

Community Health Needs Assessment 2016

**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

July 2016

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 publically 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, the collaborative team prioritized two significant health needs:

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

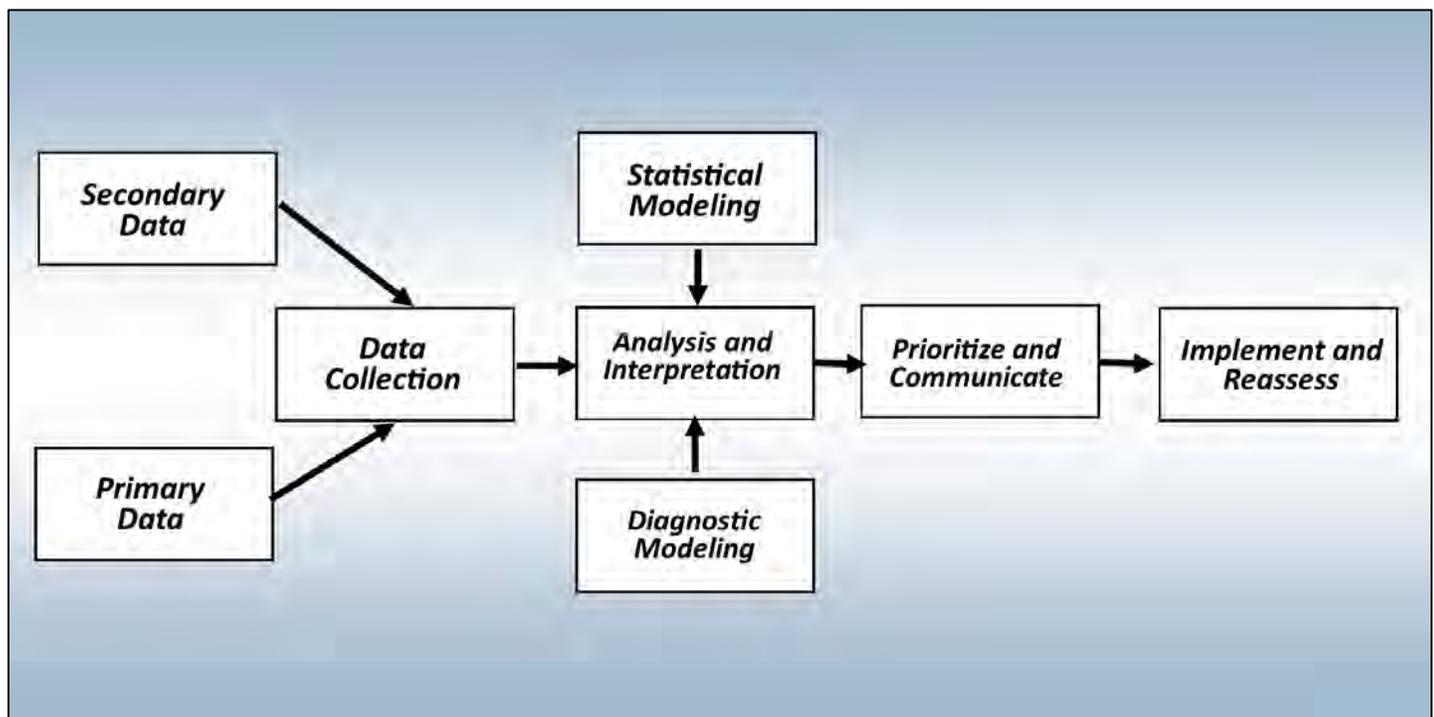
I. INTRODUCTION

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.

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 in Figure 1.

Figure 1. Community Health Needs Assessment Framework



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

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates 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 April and July 2015 and in the first quarter of 2016. Additionally, numerous meetings were held between the facilitators and specific individuals.

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 90% 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.

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 2013 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2013 CHNA was made widely available to the community to allow for feedback. Specifically, the hospitals posted both a full version and a summary version of the 2013 CHNA on their websites. While no written feedback was received by individuals from the community via the available mechanism, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

Summary of 2013 CHNA Identified Health Needs and Implementation Plans

The 2013 CHNAs for LaSalle County identified several significant health needs. For OSF Saint Paul Medical Center, these included: wellness education, mental health services, and availability of specialists. For OSF Saint Elizabeth Medical Center, these included: access to health, community misperceptions, dental health, healthy behaviors, mental health, obesity 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 715 survey respondents (47 respondents used a version translated into Spanish) from LaSalle County, a study was completed to examine perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to healthcare.

Secondary Data for the Community Health Needs Assessment

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

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.

A. 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 2012, designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire OSF 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, five specific sets of items were included:

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

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

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

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

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

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

After the initial survey was designed, a pilot study was created to test the psychometric properties and statistical validity of the survey instrument. The pilot study was conducted at the Heartland Community Health Clinic's facilities. The Heartland Clinic was chosen as it serves the at-risk population and also has a facility that serves a large percentage of the Latino population. A total of 230 surveys were collected. 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.

B. Sample Size

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 12.2 percent in 2014. The population used for the calculation was 111,241, yielding a total of 13,571 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 those living in poverty was 266. Note that for *aggregated* analyses (combination of at-risk and general populations); an additional 270 random surveys were needed from those not living in poverty in order to properly represent the views of the population in LaSalle County.

The data collection effort for this CHNA yielded a total of 715 usable responses. This met the threshold of the desired 90% confidence interval.

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. This provided a total usable sample of 517 respondents for analyzing the aggregate population. Sample characteristics can be seen in Appendix 4.

C. Data Collection

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 all 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.

D. 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.

E. 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 Key Takeaways from Chapter 1

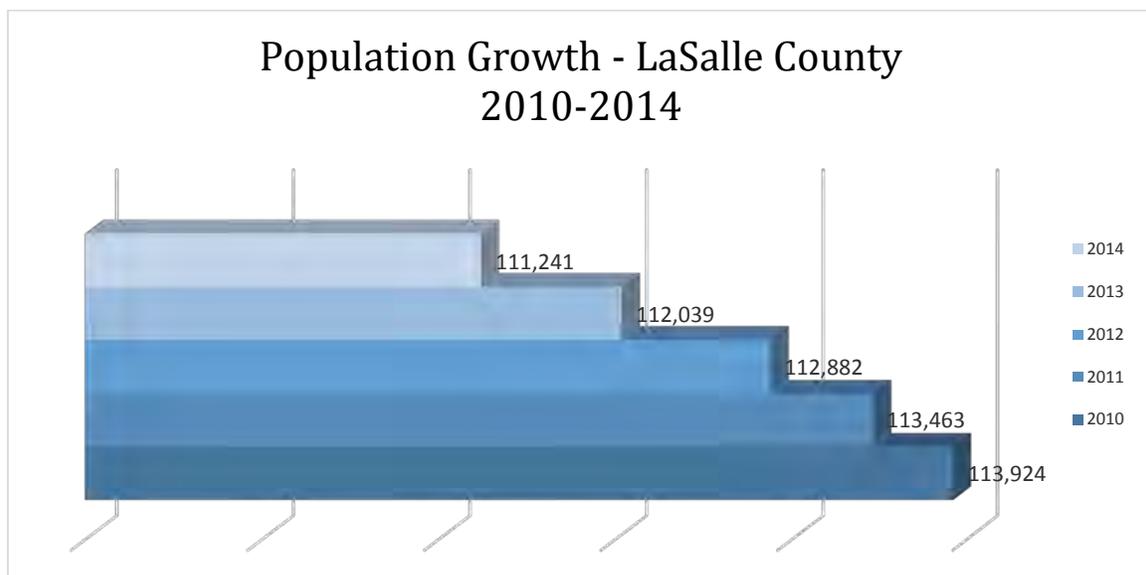
CHAPTER 1. DEMOGRAPHIC PROFILE

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 (2.4%) between 2010 and 2014.



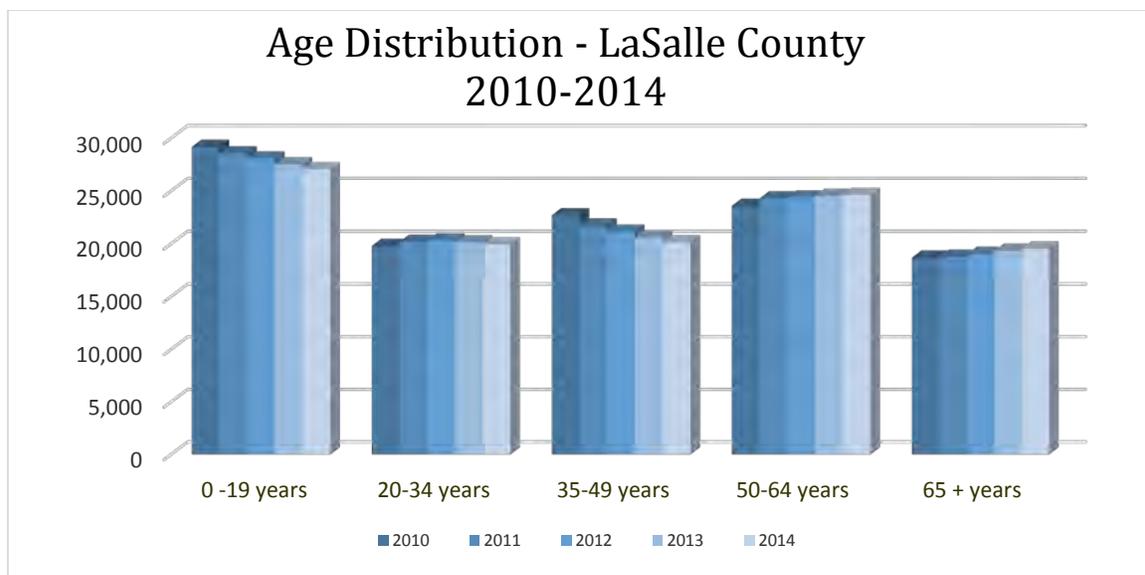
Source: US Census

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 50-64 increased between 2010 and 2014, as well as those aged 65 and older.

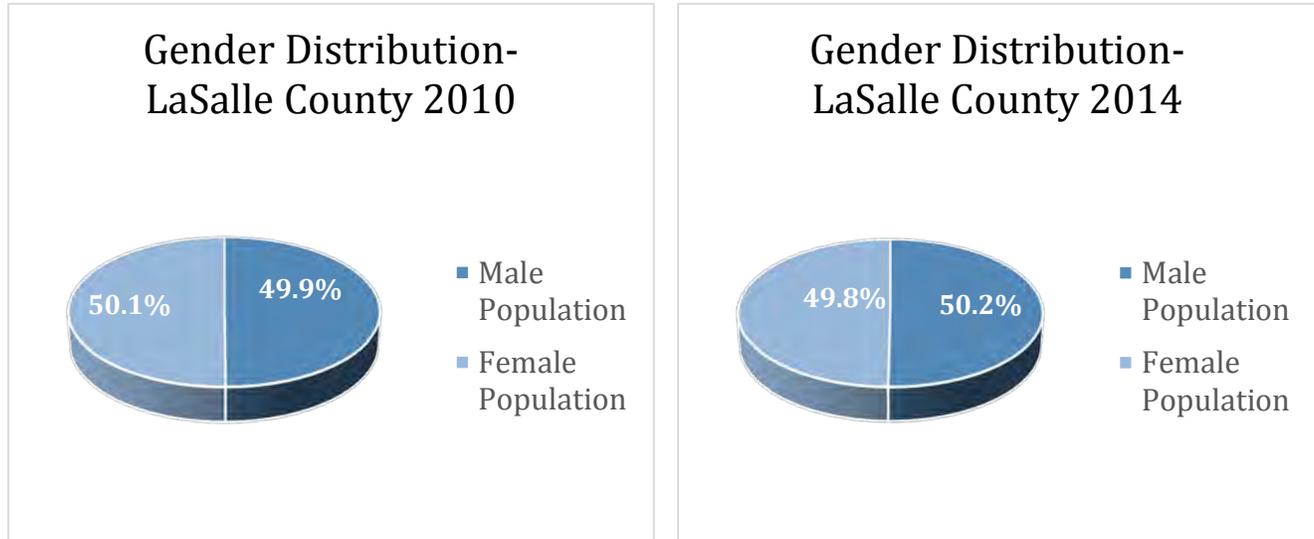


| Age | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------|--------|--------|--------|--------|--------|
| 0 -19 years | 29,168 | 28,535 | 28,053 | 27,496 | 27,050 |
| 20-34 years | 19,795 | 20,178 | 20,294 | 20,121 | 19,925 |
| 35-49 years | 22,695 | 21,706 | 21,132 | 20,562 | 20,120 |
| 50-64 years | 23,588 | 24,284 | 24,377 | 24,524 | 24,620 |
| 65 + years | 18,678 | 18,760 | 19,026 | 19,336 | 19,526 |

Source: US Census

Gender

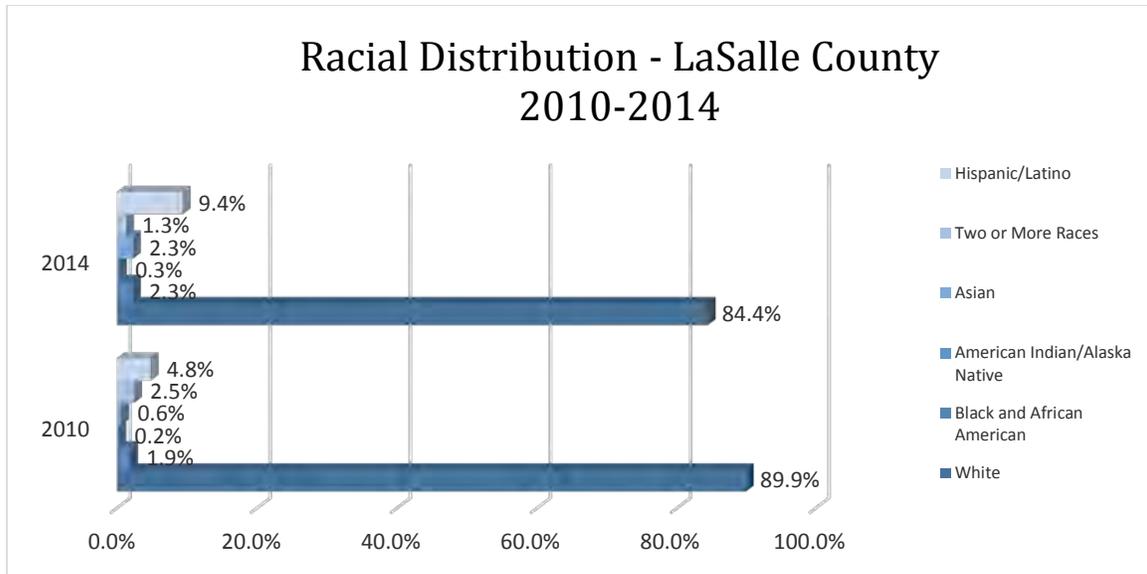
The gender distribution of LaSalle County residents has remained relatively consistent between 2010 and 2014.



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 2010 suggest that White ethnicity comprises nearly 90% of the population in LaSalle County. However, the non-White population of LaSalle County has been increasing (from 10.1% to 15.6% in 2014), with Black ethnicity comprising 2.3% of the population, Asian ethnicity comprising 2.3% of the population, and Hispanic/Latino ethnicity nearly doubling, now comprising 9.4% of the population.

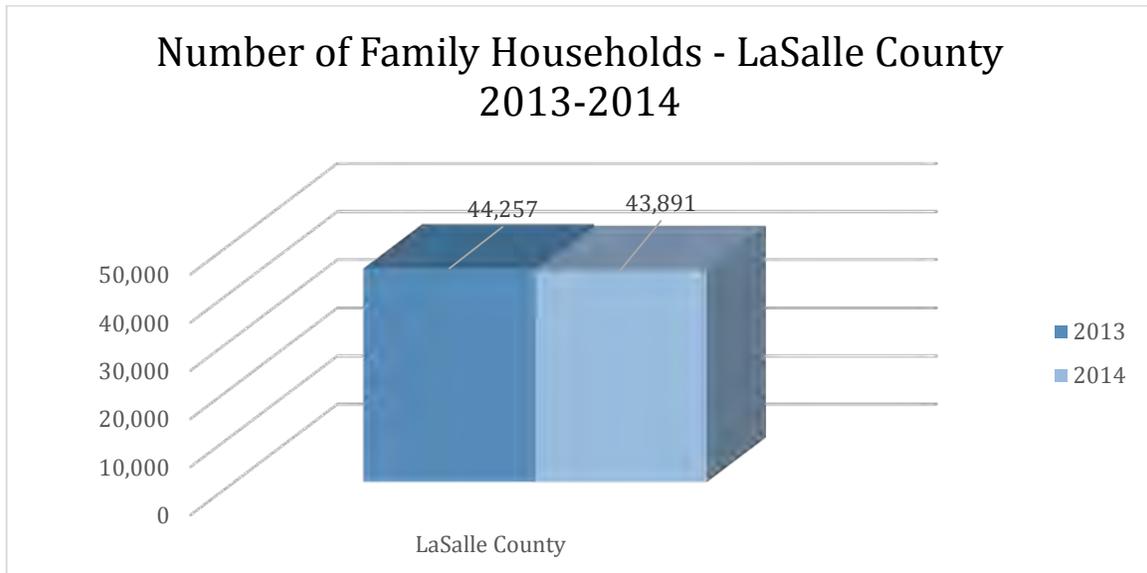


Source: US Census

1.3 Household/Family

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

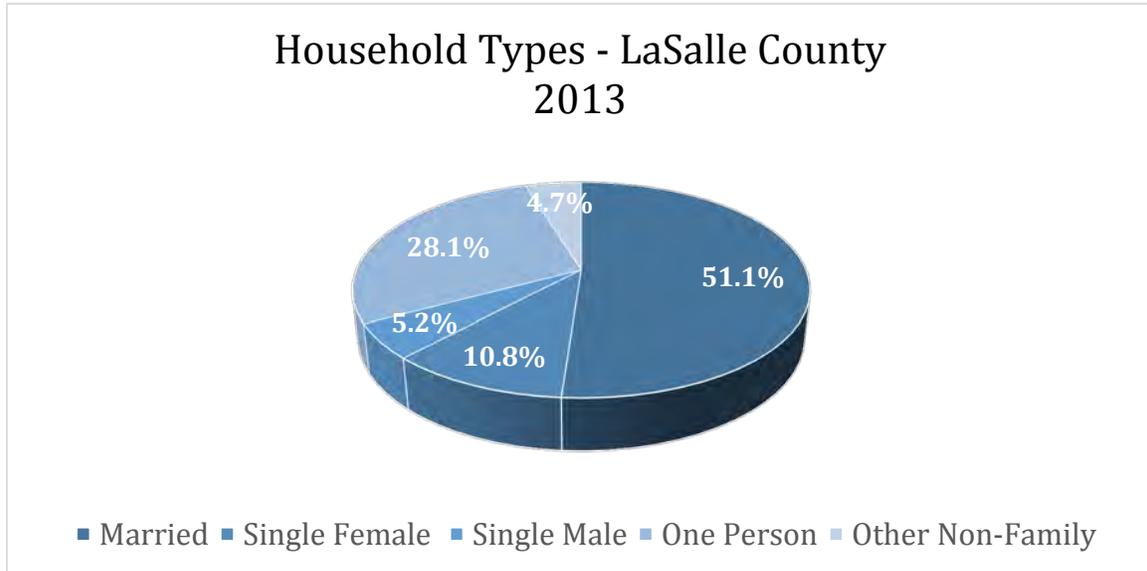
As indicated in the graph below, the number of family households in LaSalle County decreased slightly.



Source: US Census

Family Composition

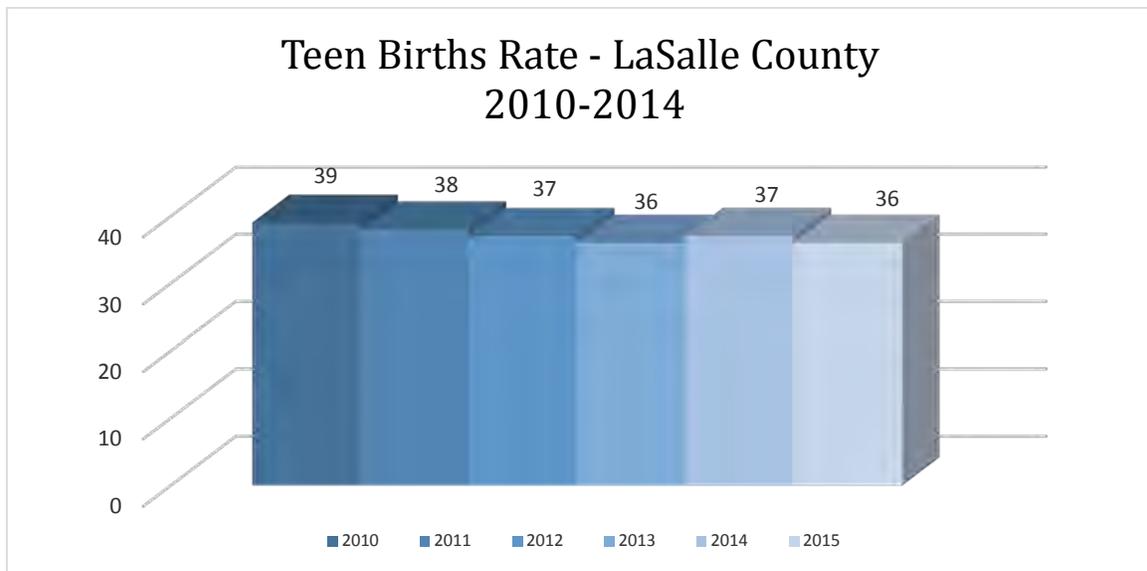
In LaSalle County, data from 2013 suggest the percentage of two-parent families in LaSalle County is just over 50%. One-person households represent 28.1% of the county population. Single female head of household represents 10.8% of the population.



Source: 2013 Statisticalatlas.com

Early Sexual Activity Leading to Births from Teenage Mothers

LaSalle County experienced a decrease in teenage birth rate per 100,000 women. However, teen births are the same as the Illinois average of 36 per 1,000 women.



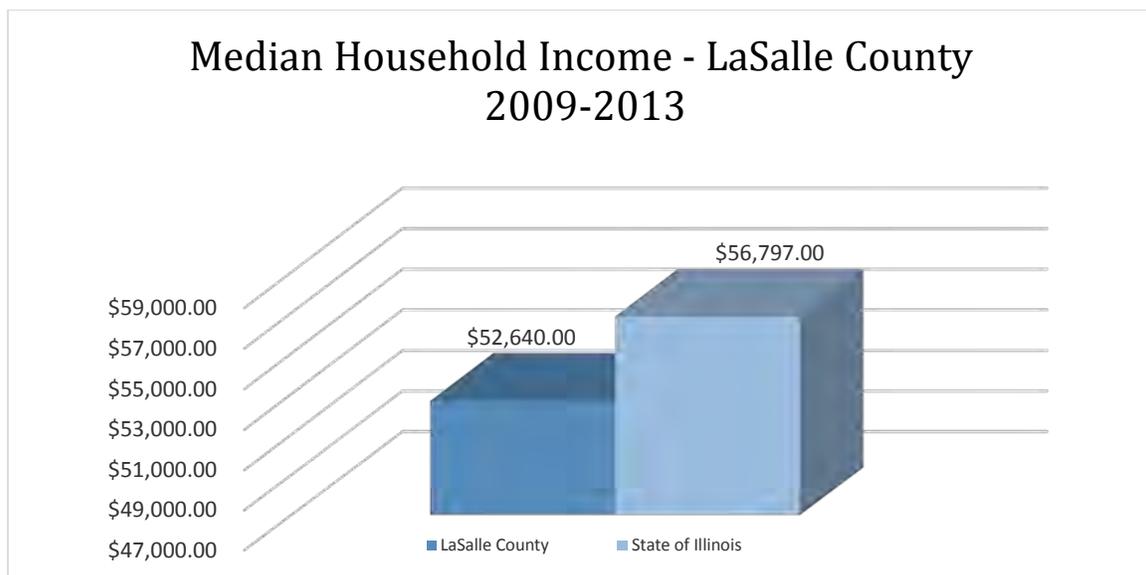
Source: Illinois Department of Public Health

1.4 Economic Information

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

Median Income Level

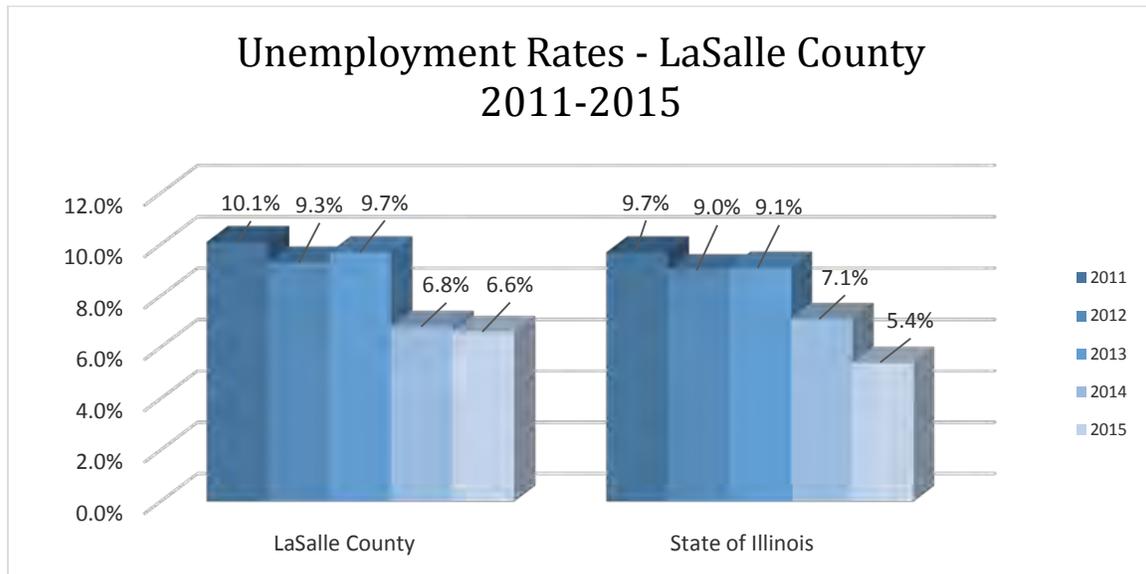
For 2009-2013, the median household income in LaSalle County was lower than the State of Illinois.



Source: US Census

Unemployment

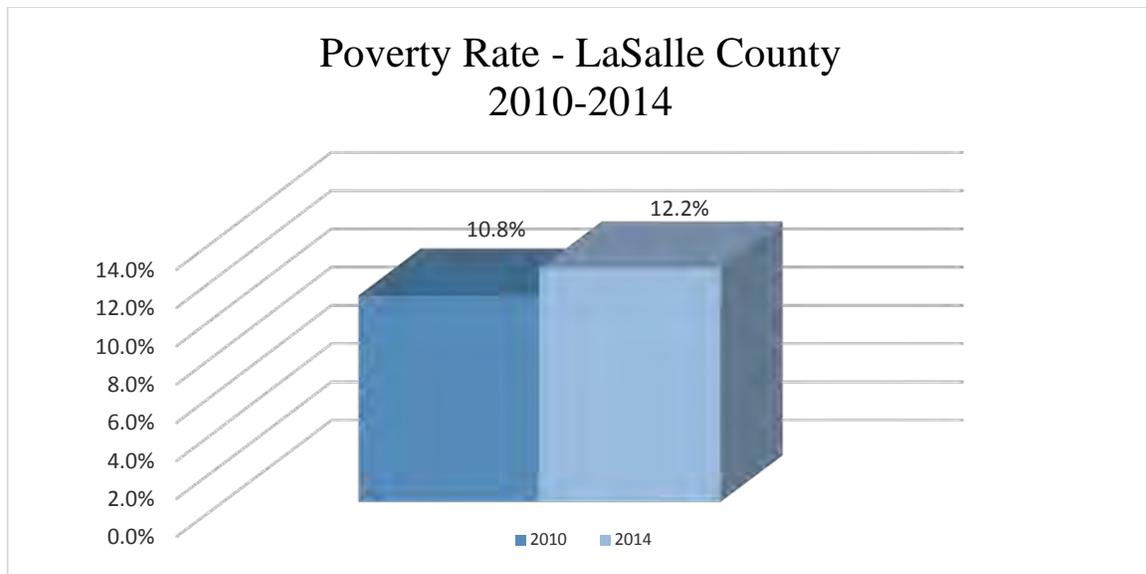
For the years 2011 to 2015, the LaSalle County unemployment rate has been slightly higher than the State of Illinois unemployment rate, except for 2014, when LaSalle County's rate was slightly lower. Between 2011 and 2015, unemployment decreased from 10.1% to 6.6%.



