

Community Health Needs Assessment 2019

**OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER
d/b/a OSF SAINT ELIZABETH MEDICAL CENTER**

**MENDOTA COMMUNITY HOSPITAL
d/b/a OSF SAINT PAUL MEDICAL CENTER**

LASALLE COUNTY

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Community Health Needs Assessment

2019

Collaboration for sustaining health equity

Executive Summary

The LaSalle County Community Health-Needs Assessment is a collaborative undertaking by OSF Saint Elizabeth and OSF Saint Paul Medical Centers 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 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 LaSalle 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:

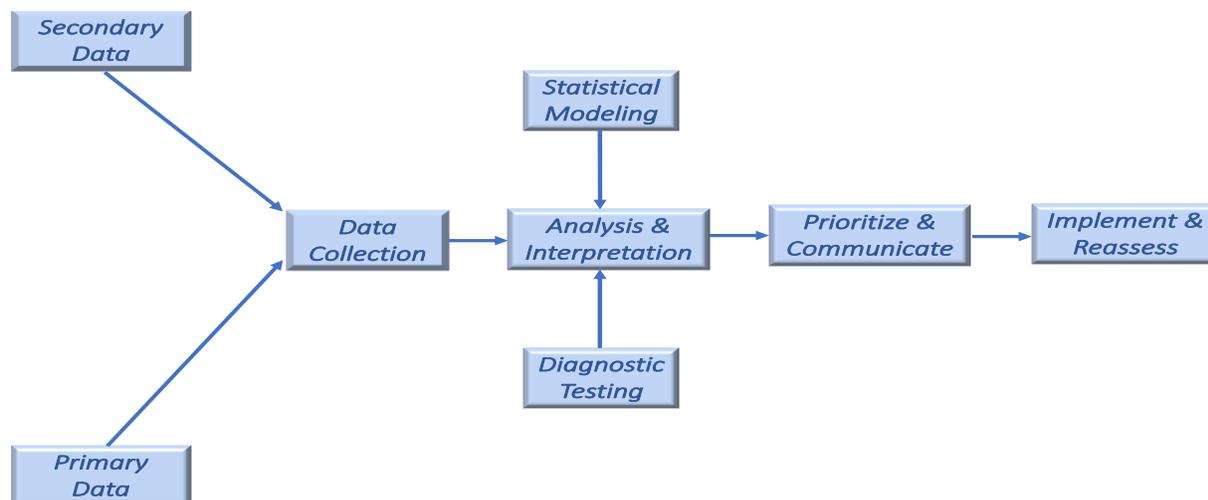
- **Healthy Behaviors** – *defined as active living and healthy eating, and their impact on obesity*
- **Behavioral Health** – *including mental health and substance abuse*

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 Elizabeth and OSF Saint Paul Medical Centers 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 Elizabeth and OSF Saint Paul Medical Centers, members of the LaSalle 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 Elizabeth and OSF Saint Paul Medical Centers, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by LaSalle County. Data show that LaSalle County alone represents over 92.4% of all patients for the hospitals.

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 LaSalle 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 LaSalle 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, based on a sample of 459 survey respondents from LaSalle County, 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

Data were collected in the 3rd quarter 2018. In order to identify our potential population, we first identified the percentage of the LaSalle 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 LaSalle County was 13.6 percent in 2017. The population used for the calculation was 110,067 yielding a total of 14,969 residents living in poverty in the LaSalle 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 LaSalle County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 383. The data collection effort for this CHNA yielded a total of 459 usable responses. This exceeded the threshold of the desired 90% confidence interval (CI).

To provide a representative profile when assessing the aggregated population for the LaSalle 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 370 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

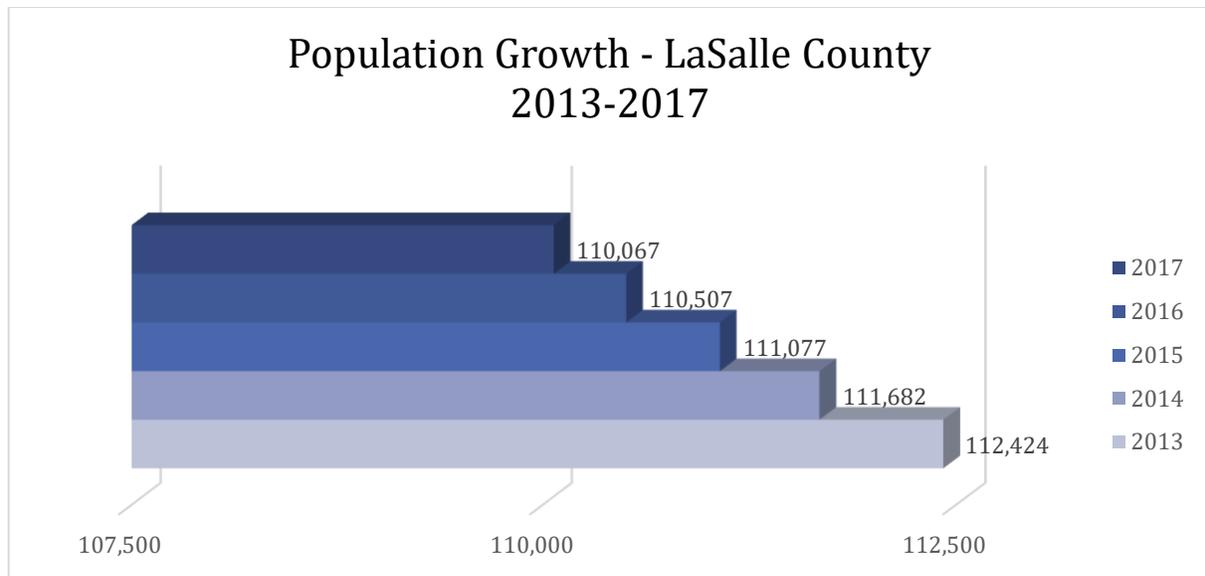
DEMOGRAPHY AND SOCIAL DETERMINANTS

1.1 Population

Importance of the measure: Population data characterize individuals residing in LaSalle 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 LaSalle County has slightly decreased (2.1%) between 2013 and 2017.



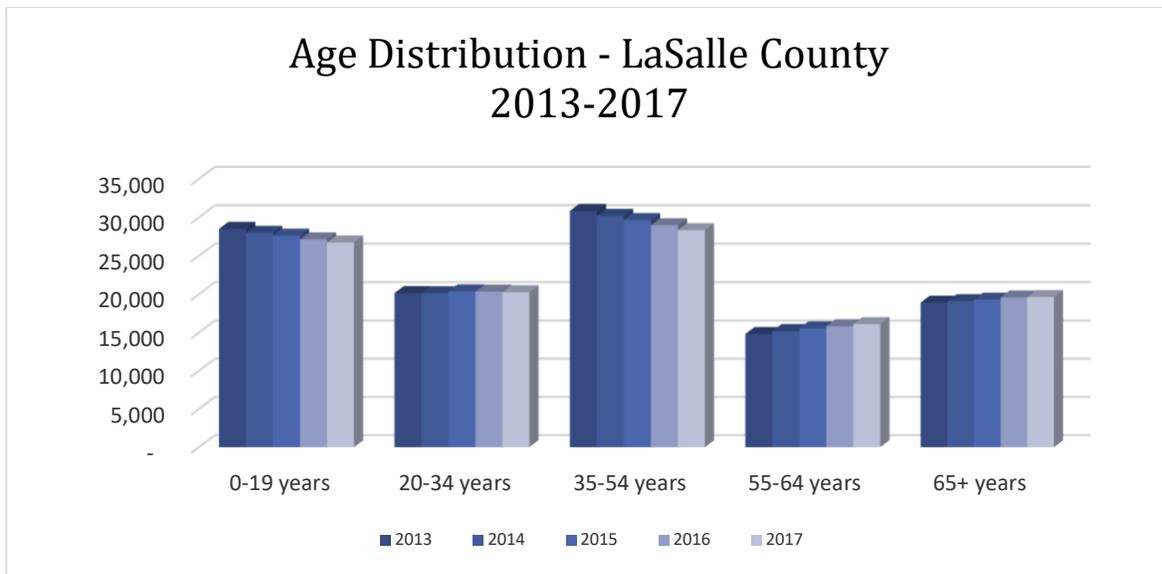
Source: US Census

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 LaSalle County aged 35-54 declined 8.1% between 2013 and 2017, and the percentage of individuals aged 65 and older increased 3.8% between 2013 and 2017.

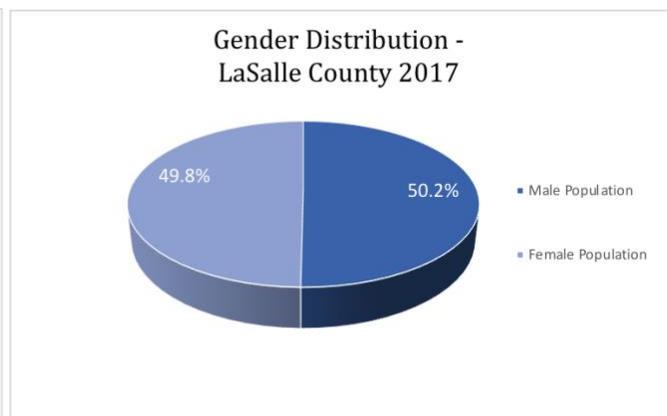
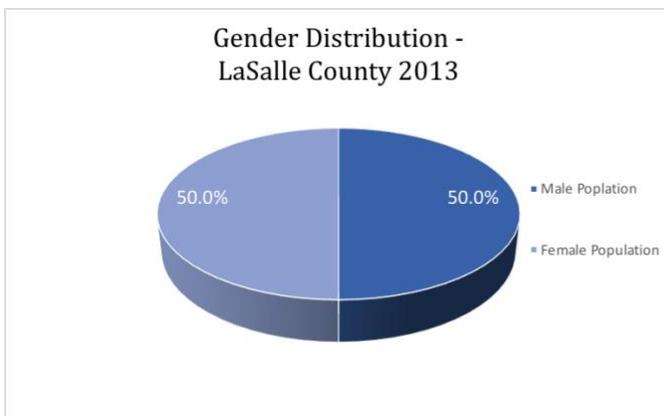


Age	2013	2014	2015	2016	2017
0-19 years	28,520	28,011	27,635	27,151	26,748
20-34 years	20,160	20,147	20,383	20,351	20,274
35-54 years	30,857	30,221	29,666	28,993	28,349
55-64 years	14,831	15,212	15,583	15,844	16,128
65+ years	18,927	19,107	19,312	19,596	19,652

Source: US Census

Gender

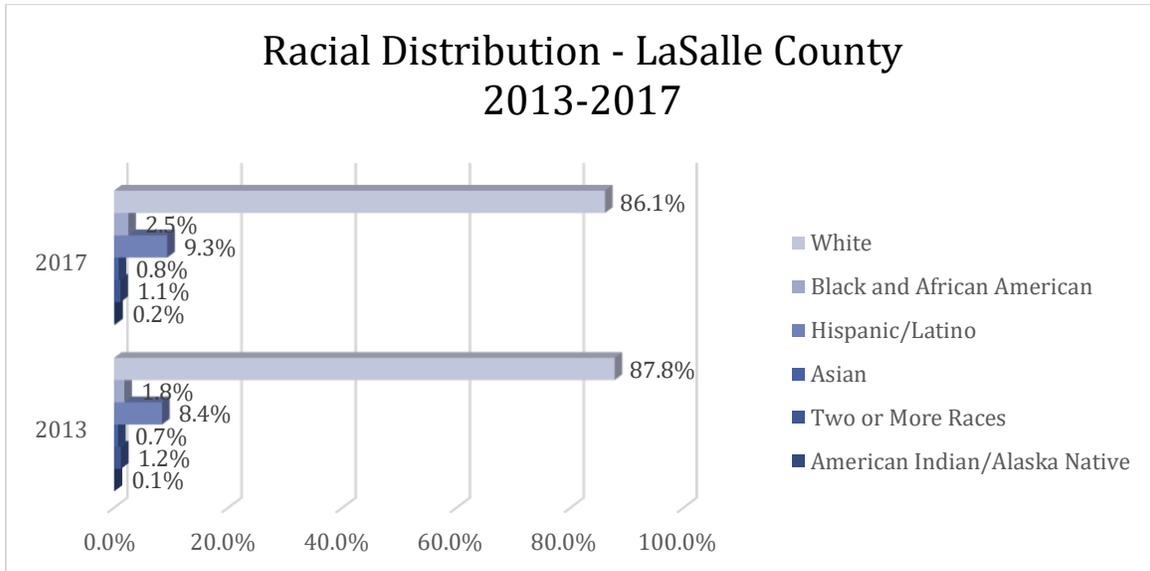
The gender distribution of LaSalle County residents has remained relatively consistent between 2013 and 2017.



Source: US Census

Race

With regard to race and ethnic background, LaSalle County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2017 suggest that White ethnicity comprises 86.1% of the population in LaSalle County. However, the non-White population of LaSalle County has been increasing (from 12.2% to 13.9% in 2017), with Black ethnicity comprising 2.5% of the population, multi-racial ethnicity comprising 1.1% of the population, and Hispanic/Latino ethnicity comprising 9.3% of the population.

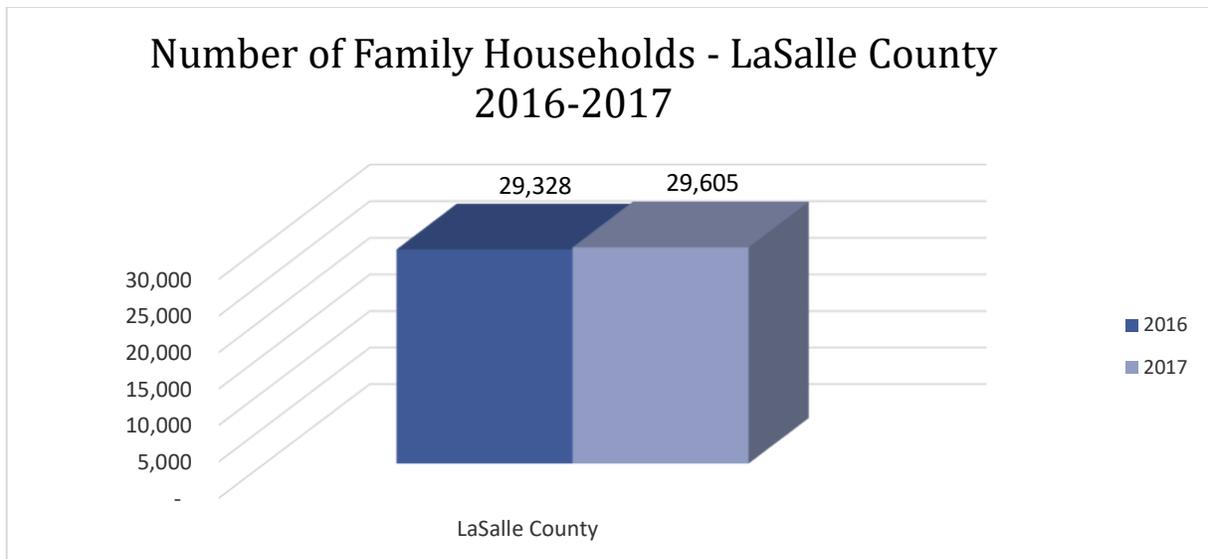


Source: US Census

1.3 Household/Family

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

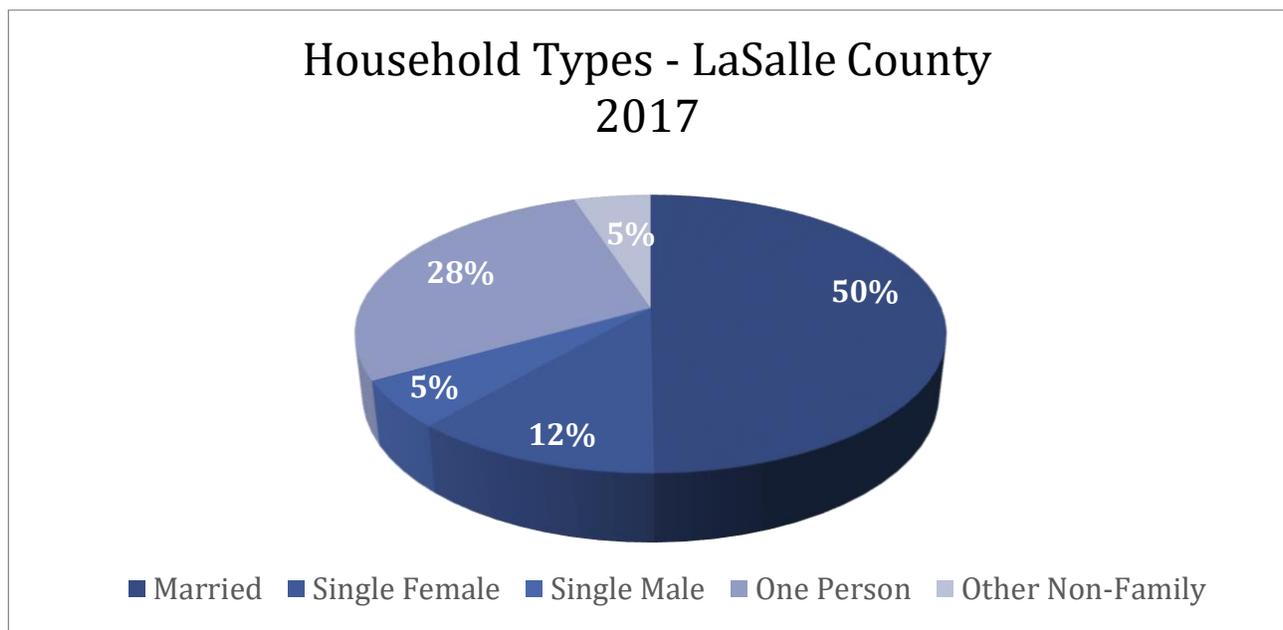
As indicated in the graph below, the number of family households in LaSalle County increased slightly from 2016 to 2017.



Source: US Census

Family Composition

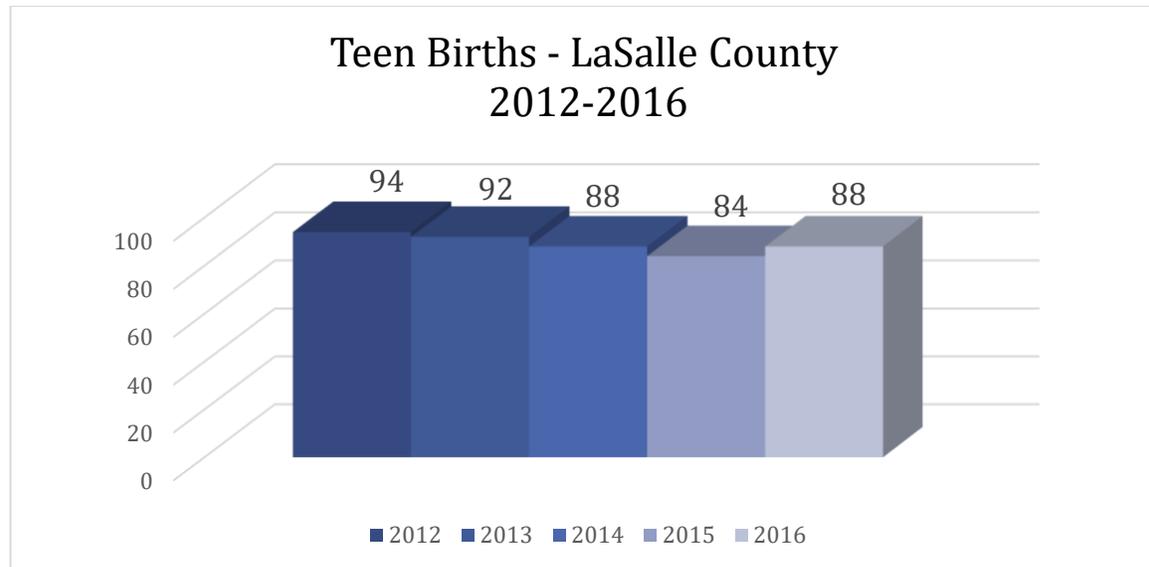
In LaSalle County, data from 2017 suggest the percentage of two-parent families in LaSalle County is 50%. One-person households represent 28% of the county population, and single-female households represent 12%.



Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

LaSalle County has experienced a fluctuation in teenage birth count. The teen birth count steadily declined from 2012-2015, but experienced an increase in 2016.



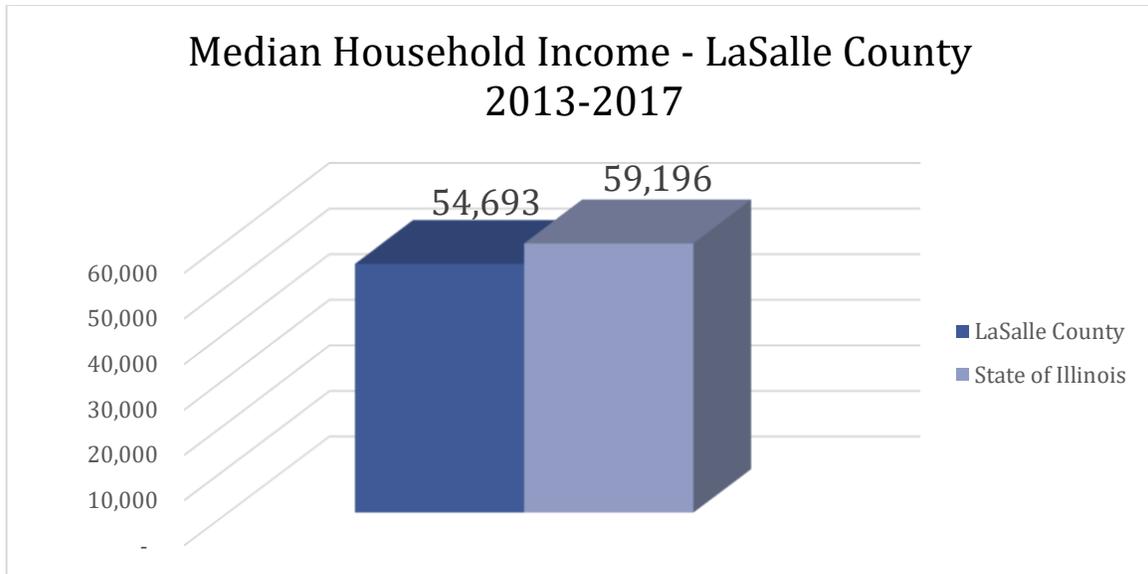
Source: Illinois Department of Public Health

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

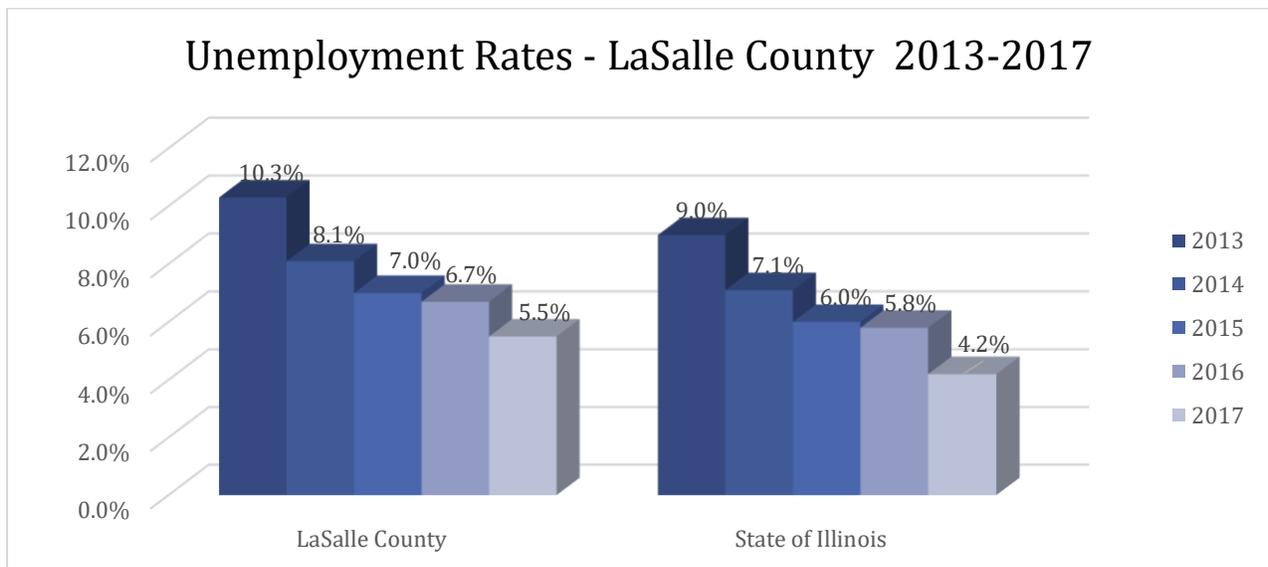
For 2013-2017, the median household income in LaSalle County was lower than the State of Illinois.



Source: US Census

Unemployment

For the years 2013 to 2017, the LaSalle County unemployment rate was higher than the State of Illinois unemployment rate. Overall, between 2013 and 2017, unemployment in LaSalle County decreased by 4.8%.

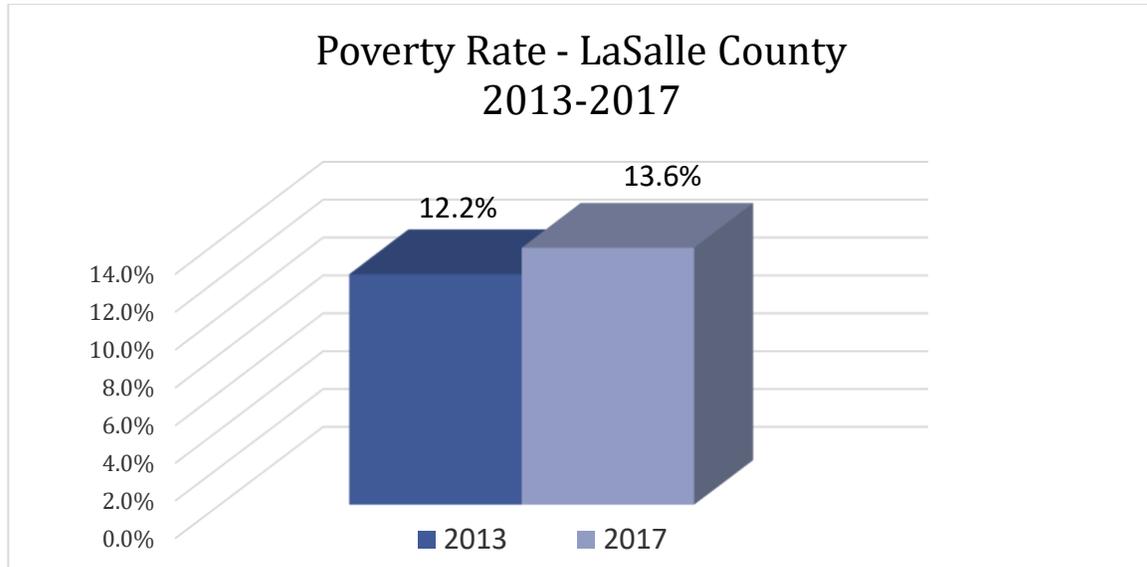


Source: Bureau of Labor Statistics

Individuals in Poverty

In LaSalle County, the percentage of individuals living in poverty between 2013 and 2017 increased by 1.4%. The poverty rate for individuals is 13.6%, which is slightly higher 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 LaSalle County (9.8%) was equal to the State of Illinois family poverty rate (9.8%).



