

# Community Health Needs Assessment 2016

OSF Saint Francis Medical Center

PEORIA COUNTY  
TAZEWELL COUNTY  
WOODFORD COUNTY

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# Community Health Needs Assessment

July 2016

*Collaboration for sustaining health equity*

## Executive Summary

The Tri-County Community Health-Needs Assessment (CHNA) is a collaborative undertaking to highlight the health needs and well-being of residents in the Tri-County region. A team of healthcare professionals from OSF Saint Francis Medical Center and UnityPoint Health – Methodist | Proctor (hereafter referred to as OSF and UnityPoint) was created to ensure that requirements of the Patient Protection and Affordable Care Act (Affordable Care Act) were met. Additionally, the Central Illinois Community Health Collaborative (CICHC) was created to engage the entire community in improving population health. Members of the CICHC include: Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department, Kindred Hospital, Advocate Eureka Hospital, Hopedale Medical Complex, Pekin Hospital, Heart of Illinois United Way, Heartland Community Health Clinic and Bradley University, as well as OSF and UnityPoint. Several themes are prevalent in this health-needs assessment – the demographic composition of the Tri-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 OSF and UnityPoint, 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 Tri-County region were identified. Consideration was given to health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method, two significant health needs were prioritized:

- ***Healthy behaviors – defined as active living and healthy eating, and their impact on obesity***
- ***Mental health***

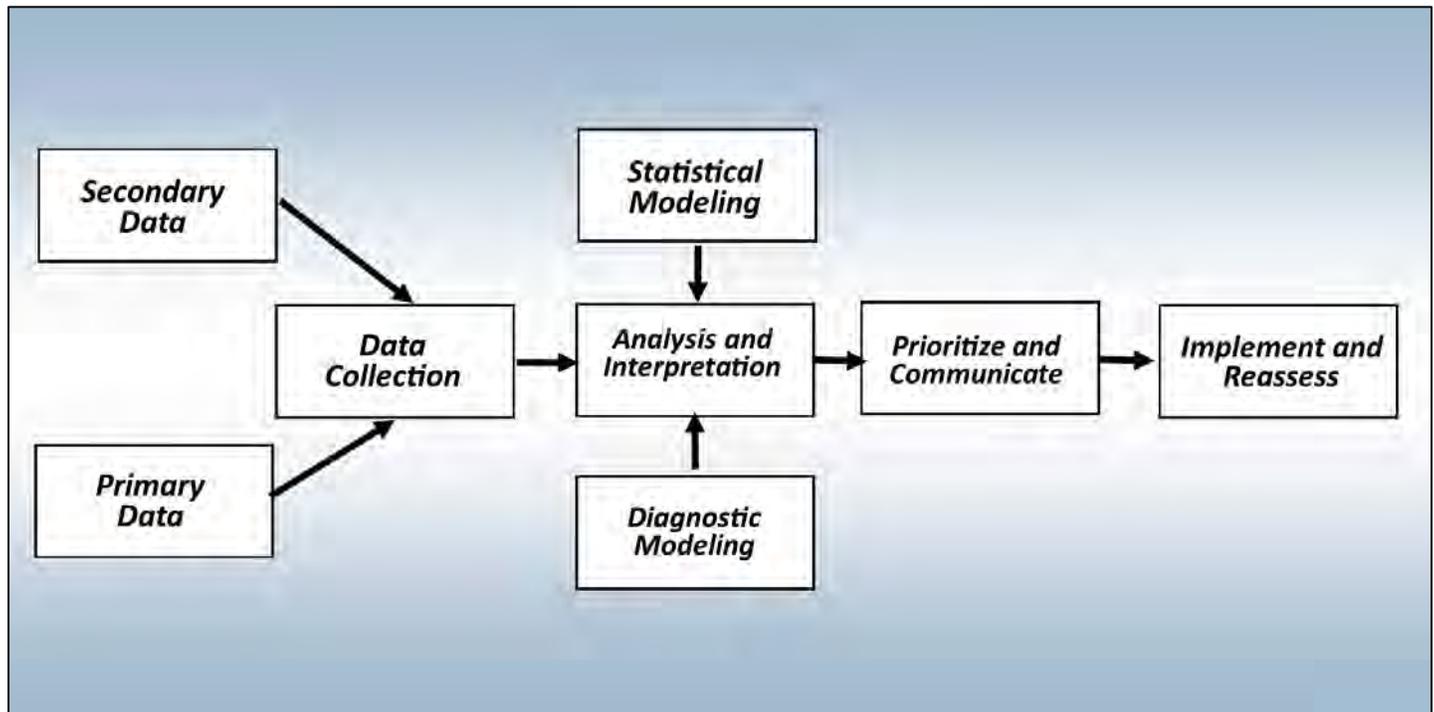
# I. INTRODUCTION

## 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, 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**



## Community Engagement, Broad Representation and Special Knowledge

A team of healthcare professionals from OSF UnityPoint was created to guide the CHNA process. Additionally, the Central Illinois Community Health Collaborative (CICHC) was formed to bring together organizations that are committed to improving population health. Members of the CICHC were carefully selected to ensure representation of the broad interests of the community. Specifically, the CICHC

included representatives from the Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department, Kindred Hospital, Advocate Eureka Hospital, Hopedale Medical Complex, Pekin Hospital, Heart of Illinois United Way, Heartland Community Health Clinic and Bradley University, as well as OSF and UnityPoint. Specifically, members consisted of individuals with special knowledge of and expertise in the healthcare of the community.

Members of OSF, UnityPoint and the CICHC met in April and July 2015 and in the first quarter of 2016. Note that the CICHC provided important inputs and resources to OSF and UnityPoint 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 the primary and secondary markets for OSF and UnityPoint, analyses were completed to identify what percentage of inpatient and outpatient activity was represented from Peoria, Tazewell and Woodford counties. Data show that these three counties represent approximately 83% of all patients for these hospitals.

In addition to defining the community by geographic boundaries, this study targets the at-risk population (based on socio-economic status) as an area of potential opportunity to improve the health of the community.

## **Purpose of the Community Health-Needs Assessment**

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 healthcare 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 the Tri-County region. 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 CHNA for the Tri-County region identified 7 significant health needs. These included: asthma, cancer, diabetes, 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 2,381 survey respondents from the Tri-County region, 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 Tri-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 average poverty rate (weighted by each county population to represent the total population of the Tri-County region) was 13.2 percent.

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 Tri-County region, the minimum sample size for those living in poverty was 732. Note that for *aggregated* analyses (combination of at-risk and general populations); an additional 795 random surveys were needed from those not living in poverty in order to properly represent the views of the population in the Tri-County region.

The data collection effort for this CHNA yielded a total of 2,381 usable responses. This exceeded the threshold of the desired 90% confidence interval.

To provide a representative profile when assessing the aggregated population for the Tri-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 1,165 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,  $\chi^2$  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

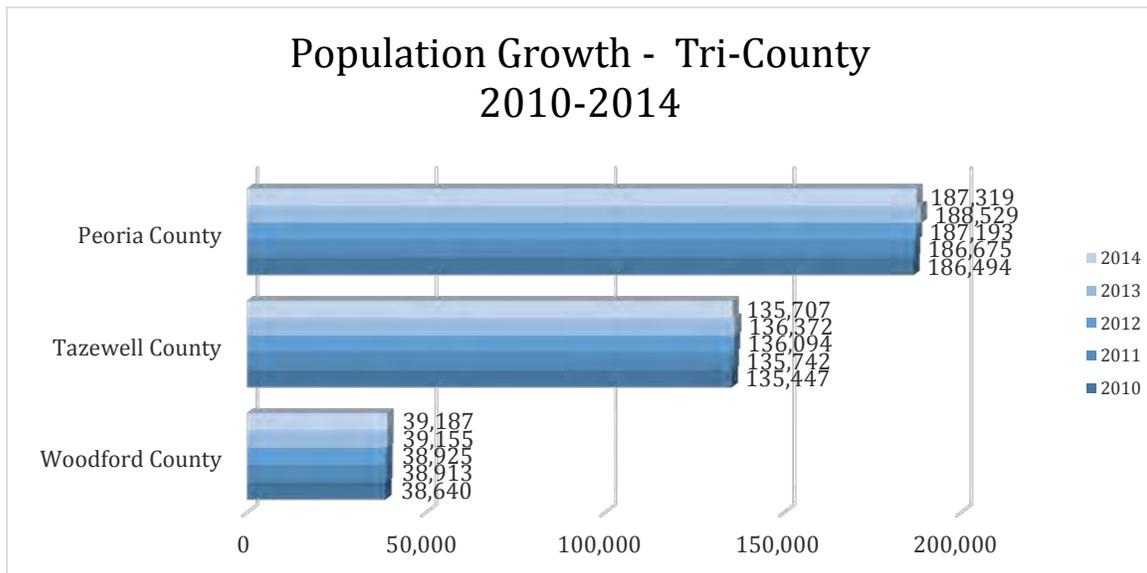
# CHAPTER 1. DEMOGRAPHIC PROFILE

## 1.1 Population

*Importance of the measure:* Population data characterize individuals residing in the Tri-County region. 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 the Tri-County region has seen a slight increase between 2010 and 2014 (0.5%). Tazewell County registered the smallest increase in population (.19%), while Woodford County showed the greatest (1.42%)



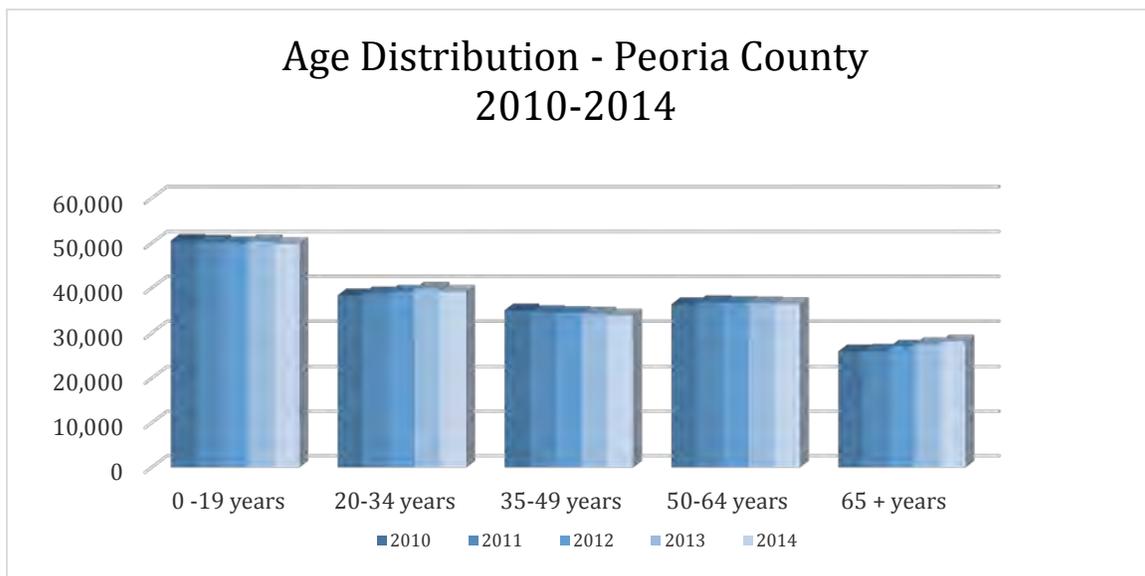
Source: US Census

## 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.

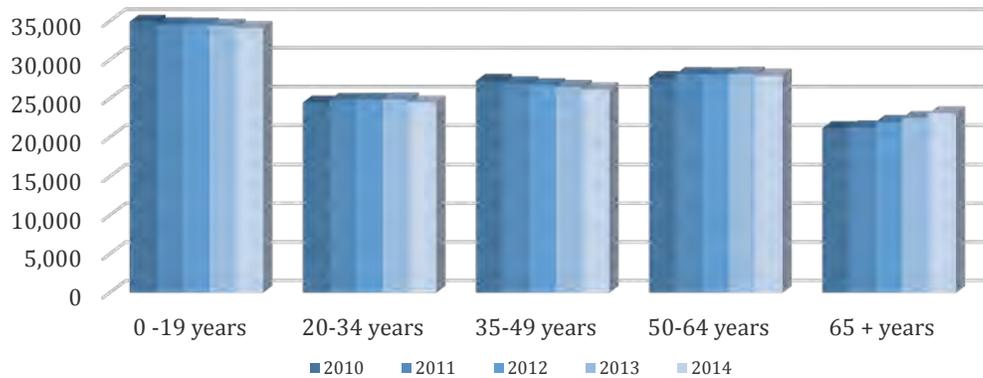
### Age

As indicated in the graphs below, individuals in the Tri-County region aged 50-64 increased between 2010 and 2014, and individuals aged 35-49 decreased between 2010 and 2014. The largest increase in population for residents 65 and older is Woodford County (11.7%). Woodford County also has the largest decline of residents aged 35-49 (6.9%).



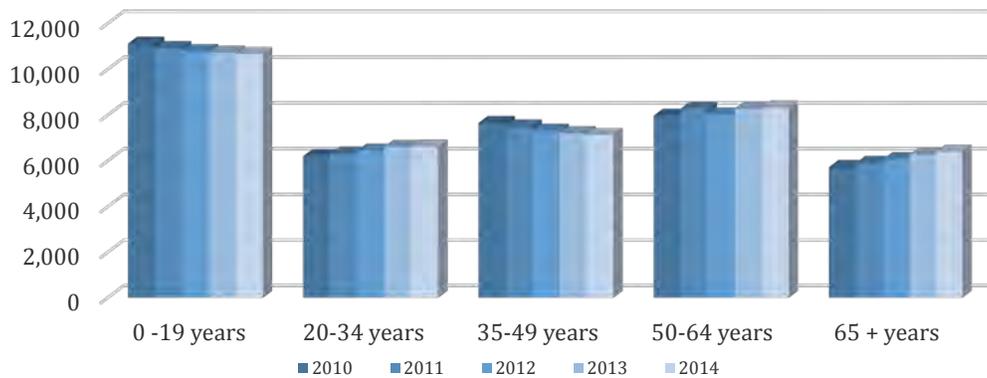
Age	2010	2011	2012	2013	2014
0 -19 years	50,542	50,322	49,972	50,320	49,804
20-34 years	38,362	38,783	39,143	39,815	39,133
35-49 years	35,016	34,599	34,433	34,244	33,853
50-64 years	36,358	36,822	36,630	36,539	36,380
65 + years	25,992	26,149	27,015	27,611	28,149

### Age Distribution - Tazewell County 2010-2014



Age	2010	2011	2012	2013	2014
0 -19 years	34,921	34,581	34,535	34,388	34,076
20-34 years	24,466	24,802	24,811	24,870	24,445
35-49 years	27,271	26,941	26,703	26,465	26,171
50-64 years	27,630	28,150	28,095	28,182	27,932
65 + years	21,159	21,268	21,950	22,467	23,083

### Age Distribution - Woodford County 2010-2014

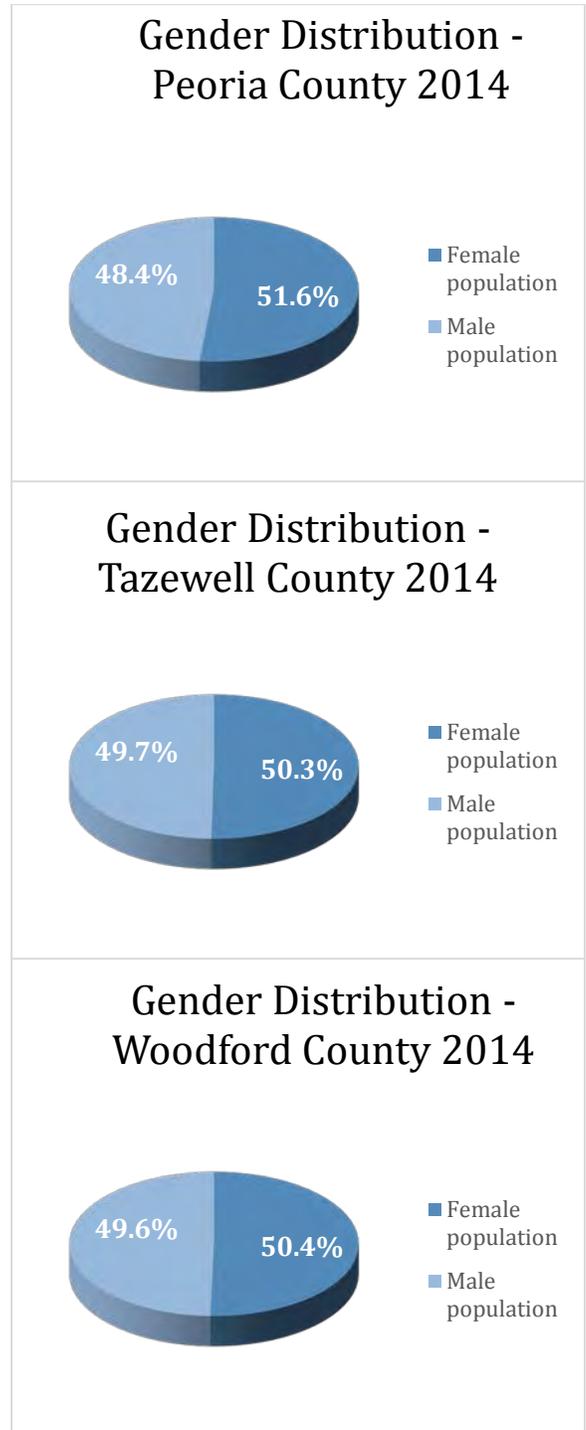
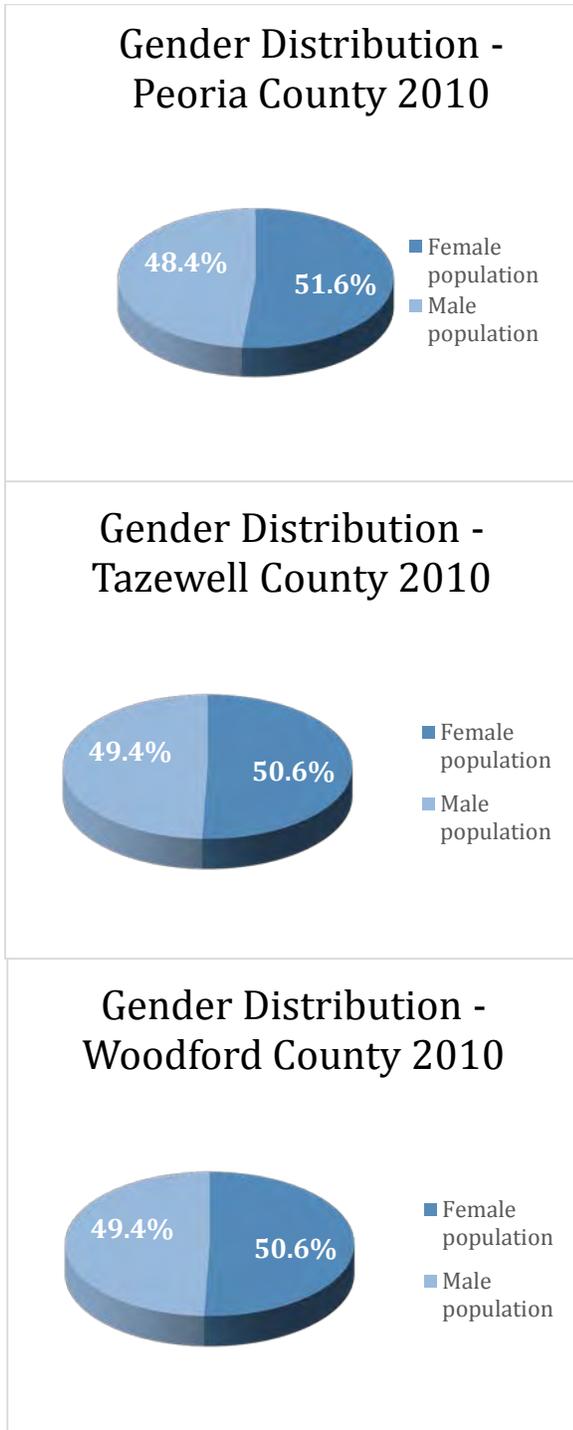


Age	2010	2011	2012	2013	2014
0 -19 years	11,113	10,920	10,793	10,720	10,660
20-34 years	6,206	6,312	6,439	6,606	6,615
35-49 years	7,651	7,496	7,306	7,206	7,123
50-64 years	7,972	8,278	8,024	8,278	8,325
65 + years	5,722	5,907	6,062	6,277	6,391

Source: US Census

## Gender

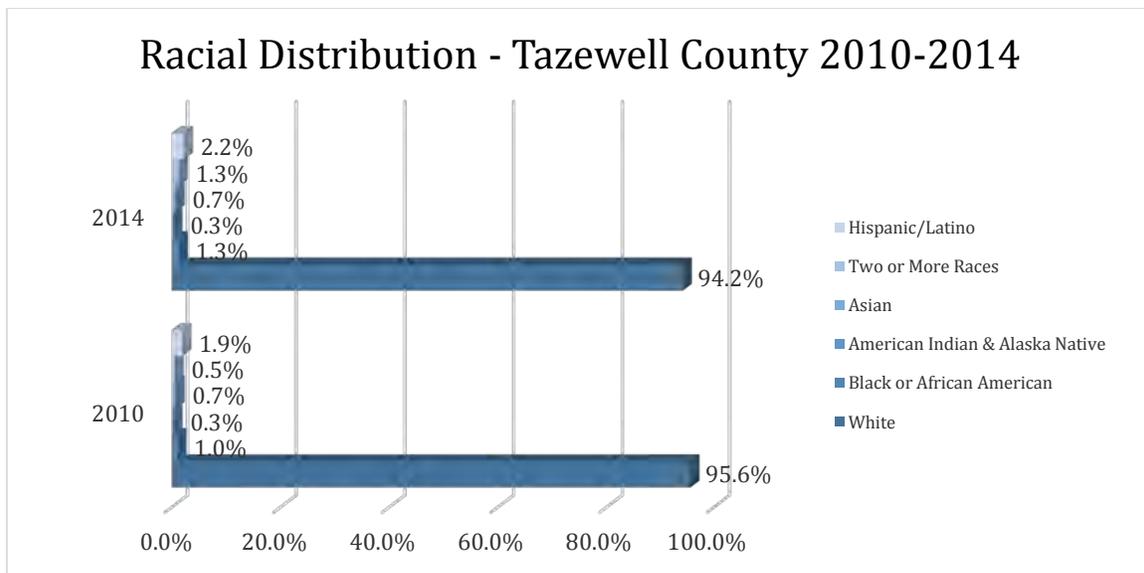
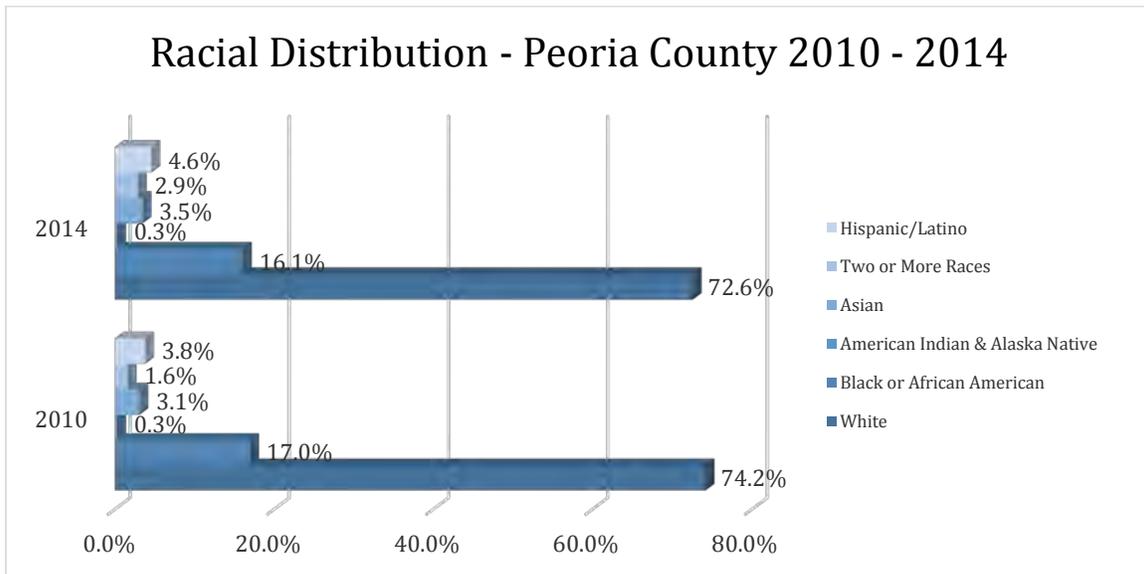
The gender distribution of Tri-County residents has remained consistent between 2010 and 2014.

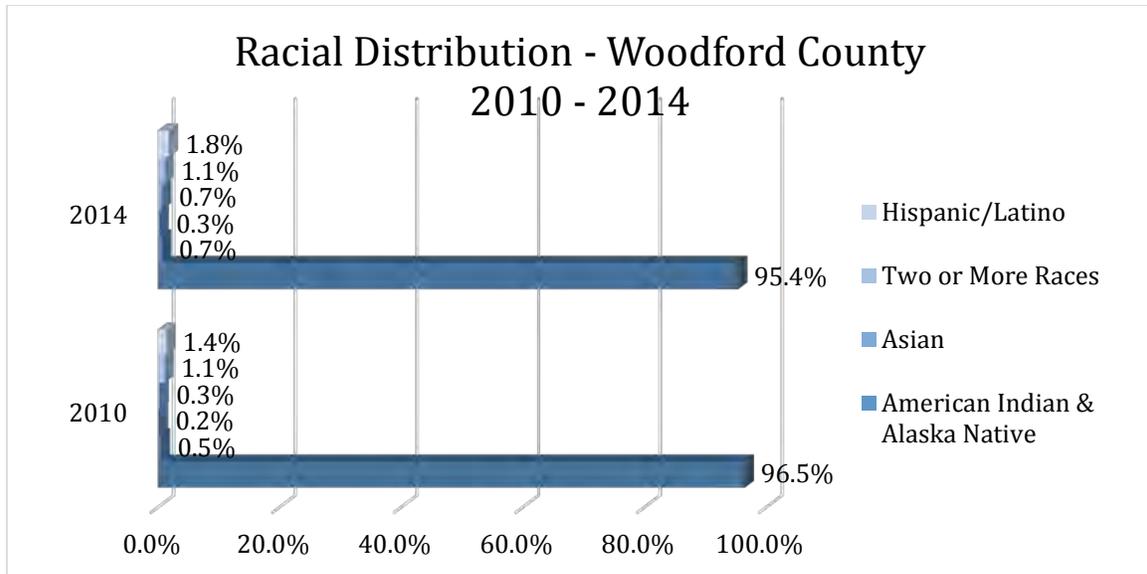


Source: US Census

## Race

With regard to race and ethnic background, the Tri-County region is largely homogenous, yet in recent years is becoming more diverse. Data from 2010 suggest that Whites comprise over 90% of the population in Tazewell and Woodford counties, and over 70% of the population in Peoria County. However, the non-White population of the Tri-County region has been increasing, with individuals identifying with Black or African American ethnicity, Hispanic, Latino ethnicity, and two or more races on the rise. Importantly, the Black/African American population in Peoria County has declined since 2010, now representing 16.1% of the population (down from 17%).



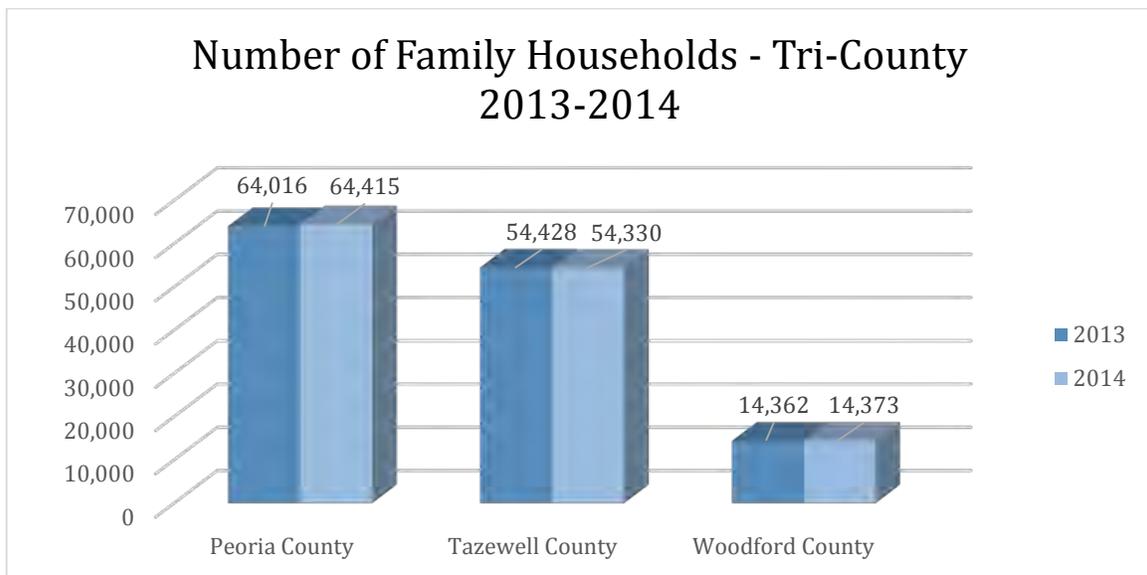


Source: US Census

### 1.3 Household/Family

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

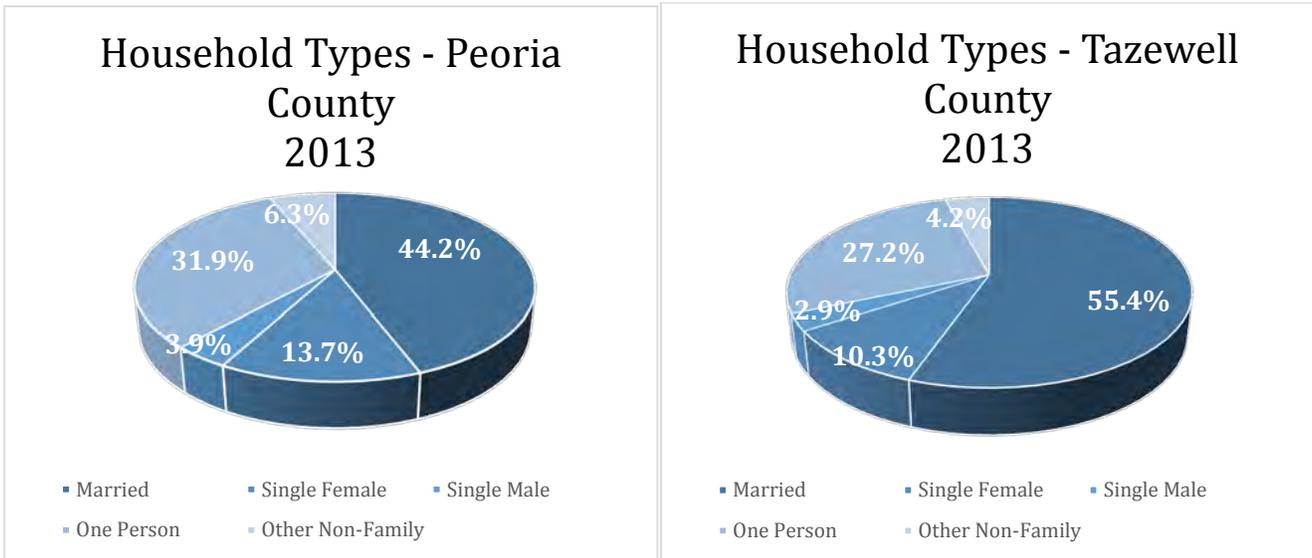
As indicated in the graph below, the number of family households within the Tri-County region largely held steady, with a 0.6% increase in Peoria County, a .2% decrease in Tazewell County, and no significant change in Woodford County.



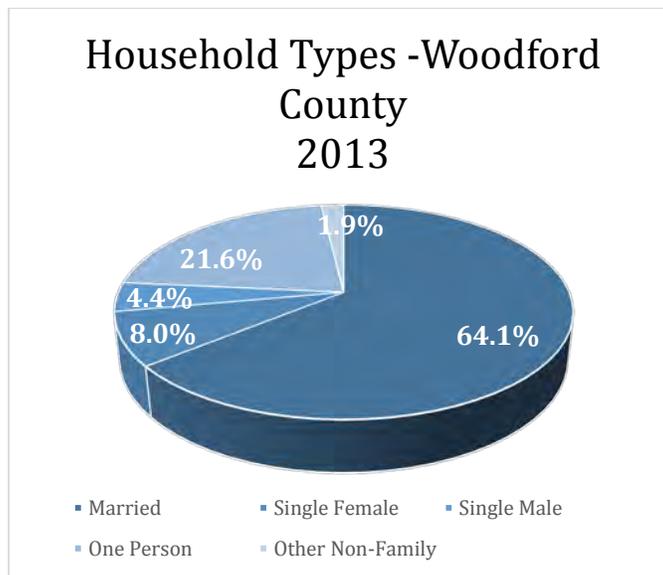
Source: US Census

## Family Composition

In the Tri-County region, data from 2013 suggest the percentage of two-parent families in Peoria County at 44.2%, with Tazewell and Woodford counties well over 50%. One-person households represent at least 20% of the population across counties, with Peoria having nearly 1/3 of its households being comprised of one person.



