

# Community Health Needs Assessment 2016

PEORIA COUNTY

TAZEWELL COUNTY

WOODFORD COUNTY

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# Community Health Needs Assessment

May 2016

*Collaboration for sustaining health equity*

## Executive Summary

The Tri-County Community Health-Needs Assessment is a collaborative undertaking to highlight the health needs and well-being of residents in the Tri-County region. Partners include OSF Saint Francis Medical Center, Unity Point Methodist and Proctor Hospitals, Kindred Hospital, Advocate Eureka Hospital, Hopedale Medical Center, Pekin Hospital, Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department, Heart of Illinois United Way, Heartland Community Health Clinic and Bradley University. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Tri-County region. 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 the collaborative, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publically available sources as well as private sources of data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues,

unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medications and mental-health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most important health-related issues in the Tri-County region were identified. The collaborative team considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method, the collaborative team prioritized two issues:

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

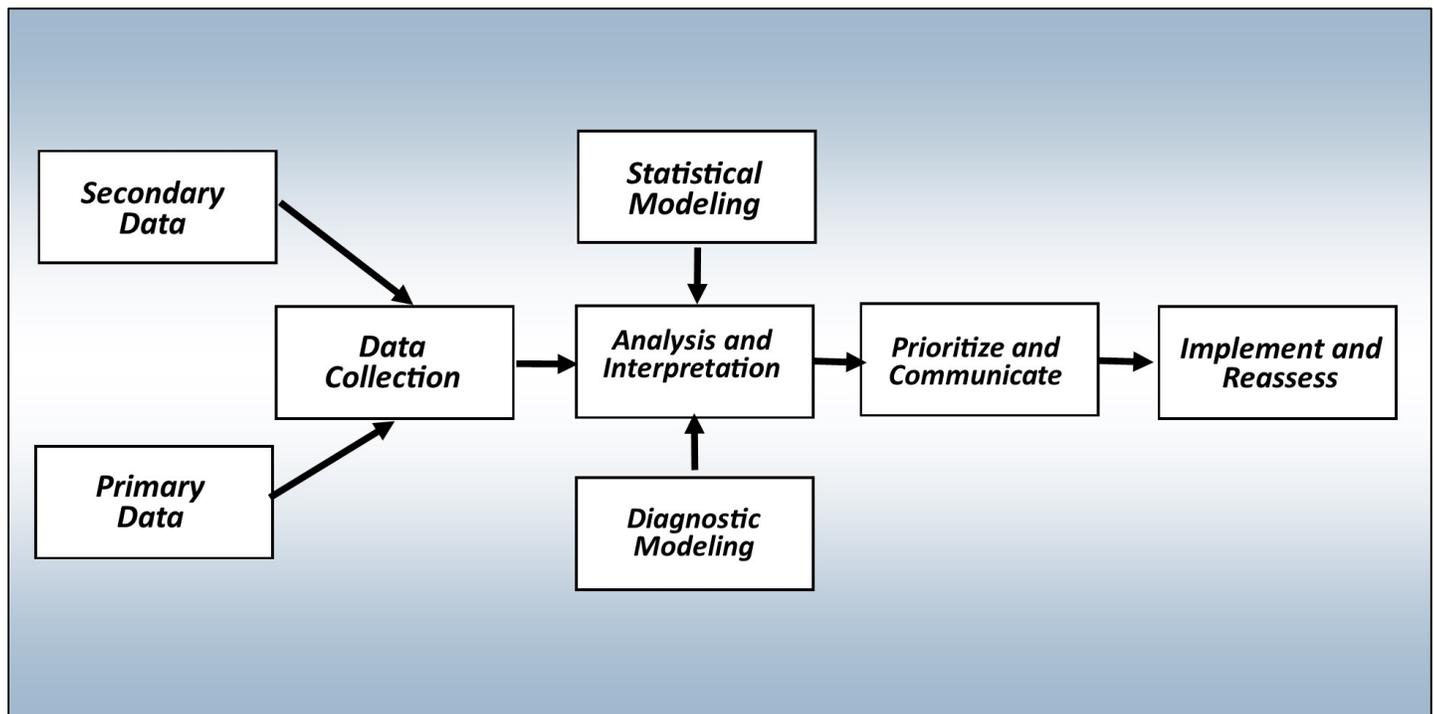
# I. INTRODUCTION

## 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 served by the Tri-County Community Health Collaborative including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Form 990, Schedule H–Hospitals, designated solely for tax-exempt hospitals. The fundamental areas of the community health-needs assessment are illustrated in Figure 1.

**Figure 1. Community Health Needs Assessment Framework**



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

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team

were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Francis Medical Center, Unity Point Methodist and Proctor Hospitals, Advocate Eureka Hospital, Hopedale Medical Center, Pekin Hospital, Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department, Heart of Illinois United Way, Heartland Community Health Clinic and Bradley University. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in April and July 2015 and in the first quarter 2016. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Specifically, members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. 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 Saint Francis Medical Center, and UnityPoint Health Methodist and Proctor Hospitals, 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 community.

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

In the initial meeting, the collaborative committee identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health-care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health-care organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in 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.

## **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, and 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 publically 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 2.

## 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 3.

## **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

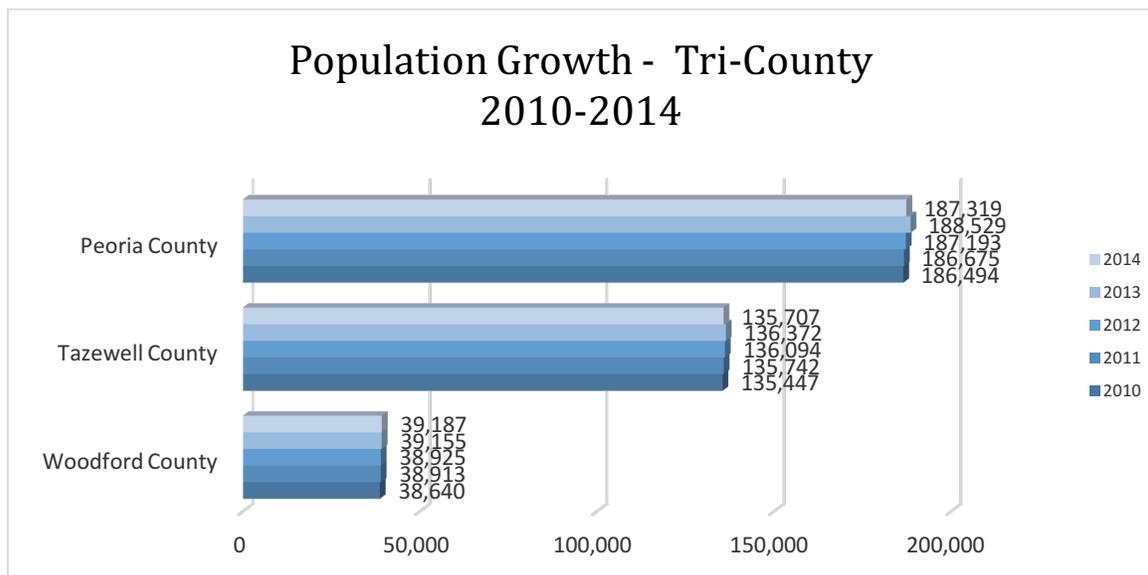
# CHAPTER 1. DEMOGRAPHIC PROFILE

## 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%)



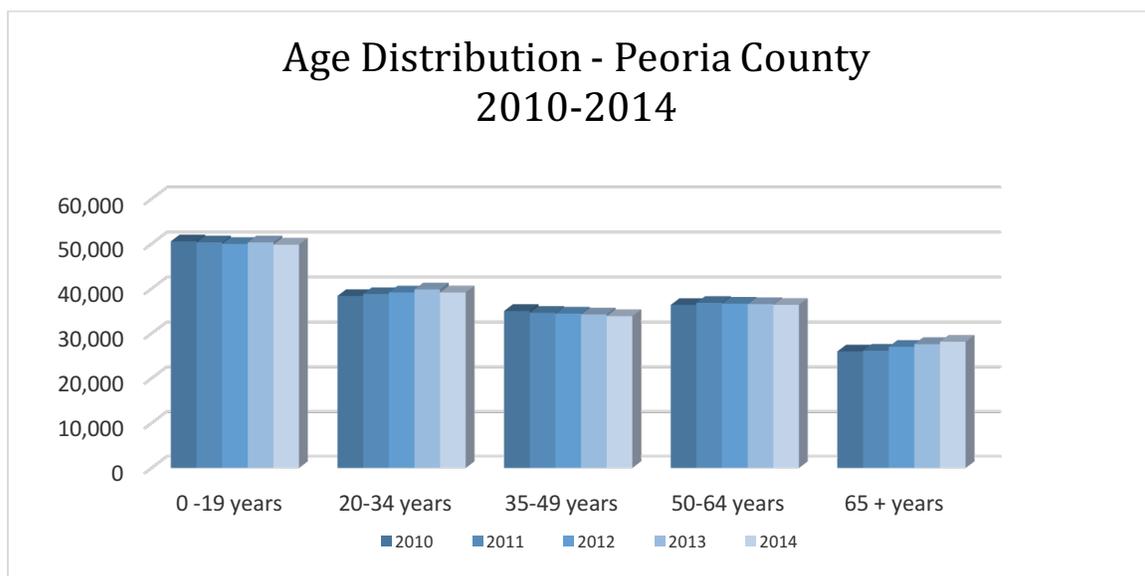
Source: US Census

## 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.

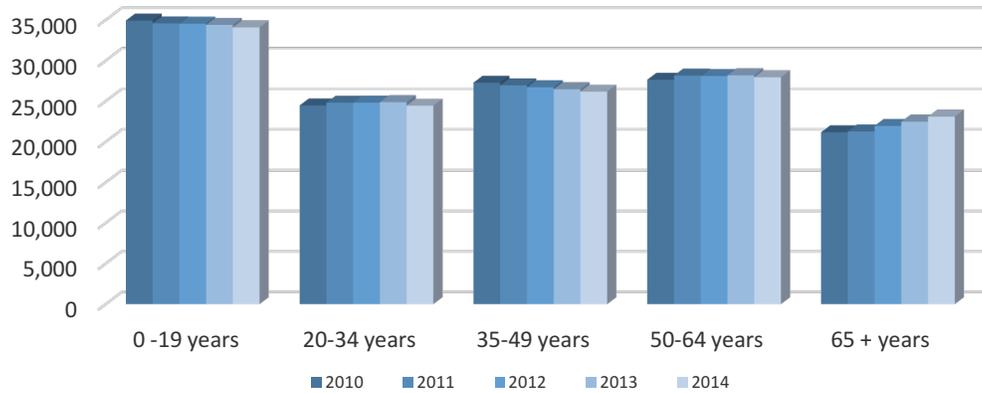
### Age

As indicated in the graphs below, individuals in the Tri-County region aged 50-64 increased 1.0% between 2010 and 2014, and individuals aged 35-49 decreased 4.1%, 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%).



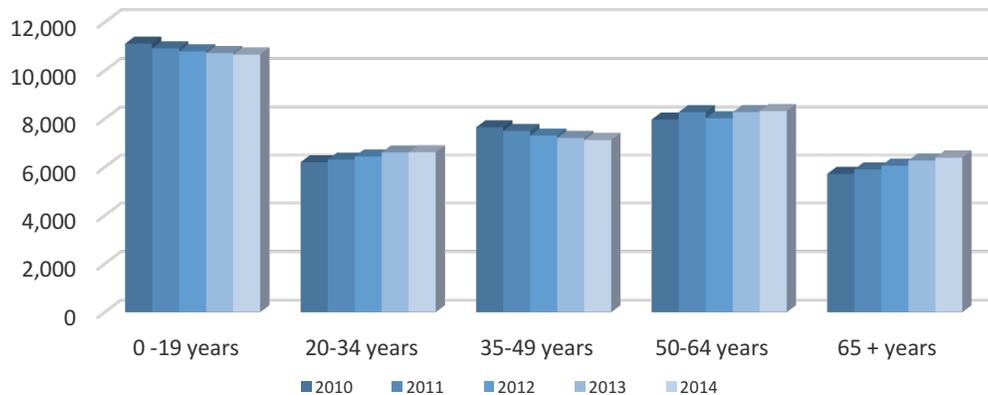
Age	2010	2011	2012	2013	2014
0 -19 years	50,542	50,322	49,972	50,320	49,804
20-34 years	38,362	38,783	39,143	39,815	39,133
35-49 years	35,016	34,599	34,433	34,244	33,853
50-64 years	36,358	36,822	36,630	36,539	36,380
65 + years	25,992	26,149	27,015	27,611	28,149

### 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

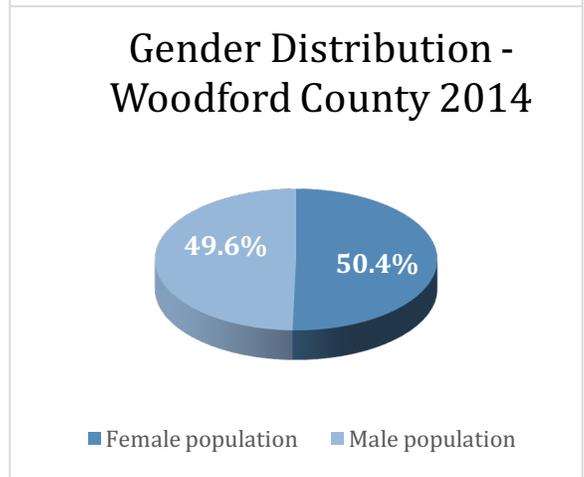
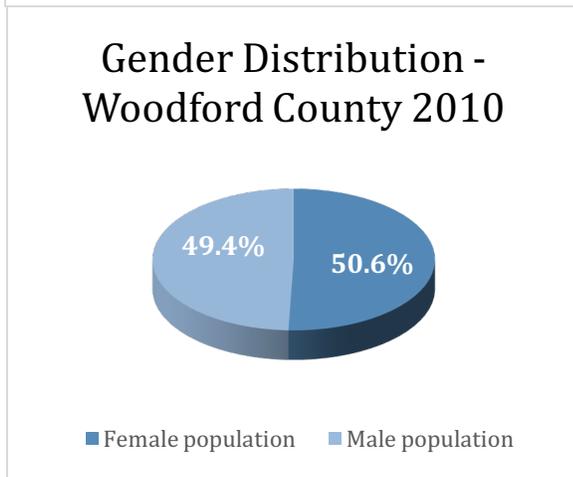
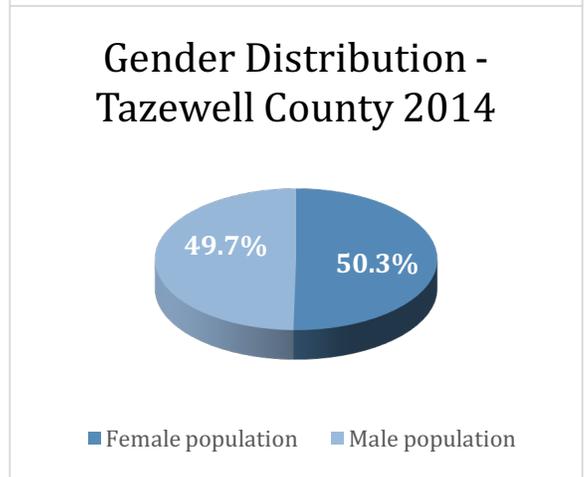
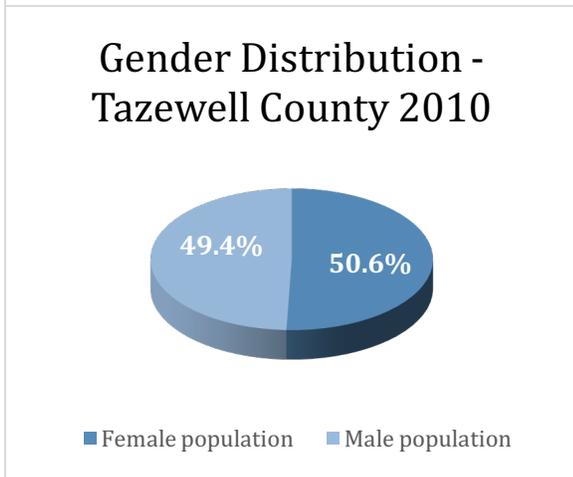
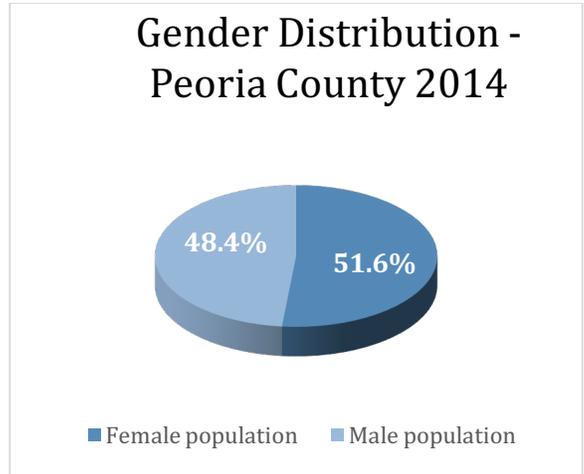
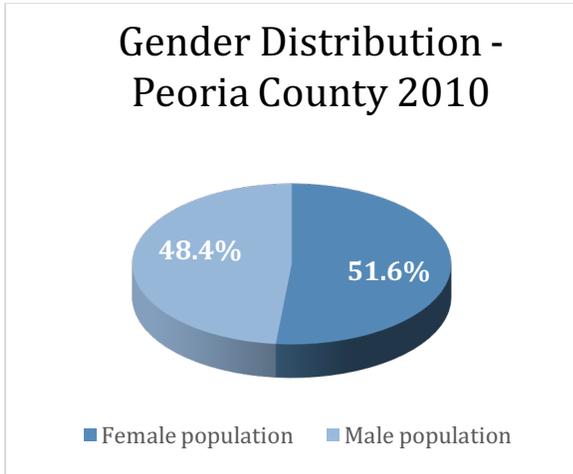


Age	2010	2011	2012	2013	2014
0 -19 years	11,113	10,920	10,793	10,720	10,660
20-34 years	6,206	6,312	6,439	6,606	6,615
35-49 years	7,651	7,496	7,306	7,206	7,123
50-64 years	7,972	8,278	8,024	8,278	8,325
65 + years	5,722	5,907	6,062	6,277	6,391

Source: US Census

## Gender

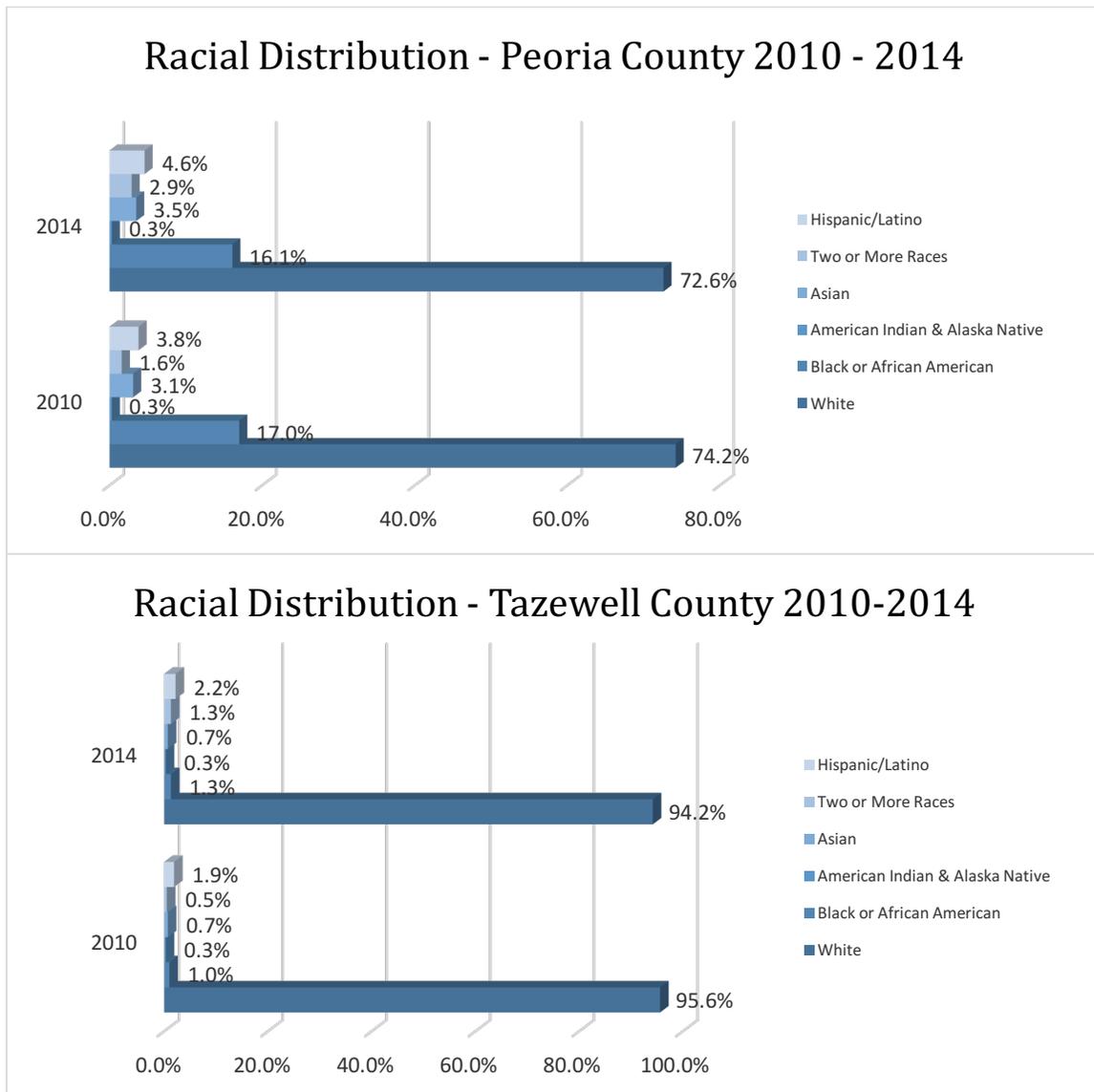
The gender distribution of Tri-County residents has remained consistent between 2010 and 2014. Data indicate that there were more women than men in the county.

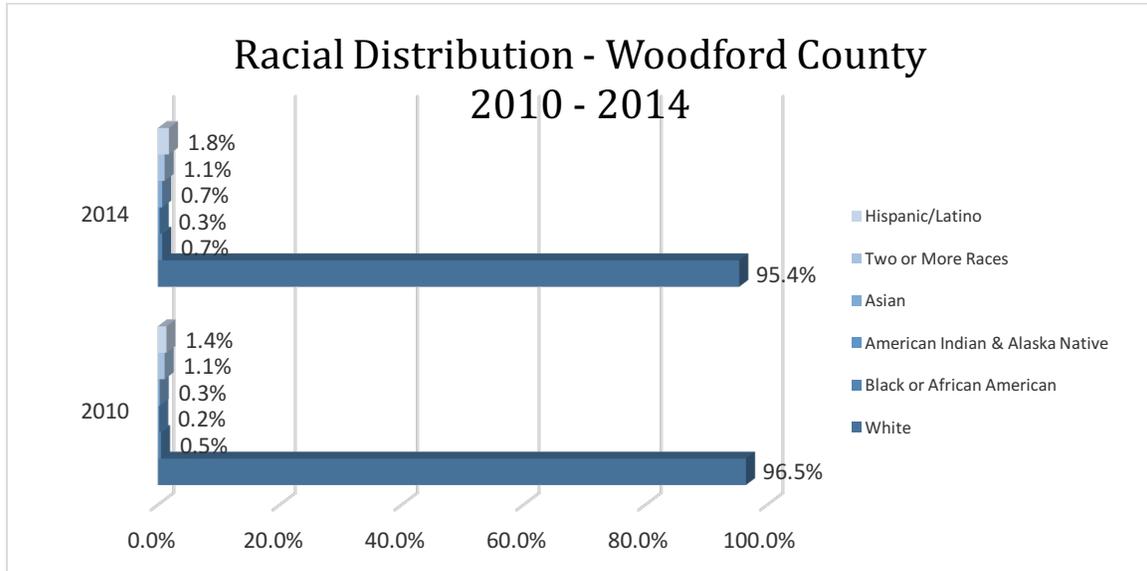


Source: US Census

## 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%).



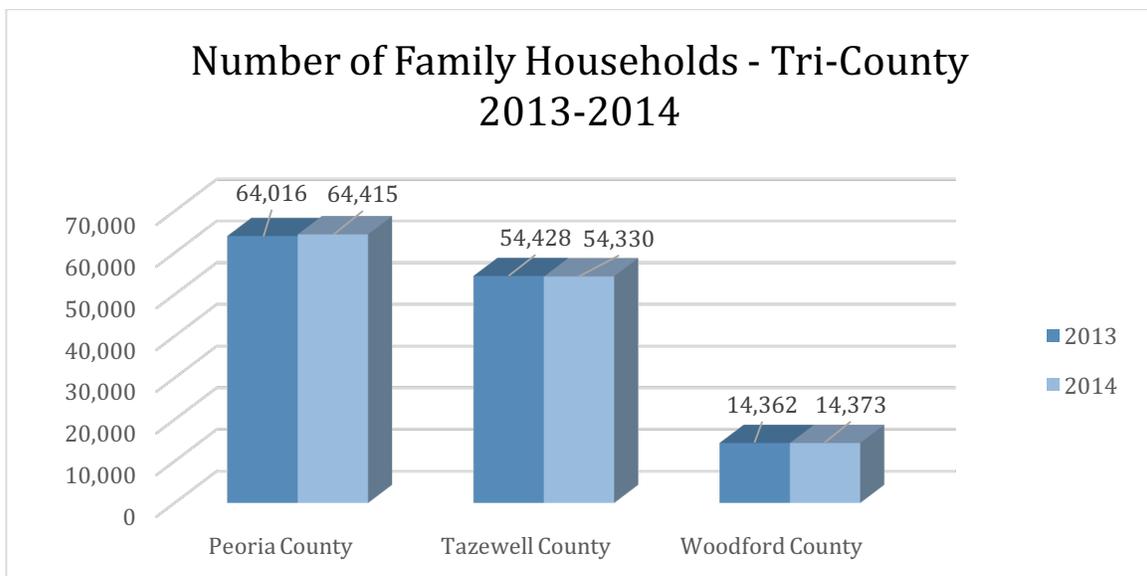


Source: US Census

### 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.

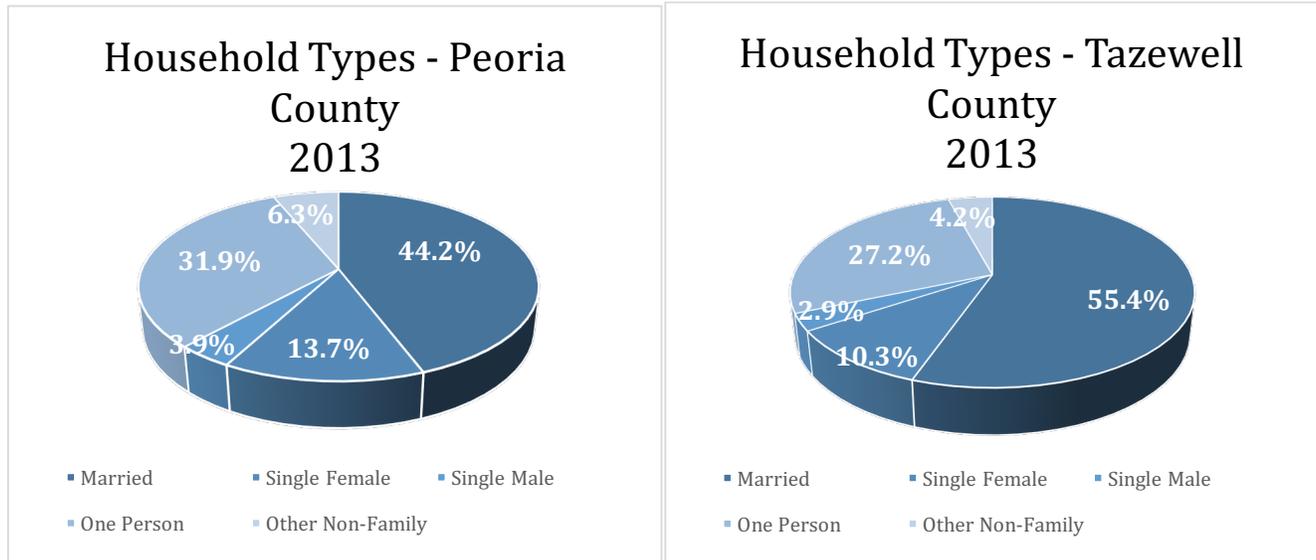
As indicated in the graph below, the number of family households within the Tri-County region largely held steady, with a 0.6% increase in Peoria County, a .2% decrease in Tazewell County, and no significant change in Woodford County.



