

Community Health Needs Assessment 2013

Ottawa Regional Hospital & Healthcare Center

DBA: OSF Saint Elizabeth Medical Center

LaSalle County

Prepared by Dr. Laurence G. Weinzimmer and Professor Eric J. Michel

Executive Summary

The LaSalle County Community Health-Needs Assessment (CHNA) is an undertaking by Ottawa Regional Hospital & Healthcare Center to highlight the health needs and well-being of residents in LaSalle County.

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

Specifically, team members included representatives from Ottawa Regional Hospital & Healthcare Center, administrators from the County Health Department, physicians/administrators from clinics serving the at-risk population and representation from the United Way.

Why Focus on the Health Needs of LaSalle County?

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 hospital, as well as perceptions of targeted stakeholder groups.

Specifically, this assessment provides a detailed analysis of:

- (1) LaSalle County region community health needs using secondary data; and
- (2) An assessment of perceptions and behaviors regarding health-related challenges in the community, including accessibility to needed health care.

Methodology

The community health-needs assessment is divided into three distinct phases.

PHASE I

The collection of existing secondary data to develop a comprehensive health profile and identify strategic inferences.

The CHNA includes detailed analyses of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publically available sources, such as County-based data, as well as private sources of data, such as hospital-specific data. Strategic implications are discussed at the end of each chapter. Specifically, findings from secondary sources of data highlight several critical areas of community needs.

PHASE II

Survey data collection to assess perspectives of key stakeholders, including those with special knowledge. This includes a concerted effort to target the at-risk population in the region.

To collect data in this study, two surveying techniques were used. First, a pilot study was created to test the psychometric properties and statistical validity of the survey instrument. Second, online and paper surveys were employed to gain insight into resident perceptions of the community. To specifically target the at-risk population, surveys were distributed at all homeless shelters and soup kitchens. In sum, a total of 659 residents were surveyed.

PHASE III

A summary of key health-related issues. Using an importance/urgency matrix methodology, health-related needs are prioritized.

The identification and prioritization of the most important health-related issues in the LaSalle County region are identified in Phase III. After summarizing all of the issues in the Community Health Needs Assessment, a comprehensive assessment of existing community resources was performed to identify the efficacy to which health-related issues were already being addressed. Approximately 20 organizations that serve the needs of the LaSalle County region were identified. Finally a collaborative effort of leaders in the healthcare community used an importance/urgency methodology to identify the most critical issues in the area.

Phase 1: Demographics

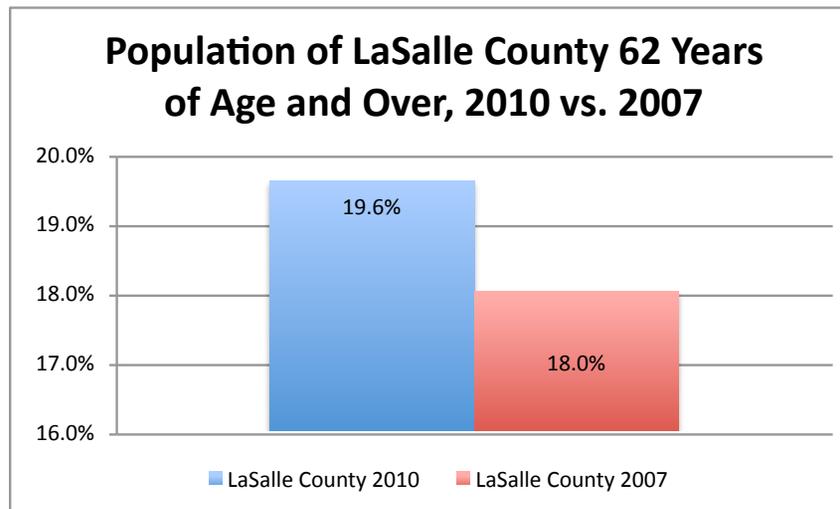
Demographics

including increasing of the elderly population, depression, risky behaviors, and poverty will have significant impact on the health needs of the LaSalle County Region

Increasing Elderly Population -

The 62 and older population has seen a significant increase between 2007 and 2010. While individuals aged 62 and over have recently increased from 18.3% to 19.6% in LaSalle County, national forecasts estimate that individuals over age 65 will increase by one-third by 2022. In addition, advances in medical technology and medicine may enable individuals to live longer, thus requiring extensive medical care.

