Protecting the community’s health and safety is a major role of the government. This chapter will discuss the current health issues facing the community and public safety infrastructure, crime and related issues.
Obesity and overweight is an epidemic plaguing the United States today, and McLean County is no exception. About 61.5% of McLean County adults were overweight or obese in 2008 (39.5% overweight and 22% obese). Two major causes of obesity are sedentary lifestyles and lack of access to fresh food. Land use decisions can play a significant role in addressing these issues.

Several of the low income census tracts, predominantly located on the west side of the Bloomington, are currently designated as food deserts by U.S. Department of Agriculture.

As Bloomington exists today, not many residents can easily walk to a park, grocery store, or school. The land uses are segregated to inhibit walkable neighborhoods.

The National Fire Protection Association recommends a response time of six minutes for 90 percentile of calls. In 2013, only 73.5% of all fire calls and 63.9% of all EMS calls were responded to within six minutes. This is a matter of concern.
During the 19th and early 20th centuries, American cities began to urbanize at a rapid pace. The densities in cities caused sanitation issues, and comprehensive planning emerged to help address the resulting public health issues. Land regulation tools, such as zoning, were created to help reduce congestion and improve sanitation and are still in use today. Those early plans fulfilled their intended purpose.

After the initial crisis resolution, comprehensive plans morphed into land use and development control. Most of the public health aspects were handled by public health officials. These two fields diverged quite a bit in the last century.

Today we are facing a different set of public health issues that include obesity and mental health. As illustrated in Figure 7.1, several factors influence health. Given the complex relationship between health and built environment, cities across the United States are realizing that it is time to work closely with public health professionals to address this issue comprehensively.

Although topics such as alternate transportation, parks, and recreation were addressed in the previous comprehensive plans, health as a subject has not been talked about on its own in Bloomington. Topics on active living were addressed thoroughly in the City’s Parks Master Plan. McLean County Health Department continues to be the lead entity in the health planning efforts in Bloomington-Normal and McLean County.

LOCAL HEALTH CONCERNS

The Patient Protection and Affordable Care Act, enacted on March 23, 2010, required all tax-exempt hospitals to conduct community health needs identified through the assessments. The two major hospitals in McLean County, OSF and Advocate Bromenn, completed these in 2013. Obesity and mental health were among the top three to five concerns identified by these assessments.

As part of the Illinois Project for Local Assessment of Need (IPLAN), the McLean County Health Department completed its fourth five-year work plan for 2012-2017 to fulfill the certification process for local health departments. This plan also identified obesity and mental health as two of its top three health priorities for McLean County.

Obesity

Obesity is defined as having a Body Mass Index (BMI) equal to or greater than 30. For adults the calculation for BMI uses a person’s height and weight. For children and teens, the calculation is more precise, using height, weight, age, and gender.

According to the County’s health plan, 22% of adults and 5.1% of youth were obese in 2008. In the same year 39.5% of adults and 11.1% of youth were overweight. Physical inactivity and unhealthy eating habits contribute to obesity issues. Being overweight or obese puts adults and kids at increased risk for more than 20 chronic diseases including type 2 diabetes, heart disease, asthma, sleep disorder and orthopedic problems.

Mental Health

According to the County’s health plan mental illness can affect anyone regardless of age, gender, race, or income. National statistics indicate 1 in 20 people have a severe and persistent mental illness.

In McLean County, an estimated 20% of population is at risk for having a mental health episode in their life. Suicide calls to the local social service support line, PATH, increased from 410 in 2007 to 920 in 2010.

National research consistently shows that direct contact with nature leads to increased mental health and psychological development. This is one of the areas where comprehensive planning can influence mental health aspects. Promoting accessibility is yet another major aspect of mental health that can be addressed through this plan.

Figure 7.1 Factors Influencing Health

Source: Dahlgren and Whitehead, 1991

Figure 7.2 Excerpt from Pantagraph, June 27, 2014
8.9% of residential units are within 1/4th mile distance to a grocery store.

2.6% of all residential units are within 1/4th mile distance from a pharmacy.

Nearly 29.7% of all residential units are within one mile walking distance of the elementary school.