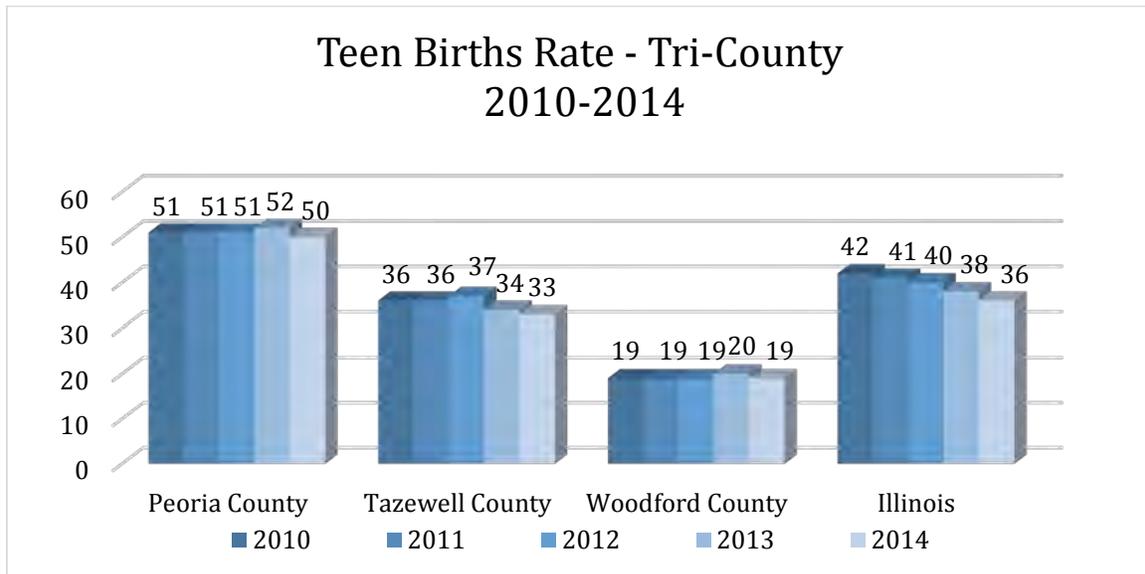
Source: 2013 Statisticalatlas.com



Source: 2013 Statisticalatlas.com

## Early Sexual Activity Leading to Births from Teenage Mothers

The Tri-County region experienced a decrease in teenage birth rate per 100,000 women. However, in Peoria County, teen births are significantly higher than the Illinois average of 36 per 1,000 women.



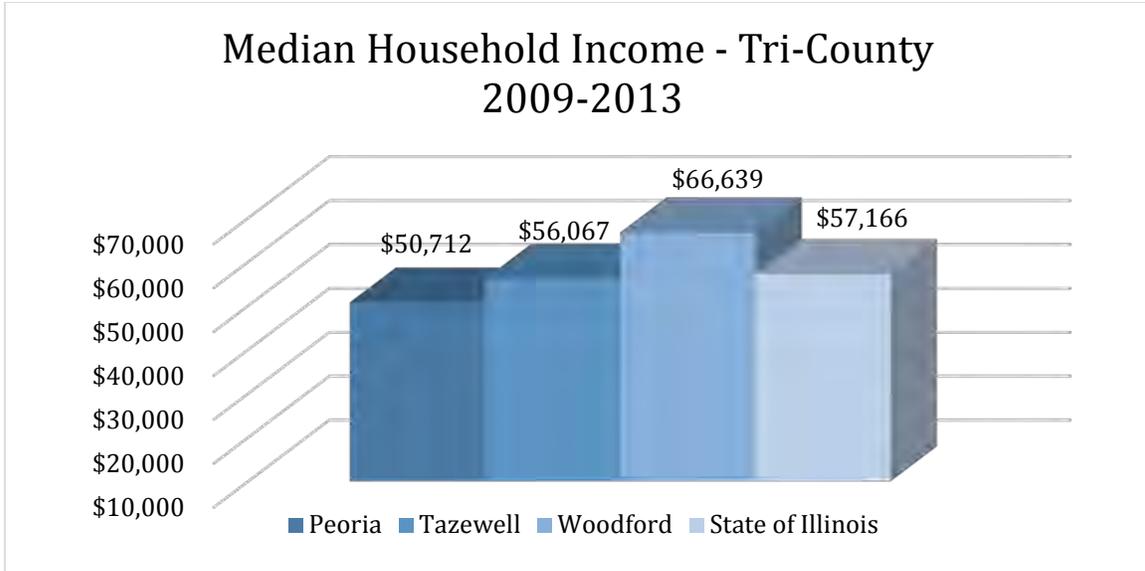
Source: Illinois Department of Public Health

## 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

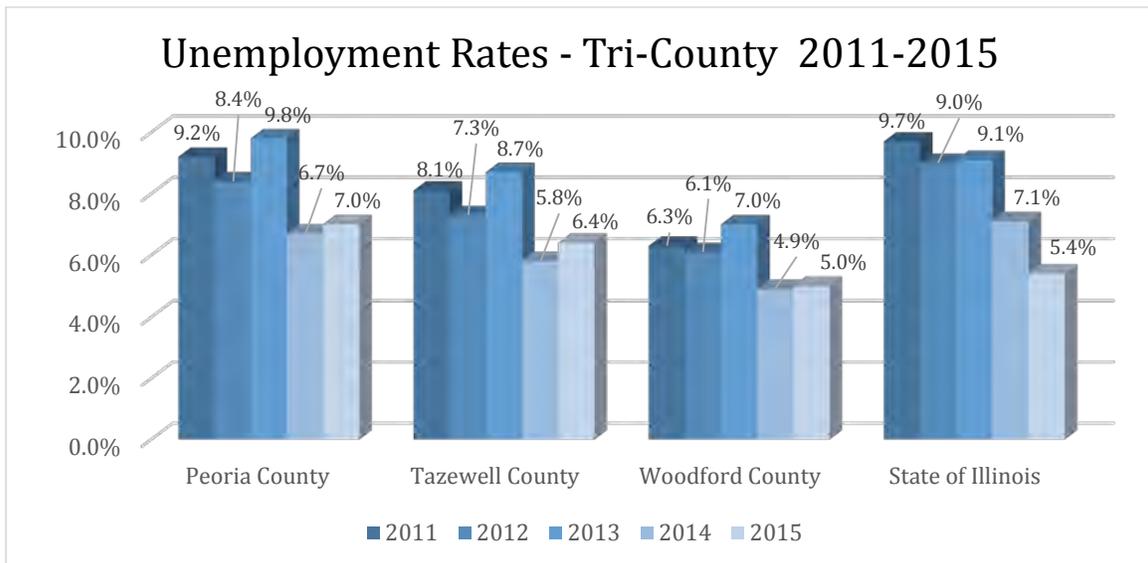
For 2009-2013, the median household income in the Tri-County region ranged from 11.3% lower than the State of Illinois (Peoria County) to 16.6% higher in Woodford County.



Source: US Census

## Unemployment

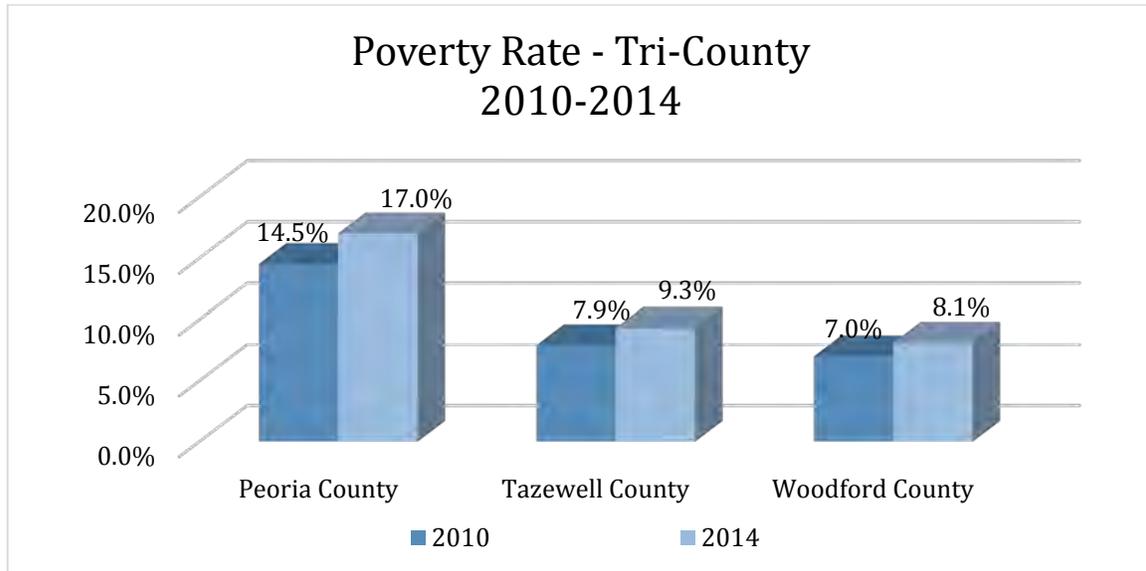
For the years 2011 to 2015, the Tri-County region has largely experienced lower unemployment rates than the State of Illinois. This trend reverses in 2015, when only Woodford County (5.0%) is below the Illinois State average of 5.4%. While all counties have seen declines from 2013, Peoria and Tazewell counties are substantially above Illinois State unemployment.



Source: Bureau of Labor Statistics

## Families in Poverty

Poverty has a significant impact on the development of children and youth. In the Tri-County region, the percentage of families living in poverty between 2010 and 2014 increased. The overall poverty rate for Tazewell County (9.3%) and Woodford County (8.1%) remain lower than the State of Illinois poverty rate of 14.4%. Peoria County has increased from 14.5% to 17.0%.



Source: US Census

## 1.5 Education

*Importance of the measure:* According to the National Center for Educational Statistics<sup>1</sup>, “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.

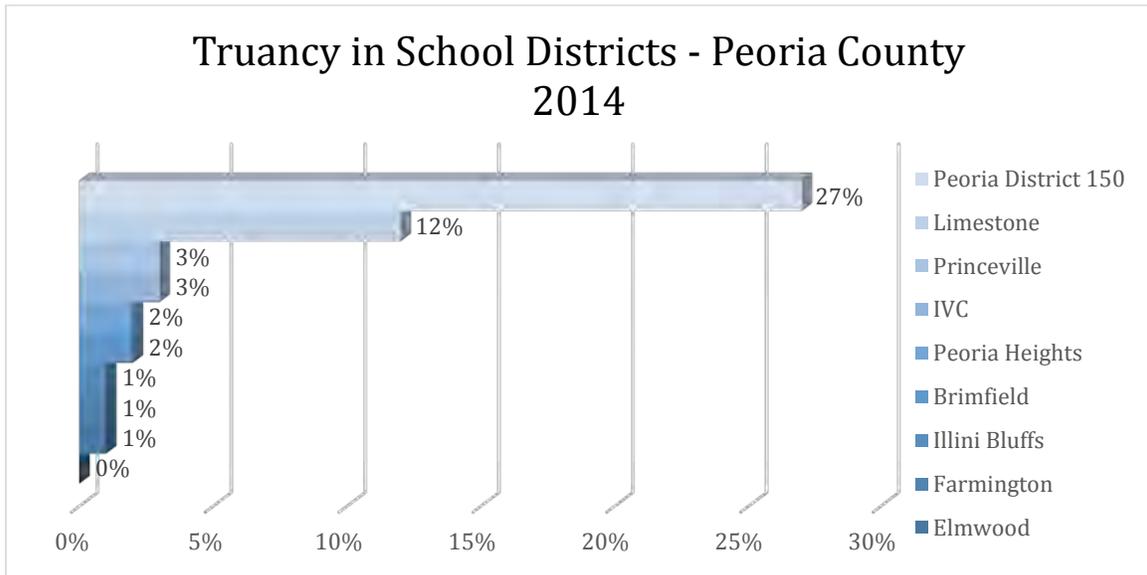
### Truancy

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

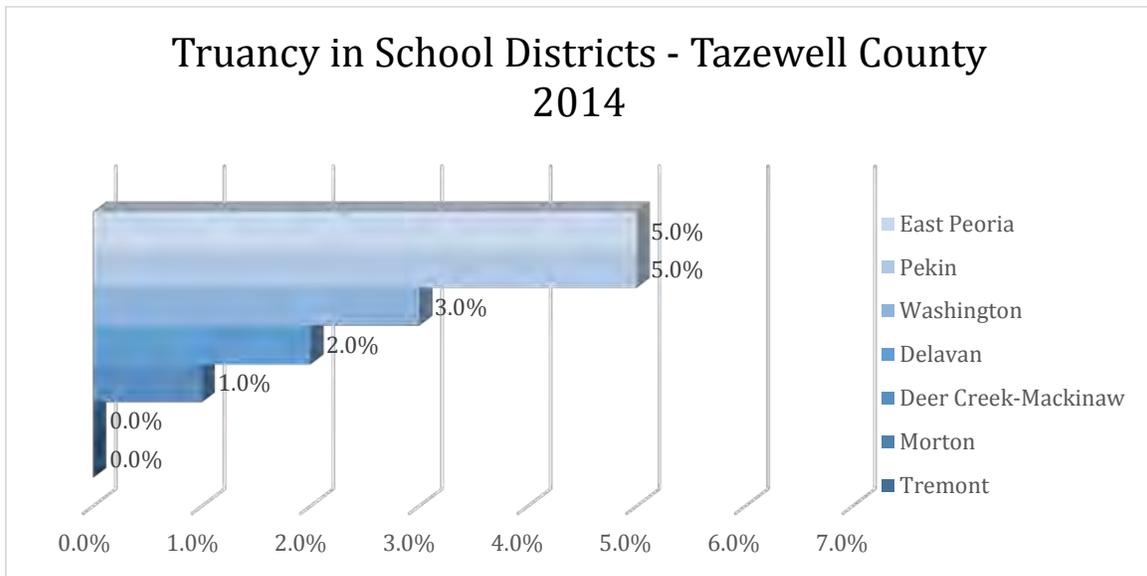
<sup>1</sup> NCES 2005

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.

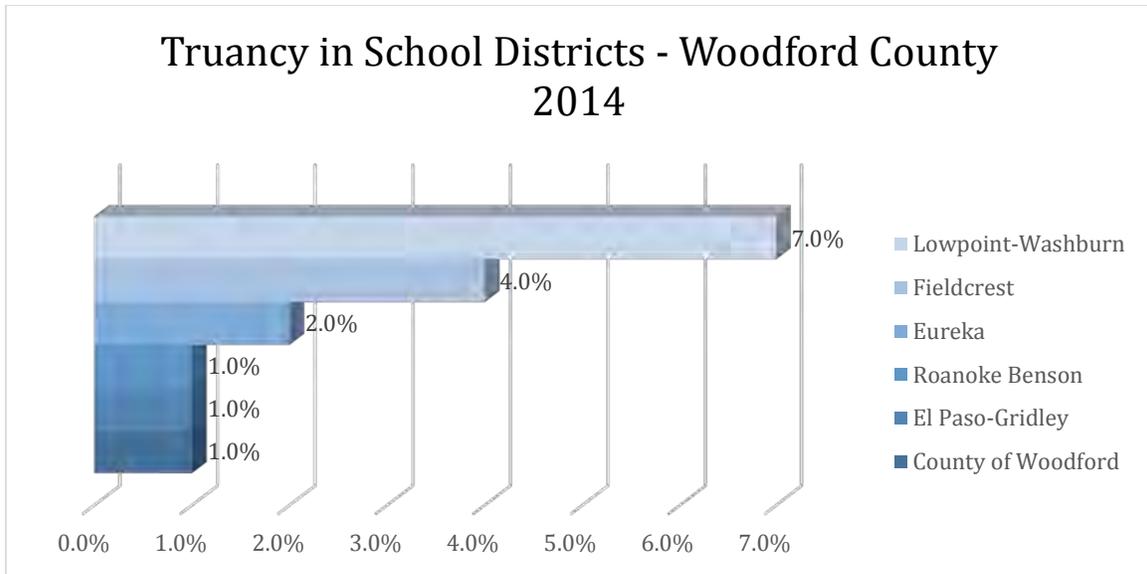
Peoria District 150 (recently renamed Peoria Public Schools) and Limestone School District had truancy rates of over 10% in 2014, followed by Lowpoint-Washburn, East Peoria, and Pekin districts, each at 5% or more.



Source: Illinois Report Card



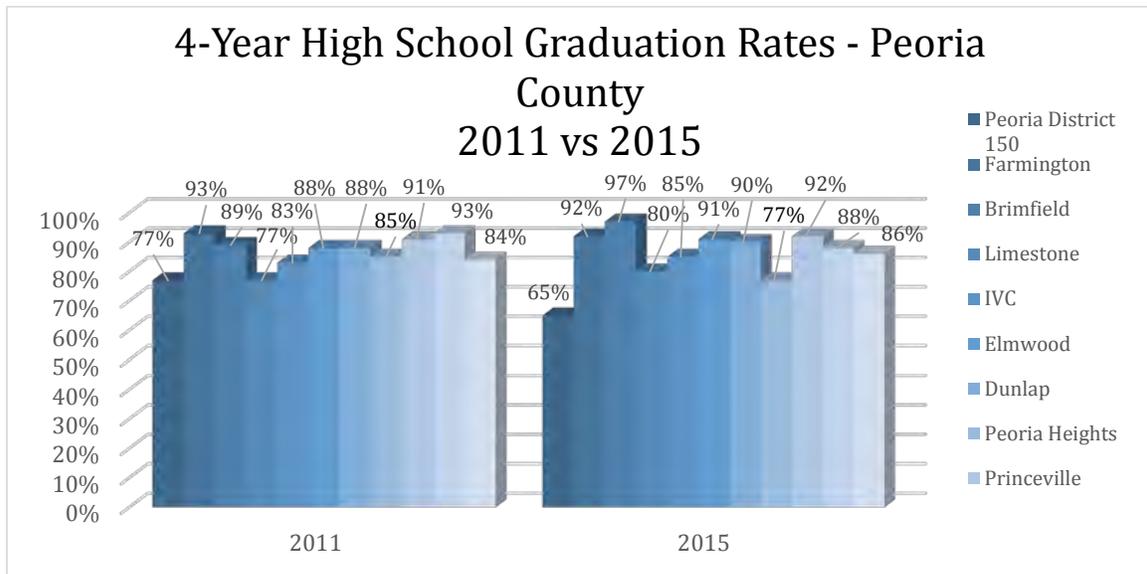
Source: Illinois Report Card



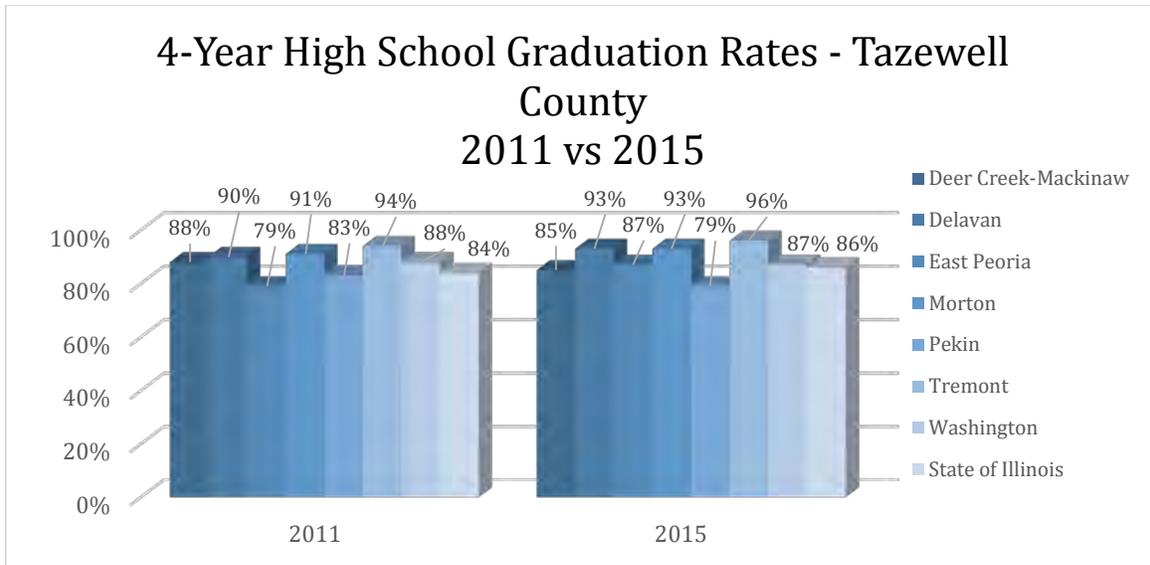
Source: Illinois Report Card

## High School Graduation Rates

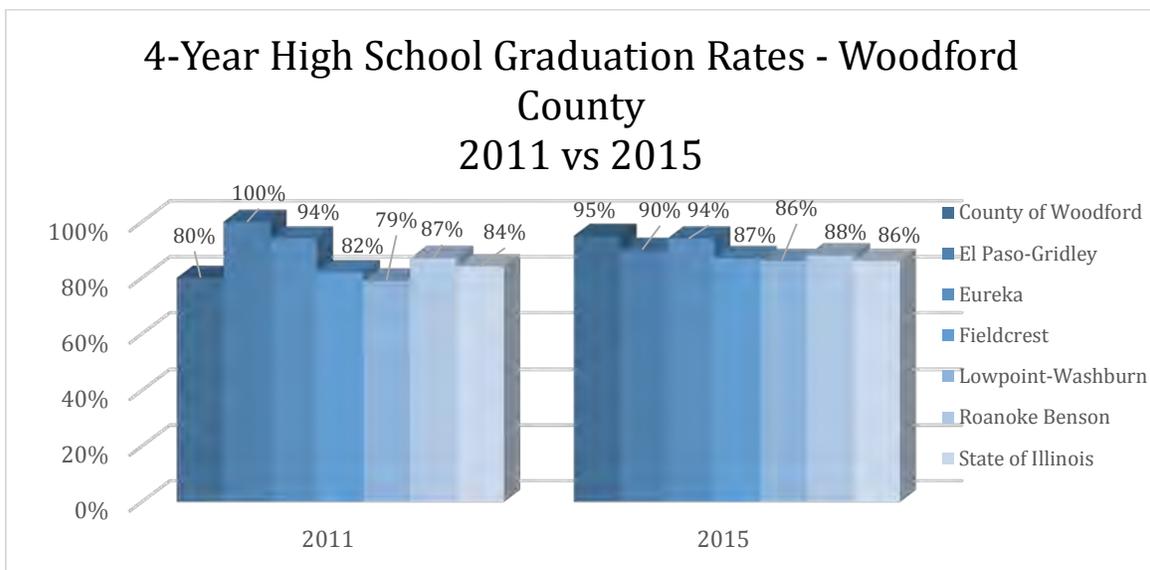
In 2015, Peoria District 150 (65%), Limestone (80%), Peoria Heights (77%), and Pekin (79%) reported graduation falling under the State average (now 86%). Notably, all districts in Woodford County are above the Illinois State average.



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



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



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

## 1.6 Key Takeaways from Chapter 1

- ✓ **POPULATION INCREASED SLIGHTLY OVER THE LAST 5 YEARS.**
- ✓ **POPULATION IS AGING. THE LARGEST PERCENTAGE INCREASE IS IN RESIDENTS OVER AGE 65**
- ✓ **DECREASING WHITE POPULATION, INCREASING LATINO POPULATION**
- ✓ **TEEN BIRTHS PER 1,000 FEMALE POPULATION, AGES 15-19 HAVE DECREASED SLIGHTLY OVER THE LAST THREE YEARS, BUT THE RATE IN PEORIA COUNTY REMAINS SIGNIFICANTLY HIGHER THAN THE AVERAGE ACROSS THE STATE OF ILLINOIS**
- ✓ **SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS BETWEEN 8% AND 13.7% OF THE POPULATION IN EACH OF THE THREE COUNTIES. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY**
- ✓ **UNEMPLOYMENT HAS DECREASED, HOWEVER, PEORIA AND TAZEWELL COUNTIES ARE HIGHER THAN STATE AVERAGES, WHILE WOODFORD COUNTY REMAINS LOWER THAN THE STATE**
- ✓ **TRI-COUNTY SCHOOL DISTRICTS HAVE COMPARABLE GRADUATION RATES TO THE STATE AVERAGE, EXCEPT FOR PEORIA DISTRICT 150, WHICH IS 21 POINTS LOWER THAN THE STATE AVERAGE GRADUATION RATE OF 86%**

**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

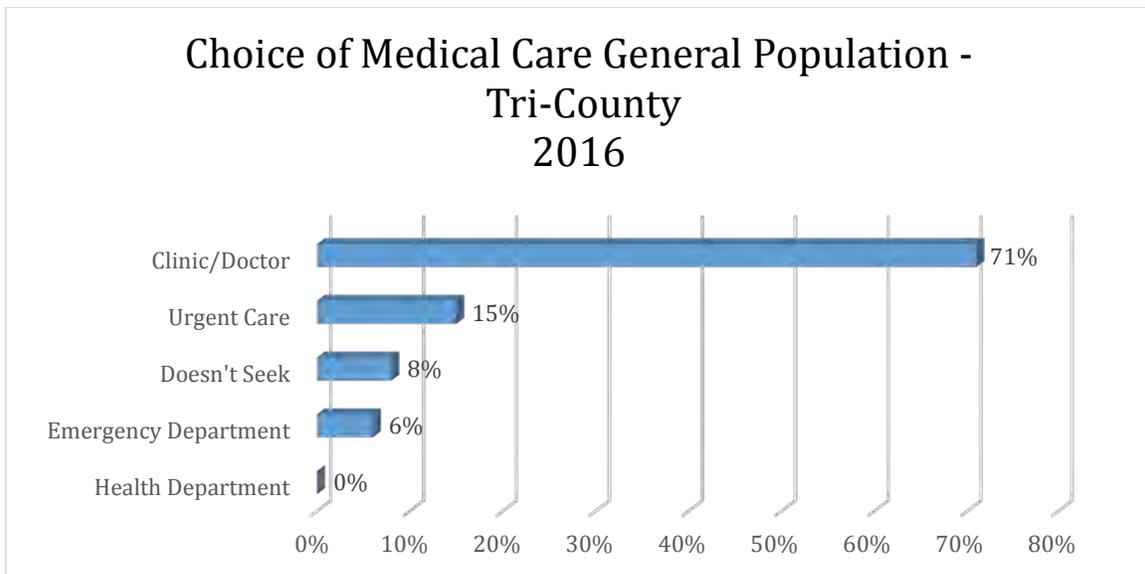
### 2.1 Accessibility

*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

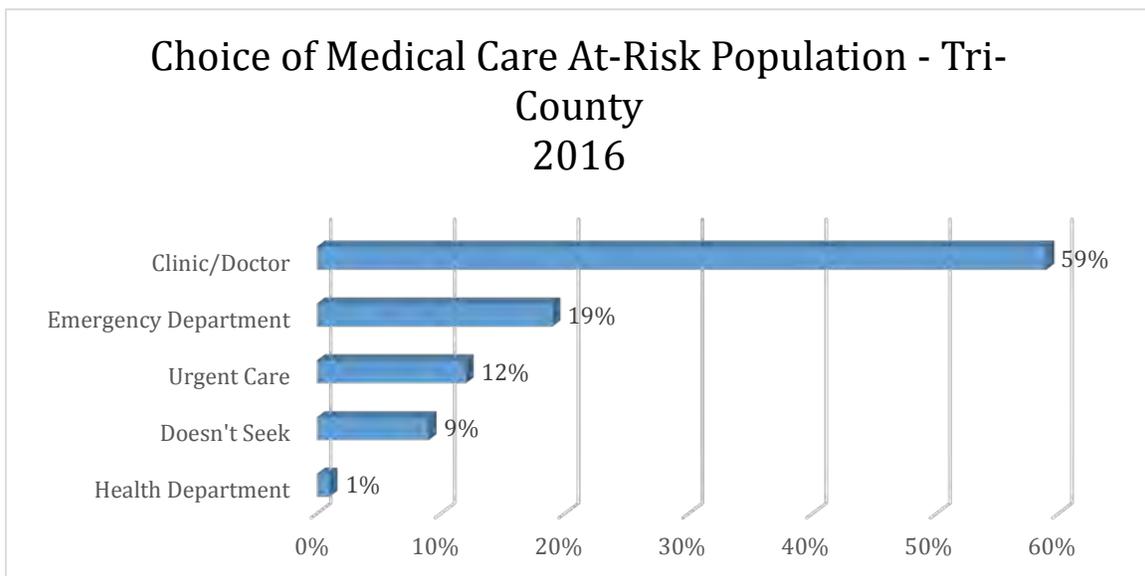
Survey respondents were asked to select the type of healthcare facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment, and other. The modified sample of 1,165 respondents was used for general population in order to more accurately reflect the demographic characteristics for the Tri-County region.

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 (15%), not seeking medical attention (8%), and the emergency department at a hospital (6%).



Source: CHNA Survey

For the at-risk (low income) population, the most common response for choice of medical care was also clinic/doctor's office (59%). This was followed by the emergency department at a hospital (19%), urgent care facilities (12%), not seeking medical attention (9%), and the health department (1%).



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, those with White ethnicity, higher education and income. Clinic/doctor's office is used less frequently by Latino people.

**Urgent Care** is used more often by younger people.

**Emergency Department** tends to be used more often by younger people, people of Black and Latino ethnicities, those with lower education and income, and homeless people. EDs are chosen more often in Peoria County and less often in Tazewell County.

**Do Not Seek Medical Care** is an option chosen more by men and residents of Tazewell County.

**Health Department** does not show significant demographic correlations.

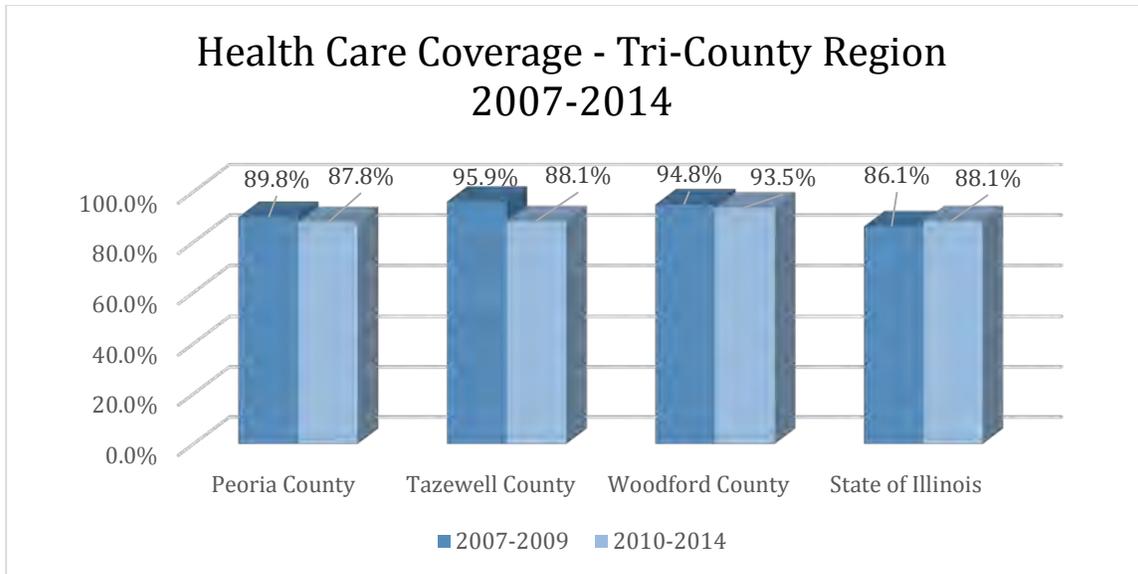
### *Comparison to 2013 CHNA Data*

Compared to the Tri-County 2013 CHNA survey data, for the general population, there was a significant increase in use of clinic/doctor's office, from 59% to 71%, which resulted in a lower percentage of people choosing to seek care in an emergency department.

For the at-risk population, there was also an increase in use of clinic/doctor's office, from 51% to 59%, resulting in a slight decrease in ED usage from 22% to 19%. There was also a reduction in the proportion of people who did not seek medical attention from 13% in 2013 to 9% in 2016.