As individuals age and live with disabilities, it greatly impacts the degree of self-sufficiency and medical care required to maintain satisfactory well-being. With the changing demographics resulting from the aging of baby boomers, it is anticipated the LaSalle County region will experience an increase in the number of elderly individuals living with the difficulties of disabilities and chronic conditions, such as diabetes, asthma, and heart disease, and obesity will contribute to the growing cost of health care.



Phase 1: Demographics

Risky Behaviors

Data from the Illinois Behavioral Risk Factor Surveillance System (BRFSS) suggests 21% of LaSalle County residents identify as smokers, compared to 18.8% of residents across the State of Illinois.

19.2% of LaSalle County respondents engage in binge drinking versus 17.5% of respondents across the State of Illinois. Both figures exceed the US national 90th percentile benchmark of 8%.

Youth substance usage in LaSalle County exceeds the State of Illinois averages for both 8th graders (alcohol, tobacco, and marijuana usage in the past 30-days) and 12th graders (alcohol and tobacco usage in the past 30-days).

Mental Health

Approximately 25% of residents in LaSalle County reported they had experienced 1-7 days with poor mental health per month between 2007 and 2009.

This percentage is higher than the State of Illinois average for the same time frame and represents a substantial increase compared to LaSalle County data collected between 2004 and 2006.

Phase 1: Demographics

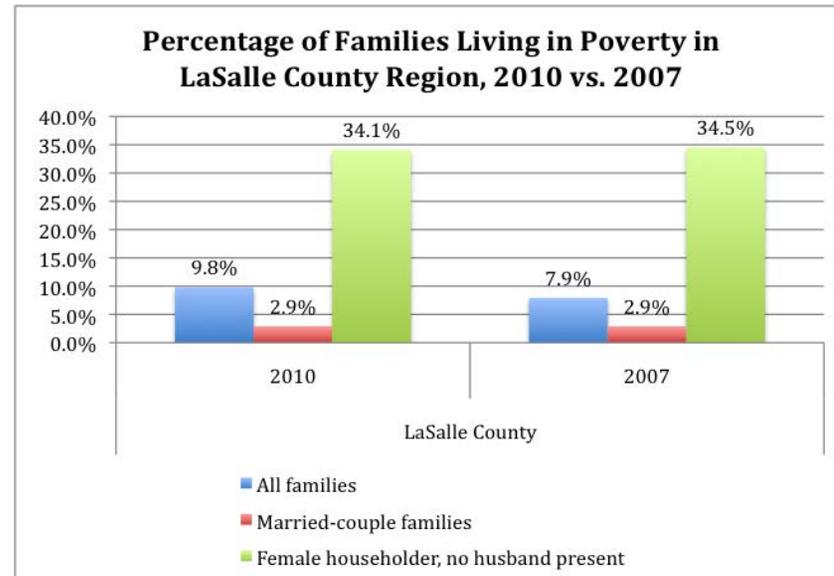
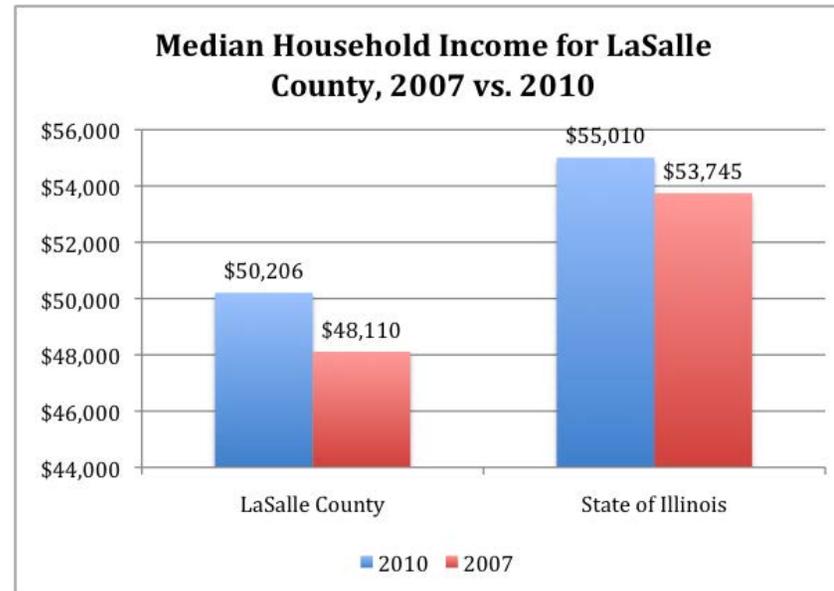
Poverty