Source: US Census

1.5 Education

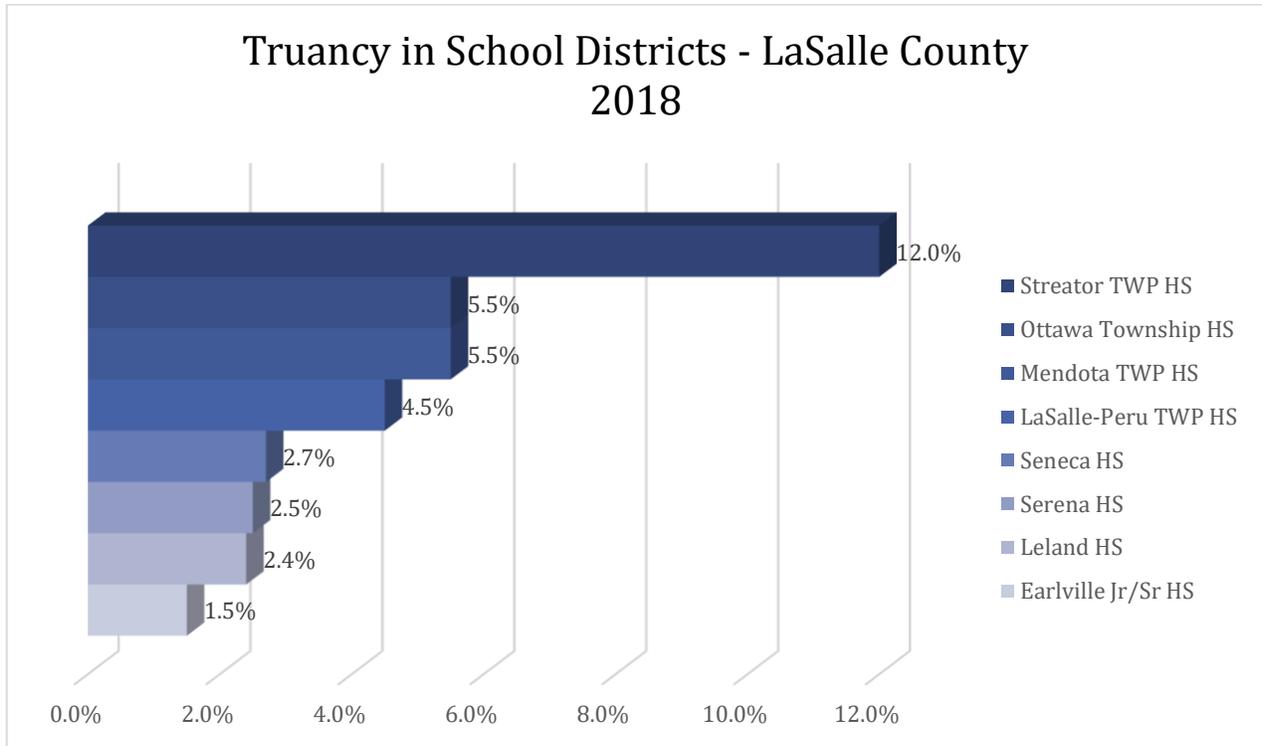
Importance of the measure: According to the National Center for Educational Statistics¹, “The better educated a person is, the more likely that person is to report being in ‘excellent’ or ‘very good’ health, regardless of income.” Research suggests that the higher the level of educational attainment 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 defines truancy as a student who is absent without valid cause for 5% or more of the previous 180 regular attendance days.

¹ NCES 2005

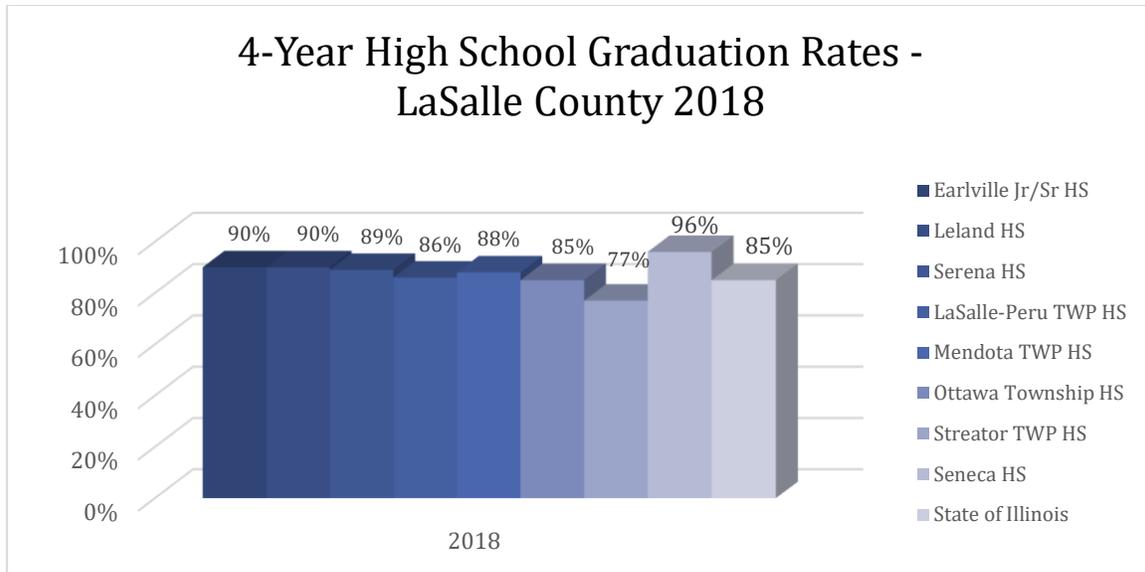
Streator TWP High School has the largest percentage of students who were chronically truant in 2018.



Source: Illinois Report Card

High School Graduation Rates

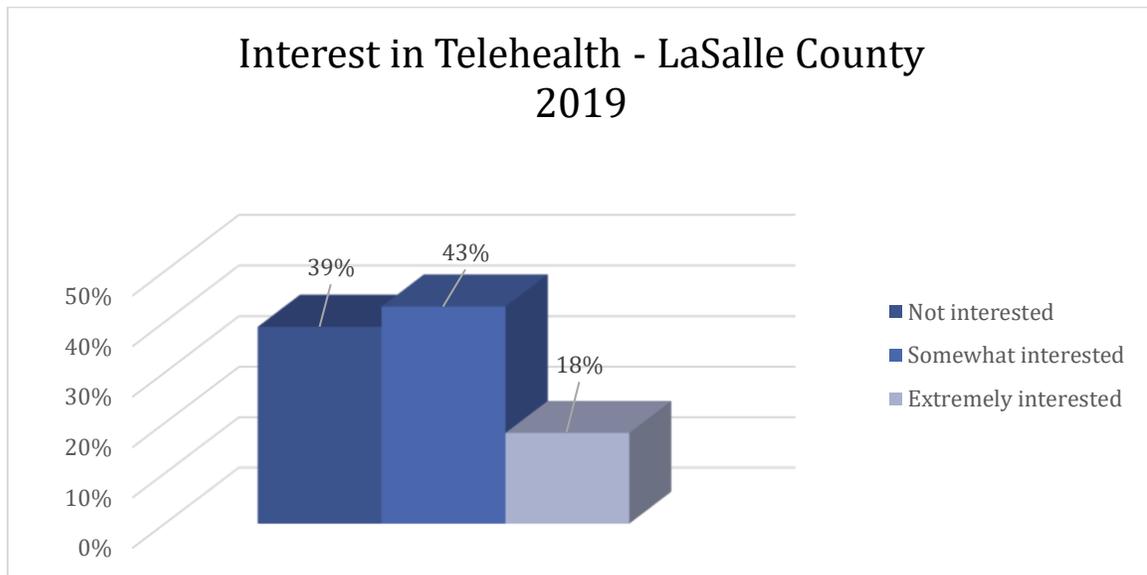
In 2018, Ottawa Township High School and Streator TWP High School in LaSalle County reported high school graduation rates that were at or below the State average of 85%.



Source: Illinois Report Card

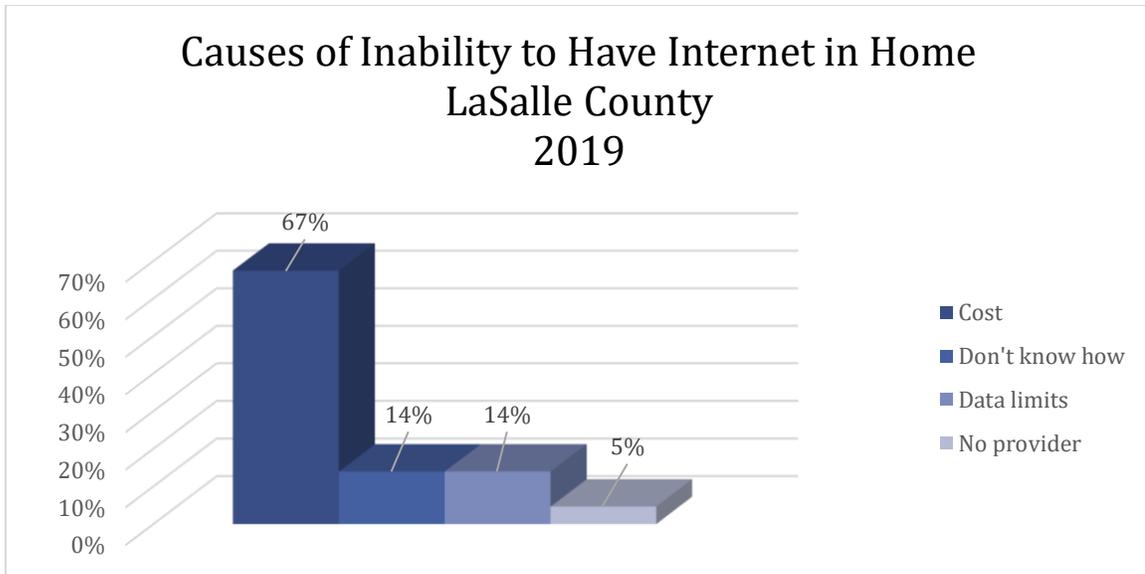
1.6 Telehealth Interest and Internet Accessibility

Survey respondents were asked *How interested would you be in health services provided through Internet or phone?* Of respondents, 61% indicated they would be either somewhat or extremely interested.



Source: CHNA Survey

In terms of accessibility, 84% 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 higher for younger people, those with higher education, those with higher income and those with a stable housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION DECREASED OVER THE LAST 5 YEARS.
- ✓ POPULATION OVER AGE 65 IS INCREASING.
- ✓ DECREASING WHITE POPULATION, INCREASING LATINO POPULATION.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 12% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.
- ✓ UNEMPLOYMENT HAS DECREASED BUT IS HIGHER THAN THE STATE OF ILLINOIS.
- ✓ 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

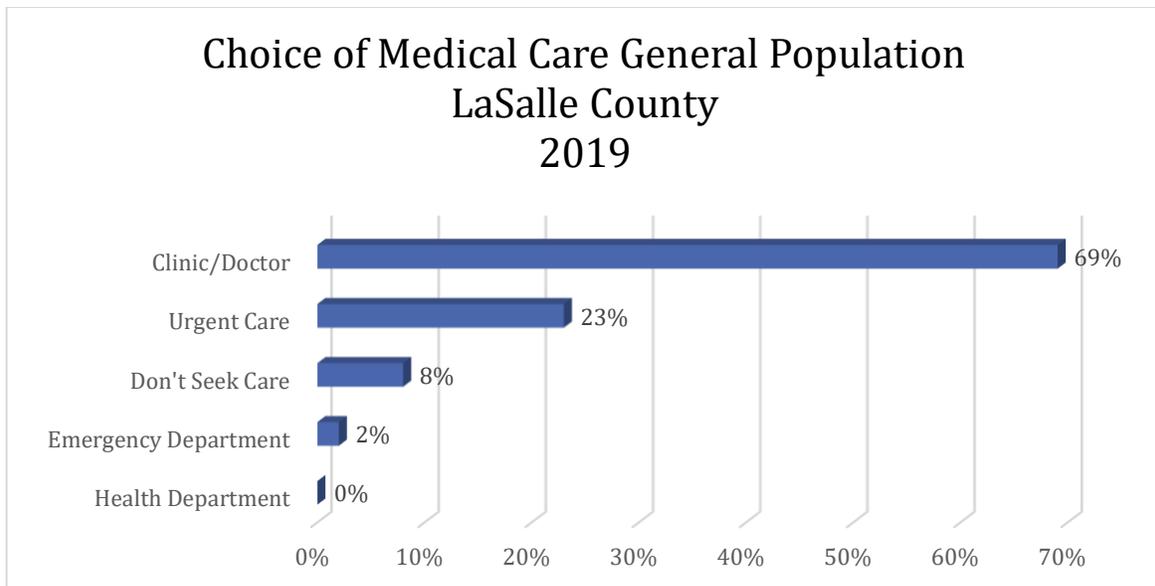
2.1 Accessibility

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 69% of survey respondents. This was followed by urgent care (23%), not seeking medical attention (8%), the emergency department at a hospital (2%), and the health department (0%).



Source: CHNA Survey

Comparison to 2016 CHNA

Clinic/doctor's office decreased from 71% in 2016 to 69% in 2019. Also, there was a decrease in use of emergency departments from 6% in 2016 to 2% in 2019. Much of this can be attributed to the significant increase in use of urgent care facilities (14% in 2016 to 23% 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 women and those with higher income.

Urgent Care tends to be used more by those with lower income.

Emergency Department did not have any significant correlates.

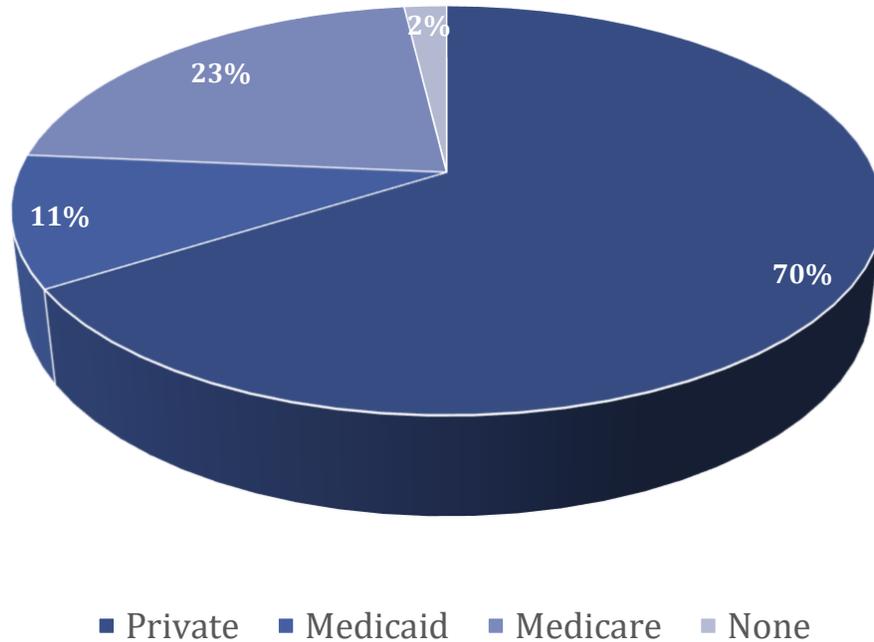
Do Not Seek Medical Care did not have any significant correlates.

Health Department did not have any significant correlates.

Insurance Coverage

According to survey data, 70% of the residents are covered by private insurance, followed by Medicare (23%), and Medicaid (11%). Only 2% of respondents indicated they did not have any health insurance.

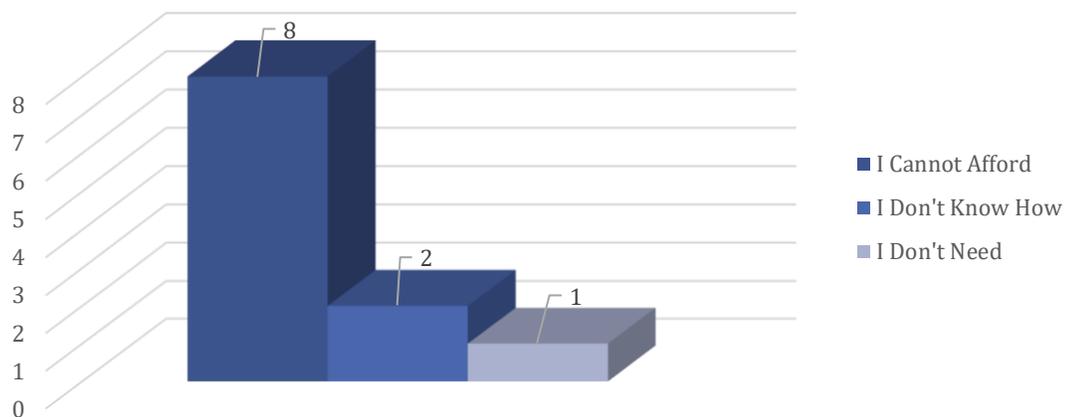
Type of Health Insurance - LaSalle County 2019



Source: CHNA Survey

Data from the survey show that for the 2% of individuals who do not have insurance, the most common reason was cost. Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Reasons for No Insurance - LaSalle County 2019



Source: CHNA Survey

Comparison to 2016 CHNA

Compared to survey data from the 2016 CHNA, there has been a significant increase in private insurance, from 58% in 2016 to 70% in 2019. Medicare has decrease from 29% in 2016 to 23% in 2019. There was also a marked decrease in the percentage of individuals who have no insurance, from 9% to 2%.

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 older people, men, and those with lower education and income.

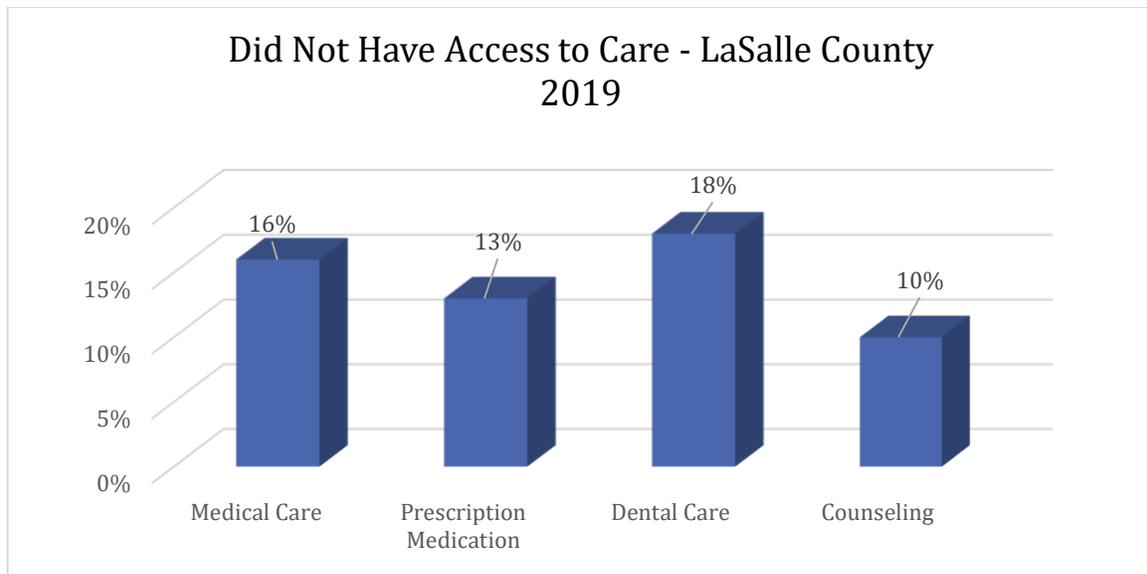
Medicaid tends to be used more frequently by younger people, Black people, Latino people, those with lower income, and people with an unstable (e.g., homeless) housing environment. Given the low survey response rate for Black and Latino people, findings should be interpreted with caution.

Private Insurance is used more often by White people, and those with higher education, those with higher income and those with a stable housing environment .

No Insurance tends to be reported more often by younger people, Latino people, those with lower education and income, and people with an unstable (e.g., homeless) housing environment. Given the low survey response rate for Latino people, findings should be interpreted with caution.

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 16% of the population did not have access to medical care when needed; 13% 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 10% 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, those with higher education and those with higher income. Latino people are less likely to have access to medical care. Given the low survey response rate for Latino people, findings should be interpreted with caution.

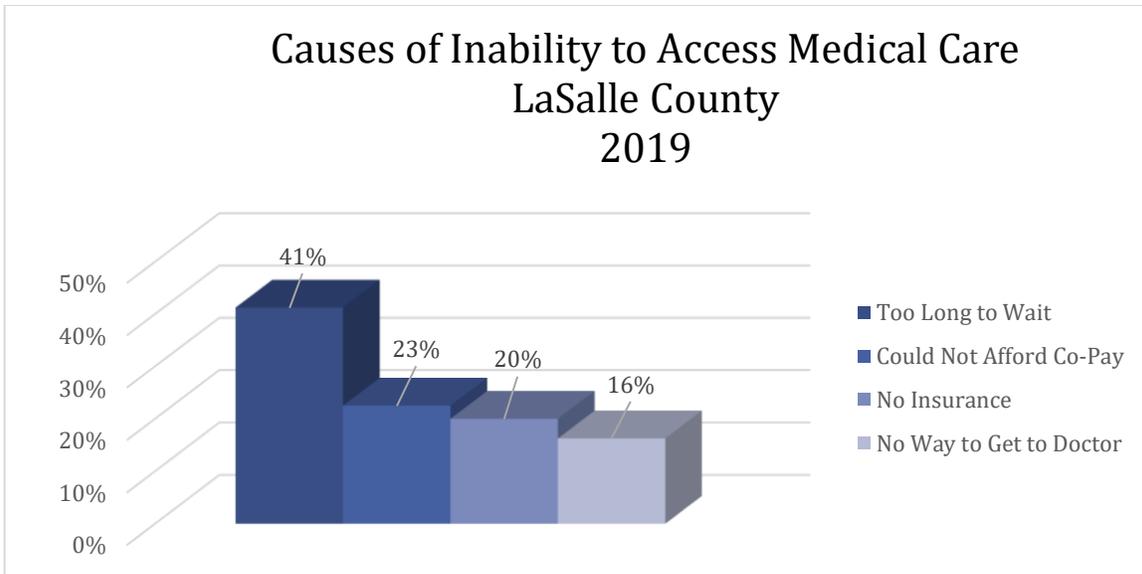
Access to prescription medications tends to be higher for those with higher education, those with higher income, and those with a stable housing environment.

Access to dental care tends to be higher for those with higher education and those with higher income. 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

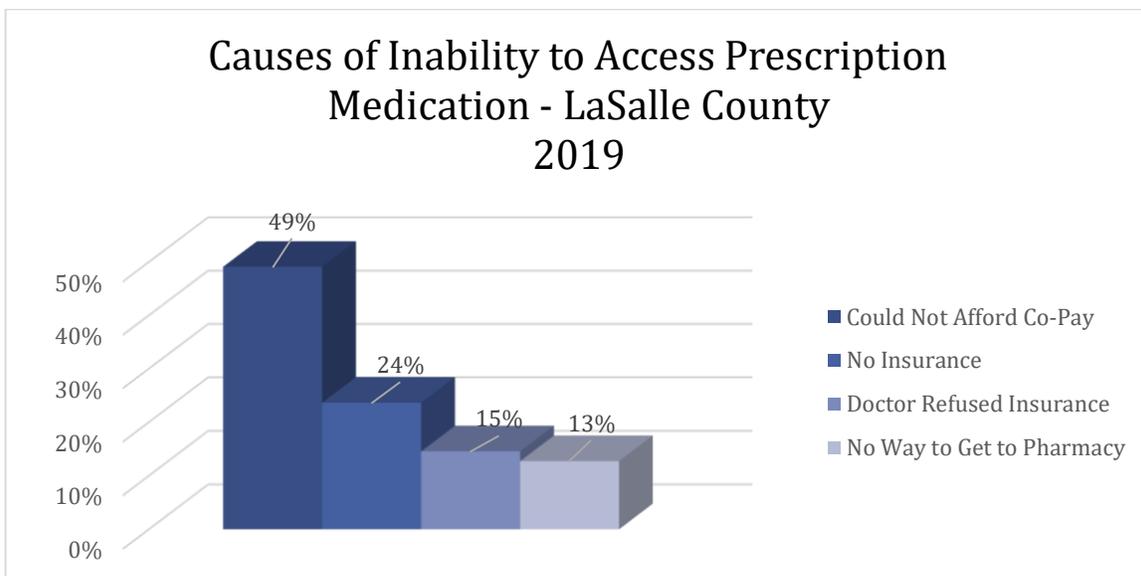
Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were too long to wait for an appointment (41%), the inability to afford the copay (23%), no insurance (20%) and no way to get to the doctor (16%).



Source: CHNA Survey

Reasons for No Access – Prescription Medication

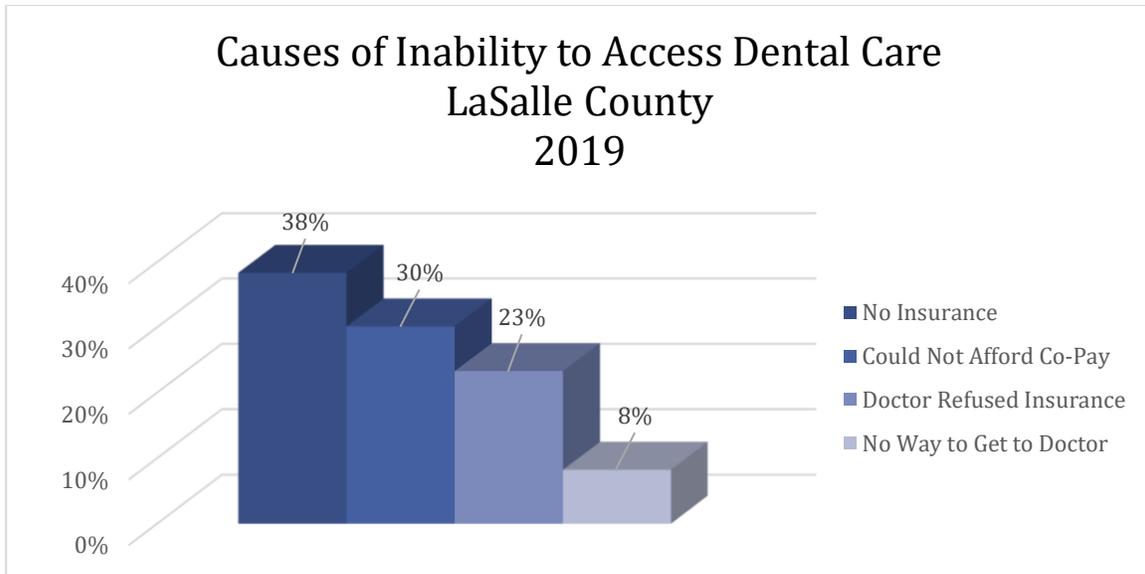
Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. The leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (49%) and no insurance (24%).



Source: CHNA Survey

Reasons for No Access – Dental Care

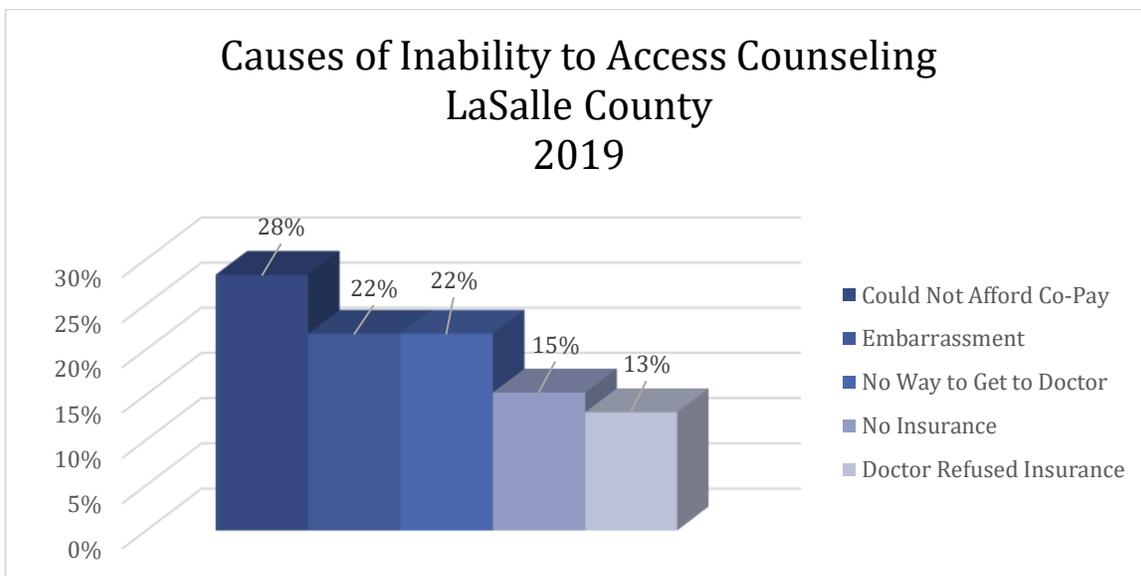
Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading cause was no insurance (38%), followed by the inability to afford copayments or deductibles (30%), refusal of insurance (23%) and no way to get to the dentist (8%).