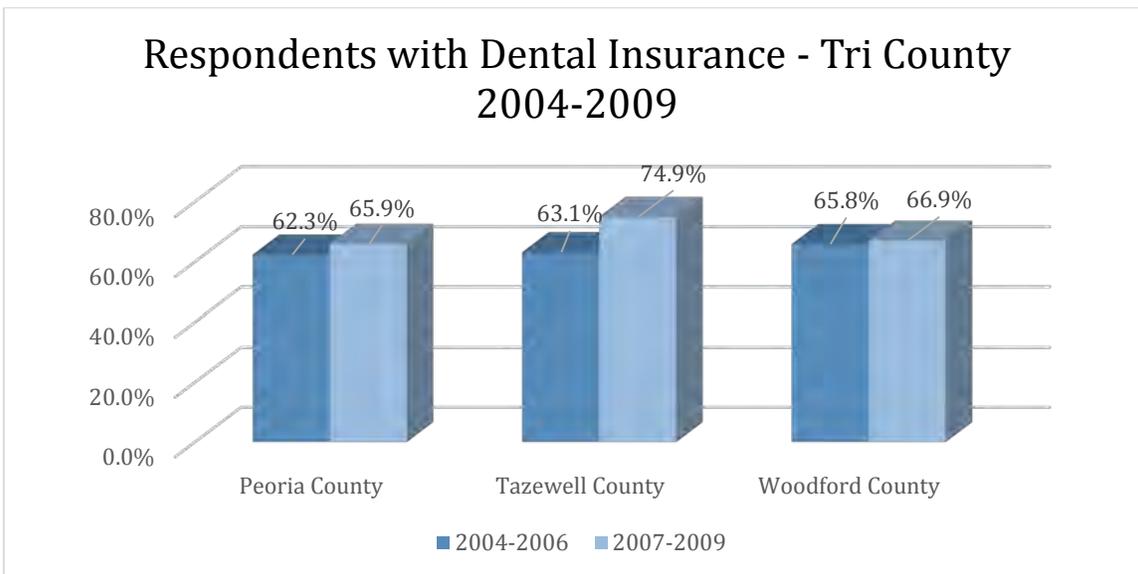
## Insurance Coverage

With regard to medical insurance coverage, data gathered from the Illinois Behavioral Risk Factor Surveillance System show that residents in the Tri-County region possess health care coverage at a comparable or higher rate than the State of Illinois average. Note that the percentage of people covered in Tazewell County has dropped significantly according to secondary data.



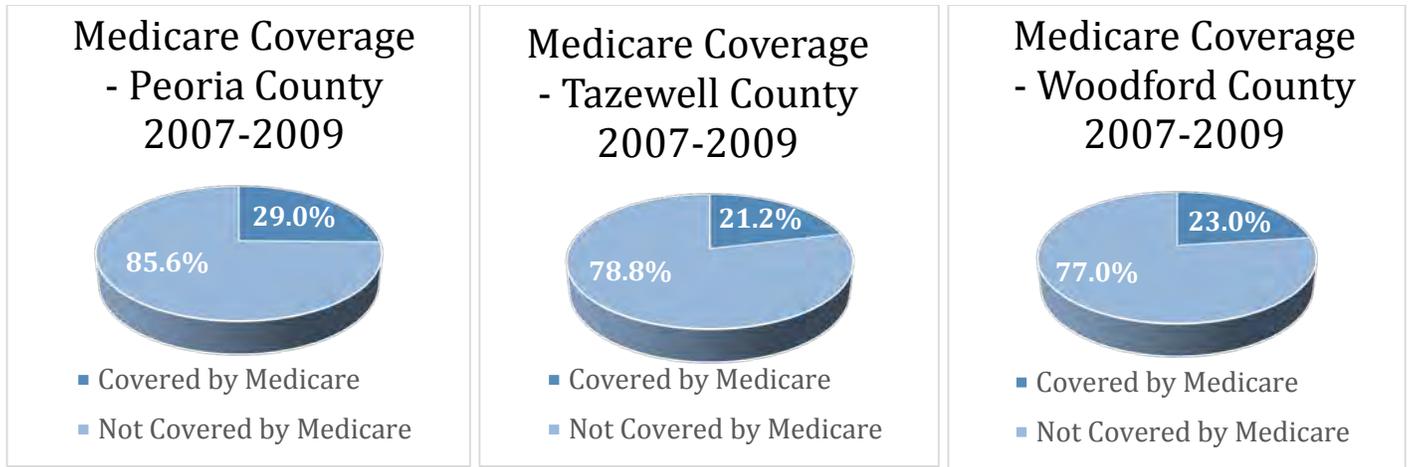
Source: Illinois Behavioral Risk Factor Surveillance System

With regard to dental insurance, coverage has increased across the Tri-County area, with Tazewell County experiencing the largest increases. These are the most recent data, as the BRFSS has not been updated for this metric since 2009.



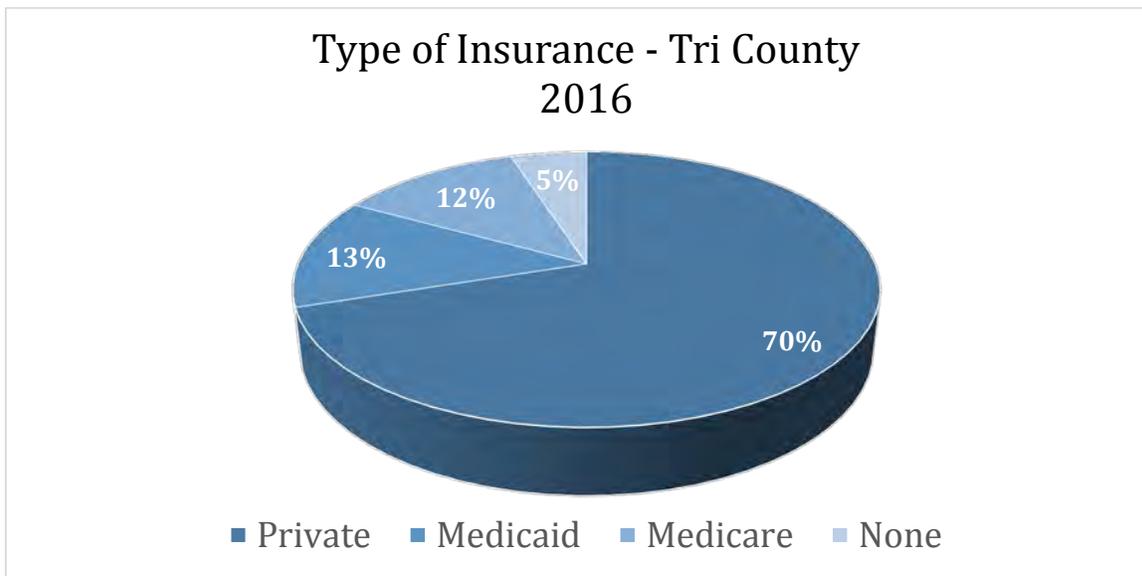
Source: Illinois Behavioral Risk Factor Surveillance System

With regard to Medicare Coverage, in each of the three counties in the Tri-County area, 21.2%-29% of 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.



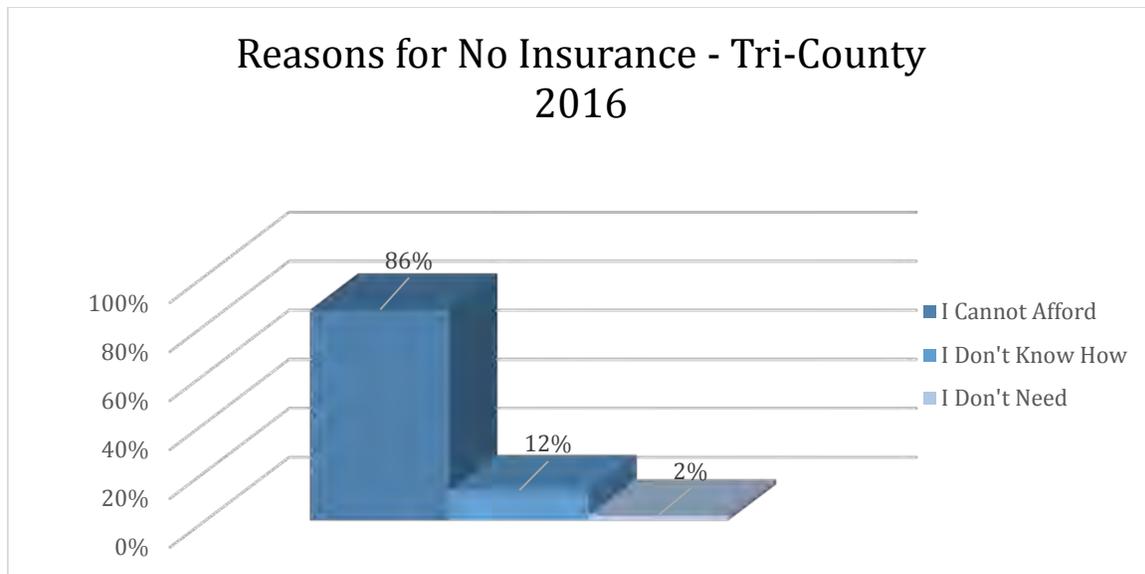
Source: Illinois Behavioral Risk Factor Surveillance System

A more precise analysis for insurance coverage is possible with data from the CHNA survey. According to survey data, 70% of the residents in the Tri-County are covered by private insurance.



Source: CHNA Survey

Data from the survey show that for the 5% 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 men, older people, Black people, and those with lower education and income. Peoria residents also are more likely to be covered by Medicare.

**Medicaid** tends to be utilized at higher rates by younger people, Black people, homeless people, and those with lower income and education levels. Again, Peoria residents also are more likely to be covered by Medicaid.

**Private Insurance** is used more often by women, White people, and those with higher education and income. Private insurance tends to be used less by the homeless. Residents of Tazewell and Woodford Counties are also more likely to be covered by private insurance.

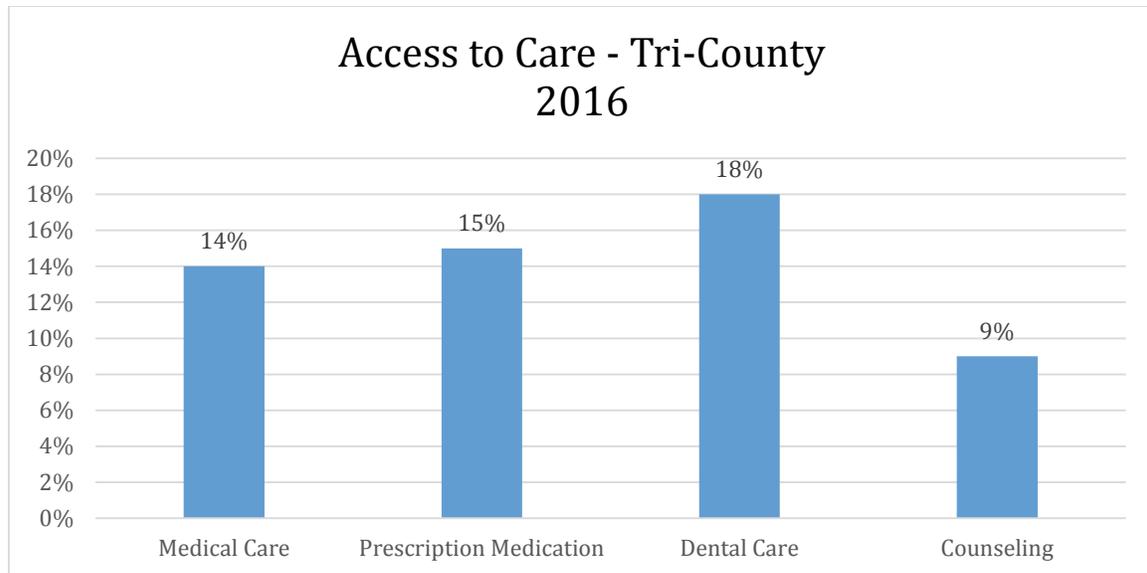
**No Insurance** tends to be reported more often by Latino people, the homeless, and those with low education and income. No insurance is reported less often by Black people.

#### ***Comparison to 2013 CHNA Data***

Compared to survey data from the 2013 CHNA, there has been a significant increase in the percentage of the population with private insurance to 70%. Note that there is large variance in this number across counties, where 77% of Woodford County residents have private insurance and 59% of Peoria County residents have private insurance (see appendices for more detail). For the Tri-County region, there was a significant overall decrease in those individuals who have no insurance, from 19% to 5%. Much of this may be attributed to the ACA.

## 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 14% of the population did not have access to medical care when needed; 15% of the population did not have access to prescription medications when needed; 18% of the population did not have access to dental care when needed; and 9% 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 education and income. Homeless people are less likely to report access to medical care.

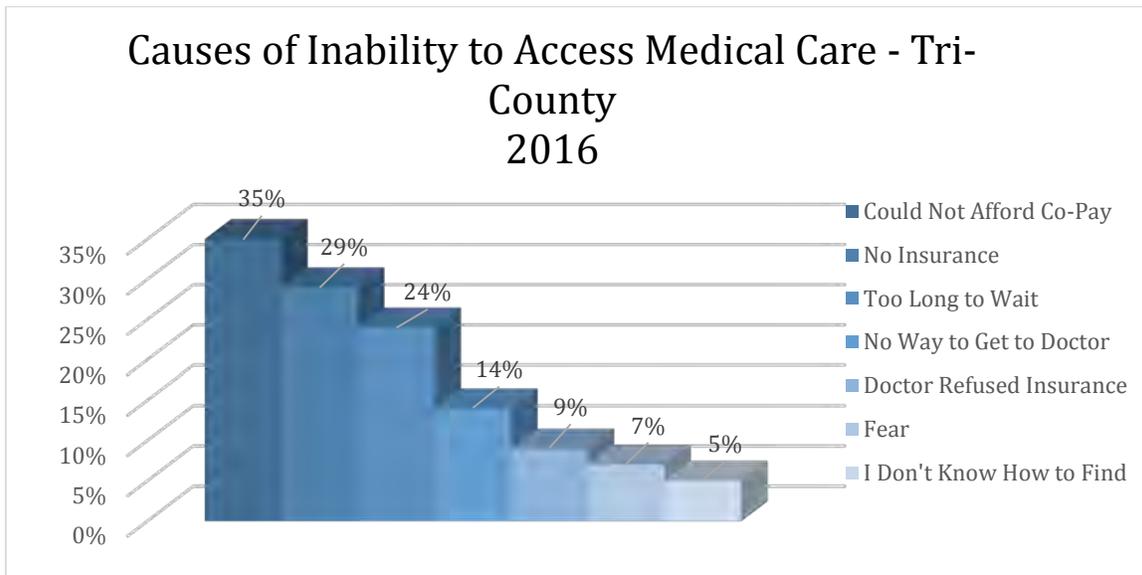
**Access to prescription medications** tends to be higher for White people, and people with higher education and income. It is less likely for Black and homeless people. Moreover, access to prescription medication is more likely in Tazewell and Woodford Counties, and less likely in Peoria County.

**Access to dental care** tends to be greater for people with the following characteristics: White people, and those with higher education and higher income. Black people and homeless people are less likely to have access to dental care. Residents of Woodford County are able to access dental care at higher rates.

**Access to counseling** tends to be rated higher by older people and those with higher income.

**Reasons for No Access – Medical Care**

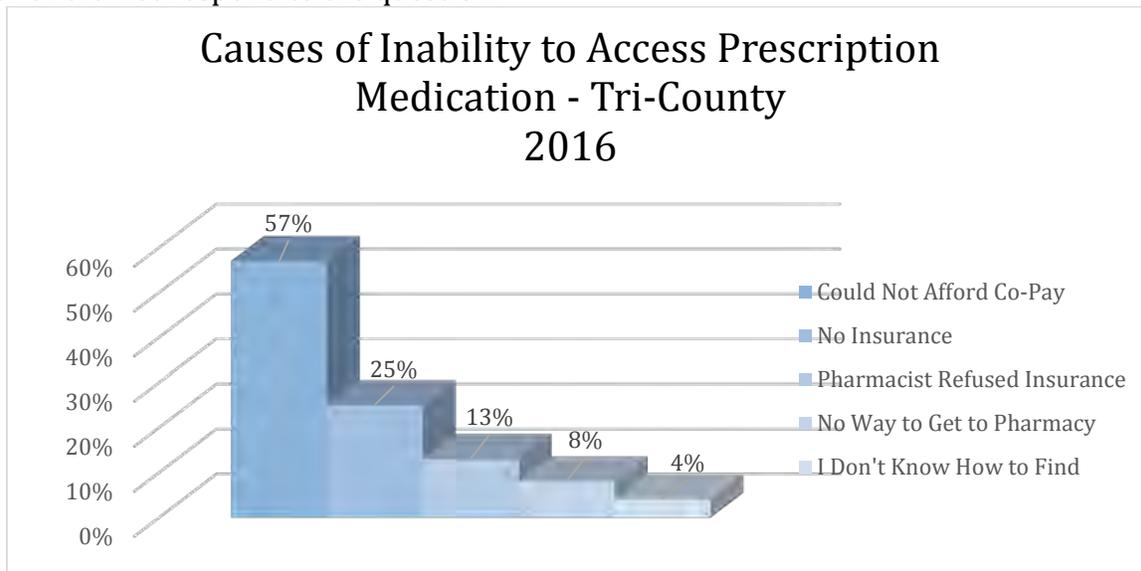
Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to gain access to medical care were the inability to afford copayments or deductibles (35%), no insurance (29%), and too long to wait for an appointment (24%). The lack of ability to get to a provider (14%) was also frequently cited. 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**

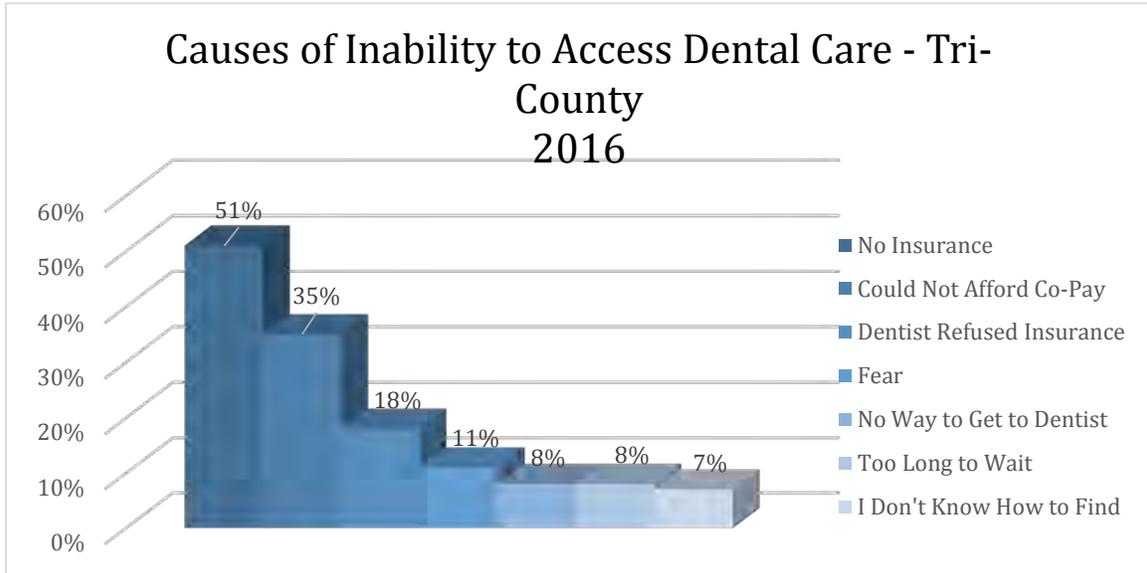
Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. In the Tri-County area, the leading causes of the inability to gain access to prescription medicine were the inability to afford copayments or deductibles (57%) and no insurance (25%). 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**

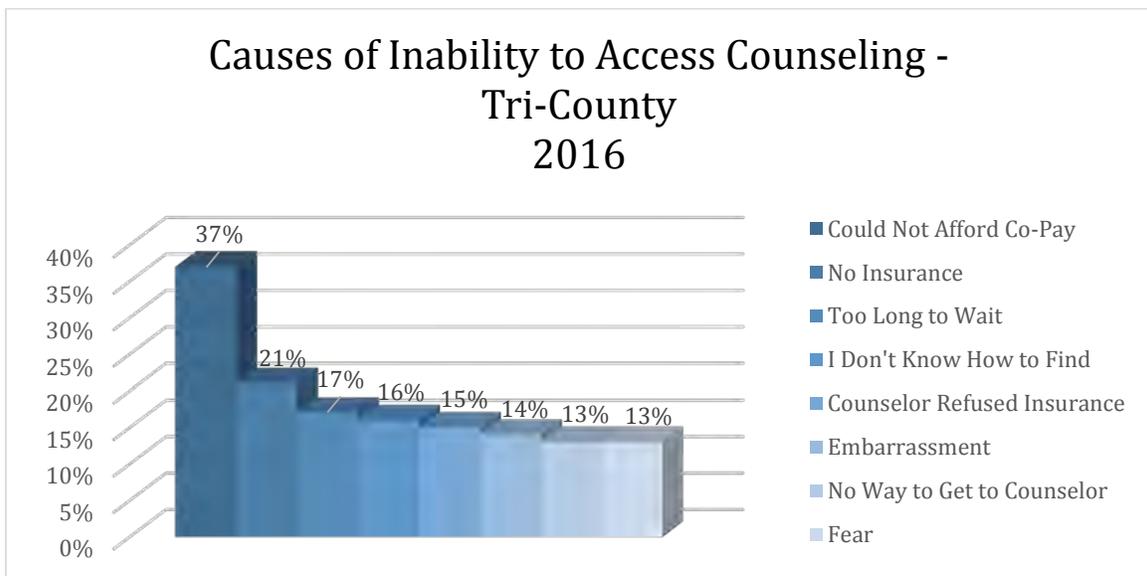
Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading causes of inability to gain access to dental care were no insurance (51%), and the inability to afford copayments or deductibles (35%). The dentist’s refusal of insurance (18%) was also a frequently cited cause. Note that total percentages do not equal 100% as respondents could choose more than one answer.



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 the Tri-County area, the leading causes of the inability to gain access to counseling were the inability to afford co-pay (37%), lack of insurance (21%), too long to wait (17%), and the inability to find (16%). Note that total percentages do not equal 100% as respondents could choose more than one answer.



Source: CHNA Survey

### ***Comparisons to 2013 CHNA Data***

**Access to Medical Care** – Compared to 2013, survey results show a slight increase in those that were able to get medical care when they needed it. In 2013, 74% of residents were able to get medical care when needed. In 2016, the percentage increased to 86%.

**Access to Prescriptions Medication** – Compared to 2013, survey results show a significant increase in those that were able to get prescription medications when they needed it. In 2013, 72% of residents were able to get prescription medications when needed. In 2016, the percentage increased to 85%.

**Access to Dental Care** – Compared to 2013, results show a significant increase in those that were able to access dental care when needed. In 2013, 68% of residents were able to get dental care when needed. In 2016, the percentage increased to 82%.

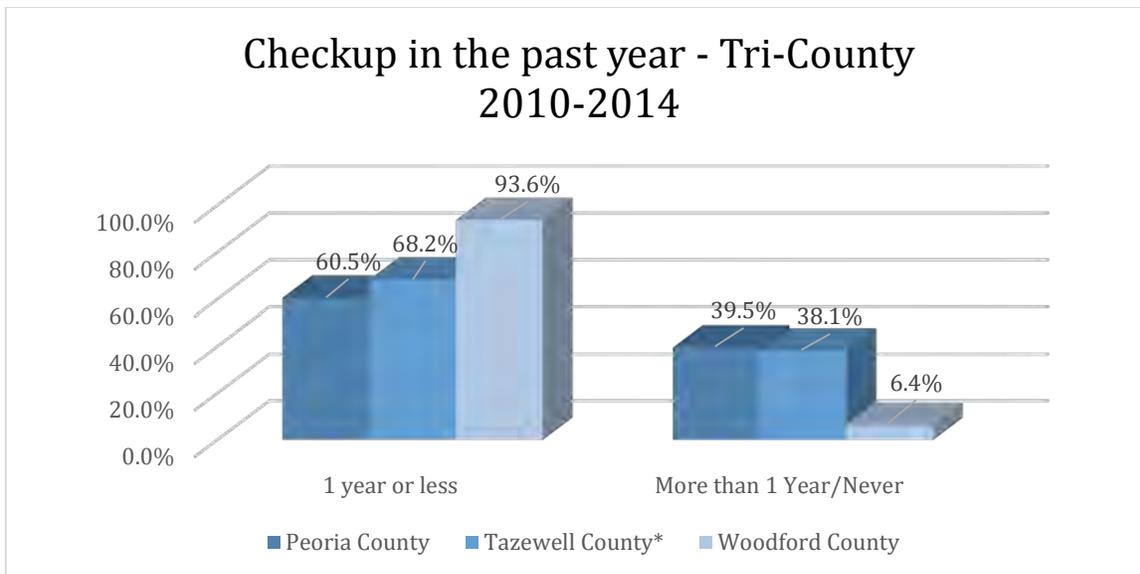
**Access to Counseling** – Compared to 2013, there was a significant increase in access to counseling. In 2013, 83% of respondents had access to counseling when needed, compared to 91% in 2016.

## **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.

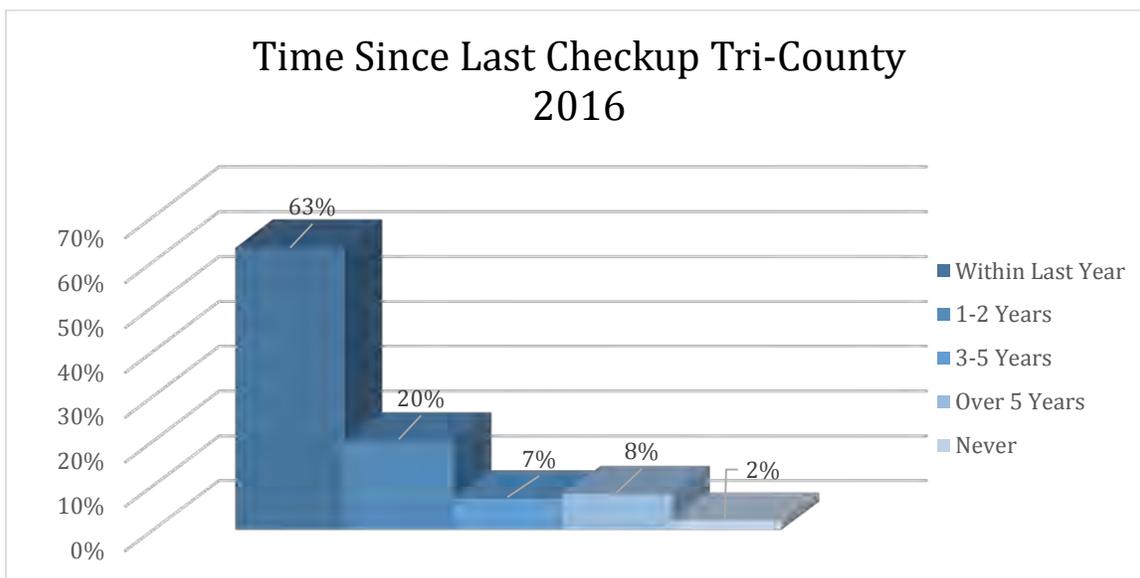
### **Frequency of Checkup**

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, over 60% of residents in Peoria and Tazewell County report having had a routine checkup within the last year; over 90% of residents in Woodford County report the same.



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 63% of Tri-County residents have had a checkup in the last year.



Source: CHNA Survey Data

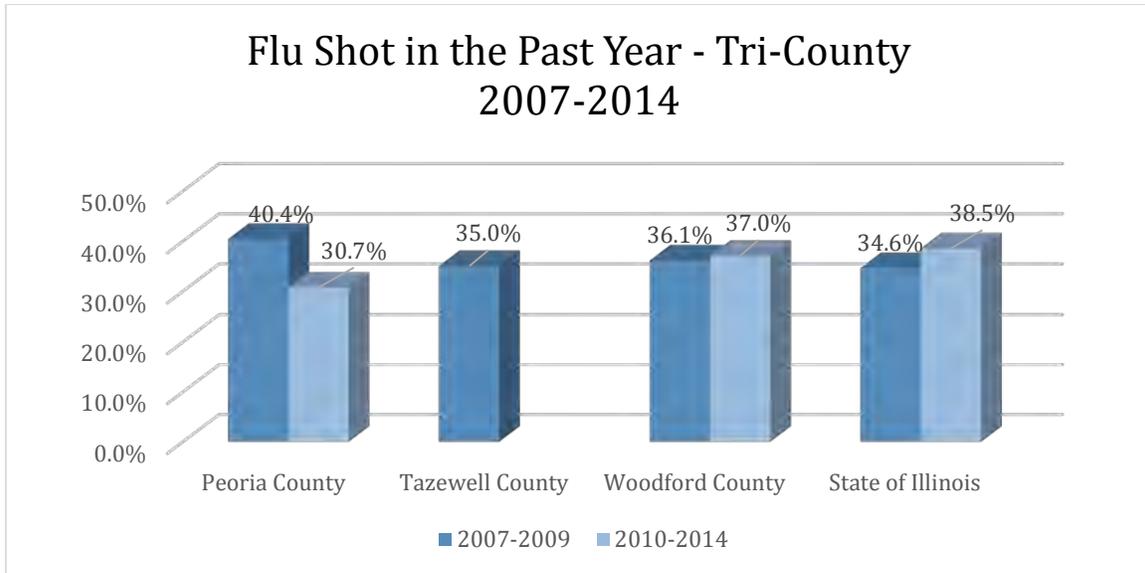
#### Comparison to 2013 CHNA Data

There has been no change in the percentage of residents who have had a checkup in the past year, 63% in both 2013 and 2016.

#### Frequency of Flu Shots

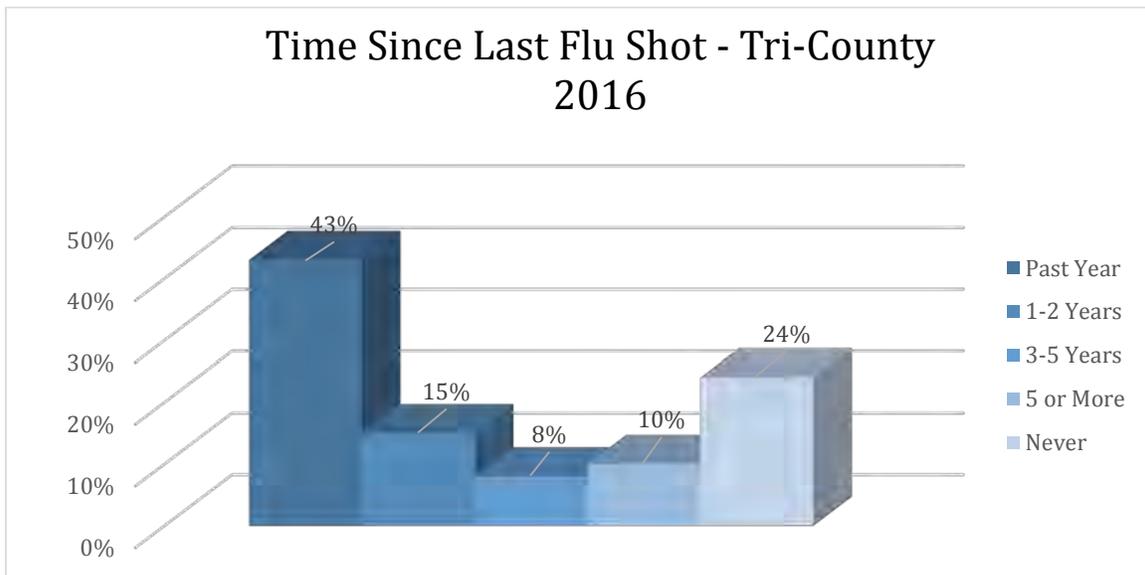
The overall health of a community is impacted by preventative measures including immunizations and vaccinations. The chart below shows that the percentage of people who have had a flu shot in the past year decreased for Peoria County (30.7%) for 2010-2014 compared to 40.4% for 2009. Woodford

County experienced a minimal increase from 2009 (36.1%) to 2010-2014 (37.0%). During the same timeframe, the State of Illinois realized an increase of flu immunizations. No updated data were available for Tazewell County for 2010-2014.



