causes disability and death from cancer, respiratory disease, and cardiovascular disease [1, 2]. In 2008, 16,392 people in Illinois died from diseases attributed to smoking [2]. Although there are now more former smokers than current smokers in Illinois, smoking is still the largest preventable cause of death in the United States, and smoking remains more prevalent in rural than urban areas [2, 3]. Non-smokers are also at risk; recent research has shown that breathing secondhand smoke for even a short time can cause early signs of diseases seen in smokers [4, 5].

In 2008, the Smoke-Free Illinois Act banned smoking in public places, indoor worksites, and government vehicles, and within 15 feet of the entrance to a building where smoking is not allowed [6]. However, smoking bans push smokers and secondhand smoke outside [7]. Smoke lingers in covered or enclosed outdoor areas, such as restaurant patios, transit shelters, and areas around buildings, and it can drift back indoors [8–10]. Many hospitals, schools, and office buildings also have large outdoor campuses through which employees and visitors must pass before reaching a smoke-free building. Smoking endangers people who use outdoor recreation areas because exercise can increase the effects of secondhand smoke, and breathing secondhand smoke can make it harder to exercise for at least three hours after exposure [5]. Restrictions on smoking have positive economic effects because they reduce health care costs and are known to not adversely impact businesses [1].

Smoke-free policies in outdoor areas protect non-smokers from secondhand smoke and reduce access to space for smoking, making it more desirable for smokers to quit. Specifically, such policies support the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs [11] by:

- Preventing initiation of tobacco use among youth and young adults by restricting smoking on college campuses and in recreational areas
- Promoting smoking cessation among adults and youth by restricting the areas where smoking is allowed, which is known to help smokers quit [1]
- Eliminating exposure to secondhand smoke by reducing the likelihood that non-smokers will have to breathe tobacco smoke on their way to school or work or during recreation
- Identifying and eliminating tobacco-related health disparities among population groups by promoting cessation, since people with lower education and income levels are more likely to be current smokers [2]

THE APPROACH

As part of We Choose Health, local health department grantees pursued policies and programs to increase access to smoke-free areas not covered by the Smoke-Free Illinois law that took effect in 2008.

Smoke-Free Outdoor Public Place policies put limits on the places where employees, students, and visitors can smoke. Such policies may be applied to hospital campuses, higher education institutions, housing developments, state and local parks, beaches, fairgrounds, and other entertainment venues.

Some Smoke-Free Outdoor Public Place policies completely ban smoking on the premises, whereas others prohibit smoking only in specified areas. Once a policy is adopted by the appropriate facility administrators or oversight boards, implementation involves information campaigns, a grace period for raising consciousness, and eventually, enforcement of the policy.

STATEWIDE RESOURCES

We Choose Health grantees had access to experts from the Illinois Department of Public Health's

Illinois Tobacco-Free Communities, which provided training, tools, and resources to align tobacco-free programming with policy development activities. This support enabled local health departments to build and sustain momentum toward creating tobacco-free outdoor environments.

ACCOMPLISHMENTS

Through We Choose Health, 146 Illinois organizations or municipalities engaged in conversations about Smoke-Free Outdoor Public Place policies. Fifty-five policies were adopted through the efforts of 15 We Choose Health grantees. With adoption of these policies — which build on the Smoke-Free Illinois Act — 1.4 million Illinois residents now have access to 218 smoke-free outdoor public spaces.

Of the 218 outdoor public places affected, 55% are public communal spaces such as parks, fairgrounds, and other recreational spaces. Of these public communal spaces, 83% are public parks.

Smoke-Free Outdoor Public Place policy types varied among grantees. In some cases, grantees implemented policies with multiple restriction type components such as a policy banning smoking on the entire property and permanent smoking restriction signage posted.

The most common Smoke-Free Outdoor Public Place policy restriction banned smoking and/or tobacco on the entire property/campus: Of the 55 policies adopted, 93% banned smoking or tobacco on the entire property.

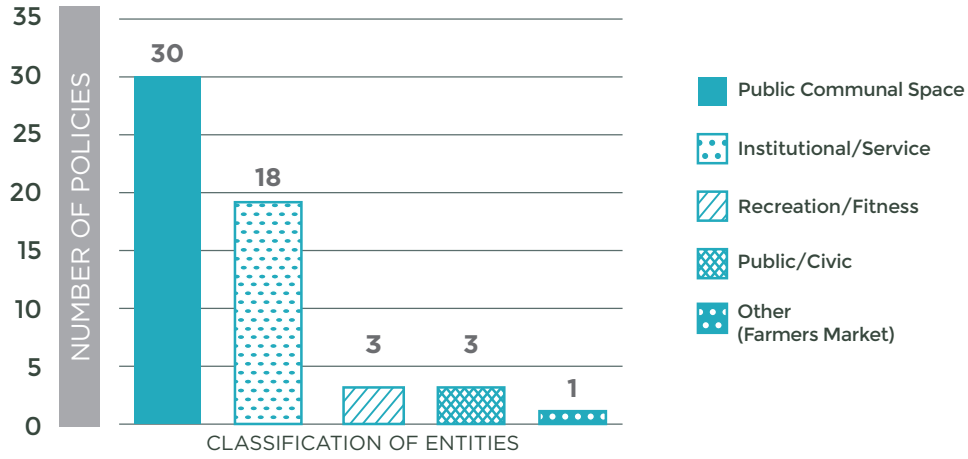
Of those that banned smoking on the entire property, 88% also posted smoking restriction signage, which creates more sustainable change. Permanent signage indicating smoking restriction is currently posted at 71 (49%) of the 146 entities. For 63% of those 71 entities, permanent signage is tied to an adopted policy.

A few grantees reported other smoking restrictions — for example, smoke-free parking lots or smoking restrictions limited to specific events, such as ball games.

1.4 MILLION

Illinois residents now have access to 218 smoke-free outdoor public places

TYPE OF OUTDOOR PUBLIC PLACE FOR WHICH SMOKE-FREE POLICIES WERE ESTABLISHED THROUGH WE CHOOSE HEALTH (55 TOTAL)



LESSONS LEARNED

Through quarterly reports, grantees provided numerous insights into their experiences with the We Choose Health initiative. A qualitative analysis of Smoke-Free Outdoor Public Places final summary reports revealed key lessons learned. Grantees describe these important lessons, in their own words, below.

1. Be prepared, and tailor information to engage stakeholders.
   - "Surveying park patrons helped to overcome the barrier of public perception for park boards. Overwhelmingly, park patrons want smoke-free parks; the data easily shows those results. It is hard for park board members, no matter what their personal feelings are, to argue with the results of survey data."
   - "Establish an enforcement plan before even approaching community leaders. Be prepared for many questions on this subject and a lot of pushback from community leaders."

2. Promotion should be positive and is especially effective when focused on children.
   - "Take the angle of a beautification change to be smoke-free and stay away from the negative message 'Don't smoke!'. Celebrating and enjoying beautiful, smoke-free parks and playgrounds sends a better message."
   - "Focus on the health benefits of not being exposed to secondhand smoke and the importance of the health of our children."
   - "Utilizing students in the high schools within the communities where we worked with park districts was an essential piece of this project. Eager high school students are much harder to dismiss than the local public health educator!"

3. Use examples of successful initiatives to plan and promote.
   - "Staff attempted to capture the stories of those affected by the policy change as well as data demonstrating the benefit to potential sites and to the community…By tracking and sharing this information we were able to persuade others to become smoke-free."

[1] U.S. Office on Smoking and Health. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2006 [cited 2014 Jul 24]. Available from: http://www.ncbi.nlm.nih.gov/books/NBK44324/

[2] Illinois Department of Public Health. The Burden of Tobacco in Illinois: Prevalence, Impact and Cost. Springfield, IL; 2013.

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[4] Flouris AD, Koutedakis Y. Immediate and short-term consequences of secondhand smoke exposure on the respiratory system. Curr Opin Pulm Med. 2011 Mar;17(2):110–5.

[5] Flouris AD, Metsios GS, Jamurtas AZ, Koutedakis Y. Cardiorespiratory and immune response to physical activity following exposure to a typical smoking environment. Heart 2010 Jun;96(11):860–4.

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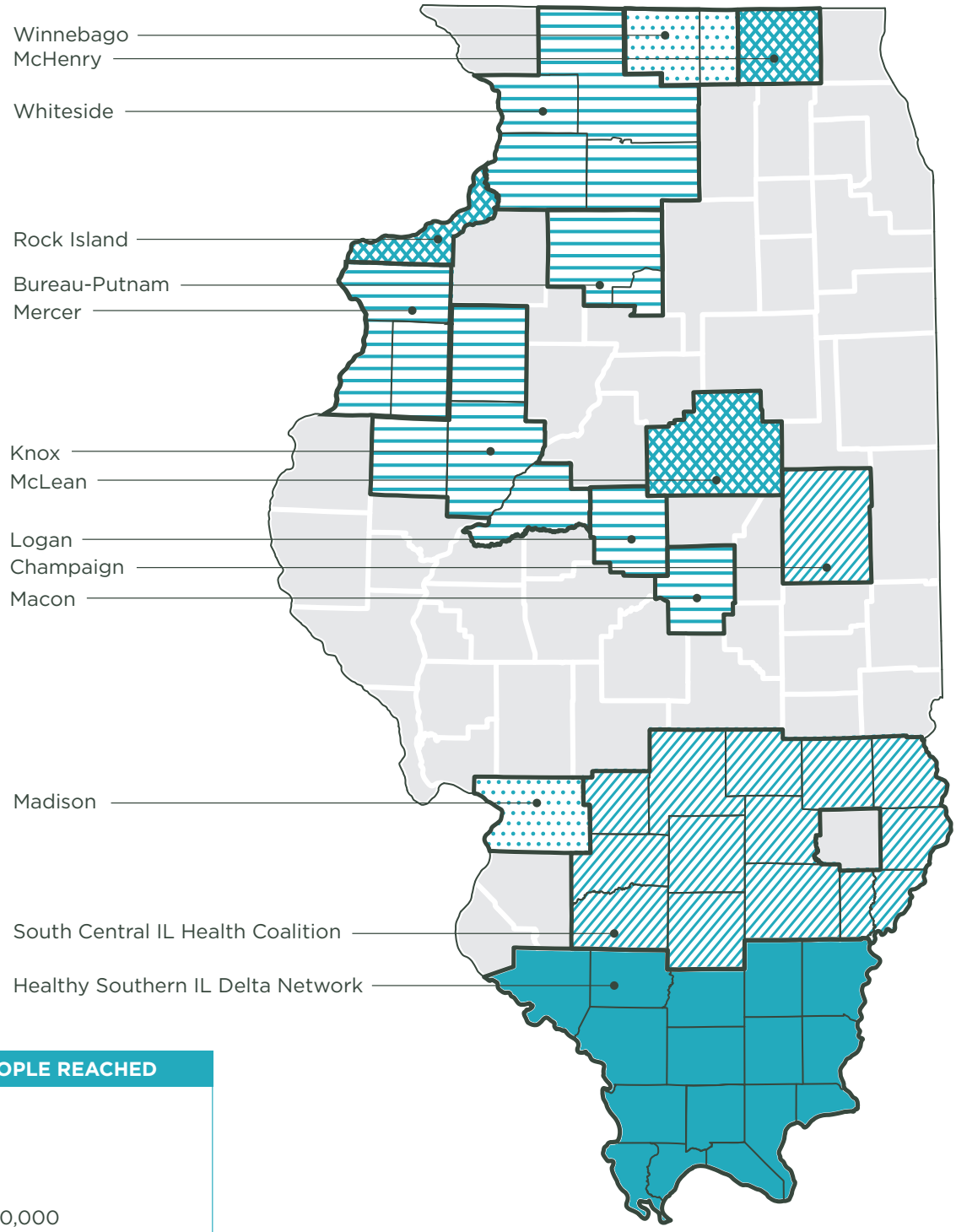
[8] Sureda X, Fernández E, López MJ, Nebot M. Secondhand Tobacco Smoke Exposure in Open and Semi-Open Settings: A Systematic Review. Environ Health Perspect. 2013 May 7;121(7):766–73.

[9] Brennan E, Cameron M, Warne C, Durkin S, Borland R, Travers MJ, et al. Secondhand smoke drift: Examining the influence of indoor smoking bans on indoor and outdoor air quality at pubs and bars. Nicotine Tob Res. 2010 Mar;12(3):271–7.

[10] Chapman S, Hyland A. Environmental tobacco smoke in outdoor areas: A rapid review of the research literature. [Internet]. Available from: http://www.libsearch.com/view/975878

[11] Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs - 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.

NUMBER OF PEOPLE REACHED THROUGH WE CHOOSE HEALTH SMOKE-FREE OUTDOOR PUBLIC PLACE POLICIES*



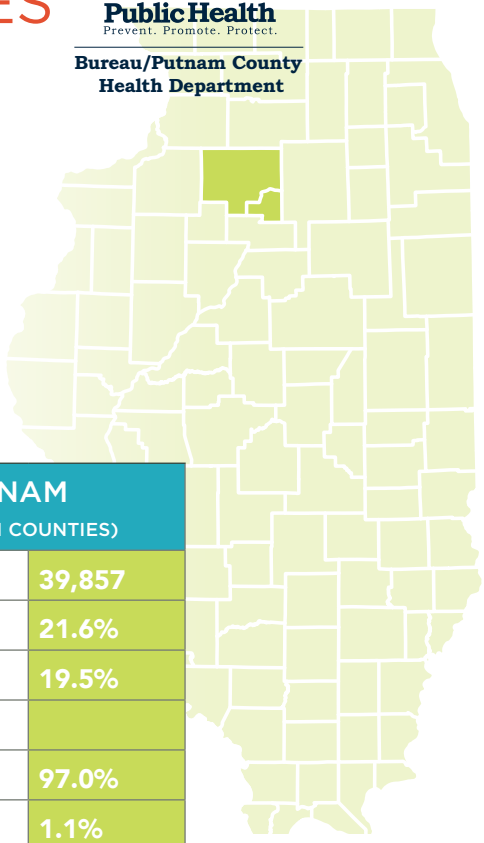
NUMBER OF PEOPLE REACHED

- 0
- 1 – 50,000
- 50,001 – 150,000
- 150,001 – 400,000
- 400,001 – 419,000

*Outlined areas represent funded We Choose Health grantee counties or coalitions.

PROJECT PROFILE:
BUREAU AND PUTNAM COUNTIES

Public Health
Prevent. Promote. Protect.
Bureau/Putnam County Health Department



GRANTEE AT A GLANCE

The **Bureau and Putnam County Health Department** (BPCHD) is a certified health department serving two rural counties in North Central Illinois. Its mission is to promote health, prevent disease, and "protect the health of the citizens of our counties through education, collaboration, and public service." BPCHD used the Illinois Project for Local Assessment of Needs (IPLAN) to identify community health issues to be addressed by We Choose Health and collaborative approaches to effectively address these issues.

DEMOGRAPHICS AND HEALTH INDICATORS FOR BUREAU-PUTNAM COUNTY WE CHOOSE HEALTH FUNDING AREA (BUREAU AND PUTNAM COUNTIES)	
Population, 2013 estimate	**39,857**
Persons under 18 years, 2013	**21.6%**
Persons 65 years and over, 2013	**19.5%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**97.0%**
Two or more races, 2013	**1.1%**
Hispanic or Latino, 2013	**8.0%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**88.7%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**21.3**
Housing in multi-unit structures, 2008-2012	**11.0%**
Persons per square mile, 2010	**38.9**
Median household income, 2008-2012	**$51,285**
Persons below poverty level, 2008-2012	**11.5%**
Persons eligible for Free and Reduced Lunch program, 2014°	**48.1%**
Persons who are overweight, 2011-2013*	**41.2%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**70.4%**
Persons who smoke, 2011-2013*	**20.2%**

Note: Native Hawaiian and Other Pacific Islander, Black or African American alone, American Indian and Alaska Native alone, and Asian alone were all <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
°http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

BPCHD collaborated with schools, government agencies, health care providers, businesses, social service organizations, hospitals, law enforcement, community coalitions, and local media to increase opportunities for residents of the bi-county area to eat healthy, be physically active, and breathe smoke-free air in public areas. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health and Worksite Wellness initiatives
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

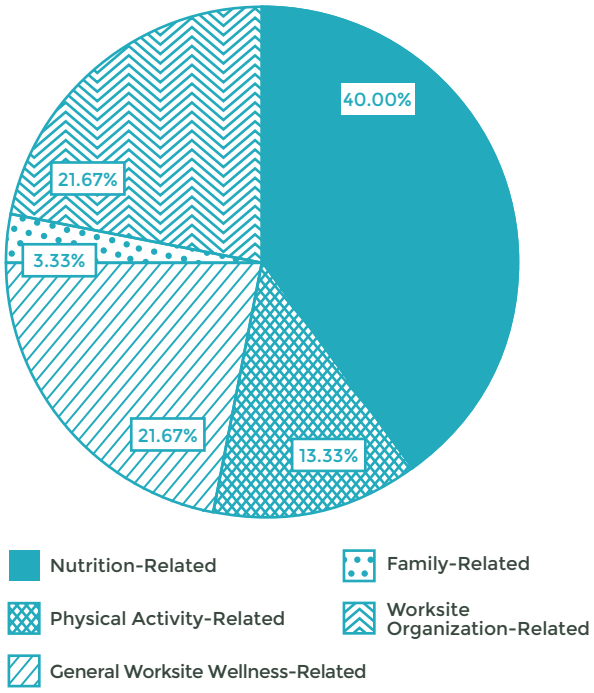
Coordinated School Health » BPCHD provided resources and expert guidance to advance a range of Coordinated School Health efforts. As a result:

- Eight schools in three districts serving 1,786 students completed the CDC's evidence-based School Health Index (SHI).
- Eight schools established new wellness teams to coordinate and guide wellness efforts.
- Eight schools completed School Health Improvement Plans, identifying next steps to be taken based on the findings of their SHI.
- Eight schools received training, curriculum, and equipment to implement the obesity prevention curriculum Coordinated Approach to Child Health (CATCH).
- One school now has a garden to promote healthy eating habits.
- One school now has a healthy concession policy to increase access to healthier foods at sporting events.

BPCHD will continue to support existing CATCH schools with resources and training, and will promote healthy concessions in newly engaged schools.

Worksite Wellness » BPCHD supported Worksite Wellness initiatives in a variety of employee settings. In total, three policies were adopted and 60 activities were implemented in five different worksites (three school districts and two local health departments), reaching 163 employees. The figure below shows the wellness activities by category. BPCHD will continue to offer Worksite Wellness resources and activities to school employees and public health staff at all levels.

BUREAU-PUTNAM WORKSITE WELLNESS ACTIVITY BY TYPE



163 EMPLOYEES
were reached through worksite wellness policies and activities in Bureau and Putnam counties

STRATEGY **SPOTLIGHT**

Smoke-Free Outdoor Public Places » BPCHD made significant progress in educating local community leaders on the health benefits of Smoke-Free Public Place policies. As a result of this education and support, the Village of Hennepin was the first to adopt a smoke-free policy, which affected five parks. This accomplishment was followed by smoke-free policies in the villages of Granville and McNabb. BPCHD also adopted a tobacco-free policy (including e-cigarettes) for its own health department campus. Through these four new policies, 3,219 residents will have access to cleaner air.

