

Community Health Needs Assessment 2019

OSF SAINT LUKE MEDICAL CENTER

HENRY COUNTY

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Community Health Needs Assessment

2019

Collaboration for sustaining health equity

Executive Summary

The Henry County Community Health-Needs Assessment is a collaborative undertaking by OSF Saint Luke Medical Center to highlight the health needs and well-being of residents in Henry County. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Henry County region. Several themes are prevalent in this health-needs assessment – the demographic composition of the Henry County region, 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 publicly available sources as well as private sources of data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged 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 Henry County region were identified. 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. Using a modified version of the Hanlon Method, two significant health needs were identified and determined to have equal priority:

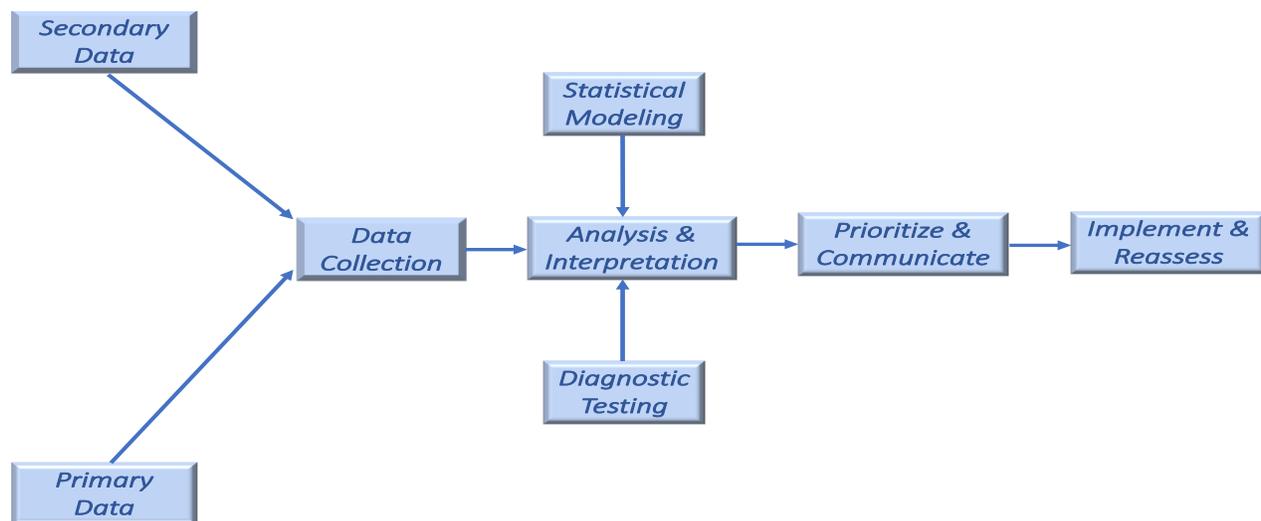
- **Healthy Behaviors** – *defined as active living and healthy eating, and their impact on obesity*
- **Behavioral Health** – *including mental health and substance abuse*

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 OSF Saint Luke Medical Center 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. This CHNA Report was approved by the OSF Healthcare System's Board of Directors on July 29, 2019.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Form 990, Schedule H–Hospitals, designated solely for tax-exempt hospitals. The fundamental areas of the community health-needs assessment are illustrated below.



Collaborative Team and Community Engagement

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Luke Medical Center, members of the Henry County Health Department, and administrators from key community partner organizations. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarters of 2018 and in the first quarter of 2019.

Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Specifically, members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles and expertise can be found in Appendix 1.

Definition of the Community

In order to determine the geographic boundaries for OSF Saint Luke Medical Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Henry County. Data show that Henry County alone represents 79.8% 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. Note that the at-risk population was defined as those individuals that were eligible to receive Medicaid based on the state of Illinois guidelines using household size and income level.

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 Henry County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results from the 2016 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2016 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 2016 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.

2016 CHNA Health Needs and Implementation Plans

The 2016 CHNA for Henry County identified two significant health needs. These included: Healthy Behaviors, defined as healthy eating and active living, and their impact on obesity; and Behavioral Health, including mental health and substance abuse. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in Appendix 2.

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, a study was completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social determinants of health and access to healthcare.

Secondary Data Collection

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.

Based on several retreats, a separate OSF Collaborative Team used COMP data to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, we used modified definitions developed by Sg2. Sg2 specializes in consulting for healthcare organizations. Their team of experts includes MDs, PhDs, RNs and healthcare leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, we discuss the research design used for this study: survey design, data collection and data integrity.

Survey Instrument Design

Initially, all publicly available health-needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, we created our own pilot survey in 2018, designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health-needs assessment, eight 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.

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.

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.

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, healthy eating habits and cancer screenings.

Behavioral health – to assess community issues related to areas such as anxiety and depression.

Food security – to assess access to healthy food alternatives.

Social determinants of health – to assess the impact that social determinants may have on the above-mentioned areas.

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

After the initial survey was designed, a pilot study was created to test the psychometric properties and statistical validity of the survey instrument. A total of 230 surveys were collected in Peoria, IL in May and June 2018. Results from the pilot survey revealed specific items to be included/excluded in the final survey instrument. Item selection criteria for the final survey included validity, reliability and frequency measures based on responses from the pilot sample. A copy of the final survey is included in Appendix 3.

Sample Size

In order to identify our potential population, we first identified the percentage of the Henry County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Henry County was 12.5 percent. The population used for the calculation was 49,328 yielding a total of 6,166 residents living in poverty in the Henry County area.

We assumed a normal approximation to the hypergeometric distribution given the targeted sample size.

$$n = (Nz^2pq)/(E^2 (N-1) + z^2 pq)$$

where:

n = the required sample size

N = the population size

pq = population proportions (set at .05)

z = the value that specified the confidence interval (use 90% CI)

E =desired accuracy of sample proportions (set at +/- .05)

For the total Henry County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 382. The data collection effort for this CHNA yielded a total of 581 usable responses. This exceeded the threshold of the desired 90% confidence interval.

To provide a representative profile when assessing the aggregated population for the Henry County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 432 respondents for analyzing the aggregate population. Sample characteristics can be seen in Appendix 4.

Data Collection

Survey data were collected in the 3rd quarter of 2018. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

To specifically target the at-risk population, surveys were distributed at homeless shelters, food pantries and soup kitchens. Since we specifically targeted the at-risk population as part of the data collection effort, this became a stratified sample, as we did not specifically target other groups based on their socio-economic status.

Note that use of electronic surveys to collect community-level data may create a potential for bias from convenience sampling error. To recognize for potential bias in the community sample, a second control sample of data was collected. Specifically, the control sample consisted of random patients surveyed at the hospital, assuming that patients receiving care represent an unbiased representation of the community. All questions on the patient version of the survey pertaining to access to healthcare were removed, as these questions were not relevant to current patients. Data from the community sample and the control sample were compared using *t-tests* and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significance patterns of bias. If specific relationships exhibited a potential for bias between the community sample and the control sample, they are identified in the social-determinants sections of the analyses within each chapter.

Data Integrity

Comprehensive analyses were performed to verify the integrity of the data for this research. Without proper validation of the raw data, any interpretation of results could be inaccurate and misleading if used for decision-making. Therefore, several tests were performed to ensure that the data were valid. These tests were performed before any analyses were undertaken. Data were checked for coding accuracy, using descriptive frequency statistics to verify that all data items were correct. This was followed by analyses of means and standard deviations and comparison of primary data statistics to existing secondary data.

Analytic Techniques

To ensure statistical validity, we used several different analytic techniques. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents' ratings of various health concerns.

Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, we used Pearson correlations, χ^2 tests and tetrachoric correlations when appropriate, given characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

- 1.1 Population
- 1.2 Age, Gender and Race Distribution
- 1.3 Household/Family
- 1.4 Economic Information
- 1.5 Education
- 1.6 Telehealth Interest and Internet Access
- 1.7 Key Takeaways from Chapter 1

CHAPTER 1

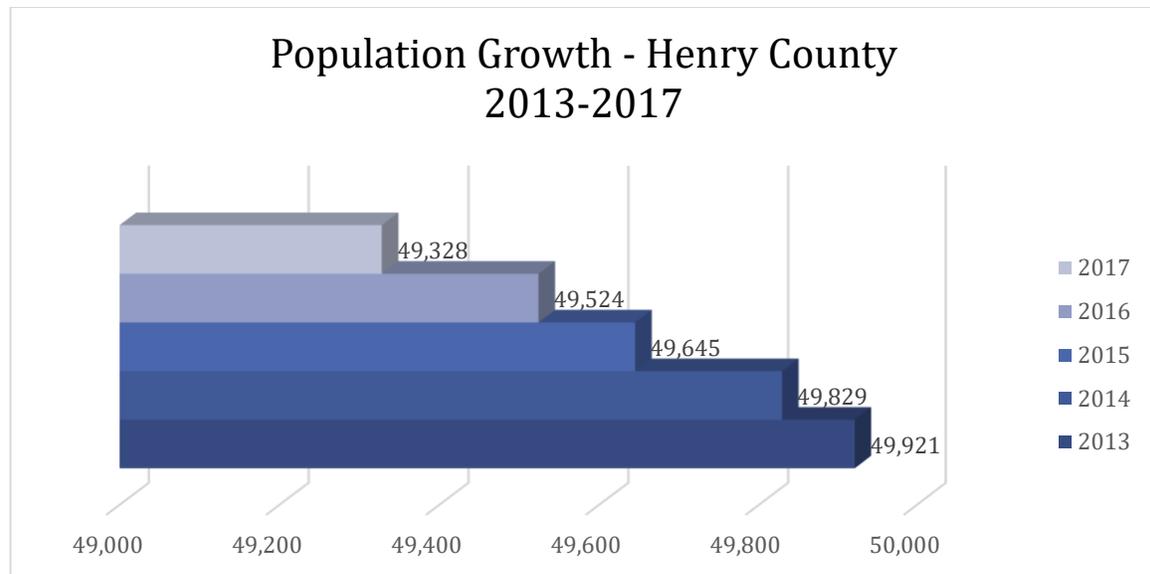
DEMOGRAPHY AND SOCIAL DETERMINANTS

1.1 Population

Importance of the measure: Population data characterize individuals residing in Henry County. 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 Henry County has slightly decreased (1.2%) between 2013 and 2017.



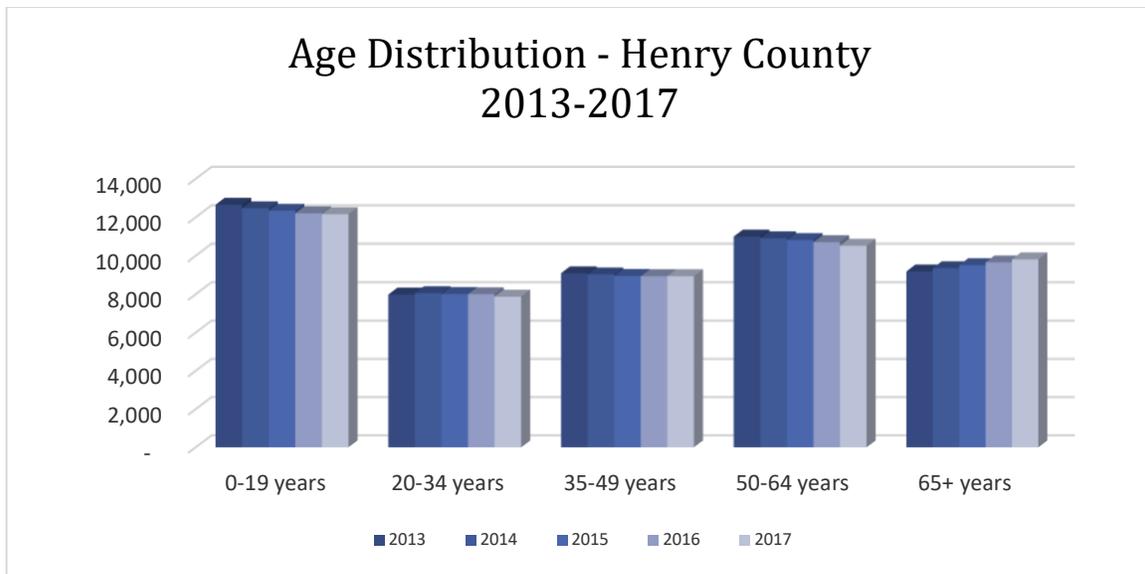
Source: US Census

1.2 Age, Gender and Race Distribution

Importance of the measure: Population data broken down by age, gender, 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 percentage of individuals in Henry County aged 50-64 declined 4.5% between 2013 and 2017, and the percentage of individuals aged 65 and older increased 6.4% between 2013 and 2017.

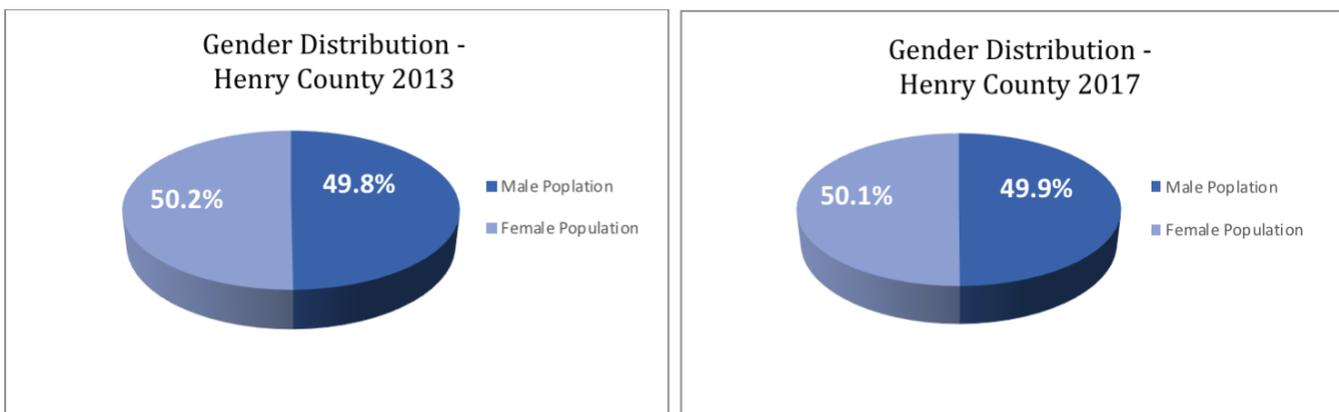


Age	2013	2014	2015	2016	2017
0-19 years	12,655	12,472	12,344	12,210	12,168
20-34 years	7,986	8,059	8,012	8,005	7,880
35-49 years	9,093	9,034	8,954	8,939	8,939
50-64 years	11,002	10,909	10,821	10,711	10,525
65+ years	9,185	9,355	9,514	9,659	9,816

Source: US Census

Gender

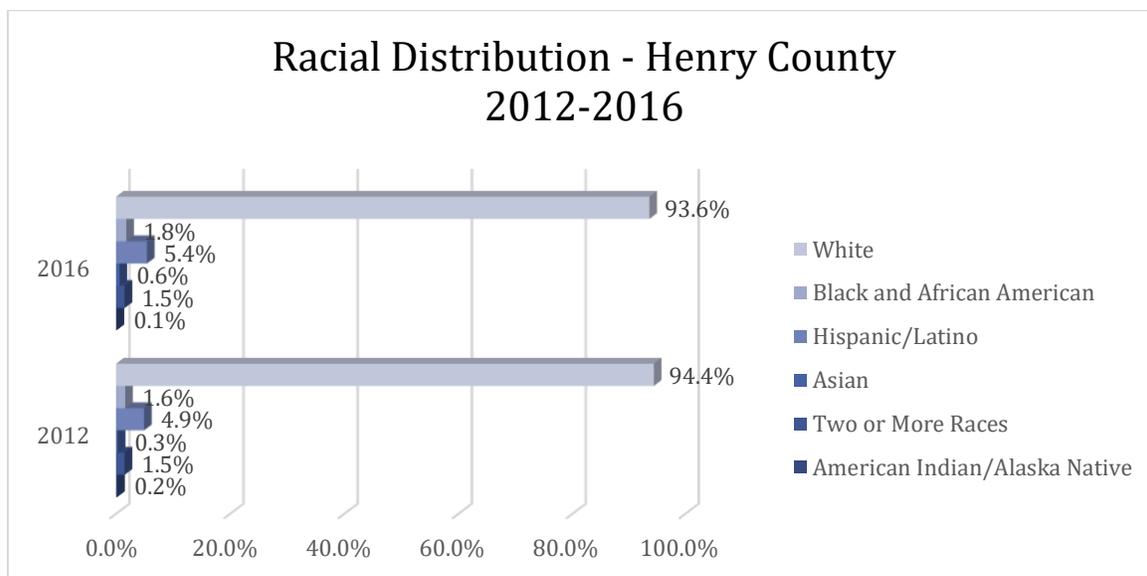
The gender distribution of Henry County residents has remained relatively consistent between 2013 and 2017.



Source: US Census

Race

With regard to race and ethnic background, Henry County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2016 suggest that White ethnicity comprises 93.6% of the population in Henry County. However, the non-White population of Henry County has been increasing (from 5.6% to 6.4% in 2016), with Black ethnicity comprising 1.8% of the population, multi-racial ethnicity comprising 1.5% of the population, and Hispanic/Latino ethnicity comprising 5.4% of the population.

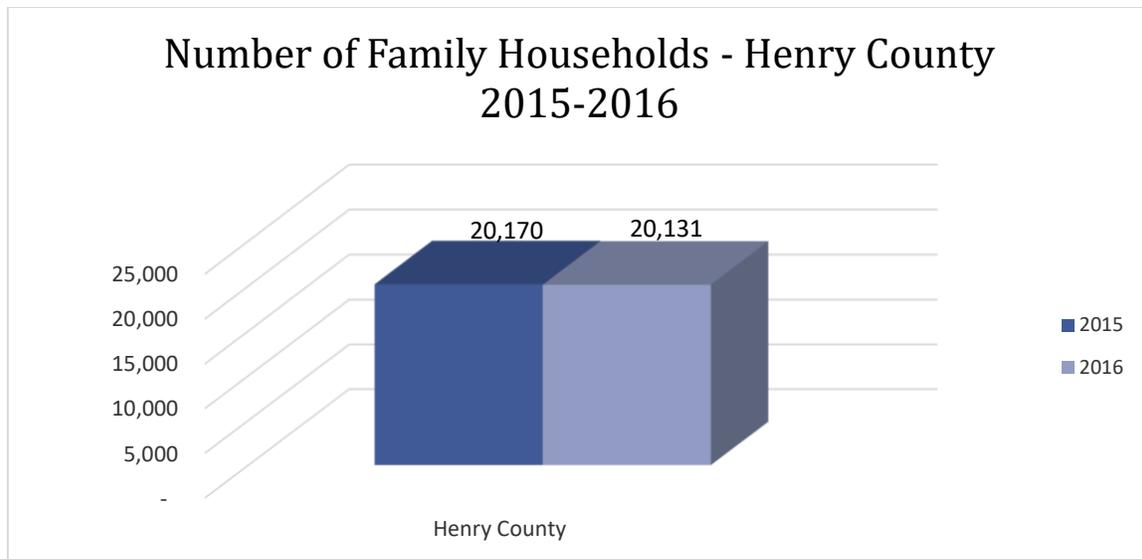


Source: US Census

1.3 Household/Family

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

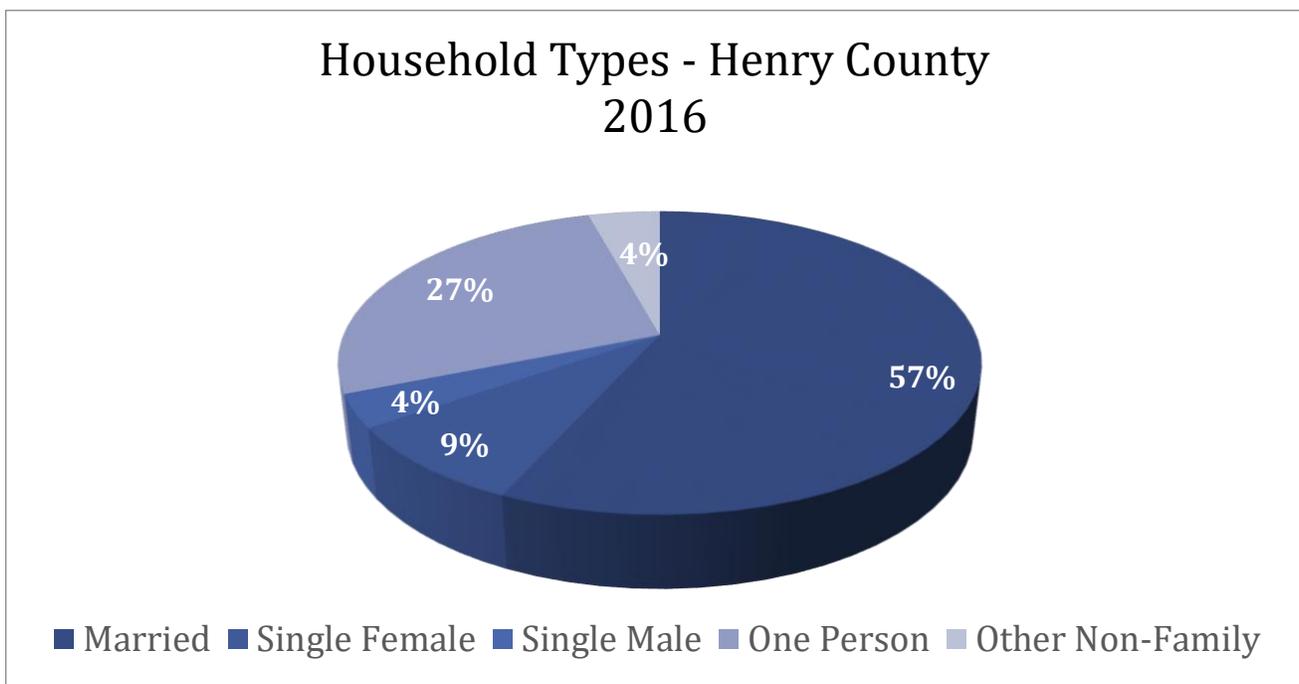
As indicated in the graph below, the number of family households in Henry County decreased slightly from 2015 to 2016.



Source: US Census

Family Composition

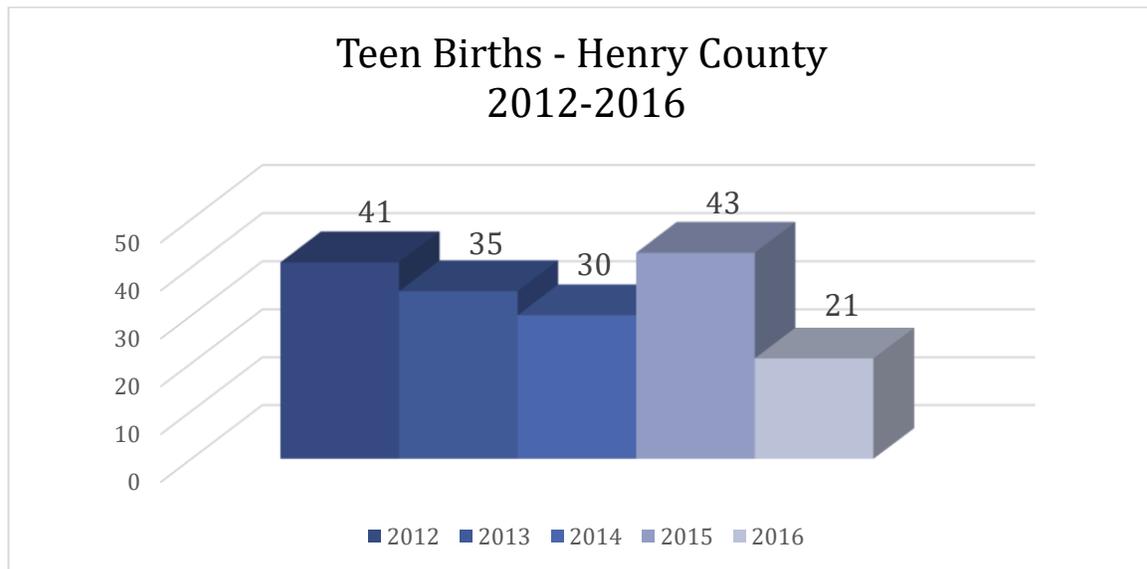
In Henry County, data from 2016 suggest the percentage of two-parent families in Henry County is over 50%. One-person households represent 27% of the county population, and single-female households represent 9%.



Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

Henry County has experienced a fluctuation in teenage birth count. The teen birth count steadily declined from 2012-2014, but experienced a dramatic increase in 2015 followed by a sharp decrease in 2016.



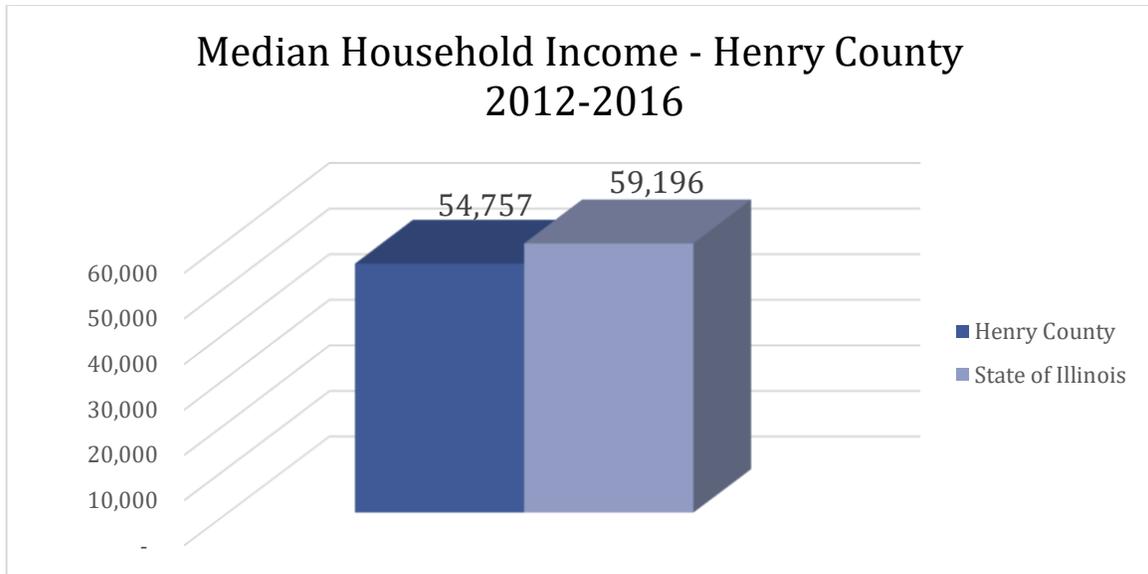
Source: Illinois Department of Public Health

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

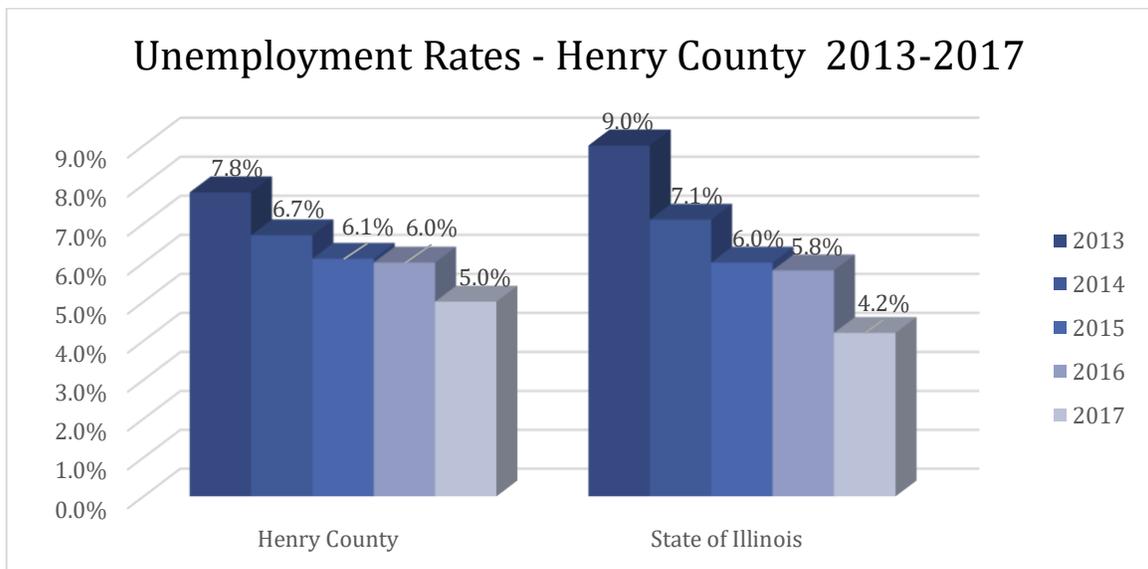
For 2012-2016, the median household income in Henry County was lower than the State of Illinois.



