

Community Health Needs
Assessment 2016
St. Margaret's Health

TABLE OF CONTENTS

Executive Summary	3
Introduction	5
Methods	7
Chapter 1. Demographic Profile	
1.1 Population	8
1.2 Age and Race Distribution.....	9
1.3 Household/Family.....	10
1.4 Economic Information.....	12
1.5 Key Takeaways from Chapter 1.....	14
Chapter 2. Prevention Behaviors	
2.1 Accessibility	15
2.2 Wellness	20
2.3 Access to Information.....	23
2.4 Health Status.....	24
2.5 Key Takeaways from Chapter 2.....	27
Chapter 3. Symptoms/Predictors	
3.1 Tobacco Use	28
3.2 Drug and Alcohol Abuse.....	29
3.3 Overweight and Obesity	30
3.4 Predictors of Heart Disease.....	31
3.5 Key Takeaways from Chapter 3.....	32
Chapter 4. Diseases/Morbidity	
4.1 Top Diagnostic Categories	33
4.2 Cancer.....	34
4.3 Diabetes.....	35
4.4 Vaccine Preventable Diseases	35
4.5 Mortality.....	36
4.6 Key Takeaways from Chapter 4.....	36
Chapter 5. Identification of Significant Health Needs	
5.1 Perceptions of Health Issues.....	38
5.2 Perceptions of Unhealthy Behaviors.....	39
5.3 Perceptions of Well Being.....	40
5.4 Summary of Community Health Issues	40
5.5 Significant Needs Identified and Prioritized.....	42
Appendices	
Appendix 1 Activities Related to 2013 CHNA Prioritized Needs.....	43



Community Health Needs Assessment

July 2016

Collaboration for sustaining health equity

Executive Summary

St. Margaret's Health Needs Assessment is a collaborative undertaking by St. Margaret's Health to highlight the health needs and well-being of residents in Bureau, LaSalle, Marshall and Putnam Counties.

Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the service area. Several themes are prevalent in this health needs assessment – the demographic composition of the service area, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

Results from this study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publically available sources as well as private sources of data. Additionally, primary data were collected for the general population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medications and mental health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most important health-related issues in the service area were identified, and remained consistent with the previous assessment completed in 2013. The collaborative team considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. The collaborative team prioritized two significant health needs:

- ***Healthy Lifestyles–nutrition, physical activity, and obesity***
- ***Mental Health and Substance Abuse***

I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt hospitals to conduct community health needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by St. Margaret's Health including those with special knowledge of or expertise in public health. For this study, a community health needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public.

Design of the Collaborative Team: Community Engagement, Broad Representation and Special Knowledge

In order to engage the entire community in the CHNA process, a collaborative team of health professional experts and key community advocates were included in the survey process, and were selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from St. Margaret's Health, members of the Bureau, Marshall, and Putnam County Health Departments, and administrators from key community partner organizations. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. Specifically, members of the collaborative team consisted of individuals with special knowledge of and expertise in the healthcare of the community.

Definition of the Community

In order to determine the geographic boundaries for St. Margaret's Health, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by the service area of Bureau, LaSalle, Marshall, and Putnam Counties. Data show the service area represents over 90% of all patients for the hospital.

In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community.

Purpose of the Community Health Needs Assessment

In the initial meeting, the collaborative committee identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health care organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in the community.

Community Feedback from Previous Assessments

The 2012 CHNA was made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2012 CHNA on its website. While no written feedback was received by individuals from the community via the available mechanism, verbal feedback was provided by key stakeholders from community service organizations and incorporated as part of the collaborative process.

Summary of 2012 CHNA Identified Health Needs and Implementation Plans

The 2012 CHNA for the community identified four significant health needs. These included: substance abuse; nutrition, physical activity & obesity; access to care; and mental health. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in Appendix 1.

II. METHODS

To complete the comprehensive community health needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, based on a sample of 197 survey respondents from the community, a study was completed to examine perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to healthcare.

Secondary Data for the Community Health Needs Assessment

We first used existing secondary statistical data to develop an overall assessment of health-related issues in the community. Within each section of the report, there are definitions, importance of categories, data and interpretations. At the end of each chapter, there is a section on key takeaways.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected.

A. Survey Instrument Design

For the community health needs assessment, five specific sets of items were included:

Ratings of health issues in the community – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity. In all, there were 16 choices provided for survey respondents.

Ratings of unhealthy behaviors in the community – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking. In all, there were 13 choices provided for survey respondents.

Ratings of issues concerning well-being – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation. In all, there were 12 choices provided for survey respondents.

Accessibility to healthcare – to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental healthcare, as well as access to prescription medications.

Healthy behaviors – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise and healthy eating habits.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the five categories discussed above.

B. Data Collection

To collect data in this study, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity.

CHAPTER 1 OUTLINE

- 1.1 Population
- 1.2 Age and Race Distribution
- 1.3 Household/Family
- 1.4 Economic Information
- 1.5 Key Takeaways from Chapter 1

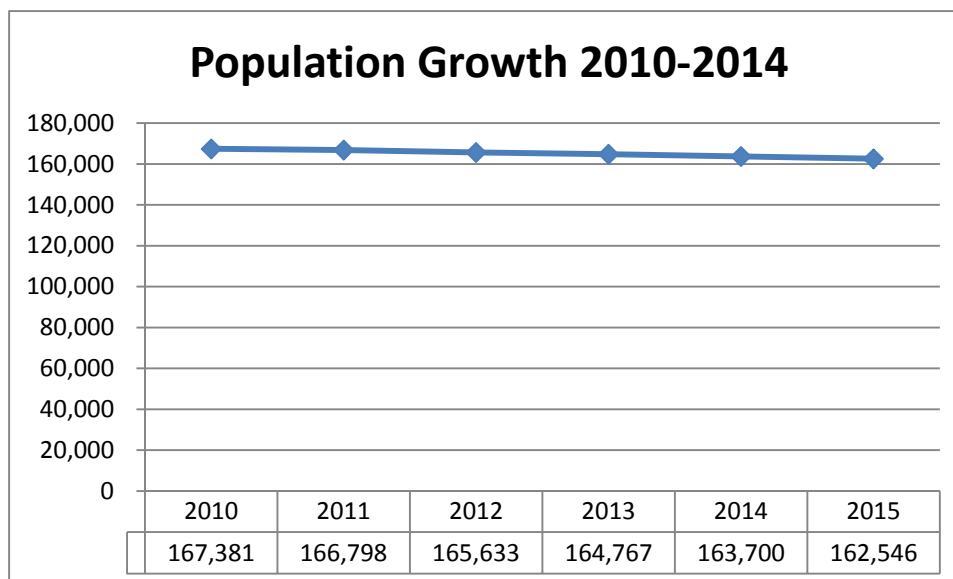
CHAPTER 1. DEMOGRAPHIC PROFILE

1.1 Population

Importance of the measure: Population data characterize individuals residing in the service area. Population data provide an overview of population growth trends and build a foundation for additional analysis of data.

Population Growth

Data from the last census indicate the population of the service area has decreased slightly (2.9%) between 2010 and 2014.



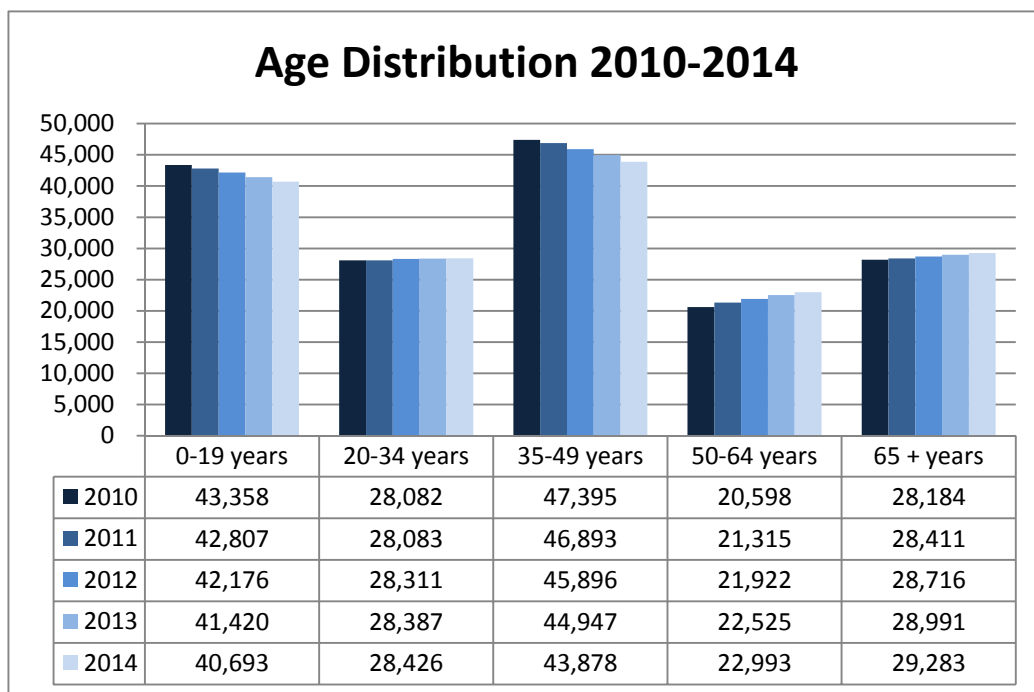
Source: US Census

1.2 Age and Race Distribution

Importance of the measure: Population data broken down by age and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth and the distribution of healthcare services. Understanding the cultural diversity of communities is essential when considering healthcare infrastructure and service delivery systems.

Age

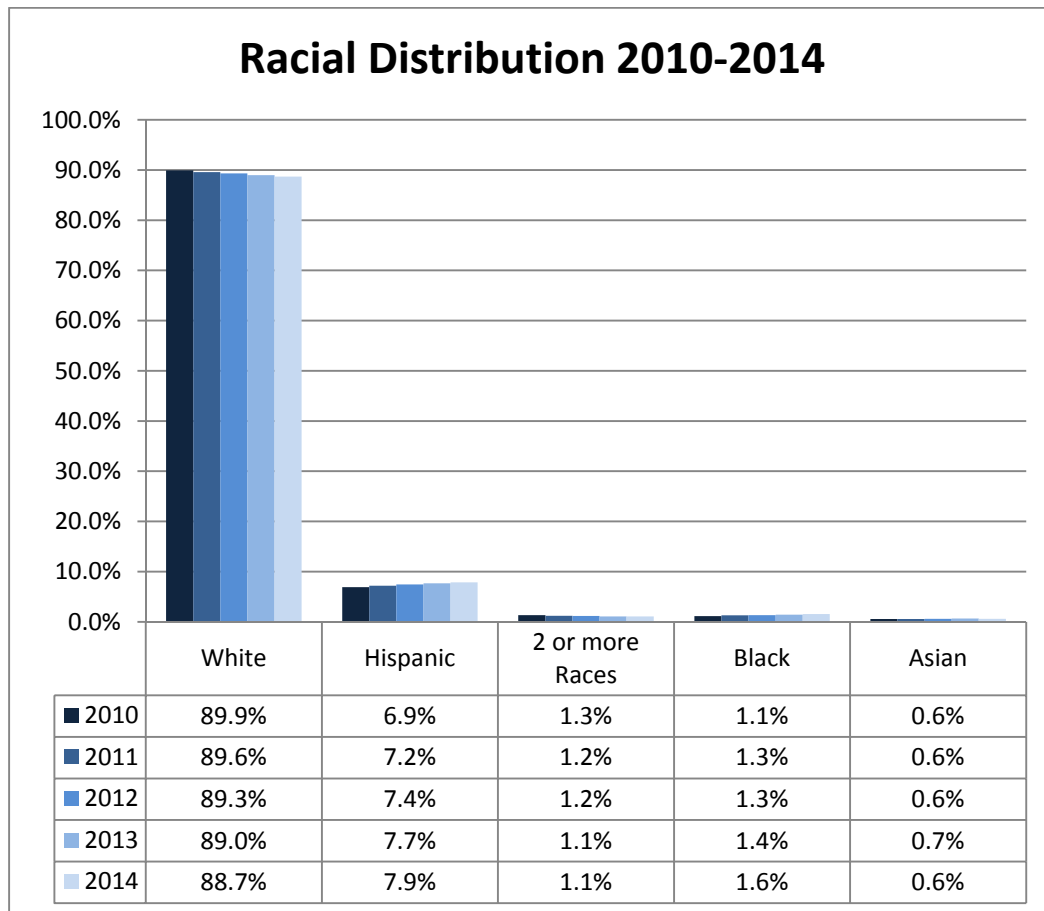
As indicated in the graph below, the number of individuals in the community over age 50 has been increasing, while the younger categories are seeing a decrease in numbers between 2010 and 2014.



Source: US Census

Race

With regard to race and ethnic background, the community is largely homogenous, yet in recent years is becoming more diverse. Data from 2014 suggest that White ethnicity comprises just over 88% of the population. However, the non-White population has been increasing (from 10.1% to 11.3% in 2014), with Hispanic/Latino ethnicity comprising 7.9% of the population.



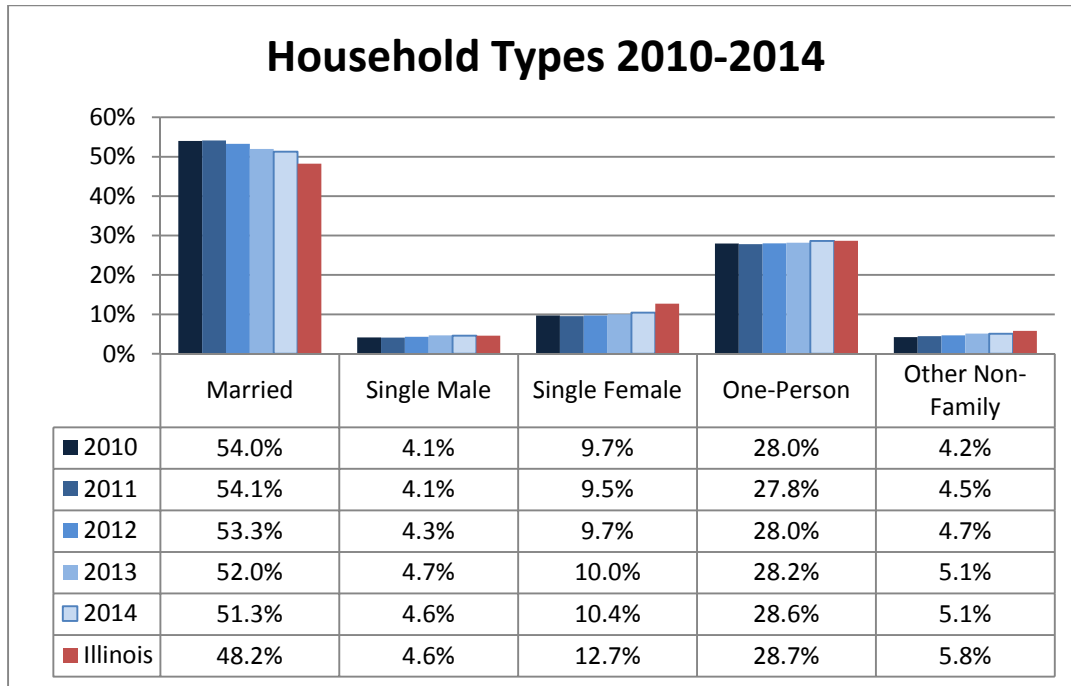
Source: US Census

1.3 Household/Family

Importance of the measure: Families are an important component of a robust society in the community, as they dramatically impact the health and development of children and provide support and well-being for older adults.

