



Community Health Needs Assessment 2013

St. Joseph Medical Center

McLean County

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Executive Summary

The McLean County Community Health-Needs Assessment (CHNA) is an undertaking by St. Joseph Medical Center to highlight the health needs and well-being of residents in McLean County.

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

Specifically, team members included representatives from St. Joseph Medical Center, administrators from the County Health Department, and physicians/administrators from organizations serving the at-risk population.

Why Focus on the Health Needs of McLean County?

Results from this study can be used for strategic decision making purposes as they directly relate to the health needs of the community.

The study was designed to assess issues and trends impacting the communities served by the hospital, as well as perceptions of targeted stakeholder groups.

Specifically, this assessment provides a detailed analysis of:

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

Methodology

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

PHASE I

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

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

PHASE II

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

To collect data in this study, two surveying techniques were used. First, a pilot study was created to test the psychometric properties and statistical validity of the survey instrument. Second, online and paper surveys were employed to gain insight into resident perceptions of the community. To specifically target the at-risk population, surveys were distributed at all homeless shelters and soup kitchens. In sum, a total of 774 residents were surveyed.

PHASE III

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

The identification and prioritization of the most important health-related issues in the McLean County region are identified in Phase III. After summarizing all of the issues in the Community Health Needs Assessment, a comprehensive assessment of existing community resources was performed to identify the efficacy to which health-related issues were already being addressed. Approximately 40 organizations that serve the needs of the McLean County region were identified. Finally a collaborative effort of leaders in the healthcare community used an importance/urgency methodology to identify the most critical issues in the area.

Phase 1: Demographics

Demographics

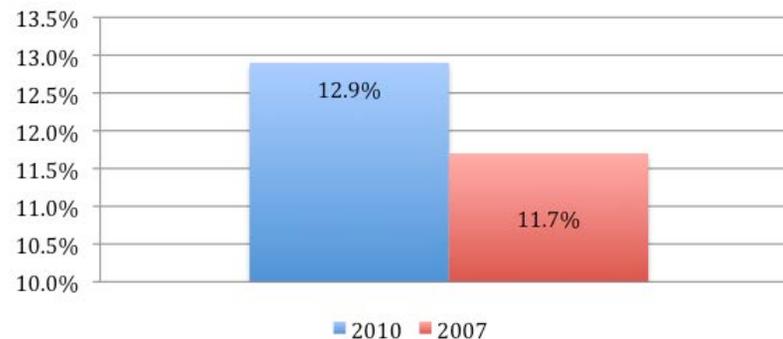
including increasing of the elderly population, depression, risky behaviors, and poverty will have significant impact on the health needs of the McLean County Region

Increasing Elderly Population -

While the 62 and older population has seen a slight increase between 2007 and 2010, subsets of the McLean County population have increased during the same time period. National forecasts estimate that individuals over age 65 will increase by one-third by 2022. In McLean County, the percentage of individuals 55-59, 60-64, and 65-74 years old has increased between 2007 and 2010.

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

Population of McLean County 62 Years of Age and Over, 2010 vs. 2007



Phase 1: Demographics

Risky Behaviors

Data from the Illinois Behavioral Risk Factor Surveillance System (BRFSS) suggests 16.1% of McLean County residents identify as smokers, compared to 18.8% of residents across the State of Illinois.

19.0% of McLean County respondents engage in binge drinking versus 17.5% of respondents across the State of Illinois. Both figures exceed the US national 90th percentile benchmark of 8%.

Youth substance usage in McLean County exceeds the State of Illinois averages for 12th graders for alcohol usage in the past 30-days.

Mental Health

Accordinging to the BRFSS, approximately 23% of residents in McLean County reported they had experienced 1-7 days with poor mental health per month between 2007 and 2009.

With regard to chronic mental health issues, 10.5% of residents in McLean County reported they had experienced 8-30 days with poor mental health per month between 2007 and 2009.



