

Framework for Creating a Community Plan to Target Obesity

Sponsored by:

*The Illinois Department of Public Health
and*

*Illinois Public Health Institute
Center for Community Capacity Development*



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Webinar Objectives



- Describe various obesity plans, initiatives and resources within Illinois
- Identify data for assessing a local community's obesity problem
- Describe the Social Ecological Model and how to apply it when developing a local obesity plan



Webinar Objectives

- Identify where to find evidence-based programs and interventions for obesity prevention and reduction
- Understand the importance of monitoring and evaluating obesity prevention initiatives



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Presenters



Dr. Adam Becker, Executive Director
Consortium to Lower Obesity in Chicago Children
(CLOCC)



Angie Bailey, Director of Health Education
Jackson County Health Department



Jeff Sunderlin, Program Manager
YMCA-USA Healthier Communities Initiative
Statewide Pioneering Healthier Communities



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IPLAN Priorities: How Obesity has increased over time.

Comparison of IPLAN Priorities - All Rounds Sample Tables and Charts ao 08-13-09

Trends

Increase in prevalence

Access moved to 2nd ranked from 5th ranked (tied with three others) in Round 1 and 4th ranked in Round 2.

Substance Abuse moved to 4th ranked in Round 3 from 5th ranked in Round 1 (tied with three others) and 3rd ranked in Round 2

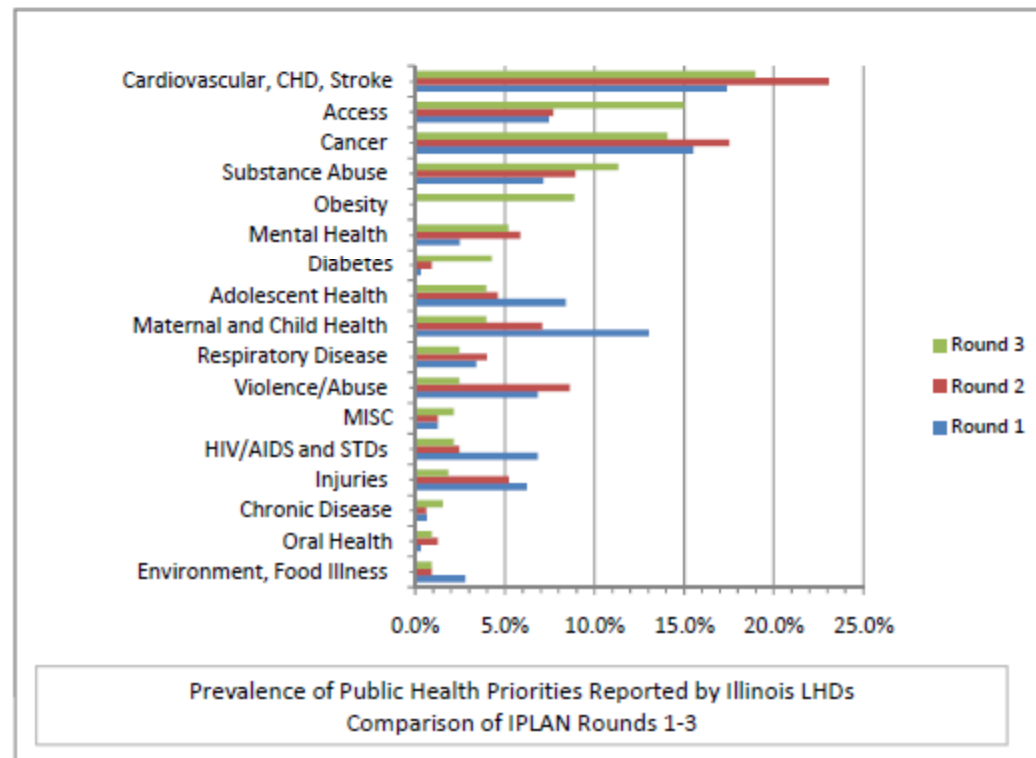
Obesity is 4th highest ranked priority in Round 3; not reported in Rounds 1 and 2

Diabetes moved to 6th ranked in Round 3 from 15th ranked in Round 1 and 14th rank in Round 2

Misc category reported 57% infrastructure barriers (related to access and workforce)

Decrease in prevalence

Cancer moved to 3rd highest rank from 2nd ranking in Rounds 1 and 2



Rationale and Reality



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Scope of the Problem Statewide (Data)

Obesity in Illinois ranked among all the states (From CDC)

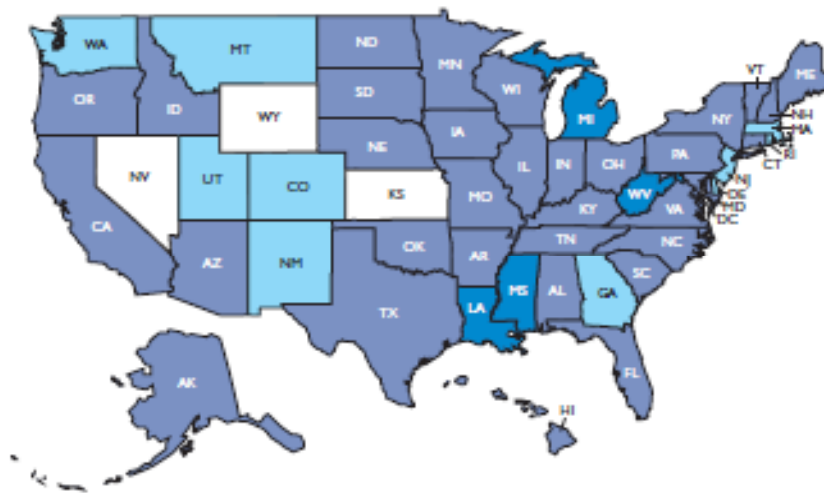
2008 State Obesity Rates							
State	%	State	%	State	%	State	%
Alabama	31.4	Illinois	26.4	Montana	23.9	Rhode Island	21.5
Alaska	26.1	Indiana	26.3	Nebraska	26.6	South Carolina	30.1
Arizona	24.8	Iowa	26.0	Nevada	25.0	South Dakota	27.5
Arkansas	28.7	Kansas	27.4	New Hampshire	24.0	Tennessee	30.6
California	23.7	Kentucky	29.8	New Jersey	22.9	Texas	28.3
Colorado	18.5	Louisiana	28.3	New Mexico	25.2	Utah	22.5
Connecticut	21.0	Maine	25.2	New York	24.4	Vermont	22.7
Delaware	27.0	Maryland	26.0	North Carolina	29.0	Virginia	25.0
Washington DC	21.8	Massachusetts	20.9	North Dakota	27.1	Washington	25.4
Florida	24.4	Michigan	28.9	Ohio	28.7	West Virginia	31.2
Georgia	27.3	Minnesota	24.3	Oklahoma	30.3	Wisconsin	25.4
Hawaii	22.6	Mississippi	32.8	Oregon	24.2	Wyoming	24.6
Idaho	24.5	Missouri	28.5	Pennsylvania	27.7		