Family Composition

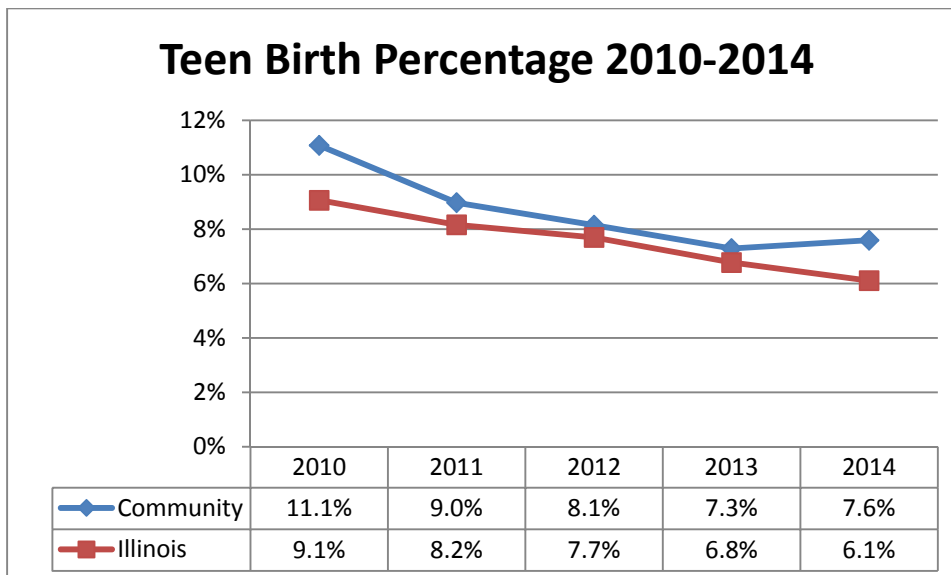
The percentage of two-parent families in service area is over 50%, but is declining. One-person households represent 28.7% of the community population. Single female households represent 10.4%.



Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

The service area had experienced a decrease in the percentage of birth by teens until a leveling off in 2014. However, the teen birth percentage continues to be higher than the Illinois average.



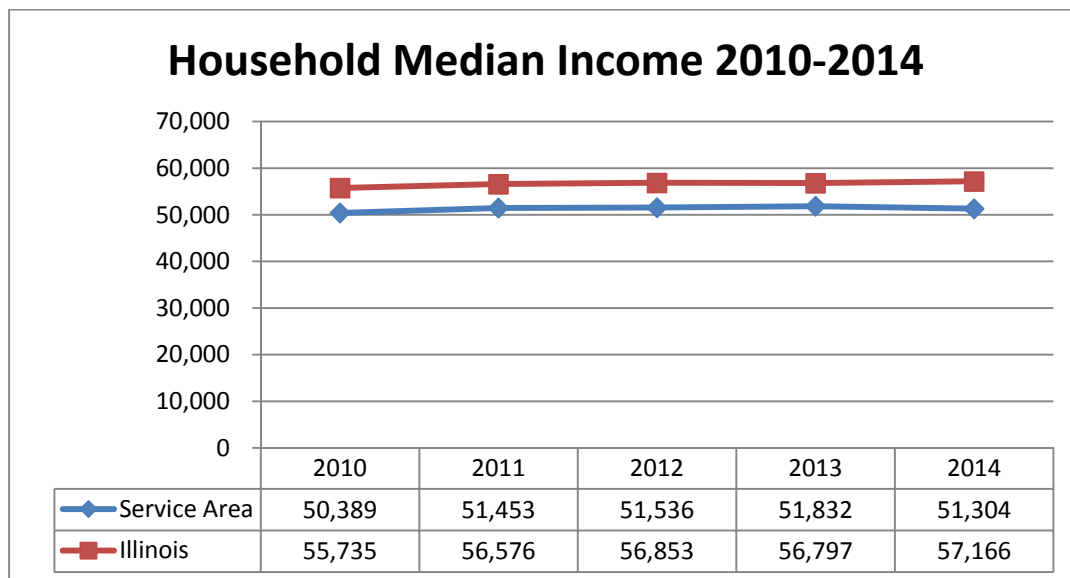
Source: Illinois Department of Public Health

1.4 Economic Information

Importance of the measure: Median income divides households into two segments with one-half of households earning more than the median income and the other half earning less. Because median income is not significantly impacted by unusually high or low-income values, it is considered a more reliable indicator than average income. To live in poverty means to lack sufficient income to meet one's basic needs. Accordingly, poverty is associated with numerous chronic social, health, education, and employment conditions.

Median Income Level

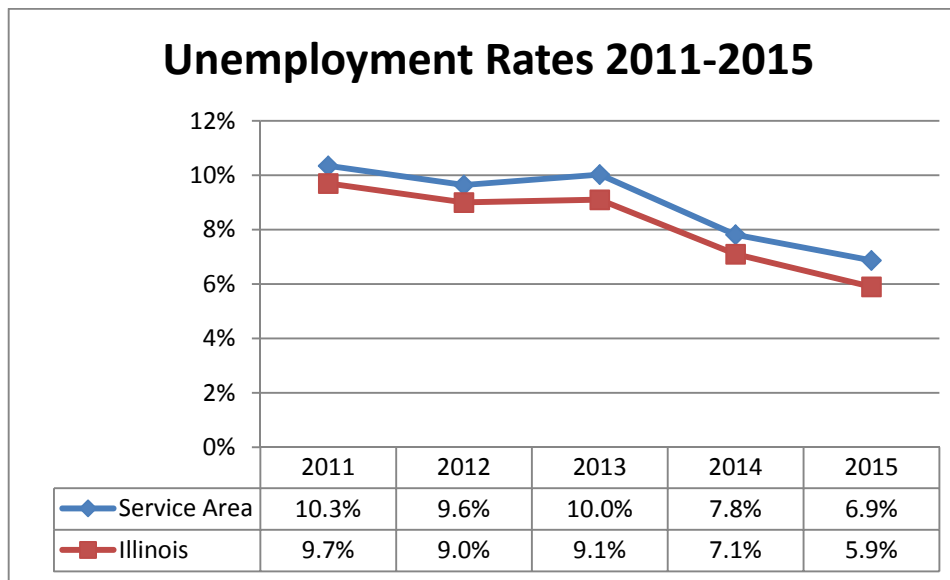
For 2009-2014, the median household income in the service area was lower than the State of Illinois, and dropped in the latest year available. .



Source: US Census

Unemployment

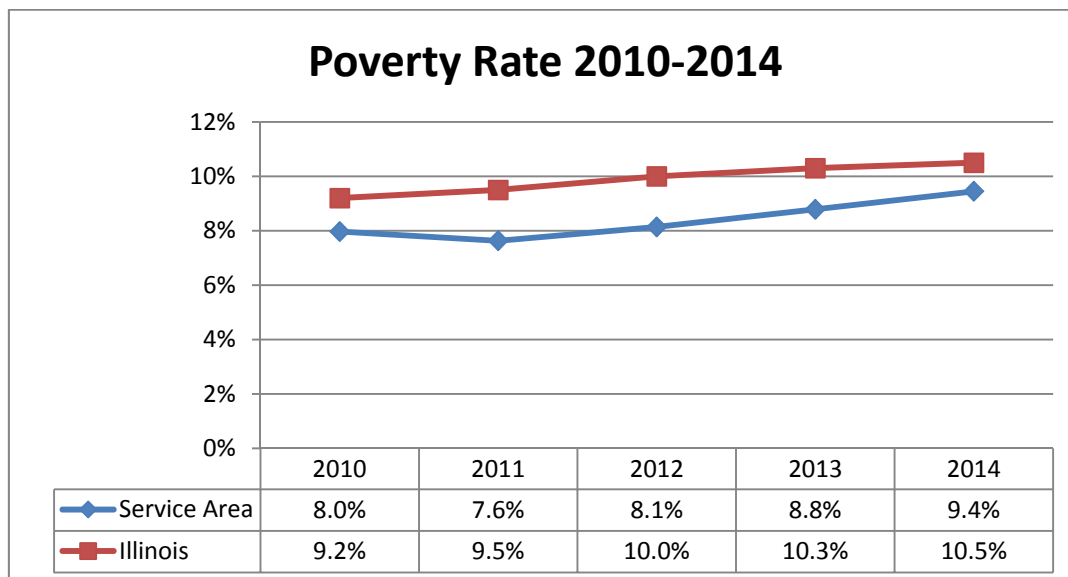
For the years 2011 to 2015, the unemployment rate in the service area has been higher than the State of Illinois unemployment rate. Between 2011 and 2015, unemployment decreased from 10.3% to 6.9%.



Source: Bureau of Labor Statistics

Families in Poverty

Poverty has a significant impact on the development of children and youth. In the service area, the percentage of families living in poverty between 2010 and 2014 increased from 8.0% to 9.4%, but still remains lower than the State of Illinois poverty rate of 10.5%.



Source: US Census

1.5 Key Takeaways from Chapter 1

- ✓ **POPULATION DECREASED OVER THE LAST FIVE YEARS.**
- ✓ **POPULATION IS AGING**
- ✓ **DECREASING WHITE POPULATION, INCREASING HISPANIC POPULATION**
- ✓ **TEEN BIRTH RATE HAS DECLINED BUT REMAINS ABOVE THE AVERAGE FOR THE STATE OF ILLINOIS**
- ✓ **UNEMPLOYMENT HAS DECREASED SLIGHTLY BUT IS HIGHER THAN THE STATE OF ILLINOIS**

CHAPTER 2 OUTLINE

- 2.4 Accessibility
- 2.5 Wellness
- 2.6 Access to Information
- 2.7 Health Status
- 2.8 Key Takeaways from Chapter 2

CHAPTER 2. PREVENTION BEHAVIORS

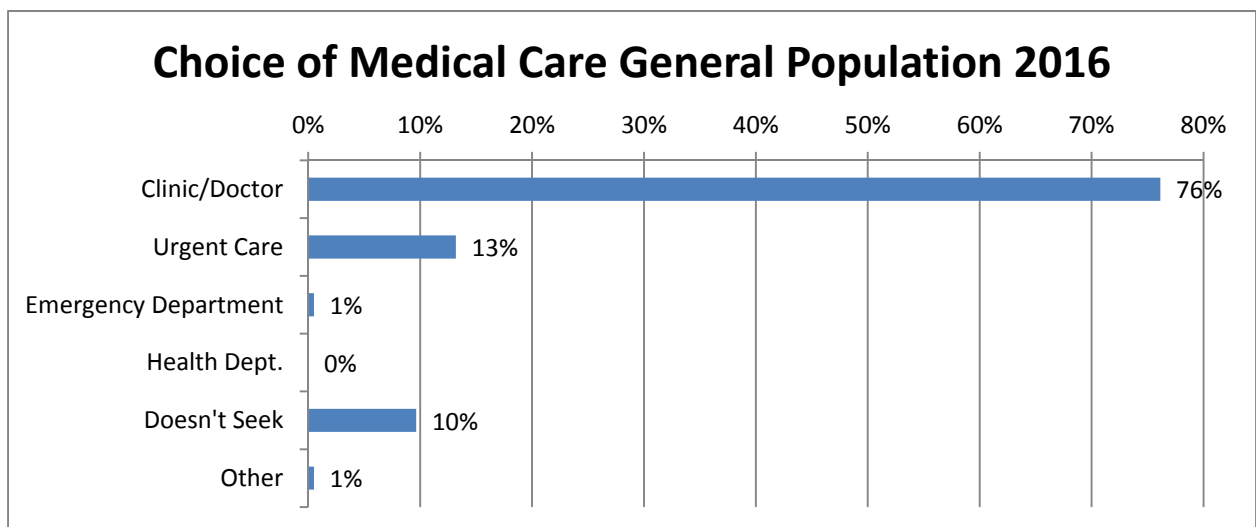
2.1 Accessibility

Importance of the measure: It is critical for healthcare services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Choice of Medical Care

Survey respondents were asked to select the type of healthcare facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment, and other.

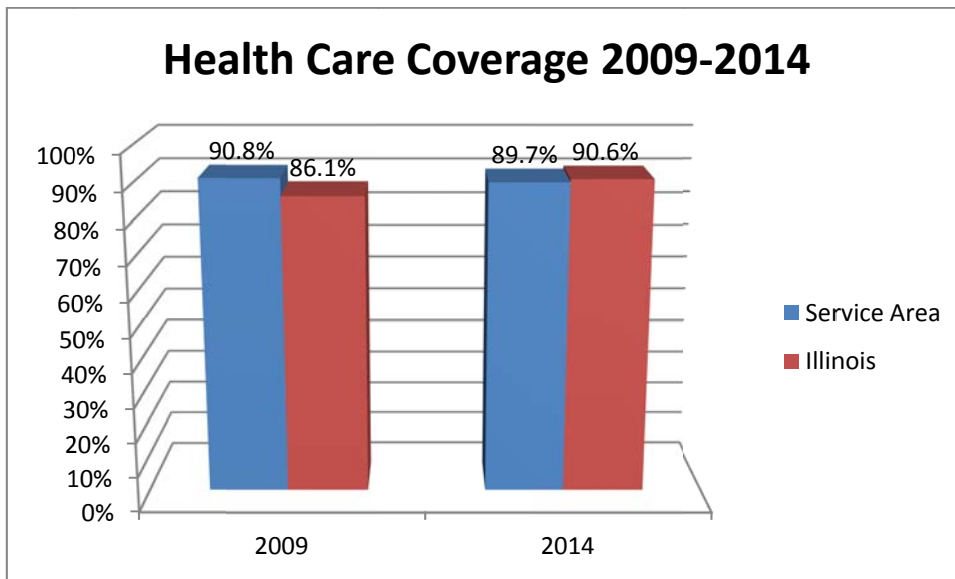
The most common response for source of medical care was clinic/doctor's office, chosen by 76% of survey respondents. This was followed by urgent care (13%), not seeking medical attention (10%), and the emergency department at a hospital (1%).