A smoke-free parks poster contest is one way BPCHD garnered important community participation and support for its Smoke-Free Outdoor Public Places initiative. In Hennepin, for example, children created posters to show the benefits of a smoke-free park, and winning designs were turned into signage to help with policy enforcement.

In implementing Smoke-Free Outdoor Public Places initiatives in Bureau and Putnam counties, BPCHD learned the importance of tailoring information and research to each community when promoting policy change. Understanding the needs and reservations of stakeholders beforehand prepared BPCHD staff to more effectively engage the community and obtain buy-in:

> “Know your community, survey the residents, and gather information relevant to the town you will be speaking to.”

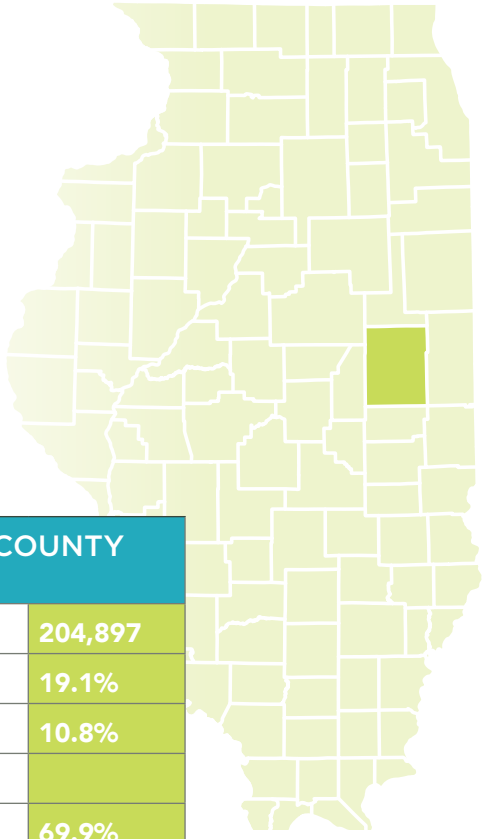
3,219

residents now have access to smoke-free air

in five Bureau and Putnam county parks

PROJECT PROFILE:
CHAMPAIGN COUNTY

Public Health
Prevent. Promote. Protect.
Champaign-Urbana
Public Health District



GRANTEE AT A GLANCE

Champaign-Urbana Public Health District (CUPHD), a unit of local government, was formed in 1937 by a referendum to establish public health services for Cunningham Township and the City of Champaign Township in East Central Illinois. CUPHD strives to "improve and sustain the health, safety, and well-being of the community through preventive services, collaboration, education, policy, and enforcement" by regularly identifying and addressing community health priorities through local and diverse partnerships.

DEMOGRAPHICS AND HEALTH INDICATORS FOR CHAMPAIGN COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**204,897**
Persons under 18 years, 2013	**19.1%**
Persons 65 years and over, 2013	**10.8%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**69.9%**
Black or African American alone, 2013	**12.8%**
Asian alone, 2013	**9.6%**
Two or more races, 2013	**2.7%**
Hispanic or Latino, 2013	**5.6%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**93.3%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**17.4**
Housing in multi-unit structures, 2008-2012	**35.8%**
Persons per square mile, 2010	**201.8**
Median household income, 2008-2012	**$45,088**
Persons below poverty level, 2008-2012	**22.1%**
Persons eligible for Free and Reduced Lunch program, 2014°	**45.8%**
Persons who are overweight, 2011-2013*	**41.2%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**70.4%**
Persons who smoke, 2011-2013*	**21.1%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

To implement We Choose Health, CUPHD, in collaboration with a variety of existing coalitions, engaged municipalities, school districts, employers, and other partners in efforts to increase physical activity and healthy eating and reduce exposure to secondhand smoke. CUPHD and its partners provided guidance and support to local decision-makers for the implementation of policy-driven programming, as well as to businesses and hospitals for their health initiatives. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health programs and Worksite Wellness initiatives
- Increase breastfeeding and mother-infant bonding through the Baby-Friendly Hospital initiative
- Increase physical activity through Safe Routes to School programs and Complete Streets policies
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing and Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Coordinated School Health » CUPHD provided resources and expert guidance to advance a range of Coordinated School Health efforts. As a result:

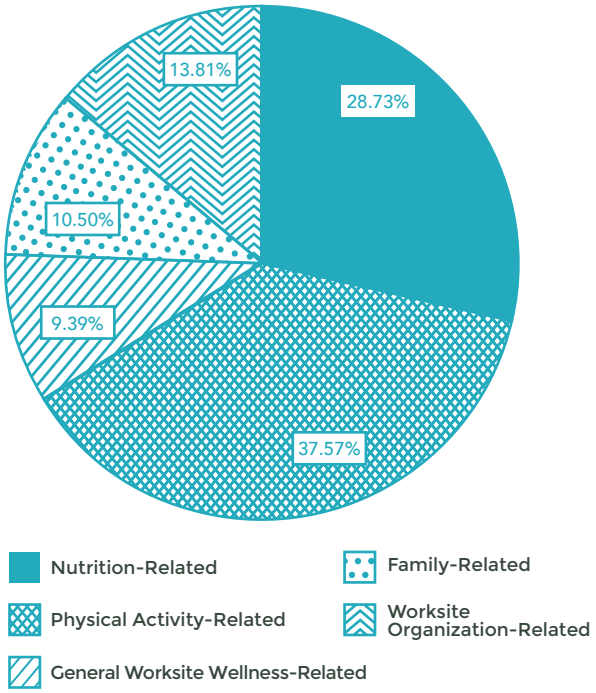
- Thirteen schools in seven districts serving 4,607 students completed the CDC's evidence-based School Health Index (SHI).
- Five schools established new wellness teams.
- Eleven schools completed School Health Improvement Plans, identifying next steps based on the findings of their SHI.
- Twelve schools in seven districts implemented the obesity prevention curriculum Coordinated Approach to Child Health (CATCH), and seven of these schools received CATCH training and equipment.
- Two school districts used school gardens to promote healthy eating habits.
- One school district adopted a new wellness policy that supports access to competitive and noncompetitive physical activities to encourage a lifetime of physical activity.

Worksite Wellness » CUPHD supported Worksite Wellness initiatives in a variety of employee settings. In total, two new policies were adopted and 181 activities were implemented, reaching a total of 3,659 employees in 11 different worksites:

- Six governmental entities
- Three education entities
- One local health department
- One private business

One worksite adopted a tobacco restriction policy and one adopted a nutrition policy. The wellness activities, categorized in the figure below, reached 120 people.

CHAMPAIGN WORKSITE WELLNESS ACTIVITY BY TYPE



Worksite Wellness activities in Champaign County will likely continue through wellness committees established during We Choose Health.

Baby-Friendly Hospitals » Two Champaign County hospitals, Carle Foundation Hospital and Presence Covenant Medical Center, have entered the Development Phase of Baby-Friendly USA's 4-D Pathway. Combined, these two hospitals serve approximately 3,400 babies born each year in Champaign County. CUPHD is continuing to provide staff support for area coalitions that support Baby-Friendly Hospitals beyond We Choose Health.

Complete Streets » CUPHD worked with the Village of Mahomet and the Village of Savoy to increase access to active and safe transportation networks. Both villages established internal complete streets policies, reaching a total of 14,539 residents in Champaign County.

Safe Routes to School » South Side Elementary School in Champaign adopted a Safe Routes to School travel plan, leading to the adoption of a reduced speed limit policy; the installation of "School Speed Limit 20 MPH" signs, speed feedback signs, flashing lights, and a marked crosswalk; and the addition of a crossing guard. The travel plan impacts 307 enrolled students. As part of the Champaign Community Coalition, CUPHD is collaborating with the Metropolitan Planning Organization and other community partners to continue complete streets activities beyond We Choose Health.

Smoke Free Multi-Unit Housing » CUPHD collaborated with Lincolnshire Apartments and Robs Apartments to adopt Smoke-Free Multi-Unit Housing policies. Lincolnshire adopted a policy banning smoking in all units. Robs adopted a policy banning smoking in all units and within 15 feet of the building. When fully implemented, these policies together will reach 166 residents in 83 units.

STRATEGY **SPOTLIGHT**

Smoke-Free Outdoor Public Places » CUPHD's Smoke-Free Outdoor Public Places initiative through We Choose Health led to a significant and far-reaching accomplishment: the successful adoption and implementation of a smoke-free campus policy at the University of Illinois Urbana-Champaign, affecting 54,869 students, faculty, and staff. This helped pave the way for the adoption of several other smoke-free campus policies throughout the state — and eventually the Illinois Smoke-Free Campus Act, passed and signed into law in 2014.

Working in partnership with CUPHD, the University of Illinois Wellness Center led the smoke-free policy effort. To gauge student interest, the university held a campus-wide referendum, which showed the majority of students desired a smoke-free campus. The chancellor approved the smoke-free campus policy, and with guidance from the Wellness Center, created a process to implement and enforce it.

The Wellness Center solicited community participation and input throughout the process. While lengthy, the process was designed to engage the campus community and guarantee the smoke-free

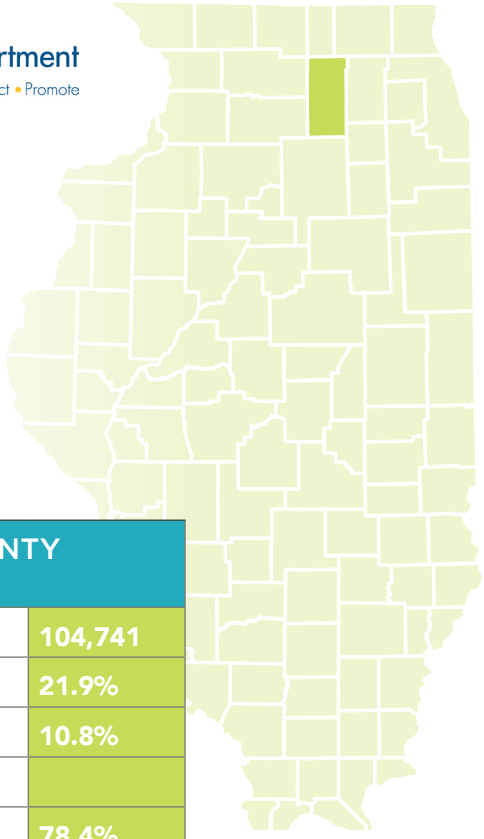
policy was followed. Campus leaders and organizers worked hard to meet the needs of all students, staff, faculty, and visitors to encourage full compliance. CUPHD, in planning and promoting the initiative, learned the value of other organizations' experiences:

"Gather information from organizations similar to yours. The information we got from other campuses was tremendously valuable. It helped us avoid what could have been costly mistakes. It also helped in eliciting support and budget from administration."

After We Choose Health, the Champaign County Tobacco Prevention Coalition will support Parkland College in meeting new requirements as part of the Illinois Smoke-Free Campus Act and provide ongoing support for smoke-free parks.

PROJECT PROFILE:
DEKALB COUNTY

DeKalb County Health Department
Prevent • Protect • Promote



GRANTEE AT A GLANCE

The **DeKalb County Health Department** (DCHD), founded in 1966, provides an array of public health programs and services, including environmental health, maternal and child health, communicable disease prevention, emergency preparedness, and health promotion. To assess local public health needs, DCHD partnered with KishHealth System and Live Healthy DeKalb County. This coalition then worked together to implement We Choose Health strategies in response to findings from the community health needs assessment.

DEMOGRAPHICS AND HEALTH INDICATORS FOR DEKALB COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**104,741**
Persons under 18 years, 2013	**21.9%**
Persons 65 years and over, 2013	**10.8%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**78.4%**
Black or African American alone, 2013	**7.1%**
Asian alone, 2013	**2.8%**
Two or more races, 2013	**1.7%**
Hispanic or Latino, 2013	**10.6%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**91.1%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**26.1**
Housing in multi-unit structures, 2008-2012	**28.6%**
Persons per square mile, 2010	**166.6**
Median household income, 2008-2012	**$53.575**
Persons below poverty level, 2008-2012	**16.9%**
Persons eligible for Free and Reduced Lunch program, 2014°	**41.6%**
Persons who are overweight, 2011-2013*	**29.8%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**73.1%**
Persons who smoke, 2011-2013*	**20.6%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

In their community health needs assessment (conducted in 2012), DCHD, KishHealth System, and Live Healthy DeKalb County identified growing rates of chronic disease and obesity as the county's biggest health priorities. Through We Choose Health, DCHD and its partners addressed these concerns by implementing evidence-based strategies to increase physical activity, healthy eating, and access to smoke-free environments. Engaging with multiple sectors, including the local health system, housing authority, and schools, the DeKalb County partners successfully increased opportunities for residents to live healthy lives and decrease rates of chronic disease. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health programs
- Increase breastfeeding and mother-infant bonding through the Baby-Friendly Hospital initiative
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing

ACCOMPLISHMENTS

Baby-Friendly Hospitals » Two DeKalb County hospitals, Kishwaukee and Valley West, have entered the Development Phase of Baby-Friendly USA's 4-D Pathway. Combined, these two hospitals serve nearly 1,000 babies born each year in DeKalb County. Beyond the completion of We Choose Health, DCHD is continuing to provide training and resources to the KishHealth System as its hospitals progress toward Baby-Friendly designation.

Smoke-Free Multi-Unit Housing » All nine buildings of the DeKalb County Housing Authority are smoke-free, thanks to their collaboration with DCHD. Under the new smoking policy, 1,900 residents now have access to smoke-free air in their 240 units and on all property grounds. DCHD is continuing to provide information to community members interested in Smoke-Free Multi-Unit Housing beyond We Choose Health. Worksite Wellness activities in Champaign County will likely continue through wellness committees established during We Choose Health.

1,900
residents
now have access to
smoke-free air

1,000 BABIES
born each year and their families have increased support for breastfeeding

11,824
students in 23 schools have increased opportunities to eat healthy and be active at school

STRATEGY **SPOTLIGHT**

Coordinated School Health » DCHD provided resources and expert guidance to advance Coordinated School Health efforts within three school districts: Genoa Kingston, Sycamore, and DeKalb. As a result:

- Twenty-three schools developed school health teams.
- Twenty-three schools serving 11,824 students completed the School Health Index (SHI), the CDC's evidence-based school health and wellness assessment.
- Eighteen schools completed School Health Improvement Plans, identifying next steps based on the findings of their SHI.
- Thirteen schools received training and equipment to implement the obesity prevention curriculum Coordinated Approach to Child Health (CATCH).
- Nine schools received curriculum training.
- Twenty-three schools implemented school gardens to promote healthy eating habits.
- One district adopted a policy stating that only healthy foods and beverages can be brought for celebrations and banning the use of food as a reward or punishment.
- Three districts now have a curriculum or policy that supports access to a broad range of activities to develop skills and encourage a lifetime of physical activity.
- An additional 23 schools were likely to update or adopt at least one wellness policy component.

Through its experience championing Coordinated School Health, DCHD learned that for the initiatives to be successful, the schools must take the lead and the health department must provide an array of support:

> "Support and encourage (not tell) schools and districts in acting upon their ideas for addressing SHI priorities."

DCHD is continuing to support Coordinated School Health activities through Live Healthy DeKalb, and is seeking additional funding.

PROJECT PROFILE:
HEALTHY SOUTHERN ILLINOIS DELTA NETWORK

GRANTEE AT A GLANCE

The **Healthy Southern Illinois Delta Network** (HSIDN) is a network of healthy community coalitions covering the 16 southernmost counties in Illinois: Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White, and Williamson. Together, these coalitions and local health departments represent 341,351 residents. Developed to transform Southern Illinois into a region that supports and enhances healthy living, HSIDN receives programmatic oversight from a steering committee led by Southern Illinois HealthCare. The committee is comprised of HSIDN's local health department administrators, representatives from Southern Illinois HealthCare, Southern Illinois University Center for Rural Health and Social Service Development, and Southern Illinois University School of Medicine. HSIDN collaboratively sets regional goals and objectives to guide local, county-level efforts.

DEMOGRAPHICS AND HEALTH INDICATORS FOR HEALTHY SOUTHERN ILLINOIS DELTA NETWORK WE CHOOSE HEALTH FUNDING AREA (ALEXANDER, FRANKLIN, GALLATIN, HAMILTON, HARDIN, JACKSON, JOHNSON, MASSAC, PERRY, POPE, PULASKI, RANDOLPH, SALINE, UNION, WHITE, AND WILLIAMSON COUNTIES)	
Population, 2013 estimate	**341,351**
Persons under 18 years, 2013	**20.6%**
Persons 65 years and over, 2013	**17.5%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**87.2%**
Black or African American alone, 2013	**7.4%**
Two or more races, 2013	**1.6%**
Hispanic or Latino, 2013	**2.7%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**85.6%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**24.5**
Housing in multi-unit structures, 2008-2012	**14.6%**
Persons per square mile, 2010	**52.9**
Median household income, 2008-2012	**$38,732**
Persons below poverty level, 2008-2012	**19.1%**
Persons eligible for Free and Reduced Lunch program, 2014°	**44.2%**
Persons who are overweight, 2011-2013*	**38.9%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**71.0%**
Persons who smoke, 2011-2013*	**25.1%**

Note: Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native alone, and Asian alone were all <1% of the population in 2013
Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

Using its existing infrastructure, HSIDN implemented We Choose Health Southernmost Illinois to increase opportunities for residents of the lower 16 Illinois counties to eat healthier, be more physically active, and breathe smoke-free air. With steering committee guidance, local agencies and health departments engaged multiple sectors to adopt and implement systemic, policy-driven change to promote healthy living. Collectively, HSIDN and partners transformed their communities to make healthy choices the easier choice for all residents. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health programs and Worksite Wellness initiatives
- Increase breastfeeding and mother-infant bonding through the Baby-Friendly Hospital initiative
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing and Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Coordinated School Health » HSIDN provided resources and expert guidance to advance a range of Coordinated School Health efforts. As a result:

- Twenty-nine public schools across 23 districts and two private schools — serving a total of 10,690 students — completed the CDC's School Health Index (SHI).
- Twenty-three schools completed School Health Improvement Plans, identifying next steps based on the results of their SHI.
- Fourteen schools developed school health teams, which are critical to coordinating and promoting health and wellness initiatives at the school level.
- Twenty-seven schools implemented the obesity prevention curriculum Coordinated Approach to Child Health (CATCH).
- Twenty-three schools received CATCH training and 25 schools received CATCH equipment.
- Five schools in four districts implemented a school garden to promote healthy eating habits.
- At least one school in each of 22 districts and the two private schools now have We Choose Health-supported policies in place. An additional two schools were likely to update or adopt at least one wellness policy.

HSIDN is continuing to work to implement CATCH programs in schools, as well as support and expand Coordinated School Health training and policies.