Source: US Census

Unemployment

For the years 2013 and 2014, the Henry County unemployment rate was lower than the State of Illinois unemployment rate. However, it is higher for years 2015-2017. Overall, between 2013 and 2017, unemployment in Henry County decreased by 2.8%.

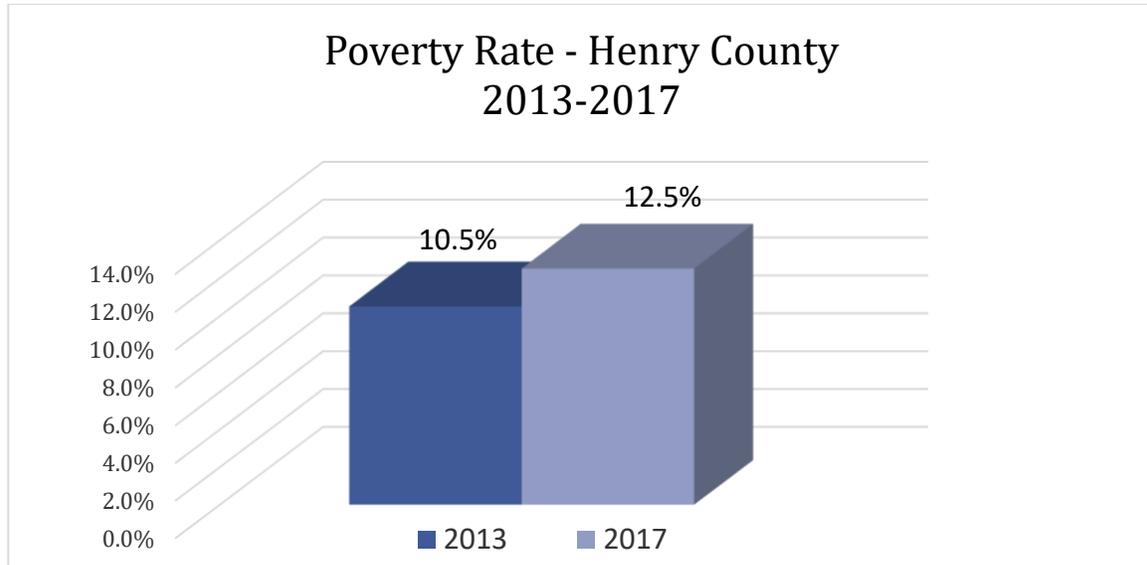


Source: Bureau of Labor Statistics

Individuals in Poverty

In Henry County, the percentage of individuals living in poverty between 2013 and 2017 increased by 2.0%. The poverty rate for individuals is 12.5%, which is lower than the State of Illinois

individual poverty rate of 13.5%. Poverty has a significant impact on the development of children and youth. In 2017 the poverty rate for families living in Henry County (9.0%) was lower than the State of Illinois family poverty rate (9.8%).



Source: US Census

1.5 Education

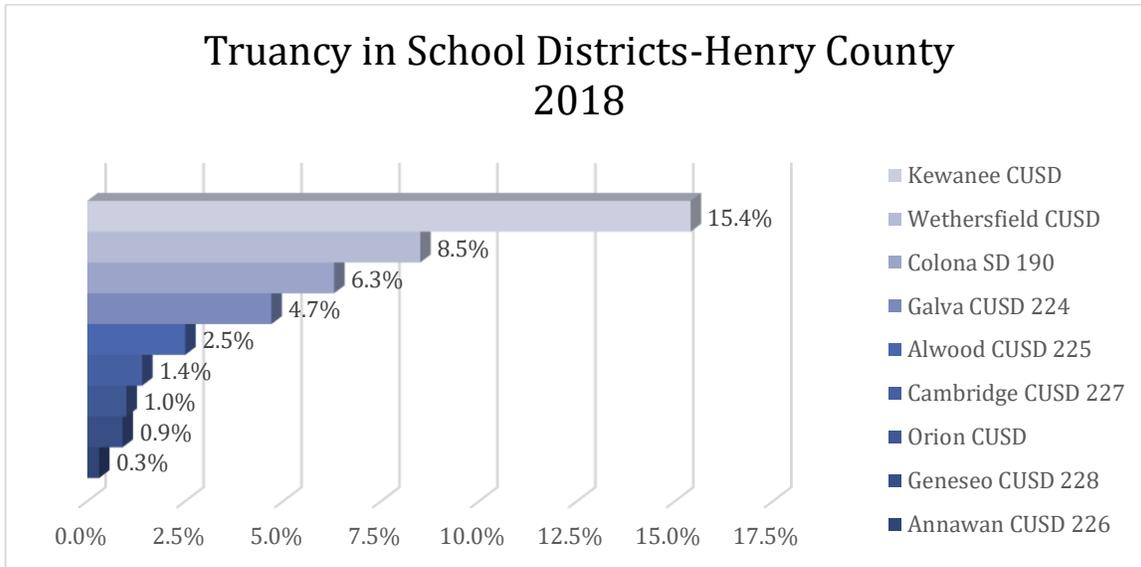
Importance of the measure: According to the National Center for Educational Statistics¹, “The better educated a person is, the more likely that person is to report being in ‘excellent’ or ‘very good’ health, regardless of income.” Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one’s health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual’s propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

Truancy

Chronic truancy is a major challenge to the academic progress of children and young adults. The causes of truancy vary considerably for young children. Truancy of middle- and high-school students is more likely a result of the inappropriate behavior and decisions of individual students. Primary school truancy often results from decisions and actions of the parents or caregivers rather than the students themselves. The State of Illinois recently redefined truancy as a student who is absent without valid cause for 5% or more of the previous 180 regular attendance days.

¹ NCES 2005

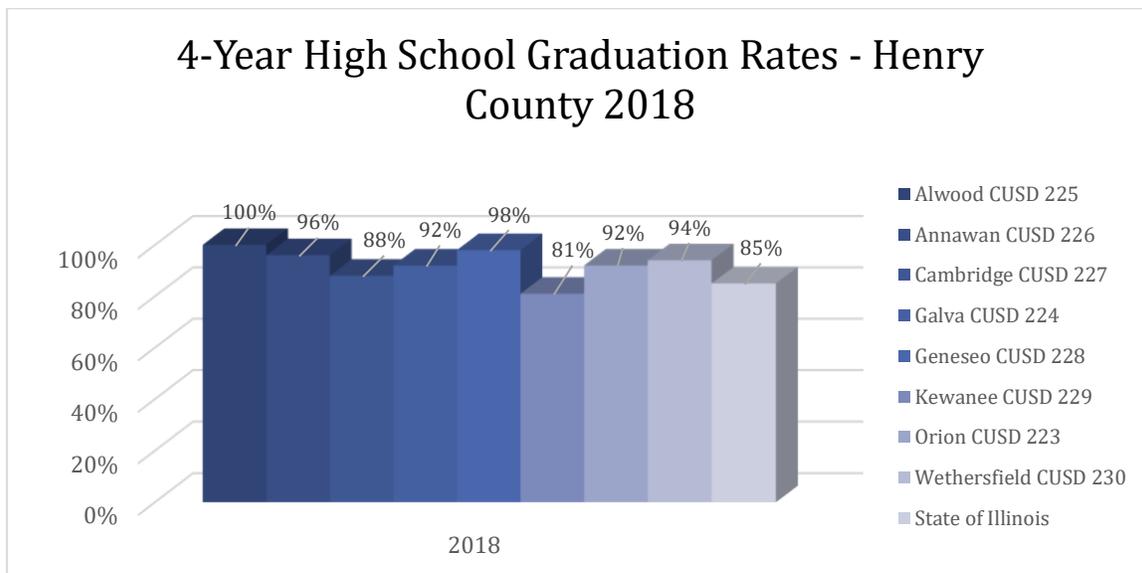
Kewanee CUSD and Wethersfield CUSD districts have the largest percentage of students who were chronically truant in 2018.



Source: Illinois Report Card

High School Graduation Rates

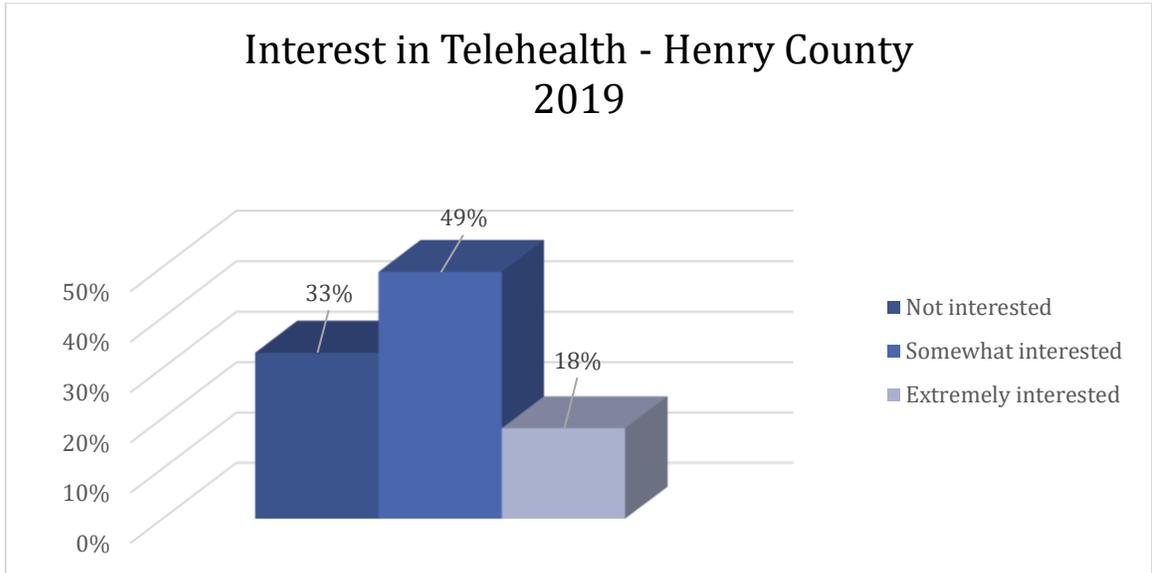
In 2018, Kewanee CUSD 229 school district in Henry County reported high school graduation rates that were below the State average of 85%.



Source: Illinois Report Card

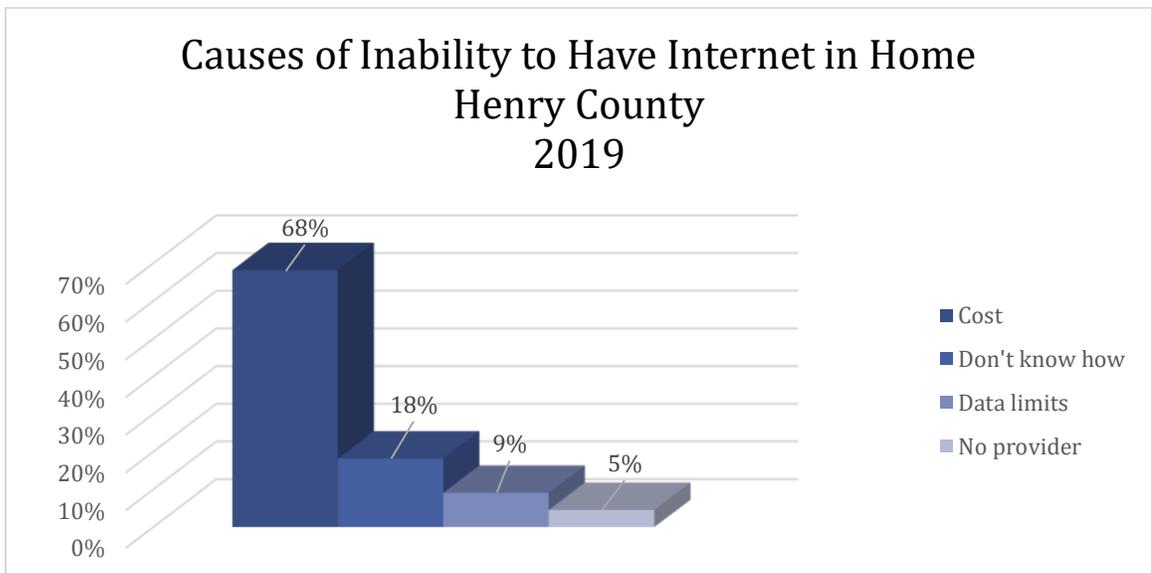
1.6 Telehealth Interest and Internet Accessibility

Survey respondents were asked *How interested would you be in health services provided through Internet or phone?* Of respondents, 67% indicated they would be either somewhat or extremely interested.



Source: CHNA Survey

In terms of accessibility, 89% of respondents indicated they had access to free public Internet, and 87% indicated they had Internet in their homes. For those that did not have Internet in their home, cost was the most frequently cited reason.



Source: CHNA Survey

Social Determinants Related to Telehealth and Internet Access

Several factors show significant relationships with an individual's interest in telehealth and Internet access. The following relationships were found using correlational analyses:

Interest in telehealth tends to be rated higher by younger people, men, those with higher education and those with higher income.

Access to Internet tends to be rated higher for younger people, those with higher education and those with higher income.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 9% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ APPROXIMATELY 2/3 OF THE POPULATION IS INTERESTED IN TELEHEALTH SERVICES.

CHAPTER 2 OUTLINE

- 2.1 Accessibility
- 2.2 Wellness
- 2.3 Access to Information
- 2.4 Physical Environment
- 2.5 Health Status
- 2.6 Key Takeaways from Chapter 2

CHAPTER 2

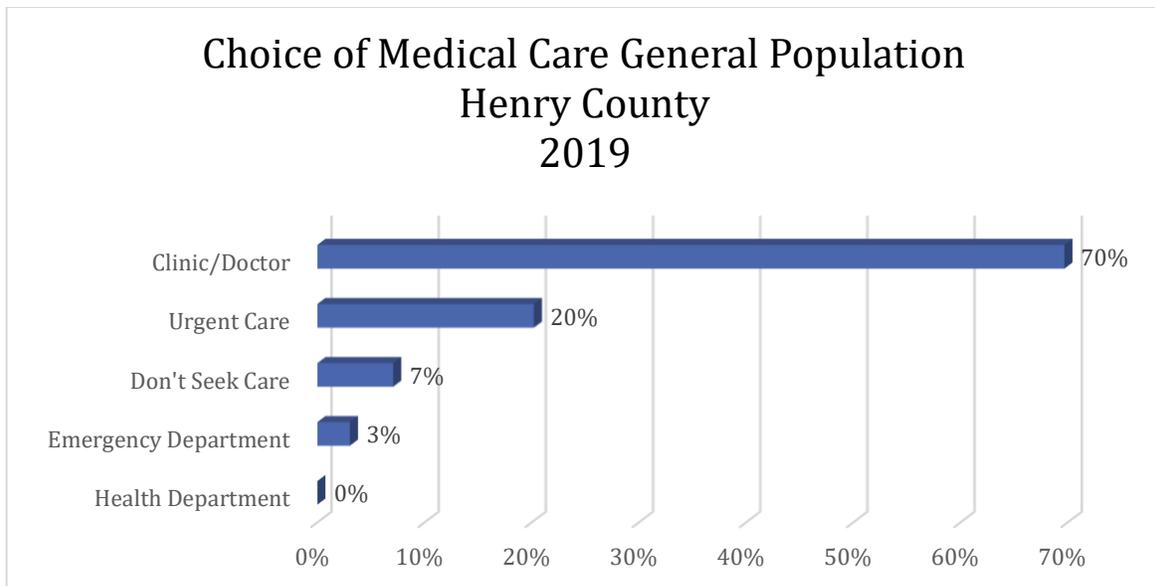
PREVENTION BEHAVIORS

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 70% of survey respondents. This was followed by urgent care (20%), not seeking medical attention (7%), the emergency department at a hospital (3%) and the health department (0%).



Source: CHNA Survey

Comparison to 2016 CHNA

Clinic/doctor's office decreased from 83% in 2016 to 70% in 2019. Much of this can be attributed to the significant increase in use of urgent care facilities (3% in 2016 to 20% in 2019).

Social Determinants Related to Choice of Medical Care

Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

Clinic/Doctor's Office tends to be used more often by older people, White people and those with higher education and income. Clinic/Doctor's office is used less often by people with an unstable (e.g., homeless) housing environment.

Urgent Care tends to be used more by younger people.

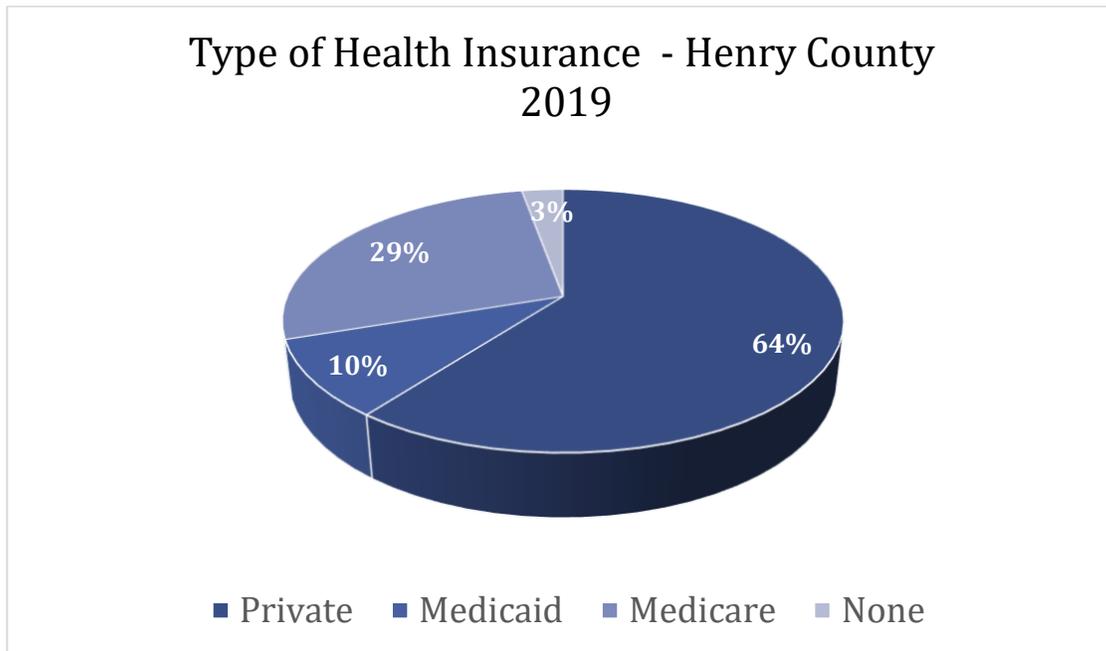
Emergency Department tends to be used more often by less educated people, those with lower incomes and people with an unstable (e.g., homeless) housing environment. Emergency departments tend to be used less by White people as a primary source of healthcare.

Do Not Seek Medical Care did not have any significant correlates.

Health Department did not have any significant correlates.

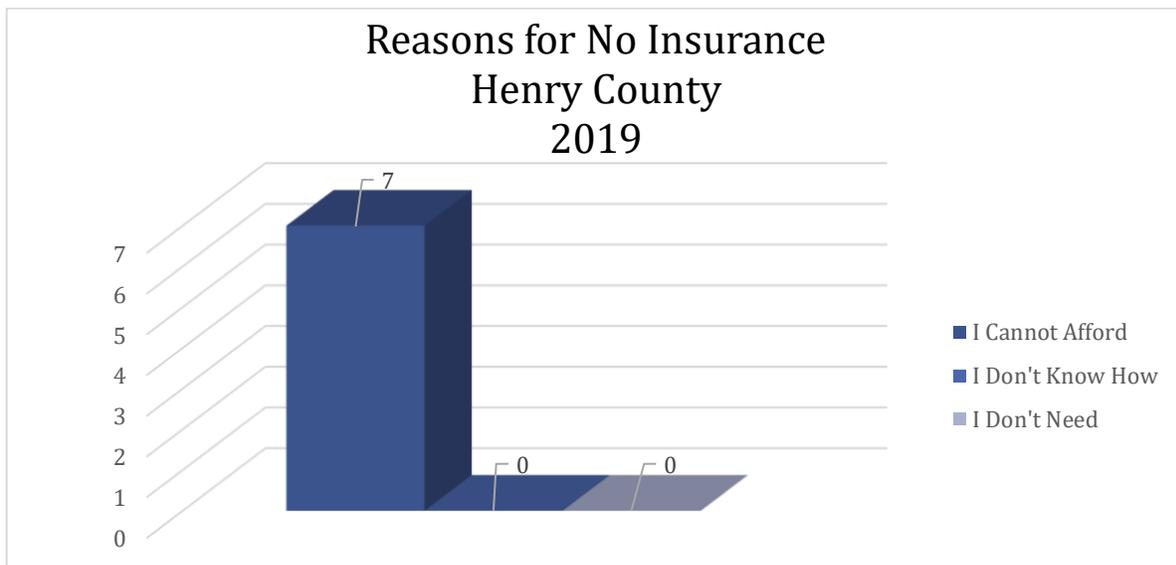
Insurance Coverage

According to survey data, 64% of the residents are covered by private insurance, followed by Medicare (29%), and Medicaid (10%). Only 3% of respondents indicated they did not have any health insurance.



Source: CHNA Survey

Data from the survey show that for those individuals who do not have insurance, the reason was cost. Note that these data are displayed in frequencies rather than percentages given the low number of responses.



Source: CHNA Survey

Comparison to 2016 CHNA

Compared to survey data from the 2016 CHNA, there has been an increase in the percentage of the population with Medicare from 22% to 29% resulting in a decrease in the percentage of individuals who have no insurance, from 6% to 3%.

Social Determinants Related to Type of Insurance

Several characteristics show significant relationships with an individual's type of insurance. The following relationships were found using correlational analyses:

Medicare tends to be used more frequently by men, and those with lower education and income.

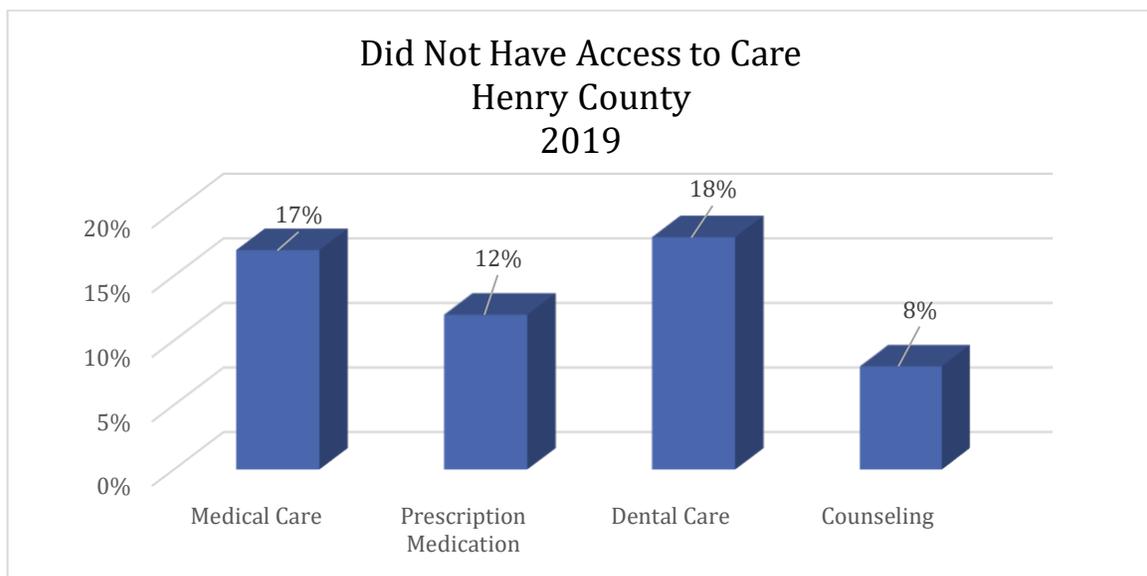
Medicaid tends to be used more frequently by Black people, those with lower income and people with an unstable (e.g., homeless) housing environment.

Private Insurance is used more often by younger people, White people and those with higher education and income. Private insurance is used less by Black people.

No Insurance tends to be reported more often by younger people, Black people, Latino people, those with lower education and income and people with an unstable (e.g., homeless) housing environment.

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 were assessed: medical care, prescription medications, dental care and counseling. Survey results show that 17% of the population did not have access to medical care when needed; 12% of the population did not have access to prescription medications when needed; 18% of the population did not have access to dental care when needed; and 8% of the population did not have access to counseling when needed.



Source: CHNA Survey

Social Determinants Related to Access to Care

Several characteristics show a significant relationship with an individual's ability to access care when needed. The following relationships were found using correlational analyses:

Access to medical care tends to be higher for White people.

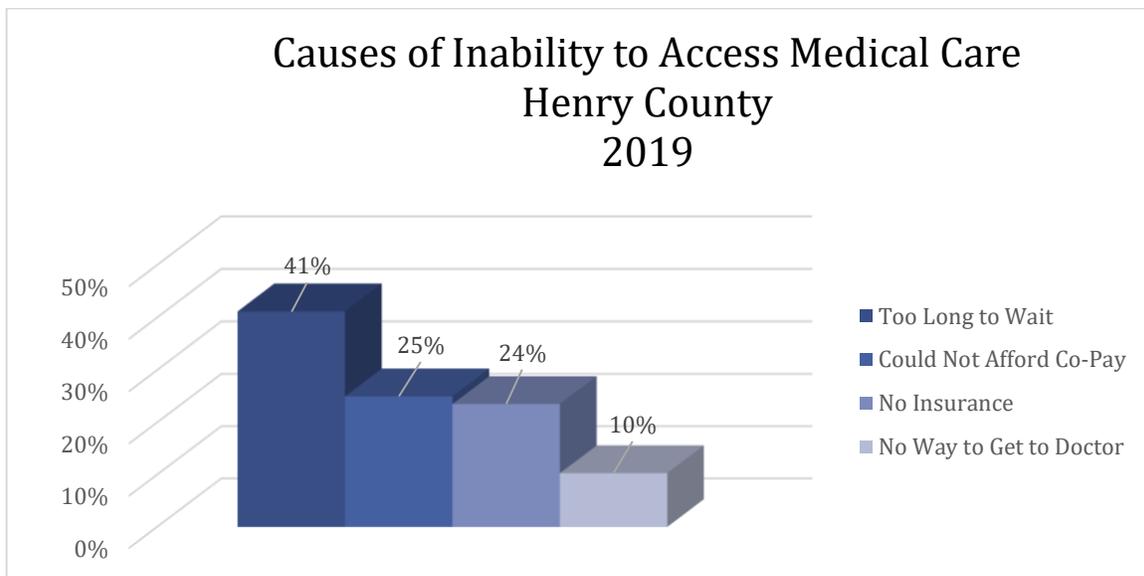
Access to prescription medications tends to be higher for those with higher income, and those with a stable housing environment.

Access to dental care tends to be higher for White people, and those with higher education and those with higher income. Black people and those with an unstable (e.g., homeless) housing environment are less likely to have access to dental care.

Access to counseling had no significant correlates.