Source: Bureau of Labor Statistics

Families in Poverty

Poverty has a significant impact on the development of children and youth. In LaSalle County, the percentage of families living in poverty between 2010 and 2014 increased. In LaSalle County, the overall poverty rate is 12.2%, which remains lower than the State of Illinois poverty rate of 14.4%.



Source: US Census

1.5 Education

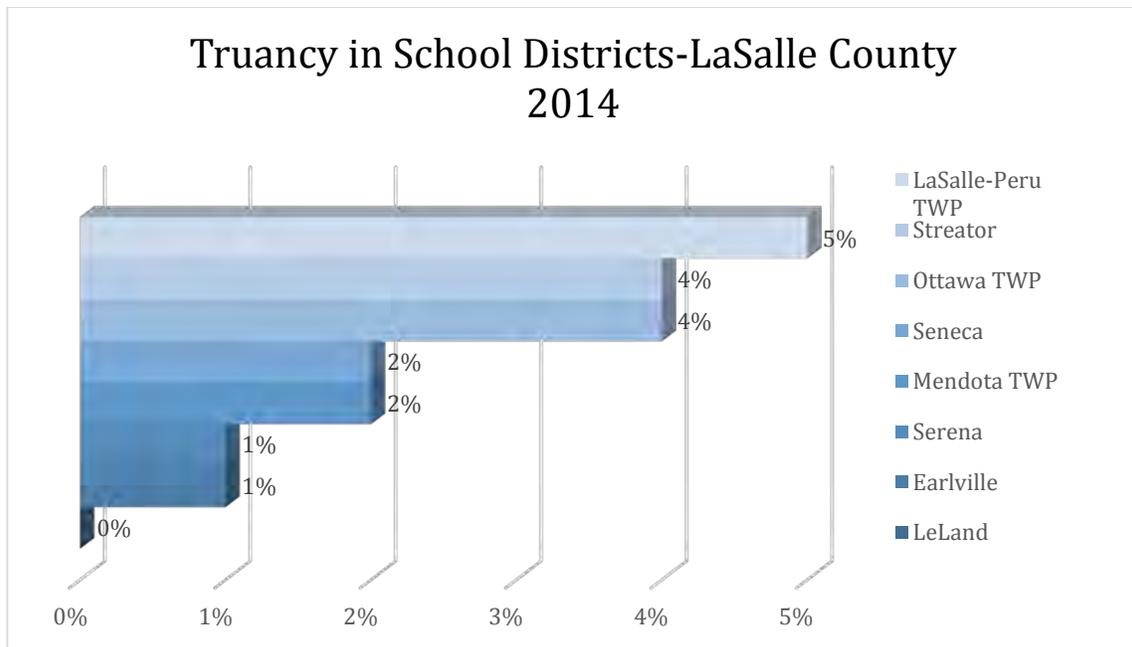
Importance of the measure: According to the National Center for Educational Statistics¹, “The better educated a person is, the more likely that person is to report being in ‘excellent’ or ‘very good’ health, regardless of income.” Research suggests that the higher the level of educational attainment 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.

Truancy rates are relatively low in LaSalle County, as no school districts have a truancy rate over 5%.

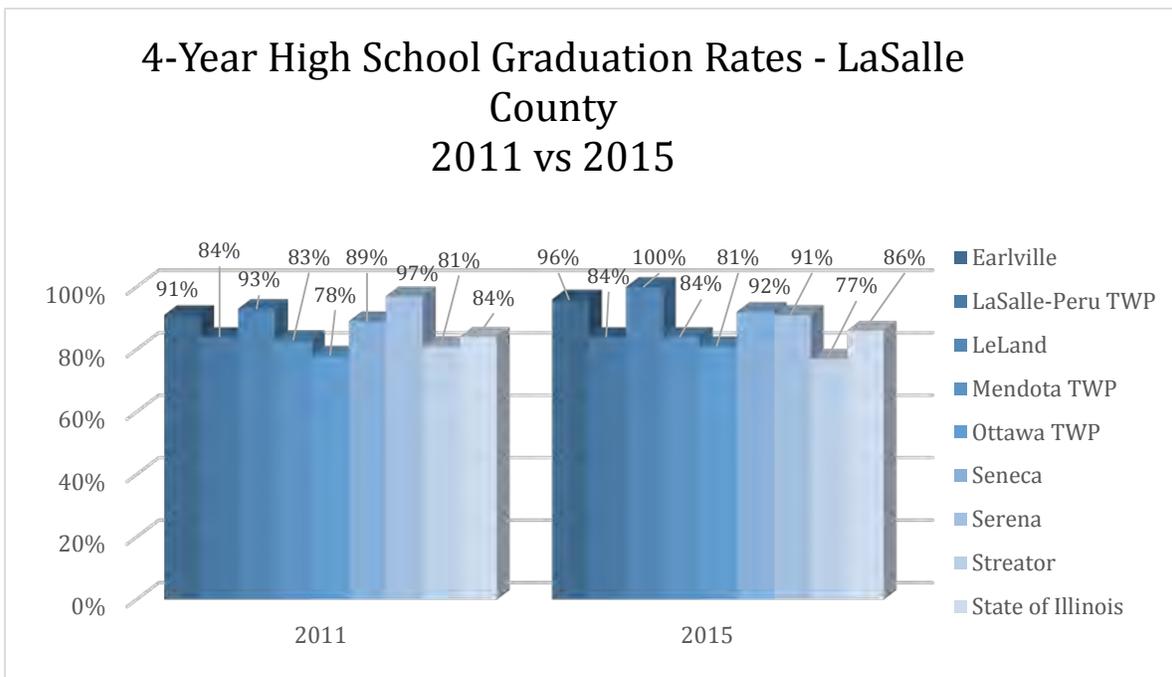
¹ NCES 2005



Source: Illinois Report Card

High School Graduation Rates

In 2015, four of the districts in LaSalle County reported high school graduation rates that were below the State average of 86%.



Source: Illinois State Board of Education, School Year 2011 & 2015 District Report Card Summary

1.6 Key Takeaways from Chapter 1

- ✓ **POPULATION DECREASED OVER THE LAST 5 YEARS**
- ✓ **POPULATION IS AGING**
- ✓ **DECREASING WHITE POPULATION, INCREASING LATINO POPULATION**
- ✓ **TEEN BIRTHS PER 1,000 FEMALE POPULATION, AGES 15-19 HAVE DECREASED BUT REMAIN AT THE AVERAGE RATE IN THE STATE OF ILLINOIS**
- ✓ **SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 10.8% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY**
- ✓ **UNEMPLOYMENT HAS DECREASED BUT REMAINS SLIGHTLY HIGHER THAN STATE AVERAGES**
- ✓ **SEVERAL SCHOOL DISTRICTS IN LASALLE COUNTY HAVE GRADUATION RATES LOWER THAN THE STATE AVERAGE**

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

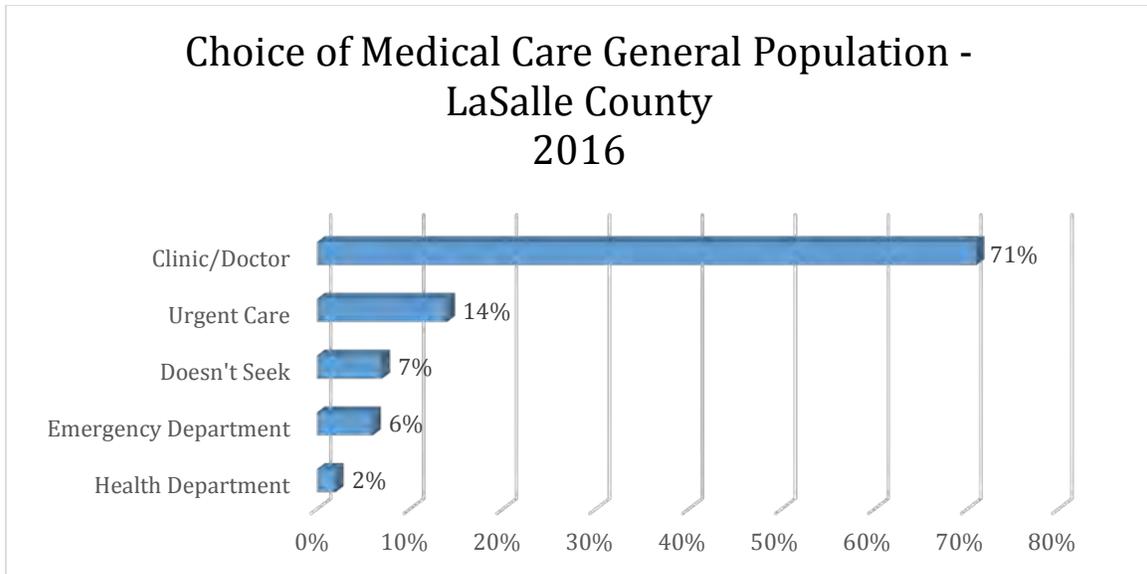
2.1 Accessibility

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

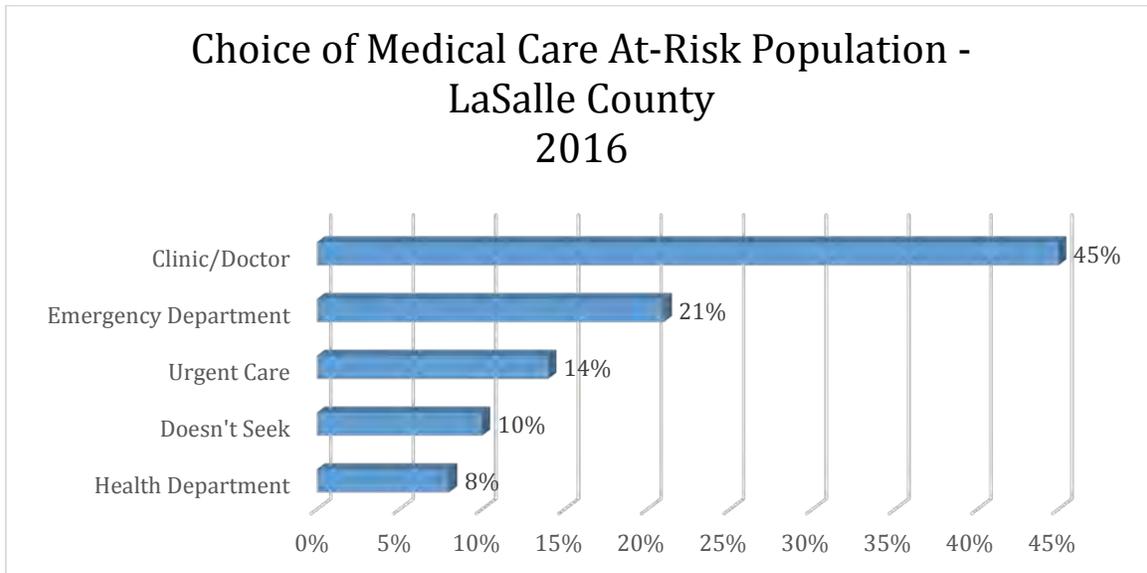
Survey respondents were asked to select the type of healthcare facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment, and other. The modified sample of 517 respondents was used for general population in order to more accurately reflect the demographic characteristics for LaSalle County.

The most common response for source of medical care was clinic/doctor's office, chosen by 71% of survey respondents. This was followed by urgent care (14%), not seeking medical attention (7%), the emergency department at a hospital (6%), and the health department (2%).



Source: CHNA Survey

For the at-risk population, the most common response for choice of medical care was also clinic/doctor's office (45%). This was followed by the emergency department at a hospital (21%), urgent care facilities (14%), not seeking medical attention (10%), and the health department (8%).



Source: CHNA Survey

Demographic Factors Related to Choice of Medical Care

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

Clinic/Doctor's Office tends to be used more often by older people, White people, and those with higher income.

Urgent Care is used more often by younger people and White people.

Emergency Department tends to be used more often by people of Latino ethnicity, and more often by those with lower education and income.

Do Not Seek Medical Care is chosen more often by younger people and homeless people.

Health Department is chosen more often by homeless people.

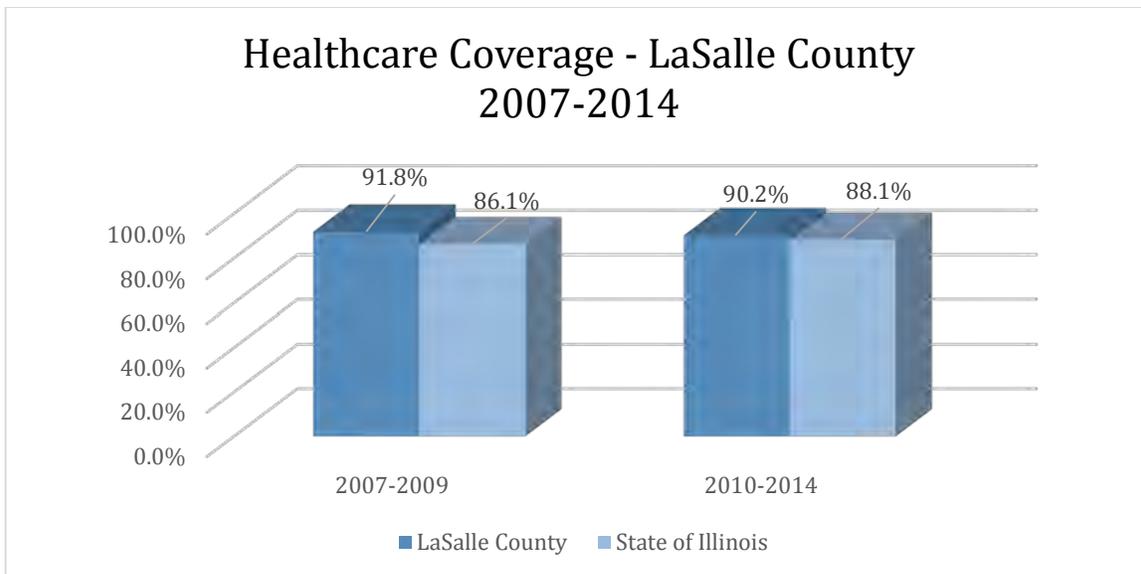
Comparison to 2013 CHNA Data

Compared to LaSalle 2013 CHNA survey data, for the general population, there was a significant increase in use of clinic/doctor's office, from 56% to 71%, which resulted in a lower percentage of people choosing not to seek care, down from 15% in 2013 to 7% in 2016.

For the at-risk population, there was a decrease in use of clinic/doctor's office, from 54% to 45%. There was an associated increase in ED usage from 9% to 21%, but there was a reduction in the proportion of people who did not seek medical attention when needed. Specifically, choosing not to seek care declined from 24% in 2013 to 10% in 2016 for the at-risk population.

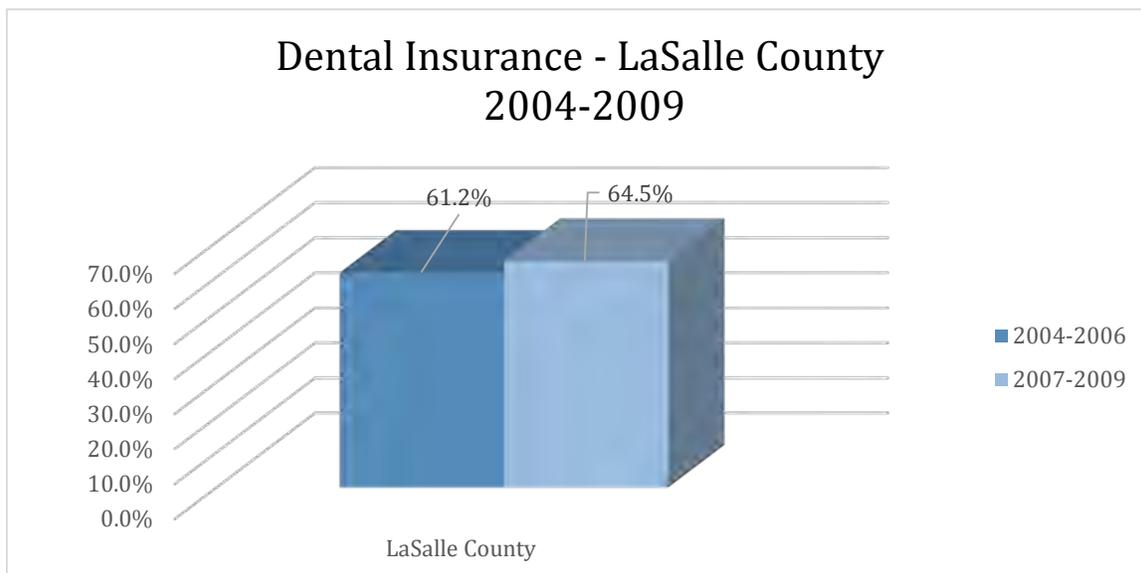
Insurance Coverage

With regard to medical insurance coverage, data gathered from the Illinois Behavioral Risk Factor Surveillance System show that residents in LaSalle County possess healthcare coverage at a lower rate (86.1%) compared to the State of Illinois (88.1%).



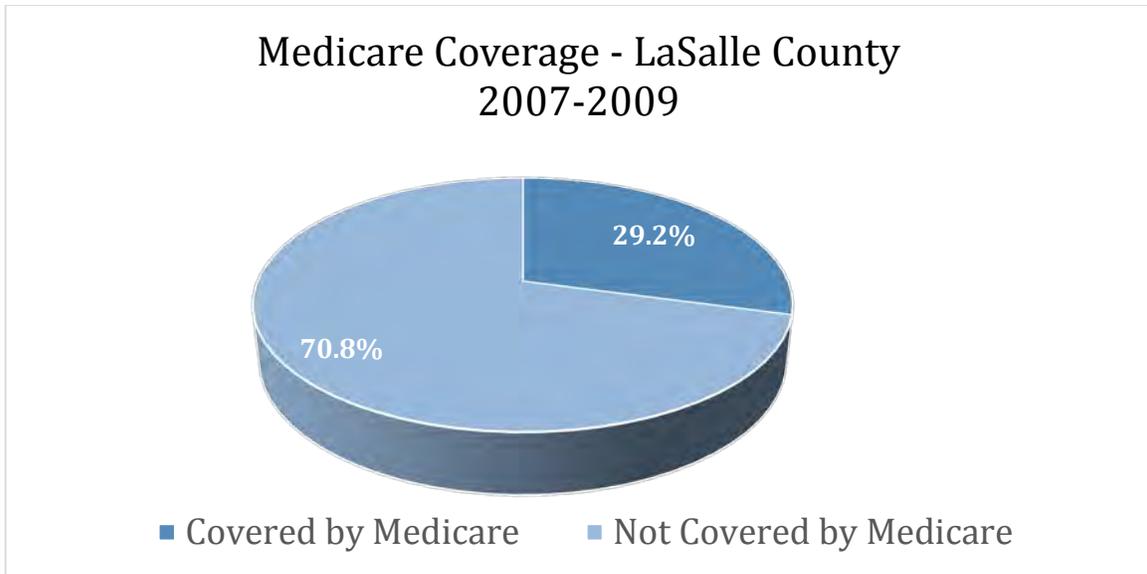
Source: Illinois Behavioral Risk Factor Surveillance System

With regard to dental insurance, 64.5% of LaSalle County residents possessed dental insurance coverage in 2007-2009 compared to 61.2% of LaSalle County residents in 2004-2006. These are the most recent data, as the BRFSS has not been updated for this metric since 2009.



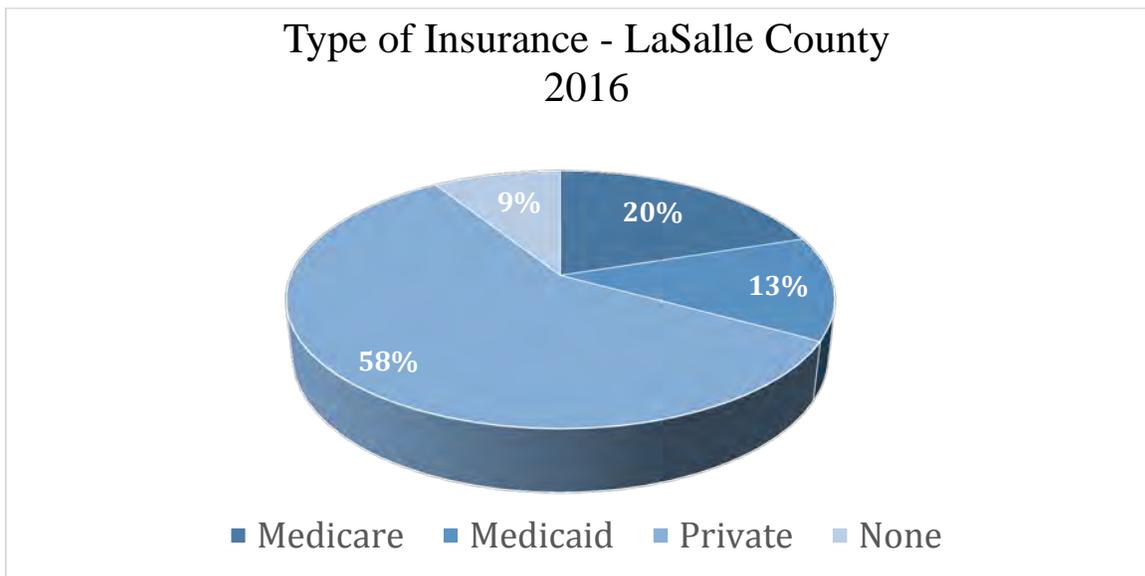
Source: Illinois Behavioral Risk Factor Surveillance System

With regard to Medicare Coverage, approximately 29.2% of LaSalle County residents received Medicare coverage between 2007 and 2009. These are the most recent data, as the BRFSS has not been updated for this metric since 2009.



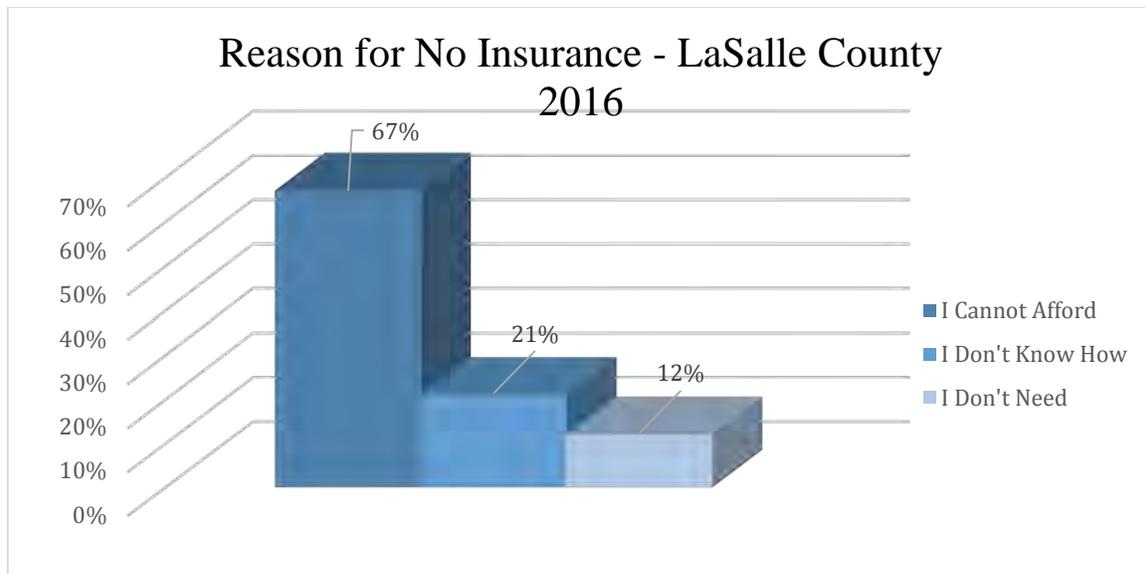
Source: Illinois Behavioral Risk Factor Surveillance System

A more precise analysis for insurance coverage is possible with data from the CHNA survey. According to survey data, 58% of the residents in LaSalle County are covered by private insurance.



Source: CHNA Survey

Data from the survey show that for the 9% of individuals who do not have insurance, the most common reason was cost.



Source: CHNA Survey

Demographic Factors Related to Type of Insurance

Several demographic 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 those who are older, White, and those with lower education.

Medicaid tends to be utilized at higher rates by younger people, people who have lower income levels, and homeless people.

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

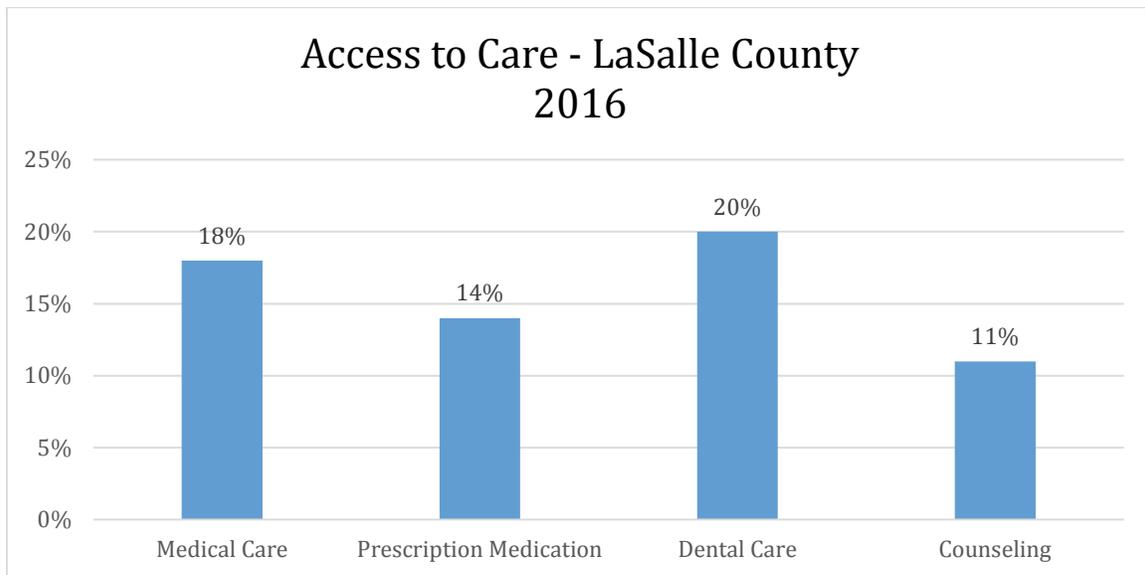
No Insurance tends to be reported more often by men, older people, Latino people, and those with lower education and income.

Comparison to 2013 CHNA Data

Compared to survey data from the 2013 CHNA, there has been an increase in the percentage of the population with private insurance (45-58%), Medicare (13-20%) in 2016. There has been a marked decrease in the percentage of individuals who are covered by Medicaid (21-13%), and those who have no insurance, from 21% to 9%. Note much of the data were collected before ACA initiatives had been implemented to increase Medicaid coverage.

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 18% of the population did not have access to medical care when needed; 14% of the population did not have access to prescription medications when needed; 20% of the population did not have access to dental care when needed; and 11% of the population did not have access to counseling when needed.



Source: CHNA Survey

Demographic Factors Related to Access to Care

Several demographic 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 older people, White people, and those with higher income.

Access to prescription medications tends to be higher for people with higher income.