As shown in Figure 7.3, given the current distribution of residential properties, only 8.9% of residential households can walk to a grocery store and 2.6% to the nearest pharmacy. Nearly 29.7% of all residential units are within one mile of an elementary school. Please note that this analysis does not take into consideration the condition of the sidewalks, the intensity of traffic, or perception of safety, all of which have a major impact on the ability of these households to walk or use other modes of transportation besides an automobile.

It should also be noted that newer development patterns on the east and the southwest sides of the City are designed to be auto-oriented.
FOOD DESERTS

Although Bloomington sits at the heart of a very productive agricultural region, the crops produced are primarily used for livestock feed and industrial processing for products ranging from corn syrup to ethanol. These products are important to our area producers’ financial stability, but do not leverage the fine farm ground surrounding Bloomington to feed people directly.

Interest in buying and using locally-produced food is well-established in our community, as the continuing success of the farmer’s markets, increase in the number of Consumer Supported Agriculture (CSA’s) and the appearance of local produce in area stores attests.

Access to fresh food is an important factor contributing to obesity. Lack of access to fresh food is a more acute problem for families in poverty. The U.S. Department of Agriculture (USDA) has conducted an analysis to identify “food deserts” based on income level and access to fresh food. This analysis is conducted at the census tract level and defines “low income” census tracts as:

- The tract’s poverty rate is 20 percent or greater; or
- The tract’s median family income is less than or equal to 80 percent of the statewide median family income; or
- The tract is in a metropolitan area and has a median family income less than or equal to 80 percent of the metropolitan area’s median family income.

“Low access” to healthy food is defined as being far from a supermarket, super-
A census tract is considered to have low access if a significant number or share of individuals in the tract is far from a supermarket.

As shown in Figure 7.4, a majority of the west side of Bloomington is a food desert. Grassroots efforts in the Bloomington-Normal metro area are underway to bring awareness to this issue and provide solutions, such as the McLean County Wellness Coalition and Green Top Grocery.

The City of Bloomington Parks and Recreation Department currently leases out 45 garden plots in the City’s existing community garden at the corner of Hershey Road and Ireland Grove Road. These garden plots are very popular and fill up within 48 hours of opening for registration. Figure 7.5 illustrates area community gardens.

The comprehensive planning phase is the right time to look at urban farming and local food issues in collaboration with ongoing community efforts. The plan can promote the increase in available local food through a number of actions, including:

- Support for neighborhood and community gardens
- Continuing and expanding the farmer’s market
- Fostering urban agriculture in suitable areas of the City
- Working to support food producers at the urban margin through development management to protect the local agriculture that feeds us all

Creating and sustaining access to
locally-produced food should be a core element of the comprehensive plan, as we explore Bloomington’s future as a health-sustaining city.

PARKS AND RECREATION

The City of Bloomington has a wide variety of parks and recreation facilities, neighborhood parks, community parks, and a regional park within the community. The City’s existing park locations and service areas are shown on Figure 7.6.

In addition to these facilities, the City operates three municipal golf courses, as well as other recreation facilities that offer alternative or specialized activities and opportunities, such as Lake Bloomington. Lake Bloomington is primarily a water source for the City but does offer some recreational activities. The City also has a system of multipurpose trails, including the City’s segments of the Constitution Trail. The City’s parks offer a variety of playground equipment and athletic fields in neighborhood settings. In addition, public school facilities provide added park and recreation space for residents.

In 2009, the City of Bloomington hired the services of 3DD Design Studio to update the 2005 City of Bloomington Parks Master Plan. The intent of this update was to reflect the trends in outdoor sports and recreation.

At the time of the plan, there were nine acres of park per 1,000 residents. The American Planning Association recommends 12.5 percent of any City’s land area be designated for parks and open space. The National Recreation and Parks Association suggests a ratio of 10 acres of open space per 1,000 residents. If all open space is included, the City would meet the 10 acre standard. However, it would fall short if only “parks” were included by approximately 75 acres, and approximately 150 acres to meet the community center and soccer complex goal. This update which was adopted in January of 2010. This plan reached out to many segments of the community and has made several recommendations to improve the parks and recreational areas in Bloomington. This plan is currently five years old and is ready for an update. Below is the summary of the parks master plan update from 2009:

- Areas underserved by developed out-
door parks include areas far southeast and southwest of Bloomington, as well as south of Veterans Parkway along U.S. Route 51. Figure 7.6 provides additional information.