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 inability to afford a copay or deductible (28%), embarrassment (22%), and no way to get to the counselor (22%).



Source: CHNA Survey

Comparison to 2016 CHNA

Access to Medical Care – Compared to 2016, results show a decrease (2%) in those that were not able to get medical care when needed.

Access to Prescription Medications – Compared to 2016, results show a decrease (1%) in those that were not able to get prescription medication when needed.

Access to Dental Care – Compared to 2016, results show a decrease (2%) in those that were not able to get dental care when needed.

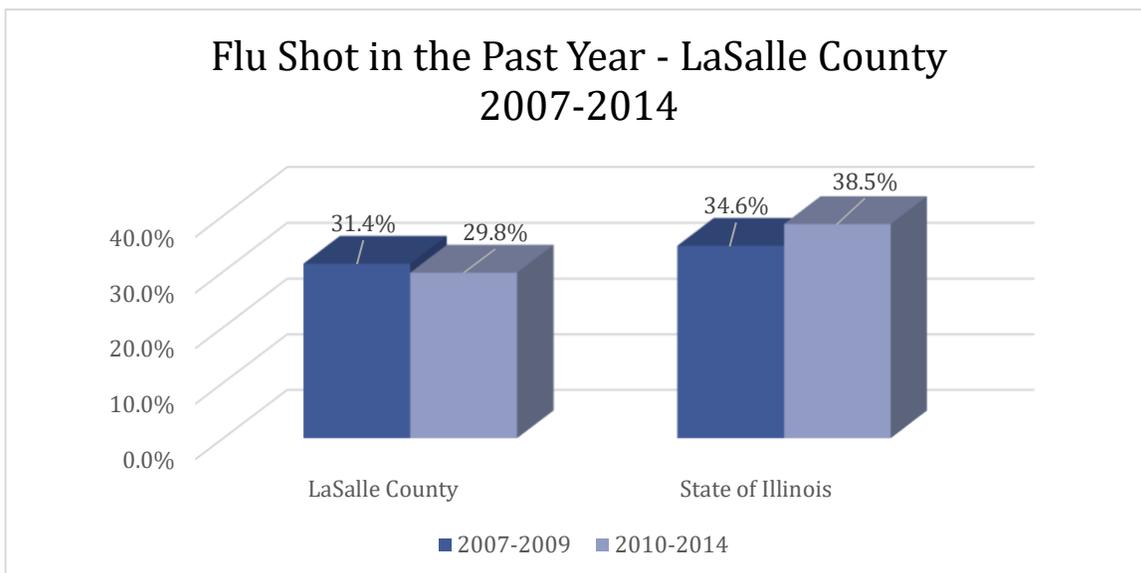
Access to Counseling – Compared to 2016, results show a decrease (1%) in those that were not able to get counseling when needed.

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

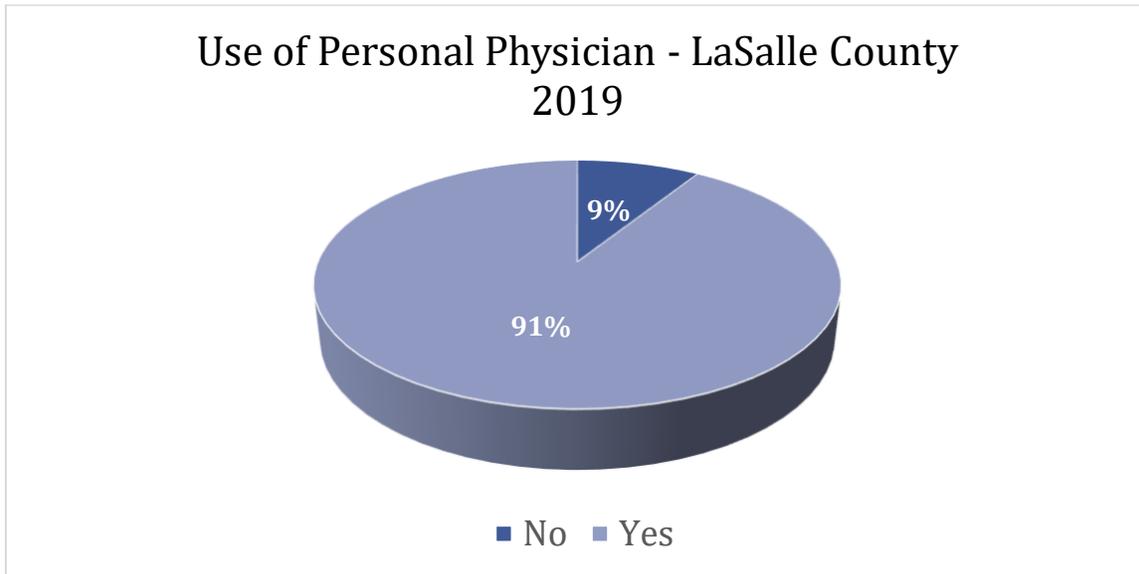
The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year is 29.8% for LaSalle County in 2010-2014 compared to 31.4% for 2007-2009. During the same timeframe, 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, 91% of residents have a personal physician.



Source: CHNA Survey

Comparison to 2016 CHNA

The 2019 CHNA survey results for having a personal physician are slightly lower compared to the 2016 CHNA. Specifically, 93% of residents reported a personal physician in 2016 and 91% report the same in 2019.

Social Determinants Related to Having a Physician

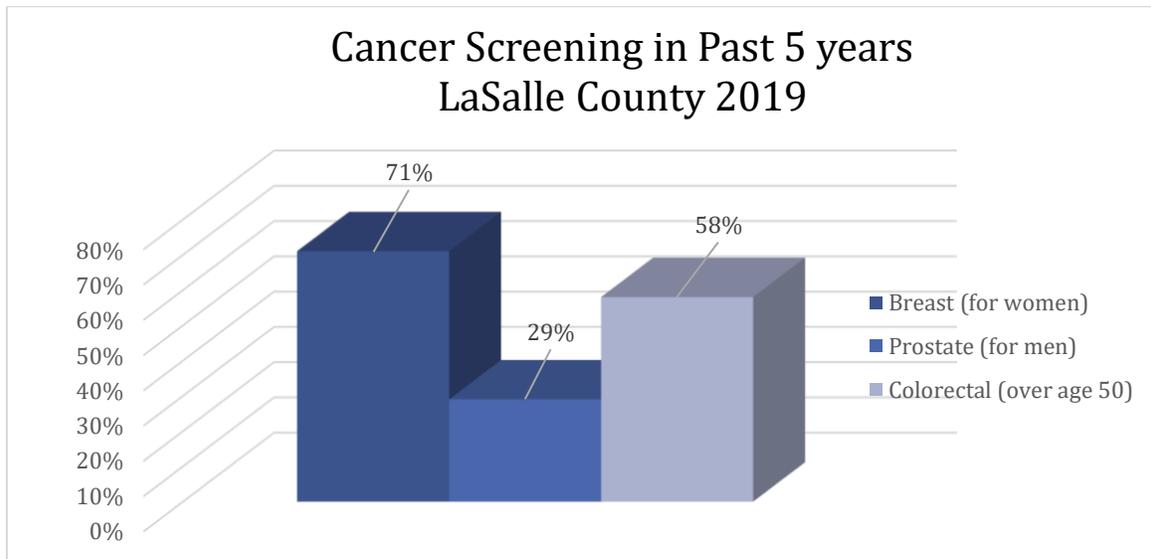
There are no significant relationships with having a physician.

Having a personal physician had no significant correlates.

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 71% of women had a breast screening in the past five years. For men, 29% had a prostate screening in the past five years. For women and men over the age of 50, 58% 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 White women, 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. Given the low survey response rate for Latino people, findings should be interpreted with caution.

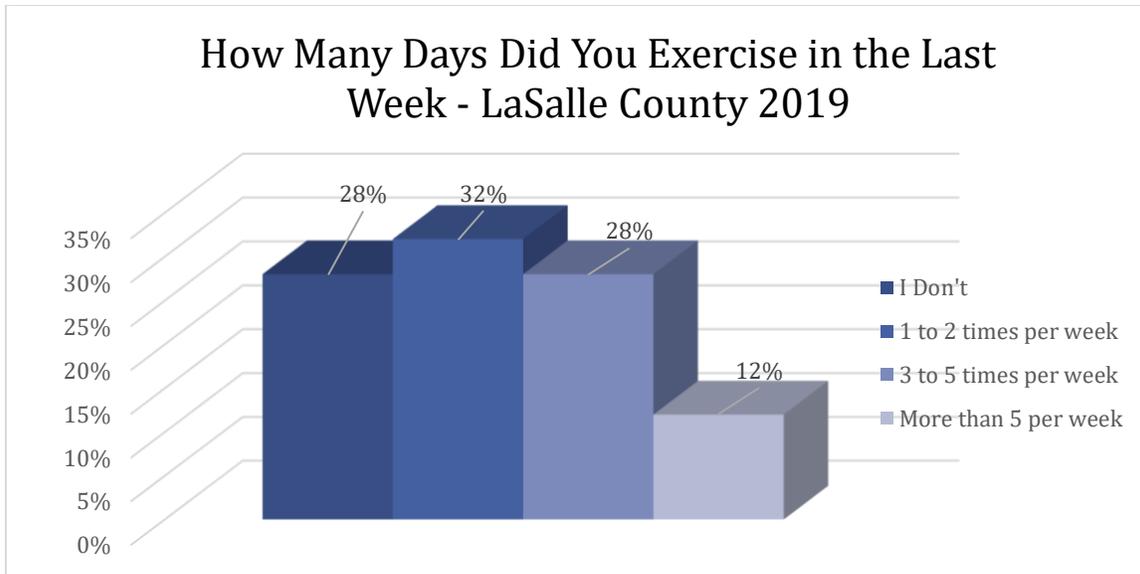
Prostate screening tends to be rated higher by older men. There were no other significant correlates.

Colorectal screening tends to be more likely for older people.

Physical Exercise

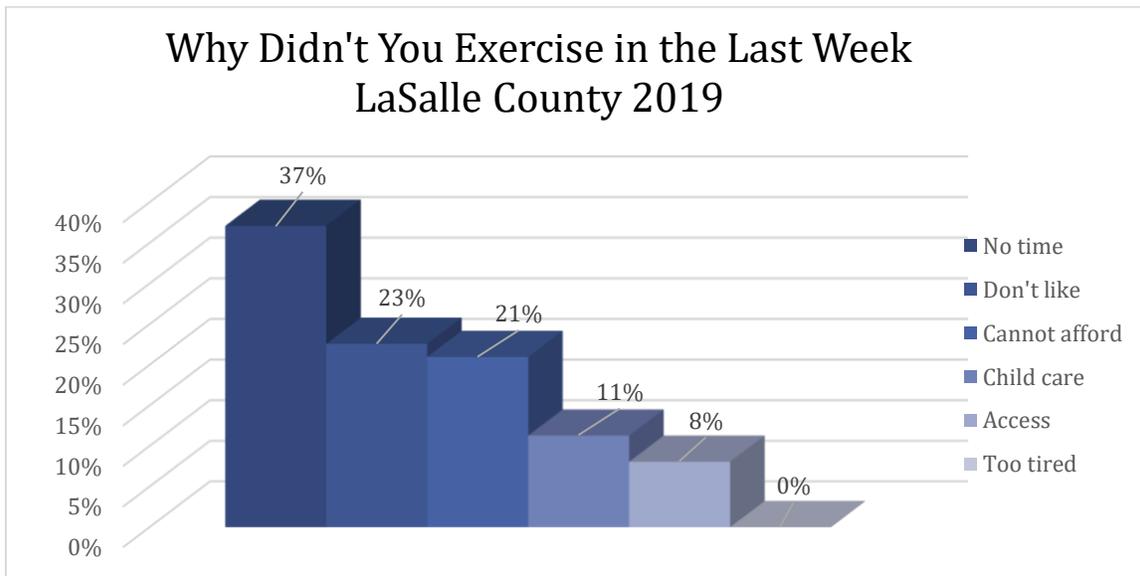
A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being.

CHNA survey data allow for a more detailed assessment of exercise. Specifically, 28% of respondents indicated that they do not exercise at all, while the majority (60%) 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. The most common reason for not exercising was not having enough time (37%).



Source: CHNA Survey

Comparison to 2016 CHNA

There has been a significant decrease in the number of people that do not exercise. In 2016, 35% of residents indicated they did not exercise at all and only 28% indicated they did not exercise in 2019.

Social Determinants Related to Exercise

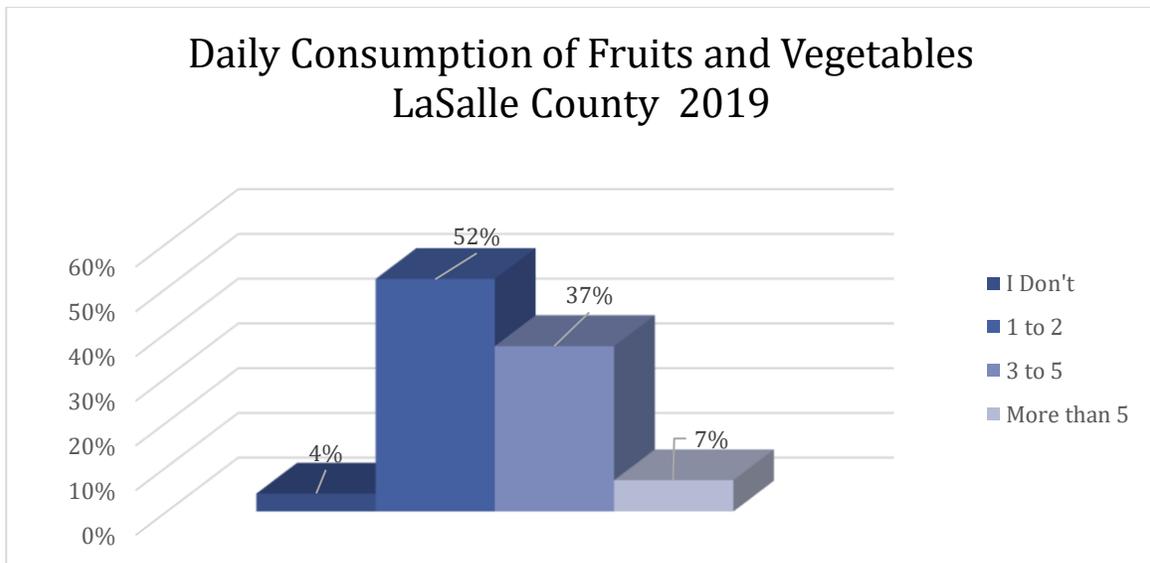
There were no significant relationships with frequency of exercise.

Frequency of exercise had no significant correlates.

Healthy Eating

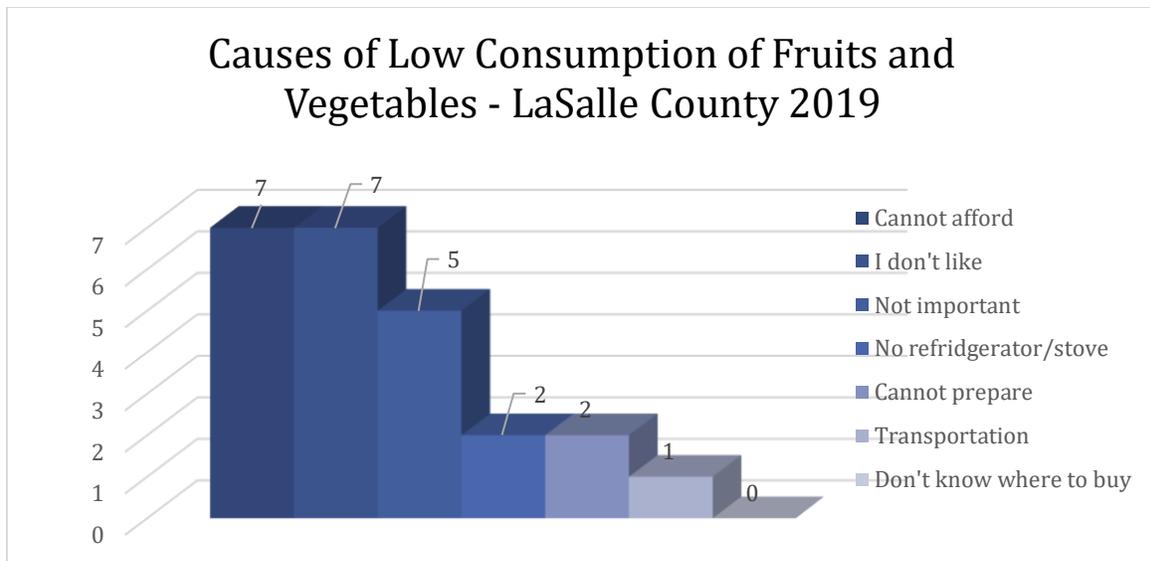
A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental, and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Almost two-thirds (56%) 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 affordability (7), and don't like fruits and vegetables (7). 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. In the 2016 CHNA, where 68% of respondents indicated they had two or fewer servings of fruits and vegetables per day. The percentage decreased to 56% in 2019.

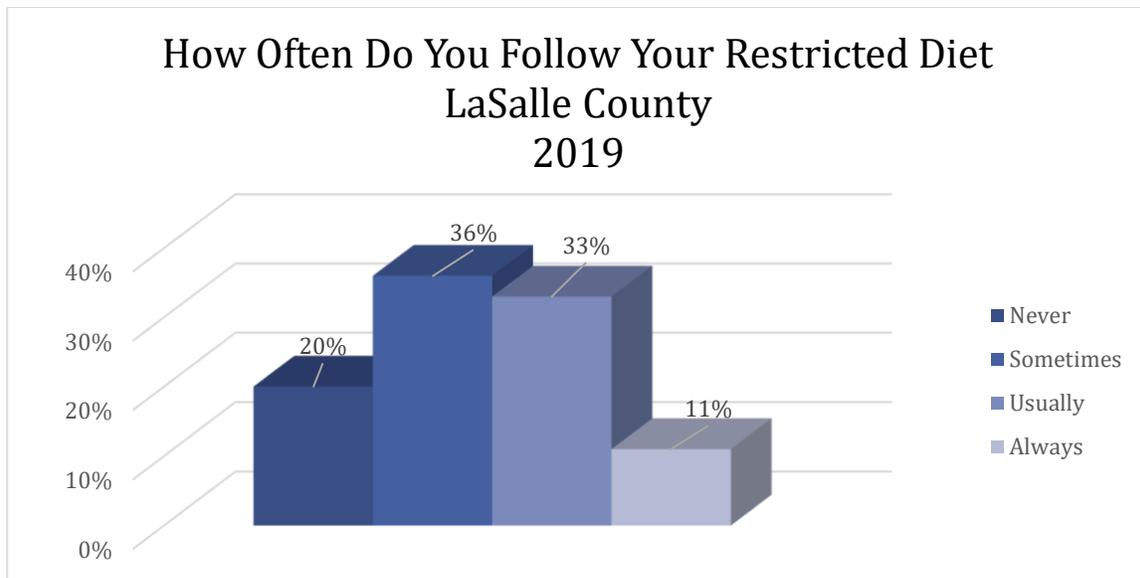
Social Determinants Related to Healthy Eating

One characteristic showed a significant relationship with healthy eating. The following relationship was found using correlational analyses:

Consumption of fruits and vegetables tends to be less likely for those in an unstable (e.g., homeless) housing environment.

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 44% 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:

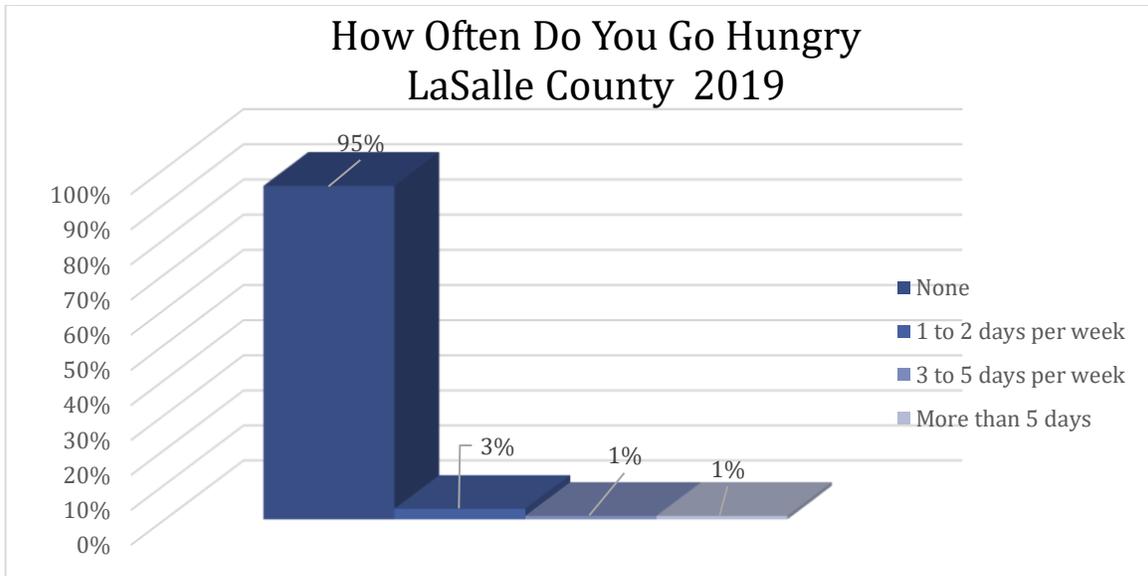
Following a restricted diet tends to be more likely for those diagnosed with cancer and diabetes.

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, 5% indicated they go hungry.



Source: CHNA Survey

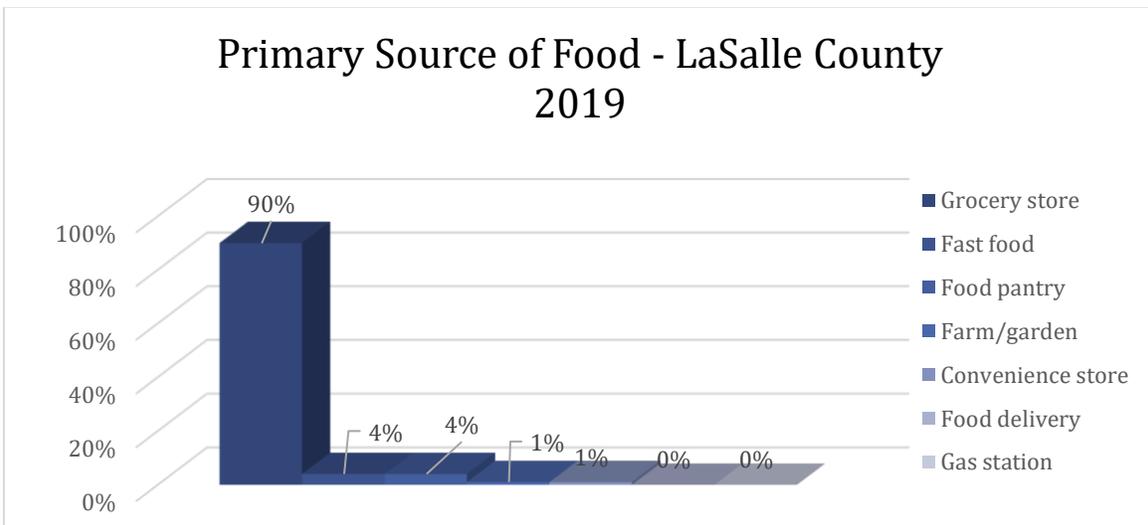
Social Determinants Related to Prevalence of Hunger

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 income and those in an unstable (e.g., homeless) housing environment.

Primary Source of Food

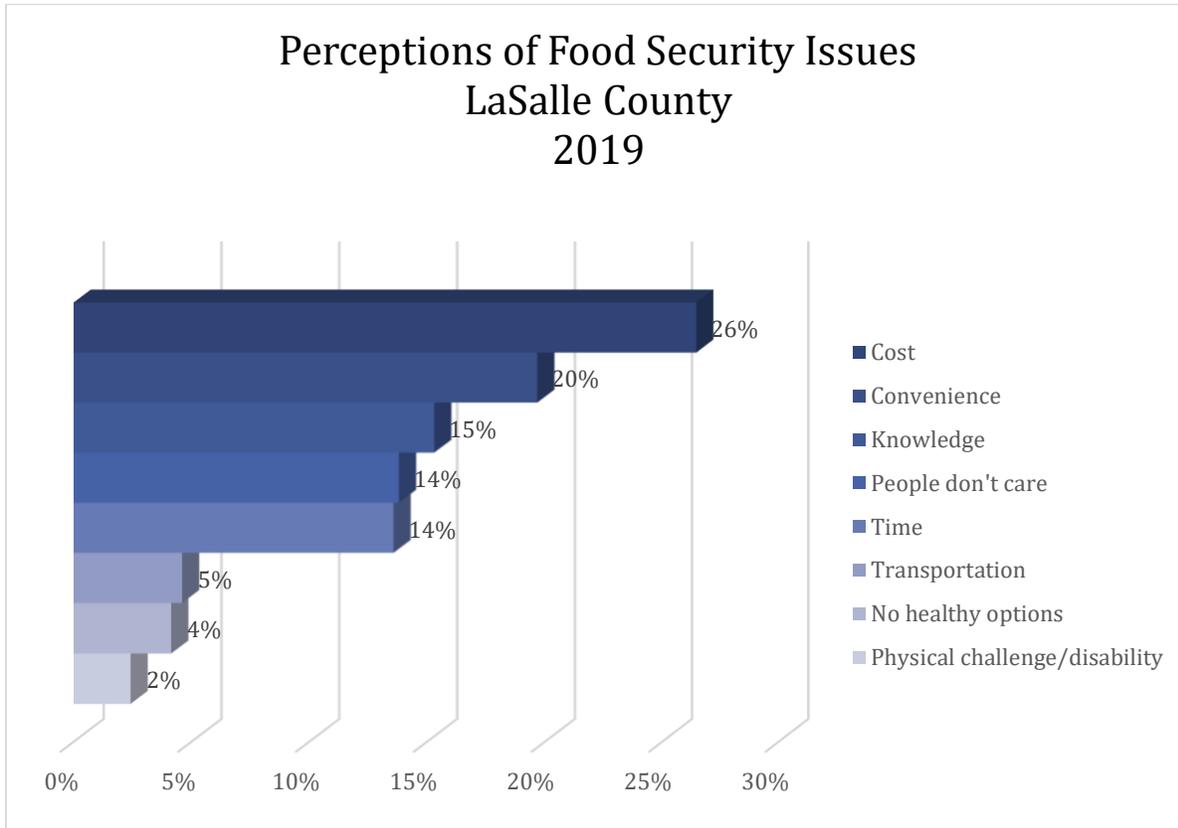
Respondents were asked to identify their primary source of food. It can be seen that the majority (90%) identified a grocery store. **This is a new section in the 2019 CHNA.**



Source: CHNA Survey

Community Perceptions of Causes for Food Insecurity

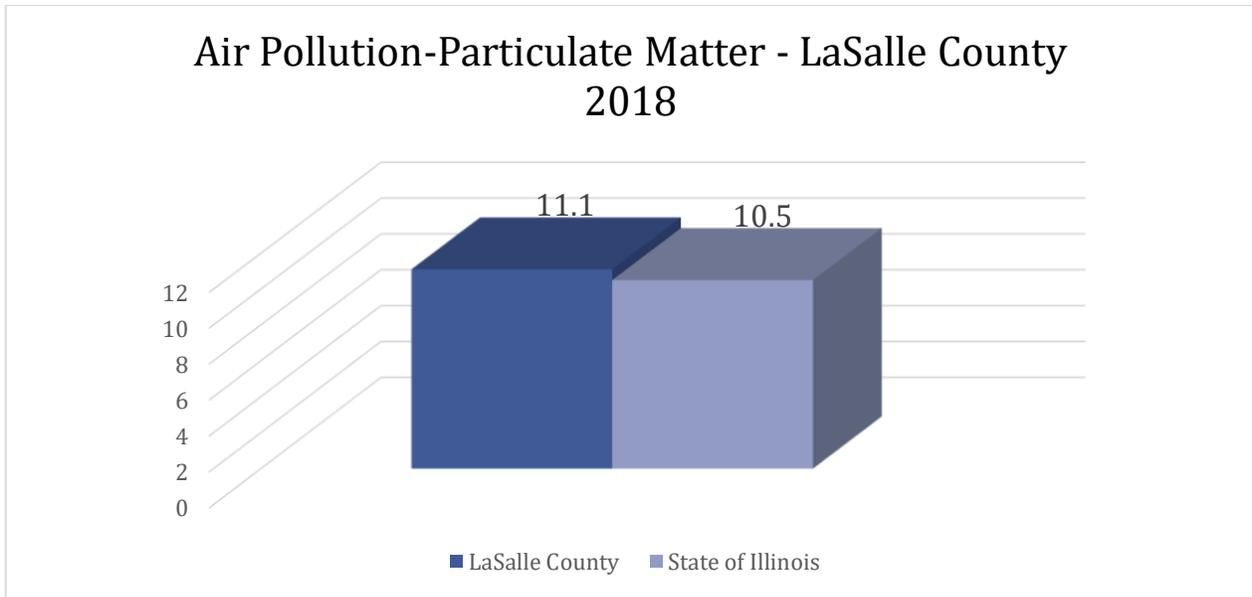
Respondents were asked to identify issues with food insecurity. The most prevalent answer was cost (26%), followed by convenience (20%). **This is a new section to the 2019 CHNA.**



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 (PM2.5) 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 LaSalle County (11.1) is higher than the State average of 10.5.