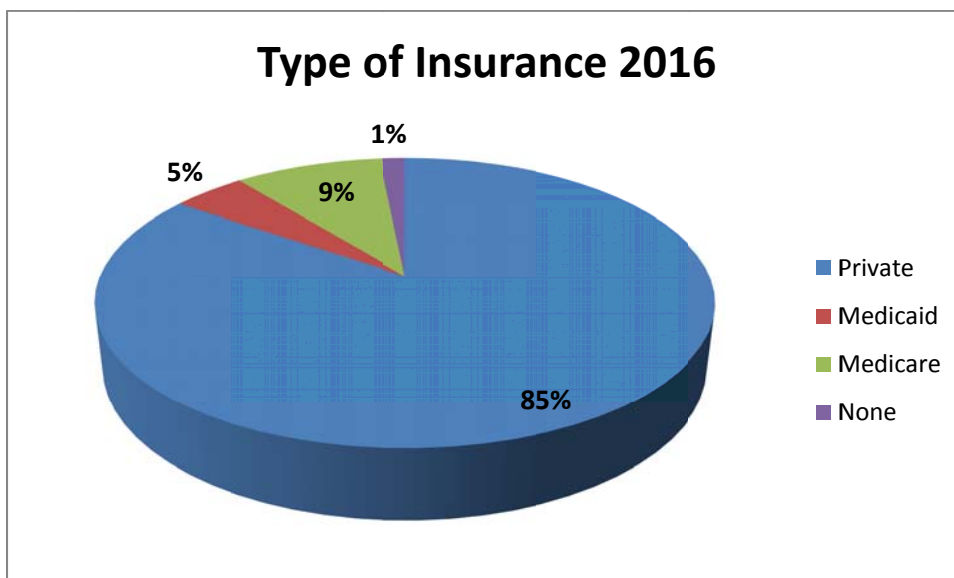
Source: CHNA Survey

Insurance Coverage

With regard to medical insurance coverage, data gathered from the Illinois Behavioral Risk Factor Surveillance System show that residents in the service area possess healthcare coverage at a lower rate (89.7%) compared to the State of Illinois (90.6%).



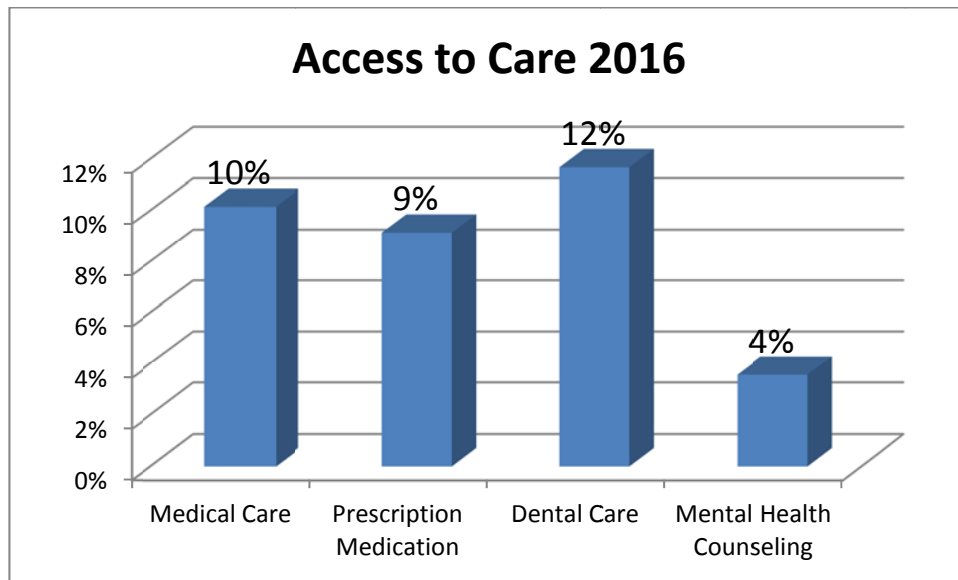
Source: Illinois Behavioral Risk Factor Surveillance System



Source: CHNA Survey

Access to Care

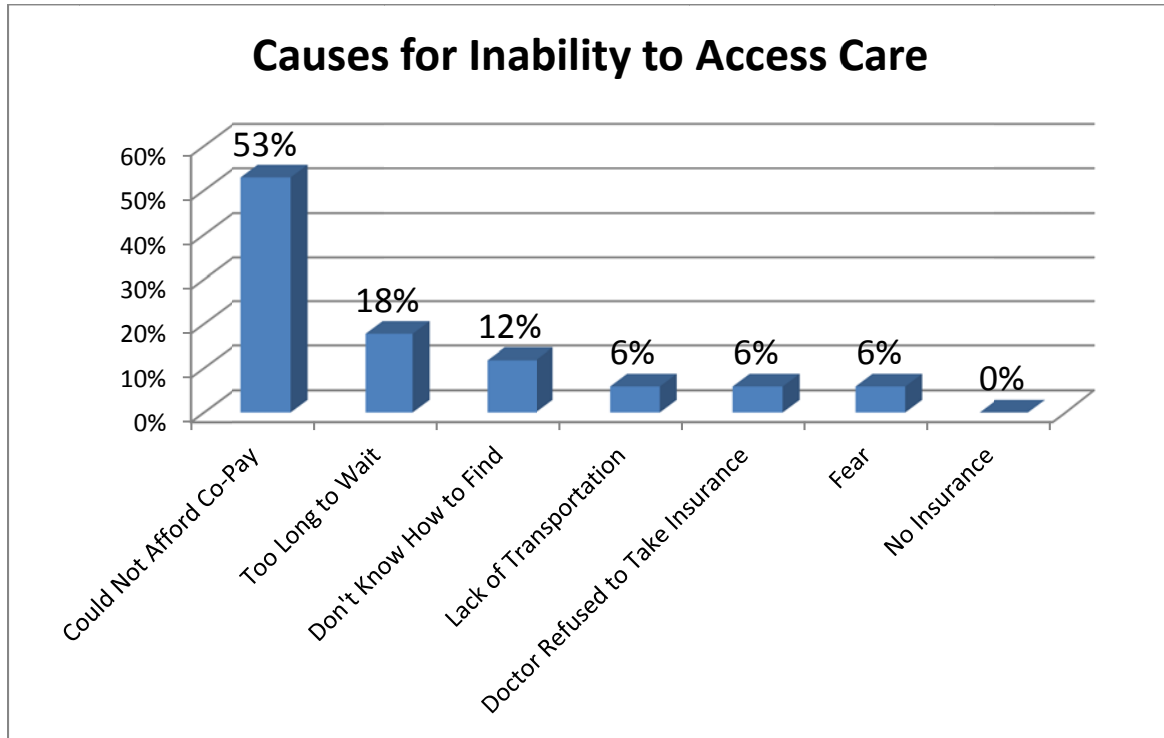
In the CHNA survey, respondents were asked, “Was there a time when you needed care but were not able to get it?” Access to four types of care was assessed: medical care, prescription medications, dental care and mental health counseling. Survey results show that 10% of the population did not have access to medical care when needed; 9% of the population did not have access to prescription medications when needed; 12% of the population did not have access to dental care when needed; and 4% of the population did not have access to mental health counseling when needed.



Source: CHNA Survey

Reasons for No Access – Medical Care

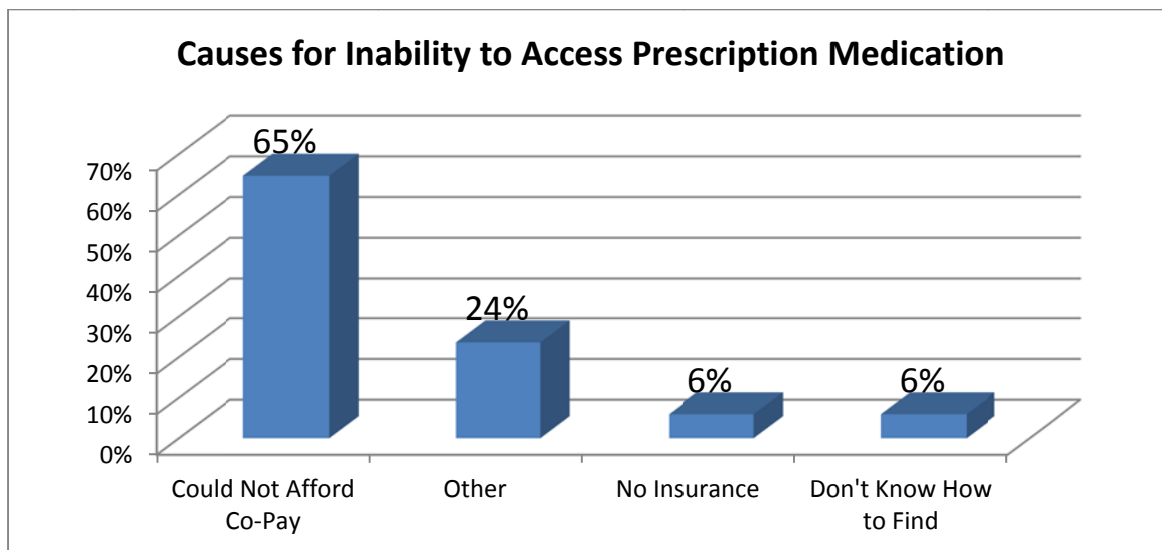
Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were the inability to afford the copay (53%), too long to wait for an appointment (18%), don't know how to find (12%), lack of transportation (6%), refusal of insurance by physician (6%), and fear (6%).



Source: CHNA Survey

Reasons for No Access – Prescription Medication

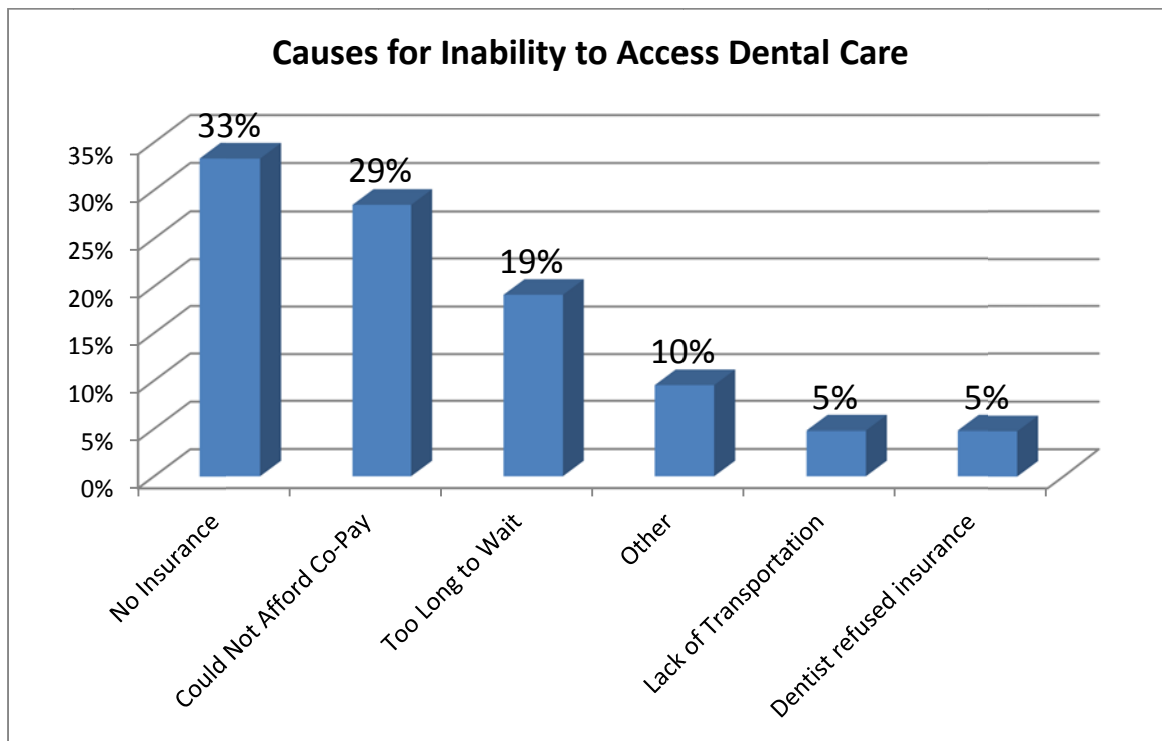
Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. The leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (65%) and other (24%).



Source: CHNA Survey

Reasons for No Access – Dental Care

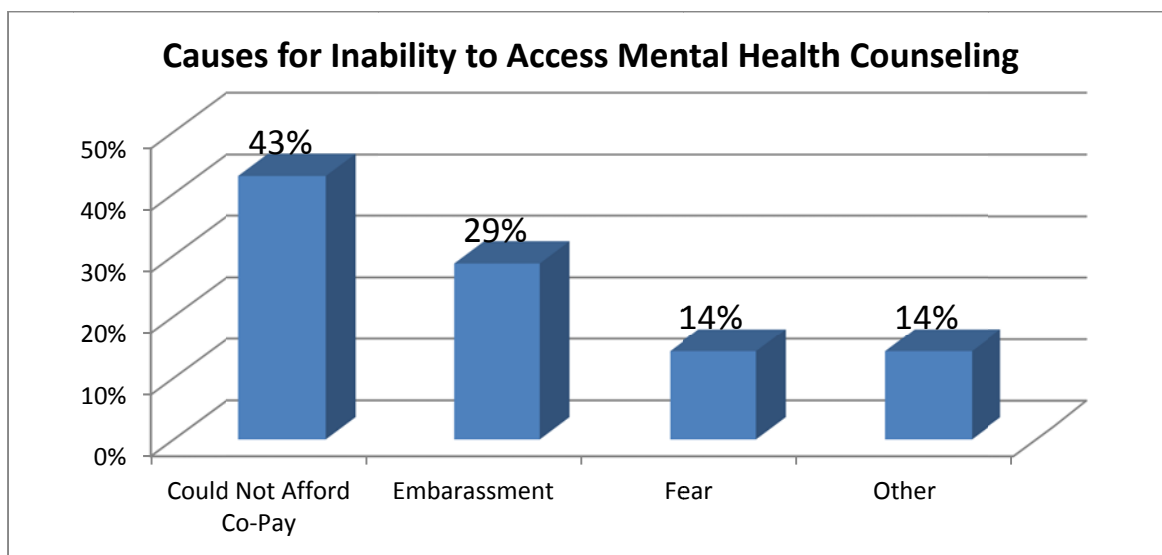
Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of inability to gain access to dental care were no insurance (33%), the inability to afford copayments or deductibles (29%), and too long to wait (19%).