Reasons for No Access – Medical Care

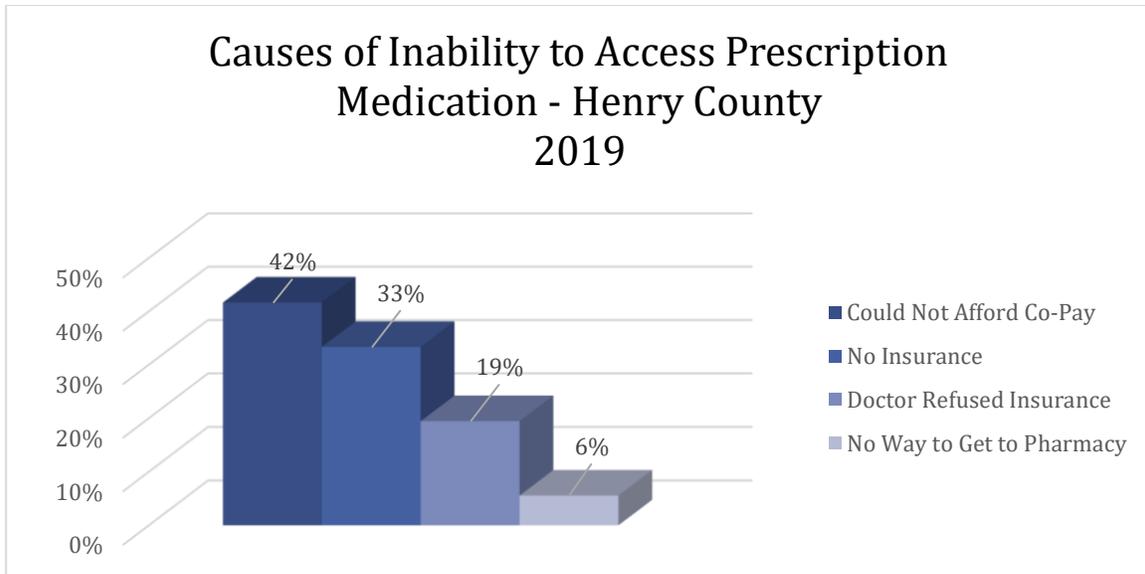
Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were too long to wait for an appointment (41%), the inability to afford the copay (25%), no insurance (24%) and no way to get to the doctor (10%).



Source: CHNA Survey

Reasons for No Access – Prescription Medication

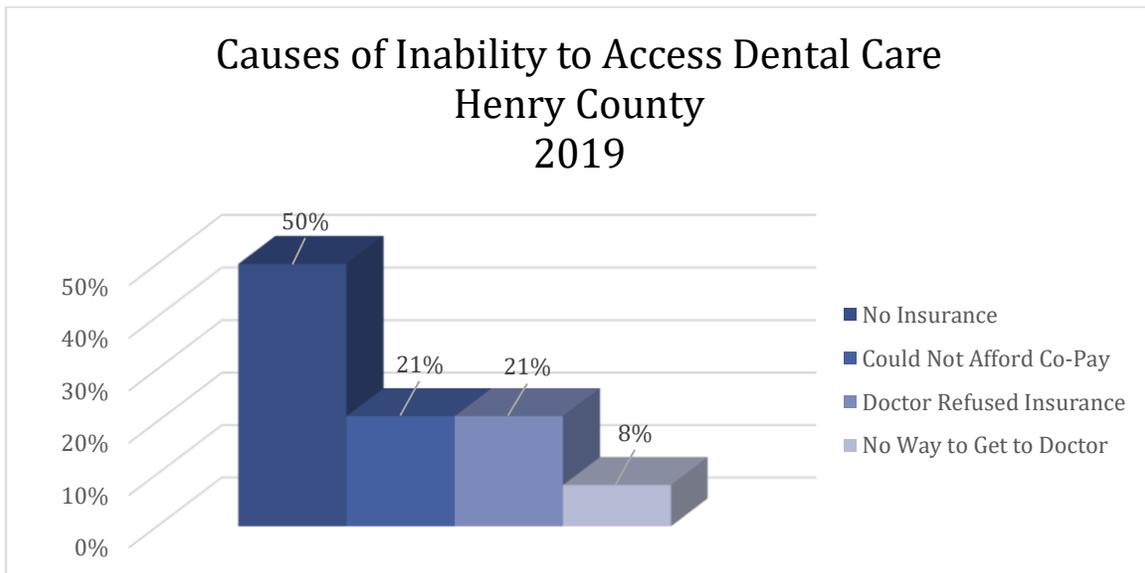
Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. The leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (42%) and no insurance (33%).



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 (50%), the inability to afford copayments or deductibles and refusal of insurance were both 21%. No way to get to the dentist was also cited as a cause, with 8%.

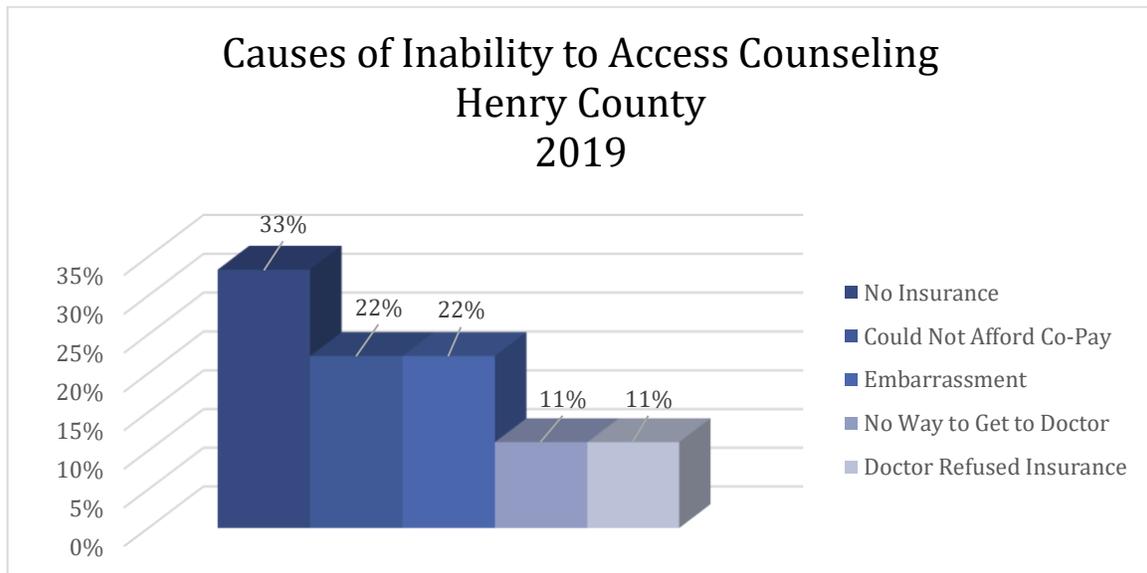


Source: CHNA Survey

Reasons for No Access – 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 the lack of

insurance (33%), inability to afford co-pay (22%), embarrassment (22%), followed by no way to get to the counselor (11%) and doctor refused insurance (11%).



Source: CHNA Survey

Comparison to 2016 CHNA

Access to Medical Care – Compared to 2016, survey results were the same.

Access to Prescription Medications – Compared to 2016, results were the same.

Access to Dental Care – Compared to 2016, results show an increase (4%) in those that were not able to get dental care when needed.

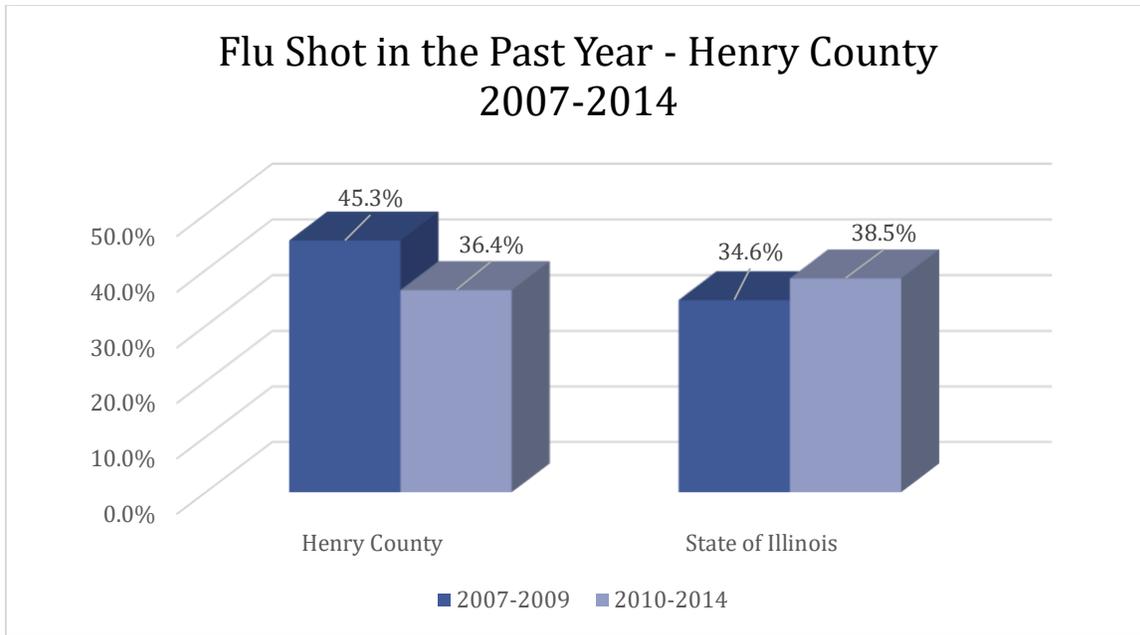
Access to Counseling – Compared to 2016, results show a slight increase (2%) in those that were not able to get counseling when needed.

2.2 Wellness

Importance of the measure: Preventative healthcare measures, including 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 Flu Shots

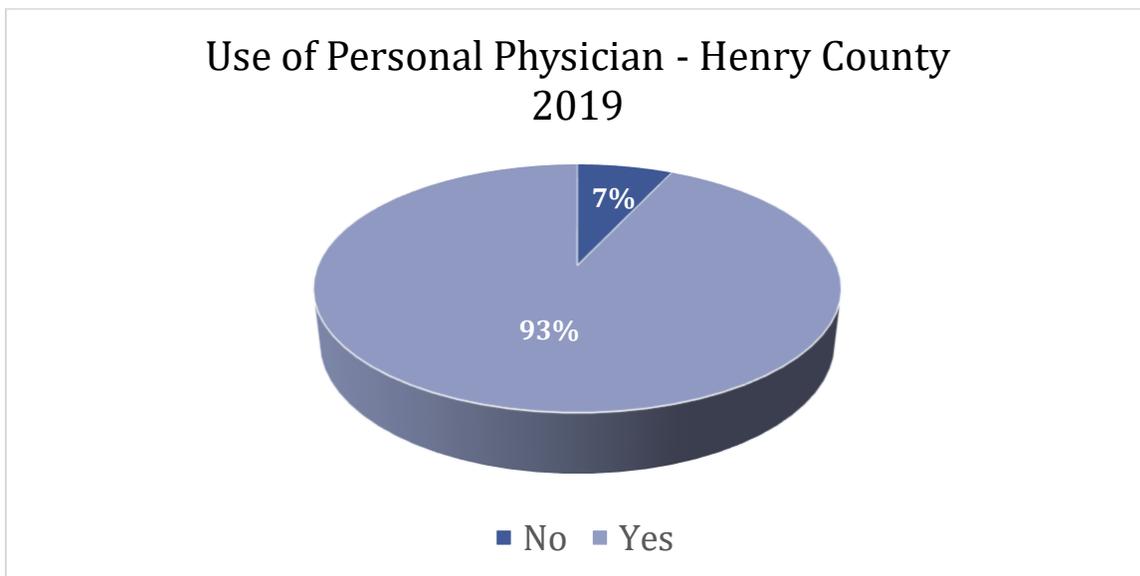
The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year is 36.4% for Henry County in 2010-2014 compared to 45.3% for 2007-2009. During the same timeframe, the State of Illinois realized an increase. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 93% of residents have a personal physician.



Source: CHNA Survey

Comparison to 2016 CHNA

The 2019 CHNA survey results for having a personal physician are higher compared to the 2016 CHNA. Specifically, 86% of residents reported having a personal physician in 2016 and 93% report the same in 2019.

Social Determinants Related to Having a Personal Physician

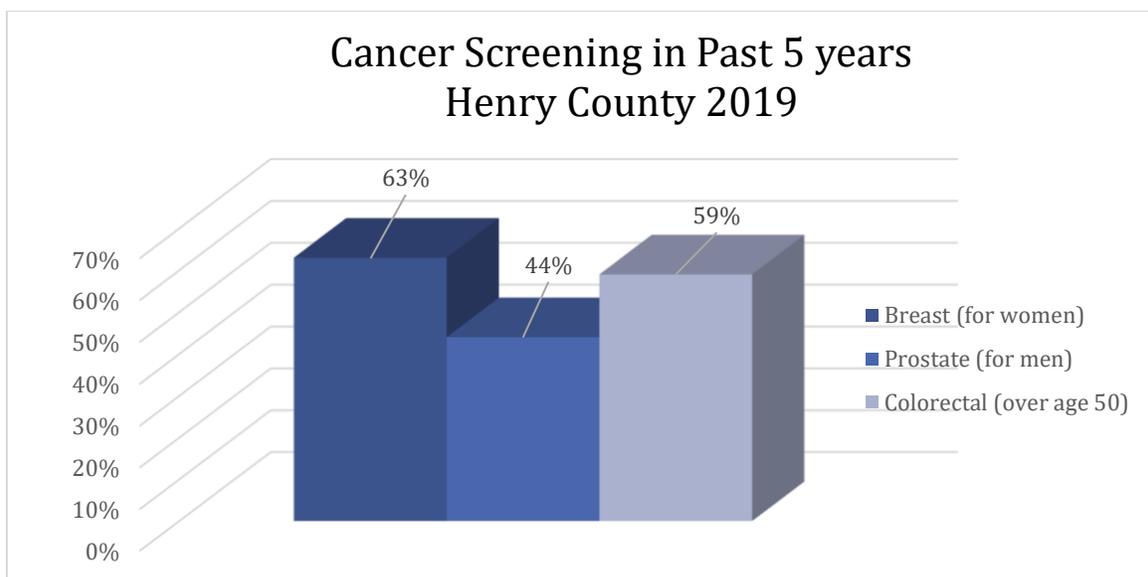
The following characteristics show significant relationships with having a personal physician. The following relationships were found using correlational analyses:

Having a personal physician tends to be more likely for White people. Latino people and those in an unstable (e.g., homeless) housing environment are less likely to report having a personal physician.

Cancer Screening

Early detection of cancer may greatly improve the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer. **Cancer screening is a new section to the 2019 CHNA.** Specifically, three types of cancer screening were measured: breast, prostate and colorectal.

Results from the CHNA survey show that 63% of women had a breast screening in the past five years. For men, 44% had a prostate screening in the past five years. For women and men over the age of 50, 59% had a colorectal screening in the last five years.



Source: CHNA Survey

Social Determinants Related to Cancer Screenings

Multiple characteristics show significant relationships with cancer screening. The following relationships were found using correlational analyses:

Breast screening tends to be more likely for those with a higher level of education and higher income. Latino women and those in an unstable (e.g., homeless) housing environment are less likely to have a breast screening.

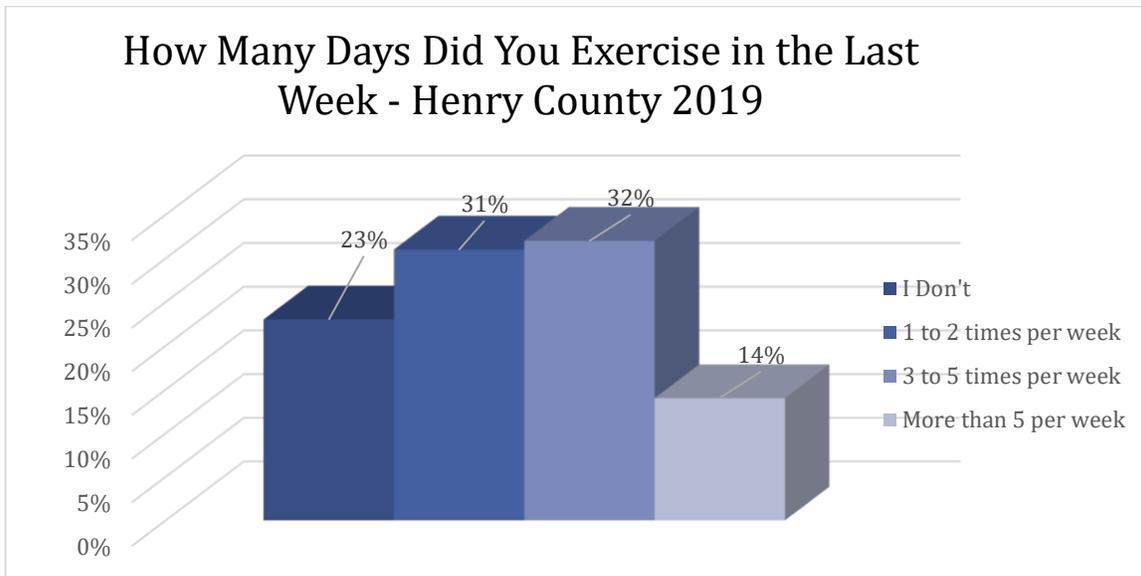
Prostate screening tends to be more likely for White men. Latino men are less likely to have a prostate screening.

Colorectal screening tends to be more likely for White people. Those in an unstable (e.g., homeless) housing environment are less likely to have a colorectal screening.

Physical Exercise

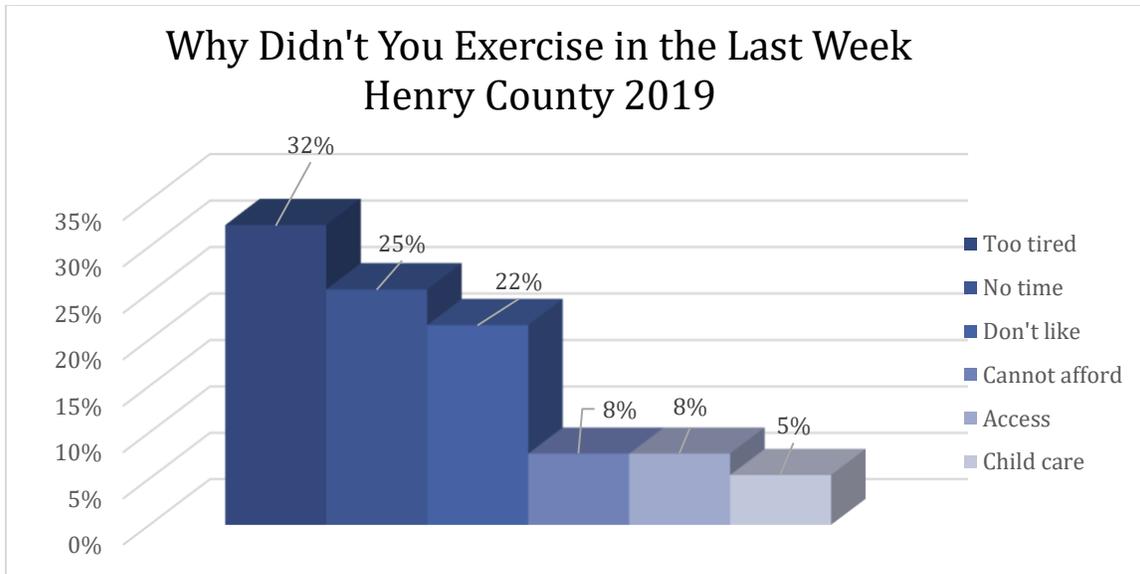
A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being.

Specifically, 23% of respondents indicated that they do not exercise at all, while the majority (63%) of residents exercise 1-5 times per week.



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. Similar to the 2016 CHNA, the most common reasons for not exercising are not having enough energy (32%) or time (25%) and a dislike of exercise (22%).



Source: CHNA Survey

Comparison to 2016 CHNA

There has been a significant improvement in those that do not exercise. In 2016, 34% of residents indicated they did not exercise at all and only 23% indicated they did not exercise in 2019.

Social Determinants Related to Exercise

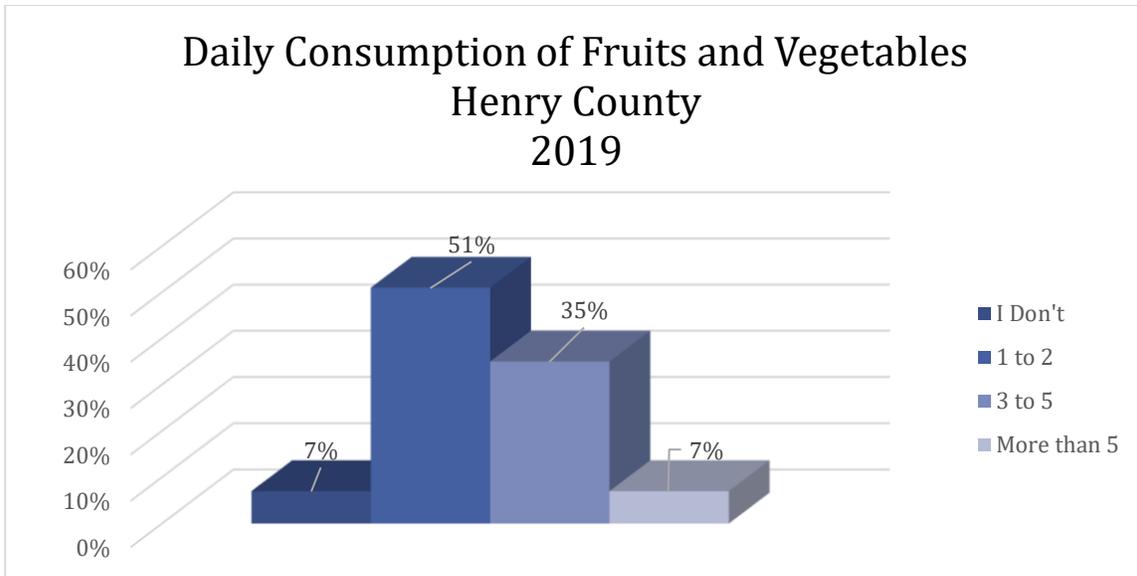
Multiple characteristics show significant relationships with frequency of exercise. The following relationships were found using correlational analyses:

Frequency of exercise tends to be more likely for those with a higher level of education and higher income.

Healthy Eating

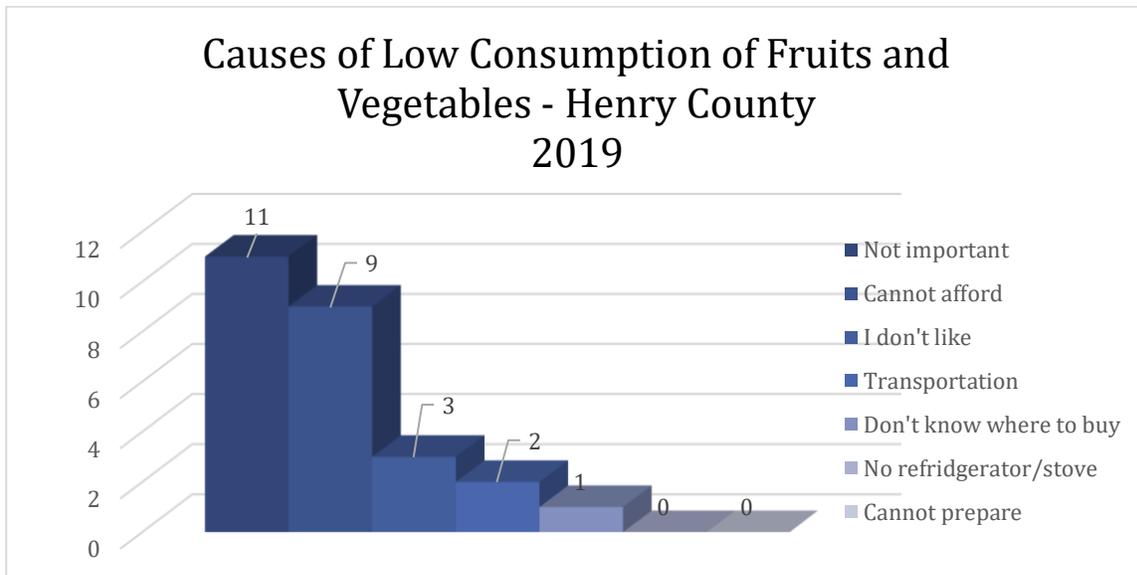
A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Almost two-thirds (58%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 7%.



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. Reasons most frequently given for failing to eat more fruits and vegetables are a lack of importance (11), and the expense involved (9). Note that these data are displayed in frequencies rather than percentages given the low number of responses.



Source: CHNA Survey

Comparison to 2016 CHNA

Results of the 2019 CHNA show improvement compared to the 2016 CHNA, where 69% of respondents indicated they had two or fewer servings of fruits and vegetables per day in 2016 compared to only 58% in 2019.

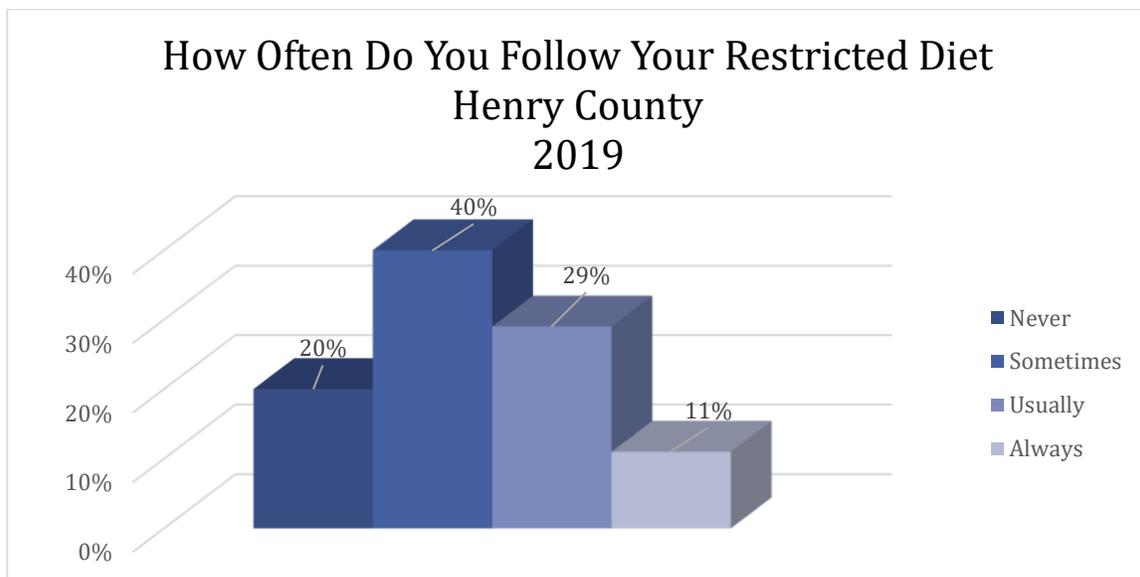
Social Determinants Related to Healthy Eating

Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

Consumption of fruits and vegetables tends to be more likely for women, those with a higher level of education and those with higher income.