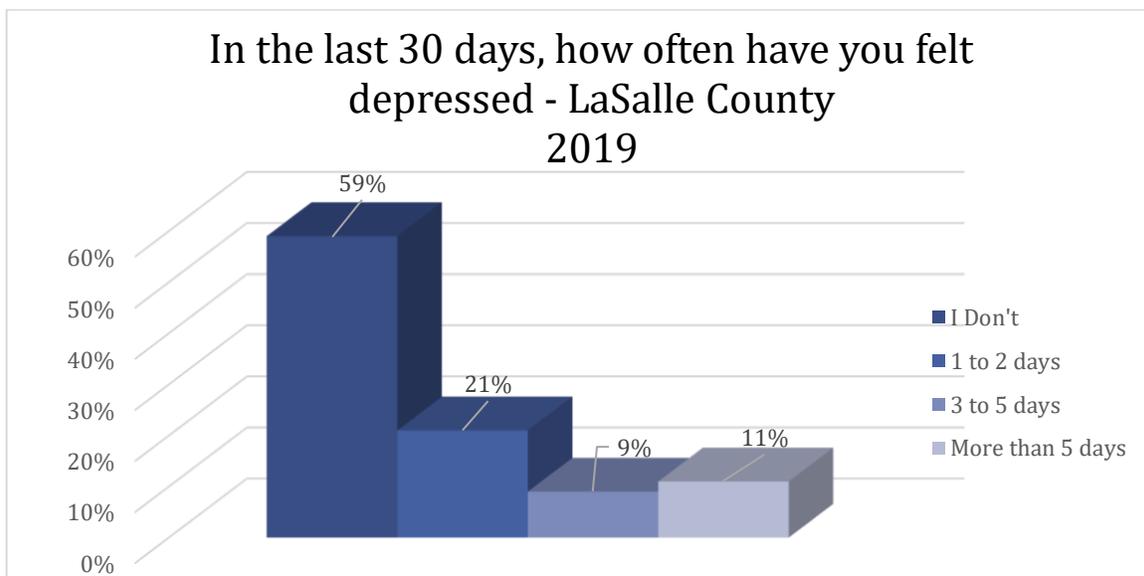
Source: County Health Rankings 2018 Data

2.5 Health Status

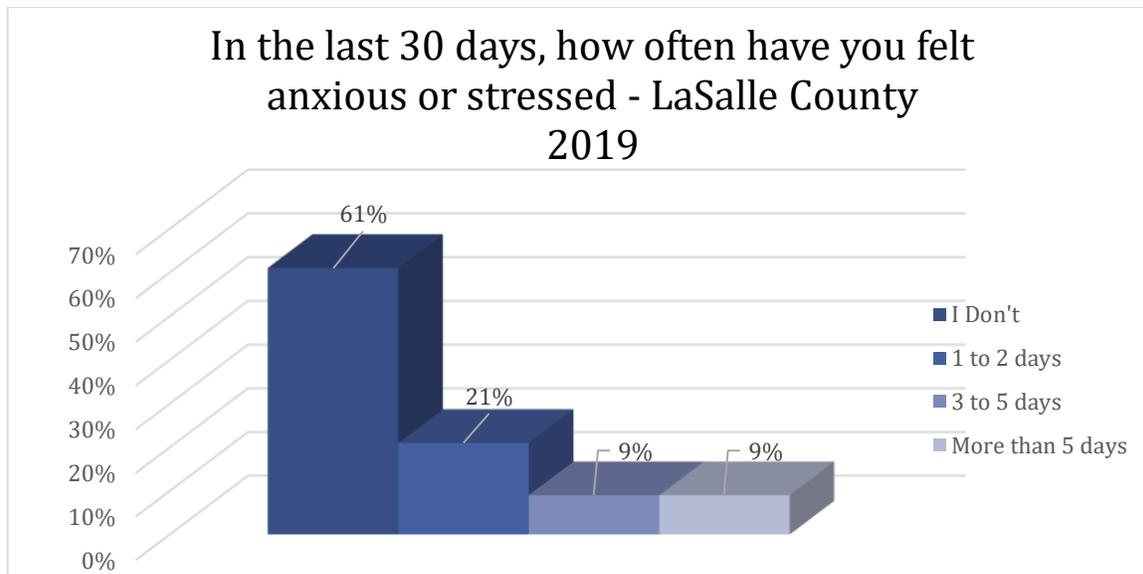
Importance of the measure: Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

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 61% 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

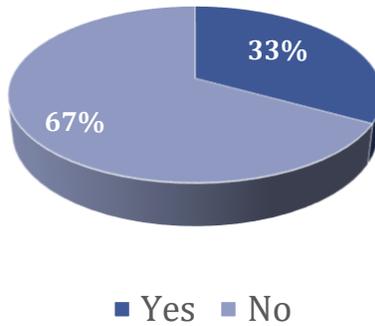
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

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.

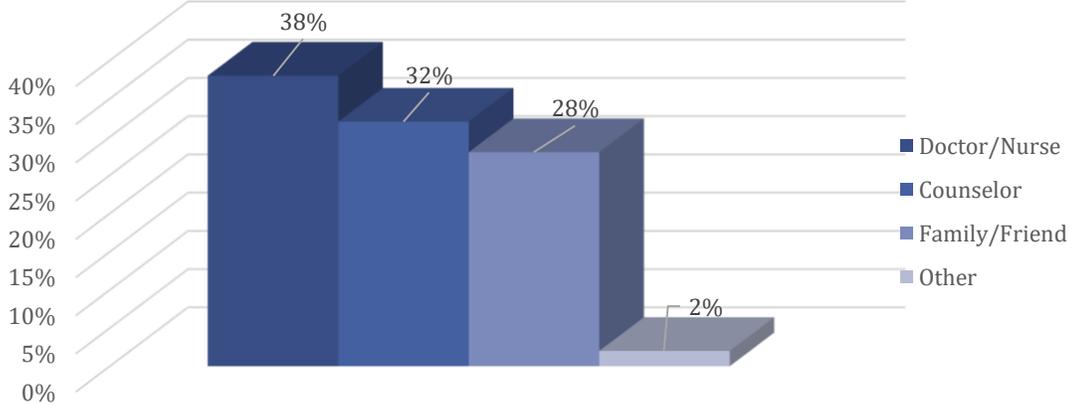
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 33% indicated that they spoke to someone, the most common response was a doctor/nurse (38%).

Have you talked to anyone about your mental health in the past year LaSalle County 2019



Source: CHNA Survey

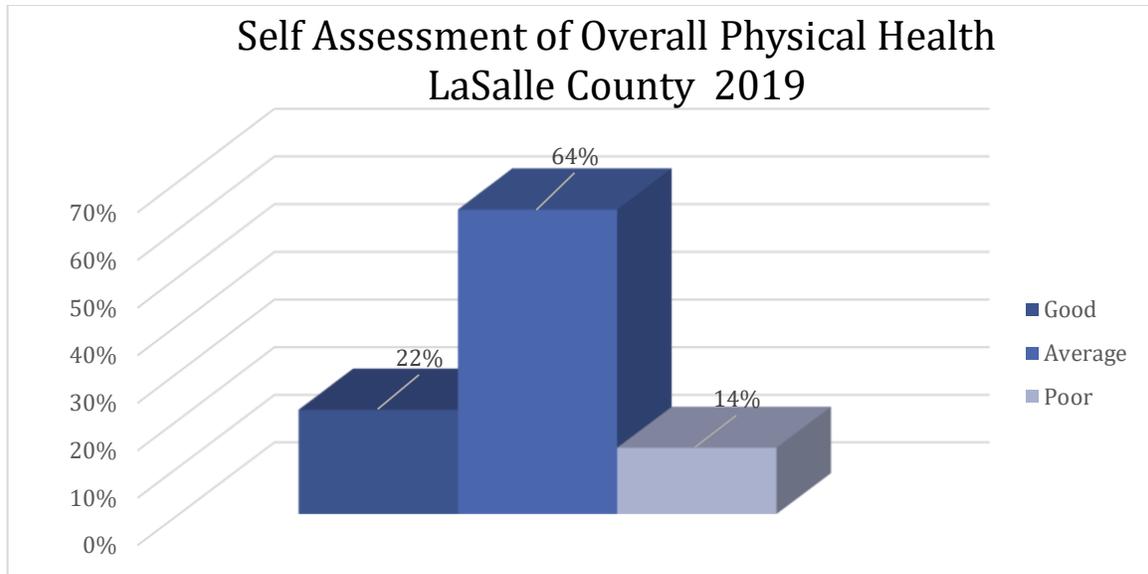
Who have you talked to about your mental health LaSalle County 2019



Source: CHNA Survey

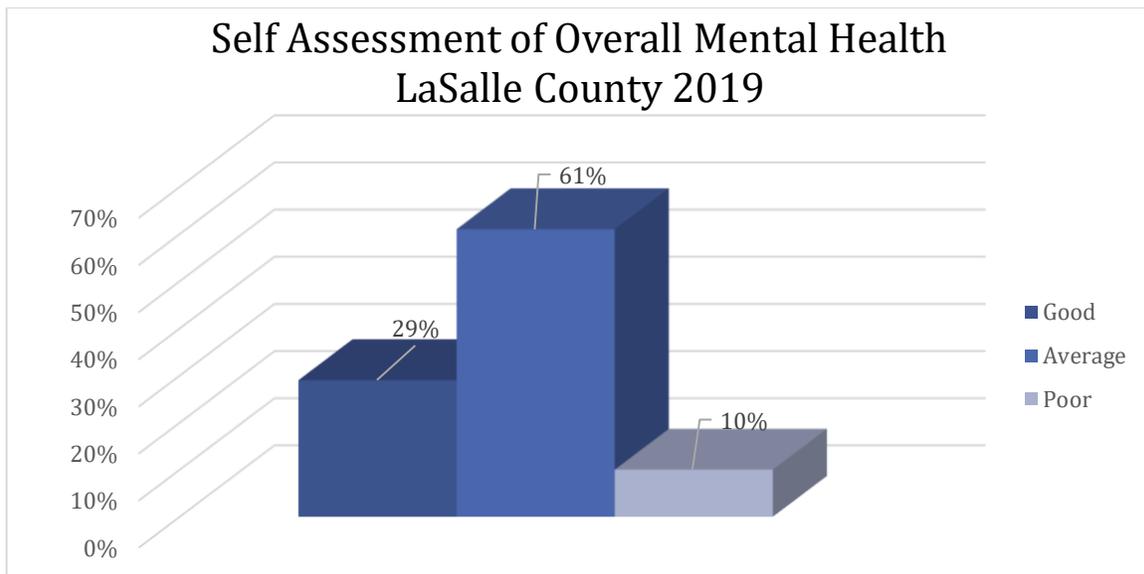
Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 14% of respondents report having poor overall physical health.



Source: CHNA Survey

In regard to self-assessment of overall mental health, 10% 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 (14%) than 2016 (5%). With regard to mental health, more people see themselves in poor health in 2019 (10%) than 2016 (5%).

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 older people, those with higher education and income and those with a stable housing environment.

Perceptions of mental tend to be higher for older people, those with higher education and income and those with a stable housing environment.

2.6 Key Takeaways from Chapter 2

- ✓ SIGNIFICANT INCREASED UTILIZATION OF URGENT CARE AS A PRIMARY SOURCE OF HEALTHCARE.
- ✓ SIGNIFICANT INCREASE IN NUMBER OF PEOPLE INSURED.
- ✓ PROSTATE SCREENING IS VERY LOW.
- ✓ 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

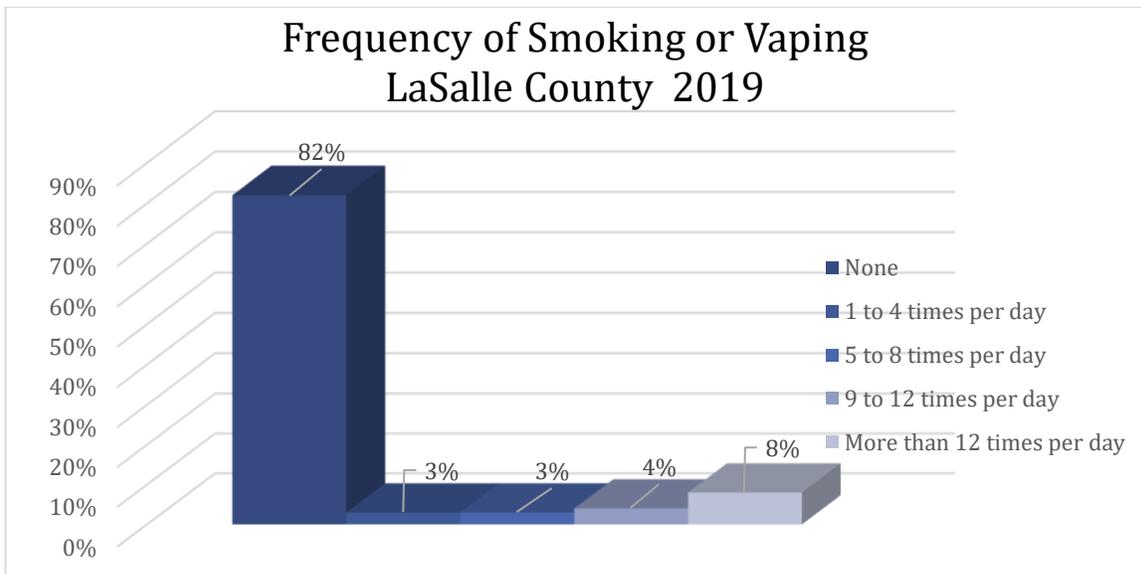
CHAPTER 3

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 82% of respondents do not smoke and 8% state they smoke or vape more than 12 times per day.



Source: CHNA Survey

Comparison to 2016 CHNA

Results between 2016 and 2019 have held relatively steady, where 81% of people did not smoke/vape in 2016 and 82% 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:

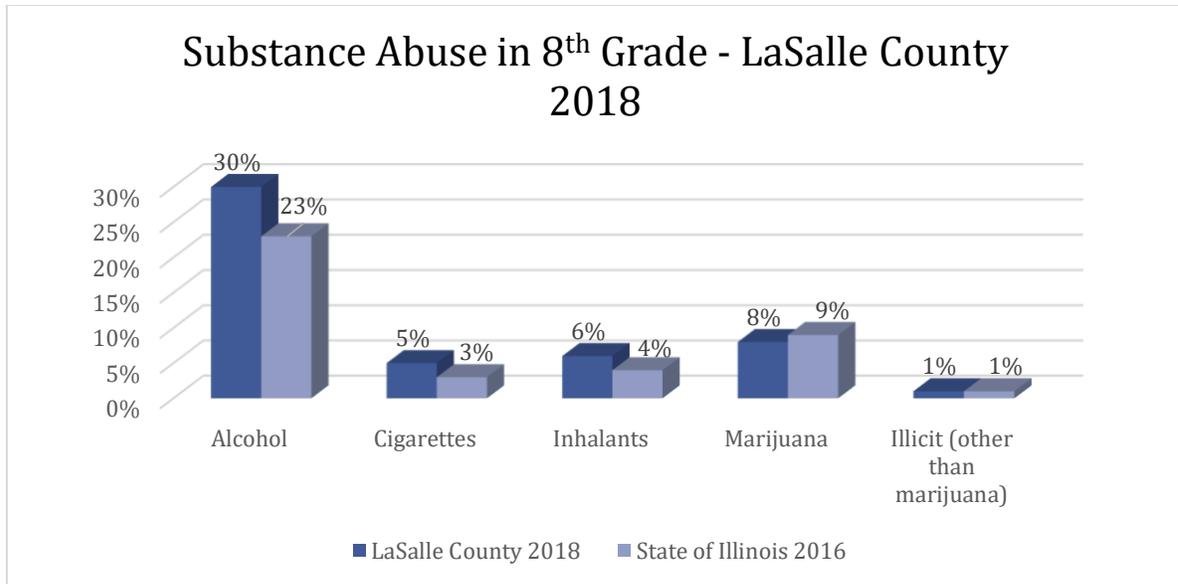
Smoking/vaping tends to be rated higher by younger people, those with less education and a lower income, and those in an unstable (e.g., homeless) housing environment.

3.2 Drug and Alcohol Abuse

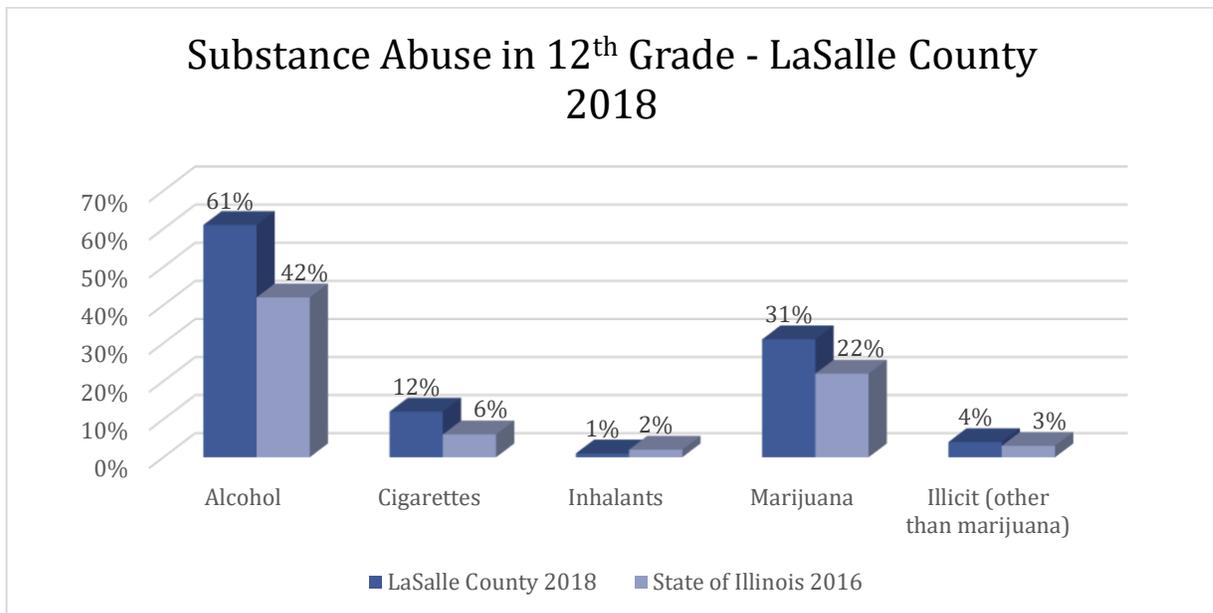
Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors 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. LaSalle County is at or above State averages in all categories among 8th graders except for one category: marijuana. Among 12th graders, LaSalle County is at or above State averages in all categories except for inhalants.



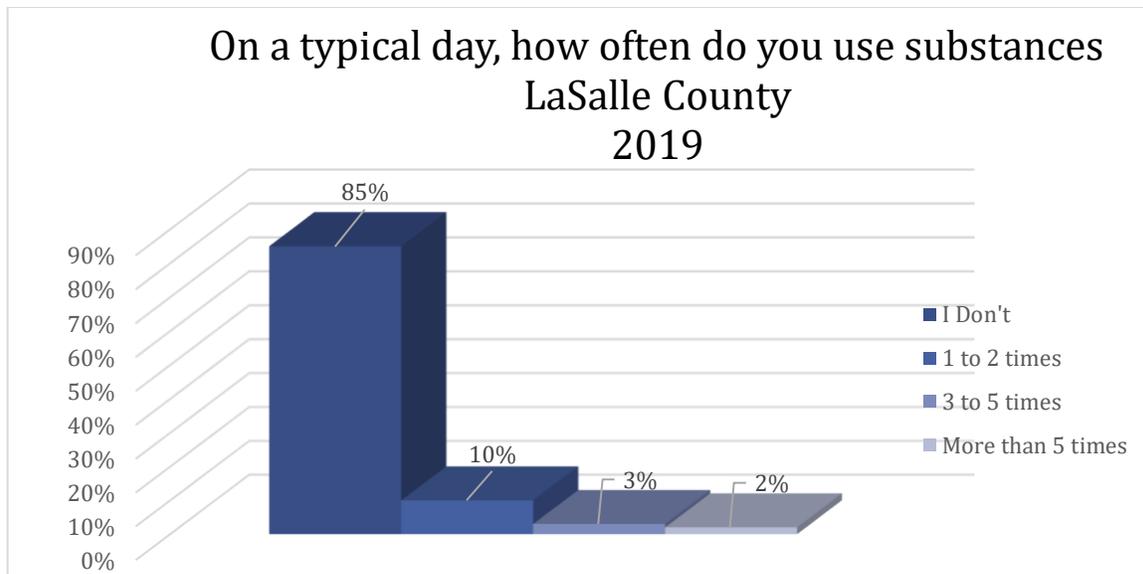
Source: University of Illinois Center for Prevention Research and Development



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, 85% 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 those in an unstable (e.g., homeless) housing environment.

3.3 Overweight and Obesity

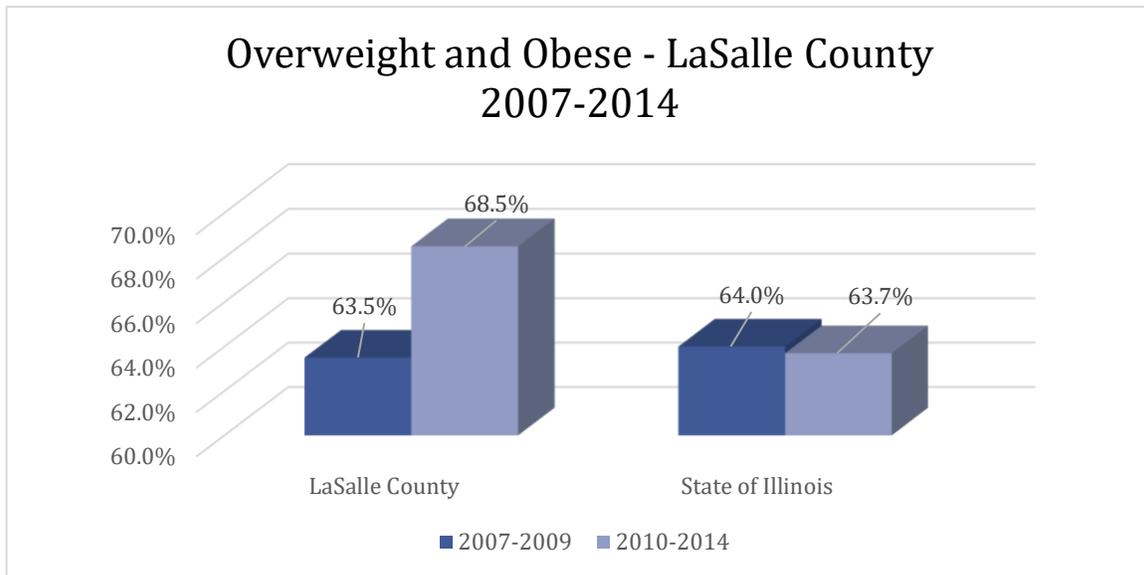
Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within LASALLE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

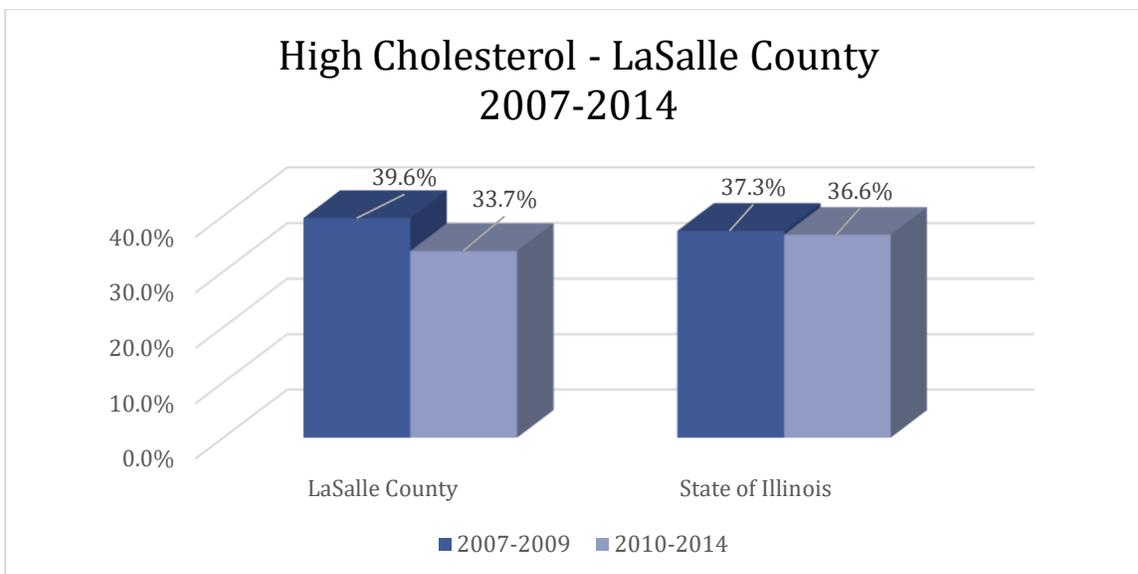
In LaSalle County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 63.5% to 68.5%. Overweight and obesity rates in Illinois have decreased 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

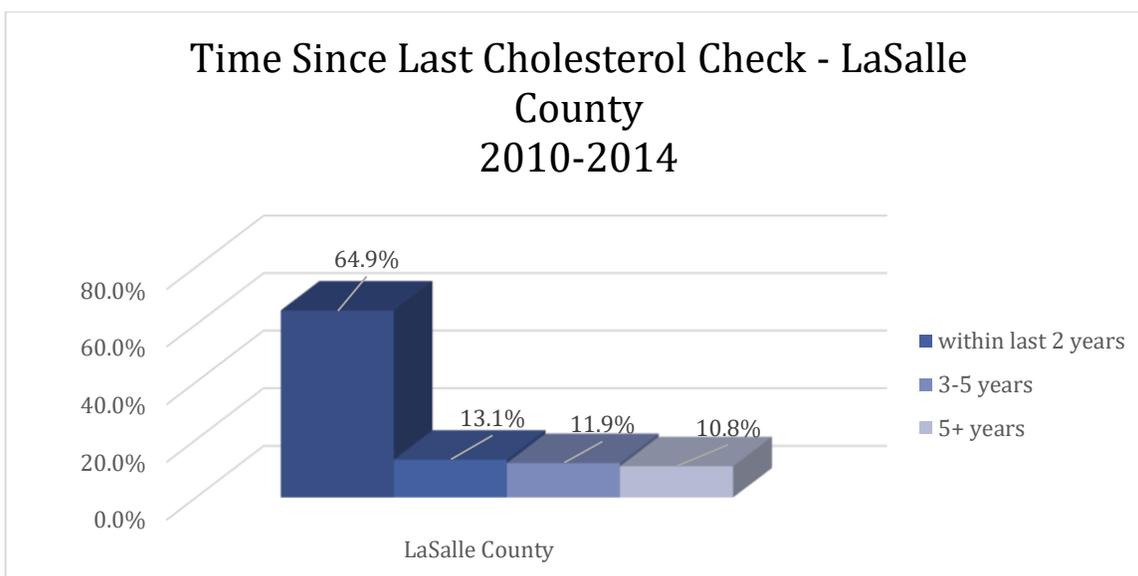
3.4 Predictors of Heart Disease

Residents in LaSalle County report a lower than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is lower in LaSalle County (33.7%) than the State of Illinois average of 36.6%. Note that data have not been updated by the Illinois Department of Public Health.