Source: Illinois Behavioral Risk Factor Surveillance System

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



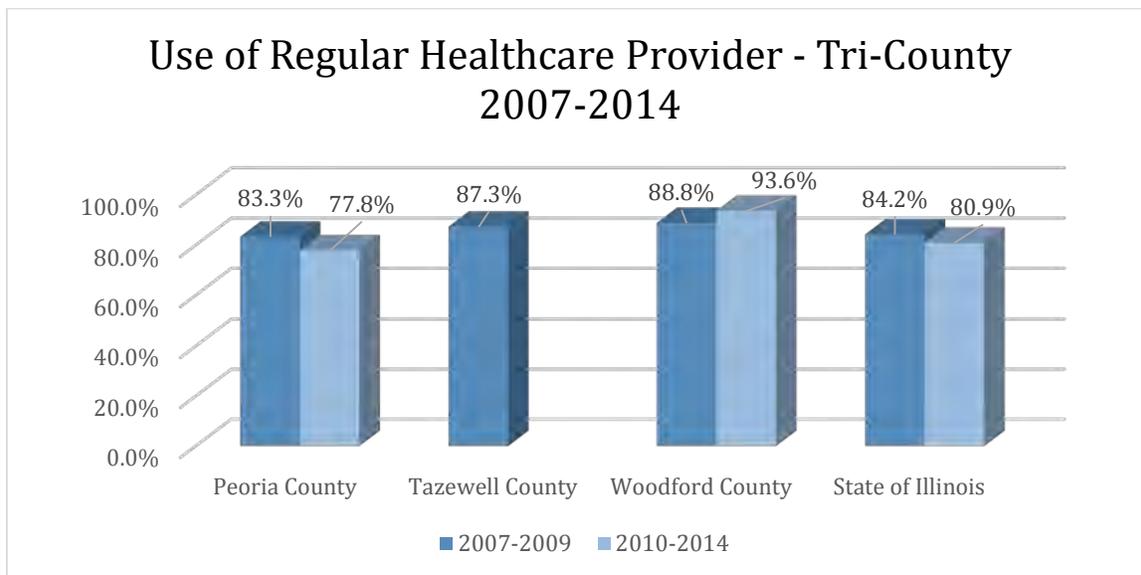
Source: CHNA Survey

**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.

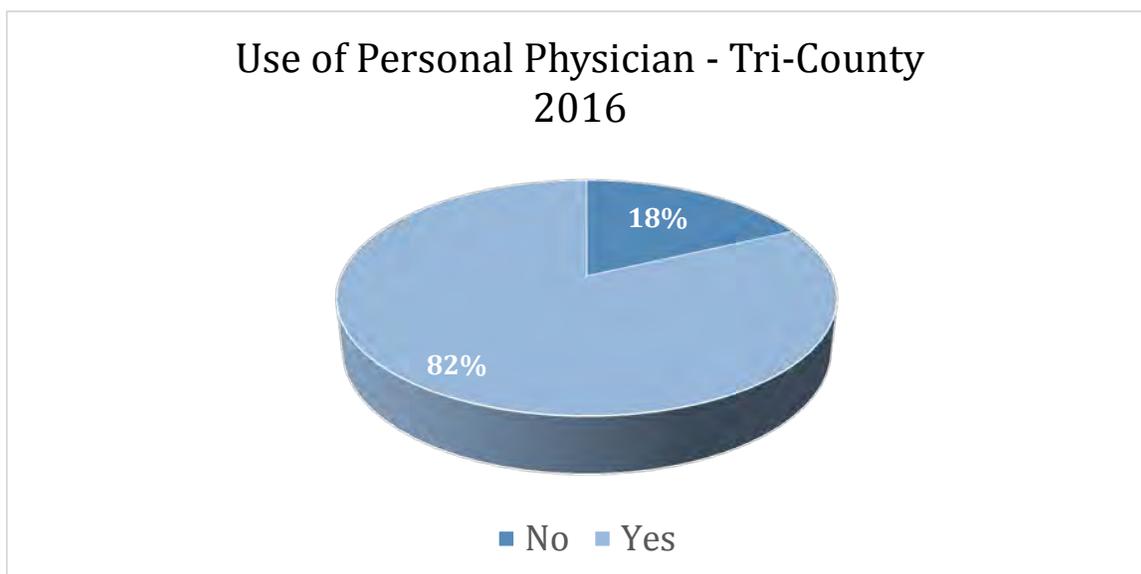
## Usual Healthcare Provider

In Peoria County, the most recent secondary data indicate 77.8% of residents utilize a regular health care provider, compared to 2007-2009 (83.3%). In Woodford County, the most recent secondary data indicate 93.6% of residents utilize a regular health care provider, an increase from 2007-2009 (88.8%). Tazewell County reported 87.3% for 2007-2009. No data were available for Tazewell County in 2010-2014.



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 slightly higher compared to the 2013 CHNA. Specifically, 75% 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:

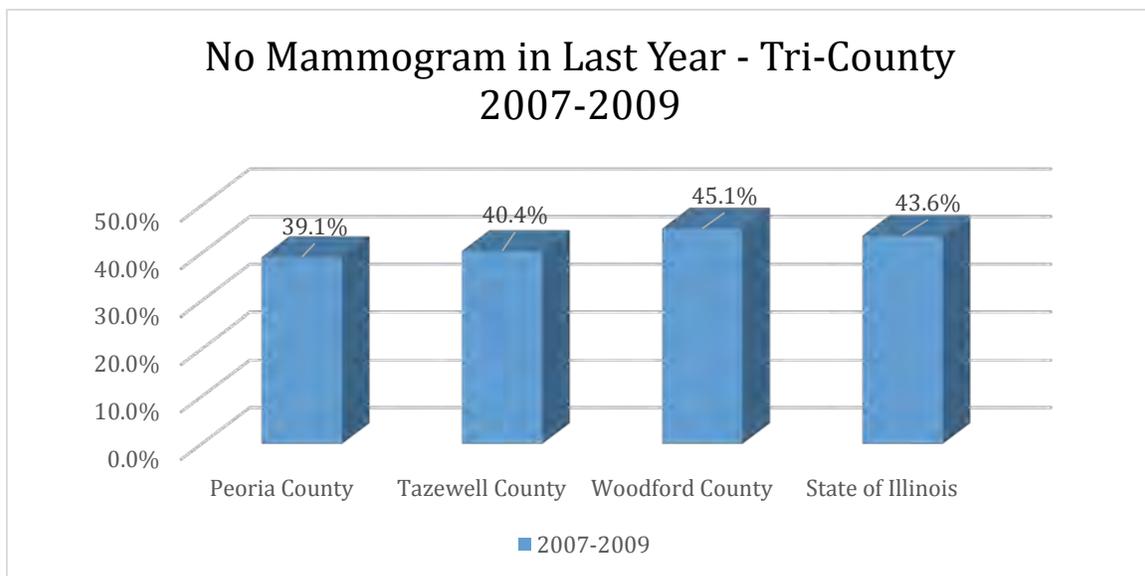
**Frequency of checkup** tends to be higher for older people and lower for Latino people. Tazewell residents are less likely to report a checkup, while Woodford residents are more likely.

**Frequency of flu shot** tends to be higher for older people.

**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.

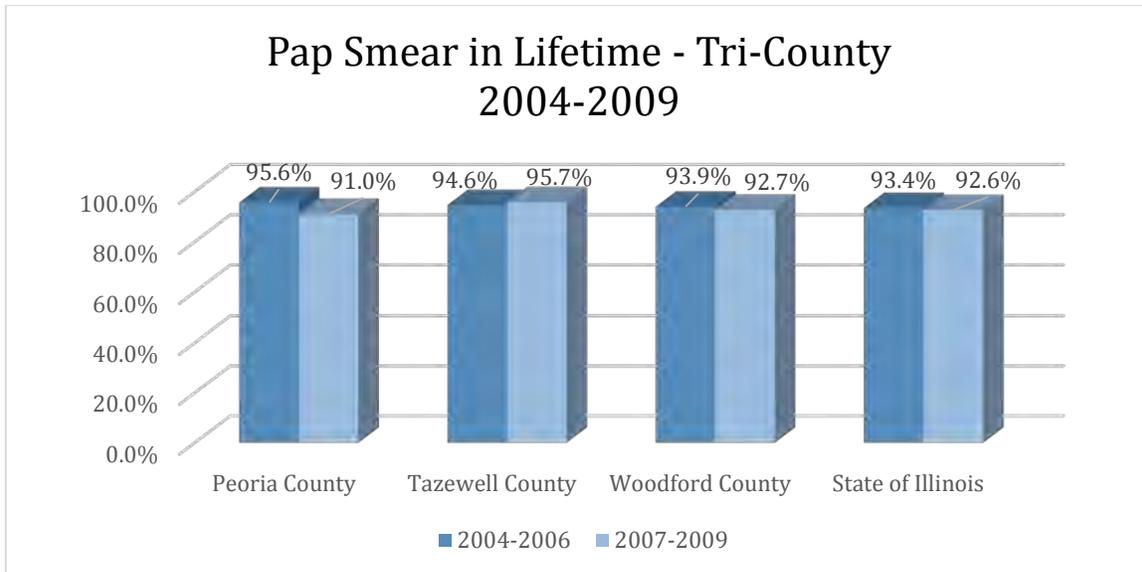
### Women's Healthcare

Updated secondary data were not available for women's health concerns. Using the most recent available data from 2007-2009, 39.1% of residents from Peoria County, 40.4% of Tazewell County, and 45.1% of Woodford County reported they had not had a mammogram within the last year (as of 2009).



Source: Illinois Behavioral Risk Factor Surveillance System

Research suggests pap smears are important in detecting pre-cancerous cells in the uterus and cervix. With regard to ever having a pap smear, residents from the Tri-County reported a modest change in percentage points between 2004-2006 and 2007-2009. Compared with State-level data for 2007-2009, Tri-County numbers are slightly higher with the exception of Peoria County.



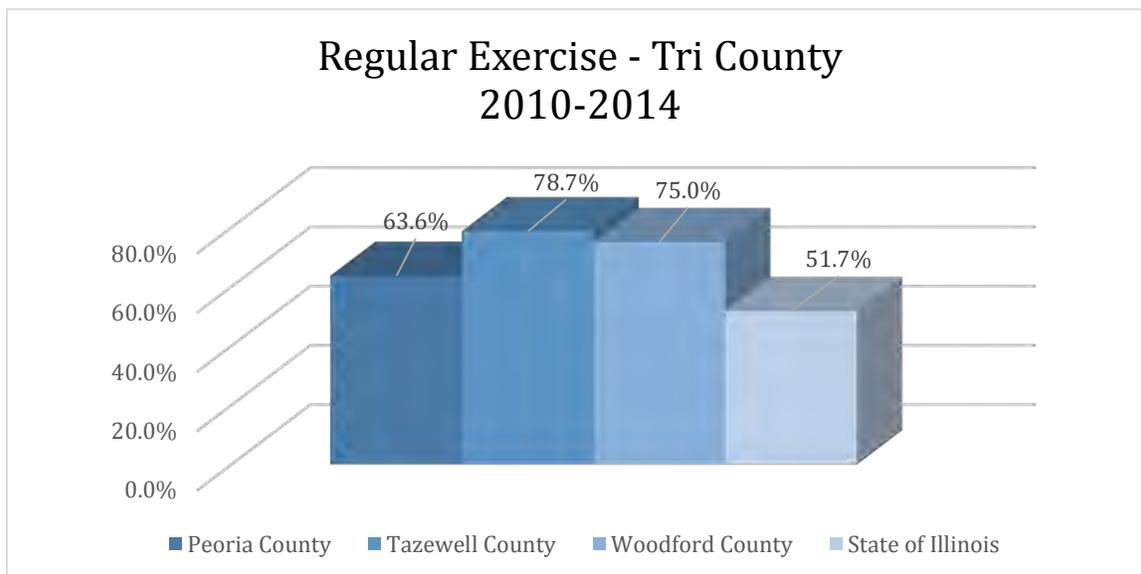
Source: Illinois Behavioral Risk Factor Surveillance System

## Healthy Lifestyle

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

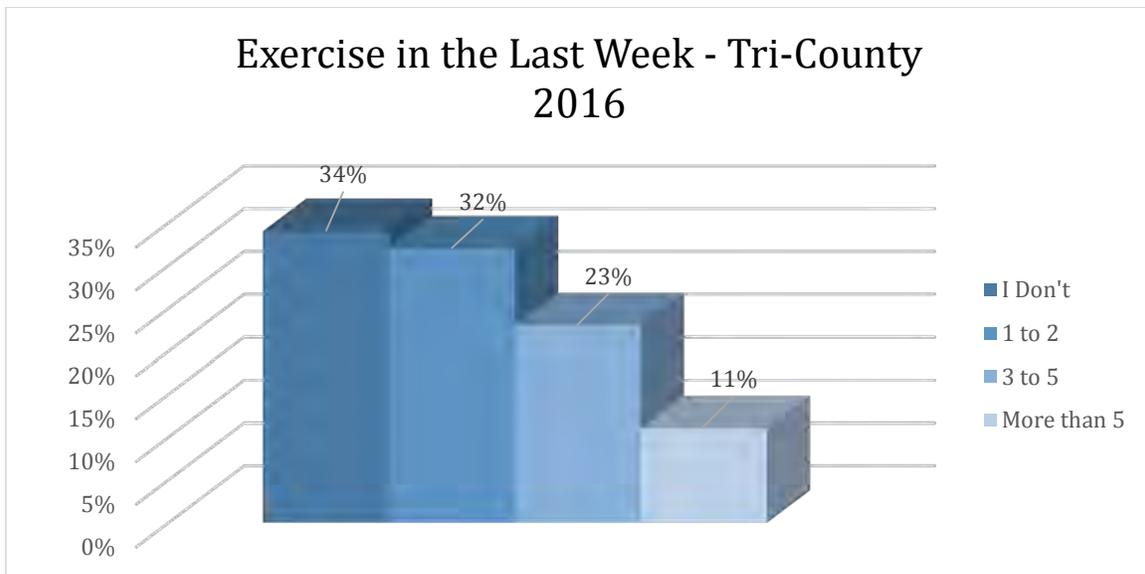
### Physical Exercise

According to recent data, the percentage of individuals in Tazewell County (78.7%) exceeds that of Peoria County (63.6%) and Woodford County (75.0%), as well as the State of Illinois of 51.7%.



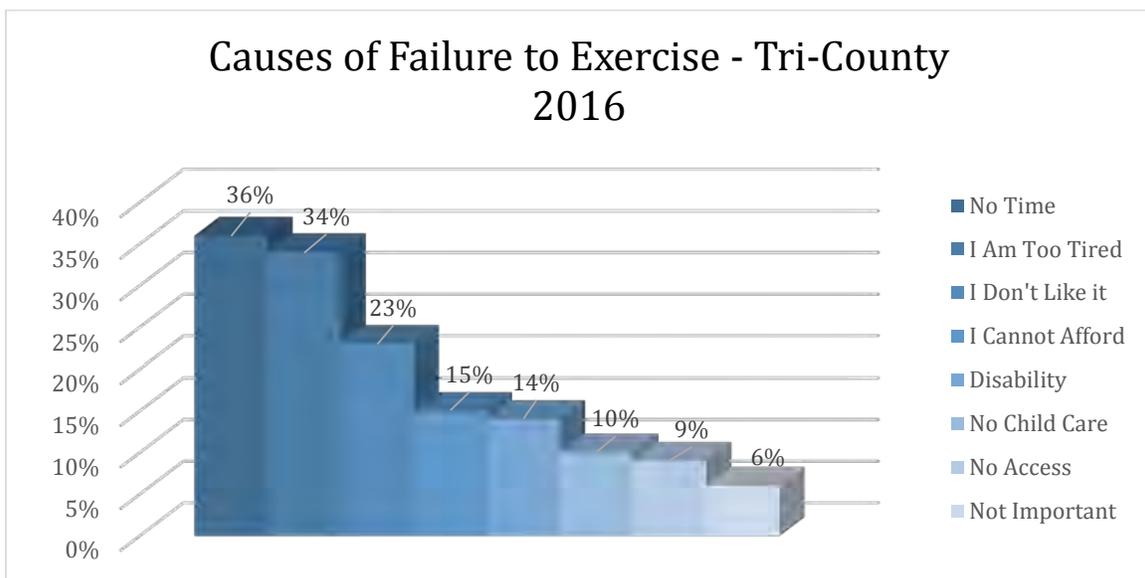
Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data allow for a more detailed assessment of exercise. Specifically, 34% of respondents indicated that they do not exercise at all, while nearly the same proportion (32%) of residents exercise 1-2 times per week.



Source: CHNA Survey

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



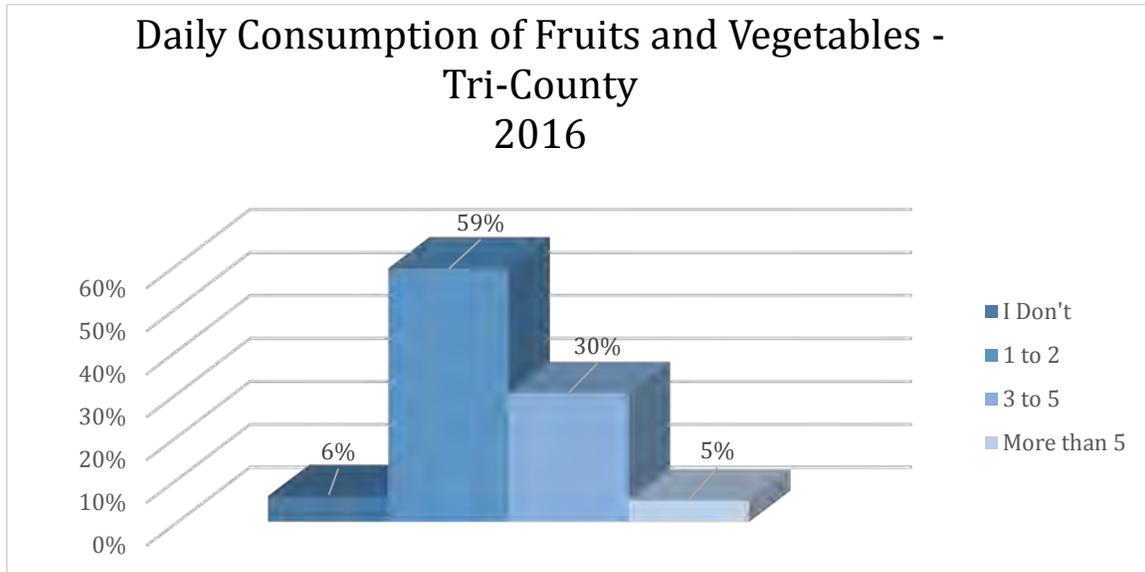
Source: CHNA Survey

**Comparison to 2013 CHNA Data**

Exercise behaviors have declined slightly; data from the 2016 CHNA survey indicate that in 2013, 32% of survey respondents indicated they did not exercise. In 2016, 34% of respondents indicated they did not exercise.

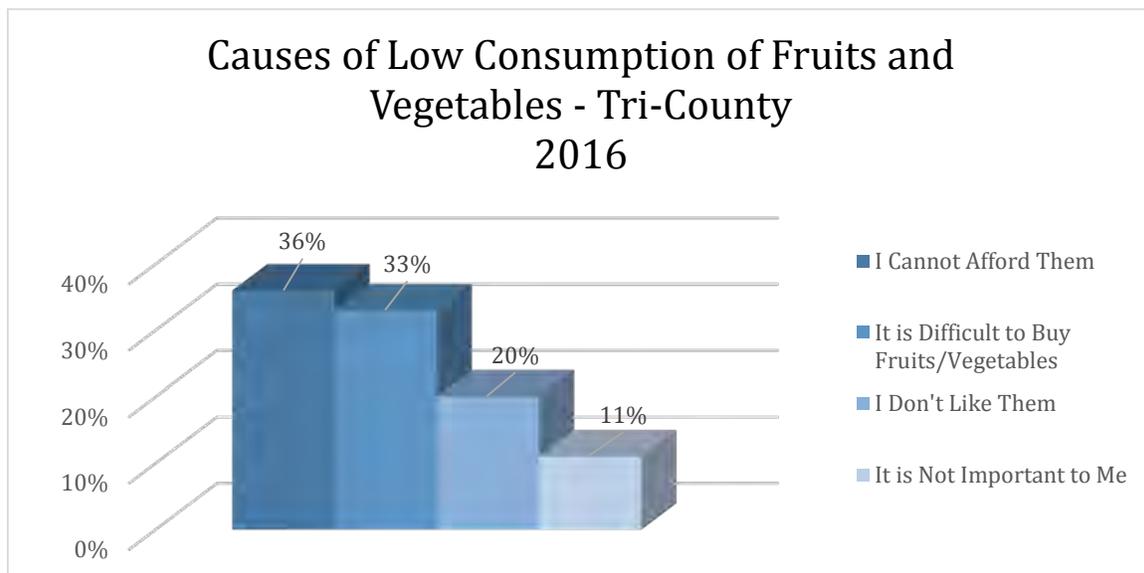
**Healthy Eating**

Nutrition and diet are critical to preventative care. Nearly two-thirds (65%) of Tri-County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables. Note that the percentage of Tri-County residents who consume 5 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 expense involved (36%), the difficulty to buy fruits and vegetables (33%), and a lack of appeal (20%).



Source: CHNA Survey

### **Comparison to 2013 CHNA Data**

Compared to the 2013 CHNA, healthy eating is improving. Specifically, in 2013, 71% of survey respondents ate two or fewer servings of fruits and vegetables per day. In 2016, 65% 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.

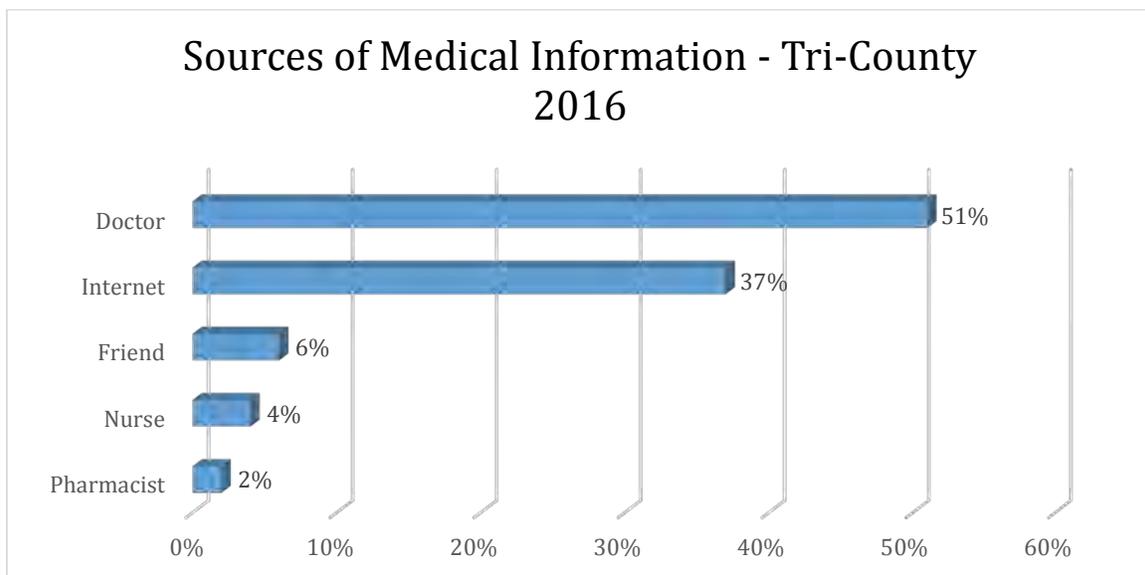
**Frequency of exercise** tends to be lower for homeless people. Those in Tazewell county report more exercise.

**Frequency of fruit and vegetable consumption** tends to be higher for older people and people with higher education and higher income. Homeless people are less likely to consume fruits and vegetables. Residents in Woodford County report more consumption.

## **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 vast 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, White people, and Black people. Residents of Peoria are more likely to report getting information from a doctor.

**Access to Information from a Friend** does not show significant relationships.

**Access to Information from the Internet** tends to be higher for younger people, White people, and those with higher education. Black residents are less likely to use the internet for health information. Tazewell County residents are more likely to report internet access to health information.

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

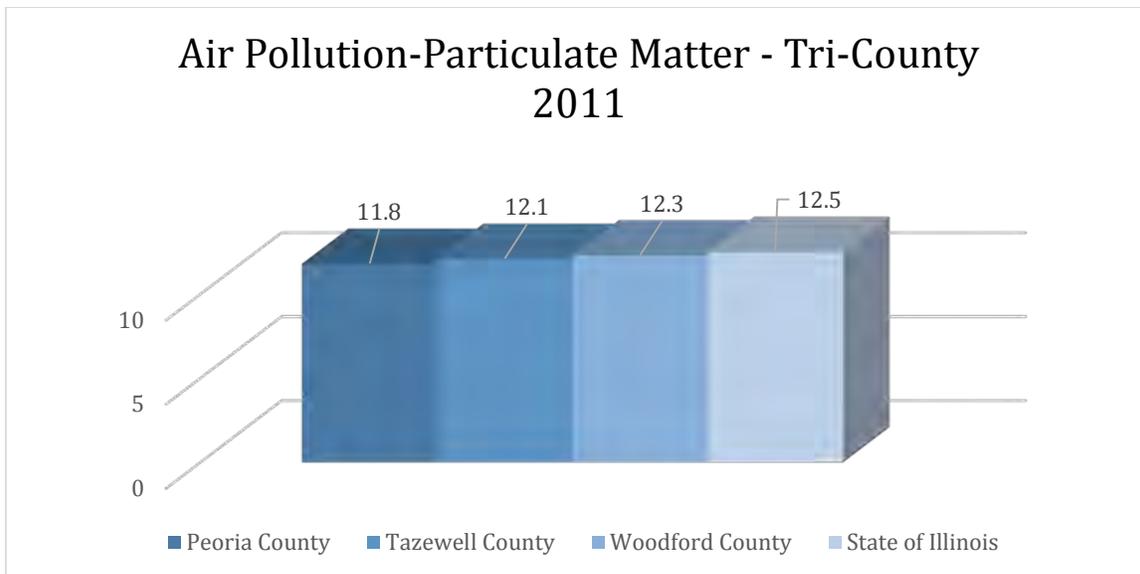
**Access to Information from a Church Nurse** does not show significant relationships.

## **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 all counties in the Tri-County area are slightly lower than the State average of 12.5.



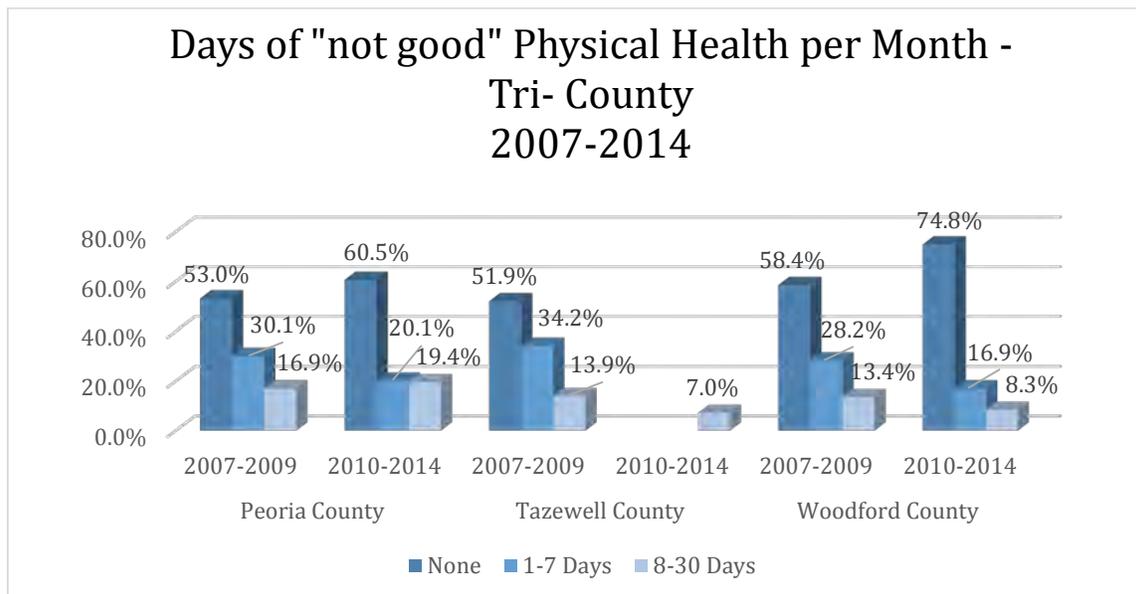
Source: County Health Rankings 2011 Data

## 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

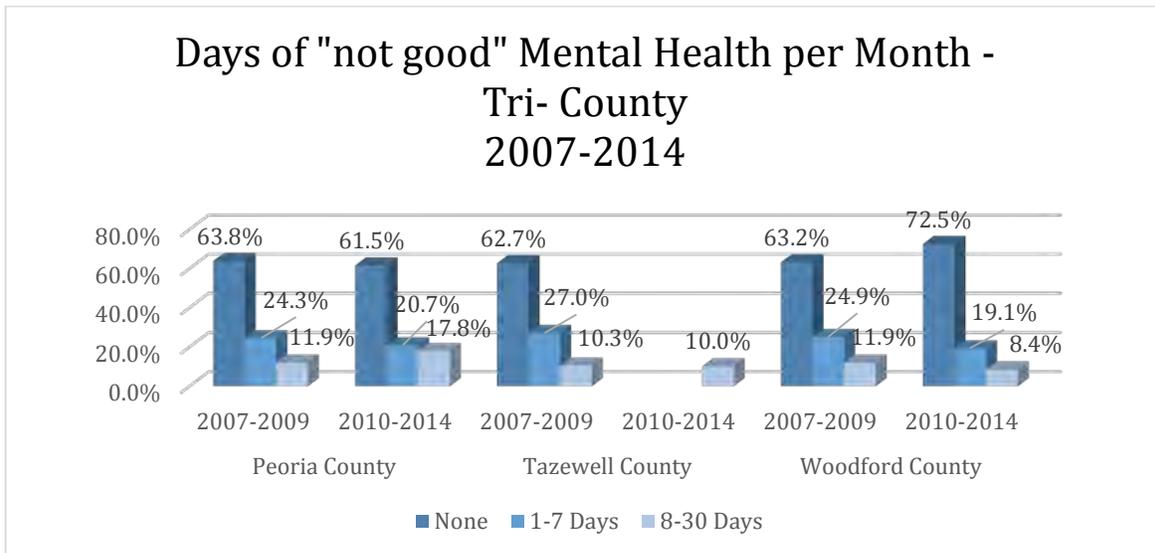
There was an increase in the percentage of Peoria County residents reporting they felt physically unhealthy on 8 or more days per month in 2009 (16.9%) versus 2014 (19.4%). However, Woodford County residents felt unhealthy 8 or more days per month at a lower rate in 2014 (8.3%) compared to 2009 (13.4%). Though incomplete, data show a decrease in this percentage for Tazewell County.



Source: Illinois Behavioral Risk Factor Surveillance System

## Mental Health

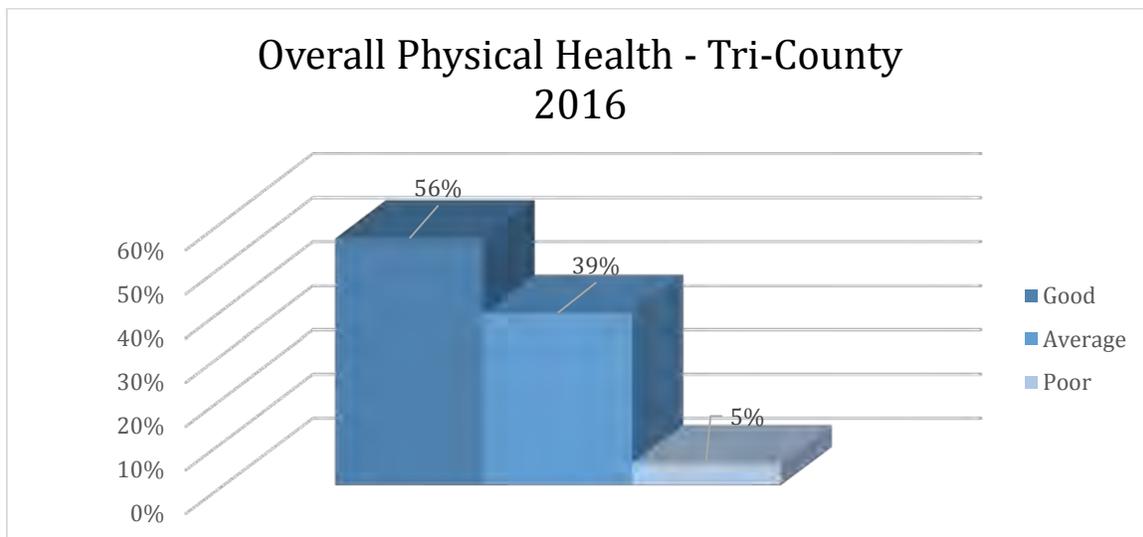
A majority of Peoria County respondents (61.5%) perceive they have good overall mental health for 2010-2014, a slight decrease from 2007-2009. Moreover, in Peoria County, more people report over 8 days of “not good” mental health in 2010-2014 (17.8%) than in 2007-2009 (11.9%). There was an increase of Woodford County residents reporting they felt good mentally in 2010-2014 (72.5 %) and a decrease of 3.5 points for over 8 days of “not good” mental health from 2007-2009. No data for “none” and “1-7 days” were available for Tazewell County in 2013, and the number of people reporting more than 8 days of “not good” mental health decreased slightly.