Source: CHNA Survey

Reasons for No Access – Mental Health Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The leading causes of the inability to gain access to counseling were inability to afford co-pay (43%), embarrassment (29%), fear (14%), and other (14%).



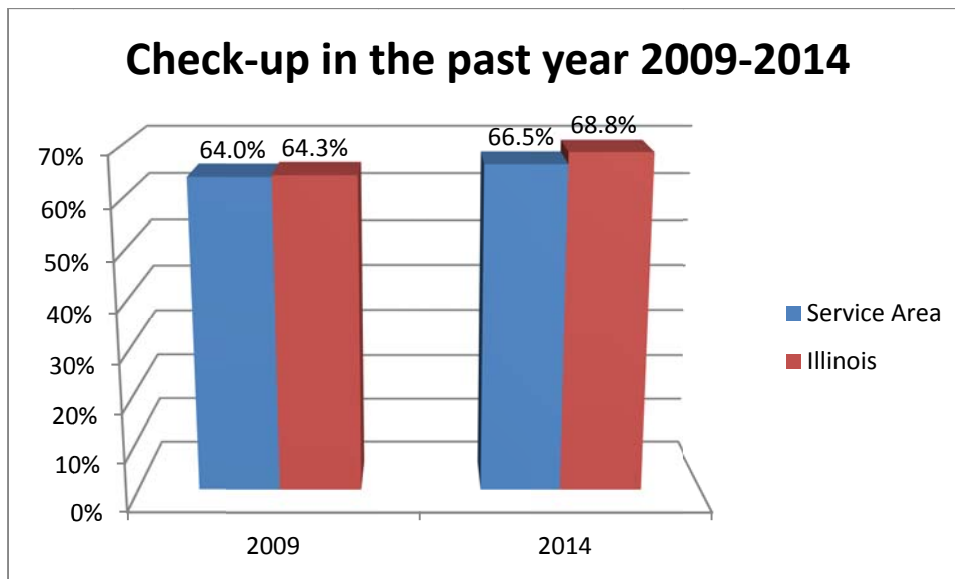
Source: CHNA Survey

2.2 Wellness

Importance of the measure: Preventative healthcare measures, including scheduling a routine well-visit, getting a flu shot, engaging in a healthy lifestyle, and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing healthcare costs.

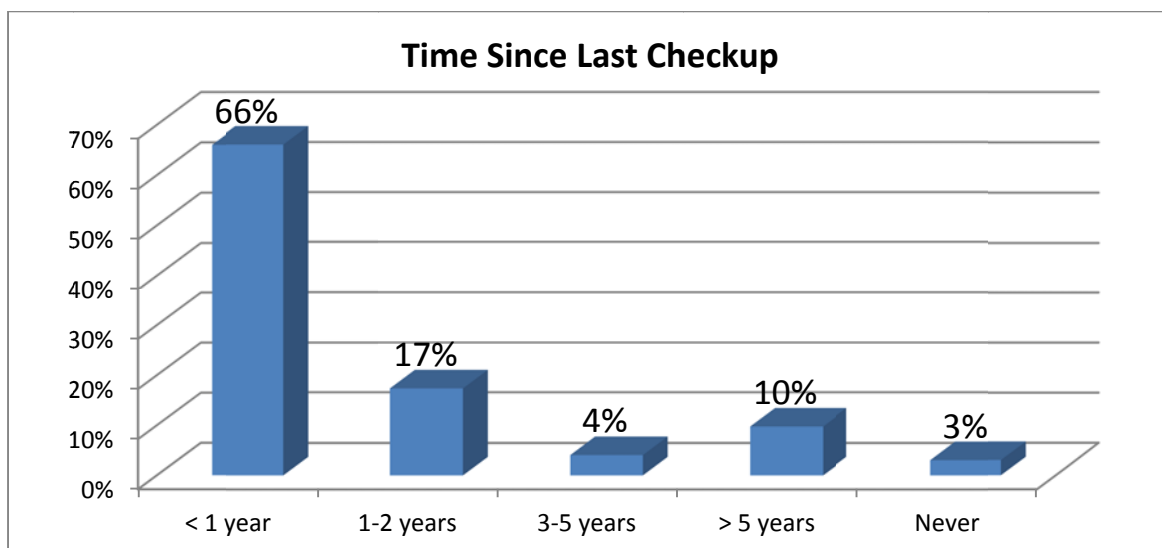
Frequency of Checkup

Numerous health problems can be minimized when detected early. Therefore, regularly scheduled checkups can be very important. According to the latest data from the Illinois BRFSS, 66.5% of residents in the community report having had a routine checkup within the last year. This is an improvement from 5 years ago, but is falling farther behind the state average.



Source: Illinois Behavioral Risk Factor Surveillance System

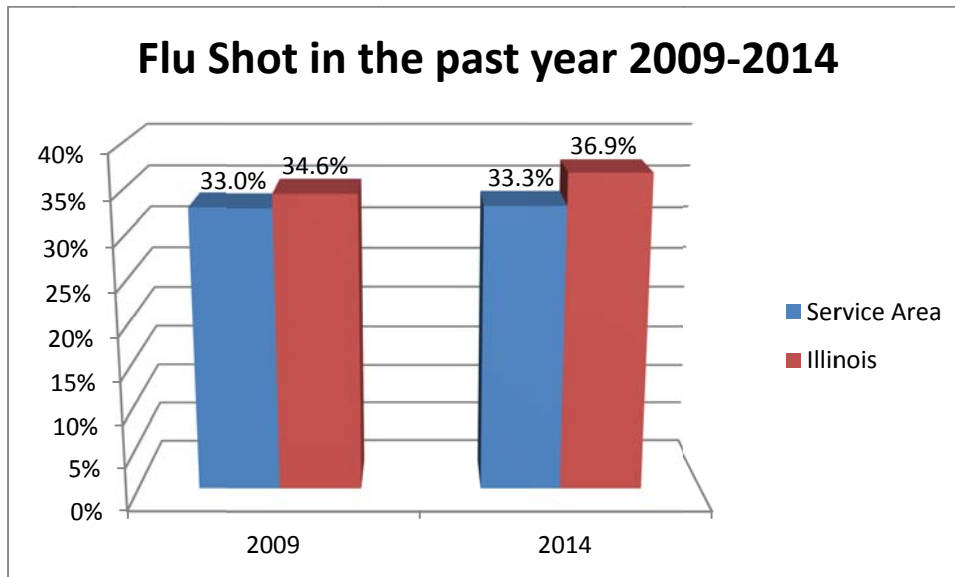
Results from the CHNA survey show a similar percentage of residents getting a checkup. Survey results show that 66% of the residents have had a checkup in the last year.



Source: CHNA Survey Data

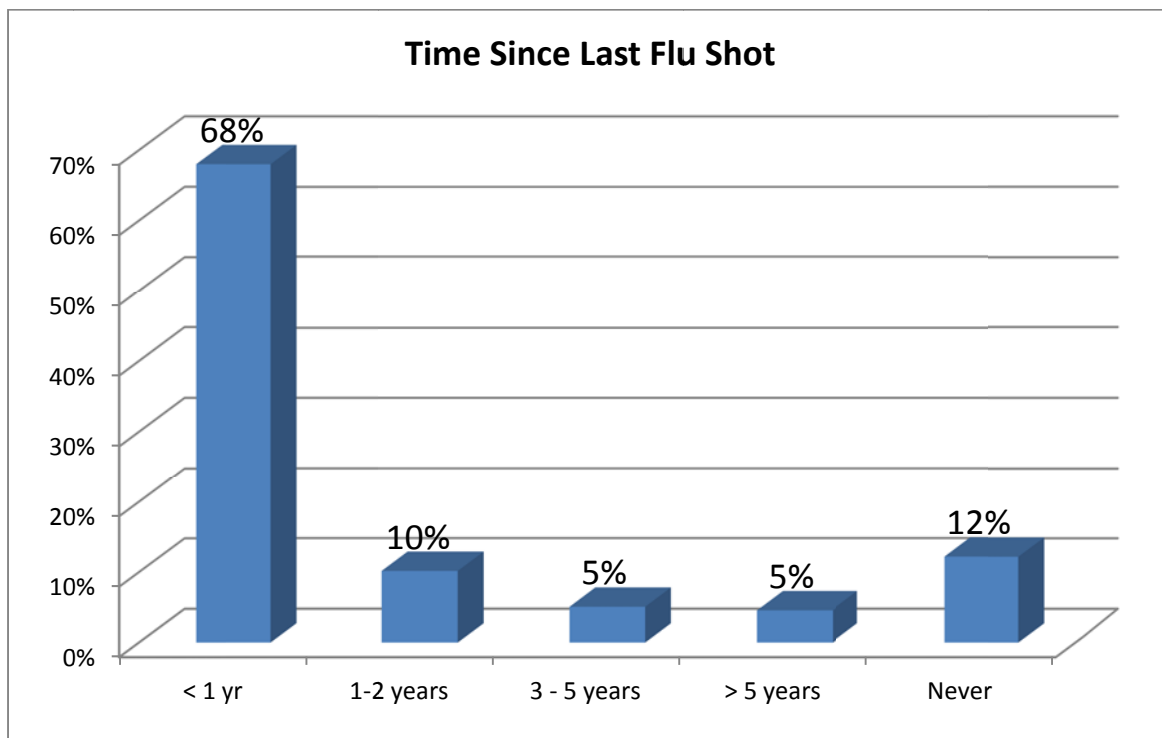
Frequency of Flu Shots

The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year is 33.3% for the service area, up only slightly from 5 years ago, and still less than the state average.



Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data provide additional insights into prevalence of flu shots, and a more positive result for the service area.



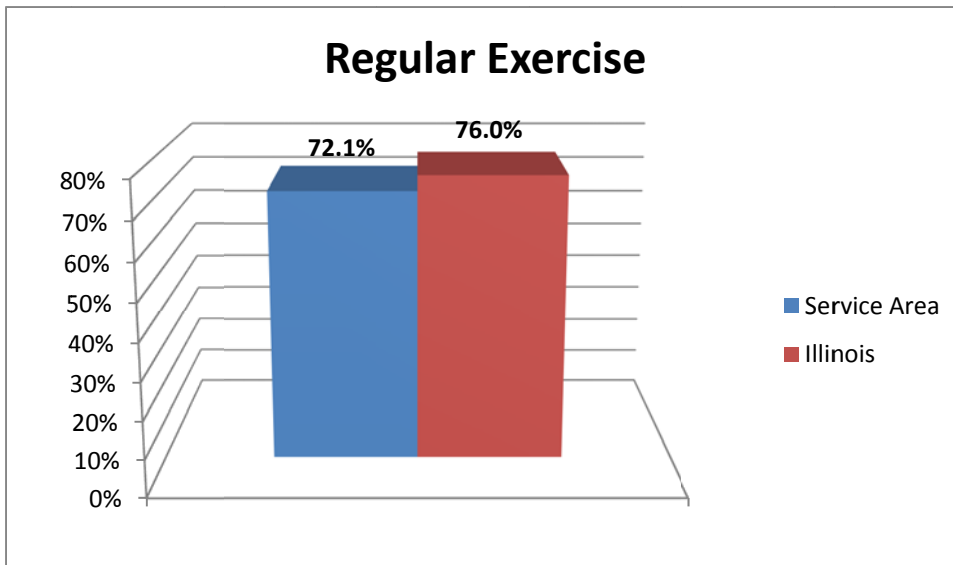
Source: CHNA Survey

Healthy Lifestyle

A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being.

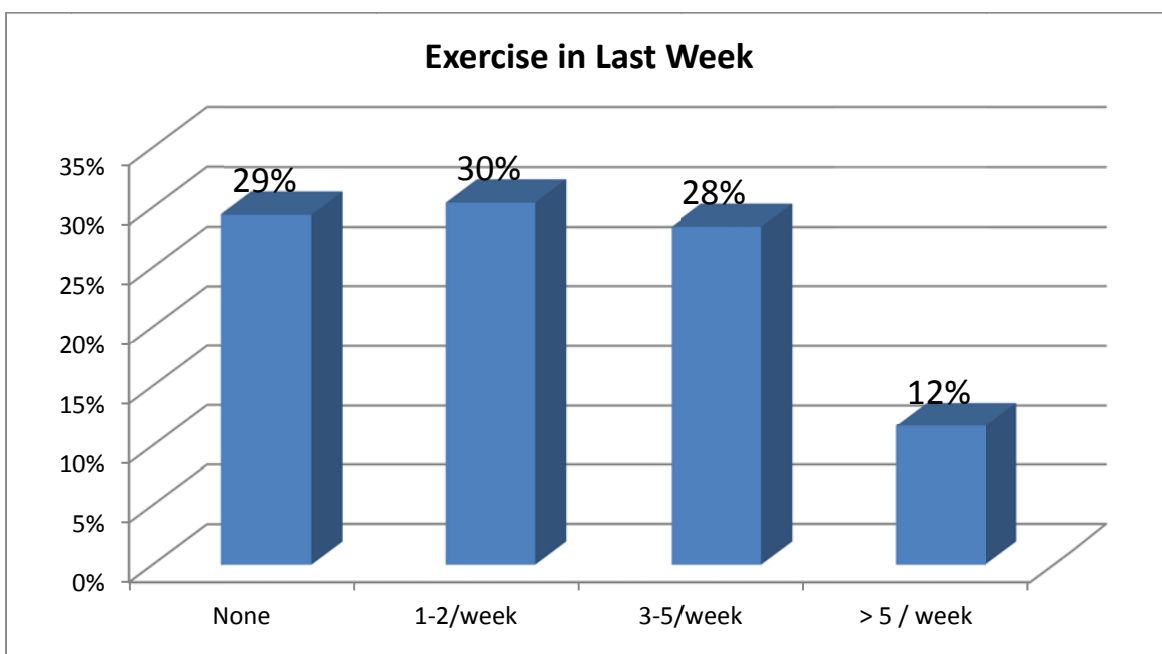
Physical Exercise

According to recent data, 72.1% of the residents in the service area exercise. The percentage of individuals in the service area who exercise is less than the State of Illinois.