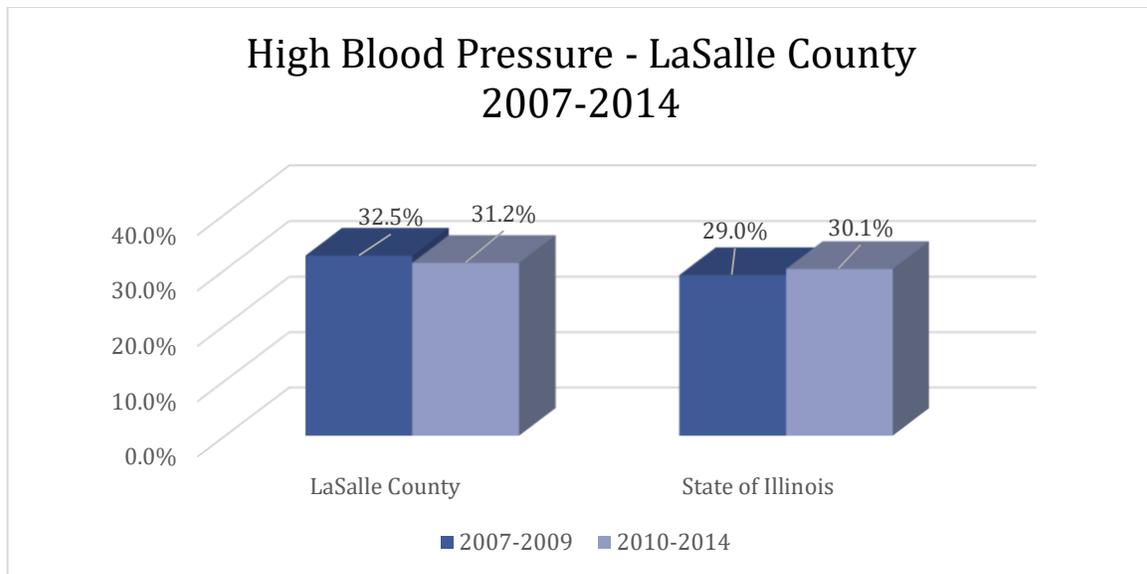
Source: Illinois Behavioral Risk Factor Surveillance System

Most residents of LaSalle 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, LaSalle County has a slightly higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of LaSalle County residents reporting they have high blood pressure in 2014 decreased from 32.5% to 31.2%. 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

- ✓ **SUBSTANCE USE AMONG BOTH 8TH AND 12TH GRADERS FOR MOST CATEGORIES IS HIGHER THAN STATE AVERAGES.**
- ✓ **THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN LASALLE 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

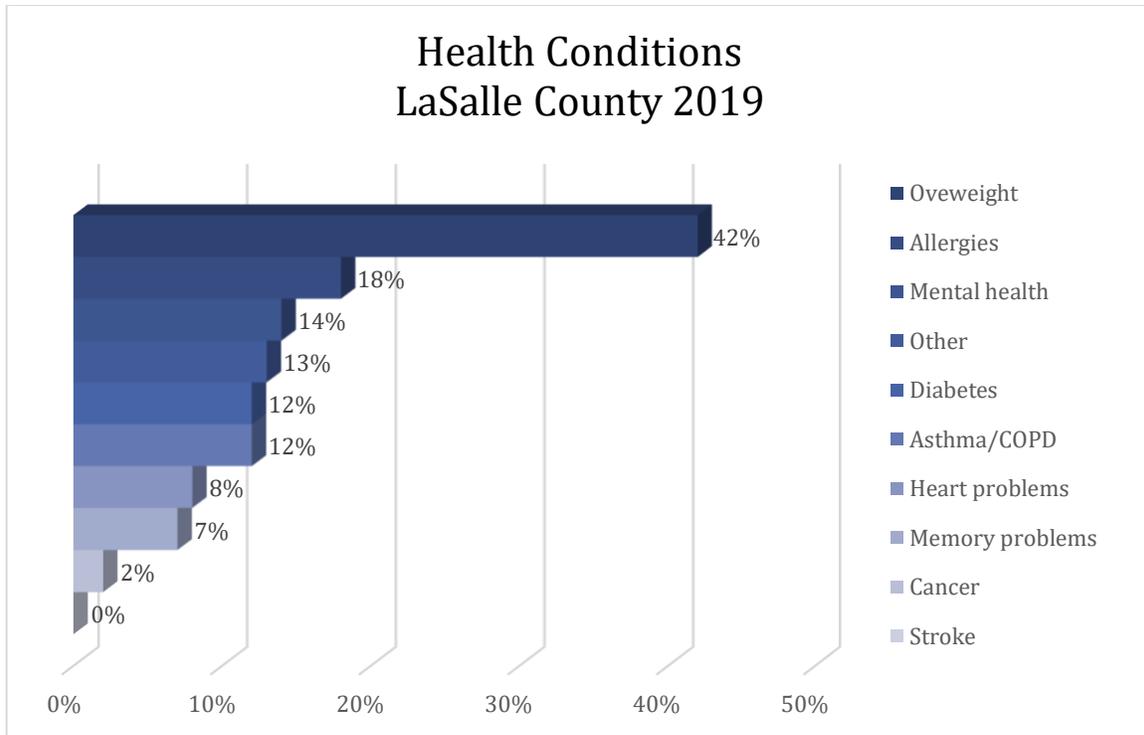
CHAPTER 4

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 LaSalle 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 (42%) 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., diabetes 12%). **This is a new section to the 2019 CHNA.**



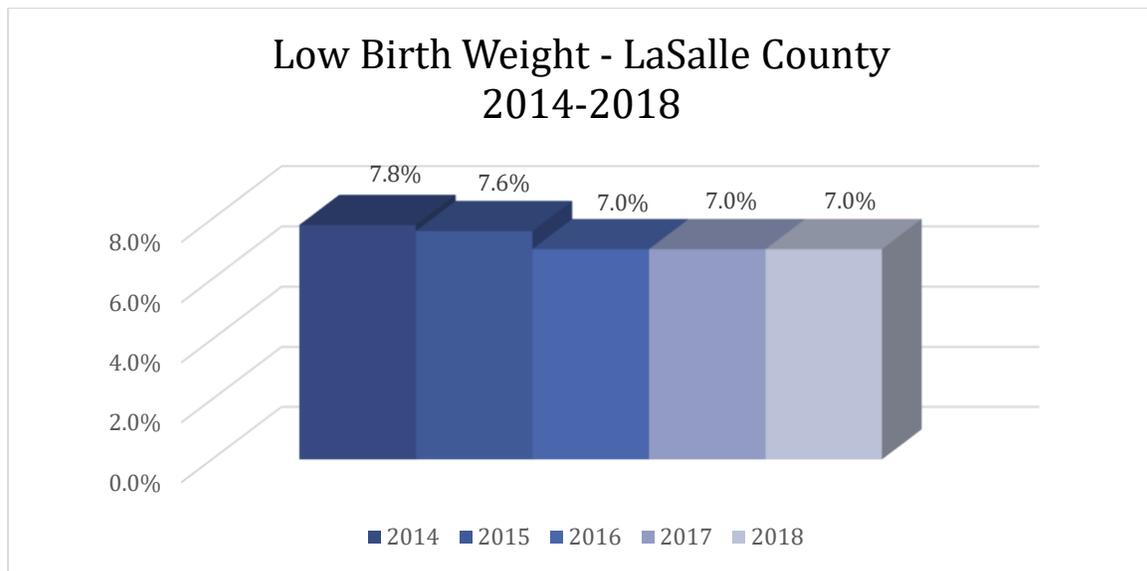
Source: CHNA Survey

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 LaSalle County decreased from 2014 (7.8%) to 2018 (7.0%).



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

4.3 Cardiovascular Disease

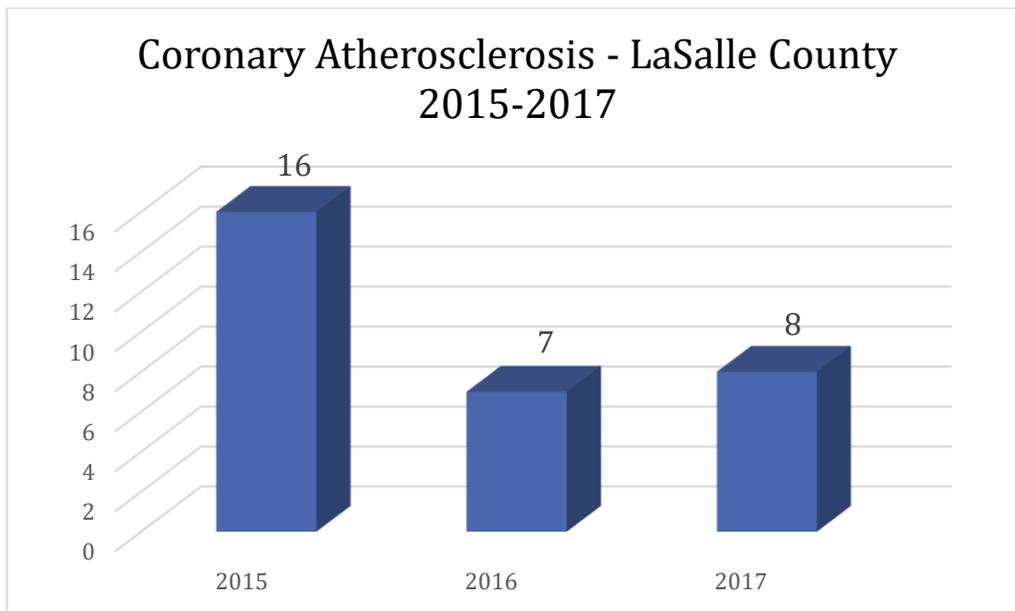
Importance of the measure: Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

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.

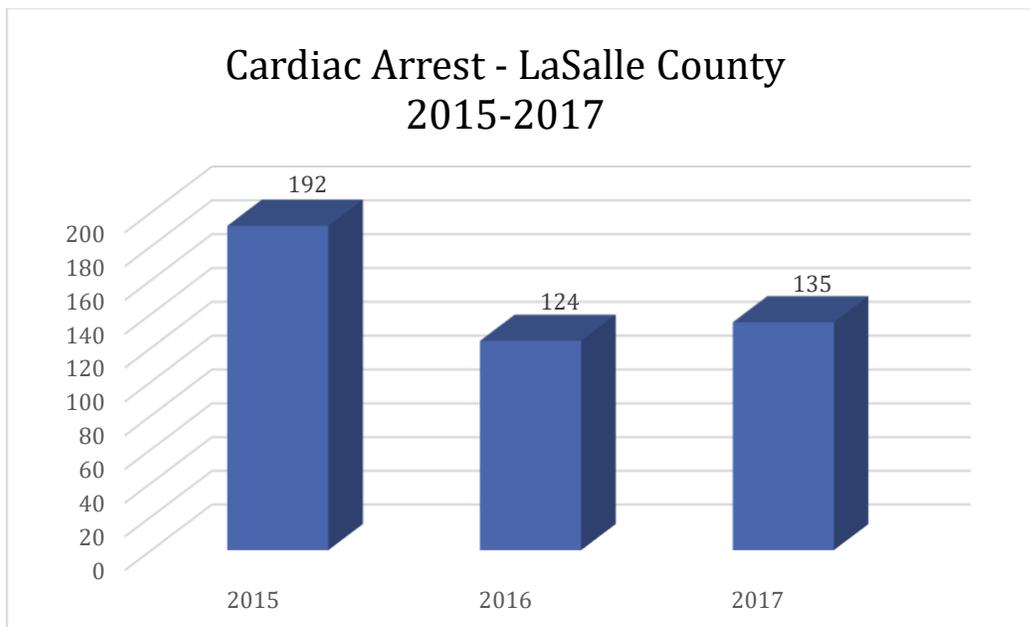
The number of cases of coronary atherosclerosis complication at LaSalle County area hospitals decreased from FY 2015 to FY 2017. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata 2017

Cardiac Arrest

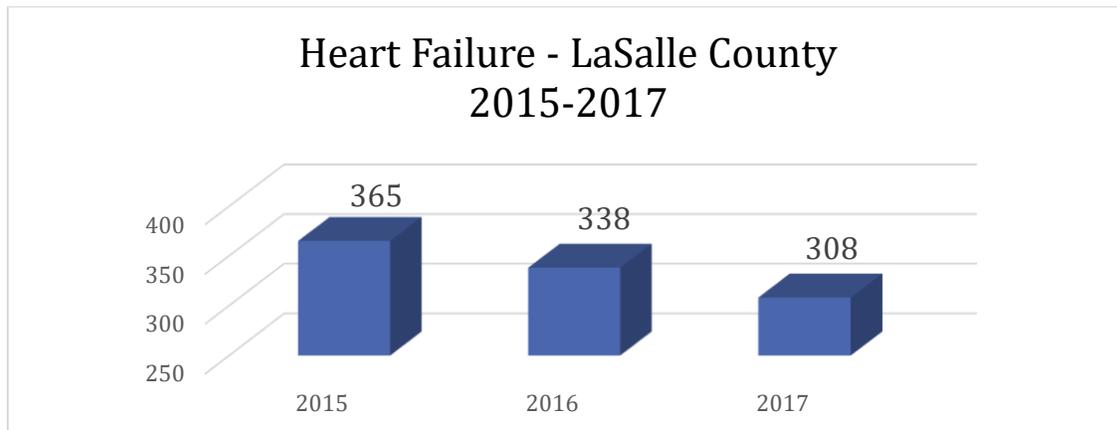
Cases of dysrhythmia and cardiac arrest at LaSalle County area hospitals decreased by 68 cases between FY15 and FY16. However, cases of dysrhythmia and cardiac arrest increased by 11 cases between FY16 and FY17. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Heart Failure

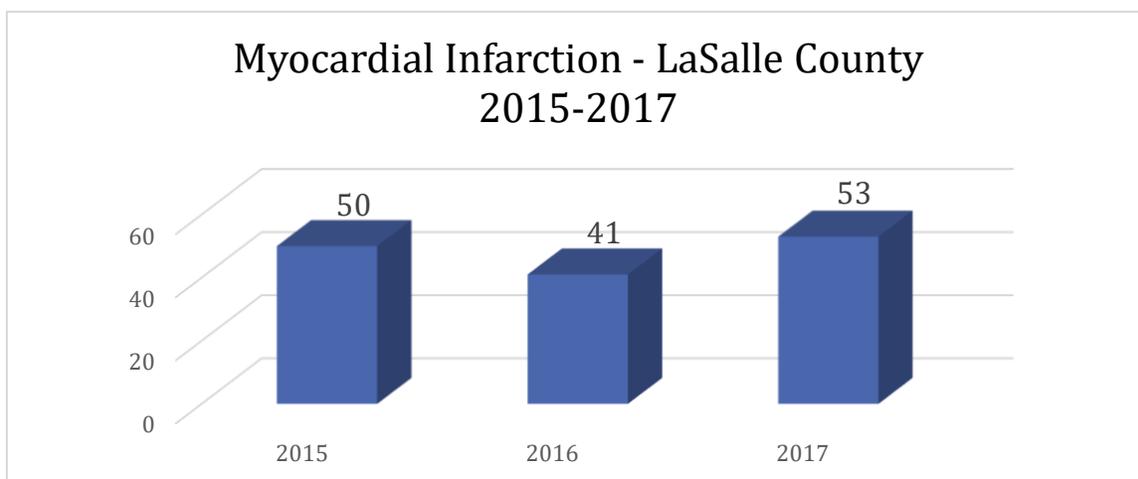
The number of treated cases of heart failure at LaSalle County area hospitals decreased. In FY 2015, 365 cases were reported, and in FY 2017, there were 308 cases reported. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Myocardial Infarction

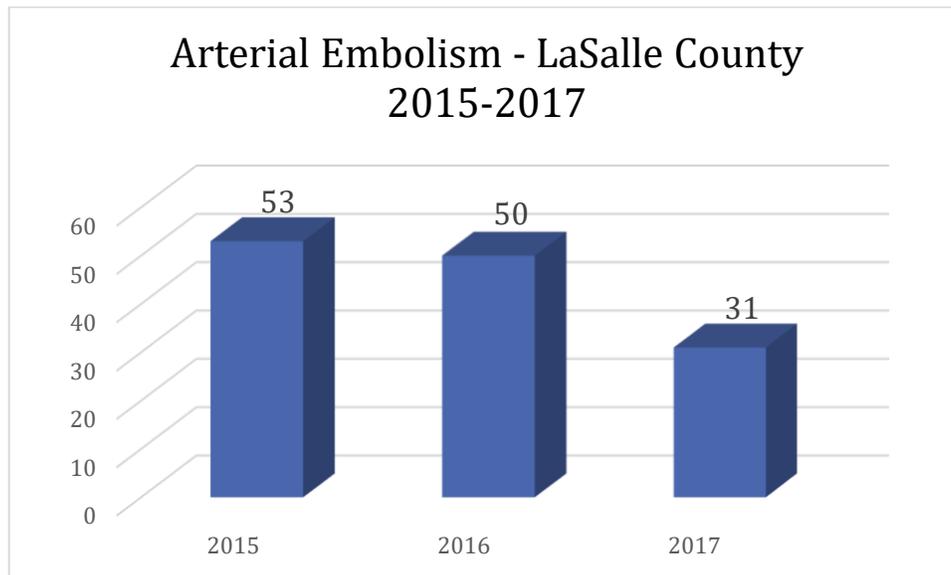
The number of treated cases of myocardial infarction at area hospitals in LaSalle County decreased from 50 in 2015 to 41 in 2016. The number of cases of myocardial infarction then increased to 53 in 2017. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Arterial Embolism

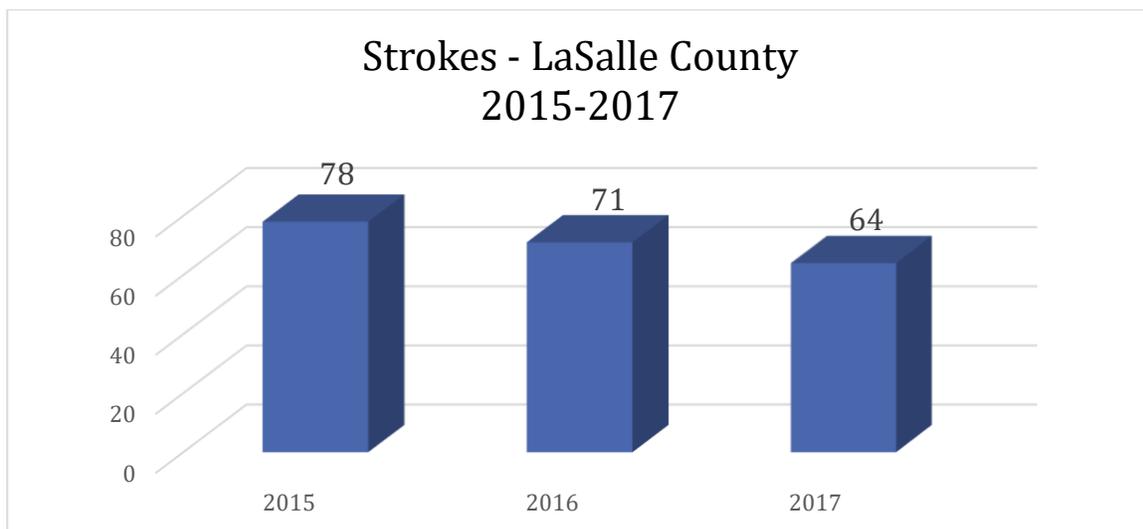
The number of treated cases of arterial embolism at LaSalle County area hospitals decreased between FY 2015 (53 cases) and FY 2017 (31 cases). Note that hospital-level data only show hospital admissions.



Source: COMPdata 2017

Strokes

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



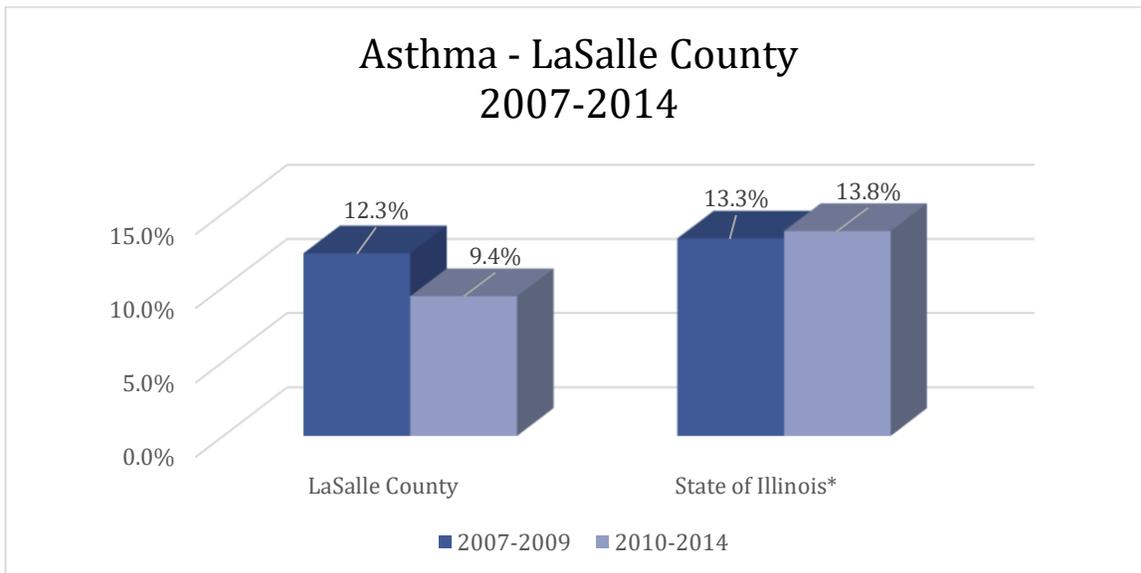
Source: COMPdata 2017

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.

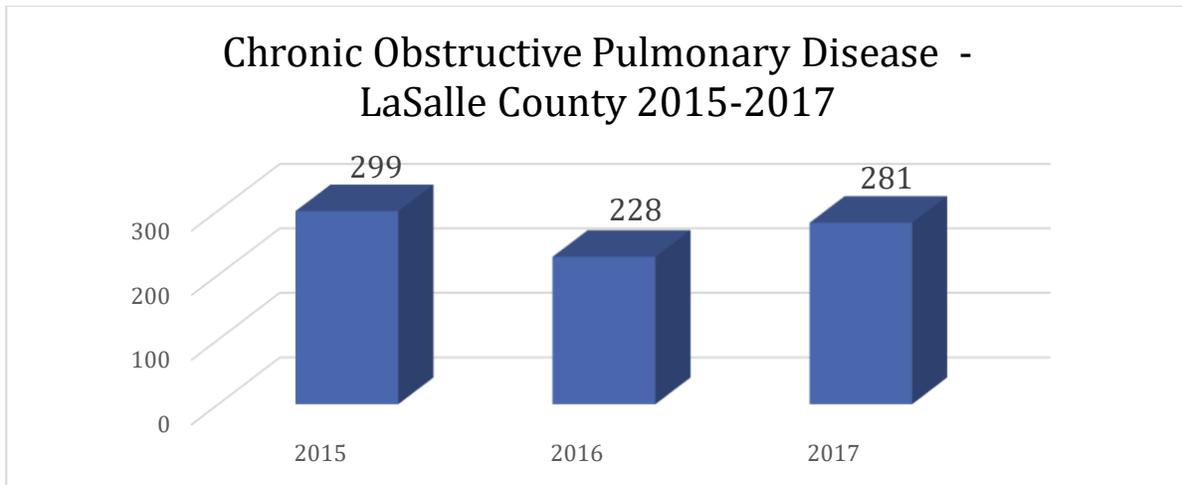
Asthma

The percentage of residents that have asthma in LaSalle County has decreased between 2007-2009 and 2010-2014, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in LaSalle County (9.4%) 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 LaSalle County area hospitals fluctuated between FY 2015 and FY 2017, with a significant decline in FY16. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

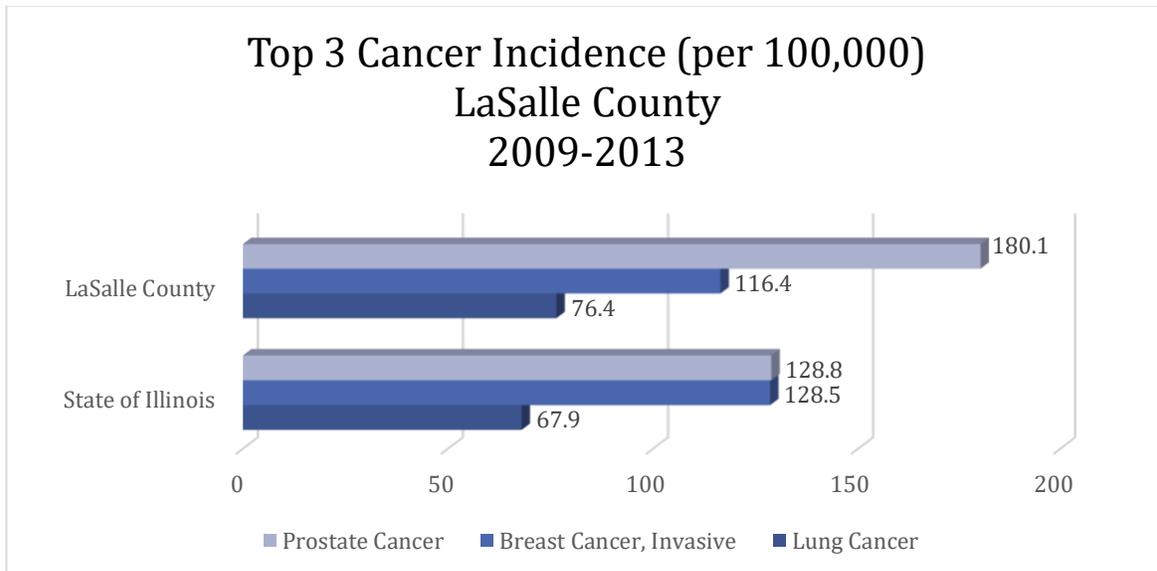


Source: COMPdata 2017

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 LaSalle County.