	COORDINATED SCHOOL HEALTH POLICY COMPONENTS	NUMBER OF SCHOOLS	NUMBER OF DISTRICTS
PHYSICAL ACTIVITY	**Bans using or withholding physical activity as a punishment**	3	2
	Has a requirement for intensity or duration of physical activity during physical education	4	3
	Supports access to a broad range of physical activities to develop skills for a lifetime of participation	29	25
NUTRITION	**Provides adequate time to eat school meals (10 minutes for breakfast/20 minutes for lunch)**	2	1
	Bans the sale of unhealthy foods in school fundraisers	2	1
	Bans the marketing of unhealthy foods and beverages	2	1
	Bans the use of food as a reward or punishment for academic performance or behavior	1	1
	Only healthy foods can be promoted and marketed	2	1
	Only healthy foods and beverages can be brought for celebrations	5	4
	Only healthy foods can be sold in vending machines	2	1
	Only healthy food and beverages can be sold in school stores	1	1

STRATEGY **SPOTLIGHT**

Worksite Wellness » In February 2013 and 2014, HSIDN staged Community Transformation Forums, providing multiple sectors throughout the Southern Illinois region with opportunities to learn about systemic and policy-driven strategies to build healthier communities, and resources available to implement such strategies.

Mark Fenton — a public health, planning, and transportation consultant and Tufts University adjunct professor — gave Forum participants fresh perspective on how their agencies could positively impact the health of Southern Illinois residents.

Building on the energy generated by the Forums, the HSIDN team provided one-on-one support to employers throughout the region to establish Worksite Wellness programs and policies. Through this guidance, as well as an additional grant from the Delta Regional Authority, HSIDN helped businesses develop diverse wellness committees to identify the needs and barriers preventing employees from engaging in healthy behaviors. Using a policy, systems, and environmental change approach, wellness committees created worksite health improvement plans to address the identified needs.

Thirty-two worksites participated in the We Choose Health initiative, including 11 private businesses, nine governmental entities, six local health departments, three educational entities, and three hospitals. Five worksites adopted and are implementing general wellness policies, and two adopted and are implementing smoking/tobacco policies, reaching a total of 727 employees.

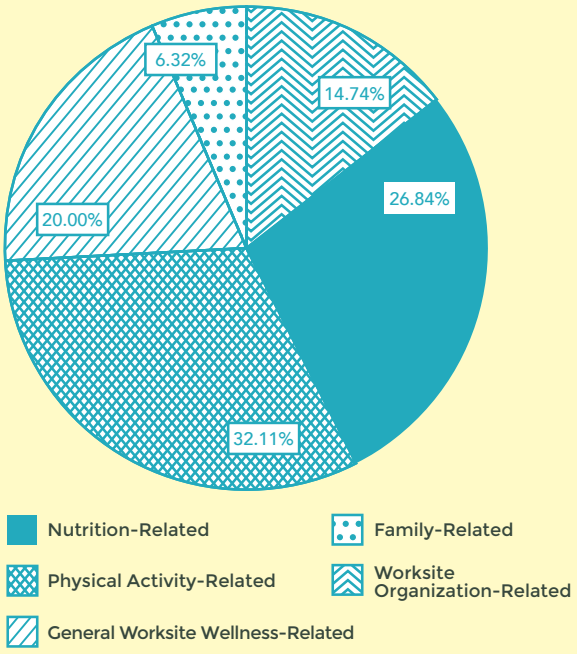
Together, the 32 worksites implemented 380 worksite wellness activities, impacting 11,072 employees throughout the region. The figure below summarizes these activities by category.

When implementing Worksite Wellness initiatives, HSIDN learned that each worksite requires a tailored approach:

"The most important lesson learned through Worksite Wellness was that no worksite is the same. Each worksite/wellness committee has their unique ideas, and what works for one may not work for another. Although our ultimate goal of making the healthy choice the easy choice is the same, each worksite achieves this goal differently."

HSIDN is continuing to provide staff time and training to maintain existing Worksite Wellness programs. Additional resources will fund some members of HSIDN to support ongoing Worksite Wellness goals.

HEALTHY SOUTHERN ILLINOIS DELTA NETWORK WORKSITE WELLNESS ACTIVITIES BY TYPE



Baby-Friendly Hospitals » In collaboration with HSIDN, Carbondale Memorial Hospital, a regional birthing center located in Jackson County, has entered the Designation Phase of Baby-Friendly USA's 4-D Pathway. The hospital aims to achieve designation by February 2015, reaching more than 2,000 babies born each year in Jackson County.

Smoke-Free Multi-Unit Housing » HSIDN collaborated with the Franklin County Housing Authority (FCHA) to adopt a smoke-free policy. The smoking ban will be implemented in phases as units are vacated, cleaned, and rented until all FCHA locations are smoke-free. The Johnson County Housing Authority also adopted a smoke-free policy. Combined, these policies reach 235 local housing authority residents. In addition, these residents now have access to a tobacco Quitline, which provides smoking-cessation tools and support. Finally, a private housing management group adopted a policy banning smoking in all of its residential units. Together, these three policies give 670 residents living in 386 units access to smoke-free air.

Smoke-Free Outdoor Public Places » HSIDN made tremendous strides in its Smoke-Free Outdoor Public Place efforts. With the adoption of 13 policies at 30 locations, 419,000 residents now have access to smoke-free air at these sites. Smoking restrictions for each location are detailed in the table below.

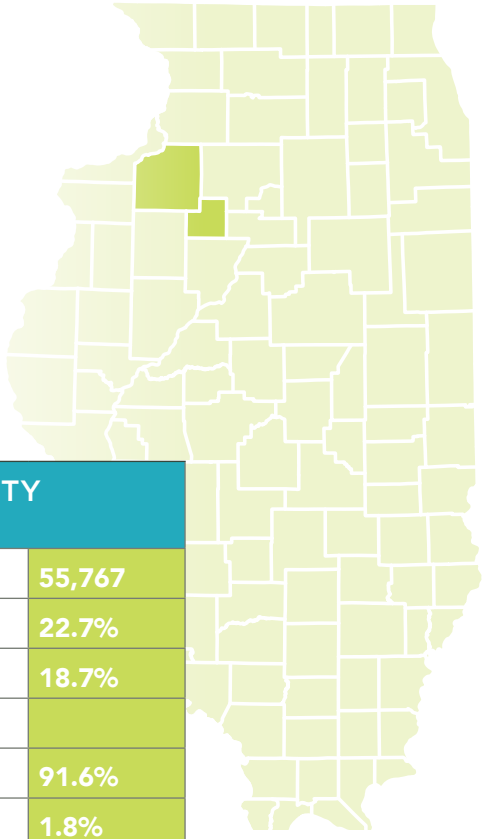
In addition, Pinckneyville Elementary and Junior High Schools, St. Bruno School, Carbondale Civic Center, Popular Camp Beach at Cedar Lake, Pickneyville Parks, and Cool Spoons have implemented smoking restrictions. While they are not official policies, these changes will create a healthier environment for visitors to these sites.

HSIDN and each of the local healthy community coalitions are continuing to pursue implementation of Smoke-Free Outdoor Public Places and Smoke-Free Multi-Unit Housing policies through their Illinois Tobacco-Free Communities grants.

SOUTHERN ILLINOIS LOCATION	SMOKING RESTRICTION
Egyptian Health Department	**Smoke-Free Campus**
Village of Junction Park District	**Tobacco-Free Policy**
Franklin-Williamson County Health Department	**Smoke-Free Campus**
Marion Park District	**Smoke-Free Policy**
Kiwanis Park	**Smoke-Free Park**
Diagraph MSP	**Smoke-Free Worksite**
Boo Rochman Park	**Smoke-Free Parks**
Murphysboro Soccer, Inc.	**Smoke-Free Sports Complexes**
Randolph County Health Department	**Smoke-Free Campus**
Southern Illinois HealthCare	**Tobacco-Free Hospital Campus**
Randolph County Courthouse	**Tobacco-Free Campus**
Consolidated School District 204	**Smoke-Free Campus**
Jackson County Health Department	**Tobacco-Free Campus**

PROJECT PROFILE:
HENRY COUNTY

Henry & Stark County Health Department



GRANTEE AT A GLANCE

The **Henry County Health Department** (HCHD) is a county-based public health department in West Central Illinois established in 1966. HCHD works in collaboration with Stark County Health Department to provide health-related services for residents in both counties. Their mission is "to protect and improve the health of the community."

DEMOGRAPHICS AND HEALTH INDICATORS FOR HENRY COUNTY WE CHOOSE HEALTH FUNDING AREA (HENRY AND STARK COUNTIES)	
Population, 2013 estimate	**55,767**
Persons under 18 years, 2013	**22.7%**
Persons 65 years and over, 2013	**18.7%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**91.6%**
Black or African American alone, 2013	**1.8%**
Two or more races, 2013	**1.3%**
Hispanic or Latino, 2013	**4.5%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**88.5%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**25.4**
Housing in multi-unit structures, 2008-2012	**10.3%**
Persons per square mile, 2010	**41.1**
Median household income, 2008-2012	**$51,838**
Persons below poverty level, 2008-2012	**10.3%**
Persons eligible for Free and Reduced Lunch program, 2014°	**41.1%**
Persons who are overweight, 2011-2013*	**27.2%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**66.3%**
Persons who smoke, 2011-2013*	**19.2%**

Note: Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native alone, and Asian alone were all <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
* http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

HCHD's recent assessment of health priorities identified the need to address diabetes, heart disease, and obesity. By engaging businesses, schools, the housing authority, and other stakeholders through We Choose Health, HCHD successfully increased opportunities for Henry County and Stark County residents to be physically active, eat healthy, and live smoke-free. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health programs and Worksite Wellness initiatives
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing

ACCOMPLISHMENTS

Coordinated School Health » HCHD provided resources and expert guidance to advance a range of Coordinated School Health efforts. As a result:

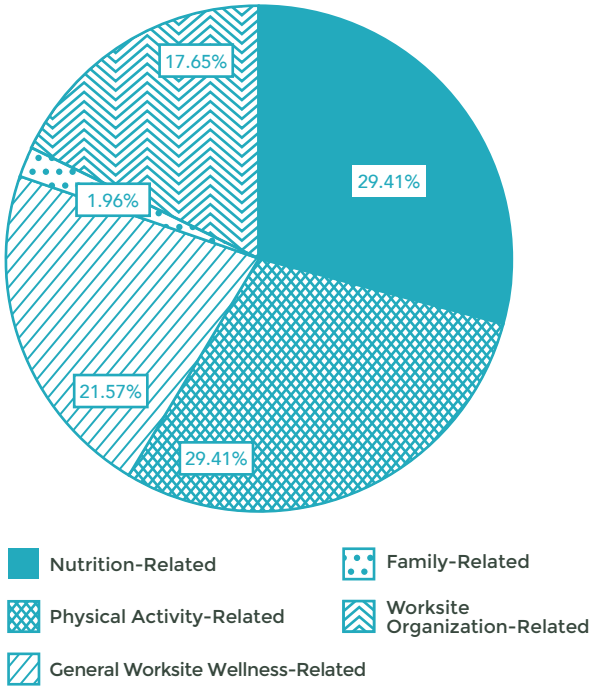
- Six schools across three districts completed the CDC's School Health Index (SHI), reaching 1,891 students.
- Six schools developed school health teams to coordinate and guide wellness efforts.
- Six schools across three districts completed a School Health Improvement Plan, identifying next steps based on the findings of their SHI.
- Three schools received the obesity prevention curriculum Coordinated Approach to Child Health (CATCH), as well as teacher training and equipment.
- At least one school in each of three districts adopted a policy requirement for the intensity or duration of physical activity and a policy that supports access to a broad range of competitive and noncompetitive physical activities.
- One school adopted a policy stating that only healthy foods and beverages can be brought for celebrations.

Worksite Wellness » HCHD supported Worksite Wellness in three types of employee settings. In total, 51 wellness activities were implemented at five worksites:

- Three educational entities
- One local health department
- One social service agency

The wellness activities, which are categorized in the figure below, reached 539 employees.

HENRY COUNTY WORKSITE WELLNESS ACTIVITY BY TYPE



1,891
students have increased opportunities to eat healthy and be active at school

STRATEGY **SPOTLIGHT**

Smoke-Free Multi-Unit Housing » Henry County is a statewide leader for the Smoke-Free Multi-Unit Housing initiative. HCHD successfully engaged the Henry County Housing Authority to adopt a Smoke-Free Multi-Unit Housing policy in its eight locations throughout the county. Two policies have been adopted, affecting 1,044 residents in 489 units.

HCHD first provided information to the Henry County Housing Authority on the health and financial benefits of Smoke-Free Multi-Unit Housing policies. On receiving the information, the Housing Authority explored making its units smoke-free, soliciting input from residents and staff. With that input and guidance from HCHD, the Housing Authority developed a Smoke-Free Multi-Unit Housing policy.

Significant consideration was given to tenants' concerns, and the policy that was developed included gradual implementation and time for tenants to quit smoking. Tenants who signed a lease December 1, 2012, or after were not permitted to smoke in their units, while tenants who lived in their units prior to December 1, 2012, were required to pay a $100 deposit to be permitted to smoke. Through attrition, this gradual approach will lead to smoke-free policy adoption in 100% of the Housing Authority's units in all eight locations. Signage posted throughout the properties helps to reinforce the policy.

Results have been positive all around: The Smoke-Free Multi-Unit Housing policy led to an increase in tenant applications and provided existing tenants the motivation to quit.

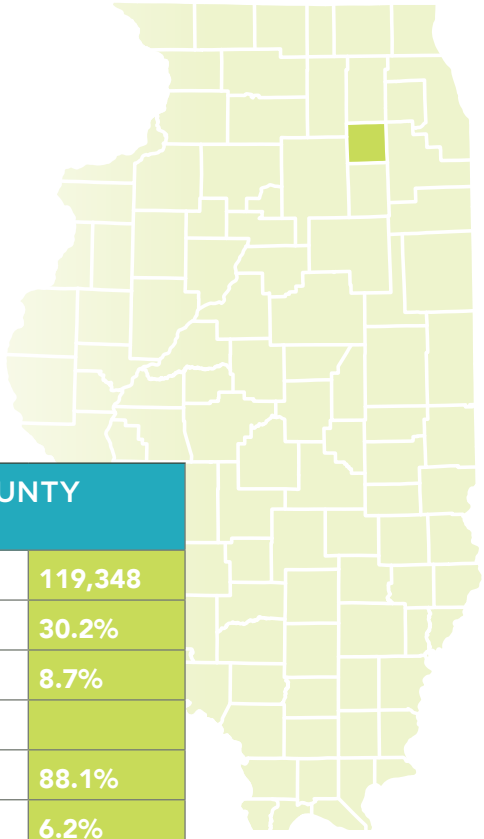
HCHD credits its successful Smoke-Free Multi-Unit Housing initiative to local relationships:

> "In rural communities, networking and having a good relationship with community members is key…It is critically important to maintain stewardship of community relations to yield effective results. We really saw this in full effect with our success in Fieldcrest Village's two property locations — Cambridge and Orion — deciding to go smoke-free."

1,044 RESIDENTS
have access to smoke-free air within their homes

PROJECT PROFILE:
KENDALL COUNTY

KENDALL COUNTY HEALTH DEPARTMENT
A Caring Place



GRANTEE AT A GLANCE

The **Kendall County Health Department** (KCHD) serves an estimated 118,105 residents in Northeastern Illinois. The mission of KCHD is to provide population-based programs and services to promote physical, mental, and environmental health; protect the community's health; prevent disease; and promote family self-sufficiency.

DEMOGRAPHICS AND HEALTH INDICATORS FOR KENDALL COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**119,348**
Persons under 18 years, 2013	**30.2%**
Persons 65 years and over, 2013	**8.7%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**88.1%**
Black or African American alone, 2013	**6.2%**
Asian alone, 2013	**3.3%**
Two or more races, 2013	**1.9%**
Hispanic or Latino, 2013	**16.4%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**72.9%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**33.5**
Housing in multi-unit structures, 2008-2012	**8.3%**
Persons per square mile, 2010	**358.2**
Median household income, 2008-2012	**$83,835**
Persons below poverty level, 2008-2012	**3.9%**
Persons eligible for Free and Reduced Lunch program, 2014°	**31.5%**
Persons who are overweight, 2011-2013*	**33.5%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**81.9%**
Persons who smoke, 2011-2013*	**15.8%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

KCHD focused its We Choose Health efforts on increasing county residents' access to smoke-free living and opportunities to eat healthy and be physically active. To do so, KCHD leveraged existing resources and relationships to develop diverse member workgroups comprised of select KCHD staff, select members of KCHD's existing advisory boards, and individuals from the Kendall County community with an interest in promoting or furthering We Choose Health strategies. Goals were to:

- Increase physical activity and healthy eating through Worksite Wellness initiatives
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing

ACCOMPLISHMENTS

Smoke-Free Multi-Unit Housing » Through We Choose Health, KCHD supported several private management companies as they adopted smoke-free policies. These accomplishments, outlined in the table below, reached a total of 1,341 residents in 557 units.

The Coalition for a Tobacco-Free Kendall County continues to promote smoke-free housing policies with funding from its Illinois Tobacco-Free Communities grant.

KENDALL COUNTY SMOKE-FREE MULTI-UNIT HOUSING POLICIES AND SUPPORTS

LOCATION	# OF UNITS	# OF RESIDENTS	SMOKING RESTRICTION IMPROVEMENTS
City Center Apartments	32	80	Policy Adopted Banning Smoking in All Residential Units
309 Olsen Apartments	3	9	Policy Adopted Banning Smoking on Entire Property
Newark Senior Center	32	39	Policy Adopted Banning Smoking on Entire Property; Cessation Classes Offered
Alara at Summerfield	81	82	Signage Provided and Installed to Support Pre-Existing Smoke-Free Policy
Wedgewood Manor	49	48	Signage Provided and Installed to Support Pre-Existing Smoke-Free Policy
Countryside Villages of Plano and Yorkville	360	1,083	Signage Provided and Installed to Support Pre-Existing Smoke-Free Policy

1,341

residents now have access to smoke-free air in their homes

STRATEGY **SPOTLIGHT**

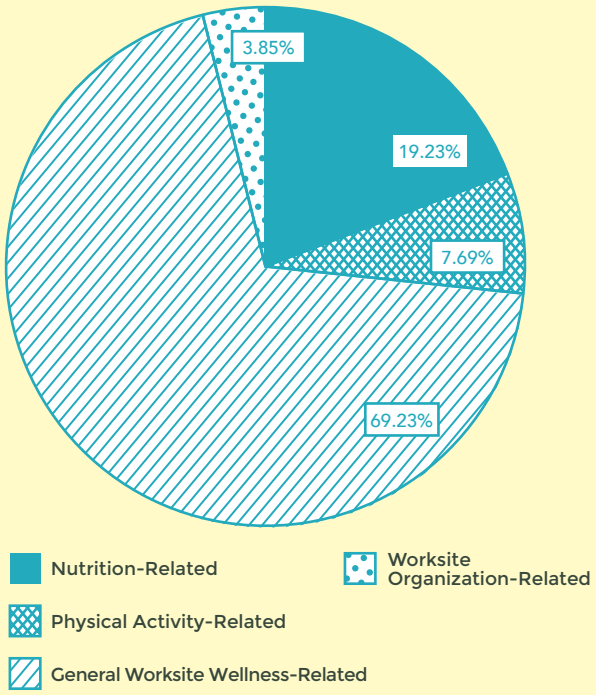
Worksite Wellness » KCHD's Worksite Wellness efforts started with its own internal program. Included in the agency's 2016 Strategic Plan, the program served as a pilot project, helping KCHD to develop internal expertise as well as a toolkit for Kendall County businesses to use in their own Worksite Wellness initiatives. KCHD's Worksite Wellness program earned a Bronze Level Award from the Illinois Healthy Worksite Designation.