- Most playgrounds cater to 10-year-old and above age groups. Age appropriate equipment for 2-5 and 5-10 year age groups should be made during the transition to any newer equipment.
- Walking/jogging/biking trails were identified as the most important recreational activity enjoyed by Bloomington residents. Several important extensions of the Constitution Trail would allow this system to move towards a regional loop trail. Links to existing and future parks should be considered while lengthening the trail. Figure 7.7 illustrates the proposed connections and links.
- There was strong support for a large sporting complex that could host a variety of sports tournaments. Given the central location of Bloomington-Normal, this 130-150 acre field has the potential to become a regional draw.
- Outdoor water play and swimming are still very popular. The City is lacking in the type of water play supported by the trends. Tipton and Holiday Parks have this type of interactive play. The City should consider converting O’Neil Park pool into a zero depth aquatic facility, and features similar to the Tipton North water play area.
- Ice skating and hockey are highly sought after activities within the Bloomington.
ton-Normal area. Support for a second sheet of ice was demonstrated in both user groups.

- Tennis and sand volleyball opportunities are identified as lacking in the current inventory.

Recommendations for improvements include:

- Improving the overall park and trail system
- Protect existing parkland and natural areas from encroachments of incompatible uses
- Ensure effective use of existing parks and recreational facilities
- Provide diversified parks and recreational facilities and programs with maximum accessibility and safety
- Maximize the use of the natural areas within the city for recreational, educational and aesthetic purposes while ensuring their quality
- Expand street tree planting program
- Provide educational opportunities for youth
- Encourage the development of green corridors to improve aesthetics along transportation corridors, improve water quality, restore habitat, restore wetlands, protect lake edges, and manage flood plains effectively
- Recharge the groundwater aquifer through the use of responsible storm water management techniques and construction of marshes and wetlands
- Advance lifelong learning by linking

Data Source: ETSB/METCOM; Information analysis: McGIS
neighborhoods to schools and parks
• Manage and restore natural areas

The majority of the location-specific improvements were for the east side of Bloomington south of Route 9, as well as Oakland Avenue near the airport and Ireland Grove Road. There are also plans for trail extensions in these areas which could take advantage of abandoned railroad right-of-way in the Route 150 Corridor. A section of trail has already been planned to connect The Grove Subdivision with Benjamin School with the design including the Kickapoo Creek watershed. Also as part of the plan, the City suggests improvements and recommendations to existing parks in its parks inventory. The City will continue to add mileage to Constitution Trail with an emphasis on urban connectivity as funds become available.

PUBLIC SAFETY

As can be seen in Figure 7.9, the City of Bloomington spends the majority of its budget for public safety. This includes the City’s fire and police departments, and 911 dispatch center, which is separate from that of the County.

FIRE PROTECTION

According to the City of Bloomington Fire Department, the City is currently served from five manned fire stations, one of which is in partnership with the Central Illinois Regional Airport. With the exception of Fire Station Number 6, all fire stations have an ambulance at the location.

The National Fire Protection Association recommends a response time of six minutes for 90 percentile of calls. The response time is inclusive of one minute dispatch time...
and one minute for turnaround time, leaving four minutes for travel time. As can be seen in Figure 7.8, certain parts of the City are not within the 6-minute fire response time.

According to the Bloomington Fire Department (BFD), 73.5% of all fire calls and 63.9% of all EMS calls were responded to within six minutes during 2013. The 90th percentile response times for fire was 8.1 minutes and EMS was 9.0 minutes. Additional ways to address this issue can be evaluated in the comprehensive planning process.