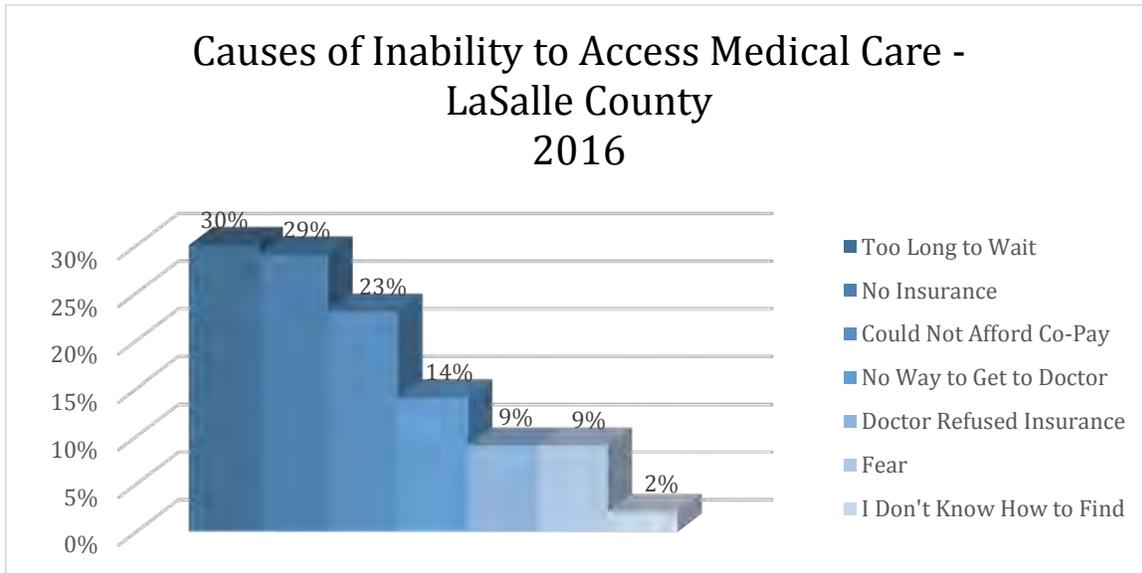
Access to dental care tends to be greater for people with the following characteristics: older people, and those with higher education and higher income.

Access to counseling tends to be rated higher by older people and those with higher education and income, but access is reported less often by Latino individuals.

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 (30%), no insurance (29%), the inability to afford copayments or deductibles (23%), and no way to

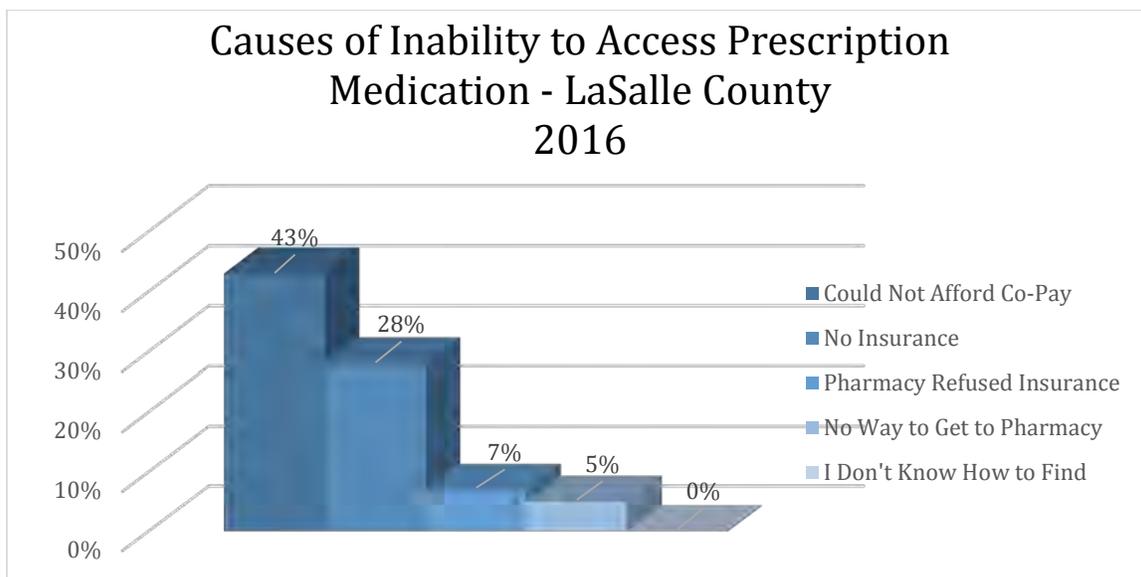
get to the doctor (14%). Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.



Source: CHNA Survey

Reasons for No Access – Prescription Medication

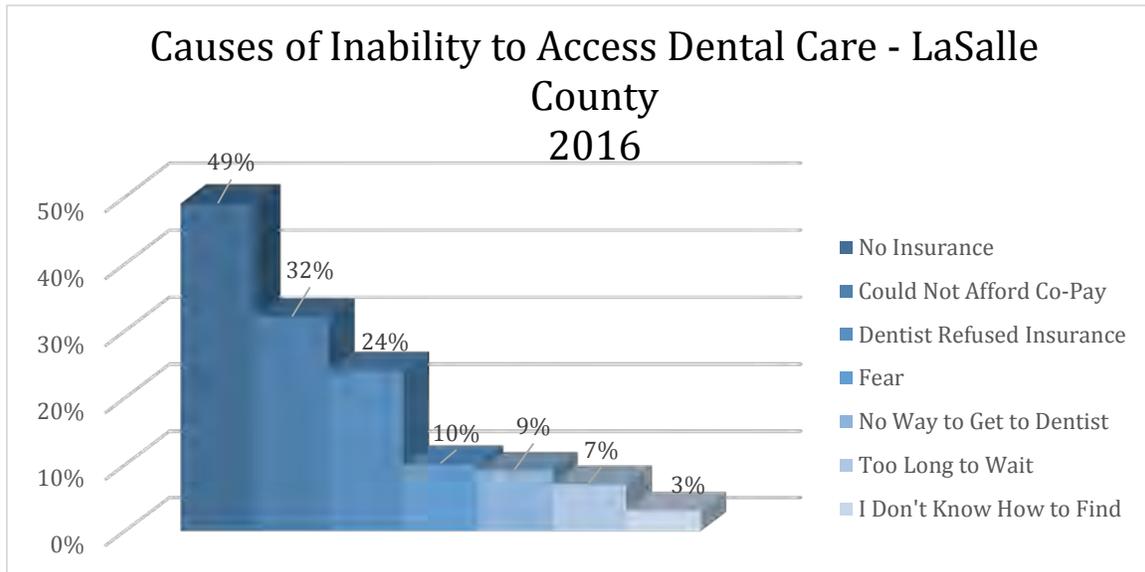
Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. In LaSalle County, the leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (43%) and no insurance (28%). Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.



Source: CHNA Survey

Reasons for No Access – Dental Care

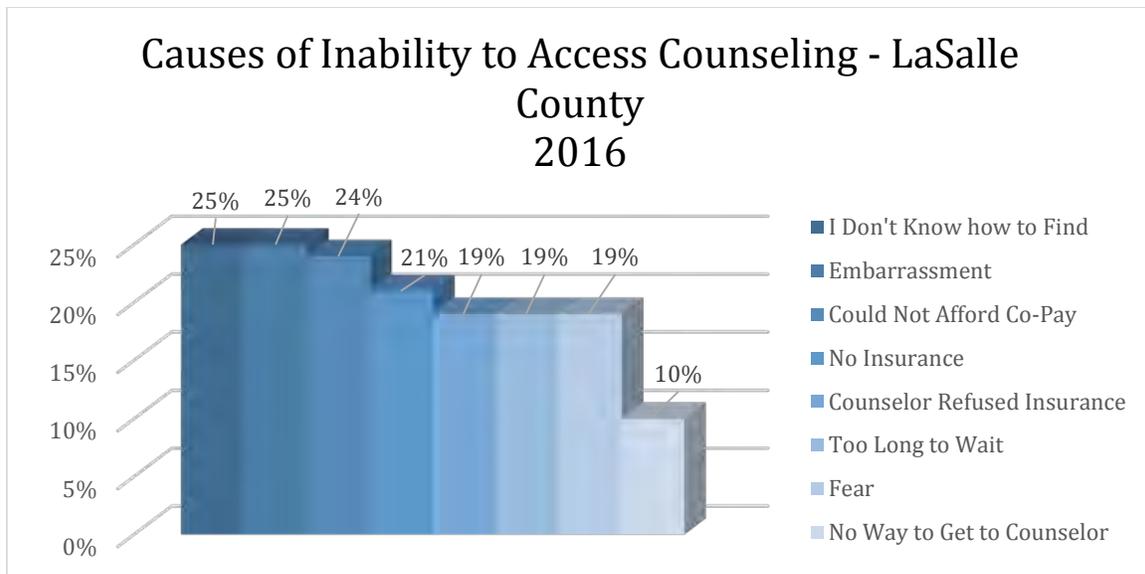
Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of inability to gain access to dental care were no insurance (49%), and the inability to afford copayments or deductibles (32%). The dentist’s refusal of insurance (24%) was also a frequently cited cause. Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.



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. In LaSalle County, the leading causes of the inability to gain access to counseling were the inability to find a counselor (25%), embarrassment (25%), the inability to afford co-pay (24%), and lack of insurance (21%). The counselor’s refusal of insurance, too long to wait, and fear were also chosen often as reasons, each at 19%. Note that total percentages do not equal 100% as respondents could choose more than one answer or did not respond to the question.



Source: CHNA Survey

Comparisons to 2013 CHNA Data

Access to Medical Care – Compared to 2013, survey results show an increase in those that were able to get medical care when they needed it. In 2013, 78% of residents were able to get medical care when needed. In 2016, the percentage increased to 82%.

Access to Prescriptions Medication – Compared to 2013, survey results show an increase in those that were able to get prescription medications when they needed it. In 2013, 79% of residents were able to get prescription medications when needed. In 2016, the percentage increased to 86%.

Access to Dental Care – Compared to 2013, results show an increase in those that were able to access dental care when needed. In 2013, 73% of residents were able to get dental care when needed. In 2016, the percentage increased to 80%.

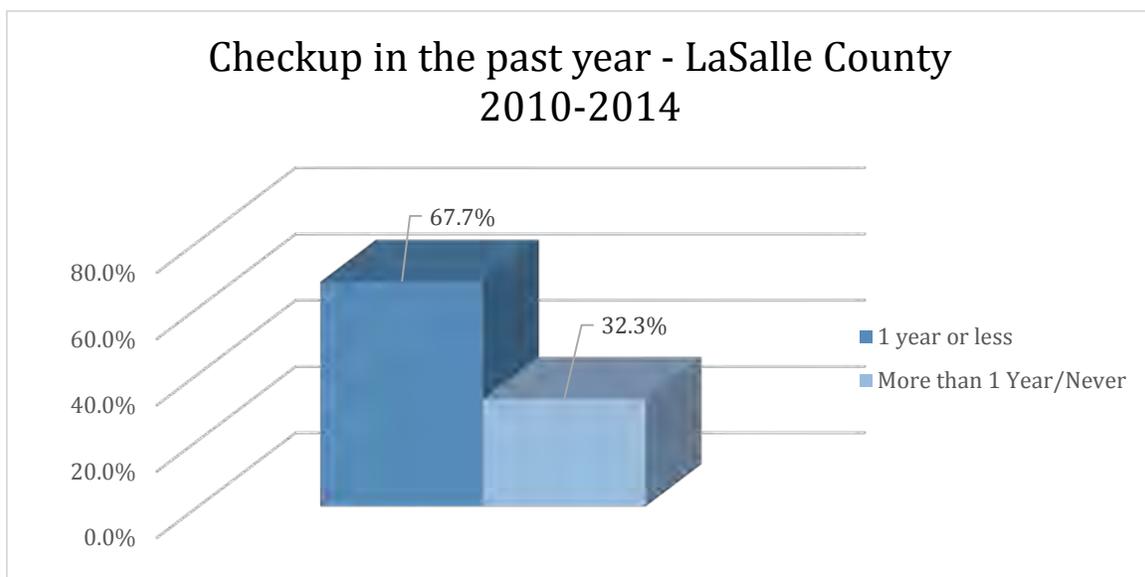
Access to Counseling – Compared to 2013, there was an increase in access to counseling. In 2013, 81% of residents were able to get counseling when needed. In 2016, the percentage increased to 89%.

2.2 Wellness

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

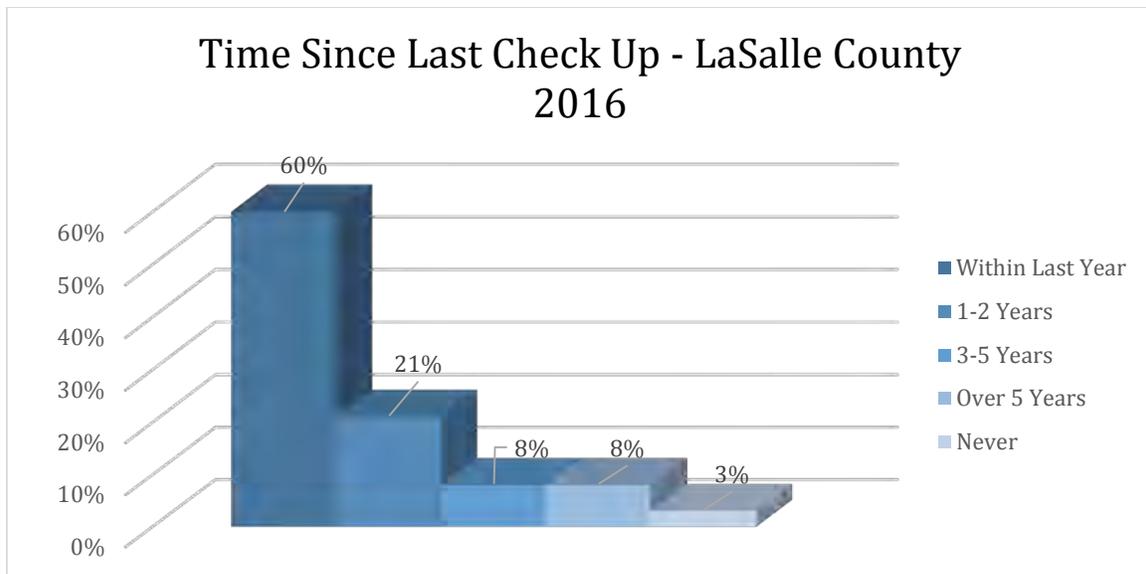
Frequency of Checkup

Numerous health problems can be minimized when detected early. Therefore, regularly scheduled checkups can be very important. According to the latest data from the Illinois BRFSS, 67.7% of residents in LaSalle County report having had a routine checkup within the last year.



Source: Illinois Behavioral Risk Factor Surveillance System

Results from the CHNA survey show slightly lower percentages of residents getting a checkup. Survey results show that 60% of LaSalle County residents have had a checkup in the last year.



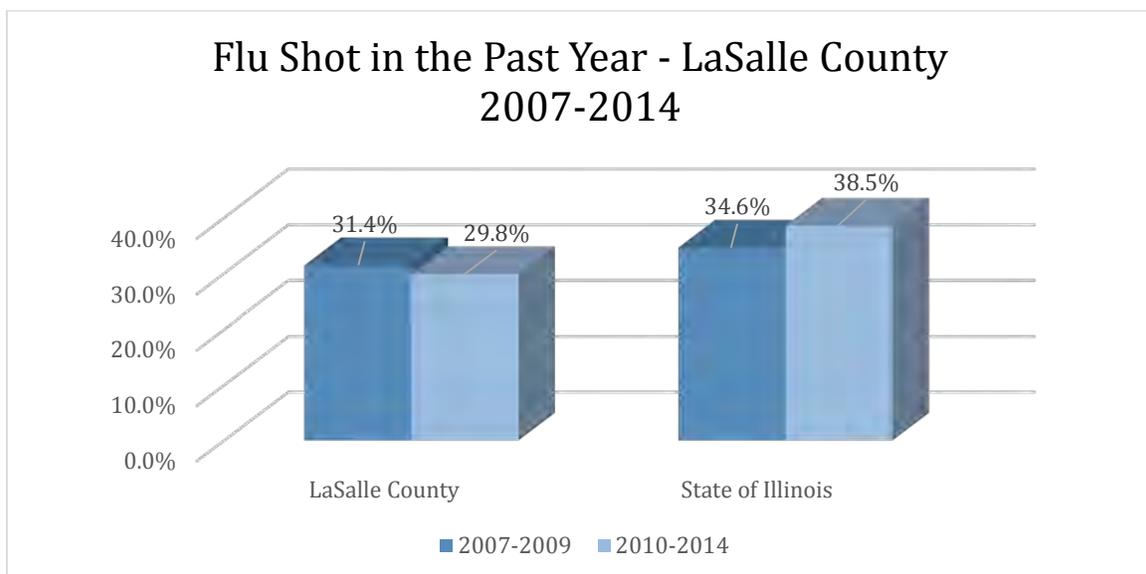
Source: CHNA Survey Data

Comparison to 2013 CHNA Data

There has been a large increase in the percentage of residents who have had a checkup in the past year, from 44% in 2013 to 60% in 2016.

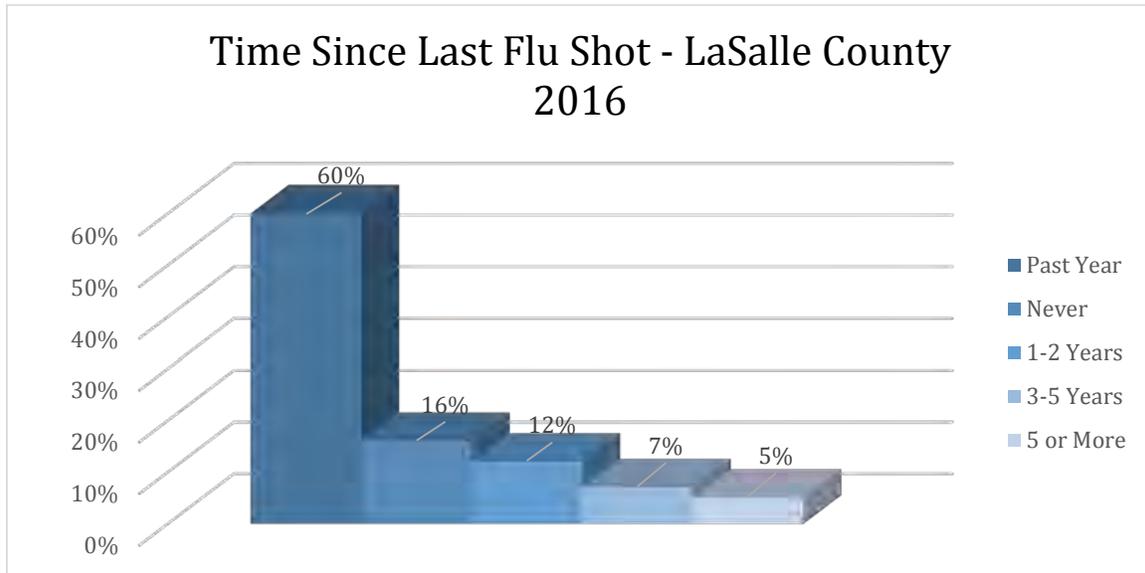
Frequency of Flu Shots

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.



Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data provide additional insights into prevalence of flu shots, and a more positive result for LaSalle County.



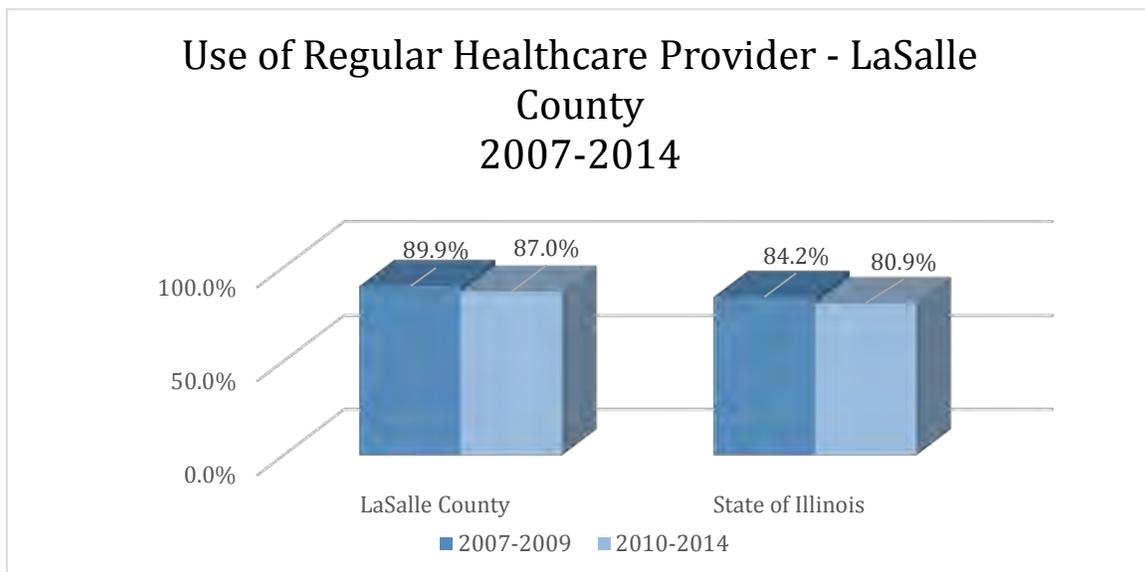
Source: CHNA Survey

Comparison to 2013 CHNA Data

There is no comparison with the 2013 CHNA, as the survey item for flu shot was added to the 2016 CHNA survey.

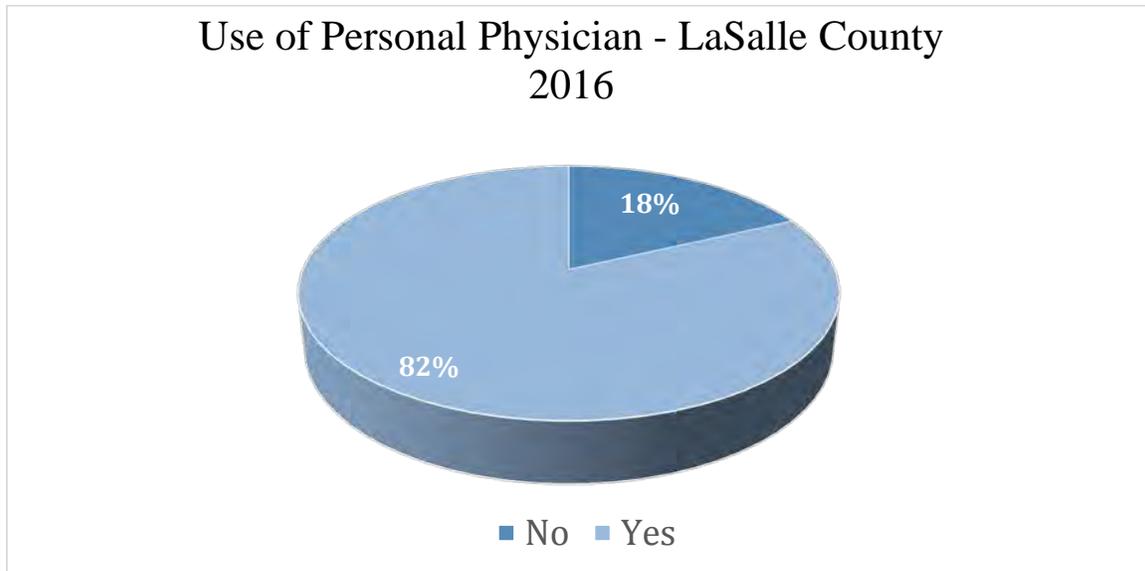
Usual Healthcare Provider

In LaSalle County, the most recent secondary data indicate 87% of residents utilize a regular healthcare provider, down slightly from 2007-2009. The percentage of residents in LaSalle County reporting a usual healthcare provider is higher than the State of Illinois average, which also fell slightly.



Source: Illinois Behavioral Risk Factor Surveillance System

Similarly, 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, 82% of residents have a personal physician.



Source: CHNA Survey

Comparison to 2013 CHNA Data

The 2016 CHNA survey results for having a personal physician are significantly higher compared to the 2013 CHNA. Specifically, 60% of residents reported a personal physician in 2013 and 82% report the same in 2016.

Demographic Factors Related to Wellness

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

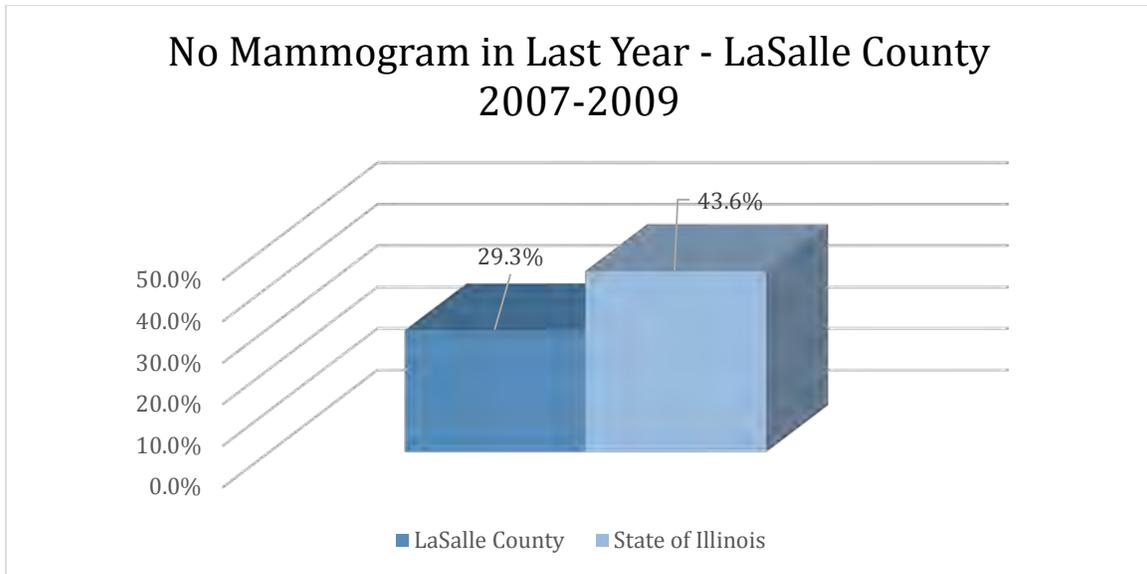
Frequency of checkup tends to be higher for older people and those with higher income. Checkup frequency is lower for homeless people.

Frequency of flu shot tends to be higher for older people, White people, and those with higher education. Latino people and homeless people get flu shots less often.

Having a personal physician tends to be more likely for older people, White people, and those with higher education and income. Latino people and homeless people are less likely to report having a personal physician.

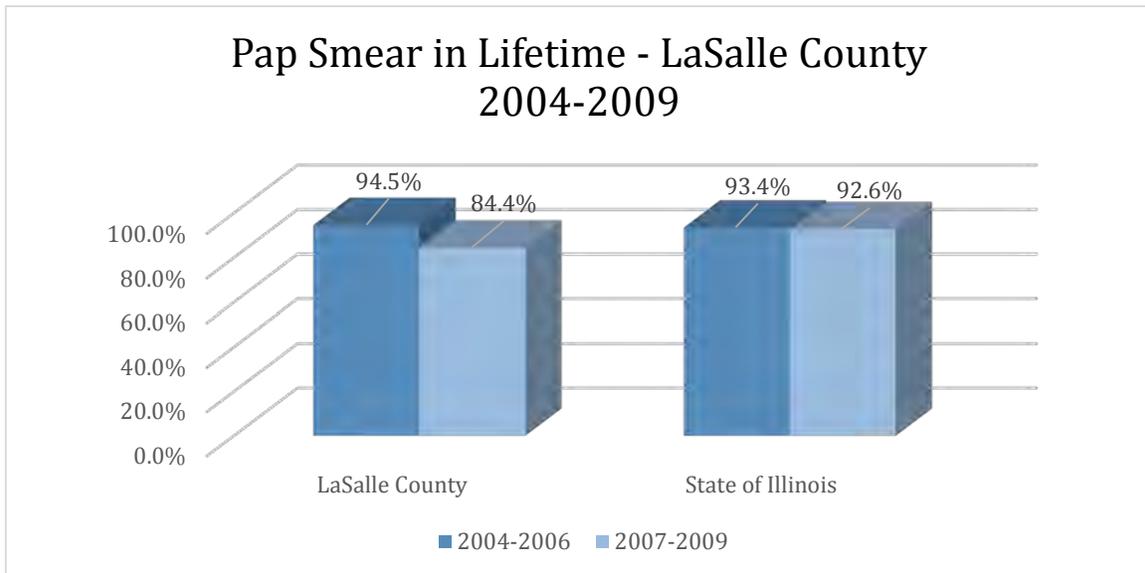
Women's Healthcare

Using the most recent available data from 2007-2009, 29.3% of residents from LaSalle County reported they had not had a mammogram within the last year.