KCHD's Worksite Wellness toolkit leads employers through a policy, system, and environmental change approach to transform into worksites where employees can be physically active and eat healthy. The toolkit features templates for surveys and health improvement plans, sample program ideas, and information regarding the Illinois Healthy Worksite Designation. It also includes a flash drive loaded with evidence-based, ready-to-use information on stress management, physical activity, nutrition, and tobacco cessation. KCHD shared the toolkit with a number of businesses and municipalities.

In addition, KCHD provided expertise and support to two worksites, reaching 50 employees.

The 26 Worksite Wellness activities implemented are summarized by category in the figure below.

KENDALL COUNTY WORKSITE WELLNESS ACTIVITY BY TYPE

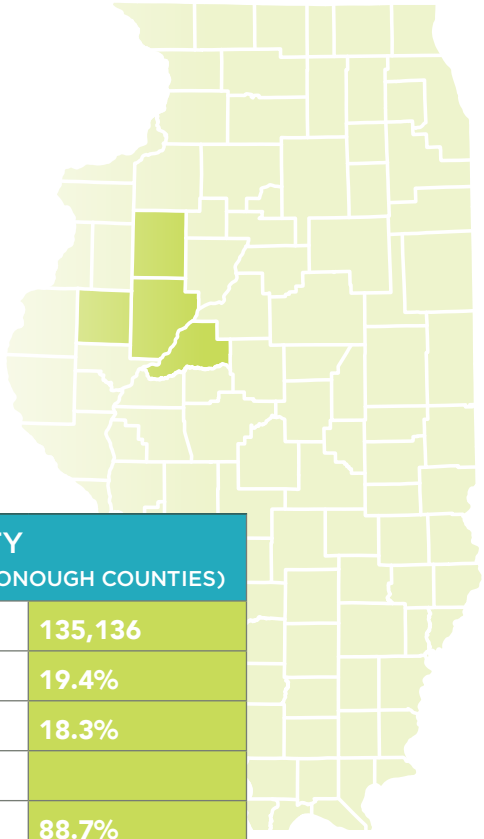


In engaging employers in Worksite Wellness initiatives, KCHD found that some companies were resistant to policy changes and that the introduction of wellness activities was more appropriate.

"Getting top management committed to developing Worksite Wellness policy is essential. Many business and government unit representatives were interested in Worksite Wellness activities but not in the process of developing and incorporating wellness policy into the corporate culture."

KCHD is continuing to provide materials and guidance to members of a Worker Wellness Task Force that is working to implement programs at additional local businesses and municipalities.

PROJECT PROFILE:
KNOX COUNTY



GRANTEE AT A GLANCE

Knox County Health Department (KCHD), located in West Central Illinois, was created by citizen referendum in 1992. KCHD's mission is to serve Knox County citizens by "assessing health and environmental needs, developing policies, and assuring those needs are effectively addressed." To accomplish this goal, the divisions of Community Health Improvement, Family Health, and Health Protection work collaboratively with the Community Health Center to provide access to quality medical and dental health care services.

DEMOGRAPHICS AND HEALTH INDICATORS FOR KNOX COUNTY WE CHOOSE HEALTH FUNDING AREA (KNOX, FULTON, MASON, AND MCDONOUGH COUNTIES)	
Population, 2013 estimate	**135,136**
Persons under 18 years, 2013	**19.4%**
Persons 65 years and over, 2013	**18.3%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**88.7%**
Black or African American alone, 2013	**5.5%**
Asian alone, 2013	**1.0%**
Two or more races, 2013	**1.7%**
Hispanic or Latino, 2013	**3.5%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**86.9%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**21.73**
Housing in multi-unit structures, 2008-2012	**16.9%**
Persons per square mile, 2010	**49.8**
Median household income, 2008-2012	**$40,497**
Persons below poverty level, 2008-2012	**17.3%**
Persons eligible for Free and Reduced Lunch program, 2014°	**56.8%**
Persons who are overweight, 2011-2013*	**39.2%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**71.3%**
Persons who smoke, 2011-2013*	**21.1%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

KCHD led the We Choose Health initiative in Knox County and three neighboring counties: Fulton, Mason, and McDonough. Local coalitions in each of the four counties drove project activities, providing guidance, sharing resources, and identifying opportunities to engage community members and partners. Priority areas to be addressed by We Choose Health were identified by the four county health department administrators, as well as the Illinois Project for Local Assessment of Needs (IPLAN) Steering Committee for each county. These included obesity, chronic disease, and nutrition. Goals were to:

- Increase physical activity and healthy eating through Worksite Wellness initiatives
- Increase physical activity through Safe Routes to School programs and Complete Streets policies
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing and Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Safe Routes to School » KCHD successfully educated schools on the benefits of Safe Routes to School. They also held a bike rodeo to teach students proper bike safety skills. Mason County continues to engage community stakeholders in Safe Routes to School activities.

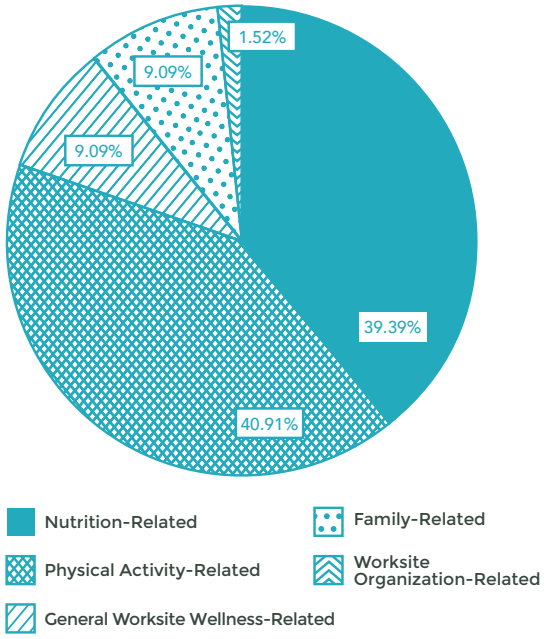
Smoke-Free Multi-Unit Housing » KCHD successfully collaborated with two counties in writing and adopting Smoke-Free Multi-Unit Housing policies. Knox County Housing Authority adopted a policy banning smoking on all properties, and Mason County Housing Authority has adopted a policy banning smoking in all residential units and outdoor common areas. Combined, these policies reach 1,145 residents residing in 476 units.

Worksite Wellness » KCHD worked in collaboration with local employers to promote Worksite Wellness. In total, five policies were adopted, including two general wellness policies, one tobacco policy, one breastfeeding policy, and one benefit plan. In addition, a total of 66 wellness activities were implemented, reaching 7,298 employees across 12 worksites:

- Five educational entities
- Four local health departments
- Two governmental entities
- One hospital

The wellness activities are summarized by type in the figure below.

KNOX WORKSITE WELLNESS ACTIVITIES BY TYPE



Individual health departments from the We Choose Health coalition are continuing to provide information to promote Worksite Wellness in their communities.

Complete Streets » KCHD supported an existing Complete Streets resolution in one community and worked to incorporate Complete Streets concepts, such as bike lanes, into a large-scale project in another community. KCHD also educated city leaders in other communities, some of which are incorporating Complete Streets components into new projects. Mason, Knox, and Fulton counties continue to promote Complete Streets policies in their local areas.

STRATEGY **SPOTLIGHT**

Smoke-Free Outdoor Public Places » KCHD, in collaboration with the Fulton, Mason, and McDonough county health departments, engaged community leaders throughout the four-county region to work toward smoke-free policies. The municipalities listed in the table below were successful in adopting Smoke-Free Outdoor Public Place policies, providing cleaner air for a combined 38,347 residents.

We Choose Health project staff first educated municipality leaders on the health benefits of Smoke-Free Outdoor Public Place policies, using research-based information. Then they used resident surveys and collection of cigarette litter in public places to assess community needs and readiness for a Smoke-Free Outdoor Public Place policy.

For municipalities that chose to develop smoke-free policies, project staff provided guidance in drafting, promoting, and enforcing those policies. Through traditional and social media, project staff and community leaders informed residents of the policy adoption and the proposed timeline for implementation. Smoke-free signage, also provided by project staff, served as a mechanism to enforce the policy.

In championing Smoke-Free Outdoor Public Places initiatives, KCHP and coalition members learned that policy implementation is a long-term process. To move an initiative forward, they learned they had to engage and educate stakeholders. These relationships were essential for success.

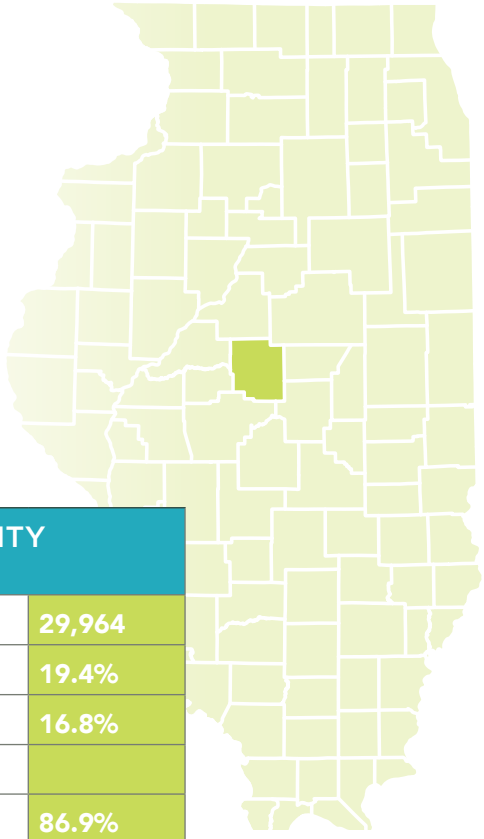
> "The biggest lesson learned through this process is that it can take time to move through it. There are multiple layers that need to be worked through, and it is important to develop positive relationships at each layer. Accurate information is an important component, as education is a large portion of this initiative."

KCHD continues to support smoke-free policies through the Illinois Tobacco-Free Communities initiative administered by the Illinois Department of Public Health.

LOCATION	SMOKE-FREE RESTRICTION
Village of Altona	All Village Properties Smoke-Free
Chandler & Compton Park	Smoke-Free Parks
City of Bushnell	Smoke-Free Parks
City of Canton	Smoke-Free Playgrounds
Williamsfield	Smoke-Free Parks
City of Oneida	Smoke-Free Parks

PROJECT PROFILE:
LOGAN COUNTY

Public Health
Prevent. Promote. Protect.
Logan County
Department of Public Health



GRANTEE AT A GLANCE

The **Logan County Department of Public Health** (LCDPH) is a local health department in Central Illinois. The mission of LCDPH is assuring the health and safety of Logan County and Central Illinois residents through education, information, and services. The health department provides dental services; home health care; emergency preparedness; environmental health; Women, Infants, and Children (WIC) services; health education; and public health nursing services.

DEMOGRAPHICS AND HEALTH INDICATORS FOR LOGAN COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**29,964**
Persons under 18 years, 2013	**19.4%**
Persons 65 years and over, 2013	**16.8%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**86.9%**
Black or African American alone, 2013	**8.0%**
Two or more races, 2013	**1.4%**
Hispanic or Latino, 2013	**3.3%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**84.9%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**20.3**
Housing in multi-unit structures, 2008-2012	**17.0%**
Persons per square mile, 2010	**49.0**
Median household income, 2008-2012	**$46,647**
Persons below poverty level, 2008-2012	**13.2%**
Persons eligible for Free and Reduced Lunch program, 2014°	**36.3%**
Persons who are overweight, 2011-2013*	**38.8%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**74.4%**
Persons who smoke, 2011-2013*	**18.0%**

Note: Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native alone, and Asian alone were all <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
* http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

In implementing We Choose Health, LCDPH worked with Logan County's existing Healthy Communities Partnership to ensure sufficient representation of a wide variety of stakeholders, including park districts, health care providers, school districts, and early childcare providers. The Healthy Communities Partnership's mission is to improve residents' health and quality of life by improving health outcomes, increasing healthy behaviors, and increasing access to quality health care services. LCDPH and the Healthy Communities Partnership worked collaboratively to increase opportunities for residents to eat healthy, be physically active, and live smoke-free. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health initiatives
- Increase physical activity through Safe Routes to School programs
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Coordinated School Health » LCDPH provided resources and expert guidance to advance a range of Coordinated School Health efforts. As a result:

- Three schools completed the CDC's School Health Index (SHI): West Lincoln-Broadwell Elementary School (in District 92), New Holland-Middletown Elementary School (in District 88), and Chester-East Lincoln Elementary School (in District 61).
- Each of these schools completed a School Health Improvement Plan, identifying next steps based on the findings of their SHI. These efforts impact 578 students.
- Two of the schools created school health teams.
- All three schools implemented the obesity prevention curriculum Coordinated Approach to Child Health (CATCH), with two of the schools receiving CATCH equipment and training.
- West Lincoln-Broadwell Elementary School District 92 updated its district wellness policy.
- New Holland-Middletown Elementary District 88 is now implementing a curriculum/policy that provides a variety of competitive and noncompetitive physical activity opportunities.

The Healthy Communities Partnership is continuing to work to implement CATCH programs, and will purchase additional equipment for schools.

Safe Routes to School » Although no policies or plans have been adopted, LCDPH anticipates implementation of Safe Routes to School programs/events at Northwest School in April 2015, which would reach 204 students.

14,309

residents now have access to smoke-free air at Lincoln City parks

+

3 schools

increased opportunities for 578 students to be active and eat healthier

STRATEGY **SPOTLIGHT**

Smoke-Free Outdoor Public Places » LCDPH, working in collaboration with the Alcohol, Tobacco, and Other Destructive Behaviors Task Force (a subgroup of the Healthy Communities Partnership), sought to reduce the number of public locations in Logan County where smoking is allowed.

Specifically, LCDPH and its partners engaged the park district and city council in Lincoln, as well as the Logan County Board, providing information regarding the health benefits of Smoke-Free Outdoor Public Place policies at several meetings. With guidance provided by LCDPH, the City of Lincoln adopted a tobacco-free parks policy.

Prior to the policy going into effect, LCDPH created a promotional campaign to build community awareness of the policy and inform residents of cessation resources. All city-owned parks now have signs posted to reinforce the policy, which provides access to cleaner air for 14,309 residents.

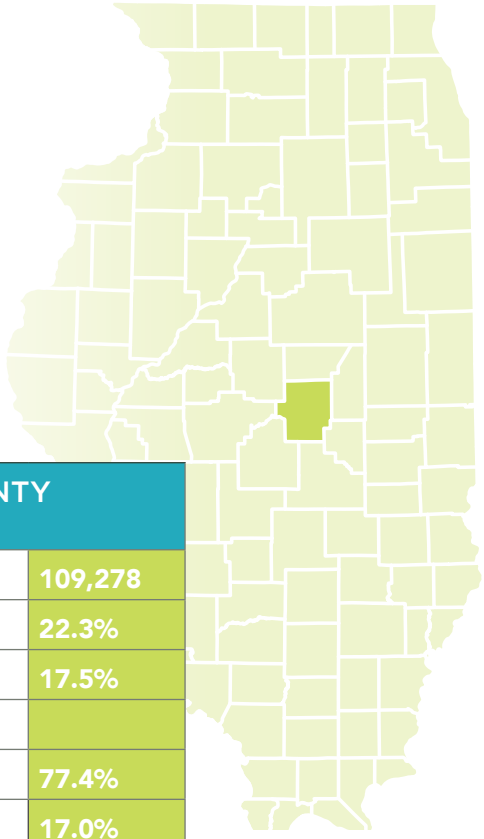
While engaging stakeholders in its Smoke-Free Outdoor Public Places initiative, LCDPH discovered that preparation and tailored information are essential:

> "It would be helpful to poll the members of the organization to see what their feelings are before you present to them. Some members may need additional education on why the topic is important before they are ready to pass a policy on it… Attempting to present [to] the county board without speaking to many of them first was a lesson learned. There was a very full agenda that night, so we were only able to educate them about the issue for about three minutes, which was not enough time to fully explain the extent of the problem. Sending members information ahead of time so they were aware of the issue and then could use the meeting to ask questions may have been a better plan."

LCDPH is continuing to support smoke-free policies in public parks through a new REALITY Illinois grant funded by the Illinois Department of Public Health.

PROJECT PROFILE:
MACON COUNTY

Public Health
Prevent. Promote. Protect.
Macon County
Health Department



GRANTEE AT A GLANCE

The **Macon County Health Department** (MCHD), established in 1962, provides a variety of programs and services to the residents of Macon County in Central Illinois. Its mission is to "promote the health and healthy practices of all residents of Macon County." To achieve its mission, the MCHD utilizes a diverse set of partners to identify and address emerging public health concerns.

DEMOGRAPHICS AND HEALTH INDICATORS FOR MACON COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**109,278**
Persons under 18 years, 2013	**22.3%**
Persons 65 years and over, 2013	**17.5%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**77.4%**
Black or African American alone, 2013	**17.0%**
Asian alone	**1.2%**
Two or more races, 2013	**2.5%**
Hispanic or Latino, 2013	**2.1%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**87.5%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**18.2**
Housing in multi-unit structures, 2008-2012	**17.6%**
Persons per square mile, 2010	**190.8**
Median household income, 2008-2012	**$46,165**
Persons below poverty level, 2008-2012	**16.2%**
Persons eligible for Free and Reduced Lunch program, 2014°	**53.2%**
Persons who are overweight, 2011-2013*	**29.5%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**73.7%**
Persons who smoke, 2011-2013*	**26.9%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

MCHD used existing partnerships and coalitions to implement We Choose Health, increasing opportunities for residents to be physically active, eat healthier, and breathe smoke-free air. Macon County ACHIEVE (Action Committee for Health, Innovation and Environmental Change) was chosen as a key partner because its goals and mission closely aligned with the We Choose Health project objectives. ACHIEVE's established relationships with schools, municipality leaders, businesses, and other community agencies were also essential for successful project implementation. Goals were to:

- Increase physical activity and healthy eating through Worksite Wellness initiatives
- Increase physical activity through Coordinated School Health and Complete Streets policies
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Coordinated School Health » MCHD provided resources and expert guidance to advance a range of Coordinated School Health efforts. As a result:

- Decatur District 61, including 21 schools, established a school health team to coordinate promotion of health and wellness initiatives at the school level.
- Decatur District 61 then completed the CDC's evidence-based School Health Index (SHI).
- Based on the finding of the SHI, the district completed a School Health Improvement Plan to identify next steps, with slight variations based on individual school needs. In all, these efforts reached 8,569 students.
- Three schools within Decatur District 61 established school gardens to promote healthy eating habits.
- All schools now have a policy requirement for the intensity or duration of physical activity during physical education, as well as a policy that supports access to a broad range of competitive and noncompetitive physical activities.