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 40% usually or always follow a restricted diet. **This is a new question to the 2019 CHNA.**



Source: CHNA Survey

Morbidities related to following a restricted diet

Individuals with certain morbidities show significant relationships with following a restricted diet. The following relationships were found using correlational analyses:

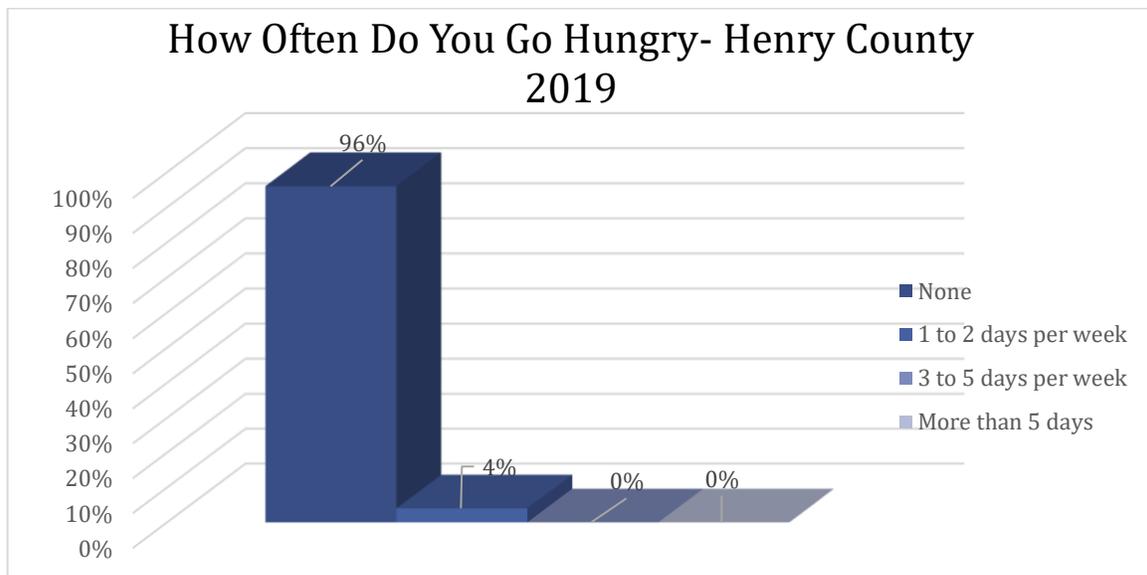
Following a restricted diet tends to be more likely for those diagnosed with diabetes and heart disease. Those diagnosed with being overweight or obese are less likely to follow a restricted diet.

2.3 Understanding Food Insecurity

Importance of the measure: It is essential that everyone has access to food and drink necessary for living healthy lives. Food insecurity exists when people don't have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs for a healthy life. **This is a new section to the 2019 CHNA.**

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry, however, 4% indicated they go hungry 1-to-2 days per week.



Source: CHNA Survey

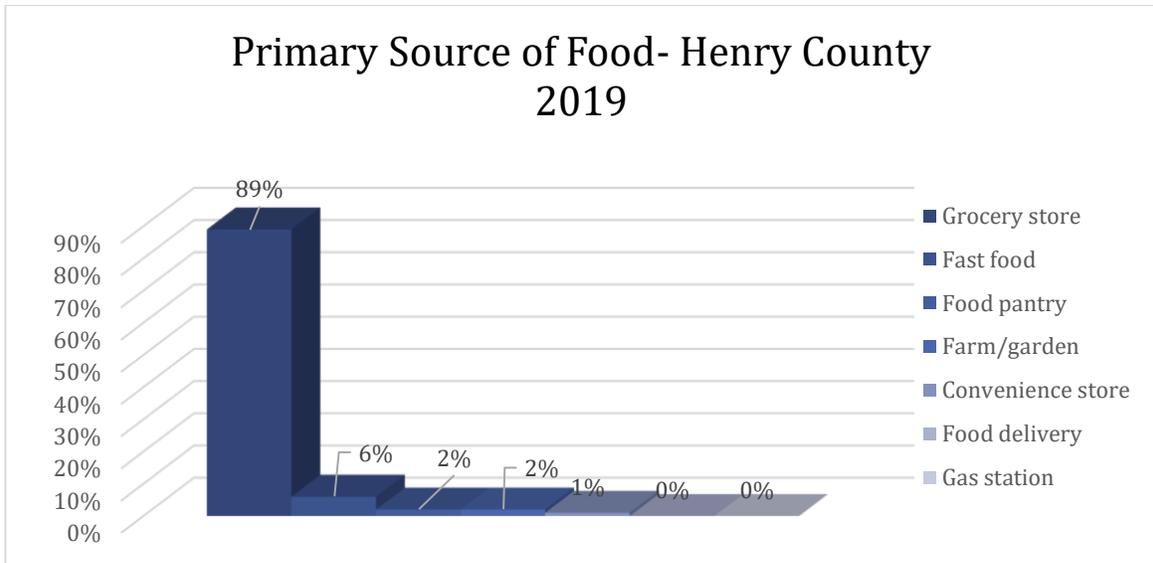
Social Determinants Related to Prevalence of Hunger

Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

Prevalence of Hunger tends to be more likely for those with less education, less income and those in an unstable (e.g., homeless) housing environment. White people are less likely to go hungry.

Primary Source of Food

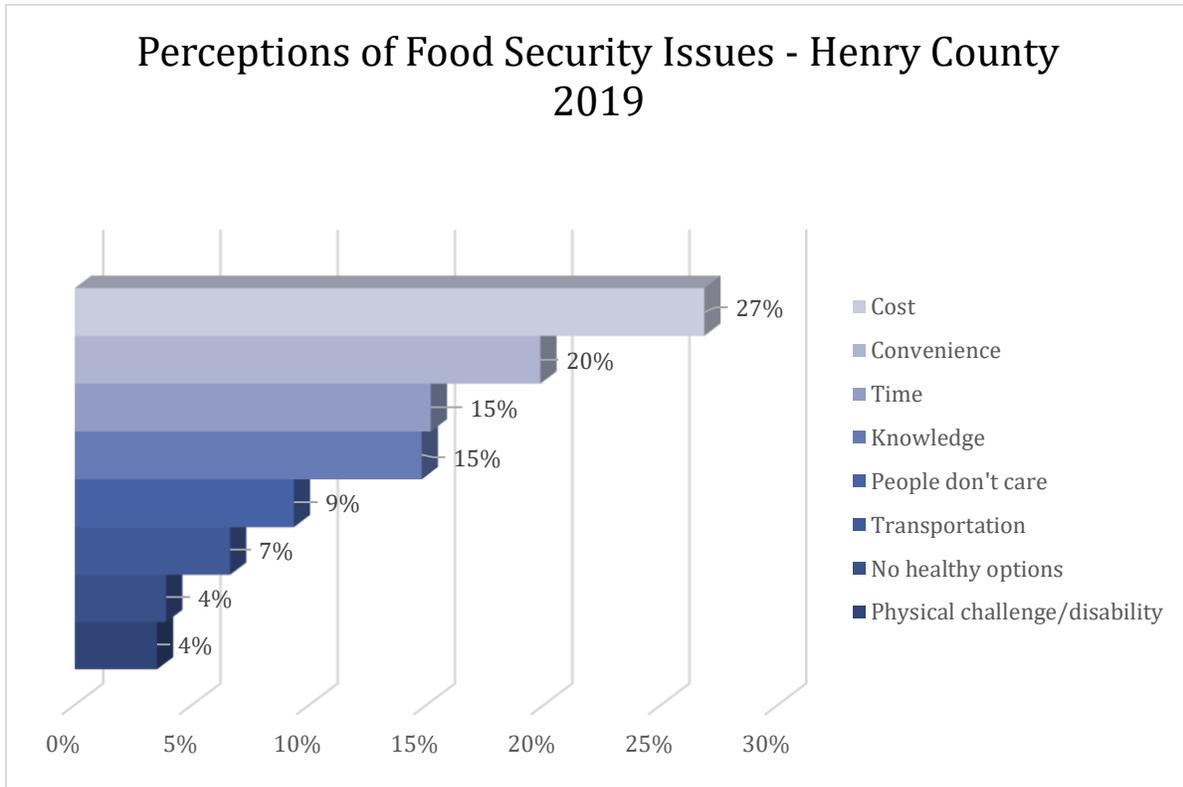
Respondents were asked to identify their primary source of food. It can be seen that the majority (89%) identified a grocery store. **This is a new section in the 2019 CHNA.**



Source: CHNA Survey

Community Perceptions of Causes for Food Insecurity

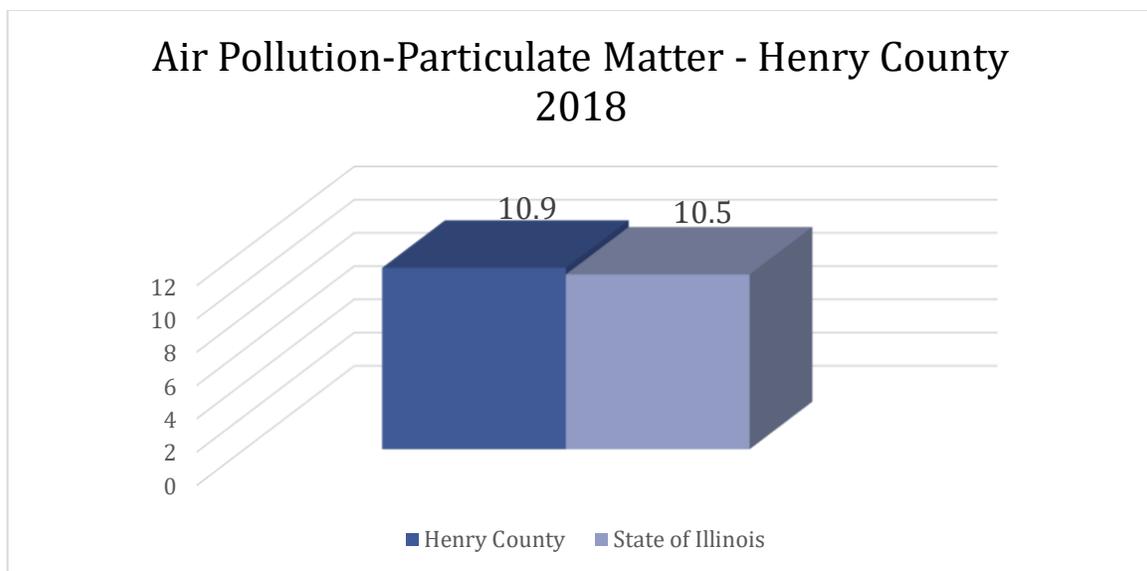
Respondents were asked to identify issues with food insecurity. The most prevalent answer was cost (27%), followed by convenience (20%). **This is a new section to the 2019 CHNA.**



Source: CHNA Survey

2.4 Physical Environment

Importance of the measure: According to the County Health Rankings, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM_{2.5}) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles. The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Henry County (10.9) is slightly higher than the State average of 10.5.



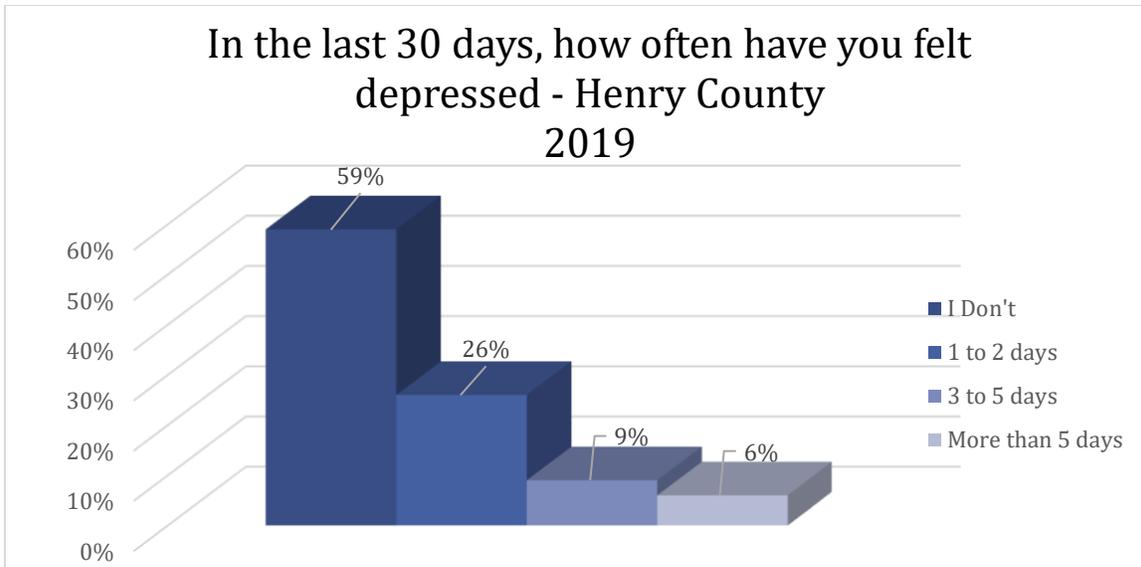
Source: County Health Rankings 2018 Data

2.5 Health Status

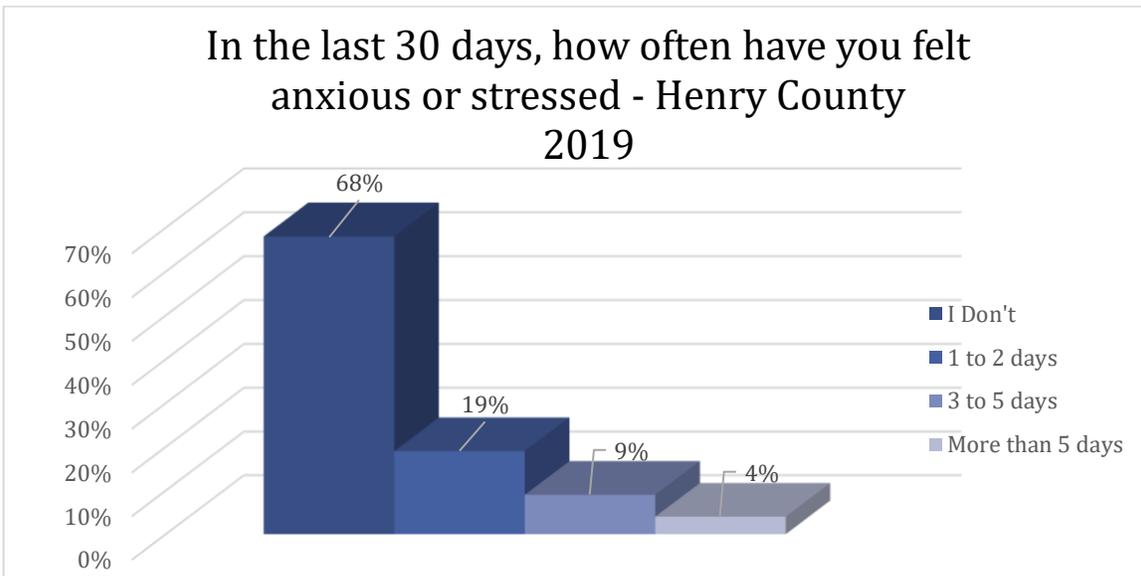
Importance of the measure: Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

Mental Health

The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 59% indicated they did not feel depressed in the last 30 days and 68% indicated they did not feel anxious or stressed. **This is a new section to the 2019 CHNA.**



Source: CHNA Survey



Source: CHNA Survey

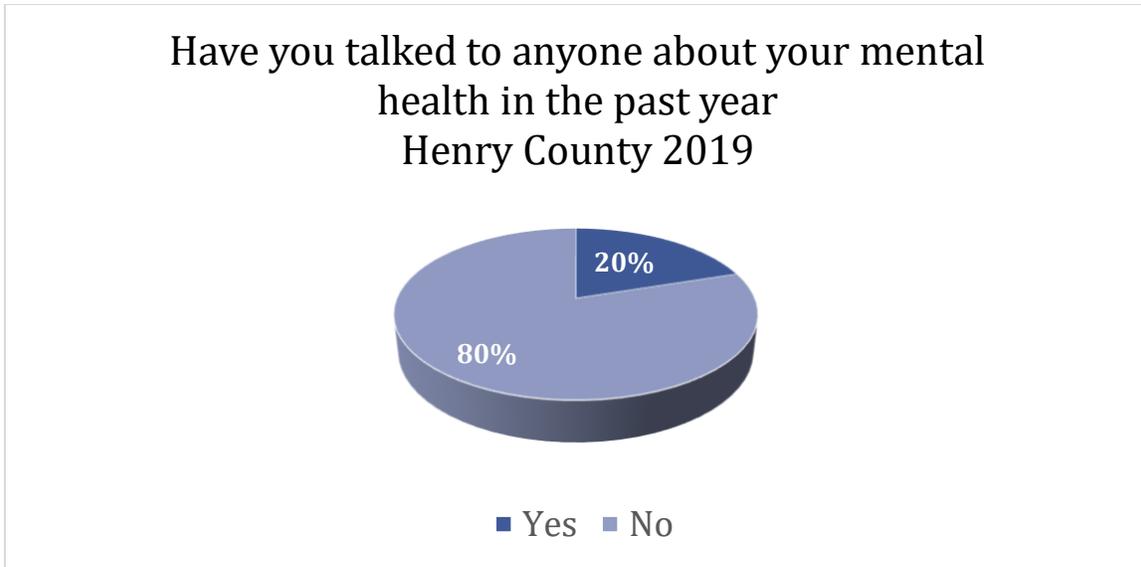
Social Determinants Related to Behavioral Health

Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

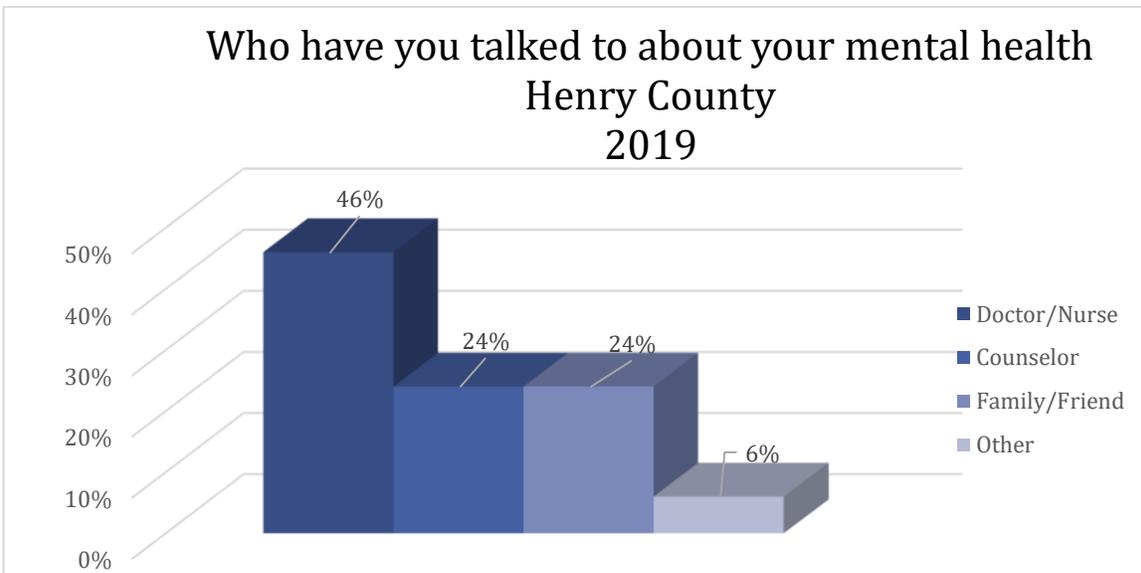
Depression tends to be rated higher for those with less income and those in an unstable (e.g., homeless) housing environment.

Stress and anxiety tends to be rated higher for younger people, those with less income and those in an unstable (e.g., homeless) housing environment.

Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 20% indicated that they spoke to someone, the most common response was a doctor/nurse (46%).



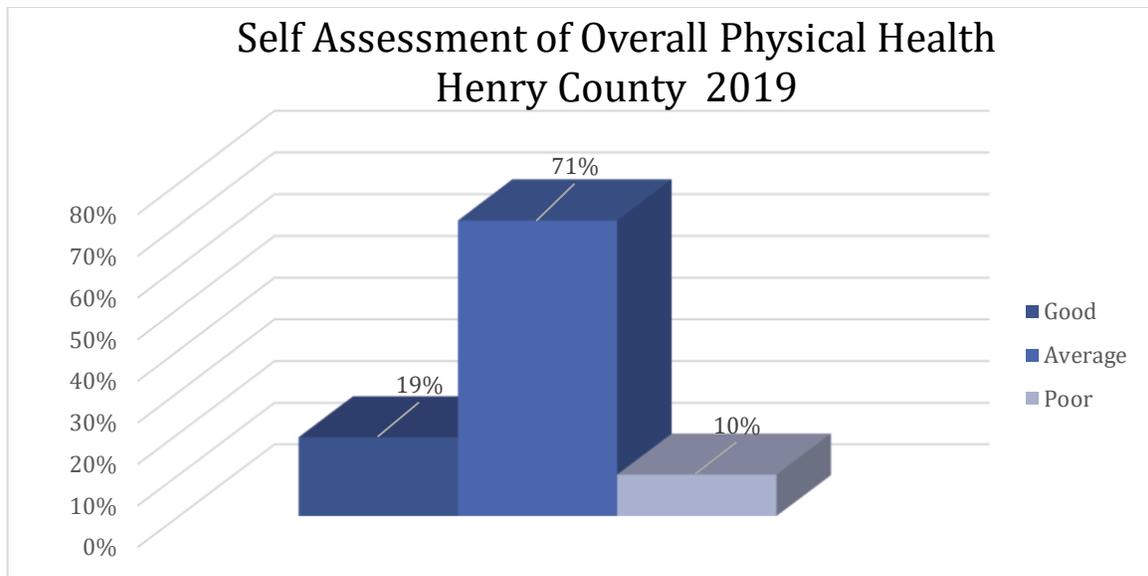
Source: CHNA Survey



Source: CHNA Survey

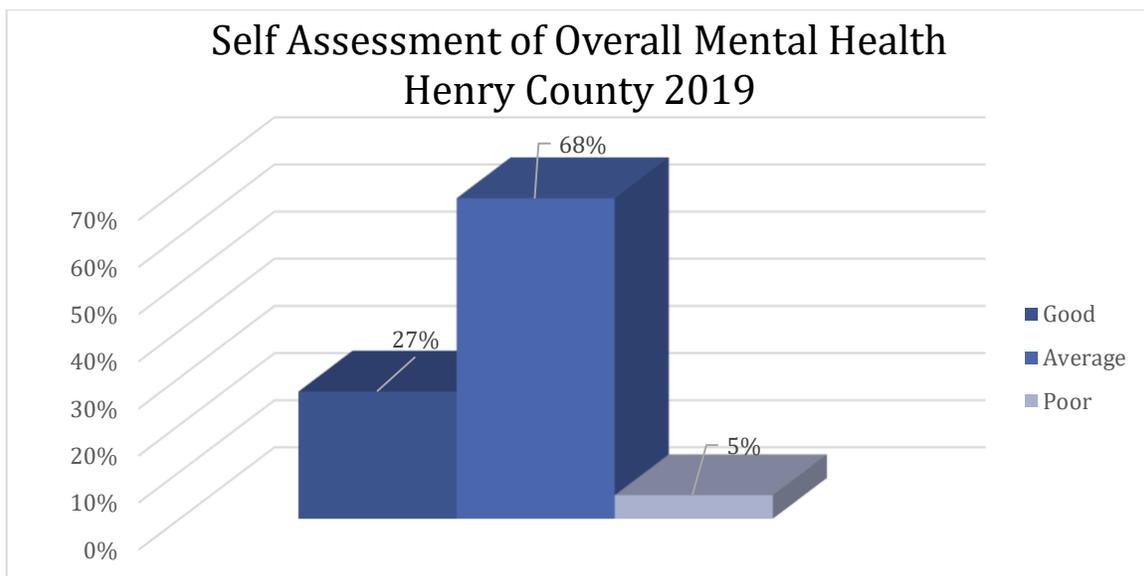
Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 10% of respondents report having poor overall physical health.



Source: CHNA Survey

In regard to self-assessment of overall mental health, 5% of respondents stated they have poor overall mental health.



Source: CHNA Survey

Comparison to 2016 CHNA

With regard to physical health, more people see themselves in poor health in 2019 (10%) than 2016 (4%). With regard to mental health, more people see themselves in poor health in 2019 (5%) than 2016 (1%).

Social Determinants Related to Self-Perceptions of Health

Multiple characteristics show significant relationships with self-perceptions of health. The following relationships were found using correlational analyses:

Perceptions of physical health tend to be higher for those with higher education and income.

Perceptions of mental health tend to be higher for older people and those with higher education and income. Women were less likely to report good mental health.

2.6 Key Takeaways from Chapter 2

- ✓ SIGNIFICANT INCREASED UTILIZATION OF URGENT CARE AS A PRIMARY SOURCE OF HEALTHCARE.
- ✓ INCREASED RATE OF PEOPLE THAT DO NOT HAVE ACCESS TO DENTAL CARE.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST AND COLORECTAL SCREENING.
- ✓ WHILE IMPROVING, THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ APPROXIMATELY 1/3 OF RESPONDENTS EXPERIENCED DEPRESSION OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

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

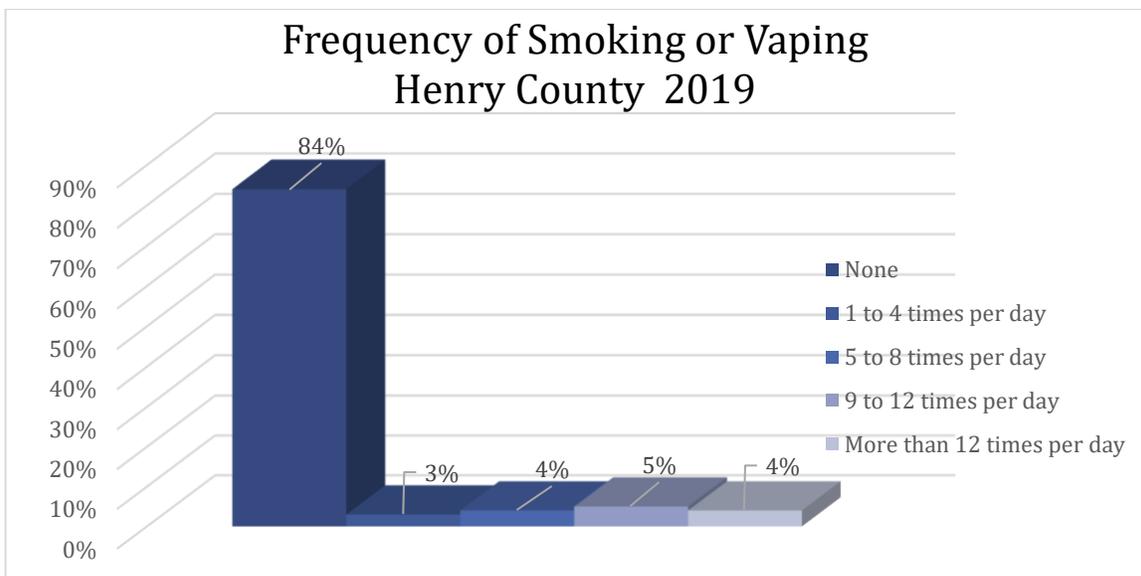
CHAPTER 3

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.

CHNA survey data show 84% of respondents do not smoke and only 4% state they smoke or vape more than 12 times per day.