Source: Illinois Behavioral Risk Factor Surveillance System

Research suggests pap smears are important in detecting pre-cancerous cells in the uterus and cervix. The percentages of women who have ever had a pap smear has decreased between 2004-2006 and 2007-2009. Compared to the State of Illinois, LaSalle County is lower.



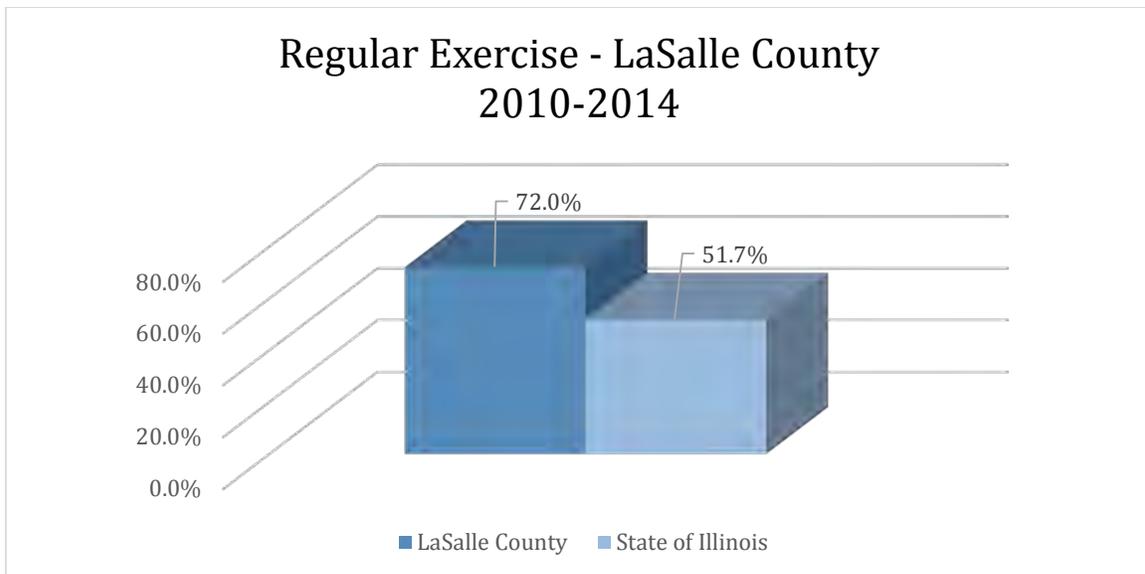
Source: Illinois Behavioral Risk Factor Surveillance System

Healthy Lifestyle

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

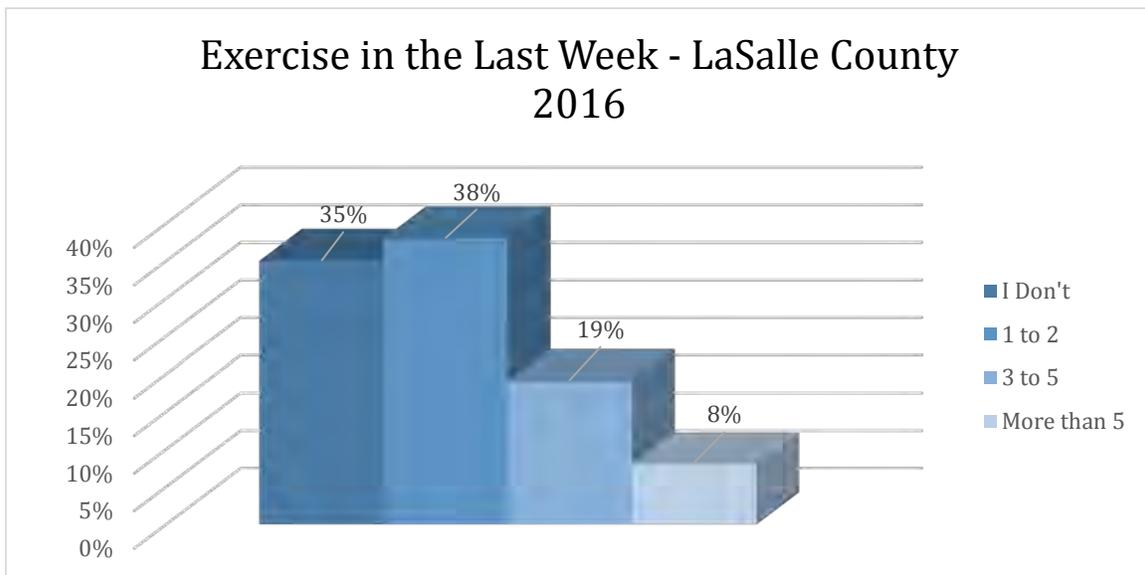
Physical Exercise

According to recent data, almost 72% of the residents in LaSalle County exercise. The percentage of individuals who exercise in LaSalle County is higher than the State of Illinois.



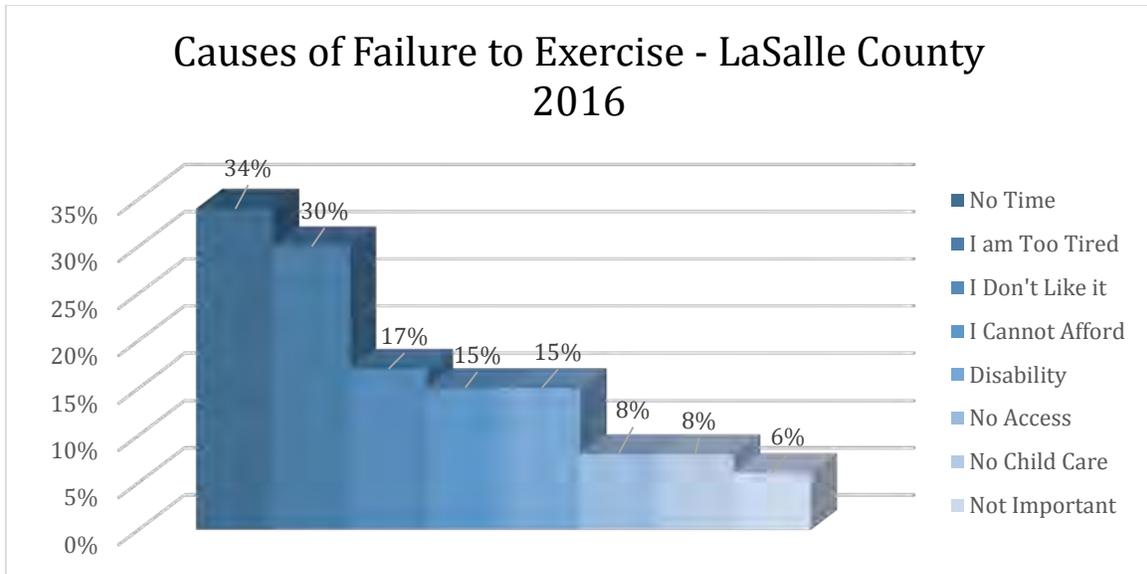
Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data allow for a more detailed assessment of exercise. Specifically, 35% of respondents indicated that they do not exercise at all, while the largest percentage of residents exercise 1-2 times per week (38%).



Source: CHNA Survey

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



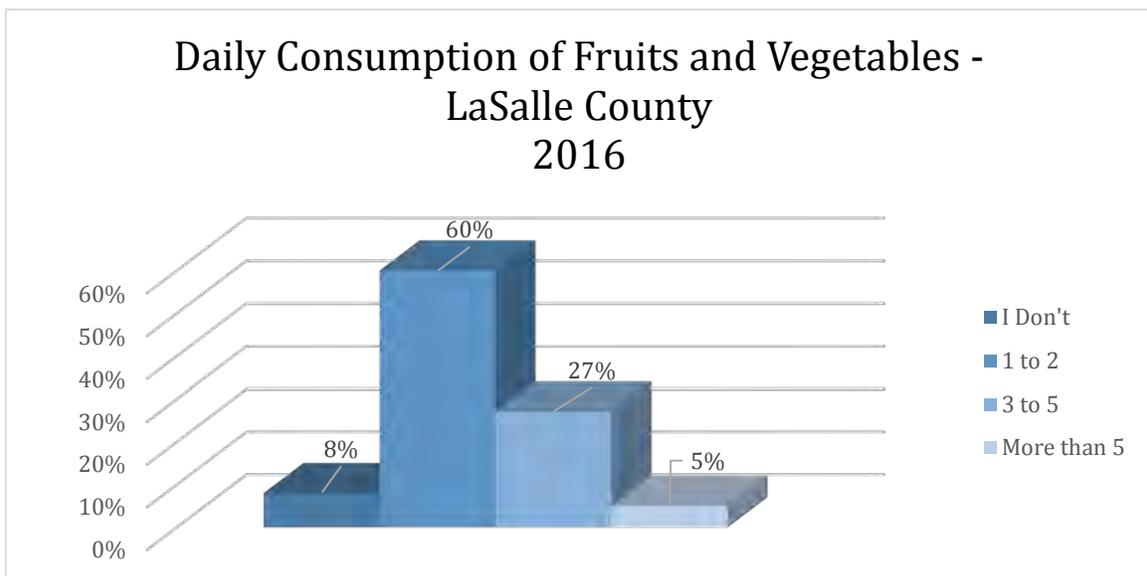
Source: CHNA Survey

Comparison to 2013 CHNA Data

Exercise behaviors have improved slightly; data from the 2016 CHNA survey indicate that in 2013, 37% of survey respondents indicated they did not exercise. In 2016, 35% of respondents indicated they did not exercise.

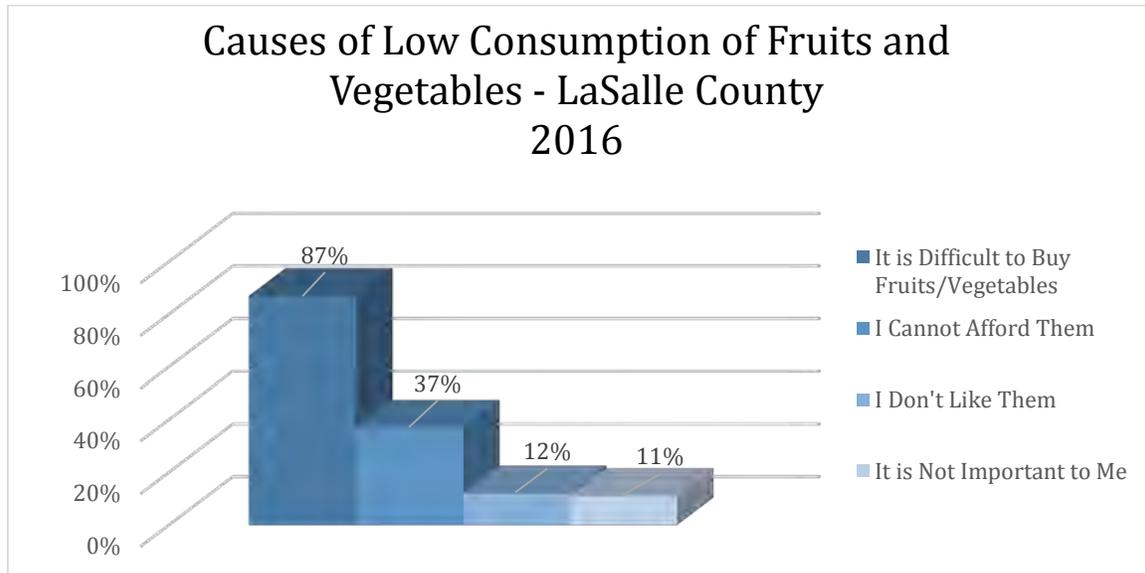
Healthy Eating

Nutrition and diet are critical to preventative care. Well over half (68%) of LaSalle County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of LaSalle County residents who consume five or more servings per day is only 5%.



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 the difficulty to buy fruits and vegetables (87%), and the expense involved (37%).



Source: CHNA Survey

Comparison to 2013 CHNA Data

Compared to the 2013 CHNA, healthy eating is holding steady. Specifically, in 2013, 67% of survey respondents ate two or fewer servings of fruits and vegetables per day. In 2016, 68% eat two or fewer servings of fruits and vegetables per day.

Demographic Factors Related to Healthy Lifestyle

There are multiple demographic characteristics showing significant relationships with healthy lifestyle.

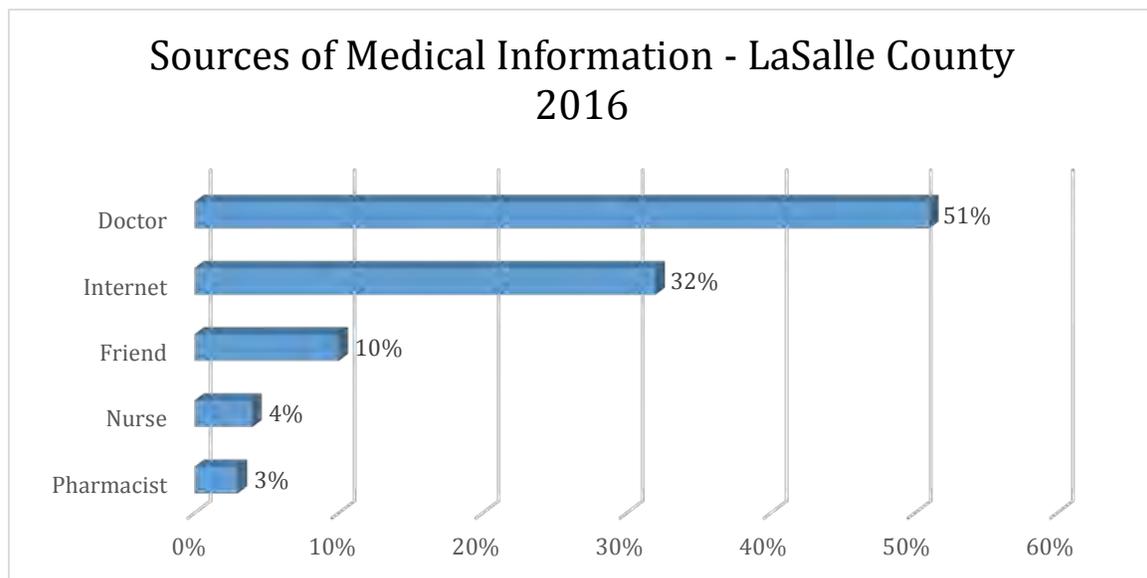
Frequency of exercise does not show significant correlations.

Frequency of fruit and vegetable consumption tends to be higher for older people, White people, and people with higher education and higher income. Black people consume fruits and vegetables less often.

2.3 Access to Information

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

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



Source: CHNA Survey

Demographic Factors Related to Access to Information

Several demographic characteristics show significant relationships with frequency of access to various sources of information. The following relationships were found using correlational analyses:

Access to Information from a Doctor tends to be higher for older people and White people.

Access to Information from a Friend tends to be higher for Latino people and those with low income.

Access to Information from the Internet tends to be higher for White people and those with higher education.

Access to Information from a Pharmacy does not show significant relationships.

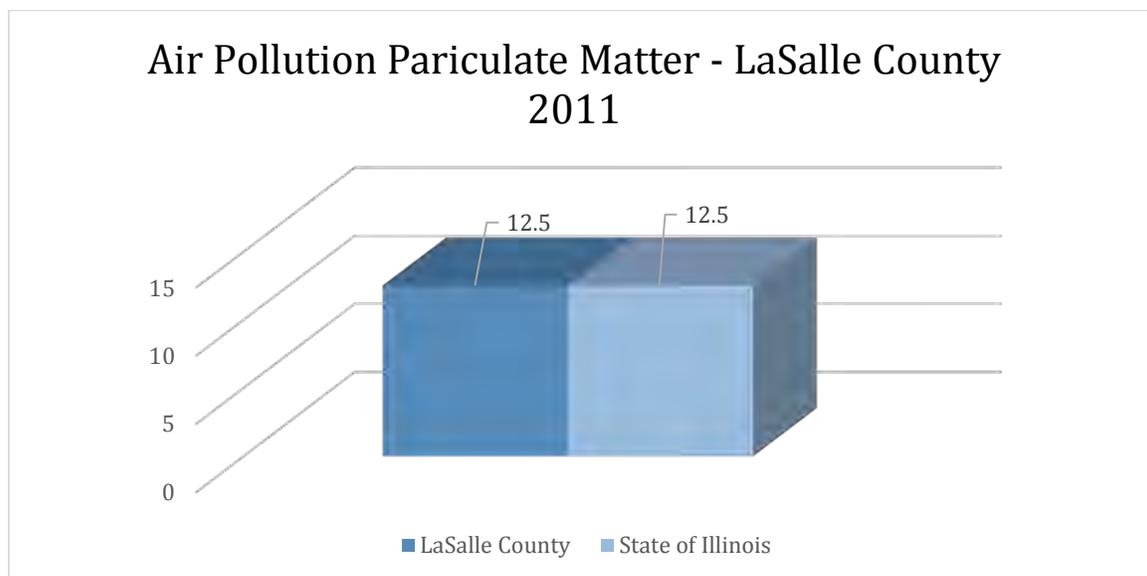
Access to Information from a Church Nurse does not show significant relationships.

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 (12.5) is equal to the State average of 12.5.



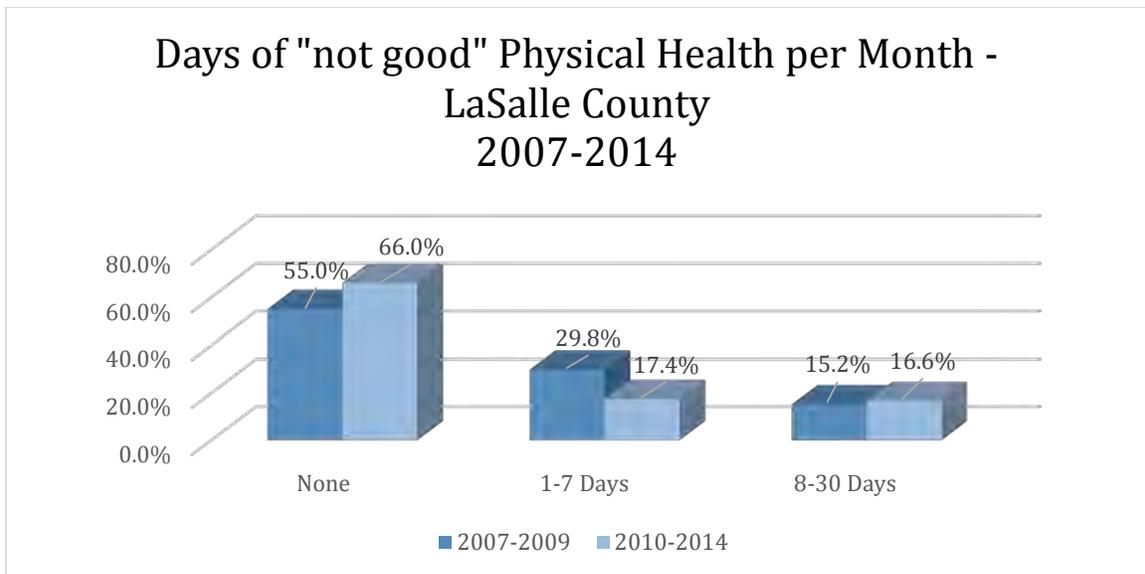
Source: County Health Rankings 2011 Data

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.

Physical Health

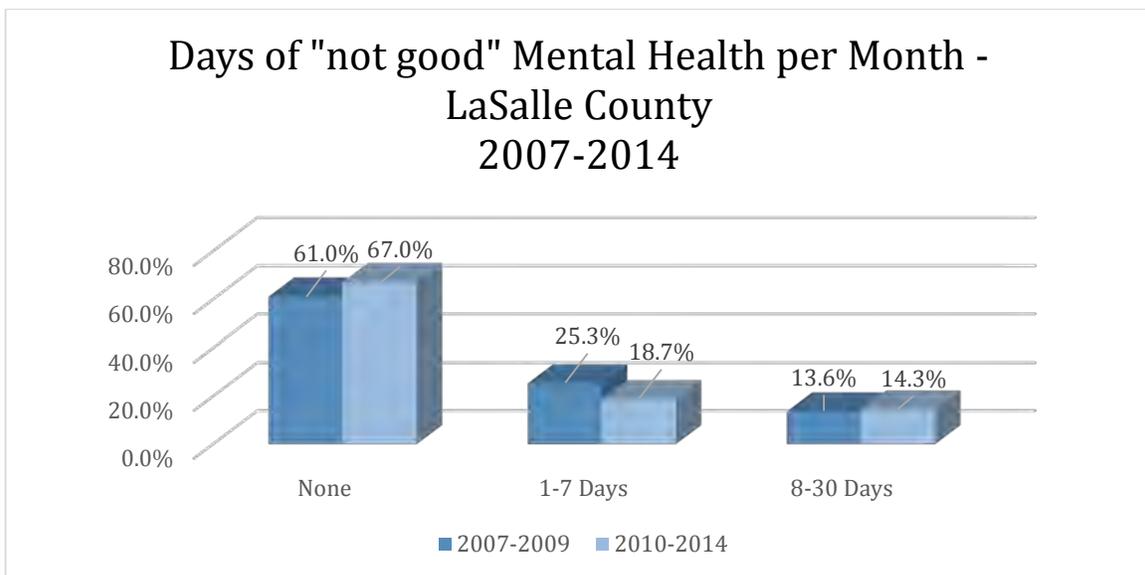
There was an increase in the percentage of LaSalle County residents reporting they felt physically unhealthy on 8 or more days per month in 2009 (15.2%) versus 2014 (16.6%).



Source: Illinois Behavioral Risk Factor Surveillance System

Mental Health

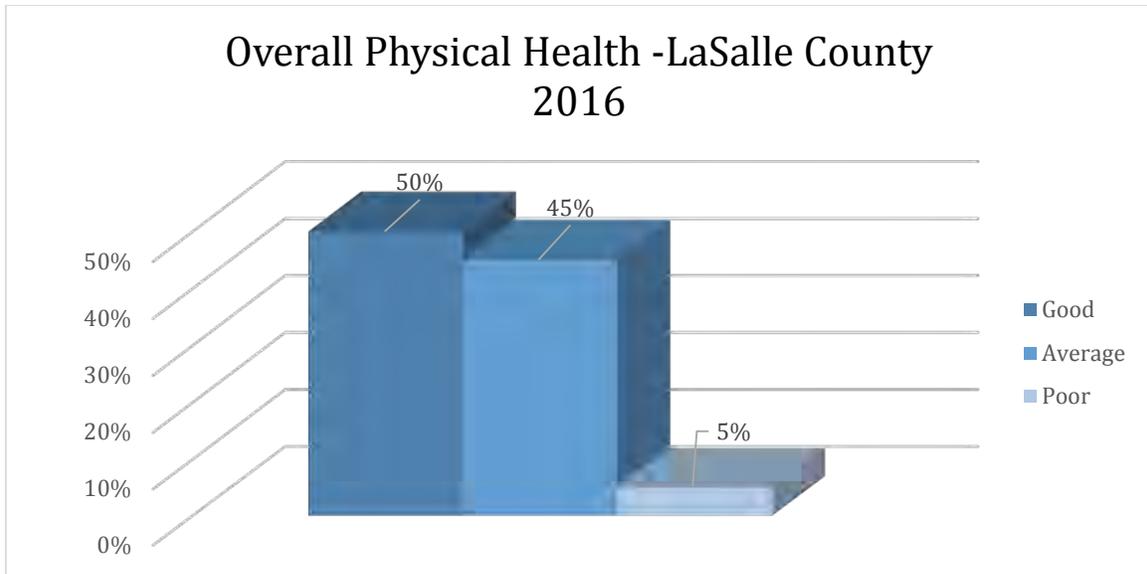
For 2009, just over 25% of residents in LaSalle County reported they had experienced 1-7 days with poor mental health per month, and 13.6% felt mentally unhealthy on eight or more days per month. In 2014, there was a moderate decrease in the number of people that reported poor mental health for 1-7 days (18.7%) and a slight increase people that reported poor mental health 8 or more days per month (14.3%).



Source: Illinois Behavioral Risk Factor Surveillance System

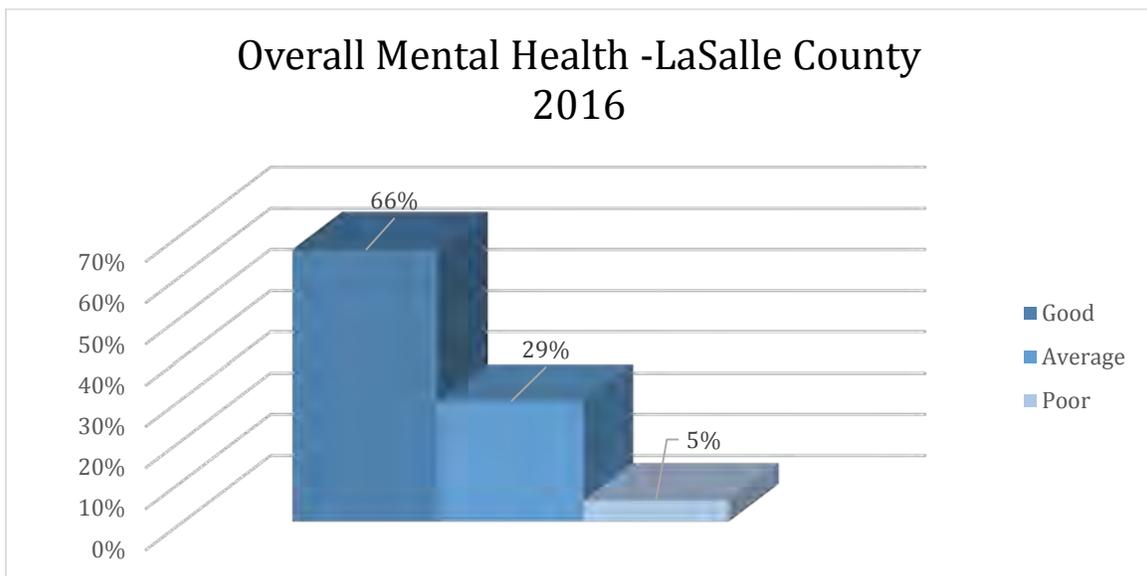
Self Perceptions of Overall Health

Half (50%) of LaSalle County Residents report having good overall physical health, while 5% rated themselves as having poor physical health.



Source: CHNA Survey

In regard to overall mental health, 66% of respondents stated they have good overall mental health and 5% stated it is poor.



Source: CHNA Survey

Comparison to 2013 CHNA Data

With regard to physical health, a higher percentage of people see themselves in good health in 2016 (50%) than 2013 (48%). With regard to mental health, a higher percentage reports having good mental health in 2016 (66%) than 2013 (64%).