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

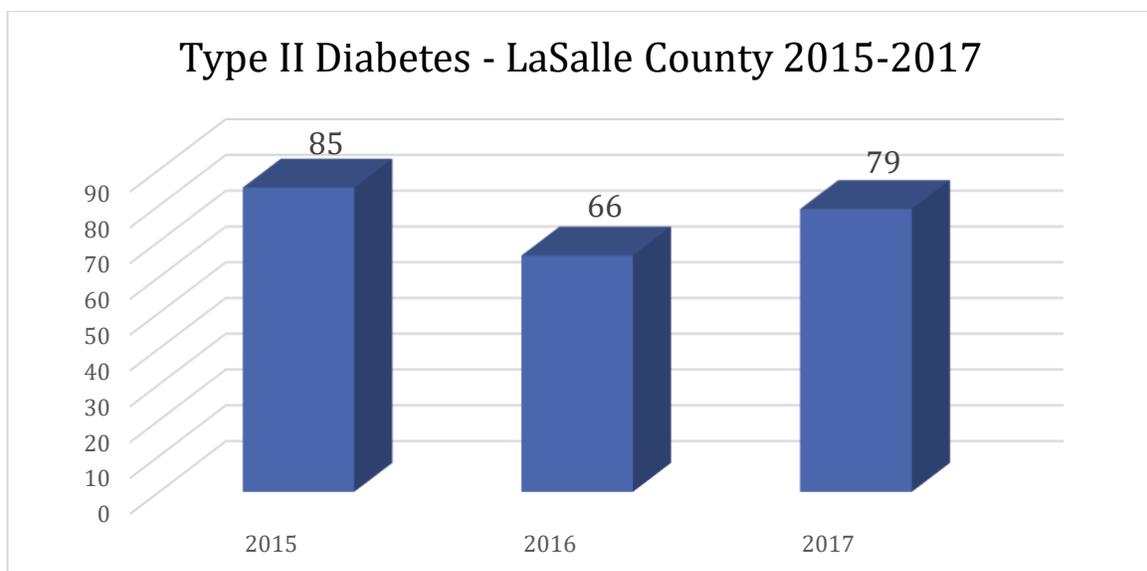


Source: <http://dph.illinois.gov/sites/default/files/publications/County-Sec1-Site-Specific-Cancer-Incidence-ers1605.pdf>

4.6 Diabetes

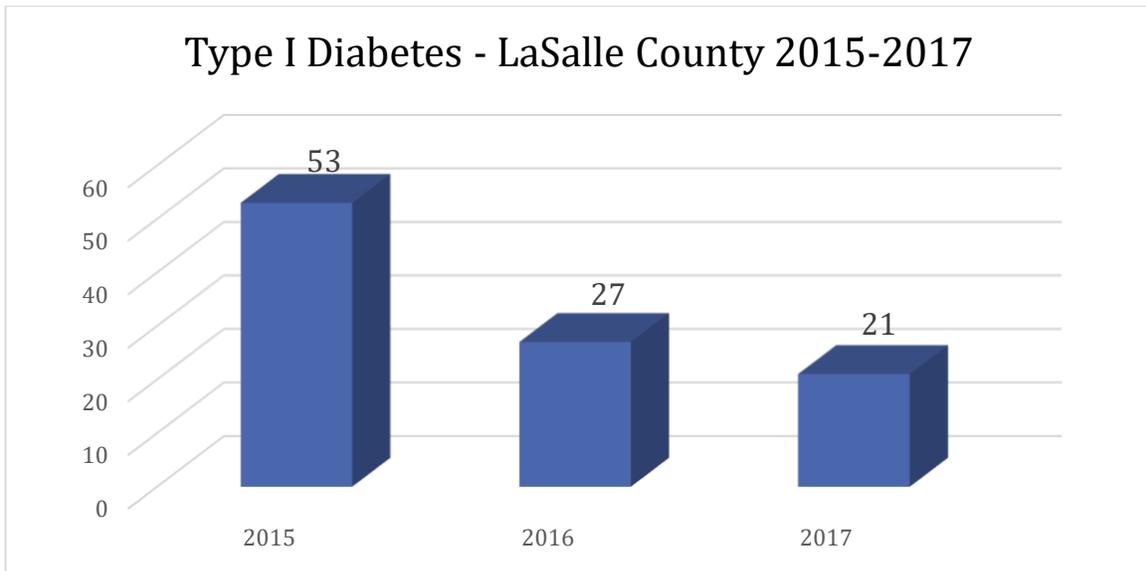
Importance of the measure: Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10%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

Inpatient cases of Type II diabetes from LaSalle County decreased between FY 2015 (85 cases) and FY 2016 (66 cases). Then, LaSalle County experienced an increase in cases between FY 2016 and FY 2017 (79 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



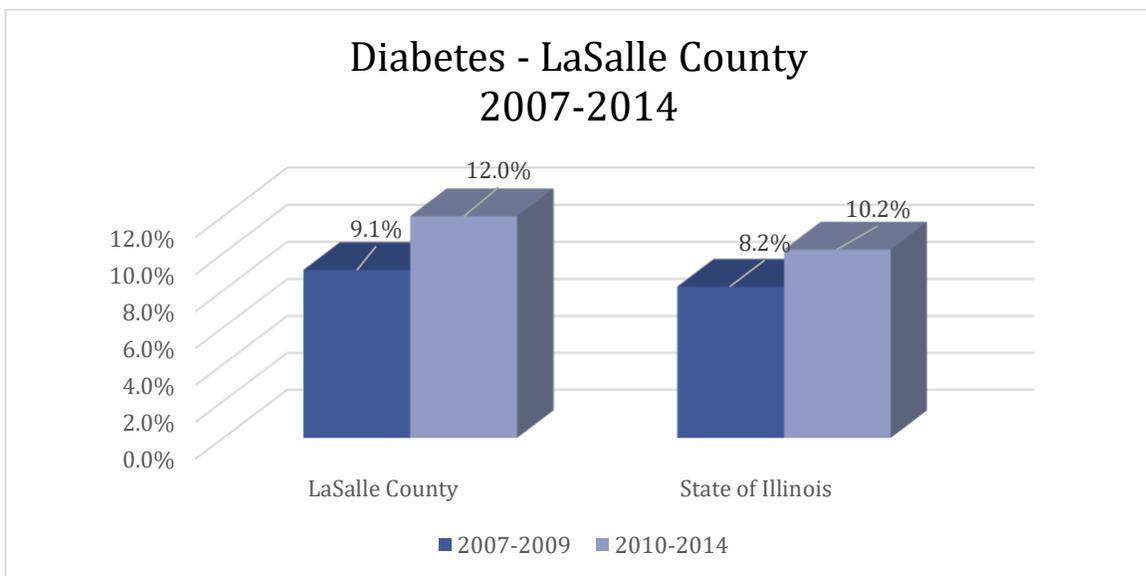
Source: COMPdata 2017

Inpatient cases of Type I diabetes show an decrease from 2015 (53) to 2017 (21) for LaSalle 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 12% of LaSalle County residents have diabetes. Trends are concerning, as the prevalence of diabetes is increasing and higher in LaSalle County compared to data from the State of Illinois. Note that data have not been updated by the Illinois Department of Public Health.



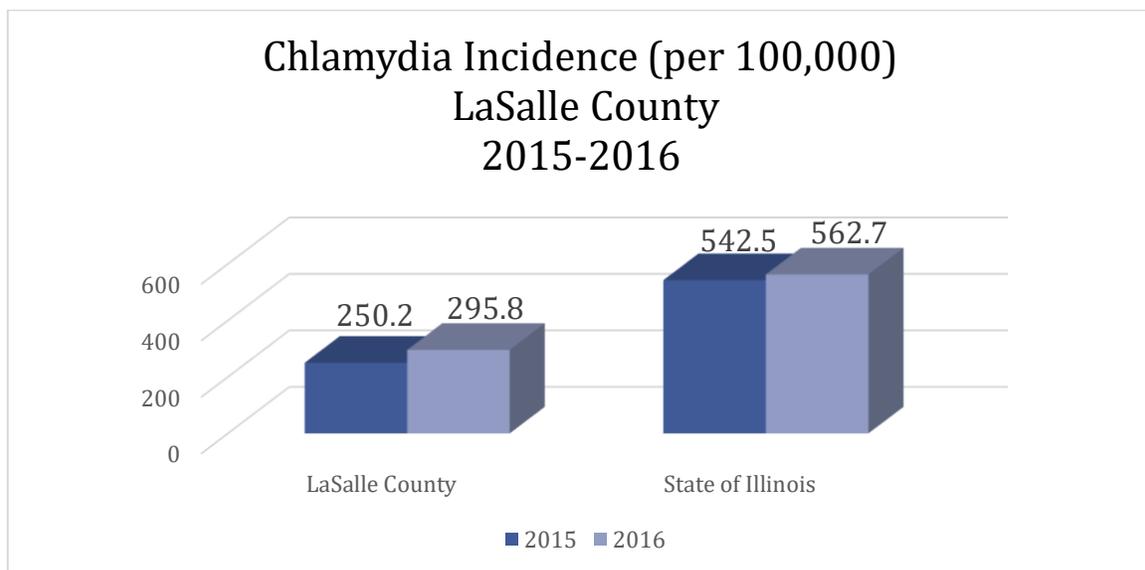
Source: Illinois Behavioral Risk Factor Surveillance System

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.

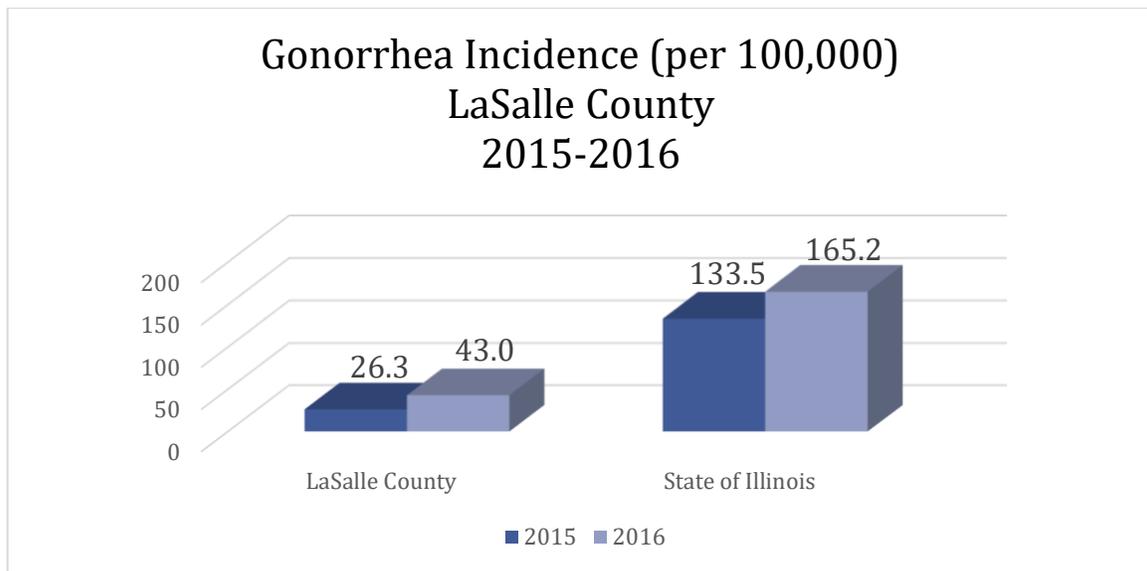
Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in LaSalle 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 LaSalle County are lower than State averages.



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in LaSalle County indicate a significant increase from 2015-2016, similar to the increase experienced by the State of Illinois from 2015-2016. Rates of gonorrhea in LaSalle County are significantly lower than State averages.



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. LaSalle County has shown no significant outbreaks compared to state statistics, but there are limited data available.²

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

Vaccine Preventable Diseases 2013-2016 LaSalle County Region

Mumps	2013	2014	2015	2016
LaSalle County	0	0	1	0
State of Illinois	26	142	430	333

Pertussis	2013	2014	2015	2016
LaSalle County	32	2	0	2
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
LaSalle County	16	10	13	6
State of Illinois	731	596	443	469

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

Tuberculosis 2014-2017 LaSalle County Region

Tuberculosis	2014	2015	2016	2017
LaSalle County	1	1	1	1
State of Illinois	320	343	341	336

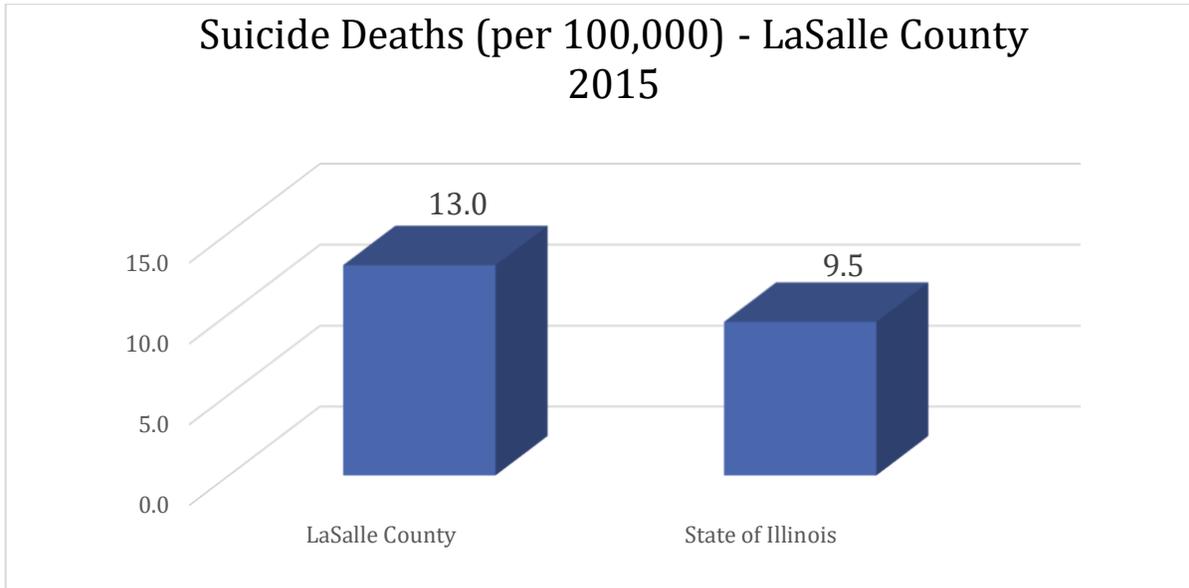
Source: <http://iquery.illinois.gov/DataQuery/Default.aspx>

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

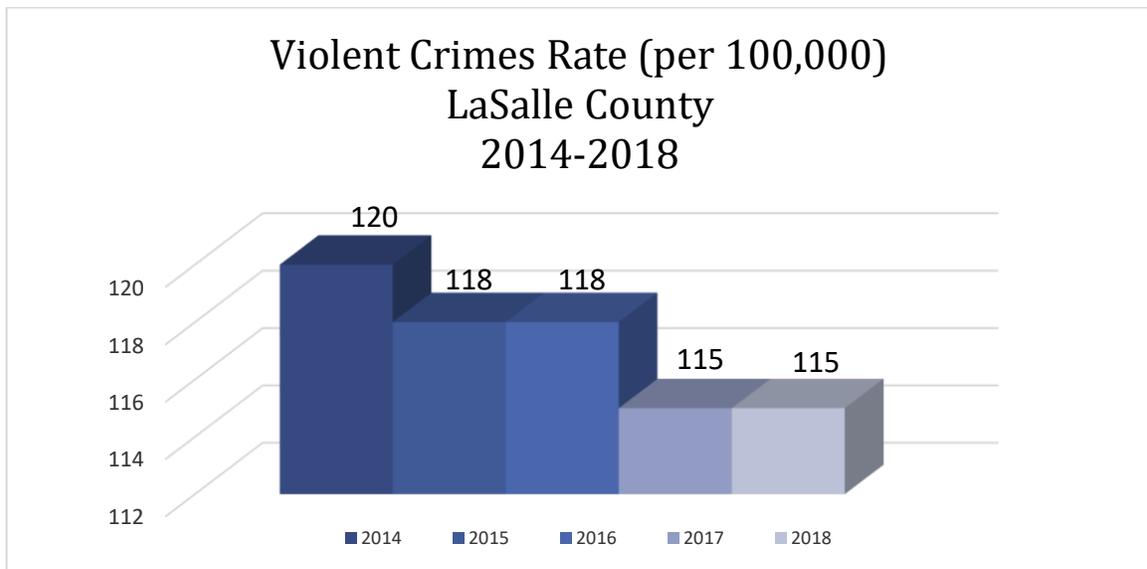
The number of suicides in LaSalle County indicate higher incidence than State of Illinois averages, as there were approximately 13.0 per 100,000 people in LaSalle County in 2015.



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 for years 2014-2018 in LaSalle 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 LaSalle County are similar as a percentage of total deaths in 2017. Diseases of the Heart are the cause of 23.4% of deaths and Cancer is the cause of 20.8% of deaths in LaSalle County.

Top 5 Leading Causes of Death for all Races by County, 2017		
Rank	LaSalle County	State of Illinois
1	Diseases of Heart (23.4%)	Diseases of Heart
2	Malignant Neoplasm (20.8%)	Malignant Neoplasm
3	Accidents (7.0%)	Cerebrovascular Disease
4	Chronic Lower Respiratory Disease (6.3%)	Accidents
5	Alzheimer's Disease (5.1%)	Chronic Lower Respiratory Disease

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ PROSTATE CANCER RATES ARE SIGNIFICANTLY HIGHER THAN STATE AVERAGES.
- ✓ LUNG CANCER RATES ARE SLIGHTLY HIGHER THAN STATE AVERAGES.
- ✓ MOST VARIATIONS OF CARDIAC DISEASE HAVE SEEN A DECREASE SINCE 2015.
- ✓ CANCER AND HEART DISEASE ARE THE LEADING CAUSES OF MORTALITY IN LASALLE 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.

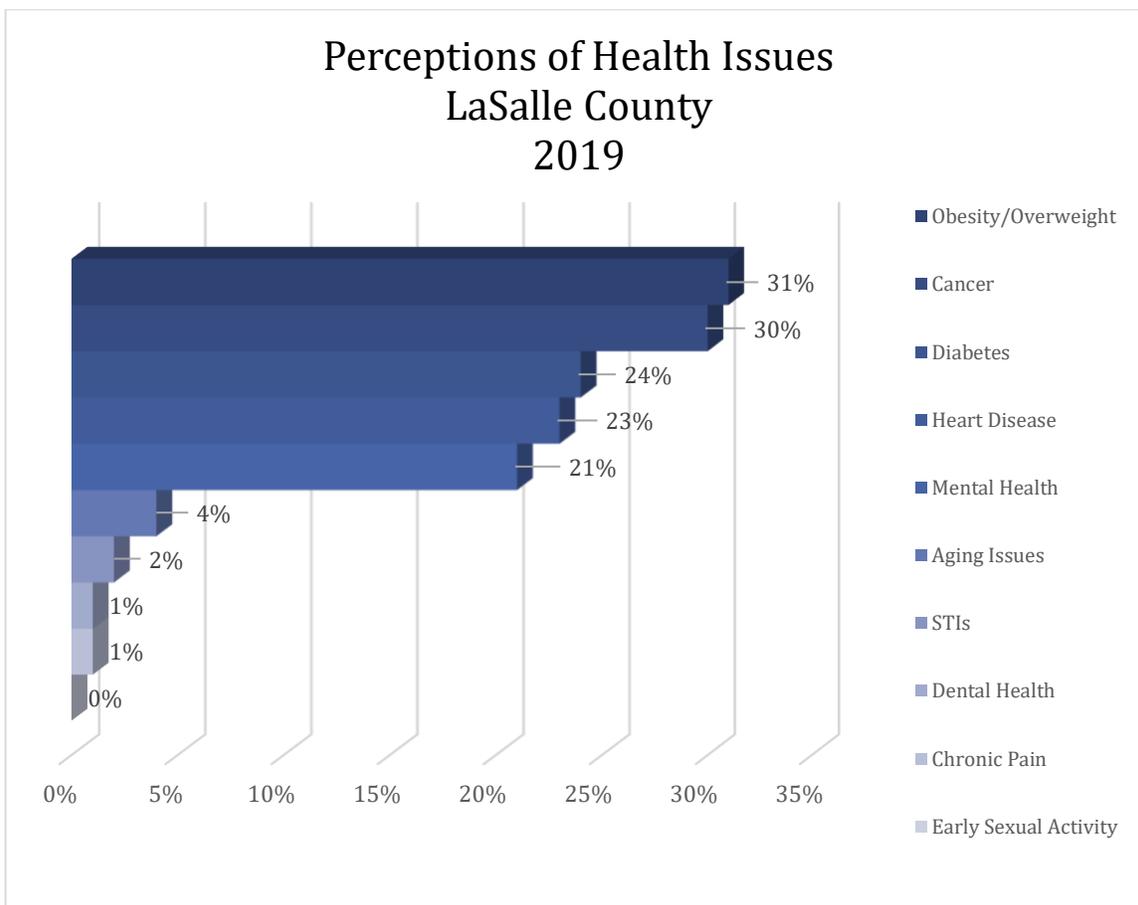
5.1 Perceptions of Health Issues

Respondents were presented with an open-ended question for this item, which focused on the three most important health issues in the community. Note that respondents could choose up to three health issues, so total percentages are greater than 100.

The health issue that rated highest was obesity/overweight (31%), followed by cancer (30%), diabetes (24%), heart disease (23%), opioids (22%), and mental health (20%). These six factors were significantly higher than other categories based on *t-tests* between sample means.

The focus on opioids supports the finding regarding opioids reported in section 5.2.

Access to health (11%) and addictions (11%) were the only other responses identified by at least 10% of the population. Note that addiction was also identified in Unhealthy Behaviors (Section 5.2) and access to health was also identified in Issues with Well-Being (Section 5.3)

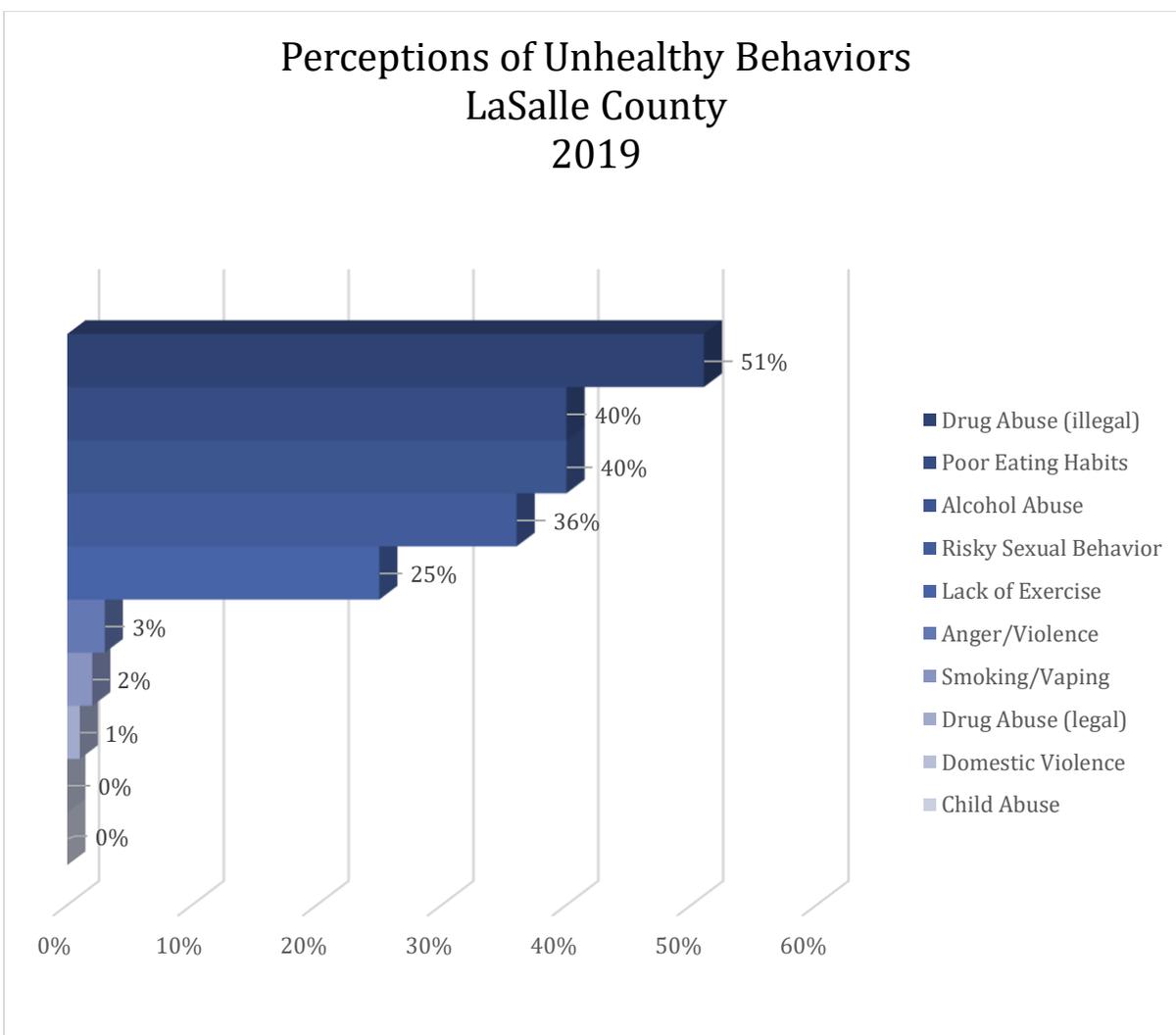


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents had an open-ended question for this item, which focused on the three most important unhealthy behaviors in the community. The five unhealthy behaviors that rated highest were drug abuse(illegal) at 51%, poor eating habits (40%), alcohol abuse (40%), risky sexual behavior (36%) and lack of exercise (25%). These five factors were significantly higher than other categories based on *t-tests* between sample means.

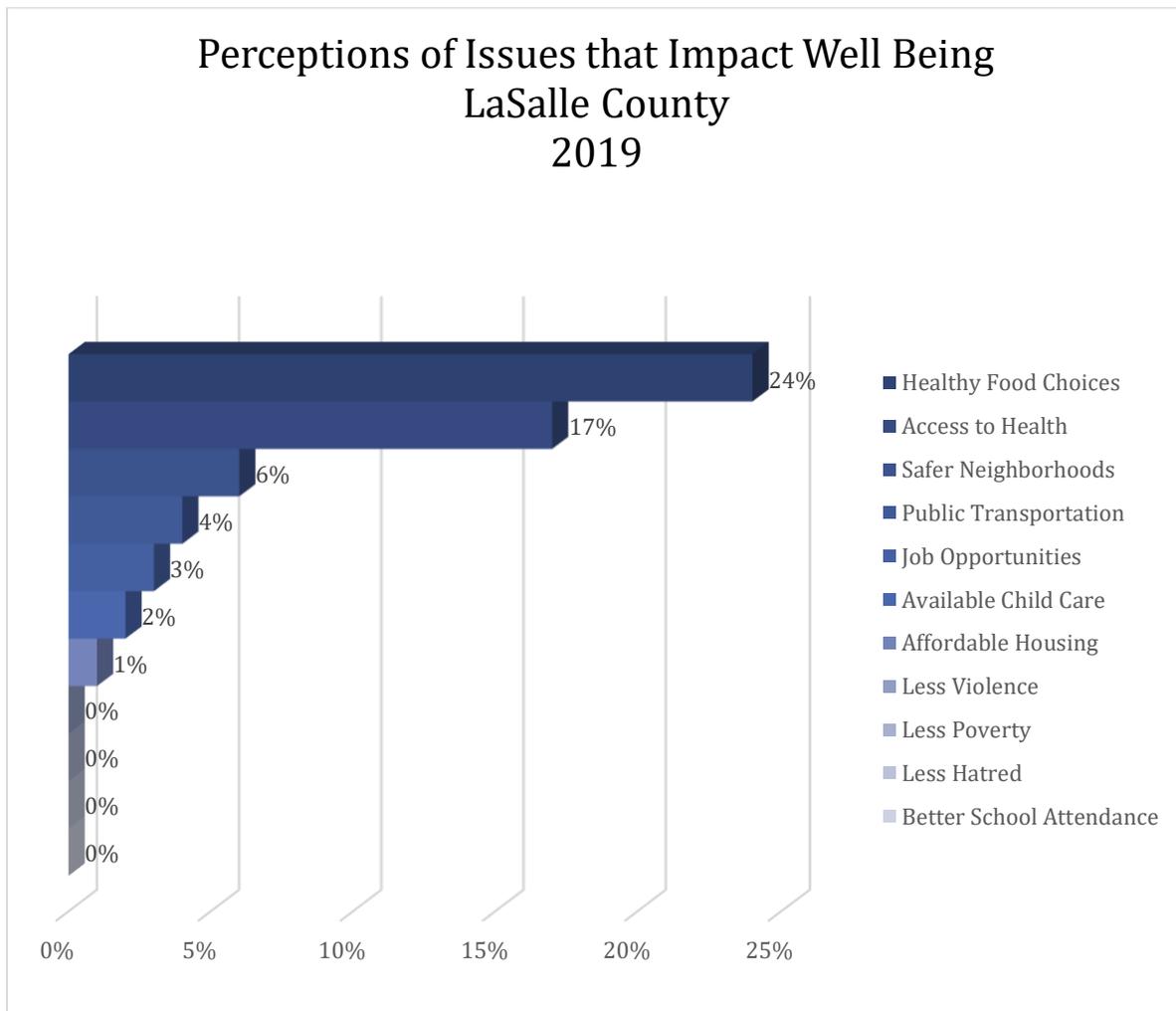
No other open-ended responses were identified by at least 10% of the population.



Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

Respondents had an open-ended question for this item, which focused on the three most important issues impacting well-being in the community. However, only two issues impacting well-being were rated high: healthy food choices (24%) and access to health (17%). These 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) – Five factors were identified as the most important areas of impact from the demographic analyses:

- Population decreased
- Population over age 65 increased
- Increasing Latino population
- Single female head-of-house-household represents 12% of the population
- Telehealth

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

- Increased utilization of urgent care facilities
- Prostate screening is very 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:

- Substance abuse
- Overweight and obesity
- Risk factors for heart disease

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

- Cancer – prostate
- Cancer – lung
- Heart Disease

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**
- **Prostate screening**
- **Cancer - prostate**
- **Cancer - lung**

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 28% of respondents indicated that they do not exercise at all, while the majority (60%) of residents exercise 1-5 times per week. The most common reasons for not exercising was not having enough time (37%).

HEALTHY EATING. Almost two-thirds (56%) 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 dislike and expense involved according to survey respondents.

OBESITY. In LaSalle County, over two-thirds (68.5%) of residents were diagnosed with obesity and being overweight. In the 2019 CHNA survey, respondents indicated that being overweight was the 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 LaSalle 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 39% 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 33% indicated that they spoke to someone, the most common response was to a doctor/nurse (38%). In regard to self-assessment of overall mental

health, 10% 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, 15% indicated they use substances to make themselves feel better. Substance abuse values and behaviors 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. LaSalle County is at or above State averages in all categories among 8th graders except for one category: marijuana. Among 12th graders, LaSalle County is at or above State averages in all categories except for inhalants. According to the CHNA survey, drug abuse (illegal) was rated as the most prevalent unhealthy behavior and alcohol abuse was rated third.

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:

Kim Abel, RN, MS, Registered Nurse and volunteer with Trinity Health Care. RN, MS, Kim has worked in hospitals and as a nursing instructor at IVCC, is a 18 year board member of Graves Hume Public Library, a member of the LaSalle County Health Department Board, and a volunteer for over 10 years since the inception of Trinity Health Care - a 'free' clinic for people unable to afford medicine or basic health care.

Elisa Albers, Manager of population health for OSF HealthCare Children's Hospital of Illinois. Manages the Resource Link, pediatric neuropsychology, and children's advocacy departments, as well as supports pediatric population health initiatives throughout the OSF HealthCare ministry. Earned her bachelor's degree in business administration from the University of Memphis and a masters of business administration in health services administration from the University of South Dakota. Serves as a trustee on the Pekin Public Library Board of Trustees, a mentor for the Morton Chamber of Commerce Mentorship Program with Morton High School, and as a court appointed special advocate (CASA) with CASA of the Tenth Judicial Circuit.

Carol Alcorn, Executive Director Illinois Valley PADS Homeless Shelter Program. Began as a volunteer and has served in leadership for twelve years. She has served on many local community leadership teams and currently is on the LP Township High School Board.

Rene Barr, HR Generalist for Vactor Manufacturing, Inc. She holds a bachelor's degree in Human Resources Management and is a member of Live Well Streator Steering Committee and Opioid Use Disorder Action Team

Jenny Barrie, Health Educator and Public Information at the LaSalle County Health Department. Jenny assisted with the distribution and collection of surveys by having the survey available in the offices and posted the link to the online survey on social media and their website.

Cari Bedeker, Manager of Physician Offices for OSF HealthCare Medical Group. Cari distributed paper copies of the survey in the waiting areas of the OSF HealthCare Medical Group offices.

Barbara Beer, Director of the Family Birth Center at OSF HealthCare Saint Elizabeth Medical Center. She started at Community Hospital of Ottawa in 1975. She graduated from IVCC as an RN in 1977. Over 40 years of experience in a number of nursing areas including ED, OB, Choices, ICCU, Med/Surg and House Supervisor. She has served on various councils in the OSF system and is a PALS Instructor.

Kenneth Beutke, President of OSF HealthCare Saint Elizabeth Medical Center since March 2015. He has worked in the OSF system for 21 years. He holds bachelor and master degrees in speech language pathology from ISU and a masters in health services administration from the University of St. Francis in Joliet, IL. Previously, he worked at OSF Saint James John W. Albrecht Medical Center as VP of Organizational Development and Planning overseeing all clinical services of rehabilitation in addition to strategic planning and other various operations of the medical center. Prior to joining OSF, he provided speech language pathology services and leadership at St. Mary's Hospital in Streator and Sarah Bush Lincoln Health Center in Mattoon, IL.

Josh Biros, Executive Director of the Streator Family YMCA. He graduated with a bachelor's degree from Illinois State University in 2005. He is the current President of the Streator Rotary Club Live Well Streator Activity Action Team.

Cheryl Boelk RN, MSN, Cheryl has been a nurse for over 34 years and serves as the Director of Community Health Services at OSF Saint Paul Medical Center located in Mendota, Illinois.

Heather Bomstad, Vice President of Patient Care Services at OSF HealthCare Saint Paul Medical Center, OSF HealthCare Saint Elizabeth Medical Center, and OSF Center for Health – Streator. RN, MSN Vice President of Patient Care Services/CNO at OSF Saint Paul Medical Center, OSF Saint Elizabeth Medical Center and OSF Center for Health in Streator. She has worked at the hospital for over 25 years in a variety of nursing positions. Heather has lived in the Earlville community for her entire life and has been involved in different community organizations.

Joseph Capece, Executive Director of the Ottawa YMCA. Joseph distributed paper copies of the survey to new members and participants of group exercise classes. In addition, the link to the online survey was emailed to all members.

Caitlin Chrzanowski, Community Relations Specialist for OSF HealthCare Saint Elizabeth Medical Center. Caitlin assisted with the distribution and collection of surveys to community partners as well as external and internal communication regarding the survey.

Tammi Coons, Manager of Community and Hospital Education for OSF HealthCare Saint Elizabeth Medical Center. Tammi coordinates and provides educational programs for mission partners at OSF SEMC and throughout the I-80 Region and community. She has been a safe sitter instructor for over 23 years, has taught Heartsaver CPR with AED and First Aid for over 23 years and has been a CPS Technician for over 12 years. Her leadership roles include Mission Integration Coordinator, AHA Training Center Coordinator and Healthstream Administrator. She is a board member for the United Way of Eastern LaSalle County and for the Bridges Senior Center. She has been a member of the Wenona Junior Woman's Club for over 26 years serving as treasurer for over 24 years, a 4H Leader for Wenona Highlighters for over 9 years, member of the Fieldcrest Board of Education for over 12 years serving as secretary for over 10 years, a Sunday school teacher for over 27 years, Luther League coordinator and treasurer for over 5 years, church council member and secretary for over 1 year.

Michael Cushing, Superintendent of Ottawa Township High School. He has served as a public school administrator since 2004 and has been with OTHS since 2010. He earned his BS degree from Southern Illinois University at Carbondale, his master's degree in educational administration and superintendent

certification from ISU. He is a member of the Illinois Association of School Administrators, Illinois Principals Association, Sunrise Rotary and the Knights of Columbus.

Don Damron, Vice President of Ambulatory Services for OSF HealthCare Saint Elizabeth Medical Center and the OSF HealthCare Center for Health – Streator. Prior to his career in healthcare leadership, Don was a physical therapist at Newsome and Damron Physical Therapy Center, where he was also a partner and director. Don earned his Bachelor's degree in kinesiology from the University of Illinois Champaign/Urbana and his Master's degree in physical therapy from Midwestern University. Don serves on the Streator YMCA board and as a coach in the community Little League program. He completed the Leadership Academy for Healthcare Transformation through Rush University and the Illinois Hospital Association and is a Fellow of the American College of Healthcare Executives.

Matthew Dean, Food Fanatics Chef for US Foods. He holds a bachelor's degree from Illinois State University and an associate's degree from the Cooking Hospitality Institute of Chicago, an affiliate of Le Cordon Bleu. He is a volunteer firefighter in Hennepin, a trustee for the Putnam County Education Foundation and a member of the Live Well Streator Steering Committee and Healthy Eating Action Team. He was honored in the 2014 class of 40 Under 40 for the North Central Illinois region.

Leslie Dougherty, Health Educator and Public Information Officer at the LaSalle County Health Department for 26 years. She received her bachelor's degree in Community Health Education from Eastern Illinois University. Her time is divided between the Administrative and Personal Health Divisions. She is a member of the Live Well Streator Steering Committee.

Jack Dzuris, Streator Chamber of Commerce Executive Director since 2010. He retired from 42 years of banking with Streator National Bank/First Midwest Bank serving as President from 1988 through 2005. He has been an active Streator community fund raising member for a number of years. Some of his efforts have been directed to St. Mary's Hospital Foundation Board and Community Advisory Board, Streator Area United Way, Streator Twp. High School Foundation, Streator Elementary School District Board of Directors, the Streator Incubator, LLC., Live Well Streator Steering Committee and several of the local youth sports activities.

Mario Espinoza, Program Coordinator for the Youth Service Bureau of Illinois Valley for 11 years serving LaSalle, Bureau, Ogle and Grundy county Latino population enrolled in public benefits at their local Illinois Department of Human Services Family Community Resource Center with funding provided by Illinois Coalition for Refugees Rights... He is a member of the Illinois Valley Hispanic Partnership Council, Community Wide Family Advocacy Board in Mendota and Area Planning Council for IVCC.

Rich Faivre, Superintendent of Earlville Community Unit School District #9. Rich provided the link to the online survey via email and on the website.

JoEllyn Gahan, Community Relations Specialist for OSF HealthCare Saint Paul Medical Center. JoEllyn assisted with the distribution and collection of surveys to community partners as well as external and internal communication regarding the survey.

Tammy Grimes, Patient Care Manager of Outpatient and Cardiology Services at SEMC and CFH. She graduated from IVCC with an AAS and Northern Illinois University with a bachelor's degree in nursing.

She is currently attending Lewis University working towards a master's degree in nursing with a certificate in education for which she will be eligible to become a Certified Nurse Educator. She has over 23 years of nursing experience. She recently developed a class to meet the needs of professionals who acquire ECGs in the both outpatient and inpatient arenas.

Kim Kennedy, Human Resources Business Partner and the Hospital Auxiliary Liaison. She has worked at OSF Saint Paul Medical Center/Mendota Community Hospital for over 31 years. She currently coordinates our in-house volunteer program, as well as oversees all aspects of our hospital auxiliary. Kim also has been an ambassador for the City of Mendota for the past 10 years. She helps to welcome new businesses into our community and helps to support fundraising events for the community.

Julie Kerestes, Public Health Administrator at the LaSalle County Health Department for 15 years but a total of 29 years. She received her bachelor's degree at Eastern Illinois University and is a Licensed Environmental Health Practitioner.

Jimmie Lansford, Mayor of Streator, IL with 40+ years in healthcare and banking. He received an associate's degree from IVCC, a bachelor's degree in health arts from the University of St. Francis in Joliet, IL and a master's degree in administration from the University of Notre Dame. He has served on several boards including 8 years as trustee and former board chair of IVCC, board member and former chairman of Union Bank, member of the Streator Association Commerce and Industry, Disaster Volunteer for the American Red Cross and volunteer for Hines Veteran's Hospital. He is currently a board member of OSF SEMC. He has served 5 years as a Streator councilman and is currently in his second term as mayor. He also serves on the OSF Medical Center Streator's Steering Committee, is a board member of the Greater Livingston County Economic Development Council and Streator's Industrial Development Group. In 2016, he was inducted into the IVCC Hall of Fame. In December 2018, he was one of 200 veterans from Illinois being recognized for their community contributions at the Illinois State Bicentennial Celebration.

Bobbi Laun, Dr. Laun is a pediatric dentist at the Ottawa Children's Dentistry and she has hospital privileges at OSF HealthCare Saint Elizabeth Medical Center. She completed her pediatric dental residency at Children's Hospital Colorado in Aurora, CO and prior to that practiced as a dentist at Southeastern Iowa Community Health Center in Burlington, IA. Dr. Laun is a member of the American Academy of Pediatric Dentistry, American Dental Association, Illinois Society of Pediatric Dentists, Illinois Valley Dental Society, Senica's Oak Ridge Ladies Golf League serving as secretary and ONYX-Ottawa Network of Young eXecs serving as chair. She enjoys volunteering her time at the Bureau County Health Department and with Feed His Children.

Amy Jo Mascal, Principal at Streator Township High School. She received her bachelor's degree from North Central College and her master's degree from Illinois State University. She is in her 25th year employed by Streator Township High School, serving as an English teacher for 13 years and Principal for the last twelve years. She has been involved with the Streator Substance Abuse Prevention Coalition, serving as a founding member and officer. She is also a member of the IHSA Sportsmanship Committee (serving as a regional representative), and the Starved Rock Illinois Principal Association and the state level Illinois Principal Association. She also facilitates the Bulldog Pantry at Streator High School and is a member of the Live Well Streator Steering Committee.

Debra Martin, Assistant Superintendent of Streator Elementary School District 44. Debra provided paper copies of the survey during student registration on July 31 and August 1. In addition, the link to the online survey was share with staff and parents via email and available on the website.

Wendi Navarro, Administrative Assistant for Hospital Administration at OSF HealthCare Saint Elizabeth Medical Center. Assisted with collecting surveys and organizing required documents.

Shelli Ocepek, Executive Director of United Way of Eastern LaSalle County with over 28 years of experience in non-profit administration and over 24 years with United Way. She has served on numerous boards including Easter Seals, OTHS Foundation, Reddick Mansion Association, United Way of Illinois and LaSalle County Long Term Recovery. She currently chairs the LaSalle County Emergency Food and Shelter Board and serves on the Friendship House Human Rights Committee.

Dr. Lisa Parker, Superintendent at Streator Elementary School District #44 since March 2018 with a total of 28 years in education. She received her Doctorate from Western Illinois University with her Masters in Guidance and Counseling from Eastern Illinois University. She is a member of the Streator Rotary Club, Live Well Streator Steering Committee and previously served on the board for Methodist College in Peoria.

Yvette Pastirik, Site Manager for the OSF Medical Group. She received an AAS degree in nursing from IVCC in 1985. She has worked in several management roles for the past 15 years including Director and Assistant Director of Surgical Services, Manager of Physician Offices for OSF Medical Group and now as the Site Manager.

Zoe Peshel, RN, Serves as the Manager of OSF Medical Group – Mendota and Washington Street Offices.

Ahlyssa Pinter, Manager of Social Services for OSF HealthCare CHOICES Behavioral Health Psychiatric Acute Care provided via OSF HealthCare Saint Elizabeth Medical Center. Ahlyssa distributed paper copies of the survey to the following community organizations: 7th Fire, LaSalle County Housing Authority, and Talking to Celebrate Recovery.

Jeff Prusator, Administrator at Mendota High School for past 23 years. He served 5 years as the assistant principal, 3 years as the principal, and is currently completing his 15th year as the district superintendent. Prior to coming to Mendota, he spent 3 years teaching and coaching at Tampico and 3 years teaching and coaching at Dixon. He received his BA degree from St. Ambrose University, MS in Educational Administration from Western Illinois University, and his Education Specialist Degree also from Western Illinois University.

Molly Pyszka RD, LDN, Director Nutrition Services I-80 Region along with Non-Patient Food Services.

Julie Ramza, Pharmacist and owner of Streator Drugs and The Pharmacy Stop. She received a bachelor's degree from the University of Iowa and master's degree from Lewis University. She is an active member of the Society of St. Vincent de Paul, Zonta Club, Streator Chamber of Commerce and Industry and the Live Well Streator Steering Committee.

Matt Seaton, Superintendent of Streator Township High School District 40. Matt provided the online link to the survey via social media, the website, and in an email to parents.

Rayanne Sester, Executive Director of Mendota Area Senior Services. She has served MASS since 1993 in various capacities including Outreach Worker and Information & Assistance Supervisor. She received certification as an Information & Referral Specialist for Aging in June of 2008. In September of 2014 she completed certification under the Illinois ADRC Program for Aging and Disabilities through Boston University's Center for Aging and Disability Education and Research. Rayanne has been involved in many community organizations for the over 25 years. Has served on the Advisory Board of Mendota Community Hospital's Home Health Department and was a past President of Mendota Business and Professional Women's Club.

Megan Skelly, Assistant Executive Director of the Ottawa Area Chamber of Commerce and Industry for over 7 years. She is past president and current Youth Exchange Coordinator for the Ottawa Noon Rotary. She has served on the Board of Directors for Starved Rock Regional Center for Therapy and Child Development, formerly known as Easter Seal of LaSalle and Bureau counties, for over 5 years in which she served as the Board Chair. She is a member of St. Columba Church.

Doug Snell, Owner of Bulldog's Restaurant and Catering. Doug provided paper copies of the survey at the ordering counter of his restaurant and via the drive-through.

Janette Strabala, Regional Director of Operations for Heritage Health. She is an RN, BSN, LNHA and has worked for Heritage Health for 25 years. She is the Chairperson for Live Well Streator as well as a board member of the Streator Chamber, member of the Industrial Development Committee, Streator Planning Commission, Il Nursing Home Administrator Association as well as a Pi Beta Phi Alumni. Janette assisted with distributing paper copies in break rooms at to all employees of Heritage Health/Evergreen Place.

Paula Swank, Director of OSF Medical Group Physician Offices for the I80 Region. She has a bachelor's degree in Health Information Management from ISU. She has been with OSF Healthcare and previously with Ottawa Regional Medical Center for over 26 years.

Maggi Thomas, Manager of EMS and Emergency Management for the I-80 Region

Cleve Threadgill, Superintendent of Ottawa Elementary Schools. He has an associate's degree from IVCC, bachelor's degree in elementary education and a master's degree in administration from ISU and a superintendent endorsement from ISU. He earned national board certification in early adolescent science and is an adjunct instructor for Aurora University. He is a member of the Noon Rotary and Illinois Association of School Administrators.

Dawn Trompeter, President of OSF HealthCare Saint Paul Medical Center. Dawn had served as the Vice President / Chief Financial Officer of OSF Saint Elizabeth Medical Center in Ottawa and OSF Saint Paul Medical Center in Mendota. She has over 25 years of experience in the healthcare field.

Ellen Vogel, Community Health Engagement Program Manager for OSF HealthCare Saint Elizabeth Medical Center serving OSF HealthCare Center for Health – Streator. Ellen distributed surveys to community members at Streator Ag Day.

Susan Walsh, Manager of Patient Care for OSF HealthCare CHOICES Behavioral Health Psychiatric Acute Care provided via OSF HealthCare Saint Elizabeth Medical Center. Susan distributed copies of the survey to attendees of Saint Columba Catholic Church.

Beth Whalen, Graduate of Northern Illinois University with a Bachelors in Business/ Marketing. Beth was the CEO of an Optometric Practice for 25 years prior to moving into the Community Health Field. She worked at Crusader Community Health for 5 years as the Practice Manager in Rockford ILL. Beth is currently starting her 10th year as the Clinic Director for Community Health Partnership of Illinois in Mendota. She is a member of a variety of Service oriented organizations for the betterment of our local Community and LaSalle County Health and Wellness needs.

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 McMahon-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 McMahon-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 LaSalle 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

Goals:

- *Bring together community organizations providing education, increasing awareness, and engaging in health nutrition, including exercise decisions, in order to benefit community members in their everyday life and overall health.*
- *Increase knowledge, awareness and engagement in healthy behaviors in order to improve LaSalle County residents' overall health.*

Healthy Behaviors Measurement and Impact

Tracked number of immunizations provided and the impact on school absences.

Data for Ottawa/Streator/Mendota:

- 8/1/2016-5/31/2017 6,574 Immunizations given
- 8/1/2017-4/20/2018 7,477 Immunizations given
- 8/1/2018 to Present 22,536 Immunizations given
- This project has increased the immunization compliance rates of 2 year olds in the Ottawa/Streator practices from 23.2% in 2/2016 to 39.02% as of 4/2018 to 52% as of 2/2019.

Tracked hours spent with student athletes and the number of injuries.

- 2017 Streator High School – 451 hours/58 injuries
- 2017 Ottawa High School – 232 hours/32 injuries
- 2018 Streator High School – 699 hours/90 injuries
- 2018 Ottawa High School – 409 hours/20 injuries
- 2018 Earlville High School – 245 hours/20 injuries

Tracked number of educational events and attendance addressing health and wellness.

- 2016: 77 events: 4018 attendees
- 2017: 74 events: 4115 attendees
- 2018: 114 events: 7500 attendees

Tracked number of sports physicals provided.

- 2016: Streator High School – 57; Ottawa High School – 59
- 2017: Streator High School – 51; Ottawa High School – 69
- 2018: Streator High School – 41; Ottawa High School – 79; Earlville High School – 11

Track of Social Media Posts.

- In 2017, Saint Elizabeth Medical Center had Facebook posts reaching 1,070,284 residents.
- Center for Health's Facebook posts reaching 441,387 residents.
- In 2018, Saint Paul Medical Center had Facebook posts reaching local residents 437,000 times
- Saint Elizabeth Medical Center Facebook posts reached local residents 752,000 times
- Center for Health's Facebook posts reached local residents 305,000 times

Pounds of food donated to community agencies from our Community Garden.

- 2017 - 1500 pounds
- 2018 - 1500 pounds

Increased participation in the OSF4Life program.

- 2017 - Health Risk Assessment at Saint Elizabeth Medical Center - 39%
- 2017 - Health Risk Assessment at Saint Paul Medical Center - 63%
- Wellness challenge Virtue at Saint Paul Medical Center had 49 participants
- Wellness challenge Virtue at Saint Elizabeth Medical Center had 35 participants
- Take the first Step challenge at Saint Paul Medical Center had 83 participants
- Take the first Step challenge at Saint Elizabeth Medical Center had 53 participants
- 2018 Health Risk Assessment at Saint Elizabeth Medical Center - 42%
- 2018 Health Risk Assessment at Saint Paul Medical Center - 66.5%

Tracked participation in pounds with the Healthy You program.

- 2016: 259 participants; 2381 pounds
- 2017: 251 participants; 2339 pounds
- 2018: 283 participants; 2441 pounds

Began collaborative/partnership initiative - Live Well Streator.

- Held monthly meetings on Healthy Eating, Activity and Opioid Use Disorder

Drug Take Back event produced.

- 56 pounds of pills; 20 pounds of liquid, inhalers and sharps collected

Participates in Action Walk with Greenway Trail in Streator.

- 100 participants walked 2.8 miles

Collaborated and rolled out Pieces Iris, case management platform that extends health system and healthy plan networks to include community based organizations to address health related social needs.

Participating organizations include:

- Servant's Heart
- Safe Journey
- BEST, Inc

- Ottawa/Peru Pads
- LaSalle Co. Health Dept
- Ottawa/Streator YMCA
- Streator Elementary/High School
- Salvation Army – Streator
- Tri-County Opportunities Council

Partnerships within LaSalle County include:

- Penguin Plunge – Make A Wish Foundation
- Labor of Love
- Out of the Darkness – Suicide Prevention Walk
- Walk to End Alzheimer’s
- Freezin For A Reezin
- Meals on Wheels
- Operation Snowball
- Relay For Life – American Cancer Society
- Illinois Brain Injury Support – meet 1x per month
- Bereavement Group – meet 2x per month
- Stroke Support – meet 1x per month
- Blood Drive – quarterly
- Breastfeeding Class – meet 6x per year
- Childbirth Class – meet 1x per week
- Sibling Class – meet 1x per month
- Safe Sitter Class – meet 5x per year
- BLS – offered 2x per month
- Heartsaver CPR/AED – offered 1x per month
- First Aid – offered 6x per year
- Child Passenger Car Seat Safety check – offered 1x per month
- Marseilles Gobble Wobble 5K
- Sport Physical clinics – Ottawa High School/Streator High School
- Live Well Streator Steering Committee – meet 1x per month
- Healthy Eating Action Team – meet 1x per month
- Activity Action Team – meet 1x per month
- Opioid Use Disorder Action Team – meet 1x per month

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

Goals:

- *Increase access to and awareness of mental health services in LaSalle County.*
- *Increase awareness of mental health services in the community.*
- *Commit to teaching, empowering, and advocating for mental health issues.*

- *Develop and implement strategies to facilitate access and improve community agency alignment to meet the behavioral health needs of the community.*
- *Increase awareness and engagement to decrease instances of risky behavior and substance abuse in LaSalle County.*
- *Provide awareness of future potential risks related to substance abuse.*
- *Develop and implement strategies to facilitate services / access and improve community agency alignment in addressing alcohol and illicit substance abuse by youths within the community.*

Behavioral Health Measurement and Impact

Developed a strategic system of care plan for mental health (Streator initiative).

- Implemented Behavioral Health Navigator, Referral Algorithm, and Embedded Behaviorist in Primary Care practice, Tele-psych, NCBH Colocation, Live Well Streator Substance Abuse Focus.

Monitored Counseling visits providing early intervention, depression screening and support.

- Embedded a Therapist in Center for Health-Streator.

Tracked Patient Wisdom data. A survey tool used to ask community members questions specific to Behavioral Health.

- 149 respondents gave their view on how to address behavioral health in community. 20% identified Substance Abuse as needing more community attention. In 2018 the data usage continues to validate strategies.

Tracked unique patients for Behavioral Health services through Tele-psych.

- 236 Tele-psych unique Patients

Tracked Tele-psych Visits.

- 367 Tele-psych outpatient visits
- 105 Eco Silt Psych visits
- 15% of Choices Outpatients from Streator-psychiatry and therapy services
- In 2018, 939 Tele-psych outpatient visits out of 1,423 scheduled
- 99 of the visits were in Center for Health Tele-psych for a total of 250 Tele-psych patients in 2018
- Added additional hours for tele-psych

Tracked the Behavioral Health Navigator calls.

- Behavioral Health Navigators served over 300 community members.

Tracked Silver Cloud (Behavioral Health App).

- 200 community members joined in the past two years.

Physician monitoring for narcotics.

- All primary care practices in Center for Health and Saint Elizabeth Medical Center are currently using Aegis Labs for in-depth medication monitoring as well as working towards Medication Agreements for all patients on opioids.

Began program “I Sing the Body Electric.” This program promotes using art to communicate healthy lifestyle choices among youth.

- In 2018 began scheduling events with Center for Health and Woodland High School to educate students, faculty and parents. Focus is on 12th grade students to help increase awareness.

Promoted additional resources through our Marketing department by:

- Chamber e-Blast
- Silver-Cloud marketing campaign (July-September 2018)
- Tele-behavioral Health Options
- Omni Prize “Art of Healing” exhibit featuring works of art

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?
 These could be different diseases or health conditions.

2. What would you say are the three (3) most **UNHEALTHY BEHAVIORS** in our community?
 These are behaviors that are NOT good for people’s health.

3. What would you say are the three (3) most important factors that would improve your **WELL-BEING**?
 These could be types of resources, attitudes or social factors.

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).

- Clinic/Doctor's office
 Emergency Department
 I don't seek medical attention
 Urgent Care Center
 Health Department
 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?

LaSalle 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? _____

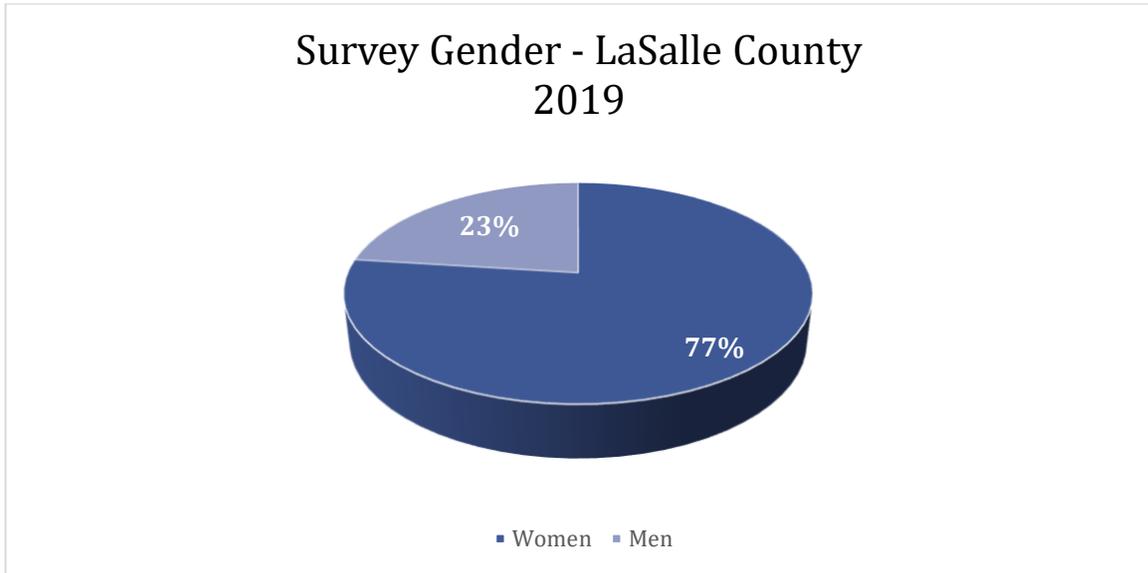
12. What is your job status? (Please choose only one answer).