The LaSalle County region has seen a 24% increase in families living in poverty between 2007 to 2010. Poverty has a significant impact on the development of children and youth.

Data from 2010 indicate poverty rates in LaSalle County have remained stable for married-couple families and slightly decreased for families led by single-mothers with no husband present.

However, the percentage of LaSalle County families led by single-mothers with no husband present is 5.6% higher than the State of Illinois average (28.5%).

In 2010, the median household income in LaSalle County was nearly \$5,000 less than the State of Illinois average.

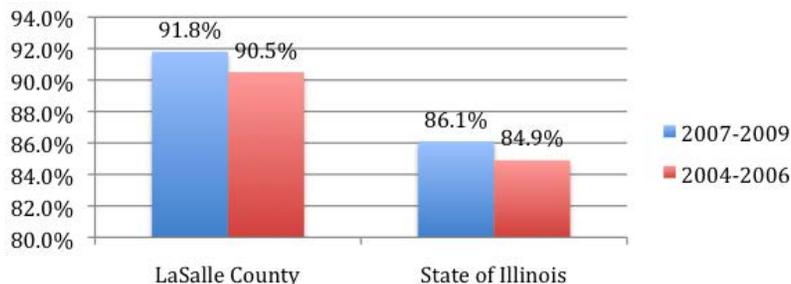


Phase 1: Access to Health Services

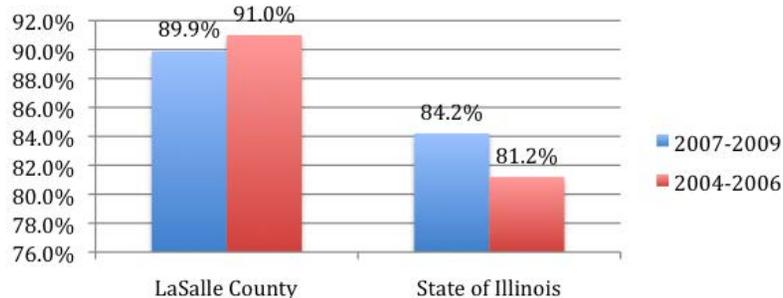
Accessibility to Health Care

The lack of insurance coverage is more prevalent among socioeconomically disadvantaged groups that are often at high risk for disease and illness. Thus, a vicious cycle results where individuals who are at the highest risk for diseases are unable to receive screenings, thus perpetuating a cycle of disease. This is compounded by unhealthy lifestyles.

Percentage of LaSalle County Region Respondents with Health Care Coverage, 2004-2006 vs. 2007-2009



Percentage of LaSalle County Region Respondents with a Usual Health Care Provider, 2004-2006 vs. 2007-2009



Dental Care: 21.8% of LaSalle County residents did not see a dentist in the last year compared only 19.8% of residents across the State of Illinois who did not visit a dentist in the last year.