Demographic Factors Related to Self Perceptions of Health

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

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

2.6 Key Takeaways from Chapter 2

- ✓ **ED IS CHOSEN BY 21% OF THE AT-RISK POPULATION AS THE PRIMARY SOURCE OF HEALTHCARE**
- ✓ **FOR THE AT-RISK POPULATION, 10% CHOOSE NOT TO RECEIVE MEDICAL CARE**
- ✓ **ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATIONS, DENTAL CARE AND COUNSELING ALL IMPROVED FROM THE 2013 CHNA**
- ✓ **WHILE IMPROVING, NEARLY THREE-QUARTERS OF THE POPULATION EXERCISES TWO OR FEWER TIMES PER WEEK**
- ✓ **MENTAL HEALTH FOR SOME CATEGORIES IS DECREASING**
- ✓ **WHILE LASALLE RESIDENTS ARE EATING MORE FRUITS AND VEGETABLES COMPARED TO THE 2013 CHNA, THE MAJORITY OF RESIDENTS STILL EAT 2 OR FEWER SERVINGS OF FRUITS AND VEGETABLES PER DAY**
- ✓ **MOST RESIDENTS HAVE HIGH SELF-PERCEPTIONS OF BOTH PHYSICAL AND MENTAL HEALTH**

CHAPTER 3 OUTLINE

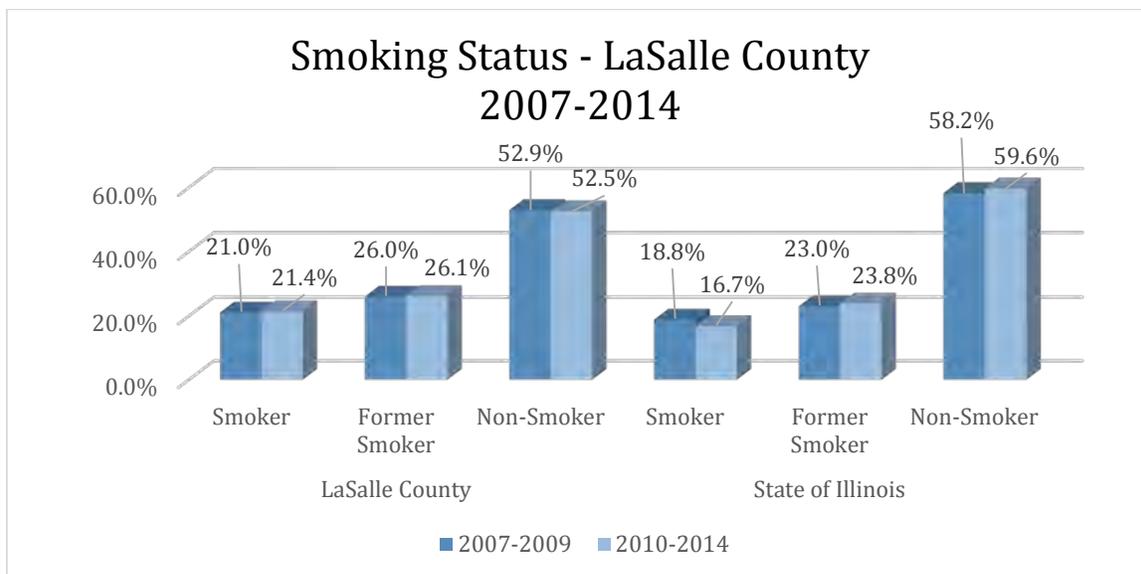
- 3.1 Tobacco Use
- 3.2 Drug and Alcohol Use
- 3.3 Overweight and Obesity
- 3.4 Predictors of Heart Disease
- 3.5 Key Takeaways from Chapter 3

CHAPTER 3. SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

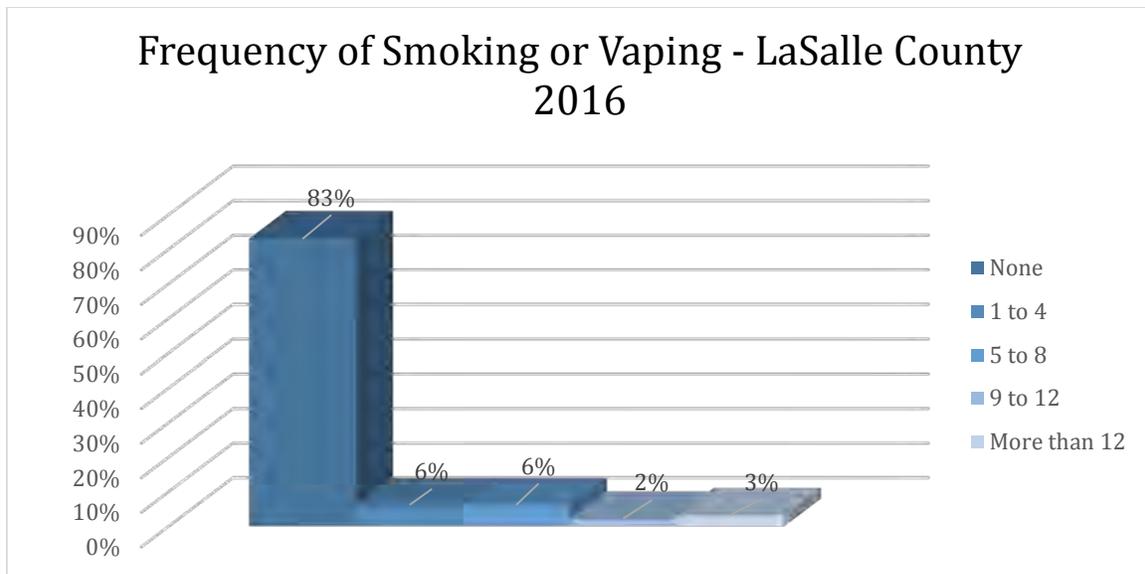
Importance of the measure: In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use facilitates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

Smoking rates have held steady in LaSalle County and remain above the State of Illinois averages. There was a slight increase in the percentage of LaSalle County residents reporting they were current smokers between 2007-2009 (21%) and 2010-2014 (21.4%). There was also slight decrease in the percentage of LaSalle County residents reporting they were current non-smokers between 2007-2009 (52.9%) and 2010-2014 (52.5%). The percentage of smokers in LaSalle County is higher than the State.



Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data show 83% of LaSalle County Respondents do not smoke and only 3% state they smoke more than 12 cigarettes (or vape) per day.



Source: CHNA Survey

Comparison to 2013 CHNA Data

Compared to data from the 2013 CHNA, the percentage of smokers has decreased. Specifically, in 2013, 55% of people indicated they didn't smoke. In 2016, 83% of people indicated they did not smoke.

Demographic Factors Related to Smoking

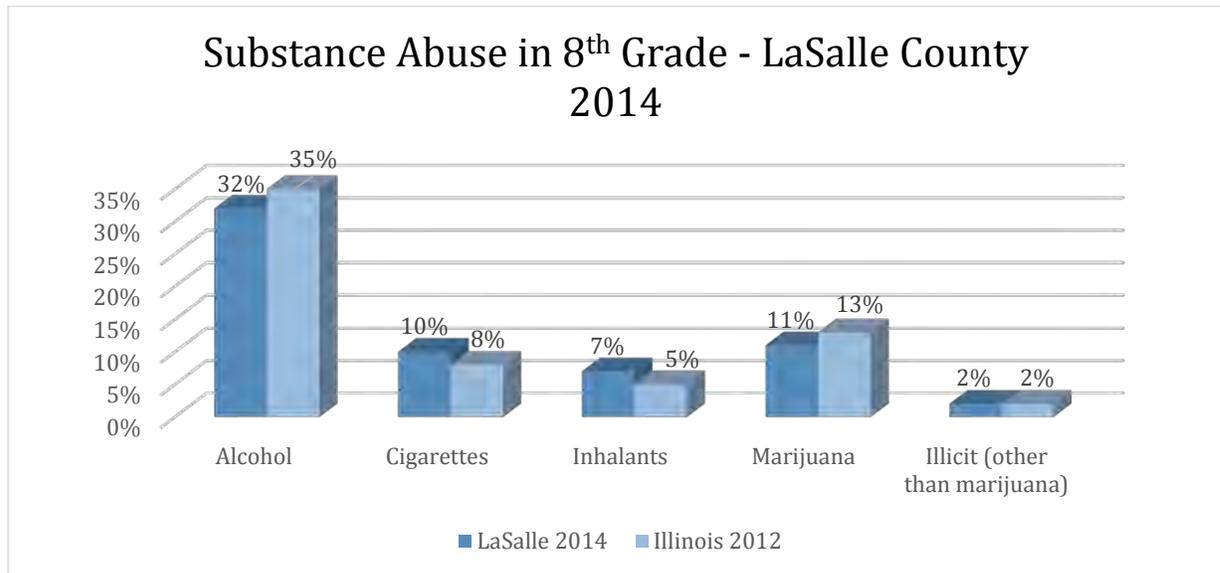
Several demographic characteristics show significant relationships with incidence of smoking or vaping. The following relationships were found using correlational analyses:

Frequency of smoking or vaping was higher among younger people, Black people, and the homeless. Those with higher education and income smoked less often.

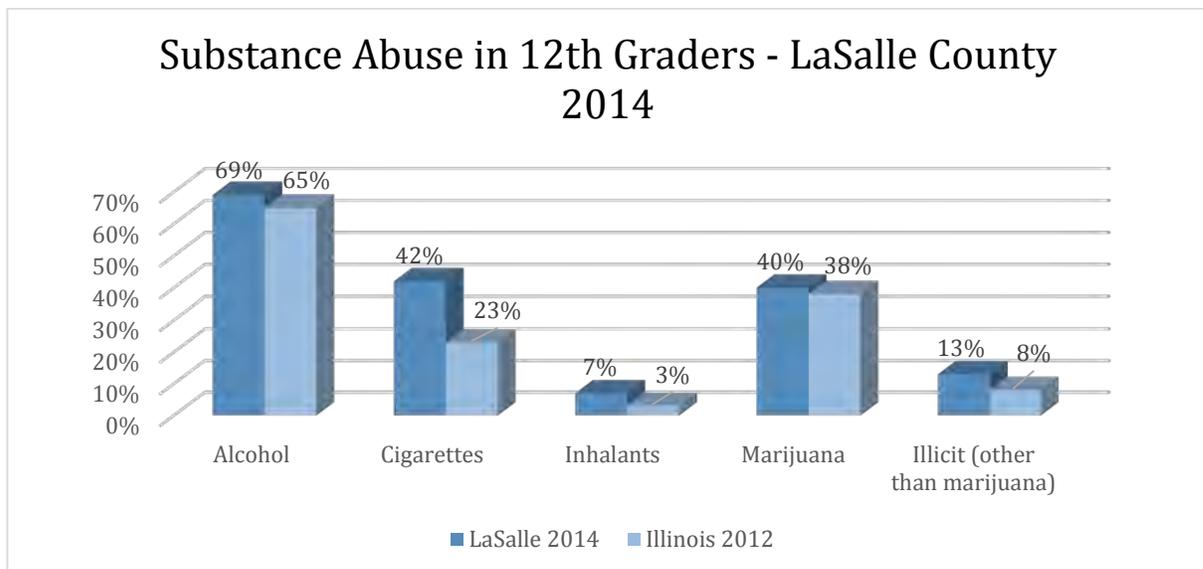
3.2 Drug and Alcohol Abuse

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

Data from the 2014 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 alcohol and marijuana. For 12th graders, LaSalle County is at or above the State in all categories. Note that data are not available for Illinois in 2014; therefore, 2012 benchmarks are used.



Source: https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2014/cnty14_lasalle.pdf



Source: https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2014/cnty14_lasalle.pdf

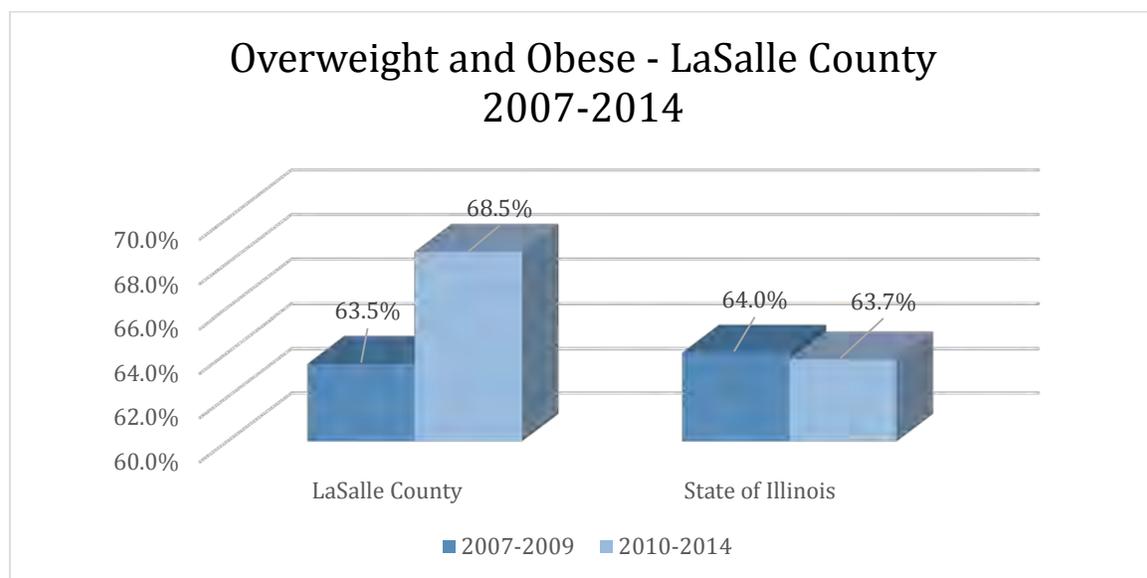
3.3 Overweight and Obesity

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.

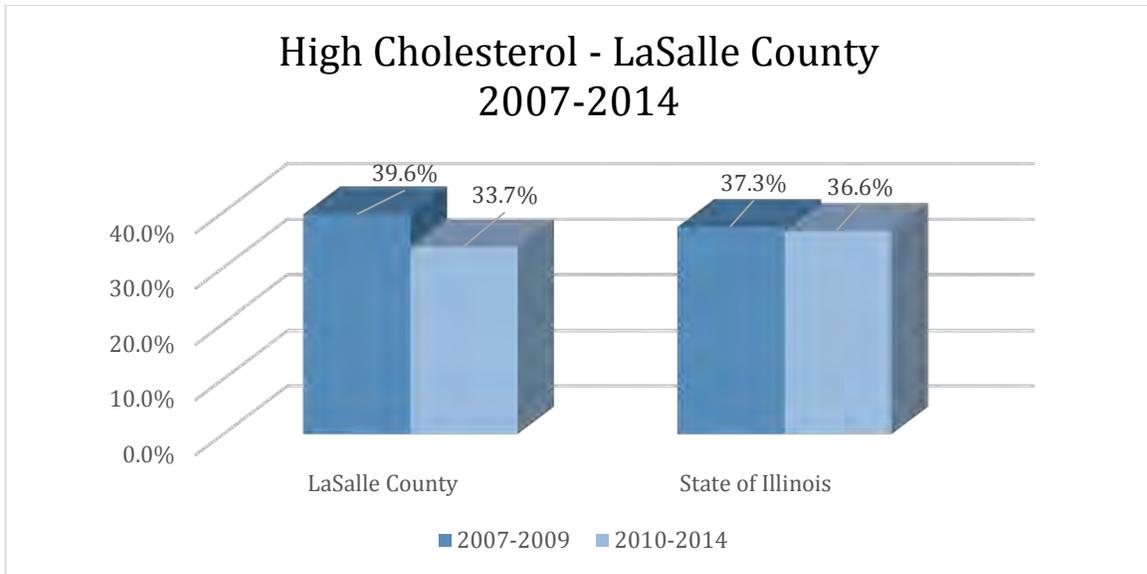
In LaSalle County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 63.5% to 68.5%. Overweight and obesity rates in Illinois have decreased from 2009 (64.0%) to 2014 (63.7%).



Source: Illinois Behavioral Risk Factor Surveillance System

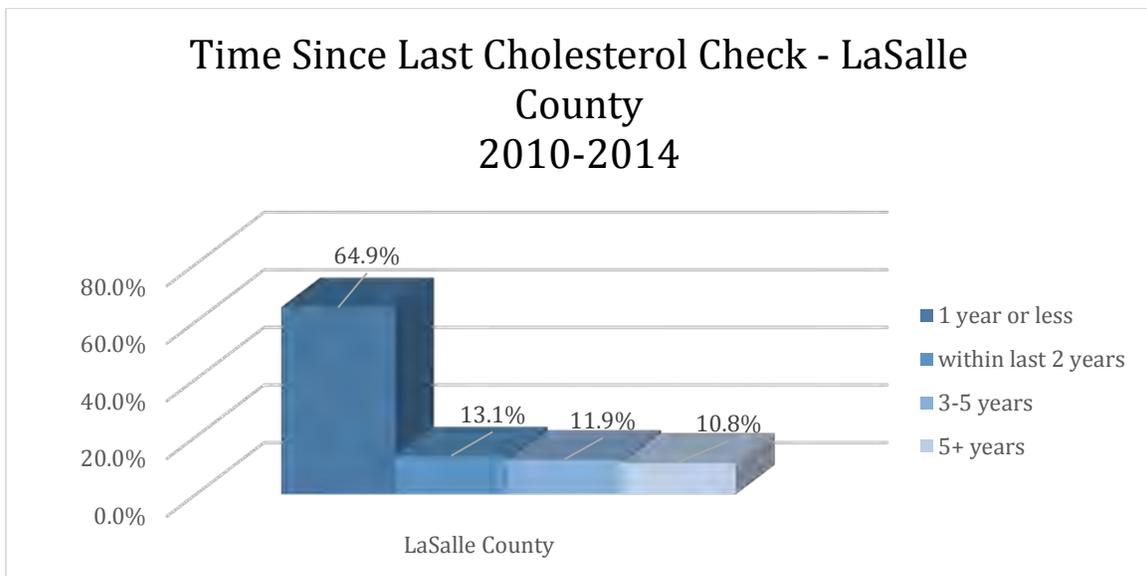
3.4 Predictors of Heart Disease

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%.



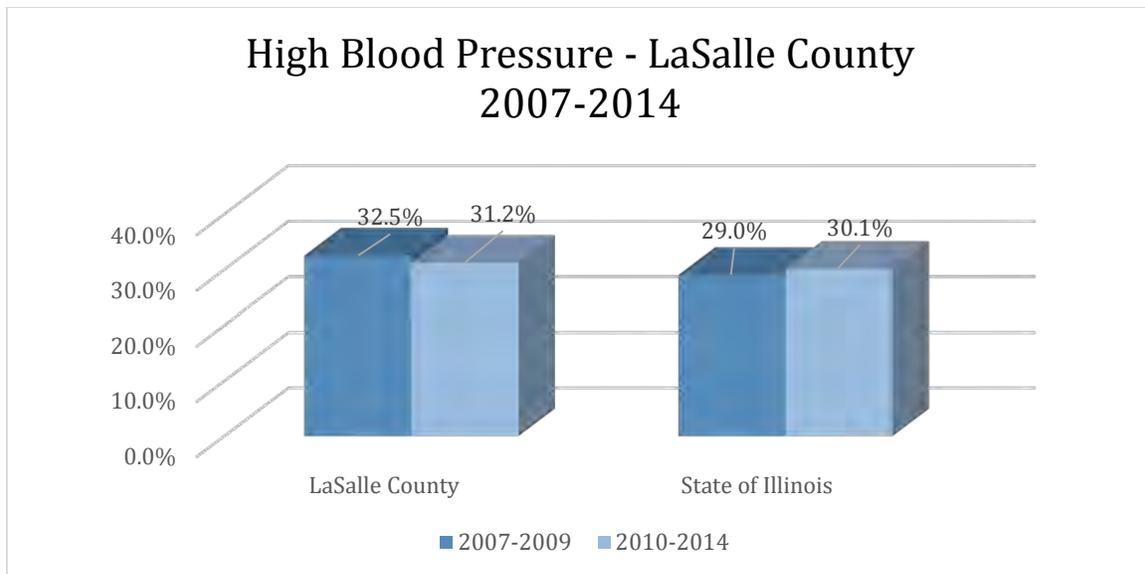
Source: Illinois Behavioral Risk Factor Surveillance System

Most residents of LaSalle County report having their cholesterol checked within the past year.



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%.



Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ **TOBACCO USAGE HAS INCREASED IN LASALLE COUNTY COMPARED TO THE 2013 CHNA, AND INCIDENCE AMONG 8TH AND 12TH GRADERS IS OF CONCERN**
- ✓ **SUBSTANCE USE AMONG 8TH AND 12TH GRADERS FOR MANY DRUG CATEGORIES ARE HIGHER THAN STATE AVERAGES**
- ✓ **THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN LASALLE COUNTY AND IS HIGHER THAN THE STATE AVERAGE**

CHAPTER 4 OUTLINE

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

CHAPTER 4. MORBIDITY AND MORTALITY

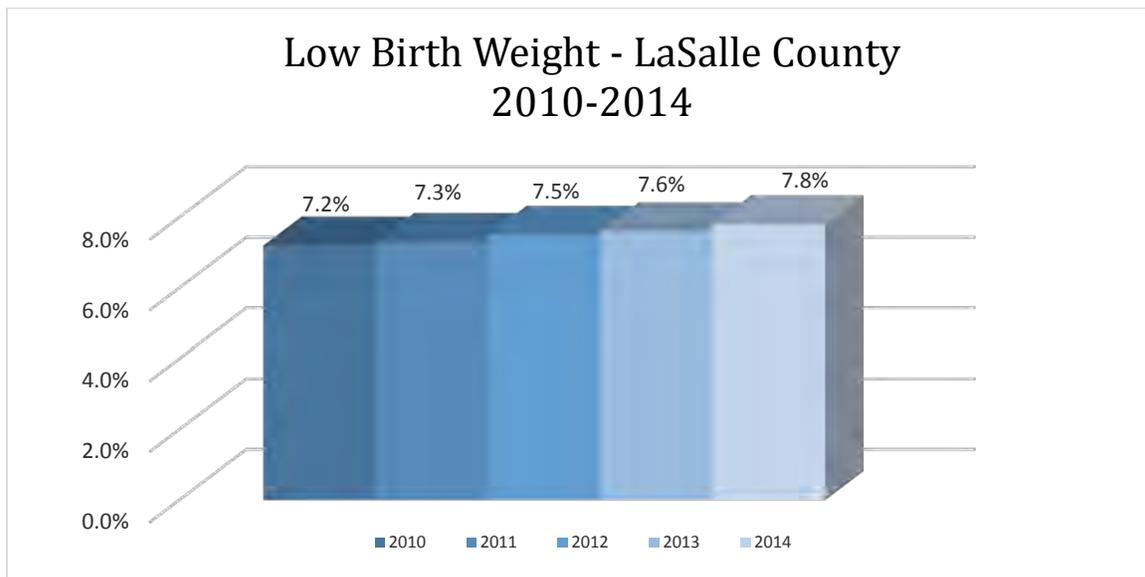
Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from LaSalle County hospitals using COMP data. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

4.1 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 prenatal care. 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. Prenatal care can provide health risk assessments for the mother and fetus, early intervention for medical conditions and education to encourage healthy habits, including nutritional and substance-free health during pregnancy.

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 increased slightly from 2010 (7.2%) to 2014 (7.8%).

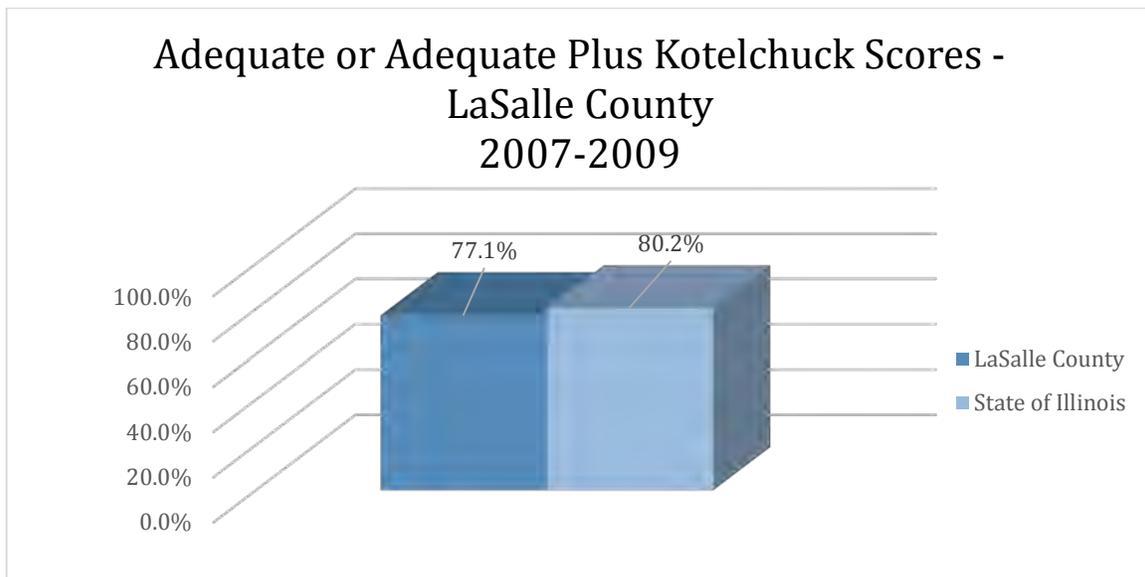


Source: <http://www.countyhealthrankings.org>

Initiation of Prenatal Care

Prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with adverse birth outcomes. Kotelchuck Index Scores are used to determine the quantity of prenatal visits received between initiation of services and delivery. Adequate (80%-109% of expected visits) and Adequate Plus (receiving 110% of recommended services) of received services is compared to the number of expected visits for the period when care began and the delivery date.

Of the babies born in 2009 in LaSalle County, 77.1% were born with “Adequate” or “Adequate Plus” prenatal care. This figure is lower than the State of Illinois average of 80.2% of babies born with similar prenatal care. These are the most recent data, and have not been updated since 2009.



Source: Illinois Department of Public Health

4.2 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

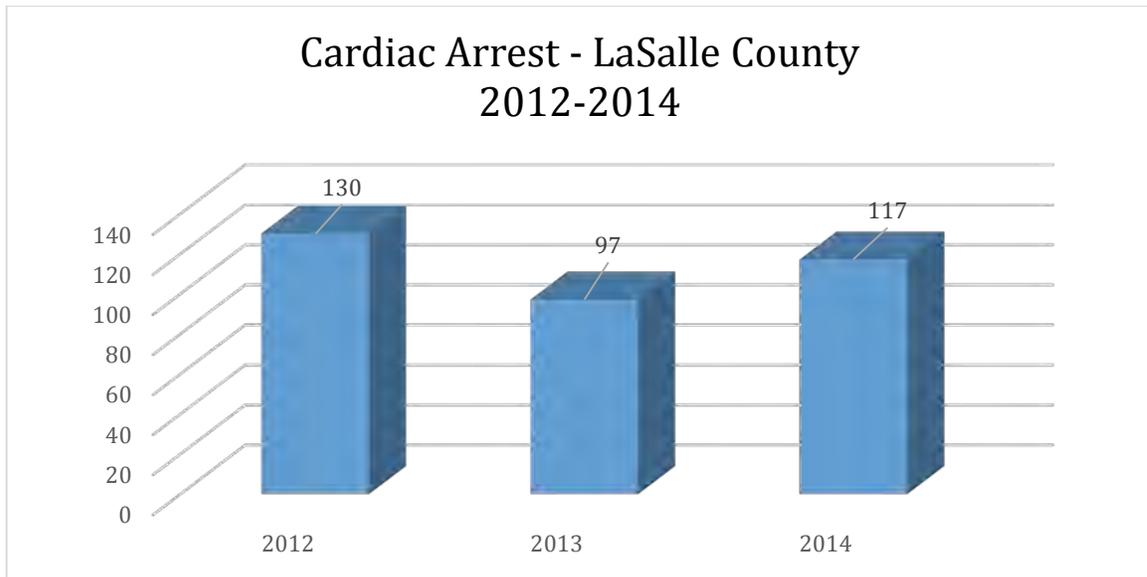
Coronary Atherosclerosis, sometimes called hardening of the arteries, can slowly narrow and harden the arteries throughout the body. When atherosclerosis affects the arteries of the heart, it is called coronary artery disease.

Coronary artery disease is a leading killer of 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 from the LaSalle County region has decreased from 2 cases to 0 cases in 2014.