Source: CHNA Survey

Comparison to 2016 CHNA

Results between 2016 and 2019 show a slight improvement for smoking or vaping, where 82% of people did not smoke/vape in 2016 and 84% do not smoke/vape in 2019

Social Determinants Related to Smoking or Vaping

Multiple characteristics show significant relationships with smoking or vaping. The following relationships were found using correlational analyses:

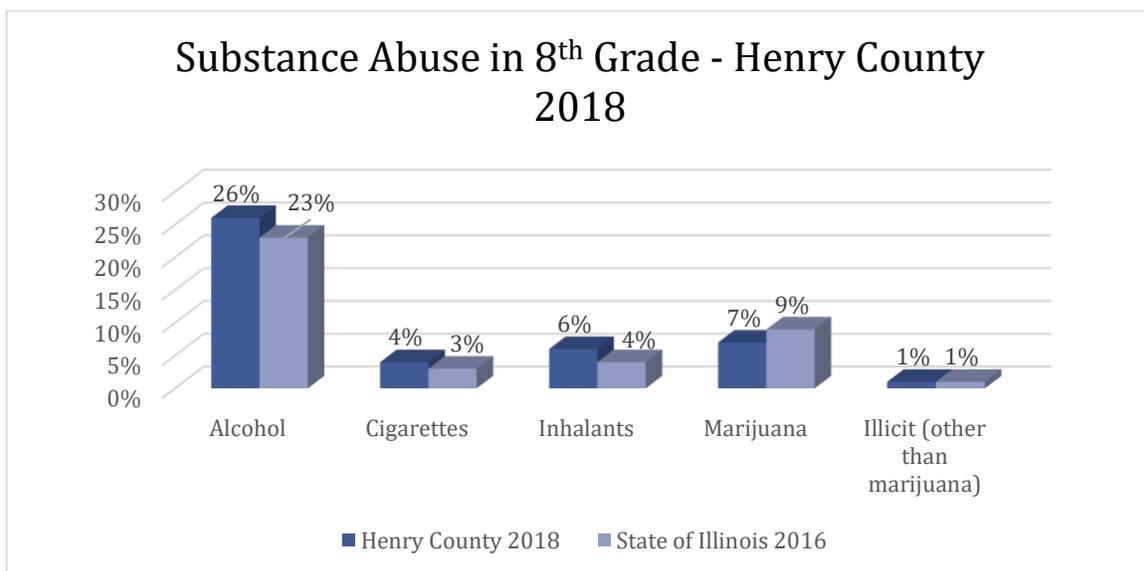
Smoking/vaping tends to be rated higher by younger people, those with less education and a lower income and those in an unstable (e.g., homeless) housing environment.

3.2 Drug and Alcohol Abuse

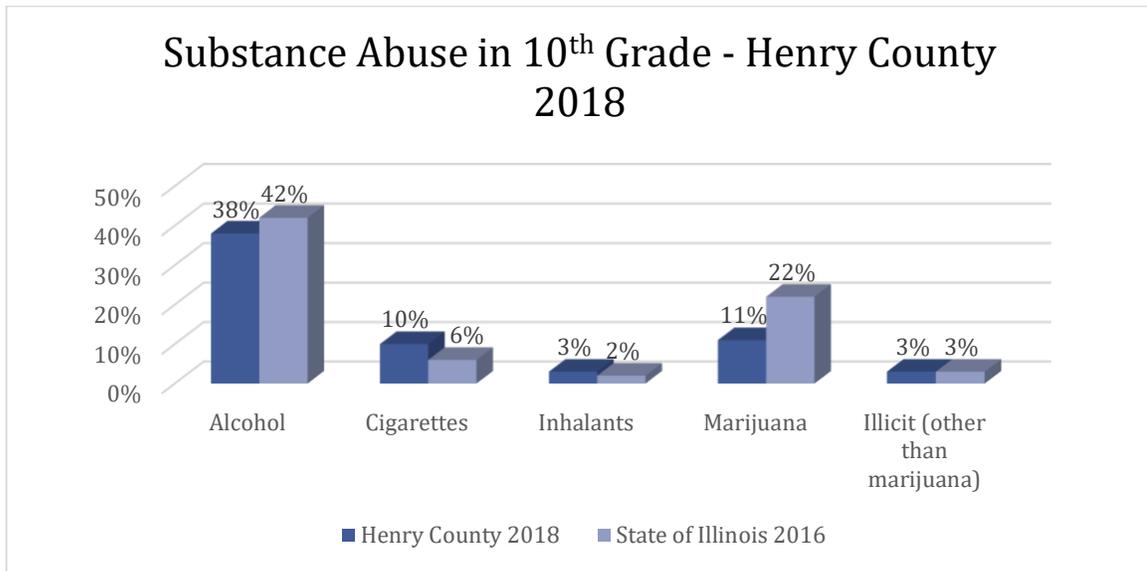
Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors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

Youth Substance Abuse

Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco and other drugs – mainly marijuana) among adolescents. Henry County is at or above State averages in all categories among 8th graders except for one category: marijuana. Among 10th graders, Henry County is at or below State averages in all categories except for cigarettes and inhalants.



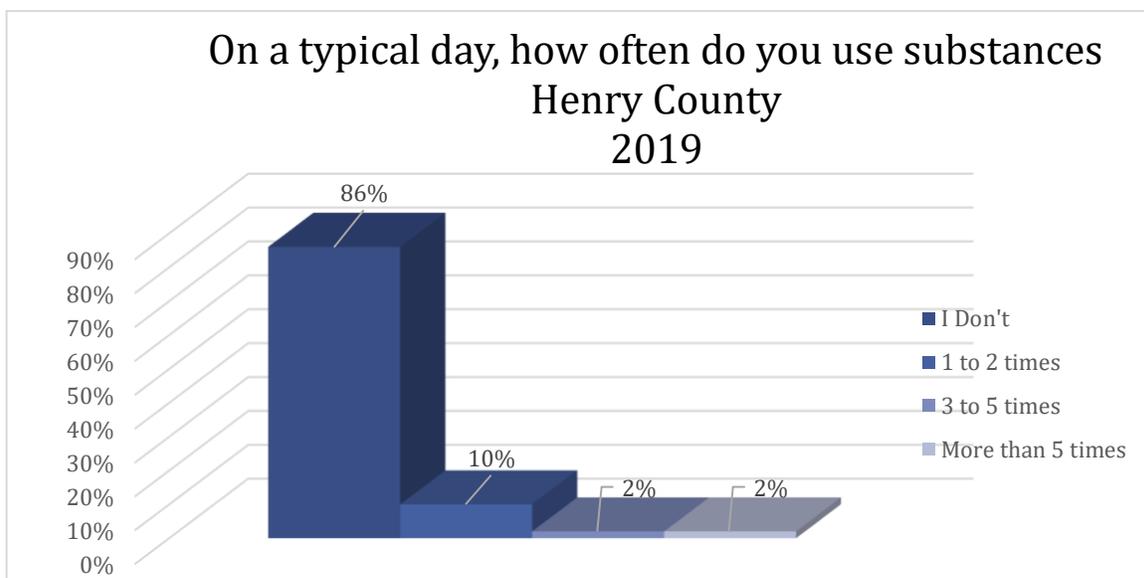
Source: University of Illinois Center for Prevention Research and Development



Source: University of Illinois Center for Prevention Research and Development

Adult Substance Abuse

Survey respondents were asked “On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?” Note given the increase in opioid abuse, use of legal drugs was included in the question. Of respondents, 86% indicated they do not use substances to make themselves feel better. **This is a new section to the 2019 CHNA.**



Source: CHNA Survey

Social Determinants Related to Substance Abuse

Multiple characteristics show significant relationships with substance abuse. The following relationships were found using correlational analyses:

Use of substances tends to be rated higher by less education and those in an unstable (e.g., homeless) housing environment.

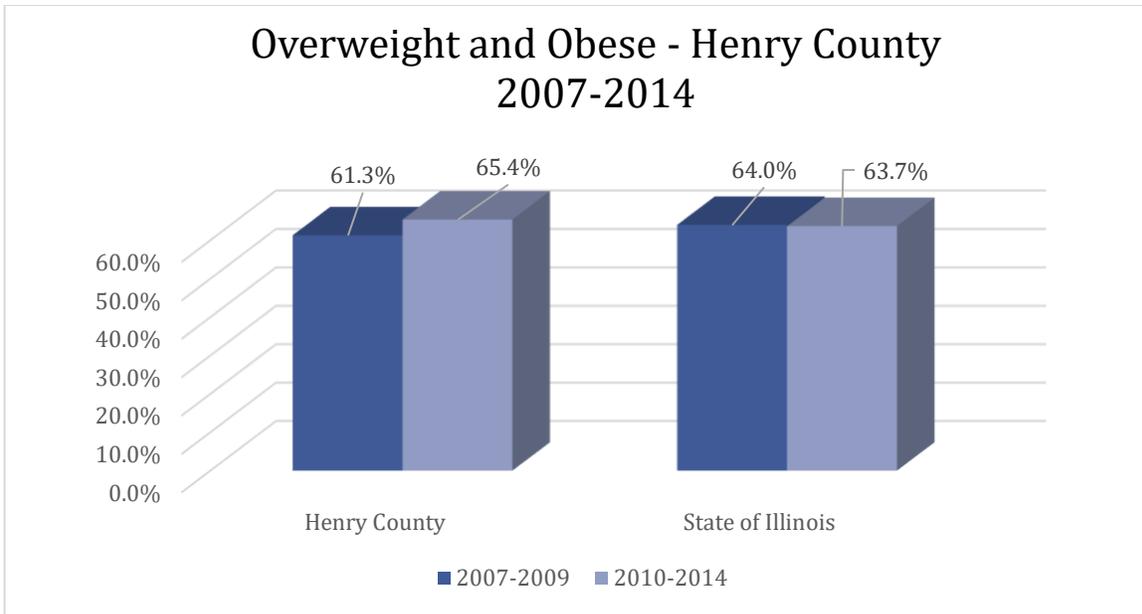
3.3 Overweight and Obesity

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 Henry County. The US Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

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. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

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. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

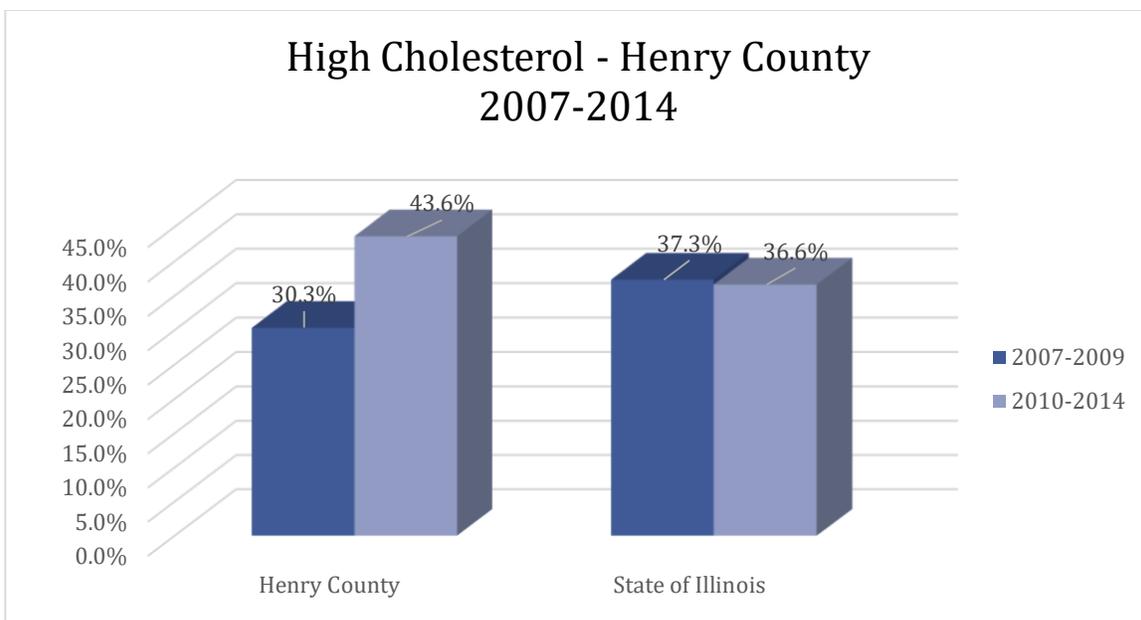
In Henry County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 61.3% to 65.4%. Overweight and obesity rates in Illinois have decreased from 2009 (64.0%) to 2014 (63.7%). Note that data have not been updated by the Illinois Department of Public Health. However, note in the 2019 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.



Source: Illinois Behavioral Risk Factor Surveillance System

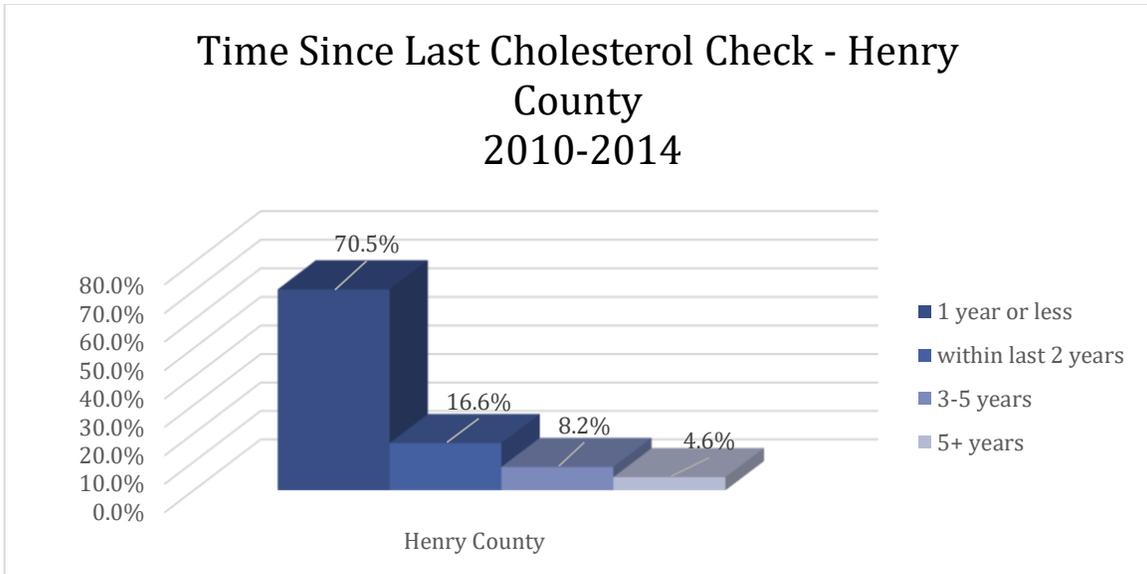
3.4 Predictors of Heart Disease

Residents in Henry County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Henry County (43.6%) than the State of Illinois average of 36.6%. Note that data have not been updated by the Illinois Department of Public Health.



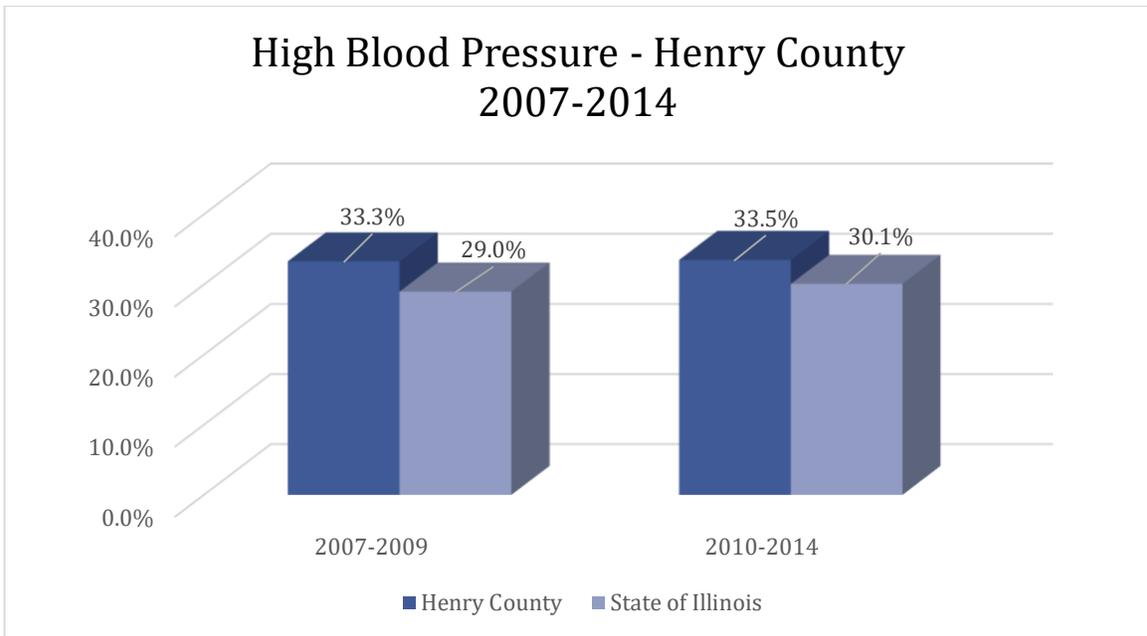
Source: Illinois Behavioral Risk Factor Surveillance System

However, most residents of Henry County report having their cholesterol checked recently. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Henry County has a lower percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Henry County residents reporting they have high blood pressure in 2014 decreased from 33.3% to 29%. Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ CIGARETTE USAGE AMONG 10TH GRADERS IS HIGHER THAN STATE AVERAGES.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN HENRY COUNTY.
- ✓ RISK FACTORS FOR HEART DISEASE ARE INCREASING.

CHAPTER 4 OUTLINE

- 4.1 Self-Identified Health Conditions
- 4.2 Healthy Babies
- 4.3 Cardiovascular
- 4.4. Respiratory
- 4.5 Cancer
- 4.6 Diabetes
- 4.7 Infectious Disease
- 4.8 Injuries
- 4.9 Mortality
- 4.10 Key Takeaways from Chapter 4

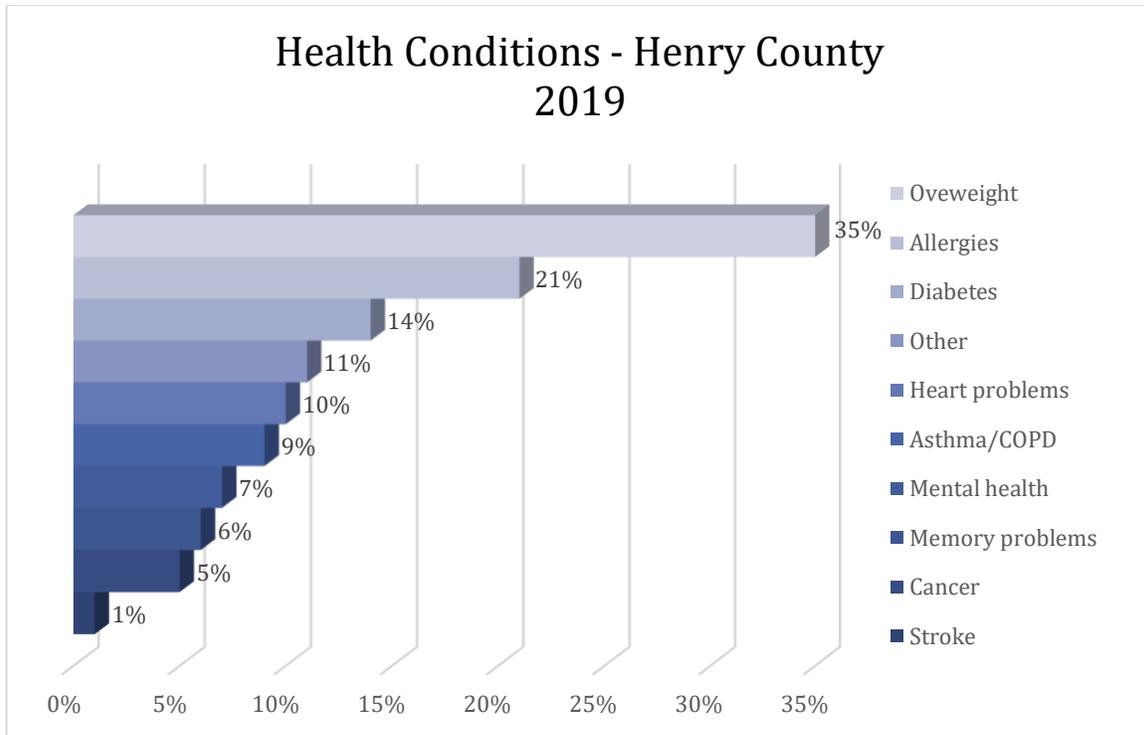
CHAPTER 4

MORBIDITY AND MORTALITY

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Henry County hospitals using COMP data. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (35%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. Specifically, BRFSS data indicate that roughly two-thirds of the population is overweight or obese. Most other self-identified morbidities reflected existing sources of secondary data accurately (e.g., cancer 5%).



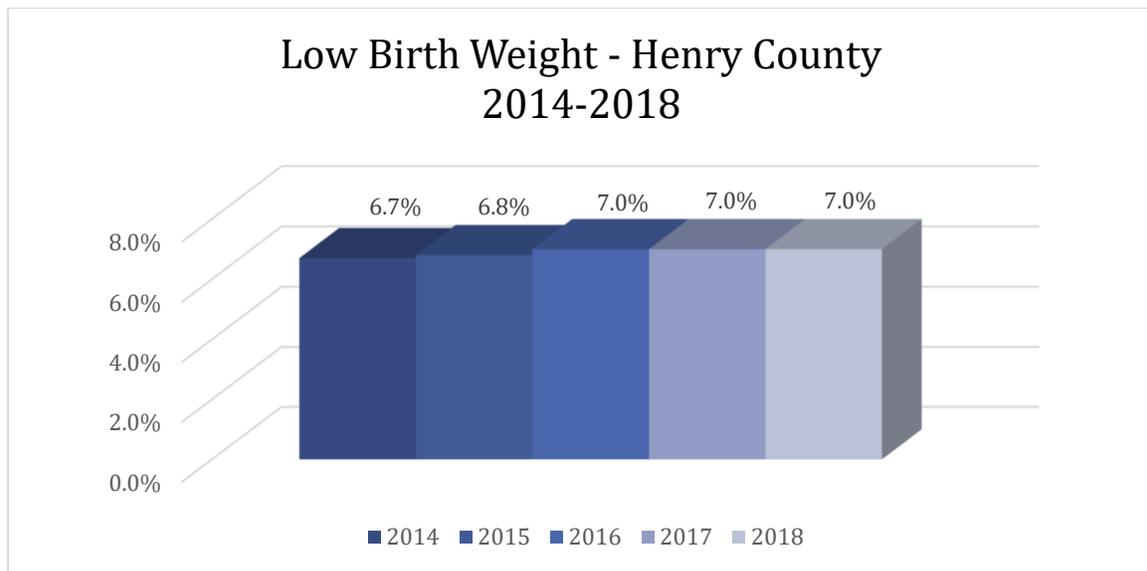
Source: CHNA Survey

4.2 Healthy Babies

Importance of the measure: Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of healthy babies. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Henry County increased from 2014 (6.7%) to 2018 (7.0%).



Source: <http://www.countyhealthrankings.org>

4.3 Cardiovascular Disease

Importance of the measure: Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

Coronary Atherosclerosis

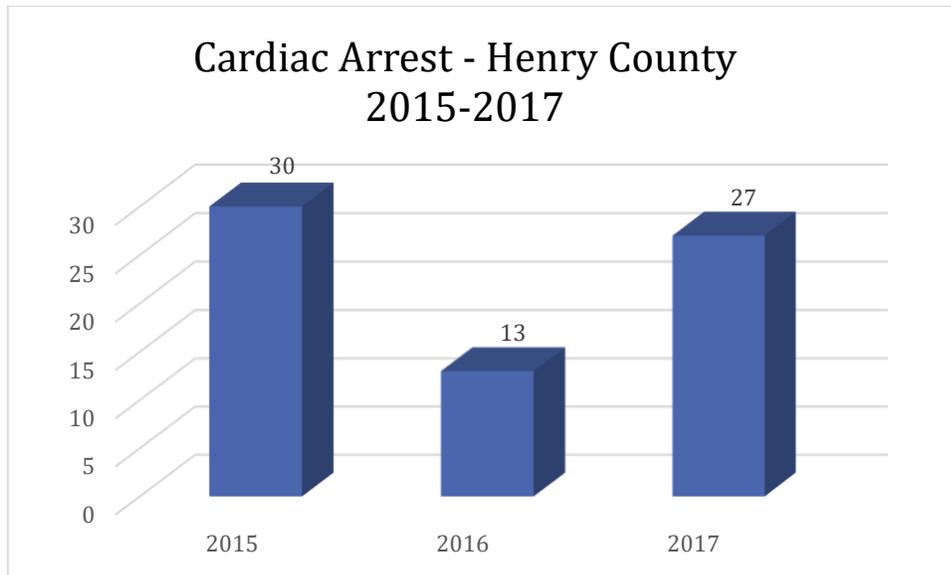
Coronary Atherosclerosis, sometimes-called hardening of the arteries, can slowly narrow and harden the arteries throughout the body. When atherosclerosis affects the arteries of the heart, it is called coronary artery disease.

Coronary artery disease is a leading cause of death for Americans. Most of these deaths are from heart attacks caused by sudden blood clots in the heart's arteries.

The number of cases of coronary atherosclerosis complication at Henry County area hospitals has been low, and 1 case was reported in 2016. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Cardiac Arrest

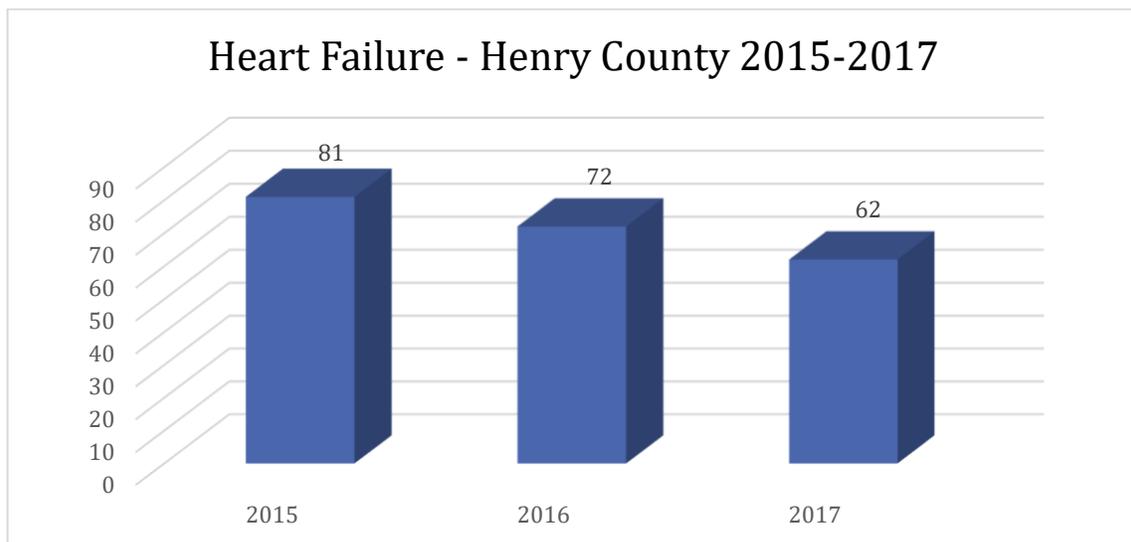
Cases of dysrhythmia and cardiac arrest at Henry County area hospitals decreased by 17 cases between FY15 and FY16. However, cases of dysrhythmia and cardiac arrest increased by 14 cases between FY16 and FY17. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Heart Failure

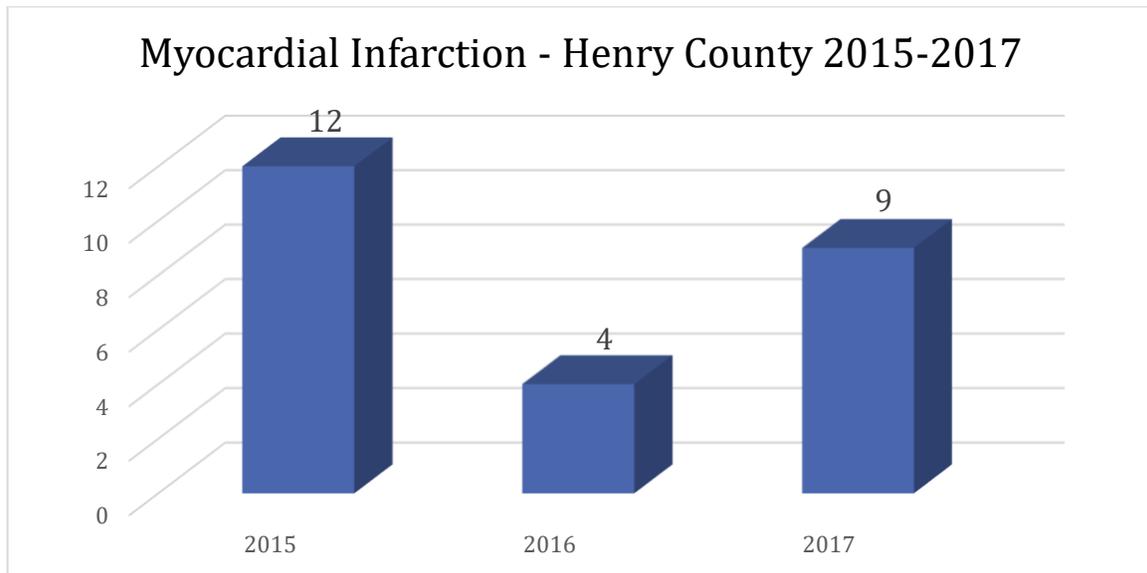
The number of treated cases of heart failure at Henry County area hospitals decreased. In FY 2015, 81 cases were reported, and in FY 2017, there were 62 cases reported. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Henry County decreased from 12 in 2015 to 4 in 2016. The number of cases of myocardial infarction then increased to 9 in 2017. Note that hospital-level data only show hospital admissions.