Research suggests that private health insurance companies cover nearly 1/3 of national health expenditures. Medicare covered approximately 20.2% of national health expenditures in 2010, up nearly 4% since 2000. According to the Illinois BRFSS, nearly 30% of LaSalle County residents rely on Medicare coverage as their primary insurance coverage. Recent data suggest nearly 92% of LaSalle County residents possess medical health care coverage. This percentage is well above the 86% response rate for the State of Illinois.

Phase 1: Predictors of Morbidity and Mortality

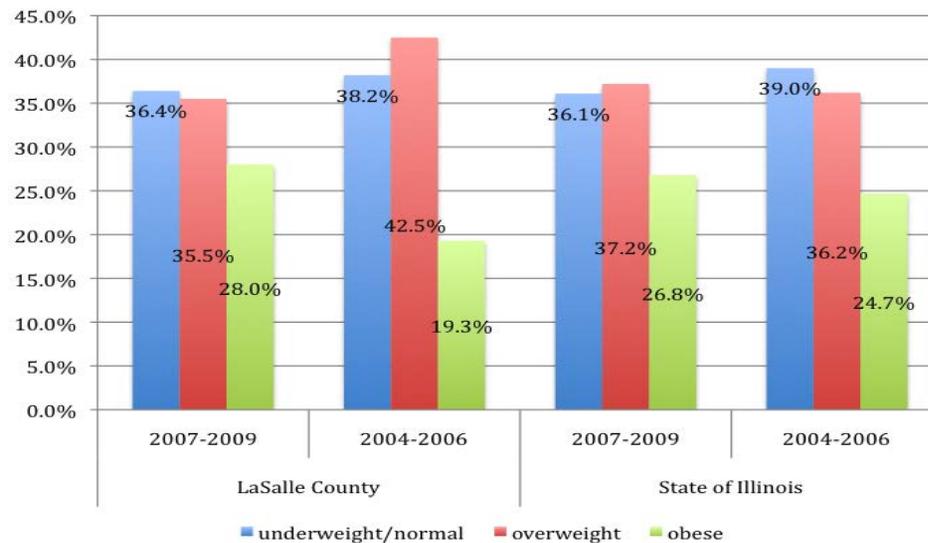
Predictors of Morbidity and Mortality

Research concludes that predictors such as obesity, drug abuse, alcohol abuse and unhealthy habits such as poor diet and lack of exercise dramatically impact incidence of both morbidity and mortality

Obesity - Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within the LaSalle County region. In terms of individuals who are obese, rates in LaSalle County are higher than the state average. Considering Illinois has the 6th highest obesity rate in the United States, this is an important issue. Accordingly, the U.S. Surgeon General characterized obesity as "the fastest-growing, most threatening disease in America today."

Data from 2010 indicate 64% of Illinois adults are obese or overweight, with a disproportionate number of obese or overweight individuals living in rural areas.

Percentage of People Diagnosed as Overweight or Obese in LaSalle County and Illinois



Within the LaSalle County region, leading indicators suggest obesity is a growing concern.

With regard to nutrition, evidence suggests residents in the LaSalle County region are not eating enough fruits and vegetables. Between 2007 and 2009, 91% of LaSalle County region residents consumed less than 5 servings of fruits or vegetables per day.

Nearly 20% of LaSalle County region residents report that they did not participate in any leisure-time physical activities or exercises during the past month.

LaSalle County rates for both fruit and vegetable consumption are lower than rates in the State of Illinois.

Phase 1: Predictors of Morbidity and Mortality

Consequences of Obesity for Children...

According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. 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 with 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 studies suggest that overweight students miss one day of school per month on average and school absenteeism of obese children is six times higher than that of non-obese children.

...and Adults

With adults, obesity has far-reaching consequences. 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. The financial costs of obesity are staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion.