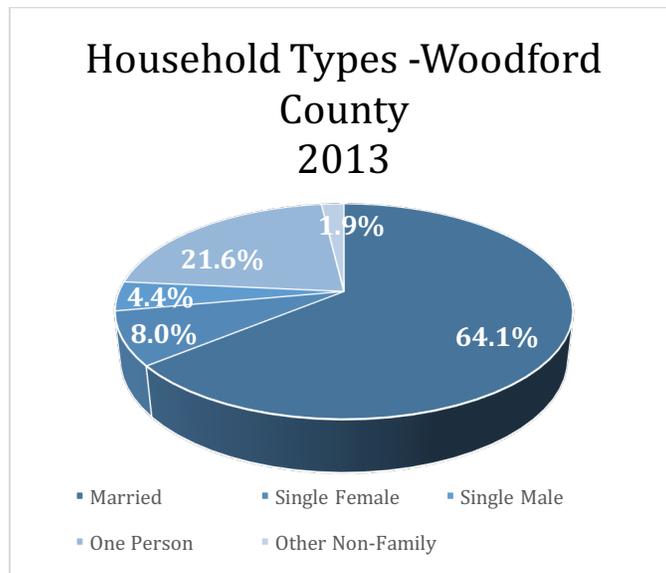
Source: US Census

### 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.



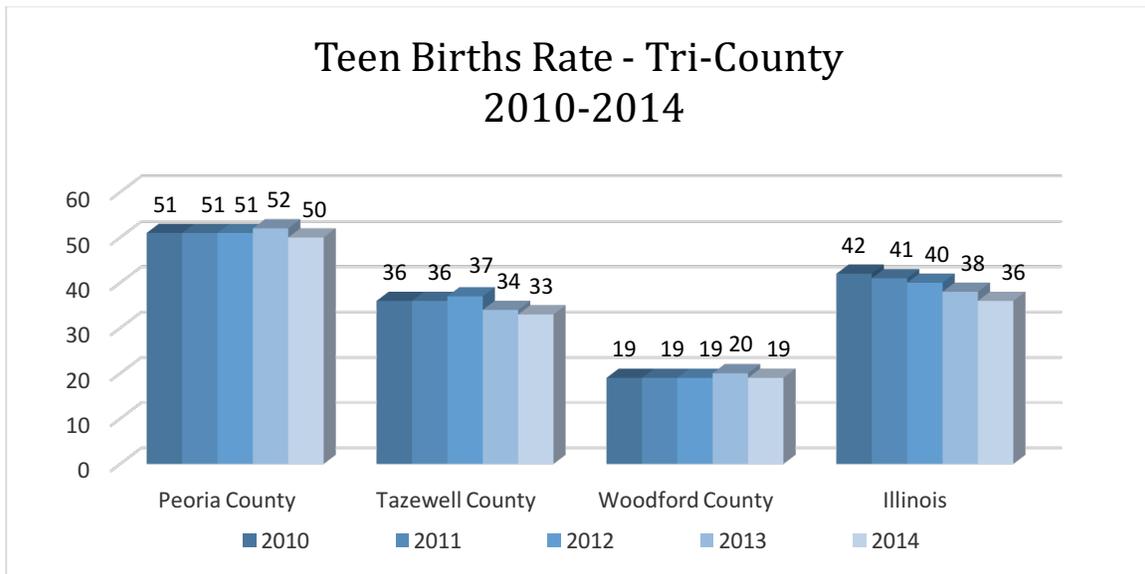
Source: 2013 Statisticalatlas.com



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.



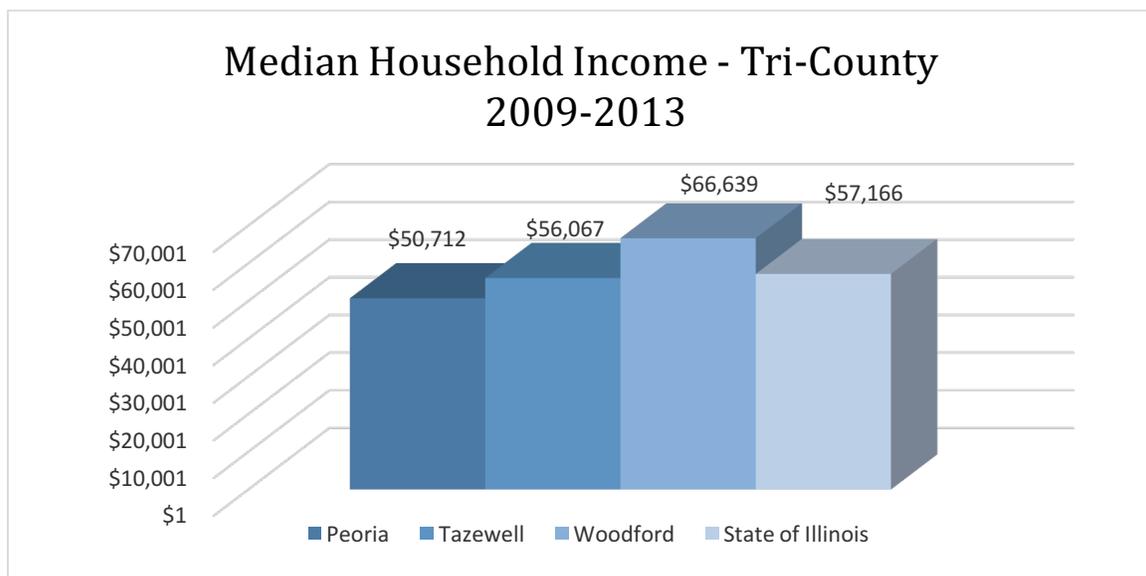
Source: Illinois Department of Public Health

## 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

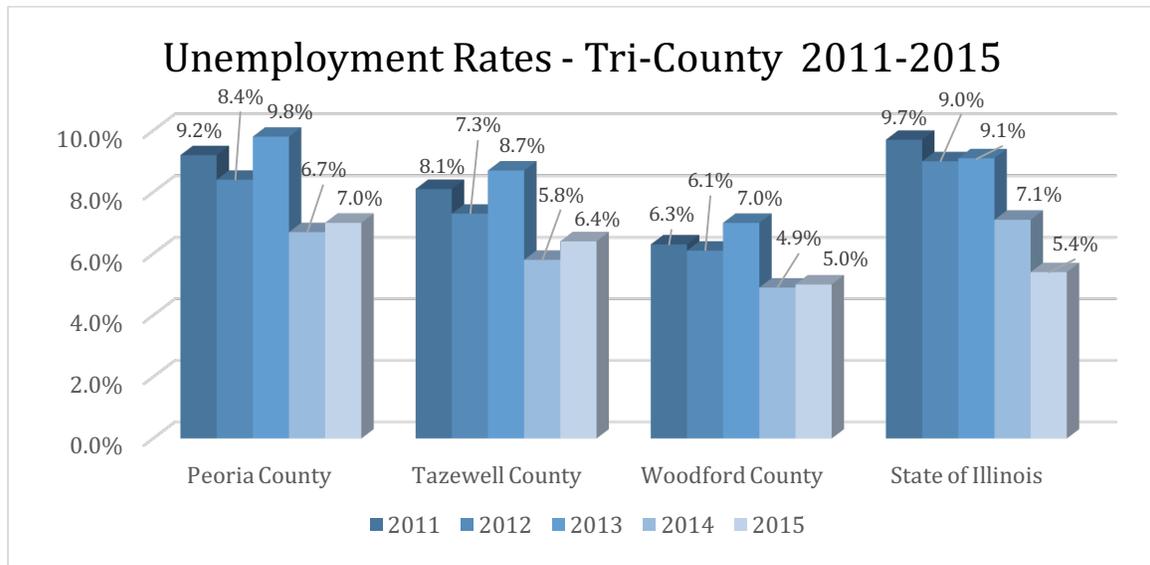
For 2009-2013, the median household income in the Tri-County region ranged from 11.3% lower than the State of Illinois (Peoria County) to 16.6% higher in Woodford County.



Source: US Census

### Unemployment

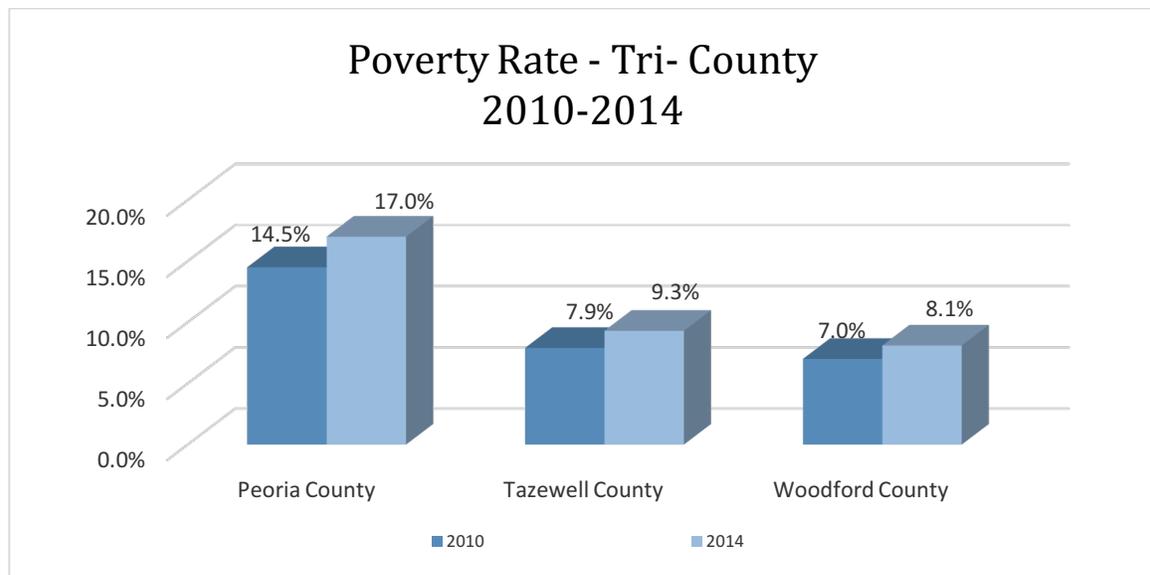
For the years 2011 to 2015, the Tri-County region has largely experienced lower unemployment rates than the State of Illinois. This trend reverses in 2015, when only Woodford County (5.0%) is below the Illinois State average of 5.4%. While all counties have seen declines from 2013, Peoria and Tazewell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

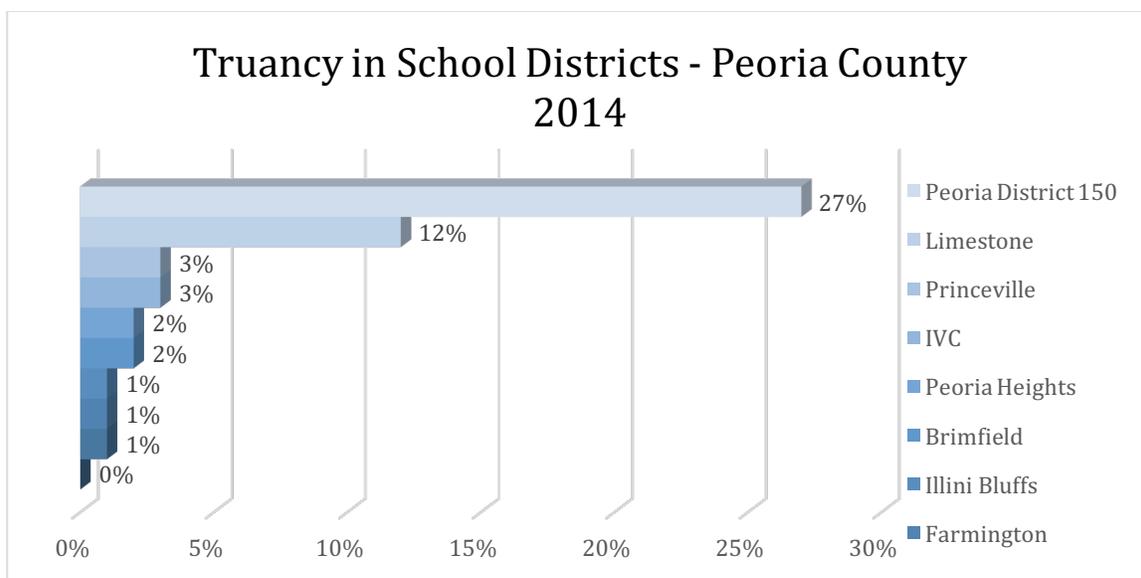
## 1.5 Education

*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

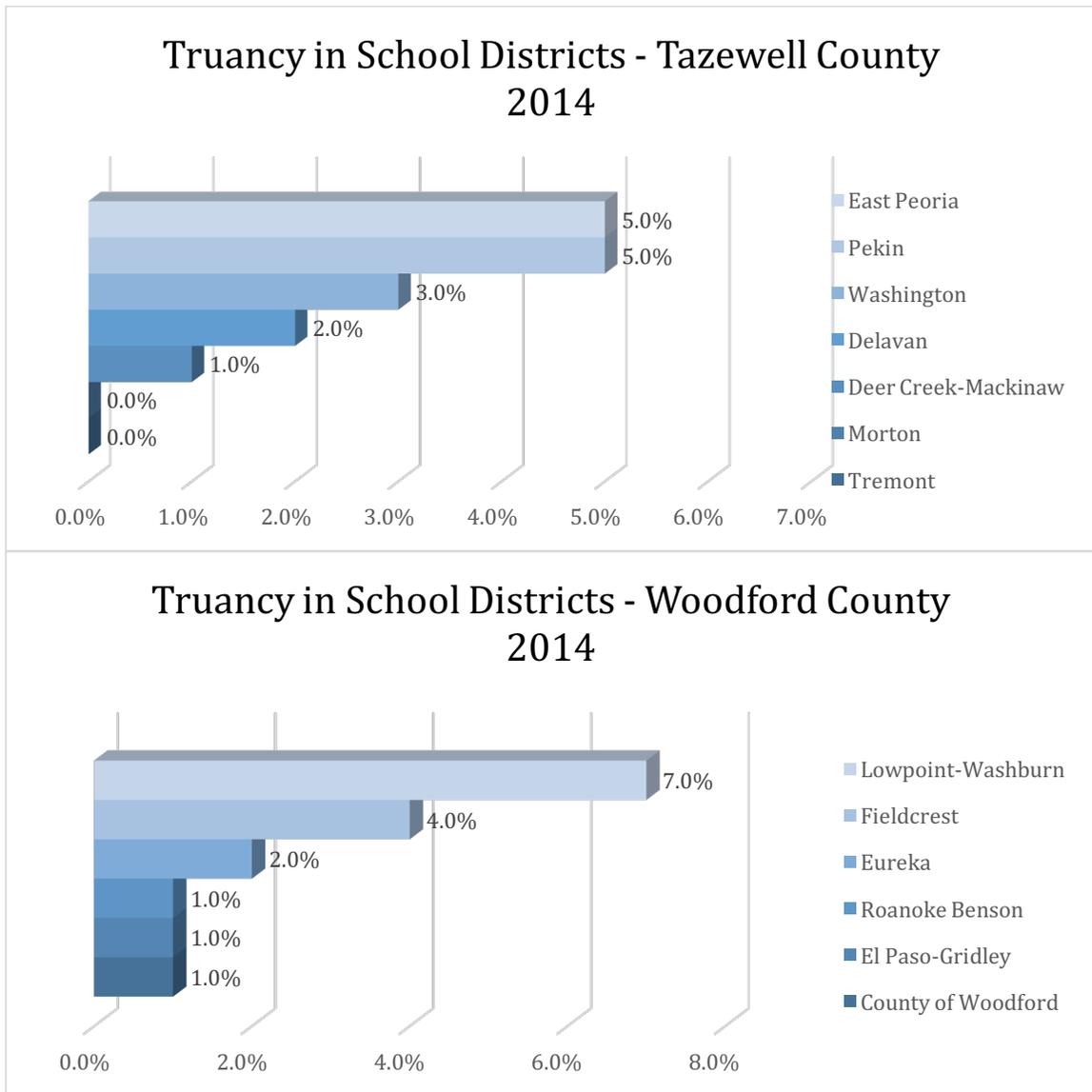
Chronic truancy is a major challenge to the academic progress of children and young adults. The causes of truancy vary considerably for young children. Truancy of middle- and high-school students is more likely a result of the inappropriate behavior and decisions of individual students. Primary school truancy often results from decisions and actions of the parents or caregivers 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

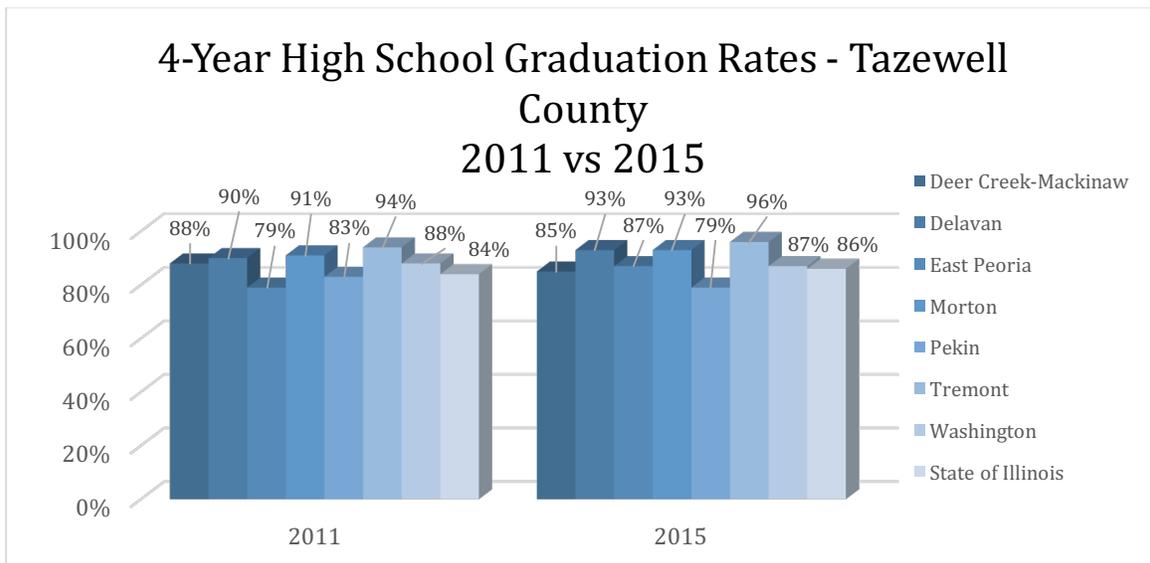
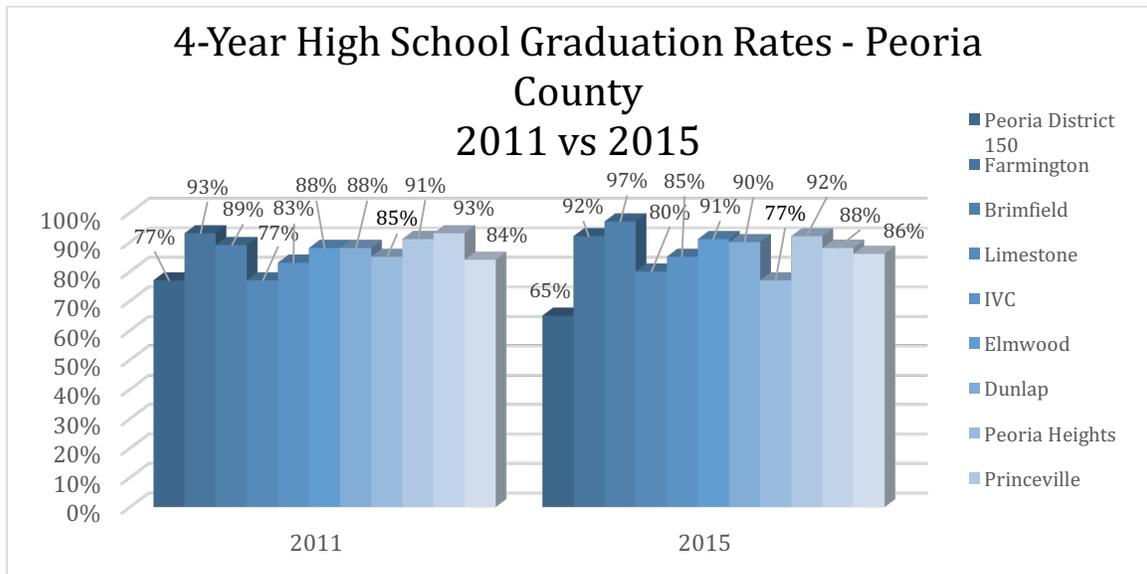
<sup>1</sup> NCES 2005



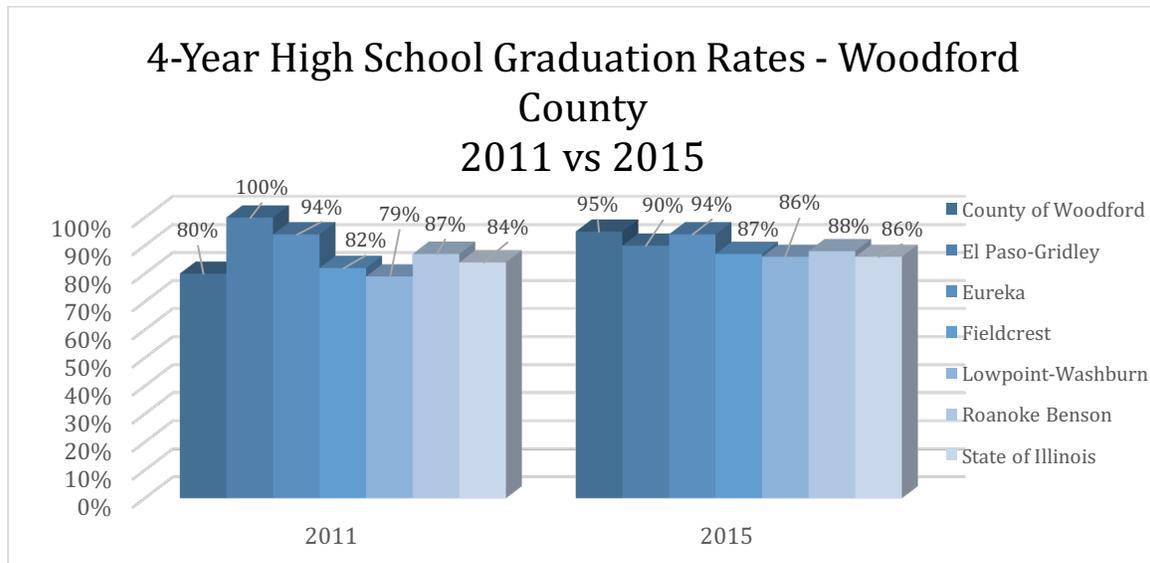
Source: Illinois Report Card

### 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*

## 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 IN PEORIA AND TAZEWELL COUNTIES**
- ✓ **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

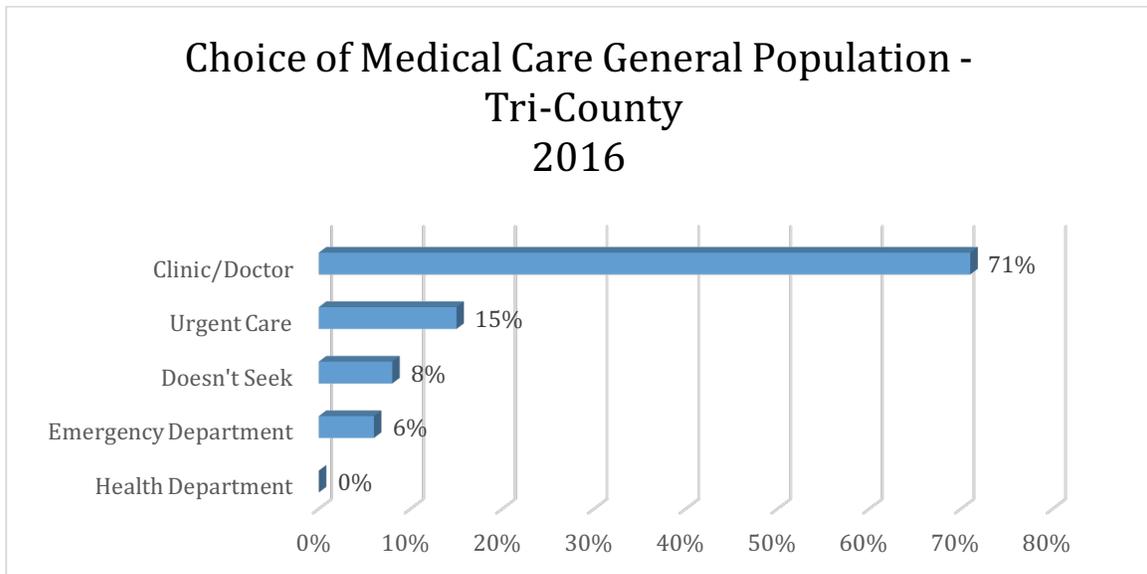
### 2.1 Accessibility

*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

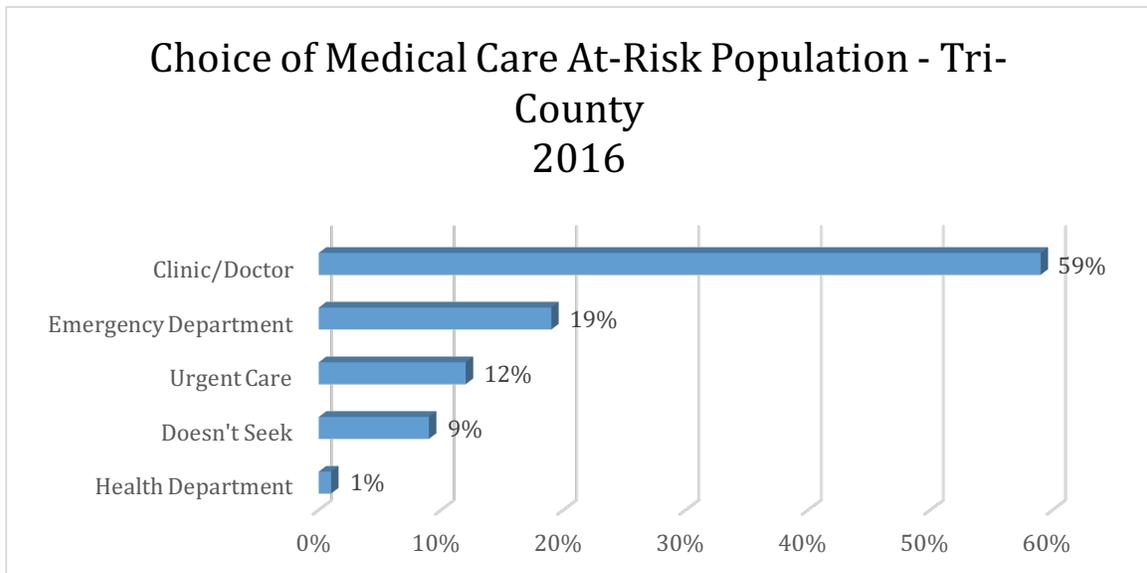
Survey respondents were asked to select the type of healthcare facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment, and other. The modified sample of 1,165 respondents 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.

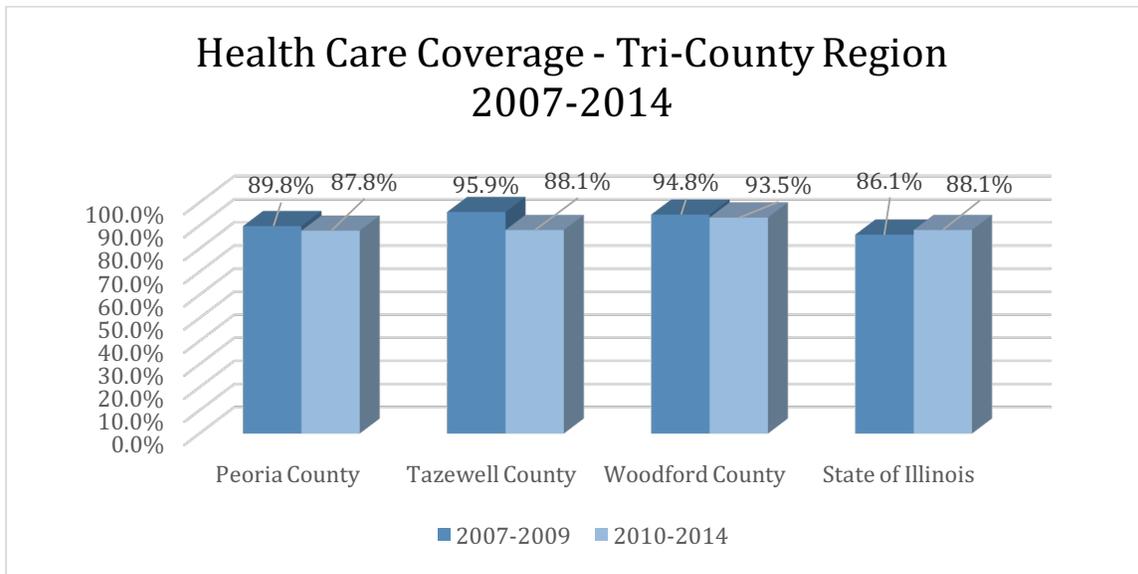
## *Comparison to 2013 CHNA Data*

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.