Cardiac Arrest

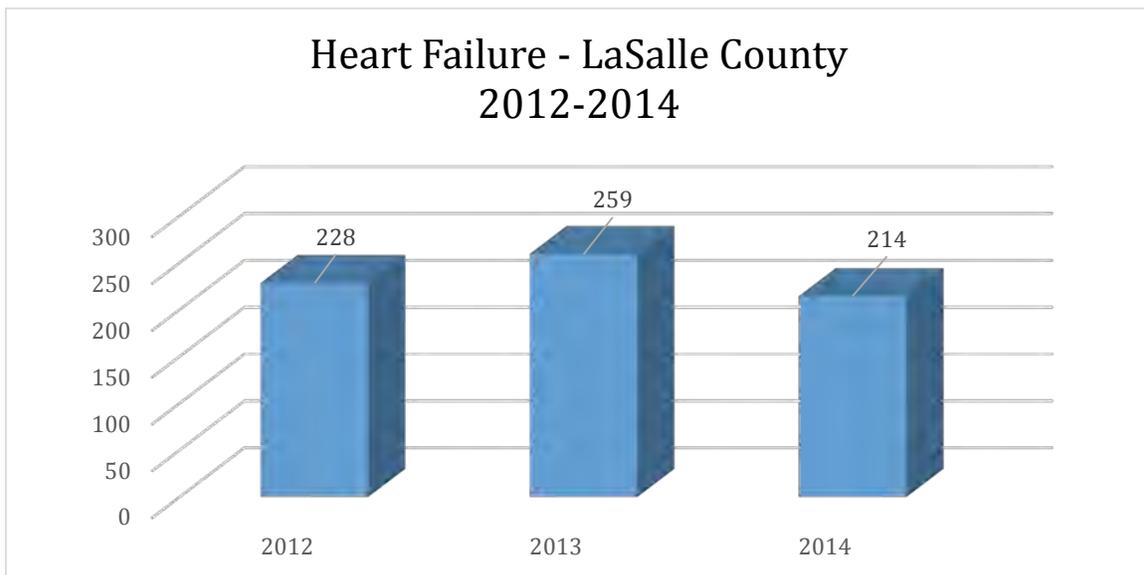
Cases of dysthymia and cardiac arrest at LaSalle County area hospitals has decreased by 13 cases between FY12 and FY14. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

Heart Failure

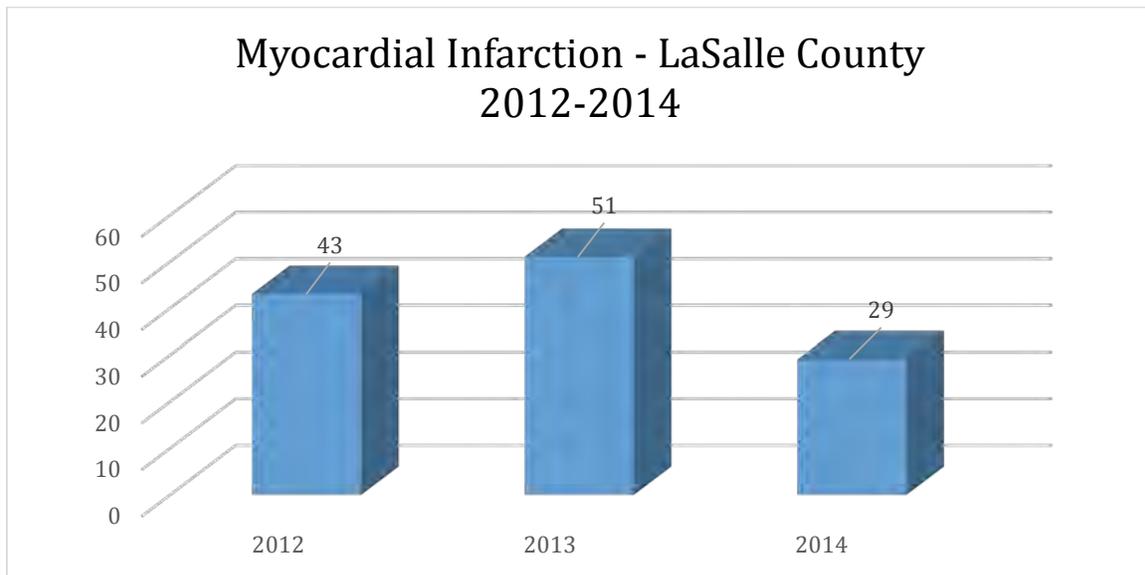
The number of treated cases of heart failure at LaSalle County area hospitals have decreased. In FY 2012, 228 cases were reported, and in FY 2014, there were 214 cases reported. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in LaSalle County have decreased from 43 in 2012 to 29 in 2014. Note that hospital-level data only show hospital admissions.



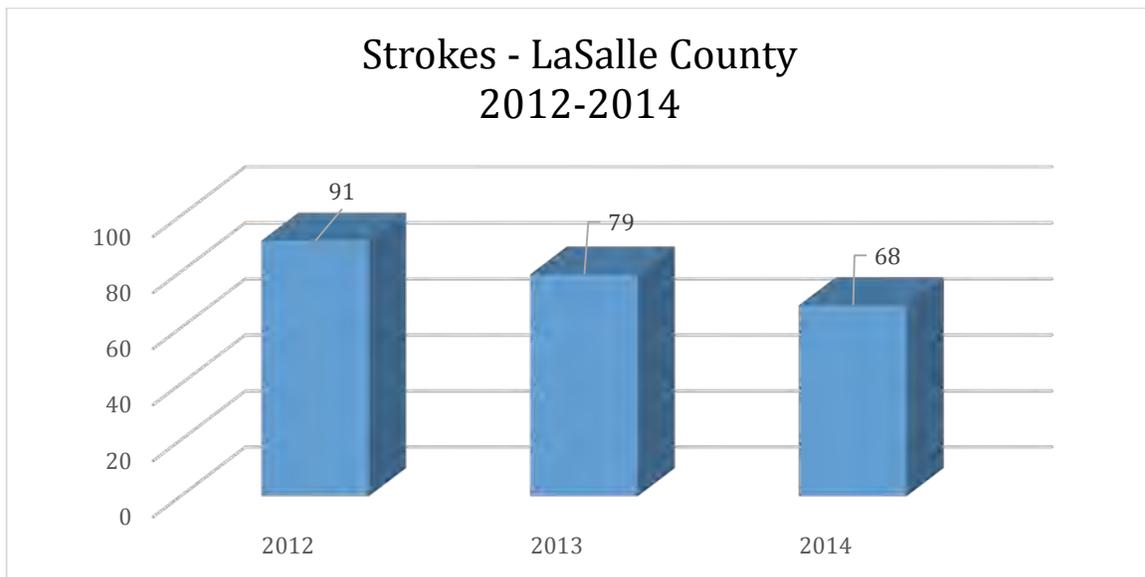
Source: COMPdata 2015

Arterial Embolism

One treated case of arterial embolism at LaSalle County area hospitals was reported in 2014. Note that hospital-level data only show hospital admissions.

Strokes

The number of treated cases of stroke at LaSalle County area hospitals have decreased between FY 2012 and FY 2014. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.



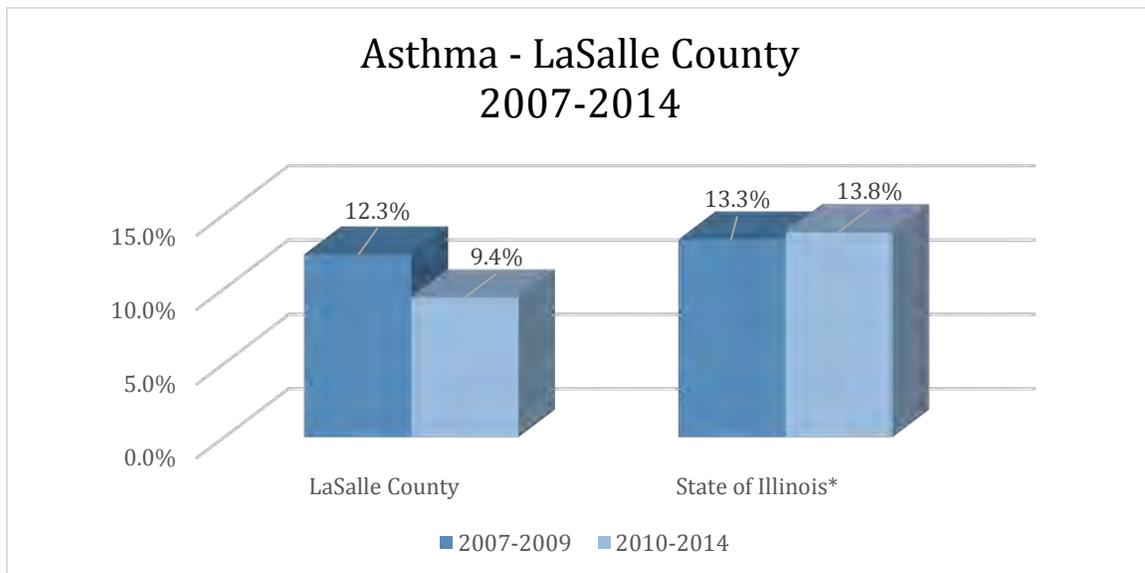
Source: COMPdata 2015

4.3 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.

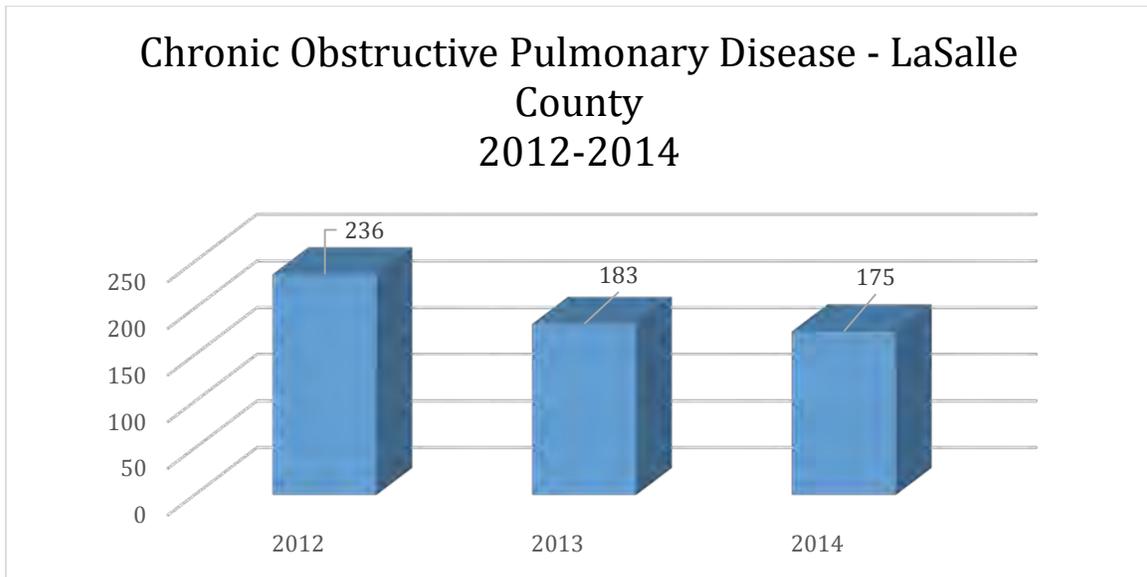
Asthma

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%).



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at LaSalle County area hospitals have decreased between FY 2012 and FY 2014, with a significant decline in FY13. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

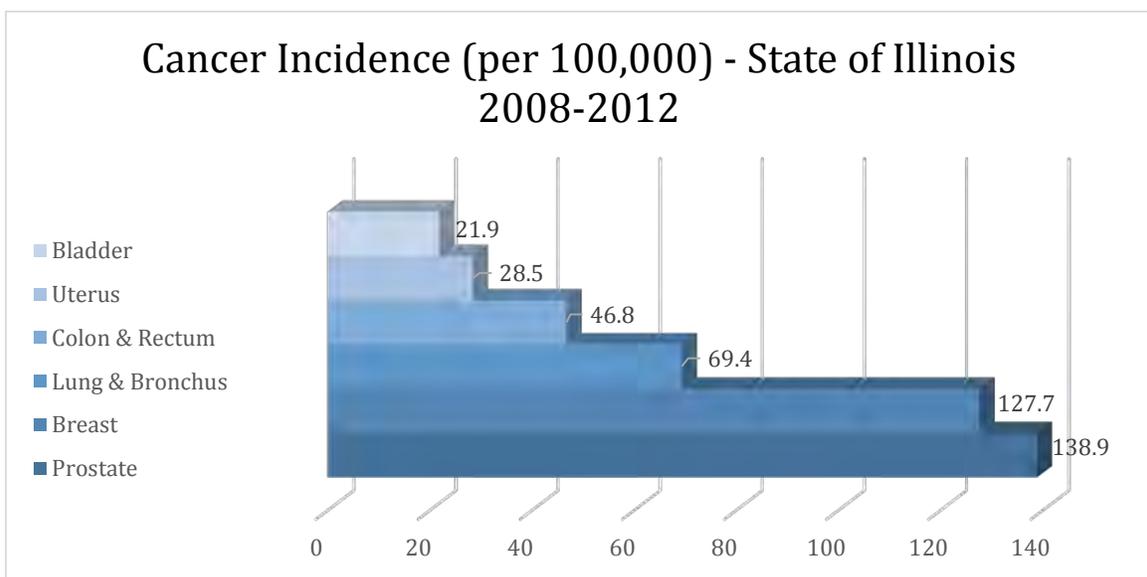


Source: COMPdata 2015

4.4 Cancer

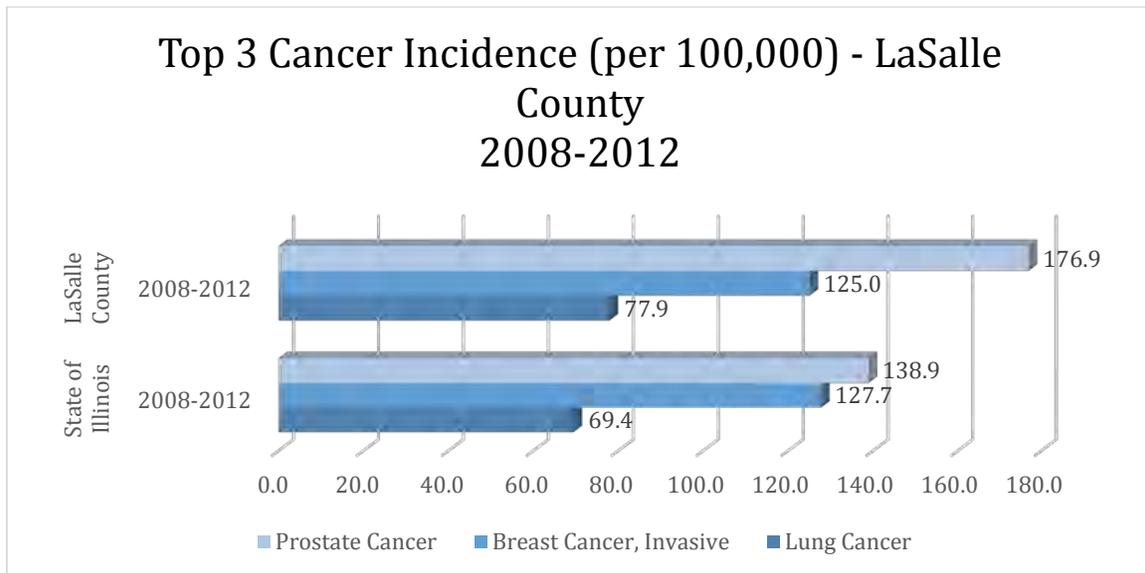
Importance of the measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in LaSalle County.

The top six cancers by treatment in the State of Illinois for 2008-2012 can be seen below. The most prevalent cancers in the State of Illinois are prostate cancer, breast cancer, and lung and bronchus cancer, respectively.



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

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



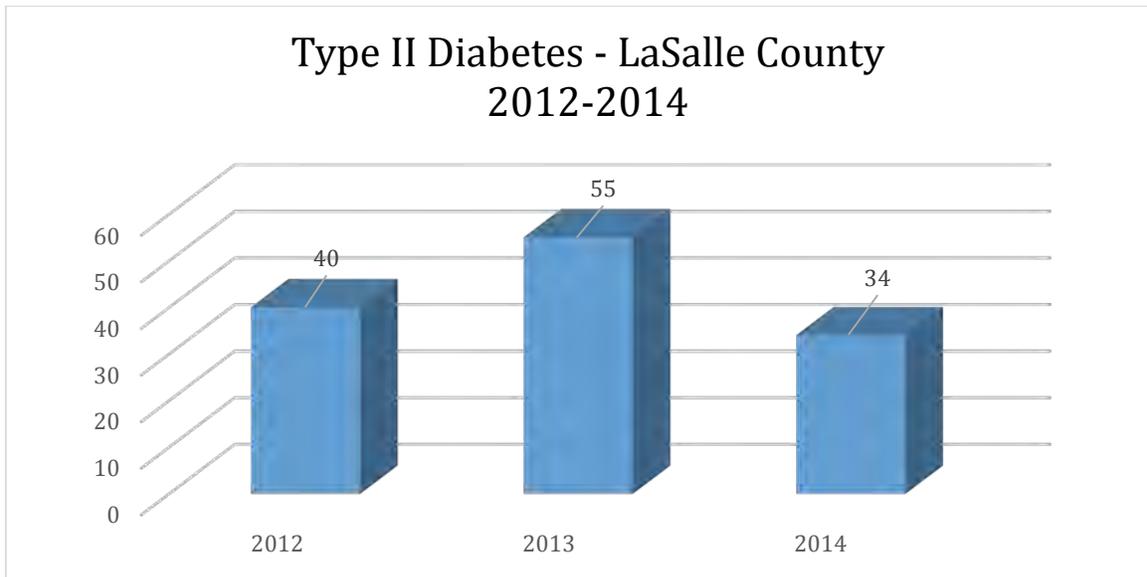
Source: http://www.idph.state.il.us/cancer/15/county_rpt/County_Section_I_Site_Specific_Cancer_Incidence.pdf

4.5 Diabetes

Importance of the measure:

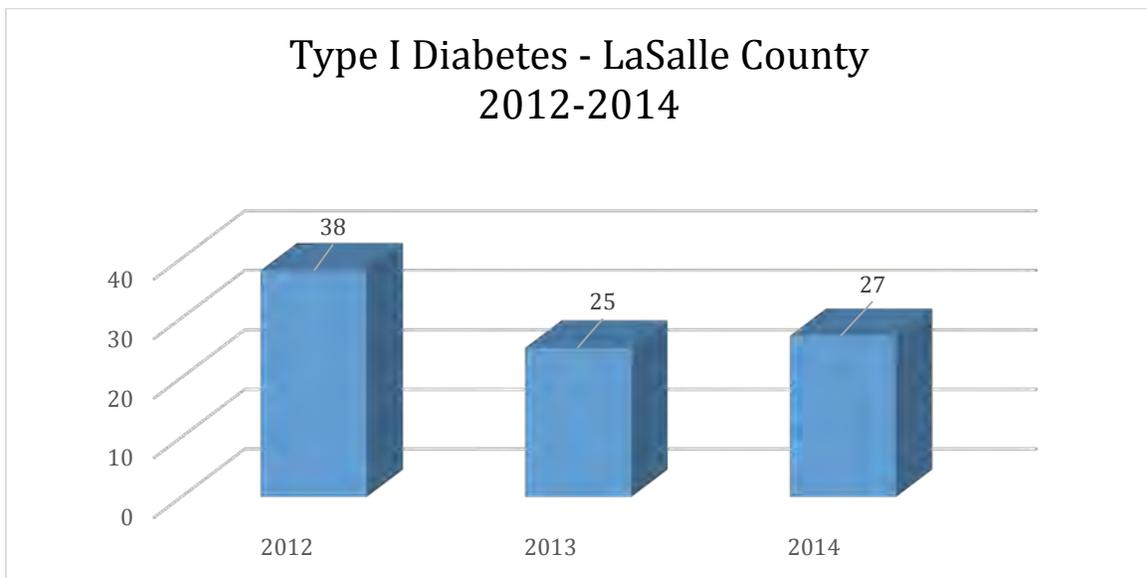
Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes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

Inpatient cases of Type II diabetes from LaSalle County have decreased between FY 2012 (40 cases) and FY 2014 (34 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



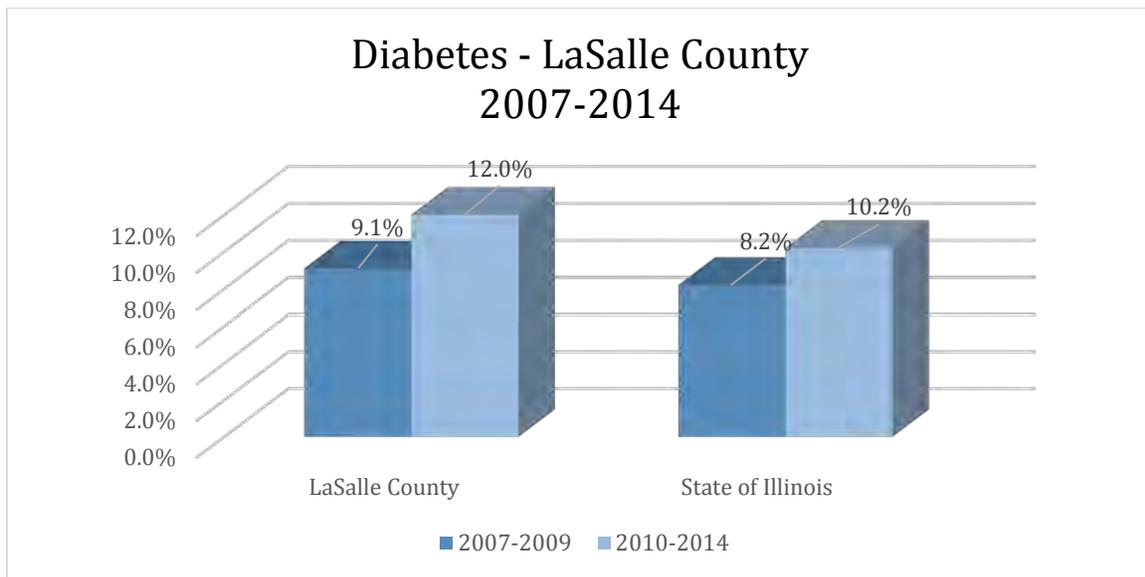
Source: COMPdata 2015

Inpatient cases of Type I diabetes show a decrease from 2012 (38) to 2014 (27) for LaSalle County. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata 2015

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.



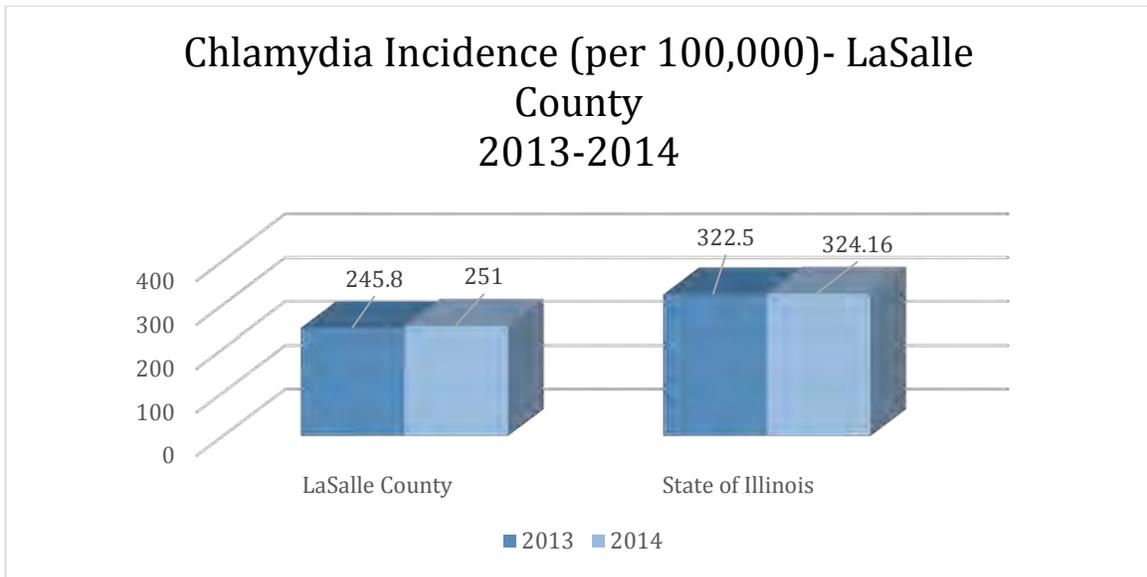
Source: Illinois Behavioral Risk Factor Surveillance System

4.6 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.

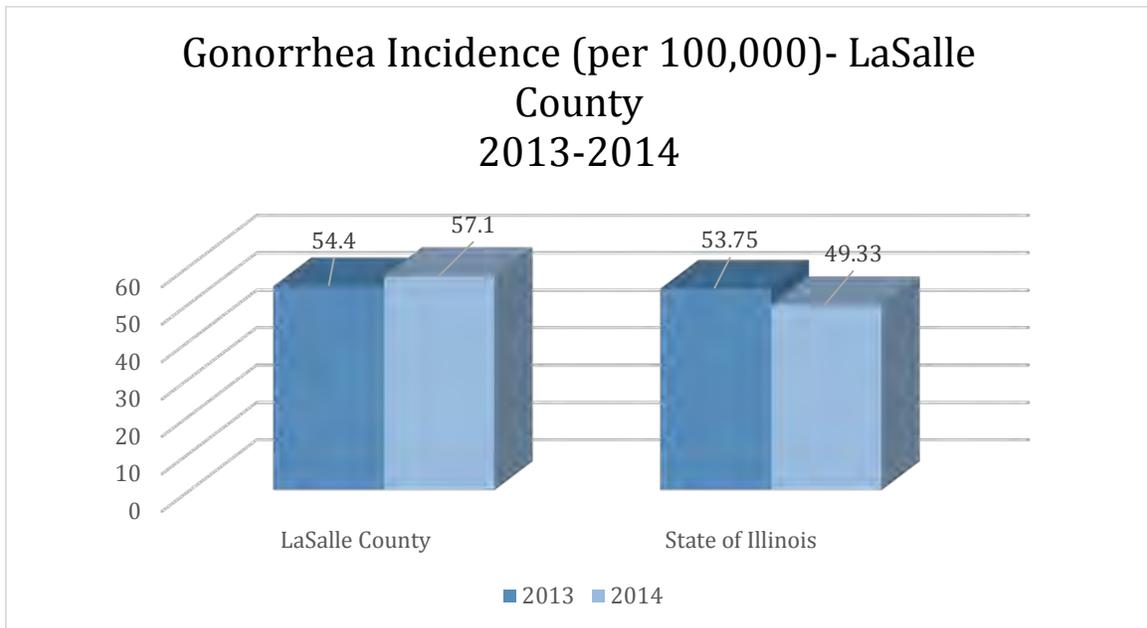
Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in LaSalle County from 2013-2014 indicate that rates are unchanged. There is a slight increase of incidence of chlamydia across the State of Illinois. Rates of chlamydia in LaSalle County are considerably lower than State averages.



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in LaSalle County indicate an increase from 2013-2014 compared to decrease across the State of Illinois from 2013-2014.



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 (Rubella), Mumps, Rubella (German measles), Diphtheria, Hepatitis B, and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized.²

Vaccine Preventable Diseases 2011-2014 LaSalle County Region

| Mumps | 2011 | 2012 | 2013 | 2014 |
|-------------------|-------------|-------------|-------------|-------------|
| LaSalle County | 0 | 1 | 0 | 0 |
| State of Illinois | 78 | 32 | 26 | 142 |
| | | | | |
| Pertussis | 2011 | 2012 | 2013 | 2014 |
| LaSalle County | 4 | 29 | 32 | 2 |
| State of Illinois | 1509 | 2026 | 785 | 764 |
| | | | | |
| Varicella | 2011 | 2012 | 2013 | 2014 |
| LaSalle County | 14 | 20 | 16 | 10 |
| State of Illinois | 881 | 898 | 731 | 598 |

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

Tuberculosis 2011-2014 LaSalle County Region

| Tuberculosis | 2011 | 2012 | 2013 | 2014 |
|---------------------|-------------|-------------|-------------|-------------|
| LaSalle County | 3 | 1 | 1 | 1 |
| State of Illinois | 358 | 347 | 327 | 320 |

Source: Illinois Electronic Disease Surveillance System (I-NEDSS)

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

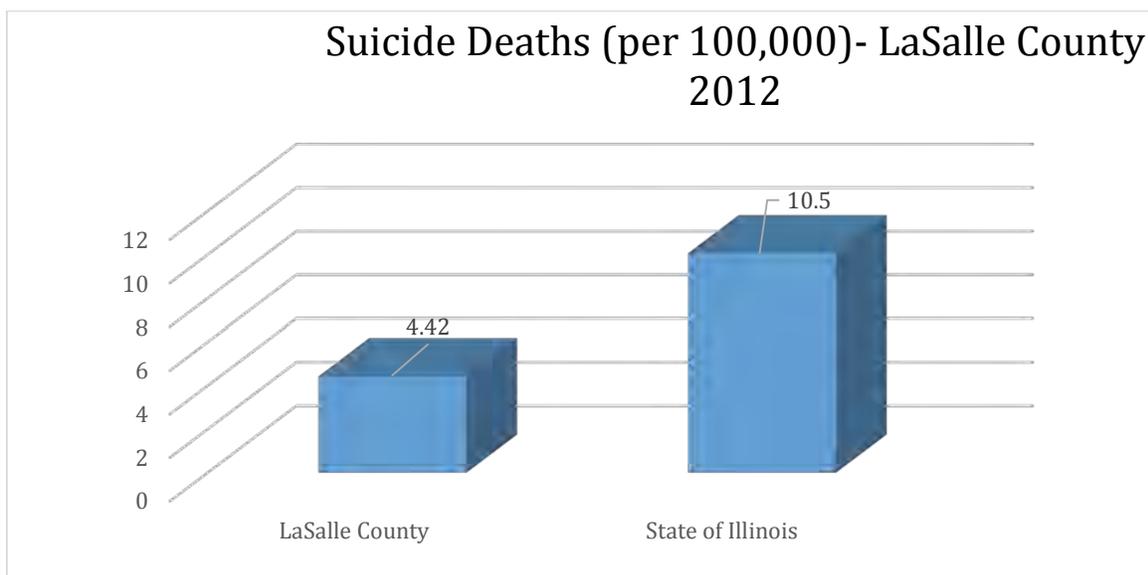
4.7 Injuries

Importance of the measure:

Unintentional injuries are injuries or accidents resulting from car accidents, falls and unintentional poisonings. In many cases, these types of injuries—and the deaths resulting from them—are preventable. 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.