Source: Illinois Behavioral Risk Factor Surveillance System

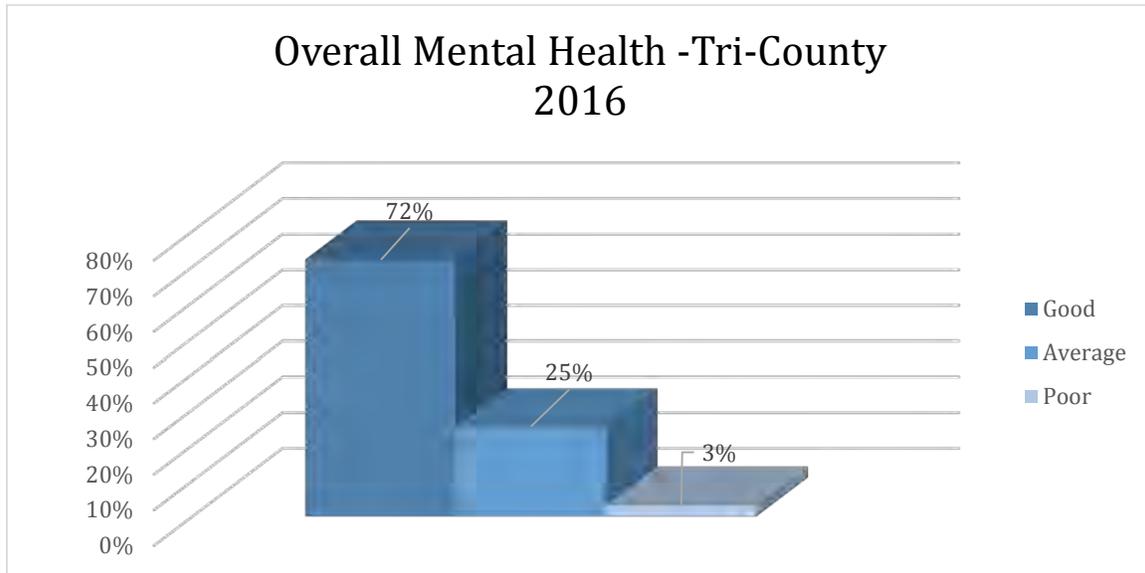
## Self Perceptions of Overall Health

Over half (56%) of Tri-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, 72% of respondents stated they have good overall mental health and 3% stated it is poor.



Source: CHNA Survey

### **Comparison to 2013 CHNA Data**

With regard to physical health, more people see themselves in good health in 2016 (56%) than 2013 (47%). With regard to mental health, a higher percentage report having good mental health in 2016 (72%) than 2013 (62%).

### **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 health** are higher for those with higher education and income. Homeless people are less likely to rate themselves high. Woodford County residents are more likely to perceive good physical health.

**Perceptions of mental health** tend to be higher for women, older people, and those with higher education and income. Homeless people are less likely to rate themselves high. Woodford County residents are more likely to perceive having good mental health.

## 2.6 Key Takeaways from Chapter 2

- ✓ **ED IS CHOSEN BY 19% OF THE AT-RISK POPULATION AS THE PRIMARY SOURCE OF HEALTHCARE**
- ✓ **FOR THE AT-RISK POPULATION, 9% CHOOSE NOT TO RECEIVE MEDICAL CARE**
- ✓ **ACCESS TO MEDICAL CARE, PRESCRIPTION MEDICATIONS, DENTAL CARE AND COUNSELING ALL IMPROVED FROM THE 2013 CHNA**
- ✓ **RATES OF EXERCISE DECLINED SLIGHTLY; THE MAJORITY OF THE POPULATION EXERCISES TWO OR FEWER TIMES PER WEEK**
- ✓ **WHILE TRI-COUNTY 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

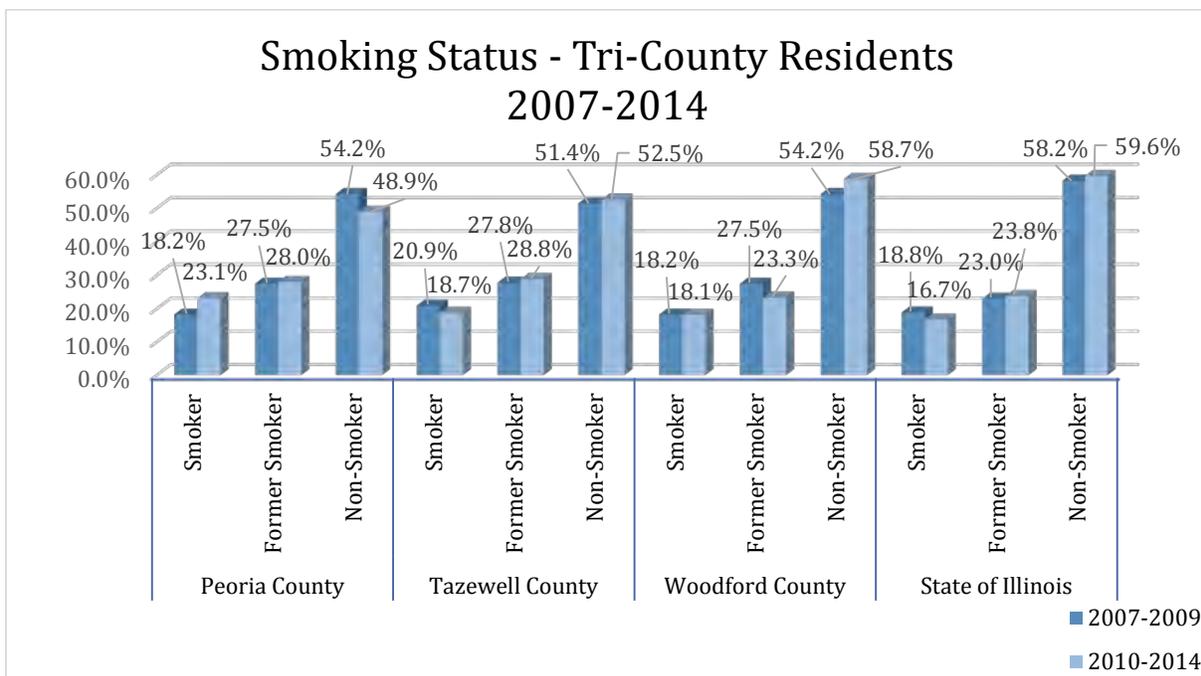
- 3.1 Tobacco Use
- 3.2 Drug and Alcohol Use
- 3.3 Overweight and Obesity
- 3.4 Predictors of Heart Disease
- 3.5 Key Takeaways from Chapter 3

# CHAPTER 3. SYMPTOMS AND PREDICTORS

## 3.1 Tobacco Use

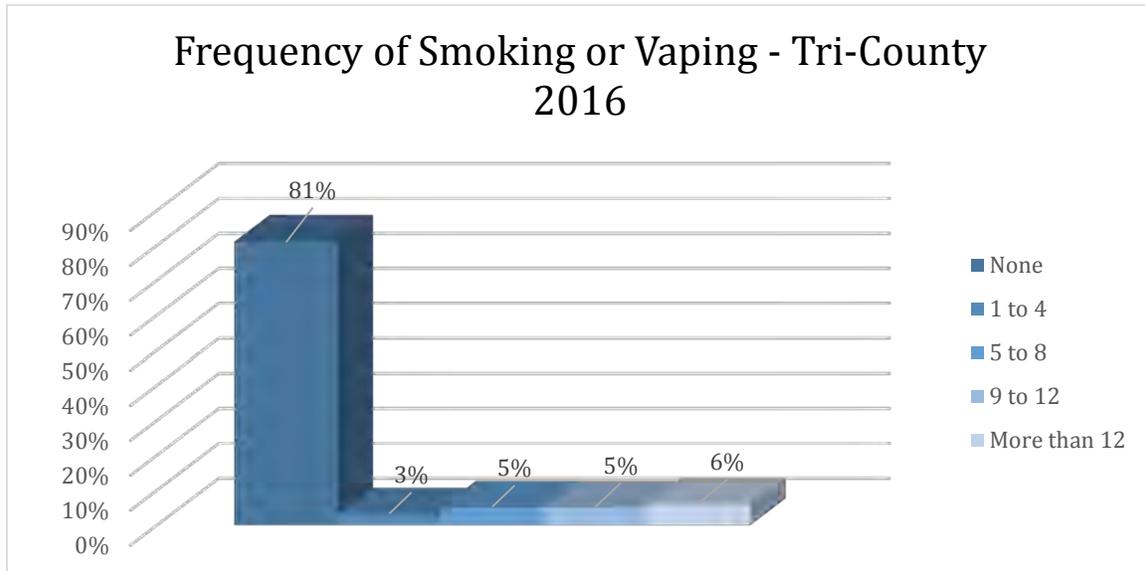
*Importance of the measure:* In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use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

Smoking rates have increased in Peoria County (18.2% in 2007-2009 to 23.1% in 2010-2014), decreased in Tazewell County (20.9% in 2007-2009 to 18.7% in 2010-2014), and held steady in Woodford County (18.2% in 2007-2009 to 18.1% in 2010-2014). None of the counties in the Tri-County area are below State of Illinois averages for smokers.



Source: Illinois Behavioral Risk Factor Surveillance System

CHNA survey data show 81% of Tri-County area respondents do not smoke and only 6% 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 decreased. Specifically, in 2013, 70% of people indicated they didn't smoke. In 2016, 81% of people indicated they did not smoke.

### **Demographic Factors Related to Smoking**

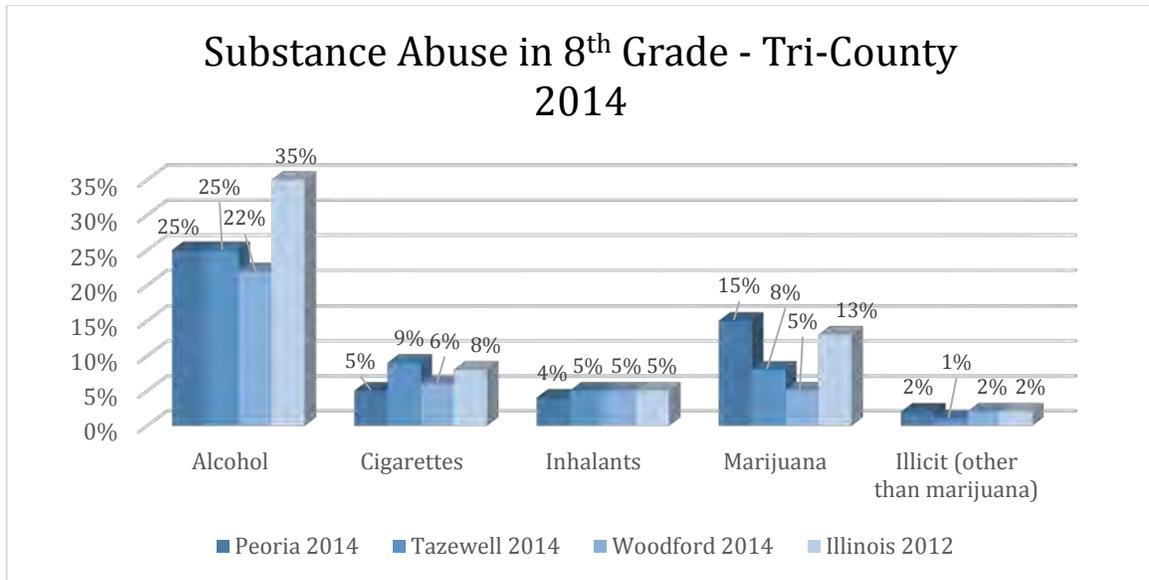
Several demographic characteristics show significant relationships with incidence of smoking or vaping. The following relationships were found using correlational analyses:

***Frequency of smoking or vaping*** was higher among the homeless population, and those with lower education and income.

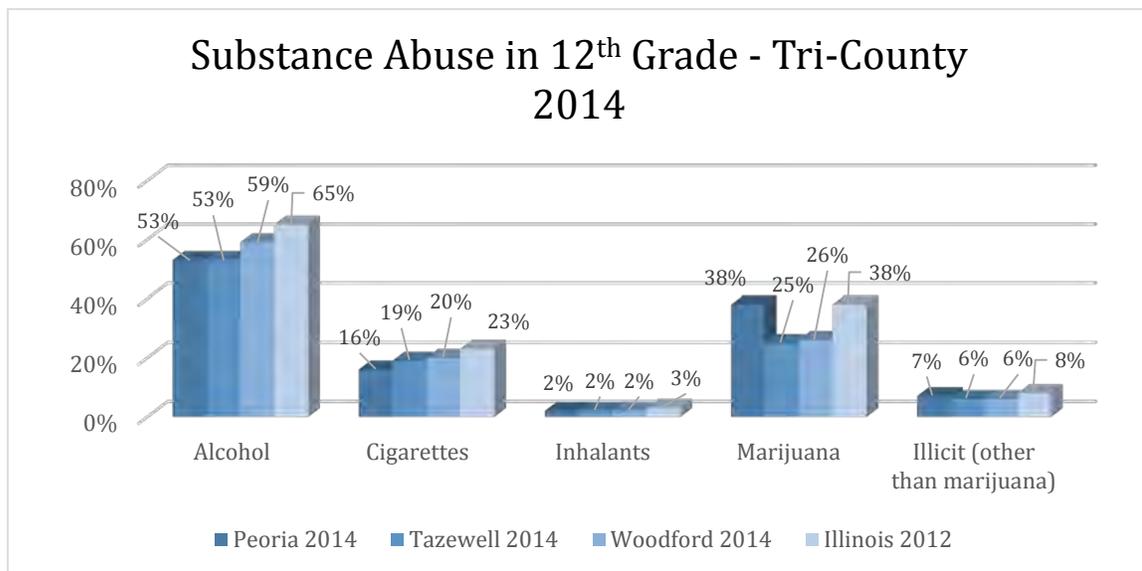
## **3.2 Drug and Alcohol Abuse**

***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. For most substances, counties in the Tri-County area are at or below State of Illinois averages. The exceptions are 8<sup>th</sup> grade cigarette smoking in Tazewell County and 8<sup>th</sup> and 12<sup>th</sup> grade marijuana usage in Peoria County. 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\\_Peoria.pdf](https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2014/cnty14_Peoria.pdf)



Source: [https://iys.cprd.illinois.edu/UserFiles/Servers/Server\\_178052/File/2014/cnty14\\_Peoria.pdf](https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2014/cnty14_Peoria.pdf)

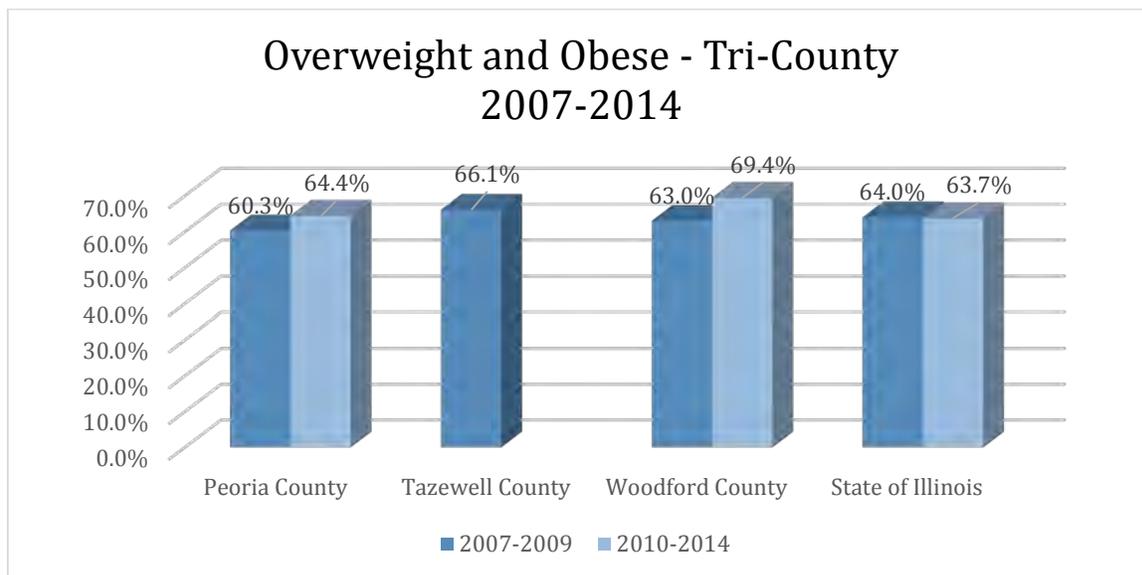
## 3.3 Overweight and Obesity

*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 the Tri-County area. 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 6<sup>th</sup> 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.

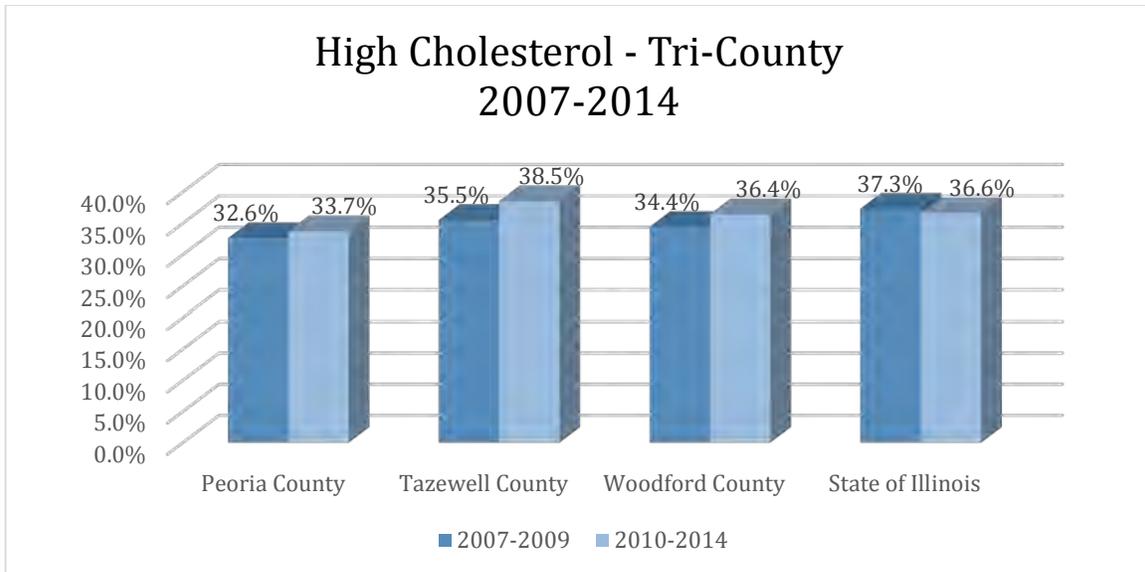
In Peoria County and Woodford County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 60.3% to 64.4% in Peoria County and from 63% to 69.4% in Woodford County. Data are not available for Tazewell County in 2007-2009, but current percentages of overweight and obese residents are similar. Overweight and obesity rates in Illinois have decreased from 2009 (64.0%) to 2014 (63.7%).



*Source: Illinois Behavioral Risk Factor Surveillance System*

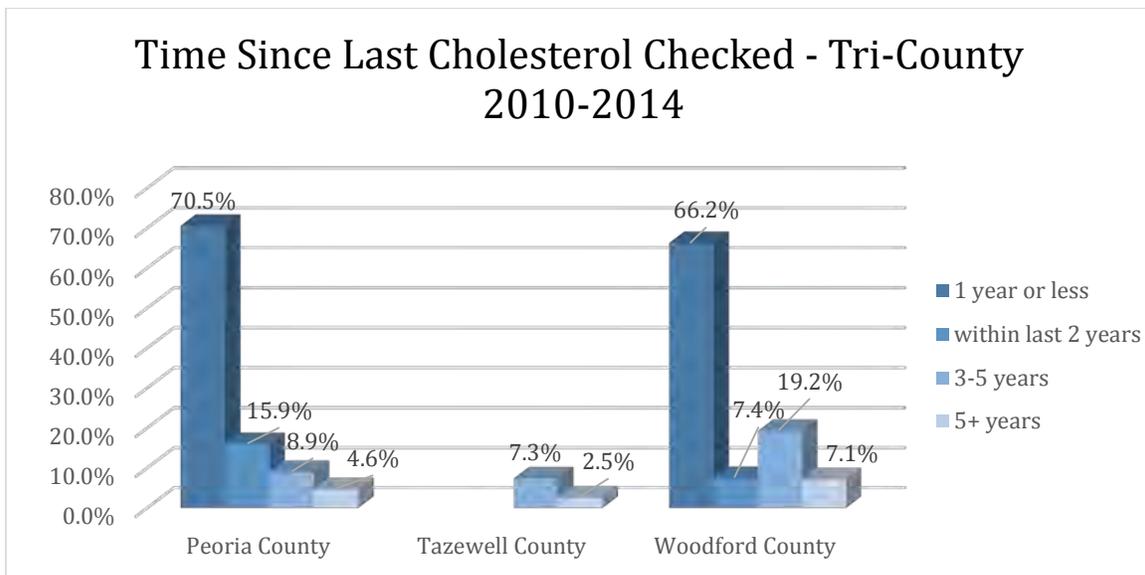
### 3.4 Predictors of Heart Disease

Residents in the Tri-County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Tazewell County (38.5%) than the State of Illinois average of 36.6%. Peoria County (33.7%) and Woodford County (36.4%) are below the State average.



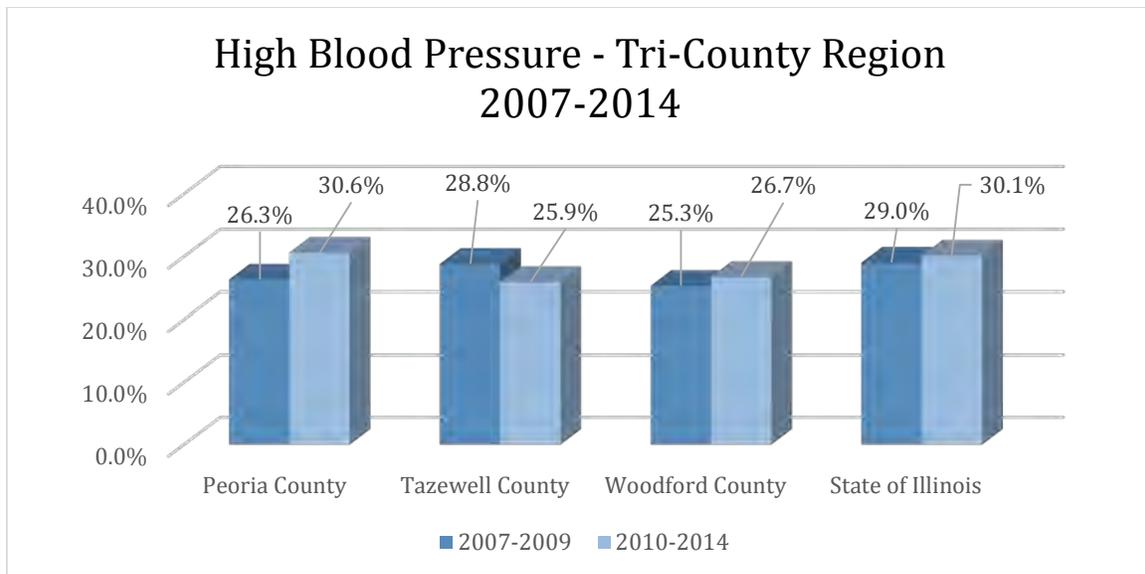
Source: Illinois Behavioral Risk Factor Surveillance System

However, most residents of the Tri-County report having their cholesterol checked within the past year.



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Peoria County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Peoria County residents reporting they have high blood pressure in 2014 increased from 26.3% to 30.6%, in Woodford County, the increase was from 25.3% to 26.7%. Tazewell County saw a decline from 28.8% to 25.9%.



Source: Illinois Behavioral Risk Factor Surveillance System

### 3.5 Key Takeaways from Chapter 3

- ✓ **TOBACCO USAGE HAS DECREASED IN THE TRI- COUNTY REGION COMPARED TO THE 2013 CHNA, HOWEVER INCIDENCE AMONG 8<sup>TH</sup> GRADERS IN TAZEWell COUNTY IS HIGHER THAN THE STATE OF ILLINOIS AVERAGE.**
- ✓ **MARIJUANA USE AMONG 8<sup>TH</sup> AND 12<sup>TH</sup> GRADERS IS AT OR ABOVE STATE AVERAGES IN PEORIA COUNTY.**
- ✓ **THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN THE TRI-COUNTY, AND IS HIGHER THAN THE STATE AVERAGE**
- ✓ **RISK FACTORS FOR HEART DISEASE ARE INCREASING AND COMPARABLE TO STATE AVERAGES**

**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

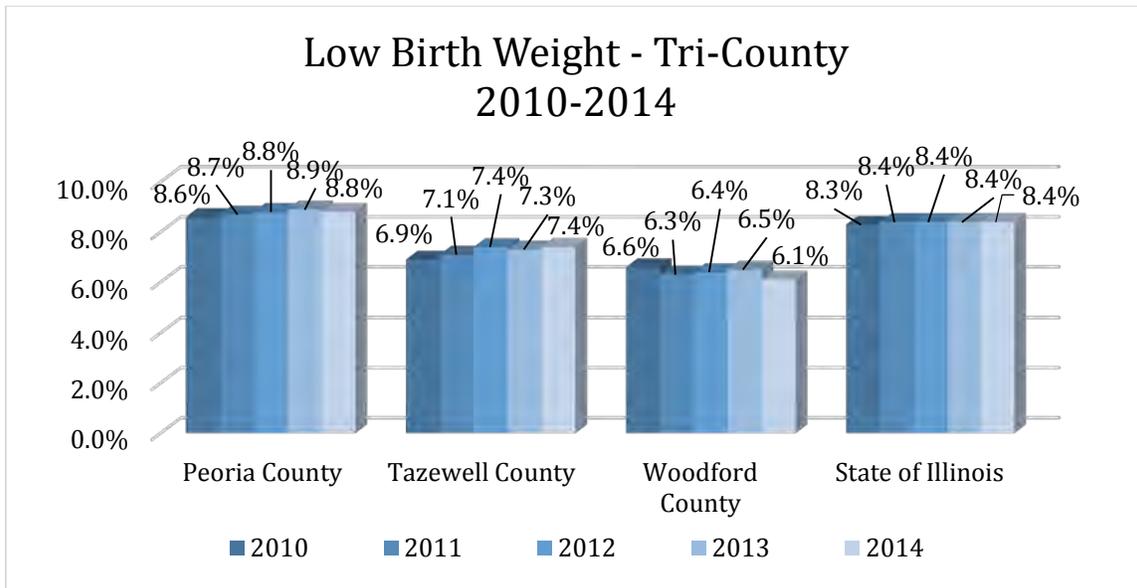
Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Tri-County hospitals using COMP data. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

### 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 increased in Peoria County from 2010 to 2014 (8.6%-8.8%) and in Tazewell County from 2010 (6.9%-7.4%). A reduction in low birth weight babies was seen in Woodford County (6.6%-6.1%). Tazewell and Woodford County rates are below the State of Illinois average.

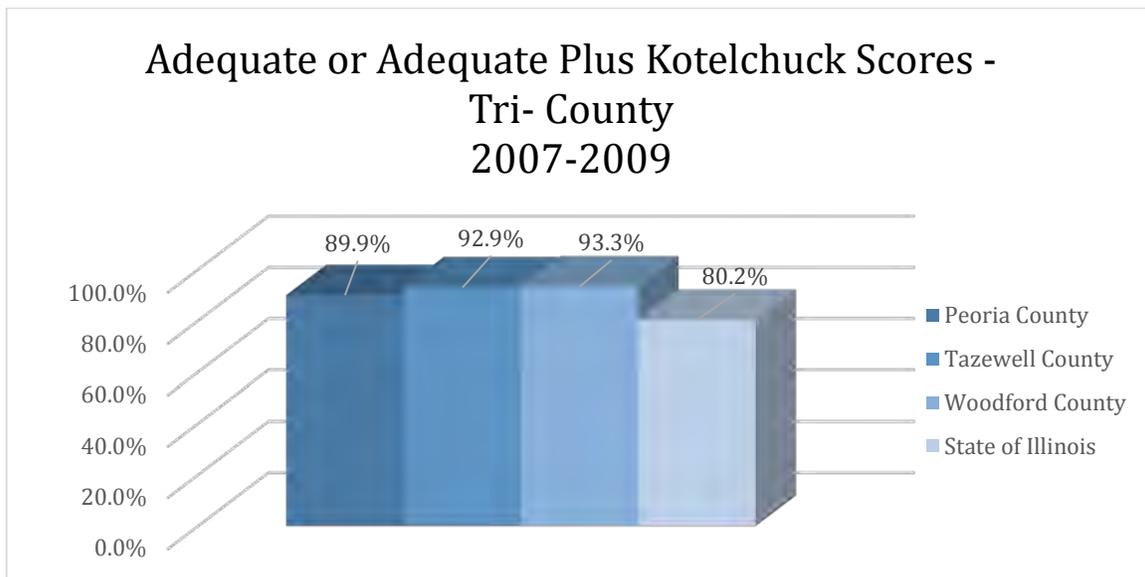


Source: <http://www.countyhealthrankings.org>

### 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 the Tri-County, just under or slightly over 90% were born with “Adequate” or “Adequate Plus” prenatal care. This figure is higher 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:*

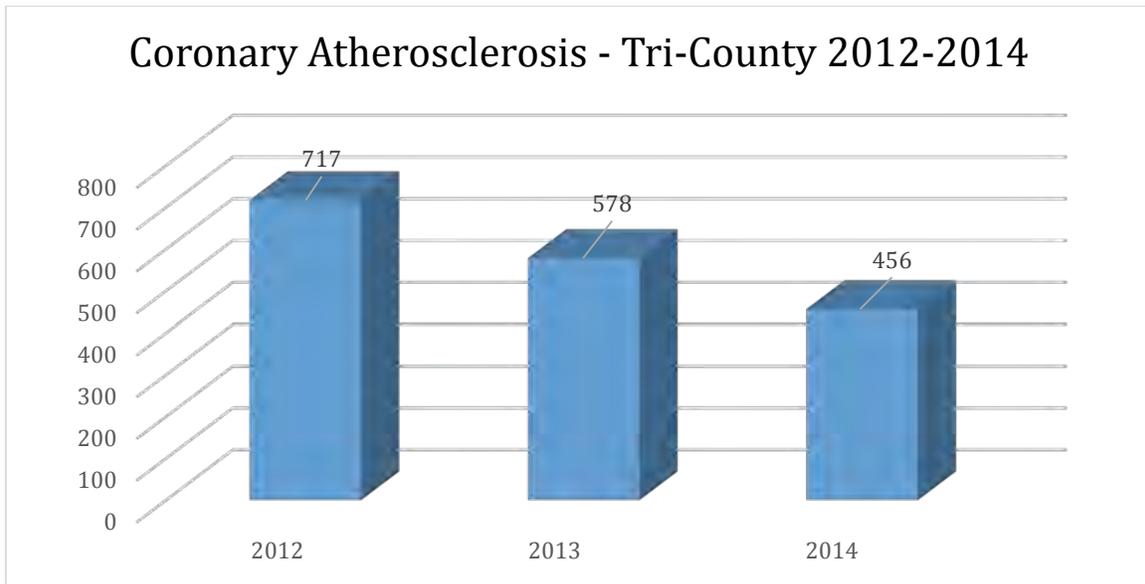
Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

### **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's 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.

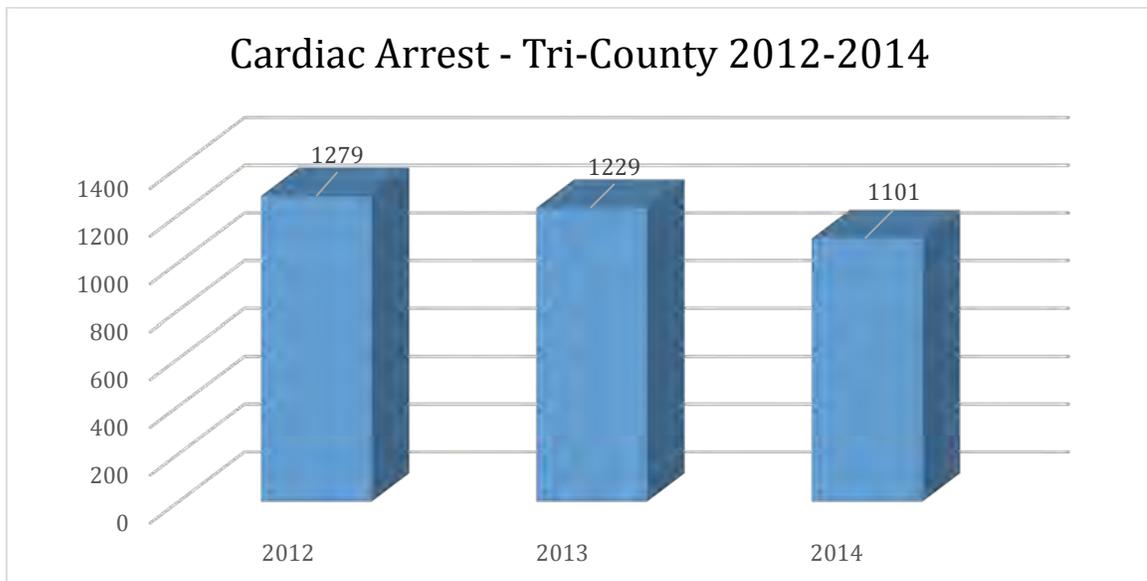
The number of cases of coronary atherosclerosis complication at Tri-County area hospitals from the Tri-County region has decreased from 717 cases to 456 cases in 2014. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.