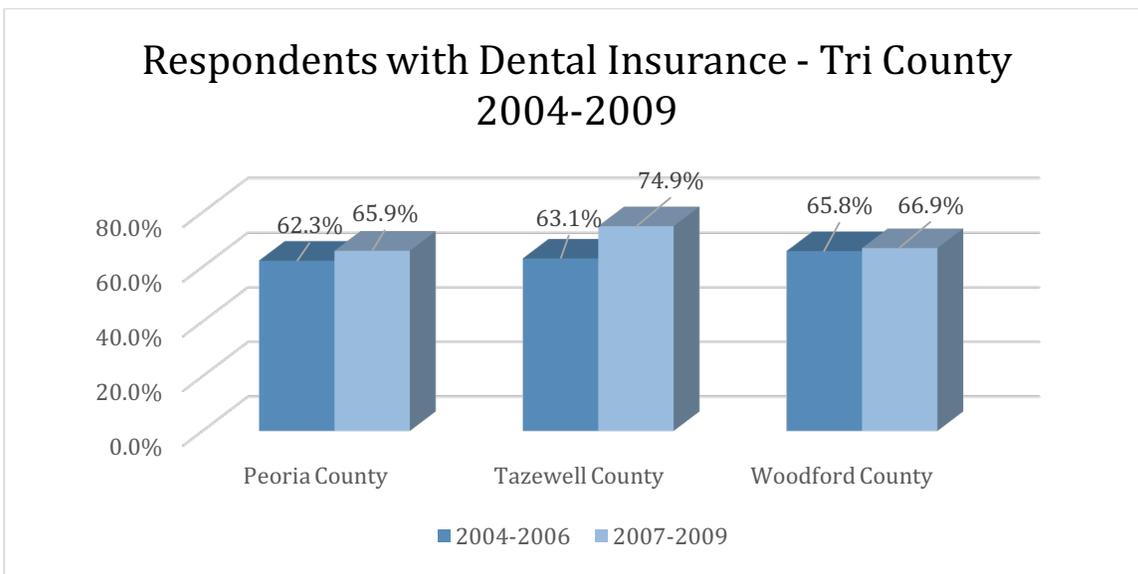
## Insurance Coverage

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.



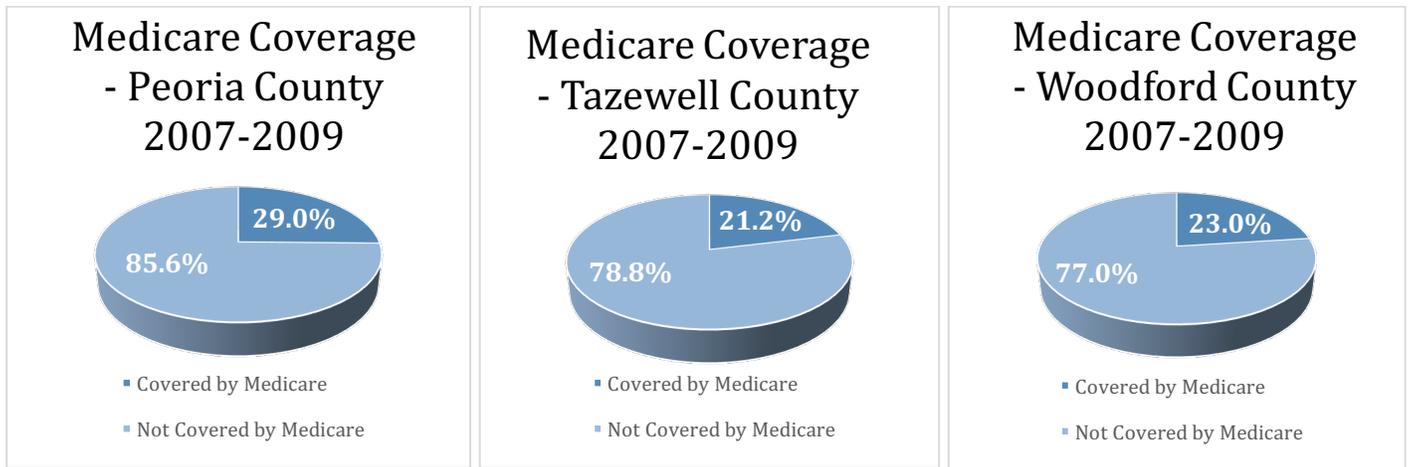
Source: Illinois Behavioral Risk Factor Surveillance System

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.



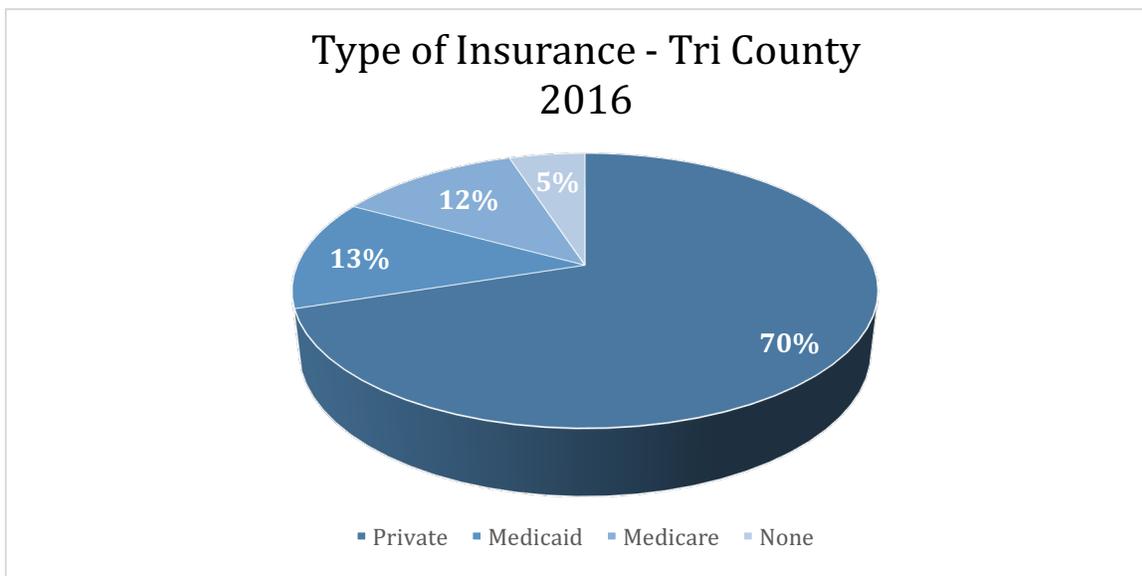
Source: Illinois Behavioral Risk Factor Surveillance System

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.



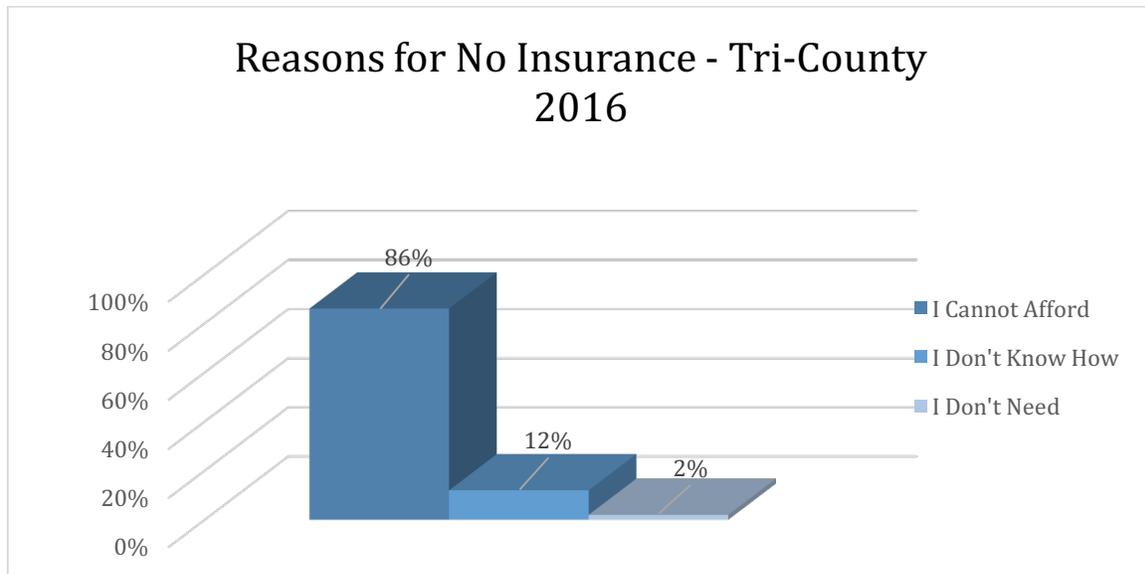
Source: Illinois Behavioral Risk Factor Surveillance System

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.

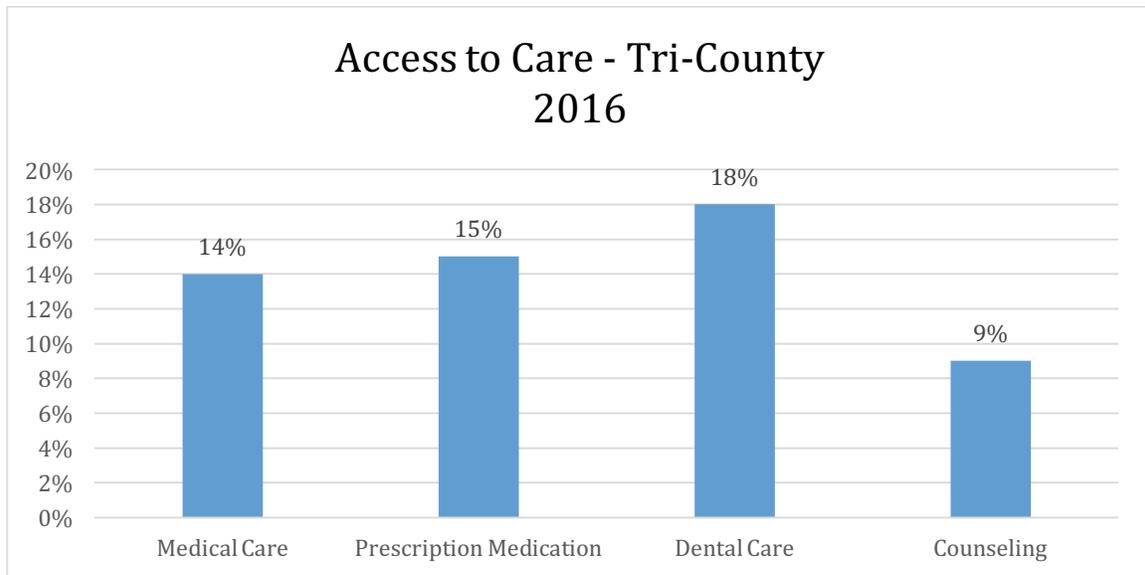
**No Insurance** tends to be reported more often by Latino people, the homeless, and those with low education and income. No insurance is reported less often by Black people.

### ***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.

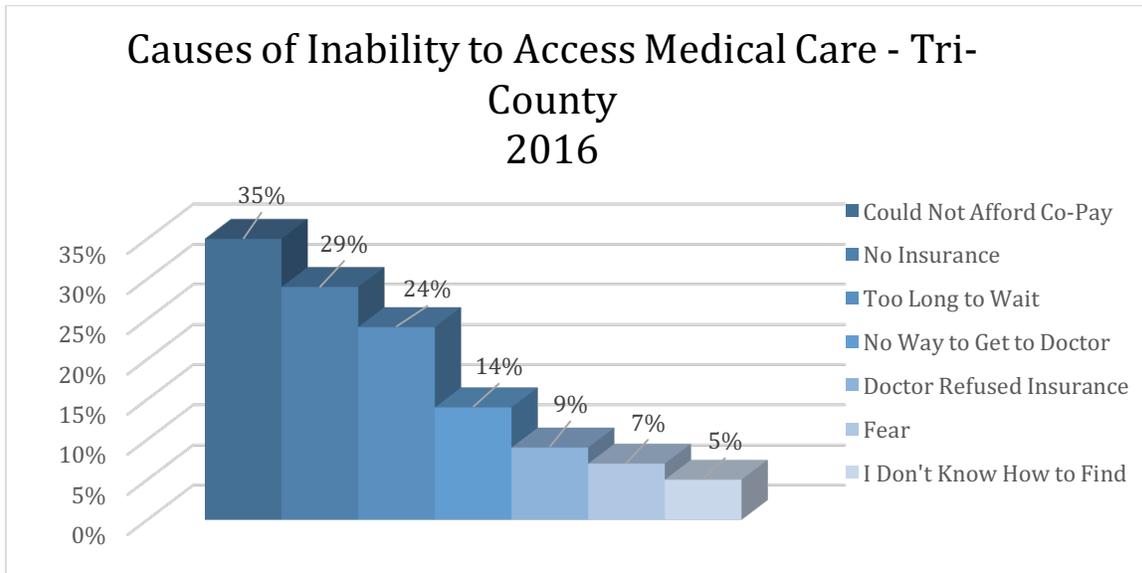
**Access to prescription medications** tends to be higher for White people, and people with higher education and income. It is less likely for Black and homeless people. Moreover, access to prescription medication is more likely in Tazewell and Woodford Counties, and less likely in Peoria County.

**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**

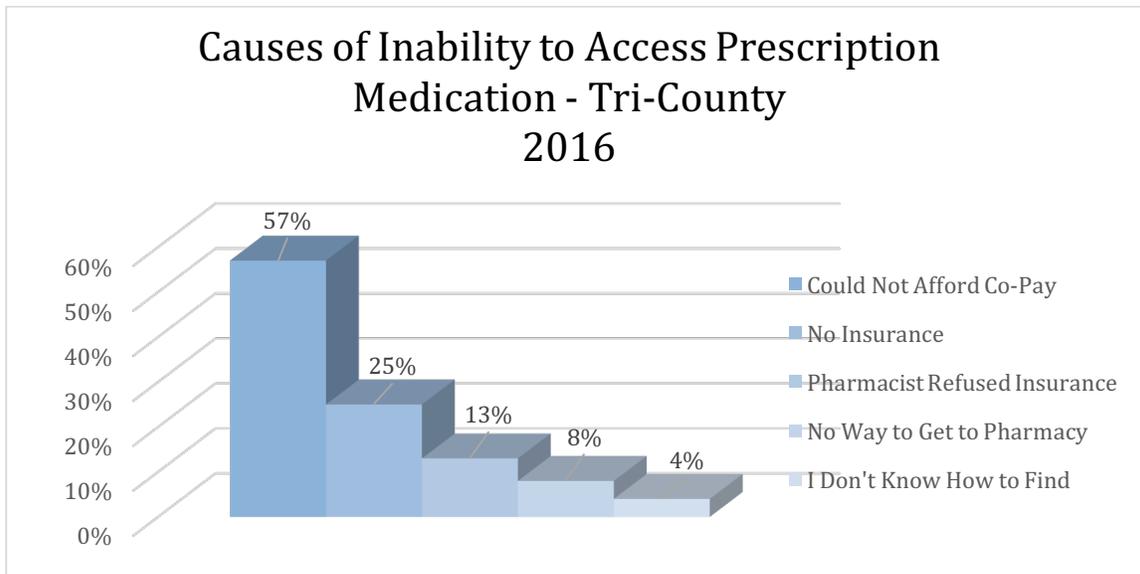
Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading causes of the inability to access to medical care were the inability to afford copayments or deductibles (35%), no insurance (29%), and too long to wait for an appointment (24%).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

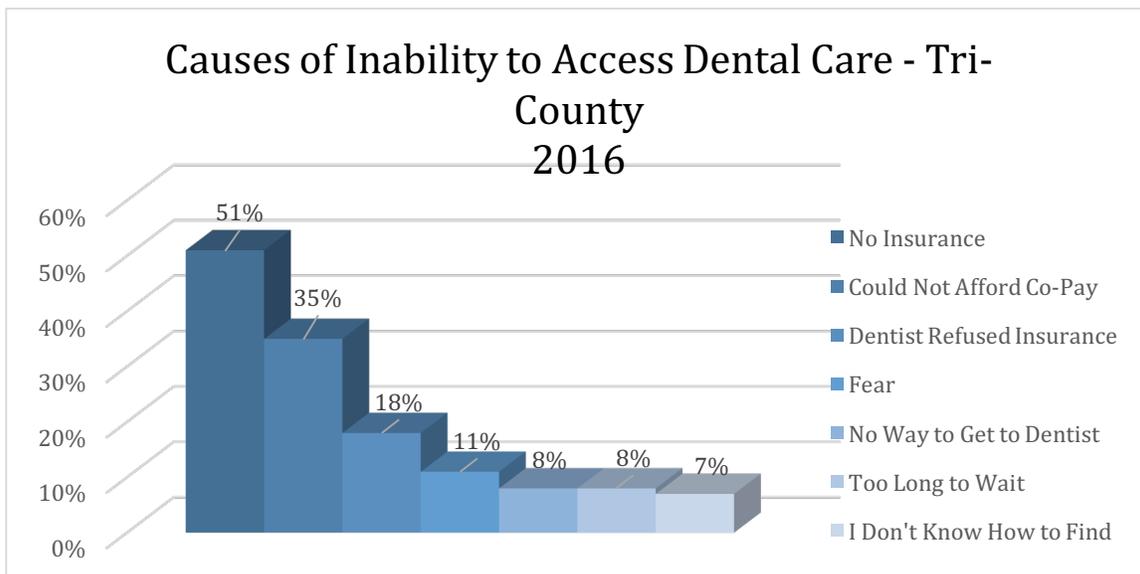
Survey respondents who reported they were not able to get prescription medications when needed were asked a follow-up question. In the Tri-County area, the leading causes of the inability to access prescription medicine were the inability to afford copayments or deductibles (57%) and no insurance (25%).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

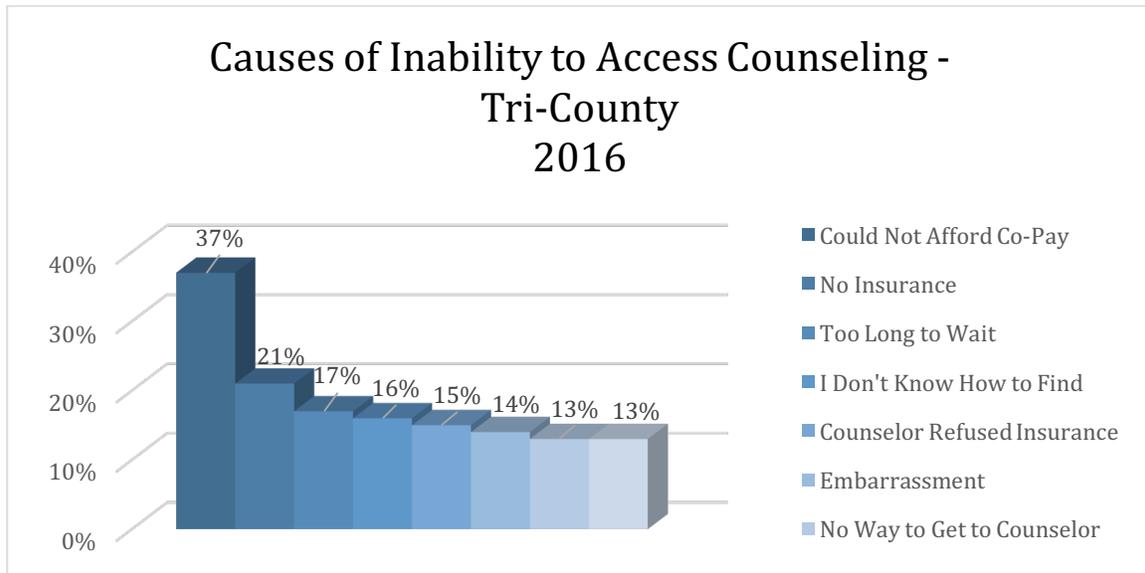


Source: CHNA Survey

#### 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 access 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%.

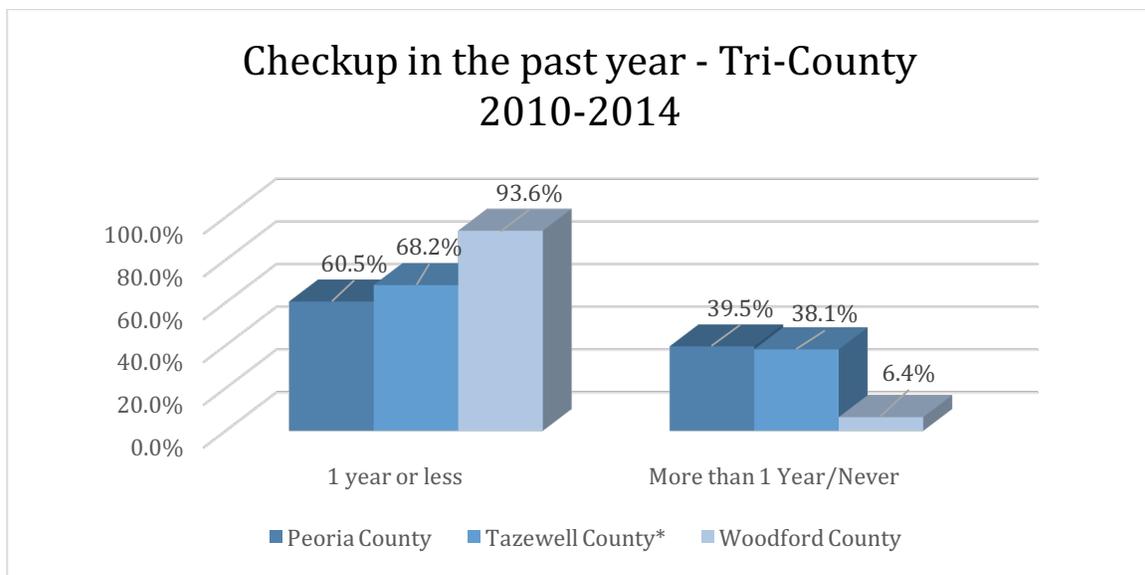
**Access to Counseling** – Compared to 2013, there was a significant increase in access to counseling. In 2013, 83% of respondents had access to counseling when needed, compared to 91% in 2016.

## 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.

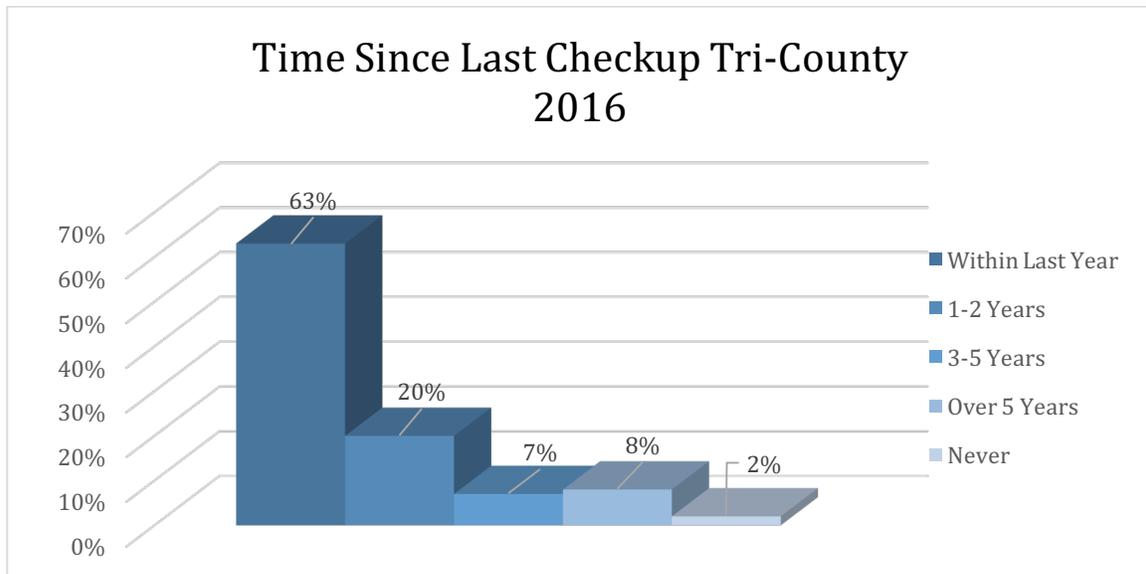
### Frequency of Checkup

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.