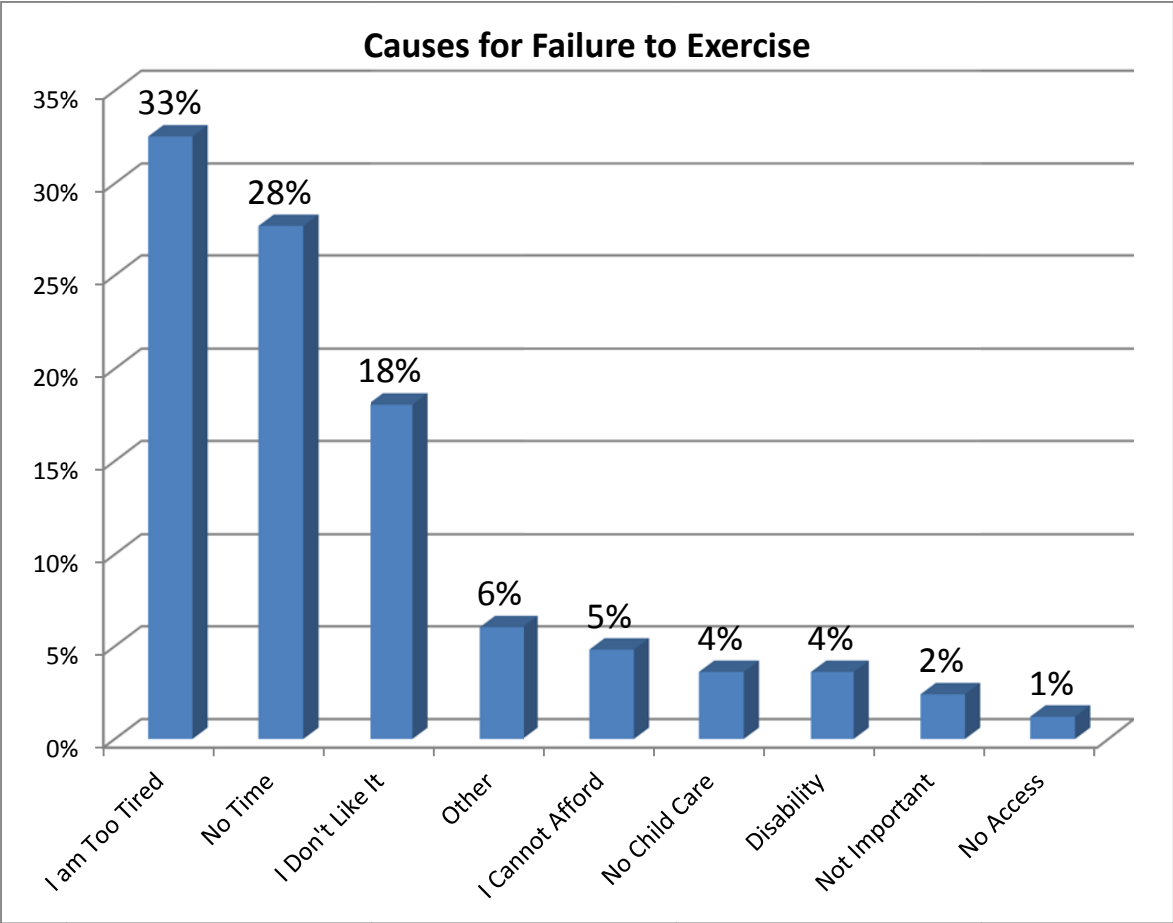
Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data allow for a more detailed assessment of exercise. Specifically, 29% of respondents indicated that they do not exercise at all, while 30% of residents exercise 1 to 2 times per week.



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. The most common reasons for not exercising were not having enough time or energy and a dislike of exercise.

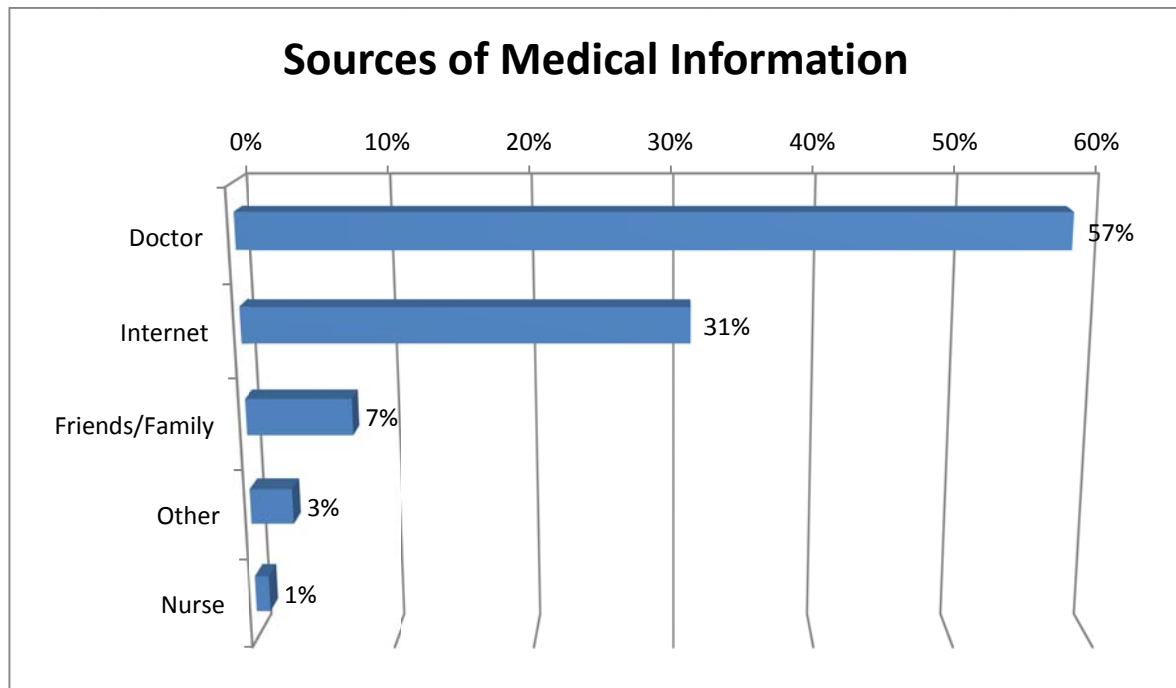


Source: CHNA Survey

2.3 Access to Information

Importance of the measure: It is important to understand how people access medical information. The more proactive the population becomes in managing its own health, the more important access to accurate information becomes.

Respondents were asked, “Where do you get most of your medical information?” The vast majority of respondents obtained information from their doctor. While the Internet was the second most common choice, it was significantly lower than information from doctors.



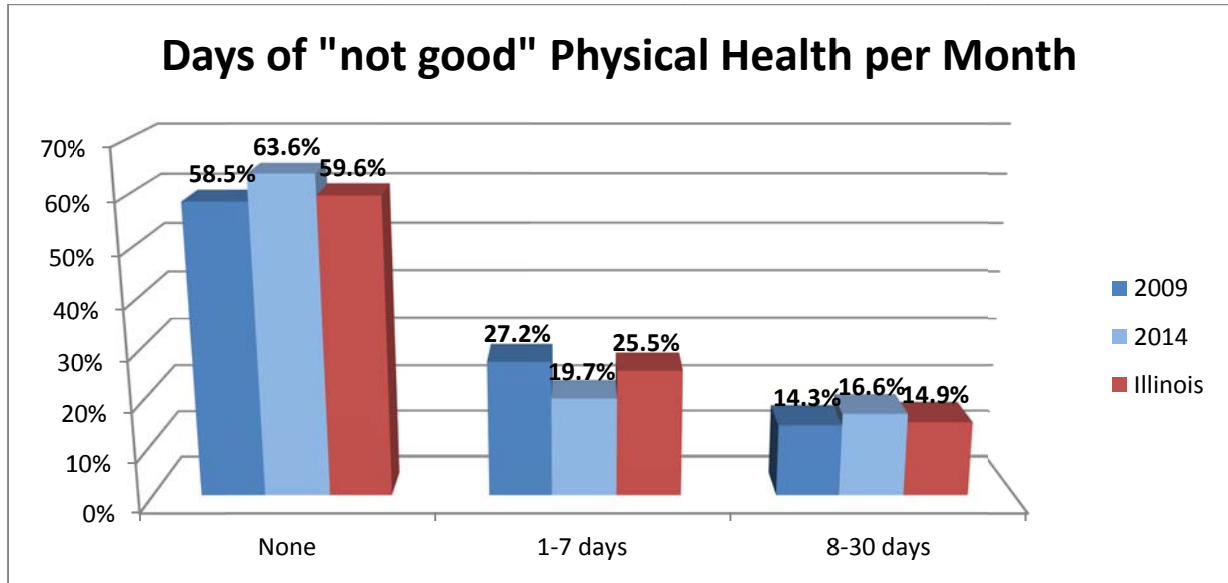
Source: CHNA Survey

2.4 Health Status

Importance of the measure: Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

Physical Health

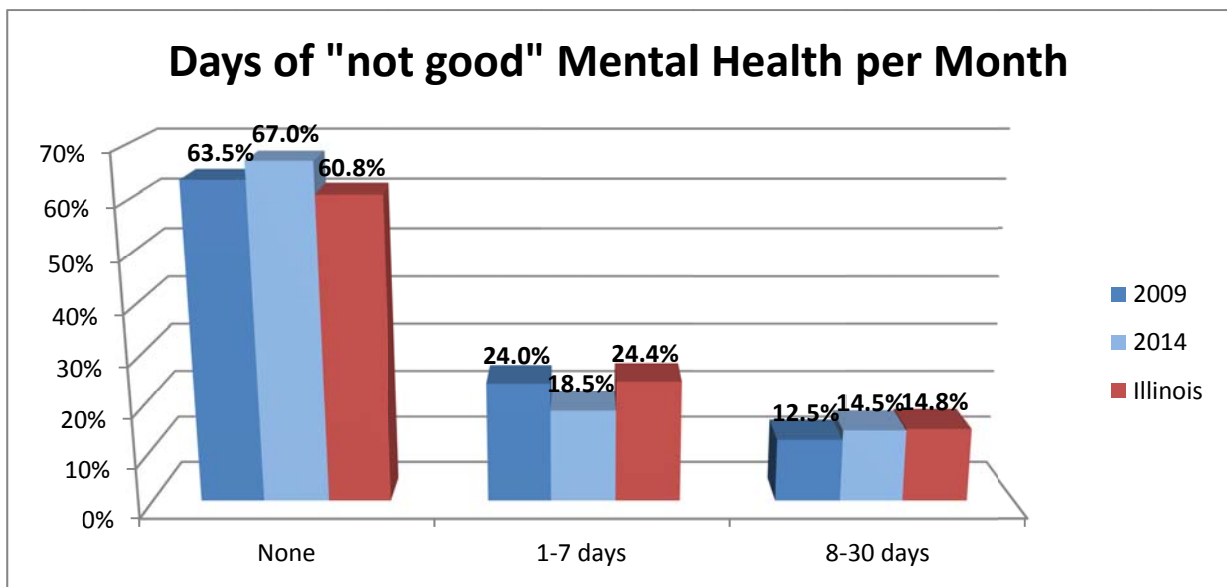
There was an increase in the percentage of residents reporting they felt physically unhealthy on 8 or more days per month (16.6%), which is also higher than the state average.



Source: Illinois Behavioral Risk Factor Surveillance System

Mental Health

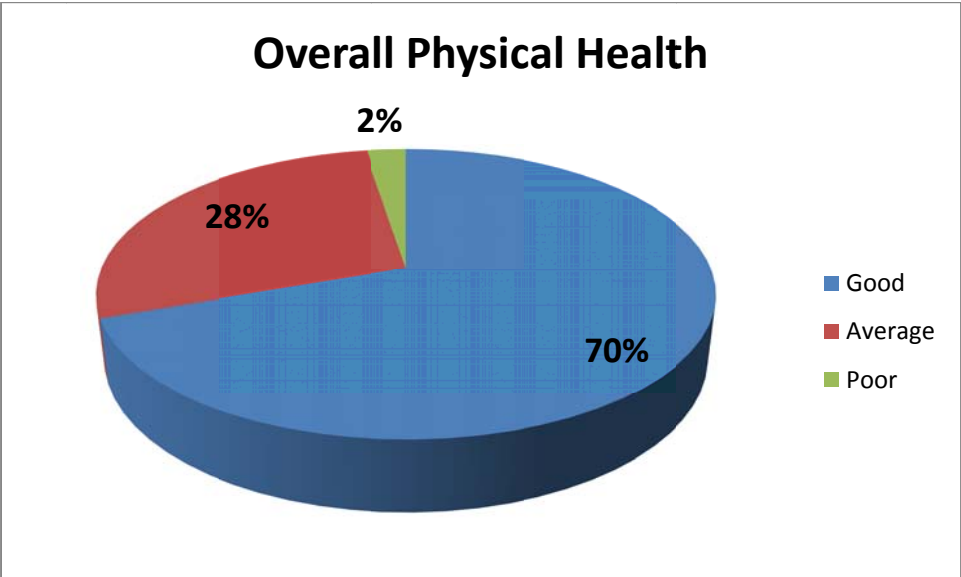
There was an increase in the percentage of residents reporting they felt mentally unhealthy on 8 or more days per month (14.5%), which is slightly less than the state average.



Source: Illinois Behavioral Risk Factor Surveillance System

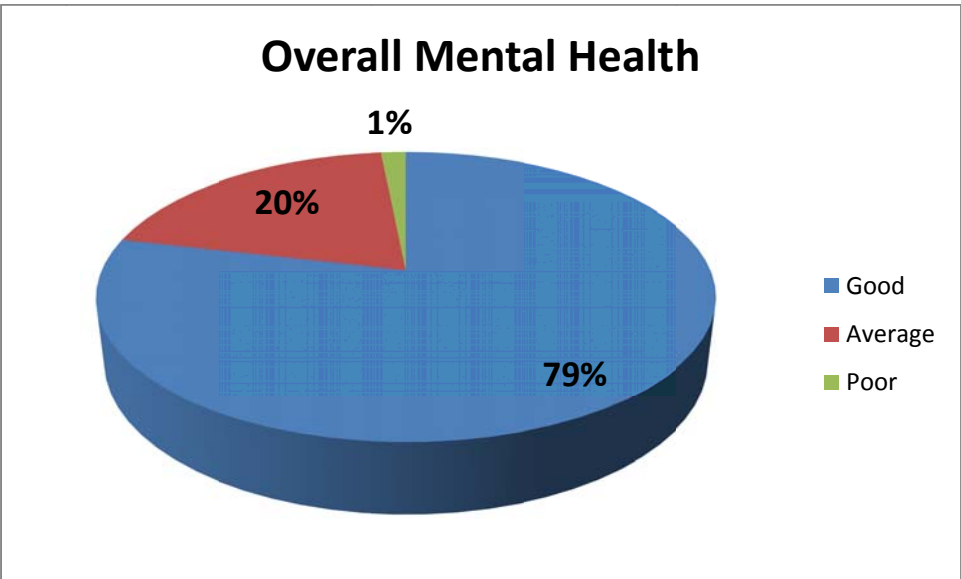
Self-Perceptions of Overall Health

The majority (70%) of respondents report having good overall physical health, while 2% rated themselves as having poor physical health.