OBESITY TRENDS* AMONG U.S. ADULTS

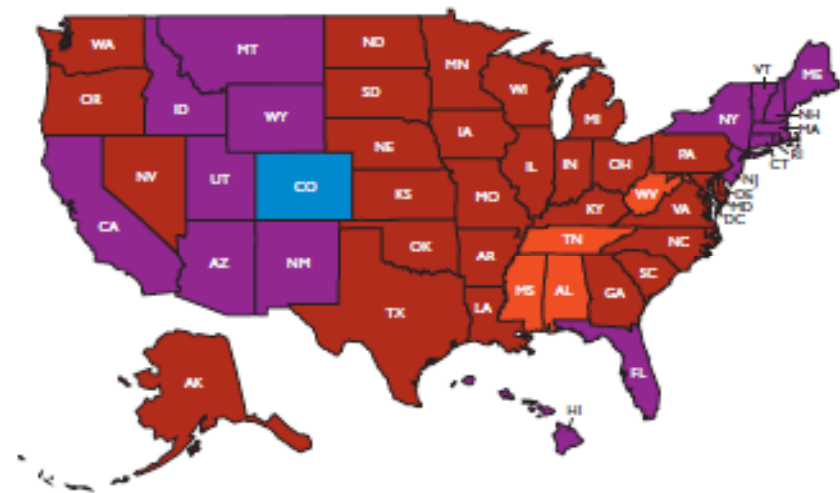
BRFSS, 1991 and 2006-2008 Combined Data

(*BMI >30, or about 30 lbs overweight for 5' 4" person)

1991



2006-2008 Combined Data

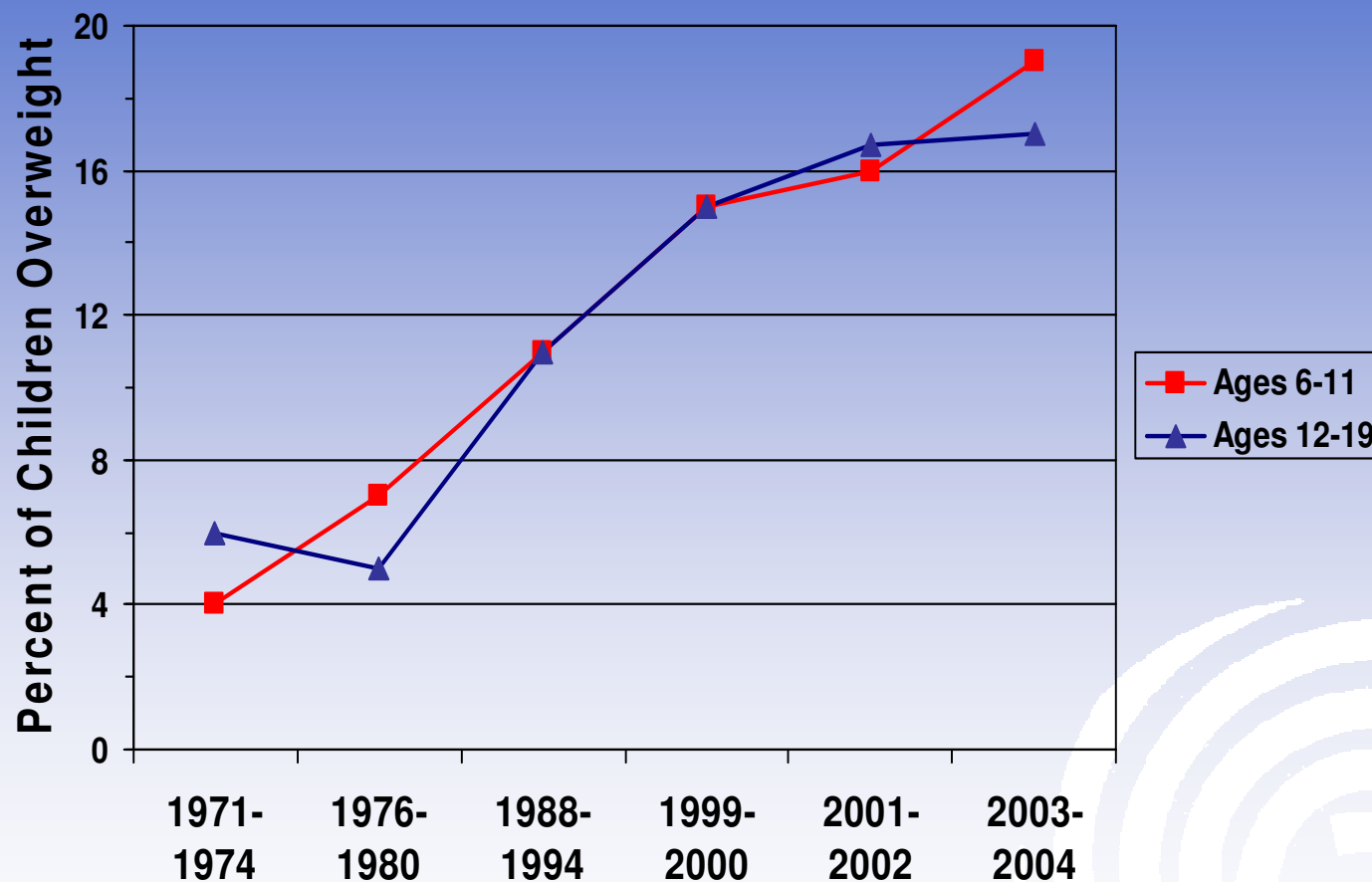


Source: Behavioral Risk Factor Surveillance System, CDC.