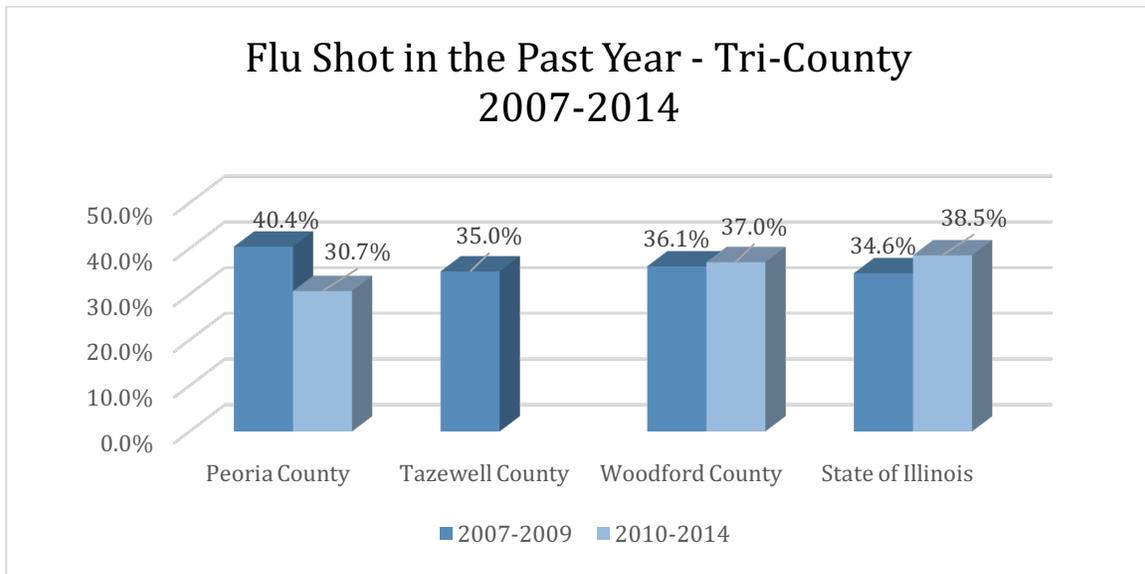
Source: CHNA Survey Data

**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.

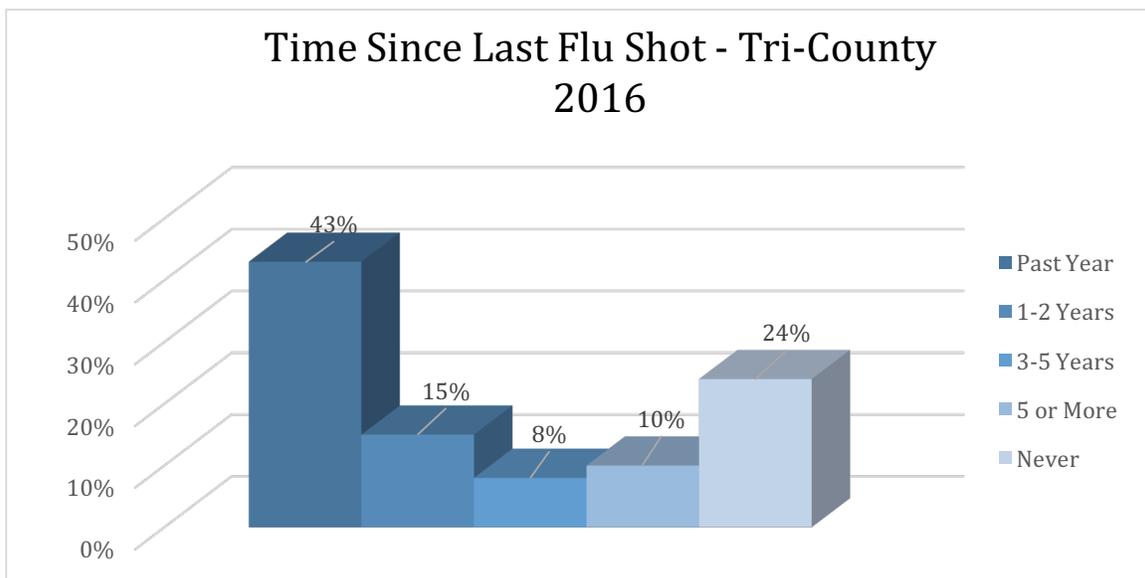
**Frequency of Flu Shots**

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

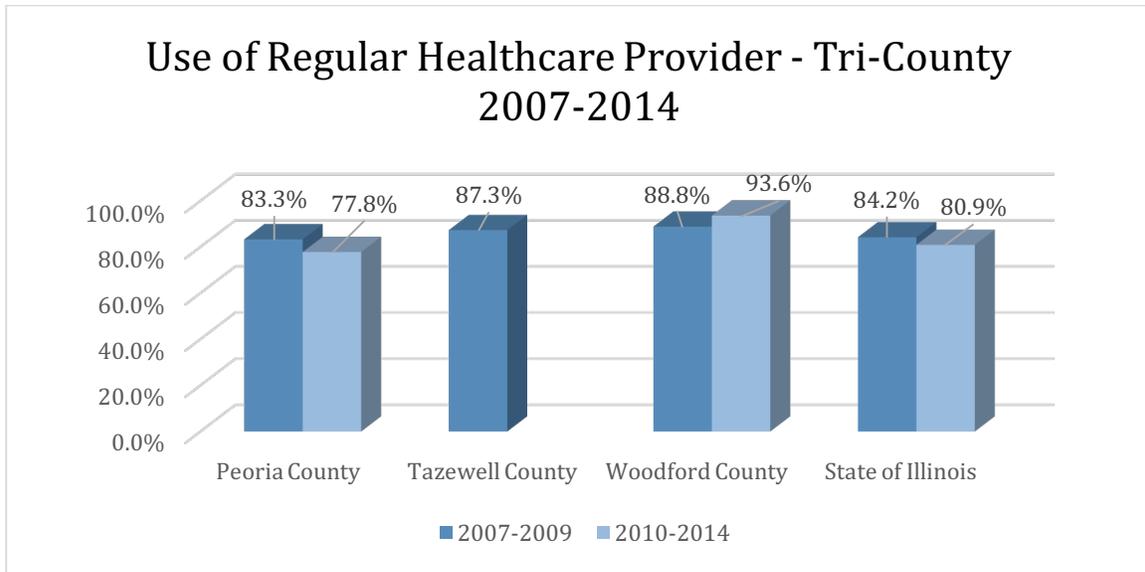
#### Comparison to 2013 CHNA Data

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

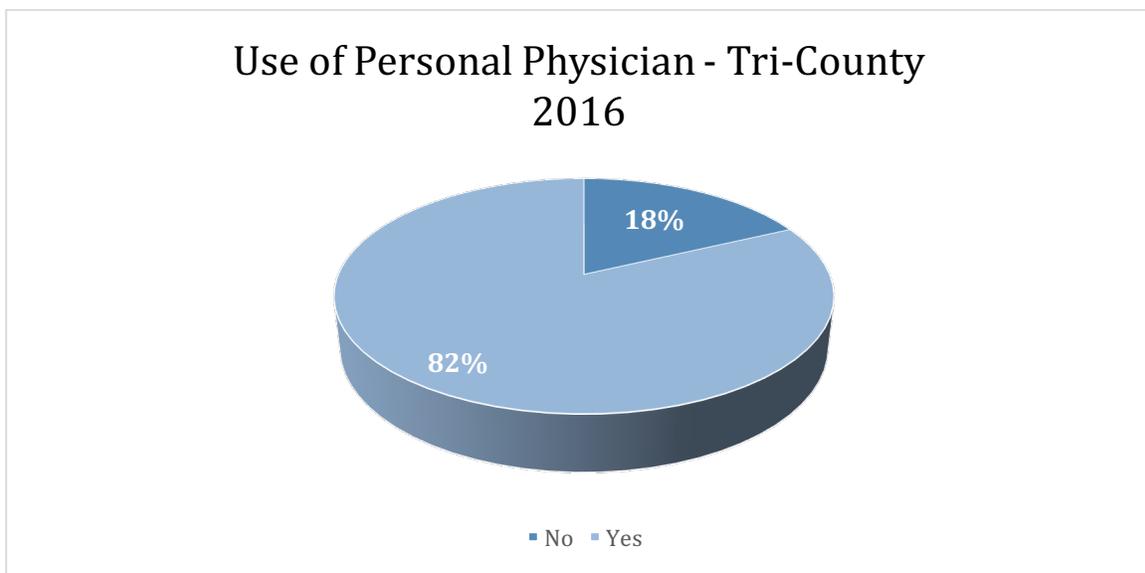
In Peoria County, the most recent secondary data indicate 77.8% of residents utilize a regular health care provider, compared to 2007-2009 (83.3%). In Woodford County, the most recent secondary data indicate 93.6% of residents utilize a regular health care provider, an increase from 2007-2009 (88.8%).

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:

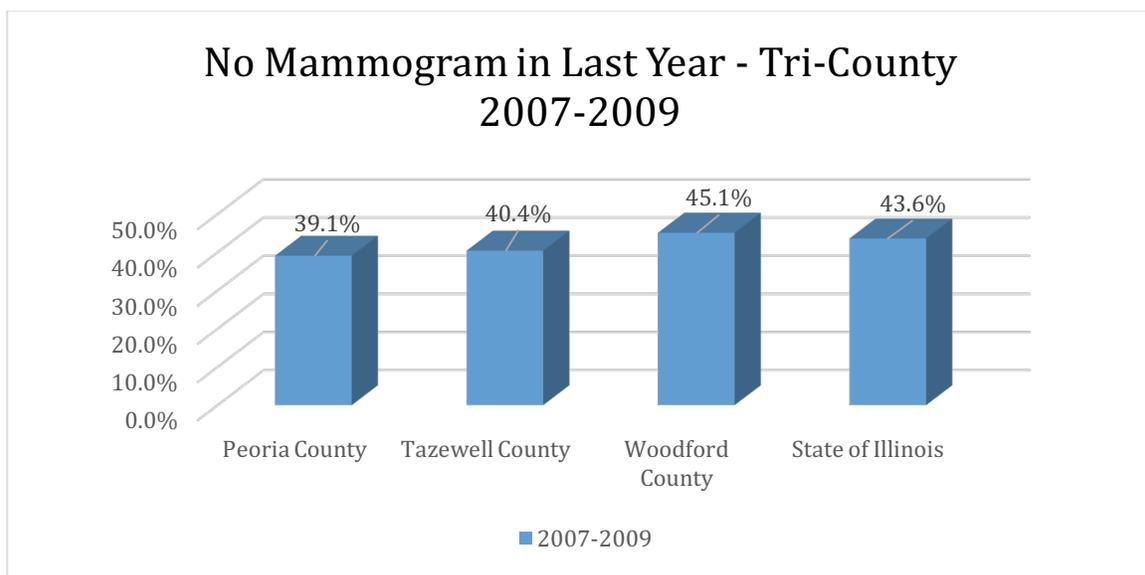
**Frequency of checkup** tends to be higher for older people and lower for Latino people. Tazewell residents are less likely to report a checkup, while Woodford residents are more likely.

**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.

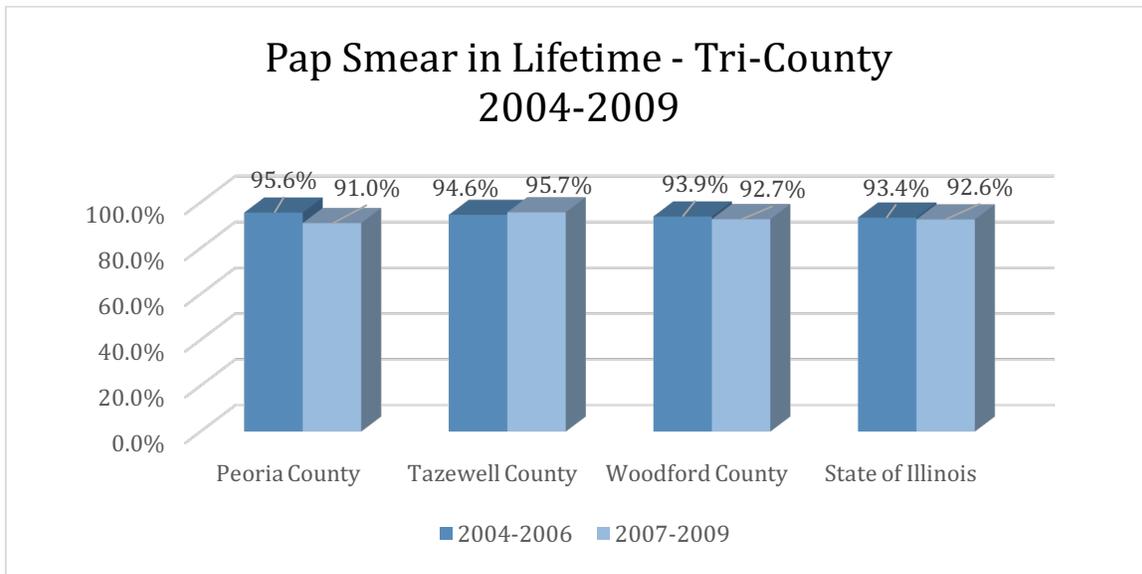
### Women's Healthcare

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.



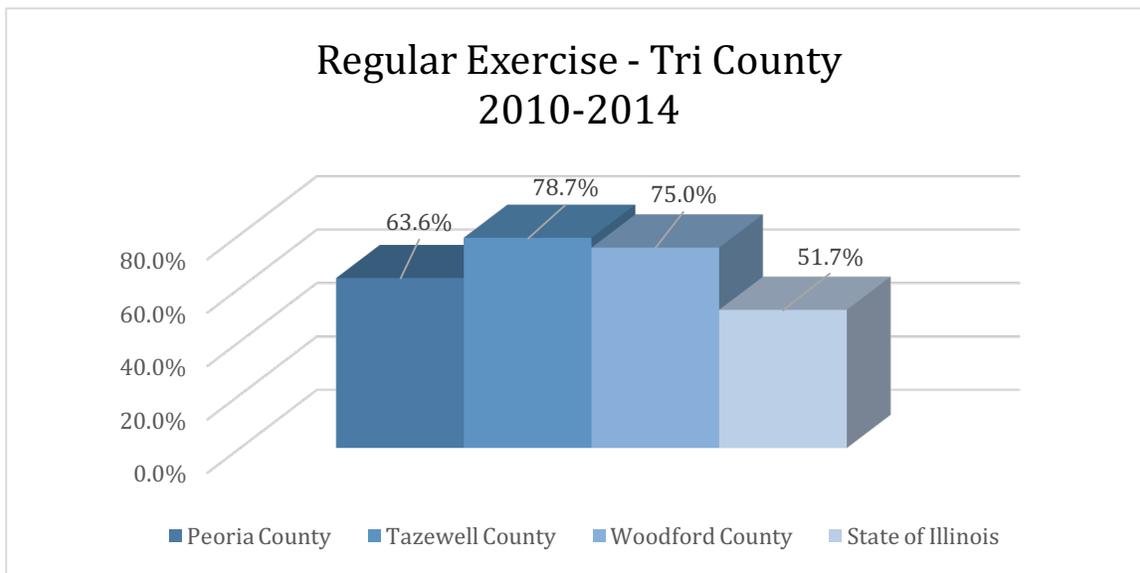
Source: Illinois Behavioral Risk Factor Surveillance System

### Healthy Lifestyle

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

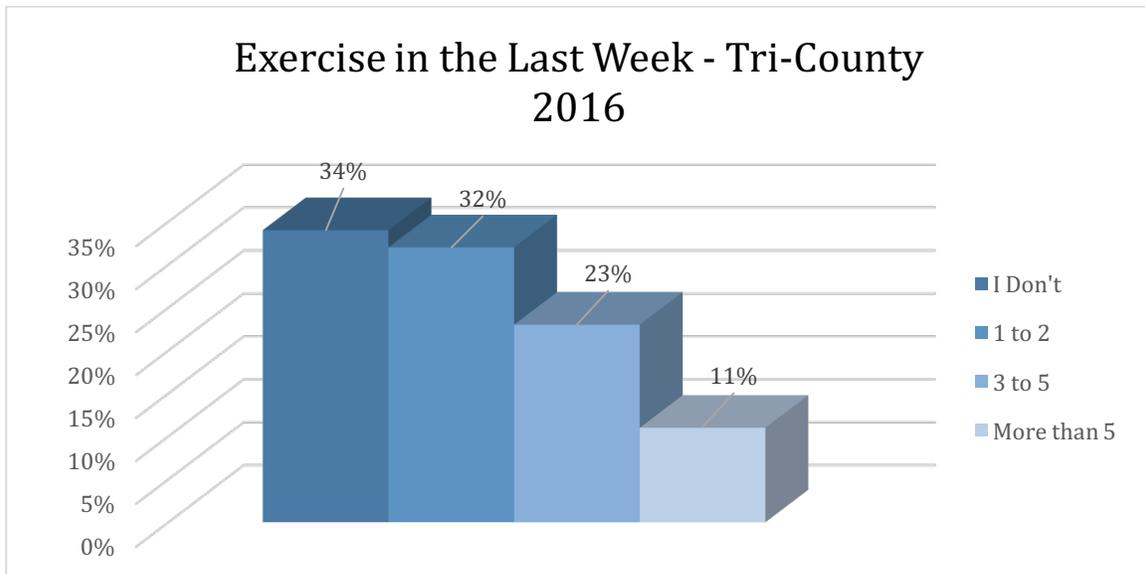
#### Physical Exercise

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%.



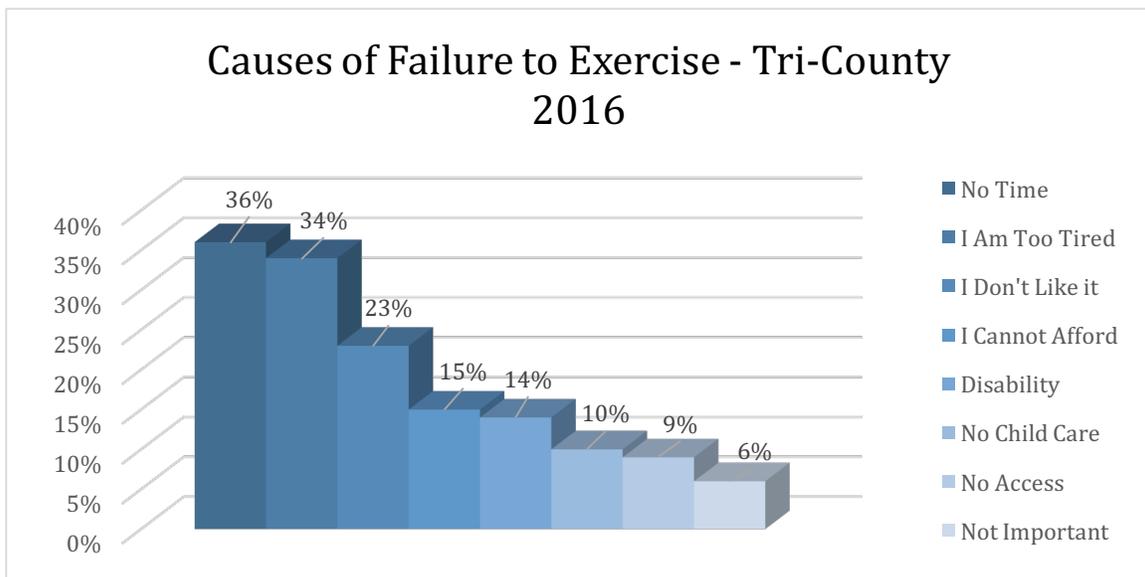
Source: Illinois Behavioral Risk Factor Surveillance System

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.



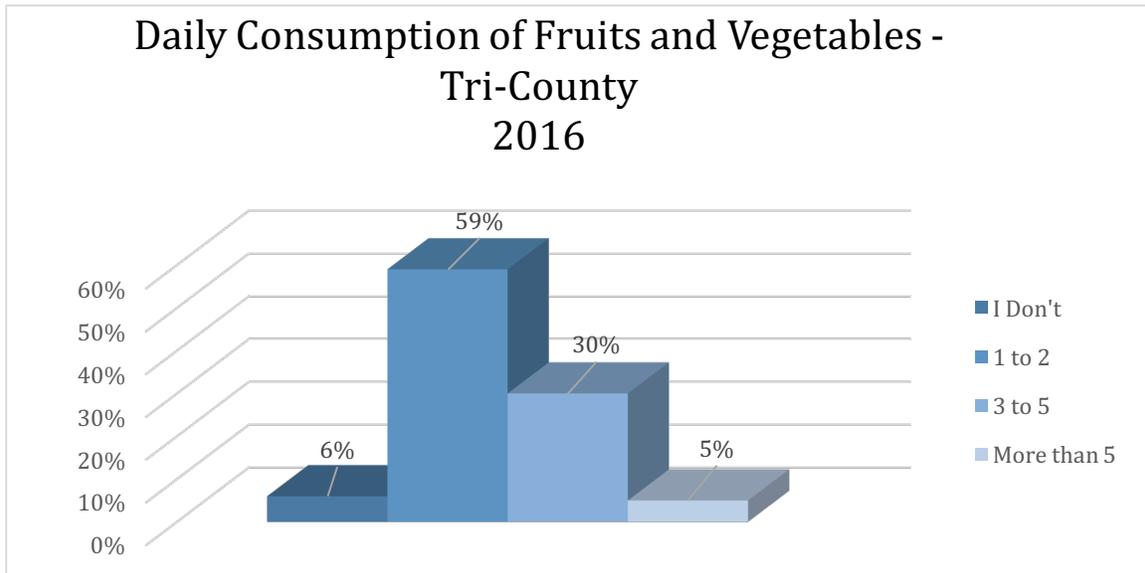
Source: CHNA Survey

#### **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.

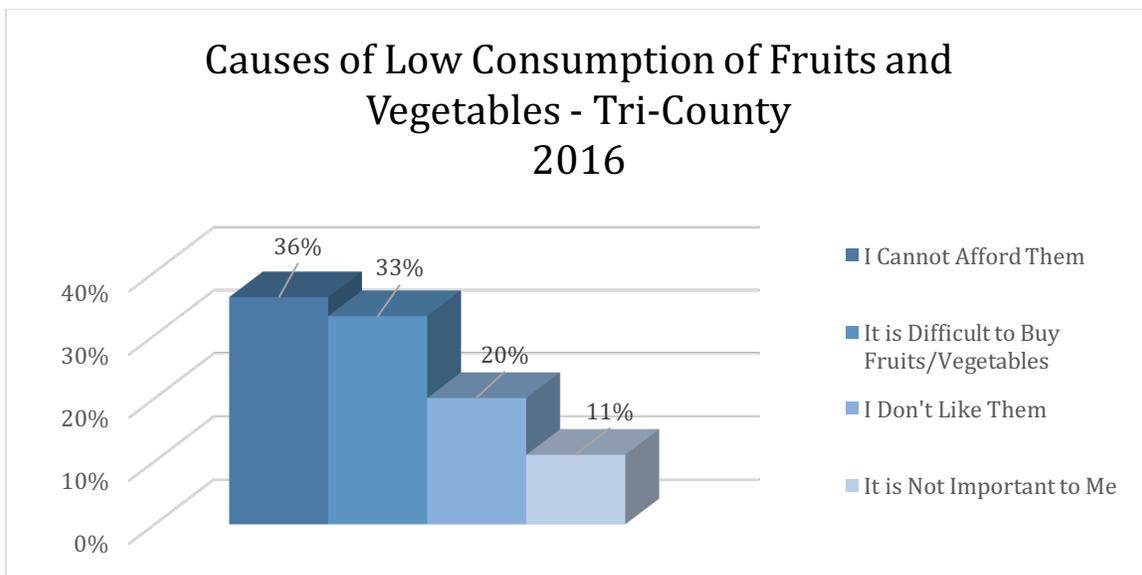
**Healthy Eating**

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.

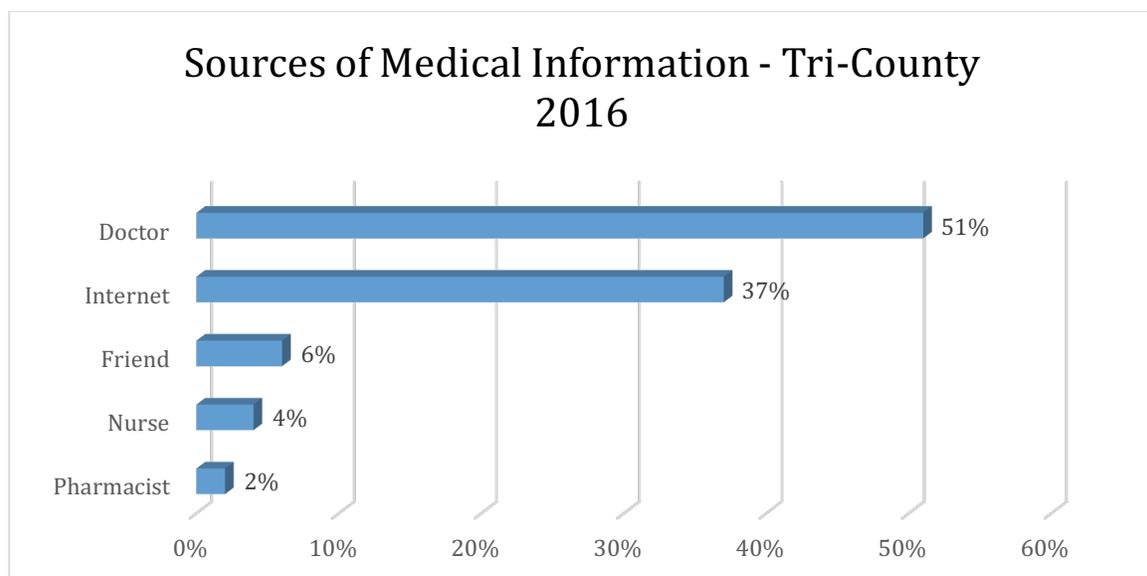
**Frequency of exercise** tends to be lower for homeless people. Those in Tazewell county report more exercise.

**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.

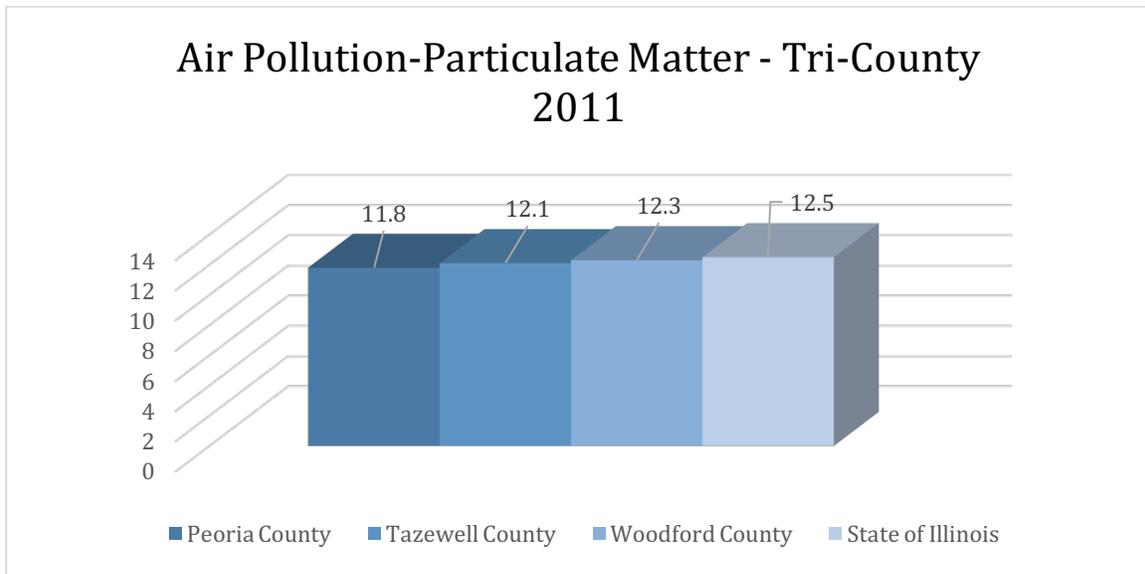
**Access to Information from a Church Nurse** does not show significant relationships.

## **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%.



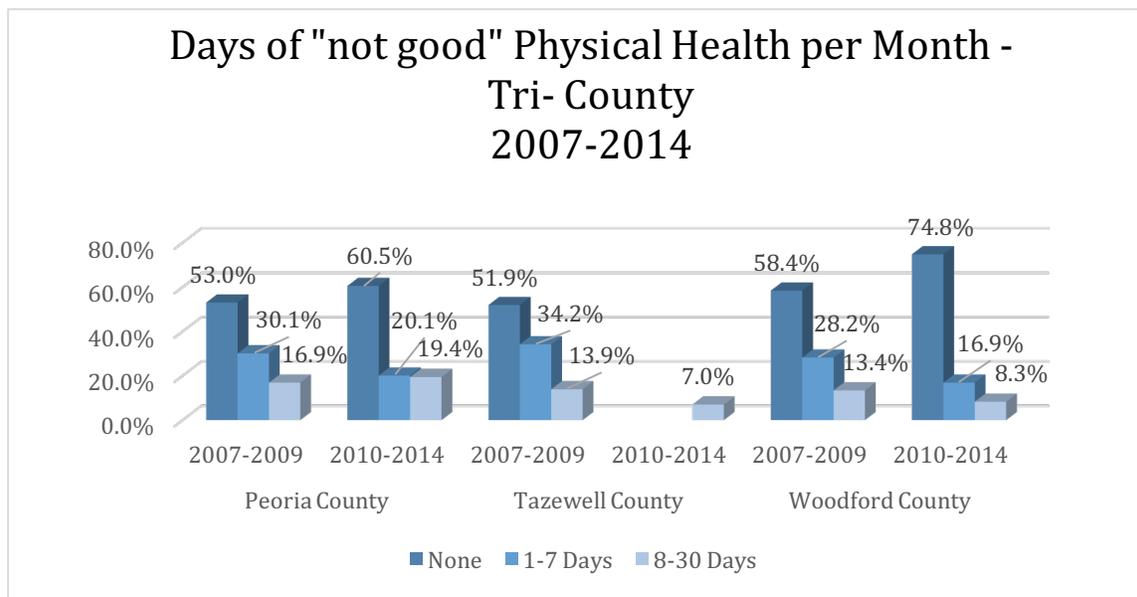
Source: County Health Rankings 2011 Data

## 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.

### Being Healthy

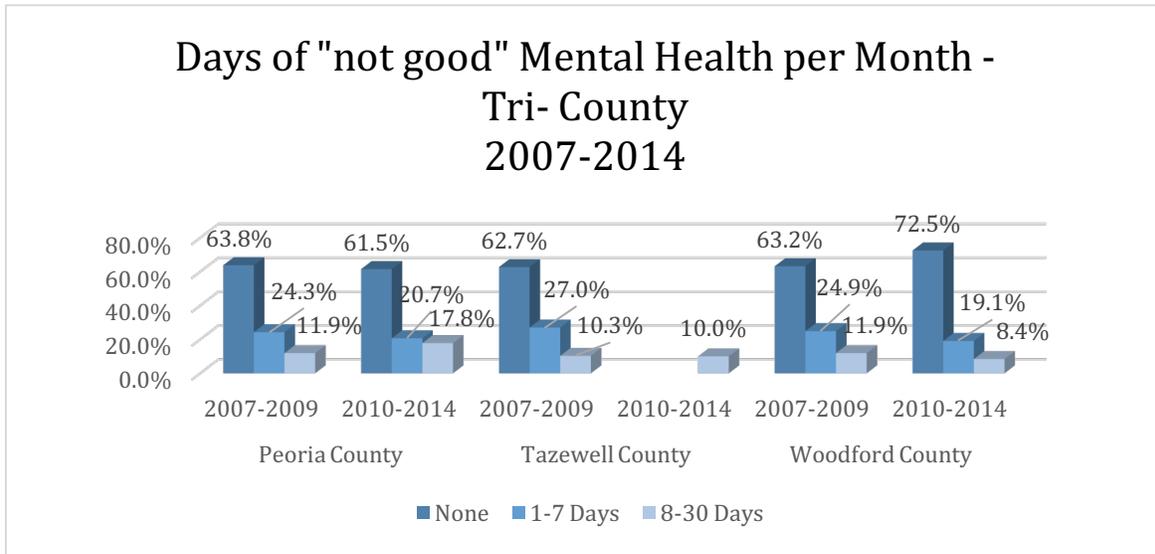
There was an increase in the percentage of Peoria County residents reporting they felt physically unhealthy on 8 or more days per month in 2009 (16.9%) versus 2014 (19.4%). However, Woodford County residents felt unhealthy 8 or more days per month at a lower rate in 2014 (8.3%) compared to 2009 (13.4%).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