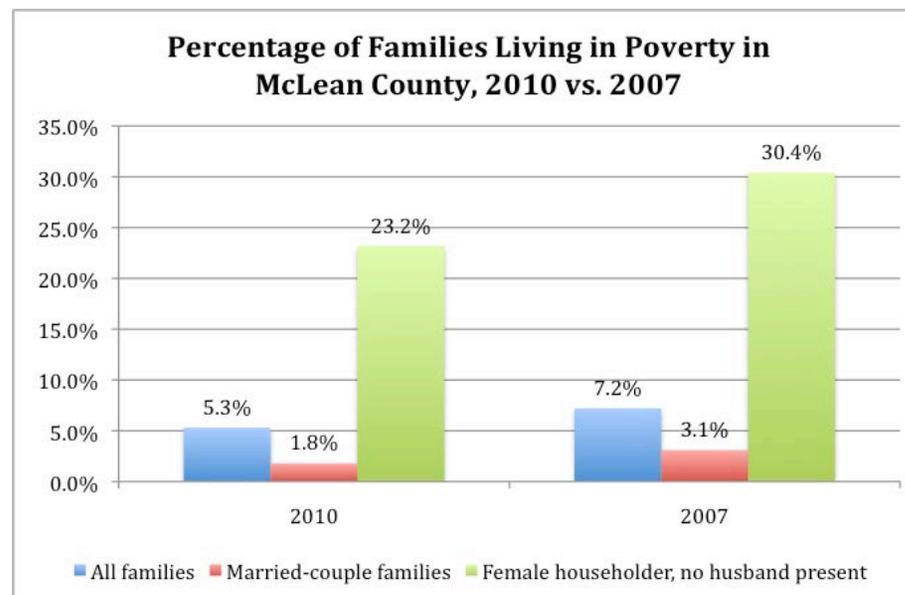
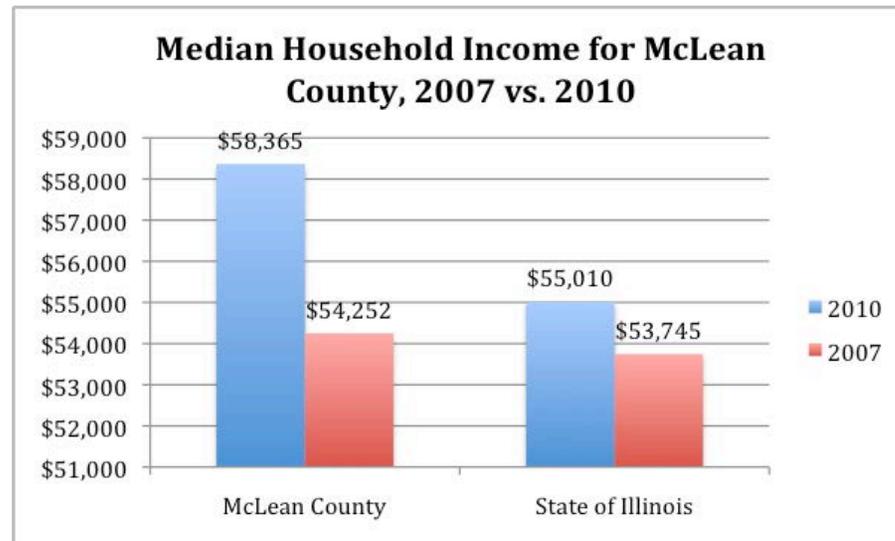
Phase 1: Demographics

Poverty

Poverty has a significant impact on the development of children and youth. Data from 2010 indicate poverty rates in McLean County have decreased for three categories of families: all families, married-couple families, and families led by single-mothers with no husband present.

In 2010, the median household income in McLean County was nearly \$3,500 higher than the State of Illinois average.

Regarding employment data, for the years 2007 to 2011, the McLean County unemployment rate was lower than the State of Illinois unemployment rate.