From CDC

Trends in Child Overweight

National View



Source: NHANES, Centers for Disease Control and Prevention



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Child Overweight in Illinois

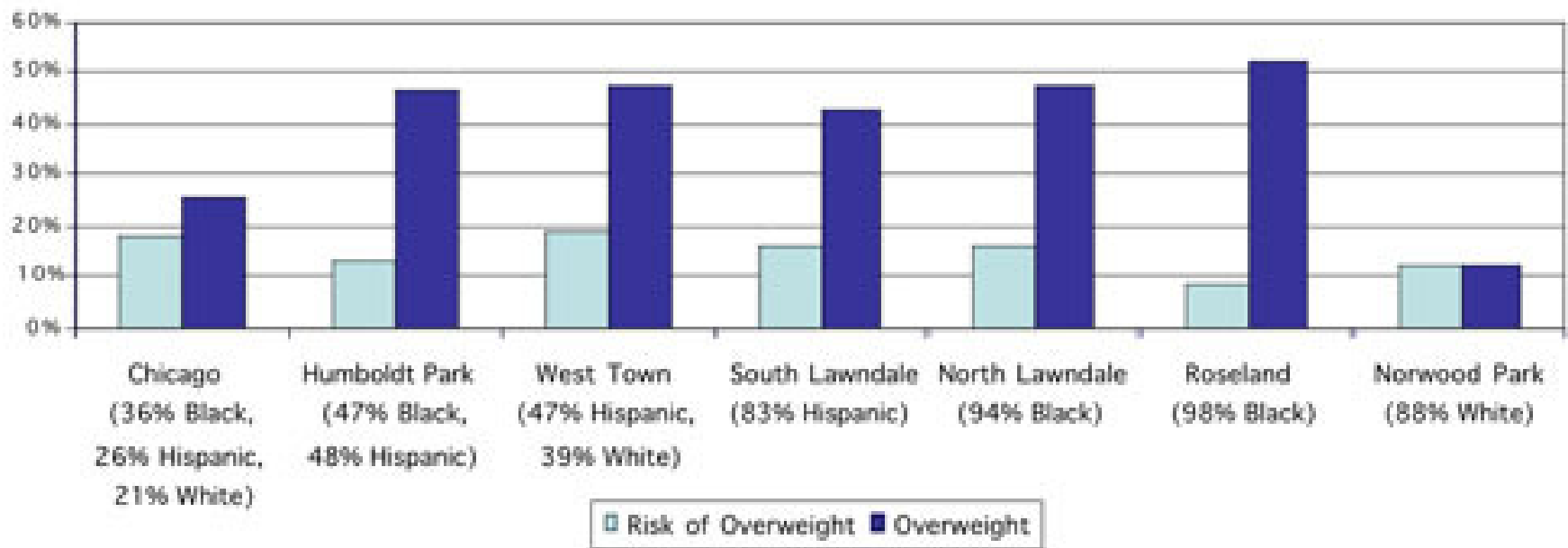
- Illinois - 10th in the nation for children in the 85th percentile of BMI or above (35%)
- Illinois 4th for 95th percentile of BMI or above (21%)
- Recent research suggests high rates of children moving into 99th percentile and above



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Racial and Ethnic Health Disparities



From SUHI

Gaps in Prevalence Data

- Not enough data!
- Not locally specific!



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Impact of the Problem Statewide

- Being overweight and obese puts people at increased risk for many health problems including
 - Coronary heart disease
 - Certain cancers
 - Dyslipidemia
 - Liver/Gallbladder disease
 - Respiratory/osteoarthritis/gynecological problems
 - Type 2 diabetes
 - Hypertension
 - Stroke
 - Sleep apnea
- Overweight and obesity-related diseases cause premature death



- The economic costs associated with treating these diseased is substantial and increasing, accounting for more than 9% of total health care costs
- Obese people suffer more injuries and disabilities and have more non-productive work days in total, creating a loss of earnings for Illinois employees and loss of productivity for Illinois employers
- Research shows that 27% of health care charges for adults over age 40 are associated with people being physically inactive, overweight, or obese