Source: Illinois Behavioral Risk Factor Surveillance System

### Mental Health

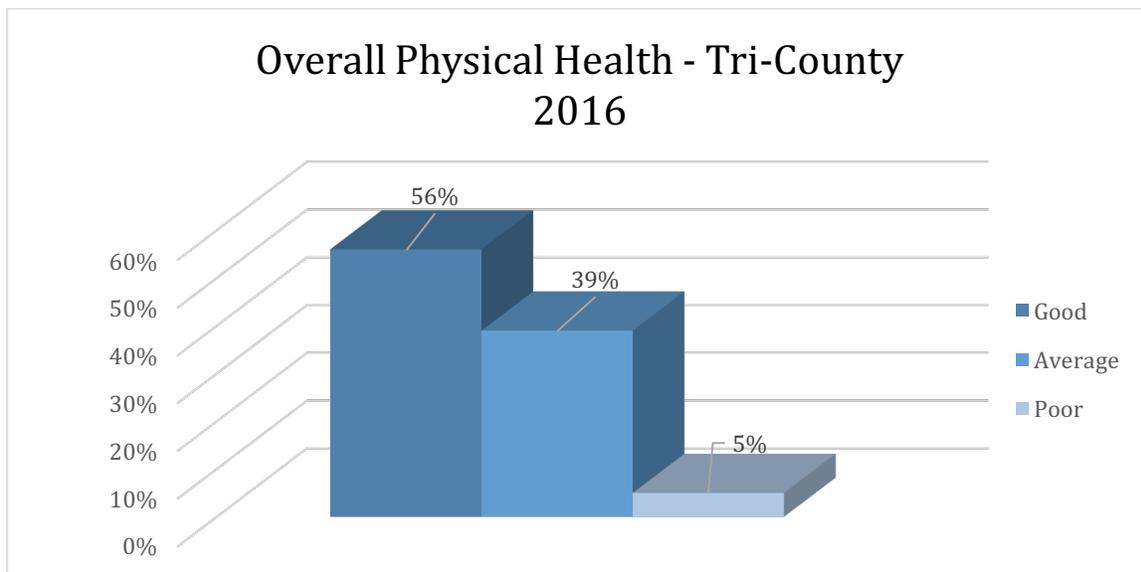
A majority of Peoria County respondents (61.5%) perceive they have good overall mental health for 2010-2014, a slight decrease from 2007-2009. Moreover, in Peoria County, more people report over 8 days of “not good” mental health in 2010-2014 (17.8%) than in 2007-2009 (11.9%). There was an increase of 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 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

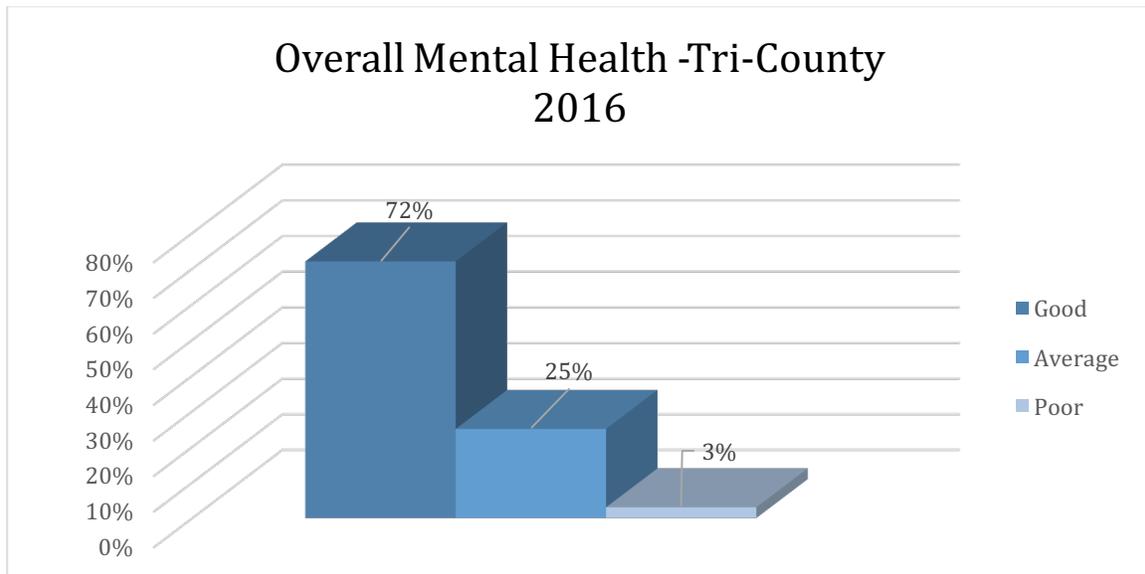
### Self Perceptions of Overall Health

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 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 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 DAY**
- ✓ **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

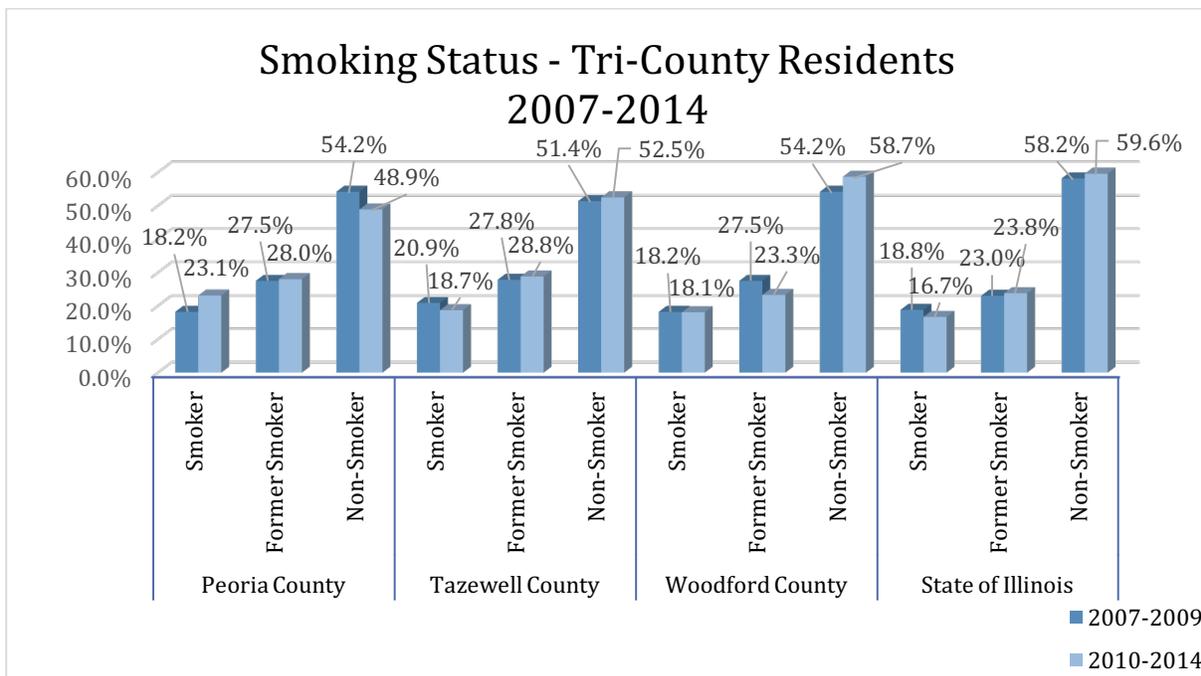
- 3.1 Tobacco Use
- 3.2 Drug and Alcohol Use
- 3.3 Overweight and Obesity
- 3.4 Predictors of Heart Disease
- 3.5 Key Takeaways from Chapter 3

# CHAPTER 3. SYMPTOMS AND PREDICTORS

## 3.1 Tobacco Use

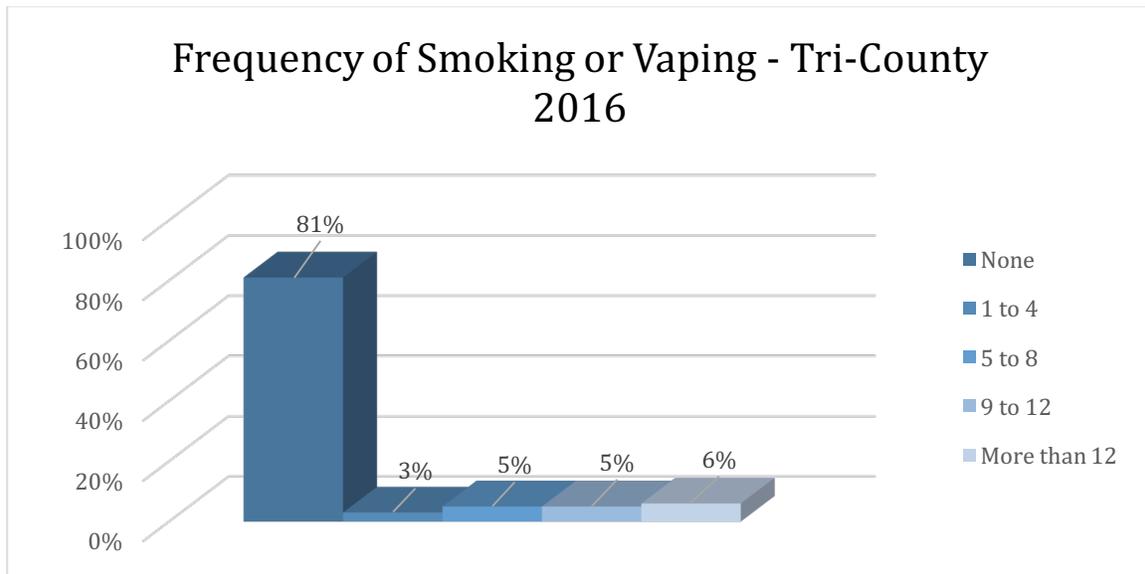
*Importance of the measure:* In order to appropriately allocate healthcare resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, healthcare organizations can target affected populations more effectively. Research suggests tobacco use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



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**

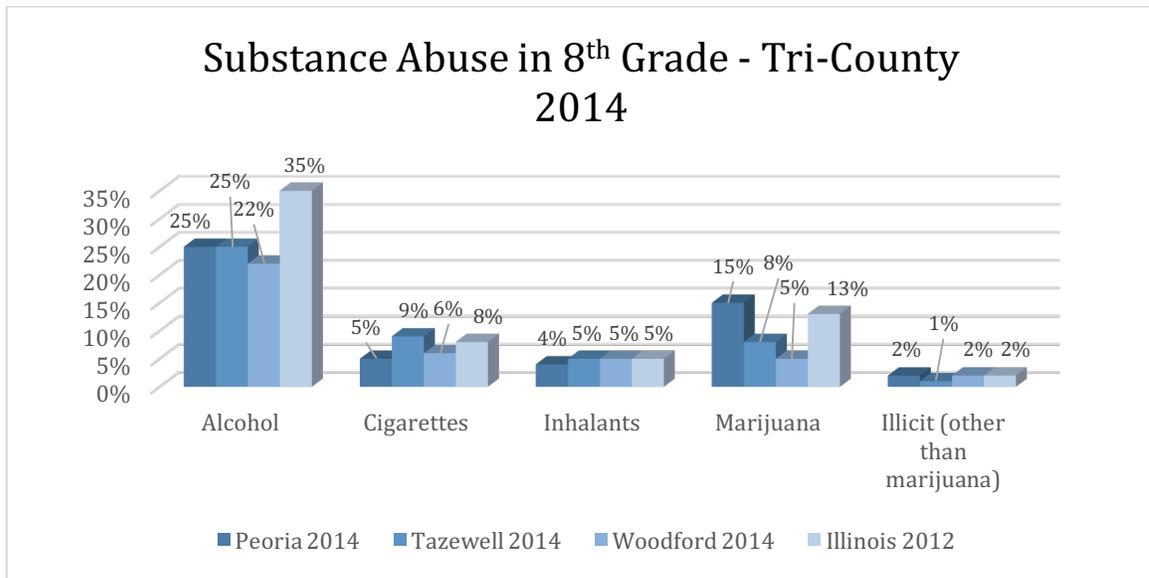
Several demographic characteristics show significant relationships with incidence of smoking or vaping. The following relationships were found using correlational analyses:

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

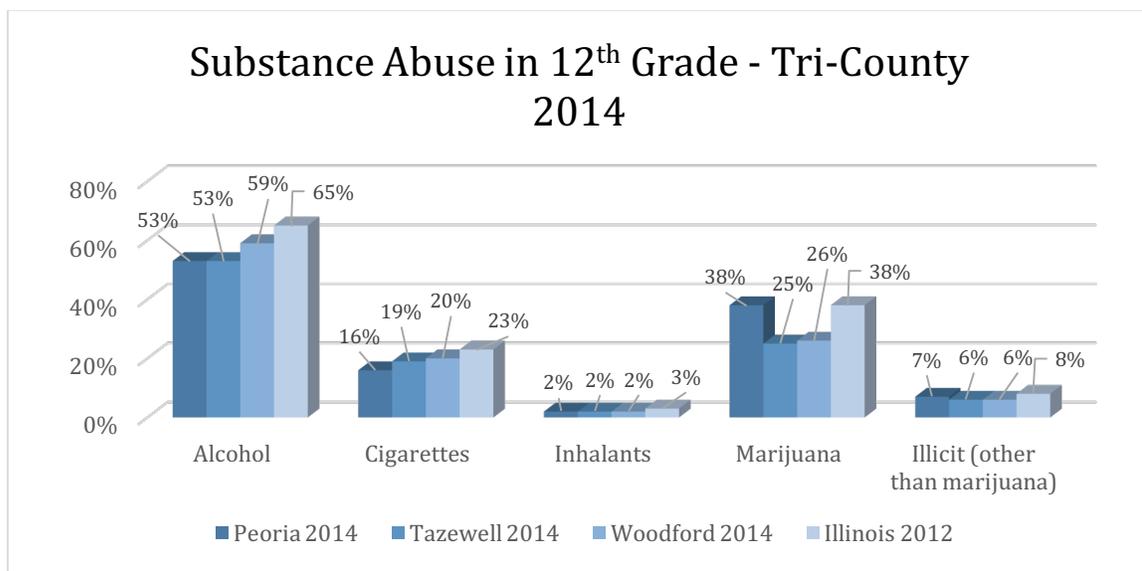
## **3.2 Drug and Alcohol Abuse**

*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)

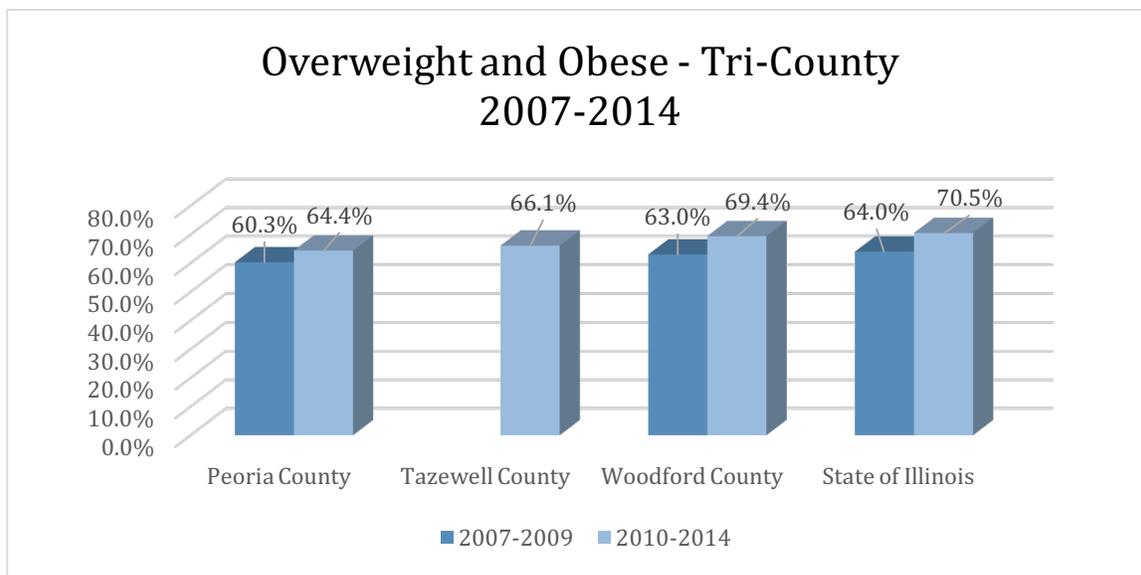
## 3.3 Overweight and Obesity

*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.

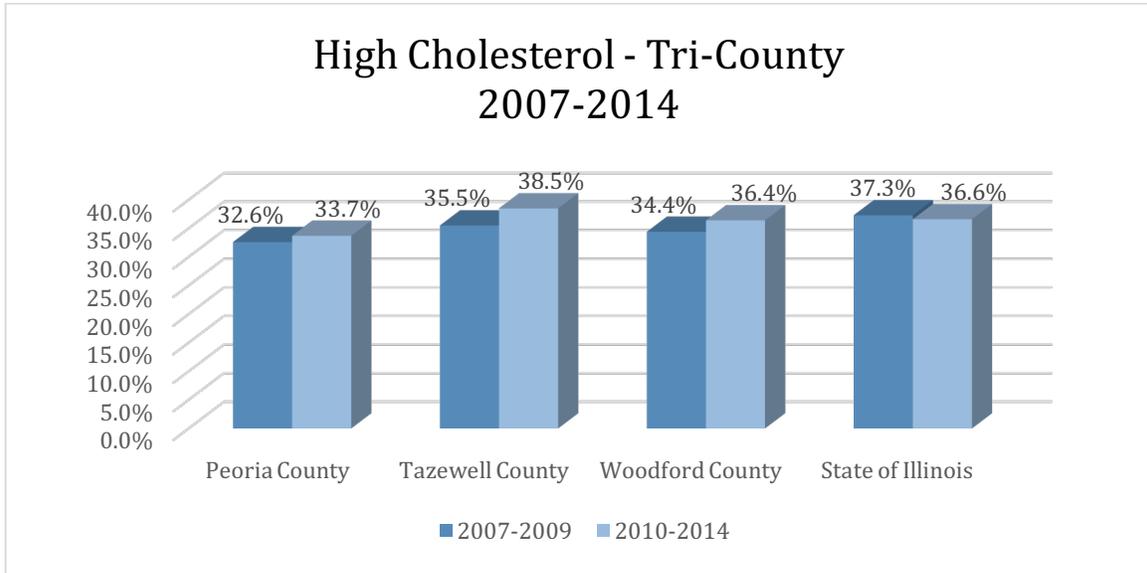
In Peoria County and Woodford County, the number of people diagnosed with obesity and being overweight has increased over the years from 2007-2009 to 2010-2014. Note specifically that the percentage of obese and overweight people has increased from 60.3% to 64.4% in Peoria County and from 63% to 69.4% 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 also increased, with an increase from 2009 (64.0%) to 2014 (70.5%).



Source: Illinois Behavioral Risk Factor Surveillance System

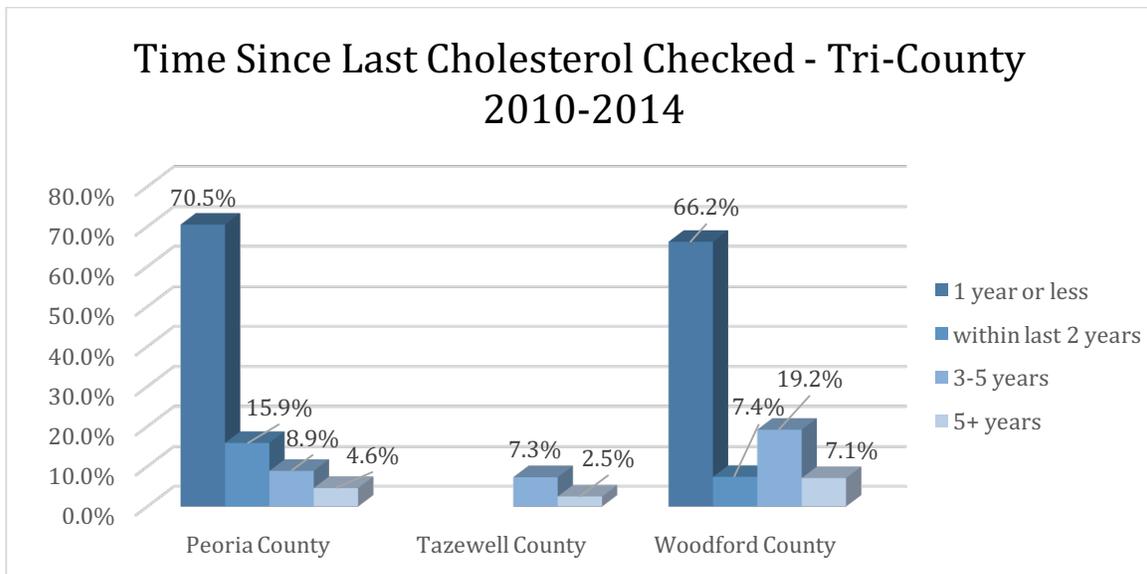
### 3.4 Predictors of Heart Disease

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.



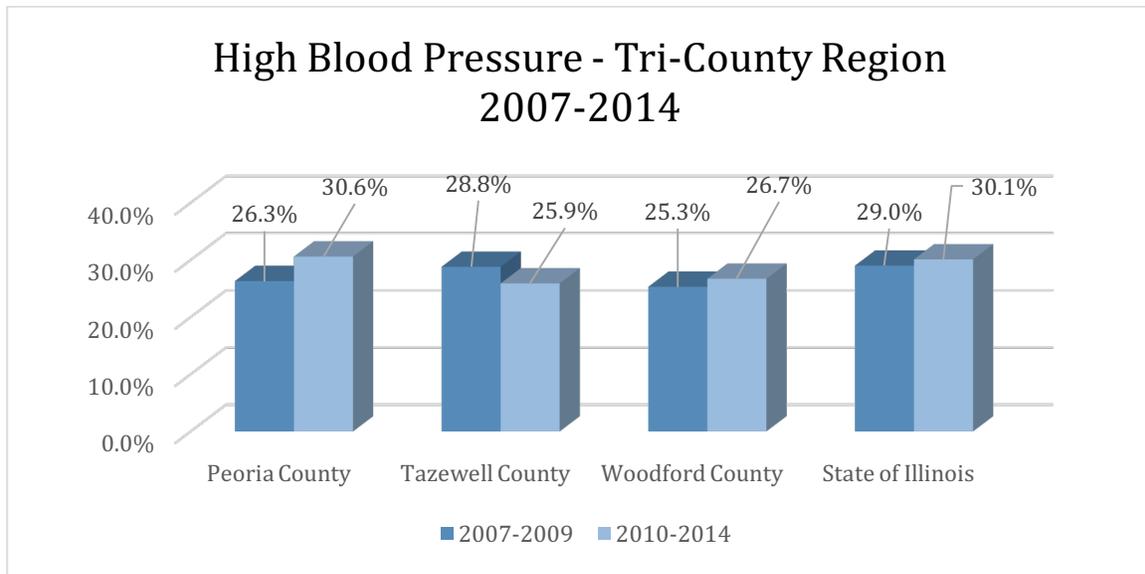
Source: Illinois Behavioral Risk Factor Surveillance System

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 AOR ABOVE STATE AVERAGES IN PEORIA COUNTY.**
- ✓ **THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN THE TRI-COUNTY, BUT REMAINS LOWER 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

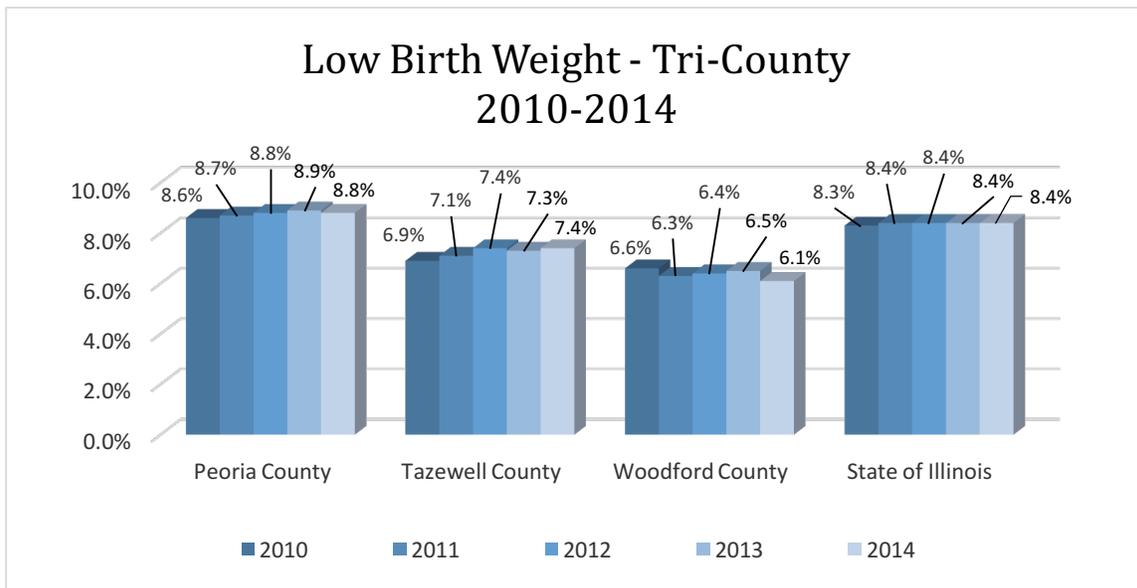
Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Tri-County hospitals using COMP data. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

### 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.

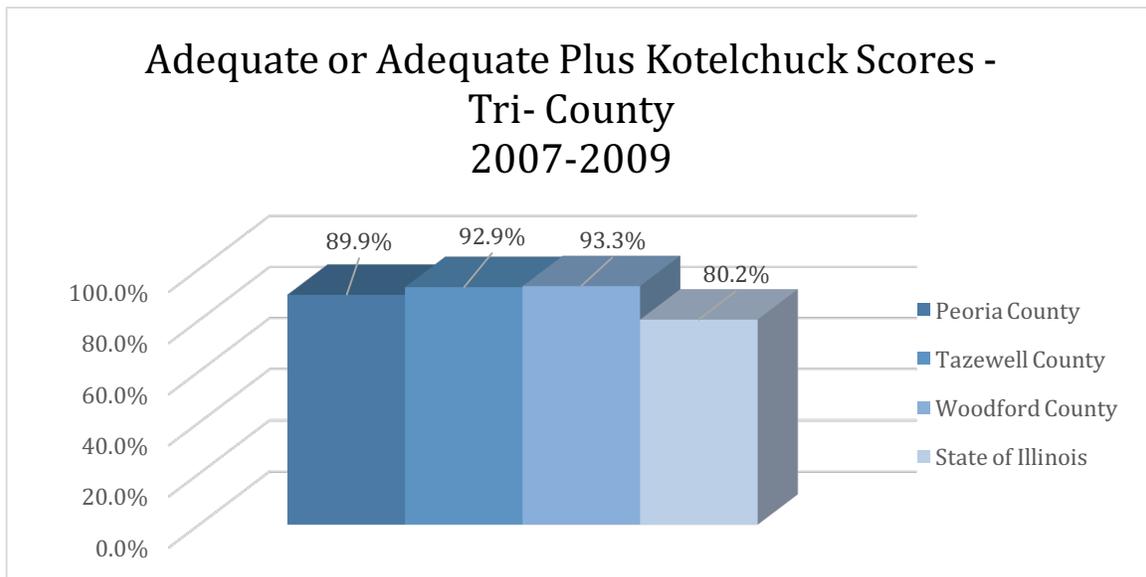


Source: <http://www.countyhealthrankings.org>

## 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:

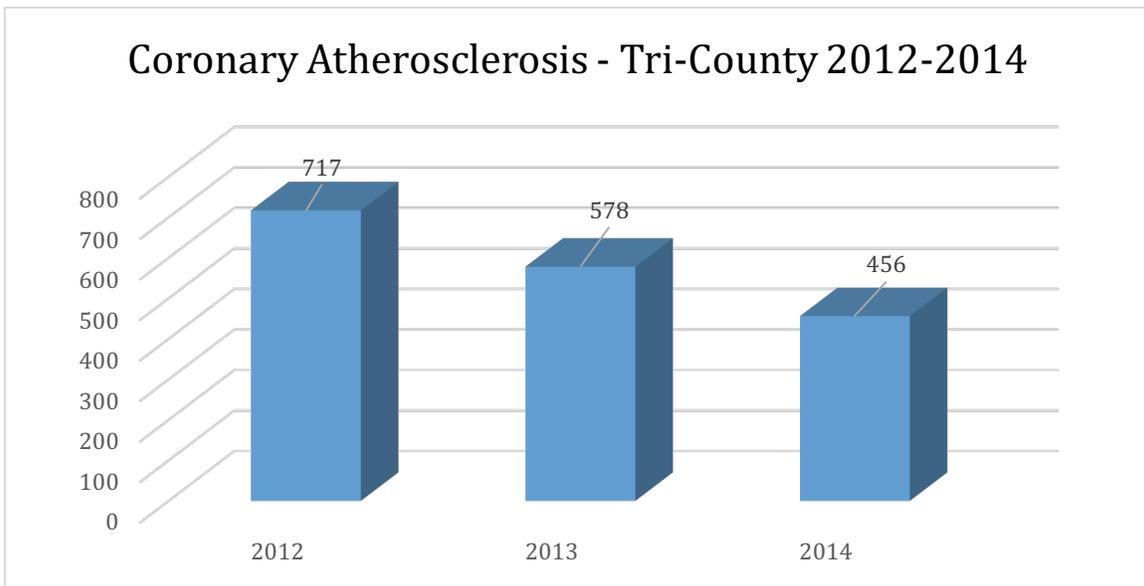
Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease, and atherosclerosis.