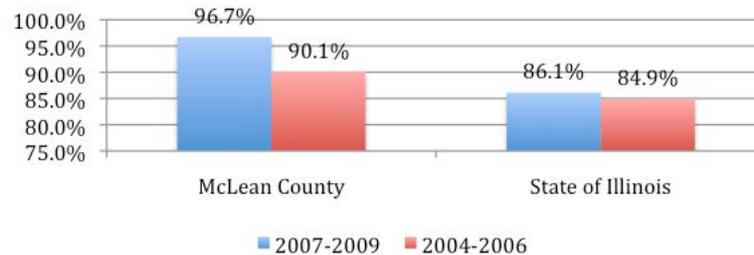


Phase 1: Access to Health Services

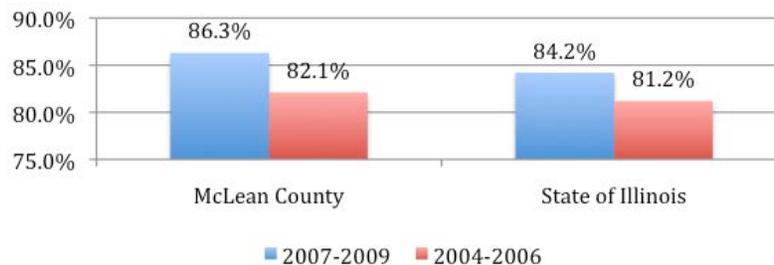
Accessibility to Health Care

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

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



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



Dental Care: 10.4% of McLean County residents did not see a dentist in the last two years compared only 19.8% of residents across the State of Illinois who did not visit a dentist in the last two years.

Research suggests that private health insurance companies cover nearly 1/3 of national health expenditures. Medicare covered approximately 20.2% of national health expenditures in 2010, up nearly 4% since 2000. According to the Illinois BRFSS, 17.1% of McLean County residents rely on Medicare coverage as their primary insurance coverage. Recent data suggest 96.7% of McLean County residents possess medical health care coverage. This percentage is well above the 86% response rate for the State of Illinois.

Phase 1: Predictors of Morbidity and Mortality

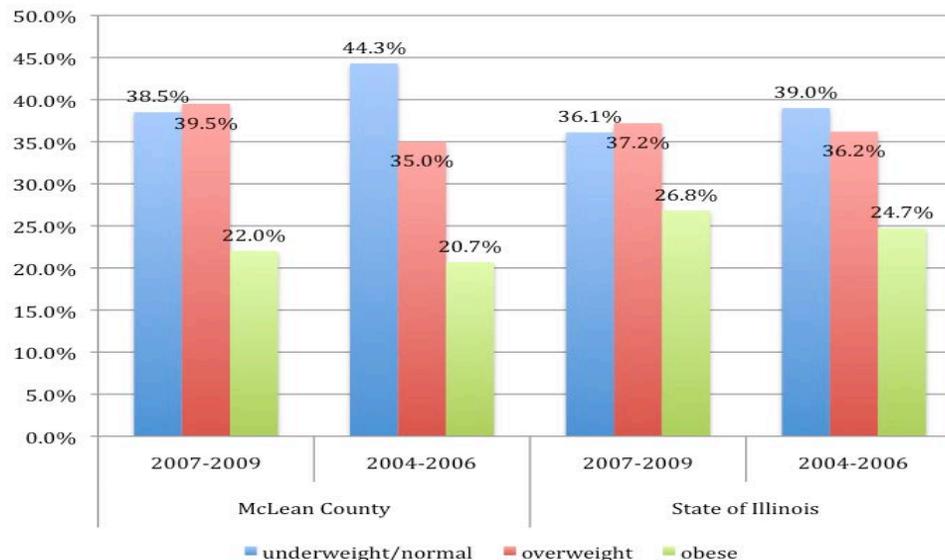
Predictors of Morbidity and Mortality

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

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

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

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



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

With regard to nutrition, evidence suggests residents in the McLean County region are not eating enough fruits and vegetables. Between 2007 and 2009, 86% of McLean County region residents consumed less than 5 servings of fruits or vegetables per day.

Approximately 19% of McLean County region residents report that they did not participate in any leisure-time physical activities or exercises during the past month.

Phase 1: Predictors of Morbidity and Mortality

Consequences of Obesity for Children...

According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems with weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as studies suggest that overweight students miss one day of school per month on average and school absenteeism of obese children is six times higher than that of non-obese children.

...and Adults

With adults, obesity has far-reaching consequences. Obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year. The financial costs of obesity are staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion.