Source: COMPdata 2015

### Cardiac Arrest

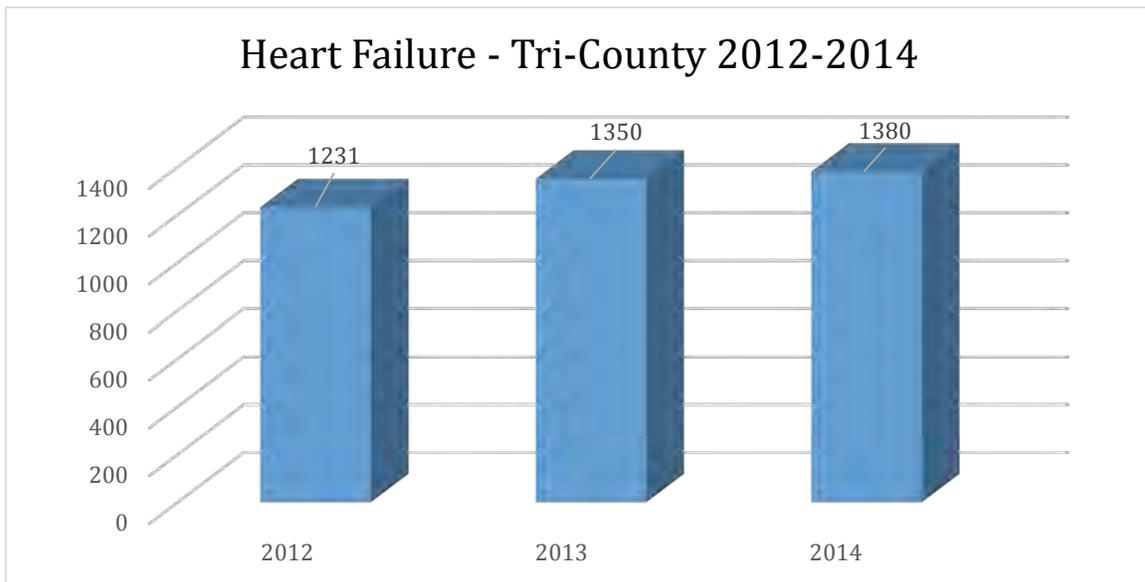
Cases of dysthymia and cardiac arrest at Tri-County area hospitals has decreased by 178 cases between FY12 and FY14. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

### Heart Failure

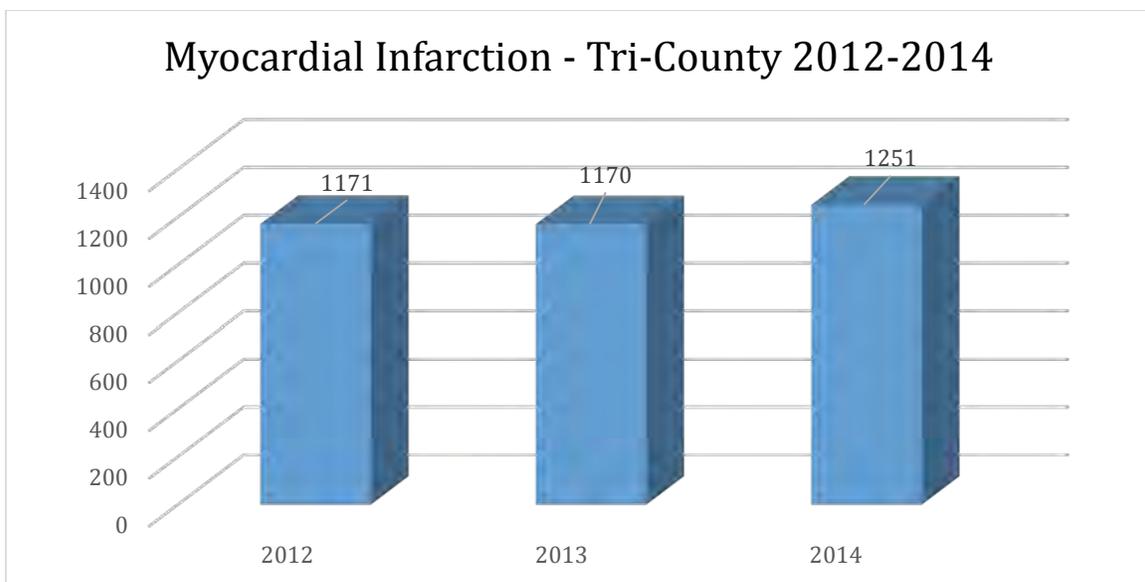
The number of treated cases of heart failure at Tri-County area hospitals has increased. In FY 2012, 1,231 cases were reported, and in FY 2014, there were 1,380 cases reported. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

### Myocardial Infarction

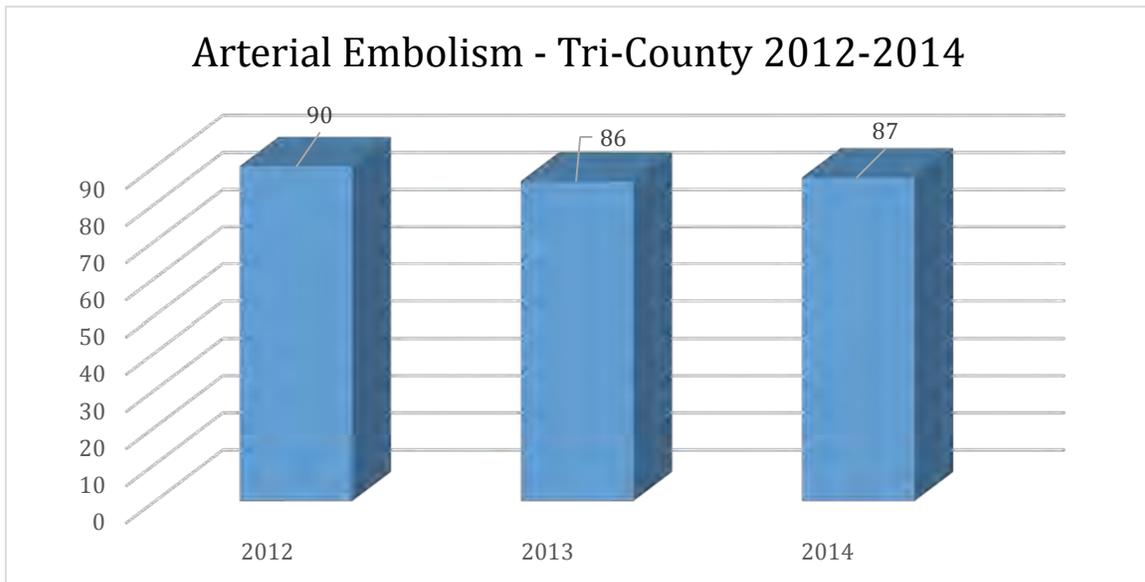
The number of treated cases of myocardial infarction at area hospitals in the Tri-County have increased from 1,171 in 2012 to 1,251 in 2014. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

### Arterial Embolism

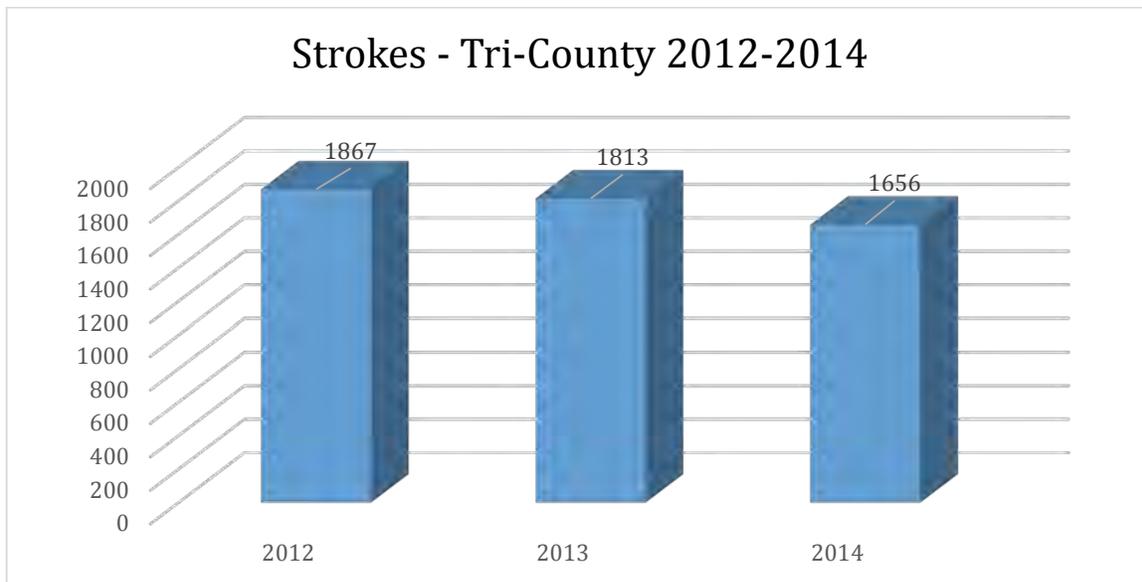
For cases of arterial embolism at Tri-County area hospitals, there were 87 reported in 2014. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

### Strokes

The number of treated cases of stroke at Tri-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.



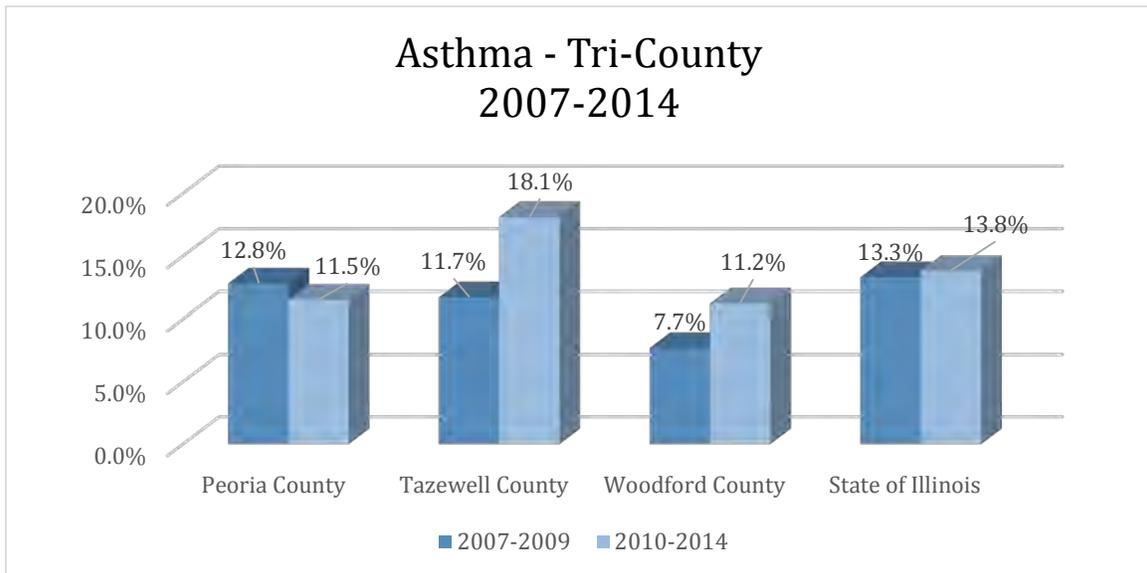
Source: COMPdata 2015

## 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.

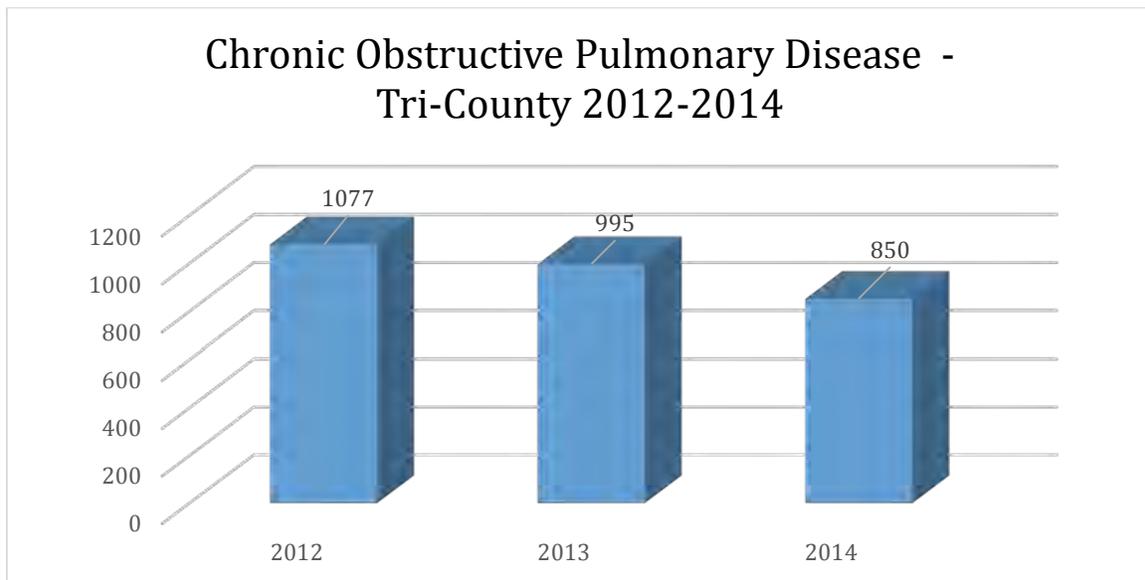
### Asthma

The percentage of residents that have asthma in the Tri-County area has decreased in Peoria and increased in Tazewell and Woodford County between 2007-2009 and 2010-2014, while State averages are increasing slightly. According to the Illinois BRFSS, asthma rates in Peoria County (11.5%) and Woodford County (11.2%) are lower than the State of Illinois (13.8%), while Tazewell County is now higher (18.1%).



Source: Illinois Behavioral Risk Factor Surveillance System

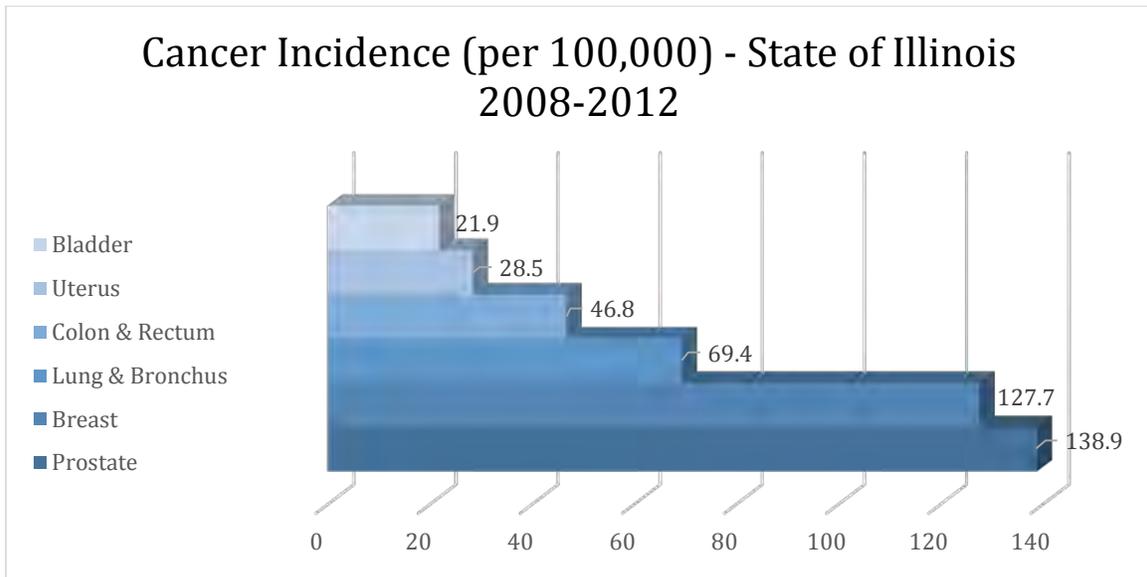
Treated cases of COPD at Tri-County area hospitals have decreased between FY 2012 and FY 2014. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



Source: COMPdata 2015

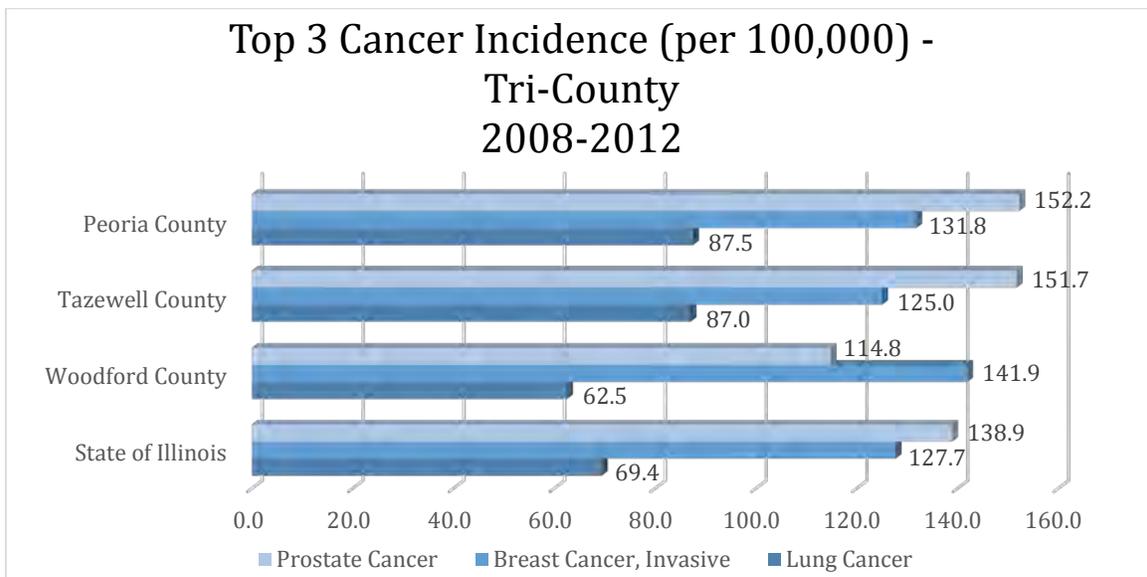
## 4.4 Cancer

*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 the Tri-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](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 the Tri-County region, comparisons can be seen below. Specifically, for both prostate cancer and lung cancer, Peoria and Tazewell counties are higher than State averages. For breast cancer, Peoria and Woodford counties are higher than the State.



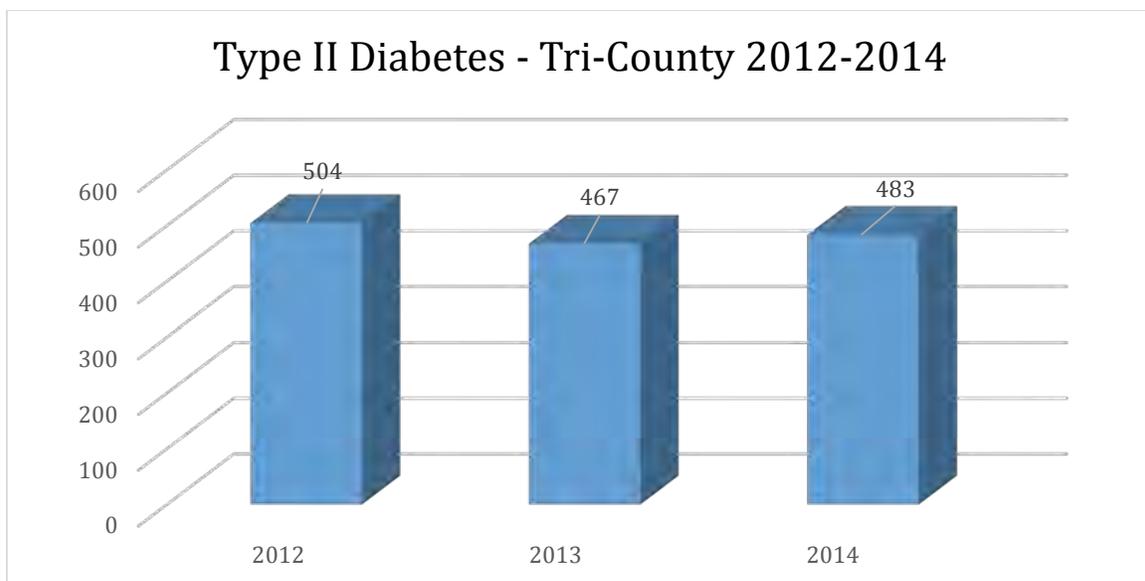
Source: [http://www.idph.state.il.us/cancer/15/county\\_rpt/County\\_Section\\_I\\_Site\\_Specific\\_Cancer\\_Incidence.pdf](http://www.idph.state.il.us/cancer/15/county_rpt/County_Section_I_Site_Specific_Cancer_Incidence.pdf)

## 4.5 Diabetes

### *Importance of the measure:*

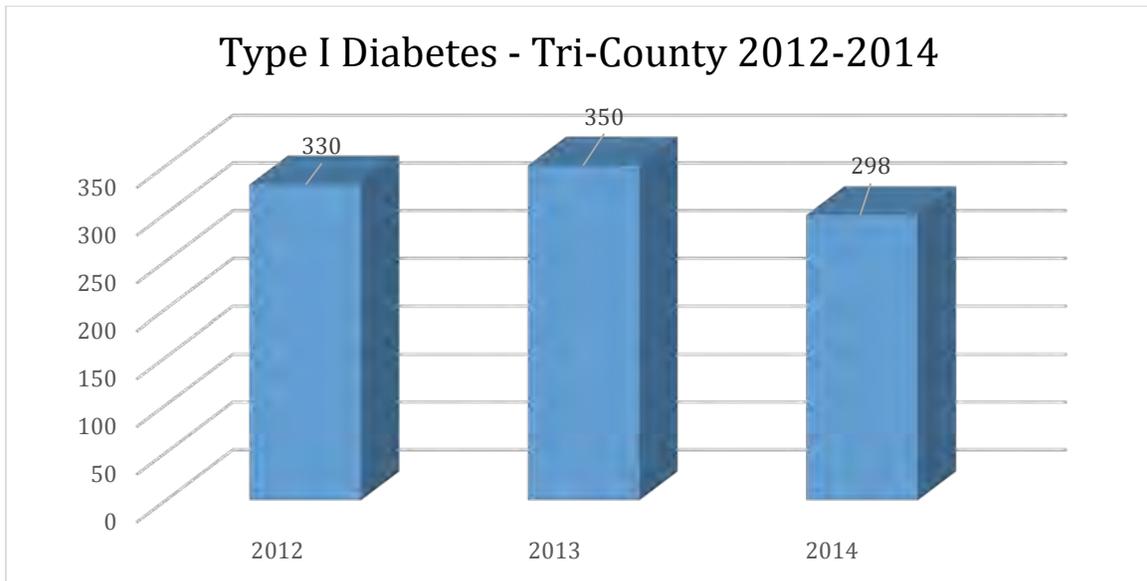
Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes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

Inpatient cases of Type II diabetes from Tri-County area hospitals have decreased between FY 2012 (504 cases) and FY 2014 (483 cases). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.



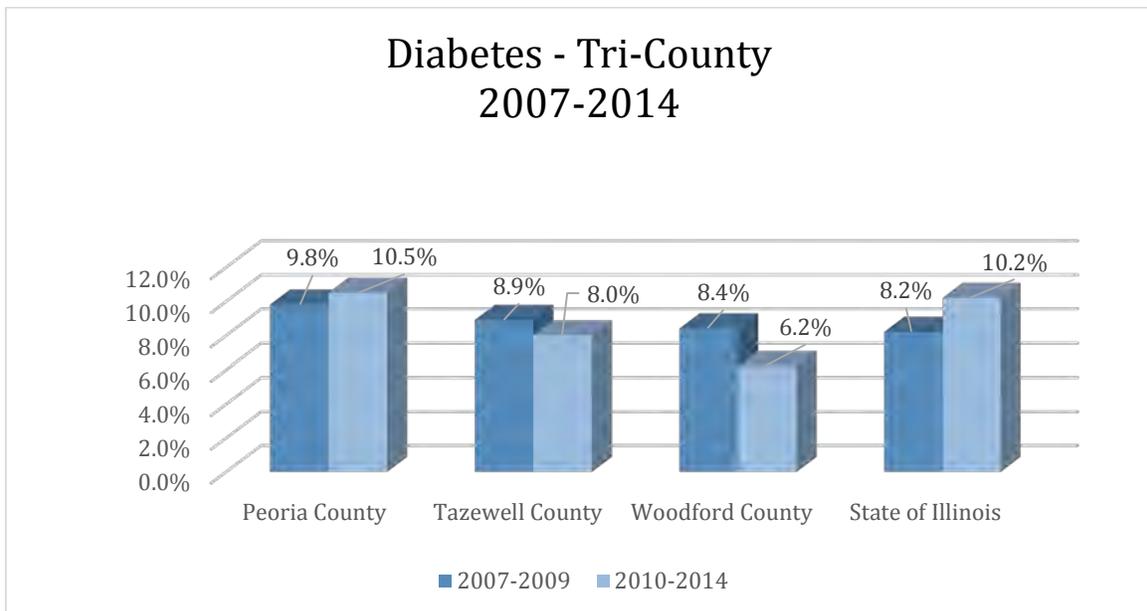
Source: COMPdata 2015

Inpatient cases of Type I diabetes show a decrease from 2012 (330) to 2014 (298) for the Tri-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 10.5% of Peoria County residents have diabetes, 8% of Tazewell County residents have diabetes, and 6.2% of Woodford County residents have diabetes. Trends are concerning in Peoria County, as the prevalence of diabetes is increasing and now higher compared to data from the State of Illinois.



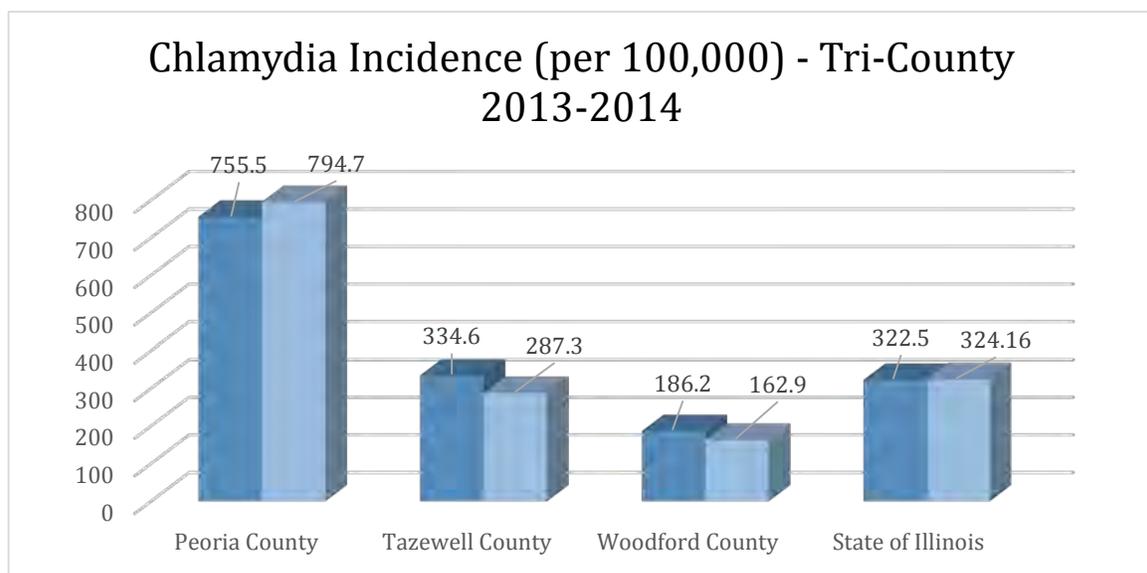
Source: Illinois Behavioral Risk Factor Surveillance System

## 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.

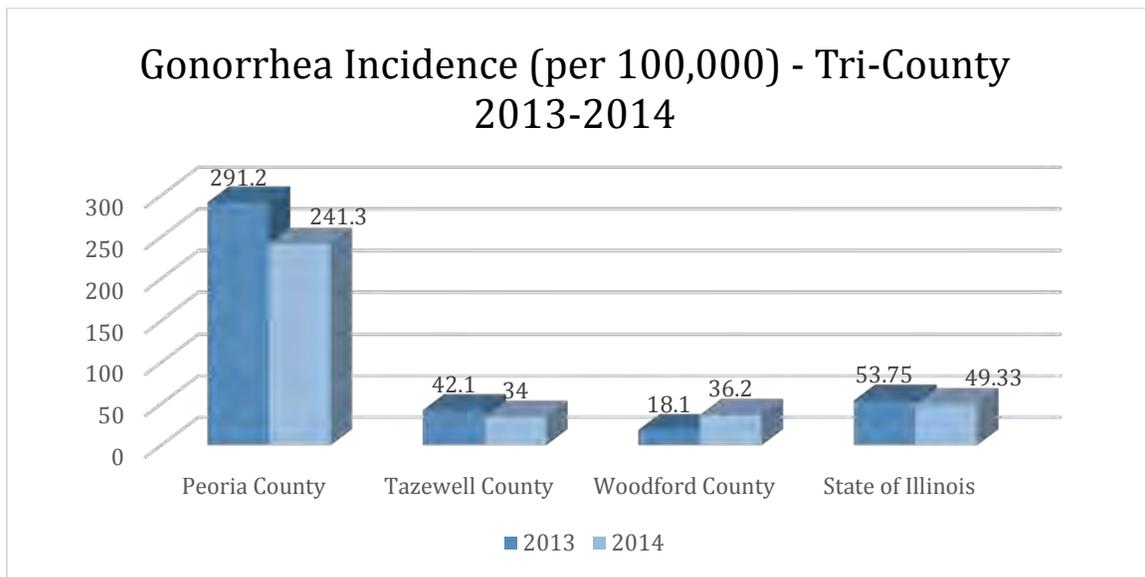
### Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in the Tri-County from 2013-2014 indicate an increase in Peoria County as well as the State of Illinois. Rates of chlamydia in Peoria County are considerably higher than State averages.



*Source: Illinois Department of Public Health*

The data for the number of infections of gonorrhea in Woodford County indicate an increase from 2013-2014 compared to a decrease in Peoria and Tazewell Counties. Rates in the State of Illinois from 2013-2014 held steady. Peoria rates are still much higher than the State.