Intentional – suicide

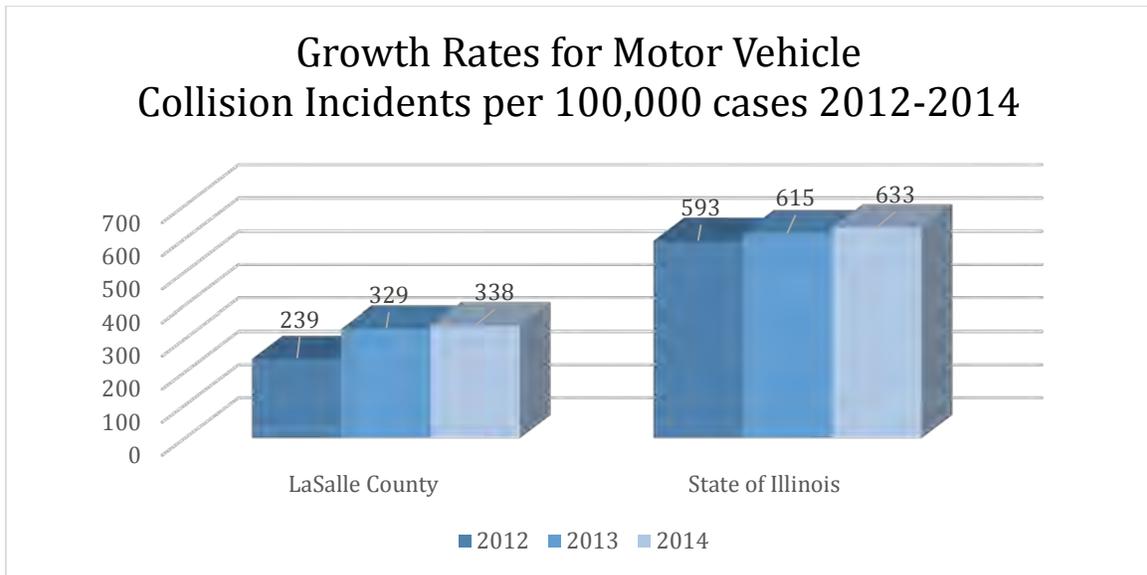
The number of suicides in LaSalle County indicate lower incidence than State of Illinois averages, as there were approximately 4.4 per 100,000 people in LaSalle County in 2012.



Source: Illinois Department of Public Health

Unintentional – motor vehicle

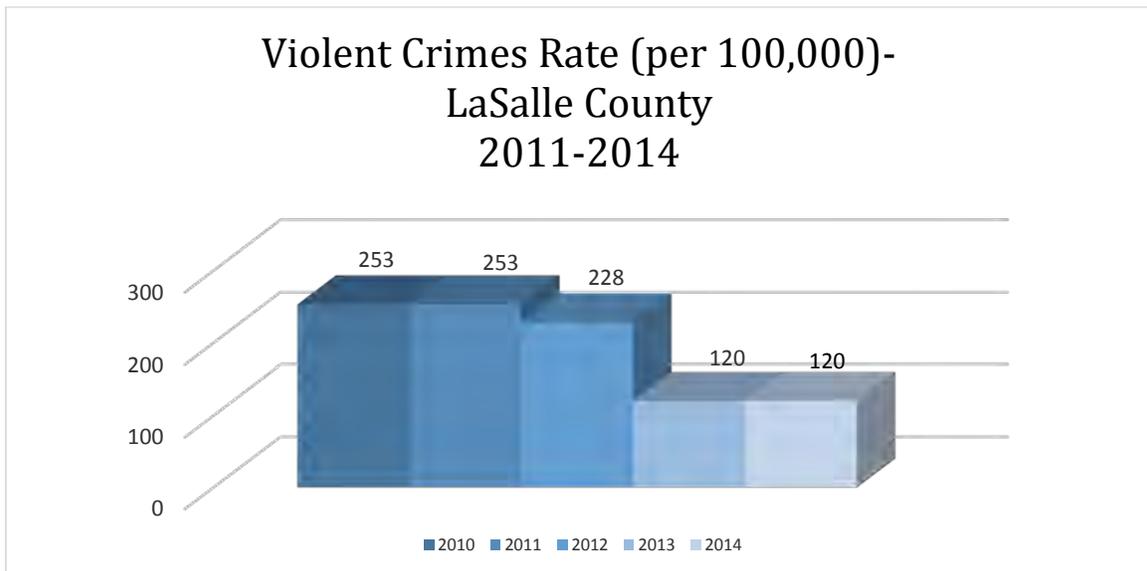
Research suggests that car accidents are a leading cause of unintentional injuries. In LaSalle County, the number of incidents between 2012 and 2014 for several types of motor vehicle collisions including vehicle overturn, railroad train, sideswipe, angle, parked motor vehicle, turning, and rear-end accidents has increased but is significantly lower than State of Illinois averages.



Source: Illinois Department of Transportation

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Violent crime is represented as an annual rate per 100,000 people. The number of violent crimes has decreased significantly for 2010-2014 in LaSalle County.



Source: Illinois County Health Rankings and Roadmaps

4.8 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 2013. Diseases of the Heart are the cause of 27.7% of deaths in LaSalle County and Cancer is the cause of 22.5% of deaths in LaSalle County.

| Top 5 Leading Causes of Death for all Races by County, 2013 | | |
|---|--|-----------------------------------|
| Rank | LaSalle County | State of Illinois |
| 1 | Diseases of Heart (27.7%) | Diseases of Heart |
| 2 | Malignant Neoplasm (22.5%) | Malignant Neoplasm |
| 3 | Chronic Lower Respiratory Disease (6%) | Cerebrovascular Disease |
| 4 | Cerebrovascular Disease (5.69%) | Chronic Lower Respiratory Disease |
| 5 | Accidents (4.6%) | Accidents |

Source: Illinois Department of Public Health

4.9 Key Takeaways from Chapter 4

- ✓ **LOW BIRTH WEIGHTS HAVE BEEN INCREASING SLIGHTLY IN LASALLE COUNTY**
- ✓ **MOST VARIATIONS OF CARDIAC DISEASE HAVE SEEN A DECREASE SINCE 2012**
- ✓ **CANCER RATES FOR PROSTATE AND LUNG CANCER IN LASALLE COUNTY ARE HIGHER THAN STATE AVERAGES**
- ✓ **ASTHMA HAS SEEN A SIGNIFICANT REDUCTION IN LASALLE COUNTY AND IS LOWER THAN STATE AVERAGES**
- ✓ **WHILE STATE AVERAGES HAVE ONLY SEEN A SLIGHT INCREASE, DIABETES IS TRENDING UPWARD AT A HIGHER RATE IN LASALLE COUNTY AND HIGHER THAN STATE AVERAGES**
- ✓ **SOME STIS ARE INCREASING AND HIGHER THAN STATE AVERAGES**
- ✓ **HEART DISEASE AND CANCER 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 Health Needs Identified and Prioritized

CHAPTER 5. PRIORITIZATION OF HEALTH-RELATED ISSUES

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

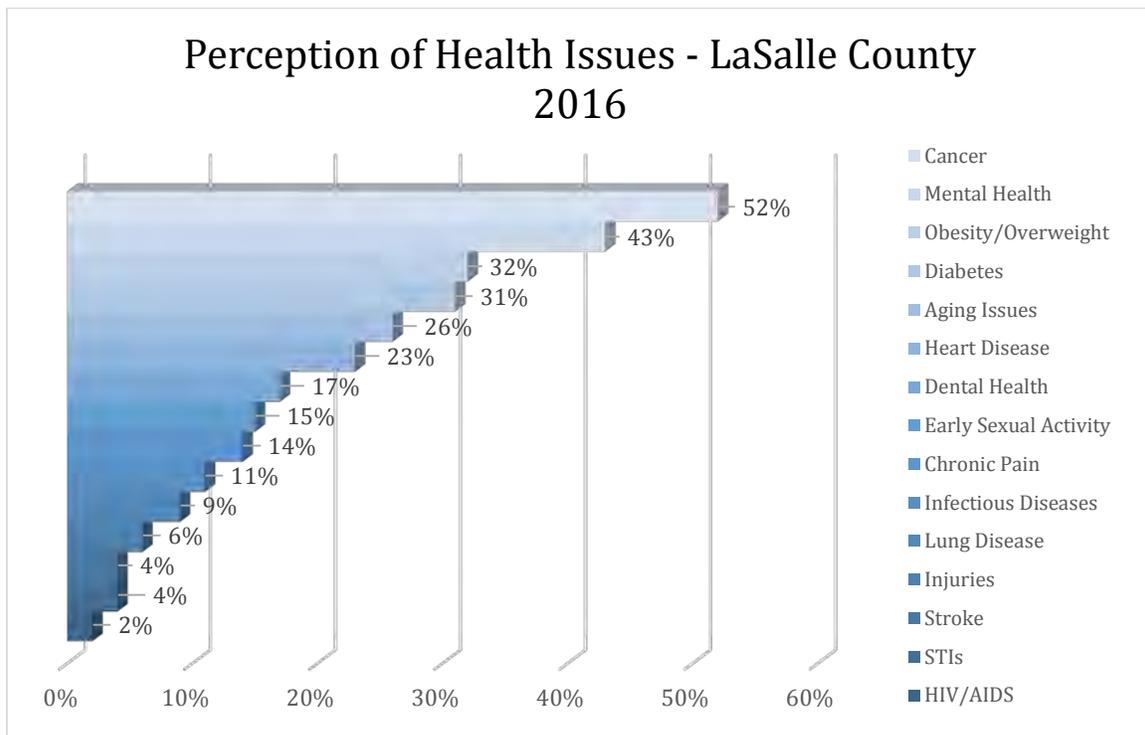
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

5.1 Perceptions of Health Issues

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

The health issue that rated highest was cancer. It was identified 52% of the time and was significantly higher than other categories based on *t-tests* between sample means. This was followed by mental health, obesity, diabetes and aging issues.

Note that perceptions of the community were accurate in some cases, but inaccurate in others. For example, cancer is the second leading cause of mortality in LaSalle County. Also, obesity is an important concern and the survey respondents accurately identified these as important health issues. However, heart disease is rated relatively low, even though it is the leading cause of mortality in LaSalle County.



Source: CHNA Survey

Demographic Factors Related to Perceptions of Health Issues

Several demographic characteristics show significant relationships with perceptions of health issues. The following relationships were found using correlational analyses:

Aging issues tend to be rated higher by older people, White people, and lower by Latino people.

Cancer does not show significant correlations.

Chronic Pain does not show significant correlations.

Dental health tends to be rated higher by younger people and homeless people.

Diabetes is rated higher by Latino people and those with low education. It is rated lower by White people.

Heart disease tends to be rated higher by older people and White people.

HIV tends to be rated higher by Black people and those with low education.

Early sexual activity tends to be rated higher by younger people.

Infectious disease does not show significant correlations.

Injury does not show significant correlations.

Lung disease does not show significant correlations.

Mental health tends to be rated higher by men, younger people, and those with higher education.

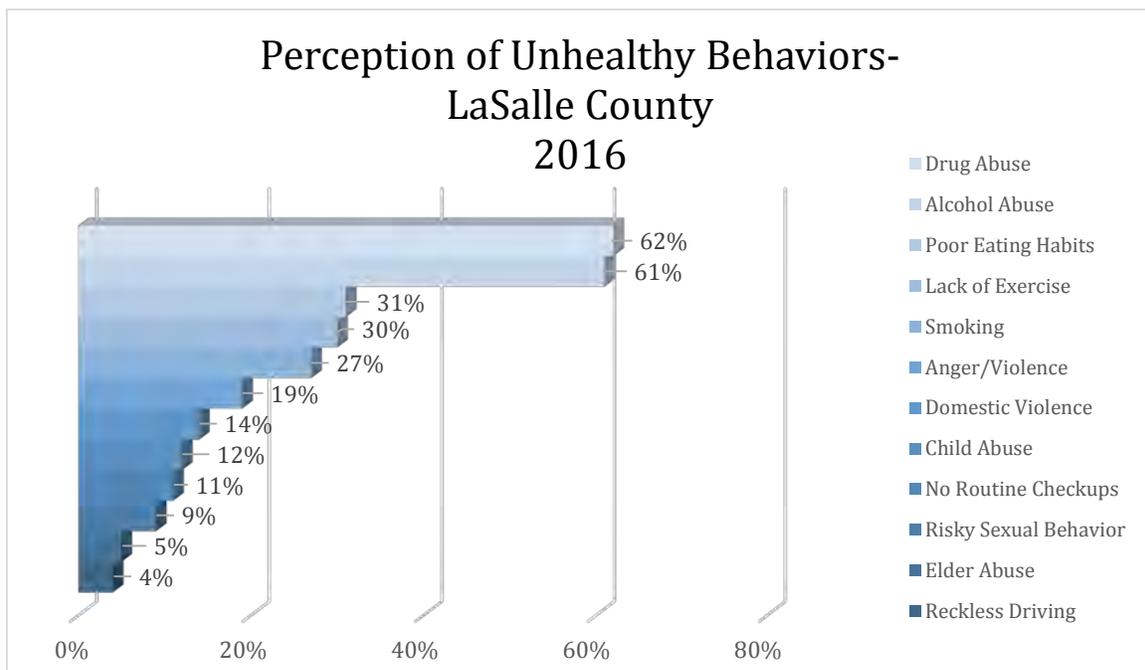
Obesity tends to be rated higher by White people, and those with higher education and income. Latino people are less likely to be concerned.

STIs does not show significant correlations.

Stroke does not show significant correlations.

5.2 Perceptions of Unhealthy Behaviors

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



Source: CHNA Survey

Demographic Factors Related to Perceptions of Unhealthy Issues

Several demographic characteristics show significant relationships with perceptions of unhealthy behaviors. The following relationships were found using correlational analyses:

Anger/Violence does not show significant correlations.

Alcohol Abuse tends to be rated higher by White people.

Child abuse tends to be rated higher by younger people and Latino people.

Domestic Violence does not show significant correlations.

Drug abuse tends to be rated higher by White individuals.

Elder abuse tends to be rated higher by Black individuals.

Lack of exercise tends to be rated higher by men.

No check-ups does not show significant correlations.

Poor eating habits tends to be rated higher by men.

Reckless driving does not show significant correlations.

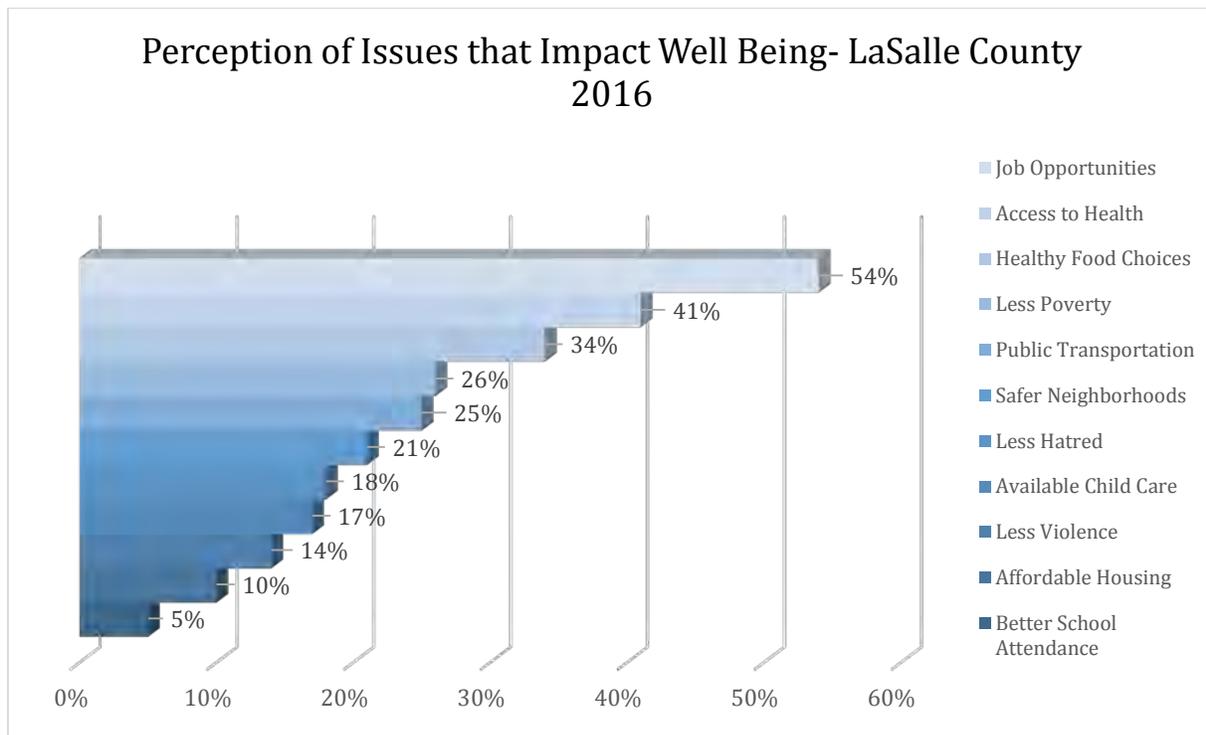
Smoking tends to be rated higher by older people and White residents.

Risky Sex Behavior does not show significant correlations.

5.3 Perceptions of Issues Impacting Well Being

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

The issue impacting well-being that rated highest was job opportunities. It is not surprising that job opportunities was rated high given unemployment rates in recent years. Job opportunities was followed by access to health services, and healthy food choices.



Source: CHNA Survey

Demographic Factors Related to Perceptions of Well Being Issues

Several demographic characteristics show significant relationships with perceptions of well being issues. The following relationships were found using correlational analyses:

Access to health services tends to be rated higher by older individuals, White individuals, and those with higher income.

Affordable housing is rated higher by homeless people.

Availability of childcare tends to be rated higher by women and younger individuals.

Better schools is rated higher by Latino people and those with lower income.

Job opportunities tends to be rated higher by White individuals.

Public transportation tends to be rated higher by homeless individuals.

Access to healthy food tend to be rated higher by White individuals.

Less poverty does not show significant correlations.

Safer neighborhoods tend to be rated higher by White individuals.

Less hatred is rated higher by Latino people and those with low income.

Less violence tends to be rated lower by those with higher education.

5.4 Summary of Community Health Issues

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

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

- Total population is decreasing
- Aging population
- Early sexual activity- teen births at State averages
- Changing population – increasing Latino ethnicity

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

- ED usage, particularly among the low-income population
- While improving, low income population that does not seek medical attention
- Overall, access has improved for medical care, prescription medicine, dental care and counseling
- Lack of exercise
- Mental health
- Lack of healthy eating

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

- Tobacco usage
- Drug abuse
- Alcohol abuse
- Obesity

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

- Low birth weights
- Cancer – prostate and lung
- Diabetes
- Heart Disease
- STIs

Identification of Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 11 potential categories. Based on similarities and duplication, the 11 potential areas considered are:

- **Use of ED as primary source of medical care**
- **Not seeking healthcare when needed**
- **Poor healthy behaviors – healthy eating & exercise**
- **Mental health**
- **Obesity**
- **Tobacco use**
- **Low birth weights**
- **Diabetes**
- **Substance abuse**
- **Heart disease**
- **Cancer – Prostate and 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 11 health-related areas were being addressed. A resource matrix can be seen in Appendix 5 relating to the 11 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 community health needs and considered both 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 73% of respondents in LaSalle County indicated that they do not exercise at all, or 1-2 times per week.

HEALTHY EATING. Well over half (68%) of LaSalle County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of LaSalle County residents who consume five or more servings per day is only 5%.

OBESITY. 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%).

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

MENTAL HEALTH. For 2009, just over 25% of residents in LaSalle County reported they had experienced 1-7 days with poor mental health per month, and 13.6% felt mentally unhealthy on eight or more days per month. In 2014, there was a moderate decrease in the number of people that reported poor mental health for 1-7 days (18.7%) and a slight increase people that reported poor mental health 8 or more days per month (14.3%).

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

except for alcohol and marijuana. For 12th graders, LaSalle County is at or above the State in all categories. Overall tobacco usage is also a concern in LaSalle County.

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, Kim has worked in hospitals and as a nursing instructor at IVCC, is a 14 year board member of Graves Hume Public Library, a member of the LaSalle County Health Department Board for 4 years, and a volunteer for 8 years since the inception of Trinity Health Care - a 'free' clinic for people unable to afford medicine or basic health care.

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.

Sarah Armstrong, Patient Care Manager of Emergency Services at OSF SEMC and CFH. She has been an ER nurse for 9 years, 1 ½ years of that with OSF. She is currently in the process of earning her BSN and will graduate in September 2016.

Jenny Barrie, Health Educator and Public Information at the LaSalle County Health Department for 14 years. She received her bachelor's degree in Community Health from Eastern Illinois University. Her time is divided between the Administrative and Environmental Health Divisions.

Barbara Beer, Director of Inpatient Services at OSF Saint Elizabeth Medical Center. She started at Community Hospital of Ottawa in 1975. She graduated from IVCC as an RN in 1977. She is currently attending Chamberlain College for their master's program. 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 SEMC 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.

Megan Brennan, Director of Emergency Services for 11 months. She has a BS in Health Administration from ISU and BSN from Lewis University. She is currently enrolled in the MSN/MBA program at the University of Saint Francis in Joliet, IL. She has been an RN for over 10 years.

Karen Brodbeck, Vice President of Public Relations for OSF Healthcare System. She attended the University of St. Francis where she double majored in political science and mass communication with a concentration in advertising and public relations. She received a master of business administration at Olivet Nazarene University. She has been with OSF since 2007. She belongs to the Society for Healthcare Strategy and Market Development of the American Hospital Association. She holds emergency management certificates from the U.S. Department of Homeland Security (FEMA), belongs to the Rotary Club of Peoria North and is an active member of the Boy Scouts of American W.D. Boyce Council Marketing Committee. She participates in OSF Healthcare's Ministry Development/Christian Leadership Program. Previous community involvement includes chairing the Professional Division of the United Way Campaign Cabinet and serving on the boards for the Ottawa Area Chamber of Commerce & Industry and Ottawa Network of Young Executives.

Cheryl Boelk, RN, MSN Cheryl has been a nurse for 32 years. Cheryl is the Director of Outpatient Services at OSF Saint Paul Medical Center located in Mendota, Illinois.

Heather Bomstad, RN, MSN Vice President of Patient Care Services/CNO at OSF Saint Paul Medical Center. She has worked at the hospital for 23 years in a variety of nursing positions. Heather has lived in the community for her entire life and has been involved in different community organizations.

Christine Brown-Elston, Manager of OSF Medical Group Family Practice, General Surgery and Orthopedic Surgery Practices. She was previously a surgical case reviewer and Director of Surgical Services at OSF SEMC. She served on the Surgical Services, Infection Control and Quality Committees while at OSF SEMC and was previously the Cancer Care Navigator at Mary Greeley Medical Center in Ames, IA, in addition to being the Manager of Outpatient Surgery, Endoscopy and Post Anesthesia Care at Iowa Lutheran Hospital in Des Moines, IA, Director of Surgical and Intensive Care Services at Broadlawns Medical Center in Des Moines, IA, an RN at Iowa Lutheran Hospital in Des Moines, IA, Manager of Sterile Processing at H. Lee Moffitt Cancer Center and Research Institute in Tampa, FL, as well as, many other nursing positions since 1984.

Tammi Coons, Education Manager of Hospital and Community Education. She coordinates and provides educational programs for mission partners at OSF SEMC and throughout the I80 Region and community. She has been a safe sitter instructor for 23 years, has taught Heartsaver CPR with AED and First Aid for 23 years and has been a CPS Technician for 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 26 years serving as treasurer for 24 years, a 4H Leader for Wenona Highlighters for 9 years, member of the Fieldcrest Board of Education for 12 years serving as secretary for 10 years, a Sunday school teacher for 27 years, Luther League coordinator and treasurer for 5 years, church council member and secretary for 1 year.

Michael Cushing, Superintendent of OTHS. 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.

Sonia D'Cruz, Patient Care Manager on the Medical-Surgical Unit at OSF SEMC. She earned an AAS degree in nursing from IVCC, a master's degree in Healthcare Administration and a master's degree in nursing from the University of St. Francis in Joliet, IL. She is a member of the American Nurses Association.

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.

Jamie Fitzpatrick, Patient Care Supervisor with 23 years of experience in healthcare including CNA, RN for Med/Surg and ICU, an ACLS instructor and House Supervisor. She received an associate's degree in nursing from IVCC and is currently enrolled in the BSN program at Purdue Calumet University. She lives in Ottawa with her husband, has four children and two grandchildren.

Jacquelyn Gamons, Patient Care Manager of the Family Birth Center, a position she has held for 20 years. She graduated from Methodist Medical Center School of Nursing in 1975 with a diploma in nursing for RN. She completed her BS in nursing from Olivet Nazarene University in 1994. She has over 40 years of nursing experience in numerous areas in the hospital setting which include ICCU, ED, Choices, Hospital Supervisor, Medical-Surgical, Maternal and Newborn, patient education and long term care. She also serves as the interim patient care manager for PACU, Ambulatory Surgery and Outpatient Providers offices. She is an active council member on the OB Advisory and OB Collaborative, a Neonatal Resuscitation Course Instructor and member of the AWHONN and ACOG.

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.

Lee Jerde, Patient Care Manager for ICU, AS and PACU. She received an AAS in nursing from IVCC and a bachelor's degree in nursing from Olivet Nazarene University. She has over 40 years of nursing experience in the ICU.

Jennifer Junis, President of OSF Saint Paul Medical Center, formally Mendota Community Hospital. She has served in the role since April 2015. Prior to her current role, she served as Chief Nursing Officer of OSF Saint Luke Medical Center, formally Kewanee Hospital. She has been a Registered Nurse since 1994 and held a variety of nursing leadership roles for over 20 years including the last 9 spent at the executive level. She holds a BSN and MSN in Nursing Administration from the University of Illinois Chicago.

Kim Kennedy, Human Resources Manager and the Hospital Auxiliary Manager. She has worked at OSF Saint Paul Medical Center/Mendota Community Hospital for over 29 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 7 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.

Dr. Bobbi Laun, is a pediatric dentist at the Ottawa Children's Dentistry and has hospital privileges at OSF SEMC. 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.

Robert McGraw, Manager of EMS and Emergency Management at OSF SEMC and CFH. He has worked for OSF Healthcare since 2010. He previously served in the U.S. Army and is a paramedic at Dwight EMS and Eureka Fire and is Captain of the Dana Volunteer Fire Department. He received a bachelor's degree from ISU and is currently working on his master's at Southern Illinois University.