Phase 1: Morbidity and Mortality Issues

Morbidity and Mortality Issues

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

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

Hypertension – High blood pressure, which is also known as hypertension, is dangerous because it forces the heart to work extra hard to pump blood out to the rest of the body and contributes to the development of the hardening of arteries and heart failure. Data from the Illinois BRFSS suggest an increase in the percentage of McLean County residents having high blood pressure between 2006 (22.4%) and 2009 (25.3%).

Disease of the venous system – The number of cases of inpatient disease of the venous system at Bloomington area hospitals from the McLean County region increased 16% between 2009 (57 cases) and 2012 (66 cases). Disease of the venous system cases peaked in 2010 when 80 cases were reported.

Dysrhythmia and cardiac arrest – Cases of dysrhythmia and cardiac arrest at Bloomington area hospitals have decreased by 8% between 2009 (328 cases) and 2012 (301 cases) for inpatient admissions. Of particular interest, cases of dysrhythmia and cardiac arrest in individuals age 18-44 have increased by 19% during the same time frame for inpatient admissions (21 cases in 2009, 25 cases in 2012).

Heart Failure – The number of cases of inpatient heart failure at Bloomington area hospitals from the McLean County region has increased 6% between 2009 (269 cases) and 2012 (285 cases) for individuals 65 years of age and older.

Cases of stroke – Cases of stroke at Bloomington area hospitals have increased by 14% between 2009 (241 cases) and 2012 (274 cases) for inpatient admissions.

Phase 1: Morbidity and Mortality Issues

Other prevalent issues in the McLean County Region include:

Asthma – Treated cases of asthma in McLean County have increased by 22% between 2009 (103 cases) and 2012 (126 cases) for inpatient admissions. According to the Illinois BRFSS, asthma rates in the McLean County Region have doubled since 2006 and are higher than the average rate for the State of Illinois.

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

Data from the Illinois BRFSS indicate that 6.8% of McLean County Region residents have diabetes. Compared to data from 2006, the prevalence of diabetes has nearly doubled in McLean County.

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

Between 2009 and 2012, an average of 48 cases of inpatient breast cancer was reported at Bloomington area hospitals. Inpatient cases of breast cancer peaked in 2010 with 54 cases.

Between 2009 and 2012, an average of 57 cases of inpatient colorectal cancer was reported at Bloomington area hospitals. Inpatient cases of colorectal cancer peaked in 2009 with 62 cases.

Overall, *the leading causes of death* in McLean County include diseases of the heart at 23%, malignant neoplasm at 23%, followed by chronic lower respiratory disease at 6%, Alzheimer's Disease at 6%, and accidents at 6%.

Phase 2: Survey Results

Misperceptions of Community Health Issues

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

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

Lung Disease – Residents of McLean County also rate lung disease relatively low despite data from the Bloomington area hospitals indicating an increase in the number of cases of COPD between 2009 and 2012. COPD is a contributing factor of lung disease.

Stroke – Residents of McLean County rate stroke relatively low despite data from the Bloomington area hospitals indicating an increase in the number of cases of stroke between 2009 and 2012.

Phase 2: Survey Results

Perceptions of the Importance of Access to Health Services

Access to health services was the second most important determinant to quality of life (after availability of jobs). *Access to health services* was particularly important among individuals of White ethnicity.

Physical Exercise - More educated people with higher income are more likely to engage in physical exercise. Although only 17% of the population engages in exercise at least 5 times a week.

Healthy Eating - Only 7% of the population consumes at least the minimum recommended servings of fruits/vegetables in a day. Those that are more likely to have healthy eating habits include women, older people, people with higher education and more income. Homeless people are less likely to exhibit healthy eating habits.

Decrease Smoking - Smoking is on the decline, however, less educated people, men, younger people, non-White residents, those with lower income and homeless people are still more likely to smoke.

Self-Perceptions of Health - In terms of self-perceptions of physical and mental health, almost 90% of the population indicated that they were in average or good physical health. Similar results were found for residents' self-perceptions of mental health.

Healthy Behaviors
Several issues relating to healthy behaviors were identified

Phase 2: Survey Results

Access to Medical Services

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

Choice of Medical Care - Only 53% of people living in deep poverty seek medical services at a clinic or doctor's office. For this segment of the population, it is very common to seek medical services from an emergency department (24%), or even more concerning is that 16% of this segment of the population will not seek any medical services at all.