### 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.

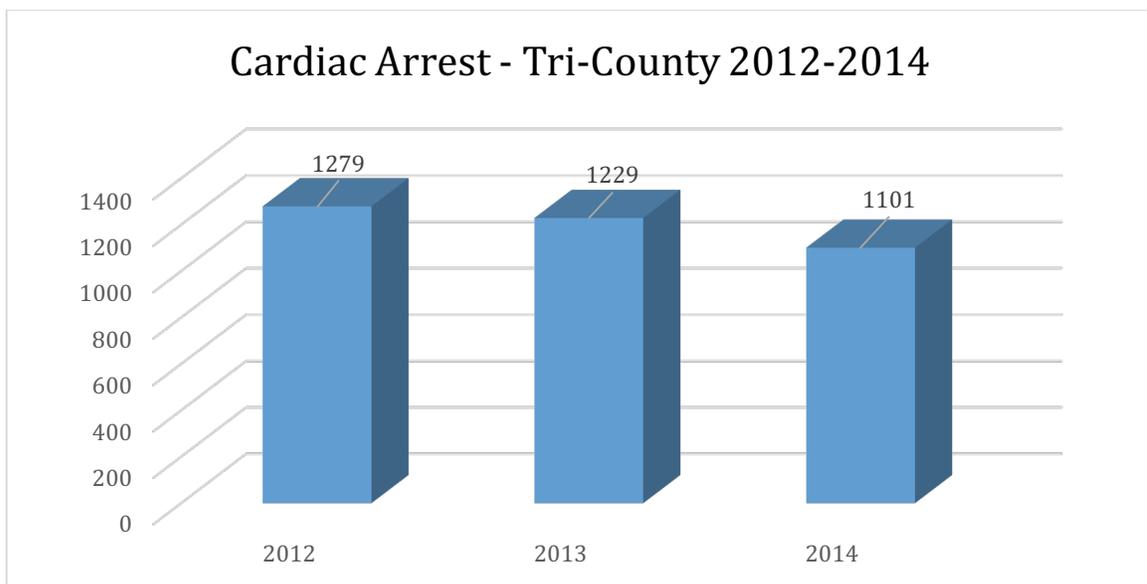
The number of cases of coronary atherosclerosis complication at Tri-County area hospitals from the Tri-County region has decreased from 717 cases to 456 cases in 2014. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.



Source: COMPdata 2015

## Cardiac Arrest

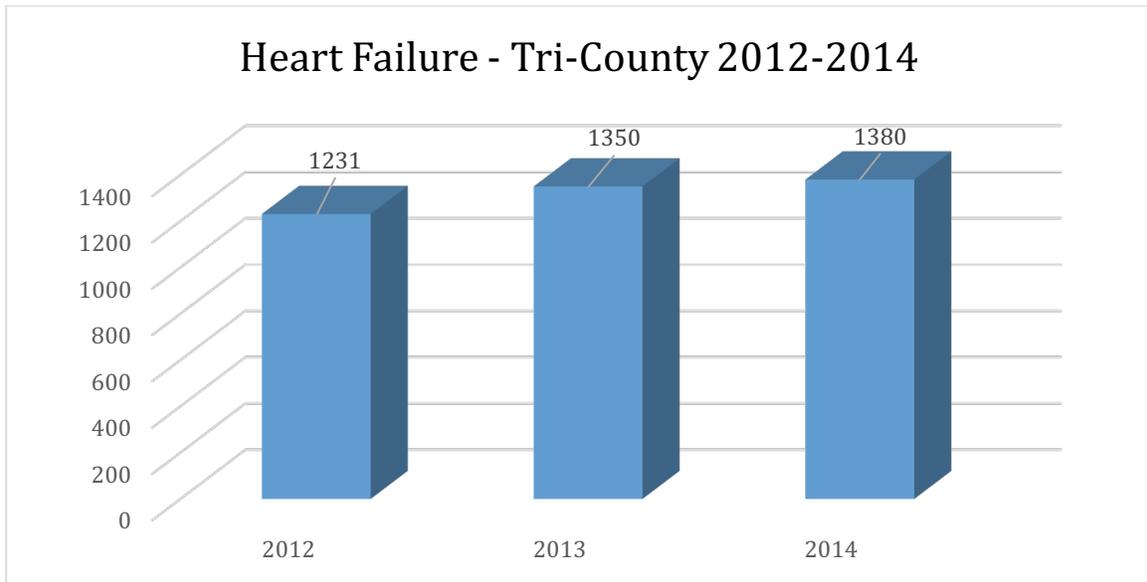
Cases of dysthymia and cardiac arrest at Tri-County area hospitals has decreased by 178 cases between FY12 and FY14. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

## Heart Failure

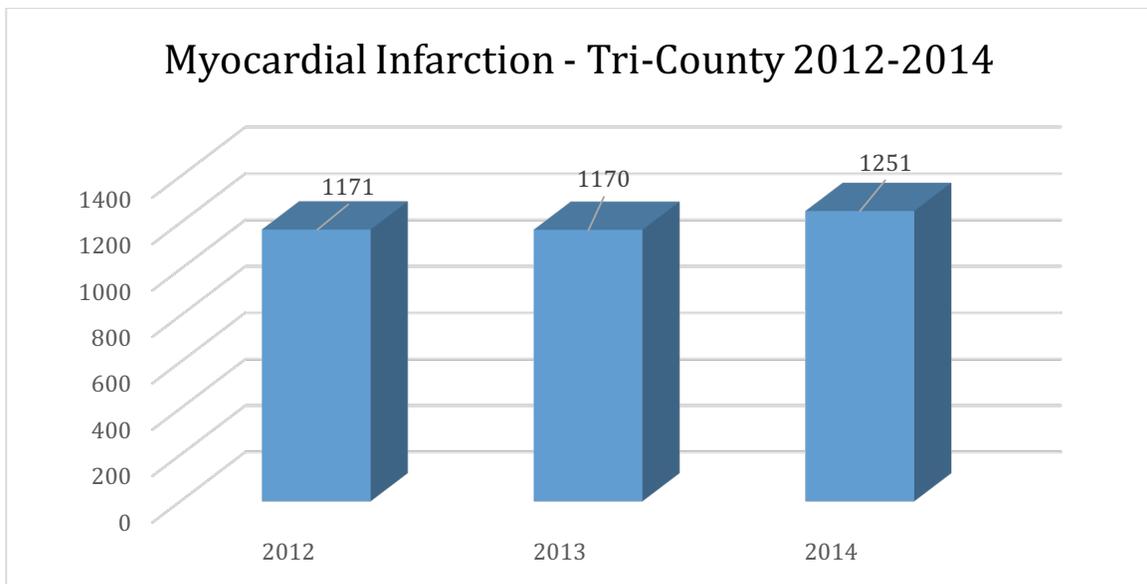
The number of treated cases of heart failure at Tri-County area hospitals has increased. In FY 2012, 1,231 cases were reported, and in FY 2014, there were 1,380 cases reported. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

## Myocardial Infarction

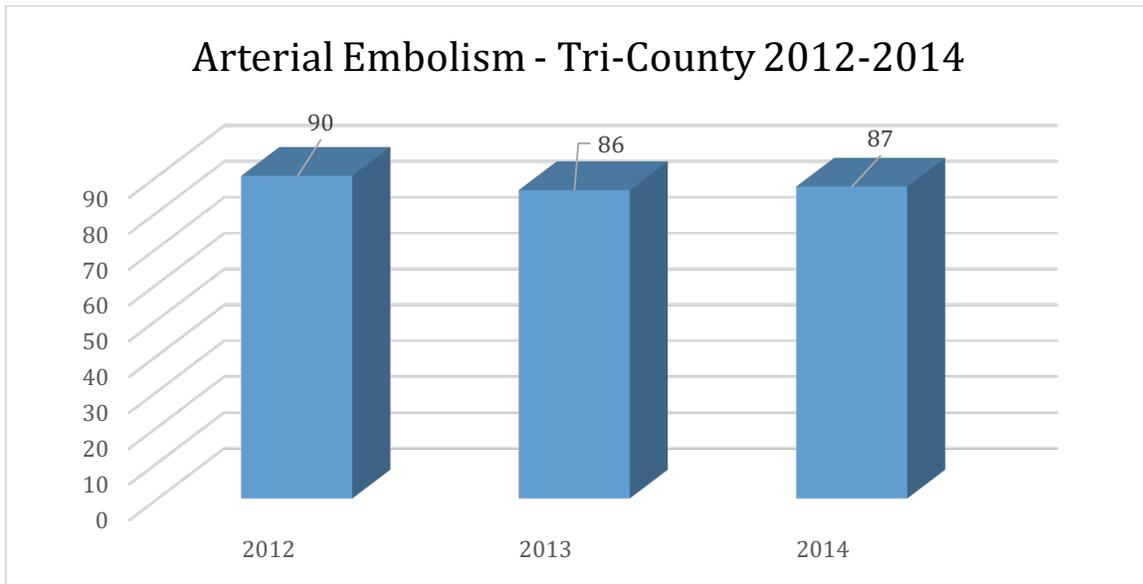
The number of treated cases of myocardial infarction at area hospitals in the Tri-County have increased from 1,171 in 2012 to 1,251 in 2014. Note that hospital-level data only show hospital admissions.



Source: COMPdata 2015

## Arterial Embolism

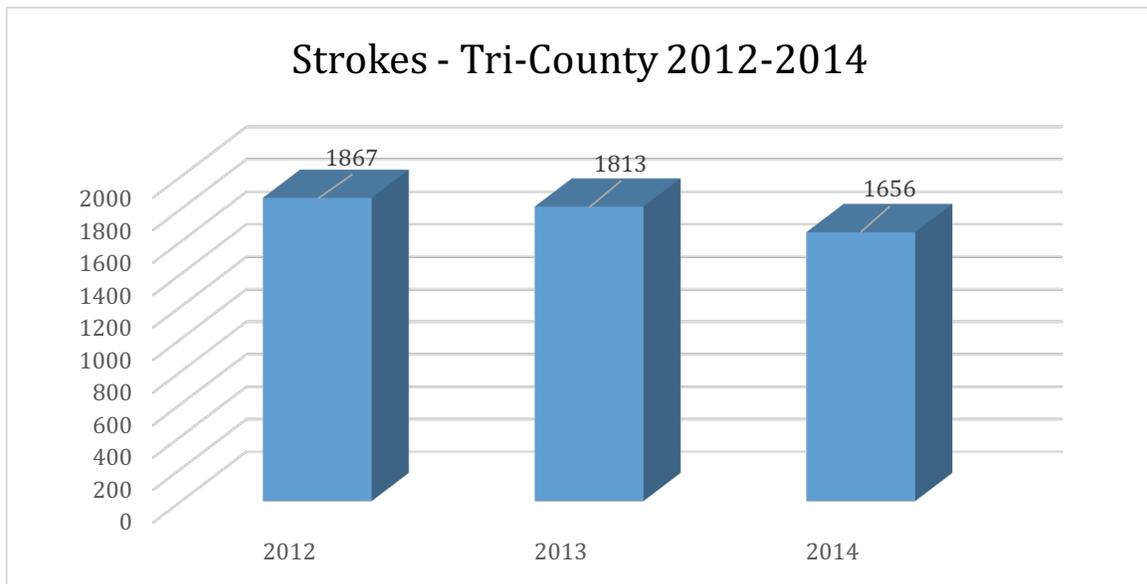
For cases of arterial embolism at Tri-County area hospitals, there were 87 reported in 2014. Note that hospital-level data only show hospital admissions.



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.



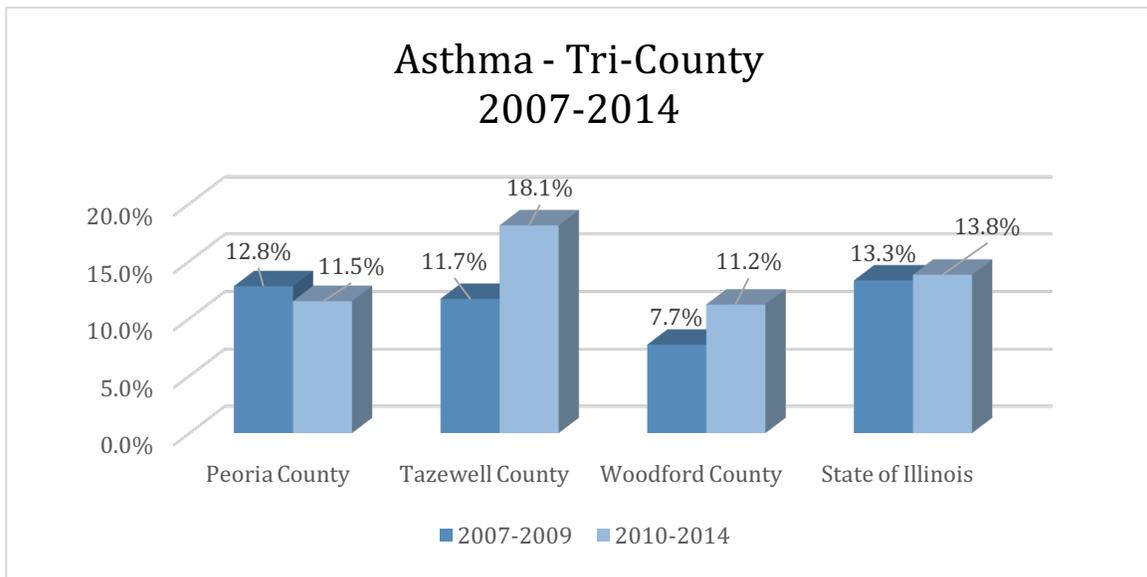
Source: COMPdata 2015

## 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.

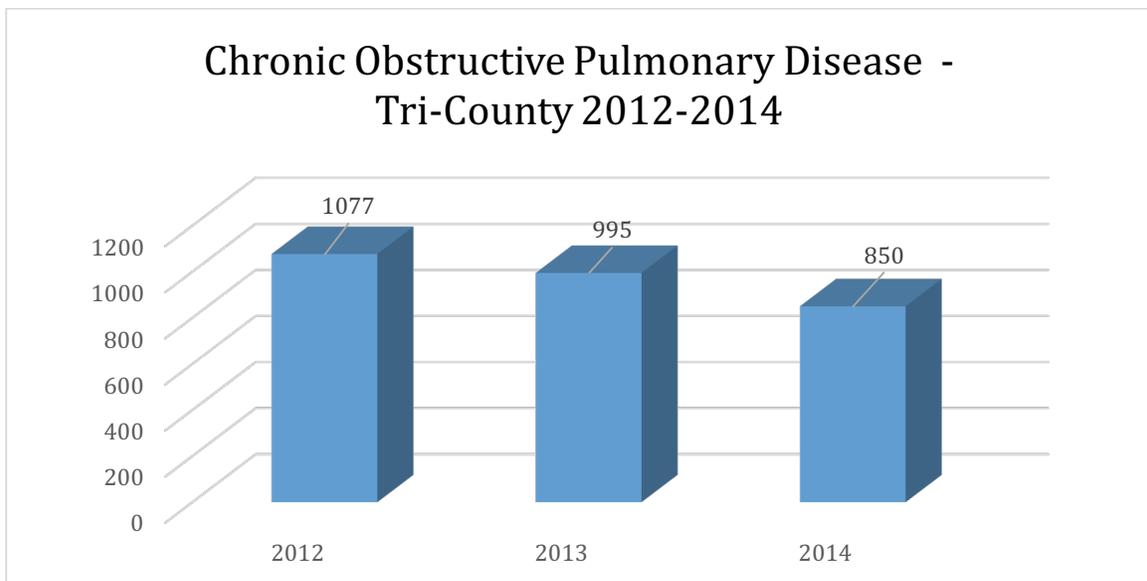
### Asthma

Treated cases of asthma at area hospitals in the Tri-County have 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.

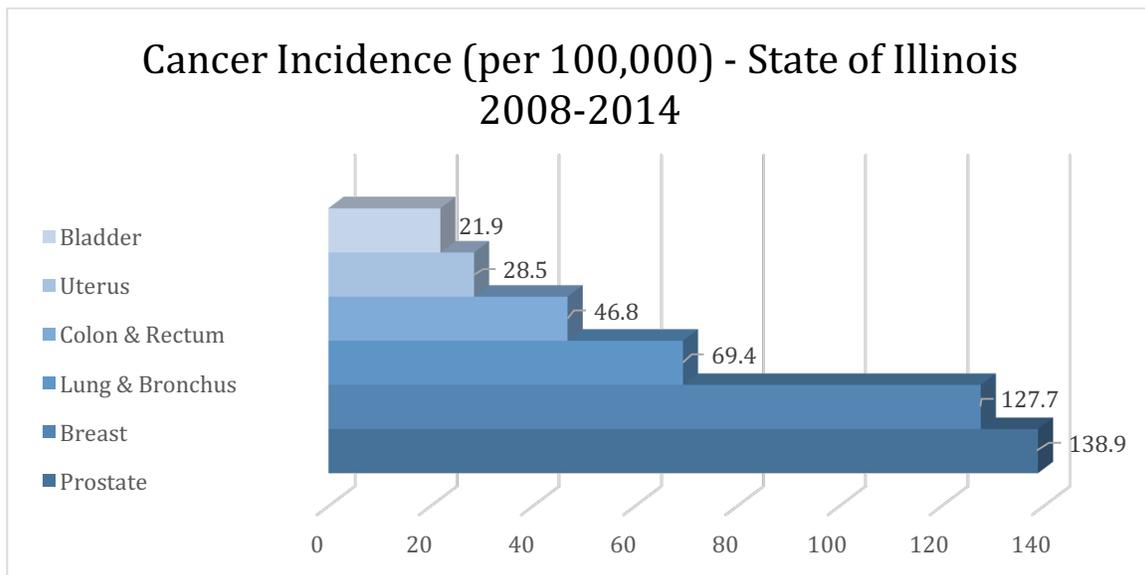


Source: COMPdata 2015

## 4.4 Cancer

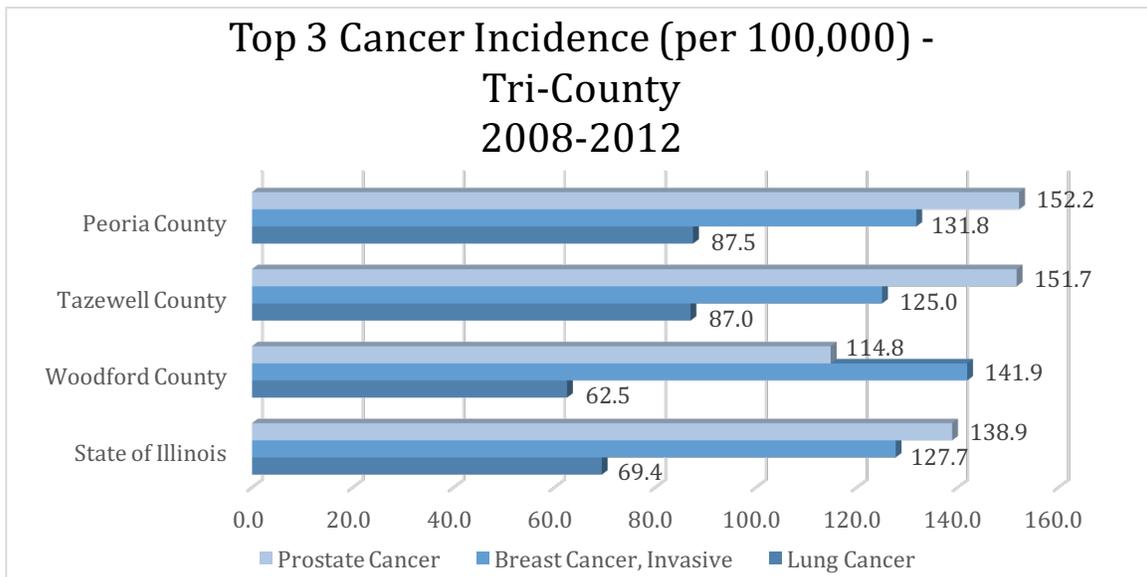
*Importance of the measure:* Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in the Tri-County.

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.



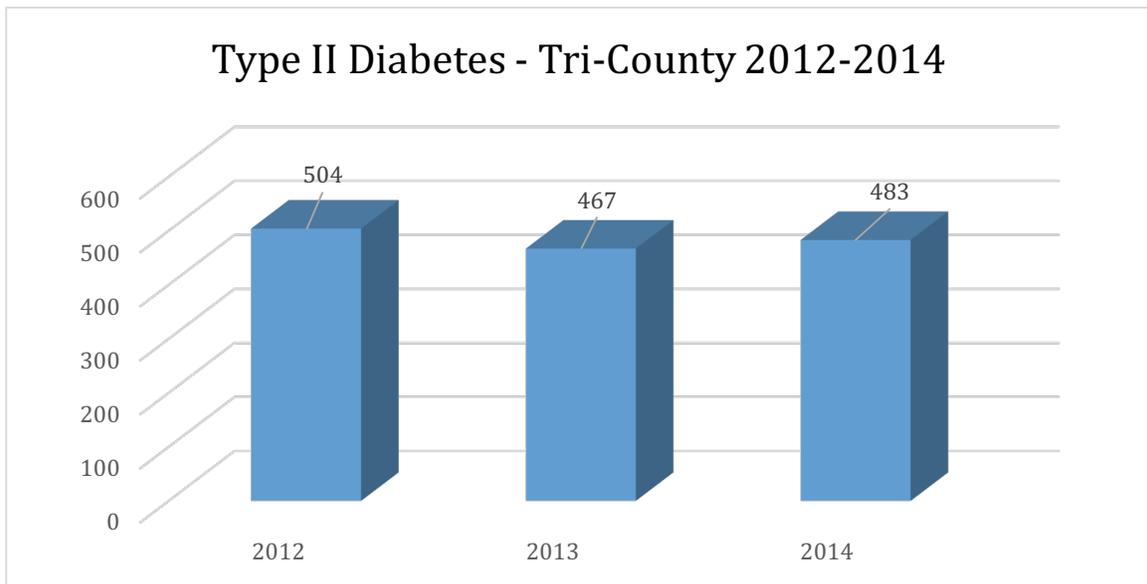
Source: [http://www.idph.state.il.us/cancer/15/county\\_rpt/County\\_Section\\_I\\_Site\\_Specific\\_Cancer\\_Incidence.pdf](http://www.idph.state.il.us/cancer/15/county_rpt/County_Section_I_Site_Specific_Cancer_Incidence.pdf)

## 4.5 Diabetes

### *Importance of the measure:*

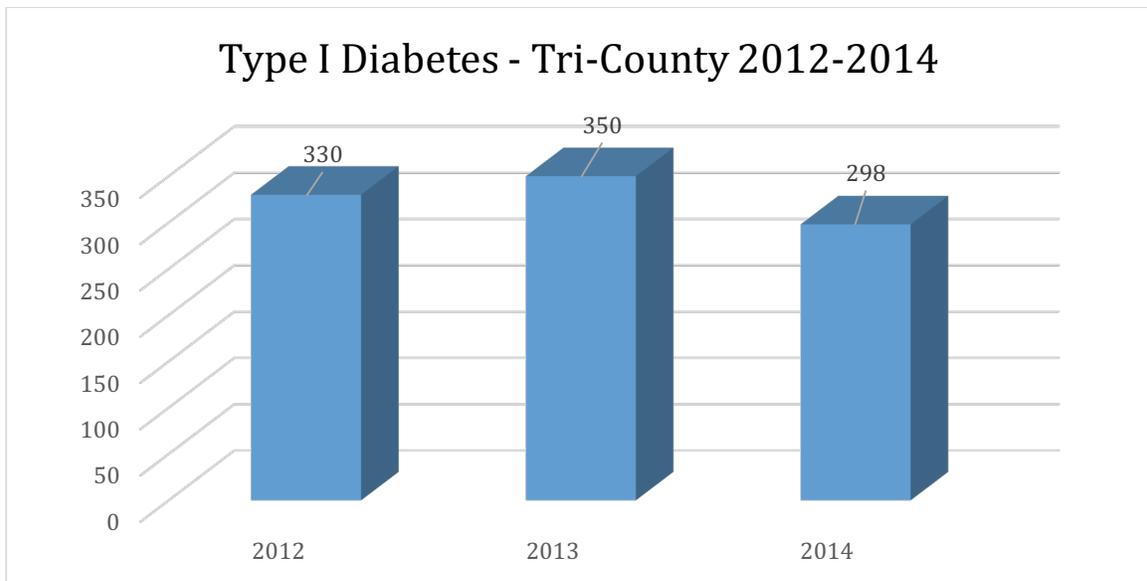
Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes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



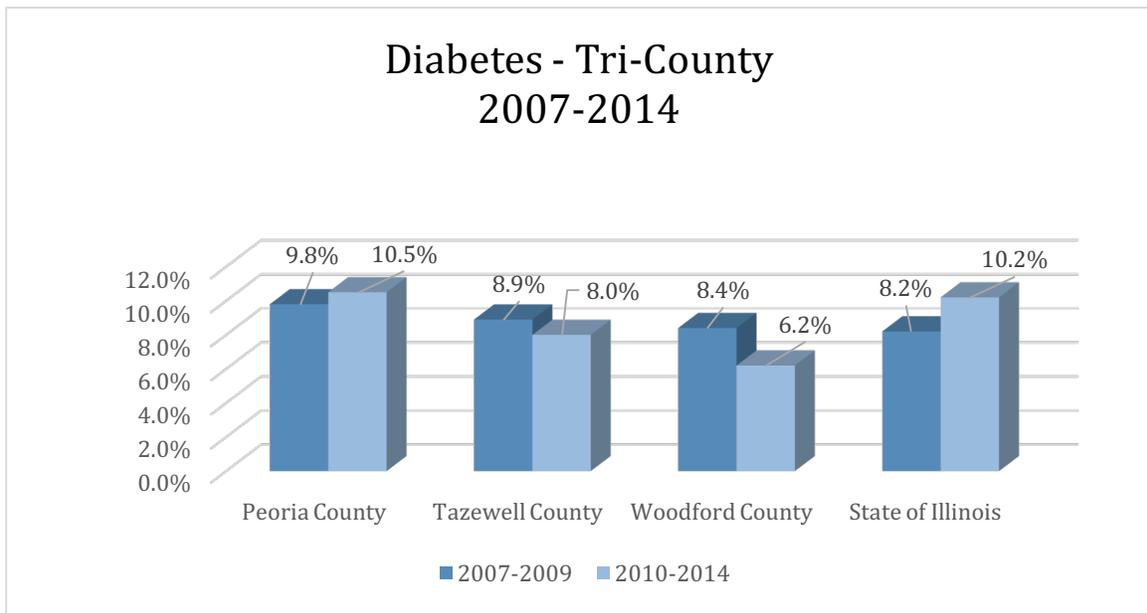
Source: COMPdata 2015

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.