Wendy Navarro, Interim Administrative Director of Behavioral Health Services at OSF SEMC. She received a bachelor's degree in business education from Northern Illinois University and a master's degree in social work from the University of Illinois. She has over 20 years of experience providing social work including child welfare, hospital case management, addictions and behavioral health services. She is a volunteer member of the Illinois Guardianship and Advocacy Human Rights Authority.

Shelli Ocepek, Executive Director of United Way of Eastern LaSalle County with 28 years of experience in non-profit administration and 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.

Kara O'Mahoney, Food Service Director at OSF SEMC since 2012. She has a BS in Home Economics from ISU. Since 1998, she has been a Certified Dietary Manager and Certified Food Protection Professional. She is an active member of the Association of Foodservice and Nutrition Professionals. She serves on the Premier Foodservice Committee as an OSF representative. She is a member of St. Columba Church and resides in Ottawa with her husband.

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.

Jeff Prusator, Administrator at Mendota High School for past 20 years. He served 5 years as the assistant principal, 3 years as the principal, and is currently completing his 12th year as the district superintendent. 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.

Jocelyn Richmond, Patient Care Manger for Choices Behavioral Health Inpatient and Outpatient. She is a 2010 RN graduate from IVCC and is currently working on her bachelor's degree from Western Governors University. She has been with Choices for 5 years and recently received her psychiatric-mental health nursing certificate from the ANCC. She is a proud member of the American Psychiatric Nurses Association.

Kathleen Rombach, Manager of Clinical Practice with 20 years of nursing experience in the critical care field, physician office setting, nursing education and Hospital Supervisor. She received bachelors and master's degrees from Lewis University.

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 past 25 years. Most recently she 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 for 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 5 years and is currently the Board Chair. She is a member of St. Columba Church.

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.

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, Chief Financial Officer of OSF Saint Elizabeth Medical Center in Ottawa and OSF Saint Paul Medical Center in Mendota. She has 25 years of experience in the healthcare field.

Michael Wells, Director of Business and Program Development at Children's Hospital of Illinois. He provides operational leadership and management to aspect of Children's Hospital such as strategic planning, government relations, marketing and physician recruiting. He directs educational outreach and clinical improvement under the Children's Service Line at OSF Healthcare System. He assist OSF entities with projects to enhance pediatric care by leveraging the resources of Children's Hospital of Illinois. He is director of the Resource Link and Advocacy programs. He was a founding member of Joining Forces for Children and Adolescents. He has served as a member of the Board of Directors of the Court Approved Special Advocate (CASA) Program in Peoria, president of the Community Advisory Board of Catholic Charities of the Diocese of Peoria and president of the McLean County Mental Health Association. He serves on the Consultation Work Group of the Illinois Children's Mental Health Partnership.

Beth Whalen, Graduate of Northern Illinois University with a Bachelors in Business/ Marketing. I was the CEO of my own Optometric Practice for 25 years prior to moving into the Community Health Field. I worked at Crusader Community Health for 5 years as the Practice Manager in Rockford ILL and currently am the Clinic Director for Community Health Partnership of Illinois in Mendota. I am a member of a variety of Service oriented organizations for the betterment of our local Community and LaSalle County.

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 32 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 Irion (Coordinator) is a Strategic Reimbursement Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and has acted as the coordinator for 11 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 will assume the responsibilities of President-Elect on the board of the McMahon-Illini HFMA Chapter starting in June of 2016.

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 principle 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 2013 CHNA PRIORITIZED NEEDS

Needs were identified in the LaSalle County 2013 CHNAs. Below are examples of activities implemented during the last three years to address these needs:

OSF Saint Paul Medical Center

Wellness Education & Basic wellness services for all residents

- Participation in local events by providing free glucose screens/blood pressure checks and nutrition education in English and Spanish. Provided community wellness programs and encouraged use of walking paths.

Mental Health Services

- Initiated a no-cost counseling program to elementary school students and a pilot for mental health service is being offered to self-pay inpatients. Offered support groups to community.

Planning for continued local availability of physicians and medical specialists

- Measured body mass index and provided education on healthy behaviors at community events. Developing a plan to recruit three new mid-level or physician providers to address attrition.

OSF Saint Elizabeth Medical Center

Access to Health Services

- Partnered with local agencies to provide additional access to community members.

Community Misperception

- Created flyers for marketing programs available within the community. Attended and participated in local health fairs. Provided educational programs within community.

Dental Health

- Distributed dental packets to community members. Obtained information and partnered with local agencies to develop a community resource guide to distribute.

Healthy Behaviors

- Provided education to the broader community using newspaper articles and social media. Provided educational classes on various health related topics.

Mental Health

- Created and distributed resource pamphlets to community. Partnered and built relationships with mental health resources.

Obesity

- Utilized media for additional communication. Provided programs on nutrition and participated in local events.

Substance abuse

- Provided education through various social media outlets

APPENDIX 3. SURVEY

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 for community health-needs. Your opinions are important. This questionnaire will take approximately 10 minutes to complete. All of your individual responses are confidential. We will use results of the surveys to improve our understanding of health needs in the community.

Please read each question and mark the response that best represents your views of community needs.

I. IMPORTANT HEALTH ISSUES IN OUR COMMUNITY

Please identify the three **(3) most important health issues** in our community.

- | | |
|--|--|
| <input type="checkbox"/> Aging issues, such as Alzheimer’s disease, hearing loss, memory loss or arthritis | <input type="checkbox"/> Infectious/contagious diseases such as flu, pneumonia, food poisoning |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Lung disease (asthma, COPD) |
| <input type="checkbox"/> Dental health (including tooth pain) | <input type="checkbox"/> Mental health issues such as depression, hopelessness, anger, etc |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Early sexual activity | <input type="checkbox"/> Sexually transmitted infections |
| <input type="checkbox"/> Heart disease/heart attack | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other _____ |

II. UNHEALTHY BEHAVIORS

Please identify the three **(3) most important unhealthy behaviors** in our community.

- | | |
|---|--|
| <input type="checkbox"/> Angry behavior/violence | <input type="checkbox"/> Not able to get a routine checkup |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Reckless driving |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Risky sexual behavior |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Elder abuse (physical, emotional, financial, sexual) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lack of exercise | |

III. ISSUES WITH YOUR WELL BEING

Please identify the three **(3) most important factors that impact your well being** in our community.

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

IV. ACCESS TO HEALTH CARE

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

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

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

2. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- Within the last year 1-2 years ago 3-5 years ago
 5 or more years ago I have never been to a doctor for a checkup.

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

- No (please go to question 5) Yes (please go to the next question)

4. If you just answered "yes" to question 3, why weren't you able to get medical care? Choose all that apply.

- I didn't have health insurance. The doctor or clinic refused to take my insurance or Medicaid.
 I couldn't afford to pay my co-pay or deductible. I didn't know how to find a doctor.
 I didn't have any way to get to the doctor. Too long to wait for appointment.
 Fear
 Other _____

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

- No (please go to question 7) Yes (please go to the next question)

6. If you just answered "yes" to question 5, why weren't you able to get prescription medication? Choose all that apply.

- I didn't have health insurance. The pharmacy refused to take my insurance or Medicaid.
 I couldn't afford to pay my co-pay or deductible. I didn't have any way to get to the pharmacy.
 I didn't know how to find a pharmacy. Other _____

7. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

- Within the last year 1-2 years ago 3-5 years ago
 5 or more years ago I have never been to a dentist for a checkup.

8. In the last year, was there a time when you needed dental care but could not get it?

- No (please go to question 10) Yes (please go to the next question)

9. If you just answered "yes" to question 8, why weren't you able to get dental care? Choose all that apply.

- I didn't have dental insurance. The dentist refused to take my insurance or Medicaid.
 I couldn't afford to pay my co-pay or deductible. I didn't know how to find a dentist.
 I didn't have any way to get to the dentist. Too long to wait for appointment.
 Fear.
 Other _____

10. In the last year, was there a time when you needed mental-health counseling but could not get it?
 No (please go to question 12) Yes (please go to the next question)

11. If you just answered "yes" to question 10, why weren't you able to get mental-health counseling? Choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> I didn't have insurance. | <input type="checkbox"/> The counselor refused to take my insurance or Medicaid. |
| <input type="checkbox"/> I couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> I didn't know how to find a counselor. |
| <input type="checkbox"/> I didn't have any way to get to a counselor. | <input type="checkbox"/> Too long to wait for appointment. |
| <input type="checkbox"/> Fear. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Embarrassment. | |

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

- None (please go to next question) 1 - 2 3 - 5 More than 5

13. If you answered "none" to the last question, why **didn't** you exercise in the past week? Choose all that apply.

- | | |
|---|---|
| <input type="checkbox"/> I don't have any time to exercise. | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> It is not important to me. | <input type="checkbox"/> I can't afford the fees to exercise. |
| <input type="checkbox"/> I don't have access to an exercise facility. | <input type="checkbox"/> I am too tired. |
| <input type="checkbox"/> I don't have child care while I exercise. | <input type="checkbox"/> I have a physical disability. |
| <input type="checkbox"/> Other _____ | |

14. On a typical day, how many servings of fruits and/or vegetables do you have?

- None (please go to next question) 1 - 2 3 - 5 More than 5

15. If you answered "none" to the last question, why **didn't** you eat fruits/vegetables? Choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> It is difficult to buy fruits and/or vegetables | <input type="checkbox"/> I don't like fruits/vegetables |
| <input type="checkbox"/> It is not important to me. | <input type="checkbox"/> I can't afford fruits/vegetables. |
| <input type="checkbox"/> Other _____ | |

16. On a typical day, how many cigarettes do you smoke (either actual or electronic/vapor)?

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

17. Where do you get most of your medical information (*check **only one***)

- Doctor Friends/family Internet Pharmacy Nurse at my church

18. Do you have a personal physician? No Yes

19. Overall, my physical health is: Good Average Poor

20. Overall, my mental health is: Good Average Poor

21. How long has it been since you have had a flu shot?

- | | | |
|---|--|--|
| <input type="checkbox"/> Within the last year | <input type="checkbox"/> 1-2 years ago | <input type="checkbox"/> 3-5 years ago |
| <input type="checkbox"/> 5 or more years ago | <input type="checkbox"/> I have never had a flu shot | |

V. BACKGROUND INFORMATION

What county do you live in?

- LaSalle Other

What type of insurance do you have?

- Medicare Medicaid Private/commercial None

If you answered "none" to the last question, why **don't** you have insurance? Choose all that apply.

- I cannot afford insurance I don't need insurance
 I don't know how to get insurance Other _____

What is your gender? Male Female

What is your age?

- Under 20 21-30 31-40 41-50 51-60 61-70 71 or older

What is your race?

- White Black/African American
 Hispanic/Latino Native American/American Indian/Alaska Native
 Asian (Indian, Pakistani, Japanese, Chinese, Korean, Vietnamese, Filipino/a)
 Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)
 Other race not listed here: _____

What is your highest level of education?

- Less than high school Some high school High school degree (or GED/equivalent)
 Some college (no degree) Associate's degree Bachelor's degree
 Graduate or professional degree Other: _____

What was your total income last year, before taxes?

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

Do you: Rent Own Other

How many people live in your home? _____

What is your job status?

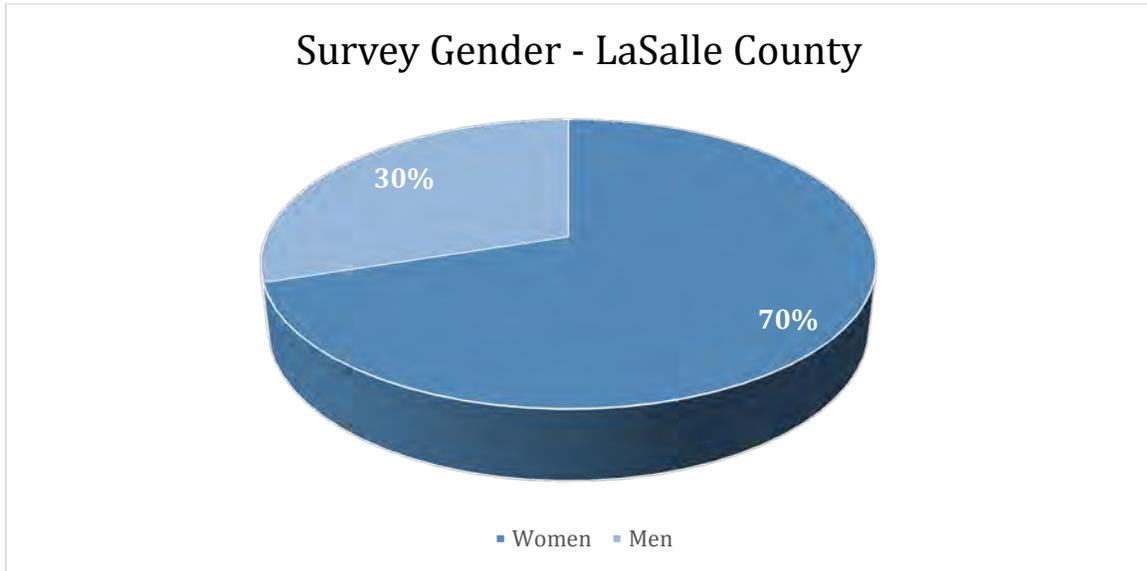
- Full-time Part-time Unemployed Homemaker
 Retired Disabled Student Armed Forces

Is there anything else you would like to tell us about community concerns, health problems or services in the community?

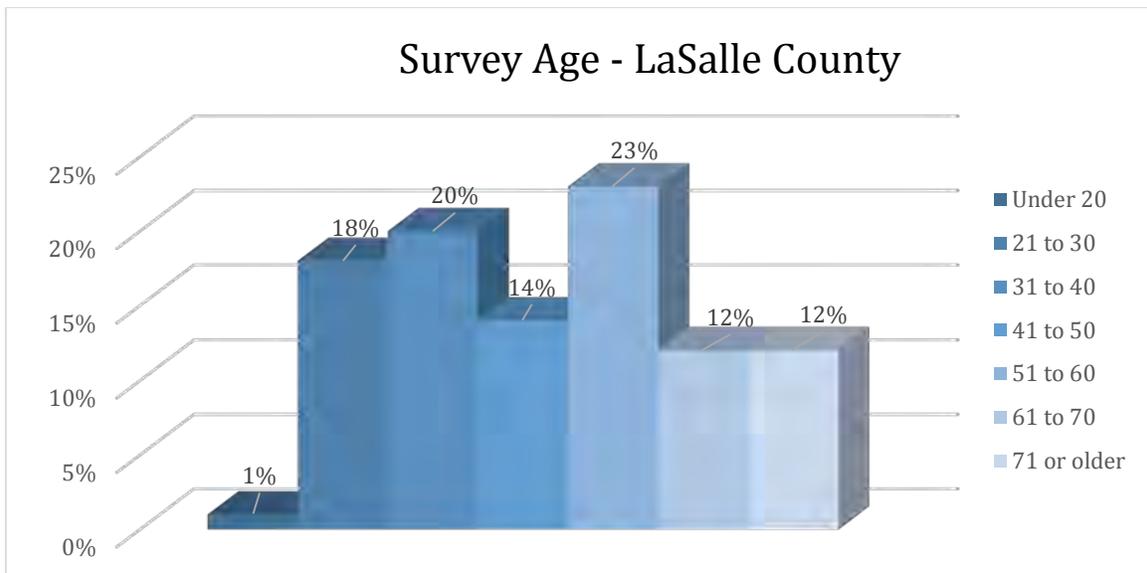
Thank you very much for sharing your views with us!

This survey instrument was reviewed by the Committee on the Use of Human Subjects and Research (CUSHR), Bradley University Institutional Review Board (IRB) in May, 2015

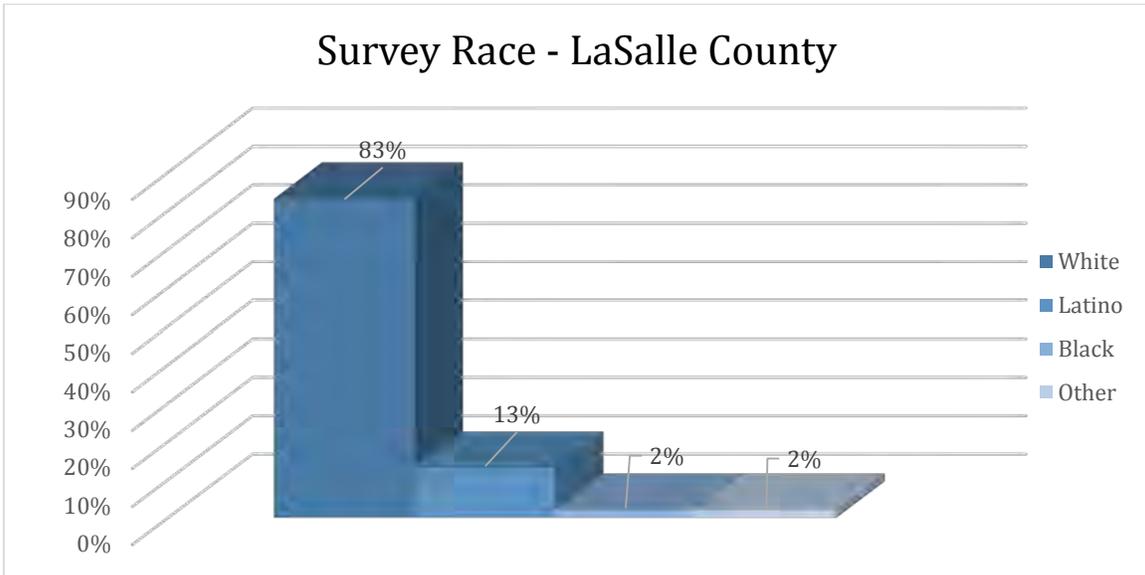
APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS FOR GENERAL SAMPLE



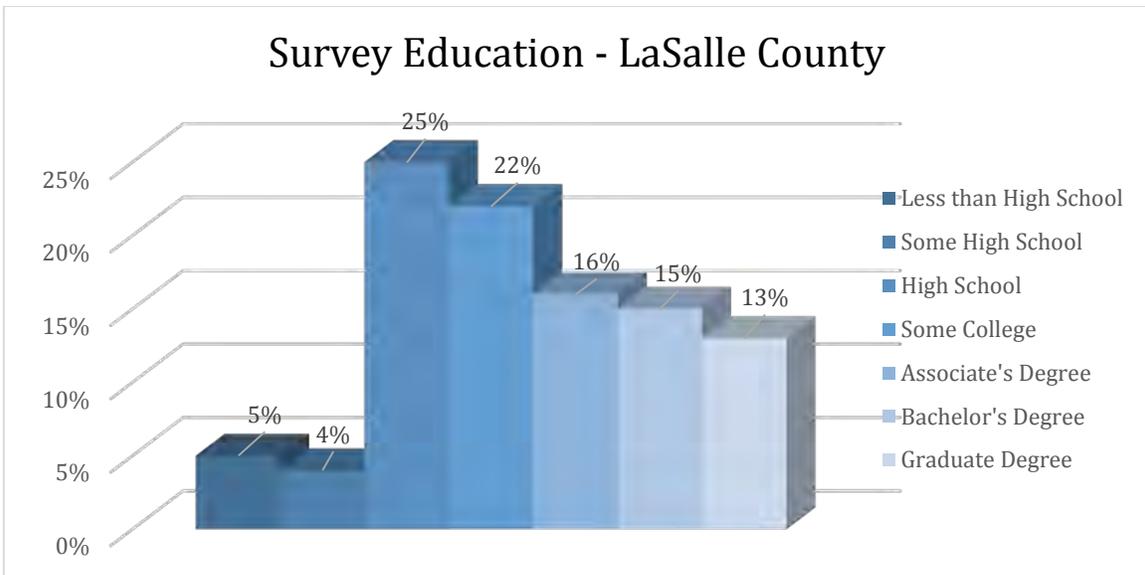
Source: CHNA Survey



Source: CHNA Survey

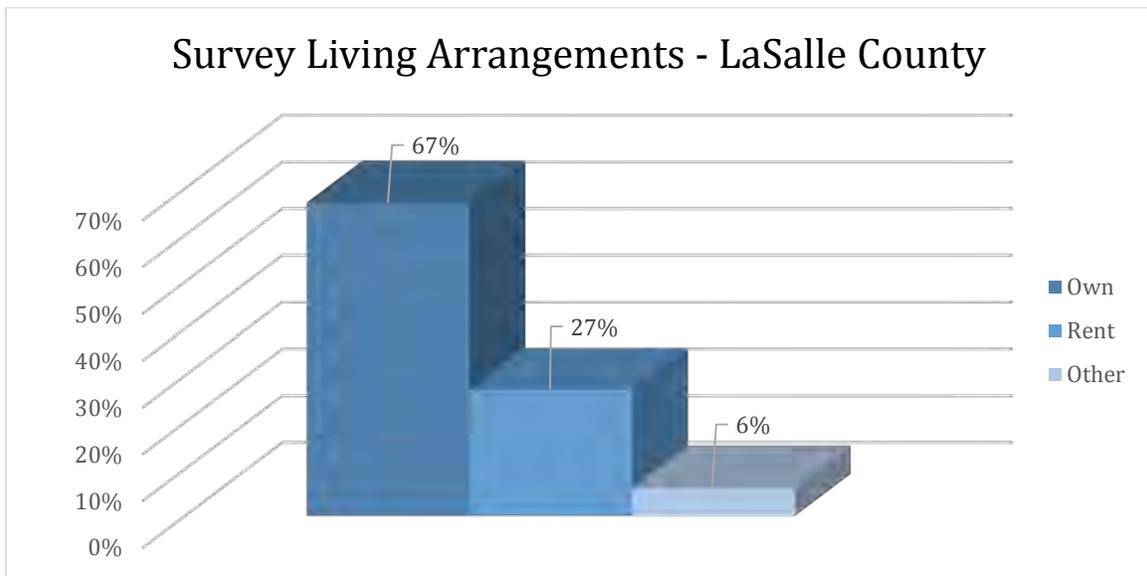


Source: CHNA Survey

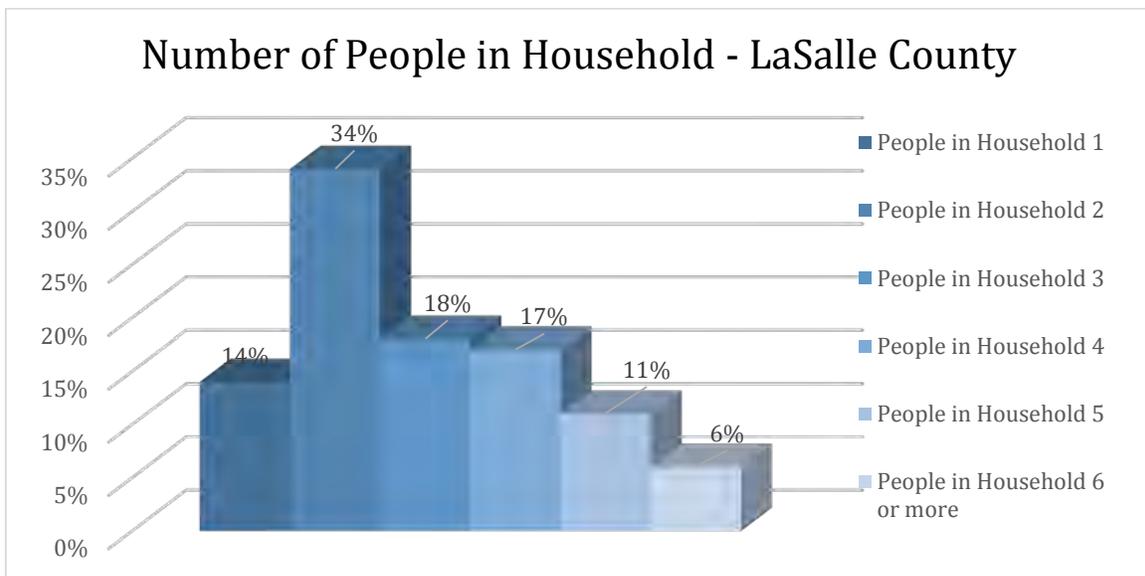


Source: CHNA Survey

Income: Mean income for sample was \$43,342.00



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 5. RESOURCE MATRIX

| | Organization name | Cancer | Cardiovascular Disease | Community Misperceptions (Drug Abuse, Alcohol Abuse and Poor Eating Habits) | Diabetes | Emergency Department Misuse | Healthy Behaviors/ Nutrition & Exercise | Mental Health | Not Seeking Health Care | Obesity | Low Birth Weights | Substance Abuse |
|--------------------------------|--|--------|------------------------|---|----------|-----------------------------|---|---------------|-------------------------|---------|-------------------|-----------------|
| Recreational Facilities | | | | | | | | | | | | |
| | YMCA of Ottawa | | X | | | | X | | | X | | |
| | Streator Family YMCA | | X | | | | X | | | X | | |
| | Ottawa Parks and Recreation | | X | | | | X | | | X | | |
| | | | | | | | | | | | | |
| Health | LaSalle County Health Department | X | | X | | X | X | X | X | X | X | X |
| Schools | Ottawa Township High School | | X | X | | | X | X | X | X | | X |
| | Ottawa Grade Schools | | X | X | | | X | X | X | X | | X |
| | Streator High School | | X | X | | | X | X | X | X | | X |
| | Streator Grade Schools | | X | X | | | X | X | X | X | | X |
| | Marseilles Grade School | | X | X | | | X | X | X | X | | X |
| | Mendota High School | | | X | | | X | | | X | | X |
| | Mendota Grade Schools | | | | | | X | | | X | | |
| | | | | | | | | | | | | |
| Community Agencies | | | | | | | | | | | | |
| | A Domestic Violence and Sexual Assault Service (ADV&SAS) | | | X | | | | | X | | | X |
| | American Cancer Society | X | | | | | | | | | | |
| | Illinois Valley PADS Ottawa | | | X | | | | | | | | X |
| | Youth Service Bureau of Illinois Valley | | | X | | | | X | | | | X |
| | TriCounty Opportunity Council - LaSalle | | | | | | | | X | | | |
| | North Central Behavioral Center | | | X | | X | | X | X | | | X |
| | Center for Youth and Family Solution - LaSalle | | | X | | | | X | | | | X |
| | Ottawa Area Chamber of Commerce | | | | | | X | | | | | |
| | United Way of Eastern LaSalle County | | | X | | | X | | X | | | |
| | Mendota Youth Service Bureau & Hispanic Council | | | X | X | | X | | | X | | |
| | Mendota Area Seniors Service | X | X | | X | | X | | | | | |
| | Mendota Community Health Partnership | | | X | X | | X | X | | X | | X |
| | Illinois Valley Hispanic Health Partnership Council | | | X | X | | X | | | X | | X |
| | | | | | | | | | | | | |
| Hospitals / Clinics | | | | | | | | | | | | |
| | OSF Saint Elizabeth Medical Center (Ottawa) | X | X | X | X | X | X | X | X | X | X | X |
| | OSF Center for Health - Streator | X | X | | | X | | | | | | |
| | OSF Behavioral Health CHOICES | | | X | | X | | X | | | | X |
| | OSF Medical Group - Ottawa/Marseilles | X | X | X | X | X | X | X | X | X | X | |
| | OSF Medical Group Prompt Care - Ottawa | X | X | X | X | X | X | X | X | X | | |
| | OSF Healthcare South - Prompt Care | | X | X | X | X | X | | X | X | | |
| | Fox River Cancer Center | X | | | | | | | | | | |
| | OSF Saint Paul Medical Center (Mendota) | X | X | X | X | X | X | X | X | X | X | X |
| | OSF Medical Group Mendota | X | X | X | X | X | X | X | X | X | X | X |
| | Abigail Women's Clinic - Mendota | | | | | | | X | X | | X | |
| | Trinity Health Care Mendota | X | X | X | X | | X | X | X | X | | X |

APPENDIX 6. DESCRIPTION OF COMMUNITY RESOURCES

Recreational Facilities (3)

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.

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 (12)

A Domestic Violence and Sexual Assault Service (ADV & SAS)

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

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.

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.

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.

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*

Mendota Community Health Partnership of Illinois

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.

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.

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.

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 (7)

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.

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.

NowCare-Urgent Care Mendota

Now 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)