Access to Medical Care and Prescription Medications - Over 44% of the population living in deep poverty indicated there was a time in the last year when they were not able to get medical care when needed. The leading causes were lack of insurance and inability to afford a copayment or deductible. Similar results were found for access to prescription medication.

Access to Dental Care - While significant research exists linking dental care to numerous diseases, including heart disease, only 51% of the aggregate McLean County population had a checkup in the last year. Specifically, men, younger respondents, non-White ethnicity, less educated people, lower household income and the homeless were less likely to visit a dentist.

Access to Counseling - Approximately 25% of people living in deep poverty indicated they were not able to get counseling when they needed it over the last 12 months. Leading indicators are younger people, less education, lower household income and homelessness. While affordability and insurance were the leading reasons, fear and embarrassment were also significant.

Access to Information - Across categories, residents of the McLean County area get most of their medical information from doctors. The next most prevalent source of information is the Internet for the aggregate population and friends/family for those living in poverty.

Type of Insurance - The most prevalent type of insurance for the aggregate population is private or commercial; however, those living in poverty are disproportionately more reliant on Medicaid. Also for those living in poverty, 45% do not have any type of insurance at all.

Phase 3: Prioritization of Community Health-Related Issues

Specific criteria used to identify these issues included:

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

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

Mental Health

Approximately 23% of residents in McLean County reported they had experienced 1-7 days with poor mental health per month between 2007 and 2009. Approximately 11% of residents in McLean County reported they had experienced 8-30 days with poor mental health per month between 2007 and 2009. For both segments of residents (those experiencing 1-7 days and 8-30 days with poor mental health per month), each was below the state average for the same time frame.

Risky Behaviors - Substance Abuse

Risky behaviors are defined as activities that include addiction, chemical dependency and risky sexual behaviors. Note that youth substance usage in McLean County exceeds the State of Illinois averages for 12th graders in terms of alcohol usage.

Access to Health Services

Results from survey respondents living in poverty indicated that access to healthcare is limited. This includes medical, dental and mental healthcare. Poverty is a key factor, as 24% of people living in poverty in McLean County consider the Emergency Department their primary source of health care. Furthermore, 44% of people in poverty were unable to obtain medical care when they needed it in the past year. Results also suggest a strong correlation between ethnicity and one's ability to obtain medical care, as survey data suggest individuals who identify as Black are more likely to use the emergency department, as well as young men, low education and homelessness. With regard to prescription drugs, 46% of individuals living in poverty in McLean County were unable to fill a prescription in the past year because they lacked health care coverage. With regard to dental care, 44% of individuals living in poverty in McLean County needed dental care and were unable to obtain it last year and 25% of individuals living in poverty in McLean County needed counseling and were unable to obtain it in the last year. "Affordability" was cited as the leading impediment to various types of health care.

Phase 3: Prioritization of Community Health-Related Issues

Dental

While significant research exists linking dental care to numerous diseases, including heart disease, only 51% of the aggregate McLean County population had a checkup in the last year. Specifically, men, younger respondents, non-White ethnicity, less educated people, lower household income and the homeless were less likely to visit a dentist.

Obesity

Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within the McLean County region. In terms of obesity, the McLean County area as a whole is higher than the state average and growing rapidly. There was a 13% increase in the growth of McLean County residents reporting they were overweight between 2006 (35.0%) and 2009 (39.5%). Considering that Illinois has the 6th highest obesity rate in the U.S., this is an important issue.

Healthy Behaviors

Only 17% of the McLean County population engages in exercise 5 or more times per week. Note that residents with higher education and higher income are more likely to engage in exercise. With regard to healthy eating, only 7% of the population consumes the minimum recommended servings of fruits/vegetables in a day. Those that are more likely to have healthy eating habits include women, older people, people with higher education and more income. Homeless people are less likely to exhibit healthy eating habits. Finally, smoking is on the decline, however, less educated people, men, younger people, non-White residents, those with lower income and homeless people are still more likely to smoke.

Collaborative Team and Facilitators

Collaborative Team

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