Macon County ACHIEVE continues to provide schools with resources and will include them in a planned community-wide wellness challenge.

Complete Streets » MCHD promoted Complete Streets in several communities and provided educational materials. It also held a successful training for local community members and leaders featuring the technical assistance provider Active Transportation Alliance. On completion of We Choose Health, MCHD is continuing to provide resources and advising to promote Complete Streets policies.

Smoke-Free Outdoor Public Places » MCHD led the way in Macon County by adopting its own Smoke-Free Outdoor Public Places policy. The policy prohibits smoking on the grounds of the health department, affecting all employees and visitors.

MCHD will continue tobacco education and cessation support through grants from Illinois Tobacco-Free Communities and the Asthma Coalition.

8,569

students have increased opportunities to be active and eat healthy

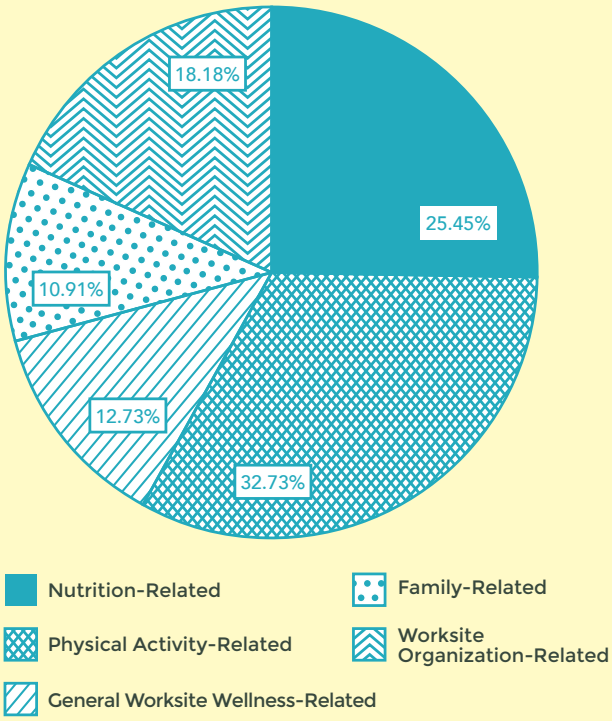
STRATEGY **SPOTLIGHT**

Worksite Wellness » MCHD developed the Macon County Wellness Committee to guide and advise Worksite Wellness activities for county government offices. Its creation coincided with the county's implementation of a new health insurance deductible savings program designed to reward healthy behaviors. This program, coupled with new healthy living opportunities at work, gave employees a monetary incentive to be healthy and the resources to adopt healthier behaviors. This internal approach also gave MCHD the confidence to expand into larger-scale policy change:

> "Start in your own building and with 'safe' partners to get practice before branching out to larger employers with high expectations."

In total, four Worksite Wellness policies reaching 815 employees were adopted as a result of MCHD's We Choose Health initiative. In addition to the four policies, 55 activities took place, summarized by category in the figure below.

MACON WORKSITE WELLNESS ACTIVITIES BY TYPE



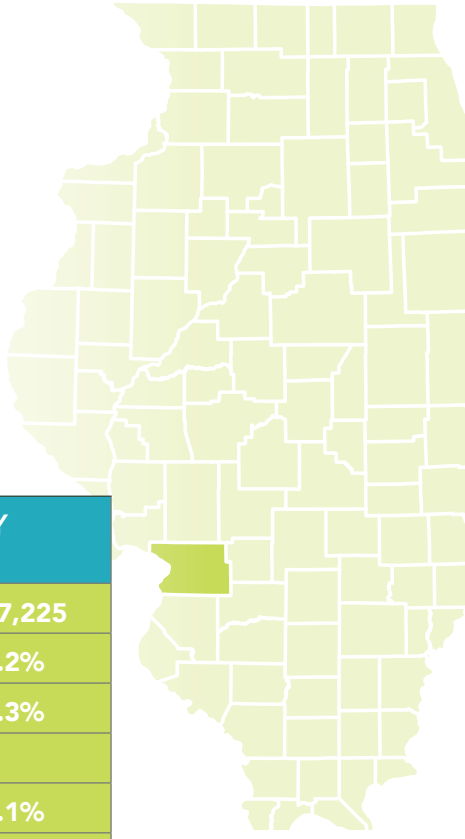
MCHD and ACHIEVE continue to provide support to employers and encourage them to pursue the Illinois Healthy Worksite Designation.

815

employees have access to opportunities to increase physical activity and eat healthier

PROJECT PROFILE:
MADISON COUNTY

MCHD MADISON COUNTY HEALTH DEPARTMENT
Promoting Health



GRANTEE AT A GLANCE

The **Madison County Health Department** (MCHD) is located in Southwestern Illinois, approximately 30 miles north of St. Louis, Missouri. MCHD's mission is "to promote, protect, and assure conditions for optimal health through leadership, partnership, prevention, and response." MCHD divisions address programs in the areas of environmental health, personal health services, epidemiology, health promotion and education, and public health emergency response.

DEMOGRAPHICS AND HEALTH INDICATORS FOR MADISON COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**267,225**
Persons under 18 years, 2013	**22.2%**
Persons 65 years and over, 2013	**15.3%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**86.1%**
Black or African American alone, 2013	**8.1%**
Two or more races, 2013	**1.8%**
Hispanic or Latino, 2013	**3.0%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**90.6%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**24.3**
Housing in multi-unit structures, 2008-2012	**16.7%**
Persons per square mile, 2010	**376.3**
Median household income, 2008-2012	**$52,756**
Persons below poverty level, 2008-2012	**13.8%**
Persons eligible for Free and Reduced Lunch program, 2014°	**40.9%**
Persons who are overweight, 2011-2013*	**31.9%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**72.9%**
Persons who smoke, 2011-2013*	**23.0%**

Note: Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native alone, and Asian alone were all <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

Recent community health needs assessments identified obesity, air quality, substance use and abuse, and mental health concerns as priorities in Madison County. To address these concerns, MCHD developed the We Choose Health Madison County Coalition, comprised of Coordinated Youth & Human Services, Chestnut Health Systems, ACES 4 Youth, Madison County Planning & Development Department, and Alton Memorial Hospital. This collaborative structure maximized the project's reach and capitalized on each agency's experience, relationships, and expertise. Goals were to:

- Increase physical activity through Coordinated School Health and Complete Streets policies
- Increase breastfeeding and mother-infant bonding through the Baby-Friendly Hospital initiative
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing and Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Coordinated School Health » Coordinated Youth & Human Services and Chestnut Health Systems provided resources and expert guidance to advance a number of Coordinated School Health efforts in Madison County:

- Eight schools in five districts completed the CDC's evidence-based School Health Index (SHI). Based on the SHI findings, each of the schools then completed a School Health Improvement Plan, reaching 3,025 students.
- Seven schools implemented the obesity prevention curriculum Sports, Play, and Active Recreation for Kids (SPARK). Teachers at four schools were scheduled to receive SPARK training.
- Eight schools developed school health teams.
- One school implemented a school garden to promote healthy eating habits.
- Madison Community Unit School District 12 and Venice School District adopted wellness policies.
- An additional six schools were likely to update or adopt at least one wellness policy component.

Local school districts will continue to implement SPARK while MCHD pursues funding to provide support.

Complete Streets » Through the creation of Complete Streets resolutions and policies, the Madison County Planning & Development Department worked to increase access to transportation networks that are safer, more livable, and welcoming to pedestrians of all ages and abilities. The City of Alton adopted a Complete Streets policy that reaches 27,145 residents. An additional 123,109 residents throughout the county will be affected once written policies have been adopted.

A number of other Madison County communities are ready to pass Complete Streets resolutions and will collaborate with the Planning & Development Department to apply for a support grant from Illinois Department of Transportation.

MADISON COUNTY COMPLETE STREETS RESOLUTIONS

LOCATION	POPULATION	STATUS OF RESOLUTION
City of Alton	27,145	Adopted
City of Collinsville	25,240	Written
City of Edwardsville	24,457	Written
Village of Glen Carbon	12,922	Written
Unincorporated Madison County	35,250	Written

STRATEGY **SPOTLIGHT**

Smoke-Free Multi-Unit Housing » ACES 4 Youth provided education and guidance on the health benefits of Smoke-Free Multi-Unit Housing to public and private housing agencies in the Alton/Godfrey area. MCHD provided education and guidance to public and private housing agencies throughout the rest of Madison County. The We Choose Health Coalition also promoted the health benefits of smoke-free living to residents and assessed their interest in a Smoke-Free Multi-Unit Housing policy at their facility.

On receiving positive feedback from residents, the Granite City Housing Authority and Wellspring Mental Health Services each developed a smoke-free policy to fit their needs using guidance provided by the coalition. Terra Properties and Chestnut Health Systems are in the process of writing their policies to present for adoption.

The Granite City Housing Authority policy, which prohibits smoking on the entire property, impacts 366 residents in 296 units. The Wellspring Mental Health Service policy reaches an additional 85 residents, who can now breathe smoke-free air in their homes.

As the new policies were implemented, the We Choose Health Coalition collaborated to educate residents on the policies and their enforcement, and also provided information about smoking cessation opportunities.

Through this initiative, coalition members learned the importance of patience while creating policy change:

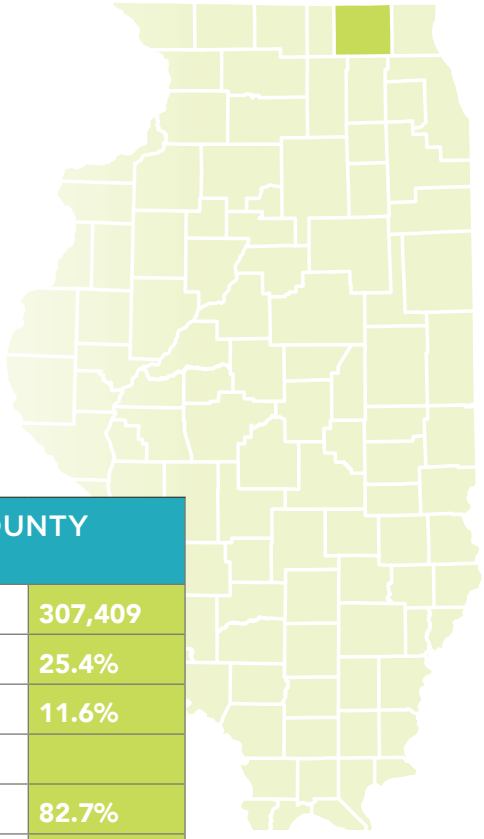
> "Be very patient in efforts to create contemplation of policy change. Being overly pushy with the housing authorities will only create more reluctance on their part to work with your coalition. These efforts take time."

Baby-Friendly Hospitals » In collaboration with Coordinated Youth & Human Services, Alton Memorial Hospital completed the Discovery Phase and entered the Development Phase of Baby-Friendly USA's 4-D Pathway. The hospital will convene a Baby-Friendly Task Force, develop a work plan and an infant feeding policy that supports breastfeeding, create plans to train staff and teach prenatal and postpartum women, and design an evaluation plan. This effort will reach around 650 babies born each year at Alton Memorial.

Alton Memorial Hospital will continue to collaborate with the Women, Infants, and Children (WIC) program administered by Coordinated Youth & Health Services as it works toward its goals.

Smoke-Free Outdoor Public Places » Although a smoke-free policy was not passed during We Choose Health, all public universities in Illinois will become smoke-free in July 2015, affecting the Southern Illinois University Edwardsville campus. MCHD will serve on the university's Tobacco Task Force to help guide the development and implementation of policies and procedures related to the Illinois Smoke-Free Campus Act.

PROJECT PROFILE:
MCHENRY COUNTY



GRANTEE AT A GLANCE

The **McHenry County Department of Health** (MCDH) has served residents of McHenry County — 45 miles northwest of Chicago — since 1966. Offering a variety of public health programs, MCDH uses the Mobilizing for Action through Planning and Partnerships (MAPP) process to set its priorities. The multi-sector, 21-member MAPP Obesity Coalition oversaw McHenry County's We Choose Health initiative, including establishing new partnerships to meet project goals.

DEMOGRAPHICS AND HEALTH INDICATORS FOR MCHENRY COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**307,409**
Persons under 18 years, 2013	**25.4%**
Persons 65 years and over, 2013	**11.6%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**82.7%**
Black or African American alone, 2013	**1.4%**
Asian alone, 2013	**2.8%**
Two or more races, 2013	**1.4%**
Hispanic or Latino, 2013	**12.1%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**92.2%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**33.8**
Housing in multi-unit structures, 2008-2012	**11.5%**
Persons per square mile, 2010	**511.9**
Median household income, 2008-2012	**$77,325**
Persons below poverty level, 2008-2012	**7.5%**
Persons eligible for Free and Reduced Lunch program, 2014°	**28.0%**
Persons who are overweight, 2011-2013*	**34.5%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**77.1%**
Persons who smoke, 2011-2013*	**24.4%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

The McHenry County We Choose Health project engaged municipalities, school districts, employers, and other partners in an effort to increase physical activity and healthy eating, as well as to reduce exposure to secondhand smoke. The MAPP Obesity Coalition and MCDH provided guidance and support to local decision-makers for the implementation of policy-driven programming. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health programs and Worksite Wellness initiatives
- Increase physical activity through Safe Routes to School programs and Complete Streets policies
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Coordinated School Health » MCDH provided resources and expert guidance to advance a range of Coordinated School Health efforts:

- The CDC's School Health Index (SHI) and School Health Improvement Plan were completed by 49 schools in eight districts, reaching 32,626 students.
- The obesity prevention curriculum Coordinated Approach to Child Health (CATCH) was implemented in seven schools, and equipment was provided to each school to support the curriculum.
- School health teams were established in 12 schools. Seven schools in three districts adopted a policy that supports access to a broad range of competitive and noncompetitive physical activities. These districts include McHenry Community Consolidated School District 15, Harvard Community Unit School District 50, and Consolidated School District 158.

Complete Streets » Through We Choose Health, MCDH was successful in advancing Complete Streets goals in three communities. The Village of Algonquin's board wrote, adopted, and implemented a Complete Streets resolution. While Algonquin previously had some supports for shared roadway use, the resolution reinforces the municipality's goal to increase the use of walking, biking, and public transit. In Woodstock, MCDH worked with the city council to pass and begin implementing a Complete Streets ordinance. Combined, these policies reach 55,088 McHenry County residents. MCDH also worked with the Lakemoor village board to adopt a Complete Streets resolution. When implemented, this resolution will reach an additional 6,041 residents.

Smoke-Free Outdoor Public Places » MCDH achieved significant success in its Smoke-Free Outdoor Public Place initiative. Eight locations in McHenry County adopted policies limiting or banning smoking as shown in the table below. These policies will increase access to smoke-free outdoor air for the entire county, which has a population of 307,409 residents. Many of the policies adopted in McHenry County go beyond smoke-free air, requiring visitors to refrain from all tobacco use while on the premises.

MCHENRY COUNTY LOCATION	SMOKE-FREE RESTRICTION
McHenry County Fairgrounds	Tobacco-Free Fairgrounds
Village of Lake of the Hills	Tobacco-Free Parks
Village of Wonder Lake	Tobacco-Free Parks
Village of Johnsburg	Tobacco-Free Parks
McHenry Township	Tobacco-Free Parks
Village of Bull Valley	Tobacco-Free Parks, Open Spaces
Three Oaks Recreation Area	Smoke-Free Beaches, Shelters, Playgrounds
Huntley Park District	Smoke-Free Playgrounds

STRATEGY **SPOTLIGHT**

Safe Routes to School » McHenry County has seen significant success in its efforts to increase physical activity through Safe Routes to School programs. In the past two years, seven schools implemented Safe Routes to School programs and bicycle/pedestrian safety curriculum for students. This curriculum ensures sustainability of the programs by incorporating relevant education into the school year.

Five schools, with a total of 2,544 students, adopted school travel plans that examine the barriers to walking or biking to school and provide recommendations for safe transit. Two other schools have written travel plans that will reach an additional 449 students when implemented.

When implementing Safe Routes to School programming and policies, MCDH staff and MAPP Obesity Coalition members worked hard to meet the needs of every member of their community. The programs provide accommodations for students with special needs and guarantee equal access for all.

Through its experience championing Safe Routes to School initiatives throughout McHenry County, MCDH learned the importance of taking a flexible approach when attempting to bring common policy changes to different organizations.

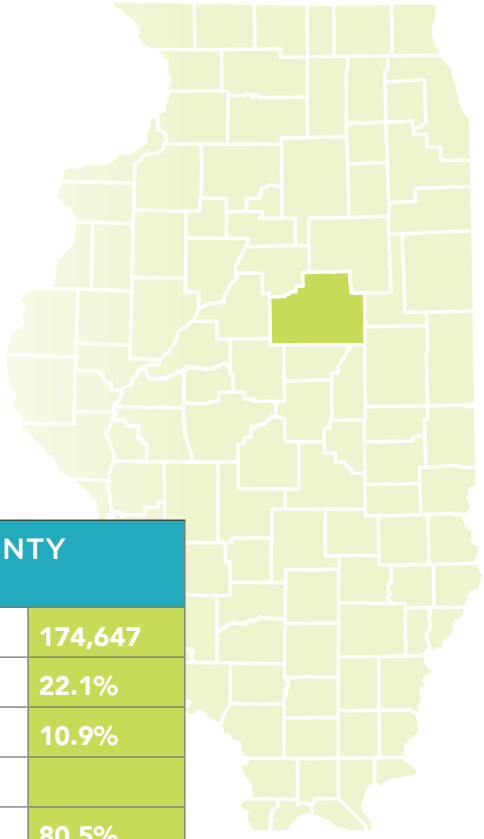
In retrospect, MCDH attributes much of its success to the realization that each student, school, and school district is different:

> "[N]ot every district and school [is] the same; they will each have different barriers and needs. As we meet with new stakeholders for each district, we will remember that each school might implement…differently depending on their population, students' ages [and the] area around the school. Schools are in unique locations and have diverse student populations; they need to be allowed flexibility in their programming, especially with Safe Routes to School."

The McHenry County Fairgrounds not only created a tobacco-free policy for all events at the fairgrounds, but also banned the advertisement of tobacco products, distribution of free tobacco products, and the acceptance of money from tobacco companies for sponsorships or prizes. This policy — which extends to other groups, agencies, and individuals that rent or lease the property — will create a healthier environment for the fairgrounds' many visitors and serves as a model to other municipalities in the county and beyond.