Social Ecological Model for Obesity Prevention

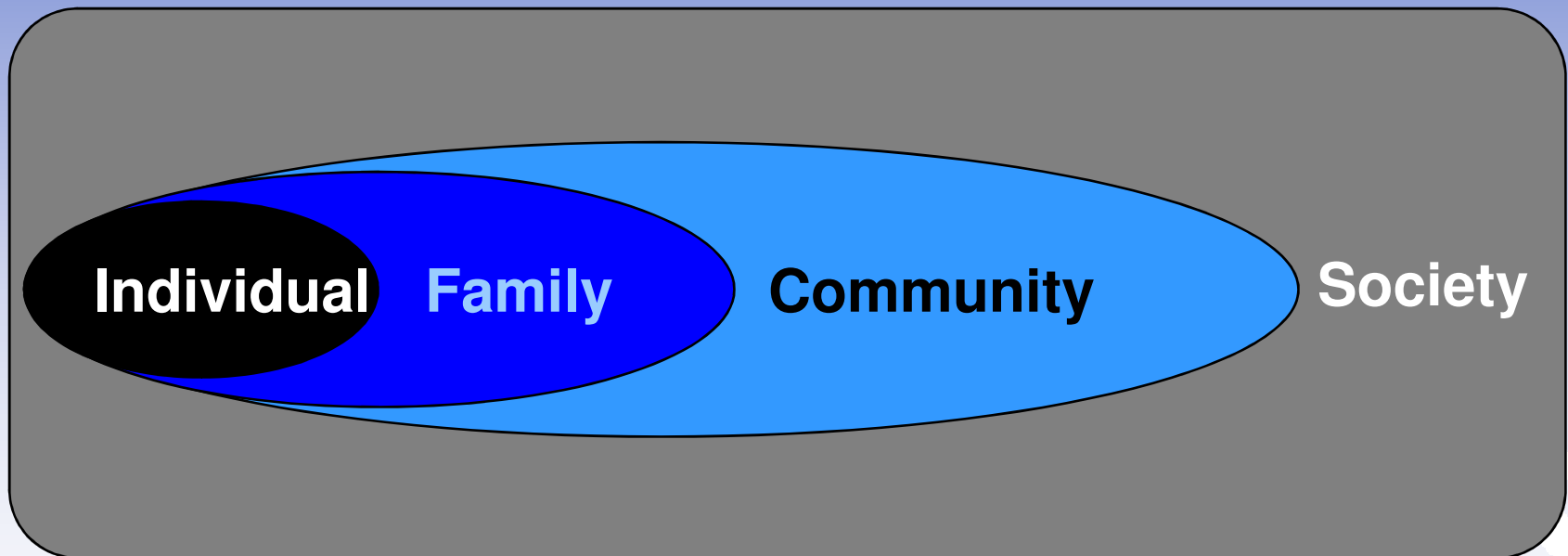


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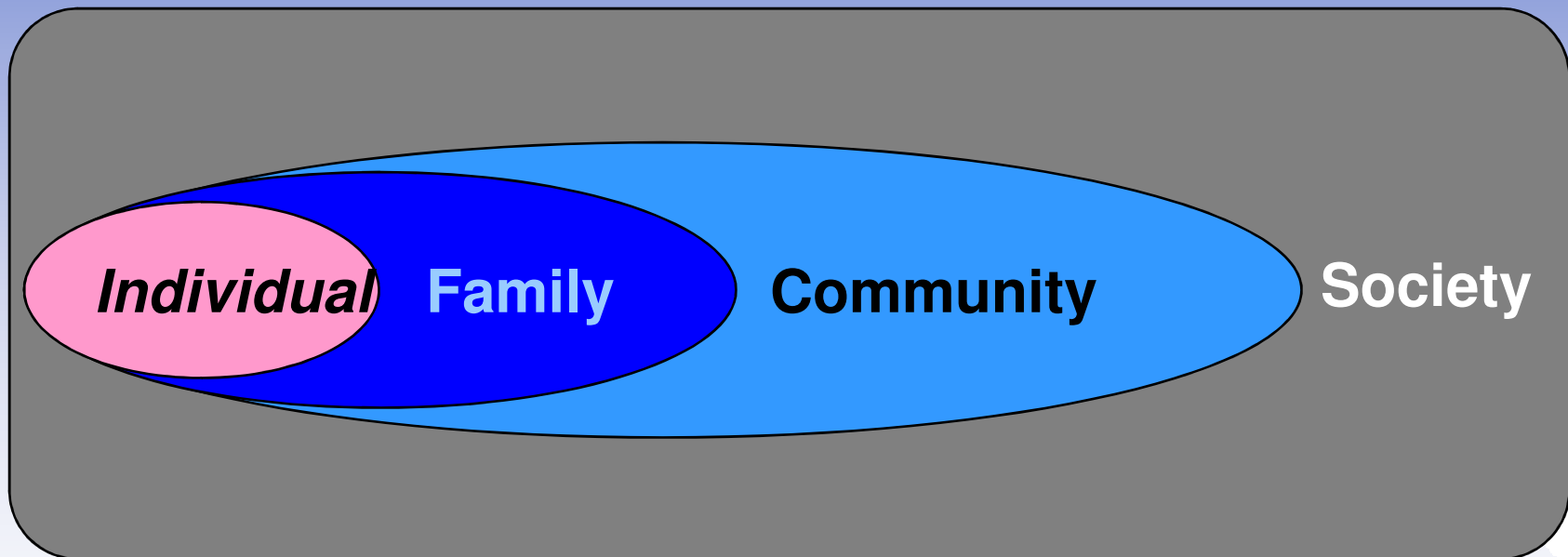
Addressing Childhood Obesity

An ecologic approach is required



Addressing Childhood Obesity

An ecologic approach is required



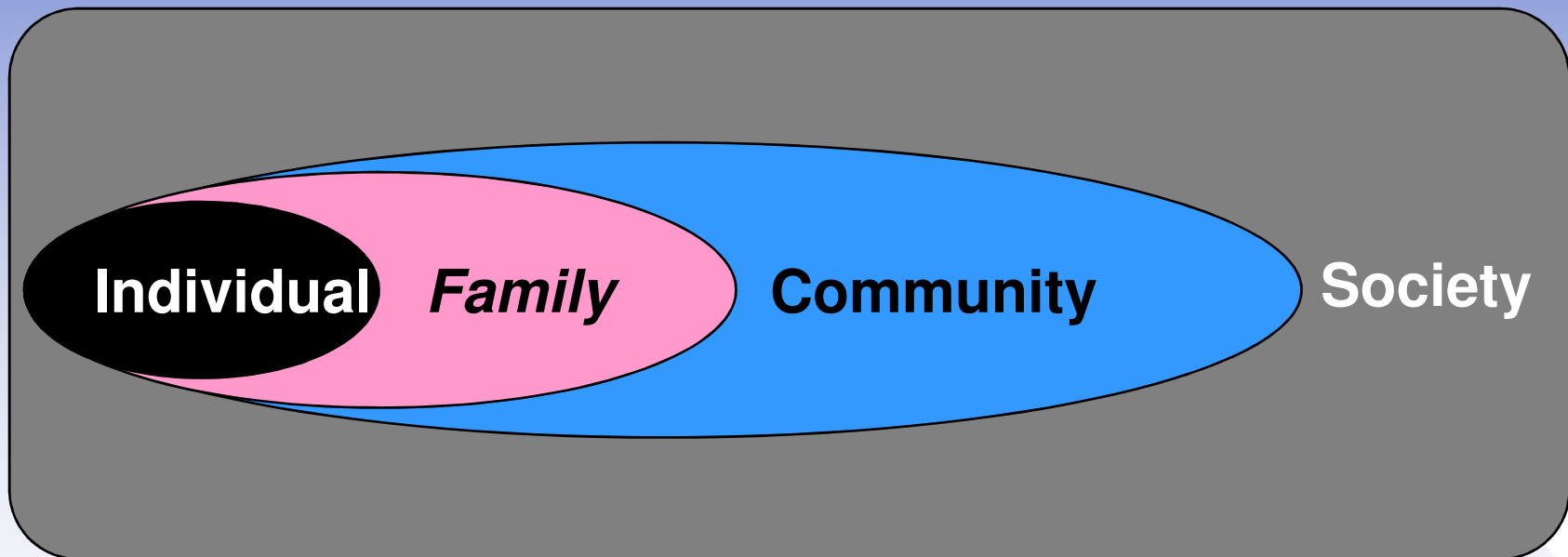
Individual Level Factors

- **Prenatal factors**
 - Weight at pregnancy and weight gain
- **Early growth**
 - Rapid in early months and <2 years increases risk
- **Breast feeding reduces risk**
- **Taste, attitudes, food preferences**
- **TV viewing (affects calorie intake)**
- **Enjoyment of physical activity (fine and gross motor skills, strength)**
- **Sleep**
 - Less sleep, higher weight
- **Psychology/Temperament**