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.<sup>2</sup>

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

### Vaccine Preventable Diseases 2011-2014 Tri-County Region

<b>Mumps</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Peoria County	0	0	0	0
Tazewell County	1	0	0	0
Woodford County	0	0	0	0
State of Illinois	78	32	26	142
<b>Pertussis</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Peoria County	4	11	8	12
Tazewell County	3	13	1	10
Woodford County	1	1	0	2
State of Illinois	1509	2026	785	764
<b>Varicella</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Peoria County	10	15	8	7
Tazewell County	27	24	10	11
Woodford County	3	3	5	8
State of Illinois	881	898	731	598

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

### Tuberculosis 2011-2014 Tri-County Region

<b>Tuberculosis</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Peoria County	1	1	1	0
Tazewell County	0	0	1	1
Woodford County	2	0	0	0
State of Illinois	358	347	327	320

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

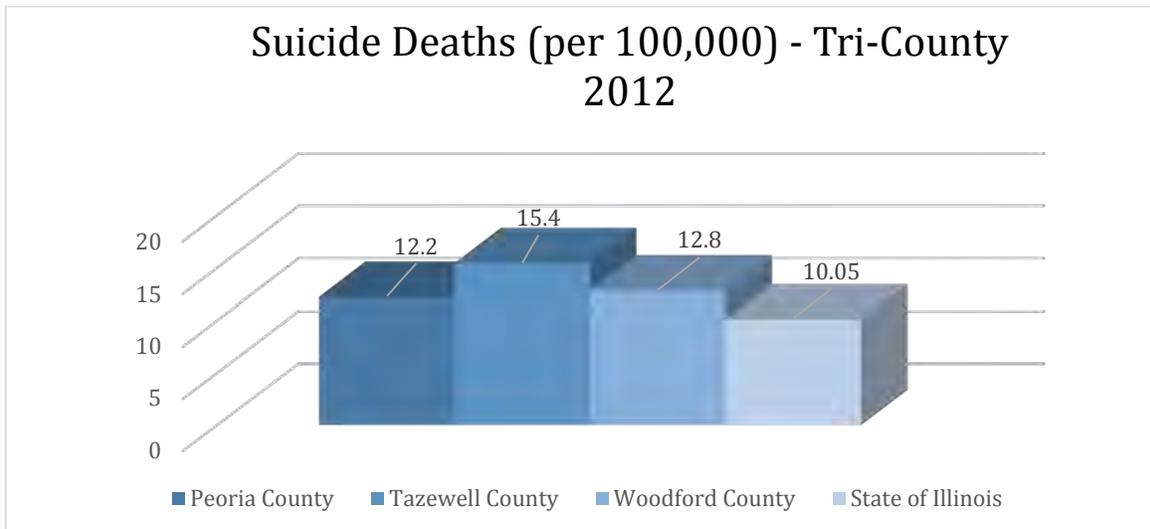
## 4.7 Injuries

### *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

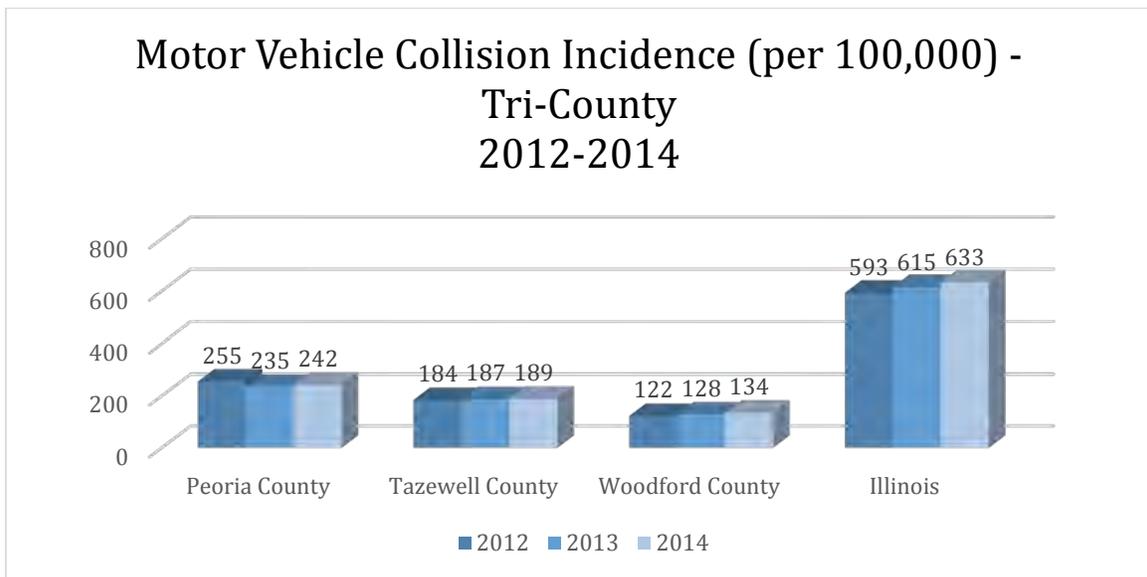
The number of suicides in the Tri-County area indicate higher incidence than State of Illinois rates, as there were approximately 12.2 per 100,000 people in Peoria County, 15.4 per 100,000 people in Tazewell County, and 12.8 per 100,000 people in Woodford County in 2012.



*Source: Illinois Department of Public Health*

## Unintentional – motor vehicle

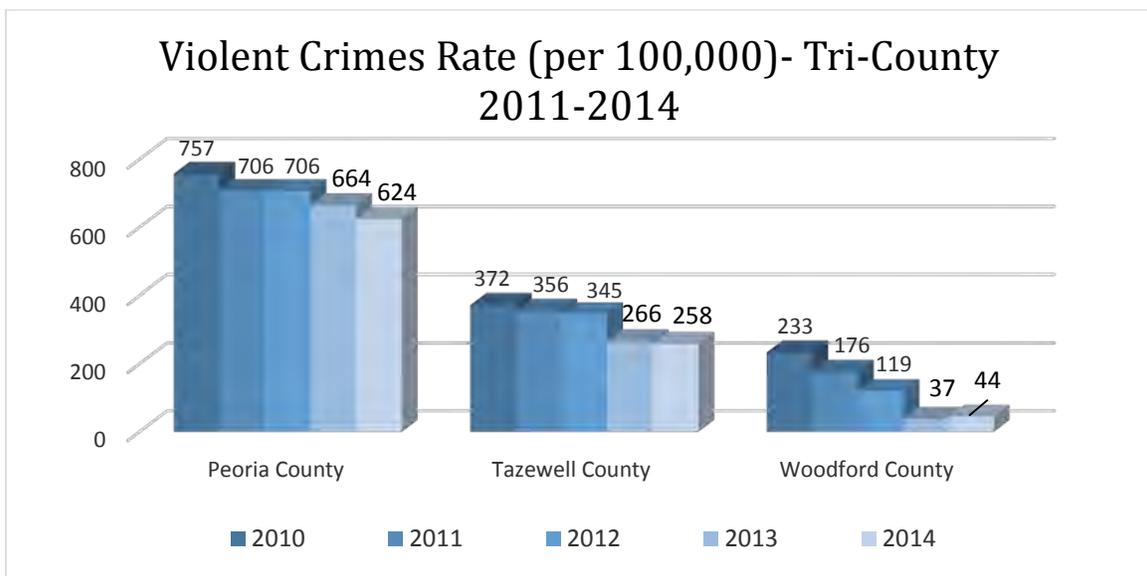
Research suggests that car accidents are a leading cause of unintentional injuries. In the Tri-County area, the number of incidents between 2012 and 2014 for several types of motor vehicle collisions including vehicle overturn, railroad train, sideswipe, angle, parked motor vehicle, turning, and rear-end accidents has largely held steady, and 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 the Tri-County area.



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 the Tri-County are similar as a percentage of total deaths in 2013. Diseases of the Heart and Cancer are the top two causes of deaths in the Tri-County.

Top 5 Leading Causes of Death for all Races by County, 2013				
Rank	Peoria County	Tazewell County	Woodford County	State of Illinois
1	Diseases of Heart (22.6%)	Diseases of Heart (21.4%)	Diseases of Heart (23.5%)	Diseases of Heart
2	Malignant Neoplasm (21.9%)	Malignant Neoplasm (23.7%)	Malignant Neoplasm (22.2%)	Malignant Neoplasm
3	Cerebrovascular Disease (7.6%)	Chronic Lower Respiratory Disease (6.1%)	Cerebrovascular Disease (6.5%)	Cerebrovascular Disease
4	Accidents (4.4%)	Cerebrovascular Disease (5.5%)	Accidents (6.4%)	Chronic Lower Respiratory Disease
5	Influenza/Pneumonia Disease (3.2%)	Influenza/Pneumonia Disease (3.5%)	Alzheimer's Disease (5.4%)	Accidents

*Source: Illinois Department of Public Health*

## 4.9 Key Takeaways from Chapter 4

- ✓ **LOW BIRTH WEIGHTS HAVE BEEN INCREASING SLIGHTLY IN PEORIA AND TAZEWELL COUNTIES**
- ✓ **SOME VARIATIONS OF CARDIAC DISEASE HAVE SEEN A DECREASE SINCE 2012**
- ✓ **CANCER RATES FOR PROSTATE AND LUNG CANCER IN PEORIA AND TAZEWELL COUNTIES ARE HIGHER THAN STATE AVERAGES. BREAST CANCER RATES ARE HIGHER IN PEORIA AND WOODFORD COUNTIES COMPARED TO STATE AVERAGES**
- ✓ **ASTHMA HAS SEEN A SIGNIFICANT INCREASE IN TAZEWELL COUNTY AND IS ABOVE STATE AVERAGES**
- ✓ **WHILE STATE AVERAGES HAVE ALSO SEEN AN INCREASE, DIABETES IS TRENDING UPWARD SIGNIFICANTLY IN PEORIA COUNTY AND IS NOW HIGHER THAN STATE AVERAGES**
- ✓ **HEART DISEASE AND CANCER ARE THE LEADING CAUSES OF MORTALITY IN THE TRI-COUNTY**

## CHAPTER 5 OUTLINE

- 5.1 Perceptions of Health Issues
- 5.2 Perceptions of Unhealthy Behavior
- 5.3. Perceptions of Issues with Well Being
- 5.4 Summary of Community Health Issues
- 5.5 Community Resources
- 5.6 Significant Needs Identified and Prioritized

## CHAPTER 5. PRIORITIZATION OF HEALTH-RELATED ISSUES

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

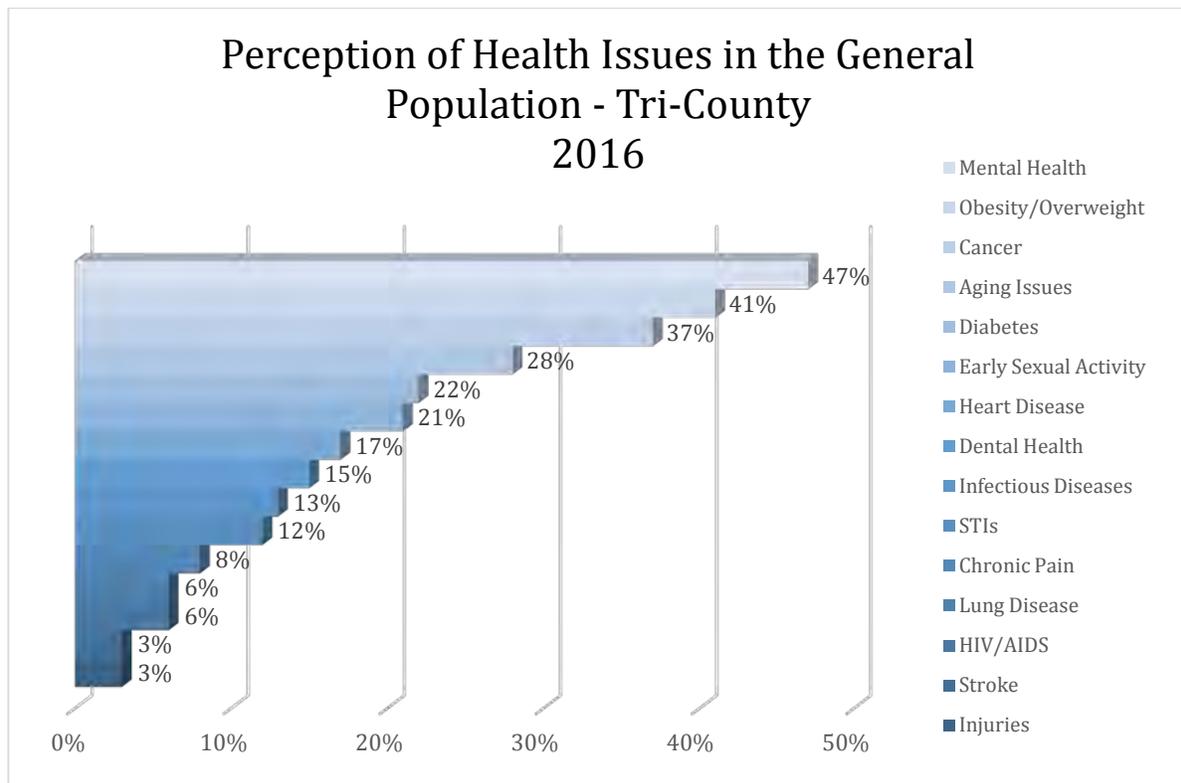
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

### 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 mental health. It was identified 47% of the time and was significantly higher than other categories based on *t-tests* between sample means. This was followed by obesity, cancer, 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 the Tri-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 the Tri-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 men, older people, and White people.

**Cancer** tends to be of greater concern to White people. Those in Woodford County are also more concerned.

**Chronic Pain** does not show significant correlations.

**Dental health** tends to be rated higher by women and those with lower income.

**Diabetes** is rated higher by Black and Latino residents, and those with lower education and income. Those in Peoria County are also more concerned.

**Heart disease** tends to be rated higher by men. Those in Tazewell County are also more concerned.

**HIV** tends to be rated higher by younger people, people with Black ethnicity, homeless people and those with lower education and income. Those in Peoria County are also more concerned, while Tazewell and Woodford County residents are less concerned.

**Early sexual activity** tends to be rated higher by women. Those in Peoria County are also more concerned.

**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 women, White people, and by those with higher education. Residents in Tazewell County are also more concerned.

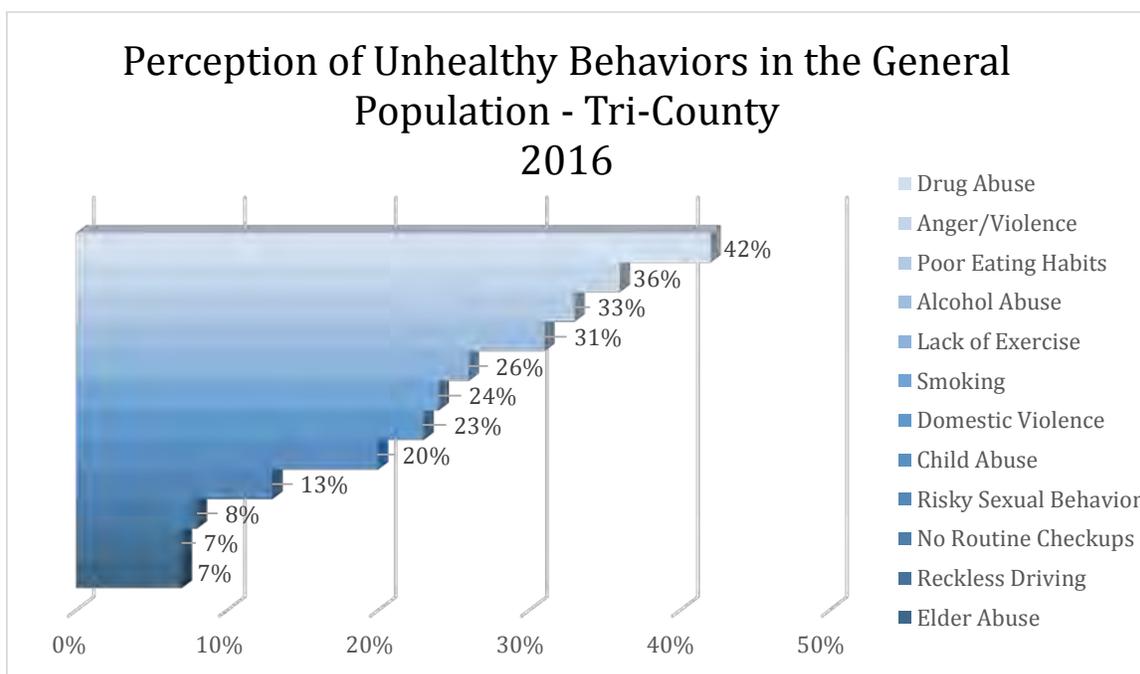
**Obesity** tends to be rated higher by White people, and those with higher education and income. Residents in Tazewell County are also more concerned.

**STIs** tend to be rated higher by younger people, Black people, and those with lower income. Residents in Tazewell and Woodford County are less concerned.

**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 unhealthy behaviors that rated highest were drug abuse, anger/violence, poor eating habits, 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** is rated higher by Black people. Residents in Peoria County are also more concerned.

**Alcohol Abuse** is more concerning in Woodford County.

**Child abuse** tends to be rated higher by those with low income.

**Domestic Violence** tends to be rated higher by those with low income. Residents in Peoria County are also more concerned.

**Drug abuse** tends to be rated higher by those with low education.

**Elder abuse** is rated higher by older people.

**Lack of exercise** tends to be rated higher by White people and those with high education and income. Residents in Tazewell County are also more concerned.

**No check-ups** does not show significant correlations.

**Poor eating habits** tends to be rated higher by White people and those with high education and income. Residents in Tazewell County are also more concerned.

**Reckless driving** is rated higher by younger people and those with high income.

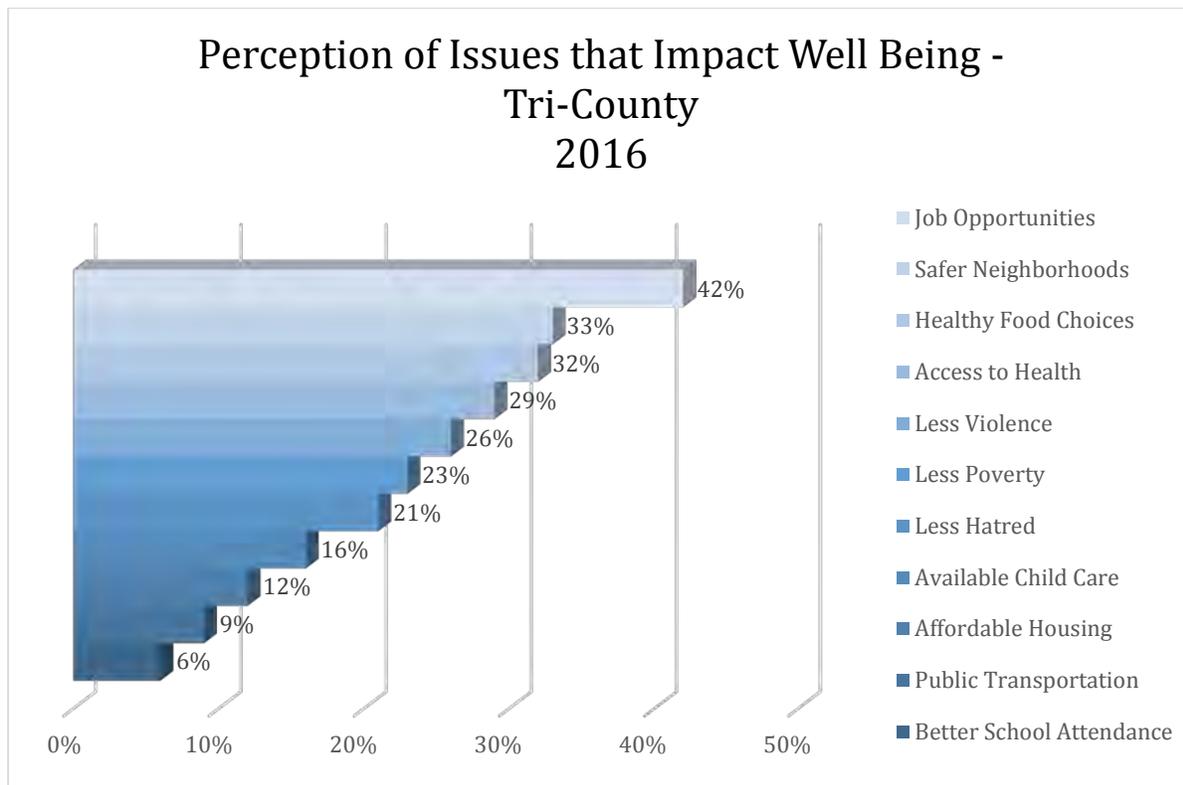
**Smoking** tends to be rated higher by younger people and White people. Residents in Tazewell County and Woodford County are also more concerned.

**Risky Sex Behavior** is of higher concern to women and Black people. Residents in Peoria County are also more concerned.

## 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 safer neighborhoods, and healthy food choices



Source: CHNA Survey

## Demographic Factors Related to Perceptions of Well Being

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 White individuals.

**Affordable housing** is rated higher by Black individuals, homeless people, and those with lower education and income. Residents in Peoria County are also more concerned.

**Availability of childcare** tends to be rated higher by younger individuals, Black and Latino people, and those with lower education and income.

**Better schools** does not show significant correlations.

**Job opportunities** tend to be rated higher by Black and homeless individuals. Residents in Peoria County and Tazewell County are also more concerned.

**Public transportation** does not show significant correlations.

**Access to healthy food** is more likely to be chosen by White people, and those with high income. Residents in Woodford County are also more concerned.

**Less poverty** is rated higher in Peoria and Tazewell County.

**Safer neighborhoods** is rated higher by Black people. Residents in Peoria County are also more concerned.

**Less hatred** is rated higher by Black people.

**Less violence** tends to be rated higher by older people and Black people. Residents in Peoria County are also more concerned.

## 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:

- Aging population
- Early sexual activity- teen births
- Change in ethnicity
- Unemployment and poverty remain issues

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

- ED usage with at-risk population
- At-risk population that does not seek medical attention
- Overall improved access to healthcare compared to 2013 CHNA
- Lack of exercise
- Mental health
- Dental health
- Women’s health
- Lack of healthy eating

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

- Tobacco usage
- Drug abuse
- Alcohol abuse
- Obesity
- Risk factors for heart disease

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

- Low birth weights
- STIs
- Diabetes
- Asthma
- Cancer
- Heart Disease

### **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:

- **Healthy eating and active living**
- **Appropriate use and access of health services – ED, dental, healthcare**
- **Mental health**
- **Obesity**
- **Low birth weights**
- **Diabetes**
- **Asthma**
- **Substance abuse**
- **Risky sexual behavior – STIs**
- **Heart disease**
- **Cancer**

## **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, OSF and UnityPoint, joined by members of the CICHC, 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), two significant health issues were identified:

- ***Healthy behaviors – defined as active living and healthy eating, and their impact on obesity***
- ***Mental health***

## **HEALTHY BEHAVIORS – ACTIVE LIVING AND 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 34% of respondents in the Tri-County area indicated that they do not exercise at all (an increase of 2% compared to the 2013 CHNA), while nearly the same proportion of residents exercise 1-2 times per week (32%).

**HEALTHY EATING.** Nearly two-thirds (65%) of Tri-County residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 5%.

**OBESITY.** The number of people diagnosed with obesity and being overweight has increased from 2007-2009 to 2010-2014. Roughly, two-thirds of residents in the Tri-County area are considered overweight or obese. Overweight and obesity rates in Illinois have decreased from 2009 (64.0%) to 2014 (63.7%).

## **MENTAL HEALTH**

The majority of Peoria County respondents (61.5%) perceive they have good overall mental health for 2010-2014, a slight decrease from 2007-2009. Moreover, in Peoria County, more people report over 8 days of “not good” mental health in 2010-2014 (17.8%) than in 2007-2009 (11.9%). There was an increase of Woodford County residents reporting they felt good mentally in 2010-2014 (72.5%) and a decrease of 3.5 points for over 8 days of “not good” mental health from 2007-2009 to 8.4%. For Tazewell County, the number of people reporting more than 8 days of “not good” mental health decreased slightly from 10.3% to 10%.

## APPENDIX 1. OSF, UNITYPOINT AND CENTRAL ILLINOIS COMMUNITY HEALTH COLLABORATIVE

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

### OSF SAINT FRANCIS MEDICAL CENTER

**Robert Anderson, MHA, MT (FACHE)** is the Senior Vice President & Chief Operating Officer OSF Saint Francis Medical Center. Bob joined OSF HealthCare in 1981 as a Medical Technologist in the Laboratory at OSF Saint Francis Medical Center. Bob held various positions in the laboratory becoming Director of Laboratory Services in 1987 and Corporate Director of Laboratories for OSF Healthcare in 1998. In 2005 Bob moved to Administration as the Vice President of Technical and Support services. In 2011 Bob accepted the role of Senior Vice President and Chief Operating Officer at OSF Saint Francis Medical Center. A graduate of Eureka College, Bob obtained his Master's Degree in Health Services Administration from the College of Saint Francis in Joliet Illinois in 1995. In 2012, he earned his Fellow credential in the American College of Healthcare Executives. A lifelong Central Illinois resident, Bob was named a Top 40 under 40 leader in Peoria, he has served on the Boards of a number of Peoria non-profit organizations including: Family House, the Heart of Illinois United Way, Peoria Hospitals Mobile Medical Services, and the Central Illinois American Red Cross. Bob lives in Eureka with his wife Lynne, they have three children and spend their spare time on home improvement projects and travel.

**Lisa Fuller, MS, MA**, is the Vice President of Ambulatory Care at OSF Saint Francis Medical Center. She is responsible for Saint Francis Medical Center Outpatient Departments, including, but not limited to outpatient services at the Centers for Health, Morton Center for Health, Washington Outpatient Center, Sisters' Clinic, OSF IPMR, Occupational Health, Employee Health, RiverPlex and Behavioral Health.

### UNITYPOINT HEALTH – METHODIST | PROCTOR

**Terry Waters** currently serves as Vice President of Strategy and Development for UnityPoint Health – Methodist | Proctor. Mr. Waters was first employed by the Methodist Medical Center in 1984 as Director of Planning. Prior to joining Methodist, he worked for the Illinois Department of Public Health. Mr. Waters is accountable for all aspects of planning and development with line accountability for Marketing, Property Management, DME, Facilities, Security and Valet Parking. He earned his Master's Degree in Business Administration from Illinois State University and is a Fellow of the American College of Healthcare Executives (FACHE).

### CENTRAL ILLINOIS COMMUNITY HEALTH COLLABORATIVE

**Melissa Adamson** is the Director of Community Health Policy & Planning/Assistant Administrator at the Peoria City/County Health Department. She holds a MPH in Health Education from Emory University,

Rollins School of Public Health and has over 20 years' experience in public health. Melissa is passionate about improving population health through investing in programs and advocating for policies that address the underlying causes of disease and build capacity to respond effectively to changing needs.

**Hillary Aggertt** is the Administrator at the Woodford County Health Department. She holds a Bachelor's Degree in Community Health/Health Education from Southern Illinois University and is currently working on her Master's Degree in Prevention Science from the University of Oklahoma. Hillary has seven years of public health experience including emergency preparedness, health education, grant writing and community collaboration. She is passionate in improving health outcomes overall.

**Kim Barman** is the Community Health Coordinator for Hopedale Medical Complex where she leads community health initiatives and related programs. She is passionate about creating healthy environments, enhancing the places where people live, work and play so that they promote health and well-being. Kim has a Master's degree in Exercise and Health Studies and is a Registered Clinical Exercise Physiologist.

**Marcia Becker** received her Bachelors of Arts degree in Finance from Illinois State University in 1997. While living abroad she worked various positions in Finance. In 2005, she took a position in the Finance Department at Bromenn Medical Center. In 2007, she transferred to Pekin Hospital Finance Department and took the position of Controller in 2013.

**Amy Fox** is the administrator at Tazewell County Health Department. Ms. Fox has worked in public health for over 25 years in areas of community health improvement planning, health promotion, substance abuse prevention, coalition development and emergency preparedness. Currently, in addition to responsibilities in Tazewell County, Ms. Fox is the President of the Illinois Association of Public Health Administrators.

**Sally Gambacorta** (MS, Illinois State University; MA, University of Iowa) is the Community Health Manager for Advocate BroMenn Medical Center and Advocate Eureka Hospital. She has 20 years of extensive experience in Wellness, Community Health, and stakeholder collaboration in her roles at Advocate Healthcare. Sally is currently the Community Health site leader and oversees Community Benefits and the community health needs assessment for both hospitals.

**Jo A. Garrison**, MS, RN, is currently the Director of Business and Community Health in Ambulatory Administration at OSF Saint Francis Medical Center in Peoria Illinois. She is responsible to plan and direct the development and operations of the Business & Community Health Services division in a wide area of settings, including but not limited to Occupational Health, Employee Health, Arthritis, Bariatric, Medical Rehab, Wellness/Fitness, Faith Community Nursing, School Nursing, Health Management, Infusion Center, Sickle Cell Clinic, Senior World, Wellness and Bradley Health Clinic.

**Monica Hendrickson**, MPH has been the Epidemiologist at Peoria City/County Health Department since 2013. Most recently, Ms. Hendrickson was the Director of Health Protection at Knox County Health Department from 2010-2013, and previously worked at Peoria City/County Health Department and Rush University Medical Center. Ms. Hendrickson graduated with a MPH in 2008 from the University of

Michigan and a BS in 2005 from the University of Illinois Urbana-Champaign. She currently participates in the Peoria County Reproductive Health Workgroup and has volunteered in the ELITE program through the Peoria Park District.

**Azza Mohammed MBBS, MPH** has a medical degree from Khartoum University Medical School in Khartoum, Sudan. After finishing her medical training she started working for the Sudan National AIDS Program. She worked as a physician at a voluntary center for AIDS/HIV testing and counselling (VCT). She obtained an MPH from the University of Illinois with an epidemiology certificate in 2015. While finishing her Master's degree she worked with the Illinois Department of Public Health's infectious diseases office as a graduate public service intern. Currently she is working as an epidemiologist with Tazewell County Health Department.

**Michael D. Stephan** is the President of Heart of Illinois United Way which supports over eighty-five critical health and human care programs and initiatives in the central Illinois area. Here he has implemented a strategic plan repositioning the organization from a community fundraiser to a community problem solver, changed the allocation process from program to outcome-based funding and increased the annual campaign from \$5.6 million to \$11.6 million. He was named President in January 2000. From 1992 to 1999, Mr. Stephan was Director of the Major Corporations Division for the United Way of the National Capital Area, Washington, D.C. There he provided leadership to campaign volunteers and staff increasing annual contributions to \$85 million. From 1990 to 1992, Mr. Stephan was Division Director for Valley of the Sun United Way, Phoenix, Arizona. There he planned and implemented a \$19.4 million campaign representing a 17% increase over two years. From 1987 to 1990, Mr. Stephan was Associate Campaign Director of United Way of Metro Oklahoma City. There he assisted volunteers and staff to raise \$9.4 million, representing a 45% increase over three years. Mr. Stephan received his Bachelor of Business Administration from James Madison University, Harrisonburg, VA in 1986 and graduated Cum Laude. He is married with two children.

**Gregg D. Stoner, M.D.** Chief Medical Officer of Heartland Health Services and Clinical Professor of Family and Community Medicine, University of Illinois, College of Medicine, Peoria Heartland Health Service Heartland Health Services is a federally qualified health center which provides primary medical care to patients in Central Illinois through their five clinics located in Peoria.

## **FACILITATORS**

**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.

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**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 McMahan-Illini Chapter of Healthcare Financial Management Association for over ten years. Dawn will assume the responsibilities of President-Elect on the board of the McMahan-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

Eight needs were identified in the Tri-County 2013 CHNA. Below are examples of activities implemented during the last three years to address these needs:

### Access to Health

- Implemented a “wellmobile”
- Established a collaborative with Walgreens
- Created a Hult Center Dental Program
- Trained 22 faith nurses

### Asthma

- In-School Health Program [monitoring and management of chronic asthmatics]
- Adults and children with a diagnosis of asthma have a completed Home Asthma Action Plan

### Cancer

- Created a Low Cost CT Lung Screen Program
- Hult Center Cancer Programs
- Creating measures for smoking, tobacco use, breast screening and colon cancer screening

### Diabetes

- Established a Diabetic Care Center
- Hult Center pre-diabetic education & nutrition programs
- Participation in Weight Loss Center

### Health Behaviors

- In-School Health Program
- Wellness Center
- Hult Center Encore! Program
- Developed a 5-part educational health and wellness series was offered to City of Refuge Church
- Provided several educational series at the Riverplex for all members

### Mental Health

- Fayette Collaborative
- UICOMP Residency Program
- Hult Center Behavioral Health Support Services
- Have extended Behavioral Health Services to additional offices as part of Primary Care Transformation

### Obesity

- Hult Center CATCH Project
- BMI Monitoring & Coaching
- Funded a community-based collaboration to reduce obesity. The data-driven project is working with community partners and focuses on areas of high need/greatest disparity. The Coordinated Approach To Child Health (CATCH) program is being implemented in two primary schools to improve healthful lifestyles and promote physical activity and healthy diet among children, and is complemented by CATCH Kids Club,
- Mobile Food Van to increase access/consumption of healthy food, and cooking classes to build skills and capacity for food budgeting, grocery shopping, meal preparation, and nutrition.
- Weekly nutritional consults offered at Maui Jim

### **Substance Abuse (Risky Behaviors)**

- Hult Center “Freedom from Smoking” Program
- Smoke-Free Multi-Unit Housing Collaborative

## 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 |  |

**BACKGROUND INFORMATION**

What county do you live in?