49
schools developed action plans
for improving wellness

PROJECT PROFILE:
MCLEAN COUNTY



GRANTEE AT A GLANCE

The **McLean County Health Department** (MCHD) was established in 1946 to protect the health and wellness of county residents. MCHD's purpose is "to fulfill the public interest in assuring conditions conducive to good health and providing leadership in promoting and protecting the health of county residents." In pursuit of its mission, MCHD assesses health issues, develops local health policies and programs, and enforces state laws and local ordinances pertaining to health.

DEMOGRAPHICS AND HEALTH INDICATORS FOR MCLEAN COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**174,647**
Persons under 18 years, 2013	**22.1%**
Persons 65 years and over, 2013	**10.9%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**80.5%**
Black or African American alone, 2013	**7.7%**
Asian alone	**5.2%**
Two or more races, 2013	**2.2%**
Hispanic or Latino, 2013	**4.7%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**94.2%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**17.6**
Housing in multi-unit structures, 2008-2012	**28.9%**
Persons per square mile, 2010	**143.3**
Median household income, 2008-2012	**$61,049**
Persons below poverty level, 2008-2012	**14.0%**
Persons eligible for Free and Reduced Lunch program, 2014°	**36.0%**
Persons who are overweight, 2011-2013*	**36.0%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**73.1%**
Persons who smoke, 2011-2013*	**11.6%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
* http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

Community relationships established through past health initiatives and activities provided a strong infrastructure for We Choose Health in McLean County. The McLean County Wellness Coalition, comprised of community stakeholders with goals that closely aligned with We Choose Health, provided guidance and support to MCHD. Together, the partners worked to increase opportunities for residents to be physically active, eat healthy, and live smoke-free. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health programs and Worksite Wellness initiatives
- Increase breastfeeding and mother-infant bonding through the Baby-Friendly Hospital initiative
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing and Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Coordinated School Health » MCHD provided resources and expert guidance to advance a range of Coordinated School Health efforts. As a result:

- Five area school districts, including 23 schools and 24,696 students, completed the CDC's School Health Index (SHI).
- Four schools established school health teams, which created School Health Improvement Plans to identify next steps based on the findings of their SHI.
- Twenty-two schools implemented one of two obesity prevention curricula — Sports, Play, and Active Recreation for Kids (SPARK) or Coordinated Approach to Child Health (CATCH).
- Five districts adopted a curriculum that supports access to a broad range of physical activities to develop skills needed to participate in a lifetime of physical activity. These districts include LeRoy Community Unit School District 2, Ridgeview Community Unit School District 19, McLean County Unit School District 5, Bloomington School District 87, and Prairie Central Community Unit School District 8.
- Two schools in LeRoy Community Unit School District 2 implemented school gardens to promote healthy eating habits.
- Washington Elementary School in District 87 adopted a policy stating that only healthy foods and beverages can be brought to school celebrations.
- McLean County Unit School District 5 updated its bullying policy.

MCHD and the McLean County Wellness Coalition will continue to collaborate with Illinois State University to promote CDC school health guidelines and enhanced physical education.

Smoke-Free Multi-Unit Housing » MCHD worked with the Heartland Property Management Group to create a smoke-free policy. Ten residents now have access to smoke-free air in their six units, and signage is posted throughout the property to help reinforce the policy.

With support from an Illinois Tobacco-Free Communities grant, MCHD is continuing to promote smoke-free public housing with the Bloomington Housing Authority.

Smoke-Free Outdoor Public Places » MCHD led by example, becoming a 100% tobacco-free workplace and banning smoking on any property owned or leased by the health department. MCHD also collaborated with Illinois State University to implement a policy prohibiting smoking on its quad, affecting 24,020 students, faculty, and staff. In addition, Shira Baseball Complex banned smoking at its entire facility and posted signage to reinforce the policy. Together, these three policies increased access to smoke-free outdoor air in McLean County, where 172,281 residents work, study, and play.

Promotion of smoke-free policies in two large public parks will continue with support from MCHD and the REALITY Illinois grant program, which will engage youth in tobacco control efforts.

STRATEGY **SPOTLIGHT**

Worksite Wellness » McLean County made significant strides in increasing Workplace Wellness programs through We Choose Health. MCHD, the McLean County Wellness Coalition's Workplace Wellness Subcommittee, and the McLean County Chamber of Commerce worked together to champion opportunities for employees to eat healthy, be physically active, and live smoke-free.

The We Choose Health partners built relationships with small to mid-sized businesses, educating them on the benefits that Worksite Wellness policies and activities bring to employee health and to their bottom line. Once a business was engaged, MCHD and its partners provided expertise and resources for that business to implement a sustainable Worksite Wellness program. This involved developing a wellness committee to assess needs at each worksite and creating a health improvement plan to address those needs.

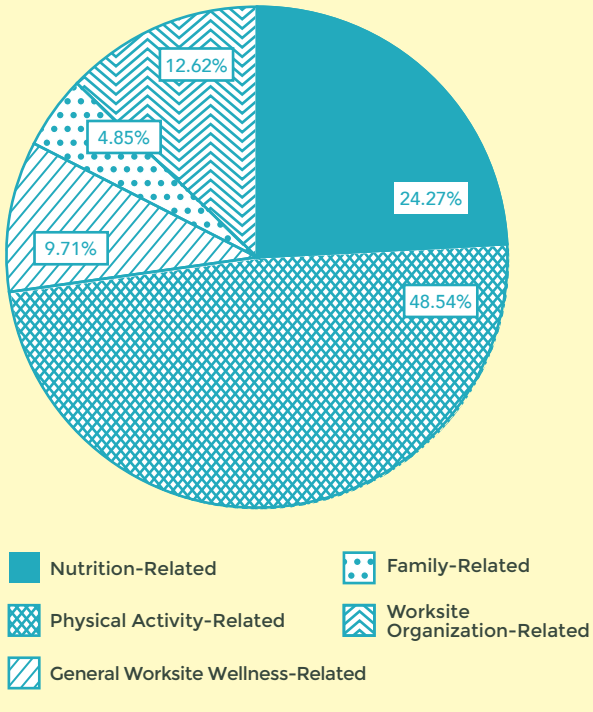
The willingness to be flexible with prospective partners proved effective:

"Our successes in the We Choose Health Worksite Wellness strategy were a result of our willingness to meet sub-grantees where they were and our ability to support them in taking their program to the next level. A cookie-cutter approach would probably not have netted the same results."

The McLean County effort led to six worksites adopting a total of seven Worksite Wellness policies, reaching 6,303 employees. These employers included MCHD itself, Heritage Enterprises, Illinois State University, Heartland Community College, McLean County Unit School District 5, and McLean County Animal Control. A total of 11 worksites participated in 103 activities, summarized by category in the figure below.

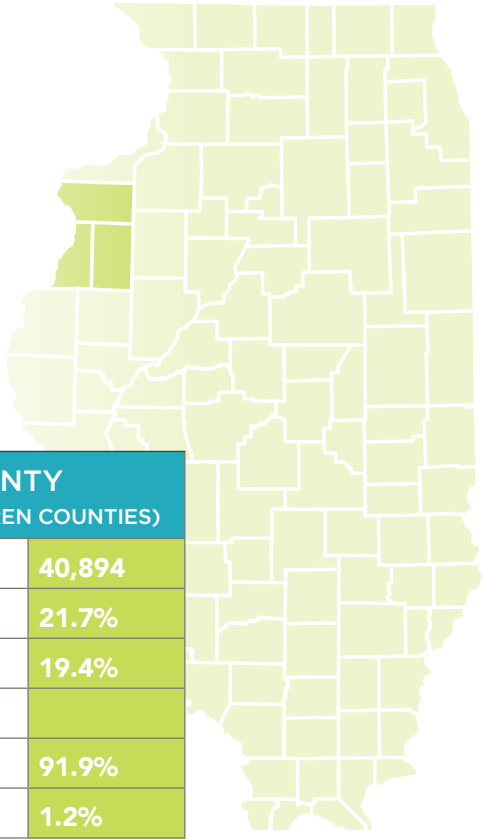
MCHD and the coalition will continue to work with employers and local media to promote Worksite Wellness, including the Illinois Healthy Worksite Designation and Freedom from Smoking, a program of the American Lung Association.

MCLEAN WORKSITE WELLNESS ACTIVITIES BY TYPE



PROJECT PROFILE:
MERCER COUNTY

Public Health
Prevent. Promote. Protect.
Mercer County
Health Department



GRANTEE AT A GLANCE

The **Mercer County Health Department** (MCHD), located in Aledo in Northwestern Illinois, is the center for health prevention and education in Mercer County. MCHD was founded in 1990 with the mission to promote the health and welfare of Mercer County residents by providing services to all communities and populations in the county.

DEMOGRAPHICS AND HEALTH INDICATORS FOR MERCER COUNTY WE CHOOSE HEALTH FUNDING AREA (MERCER, HENDERSON, AND WARREN COUNTIES)	
Population, 2013 estimate	**40,894**
Persons under 18 years, 2013	**21.7%**
Persons 65 years and over, 2013	**19.4%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**91.9%**
Black or African American alone, 2013	**1.2%**
Two or more races, 2013	**1.1%**
Hispanic or Latino, 2013	**5.0%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**87.7%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**23.4**
Housing in multi-unit structures, 2008-2012	**8.6%**
Persons per square mile, 2010	**27.1**
Median household income, 2008-2012	**$47,817**
Persons below poverty level, 2008-2012	**12.6%**
Persons eligible for Free and Reduced Lunch program, 2014°	**42.3%**
Persons who are overweight, 2011-2013*	**32.3%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**64.4%**
Persons who smoke, 2011-2013*	**31.5%**

Note: Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native alone, and Asian alone were all <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
* http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

To maximize its impact, MCHD collaborated with Henderson County and Warren County to create the Tri-County We Choose Health Coalition. The coalition also included representation from schools, the American Lung Association, Genesis Medical Center, and the City of Aledo. While the three county health departments coordinated the project overall, the coalition provided ongoing guidance and input through regular communication and quarterly in-person meetings. As a result of this coordinated effort, residents in the tri-county region now have increased opportunities to be physically active, eat healthy, and breathe smoke-free air. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health programs
- Increase physical activity through Complete Streets policies
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Coordinated School Health » MCHD provided resources and expert guidance to advance Coordinated School Health efforts. As a result:

- Three school districts, including 3,563 students, completed the CDC's evidence-based School Health Index.
- After the assessment was completed, the districts created School Health Improvement Plans, identifying next steps for improving health and wellness.
- Sherrard Community Unit School District 200 and United Community Unit School District 304 implemented the obesity prevention curriculum Coordinated Approach to Child Health (CATCH).
- Teachers in United Community Unit School District 304 received CATCH training and equipment, and teachers in Sherrard Community Unit School District 200 were scheduled to receive CATCH training and equipment.
- Sherrard Community Unit School District 200 updated its district wellness policy.

MCHD will continue to serve on the Sherrard Community Unit School District 200 wellness committee.

Complete Streets » MCHD began a partnership with community leaders and installed signs and bike racks to support Complete Streets. These additions have been well received in the community.

3,563
students have increased opportunities to eat healthier and be more active

+

710
residents have access to smoke-free air at Matherville baseball parks

STRATEGY **SPOTLIGHT**

Smoke-Free Outdoor Public Places » MCHD and the Tri-County We Choose Health Coalition engaged a variety of agencies throughout Mercer, Henderson, and Warren counties to inform community members and leaders on the benefits of Smoke-Free Outdoor Public Place policies. A Smoke-Free Committee, a sub-group of the Tri-County Coalition, led these efforts.

To identify potential partners and better understand community readiness to adopt smoke-free policies, MCHD and the Smoke-Free Committee surveyed employees and potential visitors at Smoke-Free Outdoor Public Places. The Tri-County We Choose Health Coalition engaged the local college campus, a fairground, and a baseball park, educating them on the health benefits of smoke-free policies through in-person meetings, phone calls, presentations, brochures, flyers, and press releases.

Ongoing outreach and relationship-building were essential in obtaining buy-in for smoke-free policies:

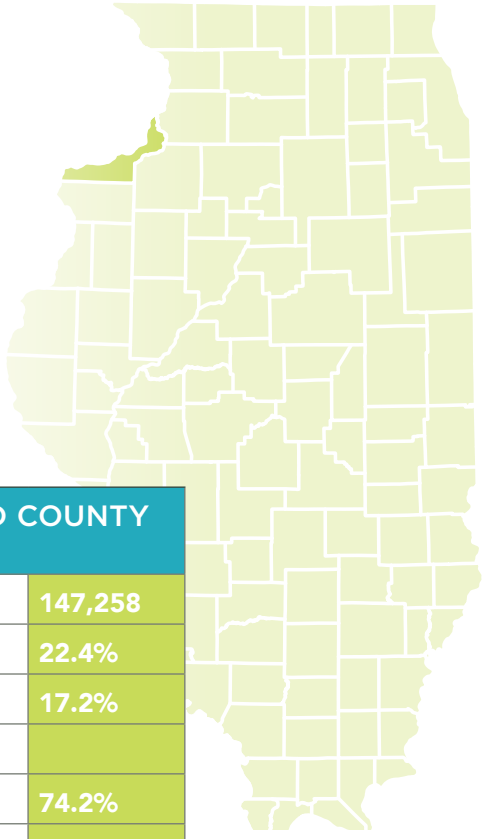
> "The relationship between the facilities and the health department needs to be built over time, and it may take a while to gain their support and trust…So far, all agencies have been very receptive and eager to listen to the presentation on Smoke-Free Outdoor Public Places, but time and follow-up will be required before they commit and pass a smoke-free policy."

After considerable outreach, education, and relationship-building, the Village of Matherville adopted a tobacco-free policy for its baseball parks, reaching 710 residents. The Mercer, Warren, and Henderson county health departments provided Matherville with support to draft the policy, educate residents about its passage, and post signage to help enforce the new policy.

By leveraging Illinois Tobacco-Free Communities funds, the three health departments also provided tobacco cessation services to residents impacted by the new tobacco-free baseball parks policy. MCHD will continue to provide policy information to the public and promote smoke-free policies.

PROJECT PROFILE:
ROCK ISLAND COUNTY

Public Health
Prevent. Promote. Protect.
Rock Island County
Health Department



GRANTEE AT A GLANCE

The mission of the **Rock Island County Health Department** (RICHD) is to prevent disease, promote wellness, and protect public health. As a certified health department, RICHD provides a wide range of programs and services for people of all ages and incomes. RICHD strives to connect and collaborate with community organizations and residents. One way it does this is by being an active board member of the Quad City Health Initiative, formed in 1999.

DEMOGRAPHICS AND HEALTH INDICATORS FOR ROCK ISLAND COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**147,258**
Persons under 18 years, 2013	**22.4%**
Persons 65 years and over, 2013	**17.2%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**74.2%**
Black or African American alone, 2013	**9.6%**
Asian alone, 2013	**2.2%**
Two or more races, 2013	**2.6%**
Hispanic or Latino, 2013	**12.3%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**87.1%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**18.7**
Housing in multi-unit structures, 2008-2012	**21.7%**
Persons per square mile, 2010	**345.0**
Median household income, 2008-2012	**$48,205**
Persons below poverty level, 2008-2012	**11.9%**
Persons eligible for Free and Reduced Lunch program, 2014°	**52.9%**
Persons who are overweight, 2011-2013*	**37.8%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**74.7%**
Persons who smoke, 2011-2013*	**12.5%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
* http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

RICHD partnered with the Two Rivers YMCA to lead the We Choose Health initiative in Rock Island County, increasing opportunities for residents to be physically active, eat healthy, and breathe smoke-free air. The organizations aligned their efforts with the Quad City Health Initiative, which provided guidance through its Tobacco-Free Quad Cities project and its Nutrition, Physical Activity, and Weight panel. We Choose Health goals were to:

- Increase physical activity and healthy eating through Worksite Wellness initiatives
- Increase physical activity through Safe Routes to School programs
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Safe Routes to School » RICHD made tremendous strides in its efforts to increase physical activity through Safe Routes to School programs.

Ten elementary schools (Jane Addams, Bowlesburg, Colona, Ericsson, Benjamin Franklin, Hillcrest, Lincoln-Irving, Ridgewood, Roosevelt, and Washington) completed student travel tallies and parent surveys, yielding classroom-level information about students' mode of travel to and from school as well as questions, comments, and concerns. These schools also participated in International Walk to School Day, reaching 3,386 students.

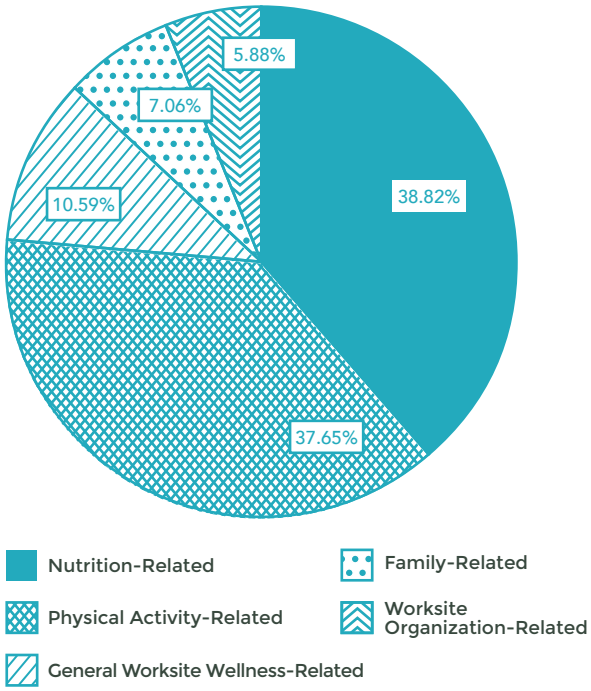
Finally, Moline School District 40 adopted the following changes beginning in the 2014-2015 school year, affecting 3,317 enrolled students:

1. Removed the age/grade limits for students to be able to ride a bike to and from school
2. Implemented a "safety release," allowing walkers, bikers, and bus riders to be dismissed from school between 1 and 5 minutes early

The Quad City Health Initiative and its partners received a Partnership to Improve Community Health grant from the Centers for Disease Control and Prevention to support ongoing Safe Routes to School activities.

Worksite Wellness » RICHD partnered with one worksite to implement a physical activity policy that affects 14 employees. A total of 16 worksites participated in 85 Worksite Wellness activities, affecting a total of 10,968 employees. The figure below summarizes these activities by category.

ROCK ISLAND WORKSITE WELLNESS ACTIVITIES BY TYPE



3,386 STUDENTS
were reached through Safe Routes to School events

STRATEGY **SPOTLIGHT**

Smoke-Free Outdoor Public Places » Through We Choose Health, RICHD and Tobacco-Free Quad Cities made significant progress in increasing opportunities for residents of Rock Island County to breathe smoke-free air. With considerable education and guidance from RICHD, the Rock Island County Forest Preserve and the City of East Moline public parks adopted smoke-free policies, including 43 outdoor public places and reaching 152,046 county residents.