Addressing Childhood Obesity

An ecologic approach is required



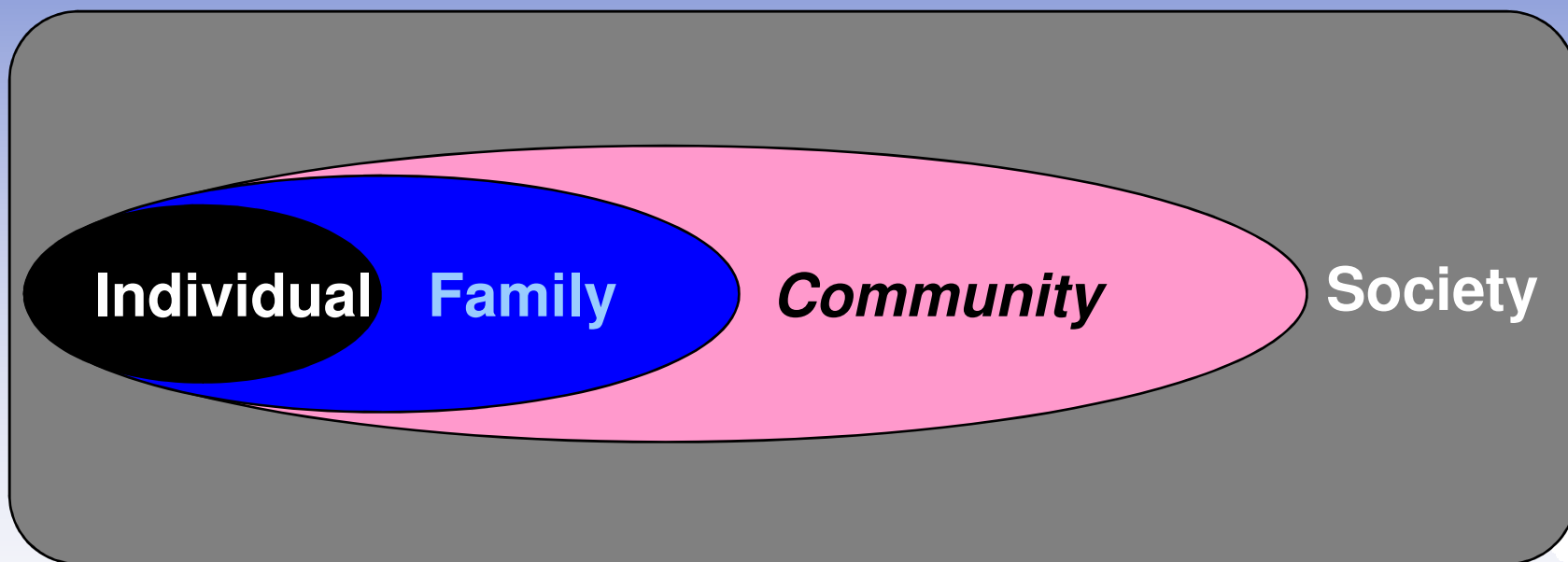
Family Influences

- Income
- Food shopping patterns
- Transportation patterns
- Parental modeling of behavior
 - Eating, activity, screen time
- How limits are set
 - Best encourages child self-regulation



Addressing Childhood Obesity

An ecologic approach is required



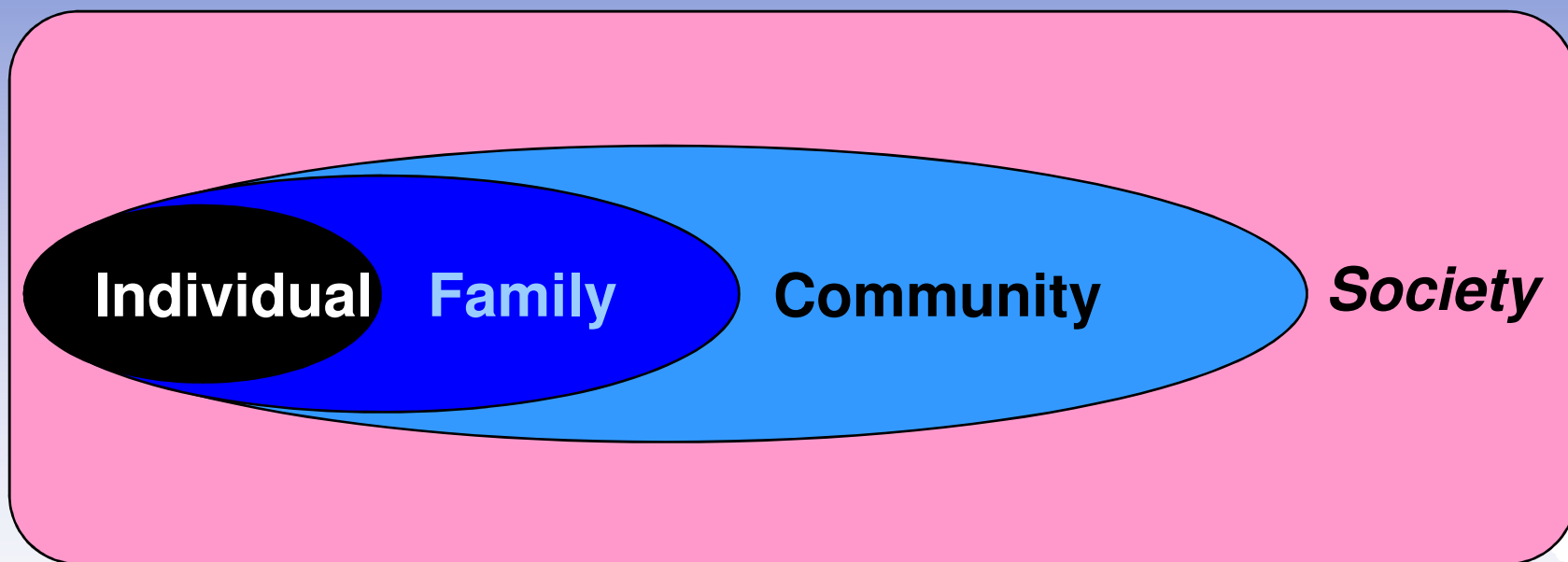
Community Influences

- Access to healthy, affordable food
 - Retail
 - Institutions
 - Growing/Production
- Access to safe opportunities for physical activity
 - Park space
 - Community safety
 - Other facilities
- Culture and Cues
 - Community norms
 - Advertising and marketing
 - “Cues to Healthy Living”