Source: CHNA Survey

In regard to overall mental health, 79% of respondents stated they have good overall mental health and 1% stated it is poor.



Source: CHNA Survey

2.5 Key Takeaways from Chapter 2

- ✓ **FOR ALL RESIDENTS, 10% CHOOSE NOT TO SEEK MEDICAL CARE**
- ✓ **THE MAJORITY OF THE POPULATION EXERCISES TWO OR FEWER TIMES PER WEEK**
- ✓ **MOST RESIDENTS HAVE HIGH SELF-PERCEPTIONS OF BOTH PHYSICAL AND MENTAL HEALTH**

CHAPTER 3 OUTLINE

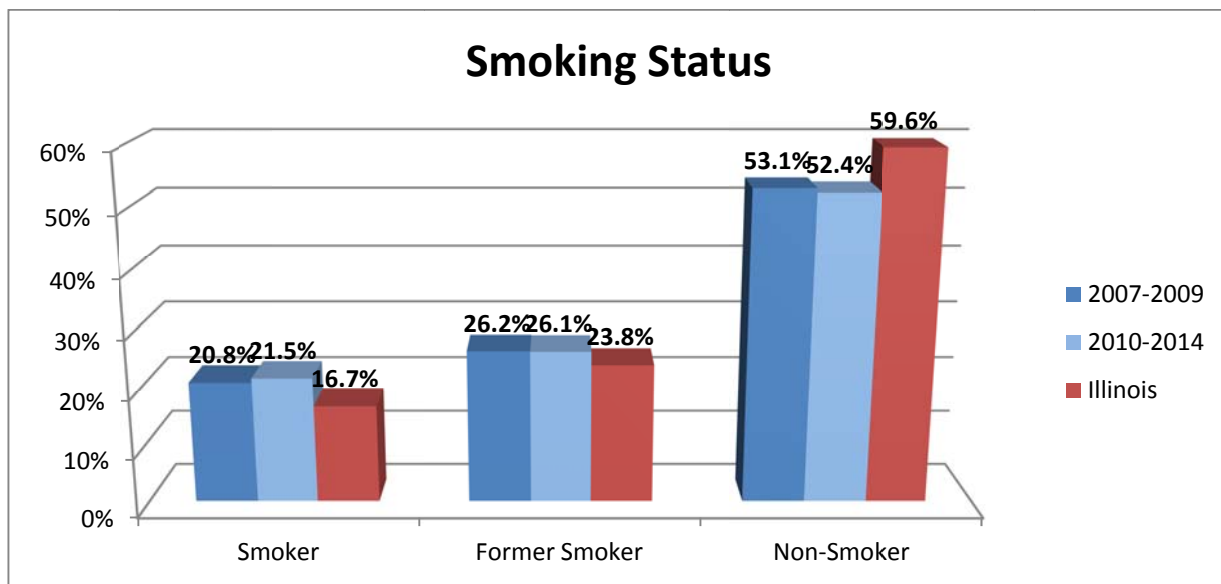
- 3.1 Tobacco Use
- 3.2 Drug and Alcohol Abuse
- 3.3 Overweight and Obesity
- 3.4 Predictors of Heart Disease
- 3.5 Key Takeaways from Chapter 3

CHAPTER 3. SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

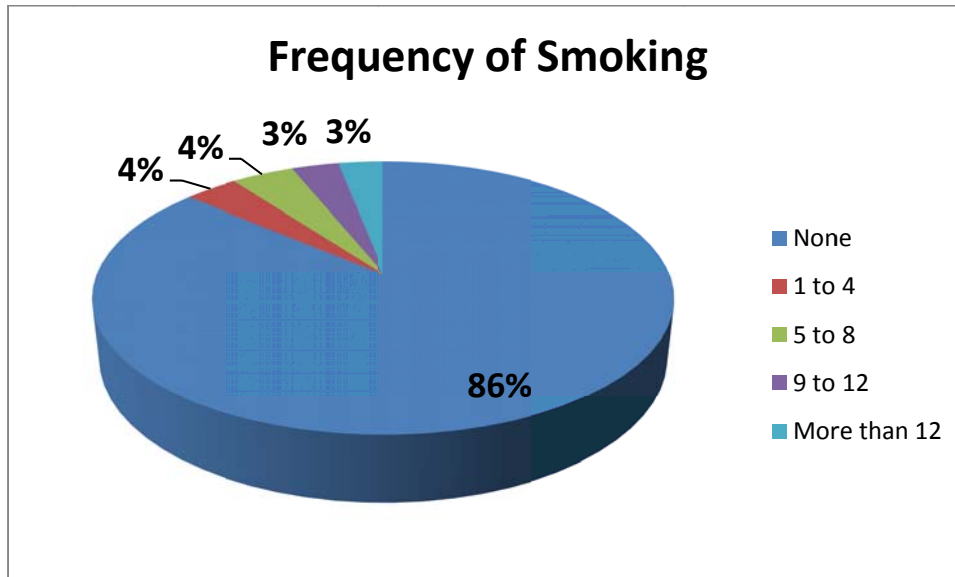
Importance of the measure: In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions.

Smoking rates in the service area are above the State of Illinois averages. There was a slight increase in the percentage of service area residents reporting they were current smokers between 2007-2009 (20.8%) and 2010-2014 (21.5%). There was also a decrease in the percentage of service area residents reporting they were current non-smokers between 2007-2009 (53.1%) and 2010-2014 (52.4%).



Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data show 86% of service area respondents do not smoke and only 3% state they smoke more than 12 cigarettes (or vape) per day.

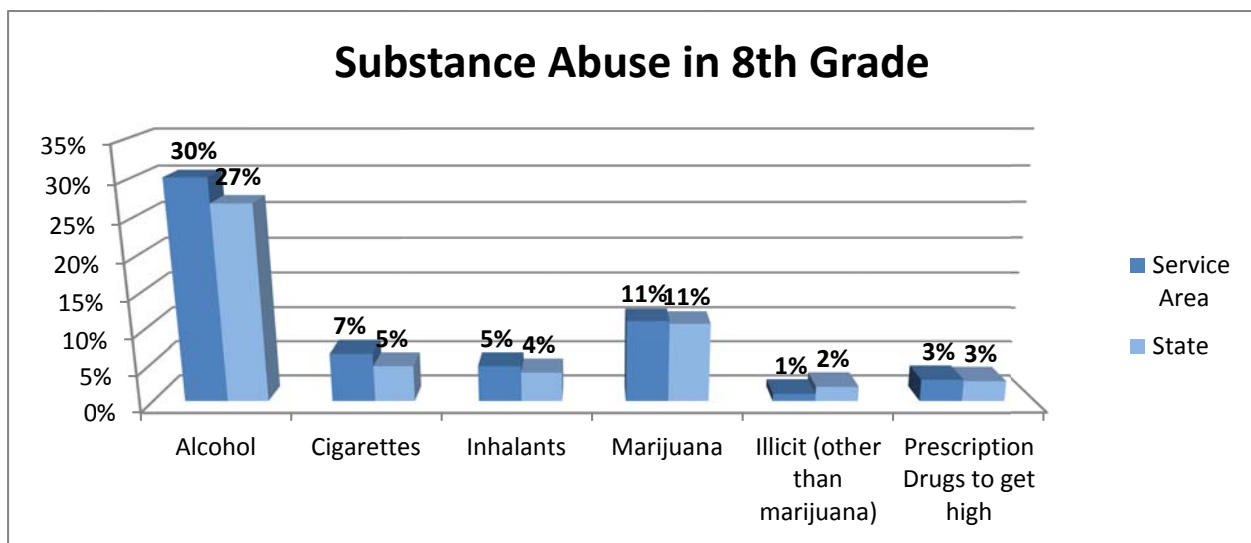


Source: CHNA Survey

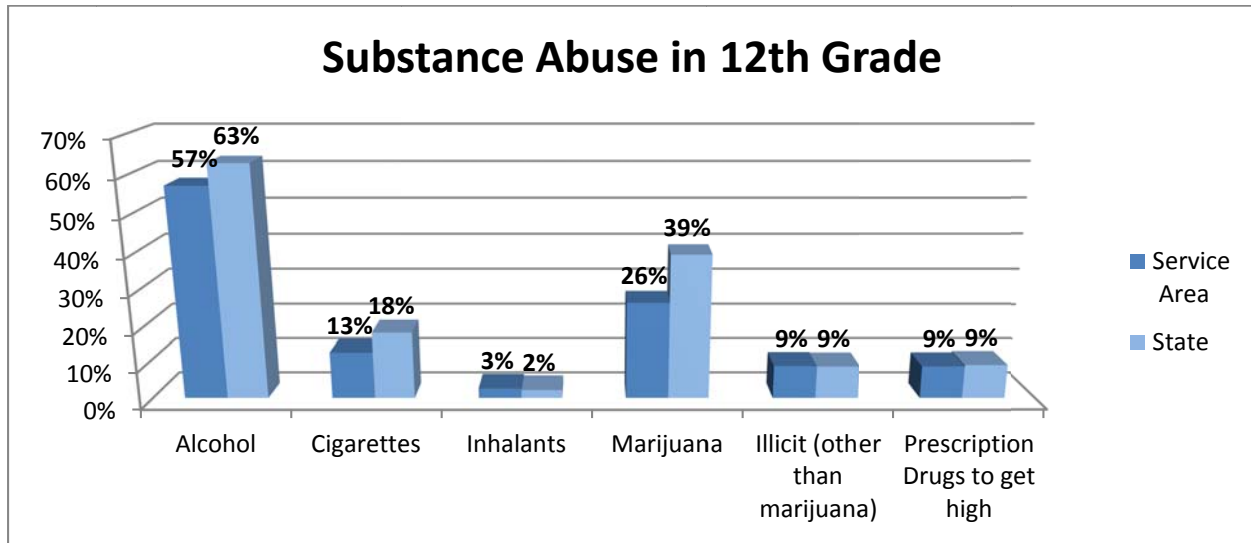
3.2 Drug and Alcohol Abuse

Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years.

Data from the 2016 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. The service area is at or above State averages in most categories among 8th graders. Among 12th graders, the service area is at or below State averages in all categories. Note that data are not available for Illinois in 2016; therefore, 2014 benchmarks are used.



Source: <https://iys.cprd.illinois.edu>



Source: <https://ivs.cprd.illinois.edu>

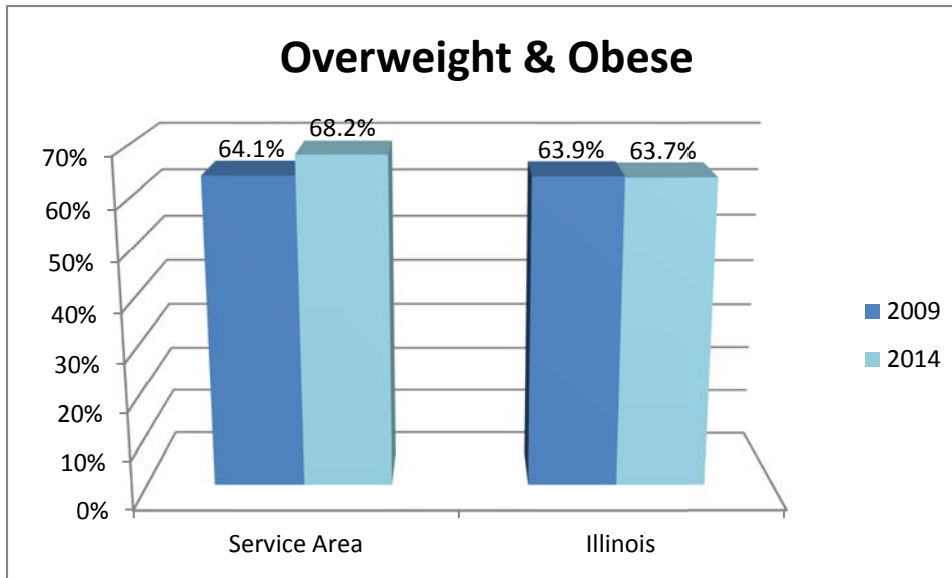
3.3 Overweight and Obesity

Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within the service area.

With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation.

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates.

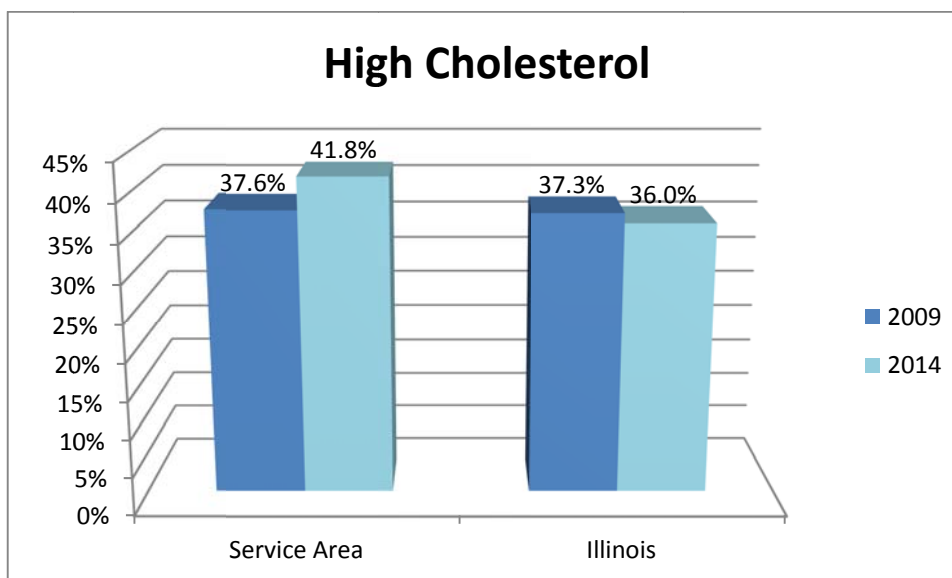
In the service area, the number of people diagnosed with obesity and being overweight has increased while the state average has decreased. Note specifically that the percentage of obese and overweight people in the service area has increased from 64.1% to 68.2%. Overweight and obesity rates in Illinois have decreased from 63.9% to 63.7%.