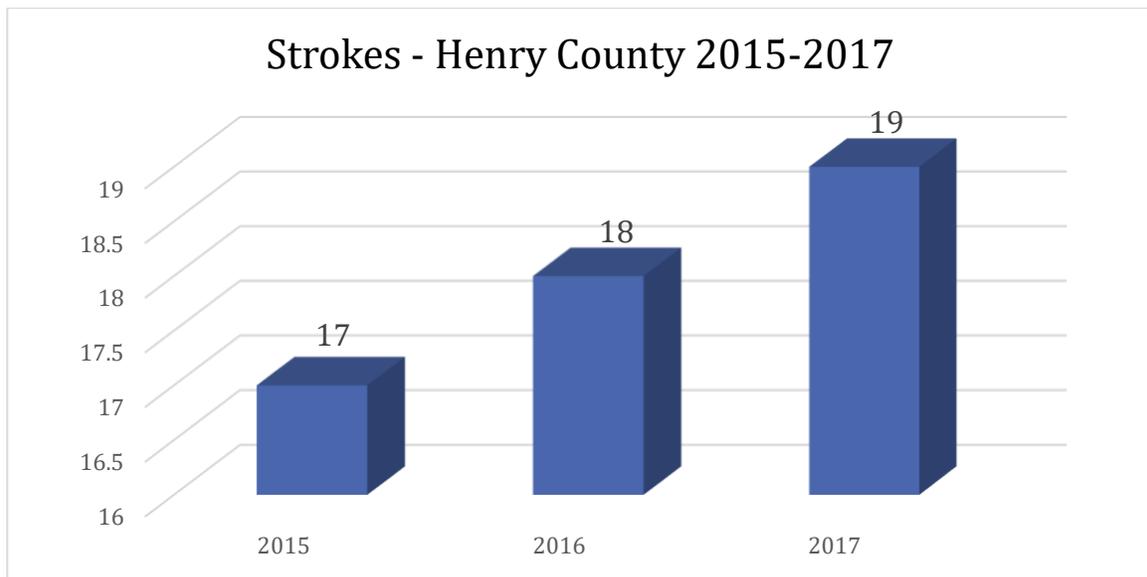
Source: COMPdata 2017

Arterial Embolism

There was 1 treated case of arterial embolism at Henry County area hospitals in 2017. Note that hospital-level data only show hospital admissions.

Strokes

The number of treated cases of stroke at Henry County area hospitals increased between FY 2015 and FY 2017. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.



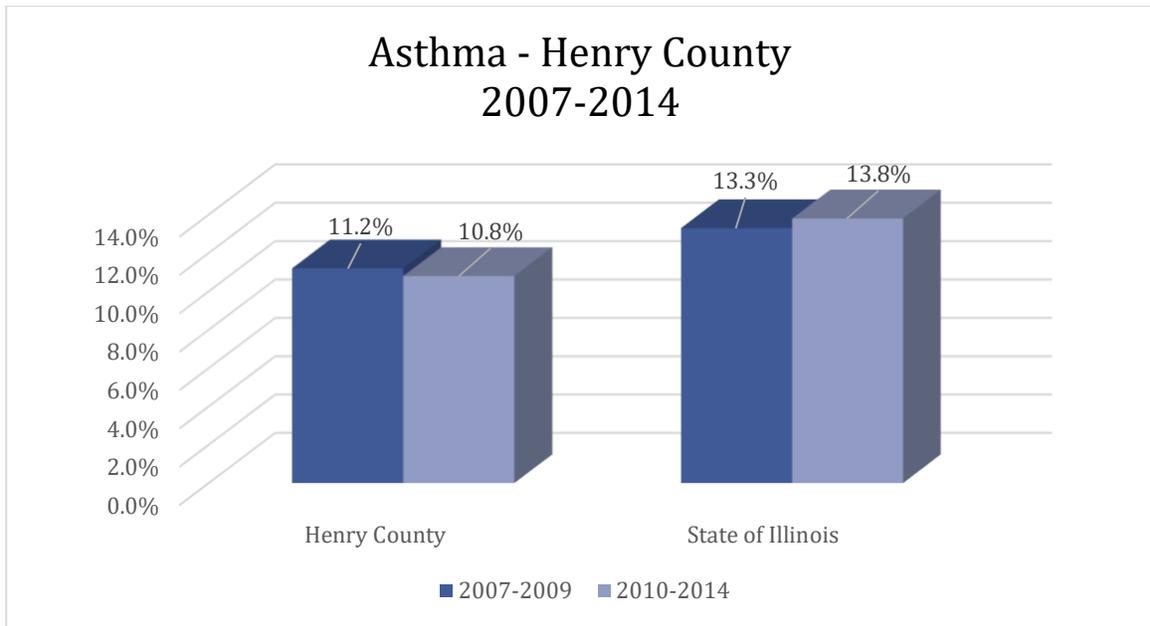
Source: COMPdata 2017

4.4 Respiratory

Importance of the measure: Disease of the respiratory system includes acute upper respiratory infections such as influenza, pneumonia, bronchitis, asthma, emphysema and Chronic Obstructive Pulmonary Disease (COPD). These conditions are characterized by breathlessness, wheezing, chronic coughing, frequent respiratory infections and chest tightness. Many respiratory conditions can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes, trips to the emergency room and absences from school and work. Hospitalization rates illustrate the worst episodes of respiratory diseases and are a proxy measure for inadequate treatment.

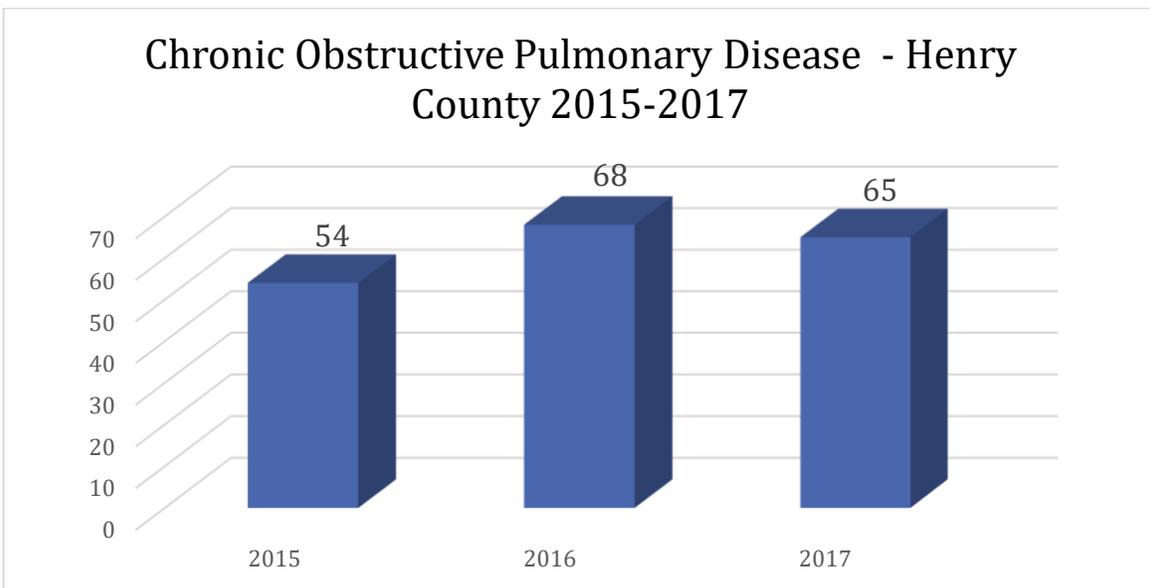
Asthma

The percentage of residents that have asthma in Henry County have decreased slightly between 2007-2009 and 2010-2014, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in Henry County (10.8%) are lower than the State of Illinois (13.8%). Note that data have not been updated by the Illinois Department of Public Health.



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Henry County area hospitals fluctuated between FY 2015 and FY 2017, with a significant incline in FY16. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

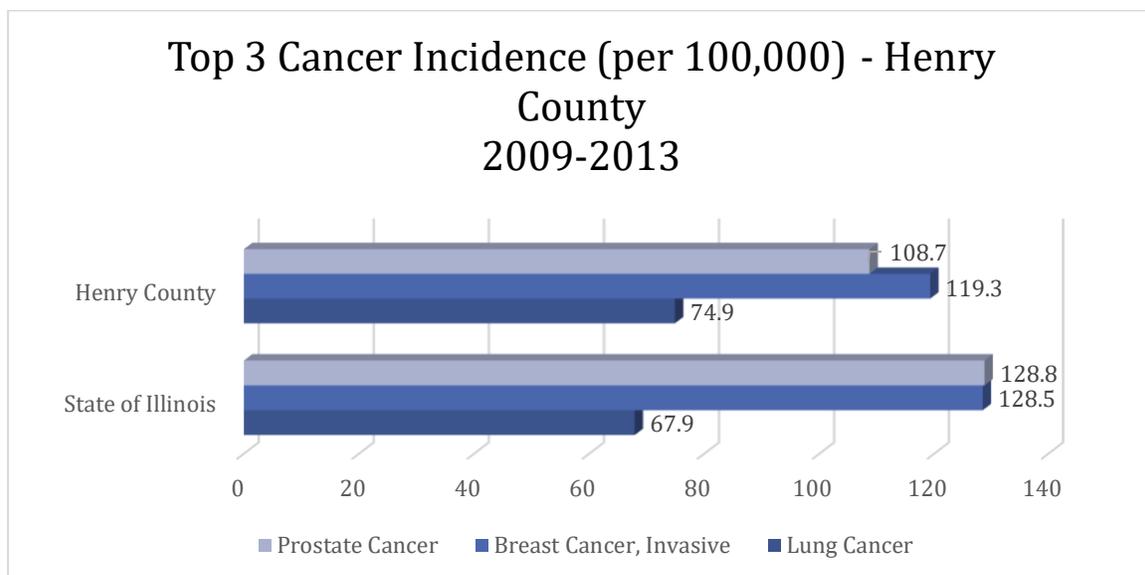


Source: COMPdata 2017

4.5 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 one of the leading causes of death in Henry County.

For the top three prevalent cancers in Henry County, comparisons can be seen below. Specifically, prostate cancer and breast cancer are lower than the State, while lung and bronchus cancer rates are higher than the State of Illinois.

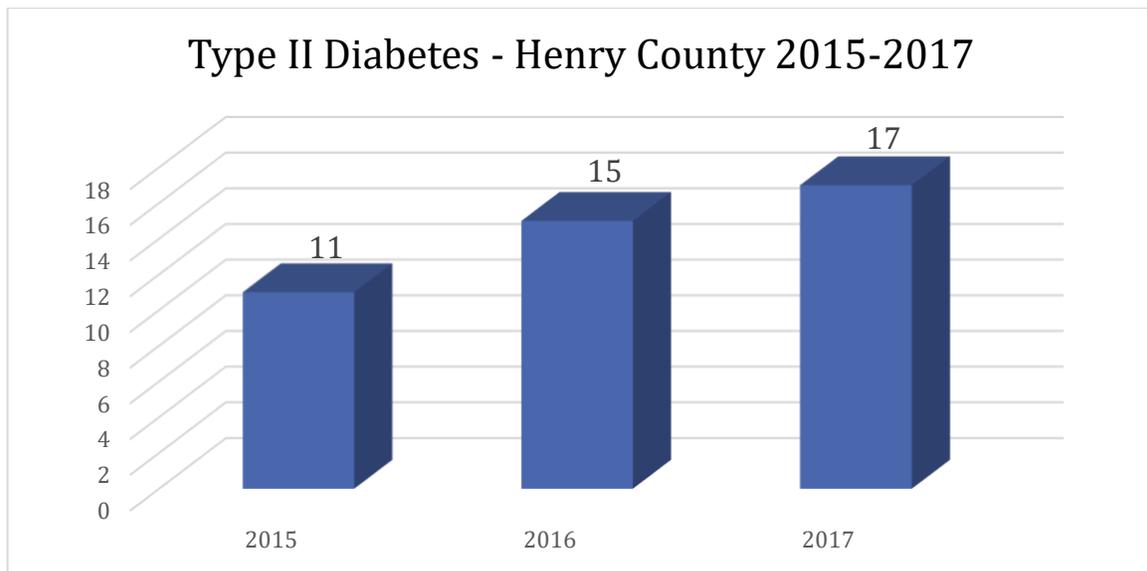


Source: <http://dph.illinois.gov/sites/default/files/publications/County-Sec1-Site-Specific-Cancer-Incidence-ers1605.pdf>

4.6 Diabetes

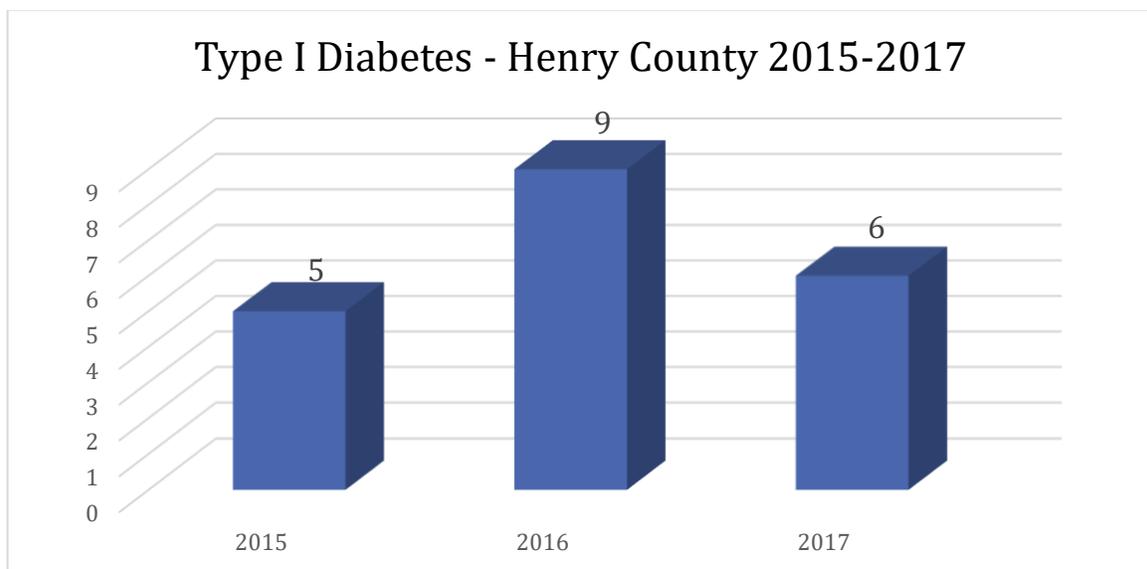
Importance of the measure: Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes have Type I diabetes (previously known as juvenile diabetes).

Inpatient cases of Type II diabetes from Henry County increased between FY 2015 (11 cases) and FY 2017 (17 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



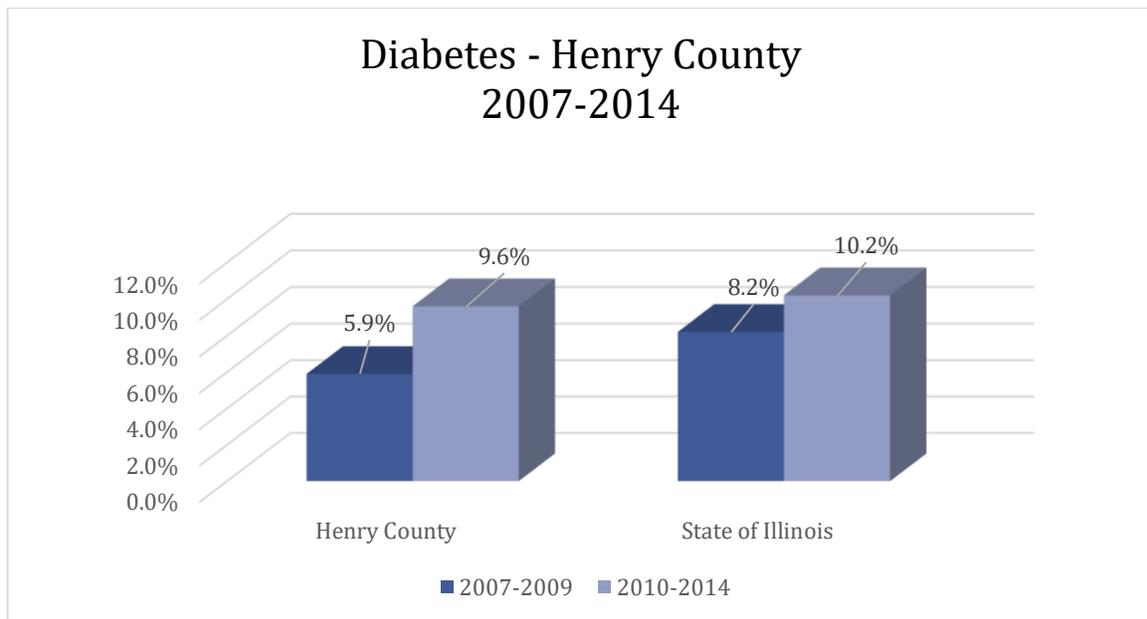
Source: COMPdata 2017

Inpatient cases of Type I diabetes show an increase from 2015 (5) to 2016 (9) followed by a decrease in 2017 (6) for Henry County. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata 2017

Data from the Illinois BRFSS indicate that 9.6% of Henry County residents have diabetes. Trends are concerning, as the prevalence of diabetes is increasing dramatically in Henry County and is approaching the State of Illinois average. Note that data have not been updated by the Illinois Department of Public Health.



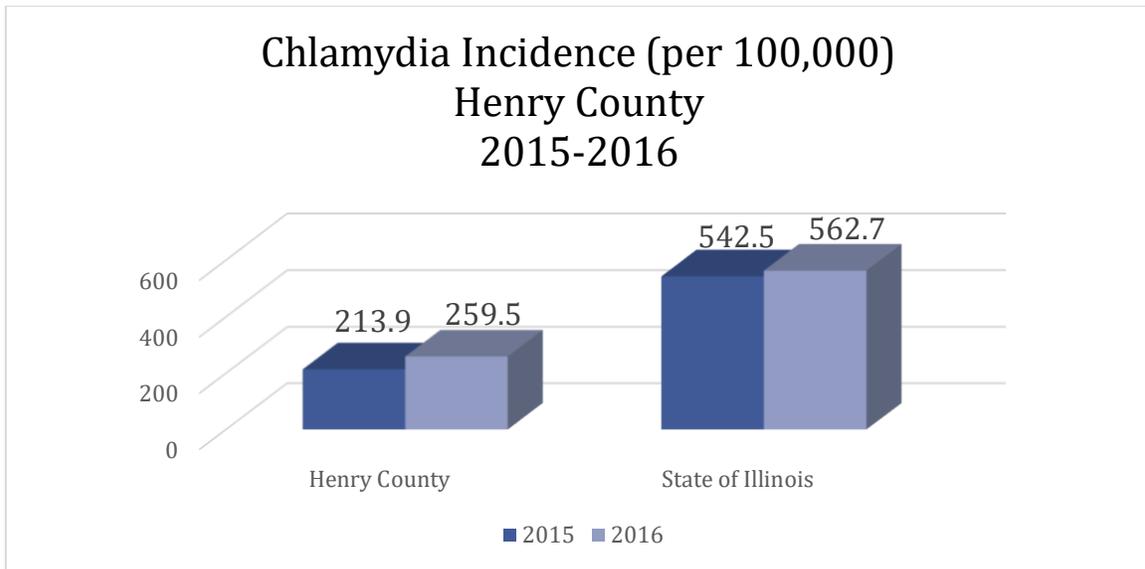
Source: Illinois Behavioral Risk Factor Surveillance System

4.7 Infectious Diseases

Importance of the measure: Infectious diseases, including sexually transmitted infections and hepatitis, are related to high-risk sexual behavior, drug and alcohol abuse, limited access to healthcare, and poverty. It would be highly cost-effective for both individuals and society if more programs focused on prevention rather than treatment of infectious diseases.

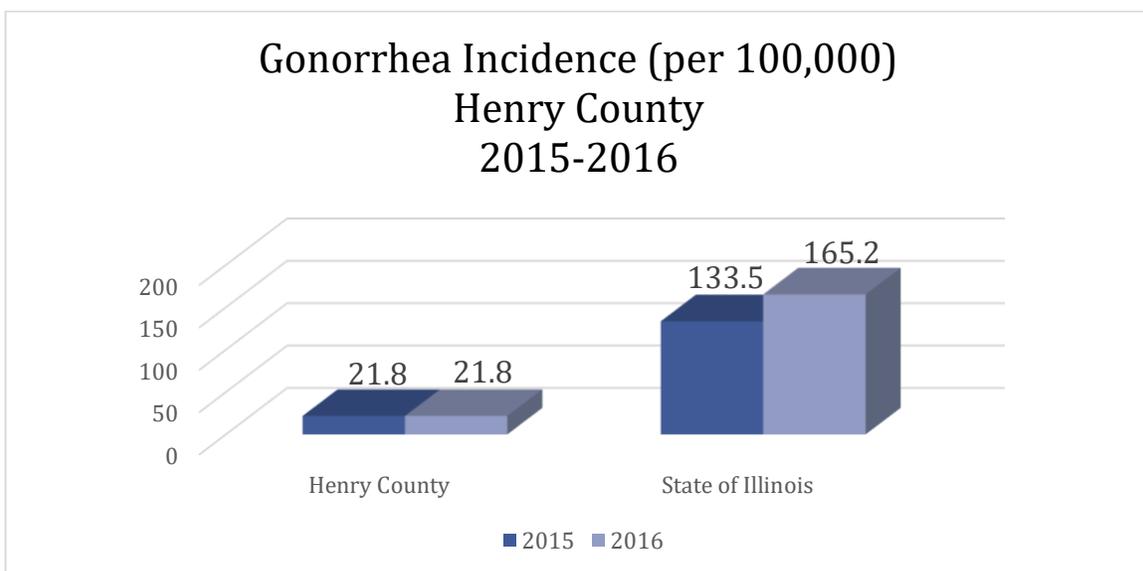
Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Henry County from 2015-2016 indicate a significant increase. There is also an increase of incidence of chlamydia across the State of Illinois. Rates of chlamydia in Henry County are lower than State averages.



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Henry County indicate no change from 2015-2016, while the State of Illinois experienced a significant increase from 2015-2016.



Source: Illinois Department of Public Health

Vaccine preventable diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. 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 (Rubeola), 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. Henry County has shown no significant outbreaks compared to state statistics, but there are limited data available.²

Vaccine Preventable Diseases 2013-2016 Henry County Region

Mumps	2013	2014	2015	2016
Henry County	0	0	0	0
State of Illinois	26	142	430	333

Pertussis	2013	2014	2015	2016
Henry County	0	0	1	0
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
Henry County	2	8	1	1
State of Illinois	731	596	443	469

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

Tuberculosis 2013-2016 Henry County Region

Tuberculosis	2013	2014	2015	2016
Henry County	0	0	0	0
State of Illinois	327	320	343	341

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

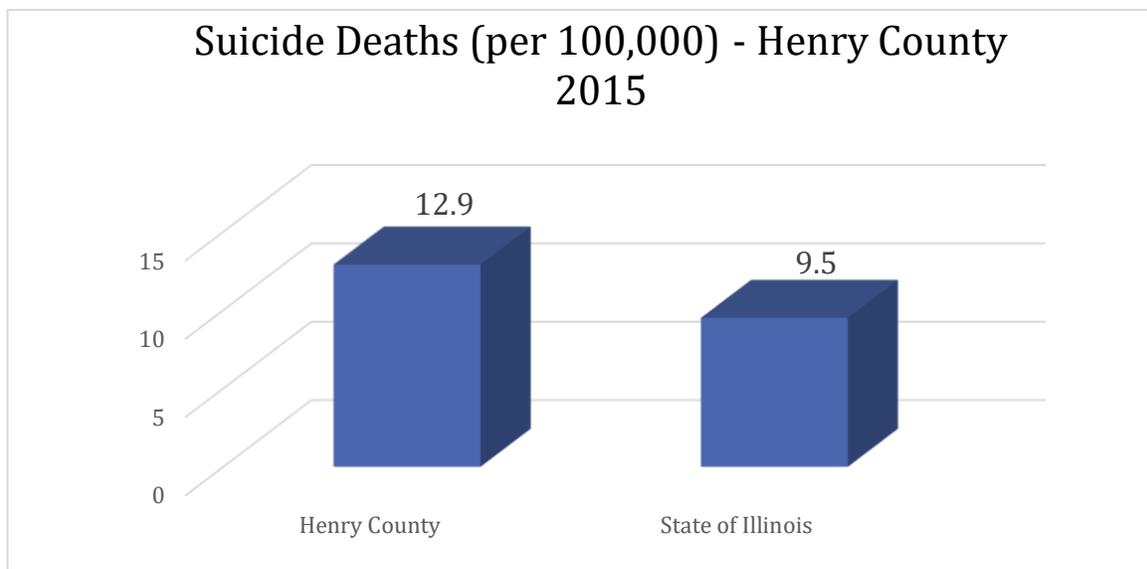
² Source: <http://www.idph.state.il.us/about/vpcd.htm>

4.8 Injuries

Importance of the measure: Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues. Unintentional injuries can occur, in part, from violent crimes.

Suicide

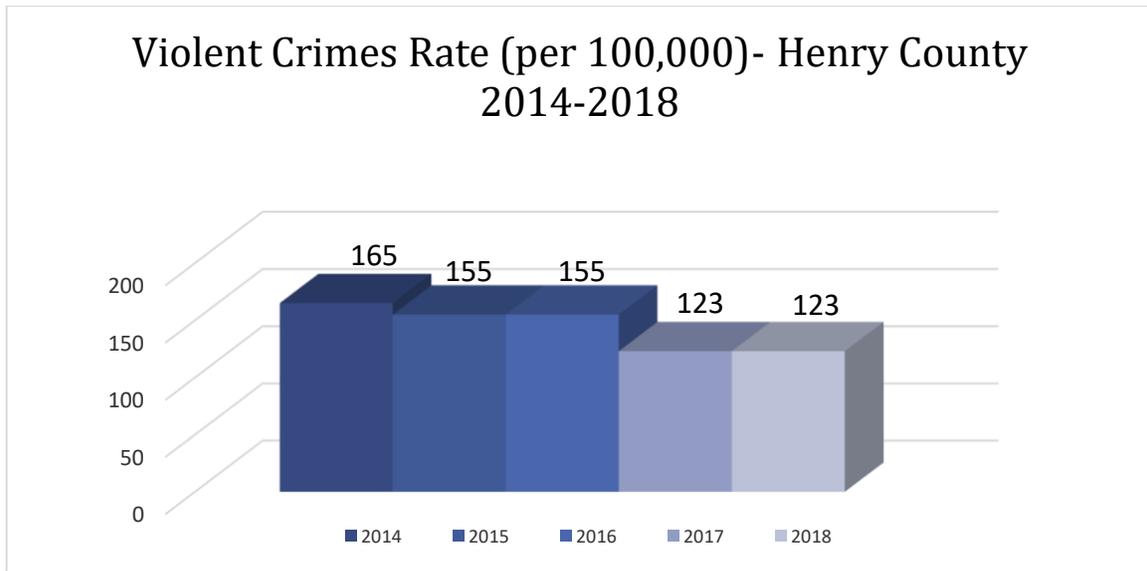
The number of suicides in Henry County indicate higher incidence than State of Illinois averages, as there were approximately 12.9 per 100,000 people in Henry County in 2015.