Phase 1: Morbidity and Mortality Issues

Morbidity and Mortality Issues

Several different disease categories have been identified as very important to the community

Heart disease, the leading cause of death in LaSalle County is impacted by the following related cardiovascular conditions:

Hypertension – High blood pressure, which is also known as hypertension, is dangerous because it forces the heart to work extra hard to pump blood out to the rest of the body and contributes to the development of the hardening of arteries and heart failure. Cases of hypertension at the three Ottawa area hospitals peaked in 2010 when 15 instances were reported overall.

Cardiovascular disease – The number of cases of other cardiovascular diseases at Ottawa area hospitals from the LaSalle County region has increased nearly 20% between 2009 (46 cases) and 2012 (55 cases).

Dysrhythmia and cardiac arrest – Cases of dysrhythmia and cardiac arrest at the Ottawa area hospitals have decreased by 24.7% between 2009 (230 cases) and 2012 (173 cases) for inpatient admissions. Of particular interest, cases of dysrhythmia and cardiac arrest in individuals age 65 and over have decreased by 23.4% during the same time frame for inpatient admissions.

Heart Failure – There has been a 3.3% decrease in the number of treated cases of heart failure at the Ottawa area hospitals between 2009 (271 cases) and 2012 (262 cases) for inpatient admissions. However, the number of cases for individuals aged 45-64 years of age increased by 52.1% during the same time frame.

Cases of stroke – Cases of stroke at the Ottawa area hospitals have decreased by 22% between 2009 (150 cases) and 2012 (117 cases) for inpatient admissions. Cases of brain tumor have ranged from five to 11 cases during the same time frame for inpatient admissions.

Phase 1: Morbidity and Mortality Issues

Other prevalent issues in the LaSalle County Region include:

Asthma – Treated cases of asthma in LaSalle County have decreased by 41% between 2009 (124 cases) and 2012 (73 cases) for inpatient admissions. According to the Illinois BRFSS, asthma rates in the LaSalle County Region are lower than the average rate for the State of Illinois.

Diabetes - 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).

Data from the Illinois BRFSS indicate that nearly 10% of LaSalle County Region residents have diabetes. Compared to data from the State of Illinois, the prevalence of diabetes now exceeds the state average.

Cancer – Cancer is one of the leading causes of death in LaSalle County.

Cases of breast cancer at the Ottawa area hospitals have steadily decreased from a high of 15 cases in 2009 to zero reported cases in 2012.

Cases of colorectal cancer at the Ottawa area hospitals have decreased by 10.5% between 2009 and 2012 for inpatient admissions. The number of cases of colorectal cancer peaked in 2010 when 53 cases were reported.

Overall, *the leading causes of death in LaSalle County include diseases of the heart at 29%, malignant neoplasm at 23%, followed by accidents at 6%, chronic lower respiratory disease at 5%, and cerebrovascular disease at 4.5%.*

Phase 2: Survey Results

Misperceptions of Community Health Issues

Inconsistencies exist
between people's
perception of health
issues and actual
data

Heart Disease – Residents in LaSalle County rate heart disease relatively low compared to actual causes of mortality. Specifically, younger people and individuals with lower incomes tend to have the largest misperceptions regarding the importance of understanding heart disease in the community. While heart disease is the most common cause of mortality in LaSalle County, often times, it did not make the top-five perceived health issues for survey respondents.

Diabetes– Residents of LaSalle County also rate diabetes relatively low, even though rates in LaSalle County are higher than state averages. Data from the Illinois BRFSS indicate that nearly 10% of LaSalle County residents have diabetes. Compared to data from the State of Illinois, the prevalence of diabetes now exceeds the state average.

Phase 2: Survey Results

Perceptions of the Importance of Access to Health Services

Access to health services was the third most important determinant to quality of life (after availability of jobs and healthy food choices). *Access to health services* was particularly important among women, older individuals, individuals of White ethnicity, and more educated respondents in LaSalle County.

Physical Exercise - Survey respondents were more likely to answer that they exercised regularly if they were younger, not of Black ethnicity, possessed higher income, were more educated, or were not homeless. However, only 10% of the population engages in exercise at least 5 times a week.