- Peoria       Tazewell       Woodford       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)  
 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!**

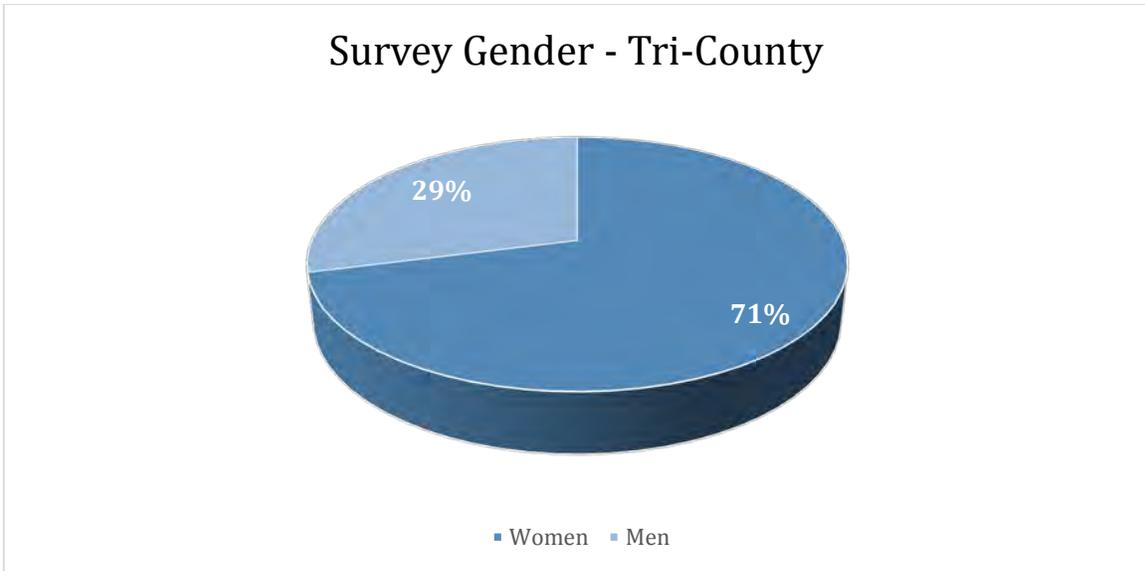
This survey instrument was reviewed by the Committee on the Use of Human Subjects and Research (CUSHR), Bradley University Institutional Review Board (IRB) in May, 2015

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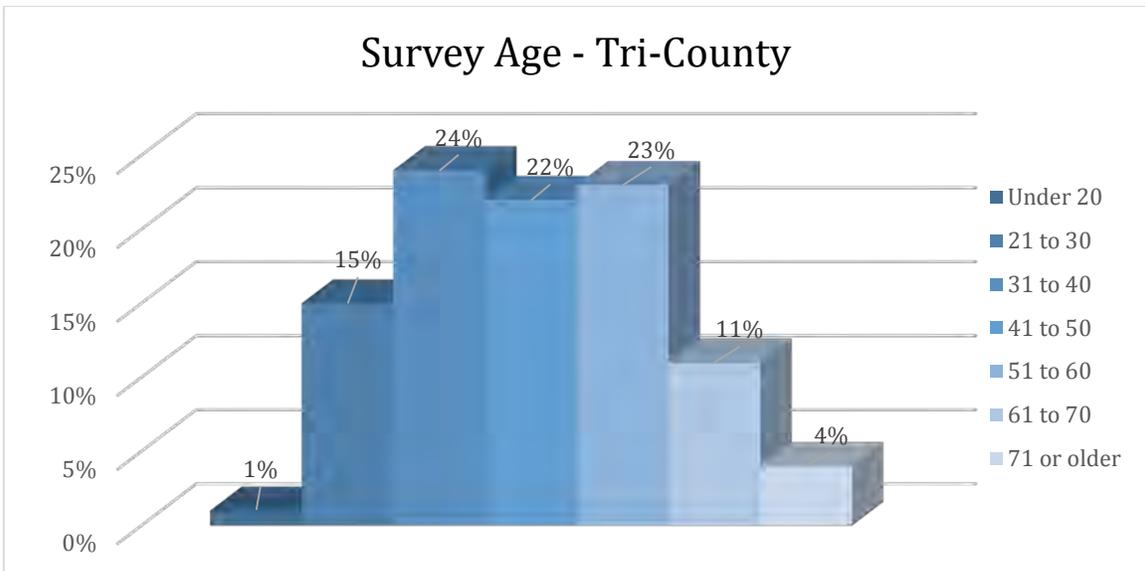
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Collaboration for sustaining health equity • May 2016

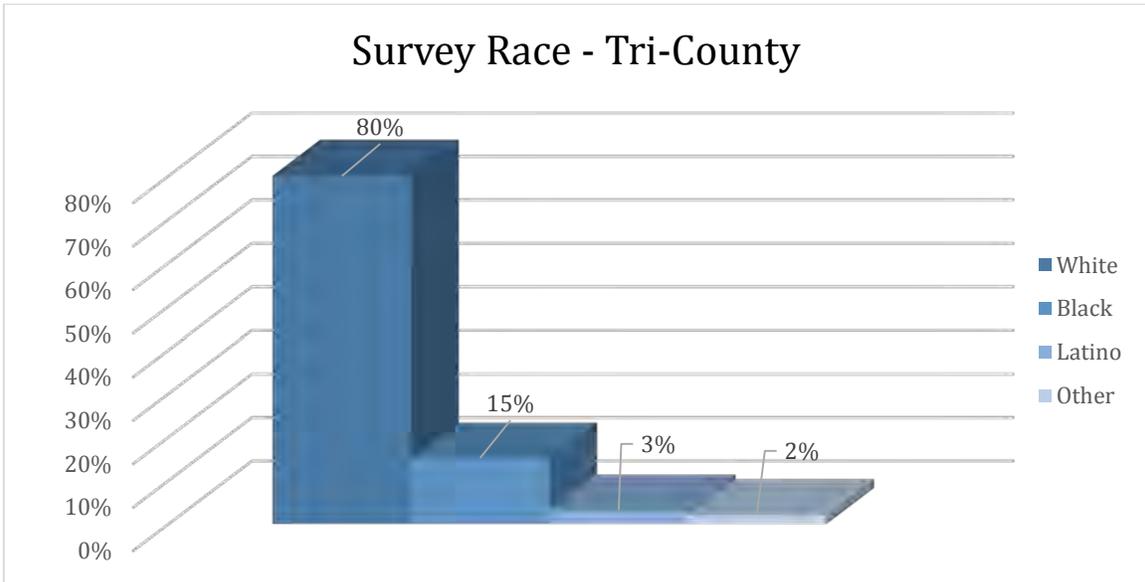
## APPENDIX 4. CHARACTERISTICS OF SURVEY RESPONDENTS FOR GENERAL SAMPLE



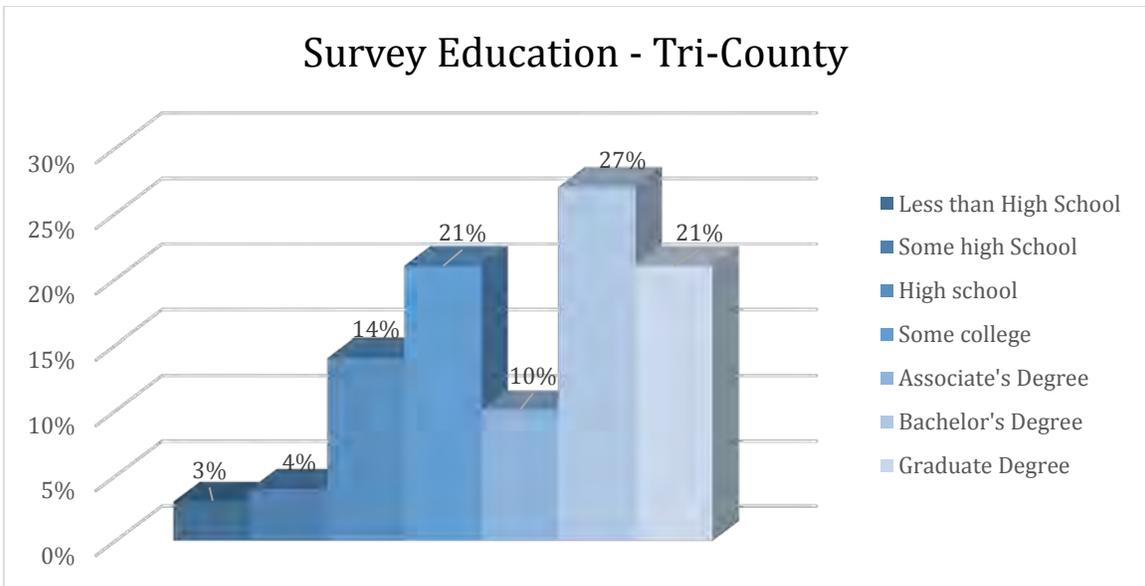
Source: CHNA Survey



Source: CHNA Survey

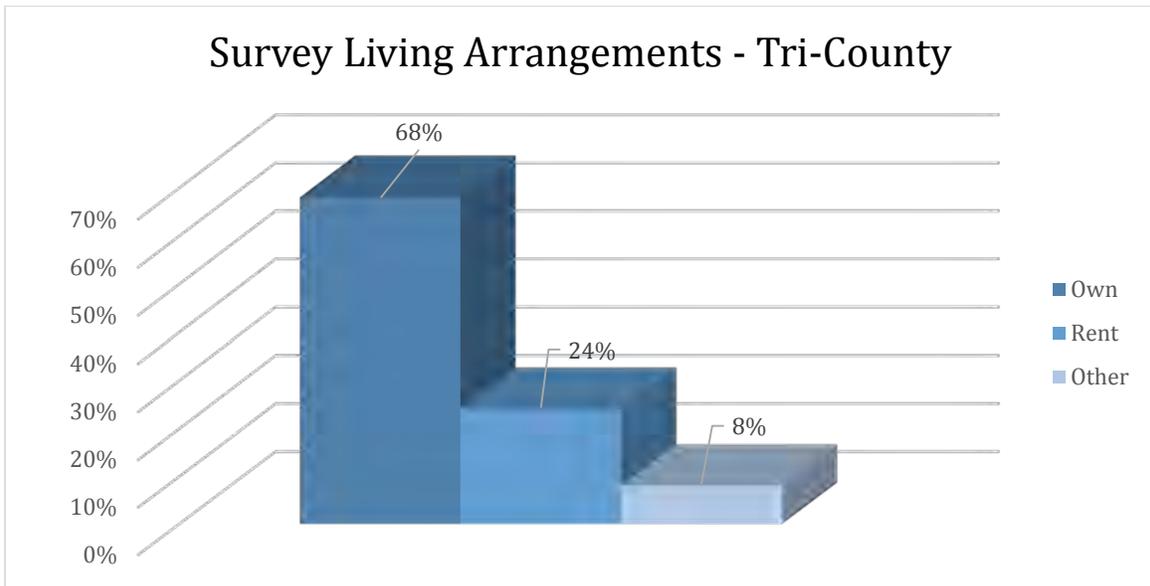


Source: CHNA Survey

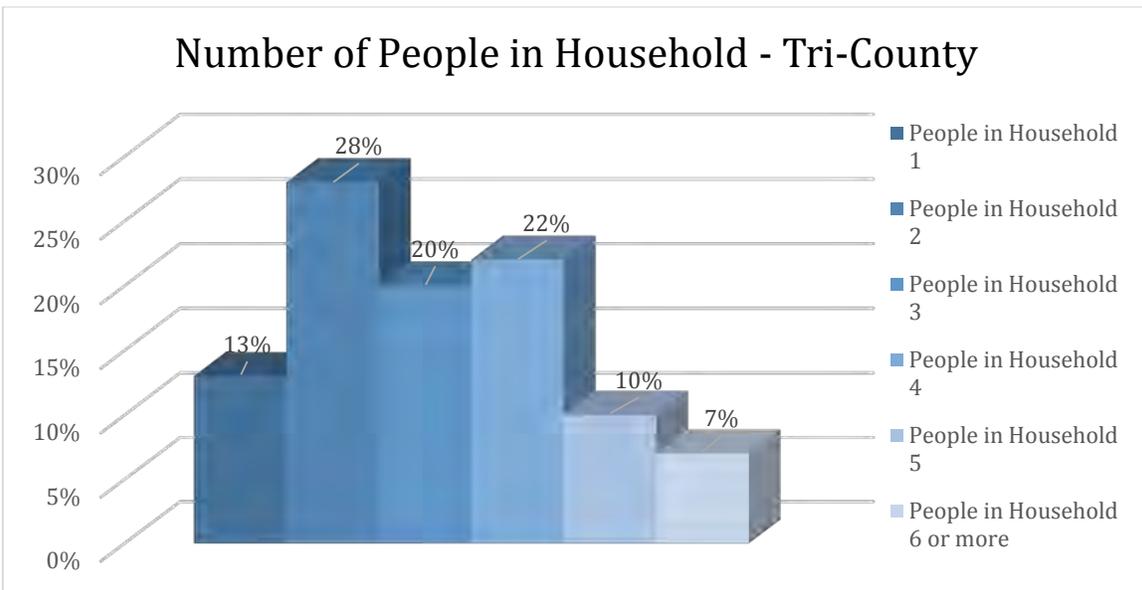


Source: CHNA Survey

Income: Mean income for sample was \$52,381.00



Source: CHNA Survey



Source: CHNA Survey

### APPENDIX 5. RESOURCE MATRIX

	Access to Health Services	Asthma	Cancer	Cardiovascular Disease	Dental Health	Diabetes	Emergency Department Misuse	Healthy Behaviors/ Nutrition & Exercise	Mental Health	Not Seeking Health Care	Obesity	Low Birth Weights	Risky Sexual Behavior -STIs	Substance Abuse	Women's Health	
<b>WOODFORD COUNTY</b>																
<b>Rec. Facilities</b>																
<b>Health Departments</b>																
	Woodford County Health Department	x														
<b>Community Agencies</b>																
	Tazwood Center for Wellness/ ERS	x														
	Tazwood Community Services	x														
	Illinois Institute Addiction Recovery	x														
	We Care	x														
<b>Hospitals / Clinics</b>																
	Advocate Eureka	x														
<b>TAZEWELL COUNTY</b>																
<b>Rec. Facilities</b>																
	Five Points Washington															
	Fondulac Park District															
	Hopedale Wellness Center	x														
	Morton Park District										x					
	Pekin Park District										x					
	Tremont Park District				x	x		x			x					x
	Washington Park District				x	x		x			x					x
	YWCA of Pekin	x			x	x		x			x					x
<b>Health Departments</b>																
	Tazewell County Health Department	x	x	x	x	x	x	x	x		x	x	x	x	x	x
<b>Community Agencies</b>																
	Childrens Advocacy Center	x						x	x							
	Tazwood Center for Wellness/ ERS	x					x	x	x	x			x	x		
	Planned Parenthood- Pekin	x		x									x			x
	Tazwood Community Services	x								x						
<b>Hospitals / Clinics</b>																
	Pekin Hospital	x	x	x	x		x	x	x		x	x				x
	Hopedale Hospital	x	x	x	x		x	x	x		x	x		x		x

### APPENDIX IV. RESOURCE MATRIX (CONTINUED)

	Access to Health Services	Asthma	Cancer	Cardiovascular Disease	Dental Health	Diabetes	Emergency Department Misuse	Healthy Behaviors/ Nutrition & Exercise	Mental Health	Not Seeking Health Care	Obesity	Low Birth Weights	Risky Sexual Behavior - STIs	Substance Abuse	Women's Health
<b>PEORIA COUNTY</b>															
<b>Rec. Facilities</b>															
	Fitness Clubs & Gyms			x		x		x			x				
	Greater Peoria Family YMCA			x		x		x			x				
	Peoria Park District			x		x		x			x				
	RiverPlex Rec/Wellness Center			x		x		x			x				
<b>Health Departments</b>															
	Peoria City/County Health Department	x		x	x	x		x			x	x	x		
<b>Community Agencies</b>															
	Advocates of Access	x		x											
	American Red Cross of Central IL								x						
	Children's Home	x							x			x	x	x	
	Christian Physiological Associates														
	Faithbased Churches								x						
	Family Core														
	Fayette Human Service Center								x						x
	Heart of IL United Way								x				x		
	Lutheran Social Services														
	Neighborhood House														
	Heartland Community Health Clinic	x				x							x		x
	Hult Center							x	x		x		x	x	
	Easter Seals							x	x		x		x	x	
	Food Banks							x	x		x		x	x	
	Center for Prevention and Abuse														
<b>Hospitals / Clinics</b>															
	Cancer Center for Healthy Living														
	IL Cancer Care														
	Kinfred Hospital	x		x	x	x									x
	OSF St. Francis Medical Center	x	x	x	x	x	x	x	x		x	x			x
	Planned Parenthood	x		x			x	x					x		x
	St Francis Community Clinic	x	x					x			x			x	
	UICOMP												x		x
	UnityPoint Methodist   Proctor	x	x	x	x	x	x	x	x		x	x			x

## APPENDIX 6. DESCRIPTION OF COMMUNITY RESOURCES

### Recreational Facilities (12)

#### **Fitness Clubs**

*Obesity, heart disease*

Planet Fitness Gym, Club Fitness Gym offers a weight loss program, “25 in 3” that includes nutritional guidance, supervised cardio training, and weight training with certified personal trainers. The Clubs at River City offers a weight loss program “Lose it 2012” to promote an active, healthy lifestyle for members of all ages and fitness levels.

#### **Fon du Lac (East Peoria) Park District:**

*Obesity, Healthy Behaviors, Heart Disease*

Fon du Lac Park District maintains over 1,600 acres of parks, natural areas, riverfront, trails, two golf courses, a picturesque marina, campground, water park, a quaint farm park, and a variety of recreational programs and activities for all ages.

#### **Five Points (Washington):**

*Obesity*

Is a nonprofit, multi-purpose facility that is committed to enhancing the quality of life and wellbeing of community members across the greater Washington and Peoria area through well-maintained facilities, unparalleled service, family-friendly programs, and fiscally responsible management. Our 144,900 square foot facility is comprised of various centers that serve distinct needs in our community.

#### **Greater Peoria Family YMCA**

*Healthy Behaviors*

The Greater Peoria Family YMCA is a community based service organization dedicated to building the mind, body and spirit for members of the Peoria area community. By offering value-based programs emphasizing education, health and recreation for individuals regardless of sex, race or socio-economic status the YMCA is increasing the quality of life in the Greater Peoria area.

#### **Hopedale Wellness Center**

*Obesity, heart disease, access to health*

The Hopedale Wellness Center is a modern, 34,000 sq. ft., handicap-accessible facility, offering a variety of fitness and rehabilitation resources all under one roof. The Hopedale Wellness Center is the best value in wellness services in Central Illinois. [Become a member](#) and connect with people who share your same wellness goals.

#### **Morton Park District:**

*Obesity, Healthy Behaviors, Heart Disease*

The Morton Park District maintains ten facilities offering a variety of programs for infants, toddlers, early childhood, youth, adults, and seniors.

**Pekin Park District:**

*Obesity, Healthy Behaviors, Heart Disease*

Through 2500 acres of land developed into 15 parks, the Pekin Park District strives to improve quality of life for the district's residents by providing both active and passive recreational opportunities in recreational facilities, parks and areas. The Pekin Park District offers a variety of programs for infants, toddlers, early childhood, youth, adults, and seniors.

**Peoria Park District:**

*Healthy Behaviors*

The Peoria Park District maintains over 9,000 acres of open space, 64 park sites, 6 golf courses, 6 swimming pools, 31 tennis courts, 11 softball and 22 soccer fields, zoo, conservatory and gardens, nature center, arena with 2 ice rinks, outdoor stage and a band shell. The Peoria Park District offers programs for infants, toddlers, early childhood, youth, adults, and seniors.

**RiverPlex Recreation and Wellness Center**

*Obesity, Healthy Behaviors*

The RiverPlex is a joint project between the Peoria Park District and OSF Saint Francis Medical Center. It is an 118,000 square foot facility complete with a state of the art fitness center, indoor aquatic park, multipurpose arena, activity room, classrooms and more. Programs include a Weight Management Program (Obesity), Exergaming for Health Program (Obesity) and numerous health/fitness programs (Healthy Behaviors).

**Tremont Park District:**

*Obesity, Healthy Behaviors, Heart Disease*

The Tremont Park District maintains facilities offering a variety of programs for infants, toddlers, early childhood, youth, adults, and seniors.

**YWCA Pekin:**

*Obesity, Healthy Behaviors, Heart Disease*

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

**Washington Park District:**

*Obesity, Healthy Behaviors, Heart Disease*

The Washington Park District offers a variety of programs for infants, toddlers, early childhood, youth, adults, and seniors.

## Health Departments (3)

### **Peoria City/County Health Department**

*Obesity, Healthy Behaviors, Access to Health Services, Asthma, Sexual Health*

The goal of the Peoria City/County Health Department is to protect and promote health and prevent disease, illness and injury. Public health interventions range from preventing diseases to promoting healthy lifestyles and from providing sanitary conditions to ensuring safe food and water.

### **Tazewell County Health Department:**

*Obesity, Healthy Behaviors, Cancer, Sexual Health*

The Tazewell County Health Department promotes and protects the public's health and wellbeing through programs targeting the following concerns: dental, emergency planning, environmental, health promotion, MCH/WIC, nursing, and concerns for the 21<sup>st</sup> century.

### **Woodford County Health Department**

*Obesity, Healthy Behaviors, Access to Health Services, Sexual Health*

The Woodford County Health Department sponsors programs in the following areas: maternal and child health, infectious diseases, environmental health, health education, and emergency preparedness.

## Community Agencies/Private Practices (21)

### **Advocates for Access**

*Access to Health Services*

Advocates for Access, is a nonprofit organization that empowers people with disabilities to live independently in our community. As a center for independent living, Advocates for Access provides four core services: **independent living skills training, information and referral, peer support services, and systems change advocacy.**

### **American Red Cross of Central Illinois**

*Healthy Behaviors*

The American Red Cross is a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement that provides relief to victims of disaster and helps people prevent, prepare for, and respond to emergencies.

### **Cancer Center for Healthy Living**

*Cancer*

The Cancer Center for Healthy Living provides emotional support beyond medical care for cancer patients, survivors, and their caregivers. A variety of programs and services are available to help heal the mind, body and spirit free of charge including individual, family and group support, individual nutrition counseling and group cooking demonstrations, healthy living classes, a resource library, educational workshops and seminars, and massage therapy.

## **The Center for Prevention of Abuse**

### *Mental Health*

The Center has emergency shelters for victims fleeing domestic violence in Peoria and Pekin and advocates in the Peoria, Tazewell and Woodford County courthouses to help survivors obtain orders of protection. We offer therapy and counseling to victims of sexual assault and domestic violence. Our Adult Protective Services caseworkers investigate the abuse of seniors and adults living with a disability. The Center also has a long-term care Ombudsman Program to investigate abuse allegations in long-term care facilities.

The Center offers Prevention Education in schools throughout the tri-county area. Our Prevention Educators teach children ways to build healthy relationships, bullying prevention and keeping their bodies safe. Last year alone, we reached over 28,000 students in 100 schools in the tri-county area.

## **Children's Advocacy Center**

### *Access to health*

The Children's Advocacy Center has revolutionized the response to child sexual abuse.

## **Children's Home Association of Illinois**

### *Addictions, Mental Health, Healthy Behaviors*

The Children's Home operates five locations in the Peoria area and employs a staff of 400+ professionals committed to community-based, family-focused programs that provide counseling, education and support to nearly 1,000 children each month. Programs for children and youth include: residential care, group homes, foster care and adoption, supervised independent living, private school, crisis intervention, mental health assessment, homeless services, in-home counseling and family preservation.

## **Christian Psychological Associates (John Day and Associates)**

### *Mental Health*

Christian Psychological Associates offers services for children and adults including individual psychotherapy for the full range of difficulties, including anxiety and mood disorders, dissociative disorders, coping with medical problems, personality disorders, psychotic-spectrum disorders, and adjustment disorders.

## **Easter Seals Central Illinois**

### *Access to Health Services, Healthy Behaviors*

Easter Seals provides services for children and adults with developmental delays, disabilities, autism and other special needs. Services are designed to improve functional as well as life skills.

## **Family Core**

### *Addictions*

FamilyCore is a private, non-profit, nationally accredited social service agency committed to helping individuals and families strengthen their lives through a variety of counseling, child welfare, family preservation and preventative education services. Services include adoptions, counseling, foster care, single parent programs, and youth outreach.

**Fayette Companies***Addiction, Mental Health*

Fayette Companies is a behavioral health organization that provides residential, in-patient, and outpatient services for individuals with serious mental illness and substance use disorders through numerous programs. Affiliated programs include Human Service Center (formally known as White Oaks; Addiction, Mental Health), Behavioral Health Advantage (Mental Health).

**Heartland Community Health Clinic***Access to Health Services*

Heartland Community Health Clinic is a Federally Qualified Health Clinic providing access to high-quality, affordable, comprehensive primary health care for the community. Services are provided regardless of age, race, color, national origin, disability, or ability to pay.

**Hult Center for Healthy Living***Access to Health Services, cancer*

The Hult Center for Healthy Living is Peoria's premier non-profit provider of comprehensive health education and wellness services for people of all ages. They serve the communities of Central Illinois through their health education programs, senior programs, mental health programs, and cancer programs and services.

**Heart of Illinois United Way***Access to Health Services*

The Heart of Illinois United Way brings together people from business, labor, government, health and human services to address community's needs. Money raised through the Heart of Illinois United Way campaign stays in community funding programs and services in Marshall, Peoria, Putnam, Stark, Tazewell and Woodford Counties.

**Illinois Institute for Addition Recovery***Substance abuse*

The IAR is seen as one of the most progressive treatment centers in the country with developing programs to not only treat chemical dependency, but to also be the first to begin treating compulsive gambling, food, sex, Internet, video game, shopping/spending, and chronic pain with addiction.

**Lutheran Social Services of Illinois***Mental Health*

Lutheran Social Services provides behavioral health services (counseling, substance abuse, mental health and developmental disabilities), children's community services (adoption, foster care, pregnancy counseling, Intact Family Services, residential services and Head Start), nursing and community services (long-term care and rehabilitation, home care services, adult day services, respite services for caregivers and retirement communities), prisoner and family ministry (support for children of incarcerated parents and their caregivers, re-entry programs, on-site prison programs, Building Homes: Rebuilding Lives and justice education), and senior housing services (affordable housing for low-income seniors and people with disabilities).

**Neighborhood House***Healthy Behaviors*

Neighborhood House Association is dedicated to providing a safe haven with comprehensive services that meet the social, emotional and material needs of individuals and families from infancy to the elderly. The common goal of all services is to enhance the quality of life and foster independence of those served. Services include Meals on Wheels, 55 and Better, and child and youth education programs.

**Planned Parenthood, Pekin, Peoria***Access to health*

Planned Parenthood delivers reproductive health care, sex education and information to women, men and young adults.

**Tazwood Center for Wellness***Addiction, Mental Health*

Tazwood provides an extensive continuum of outpatient services to address mental health and substance abuse issues. Services include individual psychotherapy for adults, adolescents, and children, family and group therapy, and psychiatry services, including medication management and monitoring.

**Tazwood Community Services***Access to health*

Tazwood Community Services is organized to reduce the causes and alleviate the effects of poverty in Tazewell and Woodford Counties.

**We Care, Inc***Healthy Behaviors*

The objective of We Care, Inc. is to provide services that help individuals maintain independence and to improve the quality of life for those in need. During the last 40 years, the organization has been a valued source of assistance to the members of our community by providing support services for the elderly, disabled, and those in need.

**YWCA of Pekin***Healthy Behaviors*

The YWCA advocacy issues reflect our mission and the values of our organization. We promote solutions to improve the lives of women, girls and people of color across the country.

**Hospitals/Clinics (10)****Advocate Eureka Hospital (Eureka Hospital)***Obesity, Addiction, Mental Health, Healthy Behaviors, Access to Health Services, Asthma, Heart Disease, Cancer, Diabetes, and Sexual Health*

Is one of eleven hospitals in the Advocate Health Care system. Advocate is the largest health system in Illinois and one of the largest healthcare providers in the Midwest. It operates more than 250 sites of care, including 11 acute care hospitals, the state's largest integrated children's network, five Level I trauma centers (the state's highest designation for trauma care), two Level II trauma centers, one of the

area's largest home healthcare companies and one of the region's largest medical groups. Advocate Health Care also trains more primary care physicians and residents at its four teaching hospitals than any other health system in the state. Advocate is a faith-based, not-for-profit system, deeply rooted in its health system affiliations with the Evangelical Lutheran Church in America and the United Church of Christ. In January 1995, these two faith-based, values-driven organizations, joined together to establish Advocate Health Care. A common mission, values and philosophy (MVP) was developed from the similar mission-oriented histories of both organizations.

### **Heartland Community Health Clinic**

*Addiction, Access to Health Services*

The Heartland Community Health Clinic provides accessible, high quality, comprehensive primary health care services for the medically underserved, regardless of ability to pay, and to conduct high quality programs in health professions education through collaborative community partnerships.

### **Hopedale Medical Complex**

*Obesity, Addiction, Mental Health, Healthy Behaviors, Access to Health Services, Asthma, Heart Disease, Cancer, Diabetes, Sexual Health*

Hopedale Hospital is a Critical Access Hospital with a total of 25 beds that are interchangeable between our acute care and swing bed services. Hopedale Hospital offers 24 hour emergency services, an intensive care unit, general and advanced vascular surgery, orthopedic surgery, cardiopulmonary services, diagnostic radiology imaging services, and numerous outpatient services.

**Illinois CancerCare** provides comprehensive, compassionate care that enhances the lives of patients and their families. **Illinois CancerCare** is a comprehensive practice treating patients with cancer and blood diseases through state-of-the-art treatments while staying on the leading edge of breakthrough research and medicines.

### **Kindred Hospital**

*Access to Health Services, Asthma, Heart Disease, Cancer, Diabetes, Access to Health Services, Asthma, Heart Disease, Cancer, Diabetes, Women's Health*

Kindred Hospitals provide aggressive, specialized interdisciplinary care to medically complex patients who require extended recovery time.

### **OSF Saint Francis Medical Center**

*Obesity, Addiction, Mental Health, Healthy Behaviors, Access to Health Services, Asthma, Heart Disease, Cancer, Diabetes*

OSF Saint Francis Medical Center is the fourth largest medical center in the state of Illinois. With a medical staff of more than 800 physician and 616 patient beds, it is a major teaching affiliate of the University of Illinois College of Medicine at Peoria, the area's only Level 1 Trauma Center and tertiary care medical center, and home to the Children's Hospital of Illinois. Specific centers of interest include the Pediatric Diabetes Resource Center at the Children's Hospital (Diabetes), Joslin Diabetes Center Affiliate (Diabetes), OSF Sisters Community Healthcare Clinic (Access to Health Services), Mobile MRI/PET (Access to Health Services, Cancer), Community Heart Screening (Heart Disease).

### **Pekin Hospital**

*Obesity, Addiction, Mental Health, Healthy Behaviors, Access to Health Services, Asthma, Heart Disease, Cancer, Diabetes, Sexual Health*

Pekin Hospital is a 125-bed medical center and has a staff of 240 physicians that provide advanced care and state-of-the-art diagnostic capabilities from emergency medicine to intermediate (ICU) and critical care (CCU) to surgery. Medical Staff physicians and support staff are highly skilled in pediatrics, oncology, vascular diseases, sleep disorders and obstetrics. Specific centers of interest include the Cancer Treatment Center (joint venture with OSF Saint Francis Medical Center; Cancer), Community Heart Screening (Heart Disease).

### **Proctor Health Care**

*Obesity, Addiction, Mental Health, Healthy Behaviors, Access to Health Services, Asthma, Heart Disease, Cancer, Diabetes, Sexual Health*

Proctor Hospital is licensed for 299 beds and has a staff of over 500 physicians. Proctor Hospital provides comprehensive inpatient and outpatient surgical procedures and plays a major role in the treatment of heart disease through comprehensive cardiovascular care. Specific centers of interest include Hult Education Center (Healthy Behaviors), Illinois Institute for Addiction Recovery (Addiction), Proctor Outpatient Counseling (Mental Health), Proctor Home Care (Addictions, Access to Health Services), Community Heart Screening (Heart Disease).

### **Saint Francis Community Clinic**

*Obesity, Addiction, Mental Health, Healthy Behaviors, Access to Health Services, Asthma, Heart Disease, Cancer, Diabetes, Sexual Health*

OSF Saint Francis Medical Center is the fourth largest medical center in the state of Illinois. With a medical staff of more than 800 physician and 616 patient beds, it is a major teaching affiliate of the University of Illinois College of Medicine at Peoria, the area's only Level 1 Trauma Center and tertiary care medical center, and home to the Children's Hospital of Illinois.

### **UnityPoint Health – Methodist-Proctor**

*Obesity, Addiction, Mental Health, Healthy Behaviors, Access to Health Services, Asthma, Heart Disease, Cancer, Diabetes, Sexual Health*

UnityPoint Health – Methodist-Proctor includes a 329-bed hospital in the heart of Peoria and provides a full range of services by almost 600 board-certified physicians. UnityPoint Health – Methodist-Proctor is the only hospital in downstate Illinois with Joint Commission Disease Specific Certification for heart attack, heart failure, stroke, pneumonia, hip and knee replacement, and sleep disorders. The network of primary care and specialty physicians, has offices located throughout central Illinois, including convenient walk-in centers. It is also home to Methodist College and the Family Medicine Residency Program of the University of Illinois College of Medicine. Specific centers of interest include Methodist Well Mobile (Access to Health Services), Methodist MammoVan (Cancer, Access to Health Services), Peoria Public Schools District 150 Health Clinic (Obesity, Access to Health Services, Sexual Health), Community Heart Screening (Heart Disease).

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**University of Illinois College of Medicine***Women's health*

The University of Illinois College of Medicine at Peoria is one of four campuses that make up the nation's largest public medical school. It provides exceptional facilities for physicians seeking the ideal combination of teaching and practicing medicine in a research-based university setting.

## 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 Method<sup>3</sup>**

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*

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