Source: Illinois Department of Public Health

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has decreased significantly for 2014-2018 in Henry County.



Source: Illinois County Health Rankings and Roadmaps

4.9 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 two leading causes of death in the State of Illinois and Henry County are similar as a percentage of total deaths in 2017. Diseases of the Heart are the cause of 26.2% of deaths and Cancer is the cause of 19.9% of deaths in Henry County.

Top 5 Leading Causes of Death for all Races by County, 2017		
Rank	Henry County	State of Illinois
1	Diseases of Heart (26.2%)	Diseases of Heart
2	Malignant Neoplasm (19.9%)	Malignant Neoplasm
3	Chronic Lower Respiratory Disease (8.2%)	Cerebrovascular Disease
4	Cerebrovascular Disease (4.6%)	Accidents
5	Accidents (3.4%)	Chronic Lower Respiratory Disease

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN HENRY COUNTY ARE SLIGHTLY HIGHER THAN STATE AVERAGES.
- ✓ ASTHMA HAS SEEN A SIGNIFICANT REDUCTION IN HENRY COUNTY AND IS LOWER THAN STATE AVERAGES.
- ✓ WHILE STATE AVERAGES HAVE ONLY SEEN A SLIGHT INCREASE, DIABETES IS TRENDING UPWARD SIGNIFICANTLY IN HENRY COUNTY AND IS APPROACHING STATE AVERAGES.
- ✓ CANCER AND HEART DISEASE ARE THE LEADING CAUSES OF MORTALITY IN HENRY COUNTY.

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 Community Resources
- 5.6 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.

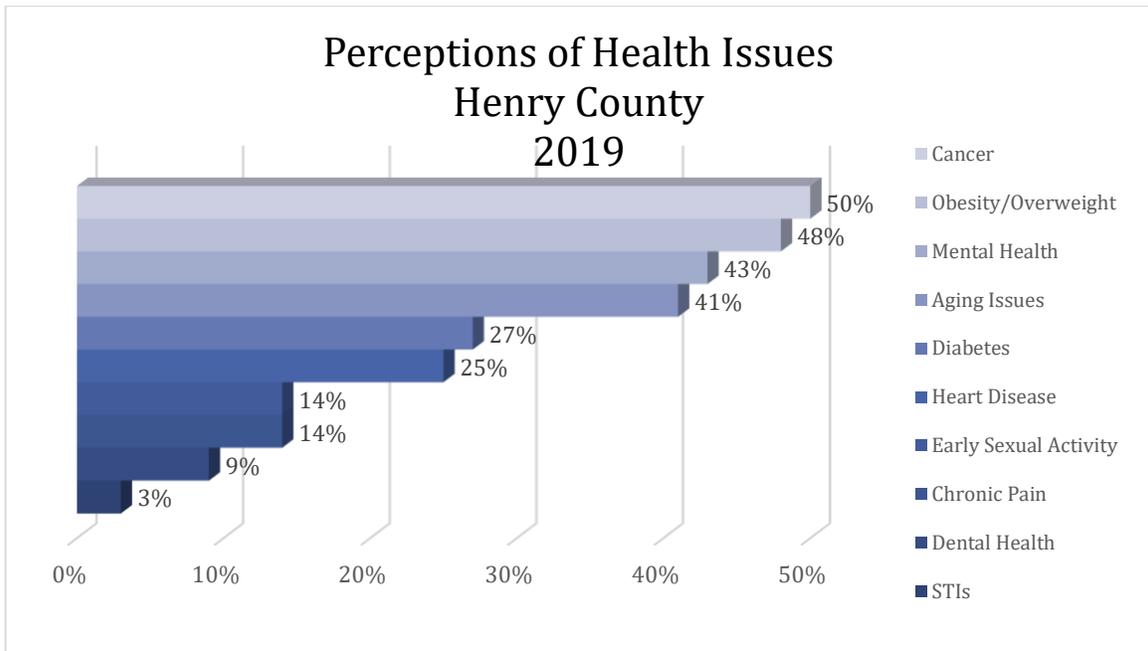
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

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 10 different options. Note that respondents could choose up to three health issues, so total percentages are greater than 100.

The health issue that rated highest was cancer (50%), followed by obesity/overweight (48%), mental health (43%) and aging issues (41%). These four factors were significantly higher than other categories based on *t-tests* between sample means.

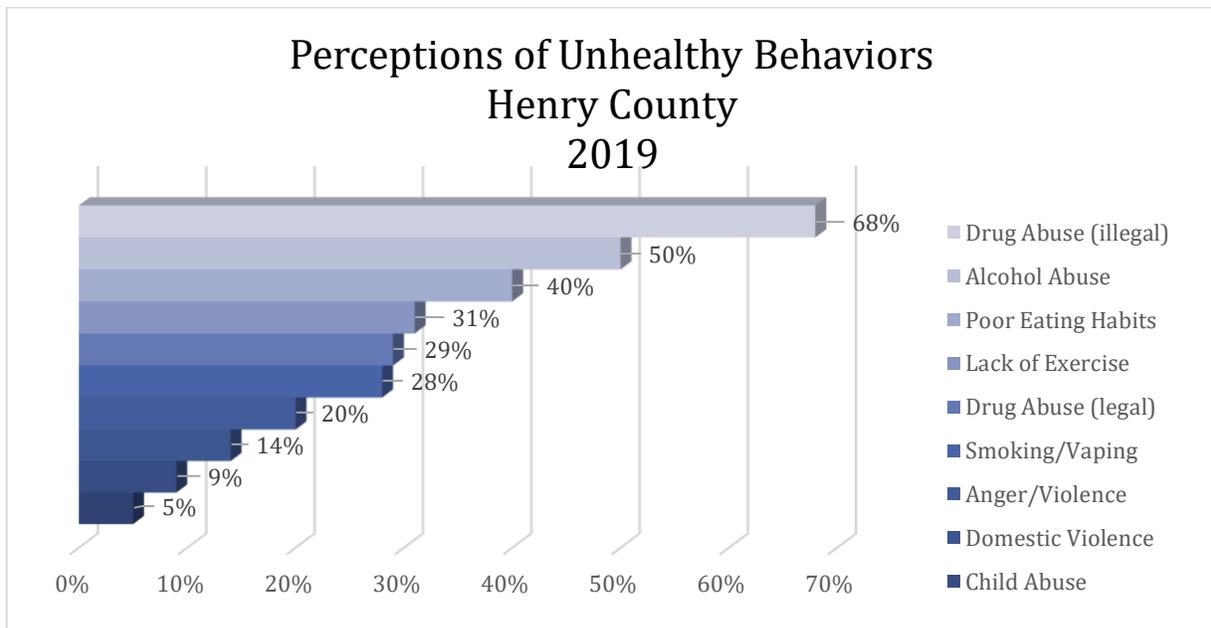
Note that perceptions of the community were accurate in some cases. For example, cancer is a leading cause of mortality. Also, obesity is an important concern and the survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.



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 10 choices. The two unhealthy behaviors that rated highest were drug abuse (illegal) at 68% and alcohol abuse at 50%. Note that drug abuse (legal) rated relatively high given the increase, in part, of opioid abuse.

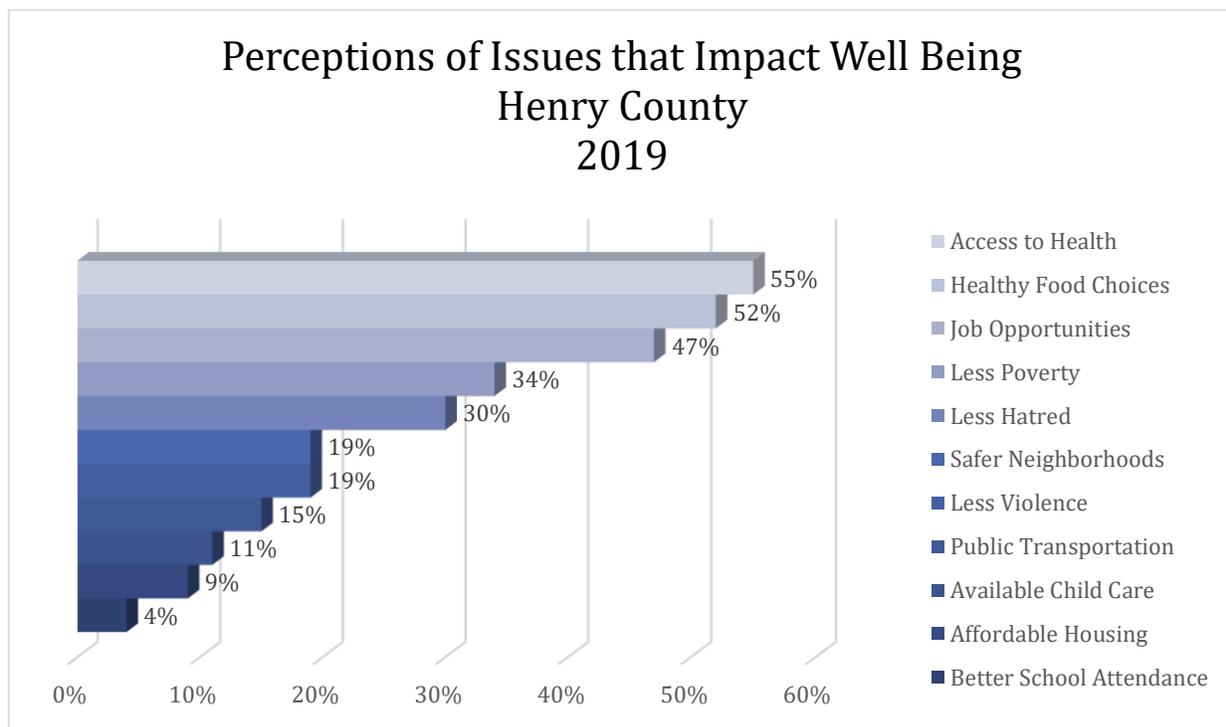


Source: CHNA Survey

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 issue impacting well-being that rated highest was access to health (55%). It was followed by healthy food choices (52%) and job opportunities (47%). These three factors were significantly higher than other categories based on *t-tests* between sample means.



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) – Four factors were identified as the most important areas of impact from the demographic analyses:

- Population decreased
- Population over age 65 increased
- Single female head-of-house-household represents 9% of the population
- Telehealth

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

- Increased utilization of urgent care facilities
- Access to dental care
- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

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

- Cigarette usage
- Overweight and 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:

- Lung cancer
- Asthma
- Diabetes is trending upward
- Cancer and heart disease are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 8 potential categories. Based on similarities and duplication, the 8 potential areas considered are:

- **Aging issues**
- **Healthy behaviors – nutrition & exercise**
- **Behavioral health**
- **Overweight/Obesity**
- **Substance abuse**
- **Access – dental**
- **Cancer - lung**
- **Cancer screening**

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 8 health-related areas were being addressed. A resource matrix can be seen in Appendix 5 relating to the 8 health-related issues.

There are numerous forms of resources in the community. They are categorized as recreational facilities, county health departments, community agencies and area hospitals/clinics. A detailed list of community resources and descriptions appears in Appendix 6.

5.6 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. Using a modified version of the Hanlon Method (as seen in Appendix 7), the collaborative team identified two significant health needs and considered them equal priorities:

- **Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity**
- **Behavioral Health – including mental health and substance abuse**

HEALTHY BEHAVIORS – ACTIVE LIVING, HEALTHY EATING AND SUBSEQUENT OBESITY

ACTIVE LIVING. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 23% of respondents indicated that they do not exercise at all, while the majority (63%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough energy (32%) or time (25%) and a dislike of exercise (22%).

HEALTHY EATING. Almost two-thirds (58%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 7%. The most prevalent reason for failing to eat more fruits and vegetables was the lack of importance and expense involved according to survey respondents.

OBESITY. In Henry County, nearly two-thirds (65.4%) of residents were diagnosed with obesity and being overweight. In the 2019 CHNA survey, respondents indicated that being overweight was the second most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Henry County. The U.S. Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs. 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. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. 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. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 41% indicated they felt depressed in the last 30 days and 32% indicated they felt anxious or stressed. Respondents were also asked if they spoke with anyone about their mental health in the last 30 days. Of respondents 20% indicated that they spoke to someone, the most common response was to a doctor/nurse (46%). In regard to self-assessment of overall mental health, 5% of respondents stated they have poor overall mental health. In the 2019 CHNA survey, respondents indicated that mental health was the 3rd most important health issue.

SUBSTANCE ABUSE. Survey respondents were asked “On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?” Of respondents, 14% indicated they use substances to make themselves feel better. Substance abuse values of students is a leading indicator of adult substance abuse in later years. Data from the 2018 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Henry County is at or above

State averages in all categories among 8th graders except for one category: marijuana. Among 10th graders, Henry County is at or below State averages in all categories except for cigarettes and inhalants. The two unhealthy behaviors that rated highest in the CHNA survey were drug abuse (illegal) at 68% and alcohol abuse at 50%.

APPENDIX 1. MEMBERS OF COLLABORATIVE TEAM

Members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Individuals, affiliations, titles and expertise are as follows:

Jackie Kernan serves as President of OSF HealthCare Saint Luke Medical Center, formerly Kewanee Hospital. She has served in this role since January 2017; prior to her current role, she served as Chief Nursing officer and has been at OSF HealthCare Saint Luke, since 2009. She has been a Registered Nurse since 1987 and has held a variety of nursing and leadership roles during her career. She holds an MSN in Nursing Leadership from Saint Francis Medical Center College of Nursing, and is a Certified Operating Room Nurse. Jackie has played an active role in the integration of Kewanee Hospital into the OSF HealthCare system and was a key leader for the implementation of EPIC at OSF HealthCare Saint Luke Medical Center. Her focus has been on championing a culture around Mission Partner and Patient Engagement and she enjoys achieving improved patient outcomes by leading and collaborating with multidisciplinary teams of Mission Partners, leaders, and providers.

Lori Christiansen is the OSF Rehabilitation Services Western Region Director and also serves in a leadership role with the OSF HealthCare Saint Luke Medical Center Wellness Program. She received a Bachelor of Science Degree in Speech and Hearing Sciences and a Master of Science Degree in Speech/Language Pathology from Bradley University. She is a licensed Speech/Language Pathologist, certified Early Interventionist, and holds Wellness Council of America Faculty Status and Wellness Certification Level IV. Lori is currently a member of the Kewanee CUSD 229 Board of Education, the Kewanee Schools Foundation Board of Directors, and the Good Fellows Board of Directors. She is a member of the Kewanee Kiwanis Club and has served on the Kewanee Community Drug and Alcohol Task Force as a member of the Governing Board and Chair of the Data and Education Team. Lori is involved with community early intervention initiatives as a member of the Local Interagency Council for Early Intervention and as the Chair for the Abilities Plus Prevention Initiative Advisory Board.

Roxanna Crosser earned her Bachelor of Science degree in Medical Technology from Western Illinois University in Macomb and was introduced to OSF during her clinical internship at OSF St. Francis Medical Center. She received her Master of Hospital Administration from Governors State University. Roxanna started her career with OSF in 1985 as a Laboratory Supervisor at OSF St. Mary Medical Center. She has held numerous positions with OSF St. Mary including as Assistant Administrator for Human Resources and Special Projects, Senior Assistant Administrator for Staff Services, Vice President for Operations, President and most recently CEO, Western Region. She serves on many OSF committees and boards within OSF as the organization defines and plans for strategic direction in the ever changing healthcare environment. She serves as a facilitator for the OSF Ministry Development Program and is a mentor for several aspiring leaders within the Ministry. She is active in many professional organizations including the American College of Healthcare Executives, and the Central Illinois Society for Healthcare Human Resources Administration. She has served as an Illinois Performance for Excellence examiner. She currently is on the board of directors of Bridgeway. On a personal note, family and giving back to the community are important to Roxanna. She is married to Paul and they have three grown children and

three beautiful grandchildren – Abigail, Nate and Luke. She is an active member of her church and participates in many charity and service events offered in the community.

Mark Rewerts is the Senior Vice President and Chief Lending Officer of the State Bank of Toulon. Mark has been with the Bank for the past 14 years and has worked in the banking industry for 28 years. Mark has a degree in Economics from Western Illinois University and graduated from the Graduate School of Banking at the University of Wisconsin, Madison in 2004. Mark is currently chairman of the OSF HealthCare Saint Luke Medical Center Community Advisory Board and a Trustee of the Kewanee Area Healthcare Trust. In addition, Mark is Treasurer of the Kewanee Economic Development Corp. in Kewanee, a member of the Kiwanis Club of Kewanee and a member of the Kiwanis Foundation Board, and Financial Secretary of St. Timothy Lutheran Church in Wyoming, IL.

Tim Nimrick is the President of Community State Bank (Kewanee, Galva, Neponset and Franklin) and has over 20 years of experience in banking and financial services. Tim recently retired with the rank of Major from the Illinois Army National Guard with 25 years of service. He holds a Bachelor of Science degree in Marketing from Illinois State University. In addition to the OSF advisory board, Tim serves as a board member for the Kewanee Economic Development Corporation and the Housing Authority of Henry County.

Duane Stevens is the Administrator of the Henry and Stark County Health Departments. A graduate of Western Illinois University with a degree in Accountancy. He has been employed with the Henry and Stark County Health Departments since 2005 and has served as the Administrator since 2014. Prior to his employment with the health department he spent 5 years as the Accounting Administrator with the County of Henry. Duane has been instrumental in obtaining funding and implementing many programs at the department. Duane is an active member of the Illinois Association of Public Health Administrators along with serving on many committees and boards for public health. He also serves on the OSF Saint Luke Community Board and is a volunteer coach in the community.

Carrie Boelens is the OSF HealthCare Community Relations Specialist for the Kewanee service area, a position she has held since October 2015. Prior to this role, Carrie was the Community Health Educator at Henry and Stark County Health Departments for 7 years, followed by 2 years as the Director of Marketing & Development for OSF Saint Luke Medical Center in Kewanee. She holds a Bachelor of Science degree in Workforce Education Development from Southern Illinois University and a Master of Science degree from Eastern Illinois University.

Russell Medley is a Community and Economic Development Educator for the University of Illinois Extension in Unit 7, a region consisting of Henry, Mercer, Rock Island, and Stark Counties. Medley holds a B.A. degree from Knox College and a M.S. degree in Urban and Regional Planning from the University of Iowa. Medley has a particular focus on workforce development, downtown planning and revitalization, target industry analysis, and the development and quantification of economic development strategies for municipal and regional entities. Medley has nearly 20 years of experience in the urban planning and economic development fields with stints as Planner/Analyst for a county government and as an Economic Development Specialist and Marketing & Research Director for a countywide economic development organization in the Chicago Suburbs. Medley's most recent position before affiliating with the University of Illinois Extension was as the Executive Director for Kewanee Economic Development Corporation in Kewanee, IL.

Jill Milroy is the Executive Director of the YMCA of Kewanee. She has 38 years of experience in programming and community events with a focus on youth development, healthy living and social responsibility. Jill is an active community member of the Bridgeway IPS Steering Committee, Henry County Mental Health Alliance, Human Service Council, Henry County Housing Authority Program Coordinating Committee, Rotary Club, and YMCA Alliance.

Stacy L. Brown is the Vice President of Behavioral Health Services with Bridgeway Inc. She is a Licensed Clinical Professional Counselor (LCPC) in Illinois and Licensed Mental Health Counselor (LMHC) in Florida. With over 25 years in Behavioral Health services/programs and over 15 years in Administration/Executive within Behavioral Health, Stacy has experience in Therapy, Child Welfare, Community Mental Health, EAP and Corrections.

John Bowser is OSF Saint Luke Medical Center's Director of Finance, serving in this role since 2018; CFO from 2013-2018. John has over 15 years of healthcare experience beginning his healthcare career with OSF in 2000 at OSF Saint Joseph Medical Center in Bloomington, IL and then the OSF Multispecialty Group in Peoria, IL. John has a Bachelor's degree from Western Illinois University and a Master of Business Administration from Illinois State University. He is accountable for the financial leadership at OSF Saint Luke and participates in many committees and projects locally and ministry wide. John is also a member of the Kewanee Rotary Club and the University of Illinois Unit 7 Extension Advisory Council.

In addition to collaborative team members, the following **facilitators** managed the process and prepared the Community Health Needs Assessment. Their qualifications and expertise are as follows:

Michelle A. Carrothers (Coordinator) is currently the Vice President of Strategic Reimbursement for OSF Healthcare System, a position she has served in since 2014. She serves as a Business Leader for the Ministry Community Health Needs Assessment process. Michelle has over 35 years of health care experience. Michelle obtained both a Bachelor of Science Degree and Masters of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and has earned her Fellow of the Healthcare Financial Management Association Certification in 2011. Currently she serves on the National Board of Examiners for HFMA. Michelle serves on various Peoria Community Board of Directors and Illinois Hospital Association committees.

Dawn Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and has acted as the coordinator for 13 Hospital Community Health Need Assessments. In addition, she has coordinated the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn has been a member of the McMahan-Illini Chapter of Healthcare Financial Management Association for over ten years. Dawn served as the Vice President, President-Elect and two terms as a Chapter President on the board of Directors with the McMahan-Illini HFMA Chapter. She currently serves as a Director on the board.

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, IL. An

internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous *Fortune 100* companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national best sellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principal investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2. ACTIVITIES RELATED TO 2016 CHNA PRIORITIZED NEEDS

Two major health needs were identified and prioritized in the Henry County 2016 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.

1. Healthy Behaviors defined as - Active Living, Healthy Eating and Obesity

Goal: Improve lifelong healthy eating and physical activity in youth. Increase the perception that overweight and obesity are significant public health risks. Finally, increase the number of youth receiving flu shots.

Healthy Behaviors Measurement and Impact

Tracked the number of immunizations given at local schools.

- A team of caregivers attended the local school enrollments to educate and obtain authorizations for flu immunizations.
- Administered over 3,000 free flu immunizations to school aged-children and their teachers.

Tracked number of participants in the program, Wellness Edge for Kids.

- A team of healthcare providers spent time at the housing authority for the Wellness Edge Summer program providing education on healthy behaviors.
- Approximately 150 high risk youth participants in all years.

Tracked number of educational and local sponsorships supporting physical activity and healthy eating.

- Athletic Training Services were provided for school activities to give education and ensure safety of student athletes.
- Hosted a 5K Run/Walk with approximately 300 participants.
- Hosted a community event called “Mums the Word” with a care provider sharing preventative care educational material. Educated 50 community participants.
- Saint Luke Medical Center chaired the Preventative Initiative Advisory group made up of a community collaborative. Several at-risk children from area families participated in the program.
- Provided Parkinson’s disease education, weekly support group and exercise, and an Awareness Walk.

Offered community Lunch and Learns at least twice a year.

- Hosted multiple Lunch & Learn community events such as “Be Your Own Heart Hero.”

Provided nutritional and concussion education to student athletes at least once per year.

- Held a Concussion Management Seminar.

- Worked with 20 community coaches, school nurses & administrators, healthcare providers and parents; reaching a broader group of youth participating in community activities.

2. Behavioral Health defined as – Mental Health and Substance Abuse Goal

Goal: *Strive to assure that patients receive services that are individualized, safe and rehabilitative in nature. Provide support to and enhance community alcohol, tobacco and other drug abuse prevention efforts, thereby enhancing overall health of the community. Finally, assist families in gaining access to community resources.*

Behavioral Health Measurement and Impact

Tracked Counselor visits at the OSF Medical Group-Kewanee location providing early intervention, depression screening and support.

- Recruited a Behavioral Health Counselor.
- Added psychiatry e-consults for ambulatory primary care providers.
- Added a class about Management of Aggressive Behavior education for employees in high risk areas.

Provided 24 Hour Sitter Coverage.

- Provided sitter coverage and designated specific full time employees to ensure the safety of at-risk patients.

Increased community engagement at monthly Survivors of Suicide support group meetings.

- Saint Luke Medical Center has active participation in the Henry County Mental Health Alliance, with the Chairperson being an OSF leader.

Increased community engagement.

- Supported the 2018 Mental Health Conference organized by Henry County.
- Participated in Mental Health Alliance with 220 attendees.
- Provided meeting rooms for the monthly Survivors of Suicide Loss support group.
- Sponsored the 2018 Henry County Mental Health Alliance Mental Health Walk - approximately 300 community members attended.

Reduced behavioral health related Emergency Department visits impacted by preventive care and educational resources.

- Supported the community Parkinson's disease Awareness Walk and support group.

Provided Behavioral Health and/or Substance Abuse education at least once per year for employees and Medical Group providers.

- Developed a Drug Take Back Program and Drug and Alcohol Task Force community collaborative.
- Participated in a hospital-wide skills lab, with the Behavioral Health Navigator providing information on suicide prevention and awareness.

APPENDIX 3. SURVEY



OSF[®] HEALTHCARE

COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, so we are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 10 minutes to complete. All of your individual responses are confidential. We will use the survey results to better understand and address health needs in our community.

This survey was reviewed by the Committee on the Use of Human Subjects and Research, Bradley University Institutional Review Board (IRB) in June, 2018
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COMMUNITY PERCEPTIONS

1. What would you say are the three (3) biggest **HEALTH ISSUES** in our community?

- | | |
|--|--|
| <input type="checkbox"/> Aging issues, such as Alzheimer's disease, hearing loss, memory loss, arthritis | <input type="checkbox"/> Early sexual activity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease/heart attack |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Mental health issues, such as depression, hopelessness, anger |
| <input type="checkbox"/> Dental health (including tooth pain) | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually transmitted infections |
| <input type="checkbox"/> Other _____ | |

2. What would you say are the three (3) most **UNHEALTHY BEHAVIORS** in our community?

- | | |
|---|---|
| <input type="checkbox"/> Angry behavior/violence | <input type="checkbox"/> Drug abuse (legal drugs) |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Risky sexual behavior |
| <input type="checkbox"/> Drug abuse (illegal drugs) | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Other _____ | |

3. What would you say are the three (3) most important factors that would improve your **WELL-BEING?**

- | | |
|---|---|
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Job opportunities |
| <input type="checkbox"/> Affordable clean housing | <input type="checkbox"/> Less hatred & more social acceptance |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty |
| <input type="checkbox"/> Better school attendance | <input type="checkbox"/> Less violence |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> Safer neighborhoods/schools |
| <input type="checkbox"/> Healthy food choices | <input type="checkbox"/> Other _____ |

ACCESS TO CARE

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Medical Care

1. When you get sick, where do you go? (Please choose only one answer).

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinic/Doctor's office | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> I don't seek medical attention |
| <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Health Department | <input type="checkbox"/> Other _____ |

2. In the last YEAR, was there a time when you needed medical care but were not able to get it?

- Yes (please answer #3) No (please go to #4: Prescription Medicine)

3. If you were not able to get medical care, why not? (Please choose all that apply).

- Didn't have health insurance. Too long to wait for appointment.
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the doctor.

Are there any other reasons why you could not access medical care?

Prescription Medicine

4. In the last YEAR, was there a time when you needed prescription medicine but were not able to get it?

- Yes (please answer #5) No (please go to #6: Dental Care)

5. If you were not able to get prescription medicine, why not? (Please choose all that apply).

- Didn't have health insurance. The pharmacy refused to take my insurance or Medicaid.
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the pharmacy.

Are there any other reasons why you could not access prescription medicine?

Dental Care

6. In the last YEAR, was there a time when you needed dental care but were not able to get it?

- Yes (please answer #7) No (please go to #8: Mental-Health Counseling)

7. If you were not able to get dental care, why not? (Please choose all that apply).

- Didn't have dental insurance. The dentist refused my insurance/Medicaid
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the dentist.

Are there any other reasons why you could not access a dentist?