Addressing Childhood Obesity

An ecologic approach is required



Societal Influences

- Food side:
 - Corn subsidies: cheap corn oil, corn meal, corn syrup
 - Policies re: school, WIC
 - Zoning and taxation re: food outlets
 - Groceries, restaurants, farmers' markets, street vending
 - Marketing that promotes food of low nutritional value
- Activity side:
 - Sidewalks, bike lanes, traffic flow
 - Safety in parks, on streets
- Management of weight and co-morbidities:
 - What is done by health providers
 - What is covered by health insurance



Convening Stakeholders



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Who is the Convener?



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Identifying Local Resources

- *What else is going on to target obesity/physical activity?*
- *Who is doing what? Is it working?*
- *Who could be doing something?*
- *Who has a stake in reducing obesity?*
- *Who has an opportunity to be part of the solution?*
- *Where are their opportunities for integrated chronic disease prevention programs?*



Standard Hurdles

- What's In it for Me? WIIFM
- Hasn't This Been Done Before? BTDT
- Not Giving up My Market Share



Creating “Dream Teams” to Tackle Obesity

- Key Stakeholders: CBOs, Faith-Based Institutions, Family, Caretakers. School. Worksite, Health System, Media, Government, Industry, Mental health providers, City Planners...who else?
- Does your team REFLECT your community?
- Selling Point to Attract Them/Rally Point to Draw Them In



Assessing Your Community's Obesity Problem

Please note that Webinar recording has a slight 30 second delay on recording at this point. Recording will resume on it's own. Please be patient.



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Youth Risk Behavior Survey (YRBS)

- School-based survey coordinated by the CDC
- 2009 version contains 87 questions
- Conducted nationwide and in Illinois
- Tracks trends in health risk behaviors among middle & high school students including unhealthy dietary behaviors, physical inactivity and overweight



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Youth Risk Behavior Survey (YRBS)

- 2009 found that 11.4% of IL high school students (excluding Chicago) were obese.
- Many counties and communities also conduct on their own
- Illinois data can be found at:
<http://www.chdl.org/yrbs.htm>
- National data can be found at:
www.cdc.gov/HealthyYouth/yrbs/index.htm



Youth Risk Behavior Survey (YRBS)

For more information or assistance:

Child Health Data Lab

Jennifer Cartland, PhD, Director

Children's Memorial Research Center

Chicago, IL www.chdl.org

312-573-7772

jcartland@childrensmemorial.org



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Illinois Behavioral Risk Factor Surveillance Survey (BRFSS)

- State-based program
- Illinois adults 18 years of age and older
- Telephone survey
- County specific and Illinois data is available
- <http://app.idph.state.il.us/brfss/default.asp>
- www.cdc.gov/brfss for data from various states



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Illinois Behavioral Risk Factor Surveillance Survey (BRFSS), cont.

Benefits

- County level risk factor data
- Uses standardized procedures and questionnaire
- Uses adequate sample size
- Weighted data



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Illinois Behavioral Risk Factor Surveillance Survey (BRFSS), cont.

IDPH - Illinois Center for Health Statistics
1-217-785-1064

Bruce Steiner, BRFSS Program Coordinator
(bruce.steiner@illinois.gov)

Gayle Blair, BRFSS Data Coordinator
(gayle.blair@illinois.gov)



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Body Mass Index (BMI)--- School Physical Examination

- School physicals are required for grades K, 6, and 9.
- At minimum asks for the following obesity information:
 - Date of birth
 - Height
 - BMI (Body Mass Index)
 - Date of Exam
 - Gender
 - Weight
 - blood pressure

http://www.idph.state.il.us/pdf/cert_child_health05.pdf

Consortium to Lower Obesity in Chicago (CLOCC),
Christine Bozlak, Advocacy Program Manager
312-573-7741



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Healthy Smile Healthy Growth

- An assessment that collects oral health screening data and the heights and weights for nearly 7000 IL 3rd graders every 5 years.
- First assessment 2003-2004
- Just completed 2nd assessment (2009) and data being analyzed



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Healthy Smile Healthy Growth

- 2003/ 2004 results revealed that 39% of IL 3rd graders are overweight or obese.
- Rural IL = 36%
- Chicago = 44%
- <http://www.idph.state.il.us/HealthWellness/oralhlth/HealthySmiles.pdf>
- IDPH, Division of Oral Health, at 217-785-4899



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Other Data

- Physical education assessments
 - Check w/local schools for fitness testing results (Fitnessgram)
- School-based Health Clinics for WIC
 - 39 centers statewide that are staffed by Medical Professionals and perform school health exams, health education, etc.
- CDC data and statistics:

<http://www.cdc.gov/obesity/data/index.html>



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Environmental Scan

- Goal is to get a comprehensive “birds eye” view of your community.
- Information gathering: formal and informal.
- Gather info on barriers and strengths/supports for reducing and preventing obesity specific to YOUR community.
- Helps you to identify key opportunities for environmental change strategies.



Environmental Scan

The CDC MAPPS Framework provides some good places to start with a scan:

- **Media** (local advertising, promotion of healthy choices, counter advertising for unhealthy choices etc.)
- **Access** (healthy food availability, school/work place options for food/drink, density of fast food options, policies and practices related to access, farm to home/institutions etc.)
- **Point of Purchase/Promotion** (local signage for healthy vs. not healthy items, product placement and attractiveness, menu labeling)
- **Price** (Cost of healthy vs. unhealthy items)
- **Social Support & Services** (Support of breastfeeding, safe routes to school etc.)