Healthy Eating - Only 7% of the population consumes at least the minimum recommended servings of fruits/vegetables in a day. Those that are more likely to have healthy eating habits include people with more education, higher income, and people who are not homeless.

Decrease Smoking - Individuals identifying with Black ethnicity or Latino/a ethnicity, were younger, were homeless, were less educated, or earned lower income are more likely to smoke.

Self-Perceptions of Health - In terms of self-perceptions of physical and mental health, 91% of the population indicated that they were in average or good physical health. Similar results were found for residents' self-perceptions of mental health.

Healthy Behaviors

Several issues relating to healthy behaviors were identified

Phase 2: Survey Results

Access to Medical Services

Several issues relating to health service access in LaSalle County were identified

Choice of Medical Care - Only 54% of people living in deep poverty seek medical services at a clinic or doctor's office. For this segment of the population, it is very common to seek medical services from an emergency department (9%) or not seek medical attention at all (24%). Those that tend to use the ED for primary care include men, individuals with less education, and individuals identifying with Black or Latino/a ethnicity.

Access to Medical Care and Prescription Medications - 41% of the population living in poverty indicated there was a time in the last year when they were not able to get medical care when needed. The leading causes were lack of insurance and inability to afford a copayment or deductible. Similar results were found for access to prescription medication.

Access to Dental Care - While significant research exists linking dental care to numerous diseases, including heart disease, only 44% of the aggregate population had a checkup in the last year and only 21% of those living in poverty had a checkup. Moreover, 32% of those living in poverty have not been to the dentist for 5 or more years. Specifically, younger respondents, individuals with less education, individuals identifying with Black ethnicity, or were homeless were less likely to visit a dentist.

Access to Counseling - Approximately 30% of people living in poverty indicated they were not able to get counseling when they needed it over the last 12 months. Leading indicators are homelessness, younger people, individuals with less education and lower incomes, and individuals identifying with Black ethnicity. While affordability and insurance were the leading reasons, fear and embarrassment were also significant.

Access to Information - Across categories, residents of LaSalle County get most of their medical information from doctors.

Type of Insurance - Across LaSalle County, the most prevalent type of insurance is private or commercial; however, those living in poverty are disproportionately more reliant on Medicaid. Also for those living in poverty, 40% do not have any type of insurance at all.

Phase 3: Prioritization of Community Health-Related Issues

Specific criteria used to identify these issues included:

- (1) magnitude to the community;
- (2) strategic importance to the community;
- (3) existing community resources;
- (4) potential for impact; and
- (5) trends and future forecasts

The collaborative team identified the seven most critical health-related issues in the LaSalle County region as:

Mental Health

Mental health issues grew by 38% for residents of LaSalle County between 2006 and 2009. In terms of absolute percentage increase, LaSalle County residents experienced an increase of 7%, where in 2006 18.3% of residents they felt mentally unhealthy on 1-7 days per month, compared to 2009 where 25.3% of residents felt mentally unhealthy on 1-7 days per month. For comparison, there was actually a slight decrease in the percentage of Illinois residents reporting they felt mentally unhealthy on 1-7 days per month between 2006 (24.9%) and 2009 (24.8%). Mental health was also rated the third most important health concerning the community for both the aggregate population as well as those living in poverty.

Risky Behaviors - Substance Abuse

In LaSalle County, 19.2% of respondents engage in binge drinking versus 17.5% in the State of Illinois. Both figures exceed the US national 90th percentile benchmark of 8%. Youth substance usage in LaSalle County exceeds the State of Illinois averages for both 8th graders (alcohol, tobacco, and marijuana usage) and 12th graders (alcohol and tobacco usage). With regard to smoking, 45% of LaSalle County residents living in poverty smoke 5 or more cigarettes per day. Additionally, according to survey respondents, for both LaSalle County's aggregate population and those living in poverty, drug and alcohol abuse were perceived as the two most important unhealthy behaviors in the community.