According to the Center for Public Safety Excellence (CPSE), a fire station not available for 80% of the time cannot be expected to perform at the 80th percentile. Unit Hour Utilization (UHU) is a measure used to quantify the availability of service. Acceptable UHU range is 0.25 to 0.3 for a traditional fire station. As illustrated in Figure 7.10, the headquarters fire station’s UHUs are consistently higher than the acceptable measures. Depending on the days and times, other stations show higher than acceptable UHUs. This means that even if the caller lives within the four minute travel time, it may take longer to receive the service. Several factors such as road condition, layout, traffic flow, and time of the year all have an impact on UHU factor along with caller’s location. Fire and emergency response is a big part of the quality of life in the community. Newer development areas are at a severe risk. The planning process should work closely with the BFD to analyze the situation and address it comprehensively.

POLICE DEPARTMENT

The crime rate in Bloomington is relatively low compared to the surrounding communities. As is illustrated in Figure 7.11, Bloomington’s total crimes in 2013 were below 1989 numbers. The Police Department deserves great credit for their efforts in improving safety in Bloomington. They employ Problem Oriented Policing (POP) as their primary strategy, in which the police work hand-in-hand with the community to understand community needs and develop customized solutions.

In 2012, the police department adopted its second three-year strategic plan. Problem Oriented Policing (POP) was emphasized again in this plan. The goals that are most relevant to the comprehensive plan include:
- Reduce crime and the fear of crime, using geography-based analysis and enhanced intergovernmental cooperation
- Increased communication with the community through several channels, including surveys of public satisfaction and focus group meetings with residents, as well as expanded public information options
- Reduction in youth and adult gang crime, through gang awareness training, Project Safe Neighborhoods, graffiti removal and

![Figure 7.11 Total Index Crime Based on Illinois UCR Procedures 1989 to 2013 with Trendlines](image)
other community activities

• Improve the quality of life in neighborhoods, encouraging collaborative efforts with City departments and community, using direct contact with residents in problem locations, enforcement of alcohol ordinances, and public education on alcohol issues

• Enhanced traffic enforcement and identification of crash location concentrations

• Enhance community and police partnerships, through formal and informal collaborative relationships with community members and other departments

• Participation in community programs, including bi-monthly citizen meetings by the chief of police, support for agencies working on crime reduction, and redesign of the BPD website and use of social media for better community information

• Enhance public relations with the community regarding police operations

Active community outreach is one of the many things BPD does to accomplish their goals. BPD organizes bi-monthly “Chief’s Focus” meetings, intended to learn first hand information from concerned citizens and neighborhood groups. BPD attends an average of 15 to 20 neighborhood and community meetings a month. Social media is actively used by BPD to learn from the community and frequently share accurate information with the public.

Figure 7.12 depicts Part 1 crimes such as homicide, rape, robbery, aggravated assault, and burglary, in Bloomington from 2009-2013. As is clearly illustrated in this figure, while the overall rate of crime is low in the City, crime is concentrated in the core. This concentration correlates with the densities of housing in that area. Like other measures, this is a concern for Bloomington’s mature neighborhoods and its core.
COMMUNITY HEALTH ASSESSMENTS

The Patient Protection and Affordable Care Act, enacted on March 23, 2010 required all tax-exempt hospitals to conduct community health needs identified through the assessments. The two major hospitals in McLean County, OSF and Advocate Bromenn, completed these in 2013. The assessments were conducted in three phases.

- **Phase 1 - Data Assessment**: Community health needs were assessed based on secondary data including census data and data from the hospital records;
- **Phase 2 - Community engagement**: Key stakeholders were engaged and primary data was gathered. Concerted efforts were made to target at-risk populations in the region;
- **Phase 3 - Needs prioritization**: Health needs were prioritized based on criteria such as:
  1. Seriousness of the need and short term urgency,
  2. Long-term importance to the community,
  3. Degree to which the effective programs/community partners/community assets were available to address the need, and
  4. Percent of population with that need as well as trends and future forecasts.

**OSF HEALTH NEEDS ASSESSMENT (1)**

Health needs prioritized
1. Obesity
2. Mental Health
3. Oral Health
4. Healthy Behavior
5. Access to Health Services
6. Dental

Demographic observations directly relevant to the comprehensive plan by this assessment include:

- Elderly Population: Increase in individuals aged 60-64 and 75-74 during the years 2007-2010 were noted.
- Poverty: Poverty rates among single family households were significantly higher than those of married couples. Poverty rates in McLean County among all individuals decreased from 2007 to 2010 despite a recession.