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Other Areas to Consider

- Walkability of Community
 - What about in winter months?
- Access to Safe Play Areas/ Exercise Facilities
- School and Work Place Wellness Policy Issues

Asset Mapping

- Planning process that identifies and mobilizes the skills, talents, resources and other assets in your community toward a specific effort.
 - What are the strengths?
 - What is already in place and working?
 - What is growing?
 - Who is committed to this effort?
 - Who can champion the efforts?
 - Etc.



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Prioritizing Efforts/Maximizing Resources



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Build Locally off of Emerging Local, State and National Efforts

- State Health Improvement Plan (SHIP) Priority(Policy and Action)
- IPLAN Priority with many LHDs
- State Obesity Plan (objectives)
http://www.idph.state.il.us/HealthWellness/IL_Existing_State_Plan.pdf
- New Funding Streams: ARRA



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Prioritization Processes

- Analyze Assessment Data and Information to identify cross-cutting themes, priority populations/areas, opportunities, strengths to build upon etc.
- Work with formal prioritization process to remove individual agendas taking over.
- Resources: The Public Health Memory Jogger, IPLAN APEX-PH



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Planning Interventions to Target Obesity



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Cross-Cutting Risk Factor Programs (no silos)

- Integrated Chronic Disease Programs
- Continuity of Care - Comprehensive
- Closing the Loop
- Funding Streams can be Prohibitive to Break Outside of Mold and Silos are the Major Funding Streams Right Now



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Types of Interventions

- Primary Prevention vs. Secondary
- Educational Programs (nutrition, physical activity, safe weight loss options...)
- Physical Activity Opportunities
- Local Policy
- School Policy
- Worksite Programs and Policy
- Social Marketing/ Public Awareness/Health Communication
- Environmental Change



Resources for Best Practices



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Robert Wood Johnson (RWJ) Foundation Center to Prevent Childhood Obesity: *Reverse Childhood Obesity*

The screenshot shows the homepage of the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity. The header is orange with the organization's name in white. Navigation links include Home, Contact Us, RSS, and a search bar. A secondary navigation bar lists: About Us, Childhood Obesity, Reversing the Epidemic, News & Events, Resources & Tools, The Network, and Stay Informed. The main content area is titled 'About Us' and describes the center's mission to reverse the childhood obesity epidemic by changing public policies and creating healthier environments. It mentions partnerships with the Arkansas Center for Health Improvement (ACHI) and PolicyLink. A sidebar on the left contains links for 'About Us', 'What We Do', 'Our Strategy', 'Leadership', and 'Contact Us'. A right sidebar offers 'Email Alerts' with a 'Click here to subscribe!' link.

Home | Contact Us | RSS

**Robert Wood Johnson Foundation
Center to Prevent Childhood Obesity**

Search this site:

About Us | Childhood Obesity | Reversing the Epidemic | News & Events | Resources & Tools | The Network | Stay Informed

About Us

What We Do
Our Strategy
Leadership
Contact Us

Home

About Us

The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity is a national organization dedicated to reversing the childhood obesity epidemic by changing public policies and creating healthier environments in schools and communities. The center helps to shape and coordinate the efforts of policy-makers, advocates and community organizations by identifying and promoting the most promising obesity-prevention strategies and supporting the nationwide movement to improve food and physical activity environments.

WHO WE ARE

The center is informed by the work of national leaders in childhood obesity prevention, public policy and social justice and directed by the **Arkansas Center for Health Improvement (ACHI)**, in strategic partnership with **PolicyLink**. ACHI is a nonpartisan, independent health policy center based in Little Rock. The organization was instrumental in developing and implementing Arkansas Act 1220 of 2003, one of the nation's first successful statewide obesity-prevention programs. PolicyLink, a research and action institute that advances economic

Email Alerts

[Click here to subscribe!](#)

<http://www.reversechildhoodobesity.org/content/about-us>



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National Governors
Association (NGA):
*Shaping a Healthier Nation:
Successful State Strategies
to Prevent Childhood
Obesity*



<http://www.nga.org/Files/pdf/0909HEALTHIERGENERATION.PDF>



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Centers for Disease Control and Prevention (CDC) *Recommended Community Strategies and Measures to Prevent Obesity in the Future*



[CDC Home](#) | [Search](#) | [Health Topics A-Z](#)

MMWR™

Recommendations and Reports

July 24, 2009 / 58(RR07);1-26

Recommended Community Strategies and Measurements to Prevent Obesity in the United States

Reported by

Laura Kettel Khan, PhD¹

Kathleen Sobush, MS, MPH²

Dana Keener, PhD³

Kenneth Goodman, MA³

Amy Lowry, MPA²

Jakub Kakietek, MPH³

Susan Zaro, MPH³

¹Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, CDC

²CDC Foundation, Atlanta, Georgia

³ICF Macro, Atlanta, Georgia

Summary

Approximately two thirds of U.S. adults and one fifth of U.S. children are obese or overweight. During 1980–2004, obesity prevalence among U.S. adults doubled, and recent data indicate an estimated 33% of U.S. adults are overweight (body mass index [BMI] 25.0–29.9), 34% are obese (BMI ≥30.0), including nearly 6% who are extremely obese (BMI ≥40.0). The prevalence of being overweight among children and adolescents increased substantially during 1999–2004, and approximately 17% of U.S. children and adolescents are overweight (defined as at or above the 95% percentile of the sex-specific BMI for age growth charts). Being either obese or overweight increases the risk for many chronic diseases (e.g., heart disease, type 2 diabetes, certain

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>



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Institute of Medicine (IOM): *Local Government Actions to Prevent Childhood Obesity*



<http://www.iom.edu/~media/Files/Report%20Files/2009/ChildhoodObesityPreventionLocalGovernments/local%20govts%20obesity%20report%20brief%20FINAL%20for%20web.a>



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CDC Guide to Community Preventative Services