Dental

Research indicates that dental health can be related to numerous other morbidities, including heart disease. There was 25% growth in the percentage of LaSalle County residents reporting their last dental visit was more than 2 years ago between 2006 (17.4%) and 2009 (21.8%). For comparison, there was 15% growth in the percentage of Illinois residents reporting their last dental visit was more than 2 years ago or never between 2006 (17.2%) and 2009 (19.8%).

Phase 3: Prioritization of Community Health-Related Issues

Community Misperceptions

Based on results from the survey, respondents incorrectly perceived “diabetes,” “heart disease,” and “dental” as being relatively less important health concerns to the community. These results conflict with morbidity data that suggests diabetes rates in LaSalle County are higher than rates across the State of Illinois, mortality data that indicates heart disease is the leading cause of death in LaSalle County, and dental data illustrates LaSalle County residents have undergone annual dental checkups at a lower rate than rates for the State of Illinois.

Obesity

Research strongly suggests that obesity is a significant problem facing youth and adults nationally, as it has been linked to numerous morbidities (e.g., type II diabetes, hypertension, cardiovascular disease, cancer, etc). There was a 45% increase in the percentage of LaSalle County residents reporting they were overweight between 2006 (19.3%) and 2009 (28.0%). For comparison, there was a 9% increase in the percentage of Illinois residents reporting they were overweight between 2006 (24.7%) and 2009 (26.8%). Also note that Illinois is ranked as the sixth worst state in the US in terms of obesity.

Healthy Behaviors

According to the BRFSS, 36.6% of LaSalle County residents report that their last routine checkup was more than 1 year ago. This figure is 17.4% higher than State of Illinois average (19.2%). There was a slight decrease in the percentage of LaSalle County residents reporting they had received a flu shot in the last 12 months between 2006 (32.3%) and 2009 (31.4%). For comparison, there was a 24% increase in the percentage of Illinois residents reporting they had received a flu shot in the last 12 months between 2006 (28.0%) and 2009 (34.6%). Results from survey respondents indicated that there are limited efforts at proactively managing one’s own health. This includes limited exercise, as 69% of LaSalle County residents indicated they exercised 2 or less times per week. With regard to eating habits, 67% of LaSalle County residents consume less than 2 servings of fruits/vegetables per day. However, note that 91% of respondents believe they are average or above average in terms of physical health and 92% of respondents believe they are average or above average in terms of mental health.

Access to Health Services

Results from survey respondents living in poverty indicated that access to healthcare is limited. This includes medical, dental and mental healthcare. Poverty is a key factor, as 9% of people living in poverty in LaSalle County consider the Emergency Department their primary source of health care. Furthermore, 24% of people in poverty were unable to obtain medical care when they needed it in the past year. Results also suggest a strong correlation between ethnicity and one’s ability to obtain medical care, as survey data suggest individuals who identify as Black and/or Latino/a are more likely to use the emergency department. “Affordability” was cited as the leading impediment to 15 various types of health care.

Collaborative Team and Facilitators

Collaborative Team

Jenny Barrie, LaSalle County Health Department

Quentin Boyle, Salvation Army

Karen Brodbeck, Ottawa Regional Hospital & Healthcare Center

Judy Christiansen, Ottawa Regional Hospital & Healthcare Center

Peg Kramer-Graves, Health Center of Eastern LaSalle County

Dave McClure, Youth Services Bureau

Don Morehead, Health Center of Eastern LaSalle County

Shelli Ocepek, United Way of Eastern LaSalle County

Paula Swank, Ottawa Regional Hospital & Healthcare Center

Laurel Svoboda, Ottawa Regional Hospital & Healthcare Center

Dawn Trompeter, Ottawa Regional Hospital & Healthcare Center

Nancy Tuftie, Ottawa Regional Hospital & Healthcare Center

Facilitators

Michelle A. Carrothers, OSF Healthcare System

Dawn Irion, OSF Healthcare System

Eric J. Michel, Christopher Newport University

Dr. Laurence G. Weinzimmer (Principal Investigator),
Bradley University