Source: Illinois Behavioral Risk Factor Surveillance System

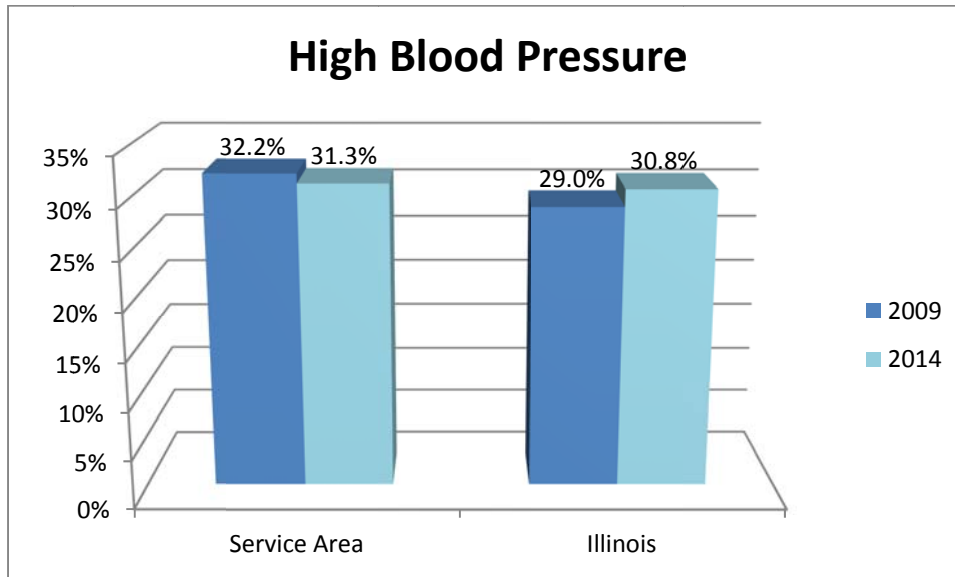
3.4 Predictors of Heart Disease

Service area residents report a higher than State average prevalence of high cholesterol. While the percentage of residents with high cholesterol has decreased in the state, it has increased in the service area.



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, the service area has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. However, the percentage of local residents reporting they have high blood pressure in 2014 decreased from 32.2% to 31.3%.



Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ **TOBACCO USAGE HAS INCREASED SLIGHTLY IN THE SERVICE AREA**
- ✓ **SUBSTANCE USE AMONG 8TH GRADERS IS HIGHER THAN STATE AVERAGES, WHILE SUBSTANCE USE AMONG 12TH GRADERS IS LOWER THAN STATE AVERAGES**
- ✓ **THE PERCENTAGE OF RESIDENTS IN THE SERVICE AREA WHO ARE OVERWEIGHT AND OBESE HAS INCREASED, WHILE THE STATE AVERAGE HAS DECREASED**
- ✓ **RISK FACTORS FOR HEART DISEASE (OBESITY AND CHOLESTEROL) ARE INCREASING**

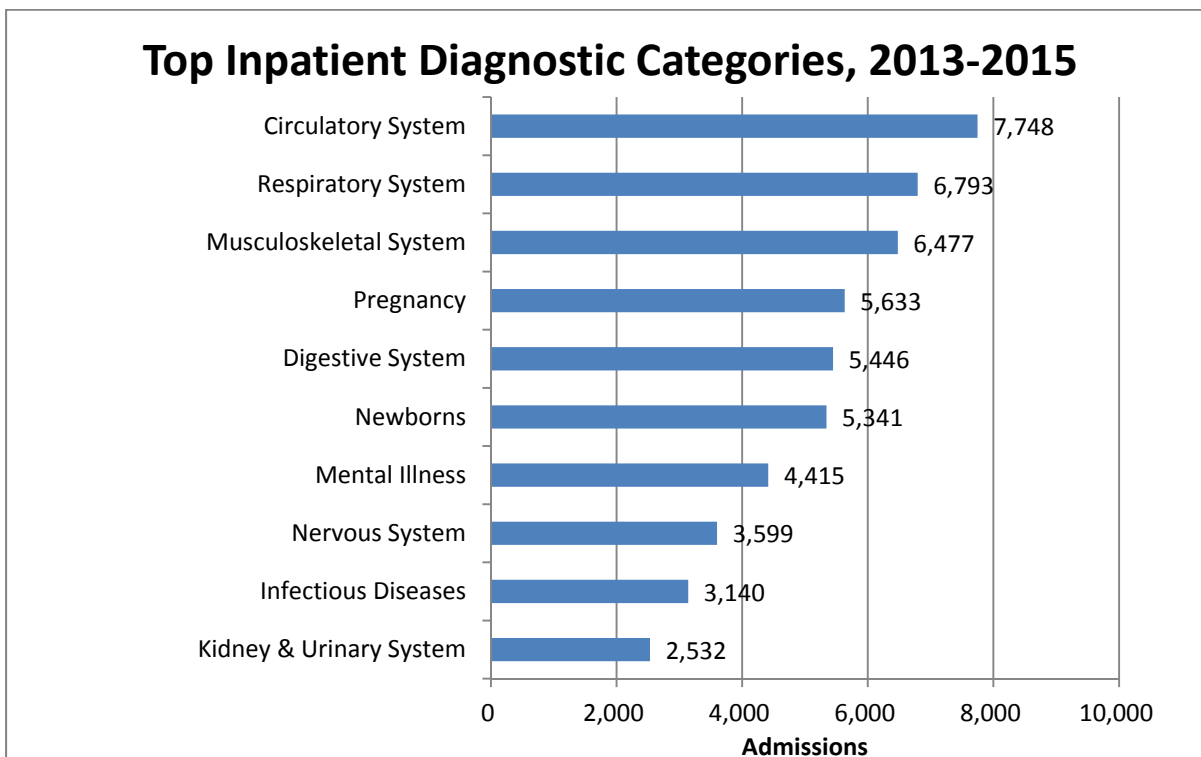
CHAPTER 4 OUTLINE

- 4.1 Top Diagnostic Categories
- 4.2 Cancer
- 4.3 Diabetes
- 4.4 Vaccine Preventable Diseases
- 4.5 Mortality
- 4.6 Key Takeaways from Chapter 4

CHAPTER 4. MORBIDITY AND MORTALITY

4.1 Top Diagnostic Categories

Information is available from Compdata on inpatient admissions for residents of the service area, including diagnosis categories. The category with the most admissions in the most recent three years of 2013 – 2015 was Circulatory System, followed by Respiratory System.

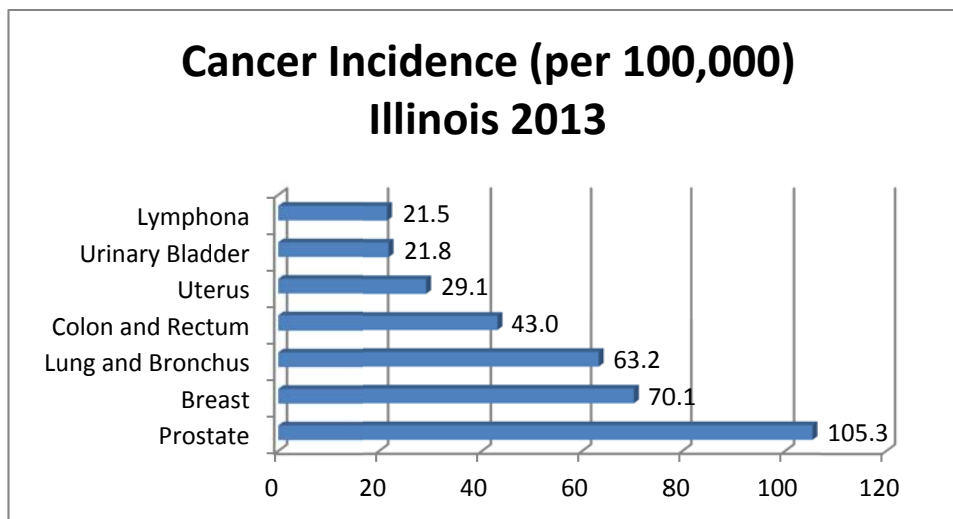


Source: COMPdata

4.2 Cancer

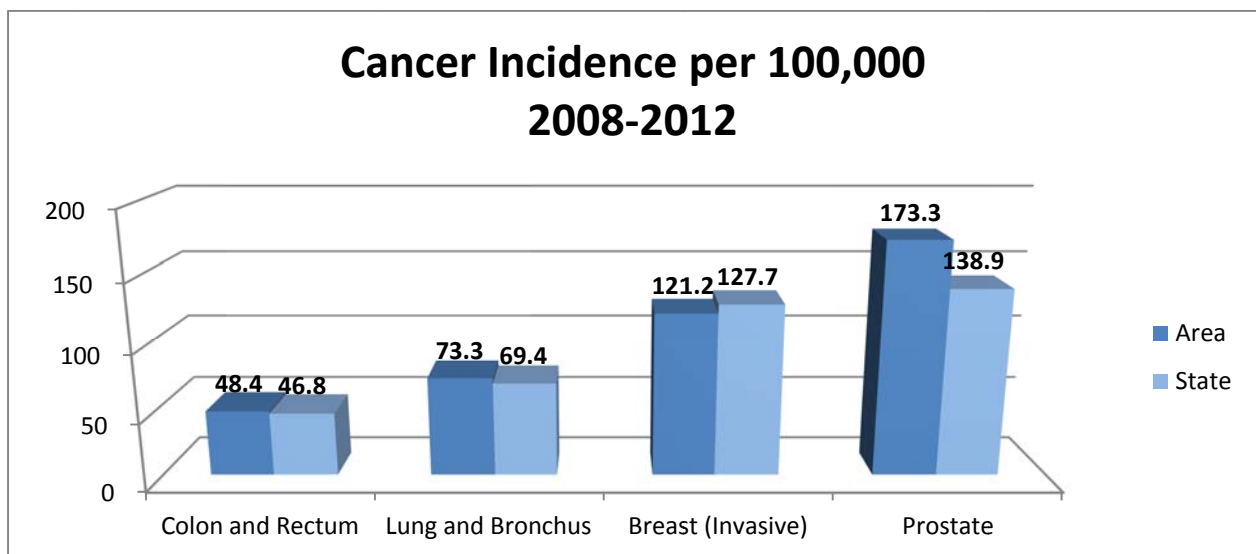
Importance of the measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is the second leading cause of death in the service area.

The top seven cancers by treatment in the State of Illinois for 2013 can be seen below. The most prevalent cancers in the State of Illinois are prostate cancer, breast cancer and lung and bronchus cancer, respectively.



Source: http://www.idph.state.il.us/cancer/16/state_rpt/Section-I-Cancer-Incidence-byRace.pdf

For the top four prevalent cancers, comparisons between the service area and the state can be seen below. Specifically, prostate cancer has a much higher incidence in the service area than the average for the State of Illinois.

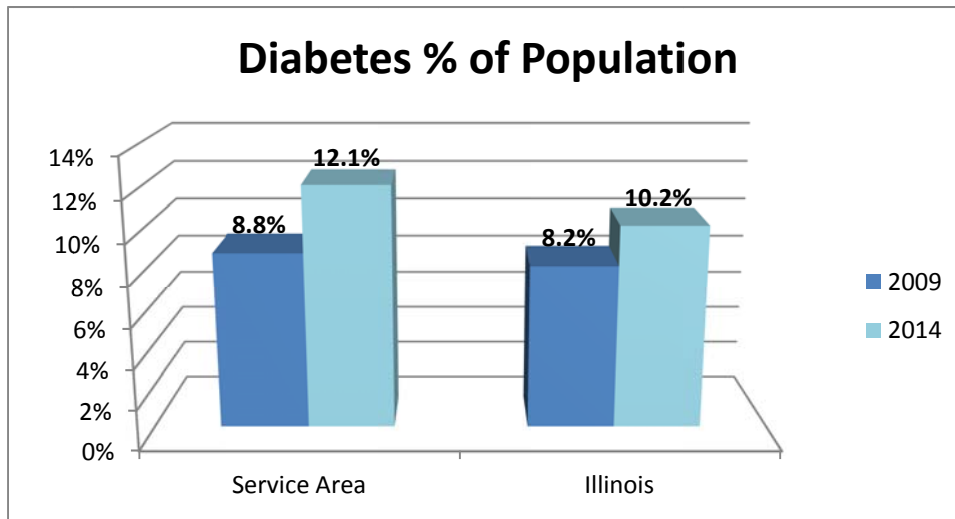


Source: http://www.idph.state.il.us/cancer/15/county_rpt/County_Section_I_Site_Specific_Cancer_Incidence.pdf

4.3 Diabetes

Importance of the measure:

Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. Data from the Illinois BRFSS indicate that 12.1% of the service area population has diabetes. Trends are concerning, as the prevalence of diabetes is increasing dramatically and has surpassed the State of Illinois average.



Source: Illinois Behavioral Risk Factor Surveillance System

4.4 Vaccine-Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. According to the Illinois Public Health Department, the most common and serious vaccine-preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubella), Mumps, Rubella (German measles), Diphtheria, Hepatitis B, and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. The service area has shown no significant outbreaks compared to state statistics.

Vaccine-Preventable Diseases 2011-2015

Pertussis (whooping cough)	2011	2012	2013	2014	2015
Service Area	6	37	33	2	1
State of Illinois	1509	2026	785	764	718
Varicella (chicken pox)	2011	2012	2013	2014	2015
Service Area	31	26	18	14	19
State of Illinois	881	898	731	598	443

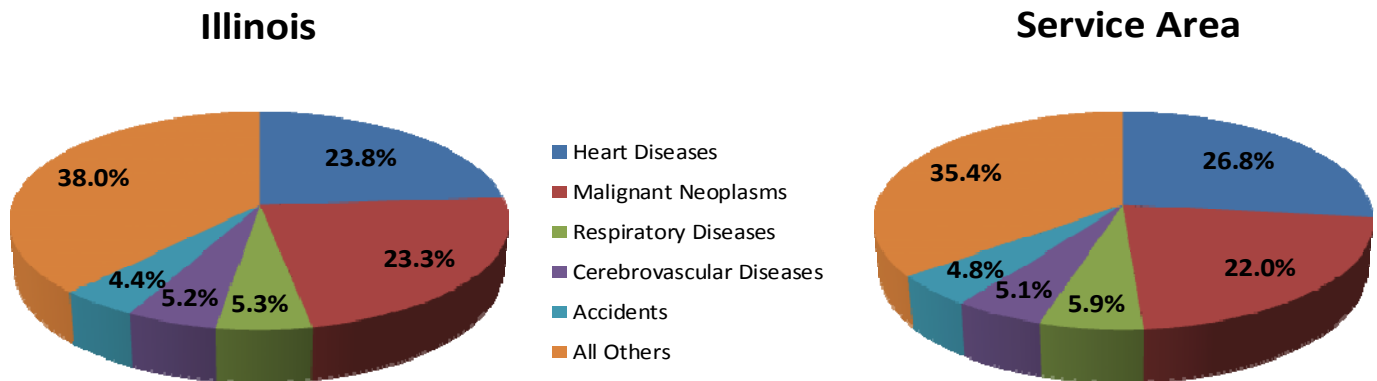
Source: <http://iquery.illinois.gov/DataQuery/Default.aspx>

4.5 Mortality

Importance of the measure: Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths.