**ADVOCATE BROMENN (2)**

Health needs prioritized
1. Obesity
2. Mental Health
3. Oral Health
4. Healthy Behavior
5. Access to Health Services
6. Dental

Demographic observations directly relevant to the comprehensive plan by this assessment include:

- Percent of persons living below poverty level in McLean County is 13.4%, slightly higher than the state’s average of 13.1%.
- Percent of population receiving Medicaid in McLean County has risen steadily from 5.8% in 2004 to 13.8% in 2010.

**MCLEAN COUNTY COMMUNITY HEALTH PLAN (CHP) (3)**

As part of Illinois Project for Local Assessment of Need (IPLAN) McLean County Health Department completed its fourth five year work plan for 2012-2017 to fulfill the certification process for local health departments. The overarching goal of this plan is to improve health and reduce the risk of death and disability by encouraging health awareness and promote healthy lifestyle choices. McLean County Health Department’s Community Health Advisory Committee (CHAC) along with its community partners like the health care providers, community agencies, schools, businesses, faith community and the media works to identify health problems, set goals and objectives, develop and implement strategies to address the health problems.

**Needs Assessment of Health Indicators**

Through a variety of secondary data, CHAC identified 21 preliminary health concerns. After thorough discussion and analysis, the following three concerns were prioritized.
based on the size and the seriousness of the problem and the effectiveness of the intervention to address the health problem:
1. Obesity
2. Mental Health
3. Oral Health
A number of outcome objectives, impact objectives, intervention strategies and metrics were established to address the above mentioned health concerns.

CHP also recognized the importance of the following areas to help achieve the goals and objectives:
1. Maintain and expand its partnerships
2. Continue to seek alternate funding
3. Focus on risk factor reduction
4. Utilize data to influence
   a. Policy changes
   b. Choice of interventions
   c. Behavior/lifestyle changes in the community

Observations by this plan relevant to the comprehensive plan:
• McLean County Health Department stresses the need of community partnership and ownership of the CHP for its effective implementation. CHAC formed the implementation task forces to help move the planned interventions forward.
• Percent of single parent households rose from 6.9% in 1990 to 13.1% in 2010.
• Percent of population below the poverty line increased from 9.7% in 2000 to 14.4% in 2010.
• At 6.9%, McLean County’s unemployment was at its highest in 2010.
• Economic disparities continue to exist among race/ethnic groups in McLean County.
  • Median income of single parent households are significantly lower than McLean County’s median income.
  • Blacks and Hispanics live in greater poverty than the white population.
  • Median age continues to rise although a slight decrease has occurred in the growth of the >65 age group.
  • There was a 10.7% increase in individuals receiving Medicaid in 2010 in comparison to 2000.
  • At 7.1% currently, McLean County has shown a consistent increase in the percent of population receiving food stamps in comparison to 4.5% in 1993. Percentage increases at the state level are two times greater than the McLean County.

Environmental Health/ Occupational Health/ Injuries data analysis:
• Over the 10-year span sampled, McLean County accounted for approximately 8% of the waste collected in the State of Illinois. This can be attributed in part to no household hazardous waste collection (HHW) events occurring in central Illinois since 2009. The plan urges the need to have these events to avoid burning, drain disposal and incorporated into landfill waste streams.
• McLean County is in the Zone 1 geographic region for indoor radon levels. The average radon level has increased to 6.9 pCi/L from 5.5 pCi/L in 2004.
• With 12.2 motor vehicle crash-related deaths per 100,000 population in 2007, McLean County was above the Illinois average for the same year.
• There was one pedestrian-related death in 2008 (0.6 deaths per 100,000 of the population) and none in 2009.
• This lower pedestrian death rate in McLean County was attributed to sidewalks and Constitution Trail that expands to several neighborhoods.

Footnotes:
1. OSF St. Joseph Community Health Assessment: http://www.osfhealthcare.org/osflib/about/CHNA/bloomingtonCHNA-full.pdf
3. McLean County Community Health Plan