The screenshot shows the homepage of the CDC Guide to Community Preventative Services. The header features the title "GUIDE TO COMMUNITY Preventive Services" and "The Community Guide What works to promote health" with a group photo of diverse people. A search bar is located in the top right. The main content area is titled "What is the Community Guide?" and explains that the guide is a free resource to help choose programs and policies to improve health and prevent disease. It lists three key questions: which interventions are proven effective, which are right for the community, and what might they cost. It mentions that more than 200 interventions have been reviewed and the Task Force on Community Preventive Services has issued recommendations. Below this is a section for "All Community Guide Topics" with a list of 18 topics: Adolescent Health, Alcohol, Asthma, Birth Defects, Cancer, Diabetes, HIV/AIDS, STIs & Pregnancy, Mental Health, Motor Vehicle, Nutrition, Obesity, Oral Health, Physical Activity, Social Environment, Tobacco, Vaccines, Violence, and Worksite. To the right, there are three boxes: "News & Announcements" featuring "Regulating Alcohol Outlet Density Prevents Excessive Alcohol Use" and "Group-based interventions for adolescents"; "Did You Know?" featuring a fact about tobacco use; and "Task Force Meetings" listing dates for 2010 and 2011. On the far right, there are links for "Text size", "Email page", "Print page", "Bookmark and share", and "Get email updates".

GUIDE TO COMMUNITY Preventive Services

The Community Guide
What works to promote health

What is the Community Guide?

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

More than 200 interventions have been reviewed and the [Task Force on Community Preventive Services](#) has issued [recommendations](#) for their use. Learn more about the guide, our [systematic review methods](#), and the [Community Guide team](#).

All Community Guide Topics

- Adolescent Health
- Alcohol
- Asthma
- Birth Defects
- Cancer
- Diabetes
- HIV/AIDS, STIs & Pregnancy
- Mental Health
- Motor Vehicle
- Nutrition
- Obesity
- Oral Health
- Physical Activity
- Social Environment
- Tobacco
- Vaccines
- Violence
- Worksite

News & Announcements

Regulating Alcohol Outlet Density Prevents Excessive Alcohol Use

One way to prevent excessive alcohol use is to regulate the number of places where alcohol may be legally sold in a given area, according to a systematic review just published by the Community Guide. [More »](#)

Group-based interventions for adolescents

Task Force recommendations now available for group-based interventions to prevent and reduce adolescent pregnancy, HIV/AIDS, and other STIs. [More »](#)

Did You Know?

Tobacco use causes thousands of deaths each year in the United States. Find out about interventions to increase the number of people who stop smoking. [More »](#)

Task Force Meetings

2010
February 17-18
June 16-17
October 20-21

2011
February 16-17
June 15-16
October 19-20

Text size: [S](#) [M](#) [L](#) [XL](#)

[Email page](#)
[Print page](#)
[Bookmark and share](#)

[Get email updates](#)

To receive email updates about The Guide to Community Preventive Services, enter your email address:

[What's this?](#)

<http://www.thecommunityguide.org/index.html>



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Emerging Efforts

- Illinois Local Food, Farm and Jobs:
Growing the Illinois Economy which can
be found online at
www.foodsfarmsjobs.org
- *Have Illinois Children Been Left Behind?*
Model Farm-to-School Programs
Correlated with Illinois by Josephine Lauer
Washuk, October 11, 2007



Cultural Implications and Adaptations

- Best Practices may need cultural and local adaptations to fit your community.
- Individual based approaches may have fidelity instruments to ensure that the essential ingredients are delivered.
- Important to know your audience and your community.

One size doesn't fit all!



Monitoring and Quality Improvement



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Process Evaluation

- Provider competence
 - Currency of knowledge
 - Adequacy of technical skill
- Program adequacy
 - Structure
 - Content
 - Reach
 - Fidelity to theory/plan



Illinois QI Learning Collaborative: Preventable Risk Factors for Chronic Disease

Recorded Monthly Webinars By Content Experts and QI expert

Check IPHI's Website for materials and resources

<http://iphionline.org>

Check the IPLAN Website for Webinars.

<http://app.idph.state.il.us/Resources/training.asp?menu=3>



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Evaluating Your Obesity Initiatives



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Impact Evaluation

- Impact are the ultimate health objectives of an intervention.
 - Reduced BMI in the population; reduced percentages of people in high BMI categories
 - Reduction in morbidity and mortality associated with obesity
- Impact are often the longest-term and hardest to change effects we desire.

Outcome Evaluation

- Outcome are those short-term or intermediate changes that we expect to lead to impact outcomes.
 - Knowledge
 - Attitudes
 - Stages of Change
 - Behaviors

Evaluation Resources

IPHI has offered training in the following areas:

- ✓ Developing Logic Models
- ✓ Developing Outcome Measurement Plans
- ✓ The Basics of Program Evaluation

To access training materials or seek consultation, visit the IPHI website under the Center for Community Capacity Development Tab.

<http://iphionline.org>

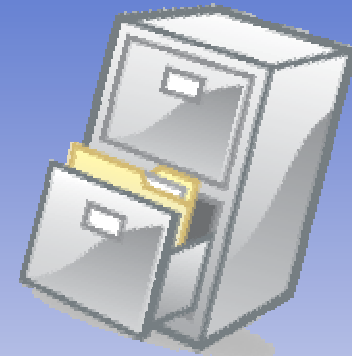


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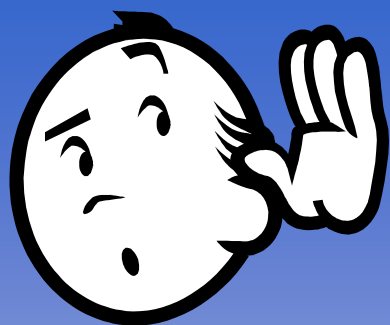
Resources



**Check the IPHI Website for a
list of resource
to support this Webinar.**

<http://iphionline.org>





Feedback

- Please complete the online feedback survey following this session.
- Your input is used to plan future offerings.
- Check your email for a link to the survey or you will find it on the IPLAN website where you downloaded this Webinar.



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Q and A



***Join us for a live Q and A session
with the presenters on December
21st from 2:30 – 3:00 PM.***

***Dial - 877.411.9748
Enter Passcode – 3467868#***



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THANK
YOU

If you have training or
technical assistance follow-up
needs, contact:

Laurie Call,

Director

Center for Community
Capacity Development, IPHI

Laurie.Call@iphionline.org



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