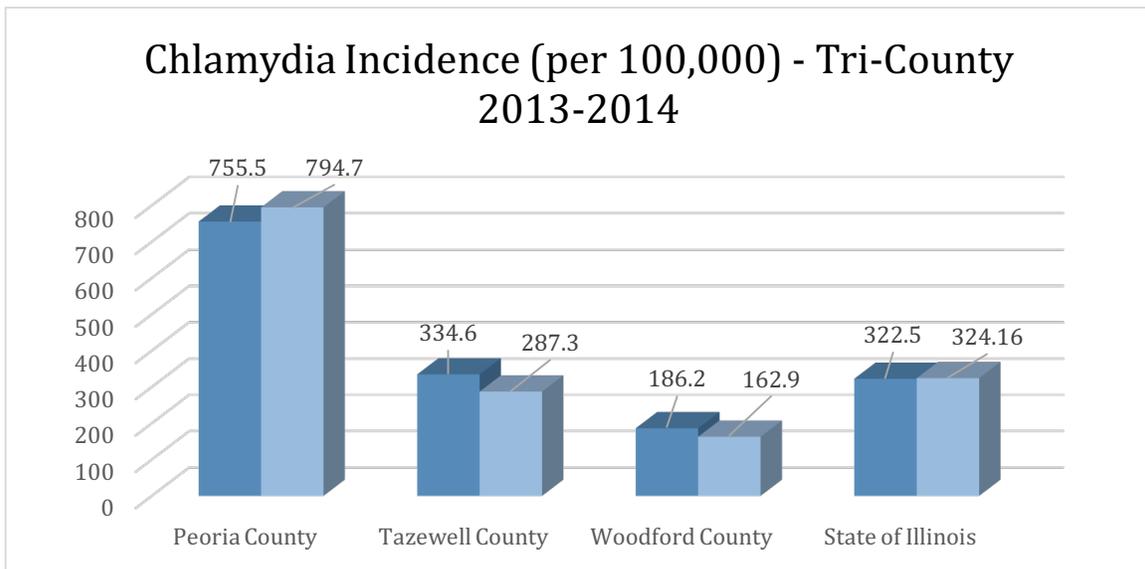
Source: Illinois Behavioral Risk Factor Surveillance System

## 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.

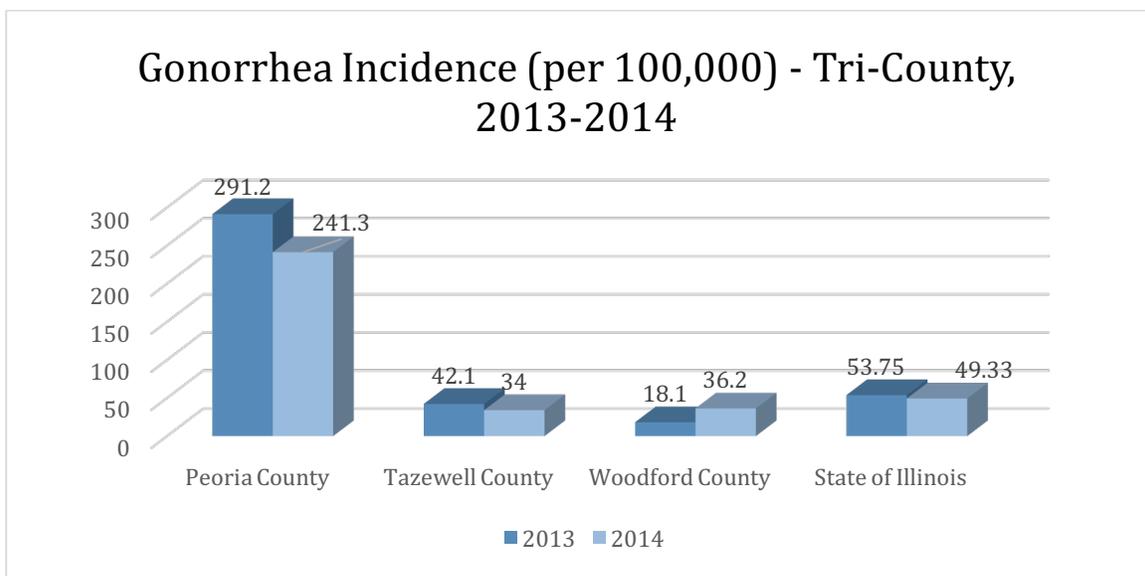
### Chlamydia and Gonorrhea Cases

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. The Tri-County has shown no significant outbreaks compared to state statistics, but there are limited data available.<sup>2</sup>

### 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>

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

**Tuberculosis 2011-2014 Tri-County Region**

Tuberculosis 2011-2014				
	2011	2012	2013	2014
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)

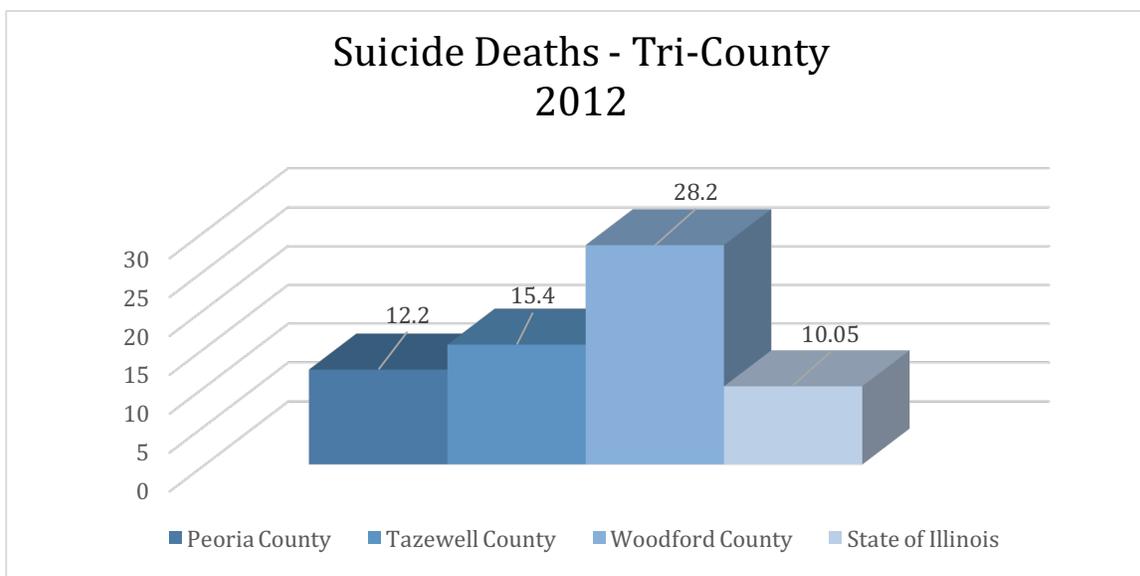
**4.7 Injuries**

*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**

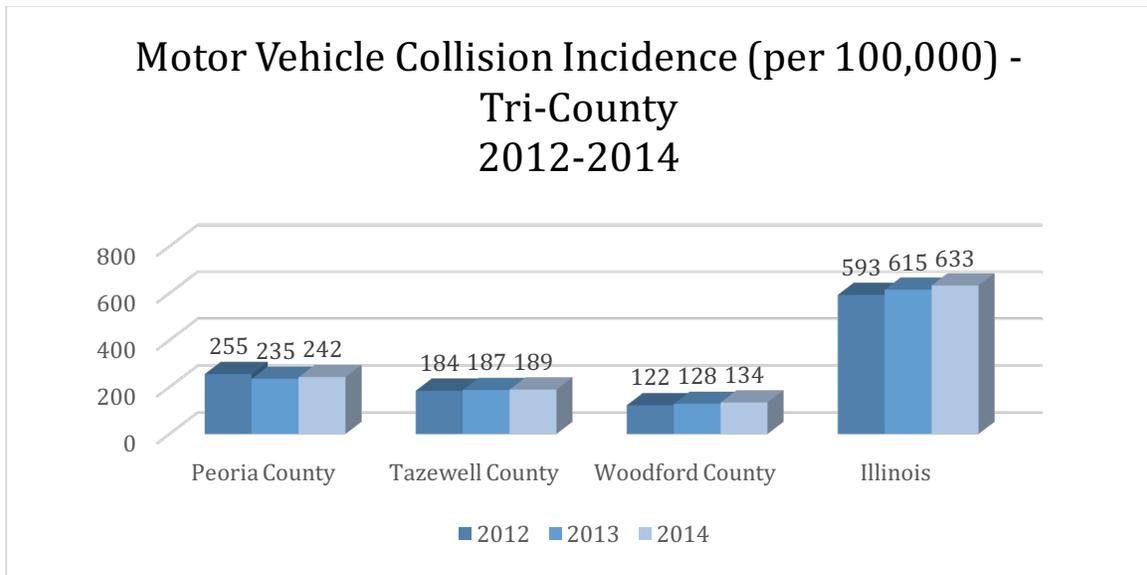
The number of suicides in the Tri-County area indicate higher incidence than State of Illinois averages, as there were approximately 12.2 per 100,000 people in Peoria County, 15.4 per 100,000 people in Tazewell County, and 28.2 per 100,000 people in Woodford County in 2012.



Source: Illinois Department of Public Health

## Unintentional – motor vehicle

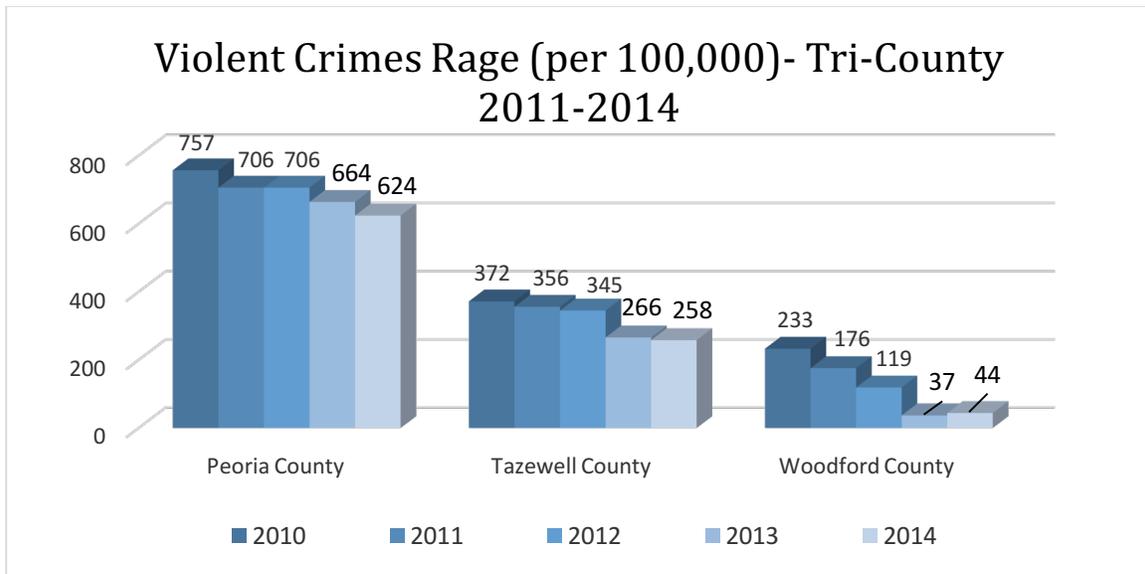
Research suggests that car accidents are a leading cause of unintentional injuries. In the Tri-County area, the number of incidents between 2012 and 2014 for several types of motor vehicle collisions including vehicle overturn, railroad train, sideswipe, angle, parked motor vehicle, turning, and rear-end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

## **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 important health concerns in the community.

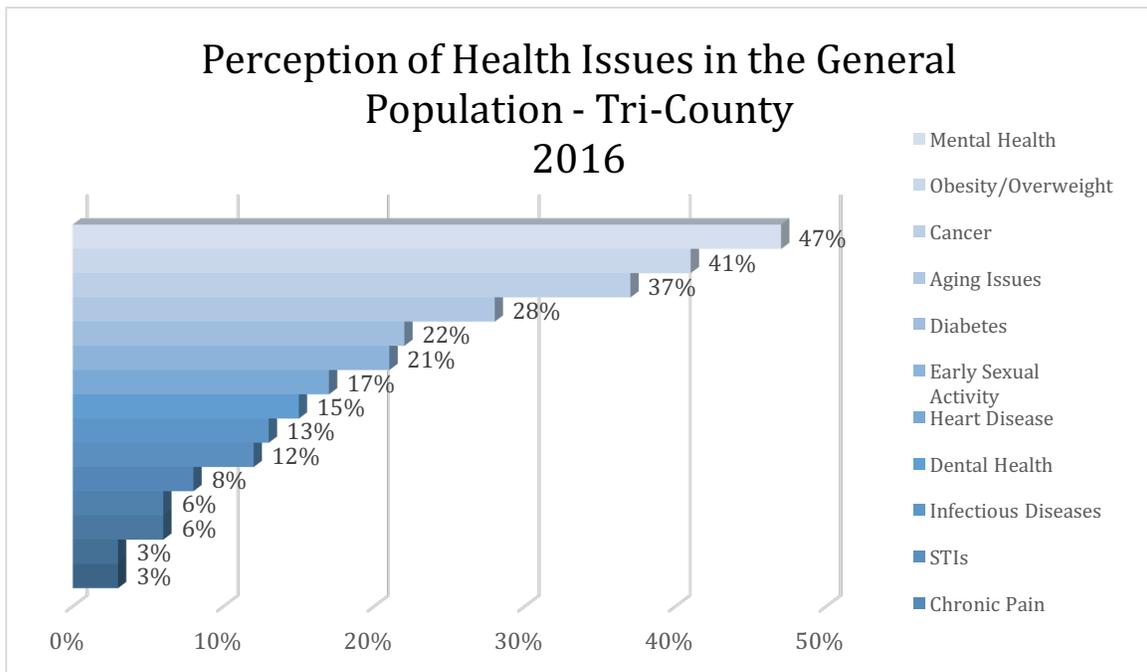
Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

### **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 an 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.

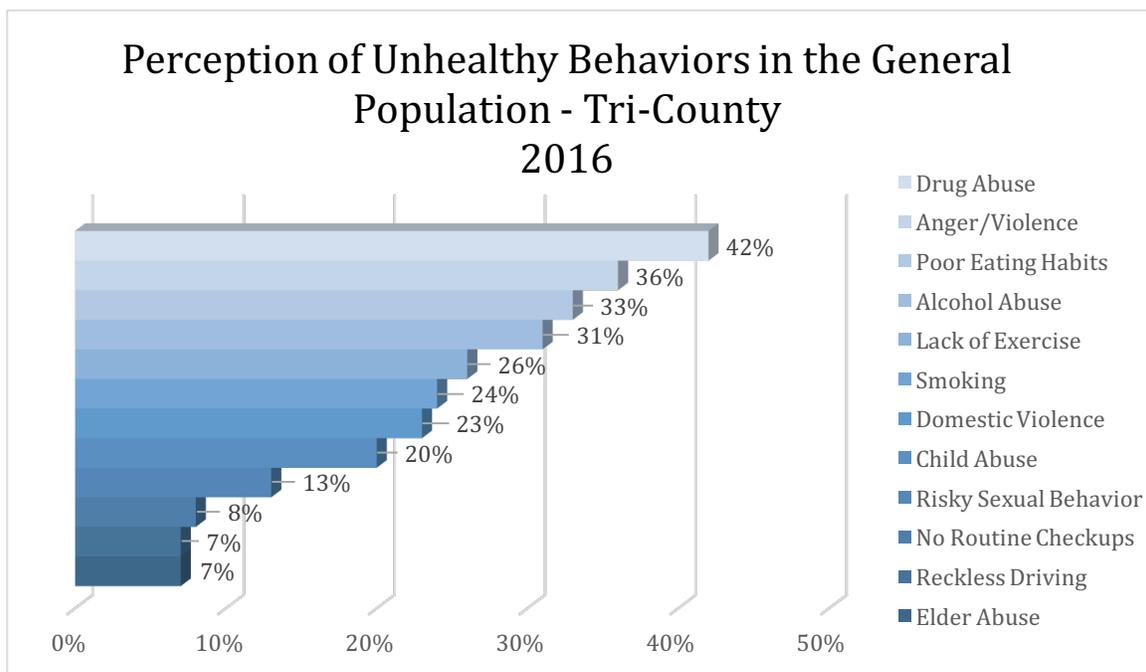
**Obesity** tends to be rated higher by White people, and those with higher education and income. Residents in Tazewell County are also more concerned.

**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.

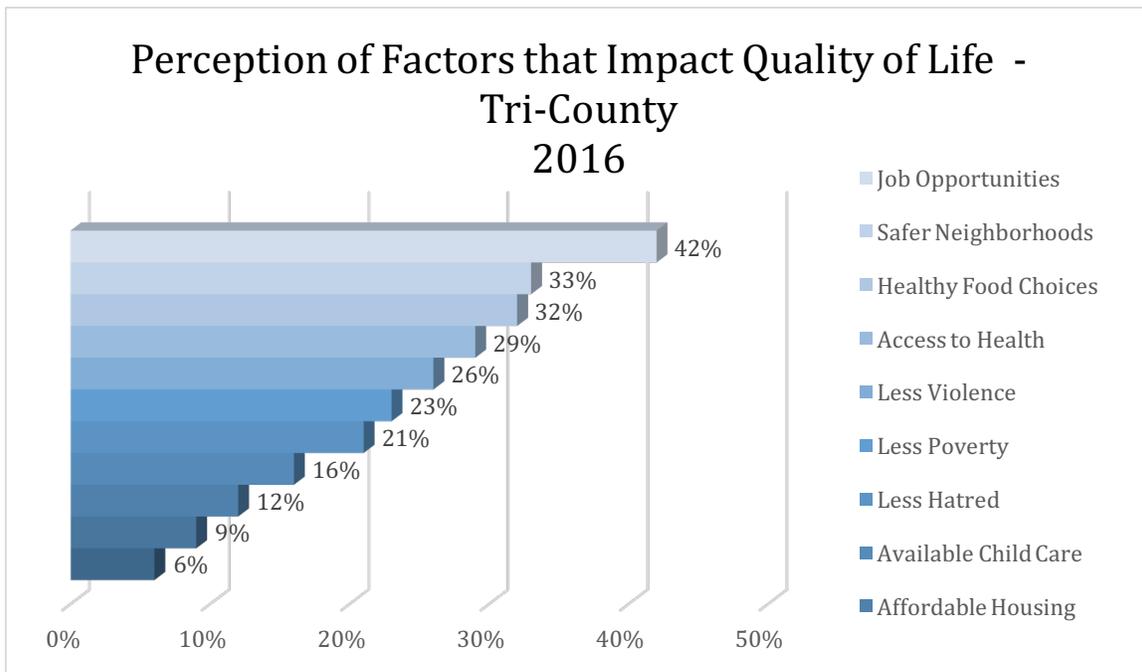
**Smoking** tends to be rated higher by younger people and White people. Residents in Tazewell County and Woodford County are also more concerned.

**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 Factors 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 Quality of Life Issues

Several demographic characteristics show significant relationships with perceptions of quality of life 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 Health-Related Community Issues.**

In order to provide parsimony, before the prioritization of key community health-related issues was performed, results were aggregated into 11 key categories. Based on similarities and duplication, the 11 areas 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 issues 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 issues were being addressed. A resource matrix can be seen in Appendix 4 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 5.

## 5.6 Prioritization

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in Appendix 6), the collaborative team prioritized two issues:

- ***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 IMPACT ON OBESITY)**

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%). The most common reasons for not exercising were not enough time or no energy.

Additionally, 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%. The most common reasons for not eating fruits and vegetables were affordability and access.

Subsequently, 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 also increased from 2009(64.0%) to 2014 (70.5%).

### **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 I. MEMBERS OF COLLABORATIVE TEAM (NOT UPDATED)

Specifically, members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Individuals, affiliations, titles and expertise are as follows:

**Paula Corrigan** is OSF Saint James-John W. Albrecht Medical Center's Vice President-Chief Financial Officer, serving in this role since 1989. Paula has a Bachelor of Science in Accounting from Illinois State University and is a Certified Public Accountant. She serves on many OSF Saint James and OSF Healthcare System Committees and projects as well as area community organizations. Paula is the OSF Saint James Community Health Needs Assessment Coordinator and a Business Leader for the OSF Healthcare System Community Health Needs Steering Team.

**Heather Dameron Schweizer, MD** is the Associate Regional Director of Primary Care for the OSF Medical Group in the Pontiac area. Heather has been a practicing physician with the OSF Medical Group since 1998, with a family medicine practice in Fairbury. She is a board certified family physician with a bachelor's degree from the University of Illinois and a doctorate degree from SIU School of Medicine. She completed her residency in Family Medicine at SIU Decatur Family Medicine in 1998. She has held several community positions as well including currently serving on the board of directors of Futures Unlimited and serving as an officer of the Prairie Central Music Boosters. She leads a yearly medical mission team out of her home church to serve in Central America.

**Liz Davidson** is OSF Saint James-John W. Albrecht Medical Center's Vice President Patient Care Services-Chief Nursing Officer, serving in this role since 2008. Liz has a Master of Science in Nursing from Walden University and is currently working on a Doctorate in Nursing Practice from Wilkes University. She serves on many OSF Saint James and OSF Healthcare System Committees and projects.

**Theresa Dibuono** has 31 years of nursing experience with the past 16 years spent in the field of Case Management. She has served in the capacity as the Director Care Management, OSF Eastern Region for the past 1.5 years and held other Director level positions within Case Management and population health since 2000. Theresa sat for the National Case Management Board Examination in 2005 where she received her certification as an Accredited Case Manager. Currently she is pursuing her Masters of Science in Nursing at OSF College of Nursing, Peoria, IL. Upon graduation, she will receive her Mental Health Nurse Practitioner and Nursing Leadership Management degrees.

**Mary Heath** is the Education Manager at OSF Saint James John W. Albrecht Medical Center. Over her 30-year career with OSF, Mary has been involved in both Staff Education as well as Patient and Community Education. She holds a Bachelor of Science in Nursing degree from Marquette University, and also spent 13 years teaching nursing for Kankakee Community College. Mary serves on a number of committees, councils and boards in the community and in OSF.

**MaLinda Hillman** is the Director of the Livingston County Health Department. A graduate of Northern Illinois University, MaLinda is a registered nurse and a certified public health administrator. She has been employed at the Livingston County Health Department since 1980 in various capacities and has served as the Director since 1996. MaLinda has been instrumental in obtaining funding and implementing many of the programs at the department. She has had an active lead role in the IPLAN

(Illinois Project for the Local Assessment of Need) process for the health department. MaLinda is an active member of the Illinois Association of Public Health Administrators along with serving on many committees and boards for public health.

**Tim Johnson** is the Director of Facilities and Ancillary Services at OSF Saint James-John W. Albrecht Medical Center. He has served as a member of the administrative team with responsibility for many of the outpatient clinical services since 2008 and in various leadership capacities for OSF Saint James for over 16 years. Tim has a Master's degree in Healthcare Administration from the University of Saint Francis, Joliet, IL. Tim also has a strong connection with the agriculture community of Livingston County as a rural resident and farmer.

**Kathy McMillan** is the Director of OSF Medical Group Primary care offices for the Pontiac area. As such, she provides direction and oversight to twelve primary care offices located in seven communities in Livingston and surrounding counties. Kathy has a Bachelor of Science in Health Information Management from Illinois State University and a Masters of Health Administration from the University of St. Francis. She is the Chairman of the local OSF Pediatric Council and serves on several OSF Saint James and OSF Medical Group committees and projects. Kathy serves on the Executive Board of the Livingston County Children's Network. She is a past Chairman of the Pontiac Area United Way and has served on the Board of Directors of the Pontiac Area Chamber of Commerce.

**Pam Meiner** is the OSF HealthCare Community Relations Coordinator for the Pontiac service area, a position she has held since October 2015. Prior to this role, Pam was the Director of Marketing & Communications for OSF St. Joseph Medical Center in Bloomington for 18 years, followed by 10 years as the Director of Marketing & Communications for OSF Saint James – John W. Albrecht Medical Center in Pontiac. She holds a Bachelor of Arts degree in Education from Illinois Wesleyan University and a Master of Business Administration degree from Illinois State University.

**Erin Nimbler, RN, BSN** is the manager of OSF St. James John W. Albrecht Medical Center Emergency Department. She graduated from the University of Illinois, and has been working for OSF since 1999. She has worked in the Emergency Department for the past 11 years, serving as charge nurse for the past 8 years. Prior to taking on the role as manager this past year, Erin has been a clinical preceptor, a six-sigma green belt, a PALS instructor, and recently joined the OSF ethics council. Erin is a life-long Livingston County resident and enjoys being a part of the decisions that affect not only the hospital she works for, but the community she lives in.

**Linda Rhodes, BS, CHES**, is the Director of Health Education & Marketing for the Livingston County Public Health Department. Linda is a graduate of Illinois State University with a Bachelor's in Community Health Education and serves as a mentor for ISU-CHE students completing professional practice internships. Linda has been employed at the health department since 1996. As a Certified Health Education Specialist, she is involved in many of the health department's programs. Her expertise is in community assessment/evaluation, health promotion, and grant writing.

**Brad Solberg** was appointed president of OSF Saint James-John W. Albrecht Medical Center in January 2015. He most recently served as CEO of Hammond-Henry Hospital in Geneseo, Illinois for nearly 14 years. He has served on numerous boards of community organizations in addition to various committees of the Illinois Hospital Association and the Illinois Critical Access Hospital Network. Brad has a

Bachelor's degree from Concordia College, Moorhead, Minnesota and earned his Masters of Healthcare Administration from the University of Minnesota, Minneapolis, Minnesota.

**Vicki Trainor** is a Registered Nurse with 35 years of experience. She has a strong Pediatric Background and has worked in Primary Care offices for 15 years. The past 8 years she has worked as Clinical Coordinator for OSF Medical Group in the role of Staff Educator. She is responsible for new employee competency, project support and resource for staff regarding office processes.

**Joe Vaughan** is the Executive Director of the Institute for Human Resources (IHR). Joe has been with IHR for the past 26 years. Joe was named IHR's Executive Director in 2010. Joe has a psychology degree from Eastern Illinois University and a Master's Degree from the University of Illinois. Joe has been a Licensed Clinical Social Worker since 1998. Joe currently sits on the statewide Community Behavioral Health Association Board, Livingston County Housing Board, and the Livingston County United Way Board.

In addition to collaborative team members, the following **facilitators** managed the process and prepared the Community Health Needs Assessment. Their qualifications and expertise are as follows:

**Michelle A. Carrothers (Coordinator)** is currently the Director of Debt Management and Revenue Cycle for OSF Healthcare System, a position she has served in since 2002. Michelle has over 27 years of healthcare 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 FHFMA certification in 2011. Currently, she serves on the Revenue Cycle Key Performance Indicator Task Force and the National Advisory Council for HFMA National. Michelle chaired the Illinois Hospital Association Medicaid Cost Work Group and was a member of the IHA task force that developed the statewide Community Benefit Report that is submitted to the Attorney General's Office.

**Dawn Irion (Coordinator)** is the Community Benefits Coordinator at OSF Healthcare System. She has worked for OSF Healthcare system since 2004 and has helped coordinate the submission of the Community Benefit Attorney General report since 2008. She has coordinated and gathered information used in filing IRS Form 990 Schedule H since 2009 and is a member of Healthcare Financial Management Association.

**Dr. Laurence G. Weinzimmer (Principal Investigator)** Ph.D. 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.

## APPENDIX II. SURVEYS

### 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<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> Chronic pain<br><input type="checkbox"/> Dental health (including tooth pain)<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Early sexual activity<br><input type="checkbox"/> Heart disease/heart attack<br><input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Infectious/contagious diseases such as flu, pneumonia, food poisoning<br><input type="checkbox"/> Injuries<br><input type="checkbox"/> Lung disease (asthma, COPD)<br><input type="checkbox"/> Mental health issues such as depression, hopelessness, anger, etc<br><input type="checkbox"/> Obesity/overweight<br><input type="checkbox"/> Sexually transmitted infections<br><input type="checkbox"/> Stroke<br><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<br><input type="checkbox"/> Alcohol abuse<br><input type="checkbox"/> Child abuse<br><input type="checkbox"/> Domestic violence<br><input type="checkbox"/> Drug abuse<br><input type="checkbox"/> Elder abuse (physical, emotional, financial, sexual)<br><input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not able to get a routine checkup<br><input type="checkbox"/> Poor eating habits<br><input type="checkbox"/> Reckless driving<br><input type="checkbox"/> Risky sexual behavior<br><input type="checkbox"/> Smoking<br><input type="checkbox"/> Other _____ |
|---|--|

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

**IV. ACCESS TO HEALTH CARE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Doctor       Friends/family       Internet       Pharmacy       Nurse at my church

18. Do you have a personal physician?       No       Yes

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

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

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

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

**V. BACKGROUND INFORMATION**

What county do you live in?

- Winnebago  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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## ENCUESTA SOBRE LAS NECESIDADES DE SALUD EN LA COMUNIDAD

## INSTRUCCIONES

Queremos saber cómo ve a nuestra comunidad, por eso le estamos invitando a participar en un estudio de investigación de las necesidades de salud en la comunidad. Sus opiniones son importantes. Este cuestionario le tomará aproximadamente 10 minutos para completar. Todas sus respuestas individuales serán confidenciales. Vamos a utilizar los resultados de las encuestas para mejorar nuestra comprensión de las necesidades de la comunidad.

Por favor lea cada pregunta y marque la respuesta que mejor representa su punto de vista de las necesidades de la comunidad.

I. **PROBLEMAS DE SALUD EN LA COMUNIDAD**

Por favor identifique **tres (3) de los más importantes problemas** de salud en la comunidad.

- |   |  |
|---|--|
| <input type="checkbox"/> Cuestiones relativas al envejecimiento, como la enfermedad de Alzheimer, pérdida de la audición, o la artritis | <input type="checkbox"/> Las enfermedades infecciosas / contagiosas, como la gripe, la neumonía, o la intoxicación alimentaria |
| <input type="checkbox"/> Cáncer   | <input type="checkbox"/> Lesiones  |
| <input type="checkbox"/> El dolor crónico   | <input type="checkbox"/> Las enfermedades pulmonares (asma, EPOC)  |
| <input type="checkbox"/> La salud dental (incluyendo el dolor de dientes)   | <input type="checkbox"/> Problemas de salud mental como la depresión, la ira, etc.   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Obesidad / sobrepeso  |
| <input type="checkbox"/> La actividad sexual temprana   | <input type="checkbox"/> Infecciones de transmisión sexual   |
| <input type="checkbox"/> Enfermedad del corazón / infarto   | <input type="checkbox"/> Derrame cerebral  |
| <input type="checkbox"/> HIV / SIDA   | <input type="checkbox"/> Otro _____  |

II. **CONDUCTAS NO SALUDABLES**

Por favor identifique los **tres (3) conductas más importantes que no son saludables** de la comunidad.