Following adoption, the We Choose Health coalition helped with public promotion and enforcement through presentations, media releases, signage, and more. While implementing the Smoke-Free Outdoor Public Places initiative, RICHD learned that proper preparation and explicit guidance are needed for organizations to implement a smoke-free policy.

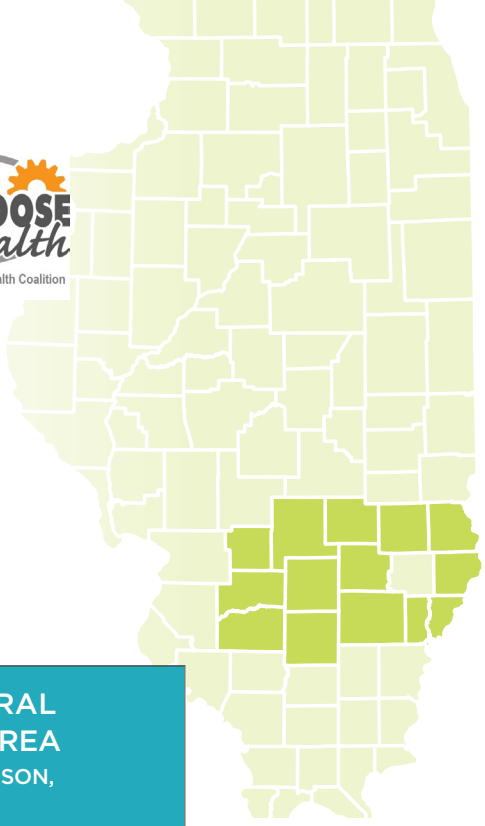
> "We learned that presenting a variety of choices of policies got a better response than simply explaining why a policy would be beneficial. Choosing between solutions is easier than creating a solution, so a group that may not take action to create their own policy still may agree to a policy if presented a choice between them."

The Augustana College student body approved a smoke-free campus policy that is pending approval by the college president.

Through its Illinois Tobacco-Free Communities grant, the Quad City Health Initiative will continue to support additional Smoke-Free Outdoor Public Place policies.

152,046
county residents were reached by smoke-free public parks policies

PROJECT PROFILE:
SOUTH CENTRAL ILLINOIS HEALTH COALITION



GRANTEE AT A GLANCE

The **South Central Illinois Health Coalition** (SCIHC) is a network of 13 county health departments covering 14 South Central Illinois counties: Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Jasper, Jefferson, Lawrence, Marion, Wabash, Washington, and Wayne. While the 13 county health departments previously collaborated in addressing emerging public health needs, they formally developed SCIHC to implement We Choose Health.

DEMOGRAPHICS AND HEALTH INDICATORS FOR SOUTH CENTRAL ILLINOIS HEALTH COALITION WE CHOOSE HEALTH FUNDING AREA (BOND, CLAY, CLINTON, CRAWFORD, EDWARDS, EFFINGHAM, FAYETTE, JASPER, JEFFERSON, LAWRENCE, MARION, WABASH, WASHINGTON, AND WAYNE COUNTIES)	
Population, 2013 estimate	**297,628**
Persons under 18 years, 2013	**21.9%**
Persons 65 years and over, 2013	**17.6%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**92.3%**
Black or African American alone, 2013	**3.9%**
Two or more races, 2013	**1.1%**
Hispanic or Latino, 2013	**2.1%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**87.1%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**21.4**
Housing in multi-unit structures, 2008-2012	**9.3%**
Persons per square mile, 2010	**45.6**
Median household income, 2008-2012	**$45,700**
Persons below poverty level, 2008-2012	**13.1%**
Persons eligible for Free and Reduced Lunch program, 2014°	**30.7%**
Persons who are overweight, 2011-2013*	**30.1%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**67.1%**
Persons who smoke, 2011-2013*	**23.1%**

Note: Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native alone, and Asian alone were all <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

The Clinton County Health Department led SCIHC's We Choose Health initiative overall, providing administrative oversight for the 14-county area. Given its large size, SCIHC divided the region into four zones defined by local geography and population size. Health departments from Clay, Fayette, Marion, and Wayne counties each led one of the zones, assigning a health educator dedicated to We Choose Health. The 13 county health departments provided local expertise and guidance, helping the health educators build relationships with partners to increase opportunities for residents to eat healthy, be physically active, and live smoke-free. Goals were to:

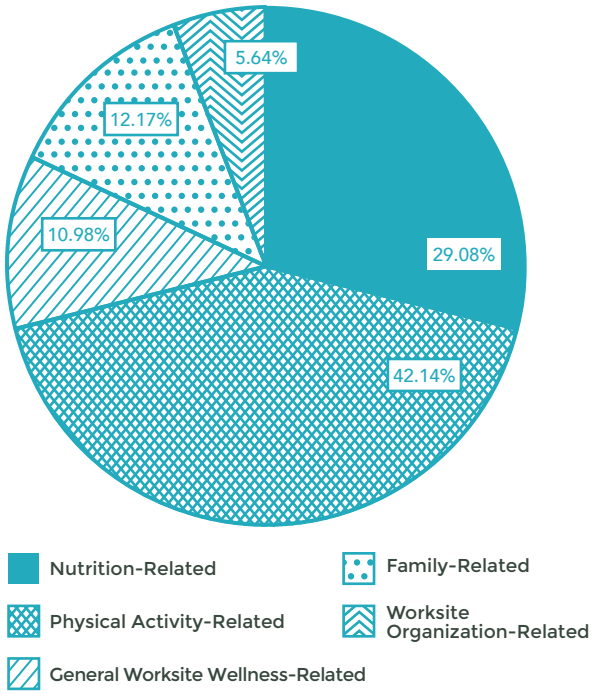
- Increase physical activity and healthy eating through Coordinated School Health programs and Worksite Wellness initiatives
- Increase breastfeeding and mother-infant bonding through the Baby-Friendly Hospital initiative
- Increase physical activity through Complete Streets policies
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Baby-Friendly Hospitals » Three South Central Illinois hospitals — Greenville Regional, St. Joseph's Hospital Breese, and St. Mary's — are in the process of achieving Baby-Friendly designation to increase rates of breastfeeding and promote a healthier start for infants. Greenville Regional Hospital is in the Development Phase of Baby-Friendly USA's 4-D Pathway. St. Joseph's Hospital Breese is in the Dissemination Phase. St. Mary's Hospital completed the Discovery Phase and entered the Development Phase. Once implemented, these policies together will reach more than 1,100 babies born each year in the region.

Worksite Wellness » SCIHC collaborated with 50 worksites on Worksite Wellness initiatives through We Choose Health — 16 education entities, 13 private businesses, 10 local health departments, nine governmental agencies, and two hospitals. In all, five policies were adopted and 337 activities undertaken, reaching 7,054 employees. The activities are summarized by category in the figure below.

SOUTH CENTRAL ILLINOIS HEALTH COALITION WORKSITE WELLNESS ACTIVITIES BY TYPE



SCIHC continues to provide training to employers pursuing the Illinois Healthy Worksite Designation.

Complete Streets » SCIHC worked to promote Complete Streets and provide education to the community and elected officials. Engaged communities will continue to receive assistance from the coalition in developing Complete Streets policies and locating funding.

STRATEGY **SPOTLIGHT**

Coordinated School Health » SCIHC achieved significant progress in increasing the number of schools implementing Coordinated School Health and maximizing their impact through regional collaboration. With SCIHC's guidance, 80 schools developed school health teams and implemented the Coordinated Approach to Child Health (CATCH) obesity prevention curriculum, reaching 18,047 students. An additional seven schools were likely to update or adopt at least one wellness policy component, adding to the nine school districts that updated wellness policies to better incorporate health into school programs and courses. The table below shows the number of schools and affiliated districts that implemented health-related policies during We Choose Health.

In achieving these outcomes throughout the region, SCIHC learned the value of patience and strong, trusting relationships with schools:

"A relationship needs to be formed with the school that is based on trust and mutual concern for health of the students. Do not try to force too much on the school; the teachers are overwhelmed with mandates and they balk at adding one more thing. Be patient and flexible and supportive of their commitments."

SCIHC provided ongoing guidance to schools as they built diverse wellness teams, assessed health needs through the CDC's School Health Index, and created school health improvement plans to address identified needs. The combination of one-on-one support, resources, and customized information proved effective as SCIHC engaged schools in Coordinated School Health. As a result of We Choose Health, teachers have received CATCH training, health educators will continue to work with schools to establish health and wellness policies, and Coordinated School Health continues as a priority for the coalition as it seeks new funding.

	COORDINATED SCHOOL HEALTH POLICY COMPONENTS	NUMBER OF SCHOOLS	NUMBER OF DISTRICTS
PHYSICAL ACTIVITY	**Bans using or withholding physical activity as a punishment**	15	9
	Has a requirement for intensity or duration of physical activity during physical education	15	9
	Supports access to a broad range of physical activities to develop skills for a lifetime of participation	14	9
NUTRITION	**Provides adequate time to eat school meals (10 minutes for breakfast/20 minutes for lunch)**	15	9
	Bans the use of food as a reward or punishment	15	9
	Only healthy foods and beverages can be brought for celebrations	13	8
	Only healthy foods can be sold in vending machines	15	9
	Only healthy food and beverages can be sold in school stores	13	8

Smoke-Free Outdoor Public Places » SCIHC achieved significant success in its Smoke-Free Outdoor Public Place initiative. Twelve locations adopted policies limiting or banning smoking. These policies will increase access to smoke-free outdoor air for the entire region, which has a population of more than 144,000 residents. As shown in the table below, many of the adopted policies go beyond the requirements of the Smoke-Free Illinois Act and prohibit smoking on an entire campus or property.

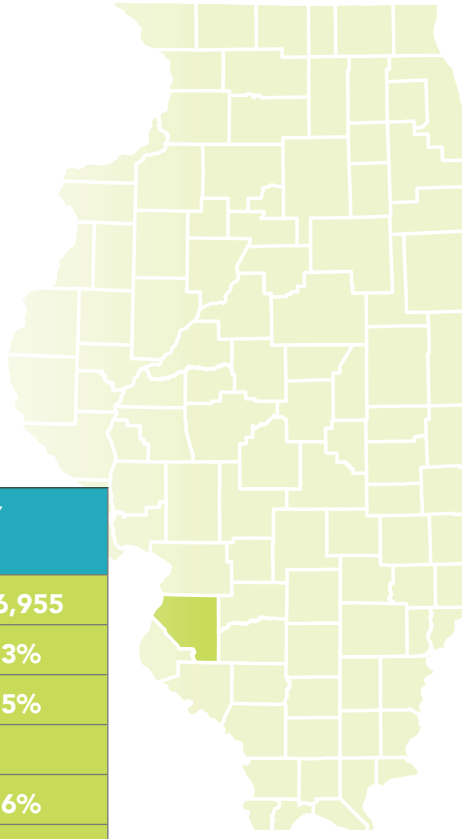
SCIHC continues to devote staff time to promoting Smoke-Free Outdoor Public Places.

SOUTH CENTRAL ILLINOIS LOCATION	SMOKE-FREE RESTRICTION
Mt. Vernon Farmers Market	Standard practice but not formal policy
Wabash County Health Department	Smoke-free campus with signage
Mt. Vernon Aquatic Park	Standard practice in parking lot
Bond County Health Department	All tobacco banned on entire property
Jasper County Boys and Girls Park	Smoke-free campus
Clinton County Highway Department	Smoke-free campus with signage
Clinton County Health Department	Smoke-free campus with signage
City of Fairfield	No smoking within 50 feet of buildings and no smoking in all city vehicles
Fayette County Hospital	Entire campus tobacco-free, including all tobacco products banned in all areas for all employees, patients, medical staff, contracted personnel, volunteers, visitors, vendors, and tenants
Lighthouse Pregnancy Center	No smoking anywhere on property or in vehicles parked on property; signage posted at all entrances and in parking lots
Kell Grade School	Smoke-free property
Kaskaskia College	Tobacco-free campus with signage

144,000

residents were reached through smoke-free outdoor public place policies

PROJECT PROFILE:
ST. CLAIR COUNTY



GRANTEE AT A GLANCE

Since 1986, the **St. Clair County Health Department** (SCCHD) has been committed to public health through its mission to prevent disease, promote healthy lifestyles, and protect the health of county residents. SCCHD provides infectious disease control, food safety, environmental protection, maternal and child health services, community health assessment, disease prevention, and health promotion services to residents through a variety of programs and staff.

DEMOGRAPHICS AND HEALTH INDICATORS FOR ST. CLAIR COUNTY WE CHOOSE HEALTH FUNDING AREA	
Population, 2013 estimate	**266,955**
Persons under 18 years, 2013	**24.3%**
Persons 65 years and over, 2013	**13.5%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**62.6%**
Black or African American alone, 2013	**30.4%**
Asian alone, 2013	**1.4%**
Two or more races, 2013	**2.2%**
Hispanic or Latino, 2013	**3.7%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**89.1%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**23.3**
Housing in multi-unit structures, 2008-2012	**20.6%**
Persons per square mile, 2010	**410.6**
Median household income, 2008-2012	**$50,490**
Persons below poverty level, 2008-2012	**17.0%**
Persons eligible for Free and Reduced Lunch program, 2014°	**29.9%**
Persons who are overweight, 2011-2013*	**30.4%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**69.5%**
Persons who smoke, 2011-2013*	**21.7%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
* http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

In implementing We Choose Health, SCCHD relied on a longstanding network of diverse partners and experts to increase opportunities for residents to eat healthy, be physically active, and breathe smoke-free. Based on their knowledge, experience, and relationships with the community, six partners were subcontracted by SCCHD to implement components of We Choose Health: HeartLands Conservancy, Get Up & Go, East Side Health District, McKendree University, YMCA of Southwest Illinois, and InsightFormation. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health programs
- Increase physical activity through Safe Routes to School programs and Complete Streets policies
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing

ACCOMPLISHMENTS

Safe Routes to School » SCCHD collaborated with multiple local schools on Safe Routes to School programs. Ten schools actively participated in National Walk to School and Bike to School events, created walking school buses, and hosted family events to emphasize bicycle and walking safety. Together, these activities affected 3,191 enrolled students. In addition, through a partnership between the Get Up & Go Campaign and the Cycle of Giving organization, 600 children received bicycle safety education.

Smoke-Free Multi-Unit Housing » SCCHD collaborated with the St. Clair County Housing Authority to create a policy banning smoking on its entire property. SCCHD also worked with The Estates Property Management Company to create a new policy banning smoking in all units in all buildings and within 25 feet of entrances. Documentation in leases will help to reinforce the policy. Under the new policies, 518 residents now have access to smoke-free air in 218 units.

Members of the We Choose Health team will remain active in the Southwest Illinois Coalition Against Tobacco to promote smoke-free policies.

Coordinated School Health » SCCHD provided resources and expert guidance to advance a range of Coordinated School Health efforts. As a result:

- Twenty-six public schools across 14 districts, one private school, and one area special services cooperative completed the CDC's School Health Index, reaching 15,025 students.
- Nine schools created a School Health Improvement Plan to guide next steps.
- Twenty-two schools implemented the Coordinated Approach to Child Health (CATCH) obesity prevention curriculum, 11 schools received CATCH equipment, and five additional schools were scheduled to receive equipment.
- Seven schools implemented school gardens to promote healthy eating habits.
- At least one public school in each of 11 districts adopted We Choose Health-supported policies. One private school also revised its wellness policy. These include Belleville Township High School District 201, Belleville School District 118, Grant Community Consolidated School District 110, Lebanon Community Unit School District 9, Signal Hill School District 181, Smithton Community Consolidated School District 30, Harmony-Emge

518 RESIDENTS
of St. Clair County Housing Authority buildings now have access to smoke-free air in 218 units

School District 175, Whiteside School District 115, St. Libory Consolidated School District 30, Belleville Area Special Services Cooperative, Freeburg Community Consolidated School District 70, and St. John the Baptist Catholic School.

Members of the We Choose Health team will remain active in the St. Clair County School Health Alliance and work to align these strategies with the county's Illinois Project for Local Assessment of Needs (IPLAN) activities.

The table below shows the number of schools and districts that implemented health-related policies.

	COORDINATED SCHOOL HEALTH POLICY COMPONENTS	NUMBER OF SCHOOLS	NUMBER OF DISTRICTS
PHYSICAL ACTIVITY	**Bans using or withholding physical activity as a punishment**	9	5
	Has a requirement for intensity or duration of physical activity during physical education	14*	9
	Supports access to a broad range of physical activities to develop skills for a lifetime of participation	17*	10
NUTRITION	**Provides adequate time to eat school meals (10 minutes for breakfast/20 minutes for lunch)**	18*	11
	Bans the marketing of less-than-healthy foods and beverages onsite	4	2
	Promotes only healthy foods and beverages	9	7
	Bans the sale of unhealthy foods in school fundraisers	2	1
	Bans the use of food as a reward or punishment for academic performance or behavior	3	2
	Only healthy foods and beverages can be brought for celebrations	4	3
	Only healthy foods can be sold in vending machines	12*	7
	Requires healthy food preparation practices	18*	10
	Only healthy foods and beverages can be sold in school stores	2	2

*This number includes 1 private school

14 districts completed the CDC's School Health Index, 26 public schools across reaching 15,025 students.

STRATEGY **SPOTLIGHT**

Complete Streets » SCCHD and its partners successfully engaged county leaders in increasing active transportation opportunities such as bicycling and walking. Mindful that residents' lives extend beyond their own town's boundaries, the team strategically engaged with numerous municipalities to pursue Complete Streets policies that would affect multiple communities. SCCHD and its partners learned to be flexible to overcome the challenges of such an approach:

> "If you find that your efforts are not garnering support at the uppermost level of government, drop it down to another level, such as a single community. By appealing to the triple aims of economic development, community health benefit, and overall quality of life, we were able to initiate more stakeholders in the process."

Having previous experience in built environment policy work, SCCHD and its partners were prepared to address the unique needs and interests of each community. They developed relationships over time and through several meetings with each local municipality. Five municipalities adopted Complete Streets resolutions, and a sixth was expected. Combined, these policies will reach 87,619 residents, as outlined in the table below.