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

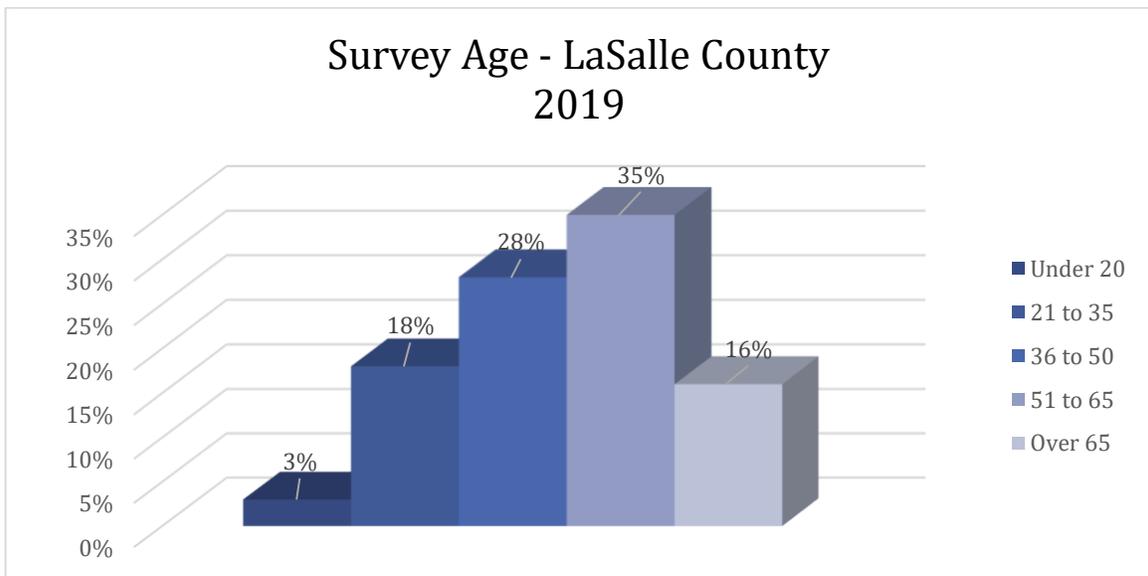
Is there anything else you’d like to share about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

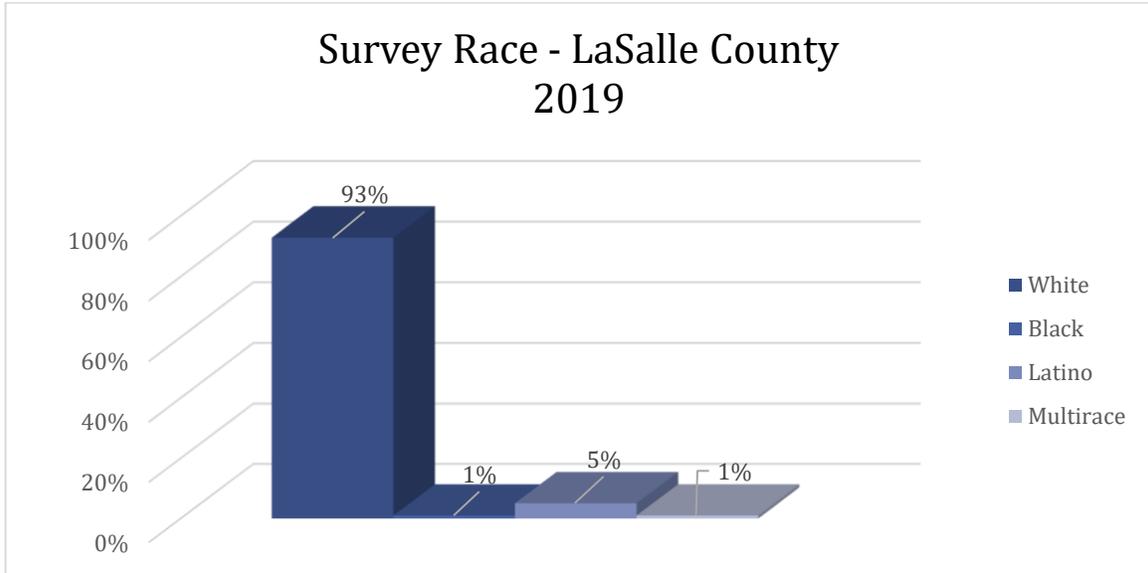
APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS



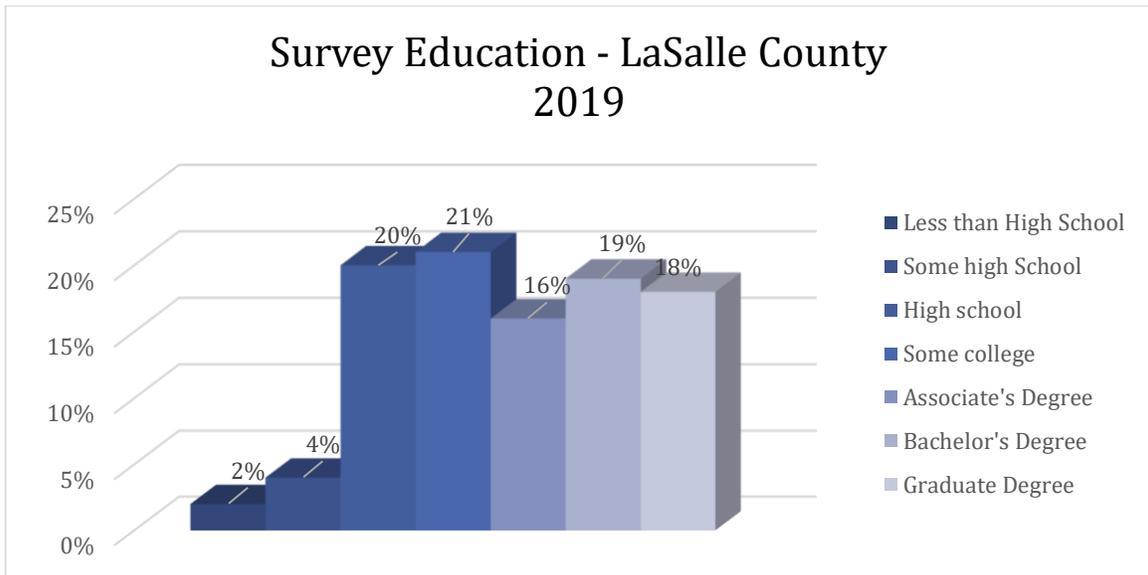
Source: CHNA Survey



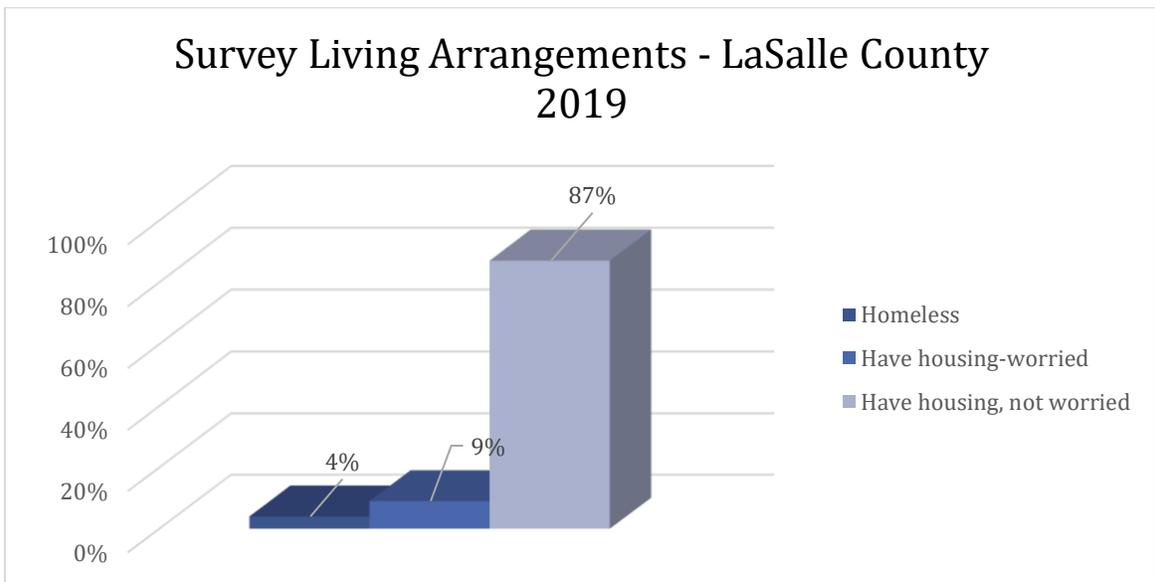
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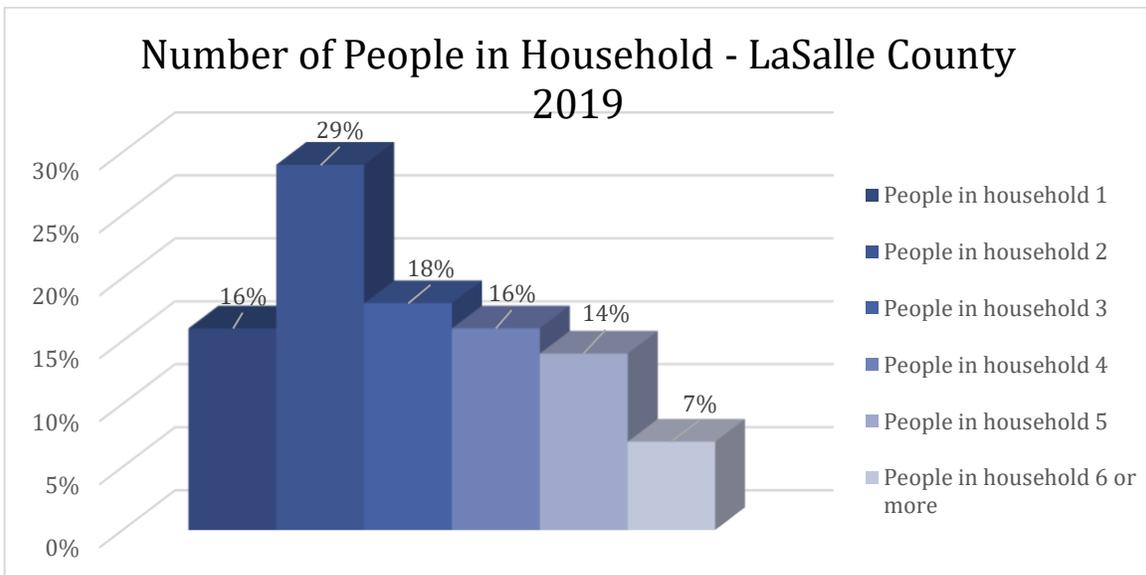
Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 5. RESOURCE MATRIX*

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer
Recreational Facilities								
Mendota Area YMCA	1	2		2	1			
Ottawa Parks and Recreation		2		2				
Streator Family YMCA	3	3	1	3				
YMCA of Ottawa	3	3	2	2	1	1	1	1
Health Departments								
LaSalle County Health Department	1	2	1	1	2	1	1	1
Schools								
Earlville Community Unit District 9 Schools		2	1	2	1			
Marseilles Grade School		2	1	2	1			
Mendota District #289 Grade Schools		2	1	2	1			
Mendota - Holy Cross School		2	1	2	1			
Mendota Township High School		2	1	2	1			
Ottawa Township High School	1	2	2	1	2	1	1	1
Ottawa Grade Schools		2	1	2	1			
Streator High School		3	3	1	3			

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer
Streator Grade Schools		1	1		1			
Community Agencies								
A Servant's Heart		1		1				
Al-Anon								
Alcoholics Anonymous (Mendota)			2		2			
Alternatives for Older Adults	3							
American Cancer Society							3	3
BEST Inc.	2	1	1		1			
Body & Soul Food Ministries (Mendota)		3		3				
Bridges Community Center			2					
Celebrate Recovery - Ottawa First Church		1		1				
Center for Youth & Family Services		1		1				
Center for Youth and Family Solution - LaSalle		1		1				
Changes Counseling, LLC (Mendota)			2					
Cops 4 Cancer	3	1	1	1	1	1	3	3
Country Home Care		1		1				
Crossroads Counseling Services, LLC			3					

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer
Family Home Medical Equipment	3	1		1				
Grace Community Church Food Pantry		2	2	3	3			
Great Heights Family Medicine (Methadone Clinic)		3	1	3	1	1	1	1
Guardian Angel Outreach	1							
Help at Home	3							
Hope for All	3	1	1	1	1			
Illinois Dept of Human Services/Div of Rehab Services	2	1		1				
Illinois Valley Counseling Services (Mendota)			3					
Illinois Valley Hispanic Health Partnership Council		1	1	1				
Illinois Valley PADS Ottawa								
Lions Club - Streator								
Mendota Area Christian Food Pantry		1		1				
Mendota Area Seniors Service	3	2	1	1	1	1	1	1
New Beginnings Baptist Church		1		1				
North Central Area Transit (NCAT)								
North Central Behavioral Health Systems	3	2	3	1	3			
Ottawa Area Chamber of Commerce								

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer
Ottawa Food Basket	1	3		2				
Safe Journeys (formerly ADV&SAS)	1		1					
Schott's Pharmacy (Home Medical Equipment)	3	1		1				
St. Vincent de Paul Streator								
Starved Rock Reg Center for Therapy /Child Develop			2					
Streator Drugs (Home Medical Equipment)	1	1		1				
Streator Salvation Army		1	1	1				
Streatorland Food Pantry		1		1				
TriCounty Opportunity Council - LaSalle								
United Way of Eastern LaSalle County	3	1						
United Way of the Illinois Valley	3	1						
Veterans Benefits - Downtown Courthouse	2							
Youth Service Bureau of Illinois Valley	1	1	3	1	3			
Hospitals / Clinics								
Abigail Women's Clinic - Mendota	2	1	1	1				
Community Health Partnership (CHP) (Mendota)	2	1	1	2	1	2	2	2
Fox River Cancer Center						2	3	3

	Aging Population	Healthy Behaviors - Nutrition & Exercise	Behavioral Health	Overweight Obesity	Substance Abuse	Prostate Screening	Prostate Cancer	Lung Cancer
OSF Behavioral Health CHOICES		2	3		1			
OSF Center for Health - Streator								
OSF Healthcare South - Prompt Care		2	1	2	1	1	1	1
OSF Medical Group - Ottawa/Marseilles		2	1	2	1	1	1	1
OSF Medical Group Mendota		2	1	2	1	1	1	1
OSF Medical Group Prompt Care - Ottawa						1	1	1
OSF Saint Elizabeth Medical Center (Ottawa)	2	2	1	2	1	1	1	1
OSF Saint Paul Medical Center (Mendota)	2	2	1	2	1	1	1	1
OSF Urgo - Ottawa (Opening May, 2019)	2	2	1	2	1	1	1	1
Trinity Health Care Mendota	2	2	1	2	1	1	1	1
Xpress Care (Urgent Care) Mendota	2	2	1	2	1	1	1	1
Governmental								
LaSalle County States Attorney: Drug Court	1	1		1	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 (4)

Ottawa Parks and Recreation

The Ottawa Parks and Recreation district offers a variety of summertime programs for infants, toddlers, early childhood, youth, adults, and seniors.

Mendota Area YMCA

The Mendota Area YMCA provides a full range of opportunities that empower people and communities to learn, grow and thrive. With a focus on youth development, healthy living and social responsibility.

Streator Family YMCA

The Streator Family YMCA provides a full range of aquatics and other fitness, child care, adult literacy, health and leisure, and community service programs.

YMCA of Ottawa

The YMCA of Ottawa offers high quality after school programs, swimming and gymnastics instruction, youth sports, teen programs, Day Camp and a variety of recreational experience for children and adults of all ages.

Health Departments (1)

LaSalle County Health Department

The LaSalle County Health Department sponsors programs in the following areas: environmental health, personal health, and health education. Programs have been targeted to serve the needs of LaSalle County residents.

Community Agencies/Private Practices (43)

A Servant's Heart

A Servant's Heart provides assistance with food, material goods, transportation, house and utilities.

Safe Journeys

Safe Journeys (formerly ADV & SAS) assists individuals seeking to free themselves from violence through crisis intervention, supportive counseling, and advocacy and prevention education.

Alcoholics Anonymous – Mendota

Alcoholics Anonymous is an international mutual aid fellowship whose stated purpose is to "enable its members to stay sober and help other alcoholics achieve sobriety."

Al-Anon

Support network of peers who share their experience in applying the Al-Anon principles to problems related to the effects of a problem drinker in their lives.

Alternatives for Older Adults

Supports the independence and quality of life for older adults, adults with disabilities, and their families.

American Cancer Society

The American Cancer Society is dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

BEST Inc.

Business Employment Skills Team offers job seekers resources to look for employment.

Body & Soul Food Ministries – Mendota

Located inside the Victory Baptist Church

Bridges Community Center

Senior center that is a designated aging and disability resource center that provides information and assistance on available services.

Celebrate Recovery – Ottawa First Church

A Christ-centered, 12 step recovery program for anyone struggling with hurt, pain or addiction or any kind.

Center for Youth and Family Solution – LaSalle

The Center for Youth and Family Solutions is a comprehensive not-for-profit social service agency providing strength-based, family-centered services to youth and families in need throughout Central Illinois and Eastern Iowa, which provides: critical counseling, casework, and support services to assist those whose lives have been touched by trauma, grief and loss, abuse and neglect, and other significant family life challenges. Programs include: foster care services for abused and neglected children; adoption services; crisis response for runaways and their families; delinquency prevention services for at-risk youth; residential treatment for abused and neglected boys; professional counseling for children, individuals, couples, and families; in-home counseling for seniors; mental health crisis response for youth; and community advocacy programs.

Changes Counseling, LLC – Mendota

Life is full of changes. Make your next change a good one. All counselors are licensed, skilled, and experiences in helping people make positive changes in their lives.

Cops 4 Cancer

A local charity that assists families of the Illinois Valley area when battling cancer.

Country Homecare

Experienced caregivers who provide personal care for you or your loved one.

Crossroads Counseling Services, LLC

Provide behavioral/emotional counseling, addiction services and medication management.

Family Home Medical Equipment

Medical equipment provider.

Grace Community Church food pantry - Streator

Food pantry open Wednesday and Friday 9 am – 11 am.

Great Heights Family Medicine

A licensed provider of alcohol and substance abuse services.

Guardian Angel Outreach

Our outreach assists at-risk mothers and their infants from conception through the first two years of the baby's life.

Help At Home

Help At Home is a home care agency that provides care which allows our clients to remain comfortable in their own homes with dignity and independence.

Hope for All

A non-profit organization that can help those that need respite care, help cleaning, and those that want to get off the state aide medical card, food stamps, etc.

Illinois Department of Human Services/Division of Rehabilitation Services

State agency that works in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through employment, education, and independent living opportunities.

Illinois Valley Counseling Services – Mendota

(IVCS) is unlike any other psychotherapy practice in LaSalle County. We provide services to LaSalle County and the surrounding area. Our therapists specialize in meeting the needs of infants, children, adolescents, adults and geriatric patients. We have therapists who treat both mental health and substance use issues. Additionally, IVCS can provide individual, couples, and family therapy.

Illinois Valley Hispanic Health Partnership Council

The Illinois Valley Hispanic Partnership Council promotes Hispanic participation in higher education; cultural sensitivity and diversity in the Illinois Valley; and provides resources to individuals, organizations and communities enriched by Hispanic stakeholders.

- To help Hispanic families access the healthcare system and educational services.
- To reduce language barriers and improve communication in order to provide access to available resources.
- To develop community based partnerships

- To focus on bilingual community programs and agencies that promote access for Hispanic stakeholders in the Illinois Valley.
- To inform the Hispanic community of new immigration laws, procedures and help them obtain services.
- To establish a scholarship program for Hispanic students electing to further their education beyond high school and to encourage their parents to participate in scholarship grant application procedures.

Illinois Valley PADS (Ottawa)

IV PADS is a PLAN for a workable future for an individual in crisis. IV PADS utilizes case management, assessments, and service plans. Individuals are able to improve their lives by building skills learned in the Education Programs. They then develop positive change in their own lives and end the spiral of hopelessness, unemployment and homelessness. Resources, support groups, and referral guidance is provided in the areas of mental health issues, healthcare needs and substance abuse addiction.

Lions Club - Streator

Provides assistance for the purchase of eyeglasses, hearing aids, and home medical equipment.

Mendota Area Christian Food Pantry

The MACFP strives to provide an emergency, supplemental food supply for the people of the community. It is important to us that our clients leave with both food and their dignity.

Mendota Area Seniors Service

Mendota Area Seniors Service is a not-for-profit corporation formed to act as an umbrella agency to coordinate and introduce programs and services for seniors over the age of 60 as well as persons with disabilities with the purpose of helping to improve the quality of life and to attain their highest level of independence. *Serving the townships of: Adams, Earl, Freedom, Mendota, Meriden, Mission, Northville, Ophir, Serena & Troy Grove*

New Beginnings Baptist Church Food Pantry

Food pantry open Wednesday from 9 am – 11 am

North Central Area Transit (NCAT)

Public transportation serving LaSalle County.

North Central Behavioral Health Systems

North Central Behavioral Health Systems provides a comprehensive continuum of mental health and addiction services throughout Central and North Central Illinois. Services include, Emergency & Crisis Intervention, Information and Referral, Assessment & Evaluation, Mental Health Counseling/Therapy, Substance Use/Addictions Counseling, Psychiatric Evaluation, Medication Management, Clinical Consultation, Community Support Services, Permanent Supportive Housing Program, Psychosocial Rehabilitation, Community Integrated Living Arrangements (CILA), Health Promotion & Wellness through Prevention and Intervention and Community Outreach, Parent & Teacher Risk Prevention, Student Assistance Programs, Community & Industry Education & Training, Employee Assistance Programs (EAP), DUI Evaluation & Risk Education, and Mental Health First Aid Trainings (MHFA).

Ottawa Area Chamber of Commerce

The Ottawa Area Chamber of Commerce & Industry is a dynamic business organization working to advance the economic and civic interests of the Ottawa Area. We serve our members as an action agency, information clearing house, a business counselor, a government liaison, and a center for research and promotion of the Ottawa business community. The Chamber works very closely with its members and local government officials to determine the needs of the business community and the city as a whole. The Chamber works to assess and serve those needs through effective communication of available resources and programs.

Ottawa Food Basket

Food pantry open Tuesday 9 am – 11 am and Thursday 3 pm – 6:30 pm.

Schott's Pharmacy (Home Medical Equipment)

Community pharmacy providing home medical equipment.

St. Vincent de Paul Society Streator

Provides financial assistance, utilities assistance, transportation and other social services.

Starved Rock Regional Center for Therapy & Child Development

A daycare for children with and without special needs. Provides developmental, speech, occupational and physical therapy for children.

Streator Drugs (Home Medical Equipment)

Community pharmacy providing home medical equipment.

Streator Salvation Army

Provides assistance for medication, water bill, gas utility and rent along with operating a food pantry.

Streatorland Food Pantry

Food pantry open Monday, Tuesday, Thursday and Friday from 9 am – 12 pm.

Tri-county Opportunity Council - LaSalle

The Tri-County Opportunities Council (TCOC), Community Action Agency, was organized and incorporated for the purposes of investigating the frequency, location, character and cause of poverty; and coordinating efforts to prevent, alleviate and eliminate poverty through the cooperation of public agencies, private organizations, business, industry and interested individuals.

- To strengthen and enable low-income people to become self-sufficient through the attaining of necessary skills, knowledge, motivations and opportunities.
- To better organize a wide range of services related to the needs of low-income people in Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark and Whiteside Counties by utilization of innovative approaches and new types of services in attacking the causes of poverty including the support of self-help groups and cooperative efforts of low-income people.
- To encourage participation of low-income people in the planning, development and implementation of programs and projects and in the decision making processes of governmental entities affecting their

lives.

- To strengthen the capabilities of the CAA's community for planning and coordinating federal, state, local and private assistance related to the elimination of poverty by broadening the resource base of programs to include public officials, private organizations, individuals, business and industry.

United Way of Eastern LaSalle County

United Way Illinois Valley

The United Way is a recognized leader in helping solve community problems by gathering and distributing, in an efficient and accountable manner, community resources that respond to priority health and human service needs.

Veterans Benefits (Downtown Courthouse)

Assists veterans with applying for claims with the Department of Veterans Affairs, Department of Defense, and various other agencies.

Youth Services Bureau of Illinois Valley

YSB responds to the needs of children and youth through a variety of programs with the purpose of enhancing the quality of life for all children, youth and families.

Hospitals/Clinics (9)

Abigail Women's Clinic

To empower individuals to make healthy choices related to sexuality and childbearing, consistent with the sanctity of human ...life. Providing free and confidential services, education, counsel, support, and encouragement. We are a Christian organization committed to helping men and women within our community that are facing a crisis pregnancy. ...As a medical clinic with nurses on staff, we offer free pregnancy tests and limited obstetrical ultrasounds starting at 5 to 6 weeks after a positive pregnancy test. We offer educational material to assist women in making an informed choice for life as well as material assistance to women in need, clothing up to size 2T, childcare supplies and equipment. We also offer classes to non-pregnant women as well.

Community Health Partnership of Illinois - Mendota

CHP is committed to improving the health and well-being of migrant and seasonal farmworkers. We support these communities by providing quality medical and dental care to workers and their families from a team of dedicated, bilingual-bicultural professionals, in an atmosphere that fosters a sense of belonging.

OSF Saint Elizabeth Medical Center Ottawa/Center for Health Streator

OSF Saint Elizabeth Medical Center, formally known as Ottawa Regional Hospital and Healthcare Center, is a 97-bed acute care facility. OSF Saint Elizabeth provides a full range of services, including inpatient and outpatient medical and surgical care, emergency care, pre-natal and post-partum care, physical therapy, behavioral health services, home health and hospice care. Center for Health in Streator provides outpatient Emergency Services, Lab, Radiology and Cardio-pulmonary services.

OSF Saint Paul Medical Center Mendota

OSF Saint Paul Medical Center is a 25-bed Critical Access Hospital located in Mendota, Illinois. OSF Saint Paul provides a full range of services, including inpatient and outpatient medical and surgical care, emergency care, physical therapy, home health and hospice care.

OSF Medical Group – Ottawa/Marseilles/Mendota/Streator/Wenona

A part of OSF HealthCare, the OSF Medical Group offices are multi-specialty primary-care facilities in Ottawa, Marseilles, Mendota, Streator and Wenona. Outpatient laboratory and radiology services are also available on most sites.

Xpress Care-Urgent Care Mendota

Xpress Care is committed to providing our patients with professional healthcare services in an affordable, convenient and timely manner.

OSF Prompt Care – Ottawa

Two convenient locations (North and South Ottawa) are open with extended hours to care for walk-in patients with physician office type concerns, not requiring emergency room level of service.

Fox River Cancer Center*Cancer*

The Fox River Cancer Center is a collaboration between Radiation Oncology of Northern Illinois, Illinois CancerCare, and OSF Saint Elizabeth Medical Center. Services include oncology/hematology and radiation oncology.

Trinity Health Care

Serves those who cannot afford traditional health care. We offer Diabetic teaching, mental health counseling, and minor ailment treatment per physician- approved protocols.

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)