- |   |  |
|---|--|
| <input type="checkbox"/> Comportamiento agresivo / violencia                                  | <input type="checkbox"/> No ser capaz de obtener un chequeo  |
| <input type="checkbox"/> El abuso del alcohol   | <input type="checkbox"/> Malos hábitos alimenticios          |
| <input type="checkbox"/> Abuso infantil   | <input type="checkbox"/> Conducción temeraria                |
| <input type="checkbox"/> La violencia doméstica   | <input type="checkbox"/> El comportamiento sexual arriesgado |
| <input type="checkbox"/> Abuso de drogas  | <input type="checkbox"/> Fumando                             |
| <input type="checkbox"/> Maltrato a personas ancianas (físico, emocional, financiero, sexual) | <input type="checkbox"/> Otro _____                          |
| <input type="checkbox"/> La falta de ejercicio  |  |

### III. PROBLEMAS CON LA CALIDAD DE VIDA

Por favor identifique los **tres (3) factores más importantes que afectan su calidad de vida** en la comunidad.

- |   |   |
|---|---|
| <input type="checkbox"/> El acceso a los servicios de salud | <input type="checkbox"/> Opciones de alimentos saludables   |
| <input type="checkbox"/> Viviendas (nuevas) económicas      | <input type="checkbox"/> Menos odio y más aceptación social |
| <input type="checkbox"/> Disponibilidad de cuidado infantil | <input type="checkbox"/> Menos pobreza                      |
| <input type="checkbox"/> Mejor asistencia escolar           | <input type="checkbox"/> Menos violencia                    |
| <input type="checkbox"/> Oportunidades de empleo            | <input type="checkbox"/> Barrios más seguros / escuelas     |
| <input type="checkbox"/> Buen transporte publico            | <input type="checkbox"/> Otro _____                         |

### IV. ACCESO A SERICIOS DE SALUD

**Las siguientes preguntas son acerca de sus propias decisiones de salud personal y la salud. Recuerde que esta encuesta no se vinculará a usted de ninguna manera.**

1. Cuando usted se enferma, ¿a dónde vas? Por favor, elija solo uno.

<input type="checkbox"/> Clínica / oficina	<input type="checkbox"/> Departamento de Emergencia	<input type="checkbox"/> Yo no solicite atención médica
<input type="checkbox"/> Centro de atención urgente	<input type="checkbox"/> Departamento de Salud de salud	<input type="checkbox"/> Otro _____ de urgencia
2. ¿Cuánto tiempo ha pasado desde que ha estado en el medico para un chequeo cuando estaba bien (no porque ya estaba enfermo)?

<input type="checkbox"/> En el ultimo año	<input type="checkbox"/> 1 – 2 años	<input type="checkbox"/> 3 – 5 años
<input type="checkbox"/> 5 o más años	<input type="checkbox"/> Nunca he ido al médico para un chequeo	
3. En el último año, ¿hubo algún momento en que necesitó atención médica, pero no podías conseguirlo?

<input type="checkbox"/> No (por favor pase a la pregunta 5)	<input type="checkbox"/> Sí (pase a la siguiente pregunta)
--	--
4. Si usted acaba de responder “sí” a la preguntas 3, ¿por qué no fuiste capaz de recibir atención médica? Elija todas las que apliquen.

<input type="checkbox"/> No tenía seguro de salud	<input type="checkbox"/> El médico o la clínica se negó a tomar mi seguro médico o Medicaid
<input type="checkbox"/> No tenía manera de pagar el co-pago o deducible	<input type="checkbox"/> Yo no sabía cómo encontrar un médico
<input type="checkbox"/> No tenía ninguna manera de llegar al médico	<input type="checkbox"/> Demasiado tiempo para esperar por una cita
<input type="checkbox"/> Miedo	
<input type="checkbox"/> Otro _____	

5. En el último año, ¿hubo algún momento en que usted necesita medicamentos recetados, pero no pudieron conseguirlo?
- No (por favor pase a la pregunta 7)  Sí (pase a la siguiente pregunta)
6. Si usted acaba de responder “sí” a la pregunta 5, ¿por qué no fuiste capaz de obtener medicamentos recetados? Elija todas las que apliquen.
- No tenía seguro de salud  El farmacia se negó a tomar mi seguro o Medicaid
- No pude pagar el mi co-pago o deducible  No tenía ninguna manera de llegar a la farmacia
- No sabía cómo encontrar una farmacia  Otro \_\_\_\_\_
7. ¿Cuánto tiempo ha pasado desde que usted ha ido al dentista para obtener un chequeo (no para casos de emergencia)?
- En el ultimo año  1 – 2 años  3 – 5 años
- 5 o más años  Nunca he ido a un dentista para un chequeo
8. En el último año, ¿hubo algún momento en que necesitó atención dental, pero no pudo conseguirlo?
- No (pase a la pregunta 10)  Sí (pase a la siguiente pregunta)
9. Si usted acaba de respondió “sí” a la pregunta 8, ¿por qué no fuiste capaz de recibir atención dental? Elija todas las que apliquen.
- No tenía seguro de salud  El dentista se negó a tomar mi seguro médico o Medicaid
- No pude pagar mi co-pago o deducible  Yo no sabía cómo encontrar un médico
- No tenía ninguna manera de ir al dentista  Demasiado tiempo para esperar por una cita
- Miedo
- Otro \_\_\_\_\_
10. En el ultimo año, ¿hubo algún momento en que necesitaba asesoramiento, pero no pudo conseguirlo?
- No (por favor vaya a la pregunta 12)  Sí (pase a la siguiente pregunta)

11. Si usted acaba de respondió “sí” a la pregunta 10, ¿por qué no fuiste capaz de obtener asesoramiento? Elija todas las que apliquen.
- |  |  |
|--|--|
| <input type="checkbox"/> No tenía seguro de salud                        | <input type="checkbox"/> El consejero se negó a tomar mi seguro o Medicaid |
| <input type="checkbox"/> No pude pagar mi co-pay o deducible             | <input type="checkbox"/> Yo no sabía cómo encontrar un consejero           |
| <input type="checkbox"/> Yo no tenía una manera de llegar a un consejero | <input type="checkbox"/> Demasiado tiempo para esperar por una cita        |
| <input type="checkbox"/> Miedo   | <input type="checkbox"/> Otro _____  |
| <input type="checkbox"/> Vergüenza                                       |  |
12. En la última semana ¿cuántas veces usted participa en el ejercicio deliberado, (como caminar, correr, golf, levantamiento de pesas, clases de ejercicio) que a durado al menos 30 minutos o más.
- Ninguno       1 – 2       3 – 5       Más de 5
13. Si su respuesta es “ninguno” a la pregunta anterior, ¿por qué no hizo ejercicio durante la semana pasada? Elija todas las que apliquen.
- |   |   |
|---|---|
| <input type="checkbox"/> Yo no tengo tiempo para hacer ejercicio              | <input type="checkbox"/> No me gusta hacer ejercicio                  |
| <input type="checkbox"/> No es importante para mí                             | <input type="checkbox"/> No puedo pagar los honorarios de un gimnasio |
| <input type="checkbox"/> Yo no tengo acceso a un gimnasio                     | <input type="checkbox"/> Estoy demasiado cansado                      |
| <input type="checkbox"/> Yo no tengo cuidado de niños mientras hago ejercicio | <input type="checkbox"/> Tengo una discapacidad física                |
| <input type="checkbox"/> Otro _____   |   |
14. En un día típico ¿cuántas porciones de frutas y / o verduras tienen?
- Ninguno       1 – 2       3 – 5       Más de 5
15. Si contestaste “ninguno” a la pregunta anterior, ¿por qué no comiste frutas y/o verduras?
- |   |   |
|---|---|
| <input type="checkbox"/> Es difícil comprar frutas y/o verduras | <input type="checkbox"/> No me gustan frutas y/o vegetales      |
| <input type="checkbox"/> No es importante para me               | <input type="checkbox"/> Frutas y vegetales son demasiado caros |
| <input type="checkbox"/> Otro _____                             |   |
16. En un día típico ¿cuántos cigarrillos fuma usted (quizas actuales o electronicos/vapor)?
- Ninguno       1 – 4       5 – 8       9 – 12       Más de 12
17. ¿De dónde obtiene la mayor parte de su información médica (marque **solo uno**)?
- Médico     Amigos / familia     Internet     Farmacia     Enfermera en mi iglesia

18. ¿Tiene un médico personal?       Si       No
19. En general, mi salud física es:       Bueno       Promedio       Pobre
20. En general, mi salud mental es:       Bueno       Promedio       Pobre
21. ¿Cuánto tiempo ha pasado desde que recibió una vacuna contra la gripe?
- Dentro un año       1 – 2 años       3-5 años
- 5 o más años       Yo nunca he tenido  
una vacuna contra la gripe

#### V. INFORMACIÓN DE ANTECEDENTES

##### ¿Qué condado vive usted?

- Winnebago       Otro \_\_\_\_\_

##### ¿Qué tipo de seguro tiene usted?

- Medicare       Medicaid       Privado / comercial       Ninguno

##### Es contestaste “ninguno” a la pregunta anterior, ¿por qué no tienes seguro?

- Es demasiado caro       No necesito seguro
- No se como obtener seguro       Otro \_\_\_\_\_

##### ¿Cuál es su género? Masculino      Femenino

##### ¿Cuál es su edad?

- Menos de 20       21 – 30       31 – 40       41 – 50       51 – 60       61 - 70
- 71 años o más

##### ¿Cuál es su raza?

- Blanco       Negro / Afro Americano
- Hispano / Latino       Nativo Americano / Indios Americanos / Nativos de Alaska
- Asia (India, Pakistán, Japonés, Chino, Coreano, Vietnamita, Filipino/a)
- Isla del Pacífico (Nativo de Hawaii, Samoa, Guam / Chamorro)
- Otro raza no figuran en esta lista: \_\_\_\_\_

**¿Cuál es su nivel de educación?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Menos de escuela secundaria                  | <input type="checkbox"/> Algo de escuela secundaria | <input type="checkbox"/> Grado de secundaria (o GED / equivalente) |
| <input type="checkbox"/> Algunos estudios universitarios (sin título) | <input type="checkbox"/> Grado de asociado          | <input type="checkbox"/> Bachillerato                              |
| <input type="checkbox"/> Licenciatura o profesional                   |   | <input type="checkbox"/> Otro _____                                |

**¿Cuál fue su ingreso total del año pasado, antes de impuestos?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Menos de \$20,000   | <input type="checkbox"/> \$20,001 - \$40,000  | <input type="checkbox"/> \$40,001 - \$60,000 |
| <input type="checkbox"/> \$60,001 - \$80,000 | <input type="checkbox"/> \$80,001 - \$100,000 | <input type="checkbox"/> Más de \$100,000    |

**Usted:**                     Alquila     Eres dueño de una casa     Orto

**¿Cuántas personas viven en su hogar?** \_\_\_\_\_

**¿Cuál es su estado del trabajo?**

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> De jornada completa | <input type="checkbox"/> De media jornada | <input type="checkbox"/> Desempleado | <input type="checkbox"/> Ama de casa            |
| <input type="checkbox"/> Retirado            | <input type="checkbox"/> Discapacitado    | <input type="checkbox"/> Estudiante  | <input type="checkbox"/> De las Fuerzas Armadas |

¿Hay algo más que le gustaría decirnos acerca de las preocupaciones de la comunidad, problemas de salud, o servicios en la comunidad?

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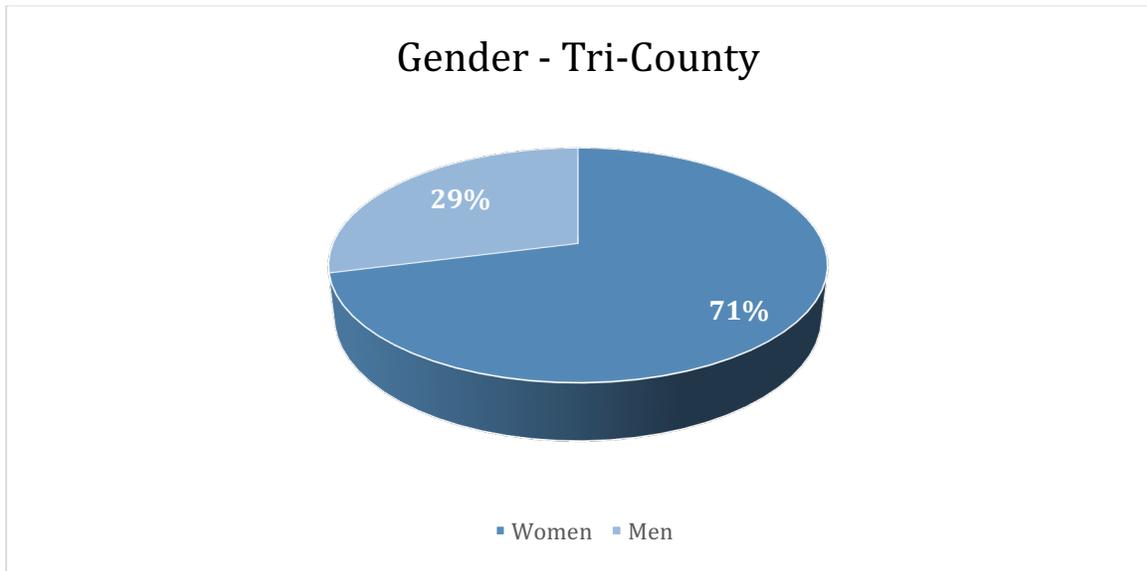
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**Muchas gracias por compartir sus opiniones con nosotros!**

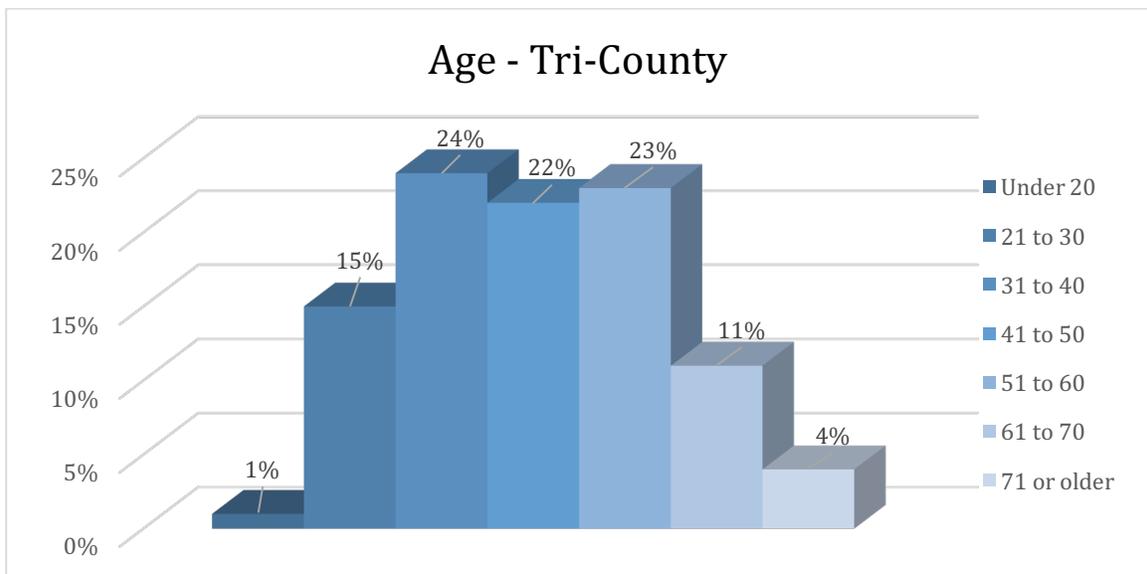
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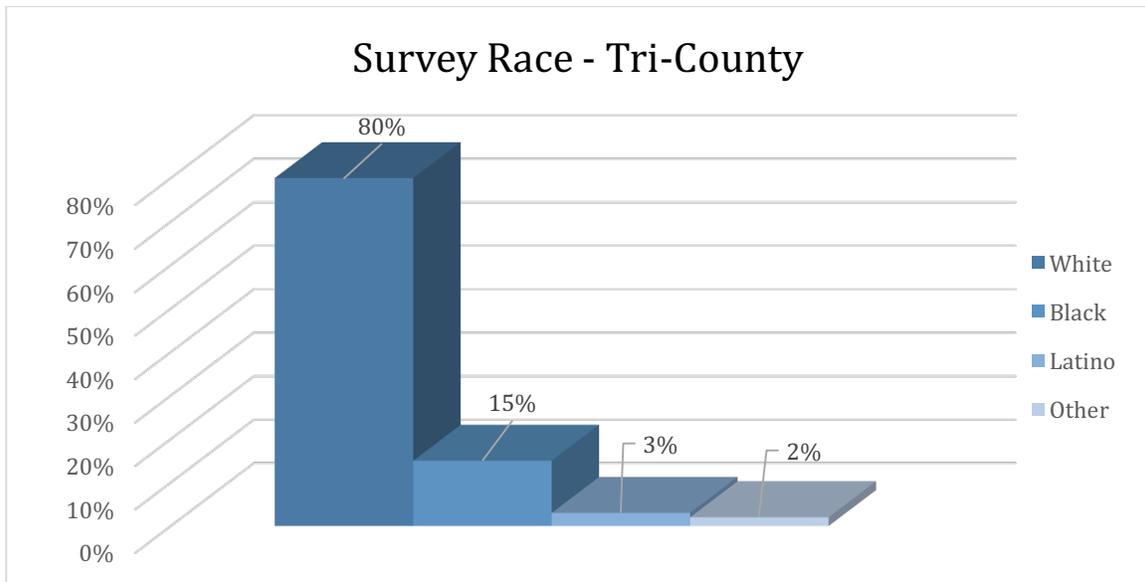
### APPENDIX III. CHARACTERISTICS OF SURVEY RESPONDENTS FOR GENERAL SAMPLE



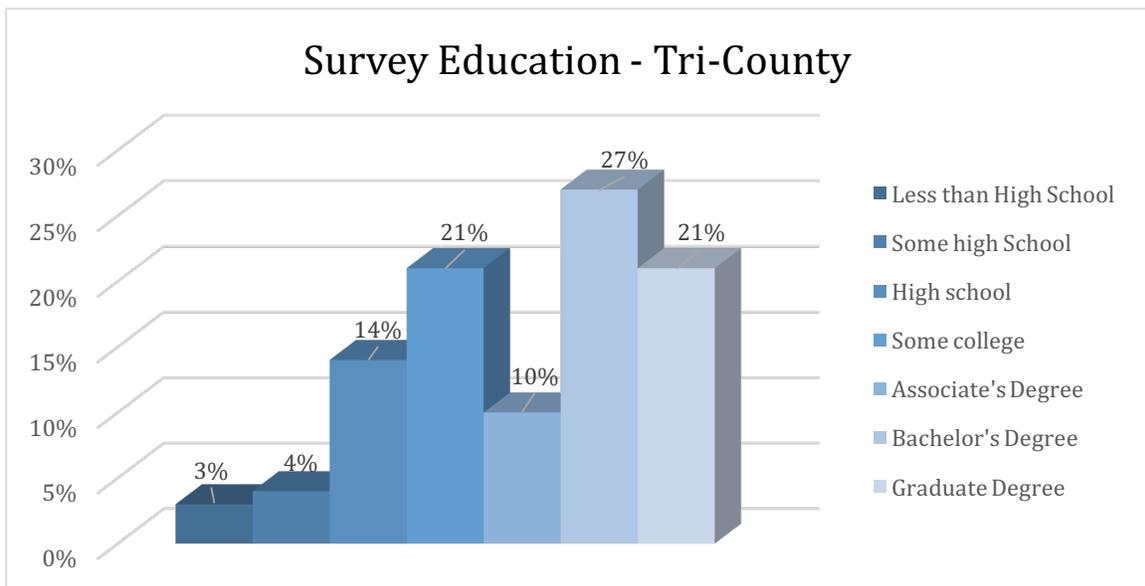
Source: CHNA Survey



Source: CHNA Survey

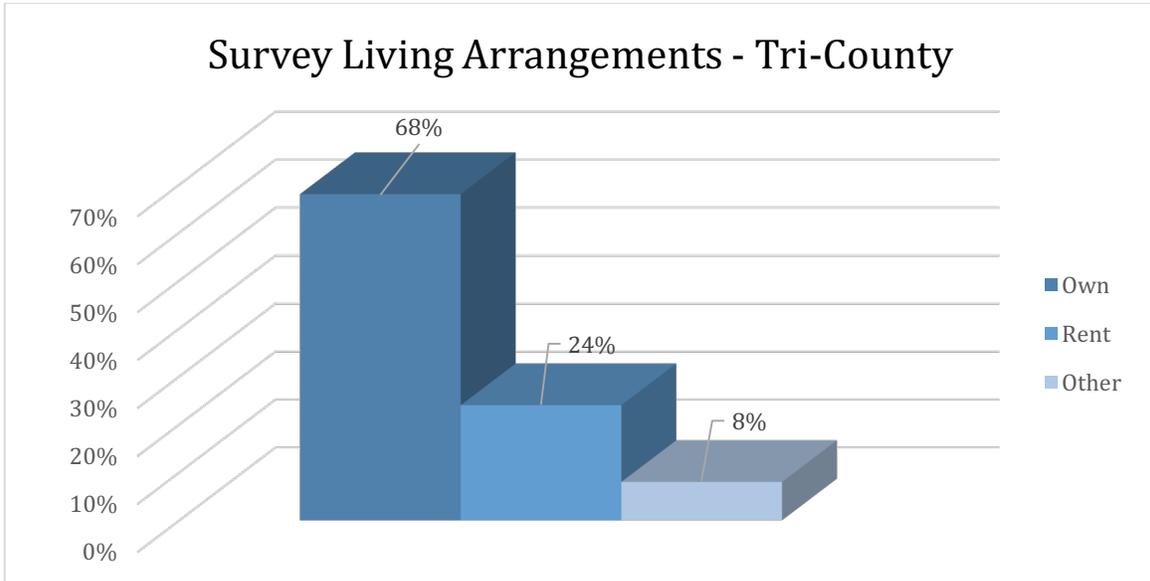


Source: CHNA Survey

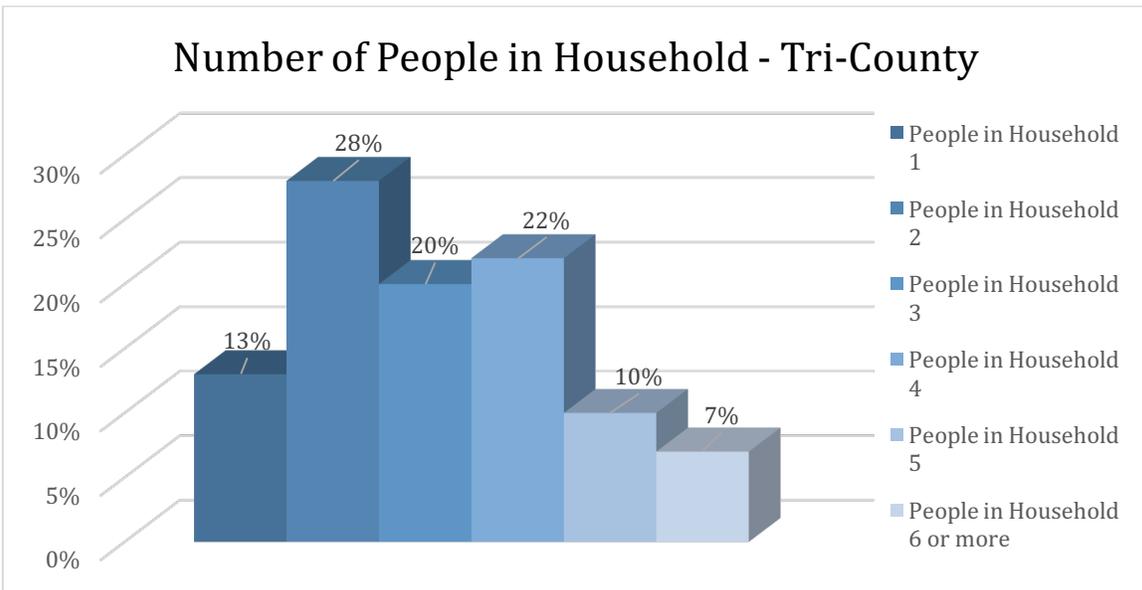


Source: CHNA Survey

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



Source: CHNA Survey



Source: CHNA Survey

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## **APPENDIX IV. RESOURCE MATRIX (NOT UPDATED)**

## APPENDIX V. DESCRIPTION OF COMMUNITY RESOURCES (NOT UPDATED)

### Recreational Facilities (10)

After summarizing issues in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 12 health-related issues were being addressed.

There are numerous forms of resources in the community. They are categorized as recreational facilities, county health departments, community agencies and area hospitals/clinics.

#### Club Fitness Gym

##### *Obesity*

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.

#### Clubs at River City

##### *Obesity*

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.

#### 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.

#### 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*).

**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 (22)****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.

**All Our Kids (AOK) Early Childhood Network***Mental Health, Healthy Behaviors, Access to Health Services*

The AOK Network is a community-based collaboration that is committed to assuring a high-quality, well-coordinated, easily-accessible system of care that will promote positive growth and development for children birth to age five and their families. The overall goal of the AOK Network is to ensure that all children under the age of five years and their families have the opportunity to receive the services they need from prenatal care to well-baby checkups to parenting education to specialized services, such as speech therapy, physical therapy or home visits.

**American Cancer Society***Cancer*

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

**American Diabetes Association of Peoria***Diabetes*

The American Diabetes Association is dedicated to preventing and curing diabetes and improving the lives of all people affected by diabetes through research, delivering services, and providing advocacy.

**American Heart Association***Healthy Behaviors, Heart Disease*

The mission of the American Heart Association is to build healthier lives, free of cardiovascular diseases and stroke. The American Heart Association sponsors a variety of programs for all ages including community heart screenings (*Heart Disease*).

**American Lung Association***Asthma, Cancer*

The American Lung Association is committed to saving lives by improving lung health and preventing lung disease through research, education and advocacy. In addition to anti-tobacco programs, the American Lung Association sponsors the Active with Asthma Day Camps and COPD Initiatives.

**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.

**Antioch Group***Addiction, Mental Health*

The Antioch Group provides Christian counseling and psychological services for alcohol and drug addictions, sexual addictions, and eating disorders.

**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.

**Central Illinois Wellness Council***Obesity, Healthy Behaviors*

The Central Illinois Wellness Council is a multi-stakeholder group that works to improve health and wellness in the Peoria community. The council is focused on three areas: Obesity, oral health, and reproductive health.

**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.

**FamilyCore***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*).

**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.

**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).

**National Alliance on Mental Illness Tri-County***Mental Health*

The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, support, and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

**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.

**Peoria Area Intergroup Association (Alcoholics Anonymous)***Addiction*

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism.

**Planned Parenthood***Sexual Health*

Planned Parenthood is a sexual and reproductive health care provider to improve women's health and prevent unintended pregnancies.

**Susan G. Komen for the Cure***Cancer*

The Susan G. Komen for the Cure is dedicated to breast cancer research, education, advocacy, health services and social support programs.

**Tazwood Mental Health Center***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.

**Hospitals/Clinics (11)****Bob Michel Veterans Affairs Outpatient Clinic***Access to Health Services*

The Bob Michel Veterans Affairs Outpatient Clinic offers comprehensive patient care services which include primary care, women's health, optometry, audiology, neurology, podiatry, pharmacy, lab services, dietary, diabetes education, home based primary care (HBPC), and mental health services.

### **Central Illinois Diabetes and Metabolism Institute**

*Obesity, Diabetes*

The Central Illinois Diabetes and Metabolism Institute offers a comprehensive diabetes Program involving diabetes treatment, teaching and education. In addition, the Institute offers programs for obesity and overweight individuals.

### **Central Illinois Endoscopy Center**

*Cancer*

Central Illinois Endoscopy Center is downstate Illinois' largest freestanding dedicated endoscopy center. CIEC is Peoria area's first outpatient center dedicated to the diagnosis and treatment of gastrointestinal disorders. Programs include colon screening.

### **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**

*Cancer*

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.

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

*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. 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*).

### **UnityPoint Health - Methodist**

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

UnityPoint Health - Methodist 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 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*).

### **University of Illinois College of Medicine/Heart of Illinois HIV/AIDS Center**

*Healthy Behaviors, Sexual Health*

HIHAC (Heart of Illinois HIV/AIDS Center) exists to provide comprehensive, consumer driven care and services to all individuals infected with and affected by HIV and to their communities

### **Various pediatric practices**

*Asthma*

Pediatricians specializing in treating asthma include Peoria Ear, Nose, & Throat Group and Allergy and Asthma of Illinois.

## APPENDIX VI. 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)