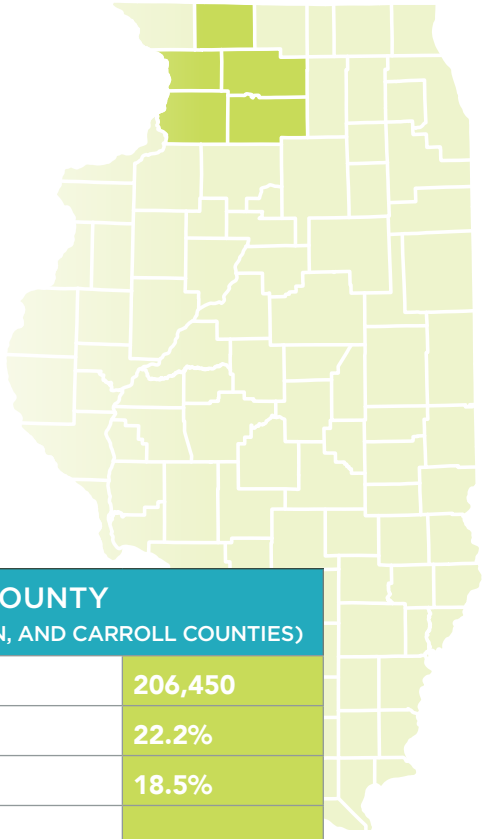
ST. CLAIR COUNTY COMPLETE STREETS RESOLUTIONS

LOCATION	POPULATION	STATUS OF RESOLUTION
City of Belleville	43,765	Adopted
Village of Freeburg	4,354	Adopted
Village of Marissa	2,414	Adopted
City of Mascoutah	7,853	Adopted
East St. Louis Park District	26,598	Adopted
Fairmont City	2,635	Written

87,619

residents were reached through Complete Streets resolutions

PROJECT PROFILE:
WHITESIDE COUNTY



GRANTEE AT A GLANCE

Whiteside County is a rural county located 120 miles west of Chicago. The **Whiteside County Health Department** (WCHD), founded in 1966, has a mission "to improve the health status of Whiteside County through prevention, collaboration, and clinical educational and regulatory interventions." WCHD led the Northwest Illinois We Choose Health initiative in partnership with Stephenson County Health Department, Ogle County Health Department, Lee County Health Department, Carroll County Health Department, and the American Lung Association.

DEMOGRAPHICS AND HEALTH INDICATORS FOR WHITESIDE COUNTY WE CHOOSE HEALTH FUNDING AREA (WHITESIDE, LEE, OGLE, STEPHENSON, AND CARROLL COUNTIES)	
Population, 2013 estimate	**206,450**
Persons under 18 years, 2013	**22.2%**
Persons 65 years and over, 2013	**18.5%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**86.7%**
Black or African American alone, 2013	**3.8%**
Two or more races, 2013	**1.6%**
Hispanic or Latino, 2013	**7.5%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**87.8%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**22.5**
Housing in multi-unit structures, 2008-2012	**15.2%**
Persons per square mile, 2010	**65.0**
Median household income, 2008-2012	**$49,031**
Persons below poverty level, 2008-2012	**11.8%**
Persons eligible for Free and Reduced Lunch program, 2014°	**63.6%**
Persons who are overweight, 2011-2013*	**44.8%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**73.5%**
Persons who smoke, 2011-2013*	**16.3%**

Note: Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native alone, and Asian alone were all <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
*http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

The Northwest Illinois We Choose Health project took a collaborative approach to engage municipalities, school districts, hospitals, employers, and other partners in an effort to increase breastfeeding, physical activity, and healthy eating, as well as to reduce exposure to secondhand smoke. Collectively, the group of partners successfully implemented interventions throughout the five-county region. Goals were to:

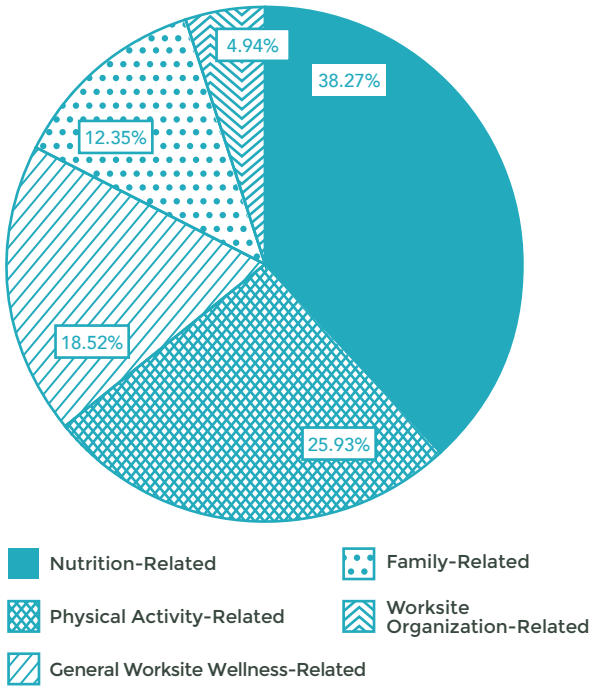
- Increase physical activity and healthy eating through Worksite Wellness initiatives
- Increase breastfeeding and mother-infant bonding through the Baby-Friendly Hospital initiative
- Increase physical activity through Safe Routes to School programs
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Smoke-Free Outdoor Public Places » All eight parks in the City of Oregon passed a restricted smoking policy. Smoking is prohibited within the parks except in designated smoking areas. Signage posted throughout the parks will help to reinforce the policy. Under the new policy, 3,696 residents in Oregon now have access to smoke-free air in their parks.

Worksite Wellness » WCHD worked in partnership with three worksites to implement six policies (three physical activity, one tobacco, one nutrition, and one breastfeeding), reaching 402 employees. In addition, 18 worksites participated in a total of 81 Worksite Wellness activities, summarized by category in the figure below.

WHITESIDE WORKSITE WELLNESS ACTIVITIES BY TYPE



3,696

Oregon residents now have access to smoke-free air in their parks

STRATEGY **SPOTLIGHT**

Baby-Friendly Hospitals » The Northwest Illinois We Choose Health team partnered with all three delivery hospitals in its five-county region to pursue the Baby-Friendly Hospital designation, demonstrating supportive practices and policies to increase breastfeeding rates.

CGH Medical Center and Katherine Shaw Bethea Hospital are in the Dissemination Phase of Baby-Friendly USA's 4-D Pathway, and FHN Memorial Hospital is completing the Development Phase. As a result, families of infants born in the five-county region each year will have increased opportunities to breastfeed.

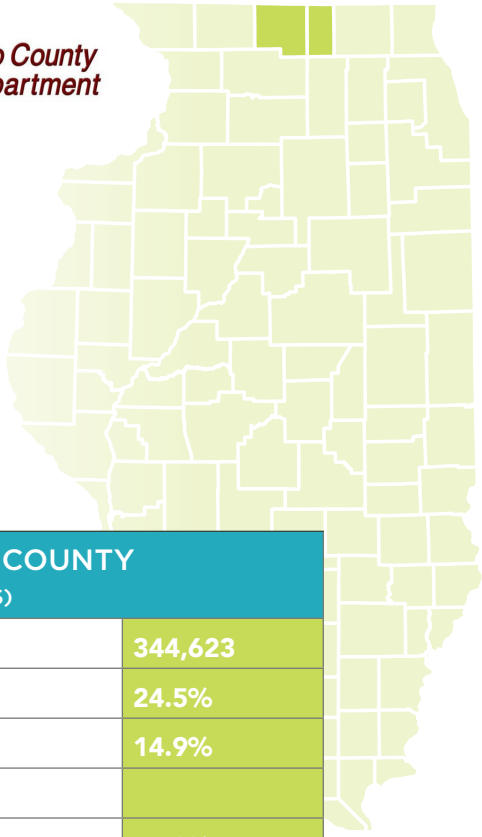
To implement this initiative, the We Choose Health partners worked closely with each hospital to establish and strengthen a breastfeeding task force. They credit the locally driven effort and OB/GYN participation for the progress made:

> "The hospitals have invested staff time and energies toward training, education, teaching plans, and data collection. This investment ensures buy-in and sustainability to reap [its] benefits."

> "The Baby-Friendly process needs to encompass the OB/GYN offices' staff from the beginning and not later in the process."

The Baby-Friendly Hospital initiative continues in Northwest Illinois with support from local health departments.

PROJECT PROFILE:
WINNEBAGO COUNTY



GRANTEE AT A GLANCE

Winnebago County Health Department (WCHD), established in 1854, is located in the city of Rockford in Northwest Illinois. WCHD collaborates with regional and local partners in pursuit of its mission to "prevent disease, promote health, and enlist the community in efforts to improve the health of all Winnebago County residents." The WCHD offers a wide variety of services, including disease control, emergency preparedness, environmental health, health promotion, and maternal and child health.

DEMOGRAPHICS AND HEALTH INDICATORS FOR WINNEBAGO COUNTY WE CHOOSE HEALTH FUNDING AREA (WINNEBAGO AND BOONE COUNTIES)	
Population, 2013 estimate	**344,623**
Persons under 18 years, 2013	**24.5%**
Persons 65 years and over, 2013	**14.9%**
Race/Ethnicity:	
White persons not Hispanic, 2013	**71.9%**
Black or African American alone, 2013	**11.1%**
Asian alone, 2013	**2.3%**
Two or more races, 2013	**2.4%**
Hispanic or Latino, 2013	**13.0%**
Persons age 25+ who are high school graduates or higher, 2008-2012	**85.6%**
Mean travel time to work (in minutes) for workers age 16+, 2008-2012	**26.9**
Housing in multi-unit structures, 2008-2012	**24.0%**
Persons per square mile, 2010	**384.1**
Median household income, 2008-2012	**$55,622**
Persons below poverty level, 2008-2012	**15.9%**
Persons eligible for Free and Reduced Lunch program, 2014°	**61.7%**
Persons who are overweight, 2011-2013*	**31.8%**
Persons who meet moderate physical activity standard (5 times per week for 30 minutes), 2011-2013*	**72.8%**
Persons who smoke, 2011-2013*	**26.5%**

Note: Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native alone were <1% of the population in 2013

Sources:
http://quickfacts.census.gov/qfd/states/17000.html
° http://www.isbe.net/nutrition/htmls/eligibility_listings.htm
* http://app.idph.state.il.us/brfss/countydata.asp
This data is not weighted

PROJECT OVERVIEW AND GOALS

The 2011-2015 Community Health Improvement Plan, developed by stakeholders in Winnebago and Boone counties, prioritized access to care, chronic disease, maternal and child health, behavioral health, and health equity as target needs for the two-county area. To address chronic disease, maternal and child health, and health equity, WCHD and its partners chose to implement We Choose Health. A pre-existing Chronic Disease Workgroup (co-chaired by WCHD leadership), Swedish American Health Systems, and the local YMCA functioned in an advisory role for We Choose Health. Collectively, the group worked to increase opportunities for Winnebago and Boone counties to eat healthy, be physically active, and breathe smoke-free air. Goals were to:

- Increase physical activity and healthy eating through Coordinated School Health programs and Worksite Wellness initiatives
- Increase physical activity through Safe Routes to School programs and Complete Streets policies
- Reduce exposure to secondhand smoke by increasing access to Smoke-Free Multi-Unit Housing and Smoke-Free Outdoor Public Places

ACCOMPLISHMENTS

Coordinated School Health » WCHD provided resources and expert guidance to advance multiple Coordinated School Health efforts. As a result:

- Five schools and three districts completed the CDC's School Health Index, reaching 1,541 students.
- Seven schools in two districts established school health teams.
- Nine schools started school gardens to promote healthy eating habits.

In addition to these accomplishments, at least one school in each of three districts — County of Winnebago School District 320, Belvidere Community Unit School District 100, and Rockford Public School District 205 — implemented We Choose Health-supported policies.

COORDINATED SCHOOL HEALTH POLICY COMPONENTS		NUMBER OF SCHOOLS	NUMBER OF DISTRICTS
PHYSICAL ACTIVITY	**Has a requirement for intensity or duration of physical activity during physical education**	7	1
NUTRITION	**Only healthy foods and beverages can be brought for celebrations**	4	2

617 STUDENTS

were reached through a Walking School Bus program

STRATEGY **SPOTLIGHT**

Safe Routes to School » One of WCHD's significant successes was a Walking School Bus program developed through a collaborative effort with the local YMCA, Youth Service Network, United Way, and Rockford Housing Authority (RHA). Established at Lewis Lemon Elementary School in Rockford, the Walking School Bus program provides 617 students a safe and supervised way to walk or bike to school, and enables students and their families to integrate physical activity into their regular routine.

Initially, the Walking School Bus program did not receive the community response planners had anticipated. Realizing the coalition lacked the needed trust and buy-in from parents, WCHD engaged the YMCA and Youth Services Network to involve members of the neighborhood where the program would operate. A resident of the neighborhood was hired as program coordinator to champion the Walking School Bus concept and develop trust with local families so they felt comfortable participating. The community relationships built by the coordinator with support from the partnership organizations proved to be essential to the program's success:

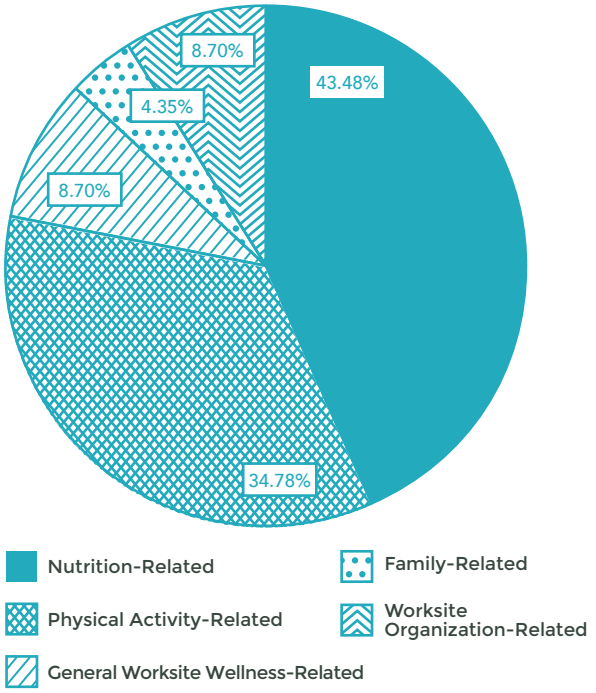
> "The biggest lesson learned is how difficult it is to mobilize underserved populations. It is not as simple as calling a meeting or inviting people to come. It takes time and genuine effort to build trust."

Students eventually got active in the Walking School Bus program, parents got excited, and truancy rates among participating students were cut in half. The program in Rockford is being sustained by funding from the United Way, RHA, and Rockford Park District. Plans to replicate the Walking School Bus program in other Winnebago County neighborhoods are in progress.

1,541 students have increased opportunities to eat healthier and be more active

Worksite Wellness » WCHD worked in partnership with one worksite to implement two policies (one nutrition and one benefit plan), reaching 2,300 employees. A total of five worksites (three government entities, one private business, and one educational institution) participated in 23 activities, reaching 4,855 employees. These activities are summarized by category in the figure below.

WINNEBAGO WORKSITE WELLNESS ACTIVITIES BY TYPE



The coalition continues to promote the Illinois Healthy Worksite Designation to participating and new businesses and provide resources to interested worksites.

Baby-Friendly Hospitals » Two Winnebago County hospitals, OSF Saint Anthony Medical Center and SwedishAmerican, are working toward Baby-Friendly designation to increase rates of breastfeeding and promote a healthier start for infants. SwedishAmerican Hospital is in the Development Phase of Baby-Friendly USA's 4-D Pathway, while OSF Saint Anthony Medical Center is in the Dissemination Phase. Together the hospitals' policies will reach nearly 3,000 babies born each year in Winnebago County.

Complete Streets » Winnebago County public health workers were brought into the street design conversation by becoming a part of the regional metropolitan planning process. These public health staff members are now able to give feedback on new projects and promote Complete Streets concepts.

Smoke-Free Multi-Unit Housing » A successful collaboration between WCHD and RHA has increased the number of smoke-free households in Winnebago County. RHA adopted a smoke-free policy that provides 3,530 residents in the housing authority access to smoke-free air across 1,928 units. The policy bans smoking on all property grounds. To support residents in this change, RHA gave tenants access to cessation classes, which provide the tools and support to quit smoking. Language in residents' leases and signage posted throughout the property help to reinforce the policy.

3,530

residents have access to clean air in 1,928 units through smoke-free policies

RESOURCE GUIDE

Interested in promoting healthier lifestyles in your community through policy, systems, and environmental change? The resources below, designed by credible sources, provide guidance to public health practitioners and community partners. Many of these resources and more are available on the We Choose Health website: www.wechoosehealth.illinois.gov.

HEALTHY AND ACTIVE LIVING RESOURCES

COORDINATED SCHOOL HEALTH

CDC Resources and Tools

- Coordinated School Health Model
- School Health Index

Evidence-Based Physical Activity Curriculum

- Coordinated Approach to Child Health (CATCH) Curriculum
- SPARK Curriculum

School Wellness Policies

- Sustainable School and District Wellness Policies Webinar
- Bridging the Gap
- CDC School Wellness Policy Resources

Illinois Resource

- Enhanced Physical Education Task Force

WORKSITE WELLNESS

Illinois Resources

- Illinois Healthy Worksite Designation
- We Choose Health 365

CDC Resource

- Healthier Worksite Initiative

BABY-FRIENDLY HOSPITALS

Illinois Resources

- Ten Steps Forward: Creating Baby-Friendly Communities in Illinois
- Illinois State Breastfeeding Task Force
- Illinois Breastfeeding Blueprint

National and International Resources

- Baby-Friendly USA
- World Health Organization

HEALTHY AND SAFE BUILT ENVIRONMENT RESOURCES

COMPLETE STREETS

Illinois Resources

- Complete Streets Complete Networks and Rural Contexts Guide
- Complete Streets Policy Development and Adoption Workbook: A Starting Point for Public Health Professionals
- Illinois Bike Transportation Plan

National Resource

- National Complete Streets Coalition

SAFE ROUTES TO SCHOOL

Active Transportation Alliance Resource

- Safe Routes to School Toolkit

National Resources

- National Center for Safe Routes to School
- Safe Routes to School National Partnership

SMOKE-FREE LIVING

SMOKE-FREE MULTI-UNIT HOUSING

Illinois Resources

- Illinois Tobacco-Free Communities
- Illinois Smokefree Housing Directory

National Resources

- ChangeLab Solutions Smoke-Free Multi-Unit Housing
- CDC Healthy Homes Manual
- U.S. Department of Housing & Urban Development Smoke-Free Housing Tools

SMOKE-FREE OUTDOOR PUBLIC PLACES

Illinois Resources

- Illinois Tobacco-Free Communities
- Illinois Tobacco-Free Campus Resources

National Resource

- Americans for Nonsmokers' Rights Smoke-Free Outdoor Air Resources

GENERAL RESOURCES

COMMUNICATION

Illinois Resources

- We Choose Health Success Story Videos
- Prevention Speaks We Choose Health Training Videos

CDC Resource

- Gateway to Health Communication & Social Marketing Practice

HEALTH EQUITY

CDC Resource

- A Practitioner's Guide for Advancing Health Equity

SUSTAINABILITY

CDC Resource

- A Sustainability Planning Guide for Healthy Communities

This project is part of the Illinois Department of Public Health's We Choose Health initiative, which is made possible by funding from the Centers for Disease Control and Prevention.

We CHOOSE Health

IDPH
Illinois Department of Public Health

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SCHOOL OF PUBLIC HEALTH

STATE HEALTH IMPROVEMENT PLAN
Improve
Collaborate
Implementation
Align
Coordinate