The top five leading causes of death in the State of Illinois and the service area are similar as a percentage of total deaths in 2014. Heart diseases are the leading cause of 27.3% of deaths in the service area (26.8%) and Cancer is the second leading cause of 22.0% of deaths in service area.

Top Leading Causes of Death



Source: Illinois Department of Public Health

4.6 Key Takeaways from Chapter 4

- ✓ **PROSTATE CANCER RATES IN THE SERVICE AREA ARE MUCH HIGHER THAN STATE AVERAGES**
- ✓ **DIABETES RATE ARE TRENDING UPWARD SIGNIFICANTLY IN THE SERVICE AREA AND HAVE SURPASSED STATE AVERAGES**
- ✓ **HEART DISEASE AND CANCER ARE THE LEADING CAUSES OF DEATH IN THE SERVICE AREA**

CHAPTER 5 OUTLINE

- 5.1 Perceptions of Health Issues
- 5.2 Perceptions of Unhealthy Behavior
- 5.3. Perceptions of Issues with Well Being
- 5.4 Summary of Community Health Issues
- 5.5 Significant Needs Identified and Prioritized

CHAPTER 5. PRIORITIZATION OF HEALTH-RELATED ISSUES

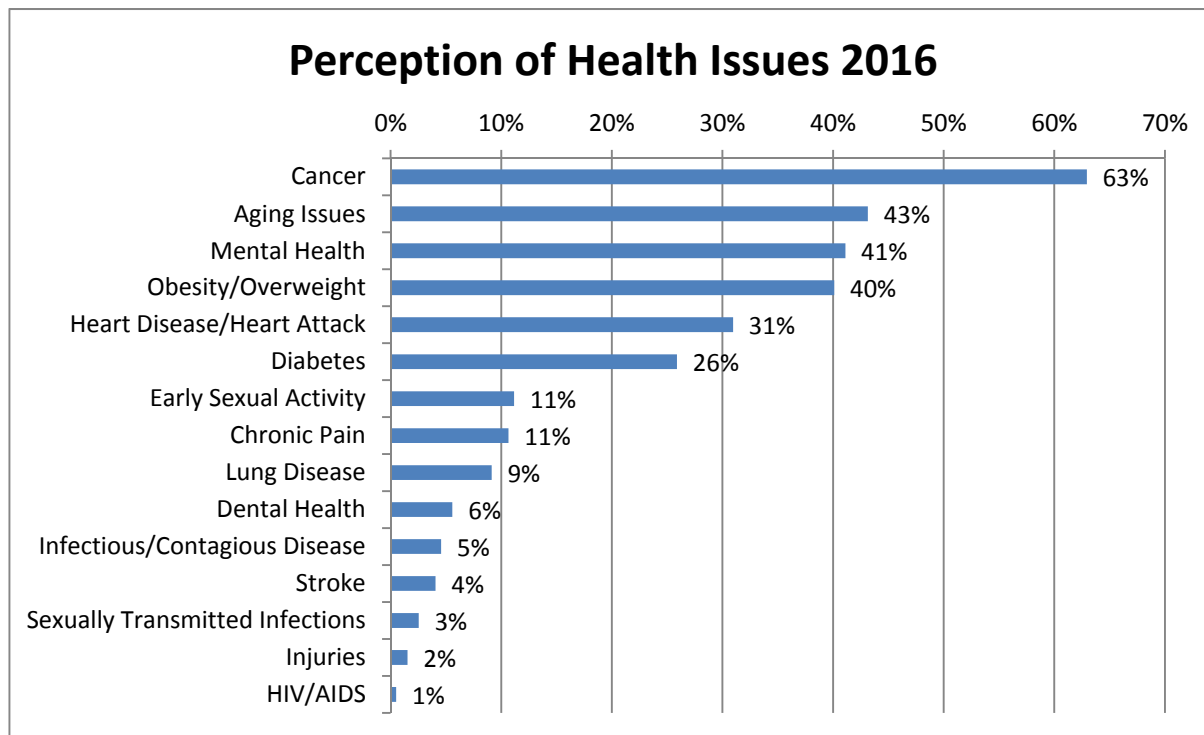
In this chapter, we identify the most critical health-related needs in the community. To accomplish this, we first consider community perceptions of health issues, unhealthy behaviors and issues related to well-being. Using key takeaways from each chapter, we then identify important health-related issues in the community. Next, we complete a comprehensive inventory of community resources; and finally, we prioritize the most significant health needs in the community.

Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

5.1 Perceptions of Health Issues

The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 15 different options.

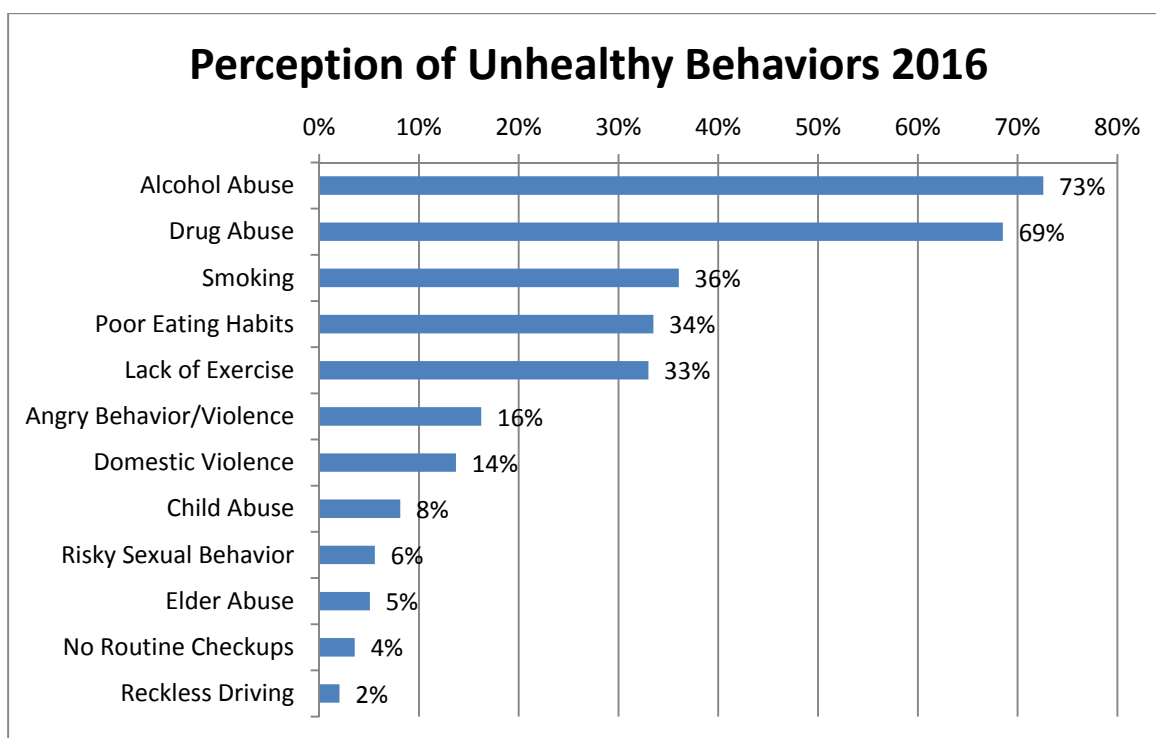
The health issue that rated highest was cancer. It was identified 63% of the time and was significantly higher than other categories. This was followed by aging issues, mental health, and obesity.



Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 12 choices. The two unhealthy behaviors that rated highest were alcohol abuse and drug abuse.

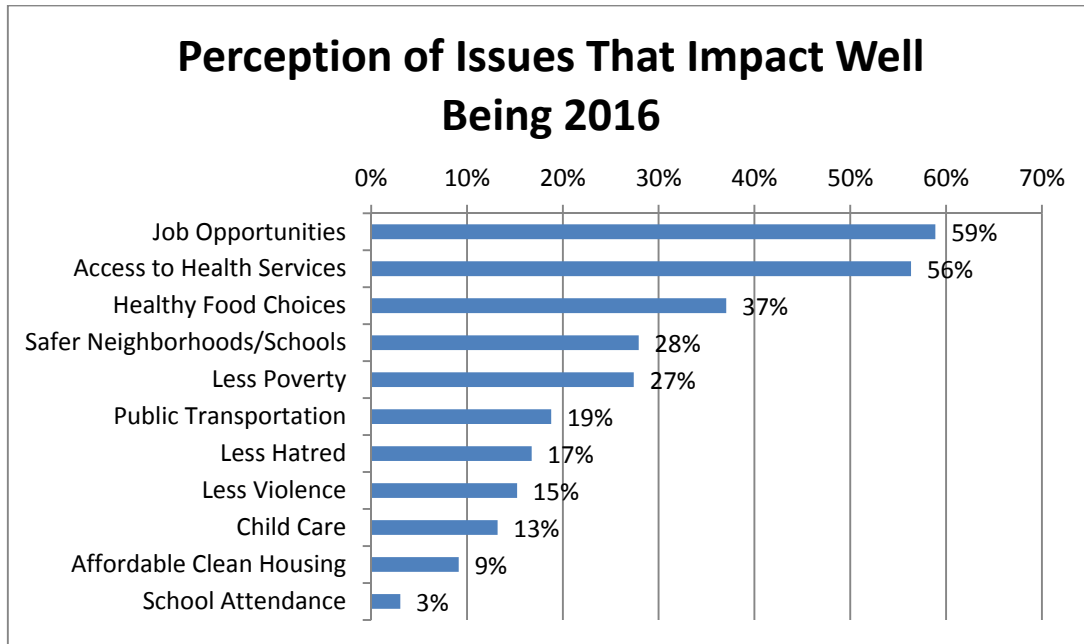


Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

Respondents were asked to select the three most important issues impacting well-being in the community out of a total of 11 choices.

The two issues that rated highest were job opportunities. It is not surprising that job opportunities and access to health services.



Source: CHNA Survey

5.4 Summary of Community Health Issues

Based on findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identification of the most important health-related issues in the community. Considerations for identifying key takeaways include magnitude in the community, strategic importance to the community, existing community resources, and potential for impact and trends and future forecasts.

Demographics (Chapter 1) – Three factors were identified as the most important areas of impact from the demographic analyses:

- Total population is decreasing
- Aging population
- Changing population – increasing Black and Hispanic ethnicities

Prevention Behaviors (Chapter 2) – Three factors were identified as the most important areas of impact from the chapter on prevention behaviors:

- Low income population that does not seek medical attention
- Lack of exercise
- Mental health

Symptoms and Predictors (Chapter 3) – Five factors were identified as the most important areas of impact from the chapter on symptoms and predictors:

- Tobacco usage
- Drug abuse
- Alcohol abuse
- Obesity
- Risk factors for heart disease

Morbidity and Mortality (Chapter 4) – Four factors were identified as the most important areas of impact from the chapter on morbidity/mortality behaviors:

- Cancer – prostate
- Diabetes
- Heart Disease

Identification of Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into seven potential categories. Based on similarities and duplication, the seven potential areas considered are:

- **Not seeking healthcare when needed**
- **Poor healthy behaviors – nutrition & exercise**
- **Diabetes**
- **Mental health**
- **Obesity**
- **Substance abuse**
- **Heart disease**
- **Cancer - prostate**

5.5 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. The collaborative team identified two significant health needs and considered both priorities:

- ***Healthy Lifestyles –nutrition, physical activity, and obesity***
- ***Mental Health and substance abuse***

HEALTHY LIFESTYLES – NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

NUTRITION AND PHYSICAL ACTIVITY. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental, and emotional well-being. Note that 29% of respondents in the service area indicated that they do not exercise at all, and 30% of residents exercise only 1 to 2 times per week.

OBESITY. In the service area, the number of people diagnosed with obesity and being overweight has increased from 2009 to 2014. Note specifically that the percentage of obese and overweight people has increased from 64.1% to 68.2%. At the same time, overweight and obesity rates in Illinois have decreased from 63.9% in 2009 to 63.7% in 2014.

MENTAL HEALTH AND SUBSTANCE ABUSE

MENTAL HEALTH. While 24% of residents in the service area reported they had experienced 1-7 days with poor mental health per month in 2007-2009, 12.5% felt mentally unhealthy on 8 or more days per month. In 2010-2014, there was a slight decrease in the number of residents that reported poor mental health for 1-7 days (18.5%), but an increase in residents that reported poor mental health 8 or more days per month (14.5%).

SUBSTANCE ABUSE. Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of students is a leading indicator of adult substance abuse in later years. Data from the 2014 Illinois Youth Survey measures illegal substance use (alcohol, cigarettes, and other drugs – mainly marijuana) among adolescents. Service area 8th graders are at or above State averages, although the 12th graders are at or below State averages. .

APPENDIX 1. ACTIVITIES RELATED TO 2013 CHNA PRIORITIZED NEEDS

Four needs were identified in the 2013 CHNA. Below are examples of activities implemented during the last three years to address these needs:

Substance Abuse: Identified as Prioritized Health Need

- Assisted with random drug testing of high school students, to discourage substance abuse.

Nutrition, Physical Activity & Obesity: Identified as Prioritized Health Need

- Kids Camp provided health, nutrition and safety education to Kindergarten through 8th grade students. Kids Camp was organized by St. Margaret's Health in collaboration with Illinois Valley Community College and University of Illinois Extension Service.

Access to Care: Identified as Prioritized Health Need

- Recruited five physicians and six mid-level providers (nurse practitioners and physician assistants) to improve access for medical services.

Mental Health: Identified as Prioritized Health Need

- Recruited a Family Practice/Psychiatry physician to the service area.