Mental-Health Counseling

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?

- Yes (please answer #9) No (please go to next section – HEALTHY BEHAVIORS)

9. If you were not able to get mental-health counseling, why not? (Please choose all that apply).

- Didn't have insurance. The counselor refused to take my insurance/Medicaid
 Couldn't afford to pay my co-pay or deductible. Embarrassment.
 Didn't have a way to get to a counselor.

Are there any other reasons why you could not access a mental-health counselor?

HEALTHY BEHAVIORS

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Exercise

1. In the last WEEK how many times did you participate in exercise, (such as jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes?

- None (please answer #2) 1 – 2 times 3 - 5 times More than 5 times

2. If you answered “none” to the question about exercise, why didn’t you exercise in the past week? (Please choose all that apply).

- Don’t have any time to exercise. Don’t like to exercise.
 Can’t afford the fees to exercise. Don’t have child care while I exercise.
 Don’t have access to an exercise facility. Too tired.

Are there any other reasons why you could not exercise in the last week?

Healthy Eating

3. On a typical DAY, how many **servings/separate portions** of fruits and/or vegetables did you have? An example would be a banana (but not banana flavored pudding).

- None (please answer #4) 1 – 2 3 - 5 More than 5

4. If you answered “none” to the questions about fruits and vegetables, why didn’t you eat fruits/vegetables? (Please choose all that apply).

- Don’t have transportation to get fruits/vegetables Don’t like fruits/vegetables
 It is not important to me Can’t afford fruits/vegetables
 Don’t know how to prepare fruits/vegetables Don’t have a refrigerator/stove
 Don’t know where to buy fruits/vegetables

Are there any other reasons why you do not eat fruits/vegetables?

5. Where is your primary source of food? (Please choose only one answer).

- Grocery store Fast food Gas station Food delivery program
 Food pantry Farm/garden Convenience store Other _____

6. What are the biggest challenges to eating healthy in our community? (Please choose all that apply).

- Knowledge Convenience People don’t care Physical challenge/Disability
 Cost Time No healthy options Transportation Other

7. Please check the box next to any of the health conditions that you have. (Please choose all that apply).

If you don’t have any health conditions, please check the first box and go to question #9: Smoking.

- I do not have any health conditions Diabetes Mental-health conditions
 Allergy Heart problems Stroke
 Asthma/COPD Overweight Other _____
 Cancer Memory problems

8. If you identified any conditions in Question #7, how often do you follow an eating plan to manage your condition(s)? Never Sometimes Usually Always Not applicable

Smoking

9. On a typical DAY, how many cigarettes do you smoke, or how many times do you use electronic vaping?

- None 1 - 4 5 - 8 9 - 12 More than 12

General Health

10. Where do you get most of your medical information? (Please choose only one answer).

- Doctor Friends/family Internet Pharmacy Nurse at my church

11. Do you have a personal physician/doctor? Yes No

12. How many days a week do you or your family members go hungry?

None 1-2 days 3-5 days More than 5 days

13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?

None 1-2 days 3-5 days More than 5 days

14. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?

None 1-2 days 3-5 days More than 5 days

15. In the last YEAR have you talked with anyone about your mental health?

Yes (please answer #16) No (please go to #17)

16. If you talked to anyone about your mental health, who was it?

Doctor/nurse Counselor Family/friend Other _____

17. On a typical DAY, how often do you use substances (either legal or illegal) to make yourself feel better?

None 1-2 times 3-5 times More than 5 times

18. When you were a child, did a parent or other adult often swear at you, insult you or make you feel afraid?

Yes No

19. Do you feel safe where you live? Yes No

20. In the past 5 years, have you had a:

Breast/mammography exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Prostate exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Colonoscopy/colorectal cancer screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable

Overall Health Ratings

21. My overall physical health is: Below average Average Above average

22. My overall mental health is: Below average Average Above average

INTERNET

1. How interested would you be in health services provided through Internet or phone?

1 2 3
 Not interested Somewhat interested Extremely interested

2. Can you get free wi-fi in public locations? Yes No

3. Do you have Internet in your home (or where you live)? For example, can you watch Youtube?
 Yes (please go to next section – BACKGROUND INFORMATION) No (please answer #4)

4. If don't have Internet, why not? Cost No available Internet provider Data limits
 I don't know how Other _____

BACKGROUND INFORMATION

1. What county do you live in?

Henry Other

2. What is your Zip Code? _____

3. What type of health insurance do you have? (Please choose all that apply).

Medicare Medicaid Private/Commercial None (Please answer #4)

4. If you answered “none” to the question about health insurance, why **don’t** you have insurance? (Please choose all that apply).

Can’t afford health insurance Don’t need health insurance
 Don’t know how to get health insurance Other _____

5. What is your gender? Male Female

6. What is your age? Under 20 21-35 36-50 51-65 Over 65

7. What is your racial or ethnic identification? (Please choose only one answer).

White/Caucasian Black/African American Hispanic/Latino
 Pacific Islander Native American Asian/South Asian
 Multiracial Other: _____

8. What is your highest level of education? (Please choose only one answer).

Grade/Junior high school Some high school High school degree (or GED)
 Some college (no degree) Associate’s degree Bachelor’s degree
 Graduate or professional degree Other: _____

9. What was your household/total income last year, before taxes? (Please choose only one answer).

Less than \$20,000 \$20,001 to \$40,000 \$40,001 to \$60,000
 \$60,001 to \$80,000 \$80,001 to \$100,000 More than \$100,000

10. What is your housing status?

Do not have Have housing, but worried about losing it Have housing, **NOT** worried about losing it

11. How many people live with you? _____

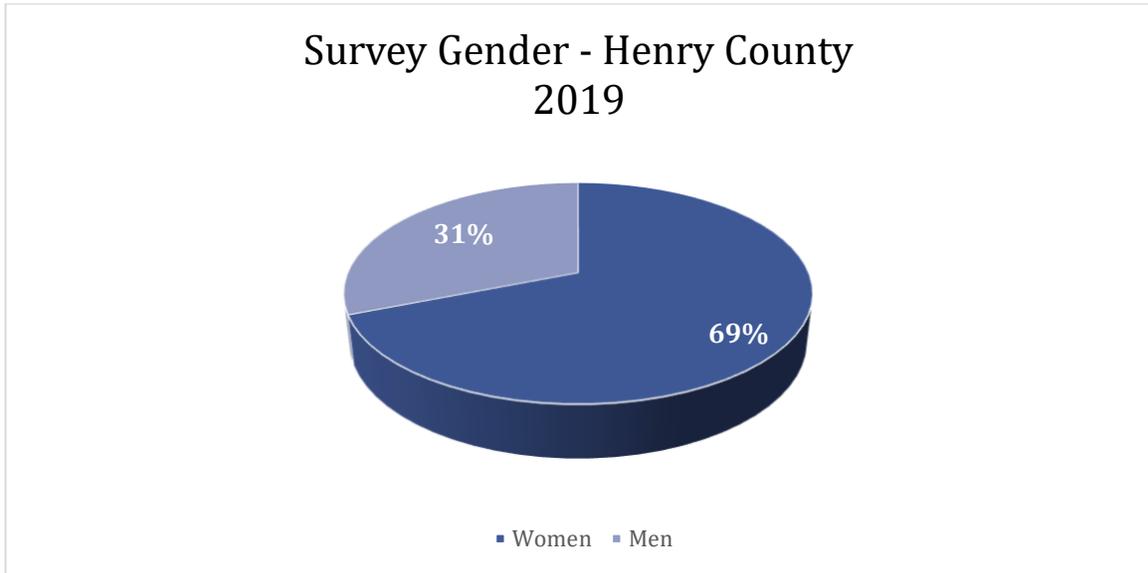
12. What is your job status? (Please choose only one answer).

Full-time Part-time Unemployed Homemaker
 Retired Disabled Student Armed Forces

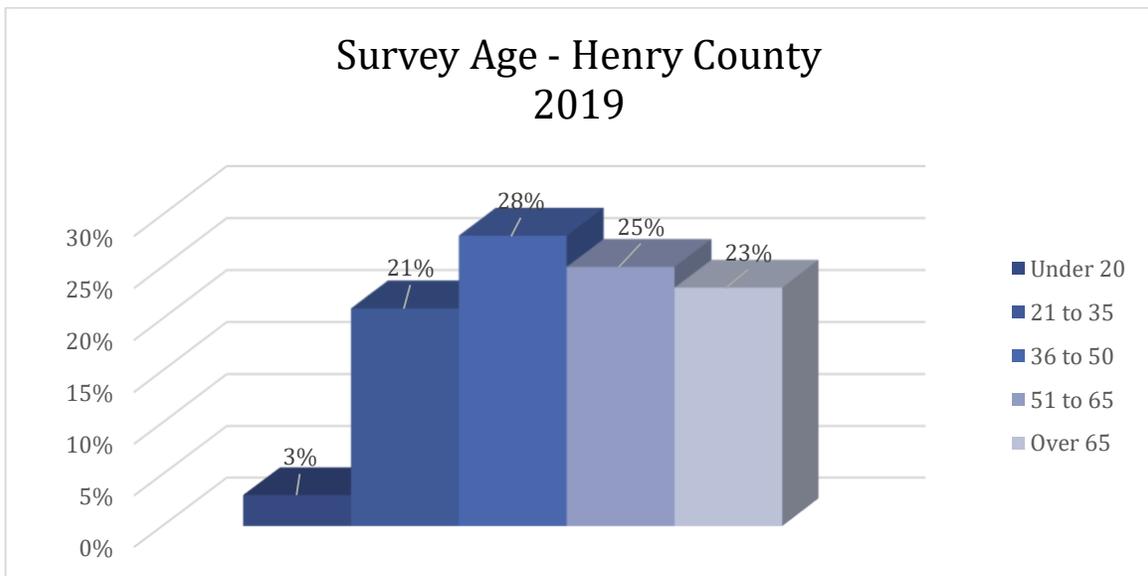
Is there anything else you’d like to share about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

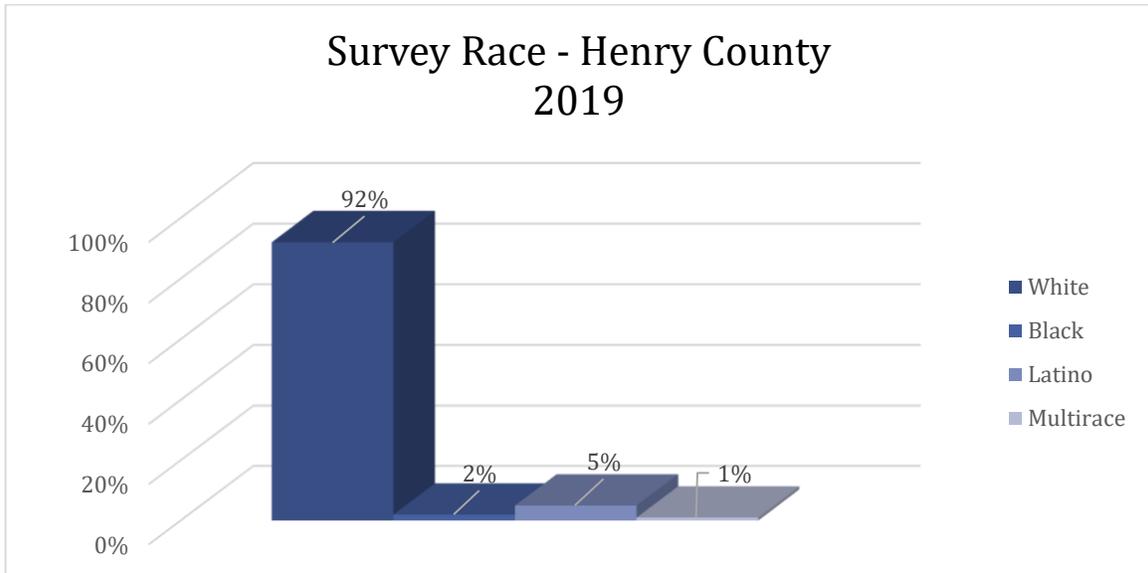
APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS



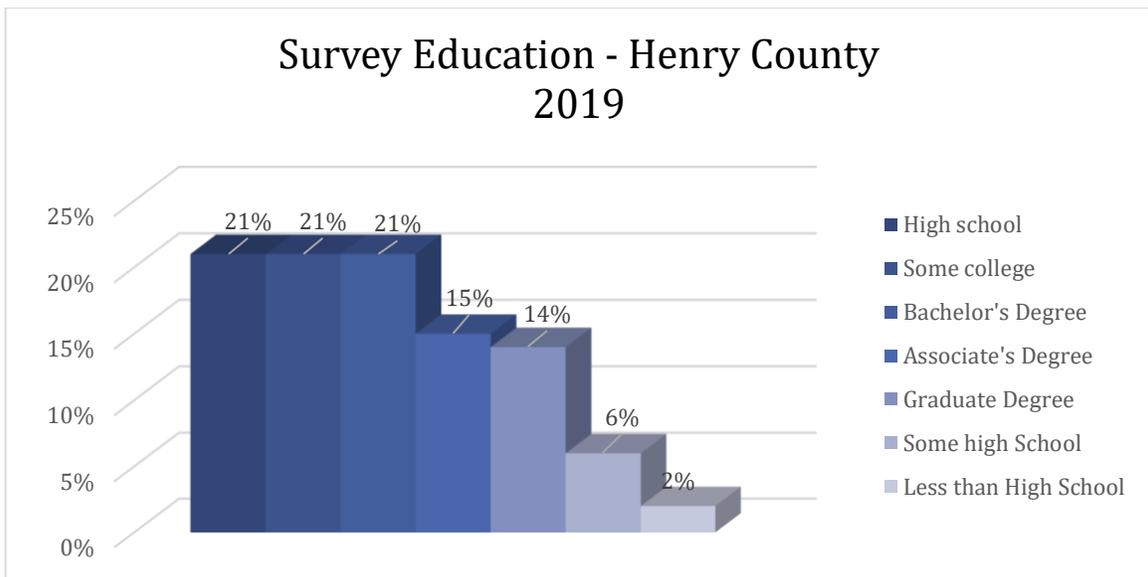
Source: CHNA Survey



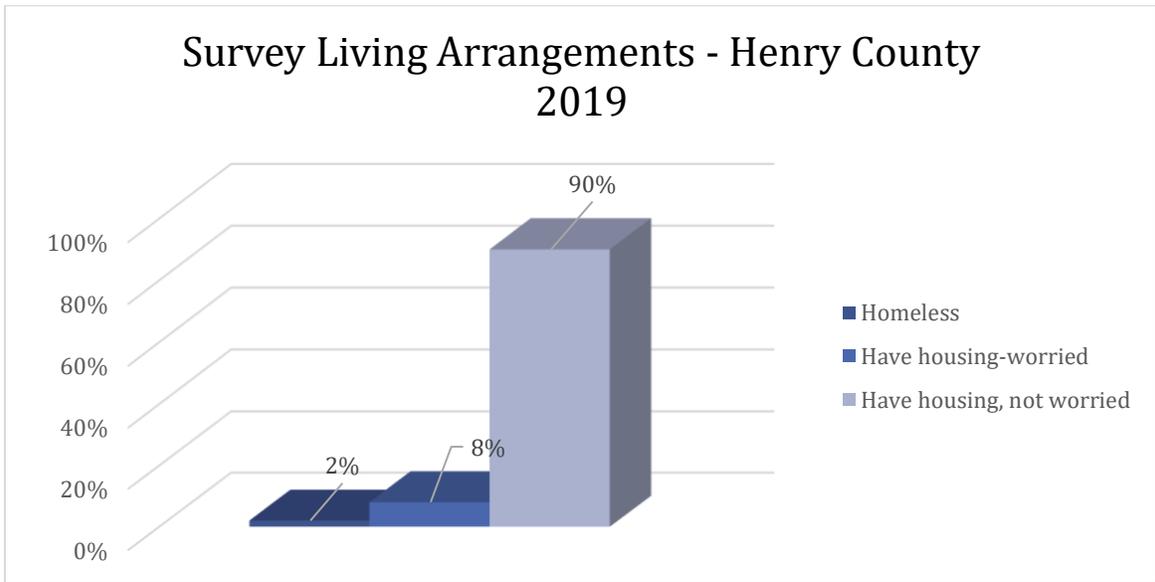
Source: CHNA Survey



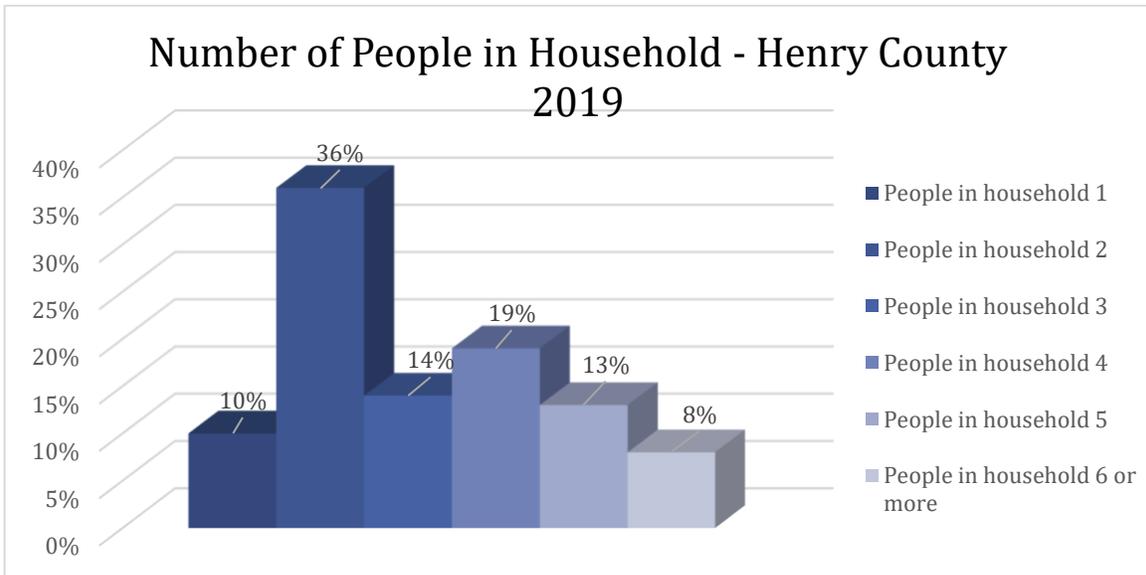
Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 5. RESOURCE MATRIX*

	Aging Issues	Dental Access	Cancer Screening	Lung Cancer	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Substance Abuse
Recreational Facilities								
YMCA	3				3		3	
Kewanee Park District	1				3		3	
Geneseo Park District	1				3		3	
Health Departments								
Henry County Health Department	3	3	3		3	3	3	3
Community Agencies								
Abilities Plus / Henry County Public Transportation	3				2	3		
Alcoholics Anonymous								3
Bridgeway	2					3		3
Henry County Mental Health Alliance	2							
Henry County Youth Services Bureau						1		
Kewanee Food Pantry	3				3			
Bureau-Henry Stark Regional Office of Education					2			
University of Illinois Extension	3				2		2	
Housing Authority of Henry County	3				2			2
Hospitals / Clinics								
OSF Saint Luke Medical Center (Kewanee)	3	1	3	3	3	3	3	3
OSF Medical Group - Kewanee	3	1	3	3	3	3	3	3

	Aging Issues	Dental Access	Cancer Screening	Lung Cancer	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Obesity	Substance Abuse
OSF Medical Group - Internal Medicine (Kewanee)	3	1	3	3	3	3	3	3
OSF Home Care and Hospice	3	1		1				
Hammond-Henry Hospital (Geneseo)	3	1	3	3	3	3	3	3
Ahearn & Associates Medical Center	3	1	3	3	3	3	3	3
Regional Family Health Center	3	1	3	3	3	3	3	3
Preferred Home Healthcare & Hospice	3	1		1				
Dentistry								
Kisner Dentistry (Kewanee)		3						
Ladner Orthodontics Ltd (Kewanee)		3						
Midwest Dental (Kewanee)		3						
Rider Dentistry (Kewanee)		3						
Countrywide Smiles PC (Galva)		3						
Galva Family Dentistry (Galva)		3						
Charles A. LoGiudice DDS (Geneseo)		3						
Fehlman Dental Practice Ltd (Geneseo)		3						
Orthodontics Group Associates Ltd		3						
Wachtel Dentistry (Geneseo)		3						
John Gnatovich Ltd (Cambridge)		3						
Woodhull Dental Clinic (Woodhull)		3						

*(1)= low; (2)= moderate; (3) = high, in terms of degree to which the need is being addressed

APPENDIX 6. DESCRIPTION OF COMMUNITY RESOURCES

Recreational Facilities (3)

YMCA of Kewanee

YMCA of Kewanee strives to be a safe place where all people feel welcomed regardless of background. They bring people of all ages and ethnicities together to help them make meaningful connections, improve health and well-being, to teach and reinforce positive values and find a sense of respect, belonging and engagement. The Y will strengthen our entire community through youth development, healthy living and social responsibility.

Kewanee Park District

The Kewanee Park District exists to provide care for public lands and opportunities for personal growth. They work with citizens of Kewanee to provide a broad spectrum of opportunities to renew, restore and recreate, balancing often stressful lifestyle. The Park District encourages participation of individuals and families to develop the highest possible level of physical and mental well-being with the intent of creating a well-balanced and healthy community.

Geneseo Park District

The Geneseo Park District provides recreation opportunities that contribute to the Geneseo well-being of all citizens, by establishing and maintaining a comprehensive public park and recreation system.

Health Departments (1)

Henry County Health Department

The Henry County Health Department offers clinic services, Women's Health, Family Planning, Physicals, Well-child, Immunization, STD, WIC/Breastfeeding, Community and Group Presentations, Home Health-skilled nursing and homecare services, and Environmental Health Services in the Henry County area.

Community Agencies/Private Practices

Alcoholics Anonymous

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. Alcoholic's Anonymous meetings are offered in the Henry County area.

Bridgeway

Bridgeway is a not-for-profit community based employer with decades of experience in providing Solutions to Businesses. Bridgeway businesses produce needed products and services in addition to providing a wide range of contracted services. Bridgeway's primary focus is on the needs and desires of the consumer, the development of innovative ways to achieve consumer goals, the removal of barriers that hinder access to services, and the continuous enhancement of the quality of services and the quality of life of the people they serve.

Henry County Youth Services Bureau

The mission of the Henry County Youth Services Bureau is to empower youth to succeed by serving them in their home, school and community. Founded in 1972, they are dedicated to providing free counseling services to youth ages 3 to 21. YSB Counselors provide a wide array of services, including: Individual counseling, Diversion Program for youth involved with Henry County Court Services, Assessments, Referral Services, and Group Counseling. YSB Staff provide counseling services at a location that is convenient to the client and their family. Counseling sessions are offered year round, and can be held at a client's school, home, community center, or the YSB office.

Kewanee Community Drug & Alcohol Task Force

The Kewanee Community Drug and Alcohol Task Force was established in 1984. A Drug Free Community Grant was awarded to the KCDATF in 2011. The DFC grant provides \$125,000 per year for 5 years with an opportunity to apply for another 5 years! The Mission of the Kewanee Community Drug and Alcohol Task Force is to decrease the use and abuse of alcohol and other drugs among youth in the Kewanee area. The vision that unites our efforts is: to decrease the use and abuse of alcohol and other drugs among youth in the Kewanee area so that the entire community will work toward common goals to change the culture of alcohol and drug use.

Kewanee Food Pantry

The Kewanee Food Pantry is dedicated to providing for the needs of hungry people by collecting and distributing food and grocery products and educating the community about Nutrition.

Bureau-Henry and Stark Regional Office of Education

The mission of the Bureau, Henry and Stark County Regional Office of Education is to support and enhance educational growth through advocacy and leadership. The vision of the Bureau, Henry and Stark County Regional Office of Education is to be a proactive intermediate educational agency serving the learning community through innovative and collaborative leadership.

University of Illinois Extension

University of Illinois Extension is the flagship outreach effort of the University of Illinois at Urbana-Champaign, offering educational programs to residents of all of Illinois' 102 counties — and far beyond. Extension provides practical education you can trust to help people, businesses, and communities solve problems, develop skills, and build a better future. U of I Extension offers educational programs in five broad areas:

Energy and environmental stewardship, Food safety and security, Economic development and workforce preparedness, Family health, financial security, and wellness, and Youth development.

Housing Authority of Henry County

The Housing Authority of Henry County provides qualified individuals with affordable housing and resources to assist in their personal growth. There are 176 families in Henry County who are recipients of a Section 8 Housing Certificate, issued by the Housing Authority of Henry County, enabling them to receive rental assistance in private housing in Henry County. The Housing Authority of Henry County was an early Housing Organization, meeting the needs of a largely rural area. This foresight and commitment has been carried out by

the Commissioners throughout the past 66 years. A stable housing environment has created a social climate for good community values.

Abilities Plus / Henry County Public Transportation

Abilities Plus is a 501(c)(3) organization, a member of the Illinois Association of Rehabilitation Facilities, and is licensed by the Illinois Department of Human Services. Abilities Plus serves children and adults with disabilities in Henry, Stark and western Bureau Counties. Some of their programs are offered in the home, while others occur at the agency in Kewanee, Illinois. Abilities Plus also operates Henry County Public Transportation. All vans are handicap accessible and the service is open to anyone in the community.

Hospitals/Clinics

OSF HealthCare Saint Luke Medical Center

OSF HealthCare Saint Luke Medical Center, a 25-bed Critical Access Hospital located in Kewanee, Illinois and provides Inpatient services, a broad range of Outpatient services, Emergency services and primary care services. For nearly 100 years, OSF Saint Luke has kept pace with many innovations in health care, including a new hospital that opened in 2008. OSF HealthCare Saint Luke Medical Center has a long history of "friends and neighbors taking care of friends and neighbors" while providing an excellent patient experience.

OSF Multi-Specialty Group

OSF Multi-Specialty Group offers a wide range of medical and surgical care, as well as other specialty services, through provider offices located at OSF Saint Luke Medical Center.

OSF Medical Group – Internal Medicine

The OSF Medical Group - IM is a medical practice providing a wide range of medical services.

OSF Home Care and Hospice

OSF Home Care and Hospice offer health care and services to home bound individuals as well as services at end of life through Hospice.

Hammond-Henry Hospital

Hammond-Henry Hospital is a 25-bed Critical Access Hospital located in Geneseo, Illinois and provides Inpatient services, a broad range of Outpatient services, Emergency services and primary care services.

Ahearn & Associates Medical Center, Inc.

Ahearn & Associates Medical Center, Inc. provides office care for acute and chronic illnesses as well as wellness exams and preventive healthcare services.

Regional Family Health Center

Regional Family Health Center is a medical practice providing a wide range of medical services.

Preferred Home Healthcare & Hospice

Preferred Home Health Care offers a full range of health care services including home health, hospice, private duty nursing, medical equipment and supplies, seating and mobility products, a retail show floor, and retail and compounding pharmacy services.

APPENDIX 7. PRIORITIZATION METHODOLOGY

5-STEP PRIORITIZATION OF COMMUNITY HEALTH ISSUES

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply “PEARL” Test from Hanlon Method³

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

Economics – Does it make economic sense to address the problem?

Acceptability – Will a community accept the program? Is it wanted?

Resources – Is funding available for a program?

Legality – Do current laws allow program activities to be implemented?

Step 4. Use Voting Technique to Narrow Potential Issues

Step 5. Prioritize Issues. Use a weighted-scale approach (1-5 scale) to rate remaining issues based on:

1. Magnitude – size of the issue in the community. Considerations include, but are not limited to:

- *Percentage of general population impacted*
- *Prevalence of issue in low-income communities*
- *Trends and future forecasts*

2. Severity – importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:

- *Does an issue lead to serious diseases/death*
- *Urgency of issue to improve population health*

3. Potential for impact through collaboration – can management of the issue make a difference in the community?

Considerations include, but are not limited to:

- *Availability and efficacy of solutions*
- *Feasibility of success*

³ “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)